

LAYOUT 6/26/02 10:00 INSP 4 _____
 INSP 2 6/23/02 1-2 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/24/2002 P 517326

APPROVAL DATE: 6/27/02 **PERMIT INDEXED** 03-309975 A 34137

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Lichendale Farm⁹ Lot 1 LOT NUMBER: 1
 ADDRESS: 13720 Old Rover Road PROPERTY OWNER: Harry and Linda Garozik
 SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 5
 SQUARE FEET PER BEDROOM: 210
 LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Start trench apporoximately 185' from the front lot line (329.08' line) and 150' from right lot line as seen when facing the lot. Run three 60' trenches on contour.
NOTES:	Basement service by gravity is not proposed. Well line must stay 10' away from any part of septic system. Any part of well or septic line crossing driveway must be sleeved.

PLANS APPROVED: KG 2/7/02 OK (BB) DATE: 2/5/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

8/13/2002 B00137924 1000 GAL UG PROPANE TANK

6/30/02

A34137

TOTAL P. 01

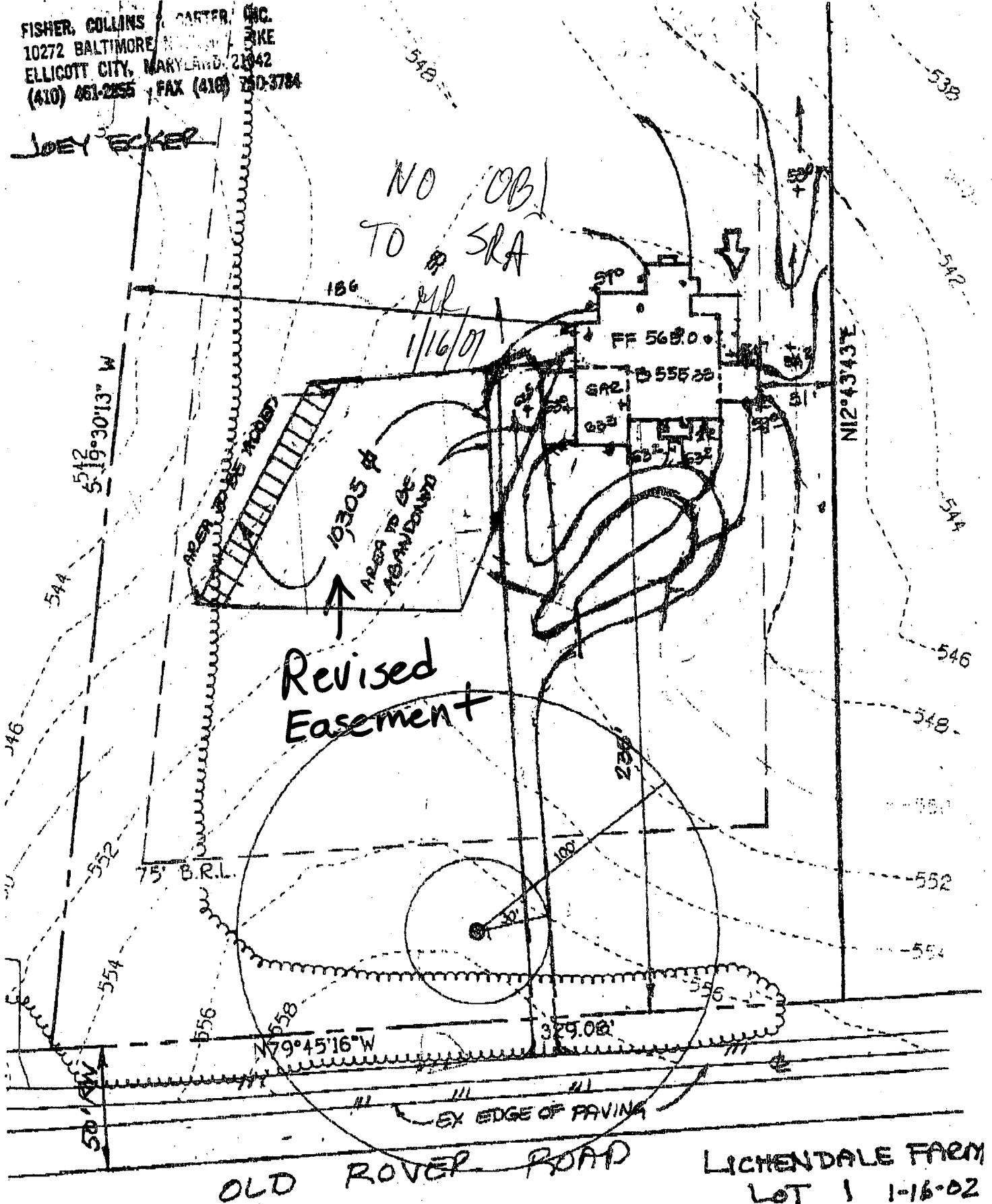
FISHER, COLLINS & CARTER, INC.
10272 BALTIMORE PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461-2855 FAX (410) 750-3784

