

8/25/97  
WPI a.m.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58559

A 50572-D

DISTRICT 4th

DATE 7/10/97

DATE SYSTEM APPROVED 7/11/97

INSPECTOR ALM

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED  
04-358333

Olen Ketterman IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 410-442-1336

SUBDIVISION Carriage Mills Farms LOT 8 ROAD 14728 Carriage Mill Drive

PROPERTY OWNER Oak Hill Properties MIKE Smith

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet off the front lot line and 10 feet off the right lot line. Run trenches on contour towards the left lot line as seen when facing the lot from Carriage Mill Drive.

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 Keith Sykes/Donna K. Soe REVISED \_\_\_\_\_ DATE 06/16/97

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.

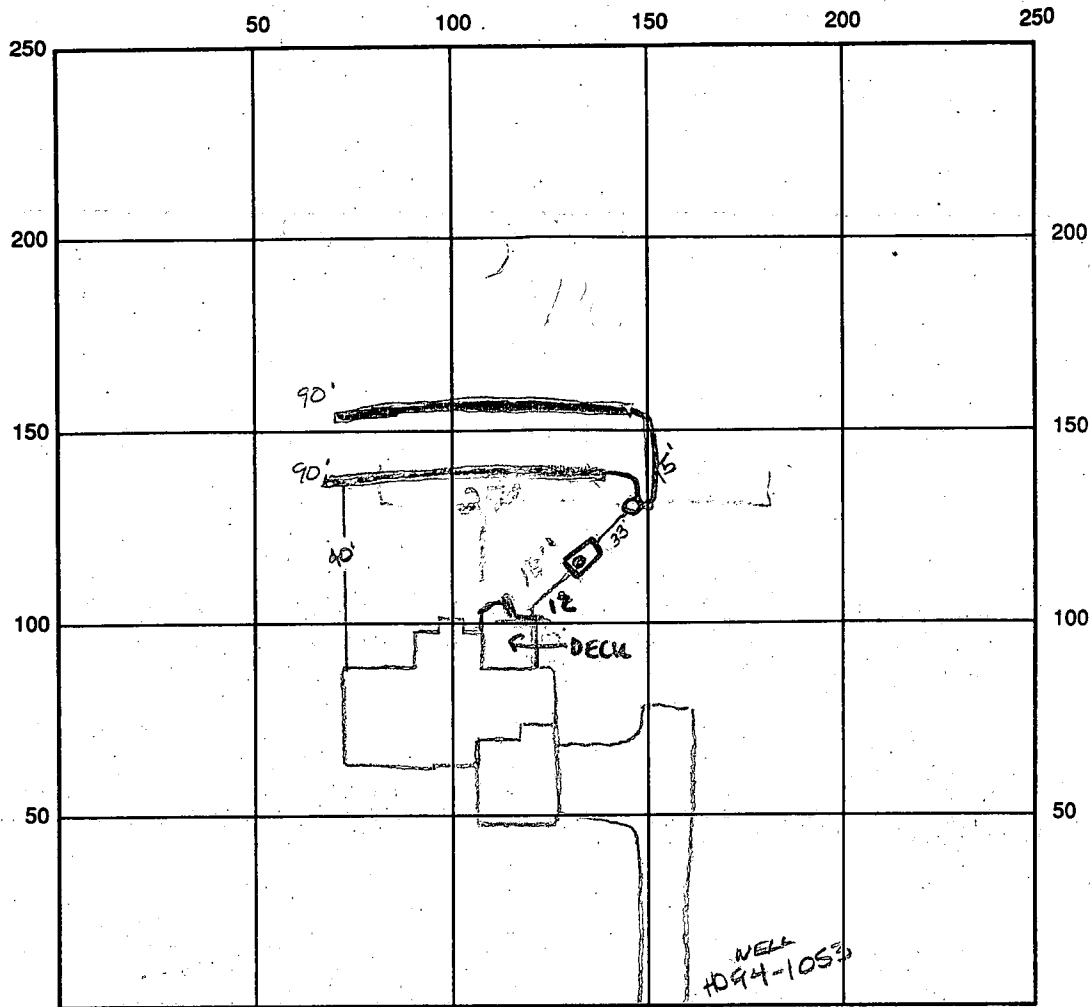
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED  
AND RETURNED 9-16-98  
Keith # B7119086

dict

A 50572-D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK +1250 gpd CLEANOUTS OK

