

10/21/00
WPT
pm
10/22/00
11/2 layout
10-17:00
work in progress

RPS#
362586

INDEXED PERMIT

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

P 514233

A 58095-BR

ISSUE DATE 9/7/2000

APPROVAL DATE 10/17/00

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL x ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Wellington West LOT NUMBER 30 ADDRESS 15312 Doe Hill Court

PROPERTY OWNER Pulte Homes PROPERTY OWNER'S ADDRESS 1501 S. Edgewood Street

SEPTIC TANK CAPACITY 1250 GALLONS Baltimore, MD 21227

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the lot corner at the end of the flagstem driveway, place the distribution box 100 feet down the left (263.35') lot line and 60 feet off this same lot line. Run trenches on contour in both directions.

PLANS APPROVED Mark E. Rifkin ON SRK 10/5/00 DATE 3-1-2000

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

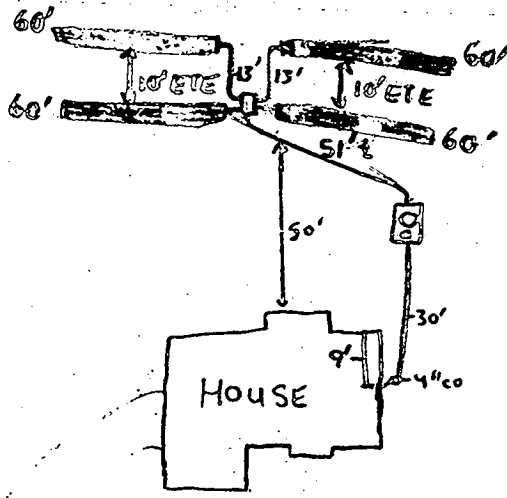
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

P514233

NOT TO SCALE



NO-94-1672

TO DOE HILL COURT

In Common Driveway

TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	240'
ABSORBENT AREA	720ft ²
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 T.S. GALLONS
BAFFLES IN MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	N/A
PUMP PERFORMANCE TEST	N/A

PRE-CONSTRUCTION INSPECTION: 10/16/00 layout check confirmed -

corners of septic area staked. DYC

INSPECTION COMMENTS: 10/17/00 - OK TO COVER ALL WORK (SRD)

WPE Dkt Cover (pittles OK, gravel OK, 2 piece cap OK, PVC cabinet OK) 10/13/00

INSPECTOR Steven R. Kropf DATE SYSTEM APPROVED 10/17/00

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

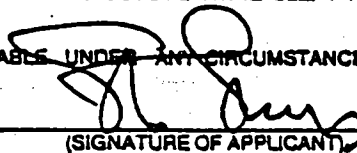
SUBDIVISION Brendel property LOT NO. 23

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre 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

