

9/30/97  
11.00 & later

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### INDEXED

P 58918

A 41972

DISTRICT 4th

DATE 8/18/97

04-355067

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 9/30/97

INSPECTOR ALM

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

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

SUBDIVISION Choi Property LOT 9 ROAD 3337 Danmark Drive

PROPERTY OWNER Jacobsen Homes, LLC - TODD MATTIS

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet down the left lot line and 135 feet off this same lot line as seen when facing the lot from Danmark Drive. Run trenches on 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.

PLANS APPROVED BY Donna K. Soe/Glen Savage OK *SS* 8/5/97 DATE 08/04/97

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

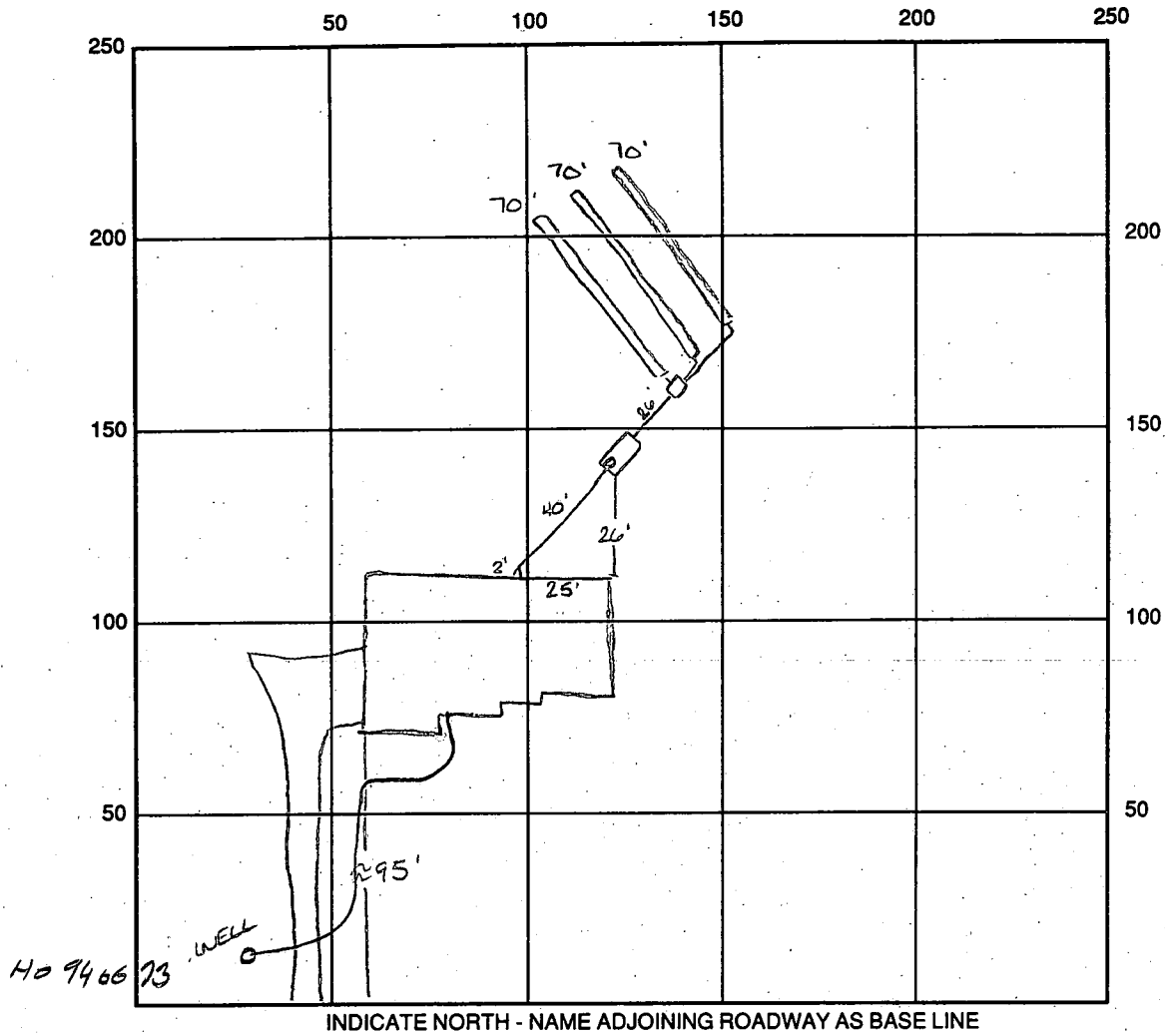
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG PERMIT 58918  
AND RETURNED 4/18/0  
000129678 -  
Sunroom & deck

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

A  
41972



SEPTIC TANK LEVEL OK 1250 gal top seam CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL OK baffle is in \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 210 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET 4.0 FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 9/30/97 OK to stone first trench & continue ALM OK to stone 2nd trench & continue ALM OK to cover all work final ALM

10/15/97 WELL LINE COVERED AT HOUSE WALL, PITCHED ROADWAY OK TO COVER (NO SLEEVES UNDER DRIVE) WELL LINE OK TO COVER. #1

DATE SYSTEM APPROVED 9/30/97

INSPECTOR A McMillan

# APPLICATION

PERCOLATION TESTING

A 41972

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

P \_\_\_\_\_

DISTRICT 4TH

DATE March 10, 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 Sang Ho Company, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 9

