

7/21/99  
7/28/99

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330273

P 512009

A 50830-N

DISTRICT \_\_\_\_\_

DATE 7/16/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 7/28/99

INSPECTOR A

# INDEXED

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL  ALTER

1 800 6 UANJSAWY

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771

PHONE 301-682-6726

SUBDIVISION Brantwood

LOT 17

ROAD 11520 Stardust Lane

PROPERTY OWNER ~~NV Homes~~ JOHN HANLON

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 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 130 feet off the front lot line and 100 feet off the right lot line as seen when facing the lot from Stardust Lane. Run trenches on contour in both directions.

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

PLANS APPROVED BY Amy McMillen

DATE 6-24-1999

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

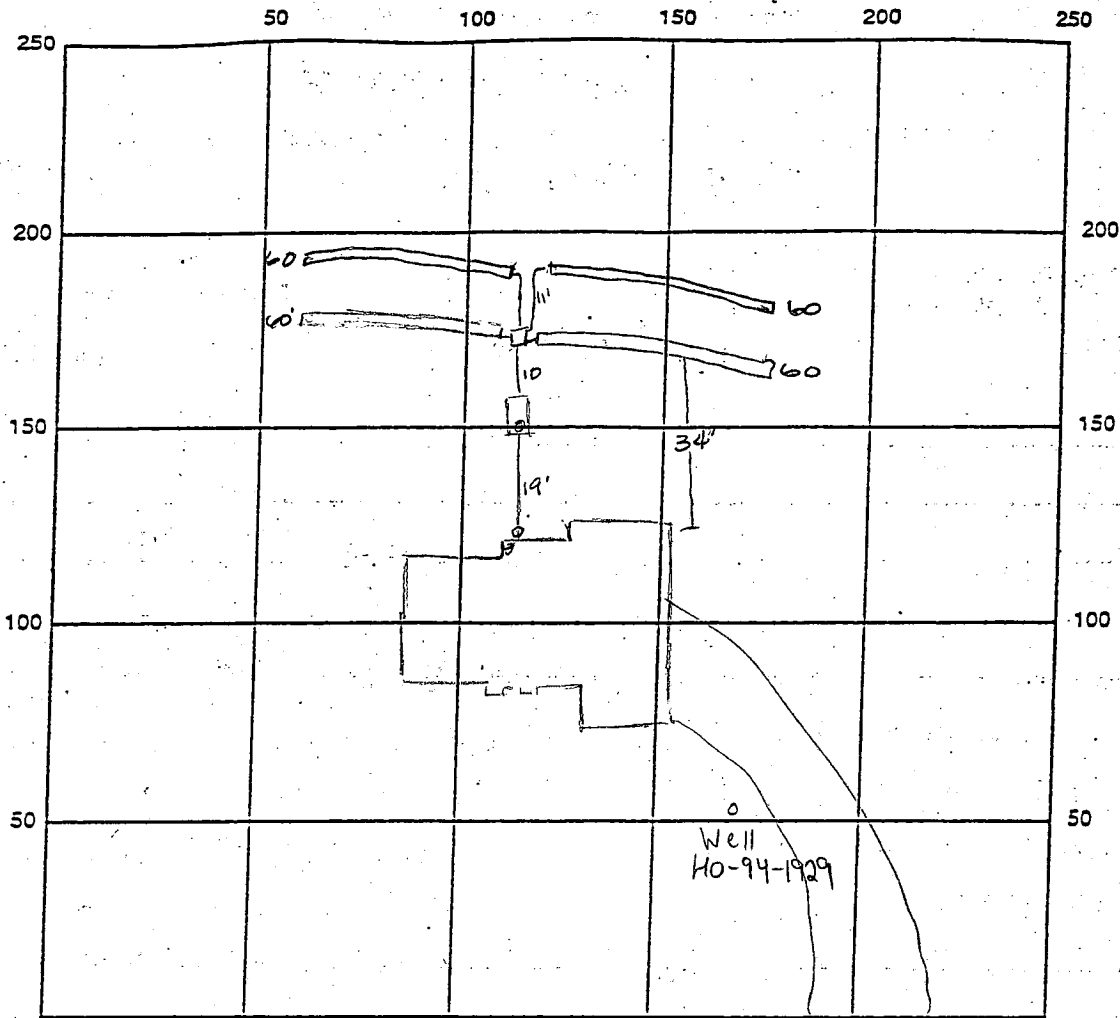
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 50830-N