5311

orange brown
SiCLM

1gt brown
SiLM

1gt beige brown
SiLM
10% Rx

5312

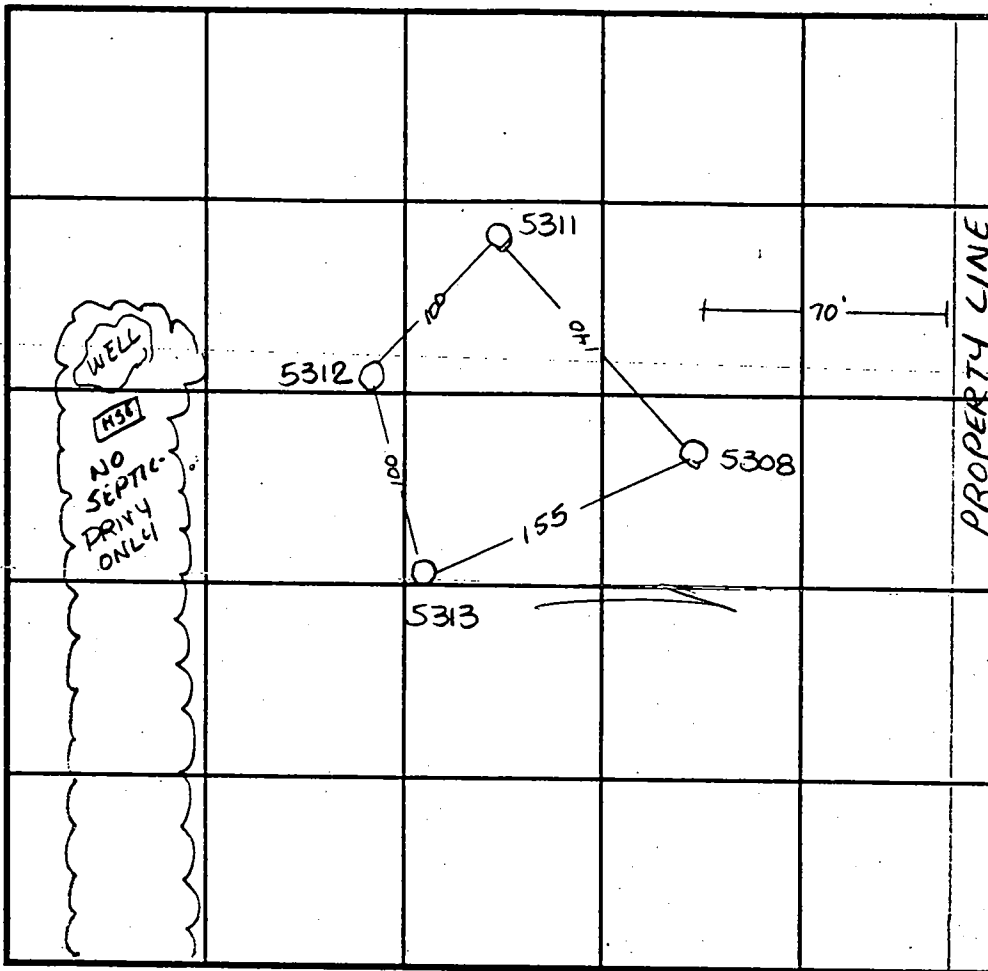
no distinct clay layer
1gt fan beige
SiSalm
pockets of decayed quartzite

5313

bright red
SiLM

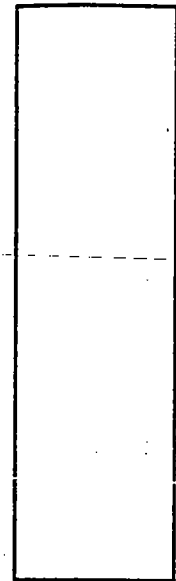
orange tan
SiSalm
10% Rx

frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5311	3.0 V12.0	11:15 ³⁰	11:19	11:19	11:22	3min
	5312	3.0 V12.0	11:23	11:28	11:28	11:36	8min
	5313	3.0 V12.0	11:24	11:28	11:28	11:32	4min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C1 4169

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 A58095BB

ST/CO USE ONLY.

DATE RECEIVED 4/11/98

DATE WELL COMPLETED

09 MM 09 DD 98 YY

DEPTH OF WELL

22 127 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO 94 1672

OWNER BOMB ASSOC last name Doe Hill Ct first name TOWN Glenwood SUBDIVISION Wellington West SECTION II LOT 30

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1222

GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 46 ft.

CASING RECORD

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! 48 Total depth of main casing (nearest foot) 48

OTHER CASING (if used)

PL 4 inch 0 depth 40 to 100 120 100 127

SCREEN RECORD

screen type or open-hole S T B R H O PL O T STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

PL 40 50 100 120 SLOT SIZE 1 .010 2 .010 3 .010 DIAMETER OF SCREEN 4 (NEAREST INCH) from 32 to 127

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft.

WHEN PUMPING 88 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 or NO) 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)

LAND SURFACE 2 (nearest foot)

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

Union Chapel Road

Handwritten signature and notes

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. MWD 256 Dana Kyker Jr. II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 334 SITE SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2090

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1672 fill in this form completely

Date Received (APA)

080398

OWNER INFORMATION

ASSOCIATES Bpm B 15298 Union Chapel Rd Woodbine Md 21797

B 3 LOCATION OF WELL

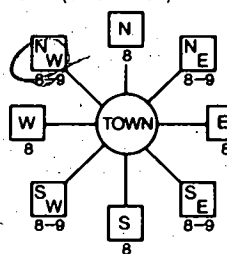
Howard Wellington West SECTION 2 LOT 30 Glenwood

