

6/5/95  
2:30  
6/6/95  
ASAP  
WPE  
6/30/95  
11AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50349

A 36686

DISTRICT 5th

DATE 10/19/94

DATE SYSTEM APPROVED 6/6/95

INSPECTOR M. Ripkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

05-373549

Parlette Excavating Cissei

IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Zook Property Map 35 Grid 19 Parcel 208 ROAD 11988 Hall Shop Road

PROPERTY OWNER Cary & Elizabeth Millstein

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

ADD. PERMIT SIGNED  
AND RETURNED 12-2-92  
Serial # B10121598  
check

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 5 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place distribution box 135 feet down the right lot line (568.92') and 100 feet off that same lot line when facing the lot from the Right-of-Way. Run trenches on contour toward the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/21/94 DICS

PLANS APPROVED BY Amy McMillen DATE 10/20/94

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

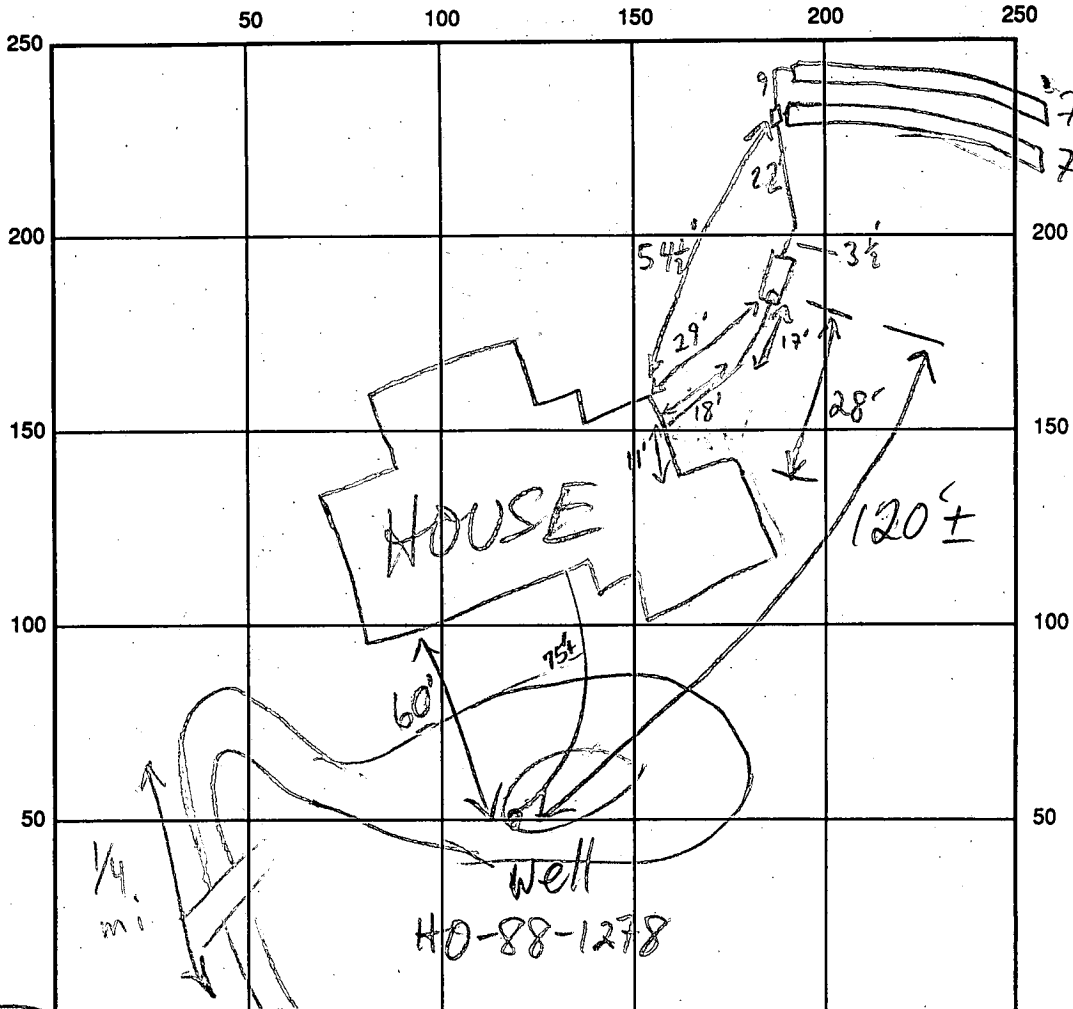
PERMIT VOID AFTER TWO YEARS

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 36686



HALL SHOP RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL TO RT. 32 CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - Baffle IN

DRAIN FIELD/TITLE DEPTH 8 1/8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/3 FT.

EFFECTIVE GRAVEL DEPTH 5 1/5 FT. TOTAL LENGTH ①73 ②77 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA ①365 ②385 SQ. FT.

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

ABSORBENT AREA 750 SQ. FT.

REMARKS: 6/5/95 OK TO COVER HOUSE TO S.T., & STONE TRENCHES MR

