

LAYOUT 1/28/02 1pm INSP 4 add layout 11:00 3/22/02 - Pump Sys. layout - AM
 INSP 2 1/30/02 AM INSP 5 2/4/02 PM 3/26/02 - PM
 INSP 3 2/1/02 11:00 INSP 6 2/1/02 AM 3/27/02 - PM

ISSUE DATE: 1/22/2002 3/28/02 - 10:00 516483-C
 APPROVAL DATE: 5/23/02 CANC. 5/21/02 2:00 A 58095-X

PERMIT INDEXED

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

5/23/02 pump test
12 p.m.

302497

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Wellington West LOT NUMBER: 25

ADDRESS: 15336 Doe Hill Court PROPERTY OWNER: Pulte Homes, Inc.

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

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line near the well, place the distribution box 95' down the left (174.21') lot line and 70' off this same lot line. Run trenches on contour in both directions as shown on plan.
NOTES:	<u>Check well(s) radius(es)</u> <u>Dig hole to confirm if this soils ?</u>

PLANS APPROVED: MER/FS OK/MR DATE: 12/27/01

- 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 1-18-02
 800 133998 - UG PROPANE TANK

BUILDING PERMIT SIGNED AND RETURNED 7/3/02
 800 137297 - DECK

A 58095-X

Soil Profile (A)

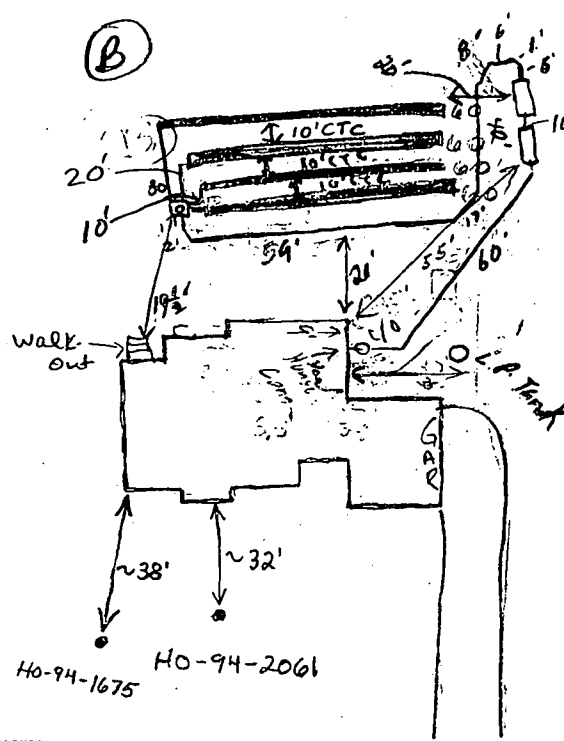
NOT TO SCALE

DK brn granular
 CLM 8"
 strong brn, wk rd
 Mn aggregation on
 small pebbles hvy
 Rx 10-15% SLm 20"
 fd brn, yell. brn
 Mn-black lateral
 layers SLm 3 1/2"
 tan, yell, beige, white,
 black SLm
 Rx 30-40% Refusal 8 1/2"

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	2 1/2'	4 1/2'
NUMBER OF TRENCHES 4		
TOTAL LENGTH 240		
ABSORPTION AREA 720 ft ²		
DISTRIBUTION BOX LEVEL ✓		
DISTRIBUTION BOX BAFFLE ✓		
DISTRIBUTION BOX PORT ✓		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	23"-4"
BAFFLES	✓
BAFFLE FILTER	N/A
MANHOLE LOC	Center
6" PORT LOC	front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—

Soil Profile (B)
 strong brn
 CLM 5-5 1/2"
 tan brn, grey
 white, beige
 SLm to sand
 10-15% Rx
 Refusal 11 3/4"



Stake (A)
 7080

Doe Hill Court ROAD

PRE-CONSTRUCTION 1/28/02 Lot not staked, large dirt pile in the middle of S.R.
 1/29/02 Lot stake, dirt gone, graded. OK to place all 4 trenches on one.
 INSTALLATION side w/ D.B. in center
 1/30/02 Tank set. O.K. to backfill around. Need house connection. (BB)
 2/5/02 Needs house Conn. Called in to Pull the Homes. Trenches OK to cover 10' CTC. (KG)
 3/22/02 Disc. w/ contr. moving of S.T. & adding P.T. Contr had S.T.
 D.B. to end of trenches open. Keep tanks 10-15' off trenches. (SO)
 3/27/02 Line to tank installed, waiting on tanks. (SO) 3/27/02 Tanks set, OK to
 cover. (SO) 3/29/02 OK to cover all work. Pump & Alarm test needed. (SO)
 5/23/02 Alarm & Pump OPERATIONAL (JB)
 FINAL INSPECTOR Steven R. [Signature] DATE OF APPROVAL 5/23/02

BUILDING PERMIT SIGNED AND RETURNED

DOE HILL CT.

