

CO
6378
1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59863

A 41995

DISTRICT 4th

DATE 3-11-98

DATE SYSTEM APPROVED 7-13-98

INSPECTOR SH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

410-313-2640

INDEXED

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Choi Property LOT 32 ROAD 3244 Danmark Drive

PROPERTY OWNER Trinity Custom Homes, Inc. Edward & Marya

ADDRESS PECURONIS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 - Place the distribution box 315 feet down the left lot line and 140 feet off this same lot line as seen when facing the lot from Danmark Drive. Run trenches on contour towards the rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 1126198 ALM-OK

PLANS APPROVED BY Donna K. Soe DATE 01/22/98

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

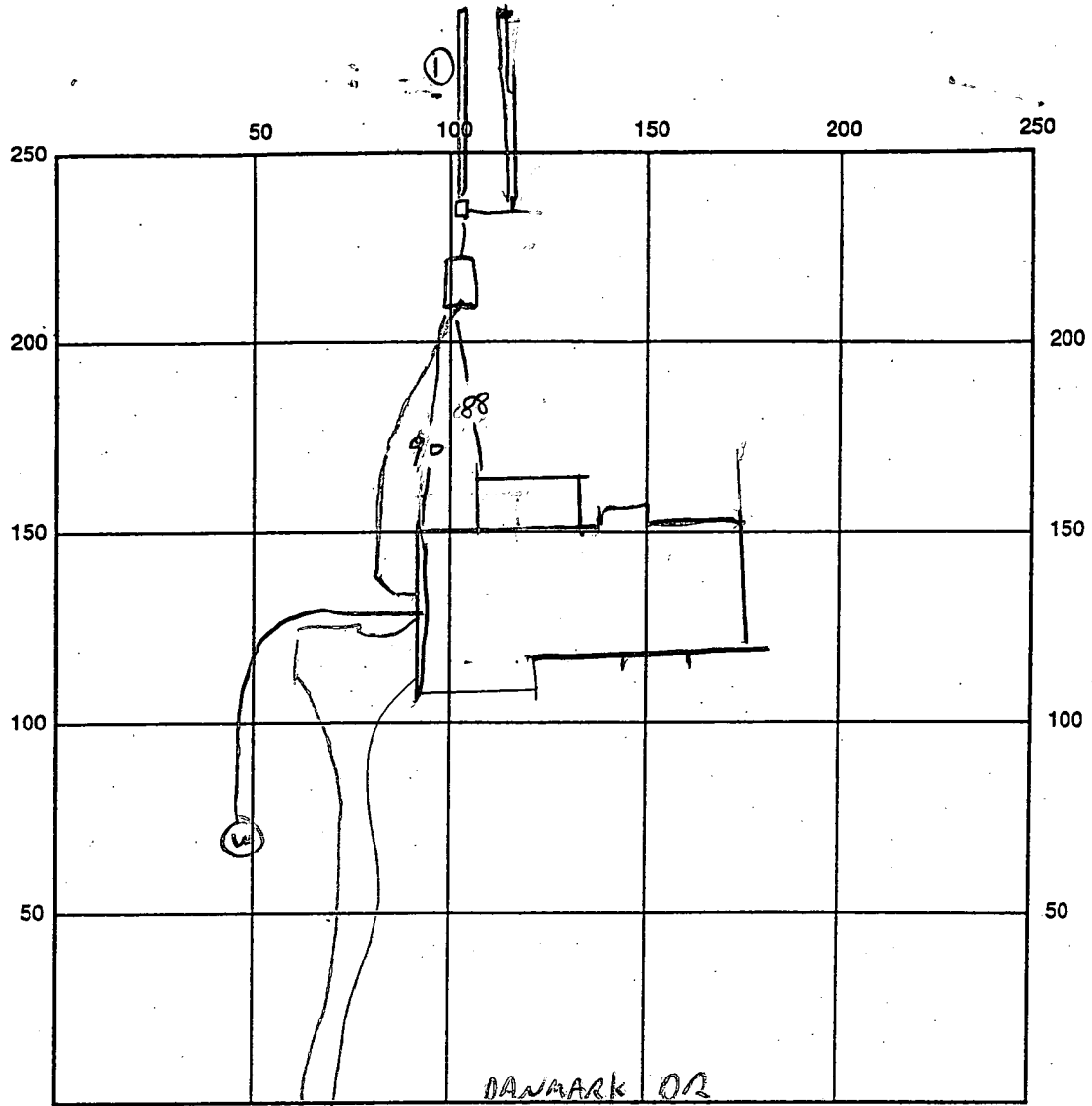
BLDG. PERMIT SIGNED

AND RETURNED 11-4-98

Serial # 110119877
Phil Bann Johnson

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 41995



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok CLEANOUTS NEEDS ✓ ok

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 91.5 / 90 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/3/98 OK TO STOVE 1ST TRENCH, OK TO CONTINUE
COVER WHEN COMPLETED (IE INSPECTOR HAVN'T RETURNED),
7-13-98 SYSTEM COMPLETION VERIFIED W/REMOVAL

DATE SYSTEM APPROVED 7-13-98 INSPECTOR Steve King

APPLICATION

PERCOLATION TESTING

A 41995

P _____

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

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. Trinity Custom Homes, Inc.

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

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 32 *NEW 29 or 30 Springfield Park combined as 32 as final 11-92*

ROAD AND DESCRIPTION North side of Barkswood Rd., 1890' East of Hobbs Road.

3244 DANMARK DRIVE BLDG. PERMIT SIGNED

TAX MAP 14 PARCEL # 106 AND RETURNED 1-22-98
Serial # B7109506

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O. - 4 Boms
(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 9/1/88 Per OK Hold for Plat B 28

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 41995

P _____

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

DISTRICT 4TH

DATE March 10, 1988

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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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. NEW 19
-32

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1290' 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.

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(SIGNATURE OF APPLICANT)

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REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