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

DANA RYKEL JR M D 256 WESTMINSTER ROTAL-WEILL DRILLING INC P.O. Box 811 Westminster Md, 21157 Dan Rykel 722-98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DoE Hill CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST DISTANCE FROM ROAD 29 FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE 6 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 405 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A58095 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 08/06/98 A McMill 8/6/99 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 790 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 240 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

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 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 DEEPEN AN EXISTING WELL

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

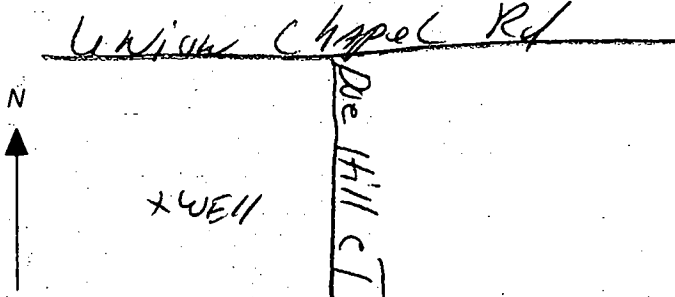
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-1672

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

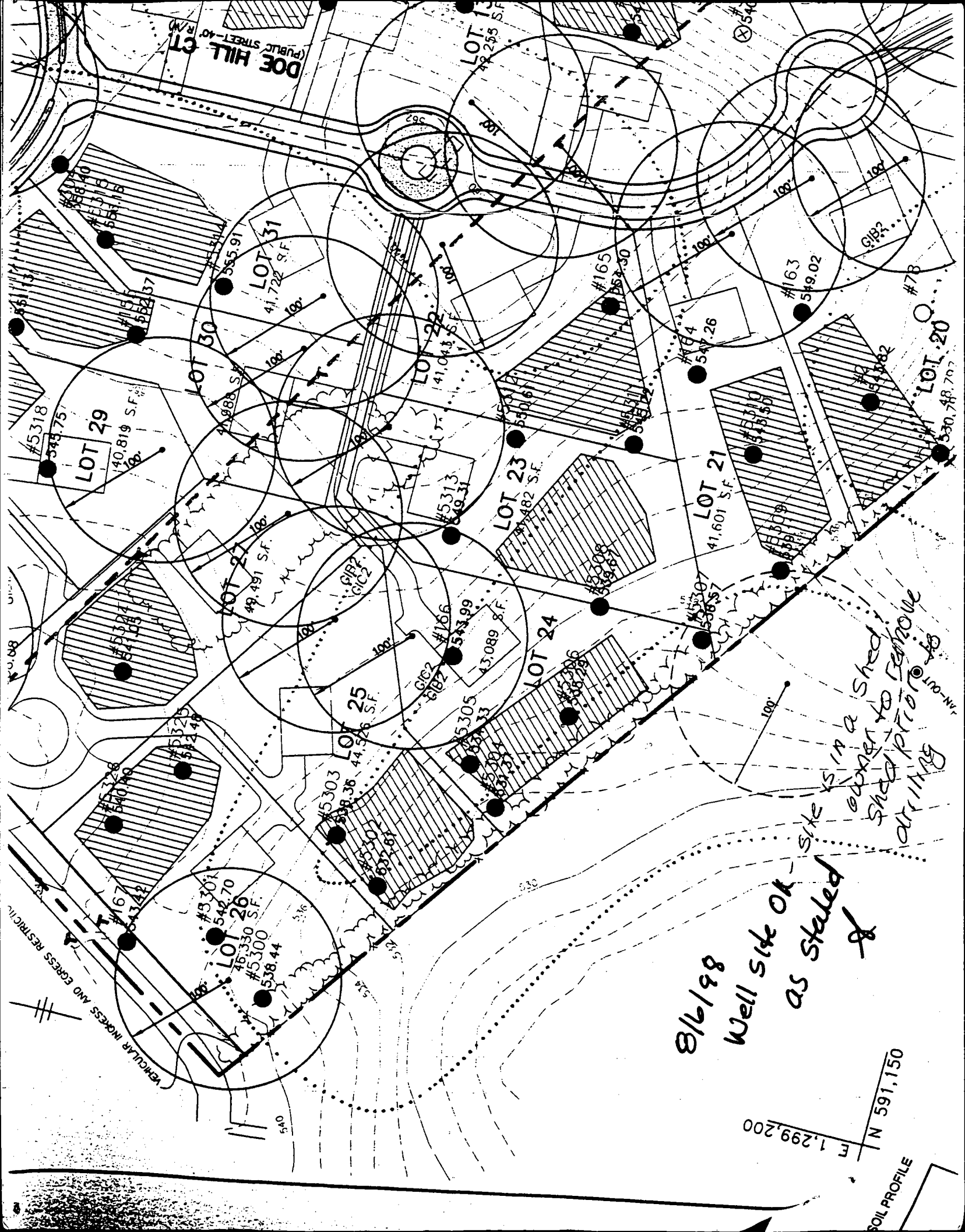
SOURCES OF DRILLING WATER 1. CITY 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 530

