

04-361997

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513233

A 43350

DISTRICT _____

DATE 1/18/2000

DATE SYSTEM APPROVED 1/21/00

INSPECTOR BB

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

INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Carriage Mill Farms LOT 42 ROAD 14804 Carriage Mill Drive

PROPERTY OWNER Oak Hill Properties PATTY ALSHIRE

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet $4\frac{1}{2}$ feet below original grade. Bottom maximum depth $8\frac{1}{2}$ feet below original grade. Effective area begins at $4\frac{1}{2}$ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 145 feet off the front lot line and 50 feet off the right lot line as seen from Carriage Mill Drive. Run trenches along contour towards the right-front of the lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/8/99 O.Z. BB

PLANS APPROVED BY Donna K. Soe DATE 10-29-99

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)

BUILDING PERMIT SIGNED

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) **AND RETURNED**

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH 9/11/02 B00138353 PORCH

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.

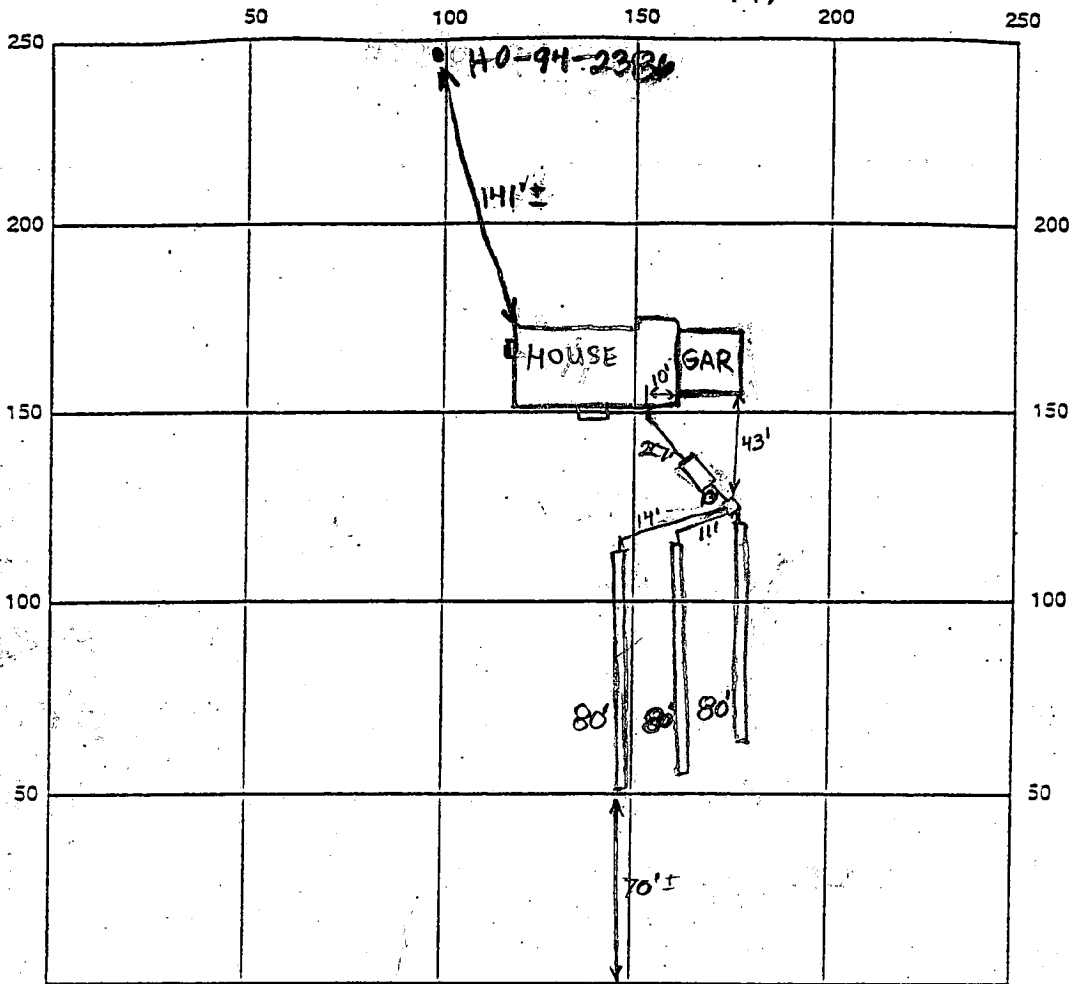
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

43350

NOT TO SCALE

47



3'
Or Red
Ss/Loom

5'
Or Br
Ss/Loom

Yellow
Pocket's
15% Rock

8.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Carriage Mill Drive

SEPTIC TANK LEVEL 1500 - Mid Seamed CLEANOUTS 1-6" Tank

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD ^{TILE} TILE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 3 X 80 FT. (240' Total)

NUMBER OF TRENCHES 3 ONE SIDEWALL ~~CONCRETE~~ 960 SQ. FT.

DRYWELL
BRICKWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1/19/00 Tank set. First trench done. 1/21/00 House connection made.

