

7/19/88

AM

04-318978

PERMIT

P 41362

A 24632

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/30/88

DATE SYSTEM APPROVED 7-20-88

INSPECTOR S. Baker

{ I.C.O.P
Time expired }

Leonard E. Sutton Company IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 363, Ellicott City, Maryland 21043 PHONE 744-4552

SUBDIVISION Lisbon Sage ROAD 16360 Frederick Road LOT 8

PROPERTY OWNER David LeBons
16360 Frederick Road

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM. Start the first trench 225 feet from the front lot line and 130 feet from the right lot line as seen when facing the property from Route 144. Run trenches along contour toward front of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY Location Revised 3/29/88 C. Williams DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

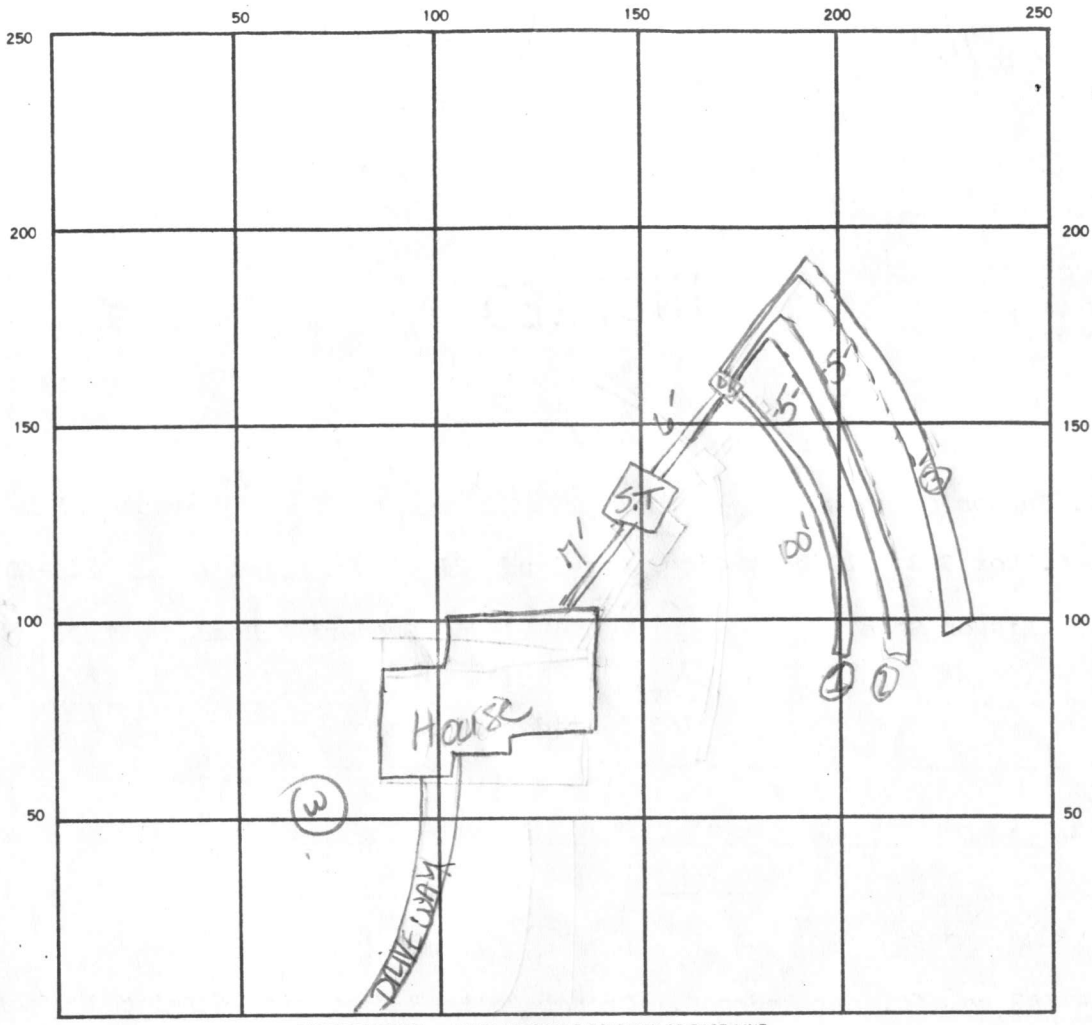
OLD PERMIT
AND RETURNED 3-15-2002
60034887
BARN FOR STORAGE

24632

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Rt 144

SEPTIC TANK. LEVEL Yes CLEANOUTS Yes present + grouted.
 DISTRIBUTION BOX. LEVEL Yes
 DRAIN FIELD/TILE FIELD. DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 2 2 FT. TOTAL LENGTH 100' 100' 100' FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 300 x 3 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 900 SQ. FT.

