

2/12/01
to follow lot 4
3/24/01
pm 44401
anytime
04-365003

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514974

A 510199-B

ISSUE DATE 3/13/01

APPROVAL DATE 4/12/01

INDEXED

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION DiPaula Property LOT NUMBER 6 ADDRESS 1480 Florence Road

PROPERTY OWNER Catoctin Homes, Inc PROPERTY OWNER'S ADDRESS P.O. Box 512, EC 21041

SEPTIC TANK CAPACITY 1250 GALLONS *WATERTIGHT SEPTIC TANK REQUIRED*

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

MIN COVER

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: As seen from Florence Road, place the distribution box 80 feet from the left (224.91') lot line and 10 feet from the front lot line. Run (4) 70' trenches to left side of lot.

Keep all parts of septic system 100' from (Tank, Distribution box & Drainfields)

BUILDING PERMIT SIGNED AND RETURNED 4/24/02
IG POOL

PLANS APPROVED Mark Rifkin OK SRK 1/7/01 DATE 1/2/2001

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS. **PLANS SIGNED AND RETURNED 7/28/01**

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED. **PLANS SIGNED AND RETURNED 6/20/01**

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS **800 130727 Propene Tank**

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A510199-B

NOT TO SCALE

TRENCH DATA

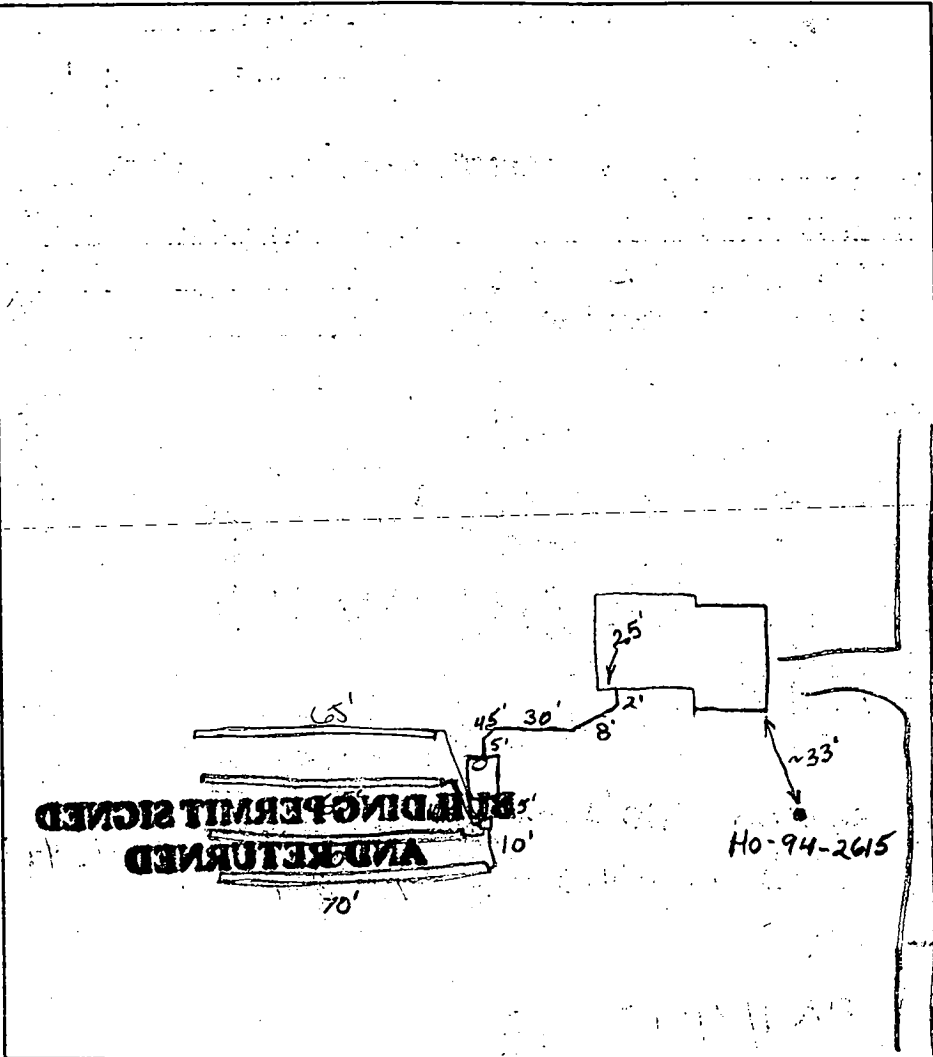
TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 5.5'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 270
 ABSORBENT AREA B10
 DISTRIBUTION BOX LEVEL /
 BAFFLE IN DISTRIBUTION BOX /

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER _____
 6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

N/A
~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~



Florence Road

PRE-CONSTRUCTION INSPECTION: _____

3/13/01 To install tanks near easement outside of well radius. Four 70' trenches. (BB)

INSPECTION COMMENTS: 3/20/01 First 3 trenches done. O.K. to cover. Due to lack of available room, may only get 275' of trench. Contractor to try to make last trench 75' if possible. (BB)

3/20/01 OK to cover all septic work - probably needs 36" manhole cover on septic tank. I left msg @ site and by phone - No approval of septic system until this issue is resolved. DIC 4/12/01 manhole cleared + installed - FINAL OK. (DLO)

INSPECTOR Bonnie Kroll DATE SYSTEM APPROVED 4/12/01

4/4/01 WELL LINE, CAP, TAG, ETC OR @ WPI
 1/2" GROUT OR LESS @ PITLESS, EITHER SIDE OF CASING (MR)

**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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sykesville, MD 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joseph Gartland License # 6352
*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: Contact Homes Telephone #: 410-222-5504
Subdivision: Dipole Property Lot #: 6 Well Tag #: HO-94-2615
Site Address: 1480 Florence Rd
Mt. Airy MD 21284

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>BTF</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>26525</u>	Model #: <u>P-100-4T</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>5</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u> </u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>28</u> (feet)		Conduit secured to well cap: <u>✓</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors on Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve: <u>6 ft</u>
Depth of supply line: <u>48</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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: [Signature] date: April 6, 2001

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

Date Insp. Requested: 4/4/01 Date Insp. Approved: 4/4/01 MR
 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 ✓ BB

