

4/23/94
c/o 12:00 pm
4/25/94
2:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-315312

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

P 50006C

A 49859

DISTRICT 3rd

DATE 5/3/94

DATE SYSTEM APPROVED 5/27/94

INSPECTOR ARM

South Carroll Backhoe, Inc./ Paul Schissler IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Meadowood, Sec. 2 LOT 41 ROAD 1288 Crows Foot Road

PROPERTY OWNER Jeffrey & Donna Jameson

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

LOG. PERMIT SKIPPED
AND RETURNED 3-29-99
Serial # B7011 6656
3-car garage - master Suite
deck

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 - Start the first trench 90 feet from the rear lot line and 75 feet from the right lot line as seen when facing the lot from Crows Foot Road. Run trenches on contour in both directions. MAINTAIN 100 FEET MINIMUM SETBACK FROM WELL TO ALL PARTS OF SEPTIC SYSTEM.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 4/27/94

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 03/16/94

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

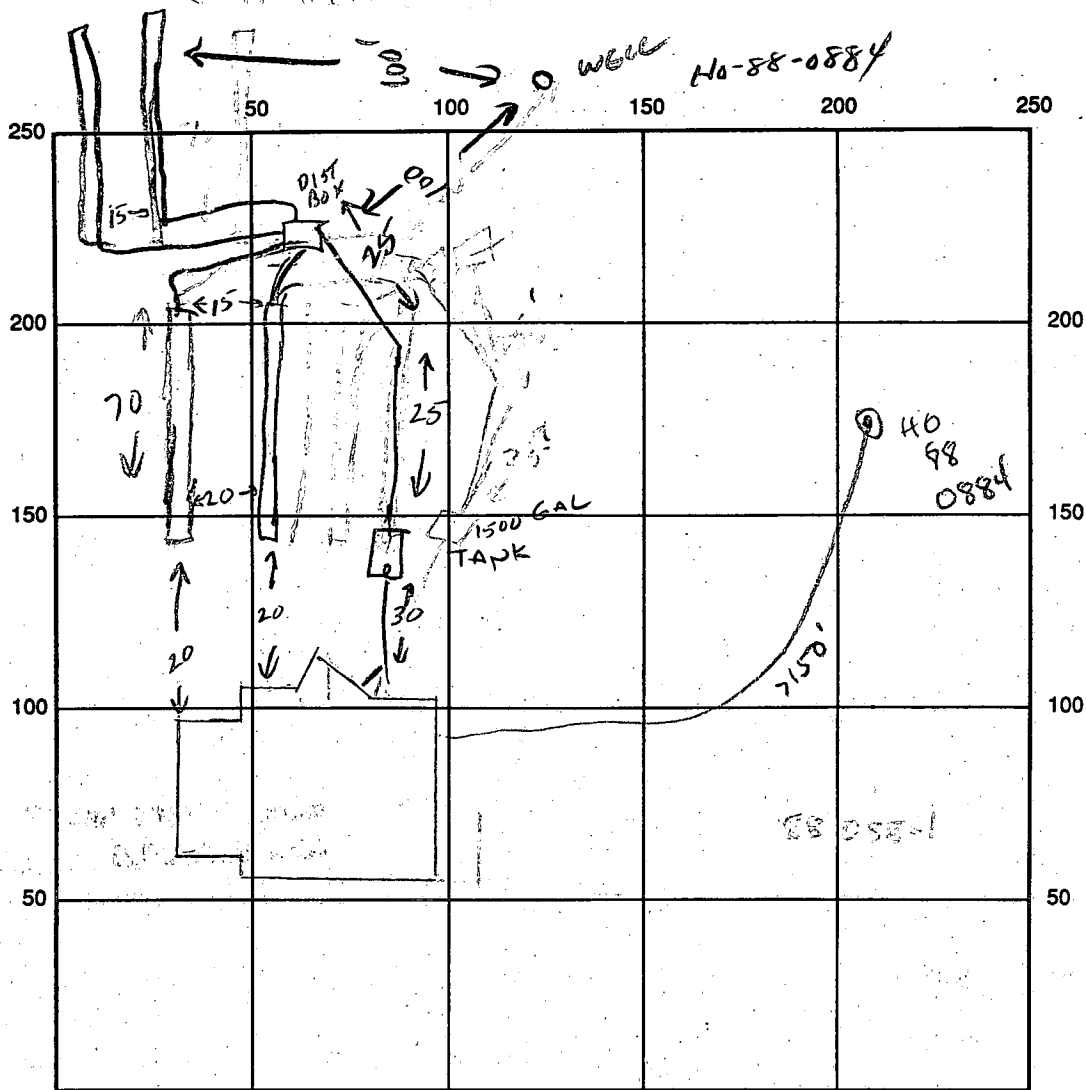
PERMIT VOID AFTER TWO YEARS

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
49859



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Paved Common Driveway

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS 57 ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 @ 70' ~~ONE SIDEWALL~~ BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: GREATER THAN USUAL SEPARATION BETWEEN TRENCHES DUE TO TREES/TOPOGRAPHY,

4 TRENCHES OK - HOUSE CONNECTION NEEDED 5/25/94 CW

5/27/94 House connection made. No WPI but line is in place

DATE SYSTEM APPROVED 5/27/94 INSPECTOR A. McMillan

APPLICATION

PERCOLATION TESTING

A 38129

P _____

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

*WET SEASON
TEST ONLY
mud analysis SA*

DISTRICT _____

DATE 11/28/86

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.
Jeffrey + Donna Jim Esol

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. LOT 41 PRELIM sec 2 phase 2

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland (1288 Crows Foot Road)

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ Acres TYPE BLDG: 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.

Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-14-87 Rec. Satisfactory, hold for subdivision plat. S. Hall

EDGE PERMIT SIGNED AND RETURNED 4/19/84
Serial # 53424

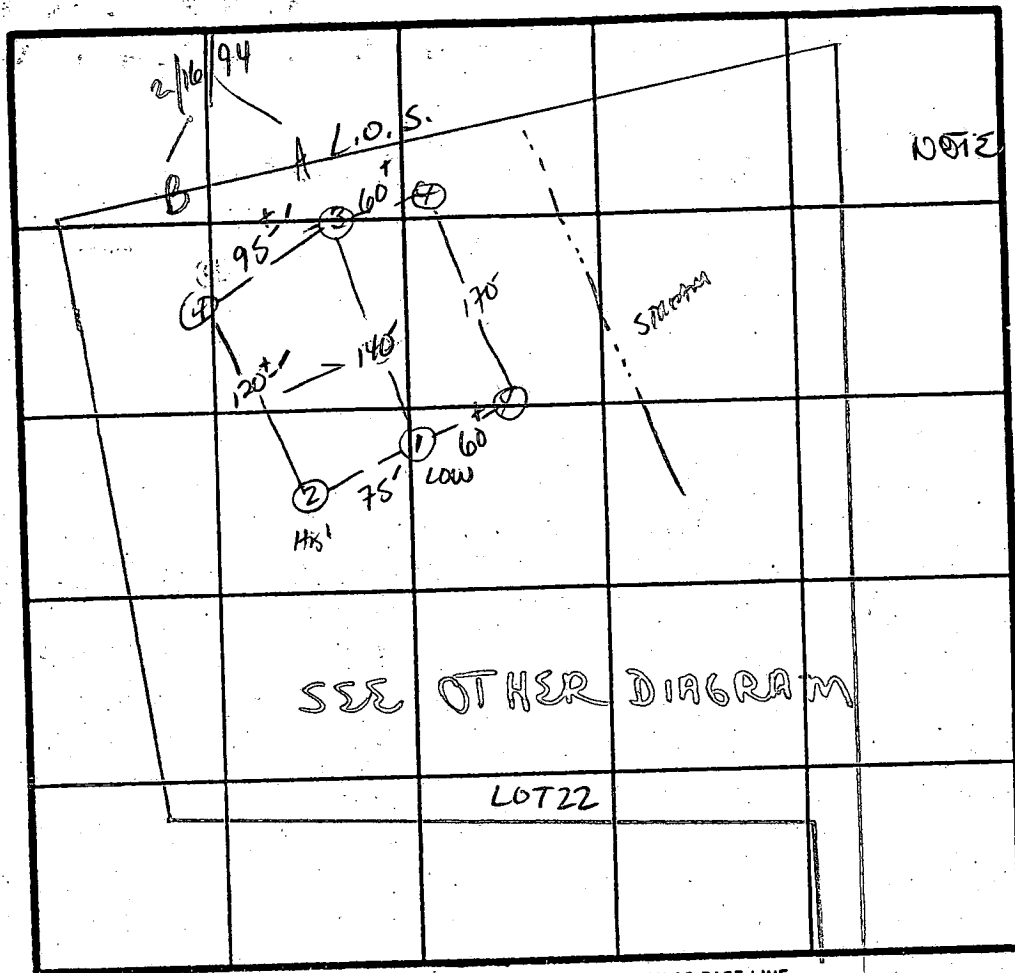
EDGE PERMIT SIGNED AND RETURNED 3/16/84

Buy 1-500 gal purperant, Serial # 53767- SFD-3 Bom

THIS IS NOT A PERMIT

① ② ③ ④
SOIL PROFILE

6"	A1-3 Yellow Red Silty CLAY LOAM 9-12% CLAY 10% FRAGS
4"	Yellow BR Silty LOAM 10% FRAGS VARIABLED RED Silt LOAM



NOTE: DIAGRAM AS SHOWN IN PENCIL OPPOSITE IN ORIENTATION FROM PRELIM PLAT IN TERMS OF SLOPE & STREAM LOCATION

7 Perc
9min
190 #1BR
INLET 4"
BOTTOM 5.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO HENRYTON Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/1/87	1 S	4.5	10:47	10:51	10:51	10:56	5 min
	2 S	12"	UNIFORM SOIL below				
	2 M	4"	10:49	10:51	10:51	10:54	3 min
		7.5"	10:49	10:51	10:51	10:53	2 min
	2 V	13"	UNIFORM SOIL below 4"				
	3 S	3.5	11:17	11:30	11:30	12:00	30 min
	3 V	12"	UNIFORM SOIL below 4"				
	4 S	4"	10:58	11:00	11:00	11:04	4 min
	4 V	13"	UNIFORM SOIL below 4"				

REMARKS Holes DIFF THAN PLAT. / Shallow SYST. only

TYPE OF SOIL CHESTER

TESTED BY S. Abel ALSO PRESENT RON, ED, ROCKY, BILL

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 38/29

P _____

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

DISTRICT _____

DATE 11/20/86

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 22

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3⁺ Acres TYPE BLDG. 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.

Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

2/16/94
10:00

APPLICATION

PERCOLATION TESTING

A 49859

P _____

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

*PROBLEM OK
PROPOSED ADJUSTMENT
TO RECORDED
EASEMENT.*

DISTRICT _____

DATE 2/1/94

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 SPRING HILL ASSOCIATES

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER JEFFREY & DONNA JIMESON

ADDRESS 8551 ILLIM MARIE CT PHONE 437-3309

PRESIDENA MARYLAND 21122

PROPERTY LOCATION:

SUBDIVISION MEADOWOOD LOT NO. 41

ROAD AND DESCRIPTION 1288 CROWFOOT ROAD

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ ACRES TYPE BLDG. 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 _____

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

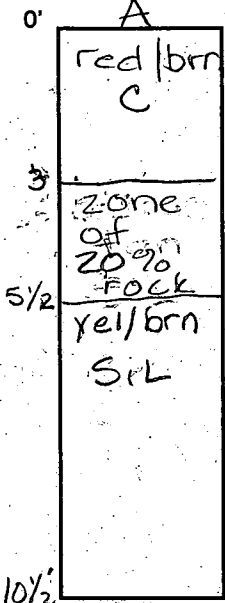
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

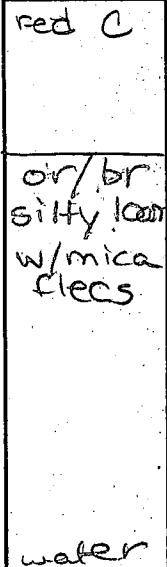
A 49859

COUNTY #

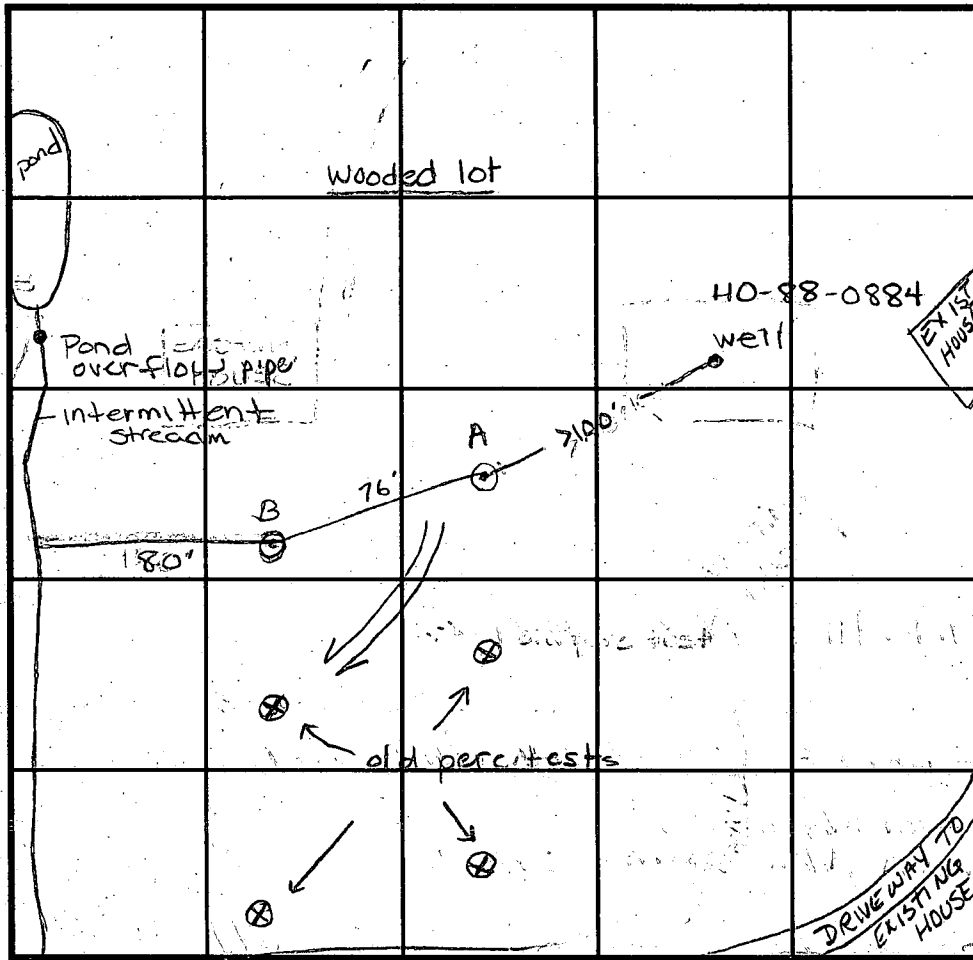
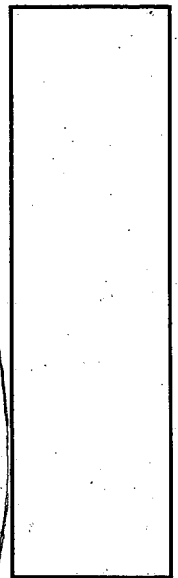
SOIL PROFILE