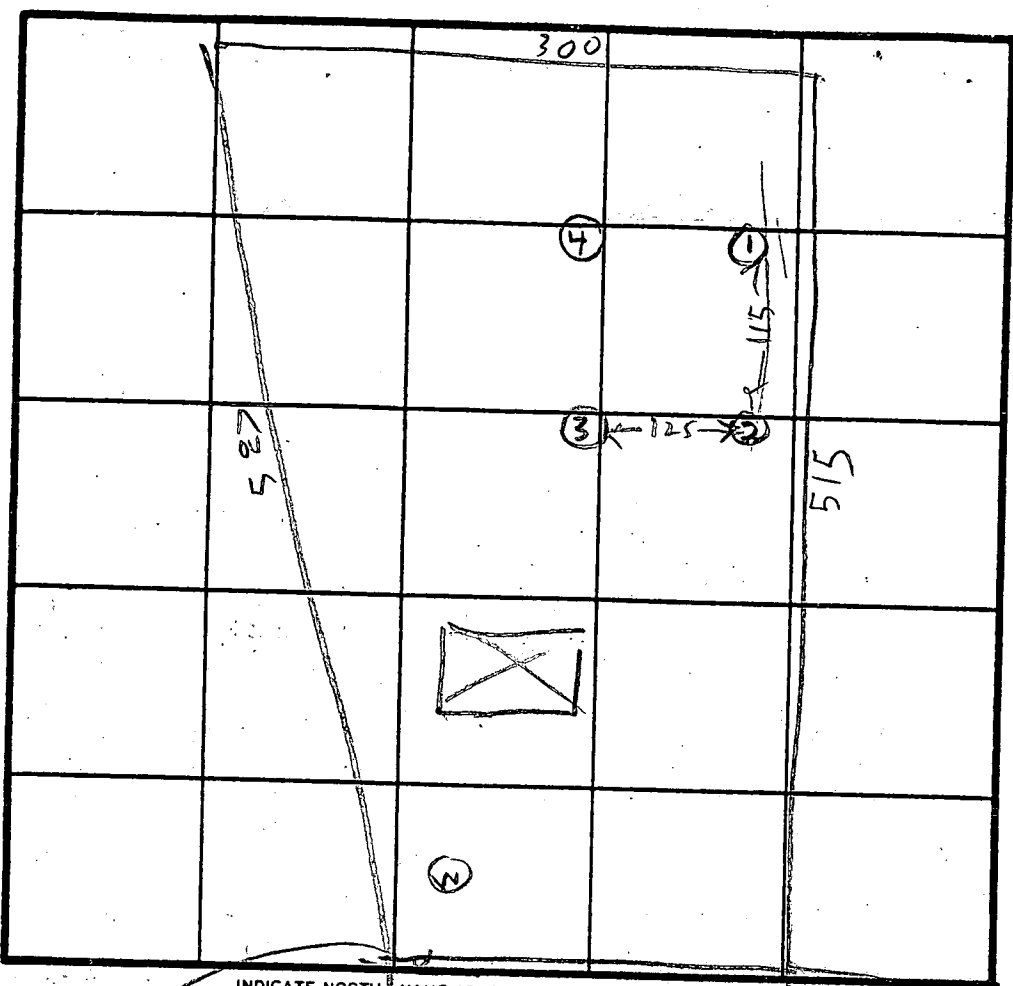
THIS IS NOT A PERMIT

Lot 32
A 41995

SOIL PROFILE (2)

TOPSOIL
CLAY

LIGHT
BROWN
POWDERY
SAND
LOAM



X 4 MIN
180 4/8 R
INLET 3'
BOTTOM 7'

(3)
BROWN
CLAY

PINK
BROWN
SAND
LOAM

(4)
BROWN
CLAY

PINK
BROWN
POWDERY
SAND
LOAM

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

DANMARK DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/1/88	1S	2.5	134	136	136	137	1
" "	1V	12	OK				
" "	2S	3	140	142	142	146	4
	2V	12.5	OK				
	3S	4.5	149	151	151	158	7
	3D	7.5	149	150	150	153	7
9/1/88	3V	13	OK				
9/1/88	4V	12	OK				

REMARKS: Holes Dug Per Surveyor Latest Test (Plot B) +

