

PERMIT

SEWAGE DISPOSAL SYSTEM

P 510607

A 32094

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

TAX ID # 04-350642

DATE 8/7/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 8.11.98

INSPECTOR KM

INDEXED

(will Hopkins installing)

Barnard Bros. Construction, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 1612 Brittle Branch Way, Woodbine, Maryland 21797 PHONE 410-489-7621

SUBDIVISION Lisbon Estates LOT 13 ROAD 1600 Brittle Branch Way

PROPERTY OWNER Barnard Bros. Construction Co., Inc.

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

928-04 BOD 150368-GAZEBO POOL

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 45 feet off the 370.23' lot line and 115 feet off the 204.20' lot line as seen when facing the lot from Brittle Branch Way. Run trenches along contour in both directions.

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

OK 6/15/98

PLANS APPROVED BY Donna K. Soe DATE 06/02/98

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

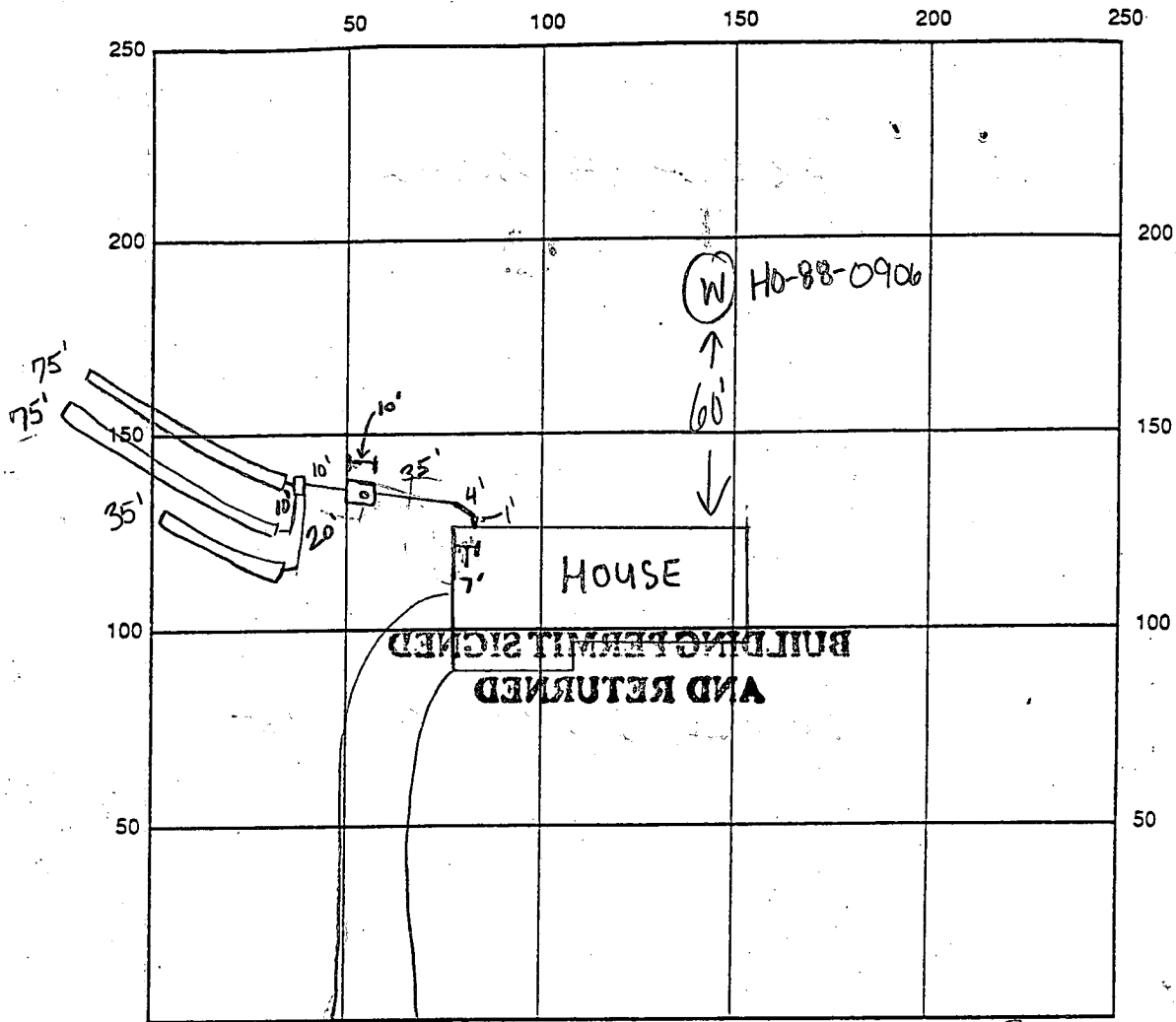
PERMIT VOID AFTER TWO YEARS

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 32094



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Brittle Branch Way

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK, Daffle installed

DRAIN FIELD/TILE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{75 \times 2}{35 \times 1}$ FT. $\rightarrow 185'$

