

9/18/00 Work in progress  
10-5-00 10 AM Pump Test  
12/19/00 Pump Test 1:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514225  
A 57659 H  
ISSUE DATE 9/5/2000  
APPROVAL DATE 12/12/00

05-429951

INDEXED

Hatfield's Equipment IS PERMITTED TO INSTALL x ALTER

ADDRESS 13785 Burntwoods Road Glenelg, MD 21737 PHONE (301) 854-6172  
SUBDIVISION Hunterbrook LOT NUMBER 8 ADDRESS 8116 Huntfield Drive  
PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Ln. Ste. 800 Greenbelt, MD 20770  
SEPTIC TANK CAPACITY 1250 GALLONS  
PUMP CHAMBER CAPACITY 1250 GALLONS (Top Seamed Tanks)  
NUMBER OF BEDROOMS 4 *Wastewater Effluent Filter Required*  
SQUARE FEET PER BEDROOM 210  
LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box.  
LOCATION: Beginning from the intersection of the 195.73 & 160.21 lot lines, begin trenches 80' up the 160.21 lot line & 20' off that same lot line. Run trenches on contour in both directions. *7/18/00 OK ALM*

PLANS APPROVED Amy McMillen DATE 6/19/2000

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

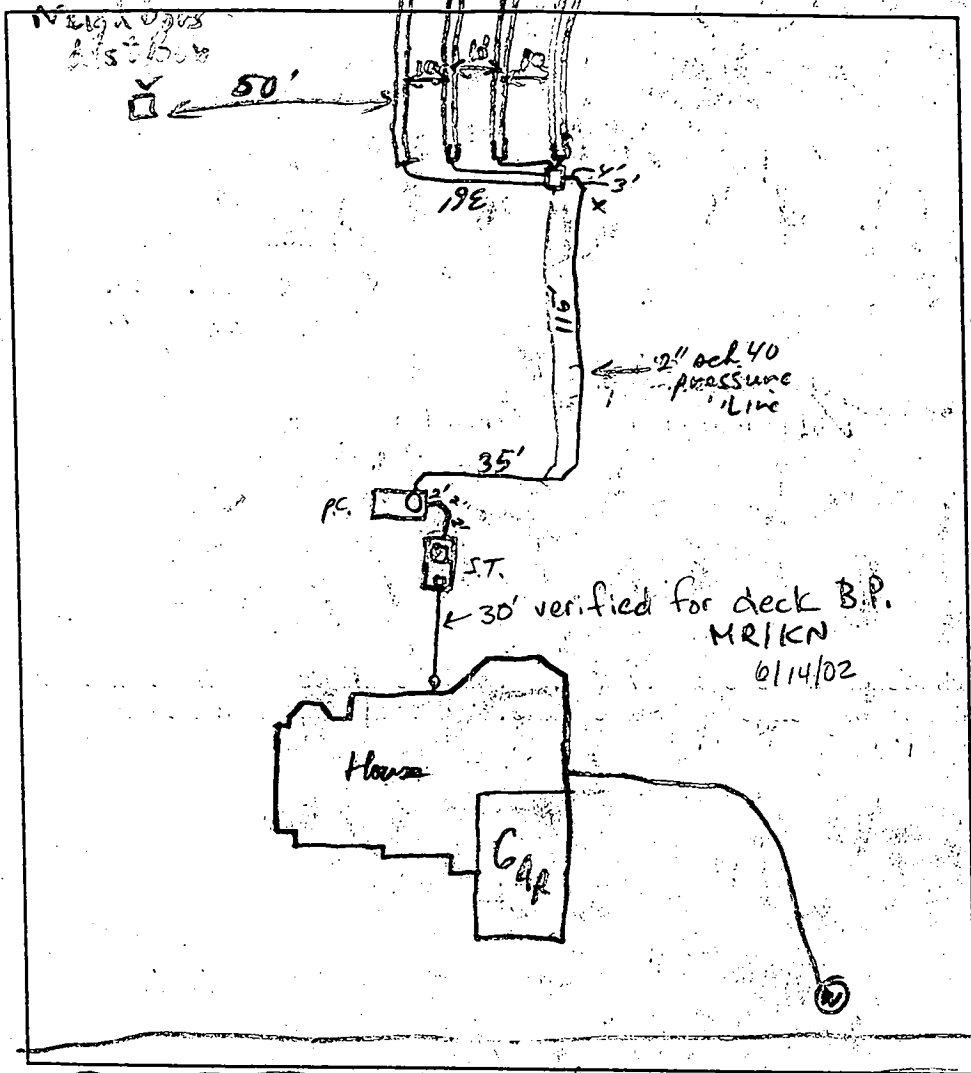
**BUILDING PERMIT SIGNED AND RETURNED** 6/13/02  
Bo 0136921 DECK

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS7659H

To SW Pond  
Back property line

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4'  
 TRENCH BOTTOM DEPTH 6'  
 DEPTH OF STONE 2"  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 4x70=280  
 ABSORBENT AREA 840 sqft (bottom)  
 DISTRIBUTION BOX LEVEL   
 (used auto-levelers - OK)  
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 top scanned GALLONS  
 (2 1/2 ft tall)  
 MANHOLE RISER on the back covered  
 (sealed to Tank OK)  
 6 INCH INSPECTION PORT in tank

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1500 gal Top Scanned  
 (2 1/2 ft tall)  
 MANHOLE RISER covered & sealed  
 ALARM OK (MR) SRU  
 PUMP PERFORMANCE TEST OK (MR) SRU

PRE-CONSTRUCTION INSPECTION:

*Trench layout OK per owner B.P. Plan. PJP 9/6/00*

INSPECTION COMMENTS:

*Best placement comes out in the photos may have to place S.T. & P.C. farther down slope than on plan & hold 3ft Manhole cover. PJP 9/6/00*  
*1st Tank set too low - House was built with Footers too low - pipe comes out under Footers - Builder has agreed to remove more dirt (about 3-6ft) for 3ft Manhole riser work*  
*UPPER TANK AND PUMP CHAMBER. Needs inspection to make sure grading over Tanks & pump chamber is acceptable and that all cleanout pipes & manhole risers are connected to Tanks to prevent leakage as Tanks will now be in drainage level in back of House. PJP 9/18/00 Rain Day S.T. set @ riser @ exit end; cleanout in lateral, PC sealed covered with no cap, No Manhole risers in Trenches*  
*House Connection was complete*  
*Dues journal filled out of house, call for funding on TR #4, db, p.c. 9/18/00 Last Tank OK to point & cover, db, t production at PC & line OK. S.T. had a screen filter on outlet w/ baffle. OK for all work except DB, call for pump test.*

INSPECTOR

*M. Rutkin*

DATE SYSTEM APPROVED

*12/12/00*

*9/20/00 WPI - OK to coordinate. PJP*

*10/10/00 Tested pump with generator - working. House has no electric. O.K. to cover D.B. Alarm still needs to be checked (BR) 12/12/00 ALARM/PUMP OR (MR)*

10/11  
For [unclear]

To Steve  
410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Lester Simmons Jr. License # AWD011

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Winchester Homes Telephone #: \_\_\_\_\_  
Subdivision: Humbrooke Lot #: 8 Well Tag #: HO-94-1709  
Site Address: 8110 Huntfield Dr.

Submersible Pump Data

Make: Goulds  
Model #: 5G50742a  
Pump Capacity 5 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: Madison  
Model #: B-10X  
Depth: 3 1/2 (36" min)  
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓  
Screened, vented well cap: ✓  
Cap secured to casing: ✓  
Conduit min 18" B.G.: ✓  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 400 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Attached to PA

Piping to house

Type: PE  
PSI: 200 (160 psi min)  
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 5 ft.  
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]  
Signature of company representative responsible for installation

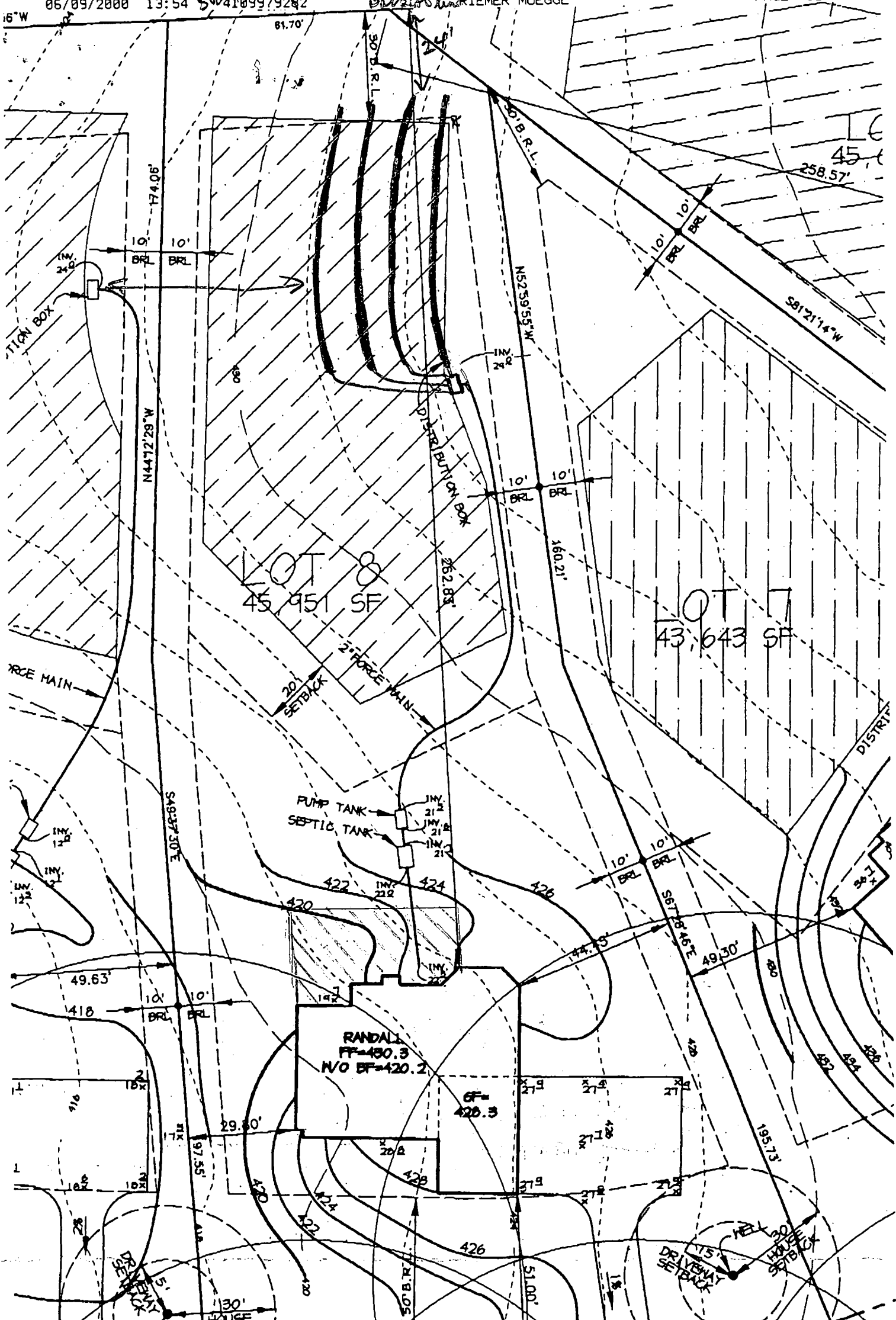
9/19/00  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/20/00 Date Insp. Approved: 9/20/00 RJP

- Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

SRL



Total linear feet of trench required 280 feet

Width of trench (es) 30 feet

Depth of trench (es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature Date 6/29/00

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT 5th

DATE 1-31-97  
1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Winchester Home & David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 7, 8

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & p/o 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family  
(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.

