

11/25/86 AM 8 PM
12/1/86 AM

ND # found w/ lead pipe approved 12/8/86
C. Walker

PERMIT

P 37209
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~
461-9933

ELLICOTT CITY
DISTRICT _____
DATE 6/20/86

INDEXED

Acme Home Improvement Company IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 4617 Roundhill Road, Ellicott City, MD 21043 PHONE 997-7797

SUBDIVISION _____ ROAD 2830 Marriottsville Road

PROPERTY OWNER Mrs. Pansy Redmond JONG YOUNG YOO

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO already ordered based upon 15x set of pipes
SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS _____

TRENCHES - 170 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Shallow trench system, Fourt 53 ft long trenches required. 1250 or 1500 gal. septic tank. Trenches 6-7 feet apart. Start first trench 125 feet down the right (885.6) lot line and 63 feet off the right lot line as seen when facing property from Marriottsville Road.. Run trenches along contour back towards right property line. **BE SURE TO MAINTAIN 100 FEET MINIMUM DISTANCE FROM WELL TO SEPTIC.**

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is rquired. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY Bert Nixon DATE 9/22/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

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

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

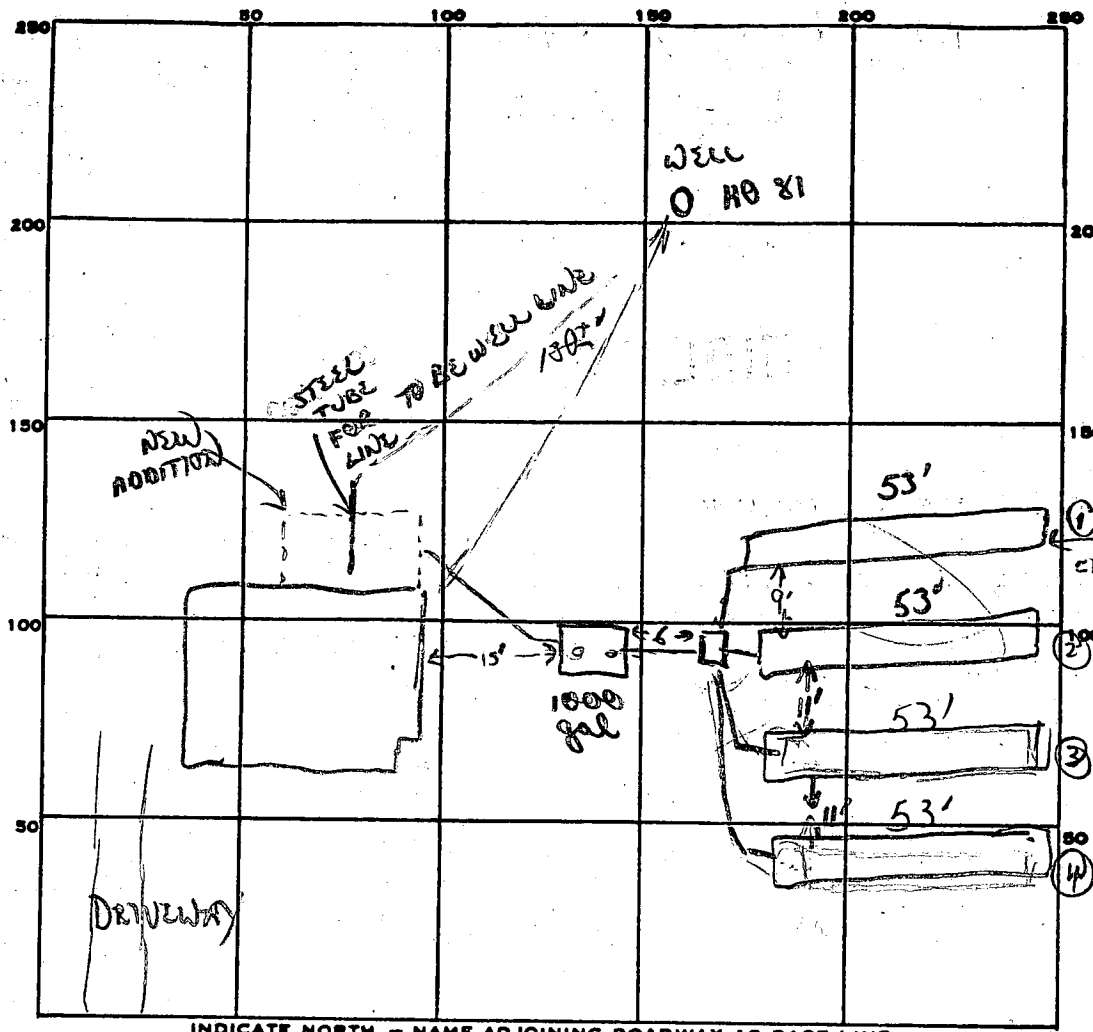
*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

BUILDING PERMIT SIGNED AND RETURNED

9/25/2002 B00138606 ABOVEGROUND POOL
7/21/04 B00147878 - ENCLOSE PERMIT

37209



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MARIOTTSVILLE

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000 gal ✓

CLEANOUTS ST 2 ✓

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 24" wall IN. TOTAL LENGTH 212 (53x4) FT.

