

5/26/00 am
6/15/00
2:00

6/16/00 after 1pm (WPI)

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513587
A 50388-C
ISSUE DATE 5/12/2000
APPROVAL DATE 6/15/00

360923

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336
SUBDIVISION Ridge View Hunt LOT NUMBER 22 ADDRESS 15320 Farm View Court
PROPERTY OWNER Selfridge Builders PROPERTY OWNER'S ADDRESS 14045 Gared Drive
SEPTIC TANK CAPACITY 1500 GALLONS Glenwood, MD 21738
PUMP CHAMBER CAPACITY _____ GALLONS
NUMBER OF BEDROOMS 5
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting from the left lot corner at the end of the flagstem driveway, place the distribution box 110 feet down the left (215.79') lot line and 105 feet off this same lot line. Run trenches on contour to right side of lot. Maintain a minimum of 100' from the well to all parts of the septic system.

PLANS APPROVED Mark E. Rifkin on spec 4/17/00 DATE 3-21-2000

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BUILDING PERMIT SIGNED AND RETURNED
7-17-02
800137509 - EG POOL

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

450388C

NOT TO SCALE

TRENCH DATA

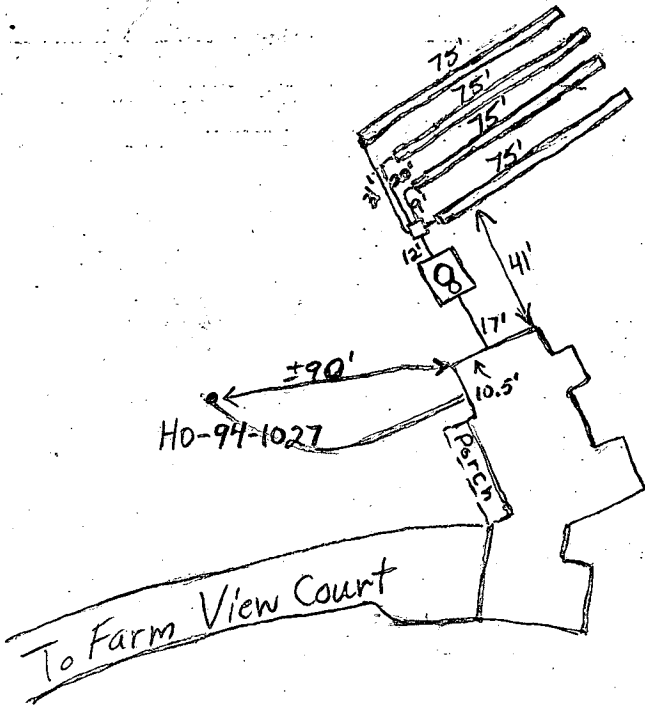
TRENCH WIDTH 3.0
 TRENCH INLET DEPTH 3.0
 TRENCH BOTTOM DEPTH 5.0
 DEPTH OF STONE 2.0
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 300
 ABSORBENT AREA 900 sq ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500 MS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~



PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 5/26/00 House connection made. Baffles in tank. O.K. to cover tank. (BB)
6/15/00 System O.K. O.K. to cover everything. (BB)

INSPECTOR Brian Baker DATE SYSTEM APPROVED 6/15/00

APPLICATION

PERCOLATION TESTING

A 50388B

P _____

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

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 Richard Hoenes SELFIDGE BUILDERS

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION (White Property) RIDGEVIEW HUNT LOT NO. (22,23) 22

ROAD AND DESCRIPTION South side 15000 block of Carrs Mill Road; 1 mile +/- west
of Roxbury Mills Road intersection. 15320 FARM VIEW COURT

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 5 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**NO. PERMIT SIGNED
AND RETURNED 3/21/2000**

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. Richard Hoenes
(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

