

7-22-98
after
CO

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359593

P 510558

A 50845-K

DISTRICT 4th

DATE 7-14-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 7.22.98

INSPECTOR KM

INDEXED

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Rd, Woodbine, MD 21797 PHONE 410-489-4724

SUBDIVISION Bridlewood LOT 10 ROAD 16908 Hardy Road

PROPERTY OWNER ~~Charles & Sandra Stancer~~ MICHAEL PROVIANO

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 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 245 feet down the right lot line and 85 feet off this same lot line as seen when facing the lot from Hardy Road. Run trenches along 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. 5/26/98 OK AU

PLANS APPROVED BY Donna K. Soe DATE 05/18/98

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 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

ADD. PERMIT SIGNED

AND RETURNED 6-10-99

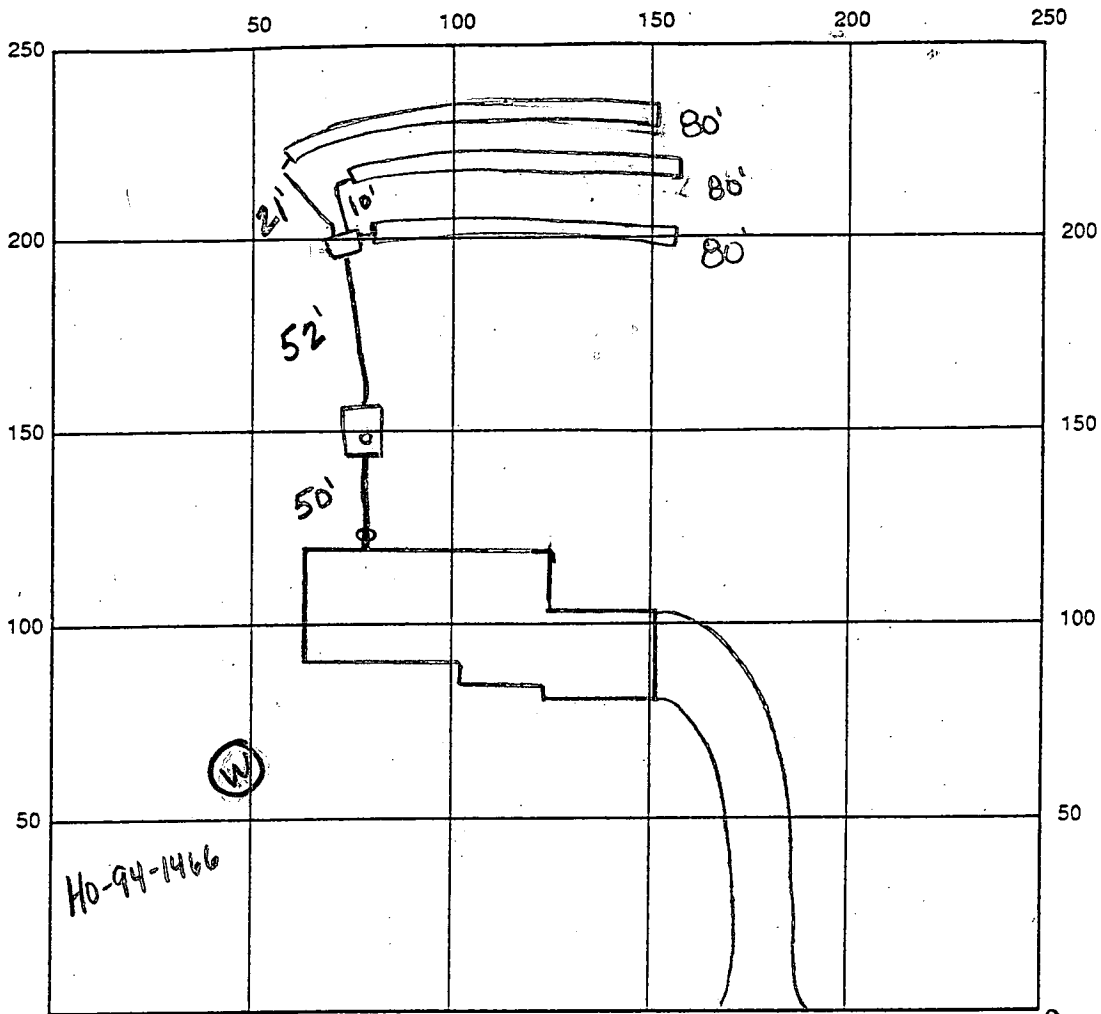
Serial # B01118574

check

10/10/2002 B00138833 FINISH BASEMENT

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

A 50845 K

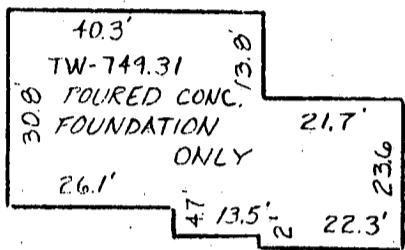
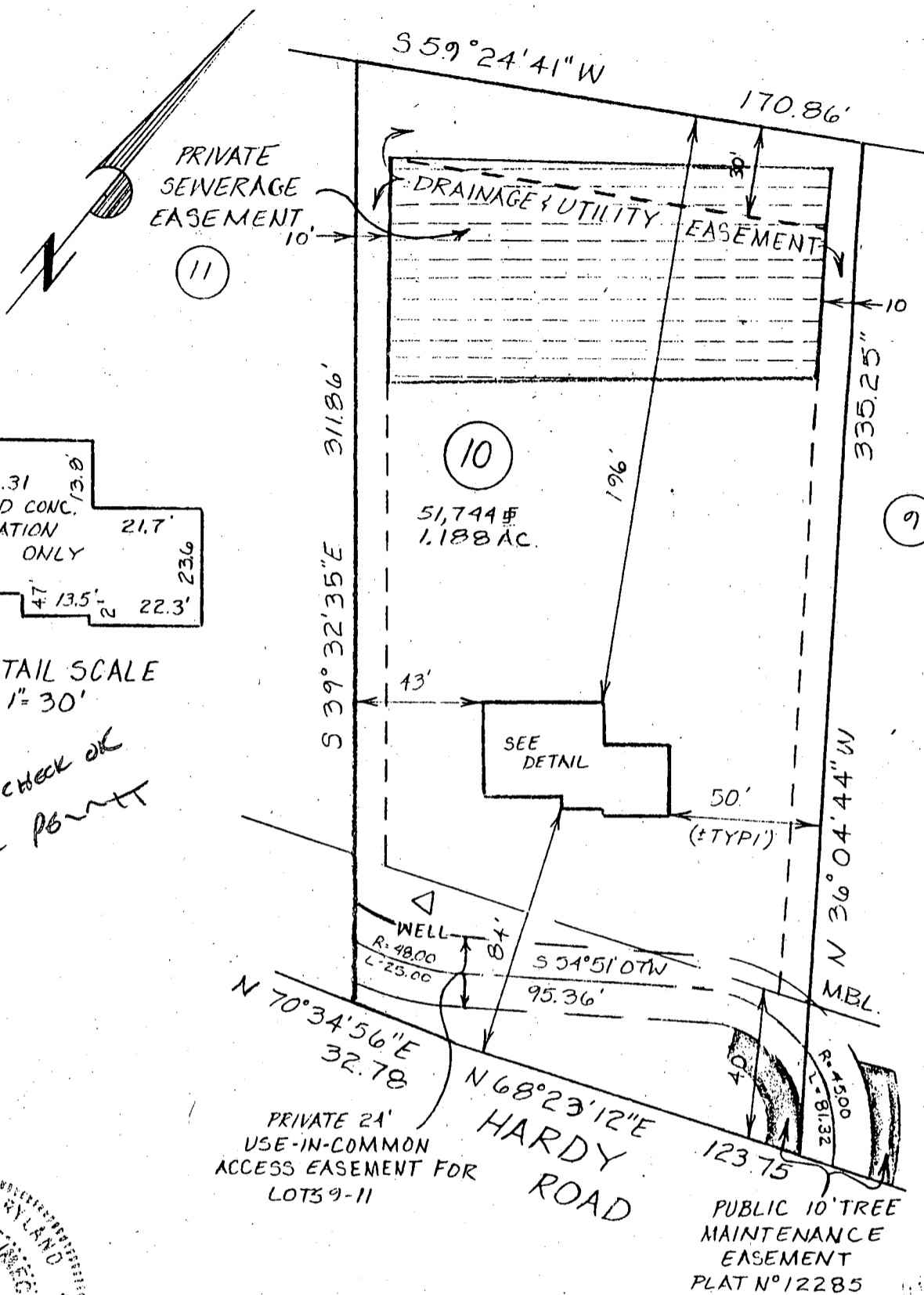


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Hardy Road

SEPTIC TANK LEVEL OK, 1500 gallons CLEANOUTS 1 on tank, 1 at house
 DISTRIBUTION BOX LEVEL OK, baffle in
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x80 FT. → 240
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 7.22.98 OK to cover all work, OK to run trenches in one direction (contractor had completed job at time of inspection). Enough room for future repairs running trenches to the left as seen when facing the lot from Hardy Road.

DATE SYSTEM APPROVED 7.22.98 INSPECTOR Kim Minto



DETAIL SCALE
1" = 30'

Wall check ok
56712 PBR/T



LOCATION DRAWING
LOT-10

BRIDLEWOOD

SECTION 2
1TH ELEC DIST HOWARD CO. MD.
PLAT NUMBER-12554 DATE 1-6-97

AKA #16908 HARDY ROAD

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements.

Dennis E. Meckley Date: 6/16/98
Dennis E. Meckley Property Line
Surveyor No. 10814

The improvements shown hereon lie within Flood Hazard Zone "C", (area of minimal flooding), as designated on National Flood Insurance Program Flood Insurance Rate Map, Panel 6 of 45 Community-Panel Number 24044/0006B prepared by the Federal Emergency Management Agency.