Approved Septic System Plan
Howard County Health Department

PROPERTY
RESERVATION
3
1446

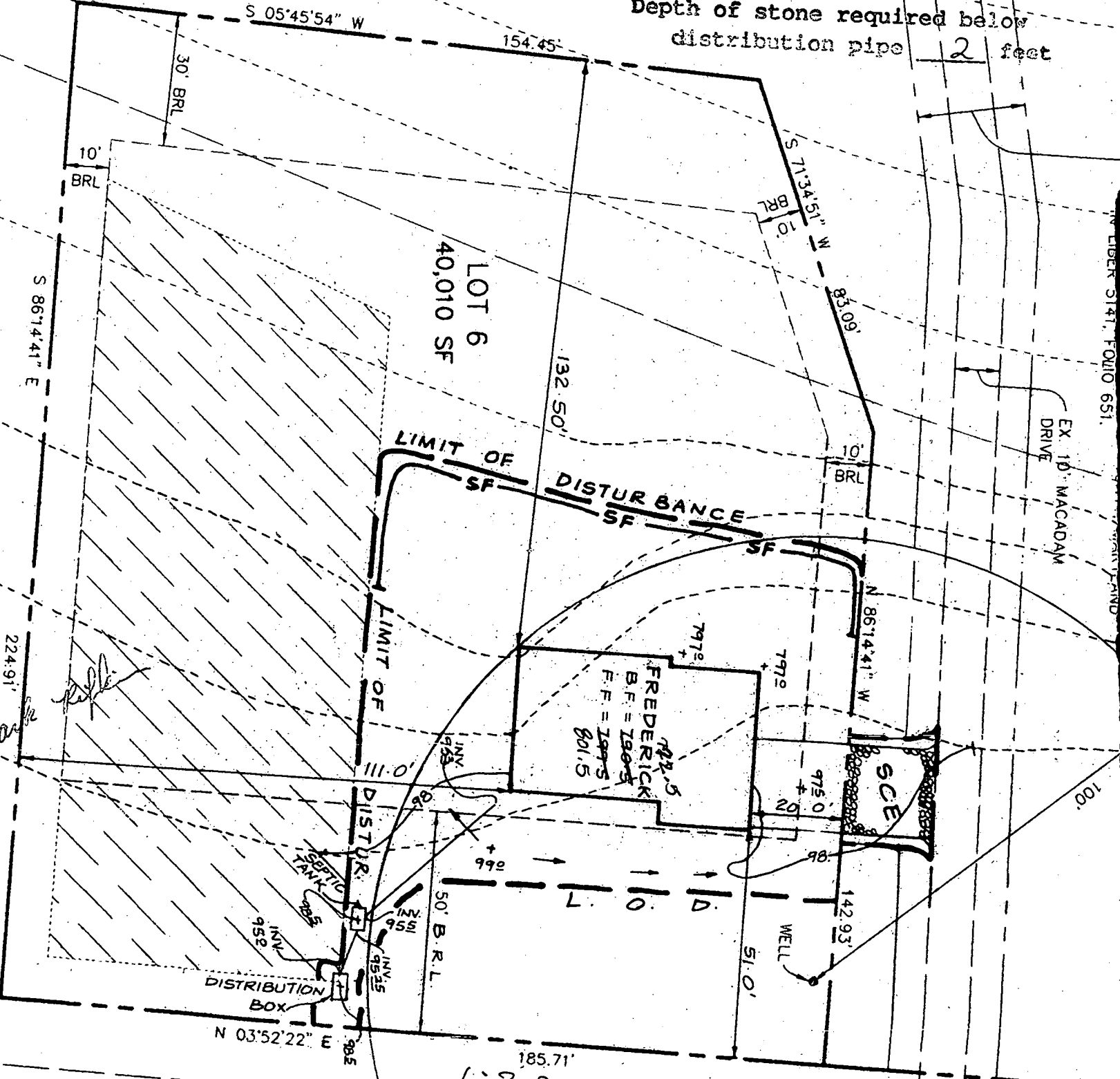
Total linear feet of trench
required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5.5 feet

Depth of stone required below
distribution pipe 2 feet

Mark Riffin 1/2/07
Signature Date



FLORENCE ROAD

1:30
PLAN BY RIEMER MUEGGE

Building Address 1480 Florence Rd.
Mt. Airy, MD. 21771

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

Census Tract 11040 Subdivision D. Paula Rep.

Section _____ Area _____ Lot 6

Tax Map 6 Parcel 60 Grid 11c

Zoning R-17 Map Coordinates 2E11 Lot size 400104

Property Owner's Name Catcotion Homes Inc.

Address PO Box 512

City ELLICOTT CITY State MD Zip Code 21041

Home Phone 410-772-5804 Work Phone 410-772-5304

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

Phone _____ Fax 410-772-5805

Existing Use Vacant Lot

Proposed Use SEH New

Estimated Construction Cost \$ 75,000

Description of Work Freelock, 2nd floor, full base, 1 GRM, 1 EB, 1 HB, 1 ED, 200 sq. garage, 4 BR dm.

Contractor Company Catcotion Homes Inc.

Contact Person Drew S. Kish

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone 410-772-5804 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Spencer & Associates, Inc.

Contact Person Chris Reed

Address 8818 Center Pk. Dr.

City ELLICOTT CITY State MD Zip Code 21045

Phone 410-997-0900 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>34</u> Depth <u>54</u> Width <u>54</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>32</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>32</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: <u>4x4</u>	
Roof: <u>Asph/Flt Shingles</u>	
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 HERETO; (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 _____ Print Name Joshucking

Title/Company _____ Date 11-27-00

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: _____	45807
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>1/2/01</u>	<u>Mark Kiff</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2543</u>
			Accepted by <u>10</u>	Validation # _____

C1 07673

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A510997B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 300.2ND SUBMISSION

PERMIT NO. HO-94-2615

OWNER carney Sean STREET OR RFD Florence Road TOWN Mt. Airy SUBDIVISION Longview Property SECTION LOT 2

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, Dirt, Tan Sandy Shell, Dark Brown, Gray shell.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 11 NO. OF POUNDS 66 DEPTH OF GROUT SEAL 60

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (C) (O) (J) (S) Nominal diameter 60 Total depth 60

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 60 200

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED (Y) (N)

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. MS DLO1 Leo Holland DRILLERS SIGNATURE LIC. NO. D

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

C 2 DEPTH (nearest ft.)

