

# PERMIT 05-408792

P 511007

## SEWAGE DISPOSAL SYSTEM

A 39241

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

DATE 9/25/98

10-1-98  
C.O. 2:30pm  
10-2-98  
C.O. 1pm

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-5833~~ 410-313-2640

DATE SYSTEM APPROVED 10-2-98

INSPECTOR KM

### INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Westside LOT 7 ROAD 5937 Clifton Oaks Drive

PROPERTY OWNER Jun Tae Bae & Har Won Bae

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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 - Place the distribution box 125 feet off the 309.37' lot line and 130 feet off the 316.97' lot lines as seen when facing the lot from the pipestem. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/MR*

AND RETURNED 10-22-98  
*Serial # B10 114682*  
*Instal 1-577 gal underground*  
*pipelines*

PLANS APPROVED BY Donna K. Soe

REVISED DATE 04/20/98

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

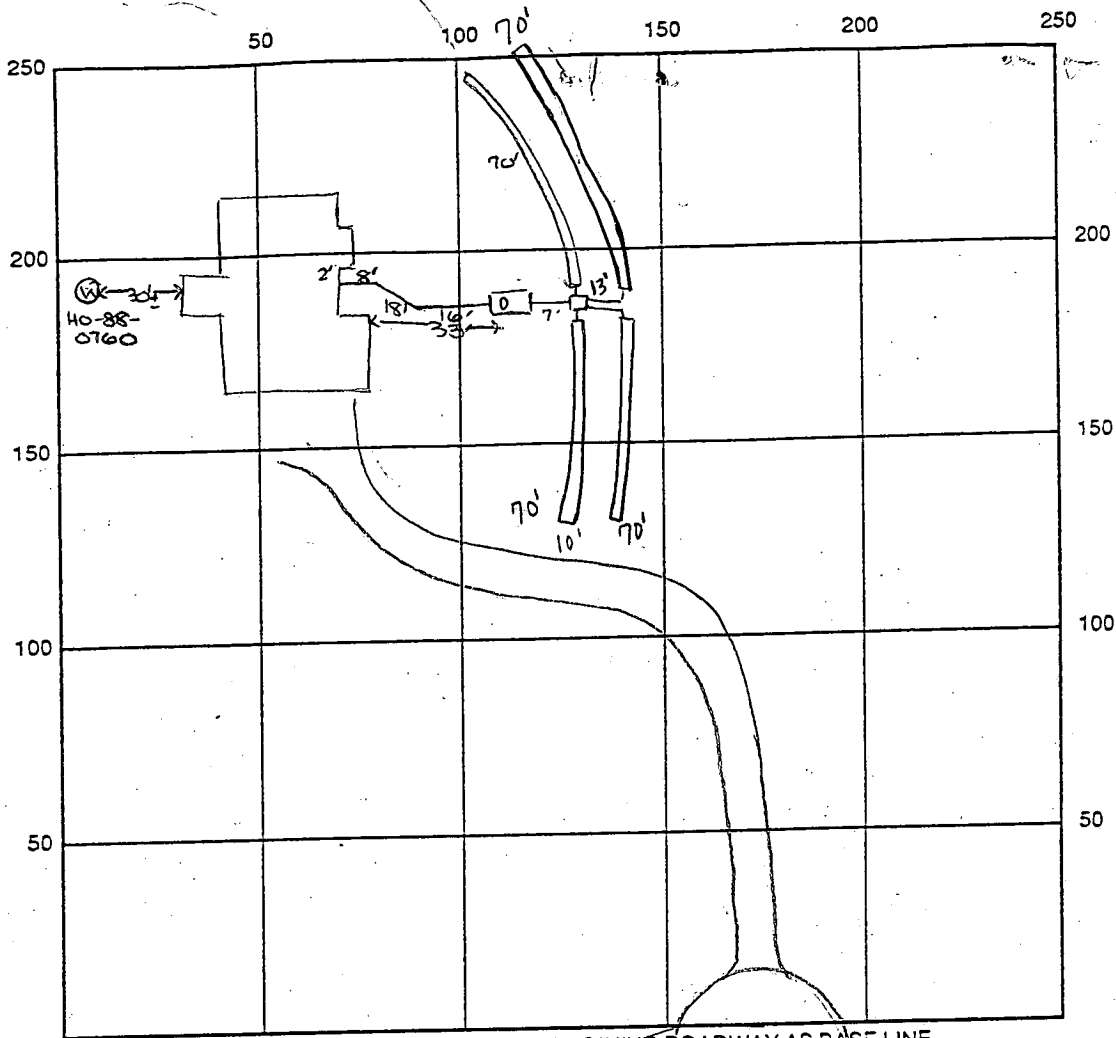
PERMIT VOID AFTER TWO YEARS

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

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

A 39241



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Cliff Drive

SEPTIC TANK LEVEL OK - 1500 gal top seam CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK, baffle in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 70 x 4 FT. → 280

