

04-3354022

PERMIT

P 27037

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

A _____

ISSUE DATE _____

INDEXED

APPROVAL DATE _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Glenwood Estates LOT NUMBER 10 ADDRESS 14652 Mustang Path

PROPERTY OWNER Thompson PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

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

LOCATION: _____

~~COPIES PERMIT SIGNED~~
AND RETURNED 8/1/2001

~~COPIES PERMIT SIGNED~~
AND RETURNED 11/22/83

B00131754 - Deck

Serial #56547 - sunroom

7/24/01 - B00131702 - REMODEL KITCHEN

PLANS APPROVED _____ DATE _____

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

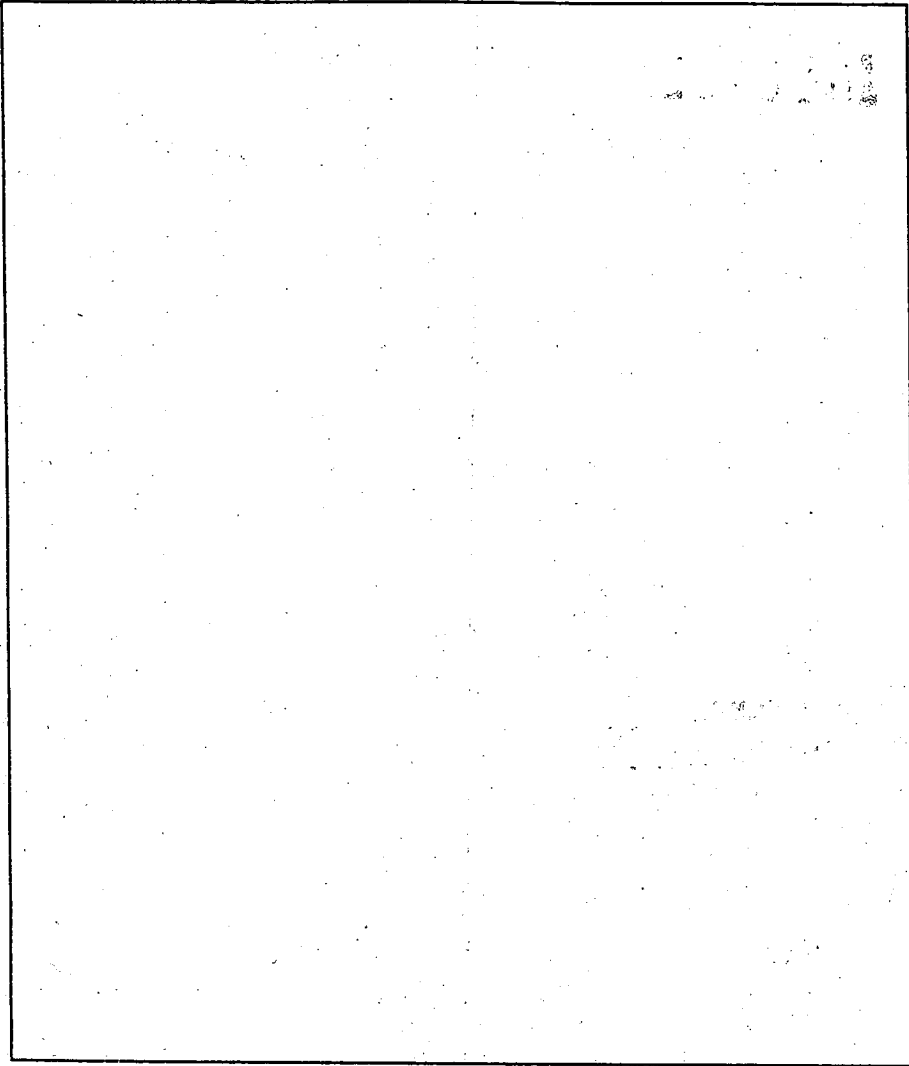
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

P27037

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____
TRENCH INLET DEPTH _____
TRENCH BOTTOM DEPTH _____
DEPTH OF STONE _____
NUMBER OF TRENCHES _____
TOTAL TRENCH LENGTH _____
ABSORBENT AREA _____
DISTRIBUTION BOX LEVEL _____
BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

11/11/00

10/31/77
as soon as possible

PERMIT

27834
23057
A 19184 (3) P.C.O.

