

5/13/93 *noo*

Tax ID - 05-414040

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49079

A 37792

DISTRICT 5th

DATE 3/23/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XX461283X~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 5/13/93

INSPECTOR R. Pinkley

Arnolds Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7110 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Clearview Estates LOT 37 ROAD 12068 Broad Meadow Lane

PROPERTY OWNER Scott Development Corp. *Donohue*

ADDRESS _____ *Donohue*

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED
AND RETURNED**

*9-17-03-800144143-
FINISH Basement*

**BUILDING PERMIT SIGNED
AND RETURNED *4-11-02***
800 135440 - NEW DECK

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 165.94' and 368.08' lot lines. Place the distribution box 100 feet down the 368.08' lot line and 180 feet off this same lot line. Install trenches on contour, initial trenches toward Broad Meadow Lane, future trenches in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 2/10/93 R11*

PLANS APPROVED BY R. Pinkley/Mark Rifkin REVISED _____ DATE 12/16/92

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)

**BUILDING PERMIT SIGNED
AND RETURNED**

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

*6/25/2002 800 137006
PROPANE TANK*

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

**BUILDING PERMIT SIGNED
AND RETURNED**

PERMIT VOID AFTER TWO YEARS

7-14-99

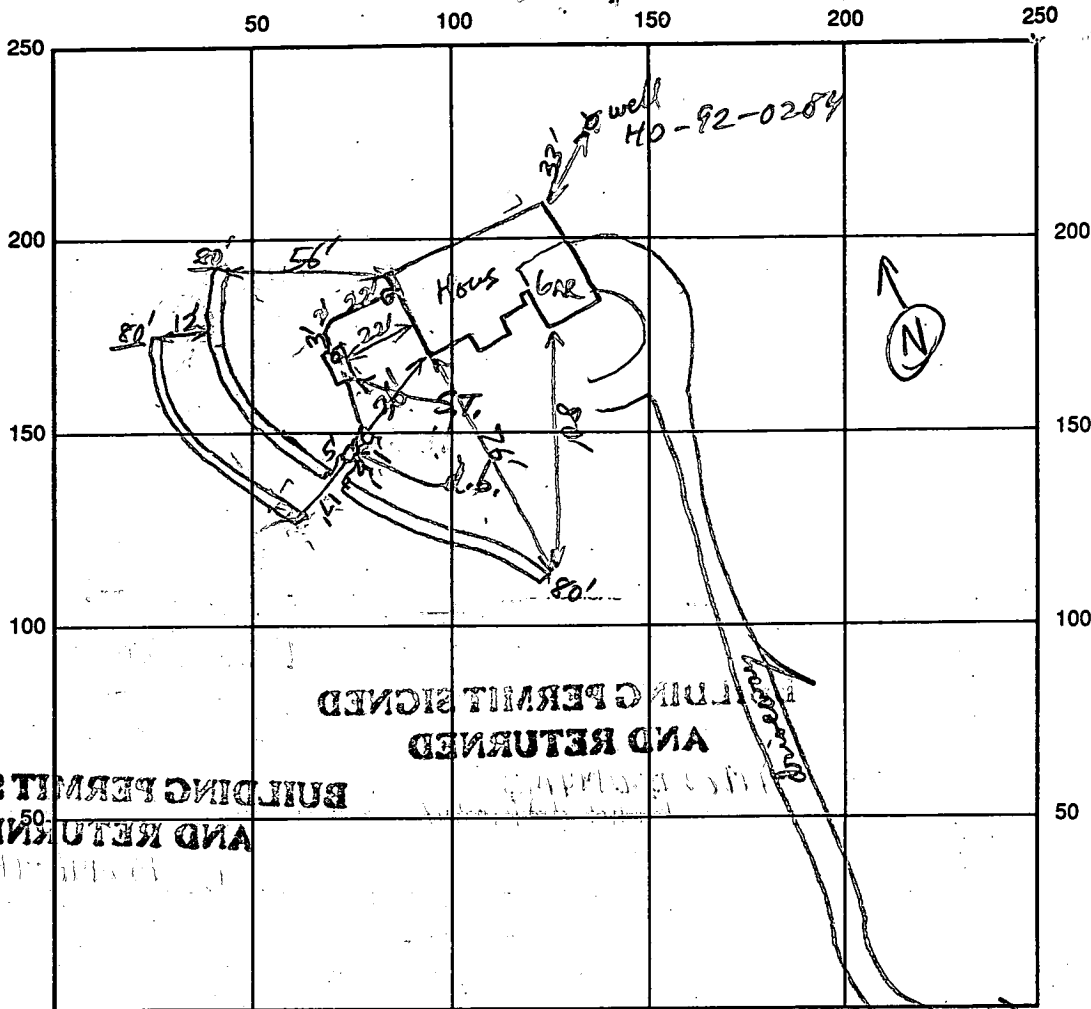
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*Serial # 21011 9321
deck + porch*

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

A
37792



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

To Broadmeadow Lane

8' x 5' w x 6' id. = 24" dia.

SEPTIC TANK LEVEL 12500 ad. CLEANOUTS ST. + HSE entrance

DISTRIBUTION BOX LEVEL with dial-a-flows

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: System OK - db begin point on House location vary from Plans but
soil is sandy and well to septic distance are OK. System approved as installed R/P 5/13/93
OK to cover

DATE SYSTEM APPROVED 5/13/93 INSPECTOR [Signature]

1 7622

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER

A32293

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER Scott Development last name first name TOWN Clarksville SUBDIVISION Clarksview Estates SECTION 71 LOT 32

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 (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Rows include Topsoil, Br. Sandstone, Tan Sandstone, Granite, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (yes Y, no N) TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC NO. OF BAGS 45-46, NO. OF BOUNDS 100

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 63

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) grid with handwritten values 400, 60, 400

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 7 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

B 1 02587

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

H0-92-0289 fill in this form completely

Date Received (APA)

