

04-320352
PERMIT

P 38908
A 35329

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/11/87

INDEXED

DATE SYSTEM APPROVED 3/26/87

INSPECTOR (BSW)

I.C.O.P.
Time expired

Fogle's Septic Services, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Karras Property ROAD 16185 Old Frederick LOT 1

PROPERTY OWNER Allen Compton Wade HARPER Donald LEWIS

ADDRESS _____

BUILDING PERMIT SIGNED

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

12130104 B0012124-Sun Room

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. With garbage disposal 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALL SYSTEM ONLY beginning from the right rear lot corner, place 1st trench 120 feet down the right (265.24') lot line and 75 feet off the right lot line. Run trenches along contour back towards the right lot line as seen when facing property from Old Frederick Road. BE SURE TO MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

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

TRENCH AREA TO BE COMPUTED ON 3' BOTTOM AREA ONLY. CW.

PLANS APPROVED BY Bert Nixon DATE 10/30/86

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 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 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.

AND RETURNED 6/13/2000
B00124703
SUNROOM

AND RETURNED 12-21-99
Serial # B00121803
6 Stall Run
AND RETURNED 7/1/02
Serial # 27894-Garage

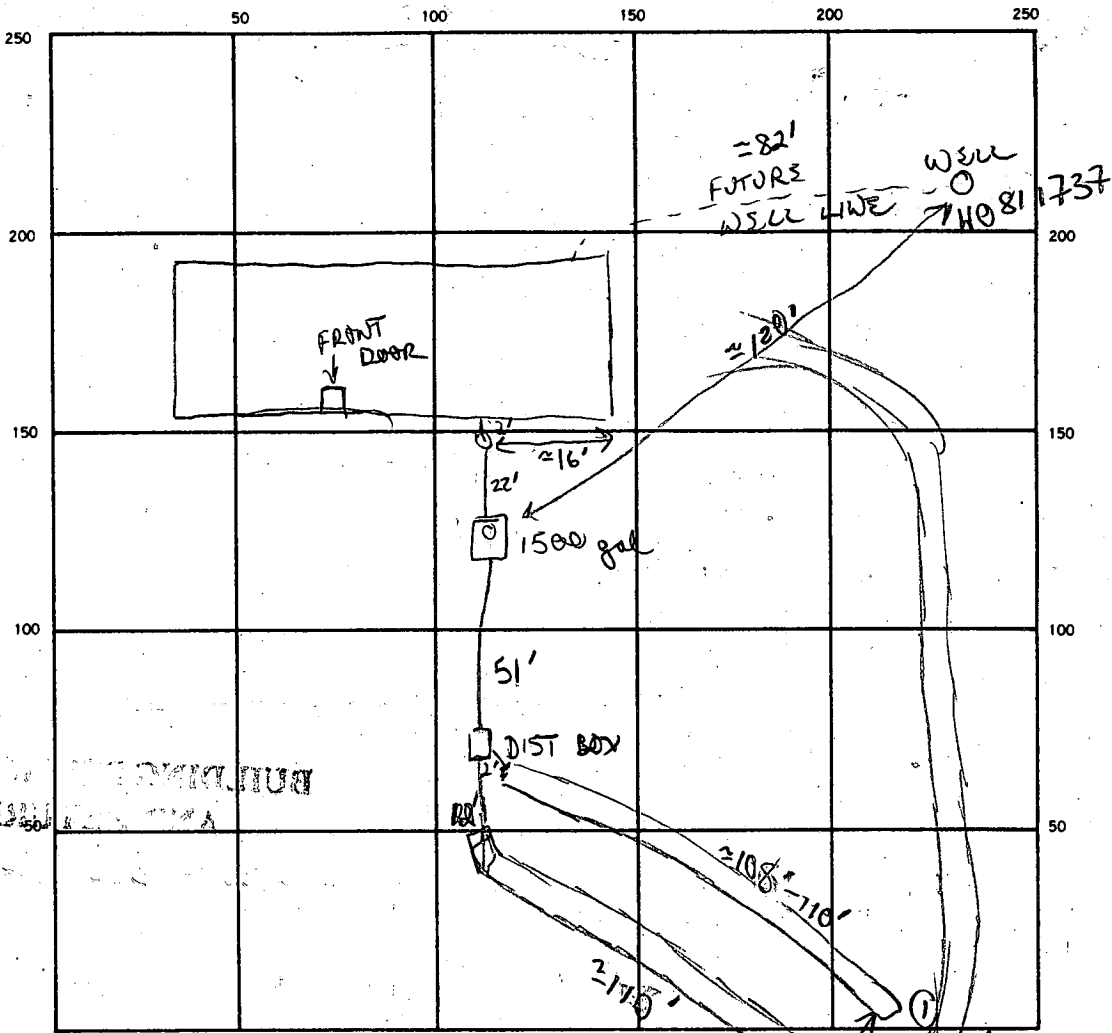
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

3-26-87
AM ANYTIME

A 35329



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

(OLD FRED RD)
RTE 99

400' to
RTE 99 from
trenches

SEPTIC TANK, LEVEL 1500 gal ✓ CLEANOUTS 1 In line, 1 S.T.

DISTRIBUTION BOX, LEVEL ✓ (w/ brick block in center)

DRAIN FIELD/TILE FIELD, DEPTH 4 1/2 FT. TRENCH WIDTH 3' FT. INLET DEPTH 2 1/2 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2' 2' FT. TOTAL LENGTH 108'-110' 100 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 5330 3244 330 SQ. FT.

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

ABSORBENT AREA ≈ 660 SQ. FT. if garbage need 660

REMARKS 3/26/87 Trench length borderline sufficient but OK'd
cementing OK'd, OK to cover both trenches + all
work.

Distance of trenches suggests garbage disposal

DATE SYSTEM APPROVED 3/26/87

INSPECTOR B Nixon

APPLICATION

6/28/85
9:30 AM

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A. 35329
P. _____

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

DISTRICT _____

DATE April 22, 1985

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 George Karras Allen Compton

ADDRESS 200 Evans Street, Rockville, Md. PHONE 424-2017

PROPERTY LOCATION:

SUBDIVISION Karras Property LOT NO. 1

ROAD AND DESCRIPTION South side of Old Frederick Road, west of Route 94
16185 OLD FREDERICK RD.