TYPE OF SOIL

TESTED BY B. HODGES

ALSO PRESENT WOODY & SKIP OF E-1001

APPLICATION

PERCOLATION TESTING

A 41996

P _____

DISTRICT 4TH

DATE March 10, 1988

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

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) 239-7641

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 33

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

TAX MAP 14 PARCEL # 108

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 _____

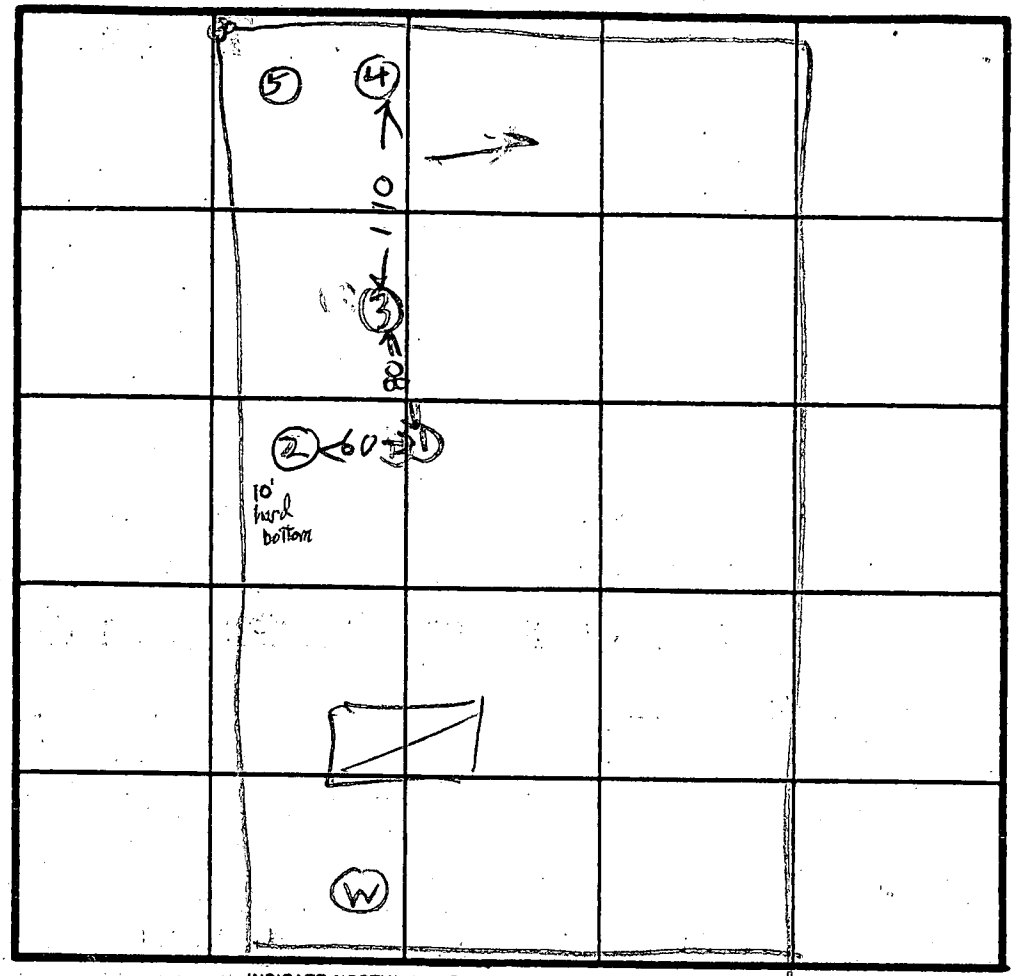
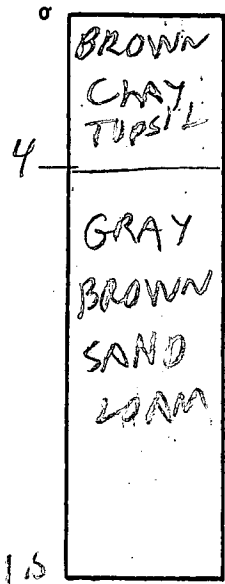
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

