

05-399513

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40282

A 35541

DISTRICT 5th

DATE 10/16/87

DATE SYSTEM APPROVED 4-14-88

INSPECTOR JEN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Alan Whitworth IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 531-5033

SUBDIVISION Buckskin Woods ROAD 4272 Buckskin Lake Dr LOT 17

PROPERTY OWNER ~~Donald Lowe~~ JOSH & ROBIN MADDEN

ADDRESS _____

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

GARBAGE GRINDER? YES NO

193
5
6935
160
161 ft

SEPTIC TANK CAPACITY 2250 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the trench 180 feet from the front (306') lot line and 120 feet from the right (500') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the front 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. *OK/SK*

PLANS APPROVED BY S. Abel DATE 2/11/86

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

SLUG PERMITS SIGNED
***NO RETURNED 3/1/2001**

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. B00128738 - INGROUND POOL

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.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35541

SUBDIVISION: BUCKSKIN WOODS

LOT NUMBER: 17

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

193 w/ 0.58 sq. ft./bedroom
~~188~~

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 3 feet below original grade.
6 feet of stone below distribution pipe.

5 BK w/ disposal
SA

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX OR START THE TRENCH 180 FEET FROM THE FRONT (306') LOT LINE AND 120 FEET FROM THE RIGHT (600') LOT LINE AS SEEN WHEN FACING THE LOT FROM BUCKSKIN LAKE DR. RUN TRENCHES ON CONTOUR TOWARD THE FRONT LOT LINE. 2-11-86

S. Abel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 35541

P _____

DISTRICT 5

DATE MAY 6 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.

Donald Lowe

PROPERTY OWNER ~~DALE Z. MATSEL~~ c/o HOWARD COUNTY LAND SERVICES

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. ~~17~~ NEW LOT 17

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG
COUNTRY SCHOOL 4272 BUCKSKIN LAKE DR

SIZE OF LOT 3 ACRES TYPE BLDG. 4
(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. *DALE Z. MATSEL*
(SIGNATURE OF APPLICANT)