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1890' East of Hedges Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.  
(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 \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

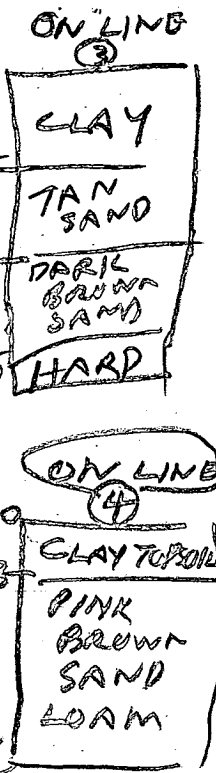
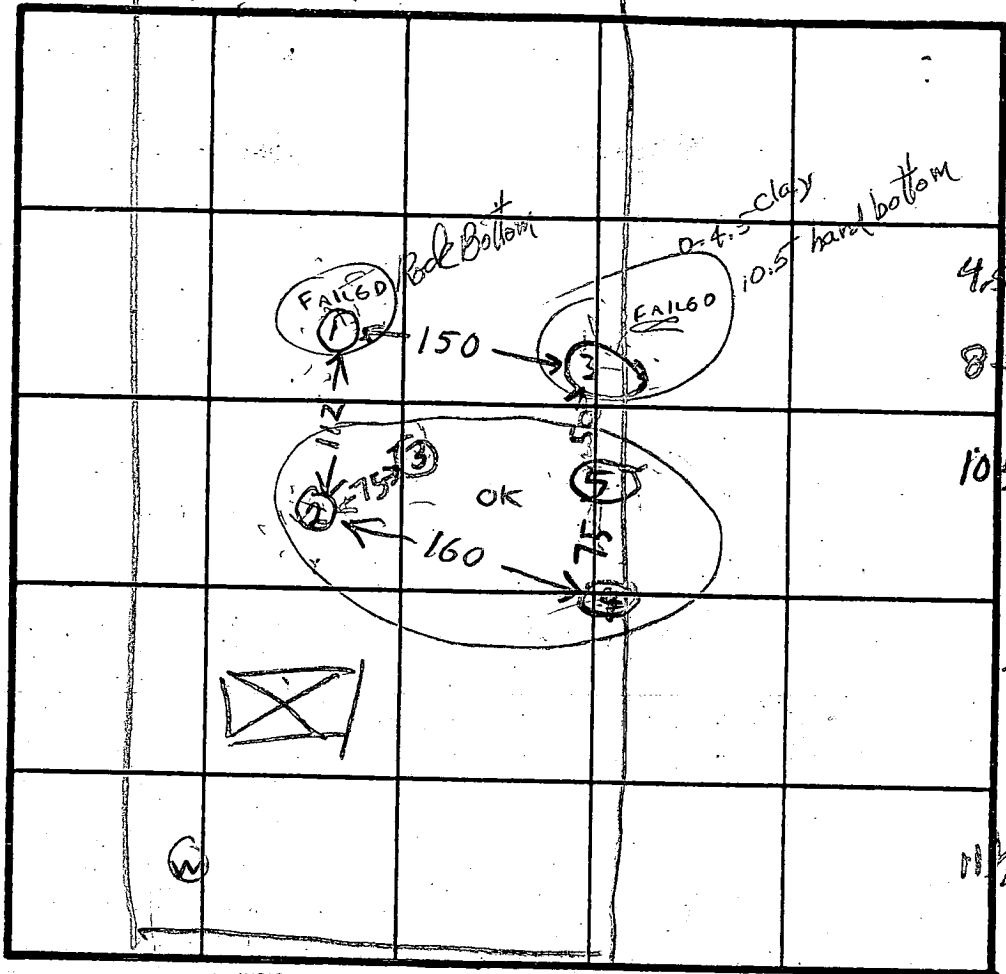
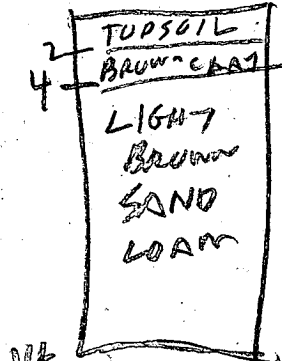
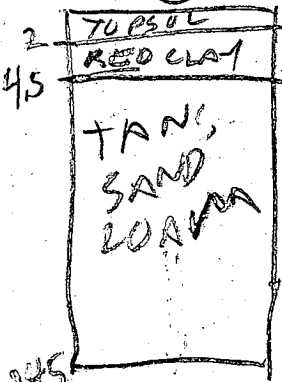
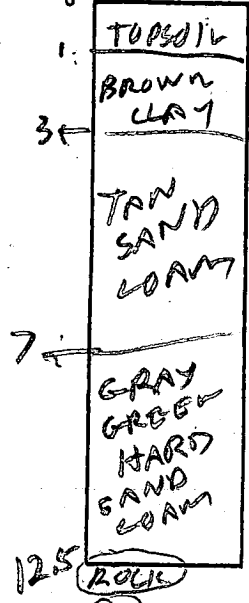
# THIS IS NOT A PERMIT