AS0388B

COUNTY #

SOIL PROFILE

1106B

orange
C
bright orange
SIL
very decayed
saprolite
in
bottom
OK of
test
hole

1009

yellow
orange
CL

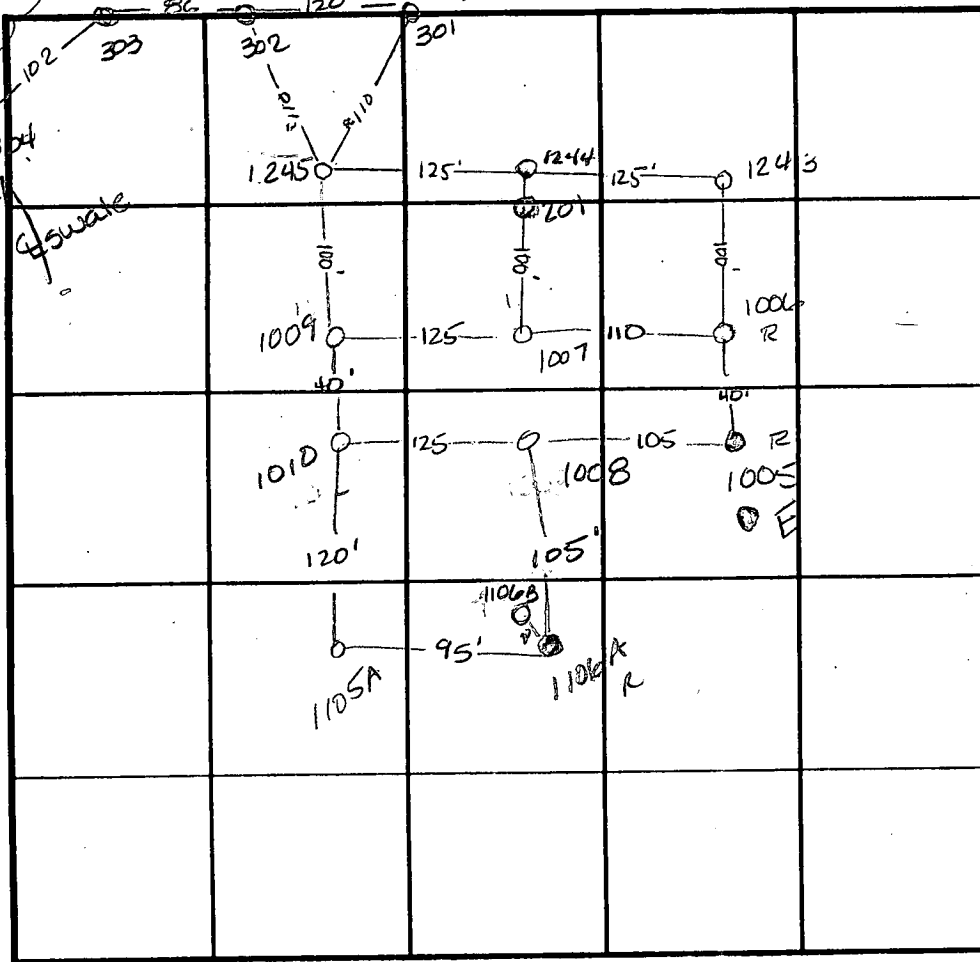
reddish
brn
SIL

white
foam

1008 1110

yellow
brn c

orange
red sil
w/ white
pockets
of decayed
quartz



LOT 2

SOIL PROFILE

1007

brn
orange
CL
pink
tan
mixed
SSIL

1005 A

SAME AS
1010 but
circular
pocket of > 50%
rock
CIA = 3'
non continuous
3'-6'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-13-94	1109	4' VII'	6:21 ¹⁵	6:26	6:26	6:45	19min
	1107	3.5' VI2	6:14 ¹⁵	6:15	6:15	6:16 ³⁰	1 1/2 min
	1106	Hard bottom at 5'					F
	1105	Hard bottom at 8'					F
	1108	Visual to 12'					OK
	1110	Visual to 11'					OK
	1106A	Hard bottom at 6.5'					F
	1105A	4.5' VII.5'	9:03	9:04 ³⁰	9:04 ³⁰	9:06 ⁴⁵	2 1/4 min
	1106B	Visual to 11'					OK

REMARKS shallow system only

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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
1243

