

5/19/97  
2:00 P.M.  
WPT

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### INDEXED

P 58140-A

A50036-W

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~ 313-2640

DISTRICT \_\_\_\_\_

DATE 5/9/97

DATE SYSTEM APPROVED 5-21-97

INSPECTOR KM

*05-423600*

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Windy Knolls LOT 15 ROAD 6452 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc. *MARK SHAUGHNESS*

ADDRESS \_\_\_\_\_

**BUILDING PERMIT SIGNED**

**AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS

*10-9-03 B00144506-IG POOL*

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 feet down the left lot line and 10 feet off this same lot line as seen when facing the lot from Prestwick Drive. Run trenches along contour towards the rear lot line.

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

*OK # 3/31/96*

PLANS APPROVED BY Donna K. Soe DATE 3/27/97

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

**BLDG. PERMIT SIGNED**

**AND RETURNED 3-3-99**

*Serial # B00116460*

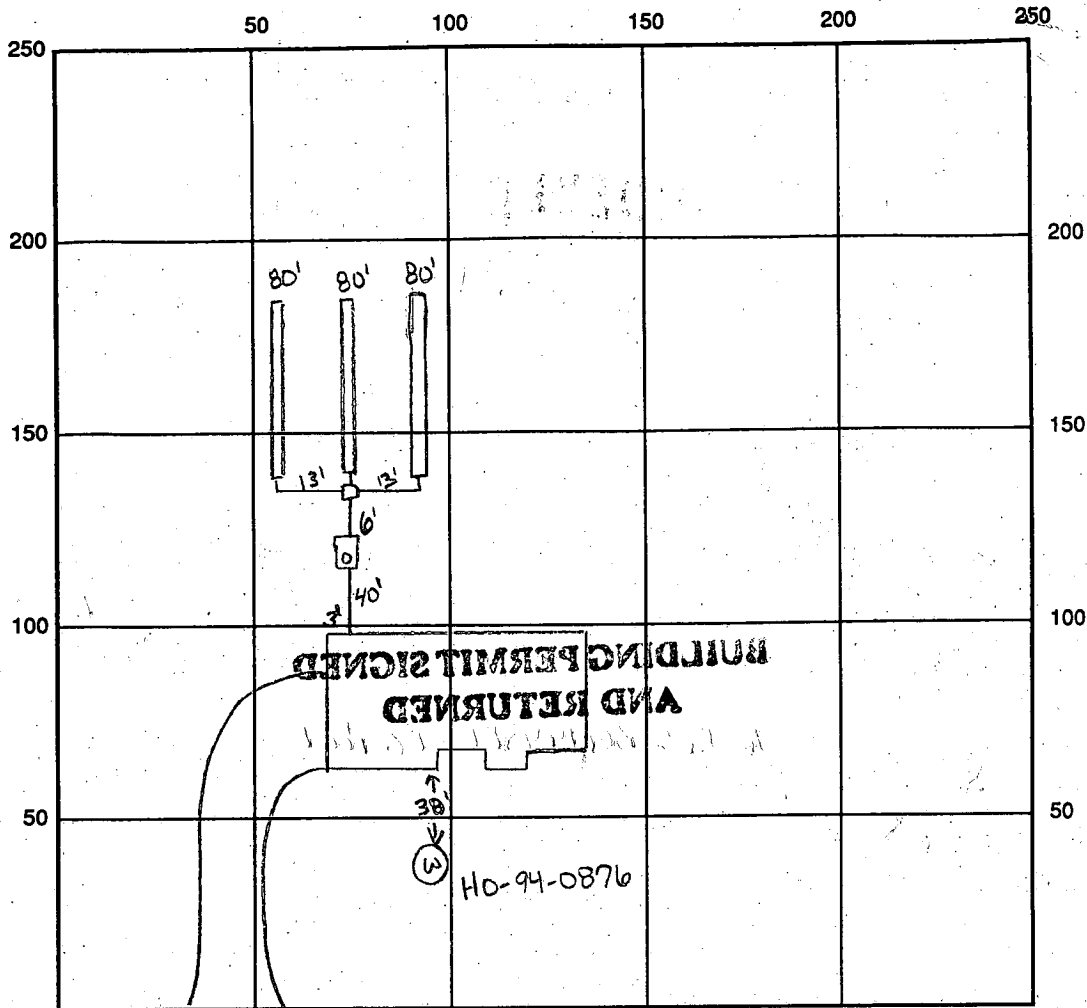
PERMIT VOID AFTER TWO YEARS

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. *deck.*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 50036W



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 80x3 FT. → 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 5-21-97 house conn made, ok to cover all work KM/DKS

WPI ok to cover well line P.A. 3.5' below grade, casing 1.5' above grade,  
has 2 piece watertight cap KM/DKS

DATE SYSTEM APPROVED 5-21-97

INSPECTOR Kimberly White

# APPLICATION

PERCOLATION TESTING

A 50036 W

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 5/18/94

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Clarksville Pike Joint Venture Cornerstone Homes

ADDRESS C/O Land Design + Development Inc  
10805 Hickory Ridge Rd Col Md 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Windy knolls LOT NO. 22 15

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)

BLDG. PERMIT SIGNED  
AND RETURNED 3/27/94  
Serial# B00104508

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD - 4Bum  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Mark Reich  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

