

all 1500  
10' layer  
6/16/00 2-3pm

03-327574

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513594

A 56429-SS

ISSUE DATE 5-18-2000

APPROVAL DATE 6/16/00

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Gaither Hunt II LOT NUMBER 44 ADDRESS 11101 Dorsch Farm Road

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, Ste 201  
Crofton, MD 21114

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

\*\*\* TOP SEAMED SEPTIC TANK REQUIRED \*\*\*

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth  
6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 185 feet off the front lot line and 25 feet off the left lot line  
as seen when facing the lot from Bittersweet Court. Run trenches on contour in both  
directions.

Keep Septic Tank out of 100' well RADIUS

CONTRACTOR TO CALL FOR TRENCH LAYOUT INSPECTION  
PRIOR TO BEGINNING SYSTEM INSTALLATION

PLANS APPROVED Amy McMillen / Steven R. Krieg DATE 3-31-2000

PERMIT VOID AFTER 2 YEARS 5-16-00

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS  
ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS  
OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

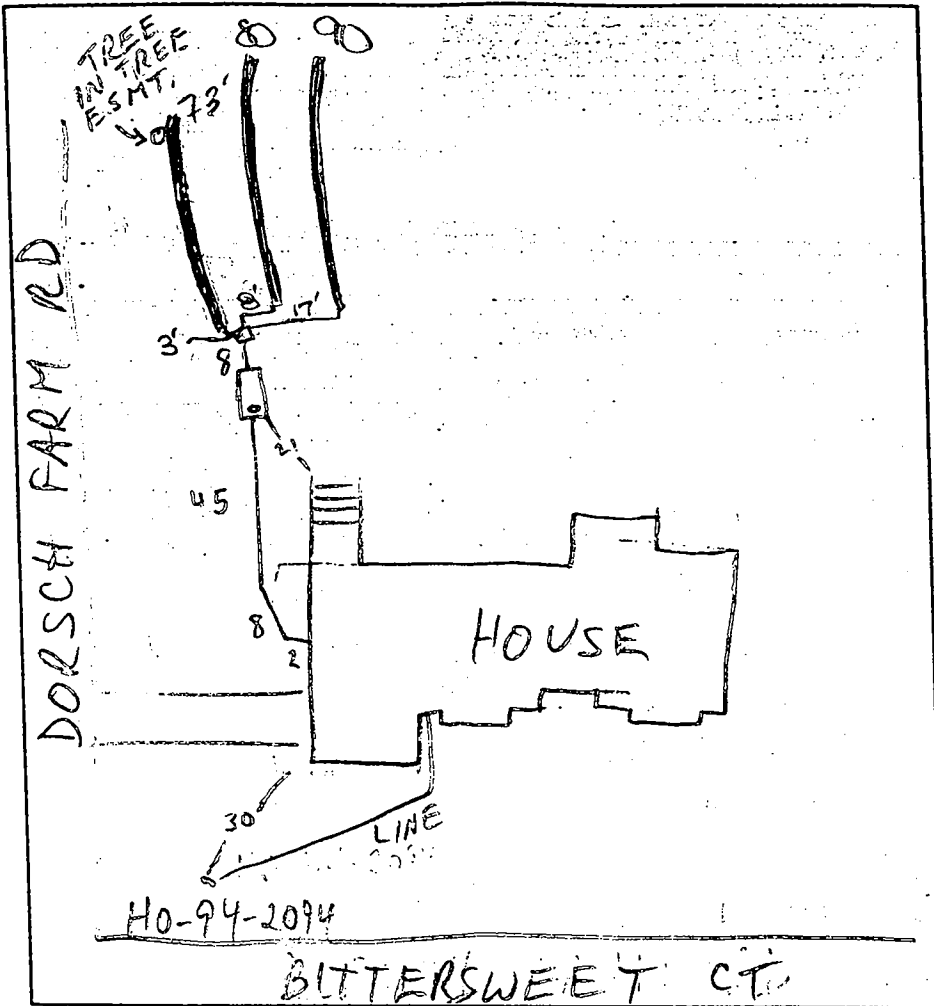
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC  
PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 56429-SS

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3  
 TRENCH INLET DEPTH 4  
 TRENCH BOTTOM DEPTH 6  
 DEPTH OF STONE 2  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 243  
 ABSORBENT AREA 729  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 TS GALLONS  
 MANHOLE RISER —  
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS —  
 MANHOLE RISER —  
 ALARM —  
 PUMP PERFORMANCE TEST —

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 6/15/00 #1 D.B. LOC MODIFIED, OK TO START

6/15/00 #2 OK TO STONE TRENCH, LEAVE ENDS OPEN (MR)

6/16/00 FINAL INSP - OK TO COVER ALL WORK. DJS

INSPECTOR DJS DATE SYSTEM APPROVED 6/16/00

6/15/00 WPI OK 4-5' B.G. 2-PC CAPOK CONDUIT OK (MR)

