

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49/10

A 44271

DISTRICT 3rd

DATE 4/1/93

DATE SYSTEM APPROVED 4/6/93

INSPECTOR R. Kelley

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

INDEXED

03-316491

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Parkside LOT 15 ROAD 1710 New Hampton Lane Drive

PROPERTY OWNER Robert Padgett

ADDRESS BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS AND RETURNED ~~BLDG. PERMIT SIGNED~~

NUMBER OF BEDROOMS 4 5-704 BOD 146804-IG POOL AND RETURNED 6/22/95

180 SQUARE FEET PER BEDROOM 6-2304 BOD 149074-CABANA Serial # 60387 - check.

LINEAR FEET OF TRENCH REQUIRED 180

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

LOCATION - Place the distribution box 240 feet from the front lot line and 110 feet from the right side of the lot as seen when facing the lot from New Hampton Lane. Run the trenches toward the right side of the lot as seen when facing the lot from New Hampton Lane.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/26/93 BJT

PLANS APPROVED BY Raymond Hodges DATE 3/17/93

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

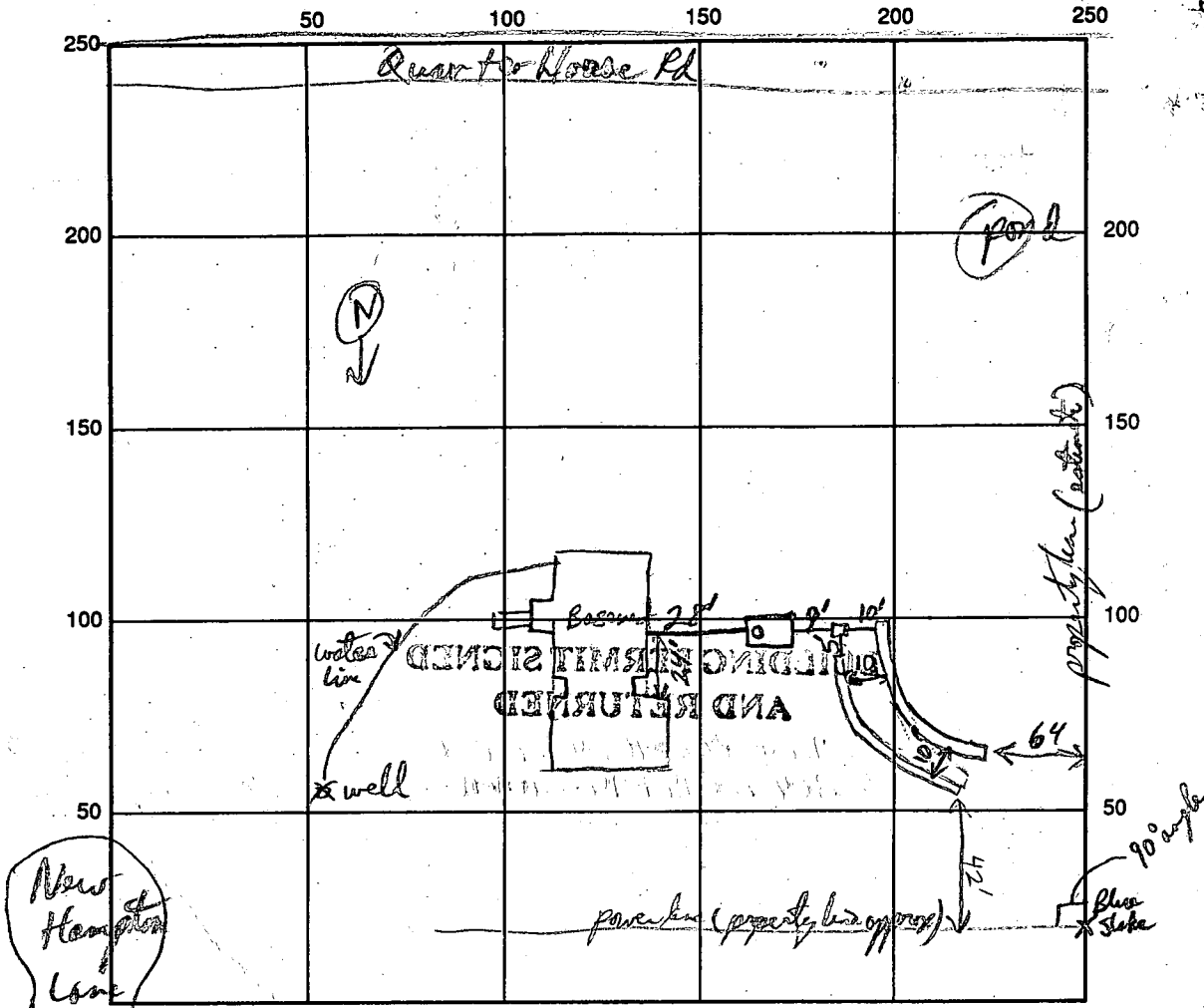
PERMIT VOID AFTER TWO YEARS

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**

A
44271



New Hampton Lane

SEPTIC TANK LEVEL 1500 gal CLEANOUTS S.T. ✓

DISTRIBUTION BOX LEVEL OK ✓

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

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

NUMBER OF TRENCHES 2 ~~ONE SIDEWALL/BOTTOM AREA~~ 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: OK to fill trenches; OK to lower system - House connection complete RP 4/6/93