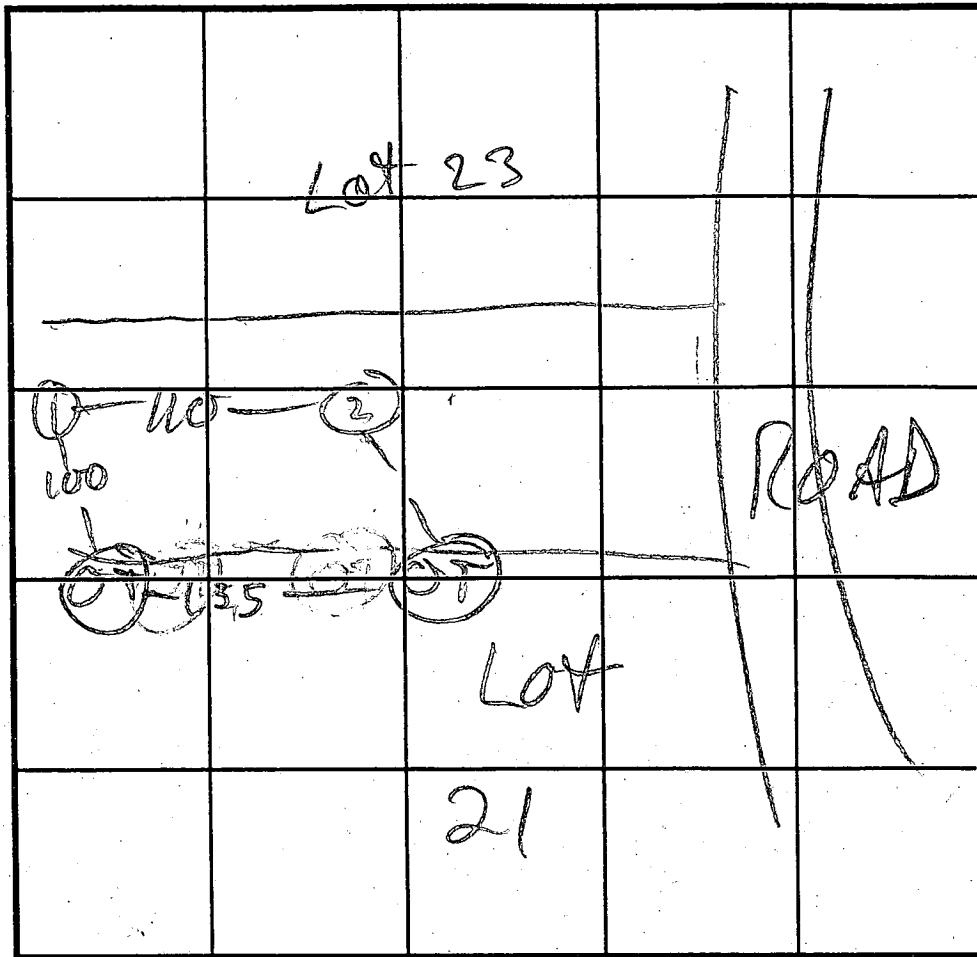
50036 W  
COUNTY #

SOIL PROFILE

0'

tan  
br  
sa  
clm  
brn  
tan  
beige  
salm  
10-15%

Frag 8



SOIL PROFILE

0'

Blank soil profile box

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH   | PRE-WET |         | TEST - 1" DROP |         | TIME   |
|---------|----------|---------|---------|---------|----------------|---------|--------|
|         |          |         | START   | STOP    | START          | STOP    |        |
| 5/27/84 | 1 S      | 3 1/2'  | 1:05:15 | 1:05:30 | 1:05:30        | 1:05:45 | 15 sec |
|         |          |         | 1:05:50 | 1:06:30 | 1:06:30        | 1:07:00 | 5      |
|         | 1 V      | 10 9"   |         |         |                |         |        |
|         | 2 S      | 3' 4"   | 1:15:30 | 1:16:15 | 1:16:15        | 1:17:15 | 1      |
|         | 2        | 11 1/2' |         |         |                |         |        |
|         |          |         |         |         |                |         |        |
|         |          |         |         |         |                |         |        |
|         |          |         |         |         |                |         |        |
|         |          |         |         |         |                |         |        |
|         |          |         |         |         |                |         |        |
|         |          |         |         |         |                |         |        |

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH 3

INLET DEPTH 3.0' MAXIMUM BOTTOM DEPTH 5.0' SQ. FT./BEDROOM 180

# APPLICATION

PERCOLATION TESTING

A 57036 V

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 5/18/94

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Clarksville Pike Joint Venture

ADDRESS C/O Land Design + Development Inc  
10805 Hickory Ridge Rd Col Md 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Windy Knolls LOT NO. 21 ~~15~~ and part of 15

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Mark Reich  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

