

PERMIT NUMBER: B **2100 2574**

DATE ACCEPTED: **JUL 12 2021**



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

PERMITS DIVISION

BUILDING SITE ADDRESS REQUIRED

Street Address: 3212 Landcaster Court		Unit:
City: Woodbine	State: MD	Zip Code: 21797
Subdivision/Village/Complex Name: Cabin Branch Farm		SDP/WP/BA #:
Lot: 27	Tax Map:	Parcel:
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: single family home	Proposed Use: single family home	Estimated Cost: \$ 150,000.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

Add partial second story over garage 24 x 16 for laundry, full bath and study, convert garage to Mudroom, finished storage and work-out room. New sundeck to extend existing. Add breezeway to detached garage. Remodel kitchen and master bath and closets. And basement study and full bath.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Courtney and Ian Jones		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 3212 Landcaster Drive		
City: Woodbine	State: MD	Zip Code: 21797
Phone: (301) 529-0572	Email: courtney_M_jones@mcpsmd.org	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: New Outlook Home Design	Contact Name: Valerie A. Frank
Street Address: 8487 Devon Lane	
City: Walkersville	State: MD
Phone: (301) 641-3938	Zip Code: 21793
Email: valsugarloaf@comcast.net	

CONTRACTOR INFORMATION REQUIRED

Business Name: Owner to Act as Contractor	
Licensee's Name:	License #:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other: For pool & stove	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:					
# of Bedrooms (SF): 3	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 17	# Full Baths: 4	# Half Baths: 1	# Fireplaces: 2		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input checked="" type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 st Fl Width: 58	1 st Fl Depth: 54	2 nd Fl Width: 58	2 nd Fl Depth: 26	Bsmt Width: 58	Bsmt Depth: 39
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 5,534 sq ft		Occupiable Area: 4,133 sq ft	

AGREEMENT/ DISCALIMER REQUIRED

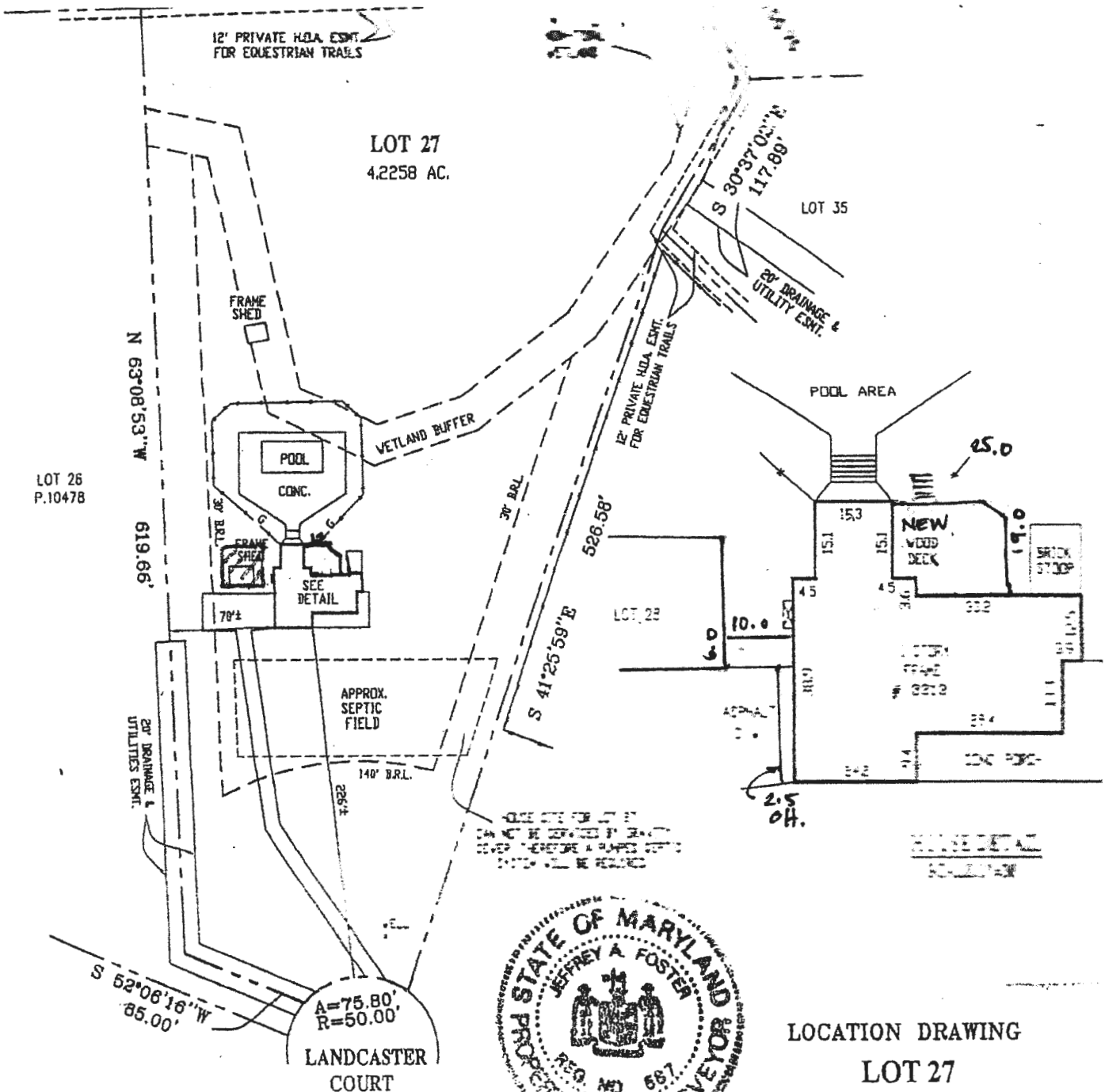
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

APPLICANT'S ORIGINAL SIGNATURE _____ DATE SIGNED _____

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 8/5/21	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: 2500		PAYMENT: 1003		ACCEPTED BY: Dmpboy	



LOCATION DRAWING
 LOT 27
 CABIN BRANCH FARM
 HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE	REFERENCES	SNIDER & ASSOCIATES LAND SURVEYORS	
"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION."	PLAT BK. PLAT NO. 10478	20270 Goldenrod Lane Suite 100 Germantown, Maryland 20876 301/948-5100 Fax 301/948-1256	
<i>Jeffrey A. Foster</i> MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587	LIBER FOLIO	DATE OF LOCATIONS WALL CHECK: HSE. LOC.: 08-19-10	SCALE: 1" = 100' DRAWN BY: E.M.G. JOB NO.: 10-03804

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 7/30/2021
To: DAN SWINDER / HEALTH DEPT
(Person's Name and Division)
From: _____
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address: 3212 LANDCASTER CT
Permit # B21002574 SDP # _____
Other information pertinent to this project _____

**NO
TRANSMITTAL
OR REFERENCE
PROVIDED**

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- 7 Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific):
_____ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Please Print Name _____ Telephone No: _____
E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

RECEIVED

Received by USPS

JUL 30 2021

Oswald, Hank

From: Valerie Frank <Valsugarloaf@comcast.net>
Sent: Wednesday, July 28, 2021 7:51 AM
To: Oswald, Hank
Subject: Re: B21002574_3212 Landcaster Court

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning Mr. Oswald,

I mailed out three copies of the revised floor plan sheet this morning.