NUMBER OF TRENCHES 4 (53' each) TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/1/86 OK to continue digging 4 required trenches. OK to start adding stone pipe paper to all trenches

12/1/86 ends of trenches to be scraped to remove any muddy soils. OK to add stone pipe paper to all 4 trenches

12/1/86 OK to cover piping w/ stone, paper & cover trenches 3+4 OK to finish adding stone to 1&2

12/4/86 HOUSE CONNECT OR REQUIRED. ALL ELSE OK TO COVER. G.W.

DATE SYSTEM APPROVED 12/8/86

INSPECTOR C. Williams

9/19/86
4:30

PERMIT

P _____
A _____

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT _____

DATE _____

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER RED MOND MARIOTTVILLE RD.

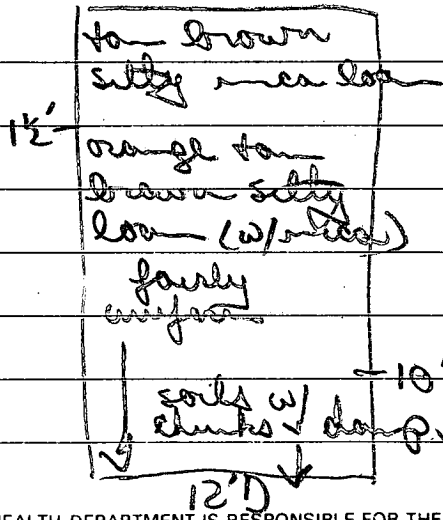
ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

3



NOT TESTED
BUT SHOULD TEST
≈ SAME AS #1

no hard bottom as
w/ other 2

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

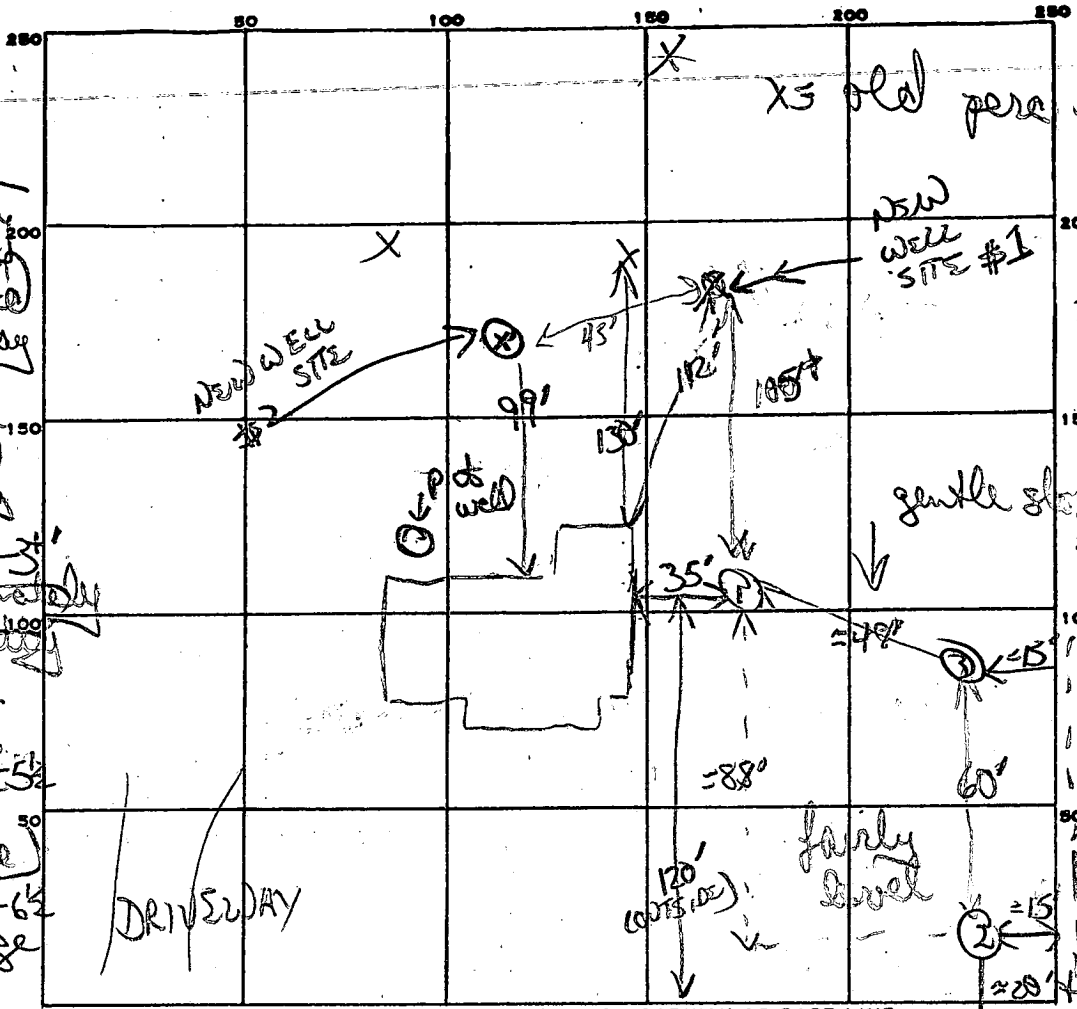
PERMIT VOID AFTER THREE YEARS.

