

Approved 7/13/83
Stayed

7/13/83
9:30 A.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 32942

A Repair

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-316673

ELLICOTT CITY
DISTRICT 4th

DATE 7/12/83

INDEX

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS Route 144, Ellicott City, Maryland PHONE 465-6646

SUBDIVISION Warfield Estates ROAD 14523 MacClintock Court LOT 18, Sec. 4

PROPERTY OWNER ~~William O. Becraft~~ Pam & Dave Bassett Timothy Hughes

ADDRESS 14523 MacClintock Court, Glenwood, Maryland 21738 Phone: 489-4762

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 4

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

Trenches - 120 ft long 9 ft deep with 5 ft of stone

PLANS APPROVED BY Frank A. Skinner DATE 7/12/83

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.

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 ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BLDG. PERMIT SIGNED AND RETURNED 7/28/83
Serial # 47058 - fence

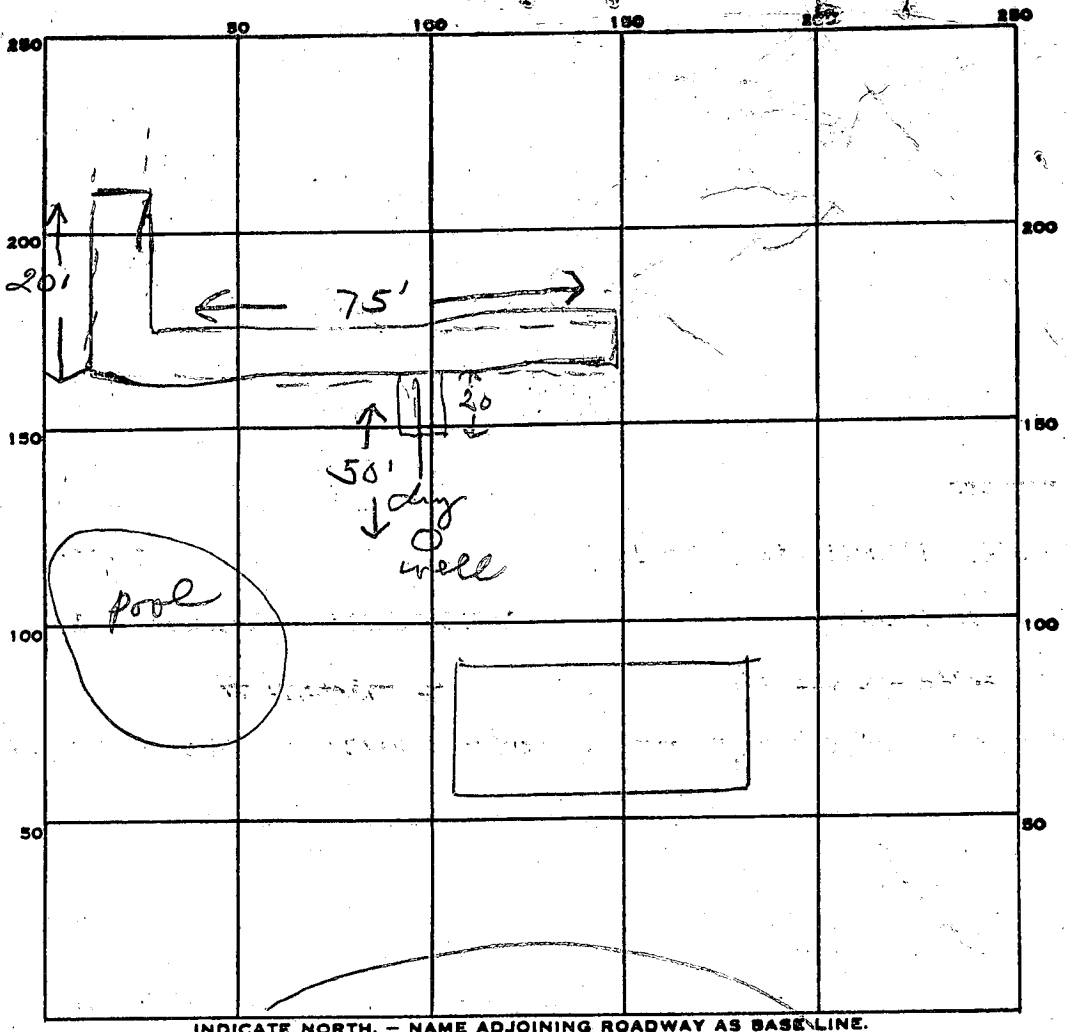
10/7/2002 800138612 UG PROPANE TANK

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

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

[Handwritten signature]



PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 115 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 575

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

ABSORBENT AREA 575 SQ. FT.

REMARKS 7/13/83 OK to add stone in trenches js
7/13/83 OK to cover all work js

**BUILDING PERMITTED
 AND RETURNED**

DATE SYSTEM APPROVED 7/13/83 INSPECTOR Stayer

Approved on
12 noon after
8/3/73

PERMIT

8/3/73
Partial OK
R.T.

P 18779

A 14913

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4

DATE 7/24/73

File

Howard Pickett IS PERMITTED TO INSTALL ALTER

ADDRESS Watersville Road, Mt. Airy, Md. PHONE 829-0543

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Warfield Estates ROAD MacClintock Ct. LOT 18, Blk. A, Sec. 4

PROPERTY OWNER Maple Hill Farms Associates

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - dig pit 15 ft. sq. - set block and top for 12 ft. diameter and fill in rest of pit with gravel. Dry well to have 6 ft. effective depth below the first 4 ft. of

original grade. Max. depth permitted for dry well is 10 ft. below original grade. Come off dry well 5 ft. begin trench. Trench to be 50 ft. long - 10 ft. deep with 6 ft. gravel under pipe. Call for inspection of trench before gravel is installed. Place dry well 150 ft. from front lot line and 73 ft. from left side line as seen when facing from MacClintock Drive - run trench toward left side line.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PLANS APPROVED BY R. Hodges DATE 1/12/72
PERMIT VOID AFTER THREE YEARS.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 8/5/73
Serial # 50366
P.H. + Fence

A 14913

APPLICATION

A 14913

SEWAGE DISPOSAL TESTING

F _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

3BR

4BR

6 15

ELLICOTT CITY

DISTRICT 4

DATE 10/27/69

1000 gal Tank

1250 gal Tank

Dry Well - 465 sq ft sidewalk area

Dry Well 620 sq ft sidewalk area below inlet

Dry well inlet to be no deeper than 4 FT and

Dry well bottom to be no deeper than 10 1/2 FT

Place the dry well 150 FT from the front lot line and 73 FT from the left side of

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. *the lot from MacClintock Ct*

PROPERTY OWNER Maple Hill Farms Associates

ADDRESS 9300 Fontana Ave., Seabrook, Md, 20801

Any questions call:
Mr. Silberman
243-2584

PROPERTY LOCATION:

SUBDIVISION Warfield Estate

LOT NO. 81, Sec. 2

ROAD AND DESCRIPTION Circle 6 MacClintock Ct

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 50' x 207' x 375' x 25' x 375'

TYPE BLDG. _____

3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ MacClintock & Huster

APPROVED BY Raymond Hodger

FOR

(KIND OF SYSTEM)