720292

OWNER INFORMATION

SCOTT DEVELOPMENT

9160 RED BRANCH Rd

COLUMBIA Md 21045

B 3

LOCATION OF WELL

HOWARD

CLEARVIEW

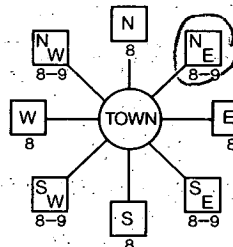
SECTION LOT 39

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BROADMEADOW LN NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 100 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)

- 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 A 37793 COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED INSERT S
010493 EXP. DATE 7-4-93
NORTH GRID 508000 EAST GRID 0820000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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
D 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 (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE RP PERMIT No. H0-92-0289

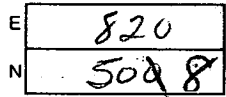
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

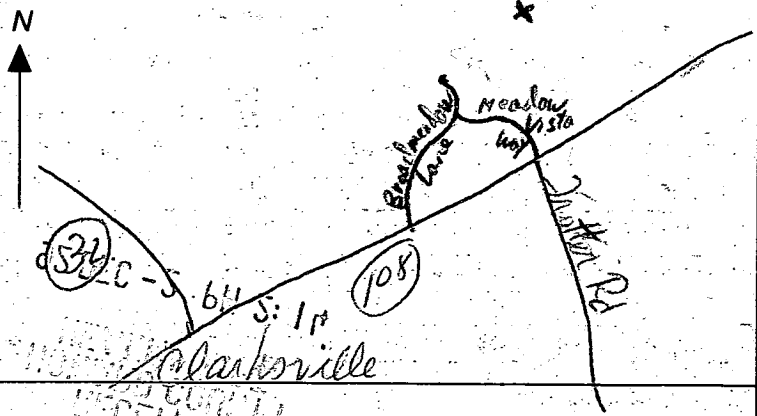
SOURCES OF DRILLING WATER

- 1 well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE



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



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 37798²

P _____

DISTRICT _____

DATE 10/09/86
June 30, 1986

*10/28/86
perc or 1/2 perc
approved plan*
(B)

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 Conrad J. and Patricia Langenfelder
11904 Clarksville Road
ADDRESS Clarksville, Maryland 21029

Martha V. Langenfelder
5511 Hamilton Avenue
PHONE Baltimore, Maryland 21206

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm Cleonurew EST Sec. 2 LOT NO. 21 24 36 37

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

SIZE OF LOT 5.3 AC. TYPE BLDG. Residential
(NUMBER OF BEDROOMS)

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 _____

REJECTED BY _____ FOR _____ DATE _____

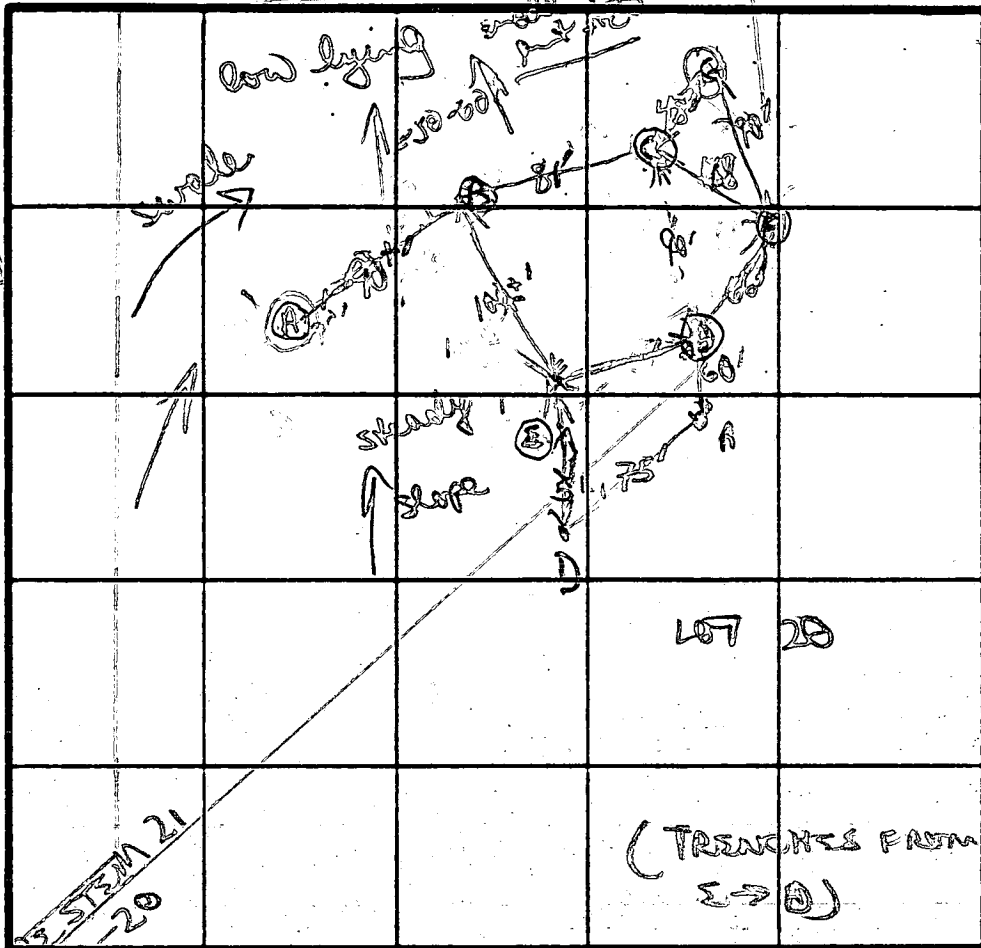
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING (B) for certified holes (good & bad)

THIS IS NOT A PERMIT

D
SOIL PROFILE

0
Brown chunky
setty clay
loam
4 1/2'
Change
to tan to
light tan
setty
loam
12'D



red/orange
chunky/groty
clay sand
loam
- 4 1/2'
orange/white
groty sandy
loam 25%
sandstone
frags
11 1/2'D