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

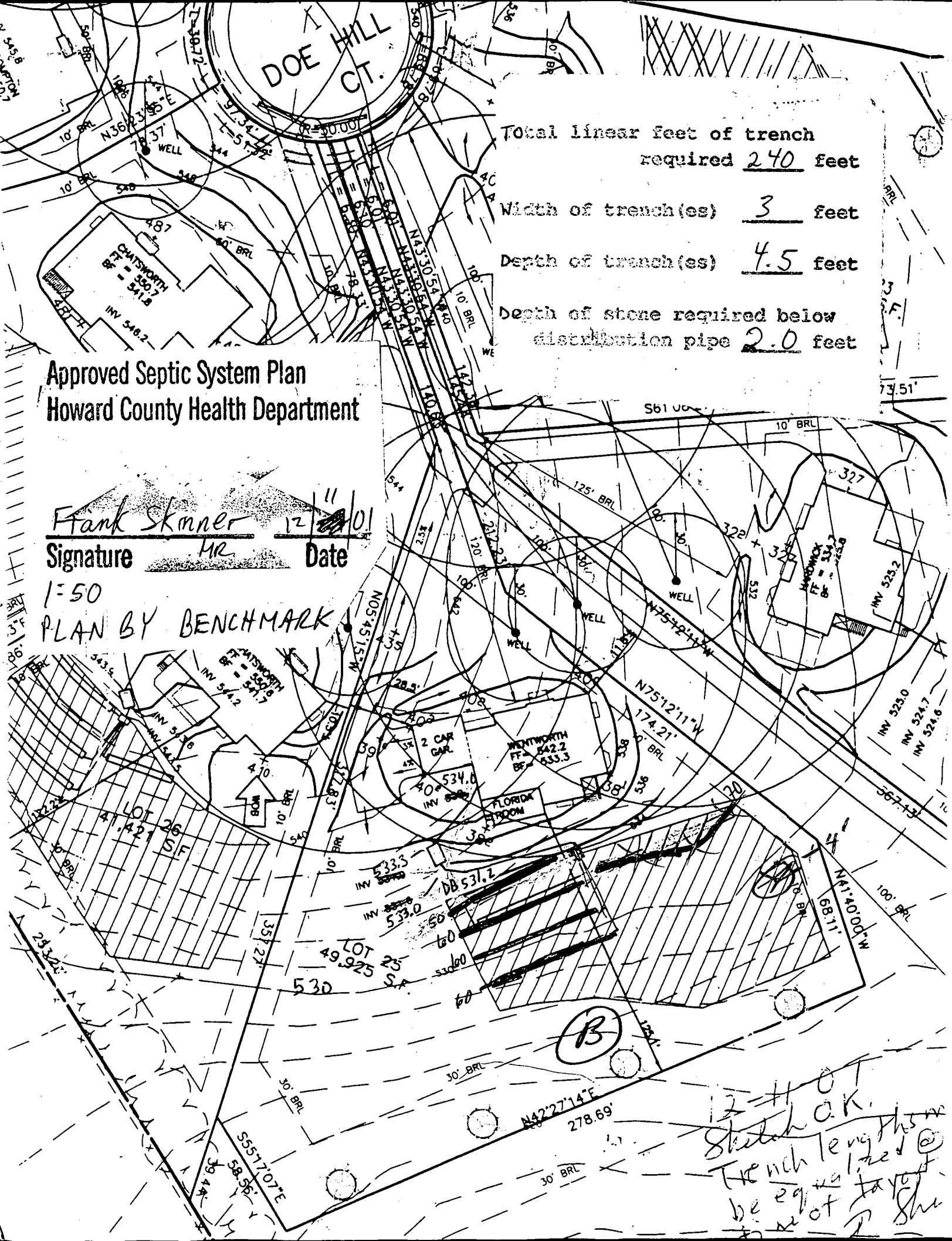
Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Frank Skinner 12/11/01
Signature MR Date

1-50
PLAN BY BENCHMARK



(B)

12-11-01
Sketch a.k.
Trench lengths
be equalized @
not to say
Shu

C1 9851

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58095X

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2061

OWNER BPMP Assoc. last name first name STREET OR RFD Doe Hill Ct TOWN Glenwood SUBDIVISION Wellington West SECTION 2 LOT 25

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Hard Br. Shale, Fracture, Hard Blue & Br. Shale, Hard Blue Sandstone, Br. & Blue Sandstone, Opening, Br. & Blue Sandstone, Hard Blue Sandstone.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0 to 60 ft).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (main) casing (6), Total depth of main casing (61).

