

04359836

LAYOUT 6/6/03 10AM INSP 4 _____

INSP 2 6/9/03 3:45pm INSP 5 _____

INSP 3 6/10/03 2pm INSP 6 _____

ISSUE DATE: 3/1/02

APPROVAL DATE: 6/10/03

PERMIT INDEXED

04359836

P 516547

A 50225-L

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Fogle's Septic Clean IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 410-795-5670

SUBDIVISION: Vineyards at Cattail Creek LOT NUMBER: 5

ADDRESS: 3567 Cattail Creek Drive PROPERTY OWNER: Mario Mannarelli

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 165' from the existing well and 37' from the the left (340.24') lot line. Run (3) trenches (70', 80', 90', ten feet apart) on contour toward the left lot line.
NOTES:	

PLANS APPROVED: MER DATE: 6/4/03

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

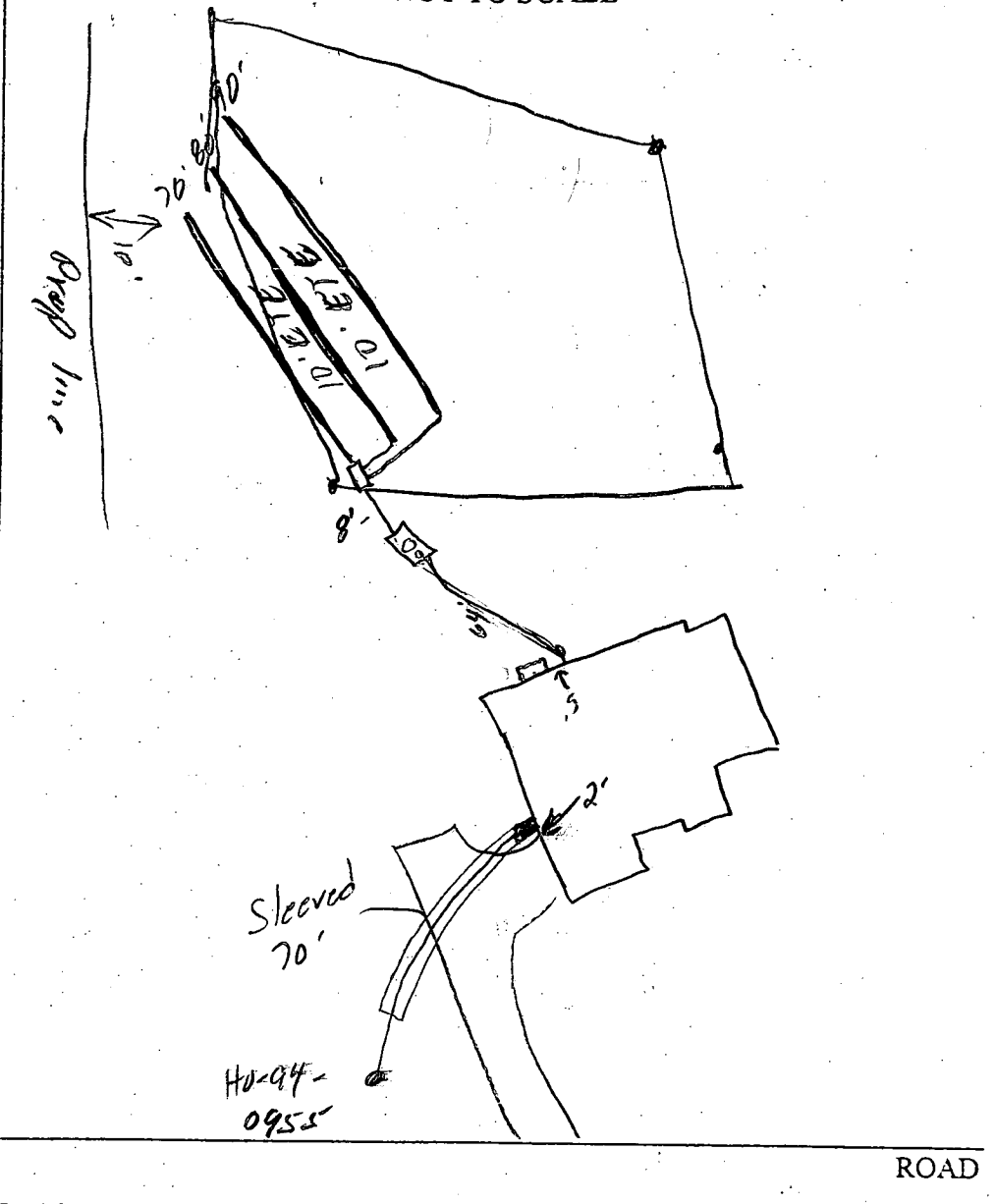
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

**BUILDING PERMIT SIGNED
AND RETURNED**

7/15/2003 B 00143861 1000 GAL UG PROPANE TANK
3/30/05 BOD 152902 - Sew Room

A 50225-L

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		726 sq ft
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	<input checked="" type="checkbox"/>
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	<input type="checkbox"/>
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 6/6/03 SBA Staked, contour a little off, trenches will probably curve, put end of 1st trench @ 10' line off prop line (SO)

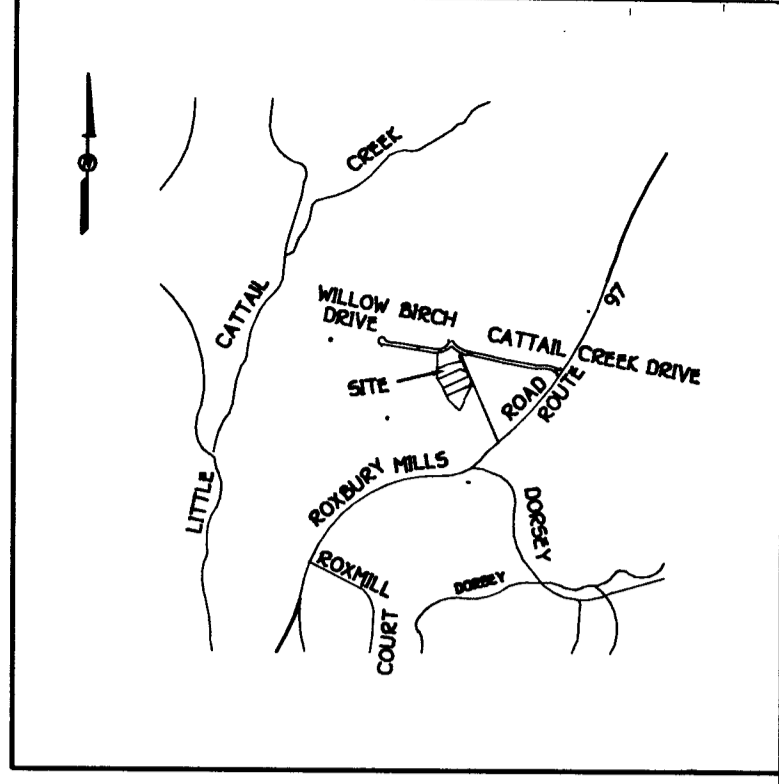
INSTALLATION 6/10/03 OK to cover all work (SO)

FINAL INSPECTOR Steve B... DATE OF APPROVAL 6/10/03

BUILDING PERMIT SIGNED AND RETURNED

PRIVATE
 PUBLIC WATER AND PRIVATE SEWERAGE SYSTEMS,
 HEALTH DEPARTMENT.
 OFFICER _____ DATE _____

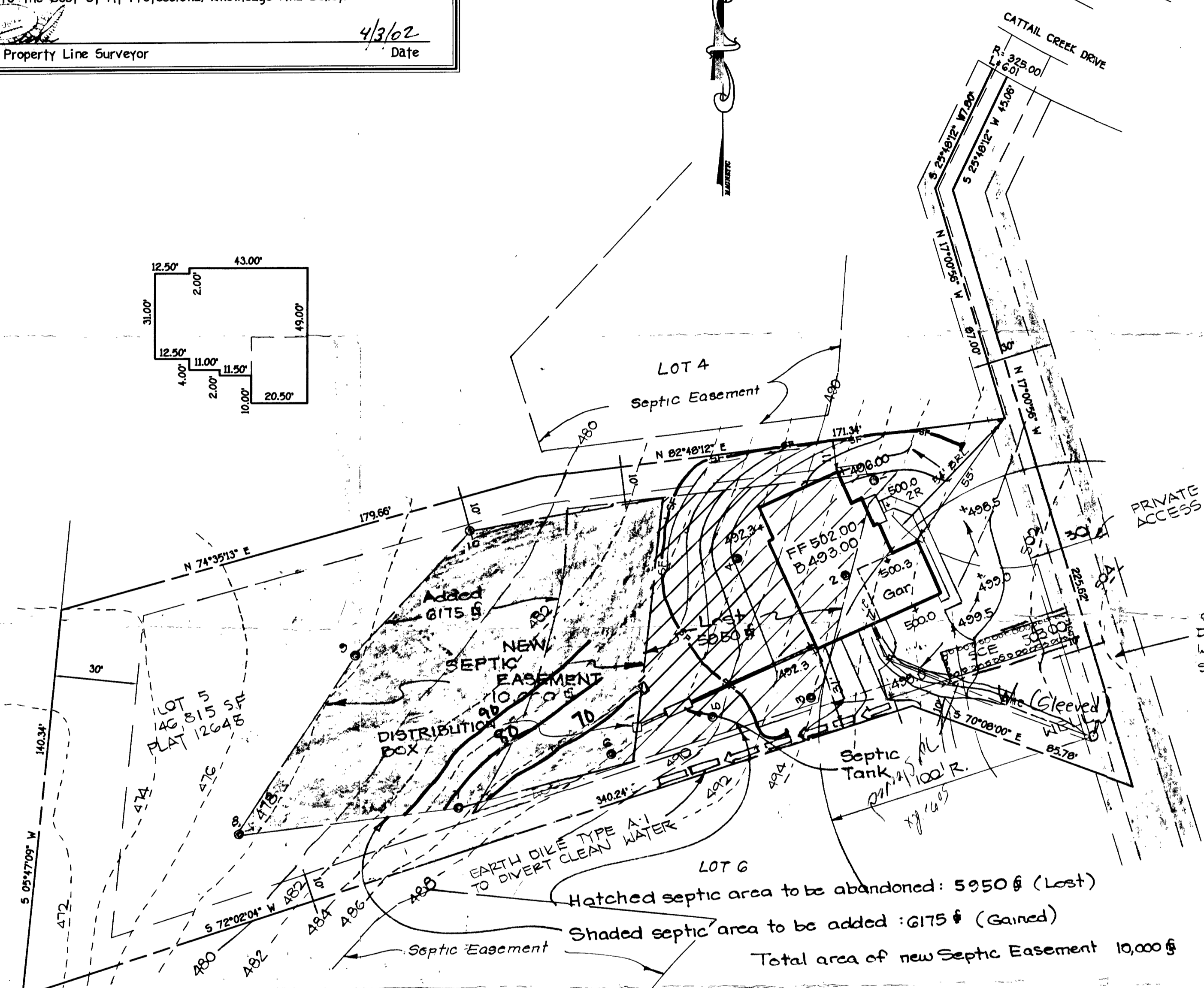
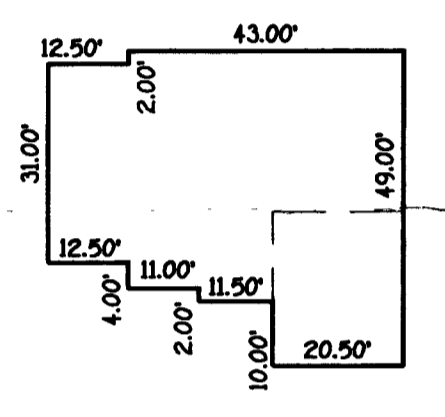
Measurements Shown Hereon Are Based On Field Locations Done Under My Direct
 Control, To The Best Of My Professional Knowledge And Belief.
 _____ 4/3/02
 Surveyor Or Property Line Surveyor Date



VICINITY MAP
 SCALE: 1"=1200'

- GENERAL NOTES**
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
 2. PROPOSED 1500 GALLON SEPTIC TANK
 3. A. FIRST FLOOR ELEVATION: 502.0
 B. BASEMENT ELEVATION: 492.0
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 491.00
 D. INVERT IN AT SEPTIC TANK: 484.30
 E. INVERT OUT AT SEPTIC TANK: 484.00
 F. PROPOSED GRADE OVER SEPTIC TANK: 487.50
 G. INVERT AT DISTRIBUTION BOX: 485.50
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 484.00
 4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
 5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
 6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

*Approved Septic System Plan
 Howard County Health Department*
Sheet for building permit
*approval OK. Submit original for signature
 E. revisions as shown.*
E. Sherrin



GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
4. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
5. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL.
6. BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.

BUILDER:
 MARIO MANNARELLI
 2929 SUMMIT CIRCLE
 ELLICOTT CITY, MD.
 21043



GP-02-32
 PLAN TO ACCOMPANY APPLICATION FOR
 BUILDING PERMIT
**VINEYARDS AT CATTAIL CREEK
 LOT 5**

TAX MAP 21 PARCEL 2 AND 220 GRID 8
 FOURTH ELECTION DISTRICT HOWARD COUNTY MD.
 SCALE 1"=30' AUGUST 2001

RECEIVED
 APR 05 2002
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH

**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: Michael P. Gutland Inc Telephone #: (410) 549-1755
Address: 6984 Runhles Rd
Mt. Airy MO 63771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation.

Name (Print): Michael Gutland License# 6353

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

Name of Property Owner: MARIE MANNARELL Telephone #: 910 461 2278
Subdivision: VENEYARDS @ CATAWBA CREEK Lot #: 5 Well Tag #: HO-
Site Address: 2567 CATAWBA CREEK DR.

Submersible Pump Data

Make: JOZZUOLI
Model #: 254712DS210
Pump Capacity: 7 GPM
Well Yield: 7 GPM

Pitless Adapter
Make: NAISJUL
Model #: DT 400
Depth: 42 (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit
Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.3
Torque wrenches, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 20
Sleeve caulked and sealed properly: YES

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: Michael Gutland date: 4/5/04

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

Date Insp. Requested: Date Insp. Approved: 6/6/03 Inspector: SO BB

- Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

C1 7862 SEQUENCE NO. (MDE 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 **A50225LL**

ST/CO USE ONLY
 DATE Received
 1/21/76

DATE WELL COMPLETED
 110696

Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0-94-0955

OWNER **MANNARELLI INC**
 STREET OR RFD **CATTAIL CREEK DR** TOWN **GLENWOOD**
 SUBDIVISION **VINEYARDS AT CATTAIL CREEK** SECTION _____ LOT **5**

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	
Overburden Granite	0	15	
	15	300	x

water was encountered at 170'

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT C M BENTONITE CLAY B C
 NO. OF BAGS **5** NO. OF POUNDS **500**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **20**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 S T STEEL B R BRASS BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED Y 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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. **399**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MSD017**
 Robert Price

C2
 DEPTH (nearest ft.)
 1 H0 20 300
 2
 3
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **4.0**
 METHOD USED TO MEASURE PUMPING RATE: **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30** ft.
 WHEN PUMPING **120** 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 WILL INSTALL 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } _____ (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)
 NA

B 1 **8413** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

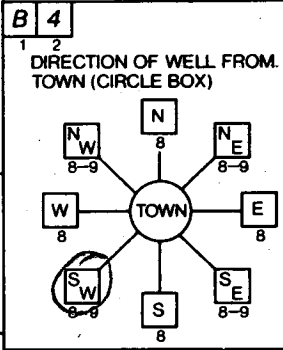
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-94-0955
 fill in this form completely

Date Received (APA) **10/17/96**
OWNER INFORMATION
MARIO MANNABELLI INC
 Last Name Owner First Name
2929 SUMMIT CIRCLE
 Street or RFD
ELLCOTT CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
VENARDS AT CATAIL SUBDIVISION
 SECTION **5** LOT **5**
GREENWOOD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Paul M. Fabiszak
 Driller's Name License No. **399**
G. Edgar Harr Sons' Corp.
 Firm Name
12047 Falls Road Cockeysville 21030
 Address
Paul M. Fabiszak Signature **10-1-96** Date



Willow Birch DR. NEAR WHAT ROAD
CATAIL CREEK DR
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
215' DISTANCE FROM ROAD
 ENTER FEET OR MI **AT**
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

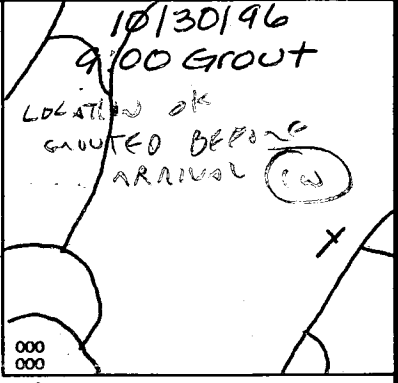
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
13-AS022544 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **10/15/96** INSERT S
Ag. Wilson CO SIGNATURE **10/17/96** EXP. DATE
 NORTH GRID **522000** EAST GRID **0787000**

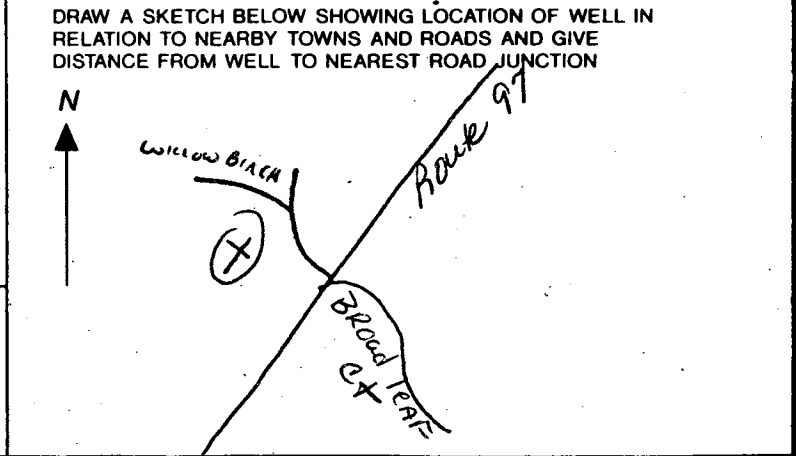
APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **780**
 N **520**



REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____
 FORCE **CA** WRITE INITIALS IN BOX PERMIT No. **H0-94-0955**

N 170216.910
(METRIC)
N 504700

E 396210.316
(METRIC)
E 1299900



CATTAIL CREEK COUNTRY CLUB
SECTION 2
PLAT No. 11050
RC-DEG

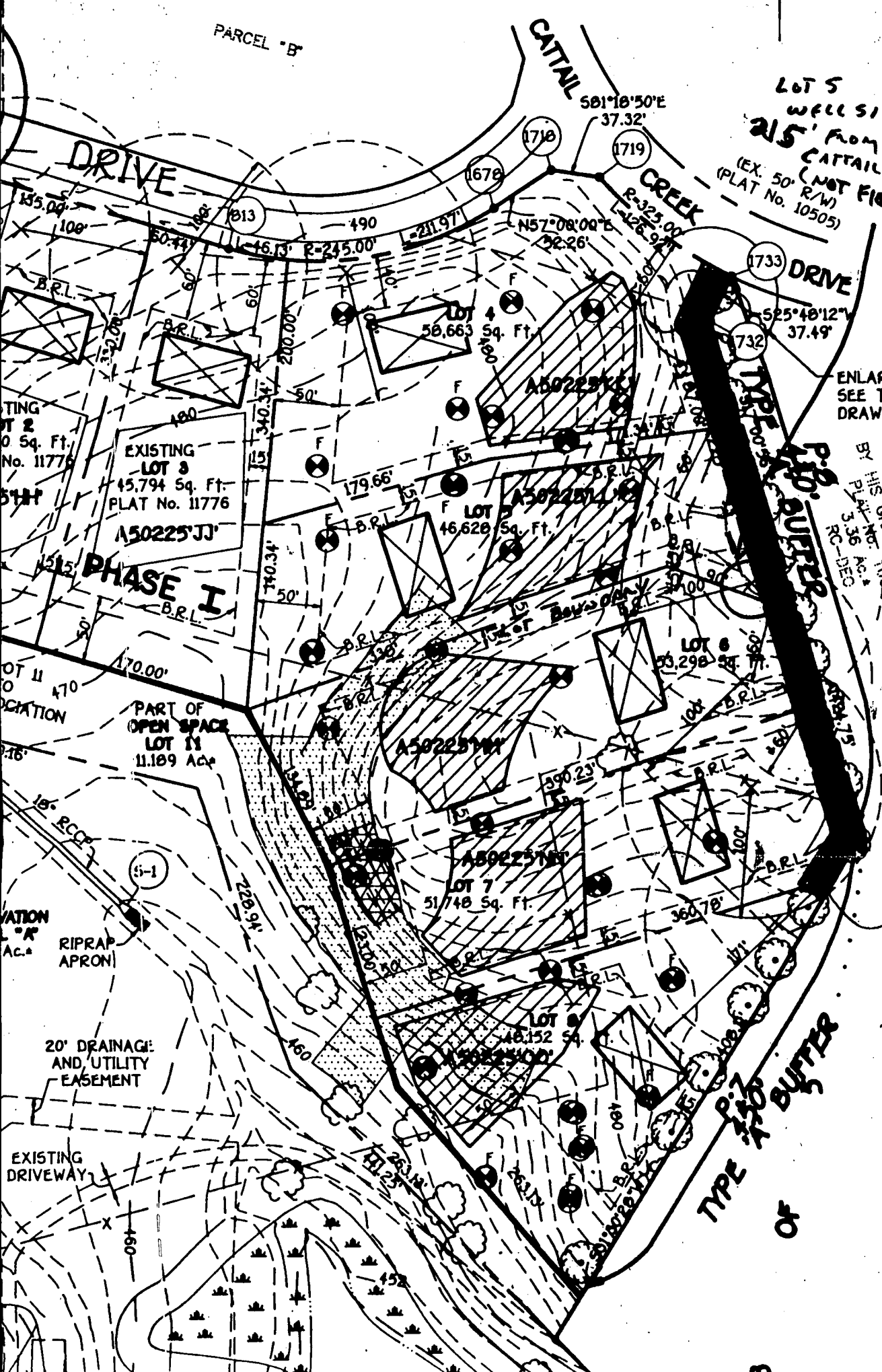
PARCEL "B"

LOT 5
WELL SITE OK

215' FROM
CATTAIL CREEK DR.
(EX. 50' R/W)
(PLAT No. 10505)

10/15/96

(NOT FIELD INSPECTED)
C. Williams



ENLARGEMENT
SEE THIS
DRAWING

BY HIS GRACE FARMWAYS
PLAT No. 10674
RC-DEG

LOT 5 FOR SCALES AND
SECTION FOR LANSING
0 DWP, 7 C.G. AND 5

TYPE "A" BUFFER
OF

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 Marzo Mannarelli fax 410-461-2278

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Vineyards at Cattail Creek LOT NO. 5

ROAD AND DESCRIPTION common drive off Cattail Creek Dr

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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 _____

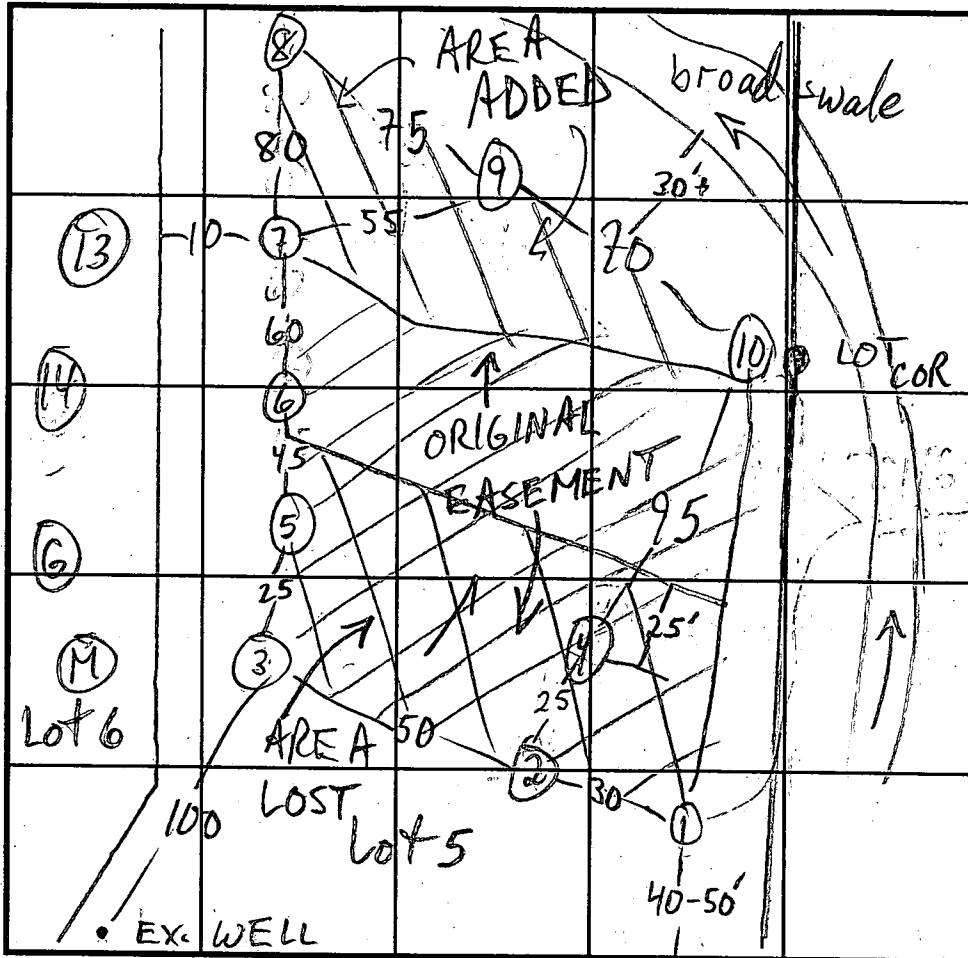
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

DOWN HILL
 0' orge brn sidlm
 4' tan gray sand 20-25% frags
 10-12 1/2' HARD BOT



SOIL PROFILE

0' G
 3' orge brn saclm
 14' brn saalm
 20%± frags
 13' >50%± frags
 14' HARD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 COMMON DRIVE

TO CATTAIL CREEK DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/8/2002	1-3	2 1/2 - 4	REFUSAL		ALL FAIL		
	4 V	12 1/2	MOST SOILS OK, BUT		MOVE 25' DOWN (Rx)		
	5 V	10	MOST SOILS OK, BUT		MOVE 25' DOWN (Rx)		
	6 V	13 1/2	OK	see profile			
	7 V	13	OK	see profile			
	8 V	11 1/2	OK	see profile			
	9 V	12	OK	see profile			
	10 V	12 1/2	OK	see profile			
10/2001	M, 13, 14 V	3-10	UNACCEPTABLE Rock		3-6 ± FAIL		
by B. Baker	6 V	14	OK	see profile			

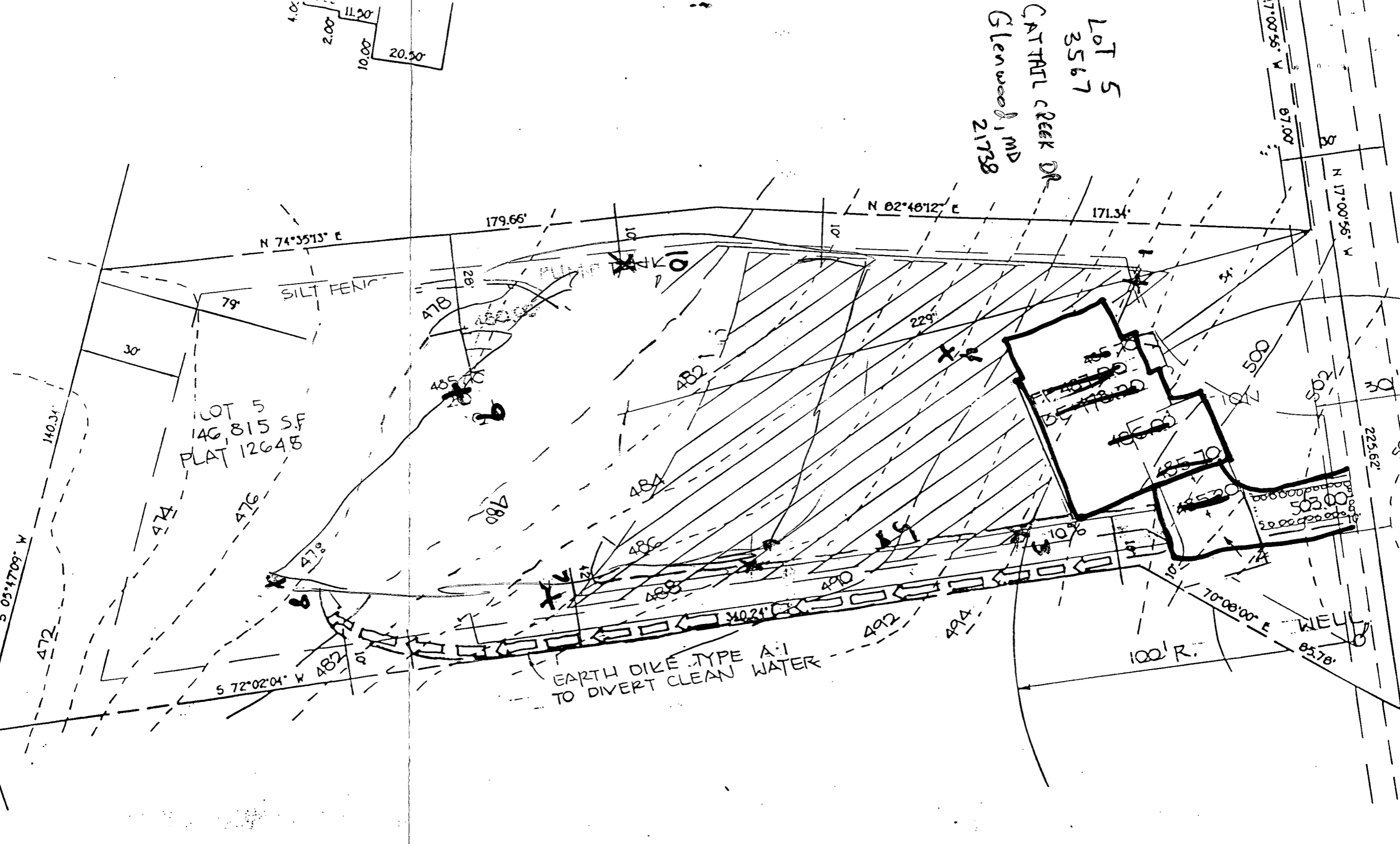
REMARKS UPHILL PART OF PLATTED ESMT LOST; MAINTAIN 25' TD
 TYPE OF SOIL HOLES (4)(5)
 TESTED BY M. Rippen ALSO PRESENT Mario M. buyer, Mike J.
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

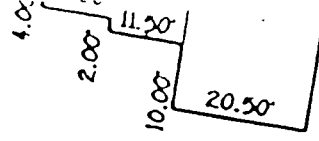
brn sidlm
 4' tan gray saalm
 10% frags w/pockets @ 25-30% frags
 13-13 1/2' HARD BOT
 orge brn sidlm
 5-5 1/2' gray tan brn saalm
 10% frags
 11 1/2-12 1/2'

LOT 5
3567
CATTAIL CREEK DR
Glenwood, MD
21738

LOT 5
146,815 SF
PLAT 12648

EARTH DIKE TYPE A:1
TO DIVERT CLEAN WATER

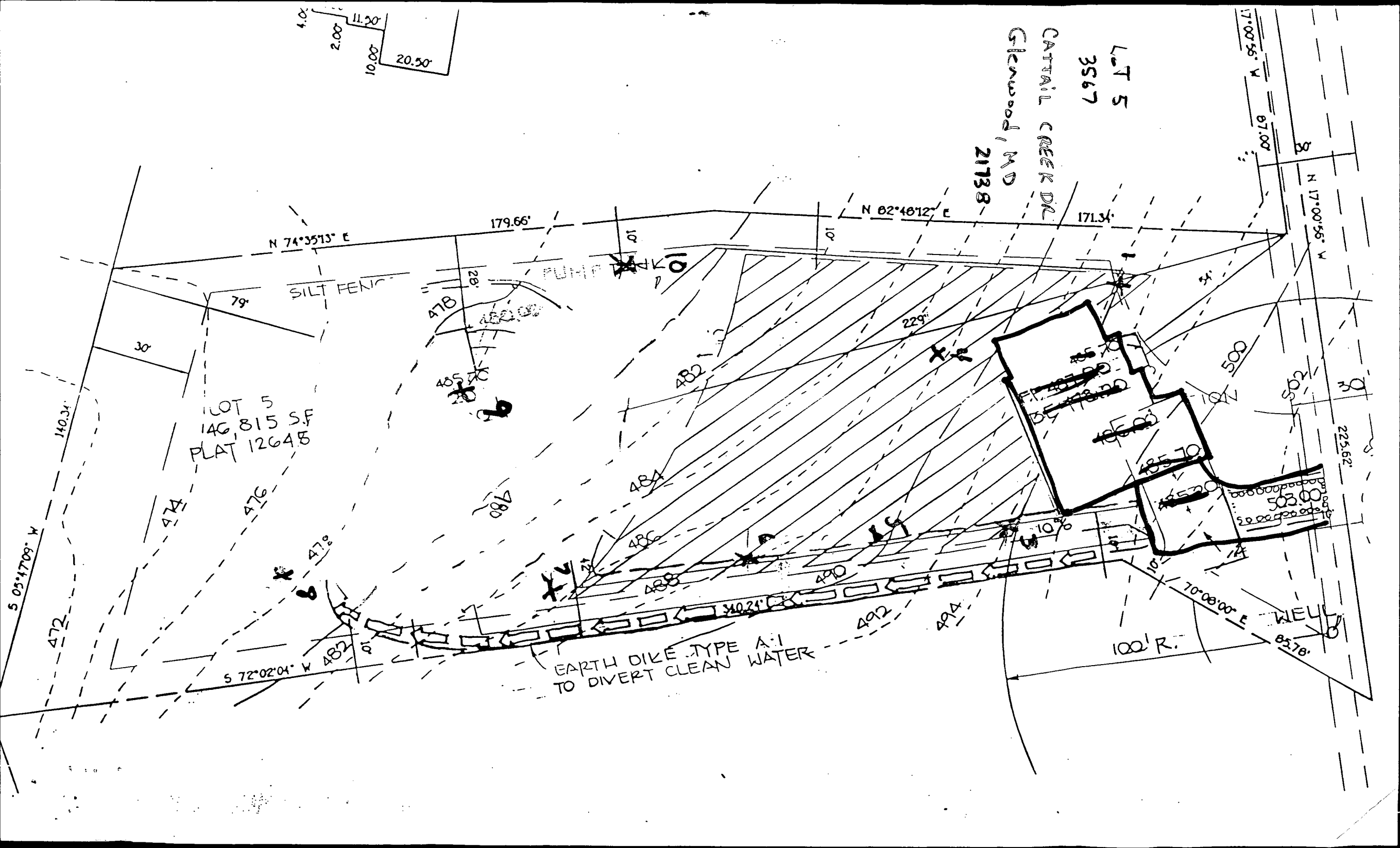




LOT 5
3567
CATTAIL CREEK DR
Glenwood, MD
21738

LOT 5
146,815 SF
PLAT 12648

EARTH DIKE TYPE A:1
TO DIVERT CLEAN WATER



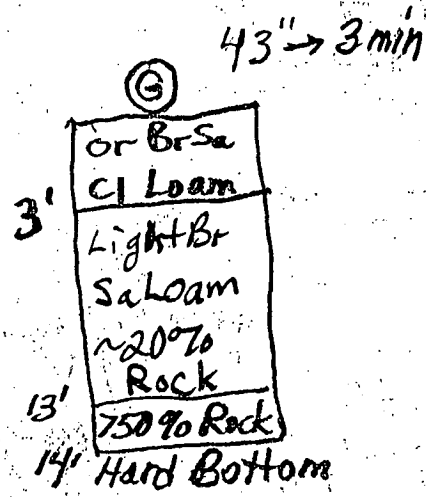
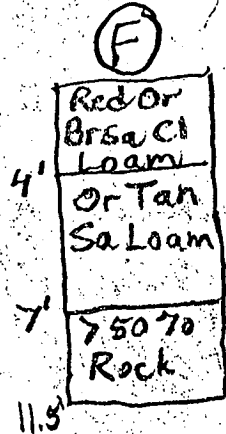
Mark, 3/19/02
Mario Mannarelli
dropped off what
appears to be the
field located holes
for Vineyard Lots,

SRK

OF 1
 RACE FAIRWAYS
 NO. 10624
 5.36 Ac.
 RC-DEC

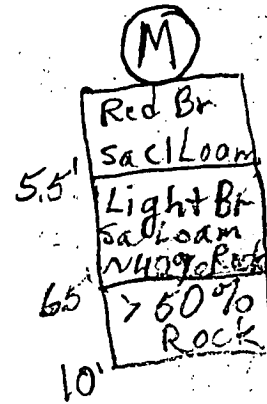
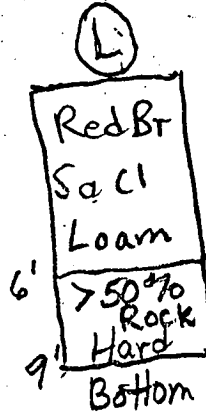
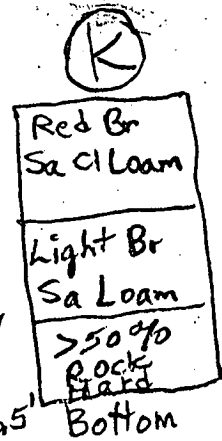
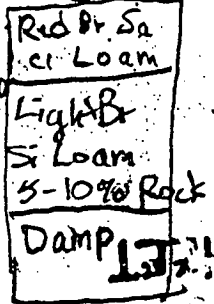
ONLY 2' 2"
 SLOPE FOR GRADES &
 SLOPE FOR LANDSCAPE

UFFER

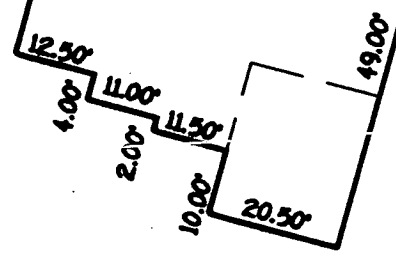


13, 14 Rock @ 3-4

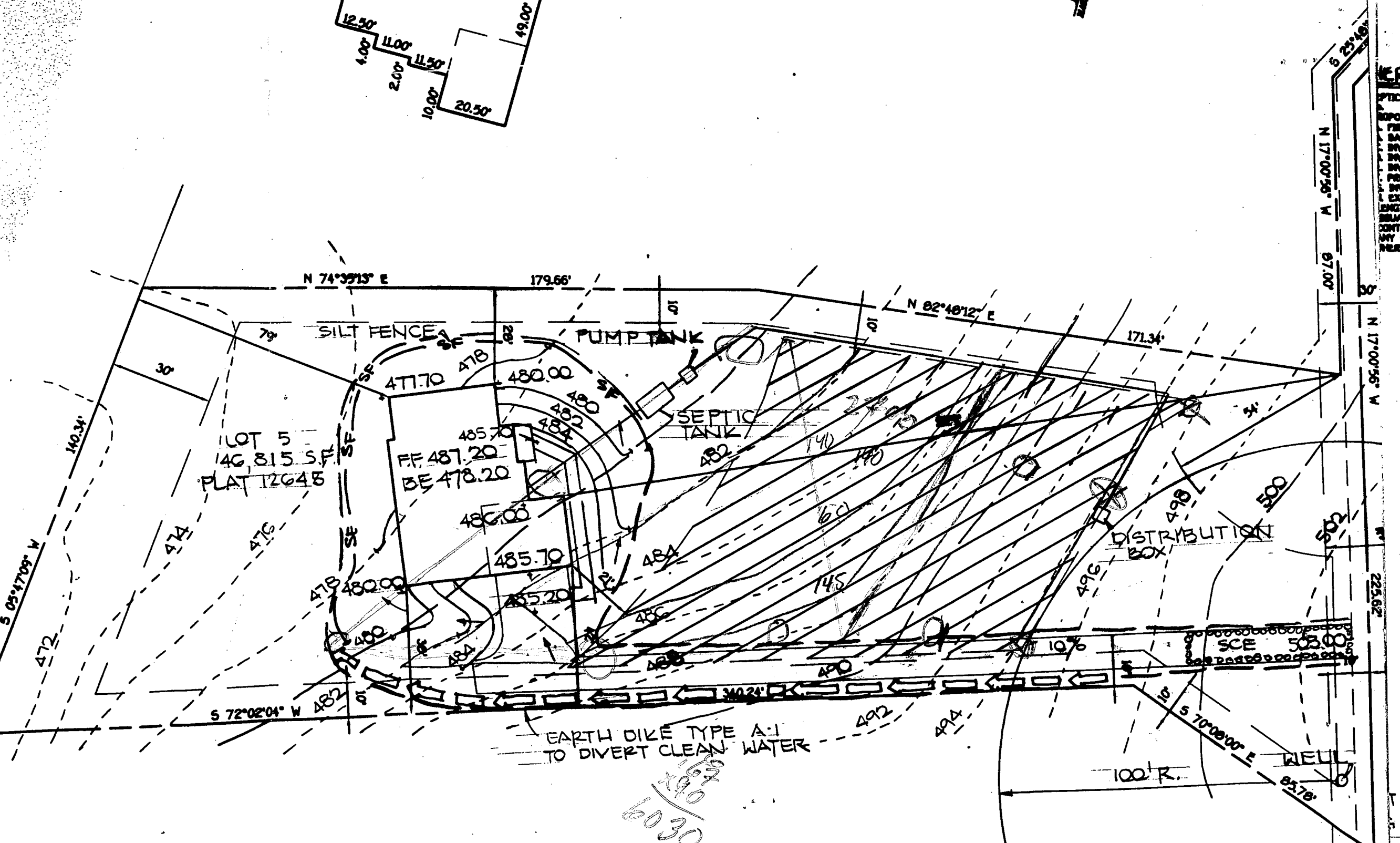
2.96



EXISTING POND TO REMAIN
 AND BE UPGRADED TO
 HOWARD COUNTY AND STATE
 STORMWATER MANAGEMENT
 STANDARDS



SCALE
AS SHOWN
BY THE
DIMENSIONS
ON THIS
DRAWING
DATE
10/10/20



EARTH DIKE TYPE A-1
TO DIVERT CLEAN WATER

6030
10/10/20

100' R.

WELL

225.62'

N 17°00'56\"/>

N 17°00'56\"/>

N 17°00'56\"/>

85.78'

A 50 225 LL

SUBDIVISION: VINEYARDS AT C.C. LOT NUMBER 5

STREET NAME: CATTAIL CREEK DRIVE

AVERAGE PERCOLATION RATE: _____ SQUARE FEET PER BEDROOM: 270

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 80

TOTAL LINEAR FEET OF TRENCH: 320 * Install septic system before B Release

SEPTIC TANK CAPACITY: 1250 GALLONS
TOP SEAMED

DPT 2/28/02

TRENCH DIMENSIONS

Trench to be 3 feet wide. Inlet 2-3' acceptable feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe. *56' rates at 2-4 1/2, better rates but rock deeper*

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL

1250 Gallon pump chamber: top seamed center seamed

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system

LOCATION: FROM THE END OF THE PIPESTEM ACCESS,
PLACE THE DISTRIBUTION BOX 40' DOWN THE RIGHT (171')
LOT LINE AND 15' OFF THAT LOT LINE. TRENCHES TO
FOLLOW CONTOUR TOWARD LEFT SIDE OF LOT.

ADDITIONAL NOTES: SYSTEM TO BE INSTALLED PRIOR TO BUILDING PERMIT
APPROVAL; INSTALLATION TO BE PAGESCHEDULED SO THAT SANITARIAN
IS ON-SITE DURING TRENCH EXCAVATION.

Reviewer: Craig Wells Date: 1/30/97

APPLICATION

PERCOLATION TESTING

A 50225LL

P _____

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

DISTRICT _____

DATE _____

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 Mario Mannarelli

ADDRESS C/o Land Design + Development
12805 Hickory Ridge Rd PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Darin Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Vineyards at Cattail Creek LOT NO. 532

ROAD AND DESCRIPTION Route 97

TAX MAP 21 PARCEL # 2,132,220 + 211

SIZE OF LOT 1 ± 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. Myal 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

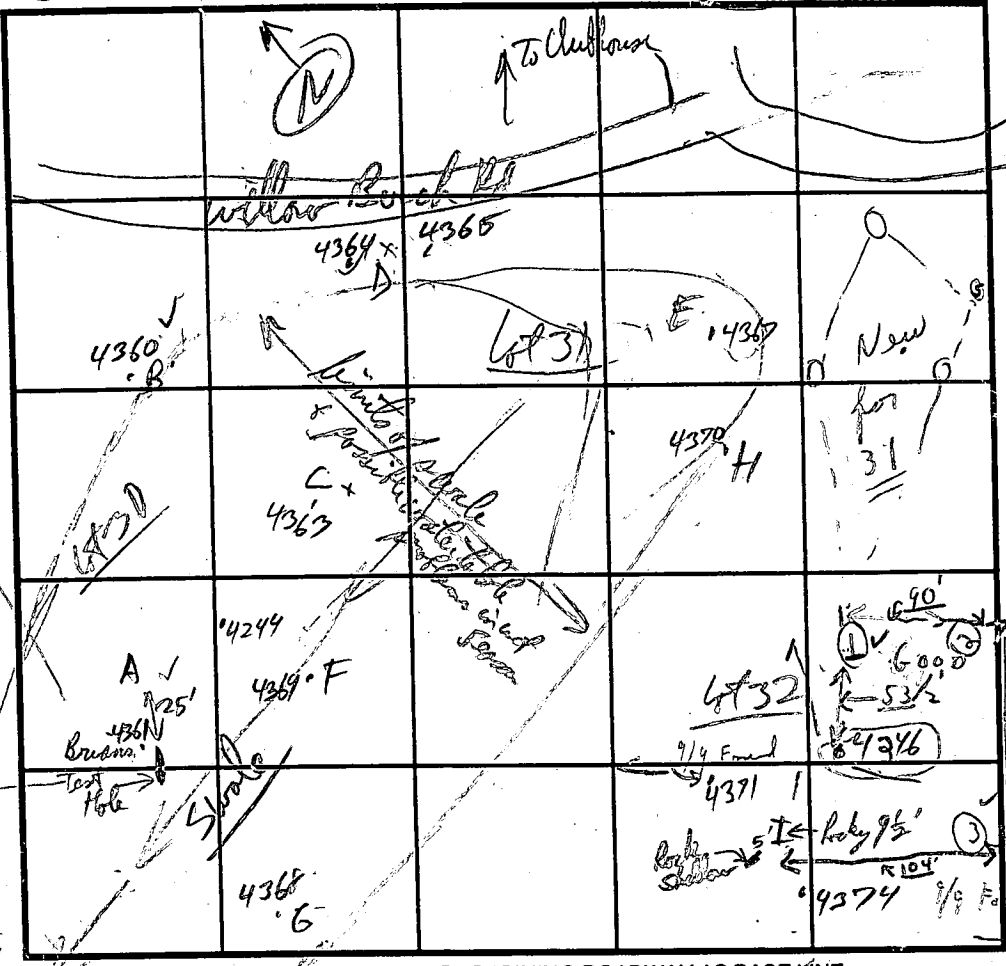
Lot 32 A50225LL

Now 34

COUNTY #
SOIL PROFILE
0' Hbl H
10' Dark Brn CL
20' Topsoil
24' Red Brn CL
30' Red Brn CL
34' Red Brn CL
38' Lighter Neutral Gray Brn with SL
42' F

2 1/2' Dark Brn Topsoil
4 1/2' Yellow mottled & gray mottled SCL platy
6 1/2' Gray dense Micah-SCL & primitive structure
8 1/2' Red Brn & Dark Brn mottled brittle
10' Lm-C Sbk
Dark Brn Micah

6
Some on Hole H
H-CL on top
Moist
Micah SL yellow
Concl gray mottled & moist



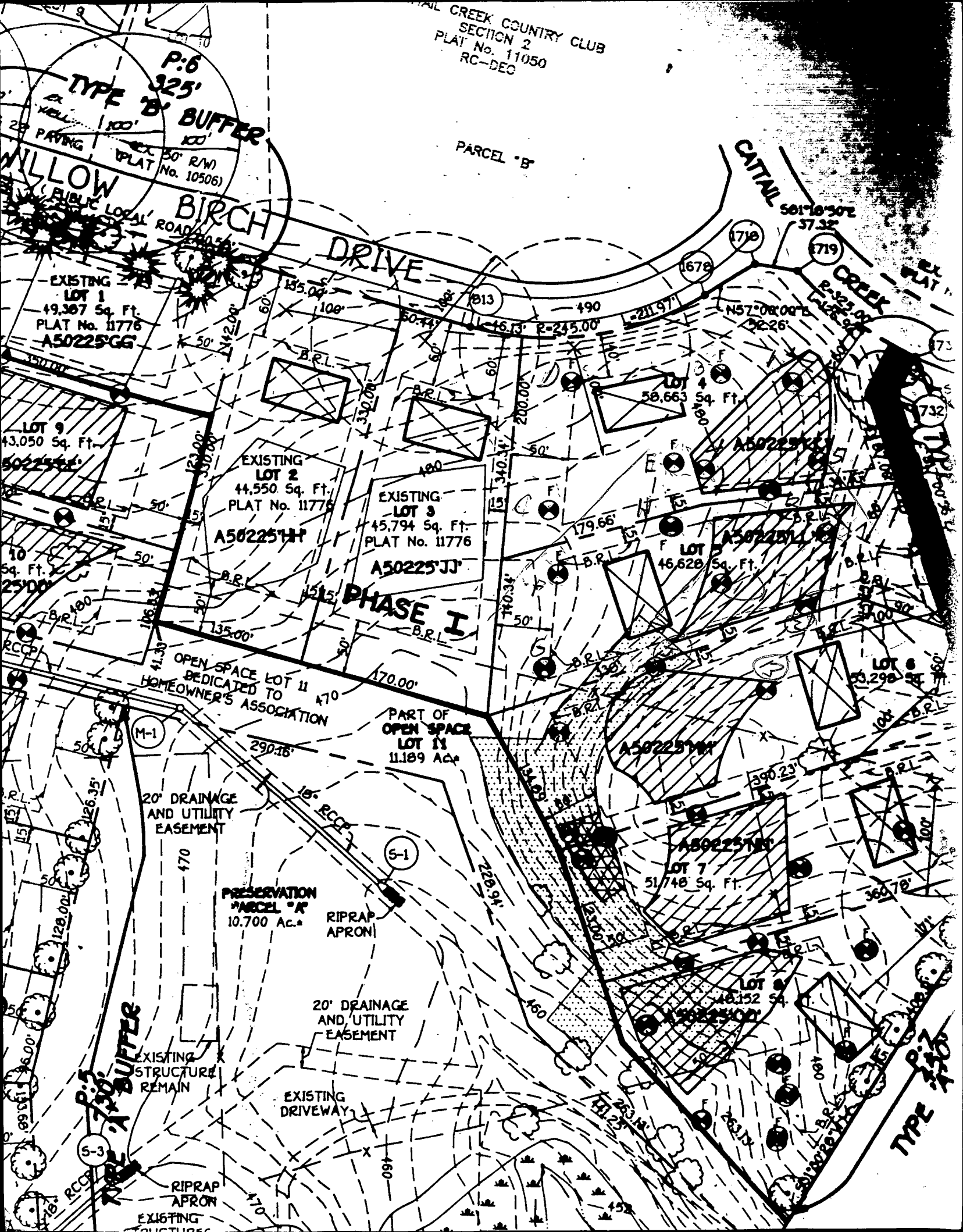
SOIL PROFILE
0' Hbl H
5-6' Stony
Stony pale gray & Micah Brn SL
- micah SL
Rocks are black gray breccia.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/30/94	H	v10 4'	11:17:30	11:25:15			pullled less than 1/2" movement	
*	4369 F	v10' 4'	11:28:40	11:32:30	4 holes	4' ends	contact	
*	4368 G	v11' 4'	11:38:30	11:39:15	11:39:15	11:45:00	5 1/2' m	
9/1/94	4371 I	v9 1/2' 3 1/2'	11:47:30	11:52:00	11:52:00	12:03:30	5 1/2' m	
			Stony (6'-2' stony) - dig in better site					
9/9/94	① C	4 1/2'	2:13	2:14	2:14	2:16	2 m	
	②	9'-10"	LOAM					
	③	4 1/2'	2:21	2:24	2:24	2:28	4' m	
	See above	8 1/2"	Sandstone 40% dot @ 5 1/2' down					
	④	4'-3" 9'-10"	2:30	2:31	2:31	2:33	1 1/2' m	

REMARKS * Need wet sensor testing - Nottles (Hbl Fredonia blenville)
 TYPE OF SOIL bleached brown
 TESTED BY Frank Kelly ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____
 (shallow) depth 4' - maximum depth to 5 1/2'

TRAIL CREEK COUNTRY CLUB
SECTION 2
PLAT No. 11050
RC-DEC



P:6
TYPE 'B' BUFFER
325'

PARCEL 'B'

WILLOW BIRCH DRIVE
PUBLIC LOCAL ROAD
PLAT No. 10506

CATAL CREEK
501°18'30"E
37.32'

EXISTING LOT 1
49,367 Sq. Ft.
PLAT No. 11776
A50225GG

LOT 9
43,050 Sq. Ft.
A50225EE

EXISTING LOT 2
44,550 Sq. Ft.
PLAT No. 11776
A50225HH

EXISTING LOT 3
45,794 Sq. Ft.
PLAT No. 11776
A50225JJ

LOT 4
58,663 Sq. Ft.
A50225KK

LOT 5
46,628 Sq. Ft.
A50225LL

PHASE I

OPEN SPACE LOT 11
DEDICATED TO
HOMEOWNER'S ASSOCIATION
470

PART OF
OPEN SPACE
LOT 11
11.189 AC±

LOT 6
53,298 Sq. Ft.
A50225MM

20' DRAINAGE
AND UTILITY
EASEMENT

PRESERVATION
PARCEL 'A'
10.700 AC±

RIPRAP
APRON

20' DRAINAGE
AND UTILITY
EASEMENT

EXISTING
DRIVEWAY

RIPRAP
APRON

EXISTING
STRUCTURE

TYPE 'A' BUFFER
750'

SP. 96.11

SHEET

ENLARGEMENT
SEE THIS
DRAWING

BY HIS GRACE FAIRWAYS
PLAT No. 10624
3.36 AC.
RC-DEC

9 CMV E.O.'S
SHOW HOW SEVERAL CMV
STATIONS WERE LOCATED

50' R/W
(PLAT No. 10505)

DRIVE

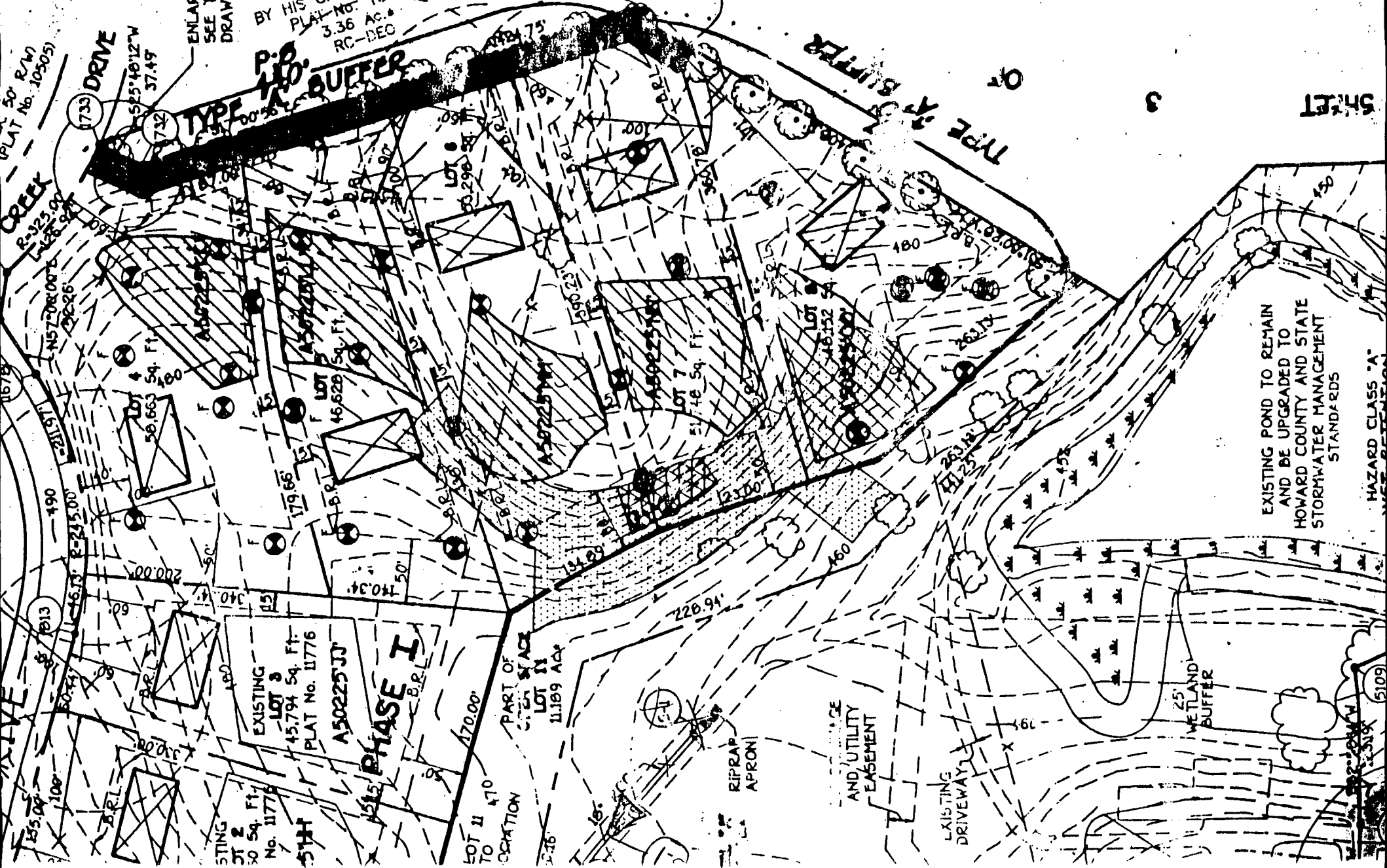
CREEK

TYPE A BUFFER

TYPE A BUFFER

EXISTING POND TO REMAIN
AND BE UPGRADED TO
HOWARD COUNTY AND STATE
STORMWATER MANAGEMENT
STANDARDS

HAZARD CLASS "A"
WATER RETENTION



155.00'

1100'

155.00'

190

1913

1913

1913

1913

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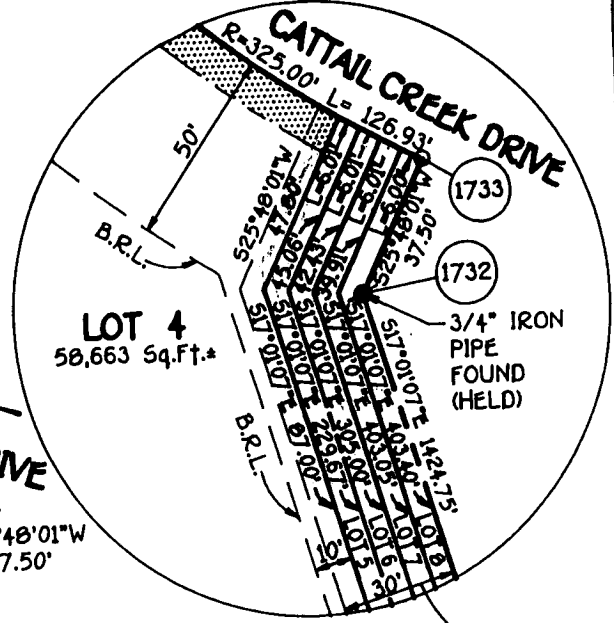
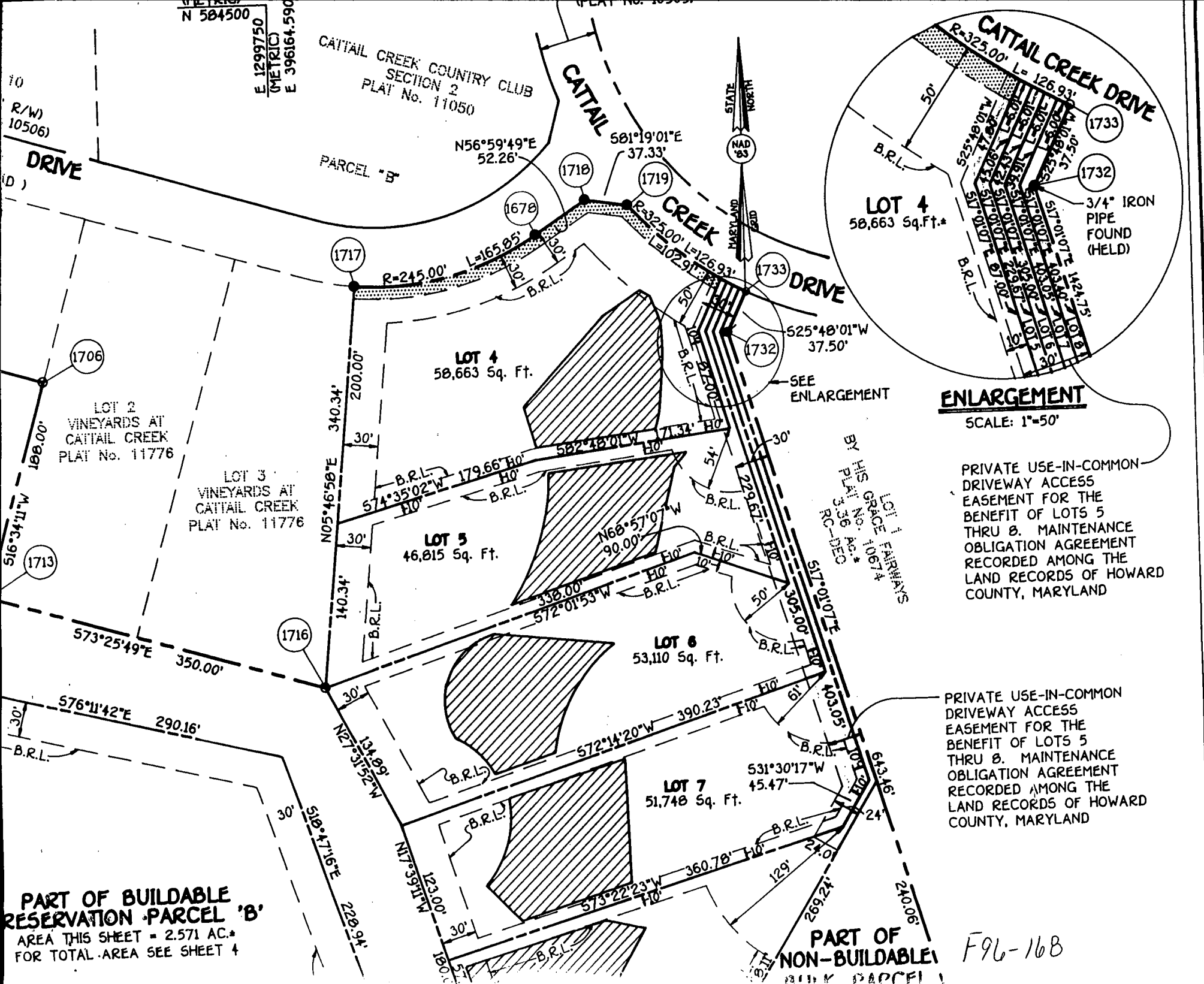
180

METRIC
N 584500
E 1299750
(METRIC)
E 396164.590

CATTAIL CREEK COUNTRY CLUB
SECTION 2
PLAT No. 11050

TO
R/W)
10506)

DRIVE
(D)



ENLARGEMENT

SCALE: 1"=50'

PRIVATE USE-IN-COMMON
DRIVEWAY ACCESS
EASEMENT FOR THE
BENEFIT OF LOTS 5
THRU 8. MAINTENANCE
OBLIGATION AGREEMENT
RECORDED AMONG THE
LAND RECORDS OF HOWARD
COUNTY, MARYLAND

PRIVATE USE-IN-COMMON
DRIVEWAY ACCESS
EASEMENT FOR THE
BENEFIT OF LOTS 5
THRU 8. MAINTENANCE
OBLIGATION AGREEMENT
RECORDED AMONG THE
LAND RECORDS OF HOWARD
COUNTY, MARYLAND

BY HIS GRACE
PLAT No. 1067A
RC-DEC
LOT 1 FAIRMANS

**PART OF BUILDABLE
RESERVATION PARCEL 'B'**
AREA THIS SHEET = 2.571 AC.*
FOR TOTAL AREA SEE SHEET 4

**PART OF
NON-BUILDABLE
PARCEL 1**

F96-168

85/25/2883 89:47 4184612278

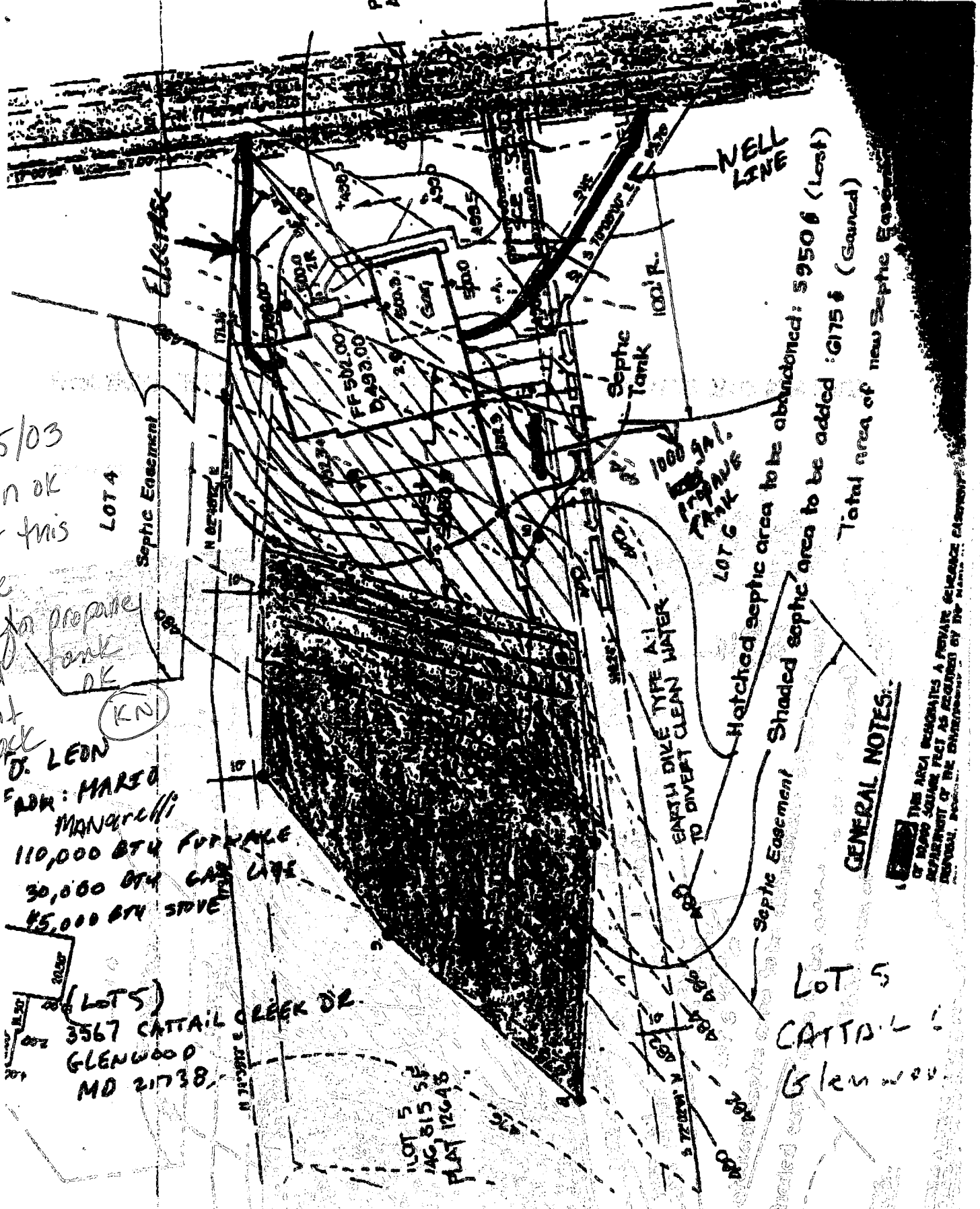
PAGE 01

P 4

7/15/03
 Plan OK
 for this
 site
 BP for propane
 tank OK
 Signed
 Permit
 on back
 D. LEON
 FADR: MARCO
 MANARULLI
 110,000 BTU FURNACE
 30,000 BTU GAS LINE
 45,000 BTU STOVE

LOT 4

Septic Easement



NELL LINE

Septic Tank

EARTH DIVE TYPE A.I. TO DIVERT CLEAN WATER

LOT 6

Septic Easement

Shaded septic area

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

100' R.

LOT 5
 CATTAIL CREEK DR
 GLENWOOD

GENERAL NOTES:

THIS AREA DEMONSTRATES A PRIVATE SEWERAGE COLLECTION SYSTEM OF 1500 SQUARE FEET AS PROPOSED BY THE PLANNING DEPARTMENT OF THE ENVIRONMENTAL...

LOT 5
 JAC 815 SF
 PLAT 1264 B

D. LEON
 MARCO

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

KN
 B-142841

Building Address 3567 CATTAIL CREEK DR
CLENWOOD, MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 21002 Subdivision _____
 Section _____ Area _____ Lot 5
 Tax Map 21 Parcel _____ Grid 7
 Zoning RC-0 Map Coordinates 8103 Lot size _____

Property Owner's Name MANNARELLI & SONI CONT
 Address 2927 SUMMIT CIRCLE
 City ELICOTT CITY State MD Zip Code 21043
 Home Phone 410-461-2278 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
M. C. COMMERCIAL
3110 1/2 BROADWAY AVE
BALTIMORE, MD 21201
 Phone _____ Fax _____

Existing Use NEW HOME
 Proposed Use _____
 Estimated Construction Cost \$ 1600.00
 Description of Work INSTALL 1 1/2" GALV
UNDERGROUND PROPANE TANK LINE TO
HOME STUB OUT

Contractor Company CARROLL HOME SERVICES
 Contact Person LEON KUCHARSKI
 Address 2700 LACH RAVEN DR
 City BALTIMORE State MD Zip Code 21218
 License No. 60051
 Phone 410-725-9011 Fax 410-735-8576

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor _____	Sewage Disposal Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: No. of efficiency units _____ No. of 1 BR units _____ No. of 2 BR units _____ No. of 3 BR units _____
Other Structure _____	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13B _____ NFFPA #13R _____ Other _____
Dimensions _____ Footings _____ Roof _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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.

Applicant's Signature James C. [Signature]
CARROLL HOME SERVICES
 Title/Company

Print Name JAMES C.
 Date 7-2-03

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>7/15/03</u>	<u>KACIE [Signature]</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
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/PSD line approval date <u>7-1-03</u>

PROPERTY ID#	53301
Filing fee \$	_____
Permit fee \$	<u>1400.00</u>
Excise tax \$	<u>10.00</u>
Add'l per. fee \$	_____
TOTAL FEES \$	<u>1410.00</u>
Sub-total paid \$	_____
Balance due \$	_____
Check #	<u>8334</u>
Validation #	<u>05303</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

P.R.
5/5/03

#25
CR944
CR23370 issued 5/13/03

May 5, 2003 ~~PR~~

Health Dept
5/5/03

TO: ANIS CORBIN
FROM: MARIO MANNARELLI

RECEIVED ATTACHE CREEK DR., GLENWOOD, MD 21738
(3567) GP-02-32
MAY 05 2003

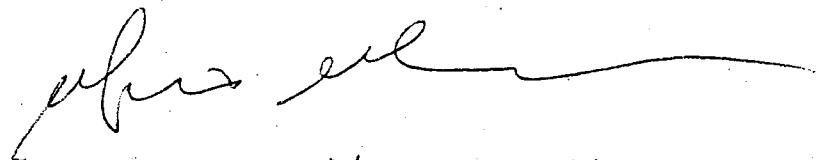
LICENSES & PERMITS
DIVISION

WE NEED TO AMEND PERMIT # B00134078-A TO
CHANGE THE HOUSE LOCATION, ELEVATION, &
GRADING PER THE HEALTH DEPT. (EVERYTHING
IS ALREADY APPROVED). 3 OK NO OBJECTION

MR to Co Health
6/4/03

ANY QUESTIONS PLEASE CALL 410-461-2278
No changes

* * THE HOUSE IS FRAMED & I CAN'T GET
FRAMING INSPECTION UNTIL BUILDING INCP HAS
REVISED GP.


MARIO MANNARELLI

* SEE ATTACHED *
REVISED GP

Building Address 3567 CATTAIL CREEK DR.
Glenwood MD 21738

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

Census Tract 604002 Subdivision Vinyards @ Cattail Creek

Section _____ Area _____ Lot 5

Tax Map 21 Parcel 224 Grid 8

Zoning RC Map Coordinates 81R9 Lot size 46,815 sq

Property Owner's Name MARIO MANNAELLI

Address 2929 Summit Circle

City ELLICOTT CITY State MD Zip Code 21043

Home Phone 410 465-3453 Work Phone 410 461-2278

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 200,000

Description of Work CONSTRUCT 2-STORY, 2 CAR ATT.
GARAGE, 4 Bed Rm, LR, DR, GREAT Rm,
4 Full Baths, 1 Full RT in Basement, KIT

Contractor Company MANNAELLI & SONS INC.

Contact Person MARIO MANNAELLI

Address 2929 Summit Circle

City ELLICOTT CITY State MD Zip Code 21043

License No. 1618

Phone 410-461-2278 Fax SAME

Occupant or Tenant MARIO MANNAELLI

Contact Name MARIO MANNAELLI

Address 2929 Summit Circle

City ELLICOTT CITY State MD Zip Code 21043

Phone 410-461-2278 Fax SAME

Engineer or Architect Company F.C.C.

Contact Person TEALY FISHER

Address Bethesda Center II

City ELLICOTT CITY State MD Zip Code 21042

Phone 410 461-2855 Fax 410-780-3784

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth Width 1st floor: <u>49</u> <u>55'6"</u> 2nd floor: <u>49</u> <u>55'6"</u> Basement: <u>39</u> <u>55'6"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
_____ 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 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.

Mario Mannaelli
 Applicant's Signature

Prop
 Title/Company

MARIO MANNAELLI
 Print Name

1/28/02
 Date

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: _____	53331
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering/DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>4-16-02</u>	<u>Frank Shennor</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 \$ _____
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 New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2716</u>
				Validation # <u>40175</u>
				Accepted by <u>[Signature]</u>

Building Address 3567 CATTAIL CREEK DR.
Glenwood MD 21738

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

Census Tract 604002 Subdivision Vicypards @ Cattail Creek

Section _____ Area _____ Lot 5

Tax Map 21 Parcel 224 Grid 8

Zoning RC Map Coordinates 3R9 Lot size 46,8/5 4

Property Owner's Name MARIO MANNARELLI

Address 2929 Summit Circle

City ELLICOTT CITY State MD Zip Code 21043

Home Phone 410 461-3453 Work Phone 410 461-2278

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 200,000

Description of Work CONSTRUCT 2-STOP, 2 CAR ATT.
GARAGE, 4 Bed Rm, LR, DR, GREAT Rm,
4 FULL BATHS, 2 FULL RE in Basement, KIT

Contractor Company MANNARELLI & SONS INC.

Contact Person MARIO MANNARELLI

Address 2929 Summit Circle

City ELLICOTT CITY State MD Zip Code 21043

License No. 1618

Phone 410-461-2278 Fax SAME

Occupant or Tenant MARIO MANNARELLI

Contact Name MARIO MANNARELLI

Address 2929 Summit Circle

City ELLICOTT CITY State MD Zip Code 21043

Phone 410-461-2278 Fax SAME

Engineer or Architect Company F. C. C.

Contact Person TEALY FISHER

Address Bethesda Center II

City ELLICOTT CITY State MD Zip Code 21042

Phone 410 461-2555 Fax 410-750-3784

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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"/>
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Building Characteristics	Utilities
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Manufactured Home _____	

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[Signature]
Applicant's Signature
Per
Title/Company

MARIO MANNARELLI
Print Name
1/28/07
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
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State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>4-16-02</u>	<u>Frank Shenn</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 \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" 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>2716</u>
				Validation # <u>40175</u>
				Accepted by <u>[Signature]</u>