Brown setty
clay loam
- fine powdery
tan setty
loam
45% small
quartz frags
12'D
shelve
down

C
Chunky/groty
brown clay
sandy silt
loam
to orange
to light grey
brown
setty loam
quartz
frags
11'D

B
hard chunky
clay to
slaty loam
4 1/2'
quickly
to tan to
darker brown
setty
loam
10'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/28/86	D	3 1/2' 4 1/2'	1111 1219	1115 1245	1144 1314	fail		
		7 1/2' 13'D	1122	1123	1123	1128	2MIN	
	C	11'D	VISUAL ONLY (see profile)					
	B	4 1/2' 12'D	1136	1138	1138	1141	3MIN	
	A	12'D	bottom (see profile)					
	A	12'D	NOT TESTED					
	E	4 1/2'-5'	1148	1150	1150	1153	3MIN	
		13'D	bottom (see profile)					
	F	4'5' 12'D	1215	1216	1216	1217	1MIN	

REMARKS
* REPAIR AREA NEEDS TO BE SHALLOW SYSTEM
PERC FIELD ADJUST IN UP HILL
TYPE OF SOIL
chunky clay loams 4-5'; setty mica
TESTED BY
B. W. Ryan
ALSO PRESENT
James

APPLICATION

A 37792

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE. 992-2330

*10/28/86
see ord of health
approved plan
(initials)*

DISTRICT _____
DATE 10/10/86
June 30, 1986

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 Conrad J. and Patricia Langenfelder Martha V. Langenfelder
11904 Clarksville Road 5511 Hamilton Avenue
ADDRESS Clarksville, Maryland 21029 PHONE Baltimore, Maryland 21206

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm LOT NO. 20 *Not used. (37)
Part of New #37*

ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane

SIZE OF LOT 3.2 AC. TYPE BLDG. Residential
(NUMBER OF BEDROOMS)

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.

Steven H. Hurray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

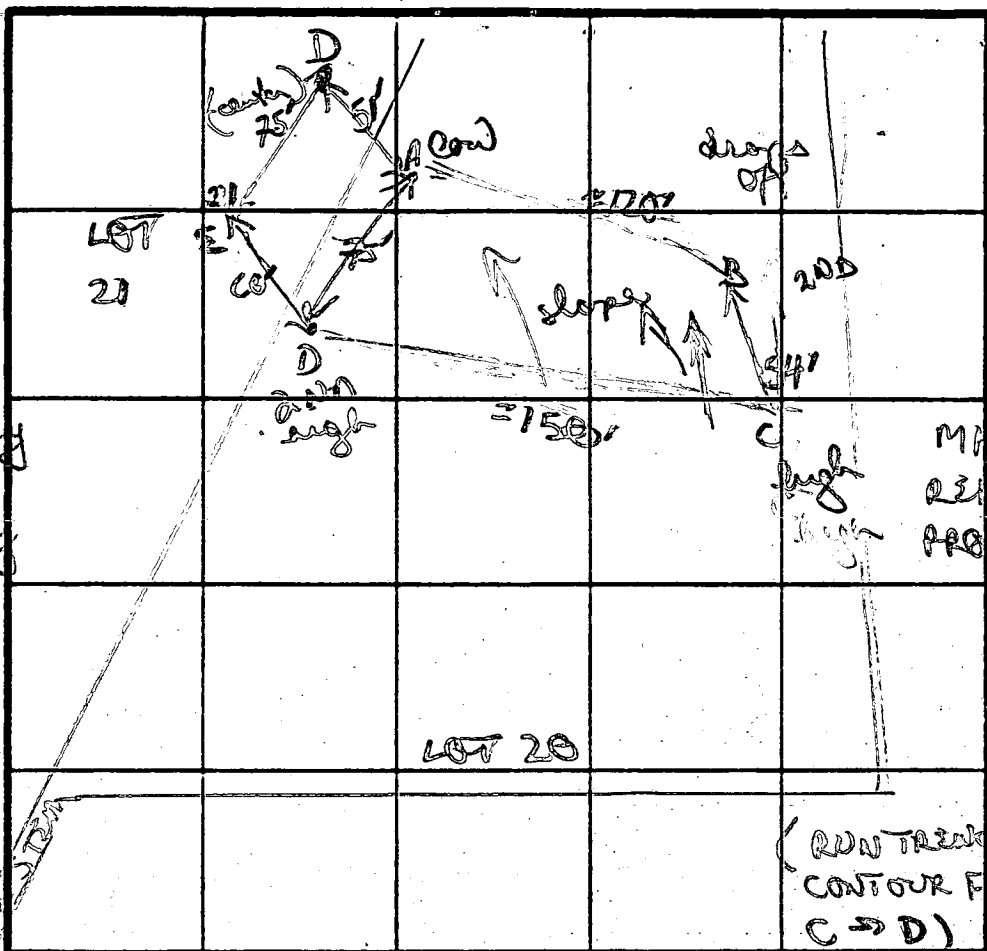
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING (initials)

THIS IS NOT A PERMIT

SOIL PROFILE

D
 Red orange
 gritty chunky
 clay loam
 4' -
 Brown chunky
 then to
 very porous
 silty
 mica
 loam
 ↓
 13'D



Red orange
 gritty chunky
 clay loam
 - 3'2"
 orange/white
 sandy gravelly
 loam
 - 7'2"
 20% med
 clay frags
 sandstone
 MALLAN
 RES. TR.
 PROP.
 11'D

orange tan
 brown
 gritty sandy
 clay
 more silty
 loam w/
 10-15%
 small
 sandstone
 frags
 13'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/28/86	D	4'3"	1056	1109	1109	1132	23 MIN	
		8'1"	1056	1059	1059	1106	6 MIN	
		13'D	bottom (see profile)					
	A	5'5"	1100	1101	1101	1102	1 MIN	
		10'0"	bottom (see profile)					
	B	3'2"	1227	1229	1229	1231	2 MIN	
		11'D	bottom (see profile)					
	C	VISUAL ONLY						
		13'D	bottom (see profile)					

REMARKS: LOT IN WEEDS DUG AS STATED
 TYPE OF SOIL: gritty red/orange clay; silty loam, sandstone frags
 TESTED BY: B. W. J. ALSO PRESENT: J. W. J.