JOEY ECKER

NO OBJ
TO SRA

1/16/01

Revised Easement



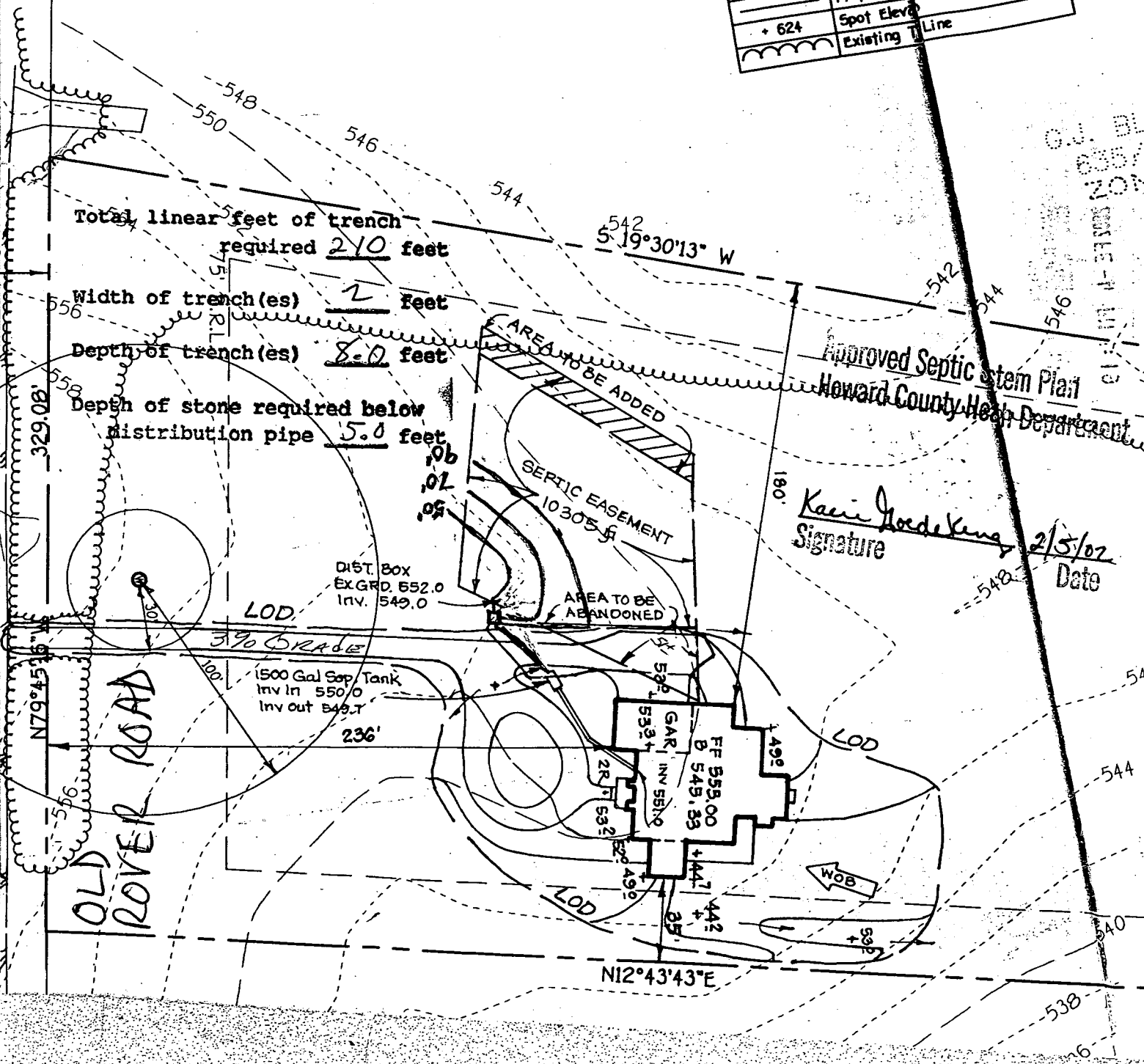
OLD ROVER ROAD

LICHENDALE FARM
LOT 1 1-16-02

MARYLAND GRID NORTH

Symbol	Describe
---	Existing Four 2' Interval
---	Proposed Four 2' Interval
+ 624	Spot Elevation
---	Existing Line

OLD ROVER RD. WATERGORN RD.



