

10/22/97  
a.m. final

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59024

A 50385-C

DISTRICT 4th

DATE 10-20-97

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

# 357590

DATE SYSTEM APPROVED 10/22/97

INSPECTOR KM

### INDEXED

Arnold Backhoe & Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Stella's Choice LOT 3 ROAD 1017 Bradford Lane

PROPERTY OWNER Patrick & Susan Athey

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK.

NUMBER OF BEDROOMS 4 *manhole cleanout not needed, due to grading (KM)*

180 SQUARE FEET PER BEDROOM *10/28/97*

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place distribution box 85 feet up the right (299:22') and 80 feet off that same lot line as seen when facing the lot from Bradford Lane. Run trenches on 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.

HOUSE DROPPED 6" - ELEVS. OK MR 9/2/97

PLANS APPROVED BY Amy McMillen/Donna K. Soe OK 8/21/97 DATE 8/19/97

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.

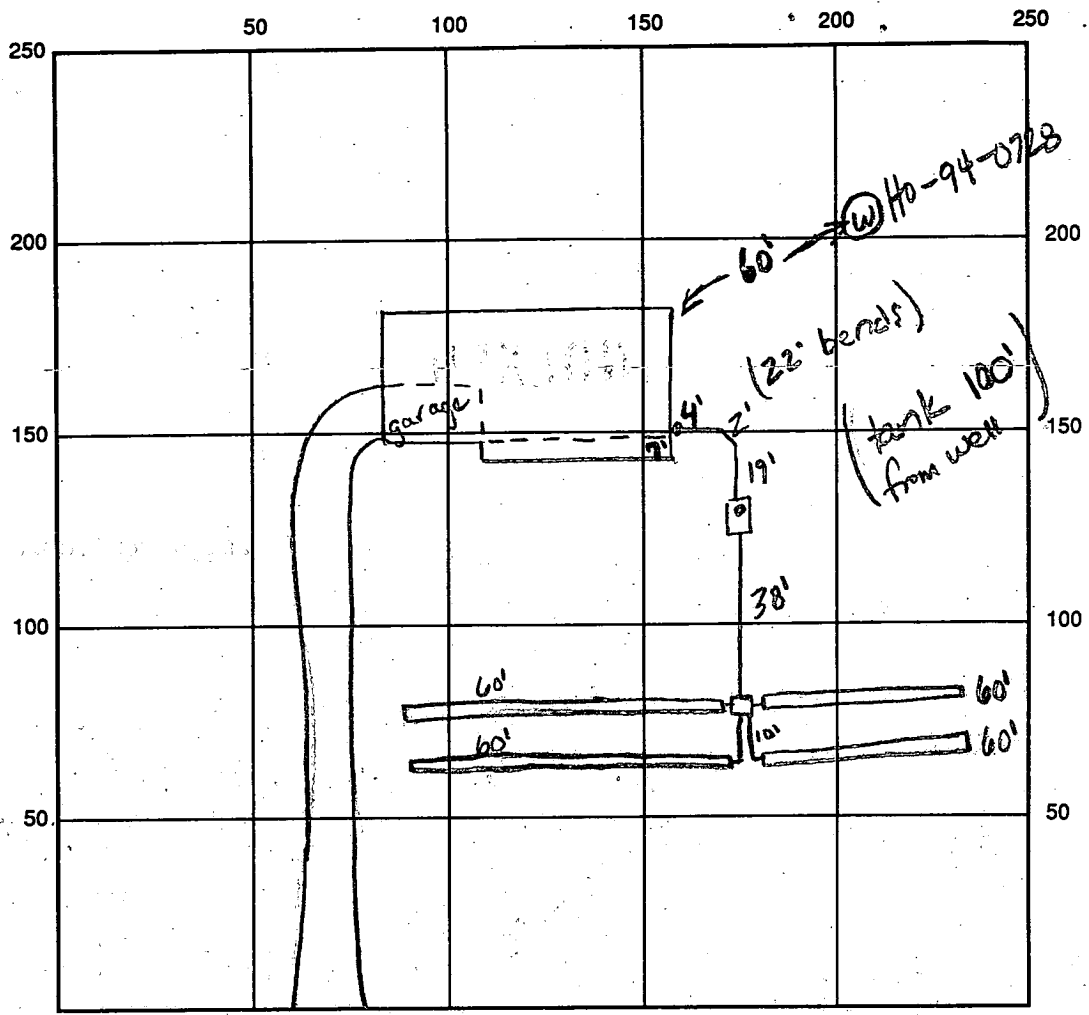
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

~~BLDG PERMITS~~  
~~AND RETURNING~~ 5/30/01

305130507 - deck  
24x16 w/steps.  
10x10 - gazebo

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

A 50385-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Bradford Lane

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank, 1 at house

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 60 x 4 FT. → 240

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/22/97 has house conn, ok to cover all work (km)

WPE - ok to cover P.A. 4.0' below grade, casing 1.0' above grade, has

2 piece cap, line sleeved from house (km)

DATE SYSTEM APPROVED 10/22/97 INSPECTOR Kim White

# APPLICATION

PERCOLATION TESTING

A 50385C

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 11/10/94

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 William D. & Linda G. Hough Athey Residence