<h1>CLSI</h1> <p>Carroll Land Services Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street Westminster, MD 21157-5539 (410) 876-2017 FAX (410) 876-0009</p>	DRAWN BY: JCR
	DESIGN BY:
	REVIEW BY:
	DATE: 6-11-98
	SCALE: 1" = 50'
	JOB NO: 9723A
SHEET:	

REQUEST FOR SEPTIC PERMIT ISSUANCE

PROPERTY IDENTIFICATION

Subdivision Bridlewood Lot # 10

Street Address 16908 Hardy Rd

INSTALLER

Company Name Herman Sirk Phone Number 410-489-4724

Company Street Address 2555 Jennings Chapel Rd, Woodbine, MD 21797

=====

Date of septic permit request: July 13, 1998

Date of septic permit issuance: 6/14/98

CW

Receipt # 510558

=====

Date copy of certified location drawing (wall check) received: 7-14-98

reviewed: 7-14-98

C1 6369

SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A50845K

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received 4/23/98

DATE WELL COMPLETED 04/17/98

Depth of Well 302 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1466

OWNER STANLEY CHARLES last name HARDY ROAD first name TOWN LISBON SUBDIVISION BRIDLEWOOD SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Dirt, Soft Br. Shale, Hard Br. Shale, etc.

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 40 NO. OF POUNDS 3760

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 163

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. MWD256 Dana Kyker Jr II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 163 302 EACH SCREEN 1 (H) (O) 2 3 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 187 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE (nearest foot) 1

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) good x well x dry well HARBY ROAD

RECEIVED APR 23 A 11:50

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: April 17, 1998 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO — 94 — 1466

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Dana Kyker Jr II

WELL DRILLERS LICENSE NUMBER: MWD256

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Charles Stancer

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Lisbon
 TAX MAP 7 BLOCK 9 PARCEL 337
 SUBDIVISION: Bridlewood
 SECTION: _____ LOT: 10
 NEAREST ROAD: Hardy Road
Dry Well

MARYLAND GRID COORDINATES

E 771
 BOX NUMBER
 N 549

0 0 0	
0 0 0	⊗

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 _____ BORED/AUGURED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify)
 _____ NONE

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 278 FEET DEEP

*11.60' leading shoe
B.E. 68*

* WAS ANY CASING REMOVED? _____ YES NO
if yes, length removed, in-feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

- LOG OF SEALING MATERIAL

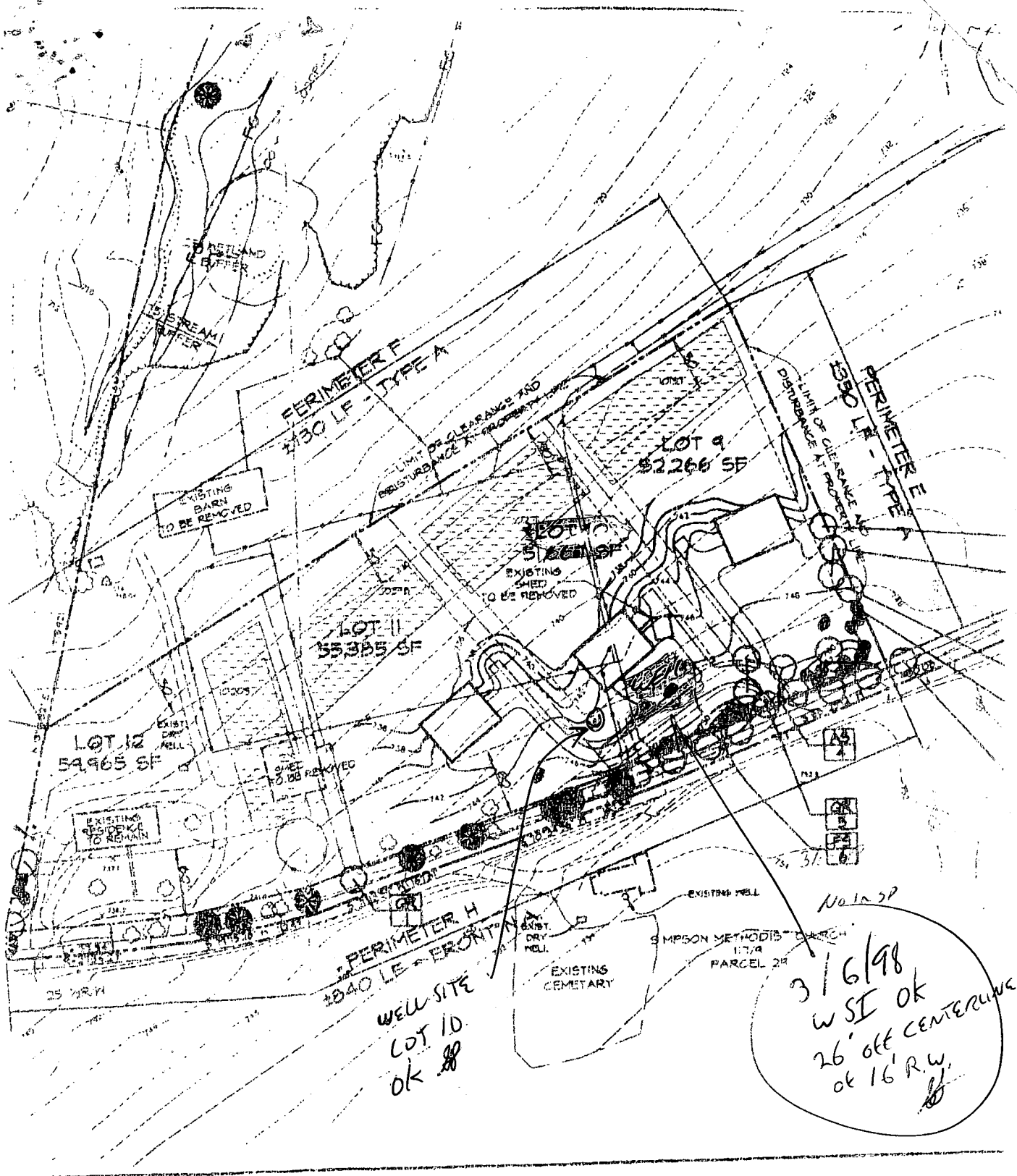
MATERIAL	FEET	
	FROM	TO
Cement (1316 lbs)	0	35
Well Cuttings	35	278

