

9/19/95
3
-9/19/95
2pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50846

A 50618

DISTRICT 3rd

DATE 8-28-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX45X-9933X~~ 313-2640

DATE SYSTEM APPROVED 9/19/95

INSPECTOR DKS

INDEXED

03-289044

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Kitts Property LOT _____ ROAD 12295 Howard Lodge Road

PROPERTY OWNER Robert & Lisa Sala 489-0065

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3' side. Inlet 3.5 feet below original grade. Bottom Maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 332.82' and 380.64' lot lines, place distribution box 125 feet down the 380.64' lot line and 145 feet off that same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100' in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/20/95 DKS

PLANS APPROVED BY Amy McMillen REVISED _____ DATE 6/7/95

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

OLD PERMITS SIGNED

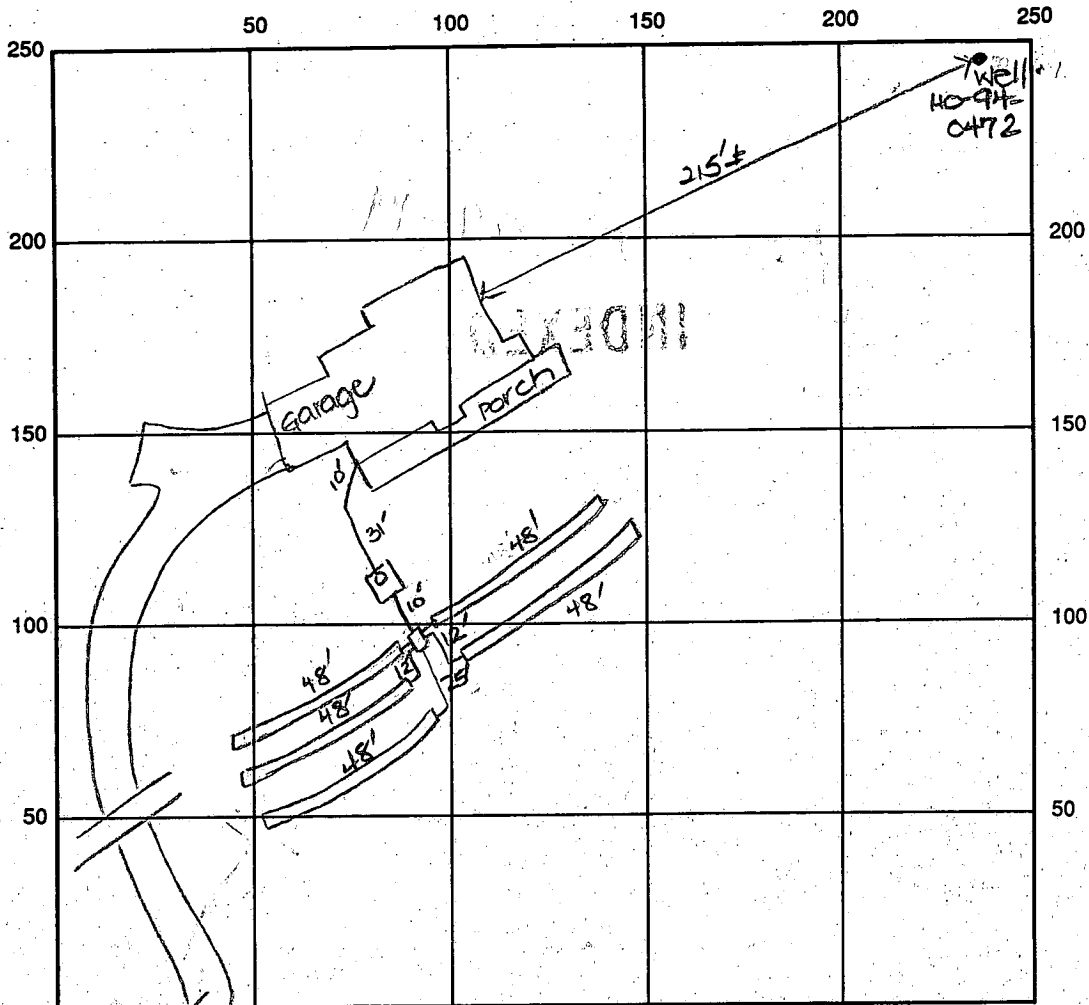
AND RETURNED 10-25-97
Serial # B0108447

ducker

9/12/2002 B00138350 UG PROPANE TANK

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A
50618



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 to Howard Lodge Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 3.5 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 5 ~~GRASS~~/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 9/18/95 OK to continue work. DKS

9/19/95 FINAL - OK to cover all work. DKS

DATE SYSTEM APPROVED 9/19/95 INSPECTOR Donna K Sol

APPLICATION

PERCOLATION TESTING

A 50618

P _____

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

DISTRICT _____

DATE 3-31-95

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 Margaret HALL Robert & Lisa Sala

ADDRESS 356 ELM AVE. Tiffin, Ohio, 44883 PHONE 419-447-4150

AGENT OR PROSPECTIVE BUYER Bob Sala

ADDRESS 1115 River side Ave. PHONE 685-8945

PROPERTY LOCATION: Balt. MD 21230

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 12295 Howard Lodge Dr.