ADDRESS 17383 Hardy Road, Mt. Airy, MD 21771 PHONE (410) 795-5596

AGENT OR PROSPECTIVE BUYER Same

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

PROPERTY LOCATION:

SUBDIVISION Hough Property Lot 6 Resubdivision LOT NO. 3 SFD - 4Bm

ROAD AND DESCRIPTION North side 17000 block of Hardy Road; 5100 +/- feet west of  
St. Michael Road. (1017 Bradford Lane)

TAX MAP 7 PARCEL # 390

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family  
(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. William D Hough  
(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 50385C

Lot 109  
Lot 110  
Lot 111

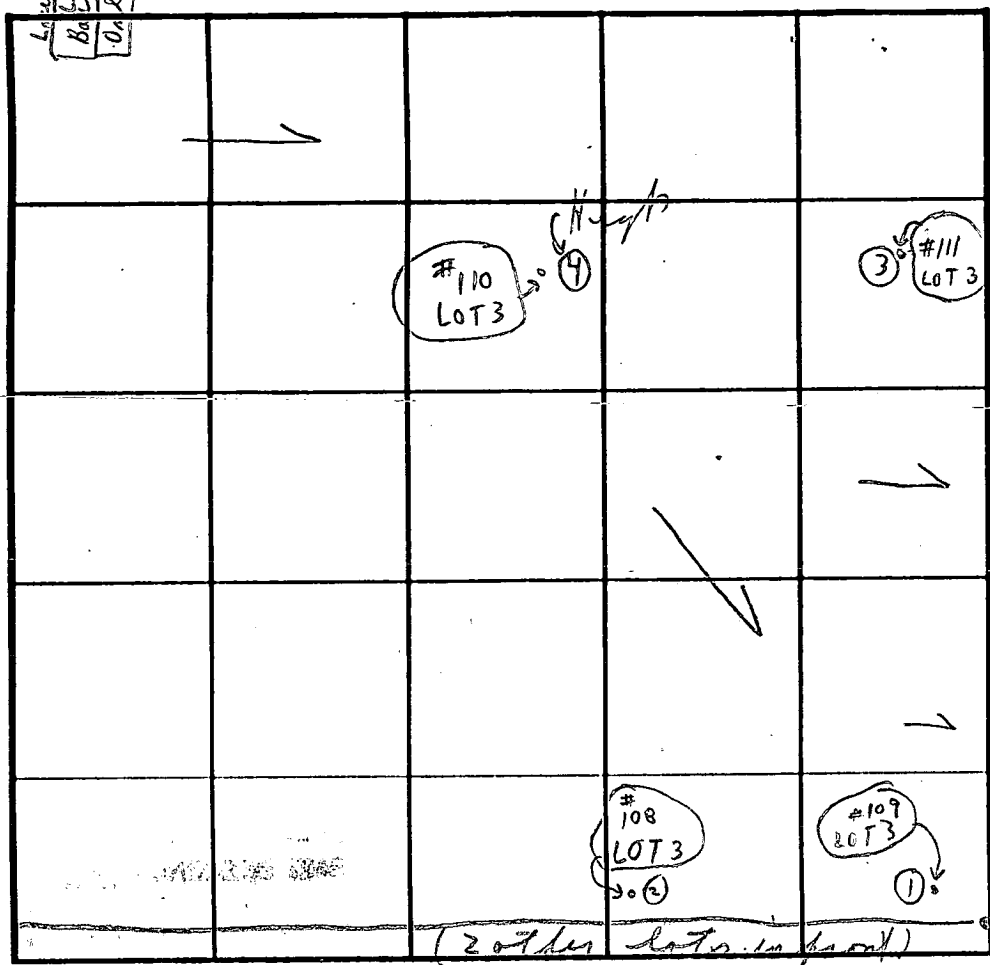
COUNTY #  
2083  
SOIL PROFILE  
Hole (1)

0' - 4 1/2' Clay  
4' - 3" LOAM  
11' - 3" Bottom

Hole (2)  
0' - 5 1/2' Clay  
5 1/2' LOAM

11' 4" Bottom

Hole (3)  
0' - 4 1/2' Clay  
4 1/2' LOAM  
11' Bottom



SOIL PROFILE  
Hole (4)  
0' - 3' 10" Clay  
3' - 10" 90% LOAM  
10%? Small Rock  
Bottom  
10' - 8"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Harder Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/7/94	109	4' - 3"	12:08	12:09	12:09	12:13	4 in	
P.M.	(1)	11 - 3"		LOAM				
	108	11' - 4"	12:10	12:24	12:24		Pulled slowly 12:00 12:00	
	(2A)	3' 8"	Sandy Loam below clay					
	110	10' - 8"	LOAM	10%	Small Rock			
	(4)	3' - 10"	12:16	12:18	12:18	12:21	2 to 3 in	
	111	11'	LOAM					
	(3)	4 1/2'	12:18	12:20	12:20	12:22	2 in	
	(2B)	5 1/2'	12:53	12:56	12:56	1:01	5 in	
	108							