DATE SYSTEM APPROVED 4/6/93 INSPECTOR [Signature]

APPLICATION

44271

A 42447

PERCOLATION TESTING

P _____

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

DISTRICT 3

DATE 8-25-88

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 ~~Vincent Bracciale~~ Robert Padgett

ADDRESS 1830 Woodstock Rd PHONE 410-5855 Ho Co Land Serv

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Bracciale Property LOT NO. 7 LOT 15 Prelim

ROAD AND DESCRIPTION Woodstock Rd north of Md Rt 99
(1710 New Hampton Drive)

TAX MAP 10 PARCEL # 36

SIZE OF LOT 3.0 acres TYPE BLDG SFD
(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.

M. D. Rei

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

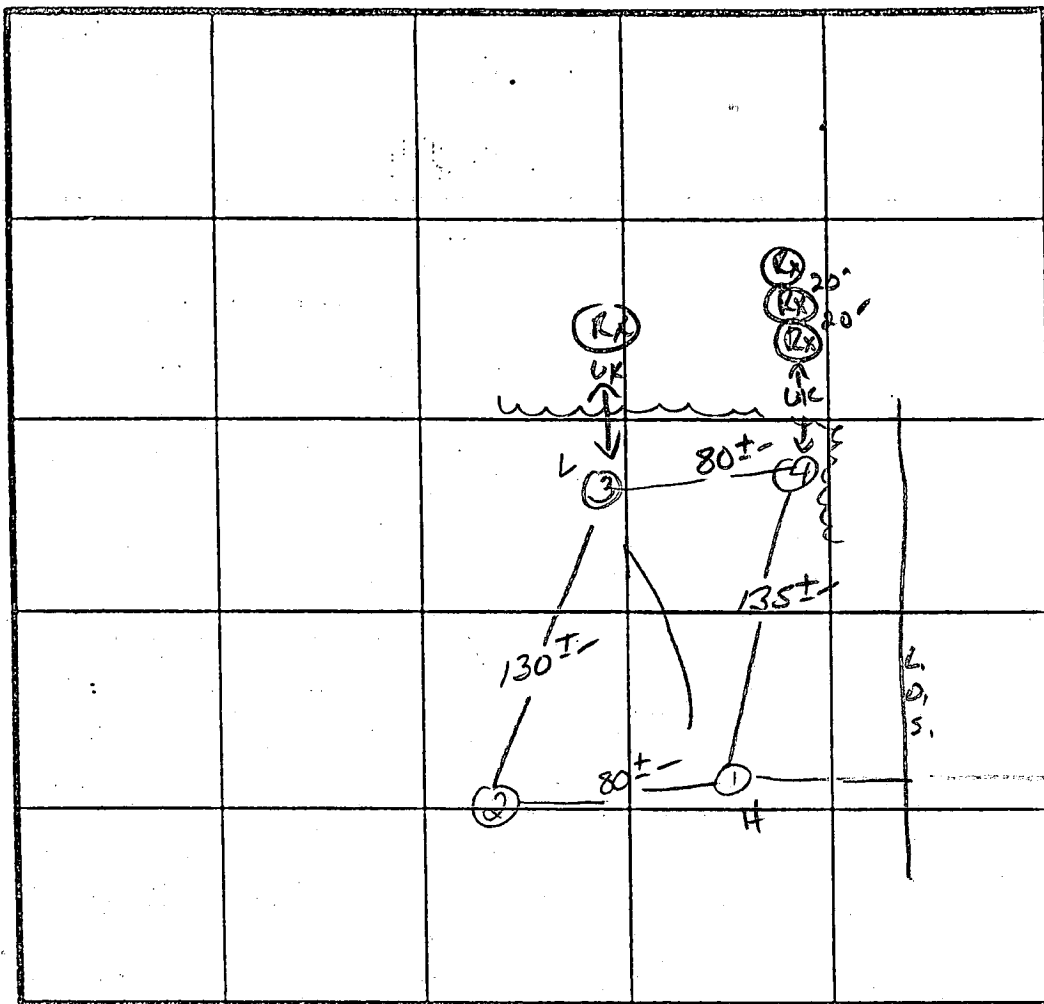
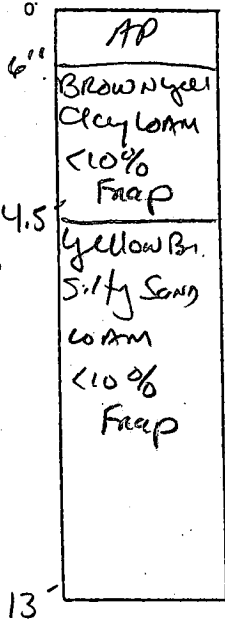
REASONS FOR REJECTION OR HOLDING 5-25-89 Rec Satisfactory S Alw

BLDG. PERMIT SIGNED
AND RETURNED 3/17/89
Serial # 47673 -
(SFD - 4 Bedrooms)

