

2/21/01 - All day  
4/26/01  
11:00

Needs Pad test done

# PERMIT

P 514915

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

A 512694-S

ISSUE DATE 2/2/2001

APPROVAL DATE 4/26/01

INDEXED 03-331849

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 1-800-682-6726

SUBDIVISION Brantwood 2/1 LOT NUMBER 18 ADDRESS 11428 Butterfruit Way

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, Ste 301

SEPTIC TANK CAPACITY ~~1250~~ 1500 GALLONS  
PUMP CHAMBER CAPACITY ~~1250~~ 2000 GALLONS  
*plus stainless steel pumps, control boxes & alarms, etc all installed  
buyer of property has insisted be put on system, also dual pumps,  
all customer volunteered exceeding our regional codes.*

NUMBER OF BEDROOMS 4 \*\* TOP SEAMED SEPTIC TANK REQUIRED \*\*

SQUARE FEET PER BEDROOM 180 \*\*TOP SEAMED PUMP CHAMBER REQUIRED \*\*

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: From the right rear lot corner, place the distribution box 20 feet down the rear (148.84') lot line and 20 feet off this same lot line. Run trenches on contour to front of lot.

REQUESTED LAYOUT: 60', 80', 100' (DETAILS TO BE WORKED OUT DURING PRE-CONSTRUCTION INSPECTION) - Needs statement of a newly surveyed proposed SAA  
4/2/01

PLANS APPROVED Mark Rifkin OK SRU 10/4/00 DATE 9/20/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

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

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

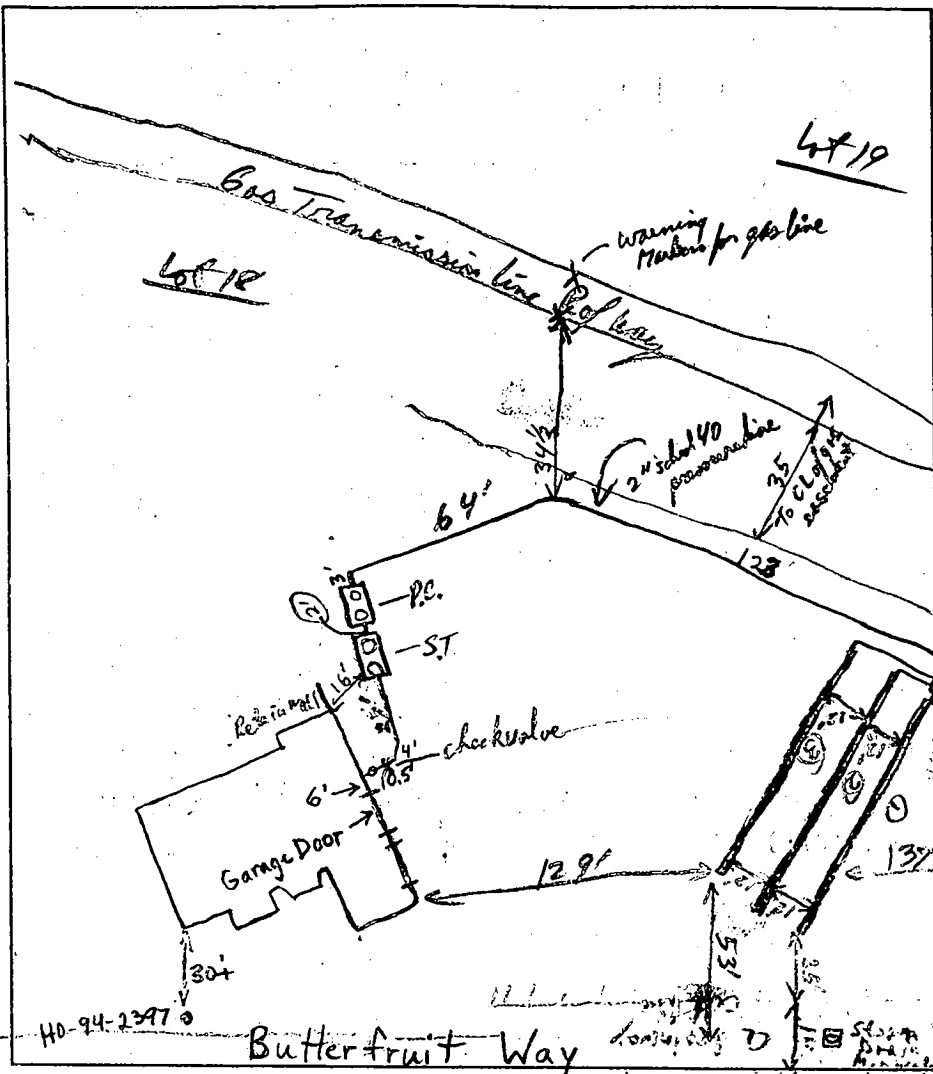
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**BUILDING PERMIT SIGNED AND RETURNED 4/24/01**  
800 135692 - DECK w/ steps

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

4512694-S

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH	3'
TRENCH INLET DEPTH	2'
TRENCH BOTTOM DEPTH	4'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	240 LF
ABSORBENT AREA	720
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
for auto levelers, with vent pipe	
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

**SEPTIC TANK DATA**

SEPTIC TANK	2 compartment TS	1500 GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>	
6 INCH INSPECTION PORT	<input type="checkbox"/>	

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS	2000 gal TS
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: *sewer line is compromised by grinding over & cut 2.0 ± ft of SD nearest House. Also also upper part of SDA has diverging contours, only shallow system pipe due to hard shallow bottom pipe fails in vicinity. Need to re-survey & take out a New SDA to demonstrate room for 720 LF of standard Trench System (and show on New pre plot) (capacity markers) - Do Not begin Construction until New Survey is complete & full layout plans approved by HD. Call for New layout & app*