TAX MAP 9 PARCEL # 158

SIZE OF LOT 5 ACRES TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)
(4 Bms)

BLDG. PERMIT SIGNED
AND RETURNED 6/19/95
Serial # 60065-SFD

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. Paul Sala
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

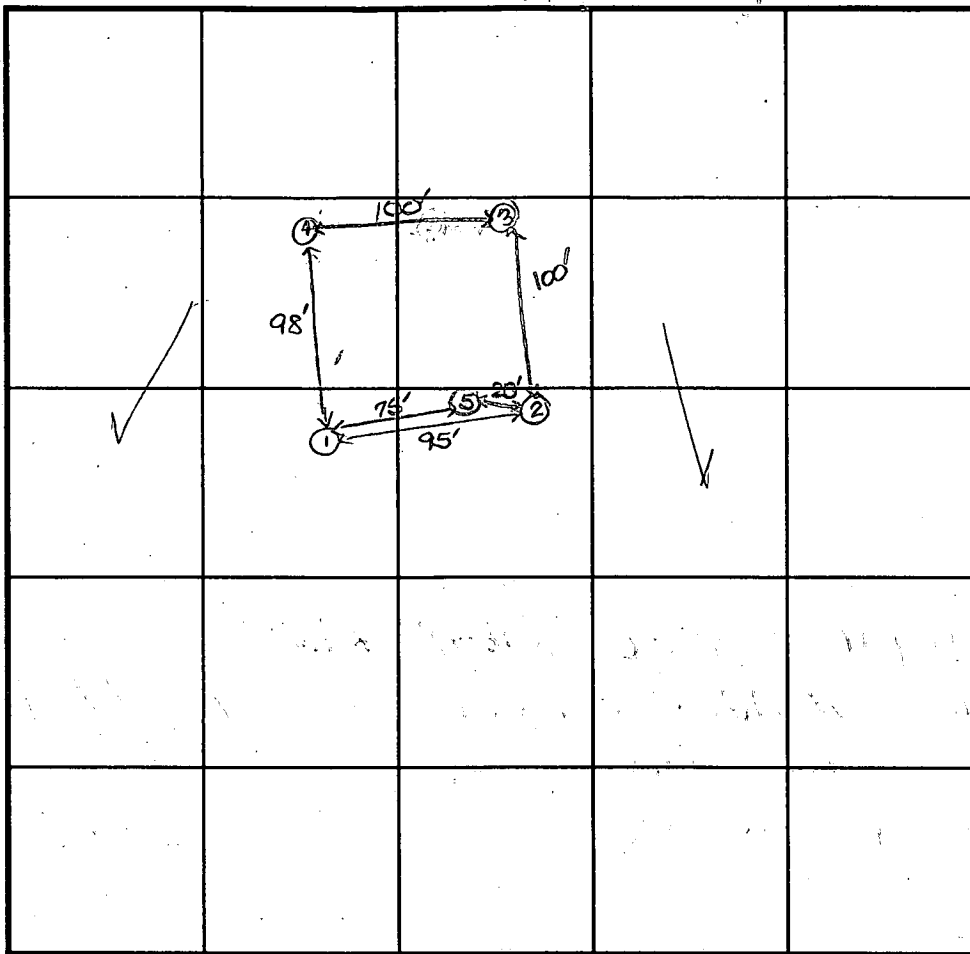
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

SOIL PROFILE

0' ①
1' topsoil
or red br
cl lm
4' 1t or br
si sa lm
w/sm
frags
5-10%
rock
frags
11' Refusal
(hard shale)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' ③
1' topsoil
or red br
cl lm
3.5'
4' 1t or br
to tan
si lm
10' shale
frags
10% rock
frags
12' ⑤
0' ②
1' topsoil
or red br
cl lm
3'
4' 1t or br
si lm
12' <5%
frags

0' ②
1' topsoil
or red
br cl lm
3' 1t or br
si lm
5' pocket of
shale
in upper
end
8' 10%+
rock
frags
10' Refusal

0' ④
1' topsoil
or red
br cl lm
3-3.5'
4 or br
si lm
5-10%
rock
frags
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-17-95	1	4.5' S / 11.0' D	10:30	10:33	10:33	10:38	5
	2	3.0' S / 10.0' D	10:42	10:45	10:45	10:48	3
	4	3.5' S / 12.0' D	11:02 ₃₀	11:06	11:06	11:12	6
	3	4.0' S / 12.0' D	11:17 ₃₀	11:20	11:20	11:23 ₃₀	4
	5	3.0' S / 12.0' D	11:31 ₃₀	11:32 ₃₀	11:32 ₃₀	11:34 ₃₀	2

REMARKS All tests done at shallow shelf depths.