REMARKS Tests in open. Tests per stat (4 hole only)  
 TYPE OF SOIL Loam below clay  
 TESTED BY C. Bel ALSO PRESENT {see lot 1}  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



<b>B 1</b>	<b>3060</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>H0-99-0728</b> <small>70 fill in this form completely 79</small>
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**Date Received (APA)**  
**03/14/96**

**OWNER INFORMATION**

**HOUGA WILLIAM**  
Last Name Owner First Name

**12383 HARDY RD**  
Street of RFD

**MT AIRY MD 21777**  
Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**HOWARD**  
8 COUNTY

**STELLAS CHOICE**  
23 SUBDIVISION

SECTION   LOT **3**

**MT AIRY**  
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3 1/2** MI

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

**Joseph L. MAYNE**  
Driller's Name 77 License No. 80 **24**

**Joseph L. MAYNE Well Drilling**  
Firm Name

**5512 Ridge Rd. Mt. Airy 21771**  
Address

**Joseph L. Mayne 3/13/96**  
Signature Date

**B 4**

**Bradford Lane**  
11 NEAR WHAT ROAD 30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**270**  
DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **7** BLK: \_\_\_\_\_ PARCEL **390**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

**D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

**P** PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

**T** TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** COUNTY NAME

**A-50385 C** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **03/26/96** EXP. DATE **3/26/98**

**550000** NORTH GRID **765000** EAST GRID

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**METHOD OF DRILLING** (circle one)

**BORED** (or Augered)  **JETTED**  **Jetted & DRIVEN**

**AIR-ROTARY**  **AIR-PERCussion**  **ROTARY** (Hydraulic Rotary)

**CABLE**  **REverse-ROTary**  **DRive-POINT**

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

**S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY--CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

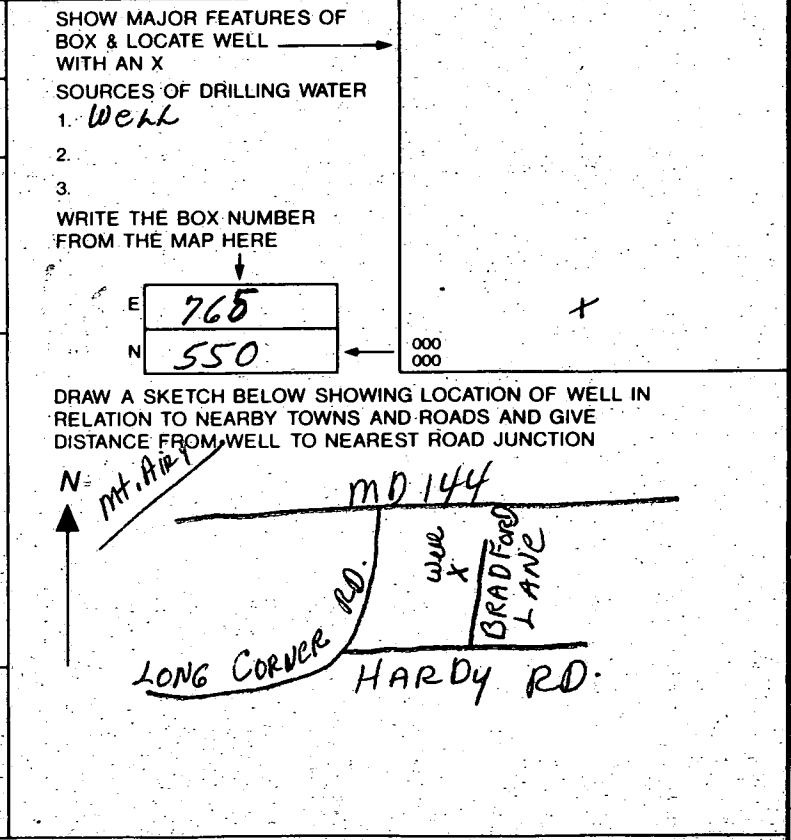
**D** THIS WELL WILL DEEPEAN AN EXISTING WELL

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 **GAP**

FORCE **65** WRITE INITIALS IN BOX **67-68** PERMIT No. **H0-99-0728**



C1 4167

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 A-50385C

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 04/1/96

Depth of Well 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0728

OWNER Hough last name WILLIAM first name STREET OR RFD BRADFORDS LANE TOWN MT AIRY SUBDIVISION STELLAS CHOICE SECTION LOT 3

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. Entries: Brown Shale 0-68, Blue Rock 68-280.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 72

OTHER CASING (if used)

Table for other casing with columns for diameter inch and depth (feet).

SCREEN RECORD

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

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. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

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

Table for depth (nearest ft.) with columns for casing sections and slot size diameter of screen.