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

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

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 7/27/99 OK to cover 1<sup>st</sup> trench, DB & septic tank

7/28/99 OK to cover all work

DATE SYSTEM APPROVED 7/28/99 INSPECTOR [Signature]

# 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 8/15/95

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 Fenger Family NV Homes

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

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 1921 1916

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd  
11520 Stardust Lane

TAX MAP 1623 PARCEL # 34 + 63

~~NO PERMIT SIGNED~~  
~~AND RETURNED~~ 6-24-99  
Send to B10 118087

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 4 Bdw  
(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. Mark A. Reich  
(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

0' 1066 1063

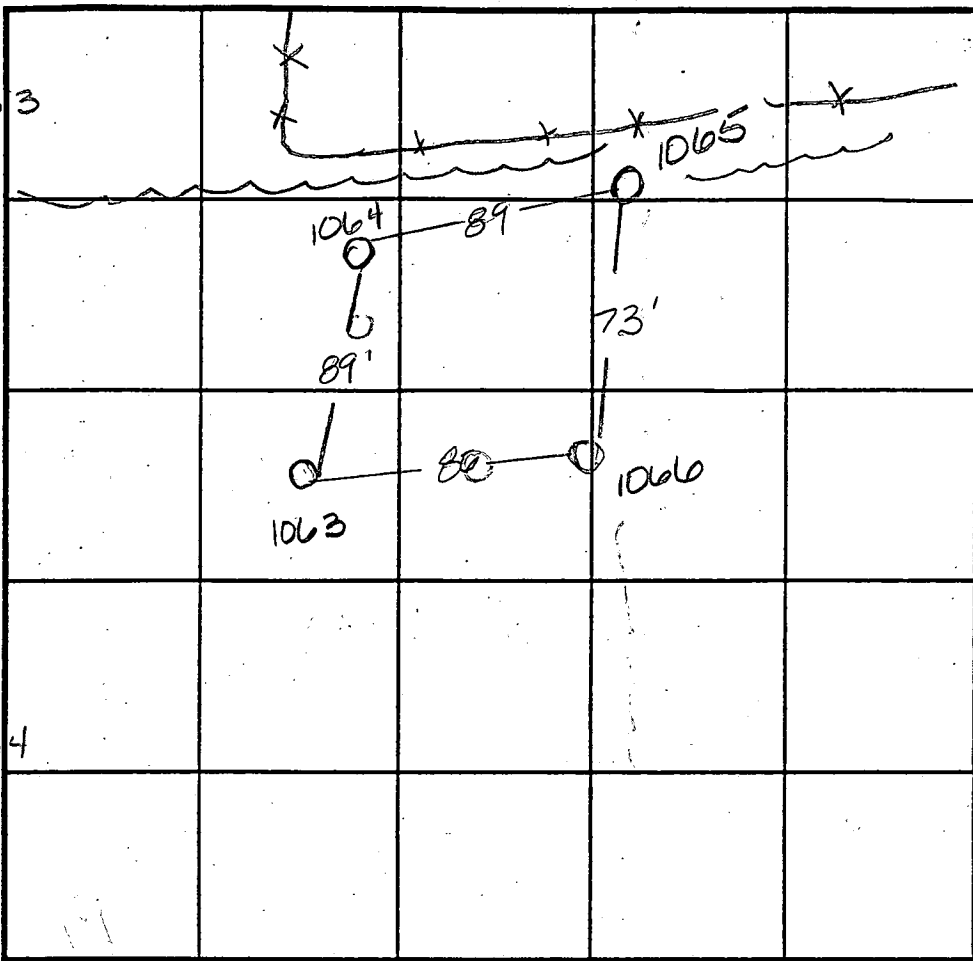
orange CL

2' brn decayed shale 15%