REMARKS 7-19-88 TRENCH complete, SEPTIC TANK LEVEL and installed
except c/o, D.B. pipes not grouted. - SB
7-20- House connection completed, D.B pipe will be grouted
OK to cover all work - SB

DATE SYSTEM APPROVED 7-20-88 INSPECTOR Sea Baker

APPLICATION

A 24632

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 11/10/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Howard Associates LEON, DAVID

ADDRESS Old Frederick Road, PHONE Joel Abramson 730-7733

PROPERTY LOCATION:

SUBDIVISION Lower Trail LOT NO. 5A 8

ROAD AND DESCRIPTION Old Frederick Road

Rt 144 west of Leason 16360 Frederick Rd.

SIZE OF LOT 1.219 Acres 5 acre m/l TYPE BLDG. 3 or 4 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Joel Abramson

APPROVED BY Raymond Hodger FOR Dywell DATE 4/2/80
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

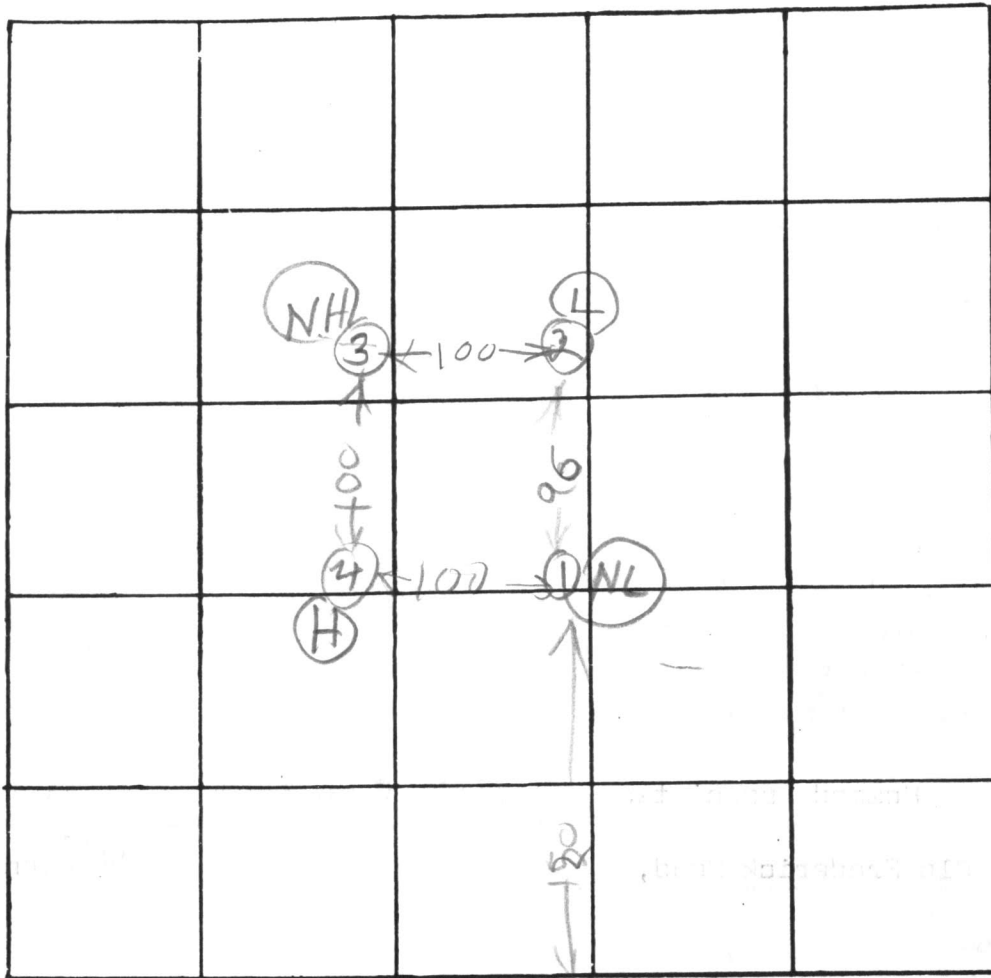
REASONS FOR REJECTION OR HOLDING 12/13/78 perc OK hold