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

C 3

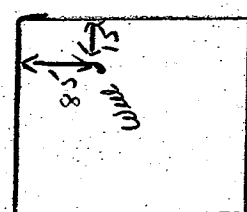
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 120 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 58 ft. WHEN PUMPING 88 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (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)



SPECIAL CONDITIONS

#791 P02

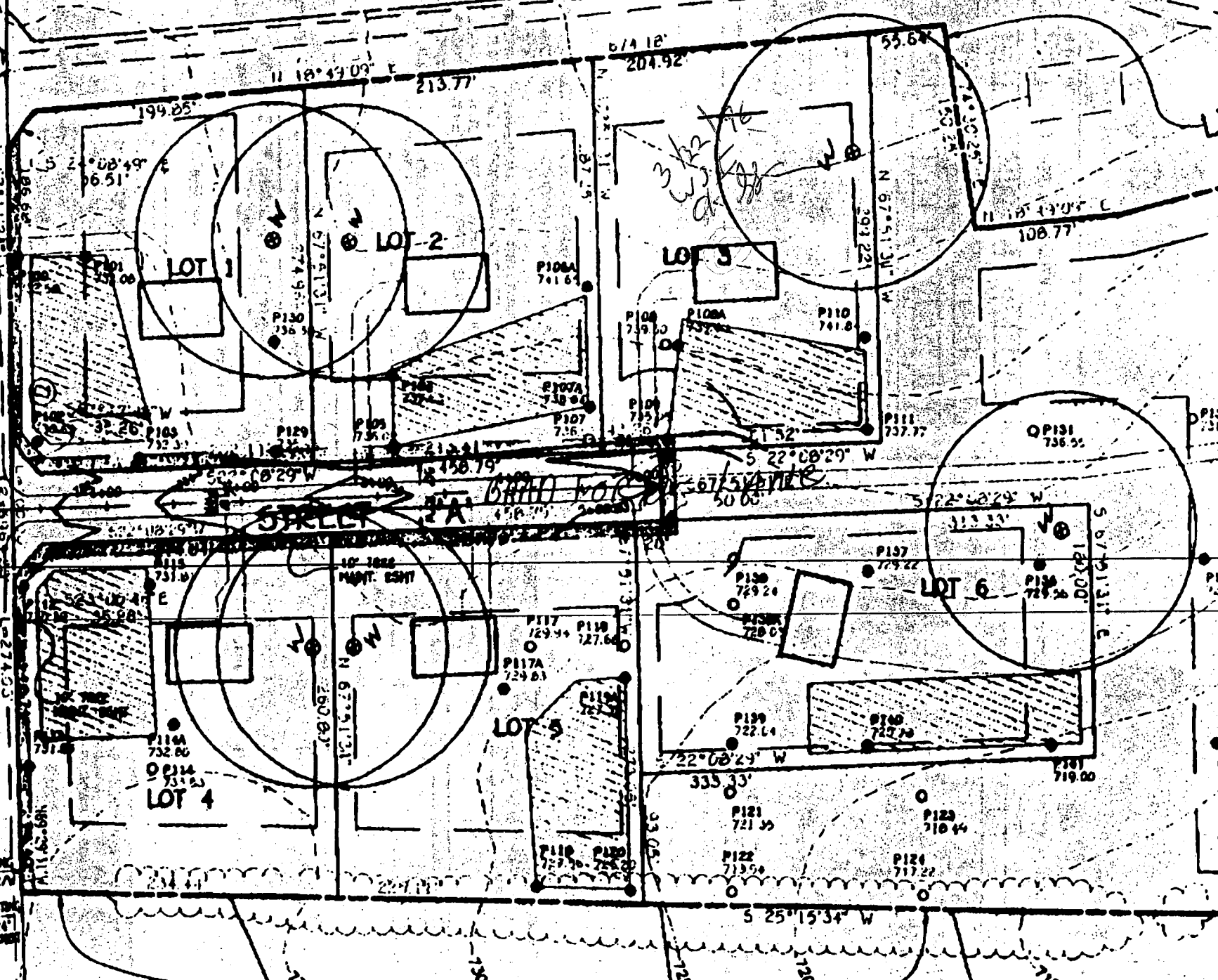
TEL NO: 750-1947

26 11:38 ID:

HARDY ROAD  
(LOCAL ROAD)

STREET

*Handwritten note:*  
\* Wood Comp  
736



LIMIT OF SUBMISSION



OLS AS SHOWN ON PLAN  
 AND STABILIZE THE SITE.  
 ILIZED AND PERMISSION IS GRANTED FROM  
 INSPECTOR, REMOVE SEDIMENT CONTROLS  
 LIVING DISTURBED AREAS.

AREAS LIKELY TO BE REDISTURBED  
 NATIVE COVER IS NEEDED.

OF SOIL BY RAKING, DISCING  
 BEFORE SEEDING.

ACRE 10-10-10 FERTILIZER (4 LBS./1000 SQ. FT.)

ARCH 1 THROUGH APRIL 30, AND AUGUST  
 R 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL  
 Q.F.T. FOR THE PERIOD MAY 1 THRU AUGUST 14,  
 2E OF WEEPING LOVEGRASS (07 LBS./1000SQ.FT.).  
 UNDER 15 THRU FEBRUARY 25. PROTECT SITE BY  
 2 ACRE OF WELL ANCHORED STRAW MULCH AND  
 POSSIBLE IN THE SPRING, OR USE SOIL.

