

LAYOUT 7/10/02 11:00 INSP 4 _____
 INSP 2 7/11/02 1:00 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/20/2002

APPROVAL DATE: 7/11/02

**PERMIT
INDEXED**

P 517321

A 59907-E

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 03-337391**

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd., Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Friendship Lakes LOT NUMBER: 9

ADDRESS: 2919 New Rover Road PROPERTY OWNER: Williamsburg Group, LLC

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 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 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as per the approved site plan. Run trenches on contour. Three 80' trenches.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 5/9/02 (SO) DATE: 4/30/2002

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

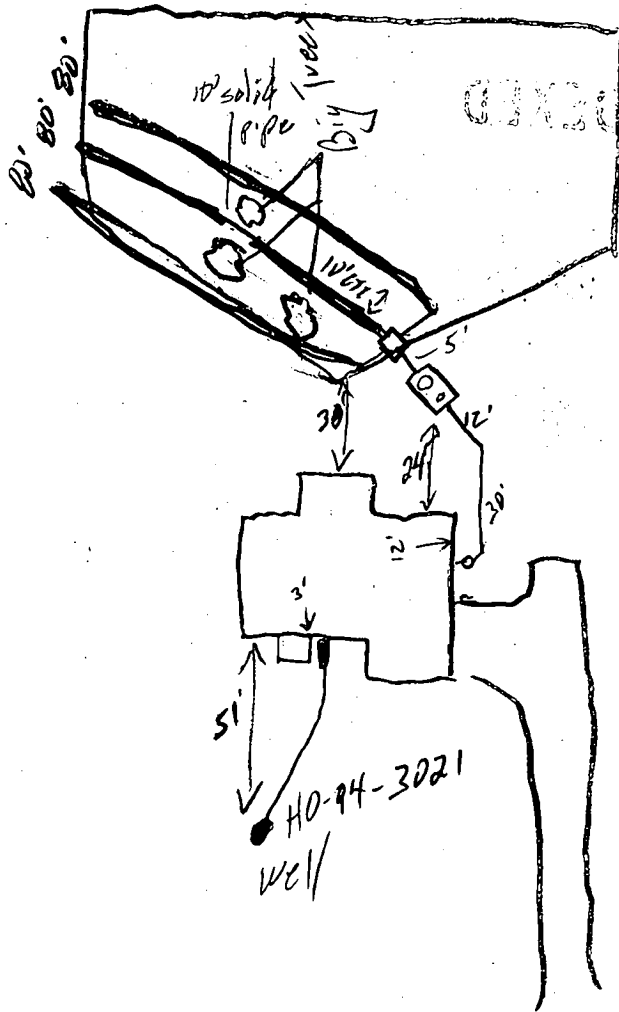
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED**

9/18/2002 800138314 1000 gal UG PROPANE TANK
7/12/02 806137442-DECK

A59907-E

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>3-3.5</u>	<u>5-5.5</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH		<u>240'</u>
ABSORPTION AREA		<u>7264</u>
DISTRIBUTION BOX LEVEL		<u> </u>
DISTRIBUTION BOX BAFFLE		<u> </u>
DISTRIBUTION BOX PORT		<u> </u>

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

New Rover

ROAD

PRE-CONSTRUCTION 7/10/02 Lot staked, several very lg trees in LRA that can't be knocked down. OK to put a solid piece of pipe to go between 2 trees

INSTALLATION Wells radius checked. House conn. changed (3) 80's (50)

7/11/02 1st trench 6" deep. OK to cover all work (50)