B



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/16/94	A	5 1/2' / 10 1/2'	10:55 ³⁰	10:58	10:58	11:03	5 min
	B	4 1/2' / 13'	11:21	11:26 ¹⁵	11:26 ¹⁵	11:34	8 3/4 min
	B	water seepage at 13'					

REMARKS Hold for wet season or reconfigure easment for highest possible position

TYPE OF SOIL Glenelg Loam & Glenville silt loam

TESTED BY A. McMullen, Kim Saw ALSO PRESENT Jeff Jameson (Prospective buyer)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 min TRENCH WIDTH 3'

INLET DEPTH 4 1/2' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 210 ft²

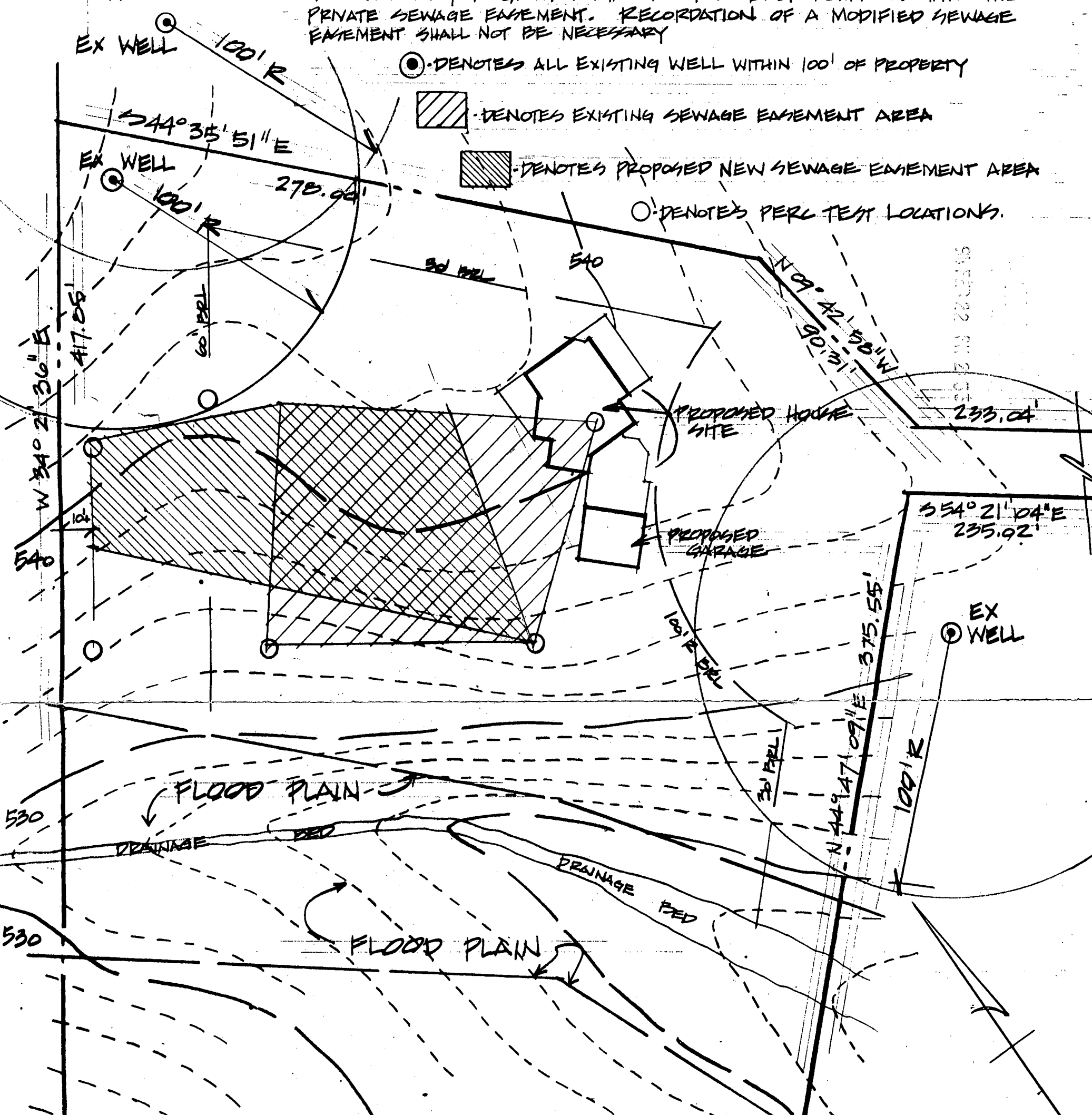
1) THE PURPOSE OF THIS PLAT IS TO CHANGE THE SEPTIC RESERVE AREA ON LOT #41 MEADOWOOD
 2) THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET, AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT, FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICE SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY

⊙ DENOTES ALL EXISTING WELL WITHIN 100' OF PROPERTY

▨ DENOTES EXISTING SEWAGE EASEMENT AREA

▩ DENOTES PROPOSED NEW SEWAGE EASEMENT AREA

○ DENOTES PERC TEST LOCATIONS.