APPROVED BY *Sidney Abel* FOR *Deep Tranches* DATE 2-11-86

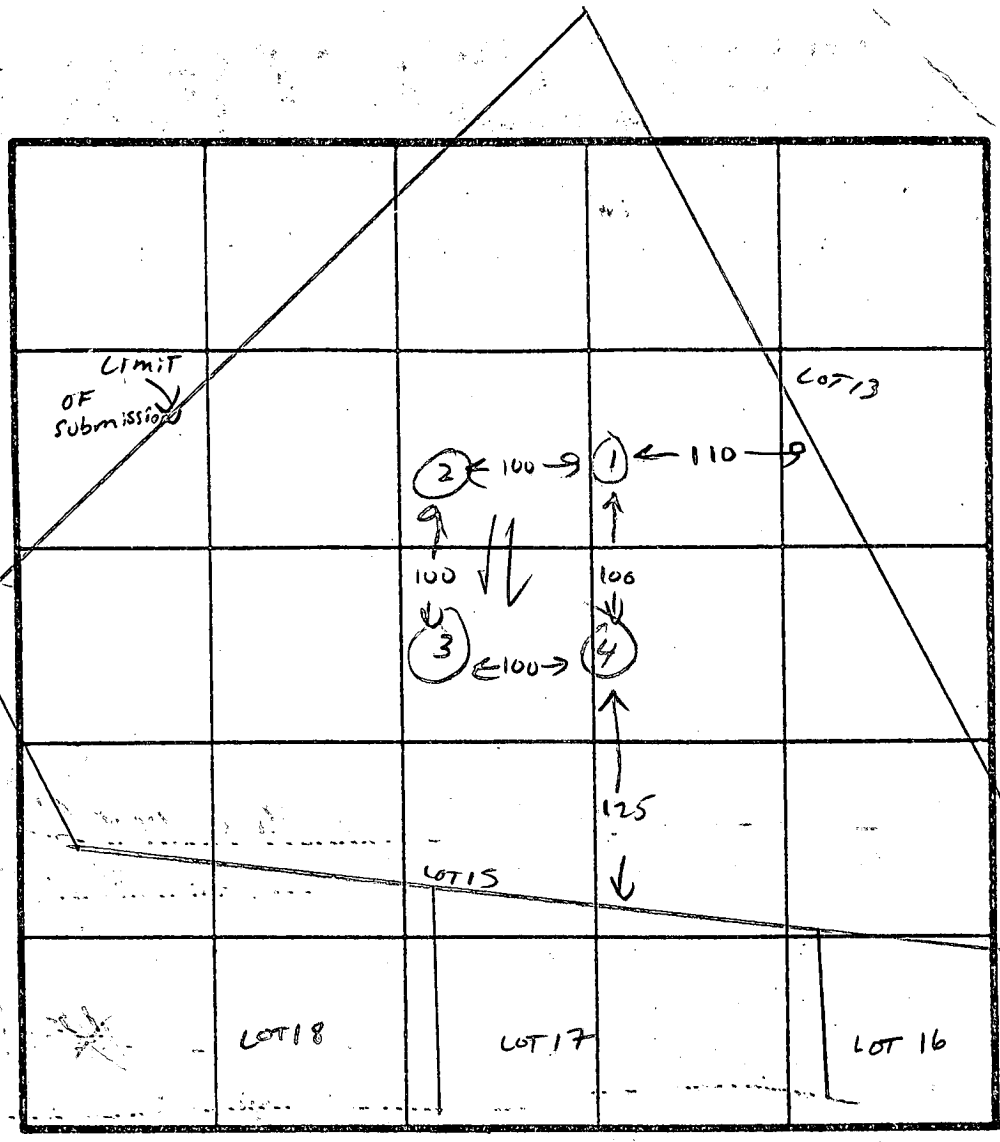
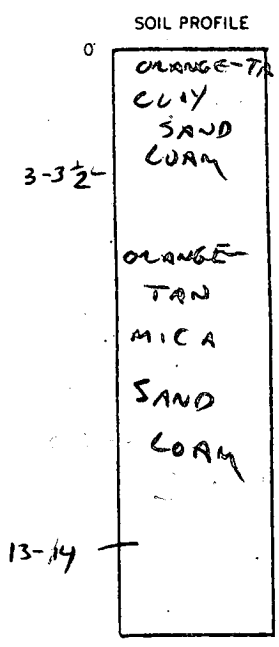
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-10-85 *Per Satisfactory, hold for certified Subdivision Plan. S Abel*