INSPECTION COMMENTS: *2/19/01 To install 3 trenches of approximately equal length at top of easement, and place D.B. as per B.P. plan BB*

*Final 3 trenches for 2nd SDA, start trenching on 2/21/01, OK to gravel pit, all OK, Needs pressure line installed to Septic Tank and pump chamber already set. House connection done, but need to extend & supply pipe to Septic Tank, etc (line is gravel bed!) P/P 2/21/01 2" sched. 40 pressure line installed & ready to cover. 3rd trench ready to cover, baffles are in both ends of Septic Tank ("T") and "T" baffle in mid wall of Septic Tank. OK*

*Needs Manhole riser on ST & PC., Needs Pump test P/P 2/21/01 OK to cover all work. 4/26/01 FINAL INSP CHECK OK*

INSPECTOR DOWN & CO DATE SYSTEM APPROVED 4/26/01

HO-94-2523

PUMP CHECK OK

**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: Van Sant Plumbing Telephone #: 301-829-0444  
Address: 301 Main St.  
Mt. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Nanard Van Sant License# 1467

**\*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: NW Adams Telephone #: 301-858-0522  
Subdivision: Brentwood Lot #: 1018 Well Tag #: HO-94-2523  
Site Address: 11428 Butterfruit Way  
Ellicott City, MD 21042 18

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sears</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>85B0522 1/2HP</u>	Model #: <u>15106</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>SDOSI</u>	PVC sleeved to undisturbed soil at wall penetration: <u>15ft</u>
PSI: _____ (160 psi min)	Approximate length of sleeve: <u>15ft</u>
Depth of supply line: <u>42</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: Nanard Van Sant date: 4.4.01

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

Date Insp. Requested: 2/23/01 Date Insp. Approved: 2/23/01 (BB) SRK  
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

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/15/95

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 Feaga Family

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 67.70

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- 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. Mark A. Reil  
(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

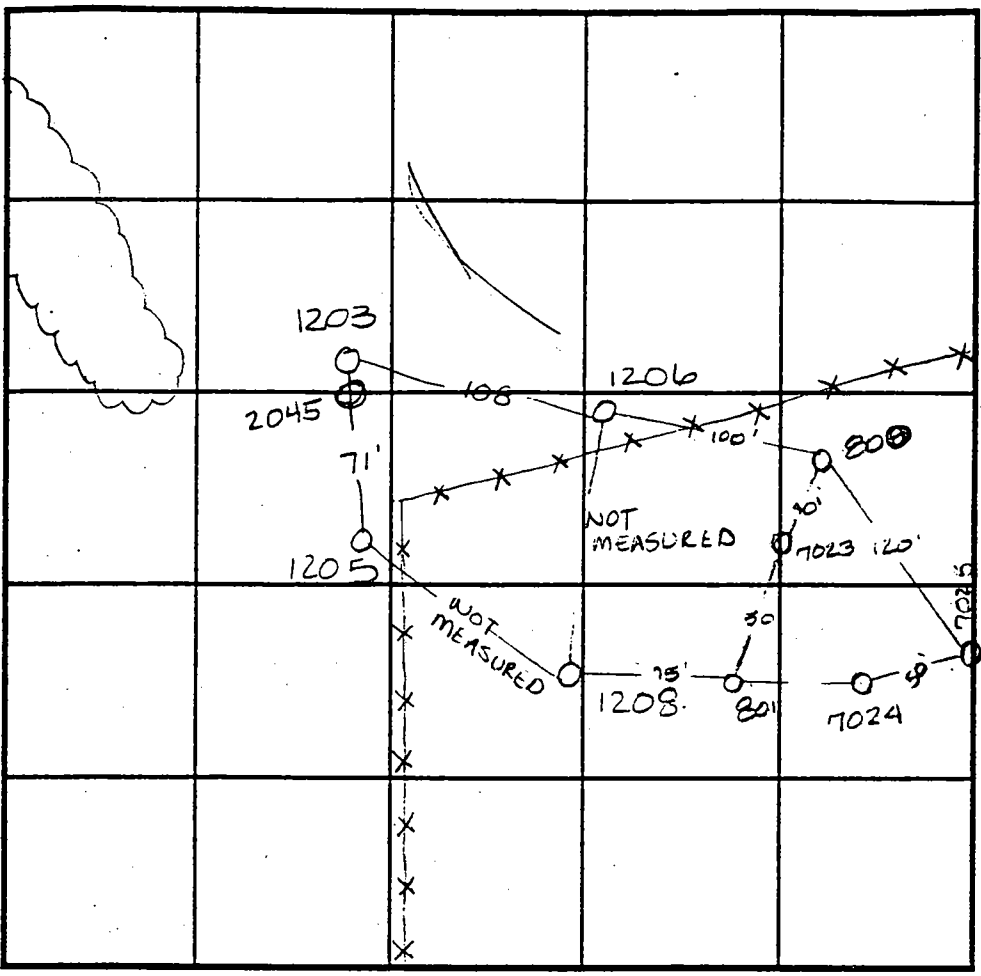
COUNTY #

SOIL PROFILE

0' 1208  
orange  
brn  
Si:clim  
2' pockets  
of  
decayed  
quartz  
sand  
1qt  
tan  
Salm  
10' 30-40%  
almost  
black  
decayed  
Salm

1206  
1qt tan  
to orange  
Si:clim  
strong  
sub angular  
blocky  
struct  
3' dull  
brown  
Salm  
micaceous  
5%  
rock