DISTRIBUTION BOX LEVEL baffle is in

DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.  $\frac{180}{2} = 720$

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7/10/97 OK to continue 7/11/97 OK to cover final ALM  
8/25/97 WPT - OK to cover well line, P.A. 4.0' below grade, casing 2.0'  
above grade, has 2 piece cap (KM)

DATE SYSTEM APPROVED 7/11/97

INSPECTOR A McMullen

# APPLICATION

PERCOLATION TESTING

A 50572D

P \_\_\_\_\_

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

DISTRICT 4

DATE March 6, 1995

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 ~~Oak Hill Properties, L.L.C.~~ Oakhill Properties

ADDRESS 11501 Huff Court, North Bethesda, MD 20895 PHONE 301 816 9433

AGENT OR PROSPECTIVE BUYER Oak Hill Properties, L.L.C./ c/o Ralph E. Bice, III

ADDRESS Same as Above PHONE Same As Above

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. 428

ROAD AND DESCRIPTION Property is located on the Northeast Side of the intersection of Route 144 and Old Frederick Road. (14728 CARRIAGE MILL DRIVE)

TAX MAP 8 PARCEL # 158 & 79

BLDG. PERMIT SIGNED

RETURNED 6-16-97

Serial # B10106253

SIZE OF LOT Average size equals 60,000Sq. Feet TYPE BLDG. Single Family Detached - 4 Br  
(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.

*Ralph E. Bice, III*  
Ralph E. Bice, III

(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 \_\_\_\_\_

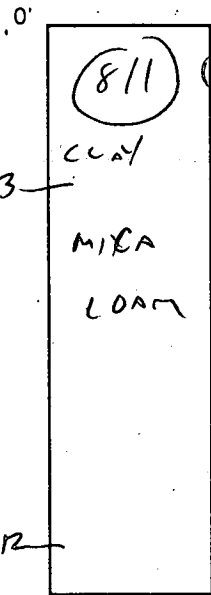
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

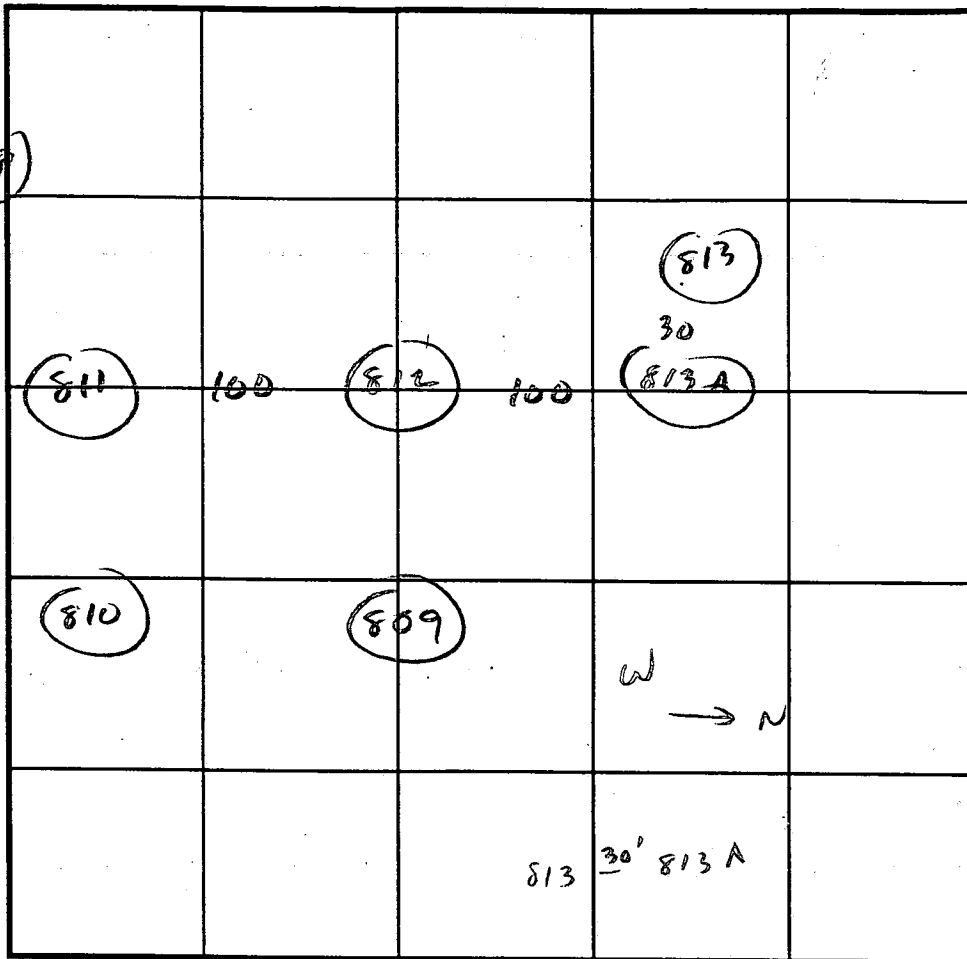
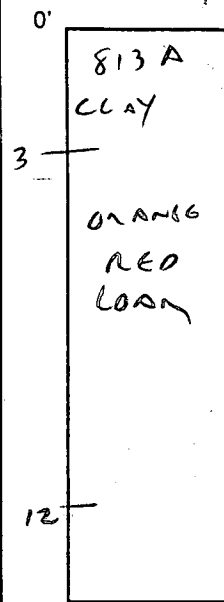
AS0572D