David F. Meiners  
(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

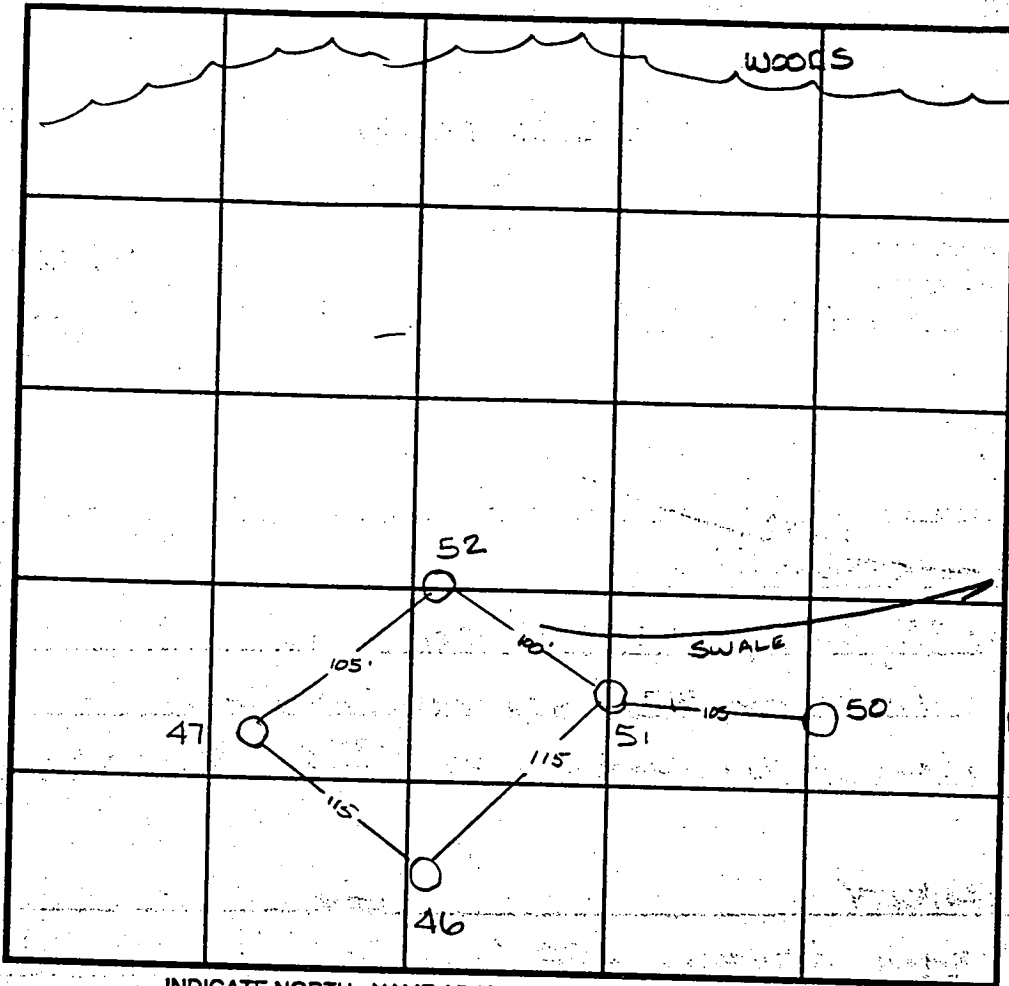
COUNTY #

SOIL PROFILE  
52

0'  
dwl  
yellow  
brown  
heavy  
clm  
3.0  
red br  
Salm  
w  
pockets  
of  
SaciLm  
micaceous  
12.0

SOIL PROFILE  
51

0'  
like  
47  
but  
30%  
shale  
12.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

46  
orange  
SaciLm  
micaceous  
5.0  
lgt  
orange  
tan  
SiSalm  
micaceous  
10%  
micaceous  
Rx

47, 50  
bright  
orange  
red  
SiLm  
micaceous  
5.0  
bright  
pink  
SiSalm  
micaceous  
10%  
micaceous  
Shale  
2.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4-29-97	52	6.5 V12.0	11:54	12:02 <sup>30</sup>	12:02 <sup>30</sup>	12:10	7 1/2 min	
5-7-97	46	6.0 V11.5	11:52 <sup>50</sup>	11:53 <sup>30</sup>	11:53 <sup>30</sup>	11:55	1 1/2 min	
	47	5.5 V12.0	11:09 <sup>30</sup>	11:11 <sup>30</sup>	11:11 <sup>30</sup>	11:16	4 1/2 min	
	51	6.5 V12.5	11:16	11:30	11:30	11:50	20 min	
	50	Visual to 13.0'	- water at 12.0' -					
		See profile					OK	

