

10/7/98
2-3pm
10/8/98
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510697

A 49646-C

DISTRICT 4th

DATE 9/21/98

DATE SYSTEM APPROVED 10/8/98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

04-35940

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670

SUBDIVISION Cattail Woods, Sec. II LOT 35 ROAD 1645 Brittle Branch Way

PROPERTY OWNER Pulte Home Corporation JAMES HUELSKAMP

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOLE CLEANOUT REQUIRED ON TANK***

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 150 feet up the right (348.49') lot line and 65 feet off that same lot line as seen when facing the lot from Cattail Woods Lane. Run trenches on contour toward the right lot line.

NOTES - No trench to exceed 100 feet in length. ok by 8/5/98

PLANS APPROVED BY Amy McMillen/Kim Maiste DATE 7/31/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

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

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED

AND RETURNED 3-31-99

Serial # B 10 11 7006
dech

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

A19646-C

APPLICATION

PERCOLATION TESTING

A 49646C
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 4th
DATE 9/30/93

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 Parcel 137, Inc. *Pulte Home Corporation*
15298 Union Chapel Road
ADDRESS Woodbine, MD 21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.
8480 Baltimore National Pike, Ste. 418
ADDRESS Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 35
ROAD AND DESCRIPTION ~~End of~~ Brittle Branch Way

TAX MAP 7 PARCEL # 137
SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4Bem
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

RECEIVED RETURNED 7-31-98
Serial # 20113257

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. Parcel 137, Inc. Bruce B. Benda President
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

COUNTY #

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A AA496460C

P _____

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

DISTRICT _____

DATE 9-27-93

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 Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. 35