FINAL INSPECTOR

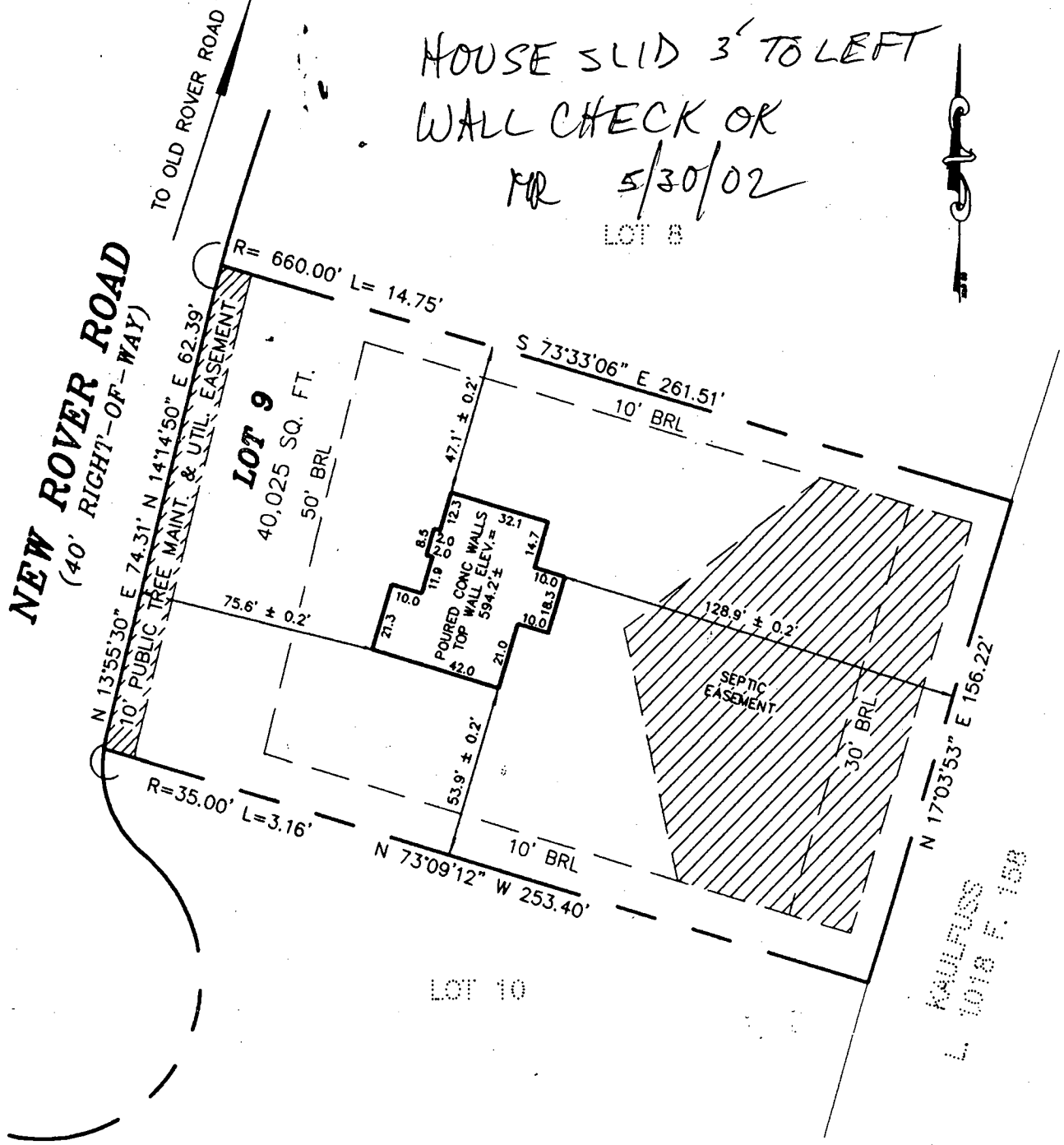
[Handwritten Signature]

DATE OF APPROVAL

7/11/02

BUILDING PERMIT SIGNED AND RETURNED

HOUSE SLID 3' TO LEFT
 WALL CHECK OK
 MR 5/30/02
 LOT 8



LOT 9
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

BP# B00135128

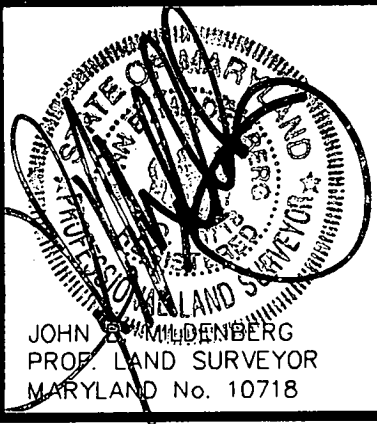
ELECTION DISTRICT No. 3
 HOWARD COUNTY, MARYLAND

2919
 ADDRESS: NEW ROVER ROAD

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) 821-5521 Wash. (410) 997-0298 Fax.



FOUNDATION	DATE: 05/10/02	FINAL LOCATION	DATE:
DRAWN BY: M.S.	SCALE: 1" = 50'		
PROJECT NO.: 99010	LOCATION DRAWING		

CC: No. Co. INSPECTIONS
 No. Co. Health 5/29/02 SD.

