

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510234

A 50619-A

DISTRICT 4th

DATE 6-30-98

DATE SYSTEM APPROVED 8/27/98

INSPECTOR AW

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

INDEXED

04-357795

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Holly Hills LOT 6 ROAD 3307 Sang Road

PROPERTY OWNER Williamsburg Group LLC

ADDRESS ↳ fax 997-4358

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

*****PUMPED SEPTIC SYSTEM REQUIRED*****

INSTALL: 1-1000 GALLON PUMP CHAMBER

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 20 feet from the front (170') lot line and 10 feet off the left (228') lot line. Run trenches along contour towards front lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK BY 5/11/98

PLANS APPROVED BY Ronald J. Pinkley/Donna K. Soe DATE 04/24/98

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

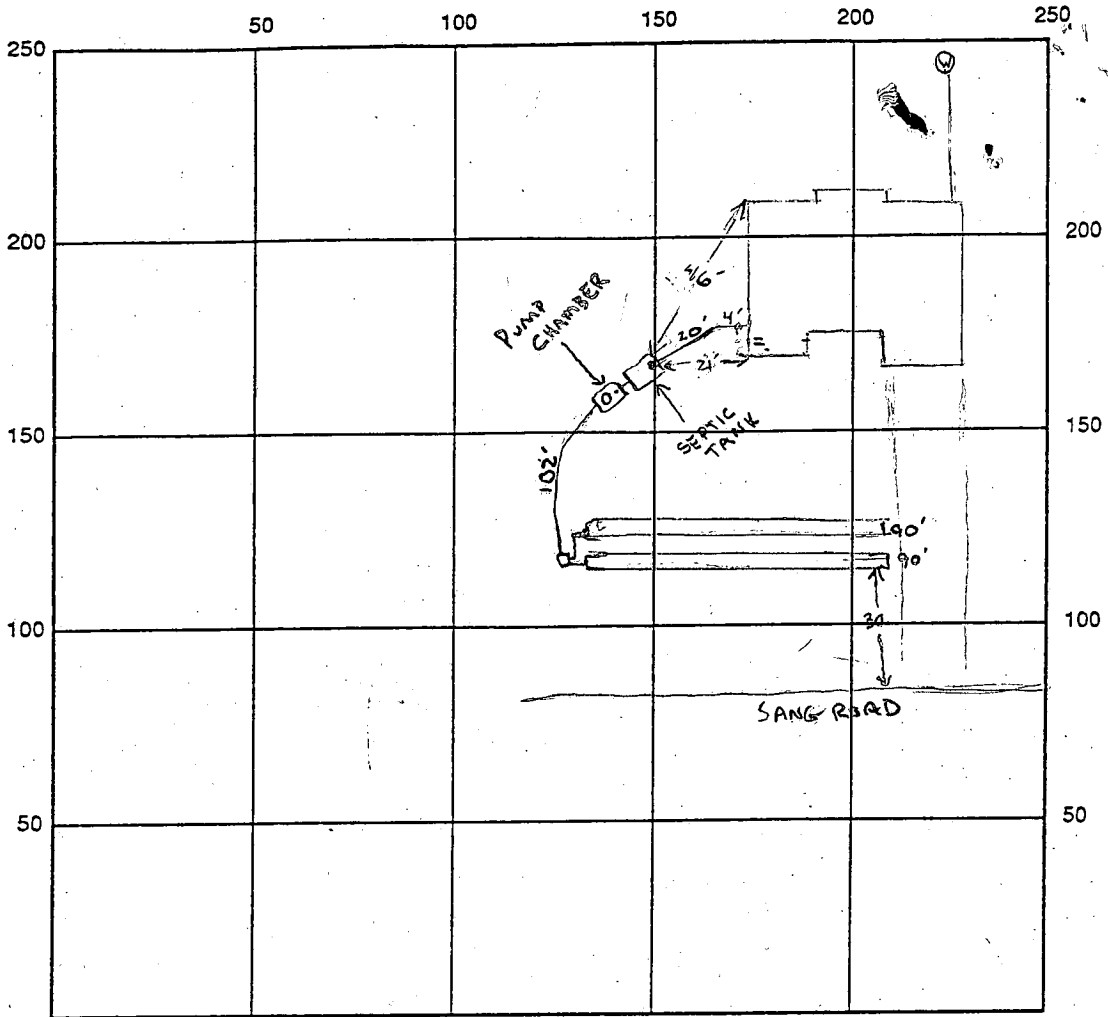
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG PERMIT SIGNED
AND RETURNED 7-14-98
Serial # 270 112901
septic tank

A 50619A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
SANG ROAD

SEPTIC TANK LEVEL 1250g/1000g pump chamber CLEANOUTS 3 - 1 at house, 1 at septic, 1 man hole riser at pump chamber
 DISTRIBUTION BOX LEVEL O.K.
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 360 SQ. FT.
 DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.
 ABSORBENT AREA - SQ. FT.