NS PER ACRE (70 TO 90 LBS./1000 SQ.FT.)  
 GRAIN STRAW IMMEDIATELY AFTER SEEDING.  
 LATELY AFTER APPLICATION USING MULCH  
 210 GALLONS PER ACRE (5 GAL./1000 SQ.FT.)  
 LT ON FLAT ACRES, ON SLOPES 0 FEET OR HIGHER,  
 R ACRE (4 GAL./1000 SQ.FT.) FOR ANCHORING.

ARYLAND STANDARDS AND SPECIFICATION FOR SOIL  
 CONTROL FOR RATE AND METHODS NOT COVERED.

E STABILIZED AS FOLLOWS:

OF SOIL BY RAKING, DISCING  
 BEFORE SEEDING.

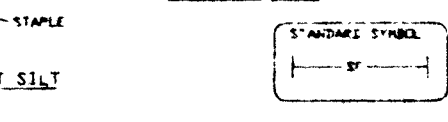
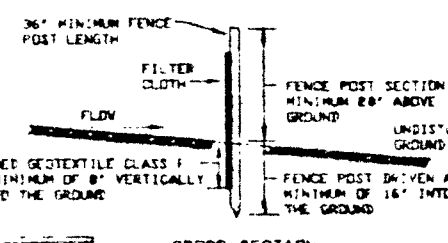
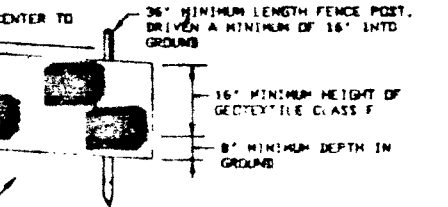
DOLOMITIC LIMESTONE (92 LBS./  
 ER ACRE 0-20-20 FERTILIZER  
 SEEDING HARROW OR DISC.  
 SOIL AT TIME OF SEEDING.  
 0-0 UREAFORM FERTILIZER  
 LBS. PER ACRE (11.5 LBS./  
 LIZER.

OUGH APRIL 30, AND AUGUST  
 WITH 100 LBS. PER ACRE (2.3  
 31 TALL FESCUE FOR THE  
 31 SEED WITH 60 LBS./ACRE  
 XY 31 TALL FESCUE AND  
 1000 SQ.FT.) OF WEEPING  
 JOE OF OCTOBER 15 THROUGH  
 BY OPTION (1) - TWO TONS PER  
 TRAY MULCH AND SEED AS SOON AS  
 TION (2) - USE 500; OPTION (3) -  
 ENTUCKY 31 TALL FESCUE AND MULCH  
 ANCHORED STRAW. ALL SLOPES SHOULD

PER ACRE 00 TO 90 LBS./1000 SQ.FT.)  
 JAN STRAW IMMEDIATELY AFTER SEEDING.  
 TELY AFTER APPLICATION USING 200  
 5 GAL./1000 SQ.FT.) OF EMULSIFIED  
 RES ON SLOPES 0 FEET OR HIGHER USE  
 RE (4 GAL./1000 SQ.FT.) FOR ANCHORING.

AREAS AND MAKE NEEDED REPAIRS,  
 RESEEDINGS.

SUBSTITUTE CHEMUNG CROWNVETCH AT 15  
 VTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS  
 IREMENT. OPTIMUM SEEDING DATE FOR THIS  
 1 TO APRIL 30.



Construction Specifications  
 Minimum of 36" long driven 16" minimum into the  
 1/2" x 1/2" square (minimum) cut, or 1 3/4" diameter  
 of sound quality hardwood. Steel posts will be  
 using net less than 3.00 pounds per linear foot  
 and secured to each fence post with wire ties  
 and shall meet the following requirements:

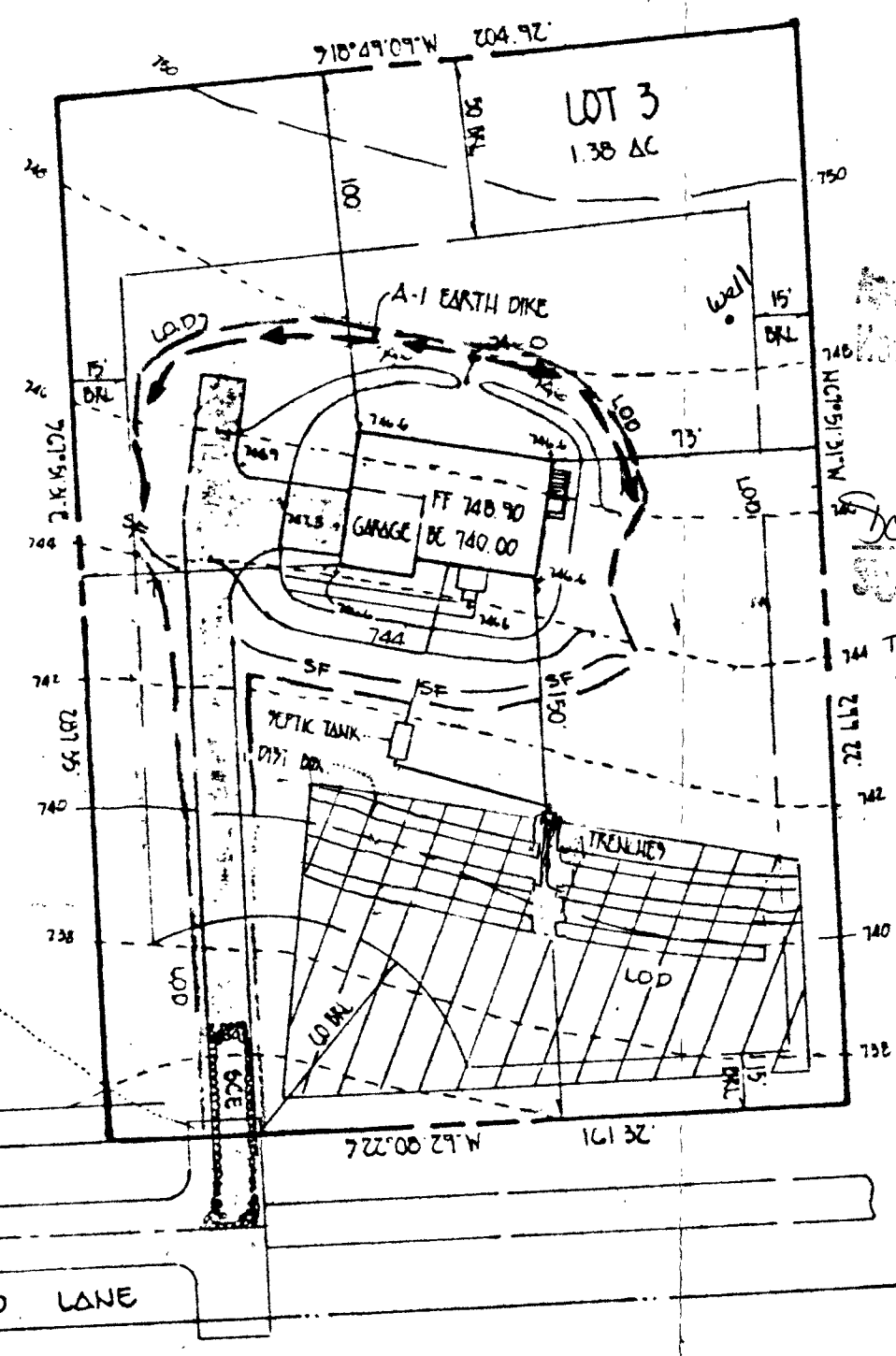
36 lbs/in (min.) Test: HSM 509  
 20 lbs/in (min.) Test: HSM 509  
 0.2 gal 4 1/2 minute (max.) Test: HSM 322  
 75% (min.) Test: HSM 382

fabric come together, they shall be overlapped,  
 and next bypass.

checked after each rainfall event and maintained when  
 accumulation reached 50% of the fabric height.

ILT FENCE  
 IT TO SCALE

*Emil W. [Signature]*

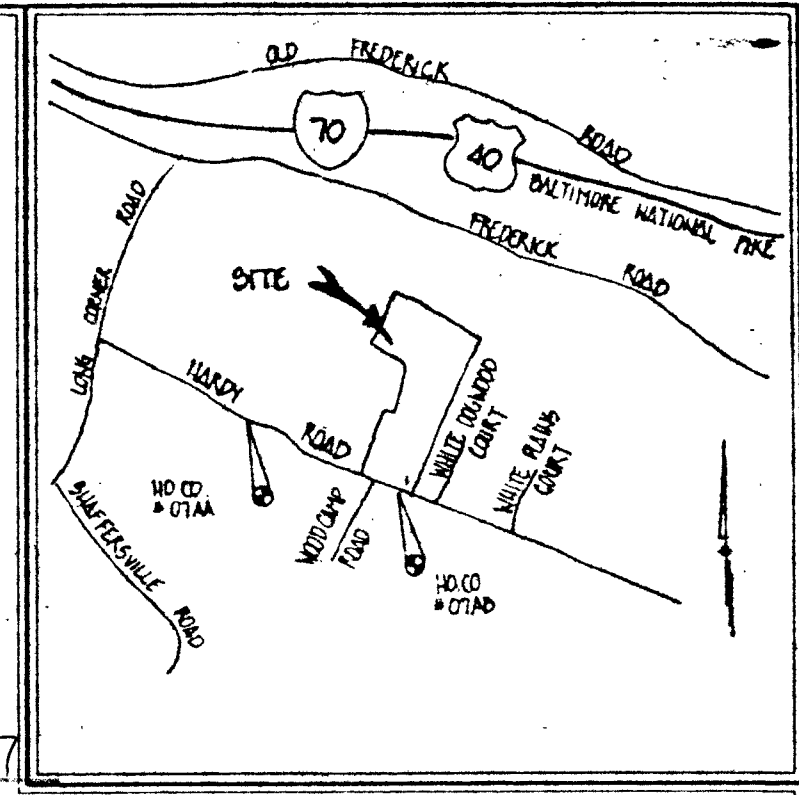


Approved Septic System Plan  
 Howard County Health Department

Donna K. [Signature] 8/19/97

TOTAL LENGTH OF TRENCH: 240'  
 DEPTH OF TRENCH: 6'  
 WIDTH OF TRENCH: 3'  
 DEPTH OF STONE: 1.5'