LA 33
A 41996

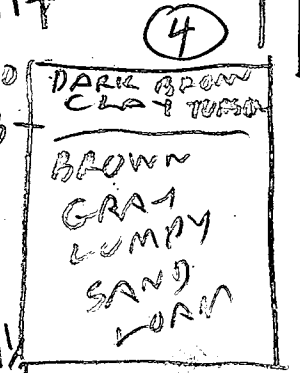
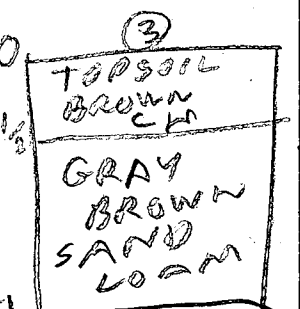
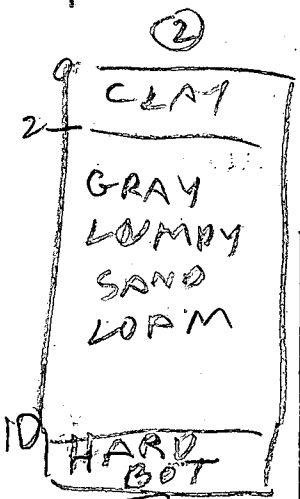
SOIL PROFILE



515
BROWN CLAY
GRAY BROWN SAND LOAM
11
X 4 MIN
1800/02
INLET 2 1/2
BOTTOM 4
SHALLOW SYSTEM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DANMARK DR



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/1/88	1 S	5	100	101	101	106	5
	1 V	11.5	OK				
	2 S	3	108	109	109	112	3
	2 V	6	108	109	109	114	3
	2 V	10	OK				
	3 V	11	OK				
9/1/88	4 S	4.5	120	121	121	125	
	4 V	11.5	OK				
9/1/88	5 S	3	126	127	127	128	
	5 V	11	OK				

REMARKS: Holes Dug Per Surveyor Test Plat the latest

TYPE OF SOIL _____
TESTED BY B. HODGES ALSO PRESENT WOODY & SKID OF FLOCK

B 1 7476 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type. STATE PERMIT NUMBER HO-94-1011
70 fill in this form completely 78

OWNER INFORMATION
 Date Received (APA) 121796
 Pecukonis EDWARD
 13829 HOWARD RD
 DAYTON MD 21036

B 3 LOCATION OF WELL
 HOWARD
 CHOI PROPERTY
 GLENWOOD
 2 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Joseph L. Mayne
 Joseph L. Mayne Well Drilling
 5512 Ridge Rd Mt. Airy MD 21771
 Joseph L. Mayne 12/9/96

B 4
 Danmark Dr.
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 123
 ENTER FT OR MI FT
 TAX MAP: 14 BLK: 24 PARCEL 106