# 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 4-12-96

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 J Thomas Sciveaux NV Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE \_\_\_\_\_  
21044

PROPERTY LOCATION:

SUBDIVISION GAITHER HUNT II LOT NO. 62-82-44

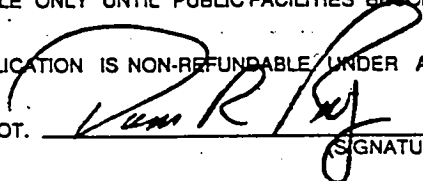
ROAD AND DESCRIPTION 11101 DORSCH FARM ROAD

**BLDG. PERMITS**  
**AND RETURNED** 3/3/2000  
300122412

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 BRMS  
(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 \_\_\_\_\_

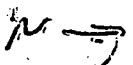
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

FARM ROAD



COUNTY #

SOIL PROFILE

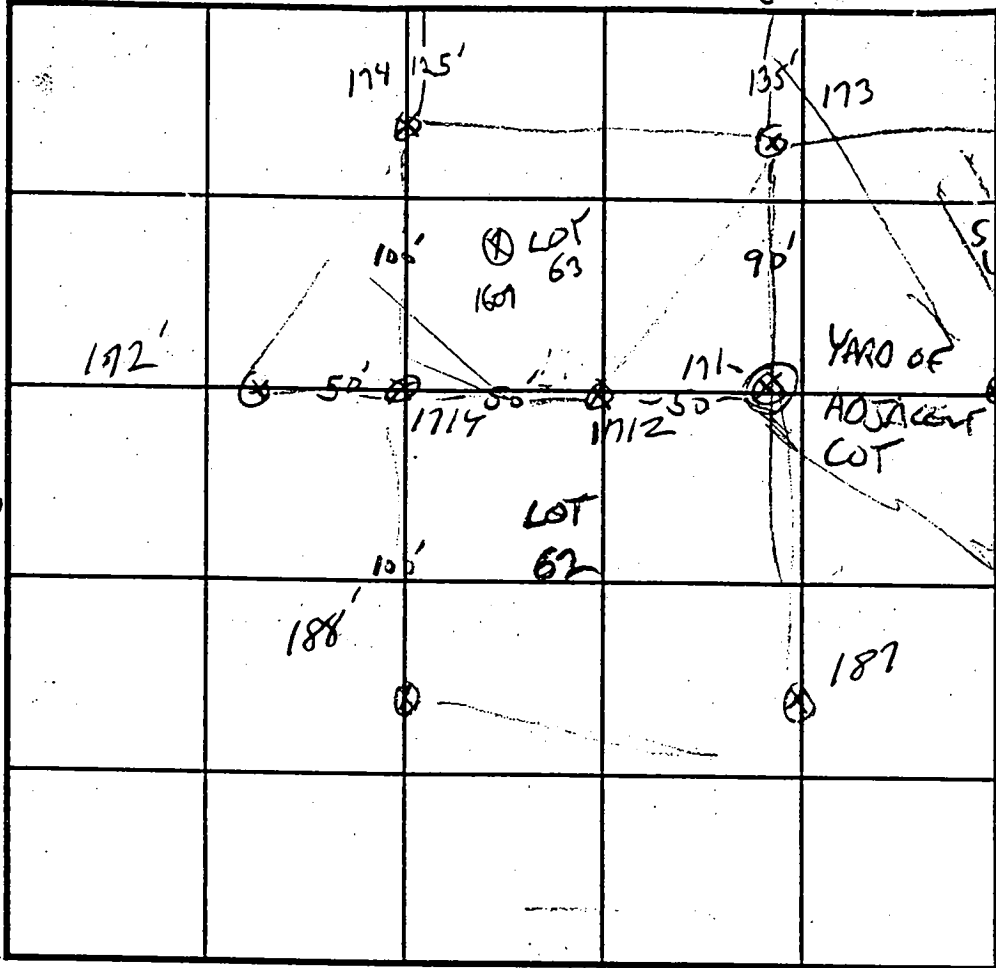
171

TOPSOIL  
 BROWN / OLIVE CL  
 3  
 VERY DARK ORANGE SANDY CLAY LOAM  
 6  
 MIXED DARK SANDY CLAY LOAM  
 MANY MOTTLES  
 WHITE / ORANGE BANDS  
 DAMP

1712

TOPSOIL  
 ORANGE CLAY MOTTLES  
 1  
 BROWN SANDY SILTY CLAY  
 4-6

116



SOIL PROFILE

173 174 + Y

TOPSOIL  
 BROWN ORANGE SANDY CLAY LOAM  
 6  
 OLIVE / BROWN MICACOUS SANDY CLAY

HOUSE 250'