THIS IS NOT A PERMIT

A-44271
LOT 7

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WOODSTOCK Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/25/89	1 S	5'	10:15	10:17	10:17	10:21	4min
	1 M	9'	10:15	10:16	10:16	10:18	2min
	1 V	13.5'	As profiled				
	2 S	3.5'	10:20	10:21	10:21	10:24	3min
	2 V	13.0'	Similar to profile - clay to only				3.0'
	3 S	4.0'	10:22	10:24	10:24	10:27	3min
	3 V	12.5'	SAME AS profile		clay to	3.5-4.0'	
	4 V	13.0'	Similar to profile		clay to	3.5'	

REMARKS Hole diff than PERT

TYPE OF SOIL chester loam

TESTED BY S. Abel

ALSO PRESENT DICK JR. Dalp John R.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
September 4, 1990

Reply to:

TO: Mr. Frank Delph
18234 Penn Shop Road
Mt. Airy, Maryland 21771

FROM: Mr. Craig Williams, Director C.W.
Water and Sewerage Program

You have for the past several weeks been performing yield tests without a properly functioning water level meter. Specific wells include:

Camden Downs	Lot 20, HO-88-1445	Test Date 7/18/90
Bracciale Property	Lot 14, HO-88-1493	Test Date 9/04/90
Bracciale Property	Lot 15, HO-88-1494	Test Date 9/04/90

You are instructed to refrain from conducting any further pump tests until you have properly functioning equipment in service.

Because of their relatively high yield, we will not require re-testing of the above listed wells. However, if there are any lower yield wells which have not yet come to my attention, re-test could be required. Any wells tested after receipt of this notice, without proper equipment, will definitely require re-test.

CW/cm

C1 0841 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 A44271

STICO USE ONLY
 DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED 090490

Depth of Well 22 725 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-1494

OWNER Bracciale Vincent
 STREET OR RD. last name Bracciale first name Vincent TOWN Woodstock
 SUBDIVISION Bracciale Prop SECTION LOT 15

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	
Top Soil	0	2	
Shale	2	30	
Sandstone	30	35	✓
Mika	35	50	
Sandstone	50	55	✓
Mika	55	110	
Sandstone	110	115	✓
Mika	115	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 110
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 2 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE DI I
 Nominal diameter top (main) casing (nearest inch) 60 61 63 64
 Total depth of main casing (nearest foot) 43 44 45 46 66 67 70

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

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

DEPTH (nearest ft.)
 E A C H S C R E E N 1 2 3
 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.

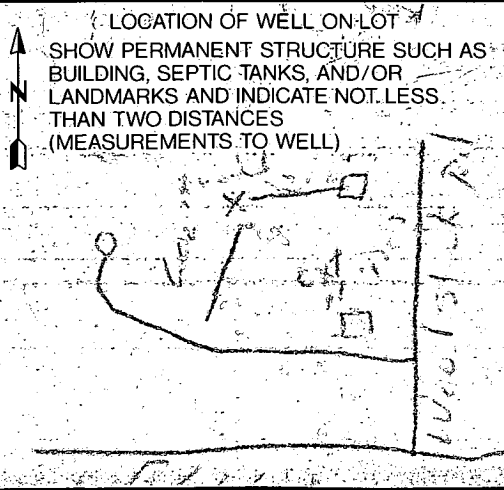
DRILLERS IDENT. NO. 4523
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 9
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 45
 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)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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



3.5
JK 40

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 X
Replacement _____

Receipt # -0-
Date 4/5/93

Name of Installer Carroll Water Systems Inc

Telephone 876-5100

License Number PI 074

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner MR PADGETT Telephone _____

Subdivision PARKSIDE Lot # 15 Well Tag # _____

Site Address 1710 NEW HAMPTON LA. Woodstock

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ✓
2. Make SP - Goulds
3. Model # TEU542
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

1. Horsepower 1/2
2. RPM 350
3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

1. Make Maximum
2. Model # B-10 X
3. Depth 4'

Tank

1. Capacity 82
2. Pressure relief valve? Yes

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4'

Well data

1. Depth 200 ft.
2. Yield 9 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: 4/5/93

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

4/7/93
 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 _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer VAN SANT Telephone _____

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

Name of Property Owner Robert Padgoff Telephone _____
 Subdivision Parkside Lot # 15 Well Tag # HD-88-1494
 Site Address 1710 New Hampton Lane

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? _____

*Pitless adapter + well line OK @ 3 1/2 ft
 RP 4-7-93*

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.

