

7/25/80
approved - Stager

PERMIT

P 30684
A 29294

7/25/80
around 11:00 A.M.

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY
DISTRICT 5th.

INDEXED

DATE 5/20/80

final in afternoon if possible

05-383927

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 6119 Jerry's Drive, Columbia, Md. 21044 PHONE 997-8740

SUBDIVISION Allnut Farm Estates ROAD 13465 Long Days Court LOT 5 Sec. 2

PROPERTY OWNER Mr. & Mrs. James E. Sczepanski PHONE: 935-4971

ADDRESS 3404 Marlborough Court, College Park, Md. 20740

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

Dry well SEEPAGE PITS ABSORBENT SIDE-WALL AREA 336 SQ. FT. total in dry well

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

Locate dry well 110 ft. from the existing well and 50 ft. from the 305 ft. property line. The dry well will be constructed 12 ft. x 12 ft. square. Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, 10 ft. deep, 30 ft. long. and contain 7 ft. of stone. The trench will follow the contour of the land will run towards the 471 ft. lot line. OK for trench 100 ft. long - 10 ft. deep, 7 ft. stone under pipe. to start same location as dry well and follow constant contour of ground call for two inspections of trench.

PLANS APPROVED BY D. Monaghan/G. Keller DATE 12/11/78

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

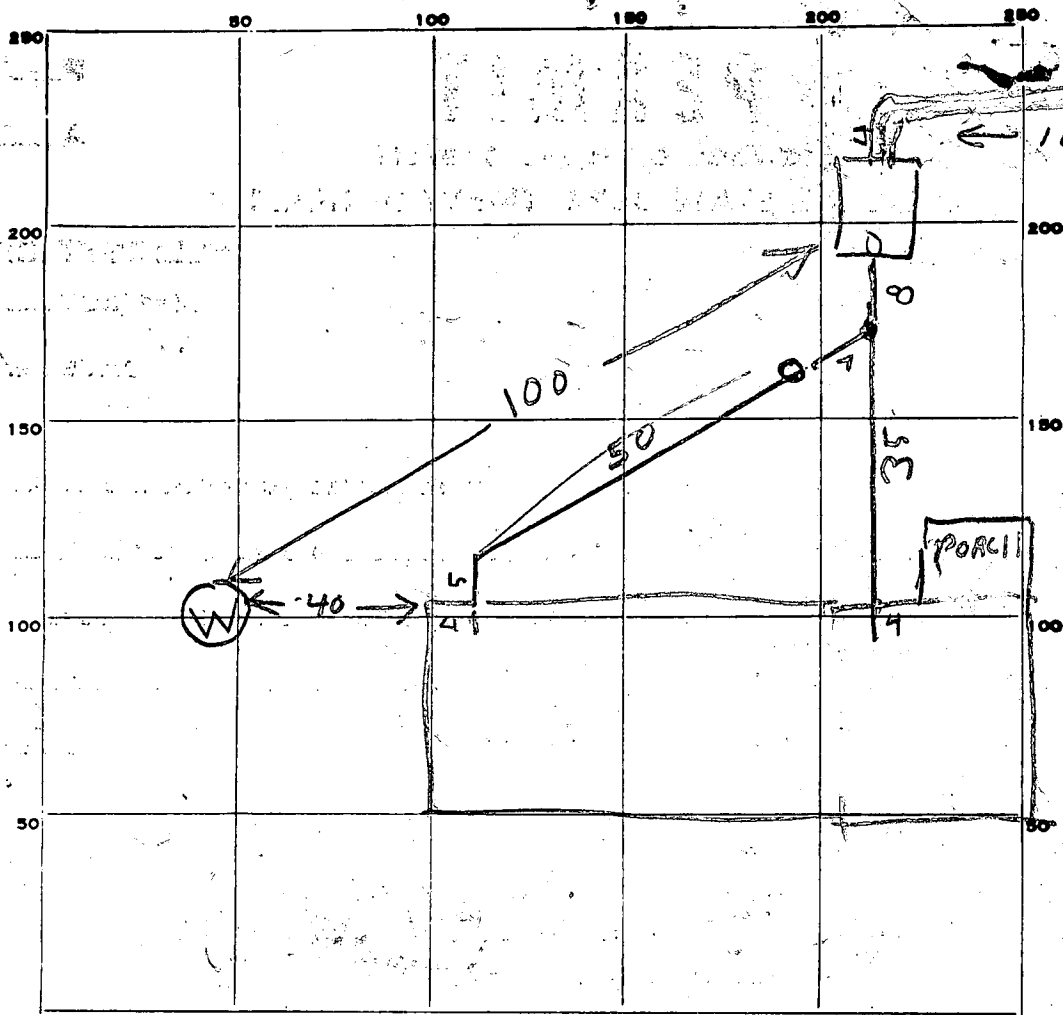
COTTA ACCEPTED.