1 2 HO 60 200 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72

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

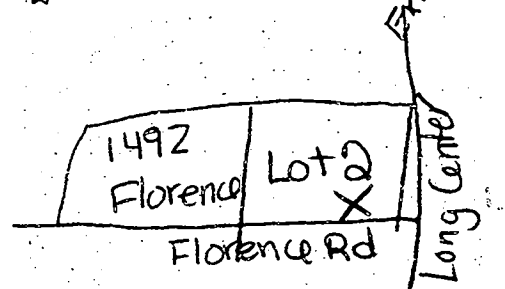
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 1 PUMPING RATE (gal. per min.) 5 1/2 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 300 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 () below LAND SURFACE (nearest foot) 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



C1 00404 SEQUENCE NO. (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 A510199B

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 4 7 00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-2615

OWNER Carney Sean STREET OR RFD Florence Road TOWN Mt Airy SUBDIVISION Longview Property SECTION LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Dirt, Tan Sandy Shell, Dark Brown Shell, and Gray Shell.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M (B) CEMENT BENTONITE CLAY NO. OF BAGS 11 NO. OF POUNDS 1034

CASING RECORD casing types insert appropriate code below (S) T (C) O (P) L (O) T

MAIN CASING TYPE (S) T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T

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. M SD 101 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

DEPTH (nearest ft.) (H) O 60 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

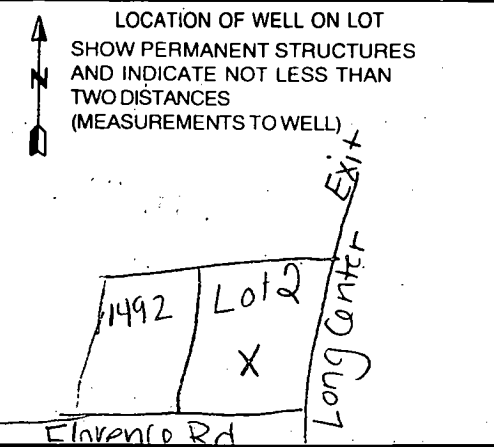
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 56 METHOD USED TO MEASURE PUMPING RATE Air Rotary WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 180 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 (49) () below (1) LAND SURFACE (nearest foot) 50 51



B 1	8335	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2015 <small>fill in this form completely</small>
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Date Received (APA) **03/03/2000**

OWNER INFORMATION

CADNEY Owner **Sean** First Name

419 Greenlaw Rd Street or RFD

Catoxville MD 21228 Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY

Lanham SUBDIVISION

SECTION **44** LOT **2**

NEAR M. AIRY NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **5.1** Miles M. I.

DRILLER INFORMATION

Leo R. Holland Jr. Driller's Name **MS D 101** License No.

SEC Well Drilling Co. Firm Name

P.O. Box 1143 Hagerstown, MD 21741 Address

Leo R. Holland Jr. Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR Florence Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

26' DISTANCE FROM ROAD

TAX MAP: **6** BLK: _____ PARCEL **60**

B 2 WELL INFORMATION

APPROX. PUMPING RATE **10** (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED **500** (GAL. PER DAY)

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **ASINIGRA** COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **03/03/00**

545 000 NORTH GRID **0759 000** EAST GRID

APPROXIMATE DEPTH OF WELL **500** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7559

N 5405

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

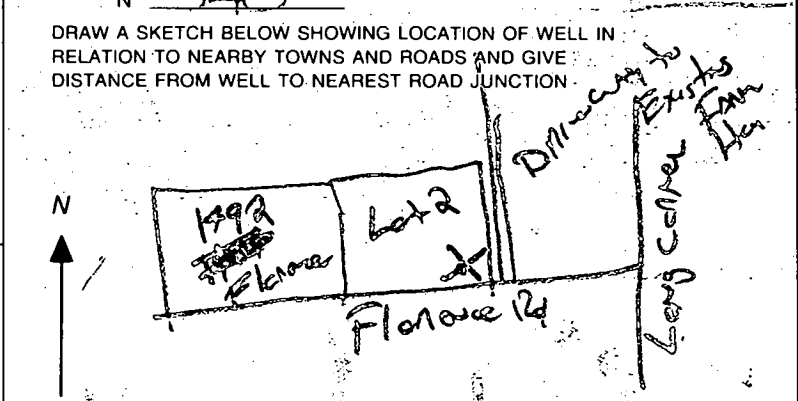
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G A P _____

FORCE **DS** WRITE INITIALS IN BOX **HO-94-2015** PERMIT No. _____

APPLICATION

PERCOLATION TESTING

A 510199-B

P _____

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

DISTRICT _____

DATE 6-12-98

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 Leah D. Parks

ADDRESS 12251 Yearling Ct PHONE 410-531-3078

AGENT OR PROSPECTIVE BUYER D. Parks Property, LLC

ADDRESS 12251 Yearling Ct PHONE 410-750-6406

PROPERTY LOCATION:

SUBDIVISION D. Parks Property LOT NO. ~~Flora 606~~ (5)

ROAD AND DESCRIPTION Florence Road (#424)

TAX MAP Ce PARCEL # 60

SIZE OF LOT 1 Acre TYPE BLDG. _____
(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

510199-B

COUNTY #

SOIL PROFILE

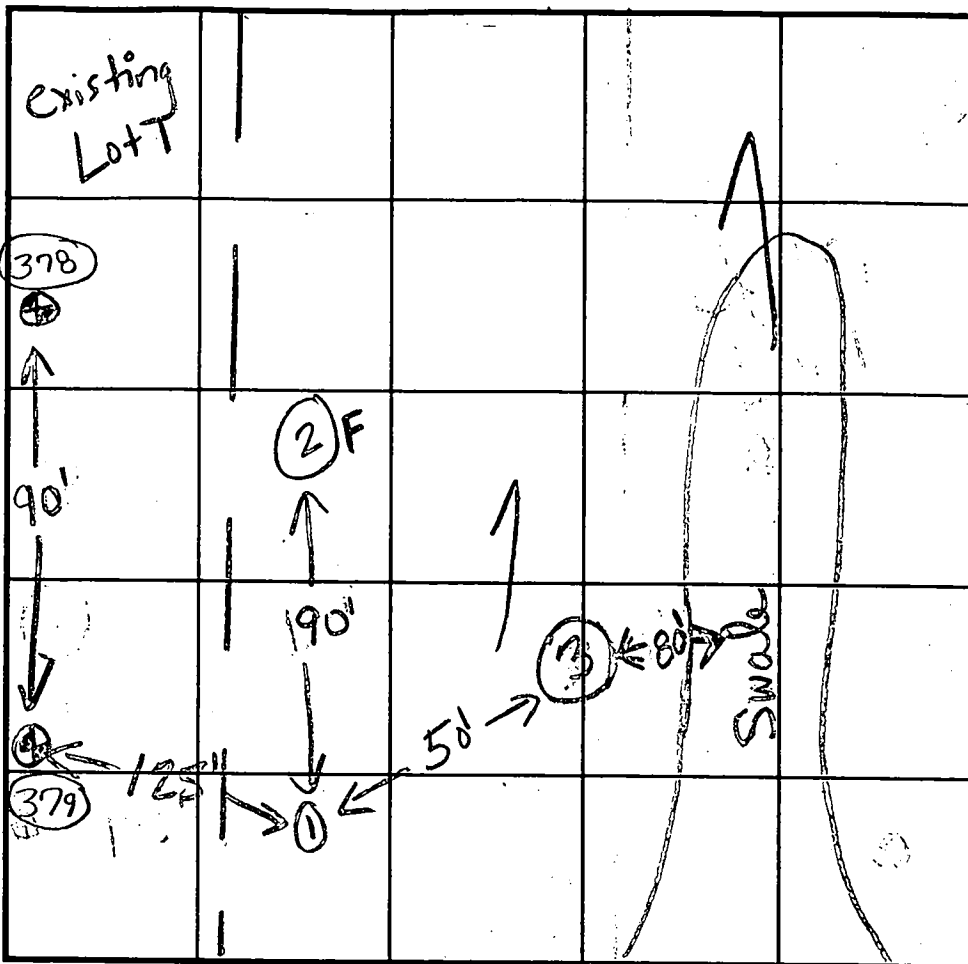
0'
orange
tan
Cl lm
4.5'
tan
pink
Sandy
loam
40%
Shale
frags
12'