FOR PLAT RA 4/2/80 Final Plat Signed

BLDG. PERMIT SIGNED AND RETURNED 12/2/87

BP 15755 SA

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RT 144

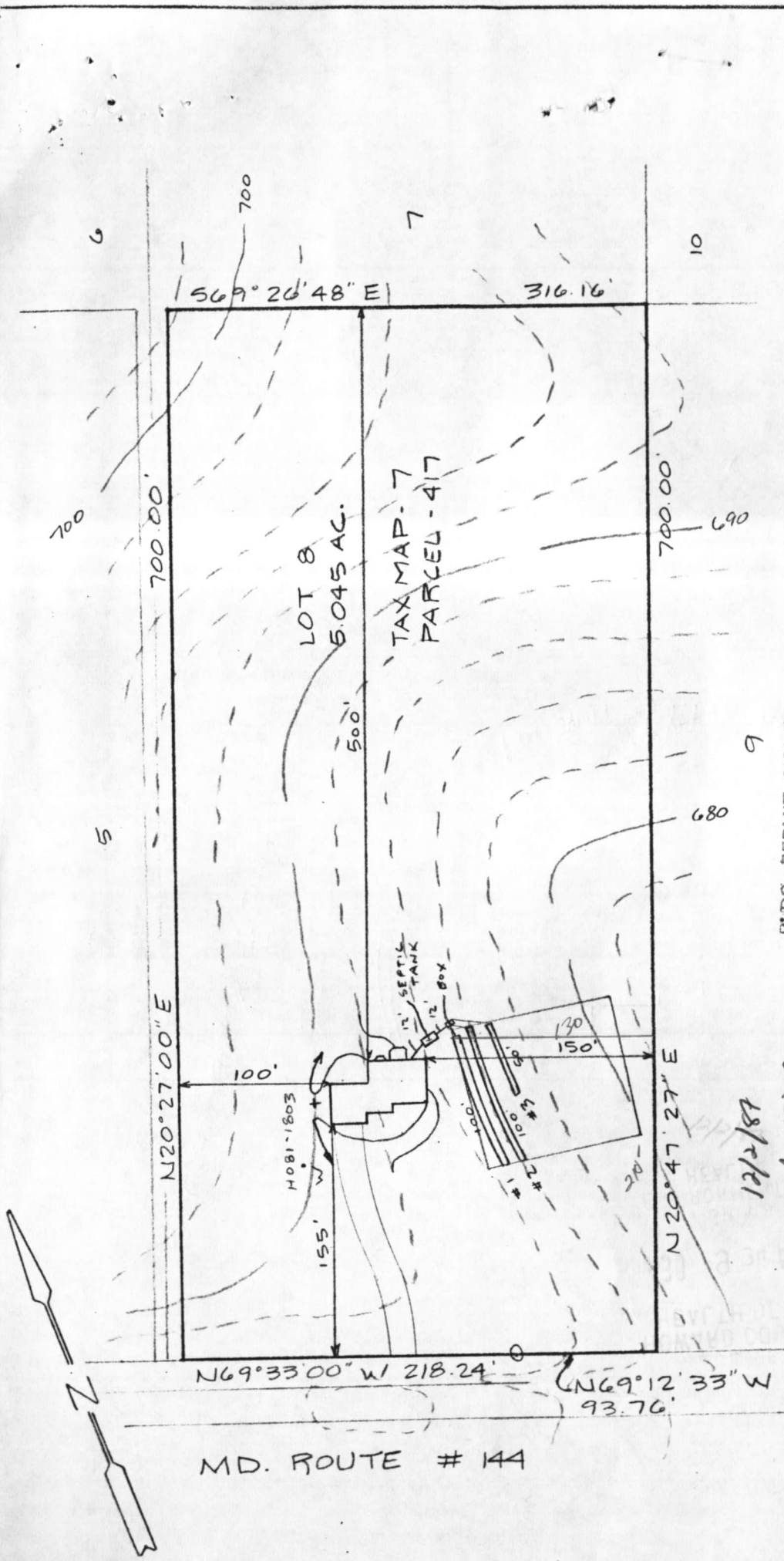
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/12/78	1S	4	205	208	208	212	4
12/12/78	1D	12	204	213	213	236	13
	2S	5	210	212	212	215	3
	2D	13 1/2	211	222	220	236	16
	3V	12	TOP BOT	3 FT 9 FT	LAY SHALEY SANDY		
	4S	4	218	223	223	229	6
	4D	13	219	227	227	244	17
						27	