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT owner, Fyock's men

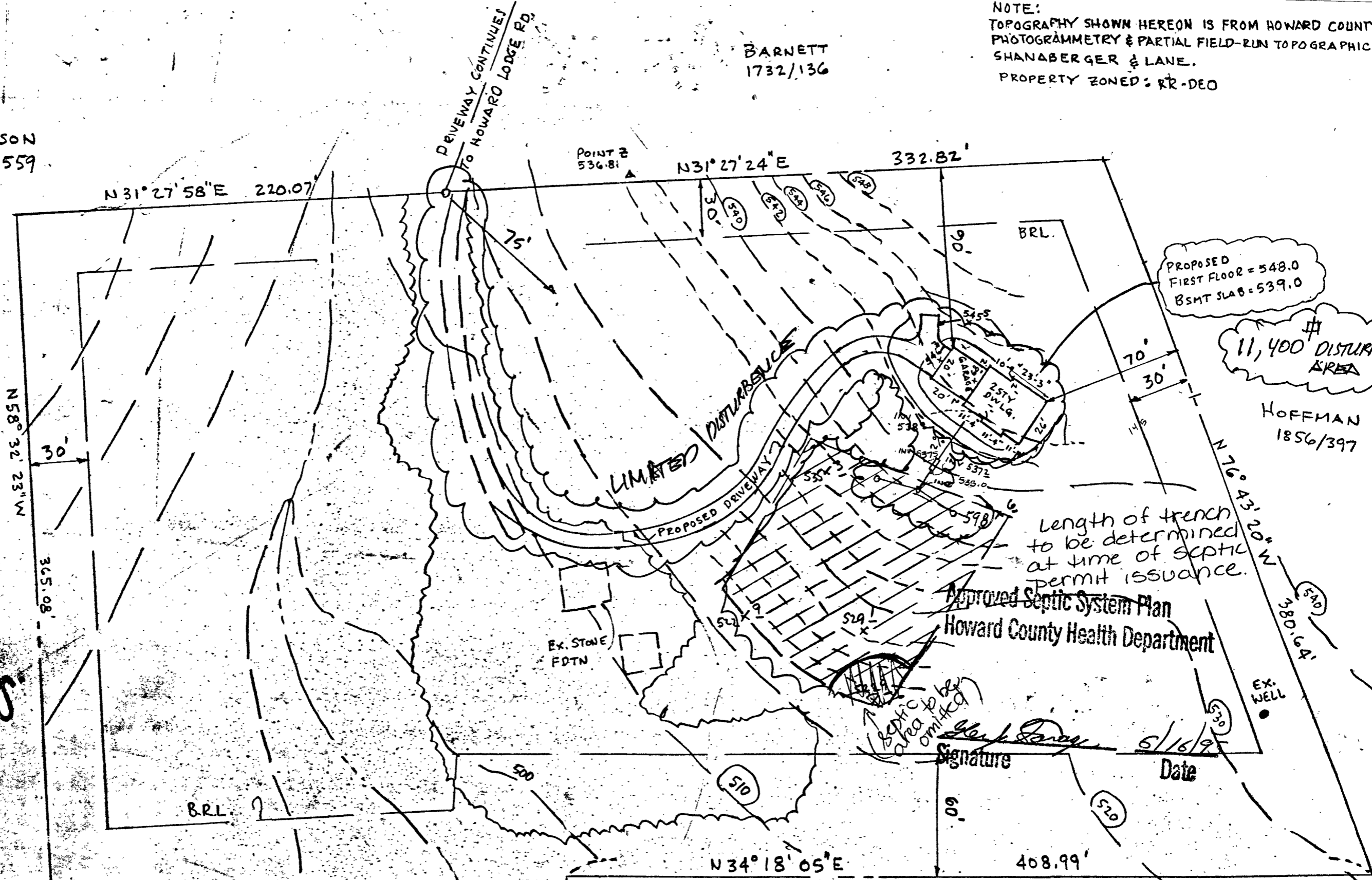
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3

INLET DEPTH 3.5' MAXIMUM BOTTOM DEPTH 5.0' SQ. FT./BEDROOM 180

NOTE:
 TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY 1"=200' A.E.
 PHOTOGRAMMETRY & PARTIAL FIELD-RUN TOPOGRAPHIC SURVEY BY
 SHANABERGER & LANE.
 PROPERTY ZONED: RR-DEO

ROBINSON
 1809/559

BARNETT
 1732/136



PROPOSED
 FIRST FLOOR = 548.0
 BSMT SLAB = 539.0

11,400 DISTURBED
 AREA

HOFFMAN
 1856/397

Length of trench
 to be determined
 at time of septic
 permit issuance.

Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature
 5/16/95
 Date



MA DEVELOPMENT
 ENGINEERS, INC.
 200 East Joppa Road
 Room 101, Shell Building
 Towson, Maryland
 828-9060

LOT 62

LOT 63

MEADOWOOD
 SECT 2 AREA 3

PLOT PLAN
 SALA PROPERTY
 L3179/F.438

3rd ELECTION DISTRICT HOWARD
 SCALE: 1"=50' MAY 2

5.0 KC OR
 217800 # 95-7656

June 4, 1995

Robert D. Sala
1115 Riverside Ave.
Balt, MD 21230

Glen Savage
Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043-4544

RE: 12295 Howard Lodge Road
Application #A50618
Tax Map 9, Parcel 158

Dear Mr. Savage:


As per our conversation on Friday June 2, 1995, and your request, I am sending you this letter. As to the existence of an unused well and or septic system on the property. Research by Mr. Frommelt of your Department, Surveyors Shananberger & Lane, Patty Engler of the Soil Conservation Department, and interviews with Criss Emery previous owners of the property lead to the conclusion that the property has never had a septic system, and or a potable water well. The home foundation referred to in your letter dated May 30, 1995 was erected close to 100 years ago, and the home itself burnt down approximately 10 - 13 years ago. As far as the research showed it was believed that the previous owner may have had an outhouse for septic, and used a local spring head or well from a neighbor for water.

I have also personally searched the area, along with some of the others to try and locate any of the above mentioned services, and must agree with the same conclusions.

I would appreciate any efforts made by you in settling this matter. My plans are to apply for a permit to build on Monday June 5, 1995, with hopes to start construction soon there after.

Thanks in advance for all your efforts, and a very special thank You for your quick response when we were in need of locating a new well site.