SIZE OF LOT 4-6 acres 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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tele funds DATE 12/8/84

REJECTED BY _____ FOR _____ DATE _____

BLDG. PERMIT SIGNED AND RETURNED 12/8/84
BA#924/

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-28-85 Perc. results SATISFACTORY; HOLD FOR Certified Location
OF Perc. holes; Perc. field different than PLAT LOT LINE QUESTIONABLE S&W

THIS IS NOT A PERMIT

① SOIL PROFILE

AP

9" Yellow BR. CLAY LOAM 10-20% SAPROLITE

3' Yellow BR. SAND LOAM 30-40% SAPROLITE

11" MASSIVE SAPROLITE

12"

②

AP

9" BROWN CLAY LOAM 10-20% SAPROLITE

2.5' BROWN SAND LOAM 20-30% SAPROLITE

10" MASSIVE SAPROLITE

12"

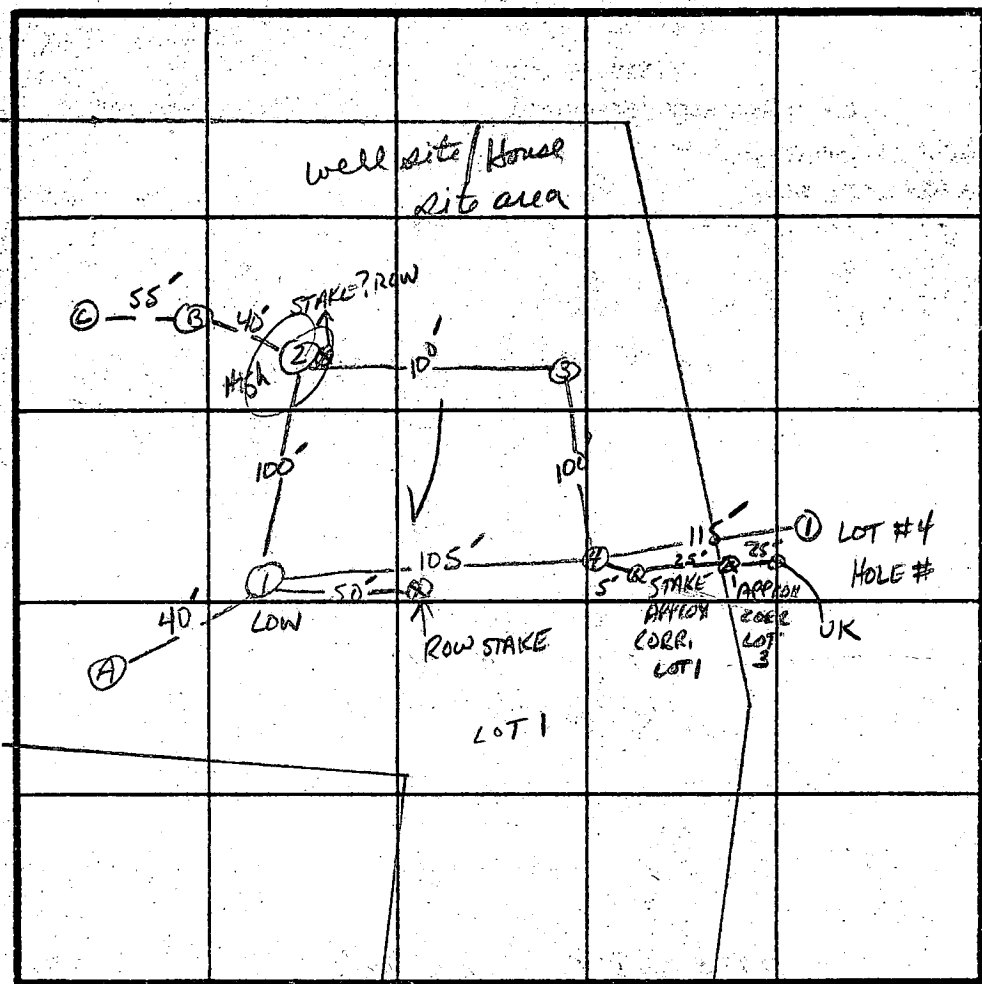
③ ④

AP

LT BROWN LOAM < 10% SAPROLITE

SAND LOAM & BROWN 10-20% SAPROLITE

SAPROLITE 20-30%



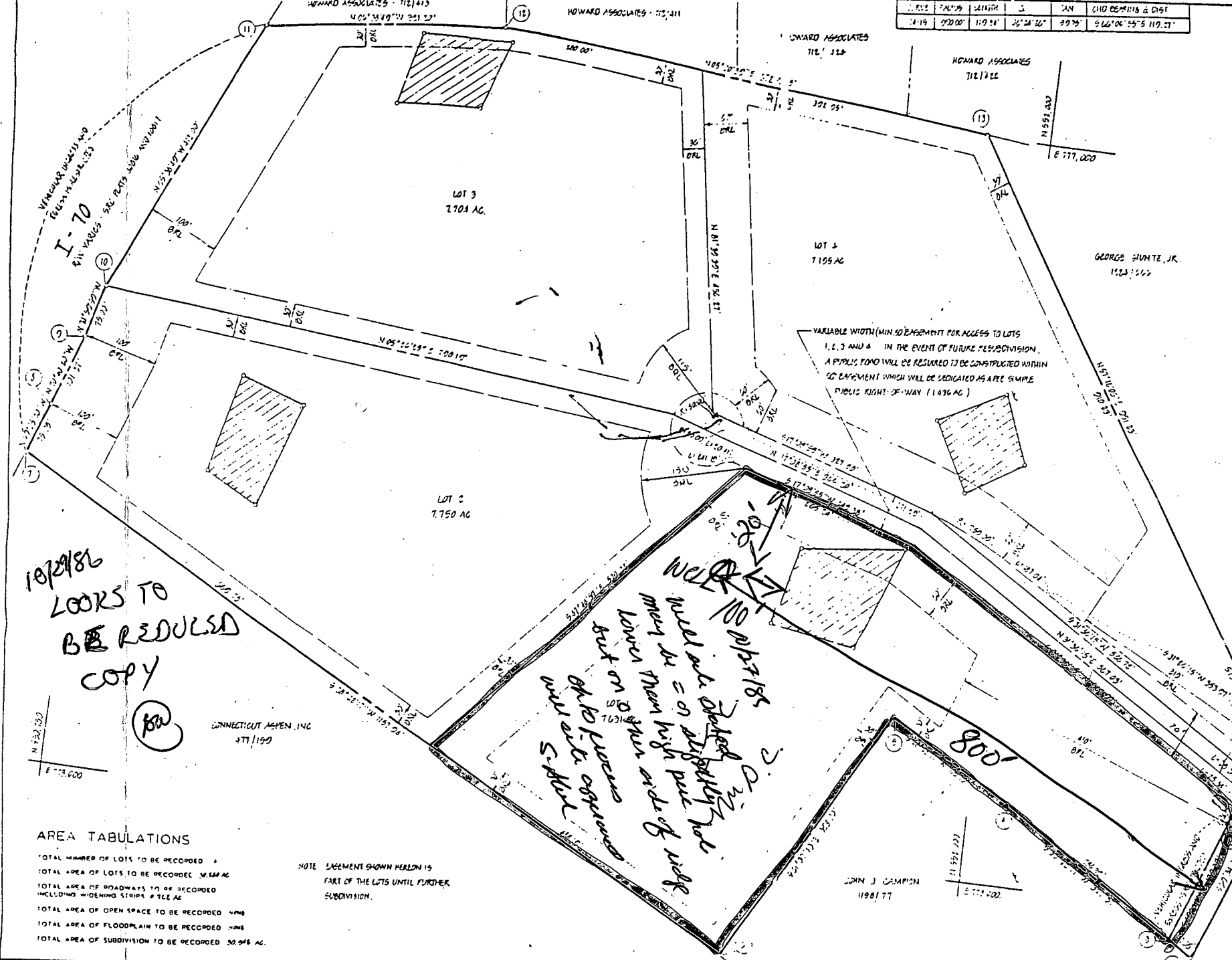
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
OLD FREDERICK Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/29/85	1 S	3"	10:35	10:39	10:39	10:48	9min
	1 V	12"	see profile				
	2 S	2.5'	10:46	10:48	10:48	10:52	4min
	2 V	12"	see profile				
	3 S	2.5'	10:55	10:56	10:56	10:59	3min
	3 V	11.5'	see profile				
	4 S	3.5'	11:00	11:01:30	11:01:30	11:004	2.5min
	4 V	12"	see profile				
	A	STRUCTURED SAPROLITE AT 3" HARD BOTTOM AT 4"					
	B	STRUCTURED SAPROLITE AT 4" HARD BOTTOM AT 5"					
	C	STRUCTURED SAPROLITE AT 3" HARD BOTTOM AT 4"					

REMARKS HOLE LOCATED Diff. THAN PLAT.

TYPE OF SOIL: SAbel SKIP, JEFF

11 12 10/9



NO.	NORTH	EAST
1	552,817,015	777,728,585
2	552,818,110	778,549,710
3	552,829,023	778,641,190
4	552,850,832	777,889,542
5	551,832,643	777,700,648
6	551,603,910	778,40,569
7	550,618,622	777,509,899
8	550,200,636	777,220,071
9	550,739,053	777,822,518
10	550,759,325	777,592,083
11	550,003,157	776,976,312
12	551,242,278	776,990,504
13	551,012,676	776,008,392
14	552,408,845	777,724,035
15	552,356,591	777,873,004

VICINITY MAP

GENERAL NOTES

1. Tax Map 1407 April 31
2. Deed Reference 951092
3. Coordinates shown herein are based on Maryland State Plane Coordinate System - North Carolina Grid - Easting 1740000 and Northing 1120000.
4. Subject property shown as K-1 on the 1987 Maryland State Tax Map.
5. 0 - Designates 0' on the lot.
6. The lots shown herein comply with the minimum setbacks as set forth in the Howard County Department of Health and Mental Hygiene.