Thanks you for your help!

Val

On 7/23/2021 8:12 AM, Oswald, Hank wrote:

Hi Mrs. Frank:

Good morning. All you have to do is revise the floor plan to show permanently built in books cases around the perimeter of the "study", desk and other features that encumber the room and resubmit that page directly to Department of Inspections, License and Permits. Let me know when you do so I can look for it in the system.

Please let me know if you have any questions.

Thanks,

Hank

From: Valerie Frank <Valsugarloaf@comcast.net>
Sent: Thursday, July 22, 2021 3:34 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>; courtney M jones@mcpsmd.org
Subject: Re: B21002574_3212 Landcaster Court

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Dear Mr. Oswald,

Thank you very much for the information written regarding the number of proposed bedrooms on the submitted plans.

The proposed basement office does not include a window and so we believe that will not be counted as a bedroom.

As for the proposed Study on the new second floor- we thought that a door might propose a problem but for noisy kids??? LOL

You mentioned a 4'-0 wide cased opening as an alternative but that would create a problem with the hall bath and laundry rooms and so if a 36" wide dry walled opening, (no casing) will not solve the problem then will opt for the bookcases I believe. Please clarify because we would prefer the 36" wide opening option if available.

Thirdly, how can I make these changes on the plans for you? Could I come down in person with white out tape and black pen and my straight edge and make these changes on site?

Thanks very much in advance!

Valerie Frank

On 7/22/2021 10:38 AM, Oswald, Hank wrote:

Hello Mrs. Jones

The following comments pertain to the review of building permit # B21002574 (3212 Landcaster Court):

1. The proposed "study" on the 2nd floor counts as a bedroom by local code definition (see attached code). Therefore, upgrades to the existing septic system which is currently sized for 3 bedrooms would be required. Please note, if the proposed office in the basement also has a window, then it too would count as a bedroom.
2. Provide updated Onsite Sewage Disposal System (OSDS) Plan by engineer to show how 2 replacement systems at the larger size (4 bedrooms) can fit within the existing sewage disposal area (SDA) along with any tank upgrades.
3. Install new septic system components prior to BP approval.

Alternatively, if you were to keep the new floor plan at 3 bedrooms, the above requirements would not be necessary. One way to make the "study" count as a non-bedroom is to revise the floor plan to show a 4 foot wide cased opening without a door into the room or show permanently installed bookcases around the entire perimeter of the room.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.

Howard County Health Department

Bureau of Environmental Health

Well & Septic Program

8930 Stanford Boulevard

Columbia, MD 21045

(410) 313 - 1786

hoswald@howardcountymd.gov

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Valerie A. Frank

New Outlook Home Design

(301) 641-3938

Valerie A. Frank

Architectural Home Designer

Talon Construction

Direct line (301) 641-3938

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Valerie A. Frank

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Oswald, Hank

From: Oswald, Hank
Sent: Thursday, July 22, 2021 10:39 AM
To: 'courtney_M_jones@mcpsmd.org'
Cc: 'valsugarloaf@comcast.net'
Subject: B21002574_3212 Landcaster Court
Attachments: Section 3.801 Bedroom Definition.pdf; Building Permit Application Process.pdf; OSDS Design Plan Requirements_Updated 5.31.17.pdf; ENGINEERS_2.4.2020.pdf; SEPTIC CONTRACTORS 2.4.2020.pdf

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(410) 313 - 1786
hoswald@howardcountymd.gov

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From: Oswald, Hank
Sent: Friday, July 23, 2021 8:13 AM
To: Valerie Frank
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Valerie A. Frank
Architectural Home Designer
Talon Construction
Direct line (301) 641-3938

$$1 \text{ Study} = \text{BR} \# 4$$

$$1 \text{ Office} = \text{BR} \# 5$$

window?

$$1 \text{ } 2 \times 20' = 180' \times 3' = 540$$

$$\text{sq ft} \div \frac{3+2}{3+1+2(2)} = \frac{5}{8} = .625$$

$$864 \times 1.2 = 1036.8$$

$$/150 = 6.9 \text{ BRs}$$

3/18/94
4/8/94
1 PM
Funder
@ No. 00
(1 of 3)
in Subdivision

PERMIT

Needs Pump Test
HSE Connection OK
Pump test OK
4/8/94 DKS

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353978

P 49796D

A 44165

DISTRICT 4th

DATE 12/10/93

DATE SYSTEM APPROVED 4/8/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 27 ROAD 3212 Landcaster Court

PROPERTY OWNER ~~Martin II, Inc.~~ Felix Michael Perez

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

INSTALL: PUMP SYSTEM

NUMBER OF BEDROOMS 3

1-1000 Gal. Pump Chamber with Single Effluent Pump and Control with Alarm. Contractor to supply pump detail prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 distribution box 120 feet down the right (526.58') lot line and 85 feet off this same right lot line. Install trenches on contour in both directions away from distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OR MR 2/23/99

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin

REVISED DATE 12/28/93

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

HD-260(6-90)