Sincerely:



Robert D. Sala
(410) 442-1330 work
(410) 685-8945 home



HOWARD COUNTY HEALTH DEPARTMENT

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

May 30, 1995

Mr. Bob Sala
1115 Riverside Avenue
Baltimore, Maryland 21230

RE: Application #A50618
Proposed Use: Recorded Lot
12295 Howard Lodge Road
Tax Map: 9, Parcel #158

Dear Mr. Sala:

During the course of the regularly scheduled well inspection of this property, our inspector noted the remains of an older house located on the lower portion of the property. A concern exists that this structure may have had plumbing at one time.

If an unused well or septic system exists on the property, this is to alert you of abandonment procedures required by the Code of the State of Maryland (COMAR).

Wells not in service are subject to abandonment procedures to be performed by a licensed well driller, or under supervision of a Health Department Sanitarian.

Septic system abandonment includes pumping of any tanks or pits by a licensed scavenger service. After pumping, any void spaces need to be collapsed or filled in.

Prior to the issuance of a building permit, please submit written confirmation of well and septic evaluation or abandonment procedures.

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

Very truly yours,

Glen Savage, Sanitarian
Water and Sewerage Program

GS:vr
cc: Margaret Hall
File

Howard County Health Department

To: SALA PROPERTY, HOWARD LODGE RD 090

BOB MENTIONED EMERY'S AS PREVIOUS
OWNER, REPAIR LISTED - ADDRESS
CORRESPONDS W TAX MAP LOCATION
AND ADDRESS FOR PROPERTY
ADDRESS ON FILE APPEARS TO BE
INCORRECT.

- REPAIR INDICATES WELL & SEPTIC
- LEET MESSAGE W/BOB SALA TO CALL US.

From: GLEN

Date: 6/15/95

HD-170

IMPORTANT MESSAGE

TO _____

DATE 6/15/95 TIME 3:45 A.M.
P.M.

M R BOB SALA

OF _____

PHONE _____
Area Code Number Extension

FAX _____ 531-5517

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	
CAME TO SEE YOU	<input type="checkbox"/>	RETURNED YOUR CALL	
WANTS TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	
WILL FAX YOU	<input type="checkbox"/>	URGENT!	

