

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

**PERMIT  
INDEXED**

P \_\_\_\_\_

A 49887-B

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

**01-165534**

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Fischer Property LOT NUMBER: 1

ADDRESS: 6160 Rockburn Hill Rd PROPERTY OWNER: Leonard Fischer

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED  *prev*

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED  *Bevier*

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_ HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.0 feet below original grade. Effective area begins at 1.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

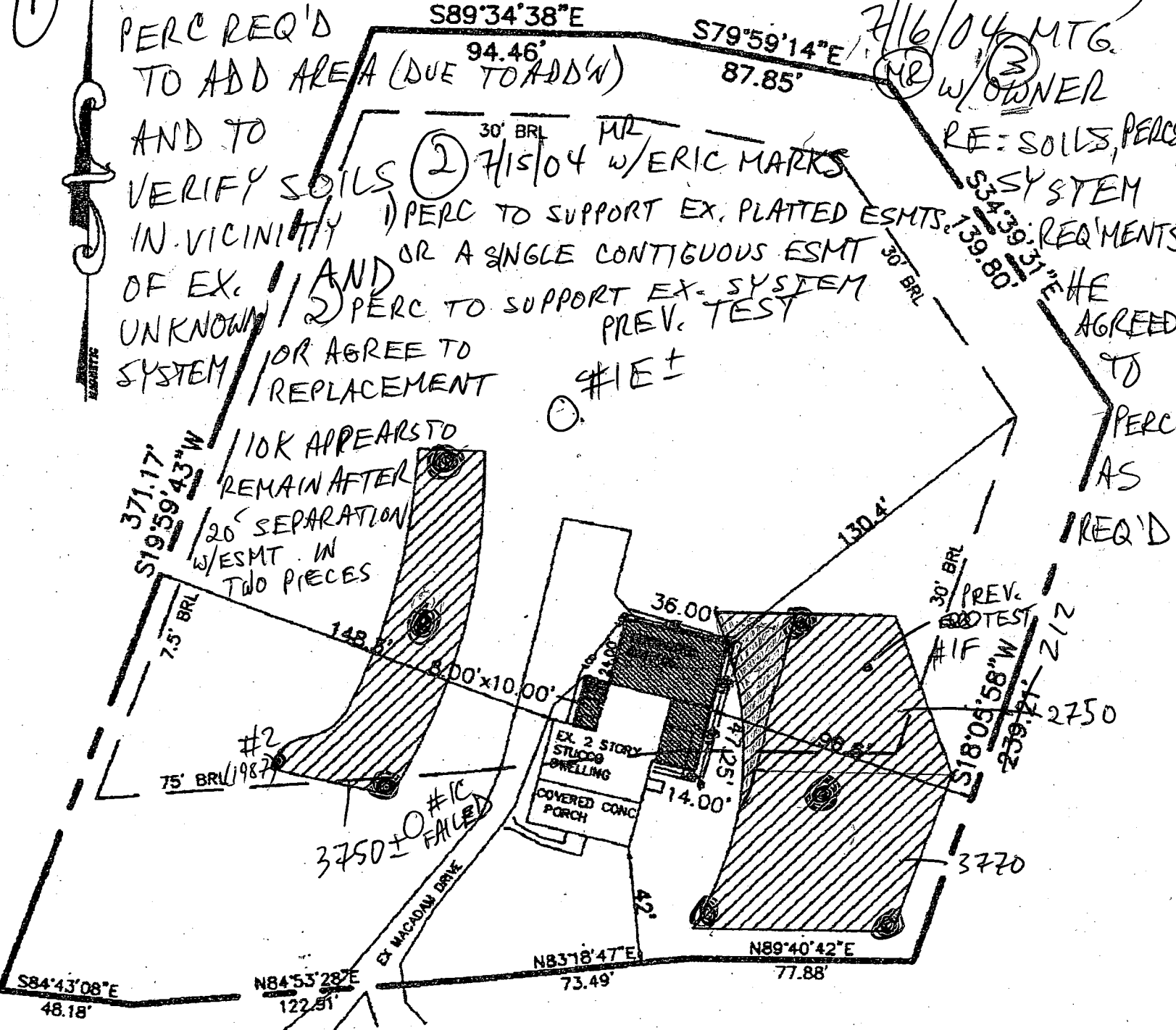
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED  
AND RETURNED**  
8-26-04 B00149880-540 ROOM + ATTACHED GARAGE

*49887-B*

7/9/04 T/C to Eric Marks (surveyor) 410-747-8738  
 MR PROBLEMS W/PROP. ADD'N TO EX. 3BR HOUSE (BR PROP) (NO BR PROP)  
 1) EX. SYSTEM UNKNOWN, NO RECORDS (SURVEYOR REPORTS OWNER CLAIMS RECENT REPAIR)  
 2) PROP. ADD'N 220' TO SDA

PERC REQ'D TO ADD AREA (DUE TO ADD'N) AND TO VERIFY SOILS IN VICINITY OF EX. UNKNOWN SYSTEM  
 7/16/04 MTG. MR W/ OWNER RE: SOLLS, PERCS, SEPTIC SYSTEM REQUIREMENTS  
 2) 7/15/04 MR W/ ERIC MARKS  
 1) PERC TO SUPPORT EX. PLATTED ESMTS. OR A SINGLE CONTIGUOUS ESMT  
 2) PERC TO SUPPORT EX. SYSTEM PREV. TEST  
 OR AGREE TO REPLACEMENT



