

11/28/86
ASAP

05-399297

11-28-86
approved
S. Abel

PERMIT

P 37712
A 26652

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 9/26/84

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Dayton Meadows ROAD 4886 Greenbridge Rd. LOT 6, Sec. 1, Area II

PROPERTY OWNER Carmen Associates Skip Styers

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 210 feet from the front (245') lot line and 110 feet from the left (550') lot line as seen when facing the lot from Greenbridge Road. Run trenches on contour towards the left lot line. Maintain 100 feet from well with septic tank.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

WPT - PILES AT 46" below GRADE; well line 44"-48" below grade. S.A. 250'

PLANS APPROVED BY S. Abel DATE 8/21/86

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 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, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
26652

PRELIMINARY

APPLICATION

A 26652

P _____

SEWAGE DISPOSAL TESTING

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 5th

DATE 8/16/77

*set distribution box 260' ± from front corner of 85' L from right side line
(393' line) start trenches at d. box & run toward
(393') st. side line,*

2' wide, 9' deep, outlet 4 ft., 5' stone under distribution

2-78' long trenches for P.B.R. house

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Total 716 #

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. *Ralph Styers* ~~Contract Purchaser~~

does not include disposal

PROPERTY OWNER William Mitchell (~~Contract Purchaser~~ Paul Kottis)

ADDRESS 1015 Gadsden Avenue, Silver Spring, Md. 20904 PHONE 421-9433

PROPERTY LOCATION:

sect 1 Area II

SUBDIVISION Dayton Meadows LOT NO. 25, Block 6

NEW LOT 6

ROAD AND DESCRIPTION Green Bridge Road *4886 Greenbridge Rd.*

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms

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/ Paul Kottis

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BP # 6992

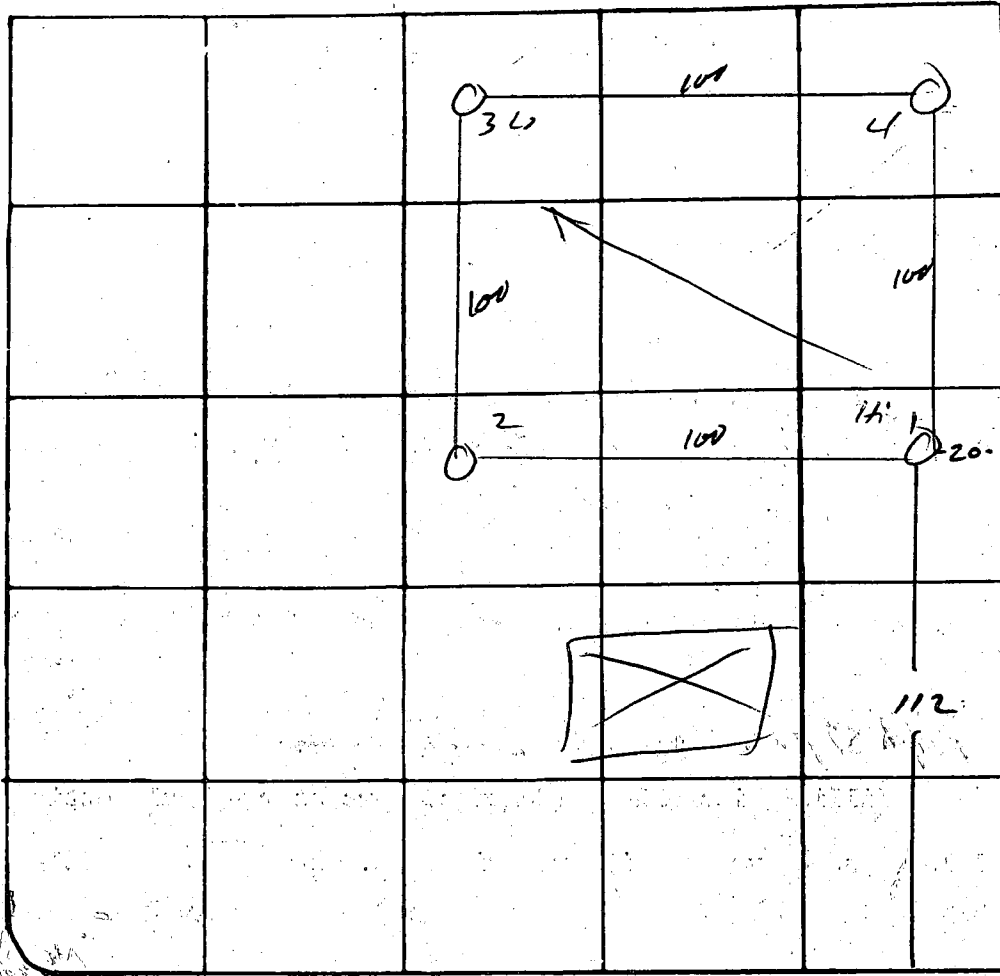
BLDG. PERMIT ~~ISSUED~~
AND RETURNED 8-21-85