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 740 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 8.10.98 Has house connection, ok to cover up to tank and initial trench, ok to continue, corners of septic area are staked, box according to spec (km)
WPT-ok to cover P.A. 4.0' below grade, casing 1.0' above grade, has 2 piece cap (km)
8.11.98 ok to cover all work (km)

DATE SYSTEM APPROVED 8.11.98

INSPECTOR Kim Maister

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 #

Date

8-14-98

Name of Installer

Keith Hundertmark

Telephone

410-857-0255

License Number

8300

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

Barnard Brothers Construction

Telephone

410-489-7621

Subdivision

Brittle Branch Estates

Lot #

13

Well Tag #

Site Address

1600 Brittle Branch Way

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible

2. Make

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 3/4

2. RPM

3. Voltage

a. 110

b. 220

Pitless Adapter

1. Make yes

2. Model #

3. Depth

Tank

1. Capacity

2. Pressure relief

valve? yes

Piping

1. Type

2. Size 1"

3. NSF and/or BOCA

Code approved

4. Depth of supply

line 4 1/2"

Well data

1. Depth 245 ft.

2. Yield 10 GPM

3. Static water

level _____ ft.

4. Will water supply

be disinfected by

installer? no

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:

Date:

Keith Hundertmark

8-14-98

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 11, 1998

Barnard Brothers Construction Company, Inc.
1612 Brittle Branch Way
Woodbine, Maryland 21797

RE: Lisbon Estates, Lot #13
1600 Brittle Branch Way
Well Tag #HO-88-0906

Dear Sirs:

We are unable to locate records of the health department permit for the well line installation on the above referenced property.

The work was inspected on August 10, 1998; but, cannot be approved until the permit application is received.

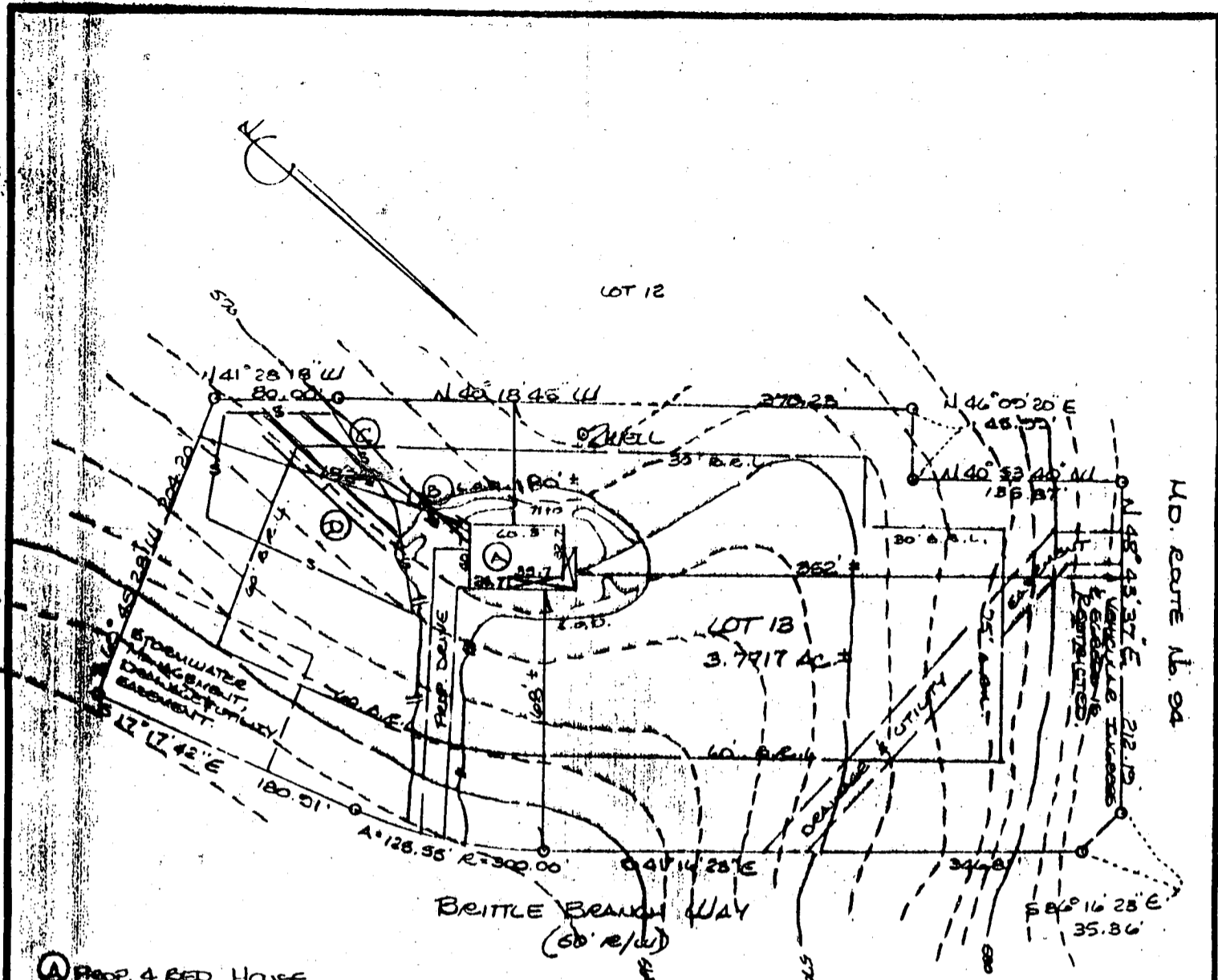
Thank you for your cooperation in this matter.

