

03-313670

LAYOUT 9/24/02 2:00 INSP 4 _____
INSP 2 9/25/02 2:30pm INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/16/2002

P 517912

APPROVAL DATE: 9/25/02

A 41013

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Barnard Brothers IS PERMITTED TO INSTALL ALTER

ADDRESS: 1612 Brittle Branch Way, 21797 PHONE NUMBER: 410-489-7621

SUBDIVISION: Byrd Manor LOT NUMBER: 9

ADDRESS: 14057 Gared Drive PROPERTY OWNER: James Jones

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box approximately midway between the two upper corner easement stakes. Run trenches on contour towards lot 7.
NOTES:	

PLANS APPROVED: Brian Baker 9/10/02 OK BB DATE: 8/7/2002

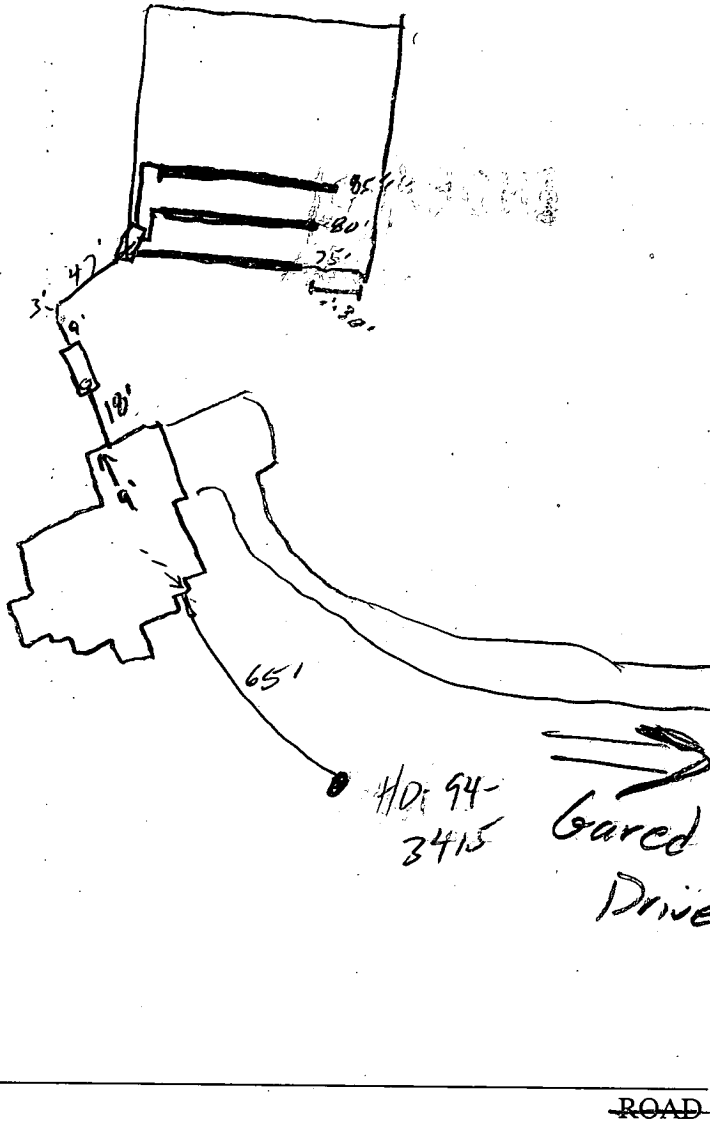
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM BUILDING PERMIT SIGNED AND RETURNED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

11-18-02
800 139265 - U6 PROPOSED TANK
11-20-03 800 142-798 - I6 P001

A41013

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 4
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	8"
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<input type="checkbox"/>
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	NA
BAFFLE FILTER	NA
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

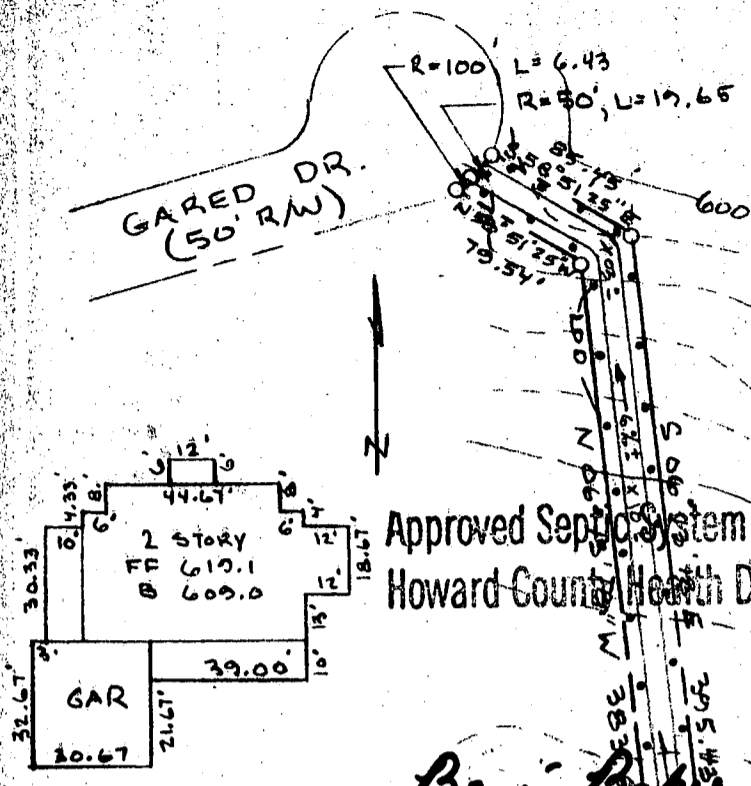
PRE-CONSTRUCTION 9/24/02 Contour not as shown, lot staked. OK to run (3) 80's parallel to SRA line closest to house (SD)

