

PERMIT NUMBER: B 22001779

DATE ACCEPTED:



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

BUILDING SITE ADDRESS REQUIRED

Street Address: 14512 Macclintock Ct		Unit:
City: Glenwood	State: MD	Zip Code: 21738
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Residential Dwelling	Proposed Use: Residential Dwelling	Estimated Cost: \$10,000.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Installation of a 15'x25' deck on the rear of the Dwelling along the addition <i>no steps</i>		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Sarah and Matthew Riley	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 14512 Macclintock Ct	
City: Glenwood	State: Maryland
Phone: (443) 996-0737	Email: Matriley186@icloud.com
Zip Code: 21738	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: Matthew Riley
Street Address: 14512 Macclintock CT	
City: Glenwood	State: Maryland
Phone: (443) 996-0737	Email: Matriley186@icloud.com
Zip Code: 21738	

CONTRACTOR INFORMATION REQUIRED

Business Name: N/A Being completed by the home owner	
Licensee's Name: N/A	License #:
Street Address: N/A	
City: N/A	State:
Phone:	Email:
Zip Code:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

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 type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac
Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	

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

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input 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 type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft		
		Occupiable Area: 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.

[Signature]
 APPLICANT'S ORIGINAL SIGNATURE

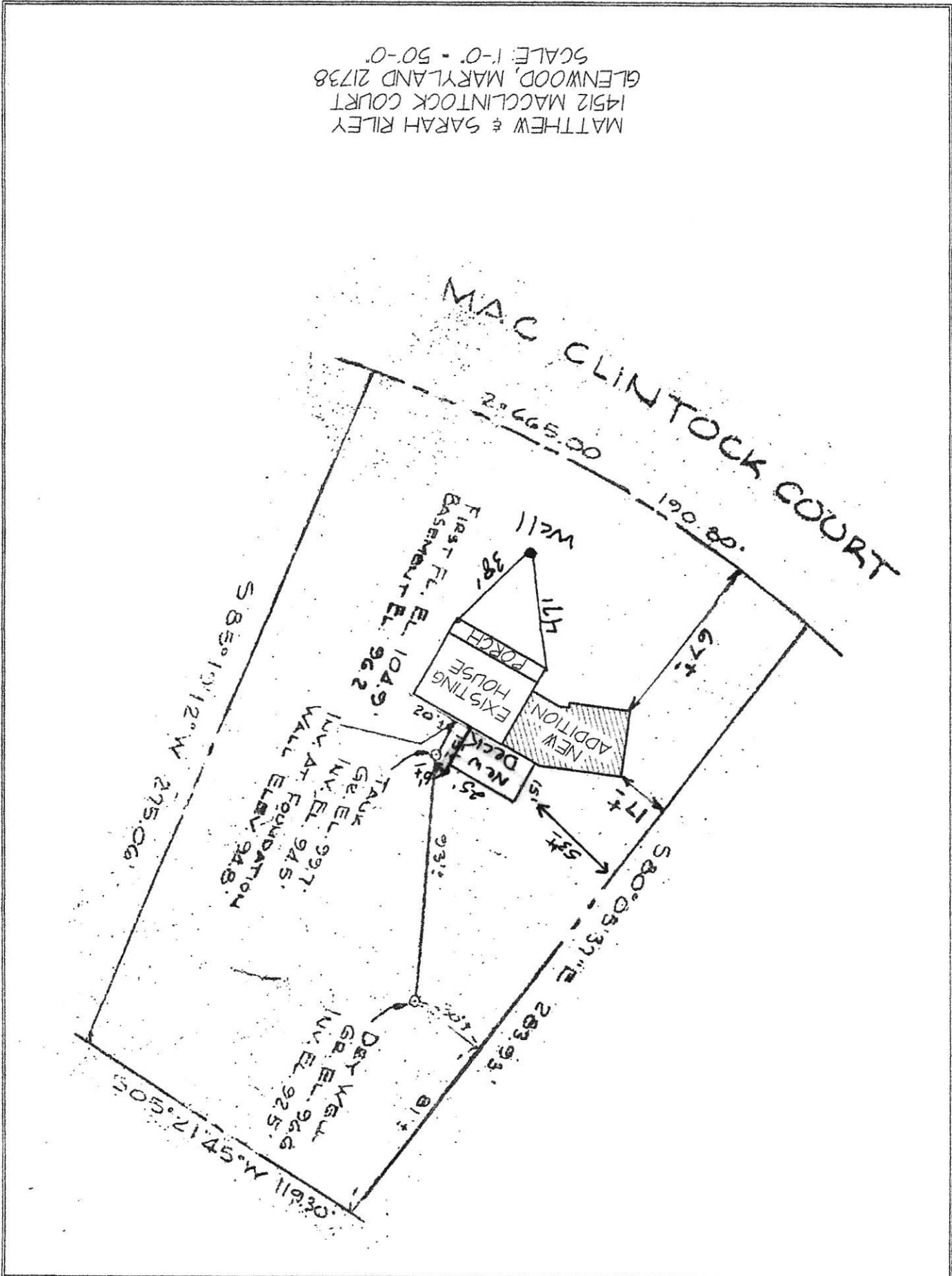
April 28, 2022
 DATE SIGNED

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 type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>5-24-22</i>	<input type="checkbox"/> SHA
SUBMITTAL FEES: <i>\$55.00</i>		PAYMENT:		ACCEPTED BY: <i>[Signature]</i>

Approved Septic System Plan
 Howard County Health Department
 Kara Howard 5-27-22
 Signature _____
 Date _____

MATTHEW & SARAH RILEY
 14512 MACCLINTOCK COURT
 GLENWOOD, MARYLAND 21738
 SCALE: 1" = 50'-0"



PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 1/22/73

3/7/73 Final

CBO

17687

14927

Winkler

13	1/2

3/7/73 (continued) inspector measured dry well from one middle to another side. However, in future he is to measure from corner to corner of dry well for total area.

3/7/73 (needs advice) 2 PM
 Need These

INDEXED

W. E. Winkler

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 386, Mt. Airy, Md. PHONE 795-2049

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Warfield Estates ROAD 14512 MacClintock Rk Ct. LOT 14A, Sect. 4

PROPERTY OWNER ~~Maple Hill Farm Associates~~ Mrs. William Barrow

ADDRESS 9300 E Fontana Avenue, Seabrook, Md. 20801

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 480 sq. ft. sidewall area below the inlet. Dry well inlet to be no deeper than 4 1/2 ft. and dry well bottom to be no deeper than 11 ft. Place the dry well 81 ft. from the back lot line and 30 ft. from the left side of the lot as seen when facing the lot from MacClintock Court.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

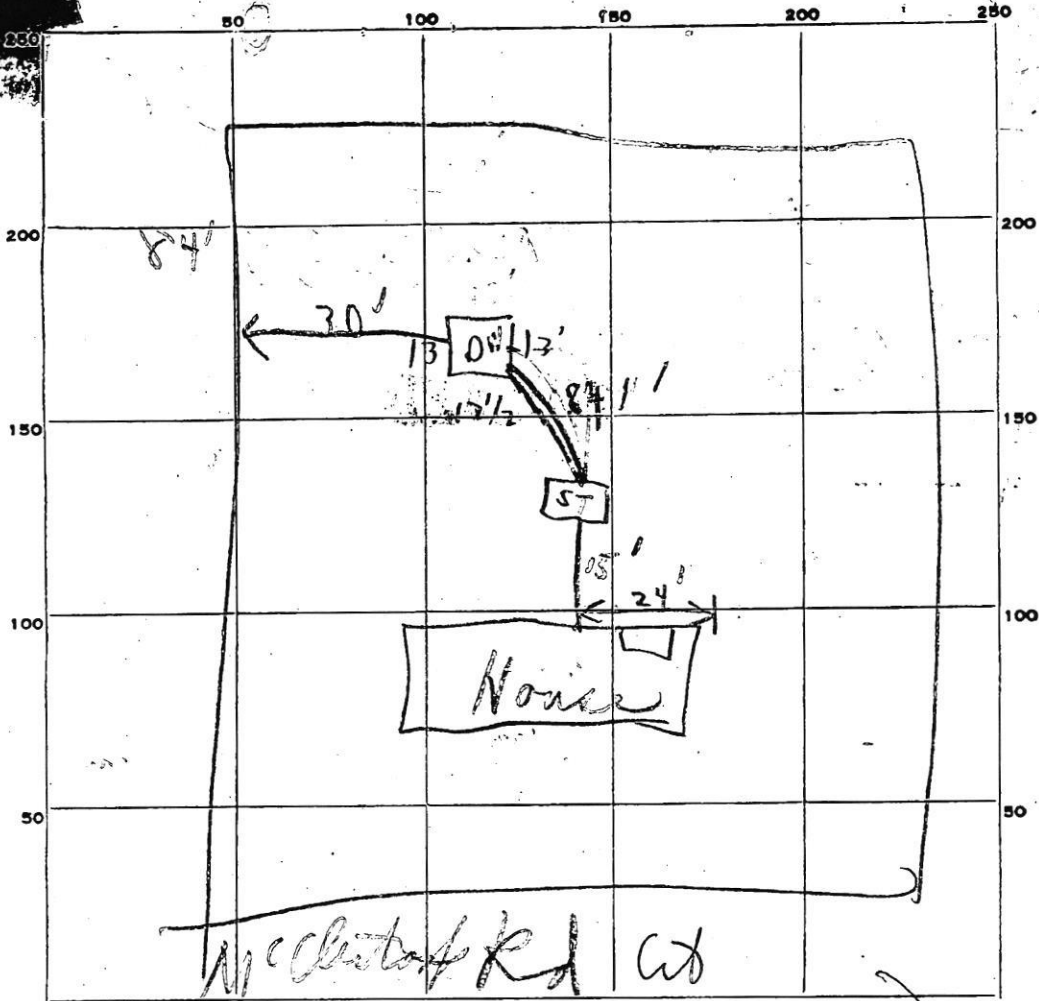
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges DATE 10/7/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 14927



