

8/23/99
3:00

PERMIT 03-317331

P 511958E

SEWAGE DISPOSAL SYSTEM

A 38132

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 6/18/99

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 8/23/99

INDEXED

INSPECTOR SRK

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION Meadowood LOT 64 ROAD 1312 Crows Foot Road

PROPERTY OWNER Goodier Builders THOMAS HAMMOND

ADDRESS _____

SEPTIC TANK CAPACITY 1500 ~~1250~~ GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 120 feet off the front lot line and 100 feet off the left (170.83') lot line as seen when facing the lot from Crows Foot Road. Run trenches on contour toward Crows Foot Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 4/30/99 OR RW

PLANS APPROVED BY Amy McMillen DATE 4-19-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

**BUILDING PERMIT SIGNED
AND RETURNED**

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH 9/5/2002 800138242 ENCLOSED PORCH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

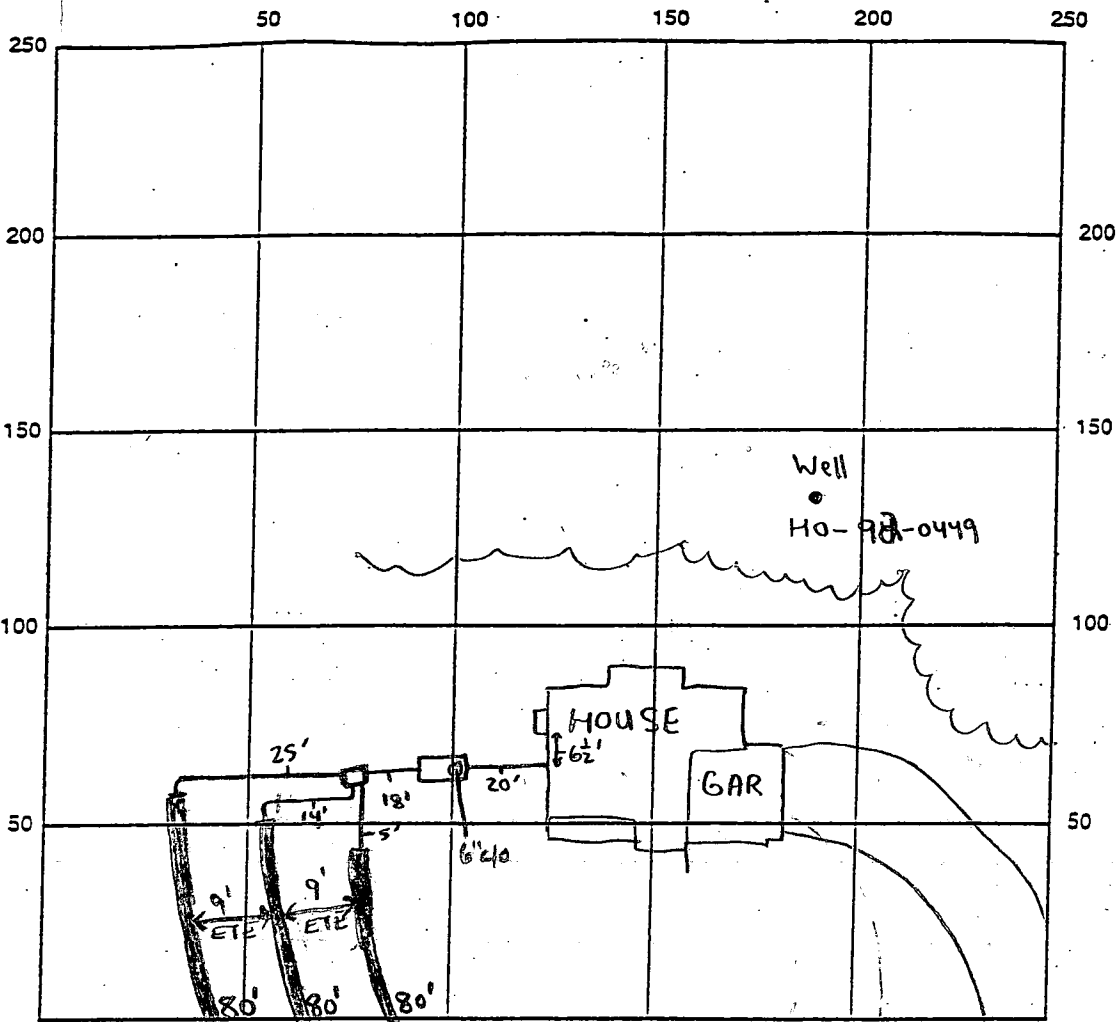
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

1
38/32



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
CROWS FOOT RD

SEPTIC TANK LEVEL 1500 gallon Top Seam CLEANOUTS 6" @ Tank

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/20/99 - HOUSE CONNECTION MADE CONTRACTOR NOT AT SITE, OK TO CONTINUE WORK

~~COVER ALL WORK - (SRV)~~
~~AND RETURN~~

DATE SYSTEM APPROVED 8/23/99 INSPECTOR Steven R. Krieg

APPLICATION

PERCOLATION TESTING

A 38132

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/99

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Springhill Associates *Goodier Builders* e/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood Sec. 2 AREA 3 LOT NO. 25 LOT 64

ROAD AND DESCRIPTION Henryton Road 13/2 Crows Foot Road approximately 4000' north of Tunnel Road

Howard County, Maryland

TAX MAP 10 PARCEL # 139

CLUG PERMIT SIGNED
AND RETURNED 4-19-99
Serial # B00117315
Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 3+ Acres TYPE BLDG. _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike S...
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING L-1387 Per Satisfactory - hold for subdivision plat. SBR

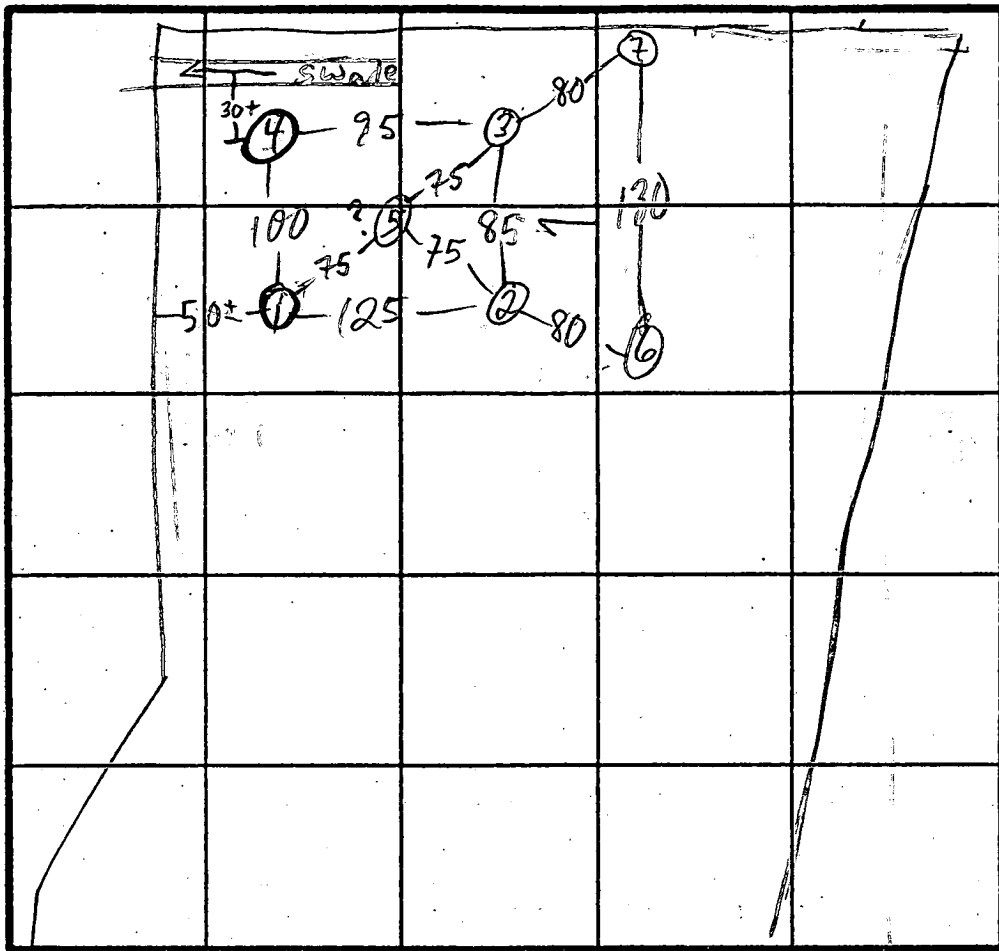
THIS IS NOT A PERMIT

Lot 64
A 38132

① ④
SOIL PROFILE

dk. red
org clay
& cl loam

red
brn
sa loam
20%
saprolite
frags
hi mica



X = 6
180 φ BR
Inlet 4 1/2'
Bottom 6 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
FUTURE CROW'S FOOT RD