6/6/95 OK TO COVER ALL MR

DATE SYSTEM APPROVED

6/6/95

INSPECTOR

M. Ripkin

# APPLICATION

Septic Permit  
P50349

5-16-86  
1:30  
Paul

A 36686

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 3/21/86

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 Horace & Doris Zook Cary & Elizabeth Millstein  
ADDRESS 4306 Briggs Chaney Rd, Beltsville Md 20705 PHONE 9372987

PROPERTY LOCATION:

SUBDIVISION Dist. 5 Map 35 Grid 19 Parcel 208 LOT NO. \_\_\_\_\_  
ROAD AND DESCRIPTION OFF Halls Shop Rd - JUST PAST REDBERRY Rd.  
Property starts at large stone on CURVE in Halls Shop Rd  
SIZE OF LOT 4.450 Acres (3.887) TYPE BLDG. \_\_\_\_\_  
(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. Horace Zook  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 5-16-86 - PERC SATISFACTORY; HOLD FOR CERTIFIED HOLE LOCATION & HOUSE & WELL LOCATION. S. HAWK

BLDG. PERMIT SIGNED  
AND RETURNED 10/19/94  
Serial # 56135  
SFD - 4/Bums

# THIS IS NOT A PERMIT

SOIL PROFILE

0'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3/21/86  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_  
DATE 3/21/86

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 Horace & Doris Zook

ADDRESS 4306 Briggs Cheney Rd, Beltsville Md 20705 PHONE 9372987

PROPERTY LOCATION:

SUBDIVISION Dist. 5 Map 35 Grid 19 Parcel 208 LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION OFF Halls Shop Rd

Property starts at large stone on ~~corner~~ <sup>curve</sup> in Halls Shop Rd.

SIZE OF LOT 4.450 Acres 3.887 TYPE BLDG. \_\_\_\_\_ (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. Horace Zook  
(SIGNATURE OF APPLICANT)

