

# PERMIT

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

P 514187

A 56600-A

ISSUE DATE 8/14/2000

APPROVAL DATE 11/16/00

**OS-431964**

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

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Big Branch Overlook LOT NUMBER 9 ADDRESS 14041 Big Branch Drive

PROPERTY OWNER Big Branch Overlook LLC PROPERTY OWNER'S ADDRESS 7164 Columbia Gateway Dr.

SEPTIC TANK CAPACITY 1500 GALLONS \*\*\* Columbia, MD 21046

PUMP CHAMBER CAPACITY 1500 GALLONS \*\* PUMPED SEPTIC SYSTEM \*\*

NUMBER OF BEDROOMS 4 \*\* COMPARTMENTED TANK REQUIRED WITH MANHOLE ACCESS

SQUARE FEET PER BEDROOM 240 AND OUTLET BAFFLE FILTER \*\*

LINEAR FEET OF TRENCH REQUIRED 320

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

LOCATION: Set distribution box above the left-front corner of the modified septic area,  
approximately 115 feet from the front lot line and 30 feet from the left lot line.  
Object is to place distribution box so as to facilitate installation of disposal  
trenches of equal length (5 @ 65' suggested) that follow contour toward rear of property.

*OK/MA*

\*\*\* Septic tank specifications apply to all lots in subdivision as agreed by builder. \*\*\*

PLANS APPROVED Craig Williams DATE 8/11/2000

PERMIT VOID AFTER 2 YEARS

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

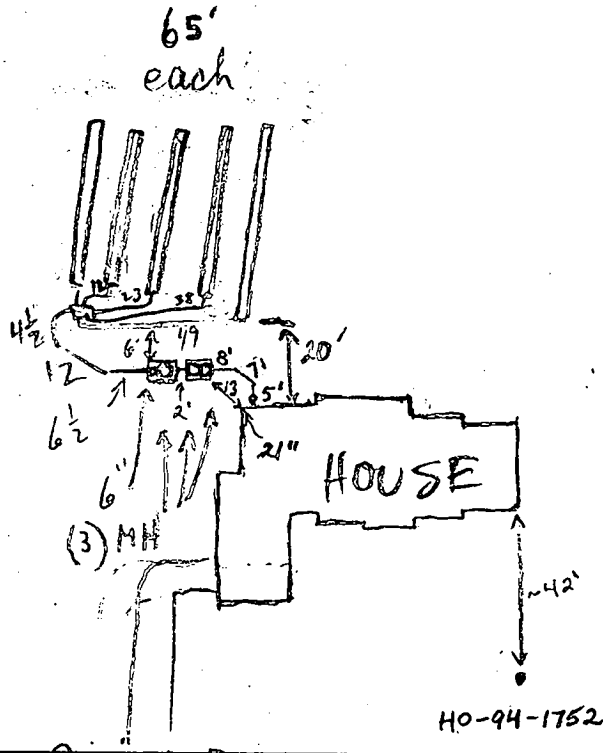
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BLDG. PERMITS DIVISION**  
**AND RECEIVED** 5/8/2001  
800130098 DECK

A56600A

8/25/00  
2-3  
8/28/00  
2PM  
8/30/00  
2-3  
9/5/00 a.m.  
9/11/00

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3

TRENCH INLET DEPTH 3

TRENCH BOTTOM DEPTH 5

DEPTH OF STONE 2

NUMBER OF TRENCHES 5

TOTAL TRENCH LENGTH 325

ABSORBENT AREA 975

DISTRIBUTION BOX LEVEL

BAFFLE IN DISTRIBUTION BOX 90° elbow

**SEPTIC TANK DATA**

SEPTIC TANK 500 <sup>2-Compartment</sup> GALLONS

MANHOLE RISER

6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1500 TS

MANHOLE RISER

ALARM

PUMP PERFORMANCE TEST

Big Branch Drive

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 8/28/00 House connection made. Tanks set. (BB) 8/30/00

Cancelled inspection. (BB)

9/5/00 OK TO COVER TANKS & TRENCHES; HOLD FOR PUMP/ALARM INSP (SRK)

11/16/00 - Pump & ALARM OK (SRK)

INSPECTOR Steven R. Kreg

DATE SYSTEM APPROVED 11/16/00

ATTN: DAVE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Church Rd.  
Steeleville, MD. 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License# MSD009  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Bros. Telephone #: \_\_\_\_\_  
Subdivision: Toll Bros. Lot #: 9 Well Tag #: HO-94-1752  
Site Address: 14041st #9 Big Branch Dr.  
Blens Md. 614041 Big Branch Dr.

