

60°

SEPTIC TANK LEVEL OK - 2x 1250 gal top CLEANOUTS one on each tank  
scanned manhole

DISTRIBUTION BOX LEVEL OK - clean

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 2/26/99 OK to cover all septic work. Needs pump  
performance test. DKS No water available for pump test; rescheduled for 3/22/99  
Pumps has a low <sup>set (white)</sup> on both float and (black) alarm float also set low, gives large storage space if enters  
malfunction. Manhole is 6 ft deep Plastic 36" ID. - concrete lids inside at tank top and outer of riser.  
There is no ladder or ramp provided for access by main man. P/P 3/19/99 Given that all functional parts were there, installation  
well has PVC conduit pipe Nov 3/19/99 P/P written verification of satisfactory pump test will be sufficient

DATE SYSTEM APPROVED 3/22/99 INSPECTOR H.P. Kelly



Free Estimates

**S. K. PLUMBING  
AND HEATING, INC.**  
1231 SK Highway  
Keymar, MD 21757

Virgil Keen  
MHIC# 12285

(410) 775-0562  
Fax (410) 775-2018

Howard County Health Dept

Subject:

3732 Championship Dr  
Glenwood MD. 21738  
Trinity lot 10  
Sycamore Valley

The Septic System with the pump chamber has been tested  
by S.K. Plumbing & Heating Inc and is working fine.

Thank you

Virgil Keen

OK 3/22/99  
RJA

# APPLICATION

PERCOLATION TESTING

A 57313

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 10/9/96

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Frances Devlin Trinity Custom Homes, Inc

ADDRESS 16805 Hickory Ridge Rd. Ste 215 PHONE 740-2100  
Cal, MD 21044

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 16805 Hickory Ridge Rd Ste 215 PHONE 740-2100  
Cal, MD 21044

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Sycamore Rd and 3732 Championship Drive

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single - 3 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**AND RETURNED** 11-4-98  
Denial # 510 119863

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 \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

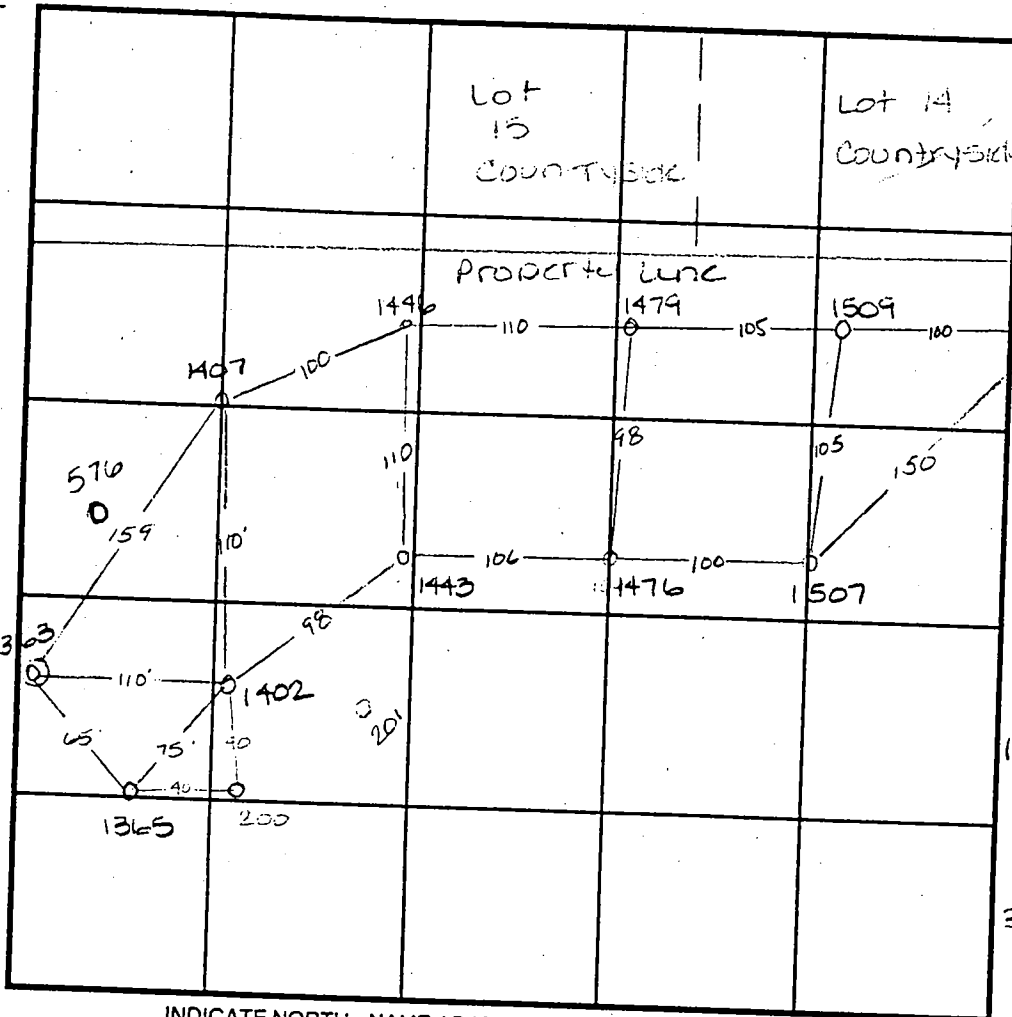
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1365  
dark orange Sicilm  
3.0 dark orange Silm 20% Rx frags