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

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



tan/brown
powdery silty
red soils

2' changing to
orange/yellow
silty clay
loam with
10% small
rock

7 1/2' 1% clay fags
ROCK BOTTOM

9' D
↓
some of
shallow
level
ditch
rock in
layer

17' 1/2'

①
tan powder
silty mica
loam mixed
orange clay
loam
5-10% small
med hard
rock fags
predominately
orange gray
silty mica
loam
layer about 5'
weathered
(manganese)
rock to -6'
slip orange
gully silty
clay loam
hard bottom

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____ TRENCHES START
125' from Road
60' FROM RIGHT
LOT LINE

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
64 - 53' long
trenches
6' to 7' apart

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/19/86 To create new perc field in hopes of avoiding
pump system & getting gravity flow

PRE START

①	32'	225	332	232	249	(7 MIN) ②	23'	323	344	344	414	30 MIN
---	-----	-----	-----	-----	-----	-----------	-----	-----	-----	-----	-----	--------

11' hard bottom (see page 1) 9' D rock bottom

SHALLOW SYSTEM 32' to 52'

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

PERCOLATION TESTING

*7/3/86
perc for repair
suitable enough
(B)*

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

A _____

P _____

DISTRICT _____

DATE _____

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 MRS REDMOND

ADDRESS 2830 MARRIOTTSVILLE PHONE _____

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED *11/10/86*
Serial # 8808

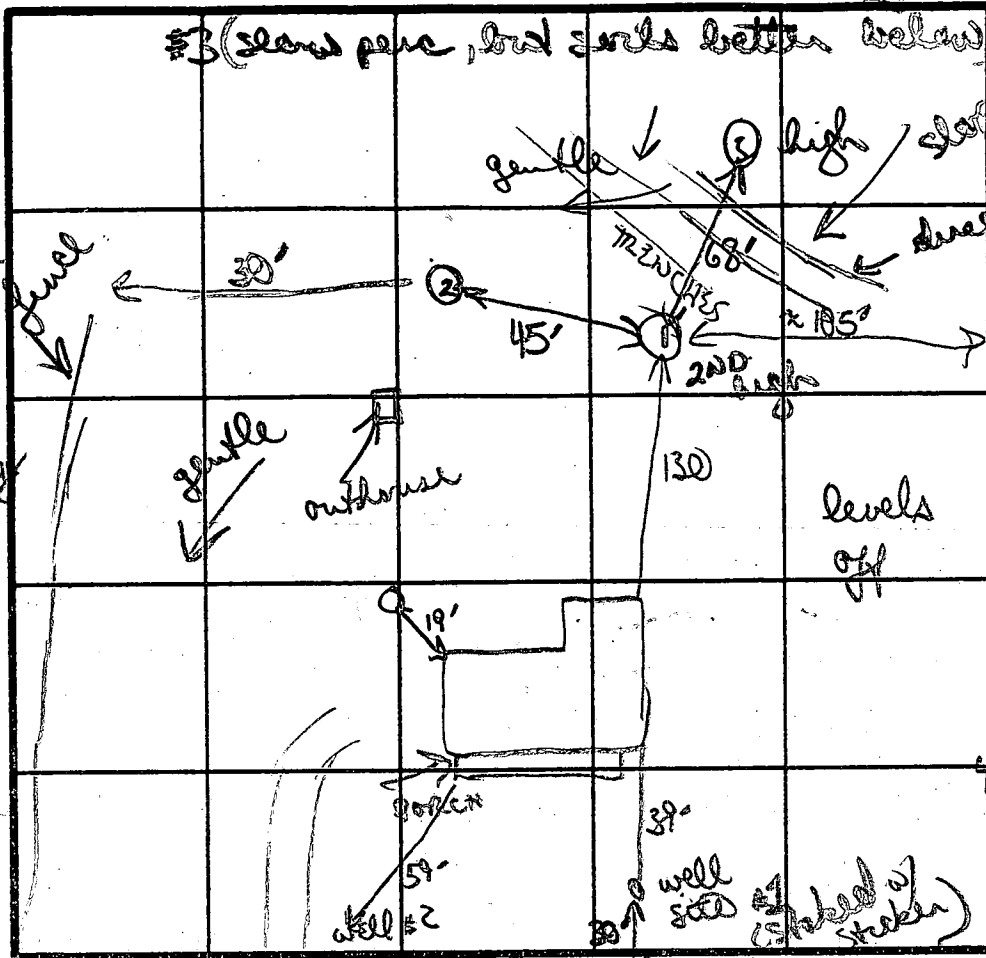
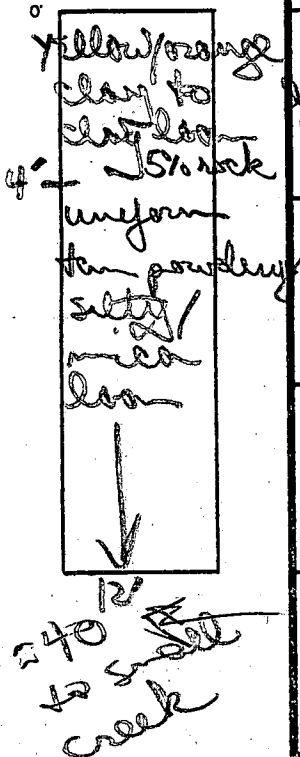
THIS IS NOT A PERMIT