REMARKS: 7-9-98 (11:00am) OK TO COVER FROM PUMP CHAMBER TO FIRST TRENCH (KD)
7-9-98 (1:30) OK. to cover second trench / house connection to pump chamber (KD)
8/25/98 verification of pump performance not successful - electrical problems at time of inspection. DKS
8/27/98 Pump test OK

DATE SYSTEM APPROVED 8-27-98 INSPECTOR Amy McMillle

APPLICATION

PERCOLATION TESTING

A 50619

P _____

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

DISTRICT _____

DATE 4/20/95

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 WAYNE NEWSOME Williamsburg Group LLC

ADDRESS P.O. Box 39, COLUMBIA, MD (410) 792-2100
21045

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

USE PERC HOLE #S

PROPERTY LOCATION:

SUBDIVISION HOLLY HILLS ESTATES LOT NO. ORIGINAL A NEW LOT #6

ROAD AND DESCRIPTION PROPERTY HAS APPROX. 75' OF FRONTAGE ON

BURNWOODS ROAD - 21 LOT (17 NEWSFD) SUBDIVISION WITH
EXTENSION OF (SANG ROAD (3302)) BLDG. PERMIT SIGNED

TAX MAP 14 PARCEL # 92 AND RETURNED 10/31/96
Serial # B1010 2877 instance sign

SIZE OF LOT LOT 5; 40,494 SQ. FT. TYPE BLDG. SFD
(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. Stephanie Demchile
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

BLDG. PERMIT SIGNED
AND RETURNED 4/24/98
Serial # B10 11117

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

APPLICATION

PERCOLATION TESTING

A 50619

P _____

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

DISTRICT _____

DATE 9-28-95

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 WAYNE NEWSOME

ADDRESS P.O. BOX 39, COLUMBIA, MD PHONE (410) 792-2100
21045

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HOLLY HILLS ESTATES LOT NO. 4 ^{ORIGINAL} NEW LOT 8

ROAD AND DESCRIPTION PROPERTY HAS APPROX. 175' OF FRONTAGE ON
BURNTWOODS ROAD - 21 LOT (17 NEWSFD'S) SUBDIVISION
EXTENSION OF SANG ROAD

TAX MAP 14 PARCEL # 92

SIZE OF LOT LOT 8; 40,093 SQ FT TYPE BLDG. SFD
(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.

Stephanie Demchuk
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

APPROVED BY _____ FOR _____ DATE _____

OLD PENDING FURTHER TESTS _____

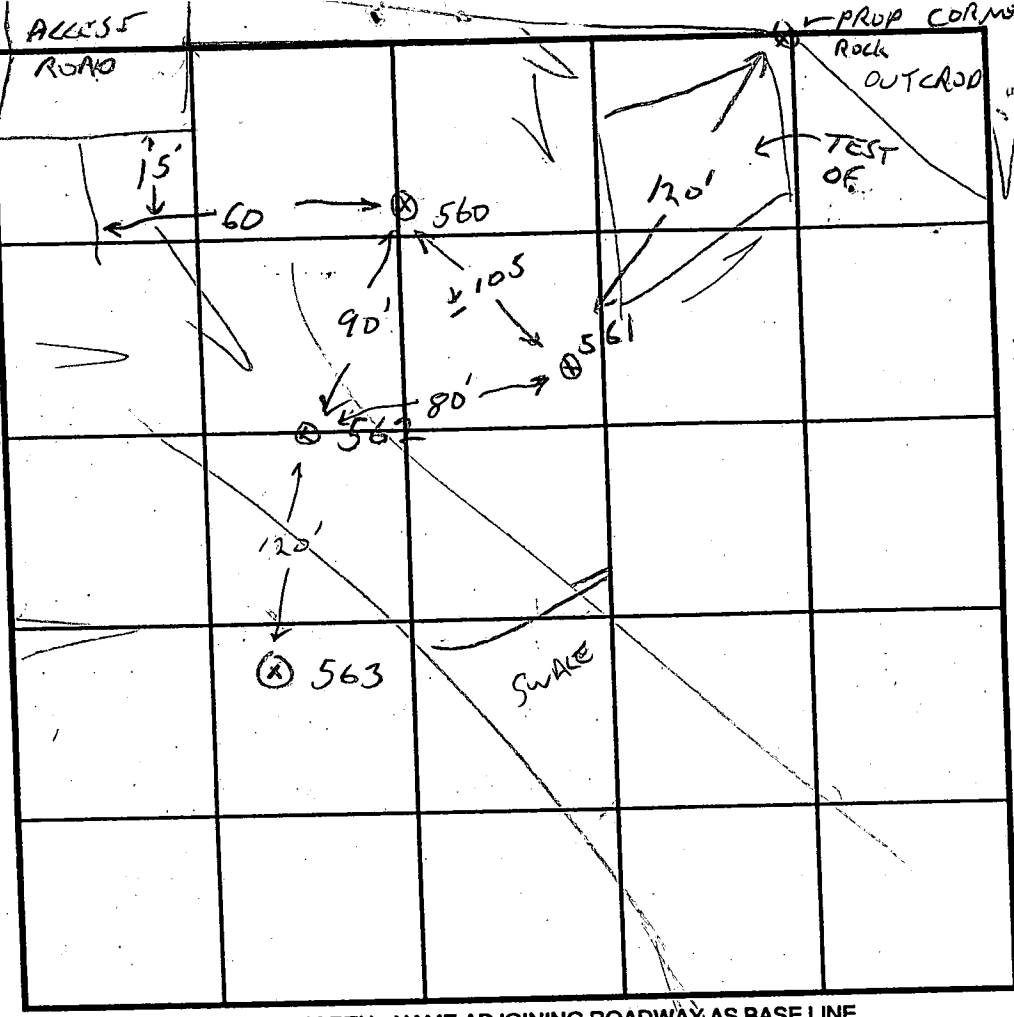
REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

50619-A
COUNTY #



SOIL PROFILE 562

TOPSOIL
MED BROWN CLAY LOAM
TAN, PINK S.S.L.