1203  
medium  
brn  
clim  
1' red w/  
black  
notices  
not H<sub>2</sub>O  
related  
5' >50%  
rock  
white  
quartzite  
6'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 1205, 2045  
orange  
brn  
Si:clim  
gravelly  
micaceous  
2.5' medium  
brown  
micaceous  
Salm  
20%  
Saprolite  
pockets  
of decayed  
white  
quartzite  
12' 7025, 7024  
bright  
red  
Si:clim  
1.5' micaceous  
dark brn  
red Salm  
10%  
decayed  
Saprolite  
11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-18-95	1208	3' V11	10:30	11:45	11:45	12:30	1 3/4 min
9-20-95	1206	4' V12	12:16	12:17:30	12:17:30	12:19	1 1/2 min
	1206	7' V12	12:17:30	12:19:45	12:19:45	12:21:45	2 min
	1203	Visual	to 6'	see profile			F
	1205	2' V12	12:17:30	12:18:45	12:18:45	12:20	1 1/4 min
	2045	Visual	to 12'	see profile			OK
12-10-96	7023	Refusal	at 40				F
	7025	2.5' V11.5	11:56	11:59	11:59	12:01	2 min ✓
	7024	3.0' V12.0	12:00	12:02	12:02	12:03:30	1 1/2 min ✓

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Ann McMillan ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

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P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

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TO: THE COUNTY HEALTH OFFICER  
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PROPERTY LOCATION:

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TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Myra A. Reil  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

800

0' dark red SiCLM

1.0' dark red SiLM

3.0' bright yellow SiLM

7.0' dark red SiSALM micaceous

801

orange yellow SiCLM

2.0' dark grey brown micaceous SiLM

pockets of white decayed quartzite dry

		See attached		

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-12-96	800	2.0 V12.0	11:59	12:00 <sup>30</sup>	12:00 <sup>30</sup>	12:03	2 1/2 min
	801	Visual only	- see profile				OK

REMARKS \_\_\_\_\_

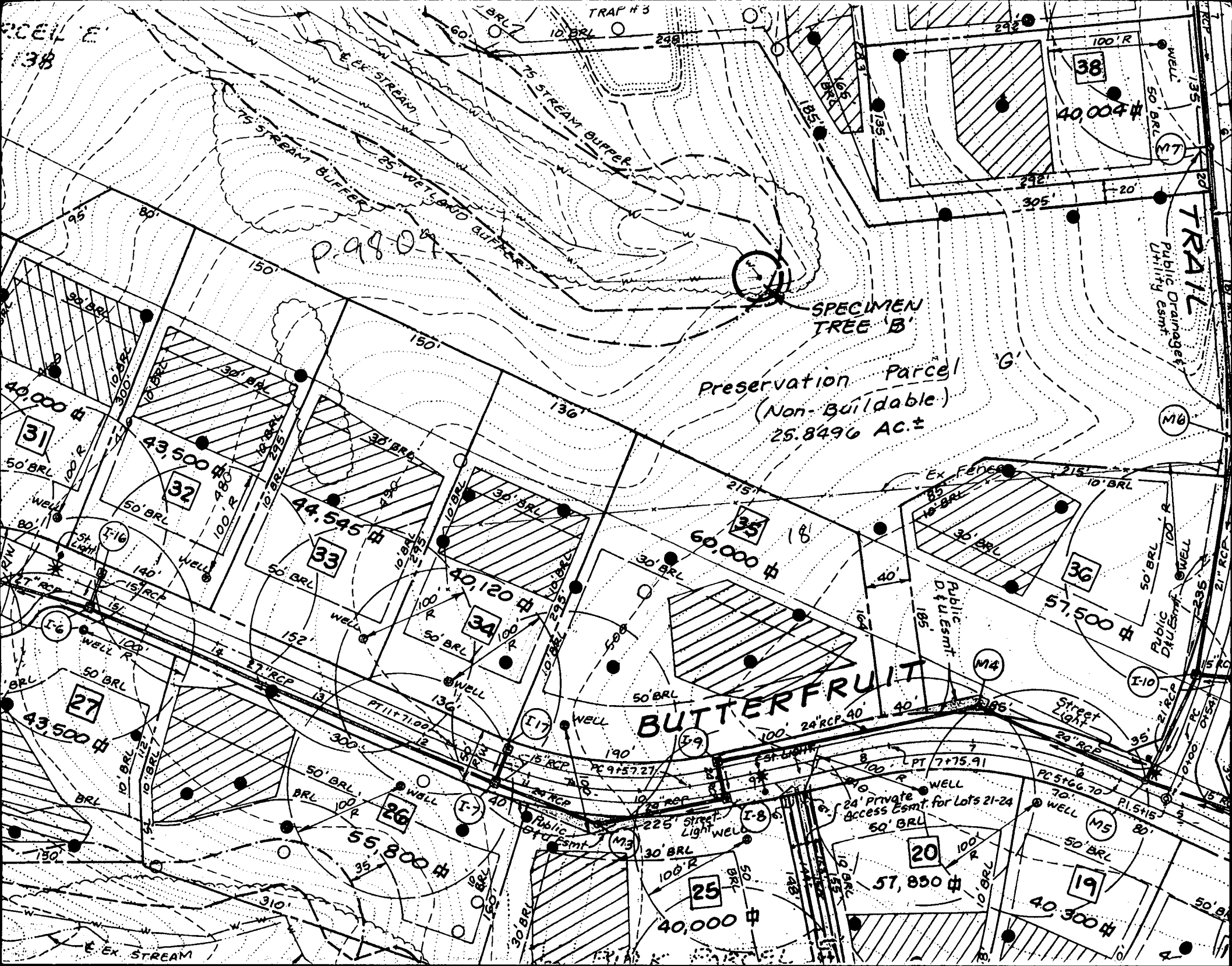
TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_





CELL E  
138

TRAP #3

P. 98-01

SPECIMEN TREE B

Preservation Parcel  
(Non-Buildable)  
25.8496 AC. ±

BUTTERFRUIT

TRAIL  
Public Drainage Utility Esmt.