INSTALLATION 9/25/02 OK to cover all work (SD)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 9/25/02



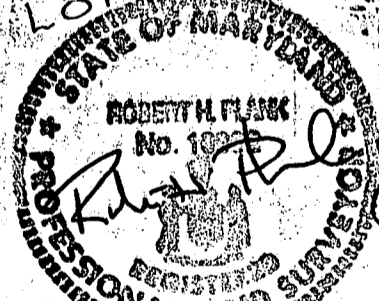
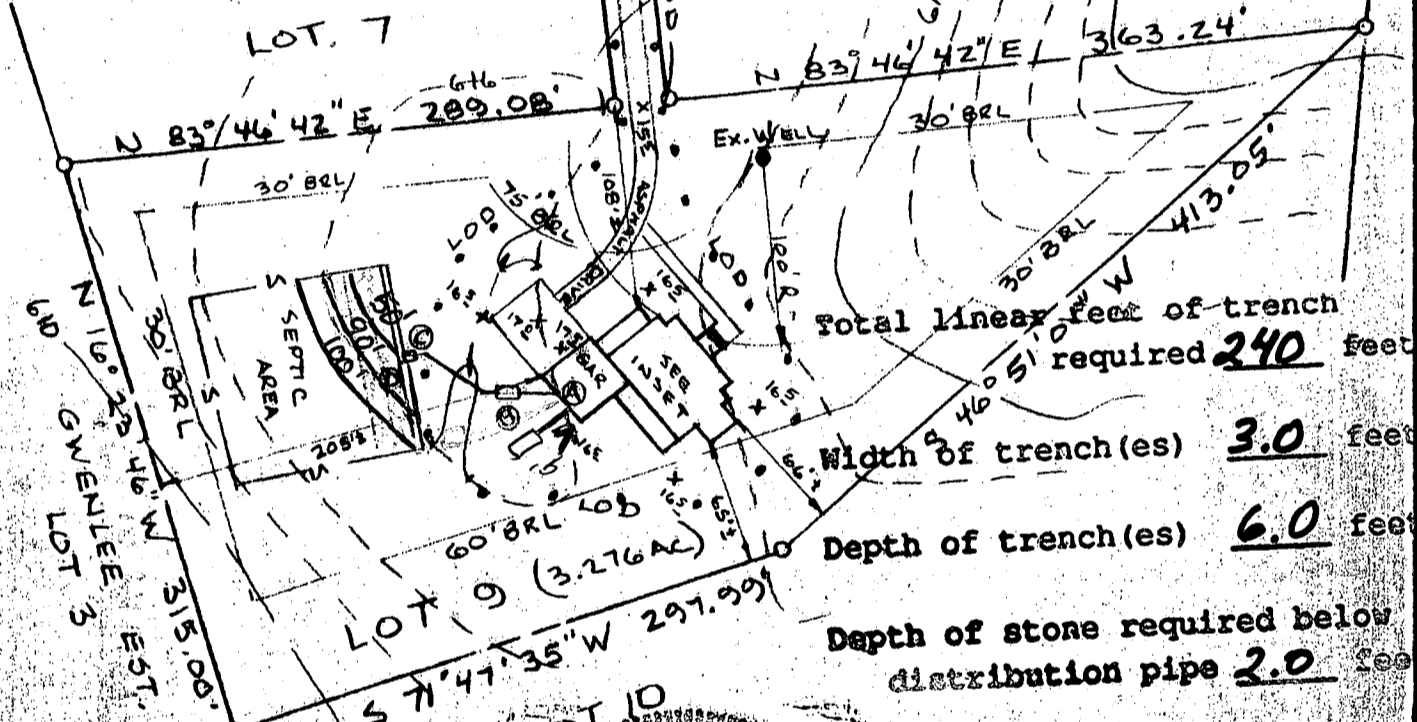
- PROPOSED ELEVATIONS**
- A PROP 2 STORY HOUSE
 - GAR. ELEV. 617.5
 - FF ELEV. 619.1
 - ** BSMT ELEV. 609.0
 - INV ELEV. ~~614.5~~ 614.5'
 - B PROP SEPTIC TANK
 - EX GRD ELEV. 616.5
 - INV IN. ~~613.5~~ 614.0
 - INV OUT. 613.5 613.7
 - C PROP DIST. BOX
 - EX GRD ELEV. 616.5
 - INV ELEV. ~~612.5~~ 612.7
 - D* PROP TRENCHES
 - INV. ELEV. 612.5 ±
- * LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT,
 ** NO GRAVITY SEWER TO BSMT.

Approved Septic System Plan
 Howard County Health Department

NOTES: • TOPOGRAPHY BASED ON HOWARD COUNTY TDPD;
 • PROVIDE SEDIMENT CONTROL MEASURES AS REQUIRED.

Brian Baker 8/7/02 OT 6
 Signature Date

INSET
 1" = 50'



LOT PLAN
 LOT 9 - BYRD MANOR SUBD
 (#14057 GARED DRIVE)
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

OWNER: JAMES W. JONES
 2025 EDMONDSON AVE,
 CATONSVILLE, MD 21228

07-15-02

SCALE: 1" = 100' JULY, 2002

BUILDER: BARNARD BROTHERS
 1617 BRITTLE BRANCH WAY
 WOODBINE, MD 21797

I CERTIFY THIS PLAT TO BE CORRECT: IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NASSAUX-HEMSLEY, INC.
 204 S. MAIN STREET
 MOUNT AIRY, MARYLAND 21771
 (301) 829-2296