SOIL PROFILE 560

TOPSOIL
DARK BROWN S.S. CLAY LOAM
TAN S.S. MICA LOAM

561

TOPSOIL
RED BROWN SILTY SANDY CLAY LOAM
TAN S.S.L.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-28-95	562	3'	3:02	3:05	3:05	3:10	5 MIN
	"	8'	3:03	3:06	3:06	3:10	4 MIN
	560	4'	3:21	3:27	3:27	3:39	12 MIN
	"	7'6"	3:22	3:24	3:24	3:28	4 MIN
	561	4'	3:44	FAIL	NO MOVEMENT - 12 MIN		
	"	7'	3:45	3:47	3:47	3:50	3 MIN
	"	4'6"	4:07	4:23	← 1/2 INCH FAIL		
	"	5'3"	4:15	4:18	4:18	4:25	7 MIN

REMARKS LOT 6 SHEET 2 OF 2

TYPE OF SOIL _____

TESTED BY GLEN SAUSAGE ALSO PRESENT WILL HOPKINS & HUBER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 MIN TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

C1 4578

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)

COUNTY NUMBER A-50619A

DATE RECEIVED 09 19 96

DATE WELL COMPLETED 08 29 96

Depth of Well 285 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0991

OWNER WILLIAMSBURG BUILDERS STREET OR RFD SANG ROAD TOWN GLENWOOD SUBDIVISION HOLLY HILLS SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT), NO. OF BAGS (9), NO. OF POUNDS (846), GALLONS OF WATER (54), DEPTH OF GROUT SEAL (33 ft).

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (40 feet).

OTHER CASING (if used) form with diameter and depth fields.

SCREEN RECORD form including: screen type (ST, BR, HO, PL, OT), SLOT SIZE 1 DIAMETER OF SCREEN.

WELL HYDROFRACTURED (Y) and NUMBER OF UNSUCCESSFUL WELLS (0).

A, E, P test results: A (circle H), E (circle 1), P (circle 1).

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 DRILLERS LIC. NO. 24 Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

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

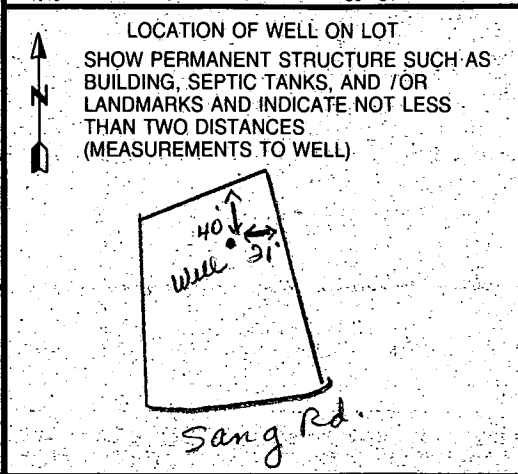
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes slot size diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (006.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (37 ft before, 59 ft when), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (2 feet below land surface).



B 1 **3040** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

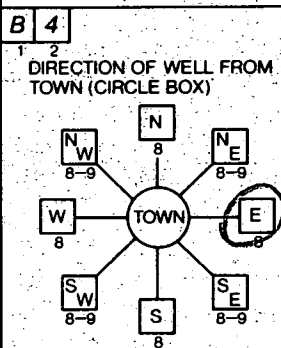
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-94-0901
 fill in this form completely

Date Received (APA) **03/19/96**
 OWNER INFORMATION
WILLIAMS BURG BUILOER
 Last Name Owner First Name
5485 SHARRERS FARM RD
 Street or RFD
COLUMBIA MD **27044**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
HOLLY HILLS SUBDIVISION
 SECTION **6** LOT **6**
GLenwood NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Joseph K. Mayne License No. **24**
Joseph K. Mayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy 21771 Address
Joseph K. Mayne 3/19/96 Signature Date



Sang Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
250 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 TAX MAP: **14** BLK: _____ PARCEL **92**

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-50619A COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **08/09/96** **8/9/97**
 CO SIGNATURE **John Rump** EXP. DATE
 NORTH GRID **529000** EAST GRID **798000**

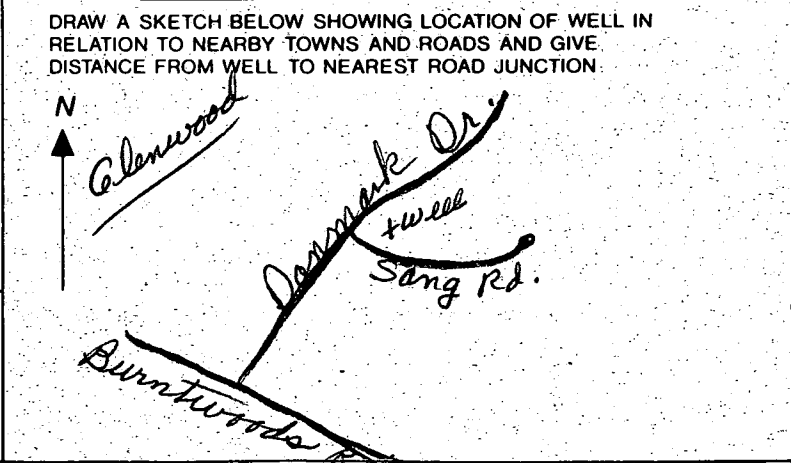
APPROXIMATE DEPTH OF WELL **220** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other: _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE

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 DEEPEM 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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **65** WRITE INITIALS IN BOX PERMIT No. **40-94-0901**

7-29-98
AM
well line

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~XXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision HOLLY HILLS Lot # 6 Well Tag # HO-99-0901
Site Address 3307 Song Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

7/29/98 NO INSP (MP)

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).