COUNTY #

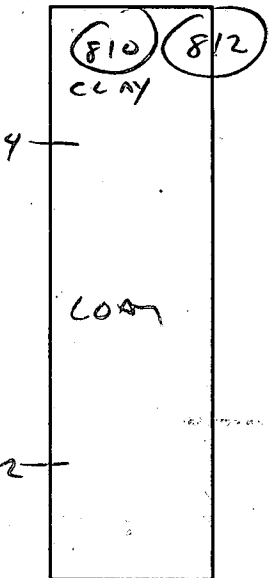
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/95	811	3 8	3:06 EST	3:08 2 MIN	3:08	3:11	3 MIN
		12	UIS	OK 3-12			LOAM
	810		UIS OK				
			LOAM	4-12			
	809	3 8	3:15	3:14:30	3:14:30		
		12					
	812						
			UIS OK	4-12			
	813						
			FAIL	ROCK	3-11		

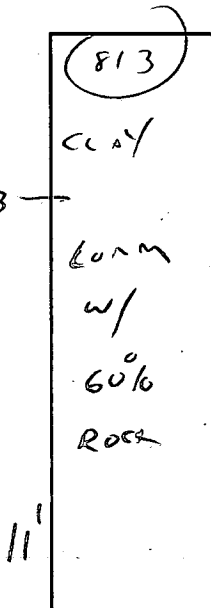
REMARKS 813 A 3 3:27 3:29 3:29 3:31 2 MIN

TYPE OF SOIL 12 UIS OK

TESTED BY CWL ALSO PRESENT BICE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 2

INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 7 1/2 SQ. FT./BEDROOM 180



B 1	<b>2111</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1053</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	--	---

Date Received (APA) 01/15/97

**OWNER INFORMATION RN 6967**

**Oak Hill Properties**

Last Name 107 Loudoun St, Ne Owner First Name

**Leesburg, Va. 20175-3106**

Town 70 State 72 Zip 76

**LOCATION OF WELL**

**Howard**

COUNTY 21

**Carriage Mill Farms**

SUBDIVISION 42

SECTION 44 46 LOT 8 48 50

**Cooksville**

NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 0 M I

**DRILLER INFORMATION**

**George F. Easterday** M W 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* 12/9/96 Date

Signature 37 Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**Carriage Mill Rd (14728)**

NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

DISTANCE FROM ROAD 15 Ft.

ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

**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** **AS0572D**

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 01/31/97 *C. Will* 1/30/98

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 543 000 EAST GRID 0792 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790

N 540

000 000

2/28/97  
10:00 Grout  
NOT COMPLETED  
@ TIME OF INSPECTION

*(DAS)*

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  AIR-ROTARY  CABLE other

JETTED  AIR-PERCussion  REVERSE-ROTARY

Jetted & DRIVEN  ROTARY (Hydraulic Rotary)  DRIVE-POINT

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

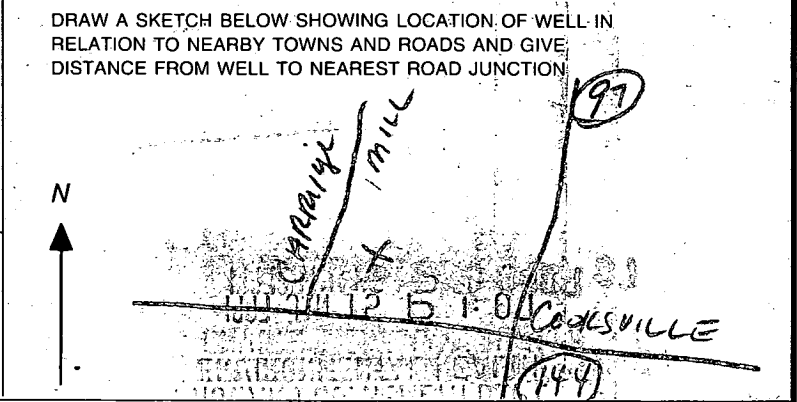
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER 54 G A P 63

FORCE CW WRITE INITIALS IN BOX PERMIT No. HO-94-1053

67 68 70 71 72 73 74 75 76 77 78 79

0208  
 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
 DATE RECEIVED

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

DATE WELL COMPLETED 022897  
 Depth of Well 22 200 26  
 (TO NEAREST FOOT)

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

COUNTY NUMBER A50572D  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1053

OWNER OAK HILL PROPERTIES  
 STREET OR RFD last name first name TOWN COCKESVILLE  
 SUBDIVISION CARRIAGE MILL SECTION LOT 8

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	
Topsoil	0	1	
Clay	1	4	
Sandy Clay	4	35	
Mucous Sandstone	35	41	
Granite	41	62	
Br. Sandstone	62	64	✓
Granite	64	82	
Br. Sandstone	82	86	
Granite	86	200	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 25 NO. OF POUNDS 1500  
 GALLONS OF WATER 125  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 58 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 (S) (T) (C) (O)  
 STEEL CONCRETE  
 (P) (L) (O) (T)  
 PLASTIC OTHER

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 (S) (T) (C) (O)  
 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 RECORD  
 screen type or open hole insert appropriate code below  
 (S) (T) (B) (R) (H) (O)  
 STEEL BRASS BRONZE OPEN HOLE  
 (P) (L) (O) (T)  
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED: YES (Y) NO (N)

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
23	24	26	30	32	36																
38	39	41	45	47	51																

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. 40  
 George F. Eustaulay  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

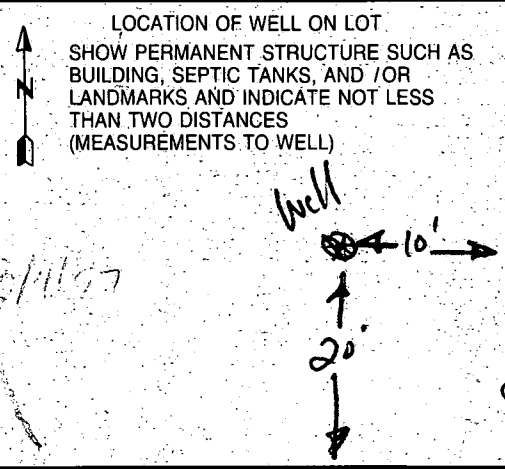
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

