

12/17/87 14 DAY

( 05-364728

# PERMIT

P 39818

A 38453

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 8/4/87

DATE SYSTEM APPROVED 12-17-87

INSPECTOR S. Abel

INDEXED

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 4739 Linthicum Road LOT \_\_\_\_\_

PROPERTY OWNER Ronald L. Hines  
4739 Linthicum Road

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet up the right lot line and 130 feet off the same lot line as seen when facing the lot from Linthicum Road. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Sid Abel DATE 8/03/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**BLDG PERMIT SIGNED**  
**AND RETURNED 9/5/01**  
300132261. Replace existing deck w/sunroom

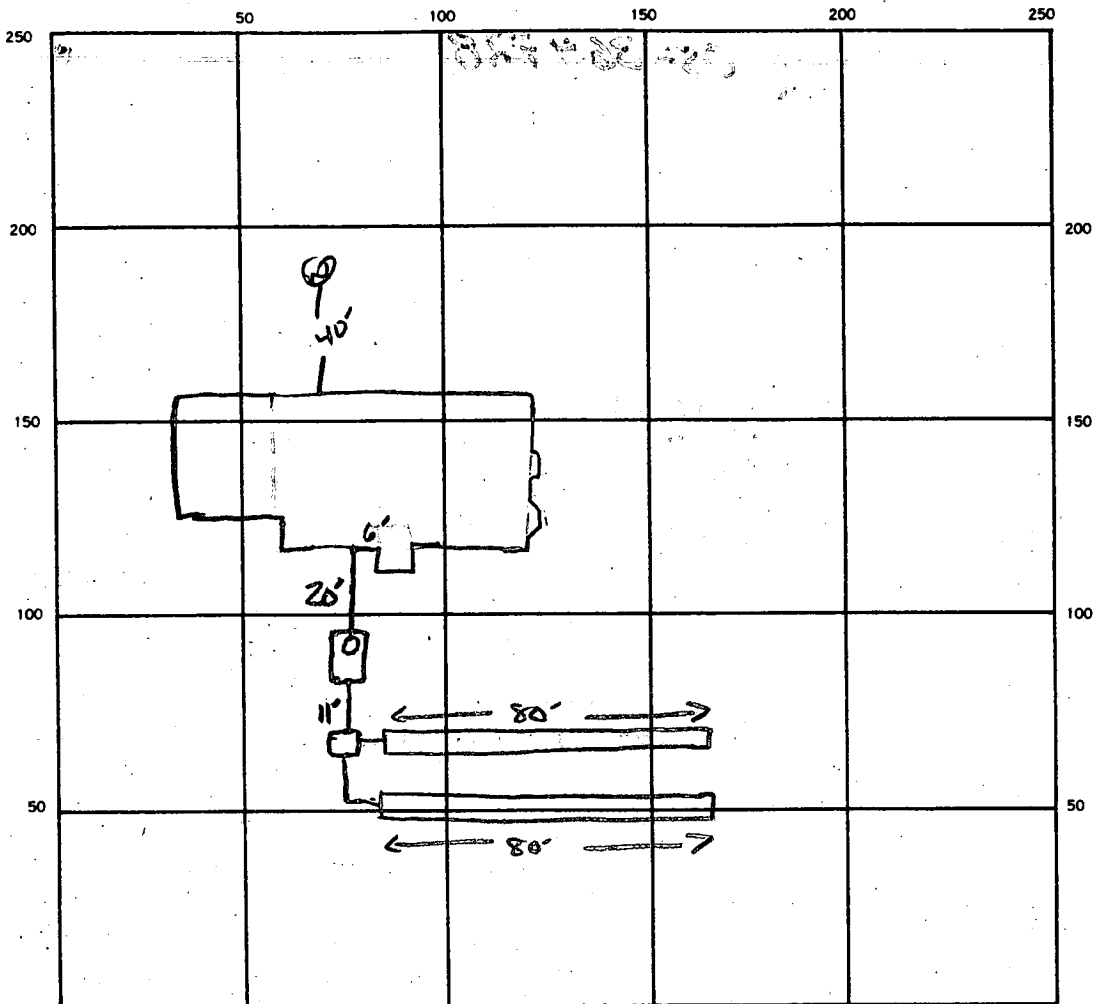
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

**EH - 2-1186**

A38453

$$\begin{array}{r} 2 \overline{) 45} \\ \underline{160} \\ 270 \\ \underline{220} \\ 220 \end{array}$$
 2-8-



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Linthicum Rd.