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: Goulds      Make: Campbell      Two piece watertight cap: yes  
Model #: B055422      Model#: \_\_\_\_\_      Screened, vented well cap: yes  
Pump Capacity 5 GPM      Depth: 42' (36" min)      Cap secured to casing: yes  
Well Yield: 5 GPM      NSF approved: 42'      Conduit min 1 1/2" B.G.: yes  
Depth of well encountered at time of pump installation: 34 1/2 (feet)      Conduit secured to well cap: yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house      House Connection  
Type: Black Plastic 1"      PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min)      Approximate length of sleeve: 10'  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature]      date: 11-15-00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/16/00      Date Insp. Approved: 10/16/00      OK (DKC) SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing N/A  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

# APPLICATION

PERCOLATION TESTING

A 56564

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4-17-96

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 CMC CONSTRUCTION INC

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

AGENT OR PROSPECTIVE BUYER CHUCK SHARR

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

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 9

ROAD AND DESCRIPTION BIG BRANCH DRIVE

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3AC TYPE BLDG. S.F.D.  
(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

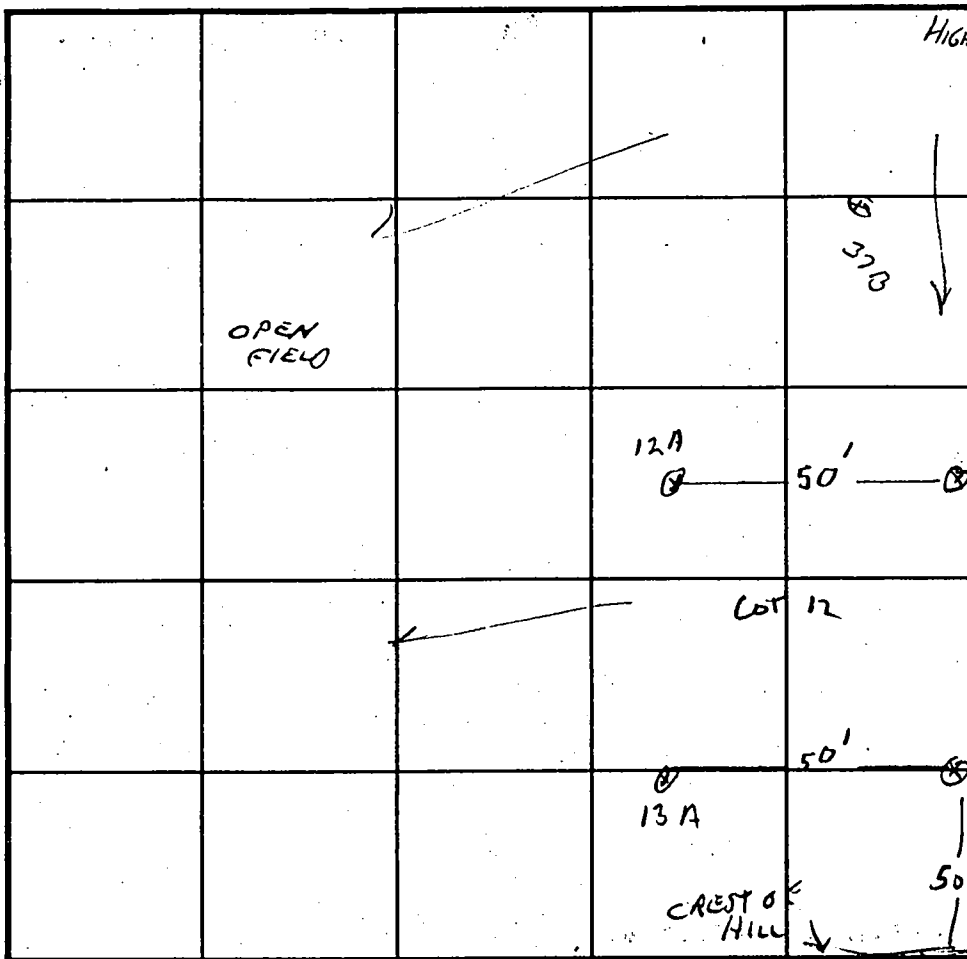
56564  
COUNTY #

SOIL PROFILE

0' w1  
TOPSOIL 37B  
BROWN/ORANGE CLAY 3'  
BROWN SANDY LOAM 12

13A  
TOPSOIL  
BROWN CLAY 3'  
BROWNISH YELLOW SANDY LOAM  
MOTTLES START AT 8'  
10  
WHITE SIOY SANDY LOAM 12

37B  
SEC -  
ABLE  
WATER 10.5



SOIL PROFILE

0' w1-w2  
TOPSOIL 6"  
BROWN CLAY LOAM 3'  
BROWN SANDY CLAY LOAM 7  
LIGHT TAN SANDY 12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/96	ok to 8 W1	4/12	3:31	3:36	3:36	3:46	10mm
11/14/96	ok to 8 12A	4.5/12 V	11:28	11:30	11:30	11:34	4mm
	12A	11.5/ V	12:05 12:25	12:24	12:24	12:44	20mm
	13A	7/ok					
	13A	3.5/12	11:45	11:55	11:55	12:15	20mm
		8	11:45	11:48	11:48	11:54	6mm
3/7/97	37B	3/10.5V	10:20	10:23	10:23	10:31	8mm

