

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 43068

A 33509

DISTRICT 5th

DATE 11/22/88

DATE SYSTEM APPROVED 10-17-88

INSPECTOR SAB

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

05-402107

Jack Fuock IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Brighton Pines II ROAD 13822 Lakeside Drive LOT 28, Area 2

PROPERTY OWNER BERNARD MERRITT  
~~Maggio Construction Company~~

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 5

TRENCHES - 228 sq. ft. per bedroom with garbage disposal. 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 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the front left lot corner, place 1st trench 390 feet down the left (592.69') lot line and 80 feet off the left lot line as seen when facing property from Lakeside Drive. Run trenches along contour back towards the left (592.69') and right (573.3') lot lines.

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

PLANS APPROVED BY Bert Nixon DATE 1/15/87

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 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 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS

**BUILDING PERMIT SIGNED AND RETURNED**

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

NOTE: SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*OLD TANK 3270*  
*BOD 135105*  
*MOLAN ROOM*

*1/30/2003 800140155 REMODEL BASEMENT*  
*12/11/03 800145457 - REMODEL BATHROOM*

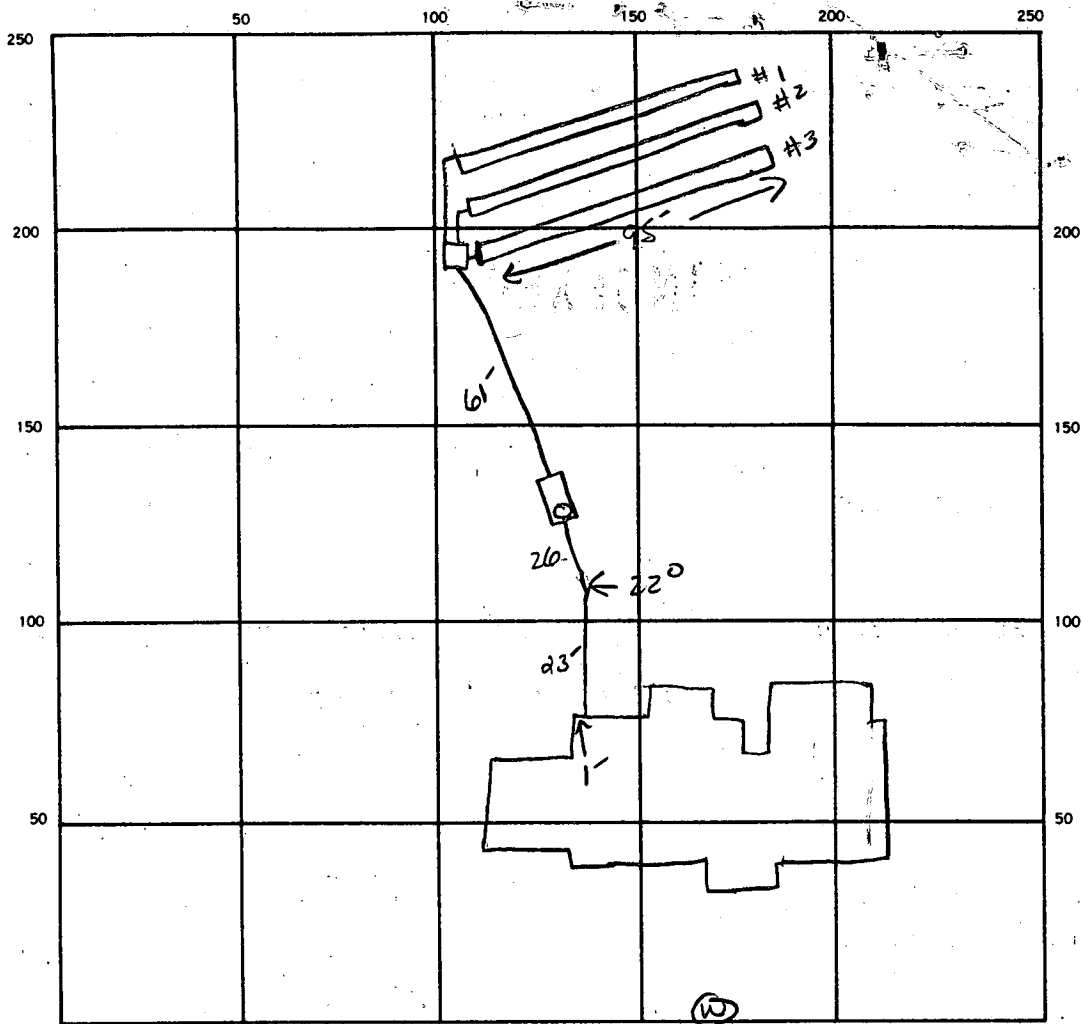
*BUDG. PERMIT SIGNED AND RETURNED 4/25/90*  
*Serial # 32291 - Pool*

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

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

EM - 2-1186

A 33509



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

LAKESIDE DR.

SEPTIC TANK LEVEL 2000 GAL ✓ CLEANOUTS ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 95 95 95 RF 28'5 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 1240 SQ. FT.

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

ABSORBENT AREA 1240 SQ. FT.