ROAD AND DESCRIPTION Rt 97 sid

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

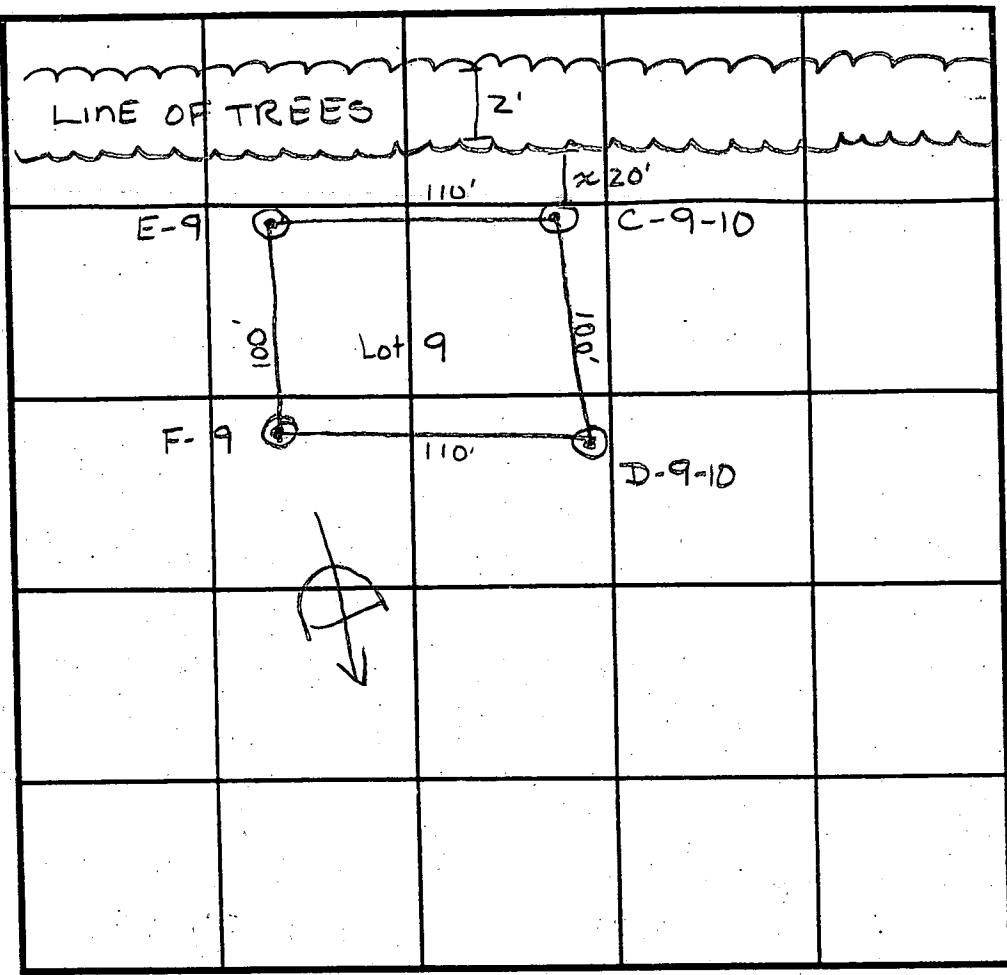
REASONS FOR REJECTION OR HOLDING _____

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

A49646C
COUNTY #



SOIL PROFILE
C-9-10