sand mix

8' greyish SalM micaceous

12'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1065 1064

brn Sil CLM

3' brn orange SilM micaceous

7.5' grey brn SalM micaceous

11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-95	1066	Visual	to 12'	see profile	—	—	OK
	1065	3.5' / VII.5'	2:50	2:52	2:52	2:54 <sup>30</sup>	2 1/2 min
	1064	3' / VI.2	2:43	2:44	2:44	2:45 <sup>30</sup>	1 1/2 min
	1063	3' / V	2:45	2:43	2:43	2:52	9 min
	1063	4' / V	2:45	2:36 <sup>45</sup>	2:36 <sup>45</sup>	2:38 <sup>45</sup>	2 min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



N 589500  
E 1340250

MATCHLINE SEE SHEET 3

Lot 22  
0.9666 Ac±  
4210.3 sq.ft

Lot 21  
0.9241 Ac±  
4025.4 sq.ft

Lot 20  
0.9190 Ac±  
40032 sq.ft

Lot 19  
0.9337 Ac±  
40673 sq.ft

Lot 18  
0.9191 Ac±  
40035 sq.ft

Lot 17  
0.9186 Ac±  
40013 sq.ft

Lot 23  
0.9676 Ac±  
42148 sq.ft

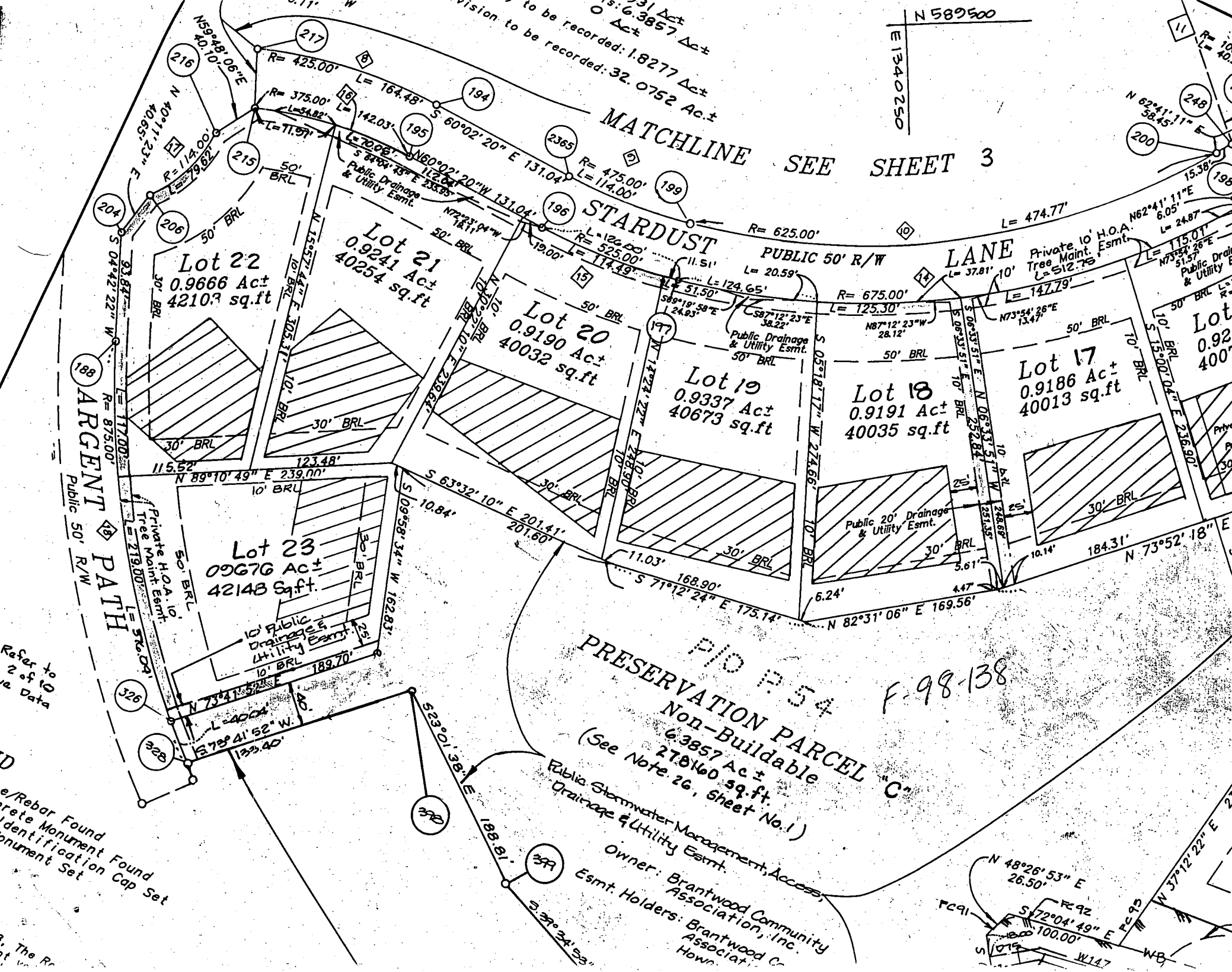
P10 P 54 F-98-138  
PRESERVATION PARCEL "C"  
Non-Buildable  
6.3857 Ac±  
27,016.0 sq.ft.  
(See Note 26, Sheet No.1)