Message BOB FEELS THAT MARY PRETENDS

TO LUKE TERRY'S HOUSE. HE

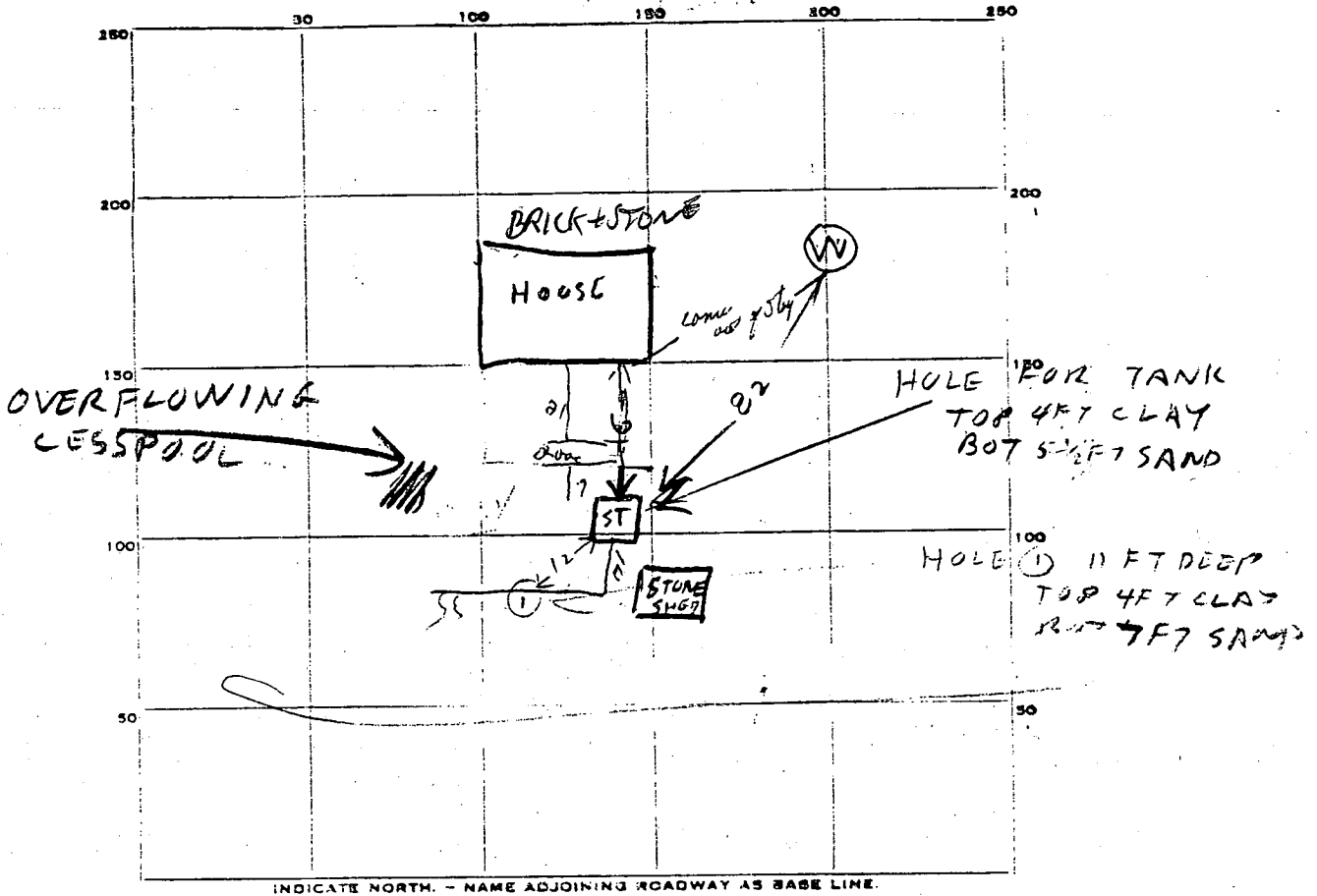
WILL TRY TO ARRANGE A VISIT TO

THEIR HOUSE TO VERIFY WITH MARY'S STATEMENTS

HE WILL CALL BACK.

I FAXED BOB A COPY OF P-15904.

Signed GLEN



PERMIT CARD OK

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 26 1/2 FT.

GRAVEL DEPTH 8 1/2 IN. TOTAL LENGTH 35 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 10 5/8 FT²

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 560 SQ. FT. #AS 450618

REMARKS 6/16/95 INSPECTION OF TERRY RESIDENCE, (SAME # IN TAX RECORDS)
THIS IS THE OLD LODGE ESTATE HOUSE, TO VERIFY IF IT IS THIS RESIDENCE,
YES - BY ACTUAL MEASUREMENTS &

HEALTH
 ENVIRONMENTAL
 DIVISION OF

APR 27 2 35 PM '71

DATE SYSTEM APPROVED 4-30-71 INSPECTOR Dr. [Signature]

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.

10/19/95
Anytime
NO INSP

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Harold Corbin

Telephone _____

License Number PI0098

Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Ashley Group Limited

Telephone 486-1366

Subdivision Sala property Lot # _____ Well Tag # _____

Site Address 12295 Howard Lodge Rd

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Harold
- 2. Model # PT 800
- 3. Depth 42"

2. Make Sta-Rite

3. Model # 5p4702 JL-03

4. Capacity 5 GPM

5. Pump exceeds well capacity: Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- 1. Capacity 20 gal.
- 2. Pressure relief valve?

Piping

- 1. Type Flexible
- 2. Size 1"
- 3. NSF and/or BOCA Code approved NSF
- 4. Depth of supply line 42"

Well data

- 1. Depth 200 ft.
- 2. Yield 15 GPM
- 3. Static water level 40 ft.
- 4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Harold Corbin

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

2968

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-50618

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 042795

052495

2000 (TO NEAREST FOOT)

40-94-0472

OWNER Sala last name, Bob first name, STREET OR RFD 12295 Howard Lodge Rd, TOWN Sykesville, SUBDIVISION Kitts Property, SECTION, LOT

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, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Br. Micaceous clay, Br. Mica, Tan mica, Gray mica, Br. mica, Gray mica, Tan mica, Gray mica, Quartz, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used)

Other casing details: diameter, depth

SCREEN RECORD

screen type or open hole, insert appropriate code below (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned), E (Electric log), P (Test well converted)

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...

TYPE: MWD/MSD/MGD 40, DRILLERS LIC. NO. 40

DRILLERS SIGNATURE: George F. Easterday

LIC. NO. MWD 386

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

DEPTH (nearest ft.)

Handwritten depth data: 1021, 200

SLOT SIZE 1, 2, 3, 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, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST


HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (24), WHEN PUMPING (30), TYPE OF PUMP USED (S)

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, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE


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)