DATE 1/21/72

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

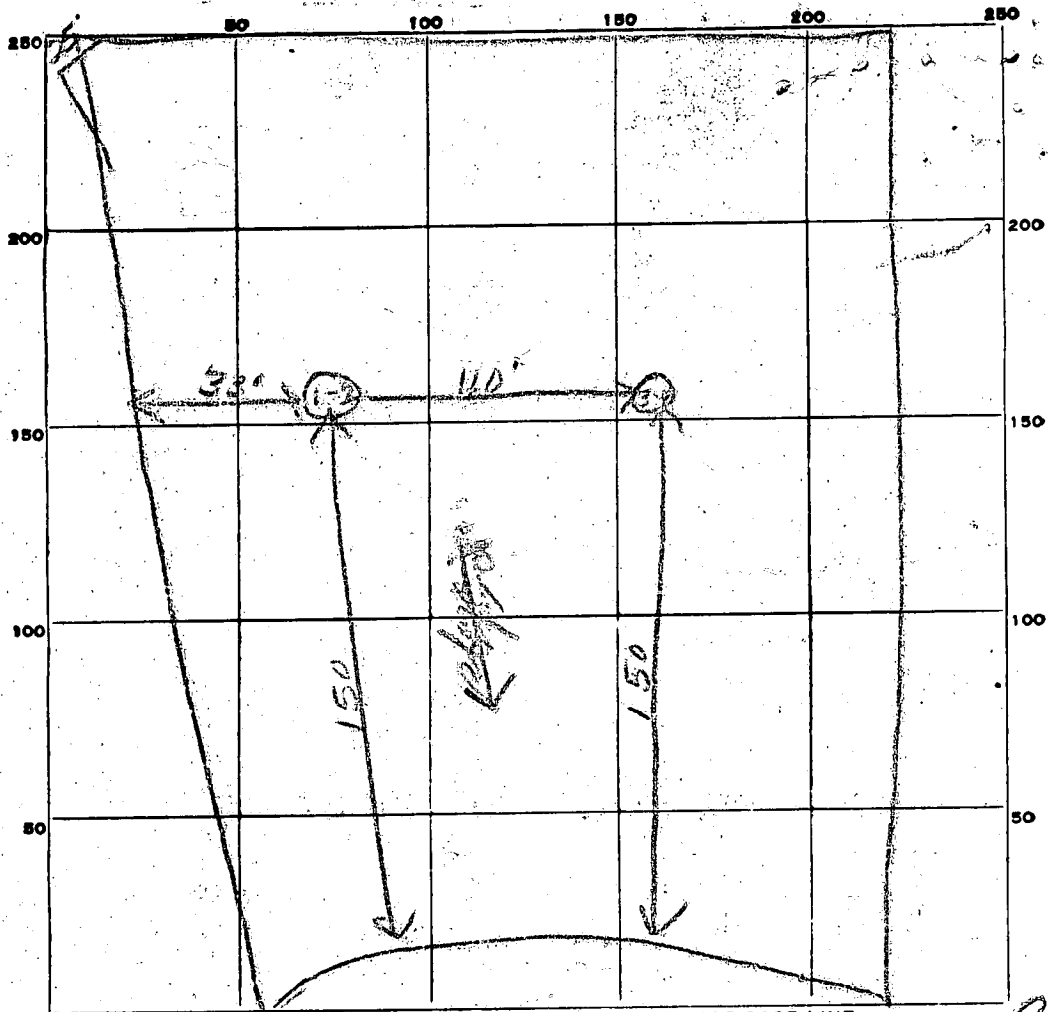
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Will be attached

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/69	1	10 1/2"	10 ³²	10 ³³	10 ³²	10 ⁴²	10 min
	2	4"	10 ³²	10 ⁴⁵	10 ⁴⁵	10 ⁵⁵	15 min mat lines
	3	10 1/2"	10 ³²	10 ⁴⁰	10 ⁴⁰	10 ⁵⁵	15 min
	4	4"	10 ³²	10 ⁴¹	10 ⁴⁴	10 ⁵⁹	18 min

SOIL AUGER FINDING _____

TESTED BY *Jus* _____

REMARKS _____

APPLICATION

A 14913

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/27/69

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Maple Hill Farms Associates

ADDRESS 9300 Fontana Ave., Seabrook, Md. 20801 PHONE _____

Any questions call:
Mr. Silberman
243-2584

PROPERTY LOCATION: _____

SUBDIVISION Maple Hill Farms LOT NO. 81 Sec. 2

ROAD AND DESCRIPTION Circle 6

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 50' x 207' x 375' x 25' x 375' TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ MacClintock & Huster

APPROVED BY Raymond Halger FOR Raywell DATE 1/12/72

(KIND OF SYSTEM)