Dana Stancer
SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD 256 (MWD/MSD/MGD)
LICENSE # CIRCLE ONE

4-20-98
DATE





APPLICATION

PERCOLATION TESTING

A 50845-K

P _____

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

DISTRICT _____

DATE 9-1-95

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 CHARLES STANLER

ADDRESS 16920 HAROY RD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION STANLER PROPERTY LOT NO. 10

ROAD AND DESCRIPTION 16920 HAROY RD

TAX MAP 7 PARCEL # 337

SIZE OF LOT 1 ACRE TYPE BLDG. SED - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 5-18-95

Serial # 210111663

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

A 50845 - K
COUNTY #

ATE MULLEN RD

SOIL PROFILE H54

TOPSOIL
Brown CLAY LOAM
SAPROLITE SILT LOAM
+ GRACE
+ BLACK GRADED SILT
SAPROLITE BELOW 4' 10"

113"

H53

TOPSOIL
Brown LOAMY CLAY
Brown TAN SILT LOAM
+ SOFT SAPROLITE
PARTIAL MATERIAL

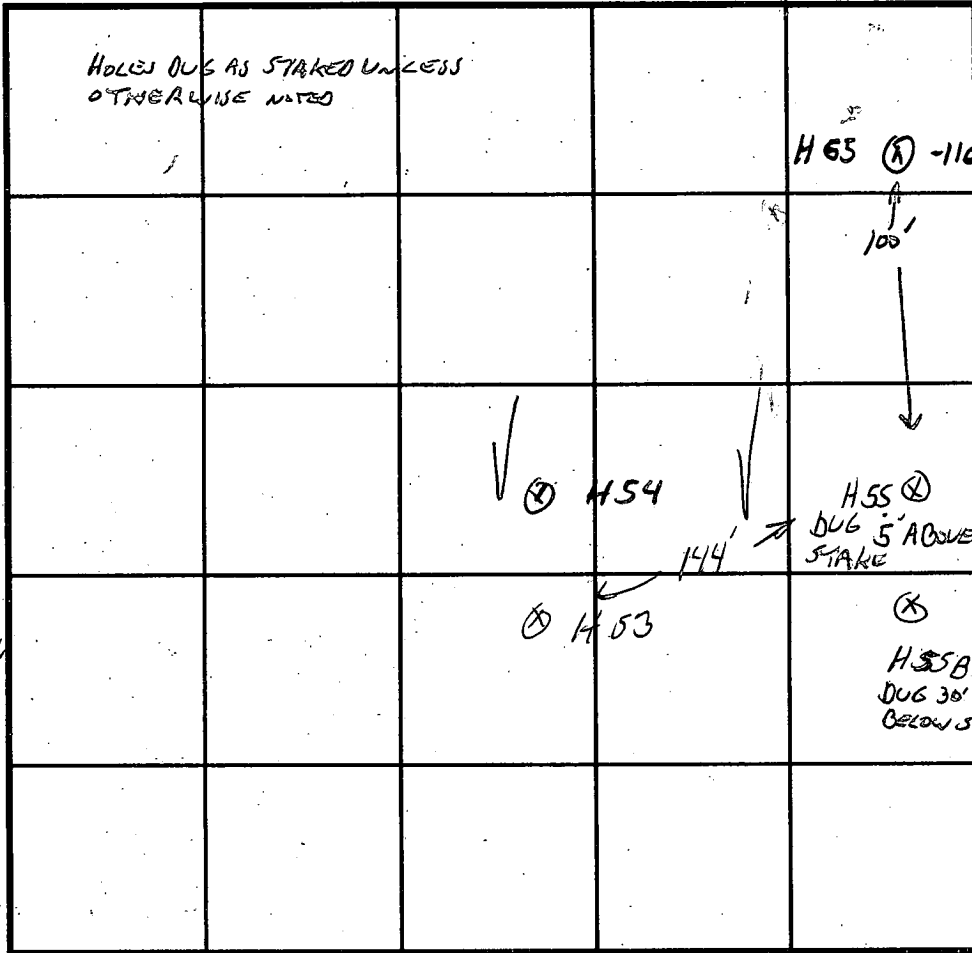
36"