BLDG. PERMIT ~~SIGNED~~
AND RETURNED 5-5-86

S. Abel
BP # 72427

THIS IS NOT A PERMIT

GREENBRIDGE RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

- R W -

25C

X PERC
14min
INLET 4"
BOTTOM 9"
194 φ / BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
26 Aug 77	1	3 1/2	10 ³¹	10 ⁴¹	10 ⁴¹	10 ⁵³	12
		13 1/2	"	"	"	10 ⁵²	11
	2	5	10 ³⁰	10 ⁴⁵	10 ⁴⁵	11 ⁰¹	16
		13 1/2	"	10 ³⁹	10 ³⁹	10 ⁴⁴	5
	3	4 1/2	10 ⁴⁰	10 ⁵³	10 ⁵⁸	11 ²⁷	29
		14	"	10 ⁴⁴	10 ⁴⁴	10 ⁵⁰	6
	4	13 1/2	vis	same			

REMARKS _____

TYPE OF SOIL _____

TESTED BY M / CBS ALSO PRESENT: Roffis

B 1 4579

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1357

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

please print or type

fill in this form completely

Date Received

3/19/86

0213FC

OWNER INFORMATION

STYERS SKIP

P.O. Box 701

ADDELPHI MD 20783

DRILLER INFORMATION

Joseph L. Maynor 23E

Joseph L. Maynor Well Drill Inc

5512 Ridge Rd. Mt. Airy, Md. 21771

Signature Date 3/13/86

B 3

LOCATION OF WELL

HOWARD

DAYTON MEADOWS

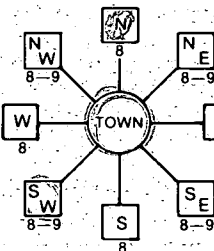
SECTION 1 LOT 6 AREA 2

DAYTON

MILES FROM TOWN 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Greenbridge Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



400 DISTANCE FROM ROAD ENTER FT or MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (Single or Double Household Unit Only)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, State and Federal Gov. Other (Requires Appropriation Permit)
Public or Private Water Company (Requires Appropriation Permit and State Health Department Approval)
Test, Observation, Monitoring (May Require Appropriation Permit)

APPROXIMATE DEPTH OF WELL 260 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
other

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE BN WRITE INITIALS IN BOX PERMIT No. 40-81-1357

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD

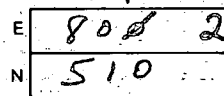
A 26652

COUNTY NAME COUNTY NO. OEP SIGNATURE DATE ISSUED 022786 BNylon 08/27/86 NORTH GRID 510000 EAST GRID 0802000

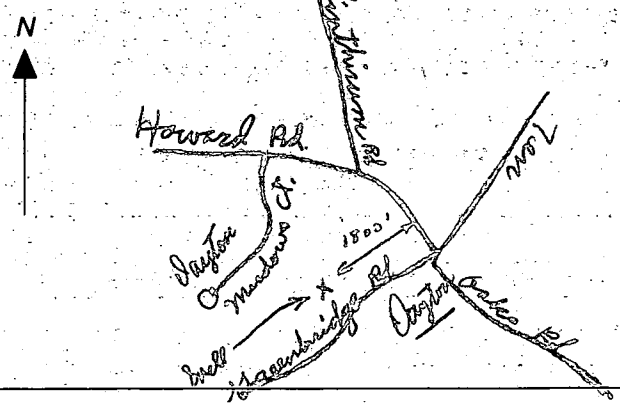
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

