

LAYOUT 2/6/02, 11:00 INSP 4 _____
 INSP 2 2/7/02 fluc (M) INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/5/2002 P 516505
 APPROVAL DATE: 2/9/02 A 58095-H

PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

#362314

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Wellington West LOT NUMBER: 9

ADDRESS: 15257 Bucks Run Drive PROPERTY OWNER: Pulte Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

*Shallow System Only
 High H₂O table*

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line, place the distribution box 85' down the left lot line and 75' off this same lot line. Run trenches on contour in both directions as shown on plan.
NOTES:	

PLANS APPROVED: MER 12/27/01 OK (BB) DATE: 12/20/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

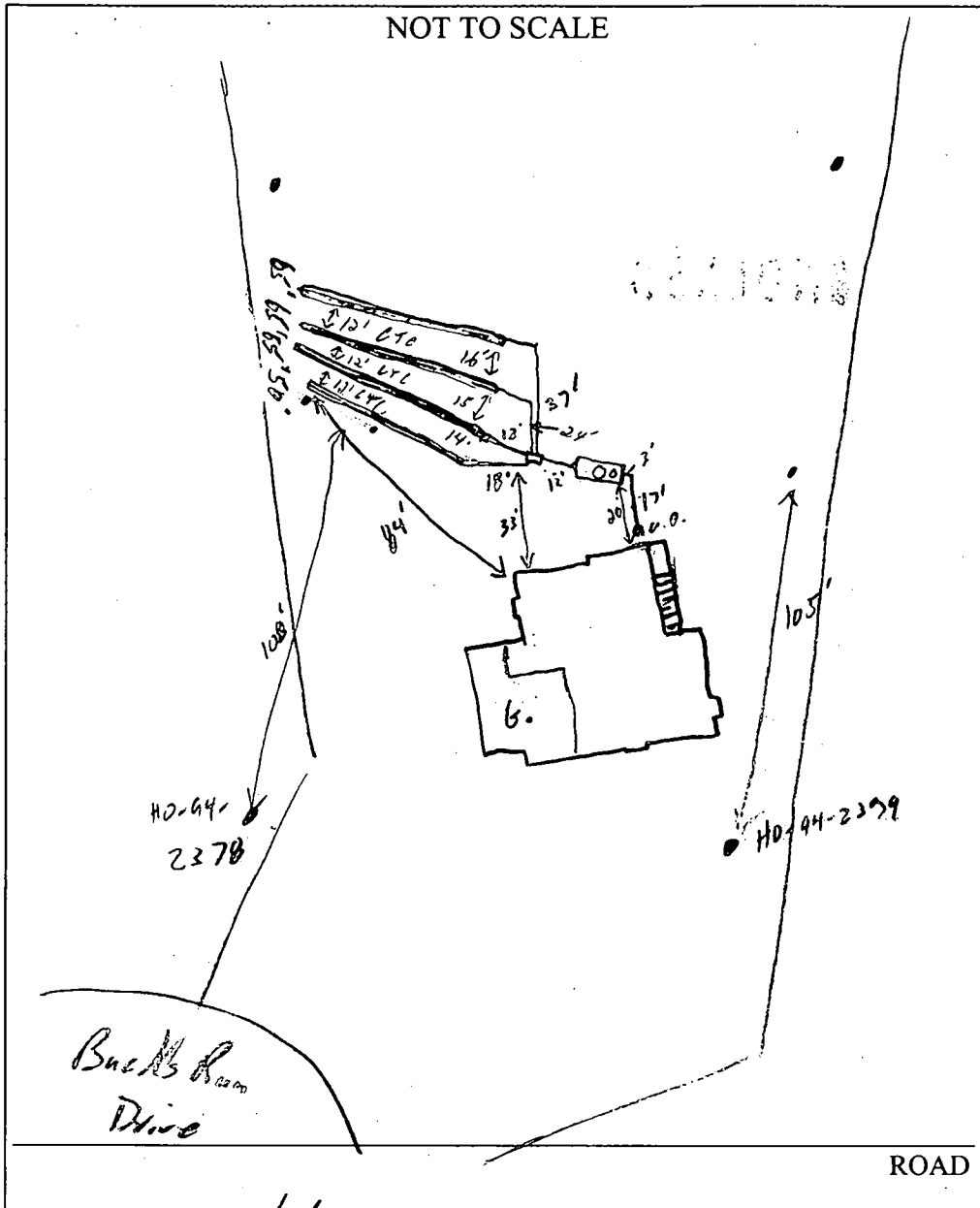
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 6/13/02

