

C.O.
4-18-96
12:00 pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56557A

A REPAIR

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

DATE 4-15-96

DATE SYSTEM APPROVED 4/18/96

INSPECTOR H. Riskin

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER X

ADDRESS 7110 Woodbine Road, Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION _____ LOT _____ ROAD 11375 Old Frederick Road

PROPERTY OWNER Charles Walkup (PROPERTY LOCATION

ADDRESS 11375 Old Frederick Road OUT OF ADDRESS SEQUENCE;

SEPTIC TANK CAPACITY _____ GALLONS ADJ. TO 11424)

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO REPLACE SEPTIC TANK.

Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

vr/

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

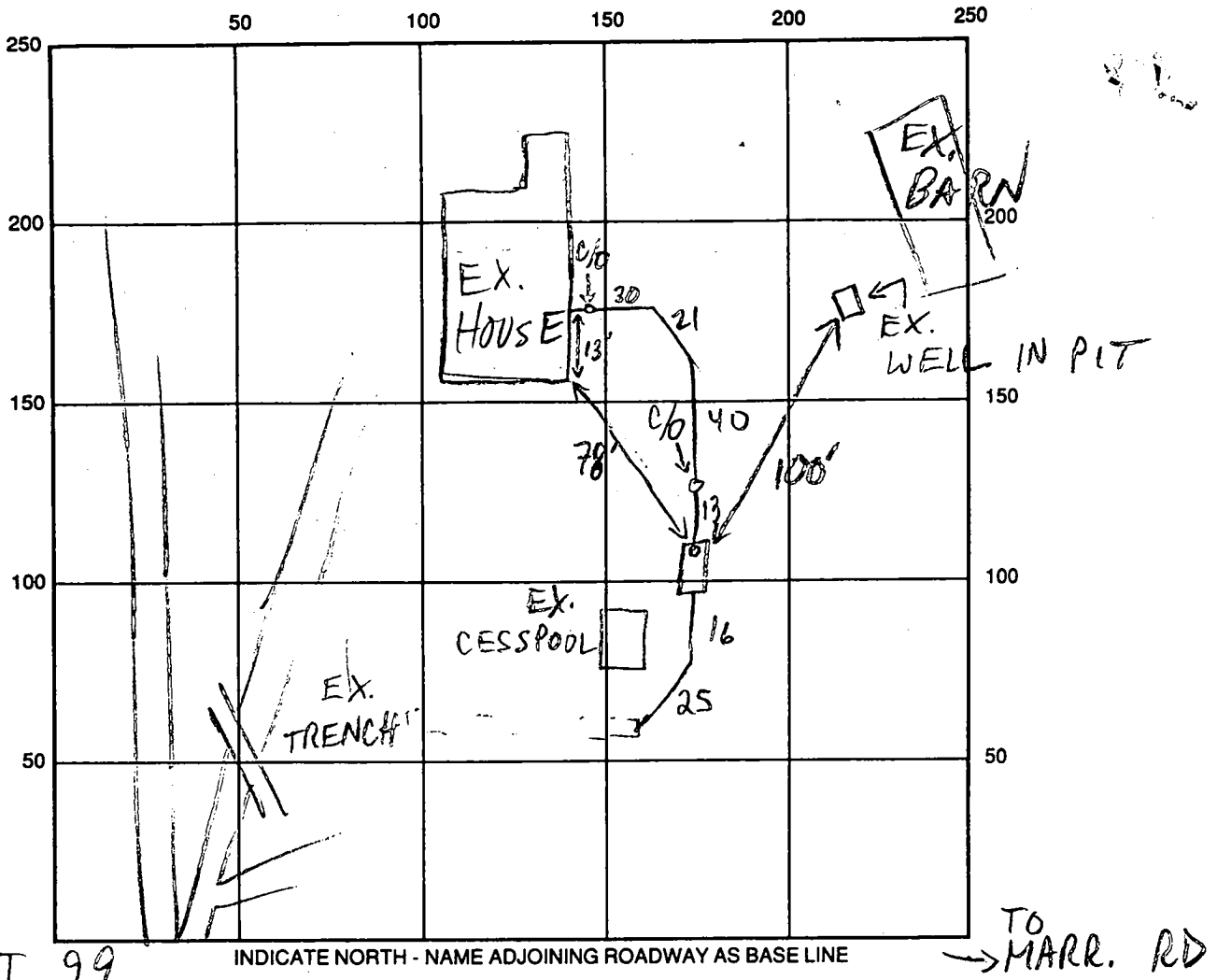
PERMIT VOID AFTER TWO YEARS

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**

P 56557A



RT. 99

SEPTIC TANK LEVEL 1000 GAL CLEANOUTS 2 INLINE + S.T. - OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH FT. INLET DEPTH FT.

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

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

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 4/18/96 #1 CONTINUE MR
4/18/96 #2 OK TO COVER EX. TRENCH OR MR

DATE SYSTEM APPROVED 4/18/96 INSPECTOR M. Ripkin

12/21/83
As soon as possible

52
264

125
3
375

PERMIT

P 33409