Very truly yours,

Kimberly Maiste
Kimberly Maiste, Sanitarian
Water and Sewerage Program

KM

cc: file



MD. Route No. 94

- Ⓐ PROP. 4 BED. HOUSE
F.F. ELEV. = 673.0
F.G.T. ELEV. = 564.0
I.N.V. ELEV. = 566.6
- Ⓑ PROP. SEPTIC TANK
EX. ELEV. = 565.9
I.N.V. IN = 566.2
I.N.V. OUT = 565.9
- Ⓒ PROP. DIST. BOX
EX. ELEV. = 565.2
I.N.V. ELEV. = 565.2
- Ⓓ PROP. TRENCHES
I.N.V. ELEV. = 565.2
LENGTH TO BE DETERMINED AT
TIME OF SEPTIC PERMIT ISSUANCE.

PLOT PLAN
LOT 13
LIBBON ESTATES
SITUATED ON BRITTLE BRANCH WAY
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND
SCALE 1"=100' MAY 1998

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 180 feet
width of trench(es) 2 feet
Depth of trench(es) 8 feet
Depth of stone required below distribution pipe 4 feet



[Signature]
Signature
6/2/98
Date

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

KASSAUX - HEMMELY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND

CAS ONE, INC. 301-565-1376

C1 1034

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 A-32094

ST/CO USE ONLY DATE Received 052289

DATE WELL COMPLETED 111789

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-8906

OWNER FOALL DEVELOPMENTS last name first name TOWN Lishon SUBDIVISION LISHON ESTATES SECTION LOT B

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, Flint Rock, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 13 NO. OF POUNDS 1300

CASING RECORD MAIN CASING TYPE PL L 90 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 245 C2 SCREEN EACH SCREEN SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 WHEN PUMPING 45 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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

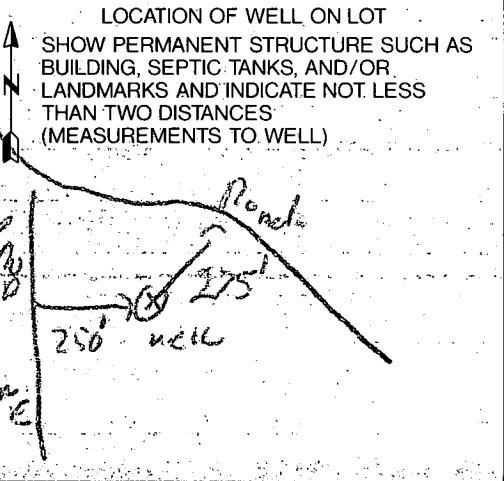
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS 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) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **5692** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
40-88-0906
 fill in this form completely

Date Received (APA) **050389**
 OWNER INFORMATION
 F P O L L DEVELOPERS
 PO BOX 659
 ANNAPOLIS MD 21401777

B 3 LOCATION OF WELL
 HOWARD COUNTY
 LISBON ESTATES
 SECTION 44 46 LOT 13
 LISBON
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 Joseph L. Wayne
 238
 Joseph L. Wayne WELL DRILLING
 5512 Ridge Rd Mt. Airy, Md. 2177
 Joseph L. Wayne 5/22/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W E S
 W E S E
 N E S W
 TOWN
 BRITTLE BRANCH WAY
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST SOUTH EAST
 275
 DISTANCE FROM ROAD
 ENTER FT or MI FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 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 A 37094
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED 071789
 CO SIGNATURE EXP. DATE 11/17/90
 NORTH GRID 544000 EAST GRID 0777000

