

LAYOUT 70/8/02 10-11 INSP 4 _____
 INSP 2 7/19/02 2:00 INSP 5 _____
 INSP 3 8/21/02 1:30 INSP 6 _____

ISSUE DATE: 6/6/2002
 APPROVAL DATE: 8/21/02

P 517304
 A 59907-B

**PERMIT
 INDEXED
 ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 03-337367**

Hatfields Equipment IS PERMITTED TO INSTALL ALTER
 ADDRESS: 13785 Burntwoods Rd, Glenelg PHONE NUMBER: 301-854-6172
 SUBDIVISION: Friendship Lakes LOT NUMBER: 6
 ADDRESS: 2907 New Rover Road PROPERTY OWNER: GERARD CLAPPER
 Williamsburg Group, LLC
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 210
 LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the building permit plan. Approximately 20' downhill of the highest corner easement stake and 10' off of the lot line.
NOTES:	Cleanouts must be installed every 70' between the house and the initial septic tank. Trenches are to be 10' center to center. Any septic lines going under the driveway must be <u>Measured 100' from wells to SRA</u>

PLANS APPROVED: Brian Baker OK 5/2/02 (SO) DATE: 4/15/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED**

9/5/2002 B00138241 UG PROPANE TANK
 3/26/2003 B00140858 DECK

A59907-B

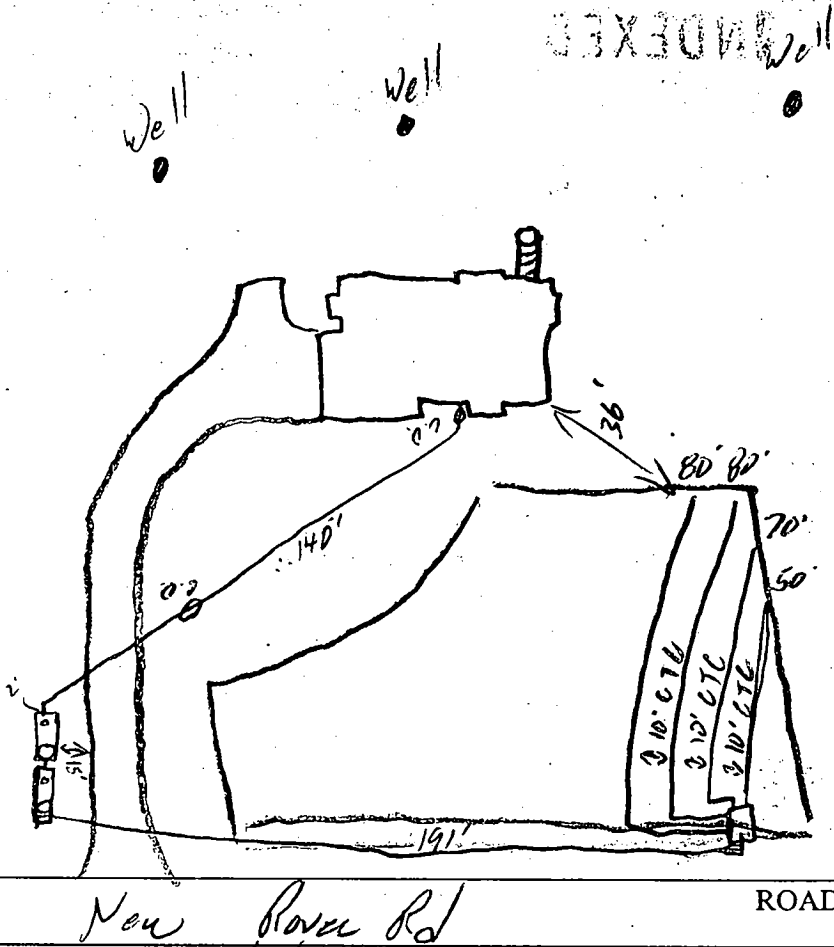
NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	3	5
NUMBER OF TRENCHES		4
TOTAL LENGTH		280'
ABSORPTION AREA		840 sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL		<input checked="" type="checkbox"/>
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1.5'	
BAFFLES	<input checked="" type="checkbox"/>	
BAFFLE FILTER	<input type="checkbox"/>	
MANHOLE LOC	Back	
6" PORT LOC	Front	
WATERTIGHT TEST	<input type="checkbox"/>	
SEPTIC TANK 2 LEVEL		<input checked="" type="checkbox"/>
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1.5'	
BAFFLES	<input checked="" type="checkbox"/>	
BAFFLE FILTER	<input type="checkbox"/>	
MANHOLE LOC	Back	
6" PORT LOC	Front	
WATERTIGHT TEST	<input type="checkbox"/>	



PRE-CONSTRUCTION 7/8/02 Layout per B.P. (SO)

INSTALLATION 7/9/02 OK to cover all work
8/21/02 Pump & Alarm tests OK (SO)