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 10/1/98 OK to cover from house to dist. box and

first trench - OK to continue work. DKS

10/2/98 OK to finish cementing pipes in distribution box and cover all work (km)

DATE SYSTEM APPROVED 10-2-98

INSPECTOR Jim Maisto



9.23.98  
anytime

*Ready now  
for inspection*

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
Fax: 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
 Receipt \$ \_\_\_\_\_ Date 9/22/98  
 Name of Installer ROBERT L. FEEZER CO. INC Telephone 410-781-4655  
 License Number 2122  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner TONY DESIMONE, INC. Telephone 301-843-6092  
 Subdivision WESTSIDE DEVELOPMENT Lot # \_\_\_\_\_ Well Tag # HO-88-0760  
 Site Address 5937 CLIFTON OAKS DR.  
CLARKSVILLE, MD. 21029

Fump Motor Pitless Adapter  
 1. Type 1. Horsepower 1/2 1. Make HAWKINS  
 a. Deep well jet 2. RPM 3450 2. Model # PT-800  
 b. Shallow well jet 3. Voltage \_\_\_\_\_ 3. Depth 42"  
 c. Submersible  a. 110 \_\_\_\_\_  
 2. Make b. 220   
 3. Model # \_\_\_\_\_  
 4. Capacity 5 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 \_\_\_\_\_

Well ~~X~~ TRUCK  
 Tank ~~CAP~~ VERMILION  
 1. Capacity 36 GALS.  
 2. Pressure relief valve? YES  
 Piping 1. Type Poly  
 2. Size 1"  
 3. NSF and/or BOCA Code approved YES  
 4. Depth of supply line 42"  
 Well data 1. Depth 335 ft.  
 2. Yield 1 GPM  
 3. Static water level ? ft.  
 4. Will water supply be disinfected by installer? YES

9.23.98  
WPI - ok to cover, has 2 piece cap  
PP. 4' below grade, casing 8" above grade (KM)

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: [Signature]  
Date: \_\_\_\_\_

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

# APPLICATION

PERCOLATION TESTING

A 39241

P \_\_\_\_\_

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

DISTRICT 5

DATE 4-16-87

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 RAO GROUP Inc JUN TAE BAE & HAK WON BAE

ADDRESS 6570 Rt 32 CLARKSVILLE MD 21029 PHONE 854-0809

PROSPECTIVE BUYER RAO GROUP Inc

ADDRESS 6570 Rt 32 CLARKSVILLE, MD 21029 PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOUENGER PROPERTY LOT NO. 7

ROAD AND DESCRIPTION @ 5909 TEAL OAKS Rd, CLARKSVILLE

THIS IS AN EXISTING SINGLE FAMILY DWELLING

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3.0 Ac TYPE BLDG. Single Family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNED  
**AND RETURNED** 4-20-88  
Health # 110783-46m

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.