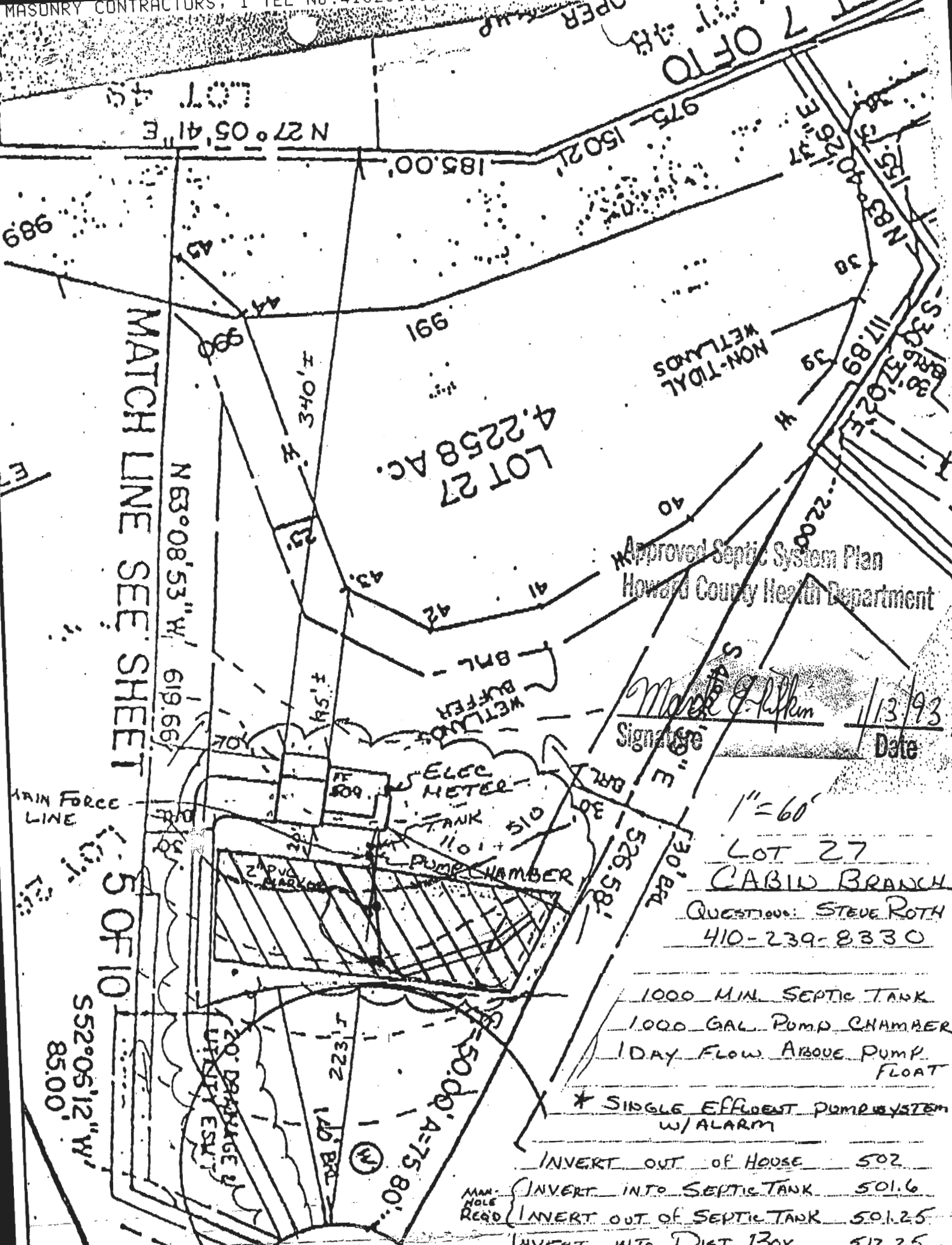
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 9-24-93
Seal # 6114225
Sumner

BLDG. PERMIT SIGNED AND RETURNED 9/25/94
Seal # 5428-2nd check

BLDG. PERMIT SIGNED AND RETURNED 11-4-99
Seal # 20121209
Ground pit

A 44165



Approved Septic System Plan
Howard County Health Department

Mark G. Hoffman
Signature
1/13/93
Date

1" = 60'

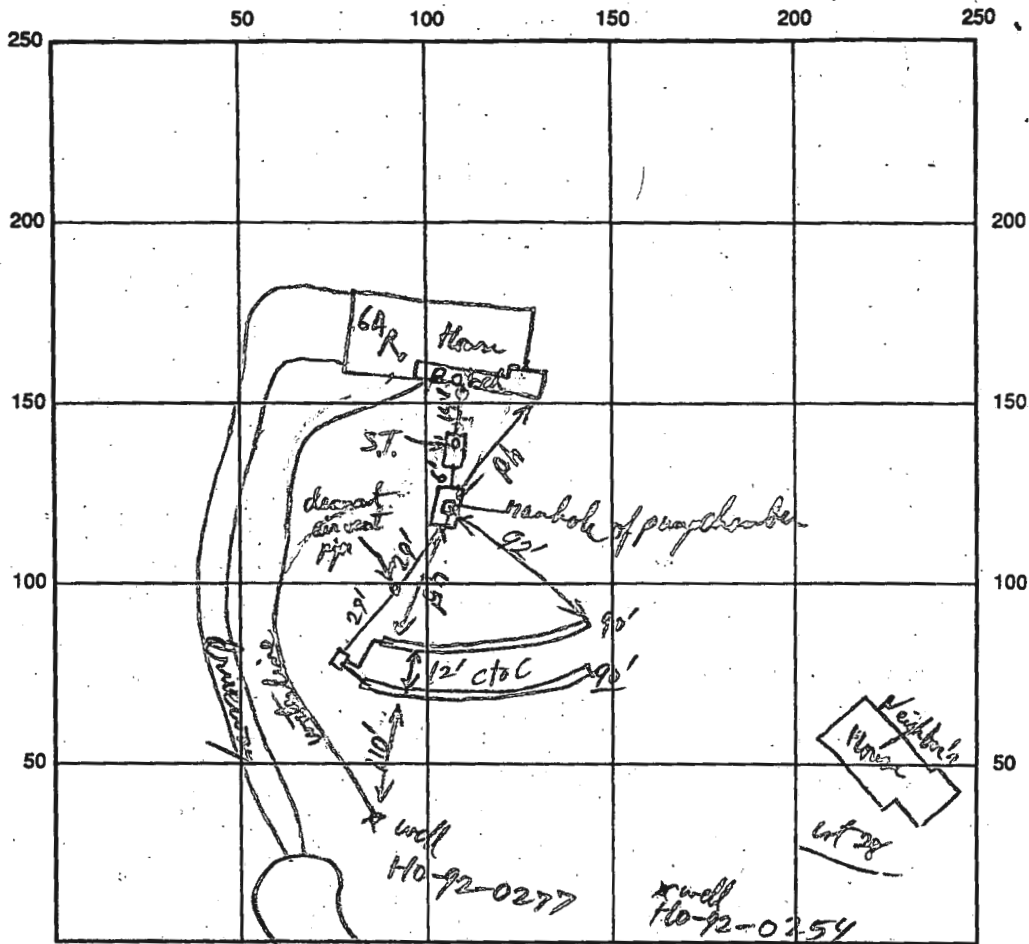
LOT 27
CABIN BRANCH

QUESTION: STEVE ROTH
410-239-8330

- 1000 MIN SEPTIC TANK
- 1000 GAL PUMP CHAMBER
- 1 DAY FLOW ABOVE PUMP FLOAT

* SINGLE EFFLUENT PUMP SYSTEM W/ALARM

INVERT OUT OF HOUSE	502
INVERT INTO SEPTIC TANK	501.6
INVERT OUT OF SEPTIC TANK	501.25
INVERT INTO DIST. BOX	512.25



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

pump chamber 1000 gal
 SEPTIC TANK LEVEL 2 1000 gal
 CLEANOUTS HSE + S.T., Manhole on pump chamber
 DISTRIBUTION BOX LEVEL ✓ cleanout (air vent) on pressure line midway between p.c. + d.b.
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3' FT. INLET DEPTH 3' FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 90/90 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Trenches, lines, trenches OK to cover except d.b. open + manhole of p.c.
open for pump test. RP 3/18/94
OK to cover all work. Pump test OK. 4/8/94 DKS