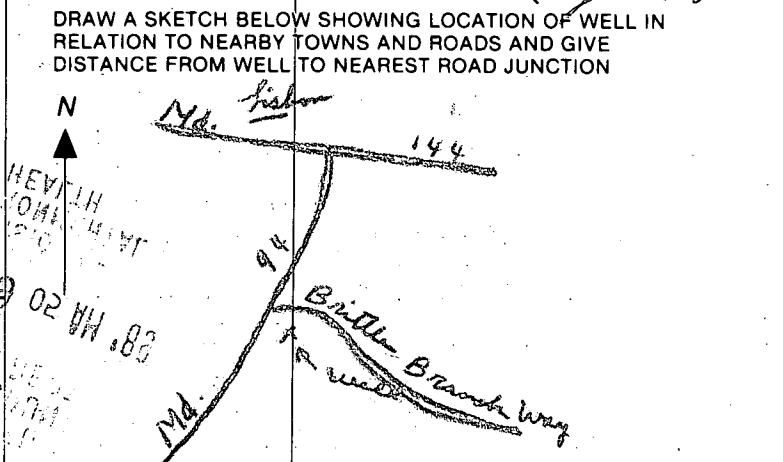
APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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

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
 E 777 7
 N 544 4
 11/17/89 already grouted well depth
 13 Bags of cement
 90' casing
 50' Grout - open
 2' casing above ground
 (Tag Job) C.P.D.

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE C4 WRITE INITIALS IN BOX PERMIT No. 40-88-0906

SPECIAL CONDITIONS
 COUNTY

Perd.

APPLICATION

32094

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer *BARNARD BEUS Const*
ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. (14) *new lot #13*

ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
(1600 BRITTLE BRANCH WAY) with S.R. 94 ~~AND RETURNED 6-2-98~~
Seneca BOA 111 946

SIZE OF LOT 3.00 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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 *Riemer-Tracy & Assoc. by Arthur E. Meyer*
(SIGNATURE OF APPLICANT)

APPROVED BY *S. Abel* FOR *Trench* DATE *2-14-85*

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32094
P _____

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

DISTRICT _____
DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer
ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 14
ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
with S.R. 94

SIZE OF LOT 3.00 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Reimer-Tracy & Assoc. by Arthur E. Mueger
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

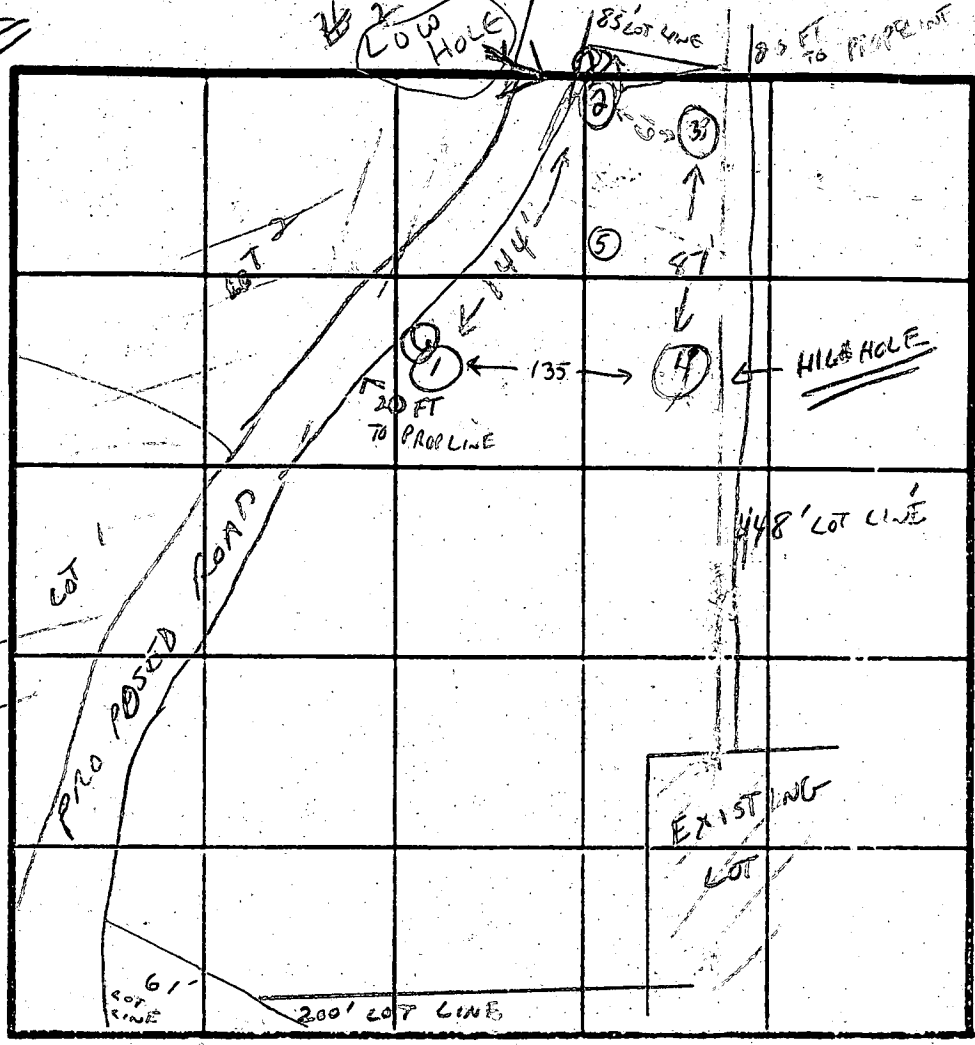
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