PERCOLATION CERTIFICATION PLAT

LOT #41 MEADOWOOD SECTION TWO TAX MAP 10
 PARCEL 139 3RD ELECTION DISTRICT
 HOWARD COUNTY MARYLAND
 SCALE 1" = 40'-0"
 FEBRUARY, 20, 1994

PREPARED BY:
JEFFREY S. JIMESON
 LOT PURCHASER 41 MEADOWOOD
 8551 KIM MARIE COURT PASADENA MD
 410/437-3309 21122

APPROVED: FOR PRIVATE WATER
 AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

Jeffrey S. Jimeson

 JEFFREY S. JIMESON

2/21/94

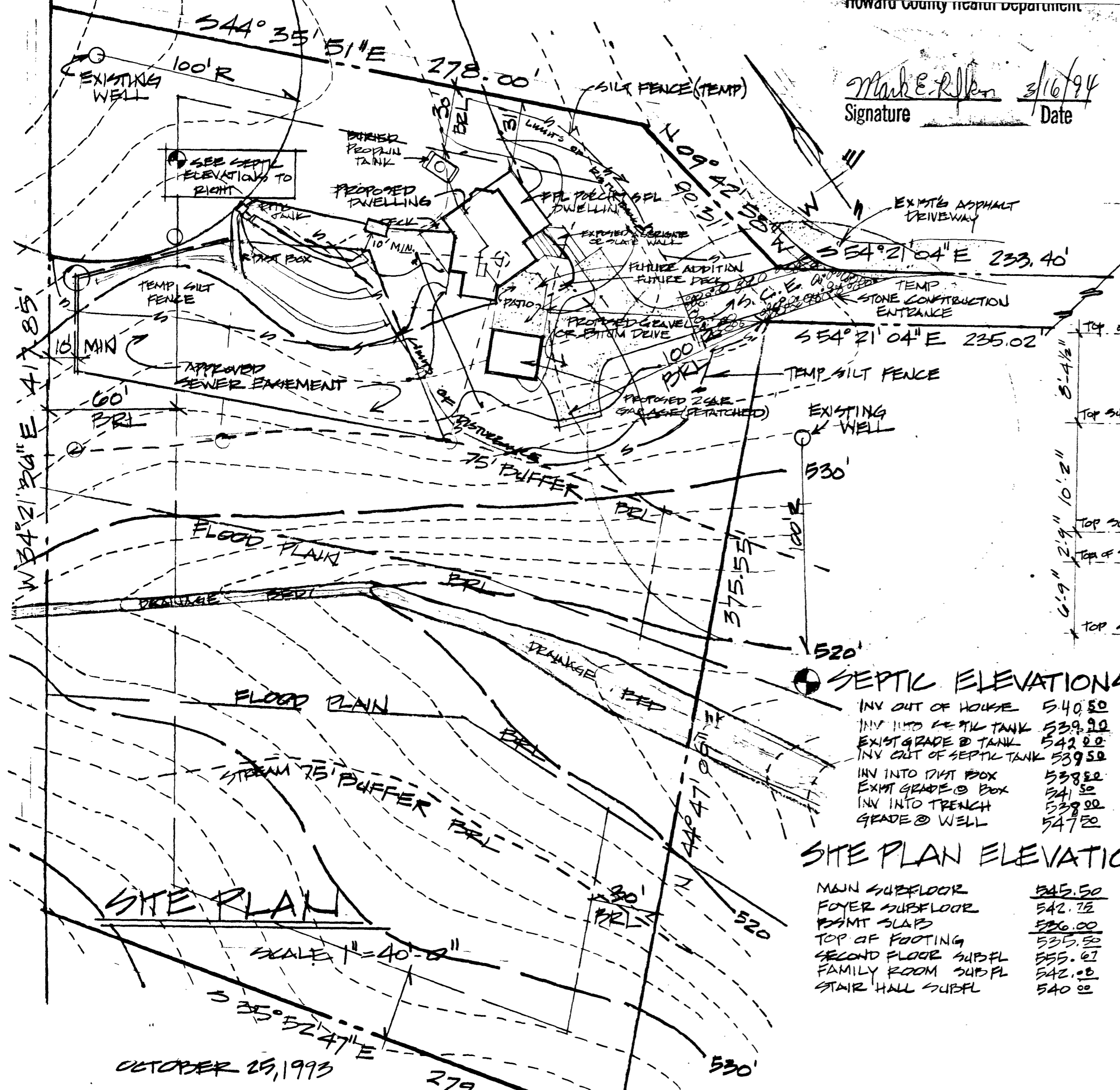
 DATE

Joyce A. Belcu

 HOWARD COUNTY HEALTH OFFICER (CW) 2-26-94

 DATE

Mark E. R. [Signature] 3/16/94
 Signature Date



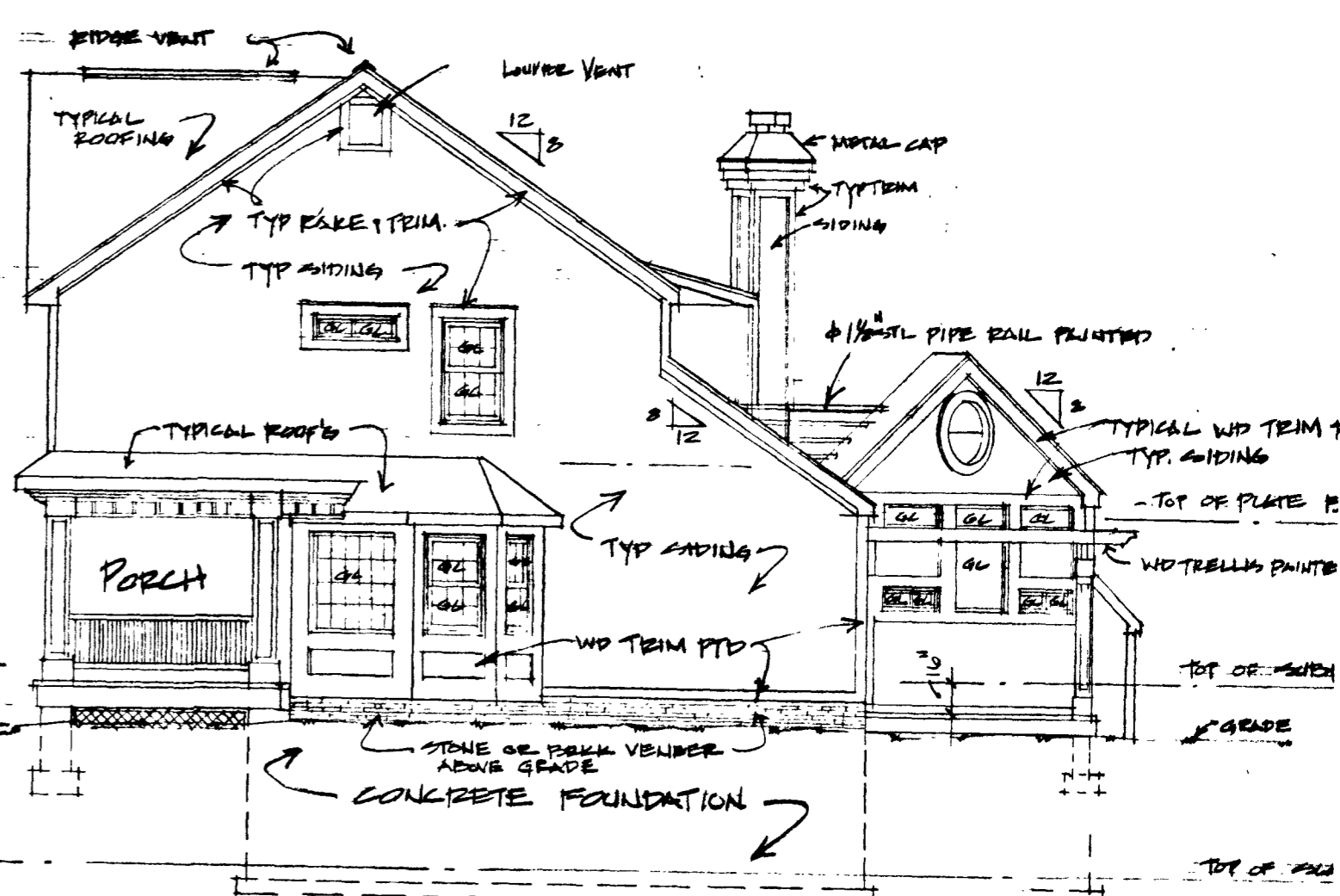
SEPTIC ELEVATIONS

INV OUT OF HOUSE	540.50
INV INTO SEPTIC TANK	539.00
EXIST GRADE @ TANK	542.00
INV OUT OF SEPTIC TANK	539.50
INV INTO PUMP BOX	538.00
EXIST GRADE @ BOX	541.00
INV INTO TRENCH	539.00
GRADE @ WELL	547.00

