

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511532

A 43345

DISTRICT _____

DATE 4/22/99

DATE SYSTEM APPROVED 6/23/99

INSPECTOR BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

INDE

04-361873

K & K Excavating

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 14960 Route 144, Woodbine, Maryland 21797

PHONE 410-442-1336

SUBDIVISION Carriage Mill Farms

LOT 32

ROAD 14768 Carriage Mill Drive

PROPERTY OWNER Oak Hill Properties

ADDRESS _____

TOP SEAMED TANK REQUIRED

PUMPED SEPTIC SYSTEM

SEPTIC TANK CAPACITY 1250 GALLONS

INSTALL: - 1-1250 Gallon Top Seamed Pump Chamber

NUMBER OF BEDROOMS 4

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

240 SQUARE FEET PER BEDROOM

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 15 feet off the rear property line (137.71') and 40 feet from the rear left lot corner (Intersection of rear 137.71' and left 209.58' lot lines) as viewed from Carriage Mill drive. Install trenches on contour toward right 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.

PLANS APPROVED BY Ronald J. Pinkley

OK-C.L. 3/10/1999

DATE 3-3-1999

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

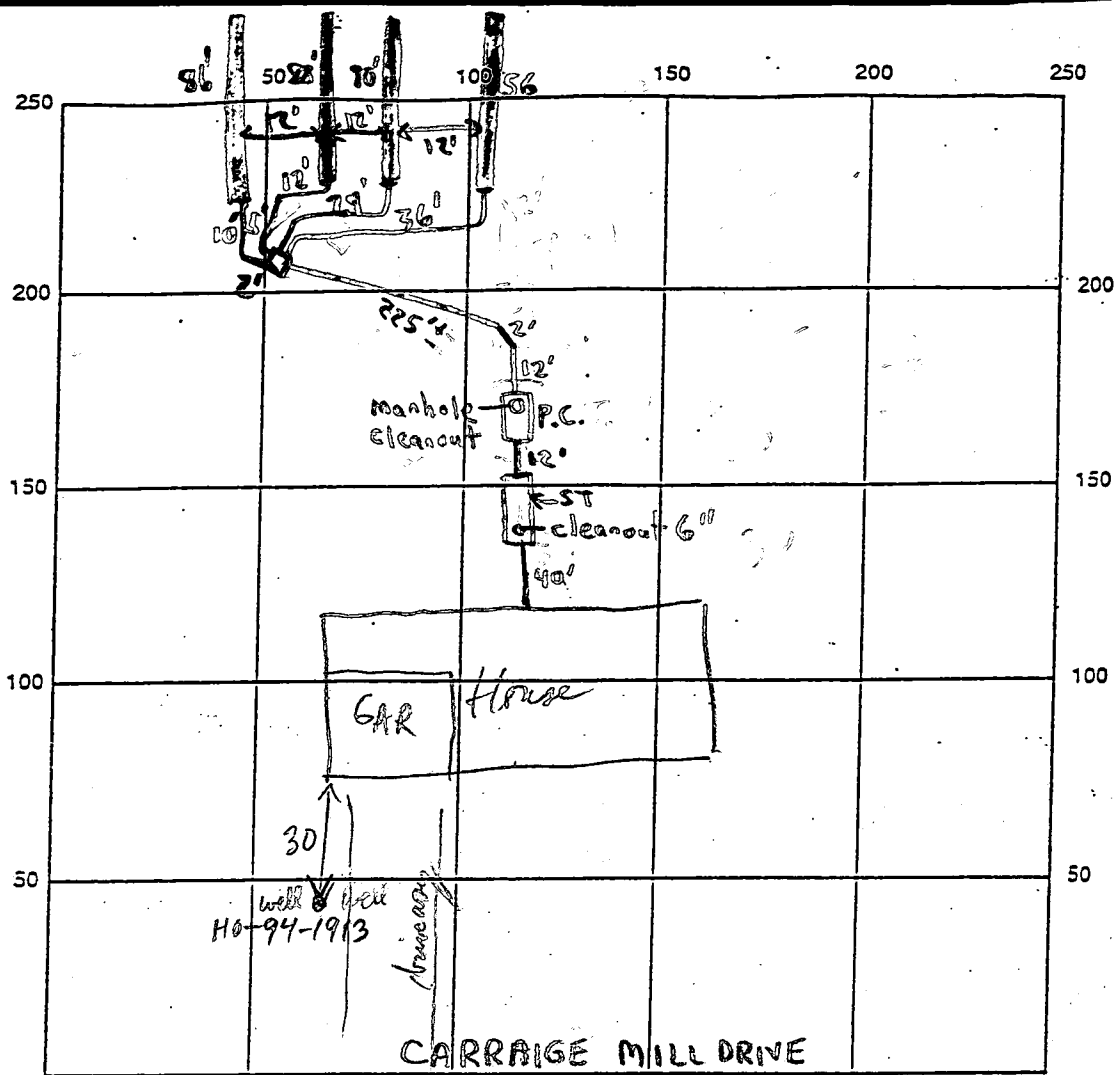
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