3
dk red
org
sa cl lm

red brn
yelpink
sa lm
50-20%
saprolite
frags &
others

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/92	① S	6 +	2:05	2:28	1/8" TOO SLOW	FAIL	
	1 V	11 1/2	see profile				
	2 S	4	2:11	2:12	2:12	2:14	2
	2 M	6 1/2	2:08	2:09	2:09	2:11	2
	2 V	11	see profile		ROCK BOT		
	3 S	4 1/2	2:17	2:19	2:19	2:22	3
	3 V	11 1/2	see profile				
	④ V	6	see profile		clay to 6' FAIL		
	5 S	5 1/2	2:48	2:56	1/4" SLOW		
	5 S2	7	3:08	3:13	3:13	3:31	18
	5 V	13 1/2	sim to ②		clay to 5 1/2		
	6 S	5	3:31	3:37	13:37	3:43	6 EST
	6 V	10 1/2	sim to ②		clay to 4'		25% saprolite frags
	7 S	5	3:41	3:43	3:43	3:49	6
	7 V	13 1/2	sim to ②		clay to 4'		

REMARKS
CONCENTRATE SDA ②-③-⑥-⑦; SOME AREA OK TOWARD ⑤

TYPE OF SOIL

TESTED BY M. Ritkin

ALSO PRESENT Rocky W. Caples, owner

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 38132

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/82

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 25

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike Sedg
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

25/64

L.O. Subject

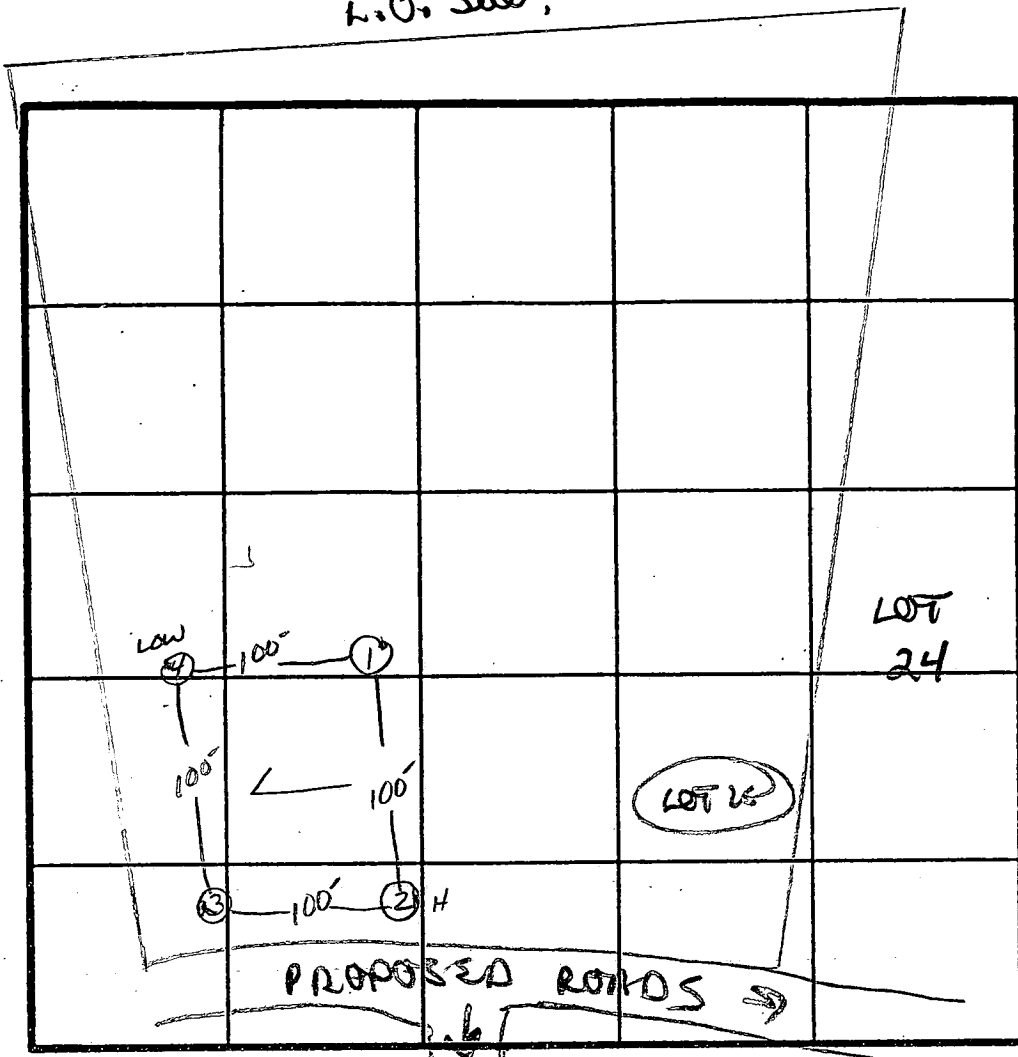
SOIL PROFILE

0" A1-3

4-6" Yellow BR. Silt LOAM 9-12% clay 10-15% FRAGMENTS

3" Yellow BR. Silt LOAM Highly micaeous 25% weathered FRAGMENTS

13"



X PERC
3min
INLET 3
BOTTOM 9
180φ/BL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/13/87	1 S	3.5"	10:11	10:12	10:12	10:13	1 min	
	1 V	13"	UNIFORM soil below 3"					
	2 S	3.5"	10:15	10:16	10:16	10:17	1 min	
	2 M	8"	10:16	10:18	10:18	10:22	4 min	
	2 V	13"	UNIFORM soil below 3"					
	3 S	3.5"	10:24	10:25	10:25	10:28	3 min	
	3 V	13"	UNIFORM soil below 3"					
	4 S	3.5"	10:30	10:31	10:31	10:33	2 min	
	4 V	12"						