2

4.0'
or/red
Cl lm
7.0'
orange
tan
Sclm
greater
than
50%
shale
frags
12'

3

4.0'
orange
Cl lm
7.0'
Orange
coarse
Sclm
quartz
rock
25%
shale
frags
12'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Florence Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7.1.98	1	6.0'S	10:29	10:37	10:37	10:46	9min ✓	
		12.0'D	visual, ok - see profile					
	2	4.5'S	10:32	10:38	10:38	10:50	12min F	
		12.0'D	FAILED DUE TO ROCK AT 7.0'					
	3	12.0'D	visual only - see profile					

REMARKS test holes not staked, shallow system only

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT Olen Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 minutes

TRENCH WIDTH 3.0

INLET DEPTH 4.5

MAXIMUM BOTTOM DEPTH 6.5

SQ. FT/BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 510199-B

P _____

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

DISTRICT _____

DATE 6-12-98

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 Leah D. Park

ADDRESS 12251 Yearling Ct PHONE 410-531-3078

AGENT OR PROSPECTIVE BUYER D. Park Property, LLC

ADDRESS 12251 Yearling Ct PHONE 410-750-6006

PROPERTY LOCATION:
SUBDIVISION D. Park Property LOT NO. "Future 606"

ROAD AND DESCRIPTION Florence Road (#1424)

TAX MAP Ce PARCEL # 600

SIZE OF LOT 1 Acre TYPE BLDG. _____
(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

