

6/24/02 6/25/02 12:30
1:00 ±

PUB. SEWER STATUS VERIFIED BY PKR

ISSUE DATE: 06/24/02

PERMIT

P 57350
49053
A REPAIR

APPROVAL DATE: 6/25/02

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Van Sant IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Walnut Springs LOT NUMBER: 9

ADDRESS: 1258 Emmaus Road PROPERTY OWNER: Russo

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Septic system layout in conflict with pool. Relocating first two trenches down hill per specs.

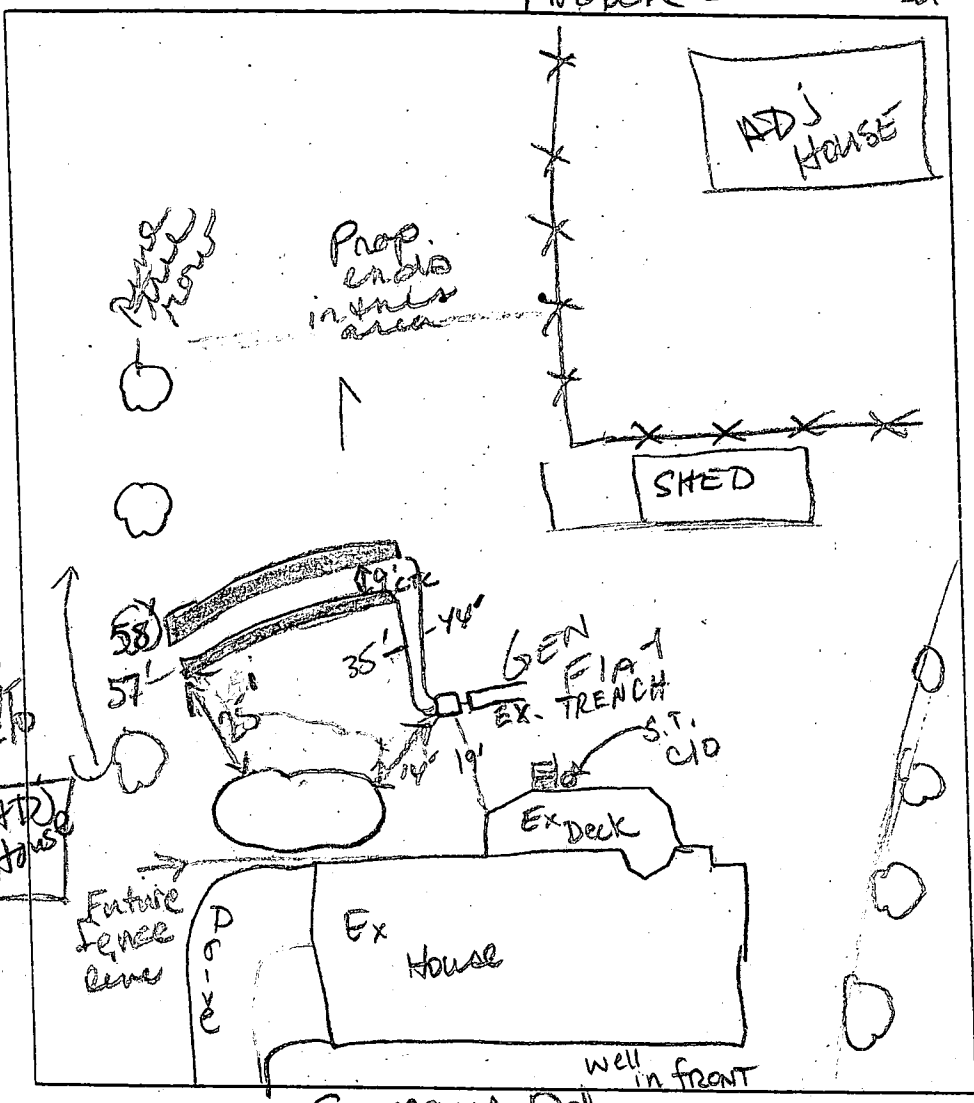
PLANS APPROVED: MR/KN DATE: 06/24/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A49053

NOT TO SCALE Morgan Station Rd



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	4
TRENCH BOTTOM DEPTH	7
DEPTH OF STONE	3'
NUMBER OF TRENCHES	2
TOTAL TRENCH LENGTH	115' replaced
ABSORBENT AREA	315' replaced
DISTRIBUTION BOX LEVEL	yes - New w/levelers
BAFFLE IN DISTRIBUTION BOX	yes

SEPTIC TANK DATA	
SEPTIC TANK	Ex. 1250 GALLONS
MANHOLE RISER	
6 INCH INSPECTION PORT	
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	
MANHOLE RISER	
ALARM	
PUMP PERFORMANCE TEST	

Emmanuel Rd
PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 6/24/02 1st replacement trench 52' long.
 D.B center to pool's ^{water} edge 14'. 25' sep. distance from end of first trench to pool's edge. ^{6/24/02} New D.B. w/ levelers.
 2nd trench OK to cover. (KN) Future repair - move trenches on rt side, facing the house further away from pool; currently 15' away. Also move D.B. 5' further on next repair. (KN)