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 10/28/86

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Langerfelder Farm LOT NO. page 2
21 24 35 (37)

ROAD AND DESCRIPTION _____

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 _____

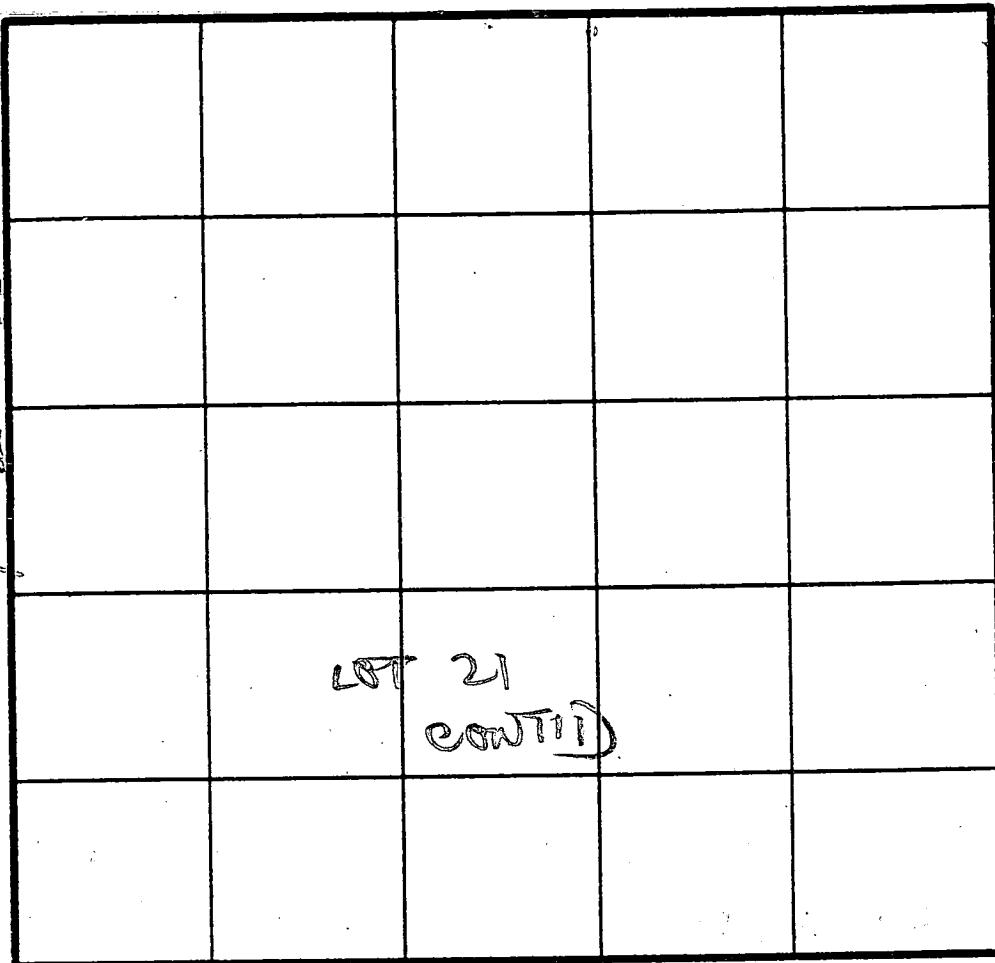
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

6

SOIL PROFILE

0'
 red/brown
 silty / chunky
 clay loam
 3 1/2'
 to powdery
 brown
 silty
 med loam
 ↓
 13 1/2'



$\bar{X} = 2 \text{ min}$
 Inlet = 5'
 Bottom 6.5'
 SHALLOW ONLY
 160 sq ft / bdrm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/28/76	6	4' 5"	158	150	150	152	2 min	
		8' 11"	138	130	130	152	2 min	
		13 1/2'	bottom (see profile)					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