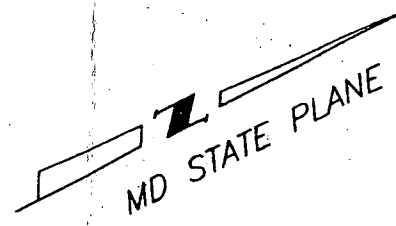
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

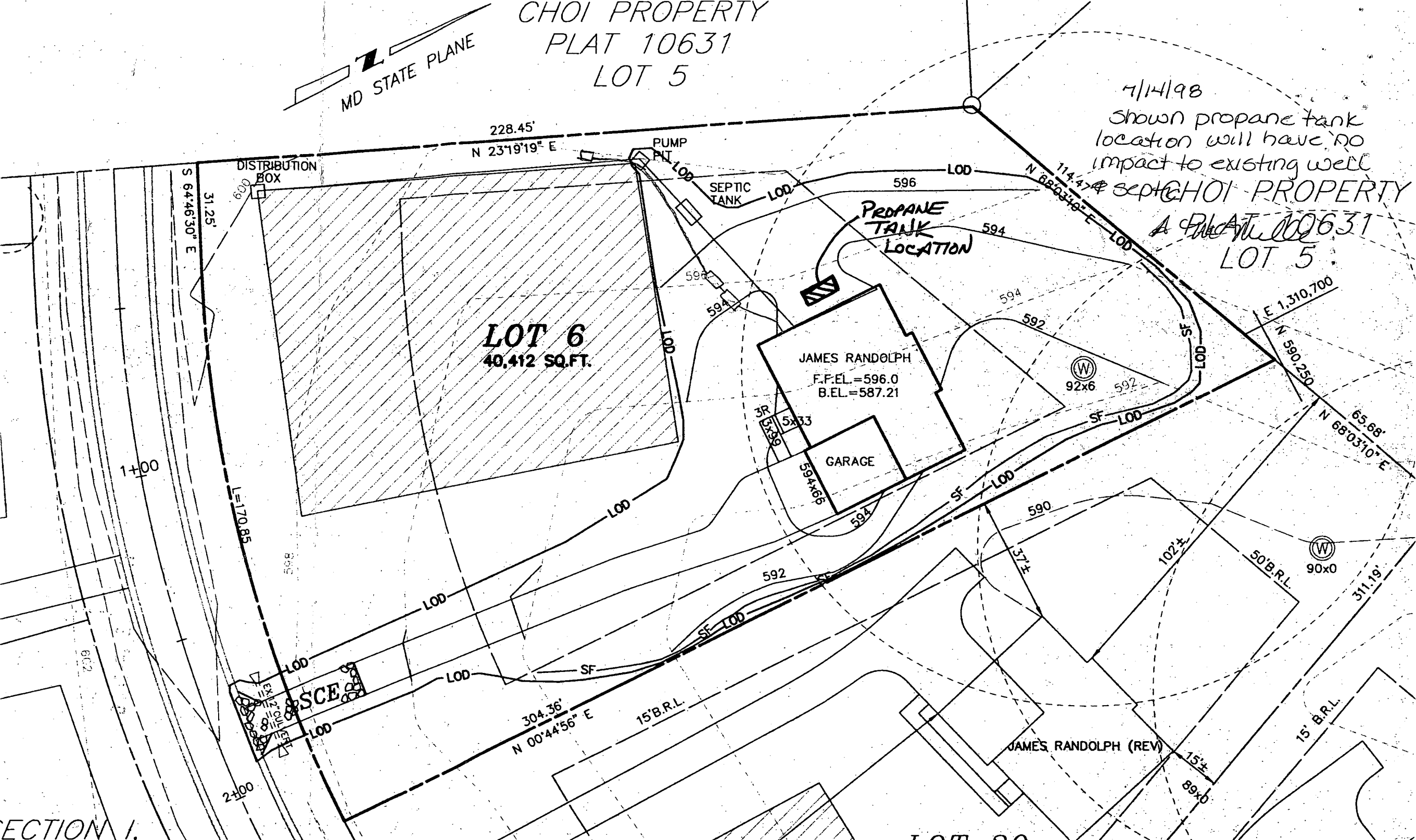
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