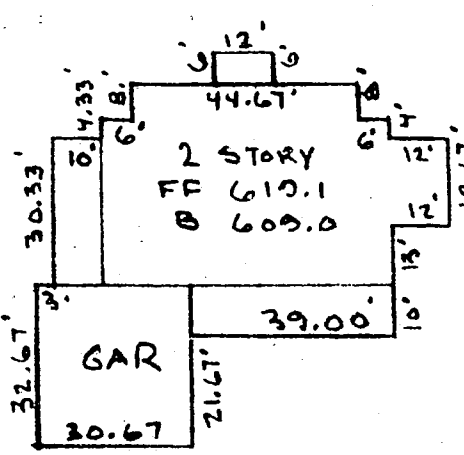
REFERENCE	JOB NO.
PLAT 0219	0254' 6101

GARED DR.
(50' RW)

- B PROP SEPTIC T
- EX GRD ELEV
- INV IN
- INV OUT
- C PROP DIST. B.
- EX GRD ELEV
- INV ELEV
- D*PROP TRENCH
- INV. ELEV
- * LENGTH TO BE
- TIME OF SEPTI
- ** NO GRAVITY

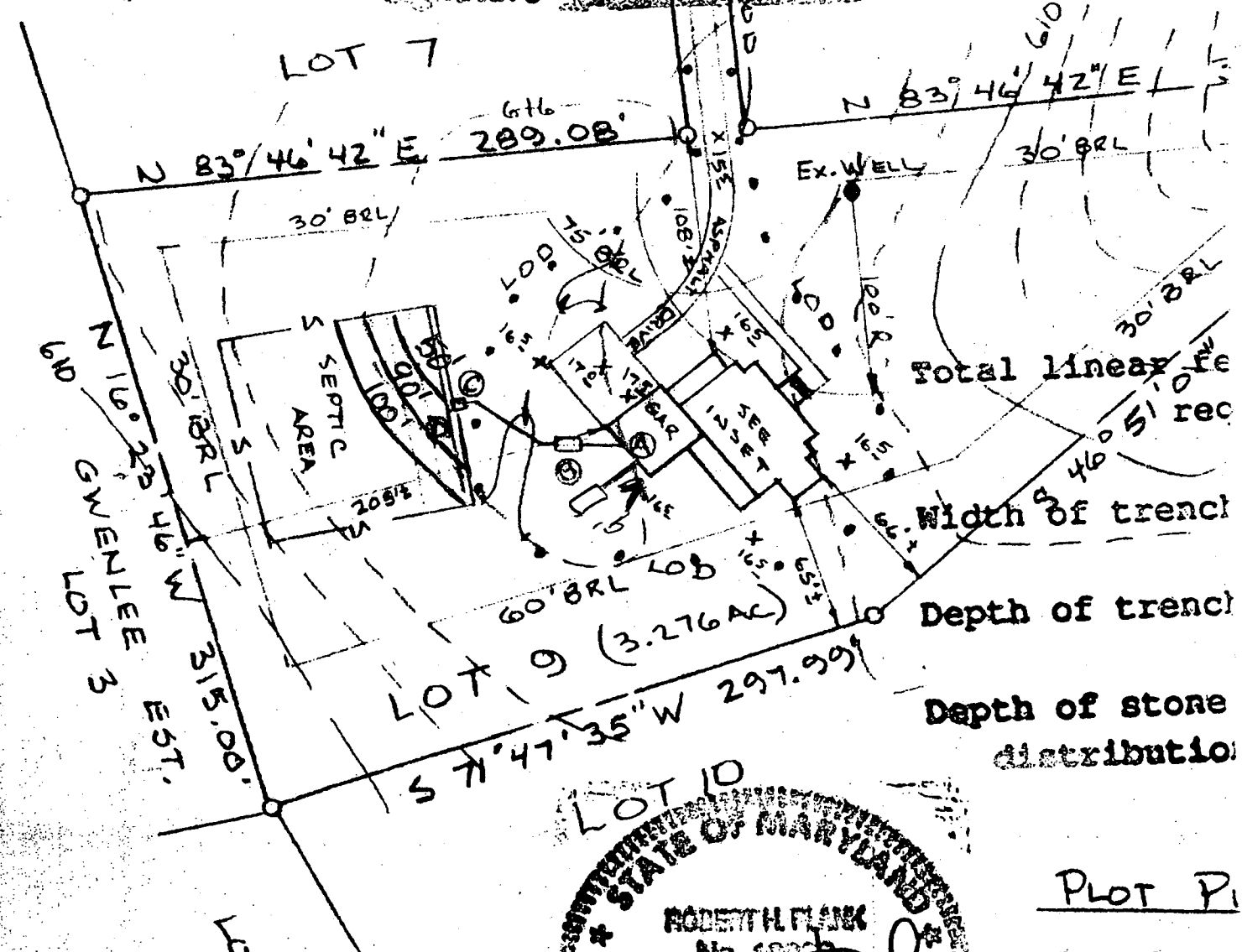
NOTES: • TOPOGRAPH
HOWARD
• PROVIDE
MEASURE

Approved Septic System Plan
Howard County Health Department



INSET
1" = 50'

Brian Baker 8/7/02 OT 6
Signature Date



STATE OF MARYLAND
ROBERT H. FLANK
No. 1002

PLOT P1

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pileless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and CONCAR 26.04.06 (MS Well Construction Regulations). Submission of a complete form is required prior to the Health Department approval.