9/9/98 Groat you missed insp X WELL

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



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



DOE HILL CT
(PUBLIC STREET - 40' R/W)

LOT 29
40,819 S.F.

LOT 30
41,888 S.F.

LOT 31
41,722 S.F.

LOT 22
41,043 S.F.

LOT 23
42,482 S.F.

LOT 21
41,601 S.F.

LOT 20
330,487.70 S.F.

LOT 25
44,526 S.F.

LOT 24
43,089 S.F.

LOT 26
46,330 S.F.

VEHICULAR INGRESS AND EGRESS RESTRICTED

8/6/98
Well site ok - site is in a shed
owner to remove
shed prior to drilling

N 591,150
E 1,299,200

SOIL PROFILE

10/3/00

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: WILLOUGHBY PLUMBING SERVICES Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SYKESVILLE 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 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: PLITE HOME CORP. Telephone #: 410-644-5203
Subdivision: WELINGTON WEST Lot #: 30 Well Tag #: HO-99-1612
Site Address: 15312 NDE HILL COURT
WOODSIDE MD 21797

Submersible Pump Data

Make: JACUZZI
Model #: _____
Pump Capacity _____ GPM
Well Yield: 12 GPM

Pitless Adapter

Make: HARVARD
Model #: _____
Depth: 4/8" (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 127(feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: ORESTLINE
PSL: 1" (160 psi min)
Depth of supply line: (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6'
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.