E. WATSON
L. 588, F. 341
(207) S 70°47'22" E 181.53'
146.53' W
EL. 355.3
B.R.L.

MALLAN R.L.A.
L. 588, F. 341

LOT # 32
3.27 AC

VIEW
ATES
ION ONE
S 1 THRU 14
NO. 8041

LOT # 13

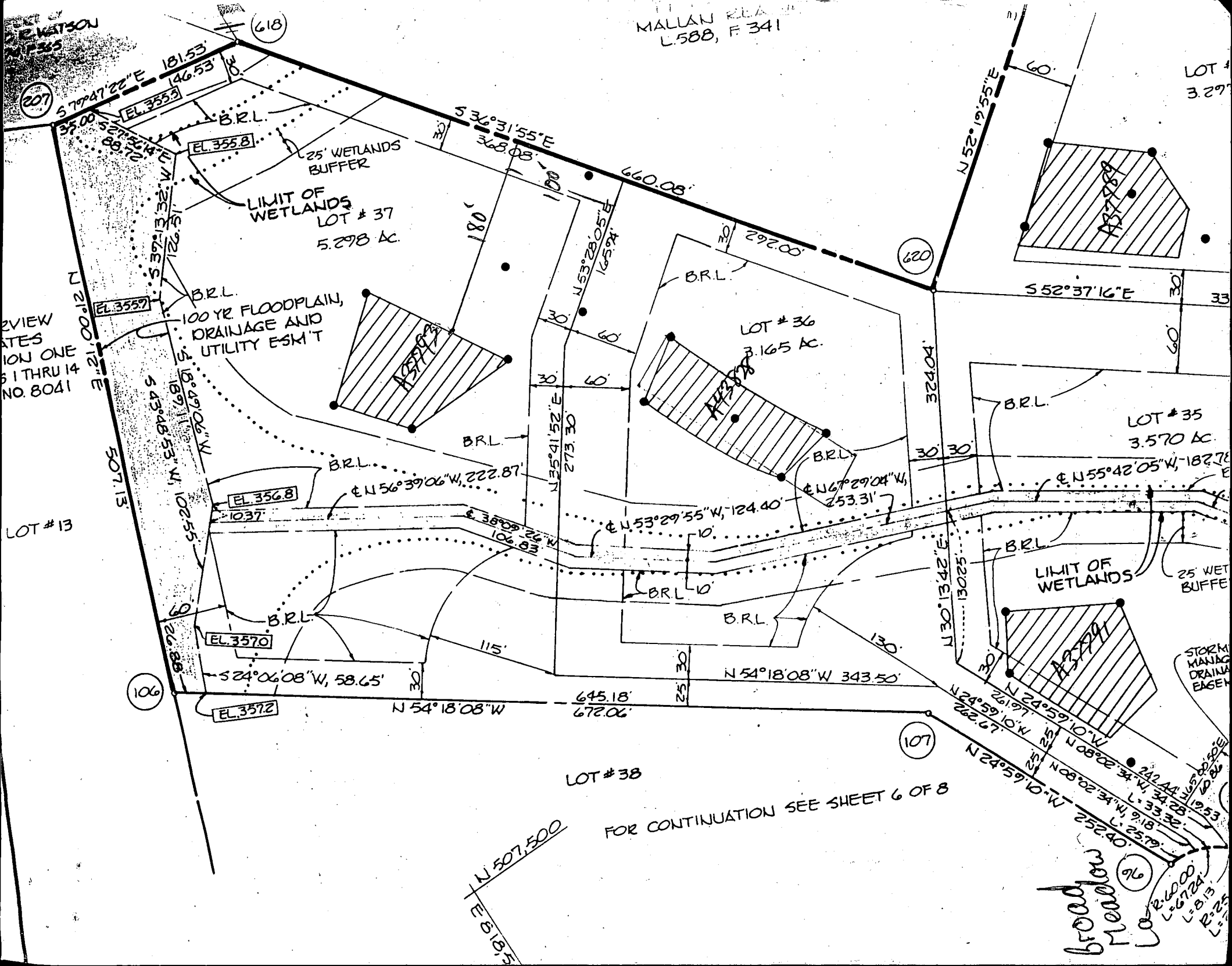
(106)

LOT # 38

FOR CONTINUATION SEE SHEET 6 OF 8

N 507.500
E 618.500

96
broadway
meadow
L. 600
L. 672
L. 813
L. 225

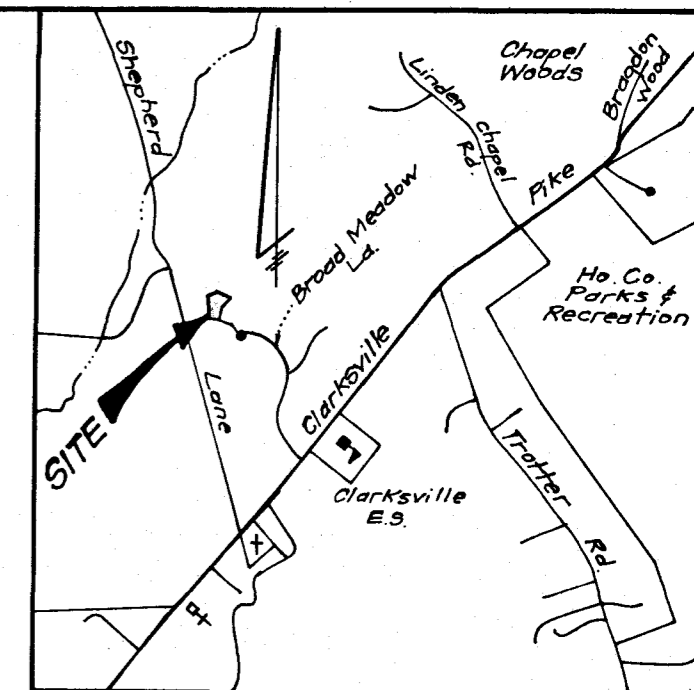


GENERAL NOTES

- Existing topography was field run by CLARK-FINEFROCK & SACKETT, INC. on Nov. 25, 1992.
- Reference record plat Number 9716.
- Length of trenches to be determined at time of permit issuance.