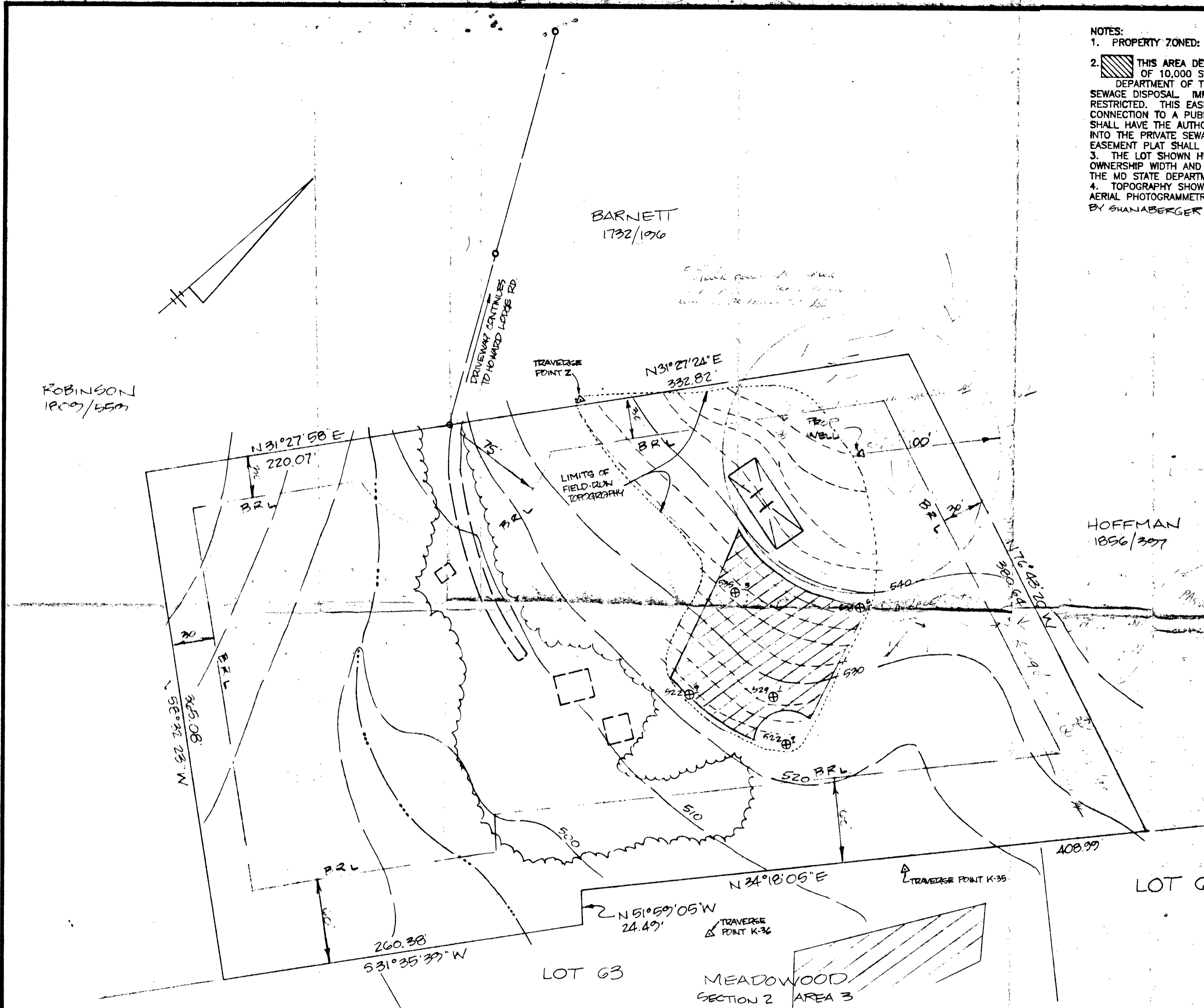
See plot









- NOTES:
1. PROPERTY ZONED: RR-DEO
 2.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
 3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
 4. TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY. † PARTIAL FIELD-RUN TOPOGRAPHIC SURVEY BY SHANABERGER & LANE.

APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEM, HOWARD COUNTY HEALTH DEPARTMENT.

John M. Boyd
COUNTY HEALTH OFFICER  5-15-95
DATE

 STATE OF MARYLAND
PROFESSIONAL LAND SURVEYOR
G. SCOTT SHANABERGER
10849
DATE 4/25/95



- NOTES CONT.
5. LEGEND:
-  EXISTING CONTOUR
 -  PROPOSED WELL
 -  EXISTING WELL
 -  SOIL TYPE BOUNDARY
 -  STREAM
 -  POSSIBLE HOUSE LOCATION
 -  PERC TEST LOCATION
 -  75' STREAM BUFFER
6. THERE ARE NO VISIBLE WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPOSED WELLS AND SEWAGE EASEMENTS UNLESS OTHERWISE SHOWN HEREON.

7. BENCHMARKS:
- TRAVERSE PT. K-35 - ELEV. 493.40
 - TRAVERSE PT. K-36 - ELEV. 503.10
 - TRAVERSE PT. Z - ELEV. 516.01

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 104
ELLCOTT CITY, MD. 21043
(410) 461-9563

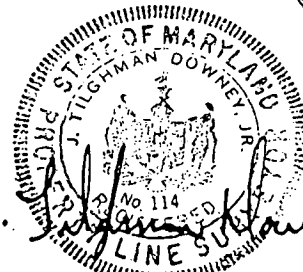
FIELD-LOCATED
PERC TEST PLAT
SALA PROPERTY
L 3179/F 438