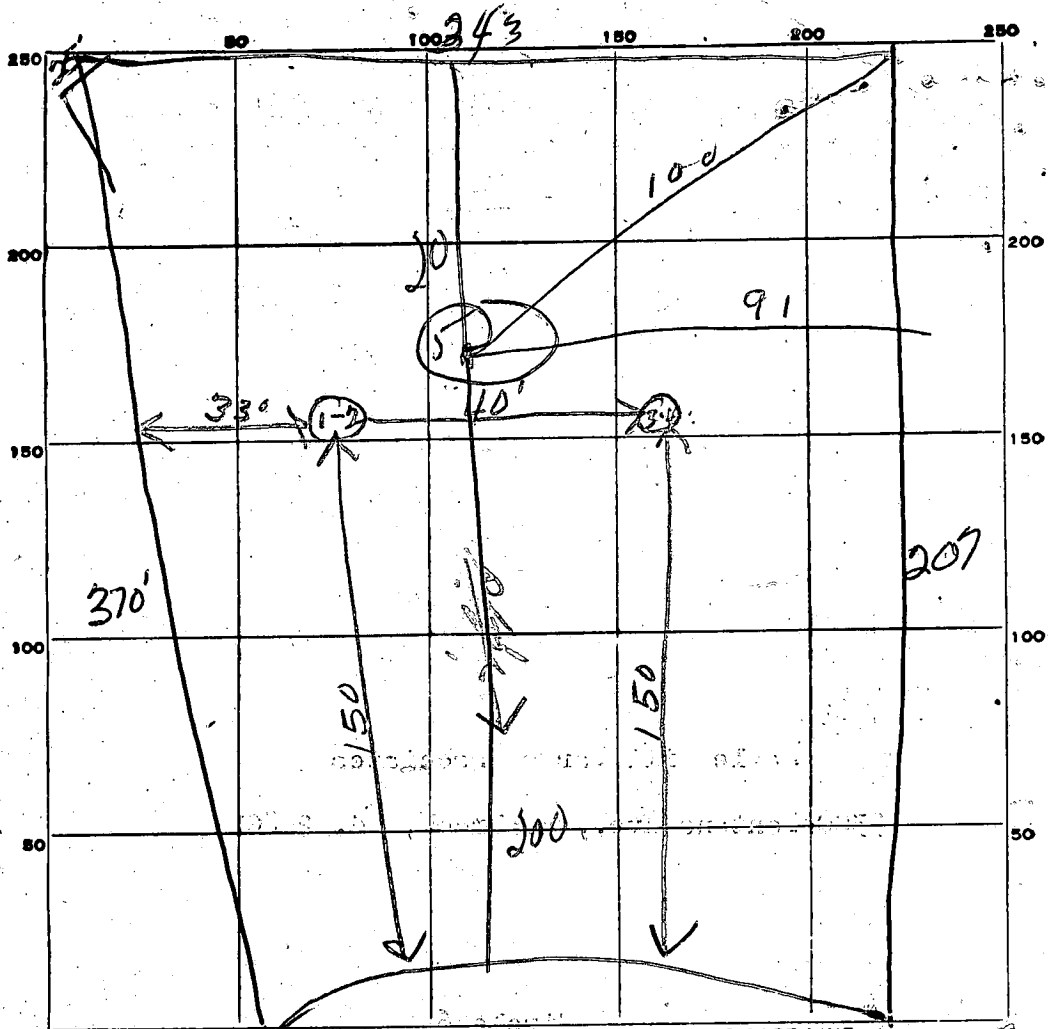
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Circle 6 *March 1978* *lot 4*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/68	1	10 1/2"	10 ²⁹	10 ³²	10 ³²	10 ⁴²	10 ^m
	2	4"	10 ³²	10 ³⁵	Slow 20 min mat time		30
	3	10 1/2"	10 ³¹	10 ⁴⁰	10 ⁴⁰	10 ⁵⁵	15 ^m
	4	4"	10 ³¹	10 ⁴¹	10 ⁴¹	10 ⁵⁹	18 ^m
5/24/78	5	0 1/2"					

