

LAYOUT 4/23/04-AM INSP 4 _____
INSP 2 4/29/04-AM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/5/2004

P5 20133

APPROVAL DATE: 4/29/04

A 513574-S

**PERMIT
INDEXED**

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Pindell Woods LOT NUMBER: 19

ADDRESS: 7220 Preservation Court PROPERTY OWNER: Dale Thompson Builders

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 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the top of the septic easement as shown on the approved building permit plan. Run trenches on contour towards the opposite side of the easement.
NOTES:	A pumped septic system may be required. There is no room for error in the system evaluations. Adequate cover must be maintained over the system components.

PLANS APPROVED: Brian Baker OK KN DATE: 9/22/03

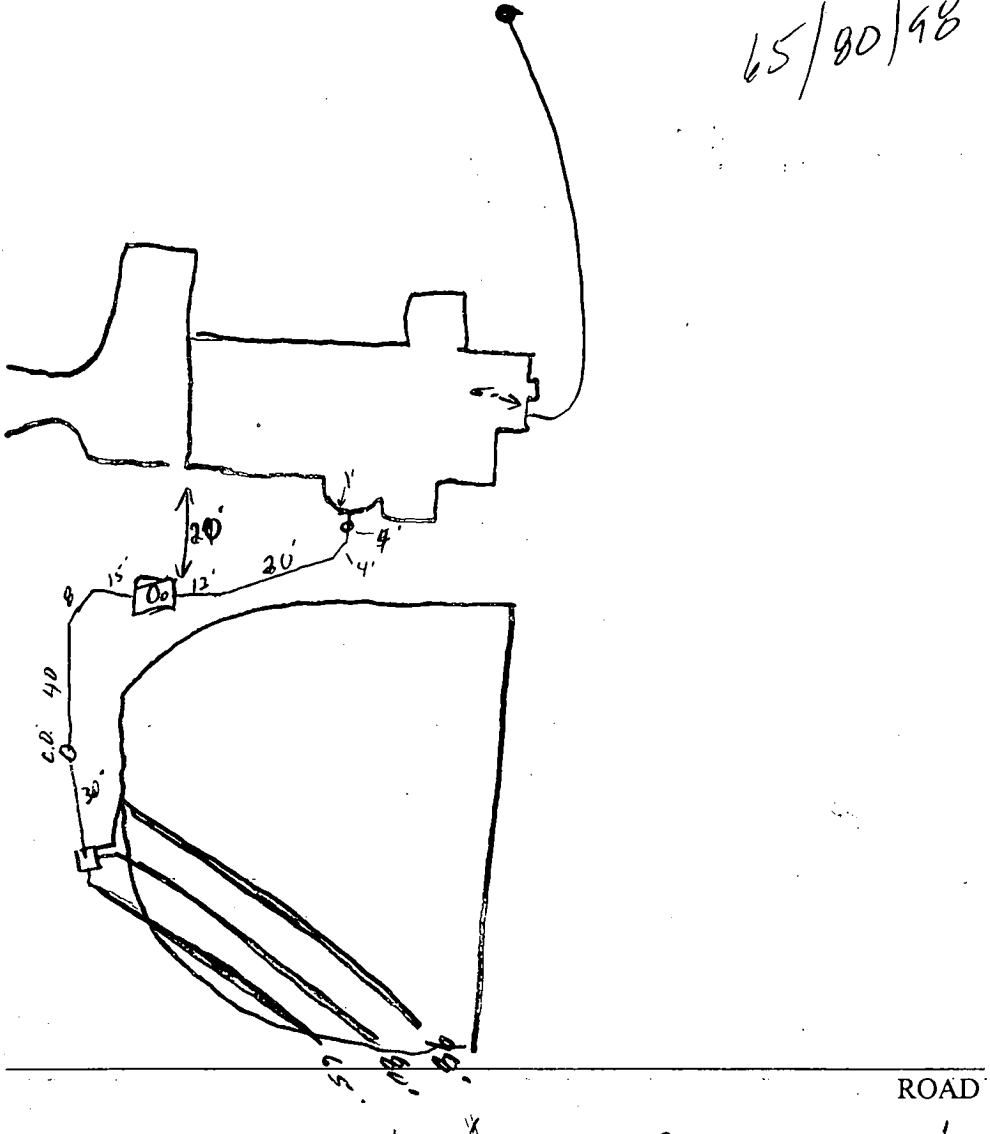
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND 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**

A 513574-S

NOT TO SCALE

65/80/98



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3.5	5.5
NUMBER OF TRENCHES	3	
TOTAL LENGTH	243'	
ABSORPTION AREA	7294	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	✓	