1509 SOIL PROFILE 1476 1479  
0' dark red orange brn Sicilm  
4.0 lgt yellow orange Sicilm 100% frags

1402 1443  
dark orange red Sicilm  
4.0 lgt tan grey Silm micaceous 25% frags  
11.5

1507 1539  
dark orange Sicilm  
3.0 dark orange Silm  
10.0 refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/96	1363	Refusal @		4.0'			F
	1365	3.5 VII.0	11:18 <sup>30</sup>	11:20	11:20	11:23	3min
	1402	4.0 VII.5	11:24	11:26	11:26	11:28	2min
	1407	4.0 VII.0	11:29 <sup>45</sup>	11:30 <sup>50</sup>	11:30 <sup>30</sup>	11:33 <sup>30</sup>	3min
	1446	3.5 VII.0	11:35 <sup>30</sup>	11:38 <sup>45</sup>	11:38 <sup>15</sup>	11:42	3 1/2 min
	1443	Visual	- see profile -				OK
	1476	4.0 VII.5	12:11	12:15	12:15	12:22	7min
	1479	4.5 VII.5	11:44 <sup>30</sup>	11:46	11:46	11:49	3min
	(509)	4.0 VII.0	11:50 <sup>30</sup>	11:51 <sup>30</sup>	11:51 <sup>20</sup>	11:56	4 1/2 min
	(109)	4.0 VIII.0	12:04	12:06 <sup>3</sup>	12:06 <sup>30</sup>	12:09 <sup>30</sup>	3min
	(1539)	4.0 VII.0	11:57	11:59	11:59	12:02	3min

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

1407 1446  
dark orange red Silm  
4.0 lgt orange red Silm  
7.0 lgt grey Silm 20% Rx refusal  
9.0

COUNTY #

SOIL PROFILE

576

red brn  
Si c 1 m

lt tan  
beigh

Si c 1 m

20-30%

Rx

very  
struct.

dense

rock-like

appears all

		see attached diagram		

SOIL PROFILE

0'

3.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-8-97	200	Refusal @	6.0	->	50% R	above	F
	201	Not completely dug -	back hoe				
		got a flat tire	_____				?
10-7-97	576	Visual to	13	0-	see profile -		OK