#2 marginal hole

(slow perc + H₂O - use only as future repair)

#3 (slow perc, but soils better below)

SOIL PROFILE



6-8" AP ZONE
Yellow/brown clay/clay loam with 20% 3-15" frags hard rock
yellow sandy mic loam changing to brown loam w/ small frags weathered material

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE. MARKTOSVILLE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/3/86	①	5'S	221	222	222	224	2min	
		12'D	bottom (see profile)					
	②	3'S	254	312	317	350	33min	
		12'D	bottom (see profile) (water trickling in)					
	③	3½'S	347	403	403	437	34min	
		12'D	bottom (see profile)					
		INLET 4'						
		MAX DEPTH 6'						

②
brown/yellow clay loam
2½" small layer black compact soil
sandy/silty mic loam (some clay smear)
silty loam (clump!)

soils variable to some degree. Pump system + shallow system will be needed
3-4' orange/yellow clay; silty mic loams below

REMARKS:
TYPE OF SOIL:
TESTED BY: Bert Numan
ALSO PRESENT: Chuck, Matt Anderson

12" H₂O

EH-12-2019

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P _____

A _____

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

~~888-2330~~

DATE _____

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER MRS REDMOND

ADDRESS 2830 MARRIOTTVILLE RD

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 2 EXISTING

↑
TO BE 1000 gal

existing out house - no inside plumbing

7/3/86
(PW)

"New" kitchen & bathroom to be installed
potential 3rd bedroom also to be installed

pump system will be likely
old hand dug well to be abandoned after
new well & plumbing hooked up.