INSPECTOR (KN) / MR DATE SYSTEM APPROVED 6/25/02

6/12/02
10:00+

6/24/02
P/14
PM

SITE INSPECTION SHEET

OWNER: PIUSSO

DATE REQUESTED: _____

ADDRESS: 1258 Emmaus Rd

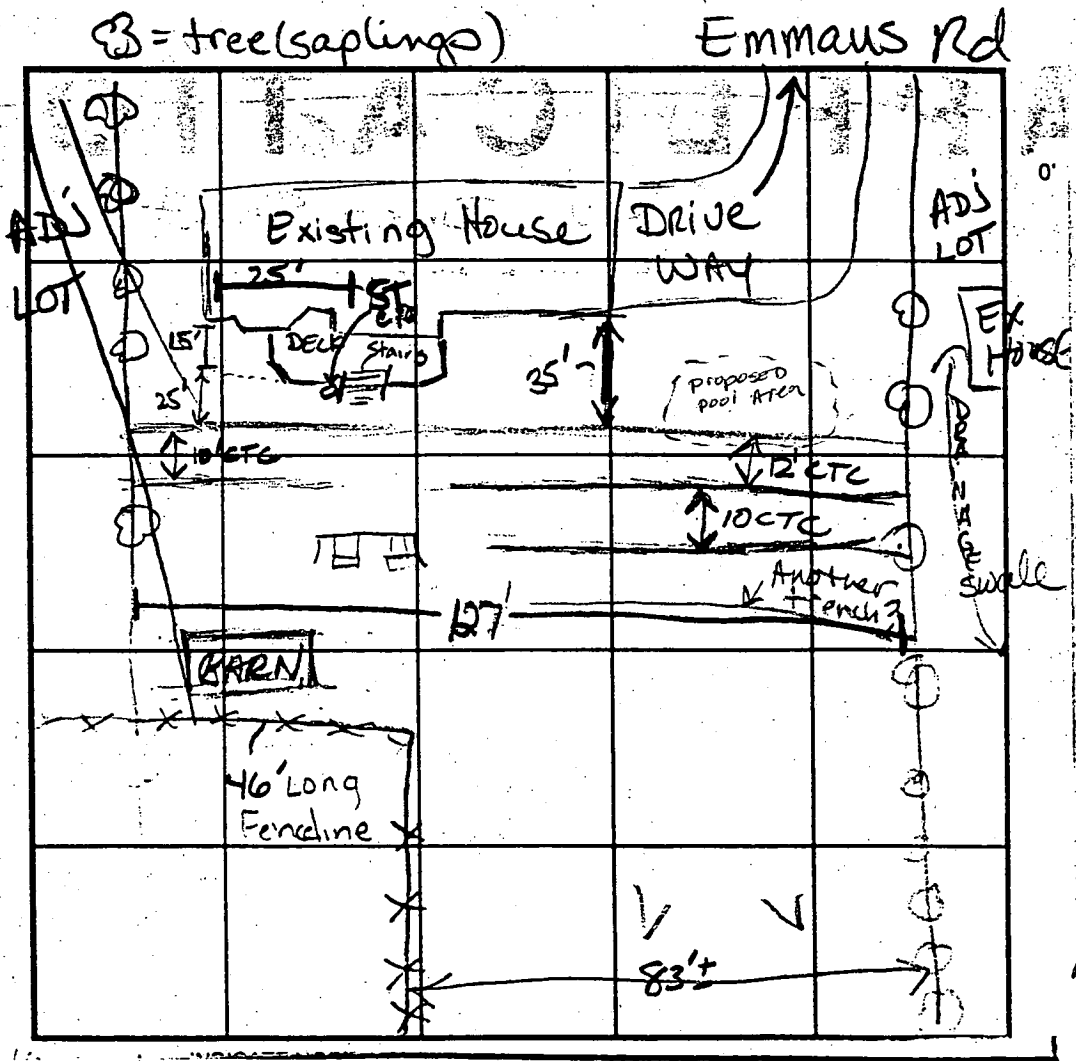
DRILLER: _____

WELL TAG # _____

COUNTY # _____

Conflict
w/Pool + septic system

PROPOSAL: First trench location in pool area. Disconnect first two
trenches AND MOVE downhill.



COMMENTS: Deck installed - NO PERMIT pulled: S.T. C/O right next to stairs
6/24/02 - VAN SANT called: said replaced cracked D.B. & disconnect ^{the}
trenches.

DATE: 6/12/02

INSPECTOR: MR/KN

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

P 57350

A 49053

DISTRICT 4th

DATE 10-23-96

DATE SYSTEM APPROVED 10-30-96

INSPECTOR [Signature]

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 N. Main Street Mt. Airy, MD 21771 PHONE (301) 829-0444

SUBDIVISION Walnut Springs LOT 9 ROAD 1258 Emmaus Road

PROPERTY OWNER MICHAEL RUSSO Firetti Construction Group, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180' up the right lot line and 60' off the same lot line as seen when facing the lot from Emmaus Road. Run trenches on contour towards the right and left lot lines.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/30/96 DKS

PLANS APPROVED BY Amy McMillen DATE 7/22/96

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**

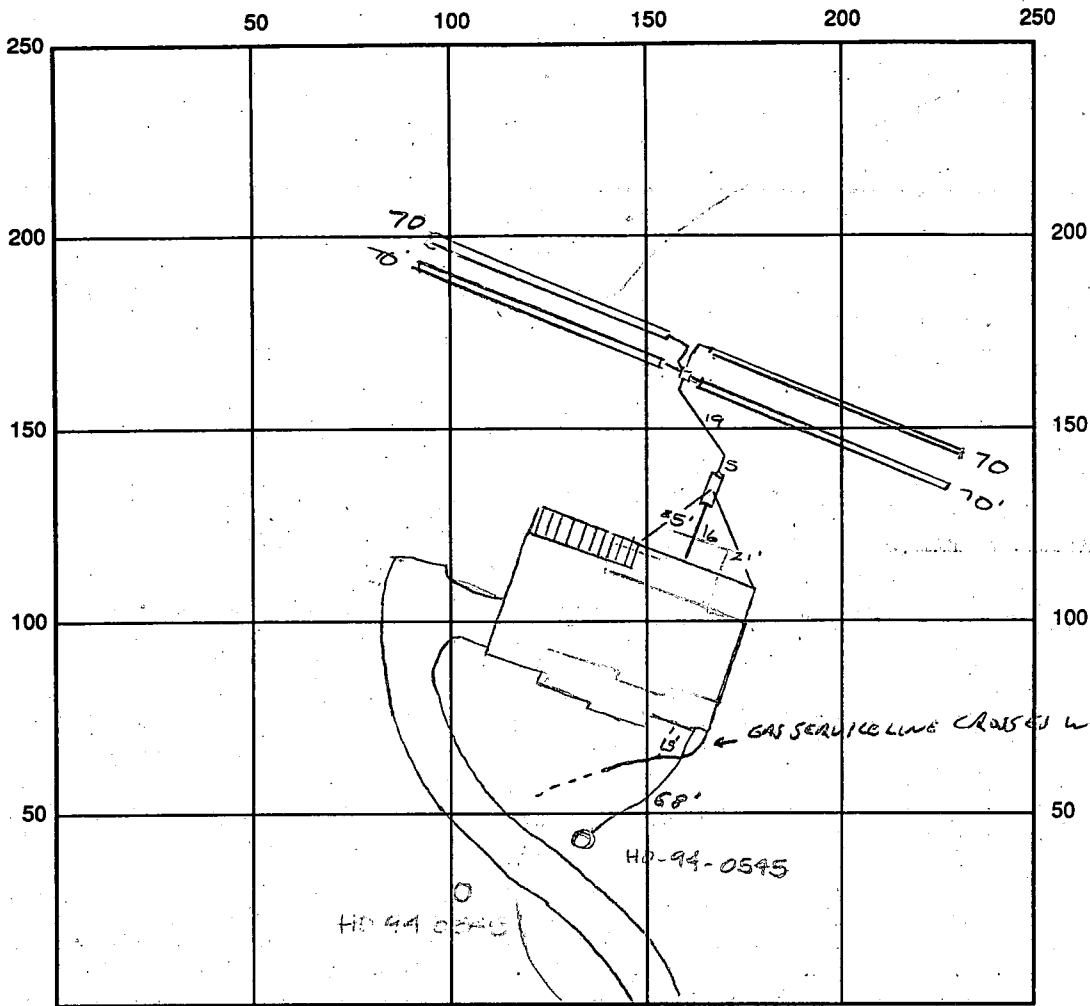
HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