total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

PLAN REPORTEDLY BY MILDENBURG/
BOENDER

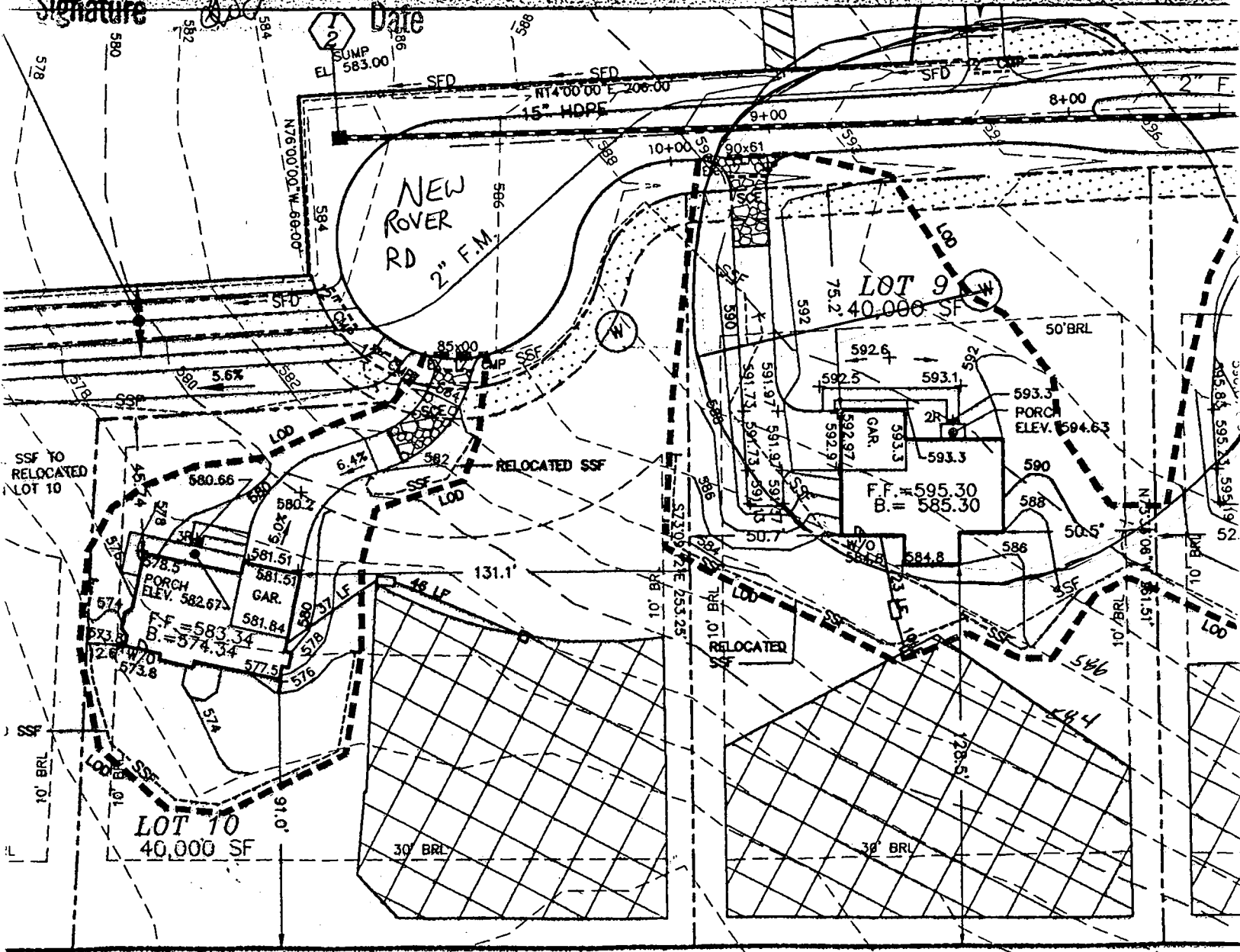
LOT 9

SEPTIC SYSTEM DATA

FIRST FLOOR EL.	595.30	✓
BASEMENT EL.	585.30	✓
INV. OUT OF HOUSE	581.91	✓
INV. IN SEPTIC TANK	581.33	✓
INV. OUT SEPTIC TANK	581.08	✓
EXIST EL. ● SEPTIC TANK	584.50	✓
PROP EL. ● SEPTIC TANK	584.30	✓
INV. IN DIST. BOX	580.88	✓
EXIST EL. ● DIST. BOX	584.00	✓

1" = 50'
BASEMENT SERVICE BY GRAVITY IS PROPOSED

Steve R. Kucy
Signature
Date 4/30/02



WLB009142

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)549-6960
Address: 5209 Kloss Mill Road
Lylesville MD 21784

(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: Williamsburg Group Telephone #: (410)997-8800
Subdivision: FRIENDSHIP LAKES Lot #: 9 Well Tag #: HO-94-3021
Site Address: 2719 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: [checked]
Model #: JS 5045 13P-52 Model#: PT-800 Screened, vented well cap: [checked]
Pump Capacity 5 GPM Depth: 42' (36" min) Cap secured to casing: [checked]
Well Yield: 7 GPM NSF approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 180 (feet) Conduit secured to well cap: [checked]
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
Type: Polyethylene
PSI: 100 (100 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve:
Sleeve caulked and sealed properly: [checked]

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 of company representative responsible for installation: Charles A Klein date: 5/6/02

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

Date Insp. Requested: Date Insp. Approved: 7/11/02
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

C1 0854 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT, FILL IN THIS FORM COMPLETELY PLEASE TYPE

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)

COUNTY NUMBER A59907-E

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 04 24 01

Depth of Well 22 180 26 (TO NEAREST FOOT)

OK SRK 6/9/01 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-3021

OWNER Rover Mill LLC STREET OR RFD New Rover Road TOWN Glenora SUBDIVISION Friendship Lakes SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 16, NO. OF POUNDS 1600, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 30 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE: PL, Nominal diameter top (main) casing 6, Total depth of main casing 70

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

SCREEN RECORD: screen type or open hole (HO), diameter of screen 56, (NEAREST INCH)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y (yes), N (no)

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...