HOUSE DROPPED  
 6" - ELEV'S  
 OK - BASEMENT  
 GRAY SERVICE  
 LOST OR HR 9/2/97  
 PUMP TO BE INSTALLED

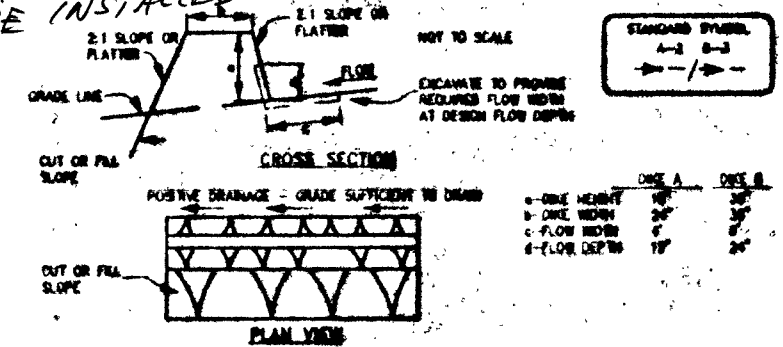


VICINITY MAP  
 SCALE: 1"=2000'

GENERAL NOTES

- SEPTIC BASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK
- A. FIRST FLOOR ELEVATION: 740.00  
 B. BASEMENT ELEVATION: 740.00  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 730.5  
 D. INVERT IN AT SEPTIC TANK: 737.5  
 E. INVERT OUT AT SEPTIC TANK: 737.5  
 F. PROPOSED GRADE OVER SEPTIC TANK: 745.0  
 G. INVERT AT DISTRIBUTION BOX: 737.0 - 736.5  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 741.0
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

\* MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK



- FLOW CHANNEL STABILIZATION  
 GRADE 0.3% MIN. 10% MAX.
- Seed and cover with straw mulch.
  - Seed and cover with Erosion Control Matting or live with soil.
  - 4" - 7" stone or recycled concrete equivalent placed into the soil 7" minimum.
- CONSTRUCTION SPECIFICATIONS
- All temporary earth dikes shall have uninterrupted positive grade to an outlet. Spot elevations may be necessary for grades less than 1%.  
 2. Runoff diverted from a disturbed area shall be conveyed to a sediment trapping device.  
 3. Runoff diverted from an undisturbed area shall outlet directly into an undisturbed, stabilized area of 5:1 slope or better.  
 4. All trees, brush, stumps, obstructions, and other objectional material shall be removed and disposed of so as not to interfere with the proper functioning of the dikes.  
 5. The dikes shall be constructed or shaped to line, grade and cross section as required to meet the criteria specified herein and be free of bank projections or other irregularities which will impede normal flow.  
 6. Fill shall be compacted by earth moving equipment.  
 7. All earth removed and not needed for construction shall be placed so that it will not interfere with the functioning of the dikes.  
 8. Inspection and maintenance must be provided periodically and after each rain event.

EARTH DIKE DETAIL

Athey Residence  
 1017 Bradford Lane  
 Mt. Airy, MD 21771  
 Patrick Athey (301) 604-6622  
 (301) 305-6622

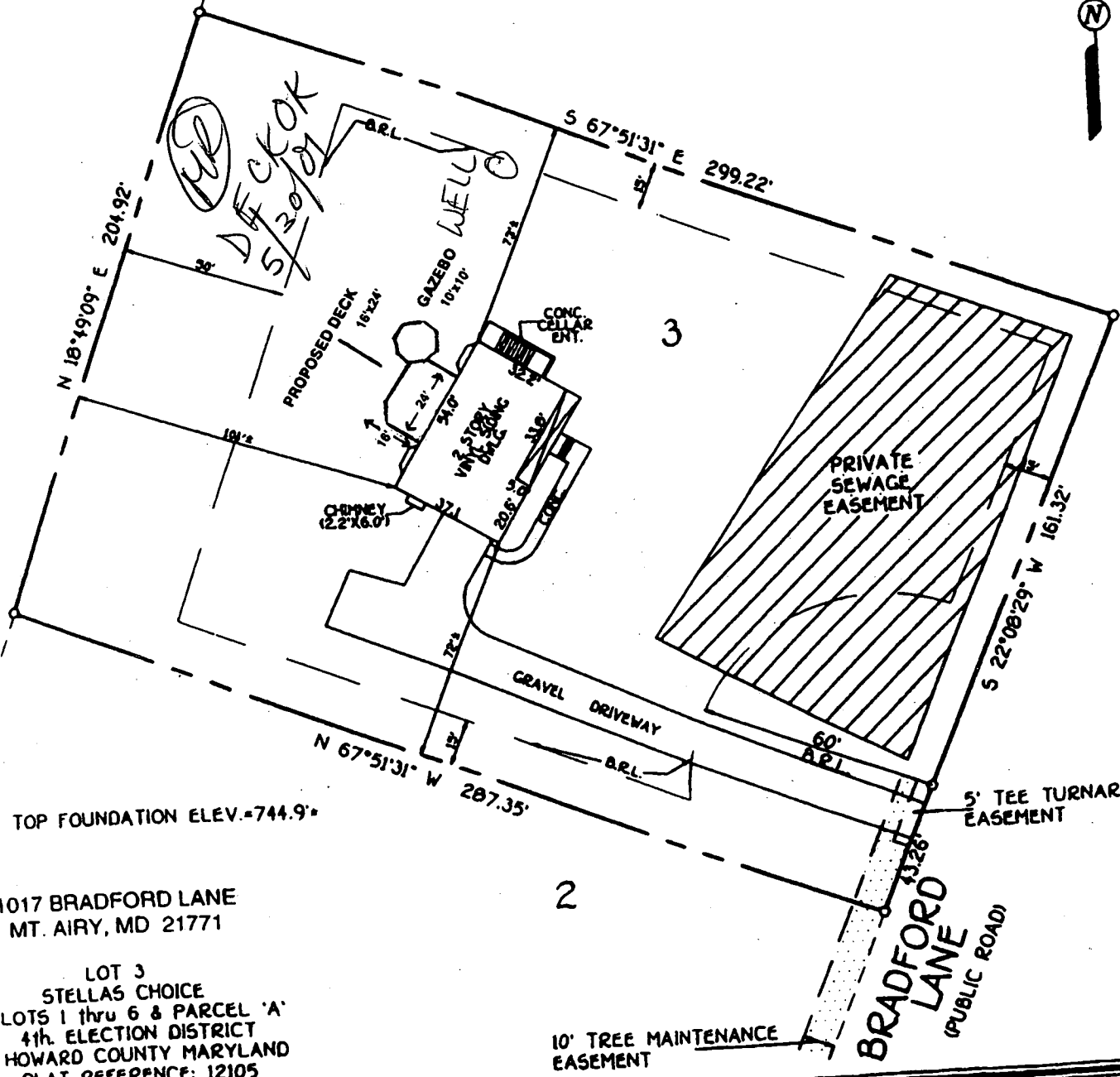
GP-98-18 (pages)