1' 0" topsoil
6" lgt brn C
2 1/2" red C
3' brn Sil w/ tint of red
decayed shale toward bottom
12'

SOIL PROFILE
9E
0" vel brn C
2' brn Sil w/ some red
12'

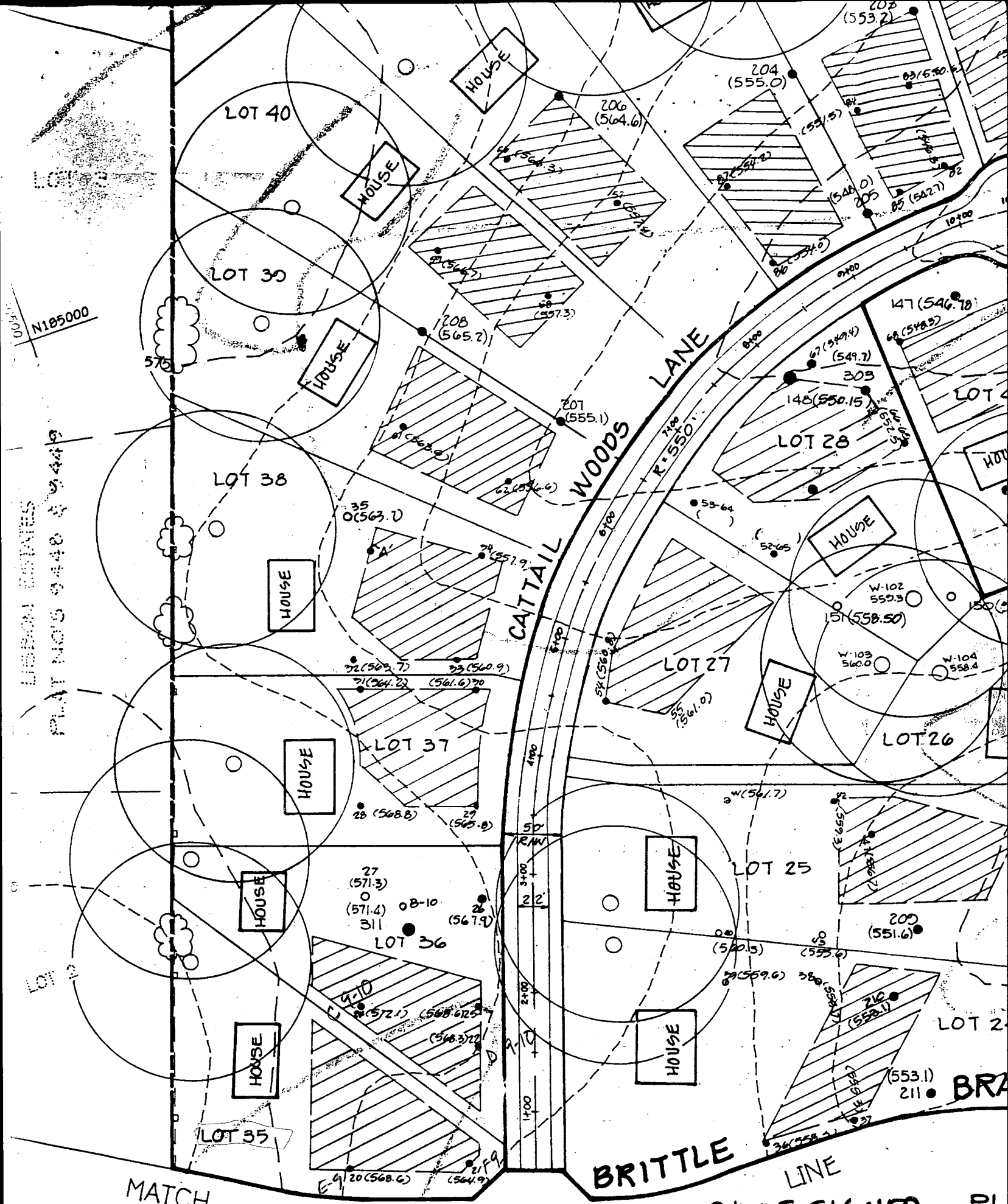
D-9-10
orange brn C
2 1/2" red CL
3' reddish brn Sil
7' shaly decayed
12'