**BUILDING PERMIT SIGNED
AND RETURNED 5/29/02**
300136202 INGROUND CONCRETE
POOL

A 49053

Septic layout
10-25-96
9:00
10/29/96
ASAP CO.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Emmaus DR

SEPTIC TANK LEVEL OK 1250 GAL CLEANOUTS 1 ON TANK
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7.0' FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 4.0 FT.
 EFFECTIVE GRAVEL DEPTH 3.0 FT. TOTAL LENGTH 280 FT.
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 10/25/96 Pot trench #1 in as follows - not on contour, vary the
depth of stone not max bottom of stone - grade is uphill rather than
downhill
10/29/96 OK to stone all trenches 10/30/96
10/30/96 4TH TRENCH OK TO FINISH, PM FINAL, OK TO COVER SYSTEM. SA

DATE SYSTEM APPROVED 10/30/96 INSPECTOR Blk. Jany

Private Sewage Easement, see
General Note No. 7 Plat 11822

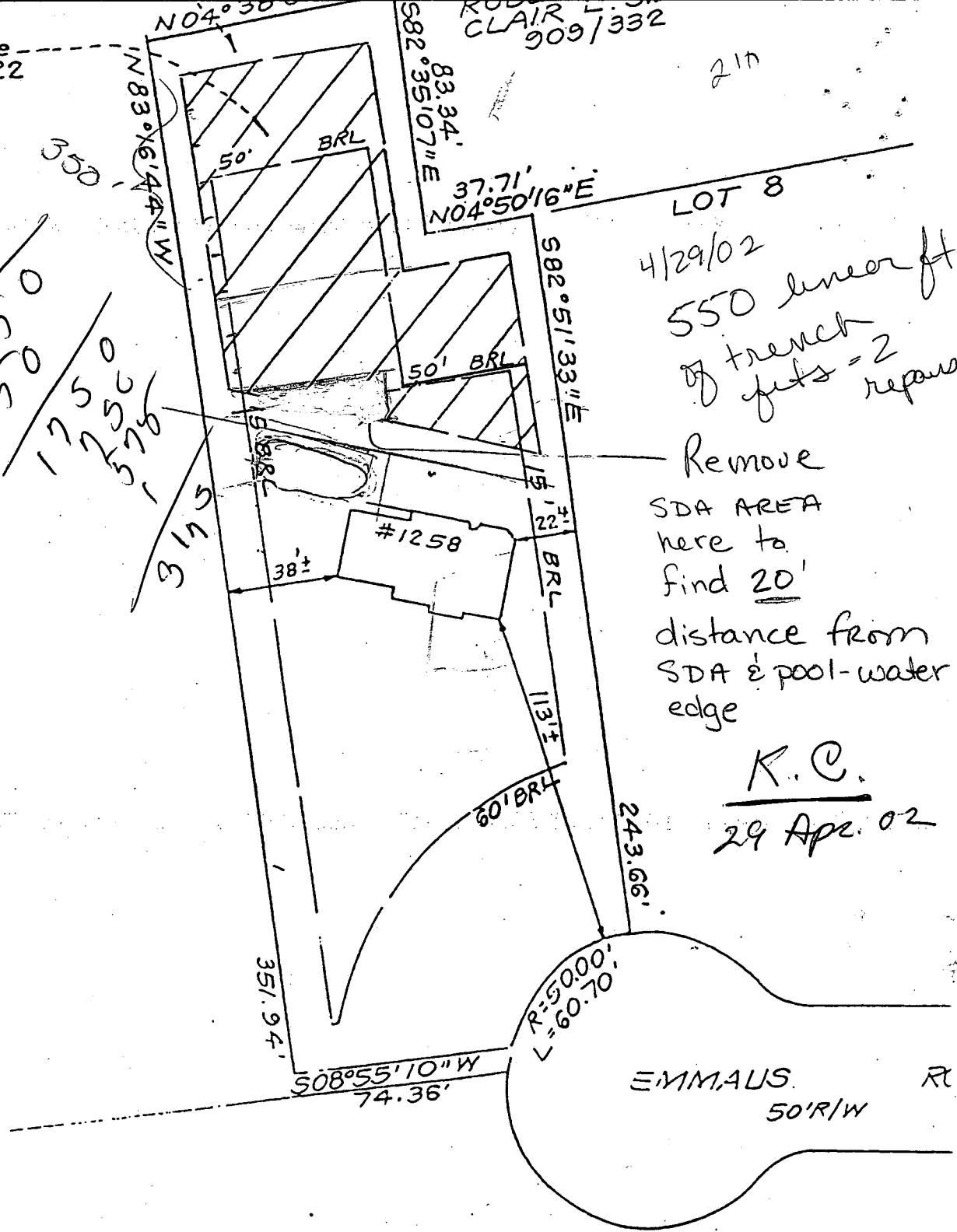
Handwritten calculations:

$$\begin{array}{r} 50 \\ 23 \overline{) 96} \\ \underline{46} \\ 50 \\ 23 \overline{) 50} \\ \underline{46} \\ 4 \end{array}$$

$$\begin{array}{r} 50 \\ 23 \overline{) 50} \\ \underline{46} \\ 4 \end{array}$$

$$\begin{array}{r} 50 \\ 23 \overline{) 50} \\ \underline{46} \\ 4 \end{array}$$

$$\begin{array}{r} 50 \\ 23 \overline{) 50} \\ \underline{46} \\ 4 \end{array}$$

$$\begin{array}{r} 50 \\ 23 \overline{) 50} \\ \underline{46} \\ 4 \end{array}$$


INFORMATION

Consumer only
a lender of a title
agent in connection
financing or

depend upon for the
fences, garages,
or future structures;

for the accurate
underlines but

APPLICATION

PERCOLATION TESTING

A 4905³

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/16/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Charles Schroyer Fieretti Construction