Wotapulwiz  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

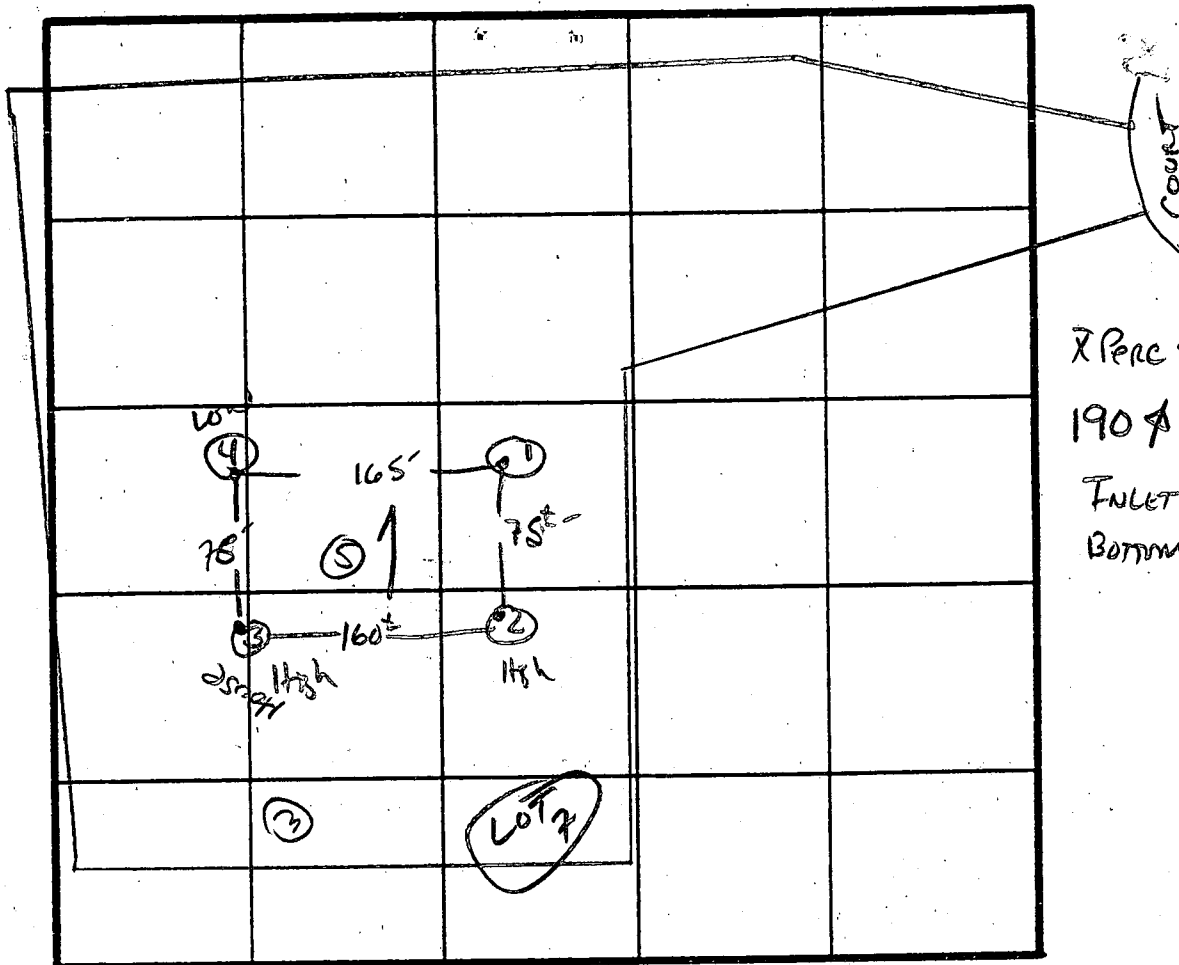
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6-25-87 Perc. Satisfactory - Hold for Subdivision plat. SAC

# THIS IS NOT A PERMIT

① → ④  
 SOIL PROFILE  
 8"  
 Yellow Red  
 Silty CLAY  
 LOAM  
 10-15% FRAGS  
 3.5"  
 4"  
 Yellow Red  
 w/ white  
 sand loam  
 veins of  
 silt loam  
 10-15%  
 FRAGS  
 13"



X Per 8 min  
 190 # BR  
 Inlet 4.5"  
 Bottom 6.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO.   | DEPTH       | PRE-WET                 |              | TEST - 1" DROP |              | TIME           |
|---------|------------|-------------|-------------------------|--------------|----------------|--------------|----------------|
|         |            |             | START                   | STOP         | START          | STOP         |                |
| 6/25/87 | 1 S<br>1 V | 4.0"<br>13" | 1:24                    | 1:29         | 1:29           | 1:36         | 7 MIN<br>UPINS |
|         | 2 V        | 13"         | UNIFORM SOIL below 3.5" |              |                |              |                |
|         | 3 S<br>3 M | 4"<br>8"    | 1:38<br>1:38            | 1:42<br>1:39 | 1:42<br>1:39   | 1:47<br>1:41 | 5 MIN<br>2 MIN |
|         | 3 V        | 13.5"       | UNIFORM SOIL below 4.0" |              |                |              |                |
|         | 4 S<br>4 V | 3.5"<br>13" | 1:42                    | 1:50         | 1:50           | 2:07         | 17 MIN         |
|         | 5 V        | 12"         | UNIFORM SOIL below 4.0" |              |                |              |                |
|         |            |             |                         |              |                |              |                |
|         |            |             |                         |              |                |              |                |
|         |            |             |                         |              |                |              |                |
|         |            |             |                         |              |                |              |                |

REMARKS Holes Per Plat - Shallow Syst. only  
 TYPE OF SOIL Chester Loam  
 TESTED BY S. Abel ALSO PRESENT Rocky, skip