ALLIG. PERMIT SIGNED
AND RETURNED 2-27-82
BOO B4573 FUSH BAREMSA
A 29294

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

HD - 23

4/2/82 U & O. OK. if water samples indicate no contamination F.S.
grant scheduled on July 29, 1978



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL OK 1500 CLEANOUTS OK cast iron

~~DISTRIBUTION BOX LEVEL~~ TOP 2 FT BELOW GRADE

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 700

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 700 SQ. FT.

REMARKS 5/26/80 - OK TO COVER TANK & HOUSE SEWER DITCH & CALL R.H.
7/25/80 OK to add gravel in trench. JF
7/25/80 - OK to cover all work. JF

DATE SYSTEM APPROVED 7/25/80 INSPECTOR Stayer

Dry Well and Trench

Alcott Sec 2 lots 5

Septic Tank

3 bedrooms - 1000 gallon

4 bedrooms - 1250 gallon

Locate the dry well 110 ft. from the existing well HO-73-2864 ~~property line~~, and 50 ft. from the 305' property line as seen from the road. The invert will enter the dry well at 3 ft. below original grade and the maximum depth of the dry well will not exceed 10 ft. below original grade. The dry well will be constructed 12 ft. x 12 ft. square for a sidewall area of 336 sq. ft. Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, 10 ft. deep, ~~(3 bedroom)~~ 30 (4 bedroom) ft. long, and contain 7 ft. of stone. The trench will follow the contour of the land and will run towards

the 471' lot line.

Two (2) inspections

5/30/80 - OK for trench 100 ft long - 10 ft deep
 2' ft stone ^{under pipe} - to start same location as dry well
 * follow constant contour of ground
 * two inspections of trench

G. Keller 12/11/78

APPLICATION

A 29294

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

DATE 11/30/78

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

Retest

12/8/78

2:30 P.M.

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 MR & MRS JAMES E. SCZEPANSKI

13K10

ADDRESS 3404 MARLBROUGH CT
COLLEGE PARK, MD. 20740 PHONE 935-4971

PROPERTY LOCATION:

SUBDIVISION ALLNUT FARM ESTATES LOT NO. 5 SECTION 2

ROAD AND DESCRIPTION 13465
13565 LONG DAYS COURT

SIZE OF LOT 2.67 acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE James E. Sczepanski

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

SIGNATURE OF APPLICANT _____ BLDG. PERMIT SIGNED AND RETURNED 5/23/79
Serial No. 39411

APPROVED BY S. Keller FOR Drywell/Trench DATE 12/1/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING divisions 12/1/78 (GCS)

THIS IS NOT A PERMIT

APPLICATION

A 24689

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 Fifth

DATE 9/9/76

New lot 5

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 Mr. and Mrs. Smith W. Allnutt

ADDRESS 15288 Highland Road
Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Allnutt
Hi Land Farm Estates LOT NO. 21 of 22 part of 23