STAKE FOR 171 70-75' N OF

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

W 600 S

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-12-96	174	5' / 11	1:27	1:28	1:28	1:30	2AW
	173	5' / 11	1:33	1:40	1:40	1:51	11AW
	X 171	4' / 8	1:35	1:39	1:39	2:00	21MW
	1714	5' / 10'6"	1:48	1:49	1:49	1:54	5MW
	1712	4'6" / 11'8"	2:33	2:34	2:34	2:36	2MW
	172	4'6" / 10'8"	2:44	2:53	2:53	3:11	18MW
	172	5' /	2:56	NOT COMPLETED			
1-24-97	1607	11V DK					

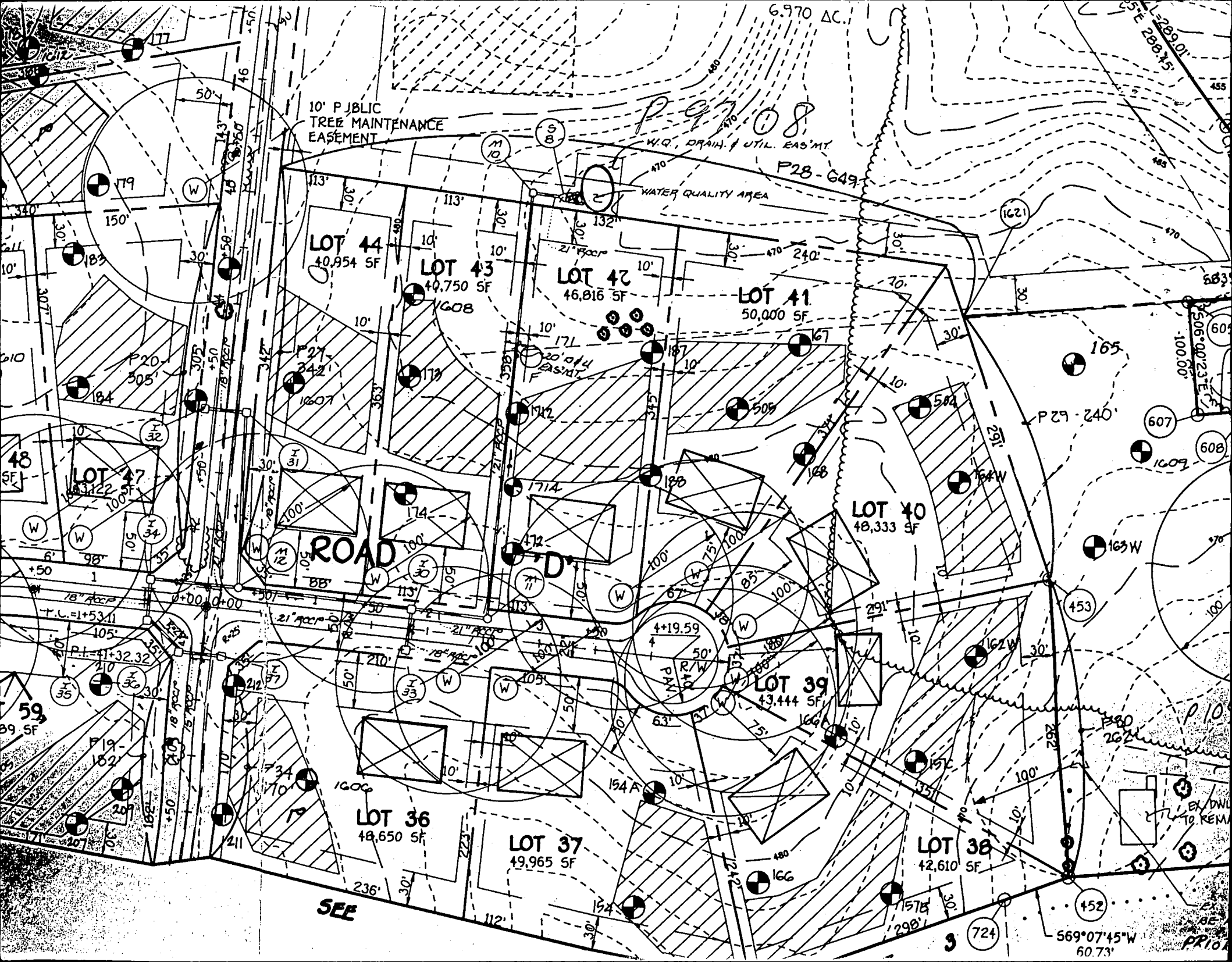
REMARKS LOT 63, 171 AT SWALE EDGE

TYPE OF SOIL 43

TESTED BY G. SAVAGE ALSO PRESENT MIKE, MIKE

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

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



10' PUBLIC TREE MAINTENANCE EASEMENT

W.I.Q., DRAIN, & UTIL. EAS'MT

WATER QUALITY AREA

LOT 44  
40,954 SF

LOT 43  
40,750 SF

LOT 42  
46,816 SF

LOT 41  
50,000 SF

ROAD

LOT 40  
48,333 SF

LOT 39  
43,444 SF

LOT 38  
42,610 SF

LOT 36  
48,650 SF

LOT 37  
49,965 SF

SEE

569°07'45"W  
60.73'