O.K. to cover everything. (BR)

3/31/00 WPI - OK 2 PC - CAP & CONDUIT OK 3-4" B-G. (MR)

DATE SYSTEM APPROVED 1/21/00 INSPECTOR B. Baker

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

~~461-6933~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt #
Date 4-1-00

Name of Installer Lester C Simmons Sr.

Telephone 301-831-7057

License Number AWD Coll

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Oak Hill Prop

Telephone

Subdivision

Lot # 42

Well Tag # HO-94-2380

Site Address 14809 Carriage Mill Farm

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

2. Make Grundfos

3. Model # 56503422

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

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

Motor

1. Horsepower _____

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make MacIntosh

2. Model # B-108

3. Depth 3 1/2

Tank

1. Capacity 30

2. Pressure relief valve? Yes

Piping

1. Type PE

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line 3 1/2

Well data

1. Depth 260 ft.

2. Yield 12 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer?

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

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

3/31/00 WPI-OK, 2 PC-CAP +
CONDUIT OK, 3-4' Below Grade.

Signature of Applicant: Lester C Simmons Sr.

Date: 4/1/00

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

1922

SEQUENCE NO. (MDE USE ONLY) 29

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 43350

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 10/8/99 Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-2386

OWNER: Oak Hill Properties STREET OR RFD 14804 Carriage Mill Dr. TOWN Cooksville SUBDIVISION Carriage Mill Farms SECTION LOT 42

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, red clay, Sand Silt, clay, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 27, NO. OF POUNDS 2700. GALLONS OF WATER 162. DEPTH OF GROUT SEAL 60 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter top (main) casing 06, Total depth of main casing 100.

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

SCREEN RECORD. screen type or open hole: ST (STEEL). BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y (YES), N (NO).

- CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. 1 MW D 040. DRILLERS SIGNATURE: Maurice F. Eustenbury. LIC. NO. 1 MW D 501. SIGNATURE: Charles R. Feldman.

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

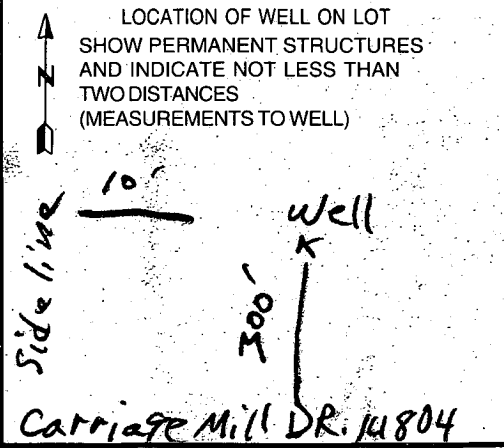
DEPTH (nearest ft.) table with columns 1-21. Values: 1-2: 98, 3-21: 260. Includes slot size and diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft., WHEN PUMPING 74 ft. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP: YES (NO). TYPE OF PUMP INSTALLED: S (submersible). 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) 49, - (below) 02 (nearest foot).



B 1- 14708

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2386 fill in this form completely

Date Received (APA) 8/28/99

OWNER INFORMATION RN 7972

B 3

Howard

LOCATION OF WELL CCH

8 COUNTY

21

Carriage Mill Farms

23 SUBDIVISION

42

SECTION 44 46

LOT 42 48 50

Cooksville

52 NEAREST TOWN

71

MILES FROM TOWN (enter 0 if in town) 0 73 76 77 78

Oak Hill Properties

15 Last Name Owner First Name 34 107 Loudoun St., N E

36 Street or RFD 55 Leesburg, Va. 20175-3106

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday MW D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

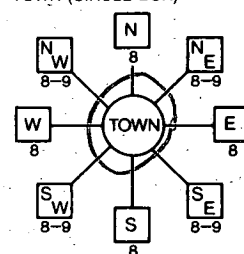
9265 Brown Church Rd., MT. Airv. Md. 21771

Address

Signature George F. Easterday Date 8/11 8/28/1999

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carriage Mill Dr (14804)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



300 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 16 PARCEL 158

B 2 WELL INFORMATION APPROX. PUMPING RATE 5

1 2 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A43350

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 9/1/99 9/1/00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 544 0 0 0 EAST GRID 0791 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) 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)

APPROP. PERMIT NUMBER H095 GAP 012

PERMIT No. HO-94-2386

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

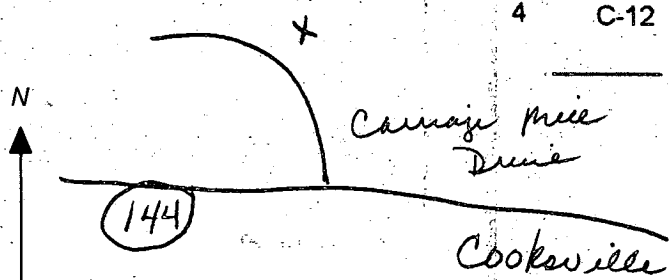
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E798 1
N540 7