Lot 9  
A 41972

Lot 9

Lot 10

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DANMARK DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/20/88	15	4.5	1157	1202	1202	1210	3
	10	12.5	UNSAT		ROCK		
	25	5	1216	1218	1218	1228	4
	20	8	1216	1218	1218	1224	4
	21	14.5	OK				
	31	14	OK				
	3 ON LINE	10 1/2	UNSAT		CLAY		
	4 ON LINE	11 1/2	OK				
	5 ON LINE	13	OK				

ON LINE 5



X 8 MIN  
210 # BR  
INLET 3 1/2"  
BOTTOM 7 1/2"

REMARKS: Holes dug differently from Surveyor Plat

TESTED BY: B/H

ALSO PRESENT: Woody Skye, J. Fryck

EMERGENCY/TEMP NO. IF ANY

B 1 **2455**  
SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

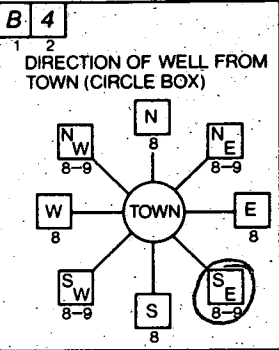
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-94-0673**  
fill in this form completely

Date Received (APA) \_\_\_\_\_  
**OWNER INFORMATION**  
Last Name: **JACOBSEN** Owner First Name: **Homes**  
Street or RFD: **9409 ELIZABETH CT.**  
Town: **FULTON** State: **MD** Zip: **20759**

B 3 **LOCATION OF WELL**  
County: **HOWARD**  
Subdivision: **CHOI PROPERTY**  
Section: \_\_\_\_\_ Lot: **9**  
Nearest Town: **GLenWOOD**  
Miles from town: **2** MI

**DRILLER INFORMATION**  
MSD/MGD/MWD \_\_\_\_\_  
Driller's Name: **Joseph L. Mayne** License No. **24**  
Firm Name: **Joseph L. Mayne Well Drilling**  
Address: **5512 RIDGE RD. Mt. Airy MD. 21771**  
Signature: **Joseph L. Mayne** Date: **8/29/95**



B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
NEAR WHAT ROAD: **Danmark Dr.**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **E**  
DISTANCE FROM ROAD: **40** FT OR MI **FF**  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

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)

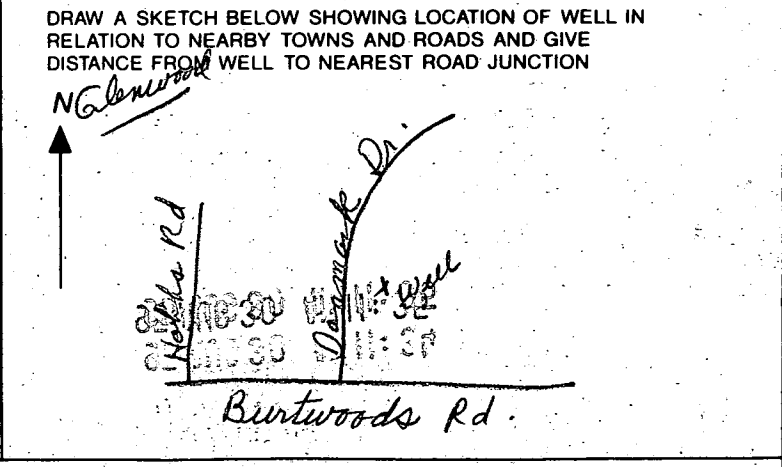
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
County Name: **Howard County** County No.: **A-41972**  
STATE SIGNATURE: \_\_\_\_\_ DATE ISSUED: **090795**  
CO SIGNATURE: **A.M. Miller** EXP. DATE: **9-7-96**  
NORTH GRID: **528000** EAST GRID: **0796000**

APPROXIMATE DEPTH OF WELL: **200** FEET  
APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER:  
1. **Well**  
WRITE THE BOX NUMBER FROM THE MAP HERE:  
**796**  
**528**

**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-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): \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER: **GAP**  
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-0673**

SPECIAL CONDITIONS  
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =  
COUNTY

C1 2830 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-41972

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 091395

Depth of Well 2265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0673

OWNER Jacobsen Homes STREET OR RFD Danmark Drive TOWN Glenwood SUBDIVISION Choi Property 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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: SAND, GRAY MICA, Rock, 0-56, 56-265.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL 0-53 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing 60 Total depth of main casing 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 21

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO.

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

DEPTH (nearest ft.)