PLAN BY FCC
1:60

G.J. BLAZER
685/238
ZONED R

Approved Septic System Plan
Howard County Health Department

Karin Goodking
Signature
2/5/02
Date

Total linear fee 240'
Width of trench 2 feet
Depth of trench(es) 8 feet
Depth of stone required below distribution pipe 5 feet

LOT: 1
LICHENDALE FARM
5.0 AC.±

RECEIVED
HOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH
2002 FE - 4 PM 1:19

S 79°47'53" E

OLD ROVER ROAD

Call Cont.

Building Address <u>13700 Old Rover Rd</u> <u>W. Friendship 21794</u>	Property Owner's Name <u>Harry & Linda Garozik</u> Address <u>3506 Countryside Dr.</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>003000</u> Subdivision <u>Lichen Dale Farm</u> Section _____ Area _____ Lot <u>1</u> Tax Map <u>15</u> Parcel <u>100</u> Grid <u>13</u> Zoning <u>PR10</u> Map Coordinates <u>965H</u> Lot size <u>5 ACRES</u>	Home Phone <u>410-442-1658</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>410-884-0334</u>

Existing Use <u>VACANT LOT</u> Proposed Use <u>Single Family HOME</u> Estimated Construction Cost \$ <u>300,000</u> Description of Work <u>New Custom Single Family Home</u> <u>4 bedroom 4 1/2 bath Finish - basement, check</u> <u>3 car attached garage</u>	Contractor Company <u>JST BUILDERS</u> Contact Person <u>John Startt</u> Address <u>6030 DAYBREAK CR. SUITE 150</u> <u>CHARLESVILLE, MD. 2</u> City <u>CHARLESVILLE</u> State <u>MD</u> Zip Code <u>21029</u> License No. <u>806</u> Phone <u>410-884-0334</u> Fax <u>410-884-3993</u>
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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: N/A <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>45</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Deck</u> Dimensions: <u>8x24</u> Footings: <u>CONCRETE</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" 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 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.

<u>John S. Startt</u> Applicant's Signature <u>JST BUILDERS, P.R.S.</u> Title/Company	<u>John S. Startt</u> Print Name <u>2/4/02</u> Date
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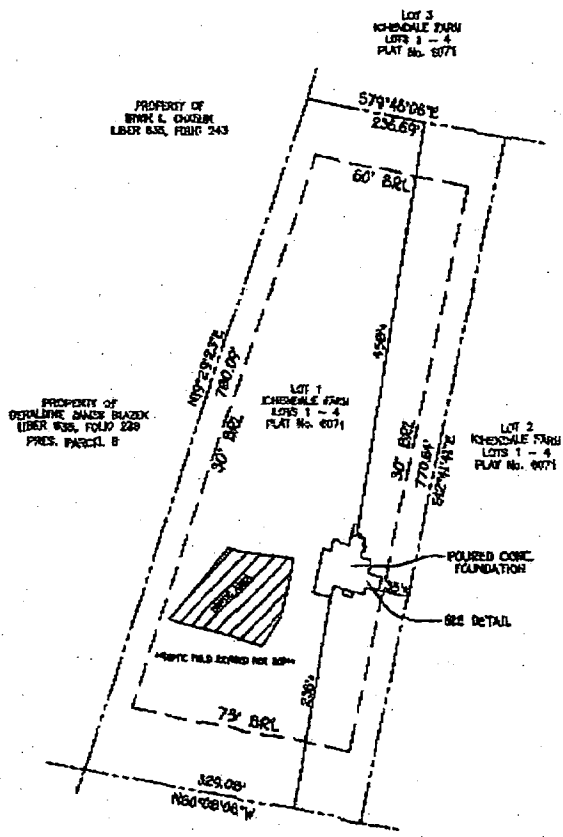
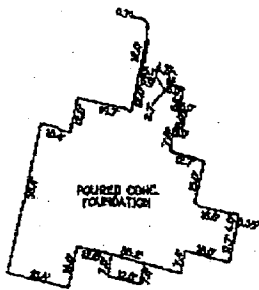
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

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 <input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DATE <u>2/22/02</u>	SIGNATURE APPROVAL <u>Mark [Signature]</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>53472</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1110</u> Validation # <u>40651</u>
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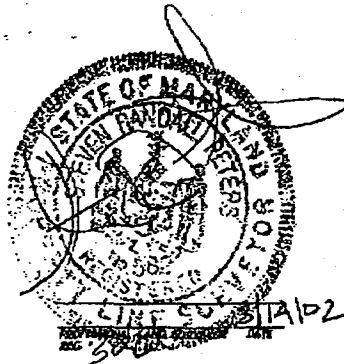
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

GENERAL NOTES:

- 1 THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SHOWING THE HOUSE LOCATION SURVEY APPROVAL FROM PROPAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTINGENTED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT PROVIDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER BUILDINGS OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR BOUNDING FINANCING FOR RE-FINANCING.
- 2 SUBJECT PROPERTY IS SHOWN IN ZONE 1-C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMPLETION PANEL NO. 88000001A & EFFECTIVE DATE 4-1-88.
- 3 THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1/4".
- 4 NO TITLE REPORT FURNISHED SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5 PROPAR FIELD SURVEY ON APPROVED SITE PLAN.