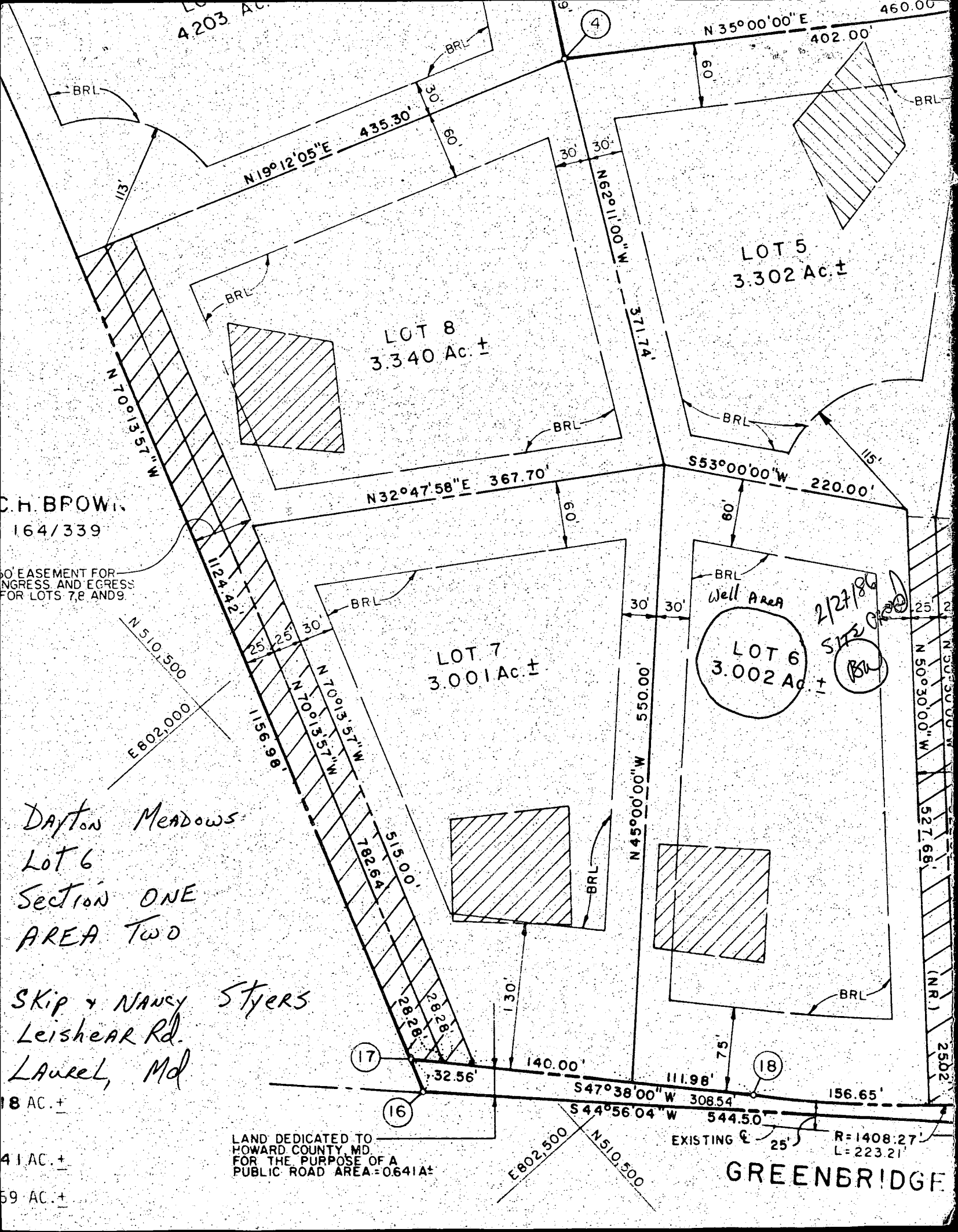
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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