Company Name: K.H. Plumbing Telephone #: 410-857-0255
 Address: 470 W. 5th St. Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation: License # 8300
 Name (Print): Keith Hundertmark

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: James Jones Telephone #: 410-188-7722
 Subdivision: Byrd Manor Lot #: 1 Well Tag #: HO 94-3415
 S.W. Address: 14057 Gained Dr. Glenelg

Submersible Pumps Data
 Make: Veeco Pileless Adapter: American Gully Well Casing and Electric Conduit: Two piece wrought iron
 Model #: 175H518YV-S2 Model #: PI860 Scribed, vented well cap:
 Pump Capacity: 5 GPM Depth: 42 (36" min) Cap secured to casing:
 Well Yield: 15 GPM NSF approved: Yes Conduit min 1 1/2" B.G.:
 Depth of well encountered at time of pump installation: 240 (feet) Conduit secured to well cap:
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 10.8.4
 Torque wrenches on cable glands are required - Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
 Type: PVC 1 1/2" DE 3408 House Connection: PVC sleeved to undisturbed soil at grill penetration
 PSI: 160 (140 psi min) Approximate length of sleeve: 6
 Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Keith Hundertmark Date: 10-22-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 10/15/02 (50) SRK
 Inspection Data: Pileless adapter and water supply line at least 16" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 1.5' below grade/attached to cap properly
 Safety rope installed inside of well casing
 Correct well tag attached properly and using 8' above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pileless adapter

C1 14532 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 516964

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 5 29 02

Depth of Well 240' PERMIT NO. 6/3/02 10-99-3415

OWNER Sharp last name first name Gared Drive TOWN Glenwood SUBDIVISION Byrd Manor Est. SECTION LOT 9

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-36), Caray Mica Rock (36-240)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 15 NO. OF BOUNDS 1410

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) Nominal diameter top (main) casing 6 Total depth of main casing 40

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. M 52024 DRILLERS SIGNATURE LIC. NO. D

DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, R, E, E, N. Rows: 10, 38, 240

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

See attached location

B 1	7706	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W 516964</i>	STATE PERMIT NUMBER	HO-94-3415
				fill in this form completely	

Date Received (APA) **05 06 02**

OWNER INFORMATION

8 MM DD YY 13
Sharp Charles

15 Last Name Owner First Name 34

36 *3779 Sharp Rd*
Street or RFD 55

57 *Glenwood Md 21738*
Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 *Howard*

8 COUNTY 21

23 SUBDIVISION 42
Bird Manor Est.

SECTION 44 46 LOT 48 50
9

52 NEAREST TOWN 71
Glenwood

MILES FROM TOWN (enter 0 if in town) *2 1/2* M I 73 76 77 78

DRILLER INFORMATION

Driller's Name *Joseph L. Mayne* M SD 024 76 License No. 81

Firm Name *Joseph L. Mayne Well Drilling*

Address *5512 Ridge Rd Mt. Airy Md 21771*

Signature *Joseph L. Mayne* Date *5-6-02*

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

11 NEAR WHAT ROAD 30
Gared

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 600 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL.

Howard *516964*

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED *05 21 02* *Steven R. King* *05 21 03*

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID *520* 000 EAST GRID *790* 000

50 55 57 63

APPROXIMATE DEPTH OF WELL *300* FEET

APPROXIMATE DIAMETER OF WELL *6* INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well site*
- well site*
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E *790*

N *520*

9:30 5/29/02

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

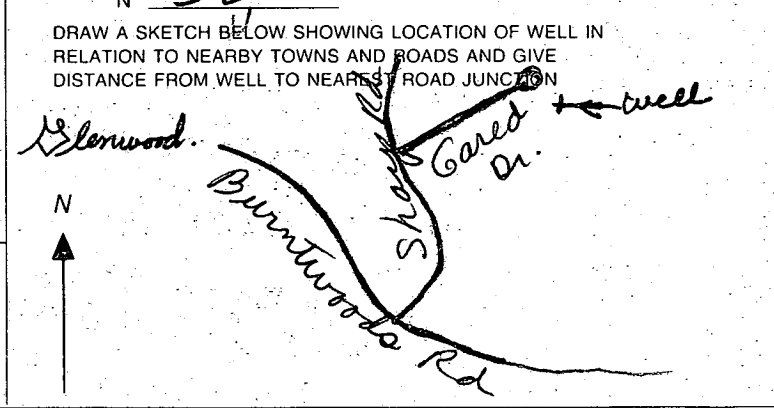
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER *G*

PERMIT No. *HO-94-3415*

70 71 72 73 74 75 76 77 78 79

SIGNED PER CERT

APED DRIVE

5/21/02 - OK to
Drill per. site shown
No site insp. Staked by
Don Crosen - Builder.