SEPTIC TANK LEVEL  CLEANOUTS STV

DISTRIBUTION BOX LEVEL

DRAIN FIELD TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4.5 FT. TOTAL LENGTH 80 80 RF 160 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 12/17 OK TO STONE BOTH TRENCHES SA

DATE SYSTEM APPROVED 12-17-87 INSPECTOR S. Abel

1-30-82  
1130P  
J. Fyock

# APPLICATION

38453

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT 82

DATE 1-19-87

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 RONALD HINES ✓

ADDRESS 7220 Rt 32, CLARKSVILLE Md. PHONE 21039

PROSPECTIVE BUYER SAME

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

PROPERTY LOCATION:

SUBDIVISION 4739 LINTHICUM Rd. ✓ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION LINTHICUM Rd. DAYTON 21036

BLDG. PERMIT SIGNED AND RETURNED 8/7/87

TAX MAP 28 PARCEL # 31

COMM # 13841  
S. Abel

SIZE OF LOT 1.7<sup>±</sup> Ac. TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Tommy Fyock  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

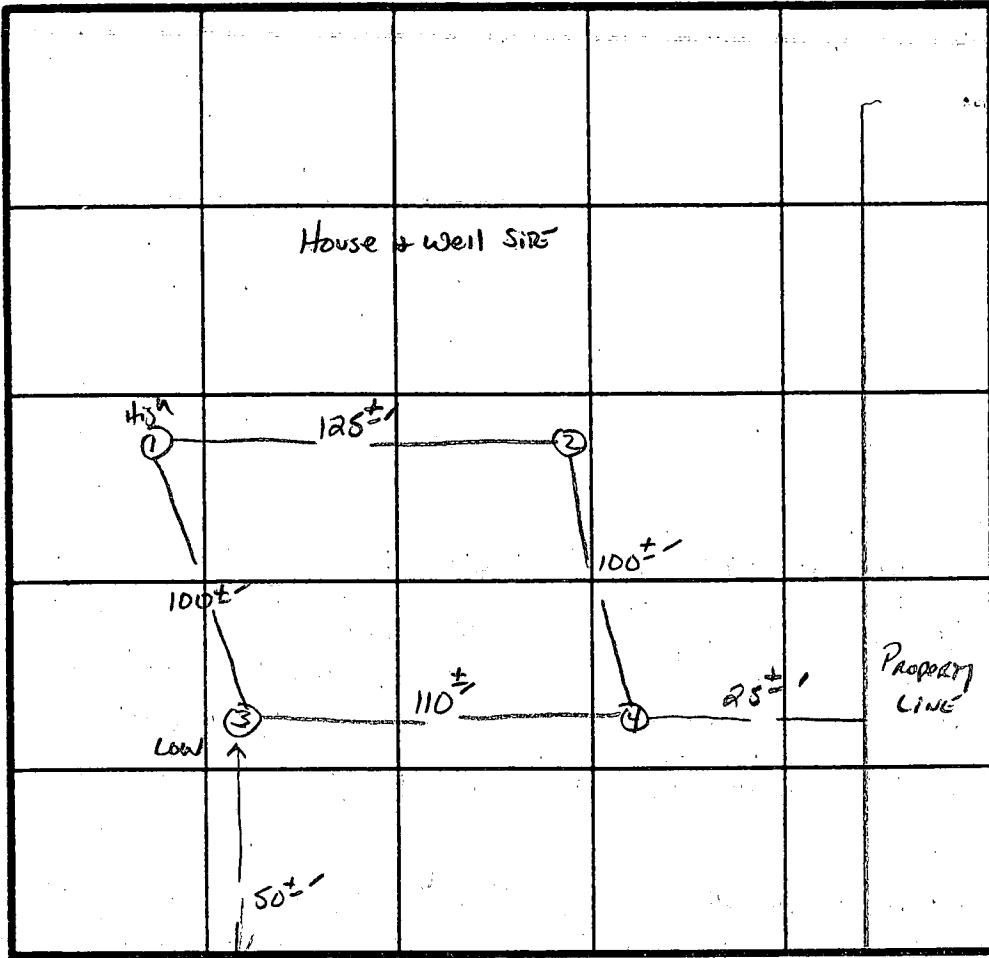
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 1-29-87 Perc Satisfactory; hold for certified holes; location of existing well serving two properties on lot line and existing house location to be revised. S. Abel.