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 3rd
DATE 12/19/83
Nov. 29, 1983

INDEX

Jack Fyock, Jr. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION _____ ROAD 11375 Old Frederick Rd LOT _____
near "Marriott Manor" - old farm house

PROPERTY OWNER Charles Walkup

ADDRESS 11375 Old Frederick Road (Rt. 99), Marriottsville, MD Phone: 442-1675

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

REPAIR-CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY Frank Skinner DATE November 29, 1983

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

P 33409

4/7/75
6-22-75

PERMIT

21312 56557-A
A 18308

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLICOTT CITY
DISTRICT 3
DATE 4/3/75

INDEXED

Ernesto Praga IS PERMITTED TO INSTALL ALTER

ADDRESS Old Frederick Road, Newcatock, Md. PHONE 326-2481

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 11375 Old Frederick Rd. Lot 11

PROPERTY OWNER Vincenzo Vaccaro

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 25% & TANK CAPACITY 50%.

OTHER Dry wall - 400 sq. ft. sidewall area below inlet. Dry wall inlet to be 4-8 ft. deep and bottom of dry wall to be 12 ft. from exterior. Place dry wall in existing hole tested on 4/2/75.

NOTE: ALL PIPE FROM HOUSE TO DISTRICTAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6" DIA. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY C. B. Stronker DATE 4/3/75