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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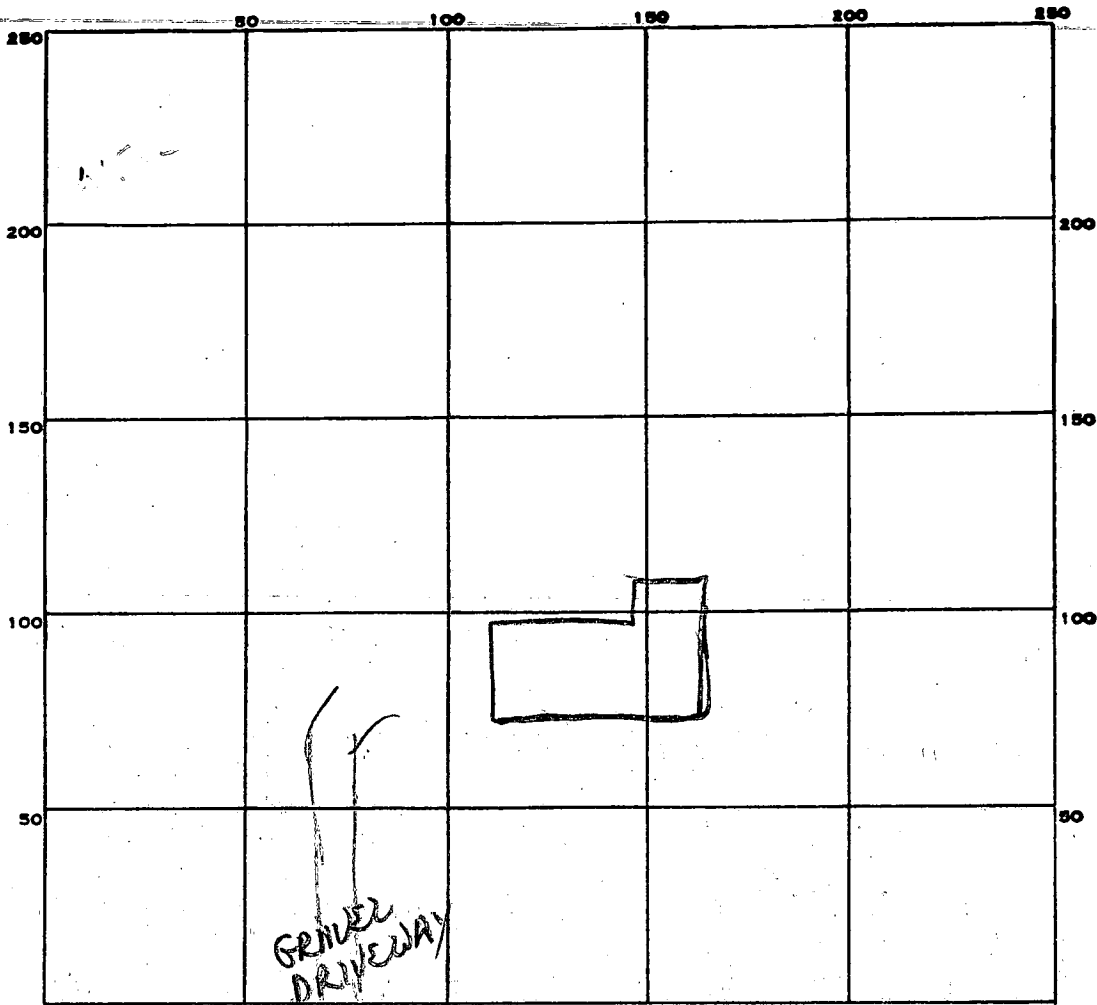
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***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

CALL ~~888-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



190
3
570
190

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

EXISTING HAND DUG WELL ABANDONED BY
 TIM FRENCH, ACME HOME IMPROVEMENTS UNDER SUPERVISION
 OF HEALTH DEPT. WELL WAS 17' DEEP; 12' OF CLEAN FILL
 (SAND & ROCK FRAGMENTS); 3' CONCRETE PLUG, 2' CLAY TOPSOIL COVER.
 12/10/86 CW/llian

DATE SYSTEM APPROVED _____ INSPECTOR _____

9/22/86
②

MRS REDMOND
2830 MARRIOTTSVILLE RD

A P 37209

SUBDIVISION:

LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon		
4 bedroom	1250 gallon		
5 bedroom	1500 gallon		

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

170 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 3 1/2 feet below original grade.
 Bottom maximum depth 5 1/2 feet below original grade.
 Effective area begins at 3 1/2 feet below original grade.
2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: SHALLOW TRENCH SYSTEM, FOUR 53' LONG TRENCHES REQUIRED, 1250 OR 1500 gal SEPTIC TANK, TRENCHES 6-7 FEET APART. START FIRST TRENCH 125' DOWN THE RIGHT (885.6) LOT LINE AND 63' OFF THE RIGHT LOT LINE AS SEEN WHEN FACING PROPERTY FROM MARRIOTTSVILLE RD. RUN TRENCHES ALONG CONTOUR BACK TOWARDS RIGHT PROPERTY LINE. BE SURE TO MAINTAIN 100' MINIMUM DISTANCE FROM WELL TO SEPTIC.

C1 5381

SEQUENCE NO. (OEP 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. 36 ON ALL CARDS)

COUNTY NUMBER R-37209

DATE RECEIVED

DATE WELL COMPLETED 1/10/86

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" WO-81-173K

OWNER REDMOND FANSY STREET OR RFD 2800 MARRIOTTVILLE RD TOWN MARRIOTTVILLE SUBDIVISION MAP 16 Q-16 P-47 SECTION LOT

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. Rows include Top Soil, Sandy, Sand Stone, Mick H, Sand Stone, Mick H.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD STEEL ST CONCRETE CO PLASTIC PL OTHER OT

MAIN CASING TYPE PL Nominal diameter 6 Total depth 45

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

SCREEN RECORD STEEL ST BRASS BRZ BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

Table for screen depth with columns for depth (nearest ft.) and rows for screen depth intervals.