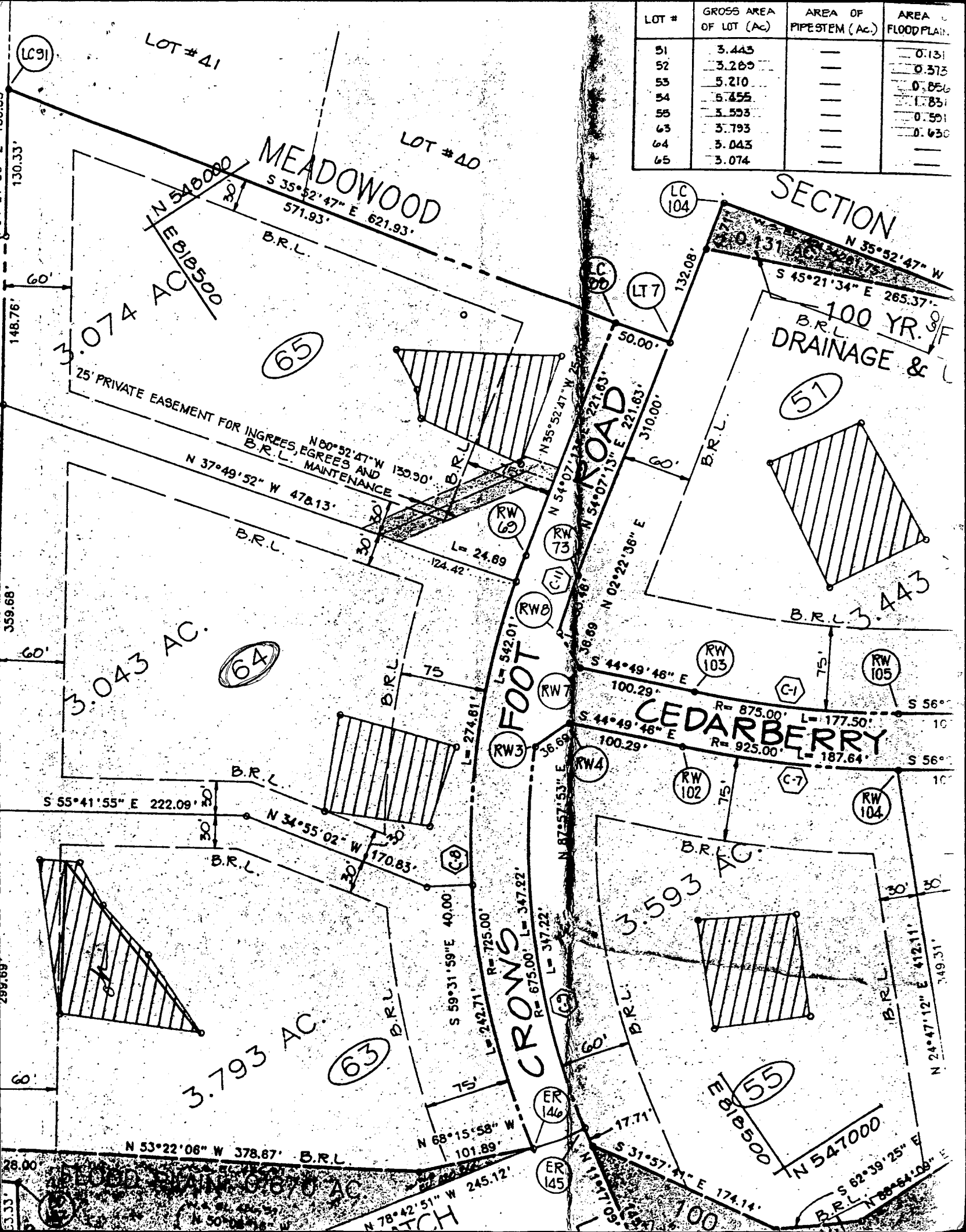
REMARKS As per Plat

TYPE OF SOIL Glenelg / Chester

TESTED BY S. Abel ALSO PRESENT Ron, Rocky, LD

EH-12-1079

LOT #	GROSS AREA OF LOT (Ac)	AREA OF PIPESTEM (Ac)	AREA FLOODPLAIN
51	3.443	---	0.131
52	3.269	---	0.313
53	5.210	---	0.856
54	5.455	---	1.831
55	3.553	---	0.591
63	3.793	---	0.630
64	3.043	---	---
65	3.074	---	---



LOT # 41

LOT # 40

MEADOWOOD
S 35°52'47" E 621.93'
571.93'

SECTION

N 35°52'47" W
S 45°21'34" E 265.37'

100 YR. DRAINAGE & SECTION

3.074 AC

(65)

25' PRIVATE EASEMENT FOR INGRESS, EGRESS AND B.R.L. MAINTENANCE
N 80°52'47" W 130.90'
N 37°49'52" W 478.13'

3.043 AC

(64)

S 55°41'55" E 222.09'
N 34°55'02" W 170.83'

3.793 AC

(63)

CROWNS FOOT ROAD
S 59°31'59" E 40.00'
N 68°15'58" W 101.89'

3.593 AC

(55)

CEDARBERRY
R=875.00' L=177.50'
R=925.00' L=187.64'

N 54°70'00" E
S 62°39'25" E

28.00

N 53°22'08" W 378.87'

N 78°42'51" W 245.12'

S 31°57' N° E 174.14'

N 24°47'12" E 412.11'