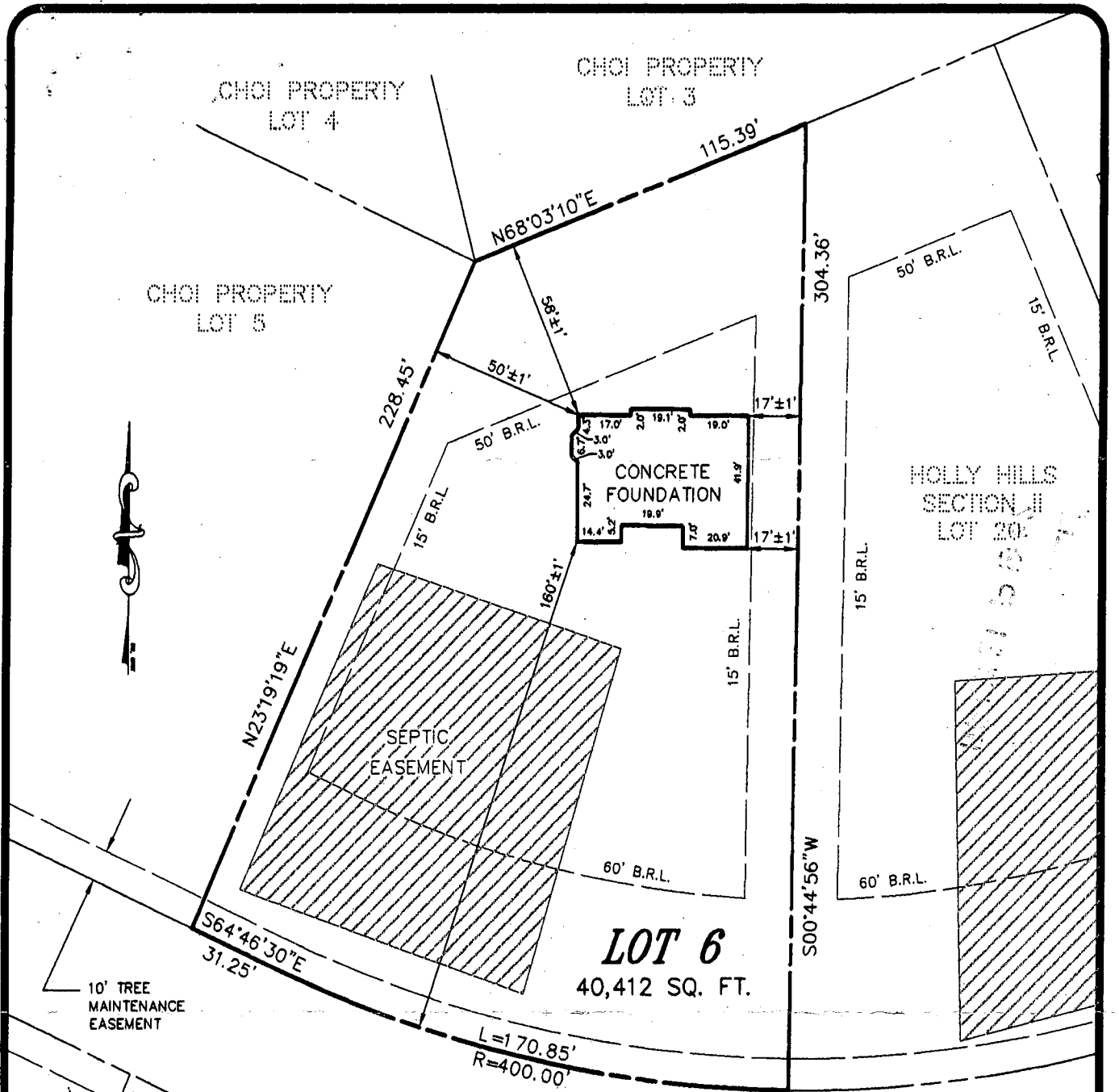
CHOI PROPERTY
PLAT 10631
LOT 5



7/14/98
shown propane tank
location will have no
impact to existing well

CHOI PROPERTY
A Plat 10631
LOT 5





LOT 6
40,412 SQ. FT.

SANG ROAD
(50' R/W)

HOLLY HILLS
SECTION ONE
LOTS 5 THROUGH 9 AND
BULK PARCEL "A" & "B"
A RESUBDIVISION OF
HOLLY HILLS ESTATES, LOT 4

HOLLY HILLS
SECTION I
LOT 5

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

ADDRESS No.: _____ SANG ROAD

PLAT NUMBER: 12189-12191
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C" AREA OF MINIMUM FLOODING PER COMMUNITY PANEL NUMBER 240044-0014-B DECEMBER, 4 1986