800136895 INGROUND POOL

A58095-H

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM"
3	2.5-3'	4-4.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		245
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		N/A

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1250 GAL
SEAM LOC	TS
TANK LID DEPTH	8"-14"
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 2/21/02 Run trenches per builders plan. OK to put trenches on one side. Had contr. raise tank 1' to proper invert. (SE)

INSTALLATION 1/6/02 1st trench may be 6"-8" deep. OK to cover tank. May need to back fill to get proper cover at house conn. (SE)

2/7/02 Trenches are 6" to 1' too low. Contr. indicated that is the highest he could get. Covered under line from house to S.T. (SE)

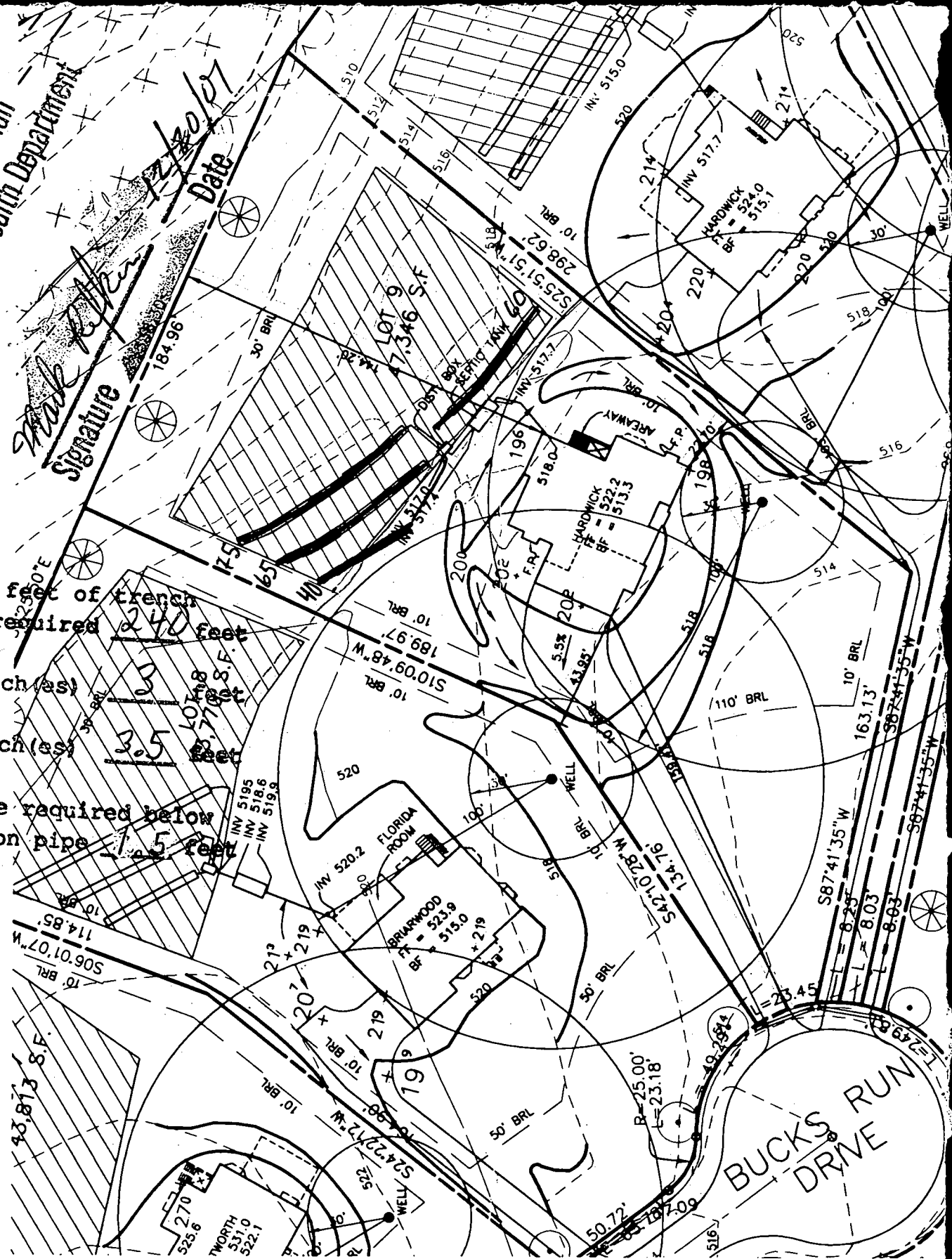
FINAL INSPECTOR Steve [Signature]

