

late as possible 10/84

APPROVED 10/11/84  
RTH/EPJ 34-187  
A 31627

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-369428

ELLICOTT CITY  
DISTRICT 5th  
DATE 8/16/84

INDEXED

John Thompson Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS 7411 Old Washington Road, Woodbine, MD PHONE 781-6124

SUBDIVISION Thompson ROAD 7960 Brown Bridge LOT 9

PROPERTY OWNER Peter Geoghan  
ADDRESS 7960 Brown Bridge Road

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TOO LIGHT?  
SEE NEXT PAGE

Locate drywell 20 feet from left side line and 70 feet from front lot line. Keep edge of drywell at least 20 feet from house foundation. Inlet at 3 feet below original grade and drywell bottom at 10 feet below original grade. 130 sq. ft. of sidewall absorption area per bedroom required. Drywell to be 15 ft square. Trench 15 ft long, 2 ft wide, 10 1/2 ft deep with 3 1/2 ft inlet required on all sides to drywell. Run trench on level ground.

PLANS APPROVED BY Frank Shinn

DATE 8/16/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

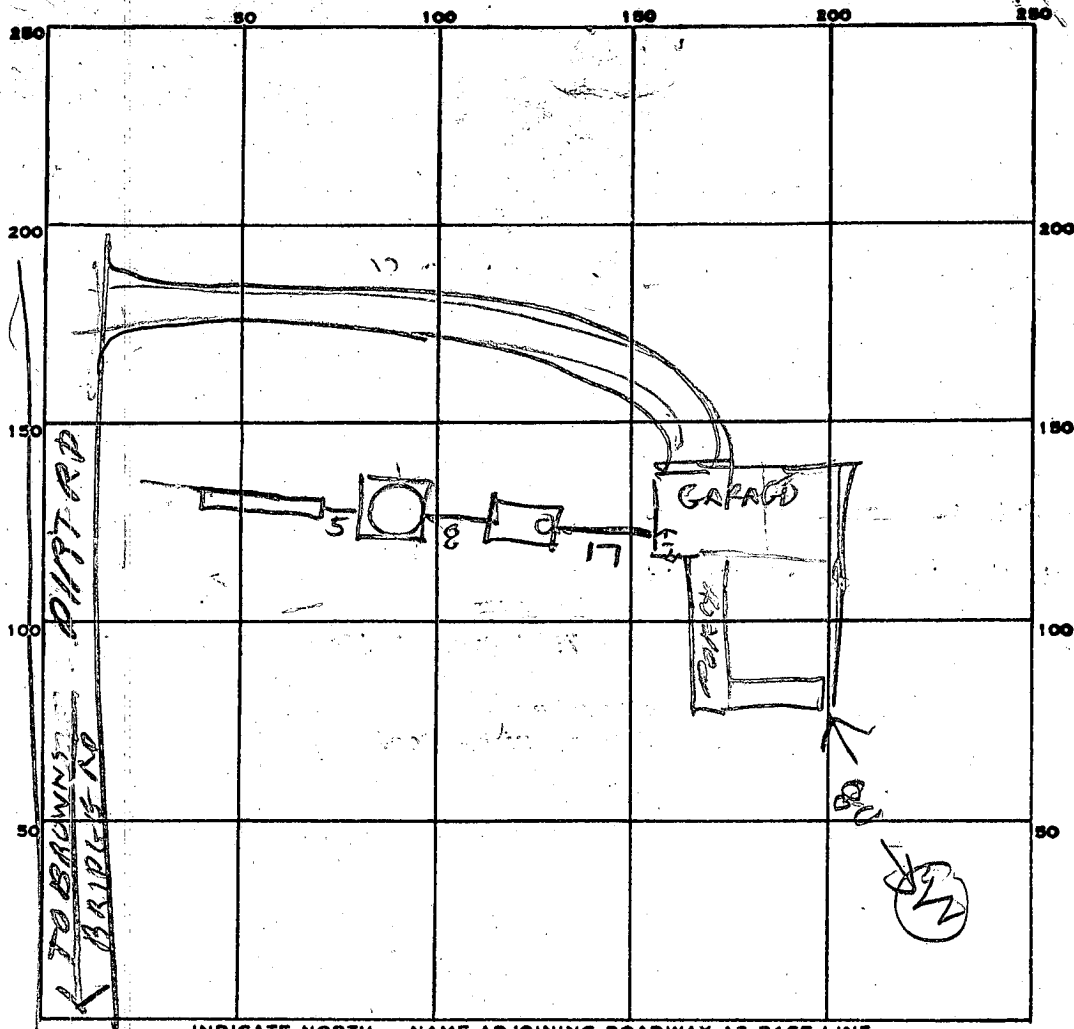
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31627



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 1500

CLEANOUTS SI  
01

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 10 1/4 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 31.5 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 189.0

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 336 SQ. FT.