ROAD AND DESCRIPTION Court "C"

SIZE OF LOT 4.53 Ac TYPE BLDG. 3 or 4 bedroom
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/ Margaret G. Allnutt

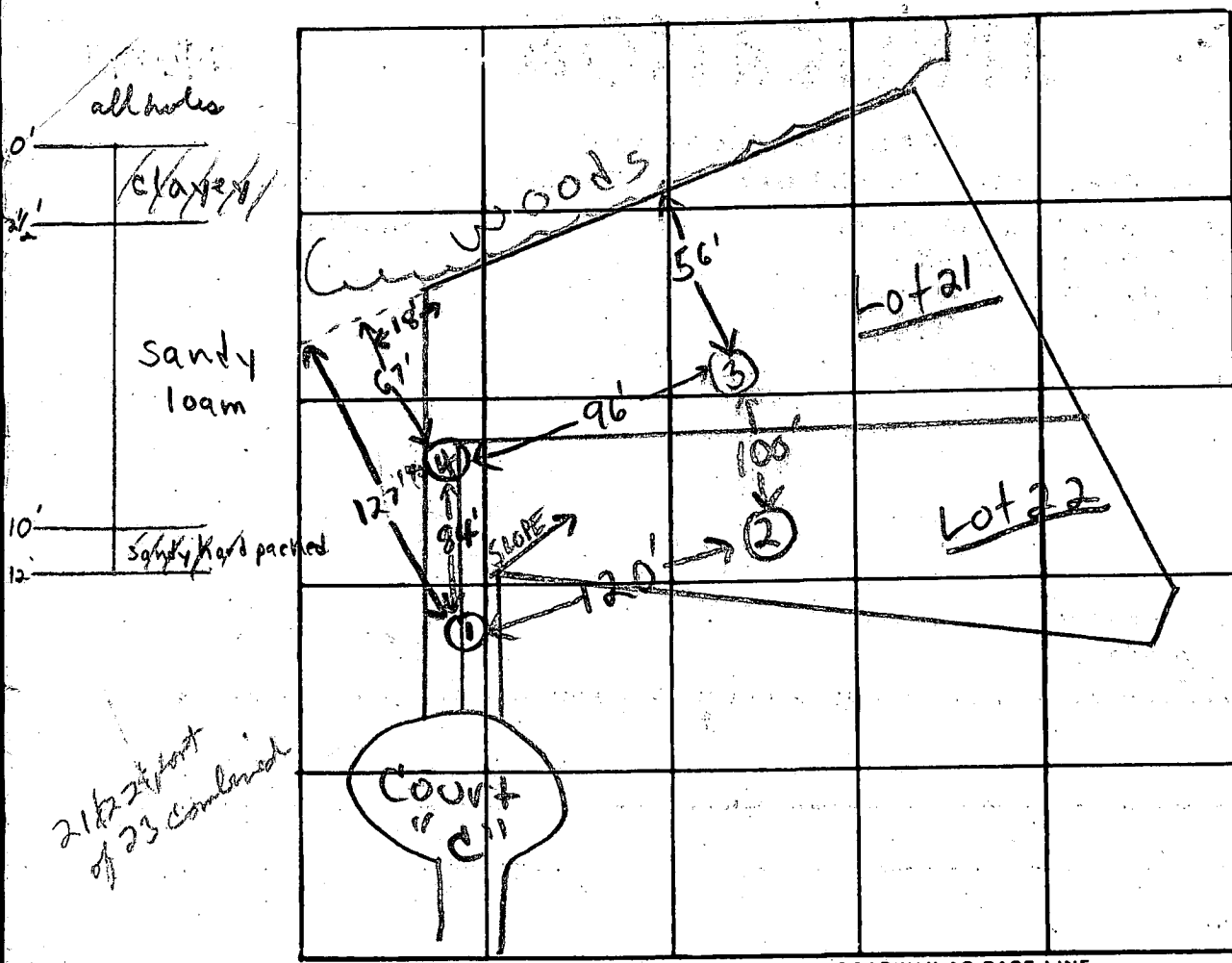
APPROVED BY DPO Neill FOR DWY Tera G DATE 9-13-76
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold for wet season test