510199-B

COUNTY #

SOIL PROFILE 4

light orange cl lm
 Orange/pink Saclm
 30-35% shale frags
 HARD BOTTOM

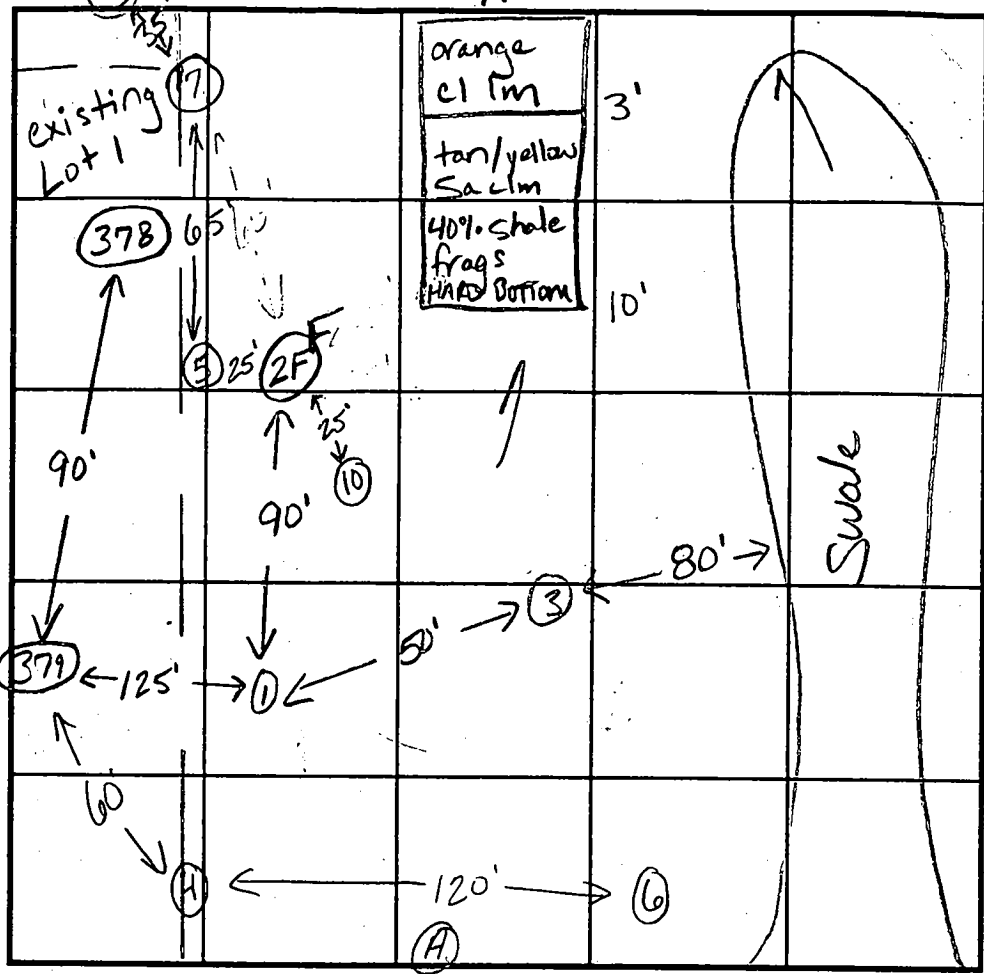
5

light orange sclm
 burnt orange Saclm
 greater than 50% shale frags

6

burnt orange cl lm
 orange/pink Saclm
 30% shale frags
 HARD BOTTOM

A



SOIL PROFILE 7

burnt orange Saclm
 greater than 50% shale frags

10

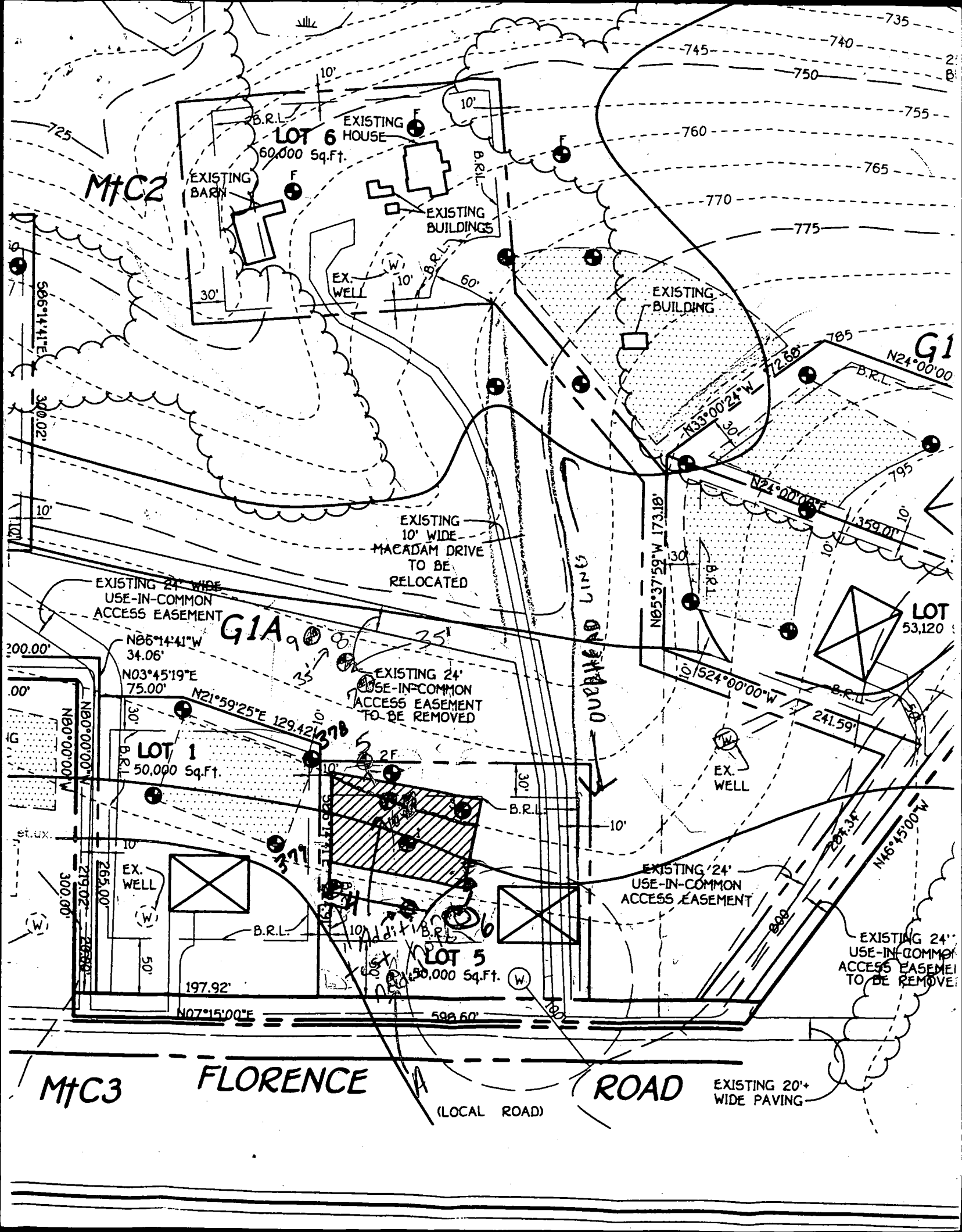
burnt orange Saclm
 greater than 50% rock frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10.7.98	5	2.5'S	10:31:15	10:36	10:36	10:43	7
		10.0'D	Visual	- see profile			
	4	10.0'D	Visual	ok - see profile			
	A	10.0'D	Visual	ok - see profile			
	6	3.5'S	11:50:25	11:52:10	11:52:10	11:56:10	4
		10.0'D	Visual	ok - see profile			
	7	7.0'D	FAILED	DUE TO ROCK			F
	8	7.0'D	FAILED	DUE TO ROCK - SAME AS HOLE #7			F
	9	7.0'D	FAILED	DUE TO ROCK - SAME AS HOLE #7			F
	10	10.0'D	FAILED	DUE TO ROCK			F

REMARKS test holes not staked 4/9 378 3' slow OK BELOW; BOT 10'
 TYPE OF SOIL 379 V 1 1/2 OK
 TESTED BY Kim Maiste ALSO PRESENT Shawn Carney
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 210



MTC2

LOT 6
60,000 Sq.Ft.

EXISTING HOUSE

EXISTING BARN

EXISTING BUILDINGS

EXISTING BUILDING

EXISTING 10' WIDE
MACADAM DRIVE
TO BE
RELOCATED

EXISTING 24' WIDE
USE-IN-COMMON
ACCESS EASEMENT

G1A

EXISTING 24'
USE-IN-COMMON
ACCESS EASEMENT
TO BE REMOVED

LOT 1
50,000 Sq.Ft.

LOT 5
50,000 Sq.Ft.

LOT
53,120

G1
N24°00'00"