Handwritten depth: 265

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

C 3

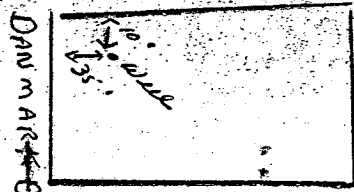
PUMPING-TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 008.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 87 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



10/13/97  
WPI  
A.D.T.  
10/15/97  
WPI  
pm ok *gp*

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

NOTE: NO SLEEVES UNDER DRIVE, LONG COVERED AT HOUSE WALL.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Ben Lewis Inc

Telephone 3014283900

License Number 11202

Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_

Registered Plumber P

Name of Property Owner Jacobson Jones

Telephone 3019530083

Subdivision Birdsfoot

Lot # 9

Well Tag # \_\_\_\_\_

Site Address 3337 Plannet Dr

Pump

1. Type

- a. Deep well jet \_\_\_\_\_
- b. Shallow well jet \_\_\_\_\_
- c. Submersible P

2. Make Holla 57575757

3. Model # \_\_\_\_\_

4. Capacity \_\_\_\_\_ GPM

5. Pump exceeds well capacity Yes P No \_\_\_\_\_

6. If Yes, is low pressure cutoff switch installed? Yes P No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors P Cable guards P Other \_\_\_\_\_

Motor

1. Horsepower 1/3

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 P

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth 42

Tank

1. Capacity 180

2. Pressure relief valve? yes

Piping

1. Type BK160

2. Size \_\_\_\_\_

3. NSF and/or BOCA Code approved yes

4. Depth of supply line \_\_\_\_\_

Well data

1. Depth 240 ft.

2. Yield \_\_\_\_\_ GPM

3. Static water level 301 ft.

4. Will water supply be disinfected by installer? yes

10/31/97 NO WORK DONE *DHS*

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).

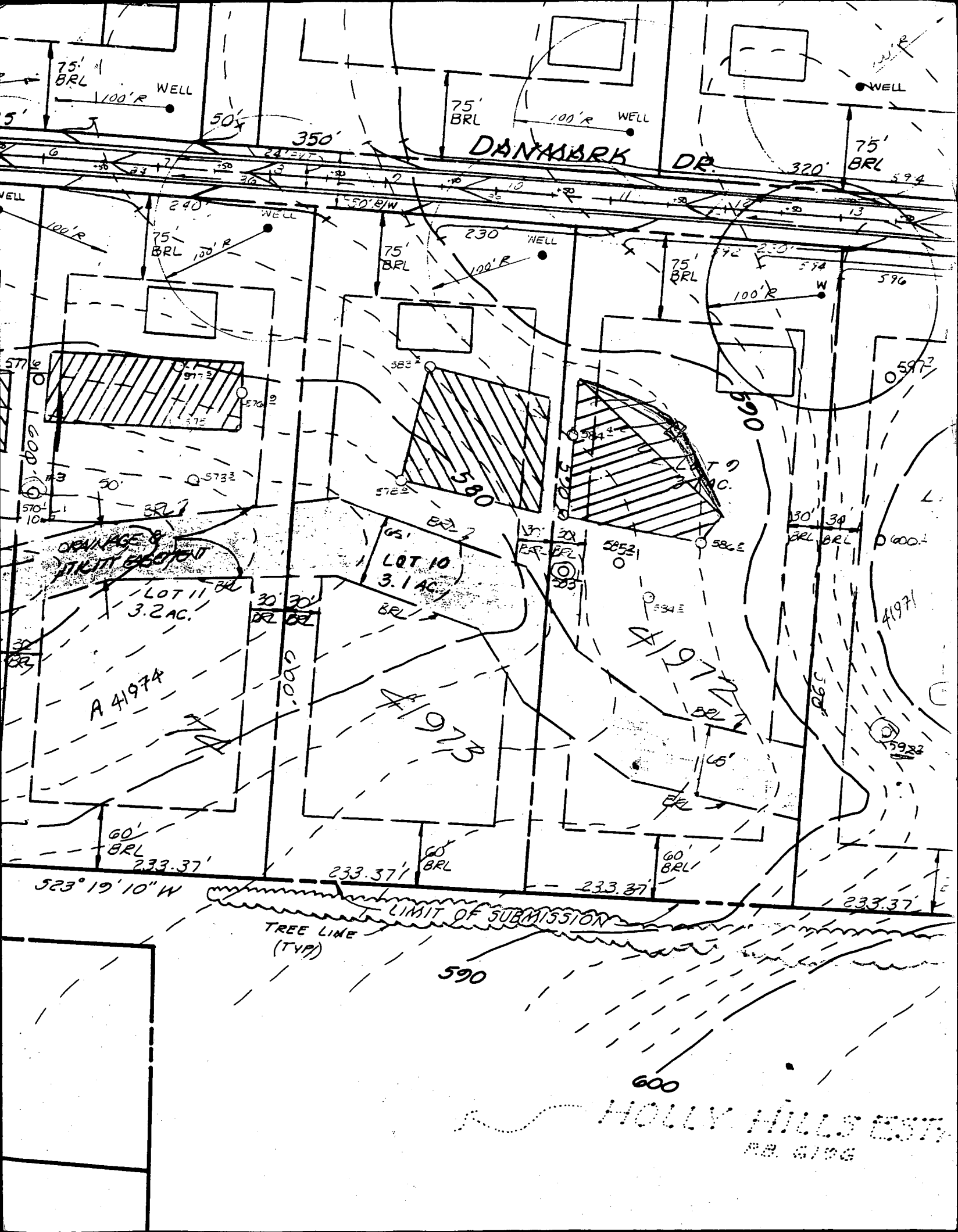
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10/21/97

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





DANMARK DR.