PRIOR

**LOT 45**  
49,909 Sq.Ft.±

**LOT 46**  
222 Sq.Ft.±

**LOT 48**  
49,909 Sq.Ft.±

**LOT 47**  
43,122 Sq.Ft.±

**LOT 44**  
40,954 Sq.Ft.±

**LOT 43**  
40,750 Sq.Ft.±

**LOT 42**  
46,816 Sq.Ft.±

**LOT 41**  
50,000 Sq.Ft.±

**LOT 40**  
48,333 Sq.Ft.±

**LOT 36**  
48,650 Sq.Ft.±

**LOT 37**  
49,965 Sq.Ft.±

**LOT 39**  
43,444 Sq.Ft.±

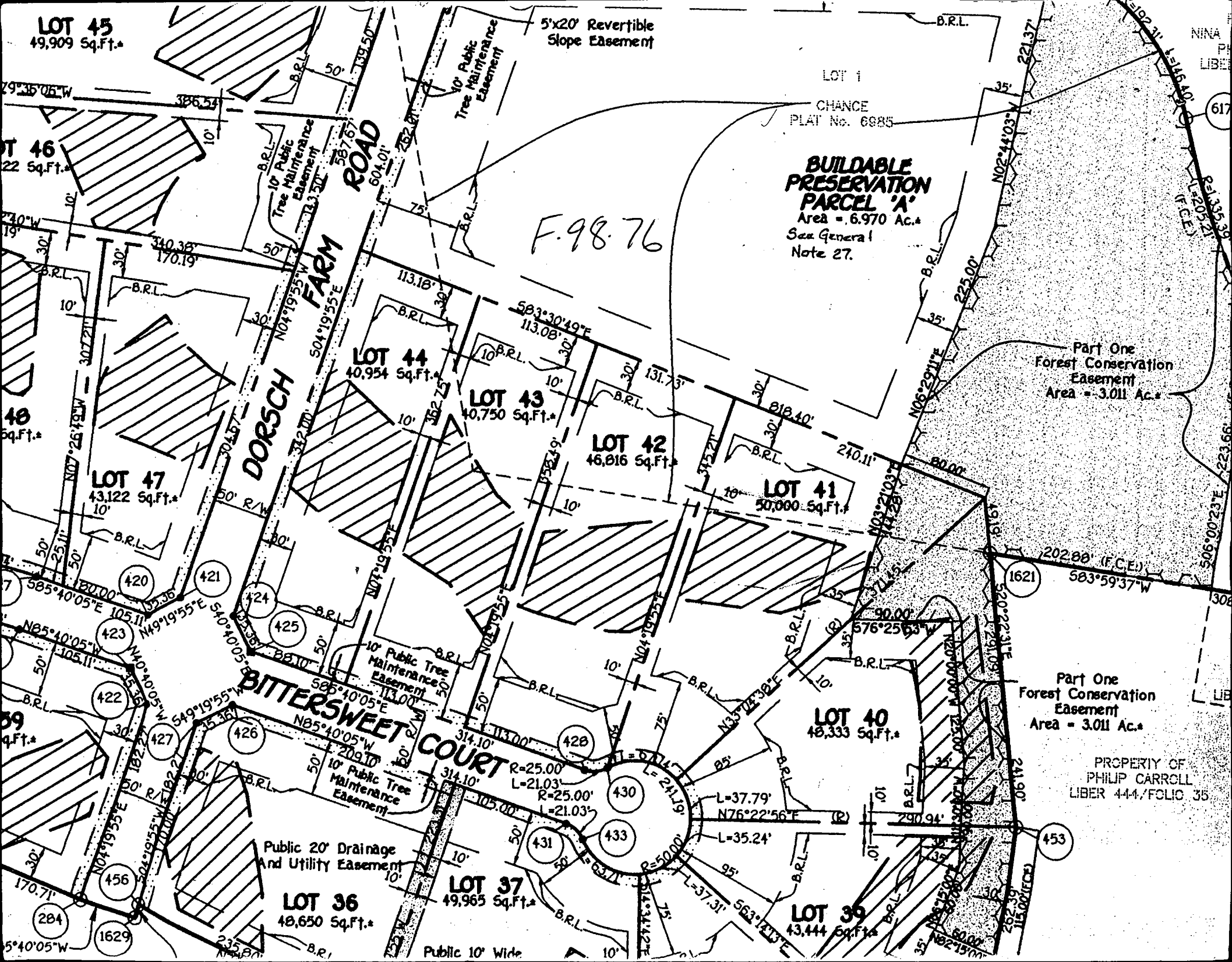
F.98.76

**BUILDABLE PRESERVATION PARCEL 'A'**  
Area = 6.970 Ac.±  
See General Note 27.

Part One Forest Conservation Easement  
Area = 3.011 Ac.±

Part One Forest Conservation Easement  
Area = 3.011 Ac.±

PROPERTY OF  
PHILIP CARROLL  
LIBER 4-44/FOLIO 35



CHANCE PLAT No. 6985

5'x20' Reversible Slope Easement

10' Public Tree Maintenance Easement

10' Public Tree Maintenance Easement

10' Public Tree Maintenance Easement