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 10/11/77

Jack Pyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Cincin, Md.

PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Glenwood Estates

ROAD 14652 Mustang Path

LOT 10, Sec. 1

PROPERTY OWNER John Cochrane

ADDRESS 9702 Branchley Road, Randallstown, Md. 21133

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ADSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 80%.

OTHER DRY WELL AND TRENCH - Dry well to have 300 sq. ft. effective sidewall area. Inlet at 4 ft. and maximum depth 9 1/4 ft. below original grade. Effective depth starts at 4 1/2 ft. Locate dry well 75 ft. from the left lot line and 125 ft. from the front lot line as seen when facing lot from road. Trench to be ~~36 ft.~~ 36 ft. long for a total sidewall area of 180 sq. ft. Inlet to trench at 4 1/2 ft. (effective depth begins at 4 1/2 ft.) and maximum depth 9 1/4 ft. Coms off left rear of dry well, run trench towards left rear portion of lot. Follow contour to keep trench level. NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH. NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THIRY YEARS. NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

PLANS APPROVED BY William N. Zepp

DATE 5/31/77

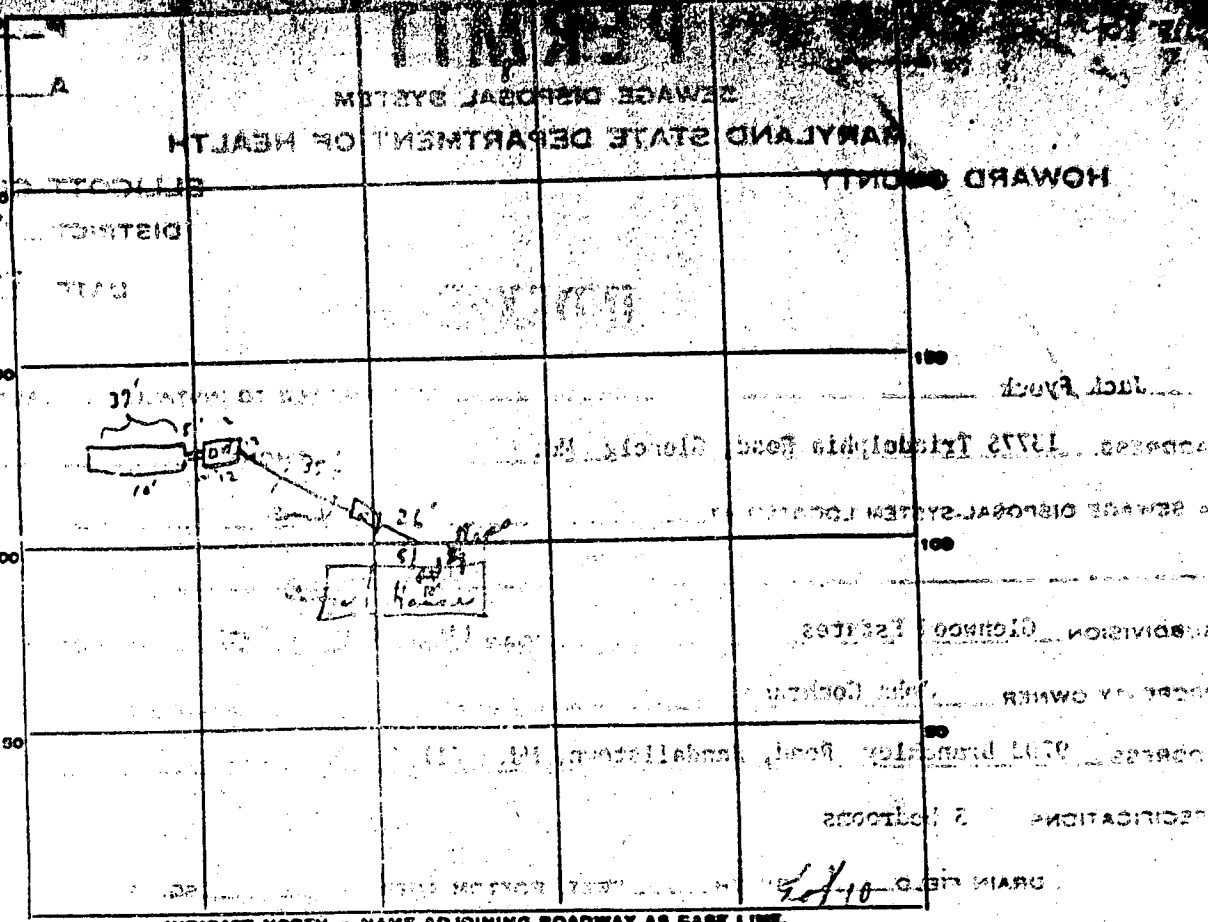
COTTA ACCEPTED.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED AND RETURNED 11/23/83
Serial # 57547
Sunson