75' BRL

100' R WELL

75' BRL

320' 594

350'

50' x

75' BRL

100' R WELL

WELL

WELL

75' BRL

100' R

WELL

75' BRL

100' R

WELL

75' BRL

100' R

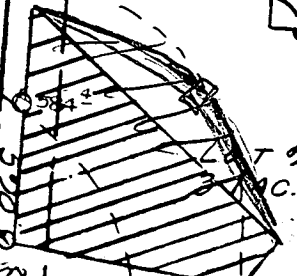
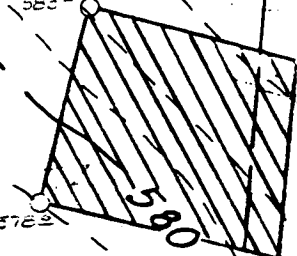
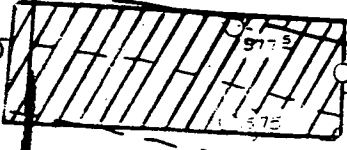
W

597

600

41971

5932



SEWERAGE & STORM DRAINAGE

LOT 11 3.2 AC.

LOT 10 3.1 AC.

A 41974

A 41973

A 41972

523° 19' 10" W

TREE LINE (TYP)

LIMIT OF SUBMISSION

590

600

HOLLY HILLS EST. PB. 6106

**ENGINEER'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_

**DEVELOPER'S CERTIFICATE**

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT AND PLAN FOR EROSION AND SEDIMENT CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY.

SIGNATURE OF DEVELOPER \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

U.S. SOIL CONSERVATION DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

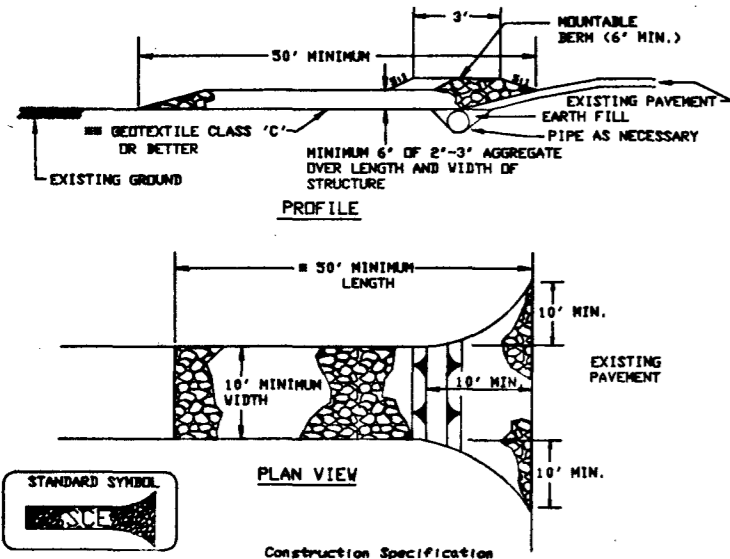
THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

APPROVED: \_\_\_\_\_

DISTRICT HOWARD SOIL CONSERVATION DIST. \_\_\_\_\_ DATE \_\_\_\_\_

**SEDIMENT CONTROL NOTES**

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1953).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THERETO.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1 b) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING (SEC. 50), SOIL (SEC. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
  - TOTAL AREA OF SITE: 3.140 ACRES
  - AREA DISTURBED: 0.215 ACRES
  - AREA TO BE GRADED OR PAVED: 0.071 ACRES
  - AREA TO BE VEGETATIVELY STABILIZED: 0.184 ACRES
  - TOTAL CUT: 1000 CU.YDS.
  - TOTAL FILL: 1000 CU.YDS.
  - OFF-SITE WASTE/BORROW AREA LOCATION: CU.YDS.
- ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
- ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.



**SEQUENCE OF CONSTRUCTION**

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN.
- PERFORM NECESSARY GRADING AND STABILIZE THE SITE.
- AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

**TEMPORARY SEEDING NOTES**

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

**SEEDING PREPARATION**

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING. IF NOT PREVIOUSLY LOOSENED.

**SOIL AMENDMENTS**

APPLY 500 LBS. PER ACRE 10-10-10 FERTILIZER (4 LBS./1000 SQ. FT.)

**SEEDING**

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (3.2 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (0.7 LBS./1000SQ.FT.) FOR THE PERIOD NOVEMBER 16 THRU FEBRUARY 28. PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING OR USE SOD.

**MULCHING**

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 218 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS, ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1986 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

**PERMANENT SEEDING NOTES**

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

**SEEDING PREPARATION**

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

**SOIL AMENDMENTS**

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (4 LBS./1000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 38-0-0 URGAFORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE (0.5 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER.

**SEEDING**

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (1.4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 28, PROJECT SITE BY: OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING; OPTION (2) - USE SOD; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDED.

