

7/23/92 ASAP
LWS
8/25/92 ANYTIME

03-314197

File

(I.P.C.O.)
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48363

A 40597

DISTRICT _____

DATE 7/23/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 8/25/92

INDEXED

INSPECTOR M. Rifkin

_____ Covey Construction _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 10920 Route 99, Woodstock, Maryland 21163 PHONE 750-0398

SUBDIVISION Roscommon Estates LOT 21 ROAD 3217 Roscommon Drive

PROPERTY OWNER Michael & Gina Asher

ADDRESS _____ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4
2-23-05 BOD 152371 - EG POOL
4-29-05 BOD 153525 - POOLHOUSE

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 212

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 275 feet from the rear lot line and 30 feet from the left lot line. Run trenches along contour toward East.

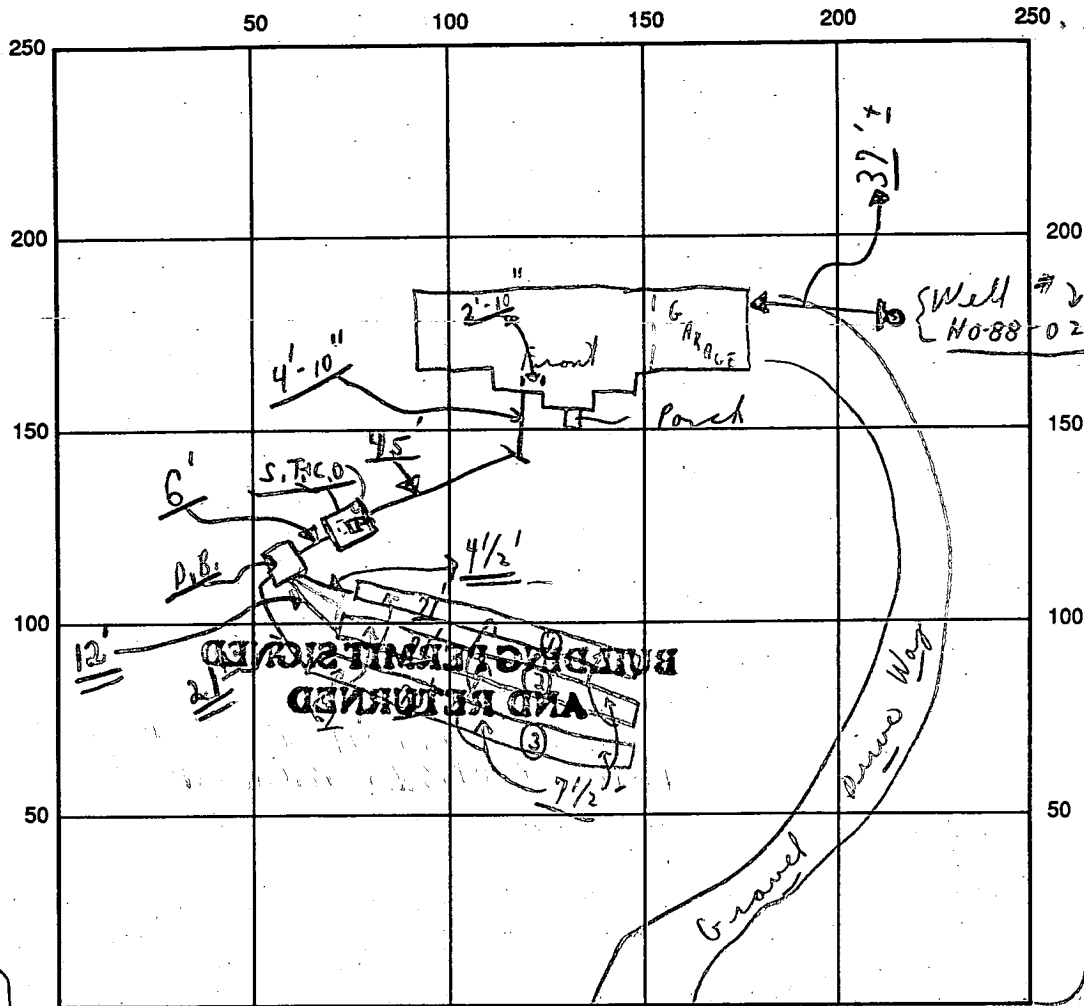
NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/31/92 RW