7. This area designated a private sewage treatment plant (PSTP) with a capacity of 2,000 gallons per day (GPD) in 1987. The Howard County Department of Health and Mental Hygiene has approved individual sewage disposal systems for individual lots. The area is restricted until public sewerage is available and existing and proposed structures constructed on these building sites. These statements 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 sewer easement. Reconnection of a private sewer easement shall not be necessary.
8. All encroachments and notes shown herein have been located and shown thus.
9. The flag of objection also relative to the location of the flag of objection and the road right-of-way line, and not over the flag of objection lot driveway.
10. Flag of objection also shall not be further subdivided into lots accommodating additional residences unless a public road can be constructed according to County standards. The County 150' foot right-of-way to be located in...
11. SUBJECT TO MP-22-24

10/29/86
LOOKS TO
BE REDUCED
COPY

AREA TABULATIONS

- TOTAL NUMBER OF LOTS TO BE RECORDED 4
- TOTAL AREA OF LOTS TO BE RECORDED 8.249 AC
- TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS 0.762 AC
- TOTAL AREA OF OPEN SPACE TO BE RECORDED 4.448 AC
- TOTAL AREA OF FLOODPLAIN TO BE RECORDED 4.448 AC
- TOTAL AREA OF SUBDIVISION TO BE RECORDED 30.846 AC

NOTE: EASEMENT SHOWN HEREIN IS PART OF THE LOTS UNTIL FURTHER SUBDIVISION.

OWNER'S STATEMENT

I, JOHN J. CAMPION, owner of the property shown and described herein, hereby adopt this plan of subdivision and in consideration of the approval of this final plat by the Office of Planning and Land Administration, Howard County, Maryland, and grant unto Howard County, Maryland, its successors and assigns, the right to construct and maintain sewer and water lines and other municipal utilities and services, and under all roads and street rights-of-way and the easement herein shown, and to require, designate, and locate the same.

SURVEYOR'S CERTIFICATE

I, JOHN J. CAMPION, Surveyor, hereby certify that the final plat shown herein is correct and that I, as a subdivision of the whole of the lands conveyed by deed to Howard County, Maryland, by deed dated 10/29/86 and recorded in the Land Records of Howard County, Maryland, in Liber 201 of Page 24, and that all monuments are in place as shown on the plat.

LAND CEDED TO HOWARD COUNTY, MARYLAND FOR THE PURCHASE OF A PUBLIC ROAD, 10.000 AC

NOTE: FURTHER RESUBDIVISION OF LOTS 1, 2, 3 AND 4 WILL REQUIRE FULL COMPLIANCE WITH THE HOWARD COUNTY SUBDIVISION AND LAND DEVELOPMENT REGULATIONS.

