

5/26/78 P.C.O. C.B.D.

App 5-31-78
Dun

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P. 27900
A. 26518

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

09-310497

DATE 4/19/78

INDEXED

5/31/78
a.n. please
~~covered with~~
~~plaster~~

RKS Contractors IS PERMITTED TO INSTALL X ALTER

ADDRESS Route 2, Box 36, Frederick, Md. 21701 PHONE 663-4035

SUBDIVISION ROAD 17771 Hardy Road LOT

PROPERTY OWNER Thomas Lamb

ADDRESS Route 4, Box 359, Mt. Airy, Md.

SPECIFICATIONS 3 bedrooms - 1000 gal. tank, 4 bedrooms - 1250 gal. tank

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH 10 DEPTH 70 ~~feet~~ BOTTOM AREA 420 sq. ft. total area for trench.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 288 sq. ft. total area for dry well.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 66 FT. FROM left LOT LINE AND 160 FT. FROM road ~~LOT LINE AS SEEN WHEN~~
~~ACING LOT FROM~~ as seen from the road.

Run the trench across the lot from the dry well parallel with road or towards road.

~~(uphill)~~
BUILDING PERMIT SIGNED
AND RETURNED 9/19/02

Bob 138397 - STORAGE

PLANS APPROVED BY David J. O'Neill DATE 8/18/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

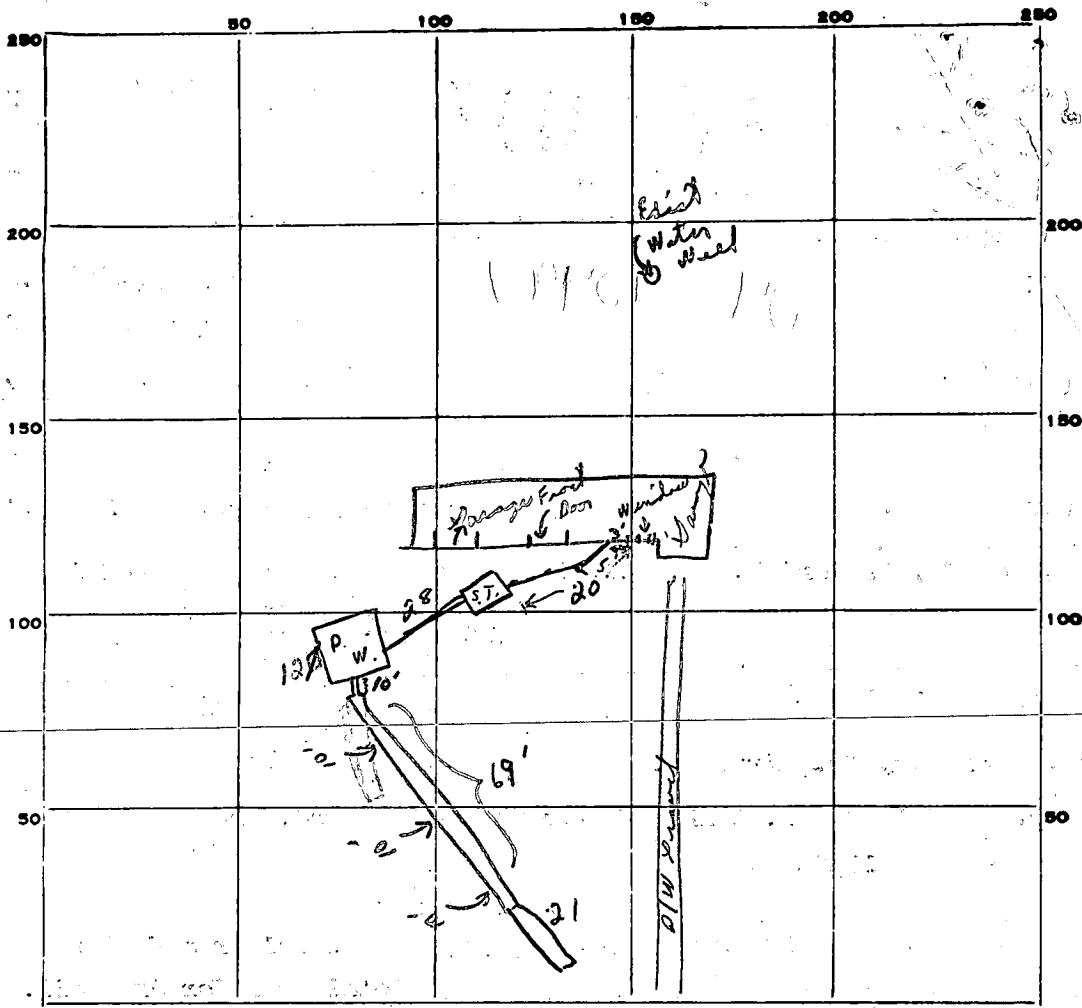
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

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

A 26518



Michael

PERMIT CARD NA seen Hardy Road S.T. / D.W.