REMARKS 10-17-87 OK TO SPINE #1 & 2 S. Abel

REMOVED FROM RECORD

AND RETURNED

DATE SYSTEM APPROVED 10-17-87 INSPECTOR S. Abel

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 33509

P \_\_\_\_\_

DISTRICT 5

DATE 1-30-84

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.

*Maggio Constr Co.*

PROPERTY OWNER ~~ANNA Mc Carthy Philip A. Menglitz~~

ADDRESS 4100 Cathedral Ave N. 20016 PHONE ~~202-363-2725~~  
834-0498

PROPERTY LOCATION: Brighton Pines II  
SUBDIVISION ~~Propper prop~~ LOT NO. ~~20~~ <sup>new lot</sup>

ROAD AND DESCRIPTION Nicholas Dr <sup>13822</sup> ~~1379~~ Lakeside Drive 28 area 2

SIZE OF LOT 3A TYPE BLDG. SFD  
(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.

*Richard Permitt 465-0842*  
(SIGNATURE OF APPLICANT)

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

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

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

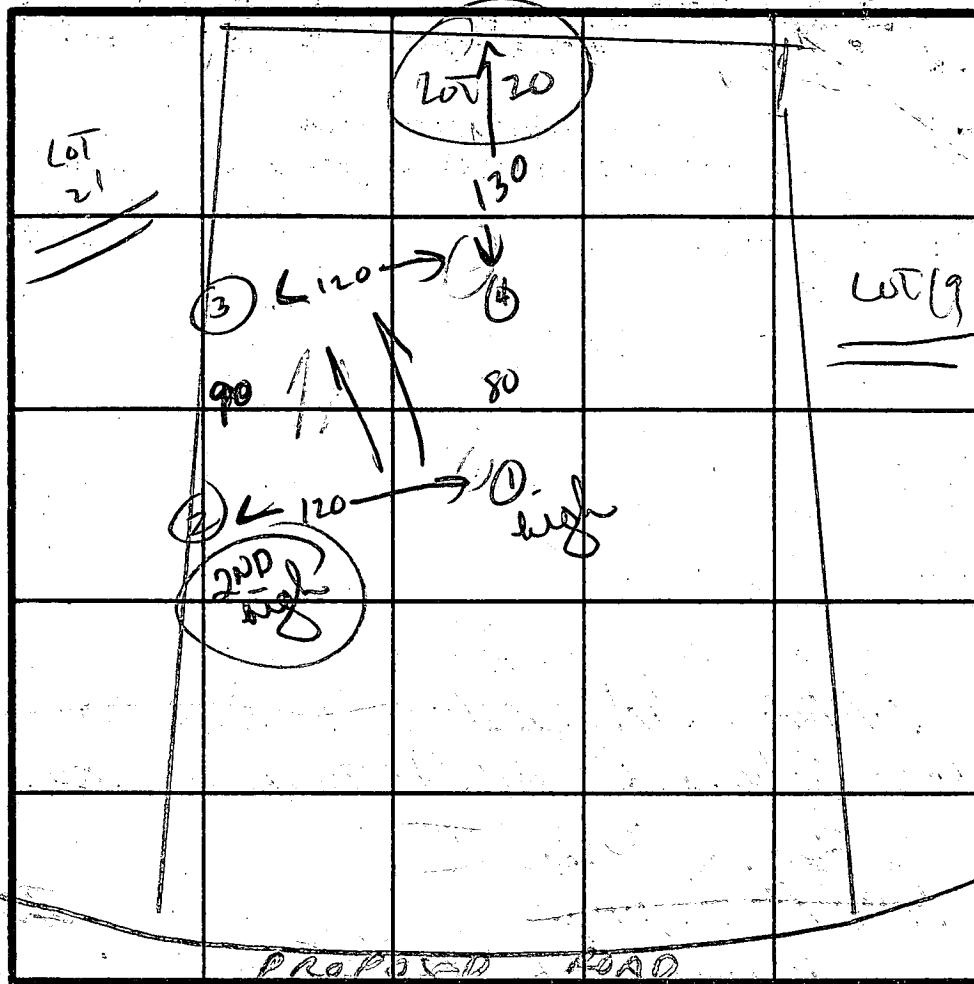
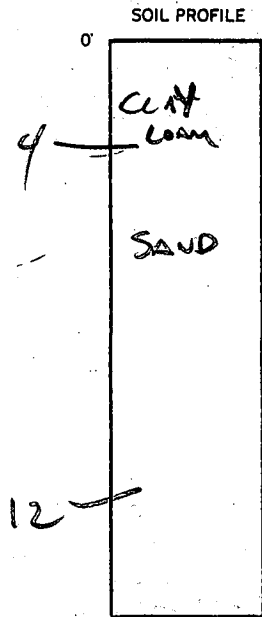
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 5-17-81

BLDG. PERMIT SIGNED  
AND RETURNED *[Signature]*  
5-17-81

*BP 18456*

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2-21-84	1	4 8	1:00	1:03	1:03	1:07	4 MIN	
			SANDY					
			CLAY TO 4' THEN MICA SAND LOAM					
2-21-84	2	4 8	1:00	1:03	1:03	1:08	5 MIN	
		12	SANDY					
2-21-84	3	4 8	1:02	1:12	1:12	1:26	14 MIN	
			1:02	1:04	1:04	1:07	5 MIN	
			CLAY TO 4' THEN MICA SAND LOAM TO 12'					
2-21-84	4	4 8	12:58	1:00	1:00	1:02	2 MIN	
		12	CLAY TO 4' THEN MICA SAND LOAM					
			SLIGHTLY SHALEY 12-12'					