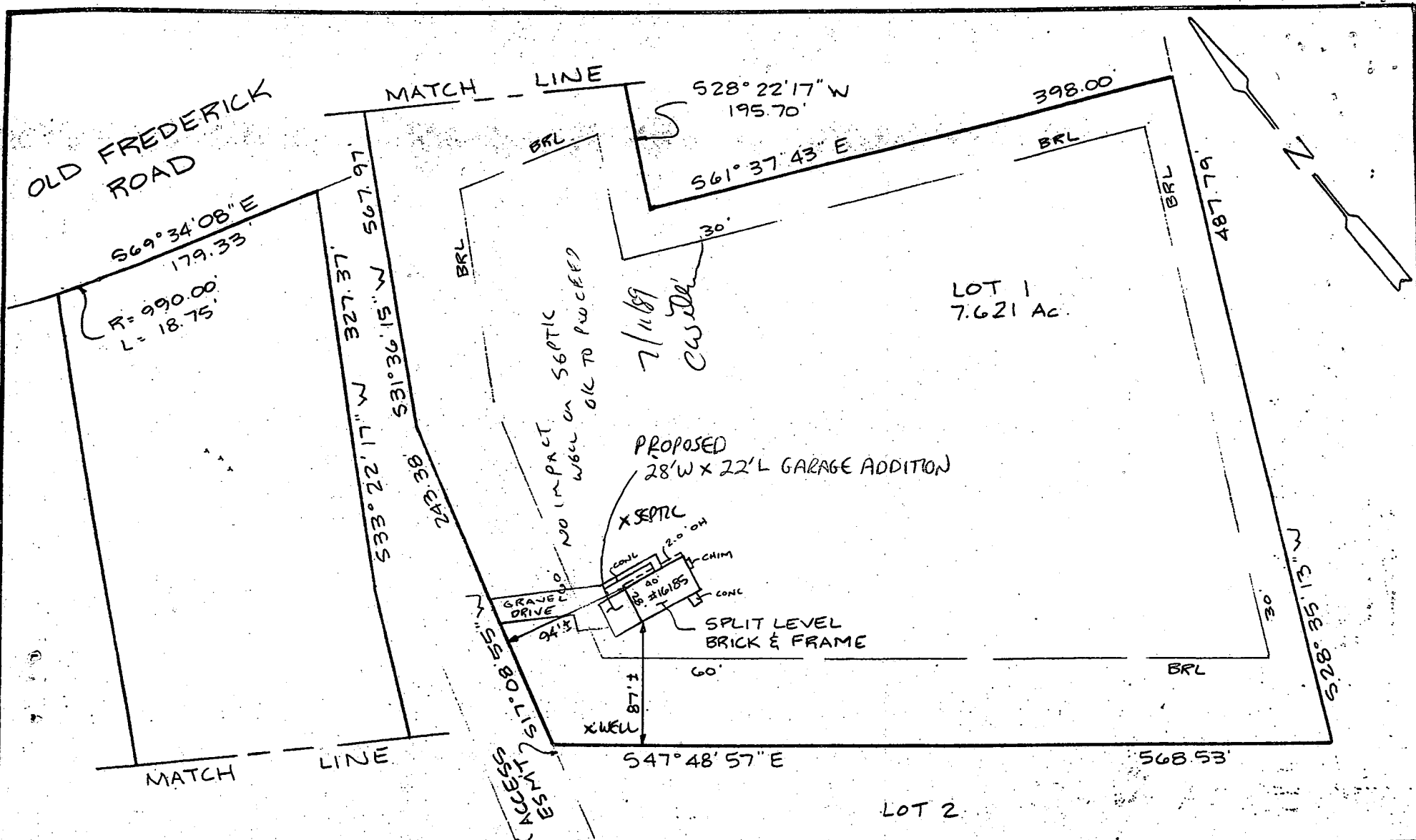
OWNER
1540 SMITH HARRAS
200 EVANS STREET
ROCKVILLE, MD 20850

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

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

APPROVED HOWARD COUNTY OFFICE OF PLANNING AND LAND ADMINISTRATION

RECORDED AS PLAT 24 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND
LOTS 1 THRU 4
HARRAS PROPERTY



This is to certify that I have surveyed the property known as LOT 1 LOTS 1-4 KARRAS PROPERTY AMENDED sheet - of - recorded PLAT # 6953 among the Land Records of HOWARD County, Maryland for the purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