Water line Poles in driveway @ 4' OK to cover RP 3/18/94

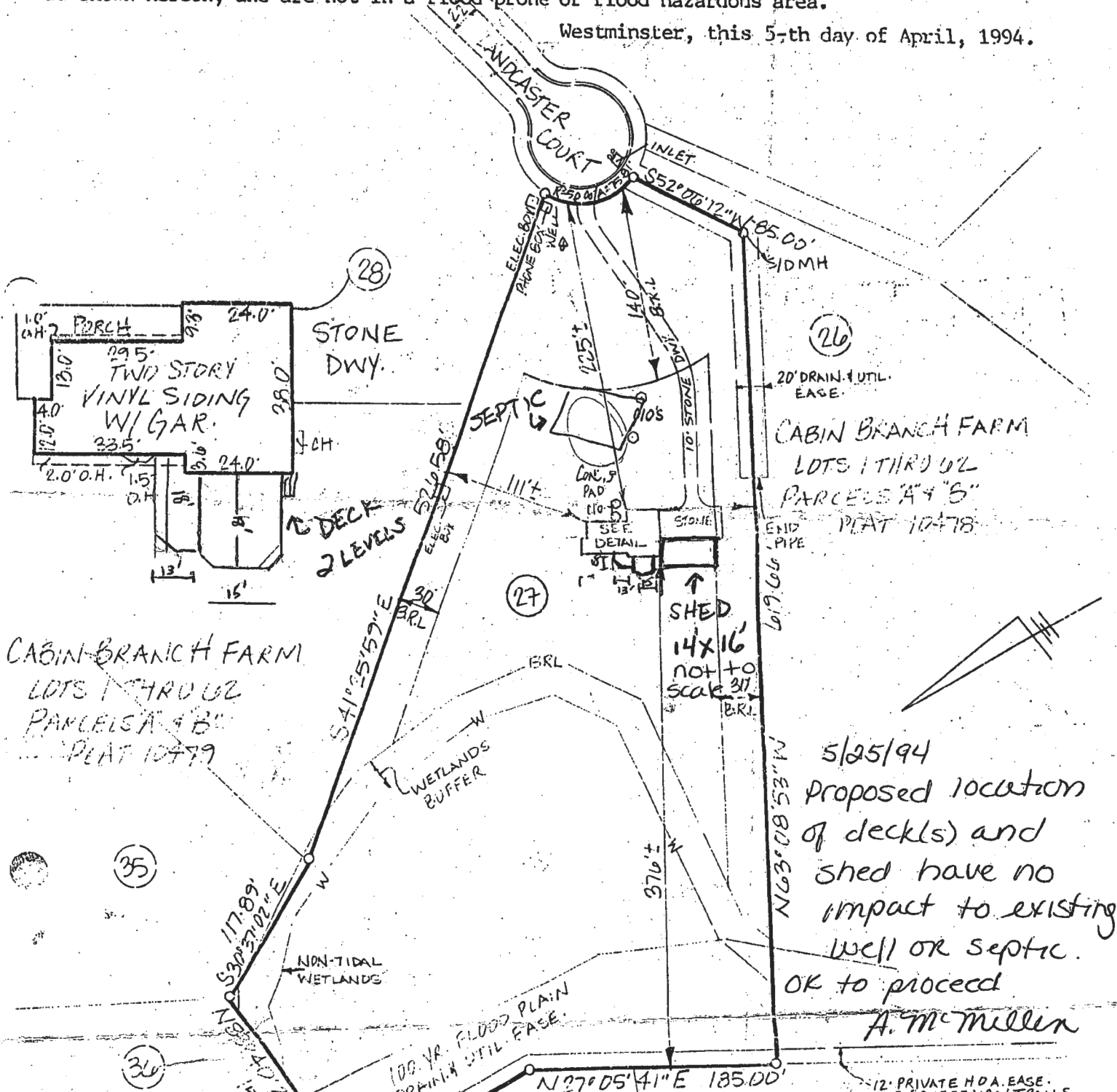
DATE SYSTEM APPROVED 4/8/94 INSPECTOR Sumner J. See



DRS & ASSOCIATES
LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 27, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3212 Landcaster Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 5-th day of April, 1994.



5/25/94
Proposed location
of deck(s) and
shed have no
impact to existing
well or septic.
OK to proceed

A. McMullen

APPLICATION

PERCOLATION TESTING

A 44165

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT R

DATE 5/3/89

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Oakton Associates, Inc.~~ Martin H. Inc

ADDRESS 1200 18th Street, nW, Washington, DC 20036 PHONE (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. Retest Lot 31 27

ROAD AND DESCRIPTION Rte 94 (Ellicott Road), Approximately 2 miles North East
from Damascus Road (3212 Landcaster Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. Single Family
(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.

James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/2/89 Perc OK Hold for Plat B.H.

BLDG. PERMIT SIGNED
AND RETURNED 12/28/93
Serial # 57919 SFD
3 Bedroom

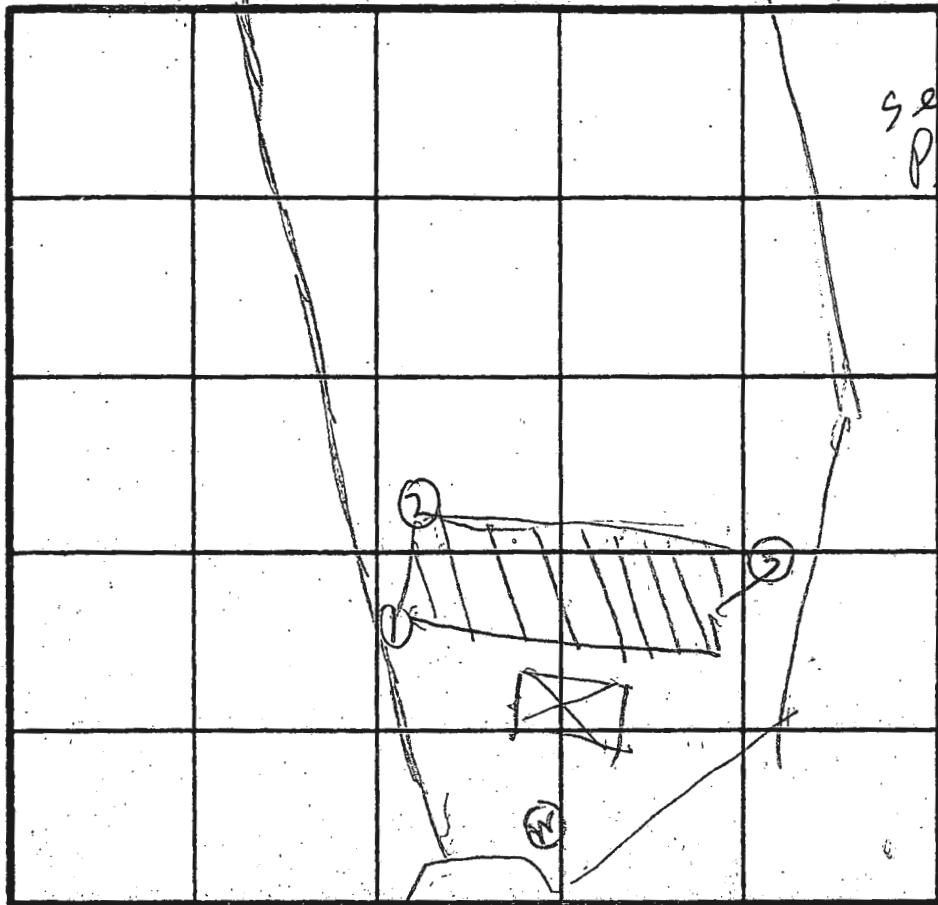
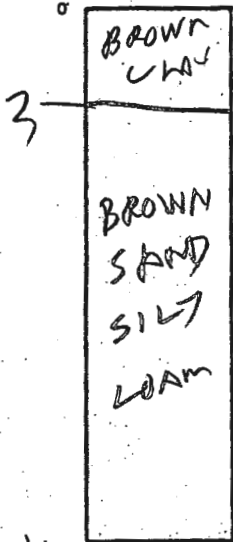
THIS IS NOT A PERMIT