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT: DENNY BACKHOLD
FOWLER
F. FROMMELT



I certify that the above measurements and elevations are actual and true for this property.

[Signature]
 J. Carl Hudgins

PLOT PLAN
 LOT 8
 LOWER TRAIL
 4th ELECTION DISTRICT
 HOWARD COUNTY, Md.

BLDG. PERMIT SIGNED
 AND RETURNED 8/2/87
 BP15755

DISTRIBUTION BOX:

	#1	#2	#3
EXISTING GRADE	685.0	684.0	683.0
PROPOSED GRADE	685.0	680.5	679.5
INVERT IN	681.7	678.5	677.5
INVERT OUT	681.6	2.0	2.0
<u>TRENCHES:</u>			
EXISTING GRADE	685.0	684.0	683.0
INVERT	681.5	680.5	679.5
BOTTOM	679.5	678.5	677.5
STONE	2.0	2.0	2.0
WIDTH	3.0	3.0	3.0
LENGTH	100.0	100.0	50.0

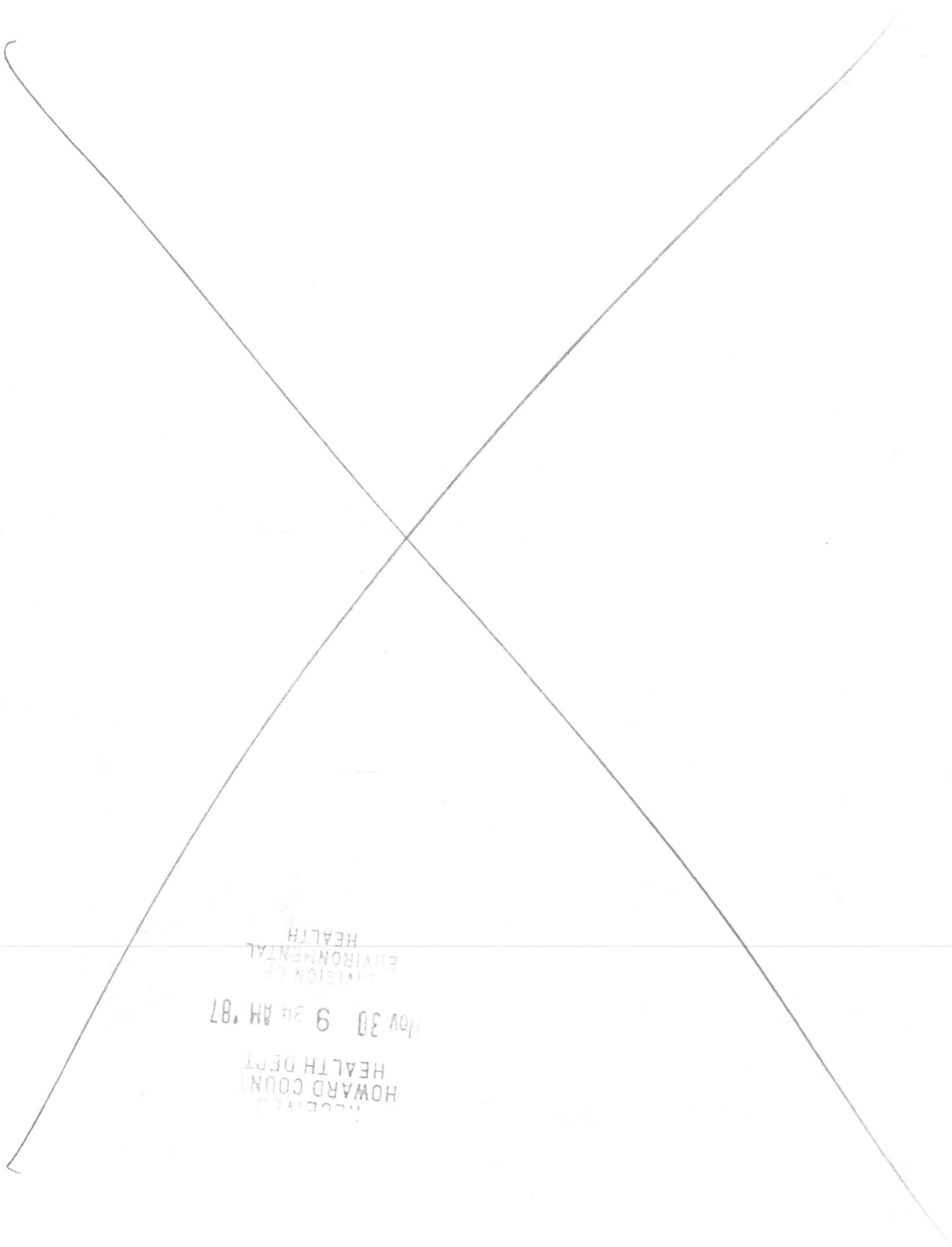
HOUSE:

FIRST FLOOR	693.5
BASEMENT	684.5
INVERT	682.33
<u>SEPTIC TANK:</u>	
EXISTING GRADE	685.7
PROPOSED GRADE	685.7
INVERT IN	682.08
INVERT OUT	681.83

12/2/87
 elevation
 OK
 SA

SCALE 1"=100' DATE 11/27/87

OK For 4 BK
 W/O DISR



RECEIVED
HOWARD COUNTY
HEALTH DEPT

NOV 30 9 34 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300124553

Building Address 16360 FREDERICK RD
WOODRIDGE MD 21797
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6090 Subdivision N/A
Section N/A Area N/A Lot N/A
Tax Map 7 Parcel A17 Grid 11
Zoning RC-150 Map Coordinates _____ Lot size _____

Property Owner's Name DAVID C. LEBON
Address 16360 FREDERICK RD
City WOODRIDGE State MD Zip Code 21797
Home Phone 410 442-1797 Work Phone 410-342-5677
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Single family by Jack
Proposed Use ENCLOSED ABOVE GROUND POOL
Estimated Construction Cost \$ 20,100
Description of Work LEVEL AREA INSTALL
POOL, 24' X 12' ABOVE GROUND 4' DEEP

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

Occupant or Tenant SAME filled by truck
Contact Name _____ fence & percode
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company SELF
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - ~~COMMERCIAL~~

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>16</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>960</u>	Electric Yes <input checked="" 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 checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>40</u> Width <u>24</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: <u>PIER FOOTINGS</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature David C. Lebon
Title/Company _____