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

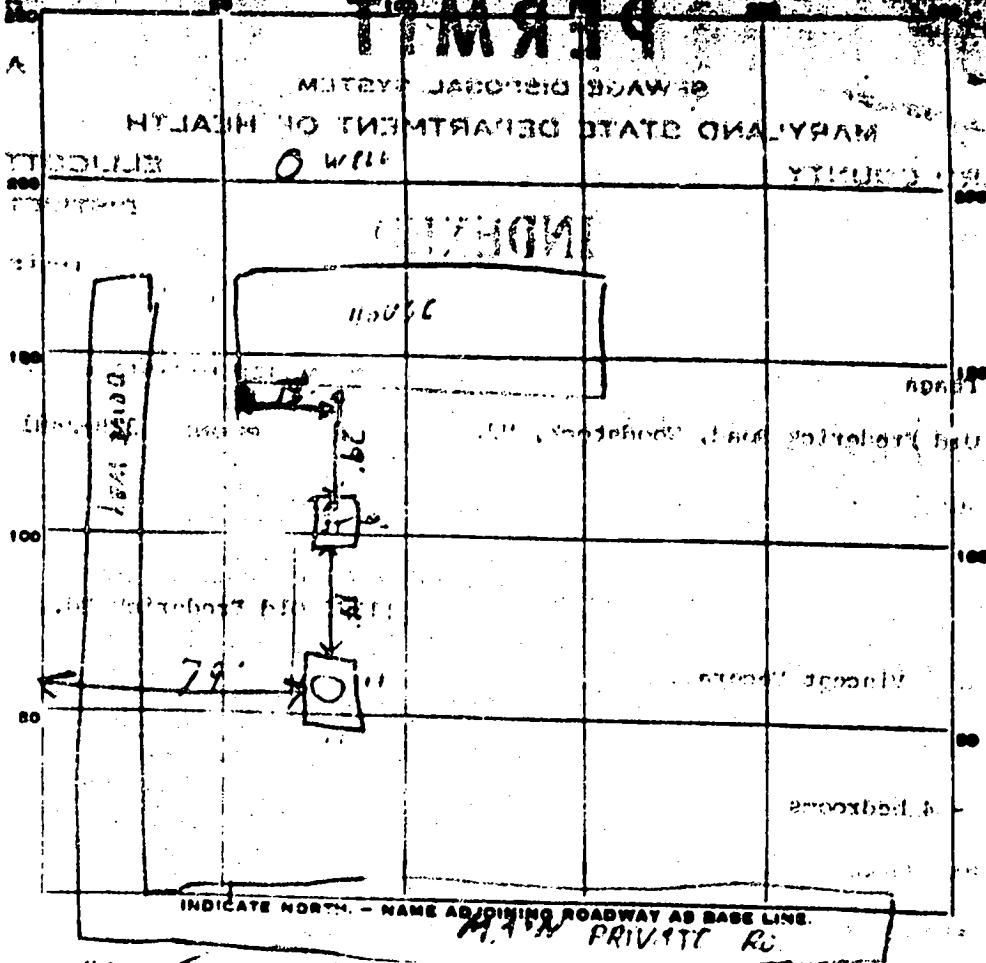
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 3/27/01
B00129032
3 car garage detached

P 56557-A

PERMIT

MARYLAND STATE DEPARTMENT OF HEALTH
WATER DISPOSAL SYSTEM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
MAYN PRIVATE RD

PERMIT CARD: PRESENT

SEPTIC TANK LEVEL: 8'5" 12'0" 9'0" 11'0" CLEANOUTS: OK BY SLOW

DISTRIBUTION BOX LEVEL: 10'0"

TRENCH DEPTH: 4'0" 4'0" 4'0" 4'0" TRENCH WIDTH: N/A FT.

GRAVEL DEPTH: 4" 4" 4" 4" IN. TOTAL LENGTH: 112 FT.

NUMBER OF TRENCHES: 0 TOTAL BOTTOM AREA: 124

SEPTIC PITS, INSIDE DIAMETER: 6'0" FT. DEPTH BELOW INLET: 1'0"

ABSORBENT AREA: 650 SQ. FT.

REMARKS: OK TO COVER

DATE SYSTEM APPROVED: 4-7-75 INSPECTOR: [Signature]

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: 465-8000, EXT. 368

DISTRICT 3
DATE 3/26/75

*4/2/75
2PM*

See over

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 Vincent J. Vaccaro

ADDRESS 3140 St. John's Lane, Ellicott City, Md. 21043 PHONE 465-6045

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 11

ROAD AND DESCRIPTION 11375 Old Frederick Road - 1/2 mile West of Harriottsville Road on right

SIZE OF LOT 5 ACRES TYPE BLDG. 4 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Vincent J. Vaccaro

APPROVED BY C. B. Steaker FOR Dry Well DATE 4/2/75
(KIND OF SYSTEM)