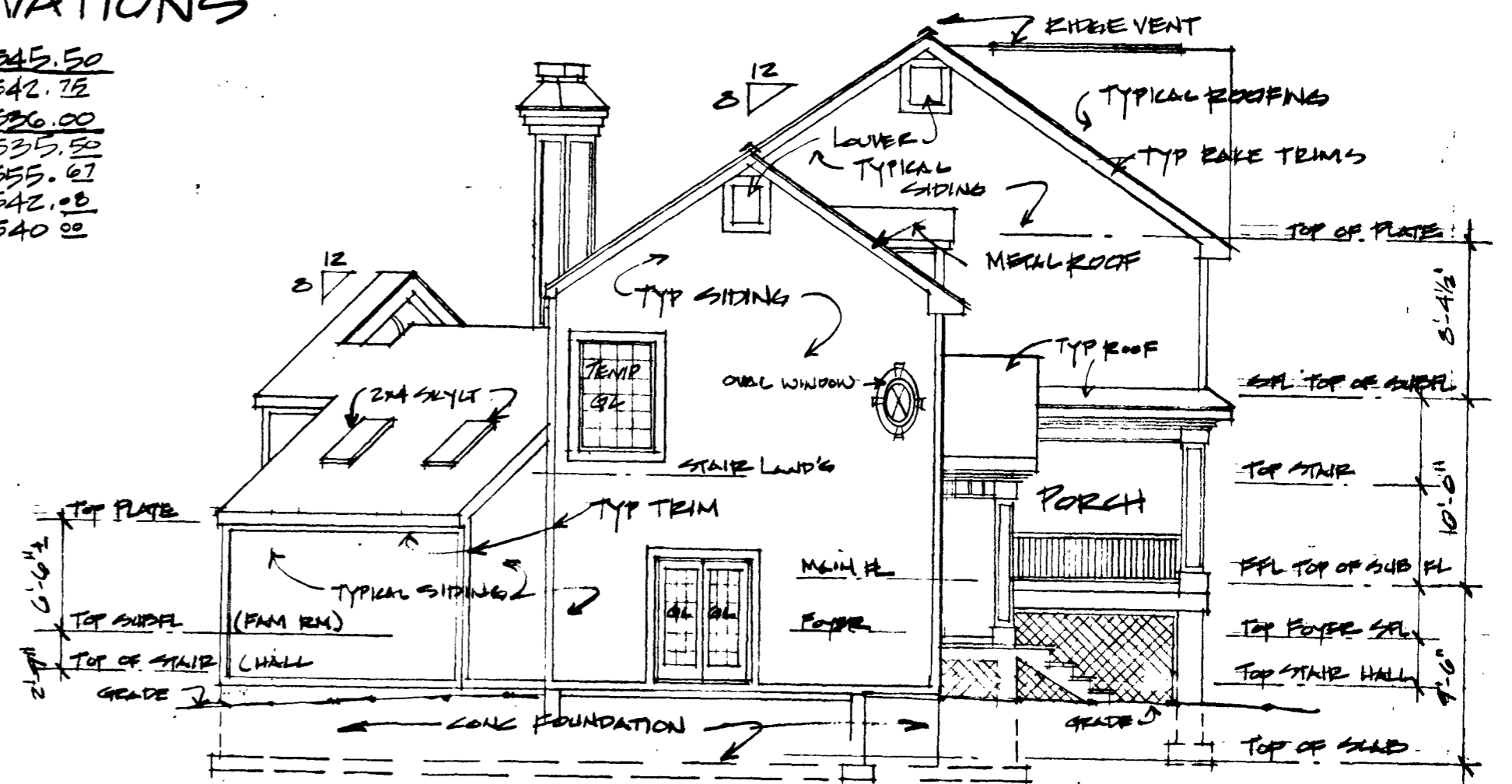
SITE PLAN ELEVATIONS

MAIN SUBFLOOR	545.50
FOYER SUBFLOOR	542.75
FOUNT SLAB	536.00
TOP OF FOOTING	535.50
SECOND FLOOR SUBFL	555.07
FAMILY ROOM SUBFL	542.00
STAIR HALL SUBFL	540.00

SITE PLAN
 SCALE 1" = 40'-0"



SIDE ELEVATION (NORTH)
 SCALE 1/8" = 1'-0"



SIDE ELEVATION (SOUTH)
 SCALE 1/8" = 1'-0"

3 BEDROOM RESIDENCE
 TRENCH LENGTHS TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
PROPOSED RESIDENCE OF:
JEFFREY & DONNA JIMELSON
 LOT # 41, MEADOWOOD SUBDIVISION, HOWARD COUNTY, DIST # 3
 1288 CROWS FOOT ROAD
 OCTOBER 25, 1993
 REVISED FEB 28, 1994
 © COPYRIGHT ALL RIGHTS RESERVED
 ALMAX CORP. INC. OCTOBER 1993

B 1 **9170** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

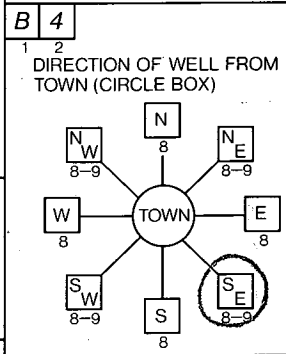
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
40-88-0884
 fill in this form completely

Date Received (APA) **06/3/89**
 OWNER INFORMATION
SPRING HILL ASSOC
 Last Name Owner First Name
1423 RT 32
 Street or RFD
W FRIENDSHIP MD 21794
 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **40.00**
6/13/89
PC-44504
HOWARD COUNTY
MEADOWWOOD SUBDIVISION
 SECTION **41** LOT
SYKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4** M I