Public Stormwater Management, Access,  
Drainage & Utility Esmt.  
Owner: Brantwood Community  
Association, Inc.  
Esmt. Holders: Brantwood C  
Associati  
Howe

ARGENT PATH  
Public 50' R/W

LANE  
Private 10' H.O.A.  
Tree Maint. Esmt.  
Public Drainage  
& Utility Esmt.

Refer to  
2 of 10  
Data  
Rebar Found  
Concrete Monument Found  
Identification Cap Set



Wall Check: 7-13-99  
Top of Wall Elev.: 419.7

PRESERVATION PARCEL "C"

S73°52'18"W

184.31'

236.90'

LOT 17  
0.9186 Ac. ±  
40,013 #

30' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

LOT 18

Private Sewage Easement, see  
General Note No. 9 Plat No.  
13725

Public 20' Drainage &  
Utility Easement

WALL  
CHECK

OK w/BP  
PLAN  
MR 7/16/99

S15°00'04"E

44' ±

50' BRL

#11520

41' ±

52.7'

10'

N06°33'51"W

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

R = 675.00'

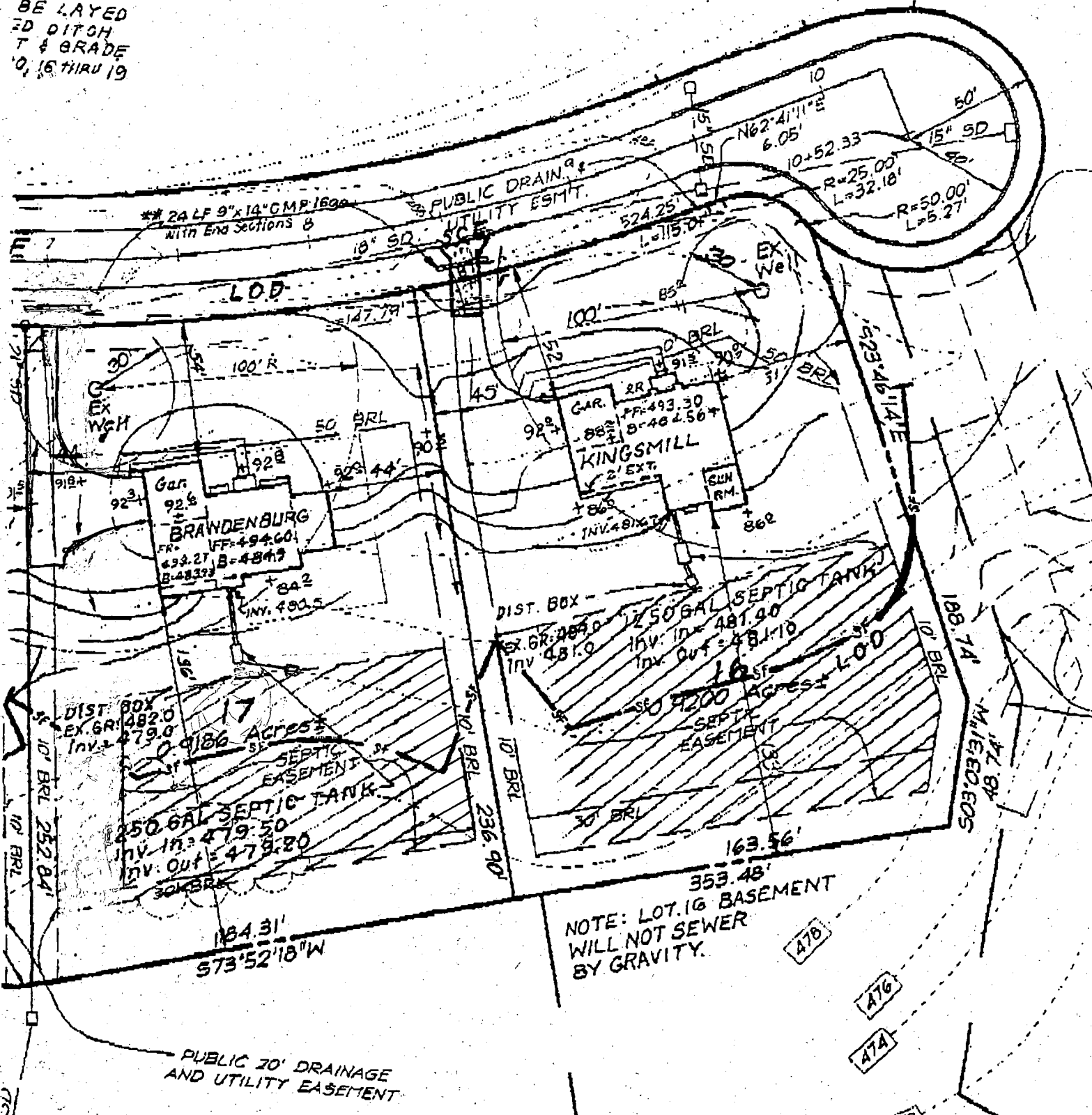
L = 147.79'

STARDUST LANE

15.7'

# 5.8'

BE LAYED  
 ED DITCH  
 T & GRADE  
 0, 15 THRU 19



Approved Septic System Plan  
 Howard County Health Department

Total linear feet of trench required 240

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below  
 distribution pipe 2.0 feet

Chris McMill 6/24/99  
 Signature Date

C1 4131

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830N

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1929

OWNER: Briantwood LLC STREET OR RFD: Stardust Ln TOWN: ELICOTT CITY MD SUBDIVISION: Briantwood SECTION: I LOT: 17

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: BROWN SHALE 0-62, BLUE SLATE 62-225. Includes handwritten note: WATER AT 80-220.

TYPE OF GROUTING MATERIAL (Circle one): CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 15, NO. OF POUNDS 1440.

PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE: TIME.

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 68 ft.

MAIN CASING TYPE: ST. Nominal diameter: 6. Total depth of main casing: 70.

TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

OTHER CASING (if used) diameter inch, depth (feet) from to.

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO).

NUMBER OF UNSUCCESSFUL WELLS: 0

SCREEN RECORD screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35.

WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.) HO 69, 225

PUMP HORSE POWER 37-41. PUMP COLUMN LENGTH (nearest ft.) 43-47.

- CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

ASBESTOS RECORD (A-C-H-S-C-R-E-E-N) SLOT SIZE 1, 2, 3.

CASING HEIGHT (circle appropriate box and enter casing height) 49 above, 1 below (nearest foot).

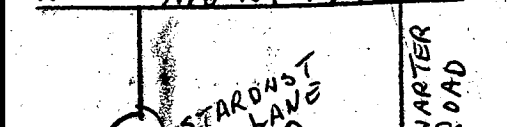
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DIAMETER OF SCREEN (NEAREST INCH) 56-60.

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) MD RT 144.

DRILLERS LIC. NO. 1 MWD 139. DRILLERS SIGNATURE: Robert Cline.

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



LIC. NO. 1 MWD 168. DRILLERS SIGNATURE: Rick Logg.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W, Q.

WELL LOCATION: 25 ft to MD RT 144, 135 ft to FOLLY QUARTER ROAD.

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

B 1 **8616** SEQUENCE NO. (MDE USE ONLY)  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

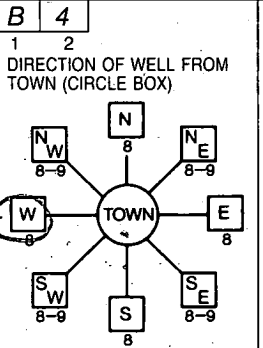
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-94-1929**  
70 fill in this form completely 79

Date Received (APA) **10/13/98**  
8 MM DD YY 13  
**Brantwood LLC**  
15 Last Name Owner First Name 34  
**8835-P Columbia 100 Parkway**  
36 Street or RFD 55  
**Columbia, MD 21045**  
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL  
8 COUNTY 21  
**Feaga Property**  
23 SUBDIVISION 42  
SECTION      LOT 17  
44 46 48 50  
**Pine Orchard meadows**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DRILLER INFORMATION *transferred to Clinea*  
**Hartman, David** MW DS17 Duvall  
76 License No. 81  
**A.C. Schultes of MD, Inc. 11/13/98**  
Firm Name  
**24 South River Road**  
Address  
**Edgewater, MD 21037**  
Signature *Sam P. Adams* Date **10/16/98**



**MD. Rt. 144**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **1050** 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE 10  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 800  
(GAL. PER DAY) 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)

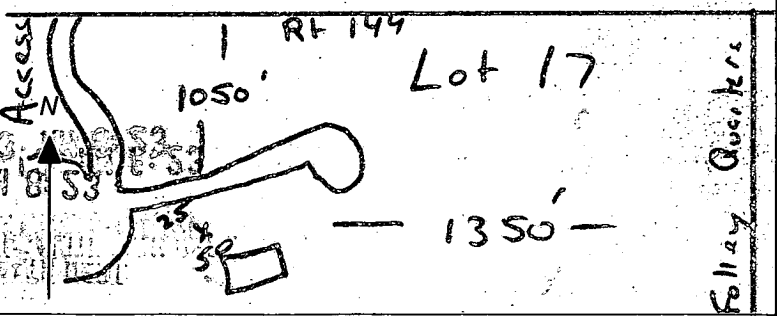
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard CO** **A50830N**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
DATE ISSUED **102698** **AYM** **100** **102699**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **520 000** EAST GRID **820 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **Tanker**  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 820  
N 520  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
36 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)  
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 \_\_\_\_\_ G A P  
WRITE INITIALS IN BOX PERMIT No. **HO-94-1929**  
67 68 70 71 72 73 74 75 76 77 78 79

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

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 Van Sant Pllbg + Hg

Telephone 301-829-0444

License Number 1467  
 Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NV Homes  
 Subdivision Branfordwood Lot # 17  
 Site Address 11520

Telephone 301-258-0002  
 Well Tag # \_\_\_\_\_

- Pump**
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible
  - Make Goulds
  - Model # 75505-422
  - Capacity \_\_\_\_\_ GPM
  - Pump exceeds well capacity Yes \_\_\_\_\_ No
  - If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
  - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

- Motor**
- Horsepower 1/2
  - RPM \_\_\_\_\_
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220

- Pitless Adapter**
- Make Campbell
  - Model # 3-10K
  - Depth 48"

- Tank**
- Capacity 100
  - Pressure relief valve? yes

- Piping**
- Type PE
  - Size 1"
  - NSF and/or BOCA Code approved
  - Depth of supply line 48"

- Well data**
- Depth 225 ft.
  - Yield 10 GPM
  - Static water level \_\_\_\_\_ ft.
  - Will water supply be disinfected by installer? \_\_\_\_\_

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.