THIS PERMIT SIGNED AND RETURNED 5/11/01
100129893 Decl

43345

5/14/99
11:00
5/27/99
6/22/99
1:30 pump test.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Both top sealed one chamber (500 P.W.M.D. P.I.V.) CLEANOUTS ST P.C. Manhole 3' cover 4' cover

DISTRIBUTION BOX LEVEL Baffle is in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 320 FT. (300)

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 2 TANKS INSTALLED AS PLANNED 5/14/99 CW/BB

House Connection OK; OK to cover Both P.C. & ST. Call for trench line inspection yet. 5/14/99

5/27/99 - OK TO CONTINUE WORK - SRK 5/27/99 - OK TO COVER WORK,

PUMP TEST REQUIRED FOR FINAL APPROVAL (SRK) 6/23/99

Septic tank alarm O.K. Pumps worked during test O.K. 6/23/99 (BB)

DATE SYSTEM APPROVED 6/23/99 INSPECTOR Bruce Baber

APPLICATION

PERCOLATION TESTING

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

NOT ON
FINAL
PLAT
12/18/89

A 433⁴⁵
P _____
DISTRICT 47E
DATE 1-6-89

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 JOSEPH B. BEAKE Oak Hill Properties

ADDRESS 444 TIMBERCOVE CIRCLE - LONGWOOD, FL. 32729 PHONE 407-869-6717

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. 12 ^{#9} SE ^{Final} 6832

ROAD AND DESCRIPTION 14768 CARRIAGE MILL DRIVE

BLDG. PERMIT SIGNED

AND RETURNED 3-3-89
Serial # B00116283

TAX MAP 8 PARCEL # 158

SIZE OF LOT 3.07 TYPE BLDG. SF - 4 Broom
(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. Joseph B. Beake
(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