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

PRE-CONSTRUCTION 4/27/04 - SRA stake w/ port added/removed area.
 Move 1st trench up grade as much as possible. Install 60'/80'/100' trenches.
 INSTALLATION 4/28/04 - OK to cover all work (50)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/28/04

4/23/04
any terms

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SMOKESVILLE, 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): CHRIS WILLOUGHBY License# 6992
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: DALE HANCOCK Telephone #: 410-995-6730
Subdivision: PINELEAF WOOD Lot #: 19 Well Tag #: HO 94-3285
Site Address: 1220 PRESERVATION CT
FULTON, MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SHURTELL Make: HALVARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 6 GPM NSF/WSC approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 460 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house
Type: CRESTLINE
PSI: 17 (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 4'
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Chris Willoughby
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 4/23/04 Inspector: BB
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 0817

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13 (kb) 21-02 OK

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3285

OWNER Dale Thompson Builders Preservation Court TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 19

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

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections with various checkboxes and handwritten values.

PUMPING TEST section with fields for HOURS PUMPED, PUMPING RATE, WATER LEVEL, etc.

NUMBER OF UNSUCCESSFUL WELLS: 0

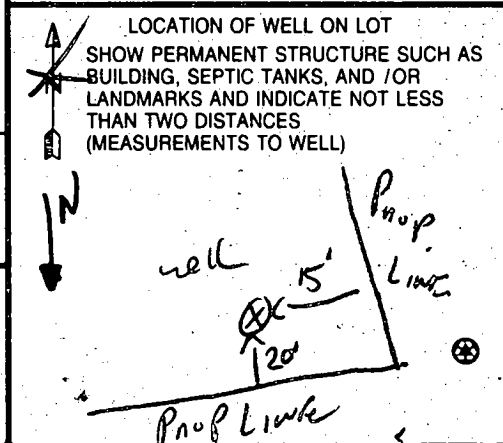
DEPTH (nearest ft.) table with columns for depth intervals and handwritten values.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP, CAPACITY, etc.

CIRCLE APPROPRIATE LETTER section with options A, E, P.

DRILLERS LIC. NO. 1 M SD 117, DRILLERS SIGNATURE, LIC. NO. 1 M D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields T, W, Q.



B 1	8932	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3285 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	--	---

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 Thompson DALE Builders
 15 Last Name Owner First Name 34
 6300 Woodside Ct.
 36 Columbia MD. 21045
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
 8 COUNTY Howard 21
 23 SUBDIVISION Pindell Woods 42
 SECTION 44 46 LOT 19 48 50
 52 NEAREST TOWN Fulton 71
 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

Ralph E. MAYNE M SD 117
 76 Driller's Name License No. 81
 Ralph E. MAYNE Well Drilling
 Firm Name
 17024 Handy Rd. Mt Airy MD. 21771
 Address
 Signature Date 12-03-01

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD

11 Preservation Ct. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 300 37
 DISTANCE FROM ROAD FT. A.
 ENTER FT OR MI 38 39
 TAX MAP: 41 BLK: 8 PARCEL 275

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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 13 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 12/6/2002 Brian Baker 12/6/2002
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 488 000 EAST GRID 823 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 ~~480~~ 823
 N ~~820~~ 488

11/8/02 8:00 - 8:30 Grant

METHOD OF DRILLING (circle one)

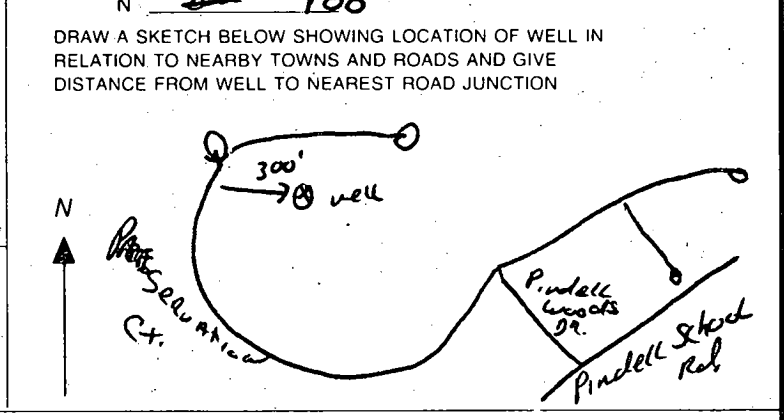
BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

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
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER 00HO00G012
 PERMIT No. HO-94-3285
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

