

5/12/89 ASAP  
5-17-89 PERMITS

File TAX# 05405270

# PERMIT

P 42904

SEWAGE DISPOSAL SYSTEM

A 37021

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 10/31/88

DATE SYSTEM APPROVED 5/17/89

INSPECTOR C.B.D.

Alan Whitworth

IS PERMITTED TO INSTALL  ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 531-5023

SUBDIVISION The Chase ROAD 11625 Log Jump Trail LOT 26

PROPERTY OWNER Dr. Vijay & Geetanjali Narayan

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet  
\* 4.5' 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original  
grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of  
stone below distribution pipe. \*(5/17/89 DUE TO A POOL ALREADY INSTALLED)\*  
LOCATION - Place the distribution box 145 feet down the right (475') lot line and 105 feet  
off the right lot line as seen when facing the lot from Log Jump Trail. 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. d.c.w. + C.B.D.

PLANS APPROVED BY Sid Abel DATE 1/06/87

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

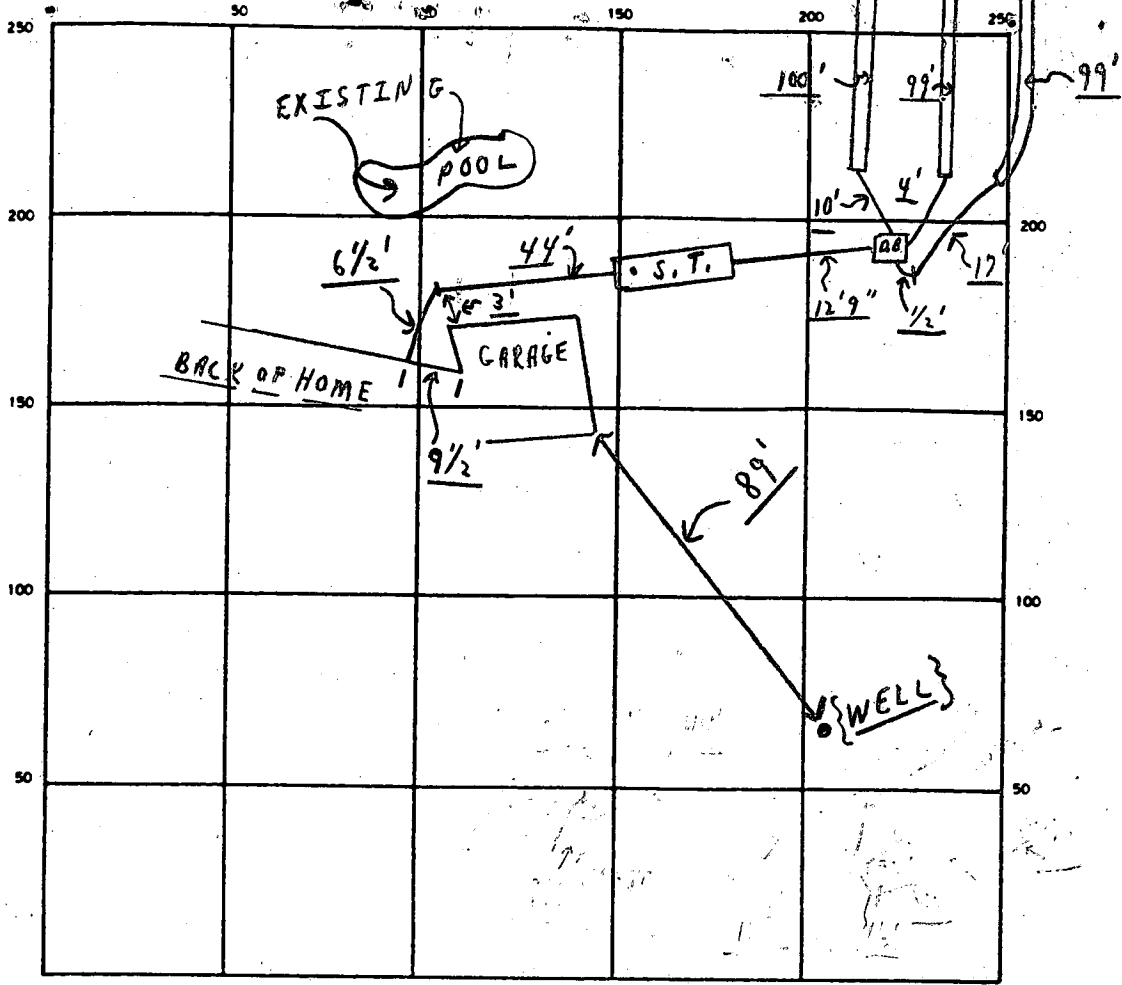
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED  
AND RETURNED 4/3/95  
Serial # 58717-  
1 Story addition

A  
37021

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

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LOG JUMP TRAIL

S.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH AVG 6.5' FT. TRENCH WIDTH 3 FT. INLET DEPTH 0.5' FT.

EFFECTIVE GRAVEL DEPTH 1.5' FT. TOTAL LENGTH 298 FT.

NUMBER OF TRENCHES 3 ONE ~~SIDE~~/BOTTOM AREA 894 SQ FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 894 SQ FT.

REMARKS 5/17/89 A POOL IS IN AT REAR OF HOME, SEPTIC SYSTEM MOVED TO RIGHT OF LOT AS SHOWN; OK TO COVER - FINAL. C.R.D.

NOTE (LOST TAPE ON S.T. SIDE - NEAR HOUSE - MUD &/OR WATER IN AREA)

DATE SYSTEM APPROVED 5/17/89 INSPECTOR Charles Bryan Streaker



Page \_\_\_\_\_ of \_\_\_\_\_  
Date \_\_\_\_\_

Wed 10-7-87  
8:00

Site 340

Review DE SA 12-9-87

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2278  
Location of property (road) LOG JUMP TRAIL  
Subdivision THE CHASE Lot 26 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller GEORGE ESTERDAY Owner HOWARD EST. Develop.

Depth of well 400 15GPM  
Distance of measuring point (M.P.) above ground 1 ft  
Static water level (S.W.L.) below M.P. 31 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 gpm  
Total time 15 min to reach pumping water level 31 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	51'	25 Sec.	NI	12 gpm
8:45	63'	25	pump at 350' R. Haran	12
9:00	80'	25		12
9:15	95'	25		12
9:30	118'	25		12
9:45	134'	25		12
10:00	146'	25		12
10:15	150'	25		12
10:30	155'	25		12
10:45	156'	25		12
11:00	158'	25		12
11:15	159'	25		12

1 **5361** SEQUENCE NO. (OEP USE ONLY)  
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**HO-81-2278**  
fill in this form completely

Date Received

**9 02 87**

OWNER INFORMATION

**HOWARD** **EST** **DEVELOPER**  
Last Name Owner First Name

**POB 11018**  
Street or RFD

**ODUMMIA** **MD** **21044**  
Town State Zip

DRILLER INFORMATION

**George F. Easterday** **40**  
Driller's Name License No. 80

**L. Franklin Easterday, Inc.**  
Firm Name

**9265 Br. Ch. Rd., Mt. Airy, Md. 21771**  
Address

*George F. Easterday* **8/15/87**  
Signature Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 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 DEEPEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) **HO-81-2278**

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

APPROP. PERMIT NUMBER **GAP**

FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-81-2278**

SPECIAL CONDITIONS

**B 3**

LOCATION OF WELL

**Howard**  
COUNTY

**The Chase**  
SUBDIVISION

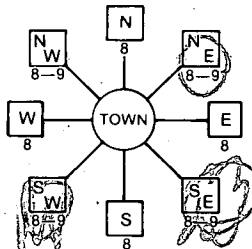
SECTION **26** LOT **26**

**Glennig**  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3** MI

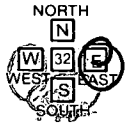
**B 4**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**LOG JUMP TRAIL**  
**Howard Rd**  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



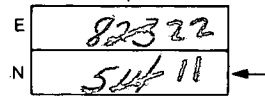
**0050**  
DISTANCE FROM ROAD  
ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

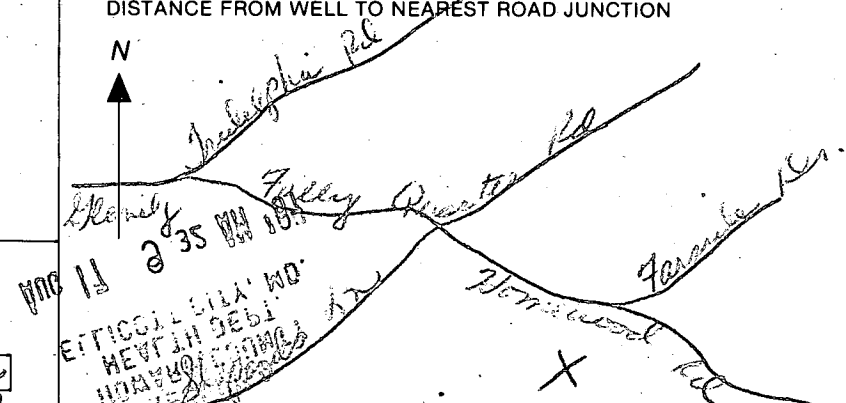
**HOWARD** COUNTY NAME  
**A-37021** COUNTY NO.  
OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S \_\_\_\_\_  
DATE ISSUED **090887** *Subm. Okul* **030788** EXP. DATE  
NORTH GRID **S11000** EAST GRID **082200**

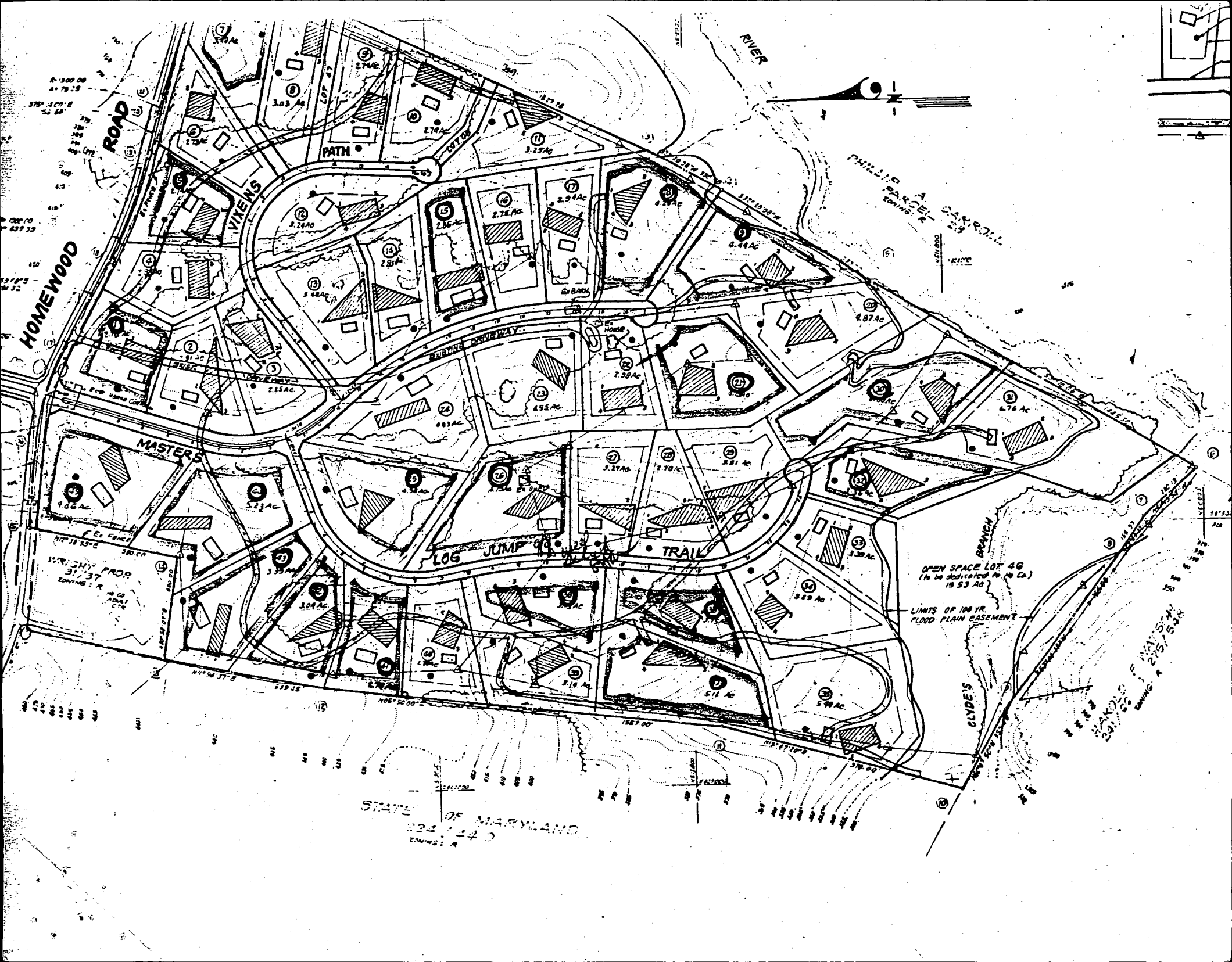
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **well**  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE

**10-6-87** Location of  
**2 ft** above ground  
**24 ft** open hole  
**27 ft** casing  
**9** bags cement  
*VENadeau*



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





HOMEROD ROAD

VIEWS PATH

RIVER

PHILIP A. CARROLL  
PARCEL 23

MASTERS

LOG JUMP TRAIL

OPEN SPACE LOT 46  
(to be dedicated to the Co.)  
IS 53 AC

LIMITS OF 100 YR  
FLOOD PLAIN BASEMENT

CLYDE'S  
BRANCH

STATE OF MARYLAND  
2024-140

PHILIP A. CARROLL  
PARCEL 23  
2024-140

37002

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 # 443100  
Date 5-19-89

Name of Installer G. DONALD DEMENT

Telephone 301 384 6493

License Number 276  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner VITAY NARAYEN Telephone \_\_\_\_\_  
Subdivision THE CHASE Lot # 220 Well Tag # \_\_\_\_\_  
Site Address 11625 LOG JUMP TRAIL

Pump Motor Pitless Adapter

- |   |  |                               |
|---|--|-------------------------------|
| 1. Type   | 1. Horsepower <u>3/4</u>                   | 1. Make <u>ROBERT MARTENS</u> |
| a. Deep well jet _____  | 2. RPM _____                               | 2. Model # <u>FEH 6471</u>    |
| b. Shallow well jet _____   | 3. Voltage <u>220</u>                      | 3. Depth <u>304</u>           |
| c. Submersible <input checked="" type="checkbox"/>  | a. 110 _____                               |                               |
| 2. Make <u>CONLD</u>  | b. 220 <input checked="" type="checkbox"/> |                               |
| 3. Model # <u>5EH0471</u>   |  |                               |
| 4. Capacity _____ GPM   |  |                               |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>  |  |                               |
| 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 _____ |  |                               |

- |                                      |  |  |
|--------------------------------------|--|--|
| Tank                                 | Piping                                 | Well data  |
| 1. Capacity <u>100</u>               | 1. Type <u>Poly</u>                    | 1. Depth <u>330</u> ft.                                      |
| 2. Pressure relief valve? <u>YES</u> | 2. Size <u>1"</u>                      | 2. Yield _____ GPM   |
|                                      | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft.                              |
|                                      | 4. Depth of supply line <u>4'</u>      | 4. Will water supply be disinfected by installer? <u>YES</u> |

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: G. Donald Dement

Date: 5-19-89

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

# APPLICATION

PERCOLATION TESTING

A 37021

P \_\_\_\_\_

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation Vijay Narayan - 461-3237

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

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

PROPERTY LOCATION:


SUBDIVISION The Chase - formerly The Paddock LOT NO. 23 Prelim + Final  
29 26

ROAD AND DESCRIPTION Homewood Road - 11625 Logg June Trail

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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



(SIGNATURE OF APPLICANT)

APPROVED BY Sichay Adel FOR Shallow tile field DATE 1-6-87

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

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

REASONS FOR REJECTION OR HOLDING 7/3/86 Perc. Sanitary; Hold for Subdivision Plat;

Shallow system only. S.A.M.

BLDG. PERMIT SIGNED AND RETURNED 10/2/87 BLDG. PERMIT SIGNED AND RETURNED 10/7/88

BP 2164 ← S.M.C. → BP 21730 Pool

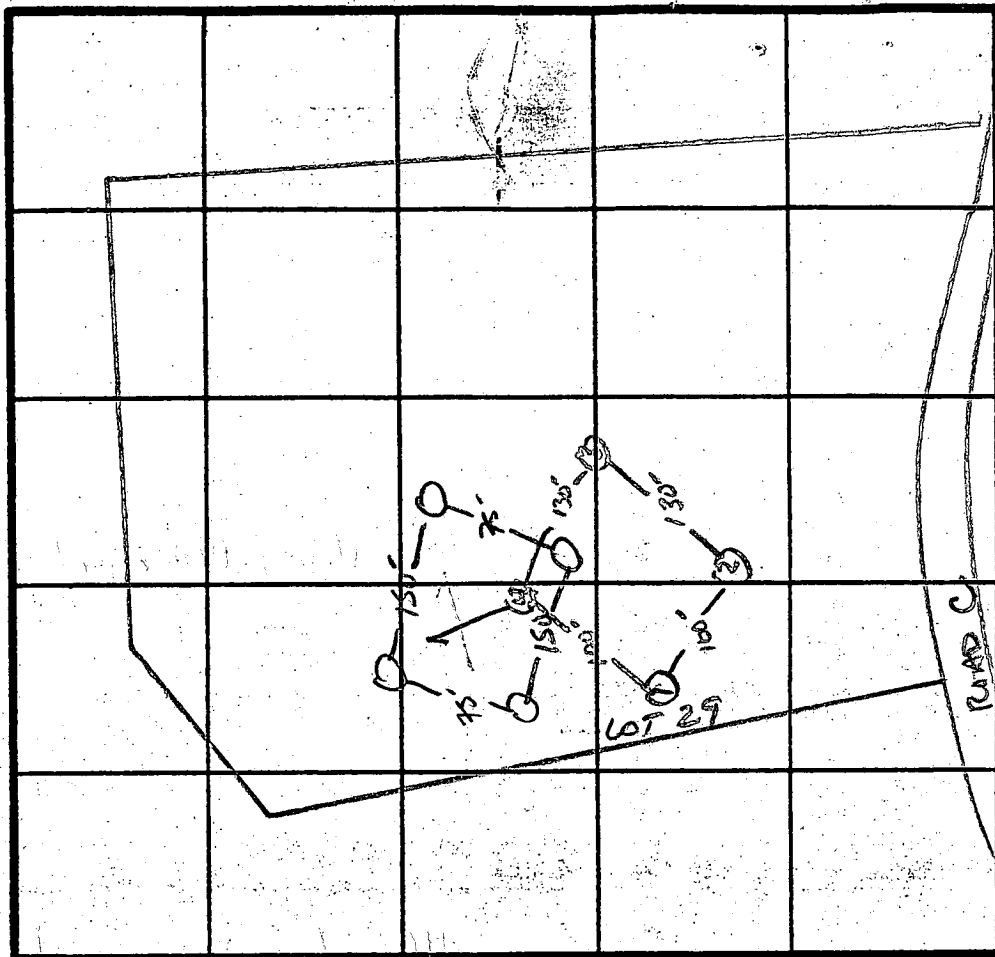
# THIS IS NOT A PERMIT

① ②

SOIL PROFILE

0  
4"  
3-3.5  
13'

A-3
Light BR. Silt loam Gravelly 10-20% < 9% CLAY
Light BR. SAND SILT loam < 10% FRAGMENTS



X PERC  
3min  
3' Inlet  
BOTTOM  
4.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Homewoods Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/3/86	1 S V	4" 12.5"	1:32 uniform	1:34 soil below 35"	1:34	1:38	4min
	2 S V	4.5" 12.5"	1:48 uniform	1:51 soil below 35"	1:51	1:58	7min
	3 S M	4.5" 9"	1:59 2:00	2:00 2:01	2:00	2:01 2:02	1min 2min
	3 V	12"	uniform	soil below 3.0"			
	4 S V	4.5" 12"	1:54 uniform	1:55 soil below 3'	1:55	1:56	1min

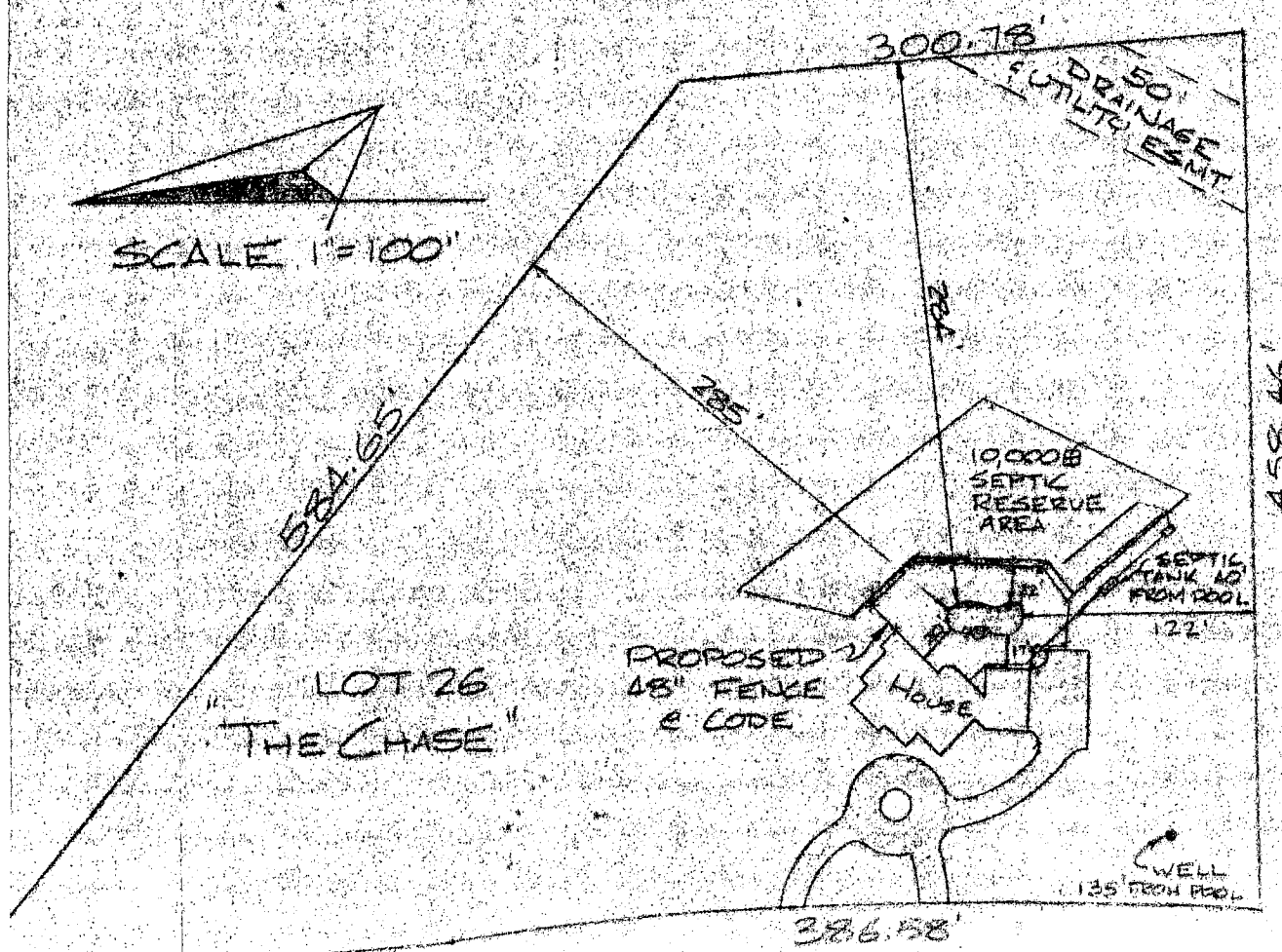
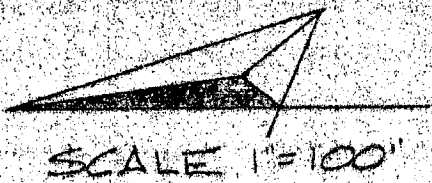
REMARKS Holes diff than plat/ shallow syst only

TYPE OF SOIL MANOR Gravelly loam

S. Abel

DATE, TIME, MADE, DDB

EH-12-1079



LOT 26  
"THE CHASE"

PROPOSED 48"  
FENCE  
& CODE

HOUSE

10,000  
SEPTIC  
RESERVE  
AREA

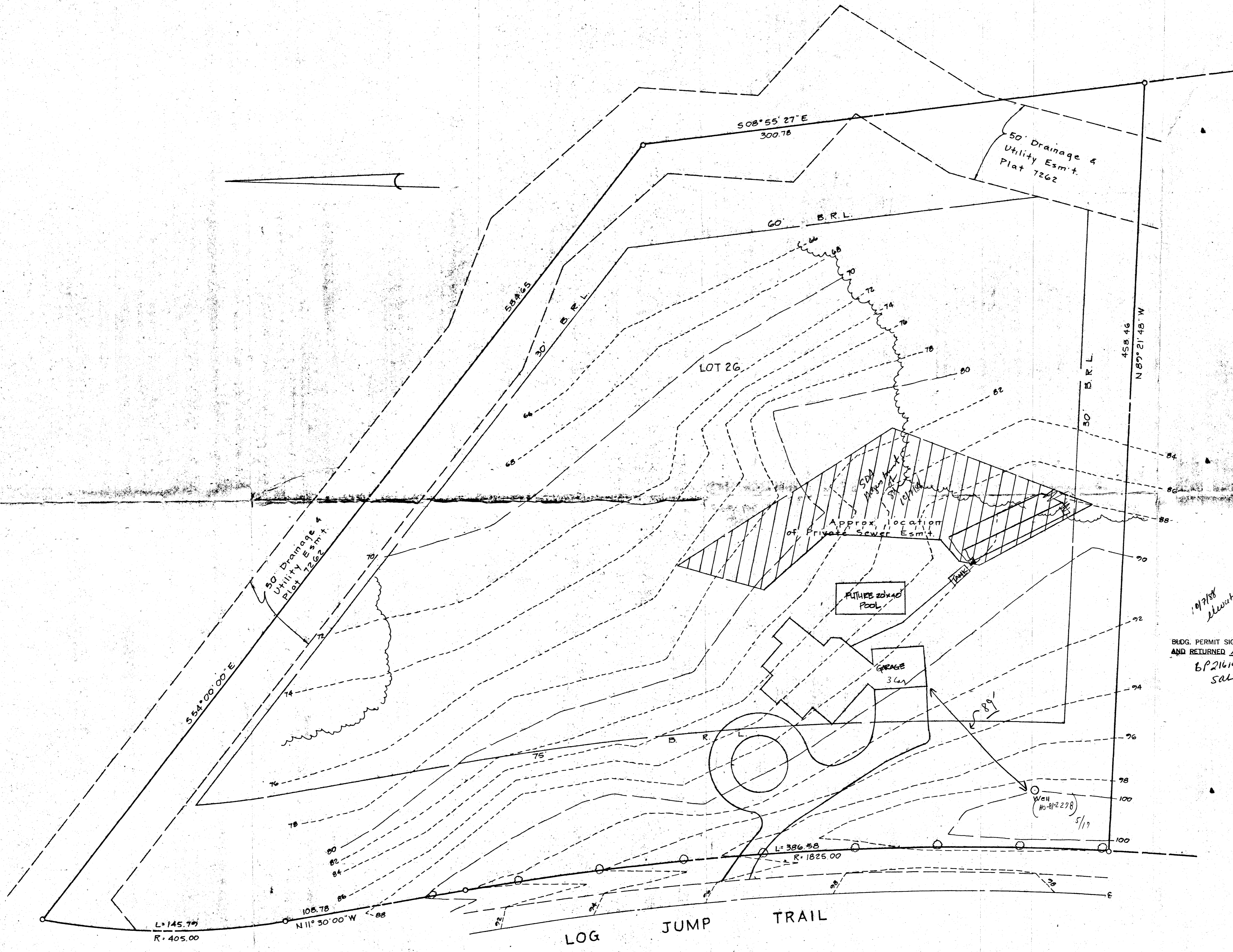
SEPTIC  
TANK 40'  
FROM POOL

122'

WELL  
135'  
FROM POOL

Pool plan

145.79' 108.78'  
LONG JUMP TRAIL



ELEV. @ WELL	100.0V
FIRST FLOOR	91.0V
BASEMENT	82.0V
OUT OF HOUSE	87.3V
INTO TANK	85.6V
OUT OF TANK	85.3V
INTO FIELD	85.0V

10/17/88  
*M. Narayan*  
 BUDG. PERMIT SIGNED  
 AND RETURNED 10/17/88  
 B.P. 21614  
 S.A.L.

NOTE:  
 Elevations are based on an Assumed Grid.  
 Property outline is from the Plat of Subdivision entitled "The Chase - Lots 1 thru 48" Sheet 5 of 7, recorded among the Land Records of Howard County, Md. at Plat 7262.

revisions			prepared by	SCALE 1" = 30'	
no.	description	date		DRAWN	CHECKED
			<b>RBA</b> ENGINEERS • ARCHITECTS • PLANNERS 5485 HARPER'S FARM ROAD, SUITE 200 COLUMBIA, MARYLAND 21044 301/730-7950 621-6050	TOPOGRAPHIC SURVEY <b>LOT 26 - THE CHASE</b> TAX MAP 29 PARCEL 24 5th Election Dist., Howard Co., Md. - the Narayan Property	
				PROJ. NO. 9100/0002 DATE 7-26-88 SHEET 1 OF 1	

Building Address 5200 Ten Oaks Rd  
Clarksville MD

Property Owner's Name Lynn & Phyllis Nelson  
 Address 5200 Ten Oaks Rd

City Clarksville State MD Zip Code 21029

Home Phone 410-531-9934 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):

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

Contractor Company Touse Remodeling Corp

Contact Person Rob Touse

Address 9329 Cornshock Ct

City Columbia State MD Zip Code 21045

License No. 23495 Phone 410-290-9062 Fax 410-290-9050

Engineer or Architect Company Housing Design & Architecture

Contact Person Greg Berger

Address 9207 Perfect H

City Col. State MD Zip Code 21045

Phone 410-381-2229 Fax \_\_\_\_\_

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

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

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

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid 14

Zoning \_\_\_\_\_ Map Coordinates 13K4 Lot size \_\_\_\_\_

Existing Use SFD Kitchen

Proposed Use Same

Estimated Construction Cost \$ 20,000-

Description of Work Kitchen Remodel to include  
Removal of existing beams & Bearing  
walls

Occupant or Tenant Owner

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
No. of stories:	<u>2</u>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Depth	Width	Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:		1st floor:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Use group:		Public <input type="checkbox"/>	Private <input type="checkbox"/>	2nd floor:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement:		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>		Heating System:		Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>		Natural Gas <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Propane Gas <input type="checkbox"/>		No. of Bedrooms <u>5</u>		Propane Gas <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Sprinkler system: N/A <input type="checkbox"/>		Multi-family dwellings:		Sprinkler system: N/A <input checked="" type="checkbox"/>	
State Certified Modular <input type="checkbox"/>		Full <input type="checkbox"/>	Partial <input type="checkbox"/>	No. of efficiency units: _____		NFPA #13D <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	# of Heads / _____	No. of 1 BR units: _____		NFPA #13R <input type="checkbox"/>	
				No. of 2 BR units: _____		Other: _____	
				No. of 3 BR units: _____			
				Other Structure: _____			
				Dimensions: _____			
				Footings: _____			
				Roof: _____			
				State Certified Modular <input type="checkbox"/>			
				Manufactured Home <input type="checkbox"/>			

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 Robert B Touse

Title/Company \_\_\_\_\_

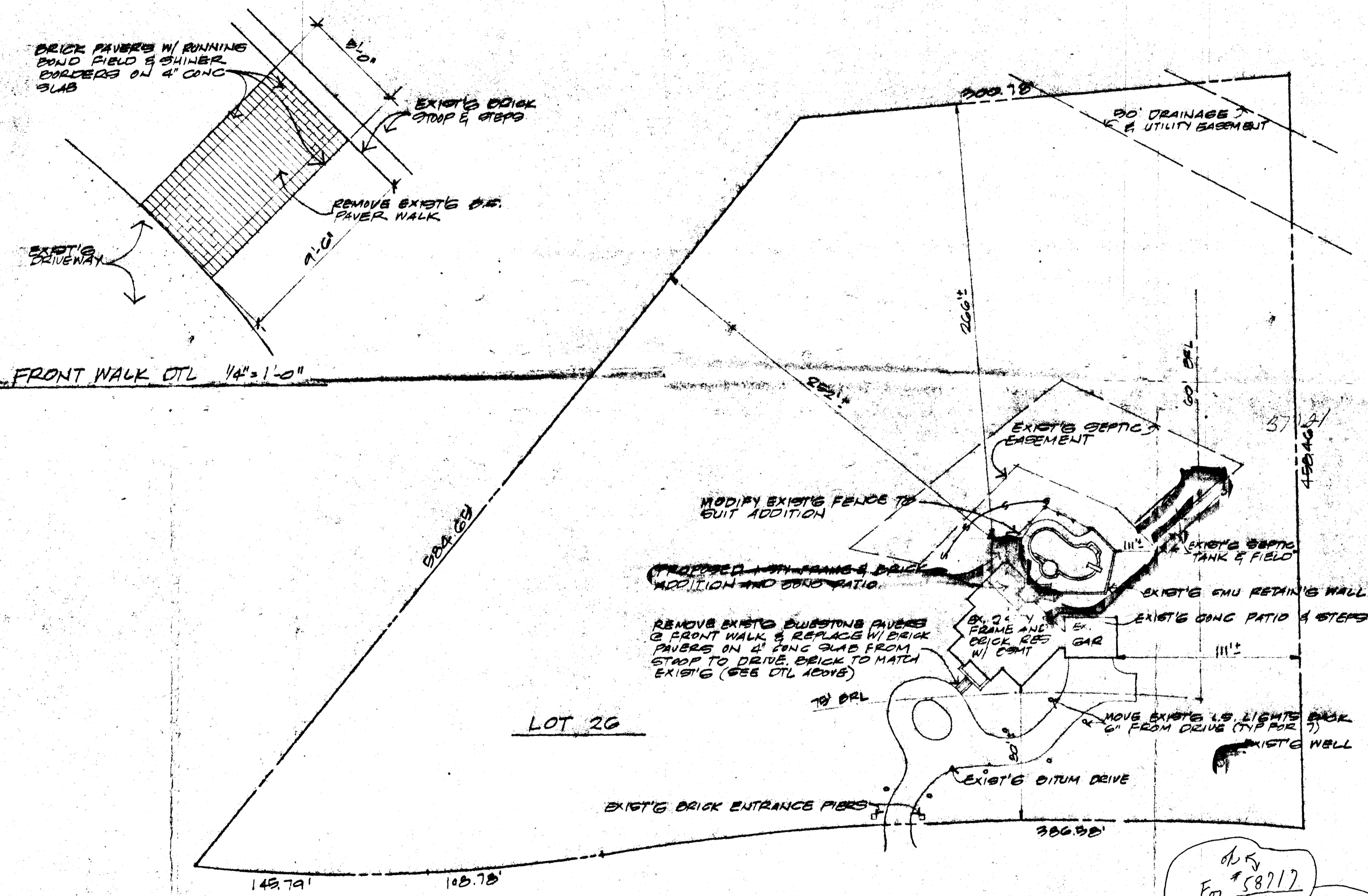
Date 5/29/02

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	<u>54934</u>
State Highways			Rear: _____	Filing fee \$ <u>21</u>
Building Official	<u>5/29/02</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>113</u>
Dev. Engineering, DPZ			Side-St: _____	Excise tax \$ _____
Health	<u>5/29/01</u>	<u>Kacie Moman</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>145</u>
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"/>	Sub-total paid \$ _____
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>491</u>
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>51156</u>
				Accepted by <u>[Signature]</u>



BRICK PAVERS W/ RUNNING BOND FIELD & SHINER BORDERS ON 4" CONC SLAB

EXISTING BRICK STAIR & STEPS

REMOVE EXISTING 6\"/>

EXISTING DRIVEWAY

FRONT WALK O.T.L. 1/4" = 1'-0"

300.78'

200.0'

57.0'

450.0'

300.0'

100.0'

100.0'

149.79'

105.75'

EXISTING SEPTIC EASEMENT

MODIFY EXISTING FENCE TO SUIT ADDITION

PROPOSED WITH FRAME & BRICK ADDITION AND 60% RATIO

REMOVE EXISTING BUBBLESTONE PAVERS @ FRONT WALK & REPLACE W/ BRICK PAVERS ON 4" CONC SLAB FROM STAIR TO DRIVE. BRICK TO MATCH EXISTING (SEE O.T.L. ABOVE)

EXISTING SEPTIC TANK & FIELD

EXISTING CMU RETAINING WALL

EXISTING CONC PATIO & STEPS

EXISTING GAR

EXISTING WELL

EXISTING BITUM DRIVE

EXISTING BRICK ENTRANCE PIERS

EXISTING WELL

MOVE EXISTING 1\"/>

**SITE PLAN**  
 LOT 26, 'THE CHASE', 11625 LONG VUMP TRAIL, ELLICOTT CITY, MD 21042

OK  
 For #58717  
 CBD  
 ok per above  
 ok per check out  
 of 5/17/09  
 CBD

**NARAYEN RESIDENCE**

**STEWART MC CREEDY ARCHITECTS PA**

8329 MAIN STREET  
 ELLICOTT CITY, MD 21043  
 FAX (410) 465-7737  
 (410) 465-7687

1 OF 1 13 MAR 95