EH-12-1079





C1 **0211** 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 **H39241**

ST/CO USE ONLY  
 DATE RECEIVED **091887**  
 8 13 15 20

DATE WELL COMPLETED **091887**  
 22 **345** 26  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**40-38-0760**  
 28 29 30 31 32 33 34 35 36 37

OWNER **RAO** last name **Bob** first name  
 STREET OR RFD **CLIPPER PARK DR.** TOWN **BLANCKVILLE**  
 SUBDIVISION **West side** SECTION **1** LOT **7**

**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  |                        |
| SAND Stone                                    | 0    | 80  |                        |
| Yellow clay                                   | 80   | 120 | ✓                      |
| SAND Stone                                    | 120  | 142 |                        |
| Gray mica rock                                | 142  | 345 | ✓                      |

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **21** NO. OF POUNDS **1004**  
 GALLONS OF WATER **126**  
 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** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) **4**  
 Total depth of main casing (nearest foot) **147**  
**ST** **4** **147**  
 60 61 63 64 66 67 70

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  
**HC** **146** **345**  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

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.

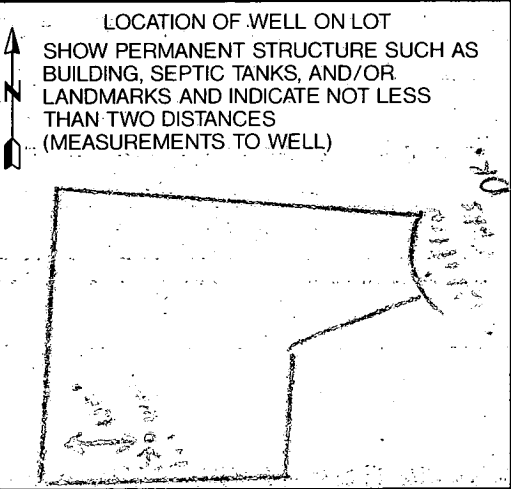
DRILLERS IDENT. NO. **938**  
 DRILLERS SIGNATURE **[Signature]**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **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) **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 **42**  
 WHEN PUMPING **224**  
 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: **29**  
 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 (nearest foot)  
**-** below } **1** (nearest foot)  
 49 50 51



B 1 **5616** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

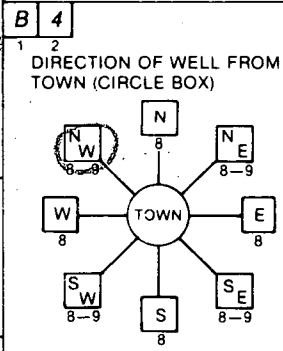
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-99-0760** ✓  
 fill in this form completely

Date Received (APA) **052099**  
**OWNER INFORMATION**  
 Last Name: **RAO** Owner: **BOA**  
 Street or RFD: **6590 R432**  
 Town: **CLARKSVILLE** State: **MD** Zip: **21029**

B 3 LOCATION OF WELL  
 COUNTY: **HOWARD**  
 SUBDIVISION: **Westside**  
 SECTION: **7** LOT: **7**  
 NEAREST TOWN: **CLARKSVILLE**  
 MILES FROM TOWN: **1 3/4** MI

**DRILLER INFORMATION**  
 Driller's Name: **Joseph L. Mayne** License No. **238**  
 Firm Name: **Joseph L. Mayne Well Drilling**  
 Address: **5512 Rilkerd. Mt. Airy 21771**  
 Signature: **Joseph L. Mayne** Date: **5/24/99**



**CLIFTON OAKS DR.**  
 NEAR WHAT ROAD  
 COUNTY NAME: **HOWARD** COUNTY NO. **A. 38241**  
 STATE SIGNATURE: \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED: **06/16/99** CO SIGNATURE: **Craig Williams** EXP. DATE: **12/16/99**  
 NORTH GRID: **502000** EAST GRID: **0811000**  
 11:30

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  
 COUNTY NAME: **HOWARD** COUNTY NO. **A. 38241**  
 STATE SIGNATURE: \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED: **06/16/99** CO SIGNATURE: **Craig Williams** EXP. DATE: **12/16/99**  
 NORTH GRID: **502000** EAST GRID: **0811000**  
 11:30