F-9
lgt brn C
2 1/2" med brn Sil
7' decayed shale
12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/18/93	C-9-10	3' / 12'	10:47	10:51	10:51	10:56 ³⁰	5 1/2 min
	D-9-10	2 1/2' / 12'	10:59	11:08	11:08	11:19	11 min
		5' / 12'	10:59	11:01	11:01	11:03 ³⁰	2 1/2 min
	F-9	3' / 12 1/2'	11:07	11:10	11:10	11:14 ³⁰	4 1/2 min
	E-9	3' / 12'	11:17 ⁴⁵	11:23 ³⁰	11:23 ³⁰	11:33 ³⁰	9 1/2 min

REMARKS _____
 TYPE OF SOIL Glenelg Loam
 TESTED BY VAIG WILLIAMS & AMY McMILLEN ALSO PRESENT B SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH 3'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT/BEDROOM 210 ft²



CLASSIFICATIONS

- 2 CHESTER SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.
- 2 CODDUS SILT LOAM.
- 2 COMUS SILT LOAM, LOCAL ALLUVIUM, 3 TO 8 PERCENT SLOPES.
- 2 ELIDAY SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.

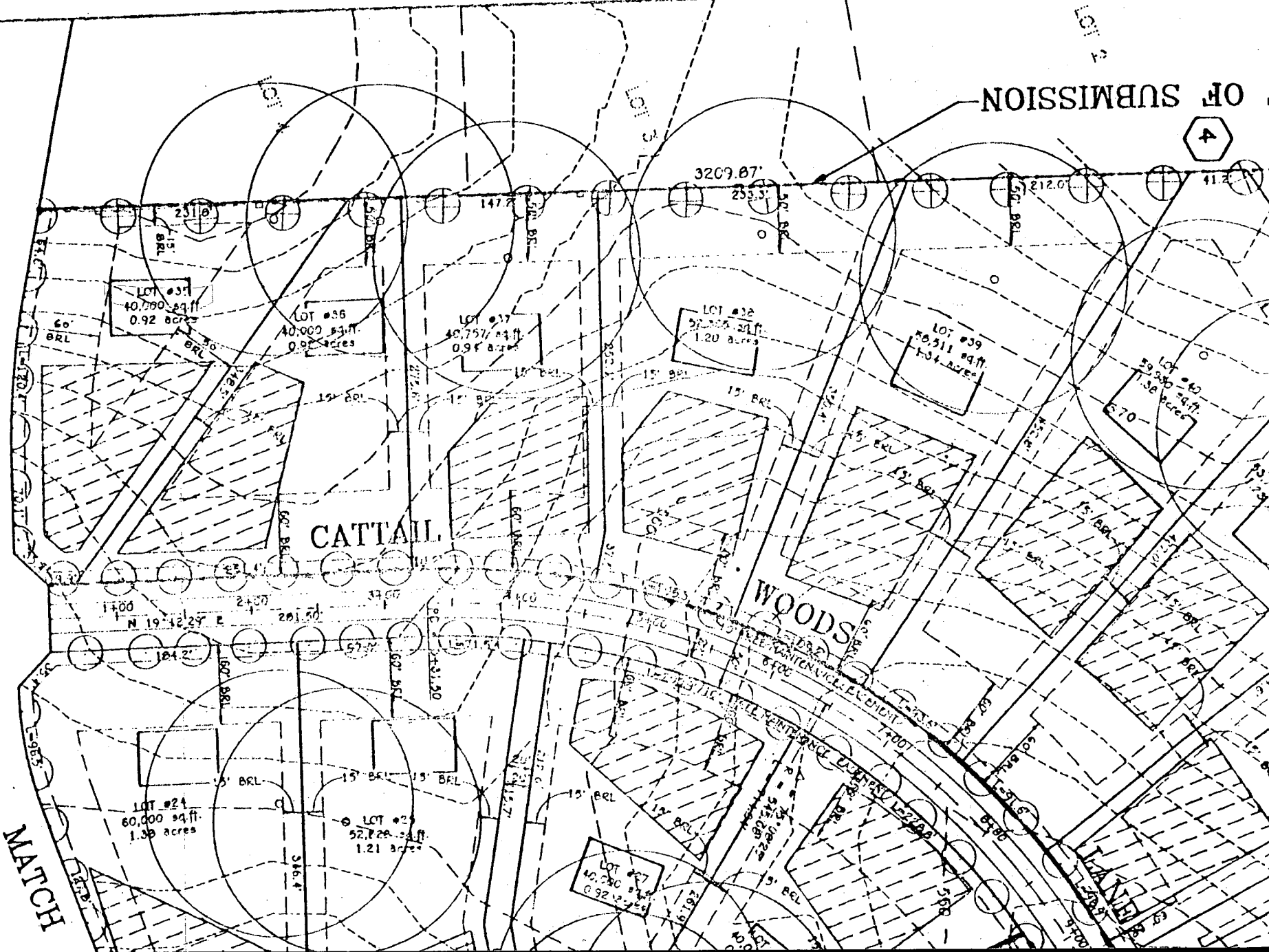
COPY OF SIGNED PERC. CERT. PLAT

PL SCALE

Copy of signed Preliminary Plan

OF SUBMISSION

4



SCHEDULE D

STORMWATER MANAGEMENT AREA LANDSCAP

LINEAR FEET OF PERIMETER

5 385 7

NUMBER OF TREES REQUIRED

8

SHADE EVERGREEN

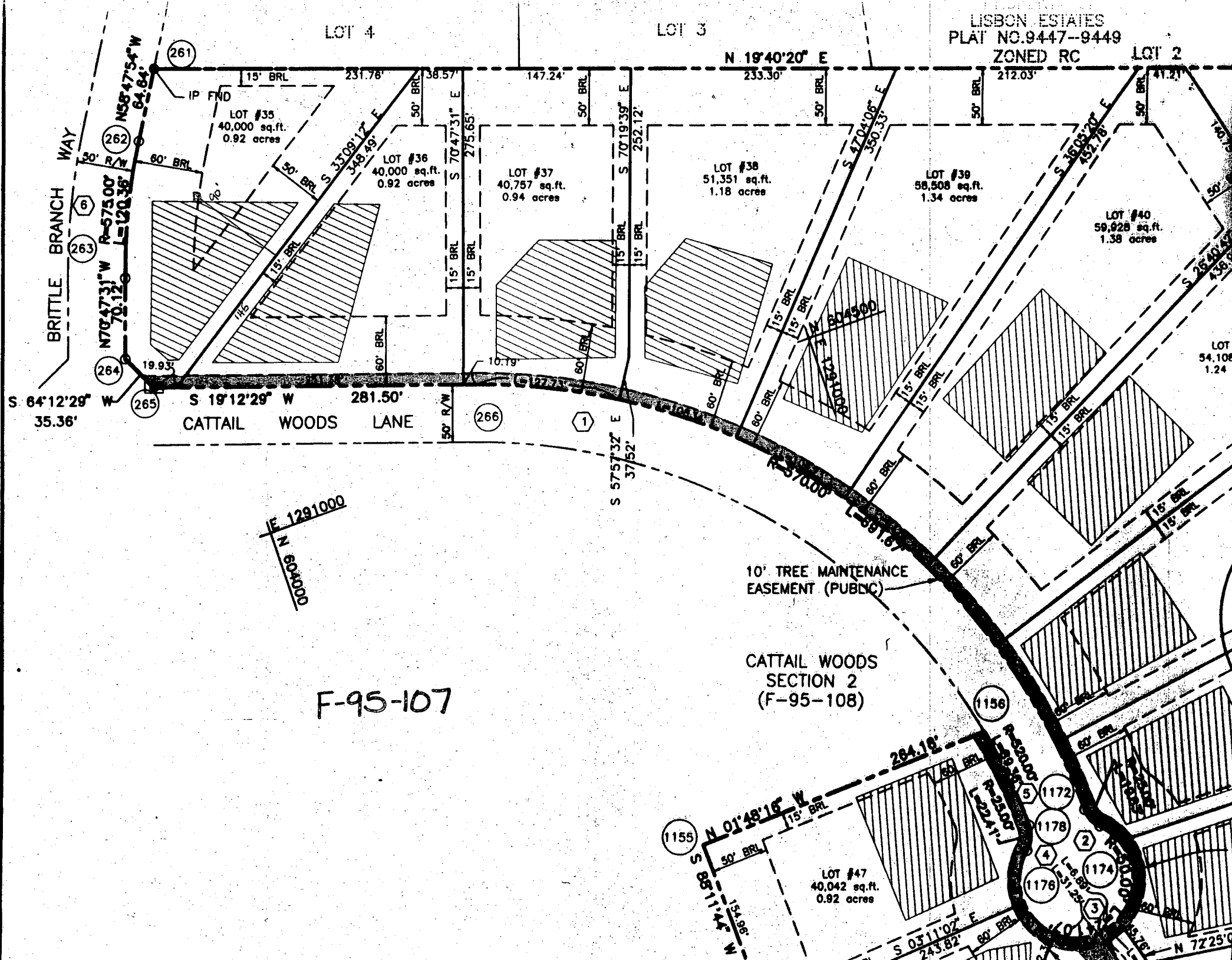
10

LISBON ESTATES
PLAT NO. 9447-9449
ZONED RC

LOT 4

LOT 3

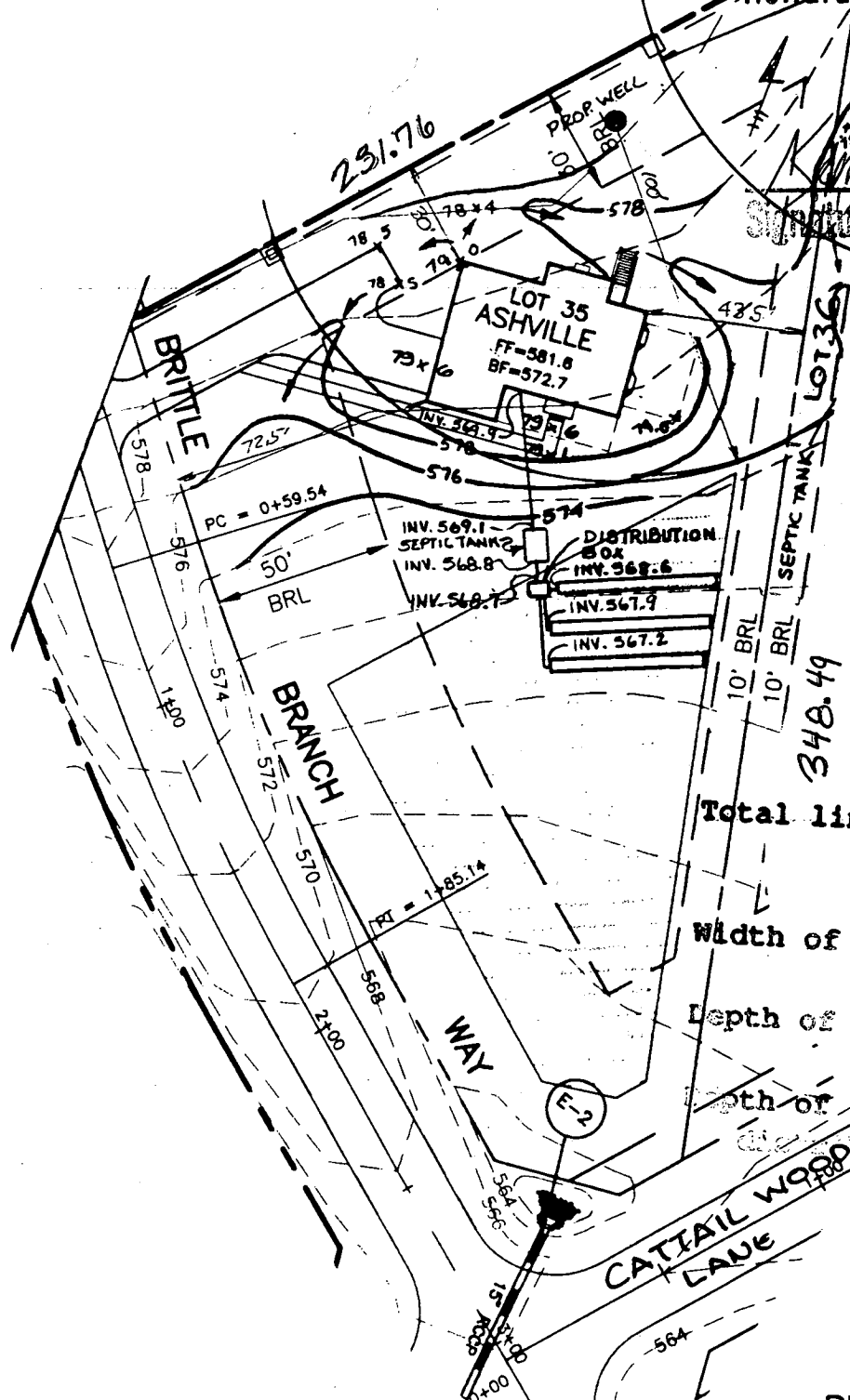