6160 ROCKBURN HILL ROAD

1:50

**LEGEND**

EXISTING SEPTIC EASEMENT



# APPLICATION

PERCOLATION TESTING

A 49887B

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 2/16/94

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 LEONARD FISCHER

ADDRESS GIGA ROCKBURY HILL ROAD PHONE (410) 796-2817  
ELBRIDGE MD 21227

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION FISCHER MIND SUBDIVISION LOT NO. 341

ROAD AND DESCRIPTION ROCKBURY HILL ROAD

TAX MAP 32 PARCEL # 1

SIZE OF LOT 1.2 +/- AC TYPE BLDG. SINGLE FAMILY DWELLING  
(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

49887  
COUNTY #

SOIL PROFILE

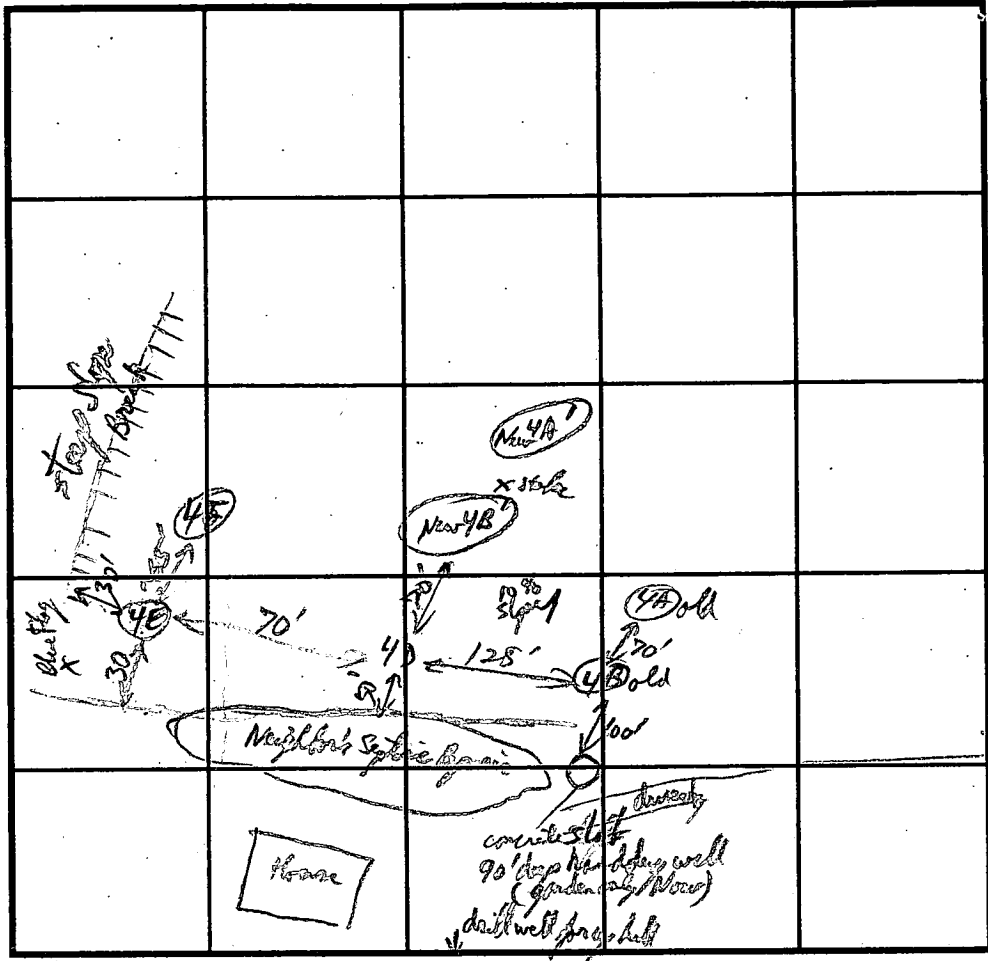
0' **(IE)**  
 0-1/2' Brn Bm  
 SL E  
 Red Bm  
 SL streaks  
 1/2-3' Blue grey  
 SL  
 15%  
 str sporadic  
 (gneiss)  
 at bottom  
 School

IF

6" Black Bm  
 typical  
 Red Brn - Red  
 HL  
 2 1/2' Red Brn - yellow  
 micaceous  
 loam  
 5' pale yellow  
 Tan SL  
 massive  
 loose  
 15%  
 str sporadic  
 reddish more  
 weathered

**(IC)**

6" Black Sil  
 typical  
 Yellow Bm  
 SICL  
 m & 2 ssk  
 6' Blue grey  
 SL  
 25%  
 str sporadic  
 hard, brittle



SOIL PROFILE

all 4B  
 0' Sta Brn  
 - yellow  
 SICL  
 2 1/2-3' Mix Blue grey  
 + Red Bm  
 (micaceous SL)  
 7-9' grey Brn  
 SL (gneiss)  
 20%  
 12'