By your former client
~~HAAR~~

LOT 7

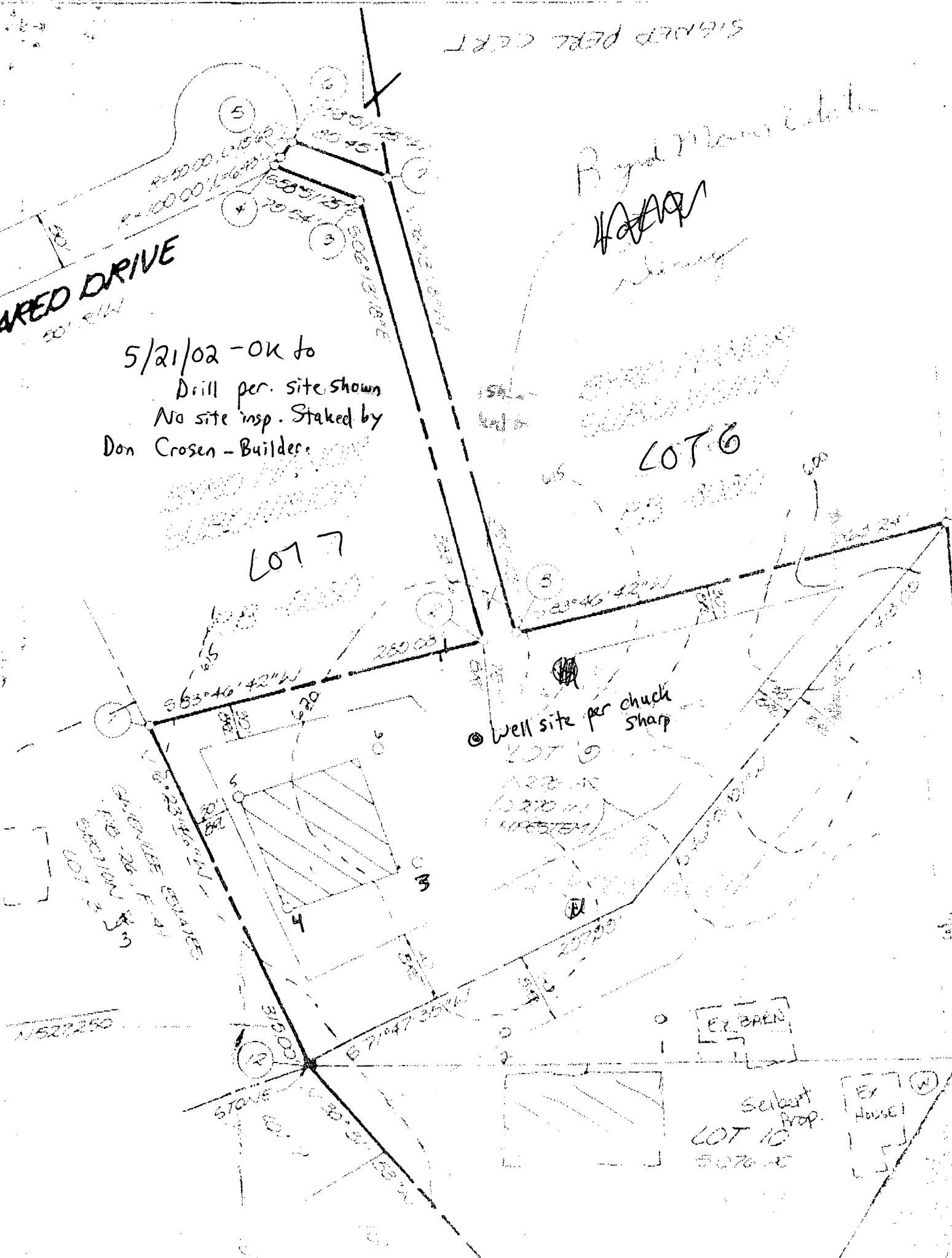
LOT 6

Well site per chucky Sharp

EX OPEN

Subert Prop.
LOT 10
5076 ±

EX HOUSE



APPLICATION

PERCOLATION TESTING

A 41013

P _____

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

DISTRICT 3d

DATE February 18, 1988

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 D.M. Seibert

ADDRESS 3250 Roscommon Drive PHONE 489-4873

PROSPECTIVE BUYER UNKNOWN

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Byrd Manor LOT NO. 8

ROAD AND DESCRIPTION Ept of Gared Drive

TAX MAP 18 PARCEL # 11

SIZE OF LOT 5.95 AC. TYPE BLDG S.F.D.
(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. Dennis M. Bush

(SIGNATURE OF APPLICANT)

APPROVED BY Sely abt FOR Dup trench DATE 12-5-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 2-24-88 Pending subdivision plat approval and perc hole locations JEN

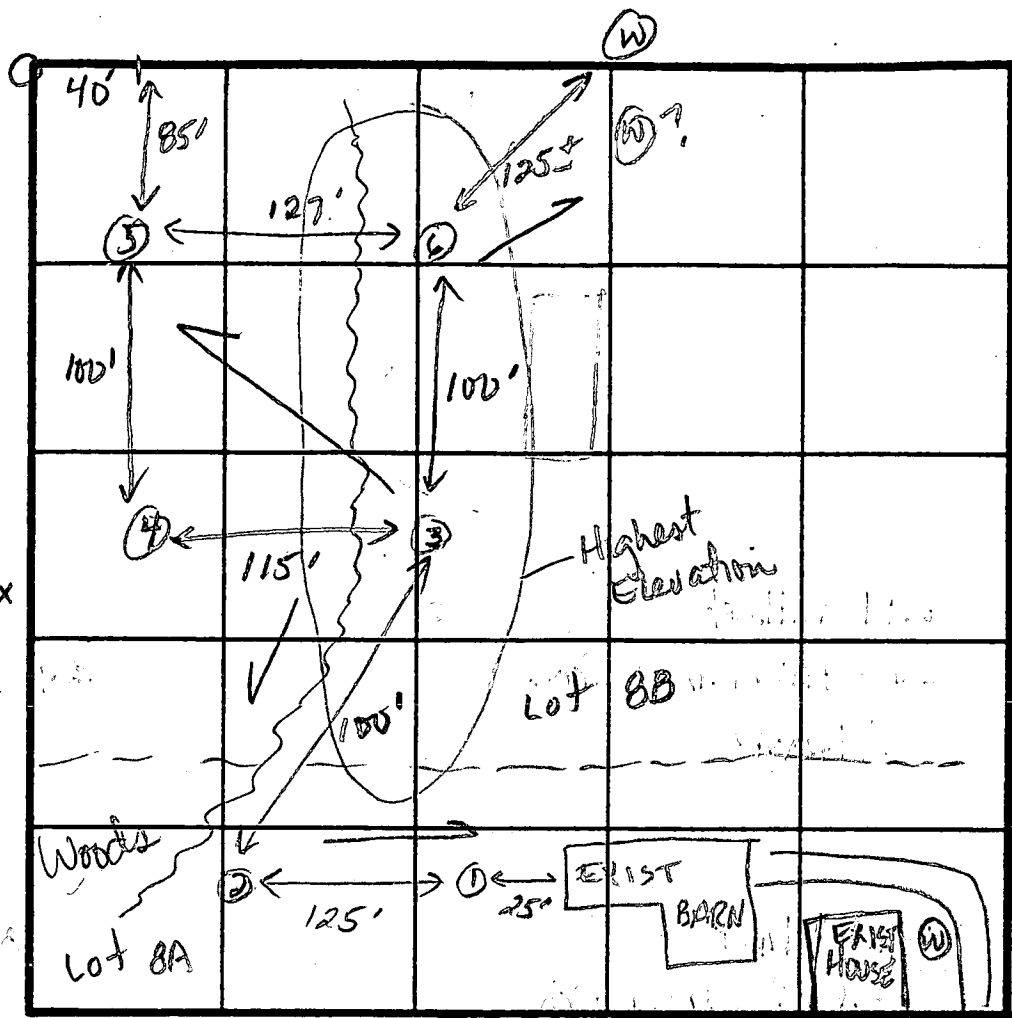
HD-216

THIS IS NOT A PERMIT

High 2
Low 1
High 3
Low 5

SOIL PROFILE

0-3.5 Rd-br sil loam
3.5-11.0 Br sa si loam, trace of decomposed rx fragments < 20%
11.0 Bottom