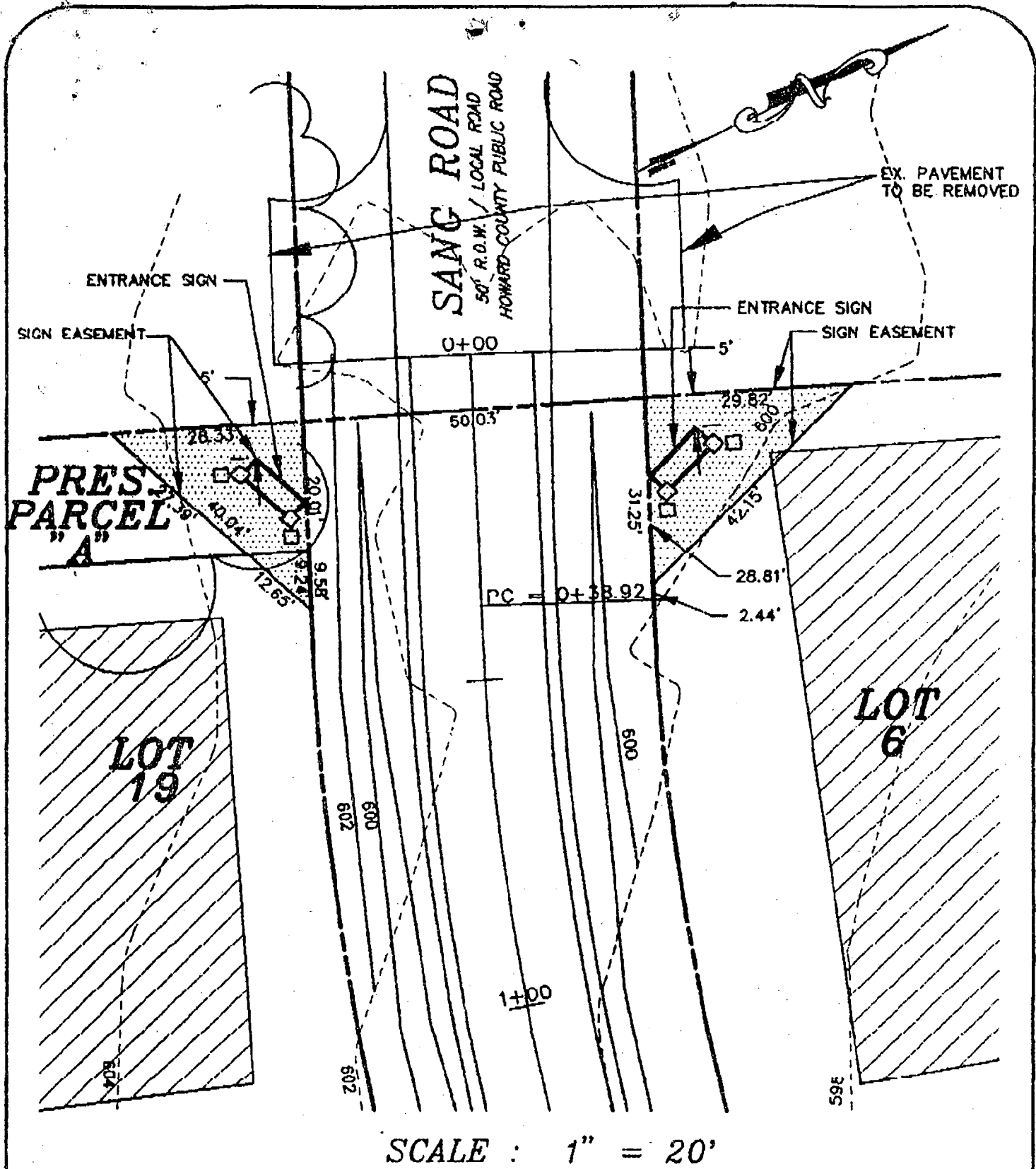
MILDENBERG
BOENDER, & ASSOC., INC.

Engineers Planners Surveyors
5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0298 Balt. (301) 621-5621 Wash. (410) 997-0298 Fax.



FOUNDATION	DATE: 5-11-98	FINAL	DATE:
DRAWN BY: RLM	SCALE: 1" = 50'		
PROJECT NO.: 96009	LOCATION DRAWING		

F:\96009\DWG\WCL0T6.DWG



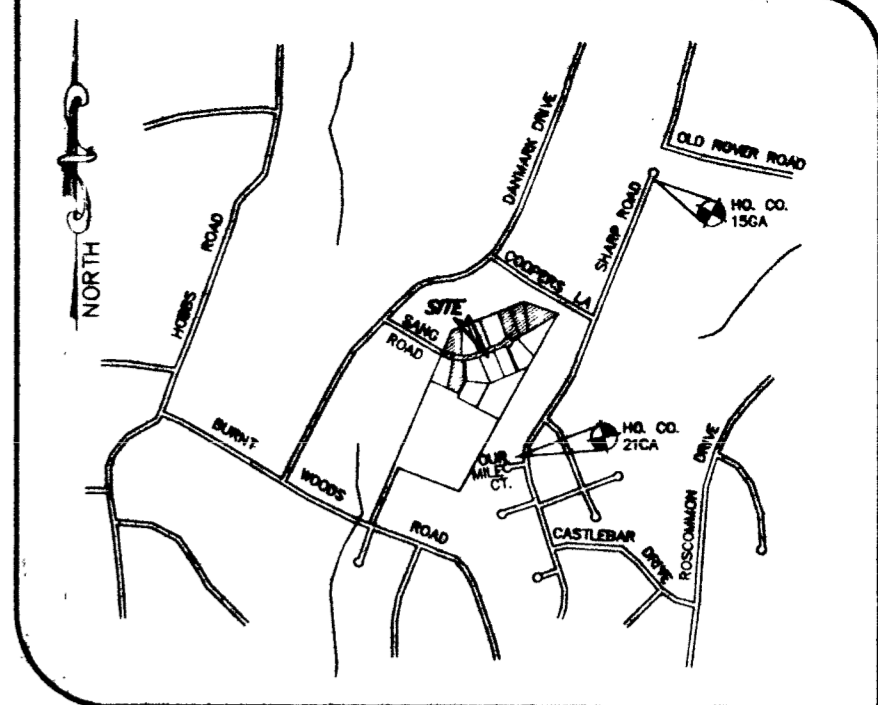
SCALE : 1" = 20'

HOLLY HILLS
ENTRANCE
SIGNAGE

**MILDENBERG,
BOENDER & ASSOC., INC.**

Engineers Planners Surveyors
6073 Purvey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 897-6200 Ext. (307) 621-6521 Telex (410) 897-0200 Fax

CHOI PROPERTY
PLAT 10631
LOT 5



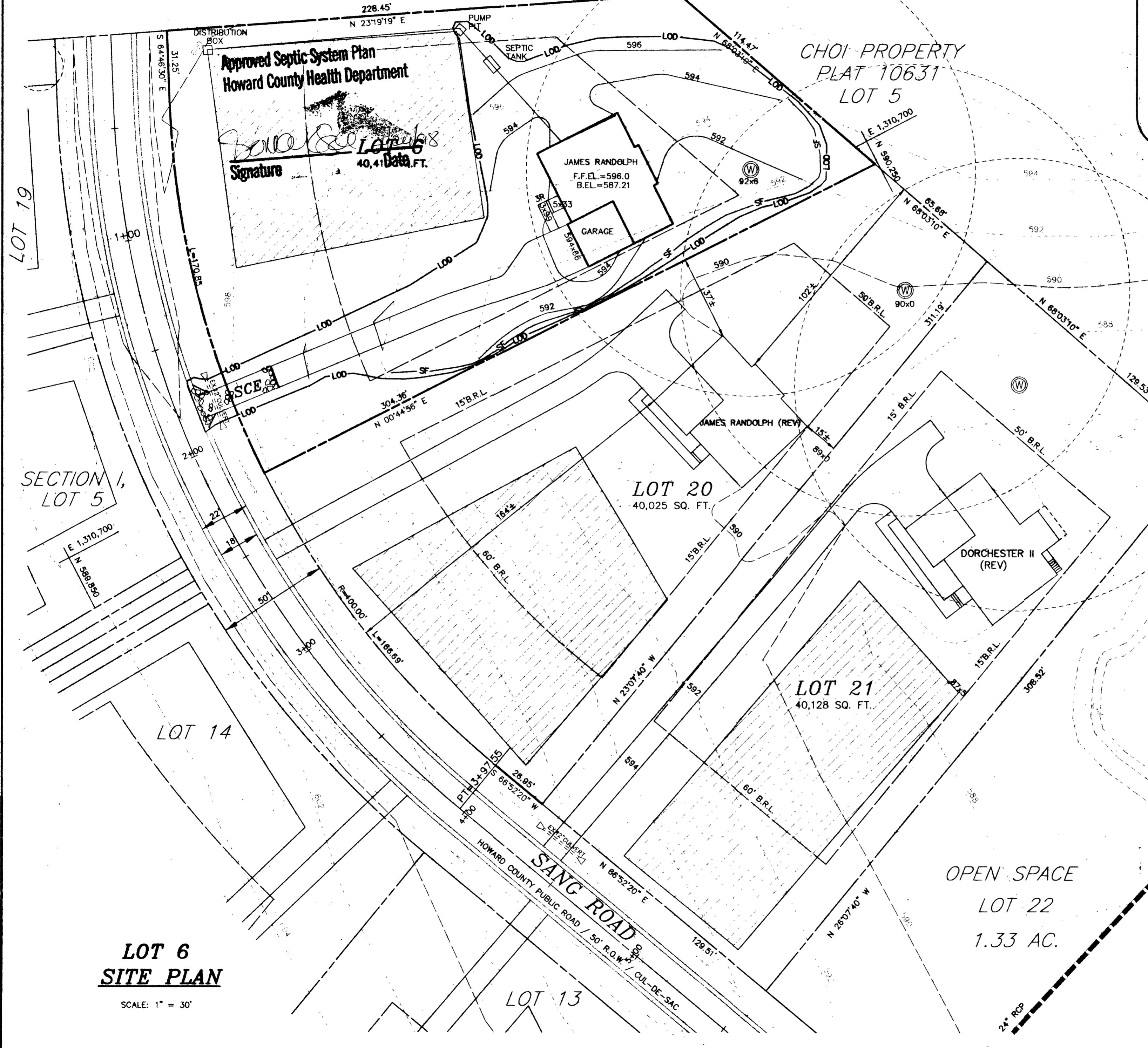
VICINITY MAP
SCALE: 1" = 2000'

DATE	SEPT. 08	ENGINEERING	M.P.	APPROVAL
PROJECT	98009	ILLUSTRATION	M.P.	SCALE
				1" = 30'

DATE	
DATE	

HOLLY HILLS, SECTION II, LOT 6
PLAT 12602
PLOT PLAN - LOT 6

MILDENBERG, BOENDER & ASSOC. INC.
Engineers Planners Surveyors
5072 Dorney Hill Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0296 Fax: (301) 621-5521 Wash. (410) 997-0298 Fax



Approved Septic System Plan
Howard County Health Department

Signature
40,411 SQ. FT.

JAMES RANDOLPH
F.F. EL. = 596.0
B. EL. = 587.21

LOT 20
40,025 SQ. FT.

LOT 21
40,128 SQ. FT.

OPEN SPACE
LOT 22
1.33 AC.

Total linear feet of trench required 180 feet
Width of trench(es) 2 feet
Depth of trench(es) 8 feet
Depth of stone required below distribution pipe 4 feet

FIRST FLOOR ELEV.	= 596.00
INV. OUT OF HOUSE	= 592.00
INV. IN SEPTIC TANK	= 591.00
INV. OUT SEPTIC TANK	= 590.75
INV. IN PUMP PIT	= 590.35
EXIST. ELEV. @ SEPTIC TANK	= 597.00
PROP. ELEV. @ SEPTIC TANK	= 596.50
EXIST. ELEV. @ DIST. BOX	= 600.00
INV. IN DIST. BOX	= 596.00

NO GRAVITY SEWER FROM BASEMENT
FORCE MAIN REQUIRED FROM PUMP PIT TO DISTRIBUTION BOX.

