

8/13/01
1:00
8/13/01 - to follow
Lots

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513369

A 513199-F

DISTRICT _____

DATE 4/4/2000

INDEXED

CONN.

DATE SYSTEM APPROVED 9/27/01

INSPECTOR S.R.K.

03-333248

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Brantwood 2/2 LOT 6 ROAD 3129 Argent Path

PROPERTY OWNER NV Homes

ADDRESS 2200 Defense Hwy, Suite 301, Crofton, MD 21114

NUMBER OF BEDROOMS: 4

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include grinder pump installation, connection from grinder pump to common effluent line and house and shared disposal fields.

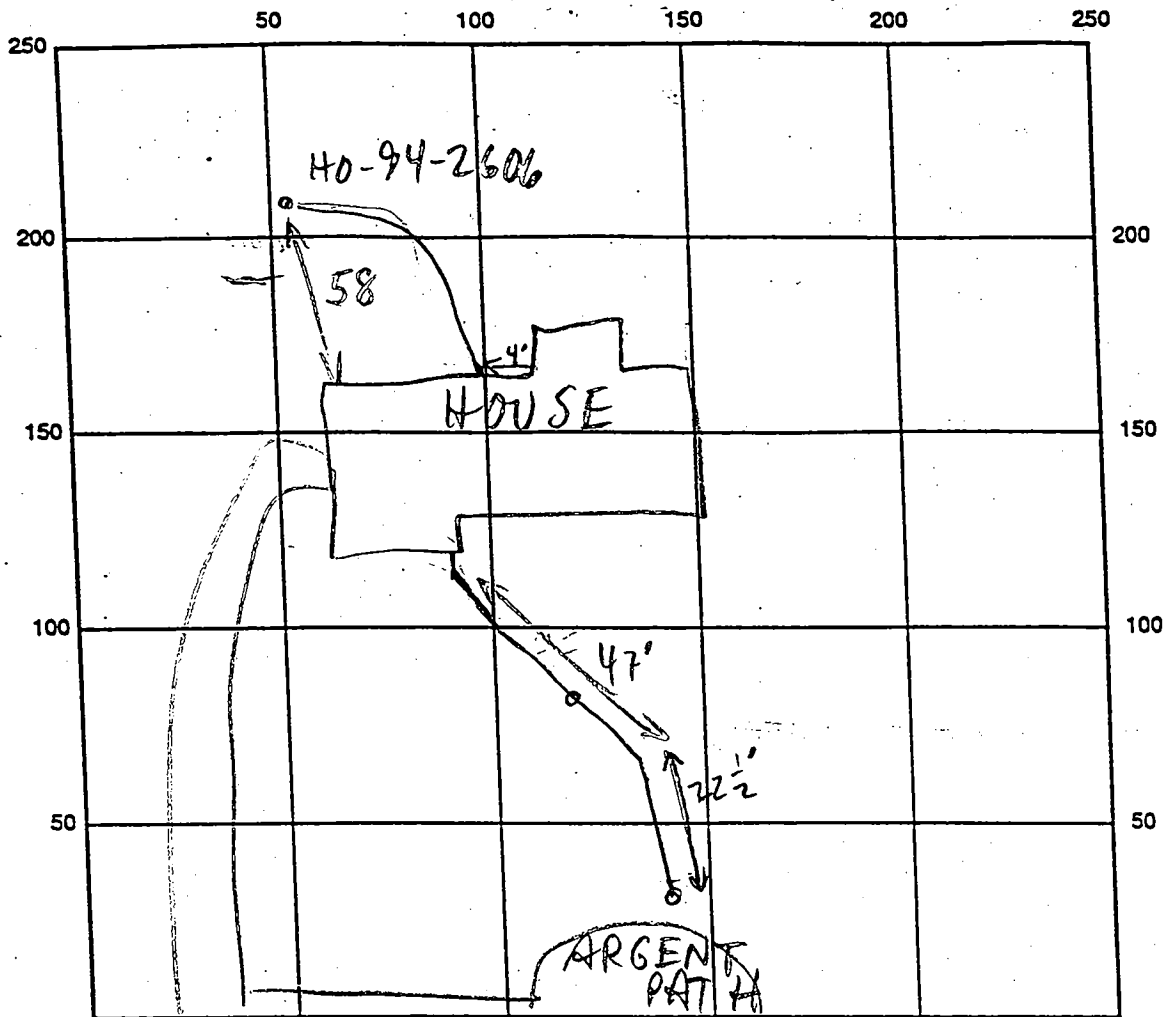
- This permit is limited to installation of the individual house sewer line and grinder pump installation only as per the signed building permit site plan. Copy Attached. *OK All*