4203 AC.

N 35°00'00" E 460.00'

N 19°12'05" E 435.30'

LOT 5
3.302 Ac. ±

LOT 8
3.340 Ac. ±

LOT 7
3.001 Ac. ±

LOT 6
3.002 Ac. ±

C.H. BROWN
164/339

EASEMENT FOR
INGRESS AND EGRESS
FOR LOTS 7, 8 AND 9

DAYTON MEADOWS
LOT 6
SECTION ONE
AREA TWO

SKIP & NANCY STYERS
LEISHEAR RD.
LAUREL, MD

LAND DEDICATED TO
HOWARD COUNTY, MD.
FOR THE PURPOSE OF A
PUBLIC ROAD AREA = 0.641A ±

EXISTING E 25' R=1408.27'
L=223.21'

GREENBRIDGE

18 AC. ±

41 AC. ±

59 AC. ±

17

16

18

4

N 70°13'57" W

N 51°0'50" W

E 802.000

N 70°13'57" W

N 32°47'58" E 367.70'

N 22°11'00" W 371.74'

S 53°00'00" W 220.00'

N 45°00'00" W 550.00'

S 47°38'00" W 308.54'

S 44°56'04" W 544.50'

E 802.500

N 51°0'50" W

N 50°30'00" W

527.69'

(NR) 2502'

1124.42'

1156.96'

515.00'

7826.4'

2828.1'

2828.1'

140.00'

32.56'

130'

75'

111.98'

156.65'

113'

30'

60'

30'

30'

60'

60'

115'

30'

30'

25'

25'

25'

25'

25'

25'

25'

25'

25'

2/27/86
S1720
BW

Well Area

R=1408.27'
L=223.21'

C1 00893

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-26652

DATE Received

DATE WELL COMPLETED 03/08/86

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HQ-81-1357

OWNER STYERS SKIP STREET OR RFD GREENBRIDGE RD. TOWN DAYTON SUBDIVISION DAYTON MEADOWS SECTION 1 AREA 2 LOT 6

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 15, NO. OF POUNDS 1410, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 145 ft.

CASING RECORD: casing types insert appropriate code below (S, C, P, O), MAIN CASING TYPE (S), Nominal diameter 6 inch, Total depth of main casing 300 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below (S, B, H, P, O), DEPTH (nearest ft.) 140, 34, 300.

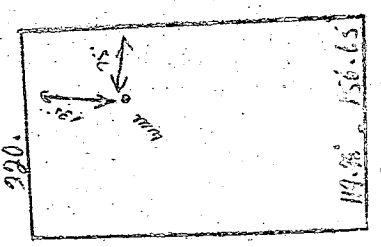
SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) 56; GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 32, METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 48, WHEN PUMPING 178, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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) 178.

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)



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. 238; DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Page 1 of 1
 Date 3/19/86

Review OK'd 4/2/86 (BN)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1357
 Location of property (road) GREENBRIDGE RD
 Subdivision DAYTON MEADOWS Lot 6 Block Plat Sec. 1 AREA 2
 Well Driller JOSEPH MAYNE Owner STYERS, SKIP

Depth of well 300
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 48'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 12
 Total time 30 min to reach pumping water level 178 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	114'	5 sec.		19
7:30	178	5		12
7:45	178	30		2
8:00	178	30		2
8:15	178	30		2
8:30	178	30		2
8:45	178	30		2
9:00	173	30		2
9:15	166	24		27
9:30	166	17		32
9:45	171	15		4
10:00	171	17		32
10:15	171	17		32
10:30	171	17		32
10:45	171	17		32
11:00	171	17		32
11:15	171	17		32
11:30	171	17		32
11:45	171	17		32
12:00	171	17		32
12:15	171	17		32
12:30	171	17		32
12:45	171	17		32
1:00	171	17		32
1:15	171	17		32
1:30	171	17		32