Public 20' Drainage And Utility Easement

Public 10' Wide

NINA PH LIBER

(617)

(F.C.E.)

(F.C.E.)

(F.C.E.)

(F.C.E.)

221.37'

N02°44'03"W

225.00'

N06°29'11"E

80.00'

240.11'

N03°21'03"E

818.40'

N131.73'

583°30'49"E

113.08'

131.73'

352.75'

N04°19'55"E

312.70'

586°10'05"E

113.00'

N04°19'55"E

314.10'

N04°19'55"E

314.10'

N04°19'55"E

314.10'

N04°19'55"E

314.10'

N04°19'55"E

314.10'

N04°19'55"E

314.10'

1621

520°22'31"E

50.00'

576°25'53"W

35'

290.94'

N76°22'56"E

L=37.79'

L=35.24'

L=57.31'

L=56.31'

L=57.31'

L=56.31'

L=57.31'

L=56.31'

1629

235.80'

N02°19'11"E

50.00'

N82°19'11"E

50.00'

50.00'

50.00'

50.00'

50.00'

50.00'

50.00'

50.00'

50.00'

50.00'

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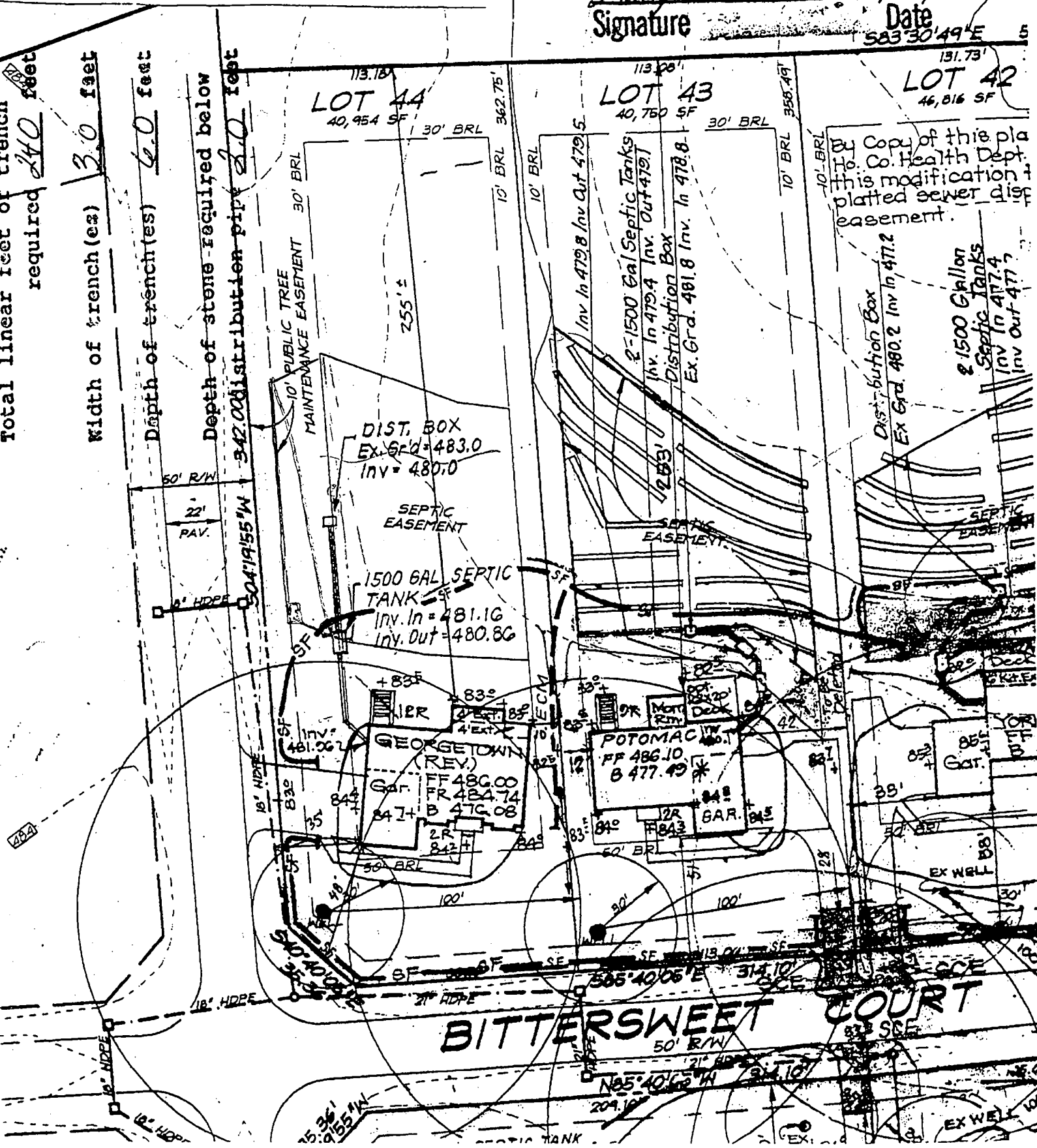
50.00'