0' orange
brn
C

4.5' lgt
beigh
SiL
<5%
large
rocks
11-12"
dia
throughout
not
interconnected

8' white
SL

1244

brn
SiCL

5' very
light
grey
tan
SSiL

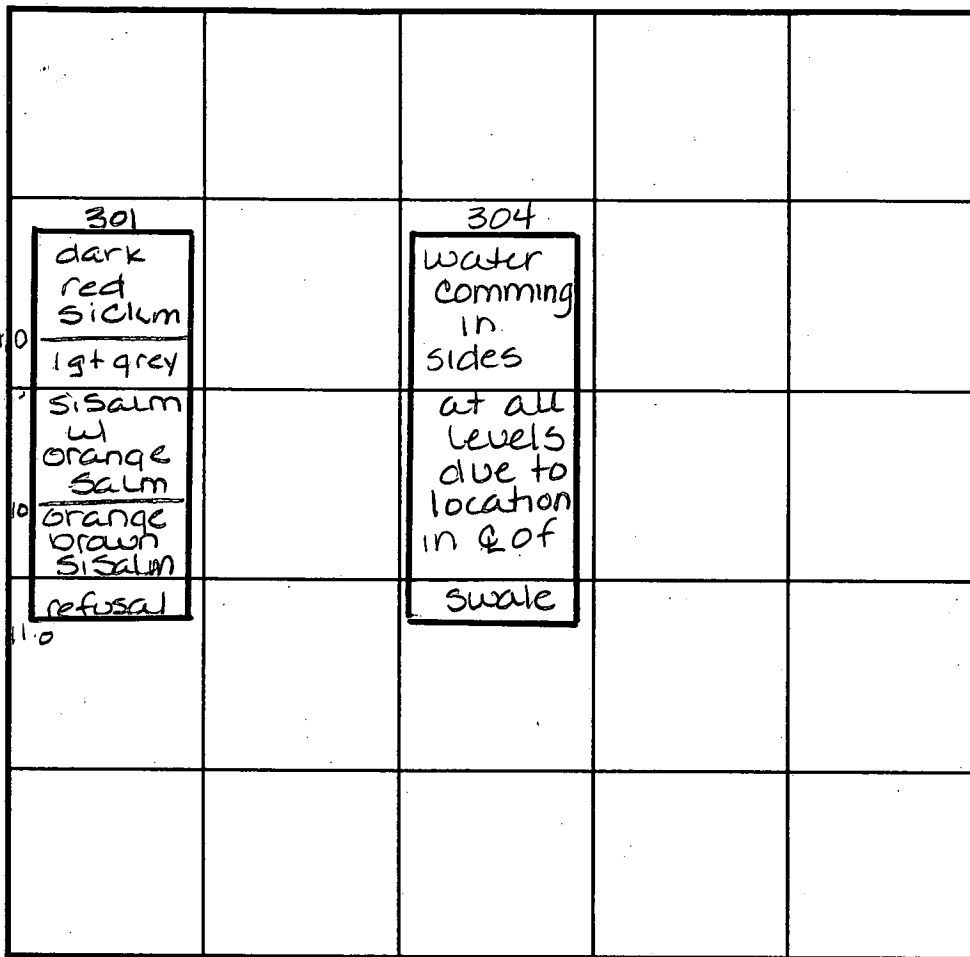
6' >50%
rock

1245

tan
orange
C

4' bright
red
to
yellow
SCL

5' white
powdery
SSiL
decayed
white
rock
100%



SOIL PROFILE
302 303

0' dark
brown
SiCLm

4.0' lgt orange
to
white
Salm

10.0' white
to
grey
SiLm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-21-94	1243	5' / v12'	6:01	6:04 ³⁰	6:04 ³⁰	6:08	3 1/2 min
	1244	6' / v11'	6:10 ¹⁵	6:10 ⁴⁵	6:10 ⁴⁵	6:11 ³⁰	F
	1245	5' / v12'	6:25	6:30	6:30	6:35 ²⁰	5 1/2 min
2-24-95	201	Hard bottom at 5'	---		---		F
	E	Hard bottom 4'	---		---		F
3-20-96	302	Visual to 13.0	- see profile		-		OK
	303	4.0 / v13.0	1:53	1:56	1:56	2:01 ³⁰	5 1/2 min
	301	4.0 / v11.0	2:15	2:16 ⁴⁵	2:16 ⁴⁵	2:19	2 1/4 min
	304	Visual	- see profile		---		F