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

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) table.

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (36 ft before, 43 ft when pumping), TYPE OF PUMP USED (S submersible).

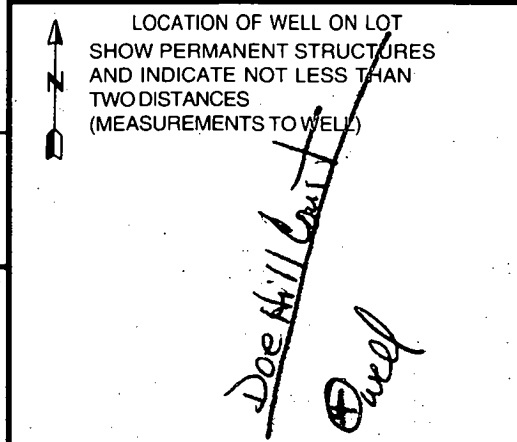
PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above).

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), 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...

DEPTH (nearest ft.) table with columns: 1-21, 23-32, 38-41, 45-47, 51. Rows include H, O, S, R, E, N.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (134, 153)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 2031 SEQUENCE NO. (MDE USE ONLY)

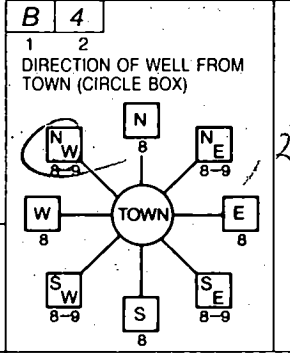
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2061 fill in this form completely

DATE RECEIVED (APA) 01 05 98 OWNER INFORMATION ASSOCIATES LLC BPMB 15248 UNION CHAPEL RD Woodbine MD 21797

LOCATION OF WELL HOWARD COUNTY WELLINGTON WEST SECTION 2 LOT 25 GLENWOOD NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION DANA KYKEL TRIM D 256 WESTMINSTER ROTARY WELL DRILLING INC P.O. Box 861 WESTMINSTER MD Dan Kykel TRIM 1-4-99



DOE HILL CT NEAR WHAT ROAD ON WHICH SIDE OF ROAD 225 FT DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 14 BLK: PARCEL 222

WELL INFORMATION APPROX. PUMPING RATE 6 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 395 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO A58095X COUNTY NAME COUNTY NO. DATE ISSUED 1/20/99 CO SIGNATURE EXP. DATE 1/20/00 NORTH GRID 530 000 EAST GRID 790 000

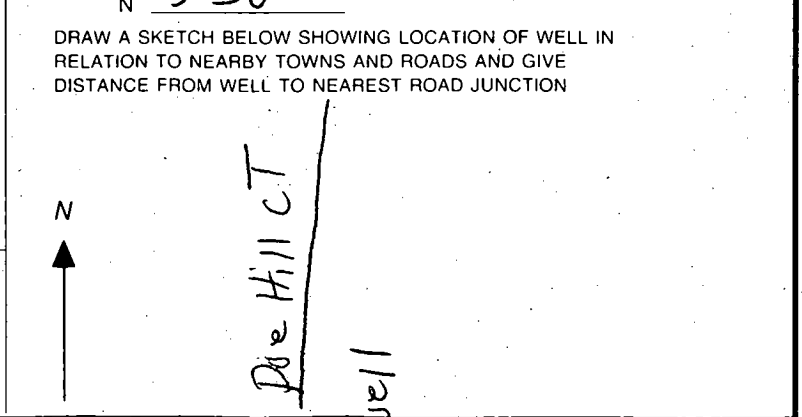
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 180 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