B 1 03180

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

~~HO 94-3285~~ fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 6300 Woodside Ct Street or RFD 55
57 Columbia MD 21045 Town 70 State 72 Zip 76

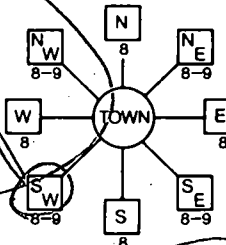
B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Pindell Woods 42
SECTION 44 46 LOT 19 48 50
52 NEAREST TOWN Simpsonville 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

76 Driller's Name Michael Barlow MW D355 License No. 81
Firm Name Michael Barlow Well Drilling
Address 522 Underwood Lane Bel Air Md
Signature [Signature] Date 2/10/14

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Beaver Pond Ct 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 290 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

TAX MAP: BLK: PARCEL

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

COUNTY NAME Howard COUNTY NO. 21
STATE SIGNATURE [Signature] INSERT S
DATE ISSUED 43 MM DD YY 48
NORTH GRID 50 00 55 EAST GRID 57 00 63

APPROXIMATE DEPTH OF WELL 260 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2.
3.

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jettied & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other

WRITE THE BOX NUMBER FROM THE MAP HERE

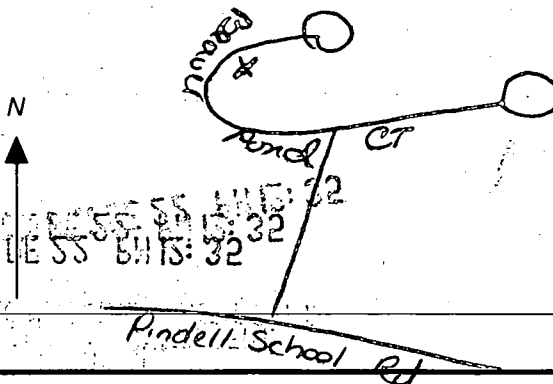
E 820
N 490

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) 41

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)

APPROP. PERMIT NUMBER 54 G A P 63
PERMIT NO. ~~HO 94-3285~~

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Providing Quality Systems for Over 20 Years
Commercial & Residential Water Well Drilling
Test Borings & Consulting • Geothermal Drilling & Systems
NGWA & IGSHPA Certified

June 28, 2001.

Howard County Health Dept
3525 Suite H
Ellicott Mills Drive
Ellicott City, Maryland 21043

Attention: Amy

Re: Pindell Woods Well Permits.

Dear Amy,

Please transfer any well permits that have not been completed and were issued to Michael Barlow Well Drilling for the above referenced subdivision to Ralph Main Well Drilling. If you should have any questions concerning this please give me a call.

Sincerely,

A handwritten signature in cursive script that reads "Michael Barlow".

Michael Barlow
President

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 5th

DATE _____

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 H Y Real Estate Joint Venture, c/o Robert B. Canter, Esquire

ADDRESS 11921 Rockville Pike, Suite 300 PHONE (301) 230-5220
Rockville, MD. 20852-2737

AGENT OR PROSPECTIVE BUYER Mount View, LLC. Attention: Paul M. Revelle

ADDRESS 6258 Cardinal La, Columbia Md. 21044 PHONE (410) 992 5805

PROPERTY LOCATION:

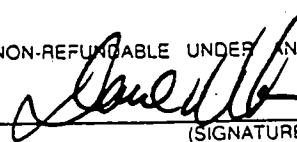
SUBDIVISION Pindell Woods LOT NO. 19

ROAD AND DESCRIPTION "B"

TAX MAP 41 PARCEL # 274 & 275

SIZE OF LOT 1-Acre Lot TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1' 3.5' 13.5'