PLANS APPROVED BY Raymond Hodges Revised DATE 3/24/92

- 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
40597



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

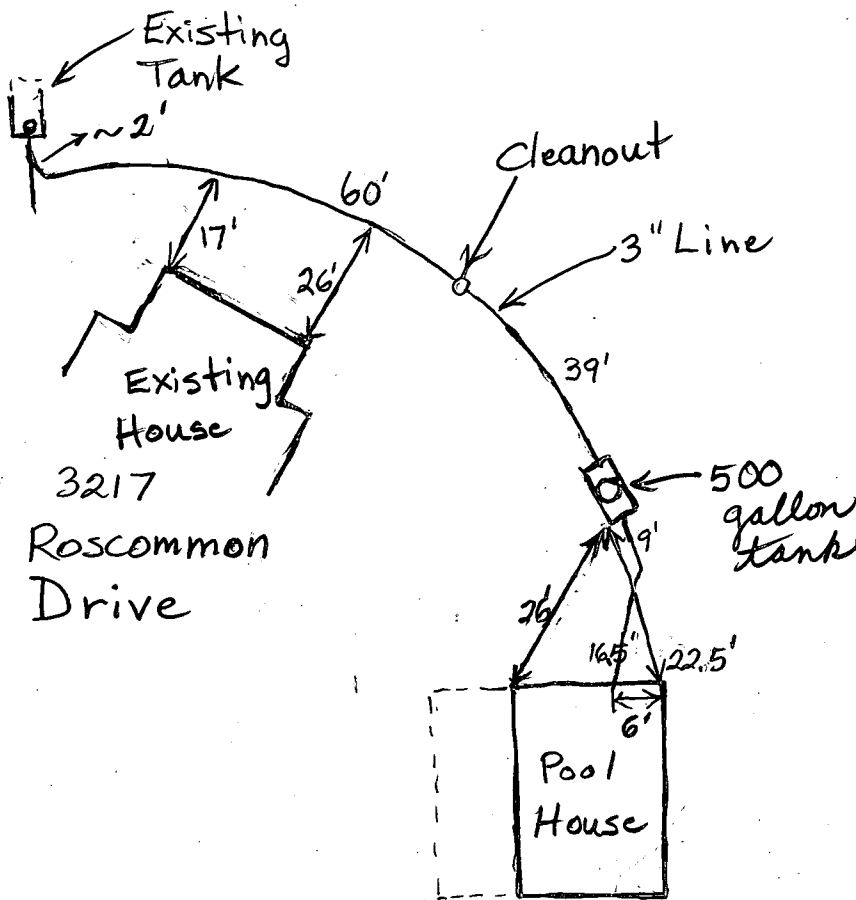
ROSCOMMON DR.

SEPTIC TANK LEVEL OK CLEANOUTS (1 small) S.T. MANHOLE OK
 DISTRIBUTION BOX LEVEL OK (Baffles in in)
 DRAIN FIELD/TITLE DEPTH 7 1/2' average TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 212 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 848 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 848⁺ SQ. FT.

REMARKS: P.M. 7/23/92 Partial - ok to part stone in trenches;
7/23/92 Final - ok to cover last trench as finish; C.B.S.
(Material on site) - Final.
8/25/92 MANHOLE OK MR C.B.S.