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_





E 397475.235  
 (METRIC)  
 E 1304050  
 N 9417851.195  
 (METRIC)  
 N 58350

LOT 15  
 COUNTRYSIDE  
 PLAT No. 4783

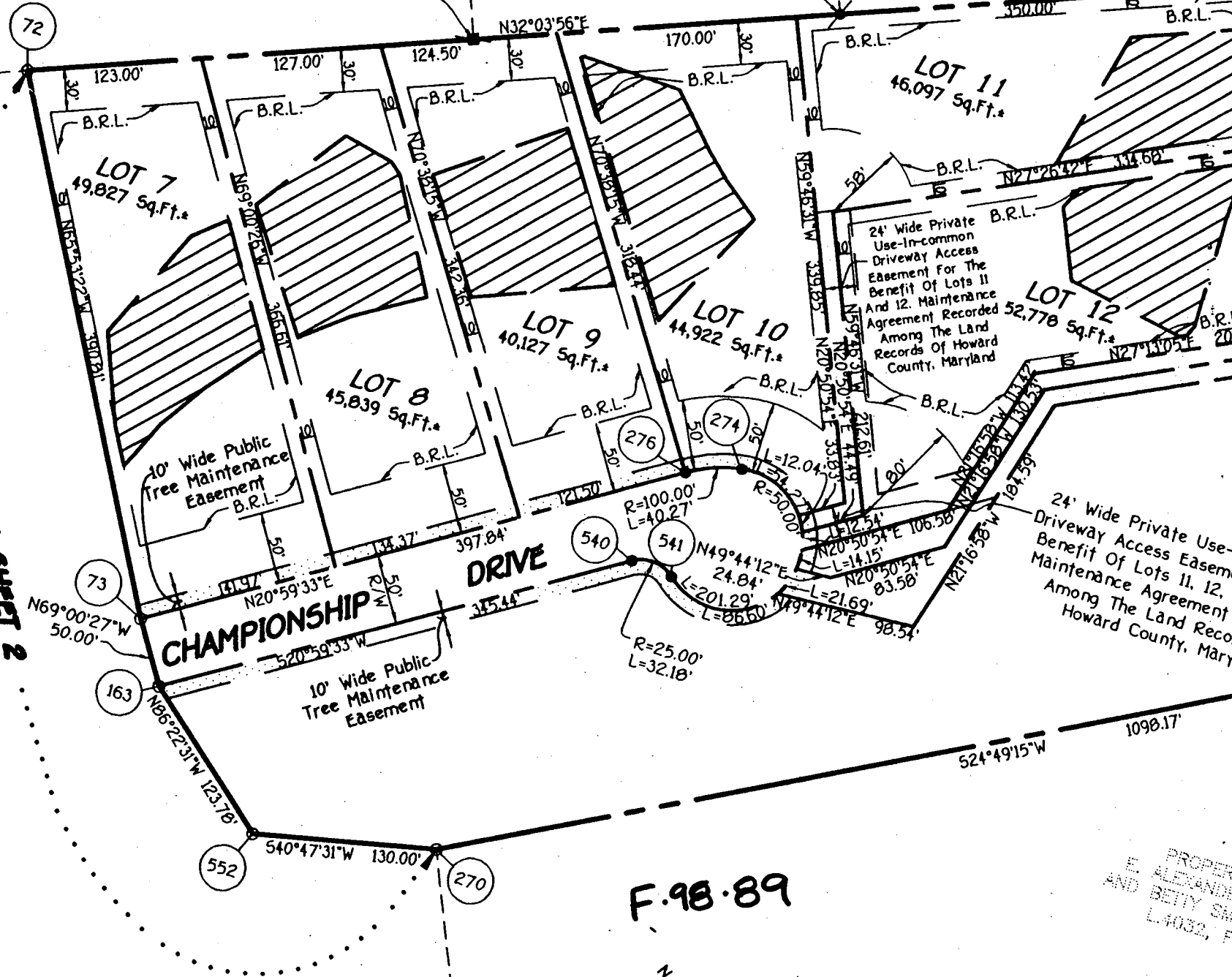
LOT 14  
 COUNTRYSIDE  
 PLAT No. 4783

LOT 13  
 COUNTRYSIDE  
 PLAT No. 4783

6" Concrete Monument  
 Found (Held for Line)

3/4" φ Iron Pipe  
 Found (0.28' off Title Line)

MATCH LINE SEE SHEET 2



9.225 Ac.  
 0.000 Ac.  
 0.000 Ac.  
 5.090 Ac.  
 14.315

F.98.89

PROPER  
 E. ALEXANDER  
 AND BETTY SH...  
 L4032, F.