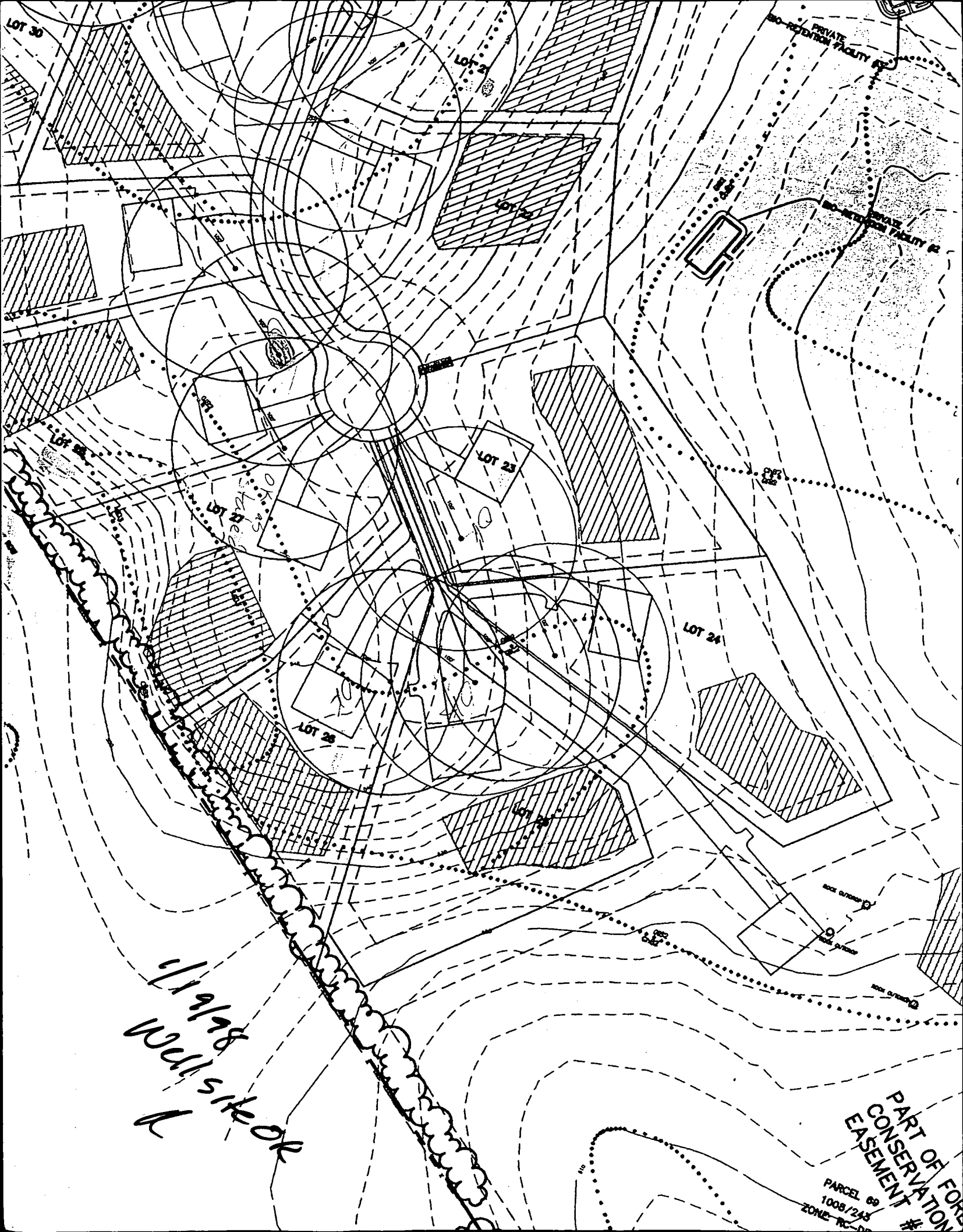
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER CITY WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 530

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY CABLE JETTED AIR-PERCussion Reverse-ROTARY Jettted & DRIVEN ROTARY (Hydraulic 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 DEEPEN 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) APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO-94-2061



11/19/18
Well site OK

PART OF FORE
CONSERVATION
EASEMENT #
PARCEL 68
1008/248
ZONE RC-DE

LOT 30

LOT 29

LOT 28

LOT 23

LOT 24

LOT 26

LOT 25

PRIVATE
WATER-RETENTION FACILITY #1

PRIVATE
WATER-RETENTION FACILITY #2

WATER CURTAIN

WATER CURTAIN

WATER CURTAIN

OK
KANE
15

4/21/97
4/25
4/28
4/29

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

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:

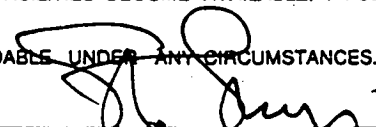
SUBDIVISION Brendel property LOT NO. 20

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

A 58095
COUNTY #

SOIL PROFILE

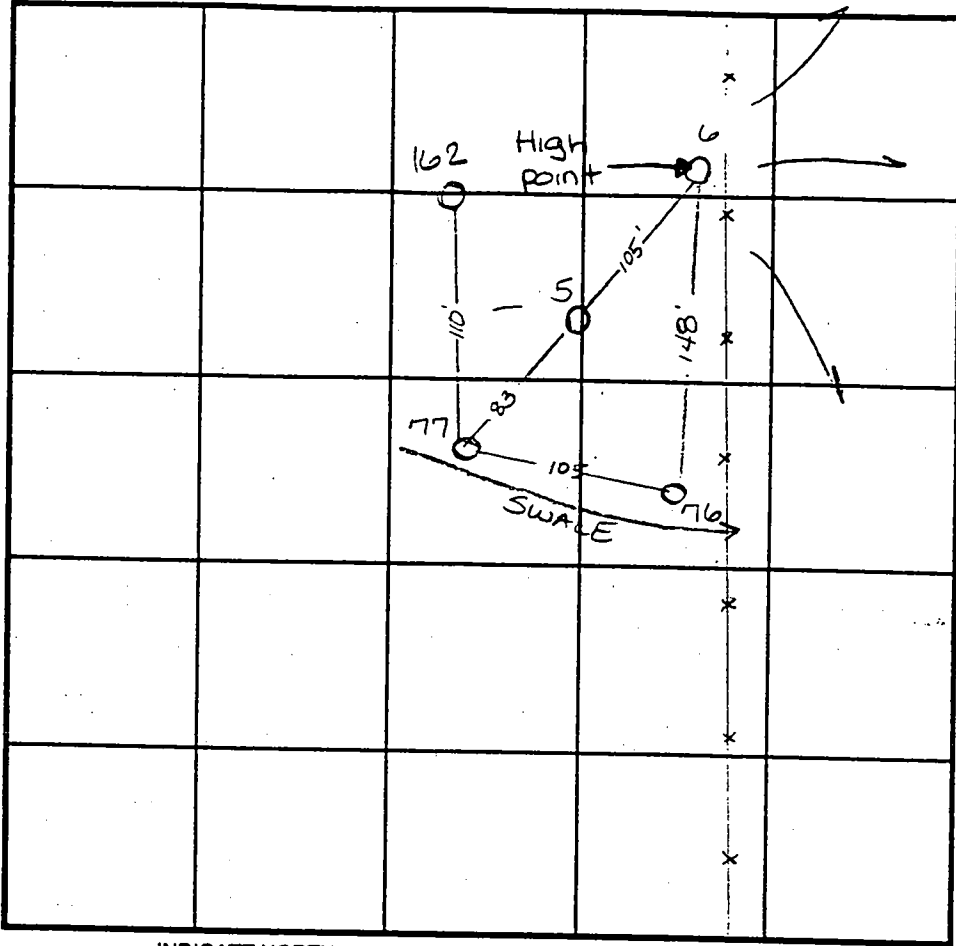
0' 77
Bright red
SiCLM
3.0
orange
SiLM
1090 Rx
w Mg
deposits
on the
faces
of the
Rx
11.0

76

dark
brown
SiCLM
6.0
mottled
white
dull
brown
SiCLM
water
at 3.5
8.0

162

no
distinct
clay
layer
lgt
pink to
red
SiLM
5-10%
Rx
8.0
55090
Rx
10.0



SOIL PROFILE

0' 6
no
distinct
clay
layer
lgt
white
tan
SiLM
1090
Rx
11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-24-97	77	3.0 vii.0	11:02	11:05	11:05	11:12	7min
	76	2.5 v.5.0	11:03 ³⁰	11:07	11:07	11:12	5min F
		Insufficient depth to			H.O	—	F
	5	3.0 vii.0	11:18 ³⁰	11:21 ³⁰	11:21 ³⁰	11:30	8 1/2 min
	6	3.0 viii.0	11:41	11:44	11:44	11:52	8min
6-13-97	162	2.5 vii.0	10:39	10:44	10:44	10:48	4min

REMARKS H₂O table has dropped since wettest time this yr

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

4/24/97
4/25
4/28
4/29

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

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:

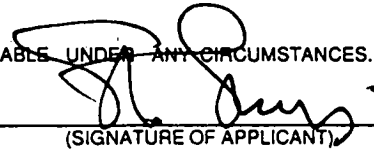
SUBDIVISION Brendel property LOT NO. 18

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

A58095

COUNTY #

SOIL PROFILE

7
looks like test hole #8 but some mottling is at 11.0

12.0

8

bright red SiCLM
lgt tan beige SiLM 20% Rx

2.0

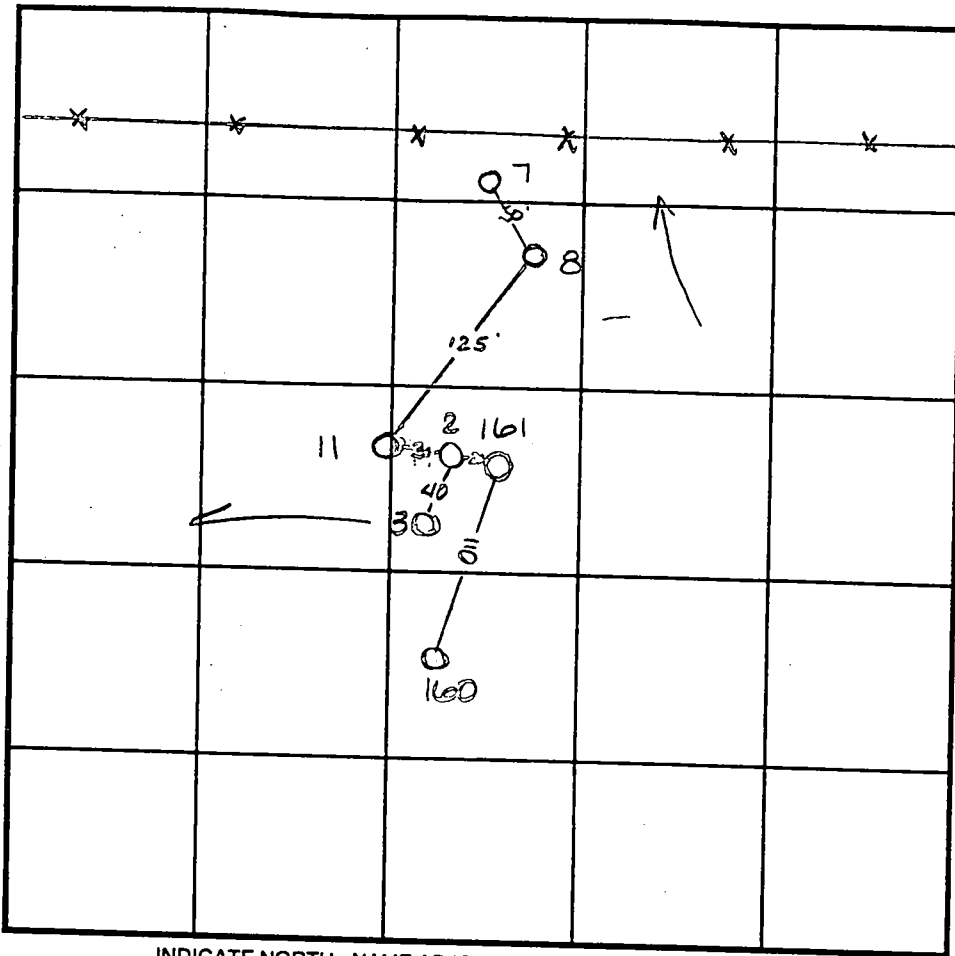
12.0

11

bright orange SiCLM
lgt orange tan SiSalm 15% rock

2.0

11.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

3
no distinct clay layer lgt pink to red SiLM 15-20% Rx
OK on high side low side >50% Rx
160
yellow or SiCLM
lgt or brn SiLM 30% Rx throughout streaks of decomposed quartzite