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00146761 PA

Building Address 1710 New Hampshire Lane
Windsor, MD 21163
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 12100 Subdivision PARKSIDE BRACIALE
 Section _____ Area _____ Lot 15
 Tax Map 10 Parcel 36 Grid 23
 Zoning _____ Map Coordinates 60m Lot size 4,566

Property Owner's Name FORREST + MARY HUNT
 Address 1710 New Hampshire Lane
 City Windsor State MD Zip Code 21163
 Home Phone 410-203-2081 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family
 Proposed Use Wash stall for car
 Estimated Construction Cost \$ 50,000
 Description of Work Erect 36x48 Stall BARN
1 STORY - 4 stalls, 1 tack.
1 WASH STALL STORAGE

Contractor Company Rosche Brothers Inc.
 Contact Person Sue Rosche
 Address 71 Frederick St.
 City Windsor State MD Zip Code 21157
 License No. 36020
 Phone 410-256-4577 Fax 410-295-7275

Occupant or Tenant Owner Personal Use
 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>Shop for car</u>	
Dimensions: <u>36x48x12</u>	
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 _____
Sue Rosche Brothers, Inc.
 Title/Company _____

Print Name Susan B. Rosche
 Date 5-12-04

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/22/04</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION

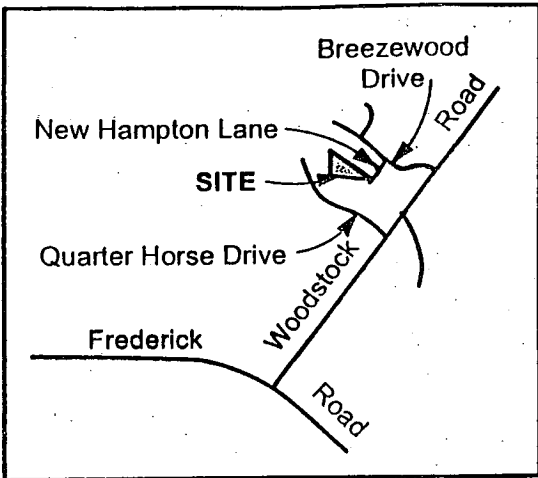
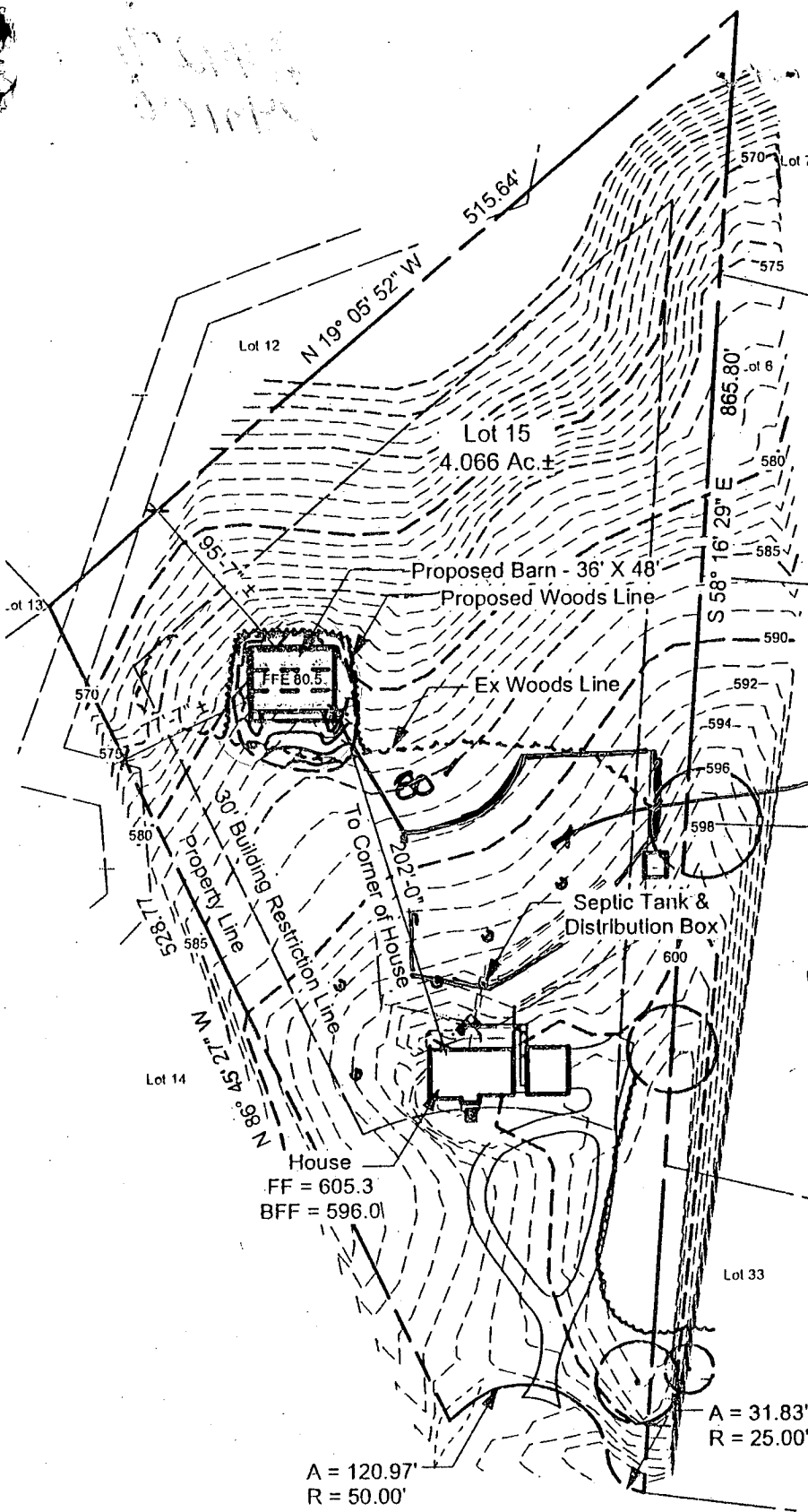
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID: 14022