M6

M4

I10

M5

I9

I17

I7

I8

31

32

33

34

35

36

27

26

25

20

19

38

40,000 #

43,500 #

44,545 #

40,120 #

60,000 #

57,500 #

43,500 #

55,800 #

40,000 #

57,850 #

40,300 #

40,000 #

E. EX. STREAM

75' STREAM BUFFER

25' WETLAND BUFFER

75' STREAM BUFFER

Public Utility Esmt.

Public Drainage Utility Esmt.

Public Drainage Utility Esmt.

24' Private Access Esmt. for Lots 21-24

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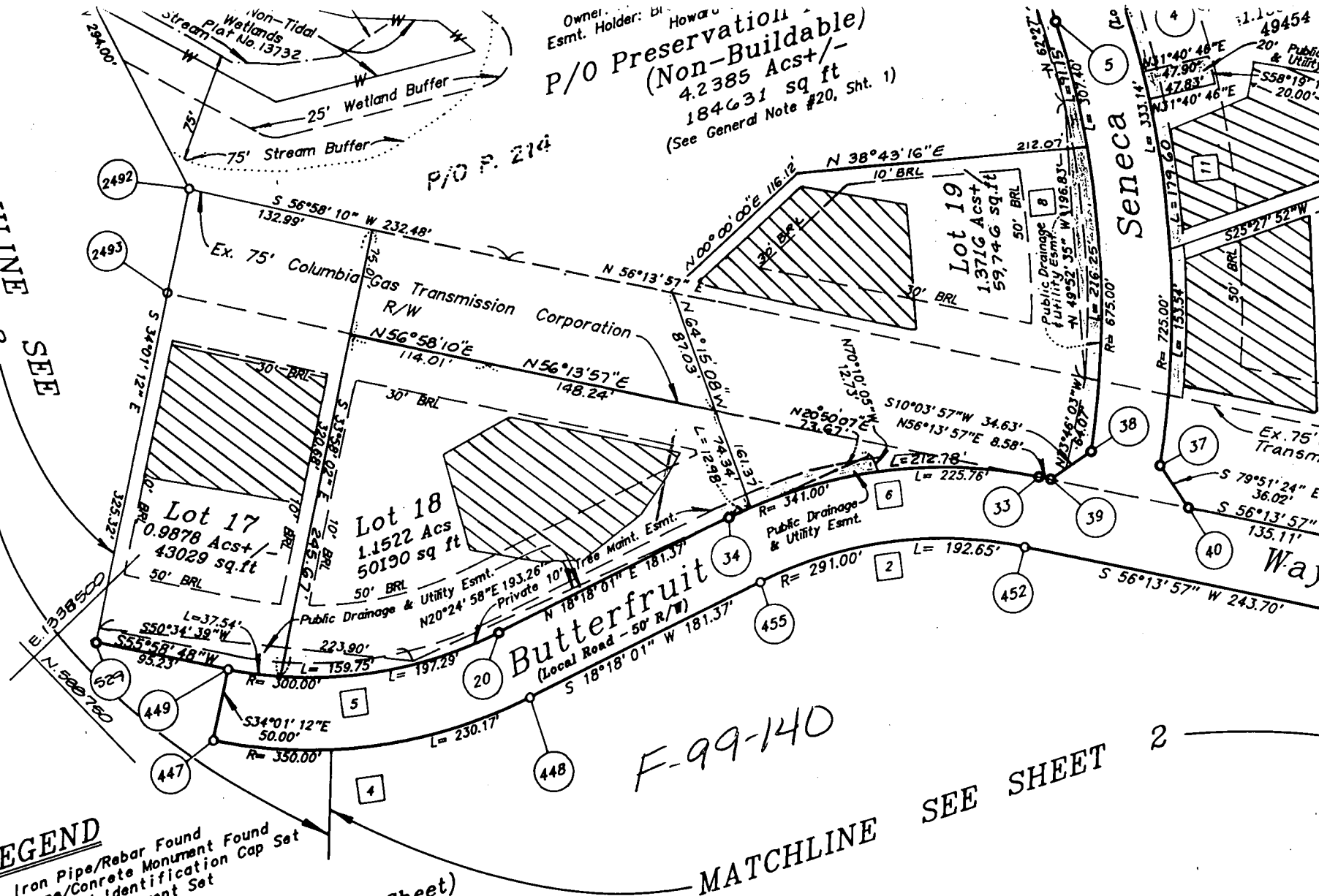
MATCHLINE SHEET 3 SEE

**LEGEND**

- Iron Pipe/Rebar Found
- ⊕ Stone/Concrete Monument Found
- Rebar w/ Identification Cap Set
- ⊕ Concrete Monument Set

**AREA TABULATION (This Sheet)**

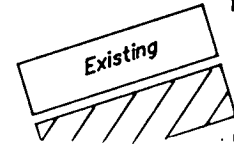
- 1). Total number of lots to be recorded: 15. P/O 1
  - a). Buildable Cluster Lots: 14
  - b). Buildable Non-Cluster Lots: 0
  - c). Buildable Preservation Parcels: 0
  - d). Non-Buildable Bulk Parcels: P/O 1
  - e). Non-Buildable Cluster Lots: 0
- 2). Total area of lots to be recorded: 19.9738 Acst+/-
  - a). Buildable Cluster Lots: 0
  - b). Buildable Non-Cluster Lots: 4.2385 Acst+/-
  - c). Buildable Preservation Parcels: 0
  - d). Non-Buildable Bulk Parcels: 0
  - e). Non-Buildable Cluster Lots: 2.1720 Acst+/-



Owner: Howa  
 Esmt. Holder: bi  
**P/O Preservation (Non-Buildable)**  
 4.2385 Acst+/-  
 184631 sq ft  
 (See General Note #20, Sht. 1)

MATCHLINE

SEE SHEET 2



These areas designate a private sewage easement square feet as required by the Maryland State Dept. of the Environment for individual sewage disposal. If any nature in this area are restricted until is available. These improvements shall become upon connection to a public sewage system. The have the authority to grant variances for encroachment. Recordation of a modified-sewage easement.