BUILDING PERMIT SIGNED

AND RETURNED 8-8-02
B00137908 - DEEK

P 513369

PLANS APPROVED BY Mark Rifkin DATE 5/18/2001



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS 2 - OK

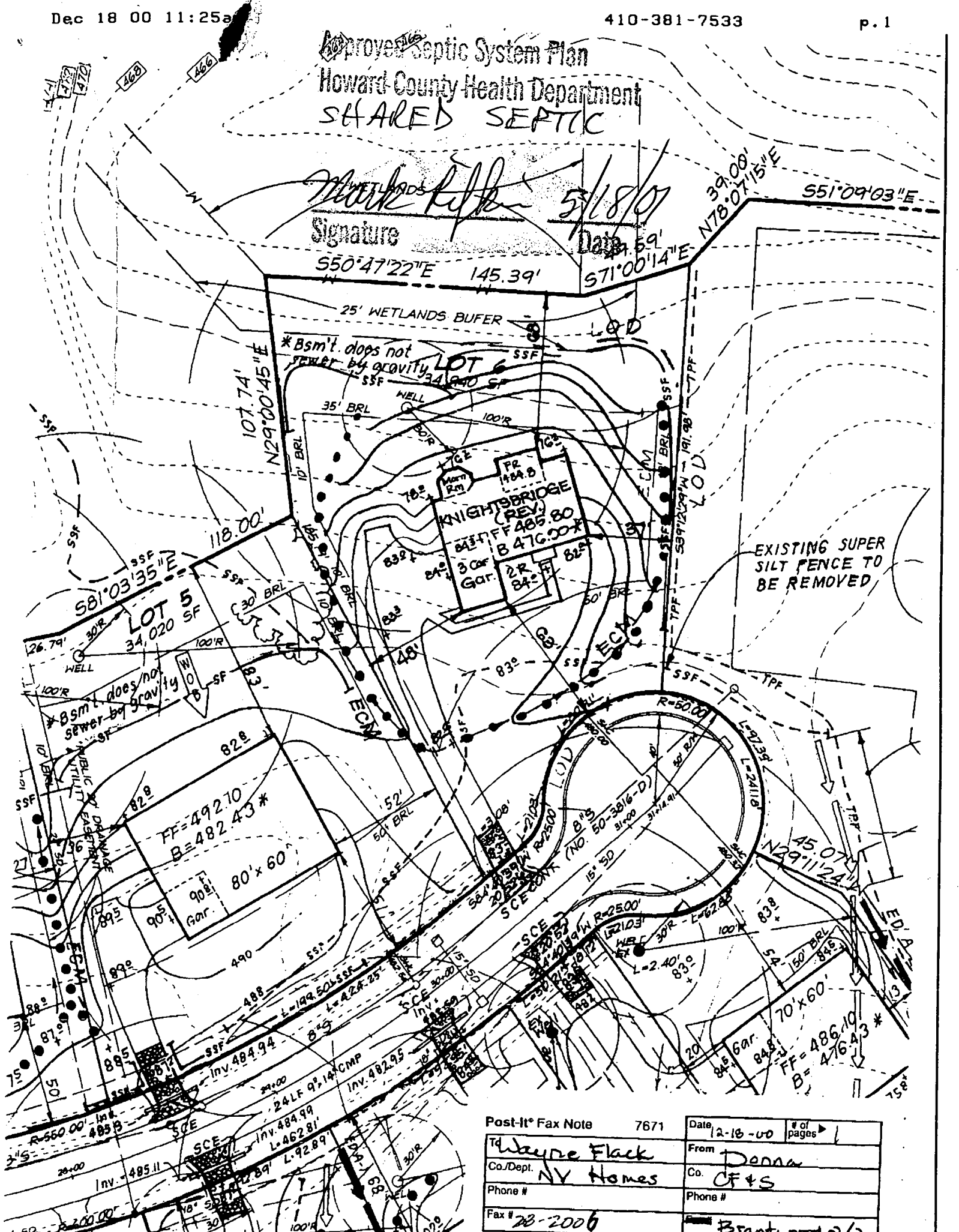
REMARKS: 8/13/07 P/O HOUSE CONN OK; NOT COMPLETE MR
(CAST IRON PIPING)