THIRD ELECTION DISTRICT HOWARD CO., MD.
SCALE: 1"=50' APRIL 25, 1995
REV. 5/19/15

COMMUNITY PANEL NO. 240044 1198

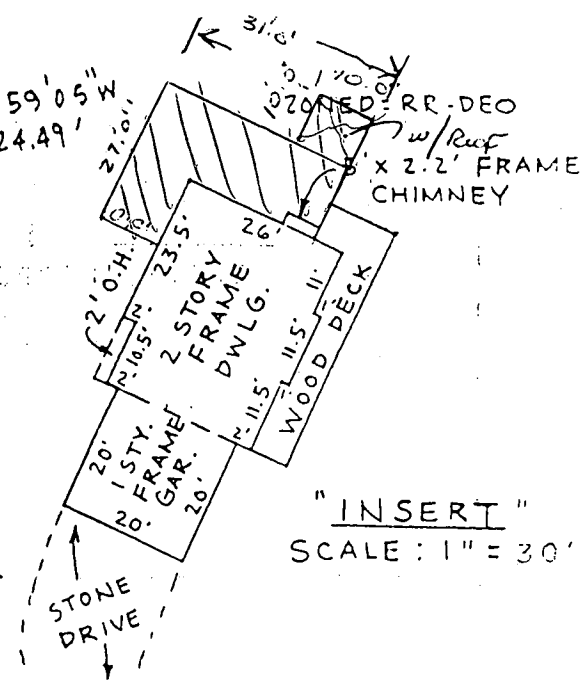
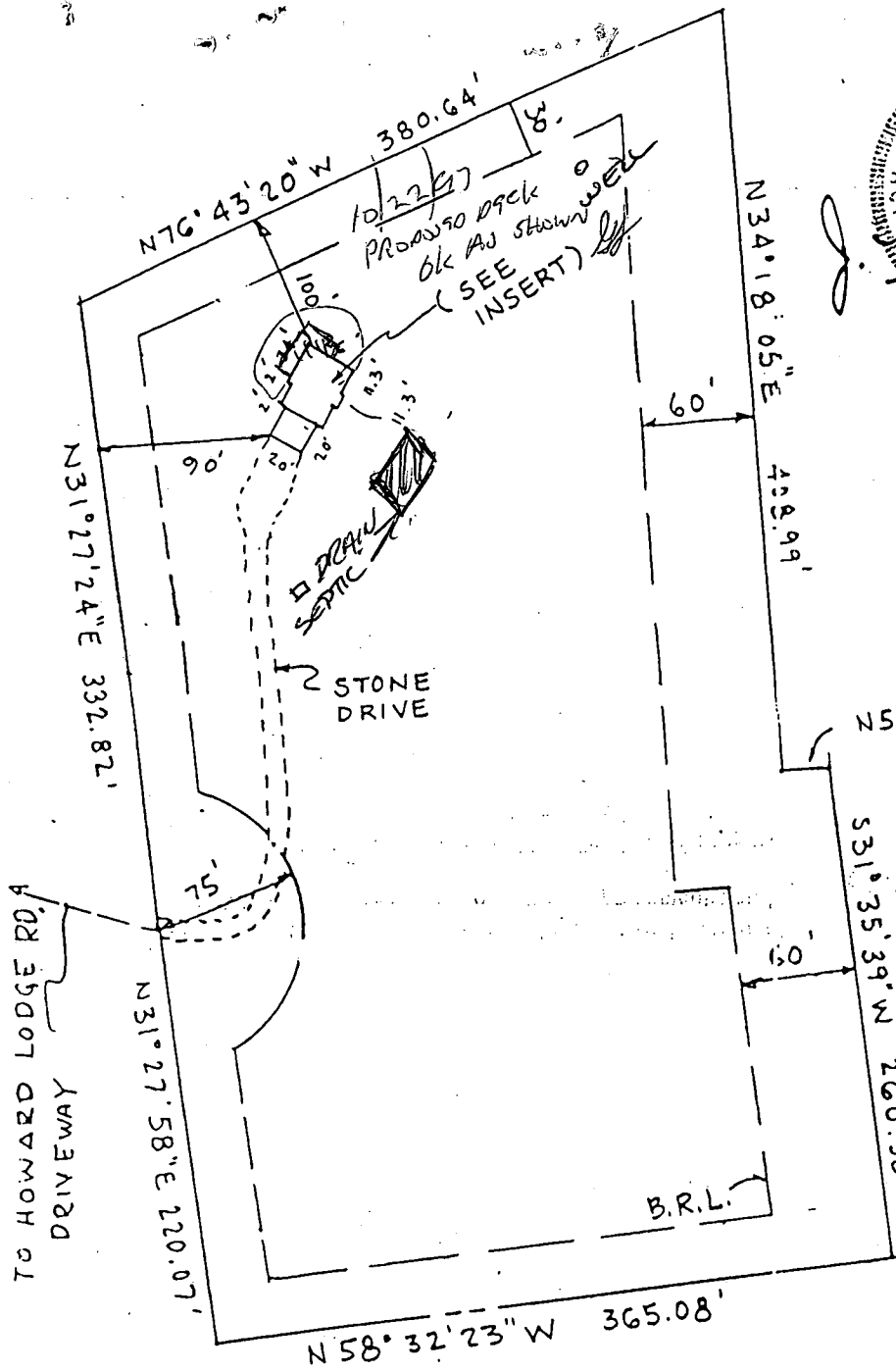
ZONE "C"

THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD ZONE



J. William Downey, Jr.

F.F. ELEVATION = 548.0
PER GRADING PLAN.



"INSERT"
SCALE: 1" = 30'

LOCATION SURVEY
12295 HOWARD LODGE ROAD
3rd ELECTION DISTRICT HOWARD CO., MD.
DEED REF 3179/438

The plat is a benefit to a 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 plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements; and
The plat 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.

REVISED: 11/24/95 95-7656

I HEREBY CERTIFY THAT THE LOT SHOWN HEREON HAS BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS AND THAT ALL SUCH IMPROVEMENTS ARE LOCATED AS SHOWN

M&H DEVELOPMENT ENGINEERS, INC.

200 East Joppa Road
Room 101, Shell Building
Towson, Maryland 21204
(301) 828-9060

DRAWN VJM	SURVEYED VJM.	CHECKED JTD	SCALE 1"=100	DATE 8-2-95
--------------	------------------	----------------	-----------------	----------------

95-7656
AS0618
PS0846

BARNETT
1732/136

TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY 1"=20'
PHOTOGRAMMETRY & PARTIAL FIELD-RUN TOPOGRAPHIC SURVEY
SHANABERGER & LANE.
PROPERTY ZONED: RR-DEO