REMARKS 2 & 3 ARE SAME HUBS USED FOR LOT 21

TYPE OF SOIL

TESTED BY C. W. [Signature] ALSO PRESENT DEWITT

EH-12-1079

B 1 1562 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

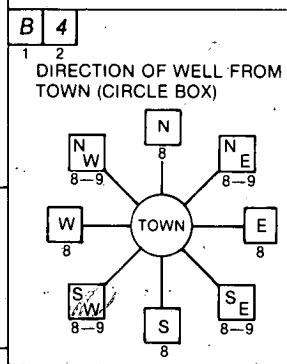
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
 10-81-1862  
 fill in this form completely

Date Received  
 OWNER INFORMATION  
 HIGLYND Development  
 13707 Lakeside Drive  
 CLARKSVILLE MD 21029

B 3 LOCATION OF WELL  
 HOWARD COUNTY  
 BRIGHTON PINES SUBDIVISION  
 SECTION 1 LOT 28 Area  
 DAYTON NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION  
 Driller's Name Joseph L. Magee License No. 238  
 Firm Name Joseph L. Magee Well Drilling  
 Address 5512 Ridge Rd. Mt. Airy Md. 21771  
 Signature Joseph L. Magee Date 12/16/84



Takeside Drive NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 75 FT  
 ENTER FT or MI 47

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 NAME A 33509 COUNTY NO.  
 OEP SIGNATURE DATE ISSUED 01/13/87  
 CO SIGNATURE R. Wilson EXP. DATE 07/13/87  
 NORTH GRID 501000 EAST GRID 0801000

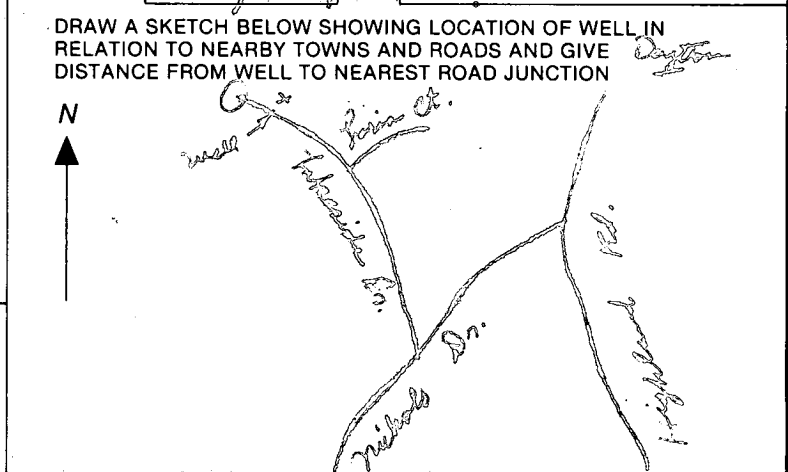
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 809  
 N 509  
 2/17/87 well OK well OK side RH

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 INITIALS PERMIT NO. 1081-1862

SPECIAL CONDITIONS

(W)

LAKESIDE DRIVE

① LOCATION OK

② Arrive 10 35 AM Gout already started

③ 63 FT PIPE

④ 50T OPEN

⑤ 16 bags of Tan

⑥ Well Gout off

C1 3808 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED  
 COUNTY NUMBER 10-51-3202

DATE Received 02/12/87 DATE WELL COMPLETED 02/12/87 Depth of Well 325 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-31-1862

OWNER DEVELOPMENT HIGHLAND  
 STREET OR RFD LAKE SIDE DRIVE TOWN  
 SUBDIVISION BRIGHTON PINES SECTION 1 AREA 2 LOT 28

WELL LOG  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<u>SAND</u>	<u>0</u>	<u>53</u>	
<u>Gray Mica Rock</u>	<u>53</u>	<u>325</u>	<input checked="" type="checkbox"/>

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 15 NO. OF POUNDS 1410  
 GALLONS OF WATER 40  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 50 ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE  ST  
 Nominal diameter top (main) casing (nearest inch) 63  
 Total depth of main casing (nearest foot) 325

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  OT  
 PLASTIC OTHER

DEPTH (nearest ft.) 325  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN 63 (NEAREST INCH)

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

C 3

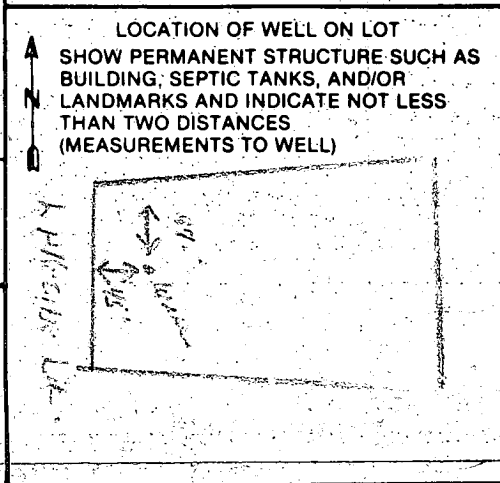
PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 7  
 METHOD USED TO MEASURE PUMPING RATE check  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 73 WHEN PUMPING 206  
 TYPE OF PUMP USED (for test)  S submersible

