

PERMIT

05-402360

SEWAGE DISPOSAL SYSTEM

P 47632

A 41230

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.C.O.P.

DISTRICT 5th

DATE 11/22/91

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

COMPLIANCE

DATE SYSTEM APPROVED 3-6-92

INDEXED

2/15/93

C. Williams / L.B.D.

INSPECTOR APRIL

Burgemeister-Bell, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 10331 S. Dolfield Road, Owings Mills, Maryland PHONE 363-0880

SUBDIVISION Chapelwoods Sec. 1, Area 2 LOT 4 ROAD 11824 Linden Chapel Road

PROPERTY OWNER Chapel Woods Homes, Inc. Dr. Howard HESSAN

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet down the right lot line and 90 feet off that lot line. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK / MR 11/25/91

PLANS APPROVED BY C. Williams DATE 9/20/91

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

BLDG. PERMIT SIGNED

AND RETURNED 6/22/92

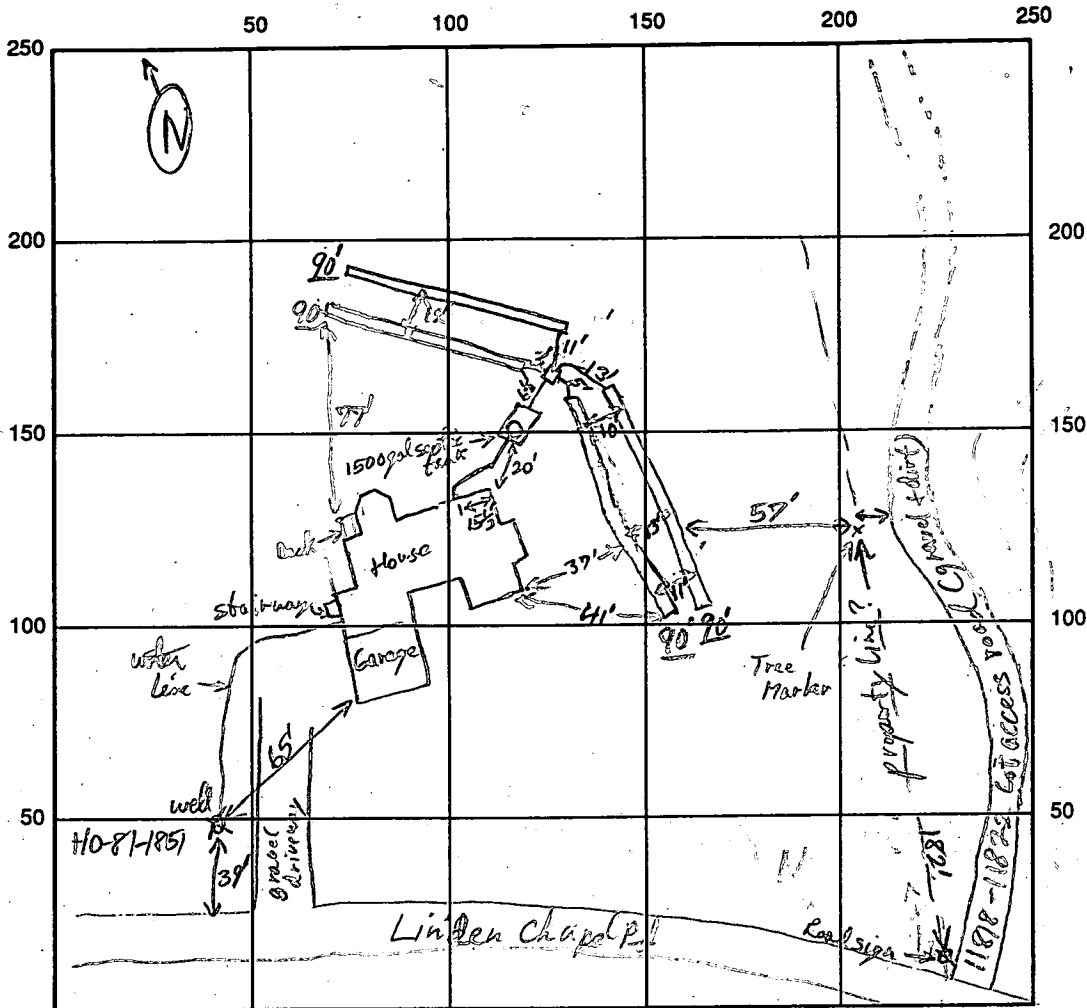
Serial # 43353-Prd.