lot 4
73
19
lot 81
Sec 2

SOIL AUGER FINDING _____
 TESTED BY *JTW* _____
 REMARKS _____

Drywell
Ex El 573E
El & Perq 573E
Inv. 569.2

Tank
Inv. 70.2

18
47.730 #

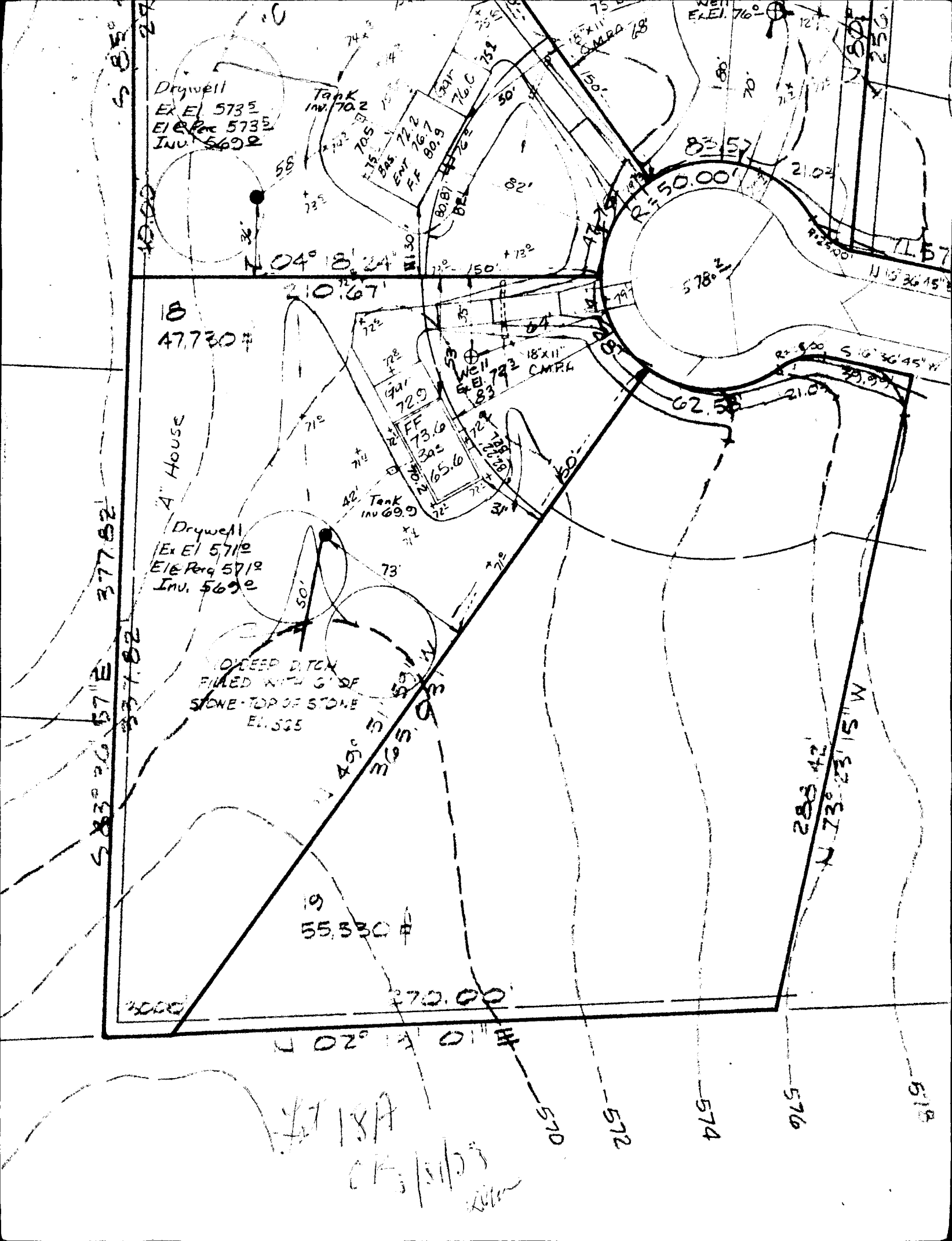
A' House

Drywell
Ex El 571E
El & Perq 571E
Inv. 569.2

10' DEEP DITCH
FILLED WITH GRADE
STONE - TOP OF STONE
EL. 525

9
55.530 #

18A
OK 1/5/03
[Signature]



STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER
Ho 13-051
FILL IN THIS FORM COMPLETELY

B 1 4043 SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) 7/9/73 P.M. 1:30
OWNER Hallie Enterprises
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD 9332 Annapolis Rd. COL. 58
COL-36
POST OFFICE Randall MD. COL. 76
COL-57

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE 4-6-73 LICENSE NUMBER 42
77 80
L. Franklin Eastudas
FIRST NAME DRILLER LAST NAME
SIGNATURE L. Franklin Eastudas

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION Warfield Estates 42
23
SECTION A LOT 18
44 46 48 50
NEAREST TOWN Cooksville 71
52
MILES FROM TOWN (ENTER 0 IF IN TOWN) 4 76-77 78
79

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 100
14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
8 8 9 8 9
NEAR WHAT ROAD Burntwoods
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 FT MI
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 300 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY
 T TEST

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63
FORCE 67 WRITE INITIALS IN BOX CONDITIONS WZ 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) Howard COUNTY NAME 3189 COUNTY NO.
MO. DAY YR. 04 10 73
DATE APPROVED BY Palmer F. Wine, Director

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.
7/9/73
53' from junction
50' from rd
6' from stream
40' OK
Re 97
Burntwoods Rd.
x well
BOX NUMBER E 790
N 520
NORTH COORDINATE 595000
50 51 52 53 54 55
EAST COORDINATE 0770000
57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 0/0 65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6

1 **2458** (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY) 7-4-72 DEPTH OF WELL 300 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-0551

DATE WELL COMPLETED 7-4-72 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 42

OWNER Hollis Enterprises FIRST NAME Hollis

STREET OR RFD POST OFFICE Laurel, Md.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Loam soil</u>	<u>0</u>	<u>9</u>	
<u>Sandy</u>	<u>9</u>	<u>43</u>	
<u>granite</u>	<u>43</u>	<u>300</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 25+ FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

SCREEN	FROM	TO
1	<u>8</u>	<u>11</u>
2	<u>23</u>	<u>30</u>
3	<u>38</u>	<u>45</u>

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 50

METHOD USED TO MEASURE PUMPING RATE meter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 20 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

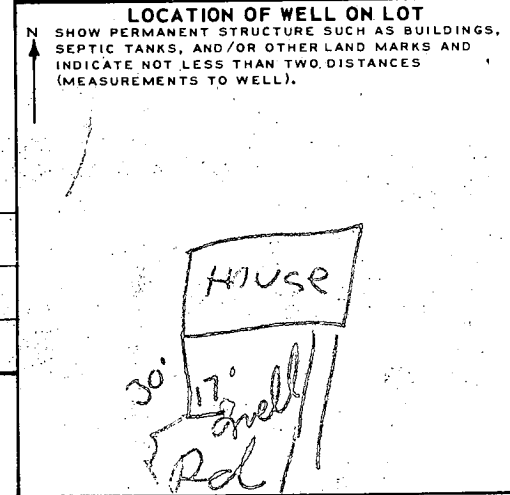
PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)

BELOW }



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME J. J. [Signature]

(PLEASE PRINT) J. J. [Signature]