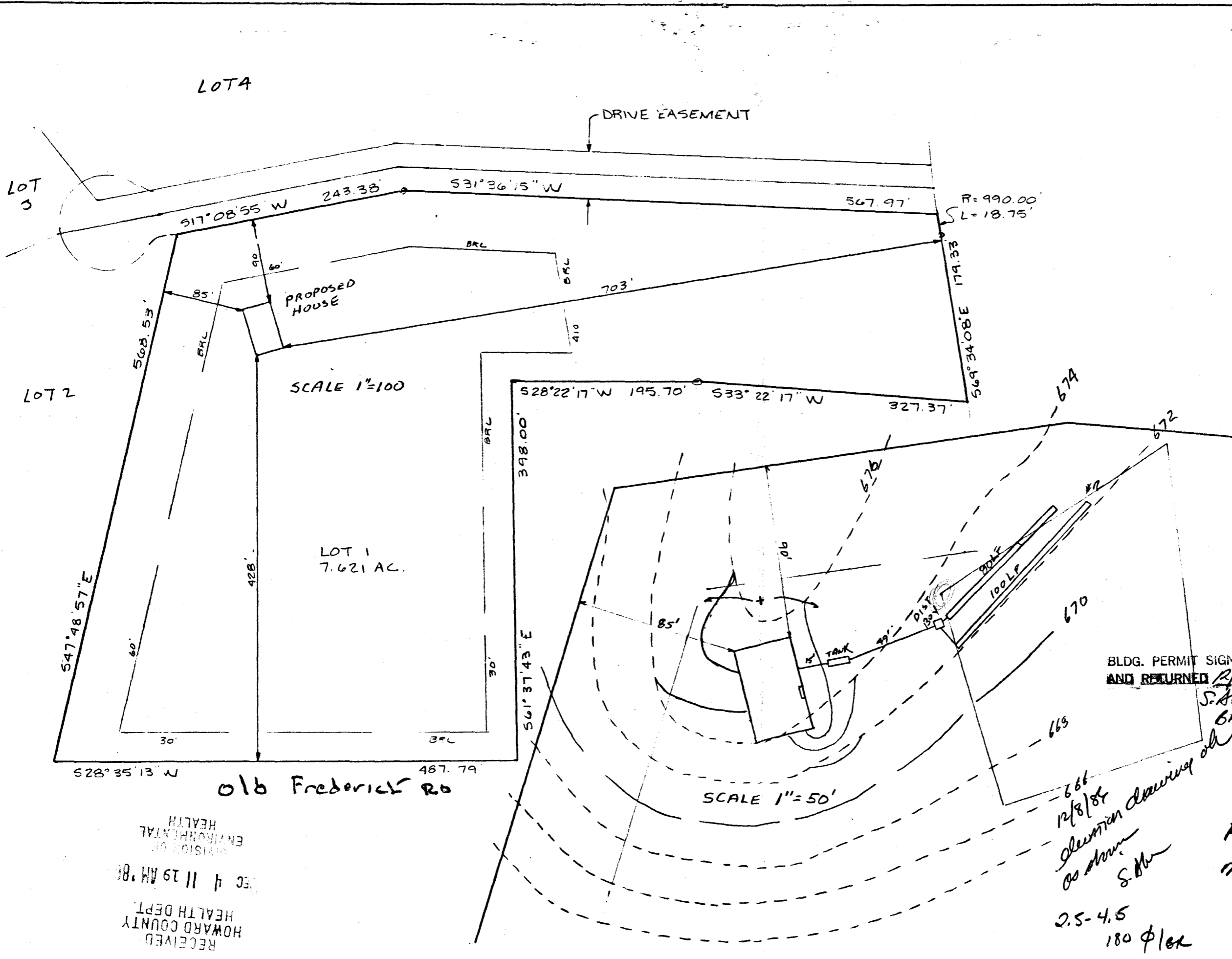
J. Carl Hudgins PLS#96

LOCATION SURVEY

16185 OLD FREDERICK ROAD
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.

NTT ASSOCIATES, INC.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Phone 442-2031

Scale 1" = 100'
Date 18 APR 88
Field By RIK
Drawn By RIK
Drawing # 16185



HOUSE:	
Foyer	678.0 ✓
First Floor	673.5 ✓
Invert	671.77 ✓
SEPTIC TANK:	
Existing Grade	674.5 ✓
Proposed Grade	675.0 ✓
Invert In	671.46 ✓
Invert Out	671.21 ✓
DISTRIBUTION BOX:	
Existing Grade	673.0 ✓
Proposed Grade	673.0 ✓
Invert In	670.7 ✓
Invert Out	670.6 ✓
Trenches;	
	#1 #2
Existing Grade	673.0 ✓ 672.1 ✓
Invert	670.5 ✓ 669.6 ✓
Bottom	668.5 ✓ 667.6 ✓
Stone	2.0 ✓ 2.0 ✓
Length	80.0 100.0
Width	3.0 3.0 ✓

PLOT PLAN
 LOT 1
 KARRAS PROPERTY
 TAX MAP 2 PARCEL 31
 ZONE R
 PLAT # 6953
 DATE 11/24/86
 SCALE: 1"=100' & 1"=50'

BLDG. PERMIT SIGNED
 AND RETURNED 12/8/84
 S. Hall
 60 49241

12/8/84
 elevation drawings all
 as shown
 S. Hall
 2.5-4.5
 180 φ/100

16185 old
 Frederick Rd 21771
 MT ANX

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 DEC 4 11 29 AM '86
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

C1 5371

SEQUENCE NO. (OEP 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-35329

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HQ-81-1727

OWNER

COMPTON

ALLEN

STREET OR RFD

625 FREDERICK RD

TOWN

LISBON

SUBDIVISION

KARRAS PROPERTY

SECTION

LOT 1

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: Top soil 0-2, Brown soil 2-30, SH 30-65, Gray & Brown rock 65-70, Gray & white rock 70-210.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

Casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST, G, 77), Nominal diameter, Total depth.

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth from, to.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE, DIAMETER OF SCREEN.

C2

Table for screen depth with columns: DEPTH (nearest ft.), EACH SCREEN.

- 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 70

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.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

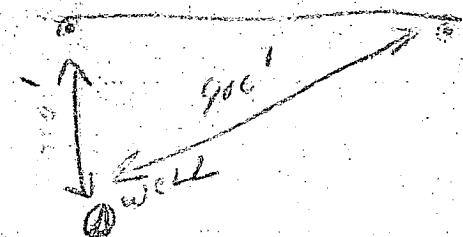
PUMPING TEST

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

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, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

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 2737 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

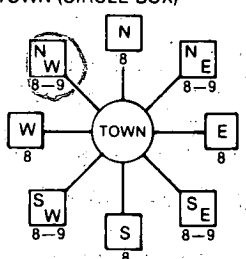

STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type.

OEP PERMIT NUMBER
40-21-1737
 fill in this form completely

Date Received 11/15/86
OWNER INFORMATION
 15 Last Name COMPTON Owner ALLER 34
 36 Street or RFD 1409 Frederick Rd 55
 57 Town Lisbon 70 State 72 Zip 21765 76

B 3 LOCATION OF WELL
 1 Howard 21
 8 COUNTY Howard 21
 23 SUBDIVISION Property 42
 SECTION 1 44 46 LOT 1 48 50
 52 NEAREST TOWN Lisbon 71
 MILES FROM TOWN (enter 0 if in town) 2 73 M I 76 77 78

DRILLER INFORMATION
 Driller's Name Bernard Ecker 77 License No. 070
 Firm Name Tri County
 Address 1409 Frederick Rd
 Signature [Signature] Date 11/15/86

B 4
 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 2 NEAR WHAT ROAD Old Frederick rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 900 37 DISTANCE FROM ROAD
 ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) 2 8
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 12 20