topsoil
red org
brn
cl lm

med
red/pk.
brn
sa mica
lm

200%
sagr
sh

603A/603B

like 605

60/10-15%
21%
sh

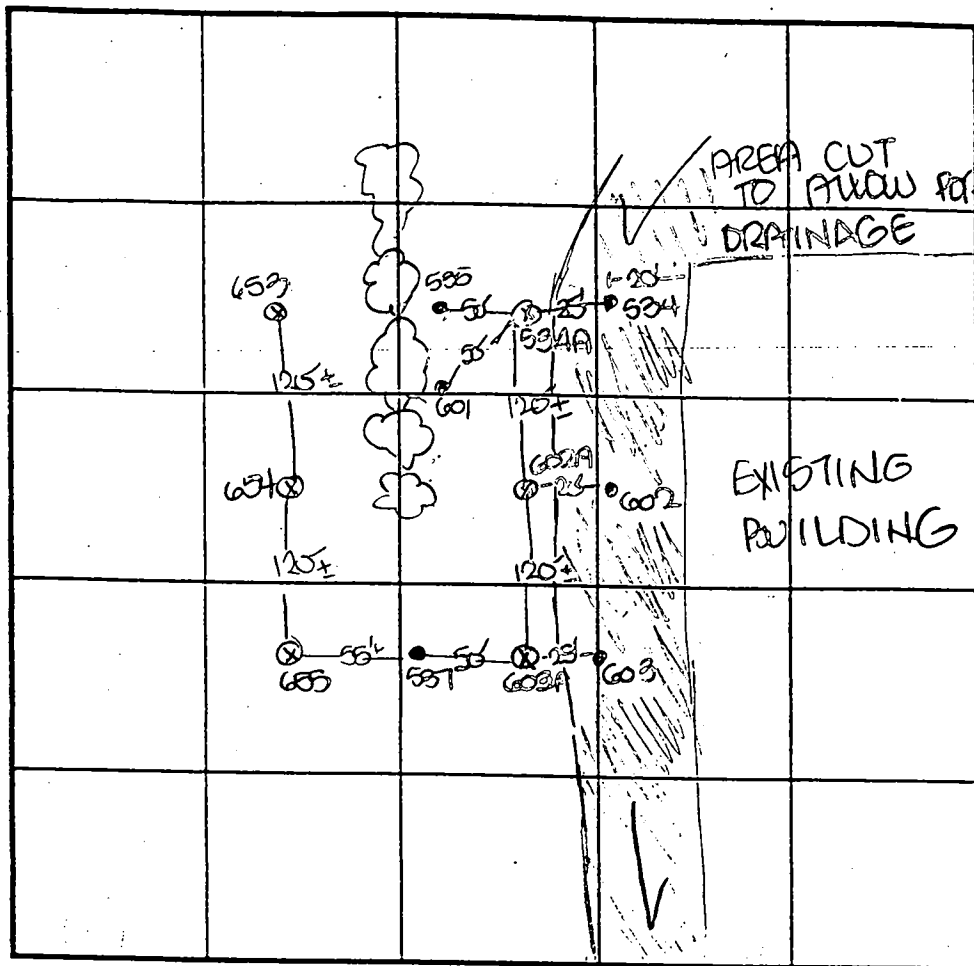
534A

0' 1' 4.5' 5' 13'

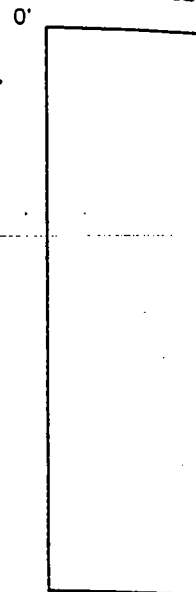
topsoil
br
org brn
cl lm

med
red/pk
brn
sa mica

200%
sagr
sh



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-11-00	655	4.0' S	11:11	11:13	11:13	11:19	3
		13.5' D	Visual	- see	profile		OK
	603A	4.5' S	11:38	11:38.3	11:38.3	11:40	2
		13.5' D	Visual	- see	profile		OK
	603A	3.5' S	11:45	11:46.3	11:46.3	11:48	2
		13.0' D	Visual	- see	profile		OK
	534A	4' 8" S	11:52.3	12:04	12:04	12:20	16
		13.0' D	Visual	- see	profile		OK