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT

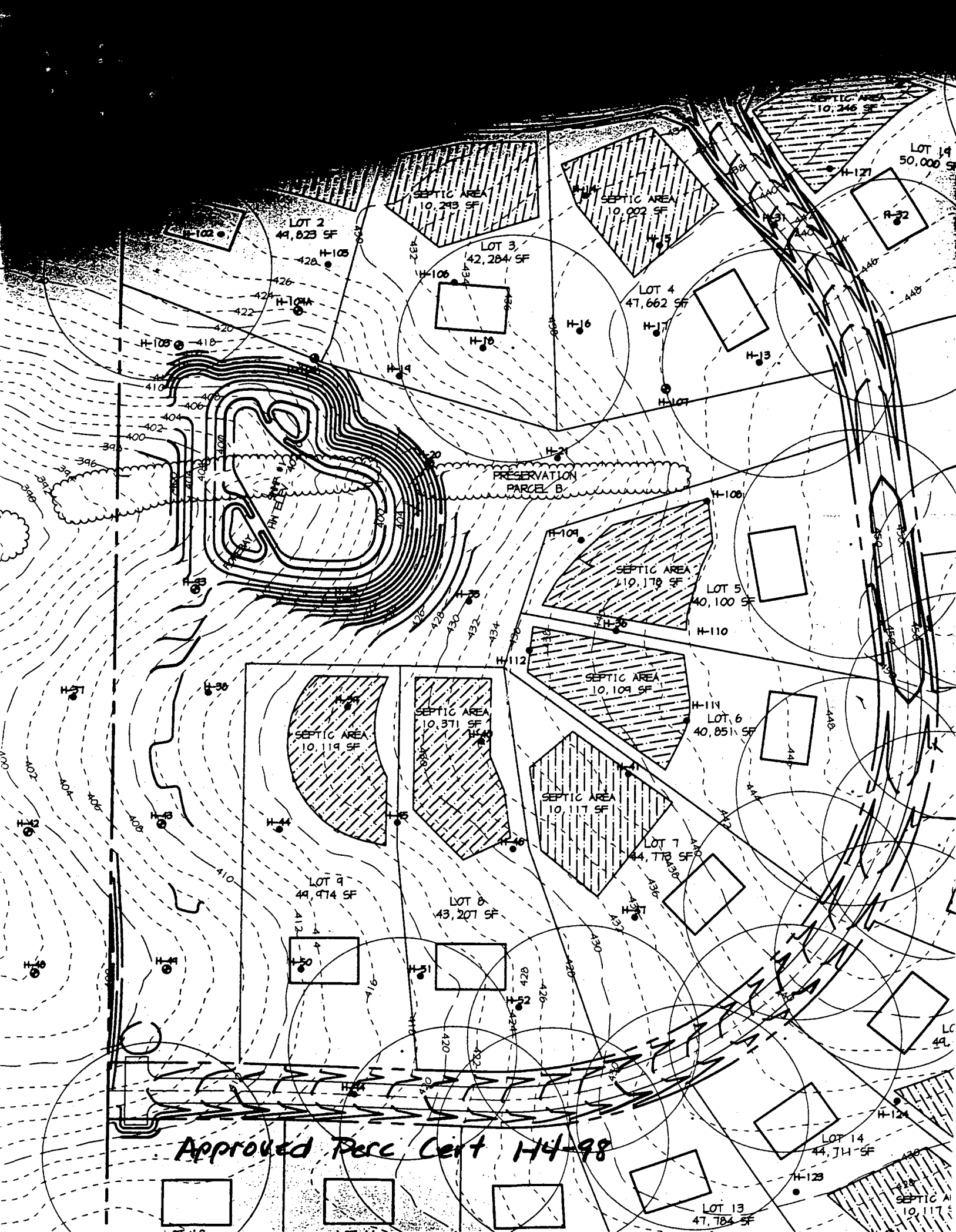
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