Print Name DAVID LEBON
Date MAY 30, 2000

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

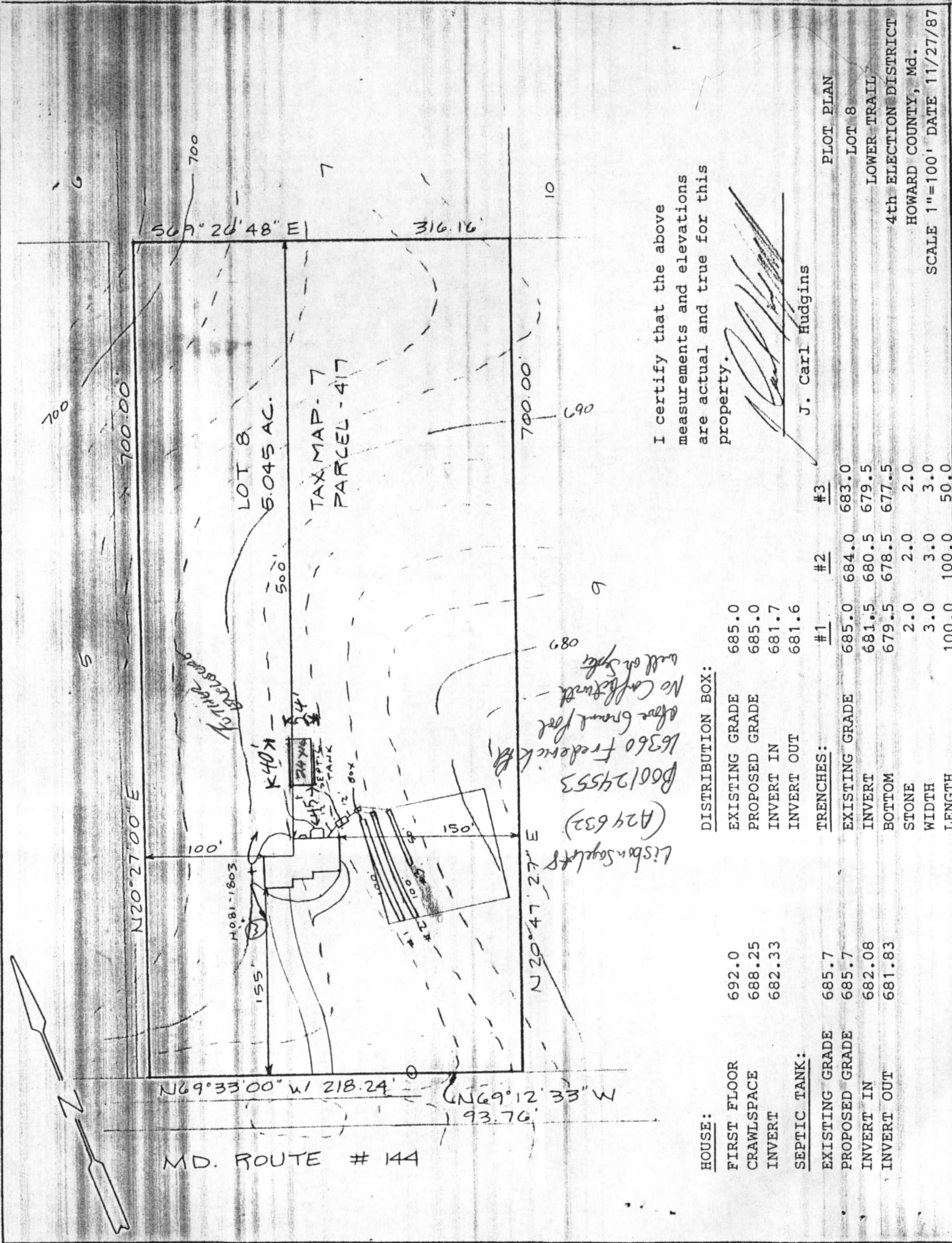
FOR OFFICE USE ONLY -
AGENCY 5/3/00 DATE
 Land Development, DPZ
 State Highways
 Building Official
 Dev. Engineering, DPZ
 Health
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION
Front: 75 FT
Rear: 60 FT
Side: 30 FT
Side St: N/A
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 _____ Accepted by _____

PROPERTY ID#: 74148
Filing fee \$ _____
Permit fee \$ 30
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ 30
Balance due \$ _____
Check # 1560
Validation # _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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



569°26'48" E 316.16'

700.00'

LOT 8
5.045 AC.

TAX MAP - 7
PARCEL - 417

700.00'

N20°27'00" E

100'

H081-1803

K40X
SEPTIC TANK

12 00X

0.51'

N20°47'27" E

N69°33'00" W 218.24'

N69°12'33" W
93.76'

MD. ROUTE # 144

I certify that the above measurements and elevations are actual and true for this property.