Filing fee \$	<u>21</u>
Permit fee \$	_____
Excise tax \$	_____
Add'l per. fee \$	_____
TOTAL FEES \$	_____
Sub-total paid \$	_____
Balance due \$	_____
Check #	<u>392</u>
Validation #	<u>92457</u>

Accepted by _____

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



VICINITY MAP
Scale: 1"=2000'

*SEPTIC CEMENTMENT
Approved BP 146761
for barn by FA
for barn of more than
80' setback distance
to septic cementment.*

House
FF = 605.3
BFF = 596.01

A = 120.97'
R = 50.00'

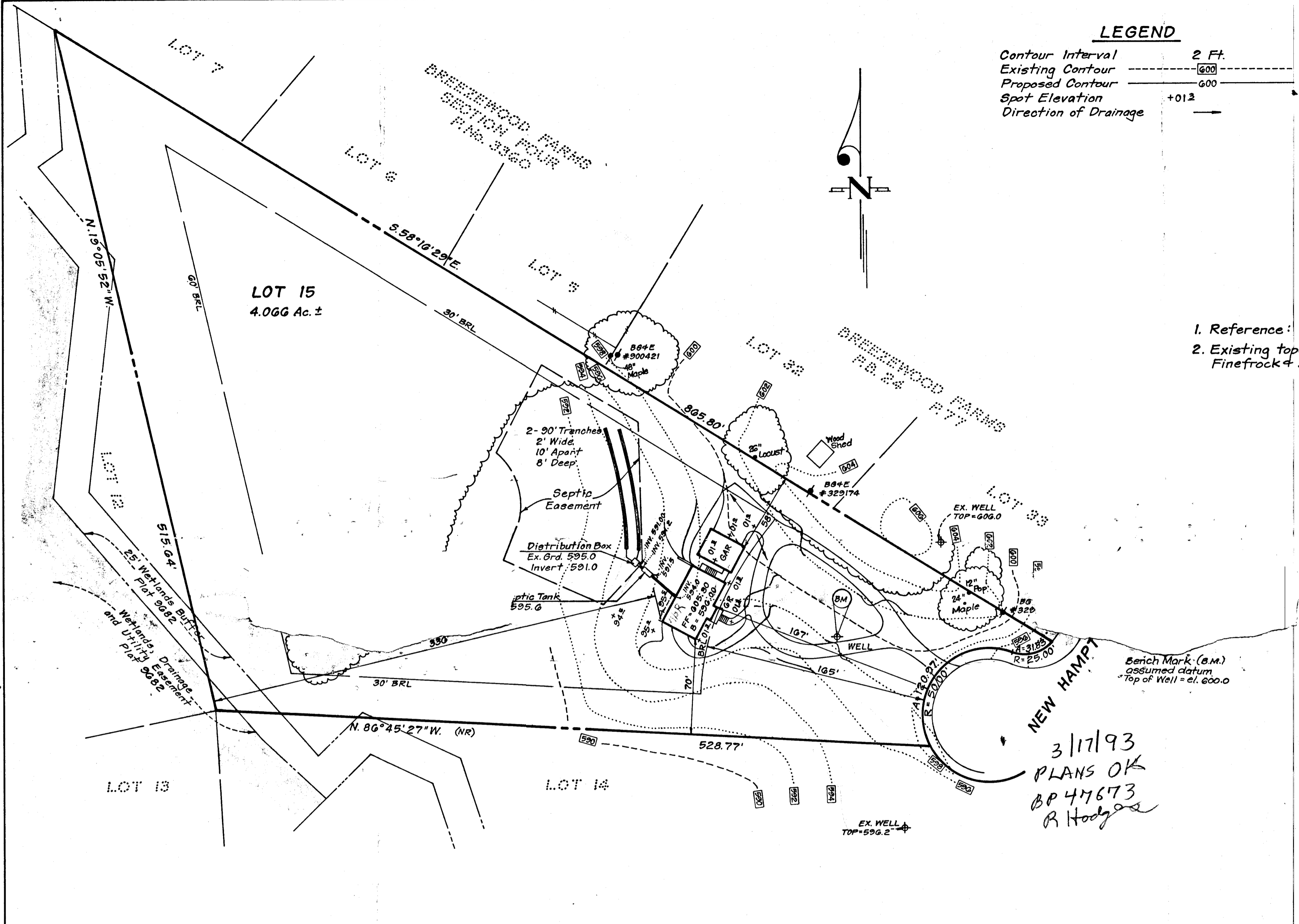
A = 31.83'
R = 25.00'