WPI-OK  
 7/28/99-SRK

Signature of Applicant: [Signature]  
 Date: 7/12/99

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300118681

Building Address 11520 Stardust Ln.  
Ellicott City, MD 21043  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition # 41702  
 Census Tract 6230 Subdivision Brantwood  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 17  
 Tax Map 16423 Parcel 34/62/214 Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates 11A6 Lot size \_\_\_\_\_

Property Owner's Name RV Homes  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
7507 Parallel Path  
Arlington, MD 21009  
 Phone 410-519-1710 Fax 410-519-1710

Existing Use Vacant Lot  
 Proposed Use SFD  
 Estimated Construction Cost \$ 100,000.00  
 Description of Work Construct Brandenburg w/Done.  
25th, Full Bmnt, HR, 2 FL, HR, 4 BR, 1.5 Bath  
Dpt. FP, Fin. LLW/Bath

Contractor Company Unico  
 Contact Person Patricia A. Urie  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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: _____ 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"/> <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.

Patricia A. Urie  
 Applicant's Signature  
 Building Permit Section  
 Title/Company

Print Name  
Patricia A. Urie  
 Date  
6-12-99

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>6/24/99</u>	<u>ACM/M.000</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

**DPZ 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#: 41702

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>531</u>
Excise tax	\$ <u>4250</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>4806</u>
Balance due	\$ _____
Check	# <u>581067</u>
Validation	# <u>23213</u>

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by Patricia A. Urie

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B. 00 122 957

Building Address 1576 Starburst Lane  
Ellicott City, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030 Subdivision Brentwood  
 Section 1 Area \_\_\_\_\_ Lot 17  
 Tax Map 54 Parcel 54 Grid 22  
 Zoning BC-Deo Map Coordinates 11A6 Lot size \_\_\_\_\_

Property Owner's Name Mr. Kenton HANLON  
 Address 1576 Starburst Lane  
 City E.C. State MD Zip Code 21042  
 Home Phone 410-531-3610 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use same as used  
 Estimated Construction Cost \$ 12,000.00  
 Description of Work install irrigation 52' x 12'  
work of pipe to grade

Contractor Company Fire Control Co.  
 Contact Person Brian Spadlin  
 Address 10810 Guller Rd  
 City Annapolis, Md State MD Zip Code 20701  
 License No. 19672  
 Phone 410-378-5770 Fax \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	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: <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 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 _____	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: <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 _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: <u>cast &amp; pour</u> 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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company

Brian Spadlin  
 Print Name  
1/3/16/00  
 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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>3/16/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ 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 NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID# 41702

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>2109</u>
Validation	# <u>2774</u>

Accepted by [Signature]