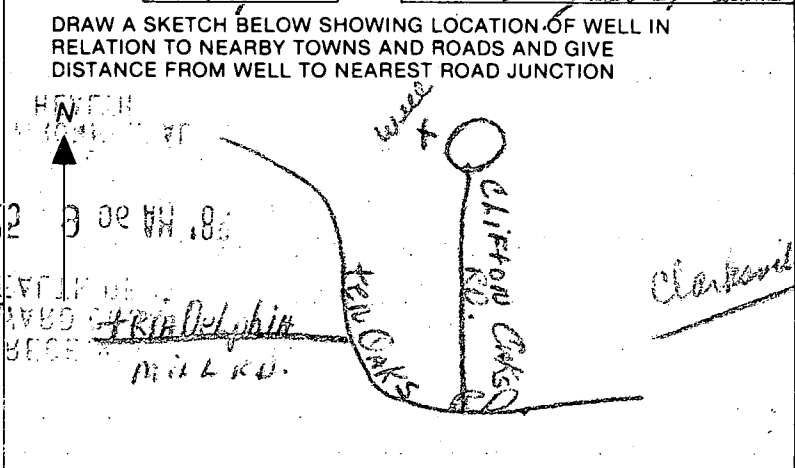
APPROXIMATE DEPTH OF WELL: **300** FEET

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  
 N **500 2**  
 E **510 1**  
 7-18-99, ground 9:30am  
 21 Bags of cement/well  
 142' Well casing  
 55' Wellgrout - open  
 1/2" casing above ground  
 (Taps in site)

**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 DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): \_\_\_\_\_



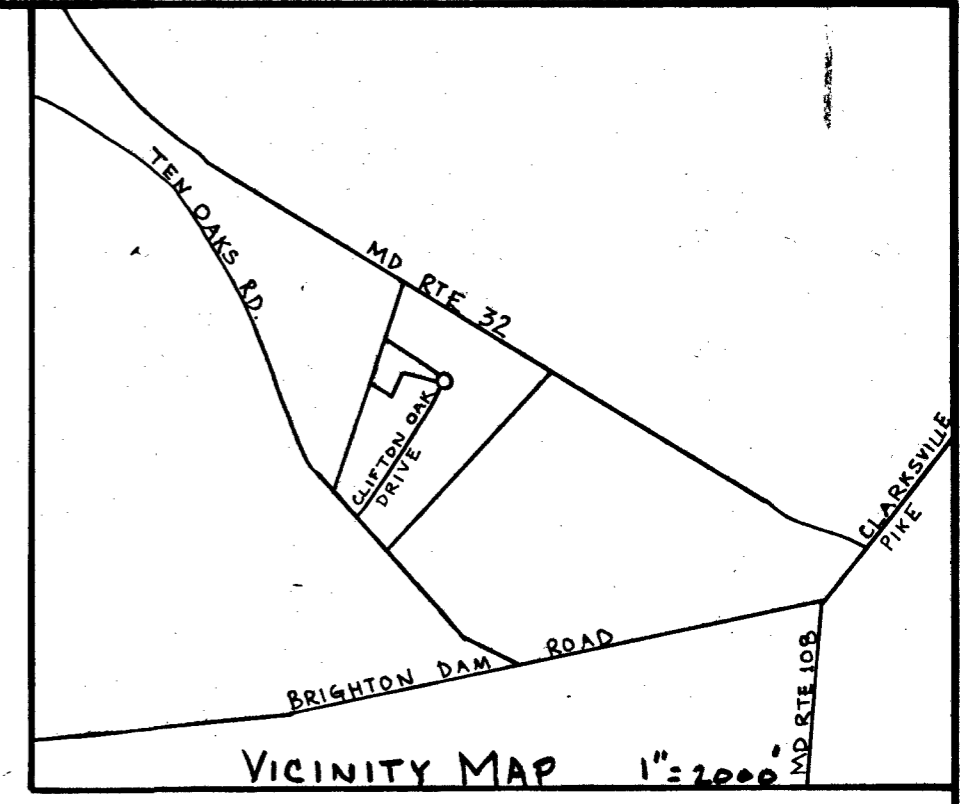
Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER: \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **CIW** WRITE INITIALS IN BOX PERMIT No. **HD-99-0760**

SPECIAL CONDITIONS \_\_\_\_\_  
 COUNTY \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
1998 MAR 32 A 9 33

**GENERAL NOTES**

1. Lot Reference: Lot 7, Westside Plat # 7993
2. Total Lot Area: 144,462 sf.  
Total Disturbed Area: 30,000+ sf.
3. Current Zoning: Rural  
Building Restriction: Front 75'  
Rear 60'  
Side 30'
4. Boundary, topography and utility information is from available records of Howard County and surveys by Advance Resource Consultants, Inc.
5. Information concerning underground utilities was obtained from available records but the contractor shall determine the exact locations and elevations of utilities prior to construction.
6. All construction shall be in accordance with the latest standards and specifications of Howard County, Maryland.