~~7/23/92~~
 DATE SYSTEM APPROVED 8/25/92 INSPECTOR M. Riffkin

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'-2.5'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Middle</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL	<u>Existing</u>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	<u>~6'</u>
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION 6/9/05 Line installed from pool house to existing septic system. 500 gallon tank installed to collect solids and keep line from getting clogged. (BB)

FINAL INSPECTOR B. Baper

DATE OF APPROVAL 6/9/05

APPLICATION

PERCOLATION TESTING

A 40597

P _____

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

DISTRICT 642

PERC ARPA APPROVED IN 1975
by 4 HOLE TEST. EXISTING SEPTIC SYST. DATE 11-3-87

IS IN Field + TO be ABANDONED. NO

FURTHER TESTING NECESSARY - RECORDS ARE GOOD IF

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

AREA APPEARS OK IN Field. MAY NEED TO ESTABLISH MORE AREA
DOWN HILL IF QUESTIONABLE. CENTER OF AREA IS STAKED

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

PROPERTY OWNER Barbara Fernandes S.F. CONTRACTORS Michael & Gina Asher SA

ADDRESS Christopher Rd, Ceilton, MD 21913 PHONE 465-1343
275-2233

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 Main Street, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Roscommon Est. LOT NO. 21

ROAD AND DESCRIPTION 3100 Chiffon Rd.

3217 Roscommon Dr.

TAX MAP 15 PARCEL # 170+177

SIZE OF LOT 3.0+ 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. Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Deep trenches DATE 6-7-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING OK AS DRAWN