5
0-5.0 Rd-br sil loam
5.0-11.5 Brown to yellow sa si loam
11.5 Bottom

4
0-5.0 Rd-br sil loam
5-12 Br sa si loam, trace of broken rx frags < 20%
12.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

To Roscommon Drive

2
0-3.0 Yellow-brown sil loam
3.0-12.5 Red-sa sil loam
12.5 Bottom

3
0-4.0 Rd-br sil loam
4.0-13.0 Brown to yellow sa sil loam
13.0 Bottom

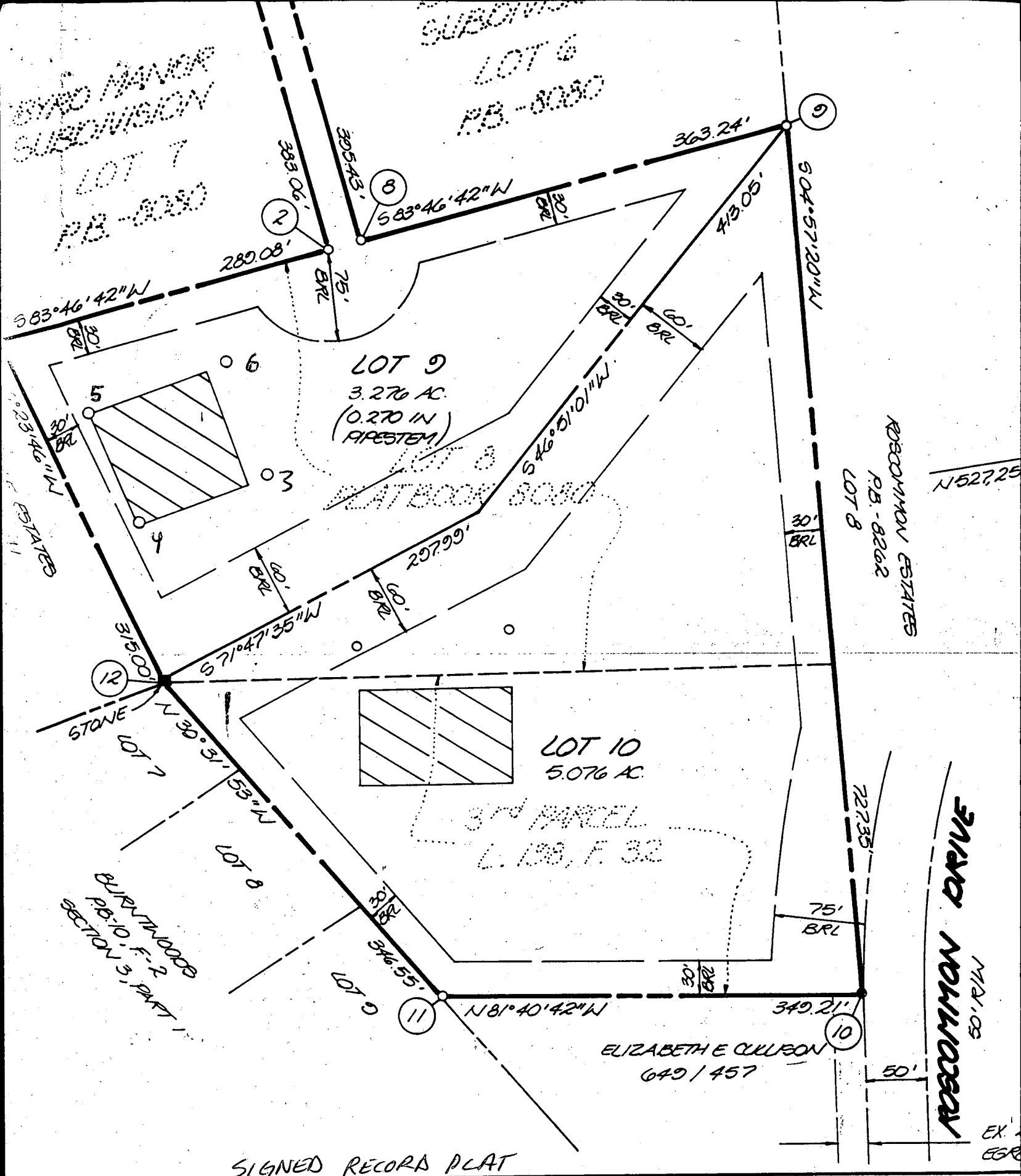
6
0-4.0 Brown sil loam
4.0-12.0 Br sa sil loam trace decomp rock < 10%
12.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/23/83	1	11.0 V	(see profile)				6K
	2	4.5 S	11:10	11:12	11:12	11:14	2
		12.5 D	OK				OK
	3	13.0 V	Bottom (see profile)				OK
	4	5.5 S	10:55	10:57	10:57	10:59	2
		7.5 M	10:55	10:57	10:57	10:59	2
		12.0 D	Bottom (see profile)				OK
	5	5.0 S	11:00	11:05	11:05	11:13	8
		11.5 D	Bottom (see profile)				OK
	4	5.5 S	11:01	11:04	11:04	11:07	3
		12.0 D	Bottom (see profile)				OK