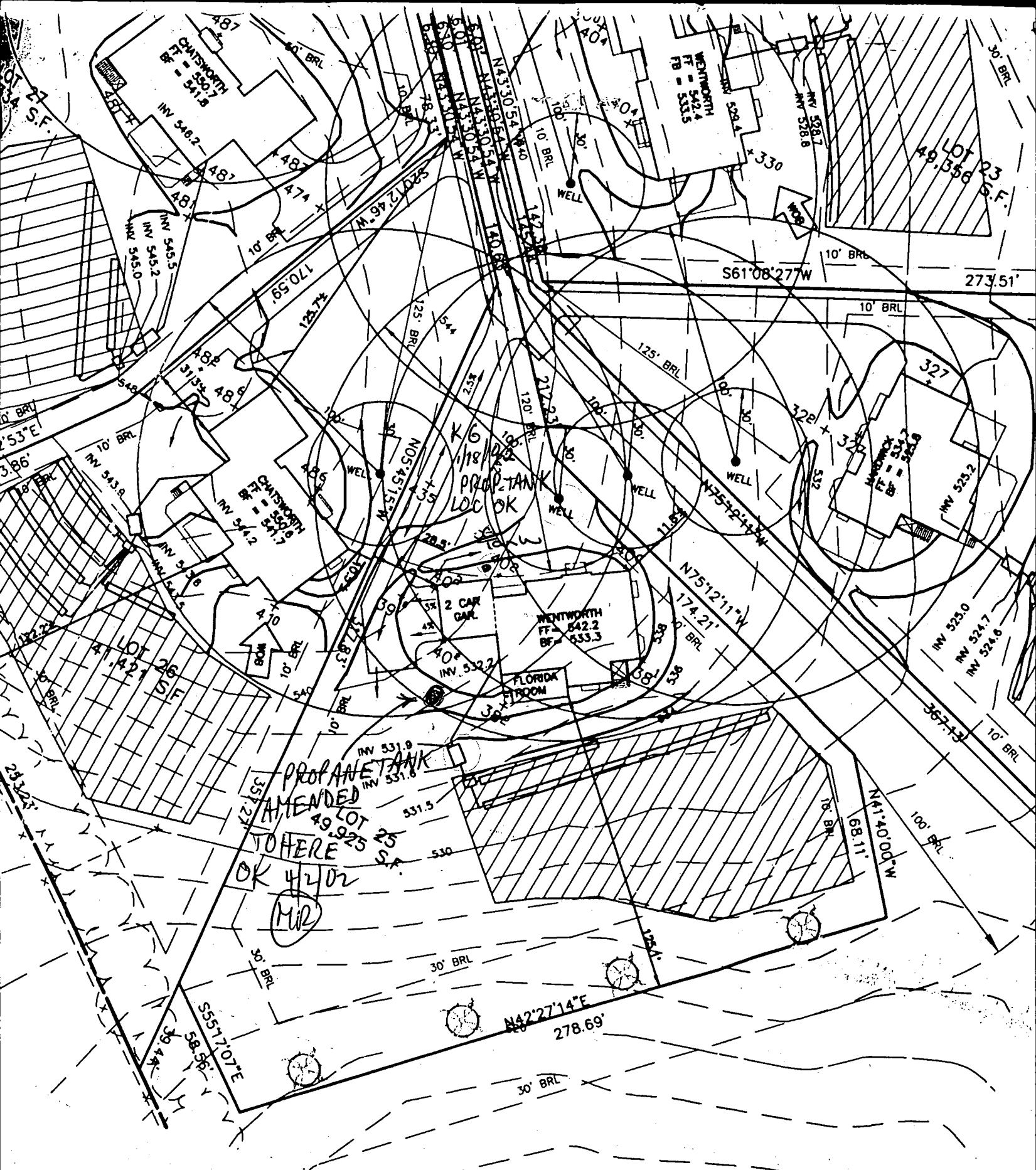
12.0

3.0

12.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-24-97	7	3.5 v12.0	11:52 ³⁰	11:55	11:55	12:01	6min
	8	3.0 v12.0	11:49	11:50	11:50	11:52	2min
	11	3.0 v11.5	11:59	12:01 ³⁰	12:01 ³⁰	12:07	6 1/2 min
6-18-97	161	>50% Rx, refusal at 7.0					
		Insufficient depth to bedrock					F
	2	>50% Rx - refusal at 10.0					
		Insufficient depth to bedrock					F
	3	Visual to 12.0 - see profile					OK
	160	4.0 v12.0	10:26	10:30	10:30	10:36	6min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____



PROPANE TANK
 AMENDED
 TO HERE
 OK 4/2/02
 (MUR)

K6
 PROP. TANK
 LOC OK

PLAN
 SCALE: 1" = 50'

OPT. PLAN

Building Address 15336 Doe Hill Rd
Woodbine, MD 21797

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

Census Tract 100110 Subdivision Wellington West

Section _____ Area _____ Lot 25

Tax Map 14 Parcel 09 Grid HPD

Zoning R6 Map Coordinates 9775 Lot side _____

Property Owner's Name Pulte Homes

Address 1501 S Edgewood St Suite K

City Baltimore State MD Zip Code 21227

Home Phone 410 489 3626 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):
B # 001 331 62

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Basement Pressure Tank

Estimated Construction Cost \$ 2800.00

Description of Work Install (1) 1000 gallon underground pressure tank SFD in accordance with NFPA 58.

Contractor Company Suburban Repair

Contact Person Lizias Tanti

Address 31 Derwood Circle

City Rockville State MD Zip Code 20850

License No. _____

Phone 301-251-0606 Fax _____

Occupant or Tenant Same As Owner

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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 _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
State Certified Modular <input type="checkbox"/>		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

THE APPLICANT 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 REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED ON THIS APPLICATION; (5) THAT HE/SHE GRANTS TO ANY OFFICIAL THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK (PERMITTED) AND IN OTHER PROJECTS.