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**

A 41230



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal with manhole CLEANOUTS 3 1/2 diameter wide manhole with 2' riser at S.T. inlet
 DISTRIBUTION BOX LEVEL yes
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 FT.
 NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 180 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS: Tank, distribution box and connecting lines to house already installed; 1st trench only 4' deep.
Continue work, call again 2/2 PM 1st + second trenches dug to proper depth - OK to fill with stone + cover septic tank
3rd Trench + 4th Trench dug OK to fill gravel + cover last 2 trenches. Final Trench finished - OK to cover 3-6-92

DATE SYSTEM APPROVED 3-6-92 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 41230
P _____

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

DISTRICT _____

DATE 3/18/88

SEE DRAWING ATTACHED

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 CHAPEL WOODS HOMES, INC. ATTN: LOUIS SIEGEL

ADDRESS 14 STRAW HAT RD, OWING MILLS, MD. 21117 PHONE 352-4400

PROSPECTIVE BUYER [Signature]

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CHAPEL WOODS SECTION #2 AREA # 1 LOT NO. 4

ROAD AND DESCRIPTION LINDEN CHAPEL RD

TAX MAP 29 PARCEL # 41.6, 28

SIZE OF LOT 3.08 A. TYPE BLDG (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]

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-7-88 Pending perc hole locations and plat approval, SHALLOW SYSTEM ONLY, JEN

BLDG. PERMIT SIGNED AND RETURNED [Signature] SECTION 39078 - SFD

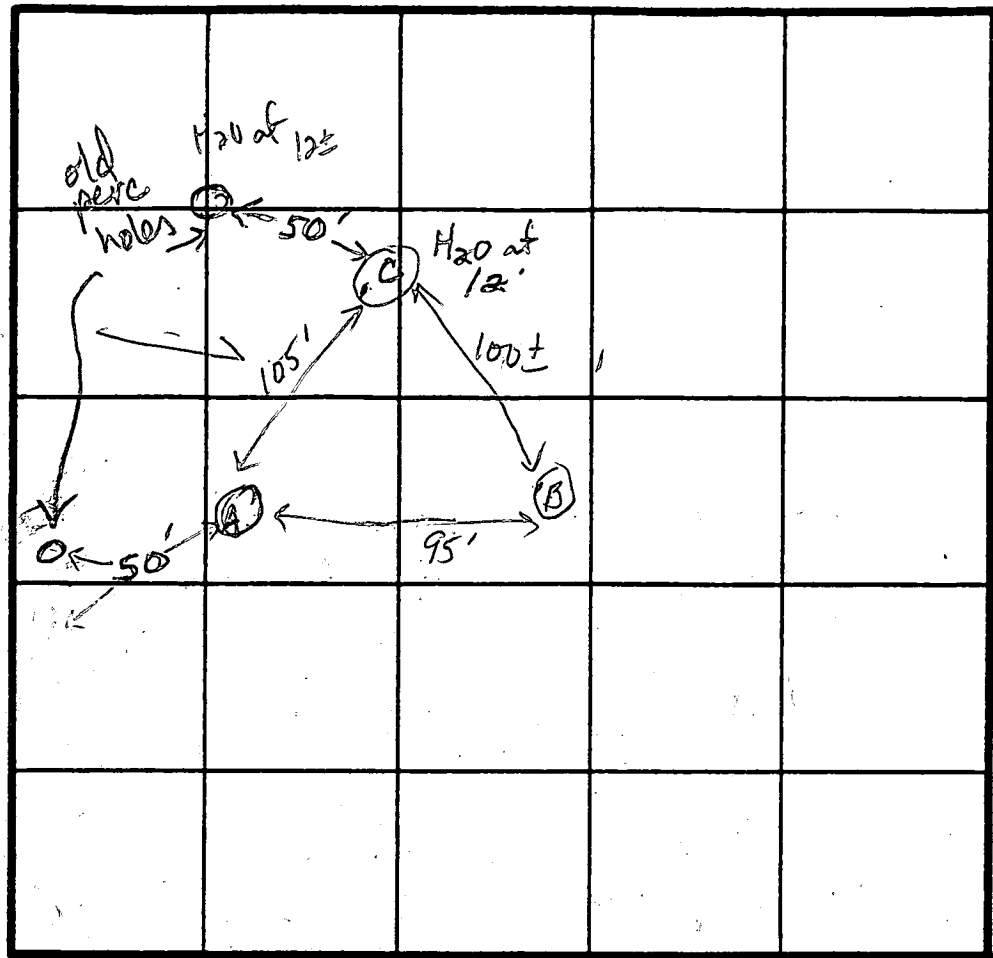
THIS IS NOT A PERMIT

HD-216

High A A41230
 C
 Low B

A
 SOIL PROFILE

0-4.5 Rd brs s
 cl lm
 4.5-13 Br sa s
 lm, little
 decomposed
 rx < 30%,
 little
 saprolite
 < 10%
 13 Bottom



$\bar{x} = 4 \text{ min}$
 Inlet = 4 ft
 Bottom = 5.5 ft
 180 sq ft /
 berm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Linden Chapel Road