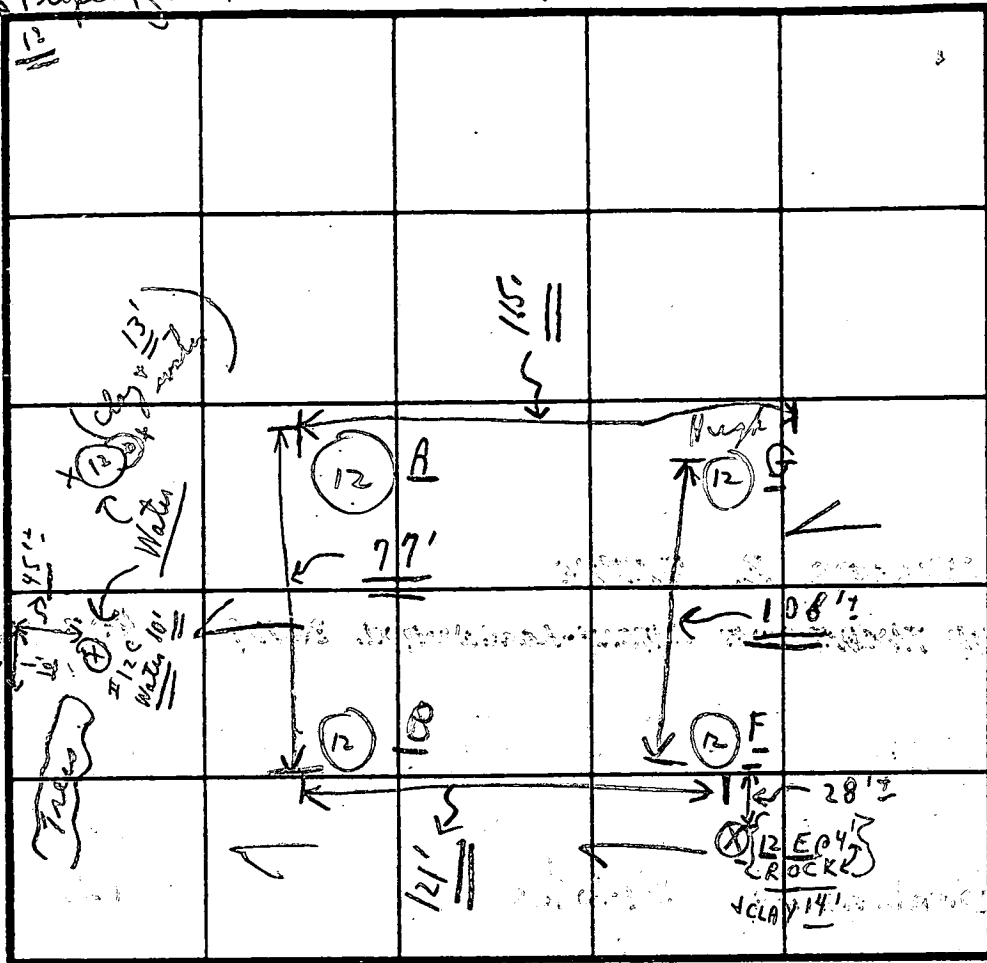
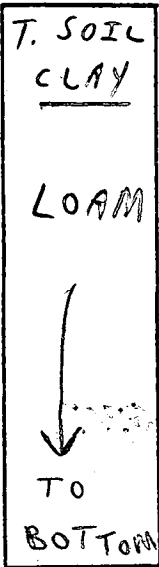
A-43395

new lot #9

Property stake

12 LOT 52

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Frederick

Rt. 70

E. C. average { 20 minutes } inlet 3 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/89	(12G)	5'	3:03	3:10	3:10	3:26	16 min
TUES	(12G)	10 1/2' / 15'	3:02	3:10	3:10	3:30	20 min
	(12F)	4'	3:06	3:09	3:09	3:16	7 min
	(12F)	14 3/4"	Visual		LOAM TO		
	(12A)	5'-10"	3:13	3:20	3:20	3:37	17 min
	(12A)	13 1/2"	Visual		LOAM TO WATER		
	(12B)	4'	3:18	3:21	3:21	3:36	6 min
	(12B)	14'	Visual		LOAM + WATER		

{ Dry to 15' }

{ 14' WATER }

{ 13 1/2 - 14' WATER }

{ 14' WATER }

REMARKS Tests in open, tests per stake

TYPE OF SOIL

TESTED BY C. B. D ALSO PRESENT { another man }

11B
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INELIGIBLE FOR RESIDENTIAL
BUILDING PERMIT. SEE
NOTE ENTITLED "OPEN SPACE LOTS"