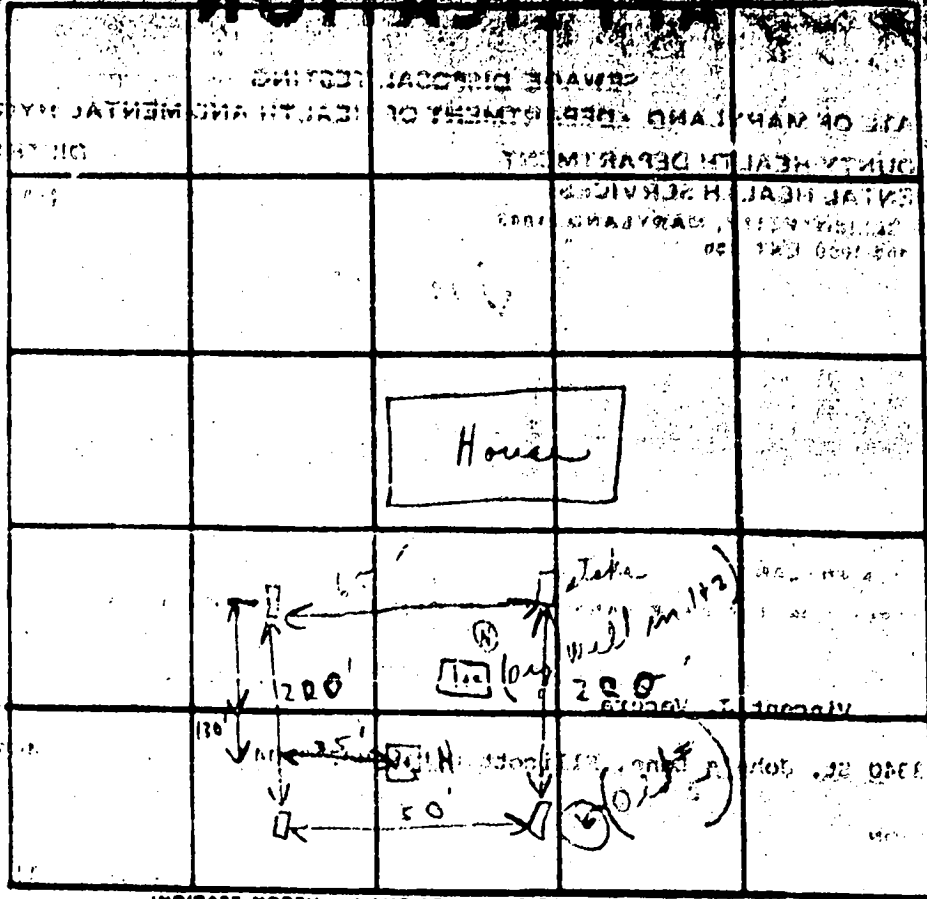
REJECTED BY _____ FOR see beyond spec DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

NOTATION



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/2/75	1		Soak charge		at 4'			
	2	13'	1:46	1:48	1:48	1:52	4 min	
	3	5'	1:54	1:58	1:58	2:06	8 min	
	4	13'	1:54	1:57	1:57	2:08	11 min	
			Note above tests in area of old press					

Tested where dig well

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. P. D.

ALSO PRESENT _____

APPLICATION

1998

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: 410-3866, EXT. 389

DISTRICT 3rd
DATE 7/11/73

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 VINCENT J. & Nancy L. VECELA
ADDRESS 3340 St. Johns Lane 21043 PHONE 465-6045

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. # 11
ROAD AND DESCRIPTION 11375 Old Frederick Rd

SIZE OF LOT 5 ACRES TYPE BLDG. 4n
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE

SIGNATURE OF APPLICANT Vincent J. Vecele

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

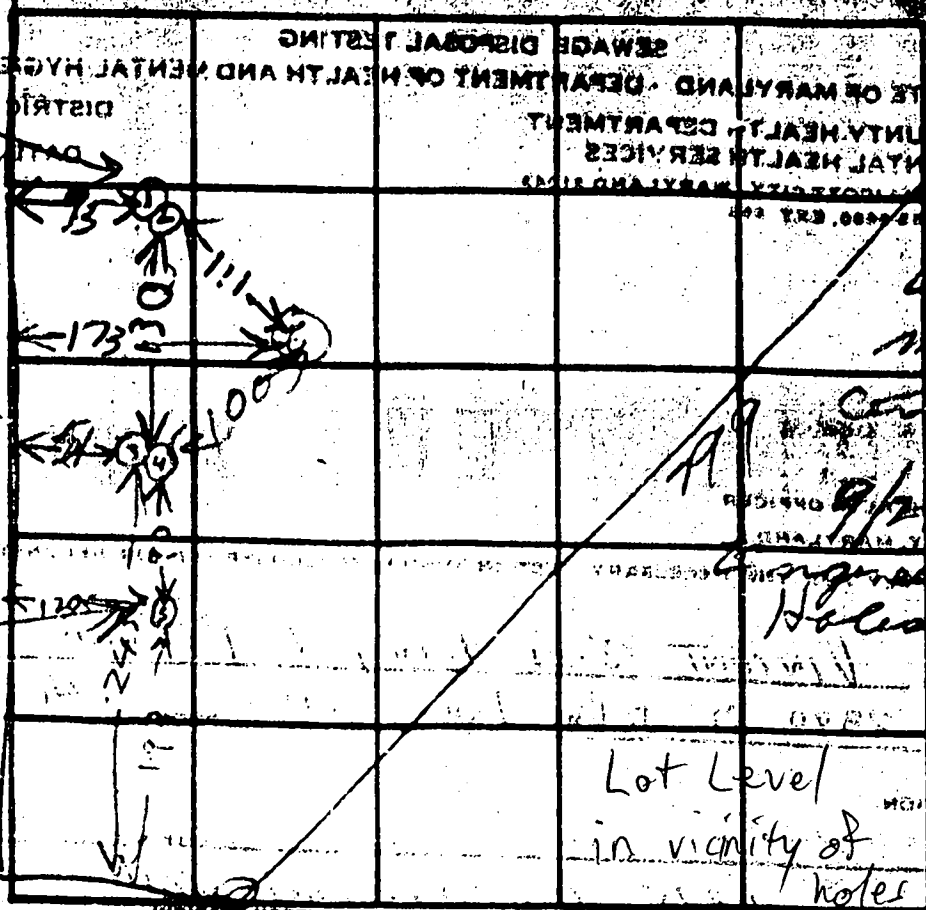
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

WATER LOG

*High water
1000 feet*



*Engineer must
cut by hole*

*Engineer located
Hole*

*Lot Level
in vicinity of
notes*

LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AT BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13	1	5 1/2	2:48	2:50	2:50	3:05	3
9/13	2	1 1/2	2:55	3:05	3:05	3:10	5
9/13	3	12 1/2	3:44	3:50	3:50	3:55	5
9/13	4	17	3:44	3:52	3:47	3:52	5
9/13	5	11	TOP 5 FT LAY	3:57	3:57	DRY	DRY
9/13	6	10	DRY	DRY	DRY	DRY	DRY

top 5 ft dry

1 hole

DRY

DRY

WELL NUMBER IS 7016

WELL COMPLETION REPORT

DEPTH OF WELL 300

30-20-0128

DATE WELL COMPLETED April 16 1970

OWNER V. Evans V. Vincent

STREET OR RD. 10th St. OFFICE Chesapeake City

WELL LOG

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

DESCRIPTION (USE SHEETS)	FROM	TO	DEPTH
Caprock	0	10	10
Shale	10	30	30
Shale	30	300	300

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) EM BENTONITE CLAY CC

NO. OF BAGS 100 NO. OF DRUMS 100

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 32 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 34

OTHER CASING (IF USED)

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

H O BR BRASS OR BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

SCREEN NO.	DEPTH (NEAREST WHOLE FOOT) FROM	DEPTH (NEAREST WHOLE FOOT) TO
1	32	300
2		
3		

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 0

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (DISTANCE FROM LAST SURFACE) BEFORE PUMPING 10 FEET

WHEN PUMPING

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

A AIR F FISTER T TURBINE C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) J JET S SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 30