HD-216

LT 31

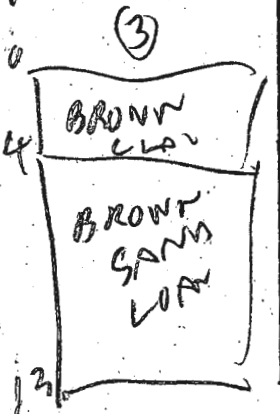
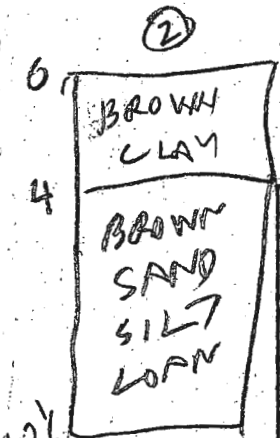
See Retest Plot

SOIL PROFILE



INLET 3'
x 5 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/2/89	1 S 1 V	3.5 10	1154 OK	1157	1157	1203	
6/2/89	2 S 2 V	4 12.5	1155 OK	1158	1158	1202	4
	3 V	13	OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. Hodges ALSO PRESENT Jimmie Roebly James

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

A 43406

P _____

DISTRICT: R

DATE 12/19/88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Oakton Associates, Inc.

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 3127

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. Single Family
(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.

James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/25/89 Per OK / hold for Plat R/H may be necessary to change lot lines slightly R/H

HD-216

THIS IS NOT A PERMIT

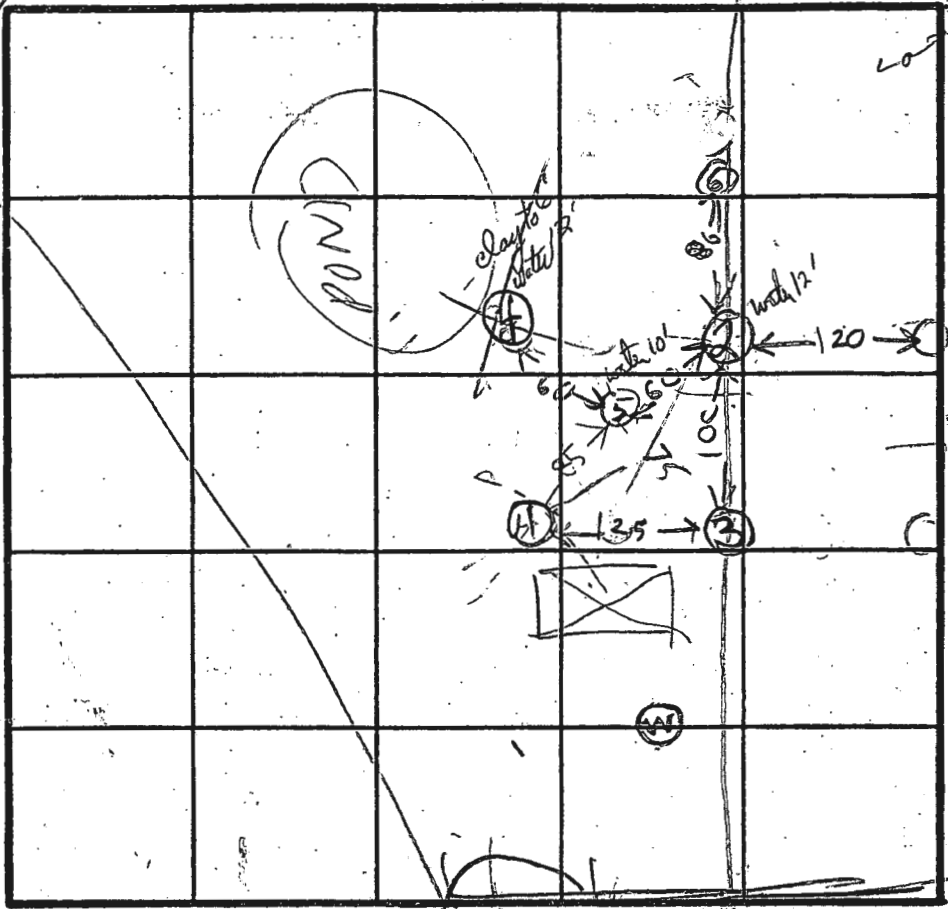
Lot 31
A43406

(5)

BROWN
CLAY
PULL
BROWN
SAND
SILT
LOAM
WATER

SOIL PROFILE

CLAY
LIGHT
BROWN
SAND
SILT
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(6)
CLAY
LIGHT
BROWN
SAND
LOAM

ON LINE

CLAY
GRAY
BROWN
SAND
SILT
LOAM

WATER

ON LINE

TAN CLAY

TAN
SAND
SILT
LOAM

CLAY

GRAY
SAND
SILT
LOAM
WATER

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/25/89	1 S	4.5	1153	1156	1156	1159	1203
	1 D	7	1153	1154	1154	1159	1203
4/25/89	1 V	11.5	OK				
	2 S	5	1128	1031	1031	1038	7
	2 V	12 1/2	OK SHALLOW				
	3 S	5	1129	1132	1132	1131	7
	3 V	11.5	OK				
	4 V	12	WATER	1117	CLAY	FAIL	
	* 5 S	4	117	132	SIT INCLINER	15	
	5 V	12	OK SHALLOW				
	5 ES	5.5	215	219	219	223	4
	6 V	11.5	OK				

ON LINE
LOT 31832
ON LINE
LOT 31836

* DIRT FELL IN HOLE BEFORE 2ND INCH FINISHED
Hole 1 Per Test Report - Hole 2 & 3 are On Line Holes