PLAN TO ACCOMPANY APPLICATION FOR  
 BUILDING PERMIT

STELLAS CHOICE  
 LOT 3

TAX MAP 7 PARCEL 370  
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: AUGUST, 1997

PRESERVATION  
PARCEL 'A'



TOP FOUNDATION ELEV.=744.9'

1017 BRADFORD LANE  
MT. AIRY, MD 21771

LOT 3  
STELLAS CHOICE  
LOTS 1 thru 6 & PARCEL 'A'  
4th. ELECTION DISTRICT  
HOWARD COUNTY MARYLAND  
PLAT REFERENCE: 12105

10' TREE MAINTENANCE  
EASEMENT

BRADFORD LANE  
(PUBLIC ROAD)

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLKOTT CITY, MARYLAND 21042  
(410) (61) - 2855



*Charles J. Crovo, Jr.*  
PROFESSIONAL LAND SURVEYOR  
REG. - 10763  
DATE 3/17/98

### HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/13/97  
FINAL LOCATION: 03-17-98  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=50'  
DATE: 03-18-98  
DRAWN BY: KEL  
CHECKED BY: MEL  
PROJECT No.: 8154

B00130507 ✓

Building Address 1017 Bradford Lane  
MT. Airy Md 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6D40 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
Tax Map 7 Parcel 390 Grid 1  
Zoning RC-DE Map Coordinates ZH9 Lot size \_\_\_\_\_

Property Owner's Name PATRICK L. Athey  
Address 1017 Bradford Lane  
City MT. Airy State MD Zip Code 21771  
Home Phone (301)829-8900 Work Phone SAME  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD @ Deck  
Estimated Construction Cost \$ 2500  
Description of Work Deck 24' x 12' w/ 10' x 6' steps  
7-20-10/10

Contractor Company OWNER  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ 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**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms: \_\_\_\_\_  
Multi-family dwellings:  
No. of efficiency units: \_\_\_\_\_  
No. of 1 BR units: \_\_\_\_\_  
No. of 2 BR units: \_\_\_\_\_  
No. of 3 BR units: \_\_\_\_\_  
Other Structure: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Footings: \_\_\_\_\_  
Roof: Asph/F  
 State Certified Modular  
 Manufactured Home

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Patrick L. Athey  
Applicant's Signature

Patrick L. Athey  
Print Name

\_\_\_\_\_  
Title/Company

\_\_\_\_\_  
Date

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 5/30/10 \_\_\_\_\_  
 Dev Engineering DPZ \_\_\_\_\_  
 Health 5/30/10 Mark Riffe \_\_\_\_\_  
 Fire Protection \_\_\_\_\_  
Is Sediment Control approval required prior to issuance?  
YES  NO   
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

**DEP. SETBACK INFORMATION**  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side SA: \_\_\_\_\_  
All minimum setbacks met?  
YES  NO   
Is Entrance Permit required?  
YES  NO   
Historic District?  
YES  NO   
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#** 31558  
Filing fee \$ \_\_\_\_\_  
Permit fee \$ 30  
Excise tax \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
**TOTAL FEES** \$ 30  
Balance due \$ \_\_\_\_\_  
Check # 235  
Validation # 36784

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