DRILLERS LIC. NO. 1 M SD 112, DRILLERS SIGNATURE [Signature]

UC. NO. 1 M-D

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

C2 DEPTH (nearest ft.) 70 67 180

DEPTH (nearest ft.) 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3, DIAMETER OF SCREEN 56 60

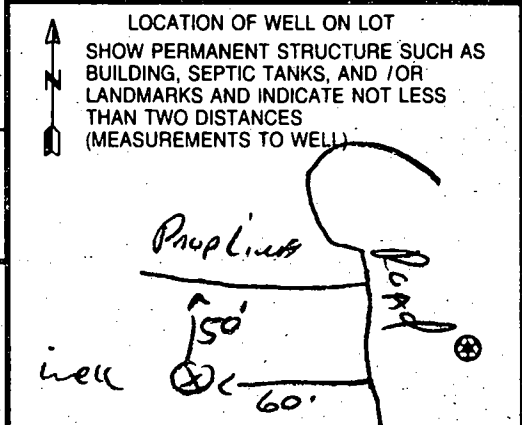
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 7.2, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 45 ft. BEFORE PUMPING, 69 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP 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 31 35, PUMP HORSE POWER 37 41, PUMP COLUMN LENGTH 43 47, CASING HEIGHT 49 ft. above, 49 ft. below



B 1 04797

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

70-74-3021

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

W514954 please print or type

fill in this form completely

Date Received (APA)

03/07

OWNER INFORMATION

ROVER MILL LLC, 800 CENTRE PARK DR, COLLEGE PARK MD 2071045

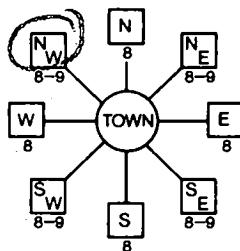
DRILLER INFORMATION

Ralph E. Mayne MSO, RALPH E. MAYNE WELL DRILLING, 12024 HANDY RD. FRT AIG MD, 02-25-01

LOCATION OF WELL

HOWARD COUNTY, FRIENDSHIP LAKES SUBDIVISION, SECTION 44, LOT 9, GREENGLS NEAREST TOWN, 2 MILES FROM TOWN

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



new river rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



60 DISTANCE FROM ROAD

ENTER FT or MI

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), F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT), P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL), T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO 1159407E COUNTY NAME COUNTY NO, DATE ISSUED 3/5/08, NORTH GRID 030000, EAST GRID 770000

APPROXIMATE DEPTH OF WELL 130 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY, AIR-PERCUSsion, ROTARY (Hydraulic Rotary), Drive-POINT

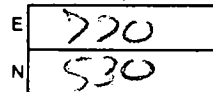
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

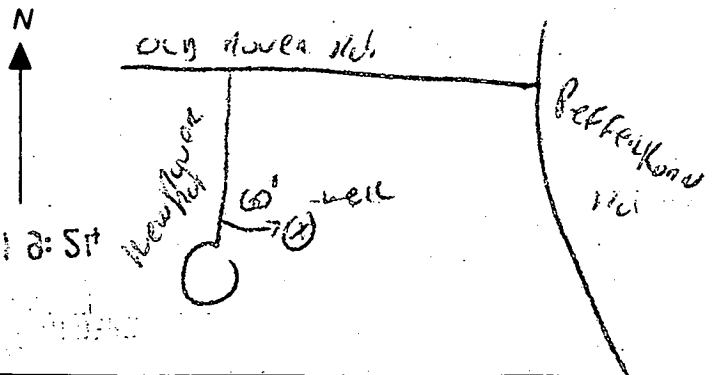
APPROP. PERMIT NUMBER H200GAP023-1, FORCE 1.11, PERMIT No. 70-74-3021

- SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. well, 2., 3., WRITE THE BOX NUMBER FROM THE MAP HERE