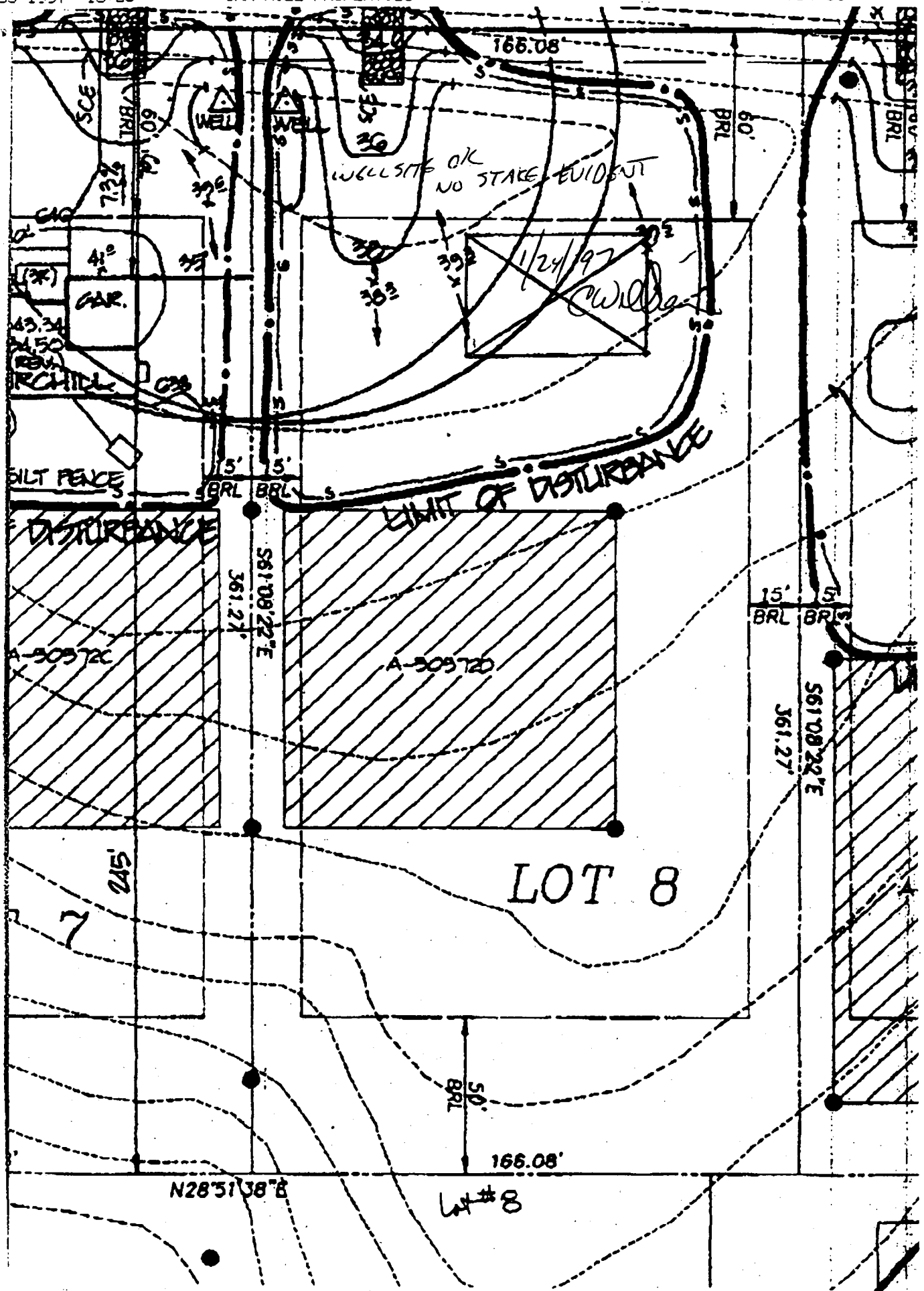
LIC. NO. 386  
 Wesley Blumquist  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 115  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 24 ft.  
 WHEN PUMPING 30 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 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)







---

## HOWARD COUNTY HEALTH DEPARTMENT

---

*Joyce M. Boyd, M.D., County Health Officer*

February 3, 1997

MEMORANDUM

TO: George Easterday  
c/c L. Franklin Easterday, Inc.  
9265 Brown Church Road  
Mt. Airy, Maryland 21771

FROM: Kim Maiste, Sanitarian (KM)  
Water and Sewerage Program  
Bureau of Environmental Health