DATE OF APPROVAL 2/2/02

Approved Septic System Plan
Howard County Health Department

Mark [Signature]
Signature
Date 12/20/07

Total linear feet of trench required 240 feet
 Width of trench (as) 3.5 feet
 Depth of trench (as) 3.5 feet
 Depth of stone required below distribution pipe 1.5 feet



PLAN BY BENCHMARK 1-50

Building Address 15257 Bucks Run Drive
Woodbine, Md 21797
 Suite/Apt. #: N/A SDP/WP/Petition #: GP-99-180
 Census Tract 6040 Subdivision Wellington West
 Section _____ Area _____ Lot 2 9
 Tax Map 14 Parcel 69 Grid 15
 Zoning OC-DE Map Coordinates 9 A 9 Lot size _____

Property Owner's Name Pulte Homes, Inc.
 Address 1501 S. Edgewood Street, Suite K
 City Baltimore State Md Zip Code 21227
 Home Phone N/A Work Phone 410-644-5603
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 410-644-2643

Existing Use Vacant Lot
 Proposed Use SPD
 Estimated Construction Cost \$ 150,000
 Description of Work Construct "Hardrock" 2 story,
full bsmt, 1OR, 3 FB, 1 RB, FP, 2 car garage
OPT: finished lower level and bath, areaway

Contractor Company Pulte Homes, Inc.
 Contact Person Dianna Wenzlaff
 Address 1501 S. Edgewood Street
 City Baltimore State Md Zip Code 21227
 License No. 4516
 Phone 410-644-5603 Fax 410-644-2643

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 - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
 SF Dwelling SF Townhouse
 1st floor: Depth 53' Width 62'
 2nd floor: 51' 62'
 Basement: 51' 46'
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4
 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

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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 THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED 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.

Dianna Wenzlaff
 Applicant's Signature
Building Permits Coordinator
 Title/Company

DIANNA WENZLAFF
 Print Name
12-4-01
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	32973
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>850</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>12/20/01</u>	<u>Mark Affler</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			SDP/Red-line approval date _____	Add'l per. fee \$ _____
Fire Protection			Accepted by _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>41757</u>
				Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY,
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED. ✓

COUNTY NUMBER **A58095H**

ST/CO USE ONLY
DATE Received
10 26 99

DATE WELL COMPLETED
MM **10** DD **02** YY **99**
15 20

Depth of Well
22 155 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2379
28 29 30 31 32 33 34 35 36 37

OWNER **Wellington West**
STREET OR RFD **Bucks Run DR** TOWN **Glenwood**
SUBDIVISION **Wellington West** SECTION **9** LOT **9**

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Dirt	0	1	
Clay & Br. Shale	1	3	
Soft Br. Shale	3	41	
Hard Br. Shale	41	54	X
Soft Br. Shale	54	56	
Hard Br. & Blue Shale	56	68	
Br. Shale	68	69	X
Hard Br. & Blue Shale	69	84	
White Sandstone	84	85	X
Hard Blk. & White Sandstone	85	117	
Hard Blk. Sandstone	117	155	

WELL LOG
Not required for driven wells

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **22** NO. OF POUNDS **2068**
GALLONS OF WATER **132**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **59** 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 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST **6** **61**
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING	diameter	depth (feet)	
		from	to
PL 4	4	0	60
PL 4	4	70	100
PL 4	4	110	140
PL 4	4	150	155

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.)