BLDG. PERMIT SIGNED

AND RETURNED 3/20/89

Serial # 4168

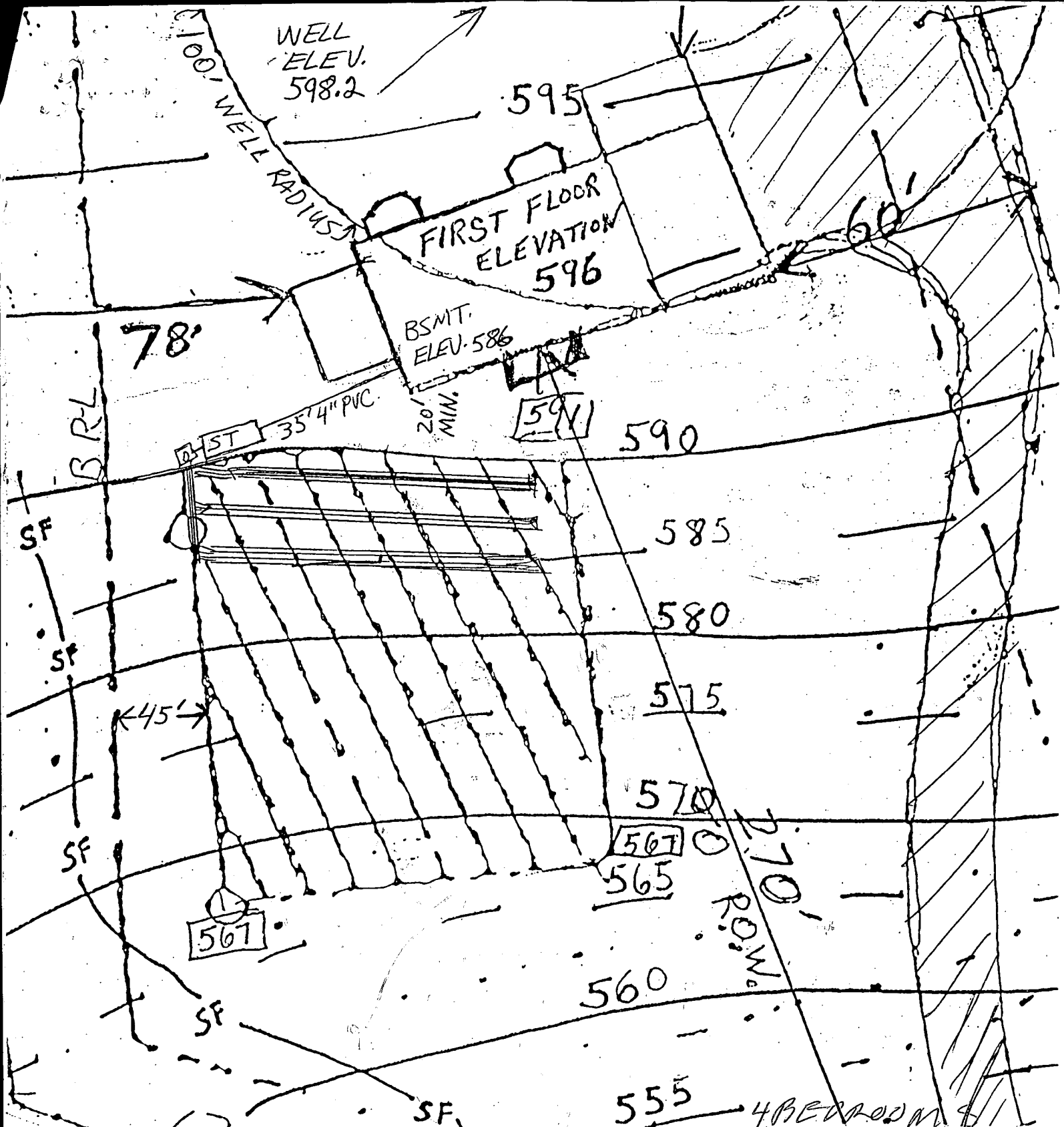
BLDG. PERMIT SIGNED

AND RETURNED 6-7-89

BP 26756 8/8

HD-216

THIS IS NOT A PERMIT



LOT 21
 ROSCOMMON ESTATES
 ASHER
 3/26/92
 REVISED PLANS OK
 BP 41618
 R. Hodges

ALL ELEVATIONS OF PIPE ARE AT INVERT

- OUT OF HOUSE 588.2
- INTO SEPTIC TANK 587.6
- OUT OF SEPTIC TANK 587.3
- INTO DIST. BOX 587.2
- OUT OF DIST. BOX 587.0
- INTO TRENCH 586.8 12" TRENCH
- ELEV. AT TANK 592.8
- ELEV. AT DIST. BOX 592.0
- ELEV. AT TRENCH 589.8

B 1 -7888 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

70 **HO-88-0252** 79

fill in this form completely

Date Received (APA)

100588

OWNER INFORMATION

S E F O C E N T R A C T O R S

368 BRANTH & LEUR

GLENNWOOD MD 21738

DRILLER INFORMATION

Joseph L. Mayne License No. **238**

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy Md. 21771**

Signature **Joseph L. Mayne** Date **11/4/88**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **380**

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)

APPROXIMATE DEPTH OF WELL **260** 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 _____

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 **CW** WRITE INITIALS IN BOX PERMIT No. **HO-88-0252**

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

HOWARD

ROSSCOMMONW ESTAFF-S

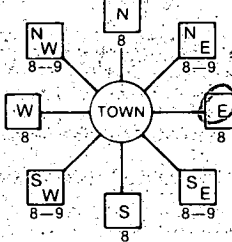
SECTION **44** LOT **21**

GLENNWOOD

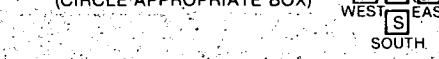
MILES FROM TOWN (enter 0 if in town) **2** MI

Roscommon Drive

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **380** FT

ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A# 40597** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____

101888 CO SIGNATURE **Chris Williams** EXP. DATE **4/18/89**

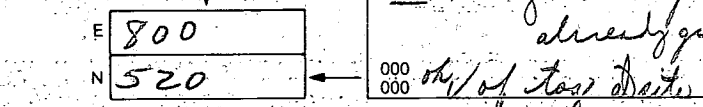
NORTH GRID **521000** EAST GRID **0501000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