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

ROBERT F. BOWD JR.
P. 10
1449/10

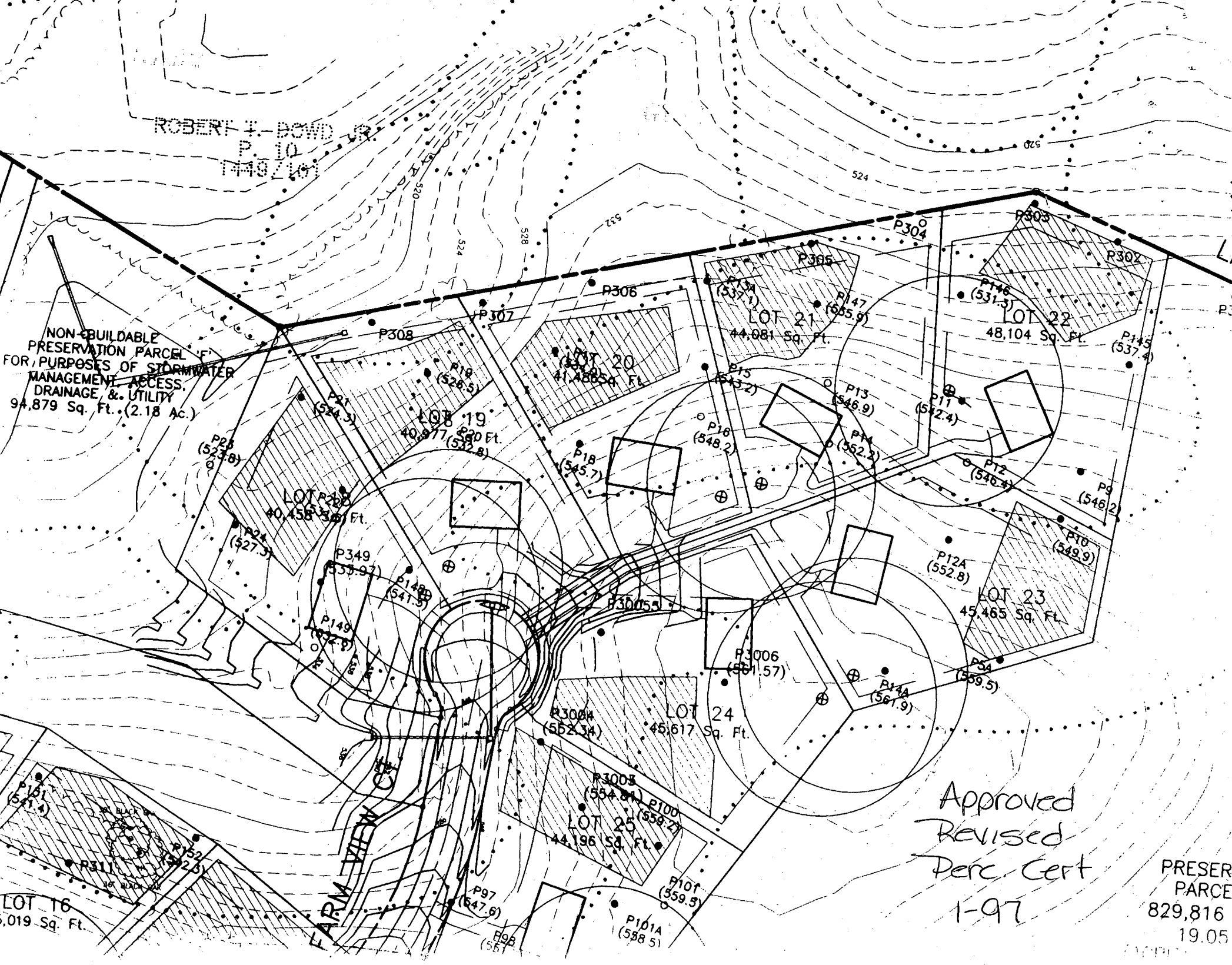
NON-BUILDABLE
PRESERVATION PARCEL
FOR PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE, & UTILITY
94,879 Sq. Ft. (2.18 Ac.)

LOT 16
10,019 Sq. Ft.

FARM VETER
C

Approved
Revised
Perc Cert
1-97

PRESER
PARCE
829,816
19.05



C 1 **6519**
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 50388 B**

ST/CO, USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
02 07 97

Depth of Well
22 200 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1027

OWNER **BH Development**
 STREET OR RFD **Ellen View** TOWN **Glenwood**
 SUBDIVISION **Glen View** SECTION _____ LOT **23 22**

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	
top soil	0	2	
shale	2	30	
granite	30	54	
hard mica	54	55	
gravel	55	80	
sand shale	80	90	
granite	90	200	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1400**
 GALLONS OF WATER **70**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST **CO**
 STEEL CONCRETE
 PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **40**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

screen type or open hole insert appropriate code below
SCREEN RECORD
 ST **BR** **HO**
 STEEL BRASS OPEN HOLE
 PL **OT**
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED yes no

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.