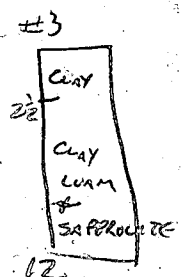
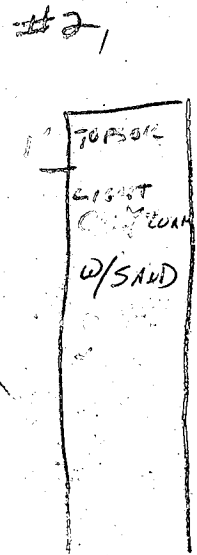
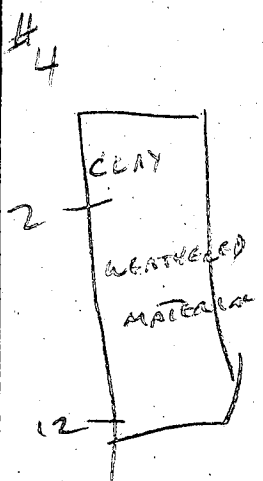
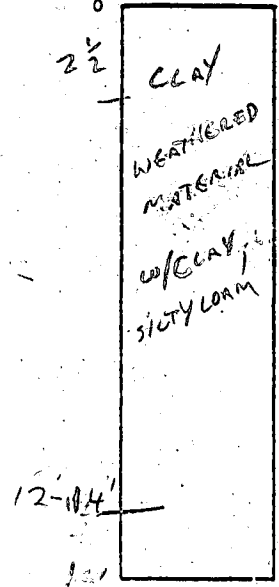
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 14 OK



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ROUTE 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
8-23-82	1 S	3 FT	2:43	2:44	2:44	2:45:30	1 1/2 MIN	
	1 M	8 1/2 FT	2:43	2:44:30	2:44:30	2:46	12 MIN	
	1 V	12	2 1/2 FT CLAY THEN MIXED SAPROLITE SANDS SILTY LOAM					
	2 S	3 FT	2:59	3:01	3:01	3:07	6 MIN	
	2 M	8 1/2	2:58:30	3:04	3:04	3:14	10 MIN	
	2 V	14 FT	ROTTEN ROCK (MILK) LA SENS AT 13 1/2 FT					
	3 S	3 FT	3:11:30	3:18	3:18	3:22	14 MIN	
	3 M	8 1/2 FT	3:12:30	3:22:30	3:22:30	3:36:30	18 MIN	
	3 V	12 FT	2 1/2 CLAY WEATHERED MATERIAL WITH INCREASING AMOUNTS OF SAPROLITE TO 12 FT.					
	4 S	3 FT	3:29	3:32	3:32	3:37	5 MIN	
	4 M	8 1/2 FT	3:26	3:30	3:30	3:36	6 MIN	
	4 V	12 FT	2 FT CLAY THEN WEATHERED MATERIAL TO 12 FT					
	5 V	12 FT	2 FT CLAY SILTY LOAM, HARD PACKED AT 11 1/2					

8 MIN

REMARKS
TOP SOIL CLAY TO 2 FT, THEN SILTY LOAM MIXED WITH SAPROLITE
TYPE OF SOIL
TESTED BY William R. Hodges ALSO REPORT BY LARRY DREHOFF
UBBU VANDERKAM

3730001

UTILITIES EASEMENT

PROP. 24' R.C.P.

3.7717 Act

(13)

GIC2

EKB2

ROUTE

GIB2

3.2242 Act

(14)

GIB2

3.0867 Act

(10)

EKB2

ChA

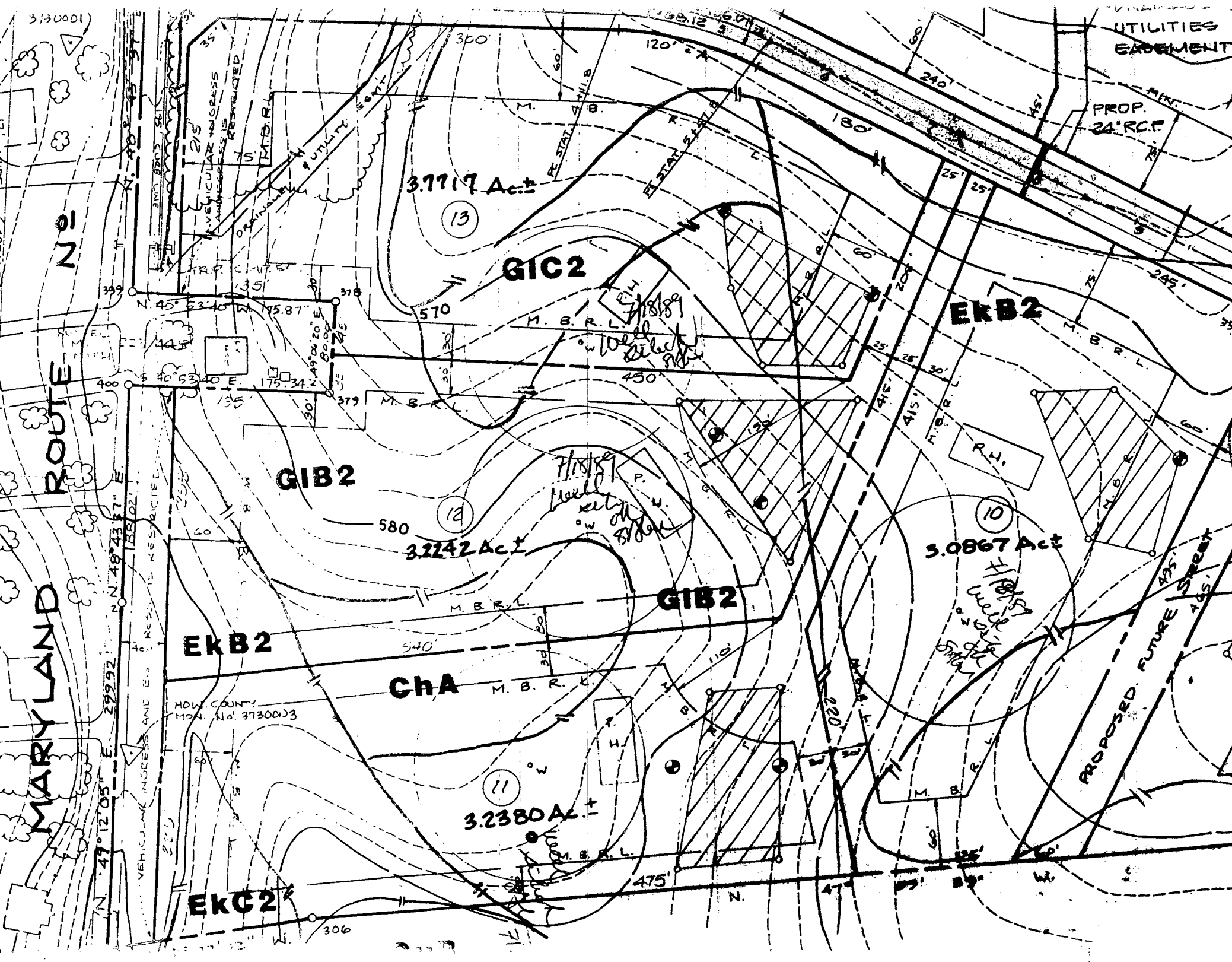
3.2380 Act

(11)