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

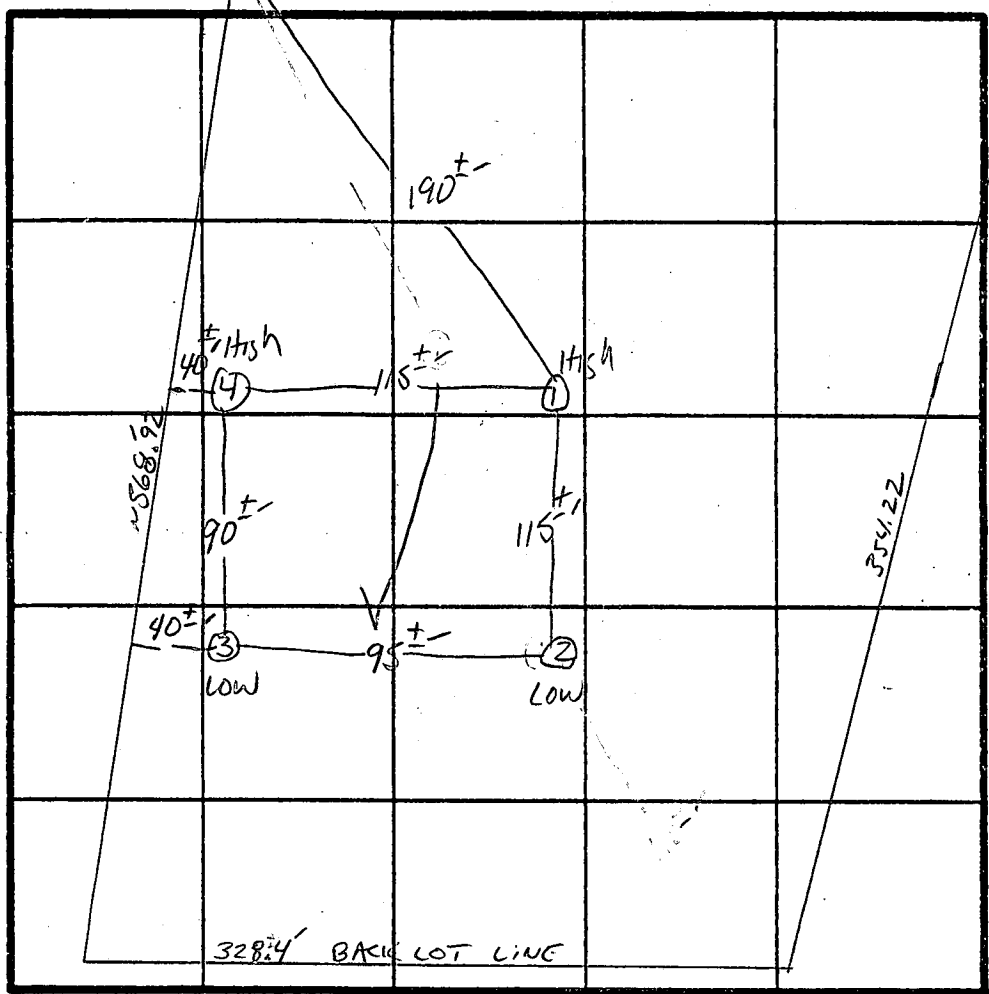
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

COLOR SCALE



①  
SOIL PROFILE

0  
4" A-3  
Yellow BR  
Highly  
micaceous  
Silt loam  
< 9% clay  
2.5'  
Yellow BR  
Highly  
micaceous  
Silt sand  
loam  
< 10%  
FRAGMENTS

13'  
0  
4" ② ③  
A-3  
Yellow BR  
Silt loam  
< 9% clay  
5'  
Yellow BR to  
strong BR  
Silt sand  
loam highly  
micaceous  
< 10%  
FRAGMENTS  
13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
HOUSE (EXISTING) PARC 329 MAP 34

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/86	1 S	3.5'	1:40	1:41	1:41	1:43	2min
		13'	UNIFORM SOIL Below 2.5'				
	2 S	4.5'	1:50	1:52:30	1:52:30	1:58	5.5min
		13'	UNIFORM SOIL STRUCTURE below 3'				
	3 S	4.5'	2:09	2:14	2:14	2:31	17min
		13'	SAME AS HOLE #2				
	4 S	3.5'	2:22	2:22:45	2:22:45	2:24:15	1.5min
		9'	2:24:45	2:25:30	2:25:30	2:27:15	1.75min
	4 V	13'					

REMARKS DENSE WOODS - MEASUREMENTS GROSS APPROX.