DRILLERS LIC. NO. **MWD 040**
Donna F. Ekstenberg
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MWD 481**

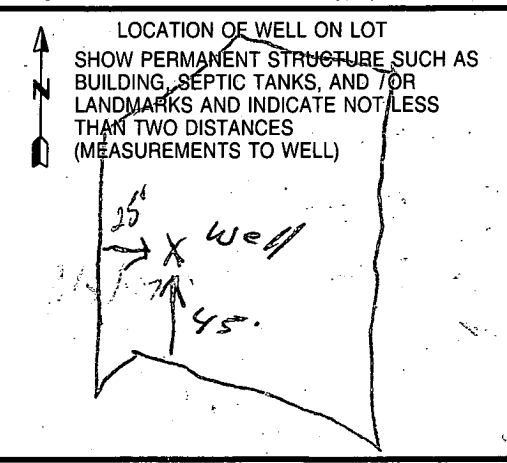
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)
HO 38 200
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from _____ to _____

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **29** ft.
 WHEN PUMPING **59** 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 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 **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35
 PUMP HORSE POWER _____ 37 _____ 41
 PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **2** (nearest foot)



B 1 **2108** SEQUENCE NO. (MDE USE ONLY)
2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

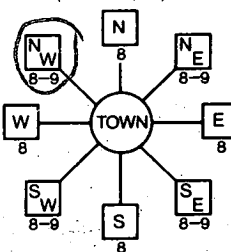
HO-94-1027
70 fill in this form completely 79

please print or type

Date Received (APA) **11-27-96**
8 MM DD YY 13
R. H. Development L L C
15 Last Name Owner First Name 34
8668 Baltimore National Pike
36 Street or RFD 55
Ellicott City, Md. 21043
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
8 COUNTY 21
Glen View
23 SUBDIVISION 42
SECTION 44 46 LOT **23 22** 48 50
Glenwood Ridge View Hunt
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** M I
73 76 77 78

DRILLER INFORMATION
George F. Easterday MW D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 11/26/96
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
1 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 NEAR WHAT ROAD 30
Carrs Mill Rd Farm View Ct
34 **800** 37
DISTANCE FROM ROAD Ft 38 39
ENTER FT OR MI
TAX MAP: BLK: PARCEL:

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
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 APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co. **A50388B**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED **12-20-96** **A McMulle** **12-20-97**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **536 000** EAST GRID **788 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST TOWN

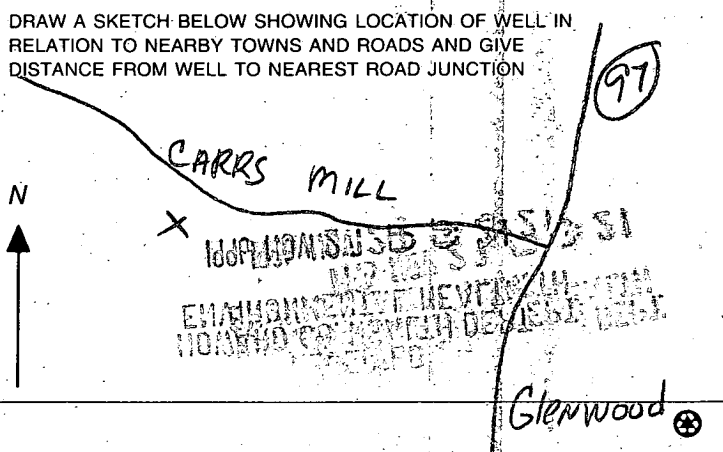
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
2/5/97
~~GROUT~~
2/7/97 GROUT
SOURCES OF DRILLING WATER
1. **wells**
2.
3. X
WRITE THE BOX NUMBER FROM THE MAP HERE
E **780**
N **530**
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
30
37 CABLE REVerse-ROtary DRive-POINT
other

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
39 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52:

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1027**
67 68 70 71 72 73 74 75 76 77 78 79