BLDG. PERMIT SIGNED
AND RETURNED 8/7/87
BP13864
SAB

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

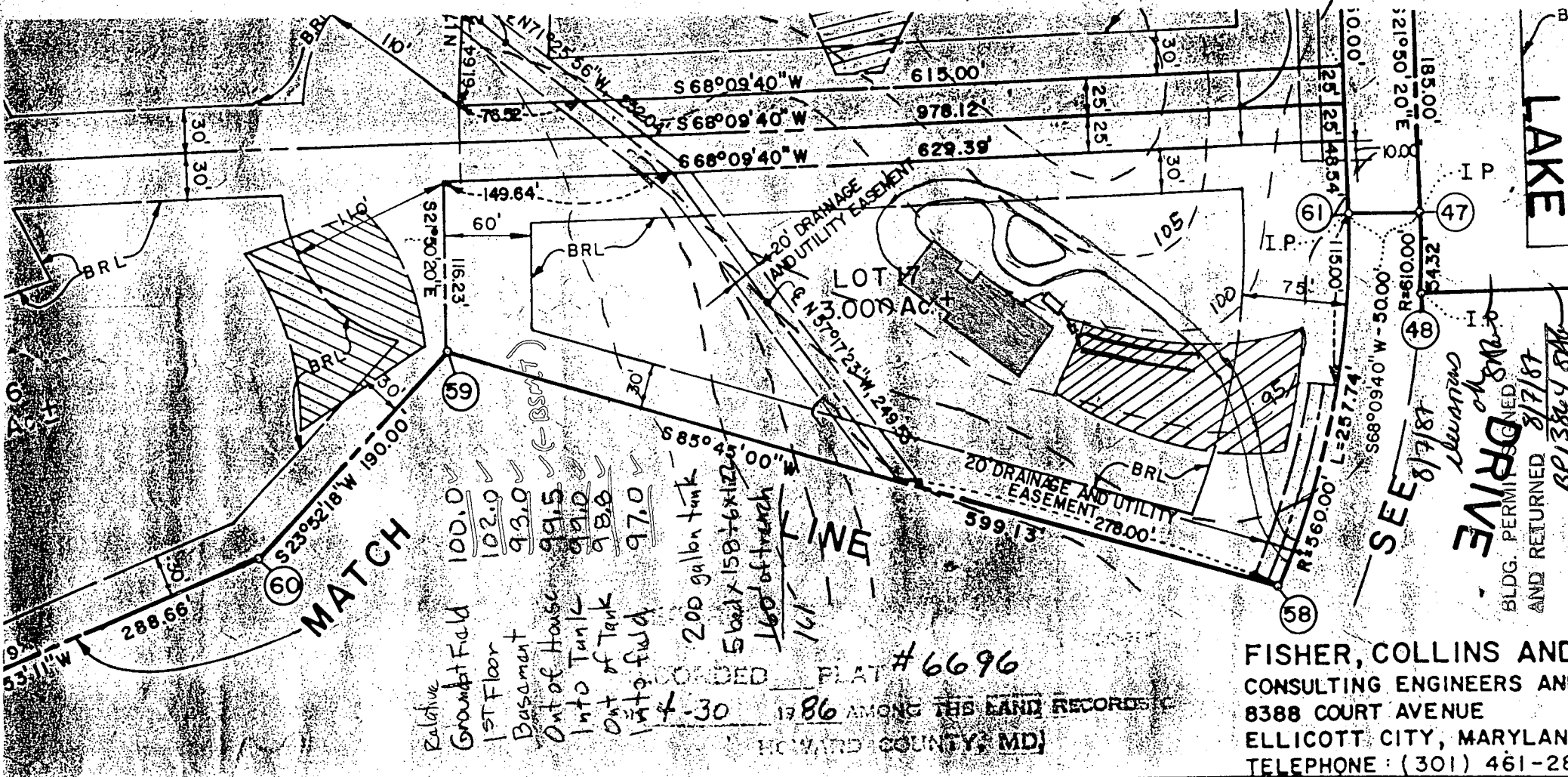
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-6-85	1	3 9	4:10	4:12 MIX SAND LOAM	4:12	4:14	2 MIN
		13		VIS OK			
6-6-85	2	3 1/2 9		VIS SIMILAR TO HOLE 1			✓
		13		VIS OK			
6-6-85	3	3 1/2 9		VIS SIMILAR TO HOLE 1			✓
		13		VIS OK			
6-6-85	4	3 9		VIS SIMILAR TO HOLE 1			✓
		14		VIS OK			✓

X = 2 MIN
158 SPI/FT
BDRM
3'-9'

REMARKS LOCATION AS PER PREL. PLAT.

TYPE OF SOIL MICA SAND LOAM

TESTED BY C. Williams ALSO PRESENT KETTERMAN



Relative
 Ground Field
 1st Floor
 Basement
 Out of House
 Into Tank
 Out of Tank
 Into field
 200 gallon tank
 5 bed x 158 + 6 x 12 1/2
 160' of trench
 161'

RECORDED PLAT # 6696
 4-30 1986 AMONG THE LAND RECORDS
 HOWARD COUNTY, MD

SEE DRIVE
 BLDG. PERMITS OBTAINED AND RETURNED
 8/17/88
 8/17/88
 8/17/88
 8/17/88

FISHER, COLLINS AND
 CONSULTING ENGINEERS AND
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND
 TELEPHONE: (301) 461-28

OWNER'S CERTIFICATE:

DALE Z. MAISEL, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, ADOPT THIS PLAN OF SUBDIVISION IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND SPECIFIC EASEMENT SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR THE FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE CONSTRUCTED ON OR OVER THE SAID EASEMENTS AND RIGHT-OF-WAYS. WITNESS OUR HANDS THIS 25TH DAY OF SEPTEMBER, 1985.