6/24/02 - Wall Check OK
SRM



OLD ROVER ROAD

FISHER, COLLINS & CARTER, P.C.
 678 ANDREWS CONWAY & LAW SERVICES
 10000 BELT ROAD, SUITE 200
 GREENBELT, MD 21738
 410-441-1100

BRL - BUILDING RESTRICTION LINE
 TOP OF CONC FOUNDATION ELEV. 804.44

SCALE SHEET
 DATE 6/24/02
 DRAWN BY J.A.
 CHECKED BY J.A.
 PROJECT NO. 00002

HOUSE LOCATION
 DRAWING

FOUNDATION LOCATIONS
 FINAL LOCATIONS
 BOUNDARY SURVEY

LOT
 LICHENDALE
 LOTS
 THIRD ELECT
 HOWARD COUN
 PLAT N

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: RL Feezer Co, Inc Telephone #: (410)795-1405
Address: 6321 Bennett Ave
Sikesville, Md

(Must circle one) Licensed Plumber 21784 Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 21022

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: JST Builders Telephone #: 410-884-0334
Subdivision: LICHFIELD FARMS Lot #: 1 Well Tag #: HO-94-3309
Site Address: 13720 Old River Rd
West Friendship, Md 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>AQUA-AMERICA</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1255752-3</u>	Model #: <u>PT 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>12</u> GPM	Depth: <u>42</u> " (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt:

Piping to house
Type: PVC
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 8'
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 6/26/02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 7/17/02 SD
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Blg Permit #
B00134183

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER 13 A 34/37

ST/CO USE ONLY DATE Received 02 25 02 DATE WELL COMPLETED MM 7 DD 5 20 Depth of Well 206 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3309

OWNER Sharp ASIA STREET OR RFD OLD POWER RD TOWN Glenwood (5 mi) WEST SUBDIVISION Lichendate Farm SECTION LOT 1 Friendship

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		check if water bearing
	FROM	TO	
Brown sandy shale	0	50	
Gray slate	50	65	
Brown white	65	66	✓
Gray slate	66	180	
White	180	181	✓
Gray slate	181	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER
A 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD 009
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 M D

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 06
 Total depth of main casing (nearest foot) 56

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

C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

C 3 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 01 (nearest foot)

DIAMETER OF SCREEN (NEAREST INCH) 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT-F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 63
 PUMPING RATE (gal. per min.) 70
 METHOD USED TO MEASURE PUMPING RATE 1961
 WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 113 ft.
 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 01 (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)

NO Survey stakes



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

J. J. J. J. 7-25-84
COUNTY HEALTH OFFICER DATE

LEGEND

- ☒ DENOTES LOCATION OF DWELLING
- ⊙ DENOTES PROPOSED WELL
- DENOTES FIELD LOCATION OF PEFC HOLES

OLD ROVER RD.

RD.

PFEFFERKORN RD.

Sold

AREA TABULATION

TOTAL AREA OF SUBDIVISION	2599AC ²
TOTAL NUMBER OF LOTS	4
TOTAL AREA OF LOTS	24,73AC ²
TOTAL AREA OF LAND TO BE DEDICATED TO PUBLIC USE	1230AC ²

PLAN SCALE 1"=100'