ADDRESS 1245 Morgan Station Rd. PHONE 301 854 6217

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. #9 on signed plat

ROAD AND DESCRIPTION EAST OF MORGAN STATION RD. SOUTH OF RTE 70
(1258 EMMAUS ROAD)

TAX MAP 8 PARCEL # 313

SIZE OF LOT ± 40,700 sq TYPE BLDG. _____

BLDG. PERMIT SIGNED
AND RETURNED 7/22/96
Serial # B01 0176 (4 Bms)
Single Family
(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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 5/3/93 - PERC OK HOLD FOR PLAT RH

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

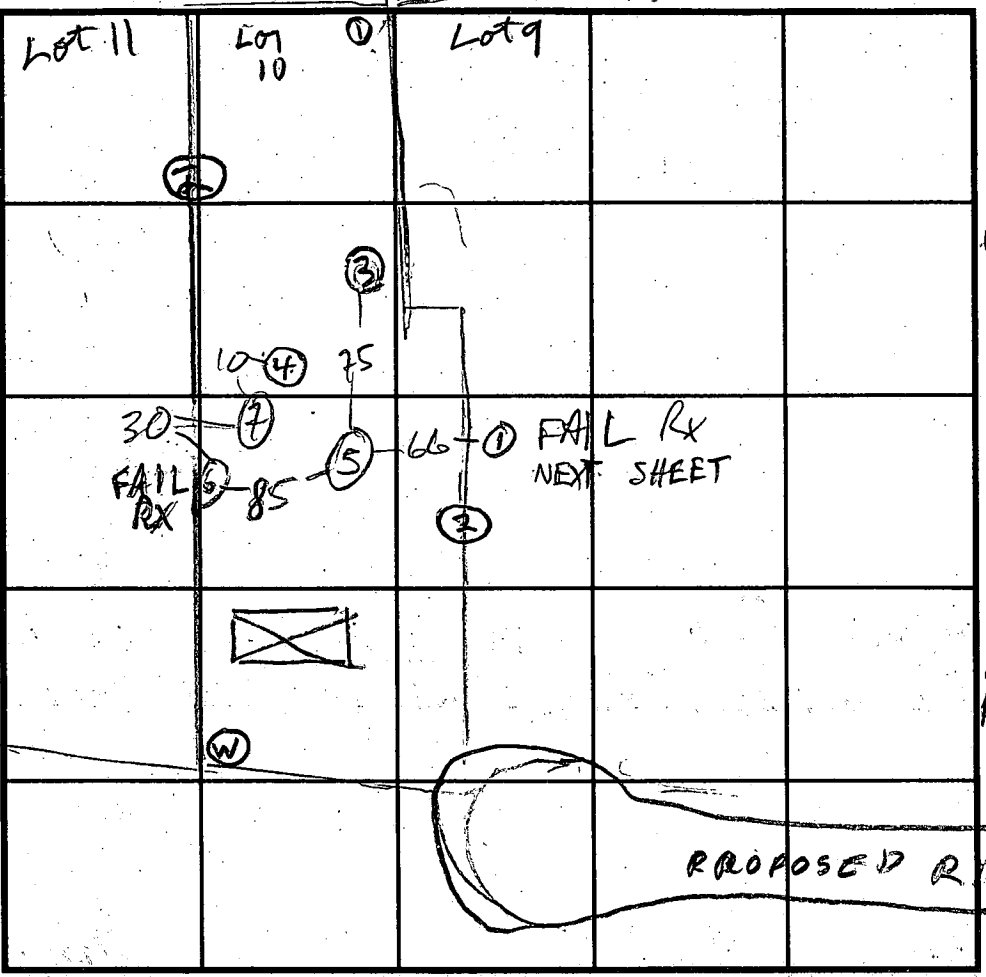
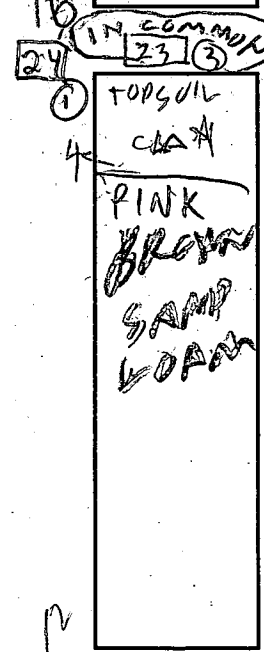
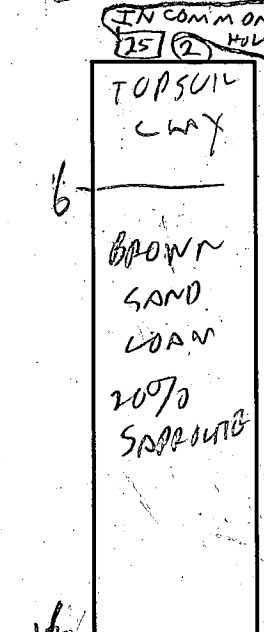
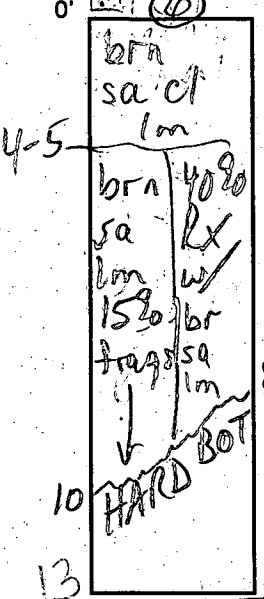
THIS IS NOT A PERMIT