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) 31  
 PUMP HORSE POWER 37  
 PUMP COLUMN LENGTH (nearest ft.) 43  
 CASING HEIGHT (circle appropriate box and enter casing height)  + above } LAND SURFACE 2 (nearest foot)  
 - below }

CIRCLE APPROPRIATE LETTER  
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238  
 DRILLERS SIGNATURE Donald M. Mason  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





10-21-88  
AM

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation   
Replacement

Receipt # P 42828  
Date 11-20-88

Name of Installer Catonville Plumbing & Heating

Telephone 747-2293

License number 3104  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Magic Construction

Telephone 747-2293

Subdivision Lake Side Brighton Pines # 28

Well tag # HO-81-1882

Site Address 13622 Lakeside Dr  
(13822)

Pump

- 1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible

Motor

- 1. Horsepower 1
- 2. RPM
- 3. Voltage 
  - a. 110
  - b. 220

Pitless Adapter

- 1. Make MARTINSON
- 2. Model # B-10X
- 3. Depth 42"

2. Make KED JACKET

3. Model # 100CNICW30AD

4. Capacity 3 GPM

5. Pump exceeds well capacity Yes  No

6. If Yes, is low pressure cutoff switch installed? Yes  No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Tank

- 1. Capacity
- 2. Pressure relief valve? yes

Piping

- 1. Type Poly Blue
- 2. Size 1
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 300' ft.
- 2. Yield 4 GPM
- 3. Static water level 53 ft.
- 4. Will water supply be disinfected by installer? yes

PITLESS & WELL LINE 3-3 1/2' BELOW GRADE  
X-TROLL PRESSURE TANK WITH RELIEF VALVE  
OK TO COVER ALLOWANCE 10/20/88 CW/elli-

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).

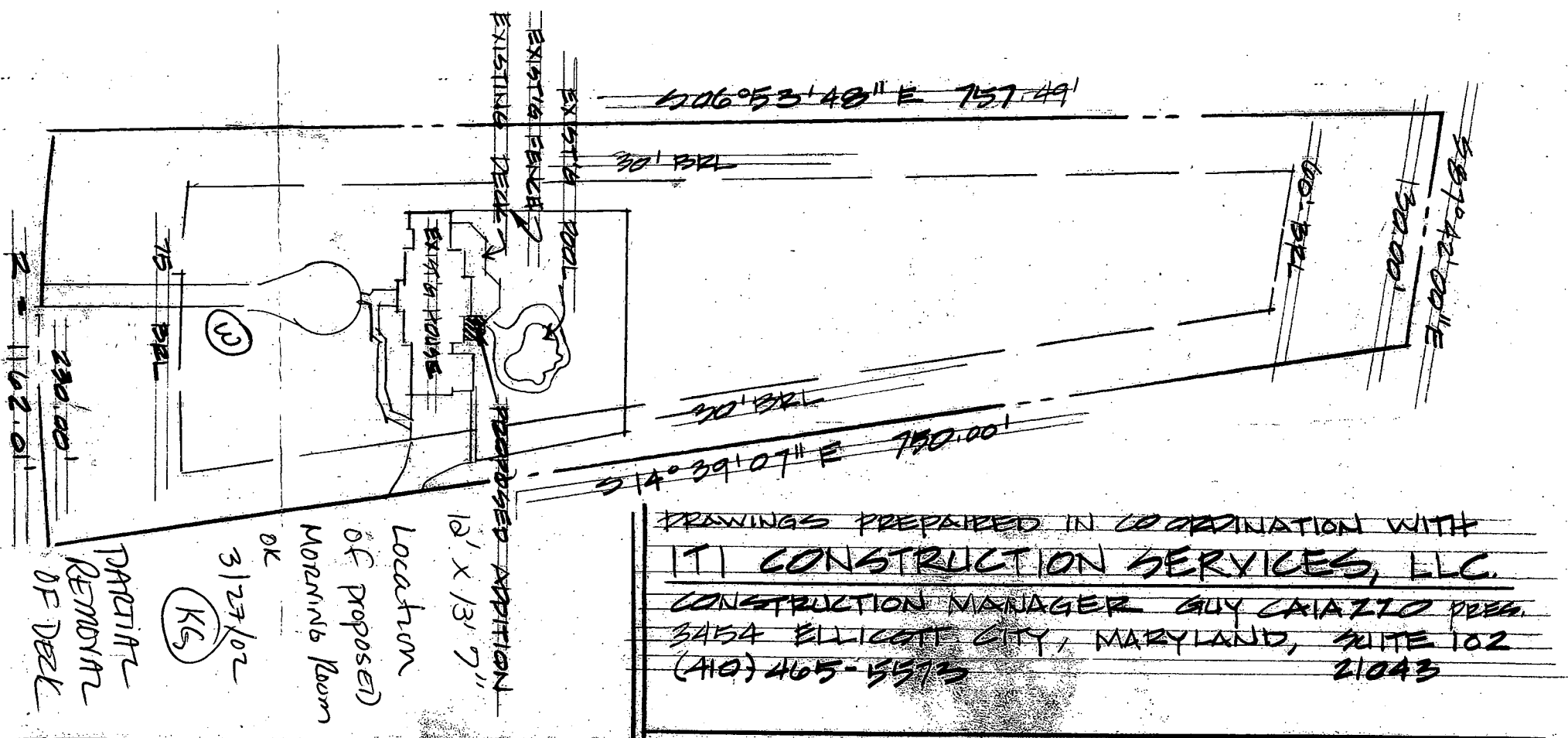
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10/14/88