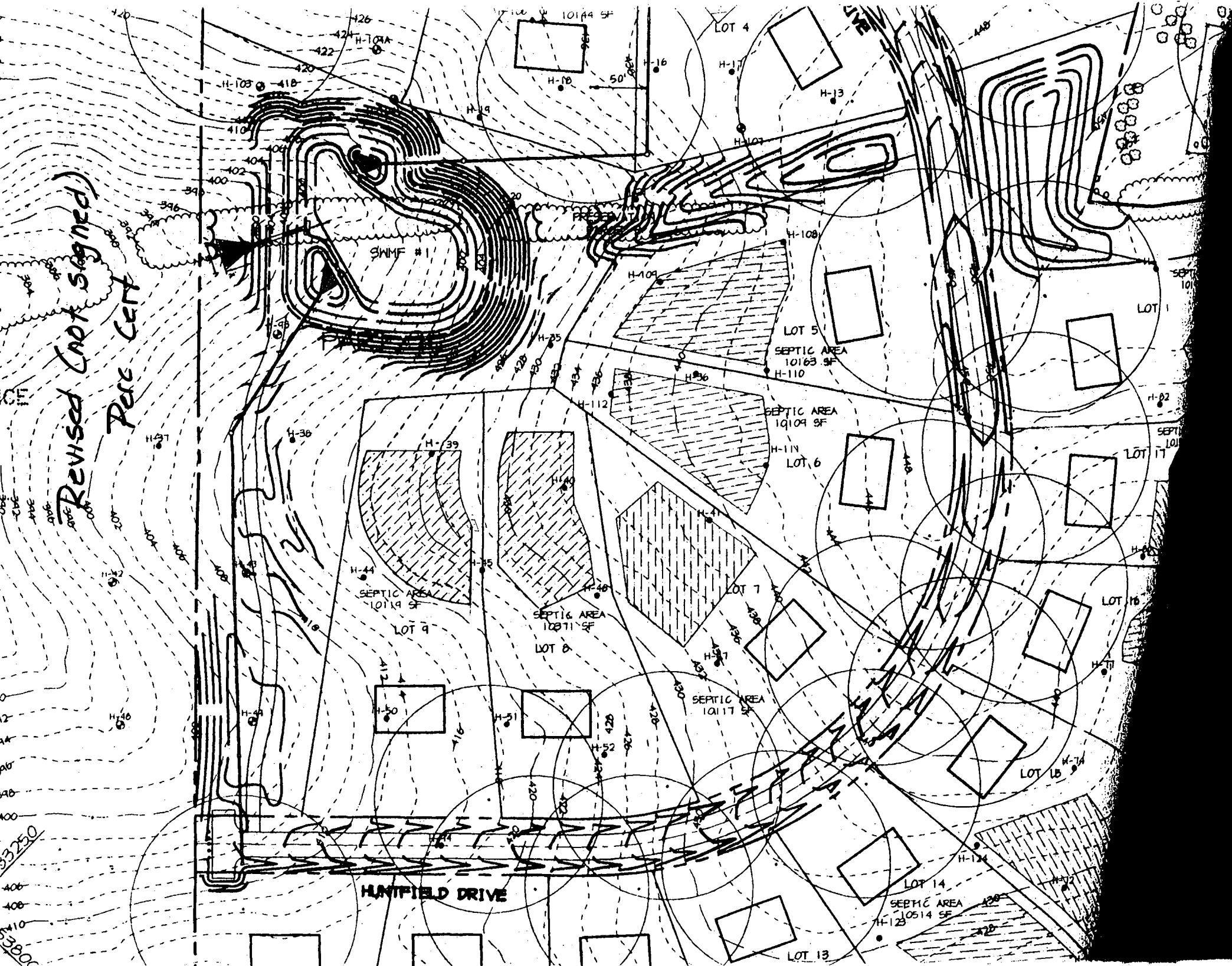
MAXIMUM BOTTOM DEPTH

SO FT/ROOM



Approved Perc Cert 114-98

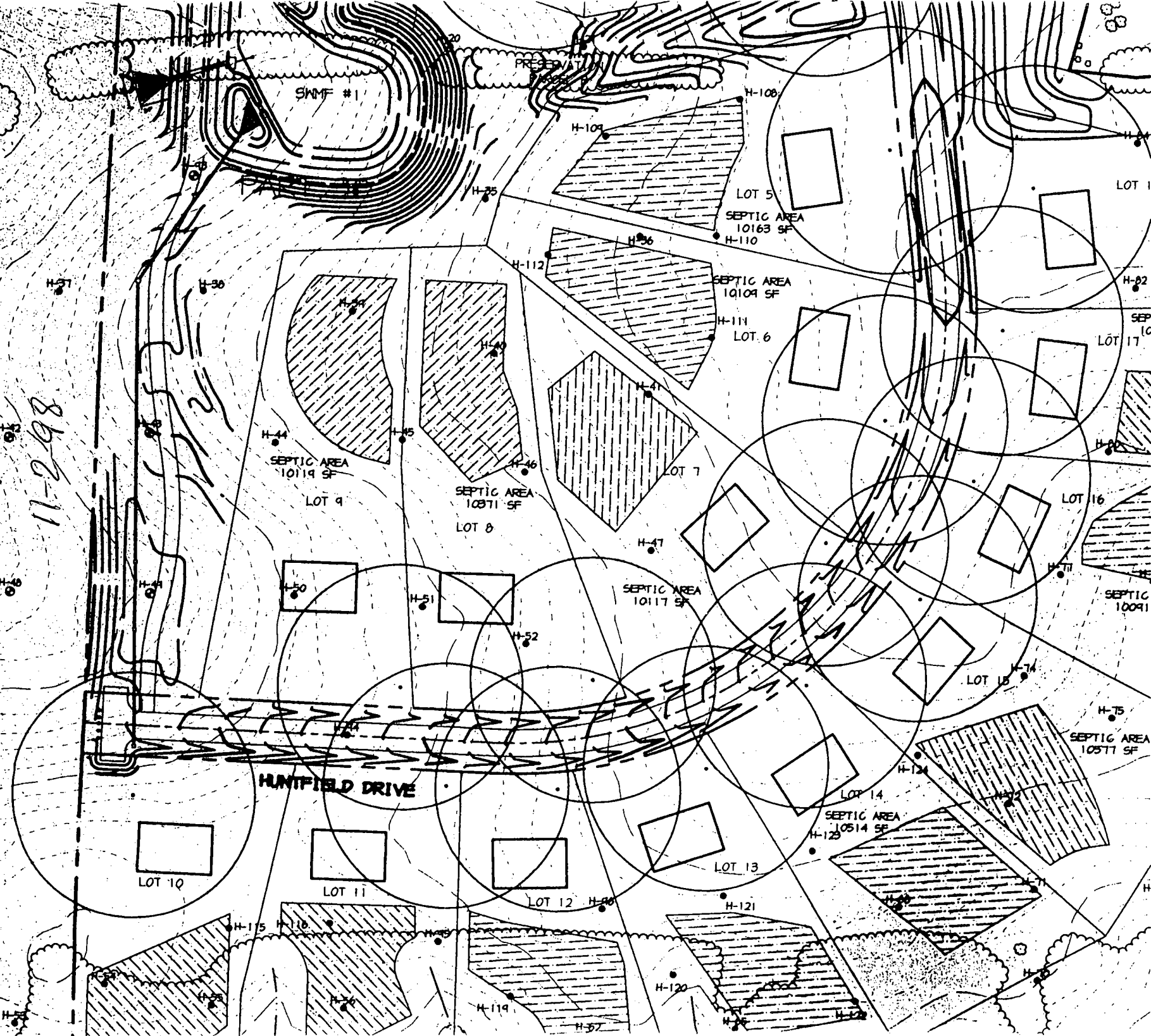
*Revised (not signed)  
Perc Cert*



PRINCE

Revised Perc Cert

11-2-98



HUNTFIELD DRIVE

SEPTIC #1

H-108

H-109

H-105

LOT 5

SEPTIC AREA  
10163 SF

H-110

H-106

H-112

SEPTIC AREA  
10104 SF

H-111

LOT 6

H-34

H-43

H-44

H-45

SEPTIC AREA  
10114 SF

LOT 9

SEPTIC AREA  
10871 SF

LOT 8

H-46

H-41

LOT 7

H-47

SEPTIC AREA  
10117 SF

H-52

H-51

H-50

LOT 16

H-71

SEPTIC AREA  
10041 SF

LOT 15

H-74

H-75

SEPTIC AREA  
10577 SF

LOT 14

SEPTIC AREA  
10514 SF

H-125

LOT 13

H-121

LOT 12

H-80

LOT 11

LOT 10

H-115

H-116

H-117

H-119

H-57

H-120

H-122

H-123

H-85

LOT

H-82

SEP

LOT 17

H-83

SEP

LOT 17

SEP

LOT 17

H-75

SEP

LOT 17

H-85

SEP

LOT 17

H-85

SEP

LOT 17

FOR CONTINUATION  
SEE SHEET 2 OF 3

PARCEL 'B'