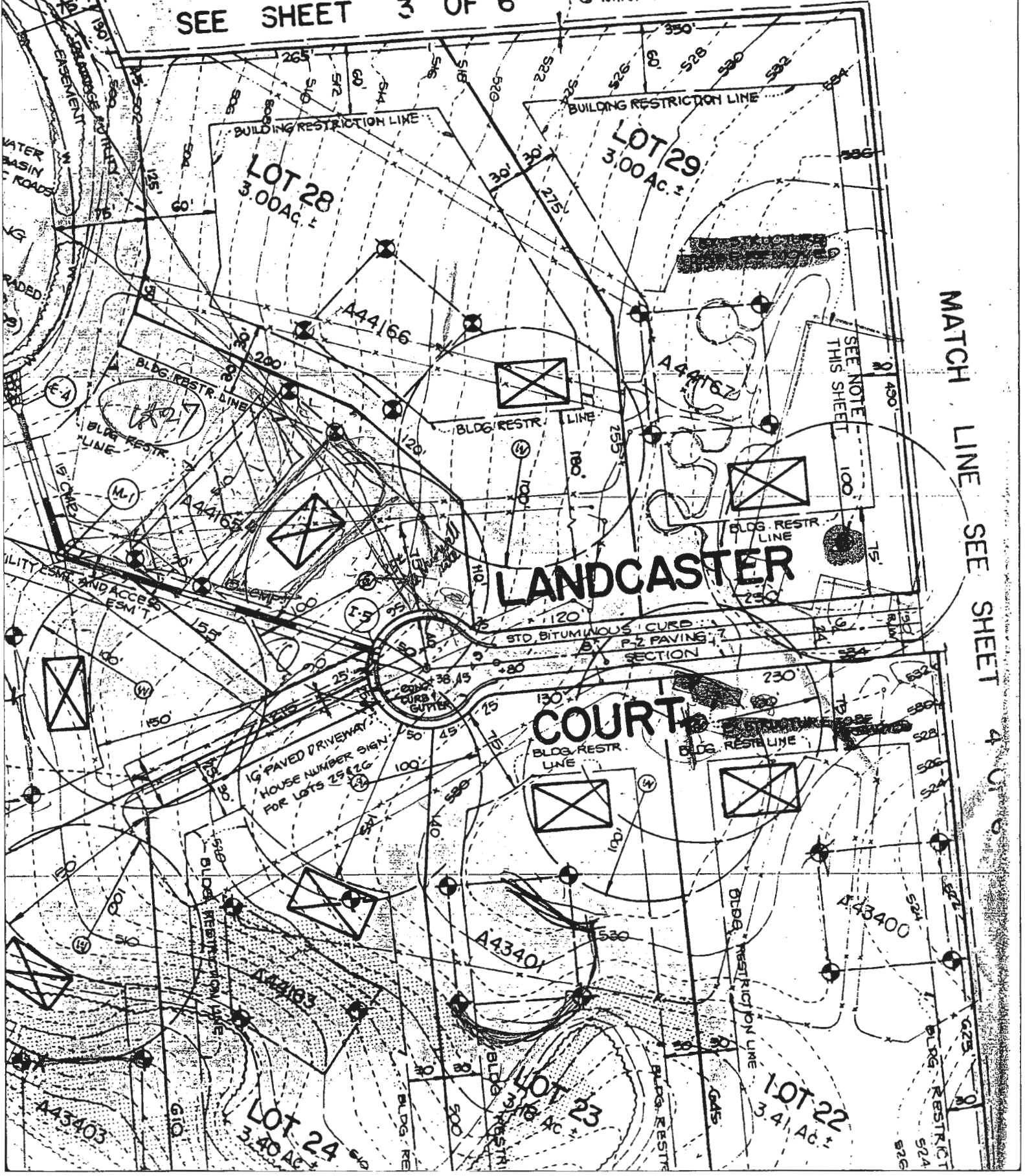
REMARKS
TYPE OF SOIL
TESTED BY

HOLE 4 Extra
R Hodge

ALSO PRESENT
James
Jeff
Shane
Jim

SEE SHEET 3 OF 6

12 H.O.A. EASEMENT FOR EQUESTRIAN TRAILS
6' MIN. TRAIL WIDTH



LANDCASTER

COURT

MATCH LINE SEE SHEET 4 OF 6

SEE NOTE THIS SHEET

LOT 28
3.00 AC.

LOT 29
3.00 AC.

LOT 24
3.40 AC.

LOT 23

LOT 22
3.41 AC.

A44166

A44167

A44165

A43401

A43400

A43403

(E-4)

(M-1)

(W)

(S)

(W)

(S-2)

(S-4)

(S-6)

(S-8)

(S-10)

(S-12)

(S-14)

(S-16)

(S-18)

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(S-88)

(S-90)

(S-92)

(S-94)

(S-96)

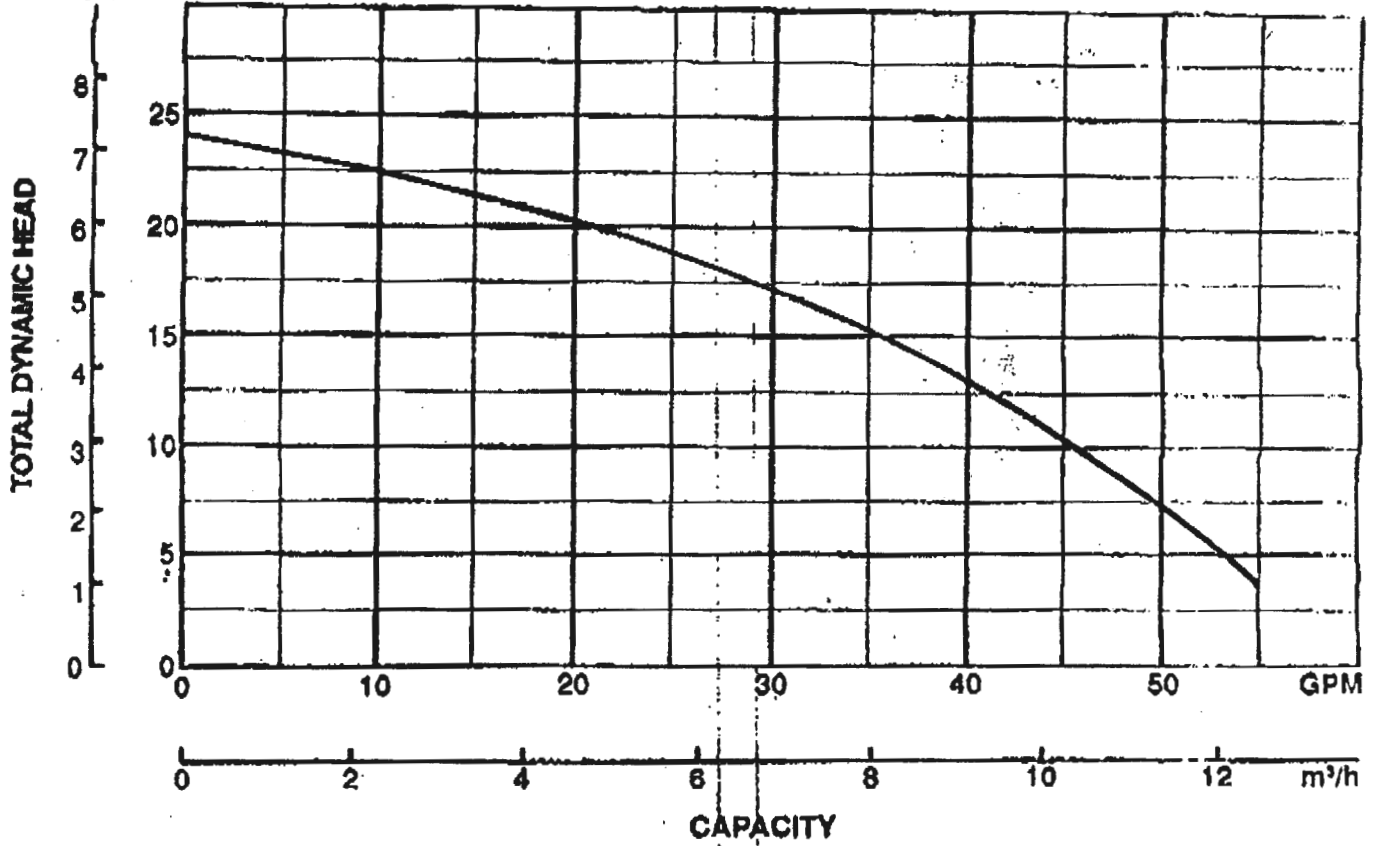
(S-98)