9/12/02
TANK
LOCATION OK KN

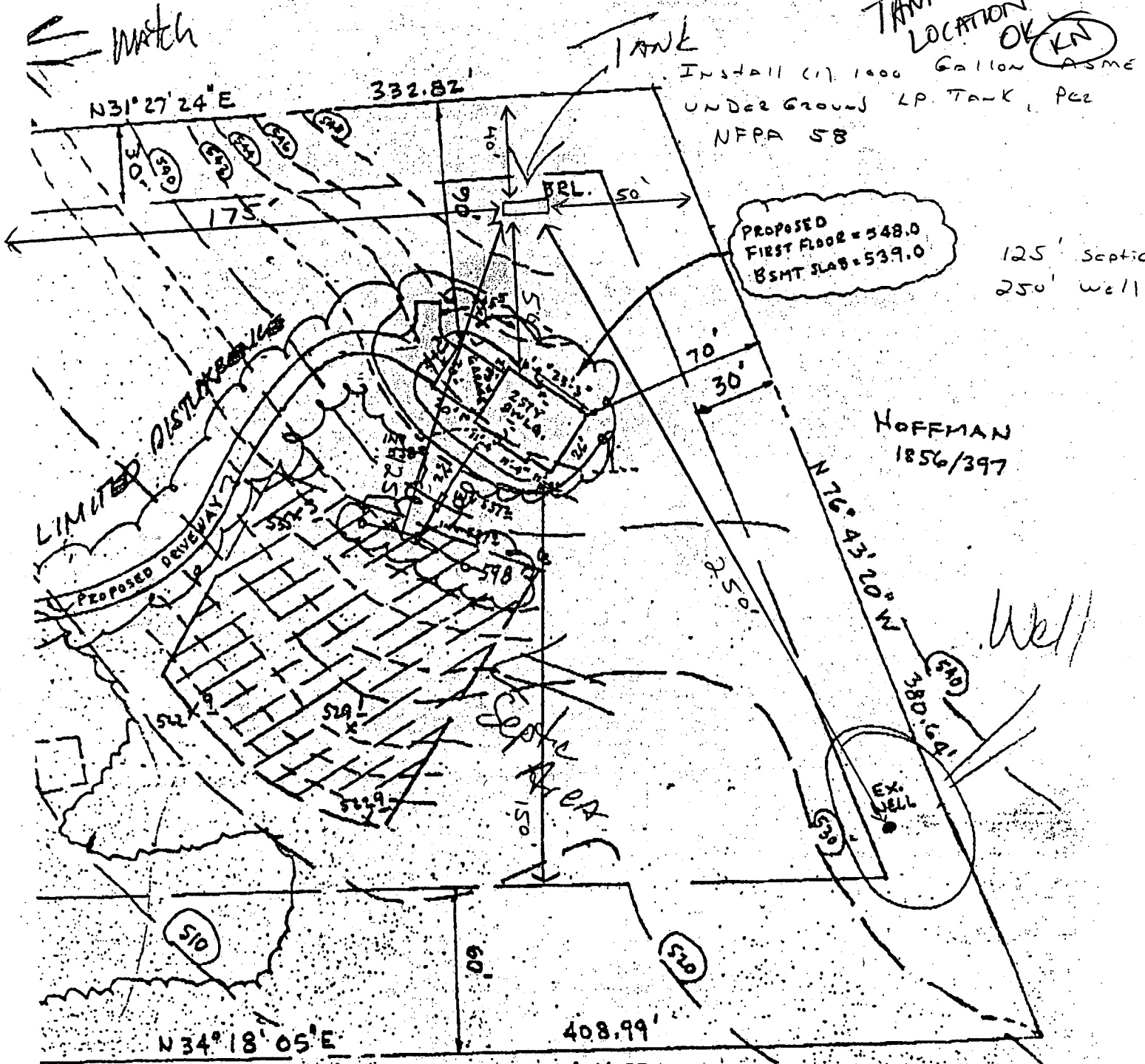
Install (1) 1000 Gallon ASME
UNDER GROUND LP TANK, PCE
NFPA 58

PROPOSED
FIRST FLOOR = 548.0
BSMT SLAB = 539.0

125' Septic
250' well

HOFFMAN
1856/397

Well



51°59'05" W
24.49'

503.10
6 K.36

MEADOWOOD
SECT 2 AREA 3

Δ K.35
493.40

PLOT PLAN
SALA PROPERTY
L3179/F.438

30' ELECTION DISTRICT HOWA
SCALE: 1"=50'
MA

510 AC OR

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COUNTY HEADQUARTERS DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 7300138350

KN

BP
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Building Address 12295 Howard Lodge Rd
Sykesville, MD 21784

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

Census Tract 10300 Subdivision N/A

Section N/A Area N/A Lot _____

Tax Map 91 Parcel 158 Grid B

Zoning R2007 Map Coordinates _____ Lot size _____

Property Owner's Name Ruben Sam

Address 12295 Howard Lodge Rd

City Sykesville State MD Zip Code 21784

Home Phone 410-489-0665 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same with Tank

Estimated Construction Cost \$ 2400.00

Description of Work Install (1) 100 Gallon
ASME VAD046000 LP Tank, Per
NFPA 58

Contractor Company Amega Gas

Contact Person Tom McLaughlin

Address 10097 Boldmore National, D.C.

City Atlanta City State MD Zip Code 21002

License No. _____ Phone 410-465-0300 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 Characteristics	Utilities
Height: <u>12</u>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>SP</u>	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"/>
Construction type: _____ <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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 _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

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

Thomas R. McLaughlin
 Applicant's Signature
ISA Amega Gas
 Title/Company

Thomas R. McLaughlin
 Print Name
SEP 11 2002
 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		
Dev. Engineering, DPZ		
Health	<u>9-12-02</u>	<u>Ruben Sam</u>
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 St.: _____

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#: 10653

Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>52767</u>
Validation #	_____

Accepted by CLC