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 8/21/02

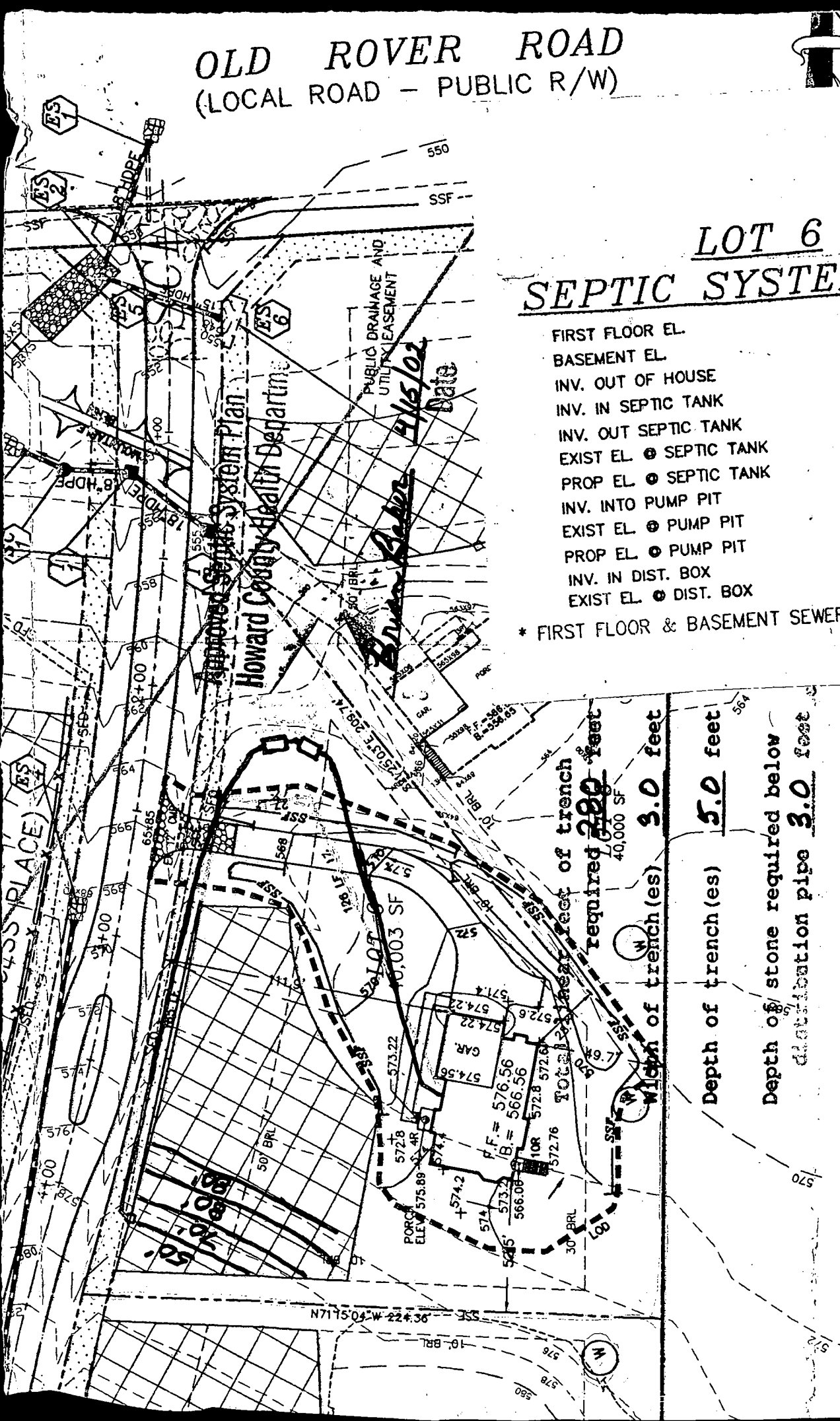
OLD ROVER ROAD (LOCAL ROAD - PUBLIC R/W)

TOPOGRAPHIC DATA BASED ASSOCIATES, INC.