Total Limit of Disturbance = 4880 Square Feet

Site Plan
Hunt Residence
New Hampton Lane

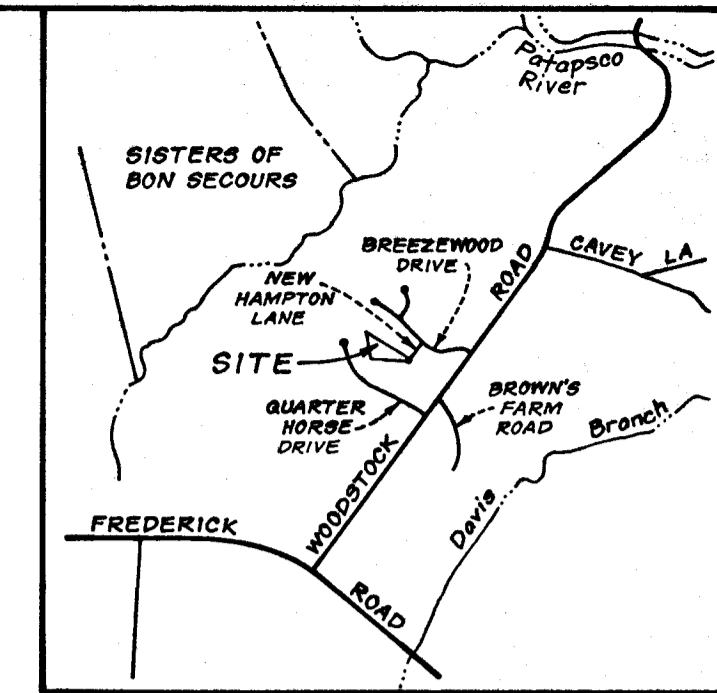
SLATER ASSOCIATES, INC.
5540 Sterrett Place, Suite 302 - Columbia, Maryland 21044
phone 410.992.0001 fax 410.992.0712 slateri@slater.com
www.slaterassociates.com

DATE: January 21, 2004
SCALE: 1" = 100'-0"
North
0 10 25 50 100



LEGEND


Contour Interval 2 Ft.
 Existing Contour $\text{---} \boxed{600} \text{---}$
 Proposed Contour $\text{---} 600 \text{---}$
 Spot Elevation +012
 Direction of Drainage $\text{---} \rightarrow$



VICINITY MAP
 SCALE: 1" = 2000'

1. Reference: Plat No. 9682
2. Existing topography was field-run by Clark, Finerock & Sackett, Inc. in March, 1993.

3/17/93
 PLANS OK
 BP 44673
 R. Hodges

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7500 - BALTO. • (301) 621-8100 - WASH.			
			DESIGNED JME
DRAWN LAI	PARKSIDE TAX MAP 10 PARCEL 36 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND		DRAWING 10F1
CHECKED JME			JOB NO. 93-040
DATE 3/9/93	FOR: MR. BOB PADGETT 7130 Minstrel Way Suite 215 Columbia, Maryland 21045	FILE NO. 93-046-X	

LOT
4.066 Act

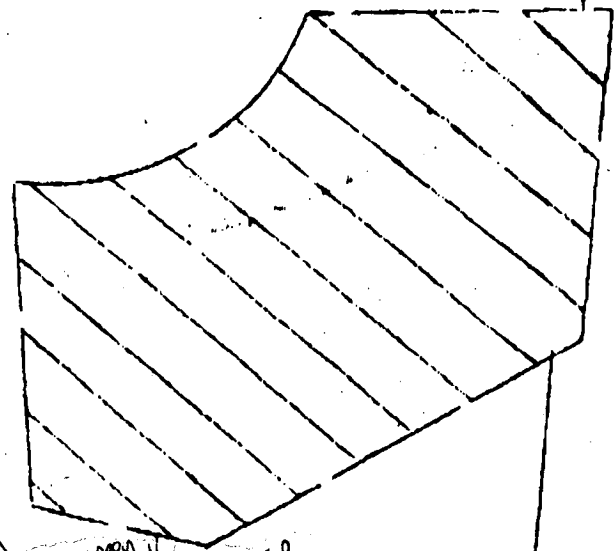
30' ERL

N 86° 45' 27" W

(2.7)

232.14

553

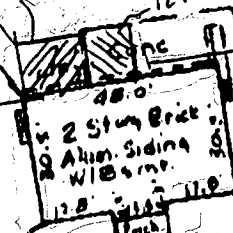


BRK N OPEN

12 X 45 P.

120'

83'



Garage

88'

72' 1/2
10' 5" BRL
Well

170'

170'

Conc. Drive

865, 80'

3.62, 91.855

LOT
1A

LOT

6/22/95

60387

Bob
CN
CBS

4/6/93

R=50.00'

6/22 0ok per check
0ok as shown

NEW
MPTON

PROP. POOL OK
MR 5/7/04

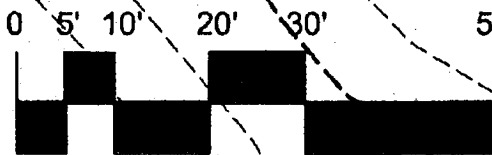
LEGEND	
Property Line	---
Building Footprint	=====
Assessment	-----
Existing 1' Contour	- - - - -
Proposed 1' Contour	- - - - -
Fence by Others	- x - x -
Proposed Fence	- x - x -
Existing Plants	○ ● ○