SURVEYOR'S ()

I HEREBY CERTIFY THAT THE PLAN OF SUBDIVISION SHOWN HEREON IS CORRECT; THAT THE PART OF THE LAND CONVEYED BY THIS PLAT TO DALE Z. MAISEL BY DEED RECORDED IN THE LAND RECORDS IN LIBER 1007 AT FOLIO 100 IS CORRECT AND THAT THE EASEMENTS ARE IN PLACE OR TO BE ACCEPTED BY THE DIVISION BY HOWARD COUNTY WITH THE ANNOTATED COPY OF THIS PLAT.

B 1 **2591** 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

MD-81-1650

fill in this form completely

Date Received 3rd Hunt test and granted on 10/13/86

OWNER INFORMATION

LOVE DONALD

15 Last Name 13 Owner 34 First Name

SSSS SHEPHERD ROSS CT

36 Street or RFD 55

COLUMBIA MD 21045

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HOWARD 8 COUNTY 21

BUCKSKIN LAKE 23 SUBDIVISION 42

SECTION **46** LOT **17**

44 46 48 50

GLEAFIG 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78

DRILLER INFORMATION

PAUL MAYNE 77 License No. 80 **273**

Driller's Name

Paul Mayne (well Driller)

Firm Name

2013 on Church Rd W.D. Hwy

Address

Paul Mayne 8/20/86

Signature Date

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

RUCKSKIN DR. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

320 37 DISTANCE FROM ROAD

ENTER FT or MI **1.2** 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)

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 COUNTY NAME **A-35541** COUNTY NO.

OEP SIGNATURE **A. Wilson** STATE HEALTH INSERT S **03/01/87** 41

DATE ISSUED

082480 43 CO-SIGNATURE 48 **0808000** 57 EXP. DATE 63

NORTH GRID **516000** 50 EAST GRID **0808000** 55 57 63

APPROXIMATE DEPTH OF WELL **150** 24 FEET 28

APPROXIMATE DIAMETER OF WELL **6"** 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

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

81608 **5166**

000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

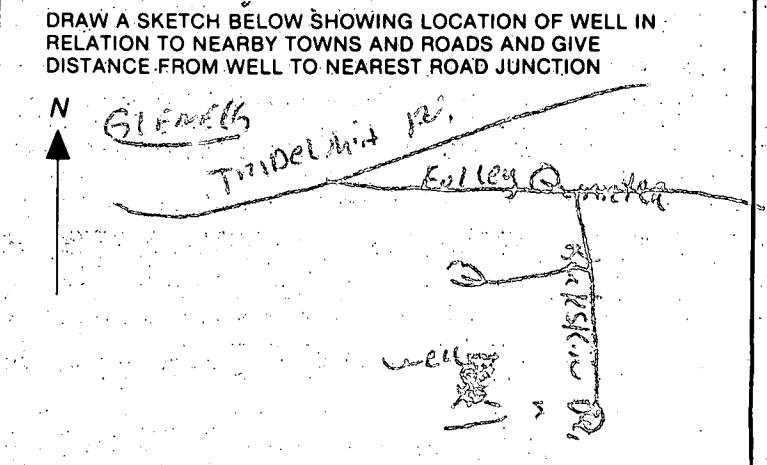
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ 54 GAP _____ 63

FORCE **82** WRITE INITIALS IN BOX PERMIT No. **MD-81-1650** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **596-5095**

C1 5289

SEQUENCE NO. (OEP 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 A-35541

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

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

STREET OR RFD

SUBDIVISION

LOWE BUCKSKIN LAKES DR. BUCKSKIN LAKES

NEWARK

TOWN

GLENELEG SECTION LOT 17

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

Table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD

WELL HAS BEEN GROUTED: (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 32

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 41 ft.

CASING RECORD: STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT)

MAIN CASING TYPE: PL, 60, 61. Nominal diameter 63, 64. Total depth of main casing 66, 70.

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

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

DEPTH (nearest ft.) grid for screen sections 1-3.