16' 4E  
 weathered Brn (2.5V4/B)  
 & Red Bm Mix SICL-SICL  
 3-4' Green Blk-grey  
 SL-L  
 Blue grey SL  
 25% small  
 str sporadic  
 11 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/17/94	<b>(IE)</b>	8'	10:30:32	10:35:00	4 1/2 min	10 ft from	steep slope angle
	IF	5'	10:48:50	10:57:00			13 min
		11 1/2'		OK below 3'			
	<b>(IC)</b>	19 1/2'		Visual only (note beside cross piping well water line)			Fast
				probable v. slow percol to 6 ft, then too fast			

REMARKS \_\_\_\_\_  
 TYPE OF SOIL Chert/Mason  
 TESTED BY R. Kelly ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

4F

# APPLICATION

PERCOLATION TESTING

A 40285

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE Oct 15 1981

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 LEONARD G FISCHER AND CLARE V FISCHER

ADDRESS 6160 ROCKBURN HILL RD. PHONE 796-2817

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: ROCKBURN HILL RD. EAST SIDE OF ROAD

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 32 PARCEL # 1

SIZE OF LOT 14.02 ACERS TYPE BLDG. EXISTING RESIDENCE  
(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.

Leonard G Fischer  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

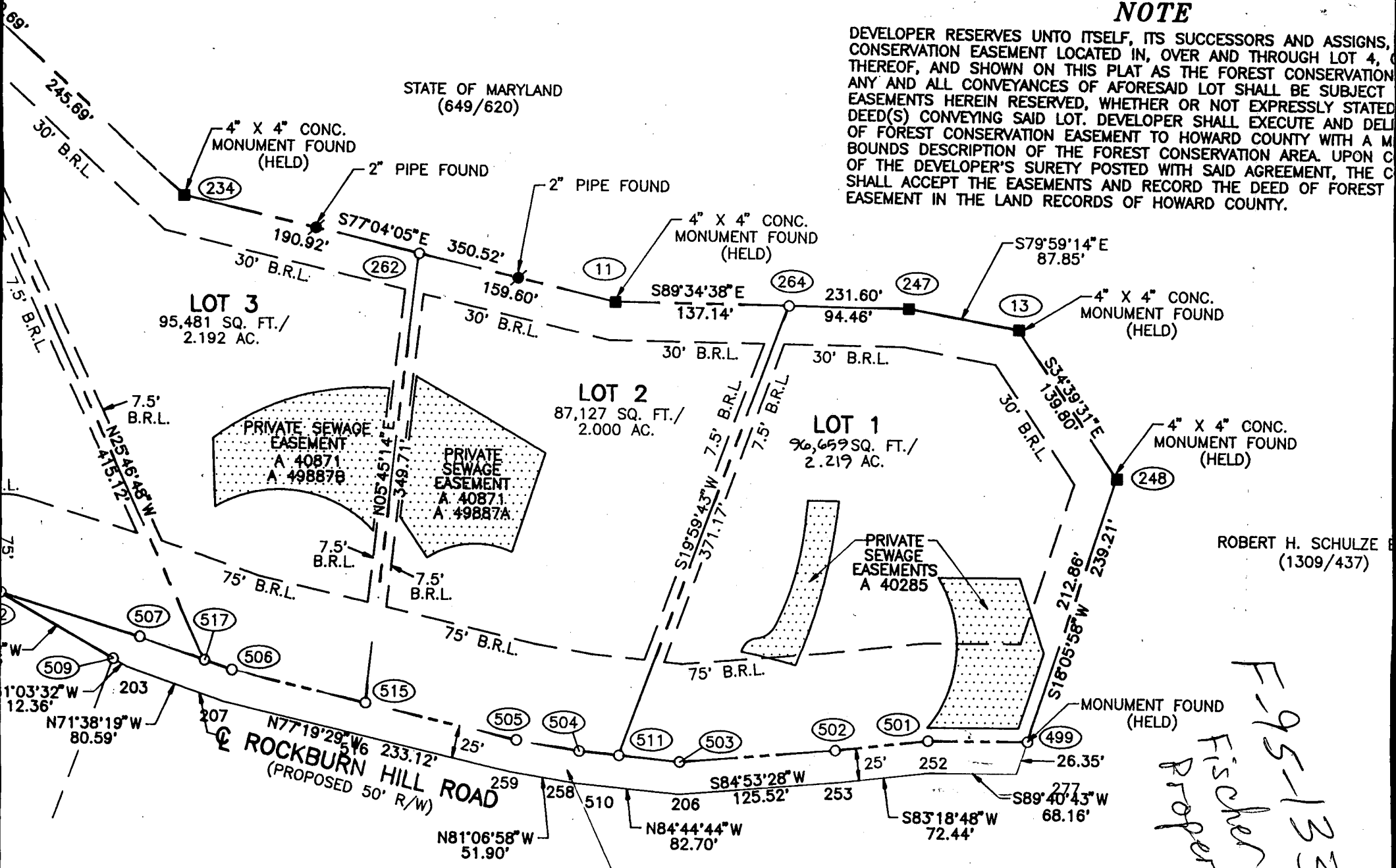
REASONS FOR REJECTION OR HOLDING 11/23/87 Perc Satisfactory - Hold for Proj. SAG