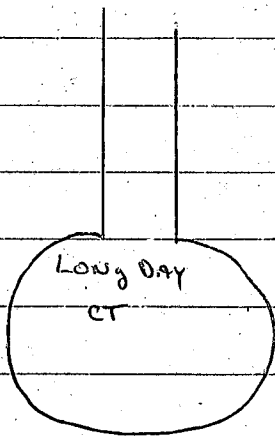
THIS IS NOT A PERMIT



2 1/2' part of 23 combined

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/29/76	1 high	3 1/2'	10:50	10:51	10:51	10:53	2 min	
	1A	12'	11:14	11:27	11:27	11:39	11 min	
	2 low	3'	10:59	11:04	11:04	11:10	6 min	
	2A	12'	10:59	11:22	11:22	11:49	27 min	
	3	3'	11:05	11:06	11:06	11:08	2 min	
	3A	12'	11:29	11:35	11:35	11:43	8 min	
	4	12'	Clayey to 2 1/2' sandy loam below hard at 11 1/2'					

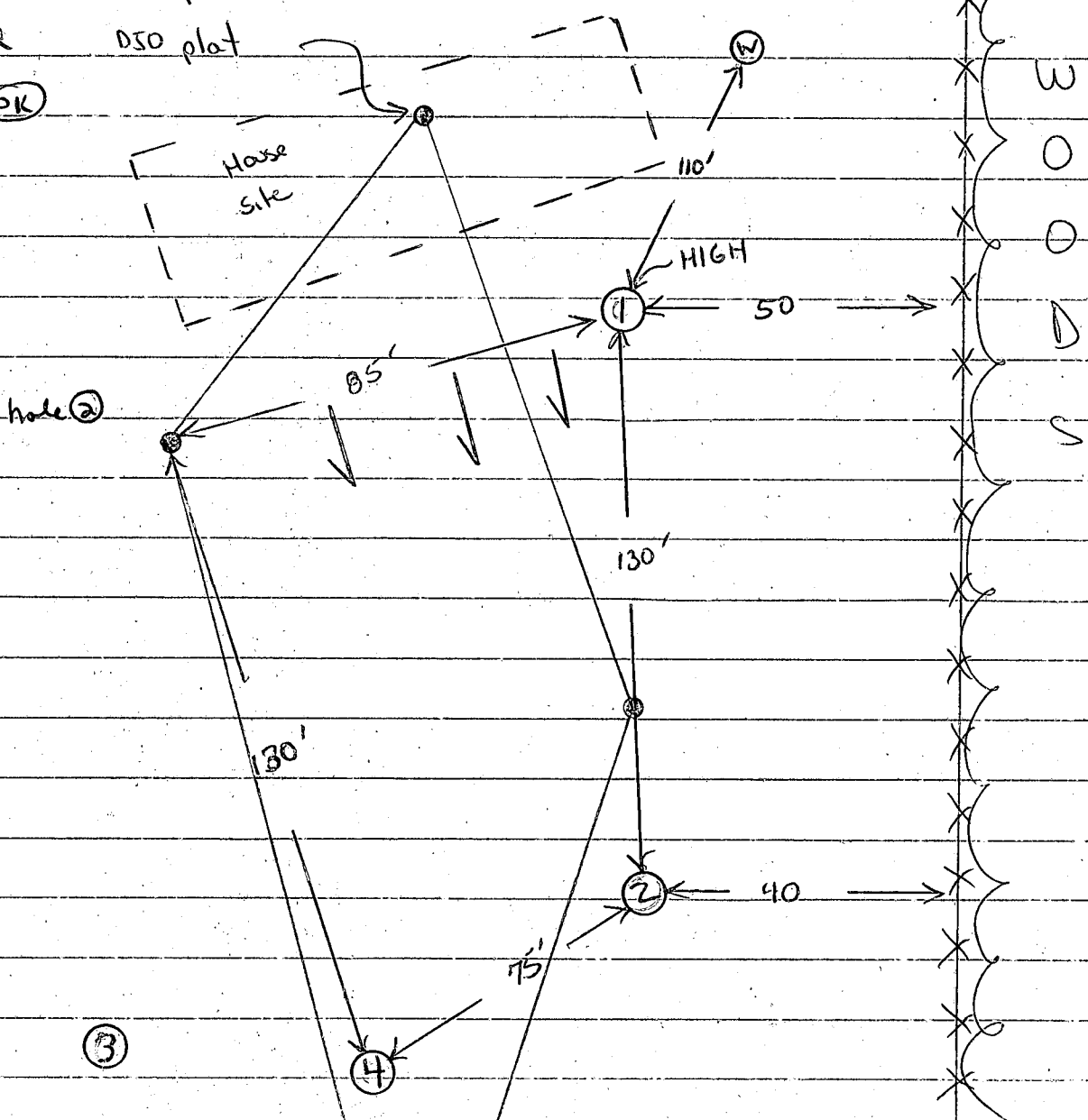
REMARKS Wet pavement testing, ④ in 40 ft from left side of ^{to the right of} drive
 TYPE OF SOIL sandy loam below top ~2' clay; had pushed sand 10-12'
 TESTED BY F.S. & H.B. ALSO PRESENT: Allnotts & Ketterman's