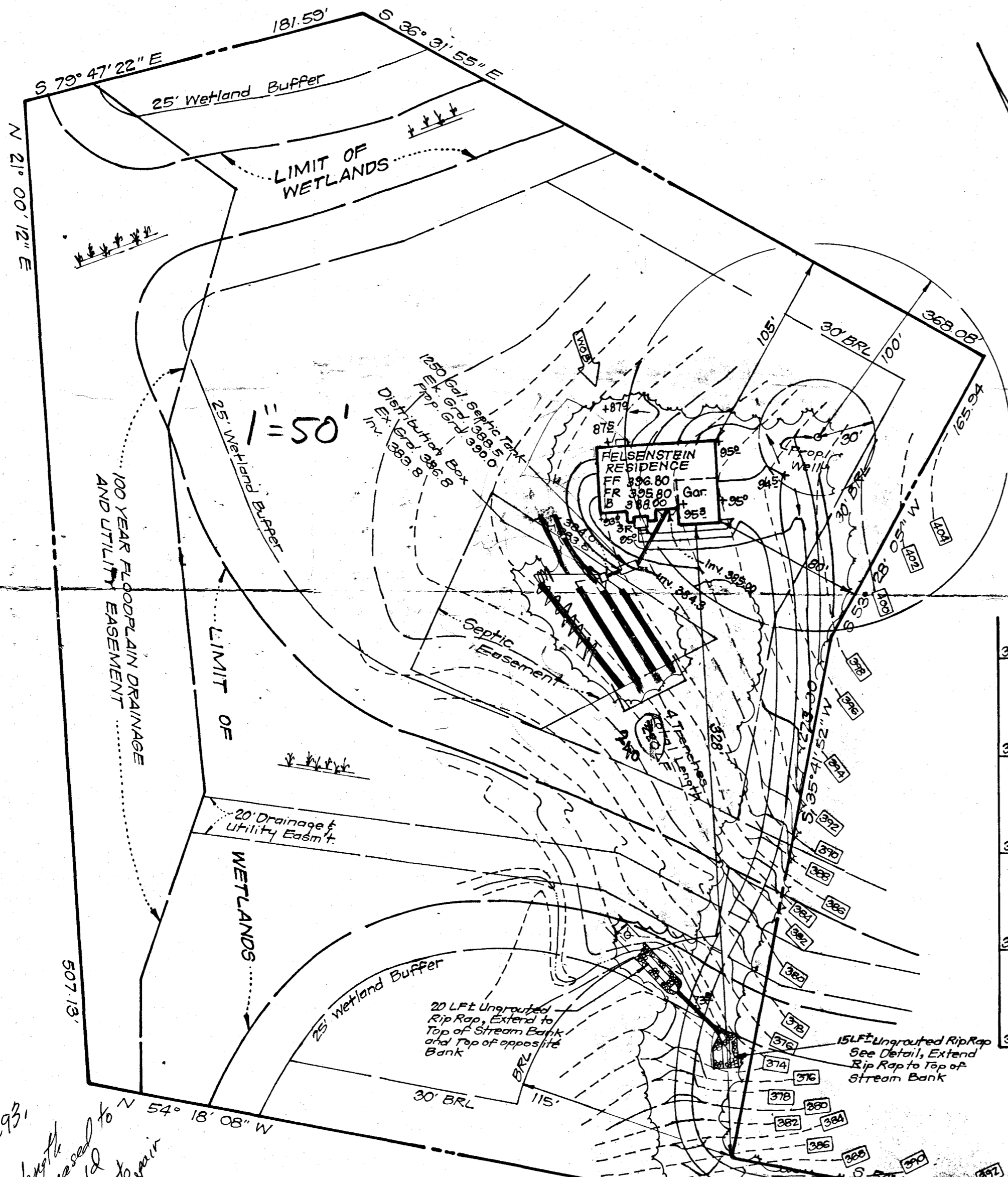
LEGEND

- Contour Interval 2 Ft.
- Existing Contour 410
- Proposed Contour 410
- Spot Elevation +102
- Direction of Drainage
- Existing Trees to be Saved
- Walkout Basement



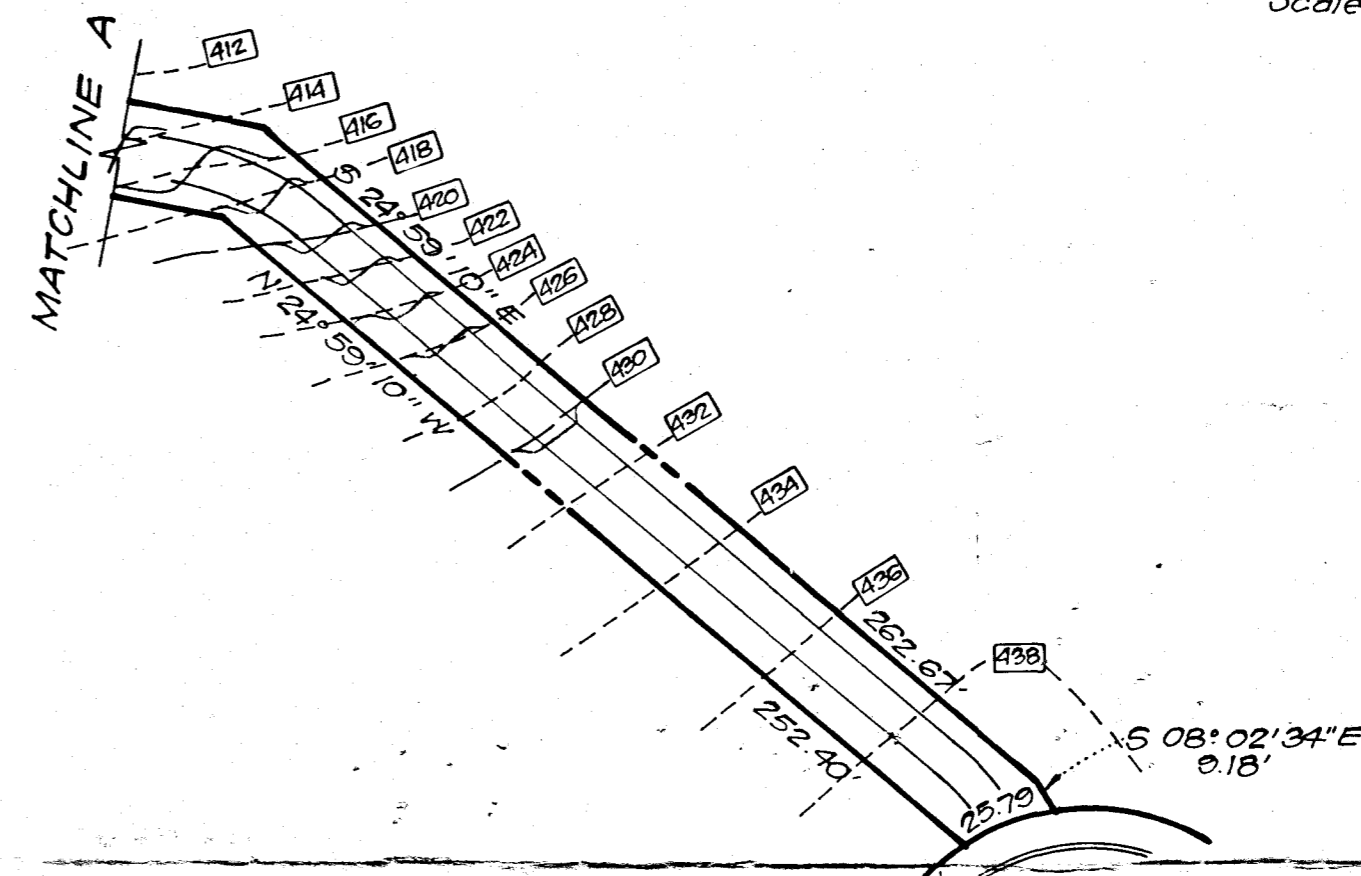
VICINITY MAP

Scale: 1" = 2000'