REMARKS Limited house in well site. All holes moved from plat locations

TYPE OF SOIL 0-4 Rd-br sil loam, 4-13 Br sa sil loam

TESTED BY JE Nadelmann, B. Ehlers ALSO PRESENT Rocky, Skippy

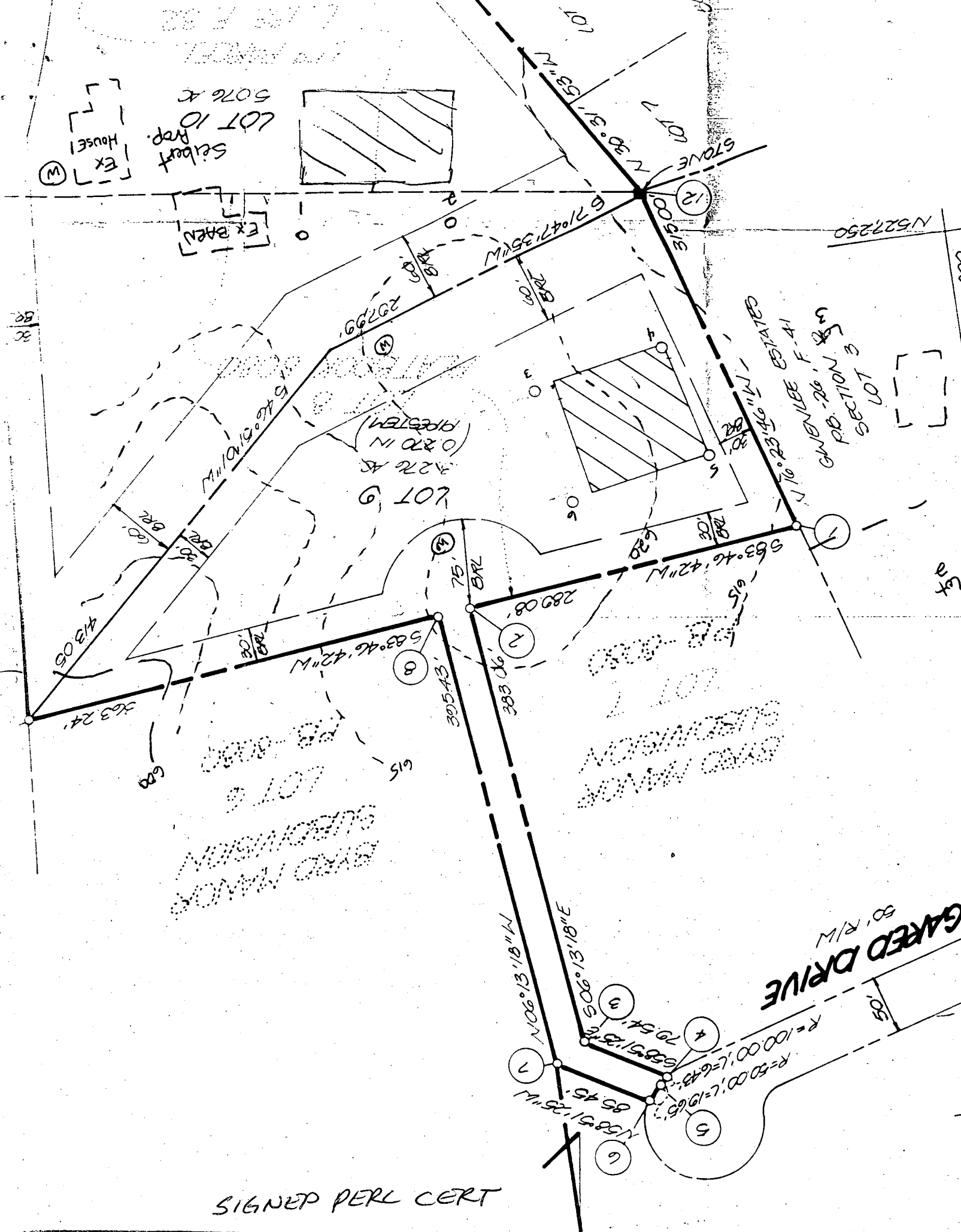


OWNER'S STATEMENT

SURVEYOR'S

RAT SEIBERT, and **ELMIRA M. SEIBERT**, owners of the property shown hereon, hereby adopt this plan of subdivision, and in consideration of the approval of the Office of Planning and Zoning, establish the minimum

I HEREBY CERTIFY THAT
HEREON IS CORRECT, THAT
OF PART OF THE 1ST, A



LOT 10
Selbert Prop.
5076 AC

LOT 9
3276 AC
(0.270 IN
PRESERV.)

LOT 6
GRAD MANOR
SUPERVISION
7076 AC

LOT 7
GRAD MANOR
SUPERVISION
2107 AC

GWENILEE ESTATES
PB. 26, 41
SECTION 3
LOT 3

GARED DRIVE
50' R/W

SIGNED PERL CERT

EX HOUSE 1

EX BARN

N.527250

E.800,000

EX

BR 38

BR 38

BR 38

BR 38

BR 38

BR 38

315

315

315

315

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#25
CR 8004
CR 16844

23rd
December 20, 2002

Howard County Permits

To Whom It May Concern:

14057 Gared Dr

Please accept this letter as a request to revise permit number B00139265. The permit was issued to install (1) 500 gallon aboveground propane tank. The revision is to change the location of the tank on the property. Please refer to the revised plot plans that are attached.

Sincerely,

Don Kucharski
12/21/02

please call Nick at
410-262-6817 with any questions
and when permit is ready.