LOT 6

FOR CONTINUATION  
SEE SHEET 2 OF 3

LOT 16

FOR CONTINUATION  
SEE SHEET 2 OF 3

PARCEL

MATCH LINE

F-98-94

FOREST CONSERVATION  
EASEMENT

HUNTFIELD  
DRIVE

PUBLIC ACCESS EASEMENT  
FOR S.M.H.F., DRAINAGE  
AND UTILITY EASEMENT

LOT 9  
49,474 SF

LOT 8  
45,451 SF

LOT 7  
43,643 SF

LOT 15  
47,407 SF

LOT 14  
45,011 SF

LOT 13  
47,719 SF

LOT 11  
49,508 SF

LOT 12  
45,840 SF

LOT 10  
46,456 SF

29

28

27

26

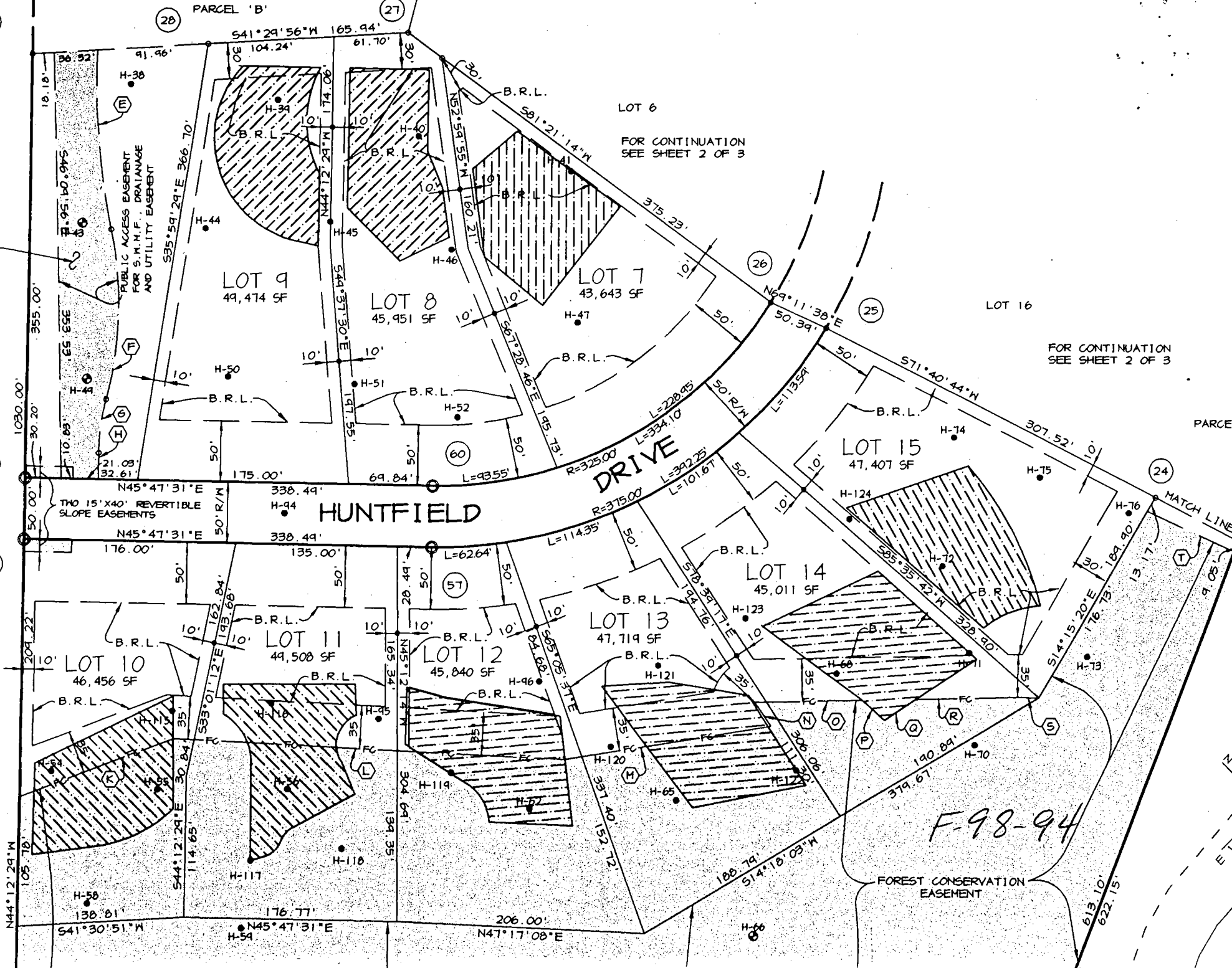
25

59

58

57

24



04021

SEQUENCE NO. (MDE 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 COES. 3-6 ON ALL CARDS)

COUNTY NUMBER A57659H

ST/CO USE ONLY DATE Received 10 22 98

DATE WELL COMPLETED 09 29 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1709

OWNER Winchester Homes STREET OR RFD Hunter Drive TOWN Fulton SUBDIVISION Hunterbrooke SECTION LOT 8

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, FEET (FROM, TO), check if water bearing. Includes entries like Top Soil, brown sandy mica, gray mica, brown mica, gray mica.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (ST, PL), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and depth values (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

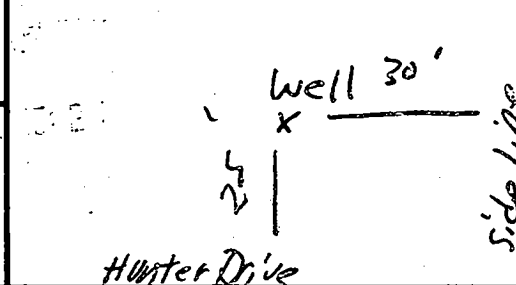
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 WHEN PUMPING 50 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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 AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 26.04.04 "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 LIC. NO. 1 MWD 040 George T. Easterday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 501 Charlotte P. Feltz