9/27/01 - HOUSE CONNECTION VERIFIED TO HAVE BEEN MADE, HAD TELEPHONE
CONVERSATION W/ SUPERINTENDENT (ROB OF NV HOMES) ~~PERMITS~~ BUILDING PERMITS
AND RETURNED

DATE SYSTEM APPROVED 9/27/01 INSPECTOR Steven R. Krieg
CONN.

Approved Septic System Plan Howard County Health Department SHARED SEPTIC

Mark Kelle
Signature
Date 5/18/01



Post-It® Fax Note 7671

Date	12-18-00	# of pages	1
To	Wayne Flack	From	DODAN
Co./Dept.	NY Homes	Co.	CF+S
Phone #		Phone #	
Fax #	20-2006		Brantwood 2/2

DEPARTMENT OF INSPECTIONS, LIC PERMITS
3430 COURT HOUSE
ELICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

Building Address 3127 Argent Path
COLUMBIAS, MD 21046

Property Owner's Name HV Homes
Address 2800 Defense Hwy. Ste. 301
City Crofton State MD Zip Code 21114

Suite/Apt. #: _____ SDP/WP/Petition #: 6900-205

Census Tract 6030 Subdivision Brantwood

Section 2/1 Area N/A Lot 6

Tax Map 14 Parcel 53 Grid 22

Zoning RCDED Map Coordinates 11A6 Lot size _____

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 100,000.00

Description of Work Construct Knightbridge Farm, Md. 3 car gar. 2 Sty. Full Bemt. 12R, 3F0, 1HB, FP. Garage.

(4BR) Opt. F.L.L. w/ Bath

Contractor Company HVR, Inc.

Contact Person Julie Boyer

Address 7601 Lewisville Rd.

City McLean, VA State VA Zip Code 22102

License No. _____ Phone 703-883-0100 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	
<p>Building Characteristics</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 <input type="checkbox"/> State Certified Modular</p>	<p>Utilities</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"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p>Full <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Other Suppression <input type="checkbox"/></p> <p># of Heads _____</p>	<p>Building Characteristics</p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth <u>62'</u> Width <u>38'</u></p> <p>1st floor: <u>62'</u> <u>38'</u></p> <p>2nd floor: <u>62'</u> <u>44'</u></p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms <u>4</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: _____</p> <p>Dimensions: _____</p> <p>Footings: <u>12 x 8</u></p> <p>Roof: <u>Asph/Flt</u></p> <p>State Certified Modular <input type="checkbox"/></p> <p>Manufactured Home <input type="checkbox"/></p>	<p>Utilities</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"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p>NFPA #13D <input type="checkbox"/></p> <p>NFPA #13R <input type="checkbox"/></p> <p>Other: _____</p>

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 _____
 Building Permit Services, Inc.
 Title/Company _____

Print Name _____
 Date 01-23-01

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

Form PERMIT-FRM Rev. 5/17/00

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: ROBERT L. FEEZER CO. Telephone #: 410-781-4655
Address: 6321 BARNETT AVE.
SUNESVILLE, 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): ROBERT L. FEEZER License# 2122