REMARKS LOT 9 12A SCOW AT 4 MULTIPLE I.O. #15

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

TESTED BY G SAVAGE ALSO PRESENT C. SHARP

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

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

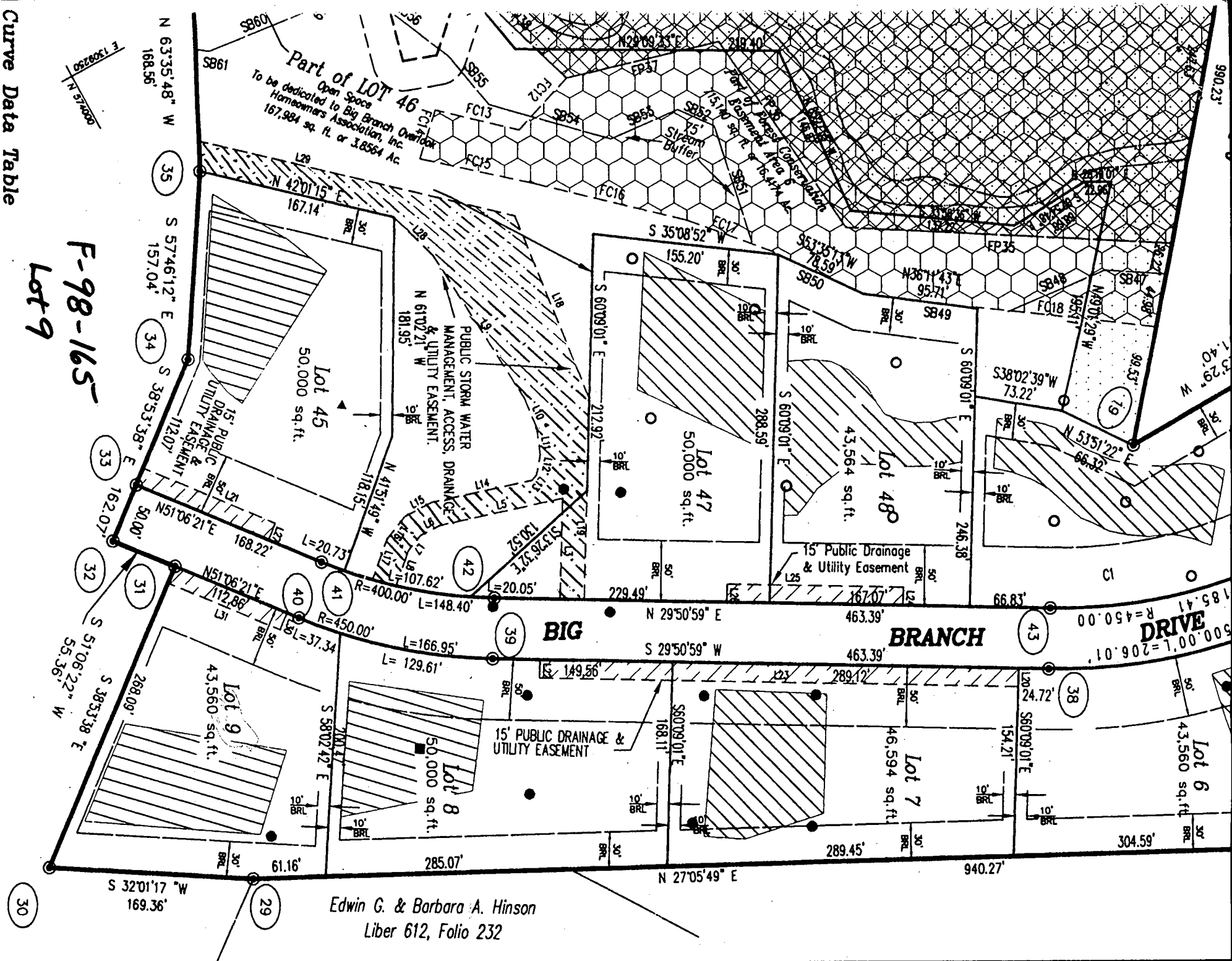
1 COPY FOR 13

ARC.	DELTA	TAN	CHORD BRG.-DIST.
52.11°	06.3814"	26.08'	N 02°55'33" E - 52.08'
48.40°	21.1522"	75.06'	N 40°28'41" E - 147.55'
85.41°	23.3625"	94.04'	N 18°02'47" E - 184.10'