H55

TOPSOIL
ORANGE TAN LOAMY CLAY
LIGHT TAN SILT LOAM
MIXED COLORS SAPROLITE S.L.
15% FRAGS

10'

HOLE DUG AS STAKED UNLESS OTHERWISE NOTED



H55 SOIL PROFILE H55

TOPSOIL
Brown CLAY LOAM
SANDY SAPROLITE SILT LOAM
MAXIMAL LOOSE UNABLE TO DETERMINE EVIDENCE OF WATER TABLE

9'6"

H55-B SEE OTHER PAGE WATER TABLE EVIDENCE AT 7'6"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-1-95	H 55	9'6"	11:57	12:03	12:03	12:12	9 MW
		4'	11:57	11:58	11:58	12:03	5 MW
LOT 10	H 54	2' 9"	1:30	1:31	1:31	1:33	2 MW
		5' 6"	1:32	1:38	1:38	1:47	9 MW
	H 53	2' 4"	1:50	1:54	1:52	STOP	
	REPAIR	"	1:53	1:55	1:55	1:58	3 MW
LOT 10	H 55	4' VISUAL OK					
	H 55-B	NOT TESTED - WATER AT 16' 6"					

REMARKS H53 POSSIBLE WATER TABLE INDICATION BELOW 7'
 TYPE OF SOIL _____
 TESTED BY GLEN SAVAGE ALSO PRESENT WILL HOPKINS CHARLES STANER
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 50845-1k

P _____

DISTRICT _____

DATE 9-1-95

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

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 CHARLES STANER

ADDRESS 16920 HARDY RD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION STANER PROPERTY LOT NO. H 10

ROAD AND DESCRIPTION 16900 HARDY ROAD

TAX MAP 7 PARCEL # 337

SIZE OF LOT 1 ACRE 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.

(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

A 50845-2 K

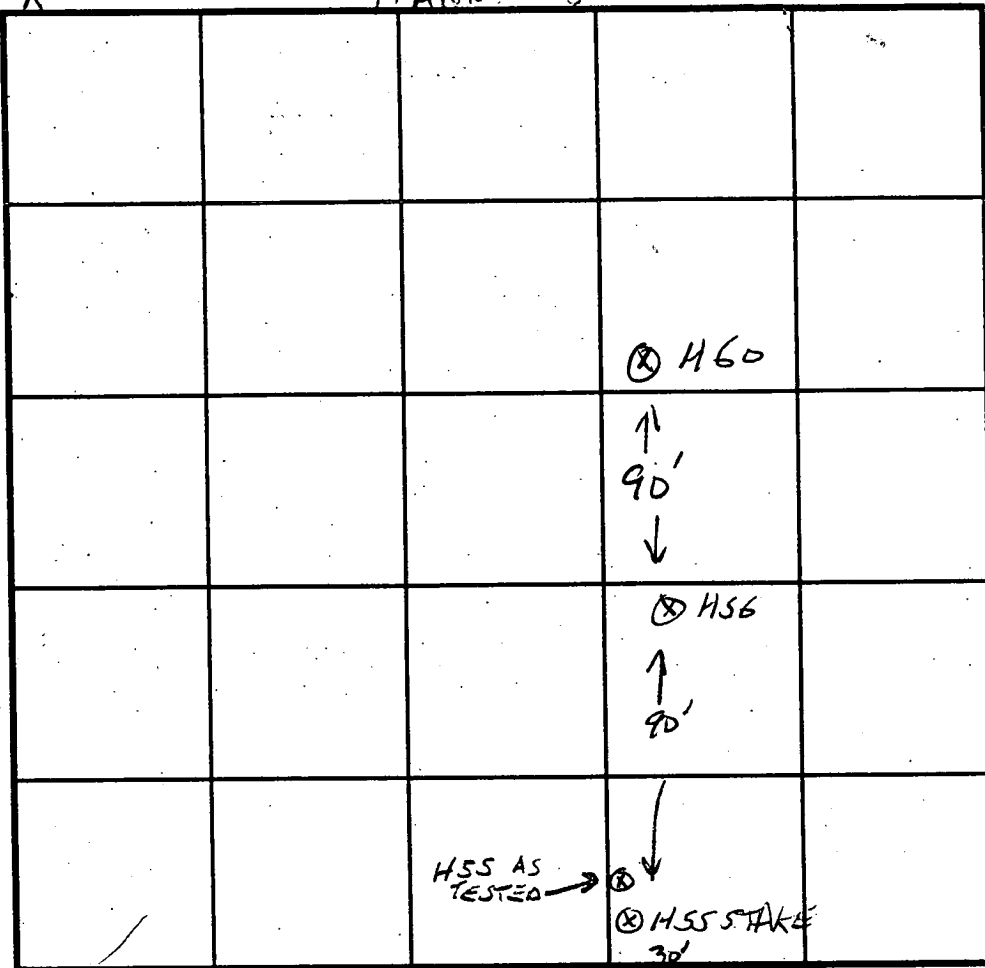
HADDY RD

COUNTY #

SOIL PROFILE H56

0'
1'
4'
11'