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A41985
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED 121796 Mark E. Poffin 12/17/97
 NORTH GRID 531000 EAST GRID 0798000

APPROXIMATE DEPTH OF WELL 200 FEET

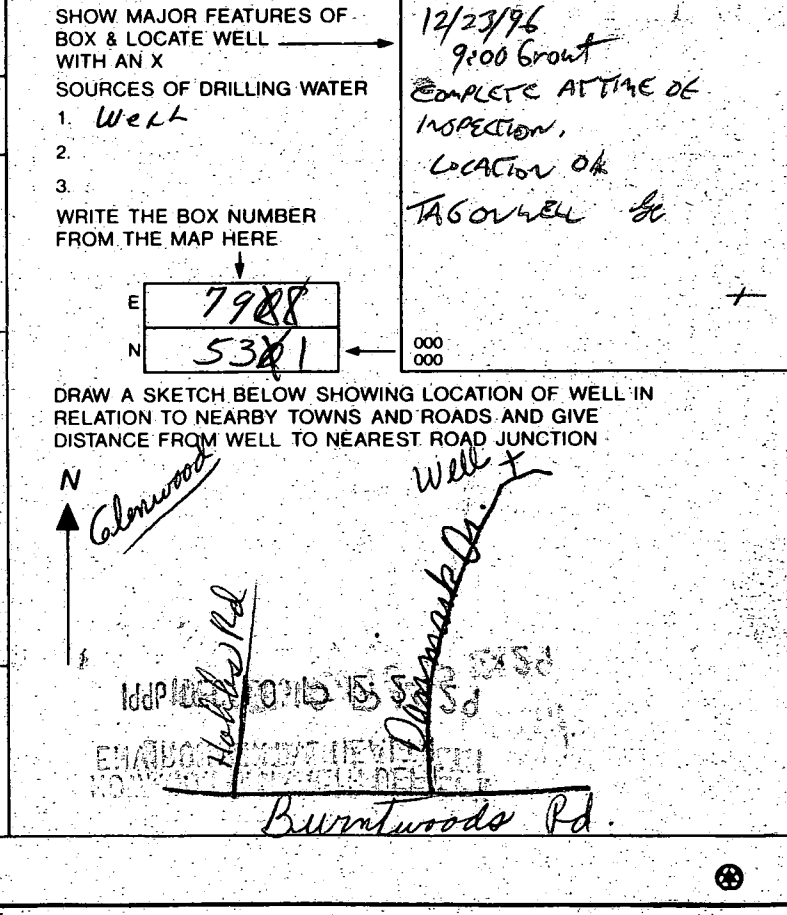
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRIVE-POINT
 other _____

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 (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER GAP
 FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-94-1011

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



C 1 **7900** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 41995**

ST/CO USE ONLY
 DATE RECEIVED

--	--	--	--	--	--

 DATE WELL COMPLETED **122396**

Depth of Well **240**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-94-1011

OWNER **Pecukonis Edward**
 STREET OR RFD **Danmark Dr** TOWN **Glenwood**
 SUBDIVISION **CH01 PROP** SECTION LOT **32**

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	
<i>Sand</i>	0	47	
<i>Gray Micaceous Rock</i>	47	240	✓

GROUTING RECORD (yes) (no) **(Y) (N)**
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **18** NO. OF POUNDS **1692**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** 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) **50**

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

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **(Y) (N)**

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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. **24**

DRILLERS SIGNATURE *Joseph L. Mame*
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

C 2
 DEPTH (nearest ft.)
H 0 4 9 2 4 0
 A C H S C R E E N

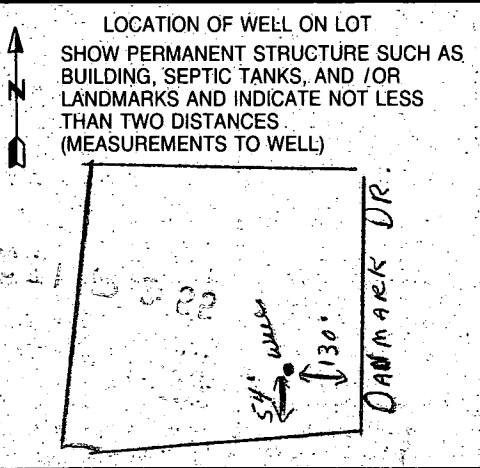
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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
70 72 74 75 76