C1 01379 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 57313

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM 7 16 90

DATE WELL COMPLETED MM 07 13 98 Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1591

OWNER Mid-Atlantic Development last name first name STREET OR RFD Championship Drive TOWN Glenwood SUBDIVISION Devlin Property SECTION LOT 10

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Sandstone, Grey Shale, Brown Sandstone, Grey Granite, White Quartz, Grey Granite, Green Granite, Grey Granite.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (40).

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

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) Table: 1 40 250, 2 40 250, 3 40 250. Includes DIAMETER OF SCREEN (56, 60).

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Water & Bucket), WATER LEVEL (37 ft. before, 45 ft. when pumping), TYPE OF PUMP USED (Submersible).

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (Centrifugal), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y).

CIRCLE APPROPRIATE LETTER: A (Well abandoned), E (Electric log obtained), P (Test well converted to production well).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MTD 355. DRILLERS SIGNATURE (Max A. Jones). LIC. NO. JWD 341.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). See Attached



B 1	<b>5770</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-1591</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
**MID-ATLANTIC DEVELOPMENT II, L.L.C.**

15 Last Name Owner First Name 34  
**5026 DORSEY HALL Dr. Suite 200**

36 Street or, RFD 55  
**ELICOTT CITY, MD 21042**

57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3  
8 COUNTY **HOWARD** 21  
23 SUBDIVISION **DEVLIN PROPERTY** 42

SECTION 44 46 LOT 48 50  
**GREENWOOD**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

**DRILLER INFORMATION**

Driller's Name **MICHAEL BARLOW** MD D 355  
76 License No. 81

Firm Name **MICHAEL BARLOW WELL DRILLING SRV. INC.**

Address **912 FAWN COURT, JOPPA MD 21085**

Signature *[Signature]* Date **6-3-98**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2  
11 NEAR WHAT ROAD 30  
**CHAMPIONSHIP DRIVE**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 40 37  
DISTANCE FROM ROAD FT 38 39  
ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

**Howard Co.** COUNTY NAME **A57313** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **06-17-98** **A. M. Miller** 6-17-99

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **520 000** EAST GRID **790 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY  AIR-PERCUSSION ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_ 63

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1591**

67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

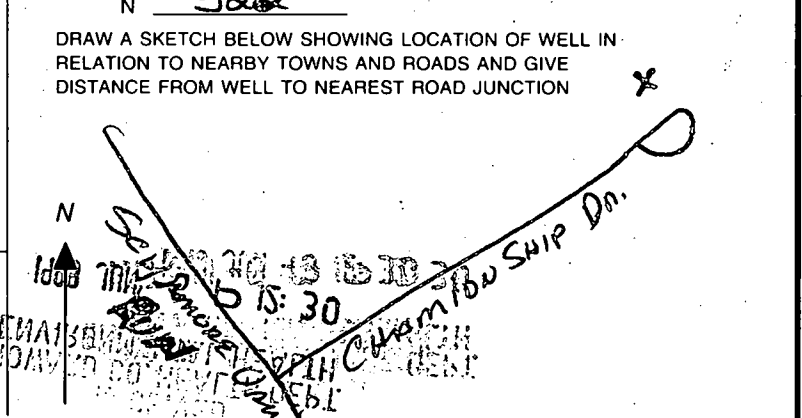
WRITE THE BOX NUMBER FROM THE MAP HERE

E 790

N 520

000 X  
000

10:00 great 7-13-98  
complete @ time of MSP  
AL



ASAP  
2/26/99

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-N Ellicott Mill Drive  
Ellicott City, MD 21043  
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement

Receipt # \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer S.K. Plumbing & Heating, Inc. Telephone 410-775-0822

License Number 12285

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber Yes  
license # \_\_\_\_\_

Name of Property Owner Trinity Homes Telephone 410-313-8722

Subdivision S/Cove Valley Lot # 10 Well Tag # NO - 94 - 1591

Site Address 3752 Championship Dr.