SEPTIC TANK, LEVEL ok CLEANOUTS _____

DISTRIBUTION BOX, LEVEL N/A

Trench
FILE FIELD, DEPTH 10 FT. TRENCH WIDTH _____

GRAVEL DEPTH 1 FT. TOTAL LENGTH 69 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 6 FT. (2)

ABSORBENT AREA 288 SQ. FT.

REMARKS 5/26/78 ¹ No pipes from house to tank / no from tanks to Dry Well. Trench only ok for gravel. ² held new card on number of manhole C.B.

5/31/78 TSD: ~5' of stone in trench (6' req'd). Add 20' trench, add stone, keeping pipe level - OK to cover systems up to within 10' of new trench section

DATE SYSTEM APPROVED 5/31/78 INSPECTOR D.W. Manoy

APPLICATION

A 26518

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 8/3/77

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

8/18/77 9:30 A.M. (2 lots)
Libew 280
Folio 52

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 William C. Brookring

Thomas Lamb
Rt. 4 Box 359
Mt. Airy, Md.

ADDRESS 826 Long Corner Road, Mt. Airy, Md.

PHONE 829-0560

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 17771 (S.E. corner) Hardy Road and Long Corner Road

SIZE OF LOT 1.616 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____ BLDG. PERMIT SIGNED AND RETURNED 11/18/77 NUMBER OF BEDROOMS _____

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

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

SIGNATURE OF APPLICANT William C. Brookring

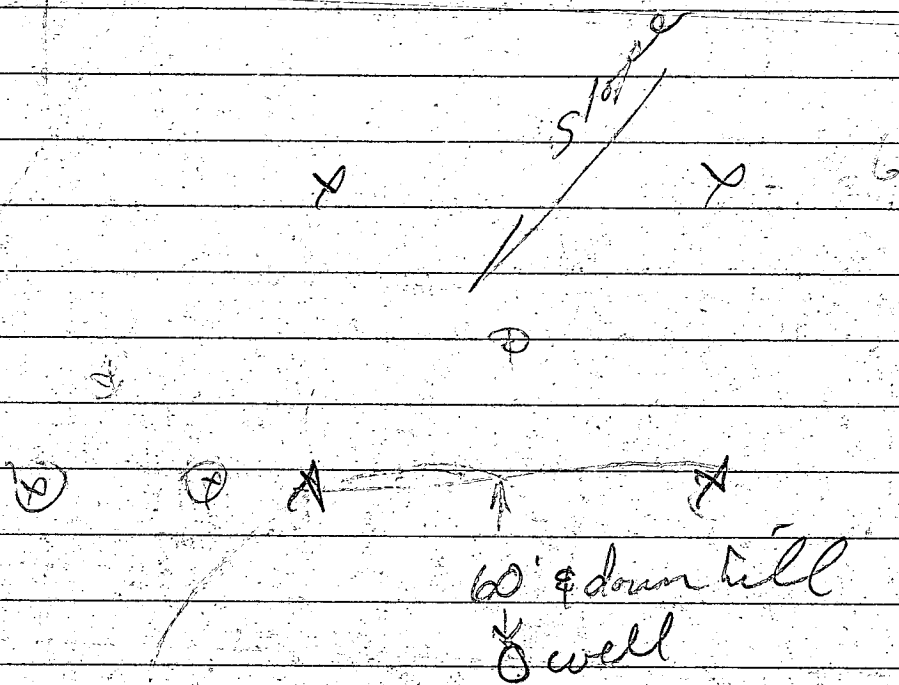
APPROVED BY DJO No. 11 FOR Day Well + Pumps DATE 8/18/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS DJO No. 11 DATE 8/18/77

REASONS FOR REJECTION OR HOLDING Field dist. deep + pond on lot of times of pump + no pump. 3'-4' + of dist. 8/18/77 I believe it impossible to test this lot unless graded first. DJO No. 11 -