**Curve Data Table**

**F-98-165**  
**Lot 9**

RECORDED AS PLAT NUMBER **13853**



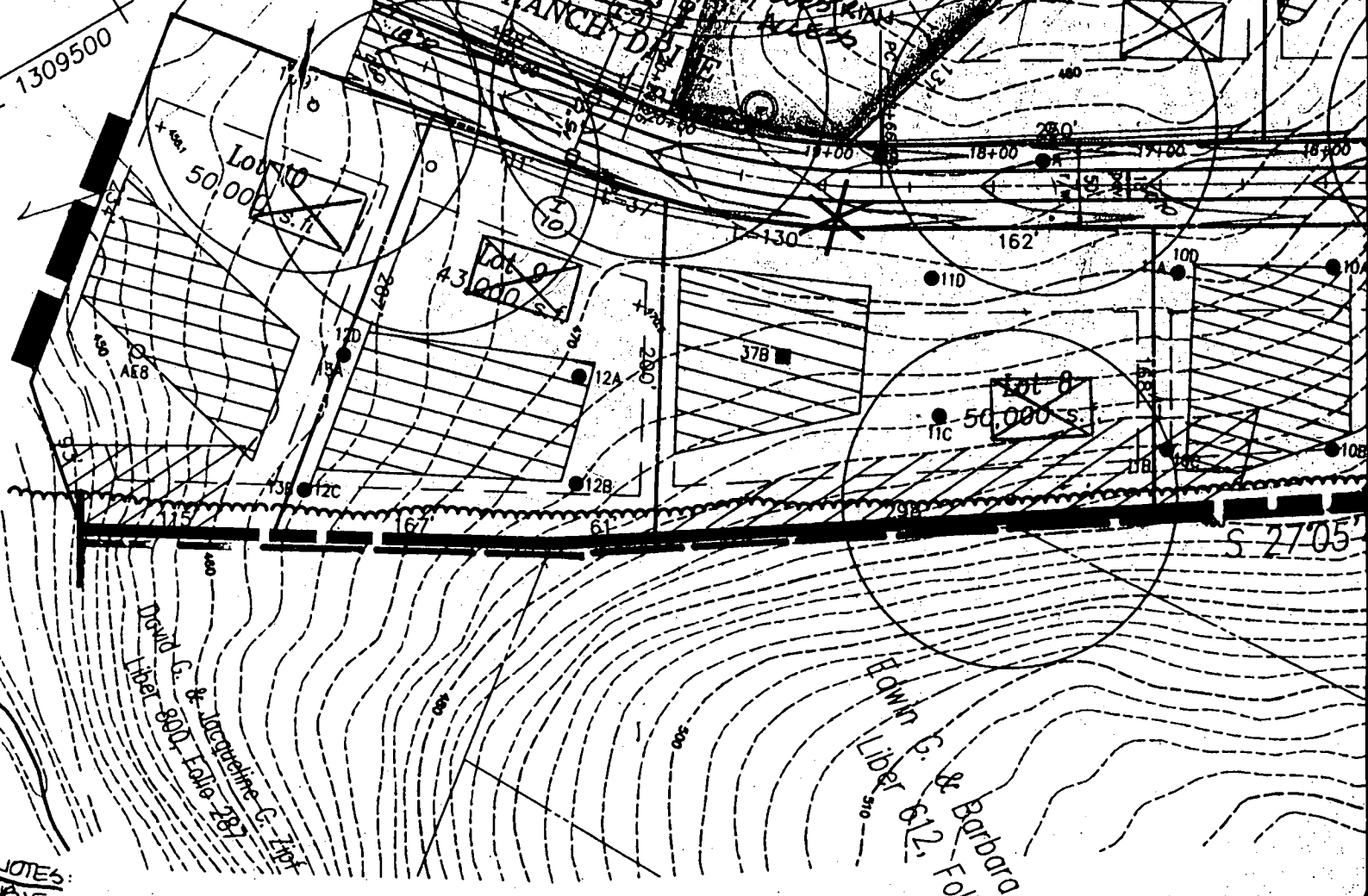