**CERTIFIED**

1-290 FALL REQ'D FOR 10' PRIOR TO TANK

Total linear feet of trench required 240 feet

Approved Septic System Plan  
Howard County Health Department

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

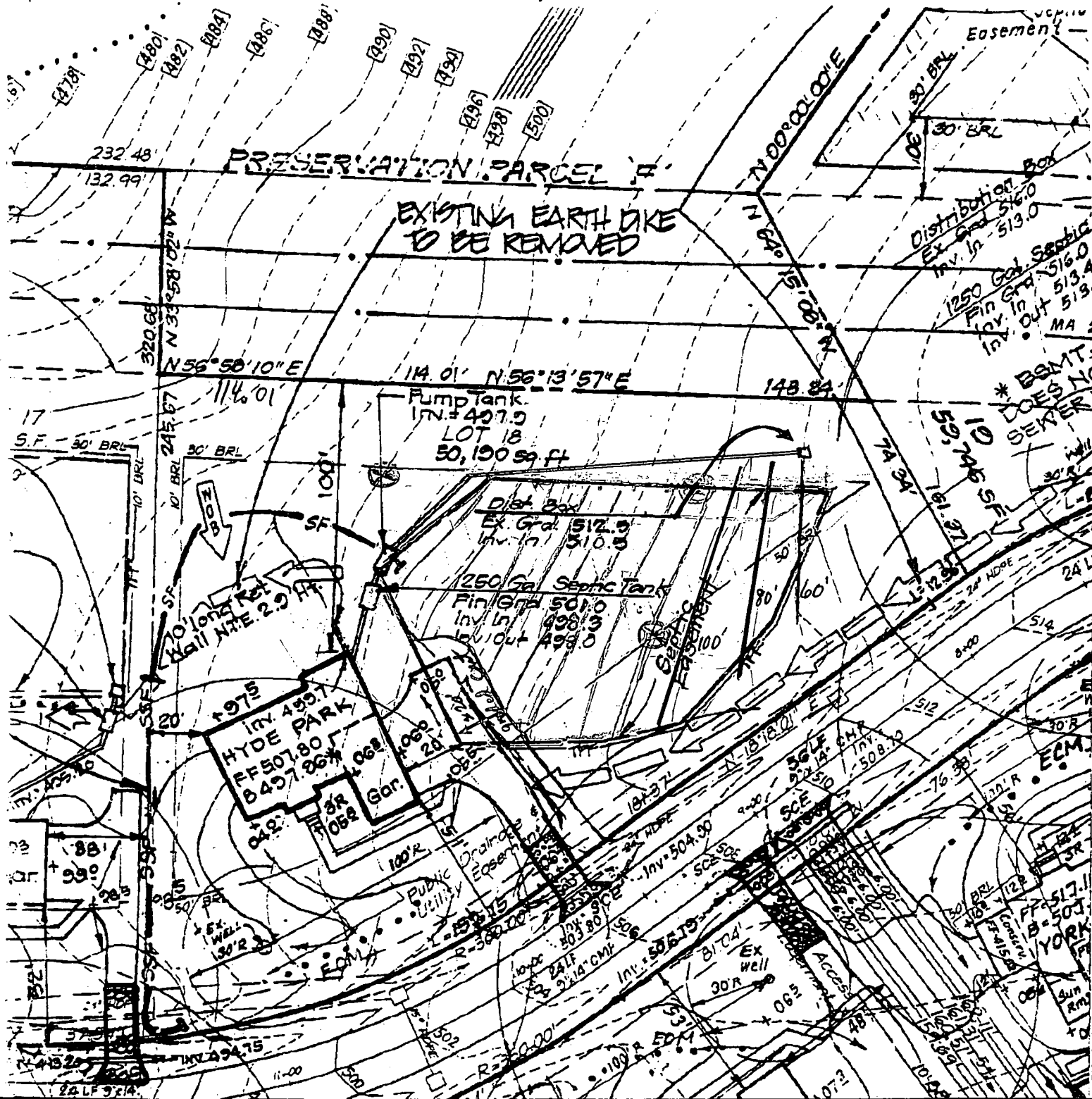
Mark R. Kim 9/20/00  
Signature Date

sep 19 00 11:22a

1-50 PLAN BY CFS

410-381-7533

P.C.