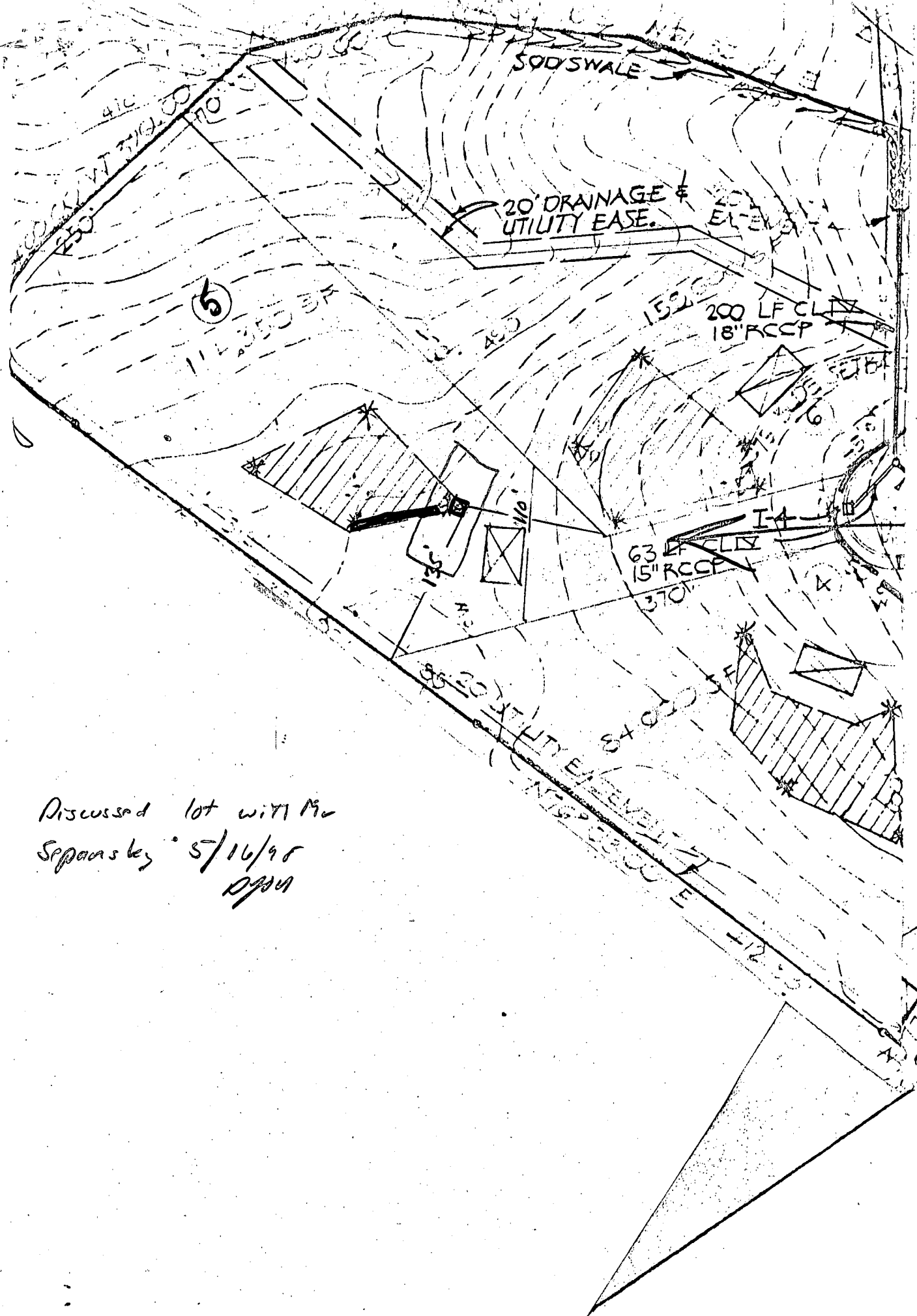
Paper
not available
12/11/78 - checked
with DSO (OK)