LAND DEDICATED TO FOR PURPOSE OF A I

PENCT

LICH

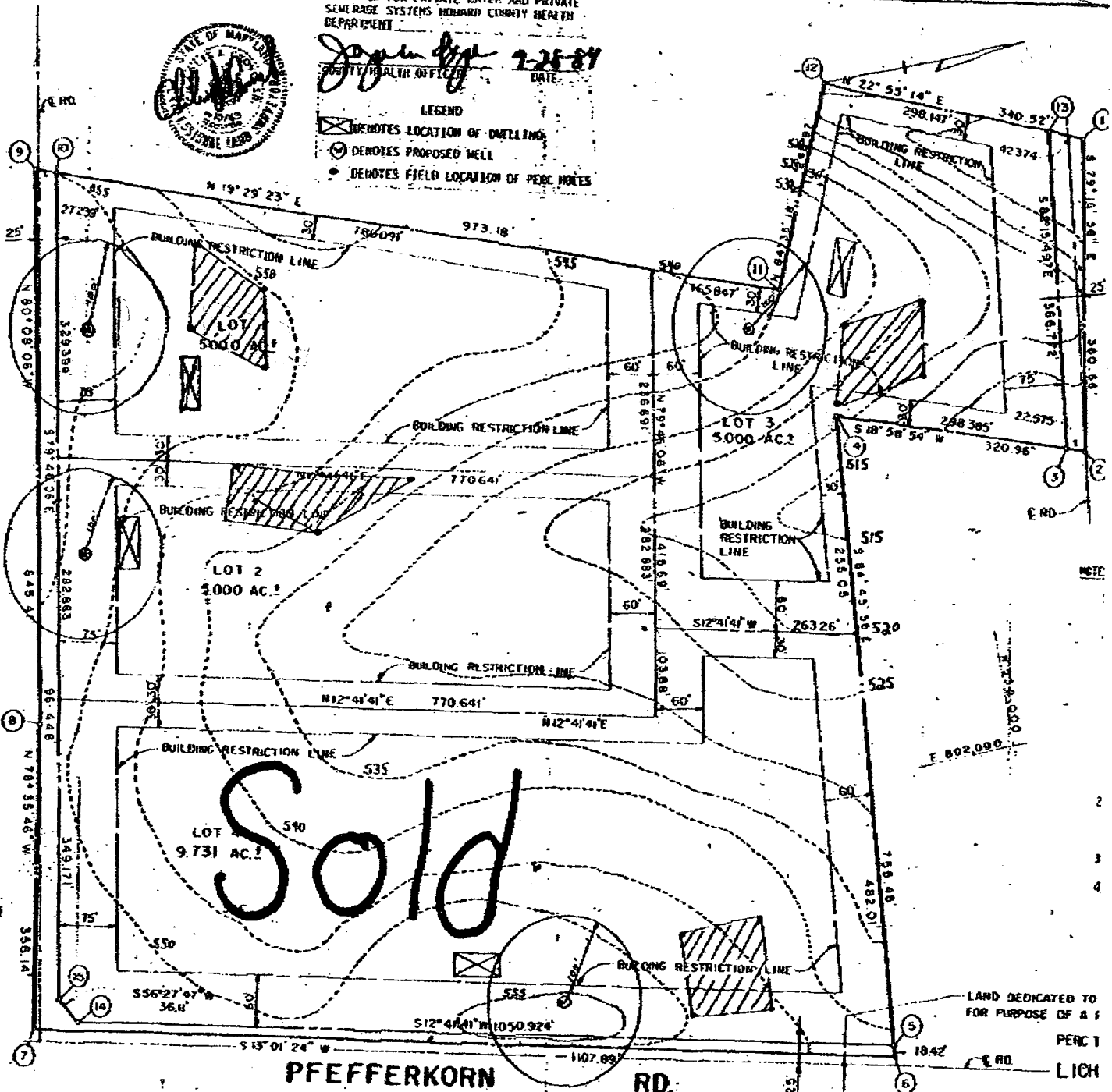
FISHE

CONSUL

8308 CD

ECCICOT

TELEPH



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 34197
P _____
DISTRICT 3
DATE 7-23-84

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 HERBERT A. STREAKER

ADDRESS 13300 FREDERICK RD. PHONE 442-2180

PROPERTY LOCATION:

SUBDIVISION STREAKER PROPERTY LOT NO. 1

ROAD AND DESCRIPTION OLD RIVER RD. 632.054' WEST OF PFEFFERKORN RD.

SIZE OF LOT 5.000 AC. TYPE BLDG. SINGLE FAMILY
(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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____




HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

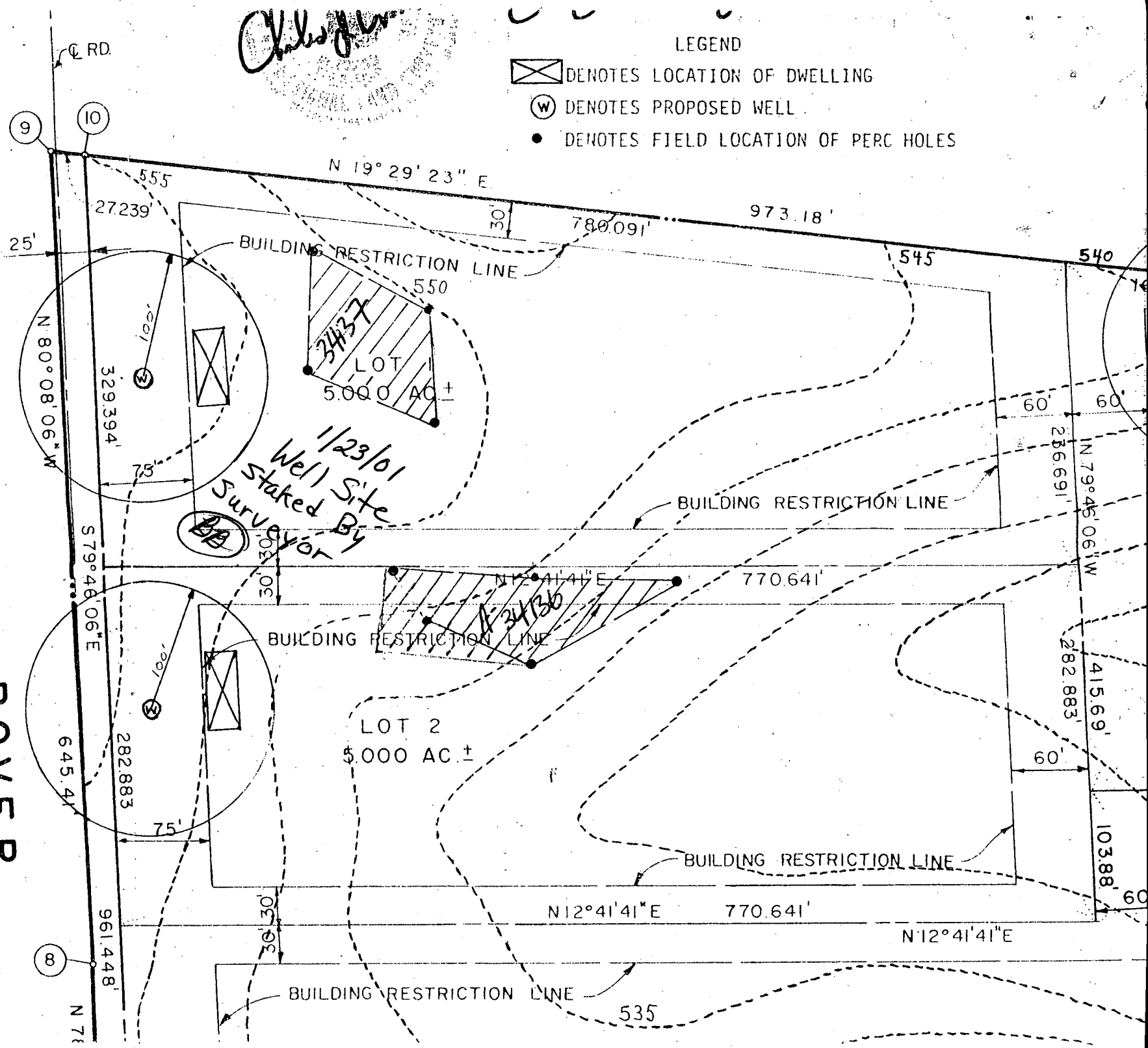
Charles J. ...

LEGEND

-  DENOTES LOCATION OF DWELLING
-  DENOTES PROPOSED WELL
-  DENOTES FIELD LOCATION OF PERC HOLES

Signed Perc Cert

OLD ROVER



9

10

25'

27.239'

555'

550'

780.091'

973.18'

540'

540'

60'

60'

329.394'

75'

100'

100'

503.00'

503.00'

770.641'

770.641'

286.691'

60'

60'

282.883'

415.69'

60'

60'

645.41'

282.883'

75'

503.00'

503.00'

770.641'

770.641'

103.88'

60'

961.448'