4/24/01 9:30-10, NO INSP OTHER, INSP DEMANDS DO NOT ALLOW SRU

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

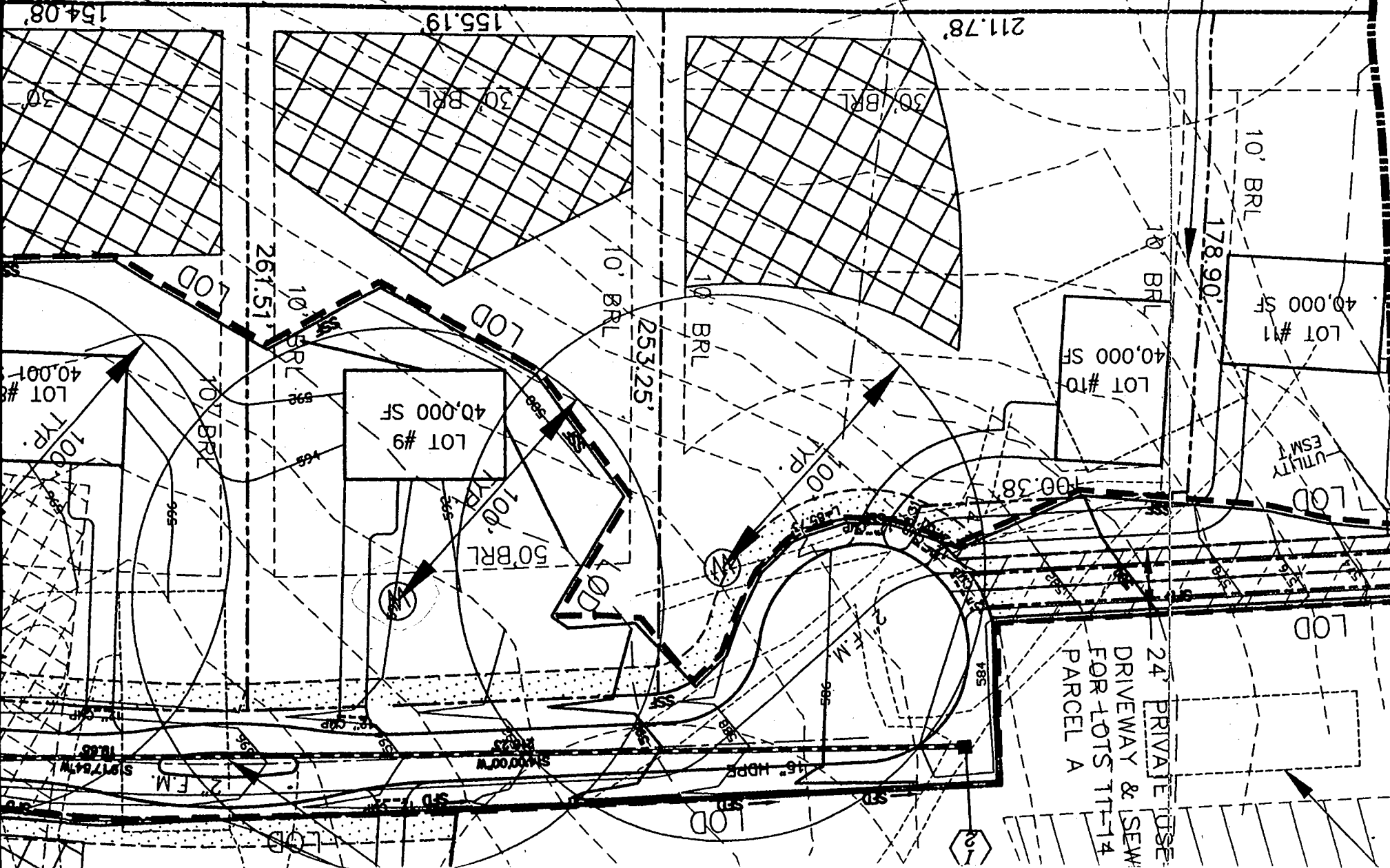
3/3/01
Well site staked by surveyor

BACK W. HOUSE

11



EXISTING BARN TO BE REMOVED



MATCH LINE (SEE SHEET

24' PRIVATE USE
DRIVEWAY & SEW
FOR LOTS 11-14
PARCEL A

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 Auer, et al

ADDRESS 18612 MEADOW LAKE DRIVE, OLNEY, MD 21082 PHONE (301) 570-6083

AGENT OR PROSPECTIVE BUYER SAM ECKER

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

PROPERTY LOCATION:

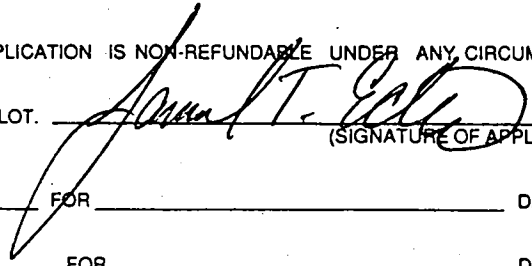
SUBDIVISION RESUB OF FRIENDSHIP LAKE LOT NO. NEW LOT # 7