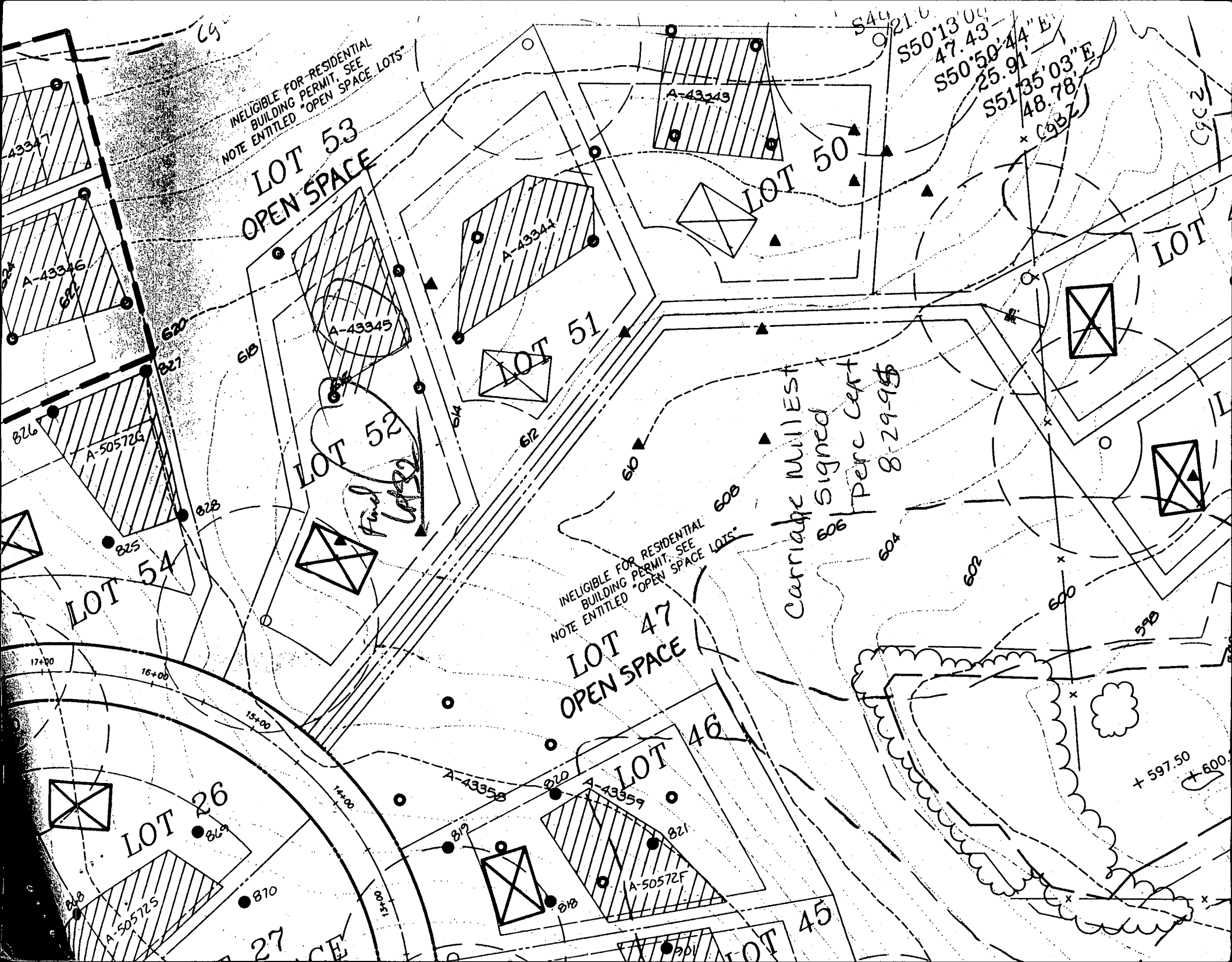
LOT 53
OPEN SPACE

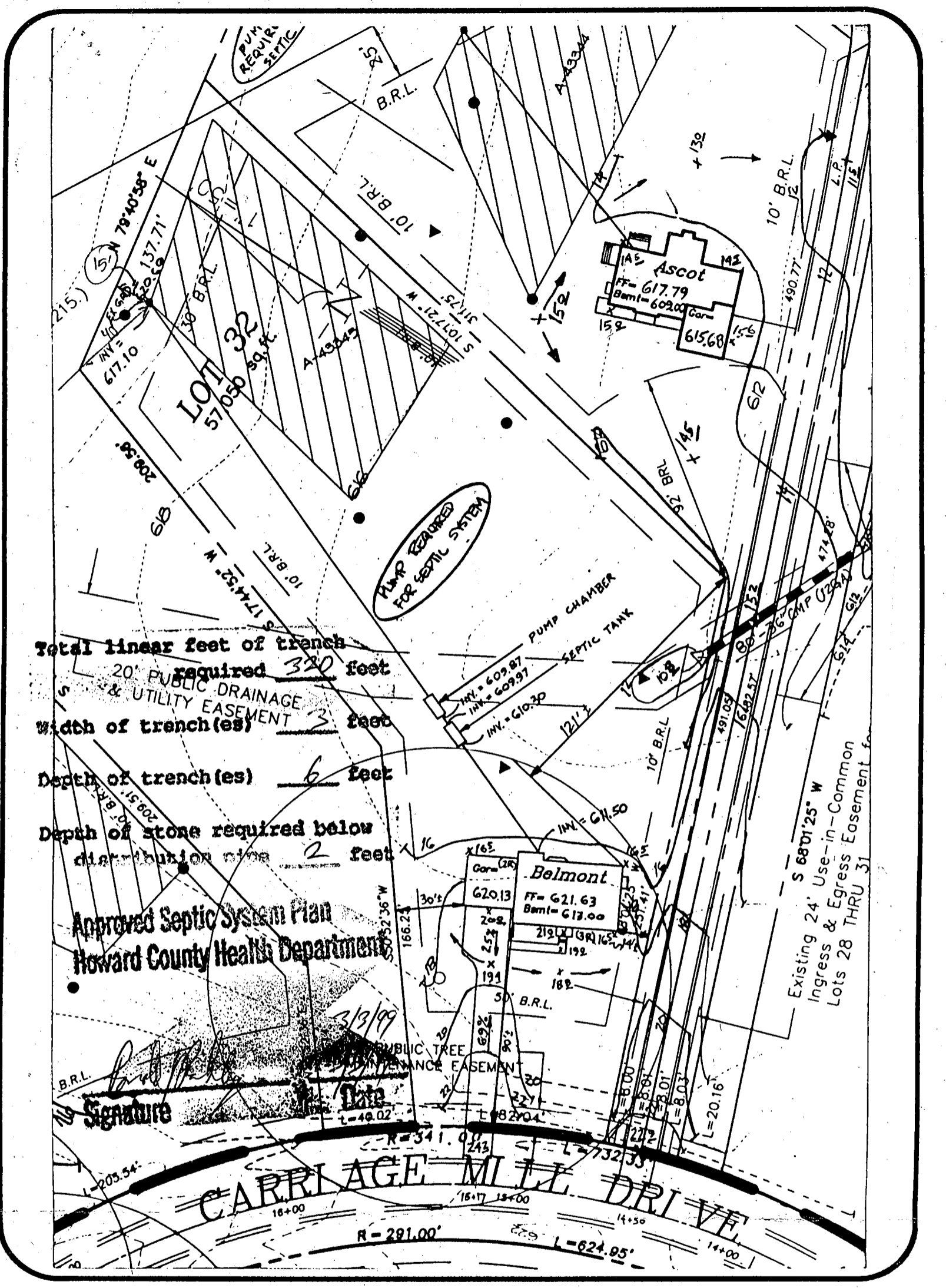
INELIGIBLE FOR RESIDENTIAL
BUILDING PERMIT. SEE
NOTE ENTITLED "OPEN SPACE LOTS"

LOT 47
OPEN SPACE

Carriage MILEST
Signed
Perc Cert
8-29-95

S44 21.6
S50°13'04"
47.43'
S50°50'44" E
25.91'
S51°35'03" E
48.78'
* C95Z





CARRIAGE MILL FARMS

SEPTIC DATA

R.M. MOCHI GROUP, P.C.

**PHASE II
LOT 32
BUILDING PERMIT**

INV. OUT OF HOUSE = 611.50
 INV. INTO SEPTIC TANK = 610.30
 INV. OUT SEPTIC TANK = 609.97
 INV. INTO DIST. BOX = 617.10
 EX. ELEV @ DIST. BOX = 620.60

P.O. Box 10
New Market, MD 21774-0010

10120 A Old National Pike
Ijamsville, MD 21754-9706

(301) 865-5858
Fax: (301) 865-5111

DATE: 2/26/99
 PROJECT NO.: 95005.22
 DRAWN BY: SMZ
 SCALE: 1"=50'