LOT 2



Approved Septic System Plan
Howard County Health Department

Handwritten Signature
Signature

7.31.98
Date



Total linear feet of trench required 280 feet
 Width of trench (est) 3 feet
 Depth of trench (est) 5.5 feet
 Depth of stone required below distribution pipe 2 feet

FF=581.6
BF=572.7

PLOT PLAN
CATTAIL WOODS
LOT 35
SECTION TWO, PARCEL 5

TAX MAP NO.7 PARCEL 137
PLAT NOS. 12500-12502
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: JULY 28, 1998

NOTE:
FOR SEDIMENT CONTROL FEATURES SEE APPROVED GRADING PLAN GP-97-130.

T S A GROUP INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465 - 6105

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 12-10-98

Name of Installer R.W.R. PLBG. INC.

Telephone 410-531-2903

License Number 4605
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner PURTS HOMES
Subdivision CATTAIL WOODS Lot # _____
Site Address 1645 BRITTLE BRANCH WAY

Telephone 410-644-5603
Well Tag # HO-94-1291

- Pump
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make JACUZZI
 - Model # T 754712B-S2
 - Capacity 7 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 _____
 - Voltage 230
 - 110
 - 220

- Pitless Adapter
- Make CAMBELL
 - Model # B-300-X
 - Depth 42"

- Tank
- Capacity 32 GAL
 - Pressure relief valve? YES

- Piping
- Type 160 LB ^{WEL} PIPE
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 42"

- Well data
- Depth 253 ft.
 - Yield 10 GPM
 - Static water level 46 ft.
 - 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: 12-10-98

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

C1 09470 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 A49646 C

ST/CQ USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1291

OWNER 206 Joint Venture STREET OR RFD Catal Woods Lane TOWN Lisbon SUBDIVISION Catal Woods SECTION LOT 35

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Hard Blue & Br. Shale, Br. Shale, Blue & Br. Shale, Blue Schist, Opening, Blue Schist.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (36), NO. OF POUNDS (338.4), DEPTH OF GROUT SEAL (0 to 107 ft).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (main) casing (6), Total depth of main casing (109).

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from to.

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

PUMPING TEST form with fields: PUMPING TEST, HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (distance from land surface) BEFORE PUMPING (46 ft), WHEN PUMPING (93 ft), TYPE OF PUMP USED (for test) (S submersible).