*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: NV-HOUSES Telephone #: 410-721-4703
Subdivision: BRANTWOOD Lot #: 6 Well Tag #: HO-94-2606
Site Address: 3129 ARGENT WALK
MARLBOROUGH, MD 20658

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STARLINE Make: BEE Two piece watertight cap:
Model #: 7760P/HL Model#: VA-100 Screened, vented well cap:
Pump Capacity: 7 GPM Depth: 42' (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 24' (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: POLYETHYLENE PVC sleeved to undisturbed soil at wall penetration: 10'
PSI: 200 (160 psi min) Approximate length of sleeve: 16'
Depth of supply line: 42' (36" min) Sleeve caulked and sealed properly: ROCK & SPUN TAP.

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.

Robert L. Fezer 9/18/01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/18/01 Date Insp. Approved: 9/18/01 (KGBBB) 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

C1 07652

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRK 1/7/01 COUNTY NUMBER A513199 F

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 245 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2606

OWNER Brantwood LLC last name Argent Path first name TOWN ELICOTT CITY SUBDIVISION Brantwood 212 SECTION LOT 6

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-56), Gray Mica Rock (56-245).

GROUTING RECORD (yes) (no) Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 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 (insert appropriate code below) ST BR HO PL OT

DEPTH (nearest ft.) 58 245

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

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 MSD021 Joseph L. Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

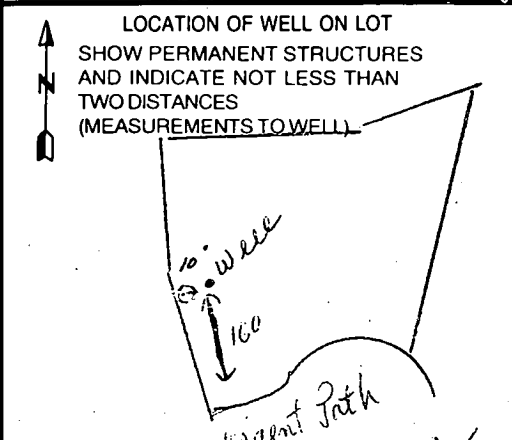
PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 PUMPING RATE (Bucket) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 9 ft. WHEN PUMPING 95 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

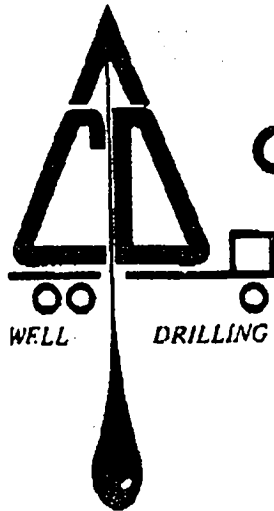
PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

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 2 (nearest foot)





Cline & Duvall, Inc.

8093 Hillmark Court
Frederick, Maryland 21701
(301) 663-6095

12/11/00- Spoke to
Betty Mayne of Joe
Mayne well drilling.
Joe Mayne agrees to
accept these permits.

SRU

December 11, 2000

Howard Co. Health Dept.
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, MD 21043-4544
ATTN: Steve

RE: Brantwood Subdivision

This memo is to inform you that the following
well permits will be transferred to Joseph Mayne:

Brantwood Sec. 2 Area 1	Brantwood Sec. 2 Area 2
Lot 20 HO-94-2576	Lot 1 HO-94-2601
Lot 21 HO-94-2577	Lot 2 HO-94-2602
Lot 22 HO-94-2578	Lot 3 HO-94-2603
	Lot 4 HO-94-2604
	Lot 5 HO-94-2605
	Lot 6 HO-94-2606
	Lot 9 HO-94-2507
	Lot 10 HO-94-2608
	Lot 12 HO-94-2609

If you have any questions, please contact us.

Robert L. Cline

Robert L. Cline
Cline & Duvall, Inc.