500364  
COUNTY #

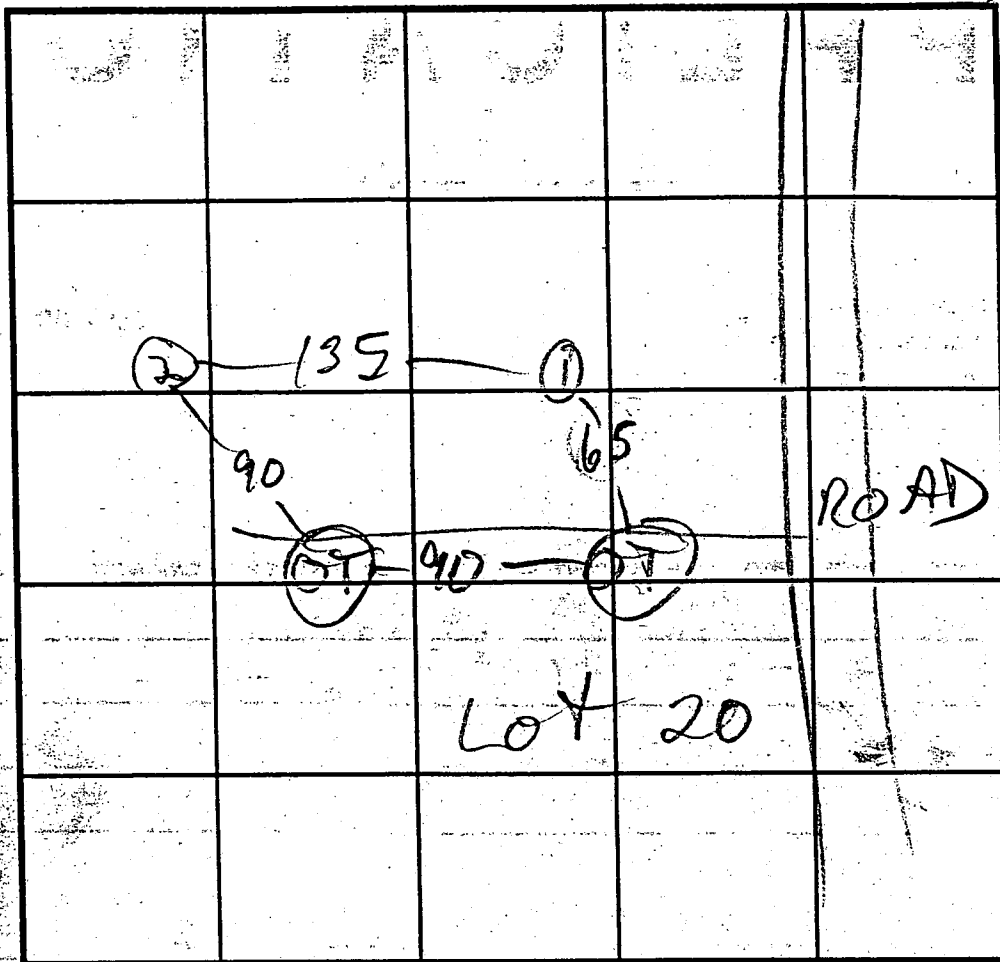
SOIL PROFILE

0'

tan  
sa  
cl lm  
brn  
tan  
sand  
&  
sa lm

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH | PRE-WET  |          | TEST - 1" DROP |          | TIME      |
|---------|----------|-------|----------|----------|----------------|----------|-----------|
|         |          |       | START    | STOP     | START          | STOP     |           |
| 5/27/94 | 1 S      | 3 1/2 | 12:14:00 | 12:14:12 | 12:14:12       | 12:14:40 | FAST<br>7 |
|         |          |       | 12:15:50 | 12:17:50 | 12:17          | 12:24    |           |
|         | 1 V      | 11    |          |          |                |          |           |
|         | 2 S      | 3 1/2 | 12:29:30 | 12:30:00 | 12:30:00       | 12:31    | 1         |
|         | 2 V      | 11    |          |          |                |          |           |
|         |          |       |          |          |                |          |           |
|         |          |       |          |          |                |          |           |
|         |          |       |          |          |                |          |           |
|         |          |       |          |          |                |          |           |
|         |          |       |          |          |                |          |           |
|         |          |       |          |          |                |          |           |

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



Cornerstone  
Homes, Inc.

July 12, 1996

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043-4544

ATTN: Craig Williams, Program Director

RE: Windy Knolls

Dear Craig:

Please let this letter serve as my request to reconfigure the septic area of lot 17 in Windy Knolls.

This reconfiguration will enable us to relocate the well location of lots 15 and 16 to a more advantageous well site.

Your consideration in this matter is greatly appreciated. If you have any questions or need any further information, please do not hesitate to call me at (410) 379-0157.

Sincerely,

BRIAN D. BOY  
PRESIDENT  
CORNERSTONE HOMES, INC.

BDB/tmb

C1 7982

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50036W

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 090996

080896

130 (TO NEAREST FOOT)

H0-94-0876

OWNER LDD PRESWICK DRIVE TOWN CLARKSVILLE SUBDIVISION Windy Knolls SECTION LOT 15

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP SOIL 0-5, Brown Shell 6-34, Sandstone + MILBROCK 38-130, GOT WATER AT 80-120.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT (C) BENTONITE CLAY (B) NO. OF BAGS 10 NO. OF POUNDS 940 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 43 ft.

CASING RECORD

MAIN CASING TYPE (P) (L) (S) (T) (C) (O) (R) (J) (S) Nominal diameter top (main) casing (nearest inch) 6.9 Total depth of main casing (nearest foot) 45

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

Table for screen slot size with columns for depth and slot size.