EKC2

PROPOSED FUTURE STREET

HOW COUNTY
MON. No. 3730003

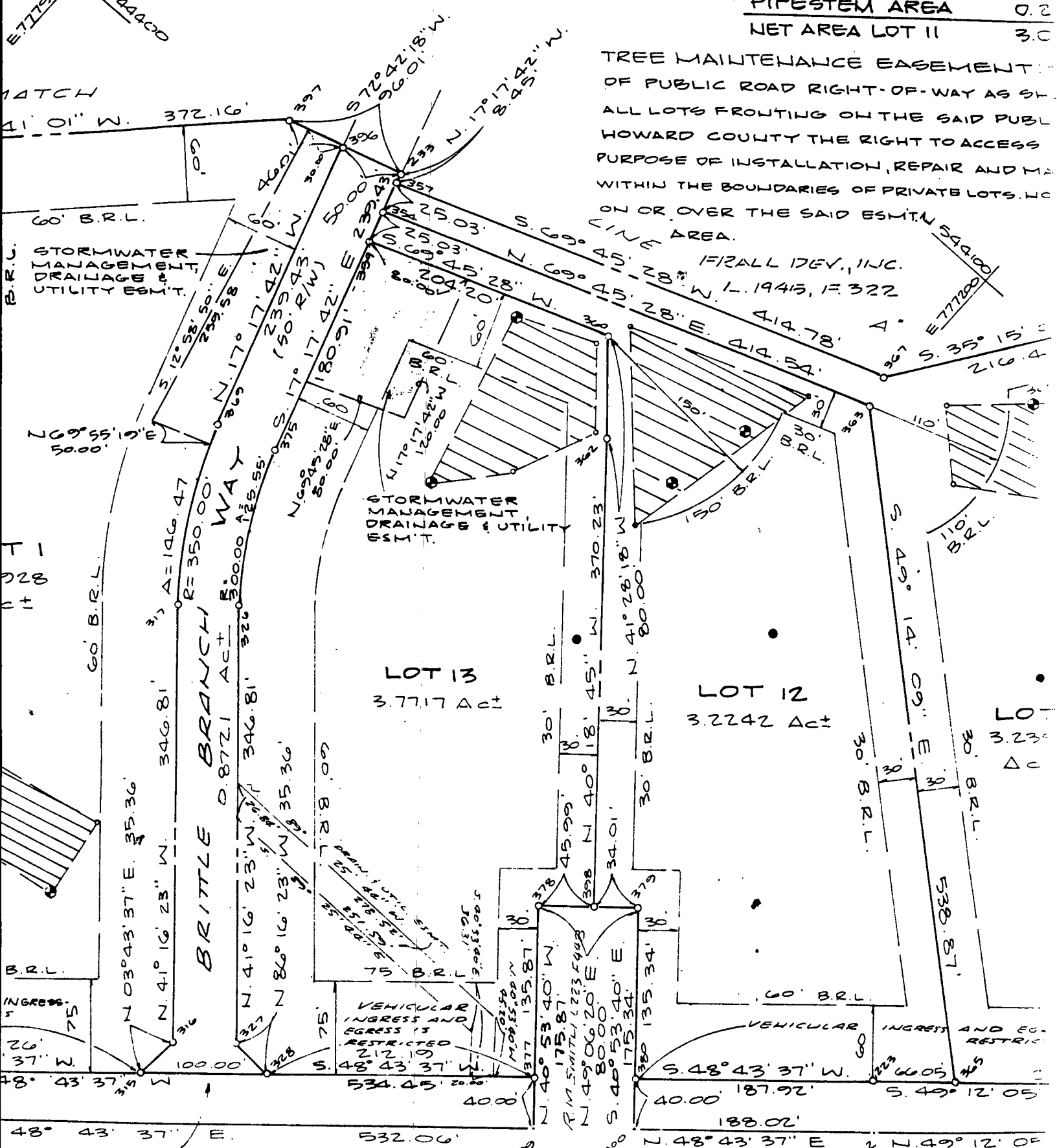


DATE GRID COORDINATE

PT.	RADIUS	ARC	CUR.
317-369	350.00'	146.47'	
375-326	300.00'	125.55'	

LOT I	
GROSS AREA LOT I	4.9928 Acre ±
FLOODPLAIN AREA	0.2273 Acre ±
NET AREA LOT I	4.7655 Acre ±

LOT II	
GROSS AREA LOT II	3.2
PIPESTEM AREA	0.2
NET AREA LOT II	3.0



TREE MAINTENANCE EASEMENT:
 OF PUBLIC ROAD RIGHT-OF-WAY AS SH.
 ALL LOTS FRONTING ON THE SAID PUBL
 HOWARD COUNTY THE RIGHT TO ACCESS
 PURPOSE OF INSTALLATION, REPAIR AND MA
 WITHIN THE BOUNDARIES OF PRIVATE LOTS. NO
 ON OR OVER THE SAID ESMT. A

IFRALL DEV., INC.
 L. 1945, F. 322

LOT 13
 3.7717 Acre ±

LOT 12
 3.2242 Acre ±

DEDICATED TO HOWARD
 COUNTY, MARYLAND FOR PURPOSE

LAND DEDICATE
 COUNTY, MARYL
 PURPOSE OF P

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

00011946

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

1600 Brittle Branch Way
Woodbine, MD 21797

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Construct 2-story SFD with 2' x 2' covered front porch and attached 2-car garage. 4 B.R., 2 1/2 baths.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
13	2	I		17	-	-

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Lisbon Estates	RC-2	7	4 th	6040

OWNER NAME AND ADDRESS
Barnard Bros. Const. Co. Inc.
1612 Brittle Branch Way
Woodbine, MD 21797

OCCUPANT'S NAME AND ADDRESS
PHONE NO. (410) 499-7221

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
PHONE NO.