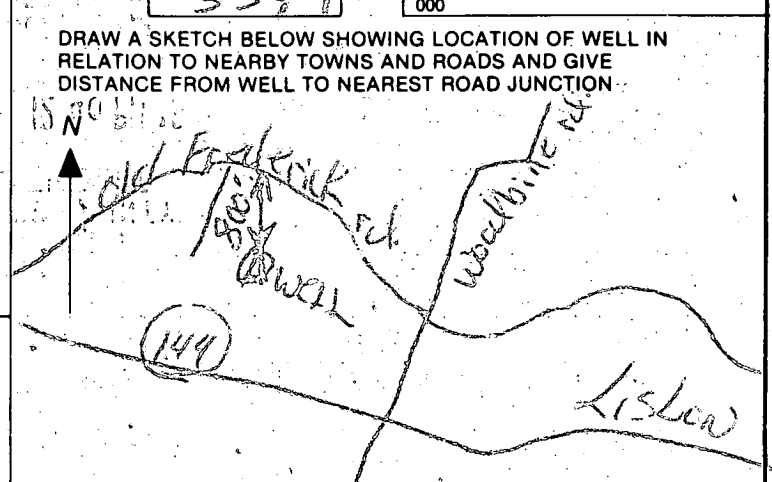
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. A-25329
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED 10/29/86 41
 CO-SIGNATURE [Signature] EXP. DATE 04/29/87
 NORTH GRID 551000 50 55 EAST GRID 0377000 57 63

APPROXIMATE DEPTH OF WELL 700 24 FEET 28
 APPROXIMATE DIAMETER OF WELL 6 30 NEAREST INCH 32
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. 77 FE CASING
 2. 3 FE ABOVE GRADE
 3. WELL LOCATION OK
 FE OPEN
 BAGS (cement)
 8 BAGS - left before start complete.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 7707
 N 5501 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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 GAP _____ 63
 FORCE 2 67 68 WRITE INITIALS IN BOX PERMIT No. 40-21-1737 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

35349

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00021803
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Building Address <u>16185 OLD FREDERICK RD SW</u> <u>MOUNT AIRY MD 21771</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>COAD</u> Subdivision <u>KARLEBA 50546</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>1</u> Tax Map <u>2</u> Parcel <u>31</u> Grid <u>23</u> Zoning <u>RC-DFC</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>DONALD C. LEWIS</u> Address <u>16185 OLD FREDERICK RD SW</u> City <u>MOUNT AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410-489-7672</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>SINGLE FAMILY HOME</u> Proposed Use <u>SAME WITH HORSE BARN</u> Estimated Construction Cost \$ <u>50,000</u> Description of Work <u>6500L HORSE BARN, WASH ROOM, WASH SINK</u>	Contractor Company <u>HANOVER FABRIS SYSTEMS INC</u> Contact Person _____ Address <u>6927 York Rd.</u> City <u>Abbotstowne</u> State <u>MD</u> Zip Code <u>17301</u> License No. _____ Phone <u>800/366/4801</u> Fax _____
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Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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: _____ 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: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Donald C. Lewis</u> Applicant's Signature <u>Owner</u> Title/Company	<u>DONALD C. LEWIS</u> Print Name <u>12/15/99</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

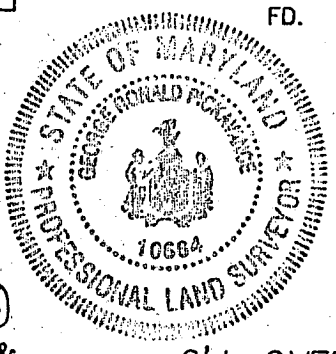
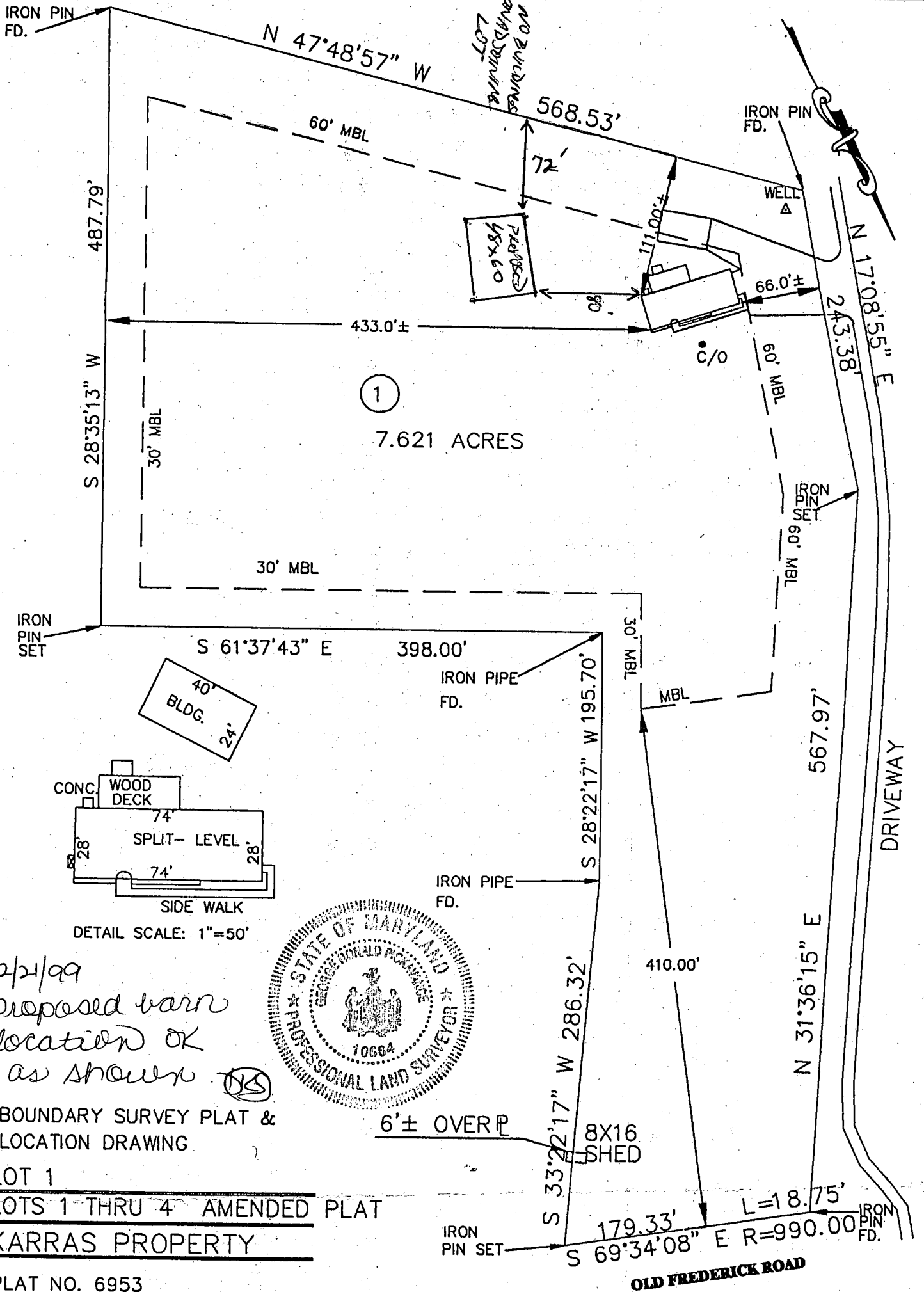
AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>12/15/99</u>	SIGNATURE APPROVAL <u>Donald C. Lewis</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>14608</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # <u>14608</u>
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CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