May 5 2004

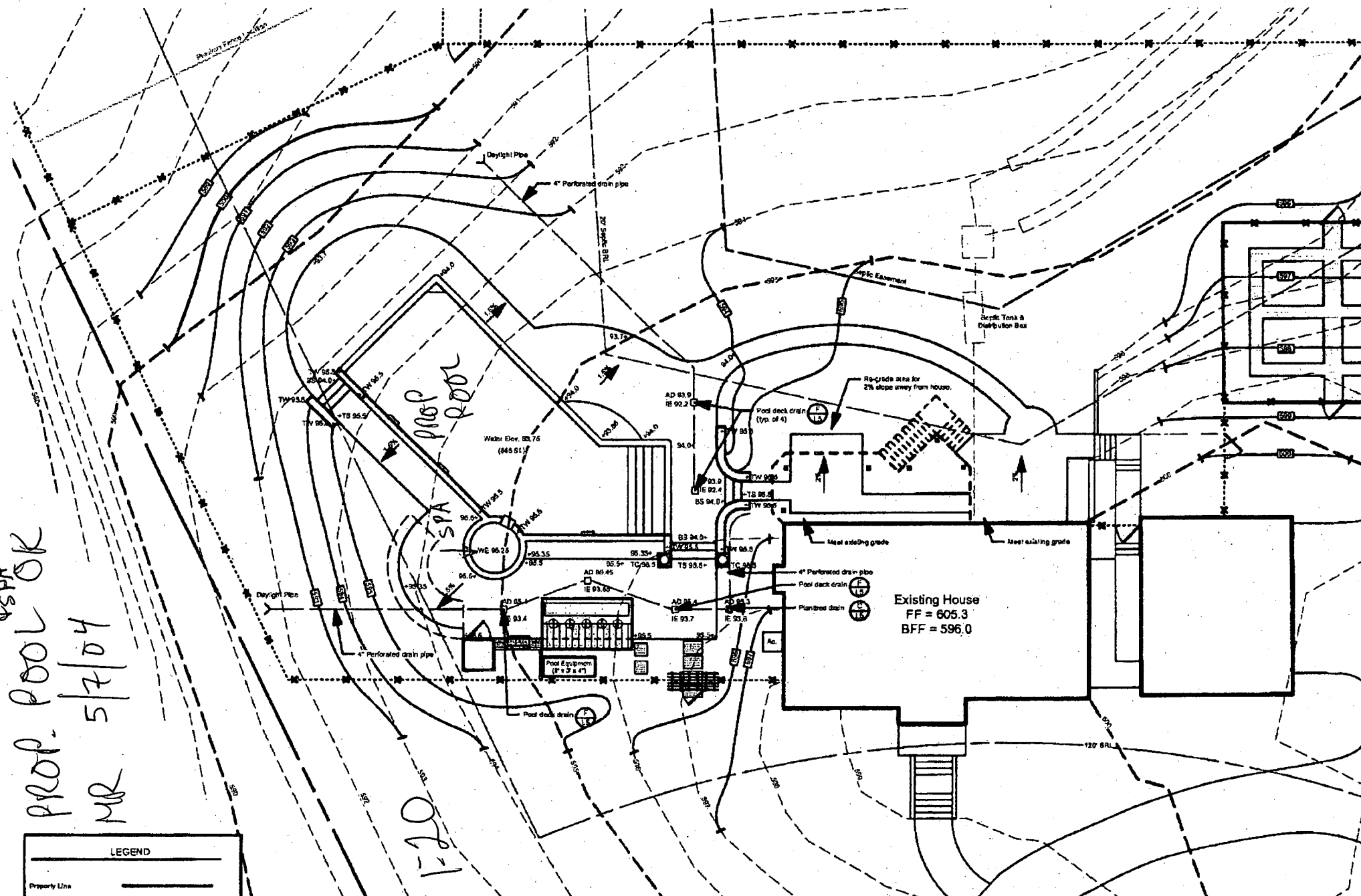


CALL "MISS UTILITY" AT
1-800-257-7777
48 Hours Before Start Of Construction



Grading and Drainage Plan Hunt Residence

1710 New Hampton Lane • Woodstock, Maryland 21163



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B. 2146 804 **AYER**

Building Address 1710 NEW HAMPTON LA.
WOODSTOCK MD 21163
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Chickadee Branch
 Section _____ Area _____ Lot 15
 Tax Map 10 Parcel 36 Grid 23-24
 Zoning R1000 Map Coordinates 60.2 Lot size _____

Property Owner's Name FOREST & MARY HUNT
 Address 1710 NEW HAMPTON LA.
 City WOODSTOCK State MD Zip Code 21163
 Home Phone 410 200 2081 Work Phone 301 921 0600 X243
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 48,000
 Description of Work concrete pool deck
reinforced pool cap 20' x 22' 3' x 2' x 2'