Approved Septic System Plan  
Howard County Health Department

Post-It® Fax Note	7671	Date	2-14-00	# of pages	1
To	PAT ORLA	From	JOEY E		
Co./Dept.®		Co.	CFS		
Phone #	GAITHER	Phone #			
Fax #	LOT 44	Fax #			

*Joey E. Miller*  
Signature  
Date 3/31/00  
583 30'49"E 5

Total linear feet of trench required 240 feet  
Width of trench(es) 3.0 feet  
Depth of trench(es) 6.0 feet  
Depth of stone required below distribution pipe 2.0 feet



By Copy of this plan to Co. Health Dept. this modification is planned sewer disposal easement.

**BITTERSWEET COURT**  
50' R/W

624

674 476

480

478

476

LOT 44  
40,954 SF

LOT 43  
40,750 SF

LOT 42  
46,816 SF

DIST. BOX  
Ex. Grd = 483.0  
Inv. = 480.0

1500 GAL SEPTIC TANK  
Inv. In = 481.16  
Inv. Out = 480.86

2-1500 Gal Septic Tanks  
Inv. In 479.4 Inv. Out 479.1  
Distribution Box  
Ex. Grd. 481.8 Inv. In 478.8

Distribution Box  
Ex. Grd. 480.2 Inv. In 477.2

1500 Gallon Septic Tanks  
Inv. In 477.4  
Inv. Out 477.2

GEORGETOWN (REV.)  
FF 486.00  
FR 484.74  
B 476.08

POTOMAC  
FF 486.10  
B 477.49

EX WELL

EX WELL

EX WELL

18" HDPE

21" HDPE

585°40'06"E 314.10'

N05°40'02"W 314.10'

35.361  
9155'W

209.10'

SEPTIC TANK

EX

EX

EX

EX

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

Fax 313-2648 313-2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement

Receipt # \_\_\_\_\_ Date 6/15/00

Name of Installer ROBERT L. FEEZER CO. INC. Telephone 410-781-4655

License Number 2122 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NV HOMES Telephone 410-721-4703

Subdivision \_\_\_\_\_ Lot # 44 Well Tag # HO-94-2094

Site Address LOT 44 GARDNER HUNT <11101 Dorsch Farm Rd

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make <u>CAMBER</u>
a. Deep well jet _____	2. RPH _____	2. Model # <u>P1800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type <u>Poly</u>	1. Depth <u>100</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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.

6/15/00-WPI Ok  
MR SRK

Signature of Applicant: Robert L. Feazer  
Date: 6/15/00

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

C 1 9878

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56429I

ST/CO USE ONLY- DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Russell Development, STREET OR RFD Bittersweet Ct, TOWN Ellicott City, SUBDIVISION Earther Hunt, SECTION II, LOT 44

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown sandstone, Hard Green, & Gray Granite.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT) and nominal diameter.

MAIN CASING TYPE form with fields for ST, 06, 40.

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

SCREEN RECORD form with fields for screen type or open hole, ST, BR, HO, PL, OT.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. 1 MWD 355, DRILLERS SIGNATURE (Max A. Jones)

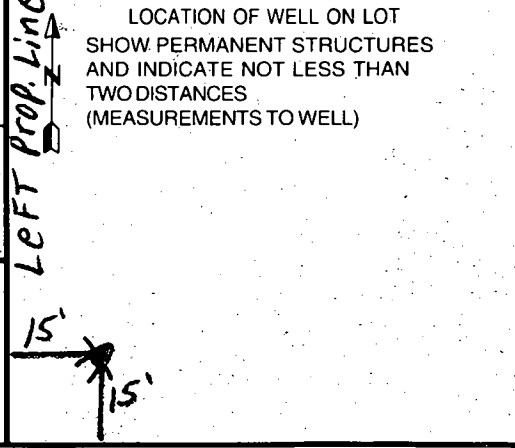
LIC. NO. 1 Jub 341, SITE SUPERVISOR (Max A. Jones)

DEPTH (nearest ft.) table with columns 1-21 and rows A-E, N. Includes handwritten values 40, 175.