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

SITE PLAN  
SCALE 1" = 60'-0"



DRAWINGS PREPARED IN COORDINATION WITH  
 ITI CONSTRUCTION SERVICES, LLC  
 CONSTRUCTION MANAGER GUY CAIAZZO PRES.  
 3454 ELLICOTT CITY, MARYLAND, SUITE 102  
 (410) 465-5573 21043

PROPOSED ADDITION  
 12' x 13' 7"  
 Location  
 of Proposed  
 Morning Room  
 OK  
 3/23/02  
 (KS)  
 PRCAITL  
 REMOVAL  
 OF DECK

ADDITIONS & ALTERATIONS TO THE RESIDENCE OF  
**BERNIE & NANCY MERRITT**  
 13822 LAKE SIDE DRIVE, CLARKSVILLE, MARYLAND 21029  
 HOWARD COUNTY

Copyright ALMAX CORP INC. MARCH 2002  
 ALL RIGHTS RESERVED

MARCH 12, 2002  
 SHEET # ONE OF FIVE

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

**B00135105**

Building Address 13822 Lake side Dr  
Clarksville, MD 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_  
 Census Tract UC917 Subdivision Brighten Plains  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 28  
 Tax Map 34 Parcel 10 Grid 1  
 Zoning MAP 10 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Bennie & Nancy Merritt  
 Address 13822 Lake side Dr  
 City Clarksville State MD Zip Code 21029  
 Home Phone 301-854-3425 Work Phone 202-490-1000  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone 410-465-5573 Fax 410-465-5934

Existing Use SF RESIDENTIAL  
 Proposed Use Minor Room  
 Estimated Construction Cost \$ 98,900.00  
 Description of Work Minor room addition

Contractor Company JIT Construction Services, LLC  
 Contact Person Guy Carozzo  
 Address 3454 Ellicott Center Dr #102  
 City Ellicott City State MD Zip Code 21043  
 License No. CTR09945  
 Phone 410-465-5573 Fax 410-465-5934

Occupant or Tenant Danny & Bernice Merritt  
 Contact Name \_\_\_\_\_  
 Address 13822 Lake side Dr  
 City Clarksville State MD Zip Code 21029  
 Phone 301-854-3425 Fax 202-490-1000

Engineer or Architect Company Almax Corp, Inc  
 Contact Person Jeff Jameson  
 Address 1288 Cross Foot Rd  
 City Mariottsville State MD Zip Code 21044  
 Phone 410-442-9923 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>12'-0"</u> <u>13'-7"</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" 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: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #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 THEREON; (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]  
 Title/Company Construction Manager

Print Name Guyton Carozzo  
 Date March 25 2002

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>3/27/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