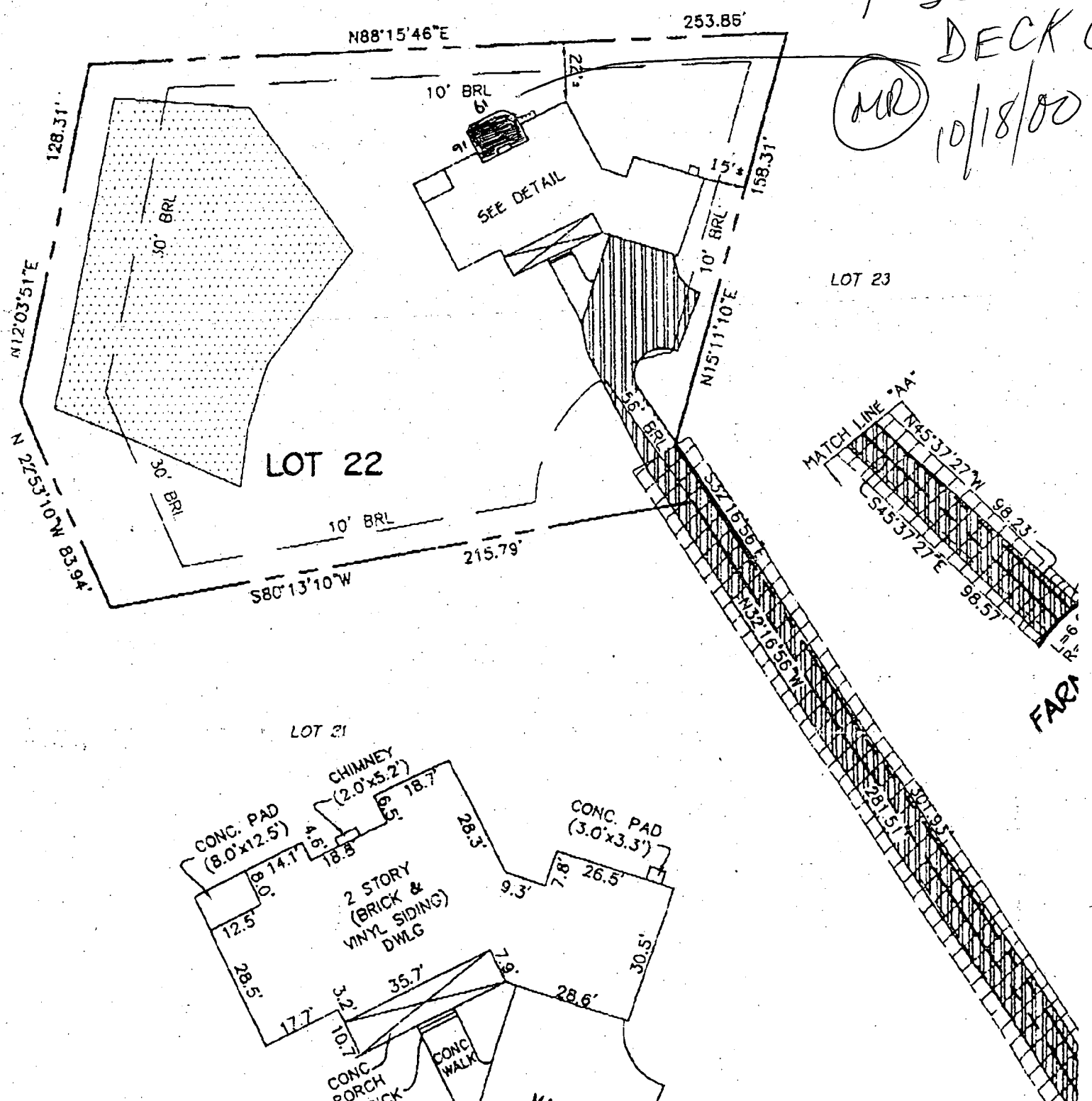
SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVA INSO FAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURV PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED I THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMP AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SU IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINA
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSUR RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240040000 B EFFE DATE: DEC. 4, 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCUR PLUS OR MINUS (+).

1:50
DECK OK
ML 10/18/00



Building Address 13320 FAIRM VIEWS CT
WOODBINE MD 21797

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

Census Tract 6042 Subdivision Ridge View Manor

Section - Area - Lot 22

Tax Map 14 Parcel 14 Grid 8

Zoning RC-DCA Map Coordinates 8k3 Lot size _____

Property Owner's Name ROTT/DONNA WALLICZ

Address 13320 FAIRM VIEWS CT

City WOODBINE State MD Zip Code 21797

Home Phone 410-289-0271 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use 20' DECK

Estimated Construction Cost \$ 3000

Description of Work OPEN DECK 16x19
STEPS TO GRADE

Contractor Company FINE CARPENTRY

Contact Person RON COLISON

Address 10310 GUILFORD ROAD

City ANNAPOLIS State MD Zip Code 20701

License No. MHC 19692

Phone 301 206 5151 Fax 301 206 5155

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: _____ <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	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"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <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 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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (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.