Building Address 11428 Butterfruit Way  
Columbia, MD 21042

Suite/Apt. #: N/A SDP/WP/Petition #: 8P00-160

Census Tract 6030 Subdivision Grantwood

Section 2/1 Area N/A Lot 18

Tax Map 16 Parcel 84 Grid 22

Zoning RC680 Map Coordinates 11A6 Lot size \*\*

Property Owner's Name NV Homes  
8200 Defense Hwy. Ste. 301

Address \_\_\_\_\_  
 City Crofton State MD Zip Code 21114

Home Phone \_\_\_\_\_ Work Phone 410-721-4703

Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc.  
2602 Parallel Path  
Abingdon, MD 21009

Phone 410-515-1717 Fax 410-515-2210

Existing Use Vacant Lot  
 Proposed Use SFD

Estimated Construction Cost \$ 100,000.00  
Construct Hyde Park

Description of Work  
2 Sty, Full Bsmt. R, FB, HB,  
3 Car Garage  
(4BR) Opt. FP, F.L.L. w/ Bath

Contractor Company Owner  
Pat Orla - Agent

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 \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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 DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input 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 checked="" 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 <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: <u>16 x 8</u>	
Footings: _____	
Roof: <u>Asph/Flt Shls</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 THEREUNTO, (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 PERFORMED AND POSTING NOTICES.

Applicant's Signature Patricia A. Orla  
 Building Permit Services, Inc.

Title/Company \_\_\_\_\_

Print Name Frank or Patricia A. Orla  
 Date 08-05-00

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>9/20/00</u>	<u>Mark Riffin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by [Signature]

**PROPERTY ID#** 47856

Filing fee \$ 25  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
**TOTAL FEES** \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 46336  
 Validation # 35197

C1 1933

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A5126945

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12-7-99

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-94-2397

OWNER Brantwood LLC Butterfruit Way STREET OR RFD Brantwood TOWN ELICOTT CITY MD SUBDIVISION Brantwood SECTION II LOT 18

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: BROWN SHALE 0-52, BLUE SLATE 52-300. Includes handwritten note: WATER AT 115-175

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL 59

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

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

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

Table with columns: DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN. Includes handwritten data: H0 59 300

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

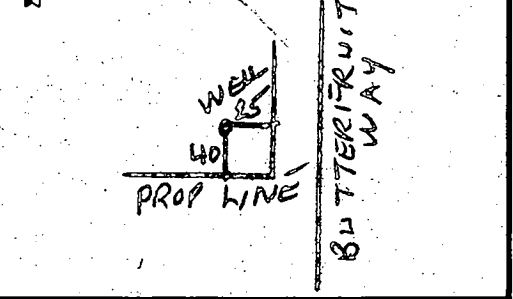
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 78 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (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) (4) above LAND SURFACE (nearest foot) 1 below

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



- CIRCLE APPROPRIATE LETTER 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. 1 MWD 139 Robert Colme DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 140 Gary Harley

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



B 1 09845 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2397 fill in this form completely

Date Received (APA) 07 24 99

OWNER INFORMATION

Brantwood, L.L.C. 8835 - P Columbia 100 Parkway Columbia, MD 21045

B 3

LOCATION OF WELL

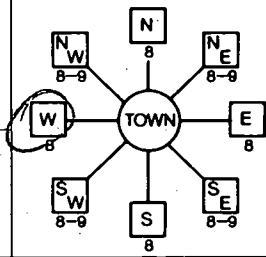
Howard Brantwood Pine Orchard Area 1 SECTION 2 LOT 18 MILES FROM TOWN 2

DRILLER INFORMATION

Robert L. Cline MWD 139 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Butterfruit Way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 40 ENTER FT OR MI 16 & 23 TAX MAP: P/O 214

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 300

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co AS126945 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 090299 A Mc Millan 9/2/00

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-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 DEEPEM AN EXISTING WELL

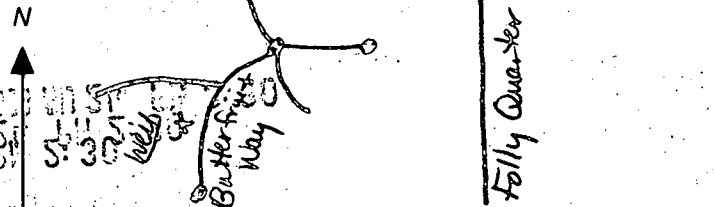
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 520