S 51°59'05"E 24.49

N 34°18'05"E 836.13

N 34°21'38"E 130.3

LIMIT OF

100 YEAR FLOODPLAIN

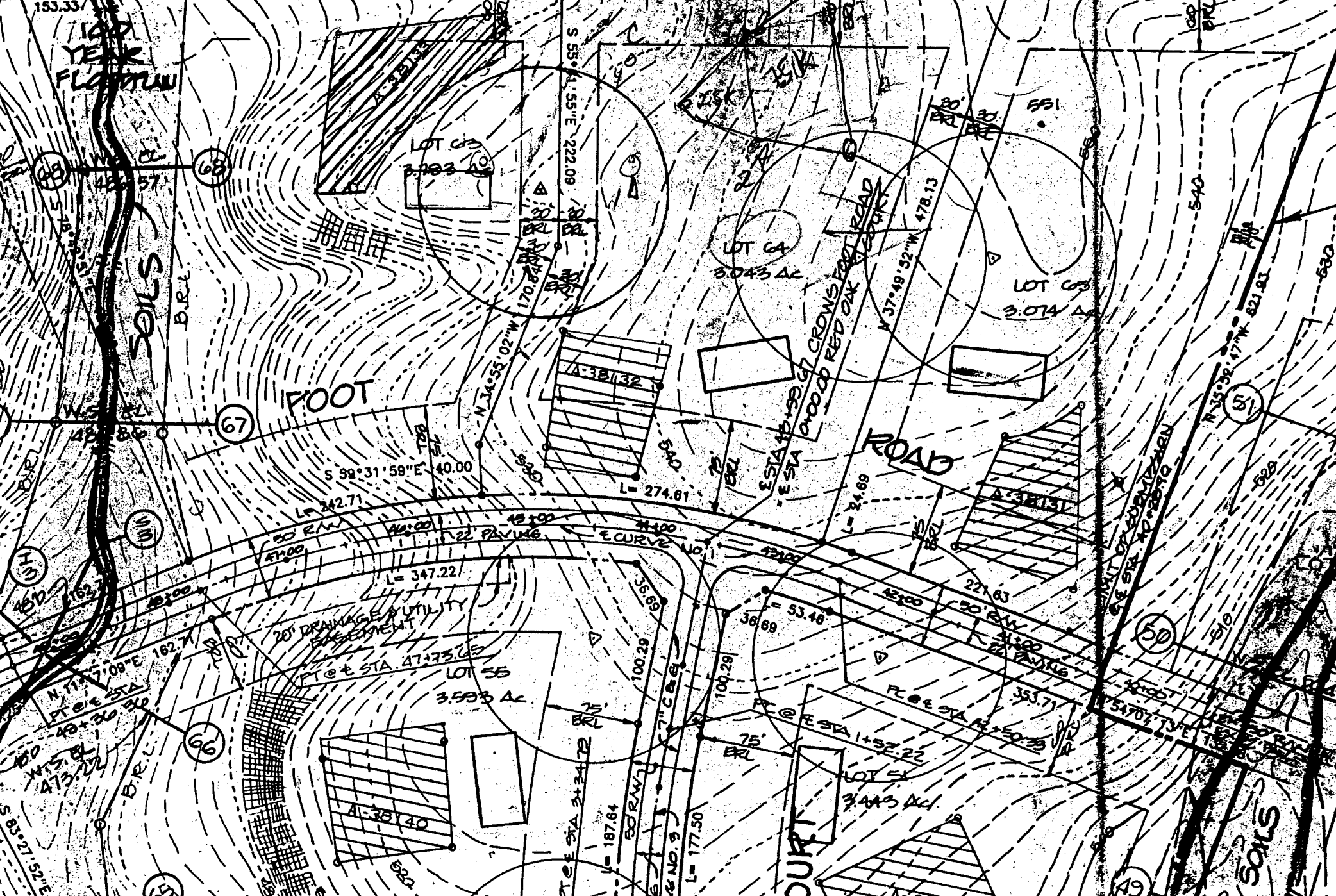
SOILS

FOOT

ROAD

COURT

SOILS



153.33

327.69

359.88

118.76

130.33

S 53°11'55"E 222.08

N 34°55'02"W 170.84

S 59°31'59"E 40.00

L = 274.81

N 37°49'52"W 478.13

540

540

540

540

540

540

540

540

540

540

540

540

48 57

48 86

48 86

48 86

48 86

48 86

48 86

48 86

48 86

48 86

48 86

68

67

66

65

LOT 64
3,043 AC

LOT 65
3,074 AC

LOT 63
3,063 AC

LOT 55
3,593 AC

LOT 54
3,443 AC

A-38132

A-38131

A-38140

A-38142

20' DRAINAGE & UTILITY EASEMENT

EST. 10+39.97 CROWS FOOT ROAD

EST. 0+00 RED OAK ROAD

SEE STA. 10+25.70

N 71°07'08"E 182.71

S 85°27'52"E

N 55°01'49"E 473.02

S 85°27'52"E

S 85°27'52"E

PT @ STA. 47+73.65

PT @ STA. 3+24.72

PT @ STA. 1+52.22

PT @ STA. 1+50.25

L = 347.22

L = 187.64

L = 177.50

L = 100.29

30' R/W

30' R/W

30' R/W

30' R/W

22' PAVING

22' PAVING

22' PAVING

22' PAVING

75' ERL

75' ERL

75' ERL

75' ERL

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

50' R/W

C1 **0531** SEQUENCE NO. (DENV. USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 38132**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
070694

Depth of Well
400
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-92-0449

OWNER **SPRING HILL ASSOC**
 STREET OR RFD last name **CROWS FOOT ROAD** first name TOWN **CYRREVILLE**
 SUBDIVISION **MEADOWOOD** SECTION **2** LOT **64**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP soil	0	2	
red clay	2	6	
brown shale	6	18	
Sand Stone	18	30	
Mica	30	36	
red clay	36	37	
Mica	37	44	
Sand Stone	44	45	✓
Mica	45	130	
Sand Stone	130	131	✓
Mica	131	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **700**
 GALLONS OF WATER **25**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **37** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **44**
ST **6** **44**

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN
HO 39 **400**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

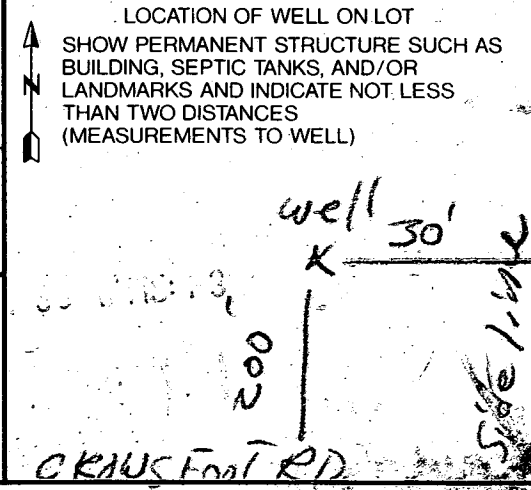
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **32**
 WHEN PUMPING **82**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above **LAND SURFACE**
- below **2** (nearest foot)



7-9-94
 12:00

THUR. SAT
 7-9-94

Review OK 9/19/94 PJP

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0449
 Location of property (road) CROWS FOOT ROAD
 Subdivision MEADOWOOD Lot 64 Block - Plat - Sec. 2
 Well Driller G. EASTEX DAY Owner SPRINGHILL ASSOC.

Depth of well 400 2 GPM
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 32'

I. High rate pumping -- reservoir drawdown

Time pump started 5:05 Pumping rate 12 GPM
 Total time 20 min to reach pumping water level 80' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5:25	80'	15 seconds	—	4
5:40	80'	15 "	—	4
5:55	80'	15 "	—	4
6:10	80'	15 "	—	4
6:25	80'	15 "	—	4
6:40	80'	15 "	—	4
6:55	81'	15 "	—	4
7:10	81'	15 "	—	4
7:25	81'	15 "	—	4
7:40	82'	15 "	—	4
7:55	82'	15 "	—	4
8:10	82'	15 "	—	4
8:25	82'	15 "	—	4
8:40	82'	15 "	—	4
8:55				
9:10				
9:25				
9:40				
9:55				
10:10				
10:25				
10:40				
10:55				
11:10				

B 1 **05486** SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 40-92-0449
 fill in this form completely

OWNER INFORMATION

Date Received (APA) **062493**

SPRINGHILL ASSOC
 15 Last Name 13 Owner 34 First Name

1432 RT 32
 36 Street or RFD 55

SYKESVILLE MD 21784
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
 8 COUNTY 21

LEATWOOD
 23 SUBDIVISION 42

SECTION **2** LOT **64**
 44 46 48 50

SYKESVILLE
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **3** MI
 73 76 77 78

DRILLER INFORMATION

George F. Easterday
 Driller's Name 77 License No. 80

L. Franklin Easterday, Inc.
 Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address

George F. Easterday
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

CROWS FOOT Rd
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

SE (circled)

200
 34 DISTANCE FROM ROAD 37
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A.# 38132** COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **083193** *Charles...* 18/31/94
 43 48 CO SIGNATURE EXP. DATE

NORTH GRID **547000** EAST GRID **0818000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **360** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** Jetted & **DRIVEN**

AIR-ROTary **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)

CABLE **REVerse-ROTary** **DRive-POINT**

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **wells**

2. **400' deep**

3. **41' casing**

2 gpm

38' open space

7 bags

ALMCMiller

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 8

N 540 2

000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

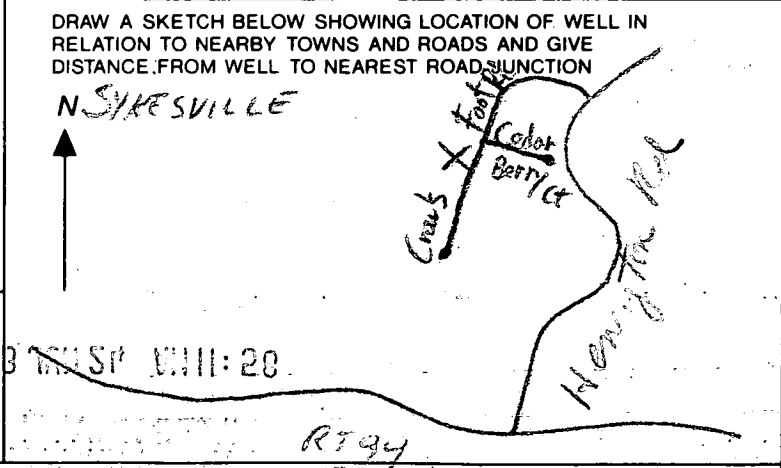
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE INITIALS IN BOX PERMIT No. **40-92-0449**