PUMP INSTALLED form with fields: DRILLER WILL INSTALL PUMP (YES), 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), CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below), LAND SURFACE (2 ft).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M WD 2561 Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

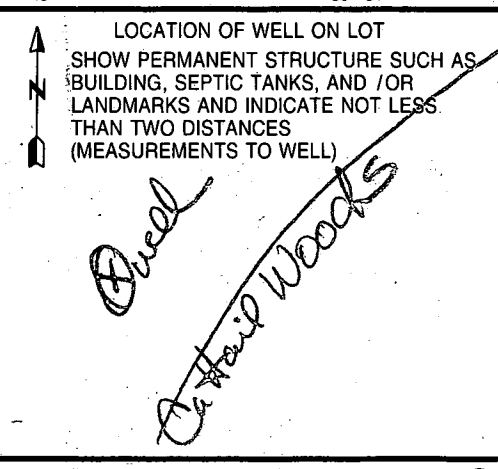
LIC. NO. 1 M WD 2561 (Signature)

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

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows include H, O, 109, 253.

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

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



EMERGENCY/TEMP NO. IF ANY

W-58968

B 1 **8742** SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-94-1291
70 fill in this form completely 79

Date Received (APA) **090197**

OWNER INFORMATION

206 JOINT VENTURE
15 Last Name Owner First Name 34

15151515 UNION CHAPEL RD
36 Street or RFD 55

Woodbine Rd Md 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard 8 COUNTY 21

CATTAIL WOODS 23 SUBDIVISION 42

SECTION 44 46 LOT **35** 48 50

LISBON 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** 73 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

DANA RYKO TRU 77 License No. **256** 80

Driller's Name

WESTMINSTER ROTARY WELL DRILLING, INC. Firm Name

P.O. Box 561 Westminster, Md 21157 Address

Dana Ryko TRU Signature **9-10-97** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

CATTAIL WOODS 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 37 DISTANCE FROM ROAD

ENTER FT OR MI **FT** 38 39

TAX MAP: **7** BLK: _____ PARCEL **137**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **6** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **410** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **H49646-C** COUNTY NO.

STATE SIGNATURE _____ INSERT S.

DATE ISSUED **090497** **Kim Minto** 9/24/98
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **543000** EAST GRID **0778000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **225** 24 28 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

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 _____ 54 **G A P** 63

FORCE **KIM** WRITE INITIALS IN BOX PERMIT No. **H0-94-1291**
67 68 70 71 72 73 74 75 76 77 78 79

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- CITY**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