PUMP HORSE POWER 37

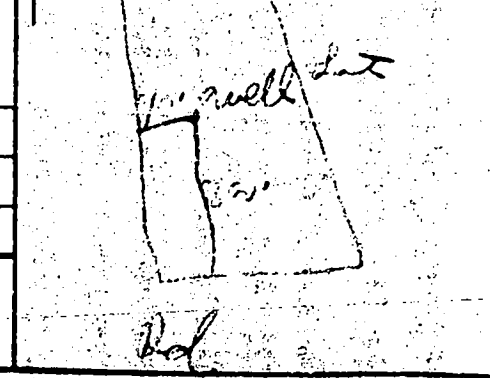
PUMP COLUMN LENGTH (NEAREST FOOT) 45

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE LAND SURFACE - BELOW (NEAREST FOOT)

LOCATION OF WELL ON LOT



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.

DRILLER NAME: J. F. Coladay

(PLEASE PRINT) SIGNATURE: J. F. Coladay

DIAMETER OF SCREEN (NEAREST INCH) 4

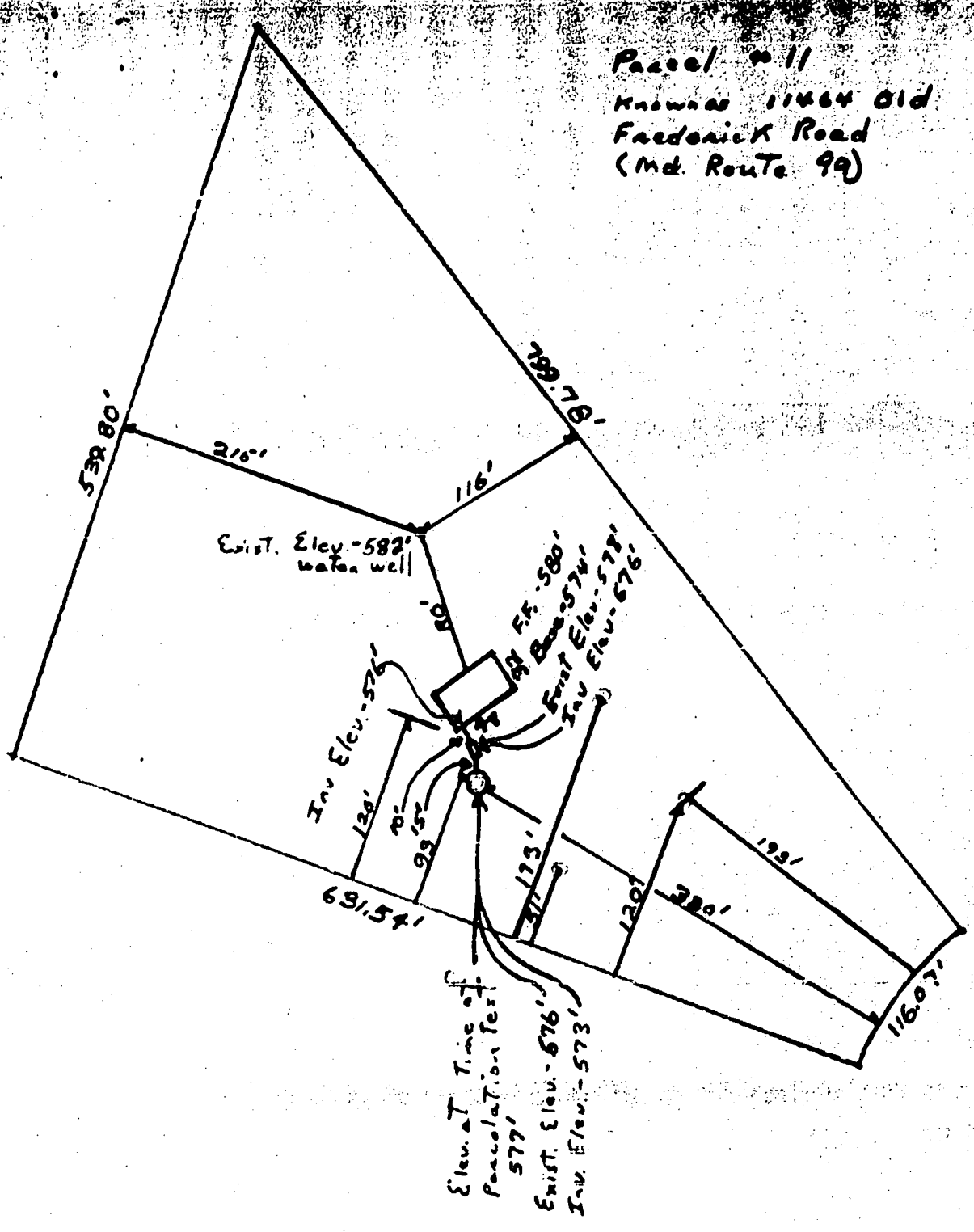
GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