REV. 1 2/26/99

Civil Engineers
Land Surveyors
Planners
Environmental

C1 - 07013 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 A43345

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11 30 98

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1913

OWNER OAKHILL Properties STREET OR RFD SUBDIVISION Carriage Mill Farms SECTION LOT 32

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include soft brown rock, soft red rock, red hard brown rock, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 30 NO. OF POUNDS 3000

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) (6) (93)

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) (S) (T) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A E P

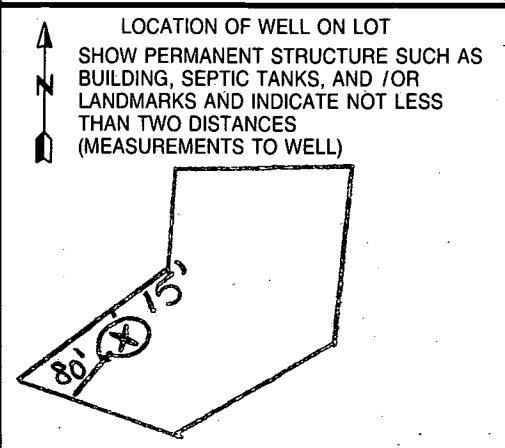
DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8 * 58 METHOD USED TO MEASURE PUMPING RATE timer WATER LEVEL (distance from land surface) BEFORE PUMPING 126 ft. WHEN PUMPING 132 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 2



I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. 1 MWD304 David Kelley DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D Arnold Johnson SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

JONES WELL DRILLING, INC.
 3700 RUSH ROAD
 JARRETTSVILLE, MD 21084
 (410) 692-6981

Date Test Completed: 11-30-98

Page: 1

Well Depth: 250

Initials: CH

Permit No: HO-94-1913

Subdivision: CARRIAGE MILL FARMS

Section: Lot: 32

Road: CARRIAGE MILL DRIVE

District:

	Time	Water Level Feet	Time to Fill 5-Gallon Bucket Seconds	Gallons Per Minute
1	1:15	126	20	15.00
2	1:30	132	25	12.00
3	1:45	132	25	12.00
4	2:00	132	29	10.34
5	2:15	132	29	10.34
6	2:30	132	30	10.00
7	2:45	132	30	10.00
8	3:00	132	30	10.00
9	3:15	132	30	10.00
10	3:30	132	32	9.38
11	3:45	132	35	8.57
12	4:00	132	35	8.57
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26				
27				
28				

B 1 8524

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

H0-94-1913
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Berke Joseph
Last Name Owner First Name
414 Timbercove Circle
Street or RFD
Longwood FL 32779
Town State Zip

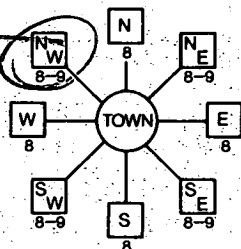
B 3 HOWARD LOCATION OF WELL

CARRIAGE MILL FARMS
COUNTY SUBDIVISION
SECTION 32 LOT 32
Cooksuille
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION

David Kelly MWD 304
Driller's Name License No.
Jones Well Drilling Inc
Firm Name
3700 Rush Rd JARRETSVILLE
Address
David Kelly 10-13-98
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CARRIAGE MILL DR
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



80
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: 8 BLK: _____ PARCEL 158

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

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 A43345
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/23/98 C. J. WELLS 10/22/99
CO SIGNATURE EXP. DATE
NORTH GRID 544 000 EAST GRID 0793 000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTARY DRIVE-POINT

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 DEEPEAN 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)

APPROP. PERMIT NUMBER _____ G.A.P. _____

PERMIT No. H0-94-1913

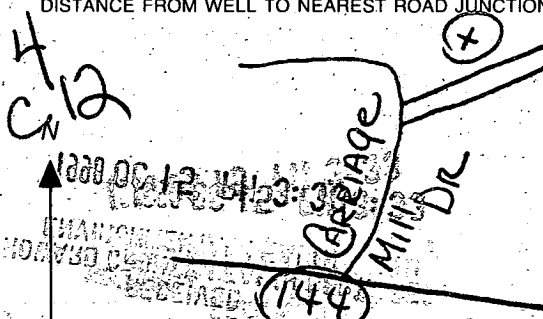
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790³
N 540⁴

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 # _____
Date 6-4-99

Name of Installer Lester C. Simmons Sr.

