

05 - 350379

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40743

A 37096

DISTRICT 5th

DATE 12/31/87

DATE SYSTEM APPROVED 12/21/87

INSPECTOR RH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

{ I.C.O.P. issued only }
Time expired

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 12010 Hall Shop Road LOT Parcel 279

PROPERTY OWNER _____ Lanny Specht

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 255 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 420 feet from the front lot line and 15 feet from the left (1401.30') lot line as seen when facing the lot from Hall Shop Road. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ~~etc~~

PLANS APPROVED BY S. Abel DATE 9/17/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BUILDING PERMIT SIGNED

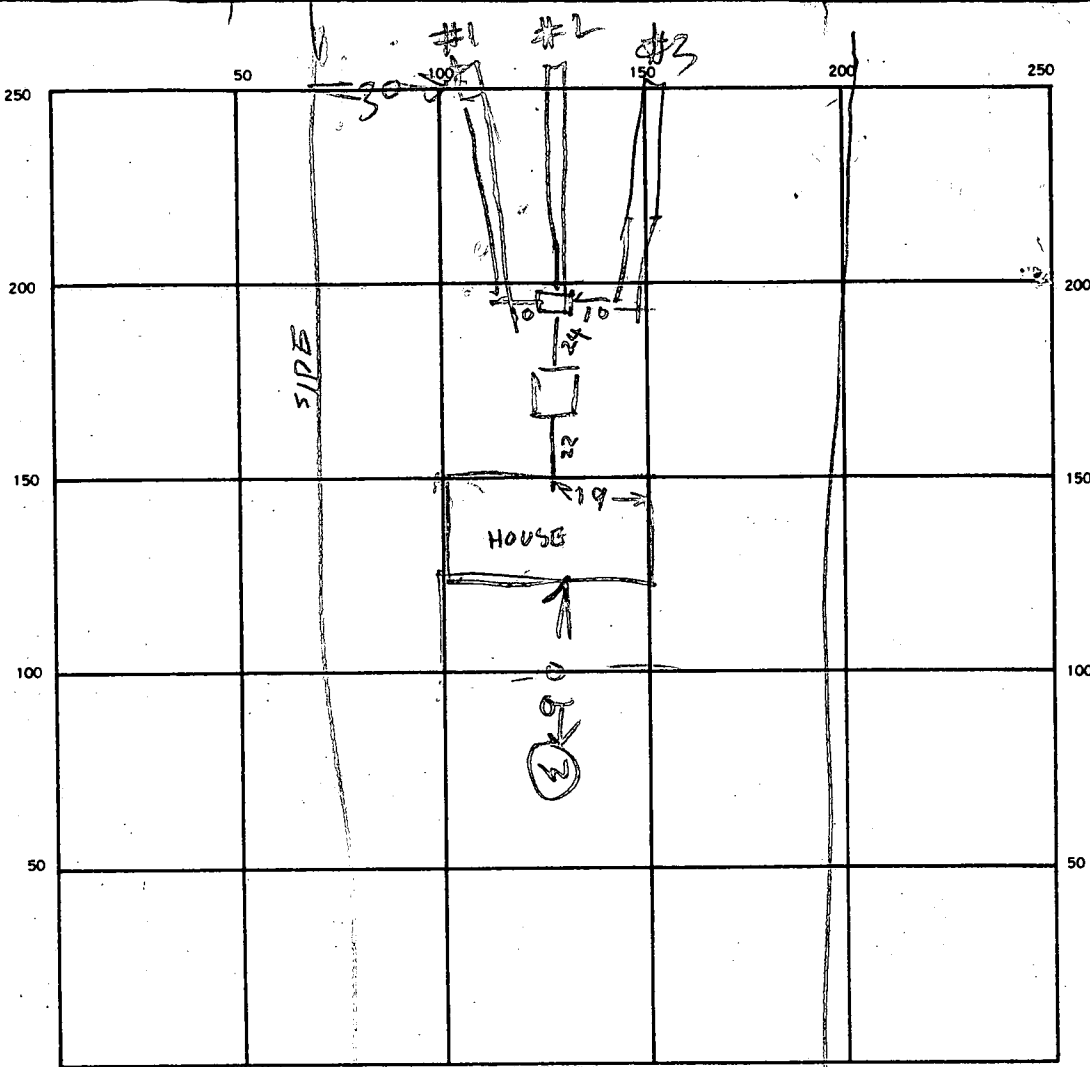
AND RETURNED 4/24/02
DETACHED GARAGE B00135712

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

37096



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
HALL SHOP RD

SEPTIC TANK LEVEL 2000 CLEANOUTS S.I. OIK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH

1	2	3
9	9	3
FT.		