# THIS IS NOT A PERMIT

SOIL PROFILE

6"	AP RED BL. Silt loam micaceous w 9-12% clay
4'-5"	RED BL. Silt loam highly micaceous 15-20% fragments
14"	



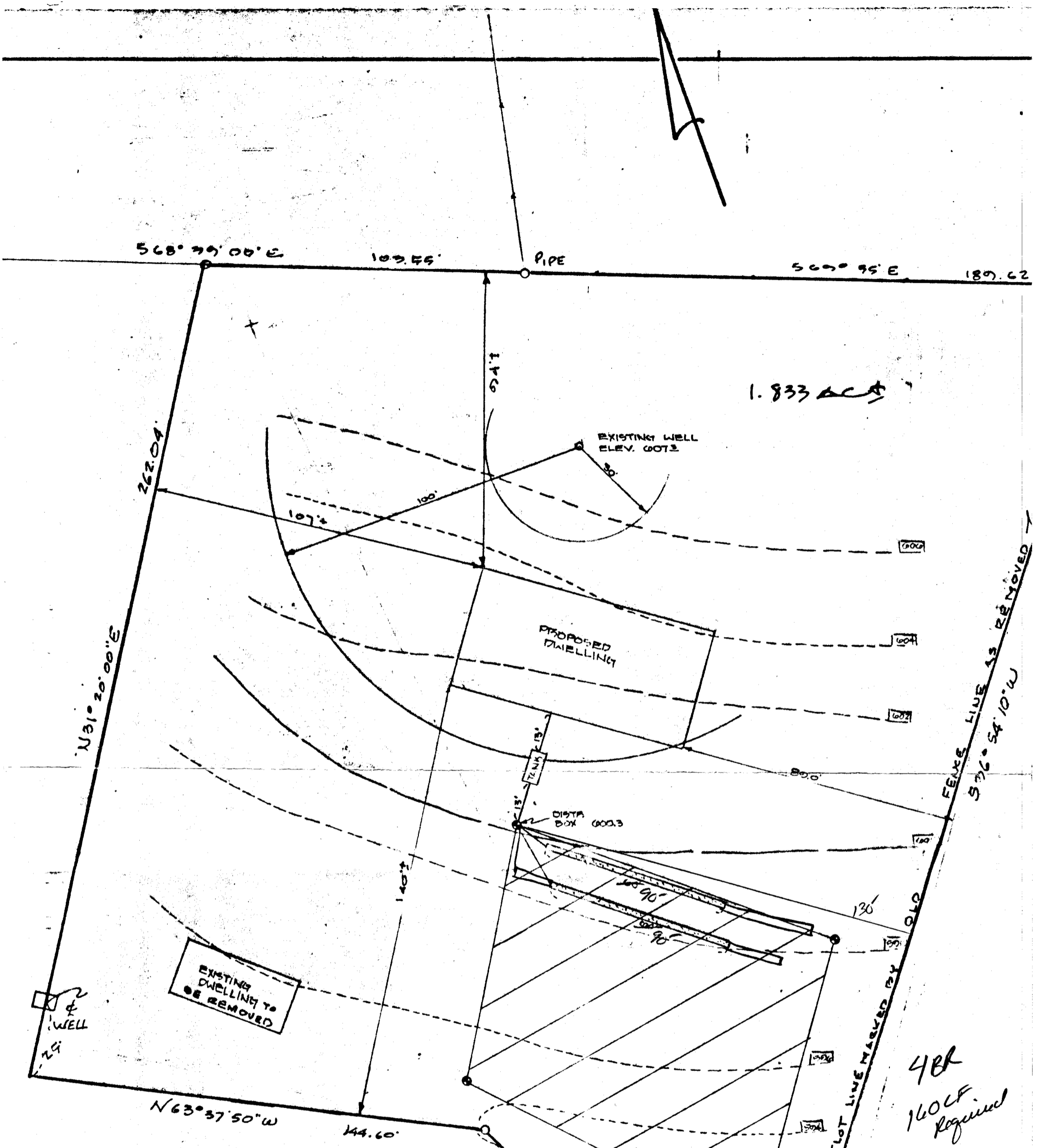
X Perc 10 min  
INLET 4.5  
BOTTOM 9.0  
180 #/BR  
TRENCH BETWEEN  
1 → 2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
CL ↓ LINTHICUM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/29/87	1	5'	11:32	11:34	11:34	11:38	4 min
		9'	11:32	11:34	11:34	11:40	6 min
	1 ✓	14'	UNIFORM soil below		4.0'		
	2 ✓	14'	UNIFORM soil below		4'		
	3	5'	11:43	11:45	11:45	11:47	2 min
		14'	UNIFORM soil below		5' CLAY RD 5'		
	4	4.5'	11:40	11:52	11:52	12:18	26 min
		14'	UNIFORM soil below		4'		

REMARKS: All wells >100' FROM PERC SITE. EXISTING HOUSE + WELL ON PROPERTY. House to be removed. well-hand dug AND IS ON LOT LINE BEING SHARED by HOUSE NEXT DOOR - OWNER NORMAN BELL.