Telephone 301-829-1640

License Number MWD 307

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner OAK Hill Prop

Telephone _____

Subdivision CARRIAGE MILL Lot # 32

Well Tag # HO-94-1913

Site Address 14768 Carriage Mill Dr.

- Pump
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make Goulds
 - Model # 56505422
 - Capacity 5 GPM
 - Pump exceeds well capacity Yes No
 - If Yes, is low pressure cutoff switch installed? Yes No
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

- Motor
- Horsepower 1/2
 - RPM 3450
 - Voltage
 - 110
 - 220

- Pitless Adapter
- Make MARTINSON
 - Model # B-10X
 - Depth 48"

- Tank
- Capacity 30
 - Pressure relief valve? Yes

- Piping
- Type P.E.
 - Size 1"
 - NSF and/or BOCA Code approved Yes
 - Depth of supply line 42"

- Well data
- Depth 250 ft.
 - Yield 8 GPM
 - Static water level 16.5 ft. T.O.C.
 - Will water supply be disinfected by installer? Yes
- Not-Over-Well-

6/4/99 Pitless OK 4' B.G.
MWD 2-PC CAP + PIPE OK

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: Lester C. Simmons Sr.

Date: 6-4-99

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

A-43346-511532

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCORT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0019730

Building Address: 14768 Carriage Mill Dr
Woodline MD 21797
Suite/Apt # _____ SDP/NP/Petition #: _____
Census Tract: 6040 Subdivision: Carriage Mill Farm
Section: 2 Area _____ Lot: 32
Tax Map: 8 Parcel: 158 Grid: 16
Zoning: RC-DEP Map Coordinates _____ Lot size: 1/2 acre

Property Owner's Name: GARY & BETTY BURRIER
Address: 14768 Carriage Mill Dr
City: Woodline State: MD Zip Code: 21797
Home Phone: 410-459-6678 Work Phone: 410-459-4641
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use: none SF None
Proposed Use: 25x15 FT YELLOW PINE DECK
Estimated Construction Cost: \$ 5062.00
Description of Work: 60x15 FT YELLOW PINE DECK & STAIRS TO GRADE

Contractor Company: A.G.T. FENCE COMPANY
Contact Person: DAVID HEISLEY
Address: _____
City: RELAY State: MD Zip Code: _____
License No.: MHIC 71400
Phone: 410-638-7842 Fax: 410-638-9925

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____	Heating System: _____
Reinforced Concrete _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel _____	Natural Gas <input type="checkbox"/>
Masonry _____	Propane Gas <input type="checkbox"/>
Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/>
State Certified Modular _____	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms: <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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

Applicant's Signature: Betty's Burrier

Print Name: Betty's Burrier
Date: 8/31/99

Title/Company: _____

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>8/1/99</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>8/4/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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 _____