000 000

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

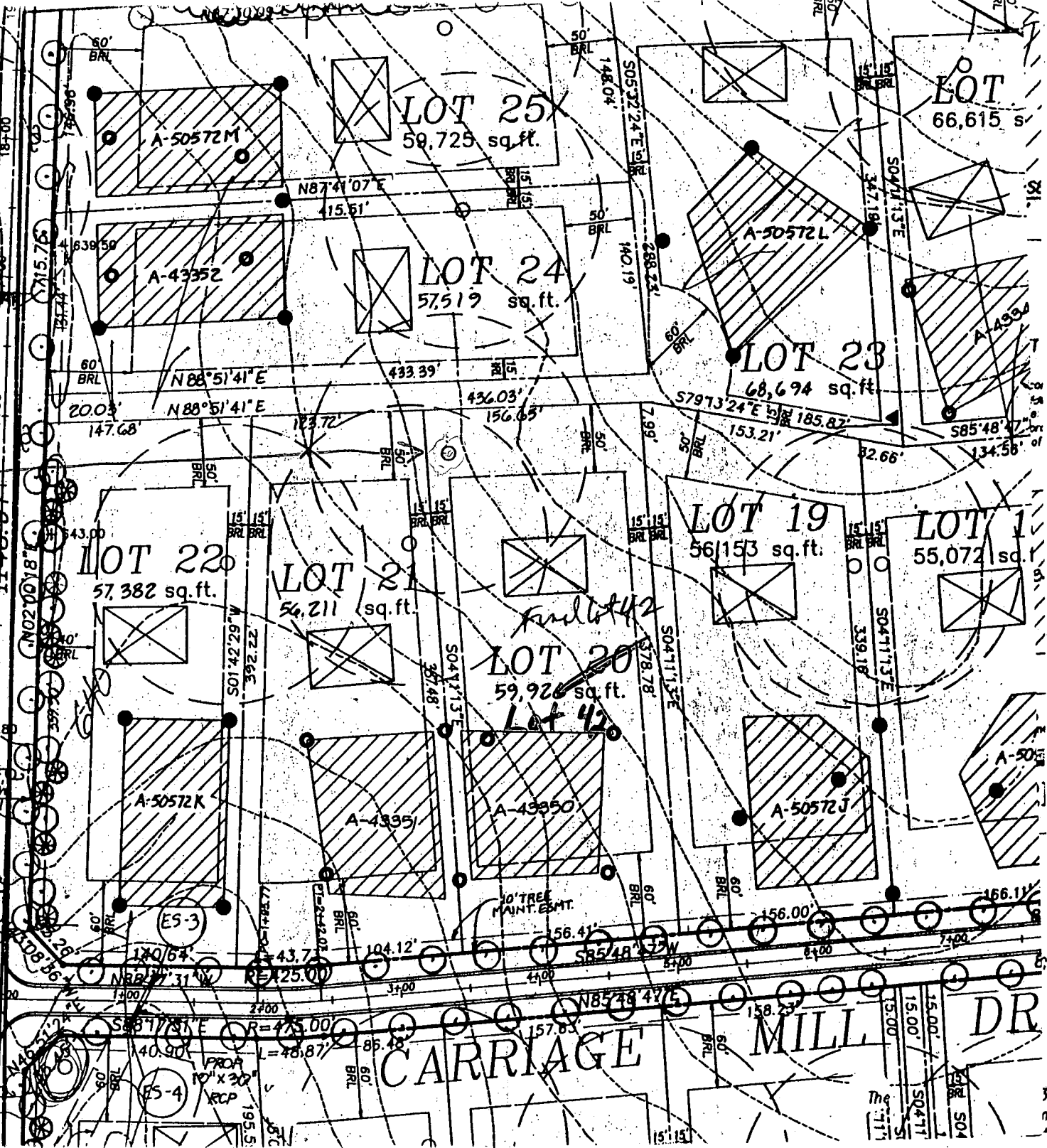
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FREDERICK ROAD

JUSTIFIABLE COURT

8/27/99
WSI
Stake
O.K. as placed
(BB.)

JUSTIFIABLE LOT 2
PLAT 3895
Zoned: RC-1EO



LOT 66,615 s

LOT 25
59,725 sq. ft.

LOT 24
57,519 sq. ft.

LOT 23
68,694 sq. ft.

LOT 22
57,382 sq. ft.

LOT 21
54,211 sq. ft.

LOT 20
59,926 sq. ft.

LOT 19
56,153 sq. ft.

LOT 1
55,072 sq. ft.

Handwritten: *Handwritten lot 42*

Handwritten: *Lot 42*

CARRIAGE MILL DR

MILL DR

PROF 10' x 30' RCP 195.5

ES-3

ES-4

10' TREE MAINT. ESMT.