SPECIAL CONDITIONS

S 51°59'05"E 24.48

327.69

S 55°41'55"E 222.09

359.68

N 34°21'36"E 130.33

153.33

148.78

130.33

100 YEAR FLOODPLAIN

SOILS

FOOT

ROAD

LIMIT OF SUBDIVISION

LOT 63
3.703 AC

LOT 64
3.043 AC

LOT 65
3.074 AC

LOT 55
3.585 AC

LOT 54
3.443 AC

01/8/30/19
C-88
133
ROAD ED
COUNTY WEST

20' DRAINAGE & UTILITY EASEMENT

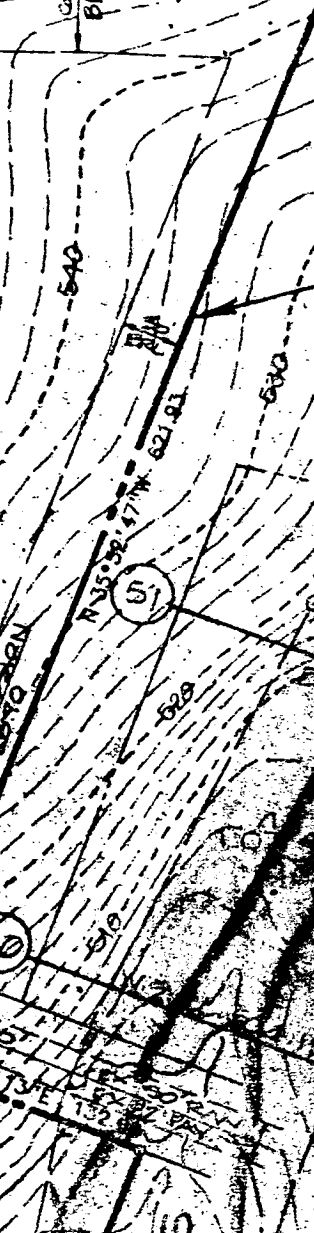
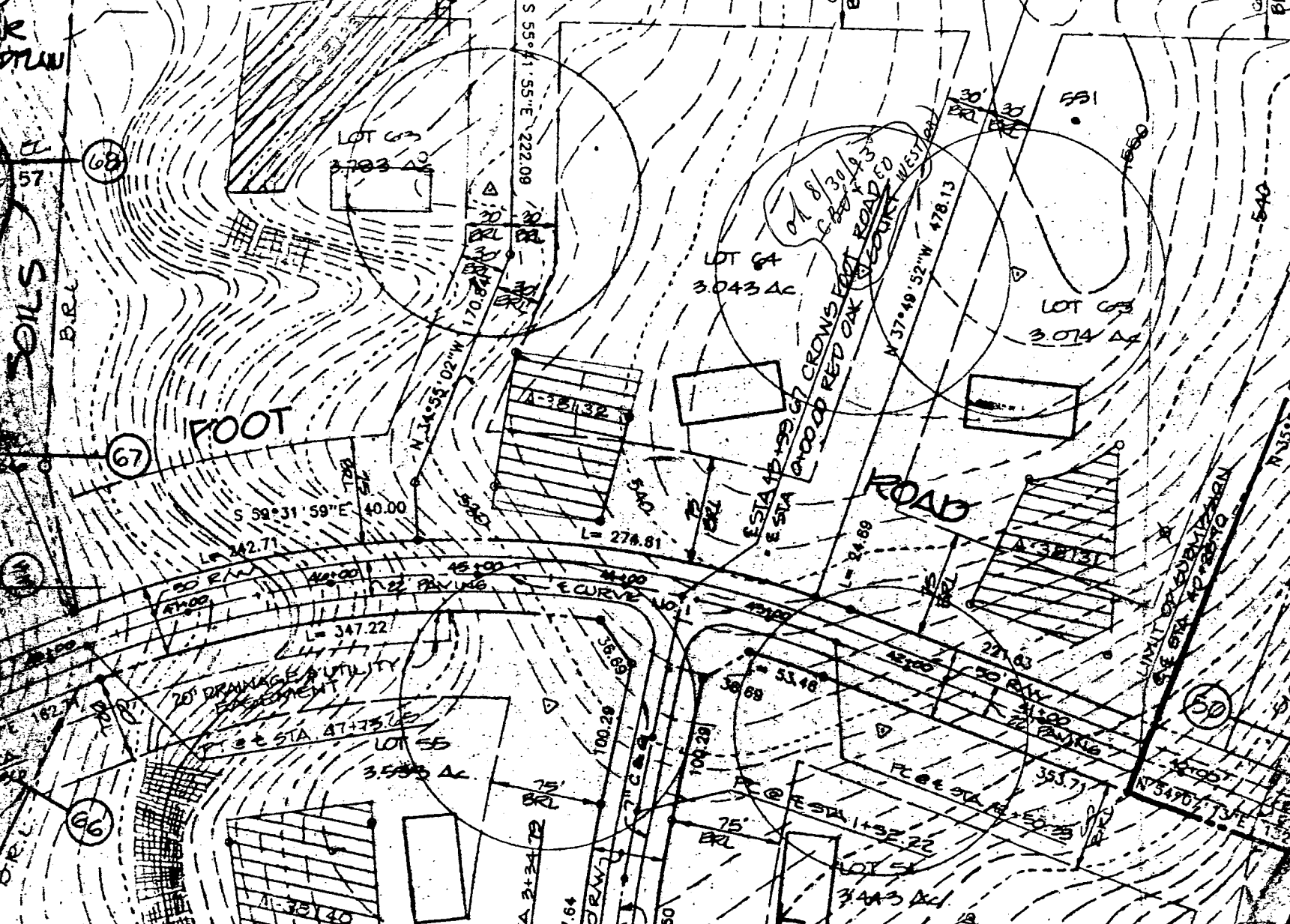
68