THIS IS NOT A PERMIT



at least

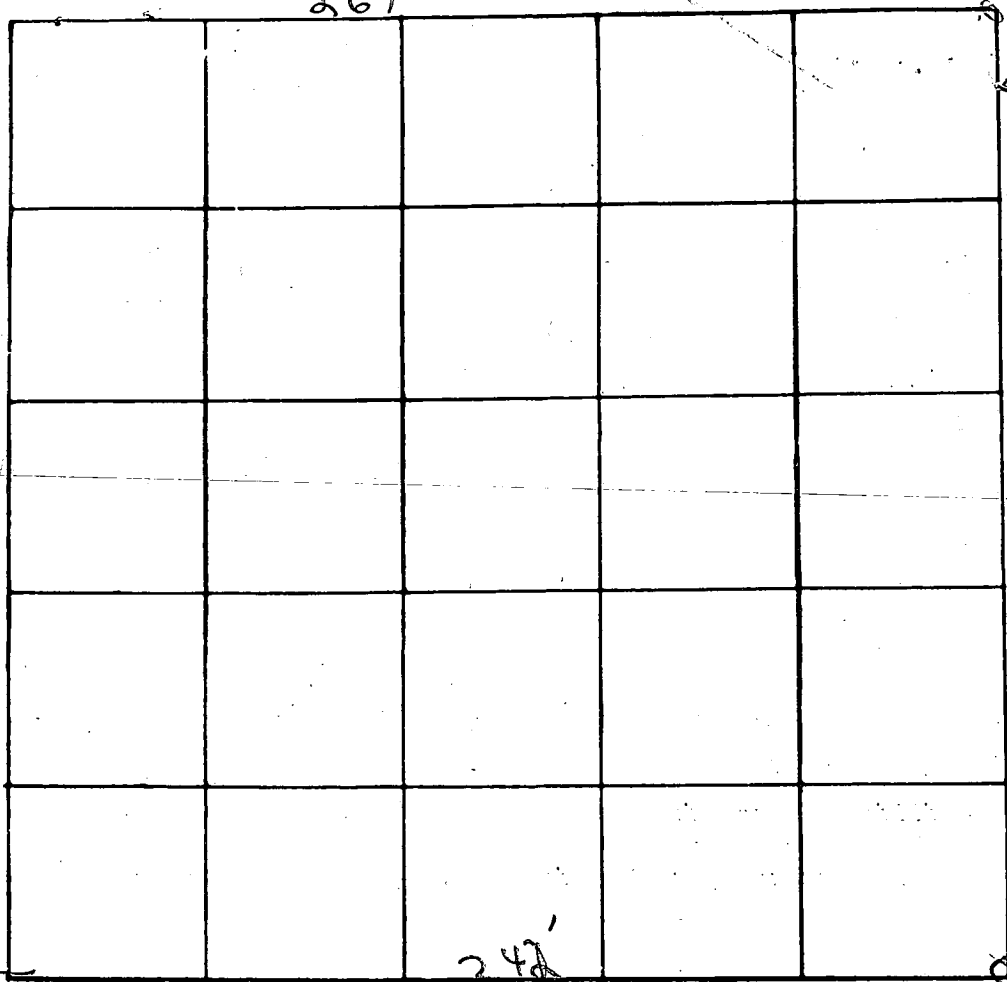
Appears to be 3rd parcel, existing house?
 1 or 2 holes near existing system if any

267'

5/3'

402'

Quincy House



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hardy Road

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/17	1S	24	2:08	2:40			
	2d	13'	2:35	2:44		2:50	6
	2S	4'	2:43	2:52		3:11	19
	2d						
	3S						
	1S	4 1/2'	3:02	3:10		3:25	15
	7			Visual			

REMARKS Hold wooded lot - certify holes

TYPE OF SOIL

TESTED BY Dick + son

ALSO PRESENT:

Use this Application for retest on lot.
No tests were performed on this lot because
of reason stated below.

APPLICATION

A 26519

No test
8/5/77 C.B.D.

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 8/3/77

Libers 368
Folio 195

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 William C. Brooking

ADDRESS 826 Long Corner Road, Mt. Airy, Md. PHONE 829-0560

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION (S.E. corner of Hardy & Long Corner Road)

SIZE OF LOT 2.605 acres 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 William C. Brooking