B-1 08188

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2606 fill in this form completely

Date Received (APA) 021800

OWNER INFORMATION

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

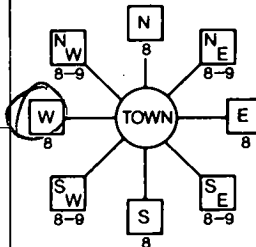
LOCATION OF WELL

Howard Brantwood Area 2 Pine Orchard MILES FROM TOWN 2

DRILLER INFORMATION

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Argent Path

NEAR WHAT ROAD 375 ON WHICH SIDE OF ROAD 375 DISTANCE FROM ROAD 23

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 County A513199F COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 022800 A McMill 022801

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

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY CABLE JETTED AIR-PERCUSsion ROTARY (Hydraulic 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

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

APPROX. PERMIT NUMBER HO 98 G A P 6003 PERMIT No HO-94-2606

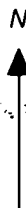
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 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



Handwritten notes: 1/3/01, 9-30 well, 60" CASING, 53' OPEN, 18 BAGS, LOC NOT OBS'D, Rt. 144, GROUT NOT OBS'D, 1/3/01

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

BRANTLY

25th Anniversary 1975-2000

Hugh F. Cole, Jr.
Chairman

Date: 2.8.01

John F. Liparini
President & CEO

Fax To: Amy McMillen
410-313-2648

From: Nick Liparini

Pages: 3

Amy,
Per the message I left, I am sending a copy of Lot 6 well locations - one from the road plan and one from the septic plan. We drilled in the road plan location. Let me know which is correct. 410-977-0578

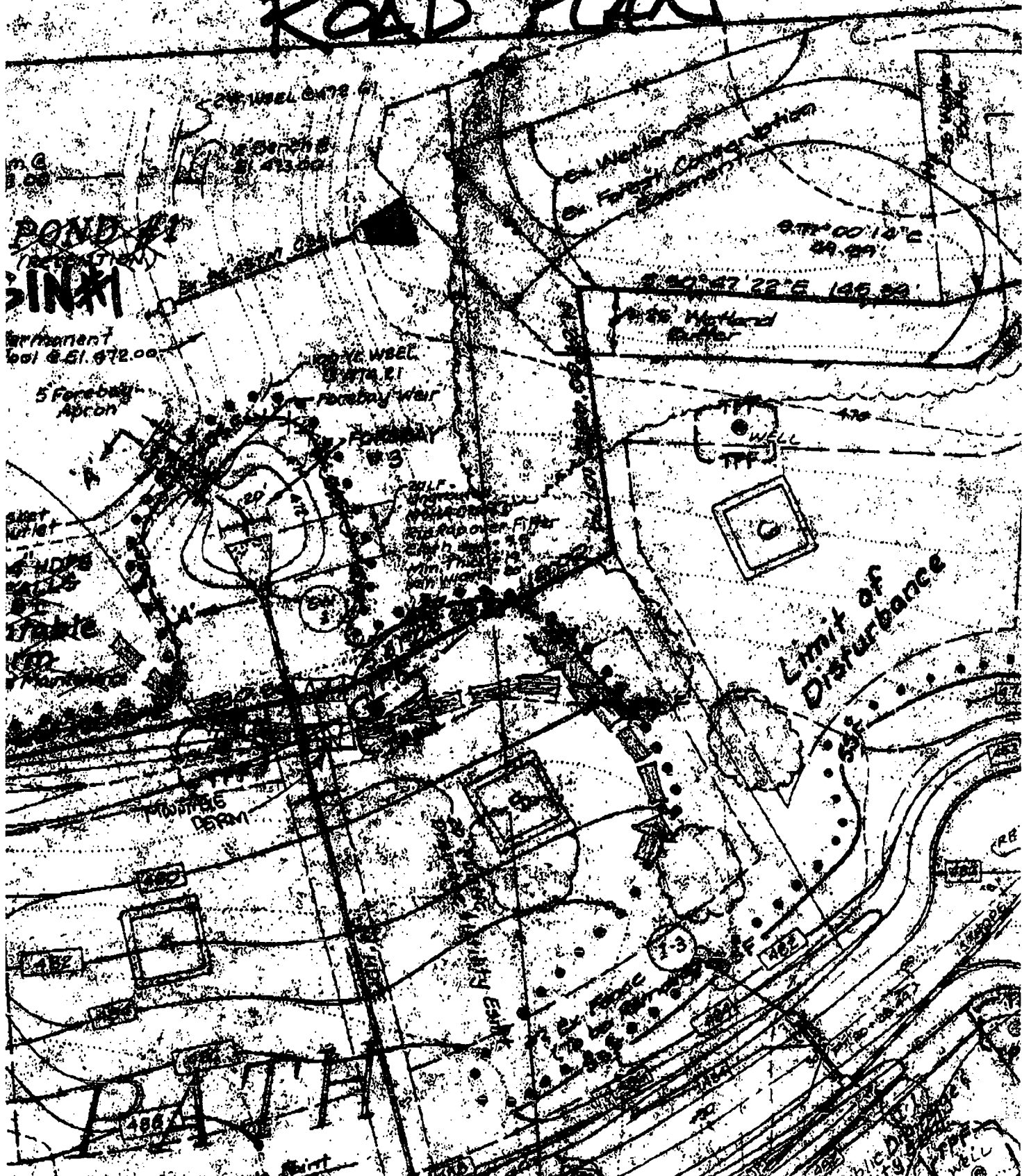
Nick -
2/8/01
well site is
not in the wetlands
it is 30' removed from the
area - it is OK at drilled
Although owner should be advised of
limitations on use of backyard
due to well site. - 30' for pool -
~~pool in the backyard~~ They can't put a
pool in the backyard now.
A McMillen