TOPSOIL
LIGHT TAN CLAY LOAM
MIXED COLORS SANDY SILT LOAM



SOIL PROFILE H55

0'
16"
106"

TOPSOIL
BROWN CLAY SILT LOAM
ORANGE GREY TAN SANDY S.I.C. LOW CHROME NODULES BLACK SANDS
WATER

H60

11'
3'

TOPSOIL
ORANGE CLAY SILT LOAM
TAN GREY SANDY SILT LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⊙ ACTUAL H55B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-1-95	OK T611 H56	3'	10:39	10:42	10:42	10:45	3 MW
		7'	10:39	10:40	10:40	10:42	3 MW
	OK T611 H60	2'6"	11:16	11:18	11:18	11:22	4 MW
		6'6"	11:18	11:19	11:19	11:22	3 MW
	H55B NOT TESTED DUE TO WATER TABLE AT 106"						

REMARKS HOLES DUG AS STAKED UNLESS NOTED LOT 10

TYPE OF SOIL _____

TESTED BY GLEN SAVAGE ALSO PRESENT CHARLES STANCO CHARLES STANCO WILCO HARRIS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

LIMIT OF
100-YEAR
FLOODPLAIN

TREES TO REMAIN

WETLAND
BUFFER

PERIMETER F
1730 LF - TYPE A

PERIMETER E
1530 LF - TYPE A

LOT 9
52,266 SF

LOT 10
51,667 SF

LOT 11
55,385 SF

PROP. DWELLING (TYP)

PROP. WELL (TYP)

EXISTING SHED
TO BE REMOVED

EX. FENCE TO BE
REMOVED

EX. FENCE TO BE
REMOVED

EX. FENCE TO BE
REMOVED

24' USE IN COMMON
DRIVEWAY EASEMENT

PERIMETER H
1840 LF - FRONT N.A.

SIMPSON METHODIST CHURCH
117/9
PARCEL 29
ZONED RC-DEO

EXISTING
CEMETARY

30" WHITE OAK

30" WHITE OAK

30" OAK

40" RED OAK

52" CHESTNUT OAK

SP.96.07

PRESERVATION PARCEL 'A'

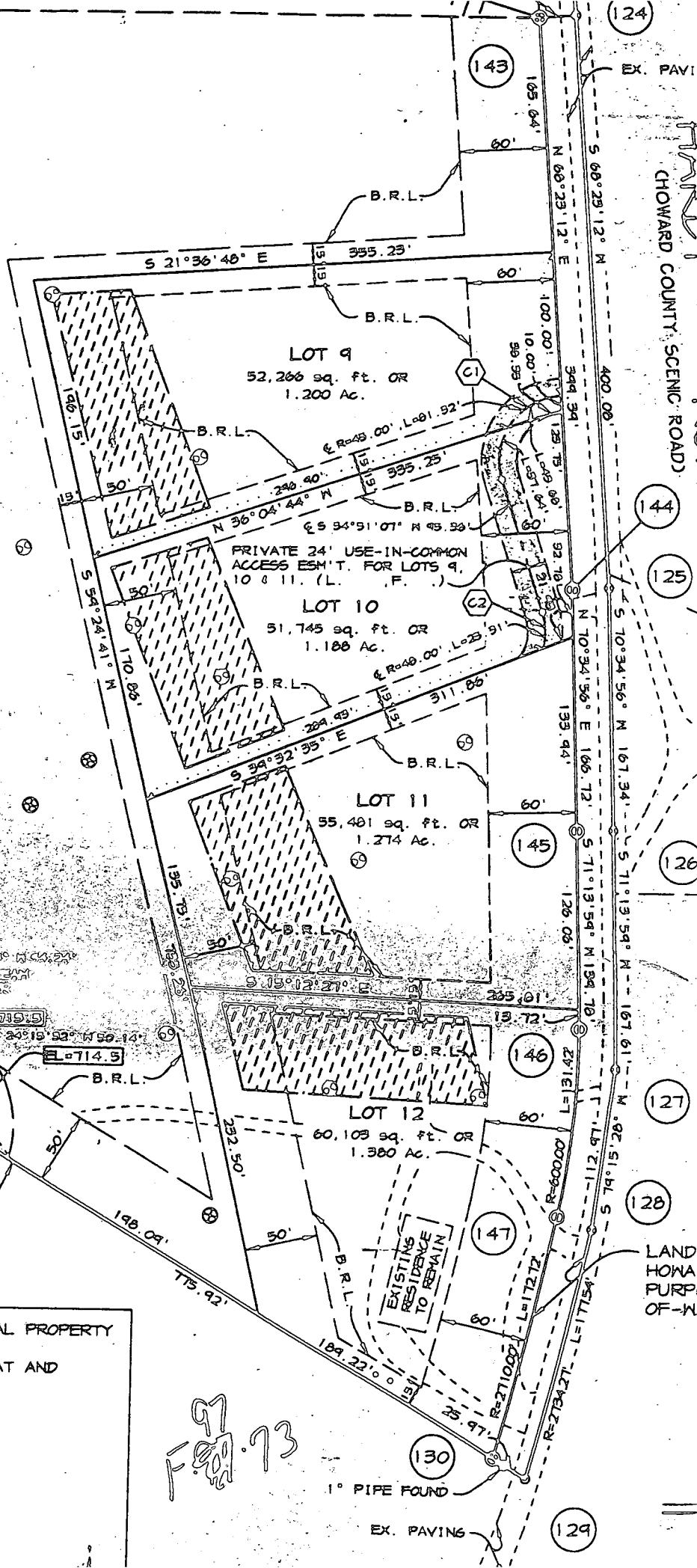
(NON-BUILDABLE)