67

66

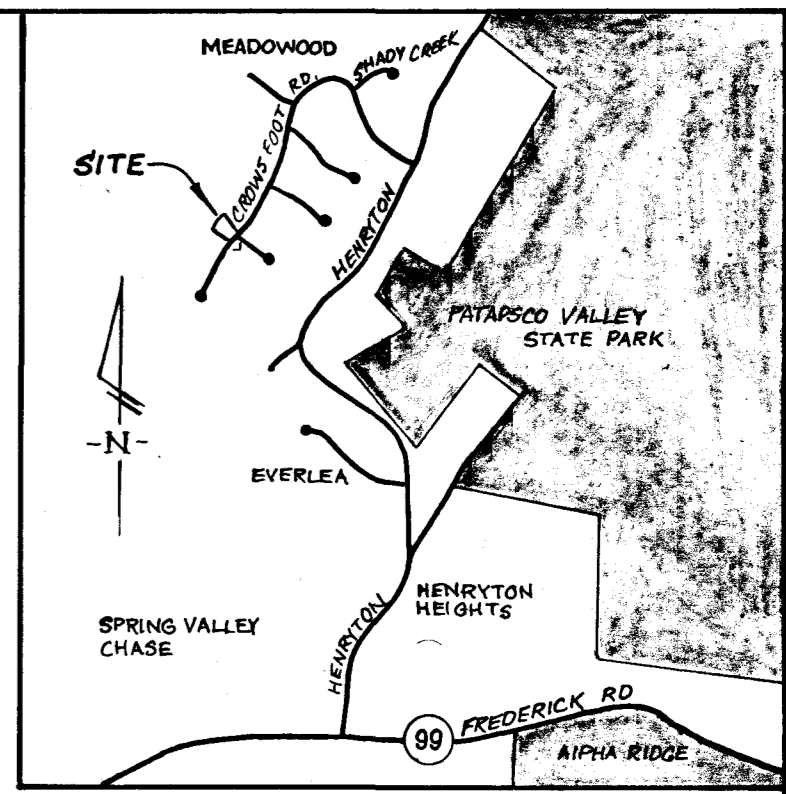
51

50

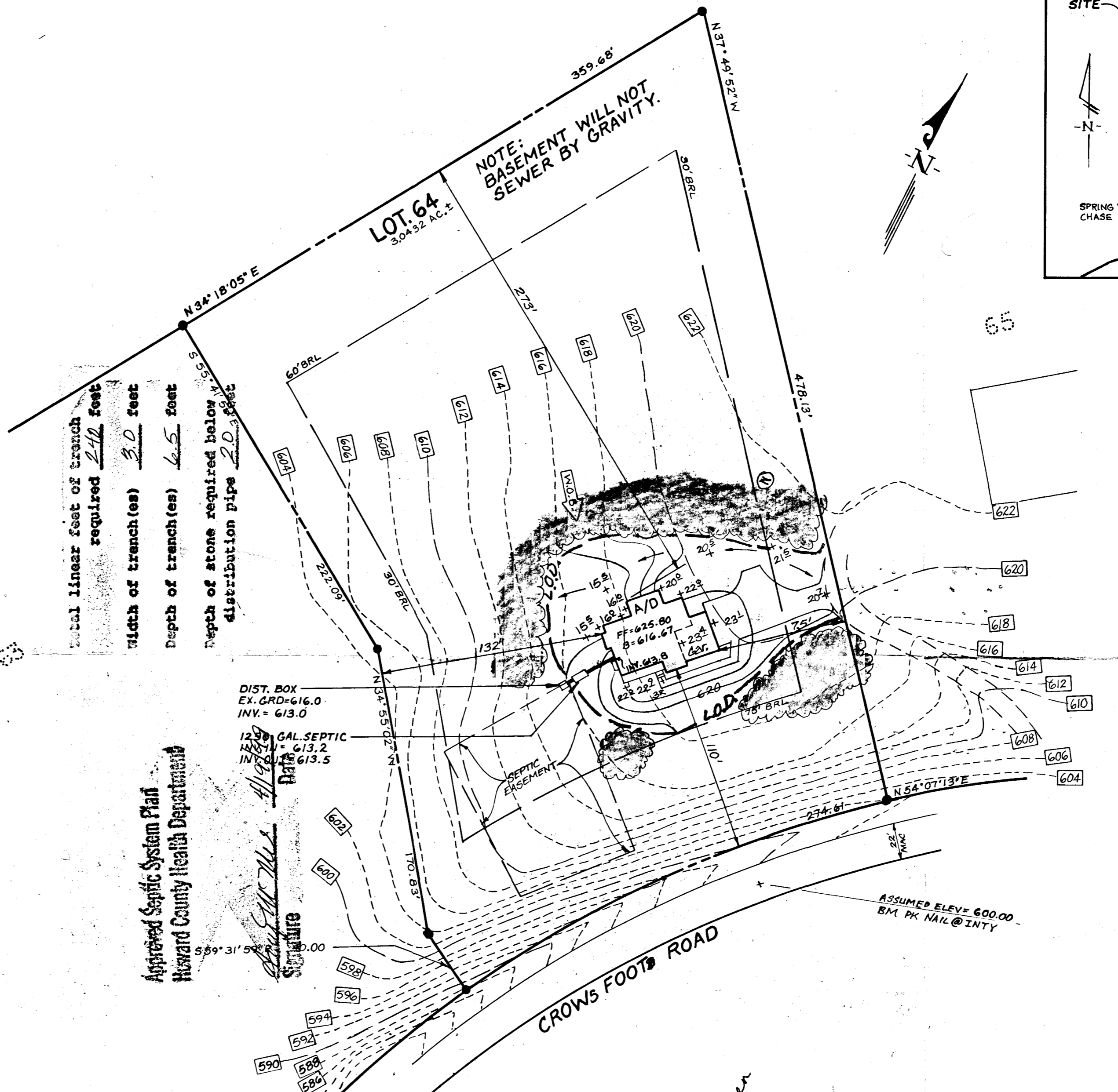


LEGEND

CONTOUR INTERVAL 2 FT.
 EXISTING CONTOUR ---
 PROPOSED CONTOUR --- 602
 LIMIT OF DISTURBED AREA --- L.O.D. --- L.O.D.



VICINITY MAP
SCALE: 1" = 2000'



Total linear feet of trench required 240 feet
 Width of trench (ea) 3.0 feet
 Depth of trench (ea) 4.5 feet
 Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
 Howard County Health Department

DIST. BOX
 EX. CRD=616.0
 INV.= 613.0
 125 GAL. SEPTIC
 INV.= 613.2
 INV.= 613.5

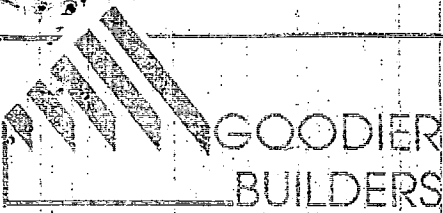
ASSUMED ELEV= 600.00
 BM. PK NAIL @ INTY

GENERAL NOTES

1. TOPO WAS FIELD RUN BY CFS, INC. 3-11-99
2. LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE
3. DISTURBED AREA: 13,920
4. BY COPY OF THIS PLAN THE HO. CO. HEALTH DEPT. ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE DISPOSAL EASEMENT.
5. RECORDED PLAT NO. 10209

		CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA MD 21045 • (410) 381-7500 • BALTO • (301) 621-8100 - WASH.	
		DESIGNED J.M.E.	SCALE 1" = 50'
DRAWN K.B.	DRAWING 1 of 1		
CHECKED J.M.E.	JOB NO. 99-039		
DATE 4-6-99	FOR: GOODIER BLDGS. 10705 CHARTER DRIVE, SUITE 320 COLUMBIA, MD 21044		
FILE NO. 99-039X			

4/19/99 A.M. Miller



GOODIER BUILDERS, INC.

(410) 997-7400

FAX (410) 997-6305

FAX TRANSMISSION SHEET

Date: 8/11

To: Howard County

Company: Health Dept.

From: Stacey Friedman

Number of pages being transmitted including cover page: 1

Special instructions or comments: I will check for Lot 604
Greenfoot Rd. This is a reduced copy of the original
which is 15" x 24" I put a copy in the mail for your
file.

If you do not receive all of the pages, please contact Stacey at 410-997-7400 x. 7

2013 C
 shown on FIRM MAP
 Maryland Community
 CO. 105 Panel 10
 4-4-1988

N 34° 18' 05" E

359

LOT 63

LOT 64
 3.04 AC. ±

Private Sewage Easement
 General Note No. 3 Plat. 10 B66 B68 B69

CONSUMER INFORMATION

- 1) This plot is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plot is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) This plot does not provide for the accurate identification of property boundary lines; but such identification may not be required for the transfer of title or for securing financing or refinancing.

CROWS FOOT

SURVEYOR'S CERTIFICATE

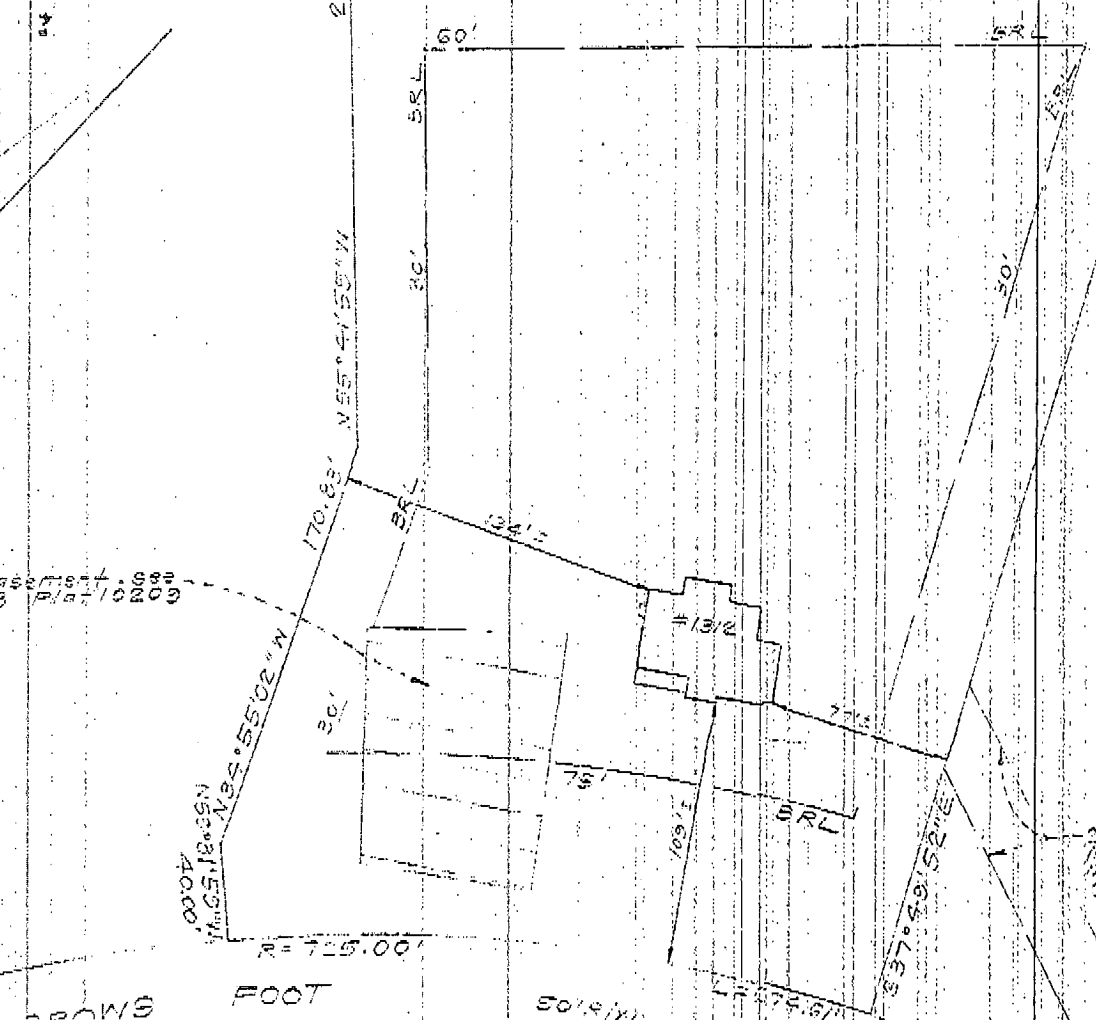
I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