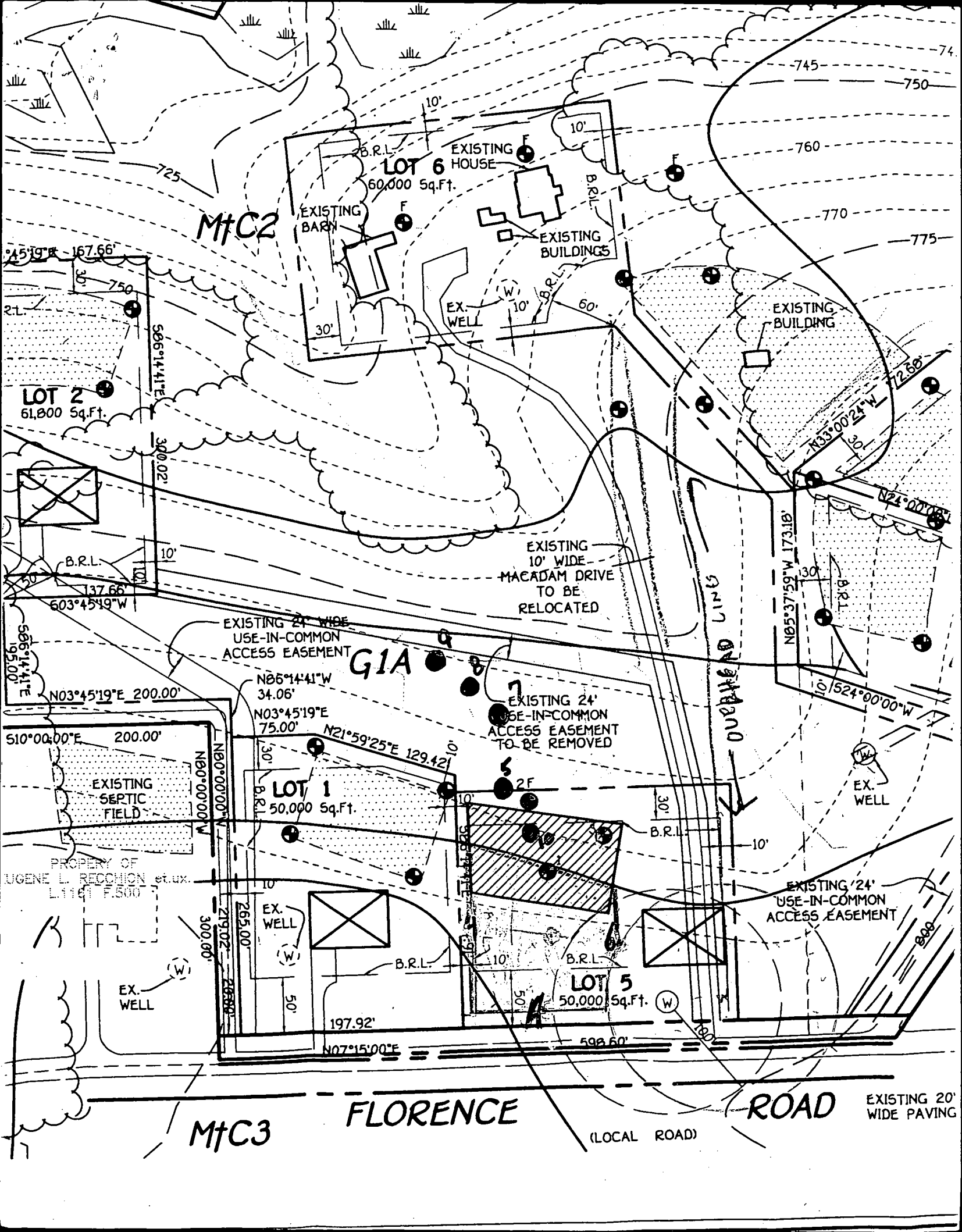
MTC3

FLORENCE

ROAD

(LOCAL ROAD)

EXISTING 20'+
WIDE PAVING



MTC2

G1A

MTC3

FLORENCE ROAD

(LOCAL ROAD)

EXISTING 20' WIDE PAVING

05-00-1

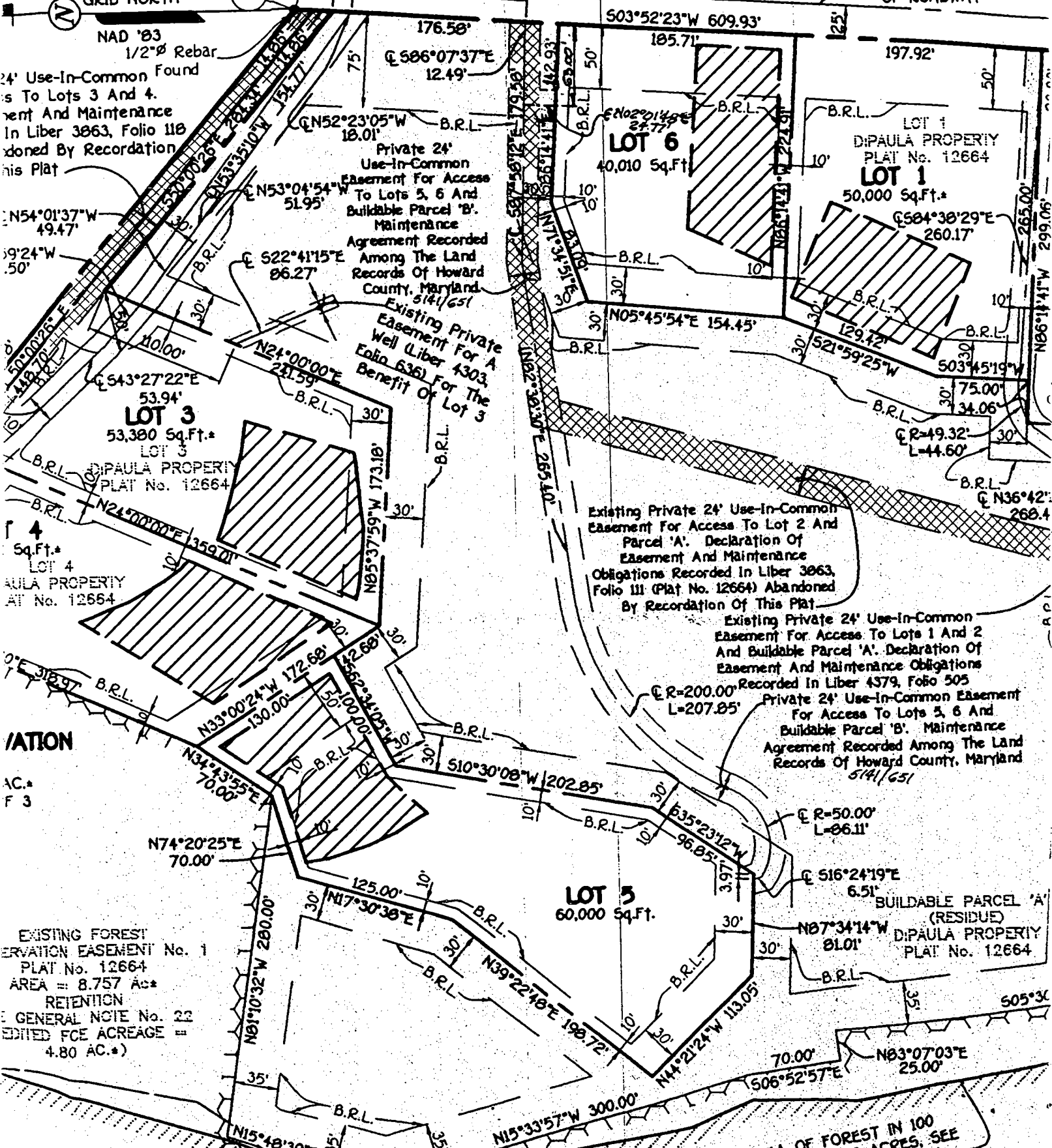
TRAVEL

FLORENCE ROAD

MARYLAND STATE GRID NORTH

(LOCAL ROADWAY)

EXISTING CENTERLINE OF ROADWAY



ATION

AC.*
F 3

EXISTING FOREST CONSERVATION EASEMENT No. 1
PLAT No. 12664
AREA = 8.757 Ac*
RETENTION
GENERAL NOTE No. 22
EDITED FCE ACREAGE =
4.80 AC.*

AREA OF FOREST IN 100
ACRES. SEE

1/2 R



46825 ET6040
2921
CR # 29264
1-5-01

P.O. Box 512 Ellicott City, Maryland 21041 Phone: (410)772-5804 Fax: (410)772-5805

1/26/01
Talking, please review &
give me a call on **REC** Jan. 5, 2001
3949
Thanks
Ken

JAN 0
LICENSES & PERMITS
DIVISION

TO Howard County Permits;

This letter is to inform you of the elevation revisions made to Lot 6, 1480 Florence Rd. Mt. Airy, Md. 21771, Permit # B00127523. The finished floor elevation has changed from 797.5 to 801.5. Also enclosed are 4 copies of the new GP-01-84. If there are any problems please call our office.