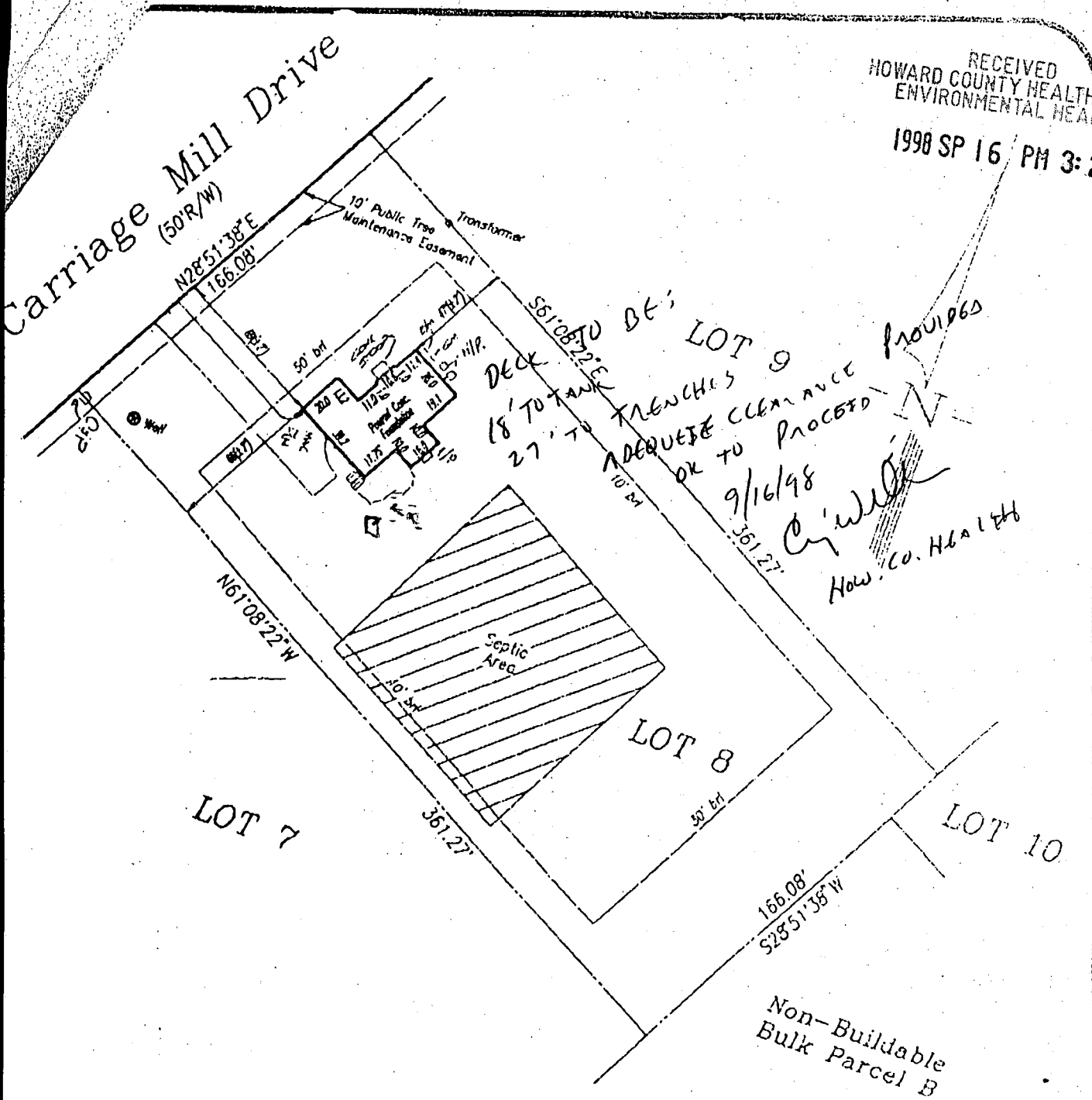
RE: Well Construction Permits for  
Carriage Mill Estates  
Lots 6, 7, 8 and 12 (Enclosed)

You may want to confirm that well sites are adequately marked prior to committing your equipment to the sites. Although the applicant has assured us well stakes are present, the stakes could not be located by Craig Williams and myself during our site inspection on January 24, 1997.

If you have any questions relative to this matter, please contact me at the below address or by calling 313-2640.