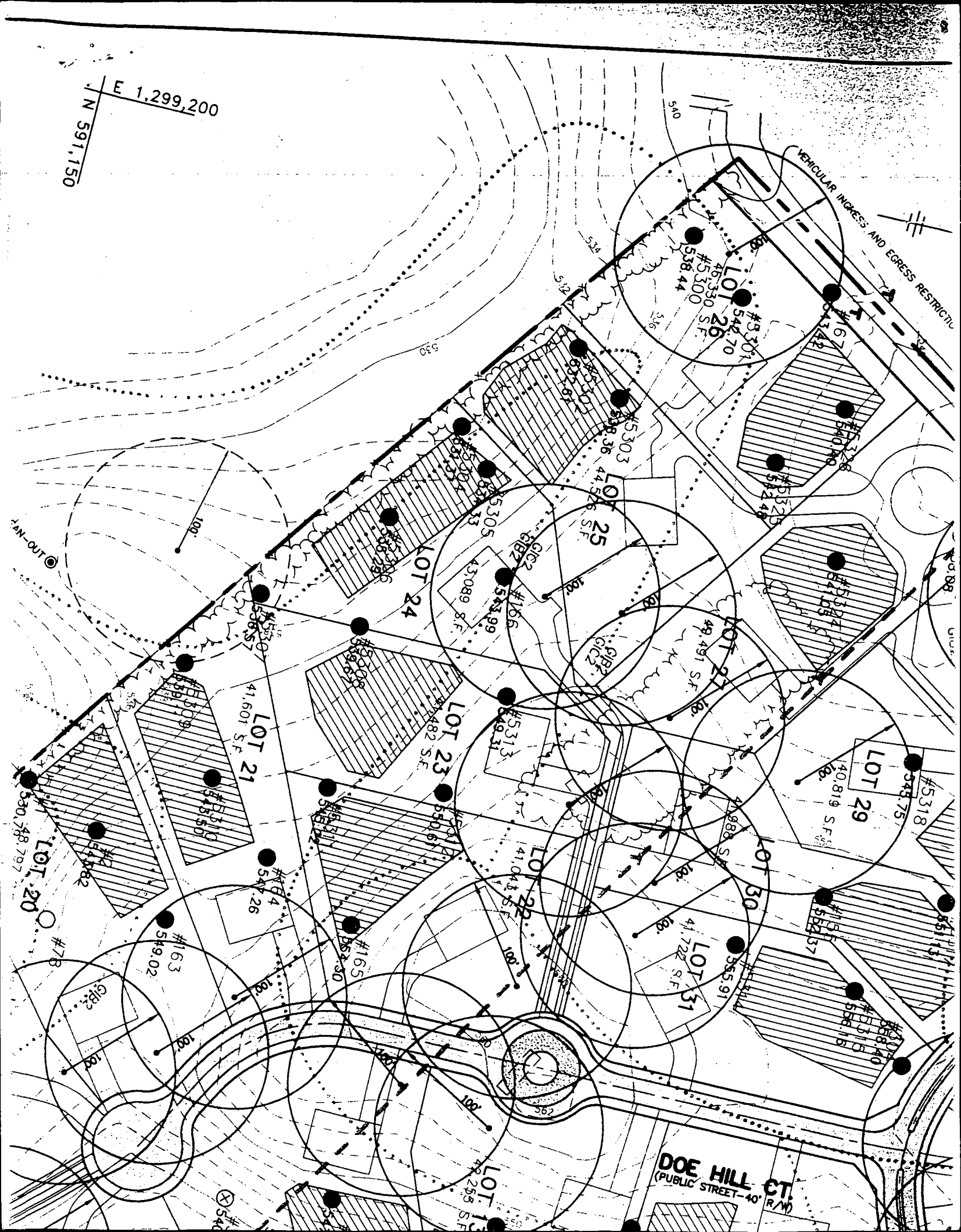
Signature of company representative responsible for installation: Chris Willoughby