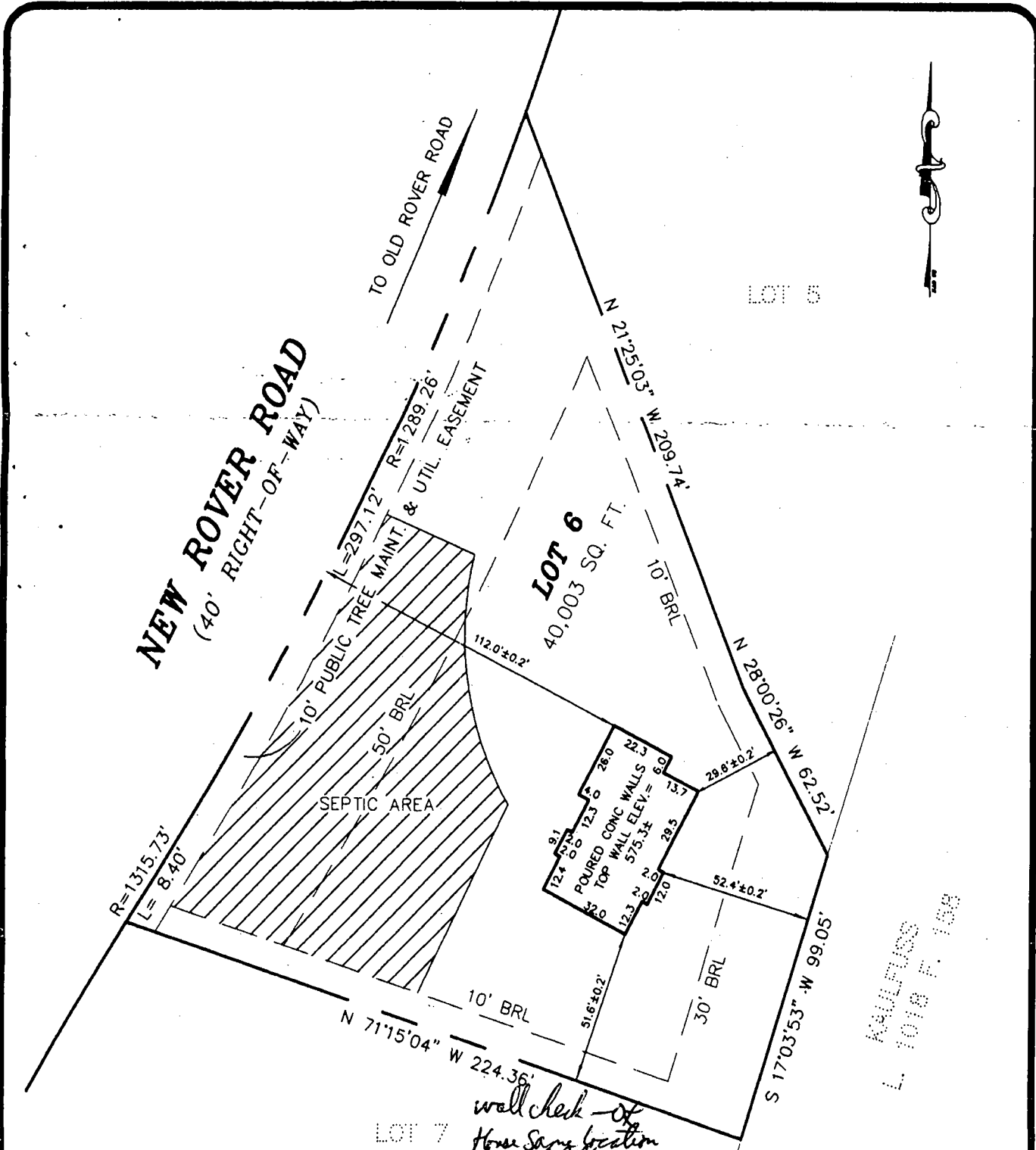
LOT 6 SEPTIC SYSTEM DATA

FIRST FLOOR EL.	576.56
BASEMENT EL.	566.56
INV. OUT OF HOUSE	564.56
INV. IN SEPTIC TANK	563.30
INV. OUT SEPTIC TANK	563.05
EXIST EL. ● SEPTIC TANK	566.00
PROP EL. ● SEPTIC TANK	566.00
INV. INTO PUMP PIT	562.78
EXIST EL. ● PUMP PIT	565.50
PROP EL. ● PUMP PIT	565.50
INV. IN DIST. BOX	575.50
EXIST EL. ● DIST. BOX	578.50

* FIRST FLOOR & BASEMENT SEWERAGE TO BE PUMPED.



LEGEND



LOT 6
FRIENDSHIP LAKES
 LOTS 5 THRU 15
 & PRES. PARCELS A&B
 A RESUBDIVISION OF FRIENDSHIP LAKES
 LOTS 1, 2, & 4
 TAX MAP 15, PARCEL NO. 175

ADDRESS: NEW ROVER ROAD

- LEGEND**
- O/H = OVERHANG
 - A/C = HEAT PUMP/AIR COND.
 - G/M = GAS METER
 - E/M = ELECTRIC METER
 - C = CHIMNEY
 - B/W = BAY WINDOW
 - D/W = DRIVEWAY
 - CONC = CONCRETE
 - S = CONC STOOP

*wall check of
 Home Savvy location
 on BP Plan
 5/23/02*

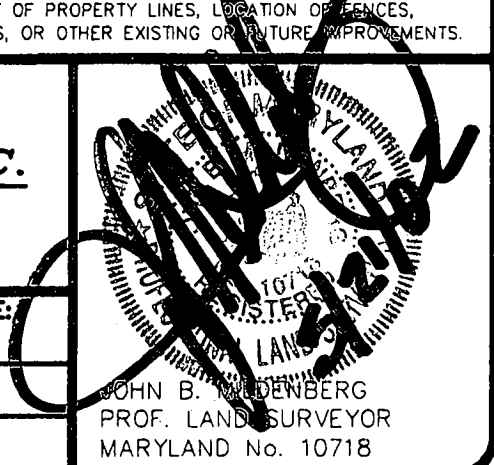
L. KAUFFMANN
 L. 1018 F. 108

ELECTION DISTRICT No. 3
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT
 ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD
 INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER
 FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR
 THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES,
 GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

MILDENBERG
BOENDER, & ASSOC., INC.