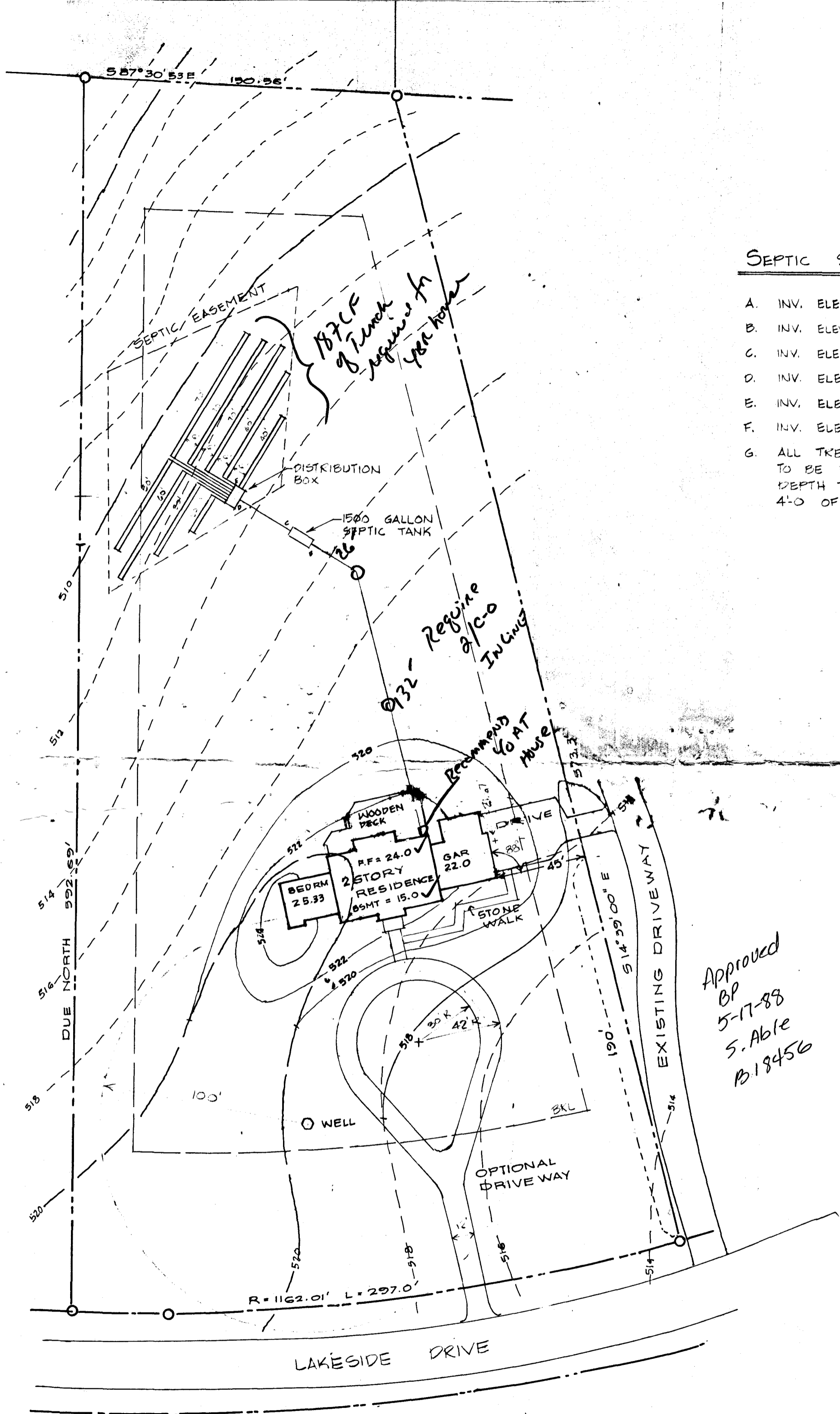
Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>25</u>
Side: _____	Excise tax \$ <u>22</u>
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>175</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>2928</u>
SDP/Red-line approval date _____	Validation # <u>61643</u>

Accepted by [Signature]