# THIS IS NOT A PERMIT



**NOTE**

DEVELOPER RESERVES UNTO ITSELF, ITS SUCCESSORS AND ASSIGNS, CONSERVATION EASEMENT LOCATED IN, OVER AND THROUGH LOT 4, THEREOF, AND SHOWN ON THIS PLAT AS THE FOREST CONSERVATION ANY AND ALL CONVEYANCES OF AFORESAID LOT SHALL BE SUBJECT EASEMENTS HEREIN RESERVED, WHETHER OR NOT EXPRESSLY STATED DEED(S) CONVEYING SAID LOT. DEVELOPER SHALL EXECUTE AND DELIVER OF FOREST CONSERVATION EASEMENT TO HOWARD COUNTY WITH A METE AND BOUNDS DESCRIPTION OF THE FOREST CONSERVATION AREA. UPON COMPLETION OF THE DEVELOPER'S SURETY POSTED WITH SAID AGREEMENT, THE COUNTY SHALL ACCEPT THE EASEMENTS AND RECORD THE DEED OF FOREST CONSERVATION EASEMENT IN THE LAND RECORDS OF HOWARD COUNTY.



STATE OF MARYLAND  
(649/620)

ROBERT H. SCHULZE  
(1309/437)

*F-95-133  
Fischer Property*

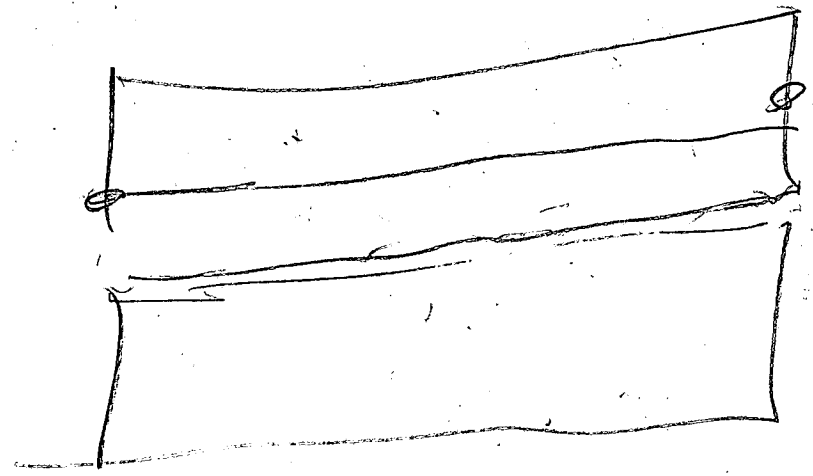
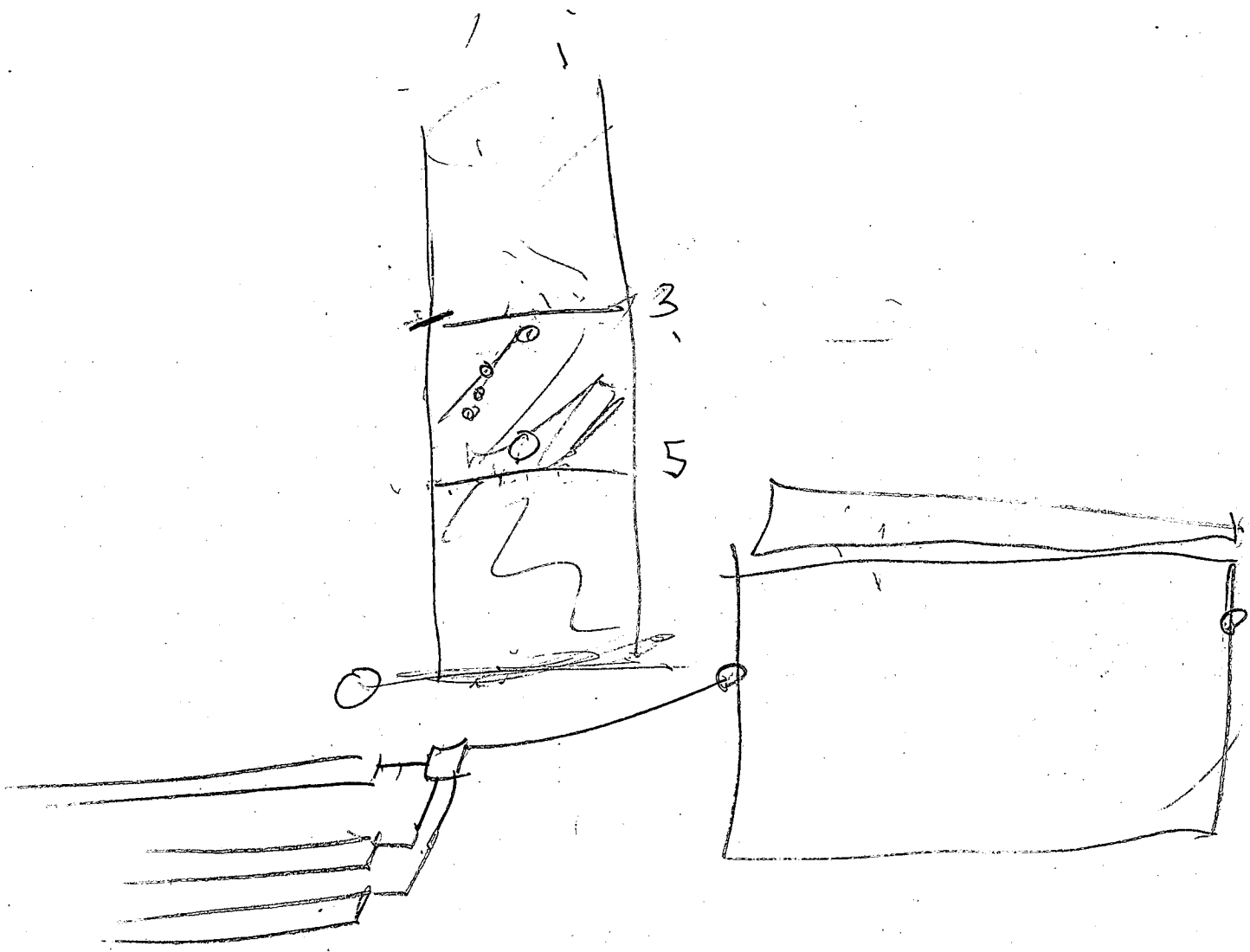
**AREA TABULATION**