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

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

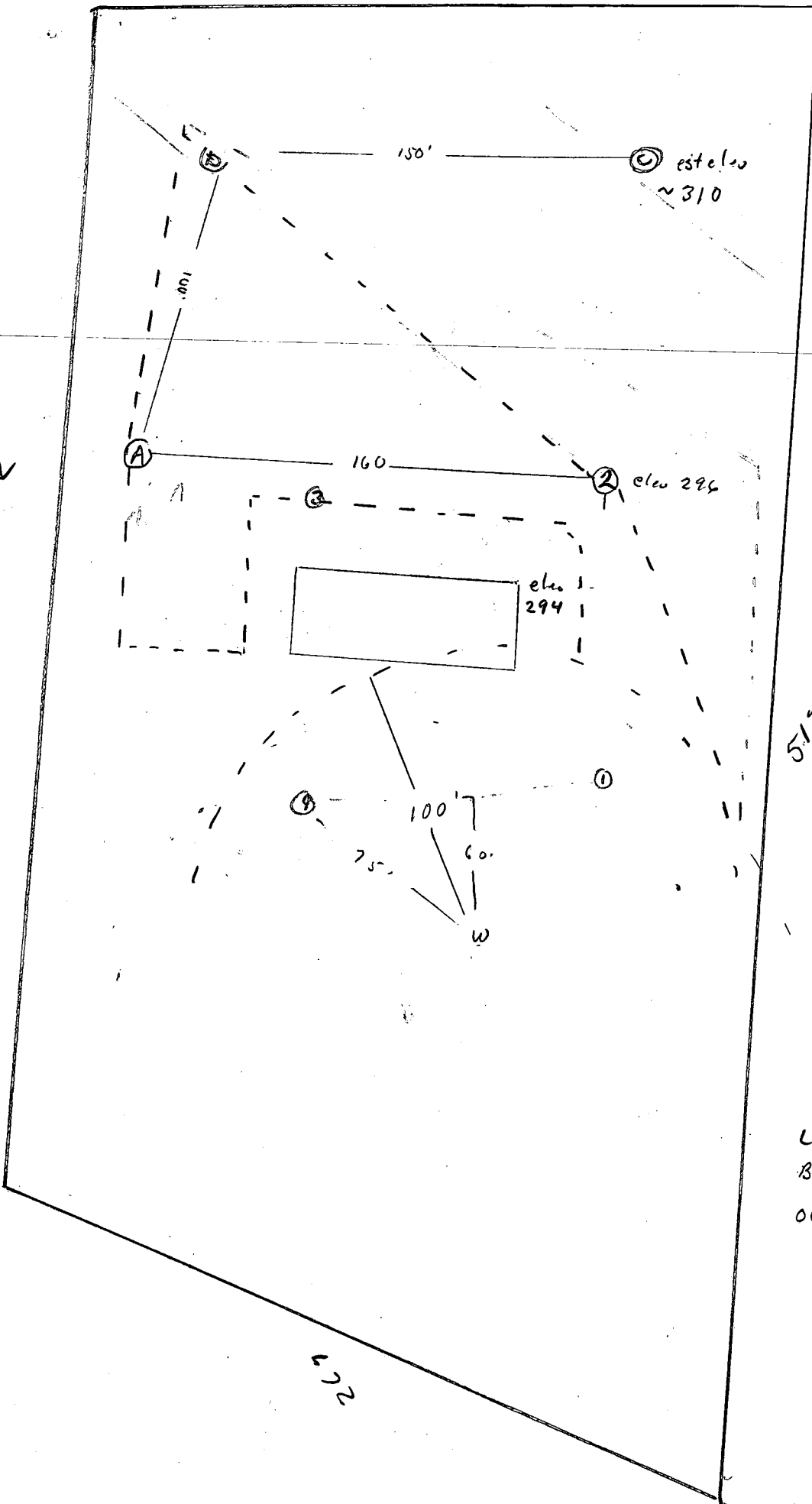
HOLD PENDING FURTHER TESTS Approved DATE 8/18/77

REASONS FOR REJECTION OR HOLDING See CBS. "Fill dirt being put on lot at time of perc no perc 3'-4' of dirt" upon 8/18/77 I believe it impossible to perc this lot unless graded first

THIS IS NOT A PERMIT

242 & Road elev 313

402



- 1 5' 22 min
13' 2 + min
- 2 5' 6 min
13' 12 min
- 3 4'-13' 04
- 4 4' 19 min
13' 15 min
- A 4 1/2' 15 min
13' 6 min
- B 4' 19 min
12' 7 min
- C 4'-13' 04