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





B 1. 6890

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

HO-94-1709 fill in this form completely

Date Received (APA) 08 28 98

OWNER INFORMATION RN 7575

B 3

LOCATION OF WELL CCH

Winchester Homes, Inc. 6305 Ivy Lane, Suite 700 Greenbelt, Md. 20770

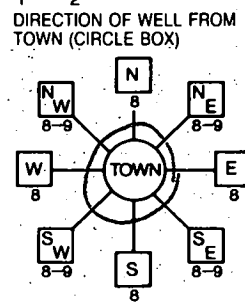
Howard Hunterbrooke Fulton NEAREST TOWN

DRILLER INFORMATION George F. Easterday M W D 040

L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4

Hunter Drive NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD



WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

- USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co AS7659H COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 08 02 98 A McMillon 9/2/99

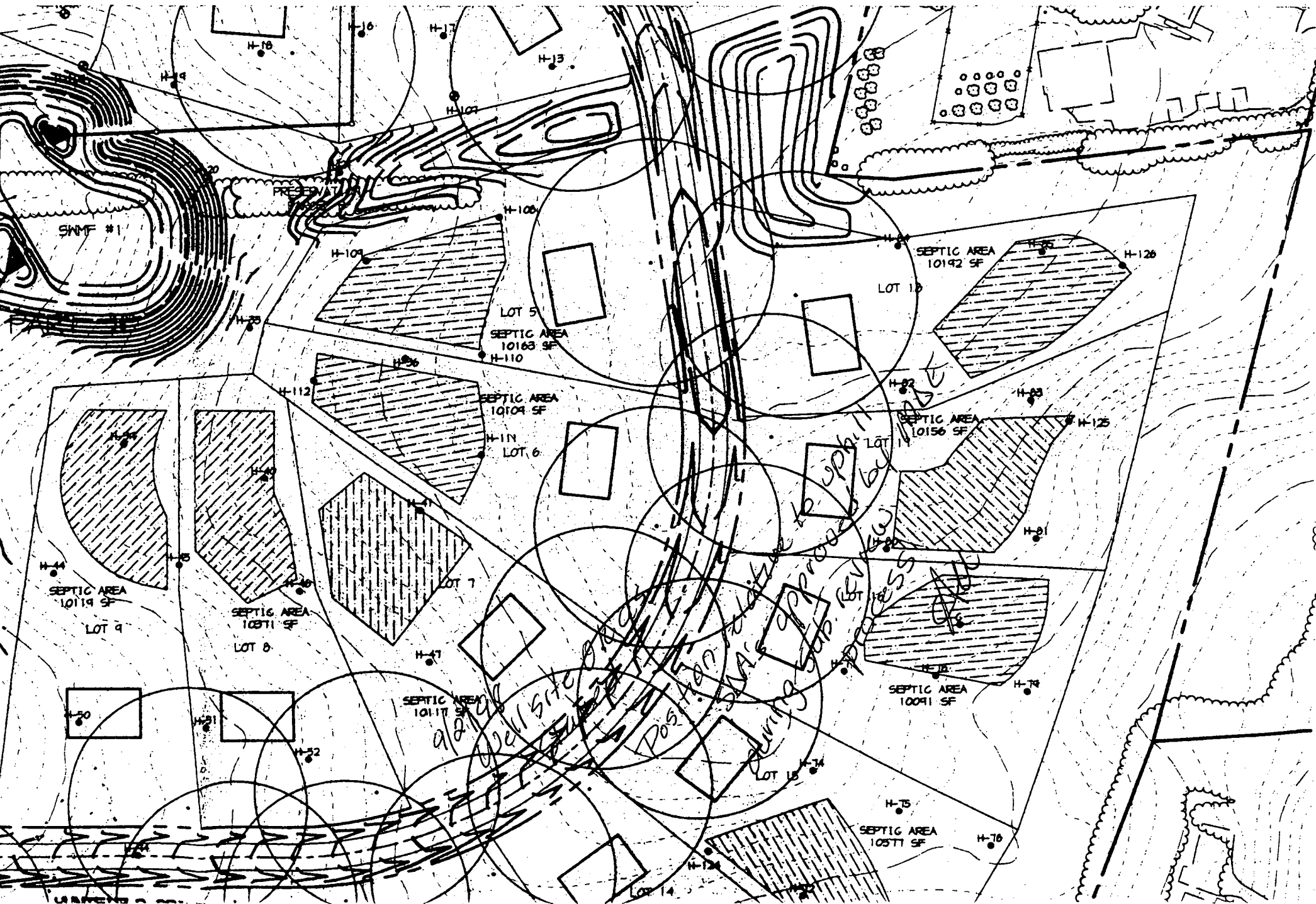
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-1709

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N. 470 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION MAP 18 G5 Fulton



Building Address 8116 HUNTFIELD DRIVE  
FULTON MD 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision Hunterbrook  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 8  
Tax Map 40 Parcel 360 Grid \_\_\_\_\_  
Zoning R20D Map Coordinates 1865 Lot size \_\_\_\_\_

Property Owner's Name EVDESH KAUSHIYA  
Address 8116 HUNTFIELD DRIVE  
City FULTON State MD Zip Code 20759  
Home Phone (301)317-5689 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
STEVE BOWERS  
7 HAYMARKET CRT  
BALTIMORE MD 21236  
Phone (410)529-6139 Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD W/DECK  
Estimated Construction Cost \$ 17,500  
Description of Work 24'x16' OPEN WOOD  
DECK W/4'x4' WOODEN & 2x12'S, 7'x10'  
OPEN WOOD DECK W/2x4'S, 2x6'S, 2x8'S  
Occupant or Tenant OWNER SHAPE  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company LONG FACE CO  
Contact Person STEVE BOWERS  
Address 1114 RT 3 NORTH  
City CROFTON State MD Zip Code 21114  
License No. 9615-01  
Phone (410)793-0600 Fax \_\_\_\_\_  
Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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: 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 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: _____	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<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 ON TO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Steve Bowers  
Applicant's Signature  
AGENT  
Title/Company