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

DAYTON MEADOWS
Lot 6
Section 1
Area 2

SKIP & NANCY STYERS

Philip Meryly
(Name)

PO Box 701
Adelphi Md 20783
(Address)

HO-81-1357
(OEP Well Permit Number)

2/13/86
(Date)

12/3/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation _____
Replacement _____

Receipt # 38191
Date 12/02/86

Name of Installer Timothy J. Rollman

Telephone 725-2392

License number 7079

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Ralph Styers Telephone _____

Subdivision Dayton Meadows Lot # _____ Well tag # _____

Site Address 4886 Greenbridge Road
Dayton, Maryland 21036

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make <u>Harvard</u>
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <u>X</u>	a. 110 _____	
2. Make <u>Jacuzz</u>	b. 220 <u>X</u>	
3. Model # _____		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <u>X</u> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes <u>X</u> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u>X</u> Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>42 gal equiv.</u>	1. Type <u>crestlon</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1'</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved <u>uwa</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>4'</u>	4. Will water supply be disinfected by installer? <u>yes</u>

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Timothy J. Rollman

Date: 12-1-86

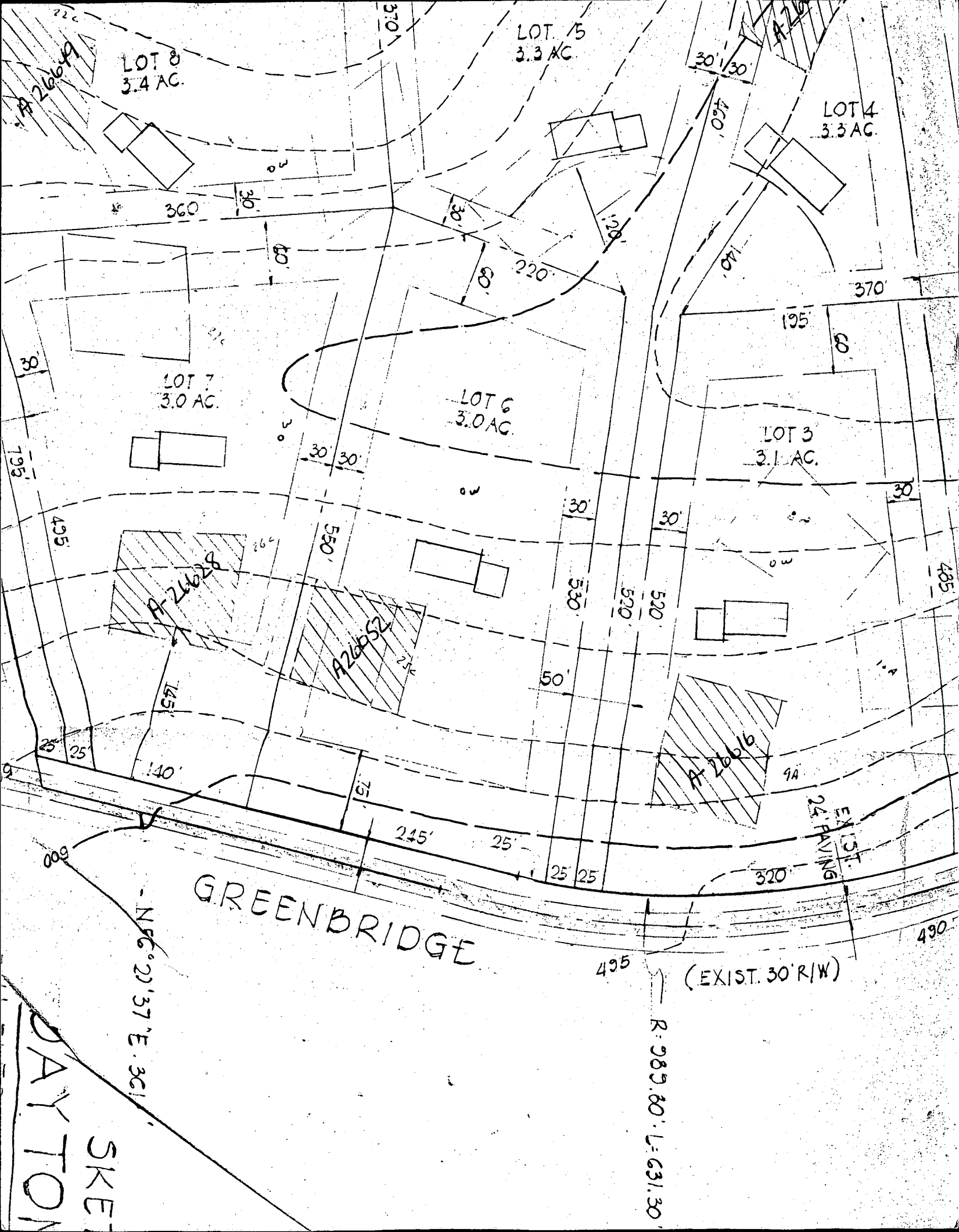
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.
12/3/86 WELL PUMP INSTALLATION OK SBB
OTHER SIDE FOR DETAILS BHOW SBB