- 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"

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE SITE SUPERVISOR

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 35

WHEN PUMPING 165

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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

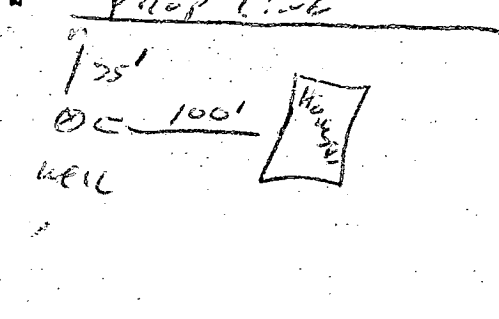
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

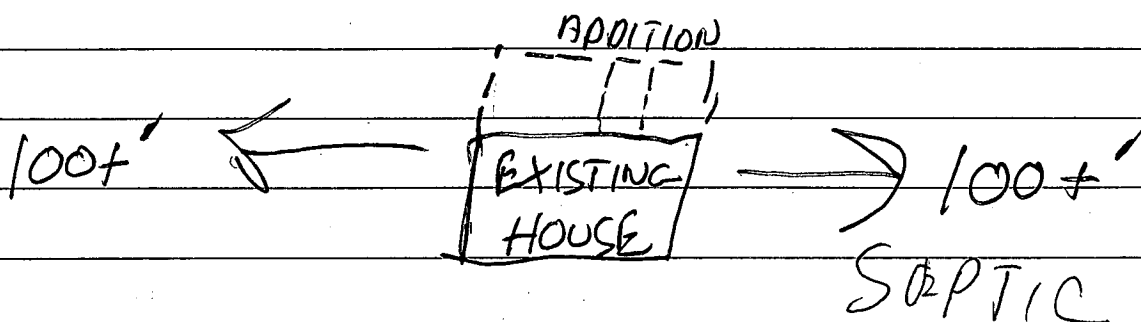
CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS



SEPTIC REPAIR
APPLIED FOR
BY AHI & HOUSING DEPT.
OK TO PROCEED,
11/14/86

○ WRLC



ROAD

2830 MARRIOTTSVILLE RD.

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

December 29, 1986

Mr. David Zappasodi
Howard County Housing and Community Development
Carroll Building
3450 Court House Drive
Ellicott City, Maryland 21043

RE: Redmond Property
2830 Marriottsville Road

Dear Mr. Zappasodi:

This is to advise you of progress on recommended improvements to the above referenced property.

The hand dug well was abandoned and sealed to the satisfaction of the Howard County Health Department December 10, 1986.

The construction of the replacement well (HO-81-1738) was approved November 7, 1986. Please contact this bureau to arrange for the necessary sampling to determine its potability.

Additionally installation of the septic system was completed and approved December 12, 1986.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

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

Craig Williams, Director
Water and Sewerage Program

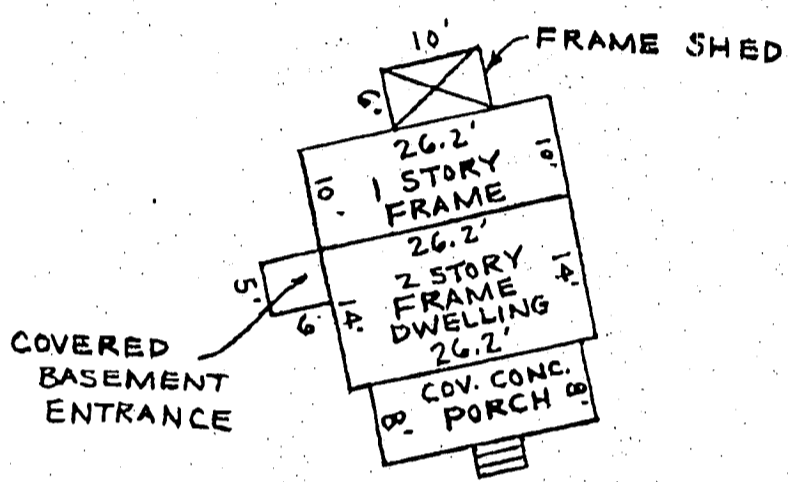
CW:JR

cc: Tim French
Acme Home Improvements

W 200'