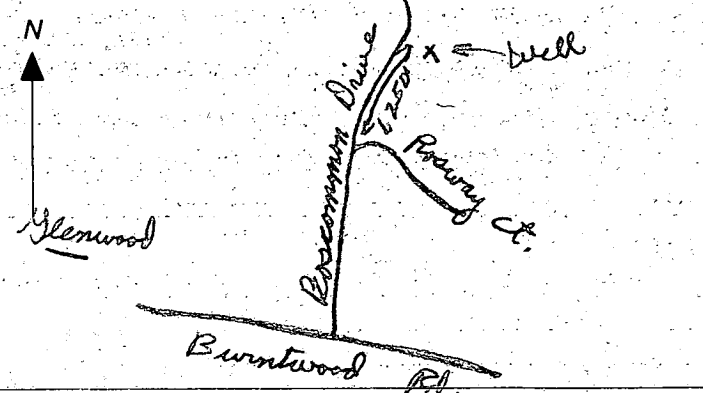
SOURCES OF DRILLING WATER

- 1. **W & L**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 **0568** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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# 40597**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **11/15/88** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-0252**

OWNER **S.F. CONTRACTORS, INC.** last name **ROSS COMMON** first name **DR.** TOWN **GLENWOOD**
 SUBDIVISION **ROSS COMMON EST.** SECTION **-** LOT **21**

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	42	
GRAY MICHA ROCK	42	325 ✓	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (Yes) **N** (No)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **846**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **48**

OTHER CASING (if used)
 diameter inch from to

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

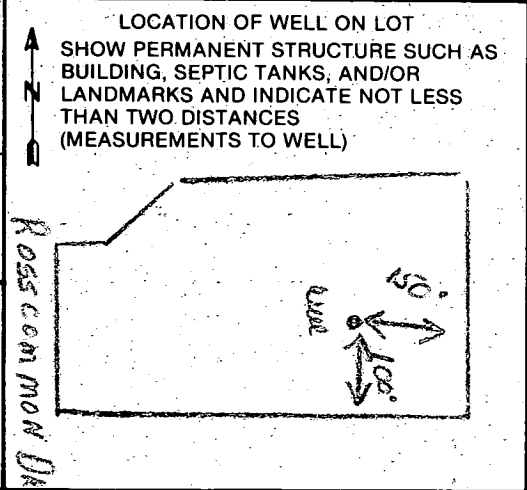
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **46** **325**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from to

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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **84**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **45** WHEN PUMPING **40**
 TYPE OF PUMP USED (for test):
 air piston turbine
 centrifugal rotary other (describe below)
 jet 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) **2**
 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 10.17.13 "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. **238**
 DRILLERS SIGNATURE *James P. Morgan*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

8/21/92

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

New Installation Replacement
 Receipt # 48726
 Date 8-11-92
 Name of Installer ROBERT L. FREEZER Co., Inc. Telephone ~~781-4655~~
 License Number 2122
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner MICHAEL ASHER Telephone 465-1343
 Subdivision ROSCOMMON ESTATES Lot # 21 Well Tag # HO-88-0252
 Site Address 3217 ROSCOMMON DRIVE

Pump
 1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible
 2. Make GOULDS
 3. Model # 7EH07412
 4. Capacity 7 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

Motor
 1. Horsepower 3/4
 2. RPM 3500
 3. Voltage
 a. 110
 b. 220

Pitless Adapter
 1. Make MERRILL
 2. Model # MB-1
 3. Depth 42" +

Tank
 1. Capacity 40 GPM (Model WX-250)
 2. Pressure relief valve? (Captive-Air Type)
 Pitless adapter OK
 3 ft. below grade
 water line already covered
 NP 8/21/92

Piping
 1. Type POLYETHYLENE
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 42" +

Well data
 1. Depth 32.5 ft.
 2. Yield 8.5 GPM
 3. Static water level 40 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: Robert L. Freezer
 Date: 8/11/92

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

WALKTHRU

Building Address 3217 Roscommon Dr
Glenely MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Roscommon Estates

Section 6030 Area N/A Lot 21

Tax Map 15 Parcel 547 Grid _____

Zoning _____ Map Coordinates 966 Lot size _____

Property Owner's Name J. Miller

Address _____

City Glenely State MD Zip Code 21737

Home Phone 410 481-4236 Work Phone 410 481-4236

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax 410 481-2566

Existing Use _____

Proposed Use TENNIS COURT

Estimated Construction Cost \$ _____

Description of Work 60 x 120 ft. Tennis Court

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax 410 481-2566

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<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 <input type="checkbox"/> # of Heads _____