8

N 79° 45' 06" W

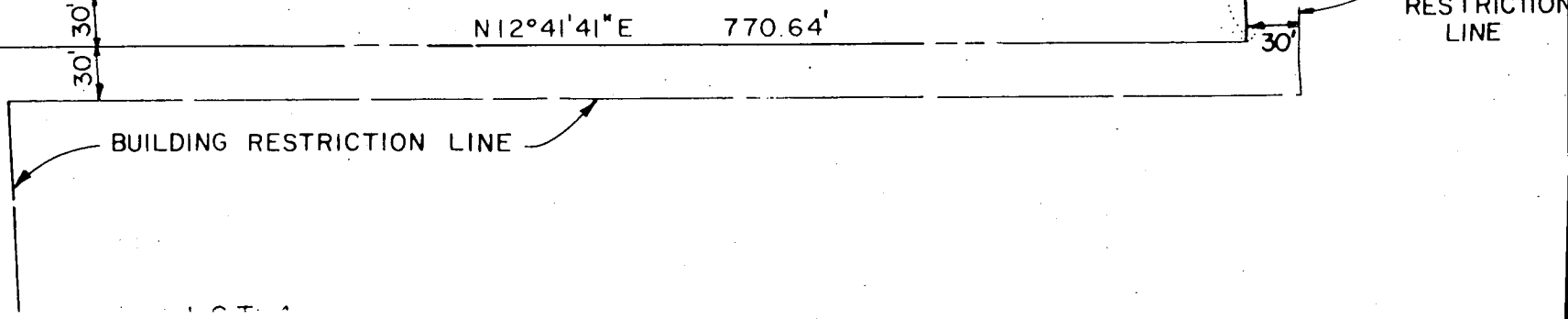
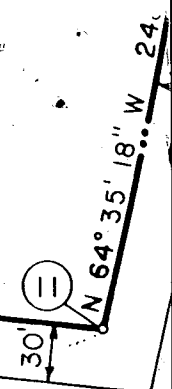
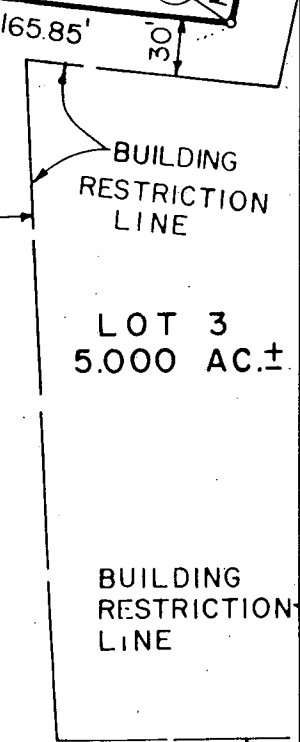
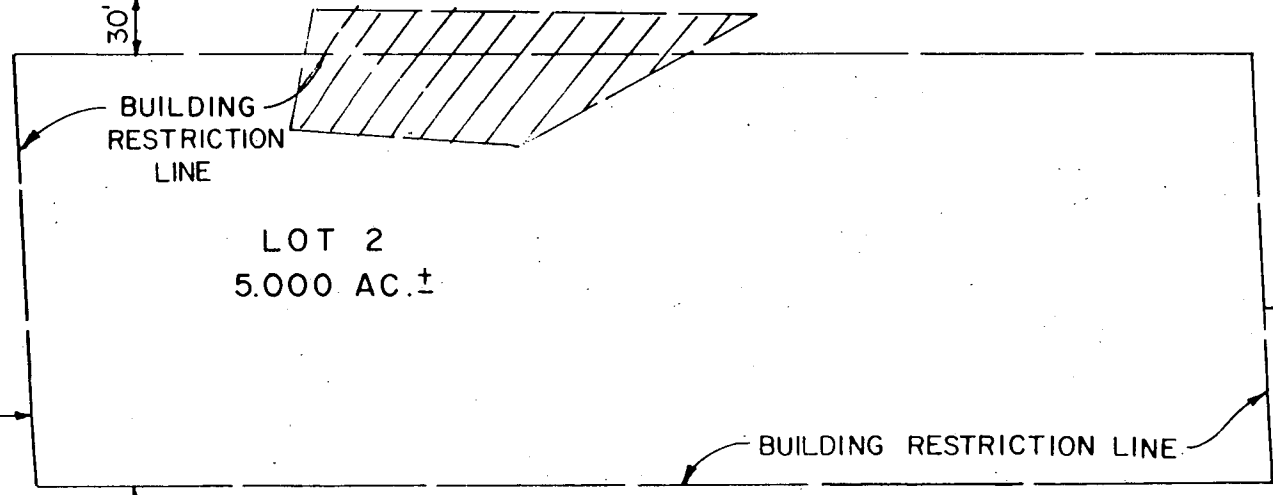
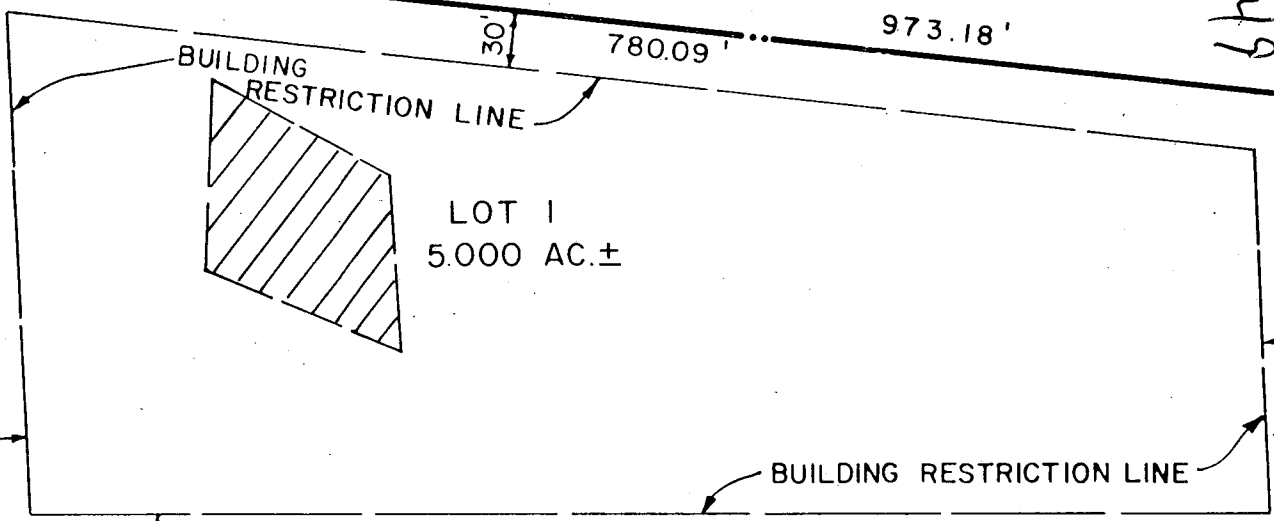
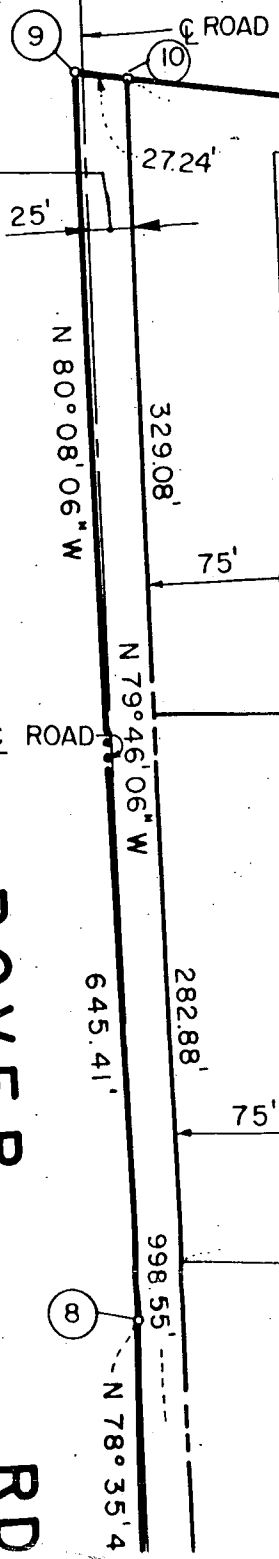
N 12° 41' 41" E