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

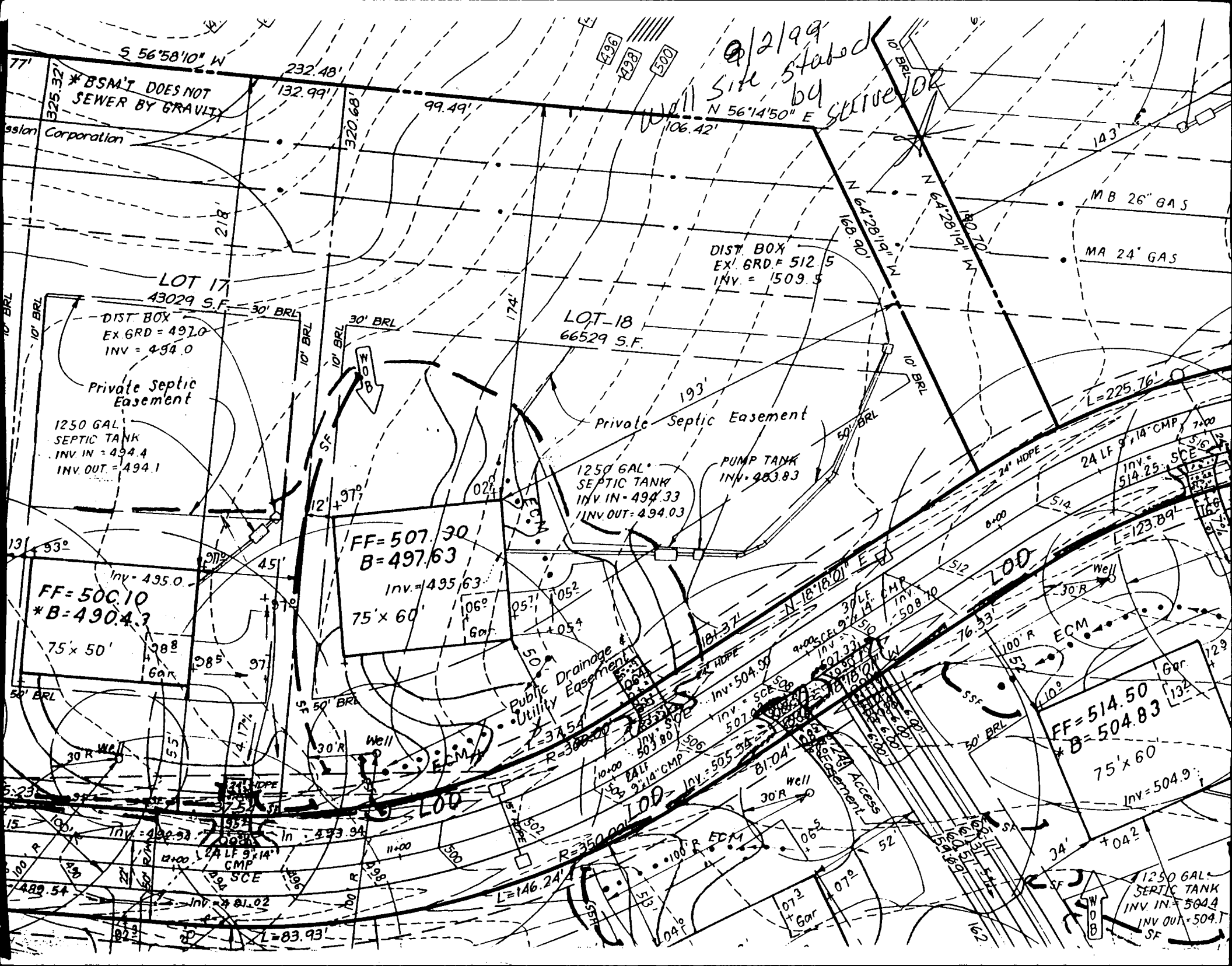


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-2397

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



2/2/99  
site staked  
by SWIVE

\*BSM'T DOES NOT  
SEWER BY GRAVITY

DIST. BOX  
EX GRD = 512.5  
INV = 1509.5

LOT 17  
43029 S.F.

LOT 18  
66529 S.F.

Private Septic  
Easement

Private Septic Easement

1250 GAL  
SEPTIC TANK  
INV. IN = 494.4  
INV. OUT = 494.1

1250 GAL  
SEPTIC TANK  
INV. IN = 494.33  
INV. OUT = 494.03

PUMP TANK  
INV = 483.83

FF = 507.30  
B = 497.63

FF = 500.10  
\*B = 490.47

Inv = 495.63  
75' x 60'

FF = 514.50  
\*B = 504.83

75' x 60'  
Inv = 504.9

1250 GAL  
SEPTIC TANK  
INV. IN = 504.4  
INV. OUT = 504.1  
SF

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 1900195692

Building Address 11428 BUTTERBURY WAY  
ELLICOTT CITY MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition # 199-1115  
 Census Tract 40200 Subdivision BRANTWOOD  
 Section 2 Area 1 Lot # 18  
 Tax Map 116 Parcel 434 Grid 21  
 Zoning RC D10 Map Coordinates 11A6 Lot size 1/3 ACRE

Property Owner's Name ANITA & DAVID FEDOR  
 Address 11428 BUTTERBURY WAY  
 City ELLICOTT CITY State MD Zip Code 21042  
 Home Phone 410 551-8586 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY DWELLING  
 Proposed Use SAME  
 Estimated Construction Cost \$ 5,000.-  
 Description of Work BUILDING A 16 X 19 DECK  
WITH STEPS

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_ SAME AS OWNER  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant SAME  
 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: <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	Sprinkler system: N/A <input type="checkbox"/>

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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____
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: _____	

State Certified Modular # of Heads  
 State Certified Modular Manufactured Home  
 Other Suppression # of Heads

Applicant's Signature *Don Lynn Jordan*

Print Name *GINNY FERRE*

Date *4-24-02*

Title/Company

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

AGENCY: State Highways  
 Building Official: *[Signature]*  
 Dev. Engineering, DPZ: *[Signature]*  
 Health: *[Signature]*  
 Fire Protection: *[Signature]*

DATE: \_\_\_\_\_ SIGNATURE APPROVAL: \_\_\_\_\_

DPZ SETBACK INFORMATION  
 Front: *[Signature]*  
 Rear: *[Signature]*  
 Side: *[Signature]*  
 Side St.: *[Signature]*  
 All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for Newtown Zone: *[Signature]*