date: 10/3/00

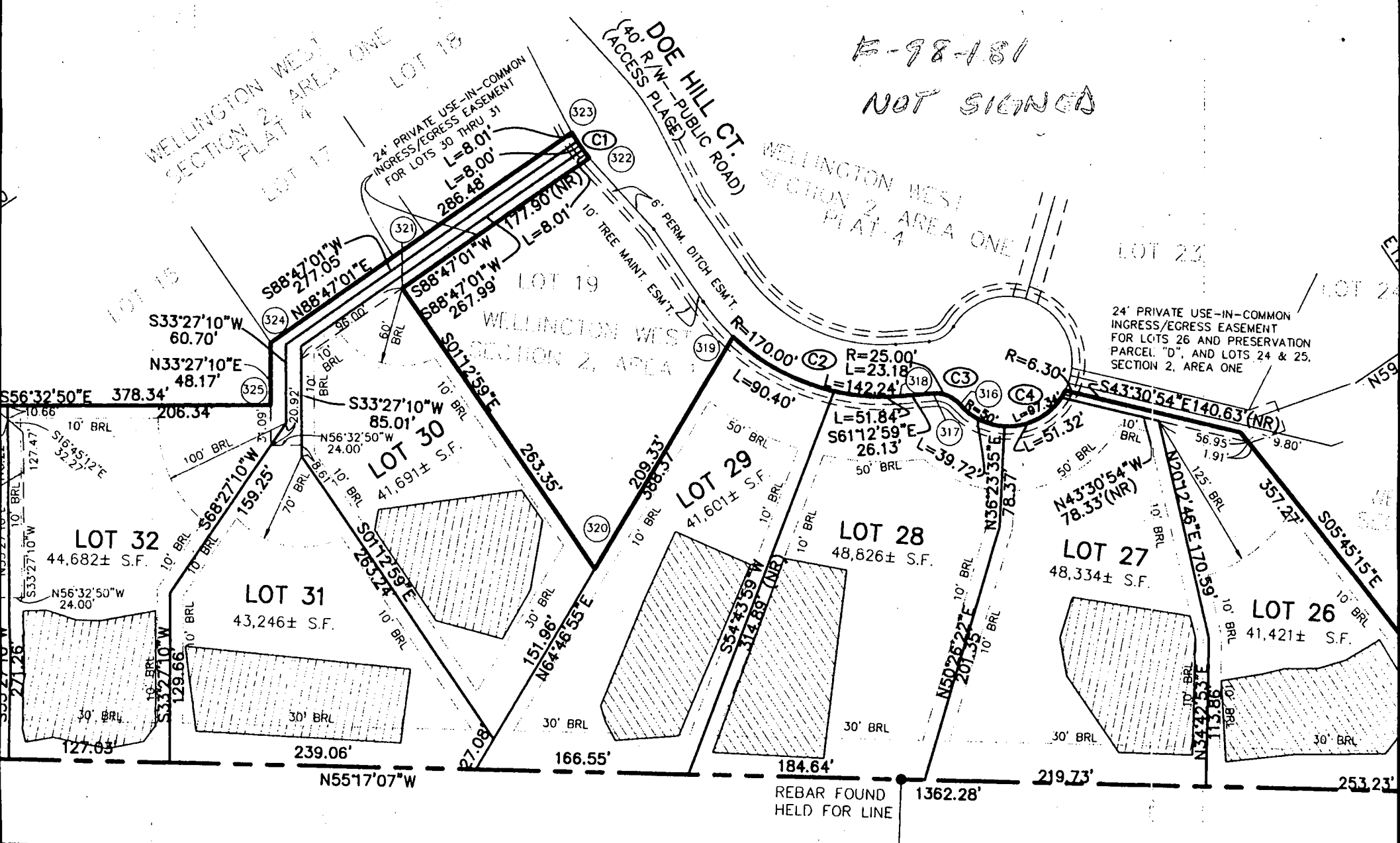
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/3/00 Date Insp. Approved: 10/3/00 (RJP) 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

N 591,150
E 1,299,200



22.30	22.30	53°07'49"
73.49'	82.68'	S63°51'27"E
		111°32'33"