7878
5423

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

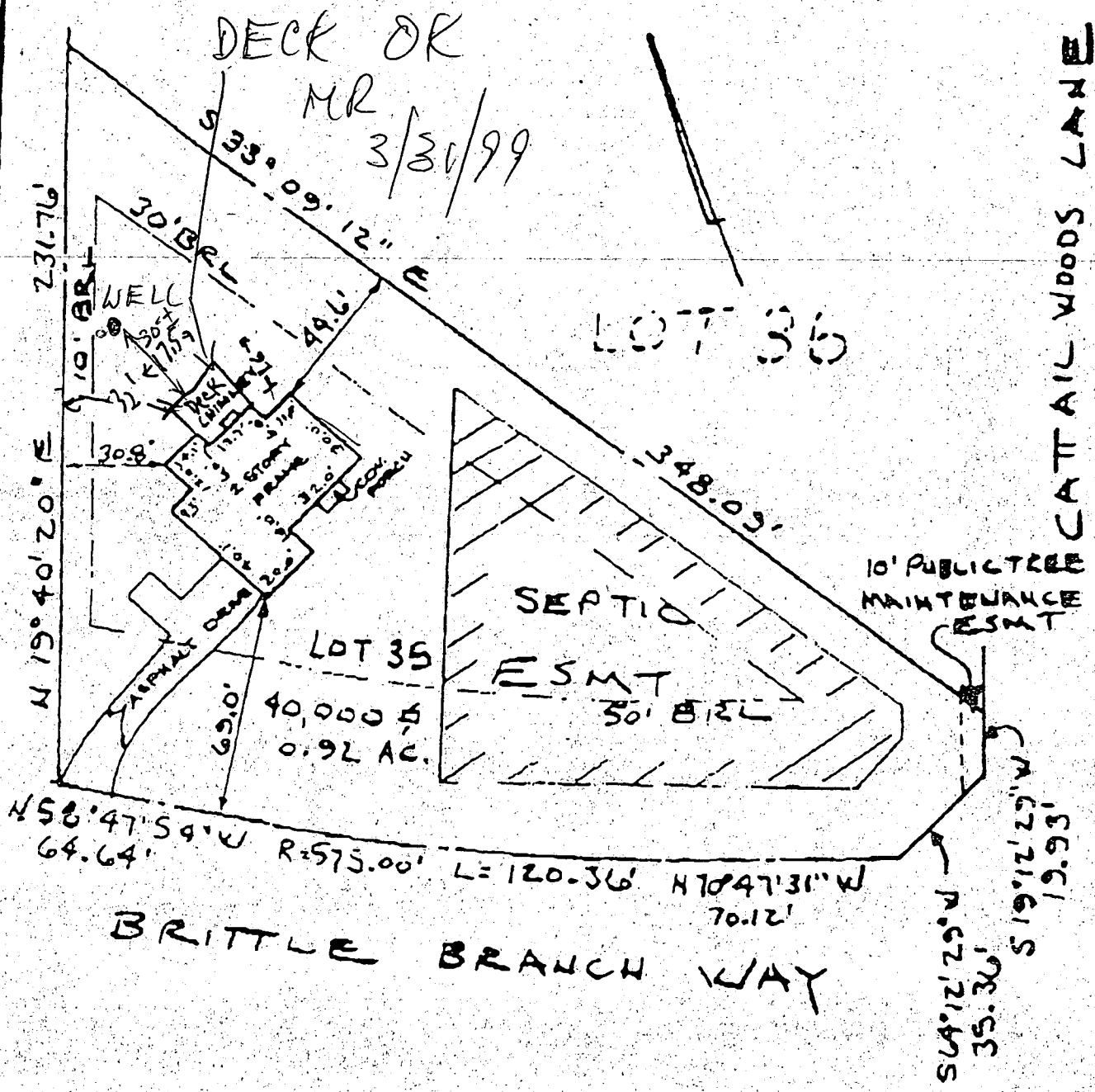
10/14/97 missed insp
Kim

well

CATTAIL WOODS

9/24/97
Drill site of well

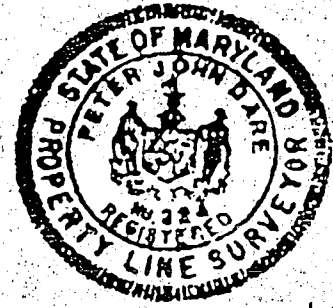
THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



TOP OF FOUNDATION
WALL FLEV. = 379.7

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA OR THE I.I.M.A. I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, THE PROPERTY CORNER MARKERS HAVE BEEN SET



Peter John Dare
PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224
12-17-98
FINAL

LOCATION DRAWING
1645 BRITTLE BRANCH WAY
LOT 35

Building Address 1645 BRITTLE BRANCH WAY, WOODBINE, MD, 21797
 Suite/Apt. #: N/A SDP/WP/Partition #: N/A
 Census Tract 6020 Subdivision Central Woods
 Section II Area N/A Lot 35
 Tax Map 7 Parcel 59 Grid 17
 Zoning RC-DEP Map Coordinates _____ Lot size _____
 Property Owner's Name JAMES HUELSKAMP
 Address 1645 BRITTLE BRANCH WAY
 City WOODBINE State MD Zip Code 21797
 Home Phone 4104424426 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use RESIDENTIAL
 Proposed Use SAME
 Estimated Construction Cost \$ 4000.00
 Description of Work
16x176 Deck on rear of home with steps to ground
 Contractor Company TRI LINE COAST.
 Contact Person TOM SULTAN
 Address 5622 GREENHILL AVE
 City BALT State MD Zip Code 21206
 License No. _____
 Phone 410-488-2650
 Engineer or Architect Company: _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	2nd floor: _____	Basement: _____
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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 _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____		Other Structure: <u>Deck</u> Dimensions: <u>16x176</u> Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> 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 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.

James Huelskamp
 Applicant's Signature
 Title/Company _____
JAMES HUELSKAMP
 Print Name
3/31/99
 Date

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

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>3/31/99</u>	<u>Mark E. Lippert</u>	Side St.: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	