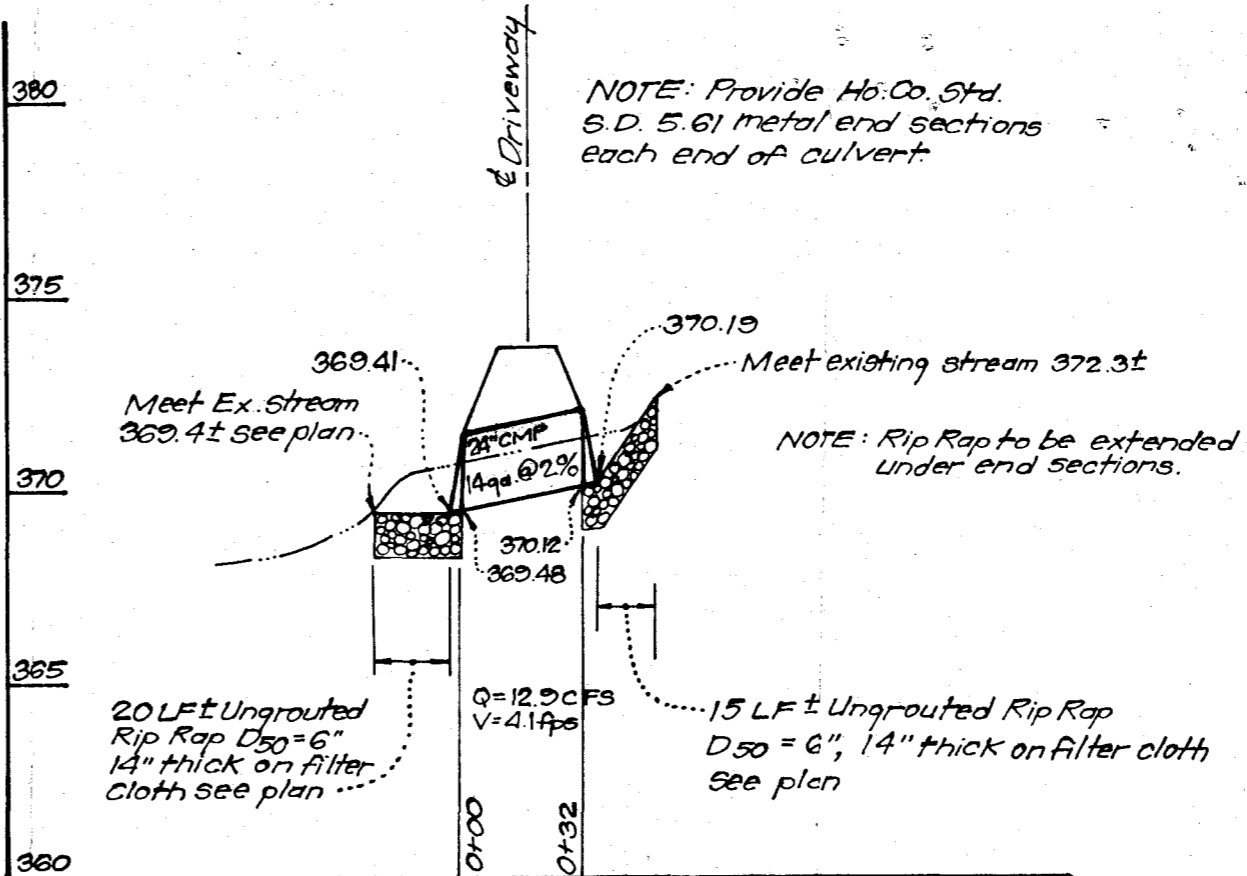
PLAN
Scale: 1" = 50'

Handwritten note: ebr's job 8-5-93. Total length indicated increased to 240' & I would like to preserve more of riprap area.