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

Suzanne P. Davis 9/30/08
DEVELOPER'S SIGNATURE DATE
SUZANNE P. DAVIS, AGENT
DEVELOPER'S NAME

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

John H. Holliday 9/29/08
ENGINEER'S SIGNATURE DATE
John H. Holliday
ENGINEER'S NAME

REVIEWED FOR HOWARD SOIL CONSERVATION DISTRICT MEETS TECHNICAL REQUIREMENTS.

Cheryl Simmon 10/5 9/14/08
REVIEWED FOR HOWARD SOIL CONSERVATION DISTRICT MEETS TECHNICAL REQUIREMENTS.

USDA-NATURAL RESOURCES CONSERVATION SERVICE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE SOIL CONSERVATION DISTRICT.

DR. Robinson 10/5 9/14/08
HOWARD SOIL CONSERVATION DISTRICT

LOT 6
SITE PLAN

SCALE: 1" = 30'

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00122691

Building Address 3307 Sang Rd
Glenwood MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision Holly Hills
 Section 1 Area _____ Lot 6
 Tax Map 14 Parcel 92 Grid 24
 Zoning RR-DEO Map Coordinates 9E10 Lot size _____

Property Owner's Name Mrs. Cynthia Sears
 Address 3307 Sang Rd
 City Glenwood State MD Zip Code 21738
 Home Phone 410-489-5697 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
John A. Palmer
P.O. Box 18979
Baltimore, MD 21206
 Phone 410-414-5669 Fax 410-414-7467

Existing Use SFD
 Proposed Use Unimproved
 Estimated Construction Cost \$ 15,000.00
 Description of Work Build Deck on rear of
House 35' x 10' / 15' x 10' x 12' x 12'
14' x 19' screened porch

Contractor Company John A. Palmer Const/Design
 Contact Person John A. Palmer
 Address P.O. Box 18979
 City Baltimore State MD Zip Code 21206
 License No. 24694
 Phone 410-414-5669 Fax 410-414-7467

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>14</u> <u>38</u> 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: _____ Dimensions: _____ Footings: <u>2' x 2' Pile</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

John A. Palmer
 Applicant's Signature
John A. Palmer Const/Design
 Title/Company

John A. Palmer
 Print Name
March 2, 2000
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION
Front: _____
Rear: <u>60 FT</u>
Side: <u>30 FT</u>
Side St.: <u>15 FT</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>35268</u>	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>2724</u>
Validation	<u>27537</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

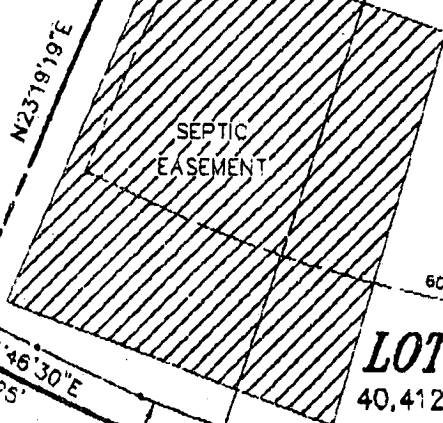
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

CHOI PROPERTY
LOT 4

CHOI PROPERTY
LOT 3

Proposed deck/porch
locations to be
as shown
D.C.S.

*TOP OF WALL ELEV. = 595.0'±
**FIRST FLOOR ELEV. = 598.3'±



SANG ROAD
(50' R/W)

HOLLY HILLS
SECTION ONE
LOTS 5 THROUGH 9 AND
BULK PARCEL "A" & "B"
A RESUBDIVISION OF
HOLLY HILLS ESTATES, LOT 4

HOLLY HILLS
SECTION I
LOT 5

LEGEND

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

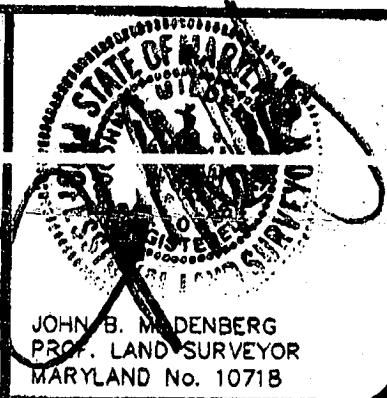
ADDRESS No.: 3302 SANG ROAD

*REVISED: ADDED TOP OF WALL ELEVATION 07/14/98
THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C" AREA OF MINIMUM FLOODING PER COMMUNITY PANEL NUMBER 240044-0014-B DECEMBER, 4 1986

PLAT NUMBER: 12189-12191
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND

**MILDENBERG
BOENDER, & ASSOC., INC.**
Engineers Planners Surveyors

6672 Dorsey Hall Drive, Suite 402, Ellicott City, Maryland 21042
(410) 897-0299 Cell. (301) 621-6621 Wash. (410) 997-0298 Fax.



FOUNDATION	DATE: 5-11-98	FINAL	DATE: 6-20-98
DRAWN BY: RLM/TMH	SCALE: 1" = 50'		
PROJECT NO.: 96009	LOCATION DRAWING		

E:\96009\ADWG\W10 16.DWG