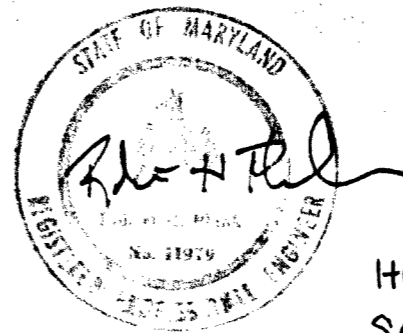
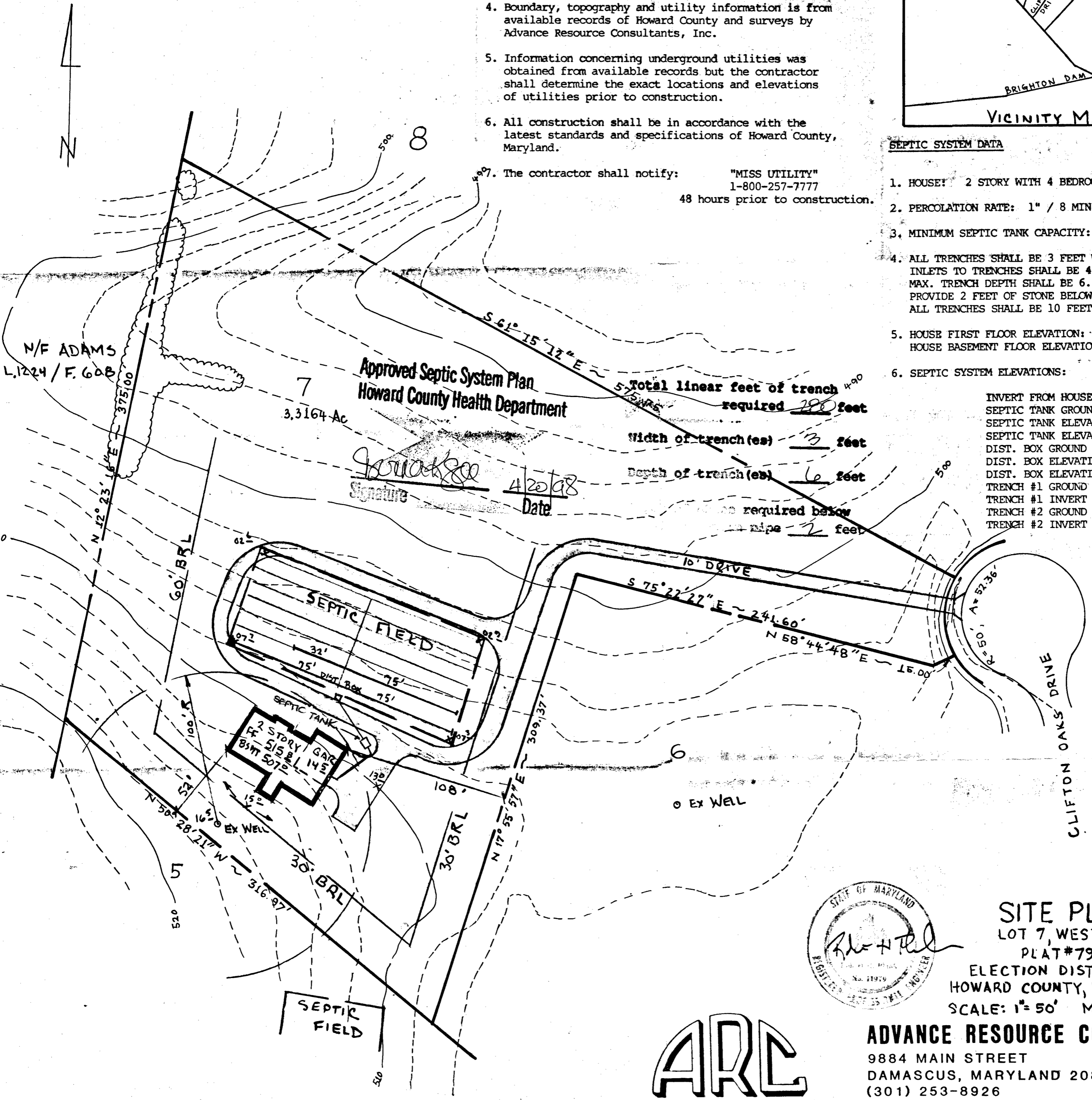