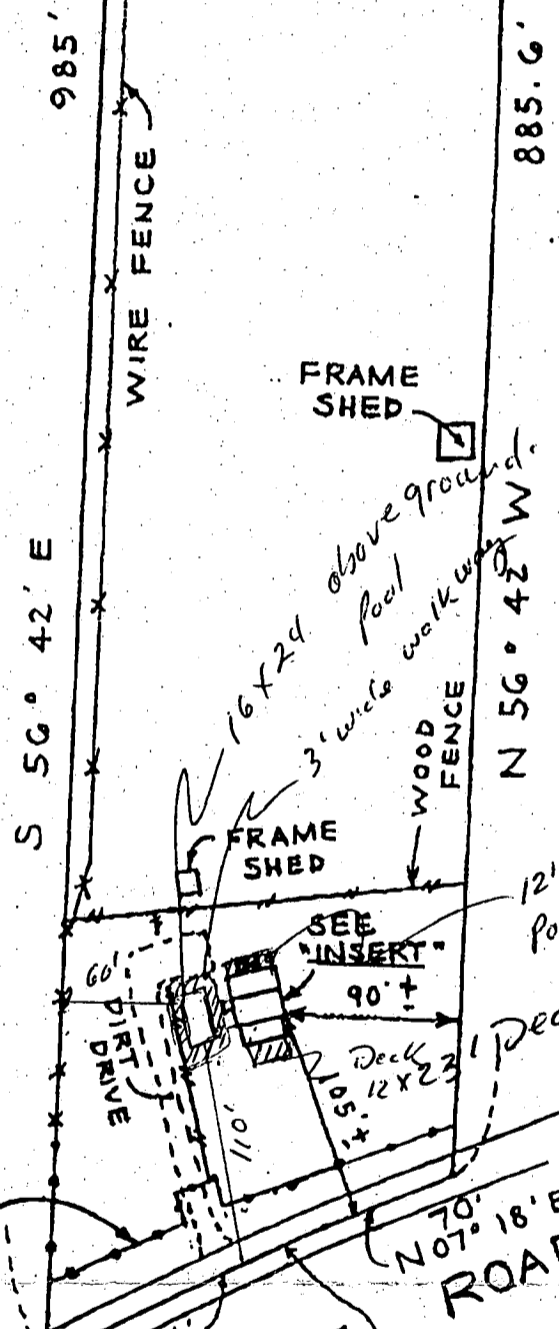
4.294 Ac.±

COMMUNITY PANEL NO. 240044 0016 B
ZONE "C"
THIS PROPERTY IS NOT LOCATED
IN A FLOOD HAZARD ZONE



"INSERT"
SCALE: 1" = 20'

LOCATION SURVEY
2830 MARRIOTTVILLE ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 3613 - 216



J. Tilghman Downey, Jr.

THE PLAT IS A BENEFIT TO THE 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 ACCURATE IDENTIFICATION OF PROPERTY
BOUNDARY LINES, SUCH IDENTIFICATION MAY NOT BE REQUIRED
FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR
REFINANCING. I HEREBY CERTIFY THAT THE LOT SHOWN HEREBY HAS
BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS ONLY.

N 05° 48' E
153.4'
MARRIOTTVILLE
E ROAD

O.K. for above ground
Pool & Deck.

02 - 3042

SITE RITE SURVEYING, INC.
200 E. JOPPA ROAD
SHELL BUILDING

Building Address 2830 Marriottsville Rd
Marriottsville Md 21106

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

Census Tract 6030 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 16 Parcel 47 Grid 16

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Jong Young Yoo

Address 2830 Marriottsville Rd

City Marriottsville State MD Zip Code 21114

Home Phone 410 7112481 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ pool

Estimated Construction Cost \$ 100k

Description of Work 95' x 45' pool with 4' deep deck

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Deck 23x12 Pool

Contact Name 23x12 Pool Deck

Address Year

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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 Jong Young Yoo

Title/Company Owner

Print Name Jong Young Yoo

Date 9/25/02

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: _____	4-3269
State Highways			Rear: _____	Filing fee \$ _____
Building Official	9/25/02	[Signature]	Side: _____	Permit fee \$ <u>100</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	9/25/02	[Signature]	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>100</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>1007</u>
				Validation # _____
				Accepted by <u>[Signature]</u>

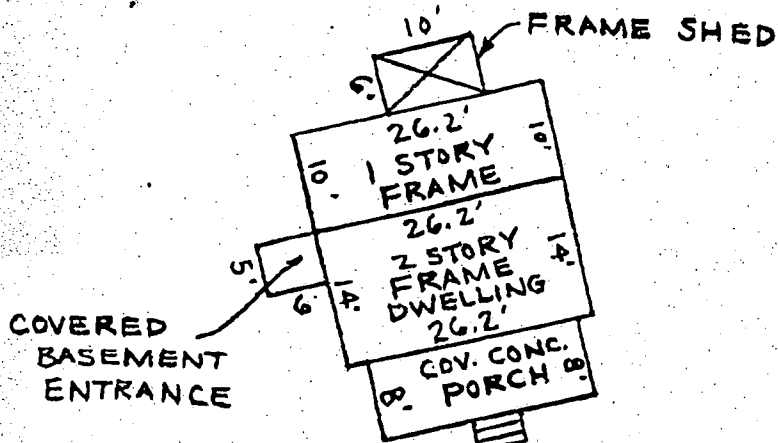
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Form PERMIT.FRM Rev: 5/17/00

240044 0016 B

ZONE "C"

THIS PROPERTY IS NOT LOCATED
IN A FLOOD HAZARD ZONE



"INSERT"
SCALE: 1" = 20'

LOCATION SURVEY
2830 MARRIOTTVILLE ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 3613 - 216