DRILLER INFORMATION
 Driller's Name **George F. Easterday** License No. **40**
 Firm Name **L. Franklin Easterday, Inc.**
 Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**
 Signature **George F. Easterday** Date **6/8/89**



CROWS FOOT RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **650** FT
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A 38129**
 STATE SIGNATURE _____ DATE ISSUED **7/16/90**
071789 CO SIGNATURE **Schuyler Abel** EXP. DATE **MR 12/5/89**
 NORTH GRID **548000** EAST GRID **0818000**

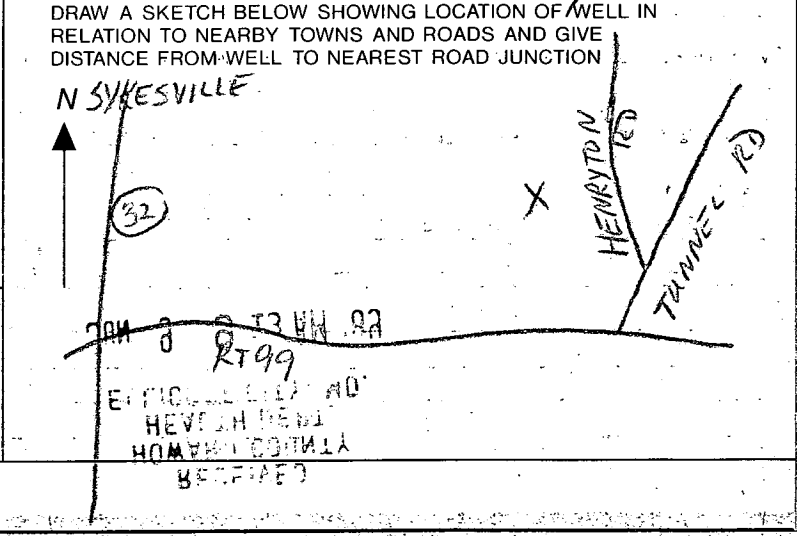
APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 JETTED Jetted & DRIVEN
 CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **82018**
 N **5408**

3/22/90 Well now present started while C.B. ...
 7 Bags of cement
 60' casing
 19' open-grout seal
 1-2' casing above
 2- casing above
 ground
 C.B. ...
 Top of seal ...

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **40-88-0884**



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **G A P**
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-88-0884**

SPECIAL CONDITIONS

C1 1019

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 38127

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 03 27 90

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0884

OWNER: SPINEMAN ASSOCIATES last name first name TOWN: SYLVANIE SUBDIVISION: SECTION 2 PHASE 2 LOT 41

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. mica, Tan mica, Gray mica, Tan mica, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 700

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 60 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

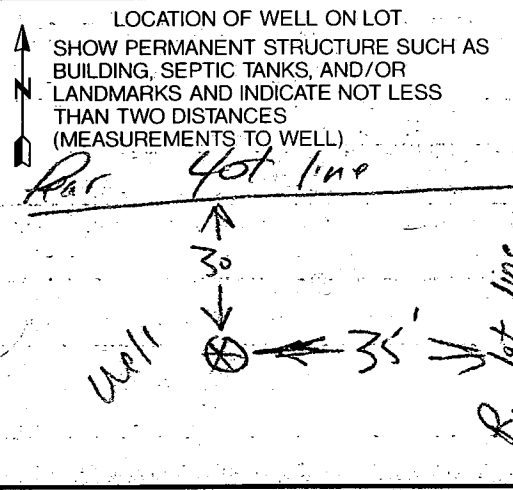
DEPTH (nearest ft.) HO 400 SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 150 TYPE OF PUMP USED (for test) 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 (nearest foot)



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. 46 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0116656

Building Address 1288 CRAWFORD ROAD
MARRIOTTSVILLE, MD 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision MEADOWLAND
Section _____ Area _____ Lot 41
Tax Map 10 Parcel 312 Grid 7
Zoning RR Map Coordinates 5610 Lot size 3/4 A.

Property Owner's Name JIMESON, Jeffrey
Address 1288 CRAWFORD ROAD
City MARRIOTTSVILLE State MD Zip Code 21104
Home Phone (410) 442-9923 Work Phone (410) 209-0500
Applicant's Name & Mailing Address: (if other than stated hereon):
JEFFREY & DONNA
Phone 410/442-9923 Fax 410/209-0602

Existing Use SINGLE FAMILY RESIDENCE
Proposed Use SINGLE FAMILY RES.
Estimated Construction Cost \$ 40,000
Description of Work POOL GUN, MASTER SUITE
BATH - DECK & FIREPLACE LIPING
SUN ROOM

Contractor Company OWNER
Contact Person JEFFREY JIMESON
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
License No. 13189373 (A1-MAX)
Phone _____ Fax _____

Occupant or Tenant OWNER
Contact Name SEE ABOVE
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>1 ADDITIONAL</u> <u>TOTAL OF 4 BEDS</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

[Signature]
Applicant's Signature
OWNER
Title/Company

JEFFREY S. JIMESON
Print Name
MARCH 16, 1999
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 type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Health	<u>3/25/99</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 NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 181X

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>155</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