**SEPTIC SYSTEM DATA**

1. HOUSE: 2 STORY WITH 4 BEDROOMS
2. PERCOLATION RATE: 1" / 8 MIN. (4.5' MIN. DEPTH)
3. MINIMUM SEPTIC TANK CAPACITY: 1500 GALLONS
4. ALL TRENCHES SHALL BE 3 FEET WIDE. INLETS TO TRENCHES SHALL BE 4.5 FEET BELOW ORIGINAL GROUND. MAX. TRENCH DEPTH SHALL BE 6.5 FEET BELOW ORIGINAL GRADE. PROVIDE 2 FEET OF STONE BELOW PIPE IN TRENCHES. ALL TRENCHES SHALL BE 10 FEET CENTER TO CENTER.
5. HOUSE FIRST FLOOR ELEVATION: 515.8  
HOUSE BASEMENT FLOOR ELEVATION: 507.0
6. SEPTIC SYSTEM ELEVATIONS:

|                           |       |
|---------------------------|-------|
| INVERT FROM HOUSE         | 504.6 |
| SEPTIC TANK GROUND        | 512.0 |
| SEPTIC TANK ELEVATION IN  | 504.3 |
| SEPTIC TANK ELEVATION OUT | 504.0 |
| DIST. BOX GROUND          | 507.8 |
| DIST. BOX ELEVATION IN    | 509.5 |
| DIST. BOX ELEVATION OUT   | 503.3 |
| TRENCH #1 GROUND          | 507.5 |
| TRENCH #1 INVERT          | 503.0 |
| TRENCH #2 GROUND          | 506.8 |
| TRENCH #2 INVERT          | 502.3 |

7. The contractor shall notify: "MISS UTILITY" 1-800-257-7777 48 hours prior to construction.



**SITE PLAN**  
LOT 7, WESTSIDE  
PLAT #7993  
ELECTION DISTRICT #5  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' MARCH, 1998

**ARC**

**ADVANCE RESOURCE CONSULTANTS INC.**  
9884 MAIN STREET  
DAMASCUS, MARYLAND 20872  
(301) 253-8926

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B00114682

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

5937 Clifton Oaks Dr  
Ellicott City, MD 21029

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

500 gallon underground  
Asme - LP tank

|              |                 |             |                |                  |                      |            |
|--------------|-----------------|-------------|----------------|------------------|----------------------|------------|
| LOT NO.<br>7 | PARCEL NO.<br>3 | SEC.<br>N/A | AREA<br>N/A    | BLOCK NO.<br>4   | LIBER<br>-           | FOLIO<br>- |
| SUB DIVISION |                 | ZONE<br>R2  | ZONE MAP<br>34 | ELEC. DIST.<br>5 | CENSUS TR.<br>605161 |            |

OWNER NAME AND ADDRESS  
Tom Bae  
5937 Clifton Oaks Dr  
Ellicott City, MD

PHONE NO.  
301 293 6093

OCCUPANT'S NAME AND ADDRESS  
Same

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

EXISTING USE  
Single Dwelling

PROPOSED USE  
Tank

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

| SIZE OF BLDG. | FRONT | DEPTH      | HEIGHT   |
|---------------|-------|------------|----------|
|               |       |            |          |
|               |       |            |          |
|               |       |            |          |
| TYPE OF BLDG. | AREA  | VOLUME     | ROOF     |
| B. ROOMS      |       |            |          |
| ROOMS         |       |            |          |
| BATHS         |       |            |          |
| FIREPLACES    |       |            |          |
| FOOTINGS      |       | FOUNDATION | S. WALLS |
|               |       |            |          |
|               |       |            |          |

UTILITIES

|            |              |     |             |              |    |
|------------|--------------|-----|-------------|--------------|----|
| WATER/WELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT | AC |
|            |              |     |             |              |    |

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE  
Tom Bae

TITLE  
Owner

DATE  
10/22/98

### FOR OFFICE USE ONLY

W/S CODE

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE  
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

| FUNCTION          | DATE     | SIGNATURE APPROVAL |
|-------------------|----------|--------------------|
| ZONING/PLANNING   | X        |                    |
| SHA               |          |                    |
| SEDIMENT/GRADING  | X        |                    |
| BUILDING OFFICIAL | X        |                    |
| WATER & SEWER     | X        |                    |
| HEALTH DEPT.      | 10/22/98 | Amy McMele         |
| FIRE PROTECTION   |          |                    |
| STORM WATER MGM.  |          |                    |