Peric Area

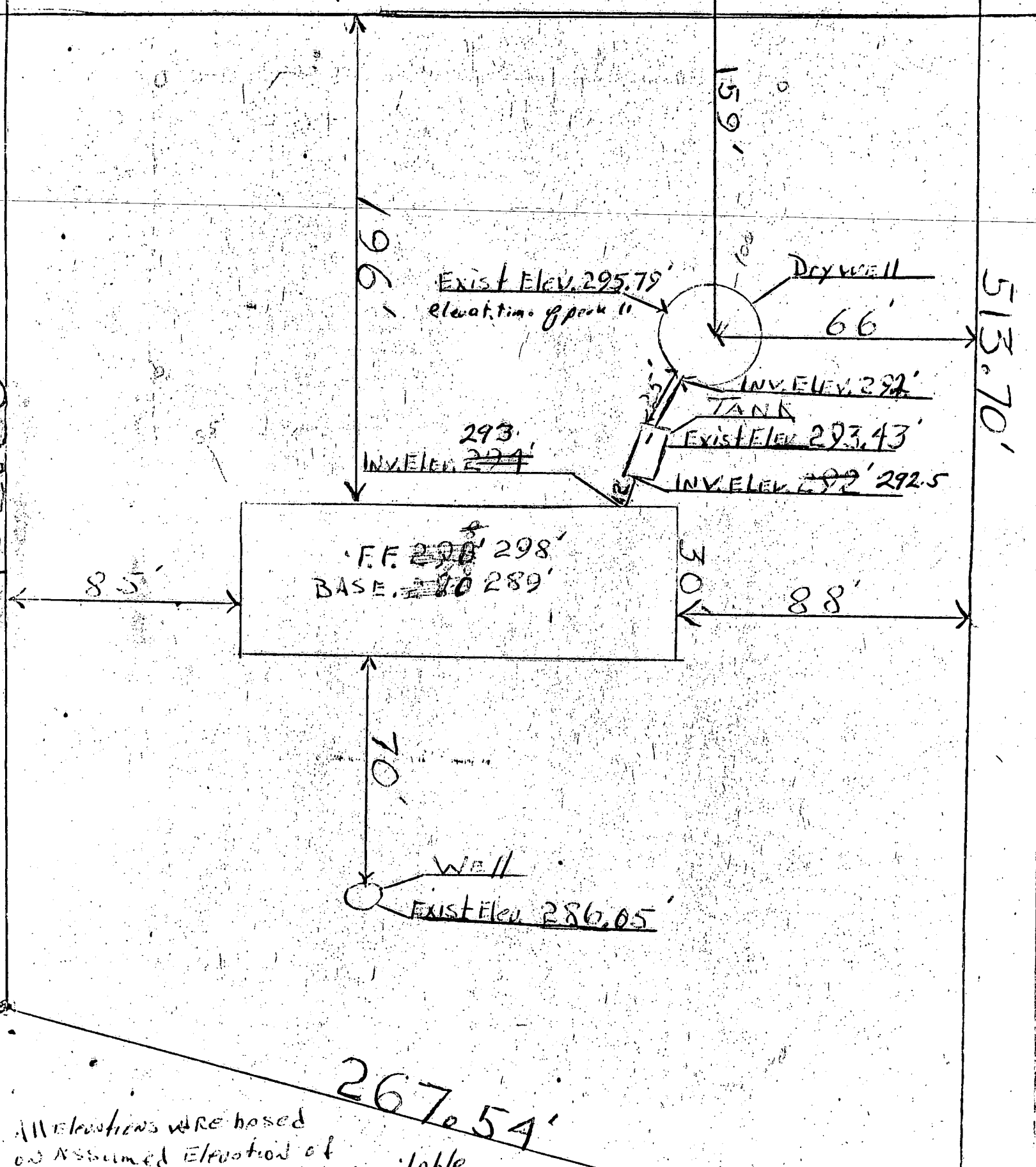
Locations
By Apou. P. on
owners elevations

242

HARDY ROAD

242.11'

ASSUMED ELEV. 300'



EXIST ELEV. 295.79'
elevation of peak II

Dry well

66'

INV. ELEV. 292'

TANK

EXIST ELEV. 293.43'

INV. ELEV. 292' 292.5

293.
INV. ELEV. 294'

F.F. 298' 298''
BASE. 289' 289''

85'

30'

88'

70'

Well

EXIST ELEV. 286.05'