 TRENCH WIDTH

1	2	3
2	4	2
FT.		

 INLET DEPTH

1	2	3
4	5	4
FT.		

 TOTAL FT. 230

EFFECTIVE GRAVEL DEPTH

1	2	3
4	5	4
FT.		

 TOTAL LENGTH

1	2	3
7	7	7
FT.		

 TOTAL 230

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA

INSTALLED	REQUIRED
1035	1020
SQ. FT.	

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/21/07 LOCATION OK PERC HOLES SEEN FINISH TRENCH
AND COVER REST OF WORK. R.H.
12/21/07 TRENCH #3 FINISHED R.H.

DATE SYSTEM APPROVED 12/21/07 INSPECTOR Raymond Hodger

6/30/86
FANFA

APPLICATION

PERCOLATION TESTING

A 37096

P _____

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

DISTRICT 5 D

DATE 6/30/86

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 ~~Richard FANFA~~ LANNY SPEECH

ADDRESS 3117 HEARTSTONE Rd. E.C. 21043 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 12010 HALL SHOP Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/30/86 Rec. Satisfactory Rule for Certified Hoses. S. Blue

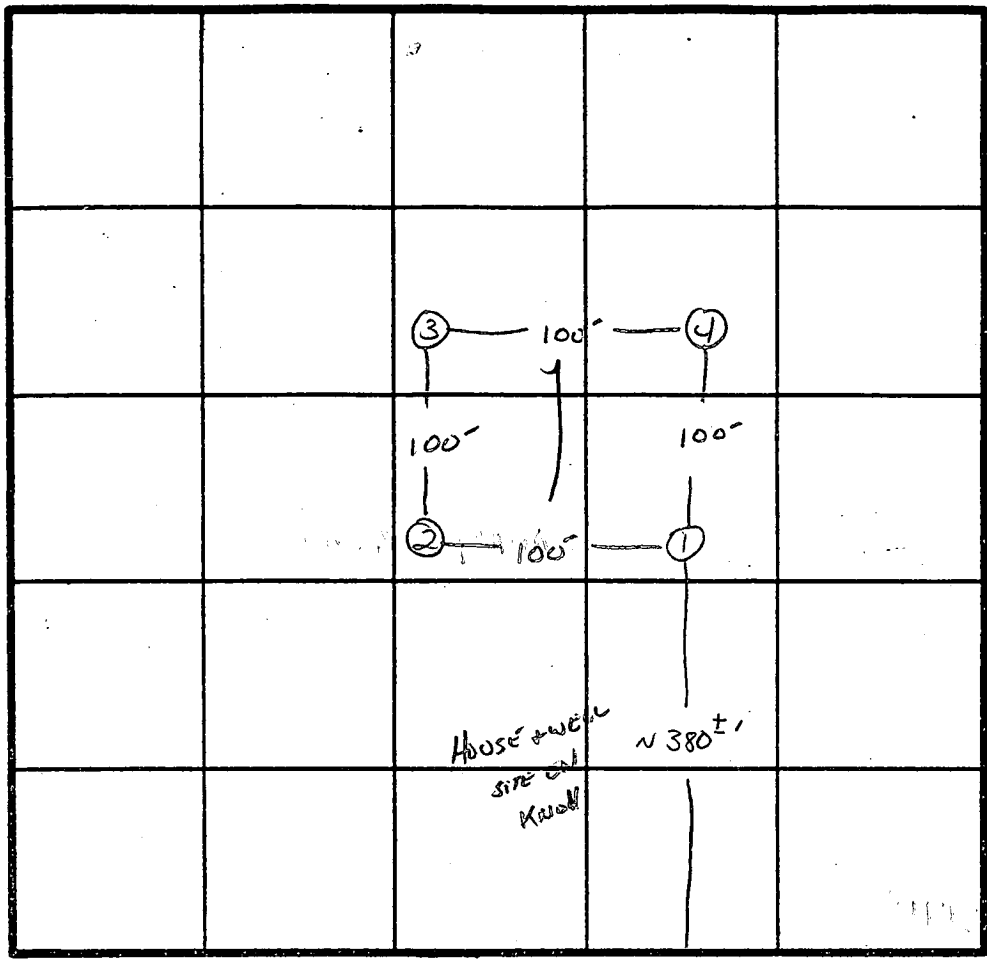
B.P. # 14609
applied 9-87
7.