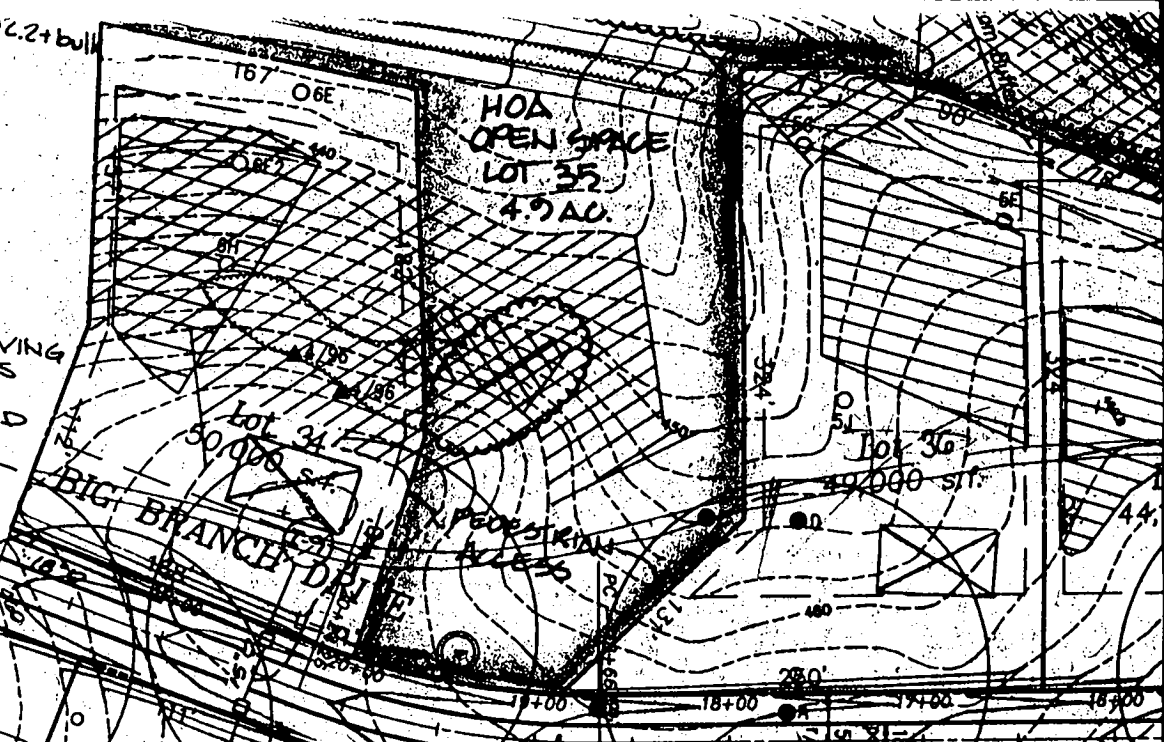
Edwin G. & Barbara A. Hinson  
Liber 612, Folio 232