12-31-02

CALLED AND LEFT MESSAGE
CONCERNING NEW PROPANE TANK
LOCATION NOT TO SCALE.
SUBMIT SCALED drawing or call
call with measurement of
distance to septic easement.
MAY NEED SITE INSPECTION.

12/26/02

~~Mark~~ RASAP
Eng
Heall

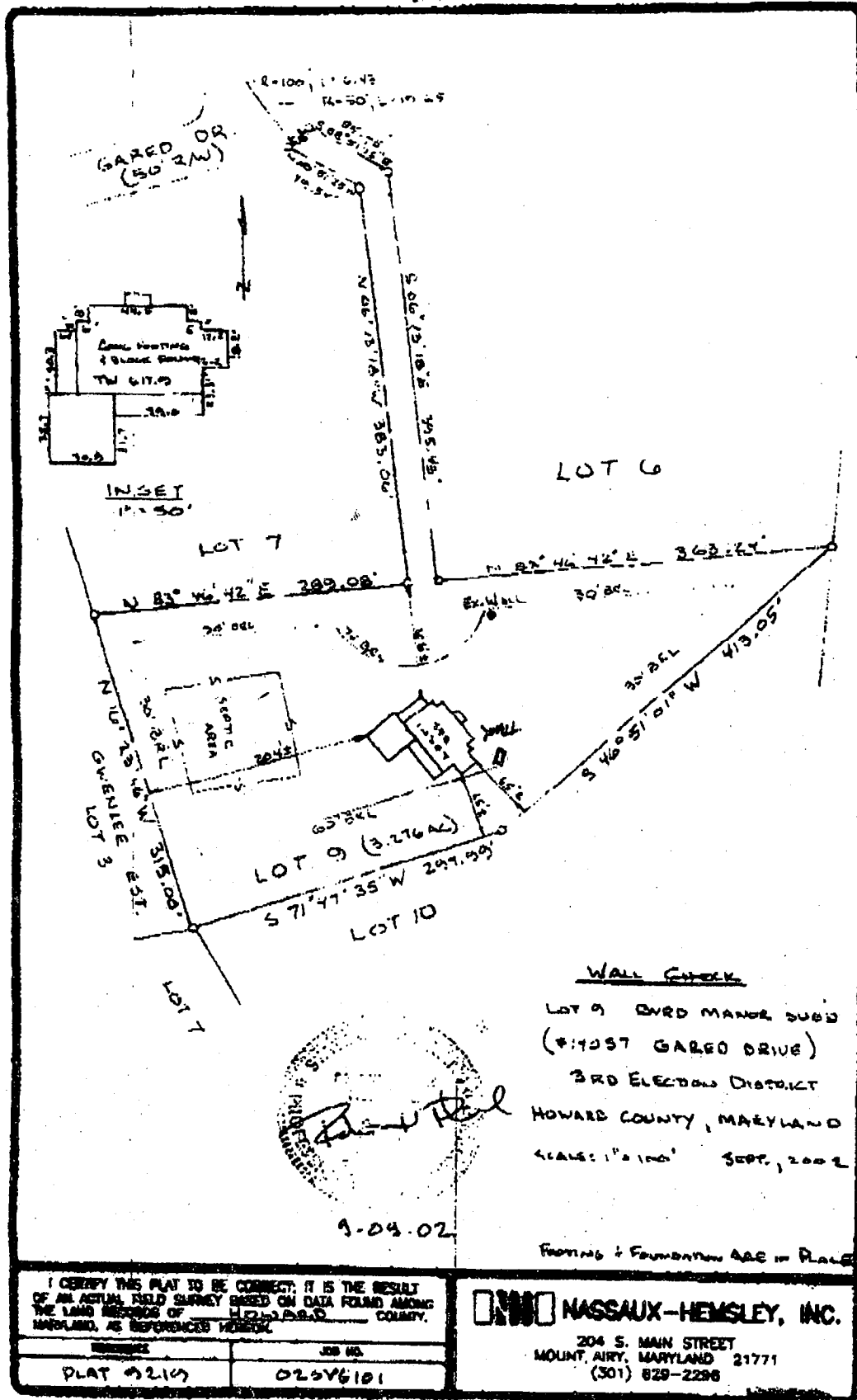
(KN)

1-6-03 B000139265 OK Location
for Prop. TANK (KN)

FROM: Barnard Brothers

FAX NO.: 410 403 7621

NOV. 05 2002 12:50PM ET



D00568

BP 00139265
Proposed tank location - no issues with well or septic

11/18/02 OK
(KN)

I CERTIFY THIS PLAT TO BE CORRECT. IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2298

PLAT #2107	JOB NO. 0256101
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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS.
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

Health
B0042798

Building Address 14057 GARD Drive
Blenwood mo 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision Byrd Manor
Section _____ Area _____ Lot 9
Tax Map 15 Parcel 19 Grid 19
Zoning RQDEO Map Coordinates 9F7 Lot size _____

Property Owner's Name Jim & Laurie Jones
Address 14057 Gard Drive
City Blenwood State mo Zip Code 21738
Home Phone 301-949-4833 Work Phone 410-627-7377
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFP
Proposed Use F/B Swimming Pool SFP
Estimated Construction Cost \$ 30,000
Description of Work Construct an in ground
Swimming Pool - truck filled
18x41 3-8 feet deep

Contractor Company Browning Construction
Contact Person Aaron C. Adams
Address 23731 Ridge Rd
City Bennett mo State Mo Zip Code 64876
License No. 1377
Phone 301-972-3800 Fax 301-540-9646

Occupant or Tenant Own
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: 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <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"/> Depth _____ Width _____	Water Supply: Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: <u>F/B Swimming Pool</u> Dimensions: <u>18x41</u> Footings: _____ Roof: _____	

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 [Signature]
Title/Company Project Manager
MR 7/2/03

Print Name Aaron C. Adams
Date 7-2-03

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **