

8/27/97 needs house conn (KM)

8/25/97 anytime
8/27/97 WPT
APR 18/98
11:00 house call (to meet bid)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-320561

P 58923

A 50294-B

DISTRICT 3rd

DATE 8-19-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Adamson Plumbing and Heating IS PERMITTED TO INSTALL ALTER _____

ADDRESS 7825 McCellan Ave. Boonsboro, MD 21713 PHONE (301) 416-3968

SUBDIVISION Benson Branch Estates LOT 16 ROAD 3713 Park Overlook Court

PROPERTY OWNER Hamilton Reed, LLC MARK RINE

ADDRESS _____ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **3/22/04 BOD 146509-GARAGE**

NUMBER OF BEDROOMS 4 **4/7/04 BOD 147196-RELOCATE UL6 PROPANE TANK**

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 145 feet down the 269.85' lot line and 65 feet off that same lot line. Run trenches along contour in both directions.

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

OK KM 6-19-97

PLANS APPROVED BY Glen Savage DATE 06/18/97

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

PERMIT VOID AFTER TWO YEARS

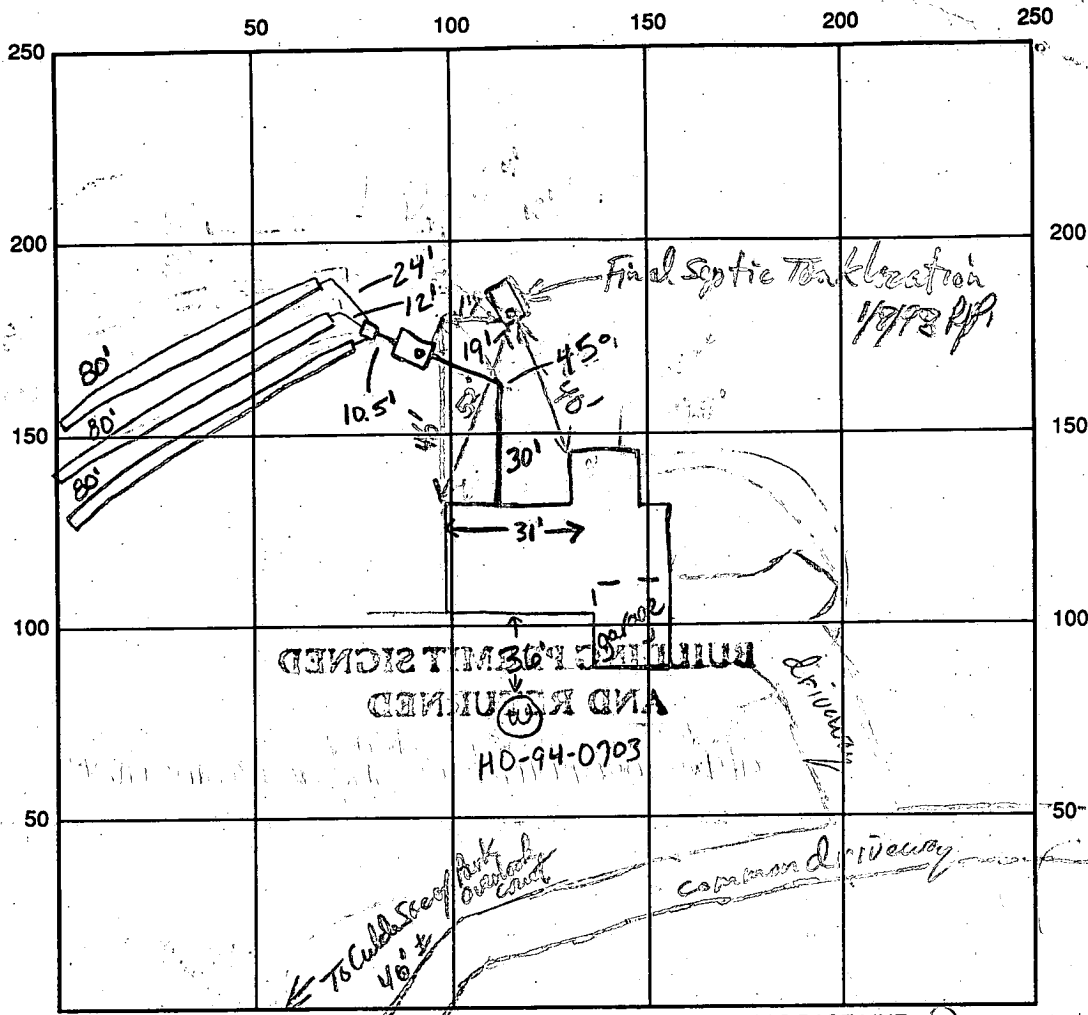
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILD PERMIT SIGNED AND RETURNED 11-08-2001
BOD 133264
IN Ground POOL 43' LONG
3' TO 8' Deep

A50294-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Park Overlook Ct

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 80 x 3 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: 8/25/97 needs house conn, OK to cover (KM)

8/27/97 tank house connection moved due to owner wanting to install a pool in the future, tank remained in original location, needs house connection, contractor (Wick) moved distribution box 100' in from the 269.85' lot line and ran trenches in only one direction. Allowed to remain this way due to suitable soil conditions, but was informed to call us in the future with any problems prior to changing (KM)

DATE SYSTEM APPROVED _____ INSPECTOR _____

House connection OK, New septic tank location by placing only to clean out. Unable to identify true dist box location as site has all work covered + final grading + grass covering (structural) complete. PPA 1/8/98

APPLICATION

PERCOLATION TESTING

A 50294B

P _____

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

DISTRICT _____

DATE 9/23/94

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 Brandt c/o Land Design & Development, Inc. Hamilton Reed LLC.

ADDRESS 10805 Hickory Ridge Road PHONE (410) 740-2100
Columbia, Maryland 21044

AGENT OR PROSPECTIVE BUYER MARK REICH

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Brandt Property LOT NO. 16

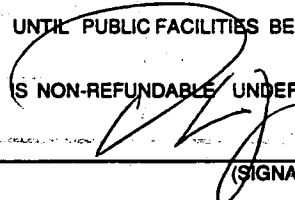
ROAD AND DESCRIPTION Triadelphia Road (3713 Park Overlook Court)

TAX MAP 22 PARCEL # 16, 398, 399

SIZE OF LOT 40,000/60,000 3± acres TYPE BLDG. single family dwelling - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
DATE 6-18-97
Serial # BR10-6338

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

A 50294B

COUNTY #

SOIL PROFILE
323, 324

0'
orange
CSL

3'
light
tan
micaceous
SL
some
mica
brags
OK

321

4'
red
yellow
CSL

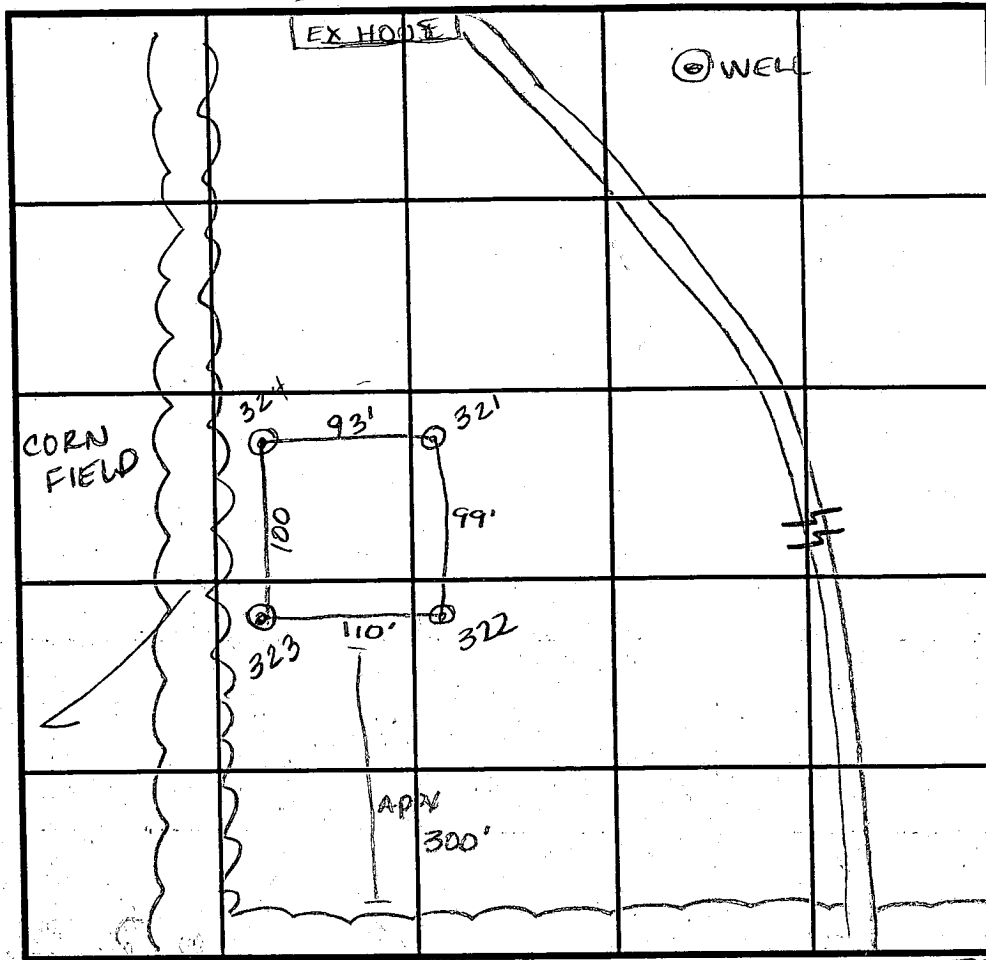
yellow
orange
SL
consistent
throughout
OK

322

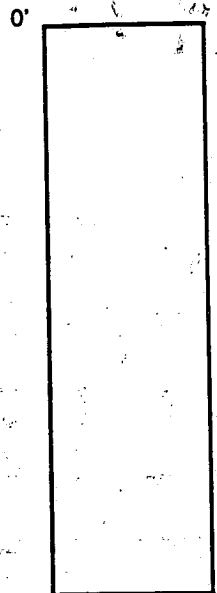
12'
bright
red
CL

2'
bright
red
SSIL
mica
<5%
rock
brags

12'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. TRIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-30-94	324	3' VII	8:04 ⁴⁵	8:05 ¹⁵	8:05 ¹⁵	8:06	45sec
	323	3' VII 1/2	8:18 ¹⁵	8:18 ³⁰	8:18 ³⁰	8:19	30sec
	323	repour	8:19 ¹⁵	8:20	8:20	8:21	1min
	321	4 1/2 VII 2	8:18 ³⁰	8:19	8:19	8:21	2min
	321	repour	8:20 ¹⁵	8:21 ³⁰	8:21 ³⁰	8:23	1 1/2 min
	322	Visual to 12'					OK

REMARKS shallow only due to fast perc

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min

TRENCH WIDTH 3'

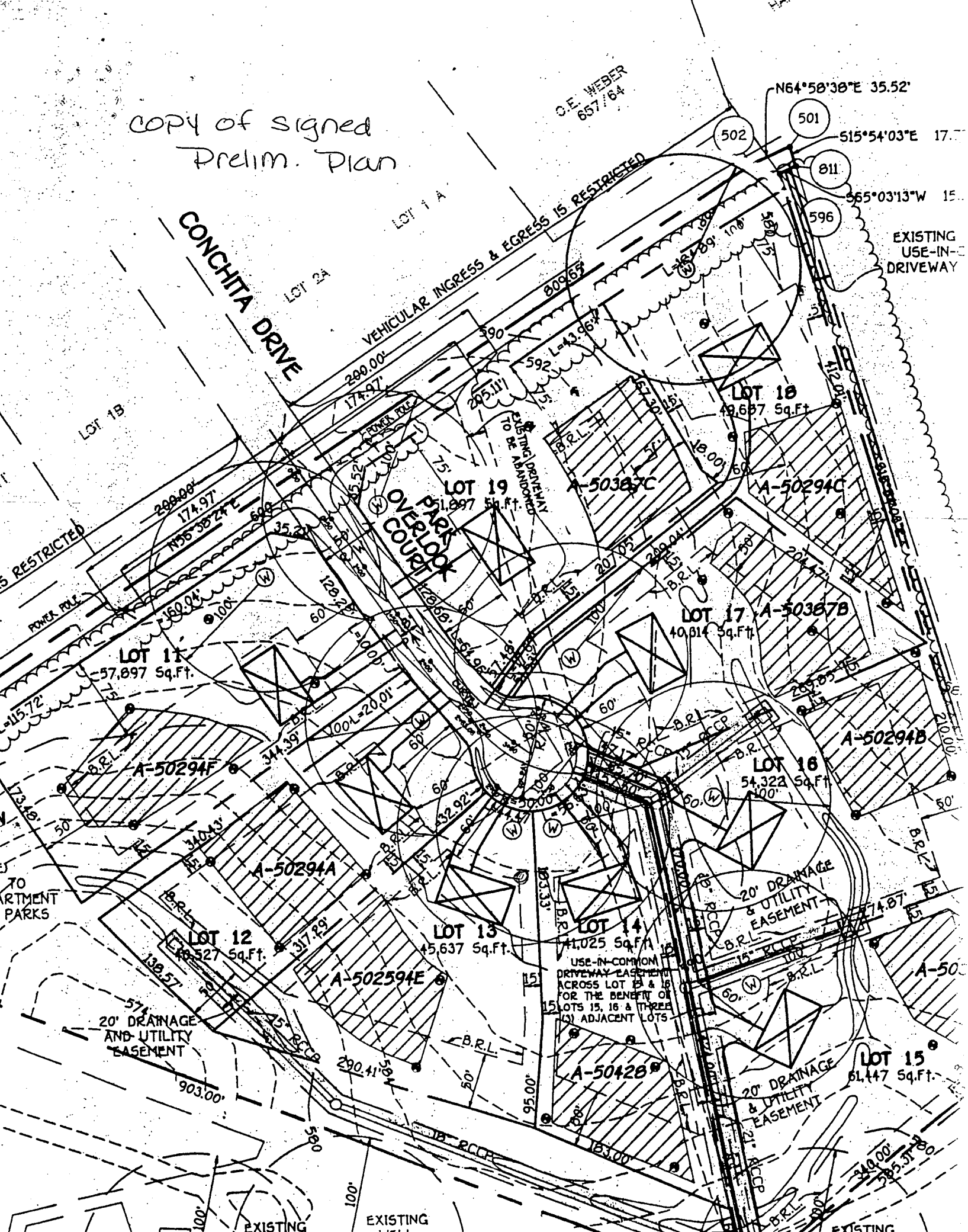
INLET DEPTH 3'

MAXIMUM BOTTOM DEPTH 5'

SQ. FT./BEDROOM 180 ft²

copy of signed
Prelim. Plan

C.E. WEBER
657/64



Copy of signed
Percolation Certification
Plat

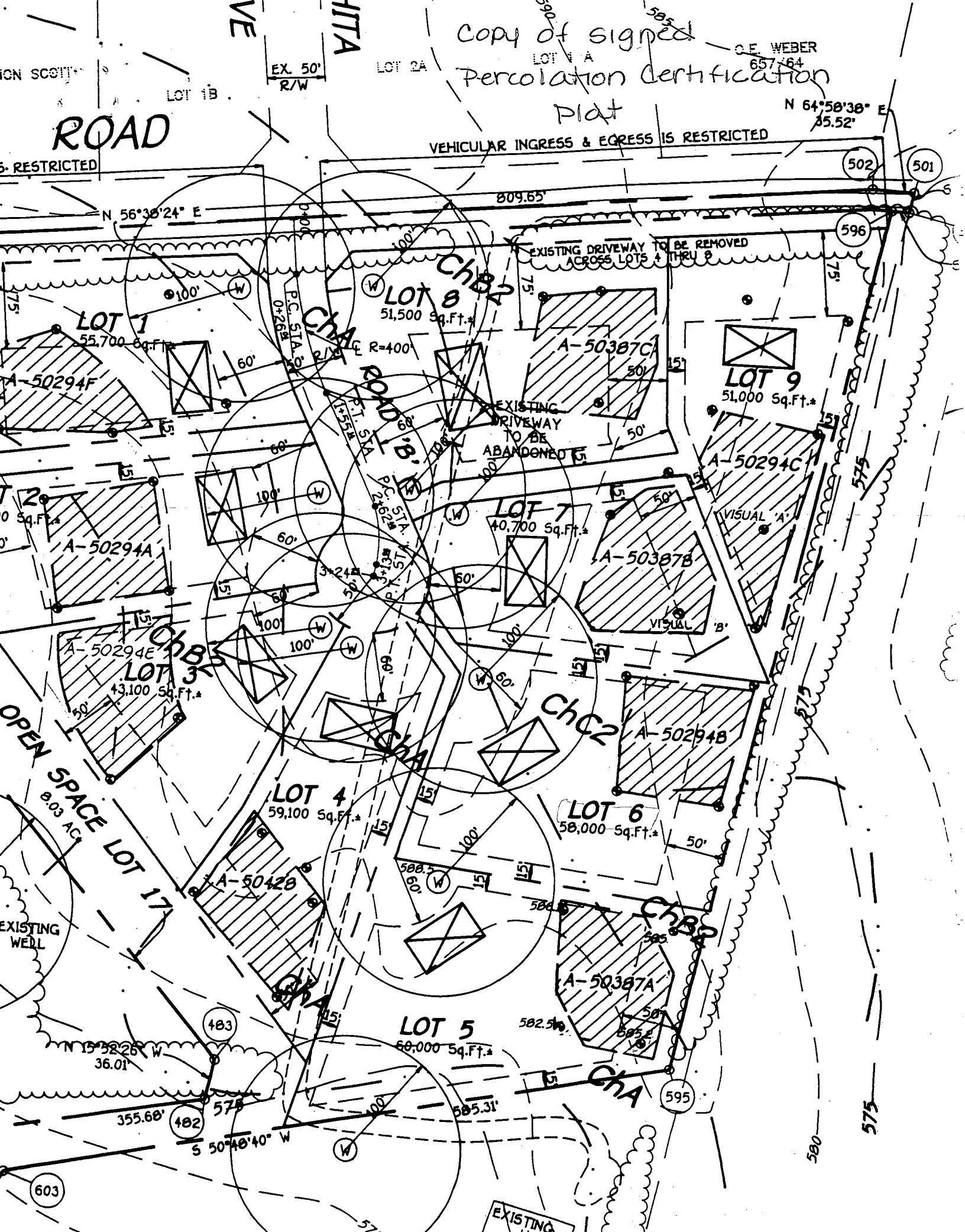
C.E. WEBER
657-64

VEHICULAR INGRESS & EGRESS IS RESTRICTED

N 64°50'38" E
85.52'

ROAD

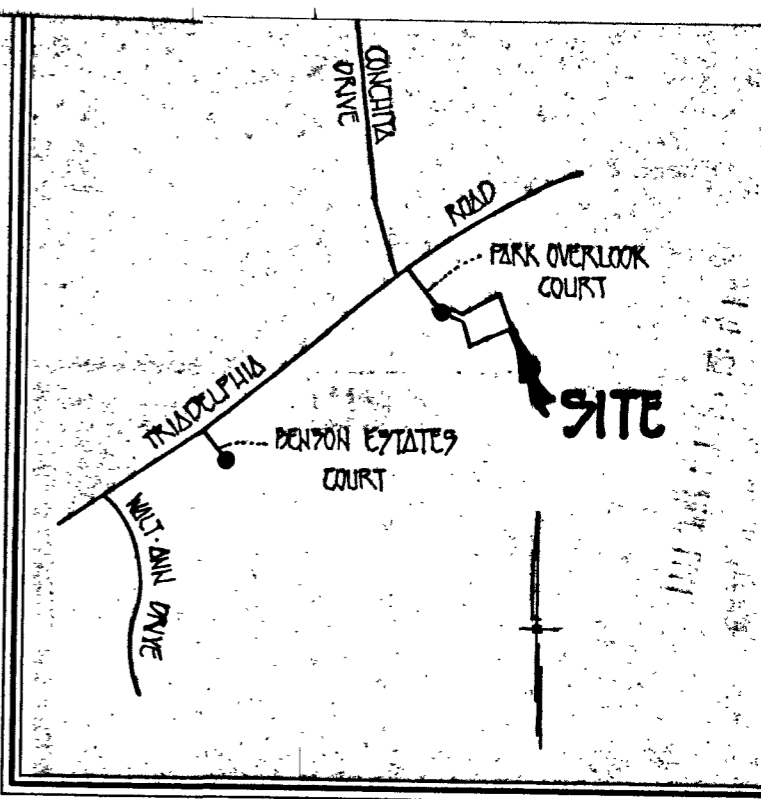
RESTRICTED



24' PRIVATE DRIVEWAY ACCESS EASEMENT
ACROSS LOTS 15 AND 16 FOR THE USE AND
BENEFIT OF LOTS 14, 15, 16 AND PROPERTY
CONVEYED IN L. 3514, F. 384, L. 3384-F 515,
AND L. 3384-F. 605

10' PUBLIC TREE
MAINTENANCE EASEMENT

PARK
OVERLOOK
COURT

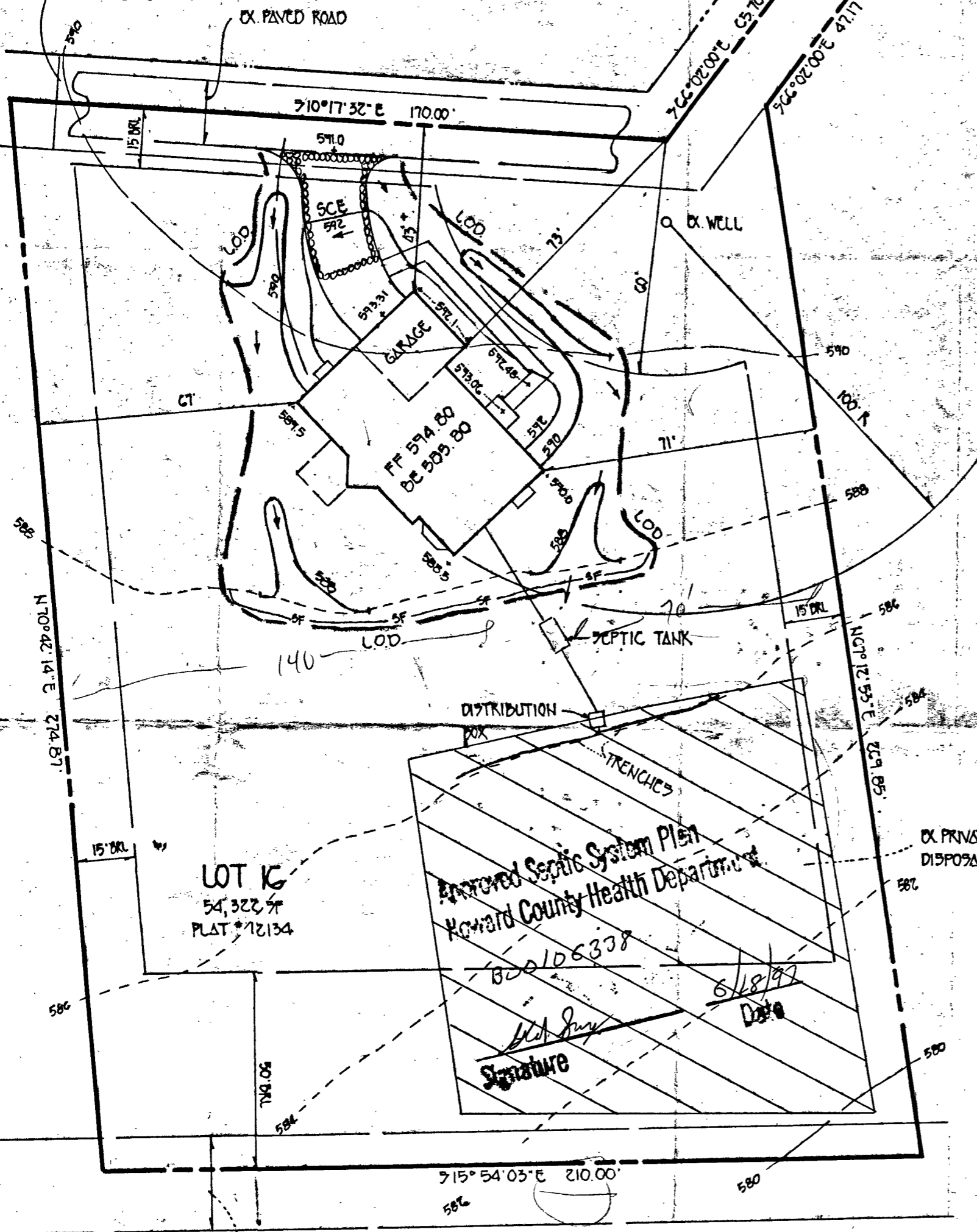


VICINITY MAP
SCALE: 1" = 1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 593.04
B. BASEMENT ELEVATION: 584.64
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 588.30
D. INVERT IN AT SEPTIC TANK: 583.70
E. INVERT OUT AT SEPTIC TANK: 583.00
F. PROPOSED GRADE OVER SEPTIC TANK: 586.5
G. INVERT AT DISTRIBUTION BOX: 583.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 580.00
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.

BED
FT.
14.
FT. J.
E BY
AND
J
HIGHER.
2
R SOIL
COVERED.

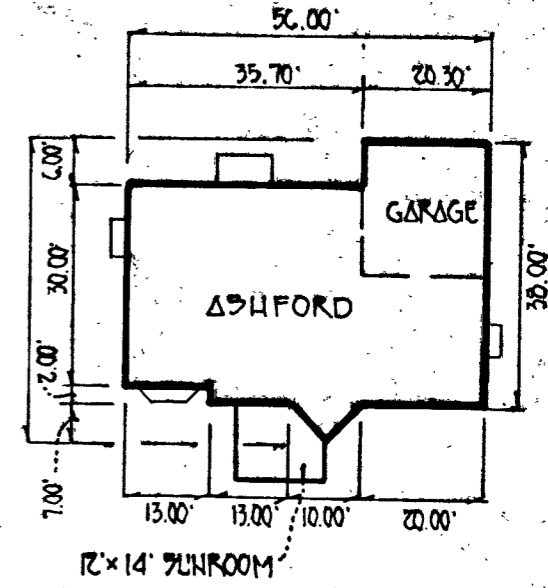


LOT 16
54,322 SF
PLAT # 12134

Approved Septic System Plan
Howard County Health Department
800106338
6/18/97
Date

[Signature]
Signature

EX PRIVATE SEWERAGE
DISPOSAL EASEMENT



EXISTING 24' WIDE PRIVATE USE-IN-COMMON DRIVEWAY
ACCESS EASEMENT TO SERVE PROPERTIES CONVEYED IN
L. 3514-F. 384, L. 3384-F. 515 AND L. 3384, F. 605