**Pump**

1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible Yes

2. Make Torco

3. Model # TS5472-S-2

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No X

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

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

**Motor**

1. Horsepower 3/4

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220 ✓

**Pitless Adapter**

1. Make Harford

2. Model # \_\_\_\_\_

3. Depth 42"

**Tank**

1. Capacity 1 1/2 gal - 250

2. Pressure relief valve? yes

**Piping**

1. Type P.E.

2. Size 1"

3. NSF and/or BOCA Code approved Yes

4. Depth of supply line 42'

**Well data**

1. Depth 250 ft.

2. Yield 15 GPM

3. Static water level 37' ft.

4. Will water supply be disinfected by installer? Yes

2/26/99  
WPI  
well line, P.A. 3.5' b.g.  
well casing 1.5' a.g.  
2pc cap ok  
PVC conduit ok ok cover ok

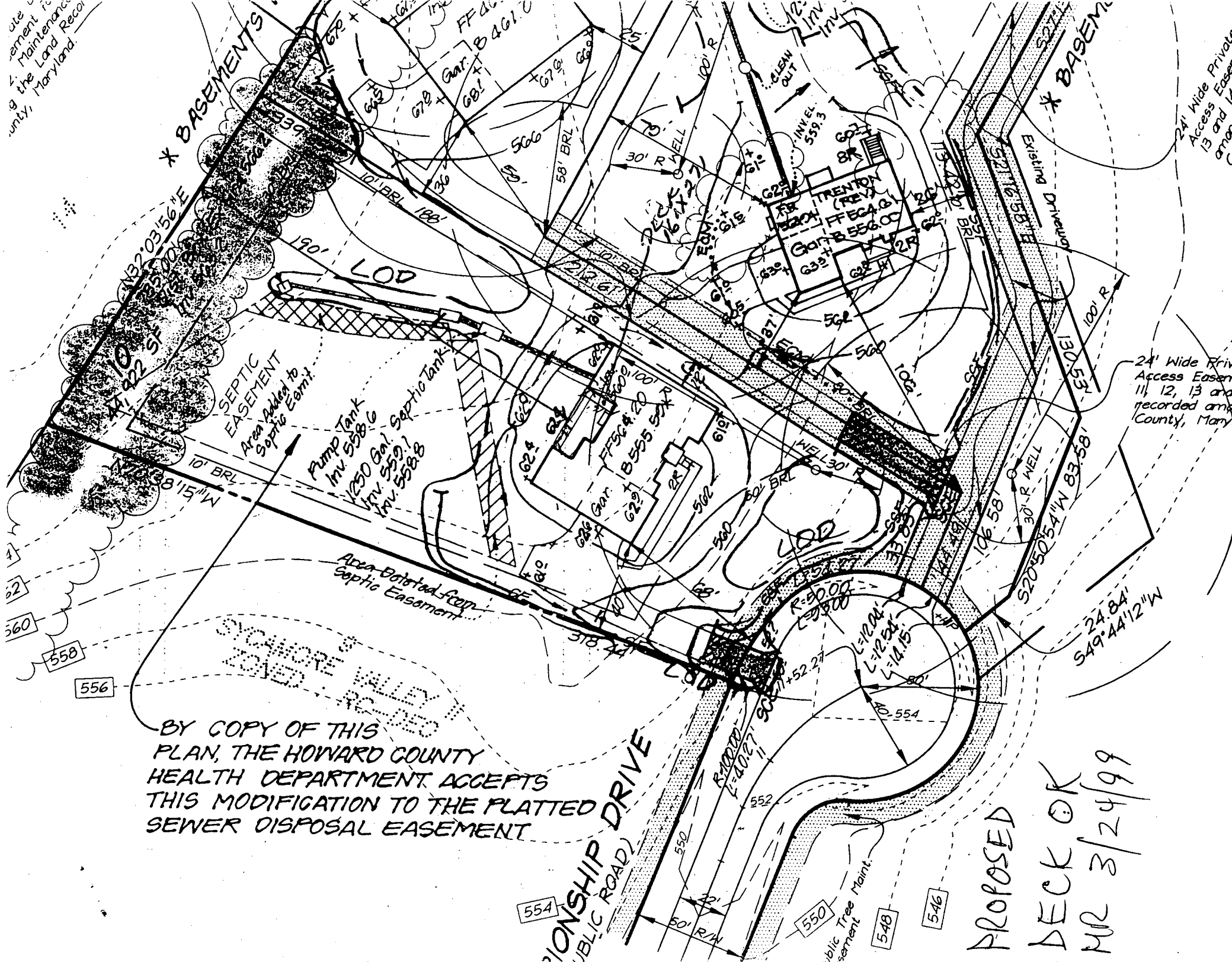
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: \_\_\_\_\_  
Date: 2-25-99