Applicant's Signature: [Signature] Title/Company: _____

Print Name: Lizias Tanti Date: 1-18-02

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

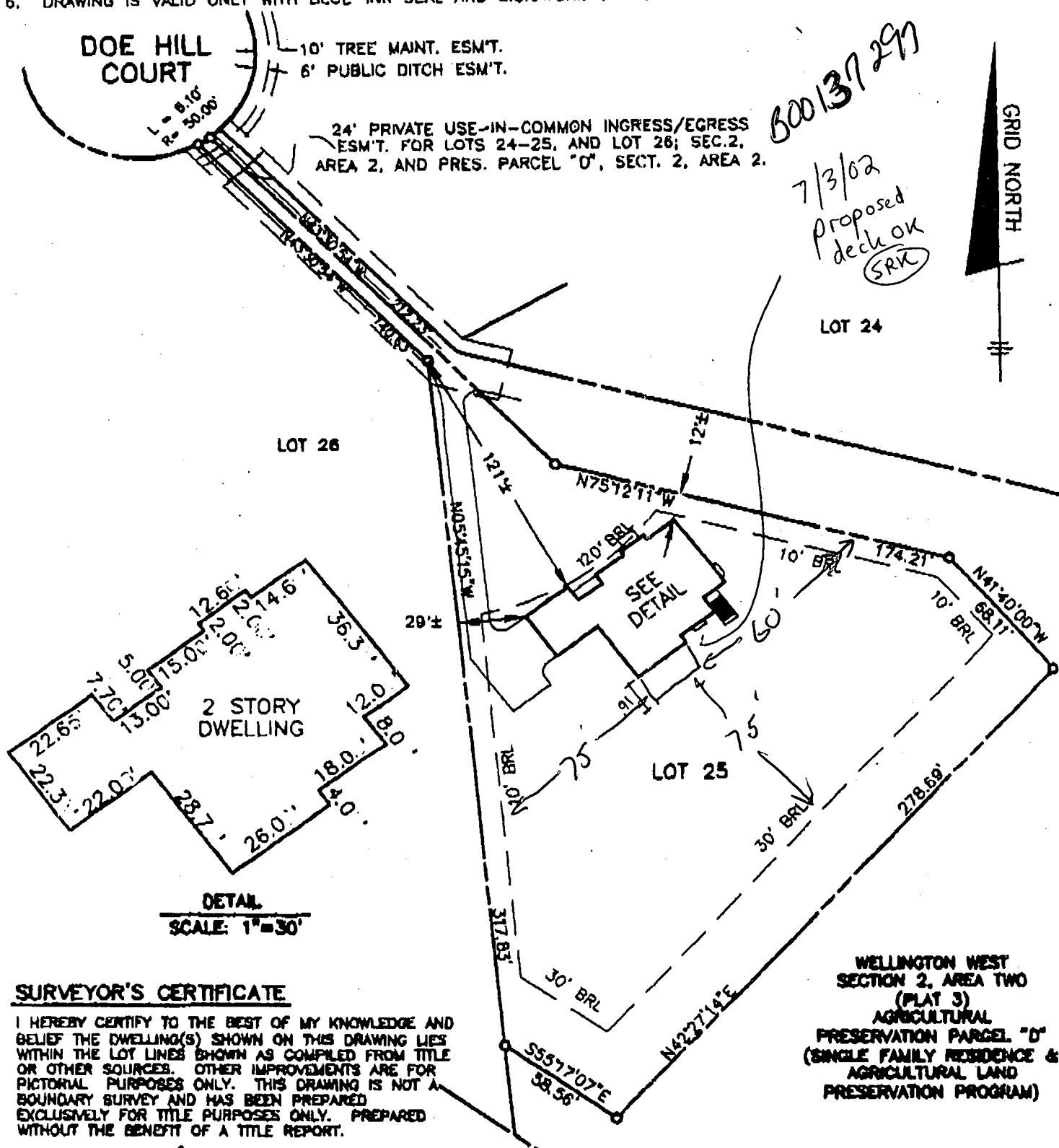
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ/SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	52731
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering, DPZ			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee: \$ _____
Health			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee: \$ <u>1000.00</u>
Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax: \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	ADD per fee: \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			SDP/Red-line approval date _____	TOTAL FEES: \$ _____
ONE STOP SHOP <input type="checkbox"/>				Sub-total paid: \$ _____
Distribution of Copies: White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SHA				Balance due: \$ <u>241.25</u>
				Check # <u>40229</u>
				Validation _____
				Accepted by <u>[Signature]</u>

T:\forms\PERMIT FRM Rev 5/17/00

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

[Signature]
REG. NO. 10976

RECORD PLAT No. 13835
FEMA FIRM No. 240044 0014 B
ZONE: C
DATED: 12/4/88

**BENCHMARK
ENGINEERING, INC.**

4400 BENCHMARK ROAD, SUITE 410
BLOOMINGTON, MARYLAND 21043
PHONE 410-408-8100 & 410-408-8044
FAX 410-408-8100



**LOCATION DRAWING
WELLINGTON WEST
SECTION 2, AREA ONE
LOT No. 25**
15336 DOE HILL COURT
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 60' DATE: 5/10/02