RIGHTS PROPOSED =  
 and Preservation Parcel G = (60)  
 TO BE TRANSFERRED FROM A SENDING PARCEL =  
 60. base lots 56 = 4 Development Rights Required

UNITS, THEREBY USING THE TOTAL NUMBER OF DEO RECEIVING  
 ARE BIG BRANCH OVERLOOK SITE, A MAXIMUM OF 4 DEO UNITS  
 21, CALCULATED AS A PERCENTAGE OF TOTAL RECEIVING UNITS  
 OF THE RR ZONED PORTION RELATIVE TO THE RR ZONED  
 RECEIVING DENSITY WILL BE AT THE DEO SENDING  
 SENDING PARCEL 180 TAX MAP 2, DEO (8)

ANGENT	CHORD	BEARING	DELTA
53.01'	276.88'	S54°03'25"W	50°25'23"
91.29'	176.67'	S14°43'37"W	29°14'13"
18.35'	247.81'	S14°43'45"W	29°14'13"
9.75'	156.77'	S40°28'41"W	30°14'29"
2.81'	162.56'	S40°04'50"W	21°15'22"
1.19'	99.15'	S38°04'50"W	22°03'04"
40'	107.92'	S39°48'43"W	18°03'04"
75'	323.18'	S51°22'23"W	14°35'19"
0'	70.71'	S25°13'43"W	37°42'39"
7'	43.87'	S07°06'07"E	90°00'00"
1'	21.86'	N13°44'58"E	25°20'22"
1'	48.08'	N02°21'51"E	25°15'00"
1'	34.73'	N10°46'41"W	57°28'39"
1'	243.95'	N00°29'29"E	40°38'59"
1'	301.00'	N67°03'57"W	18°06'38"
1'	347.32'	N59°11'40"E	26°46'30"
1'			59°29'37"

N 57°35'0"  
 E 1309500



P-98-14  
 Lot 9

OF WELL  
 ON  
 ATION (4-5/96)  
 ATION (10-11/96)  
 ATION (3-5/97)

AND ZONING

PERC NOTES:  
 1. SUBJECT TO THE REVIEW  
 PRES PARCEL

C1 4107

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56600A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 385 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1752

OWNER HIGHLAND DEV. CMC last name first name STREET OR RFD BIG BRANCH DRIVE TOWN DAYTON SUBDIVISION BIG BRANCH OVERLOOK SECTION 1 LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-46), Gray Mica Rock (46-385).

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (19), NO. OF POUNDS (1786), GALLONS OF WATER (114), DEPTH OF GROUT SEAL (0-47).

CASING RECORD form: casing types insert appropriate code below (ST), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (51).

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log obtained), P (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...

DRILLERS LIC. NO. 1 MSD024; DRILLERS SIGNATURE (Joseph L. Mays); LIC. NO. 1 MSD027; SITE SUPERVISOR (signature).

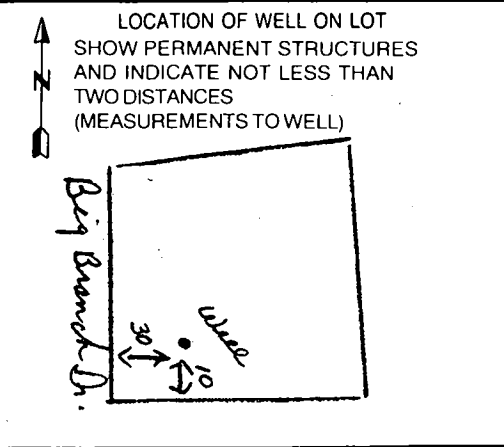
DEPTH (nearest ft.) table with columns 1-21 and handwritten entries: HO 48, 385.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form: T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (24 before, 248 when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (3).