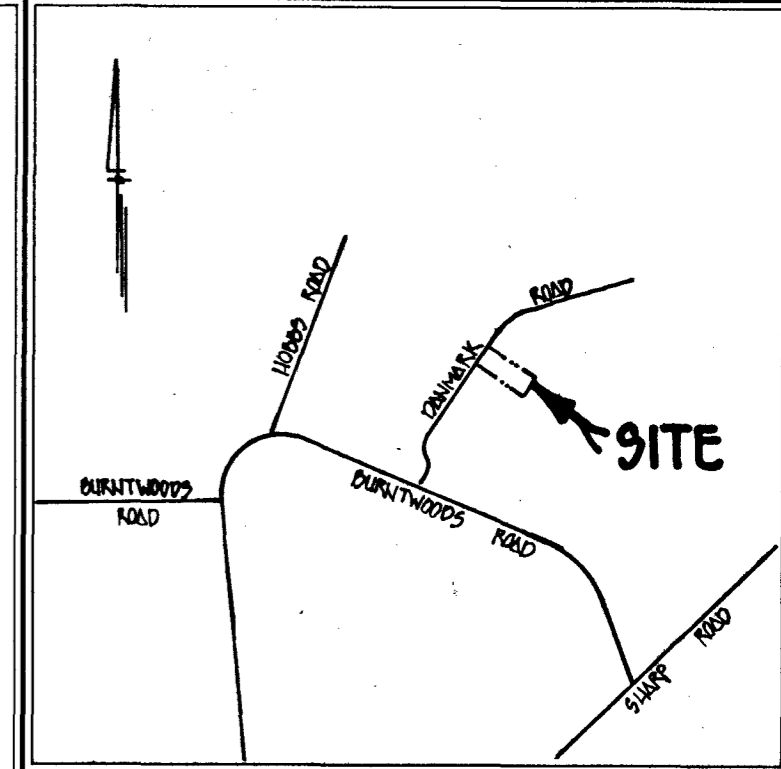
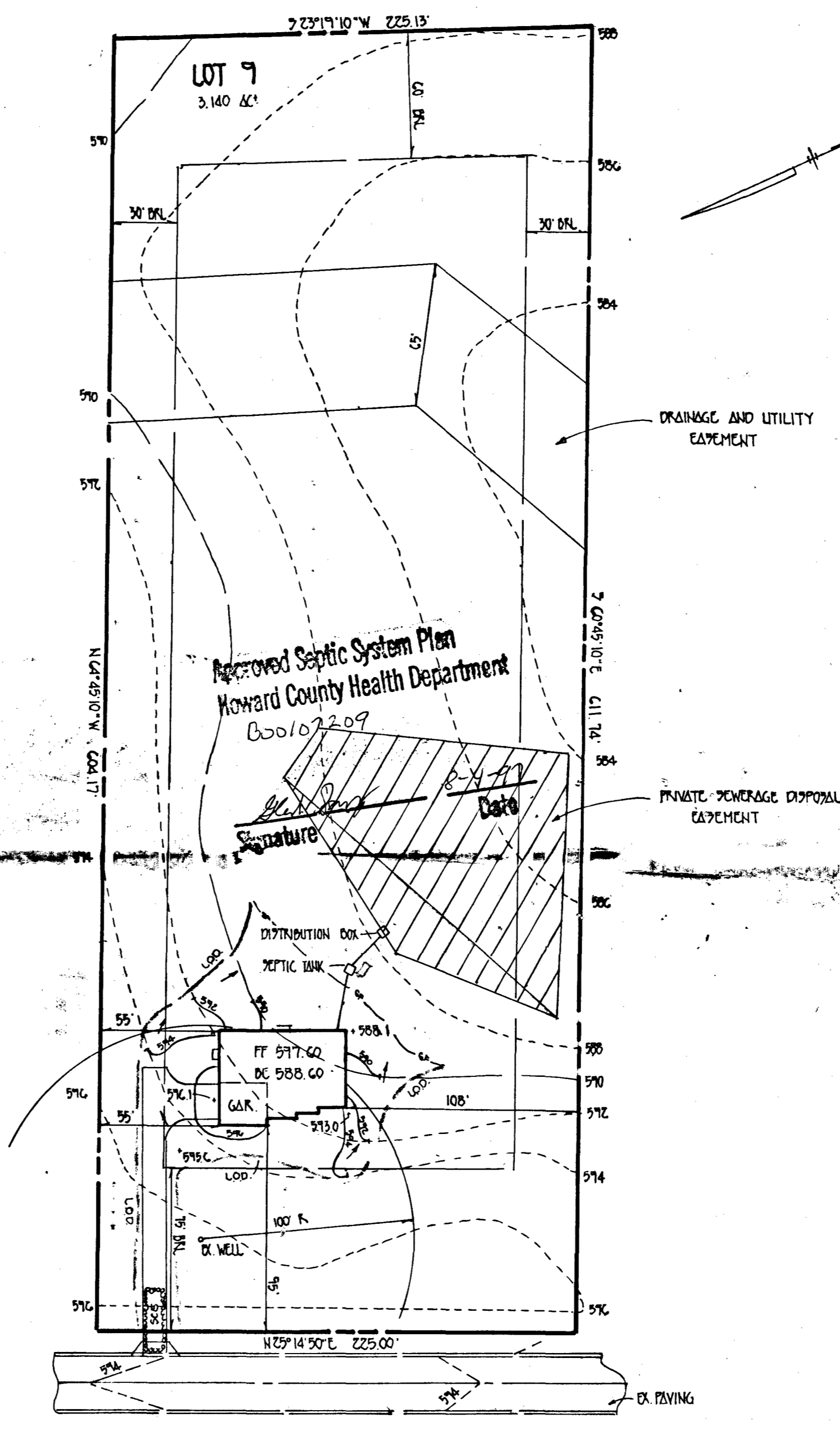
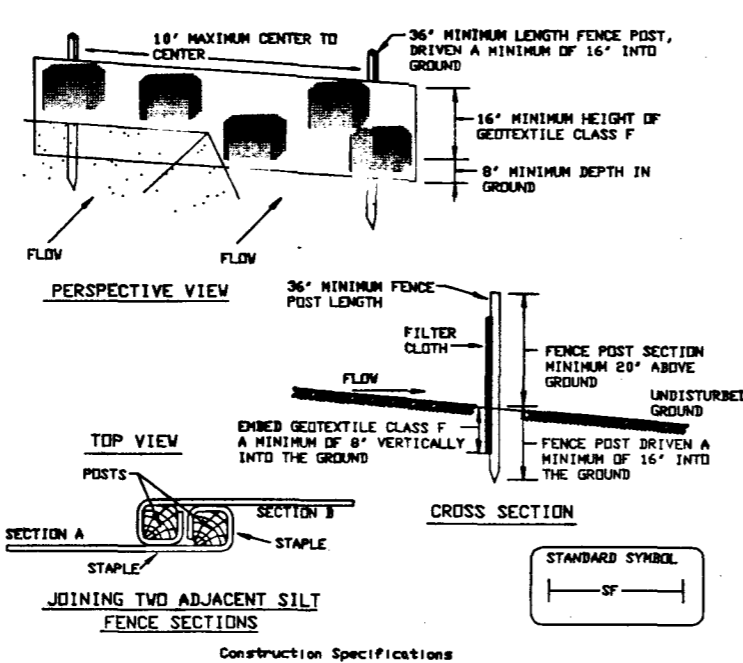
**MULCHING**