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

DRILLERS IDENT. NO. 273

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)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 30

WHEN PUMPING 30

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

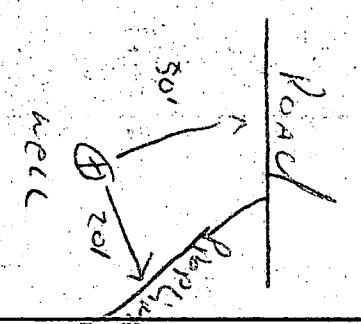
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) above, below 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)



4/21/88

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 # 40903
Date 2/1/88

Name of Installer G. DONALD DEMENT

Telephone 384-6493

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 276

Name of Property Owner DONALD LOWE Telephone 995-0133
Subdivision BUCKSKIN LAKE Lot # 19 Well Tag # HO-81-1656
Site Address 4272 BUCKSKIN LAKE DR. ELLICOTT CITY MD 21043

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make GOULD
3. Model # 2EHD5422
4. Capacity 6 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 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make MARTINSON
2. Model # _____
3. Depth 4

Tank
1. Capacity 60
2. Pressure relief valve? _____

Piping
1. Type Poly
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? _____

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: G. Donald Dement

Date: 2-1-88

4/21/88 COVER OUT SITE WORK
PRESSURE TANK NOT INSTALLED

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

STICKER ON WELL CASING R/H

LOT 17
130,6802 Sq.Ft.
3.00 Ac.

30' BRL

20' DRAINAGE & UTILITY EASEMENT

285'

FILTER PAD

220 Ln.Ft., 48" HIGH WROUGHT IRON FENCE, TO CODE AROUND POOL DECK AND ON TOP OF WALL WHERE NEEDED. BY OWNER

115 Ln.Ft. DRYSTACK STONE WALL, BY OWNER WALL HEIGHT NOT TO EXCEED 30" PROPER DRAINAGE TO BE INSTALLED AT BASE OF WALL AT DECK

1370 Sq.Ft. BROOM FINISH CONCRETE DECK, BY OWNER

20'x40' POOL W/AUTOCOVER

EXISTING WOOD DECK

EXISTING RESIDENCE

SEPTIC TANK

TYPICAL SEPTIC DRAIN FIELD

FRONT

WELL

3/1/01
Proposed pool location OK
as shown
DUC

75' BRL

321'

961'

N68°09'40"E

L=257.74' S21°50'20"E
48.54'

BUCKSKIN LAKE DRIVE

Building Address 4272 BUCKSKIN LAKE DR
ELLICOTT CITY, MD 21042

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

Census Tract _____ Subdivision BUCKSKIN WOODS

Section _____ Area _____ Lot 17

Tax Map 72 Parcel 535 Grid 22

Zoning _____ Map Coordinates 11-12 Lot size 3.00 AC

Property Owner's Name JOHN & ROBIN MADON

Address 4272 BUCKSKIN LAKE DR.

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-531-5047 Work Phone 301-671-7020

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

Phone 410-531-5047 Fax _____

Existing Use SDP

Proposed Use SE 2-1/1000

Estimated Construction Cost \$ 20000

Description of Work INSTALL 20' x 40' W/ 20' x 20' CONC PAVEMENT
AS WELL AS 115' x 115' FT CONCRETE WALL
FOR 20' x 40' AREA. 14' W/ 12' x 12' CONC

Contractor Company MARYLAND PILES INC

Contact Person 9515 LORAINWAY LANE - SUITE 119

Address MARYLAND PILES INC

City COLUMBIA State MD Zip Code 21046

License No. 1-1294

Phone 410-995-2800 Fax 410-671-3331

Occupant or Tenant OWNER Trucks DEP

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 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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: <u>20' x 40'</u> Footings: _____ Roof: <u>CONC 4 3/8" DEEP</u>	
<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.

John E. Howard 3/1/01
 Applicant's Signature _____
 Title/Company _____

John E. Howard
 Print Name _____
 Date 3/1/01

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>3/1/01</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/1/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____ Accepted by [Signature]

PROPERTY ID#: 49812

Filing fee \$ _____
 Permit fee \$ 15
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ 15
 Balance due \$ _____
 Check # 2784
 Validation # 31761