NOTE: If you did not receive all pages of this transmittal, please call the above phone number.

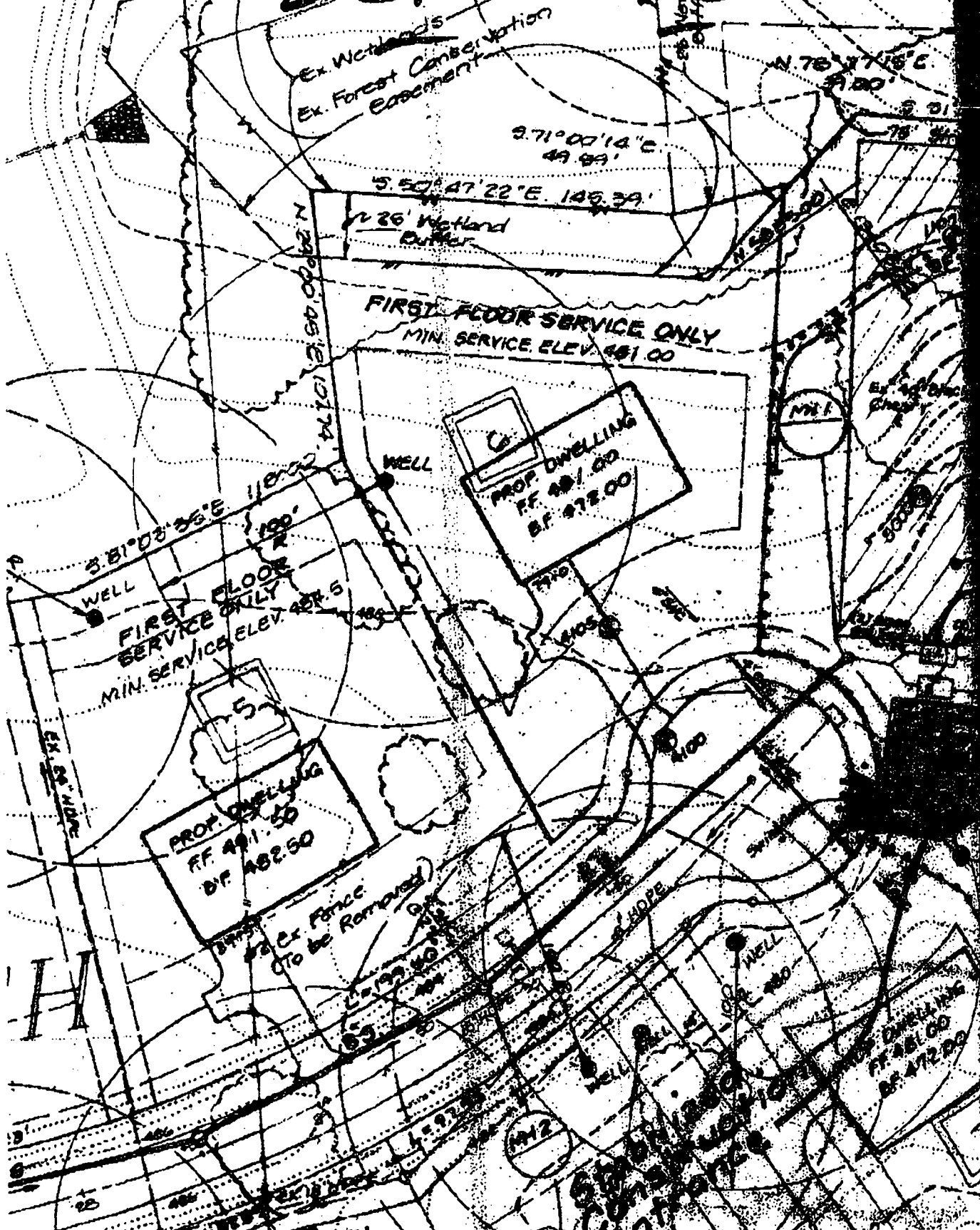
Brantly Development Group, Inc.
Real Estate Development