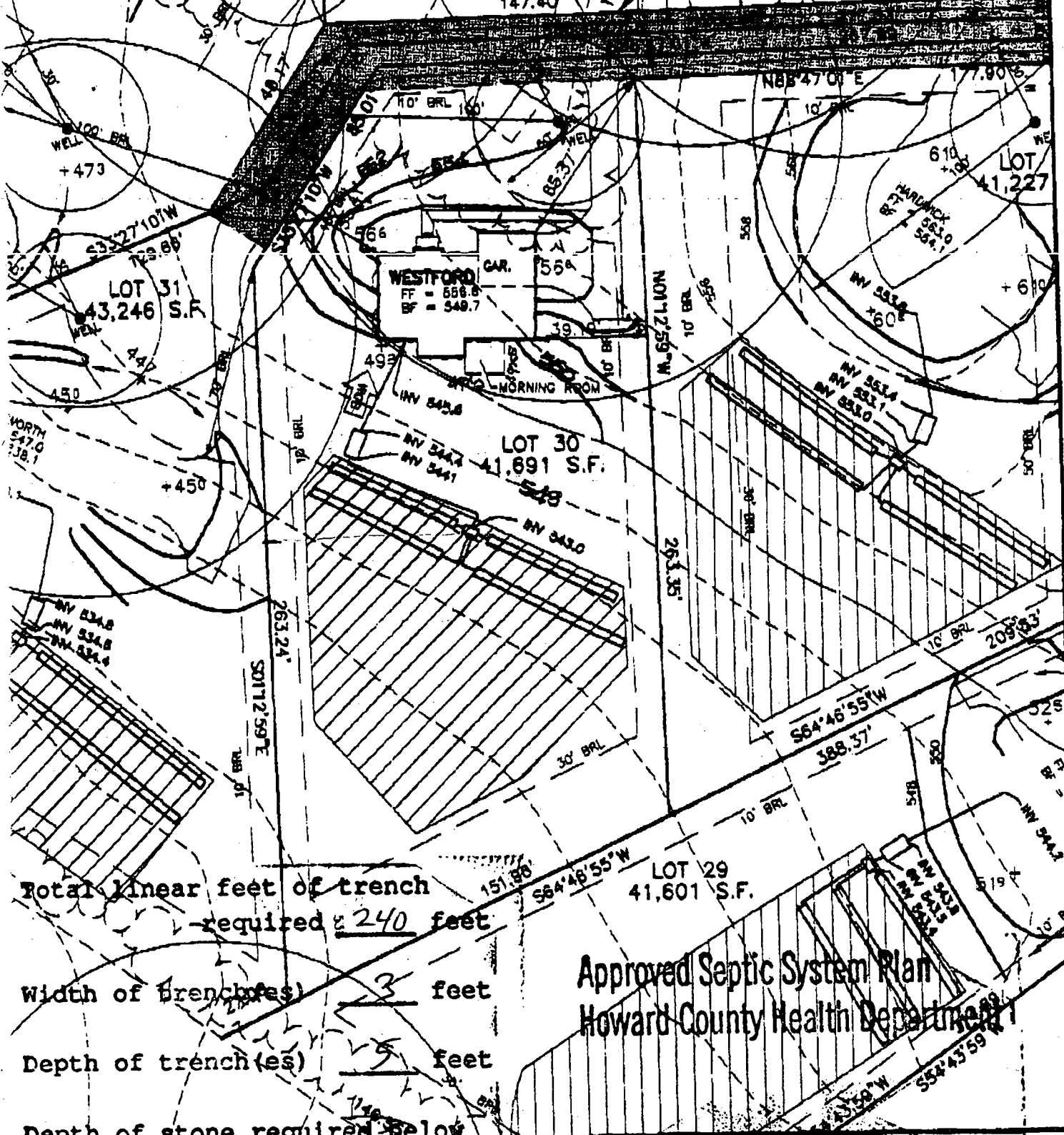


E-98-181
 NOT SIGNED

JOHN D. BEWLEY
 P. 66
 266/123
 E1.29

P. 237
 PLAT #8738

JOHN D. BEWLEY
 P. 66
 266/123



Total linear feet of trench required 240 feet

Width of trenches) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

FIRST FLOOR ELEVATION = 549.6
 CRYER ELEVATION = NA
 BASEMENT ELEVATION = 549.7
 POT ELEVATION AT GARAGE = 556.6

Ronald Walker
 SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GARAGE = NA
 NUMBER OF RISERS ON LEAD WALK = NA
 Signature _____ Date 8/29/00

BENCHMARK
 ENGINEERING, INC.
 ENGINEERS • LAND SURVEYORS • PLANNERS
 1480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

WELLINGTON WEST SECTION 2
 LOT 30
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 6/9/00

Revised B.P. Plan

Building Address **15312 Doe Hill Ct**
 Woodburn, Md 21797

Suite/Apt. #: **N/A** SDP/NP/Petition #: **GP**

Census Tract **6C40** Subdivision **Wellington West**

Section **2** Area **2** Lot **30**

Tax Map **14** Parcel **57** Grid **50**

Zoning **RC-DEF1** Map Coordinates **9AS** Lot size

Property Owner's Name **Pulte Homes**

Address **1501 S. Edgewood St**

City **Washington** State **MD** Zip Code **21227**

Home Phone _____ Work Phone **410-644-5603**

Applicant's Name & Mailing Address, (if other than stated herein):
Pat Orla
 15312 Doe Hill Ct
 Woodburn, MD 21797

Phone **410-515-1717** Fax _____

Existing Use _____ Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work **SFD**
(4BR)

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 _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: 58' 62'	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms 4	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure _____ Dimensions: _____ Footings: 24" x 24" Roof: Asph/Flt State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