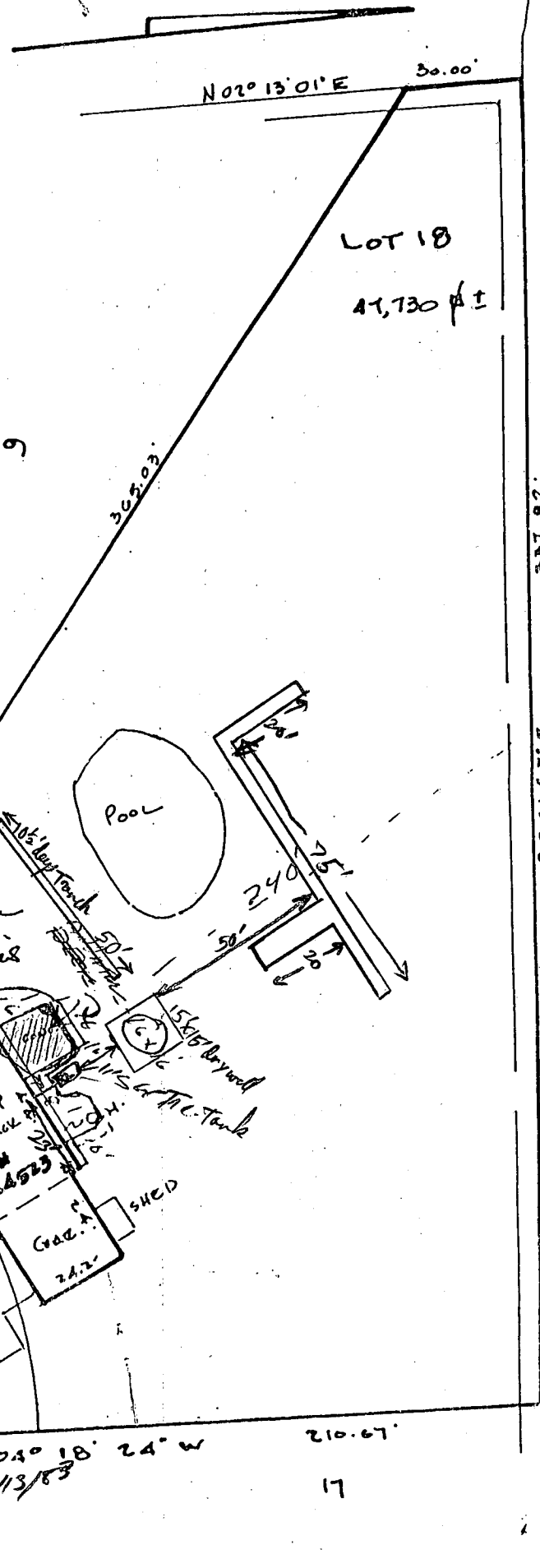
SIGNATURE J. J. [Signature]

Property known as: LOT 18 - BLOCK "A"

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

WARFIELD ESTATES

SECTION 4
P.O. 21 F. 58
4TH ELECTION DISTRICT
HOWARD COUNTY, MD



No change in IIR Dr. Planned
 No Problems with Existing Septic
 Plenty Area for Future Repairs
 Bldg will be in enclosed Living Room
 where existing 2nd floor Deck is already
 located.
 & Recommend Approval P/Philly
 1/29/83

A14913
 P18779 8/6/73
 Fee 4600

1st Septic Tank 1250 gal

MAC CLINTOCK
 COURT

Repair P32942
 Wm O. Beecraft
 7/13/83

371.82

583° 30' 51\"/>

Call NICK 410-313-3800

Building Address 14523 MAC CLINTOCK CT
GLENWOOD MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 10010 Subdivision 11011
 Section _____ Area _____ Lot 18
 Tax Map 21 Parcel 129 Grid 04
 Zoning PDP Map Coordinates 918 Lot size _____

Property Owner's Name TIMOTHY HUGHES
 Address 14523 MAC CLINTOCK CT
 City GLENWOOD State MD Zip Code 21738
 Home Phone 410-489-5094 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use DWELLING SFD
 Proposed Use DWELLING SFD
 Estimated Construction Cost \$ 16000.00
 Description of Work INSTALL 500 GALLON
UNDERGROUND PROPANE TANK AND LINE
FOR POOL HEATER

Contractor Company POSITIVE MECHANICAL
 Contact Person LEON KUCHARSKI / CHRIS KOLB
 Address 104 TENNESSEE CT
 City ANNAPOLIS State MD Zip Code 21004
 License No. 15627 Phone 443-463-7009 Fax 443-677-3656

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 _____

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

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 checked="" 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: 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	

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.