8-6-99
 DATE

[Signature]



NOTE: 1.71 AC. ±



8/25/99
WPI - any time

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
9625-N Ellicott Mills Drive
Ellicott City, MD 21043
481-9633

\$51.00
no wrap
made
due to heavy
rain

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Willoughby Plumb

Telephone 410-781-7051

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner CROOKER BUILDERS Telephone 410-997-7400
Subdivision MEADOWOOD Lot # 6 Well Tag # HO-92-0999
Site Address 1312 CROWS FOOT RD
MARLITTSVILLE, MD 21104

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 HP 1. Make AFRVARD
a. Deep well jet 2. RPM _____ 2. Model # _____
b. Shallow well jet 3. Voltage _____ 3. Depth 4 FT
c. Submersible a. 110 _____
2. Make JACOZZI b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other TAPE

Task Piping Well data
1. Capacity 40 gal 1. Type CRESTLINE 1. Depth 400 ft.
2. Pressure relief valve? YES 2. Size 1 1/2" 2. Yield 4 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level _____ ft.
4. Depth of supply line 4 FT 4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Chris Willoughby
Date: 7-19-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00117315

Building Address 1312 Crowsfoot Rd.
Marysville Md. 21104
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6030 Subdivision Meadowood
 Section 2-3 Area - Lot 64
 Tax Map 10 Parcel 139 Grid 7

Property Owner's Name Goodlee Bldg.
 Address 10705 Chester Dr
 City Columbia State MD Zip Code 21044
 Home Phone _____ Work Phone 410-517-7408
 Applicant's Name & Mailing Address, (if other than stated hereon):
BPS, Inc. Pat O'Leary
2602 Parallel Path
Abingdon MD 21009
 Phone 410-515-1717 Fax 410-515-2213

Existing Use Vacant Lot
 Proposed Use SFD
 Estimated Construction Cost \$ 100,000
 Description of Work Cont SFD "AD" w/ Sun Rm
2 sty full bst 10B, 3FB, 1HB, FID SunRm & Garage
(4BR) (Fin L.L.)

Contractor Company Quinn
 Contact Person Pat O'Leary
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>48'</u> <u>68'</u> 2nd floor: <u>48'</u> <u>46'</u> Basement: <u>48'</u> <u>60'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: <u>16" x 4"</u> Roof: <u>Asp Shingle</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Pat O'Leary
 Title/Company _____

Print Name Pat O'Leary
 Date 4-15-99

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev Engineering, DPZ	<u>4/19/99</u>	<u>A. McMullen</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID: <u>10657</u>
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>527</u>
Side: _____	Excise tax \$ <u>2308</u>
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>7360</u>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>697</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by <u>[Signature]</u>	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00122705

Building Address 1312 Crows Foot Rd
MARRIOTTVILLE, MD 2104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Marlwood
 Section 2 Area 3 Lot 64
 Tax Map 10 Parcel 312 Grid 7
 Zoning LDD Map Coordinates 5610 Lot size _____

Property Owner's Name Tom & Dorothy Howard
 Address Same
 City _____ State _____ Zip Code _____
 Home Phone 410 442-9832 Work Phone 410 884-2067
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD with Deck
 Estimated Construction Cost \$ 5,000.00
 Description of Work ADD Deck to
REAR OF Home w/ steps
35' x 25'

Contractor Company JTB Contracting
 Contact Person R. D. Chiswick
 Address 3053 Hickory made Dr
 City Ellicott City State MD Zip Code 21042
 License No. 317901
 Phone 410-465-4277 Fax N/A

Occupant or Tenant Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Richard D. Chiswick
 Applicant's Signature
Richard D. Chiswick
 Title/Company

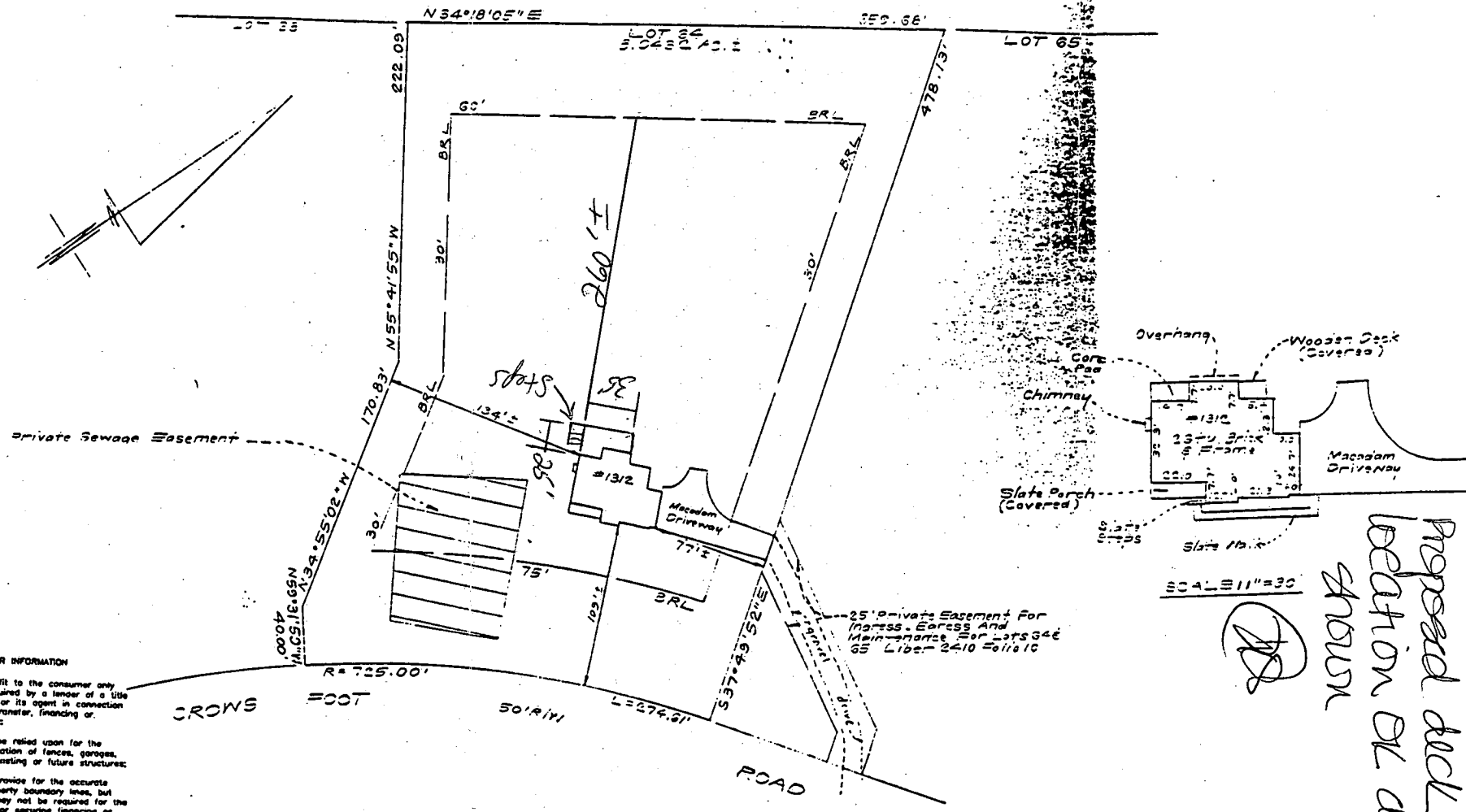
Richard D. Chiswick
 Print Name
3-2-01
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____ All setbacks minimum 5 feet	<u>10657</u>
<input checked="" type="checkbox"/> State Highways			YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
<input checked="" type="checkbox"/> Fire Protection			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date _____	ADD'l permit fee \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Accepted by _____	TOTAL FEES \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Balance due \$ _____
				Check # <u>11167</u>
				Validation # _____

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard's County, Maryland, Community Panel Number 24-004-00:03, Panel 13 of 25, dated December 4, 1985.