SDP/Red-line approval date: \_\_\_\_\_

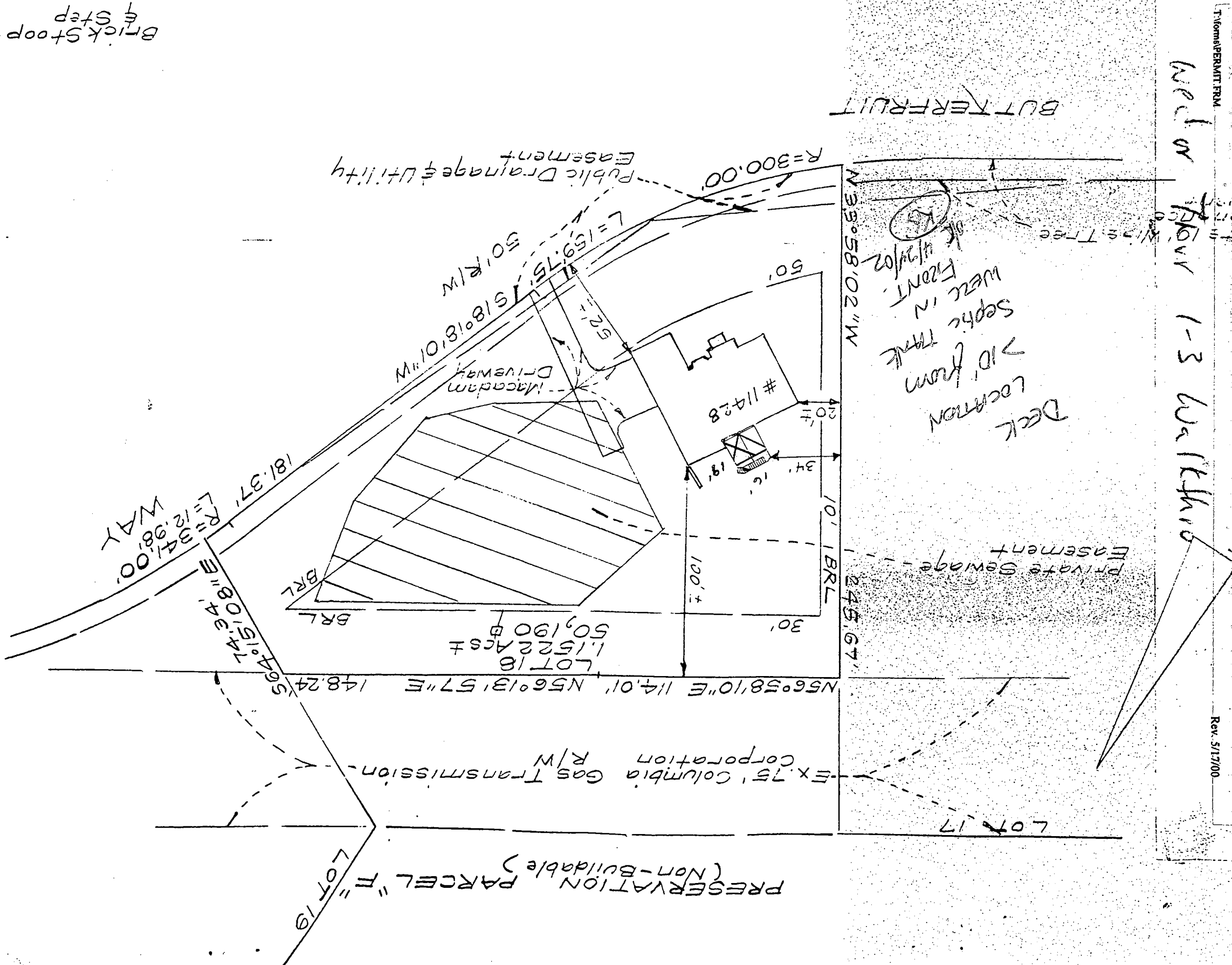
Accepted by: *[Signature]*

PROPERTY ID#: *47356*  
 Filing fee: \$ *500.00*  
 Permit fee: \$ \_\_\_\_\_  
 Excise tax: \$ \_\_\_\_\_  
 Add'l per. fee: \$ \_\_\_\_\_  
 TOTAL FEES: \$ *50*  
 Sub-total paid: \$ \_\_\_\_\_  
 Balance due: \$ *545*  
 Check # *4735*  
 Validation # *4735*

Distribution of Copies: \_\_\_\_\_ White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 5/17/00

1. This plat is of benefit to the \_\_\_\_\_ only insofar as it is required by a lender of a life insurance company, financing or refinancing purposes.  
 2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures.  
 3. This plat does not provide for the accurate identification of \_\_\_\_\_



Building Address: 1422 BATTERBECKT WAY  
ELICOTT CITY MD 21042

Sure/Apt. # \_\_\_\_\_ SDP/W/Petition # FCP 1115

Census Tract BRAND Subdivision BRAND

Section 110 Area 119 Lot # 18

Tax Map 434 Parcel 434 Grid 221

Zoning RD 110 Map Coordinates 1196 Lot size 1/3 ACRE

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME

Estimated Construction Cost \$ 5,000

Description of Work BUILDING A 16 X 19 DECK WITH STEPS

Occupant or Tenant SAME

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name ANNE & DAVID EDDIE  
 Address 1422 BATTERBECKT WAY  
 City ELICOTT CITY State MD Zip Code 21042  
 Home Phone 410 551-8988 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon) \_\_\_\_\_

Contractor Company [REDACTED] Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person [REDACTED] City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
<p><b>Building Characteristics</b></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type:  <input type="checkbox"/> Reinforced Concrete  <input type="checkbox"/> Structural Steel  <input type="checkbox"/> Masonry  <input type="checkbox"/> Wood Frame</p>	<p><b>Building Characteristics</b></p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>                      Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>  <input type="checkbox"/> Finished Basement <input type="checkbox"/>                      Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                      No. of Bedrooms <u>5</u></p> <p>Multi-family dwellings:                      No. of efficiency units: _____                      No. of 1 BR units: _____                      No. of 2 BR units: _____                      No. of 3 BR units: _____</p> <p>Other Structure: _____                      Dimensions: _____                      Footings: _____</p>
<p><b>Utilities</b></p> <p>Water Supply: _____  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal: _____  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>                      Gas: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                      Electric <input type="checkbox"/> Oil <input type="checkbox"/>                      Natural Gas <input type="checkbox"/>                      Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/></p>	<p><b>Utilities</b></p> <p>Water Supply: _____  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal: _____  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                      Electric <input type="checkbox"/> Oil <input type="checkbox"/>                      Natural Gas <input checked="" type="checkbox"/>                      Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input checked="" type="checkbox"/></p>