NUMBER OF BULDABLE LOTS TO BE RECORDED:	4
NUMBER OF OPEN SPACE LOTS TO BE RECORDED:	1
NUMBER OF LOTS TO BE RECORDED:	5
AREA OF BULDABLE LOTS TO BE RECORDED:	9.136 AC
AREA OF OPEN SPACE LOTS TO BE RECORDED:	3.231 AC
AREA OF LOTS TO BE RECORDED:	12.367 AC

AREA TO BE DEDICATED TO HOWARD COUNTY FOR THE PURPOSE OF A PUBLIC ROAD (0.442 AC)

OWNERS





C 1 3867 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)

STATE OF MARYLAND  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL  
**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (DWR USE ONLY)  
 APRIL 1970  
 DAY WELL COMPLETED

DEPTH OF WELL 170  
 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL  
 HO-70-0122  
 28 29 30 31 32 33 34 35 36 37

OWNER: **Belier, Allan V** (LAST NAME) **Belier, Allan V** (FIRST NAME)  
 STREET OR RFD: **5594 ROCK BURN HL RD** POST OFFICE: **Ft. Ridgely MD 21229**

**WELL LOG**  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Brown Shale	0	10	
	60		
Granet	10	170	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 Y  N

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 20 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 CASING TYPES (INSERT APPROPRIATE CODE BELOW)  
 S T STEEL  C O CONCRETE  
 P L PLASTIC  O T OTHER

MAIN CASING TYPE: **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): **23**

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

**SCREEN RECORD**  
 SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)  
 S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE  
 P L PLASTIC  O T OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

EACH CASING	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	0	21
2	23	36
3	38	51
4	53	66

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)  F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  LOG INDICATOR  
 OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

**PUMPING TEST**  
 HOURS PUMPED (TO NEAREST HOUR): **3**  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): **2**

METHOD USED TO MEASURE PUMPING RATE: **Other**  
 WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING: **50** (NEAREST FOOT)  
 WHEN PUMPING: **265** (NEAREST FOOT)

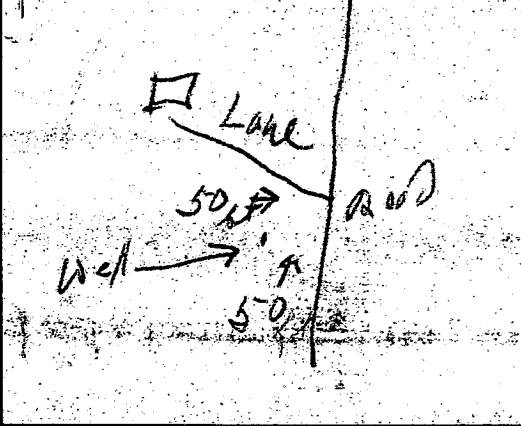
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)  
 A R  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE

**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON): **31** - **35**  
 PUMP HORSE POWER: **37** - **41**  
 PUMP COLUMN LENGTH (NEAREST FOOT): **43** - **47**

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE  
 - BELOW } **2** (NEAREST FOOT)

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



**CIRCLE APPROPRIATE BOXES**  
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**STATE OF MARYLAND**  
**DEPARTMENT OF WATER RESOURCES**  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