②
 0-4 Br sa s
 cl loam
 4-11 Br sa
 s l m,
 < 30% mica,
 < 10% saprolite
 11.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-6-88	B	4.5 S	1:35	1:37	1:37	1:39	2
		11.0 D	Bottom (see profile)				OK
	A	5.0 S	1:41	1:43	1:43	1:45	2
		13.0 D	Bottom (see profile)				OK
	C	4.0 S	1:46	1:50	1:50	2:00	10
		12.5 D	Bottom (see profile - H ₂ O at 12 ft)				OK

③
 0-3.5 Rd. brs s
 cl lm
 3.5-12.5 Br sa
 s l m
 < 40%
 saprolite
 12.5 Bottom
 water
 at 12.0

REMARKS OK - SHALLOW SYSTEM ONLY

TYPE OF SOIL _____

TESTED BY JE Nadeau ALSO PRESENT Cissel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34806

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE Jan. 8 1985

*VOID
RETEST
SEE 41230
CW*

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 Newburn Development Corporation
ADDRESS Suite 201, 5570 Sterrett Place
Columbia, Maryland 21044
997-3815 596-3877

Chapel Woods Homes Inc
PHONE 301-356-4400
LOT 4 AREA I
ON FINAL SEC. 2
~~SEC 2~~

PROPERTY LOCATION _____
SUBDIVISION Chapel Woods, Section 2 LOT NO. 5
11824
ROAD AND DESCRIPTION Linden Chapel Road

SIZE OF LOT 3-acre TYPE BLDG. single family residence

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.

SIGNATURE OF APPLICANT James L Newburn

APPROVED BY Richard Abel FOR Shallow test fields DATE 1-9-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

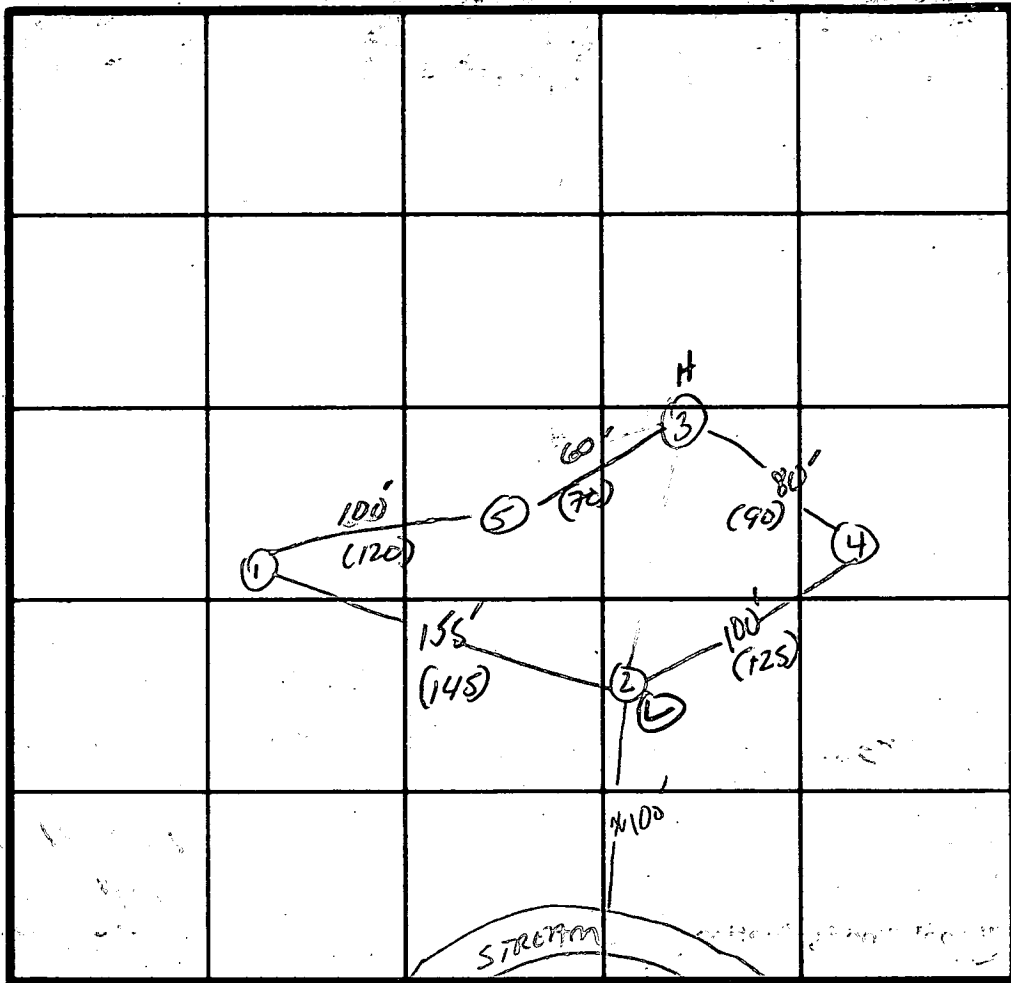
REASONS FOR REJECTION OR HOLDING 2-13-85 Perc OK, H₂O in one hole hold for review
and certified hole location, house and well site. Sailed

BLDG. PERMIT SIGNED
AND RETURNED [Signature]
Serial # 89078-SFD

THIS IS NOT A PERMIT

A 34806

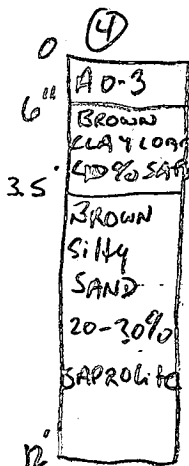
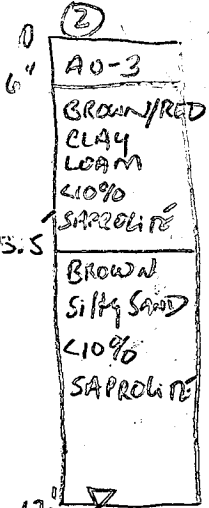
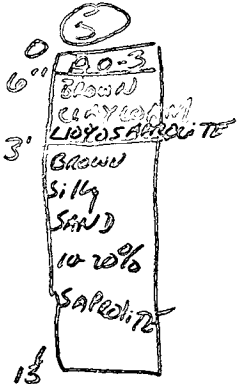
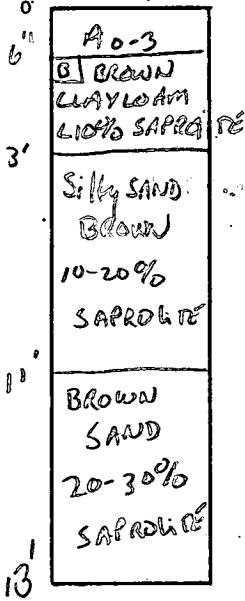
lot 5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ Rt 108 ↓

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/85	1S	4'	2:20	2:22	2:22	2:25	3min
	1V	13'	UNIFORM SOIL BELOW 3'				
	2S	4'	2:35	2:40	2:40	2:52	12min
	2V	12'	H ₂ O AT 12"				
	3S	4'	2:45	2:50	2:50	2:59	9min
	3V	13'	UNIFORM SOIL BELOW 4'				
	4S	4'	3:01	3:03	3:03	3:08	5min
	4V	12'	UNIFORM SOIL FROM 4' DOWN				
	5V	13'	UNIFORM SOIL BELOW 3.5'				

REMARKS H₂O in HOLE #2 AT 12' AFTER 2hrs. OPEN

TYPE OF SOIL Gravelly association

TESTED BY S. Abel

ALSO PRESENT DAVIA, ERIC
WOODY, FRANK
RODOLFO

4/16/92

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 # 48005
Date 3/30/92

Name of Installer ROBERT L. FEEZER CO. INC.

Telephone 781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner CHARLES WOODS CONSTRUCTION Telephone 795-1405

Subdivision CHARLES WOODS Lot # rd Well Tag # HO-81-1851

Site Address 1124 LINDEN CHARLES RD.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Domine/Leiswald
- Model # 3XLN
- Capacity 5 GPM
- Pump exceeds well capacity Yes No = don't know
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
 - 110
 - 220

Pitless Adapter

- Make WATKINSON
- Model # B-300X
- Depth 42" + + +

Tank

- Capacity WV-203
- Pressure relief valve? YES
pitless adapter OK
(unit already covered)
RP 4-16-92

Piping

- Type Poly.
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42"

Well data

- Depth 320' ft.
- Yield GPM
- Static water level 22 ft.
- 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: Ruby J. Rook

Date: 3/30/92

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

C1 3796

SEQUENCE NO. (OEP USE ONLY)

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 34806

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

DATE RECEIVED

DATE WELL COMPLETED 010987

DEPTH OF WELL 324 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1851

OWNER DEVELOPMENT NEWBURN STREET OR RFD CHAPEL WOODS SECTION 2 TOWN CLARKSVILLE SUBDIVISION LOT 4

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SANDSTONE and GRAY GRANITE.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

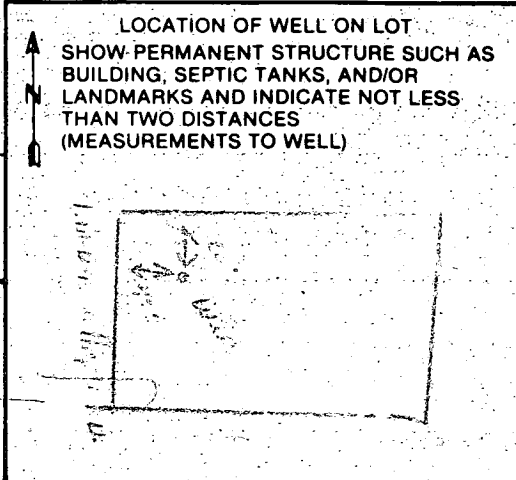
SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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 (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 7 1504 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type.

OEP PERMIT NUMBER

40-81-1858
fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name: McWARRIN, Owner: J. McWARRIN, First Name: J. McWARRIN
36 Street or RFD: 5570 SACTHURST PLACE, 55
57 Town: COLUMBIA, 70 State: MD, 76 Zip: 21044

B 3

LOCATION OF WELL

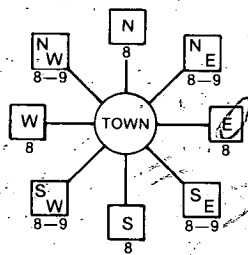
1 2 8 COUNTY: HOWARD, 21
23 SUBDIVISION: PLUMMER WOODS, 42
SECTION: 2, 44 46 LOT: 4, 48 50
52 NEAREST TOWN: MARKSVILLE, 71
MILES FROM TOWN (enter 0 if in town): 1 1/2, 73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, 77 License No. 80: 238
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy Md. 21771
Signature: Joseph L. Mayne, Date: 11/7/86

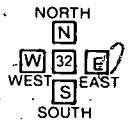
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Linden Chapel Road, 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 70 37 DISTANCE FROM ROAD ENTER FT or MI: FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500, 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name: Howard, County No.: A34866
OEP SIGNATURE: [Signature], STATE HEALTH INSERT S: []
DATE ISSUED: 010887, CO SIGNATURE: Joe Wellman, EXP. DATE: 7/8/87
NORTH GRID: 07000, EAST GRID: 0821000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH 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: _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

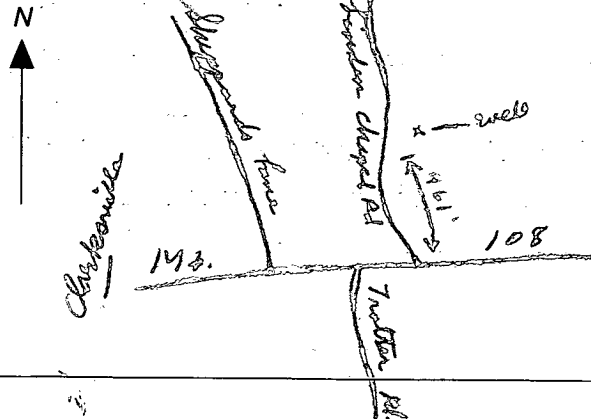
- SOURCES OF DRILLING WATER
- 1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820, 1
N 500, 7

Location OK
42' casing
2' above
35' open
11 bags cement
1/9/87 JB

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



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): _____

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

APPROP. PERMIT NUMBER: _____ GAP _____

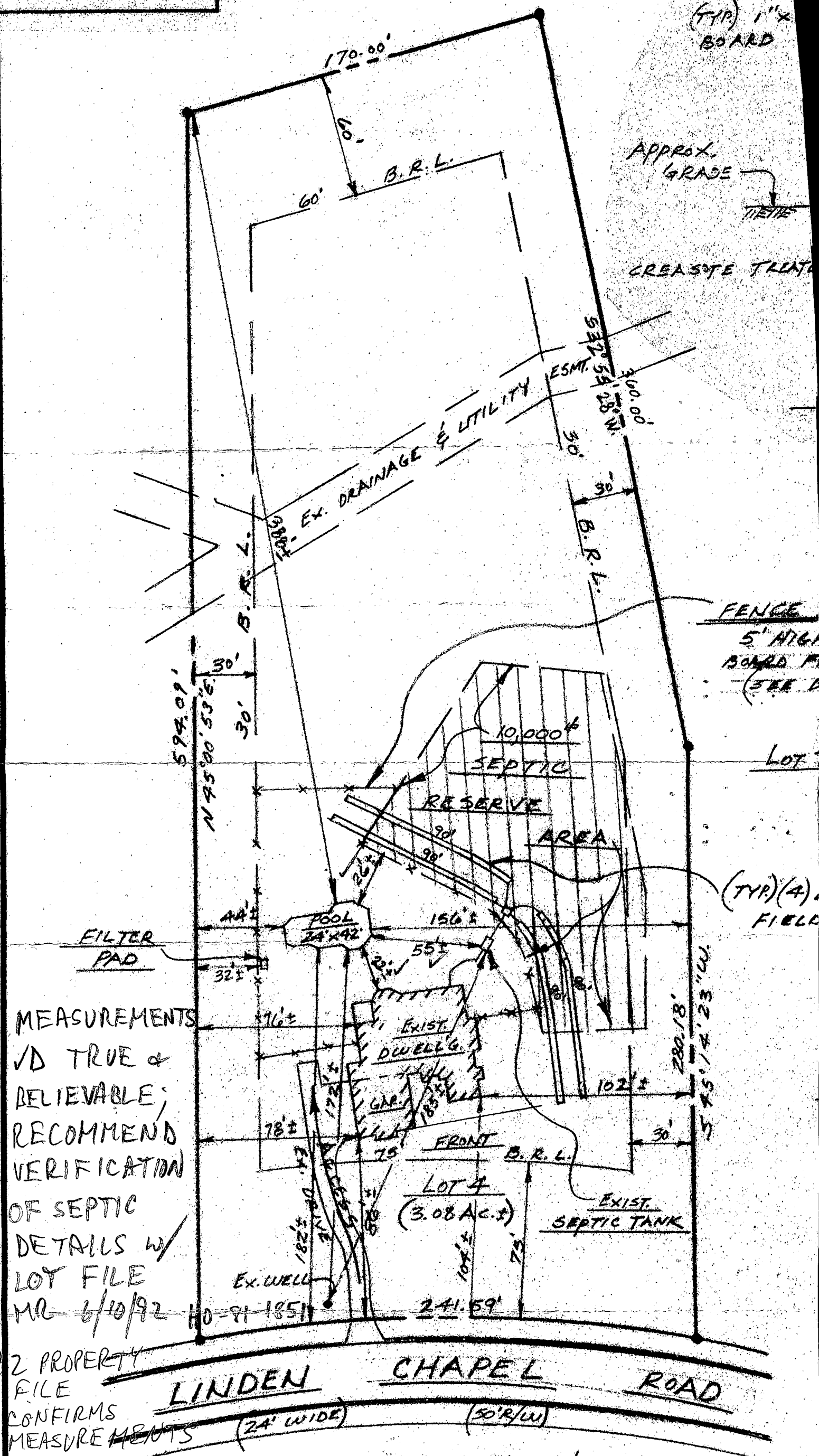
FORCE: _____ WRITE INITIALS IN BOX: _____ PERMIT No.: _____

SPECIAL CONDITIONS

SET BACKS	
REAR PL	10'
SIDE PL	30'
HOUSE	10'
SEPTIC	20'
WELL	10'

PRIVATE WELL & SEPTIC

NOTE:
 A VACUUM BRKR. WILL BE
 INSTALLED AS PER CODE.

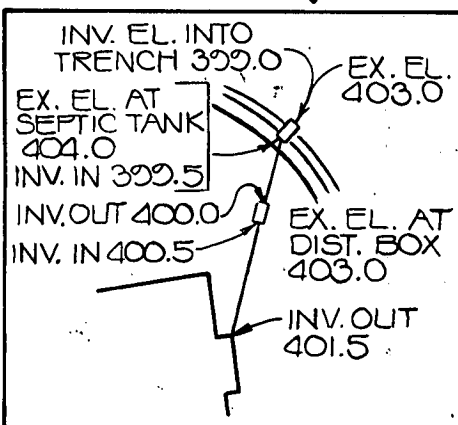
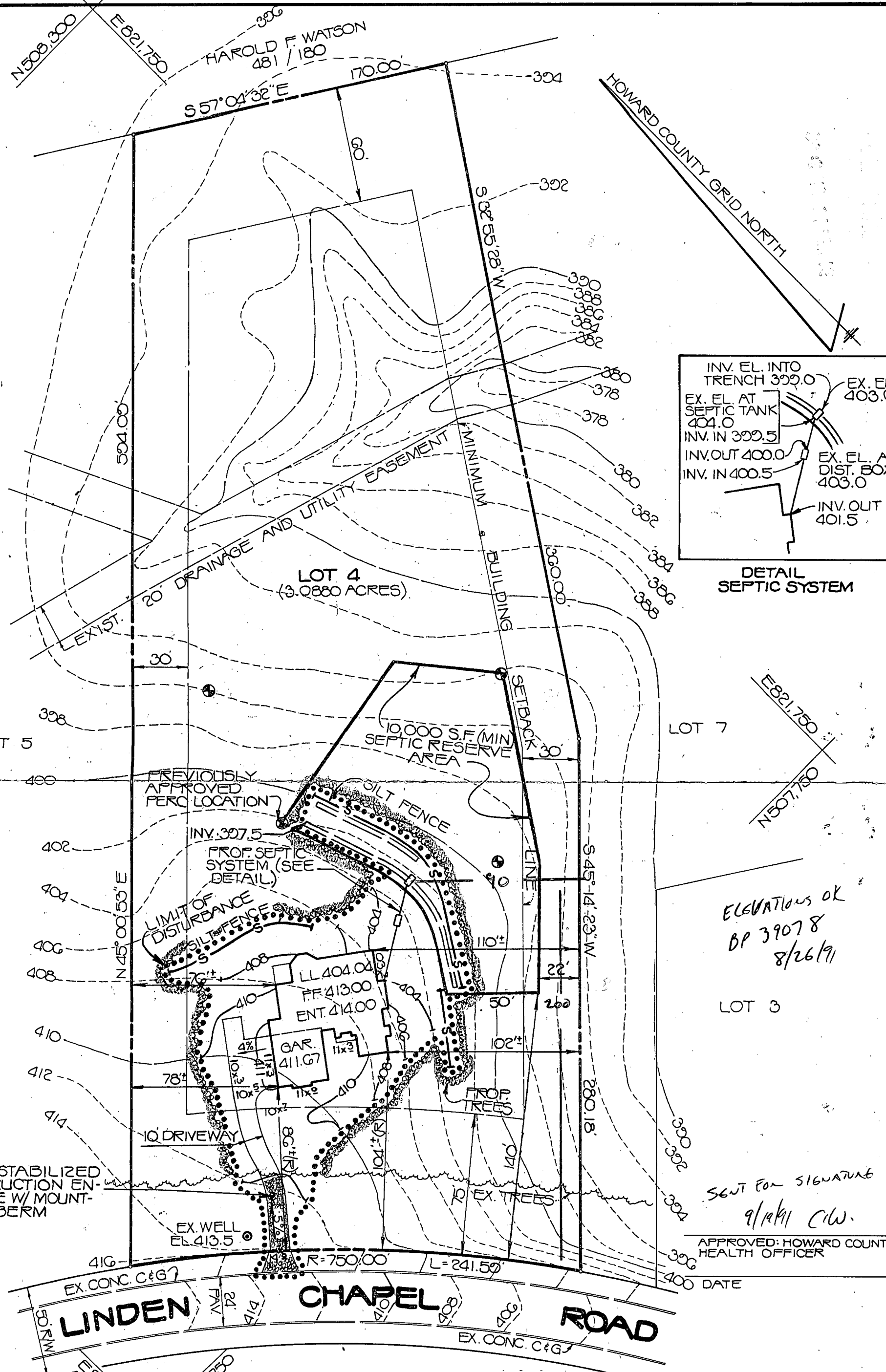


2 PROPERTY FILE CONFIRMS MEASUREMENTS

REC. BP APPROVAL MR (BP. APP. ATTACHED)

SITE PLAN
SCALE: 1" = 50'

11824 LINDEN CHAPEL RD.



DETAIL SEPTIC SYSTEM

ELEVATIONS OK
BP 39078
8/26/91

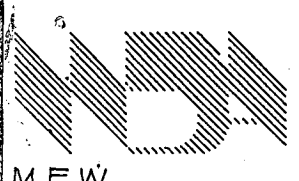
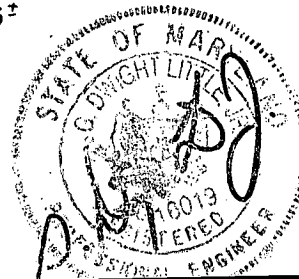
SENT FOR SIGNATURE
9/14/91 CW.

APPROVED: HOWARD COUNTY HEALTH OFFICER

TOTAL DISTURBED AREA
18,750 SQ. FT. OR
0.43 ACRES[±]

SEWAGE EASEMENT MODIFICATION
"CHAPEL WOODS"
SECTION 2 AREA 1
#11824 LINDEN CHAPEL ROAD
LOT No. 4 FLAT G054
5TH ELECTION DISTRICT HOWARD CO., MD
SCALE: 1" = 50' JULY 22, 1991
REVISED SEPTEMBER 6, 1991
PREVIOUS BUILDING PERMIT SERIAL #2840

W. DUVALL & ASSOCIATES, INC.
ENGINEERS . SURVEYORS . LAND PLANNERS
530 EAST JOPPA ROAD
TOWSON, MARYLAND 21204
(301) 583-9571



Building Address 11824 LINDEN CHAPEL RD
CLARKSVILLE MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 615111 Subdivision CHAPEL WOODS

Section N/A Area N/A Lot 4

Tax Map 29 Parcel 354 Grid 14

Zoning RCT Map Coordinates 14H4 Lot size 2.000 ACRES

Property Owner's Name HOWARD & JEEN HESSAN

Address 11824 LINDEN CHAPEL RD

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410-531-9113 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
KEVIN MCKENNA - AGENT
PO BOX 722
COLUMBIA MD 21045

Phone 410-381-5817 Fax 410-381-0929

Existing Use RESIDENTIAL SINGLE FAMILY

Proposed Use SAME

Estimated Construction Cost \$ 100,000.

Description of Work DETACHED GARAGE w/ARCADE
NEW SCREEN PORCH/LANAI
NEW WOOD DECKS

Contractor Company ENVIRONMENTAL ASSOC.

Contact Person ROB CONGEDO

Address 65210 CARLINDA AVE

City COLUMBIA State MD Zip Code 21046

License No. _____

Phone 301-596-4471 Fax 410-964-9012

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company KEVIN MCKENNA ARCHITECTS

Contact Person KEVIN MCKENNA

Address PO BOX 722

City COLUMBIA State MD Zip Code 21045

Phone 410-381-5817 Fax 410-381-0929

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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
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: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
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 _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS 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 PURPOSES OF INSPECTING THIS WORK PERMITS AND POSTING NOTICES.

Kevin McKenna
 Applicant's Signature

KEVIN MCKENNA
 Print Name

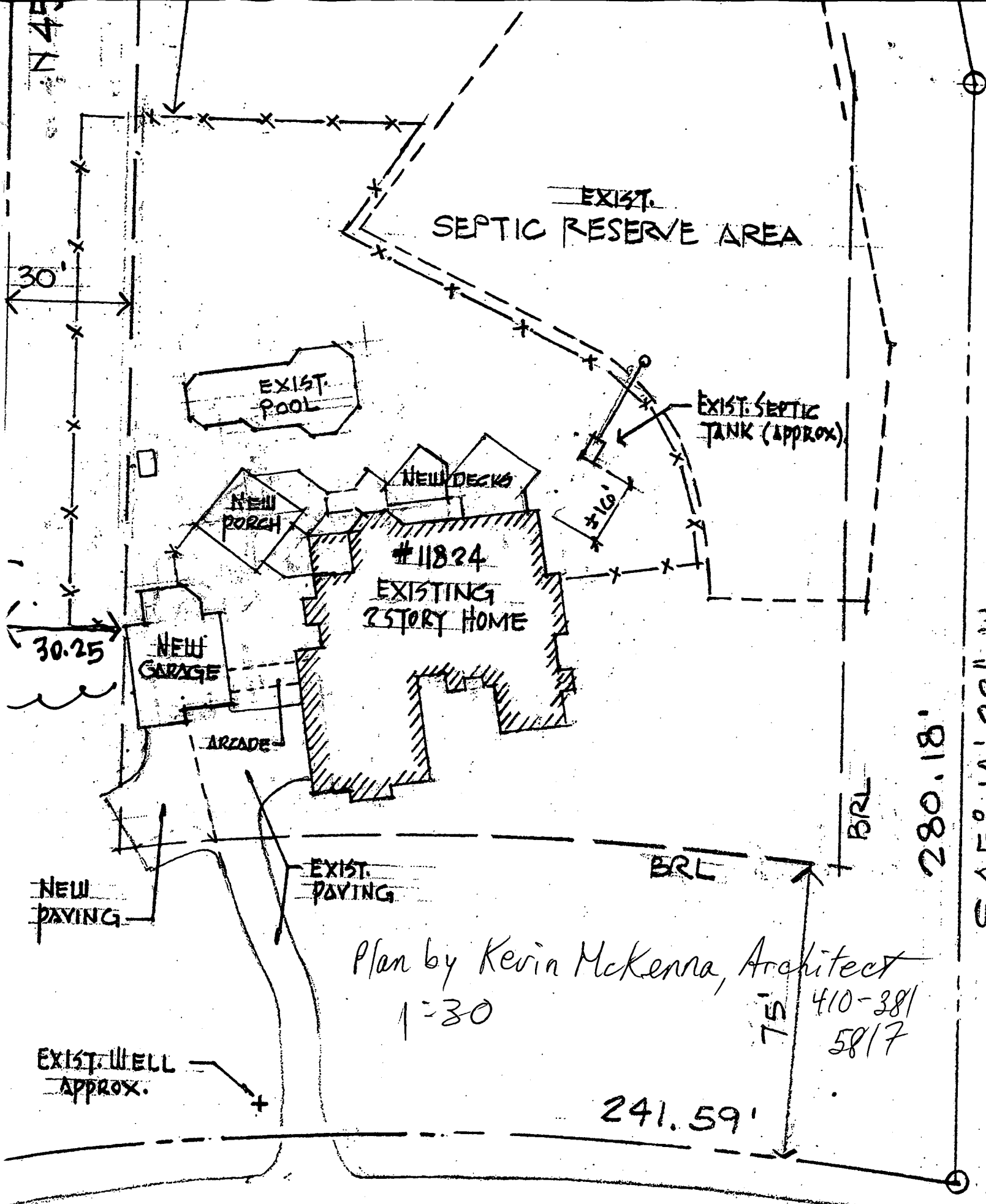
19 MAY 2000
 Date

Title/Company _____

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>6/19/00</u>	<u>Mark [Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>11676</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Balance due \$ _____
	Check # <u>1958</u>
	Validation # _____
	Accepted by <u>[Signature]</u>



Plan by Kevin McKenna, Architect
 1-30
 410-381
 5817

EXIST. WELL APPROX.

NEW PAVING

EXIST. PAVING

BRL

BRL

280.18'

241.59'

LINDEN CHAPEL ROAD