N 12° 41' 41" E

N 80° 08' 06" W

F-85-49

OLD ROVER RD



Building Address 13720 OLD RIVER RD
WEST FRIENDSHIP MD 21794

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

Census Tract 6030 Subdivision Lickhollow Creek

Section _____ Area _____ Lot 1

Tax Map 15 Parcel 168 Grid 13

Zoning RRDFD Map Coordinates 965 Lot size 5.0 A.

Property Owner's Name HAZEL GARONZIK
 Address 13720 OLD RIVER RD
 City WEST FRIENDSHIP State MD Zip Code 21794
 Home Phone 410 412 1652 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use DWELLING
 Proposed Use _____
 Estimated Construction Cost \$ 1525.00
 Description of Work INSTALL 1-1000 GALLON
PROPANE TANK + LINE

Contractor Company POSITIVE MECHANICAL
 Contact Person CHRIS KOLB
 Address 124 TENNESSEE CT
 City ABINGDON State MD Zip Code 21009
 License No. 15627
 Phone 413-699-4200 Fax _____

Occupant or Tenant HAZEL GARONZIK
 Contact Name SAME
 Address 13720 OLD RIVER RD
 City WEST FRIENDSHIP State MD Zip Code 21794
 Phone 410 412 1652 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____		No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Propane Gas <input checked="" type="checkbox"/>

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads: _____

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 REFERRED TO 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 EXISTING WORKS.

Applicant's Signature Chris Kolb Print Name CHRIS KOLB
 Title/Company _____ Date 8-9-02
 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: _____	53472
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>8/13/02</u>	<u>Kacie Norman</u>	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>100</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>7760</u>
Distribution of Copies: White: Building Official Green: LDD: DPZ Yellow: DED: DPZ Pink: Health Gold: SHA				Validation # <u>9833</u>

Accepted by _____