R. L. COLISON
 Applicant's Signature
FINE CARPENTRY
 Title/Company

R. L. COLISON
 Print Name
10/13/00
 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	<u>10/13/00</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>10/18/00</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>45221</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>0</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>8925</u>
Accepted by <u>[Signature]</u>	Validation # <u>34167</u>

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Building Address 15320 FARM VIEW COURT
WOODBINE, MARYLAND 21797

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

Census Tract 101002 Subdivision RIDGE VIEW HUNT

Section NA Area NA Lot 22

Tax Map 14 Parcel 229 Grid 8

Zoning R(DD) Map Coordinates SK3 Lot size 1.10 ACRE

Property Owner's Name SCOTT & DONNA WALKER

Address 15320 FARM VIEW COURT

City WOODBINE State MD Zip Code 21797

Home Phone (410) 489-0271 Work Phone _____

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME WITH POOL

Estimated Construction Cost \$ 21,800.00

Description of Work CONCRETE INGROUND POOL WITH D.E. FILTER, POOL FILLED BY TRUCK. 18' 6" WIDE BY 36' 9" LONG, 3 1/2' TO 9' DEEP - NO DIVING BOARD. SF = 508

300 L.F. OF 5.0' HIGH PICKET FENCE PER CODE

Contractor Company ANTHONY & SYLVAN BOULS, INC.

Contact Person GEORGE A. SCHWEICH - AGENT FOR CONTRACTOR

Address 10940 GUILFORD ROAD, SUITE 407

City ANNAPOLIS State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name N/A

Address _____

City _____ State A Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ 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: <u>INGROUND POOL</u> Dimensions <u>18' 6" W X 36' 9" L</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
JULY 17, 2002
 Date