B 1 6726

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1752 fill in this form completely

Date Received (APA) 8/31/98

OWNER INFORMATION

Highland Development CMC P.O. Box 228 Clarksville Md. 21029

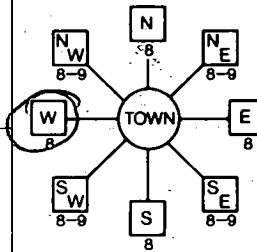
LOCATION OF WELL

Howard Big Branch Overlook Dayton 3 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne MS D024 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 25 FT

TAX MAP 27 BLK 6 PARCEL 141

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (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 A56600A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/23/98 CO SIGNATURE EXP. DATE 9/23/99 NORTH GRID 510 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D 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 PERMIT No. HO-94-1752

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

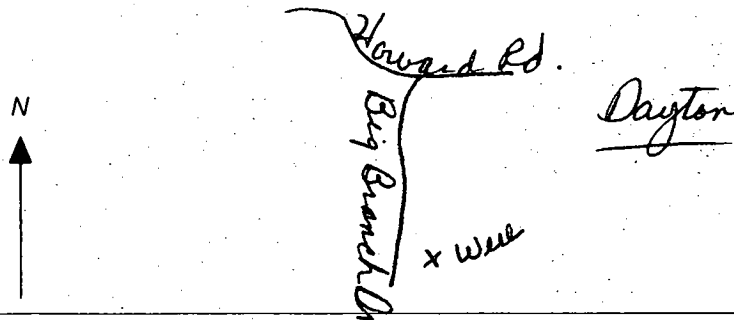
- SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 N 510

000 000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 14041 BIG BRANCH DRIVE  
DAYTON MD, 21036

Property Owner's Name SIT. BALINTAS  
 Address 14041 BIG BRANCH DRIVE  
 City DAYTON State MD Zip Code 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6051-01 Subdivision Big Branch Overlook  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9  
 Tax Map 27 Parcel 141 Grid 6  
 Zoning RD-500 Map Coordinates 9013 Lot size \_\_\_\_\_

Home Phone 413 935-9753 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Existing Use SFD  
 Proposed Use DECK  
 Estimated Construction Cost \$ 5100.00  
 Description of Work 14' X 24' DECK ON BACK  
OF HOUSE WITH STEPS

Contractor Company HAMACHER PAINTING  
 Contact Person JOHN HAMACHER  
 Address 222 PARADISE AVE.  
 City BALTIMORE State MD Zip Code 21228  
 License No. \_\_\_\_\_  
 Phone 410 747-4886 Fax \_\_\_\_\_

Occupant or Tenant SAME  
 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: <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: <u>PILE + BEER</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

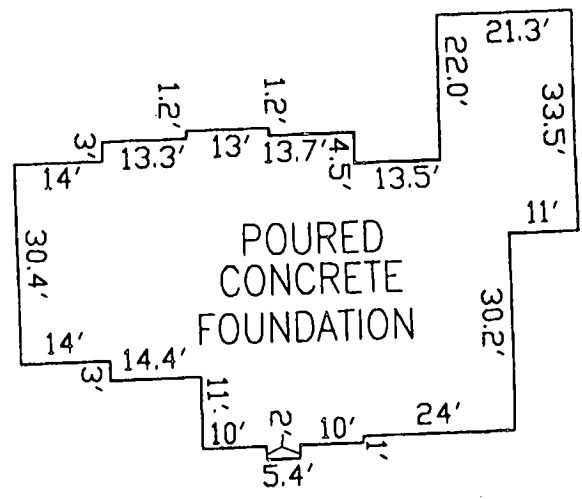
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

John Thomas Hamacher  
 Applicant's Signature  
Hamacher Painting

John Thomas Hamacher  
 Print Name  
5/9/01



*5/9/01  
shown deck will  
be 6' off existing  
traverse, no impact  
to air system and  
because repairs not  
required. deck is to  
be ground level.*



FIRST FLOOR ELEV. = 473.6

FOUNDATION DETAIL

SCALE: 1" = 30'

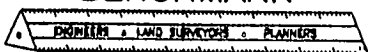
**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 07-21-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE DATA REFERRED BY SAID RECORD PLAT NO. 13853, BRANCH 240044 0025 B, HOWARD COUNTY, MARYLAND, AS RECORDED IN THE OFFICE OF THE REGISTERED PROFESSIONAL LAND SURVEYOR.



**DAVID V. HARRIS**  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 13853  
FEMA FIRM No. 240044 0025 B  
ZONE: C  
DATED: 12-04-86

**BENCHMARK**



8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLCOTT CITY, MD 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

**WALL CHECK**

**BIG BRANCH OVERLOOK  
LOTS 1 THROUGH 49  
LOT No. 9**

14041 BIG BRANCH DRIVE  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 07-21-00