BPR INC

475 GOLDENROD TERRACE
SUITE 103
WESTMINSTER MD 21157
410-876-0333, 857-9030



12/21/99
 Proposed barn
 location OK
 as shown.

BOUNDARY SURVEY PLAT &
 LOCATION DRAWING

LOT 1
 LOTS 1 THRU 4 AMENDED PLAT
 KARRAS PROPERTY

PLAT NO. 6953
 4TH ELECTION DISTRICT,
 HOWARD COUNTY, MD.

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

Signed this 20 day of OCTOBER 1999

Surveyor

ALSO KNOWN AS 16185 OLD FREDERICK ROAD

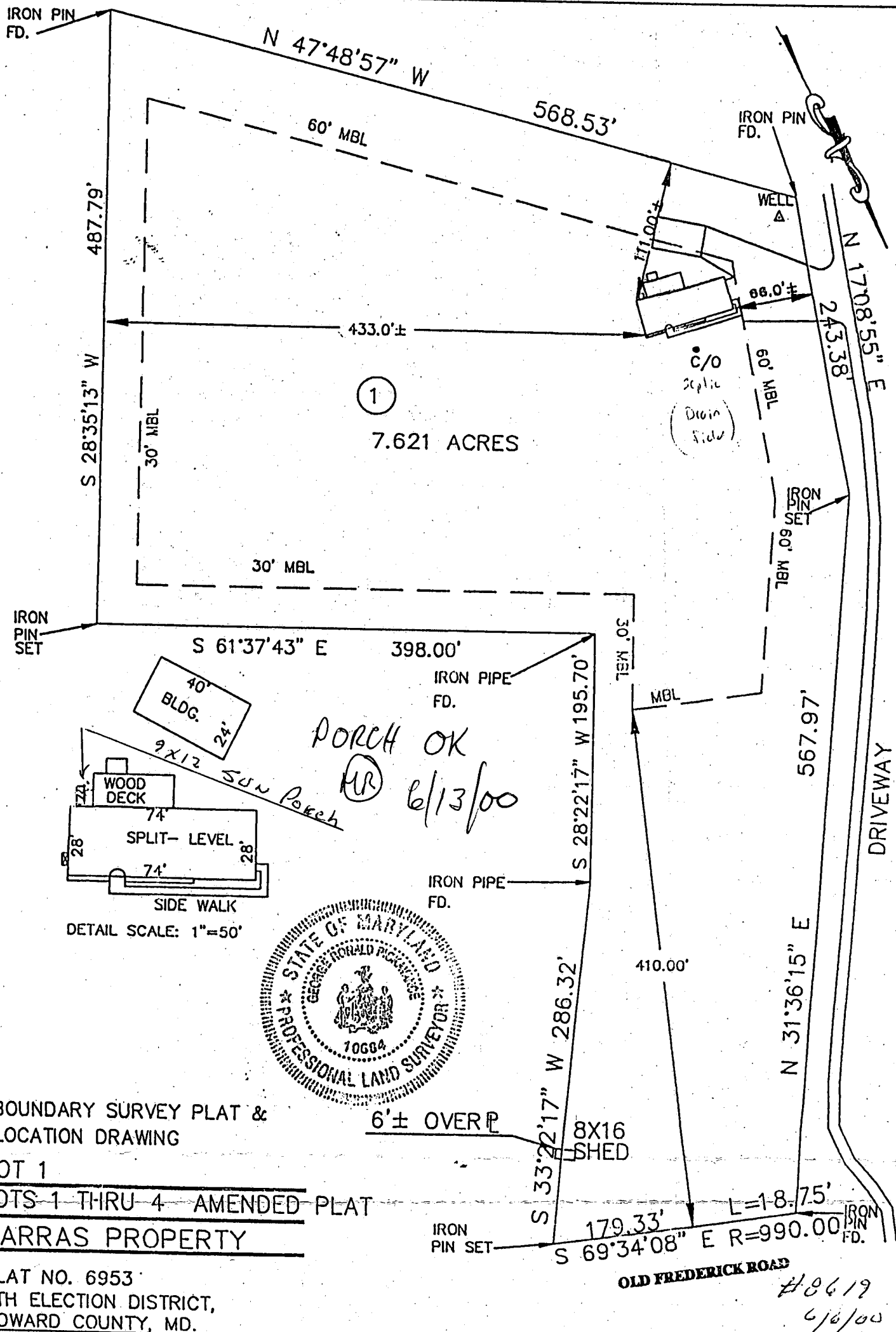
SCALE 100 ft.=1 inch
 Revisions and Updates

99-001-308

Health copy

BPR INC

475 GOLDENROD TERRACE
SUITE 103
WESTMINSTER MD 21157
410-876-0333, 857-9030



BOUNDARY SURVEY PLAT &
LOCATION DRAWING
LOT 1
LOTS 1 THRU 4 AMENDED PLAT
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Signed this 20 day of OCTOBER 1999

George Ronald Pickens
Surveyor

ALSO KNOWN AS 16185 OLD FREDERICK ROAD

SCALE 100 ft.=1 inch
Revisions and Updates

5021

HEALTH DEPT

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00124703

Building Address 16185 Old Frederick RD Property Owner's Name Lewis, DONALD
MOUNT AIRY MD 21771 Address 16185 Old Frederick RD
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A City MT Airy State MD Zip Code 21771
 Census Tract 6040 Subdivision KARRAS Prop. Home Phone 410-489-9672 Work Phone _____
 Section N/A Area N/A Lot _____ Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 2 Parcel 31 Grid 23 Phone _____ Fax _____
 Zoning RC-10 Map Coordinates 3E7 Lot size _____

Existing Use SFD Contractor Company Patio Enclosures Inc
 Proposed Use Same with addition Contact Person R. L. TICE
 Estimated Construction Cost \$ 12,490.00 Address 221 8th Ave NW
 Description of Work Enclose new rear concrete foundation City Glen Burnie State MD Zip Code 21061
SUNROOM License No. 12749 Phone 760-1919 Fax _____

Occupant or Tenant Same as owner Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

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

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.

Applicant's Signature [Signature] Print Name R. L. TICE

Title/Company _____ Date _____

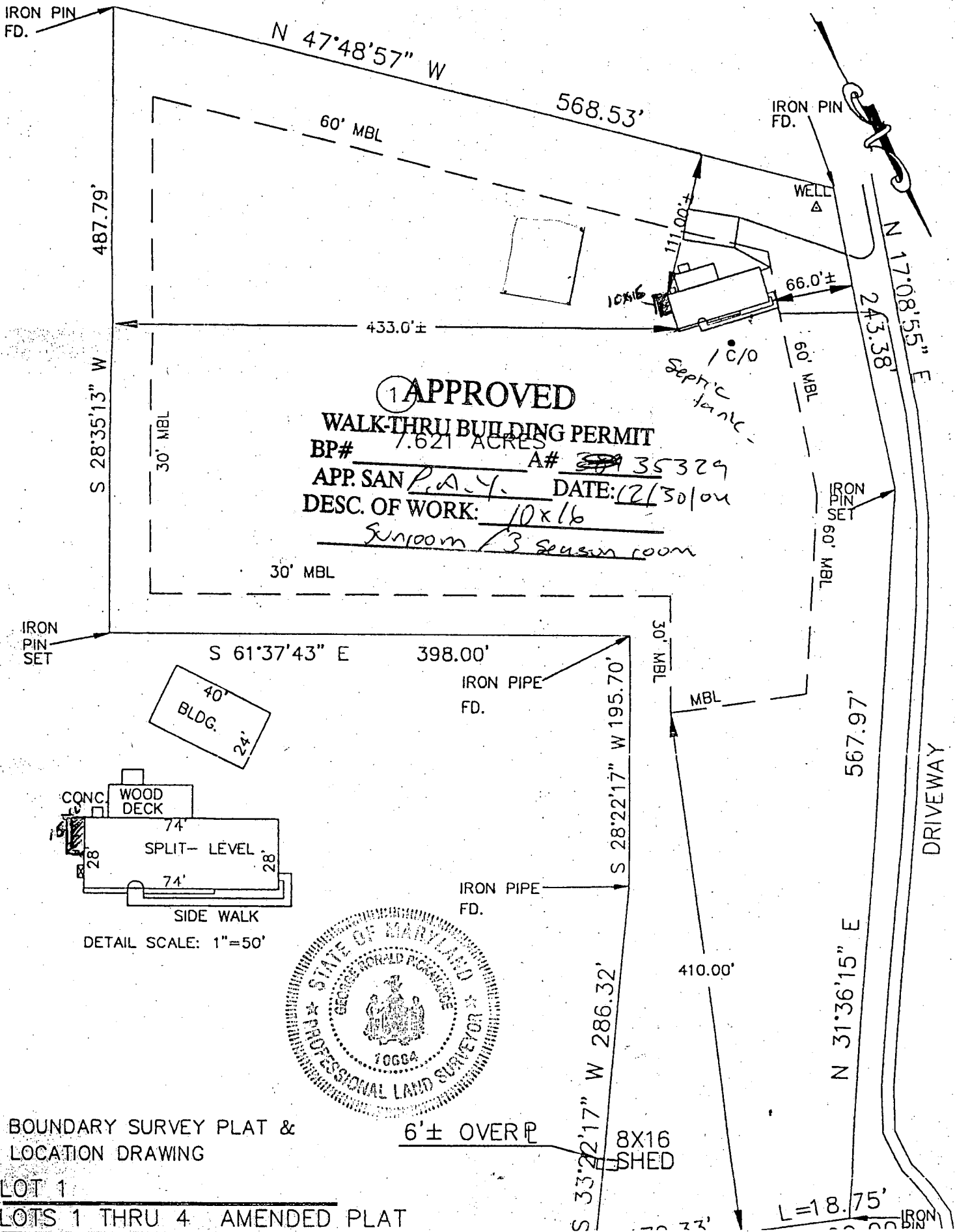
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	14608
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>6/13/00</u>	<u>Mark Ripkin</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 checked="" type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START _____			Lot Coverage for New Town Zone <u>.01%</u>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1800</u>
			Accepted by <u>[Signature]</u>	Validation # <u>02300</u>

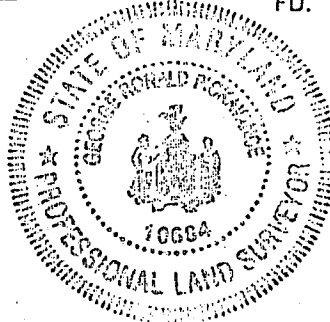
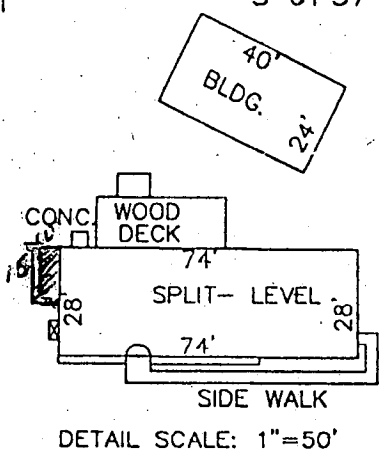
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SUITE 103
WESTMINSTER MD 21157
410-876-0333, 857-9030



1 APPROVED
WALK-THRU BUILDING PERMIT
 BP# 7.621 ACRES A# ~~35329~~ 35329
 APP. SAN P.A. Y. DATE: 12/30/04
 DESC. OF WORK: 10x16
Sunroom / 3 Season room



BOUNDARY SURVEY PLAT &
 LOCATION DRAWING
 LOT 1
 LOTS 1 THRU 4 AMENDED PLAT

6'± OVER P

8X16 SHED

DRIVEWAY