

04-346181 *File*

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

① P.C.O.
4/16 C.B.D.
P 48002
A 38668

DISTRICT 4th
DATE 4/3/92
DATE SYSTEM APPROVED 6/15/92
INSPECTOR C.B.D.

Bill Cumberland

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 489-4457
SUBDIVISION Laurand Property LOT 4 ROAD 17624 17620 Hardy Road
PROPERTY OWNER William T. Cumberland, III / Joseph & Patricia Blodgett
ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
210 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 280

Addition 2 car Garage
BLDG. PERMIT SIGNED
AND RETURNED 11-27-95
Serial # 62623

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.
LOCATION - Start the first trench 225 feet from the front lot line and 90 feet from the right lot line. Run trenches along contour toward left side of property.
NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 4/2/92 BB*

BLDG. PERMIT SIGNED
AND RETURNED 9-1-99
Serial # 120224
duh

BLDG. PERMIT SIGNED
AND RETURNED 7-10-97
Serial # 106873
Signed pml DATE 9/19/91

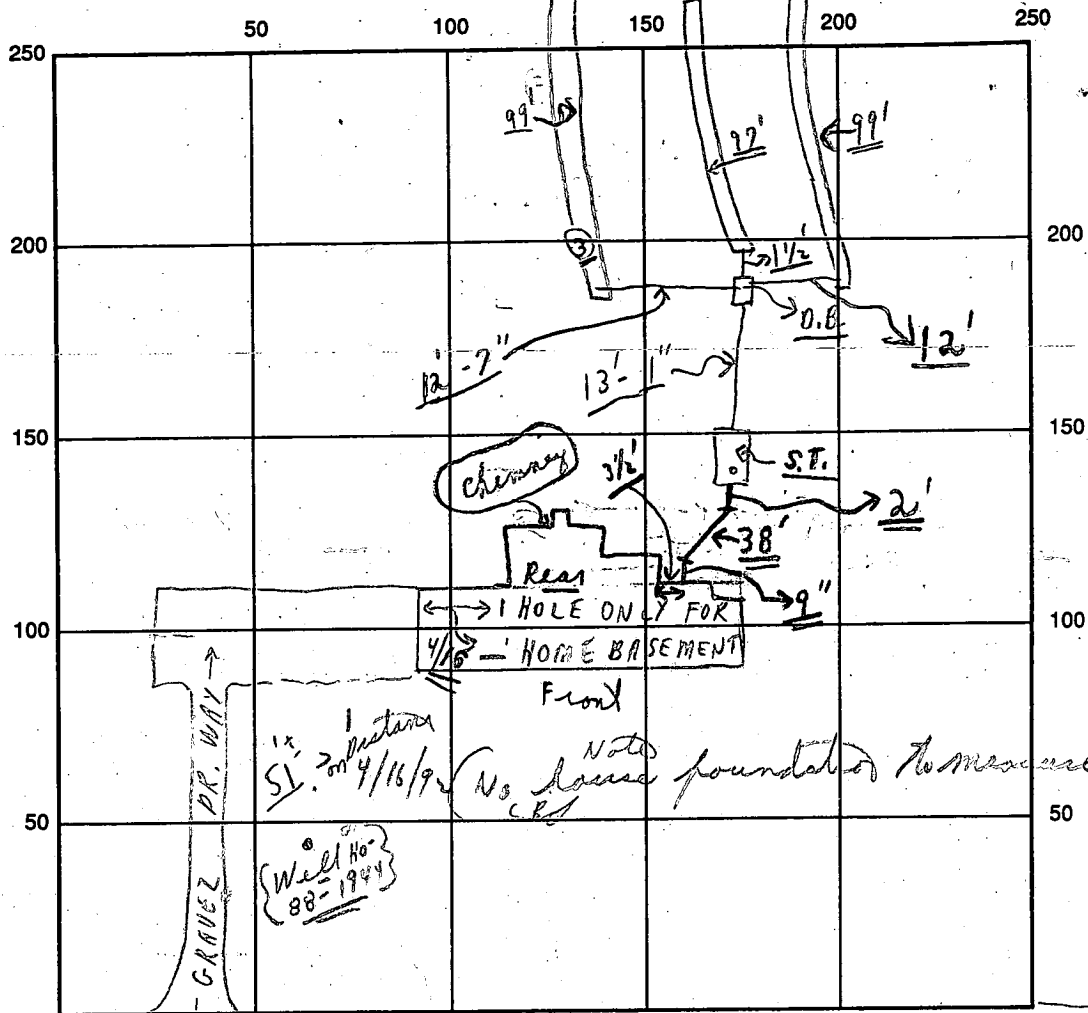
PLANS APPROVED BY _____ C. Williams

- 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)
- 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
- 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

BLDG. PERMIT SIGNED
AND RETURNED 10/5/95
Serial # 61931
Storage Building

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

A 38668



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HARDY ROAD

Poplar Spring

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 99; 99; 99 295 FT.