SEQUENCE NO. (DWR USE ONLY) **9988**

500  
80 APPLICATION FOR PERMIT TO DRILL WELL

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) **4/1/70 1:30**

OWNER: **Bevier, Allan U.** COL 15 LASTNAME FIRST NAME COL 34

STREET OR RFD: **535 1/2 Rock Hill Rd** COL 36 COL 55

POST OFFICE: **Elkridge MD 21127** COL 57 COL 80

**B 2 DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

**Harry Green** IDENTIFY NUMBER **1**

8 FIRST NAME DRILLER LAST NAME 27 29 32

**10401 Bethesda Rd** STREET OR RFD 34 53

**Damascus MD 30750** POST OFFICE ZIP CODE 59 80

DATE OF APPLICATION **Jan 1970**

**B 4 LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

**Howard** COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21

**5334 Rock Hill** SUBDIVISION 23 42

SECTION **46** LOT **48** 44 50

NEAREST TOWN **Elkridge** 52

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1** 73 76 77 78

**B 3 WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **1000** 14 20

**B 5 DIRECTION FROM TOWN**  
(CIRCLE APPROPRIATE BOX)

NORTH  EAST  NE NORTHEAST  SE SOUTHEAST

SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD **Rock Hill Rd** 8 9 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NORTH  SOUTH  EAST  WEST 32 37 32 37

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **50** 34 37 38 39

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

APPROXIMATE DEPTH OF WELL **120** FEET 24 28

**METHOD OF DRILLING USED** (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE ROTARY

OTHER (DESCRIBE) \_\_\_\_\_

**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

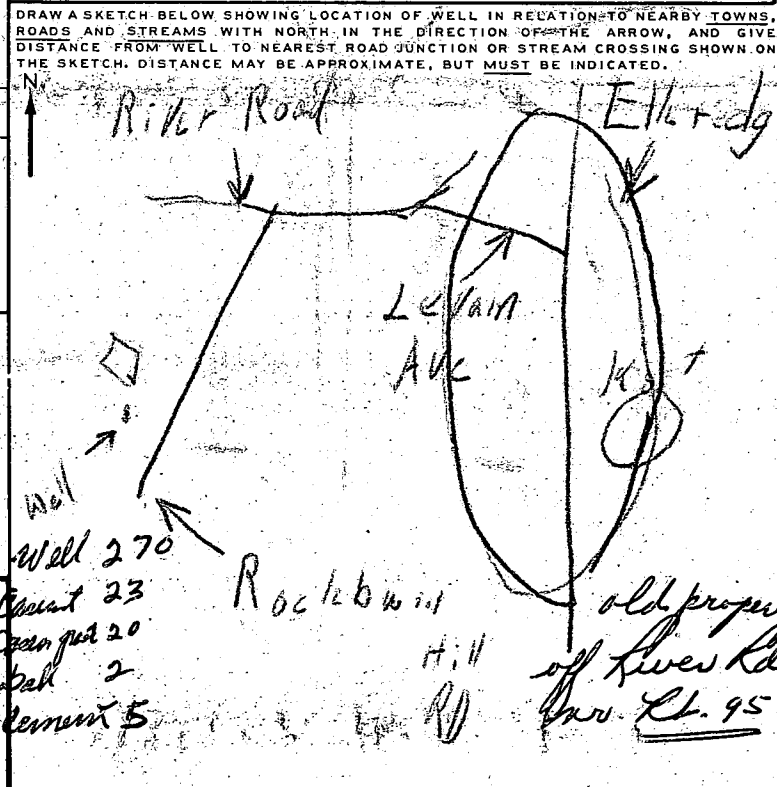
THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER** (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER \_\_\_\_\_

ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX)  FORCE  WRITE INITIALS IN BOX