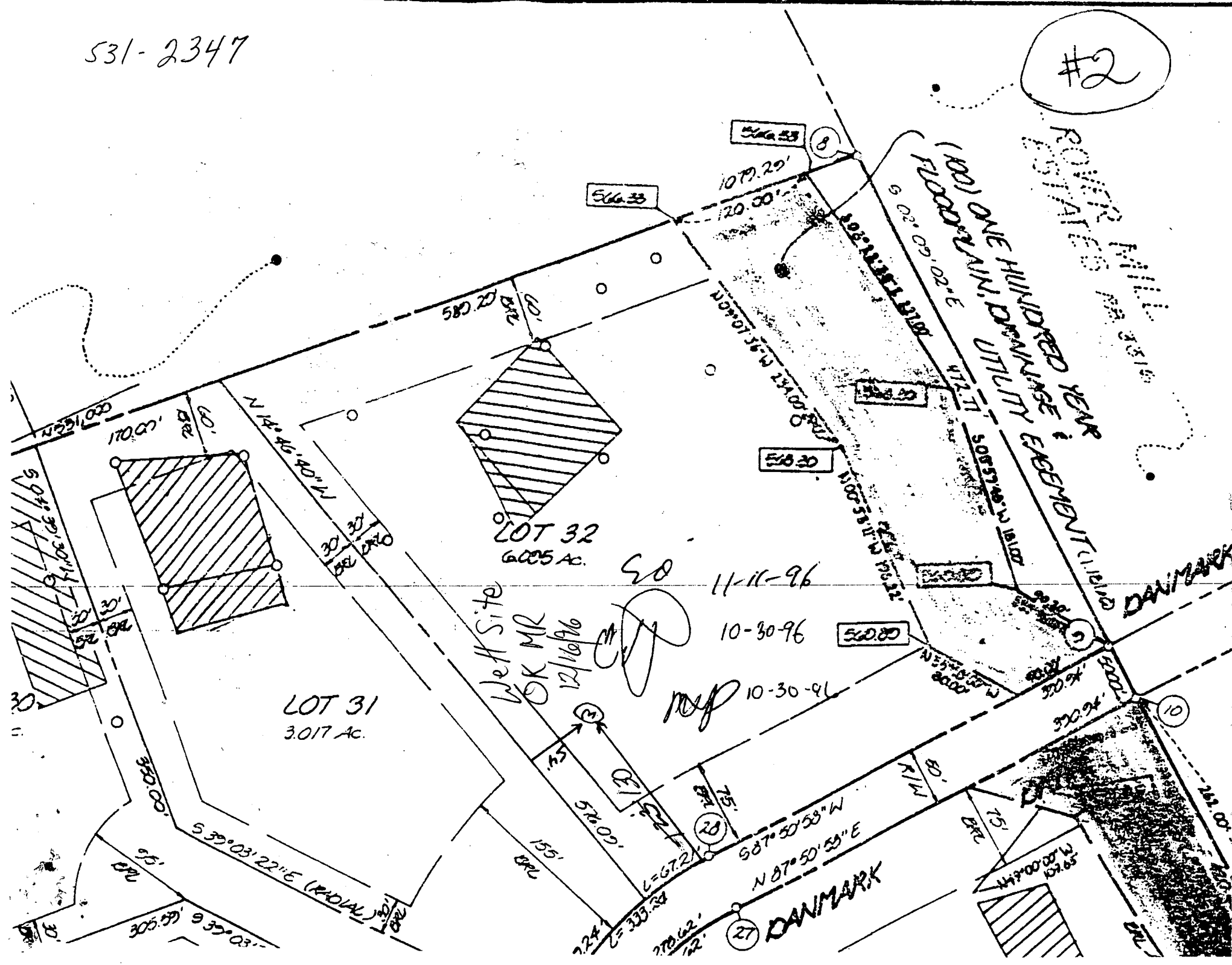
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **20**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **27** ft.
 WHEN PUMPING **27** ft.
 TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (YES) (NO) **(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)
(+) above () LAND SURFACE () (nearest foot)



531-2347

#2



6-4-98
Anytime

APPROVED w/o ANY IDENTIFYING INFORMATION ON SHEET
I ADDED INFO FROM FILE # 7.13.98

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~610-9933~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