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

52482051

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

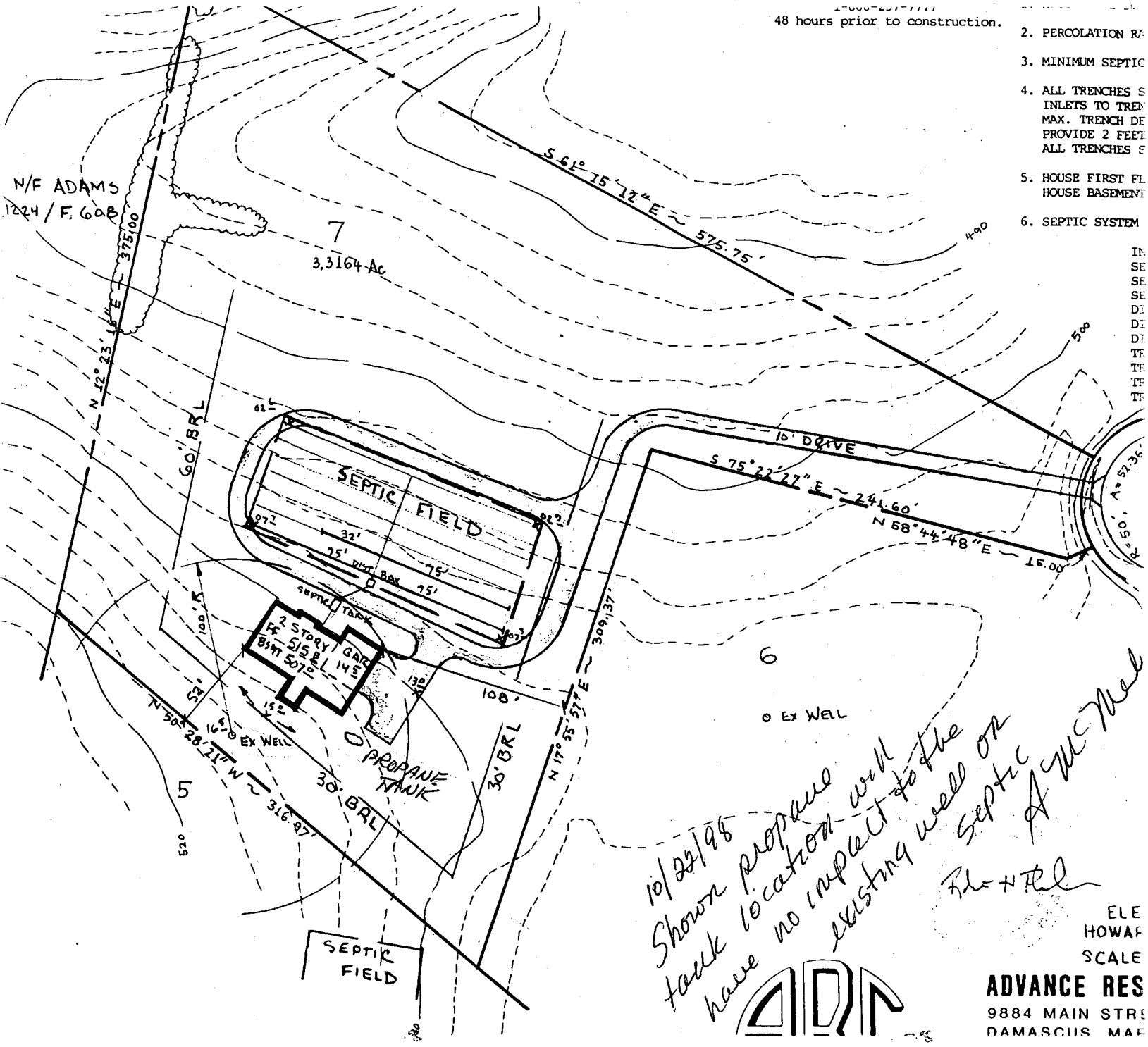
Distribution of Copies:  
 White - Building Official  
 Yellow - Engineering  
 Pink - Health Dept.  
 Green - Planning & Zoning  
 Gold - S.H.A.

1-000-251-1111  
48 hours prior to construction.

2. PERCOLATION RA
3. MINIMUM SEPTIC
4. ALL TRENCHES S  
INLETS TO TREN  
MAX. TRENCH DE  
PROVIDE 2 FEET  
ALL TRENCHES S
5. HOUSE FIRST FL  
HOUSE BASEMENT
6. SEPTIC SYSTEM

N/F ADAMS  
1224 / F. 608

7  
3.3164 Ac



10/22/95  
Shown propane  
tank location will  
have no impact to the  
existing well or  
septic  
A.M. Neal  
R.H. H.R.L.



ELE  
HOWAF  
SCALE  
**ADVANCE RES**  
9884 MAIN STRE  
DAMASCUS MAE