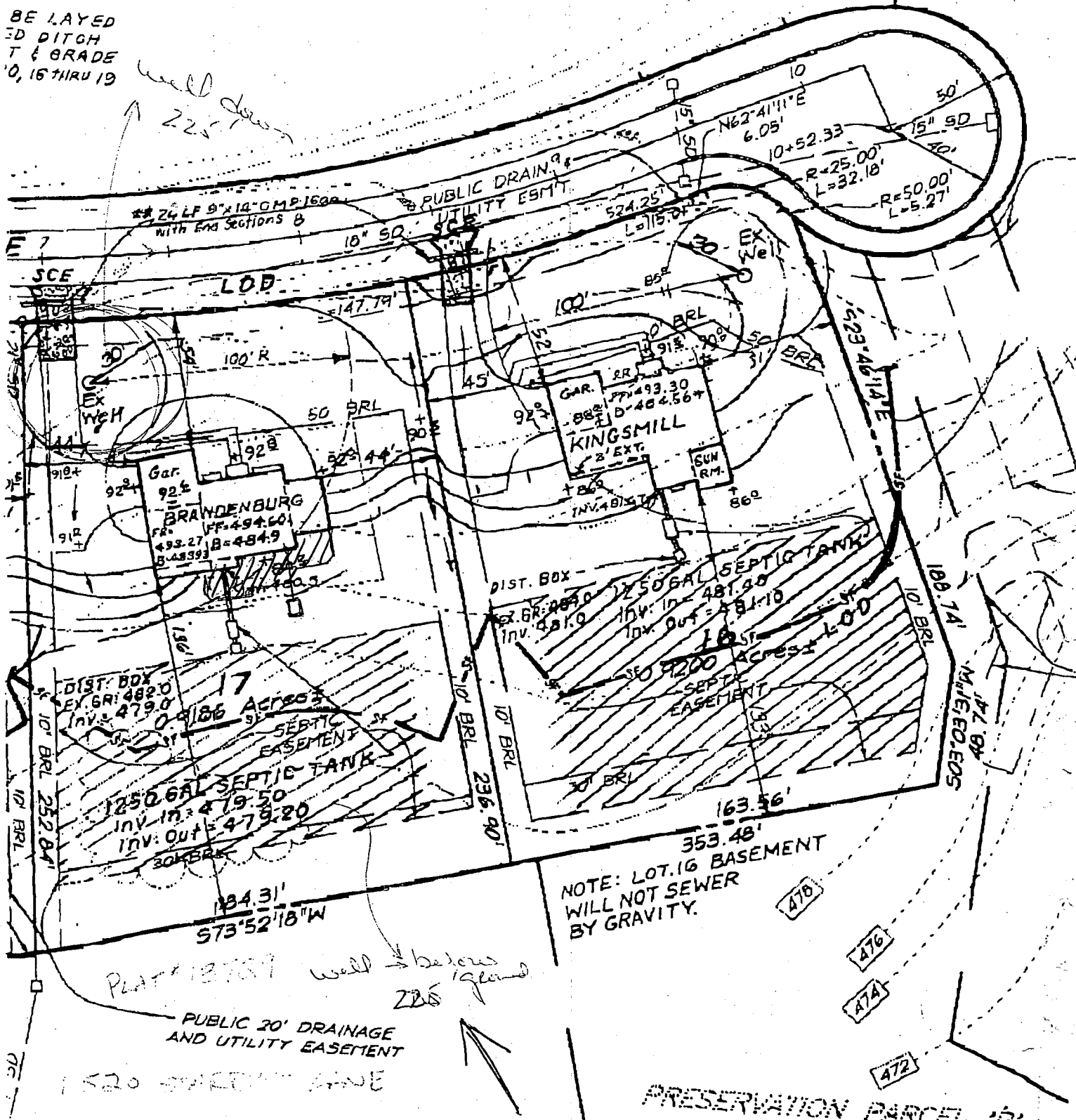
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

3/10/00

Proposed deck location  
 at as shown - deck  
 edge shall be at  
 least 6' off s.t. and  
 one story high.

Post-it Fax Note	7671	Date	6-10-99	# of Pages	2
To	JULIE	From	J.M.E.		
Co./Dept	N.Y.	Ch.	C.F.S. INC.		
Trunk #	BRANTWOOD	Phone #			
Fax #	LOT 17	Fax #			

BE LAYED  
 ED DITCH  
 T & GRADE  
 0, 15 THRU 19



well 225' down  
 below ground

NOTE: LOT.16 BASEMENT  
 WILL NOT SEWER  
 BY GRAVITY.

PRESERVATION PARCEL  
 Jun-10-99 08:23A CFS

P.01 410 381 7500

P.02 Jun 10 99 11:51