APPROVED

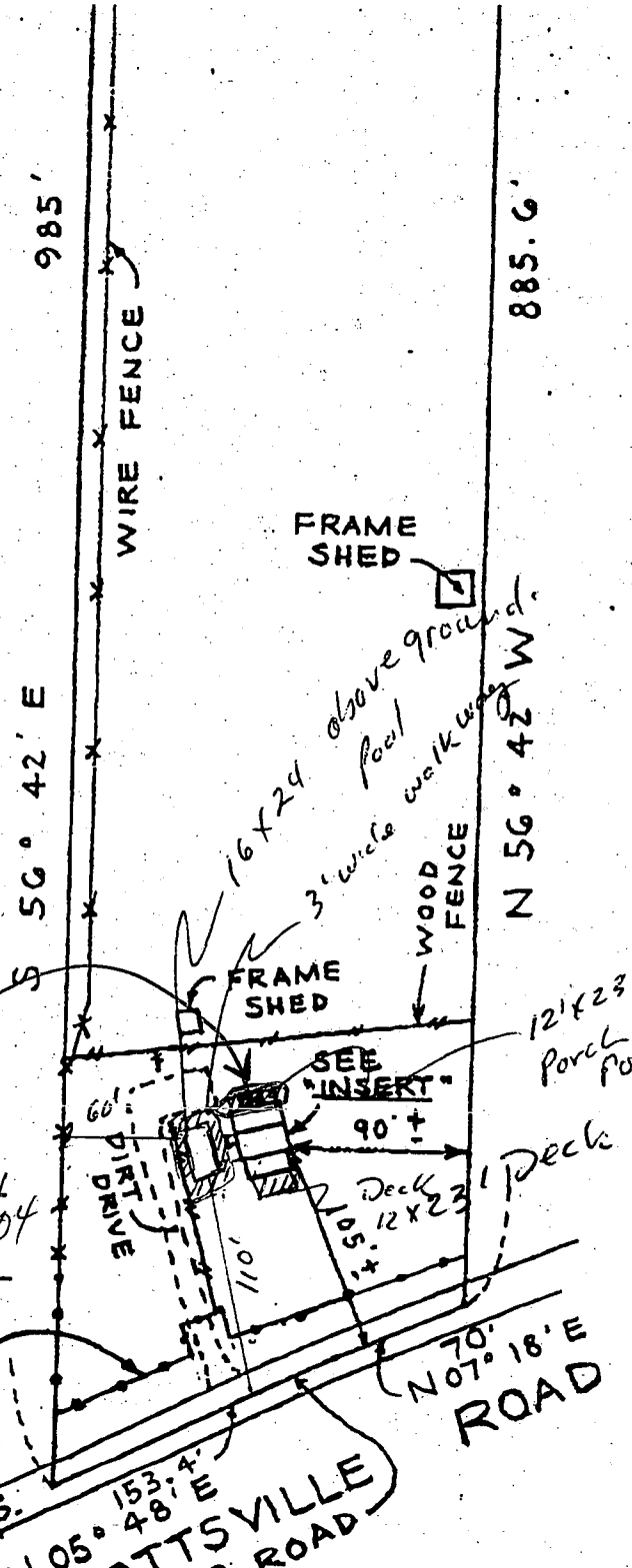
WALK-THRU BUILDING PERMIT
BP# 00147575 A# 37208
APP. SAN ML DATE: 4/21/04
DESC. OF WORK: Enclose ex.

porch WROUGHT
IRON FENCE



J. Tilghman Downey, Jr.

THE PLAT IS A BENEFIT TO THE 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 ACCURATE IDENTIFICATION OF PROPERTY
BOUNDARY LINES, SUCH IDENTIFICATION MAY NOT BE REQUIRED
FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR
FINANCING. I HEREBY CERTIFY THAT THE LOT SHOWN HEREBY HAS
BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS ONLY.



OK for above ground
Pool & Deck.

02 - 3042

SITE RITE SURVEYING, INC
200 E. JOPPA ROAD
SHELL BUILDING ROOM 101

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00147575

Building Address 2830 Manassasville Rd.
Manassasville, MD 2104

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

Census Tract 6030 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel 47 Grid 16

Zoning RCDEO Map Coordinates 11A5 Lot size _____

Property Owner's Name Jong Young Yoo

Address 2830 Manassasville Rd.

City Manassasville State MD Zip Code 2104

Home Phone 410-442-9921 Work Phone _____

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

Phone _____ Fax _____

Existing Use _____ SPD

Proposed Use SPD

Estimated Construction Cost \$ 500

Description of Work Excavate Basement
23' x 12'

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant OWN

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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"/>
Use group: _____	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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home <u>276</u>	

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Applicant's Signature [Signature]

Print Name Jong Young Yoo
4/21/04

Title/Company MR 4/21/04

Date _____

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