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

Regina Asher
 Applicant's Signature

Regina Asher
 Print Name

 Title/Company

 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

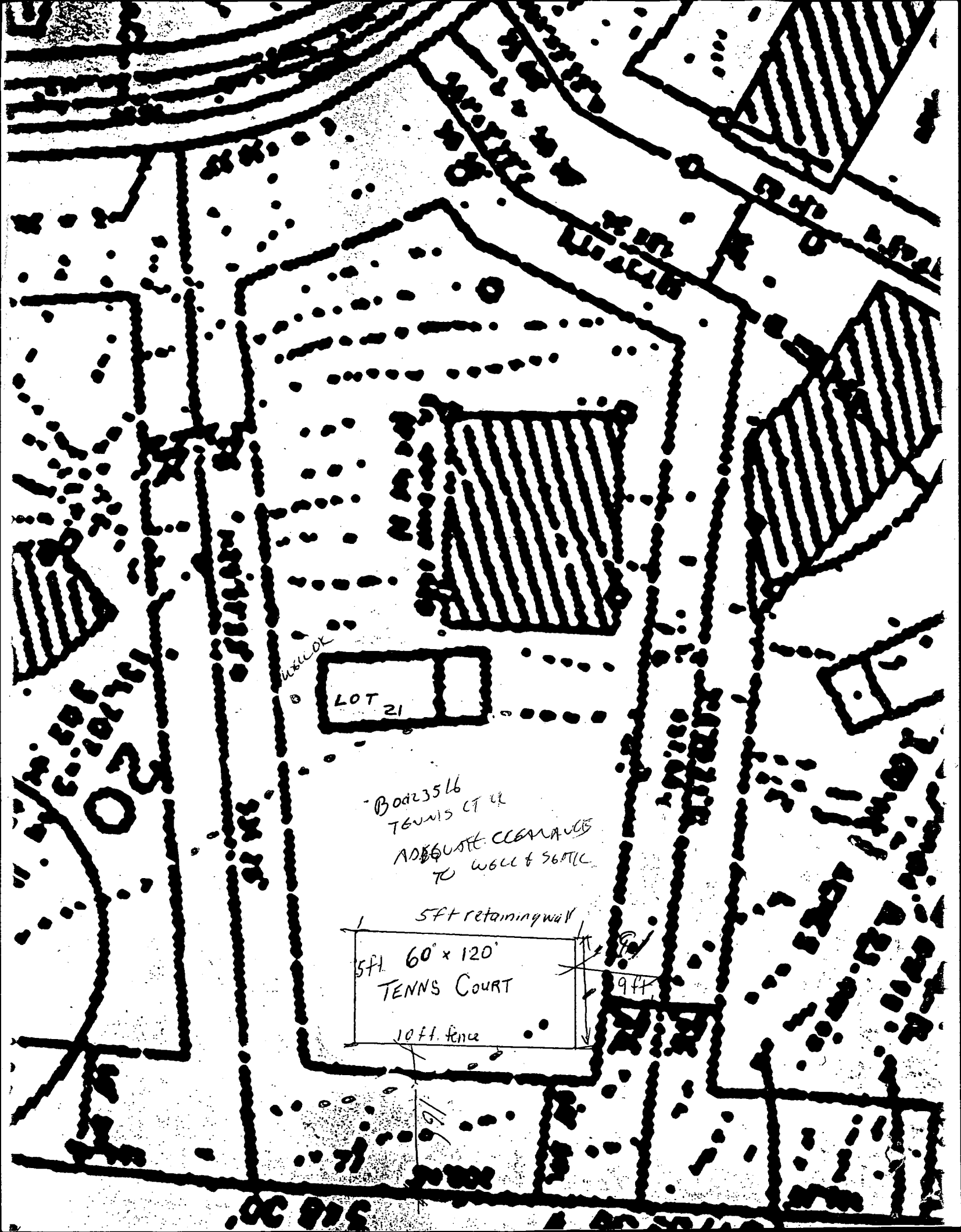
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ	<u>4/12/00</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering DPZ	<u>4/12/00</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID# <u>45761</u>
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Add'l permit fee \$ _____
Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES \$ _____
Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>6046</u>
SDP/Red-line approval date _____	Validation # <u>29716</u>
Accepted by <u>[Signature]</u>	