NUMBER OF TRENCHES 3 ONE 885 SQ. FT. / BOTTOM AREA

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 885 SQ. FT.

REMARKS: 4/16/92 System complete - except for house connection & posted; HOLD FOR A CALL - (NEED TO SEE ALL PIPE FROM SEPTIC TANK BACK TO HOUSE WALL) C.B.A.

6/15/92 Later - P.M. - Final - ok to cover house connection - line from house to septic tank checked; C.B.A.

6/15 W.P.I. - line and pitless adapter - ok to cover per inspection.

DATE SYSTEM APPROVED 6/15/92 INSPECTOR Charles Bryan, Shepher

APPLICATION

A 38668

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4TH

DATE 2/9/87

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 WAYNE C. HOUGH William T. Cumberland, III

ADDRESS 17740 HARDY RD. PHONE W-235-1536
MT. AFRY, MD. 21771 H-795-6987
489-4457

PROPERTY LOCATION:
SUBDIVISION Hough Property LOT NO. 4

ROAD AND DESCRIPTION North side of Hardy Road, 1420' ± east of Log
Copper Road. (17620 Hardy Road)

SIZE OF LOT 3 Acre minimum TYPE BLDG. 3
(NUMBER OF BEDROOMS)

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.

Wayne C. Hough
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING S-1387 line satisfactory - hold for plat. S. Abel

BLDG. PERMIT SIGNED
AND RETURNED 3/23/87
Serial # 41476-SFD

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 38668

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HOUGHTS LAUNDRY LOT NO. 4

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

B 1 **0096** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-1944
 fill in this form completely

Date Received (APA) **07/16/91**
 OWNER INFORMATION
CUMBERLAND **BILL**
 Last Name Owner First Name
16391AE **MULLTNIK RD.**
 Street or RFD
WOODBINE **MD 21717**
 Town State Zip

B 3 LOCATION OF WELL
ACWMD COUNTY
LAUKAND SUBDIVISION
 SECTION **4** LOT **4**
MT AIRY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION
Joseph L. Wayne Driller's Name
238 License No. 80
Joseph L. Wayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph L. Wayne Signature **7/15/91** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Hardy Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
125 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A38668 COUNTY NO.
 STATE SIGNATURE **Mark E. Kilkin** DATE ISSUED **2/8/92**
 NORTH GRID **550000** EAST GRID **0764000**

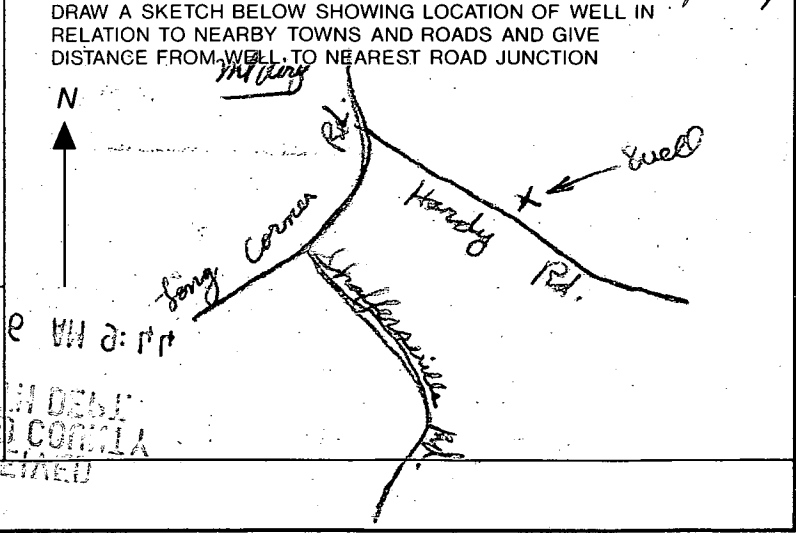
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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. **WELL**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
7624
58250