TESTED BY S. Abel ALSO PRESENT SKIP



4BR  
160CF  
Required

**SITE PLAN**  
 4739 LINTHICUM ROAD  
 TAX MAP 28 PARCEL 31  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 30' DATE: 6/9/2007

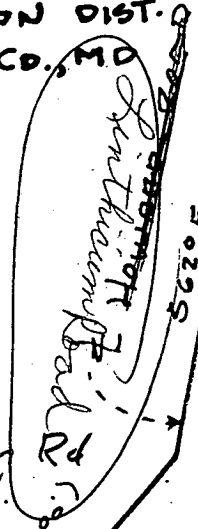
*relevation ch*  
 8/3/87  
 S. Hill  
 Purches shown insufficient  
 for 4BR house 880  
 595.5' Inlet INTO  
 TRACER ROAD

DISTRIBUTION BOX	EXIST. ELEV.	600.30	
	INVERT	X 597.30	
TANK	EXIST. ELEV.	601.00	✓
	INV. OUT	597.50	✓
	INV. IN	597.70	✓
INVERT AT HOUSE	598.20		(-BSMT)
	NO BSMT. SEWER		
	FF. ELEV	605.50	✓

L. 135 F. 416 = 3 3/50 AC'S  
SAY. CBL.  
L. 206 F. 476 = 1 AC  
ADDED  
L. 291 F. 89 = 0.02 AC

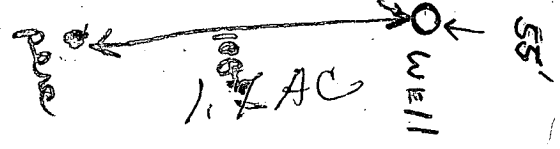
DEED PLOTTING  
ST. ELECTION DIST.  
HOWARD CO., MD

TAX MAP 28  
PARCEL 31  
4739  
LINTHICUM  
DAYTON MD.  
21026



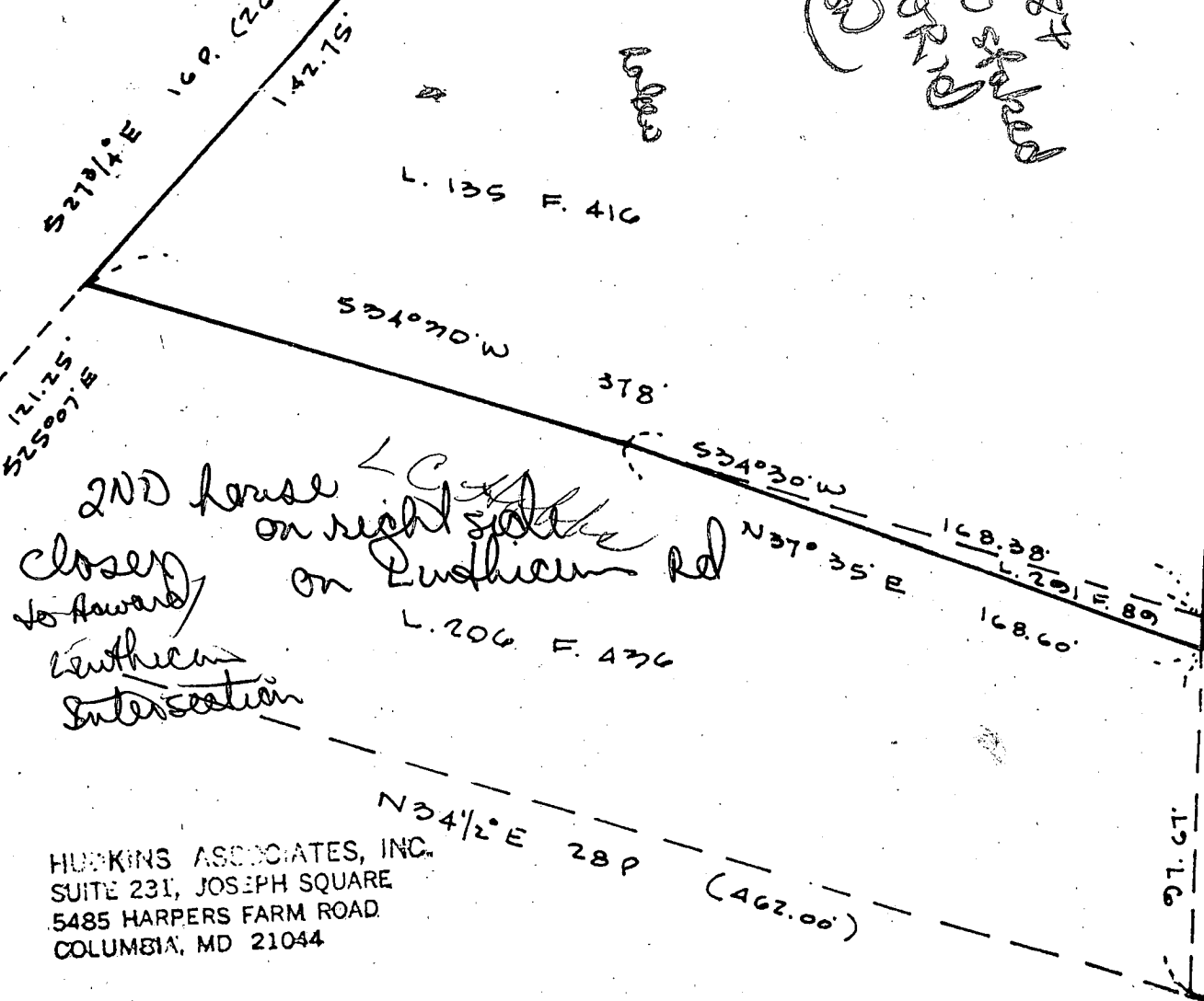
OWNER:  
RONALD L. HINES  
7220 RT 32  
CLARKSVILLE, MD 21039  
BIRTH DATE 12/13/1941