49053

COUNTY #

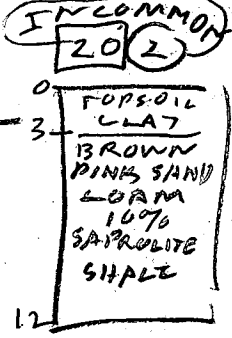
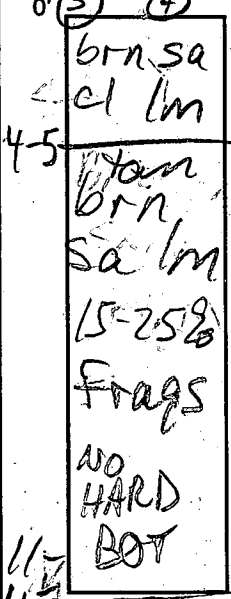
Lot 10

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/3/93	1S	5	1100	1103	1103	1107	4
		7.5	1100	1103	1103	1107	4
	1V	13	OK				
	2S	4	1115	1114	1118		
	2D	8	1115	1117	1118	1120	3
	2V	16 1/2	OK DEEP BELOW 6FT				
	3S	3 1/2	1123	1126	1126	1137	11
	3D	7	1123	1124	1124	1127	3
	3V	12	OK				
	4S	5.5	1039	1041	1041	1145	4
	4D	7.5	1039	1041	1041	1145	14
	4V	12.5	OK				
	RES	5	105	200 little per			
8/4/93	5V	11	see profile OK				
	6V	8-10	40%	RX	HARD BOT FAIL		

REMARKS: 0-11' 7V 11 1/2 see profile OK
 TYPE OF SOIL: O=HD □=BOENDER
 TESTED BY: R HODGES ALSO PRESENT: FISH COMPANY DON & RON
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 6 TRENCH WIDTH: 2
 INLET DEPTH: 4 MAXIMUM BOTTOM DEPTH: 7 SQ. FT./BEDROOM: 780 2/0

ONLINE LOTS 11 & 10

ONLINE LOT 9 & 10

C1 2743

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)

COUNTY NUMBER A 49053

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 061495

Depth of Well grid: 400

PERMIT NO. grid: HO-94-0545

OWNER Schroyer Charles STREET OR RFD Emmaus Rd TOWN Lisbon SUBDIVISION WALNUT SPRINGS SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD section: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (18), NO. OF POUNDS (1692), GALLONS OF WATER (108), DEPTH OF GROUT SEAL.

CASING RECORD section: casing types insert appropriate code below (ST, CO, PL, OT).

MAIN CASING TYPE section: Nominal diameter top (main) casing (nearest inch), Total depth of main casing (nearest foot).

OTHER CASING (if used) section: diameter inch, depth (feet).

SCREEN RECORD section: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

CIRCLE APPROPRIATE LETTER: A, E, P.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

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

DRILLERS SIGNATURE Joseph L Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

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

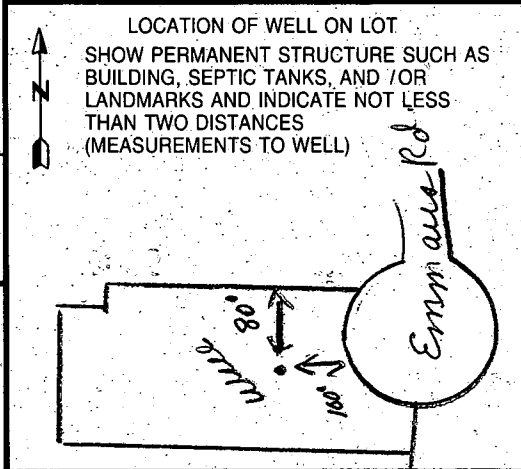
DEPTH (nearest ft.) section: grid showing depth from 1 to 51 feet.

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

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

PUMPING TEST section: HOURS PUMPED (6), PUMPING RATE (2.6), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (S).

PUMP INSTALLED section: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below), LAND SURFACE.



Approved Septic System Plan
Howard County Health Department

Amy McMills 7/22/96
Signature Date

Lengths of trench
to be determined
at time of
septic permit
issuance

ROBERT L. AND
CLAIR L. SMITH
ZONED RC-DEG

Distribution Box
Ex. Grd. 604.0
Inv. 600.5

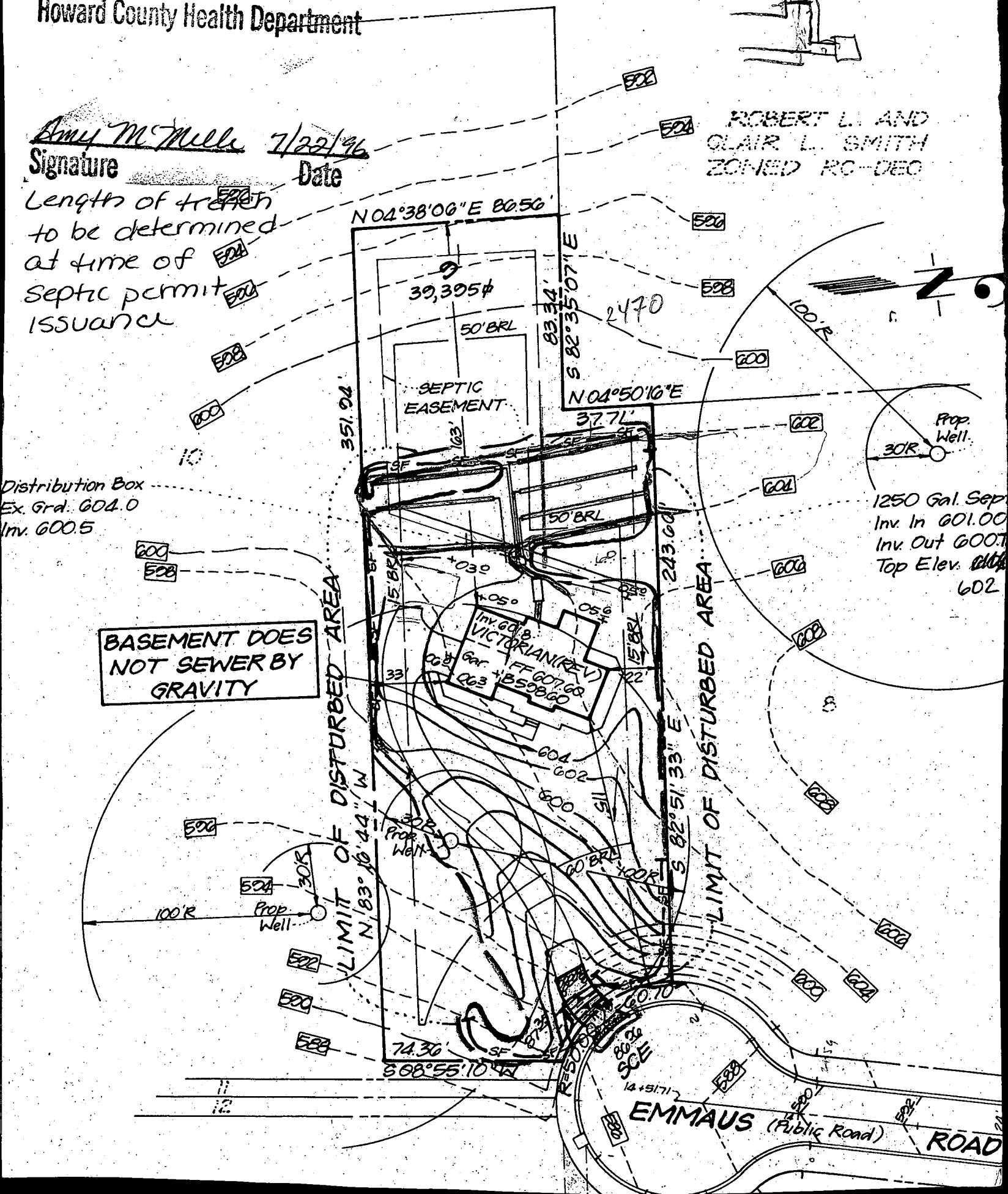
Prop. Well.
1250 Gal. Sep.
Inv. In 601.00
Inv. Out 600.00
Top Elev. 602