Engineers Planners Surveyors
 5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Faz.



FOUNDATION	DATE: 05/14/02	FINAL LOCATION	DATE:
DRAWN BY: M.S.	SCALE: 1" = 50'		
PROJECT NO.: 99010	LOCATION DRAWING		

BLDG PERMIT # B000135126

WLB009132

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: Charles A. Klein & Son, Inc. Telephone #: (410) 349-6960
Address: 5820 Kleas Mill Road
Hyattsville, MD 20784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Charles A. Klein, Jr. License# 6521
*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: Williamson Group LLC Telephone #: (410) 997-9800
Subdivision: FRIENDSHIP LAKES Lot #: 6 Well Tag #: HO-94-3018
Site Address: 2907 NEW ROVER ROAD
WEST FRIENDSHIP MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Jacuzzi Make: Harvard Two piece watertight cap:
Model #: 554803P-52 Model#: PT-800 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 120 (feet) Conduit secured to well cap:
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

Piping to house House Connection
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 1" (160 psi min) Approximate length of sleeve: _____
Depth of supply line: (36" min) Sieve 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.

Charles A. Klein Jr. 6/12/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 7/1/02 (50)
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

C1 0856 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 COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 59907-B

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 03 30 01

Depth of Well 22 120 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3018

OWNER Rover Mill LLC STREET OR RFD New Rover Road TOWN Gileneig SUBDIVISION Friendship Lakes SECTION LOT 6

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. Rows include Top Soil, Brown Shale, Brown Slak, Blue Slak, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 20 ft.

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 22

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

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) 1 2 HO 20 120

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...

DRILLERS LIC. NO. MSD 111 DRILLERS SIGNATURE

LIC. NO. M D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

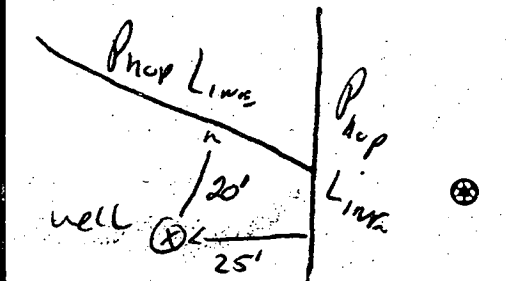
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 30 ft. TYPE OF PUMP USED (for test) 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 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 LAND SURFACE (-) below 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)



B 1 03504

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

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

W514954 please print or type

70 fill in this form completely 79

OWNER INFORMATION: Date Received (APA) 030101, ROVER MILL LLC, 8508 CENTRE PARK DR., COLUMBIA MD 21045

DRILLER INFORMATION: Driller's Name RALPH E. MAYNE WISO, Firm Name RALPH E. MAYNE WELL DRILLING, Address 17024 Handy Rd. Mt Airy MD, Signature, Date 02-25-01

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH.

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL...

Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER 1200 GA PLS 21304 2 53, FORCE 111, PERMIT No. 10-94-3018

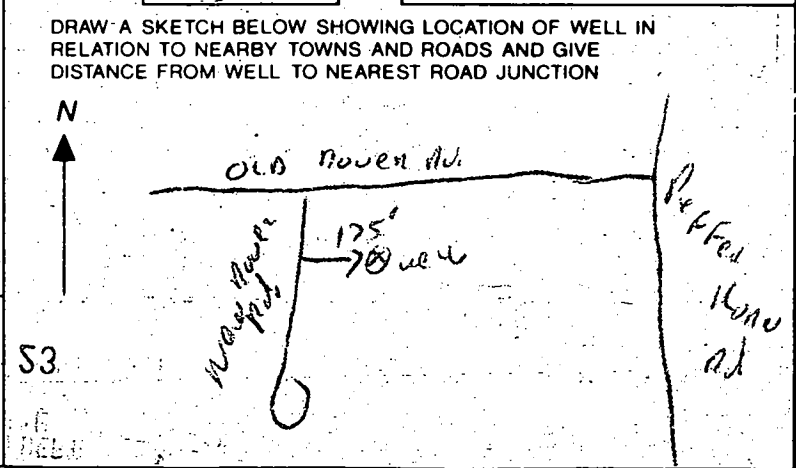
SPECIAL CONDITIONS

LOCATION OF WELL: HOWARD COUNTY, FRIENDSHIP LAKES, SECTION 44, LOT 6, GLENELG, 52 NEAREST TOWN, MILES FROM TOWN 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW, DISTANCE FROM ROAD 155 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard Co, DATE ISSUED 030501, CO SIGNATURE, EXP. DATE 3/5/02, NORTH GRID 530000, EAST GRID 0770000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE



COUNTY

APPLICATION

PERCOLATION TESTING

A 59907

P _____

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

DISTRICT _____

DATE 4/1/98

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 LOUIS AUXIER, et al

ADDRESS 18612 MEADOWLAND TERRACE, OLNEY MD 20832 PHONE (301) 570-6083

AGENT OR PROSPECTIVE BUYER SAM ECKER

ADDRESS P.O. BOX 187, WESTFRIENDSHIP, MD 21794 PHONE (410) 992-8486

PROPERTY LOCATION:

SUBDIVISION RE-SUB OF FRIENDSHIP LAKE LOT NO. NEW LOT #5

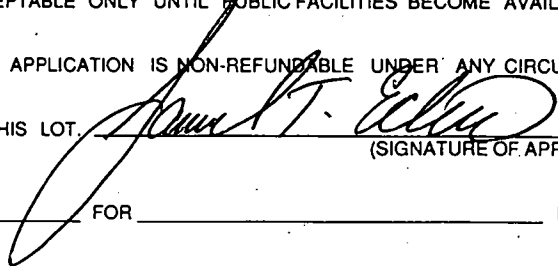
ROAD AND DESCRIPTION 13721 OLD ROVER ROAD W. FRIENDSHIP, MD 21794

LOTS 1, 2, 4

TAX MAP 15 PARCEL # 175

SIZE OF LOT 41,254 A TYPE BLDG. SFD
(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

COUNTY #

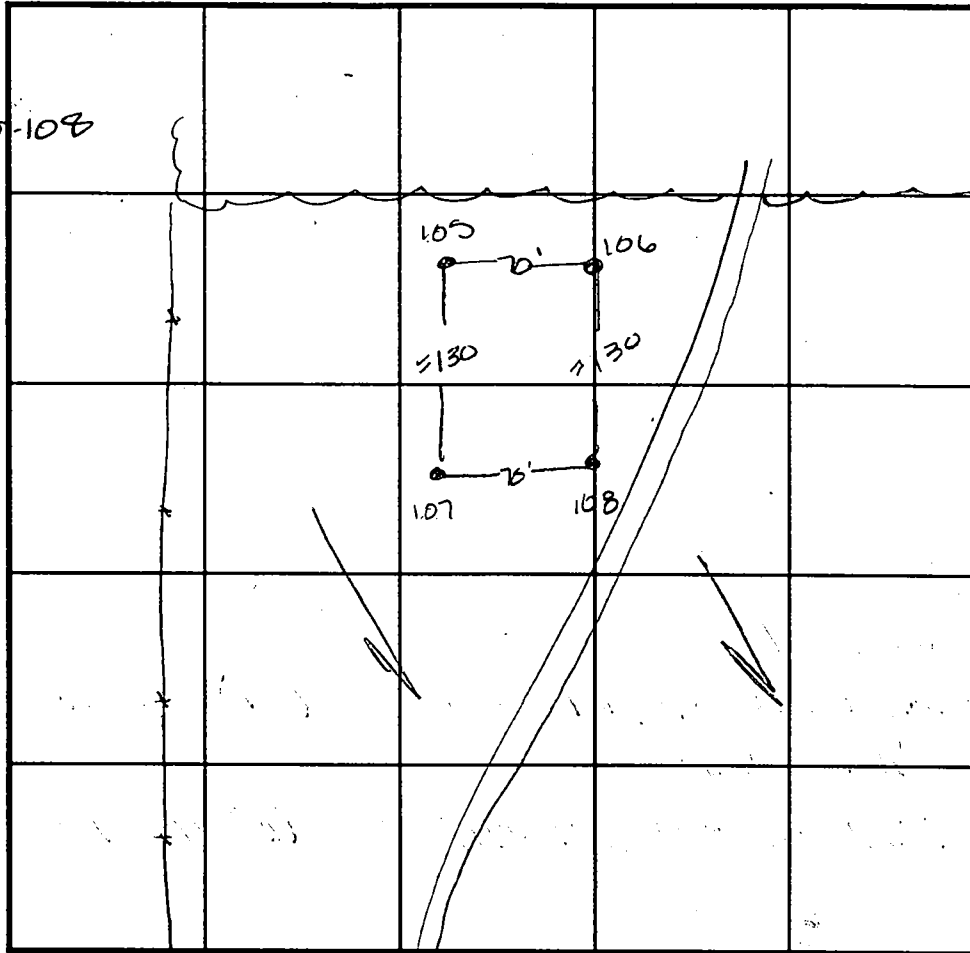
SOIL PROFILE
TYPICAL

brown
silclm
strong
structure

pink
silclm
some
mica

OK
25%
quartzite
lg. frags

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rover Mill Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-99	107	Visual to 11.0	see profile		OK		
	105	4.5 11.0	11:42	11:44	11:44	11:46	2min
	108	4.5 11.0	11:45	11:49	11:49	12:00	11min
	106	Visual to 11.0	- see profile		OK		