EXIST

11785.55

12-00

11785.55

12-00

11785.55

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11785.55

12-00

APPLICATION

PERCOLATION TESTING

A 43350

P _____

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

DISTRICT 4TH

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. BERKE Oak Hill Properties

ADDRESS 414 TIMBERCOVE CIRCLE - LONGWOOD, FL. 32779 PHONE 407-869-6717

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. Final lot # 42
1720

ROAD AND DESCRIPTION (14804 CARRIAGE MILL DRIVE)

~~NO~~ PERMIT SIGNATURE
~~NO~~ RETURNED 10-29-89
Serial # 670120906

TAX MAP 8 PARCEL # 158

SIZE OF LOT 3.04 TYPE BLDG. SF - 4 Bm
(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. Berke
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

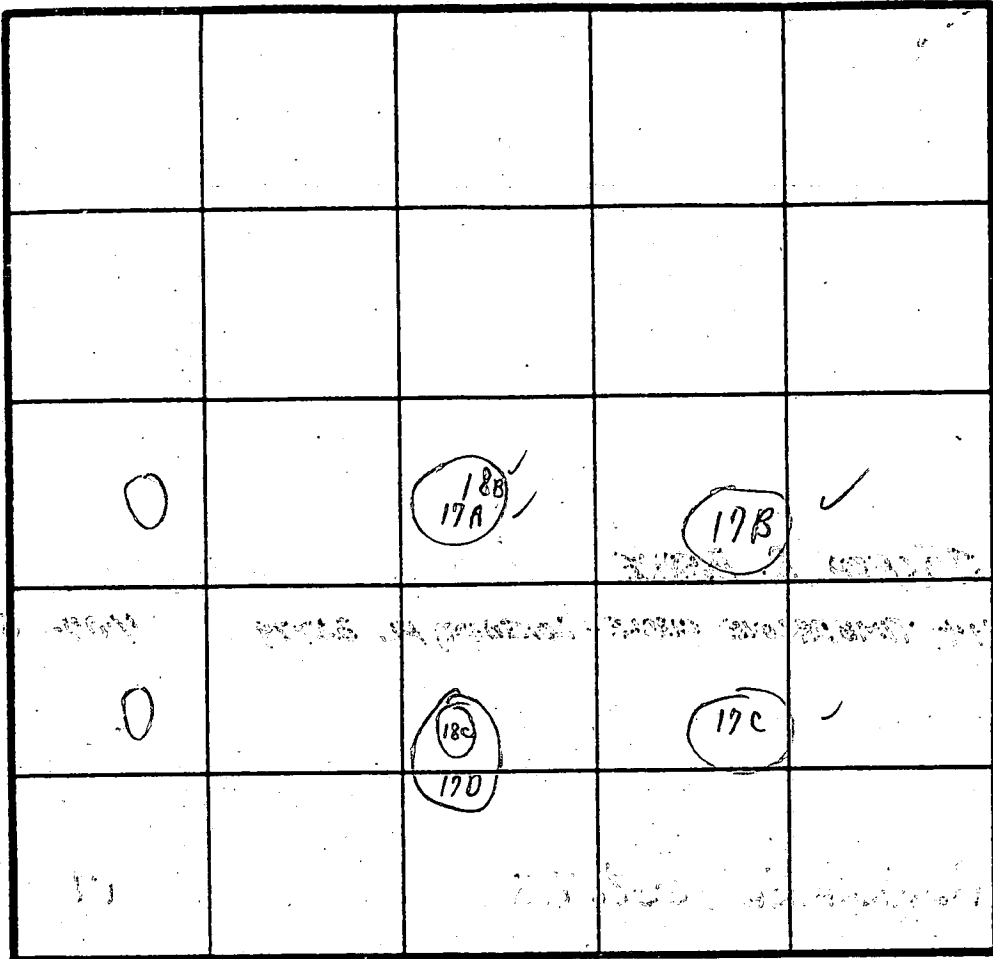
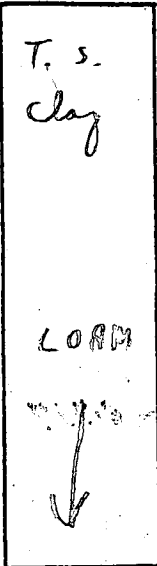
THIS IS NOT A PERMIT

new lot #14

A43350

#17

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/89	18A	'	:	:	:	:	
	17A	'	See Ref # 18				
	17B	'	See Ref # 18				
	17C	14'	3:16	3:25	3:25	3:41	16min
		'			LOAM		
		'	:	:	:	:	
		'					
		'					
		'					

13
29 men
average
labeled 4 1/2

A43351
26 min ave
4/105
8/26

REMARKS 4/3 Tests in open

TYPE OF SOIL Tests per state

TESTED BY C. B. A. ALSO PRESENT (Arnold's men)

APPLICATION

PERCOLATION TESTING

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

A 43351

P _____

DISTRICT 477

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. BERKE

ADDRESS 214 TIMBERCOVE CIRCLE - LONGWOOD, FL. 32779 PHONE 407-869-6717

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. 15 21 18 part for final 42

ROAD AND DESCRIPTION _____

TAX MAP 8 PARCEL # 158

SIZE OF LOT 3.03 TYPE BLDG SF
(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. Berke
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