TYPE OF SOIL CHESTER Silt Loam

TESTED BY S. Abel ALSO PRESENT Flyer, Skir, MR 7004

EH-12-1079

B 1 **3713** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

STATE PERMIT NUMBER  
**40-88-1278**  
 fill in this form completely

Date Received (APA) **022790**  
 OWNER INFORMATION  
**CHESAPEAKE BLDG. INC**  
 15 Last Name 13 Owner 11 First Name 34  
**12011 GUILFORD RD-103**  
 36 Street or RFD 55  
**ANNAPOLIS MD 20701**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD**  
 8 COUNTY 21  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
**CLARKSVILLE**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **2 MI**  
 73 76 77 78

DRILLER INFORMATION  
**Joseph L. Mayne** 238  
 77 License No. 80  
**Joseph L. Mayne Well Drilling**  
 5512 Ridge Rd. Mt. Airy, Md. 21771  
 Address  
**Joseph L. Mayne** 2/26/90  
 Signature Date

B 4  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Hales Shop Road**  
 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 **1600** 37  
 DISTANCE FROM ROAD  
 ENTER FT or MI **FT**  
 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 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** **A36686**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE **Mark E. Palkin** 10/26/90  
 DATE ISSUED EXP. DATE  
 NORTH GRID **492000** EAST GRID **0818000**  
 43 50 55 57 63

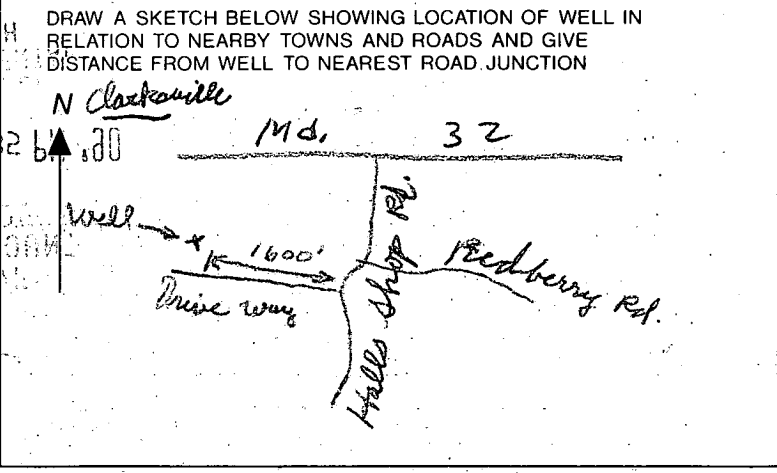
APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  DRive-POINT  
 other \_\_\_\_\_

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  
  
 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) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-88-1278**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 1526 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A36686

ST/CO USE ONLY. DATE Received

DATE WELL COMPLETED 052390

Depth of Well 345 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-08-1270

OWNER: Millstein last name, Gary first name. STREET OR RFD: Hall Shop. TOWN: Pikesville. SUBDIVISION: BIGHAM PROP. SECTION: LOT:

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. Includes handwritten entries: SAND Stone 0-43, Clay in sand 43-345.14

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 10. NO. OF POUNDS: 140. GALLONS OF WATER: 60. DEPTH OF GROUT SEAL: from 0 to 41 ft.

CASING RECORD. casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: ST. Nominal diameter top (main) casing: 6. Total depth of main casing: 43.

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

SCREEN RECORD. screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

Table with columns: EACH SCREEN, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH). Includes handwritten entries: 110, 46, 345.

CIRCLE APPROPRIATE LETTER. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

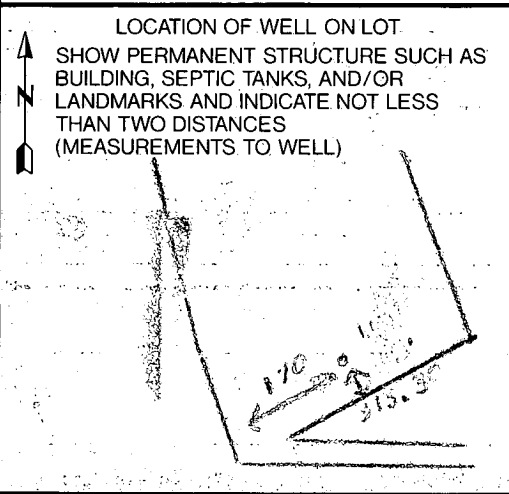
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 (74, 75, 76). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour): 3. PUMPING RATE (gal. per min. to nearest gal.): 505. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING: 35. WHEN PUMPING: 179. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP (YES/NO). TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon): 31-35. PUMP HORSE POWER: 37-41. PUMP COLUMN LENGTH (nearest ft.): 43-47. CASING HEIGHT (circle appropriate box and enter casing height): + above, - below. LAND SURFACE (nearest foot): 50-51.