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS, ON SLOPES 8 FEET OR HIGHER USE 348 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.

**MAINTENANCE**

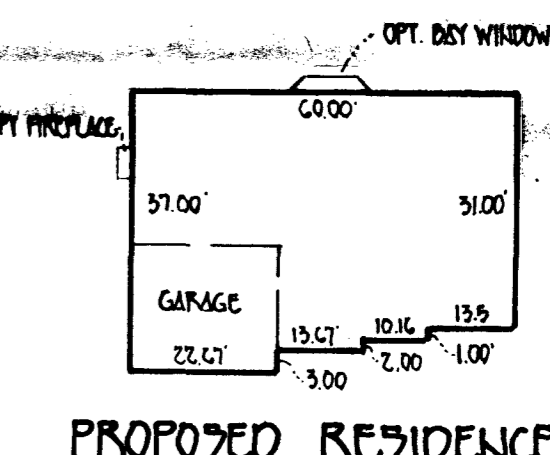
INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

\* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWMETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



**GENERAL NOTES**

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK.
- A. FIRST FLOOR ELEVATION: 571.0  
B. BASEMENT ELEVATION: 588.0  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 586.1  
D. INVERT IN AT SEPTIC TANK: 585.5  
E. INVERT OUT AT SEPTIC TANK: 585.2  
F. PROPOSED GRADE OVER SEPTIC TANK: 588.3  
G. INVERT AT DISTRIBUTION BOX: 584.8  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 587.8
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



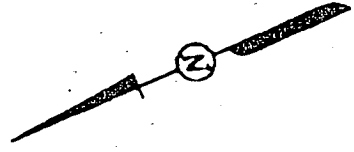
PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT  
LOT 9  
**CHOI PROPERTY**

TAX MAP 14  
4TH ELECTION DIST.  
SCALE: 1" = 50'

PARCEL 106  
HOWARD COUNTY, MARYLAND  
DATE: JULY 30, 1997

PLUS OR MINUS (±)