J. Carl Hudgins
J. Carl Hudgins

DISTRIBUTION BOX:

EXISTING GRADE	685.0
PROPOSED GRADE	685.0
INVERT IN	681.7
INVERT OUT	681.6

HOUSE:

FIRST FLOOR	692.0
CRAWLSPACE	688.25
INVERT	682.33

SEPTIC TANK:

EXISTING GRADE	685.7
PROPOSED GRADE	685.7
INVERT IN	682.08
INVERT OUT	681.83

TRENCHES:	#1	#2	#3
EXISTING GRADE	685.0	684.0	683.0
INVERT	681.5	680.5	679.5
BOTTOM	679.5	678.5	677.5
STONE	2.0	2.0	2.0
WIDTH	3.0	3.0	3.0
LENGTH	100.0	100.0	50.0

PLOT PLAN
LOT 8
LOWER TRAIL
4th ELECTION DISTRICT
HOWARD COUNTY, Md.
SCALE 1"=100' DATE 11/27/87

C1 **3743** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-24632**

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
120986

DEPTH OF WELL
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-1803

OWNER: **LIBBONS DAVID**
 STREET OR RFD: **144** TOWN: **LISBON**
 SUBDIVISION: **LISBON SAGE** SECTION: **-** LOT: **X**

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	40	✓
Brown Slate	40	45	
Blue Slate	45	80	
Brown Slate	80	85	✓
Blue Slate	85	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1400**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **46** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **PL** Nominal diameter **6** Total depth **50**
 top (main) casing (nearest inch) of main casing (nearest foot)

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.) **HO** **48** **225**
 EACH SCREEN
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

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 10.17.13 "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 IDENT. NO. **273**
Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne

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

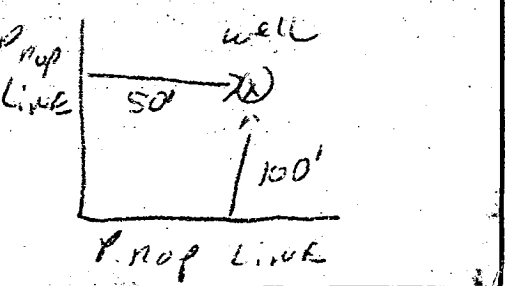
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **40** WHEN PUMPING **50**
 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 WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: **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 } LAND SURFACE (nearest foot) **2**
 (-) below }

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



RECEIVED
HOWARD COUNTY
HEALTH DEPT

APR 10 2 45 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

2173

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B00134887

Building Address 16360 FREDERICK RD
WOODRIVE
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604001 Subdivision USBON
 Section - Area - Lot - 8
 Tax Map 7 Parcel 417 Grid 11
 Zoning RC OED Map Coordinates 309 Lot size _____

Property Owner's Name DAVID LEBON
 Address 16360 FREDERICK RD
 City WOODRIVE State MD Zip Code 21797
 Home Phone 410-442-1799 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use SAME WITH BARN
 Estimated Construction Cost \$ 14000
 Description of Work 57X36 BARN FOR STORAGE
CONTRACTOR SUPPLY, HORSES, CARS,
BOAT, HOBBY SHOP

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

Occupant or Tenant OWNER
 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"/> <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 _____ 1st floor: <u>36'</u> <u>73'</u> 2nd floor: <u>36'</u> <u>16'</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 Lebon
 Applicant's Signature
OWNER
 Title/Company