KM:jr

cc: Oak Hill Properties  
Attention: Ralph Bice  
File



RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
1998 SP 16 PM 3:25

LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: #14728 Carriage Mill Drive

TOP OF WALL ELEV. = 643.87' FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C" AREA OF MINIMAL FLOODING PER COMMUNITY PANEL NUMBER 240644-0008-B

Lot 8  
Carriage Mill Farms  
Phase One  
PLAT No. 12215  
ELECTION DISTRICT No. 4  
HOWARD COUNTY, MARYLAND

<b>LOCATION DRAWING</b>	
FOUNDATION	DATE: 7/10/97
FINAL	DATE: 10/15/97
DRAWN BY: DBW	SCALE: 1"=60'
PROJECT No.:	95505.03

*[Signature]*  
10/15/97

STEVEN R. PETERS  
Property Line Surveyor  
Maryland No. 582

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS  
LAND SURVEYORS

P.O. Box 10  
New Market, MD 21774-0010

10120 A Old National Pike  
Lijamsville, MD 21754-9706

(301) 865-8858  
Fax: (301) 865-5111

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00114086

Building Address 14728 Carriage Mill Dr.  
Woodbine MD 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision CARRIAGE MILL FARMS  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 8  
 Tax Map 8 Parcel 158 Grid 16  
 Zoning RC-DEO Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Owner's Name Mike Smith  
 Address 14728 Carriage Mill Dr.  
 City Woodbine State MD Zip Code 21797  
 Home Phone 410-481-9621 Work Phone 715 5446  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
same as above  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use single family  
 Proposed Use same  
 Estimated Construction Cost \$ 5,400  
 Description of Work 12x22 deck w/  
steps to grade on post & rail

Contractor Company F.A.P. Carpentry  
 Contact Person Pete Sarge  
 Address 10840 Guilford Rd Sct 403  
 City Annapolis Jct State MD Zip Code 21078  
 License No. 14692  
 Phone 301-226-5151 Fax \_\_\_\_\_

Occupant or Tenant same as above  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company same as above  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 1 BR units: _____	NFPA #13D _____
No. of 2 BR units: _____	NFPA #13R _____
No. of 3 BR units: _____	Other: _____
Other: _____	
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.

Applicant's Signature [Signature] Print Name Bruce Blar  
 Title/Company Construction Supervisor Date 9/16/98

**VALIDATION**  
 MAY NOT UPDATE  
 VIA CORRESPONDENCE

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 9/16/98 [Signature]  
 State Highways \_\_\_\_\_  
 Building Official \_\_\_\_\_  
 Dev. Engineering, DPZ 9/16/98 [Signature]  
 Health \_\_\_\_\_  
 Fire Protection \_\_\_\_\_  
 Is Sediment Control approval required prior to issuance?  
 YES  NO