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM 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 **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-1944**

SPECIAL CONDITIONS

C1 4606 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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-35668

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED

Depth of Well
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-28-1999

OWNER Cumberland last name Bill first name
 STREET OR RFD Harley rd TOWN Mt. Airy
 SUBDIVISION LEUKROND SECTION _____ LOT 9

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	
<u>Brown Shell</u>	<u>55</u>		
<u>Blue Rock</u>	<u>55</u>	<u>365</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 13 NO. OF POUNDS 132
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 55 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 61

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

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

C2
 DEPTH (nearest ft.)
 1 110 60 365
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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 _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 106
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34
 WHEN PUMPING 38.5
 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE _____ (nearest foot)
 below }

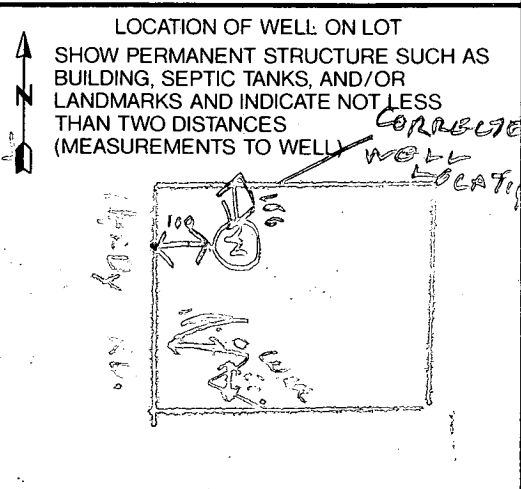
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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. _____

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1944
 Location of property (road) Hardy Rd ←
 Subdivision LAURAND Lot 4 Block Plat Sec.
 Well Driller J. Payne Owner Cumberland, Bill

Depth of well 365'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 56'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 15 gpm.
 Total time 62 min. to reach pumping water level 283 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	165'	4 sec.		15
8:00	236	5		12
8:15	283	5		12
8:30	279	45		1.3
8:45	279	45		1.3
9:00	277	45		1.3
9:15	277	39		1.3
9:30	277	39		1.6
9:45	277	39		1.6
10:00	276	39		1.6
10:15	274	39		1.6
10:30	273	39		1.6
10:45	273	39		1.6
11:00	273	39		1.6
11:15	273	39		1.6
11:30	273	39		1.6
11:45	273	39		1.6
12:00	273	39		1.6
12:15	273	39		1.6
12:30	273	39		1.6
12:45	273	39		1.6
1:00	273	39		1.6
1:15	273	39		1.6
1:30	273	39		1.6

HD-224 1:45 273 39 1.6
 2:00 273 39 1.6
 2:15 273 39 1.6

6/15/92 PM
LATE

6/15/92
Final - OK
C.B.A.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

PITLESS ADAPTER
WELL LINE

New Installation _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer _____ Telephone _____

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

Name of Property Owner Bill Cumberland Telephone _____
 Subdivision LAURAND Lot # 4 Well Tag # 40-88-1949
 Site Address 17620 Hardy Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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: _____

Date: _____

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

HD-215

(card)
Notes: (1) This Copy for file (Final - W.P.I.) - 6/15/92.
(2) checked house connection also - OK, C.B.A. tinker (F.C.O.)