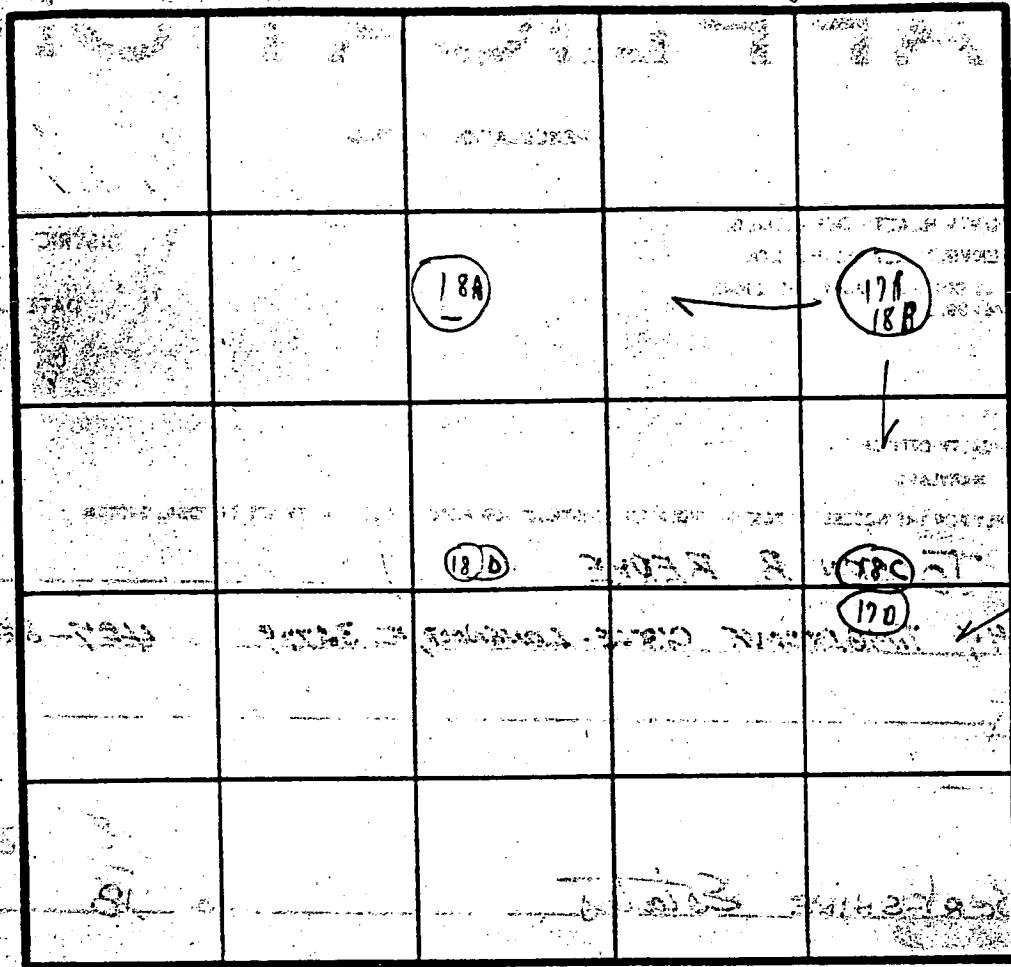
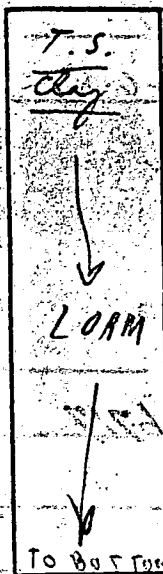
HD-216

THIS IS NOT A PERMIT

18

CLIP F1E0R0

SOIL PROFILE



17B

17C

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

13
29 min
average
inlet 4

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/3/89	114/18B	4 1/2'	3:06	3:13	3:13	3:41	28m
	17A	9 1/2'	3:06	3:09	3:09	3:19	10m
	17B	6 1/2'	3:07	3:18	3:18	3:44	26m
	17C	9'	3:10	3:12	3:12	3:15	3m
	18C	5' 10"	3:21	3:34	3:34	3:37	14"
	17D	14'	3:36	3:44	3:44	4:04	10m
	18D	5 1/2'	3:46	3:59	3:59	4:26	29m
	18A	13' 10"	Vertical		Loam		
	18A	5'	3:48	3:54	3:54	4:02	8m
		13' 10"			Loam		

3 Dig 14
300

13-7

10m

29m

$\bar{x} = 17 \text{ min}$

REMARKS

4/3 Tests in open

TYPE OF SOIL

Tests per stake

TESTED BY

C.B.S.

ALSO PRESENT

{ Arnold }
men

FREDERIC

OLD

1143.97'

442.47'

N 01°04'51" E

N 02°00'18" E

246.38'

57

58

47

48

C-4

20' DRAINAGE & UTILITY BASEMENT

LOT 15

133,703.91 sq. ft.
3.0694 acres

C-10

44

46

LOT 19

166,621.13 sq. ft.
3.8021 acres

75

3

74

C-5

59

60

475.00'

488.87'

75' BRL

155.37'

316.00'

316.00'

75' BRL

316.00'

316.00'

75' BRL

316.00'

316.00'

75' BRL

316.00'

316.00'

75' BRL

316.00'

N 04°11'13" W

455.56'

132,373.90 sq.
3.0389 acre

LOT 14

S 04°11'13" E

342.07'

LOT 21

150,970.00 sq.
3.0069 acre

BERKELEY

LOT 20

130,680.00 sq. ft.
3.0000 acres

357.50'

175.50'

20' BRL

175.50'

20' BRL

175.50'

20' BRL

175.50'

20' BRL

N 04°11'13" W

447.27'