OWN USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.O.S.)

70 TELESCOPE CASING 75 LOG INDICATOR 76 OTHER DATA AVAILABLE

Parcel # 11
 Known as 11464 Old
 Frederick Road
 (Md. Route 99)



I certify, The above measurements and elevation
 Differences are actual and correct for this
 Property

John R. Burns

10/15/73
 Plans O.K. R.H.
 R. H. [unclear]

Building Address 11464 Old Frederick Rd Property Owner's Name Ronald Michelle Butt
Marriottsville, MD 21104 Address 11464 Old Frederick Road
 Suite/Apt. #: _____ SDP/WP/Petition #: _____ City Marriottsville State MD Zip Code 21104
 Census Tract 2000 Subdivision Marriott Manor Home Phone 410-442-1155 Work Phone 410-211-351
 Section _____ Area _____ Lot -11 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map _____ Parcel 205 Grid 6000A Phone _____ Fax _____
 Zoning RC-DEP Map Coordinates S K12 Lot size _____

Existing Use Single family home Contractor Company Owner
 Proposed Use same Contact Person _____
 Estimated Construction Cost \$ 7,000.00 Address _____
 Description of Work 32x40 1 story City _____ State _____ Zip Code _____
3 car garage detached License No. _____ Phone _____ Fax _____

Occupant or Tenant OWNER Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Basement: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Crawl space <input type="checkbox"/> Slab on Grade <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 <input type="checkbox"/> # of Heads _____	No. of Bedrooms: _____	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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		_____ State Certified Modular _____ Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