LAURAND SUBDIVISION
LOT 4

WILLIAM CUMBERLAND

17620 HARDY RD

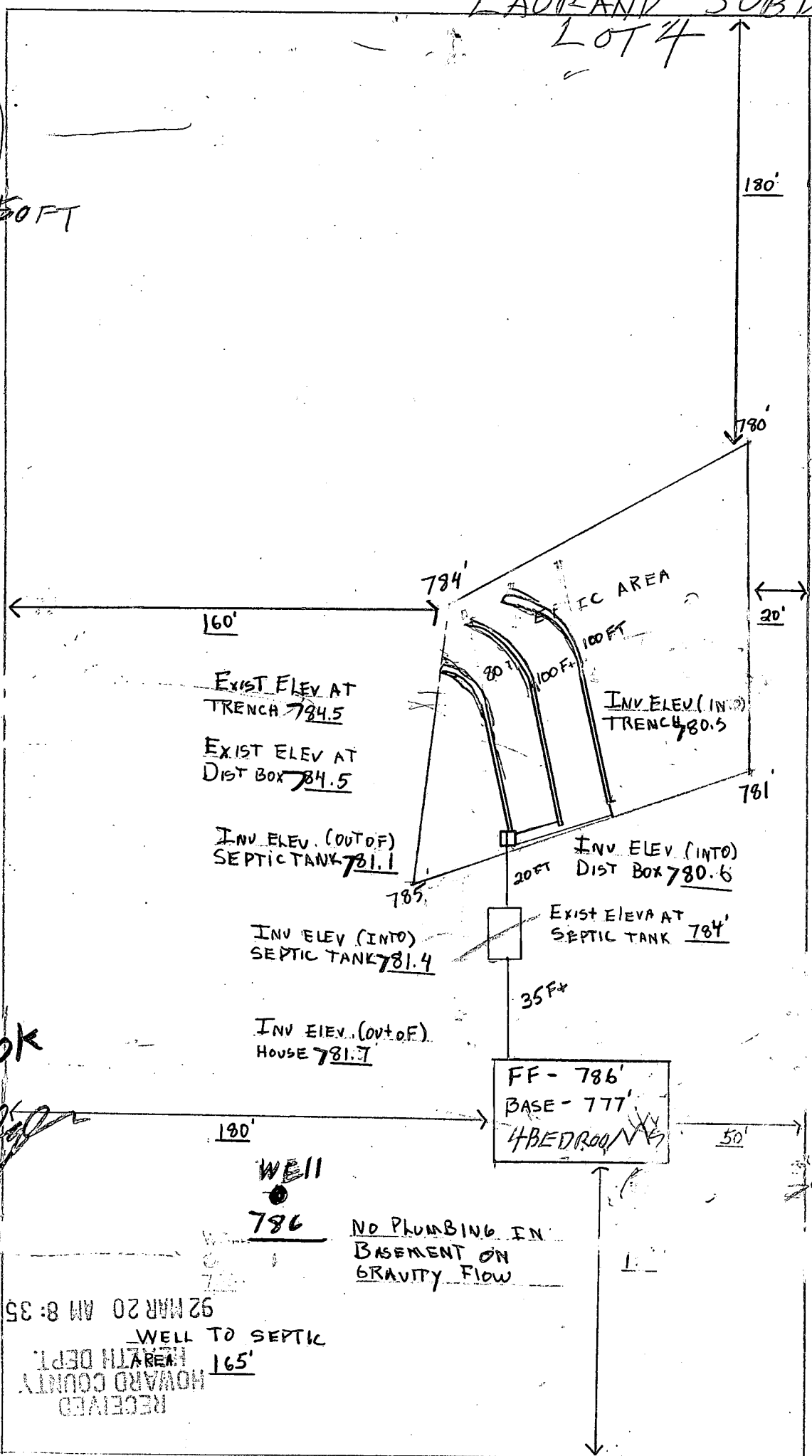
PERMIT # 41476

489-4457

SCALE 1" = 50 FT

3/20/92

8:30 AM



3/23/92
REVISED
PLANS OK
B. Hodges

92 MAR 20 AM 8:35
RECEIVED
HOWARD COUNTY
HEALTH DEPT.
WELL TO SEPTIC
191

New Work
Remodeling

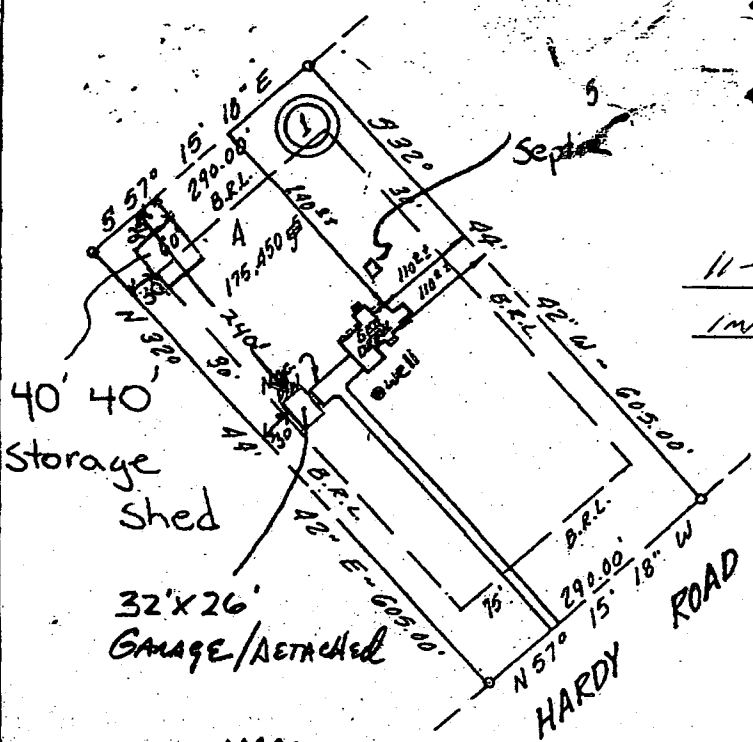
WTC III Plumbing & Heating

1820 Gillis Falls Road
Woodbine, MD 21797
Phone (301) 489-4457

Commercial
Repair

Licensed
Bonded
WSSC 1083

William Cumberland
Master Plumber

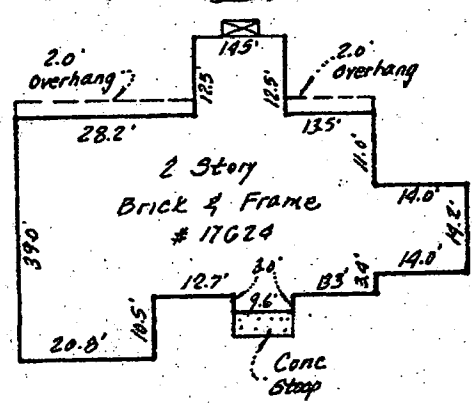


11-27-95 PROPOSED GARAGE, NO
 IMPACT TO WELL OR SEPTIC HA *Septic SANITATION*

40' 40'
Storage
Shed

32' X 26'
GARAGE/DETACHED

HARDY ROAD



LOT 4 BLOCK 1
LAUKAND

Joseph R. Blodgett 5-12-94
Patricia C. Blodgett 5-12-94
 1:200