8835-P Columbia 100 Parkway Columbia, Maryland 21045 • (410)730-0810 Baltimore (301)596-4011 Washington (410)715-0681 Fax

ROAD PLAN



SEPTIC PLAN






HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 7, 2001

MEMORANDUM

TO: NV Homes
2200 Defense Highway, Suite 301
Crofton, Maryland 21114

FROM: Donna K. Clark, R.S. 
Water and Sewerage Program

RE: **Building Permit Application #B00128154**
Brantwood 2/2, Lot #6
3129 Argent Path

This office has recently received the above referenced building permit application; however, we are unable to recommend approval for the building permit at this time. According to our records, the shared septic system that serves this lot has not yet received final approval from the Department of Public Works, Bureau of Utilities.

Please be advised that this application shall remain unapproved until such time as notification of septic system approval has been received from the Department of Public Works.

Thank you in advance for your time and attention to this important matter. If you have any questions, please contact me at the address below or by calling (410) 313-2640.

DKC

Cc: file

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Brantwood 2/2

A 513199 F

STREET NAME: Argent Path

LOT NUMBER: 6

AVERAGE PERCOLATION RATE: _____ SQUARE FEET PER BEDROOM: _____

NUMBER OF BEDROOMS: _____ LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: _____ SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effectiveness begins at _____ feet below original grade _____ feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED? YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____

SHARED
SEPTIC SYSTEM

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00037908

Building Address 3129 ARGENT PATH
ELLICOTT CITY MD 21042

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

Census Tract 6030 Subdivision BEAUNWOOD

Section 2 Area 1 Lot 6

Tax Map 16 Parcel 54 Grid 22

Zoning RC-DEO Map Coordinates 11A6 Lot size _____

Property Owner's Name WILLIAM & SANDRA PEPPER

Address 3129 ARGENT PATH

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-531-1633 Work Phone _____

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

SAME ↓

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD W/ DECK & STEPS

Estimated Construction Cost \$ 6000.00

Description of Work 34 X 14 DECK (122EG)
W/ STEPS TO GRADE

Contractor Company EWSDCKS, INC

Contact Person RAY STEWARDS

Address 8216 BURNLEY RD

City TOWSON State MD Zip Code 21284

License No. 32434 Phone _____ Fax _____

Occupant or Tenant _____

Contact Name OWNER AS OWNER

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address N/A

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth Width
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: DECK
 Dimensions: 34 X 14
 Footings: POST & RAFT
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES TO FOLLOW: (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 PEPPER RIVERS, INC

Print Name RAY STEWARDS
 Date 8-8-02

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