REMARKS

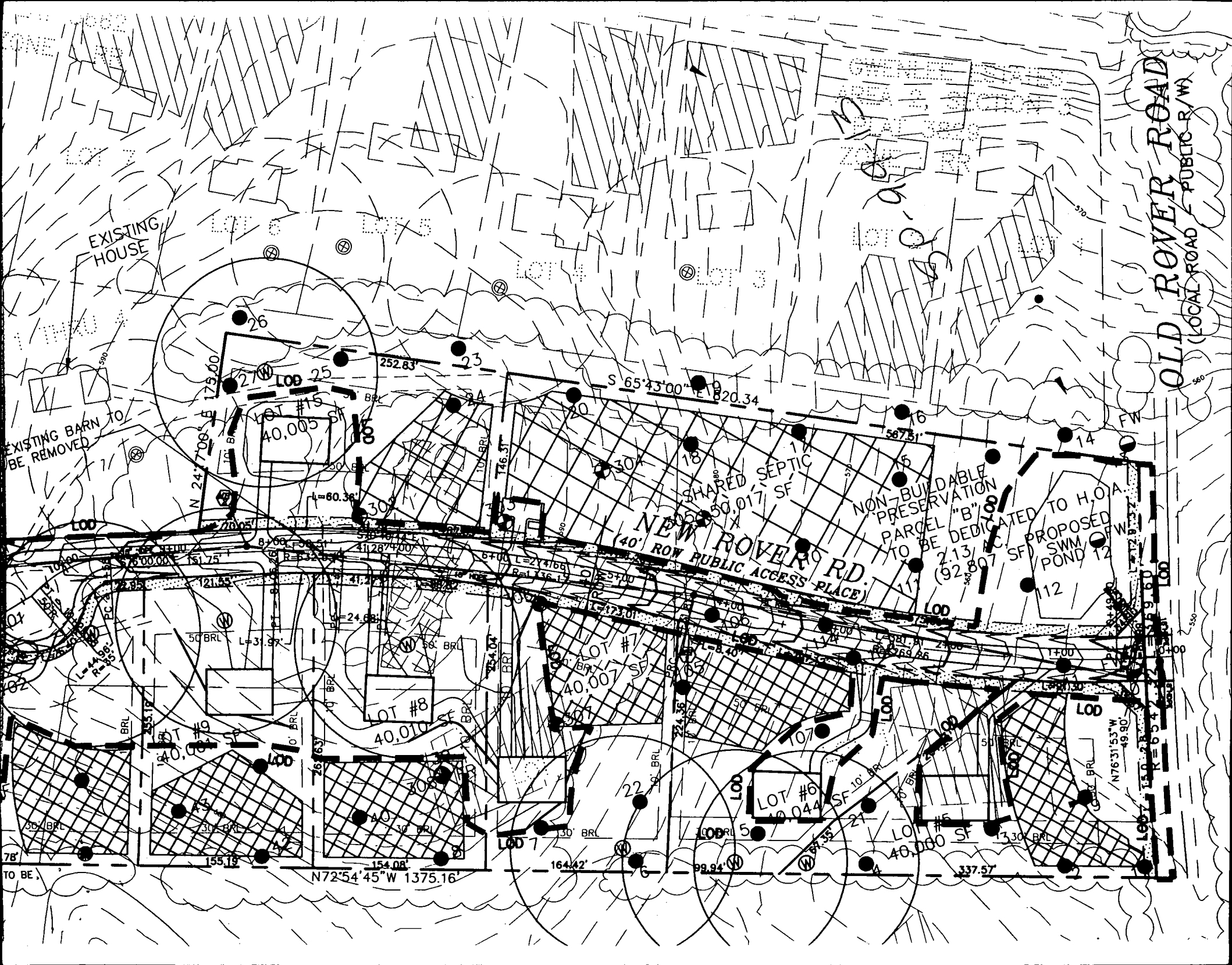
TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Sam Ecker

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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