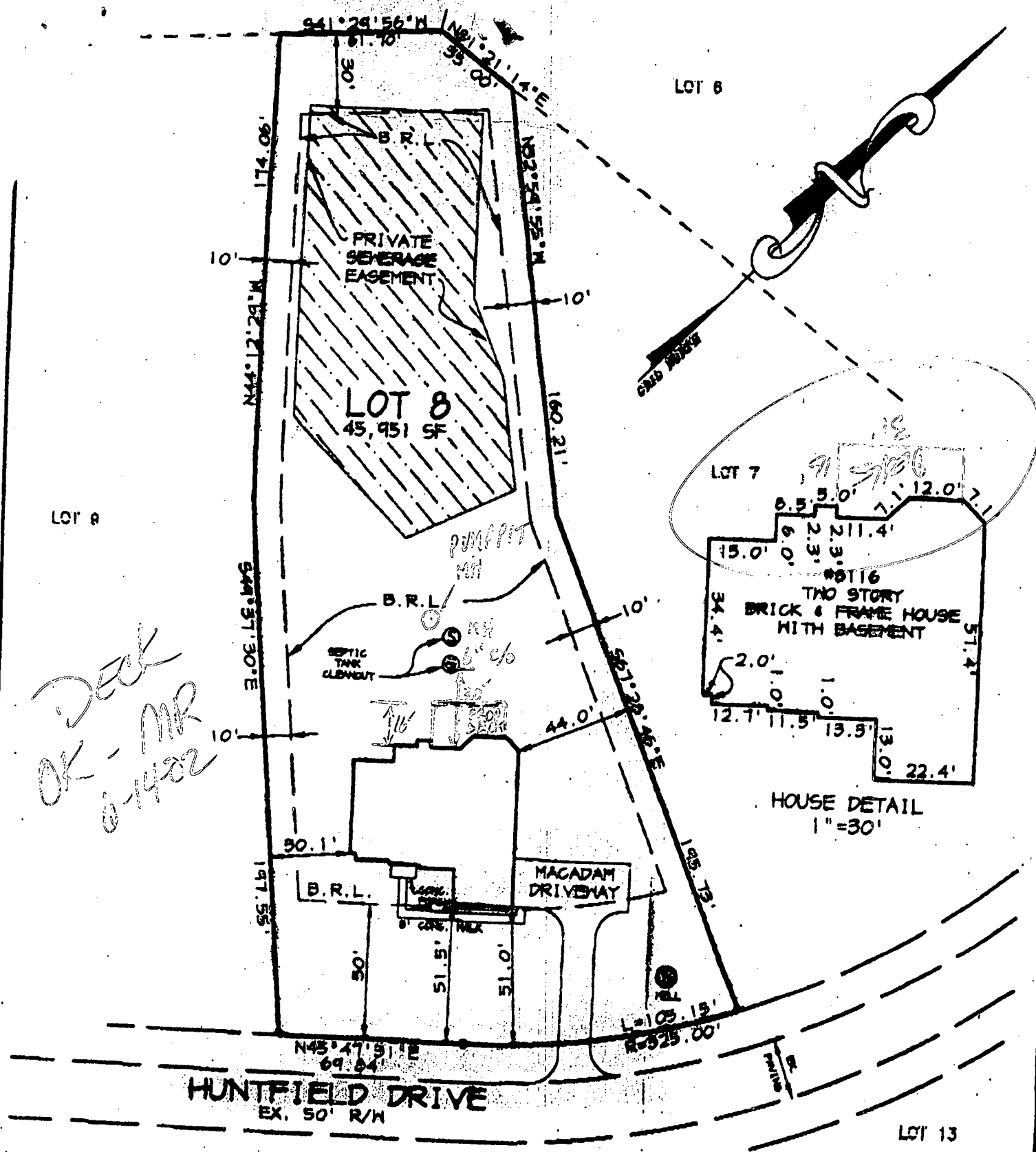
R. STEVEN BOWERS  
Print Name  
6/13/2002  
Date

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

DATE	SIGNATURE	APPROVAL
		Land Development, DPZ
		State Highways
		Building Official
		Dev. Engineering, DPZ
	<u>6/13/02</u>	<u>Raine Thomas</u>
		Health
		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"/>

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>46687</u>
Rear: _____	
Side: _____	
Side St.: _____	
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>20</u>
Lot Coverage for NewTown Zone _____	Sub-total paid \$ _____
SDP/Red-line approval date _____	Balance due \$ _____
	Check # <u>61967</u>
	Validation # <u>53314</u>
	Accepted by <u>[Signature]</u>

PRESERVATION PARCEL 'B'



- NOTE:
- THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
  - THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
  - THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.



CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE 'C' (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0042B DATED 12-04-00 FOR HOWARD COUNTY, MARYLAND.

*Arthur E. Muegge*  
 ARTHUR E. MUEGGE #10751

**RIEMER MUEGGE**  
 a division of:  
 atton Harris Rust & Associates, pc  
 SUITE 280  
 8818 CENTRE PARK DRIVE  
 COLUMBIA, MARYLAND 21045  
 TELEPHONE (410) 997-8900  
 FAX (410) 997-9882

FINAL LOCATION DRAWING  
 LOT 8  
 HUNTERBROOKE  
 5TH ELECTION DISTRICT, HOWARD COUNTY  
 PLAT Nos. 19469 THRU 19475  
 SCALE: 1"=50' PROJ. No. 99094 DRAWN BY: R. PATTI