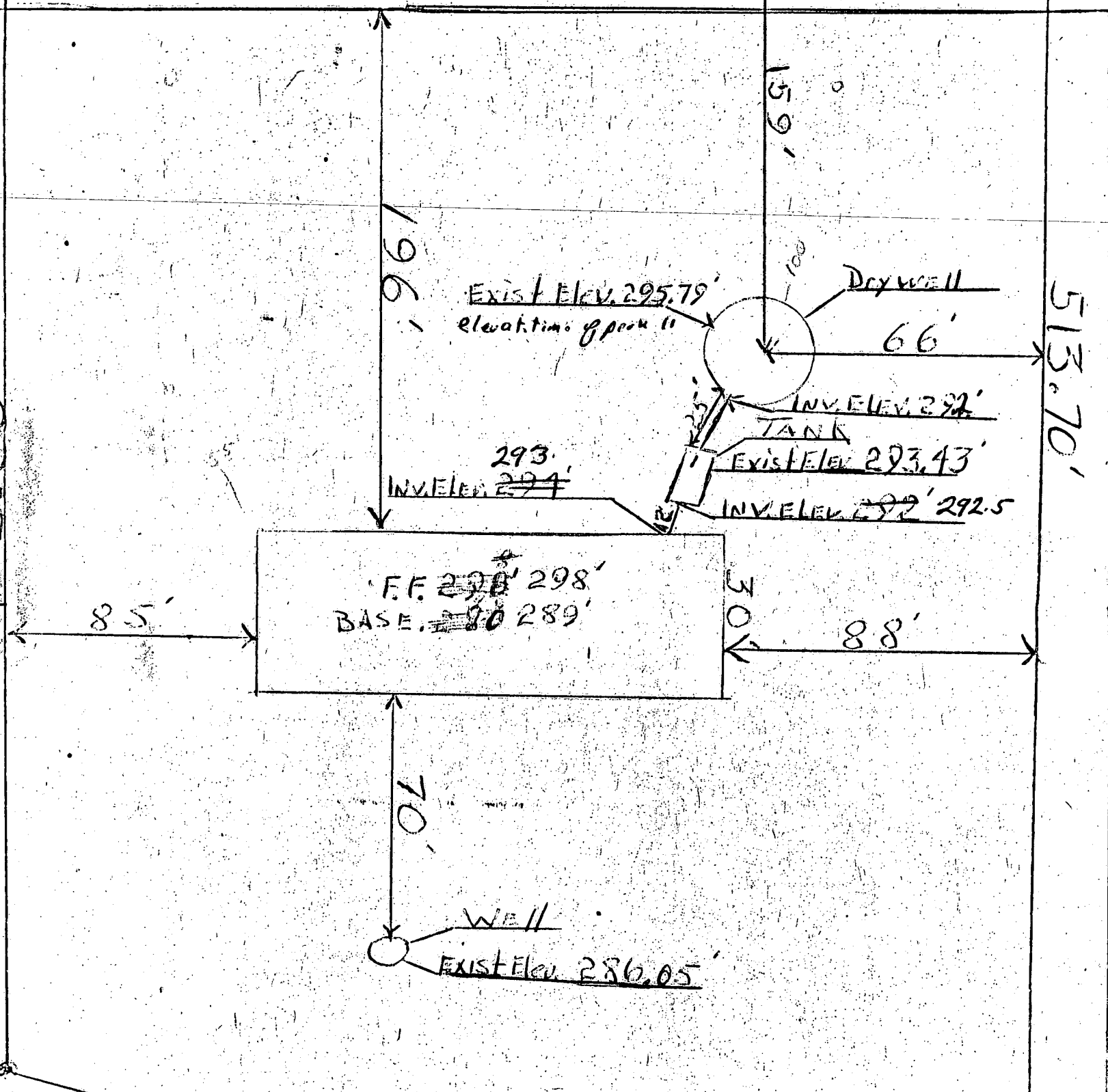
267.54'

All elevations were based on assumed Elevation of Hardy Rd. No Bench marks Available.

HARDY ROAD

242.11'

ASSUMED ELEV 300'



All elevations were based on Assumed Elevation of 300' and 289' marks available.

267.54'

B 1 7714
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND A26518
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 HO-73-2393
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 4/3/77
 OWNER Lamb
 COL 15 LAST NAME
 STREET OR RFD Route 4 Box 359
 COL 36
 POST OFFICE Mt. Airy Md.
 COL 57

FIRST NAME Tom COL. 34
 phone 829-2574
 COL. 55
 COL. 76

B 1 CONTINUED
 1 2 3 (SEQ. NO.) 6
 DATE Oct. 12, 1977
 DRILLER INFORMATION
 LICENSE NUMBER 139
 77 80
Robert L. Cline
 FIRST NAME DRILLER LAST NAME
 SIGNATURE Robert L. Cline

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY Howard
 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION 23 42
 SECTION 44 46 LOT 48 50
 NEAREST TOWN Long Corner
 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 M I
 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300
 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD Hardy Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 32 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 250
 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 T TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL 200 FEET
 24 26

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

N Well Approx. 300 feet east of Hardy Rd and Long Corner Rd. Interest in
 11/3/77 well not grouted (7' casing) due to improper location spoke to Jim Moore of Cline Duvall
 12/29/77 No grout - cancelled by office CPA
 2/27/78 77 casing from Hardy Rd well
 72' open hole Henry Corner
 1' casing above grade
 21 bags of cement
 O.K. F.S.