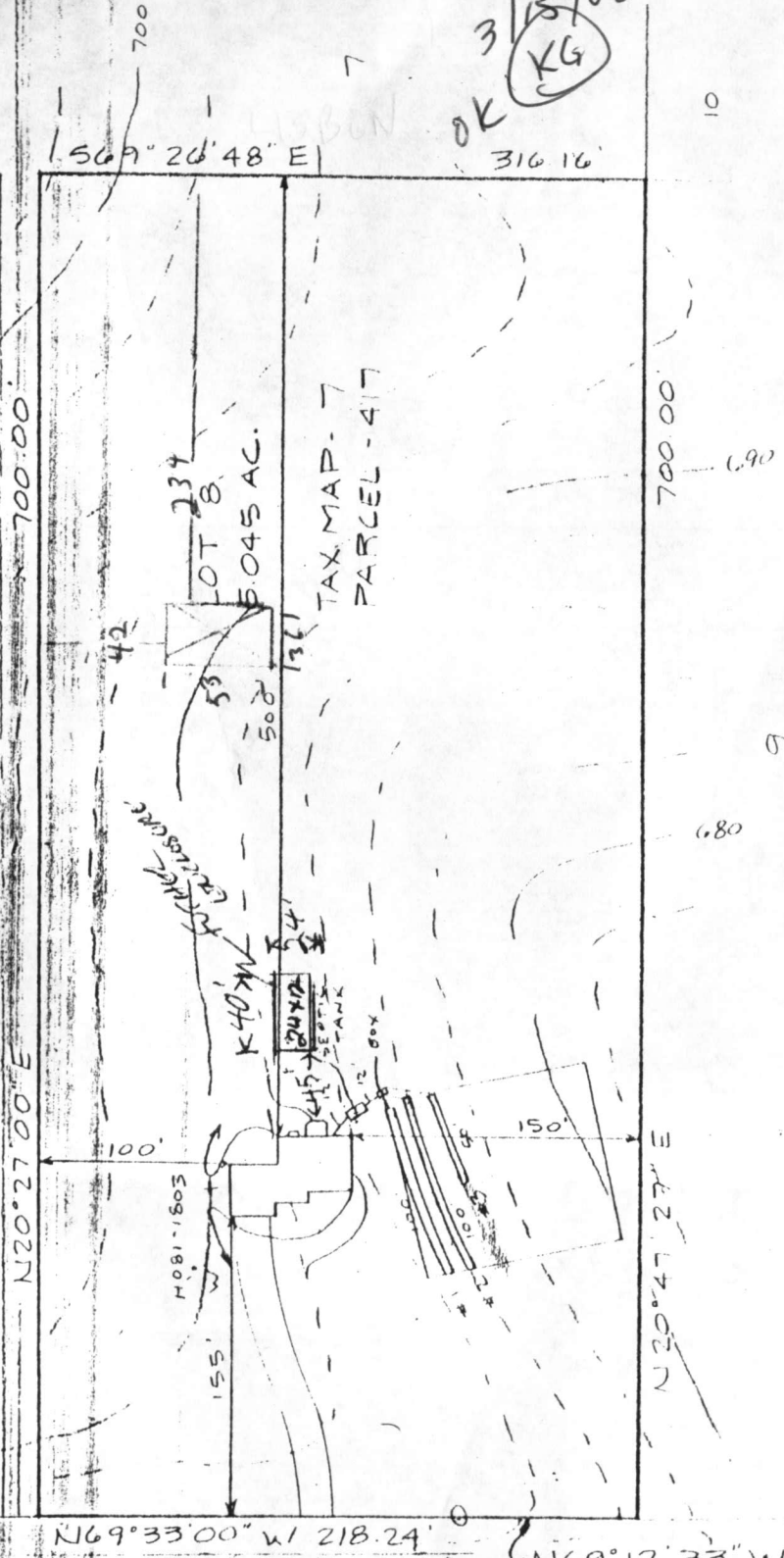
DAVID LEBON
 Print Name
Mar 15 02
 Date

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	7448
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>3/15/02</u>	<u>Kare Goedeke</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
				Validation # <u>47103</u>



MD. ROUTE # 144



HOUSE:

FIRST FLOOR	692.0
CRAWLSPACE	688.25
INVERT	682.33

SEPTIC TANK:

EXISTING GRADE	685.7
PROPOSED GRADE	685.7
INVERT IN	682.08
INVERT OUT	681.83

DISTRIBUTION BOX:

EXISTING GRADE	685.0
PROPOSED GRADE	685.0
INVERT IN	681.7
INVERT OUT	681.6

TRENCHES:

	#1	#2	#3
EXISTING GRADE	685.0	684.0	683.0
INVERT	681.5	680.5	679.5
BOTTOM	679.5	678.5	677.5
STONE	2.0	2.0	2.0
WIDTH	3.0	3.0	3.0
LENGTH	100.0	100.0	50.0

I certify that the above measurements and elevations are actual and true for this property.

[Signature]
J. Carl Hudgins

PLOT PLAN
LOT 8
LOWER TRAIL
4th ELECTION DISTRICT
HOWARD COUNTY, Md.
SCALE 1"=100' DATE 11/27/87

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2002 MR 15 PM 1:39