EXISTING USE
Vacant lot

PROPOSED USE
SFD

EST. CONSTRUCTION COST
\$180,000.00

LICENSE NUMBER
13-189482

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
		YES	YES	FOR DHP
				AC
				YES

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

Signature: [Handwritten Signature]
TITLE: [Handwritten Title]
DATE: 5/26/98

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE _____

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____

TO SIDE BUILDING LINE (DISTANCE IN FEET, REAR YD. REQUIRING SET) _____

BACK (CORNER LOT ONLY) _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

ck 7546

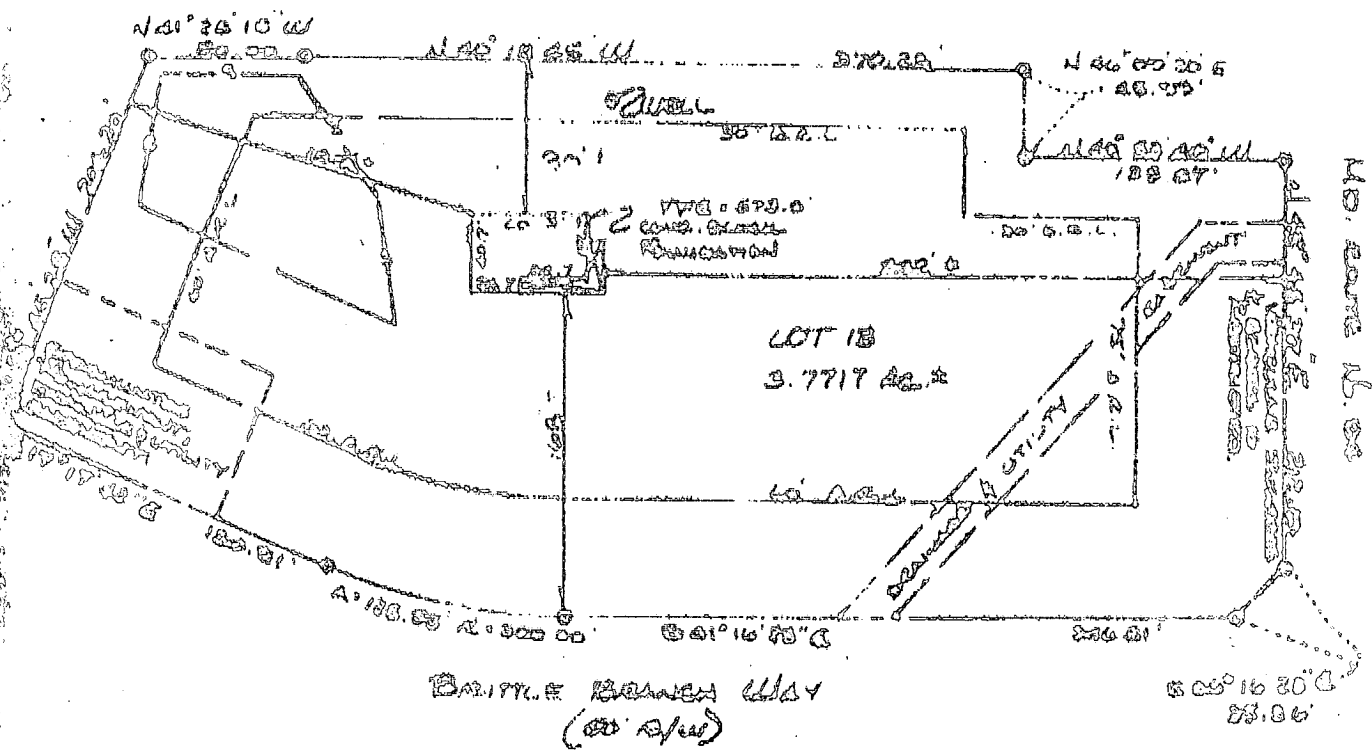
FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	Y	
SHA	Y	
SEDIMENT/GRADING	Y	
BUILDING OFFICIAL	Y	
WATER & SEWER		
HEALTH DEPT.	X 6/2/98	[Signature]
FIRE PROTECTION		
STORM WATER MGM		

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

8/6/98
Wall check
consistent with
Building Permit Plan
AM

LOT 12



WALL CHECK
 LOT 12
 LIEBOW ESTATES
 SITUATED ON ENTRANCE BRANCH WAY
 OFFICIAL DISTRICT No 4
 HARRIS COUNTY, MICHIGAN
 SCALE 1" = 100' A.S. 1998

NOTES: FOOTINGS & FOUNDATIONS ARE IN PLACE