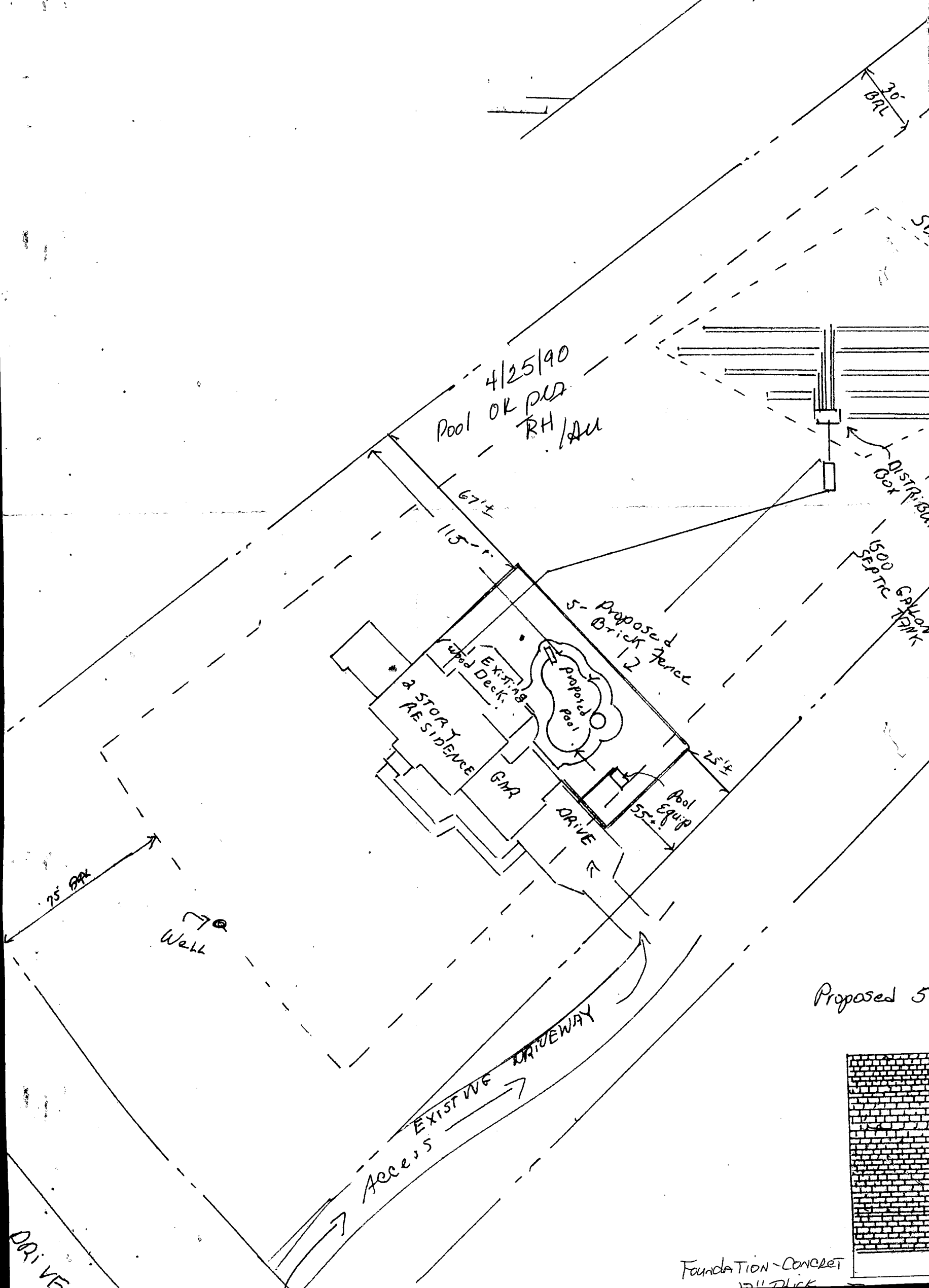




SEPTIC SYSTEM DATA

- A. INV. ELEVATION OUT OF HOUSE
- B. INV. ELEVATION INTO SEPTIC TANK
- C. INV. ELEVATION OUT OF SEPTIC TANK
- D. INV. ELEVATION INTO DISTRIBUTION BOX
- E. INV. ELEVATION OUT OF DISTRIBUTION BOX
- F. INV. ELEVATION INTO FIRST TRENCH
- G. ALL TRENCHES TO BE 2'-0" DEEP TO BE 3'-0" BELOW ORIGINAL GRADE. DEPTH TO BE 7'-6" BELOW ORIGINAL GRADE. 4'-0" OF STONE BELOW DISTRIBUTION BOX.

Approved  
 BP  
 5-17-88  
 S. Able  
 B.18456



4/25/90  
Pool OK PER  
RH/AU

67'±  
115'±

20' BRL

DISTRIBUTION BOX  
1500 GALLON SEPTIC TANK

Proposed 5' Brick Fence

2 STORY RESIDENCE  
GAR  
EXISTING Wood Deck

Proposed Pool

DRIVE

Pool Equip

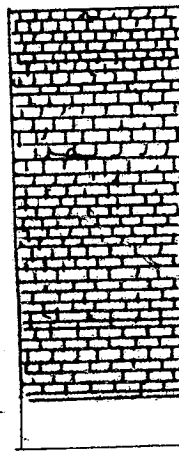
25'±

75' BRL

Well

EXISTING DRIVEWAY  
Access

Proposed 5'



FOUNDATION-CONCRETE  
12" THICK

DRIVE

Building Address 13822 Lakeside Dr  
Clarks Summit, MD 21029-1300

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

Census Tract 6051 01 Subdivision Brighton Pines

Section 1 Area 2 Lot 28

Tax Map 39 Parcel 224 Grid 1

Zoning RR Map Coordinates \_\_\_\_\_ Lot size 3.02 A

Property Owner's Name MERRA H, BERNAUD/NEUSEY

Address 13822 Lakeside Dr

City Clarks Summit State MD Zip Code 21029

Home Phone 301-254-3425 Work Phone \_\_\_\_\_

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

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

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 5,500

Description of Work Basement Remodel  
To create, Playroom, Gym, TV Area  
Bathroom (1) w/ shower, tub, and glass

Occupant or Tenant MERRA H BERNAUD/NEUSEY

Contact Name Bernaud Merr H

Address 13822 Lakeside Dr

City Clarks Summit State MD Zip Code 21029

Phone 301-254-3425 Fax \_\_\_\_\_

Contractor Company John Mendora

Contact Person John Mendora

Address 4045 LUMBER DR

City MT. AIRY State MD Zip Code 21771

License No. 85963

Phone 301-581-9184 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL	
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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input 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: N/A <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 THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREOF; (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.

John C. Mendora  
 Applicant's Signature

John C. Mendora  
 Print Name

1/30/03  
 Date

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

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

FOR OFFICE USE ONLY		PROPERTY ID#
AGENCY	DATE	<u>L-1250</u>
Land Development DPZ		Filing fee \$ <u>25</u>
Public Highways		Permit fee \$ <u>30</u>
Planning Official <u>[Signature]</u>		Excise tax \$ _____
Engineering DPZ		Add'l per. fee \$ _____
Protection		TOTAL FEES \$ <u>55</u>
Environment Control approval required prior to issuance		Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		Balance due \$ _____
CONTINGENCY CONSTRUCTION		Check <u>161</u>
ONE STOP SHOP <input type="checkbox"/>		Validation _____

No ↑ in bedrooms.  
 OK'd 1-30-03 (KN)

B 00145457

12/17/03

NO ADDITIONAL

BEDROOMS ADDED

SOIL PROFILE  
ADEQU.  
for age  
of system

EXISTING SLIVER  
TO REMAIN  
TILL PHASE II  
CONSTRUCTION

OUTLINE OF WALL TO BE  
REMOVED

**NEW W.I.C.**

REMOVE EXIST WALL  
AND DOOR AS SHOWN

EXISTING W.C.