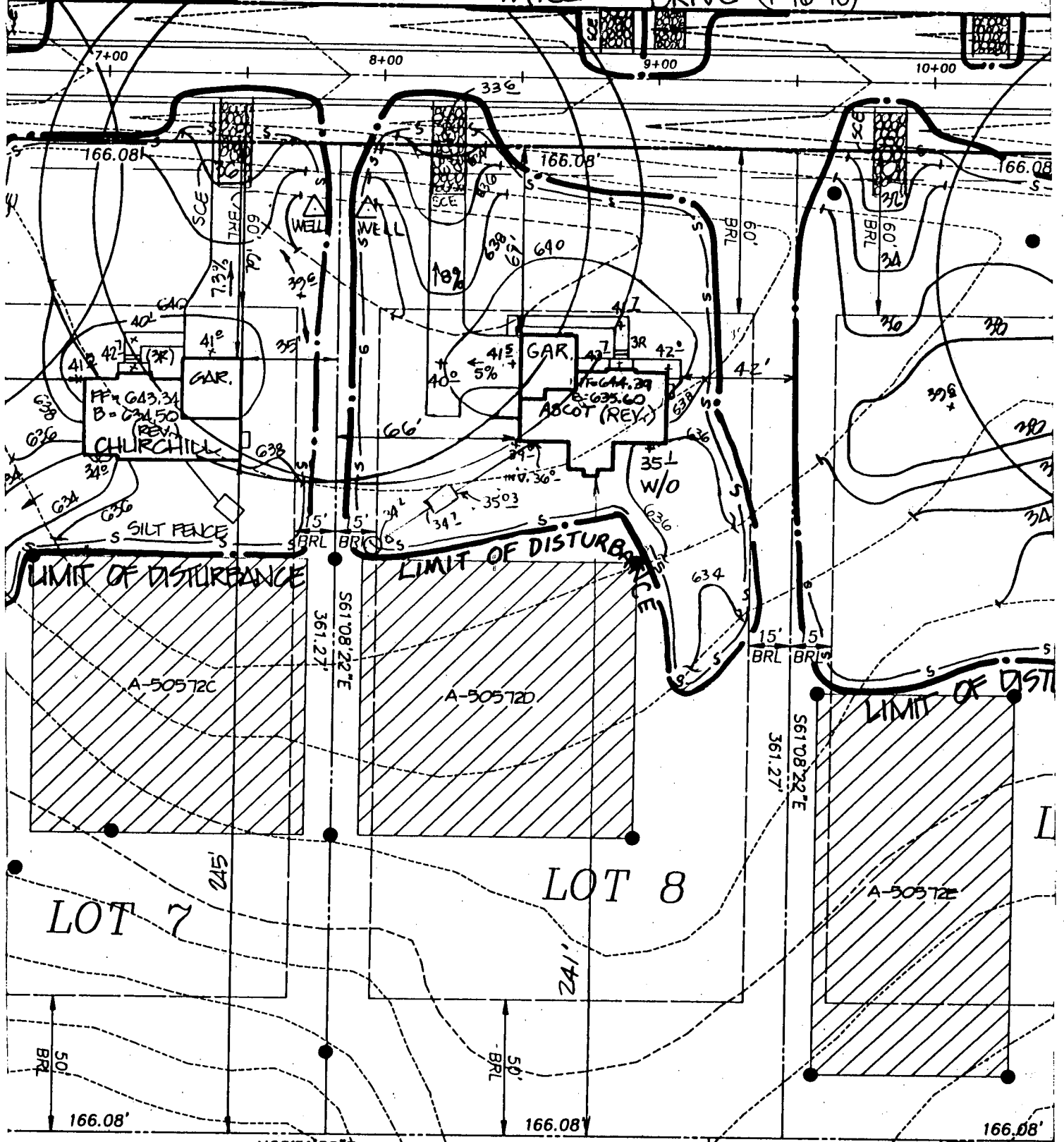
DPZ SETBACK INFORMATION  
 Front: 50' min  
 Rear: 30' min  
 Side: 10' min  
 Side St.: N/A  
 All minimum setbacks met?  
 YES  NO   
 Is Entrance Permit required?  
 YES  NO   
 Historic District?  
 YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 30280  
 Filing Fee \$ \_\_\_\_\_  
 Permit Fee \$ 30  
 (.10 sq. ft.  (.15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
 TOTAL FEES \$ 30  
 Check # 2145  
 Validation # \_\_\_\_\_  
 Accepted by: \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

3

# CARRIAGE MILL DRIVE (F96-70)



Approved Septic System Plan  
 Howard County Health Department

DT 27

*[Signature]*  
 Signature Date 6/16/97

## CARRIAGE MILL FARMS

## SEPTIC DATA

PHASE I  
 LOT 8  
 BUILDING PERMIT

INV. OUT OF HOUSE = 636.00  
 INV. INTO SEPTIC TANK = 635.03  
 INV. OUT SEPTIC TANK = 634.70  
 INV. INTO DIST. BOX = 634.2  
 EX. ELEV @ DIST. BOX = 637.2

R.M. MOCHI GROUP, P.C.  
 CML ENGINEERS  
 LAND SURVEYORS  
 PLANNERS  
 ENVIRONMENTAL

DATE: 6/3/97 PROJECT NO.: 95005.22  
 DRAWN BY: SCALE: 1"=50'

6P-96167

3300 N. Ridge Road, Suite 235 (410) 461-0079  
 Ellicott City, MD 21043-3350 Fax: (410) 750-6340

MATCH LINE  
See Sheet 2 of 5

LOT 27  
OPEN SPACE  
70,743 sq. ft.  
1.62 Ac.  
TO BE DEDICATED  
TO HOMEOWNER  
ASSOCIATION

LOT 47  
17.83 Ac.  
OPEN SPACE  
TO BE DEDICATED TO HOWARD  
COUNTY

LOT 46  
52,648 sq. ft.

LOT 45  
50,601 sq. ft.

LOT 43  
60,000 sq. ft.

LOT 42  
60,000 sq. ft.

LOT 44  
67,225 sq. ft.

LOT 41  
60,000 sq. ft.

PROP. SWM DRAINAGE 600  
& UTILITY EASEMENT

PROP. SWM DRAINAGE  
& UTILITY EASEMENT

EXISTING  
TREES TO  
REMAIN