BROAD MEADOW LANE
50' R/W

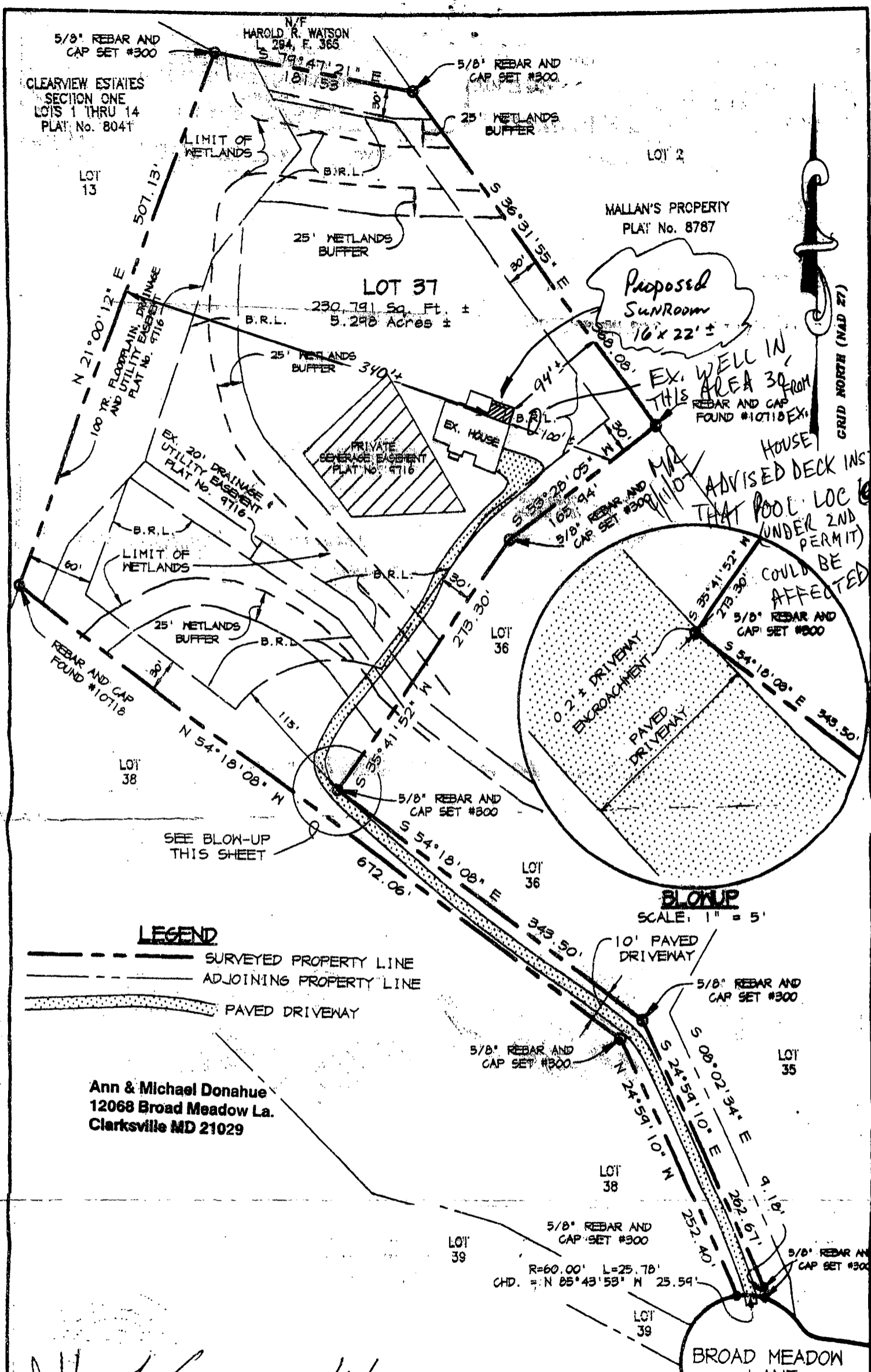
$$\begin{array}{r} 180 \\ 4 \\ \hline 720 \\ 3 \\ \hline 240 \end{array}$$



PROFILE DRIVEWAY CULVERT LOT 37

Scale: Horz. 1" = 50'
Vert. 1" = 5'

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7110 MINSTREL WAY • COLUMBIA MD 21045 • (410) 381-7500 - BALTO. • (410) 621-8100 - WASH.		
DESIGNED JME	SITE DEVELOPMENT PLAN LOT 37	SCALE As Shown
DRAWN BAL	CLEARVIEW ESTATES SECTION TWO	DRAWING 1 OF 1
CHECKED JME	5TH ELECTION DISTRICT HOWARD COUNTY MARYLAND	JOB NO. 92-078
DATE Dec. 1992	FOR: SCOTT DEVELOPMENT 3160 Red Branch Road #4W Columbia, Md. 21045	FILE NO. 92-078X



WELL IN THIS AREA 30' FROM REBAR AND CAP FOUND #10710 EX. HOUSE ADVISED DECK INSTALLER THAT POOL LOC UNDER 2ND PERMIT COULD BE AFFECTED

LEGEND

- SURVEYED PROPERTY LINE
- ADJOINING PROPERTY LINE
- PAVED DRIVEWAY

Ann & Michael Donahue
12068 Broad Meadow La.
Clarksville MD 21029

Jeffery L. Cooper 3/16/01
JEFFERY L. COOPER No. 418 DATE

BOUNDARY SURVEY
LOT 37
CLEARVIEW ESTATES SECTION TWO
PLAT No. 9716
5TH ELECTION DISTRICT, HONARD COUNTY, MARYLAND

PROJ. No. 01031
SCALE: 1" = 100'
DRAWN BY: R.A.H.
DATE: 03-16-01

RIEMER MUEGGE
a division of
Patton Harris Ruet & Associates, pc
ENGINEERS • SURVEYORS • PLANNERS
LANDSCAPE ARCHITECTS • ENVIRONMENTAL SPECIALISTS
8818 Centre Park Drive, Columbia, MD 21046 • tel 410.897.8900 fax 410.897.8882

Building Address 12068 Broad Meadow Ln
CLARKSVILLE MD 21029

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

Census Tract 605101 Subdivision CLEARVIEW ESTATES

Section 2 Area - Lot 37

Tax Map 29 Parcel 356 Grid 19

Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name MICHAEL + ANN DOMAHUE

Address 12068 Broad Meadow Ln

City CLARKSVILLE State MD Zip Code 21029

Home Phone 443-535-0959 Work Phone _____

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

Phone _____ Fax _____

Existing Use Deck SFD

Proposed Use Sunroom

Estimated Construction Cost \$ 44,350

Description of Work REMOVE EXISTING - ADD
NEW DECK FRAME WITH AROUND NEW PAUL-
ENCLOSE WITH A FOUR SEASON SUNROOM

Contractor Company FRALAY CONTRACTING

Contact Person MICHAEL FRALAY

Address 7800 AIRPARK RD #9

City CANTERSBURG State MD Zip Code 20879

License No. 48177

Phone 301-253-6822 Fax 301-253-9949

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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input 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.

Michael Fralay
 Applicant's Signature
Owner / Fralay Contracting
 Title/Company

MICHAEL FRALAY
 Print Name
4/10/02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	42146
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>4/10/02</u>	<u>Mark R. [Signature]</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>370</u>
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>346</u>
				Validation # _____
				Accepted by <u>[Signature]</u>