COUNTY



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

6/30/95  
2ETS-11

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

FAX # 410-313-2648

New Installation   
Replacement

Receipt # 0  
Date 1-12-94

Name of Installer MARK BREW PTH Inc

Telephone 301-854-0609

License number 11761  
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner CARY MILSTEIN

Telephone 301-595-5053

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well tag # \_\_\_\_\_

Site Address 11988 HALL SHOP RR

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible

2. Make Goulds

3. Model # \_\_\_\_\_

4. Capacity \_\_\_\_\_ GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_

2. Pressure relief valve? YES

Piping

1. Type PE 160#

2. Size 1

3. NSF and/or BOCA Code approved \_\_\_\_\_

4. Depth of supply line 4'

Well data

1. Depth \_\_\_\_\_ ft.

2. Yield \_\_\_\_\_ GPM

3. Static water level \_\_\_\_\_ ft.

4. Will water supply be disinfected by installer? YES

6/30/95  
Well line OK to cover  
P.A. 5' below grade  
1.5' above grade (DKS)

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: Mark Brew

Date: 1-12-94

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



7  
e1  
fr

**Percolation Test Plat**

This area designates a private sewage easement of 10,000 square feet as required by the Maryland State 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 Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located by others and shown as: ⊕

The lots hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

Approved: for private water and private sewage systems

*J. M. Boyd*  
County Health Officer

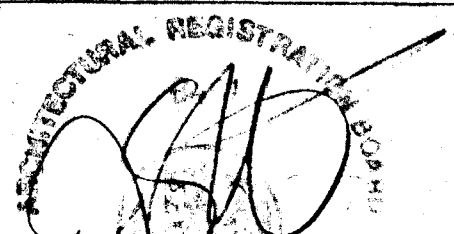
11-3-74  
Date

424' TO PROP. LI

① SITE PLAN  
② 1" = 20'



**Studio Two · Architects**





# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00121598

Building Address 11988 Hall Shop Rd.  
Clarksville, Md. 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 20x

Tax Map 11 Parcel \_\_\_\_\_ Grid 11

Zoning 11 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Cary Millstein

Address 11988 Hall Shop Rd.

City Clarksville State Md Zip Code 21029

Home Phone 301-854-9547 Work Phone Same

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family

Proposed Use Deck on home

Estimated Construction Cost \$ 11,000

Description of Work 32' x 24' Deck on rear of home with steps

Contractor Company Blake Contractors

Contact Person Paul Blake

Address 4401 Walther Ave

City Baltimore State Md Zip Code 21214

License No. 18140

Phone 410-254-8447 Fax \_\_\_\_\_

Occupant or Tenant Same

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>PT/POST</u>	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