ROAD AND DESCRIPTION 13721 OLD ROVER ROAD W. FRIENDSHIP MD 21794
LOTS 1, 2, 4

TAX MAP 15 PARCEL # 175

SIZE OF LOT 42,127 # 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

39

TOPSOIL
CLAY

STACKED
CONTINUOUS
VEIN

APPROX 1 FT
AT HIGH
SIDE OF
HOLE

OTHERWISE
SANDY
MICA
CLAY

40+41+42

DRANGE
BROWN
CLAY

BROWN
BEIGE

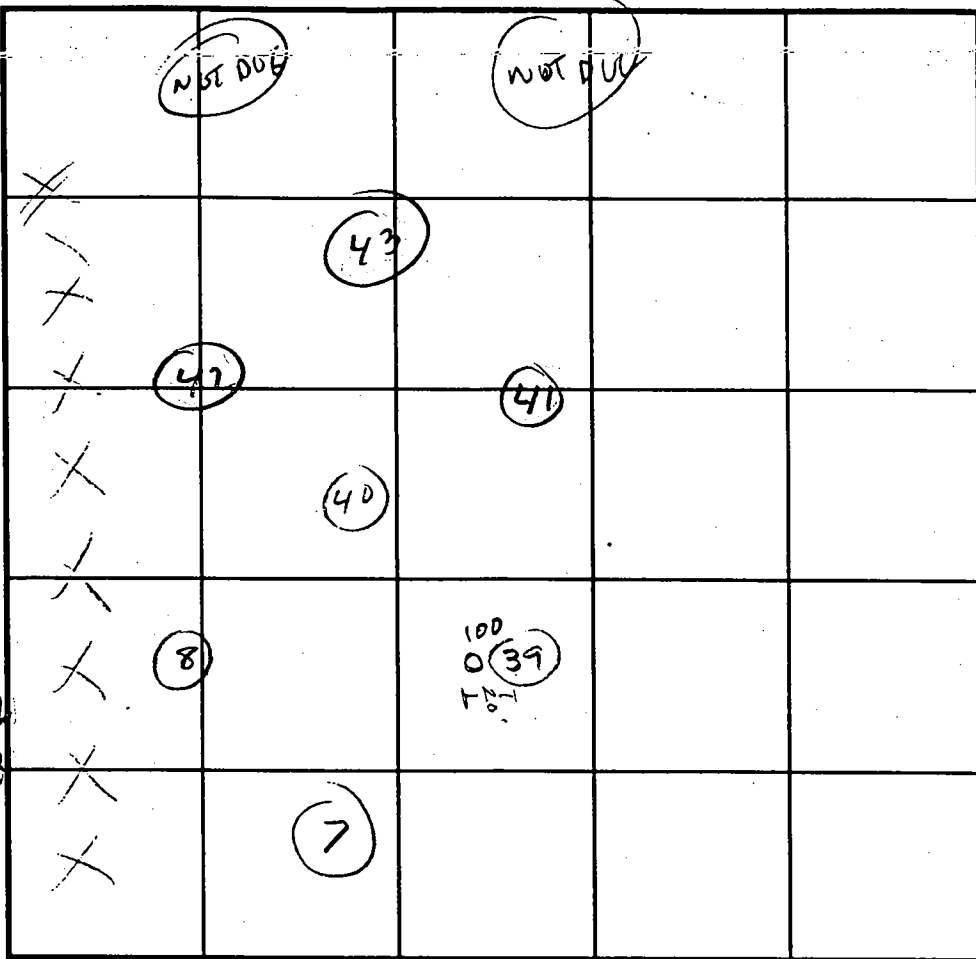
MICA
SILT
LOAM

100

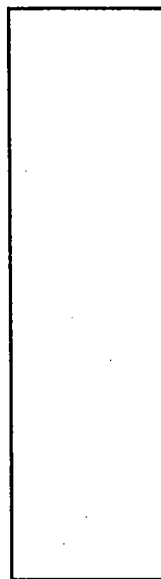
red brn
SICILM

lgt tan
SICILM

15%
Saprolite
orange
SALM
inclusions



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/98	39	FAILS	ROCK VEIN				
	40-41-42-43	DIS OK	3 1/2	1 1/2	(0-0-TIME)		
2-9-99	100	4.5' V120	10:35	10:36	10:36	10:38	2min

REMARKS _____

TYPE OF SOIL _____

TESTED BY CRAIG WILLIAMS ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



EXISTING HOUSE

CAGE (B)

Old Rover Rd

CAGE (B)

CAGE (B)

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

CAGE (B)

CAGE (C)

BARN TO BE DEMOLISHED

LOT #15
40,000 SF

SHARED SEPTIC
(40' ROW PUBLIC ACCESS PLACE)

NON-BUILDABLE PRESERVATION PARCEL "B" TO BE DEDICATED TO OA 2.11 AC.

PROPOSED SWM POND 12

NEW ROVER ROAD

LOT #10
40,000 SF

LOT #8
40,000 SF

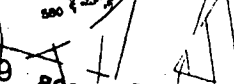
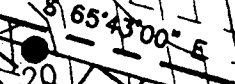
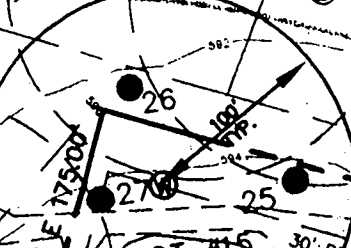
LOT #16
40,000 SF