N 04°11'13" W

447.27'

N 04°11'13" W

295.49'

75' BRL

838.41'

838.41'

182.90'

838.41'

838.41'

182.90'

75' BRL

LOT 22

A-43349

75' BRL

75' BRL

75' BRL

S

FREDERICK ROAD

JUSTIFIABLE COURT

JUSTIFIABLE LOT 1
PLAT 2095
Zoned RC-DED

LOT 25
59,725 sq. ft.
A-50572M

LOT 24
57,519 sq. ft.
A-43352

LOT 23
68,694 sq. ft.
A-50572L

LOT 22
57,382 sq. ft.
A-50572K

LOT 21
56,211 sq. ft.
A-43351

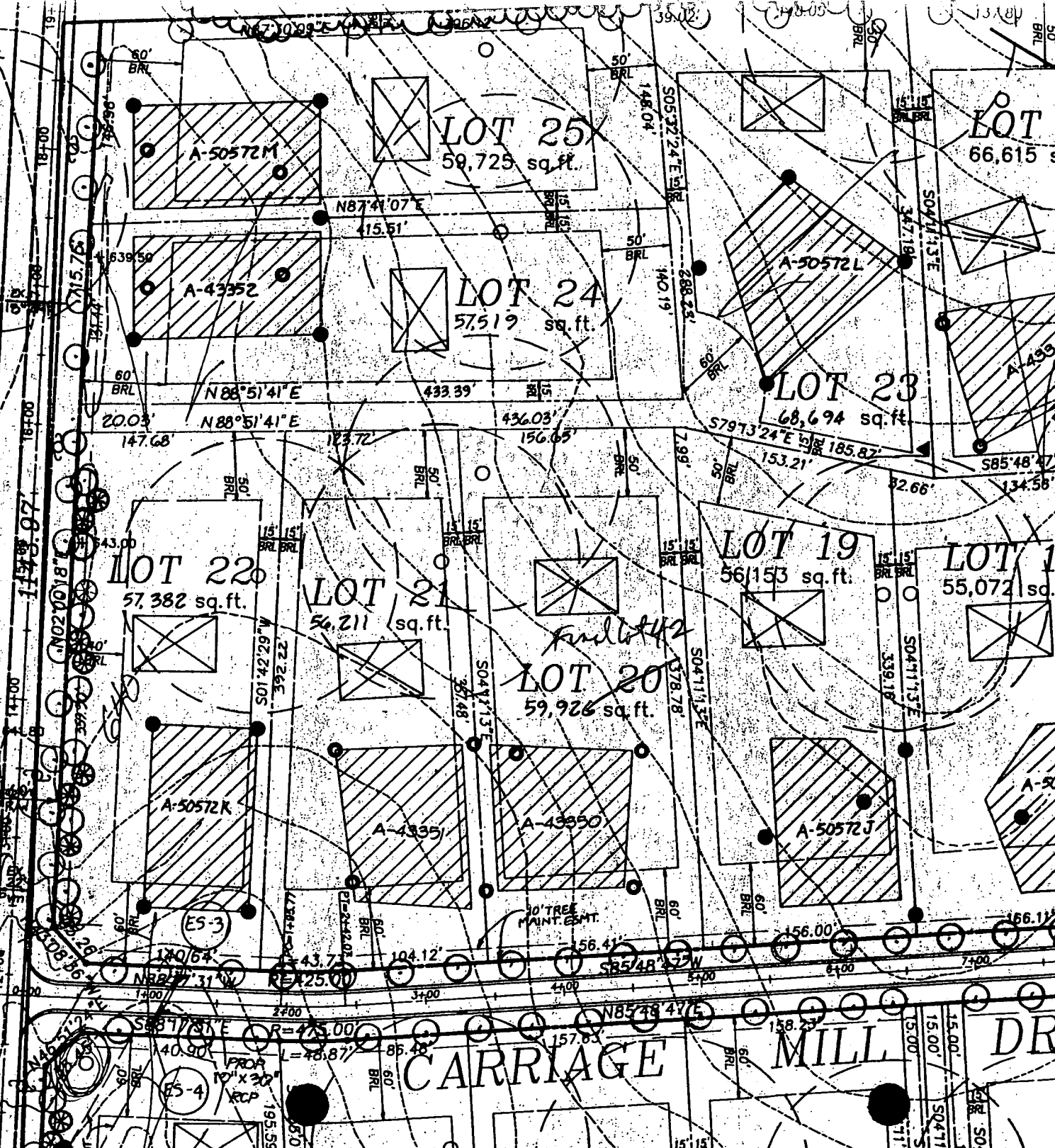
LOT 20
59,926 sq. ft.
A-43350

LOT 19
56,153 sq. ft.
A-50572J

LOT 18
55,072 sq. ft.
A-50572I

CARRIAGE

MILL DR



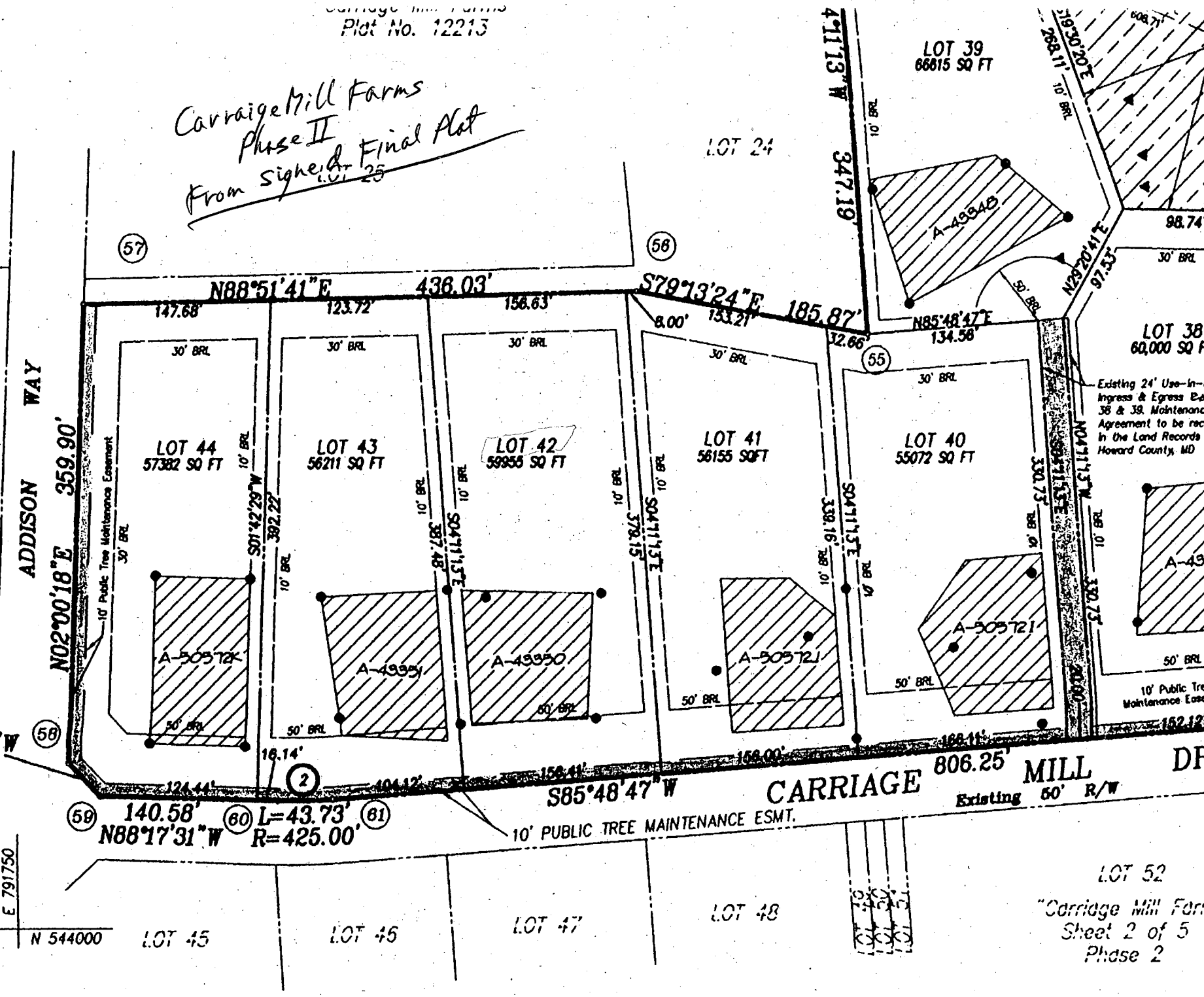
*Carriage Mill Farms
Phase II
From signed Final Plat
1.01.25*