CONDITIONS \_\_\_\_\_



**B 5 CONTINUED HEALTH DEPARTMENT APPROVAL** (NOT TO BE FILLED IN BY DRILLER)

LATITUDE **39 13 30** COUNTY DEPT. OF HEALTH **Howard**

LONGITUDE **07 64 32**

DATE **1 28 70** APPROVED BY **[Signature]** TITLE **Director**

**Environmental Health**

ELEVATION AT WELL HEAD (FEET) **0100**

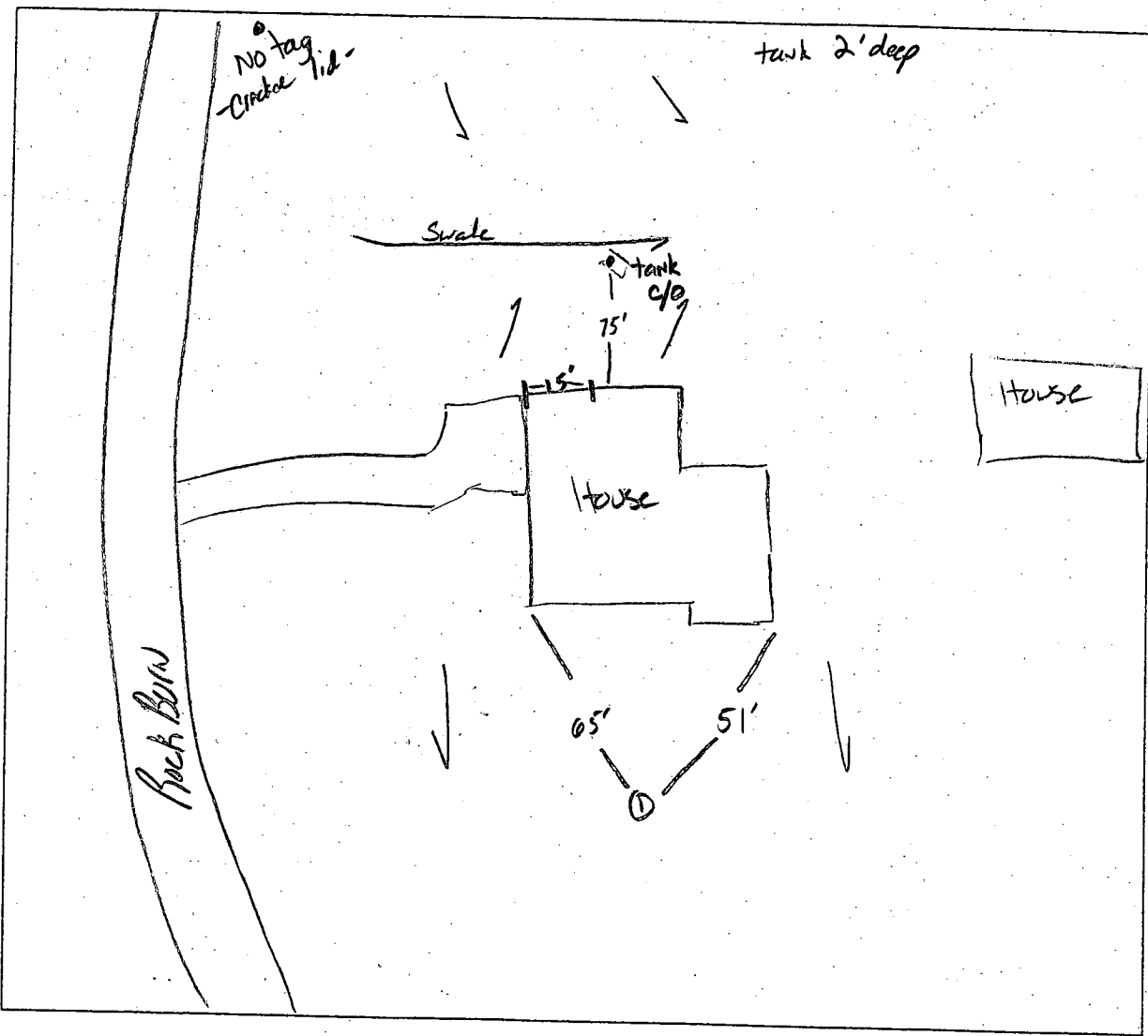
**B 6 SPECIAL CONDITIONS** (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

SITE INSPECTION SHEET

OWNER: Leonard Fischer PHONE #: \_\_\_\_\_  
 ADDRESS: 6160 Rockburn Hill Rd CONTRACTOR: \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
 PROPOSAL: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



①	Brown L	1'
	Yellow/Brown Sl	3'
	Brown/green Sel *	-
	Rock	-5 1/2'

COMMENTS: The Sid - seems to be weathered bedrock. Couldn't find any drainholes.

DATE: 8/12/02 INSPECTOR: KSB

Building Address 6160 Rockburn Hill Rd  
Elkridge, MD 21075  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 60101 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates 1714 Lot size \_\_\_\_\_

Property Owner's Name Leonard Fischer  
 Address 6160 Rockburn Hill Rd  
 City Elkridge State MD Zip Code 21075  
 Home Phone 410-796-2817 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD  
 Estimated Construction Cost \$ 35,000  
 Description of Work Construct new Sunroom  
+ Attached garage - Reconfigure  
side entry

Contractor Company Owings Brother Contracting  
Inc.  
 Contact Person Michael Owings  
 Address 1912 Liberty Rd  
 City Elkridge State MD Zip Code 21784  
 License No. 196610-01  
 Phone 410-781-7022 Fax 410-544-9668

Occupant or Tenant Leonard Fischer  
 Contact Name Leonard Fischer  
 Address 6160 Rockburn Hill Rd  
 City Elkridge State MD Zip Code 21075  
 Phone 410-796-2817 Fax \_\_\_\_\_

Engineer or Architect Company Studio 22  
 Contact Person Bob Priest  
 Address 1044 Green Hill Farm Rd  
 City Riverstown State MD Zip Code 21136  
 Phone 410-833-8680 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: <u>N/A</u> <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 _____ 1st floor: <u>214</u> x <u>23.3</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Water Supply: _____ Public _____ Private _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sewage Disposal: _____ Public _____ Private _____
Other Structure: <u>Garage</u> Dimensions: <u>22 x 26</u> Footings: <u>6" x 20"</u> Roof: <u>Gable</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ State Certified Modular _____ Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <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 THEREIN; (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.