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



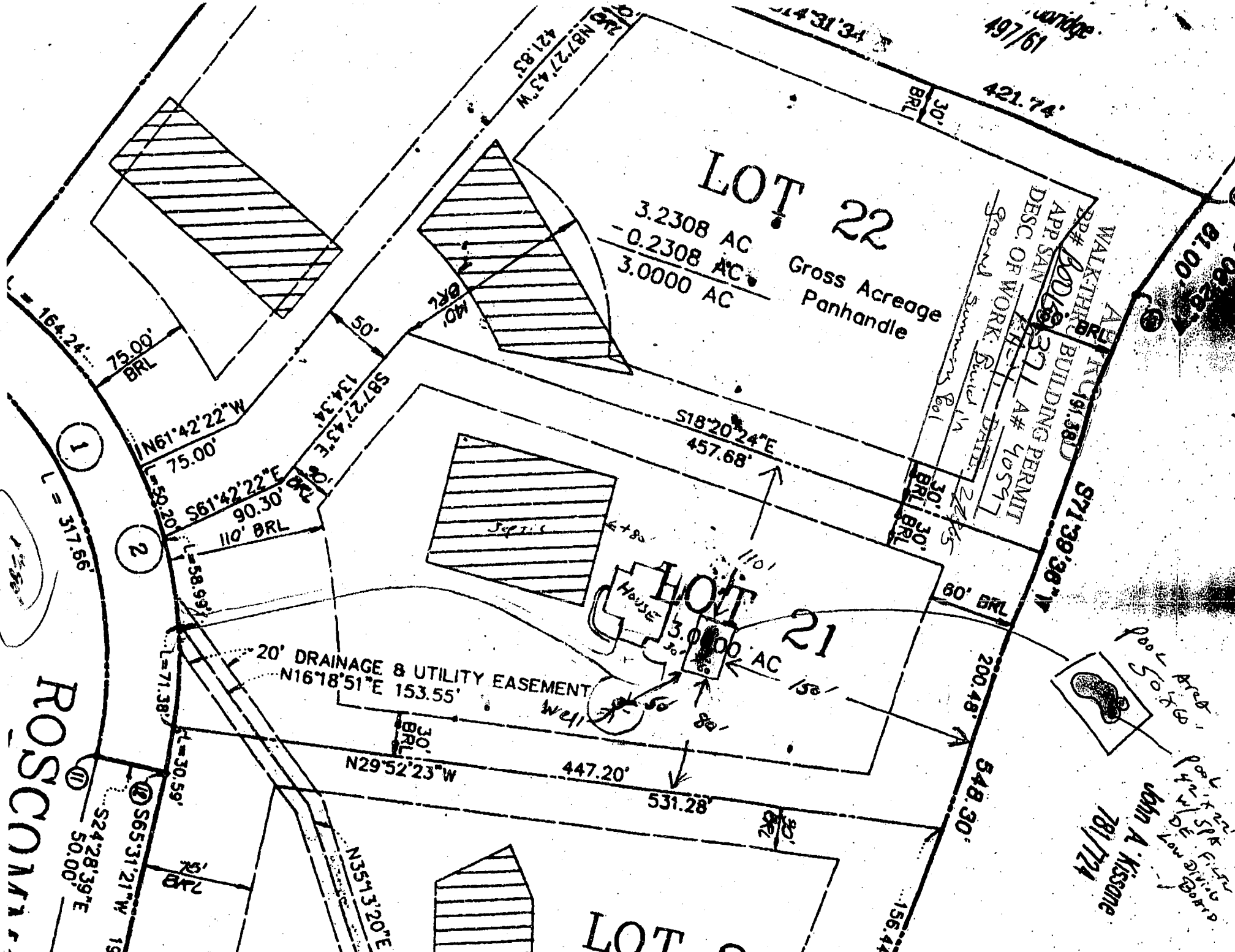
LOT 21

Bod 23516
TENNIS CT W/
ADJUST. CLEARANCE
TO WALL & 560TIC

5ft retaining wall

5ft 60' x 120'
TENNIS COURT
10ft fence

166



LOT 22

3.2308 AC
 - 0.2308 AC
 3.0000 AC
 Gross Acreage
 Panhandle

LOT 21

3.0000 AC
 House

20' DRAINAGE & UTILITY EASEMENT
 N16°18'51"E 153.55'

WALKTHRU
 APP# 1600/59
 BUILDING PERMIT
 371 A# 40547
 DESC. OF WORK: *Handwritten*
 Ground Summary Pool
 DATE: 12/22/05

ROSCONNA

Pool Area
 50' x 76'
 Pool Area
 42' x 55' Fish Pond
 1/2 acre
 John A. Kissone
 781/724

1

2

11

12

19

LOT 20

497/61

421.74'

01.00'

571.39'38"W

60' BRL

200.48'

548.30'

156.44'

S18°20'24"E
 457.68'

S87°27'43"E
 134.34'

S61°42'22"E
 90.30'
 110' BRL

N16°18'51"E 153.55'

N29°52'23"W
 447.20'

N35°13'20"E
 421.83'

75.00'
 164.24'

N61°42'22"W

S59°20'

S58°59'

L=71.38'

L=30.59'

S24°28'39"E

S65°31'21"W

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

75.00' BRL

75.00'

58.93'

30.59'

50.00'

50.00'

19

317.96'

317.96'