LOCATION
SECTION
EASEMENT
15

Plot No. 3895
RC-COE

LOT 1

LOT 2



JUSTIFIABLE COURT

E 791750

N 544000

LOT 45

LOT 46

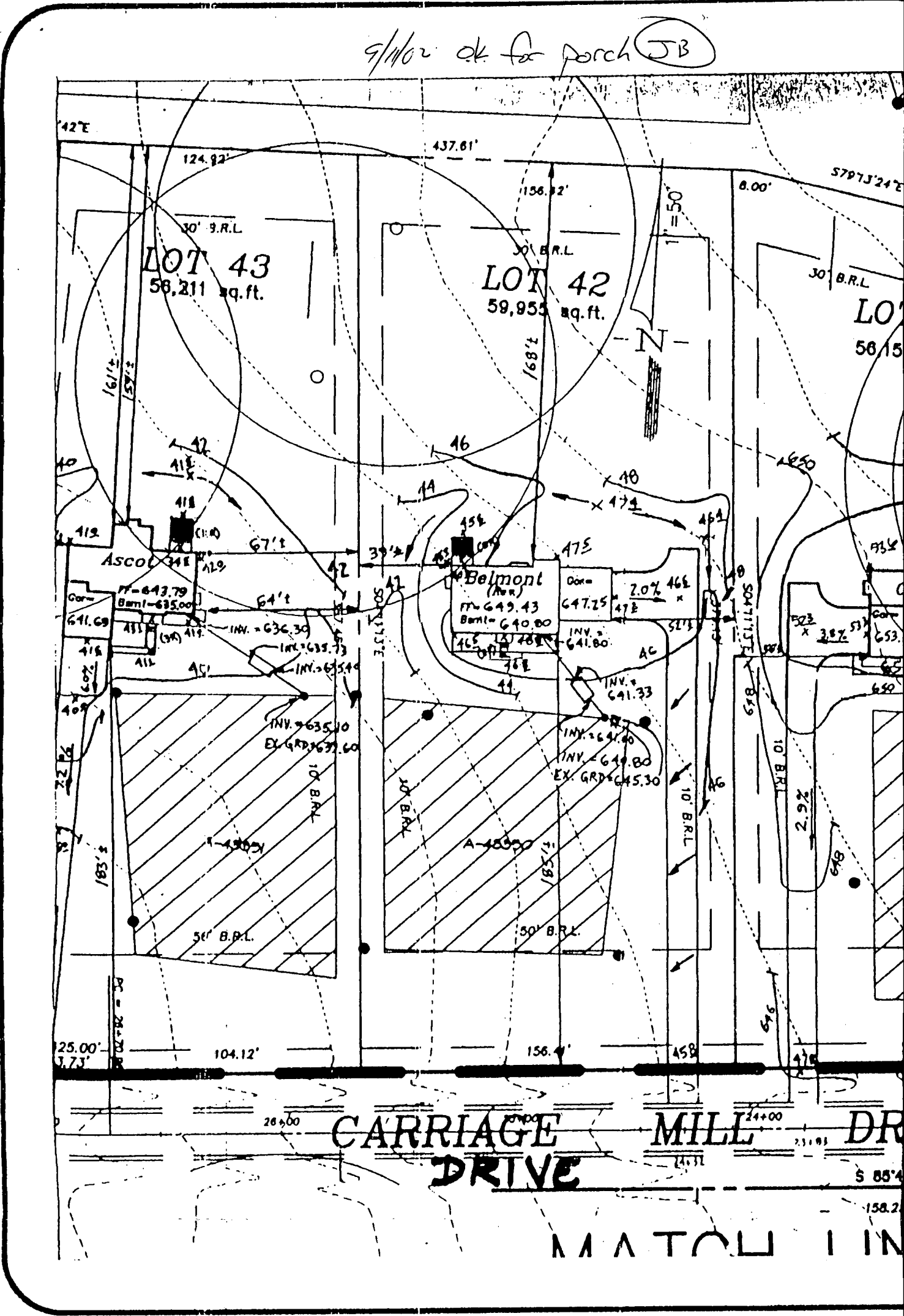
LOT 47

LOT 48

LOT 52

Carriage Mill Farm
Sheet 2 of 5
Phase 2

9/1/02 ok for porch JB



CARRIAGE MILL FARMS

**PHASE II
LOT 42
BUILDING PERMIT**

DATE: 10/15/99

DRAWN BY: JMZ

PROJECT NO.: 95005.22

SCALE: 1"=50'

SEPTIC DATA

INV. OUT OF HOUSE = 641.80
 INV. INTO SEPTIC TANK = 641.33
 INV. OUT SEPTIC TANK = 641.00
 INV. INTO DIST. BOX = 640.80
 EX. ELEV. @ DIST. BOX = 645.30

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS AND SURVEYORS

P.O. Box 10
 New Market, MD 21771-0010

10170 A Old National Pike
 Pottersville, MD 21754-9706

(301) 855-XXXX
 Fax: (301) 855-XXXX

Building Address 14804 Carriage Mill Dr
Woodbine MD 21797

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

Census Tract 604001 Subdivision Carriage Mill

Section - Area - Lot 42

Tax Map 8 Parcel 158 Grid 16

Zoning R2 Map Coordinates _____ Lot size _____

Property Owner's Name Billy Moore

Address 14804 Carriage Mill Dr

City Woodbine State MD Zip Code 21797

Home Phone 410-745-1601 Work Phone _____

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

Phone _____ Fax _____

Existing Use Open

Proposed Use Shed roof porch

Estimated Construction Cost \$ 14,000.00

Description of Work 8'x 46' porch (front)
no screening

Contractor Company Maryland Landscape

Contact Person Steve Sweeney

Address 20310 Georgia Ave

City Brockville State MD Zip Code 20823

License No. 46451 Phone 301-921-2532 Fax _____

Occupant or Tenant owner/Billy Moore

Contact Name Steve Sweeney

Address 20310 Georgia Ave

City Brockville State MD Zip Code 20823

Phone 301-921-2532 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: _____
Dimensions: _____ Footings: _____ Roof: _____	_____ 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.

Colleen Sweeney
 Applicant's Signature
office mgr.
 Title/Company

Colleen Sweeney
 Print Name
11/1/02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development, DPZ	<u>9/11/02</u>	<u>[Signature]</u>	Front: <u>50 FT</u>	<u>43565</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>30 FT</u>	Filing fee \$ <u>21</u>
<input checked="" type="checkbox"/> Building Official			Side: <u>10 FT</u>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: <u>NA</u>	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>9/11/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>21</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>19446</u>
				Validation # <u>11607</u>

Accepted by: [Signature]