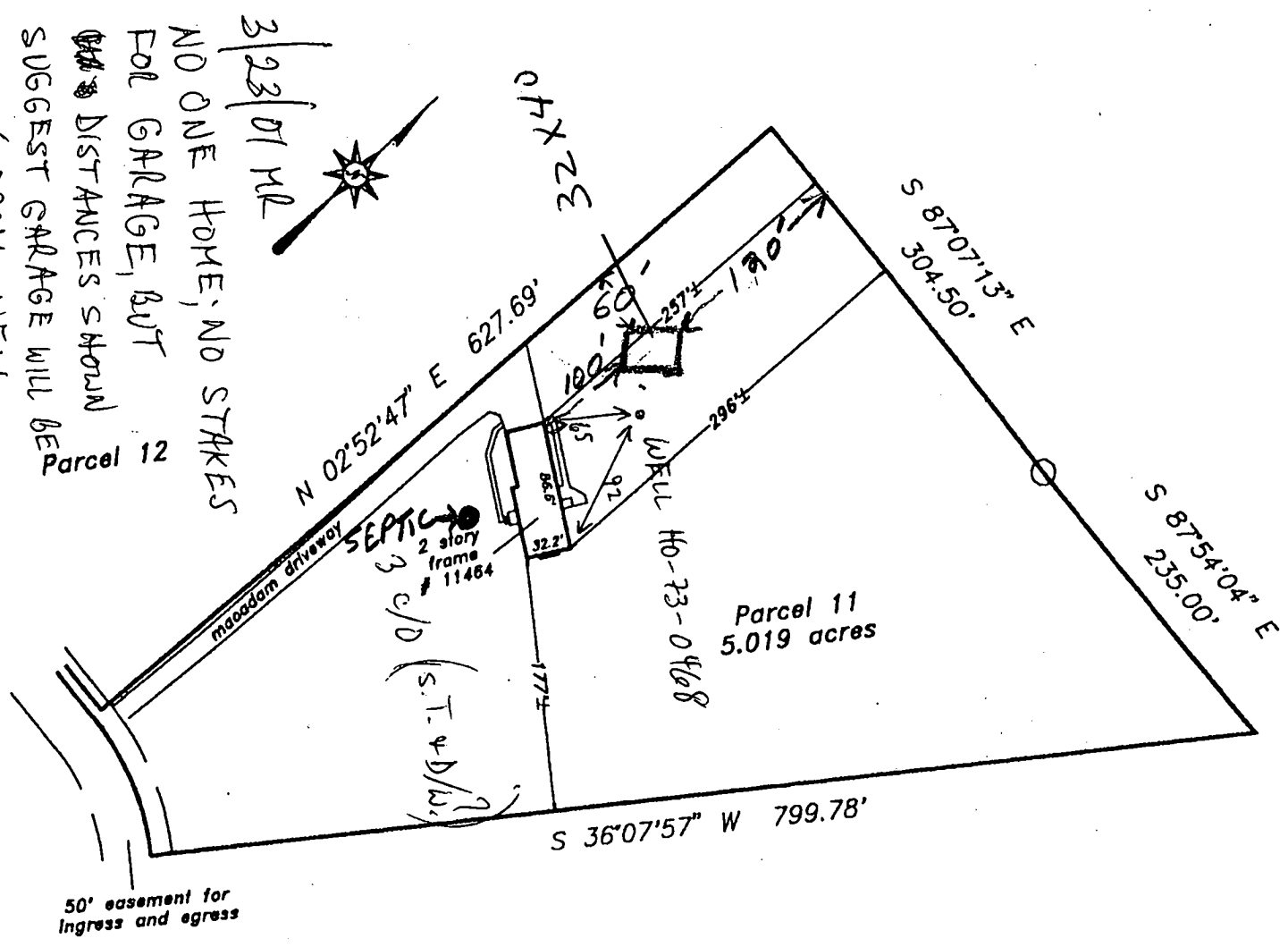
Applicant's Signature Ronald G. Butt Print Name RONALD BUTT
 Title/Company OWNER Date 3/14/01

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: _____	31833
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>2/27/01</u>	<u>Mark R. [Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <u>11:00 AM 02 20 PM 30</u>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>10000</u>
			Accepted by _____	Validation # <u>37259</u>

on, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
 and/or Flood Zone Information is subject to the interpretation of the originator.
 not certify to unshown or unrecorded encroachments or overlaps.
 ers not found, or guaranteed by this location.
 ce accuracy: 1/4"

3/23/01 MR
 NO ONE HOME, NO STAKES
 FOR GARAGE, BUT
 DISTANCES SHOWN
 SUGGEST GARAGE WILL BE
 30-40' FROM WELL
 OK FOR (BP)



erty is shown in Zone C
 nal Flood Insurance Program
 ce Rate Map of Howard
 land, Panel # 10 of 45
 panel # 240044-0010 B
 e: December 4, 1986

certify that I have surveyed the property shown hereon,
 as Parcel 11
 11464 Old Frederick Road
 the Land Records of Howard County, Maryland
 25/64 Liber Folio
 pose of locating the improvements thereon.



LOCATION DRAWING
 11464 Old Frederick Road
 3rd election district
 HOWARD COUNTY, MARYLAND