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

Site  
ement  
Maintenance  
ing the Land Reco  
only, Maryland



BY COPY OF THIS  
PLAN, THE HOWARD COUNTY  
HEALTH DEPARTMENT ACCEPTS  
THIS MODIFICATION TO THE PLATTED  
SEWER DISPOSAL EASEMENT

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PROPOSED  
DECK OK  
MR 3/24/99

24' Wide Private  
Access Easement  
11, 12, 13 and 14  
recorded among  
County, Maryland

24' Wide Private  
Access Easement  
11, 12, 13 and 14  
recorded among  
County, Maryland

Building Address 3732 CHAMPIONSHIP DR  
GLENWOOD 21738

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

Census Tract 6040 Subdivision SKAMARI VALLEY II

Section 2 Area \_\_\_\_\_ Lot 10

Tax Map 21 Parcel 7 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name TRINITY BUILDERS

Address 6212 DEVON DR

City COLUMBIA State MD Zip Code 21044

Home Phone \_\_\_\_\_ Work Phone 410-313-8722

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 410-313-8731

Existing Use VACANT HOUSE

Proposed Use SED

Estimated Construction Cost \$ 3000

Description of Work 16' X 22' DECK W/  
STEPS

Contractor Company SAME

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

Address \_\_\_\_\_

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

License No. \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_

Occupant or Tenant N/A

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Engineer or Architect Company SAME

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

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of Bedrooms <u>3</u>	No. of Bedrooms _____
	Full _____	Multi-family dwellings: _____	Multi-family dwellings: _____
	Partial _____	No. of efficiency units: _____	No. of efficiency units: _____
	Other Suppression _____	No. of 1 BR units: _____	No. of 1 BR units: _____
	# of Heads _____	No. of 2 BR units: _____	No. of 2 BR units: _____
		No. of 3 BR units: _____	No. of 3 BR units: _____
		Other Structure: _____	Other Structure: _____
		Dimensions: _____	Dimensions: _____
		Footings: _____	Footings: _____
		Roof: _____	Roof: _____
		State Certified Modular _____	State Certified Modular _____
		Manufactured Home _____	Manufactured Home _____
			Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
			_____ 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 THERE TO; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L. Hodge  
 Applicant's Signature

SALLY HODGE  
 Print Name

3/24/99  
 Date

VP, Operations  
 Title/Company

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

AGENCY	DATE	SIGNATURE/APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	<u>39377</u>
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>3/24/99</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>3/24/99</u>	<u>Mark E. Ripkin</u>	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 \$ <u>3000</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # _____

SITE PLAN ON BACK