EACH CASING	TYPE	DEPTH (nearest ft.)	
		from	to
PL	60	70	
PL	100	110	
PL	140	150	

SLOT SIZE 1 **.010** 2 **.010** 3 **.010**

DIAMETER OF SCREEN **4** (NEAREST INCH)
from **56** to **60**

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **10**
METHOD USED TO MEASURE PUMPING RATE **submersible**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **16** ft.
WHEN PUMPING **24** ft.
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES **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. **29**
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
PUMP HORSE POWER **37** **41**
PUMP COLUMN LENGTH (nearest ft.) **43** **47**
CASING HEIGHT (circle appropriate box and enter casing height)
+ above **2** (nearest foot)
- below **50** **51**

NUMBER OF UNSUCCESSFUL WELLS **0**

WELL HYDROFRACTURED **Y** **N**

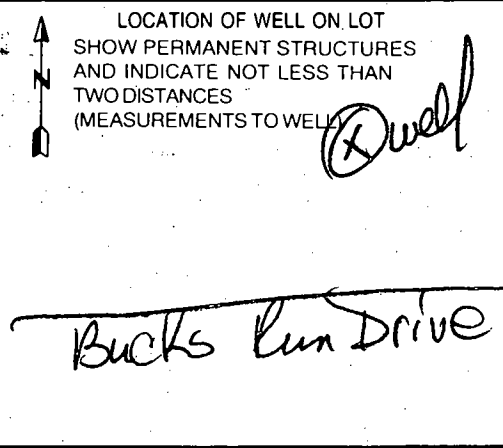
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **MWD 256**
Dana Kyker Jr. II
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **JWD 334**
Dana Kyker Jr. II
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **14** **155** **68**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W O
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **8576** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

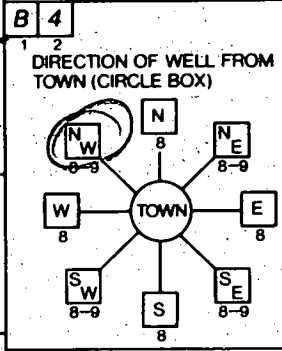
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2379
 70 fill in this form completely 78

Date Received (APA) **082699**
 OWNER INFORMATION
WOMB ASSOCIATES LLC
 15 Last Name 34 Owner First Name
152918 UNION CHAPEL
 36 Street or RFD 55
WOODBINE **MD21797**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
WELLINGTON WEST
 23 SUBDIVISION 42
 SECTION **2** LOT **9**
 44 46 48 50
GLENNWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI.
 73 78 77 78

DRILLER INFORMATION
 CIRCLE MSD MGD RWD
Deana Kyles II **259**
 57 Driller's Name 77 License No. 80
Westminster Day Well Drilling Inc
 Firm Name
P.O. Box 86 Westminster, Md 21158
 Address
Deana Kyles **0826/99**
 Signature Date



Bucks Run Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 NORTH SOUTH
 34 **200** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: **14** BLK: _____ PARCEL **222**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**
 14 20

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 Co **A58095H**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **082699 AM 7:00** 082600
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **530000** EAST GRID **790000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **210** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **AM** INITIALS IN BOX PERMIT No. **HO-94-2379**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **City**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **790**
 N **530** 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Bucks Run Drive

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

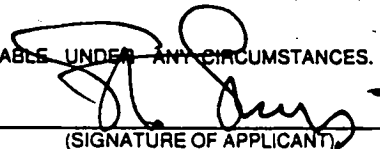
SUBDIVISION Brendel property LOT NO. 8, 9, 10

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling
(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.