BASEMENT DOES
NOT SEWER BY
GRAVITY

LIMIT OF DISTURBED AREA
N 83° 10' 44" W

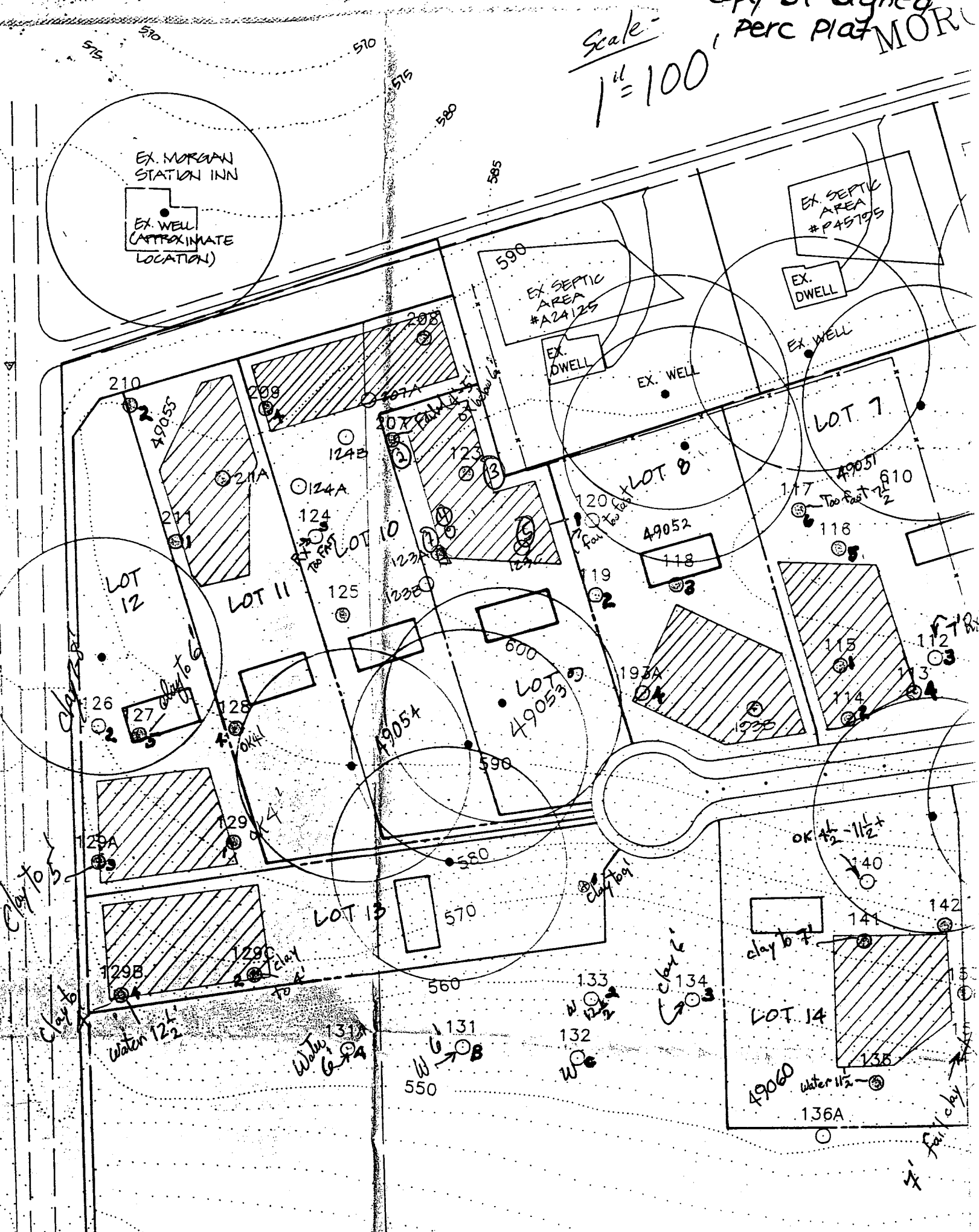
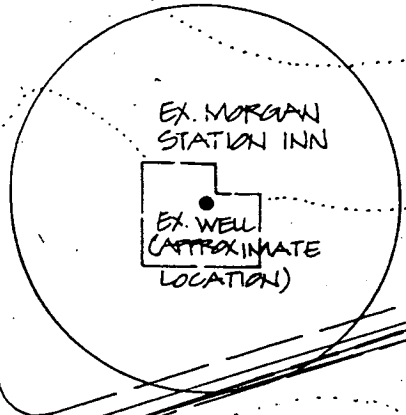
LIMIT OF DISTURBED AREA
S 82° 51' 33" E