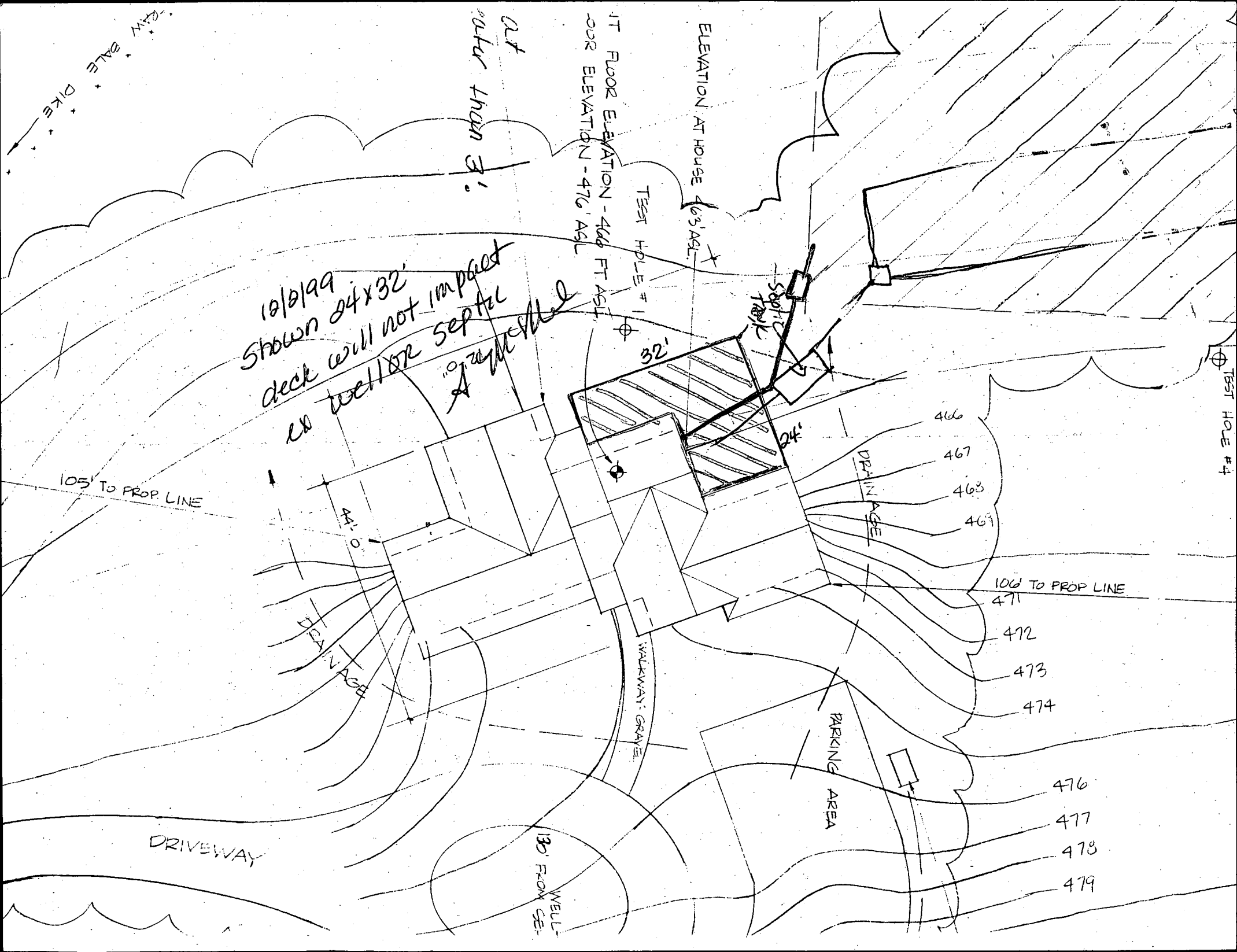
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Larry Tepis  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

Larry Tepis  
 Print Name  
12/2/99  
 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#
Land Development, DPZ			Front: _____	1061
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>12/2/99</u>	<u>J. Mc Mall</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1208</u>
			Accepted by _____	Validation # _____



RAIN GALE DIKE

AT after than 3'

11' FLOOR ELEVATION - 466 FT ASL  
100' ELEVATION - 476' ASL

ELEVATION AT HOUSE 463 ASL

TEST HOLE #1

12/2/99 shown 24x32' deck will not impact ex well or septic

105' TO PROP LINE

44' 0"

WALKWAY GRAVE

PARKING AREA

DRIVEWAY

130' FROM SE  
WELL

466  
467  
468  
469

106 TO PROP LINE  
471

472  
473  
474

476  
477  
478  
479

TEST HOLE #4