Mail Check: 3-11-99
 Top of Wall Elev.: 32.7
 Final: 3-5-99



- CONSUMER INFORMATION**
- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes.
 - 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures.
 - 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

9-16-99
 DATE

Raymond P. Sackett



NOTE: 1. The accuracy of distance accuracy is 1".

Proposed deck location DL AS SHOWN

3/1/99

Plot Reference: 10209

CLARK • FINEFROCK & SACKETT, INC.		ENGINEERS • PLANNERS • SURVEYORS	
7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.			
DESIGNED	LOCATION DRAWING		SCALE
DRAWN	1312 CROWS FOOT ROAD		1"=50'
CHECKED	NEAR WOOD		DRAWING
DATE	SECTION TWO AREA THREE		JOB NO.
9-5-99	315 ELECTION DISTRICT		FILE NO.
	HOWARD COUNTY, MARYLAND		22-633-C
	FOR: 2000ER BUILDERS		
	10705 Market Dr. Suite 300		
	Columbia, Md. 21044		

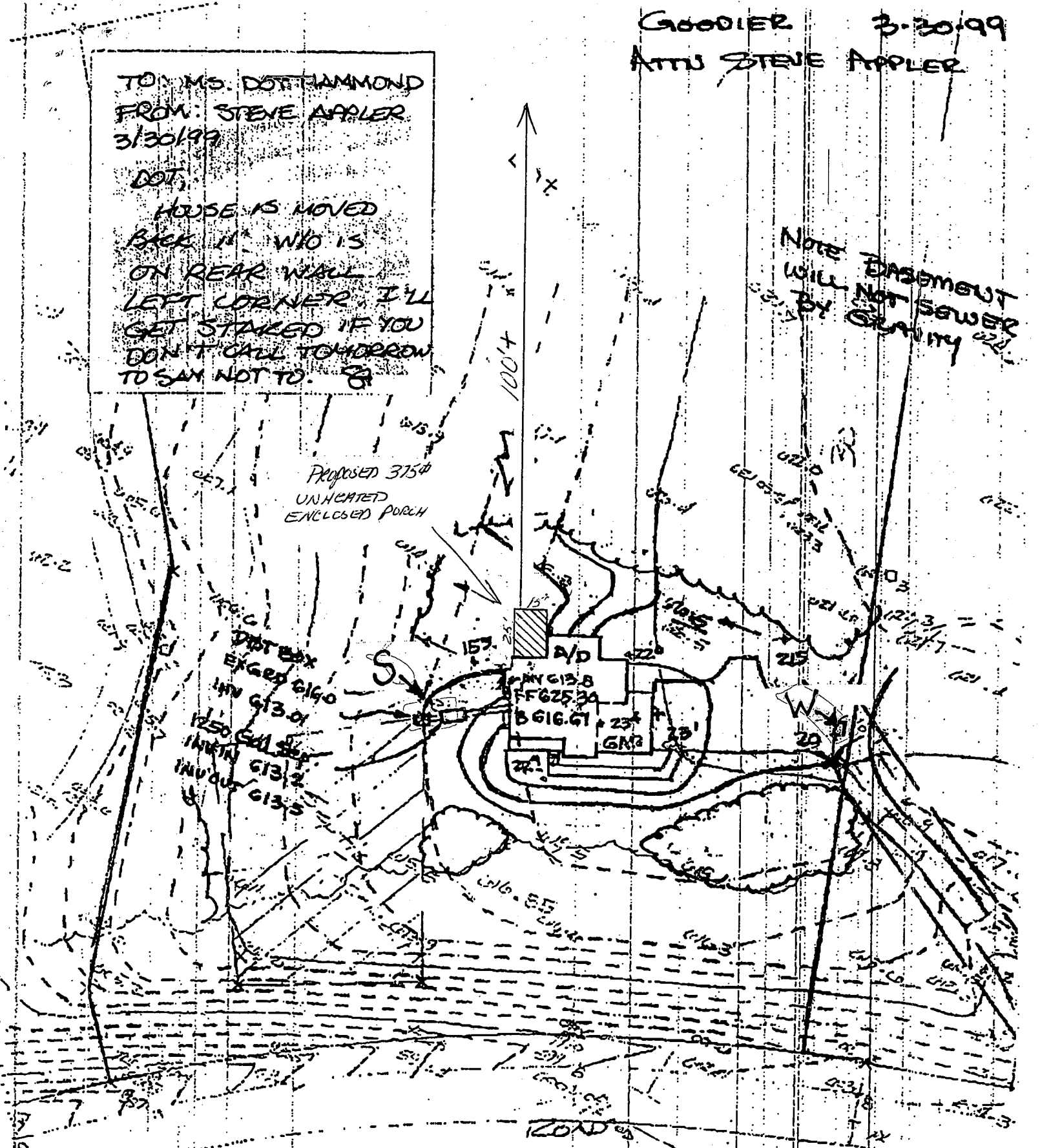
GOODIER 3-30-99
ATTN: STEVE APPLER

TO: MS. DOT HAMMOND
FROM: STEVE APPLER
3/30/99

DOT,
HOUSE IS MOVED
BACK IN WHO IS
ON REAR WALL
LEFT CORNER. I'LL
GET STAKED IF YOU
DON'T CALL TOMORROW
TO SAY NOT TO. S

Note
EASEMENT
WILL NOT SOWER
BY PLANNING

Proposed 375#
UNHEATED
ENCLOSED PORCH



9/15/02
PORCH
LOC.
OK KN

HAMMOND
9827
8/27/02
1" = 60'

ADJUSTED ELEVATION
BM 1.4 MARCH 2002

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
700152242

A38132
P519581E

Building Address 1312 CROWS FOOT RD
MARRIOTTSVILLE MD 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Cons Tract 1002W Subdivision MEADOWOOD
Section 2 Area 3 Lot 64
Tax Map 9581E Parcel 312 Grid 7
Zoning R10D Map Coordinates _____ Lot size 3.04 AC

Property Owner's Name MARPLE THOMAS
Address 1312 CROWS FOOT RD
City MARRIOTTSVILLE State MD Zip Code 21104
Home Phone 410-412-9632 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD & DECK
Proposed Use SFD & UNHEATED ENCLOSED PORCH
Estimated Construction Cost \$ \$37,507.00

Contractor Company PATIO ENCLOSURES, INC.
224 8th AVENUE, N.W.
Contact Person GLEN BURNIE, MD 21061
Address 410-760-9322 X25
MHI # 12744
City _____ State _____ Zip Code _____
License No. _____ Phone _____ Fax _____

Description of Work ON ROAD UN EXISTING UNBUILT
FOUNDATION CONSTRUCT A 15' x 25' x 8'
UNHEATED ENCLOSED PORCH. (375#)

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Occupant or Tenant "OWNER"
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular <input type="checkbox"/>	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>25' x 15'</u> Basement: <u>(375#)</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <u>N/A</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Gregory A. Falter
Applicant's Signature

GREGORY A. FALTER
Print Name
9-4-02
Date

Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/5/02</u>	<u>Katie Norman</u>
<input checked="" type="checkbox"/> Health		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO

PROPERTY ID#: 40657

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>2417</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START: _____
ONE STOP SHOP: 20th JN 4-15-02

Coverage for NewTown Zone _____
SDP/Red-line approval date _____
Accepted by _____