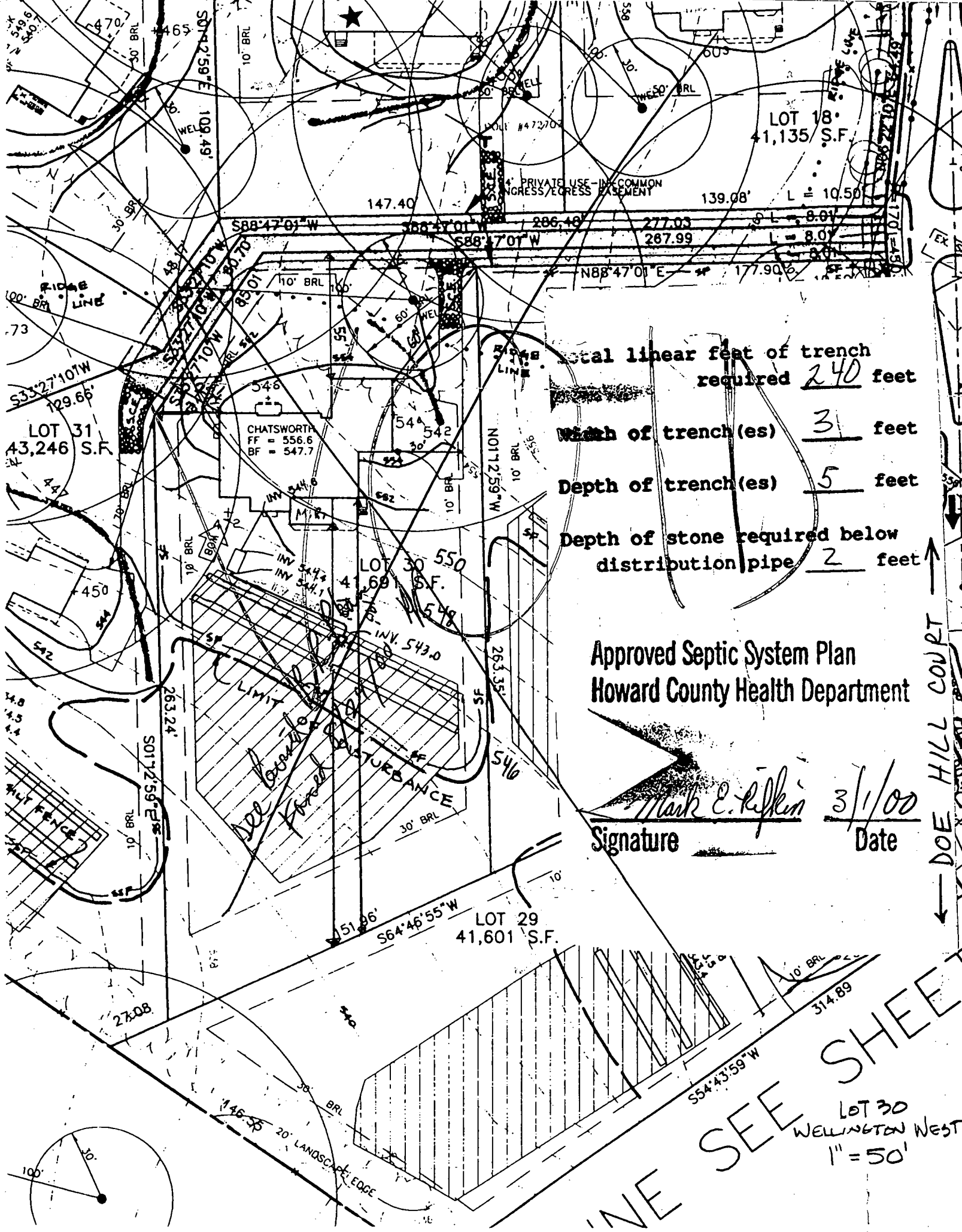
Applicant's Signature **Pat Orla** Permit Services, Inc.
 Title/Company **Permit Services, Inc.**

Print Name **Patricia Orla**
 Date **2-18-80**

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: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
City Engineer DPZ	3/1/80	Mark C. Rowe	Side SW: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ 2,112.00
Soil Conservation			Is Entrance Permit required? <input checked="" type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Human District? <input type="checkbox"/>	Validation _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

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



Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

Signature Mark E. Rifkin Date 3/1/00

DOE HILL COURT

SEE SHEET
 LOT 30
 WELLINGTON WEST
 1" = 50'