189  
336  
525

REMARKS 10/10/84 - DWINLEY 3.5 FT BELOW GRADE

TRENCH INLET 3.5 FT BELOW GRADE 520 SOFT NEEDED  
FOR 4 BEDROOM HOUSE. DITCH FILLED AT TIMES  
OF INSPECTION B.H. WATER WELL LOWER  
THAN SEPTIC TANK BUT PLANS APPROVED RA

DATE SYSTEM APPROVED

10/10/84

INSPECTOR

Raymond Hodge

LOT #9

OFF BROWN BRIDGE ROAD

- 3 BEDROOMS - 1000 GALLON TANK
- 4 BEDROOMS - 1250 GALLON TANK

DRY WELL - 130 square foot sidewall area per bedroom. Dry well

inlet maximum to be 3 1/2 feet below original grade and dry

well bottom to be 10 1/2 feet below original grade. Place the dry well

~~feet from the \_\_\_\_\_ lot line and \_\_\_\_\_ feet from the \_\_\_\_\_ lot~~

~~line as seen when facing the lot from \_\_\_\_\_ road.~~

[AS SHOWN ON

DRAWING OF PAUL C. THOMPSON 11-17-81]

well pump, pitless adpt. & well line insert  
6/25/84

July 20, 1984.

Mr. Skinner.  
Howard Co. Health Dept.  
P.O. Box 476  
Ellicott City, Md. 21043

PUMP INSPECTION - OF 6/26/84  
- HOLD, TALK TO PLUMBER.

PHONE CONVERSATION OF 6/27/84

- PLUMBER, MR SCHEPER AGREED TO

- ① RAISE GRADE WHERE ROCK CAUSES  
BLOCKS WATER LINE TO BE  
CLOSE TO SURFACE.
- ② TAPE ELECTRIC WIRE CLOSER  
TO INLET PIPE.

STILL NEEDS TO SEE PRESSURE TANK,  
6/27/84 cw

Dear Mr. Skinner,  
I hereby request permission to  
install a 1/2 hp. submersible well pump,  
pneumatic tank, and associated pipe and  
fittings at the property of:

Mr & Mrs. Peter Geoghan,  
7960 Brown Bridge Rd.  
Highland, Md. 20777.

I am a master plumber:  
Md. St. Lic # 3232  
Haw. Co. Lic. # 3232

Patrick F. Scheper  
517 Dellview Dr.  
Finksburg,

21048

C. A. SCHEPER & SON  
461-5880

6/21/84 OK to install well pump & thru pipe  
pneumatic tank; copy given to Mr. Scheper  
P. Schin

WPT -

UNSATISFACTORY

① TRENCH FOR SUPPLY LWT 16" DEEP  
AT ONE POINT

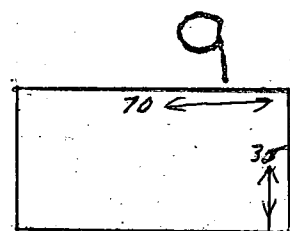
② ROUND BLEEDING WIRES FOR PUMP WITH THIN CASINGS  
TAPED LOOSE EVERY 10 FT

N 56° 45' E 196.68

○ WATER WELL

N 33° 15' W 203.38'

S 33° 15' E 203.38'



TANK 21,000 Sq. Ft.

○ DRY WELL



SEWAGE DISPOSAL EASEMENT

S 56° 45' W 196.68'

Use in Common R/W (20' wide)

SCALE 2" = 100 ft

CERT. by Paul C. Thompson 11-17-81

# 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 31627

P \_\_\_\_\_

DISTRICT 5th

DATE Sept 28, 1981

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 Jo Ann Thompson  
8067 Brown Bridge Rd. 2862279  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. #9

ROAD AND DESCRIPTION near corner of Brown Bridge Rd.  
7960 Brown Bridge Road

SIZE OF LOT 0.918 TYPE BLDG. AFD  
(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.

Paul C. Thompson  
(SIGNATURE OF APPLICANT)

TENTATIVE

APPROVED BY C. B. Streaker FOR Day Well + 4' low DATE October 22, 1981  
Day Well + Trench

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

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

REASONS FOR REJECTION OR HOLDING 10/22/81 FOR (1) CERTIFIED HOLES; (2) NO USE SITE  
(3) WATER WELL SITE.

BLDG. PERMIT SIGNED  
AND RETURNED 5/2/84  
Serial # 5F523 S.F.10.

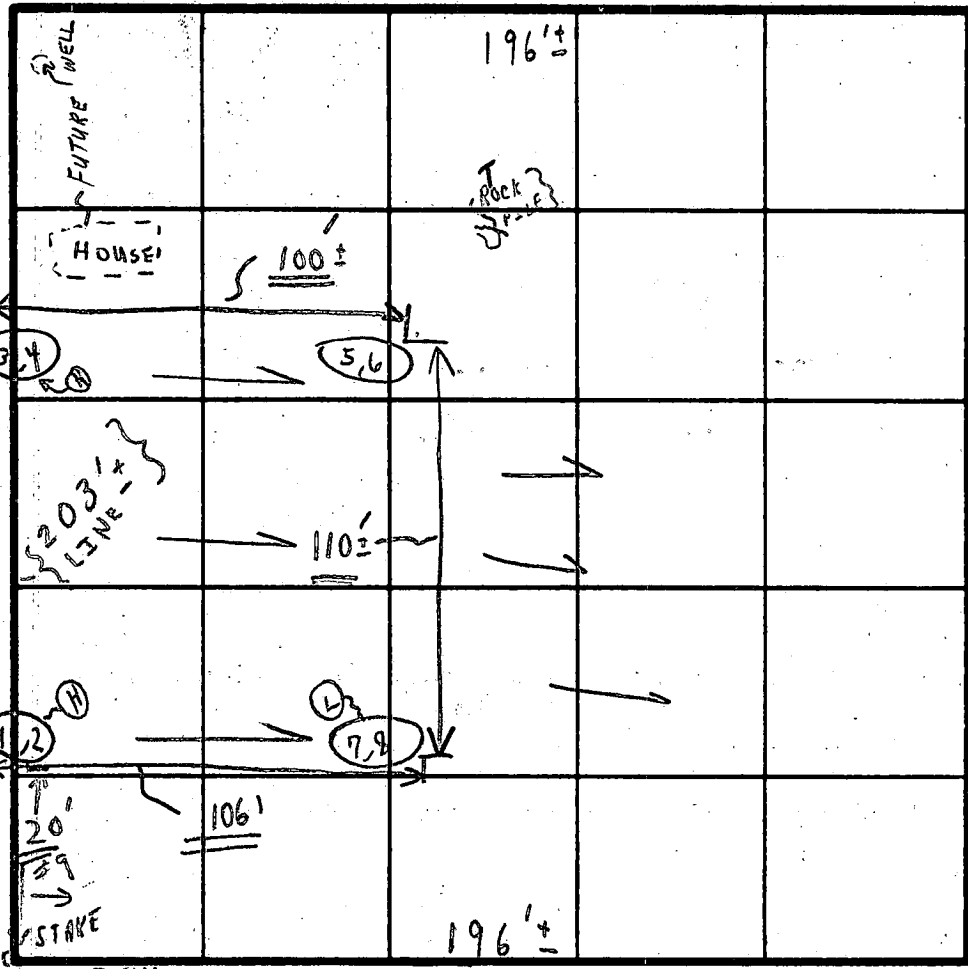
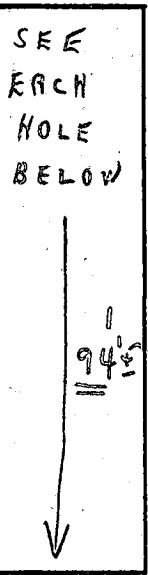
C.B.S.

# THIS IS NOT A PERMIT

OPEN FIELD

#9

SOIL PROFILE



FIELD SHEET

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GRAVEL ROAD TO OPEN ROAD

SOIL PRO

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
10/22/81	1	2 1/2'	12:13	12:15	12:15	12:17	2 min	
	2	11'-10"	{ SOIL SIMILAR TO SHELF }					
	3	3 1/2'	12:21	12:24	12:24	12:27	3 min	
	4	12 1/2'	{ SOIL SIMILAR TO SHELF }					
	5	3 1/2'	12:39	12:41	12:41	12:47	6 min	
	6	12'	{ SOIL SIMILAR TO SHELF }					
	7	3'	12:29	12:31	12:31	12:37	6 min	
	8	12'	{ SOIL SIMILAR TO SHELF }					

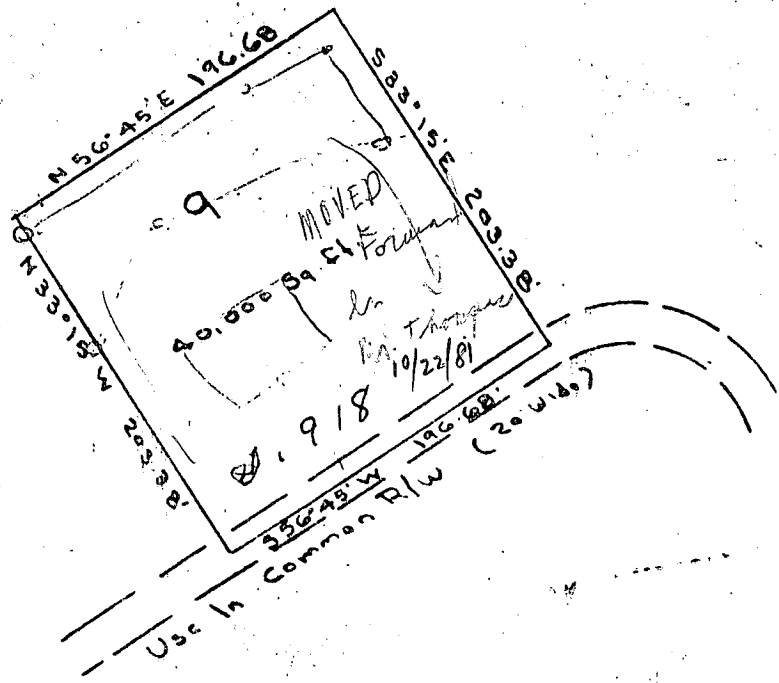
SOME FOR LOTS #8 & #9

Dry Well depth 3 1/2' Max. Depth of Dry Well 10 1/2'

REMARKS { TESTS IN WOODS HOLES READY FOR TESTS } HOLD FOR: (1) CERTIFIED HOLES (2) HOUSE SITE (3) WATER WELL

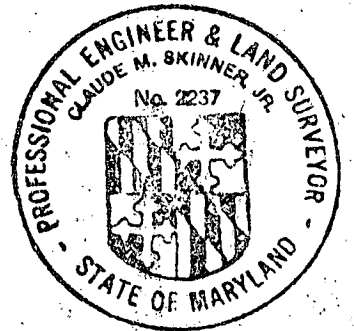
TYPE OF SOIL \_\_\_\_\_  
 TESTED BY C. B. S. ALSO PRESENT MR. P. T. THOMPSON & SON

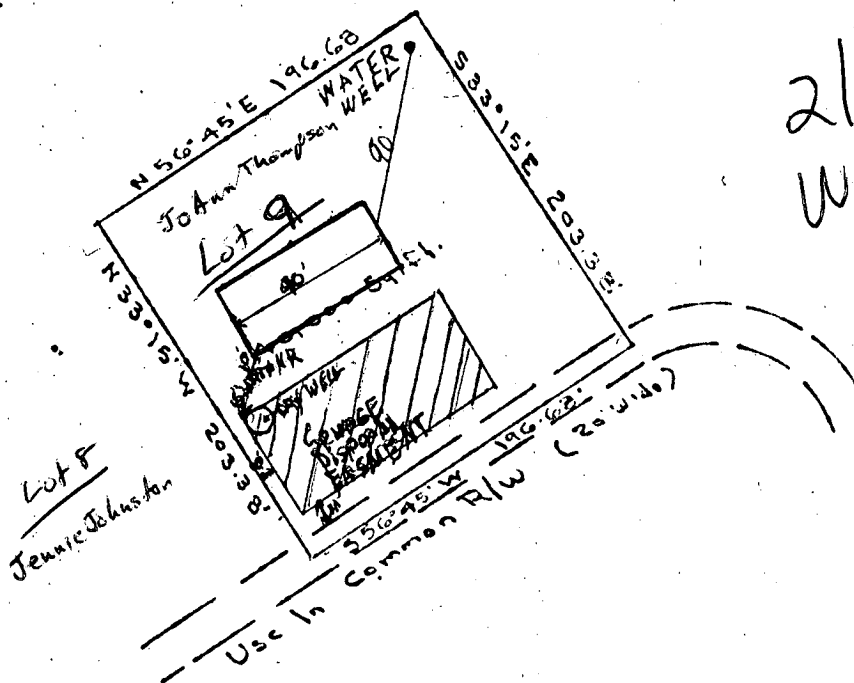
EH-12-1079



Jo Ann Thompson  
 8067 Brown Bridge Rd.  
**PLAT OF SURVEY**  
**FOR**  
**PAUL C. THOMPSON**  
**FIFTH ELECTION DISTRICT OF HOWARD COUNTY**  
**HIGHLAND, MARYLAND**  
**SCALE: 1 IN. = 100 FT.      JULY 9, 1968**

*Claude M. Skinner Jr.*  
 Claude M. Skinner Jr. Reg. Eng. & Land Surveyor No. 2237





2/22/84  
wellsite OK.  
J.S.

Approved for private water & Sewerage

Dr. Theodore Shrop, Howard County  
Health Officer

PLAT OF SURVEY  
FOR  
PAUL C. THOMPSON  
FIFTH ELECTION DISTRICT OF HOWARD COUNTY  
HIGHLAND, MARYLAND  
SCALE: 1 IN. = 100 FT.      JULY 9, 1908

*Claude M. Skinner Jr.*  
Claude M. Skinner Jr. Reg. Eng. & Land Surveyor No. 2237



*Pump test 3/26/84 3 P.M.* EMERGENCY/TEMP NO. IF ANY

B 1 **3472** SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

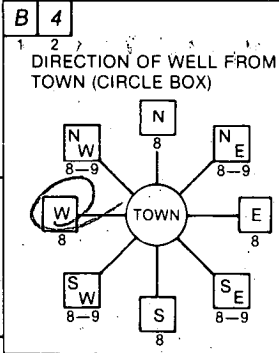
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
**H0-81-0427**  
fill in this form completely

Date Received **3-24/84 - about**  
**013084**  
OWNER INFORMATION  
**Geaghan Jo Ann**  
**5680 Stevens For. Rd.**  
**Columbia Md 21045**

B 3 LOCATION OF WELL  
**Howard**  
COUNTY  
**THOMPSON PROPERTY**  
SUBDIVISION  
SECTION **9** LOT  
**Fulton**  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION  
**George F. Easterday**  
Driller's Name  
**G. F. Easterday, Inc.**  
Firm Name  
**9265 Brown Church Rd. Nt. Arty, Md. 21771**  
Address  
**George F. Easterday**  
Signature  
**1/26/84**  
Date



**Brown Bridge Road**  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD **800** FT  
ENTER FT or MI **FT**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A-31627** COUNTY NO.  
OEP SIGNATURE **Frank Shuman** STATE HEALTH INSERT S  
DATE ISSUED **8/22/84** EXP. DATE  
NORTH GRID **481000** EAST GRID **0812000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 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)

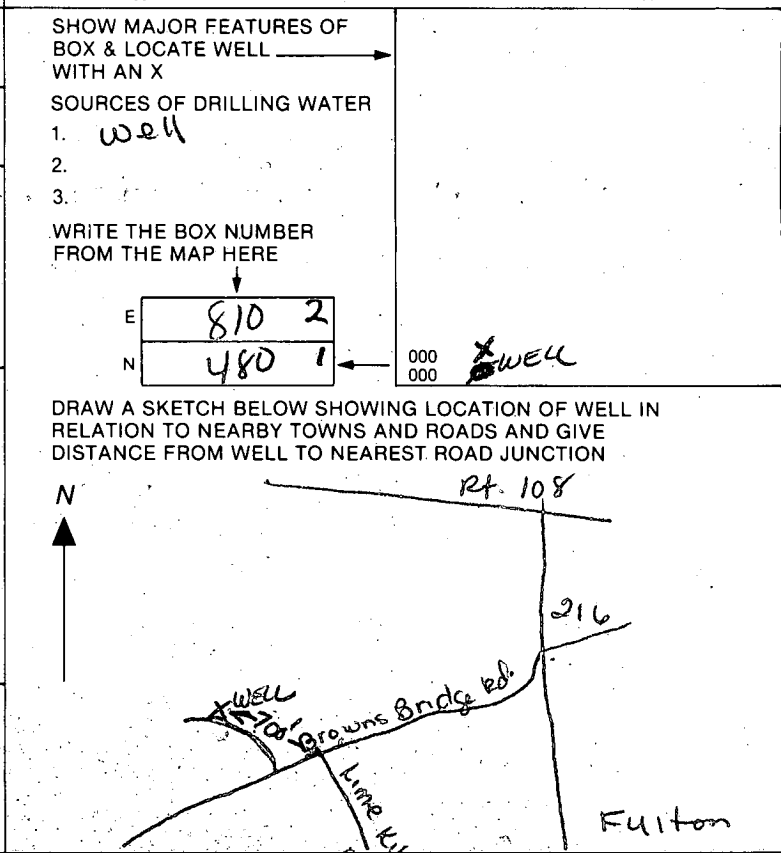
APPROXIMATE DEPTH OF WELL **200** FEET

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

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)

Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER **GAP**  
FORCE **F5** INITIALS PERMIT No. **H0-81-0427**



C1 **4516** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 31627**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **032684** Depth of Well **160** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0427**

OWNER: **Geoghan** last name **Jo Ann** first name  
 STREET OR RFD **Brown Bridge Rd.** TOWN **Fulton**  
 SUBDIVISION **Thompson Property** SECTION [ ] LOT **9**

**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	
Topsoil	0	2	
Br. Mica	2	7	
Tan Mica	7	13	
Br. Mica	13	16	✓
Tan Mica	16	21	
Gray Mica	21	60	
Tan Mica	60	63	✓
Gray Mica Schist	63	69	
Tan Mica	69	72	✓
Gray Mica + Schist	72	160	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **16** NO. OF POUNDS **1600**  
 GALLONS OF WATER **90**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **19** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **ST** **6** **21**  
 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**  
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

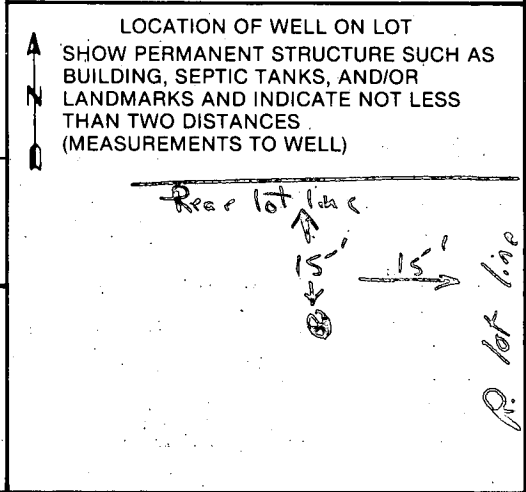
**C 2**  
 DEPTH (nearest ft.)  
 1 **H0** **19** **160**  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)

**GRAVEL PACK** [ ] from [ ] to [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T [ ] (E.R.O.S.) WQ [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**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 **13** WHEN PUMPING **47**  
 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 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: **29**  
 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 **2** (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 10.17.13 "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. **40**  
**George J. Easterday**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Walter K. Blumenthal**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



N 56°45'E 196.68'

N 33°15'W 203.38'

WELL  
ELEV. AT WELL WILL  
BE "0" ALL OTHER  
ELEV. WILL BE  
+ OR - FROM THIS  
POINT.

S 33°15'E 203.38'

HOUSE SITE  
1<sup>ST</sup> FLOOR ELEV.  
11' 8" HIGHER THEN WELL  
BASEMENT ELEV.  
2' 8" HIGHER THEN WELL

INVERT ELEV. (CUT OFF) HOUSE  
3' 8" BELOW 1<sup>ST</sup> FLOOR ELEV.  
EXISTING ELEV. ON SEPTIC  
3' BELOW 1<sup>ST</sup> FLOOR ELEV.

INVERT LEVEL (INTO) SEPTIC  
3' 10" BELOW 1<sup>ST</sup> FLOOR ELEV.

INVERT LEVEL (OUT) SEPTIC  
4' 1" BELOW 1<sup>ST</sup> FLOOR ELEV.

ORIGINAL ELEV. AT  
TIME OF PERC  
1' BELOW 1<sup>ST</sup> FLOOR

DRYWELL INLET ELEV.  
4' 6" BELOW 1<sup>ST</sup> FLOOR ELEV.

EXISTING ELEV.  
OF DRYWELL  
1' BELOW 1<sup>ST</sup> FLOOR

SEWAGE DISPOSAL EASEMENT

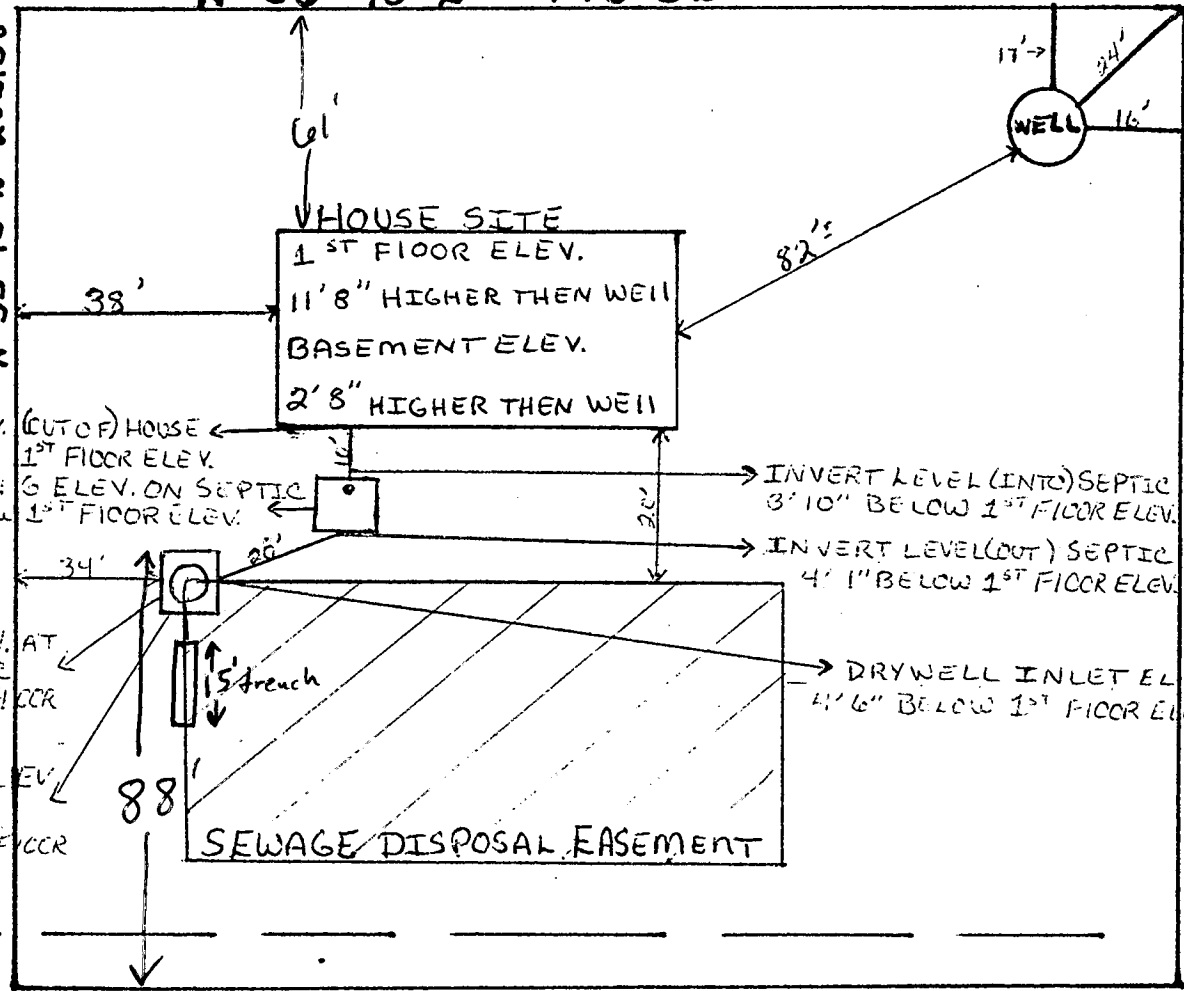
S 56°45'W 196.68'

USE IN COMMON R/W (20' WIDE)

LOT 9  
40,000 Sq ft.

5/2/84  
Sketch OK  
J.S.

4B.R.



# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**

B00146982

Building Address 74111 Brown Bridge Road  
Fulton, MD 20759

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

Census Tract 605102 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9

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

Zoning \_\_\_\_\_ Map Coordinates 1804 Lot size \_\_\_\_\_

Property Owner's Name Jim McIntyre

Address 74111 Brown Bridge Road

City Fulton State MD Zip Code 20759

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Kevin McIntyre Landscape & Tree Company, Inc.  
11043 Frederick Road  
MD 20759, MD 21791

Phone 410 489 6707 Fax 410 489 0554

Existing Use Single Family Home

Proposed Use Swimming Pool

Estimated Construction Cost \$ 30,000

Description of Work Install swimming pool  
pool 14' x 20' x 4' deep  
with 1/2" x 1/2" x 1/2" tile

Contractor Company \_\_\_\_\_

Contact Person Same

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. 111159

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

Occupant or Tenant Jim McIntyre

Contact Name Leanne Kowan

Address 74111 Brown Bridge Road

City Fulton State MD Zip Code 20759

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

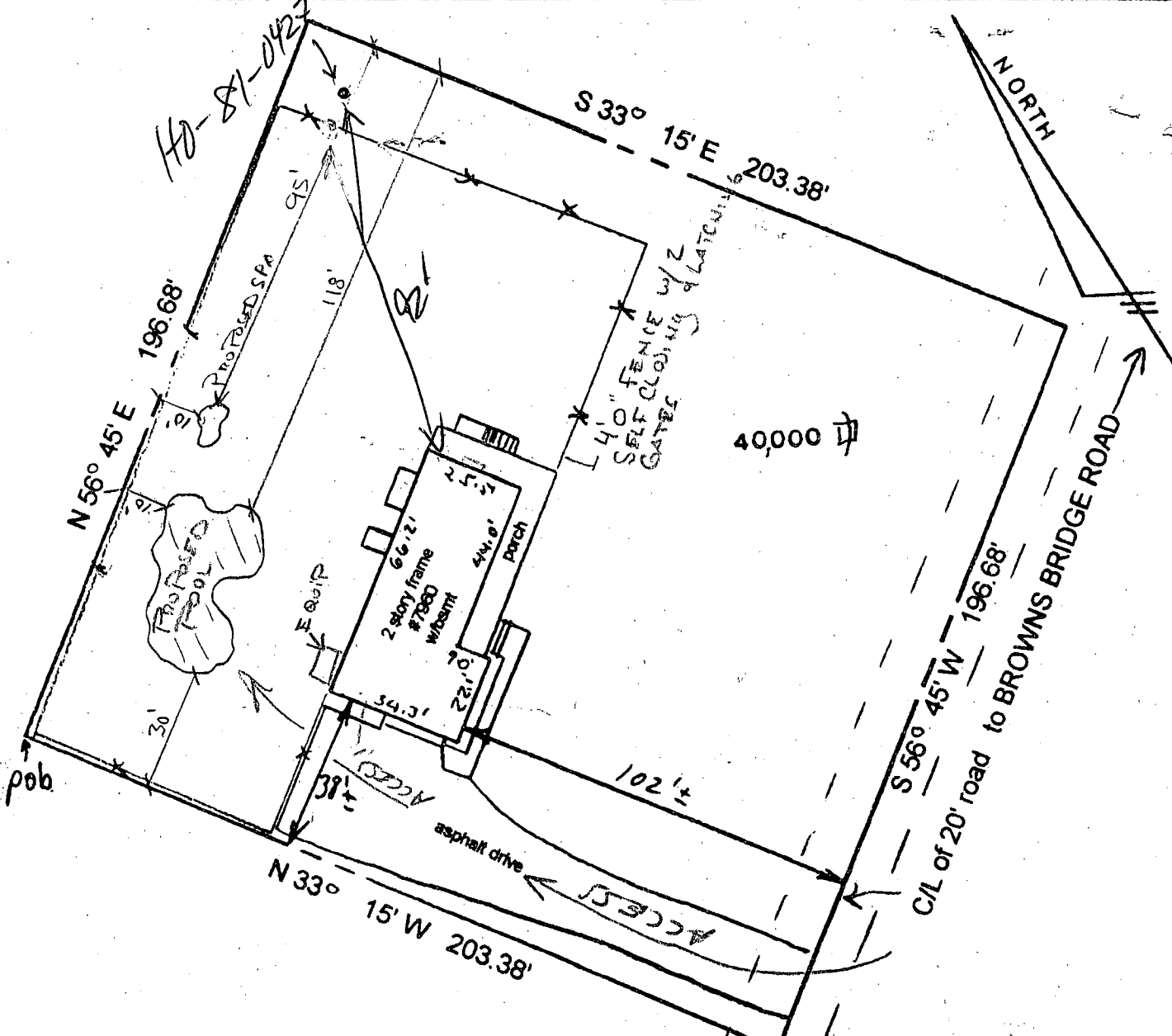
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____
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	

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.

Leanne Kowan  
Applicant's Signature  
Leanne Kowan Landscape & Tree Company  
Title/Company

Leanne Kowan  
Print Name  
3/25/04  
Date

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



7960 BROWNS BRIDGE ROAD  
 metes and bounds description  
 see deed liber 1243, folio 425,  
 Howard County, Maryland.

*Russell R. Klages*

Russell R. Klages Professional Land Surveyor Lic. #8685

Lot 9

FLOOD ZONE "C" fences shown are for illustration only



**LOCATION DRAWING**  
**RUSSELL R. KLAGES**  
 SURVEYING SERVICES  
 348 Hemsley Drive  
 Queenstown, MD 21658  
 410-827-7986 (fax) 410-827-7982  
 Scale 1" = 40' Date 4-2-98

**NOTES:**  
 This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer or financing of real estate. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other structures existing or future improvements. This plat does not provide for the accurate identification of boundary lines, but such identification may not be required for the transfer of title or securing financing. The approximate location of the dwelling is shown in relation to the apparent property lines.

11234-90

98315CR

"McINTYRE PLAT"