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

Name of Property Owner TRINITY BULLOERS Telephone _____
Subdivision CHOL PROP Lot # 32 Well Tag # HO-94-1011
Site Address 3244 DANMARK DR.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

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

well casing 9" a.g.
P.A., well line 4 1/2" b.g.
2 pc cap installed.
conduit pipe ok. ok to cover. DKS

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: _____

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

6/4/98
WPI

4/19/98

call with

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD. 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
30014877

Building Address 3244 DANMARK DRIVE
Glenwood, Md. 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6070 Subdivision Bridge Port
PLAT NO. 10634 Section N/A Area N/A Lot 32
Tax Map 14 Parcel 106 Grid 24
Zoning RR-10 Map Coordinates _____ Lot size 6.095 ac

Owner's Name Edward & Marya Pecukonis
Address 3244 DANMARK DRIVE Pecukonis
City Glenwood State md Zip Code 21738
Home Phone 410-489-9298 Work Phone 410-706-7533
Applicant's Name & Mailing Address, (if other than stated hereon):
AS ABOVE
Phone _____ Fax _____

Existing Use Residential
Proposed Use _____
Estimated Construction Cost \$ 2,000
Description of Work Construct a 30'x40'
wood framed Pole BARN for horses.

Contractor Company N/A
Contact Person _____
Address N/A
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name AS ABOVE
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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 <input type="checkbox"/> State Certified Modular	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"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>30'</u> x Width <u>40'</u> 2nd floor: <u>N/A</u> Basement: <u>N/A</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>0</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: <u>N/A</u> No. of 2 BR units: _____ No. of 3 BR units: _____ Other: <u>Pole BARN (Stick Built)</u> Dimensions: <u>30' x 40'</u> Footings: <u>40' poles</u> Roof: <u>Shingle</u> <u>N/A</u> State Certified Modular <u>N/A</u> Manufactured Home	Water Supply: <input type="checkbox"/> Public <u>N/A</u> <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> <u>N/A</u> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> <u>N/A</u> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <u>N/A</u> <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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Ed Pecukonis
Print Name
Title/Company _____ Date _____

VALIDATION

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
 State Highways
 Building Official
 Dev. Engineering, DPZ
 Health 11/4/98 [Signature]
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO

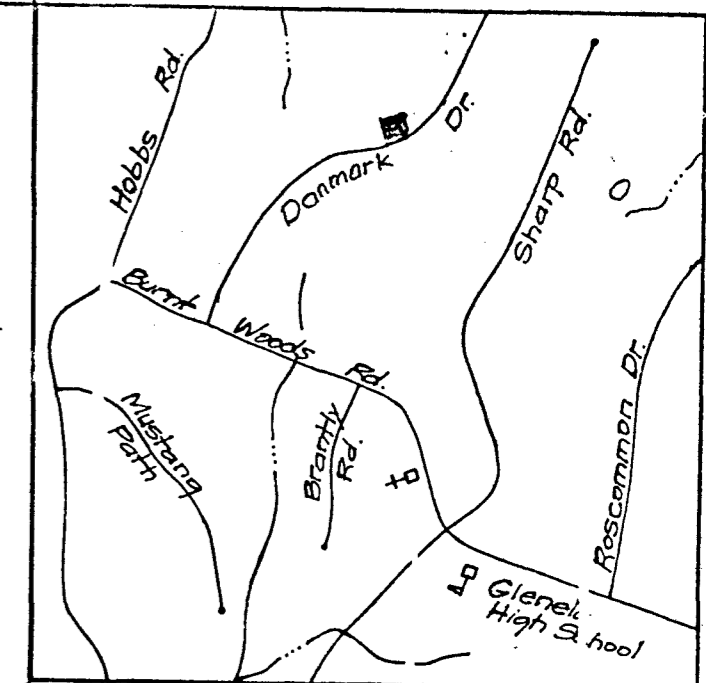
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 33872
Filing Fee \$ 25
Permit Fee \$ _____
(.10 sq. ft. (.15 sq. ft.
Excise Tax \$ _____
TOTAL FEES 25
Check # 5636
Validation # 18487
Accepted by: [Signature]

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

LEGEND

Contour Interval 2 Ft.
 Proposed Contour 570
 Existing Contour 570
 Spot Elevation +70.2
 Direction of Drainage
 Limit of Disturbance L.O.D.