GEORGE A. RICKETTS  
&  
VIRGINIA LEE RICKETTS



3/1/87  
3/1/87  
LINTHICUM RD

(80.422) D. 25.51  
LINTHICUM RD  
AND NEIGHBORHOOD  
(61.522) D. 14.11  
LINTHICUM RD



2ND house  
close to  
Linthicum  
intersection  
on right side  
on Linticum rd

HUPKINS ASSOCIATES, INC.  
SUITE 231, JOSEPH SQUARE  
5485 HARPERS FARM ROAD  
COLUMBIA, MD 21044

L. 135 F. 416: 3 3/50 AC'S  
SAY. CBL.  
L. 206 F. 476: 1 AC  
ADDED  
L. 201 F. 89: 0.02 AC

DEED PLOTTING  
SITELECTION DIST.  
HOWARD CO., MD

TAX MAP 28  
PARCEL 31  
4739

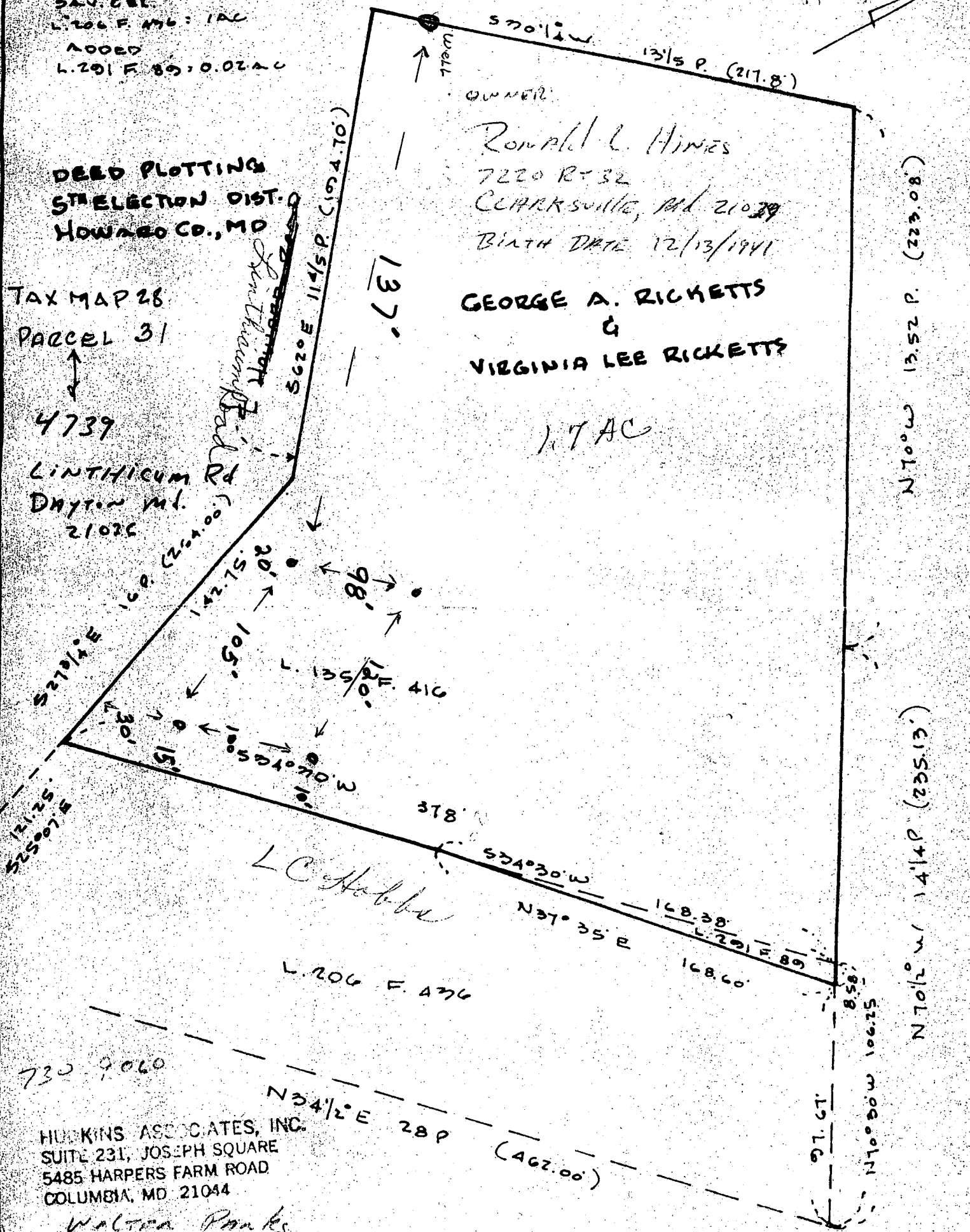
LINTHICUM Rd  
Dayton Md.  
21075

OWNER:

Ronald L. Hines  
7220 R-32  
CLARKSVILLE, Md 21039  
BIRTH DATE 12/13/1941

GEORGE A. RICKETTS  
&  
VIRGINIA LEE RICKETTS

1.7 AC



N 70° W 13.52 P. (223.08')

N 70° W 14.14 P. (235.13')

HUPKINS ASSOCIATES, INC.  
SUITE 231, JOSEPH SQUARE  
5485 HARPERS FARM ROAD  
COLUMBIA, MD 21044

Walter Parks

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

February 6, 1987

Ronald Hines  
7220 Route 32  
Clarksville, MD 21039

RE: Percolation Testing  
Tax Map 28 Parcel 31  
4739 Linthicum Road

Dear Mr. Hines:

Percolation testing conducted January 29, 1987 on the above referenced lot indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site. Also required is the location of the existing shared well and existing house and septic system. Prior to approval of a building permit for this property, issues concerning abandonment of the existing dwelling will need to be resolved.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director  
Water and Sewerage Program

CW:VF

C1 2313 SEQUENCE NO. (OEP USE ONLY)  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 38453

DATE Received [ ] DATE WELL COMPLETED 03/17/87 Depth of Well 22 205 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HQ-81-1975

OWNER HINDS RONALI  
STREET OR RFD 4757 LINTHICUM RD first name TOWN DAYTON  
SUBDIVISION MAP 28 P.31 SECTION LOT

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	
SAND Stone	0	64	
Gamy Mich Rock	64	205	✓

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  Y NO  N  