REPLACE  
SINK

EXIST FIN. FLOOR  
EL (0'-0")

LINE OF EXIST  
CEILING ABOVE

CATHEDRAL CEILING

LINE OF EXIST  
CEILING ABOVE

BED ROOM

**EXPANDED  
MASTER BATH**

NEW 48" VANITY w/ SINK.

REMOVE EXISTING VANITY & 2 SINKS.  
INSTALL NEW VANITY & 1 SINK.

**EXISTING  
LIVING ROOM**

REMOVE EXISTING TOILET  
INSTALL NEW TILED SHOWER WITH DUAL HEADS

REMOVE DOOR  
& WALL

(KN)

30x80

24x80

30x30"  
POCKET DOOR

32x80

32x80

28-80

4 1/2"

46"

6 1/4"

4 1/2"

2 1/2"

11'-9 1/2"

4 1/2"

5'-0"

4 1/2"

NEW SHELF & ROD

NEW SHELF & ROD

NEW SHELF & ROD  
(Future)

NEW SHELF & ROD

NEW SHELF & ROD

30x30"

LINE OF EXIST  
CEILING ABOVE

BED ROOM

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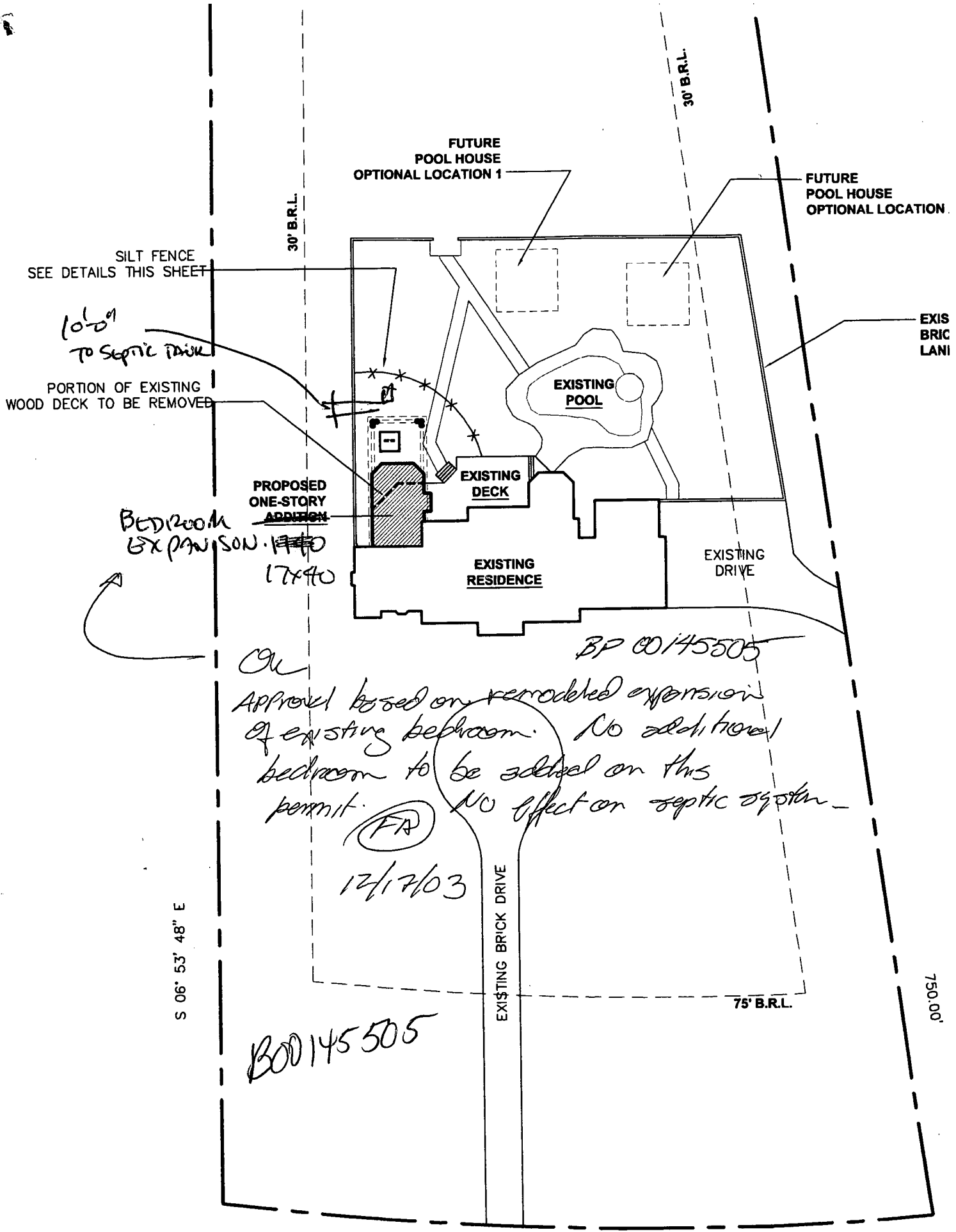
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LIVING ROOM**

REMOVE EXISTING TOILET  
INSTALL NEW TILED SHOWER WITH DUAL HEADS

REMOVE DOOR  
& WALL

A33509  
P43068

2001 DEC 12 PM 12:33



R = 1162.01'

A = 230.00'

LAKESIDE DRIVE