Surveyor's Certification

I hereby certify that the survey shown hereon is correct and that the location of the improvements shown hereon is correct and that there are no visible encroachments unless noted otherwise. Fence lines (if shown) are approximate locations. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Do not attempt to use this survey for the purpose of constructing improvements. This property does not lie within a 100 year flood plain according to HUD-FIA insurance maps unless otherwise shown hereon. Building restriction lines shown as per available information.

5-6-94
Date

Stephen J. Wenthold
 Stephen J. Wenthold
 Maryland RLS Reg. No. 10767

NO TITLE REPORT FURNISHED

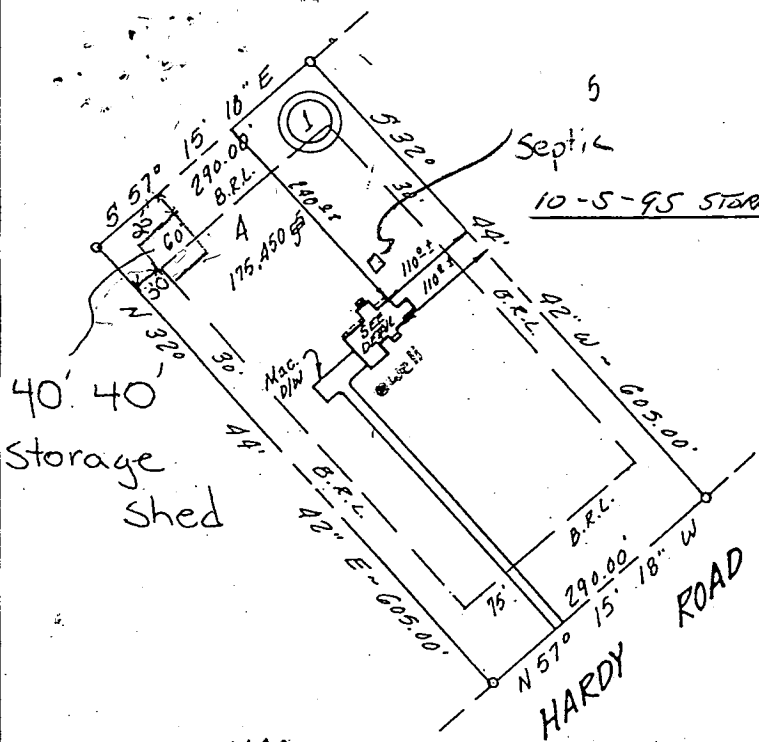
Scale: As Shown
 Plat Book: _____
 Plat No.: 7601
 Work Order: 94-2063