556,614 sq. ft. OR 12.718 AC.

(PARTIAL AREA)

TOTAL AREA PARCEL 'A' =

546,034 sq. ft. OR 12.542 AC.



LIMIT OF 100 YEAR FLOODPLAIN BASEMENT

EL=724.0

EL=724.0

EL=724.0

EL=724.0

EL=724.0

EL=724.0

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EL=724.0

EL=724.0

Y THAT THE REQUIREMENTS OF SECTION 3-108, THE REAL PROPERTY
 ED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME,
) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND
 ABERS HAVE BEEN COMPLIED WITH.

Wills 3-12-96
 DATE
 ©10751
 Stamer 3-12-96
 DATE
 ER
 Tamer 3-12-96
 DATE

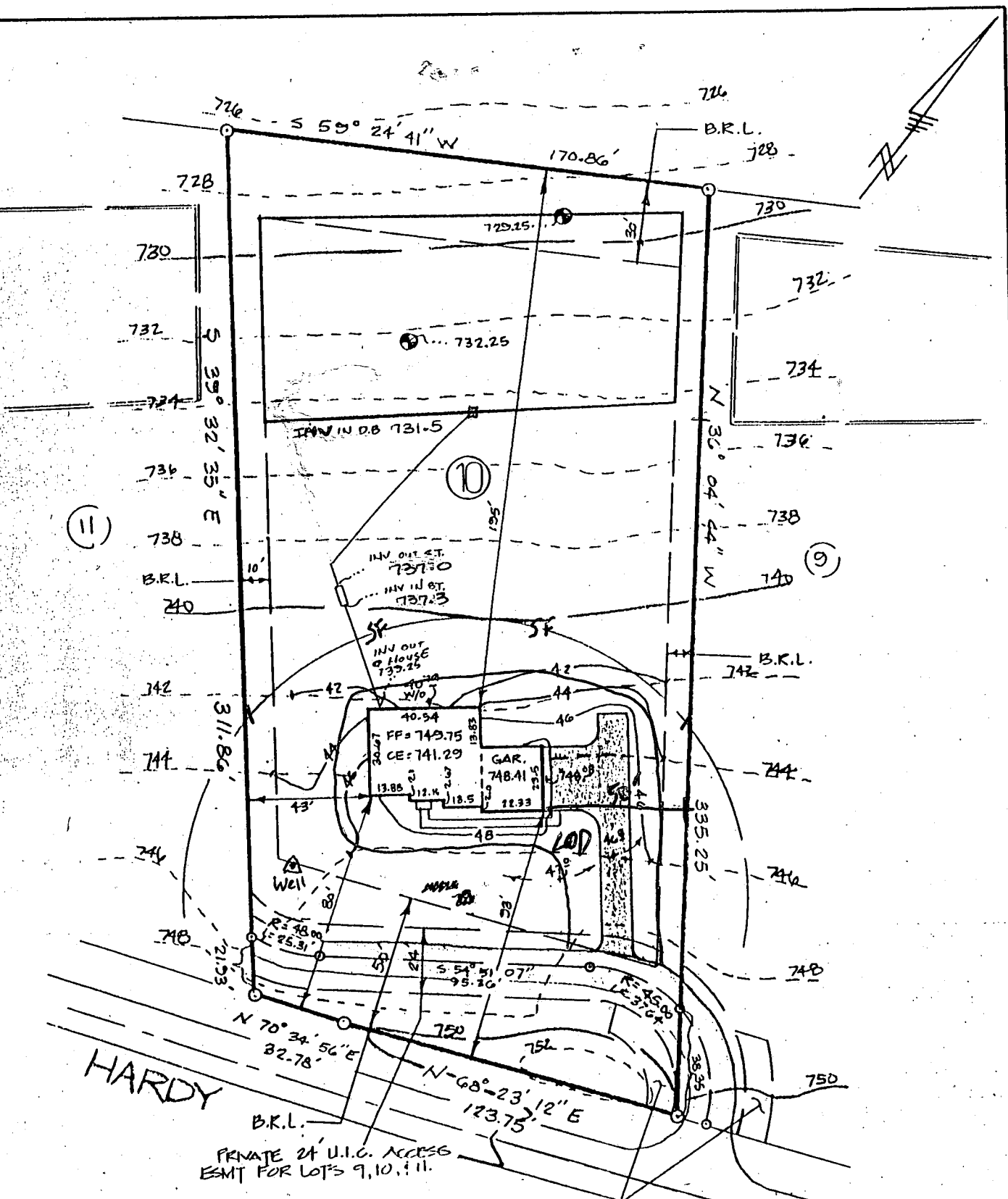
F-97.73

CHOWARD COUNTY SCENIC ROAD

LAND HOWA
 PURP
 OF-N

EX. PAVING

EX. PAVING



Approved Septic System Plan
Howard County Health Department

EX. 10' PUBLIC TREE MAINTENANCE ESMT. PLAT No. 12285

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Donna K. [Signature] 5/18/98
Signature Date

* 10' PRIOR TO SEPTIC TANK MUST BE AT 1-2% SLOPE *

PLAN PLAN FOR LOT 10 IN BRIDLEWOOD SECTION 2 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

LOT 10
51,744 sq. ft. or
1.188 AC.

BUILDING RESTRICTION LINES	
FRONT	50'
SIDE	10'
REAR	30'

<h1>CLSI</h1> <p>Carroll Land Services Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street Westminster, MD 21157-5539 (410) 876-2017 FAX (410) 876-0009</p>	DRAWN BY: JA
	DESIGN BY:
	REVIEW BY:
	DATE: 5/11/98
	SCALE: 1"=50'
	JOB NO: 97243A
SHEET: 1 OF 1	

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

#25^M

30011663

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA) 35719
16908 HARDY RD MT AIRY MD 21771

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED:
Now ~~single~~ single family home w attached 2 car garage 4 BD. RM 2 1/2 bath w rough in

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
<u>10</u>	<u>337</u>	<u>2</u>	<u>N/A</u>			
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
<u>Bridlewood</u>		<u>RC-DEO</u>	<u>7</u>	<u>4th</u>	<u>6040</u>	

OWNER NAME AND ADDRESS Charles & Sardin Stancer
16908 Hardy Rd
MT Airy MD 21771 PHONE NO. 410-489-7340

OCCUPANT'S NAME AND ADDRESS none PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS none PHONE NO.

CONTRACTOR'S NAME AND ADDRESS same as owner PHONE NO.

EXISTING USE	PROPOSED USE	
<u>Vac Lot</u>	<u>Single Family DWL</u>	
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
<u>150,000.00</u>		

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS		FOUNDATION	S. WALLS

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Oil</u>