HOLLY HILL ESTATES  
P.B.-6196



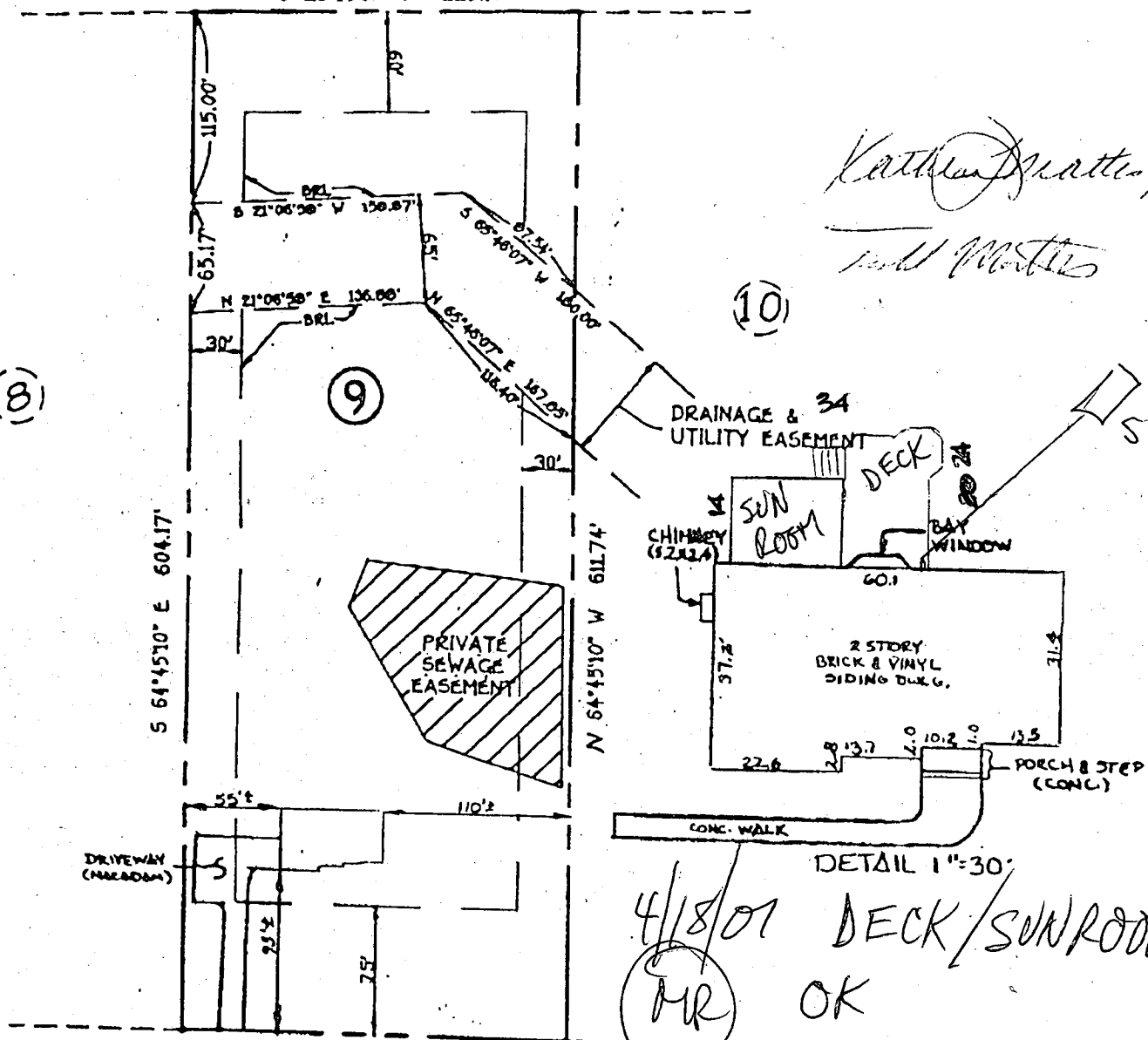
S 23°19'10" W 225.13'

*Katherine Mattia 12/21/97*  
*Bill Mattia*

(10)

(8)

(9)



4/18/01 DECK/SUNROOM  
MR OK

N 25°14'50" E 225.00'  
DANMARK DRIVE  
(50' R/W)

LOT 9  
CHOI PROPERTY  
LOTS 1-32  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT REFERENCE: 10632

TOP FOUNDATION ELEVATION = 598.0 ±

**SMITH COLLINS & CARTER, INC.**  
DEVELOPMENT CONSULTANTS & LAND SURVEYORS  
ANTHONY BELLAIR OFFICE PARK - 18276 BALTIMORE NATIONAL PIKE  
ELLETTT CITY, MARYLAND 20814  
1988 PH - 2022



### HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 8/26/97  
FINAL LOCATION: 11/15/97  
BOUNDARY SURVEY:

SCALE: 1"=100  
DATE: 11/14/97  
DRAWN BY: REL  
CHECKED BY: M.L.H.

*Terrell A. Fisher* 11/14/97  
PROFESSIONAL LAND SURVEYOR DATE

Building Address 3337 DANMARK RD  
GLENWOOD MD 21735

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: PLANTATION

Census Tract 6040 Subdivision Choi Prop

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9

Tax Map TA Parcel 106 Grid 24

Zoning R200 Map Coordinates 9E7 Lot size 3,144.2

Property Owner's Name TODD MATIS

Address 3337 DANMARK RD

City GLENWOOD State MD Zip Code 21735

Home Phone 410-491-2714 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SIU

Proposed Use 2nd FLOOR WOOD DECK

Estimated Construction Cost \$ 35,000

Description of Work 14x24 SUNROOM  
14x24 DECK

Contractor Company FINE CARPENTRY

Contact Person RON COLLISON

Address 1010 GUILFORD ROAD

City WALTON State MD Zip Code 20701

License No. 19522

Phone 301-206-5151 Fax 301-206-5155

Occupant or Tenant OWNER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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

[Signature]  
 Applicant's Signature

R. L. COLLISON  
 Print Name

4/15/01  
 Date

\_\_\_\_\_  
 Title/Company

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

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>31270</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Filing fee \$ <u>75</u>
<input checked="" type="checkbox"/> Building Official	<u>4/15/01</u>	<u>[Signature]</u>	Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Permit fee \$ <u>30</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Historic District? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Excise tax \$ <u>269</u>
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone <input checked="" type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			SDP/Red-line approval date: _____	TOTAL FEES \$ <u>374</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
<input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>				Check # <u>3428</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>47407</u>

Accepted by [Signature]

Forms PERMIT.FRM Rev. 5/17/00