VICINITY MAP

Scale: 1" = 200'

GENERAL NOTES

- Existing topography was field run by Clark, Finefrock and Sackett, Inc.
- Reference plat number 10634
- Total Area To Be Disturbed: 25800 S.F.

CHARLES A. HOBBS & WIFE
 246/92

NOTE:
 BASEMENT WILL NOT
 SEWER BY GRAVITY

Approved Septic System Plan
 500.20 County Health Department

James Lee 12048

Total linear feet of trench required 180 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

100 YEAR FLOODPLAIN
 DRAINAGE & UTILITY EXERCISEMENT

DISTRIBUTION BOX
 EX. ORG. = 579.4
 INV. = 570.4


1250 GAL. SEPTIC TANK
 INV. IN = 577.2
 INV. OUT = 576.0

LOT 32
 6,005 SQ. FT.

PECUNONIS RES.
 PAR. 1 & 2
 PP 503.07 & 575.00

RIVER HILL ESTATES
 PB. 3316

DANMARK DRIVE
 50' R/W

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA MD. 21045 • (410) 381-7500 BALTO • (301) 621-8100 - WASH.		
DESIGNED JME	SITE DEVELOPMENT PLAN LOT 32 CHOI PROPERTY 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN JME/ELP		DRAWING 1 OF 1
CHECKED JME		JOB NO. 97-191
DATE JAN, 1997		FILE NO. 97-191-X
For: TRINITY HOMES, INC. 0212 DEVON DRIVE COLUMBIA, MD. 21044		

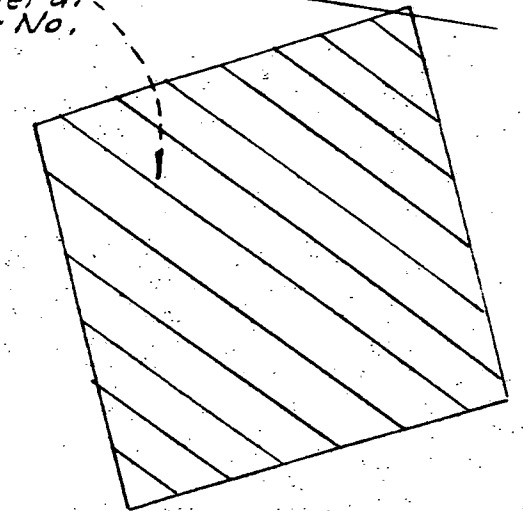
5140" W

6.005 Ac.

Private Sewage Easement, see General Note No. 7 Plat No. 10631

Scale = 1" = 50'

B 00114877
POLE BARN
NO IMPACT TO WELL OR SEPTIC
OK TO PROCEED,
11/4/98 (William)



Proposed 30' x 40' Horse Barn

BRL



570.1 (elevation)

572.2 (elevation)

568.03 (elevation)



#3244

Macadam Driveway



121'±

184'±

75'

321'±

BRL

100 YEAR FLOOD PLAIN DRAINAGE & UTILITY EASEMENT

589.29'

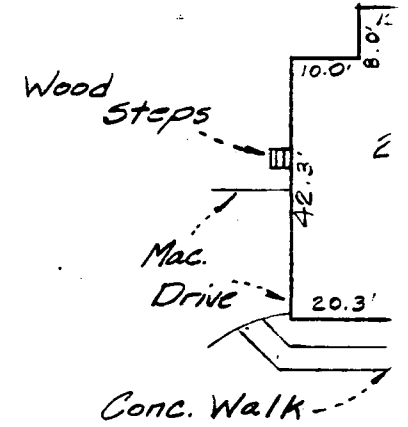
472.77'

S 02° 09' 02" E

390.94'

R=305.00' L=67.21' S 87° 50' 58" W

INFORMATION
for the consumer only
by a lender of a title
agent in connection
with financing or
insurance.
Not to be relied upon for the
location of fences, garages,
or future structures;
not to be used for the accurate
location of boundary lines, but
it may be required for the
purpose of financing or



SC.

ROVER, MILL ESTATES

P. No. 5316

OWNER'S CERTIFICATE

DANMARK

50' R/W

DRIVE

Plat Reference: PLAT No. 10634

CLARK • FINEFF