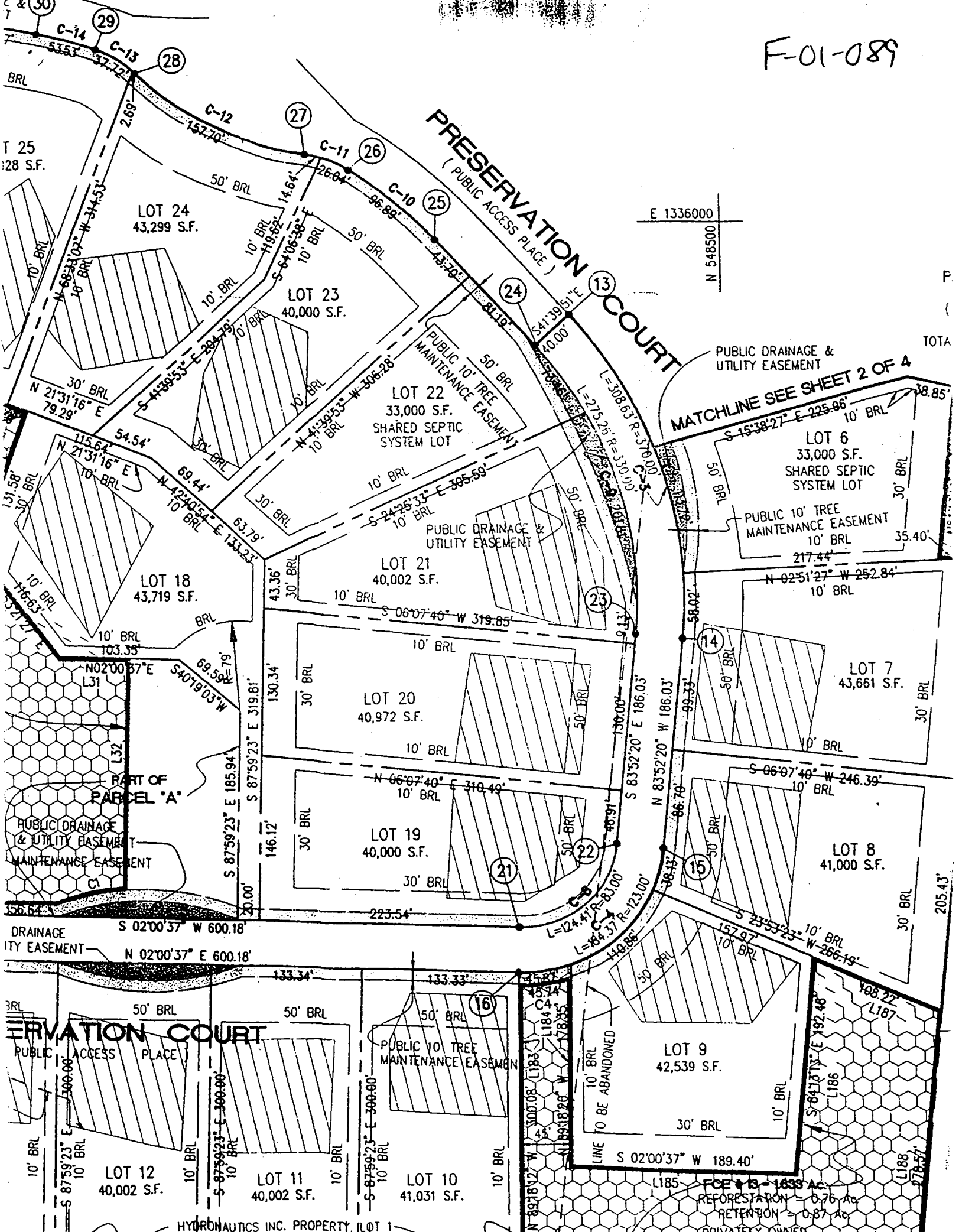
REMARKS only hole 655 tested as staked

TYPE OF SOIL

TESTED BY DLS ALSO PRESENT C. Zepp, P. Colson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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





Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

July 14, 2004

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

RE: Pindell Woods, Lot #19
7220 Preservation Court
Fulton, MD 20759
BP #: B00143466
Well Permit # HO-94-3285

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 4/28/2004. Final approval of the well line connection to the dwelling was approved on 4/23/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3285. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 6/28/2004, 7/6/2004 & 7/12/2004
Date of Well Completion: 1/28/2002

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER **BB**

B 0014346

Building Address 7220 PRESERVATION COURT
FREDERICK, MD 20759
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605102 Subdivision PANDELL WOODS
Section _____ Area _____ Lot 19
Tax Map 411 Parcel 274 Grid 8
Zoning RDP60 Map Coordinates 14513 Lot size _____

Property Owner's Name DAVE THOMPSON BUILDER
Address 6300 Woodside Court
City Frederick State MD Zip Code 21116
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
443-85 SCOTT
FAX 240-456-4546
Phone 410-995-6736 Fax 410-361-1717

Existing Use Vacant lot
Proposed Use 4 Bed, 4 1/2 Bath
Estimated Construction Cost \$300,000
Description of Work 3 car garage under basement

Contractor Company Dave Thompson Builder
Contact Person David Thompson
Address 6300 Woodside Court
City Frederick State MD Zip Code 21116
License No. _____
Phone 410-995-6736 Fax 410-361-1717

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

Engineer or Architect Company _____
Contact Person _____
Address SAME AS ABOVE
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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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 checked="" 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 <u>4</u>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: _____ 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 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.

David Thompson
Applicant's Signature
Title/Company _____

Donald Hanberg
Print Name
7/16/03
Date

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		
<input checked="" type="checkbox"/> Health	<u>9/22/02</u>	<u>Brian Baker</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 59148

Filing fee \$100.00

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 14567

Validation # 32654

Accepted by [Signature]