12/31/86

Well Pump installation already
inspected by Sid Abel & was OK
on 11/28/86. He wrote on Sewage Disposal
Permit

I checked Pressure tank today
& it was OK

12/31/86
Raymond Ralger



LOT 8
3.4 AC.

LOT 5
3.3 AC.

LOT 4
3.3 AC.

LOT 7
3.0 AC.

LOT 6
3.0 AC.

LOT 3
3.1 AC.

GREENBRIDGE

DAYTON
SKELETON

N56°20'37"E. 361'

R: 282.80' L: 631.30'

(EXIST. 30' R/W)

EXIST.
24' PAVING

490

495

320

25 25

25

245'

75

140'

25

145'

9A

9A

50'

520'

520'

530'

30'

30'

30'

30'

30'

195'

8'

370'

140'

120'

30'

30'

360'

30' 1/30

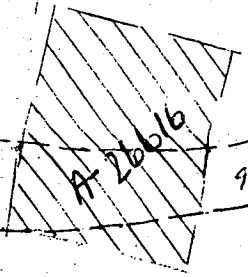
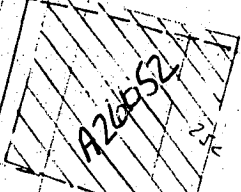
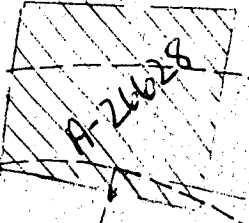
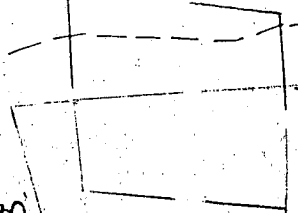
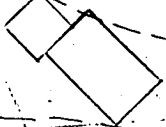
460'