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



Front Prop. Line

B 1 5162

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HD-94-2094 fill in this form completely

Date Received (APA) 01 29 99

OWNER INFORMATION

Russell Development LLC 8808 Centre Park Dr. Suite 209 Columbia MD 21045

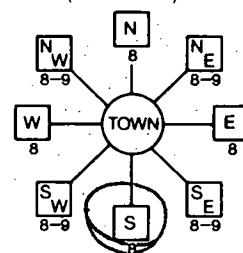
LOCATION OF WELL

Howard Gaither Hunt Ellicott City 4 miles from town

DRILLER INFORMATION

MICHAEL BARLOW MW D355 MICHAEL BARLOW Well Drilling & Inc 912 Fawn Ct. Joppa MD 21085 1-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bitter Sweet

NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A56429 I COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 02/11/99 A McMill 2/11/00 NORTH GRID 515 000 EAST GRID 830 000

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

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERcussion (circled) ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

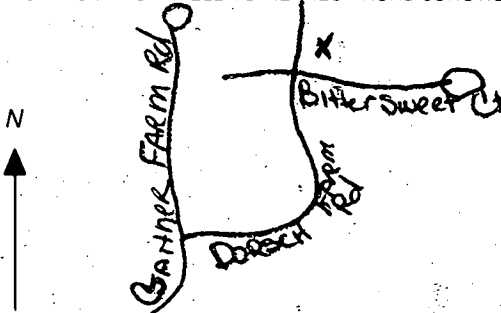
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830 N 515

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER GAP PERMIT No. HD-94-2094

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOT 44  
40,954 SF

LOT 43  
40,750 SF

LOT 42  
46,816 SF

10' PUBLIC TREE  
MAINTENANCE EASEMENT

*all water  
wells  
side OK  
as stated  
AW*

DIST. BOX  
Ex. Gr'd = 483.0  
Inv. = 480.0

DIST. BOX  
Ex. Gr'd = 482.2  
Inv. = 479.2

SEPTIC EASEMENT  
DIST. BOX  
Ex. Gr'd = 480.5  
Inv. = 477.5

SEPTIC EASEMENT

SEPTIC EASEMENT

SEPTIC EASEMENT

1500 GAL. SEPTIC TANK  
Inv. In = 481.4  
Inv. Out = 481.1

1500 GAL. SEPTIC TANK  
Inv. In = 479.6  
Inv. Out = 479.3

1500 GAL. SEPTIC TANK  
Inv. In = 477.9  
Inv. Out = 477.6

FF-486.70  
B=478.03\*  
70' x 50'  
GAR.

FF-486.10  
B=477.43\*  
60' x 40'  
GAR.

FF-486.10  
B=478.93\*  
70' x 45'  
GAR.

SCS BITTERSWEET COURT

22' PAV.

18' HDPE

50' BR

50' R/W

21' HDPE

50' R/W

342.00'

304'19'55" W

33'

57'

50' R/W

21' HDPE

113.18'

113.08'

11'

54'

50' R/W

21' HDPE

362.75'

256'

635'

100'