GP-97-167

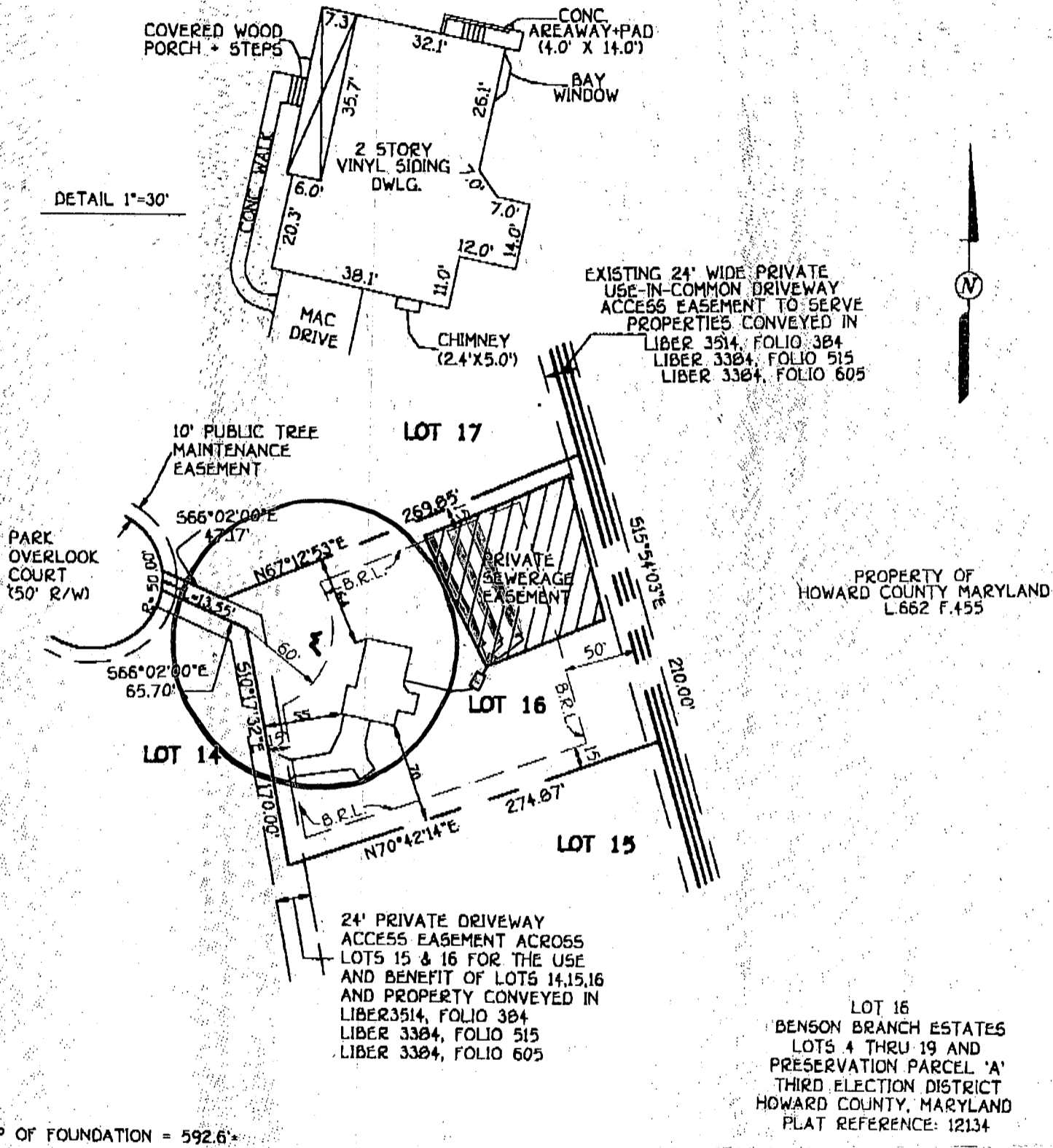
PLAN TO ACCOMPANY APPLICATION FOR
BUILDING PERMIT
BENSON BRANCH ESTATES,

LOT 16

TAX MAP 22 P/O PARCEL 16 BLOCKS 9 & 10
THIRD ELECTION DIST. HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MAY 8, 1997

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE "C" ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400 4400 21 B, EFFECTIVE DATE: 12-04-86
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1" ± PLUS OR MINUS (a).



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK • 10272 BALTIMORE NATIONAL PIKE
 ELLETTT CITY, MARYLAND 21112
 (410) 181-2255

STATE OF MARYLAND
 CHARLES J. CROV'S, R.
 PROFESSIONAL LAND SURVEYOR
 No. 10763
 REGISTERED

[Signature]
 PROFESSIONAL LAND SURVEYOR
 REG. 10763

12/10/97
 DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7-24-97
 FINAL LOCATION: 12-10-97
 BOUNDARY SURVEY:

SCALE: 1" = 100'
 DATE: 12-10-97
 DRAWN BY: KEL
 CHECKED BY: MLR
 PROJECT No.: 60921

FCC

B 1 0671 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
HD-94-0703
 fill in this form completely

B 2 OWNER INFORMATION
 Date, Received (APA)
BENSON BRANCH LLC
 15 Last Name 13 Owner 34 First Name
10805 HICKORY RIDGE
 36 Street or RFD 55
COLUMBIA MD21099
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
BENSON BRANCH
 23 SUBDIVISION 42
 SECTION LOT 16
 44 46 48 50
GLENELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD MGD/MWD
Ralph MAYNE 116
 77 License No. 80
 Driller's Name
Ralph MAYNE well Drilling
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 3/13/96
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD Park Over Look Ct.
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 100 37
 DISTANCE FROM ROAD
 ENTER FT OR MI FT
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 1 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

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 Co. A50294-B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED 031396 A. M. Mullen 03/13/96
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 522000 EAST GRID 810000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 800
 N 5202 000 000
 3/19/96
 9:00 grout
 45' casing
 no grout at time of inspection
 AM

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
Triadelphia Rd
Park Overlook Ct. 100' 70' well

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER GAP
 54 63
 FORCE AM WRITE INITIALS IN BOX PERMIT NO. HD-94-0703
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
 COUNTY

C1 0291 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A50294-B

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 03/19/96

Depth of Well 325

PERMIT NO. FROM "PERMIT TO DRILL WELL" 46-94-0703

OWNER Benson Branch LLC STREET OR RFD Park Overlook Ct TOWN Ellicott City SUBDIVISION Benson Branch Est SECTION LOT 16

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

C 3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 105 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 45

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

NUMBER OF UNSUCCESSFUL WELLS: 0

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

WELL HYDROFRACTURED (Y) (N)

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED 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.

DEPTH (nearest ft.) HO 43 325

PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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)

TYPE: MWD(MSD)MGD DRILLERS LIC. NO. 116

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



DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Rath Wayne

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Rath E. Wayne

LIC. NO. 117

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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00122384

Building Address 3713 Park Overlook Court
Ellicott City MD 21043

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

Census Tract 6030 Subdivision Brown Branch EST

Section _____ Area _____ Lot 16

Tax Map 32 Parcel 400 Grid 10

Zoning RR Map Coordinates 10139 Lot size _____

Property Owner's Name Mark Rine

Address 3713 Park Overlook Ct

City Ellicott City State MD Zip Code 21043

Home Phone 410-921-5905 Work Phone _____

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

Phone _____ Fax _____

Existing Use SF1

Proposed Use same with deck

Estimated Construction Cost \$ 11,000

Description of Work small regular 31x16
deck w/ steps to grade.

Contractor Company Fine Company Co.

Contact Person Brian Spedler

Address 11840 Guilford Rd

City Annapolis State MD Zip Code 21401

License No 19692

Phone 410-224-4027 Fax _____

Occupant or Tenant same as 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: _____ <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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: <u>2x2 + 2x2</u>	
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.

[Signature]
 Applicant's Signature

Brian Spedler
 Print Name

12-09-00
 Date

Title/Company _____

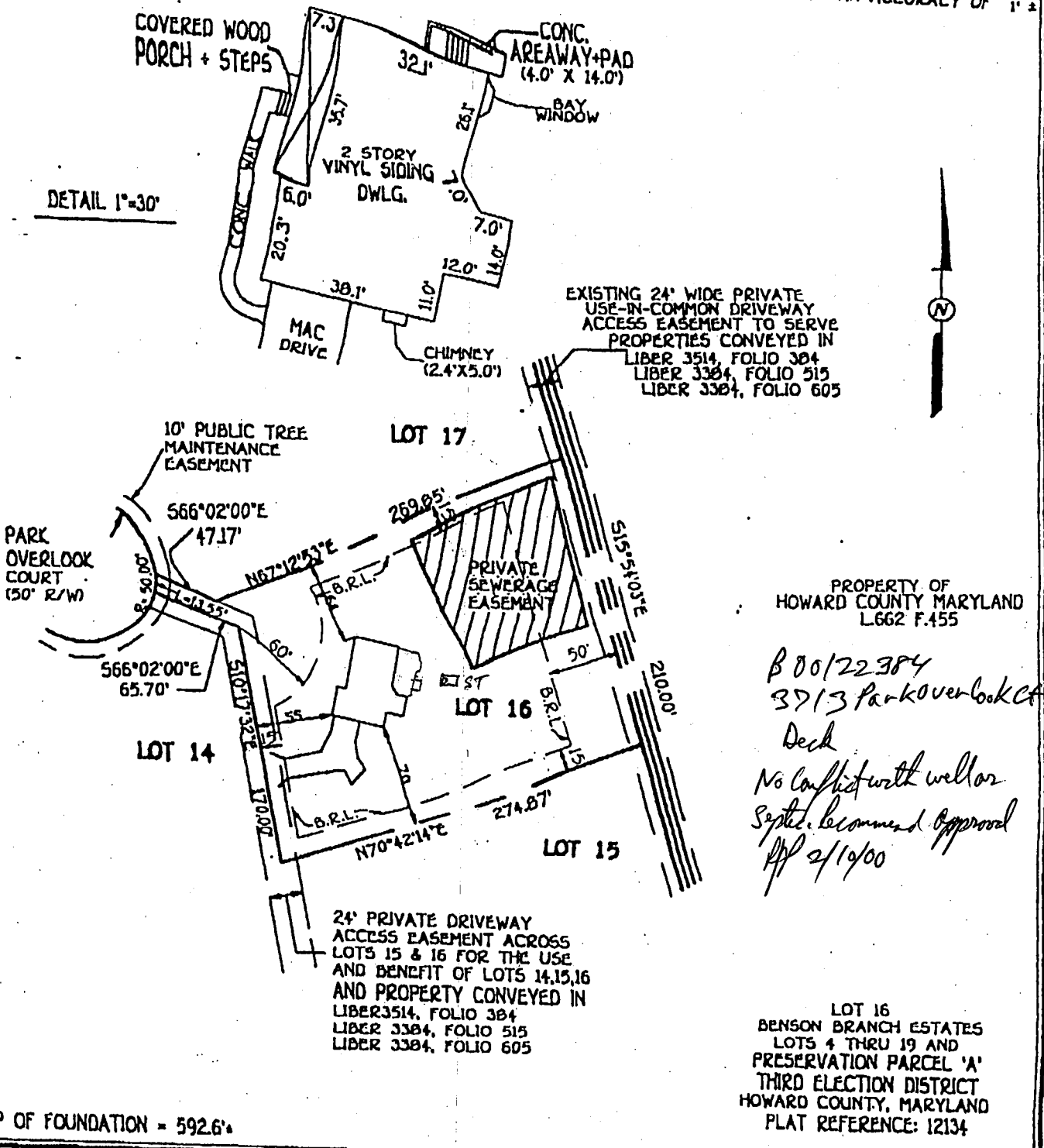
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	<u>2-10-00</u>	<u>[Signature]</u>	Front: <u>60 FT</u> Rear: <u>50 FT</u> Side: <u>75 FT</u> Side St: <u>NA</u>	<u>70025</u>
State Highways			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Excise tax \$ _____
Health	<u>2/10/00</u>	<u>[Signature]</u>	Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Accepted by _____	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION PART: <u>Lettel</u>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # _____
				Validation # _____

GENERAL NOTES.

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE "F" ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400 4400 21 7 EFFECTIVE DATE: 12-04-86
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1" ± PLUS OR MINUS (±).



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CONTINENTAL SQUARE OFFICE PARK - 8172 BALTIMORE NATIONAL PIKE
CLLEWOOD CITY, MARYLAND 21046
410 461 - 7939



Charles J. Crovo
PROFESSIONAL LAND SURVEYOR DATE 12/10/97
REG. # 10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7-24-97
FINAL LOCATION: 12-10-97
BOUNDARY SURVEY: _____

SCALE: 1" = 100'
DATE: 12-10-97
DRAWN BY: KEL
CHECKED BY: M.R.
PROJECT No.: 88921

C-C STAND

11/16/00
Shown propane
tank location
is OK
B0027302
AM

Lisa and mark Rine
3713 Park Overlook Ct
Ellicott City, MD
21042

Septic

87ft

500

36ft

38ft

115ft

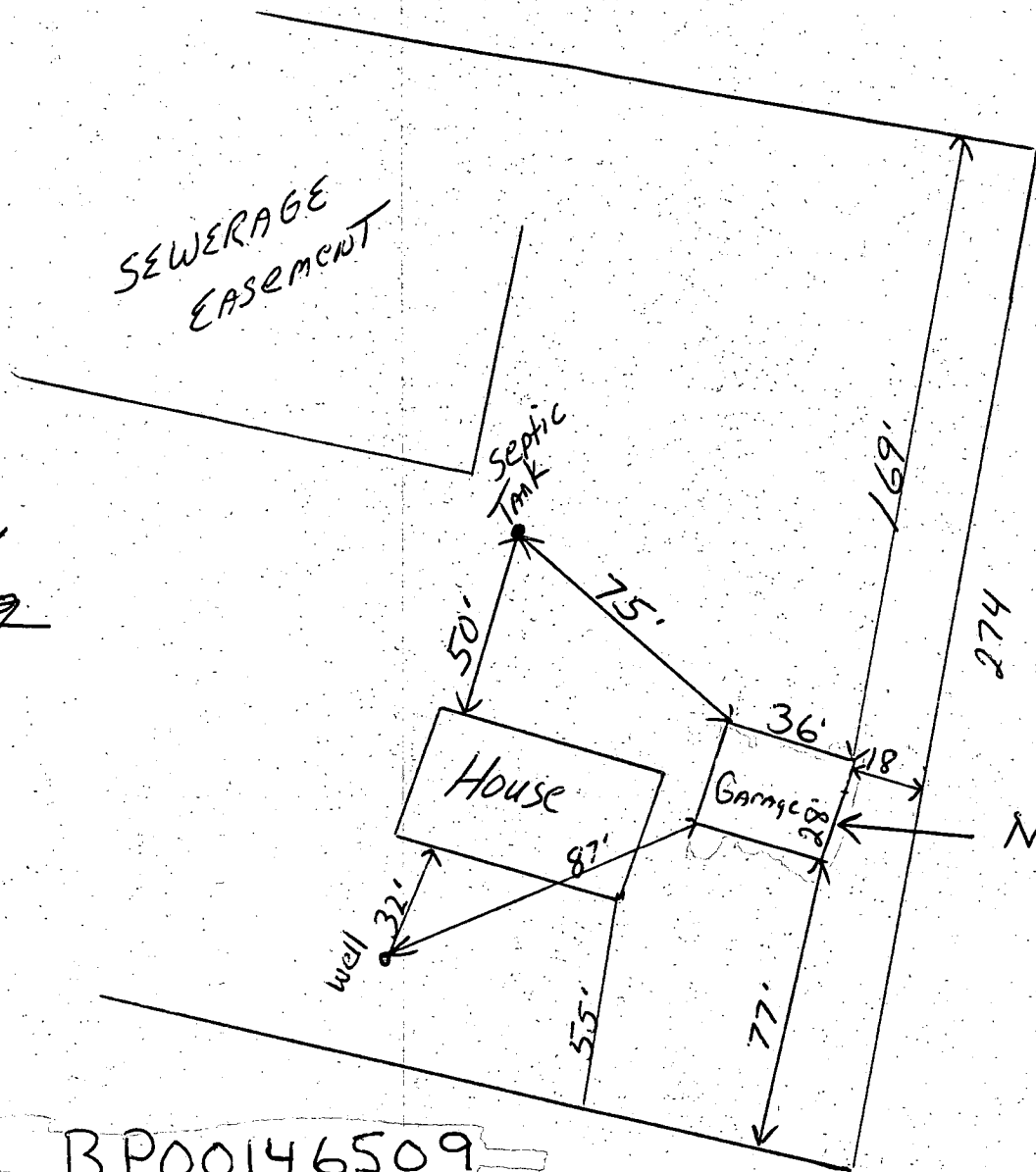
Owell

C-C STAND

Property line

SEWERAGE
EASEMENT

BP 00146509
Approved by
FRP on 3/29/04
for addition of
garage only.



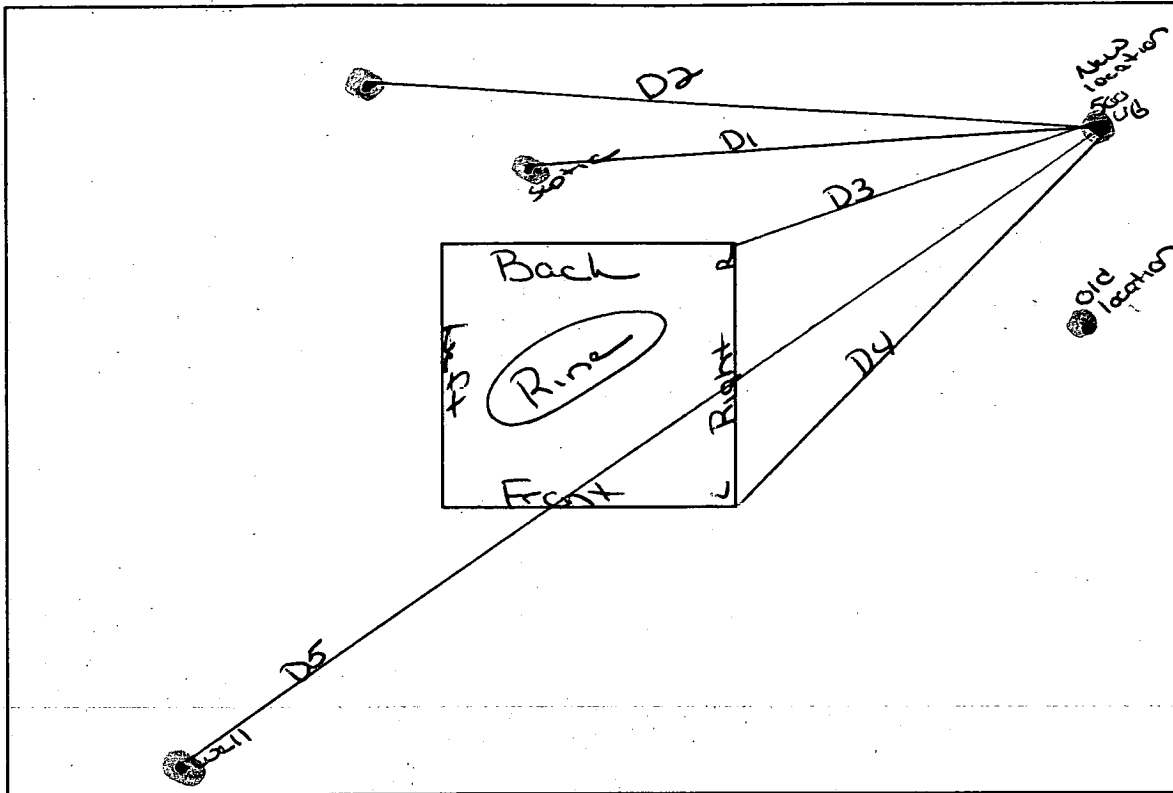
NEW
Garage.

REF BP00146509

3713 Park overLook Ct
Ellicott city md 21042

Property OWNER
Mark Rine

Scale: 1" = 50'



CUSTOMER NAME: Mark Rine

ADDRESS: 3713 Park Overlook Ct / Ellicott City

SCALE: 25ft = 1"

D1 - TANK TO SEPTIC 75

D2 - TANK TO SEPTIC EASEMENT 100

D3 - TANK TO HOUSE- RIGHT 50

D4 - TANK TO HOUSE - LEFT 75

D5 - TANK TO WELL 150

TANK SIZE 500 Underground Propane Tank

TANK DIMENSIONS 10ft X 4ft

Approved Septic System Plan.
Howard County Health Department

B00147190

[Signature] 9/17/04
Signature Date