A LIST



INDICATE NORTH. - NAME ADJOINING ROADWAY AS CASE LINE.

PERMIT CARD

N = No

SEPTIC TANK, LEVEL

ok

CLEANOUTS

S.T. | D.W.
ok | ok

DISTRIBUTION BOX, LEVEL

N/A

TILE FIELD, DEPTH

10

TRENCH WIDTH

GRAVEL DEPTH

7

TOTAL LENGTH

37

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER

48 1/2

DEPTH BELOW GROUND

6 1/2

ABSORBENT AREA

574

REMARKS

10/31/77 @ checked trench only, @ entire system
 Note see area some pipe work - placed at meeting

DATE SYSTEM APPROVED

10/31/77

INSPECTOR

C. B. H. [Signature]

COPIES RECEIVED (WRA USE ONLY) **JUNE 15 1977** DATE WELL COMPLETED

DEPTH OF WELL **81** FEET TO NEAREST FOOT

PERMIT NO. FROM "PERMIT TO DRILL WELL" **1212121212**

OWNER **COCKRANE** LAST NAME **John** FIRST NAME

STREET OR RFD **7702 Beamly** POST OFFICE **Rancharra town, N.C.**

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	
<i>Handwritten notes</i>	79	185	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS **24** NO. OF POUNDS **225**

GALLONS OF WATER **144**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **81** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **ST** NOMINAL DIAMETER (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **82**

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM **81** TO **135**

SLOT SIZE 1. **1/8** 2. **1/8** 3. **1/8**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **3**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **7**

METHOD USED TO MEASURE PUMPING RATE **1 Gal Bucket**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **75** (NEAREST FOOT) WHEN PUMPING **70** (NEAREST FOOT)

TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX) JET PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

PUMP INSTALLED

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

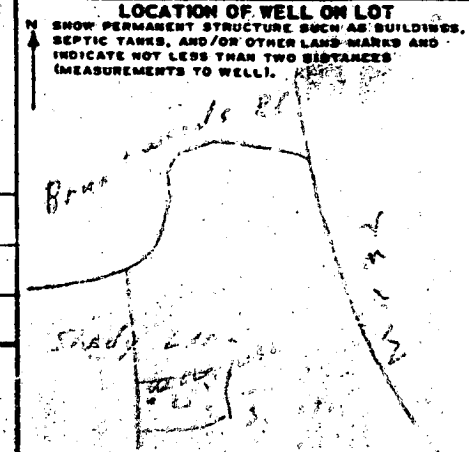
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** TO **38**

PUMP HORSE POWER **37** TO **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** TO **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW LAND SURFACE (NEAREST FOOT) **40** TO **51**



CIRCLE APPROPRIATE BOXES

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 IN 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.