TYPE OF GROUTING MATERIAL CEMENT  CM BENTONITE CLAY  BC  
CEMENT NO. OF BAGS 17 NO. OF POUNDS 1598  
GALLONS OF WATER 102  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft. (enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
STEEL  ST CONCRETE  CO  
PLASTIC  PL OTHER  OT  
MAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)  
 ST  C  71

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

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

DEPTH (nearest ft.)  
EACH SCREEN 1 110 20 205  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51

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 10.17.13 "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 [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

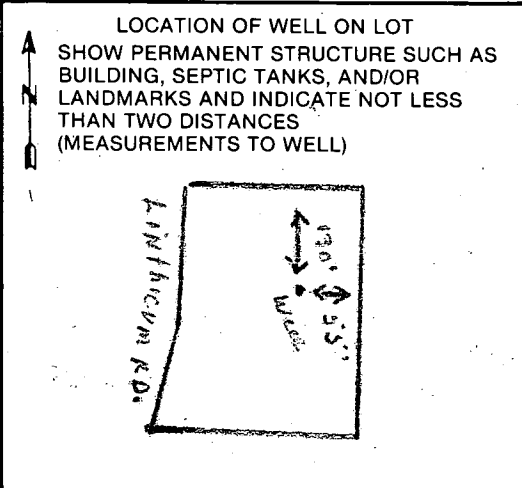
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN [ ] (NEAREST INCH)  
56 60

GRAVEL PACK from to  
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.) WQ  
70 [ ] 72 [ ] 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3  
PUMPING TEST  
HOURS PUMPED (nearest hour) 7  
PUMPING RATE (gal. per min. to nearest gal.) 63  
METHOD USED TO MEASURE PUMPING RATE bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 33  
WHEN PUMPING 101  
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 (CIRCLE) YES NO  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 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 (nearest foot) - below }



B 1 5590

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

AC-81-1975

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

please print or type

Date Received

8 13

OWNER INFORMATION

HINES RAYMOND

7720 Rt 32

CLARKSVILLE MD 21031

B 3

LOCATION OF WELL

HOWARD

4800028

SECTION 44 46 LOT 48 50

DRYTON

MILES FROM TOWN (enter 0 if in town) 0 MI

DRILLER INFORMATION

Driller's Name: [Signature] License No. 238

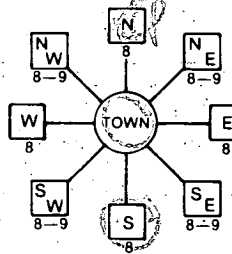
Firm Name: [Signature] Well Drilling

Address: 5512 Ridge Rd. Mt. Airy Md. 21771

Signature: [Signature] Date: 2/20/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