(S-100)

Submersible Effluent Pump

MODEL: 3871
SIZE: 3/4" SOLIDS
RPM: 1550
HP: 0.4

METERS FEET



 **GOULDS PUMPS, INC.**
SENECA FALLS, NEW YORK 13149

C1 **6694** SEQUENCE NO. (DENV. USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 44/65**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
04 28 93

Depth of Well
125
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-93-0277

OWNER **Fro U Developers**
 STREET OR RFD last name **Lamb Cceter Ct** first name TOWN **Lisban**
 SUBDIVISION **Cabin Branch Farm** SECTION LOT **27**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown shale	0	58	
Blue Rock	58	125	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1000**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL: (to nearest foot)
 from **0** ft. to **48** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **4**
 Total depth of main casing (nearest foot) **125**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 60	125
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

OEP 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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **24** WHEN PUMPING **30**
 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**
 (CIRCLE) (YES or 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **2** (nearest foot)
- below }

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)

See attached Well Location

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 28.04.04 "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.

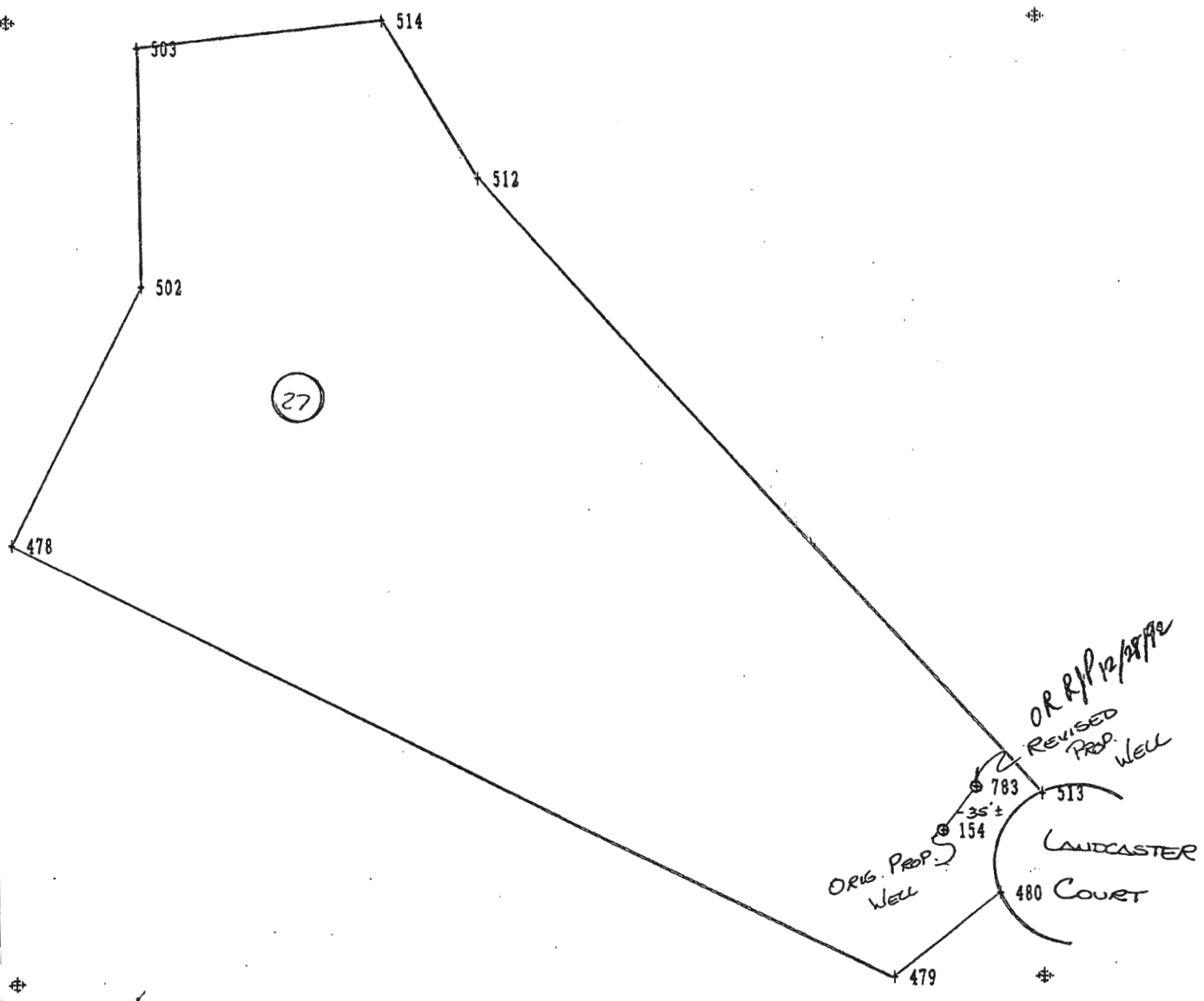
DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

LIBERTY SURVEY, INC.
4140 RIDGE RD., TAYLORSVILLE, MD. 21157

JOB NUMBER: 92-46
CABIN BRANCH FARM
MARTIN II
HOWARD COUNTY, MD.