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

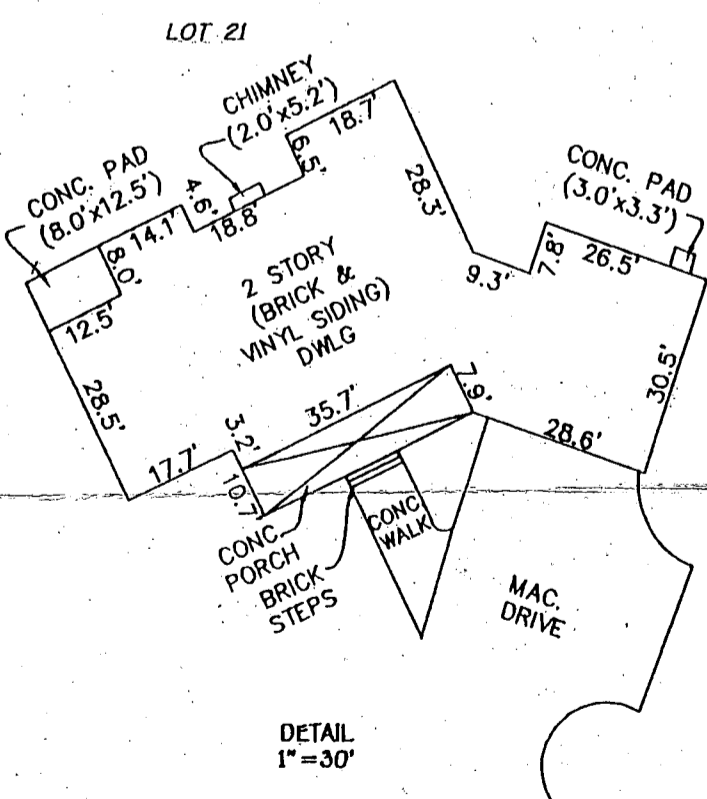
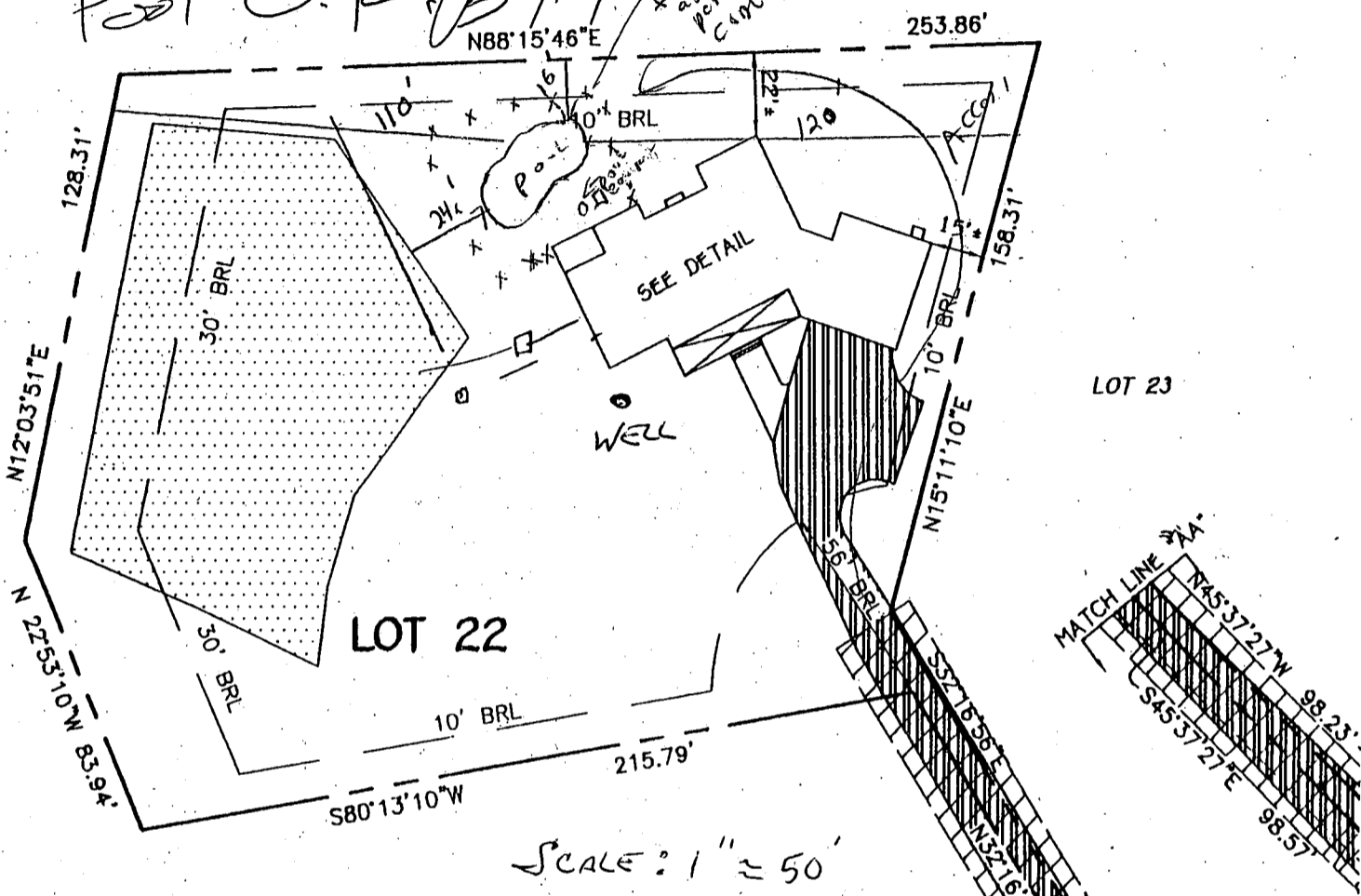
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>5' 11"</u>	45227
State Highways			Rear: <u>5' 11"</u>	Filing fee \$ _____
Building Official			Side: <u>8' 11"</u>	Permit fee \$ <u>2700</u>
Dev. Engineering, DPZ			Side St: <u>N/A</u>	Excise tax \$ _____
Health	<u>7/17/02</u>	<u>John M.</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>2700</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Check # <u>3328</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>5422</u>
			Lot Coverage for New Town Zone <u>N/A</u>	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date <u>[Signature]</u>	

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROPRIATE INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH A CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY EASEMENT, 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 AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT 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. 2400440000 B. DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURATE PLUS OR MINUS (±).

Pool O.K. 2/7/17/82
 fence per CAM
 N88°15'46"E

1" = 50'



= DENOTES 24' PRIVATE USE-IN-COMMON ACCESS EASEMENT FOR LOTS 20 TO 23

= DENOTES SEPTIC RESERVE AREA

BRL = BUILDING RESTRICTION LINE