DRILLER'S NAME **Chris ...**

(PLEASE PRINT) **Chris ...**

SIGNATURE **Chris ...**

DIAMETER OF SCREEN **60** (NEAREST INCH) FROM **60** TO **60**

GRAVEL PACK

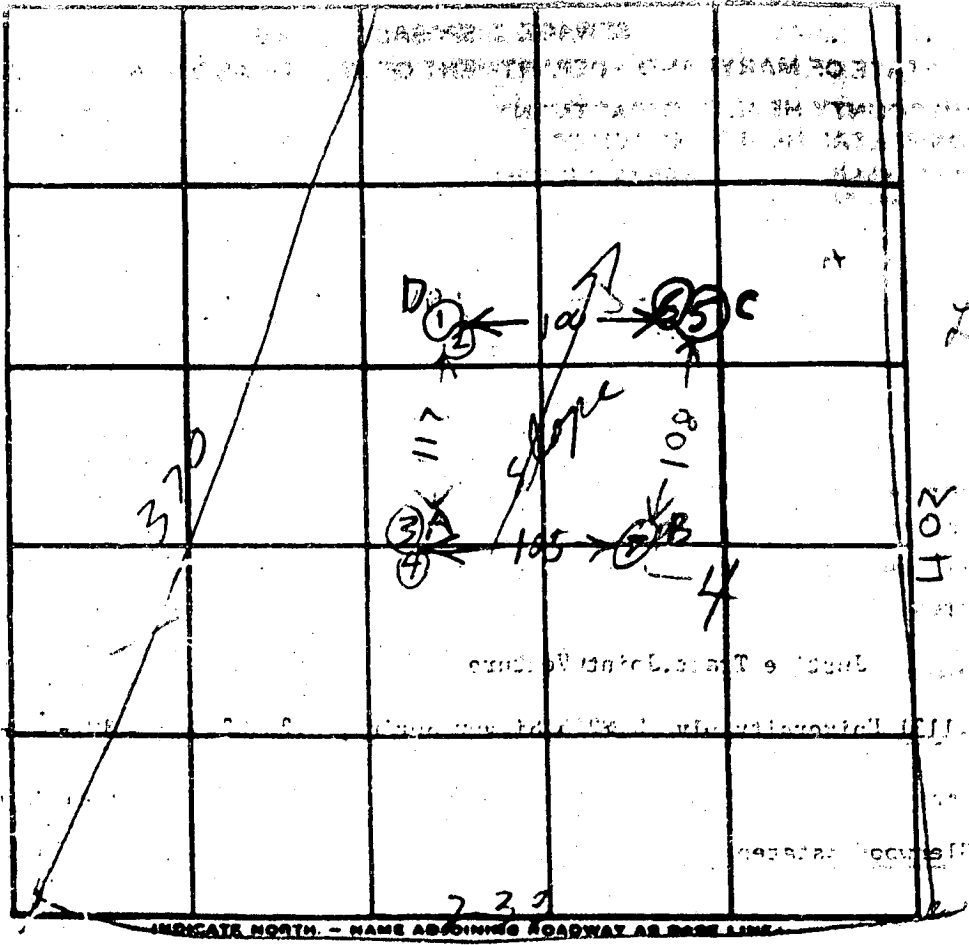
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

W
 11-3, A-4
 11-3, A-4

$\bar{c} = 12 \text{ min}$



Lot 11

402
404

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ELEVATION

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	NEXT LOWEST
			START	STOP	START	STOP		
8/1/74	D 1	4	147	152	152	200	8	26
	D 2	12	147	202	202	200	19	
	A 3	4 1/2	214	218	218	2:28	10	HIGHEST USE DN 18
	A 4	15	210	214	214	2:22	8	
	C 5	4	2:36	239	239	257	18	LOWEST 23
	C 6	12	2:34	2:40	2:40	245	5	
9/1/74	B 7	11	Visual		min to A 3		dry	NEXT HIGHER