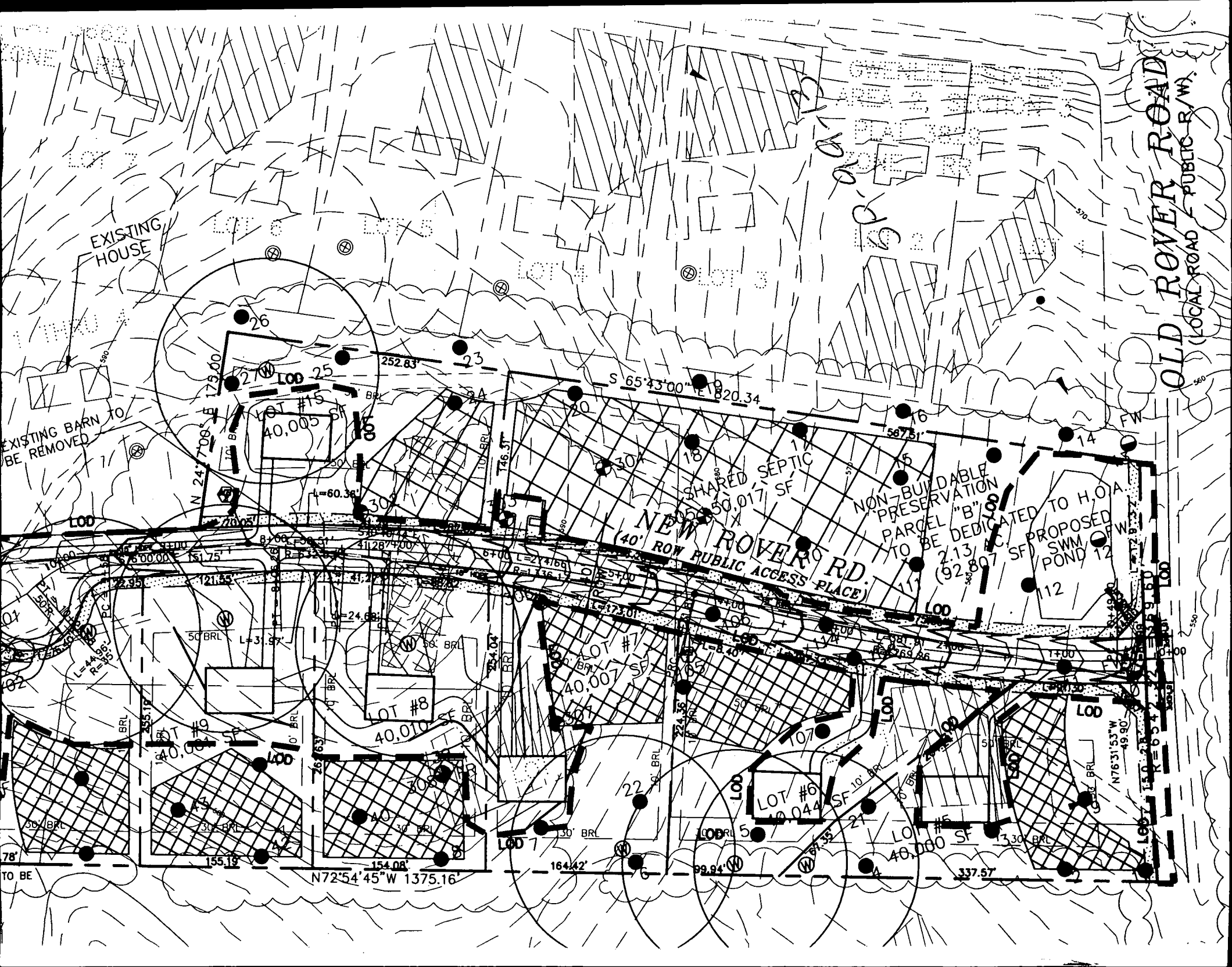
LOT #15
40,000 SF

N 72° 54' 45" W 1375.16'

N 10° 46' 12" E 272.33'

LOA





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

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

NON-BUYABLE PRESERVATION PARCEL "B" TO BE DEDICATED TO H.O.A.
2.13 AC (92,807 SF) PROPOSED SWM POND 12

EXISTING HOUSE

EXISTING BARN TO BE REMOVED

N72°54'45"W 1375.16'

337.57'

155.19'

164.42'

LOT #8
40,010 SF

LOT #7
40,007 SF

LOT #6
40,044 SF

LOT #5
40,000 SF

LOT #15
40,005 SF

LOT #6

LOT #5

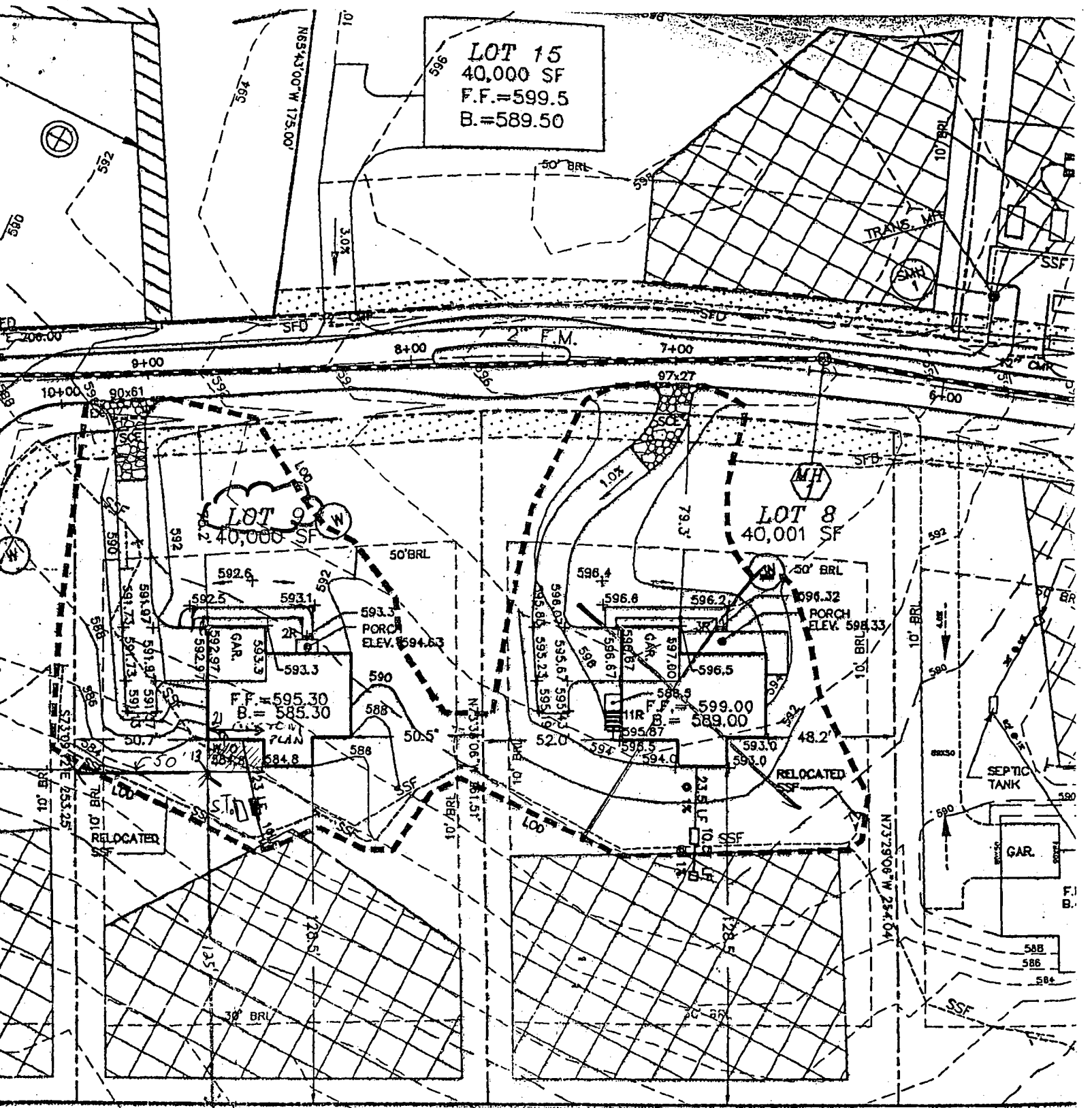
LOT #4

LOT #3

FW

TO BE

LOT 15
40,000 SF
F.F. = 599.5
B. = 589.50



N17°03'53"E 1179.44'

OK FOR 21' x 13' DECK AS SHOWN

NO IMPACT IF DECK EXPANDED TO 21' x 14'

LOT 9 10' REMAINS TO EX. SEPTIC TANK
2919 NEW ROVER RD. 1" = 50' 7/12/02

MR

Building Address 2919 NEW ROVER RD
West Friendship MD 21794

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

Census Tract 6030 Subdivision Friendship LAKES

Section N/A Area N/A Lot 9 BLK 19

Tax Map 15 Parcel 175 Grid 19

Zoning N-1 Map Coordinates 965 Lot size 40,000 SF

Property Owner's Name Williamsburg Builders

Address 5785 Harpers Farm Rd

City Columbia State MD Zip Code 21044

Home Phone (410) 997-8800 Work Phone (410) 997-8800

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Small

Estimated Construction Cost \$ 1500.00

Description of Work 13' x 21' DECK, NO STEPS
21 x 13

Contractor Company ED PAWLOWSKI

Contact Person Pro-Built Construction, Inc

Address 13453 Long Days Ct
Highland, MD 20777

City _____ State _____ Zip Code _____

License No. 20247

Phone 301-854-0821 Fax 301-854-9632

Occupant or Tenant under construction

Contact Name Same as owner

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
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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" 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: <u>N/A</u> <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: <u>Deck, No STEPS</u>
Other Structure: _____ Dimensions: <u>13' x 21'</u> Footings: <u>Post & Pier</u> 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Susan Gawler

Title/Company _____

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

Print Name Susan Gawler, AGENT

Date 7-11-02