1 1/2
2 1/2
7

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Signed stop all work (Signed approved back into) + comments on back side OK

PERMIT CARD _____
 SEPTIC TANK, LEVEL OK CLEANOUTS ST OK D.W
 DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES 54 TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 5 1/2 FT. DEPTH BELOW INLET 9 FT.
 ABSORBENT AREA 463 SQ. FT. 486

D.W
51
9
459
4 1/2
463

REMARKS 2/9/73 (Hold for more area)
+ Supervisor decision C.R.V.3 Partially covered from S.T. to Dry Well

2/14/73 - to come off Dry Well front bank - pop floor 2 1/2 ft wide 8 ft deep - 3" x 3" gravel under pipe in DW (over front)
3/7/73 ~~to~~ ~~front~~ ~~work~~ Mr. Wankler + Inspector over road

DATE SYSTEM APPROVED 3/7/73 INSPECTOR C. Stricker

C 1 6167
 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (OWNER USE ONLY) 3/10/72
 DATE WELL COMPLETED 3/10/72
 DEPTH OF WELL 200 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-DW-78
 DRILLERS IDENTIFICATION NO. 42

OWNER LAST NAME: **ANGUS**
 STREET OR RFD: **24 WESTMINSTER Road**
 POST OFFICE FIRST NAME: **CONST. CO. GLEISTERSTOWN Rd.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	2	
SANDY	2	19	
SANDSTONE	19	23	✓
GRAVEL	23	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED: YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX):
 CEMENT BENTONITE CLAY
 NO. OF BAGS: 6 NO. OF POUNDS: 600
 GALLONS OF WATER: 35
 DEPTH OF GROUT SEAL (TO NEAREST FOOT):
 FROM 0 FT. TO 25 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW: STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE: STEEL
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 27

OTHER CASING (IF USED)

DIAMETER (INCH):
 DEPTH (FEET) FROM:

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW: STEEL BRASS/OPEN HOLE OR BRONZE
 PLASTIC OTHER

SCREENS

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)					
	1	2	3	4	5	6
1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH)
 GRAVEL PACK: 0014

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F
 OWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.):
 TELESCOPE CASING: T W Q
 LOG INDICATOR: 72
 OTHER DATA AVAILABLE: 74, 75, 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 4
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 10
 METHOD USED TO MEASURE PUMPING RATE: BUCKET
 WATER LEVEL (DISTANCE FROM LAND SURFACE):
 BEFORE PUMPING: 40 (NEAREST FOOT)
 WHEN PUMPING: 300 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX):
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

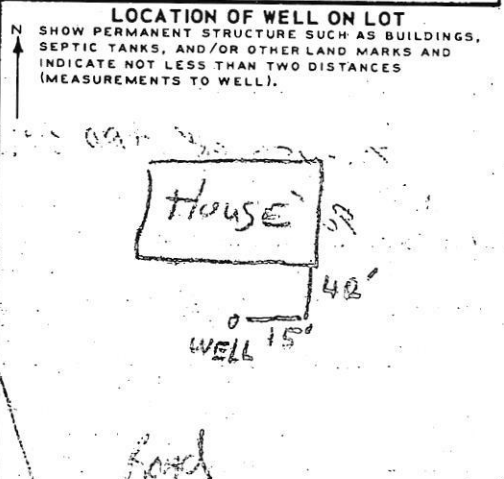
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O):
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES NO
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON): 35
 PUMP HORSEPOWER: 37
 PUMP COLUMN LENGTH (NEAREST FOOT): 43
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT):
 ABOVE LAND SURFACE
 BELOW LAND SURFACE: 2 (NEAREST FOOT)

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: *[Signature]*
 (PLEASE PRINT)
 SIGNATURE: *[Signature]*



PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

*approved
7-18-83
C. Williams*

P 32815

A REPAIR

*7/18/83
9:30 A.M.*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 4th.