EMMAUS (Public Road) ROAD



copy of signed
perc plat MOR

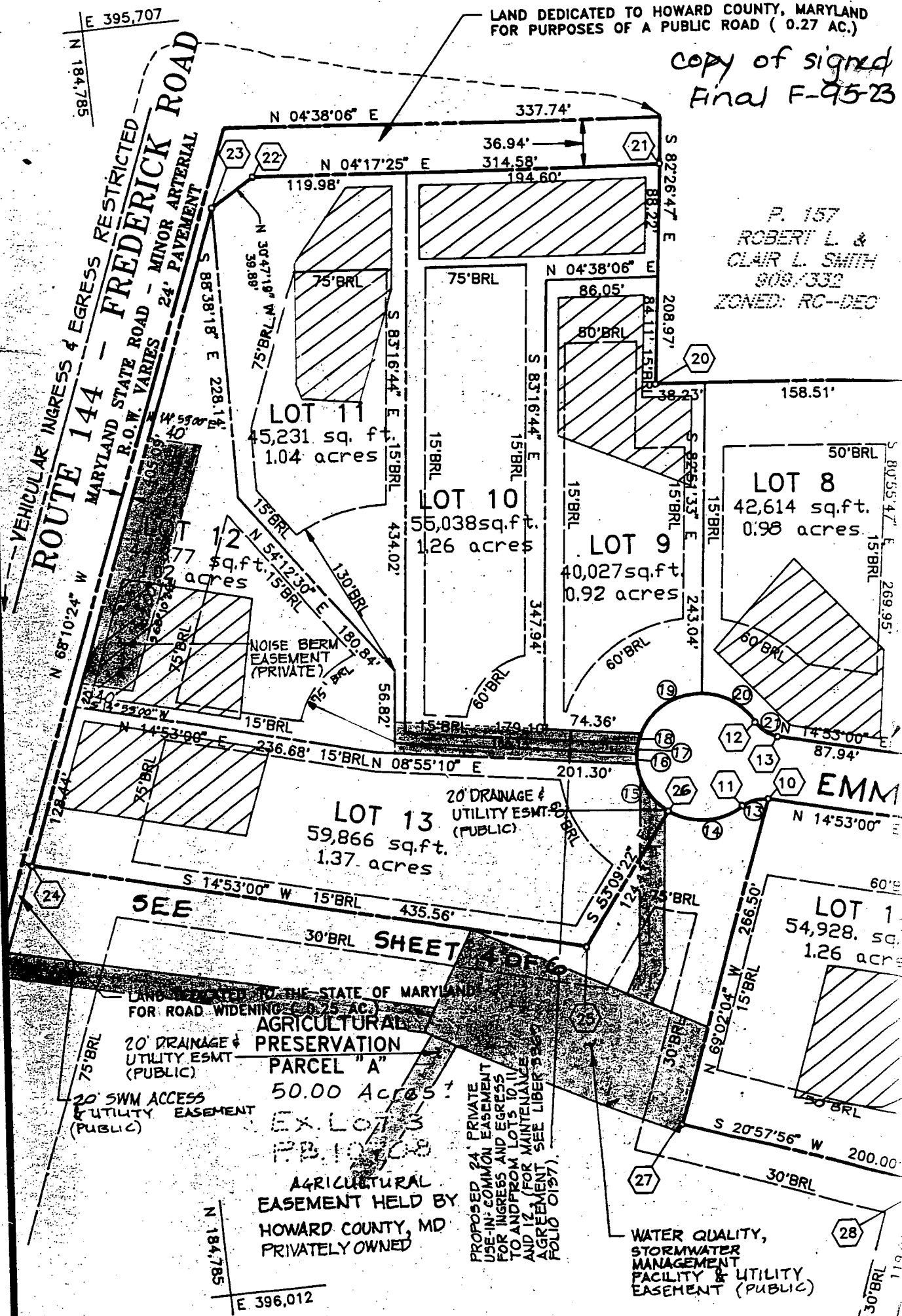
Scale -
1" = 100'



LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURPOSES OF A PUBLIC ROAD (0.27 AC.)

copy of signed Final F-9523

P. 157
ROBERT L. &
CLAIR L. SMITH
909/332
ZONED: RC-DEC



VEHICULAR INGRESS & EGRESS RESTRICTED
ROUTE 144 - FREDERICK ROAD
 MARYLAND STATE ROAD - MINOR ARTERIAL
 R.O.W. VARIES 24' PAVEMENT

LOT 13
 59,866 sq. ft.
 1.37 acres

LOT 10
 55,038 sq. ft.
 1.26 acres

LOT 9
 40,027 sq. ft.
 0.92 acres

LOT 8
 42,614 sq. ft.
 0.96 acres

LOT 11
 45,231 sq. ft.
 1.04 acres

LOT 12
 sq. ft.
 acres

PARCEL "A"
 50.00 Acres
 EX. LOT 13
 P.B. 10/2008

AGRICULTURAL PRESERVATION
 AGRICULTURAL EASEMENT HELD BY HOWARD COUNTY, MD PRIVATELY OWNED

20' DRAINAGE & UTILITY ESMT (PUBLIC)
 20' SWM ACCESS & UTILITY EASEMENT (PUBLIC)

PROPOSED COMMON PRIVATE USE FOR INGRESS AND EGRESS TO AND FROM LOTS 10, 11 AND 12 (FOR MAINTENANCE AGREEMENT SEE LIBER 5507 FOLIO 0197)

WATER QUALITY, STORMWATER MANAGEMENT FACILITY & UTILITY EASEMENT (PUBLIC)

LAND DEDICATED TO THE STATE OF MARYLAND FOR ROAD WIDENING (0.25 AC.)