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED.
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65
 FORCE 67 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 760
 N 550
 NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH COUNTY NAME Howard COUNTY NO. 27001
 MO. DAY YR. 10 7 77
 DATE APPROVED BY F. L. ...
 43 48 Fred Brommelt Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 **6371** SEQUENCE NO. (WRA USE ONLY)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 27081

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED FEB 27 1978

DEPTH OF WELL 400

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-239 B

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 134

OWNER LAMB LAST NAME TOM FIRST NAME

STREET OR RFD RT 4 BY 307 POST OFFICE MT AIRY MD

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
DROWN SHALE	0	70	
BLUE SLATE	70	400	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT M BENTONITE CLAY BC

NO. OF BAGS 21 NO. OF POUNDS 1974

GALLONS OF WATER 1260

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 70 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES INSERT APPROPRIATE CODE BELOW

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S T 6 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 77 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

SCREEN

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____

1 H O 76 400

2 _____

3 _____

38 39 41 45 47 51

SLOT SIZE 1/20 2/30 3/30

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

T W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

C 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 36 (NEAREST FOOT)

WHEN PUMPING 400 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY

GALLONS PER MINUTE (TO NEAREST GALLON) _____

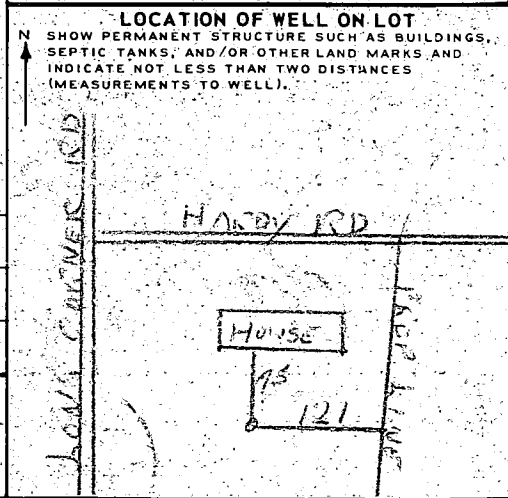
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } _____ (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME _____

(PLEASE PRINT) ROBERT CLAW

SIGNATURE Robert Claw

JAB

Building Address <u>17771 HARDY ROAD</u> <u>MT. AIRY, MARYLAND 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>661111</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>6</u> Parcel <u>114</u> Grid <u>6</u> Zoning <u>M1B</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>DONALD NANTZ</u> Address <u>17771 HARDY ROAD</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>(301) 829-1369</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>SAME</u> Phone _____ Fax _____
Existing Use <u>SFD</u> Proposed Use <u>STORAGE/GARAGE</u> Estimated Construction Cost \$ <u>40,000</u> Description of Work <u>(2) STORY 30'X40'</u> <u>MASONRY & FRAME WITH CONCRETE</u> <u>FLOOR ON 1ST LEVEL (STORAGE OF HOUSE GOODS)</u>	Contractor Company <u>OWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Occupant or Tenant <u>OWNER</u> Contact Name <u>NORVEL DUTTON</u> Address <u>17767 HARDY RD.</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Phone <u>(301) 829-1369</u> Fax _____	Engineer or Architect Company <u>GARY W. NELSON</u> Contact Person <u>GARY NELSON</u> Address <u>20 MEADOW LANE</u> City <u>MYERSTOWN</u> State <u>PA.</u> Zip Code <u>17067</u> Phone <u>(717) 866-5744</u> Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</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 checked="" 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: <u>GARAGE</u> Dimensions: <u>30' X 40'</u> Footings: <u>30' X 40' X 24" X 12"</u> Roof: <u>GAMBREL FRAME</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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 type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <u>NONE</u> <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"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

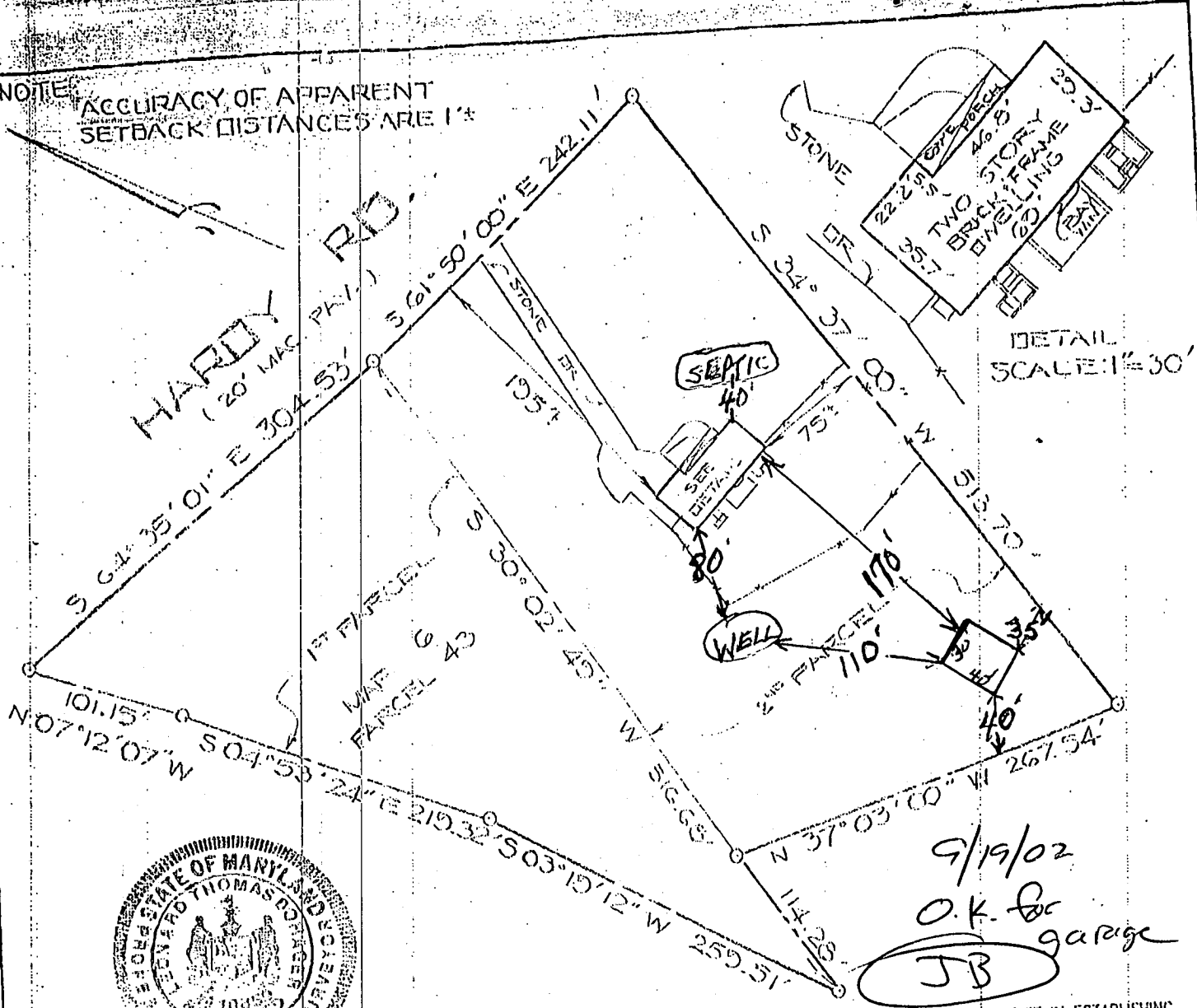
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<u>Norvel Dutton</u> Applicant's Signature <u>owner</u> Title/Company	<u>DONALD NANTZ</u> Print Name <u>8-26-02 9-12-02</u> Date
--	---

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

FOR OFFICE USE ONLY			
AGENCY _____ DATE _____ SIGNATURE APPROVAL _____ Land Development DPZ _____ State Highways _____ Building Official _____ Dev. Engineering DPZ _____ Health _____ Fire Protection _____ Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>9199</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation _____ Accepted by <u>[Signature]</u>	Distribution of Copies: White: Building Official Green: LDD DPZ Yellow: DED DPZ Pink: Health Gold: SHA

NOTE: ACCURACY OF APPARENT SETBACK DISTANCES ARE 1'



REFERENCE:
 PROPERTY DESCRIBED IN A DEED
 DATED: JUNE 3, 1998 AND RECORDED
 AMONG THE LAND RECORDS OF HOWARD
 CO. MD. IN DEED LIBER 4315 PAGE 165

THIS IS TO CERTIFY THAT WE HAVE LOCATED THE
 IMPROVEMENTS AS SHOWN ACCORDING TO THE
 REGULATIONS GOVERNING THE MARYLAND STANDARDS
 OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS;
 EFFECTIVE DATE MARCH 1, 1995.

Genial T. Williams
 REGISTERED NO. 10857

11-21-00

DATE



W. DUVALL & ASSOCIATES, INC.
 ENGINEERS - SURVEYORS - LAND PLANNERS
 530 EAST JOPPA ROAD
 TOWSON, MARYLAND 21204
 (410) 583-9571

- NOTE: (A) THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES AND DOES NOT CONSTITUTE A BOUNDARY SURVEY.
 (B) THIS PLAT IS OF BENEFIT TO THE CONSUMER ONLY - INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING.
 (C) THIS PLAT SHOULD NOT BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

NOTE: THIS PROPERTY DOES NOT LIE WITHIN THE LIMITS OF A FLOOD HAZARD AREA AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM. MAP NUMBER: 24004400000B ZONE: C

LOCATION CERTIFICATION OF
 17771 HARDY ROAD

4TH ELEC. DIST.

HOW. CO., MD.

SCALE: 1"=100' NOV. 21, 2000
 FILE NO. E 17651-00

L.C. # XAC