DATE 6/01/83

INDEX

Glen Ketterman
Mrs. William Barrow

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 14512 MacClintock Court PHONE 489-4320

SUBDIVISION Warfield Estates ROAD 14512 MacClintock Ct. LOT 14A, Sec. 4

PROPERTY OWNER Mrs. William Barrow

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND
REPAIR

INSTALL APPROXIMATELY 600' SQ FT TRENCH SYSTEM.
INLET 4 1/2' BOTTOM 1' - 6 1/2' GRAVEL = 90' FT TRENCH. 7-18-83
C. Williams

PLANS APPROVED BY Frank Skinner DATE June 1, 1983

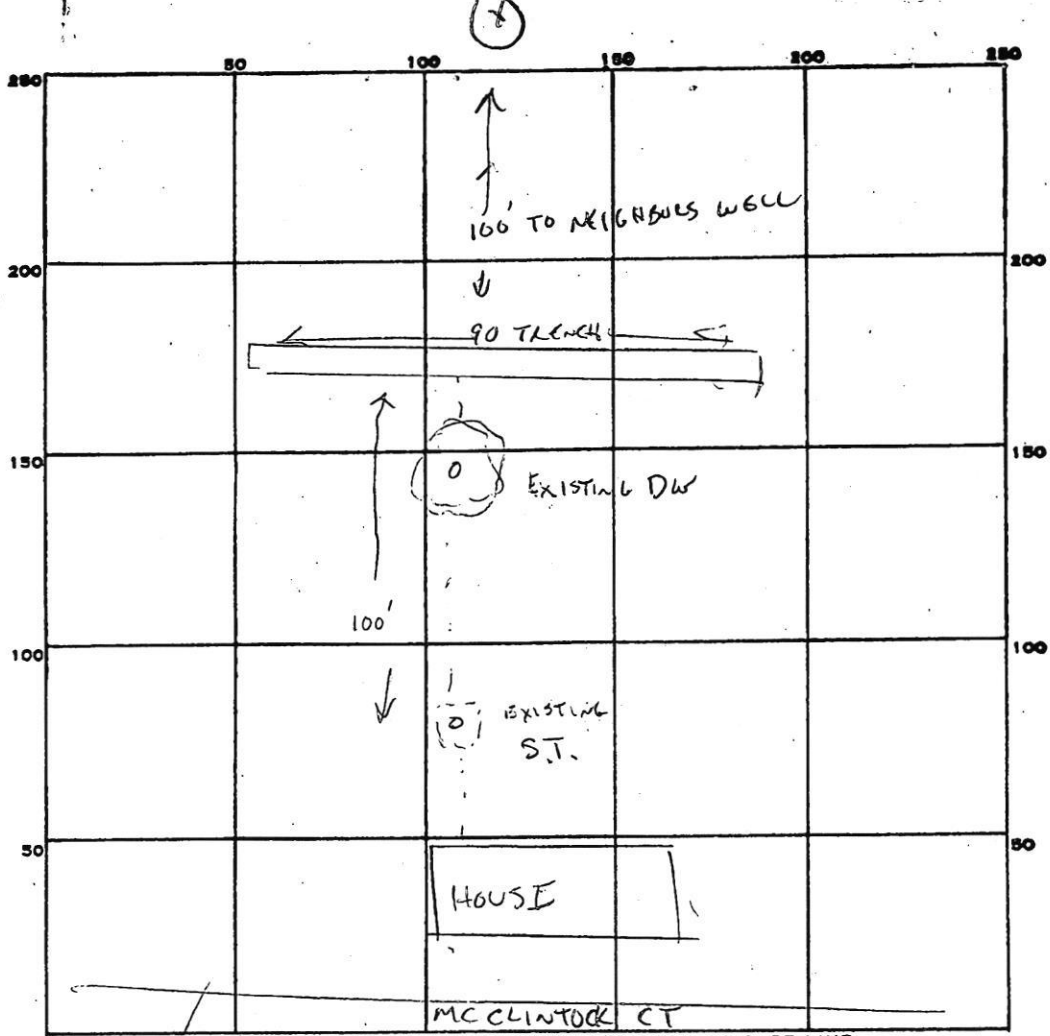
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.
- PERMIT VOID AFTER THREE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

32815



$$\begin{array}{r}
 6.5 \overline{) 600} \\
 \underline{585} \\
 150
 \end{array}$$
 92.5

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

INLET 4 1/2
GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS VISUAL SAND 4'-14'

TRENCH OK ADD GRAVEL, CW 7-18-83

SYSTEM OK, 7-18-83 CW

DATE SYSTEM APPROVED 7-18-83 INSPECTOR C. William