Health Dept.
7/31/01
Revision to
elevations to
House has been
raised.
A note to
A note to

REVISION
CODE
DATE
BY
<input type="checkbox"/> SUBJECT TO COMMENTS OF OWNER
<input type="checkbox"/> SUBJECT TO FIELD INSPECTION
<input type="checkbox"/> SUBJECT TO COMMENTS ON PLANS
<input checked="" type="checkbox"/> AMENDMENT
<input type="checkbox"/> FINAL

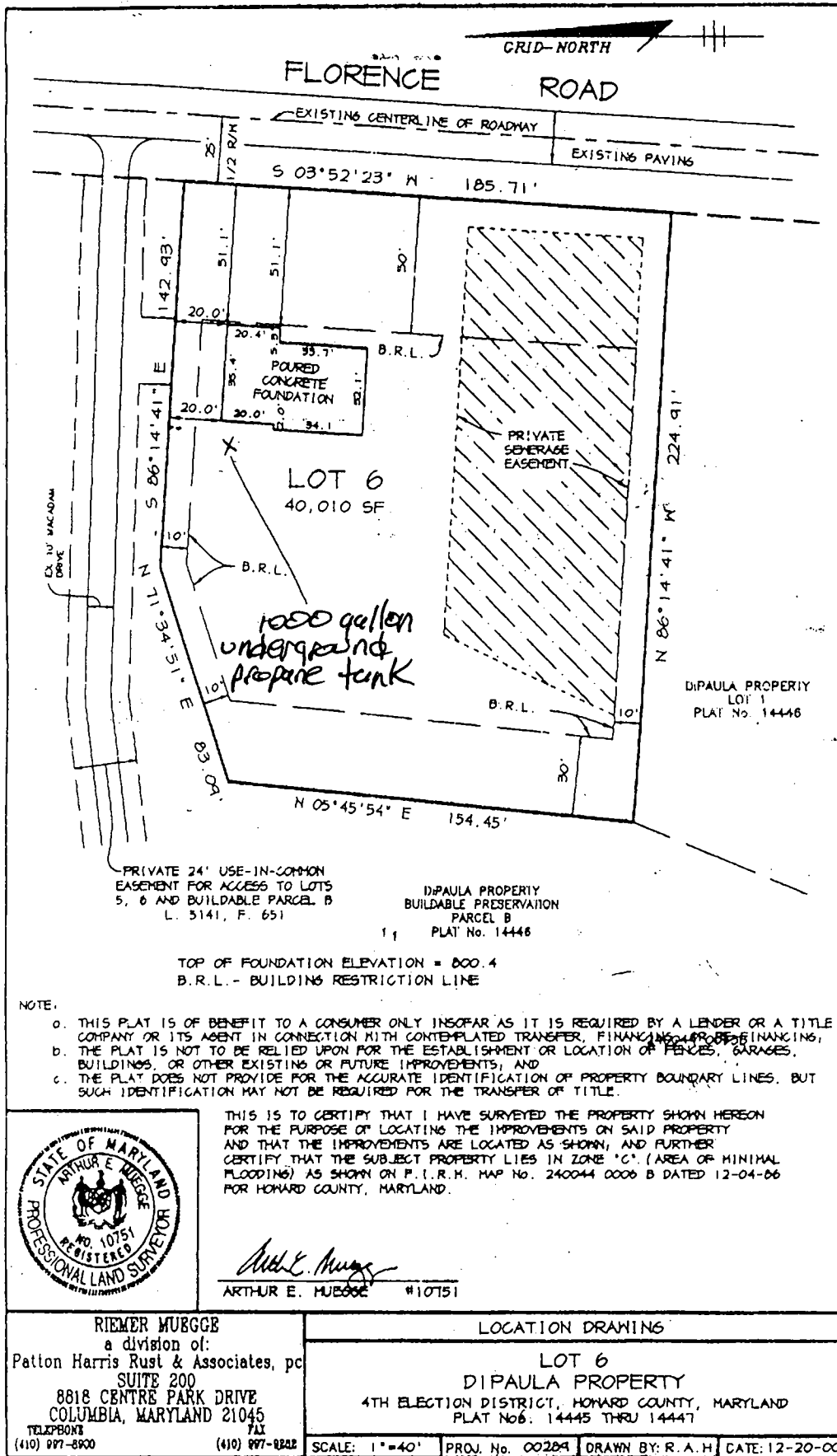
Sincerely,
Josh King
Joshua King
Project Manager