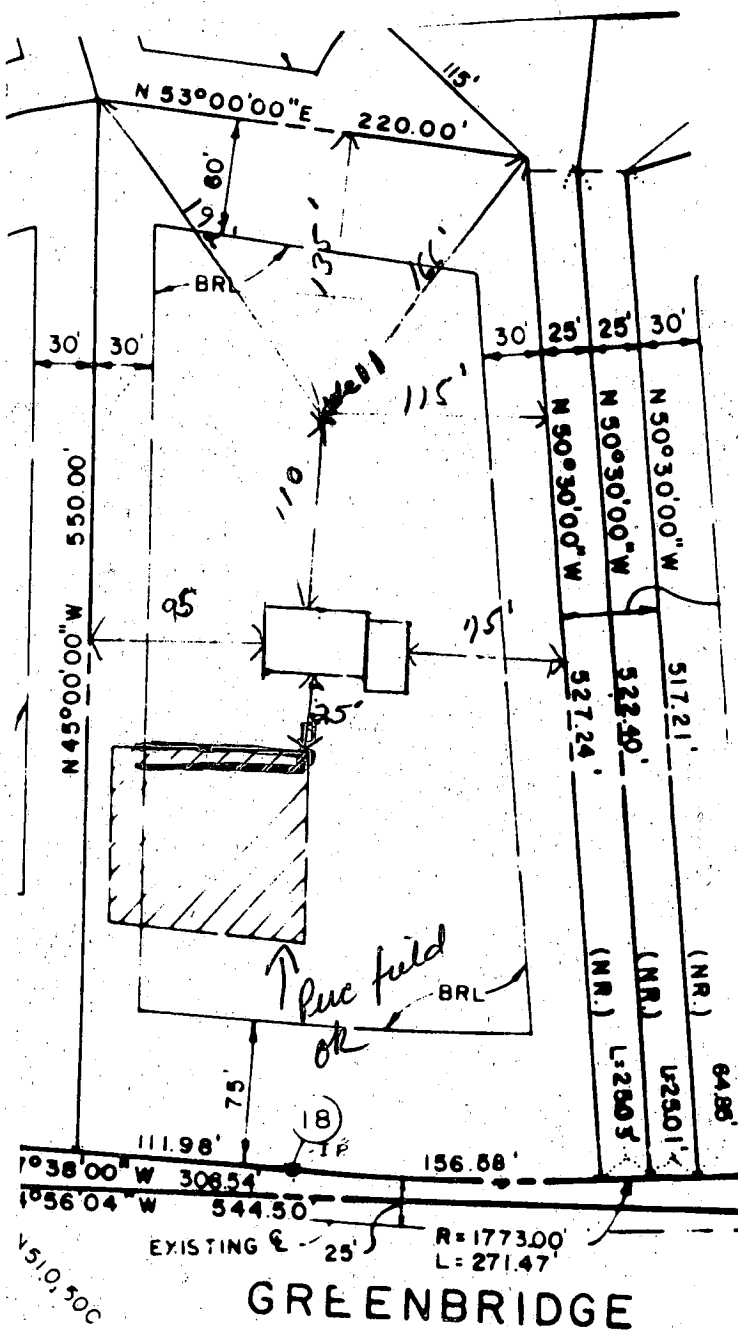
370'

222'

A 26649

A 26649





No Basement
service

- 1. First Floor Elevation 518' ✓
- 2. Grade at house 516' ✓
- 3. Invert out of house 513' ✓
- 4. Invert into tank 512.5
- 5. Invert out of tank 512
- 6. Invert into dist. box 511.5'
- 7. Grade at perc hole 1 515' ✓
- 8. Elevation of well 527' ✓

I certify that the above measurements and elevations are true and correct.

Boyd L. St...

8-21-86
elevations ok
Sidney Abue

1947/BR
4-9

4 BR house
156 Ft of Trench
needed.

BLDG. PERMIT SIGNED
AND RETURNED 8-21-86 J. Abel
BP # 72427

Building Address 488 Greenbridge Rd
Dayton, MD 21036

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

Census Tract _____ Subdivision Dayton Meadows

Section _____ Area _____ Lot 60

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 13 H12 Lot size _____

Property Owner's Name CAREY ROBERT MEYERS
 Address 4886 GREENBRIDGE RD
 City DAYTON State MD Zip Code 21036

Home Phone 443-535-0765 Work Phone 240-568-5114

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

Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 17,500

Description of Work IN GROUND SWIMMING POOL
8' deep fence per code

Contractor Company Joy Pools & Contracting Inc
 Contact Person LAURA JOY
 Address 207 OAK LANE
 City GLEN BURNIE State MD Zip Code 21061
 License No. 26984
 Phone 410 766 9214 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
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: <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"/>
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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name GURATE LERMAN
 Date 5-10-00