Contractor Company EDU. D. HAMMERSLA, INC.
 Contact Person PAUL HERRICKS
 Address 905 BERRYMAN'S LA.
 City WEIESTERSTOWN State MD Zip Code 21156
 License No. MHC 1228
 Phone 410 837 0850 Fax 410 329 2075

Occupant or Tenant _____
 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

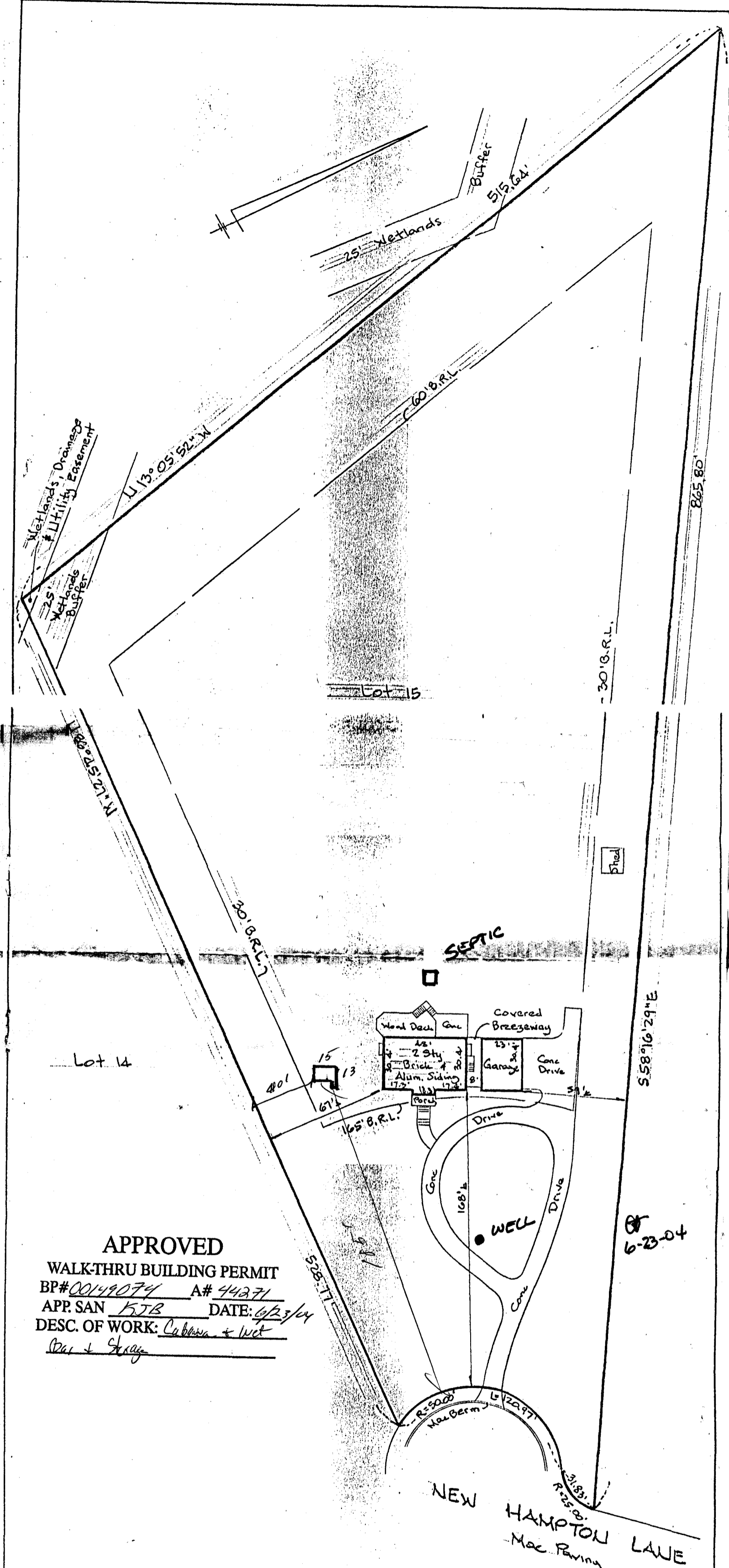
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/>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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Paul Herricks
 Applicant's Signature
Edu. D. Hammersla, Inc.
 Title/Company
MR 5/7/04

PAUL HERRICKS
 Print Name
3/10/04
 Date
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
FOR OFFICE USE ONLY



APPROVED
WALK-THRU BUILDING PERMIT
 BP# 00149074 A# 44271
 APP. SAN BJR DATE: 6/23/04
 DESC. OF WORK: Cabana + Deck
Pool + Stairs

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 24000d-0010 B

The plat is of benefit to a 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 plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat 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. The plat contains a tolerance of accuracy of two feet, more or less.



William H. Noyes, Jr.
 7/6/98

H **HICKS ENGINEERING CO., INC.**
 ENGINEERS, SURVEYORS & PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND 21286
 TELEPHONE: (410)494-0001

LOCATION DRAWING
 #1710 NEW HAMPTON LANE; Lot 15
 "PARKSIDE", Lots 5-17, Sub 2 of 3"
 HOWARD CO., MD. PLAT CMP# 9682
 DATE: 7/5/98 SCALE: 1" = 50' FILE: 21787