REMARKS SEE PLAN FOR LOCATION HOLE'S ABCD

HIGHEST TO LOWEST Lot 11

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
300131702

Building Address 14652 MUSTANG PATH
GLENWOOD, MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision GLENWOOD EST
 Section _____ Area _____ Lot 10
 Tax Map 21 Parcel P179 Grid 5
 Zoning RR Map Coordinates 908 Lot size _____

Property Owner's Name LEW & ABBY THOMPSON
 Address SAME
 City _____ State _____ Zip Code _____
 Home Phone 4107206446 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use KITCHEN STD
 Proposed Use KITCHEN
 Estimated Construction Cost \$ 500.00
 Description of Work REMODEL KITCHEN

Contractor Company DETZBAUGH CONSTRUCTION
 Contact Person DARREN ANDREWS
 Address P.O. Box 476
 City MT. AIRY State MD Zip Code 21771
 License No. MHC 3901
 Phone 301 865-3658 Fax SAME

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person NONE
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____ 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.

D. A. D.
 Applicant's Signature
V.P. DETZBAUGH CONSTRUCTION
 Title/Company

DARREN M. ANDREWS
 Print Name
7-26-01
 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#
Land and Development, DPZ			Front: _____	51671
State Highways			Rear: _____	Filing fee \$ _____
Building Official <u>7/26/01</u>			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health <u>7/26/01</u> <u>Brian Baker</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
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 # <u>4290</u>
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>43811</u>
				Accepted by <u>[Signature]</u>

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
300131702

Building Address 14652 MUSTANG PATH
GLENWOOD, MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604D Subdivision GLENWOOD EST
 Section _____ Area _____ Lot 10
 Tax Map 21 Parcel P179 Grid 5
 Zoning RR Map Coordinates 9D8 Lot size _____

Property Owner's Name LEE & ABBY TILKINSON
 Address SAME
 City _____ State _____ Zip Code _____
 Home Phone 4107206146 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use KITCHEN
 Proposed Use KITCHEN
 Estimated Construction Cost \$ 500.00
 Description of Work REMOVE KITCHEN

Contractor Company DETZBALCH CONSTRUCTION
 Contact Person DARREN ANDREWS
 Address P.O. BOX 476
 City MT. AIRY State MD Zip Code 21771
 License No. MHC 3801
 Phone 301-665-3658 Fax SAME

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person NONE
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
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Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____ Manufactured Home _____	

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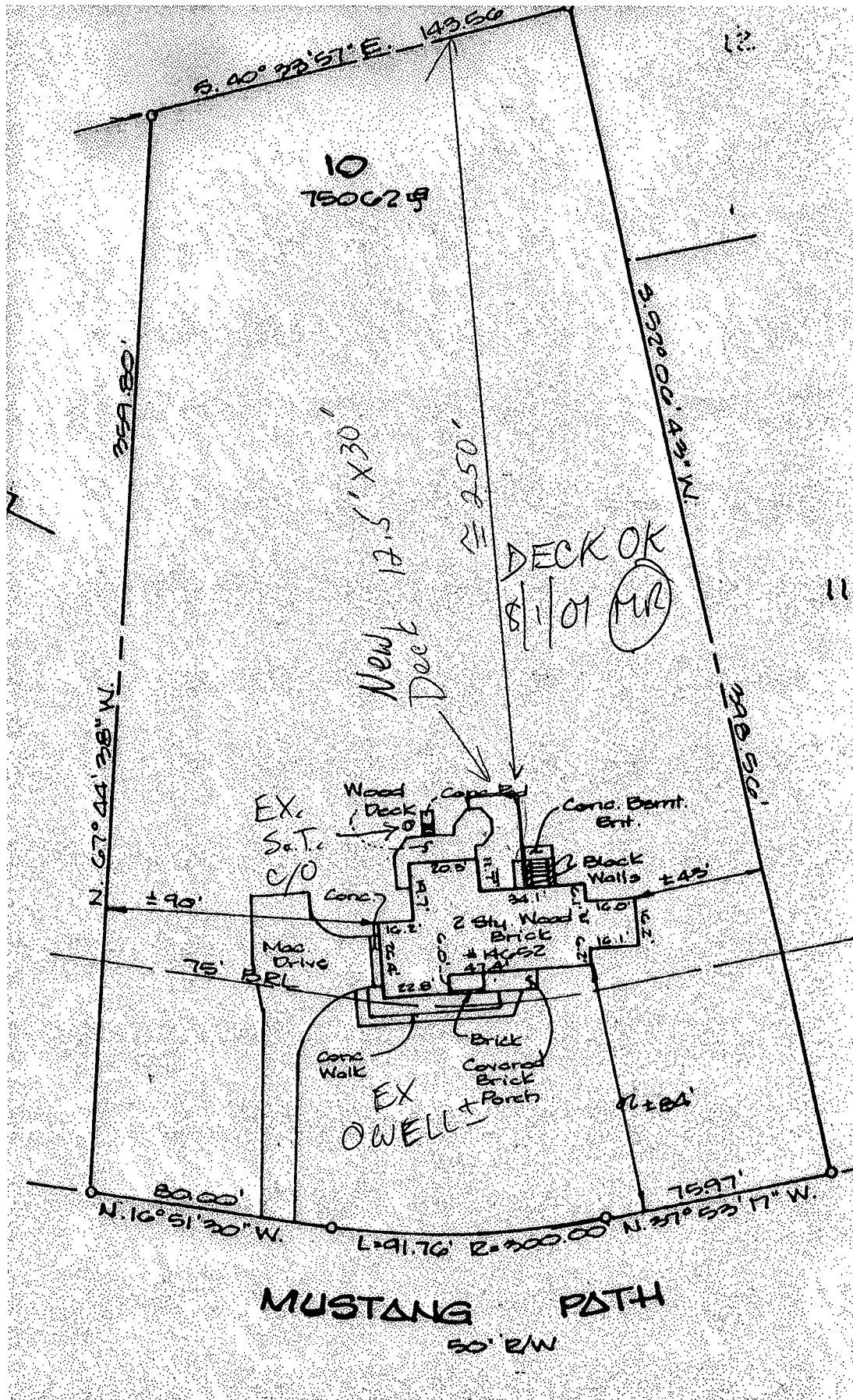
D. Detzbalch
 Applicant's Signature
V.P. DETZBALCH CONSTRUCTION
 Title/Company

DARREN M. ANDREWS
 Print Name
7-26-01
 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#	PROPERTY FEES
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	51611	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l. per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation _____
Building Official	7/26/01	[Signature]	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Dev. Engineering DPZ			High Rise? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Health	7/26/01	Brian Baker	Lot Coverage for New Town Zone _____		
Fire Protection			SDP/Red-line approval date _____		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>					
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					
ONE STOP SHOP: <input type="checkbox"/>					
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SH					



8-7-87 Septic tank cleanout was buried. Drywell cleanout located approximately 49 feet from front of septic tank. Used installation sketch to locate approximate front of septic tank. Tank appears to be about 26.5 feet from the house-sprague wall. Will be underneath the addition and deck. Deck over the septic tank. Recommend dismantling.
JE Nadeau

NORTH

firmly established
 5/11/87
 9-1-82
 8-1-87
 Jack to be 18-24"
 off ground, old access
 its designed. only problem
 would be if tank empty.
 with a letter from owner
 bring matter that is
 they need to know
 replacement that the
 Jack may want to be removed
 '04"
 then ok to sign
 8-1-87

S 67° 44' 30" W 369.80'