Approved - Deana Nadan
1/26/01

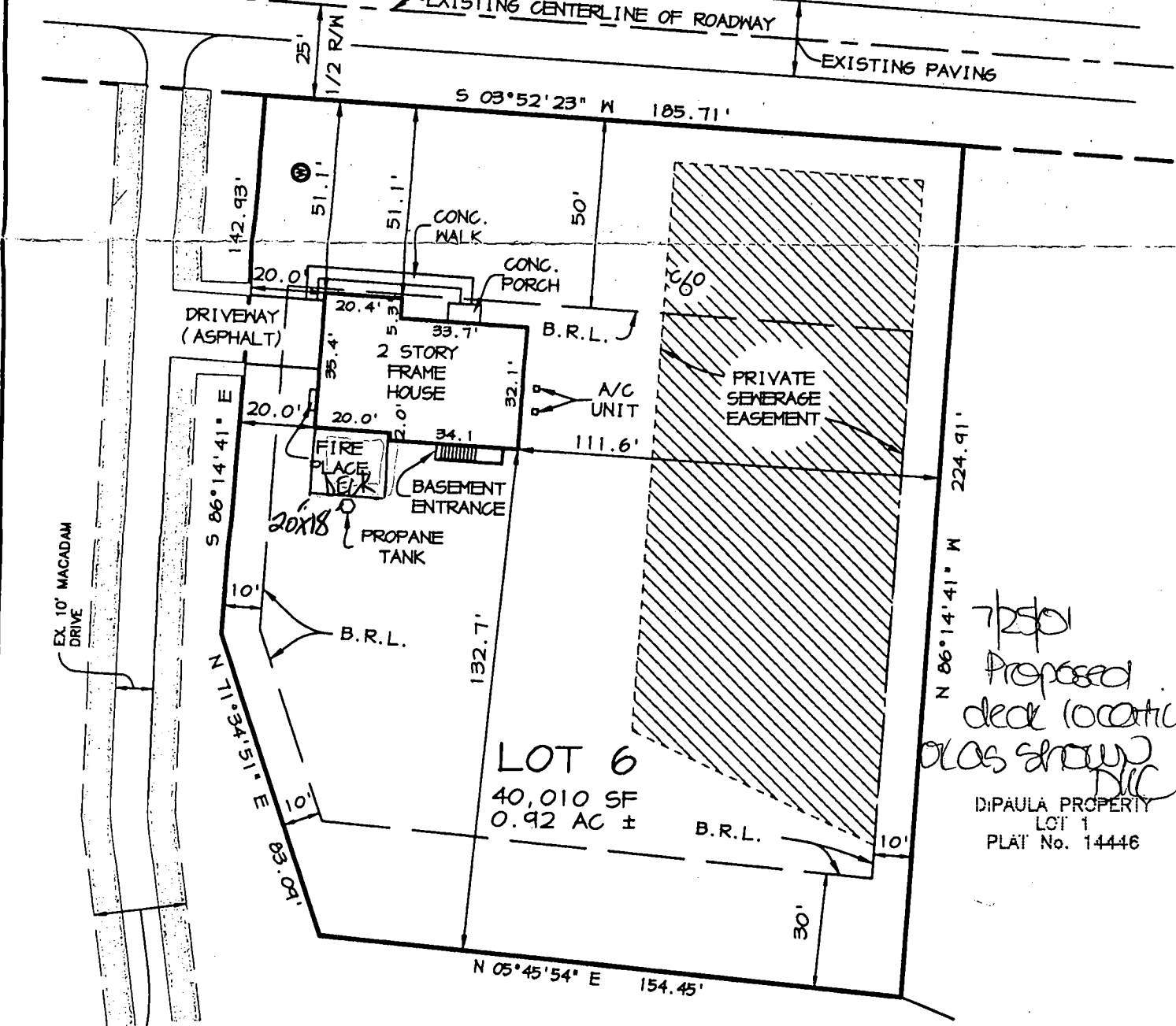
elevation change/see

cc: Sediment
Control
Builder & Inspector

6/20/01
B00130727
Propane tank location OK
A.C.M. Mull



FLORENCE ROAD



7/25/01
 Proposed deck location
 (as shown)
 DJC

DIPAULA PROPERTY
 LOT 1
 PLAT No. 14446

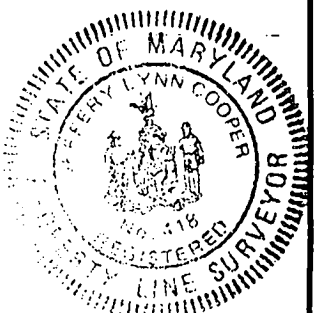
PRIVATE 24' USE-IN-COMMON
 EASEMENT FOR ACCESS TO LOTS
 5, 6 AND BUILDABLE PARCEL B
 L. 5141, F. 651

DIPAULA PROPERTY
 BUILDABLE PRESERVATION
 PARCEL B
 PLAT No. 14446

TOP OF FOUNDATION ELEVATION = 801.4
 B.R.L. - BUILDING RESTRICTION LINE

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

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN, AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0006 B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.



Jeffery L. Cooper 05/23/01
 JEFFERY L. COOPER #418

RIEMER MUEGGE
 a division of:
 Patton Harris Rust & Associates, pc
 SUITE 200
 8818 CENTRE PARK DRIVE
 COLUMBIA, MARYLAND 21045
 TELEPHONE (410) 997-8900
 FAX (410) 997-9282

FINAL LOCATION DRAWING
 LOT 6
 DIPAULA PROPERTY
 4TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 PLAT Nos. 14445 THRU 14447
 SCALE: 1"=40' | PROJ. No. 00289 | DRAWN BY: H. J. M. | DATE: 05-18-01

Building Address: 1480 Florence Rd
MT Airy, MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 6040 Subdivisor: Diana Property
 Section: _____ Area: _____ Lot: 6
 Tax Map: 6 Parcel: 60 Grid: 16
 Zoning: RE-DEO Map Coordinates: 2E11 Lot size: _____

Property Owner's Name: Shkletski Michael
 Address: 1480 Florence Rd
 City: MT Airy State: MD Zip Code: 21771
 Home Phone: 301 829 4645 Work Phone: 301 260 0190
 Applicant's Name & Mailing Address (if other than stated hereon): _____
 Phone: _____ Fax: _____

Proposed Use: Deck
 Estimated Construction Cost: \$ 3600.
 Description of Work: Deck 20x10
Steps to porch

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____

Occupant or Tenant: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: N/A
 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type:	Heating System:
<input type="checkbox"/> Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	Other Suppression
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling: <input type="checkbox"/> SF Townhouse: <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
Depth: _____ Width: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System:
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	<input type="checkbox"/> Other
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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.

Michael T Shkletski
 Applicant's Signature
OWNER
 Title/Company

Michael T Shkletski
 Print Name
7/25/01
 Date

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

FOR OFFICE USE ONLY	
AGENCY	AGENCY
<input checked="" type="checkbox"/> Land Development, DPZ	Front: _____
<input checked="" type="checkbox"/> State Highways	Side: _____
<input checked="" type="checkbox"/> Building Official	Side St: _____
<input checked="" type="checkbox"/> Dev. Engineer, DPZ	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Health	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Fire Protection	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Lot Coverage for New Town Zone: _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	SDP/Red-line approval date: _____
ONE STOP SHOP: <input type="checkbox"/>	Accepted by: _____
Distribution of Copies: White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SHA	

PLEASE FIND FILE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B-05135705

Building Address: 1480 Filbert Rd
MT Airy MD 21771

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

Census Tract: 6040 Subdivision: DRAVA Prop.

Section: _____ Area: _____ Lot: 6

Tax Map: 60 Parcel: 60 Grid: 16

Zoning: R-30 Map Coordinates: _____ Lot size: .92 ac.

Property Owner's Name: M. & Leslie Skokletski
 Address: 1480 Filbert Rd
 City: MT Airy State: MD Zip Code: 21771

Home Phone: 301-294-4695 Work Phone: _____
 Applicant's Name & Mailing Address (if other than stated hereon): _____

Phone: _____ Fax: _____

Existing Use: SF Dwell
 Proposed Use: same

Estimated Construction Cost: \$ 30,000

Description of Work: 18 x 58 3 tanks
Dug Inground Swimming Pool
To be filled by truck

Contractor Company: B. ...
 Contact Person: A. ...
 Address: 25731 Rd. Rd
 City: Greenbelt State: MD Zip Code: 20766
 License No.: 157
 Phone: 301-472-5900 Fax: _____

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
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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
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: _____	
Dimensions: _____	
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

Print Name: Aaron ...
 Date: 1/21/02

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