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft. WHEN PUMPING 30 ft. 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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) 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) Includes handwritten note: B. Preswick Dr. with 100' to SPTIC Lot 15 MB 108

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 043 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 350-662 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OPEN SPACE LOT 26  
442,297.28 S.F.  
3.26 acres

LOT 14  
44,867 sq. ft.  
15' B.R.L.

LOT 13  
44,148 sq. ft.  
15' B.R.L.

LOT 15  
43,755 sq. ft.  
15' B.R.L.

LOT 16  
42,766 sq. ft.  
15' B.R.L.

LOT 12  
40,959 sq. ft.  
15' B.R.L.

LOT 11  
43,682 sq. ft.  
15' B.R.L.

Copy of Signed  
PERC Plan

LOT 17  
40,212 sq. ft.  
15' B.R.L.

LOT 10  
40,000 sq. ft.  
15' B.R.L.

LOT 18  
41,602 sq. ft.  
15' B.R.L.

LOT 19  
48,771 sq. ft.  
15' B.R.L.

LOT 20  
44,393 sq. ft.  
15' B.R.L.

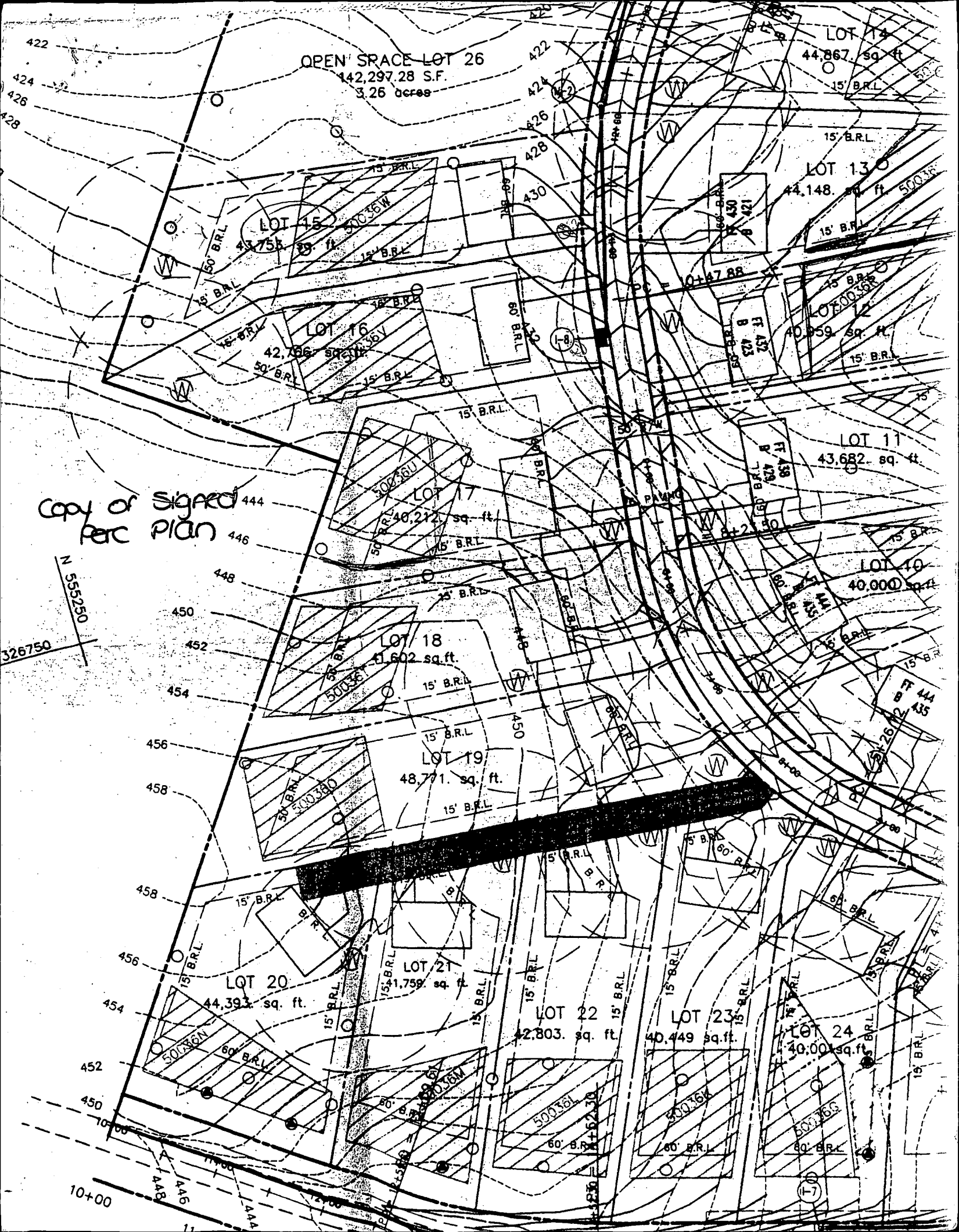
LOT 22  
42,803 sq. ft.  
15' B.R.L.

LOT 23  
40,449 sq. ft.  
15' B.R.L.

LOT 24  
40,000 sq. ft.  
15' B.R.L.

N 555250  
326750

10+00



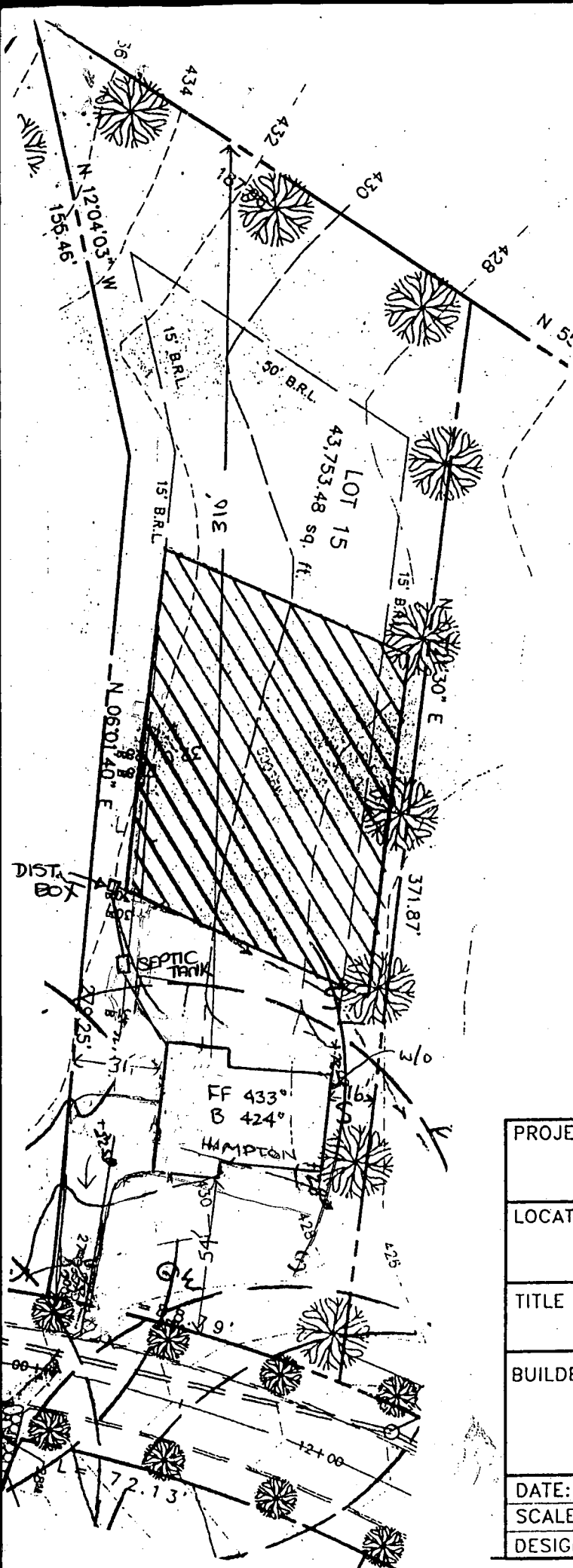
Approved Septic System Plan  
Howard County Health Department


Donna S. Lee 3/27/97  
Signature Date

Septic Elevations

Box out - 427°  
Box in - 427° 428.0  
Tank out - 428° 428.3  
Tank in - 428° 428.6  
House Out - 429°

Trench length to be determined  
at time of septic installation



|                 |               |  |               |
|-----------------|---------------|--|---------------|
| PROJECT :       |               | WINDY KNOLLS<br>LOT 15   |               |
| LOCATION :      |               | TAX MAP 34 , PARCEL 84 & 134<br>5th ELECTION DISTRICT<br>HOWARD COUNTY, MARYLAND   |               |
| TITLE :         |               | SITE DEVELOPMENT PLAN  |               |
| BUILDER:        |               | <br>CONSULTING ENGINEERS<br>8307 MAIN ST., HISTORIC ELLICOTT CITY, MD.<br>TEL: 410-465-0400 FAX: 410-465-0489 |               |
| DATE: 11-01-95  | PROJ. NO.:    |  |               |
| SCALE: AS SHOWN | SHEET. 1 OF 2 |  |               |
| DESIGNED: JER   | CHECKED: MLL  | DRAWN: JER   | APPROVED: MLL |

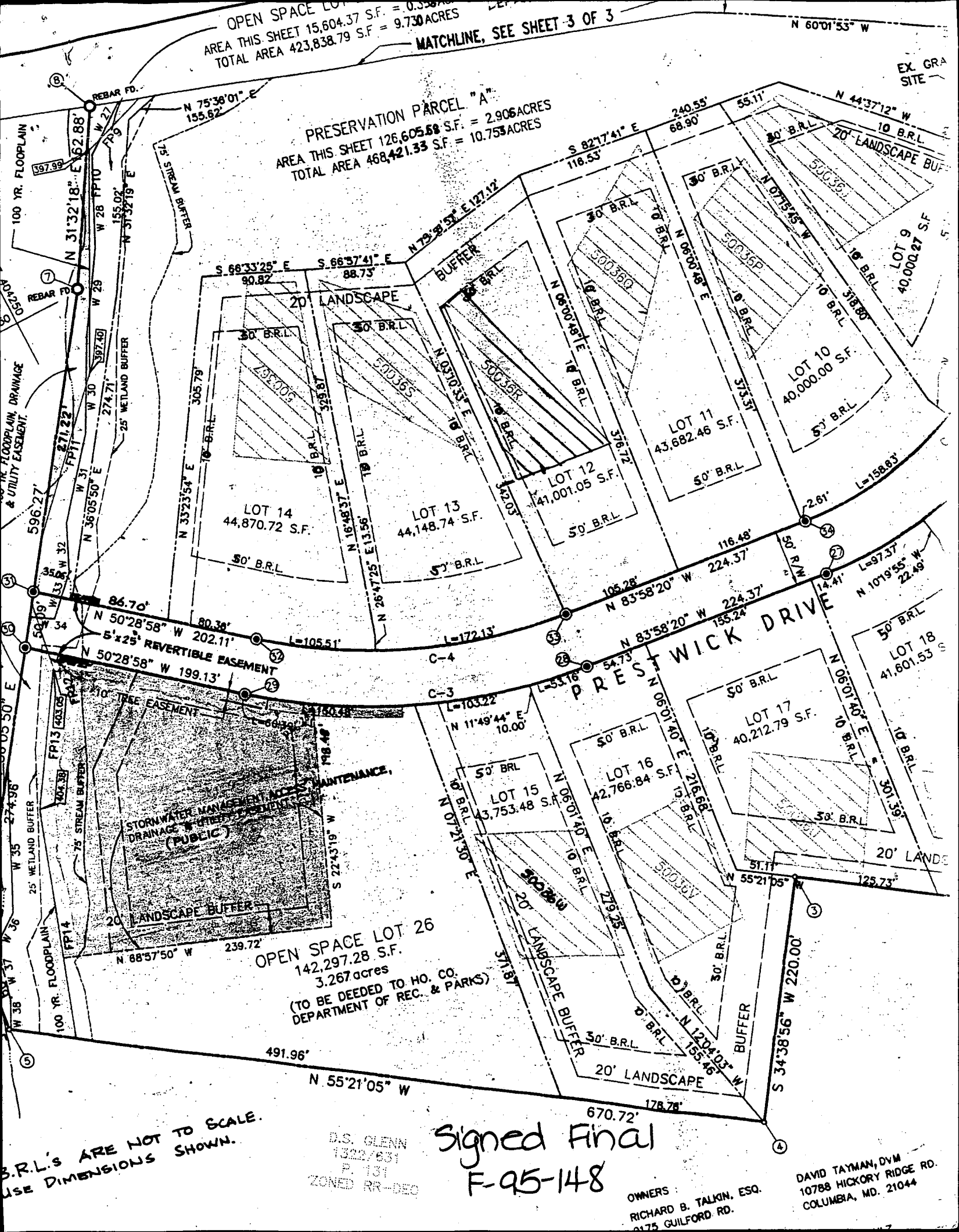
OPEN SPACE LOT 26  
 AREA THIS SHEET 15,604.37 S.F. = 0.358 ACRES  
 TOTAL AREA 423,838.79 S.F. = 9.730 ACRES

MATCHLINE, SEE SHEET 3 OF 3

N 60°01'53" W

EX. GRA SITE

PRESERVATION PARCEL "A"  
 AREA THIS SHEET 126,605.68 S.F. = 2.906 ACRES  
 TOTAL AREA 468,421.33 S.F. = 10.753 ACRES



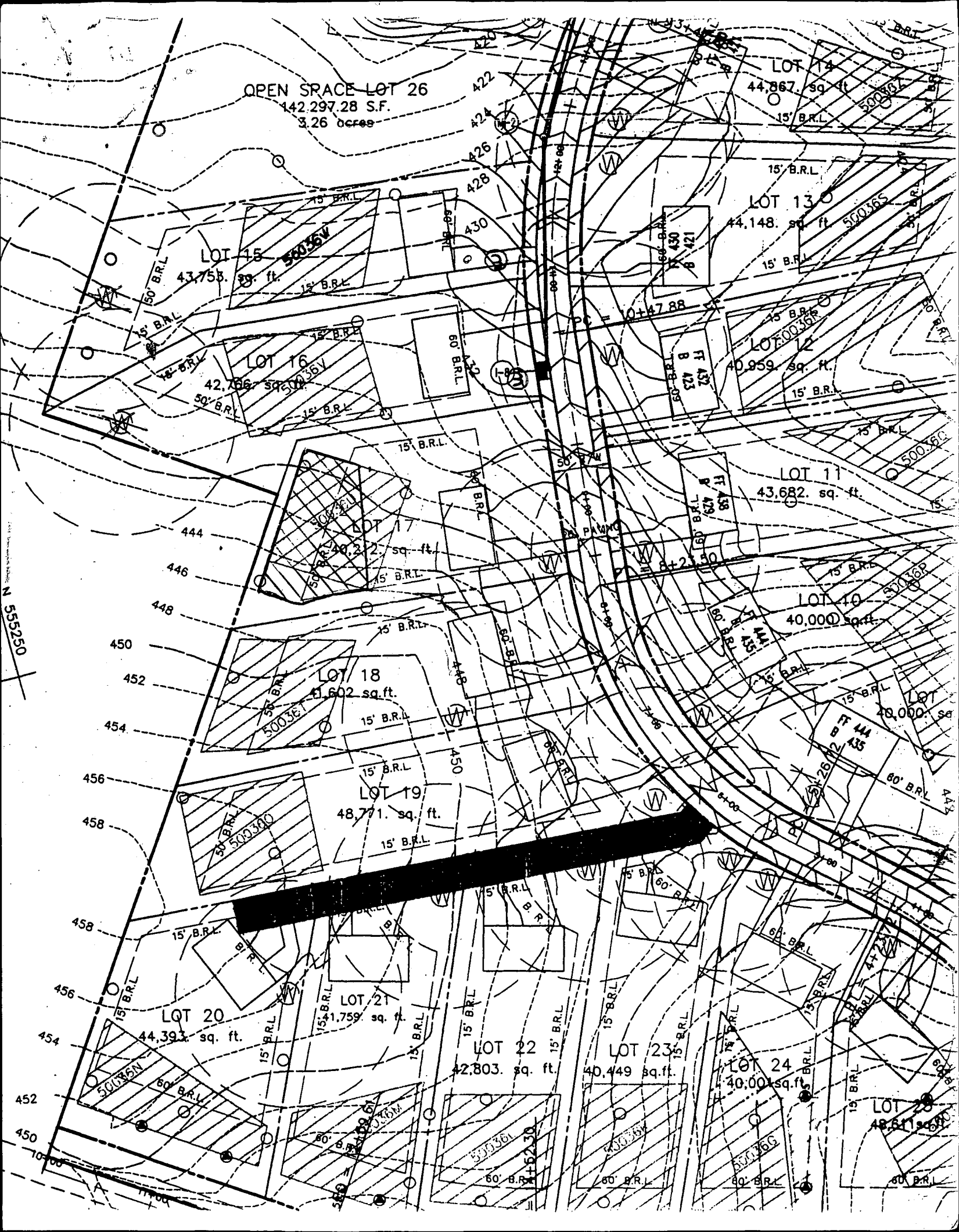
B.R.L.'s ARE NOT TO SCALE.  
 USE DIMENSIONS SHOWN.

D.S. GLENN  
 1322/831  
 P. 131  
 ZONED RR-DEO

Signed Final  
 F-95-148

OWNERS:  
 RICHARD B. TALGIN, ESQ.  
 9175 GUILFORD RD.

DAVID TAYMAN, DVM  
 10788 HICKORY RIDGE RD.  
 COLUMBIA, MD. 21044





**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

1B00116460

Building Address 6452 Prestwick Dr  
CLARKSVILLE MD 20099  
 Suite/Apt. #: N/A SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6051.01 Subdivision WINDY KNOLLS  
 Section N/A Area N/A Lot 15  
 Tax Map 3A Parcel 8A Grid 17  
 Zoning RR-DEO Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Mark Shaughness  
 Address 6452 Prestwick Dr  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone 410-854-7238 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Dennis Wheeler  
1127 Wiseburg Rd. Whitehall, Md  
21161  
 Phone 410-357-5316 Fax \_\_\_\_\_

Existing Use single family dwelling  
 Proposed Use Sun Deck  
 Estimated Construction Cost \$ 14,000.00  
 Description of Work Deck + Screen Porch  
18x12 Deck (open) w/ steps  
14x18 Screen Porch

Contractor Company Moderna Designs  
 Contact Person Dennis Wheeler  
 Address 712 Maplehurst Ln  
 City Moxton State Md Zip Code 21111  
 License No. 28046  
 Phone 410-357-9992 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 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 DESCRIPTION - RESIDENTIAL**

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

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____  | Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private  |
| 1st floor: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private   |
| 2nd floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Basement: _____   | Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br>Other: _____  |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____   | _____ State Certified Modular<br>_____ Manufactured Home   |
| Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____   |  |

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.

Dennis Wheeler  
 Applicant's Signature  
Moderna Designs  
 Title/Company

Dennis Wheeler  
 Print Name  
3/4/99  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
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| AGENCY   | DATE   | SIGNATURE APPROVAL    |
|--|--|-----------------------|
| Land Development, DPZ                                    |  |                       |
| State Highways   |  |                       |
| Building Official  |  |                       |
| Dev. Engineering, DPZ                                    | <u>3/3/99</u>  | <u>Mark E. Paffen</u> |
| Health   |  |                       |
| Fire Protection  |  |                       |
| Is Sediment Control approval required prior to issuance? | YES <input type="checkbox"/> NO <input type="checkbox"/> |                       |
| CONTINGENCY CONSTRUCTION START:                          | <input type="checkbox"/>                                 |                       |
| ONE STOP SHOP:   | <input type="checkbox"/>                                 |                       |

| DPZ SETBACK INFORMATION  | PROPERTY ID#:             |
|--|---------------------------|
| Front: _____   | Filing fee \$ _____       |
| Rear: _____  | Permit fee \$ _____       |
| Side: _____  | Excise tax \$ _____       |
| Side St.: _____  | Sub-total paid \$ _____   |
| All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | Add'l permit fee \$ _____ |
| Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____       |
| Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____      |
| Lot Coverage for NewTown Zone _____  | Check # _____             |
| SDP/Red-line approval date _____   | Validation # _____        |
| Accepted by _____  |                           |

| SETBACKS: |     |
|-----------|-----|
| REAR PL.  | 10' |
| SIDE PL.  | 10' |
| HOUSE     | 0'  |
| SEPTIC    | 20' |
| WELL      | 30' |

PRESTWICK DRIVE  
 $R=525.00'$   $L=105.32'$

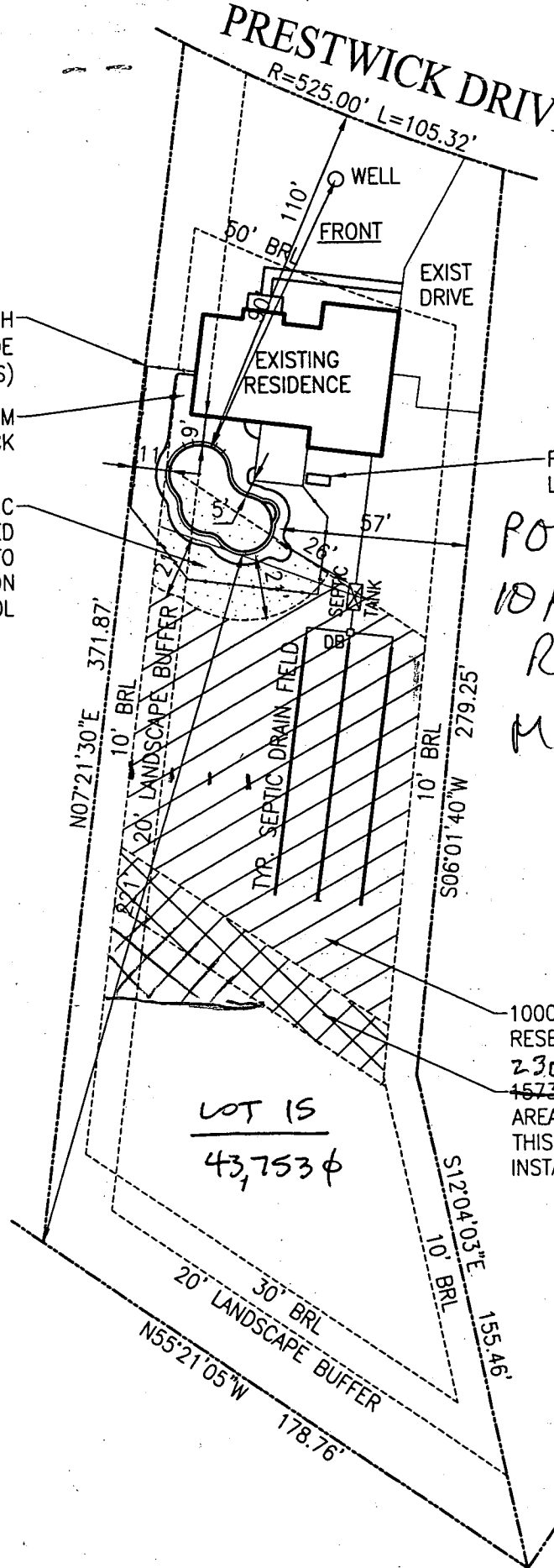
162 Ln.Ft., 48" HIGH  
WOOD FENCE TO CODE  
(BY OTHERS)

685 Sq.Ft. BROOM  
FINISH CONCRETE DECK

1495 Sq.Ft. OF SEPTIC  
RESERVE AREA TO BE REMOVED  
FROM THIS LOCATION TO  
ALLOW FOR INSTALLATION  
OF SWIMMING POOL

FILTER PAD  
LOCATION

POOL OK  
 OK +   
 REMAINS  
 MR 10/9/03



| REVISIONS: |
|------------|
| 00/00/00   |

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00044506

Building Address 6462 PRESTWICK DR.  
CLARKSVILLE MD 21029

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

Census Tract G05101 Subdivision WINDY KNOLLS

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 15

Tax Map 34 Parcel 84 Grid 1B

Zoning R2020 Map Coordinates 14D1U Lot size \_\_\_\_\_

Property Owner's Name MARIC + LISA SLAGHNESS

Address 6452 PRESTWICK DR.

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301-834-1295 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
John Keenan

Phone 410-995-6000 Fax 301-621-3331

Existing Use SFO

Proposed Use Spa/Pool

Estimated Construction Cost \$ 25000

Description of Work Install 18' x 30' INGROUND POOL IN REAR YARD. POOL TO BE FILTERED BY CARTRIDGE SYSTEM. POOL TO BE SURROUNDED BY 4" CONCRETE DECK TO CODE.

Contractor Company MARYLAND POOLS INC

Contact Person John Keenan

Address 9515 LEBANON LA. SUITE 119

City COLUMBIA State MD Zip Code 21046

License No. 66694

Phone 410-995-6000 Fax 301-621-3331

Occupant or Tenant OWNER

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 DESCRIPTION - RESIDENTIAL**

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

| Building Characteristics  | Utilities   |
|---|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>  | Water Supply: _____<br>Public _____<br>Private <input checked="" type="checkbox"/>  |
| 1st floor: _____<br>2nd floor: <u>3 x 6 1/2'</u><br>Basement: <u>DECK</u>   | Sewage Disposal: _____<br>Public _____<br>Private <input checked="" type="checkbox"/>   |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| No. of Bedrooms _____   | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____ | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____  |
| Other Structure: _____  |   |
| Dimensions: <u>18' x 30' @</u>  |   |
| Footings: _____   |   |
| Roof: <u>6/12 f</u>   |   |
| <input type="checkbox"/> State Certified Modular<br><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 Keenan  
Applicant's Signature

John Keenan  
Print Name

10/9/03  
Date

Title/Company  
MR 10/9/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
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