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

Charles Stancer
owner SIGNATURE 5-13-98 DATE
TITLE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE 50' min
SIDE YARD 10' min
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE N/A
DISTANCE IN FEET, REAR YD. REQUIRING SET.
BACK 30' min (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

CK 2096

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<input checked="" type="checkbox"/>	
SHA	<input checked="" type="checkbox"/>	
SEDIMENT/GRADING	<input checked="" type="checkbox"/>	
BUILDING OFFICIAL	<input checked="" type="checkbox"/>	
WATER & SEWER		
HEALTH DEPT.	<input checked="" type="checkbox"/>	<u>5/18/98</u> <u>DORRIS</u>
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED 5/18/98 DATE
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

HOWARD PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

Building Address 16908 HAIDY ROAD
MT. AIRY MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6040 Subdivision Bellevue
Section 2 Area _____ Lot C

Tax Map 7 Parcel 337 Grid 3
Zoning RC Map Coordinates _____
Existing Use SINGLE FAMILY DWELLING

Proposed Use FINISHED BASEMENT
Estimated Construction Cost \$ 10,000.00
Description of Work TOTAL 5 ROOMS DEN,
OFFICE, BATH ROOM, CLUB ROOM, UTILITY ROOM,
2x4 WALLS, DRYWALL

Occupant or Tenant SAME AS OWNER
Contact Name _____
Address _____ State _____ Zip Code _____
City _____ Fax _____

Phone _____ State _____ Zip Code _____
City _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
Full
Partial
Other Suppression
of Heads _____

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 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 ACCESS TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND EXISTING NOTICES.

Property Owner's Name MIKE & MARY PORVIANO
Address 16908 HAIDY RD. State MD Zip Code 21771
City MT. AIRY
Home Phone 410-489-4478 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS CONTRACTOR 800138833

Contractor Company DOUSE/ RUSTON CONTRACTORS
Contact Person JOSEPH H DOUSE
Address 19767 JUSTIFIABLE CT. State MD Zip Code 21777
City WOODBRIDGE
License No. ADHC 68778 Fax 410-489-7025
Phone 410-489-7636

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement:
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system:
NFPA #1
NFPA #1
Other: _____

Applicant's Signature Joseph H. Douse
Title/Company DOUSE/ RUSTON CONTRACTORS
Date 10/10/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY