

# PERMIT

05-411955

P 48951

## SEWAGE DISPOSAL SYSTEM

A 37499

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

# INDEXED

DATE 2/18/93

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X 467-9038~~ 313-2640

DATE SYSTEM APPROVED 4-8-93

INSPECTOR *RJP*

Brian Michael IS PERMITTED TO INSTALL  ALTER

ADDRESS 13156 Holly Loch Lane, Highland, Maryland 21771 PHONE 854-3451

SUBDIVISION Chapel Woods II LOT 2 ROAD 11874 Linden Chapel Road

PROPERTY OWNER ~~Harold & Eileen Engel~~ Behrman

ADDRESS \_\_\_\_\_

**BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1500 GALLONS

**AND RETURNED**

NUMBER OF BEDROOMS 5

*7-1-01 B ONLY 9236-DECK*

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 165 feet off the rear (342') lot line and 15 feet from the right (370') lot line as seen when facing the lot from the existing road.

NOTES - (or Right-of-way). Run trenches on contour toward the rear of lot. - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 7/17/92 BJA*

PLANS APPROVED BY C. Williams/Sid Abel REVISED DATE 7/21/89  
6/24/92

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

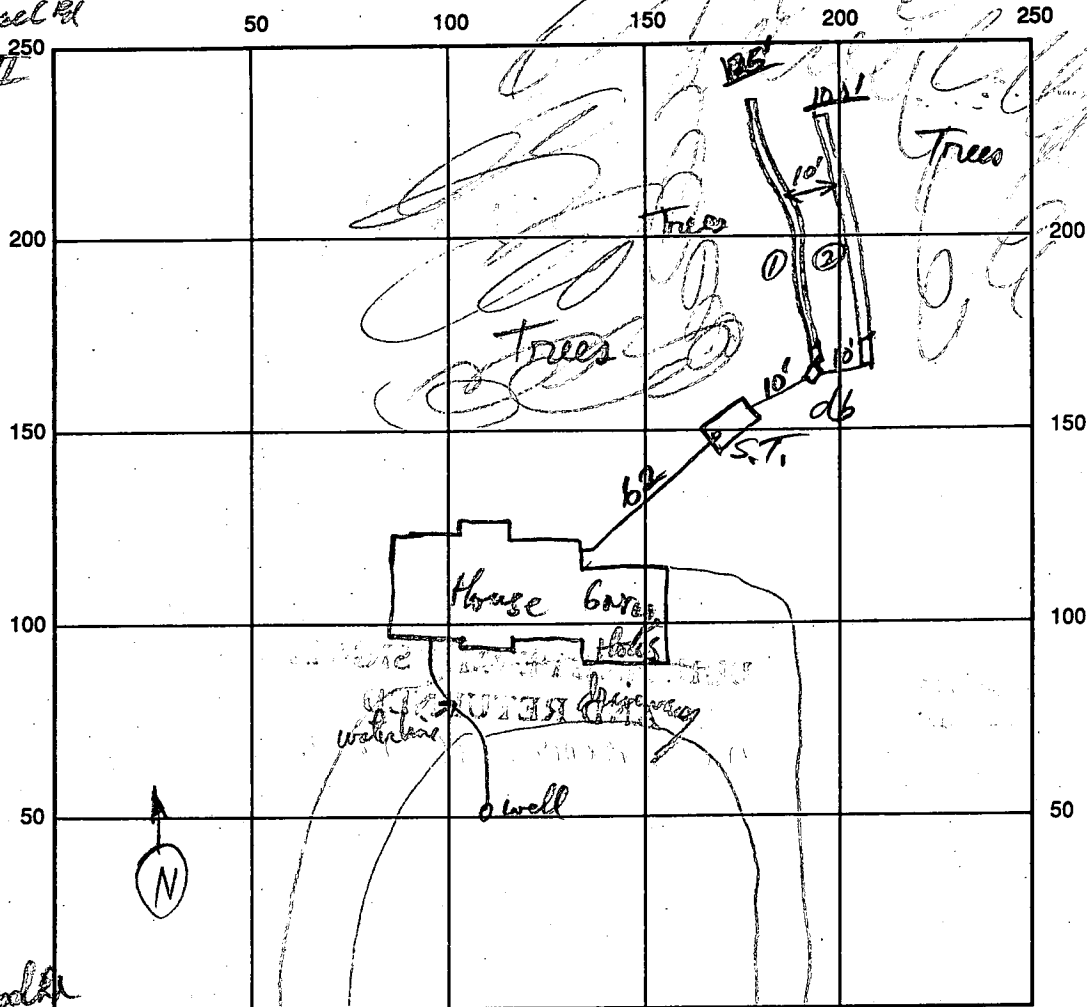
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 37499

11874 Linden Chapel Rd  
 Chapel Woods Sect II



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 access driveway to B

SEPTIC TANK LEVEL 1500 gal CLEANOUTS S.T.V

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 7 1/2' FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 125/100 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: System OK to cover R/P 4/8/93

DATE SYSTEM APPROVED 4-8-93 INSPECTOR Willy

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37499

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 8/13/86

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 J.J.M. Partnership Harold & EILEEN ENGEL

ADDRESS 5570-201 Sterrett Place PHONE 834-3123  
Columbia, Maryland 21045 760-4466

PROPERTY LOCATION: Lot 2 on Prelim

SUBDIVISION Chapel Woods II LOT NO. 2

ROAD AND DESCRIPTION West side of Middle Patuxent; North of Route 108  
(11874 Linden Chapel Road)

SIZE OF LOT 3.04 ac. TYPE BLDG residential  
(NUMBER OF BEDROOMS)

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.

John Mikolasko  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Standard Techs DATE 7-21-89

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 6/24/92  
Serial # 43995 - SFD  
5 Bedrooms

# THIS IS NOT A PERMIT

$\bar{X} = 8 \text{ min}$

INSET 4

MAX 63

2C  
SOIL PROFILE

Chunky red orange gritty clay/silt loam  
 small pockets of mottled soil  
 4' changing to brown to brown silty mica loam  
 45% med rock frags

13' D

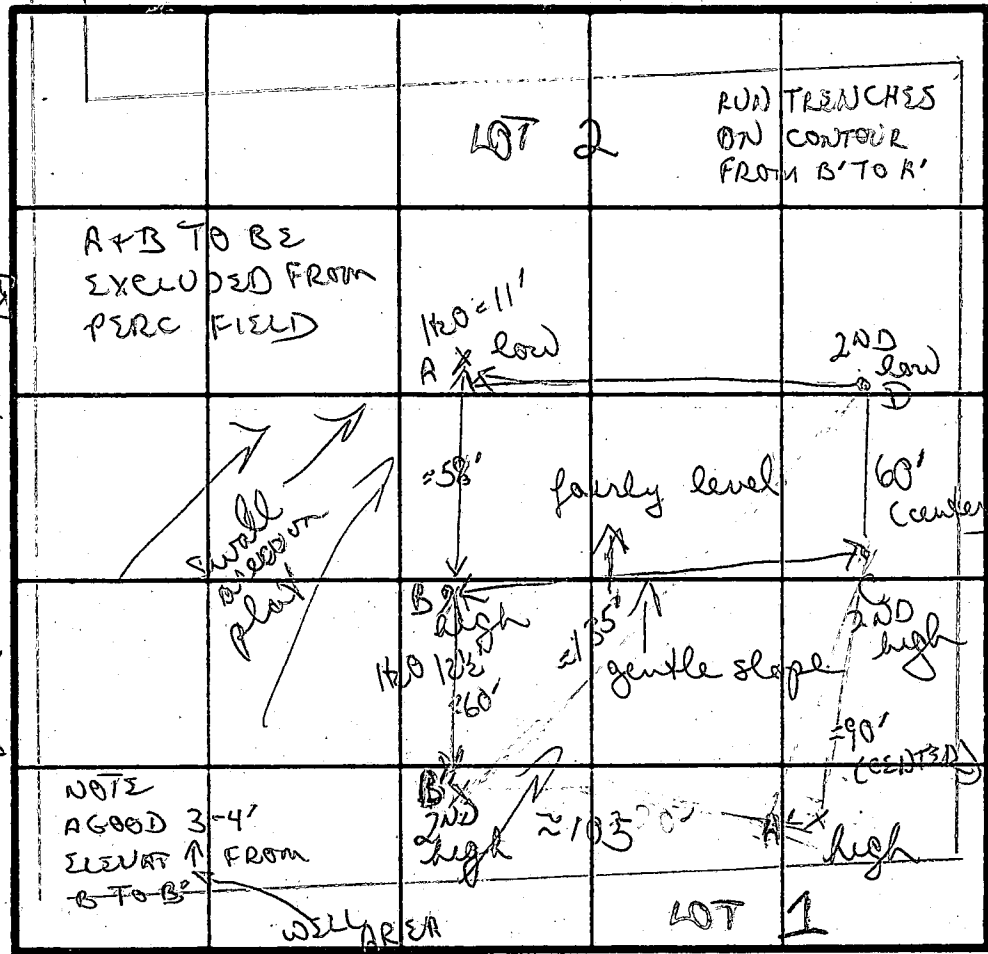
D  
 heavier red/orange chunky clay/silt loam  
 changing to red brown gritty silty clay loam w/ 5-10% small hard rock frags

11' D  
 B  
 red/orange brown clay loam  
 changing up 3' to tan brown silty mica loam

11' D  
 mottled weathered material

12' D  
 13' D  
 14' D

LOT 3



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

B'  
 Red/orange silty/clay loam  
 3' changing to tan/brown fine/med grain silty mica loam with scattered frags of rock  
 13 1/2' D

A'  
 LOT 4  
 gritty rocky (10-15%) loam mix/silt clay  
 3 1/2' tan powdery silty mica loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/3/86	C	4'S	1103	1105	1105	1108	3 MIN
		13'D bottom (see profile)					
	D	3 1/2'S	1116	1117	1117	1120	3 MIN
		7' M	1114	1130	1130	1159	29 MIN
		11'D bottom					
	* B				DID NOT TEST		
		12 1/2'D H <sub>2</sub> O in bottom			(2 hours later small amount)		still 3-4"
	* A	11'D H <sub>2</sub> O			DID NOT TEST		
	B'	3 1/2'S	1327	1326	1328	1327	1 MIN 10
		7' M	1326	1329	1329	1343	4 MIN 10
		13 1/2'D bottom (see profile)					

\* H<sub>2</sub>O DID NOT TEST. ADJUSTED PERC FIELD UPWARD

REMARKS

silt

TYPE OF SOIL

TESTED BY

ALSO PRESENT

LOT 2

CHAPEL WOODS

II

9/3/86	DEPTH	PRE WET	END	WET START	END	TIME
	A' 3'S 12' D	155	157	157	201	4min
		bottom (see profile)				

INLET - 3' (soils support higher than tested depths)

MAX - 7 1/2

DEPTH

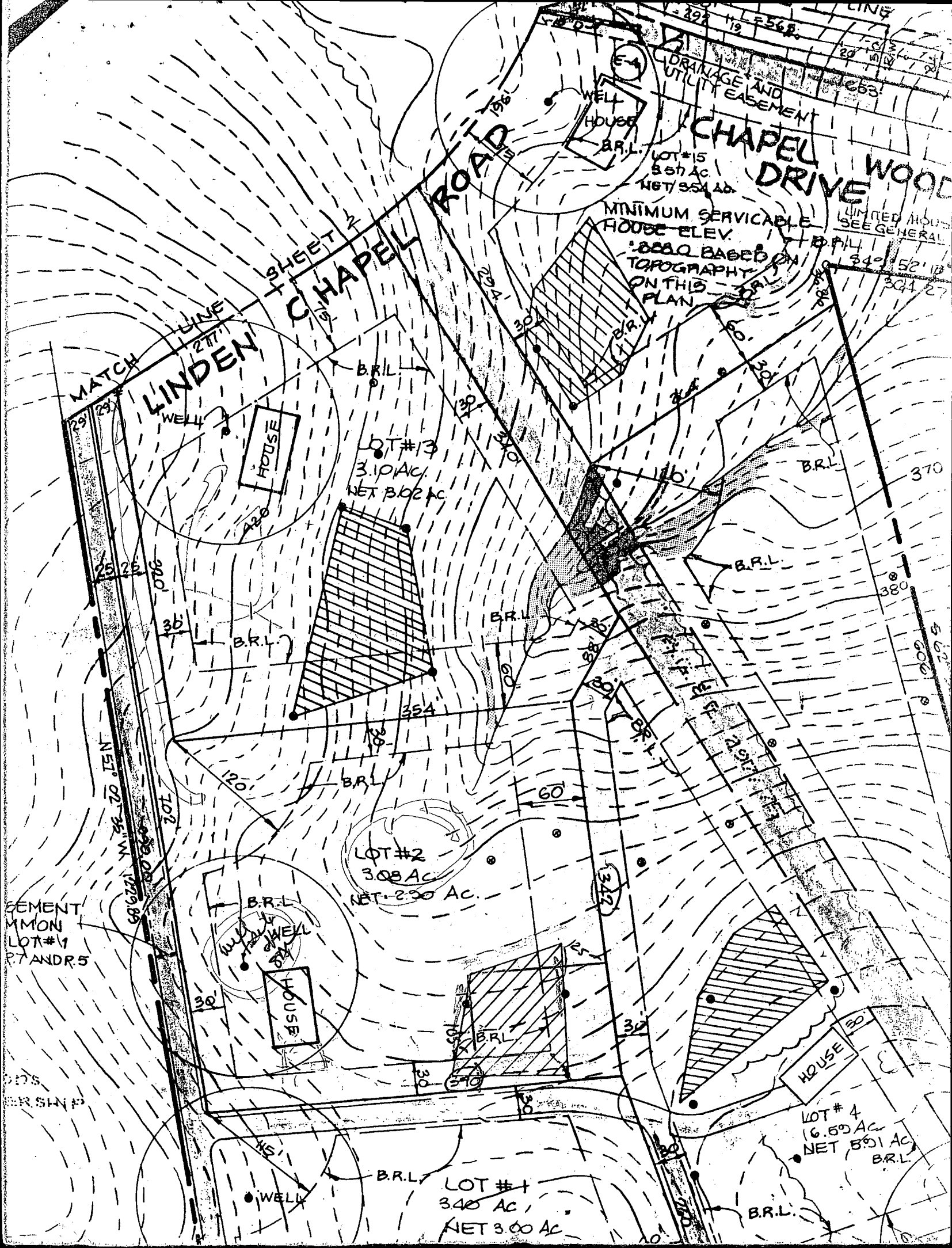
allows 6" buffer due to proximity of swale

174 #/BDRoom

3/3/88  
Per Area adjusted to upper side on plat.  
Resurvey still indicates no extra holes - con-  
to per notes. But holes on adjacent lots  
support this area also.

(P)





RESIDENCE OF:

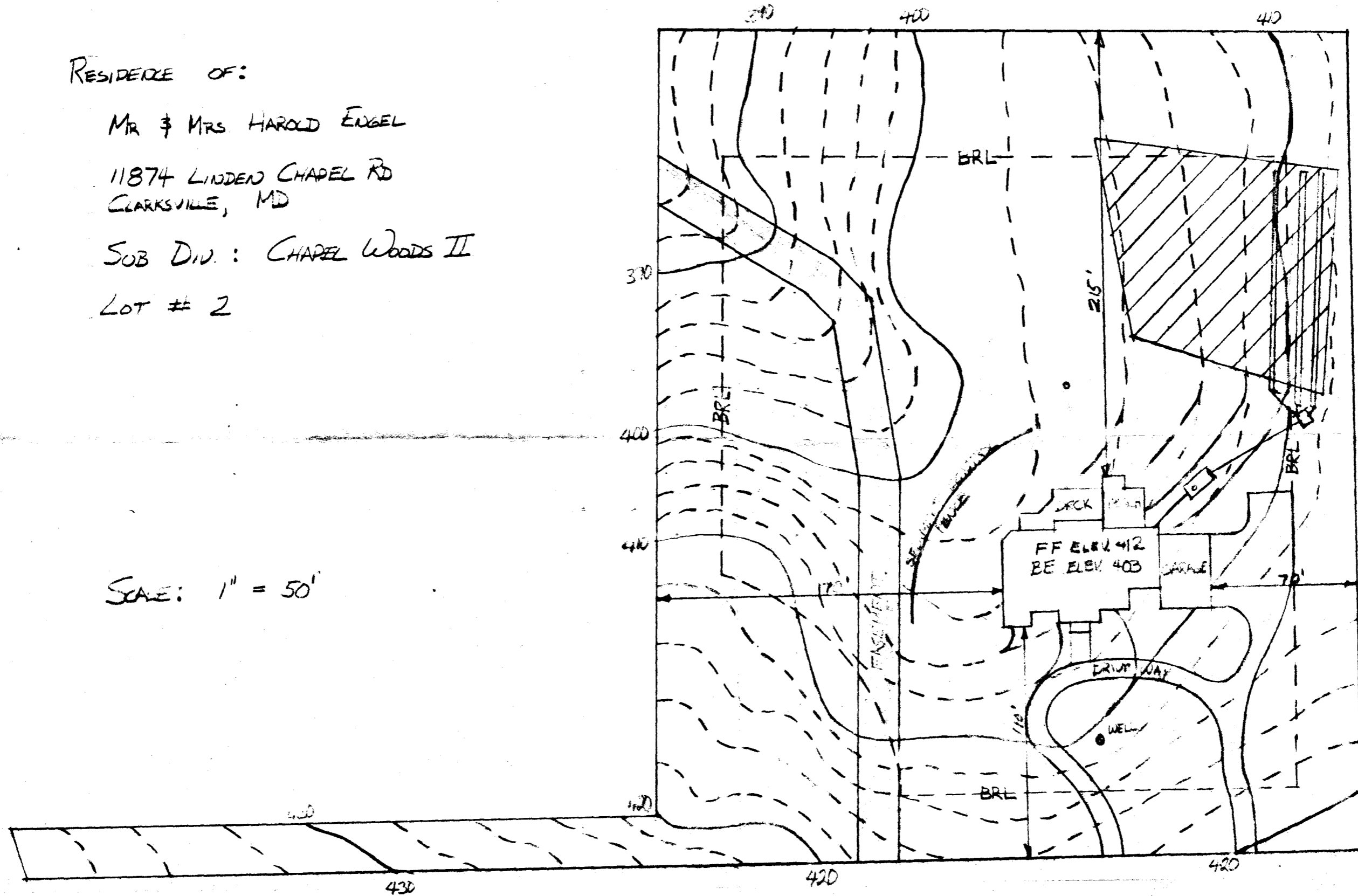
MR & MRS HAROLD ENGEL

11874 LINDEN CHAPEL RD  
CLARKSVILLE, MD

SUB DIV.: CHAPEL WOODS II

LOT # 2

SCALE: 1" = 50'



SEPTIC SYSTEM

- INV. ELEV. (OUT OF) HOUSE 409
- INV. ELEV. (INTO) SEPTIC TANKS 408.5
- EXISTING ELEV. AT SEPTIC TANKS 409.0
- INV. ELEV. (OUT OF) SEPTIC TANKS 408.0
- INV. ELEV. (INTO) DIST. BOX 407.2
- EXISTING ELEV. AT DIST. BOX 410.0
- INV. ELEV. (INTO) TRENCH 407.0
- EXISTING ELEV. AT TRENCH 410.0

WELL

- WELL ELEV. 413.0
- WELL # HO-88-0921

ELEVATIONS OK  
6/24/92

*C. J. Miller*

B 1 **87.06** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

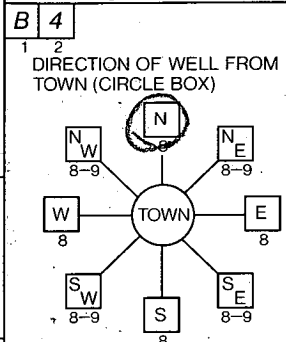
STATE OF MARYLAND  
**PERMIT TO DRILL WELL**  
 please print or type

STATE PERMIT NUMBER  
**40-88-0921**  
 fill in this form completely

Date Received (APA) **061689**  
**OWNER INFORMATION**  
 T. T. M. TAC  
 S. S. D. STEKROTT PLACE  
 COLUMBIA MD 21044

B 3 LOCATION OF WELL  
 HOWARD  
 CHAPEL WOODS  
 CLARKSVILLE  
 MILES FROM TOWN (enter 0 if in town) **3 MI**

DRILLER INFORMATION  
 Joseph L. Mayne  
 Joseph L. Mayne Well Drilling  
 5512 Rille Rd. Mt Airy 21771  
 6/14/89



LINDEN CHAPEL RD.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **525 FT**

B 2 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard COUNTY NO. **A-37499**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **072189**  
 CO SIGNATURE **Sidney Abel** EXP. DATE **01-20-90**  
 NORTH GRID **508000** EAST GRID **0821000**

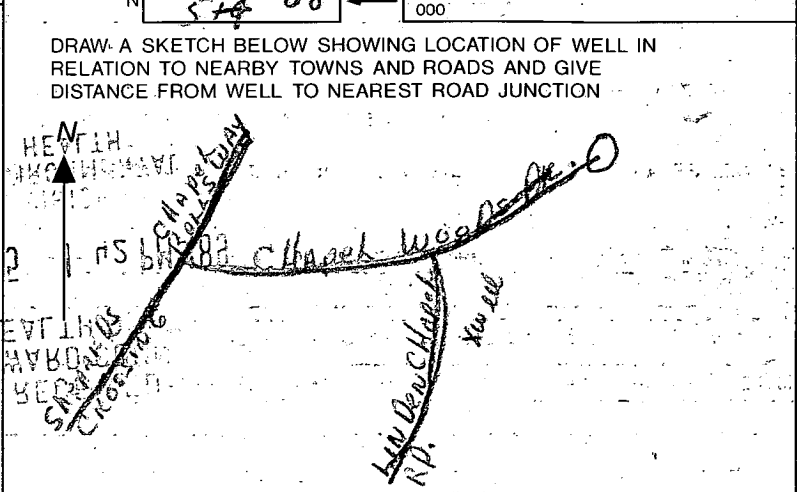
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCUSION  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT

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

REPLACEMENT OR DEEPEMED 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 DEEPEM 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 **5A** PERMIT No. **40-88-0921**

SPECIAL CONDITIONS

CLARKSVILLE COUNTY

C1 1055

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

COUNTY NUMBER A-37499

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-98-0921

OWNER last name J JAK first name TOWN CLARKSVILLE SUBDIVISION CHASEL WOODS II SECTION LOT 2

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 handwritten entries: SAND stone 0 37, Gray mica rock 37 185.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 8 NO. OF POUNDS 750 GALLONS OF WATER 49 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 51 4 33

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 PLASTIC OT OTHER

Table with columns: EACH SCREEN, DEPTH (nearest ft.), 1-3. Includes handwritten entry: Ho 185.

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 26.04.04 "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. 280

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

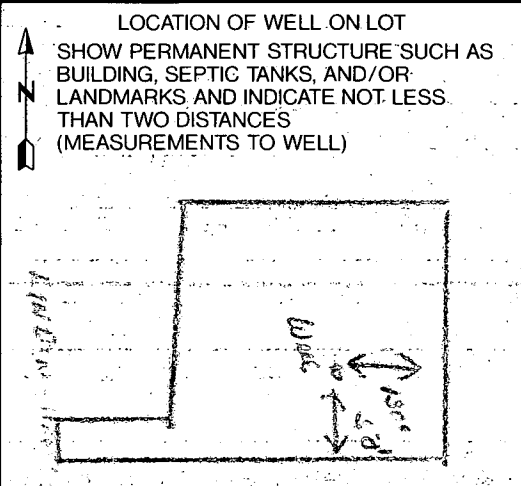
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 45 METHOD USED TO MEASURE PUMPING RATE Rocket WATER LEVEL (distance from land surface) BEFORE PUMPING 12 WHEN PUMPING 24 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) 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) above below LAND SURFACE (nearest foot)





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 # 0-  
 Date 4/5/93

Name of Installer T.M. Bernard

Telephone 461-6597

License Number #1248  
 Certified Well Pump Installer

Well Driller  Registered Plumber

Name of Property Owner Consel  
 Subdivision Chapel Woods II Lot # 2  
 Site Address 11874 Jankins Chapel Rd

Telephone \_\_\_\_\_  
 Well Tag # 410-88-0921

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Grundfos
- Model # \_\_\_\_\_
- Capacity 5 GPM
- Pump exceeds well capacity Yes  No
- 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 \_\_\_\_\_
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220 \_\_\_\_\_

Pitless Adapter

- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Depth 42"

Tank

- Capacity 17
- Pressure relief valve? Yes

*All adapter + water line  
 OK @ 3 1/2" RJP 4/18/93*

Piping

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

Well data

- Depth 185 ft.
- Yield 72 GPM
- Static water level 12 ft.
- Will water supply be disinfected by installer? Yes

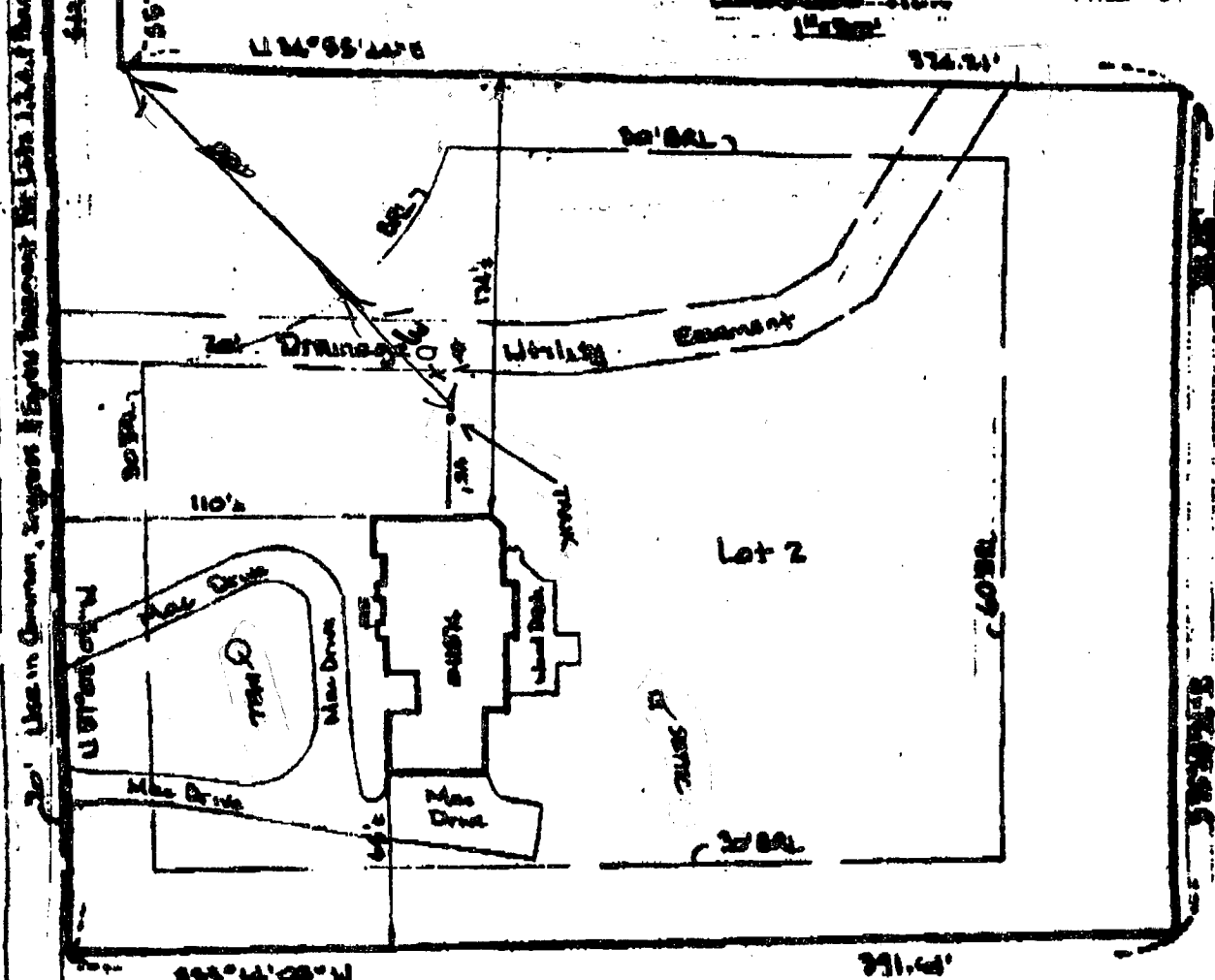
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: T.M. Bernard

Date: 4/5/93

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



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL 24001A - 0228

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat 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 refinancing. The plat contains a tolerance of accuracy of two feet, more or less.



**Ertel Associates, Inc.**

3109 Maryland Avenue  
Baltimore, Maryland 21234  
Phone: 410-882-0989 • Fax: 410-882-0842

**LOCATION DRAWING**

• 11824 LINDEN CHAPEL ROAD; LOT 2  
"CHAPEL WOODS II, LOTS 1-25, A ROTHBAY PARK"  
HOLLAND CO., MD. PAR EMP • 9827

DATE: 7/29/01 SCALE: 1"=60' FILED: 08/10/02 MLD  
RWH

B00139133  
11874 LINDEN  
Chapel Rd.

11/14/02 Although plan scale  
not appropriate, tank location  
OK - NO issues with well  
and septic

Call Nick 410-313-3800

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>B00139133 KN</u>
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Building Address <u>11874 LINDEN CHAPEL RD</u> <u>CLARKSVILLE, MO 21029</u>	Property Owner's Name <u>BRUCE ROSENBLUM</u> Address <u>11874 LINDEN CHAPEL RD</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>11511</u> Subdivision <u>Chapel Woodhill</u>	City <u>CLARKSVILLE</u> State <u>MO</u> Zip Code <u>21029</u> Home Phone <u>410-823-3619</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ _____ _____
Section _____ Area _____ Lot <u>2</u> Tax Map <u>29</u> Parcel <u>86</u> Grid <u>7</u> Zoning <u>R011A</u> Map Coordinates <u>1463</u> Lot size <u>3,232</u>	Phone _____ Fax _____

Existing Use <u>DWELLING SFD</u> Proposed Use <u>SAME SFD</u> Estimated Construction Cost \$ <u>2400.00</u>	Contractor Company <u>POSITIVE MECHANICAL</u> Contact Person <u>LEON KUNAWAMI / CHRIS KOLB</u> Address <u>104 TENNEY LN</u> City <u>ASINBOON</u> State <u>MO</u> Zip Code <u>31009</u> License No. <u>15627</u> Phone <u>413-423-7009</u> Fax _____
Description of Work <u>INSTALL 1-1000 GALLON</u> <u>UNDERGROUND PROPANE TANK AND LINE</u> <u>TO HOUSE STUG</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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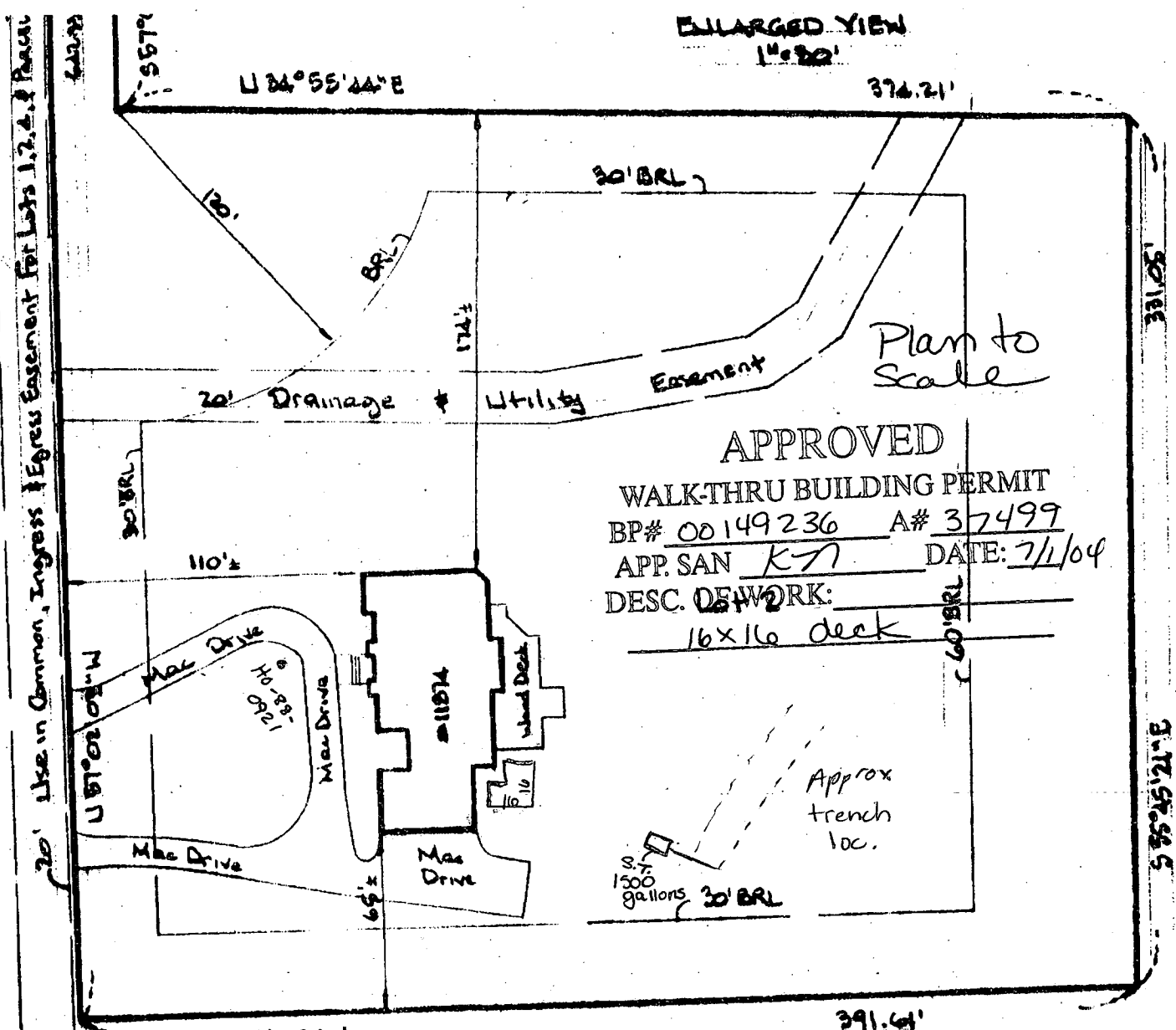
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____ 1st floor: _____ 2nd floor: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private 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 checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature <u>[Signature]</u> <u>POSITIVE MECHANICAL</u> Title/Company	Print Name <u>CHRIS KOLB</u> <u>10-25-02</u> Date
---	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>56647</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u>
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Health	<u>11-14-02</u>	<u>Kacey Norman</u>	Lot Coverage for New Town Zone: _____	Excise tax \$ _____
Fire Protection			SDP/Red-line approval date: _____	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Balance due \$ _____
				Check # <u>7917</u>
				Validation # <u>14531</u>
				Accepted by _____



**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# 00149236 A# 37499  
 APP. SAN K77 DATE: 7/1/04  
 DESC. DECK  
16x16 deck

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 24004-0071B

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat 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 refinancing. The plat contains a tolerance of accuracy of two feet, more or less.



**Ertel Associates, Inc.**

3109 Moreland Avenue  
 Baltimore, Maryland 21234  
 Phone: 410-882-0989 • Fax: 410-882-0842

**LOCATION DRAWING**  
 • 11874 LINDEN CHAPEL ROAD; LOT 2  
 "CHapel Woods II, LOTS 1-25, A REVISION PLAT"  
 HOWARD G., MD. PLAT CMP • 9327

DATE: <u>7/29/01</u>	SCALE: <u>1"=60'</u>	FILE: 01-3887-03-MLD <u>2146</u>
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