Property Address: 17624 Hardy Road
 Election District #: 4
 Jurisdiction: Howard County, Maryland



Meridian Surveys, Inc.
 2401 Research Boulevard
 Suite 270
 Rockville MD. 20850
 (301) 840-0025

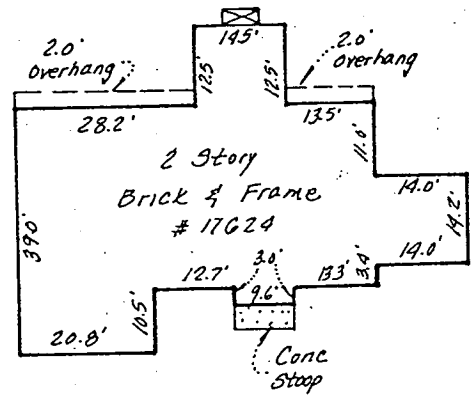
BP 61931



10-5-95 STORAGE BLOC, NO IMPACT TO WELL OR SEPTIC B.R.L. *per*

40' 40" Storage Shed

HARDY ROAD



LOT 4 BLOCK 1 LAUKAND

Joseph R. Bledgett 5-12-94

Patricia C. Bledgett 5-12-94

1:200

Surveyor's Certification

I hereby certify that the survey shown hereon is correct and that the location of the improvements shown hereon is correct and that there are no visible encroachments unless noted otherwise. Fence lines (if shown) are approximate locations. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Do not attempt to use this survey for the purpose of constructing improvements. This property does not lie within a 100 year flood plain according to HUD-FIA insurance maps unless otherwise shown hereon. Building restriction lines shown as per available information.

5-6-94
Date

Stephen J. Wenthold
Stephen J. Wenthold
Maryland RLS Reg. No. 10767

NO TITLE REPORT FURNISHED



Meridian Surveys, Inc.
2401 Research Boulevard
Suite 270
Rockville MD. 20850
(301) 840-0025

Scale: As Shown
Plat Book: _____
Plat No.: 7601
Work Order: 94-2063

Property _____
Address: 17624 Hardy Road
Election District #: A
Jurisdiction: Howard County, Maryland

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00120224

Building Address 17624 MARY ROAD
MT. AIRY MD 21771
Suite/Apt. #: N/A SDP/WP/Petition #: _____
Census Tract 6006 Subdivision LAUREL
Section N/A Area N/A Lot 4
Tax Map 60 Parcel 2509 Grid 60
Zoning RC10 Map Coordinates 268 Lot size _____

Property Owner's Name JOSEPH AND PATRICIA BLODGETT
Address 17624 MARY ROAD
City MT. AIRY State MD Zip Code 21771
Home Phone 301 831 0160 Work Phone N/A
Applicant's Name & Mailing Address, (if other than stated hereon):
N/A
Phone _____ Fax _____

Existing Use SMALL FARM HOME
Proposed Use DECK FOR SALE
Estimated Construction Cost \$ 2,500
Description of Work BUILD A PRESSURE TREATED
DECK APPROXIMATELY 13'30" BY 10'2" 41
STEPS TO ROAD.

Contractor Company WILSON HOUSE CONSTRUCTION
Contact Person LEE WELTON
Address 23530 DECATUR DR.
City LANTANA, FL State FL Zip Code 32782
License No. 22734
Phone 301 252 5589 Fax N/A

Occupant or Tenant JOSEPH AND PATRICIA BLODGETT
Contact Name SAV
Address 17624 MARY ROAD
City MT. AIRY State MD Zip Code 21771
Phone 301 831 0160 Fax N/A

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>31'</u> <u>56'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>30'</u> <u>56'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>31'</u> <u>56'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	_____ NFPA #13D
No. of Bedrooms _____	_____ NFPA #13R
Multi-family dwellings: _____	_____ Other:
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>Post & Beam</u>	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
Title/Company _____

Print Name LEE WELTON
Date 9-1-99

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	<u>9/1/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>9/1/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>9/1/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>75' Min</u>	<u>9117</u>
Rear: <u>60' Min</u>	Filing fee \$ _____
Side: <u>30' Min</u>	Permit fee \$ <u>30</u>
Side St.: <u>N/A</u>	Excise tax \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>276</u>
Accepted by <u>[Signature]</u>	Validation # <u>241629</u>