50' R/W

21' HDPE

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

10' BRL

10' BRL

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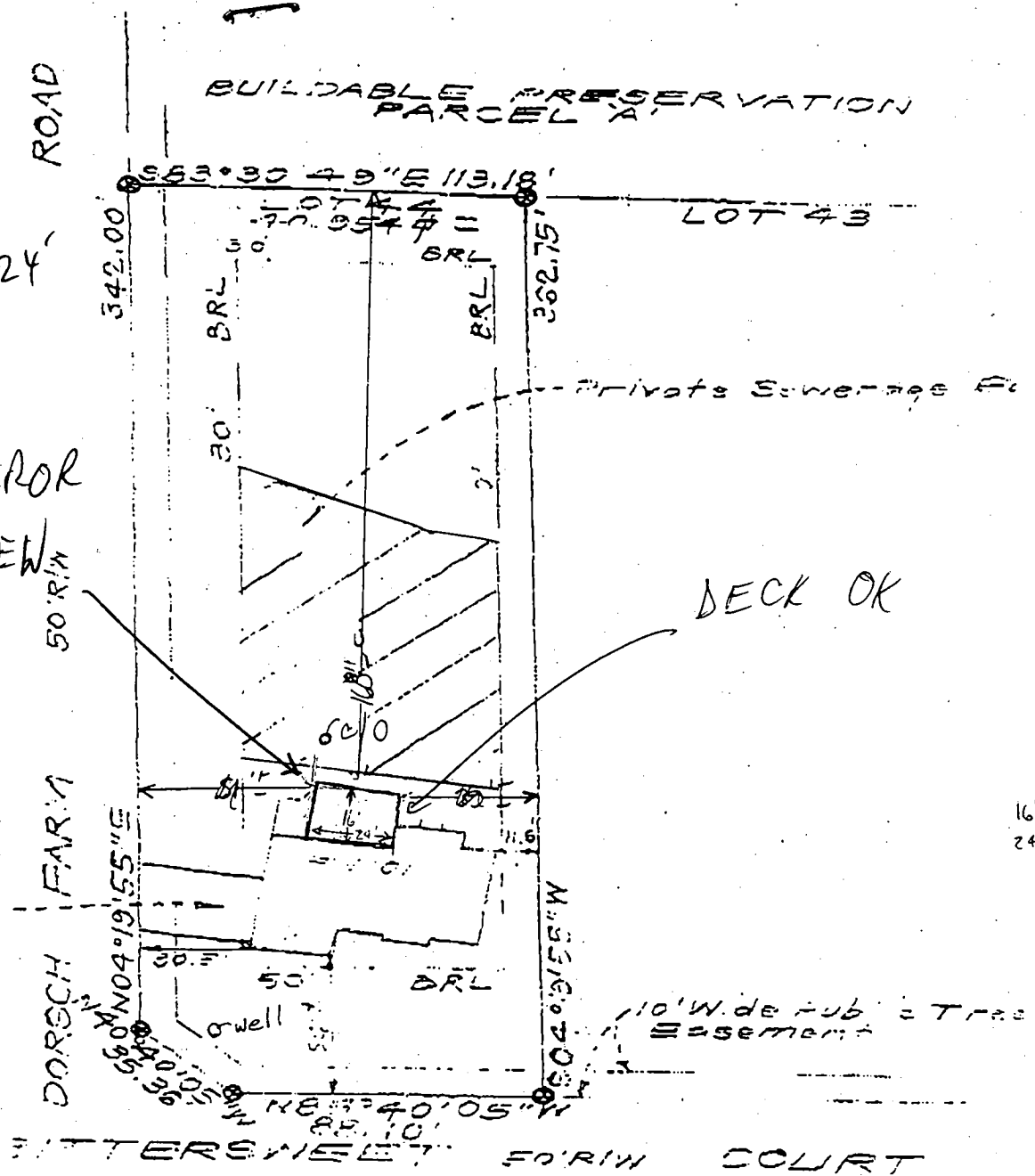
18' HDPE

18' HDPE

1:50

DECK 16'x24'  
APPROVED  
DUE TO  
SCALING ERROR  
DURING REVIEW

MP 9/6/00



16'  
24'

Building Address 11101 DORSCH FARM RD.  
ELLICOTT CITY, MD. 21042

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 60030 Subdivision CANTONMENT

Section NR Area NA Lot 44

Tax Map 29 Parcel 21 Grid 85 4

Zoning R1X Map Coordinates 15 131 Lot size 40954

Property Owner's Name GARY ALLEN

Address 11101 DORSCH FARM RD.

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 4437912770 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein):  
SPOTT GODFREY  
4228 COLUMBIA RD.  
ELLICOTT CITY, MD 21042  
 Phone 410 461 0833 Fax 410 461 3042

Existing Use SFH

Proposed Use SFH w/ DECK

Estimated Construction Cost \$ 6000

Description of Work 16x24 DECK w/ STAIRS  
TO GARAGE

Contractor Company HARMONY BUILDERS

Contact Person CHRIS BROWN

Address 1228 COLUMBIA RD.

City ELLICOTT CITY State MD Zip Code 21042

License No. 50245

Phone 410 461 0833 Fax 410 461 3042

Occupant or Tenant OWNER

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>Depth</u> <u>Width</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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>POST &amp; PIER</u>	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company HARMONY BUILDERS

Print Name SPOTT GODFREY

Date 5-6-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	<u>5/6/00</u>	<u>[Signature]</u>	Front: <u>50'</u>	<u>B00126301</u>
State Highway			Rear: <u>75'</u>	
Building Official	<u>5/6/00</u>	<u>[Signature]</u>	Side: <u>75'</u>	
Dev. Engineering DPZ	<u>5/6/00</u>	<u>[Signature]</u>	Side SL: <u>0'</u>	
Health	<u>5/6/00</u>	<u>[Signature]</u>	All minimum setbacks met? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Filing fee _____
Fire Protection			Is Entrance Permit required? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Permit fee _____
Is Sediment Control approval required prior to issuance? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>			Historic District? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Excise tax _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone <u>100%</u>	Sub-total paid _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	ADD'l permit fee _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SH&A			Accepted by _____	TOTAL FEES _____