Chris Kolb
 Applicant's Signature
POSITIVE MECHANICAL
 Title/Company

CHRIS KOLB
 Print Name
9-24-02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/7/02</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

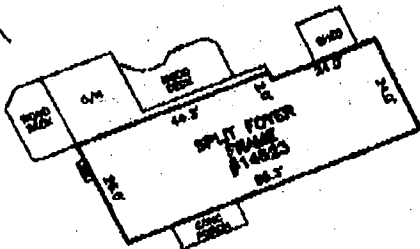
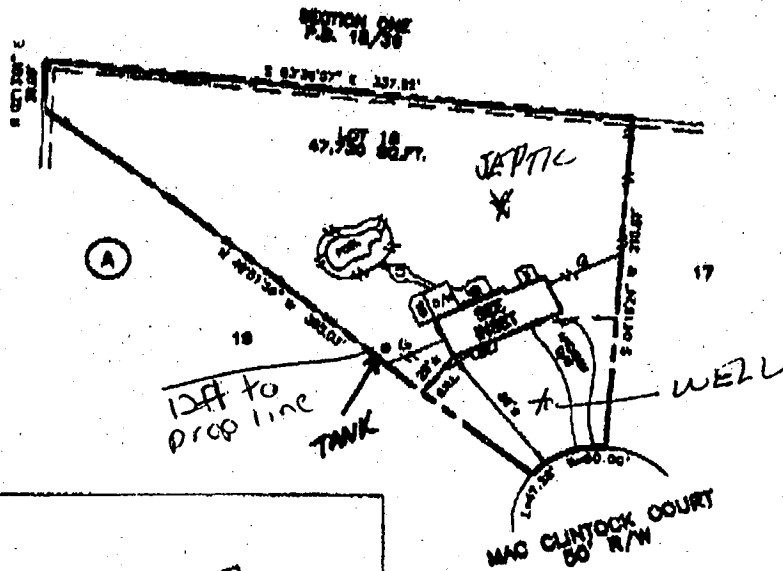
DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 56275
 Filing fee \$ 19.12
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ 19.12
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 7554
 Validation # 72391
1257
 Accepted by [Signature]

CASE NO. 2-8430-02

LOCATION DRAWING
SECTION FOUR
WARFIELD ESTATES
LOT 18 BLOCK A
HOWARD COUNTY, MARYLAND

NORTH



SCALE: 1" = 30'



PROPERTY ADDRESS: 14523 MAC CLINTOCK COURT

CERTIFICATE
I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS AND TITLE REPORT HAS BEEN FURNISHED SUBJECT TO ALL RESTRICTIONS AND EASEMENTS OF RECORD.

Jerry B. Schuessler
JERRY DWYON SCHUESSLER
Reg. MARYLAND Property Line Surveyor No. 888

REFERENCES	
PLAT BK. 21	
PLAT NO. 98	
LIBER	
FOLD	

CMS
CENTRAL MARYLAND SURVEYORS, INC.
2814 HUNTERS GREEN ROAD, GREENBELT, MD 20740
PHONE 301-933-3422 FAX 301-933-3423

DATE:	SCALE: 1" = 30'
WALL CHECK:	DRAWN BY: MLC
PSE. LOC.: 07-17-02	JOB NO.: 1049-02
BOUNDARY:	

- NOTES:
- This location drawing is of record to a contractor only in as far as it is required by a contract or a title insurance company or its agent in connection with construction, financing or refinancing.
 - This location drawing is not to be used for the building of fences or other improvements. No boundary survey has been performed.
 - This location drawing is not to be relied upon for the accurate identification of property boundary lines. Such identification may not be required for the transfer of title or securing financing or refinancing.
 - E.M.L. information, if shown was obtained from existing record plat or was provided to CMS, and is not guaranteed by CMS, Inc.
 - Property line information is subject to the interpretation of the engineer.
 - Additional field research has not been undertaken with the Licensed Surveyor.
 - Scale, bearings, distances are not to be construed as uncorrected measurements or averages.
 - Level of accuracy 3/4".

Copyright CMS, Inc. All rights reserved by CMS, Inc.

10/7/02
L.P. tank O.K.
(JB)