524.28'39"E

50.00'

50.00'

19

N87°27'43"W
 421.83'

S14°31'34"
 421.74'

01.00'

01.00'

01.00'

01.00'

01.00'

01.00'

01.00'

497/61
421.74'

LOT 22

3.2308 AC
- 0.2308 AC
3.0000 AC
Gross Acreage
Panhandle

WALKTHRU BUILDING PERMIT
APP # 602 59
DESC OF WORK: Sewer in
DATE: 2/2/05
311A # 40597

81.00'

571.39' 38" W

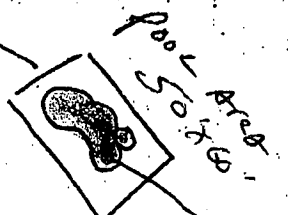
S18°20'24"E
457.68'

30' BRL
30' BRL

60' BRL

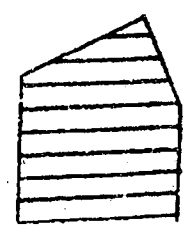
200.48'

548.30'



John A. Kissome
181/724

LOT 20



LOT 21
3.0000 AC

20' DRAINAGE & UTILITY EASEMENT
N16°18'51"E 153.55'

N29°52'23"W
447.20'

531.28'

156.44'

N35°3'20"E

S24°28'39"E
50.00'

S65°31'21"W
191'

L=30.59'

L=71.38'

L=58.93'

L=59.20'

110' BRL

90.30'

S61°42'22"E

75.00'

N61°42'22"W

75.00' BRL

164.24'

50'

S87°27'43"E

134.34'

421.83'

N87°27'43"W

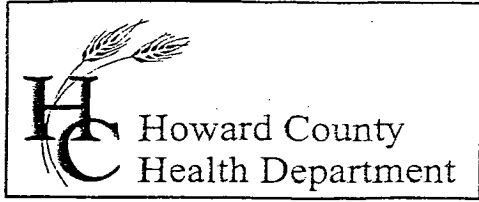
91/6

ROSCOMAR

1

2

L = 317.65'



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B00153505 A# 40597
 APP. SAN Kevin Thom DATE: 4/29/05
 DESC. OF WORK: poolhouse

500 GALLON
 SEPTIC TANK