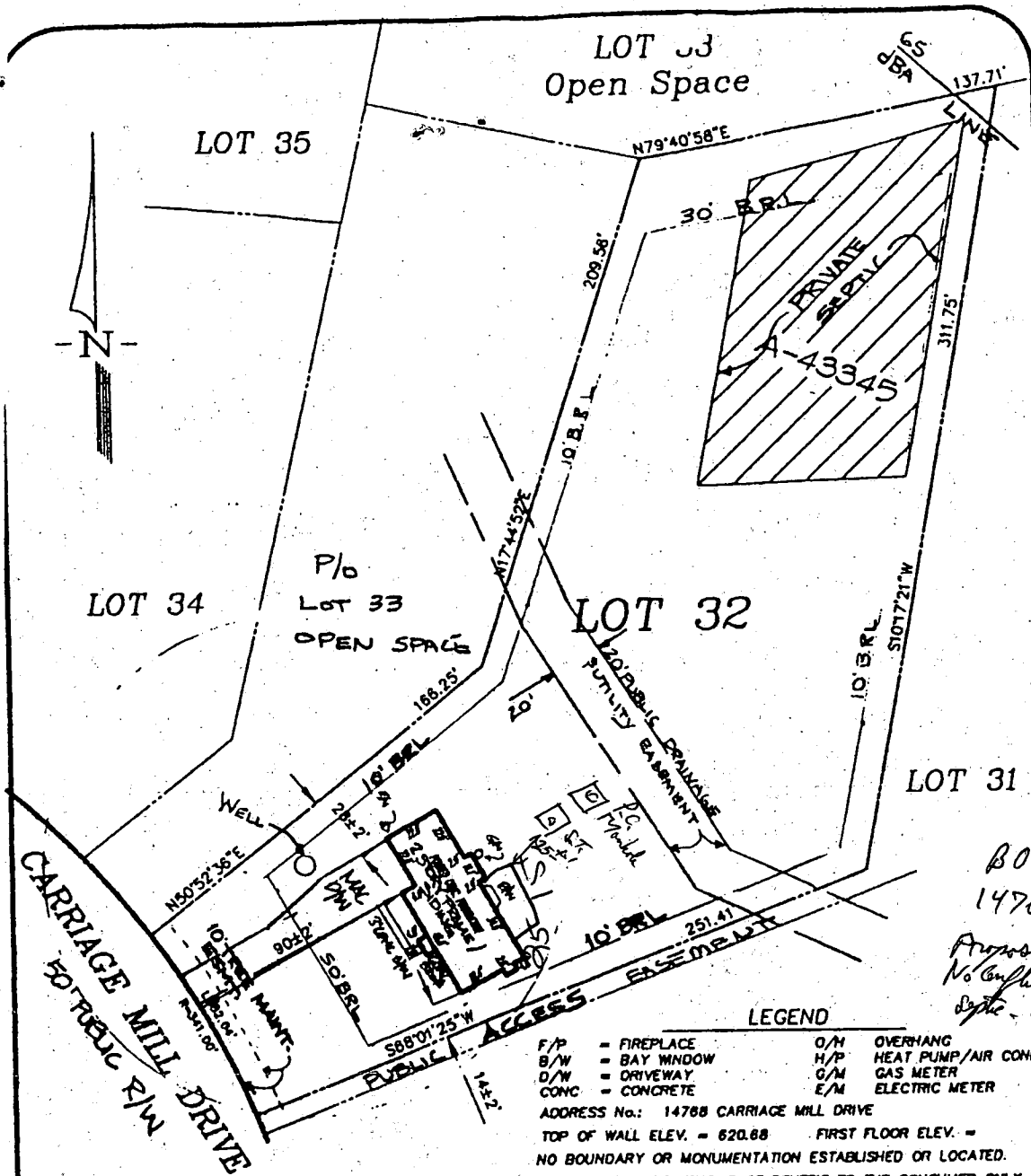
SDP/Red-line approval date _____

PROPERTY ID#: 39754

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>30</u>
Balance due	\$ _____
Check cash	# _____
Validation	# <u>14422</u>

Accepted by: [Signature]

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



B00119730
 14768 Carriage Mill Dr.
 Proposed addition has
 No conflict with well or
 Septic. Recommended approval
 8/4/99

LEGEND

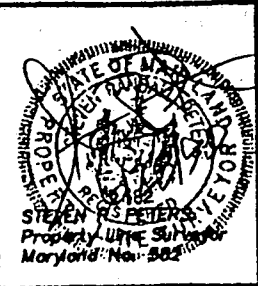
- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 14768 CARRIAGE MILL DRIVE
 TOP OF WALL ELEV. = 620.88 FIRST FLOOR ELEV. =
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0008-B
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

LOT 32
CARRIAGE MILL FARMS
 PHASE TWO

PLAT No. 13559
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING	
FOUNDATION	DATE: 3/29/99
FINAL	DATE: 6/29/99
DRAWN BY: GEM	SCALE: 1"=50'
PROJECT No.:	95505.20



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 New Market, MD 21774-0010

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 Jjornville, MD 21754-9708

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