SCALE: 1 INCH = 100 FEET

COORDINATE BOUNDARIES:
NORTHING = 529854.8295 TO 530466.7875
EASTING = 765855.4243 TO 766501.7104



Amy

JAN SAUER
410-549-1428

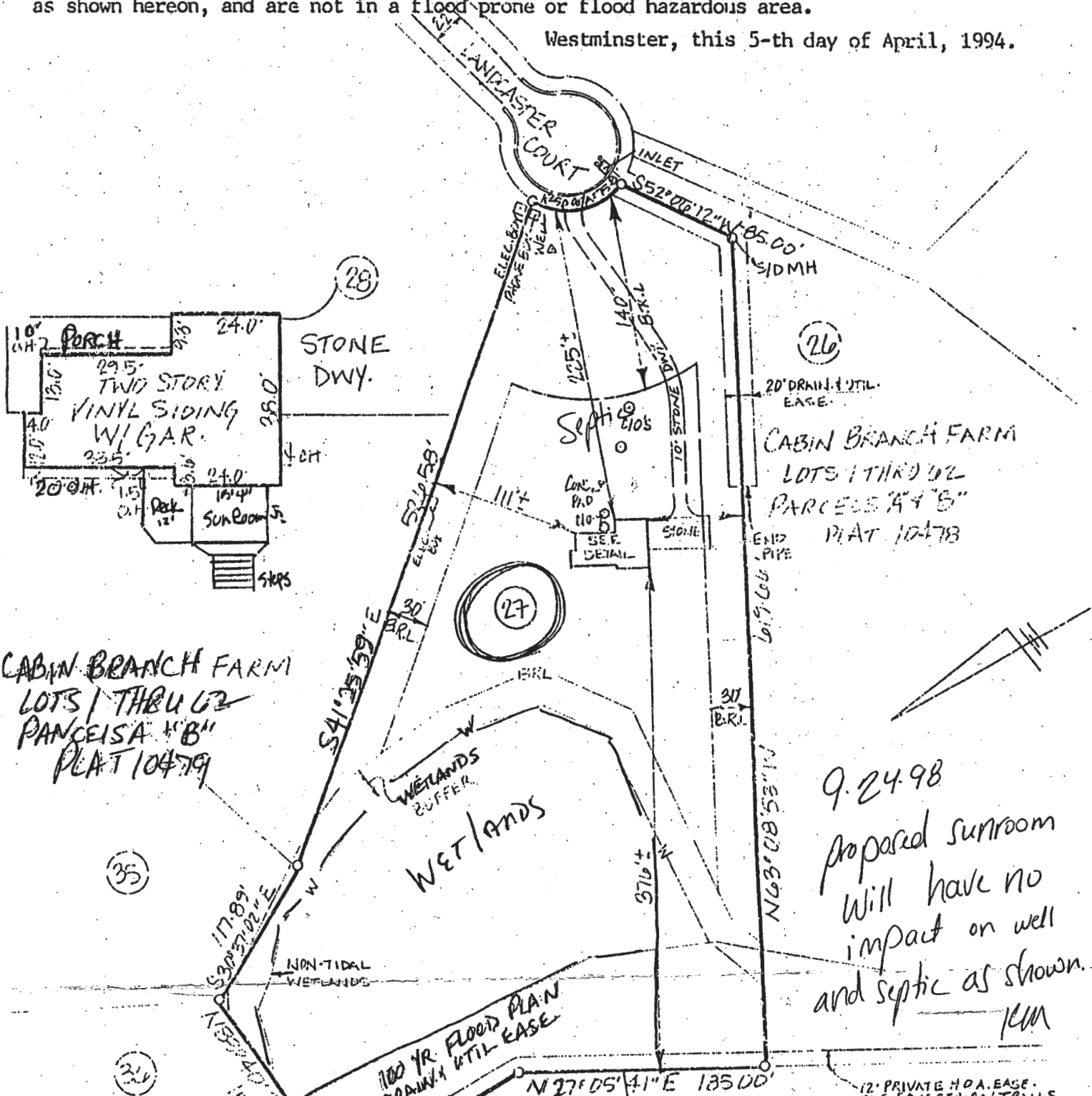
ALC 0008 362912
CUST. SERVO NO
1 800 848 9136
CHASE MANHATTAN



DRS & ASSOCIATES
LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 27, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3212 Landcaster Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 5-th day of April, 1994.



9.24.98
Proposed Sunroom
Will have no
impact on well
and septic as shown.
JCM

A44165 P49796D

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00121209

Building Address 3212 LANCASTER CT
WOODBINE, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision CABIN BRANCH FARM
Section _____ Area _____ Lot 27
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size 4.2259 ac

Property Owner's Name MIKE & SUE PEREZ
Address 3212 LANCASTER CT
City WOODBINE State MD Zip Code 21797
Home Phone 301-854-5696 Work Phone 301-881-5052
Applicant's Name & Mailing Address, (if other than stated hereon):
John Krawczyk - MD POOLS INC
9515 GERWIG LANE SUITE 119
COLUMBIA, MD 21046
Phone 410-995-6606 Fax 301-621-3331

Existing Use SED
Proposed Use SED w/POOL
Estimated Construction Cost \$15,000
Description of Work INSTALL 18'x38' INGROUND CONC POOL. C
6324. POOL FILTERED BY A CARTRIDGE SYSTEM. POOL
TO BE FILLED BY HOSE. INSTALL 28' LIN. FT. 40" WOOD FENCE TO CODE

Contractor Company MARYLAND POOLS INC
Contact Person JOHN KRAWCZYK
Address 9515 GERWIG LANE SUITE 119
City COLUMBIA State MD Zip Code 21046
License No. 6694
Phone 410-995-6606 Fax 301-621-3331

Occupant or Tenant DINNEEN
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>18' x 38'</u> 2nd floor: <u>C 6324 pool</u> 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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

John Krawczyk
Applicant's Signature
Title/Company _____

John Krawczyk
Print Name
11/4/99
Date

N27°05'41"E

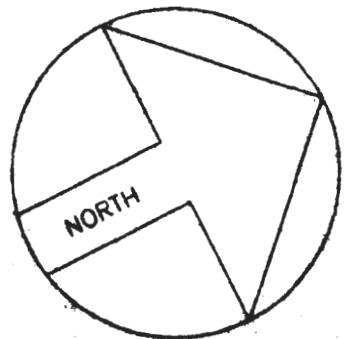
185.00'

N00°29'33"W

40°26'E

12' PRIVATE HOA EASEMENT FOR EQUESTRIAN TRAILS

100 YR. FLOODPLAIN EASEMENTS



LOT 27
184,077 Sq.Ft.
4.2259 Ac.

S30°37'02"E

526.58'

619.66'

30' BRL

313'

48" HIGH FENCE (TO BY OWNER)

FILTER PAD

NON-TIDAL WETLANDS
WETLANDS BUFFERS

18'x38' POOL

6 Ft. BROOM CONCRETE *BY MPI)

ONE PATIO

EX. RES.

SEPTIC TANK
PUMP TANK

LOT 28

20' DRAINAGE & UTILITY ESMT.

140' BRL

EX. SEPTIC DRAIN LINE

309'

281'

FRONT

(A44165)

20'-6"