THIS IS NOT A PERMIT

SOIL PROFILE

①
 4" A1-3
 RED BROWN SAND LOAM 10-15% CLAY < 10% FRAGMENTS
 4.5' RED BROWN SAND LOAM w/ PINKISH RED CLAY FEW SMALL ROCKS < 10% FRAGMENTS
 8' PINKISH (RED) SILT LOAM MOD. MICACEOUS < 10% FRAGMENTS
 13'

④
 A1-3
 YELLOW BR LOAM 12-15% CLAY; NUMEROUS MED TO LARGE QUARTZITE STONES
 5' YELLOW BR SAND LOAM 10-20% FRAGMENTS; SCORPINE AT BOTTOM w/ INCREASING MICR FRAGMENTS
 14.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hill Shop Rd.

2 PERC
 16 MIN
 209 S/BR

INLET 15

BOTTOM 9

②

A1-3
 YELLOW RED SAND LOAM PINKISH CASIS 9-12% CLAY 410% FRAGS
 4' PINKISH RED SILT LOAM < 10% FRAGMENTS MOD. MICACEOUS

③

A1-3
 YELLOW BR LOAM w/ 12% CLAY < 10% FRAGMENTS
 6" YELLOW BR SAND LOAM w/ ZONES OF CLAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/30/86	1 S	5	1:54	2:04	2:04	2:28	24min	
	M	9	1:44	1:47	1:47	1:55	8min	
	1 V	13	See Profile VARYING SOIL STRUCTURE					
	2 S	4.5	1:58	2:01	2:01	2:05	4min	
		12"	uniform soil below 4"					
	3 S	6"	2:11	2:20	2:20	2:37	17min	
		12"	uniform soil below 6"					
	4 S	6"	2:43	2:55	2:55	3:20	25min	
		14.5"						

REMARKS Dense woods LOCATION OF well 10ft Rd. GROSS APPROX

TYPE OF SOIL Chester

TESTED BY S. Abel

ALSO PRESENT MR. FANTA, SKIP

EH-12-1079

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2223
 Location of property (road) HALL SHOP ROAD
 Subdivision MAP 41 P. 279 Lot P. B. Block Plat Sec.
 Well Driller PAUL FABISZAK Owner SPSCHT, LARRY

Depth of well 300'
 Distance of measuring point (M.P.) above ground 12''
 Static water level (S.W.L.) below M.P. 33'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Am Pumping rate 1
 Total time 30 min to reach pumping water level 240' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0730	33'	4		15.0
0745	186'	5		12.0
0800	240'	6		10.0
0815	235'	26		2.31
0830	235'	26		2.31
0845	235'	26		2.31
0900	235'	26		2.31
0915	235'	26		2.31
0930	235' 5"	26		2.31
0945	235' 5"	26		2.31
1000	235' 5"	26		2.31
1015	235' 5"	26		2.31
1030	235' 5"	26		2.31
1045	235' 5"	26		2.31
1100	235' 10"	26		2.31
1115	235' 10"	26		2.31
1130	235' 10"	26		2.31
1145	235' 10"	26		2.31
1200	235' 10"	26		2.31
1215	235' 10"	26		2.31
1230	235' 10"	26		2.31
1245	236' 2"	26		2.31
1300	236' 2"	26		2.31
1315	236' 2"	26		2.31
1330	236' 2"	26		2.31
1345	236' 2"	26		2.31
1400	236' 2"	26		2.31

9/16/87 8:30 - 6 hrs

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2223
Location of property (road) HALL SHOP ROAD
Subdivision MAP 41 P. 279 Lot P.B. Block _____ Plat _____ Sec. _____
Well Driller PAUL FABISZAK Owner SPECHT, LANNY

Depth of well 300
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 33

I. High rate pumping -- reservoir drawdown

Time pump started 730 Pumping rate 5
Total time 30 to reach pumping water level 235 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1200	235' 10"	26		7.4
1215	235' 10"	21		2.3
1230	235' 10"	26		2.4
1245	236' 2"	26 sec		2.3
100	236' 2"	26 sec		2.3
115				
Sample Taken				
1215 AM				
bottle #				
H 1103				
			9/14	driller called & asked to gravel while completing drilling (age and of casing & collapsing around pipe). gave OK to do so
			9/14	driller info
				41 bags cement
				118' casing
				30' open hole

B 7 **4454** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
HC-81-2223
 fill in this form completely

Date Received
 OWNER INFORMATION
 8 COUNTY 13
Specht, Larry
 15 Last Name 34 Owner First Name
8310 Jefferson St
 36 Street or RFD 55
Cresskill MD 20794
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
Howard
 8 COUNTY 21
MAP 41 9279
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **48** 50 **P.B.**
NIGHTINGALE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **3** MI
 73 76 77 78

DRILLER INFORMATION
Paul M. Fabiszak 399
 Driller's Name 77 License No. 80
G. Edgar Harr Soas' Corp.
 Firm Name
12047 Falls Road, Cockeysville 21030
 Address
Tail M. Soas 7/1/87
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 **Howard Road** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [N] WEST [W] EAST [E] SOUTH [S]
 34 **110** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **7** **+**
 38 39

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**
 14 20

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
HOWARD COUNTY NAME **A37096** COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **08/10/87** **B. Nuyon** CO SIGNATURE **02/10/88** EXP. DATE
 NORTH GRID **491000** EAST GRID **0819000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTARY Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **82/19**
 N **410 1**
 000 000

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) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 HEALTH DEPARTMENT
 GULLERS ROAD
 137512
 137512

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **HC-81-2223** PERMIT NO.
 67 68 INITIALS IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 # 40683
 Date 12/22/87

Name of Installer ROBT. L. FEELER, CO. INC.

Telephone 781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner LANNY SPECHT

Telephone 776-1505

Subdivision TRACEL 279 Lot #

Well Tag # HO-01-2223

Site Address 12610 HALL SHOP ROAD

- Pump**
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make CCISWOLD (DORMIRE)
 - Model # 3XLD
 - Capacity 5 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 3450
 - Voltage
 - 110
 - 220

- Pitless Adapter**
- Make MERRILL
 - Model # MB-10
 - Depth 42"

- Tank**
- Capacity CAPTIVE AIR WX-302
 - Pressure relief valve? YES

- Piping**
- Type POLY.
 - Size 1"
 - NSF and/or BOCA Code approved YES
 - Depth of supply line 42"

- Well data**
- Depth 300 ft.
 - Yield 2 GPM
 - Static water level 33 ft.
 - Will water supply be disinfected by installer? YES

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: 12/22/87

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

12/24/87 - OK TO COVER OUTSIDE WORK & PRESSURE TANK INSTALLED RHT

This plat & parcel show where I hope to place my well, house, and septic field as well as the locations of my 2 neighbors' existing wells & septic fields.

G. E. Hatt Jones will be applying for the permit to dig my well in the area that I have indicated.

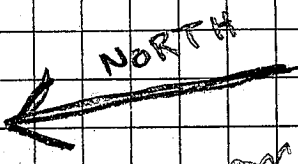
home 776-1505

work 688-6329

Thank You,

Lanny Specht

Scale
1/4" = 10'



Hall Shop Road
S 32° 05' 15" W
143.12'

8/3/87
found out what
appears to be
part of road
line that
we will
use for
well site

front
of
road
appears
to be
10' =

My well is to be
dug in this
area

350'

100'
radius
From neighbor's well

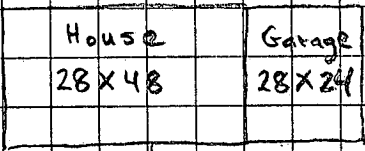
100'
radius
From neighbor's
well

gentle
slope

Neighbor's
well

Neighbor's
well

130' From house



35' From house

My
Septic
Field

Neighbor's
Septic
Field

Neighbor's
Septic
Field

N 83° 02' 06" W
S 83° 02' 06" W

N 83° 02' 06" W
S 83° 02' 06" E

4.165
Acres

500'

back line is
N 32° 37' 28" E
143.77'

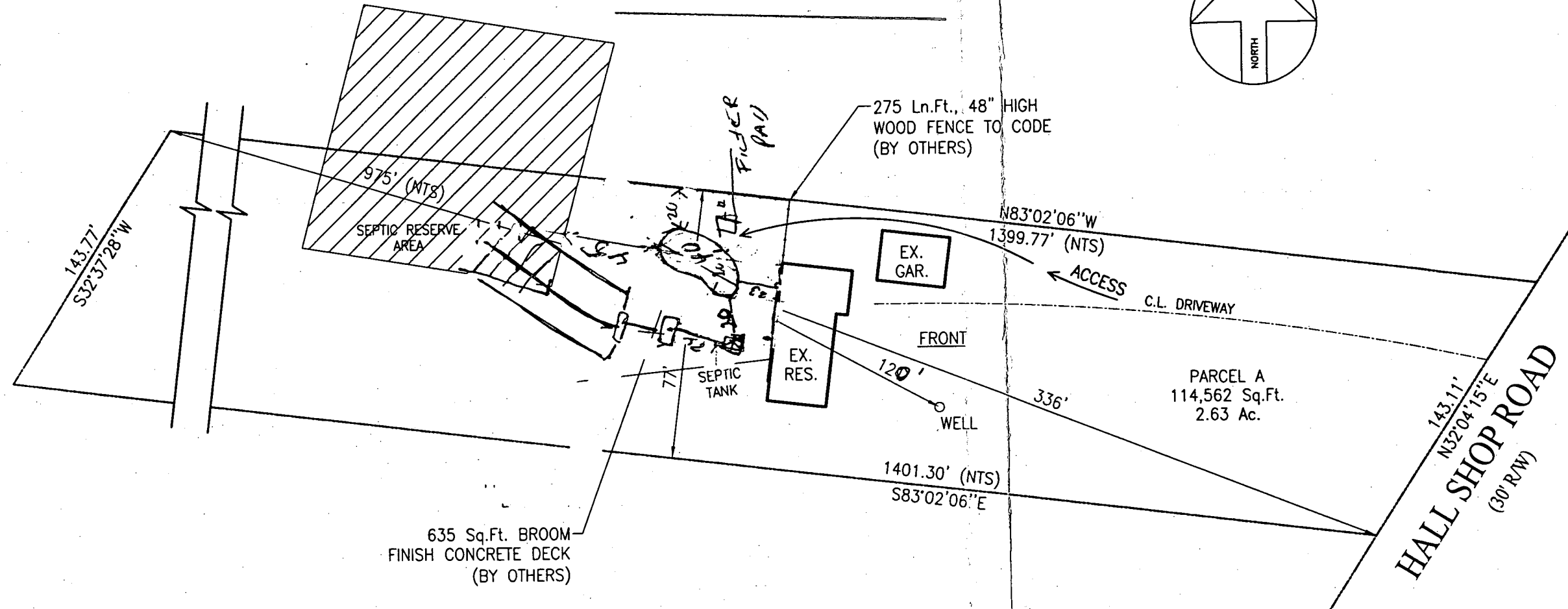
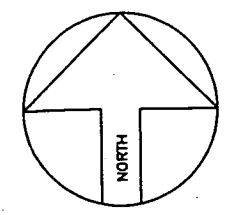
REAR PL.	50'
SIDE F..	30'
HOUSE	0'
SEPTIC	20'
WELL	30'

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

APPROVED
WALK-THRU BUILDING PERMIT
 BP# 00147319 A# 37096
 APP. SAN KB DATE: 4/29/04
 DESC. OF WORK: Pool

PRIVATE WELL & SEPTIC



EQUIPMENT LIST	
DIRT/GRADING:	HAUL - 1 HOUR (IN CONTRACT)
SPA:	NONE
RAISED BEAM:	NONE
TILE:	TBD
COPING:	TBD
PLASTER:	WHITE MARBELITE
FILTER SYS:	C&C 420 SF CART. W/2HP PUMP
CLEANING SYS:	PCC 2000
TREATMENT SYS:	MINERAL SPRINGS
CONTROL SYS:	NONE
HEATER:	AT-125 HEAT PUMP
LIGHTS:	ONE WATTS: 500 VOLTS: 120
LOVESEAT:	(1) @ 6' - OUTSIDE
AQUA BENCH:	(2) @ 5' W/4 JETS
RAIL GOODS:	NONE
DECKING:	NONE
FENCE:	BY OWNER
POOL COVER:	NONE TYPE: N/A
CHEMICALS:	\$50 CHEMICAL ALLOWANCE
OTHER ITEMS:	8' DIVING BOARD & STAND 1 1/2" WATERFALL STUBOUT
ELECTRIC: 200 FT.	

POOL DATA	
SIZE/SHAPE:	20' x 40' - RANDOM
POOL AREA:	700 SPA: OTHER: 12
TOTAL AREA:	700
PERIMETER:	140 SPA:
GALLONAGE:	25200 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE	
RT-32 WEST TO EXIT ONTO PINDELL SCHOOL RD. TURN LEFT OFF EXIT AND GO 1/2 MILE TO R/T ON GUILFORD ROAD. GO TO L/T ON HALL SHOP RD GO TO SITE ON RIGHT	
MAP #	14
GRID	H12













Lanny & Linda Specht
 12010 Hall Shop Road
 Clarksville, Maryland 21029
 Howard County

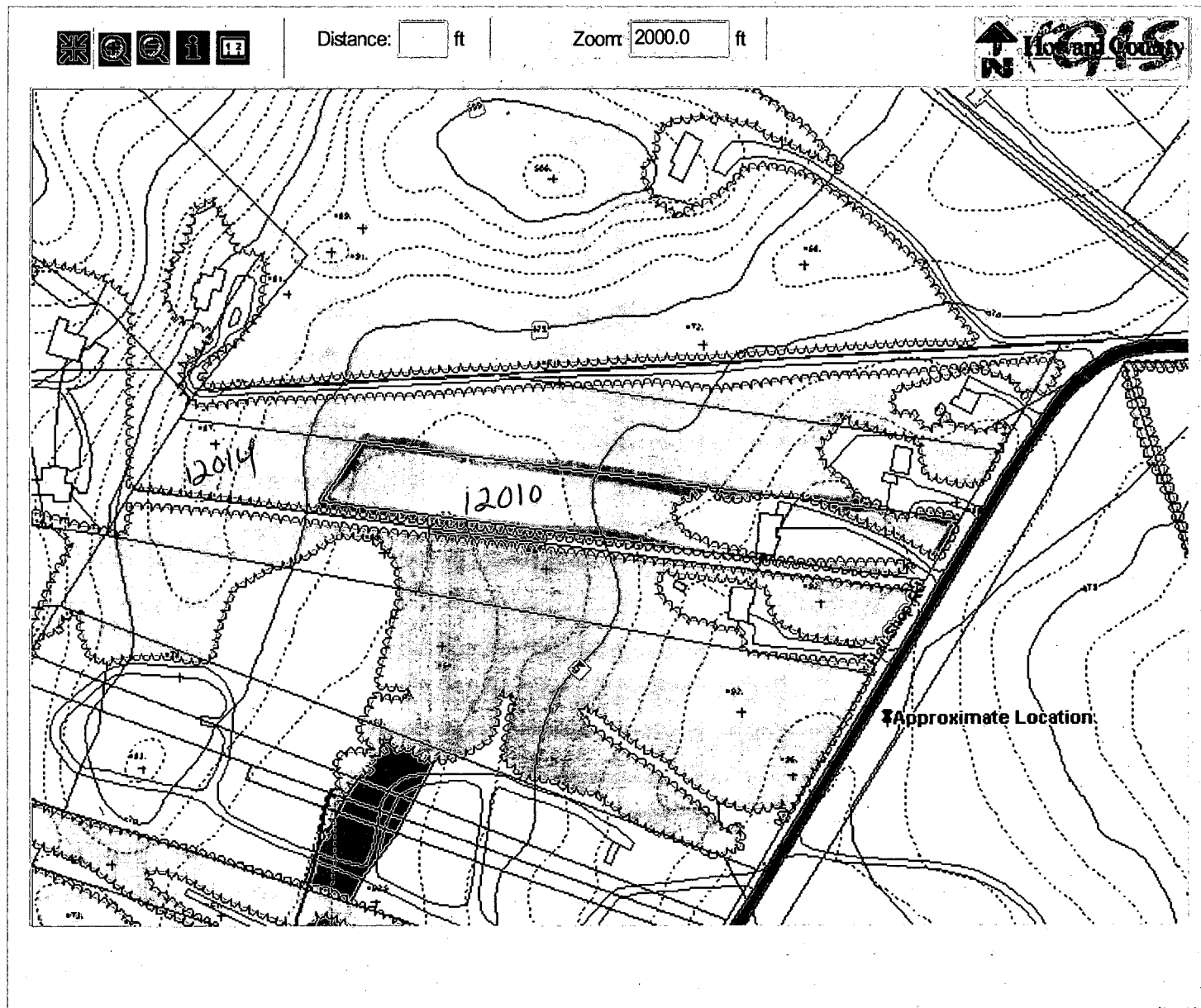
HOME PHONE: 410-531-5940
 OFFICE PHONE 1:
 OFFICE PHONE 2:

SITE PLAN			ZONE:
			ONE
LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
A	SPECHT'S CHANCE	5	350379
SCALE:	BY:	DATE:	JOB NUMBER:
1"=60'	JEK	4/7/04	MS04-7792
			SHEET #:
			S-1

SITE PLAN
 1"=60'
 PARCEL A
SPECHT'S CHANCE
 RRDEO
 ACCOUNT #350379
 MAP 35, GRID 19, PARCEL 279
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

REVISIONS:
00/00/00

- Help Me 
- Map Reset 
- Zoom Fit 
- Find Location 
- Remove Pin 
- Layer Control 
- Image Control 
- Theme Map 
- Local Print 
- Print Layout 
- Email Map 
- Map Exit 



Map Layer

- Count Line
- Prop Line
- Str Maj
- Str Min
- Por Lak
- Tre Lin
- Rai
- 400
- 401
-
-
-

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this map.

P. 205
Otha D. URCHURCH
1231/512

DEED

GARAGE location

OK

4/24/02

GARAGE DIRT
TO WELL

730' - OK

Septic OK

P. 280
GILBERT S. BLEVINS
Et. AL.
515/512

4-24-02

Per F00-79,
Specht's Chance S/D
Correct Acreage
is 2.6394 A.

Joe Lettall

P. 279
MILTON HAROLD & WIFE

WALL CHECK

PARCEL 279
HALL SHOP ROAD
HOWARD COUNTY, MARYLAND
5th ELECTION DISTRICT
SCALE 1"=50



SURVEYOR'S CERTIFICATION

THIS ~~DOES~~ DOES NOT CONSTITUTE A LOT SURVEY.
THIS WILL CERTIFY THAT I HAVE LOCATED THE
IMPROVEMENTS ON THE ABOVE LOT AS INDICATED AND
FIND NO ENCROACHMENTS EXCEPT AS SHOWN

David J. Thurman
REGISTERED LAND SURVEYOR DATE 4-Feb-88

REFERENCE: DRAWN BY: JGR

P.B. 1509 P.G. 433 CHECKED BY: GJT

DEWBERRY & DAVIS

ENGINEERS - ARCHITECTS - PLANNERS
SURVEYORS

3300 N. RIDGE ROAD ELLICOTT CITY, MD 21043

B-0-135712

Building Address 12010 Hall Shop Rd
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 015102 Subdivision Spindle to change
Section _____ Area _____ Lot 1
Tax Map 35 Parcel 279 Grid 19
Zoning RR1D0 Map Coordinates 14612 Lot size _____

Property Owner's Name Larry & Linda Spicari
Address 12010 Hall Shop Rd
City Chicksville State MD Zip Code 21029
Home Phone 410 531 5240 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
FRANK AMBROSIO
2610 W. WOODSWELL RD
BETHESDA MD 20814
Phone 410 385 1946 Fax _____

Existing Use Single Family Dwelling
Proposed Use detached garage
Estimated Construction Cost \$ 30,000
Description of Work Build a detached garage w/
block foundation & concrete floors

Contractor Company ADDITICES ETC
Contact Person FRANK AMBROSIO
Address 4305 MARKET LN
City SH CITY State MD Zip Code 21045
License No. 67431
Phone 170 0126 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
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
Title/Company _____

Print Name FRANK AMBROSIO
Date 11-15-02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

54457

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1115</u> Sub-total paid \$ _____ Balance due \$ _____
Building Official			Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1054</u> Validation # <u>52379</u>
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
Health	<u>4/24/02</u>	<u>Kacie Goedely</u>	Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

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