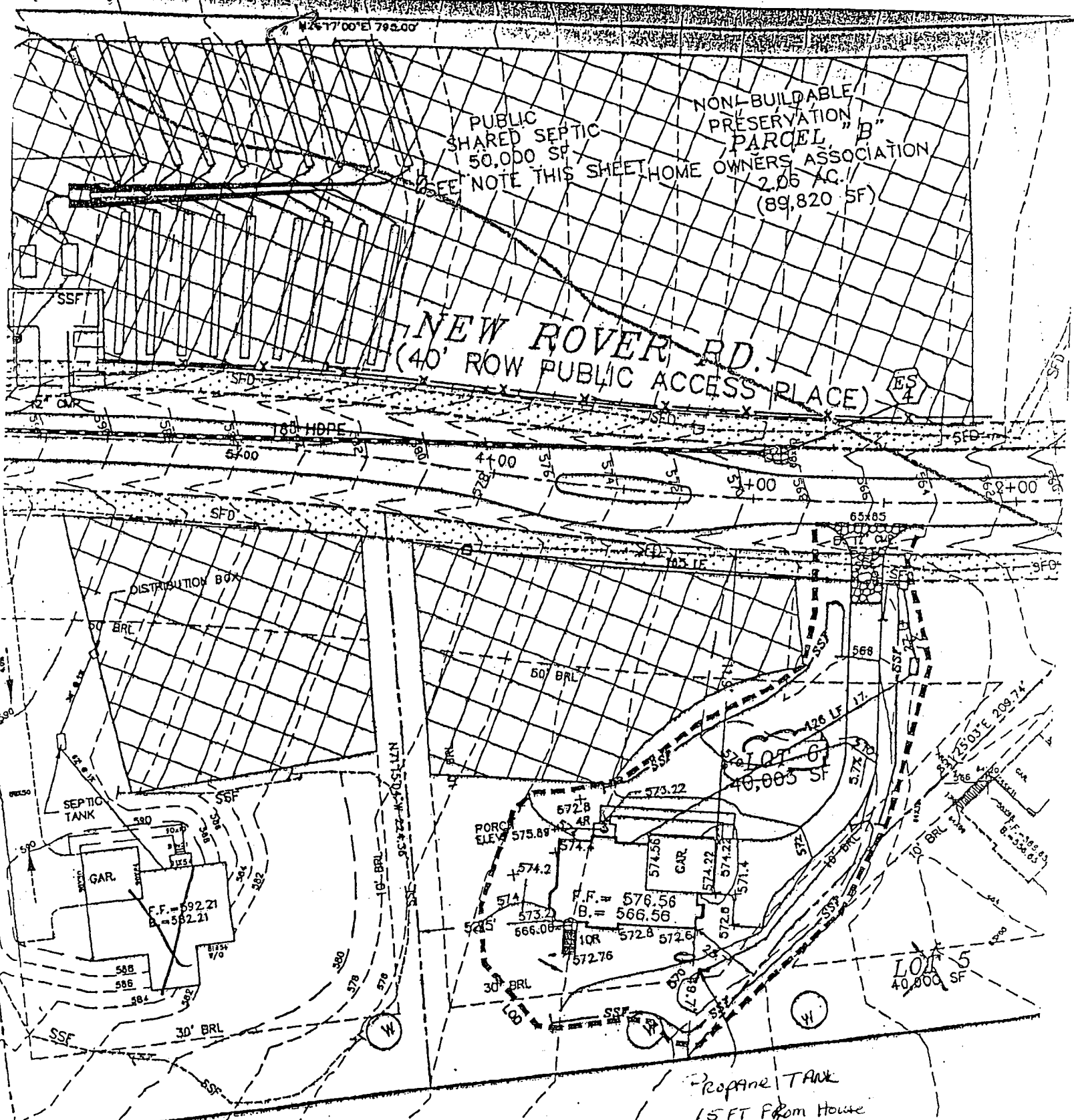
N24°17'00"E 793.00'

PUBLIC SHARED SEPTIC 50,000 SF

NON-BUILDABLE PRESERVATION PARCEL "B" HOME OWNERS ASSOCIATION 2.05 AC. (89,820 SF)

NEW ROVER RD. (40' ROW PUBLIC ACCESS PLACE)

ES 4



Lot 6
2907 NEW ROVER RD.

Propane Tank
15 FT From House
9/5/02
P.T. Location
to well is
JUST OVER 30' +
OK
KN

N03°53'E 1178.44'

W

W

Building Address 2909 New River Road Howard County
West Friendship, MD 21097

Property Owner's Name Williamsburg Group
 Address 114 W. RIDGEVILLE BLVD.

Suite/Apt. #: _____ SDP/WP/Petition #: 2002 SP
 City LAUREL State MD Zip Code 20644

Census Tract 40200 Subdivision Friendship
 Home Phone _____ Work Phone 301-797-8500

Section _____ Area _____ Lot 6
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 15 Parcel 175 Grid 17
 Zoning R1 Map Coordinates _____ Lot size _____
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ 3500

Description of Work Repair of water main
Repair of water main

Contractor Company United Propane
 Contact Person Tommy Conant
 Address 114 W. RIDGEVILLE BLVD.
 City MD State MD Zip Code 20771
 License No. 057459 Phone 301-829-2828 Fax 301-829-5394

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	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: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input 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"/>	Multi-family dwellings: No. of efficiency units _____ No. of 1 BR units _____ No. of 2 BR units _____ No. of 3 BR units _____	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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

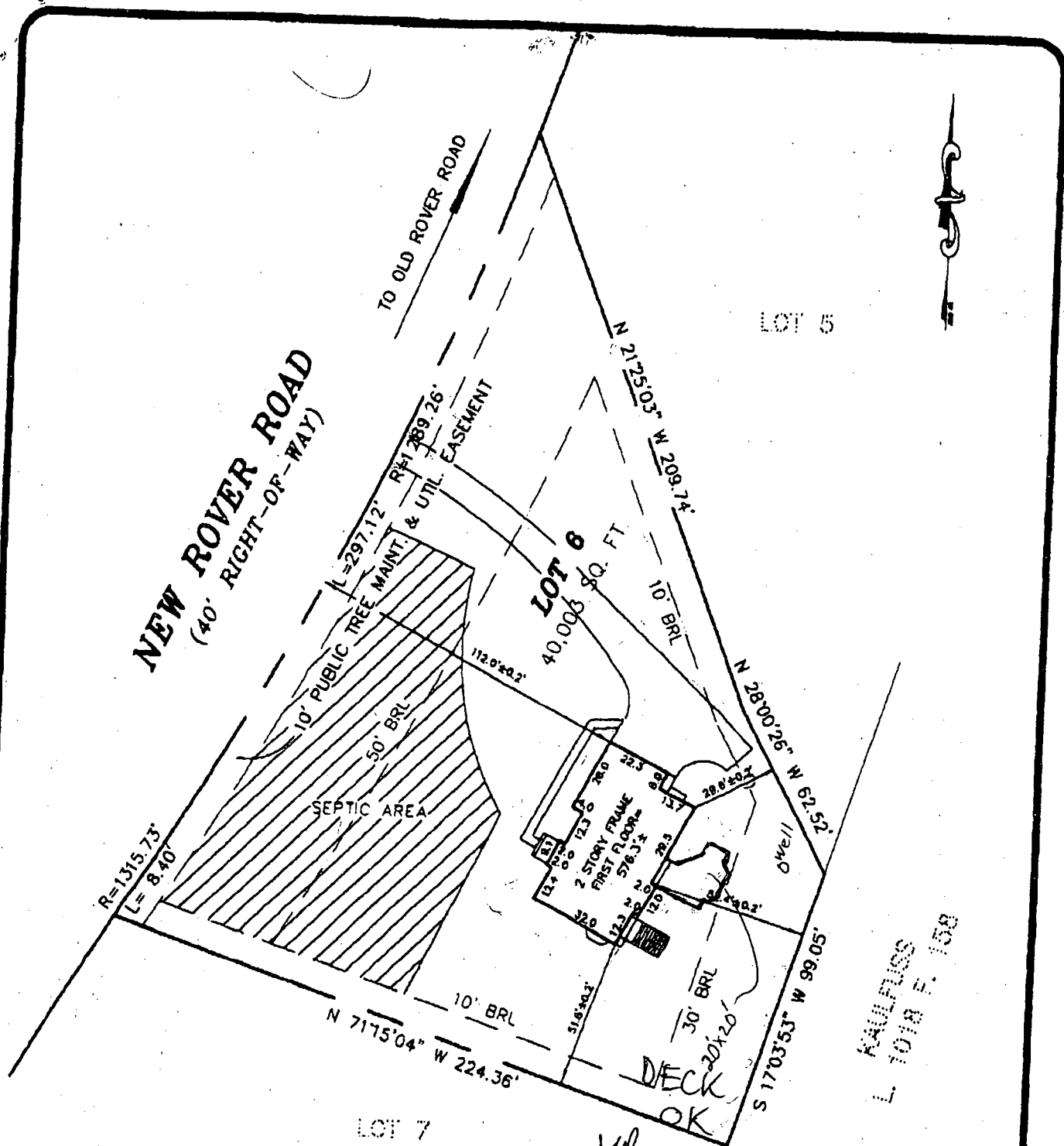
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO, (4) THAT HE/SHE WILL PERFORM ANY WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature ALVISE GARRETT Print Name _____
United Propane Date 9/3/02
 Title/Company Master Gas Fitter
 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 _____ Rear _____ Side _____ Side St _____	59117
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u>
Building Official			Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Fire Protection			Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date _____	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Sub-total paid \$ _____
ONE STOP SHOP <input type="checkbox"/>				Balance due \$ <u>312.58</u>
Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SHA				Check _____
				Validation _____
				Accepted by <u>CCG</u>

Rev. 5/17/00



LOT 6
FRIENDSHIP LAKES
 LOTS 5 THRU 15
 & PRES. PARCELS A&B
 A RESUBDIVISION OF FRIENDSHIP LAKES
 LOTS 1, 2, & 4
 TAX MAP 15, PARCEL NO. 175

MR
 3/26/03

- LEGEND**
- O/H = OVERHANG
 - A/C = HEAT PUMP/AIR COND.
 - G/M = GAS METER
 - E/M = ELECTRIC METER
 - C = CHIMNEY
 - B/W = BAY WINDOW
 - D/W = DRIVEWAY
 - CONC = CONCRETE
 - S = CONC STOOP

ADDRESS: 2907 NEW ROVER ROAD

ELECTION DISTRICT No. 3

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING OR RECORDING PURPOSES ONLY.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00140858

Building Address 2907 New River Road
West Friendship, MD 21794

Property Owner's Name Gerald F. Clapper
 Address 2907 New River Road

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

City West Friendship State MD Zip Code 21794

Census Tract 60500 Subdivision Friendship Ct

Home Phone 410-489-5899 Work Phone 301-688-4366

Section _____ Area _____ Lot 6

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 15 Parcel 175 Grid 18

Zoning 21000 Map Coordinates 765 Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company Oliver's

Proposed Use SFD Deck

Contact Person _____

Estimated Construction Cost \$ 3000

Address _____

Description of Work Deck

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

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
 Depth _____ Width _____

1st floor _____
 2nd floor _____
 Basement _____

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____

Multi-family dwellings:
 No. of efficiency units _____
 No. of 1 BR units _____
 No. of 2 BR units _____
 No. of 3 BR units _____

Other Structure: Deck
 Dimensions: 20x20
 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 #13F
 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Gerald F. Clapper
 Applicant's Signature

Gerald F. Clapper
 Print Name

Title/Company _____
3/26/03

Date 3/26/03

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