Thomas Siner  
 Applicant's Signature  
Director/Owings Brothers  
 Title/Company

Thomas Siner  
 Print Name  
8-11-04  
 Date

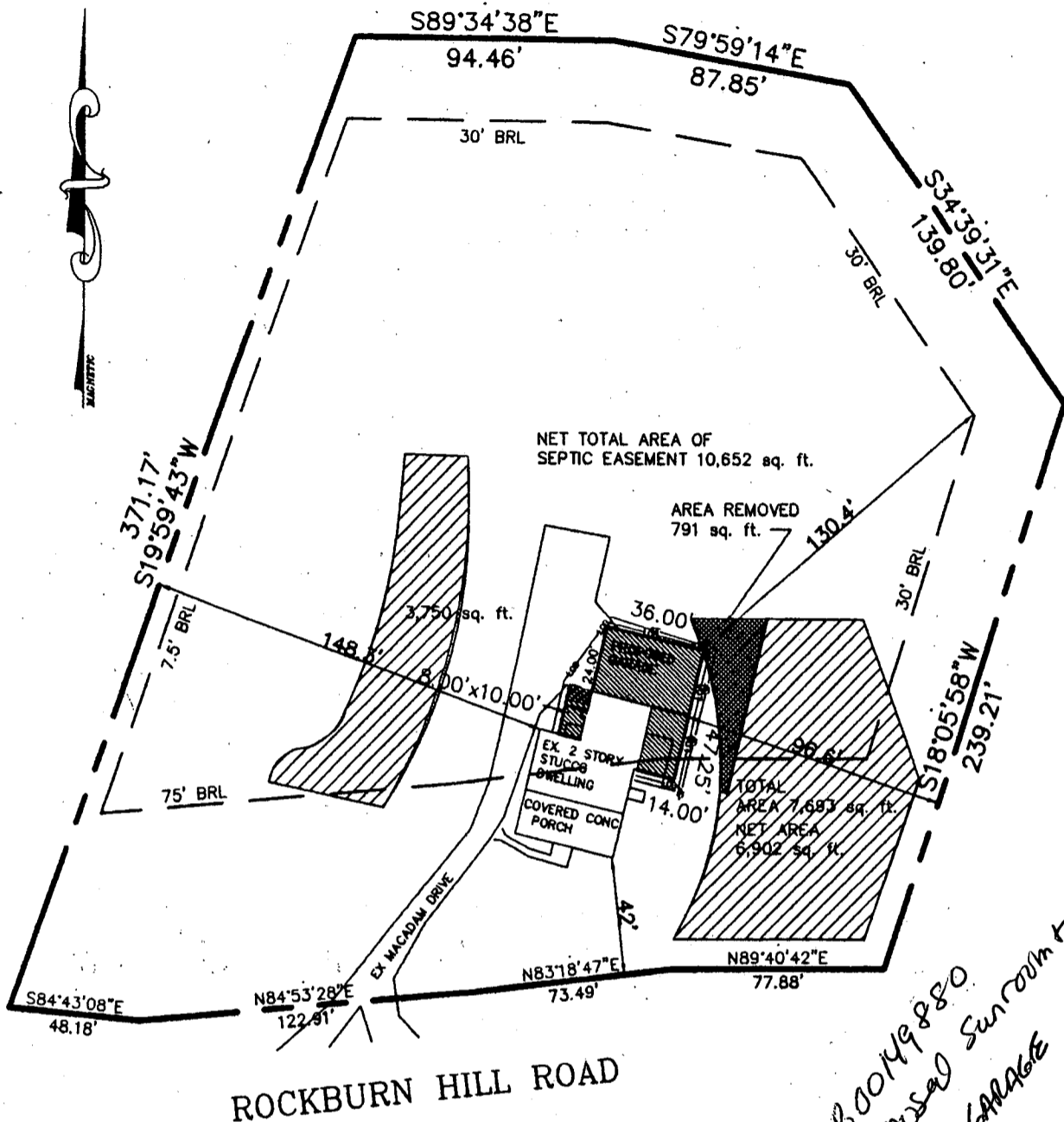
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	<u>69065</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>8/26/04</u>	<u>Jay</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>10135</u>
				Validation # <u>72259</u>

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



*000149880  
 proposed sun room +  
 ATTACHED GARAGE*

**NOTES**

- OWNER: LEONARD G. FISCHER  
 6160 ROCKBURN HILL ROAD  
 ELKRIDGE, MARYLAND 21075  
 PH. 410-796-2817
- BUILDER: OWINGS BROTHERS CONTRACTING  
 1912 LIBERTY ROAD  
 ELDERSBURG, MARYLAND 21784  
 410-781-7022
- PROPERTY INFORMATION: LOT 1, " FISCHER PROPERTY"  
 RECORDED AS PLAT NO. 12374
- FOOTPRINT AREA OF ADDITIONS: 1,232 SQ.FT.



**LEGEND**

- EXISTING SEPTIC EASEMENT
- PROPOSED ADDITION
- LIMIT OF DISTURBANCE
- SILT FENCE

<b>RECORD REFERENCES</b> LIBER/FOLIO _____ PLAT BOOK _____ PLAT NO./FOLIO <u>12374/</u>	<b>PLOT PLAN FOR ADDITION</b> 6160 ROCKBURN HILL ROAD LOT NO. 1 FISCHER PROPERTY HOWARD COUNTY, MARYLAND	<b>MARKS &amp; ASSOCIATES L.L.C.</b> CONSULTING SURVEYORS—LAND PLANNERS 4531 COLLEGE AVENUE ELICOTT CITY, MARYLAND TELEPHONE (410)747-8738 FAX (410)747-8739
		SCALE <u>1"=60'</u> DATE <u>JULY 7, 2004</u>