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?
 YES NO

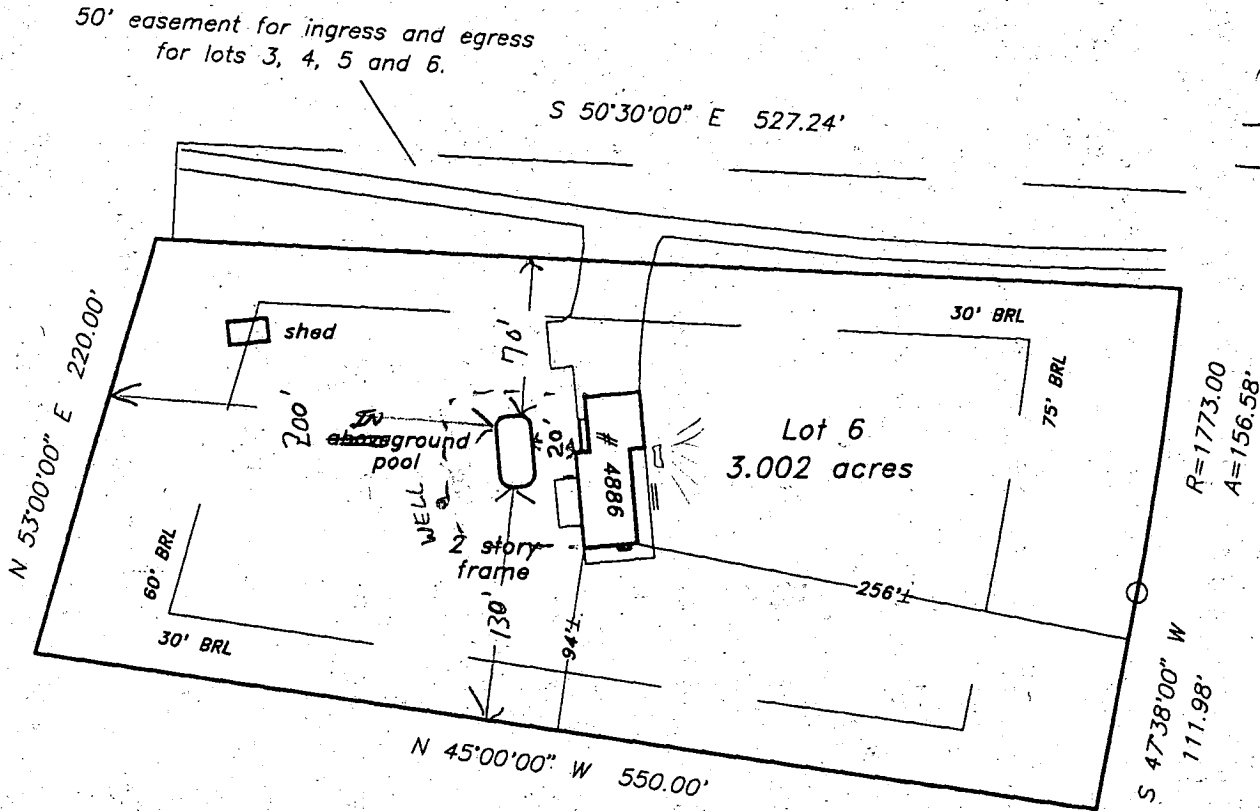
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ <u>25</u>
Side: _____	Excise tax \$ _____
Side St. _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>25</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>PA100</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by _____

NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1±.



5/1/00
 proposed pool location OK and shown

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland. Panel # 26 of 45 Community Panel # 240044-0026 B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as **Lot 6**
4886 Greenbridge Road
 recorded in the Land Records of Howard County, Maryland in Plat Bk. **6680** Liber **Folio**
 for the purpose of locating the improvements thereon.

- * 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 refinancing purposes.
- * This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- * This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



LOCATION DRAWING
 4886 Greenbridge Road
 Dayton Meadows
 5th election district
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031
 Fax No. (410)442-1315

Scale:	1" = 100'
Date:	September 20, 1999
Field by:	JLM
Drawn by:	JLM
Drawing #	AEC6038