4737 Jonathan Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI 100 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO. A33453

OEP SIGNATURE: [Signature] STATE HEALTH INSERT S

DATE ISSUED: 03/16/87 CO SIGNATURE: [Signature] EXP. DATE

NORTH GRID: 511000 EAST GRID: 0803000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary Drive-POINT
other

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
D THIS WELL WILL DEEPMEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE [Signature] WRITE INITIALS IN BOX PERMIT No. AC-81-1975

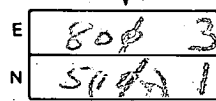
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

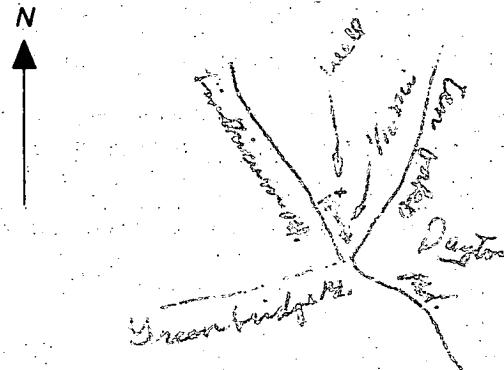
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



2/11/88 anytime  
to locate pitless adaptor

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Receipt # 40754  
Date 1/6/88  
Name of Installer TER Plumbing & Heating Telephone 725-2392  
License Number 7079  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner Kevin & Nadine Kline Telephone \_\_\_\_\_  
Subdivision Parcel 31 Lot # \_\_\_\_\_ Well Tag # 40-81-1975  
Site Address 4739 Linticum Road Dayton, md 21036

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Zanussi  
3. Model # \_\_\_\_\_  
4. Capacity 10 GPM  
5. Pump exceeds well capacity Yes  No \_\_\_\_\_  
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  Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Motor  
1. Horsepower 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make Harvard  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

Tank  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? yes

Piping  
1. Type Crestlon  
2. Size 1"  
3. NSF and/or BOCA Code approved yes  
4. Depth of supply line 4'

Well data  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? yes

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.

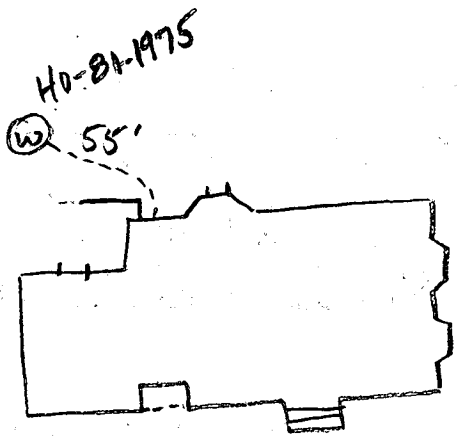
Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

2/11/88  
46  
15

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
FEB 5 10 59 AM '88



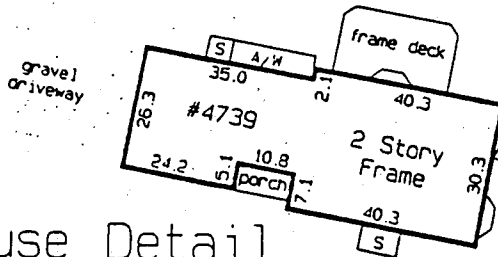
2-11-88 Pitless adaptor buried? Over 54 inches from ground, no sign of P.A. well line covered. Well line sealed at house connection inside. Pressure tank installed w/ pressure relief valve after inlet to tank. Did not leave a well tag. Call to confirm pitless adaptor depth. J Nadeau

2-16-88 Pitless adaptor at 66 inches below ground. J Nadeau

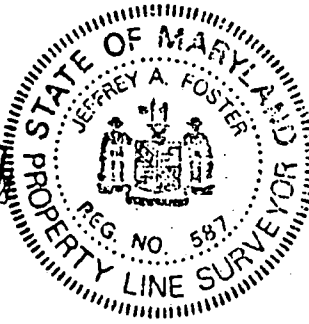


CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.



House Detail  
Scale: 1" = 40'

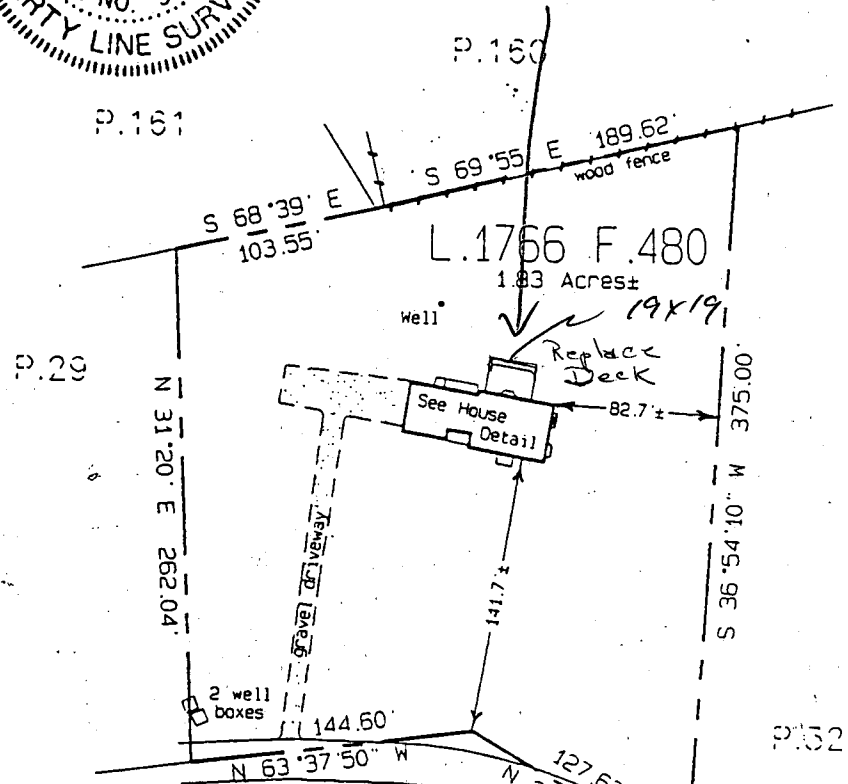


DECK OK  
MR 9/5/01

Notes:

1. Flood zone "C" per H.U.D. panel No. 240044-0025-B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 5 feet.

I/WE CERTIFY THAT I/WE HAVE REVIEWED THIS HOUSE LOCATION PLAT AND THAT I/WE ACCEPT THE LOCATION OF THE IMPROVEMENTS SHOWN HEREIN.



OWNER/OCCUPANT  
KEVIN R + NADIWE A. HINES

4739 Linthicum

FF ELEV - 173  
NEW PORCH - 173

21' Wide Road

Road

Location Drawing  
Liber 1766 Folio 480  
K.R. & N.A. Hines Property  
Howard County, Maryland

SOUDER BUILDERS, INC  
9335 Old Scaggsville Rd.  
LAUREL, MD 20723  
301-725-5772

SURVEYOR'S CERTIFICATE

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.

REFERENCES

PLAT BK.  
PLAT NO.  
LIBER 1766  
FOLIO 480



SNIDER & ASSOCIATES  
SURVEYORS - ENGINEERS  
LAND PLANNING CONSULTANTS

2 Professional Drive, Suite 218  
Cathetersburg, Maryland 20879  
301/948-5100, Fax 301/948-1288

DATE OF LOCATIONS

SCALE: 1" = 100'

WALL CHECK:

DRAWN BY: F.E.K.

HSE. LOC.: 2-8-96

JOB NO.: 96-290

Jeffrey A. Foster  
MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587

Building Address 4739 LINTHICUM ROAD  
DANTON, MD 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name KEVIN + NADINE HINES

Address 4739 LINTHICUM RD

City DANTON State MD Zip Code 21036

Home Phone 410-531-6697 Work Phone 301-596-4040

Applicant's Name & Mailing Address, (if other than stated hereon):  
SAME

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 18,000.00

Description of Work REPLACE EXISTING DECK w/ SUNROOM 19'1/2" X 19'5"

Contractor Company SOUDER BUILDERS, INC

Contact Person DONALD SOUDER

Address 9335 Old Springsville Rd.

City LAUREL State MD Zip Code 20723

License No. 13-586873 NIC 2130

Phone 301-725-5772 Fax \_\_\_\_\_

Occupant or Tenant KEVIN HINES

Contact Name SAME

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company OWNER

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	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"/>	2nd 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"/>	Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<input type="checkbox"/> State Certified Modular		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 Signature [Signature] Print Name BETH JOHN

Title/Company SOUDER BUILDERS, INC. Date 1/5/01

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

<b>AGENCY</b>	<b>DATE</b>	<b>SIGNATURE APPROVAL</b>	<b>DPZ SETBACK INFORMATION</b>	<b>PROPERTY ID#</b>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	46153
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ 25
<input checked="" type="checkbox"/> Building Official	<u>4/3/01</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ 65
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ 219
<input checked="" type="checkbox"/> Health	<u>4/5/01</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ 379
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>41135</u>
			Accepted by <u>[Signature]</u>	Validation # <u>43325</u>