(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

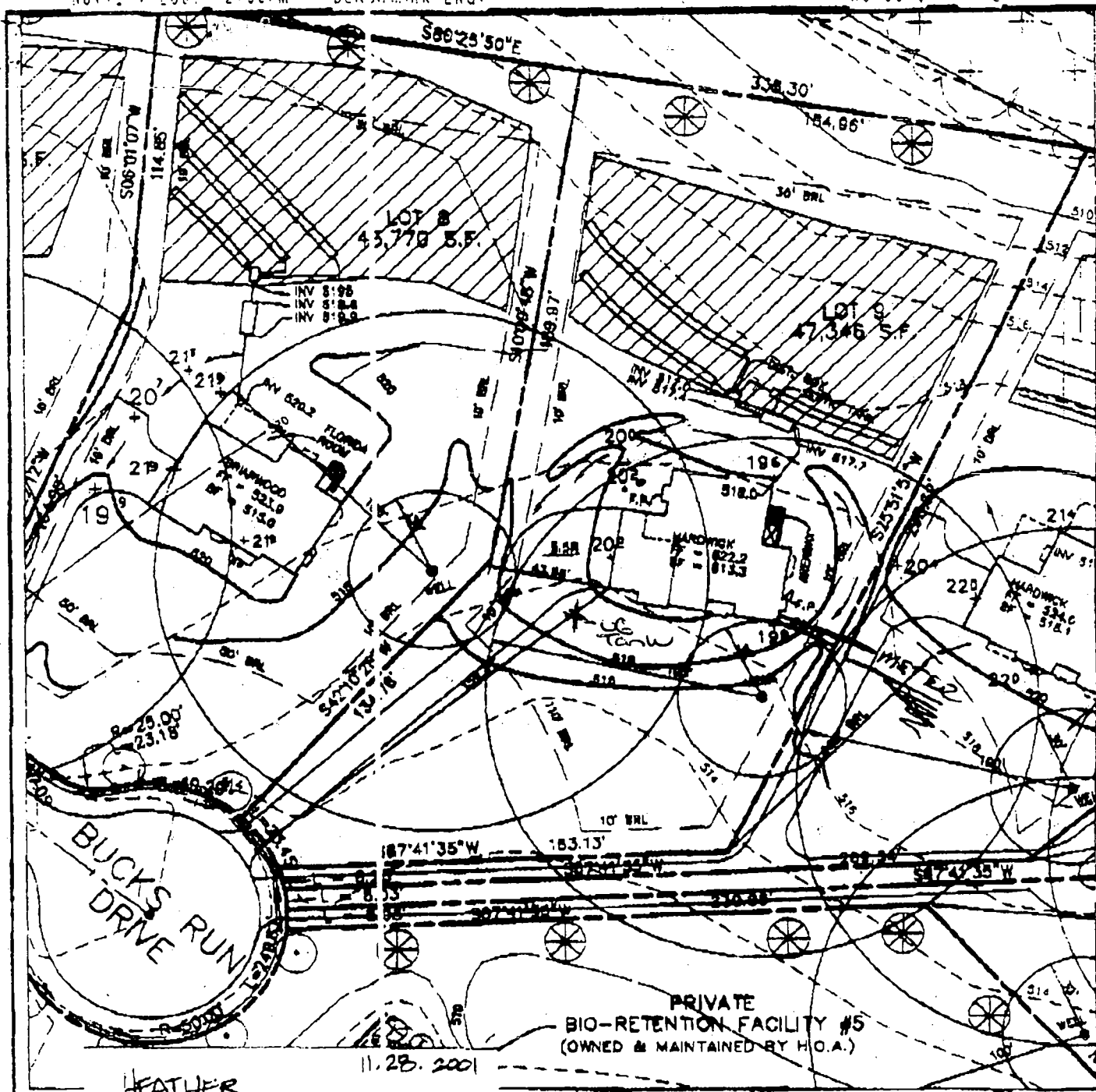
11-28-01 10:55 FAI 4106442643
NOV 27 2001 2:56PM BENCHMARK ENG.