20' DRAINAGE & UTILITY ESMT (PUBLIC)

20' SWM ACCESS & UTILITY EASEMENT (PUBLIC)

N 184.785
 E 396.012

SEE SHEET

EMM

copy - original sent 6-4

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-380X

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00124725

Building Address 1258 Emmanus Rd
Woodbine MD 21787

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

Census Tract 6040 Subdivision Walnut Springs

Section _____ Area _____ Lot 9

Tax Map 8 Parcel 313 Grid 14

Zoning RC-DPO Map Coordinates 3310 Lot size _____

Property Owner's Name 1258E Michael + MaryBeth Russo

Address 1258 Emmanus Rd

City Woodbine State Md Zip Code 21797

Home Phone 410 489 6706 Work Phone 410 895 0384

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Deck

Estimated Construction Cost \$ 3000

Description of Work Deck 14x26
4/8/00

Contractor Company Self

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Michael + MaryBeth Russo

Contact Name Mike Russo

Address 1258 Emmanus Rd

City Woodbine State Md Zip Code 21797

Phone 410 489 6706 Fax _____

Engineer or Architect Company Self

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement
 Crawlspace Slab on Grade

No. of Bedrooms 4

Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____

Other Structure: Deck
 Dimensions: 26x14

Footings: _____

Roof: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS 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.

Mary Beth Russo
 Applicant's Signature
Homeowner
 Title/Company

Mary Beth Russo
 Print Name
6-8-00
 Date

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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>6/8/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" 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 _____ Accepted by [Signature]

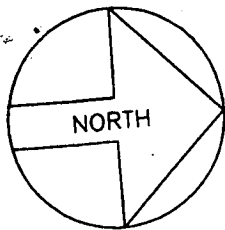
PROPERTY ID#: 21335

Filing fee	\$
Permit fee	\$ <u>30</u>
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$ <u>70</u>
Balance due	\$
Check	# <u>1447</u>
Validation	# <u>3276</u>

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

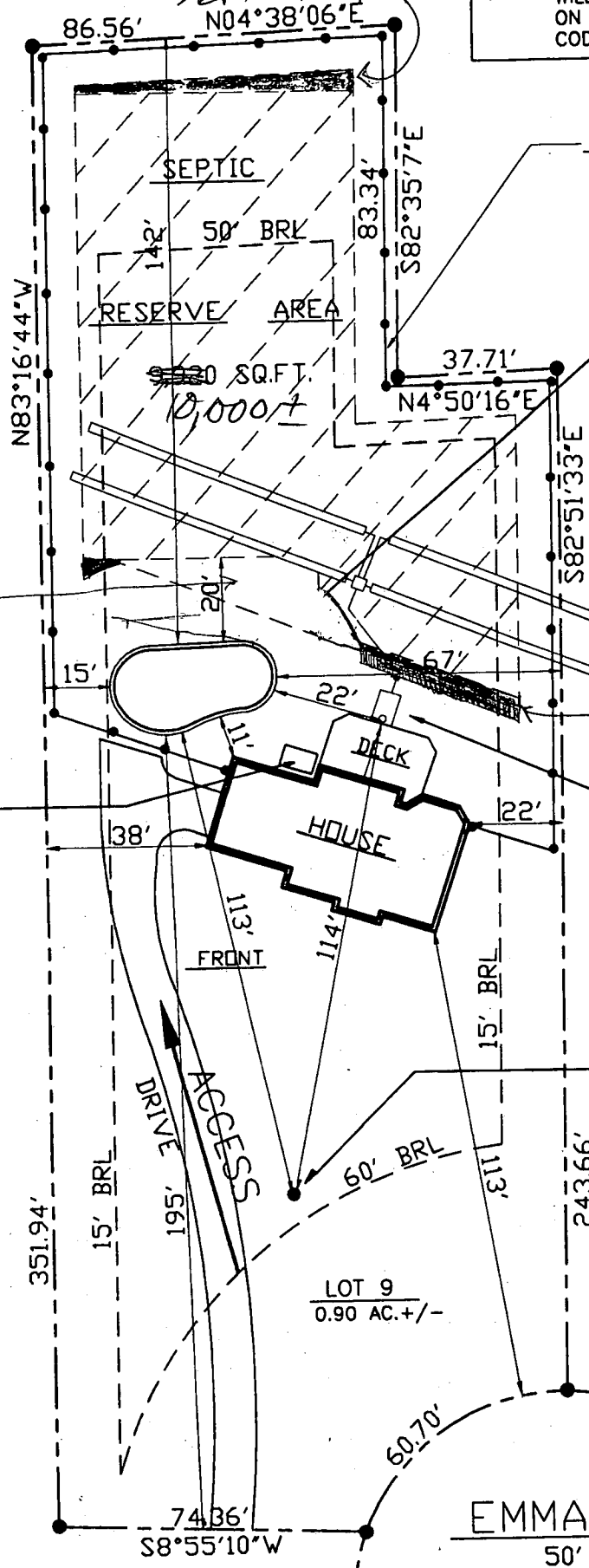


NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.

*SEPTIC AREA
ADDED*

FENCE DATA:
PROP. 4' HIGH WOOD FENCE
AS PER CODE- BY OWNER
(535 LIN.FT.)

*SEPTIC
AREA
DELETED*



SITE PLAN
SCALE: 1" = 30'

1-40

1300136202 ✓

Building Address 1258 Emmus Rd
Woodbine MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 10010 Subdivision Walnut Springs
 Section _____ Area _____ Lot 9
 Tax Map 0 Parcel 313 Grid B11
 Zoning HC-DPO Map Coordinates 3 J10 Lot size _____

Property Owner's Name Mary E Michael Russo
 Address 1258 Emmus Rd
 City Woodbine State MD Zip Code 21797
 Home Phone _____ Work Phone _____
 Applicant's Name DANA L KRAWCZYK (other than stated hereon):
9515 GERWIG LN #119
COLUMBIA MD 21046
 Phone 410 995 6600 Fax _____

Existing Use SFD
 Proposed Use SFD w/ pool & fence
 Estimated Construction Cost \$ 20000
 Description of Work 39' x 19' - 630 sq ft ground concrete pad
3' x 8' deep sand filter filled by truck
discharged by 535 dump of 4' high wood fence
 Owner or Tenant OWNER

Contractor Company Maryland Pools Inc.
 Contact Person DANA L KRAWCZYK
 Address 9515 GERWIG LN #119
COLUMBIA MD 21046
 City _____ State _____ Zip Code _____
 License No. 66694
 Phone 410 995 6600 Fax _____

Contact Name DANA L KRAWCZYK
 Address 9515 GERWIG LN #119
COLUMBIA MD 21046
 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: <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 <input type="checkbox"/> Other _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 [Signature]
 Title/Company [Signature]
 Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY
 Date 5/29/02

Print Name Dana Krawczyk
 Date 5/15/02

** PLEASE WRITE NEATLY AND LEGIBLY **

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