PULIE HOME CORP

WELLINGTON WEST

001-001

NO 8245



11.28.2001

HEATHER

FIRST
FOYEL
BASEL
SPOT

LOT 9
FOR CUSTOMER
REVIEW & APPROVAL

Michelle A. Casell
Ti
Rebecca
Wife

30' from well - OK
20' SDA - OK (KG)

WELLINGTON WEST SECTION 2

LOT 9

4th ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 11/28/01

Y. MD 21043
344

11/27/01 TUE 14:45 (TX/RX NO 8313)

X prepare location

Building Address 13257 Bucks Run Dr
Woodbine, MD 21797

Suite/Apt # _____ SDP/WP/Petition # _____

Census Tract 60402 Subdivision Wellingwood

Section _____ Area _____ Lot 9

Tax Map 14 Parcel 69 Grid 19

Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name Rita L. Jones
 Address 1501 S Edgewood St
 City Baltimore State MD Zip Code 21227
 Home Phone 410-499-5636 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
606133465

Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Underground Storage Tank
 Estimated Construction Cost \$ 28000.00

Description of Work Install (1) 1000 Gallon
Underground Storage Tank (UST)
in accordance with NFPA 30.

Contractor Company Suburban Propane
 Contact Person Luca Tenti
 Address 31 Deewood Circle
 City Baltimore State MD Zip Code 21250
 License No. _____ Phone 301-251-4606 Fax _____

Occupant or Tenant Same as Owner
 Engineer or Architect Company _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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 <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ 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 _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Sprinkler system: N/A <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 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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Luca Tenti
 Title/Company _____ Date 23
1-28-02

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

AGENCY	DATE	SIGNATURE APPROVAL	DRZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	5297
State Highway			Rear _____	
Building Official			Side _____	
DC Engineer DPZ			Side St _____	
Health DPZ	<u>1/24/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Life Professional			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Contingency Construction Start			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
On Stop Shop			Lot Coverage for New Town Zone _____	
Distribution of Copies			SDP/Red-line approval _____	
			Yellow DRD, DPZ _____	
			BIBL Health _____	
			Gold SHA _____	

HOWARD COUNTY
 DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 19420 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043

Building Address 15257 BUCKS RUN DRIVE
WOODBINE, MARYLAND 21797
 Suite/Apt # _____ SDP/WP/Petition # 978-120
 Census Tract 101002 Subdivision Wellingford West
 Section N/A Area N/A Lot 9
 Tax Map 14 Parcel 118 Grid 15
 Zoning (C) D Map Coordinates _____ Lot size 47,346

Property Owner's Name J. ALLEN & REBECCA CORNELL
 Address 15257 BUCKS RUN DRIVE
 City WOODBINE State MD Zip Code 21797
 Home Phone (301) 725-5643 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELING
 Proposed Use Same, with pool
 Estimated Construction Cost \$ 21,700.00
 Description of Work CONCRETE INGROUND POOL WITH
TRUCK. 23' 8" WIDE 13' 41" LONG
3' 0" 8 1/2' FT DEEP WITH 6" DIVING BOARD.
7' 0" 1/2' SQ FT 758
2.50' INLET OF 4" HIGH WHITE VINYL PICKET FENCE
 Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company ANTHONY J. SYLVAN POOLS, INC
 Contact Person GEORGE A. SCHWEICH - CONTRACTOR
 Address 10840 GULFORD ROAD, SUITE 407
 City ANNAPOLIS State MD Zip Code 20701
 License No. 19347
 Phone (301) 490-1930 Fax (410) 792-2818
 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	_____ NFPA #13D
No. of 1 BR units: _____	_____ NFPA #13R
No. of 2 BR units: _____	_____ Other: _____
No. of 3 BR units: _____	
Other Structure: <u>INGROUND POOL</u>	
Dimensions: <u>23' 8" x 41'</u>	
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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
JUNE 13, 2002
 Date

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