old perc hole on 5/16/78
DSO plat

existing well
HO-73-2864



WOODS



Discussed lot with Mr
 Sepansky 5/16/95
 RPA

C 1 - 9266
 2 3 (SEQ. NO.) 6
 (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 W-28-245

DATE RECEIVED (WRA USE ONLY) July 22 1978 DEPTH OF WELL 180 PERMIT NO. FROM "PERMIT TO DRILL WELL" AO-73-2864
 DATE WELL COMPLETED July 22 1978 22 (TO NEAREST FOOT) 26
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 273

OWNER SOZEPANSKI James E. FIRST NAME College Park Md.
 LAST NAME 3104 Molbrough Ct. POST OFFICE

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	
Top Soil	0	2	
Sandy	2	15	
Sand Stone	15	40	✓
Micka	40	135	
Sand Stone	135	140	✓
Micka	140	180	

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C
 NO. OF BAGS 11 NO. OF POUNDS 1100
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 20 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 28

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

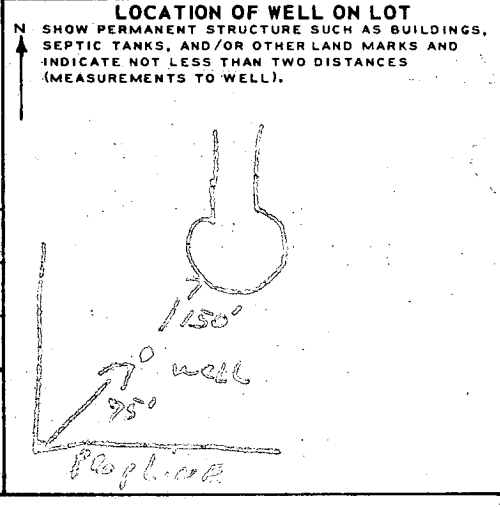
SCREENS
 C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM 180 TO 180
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1. _____ 2. _____ 3. _____

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 OTHER DATA AVAILABLE

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 7
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 30 (NEAREST FOOT)
 WHEN PUMPING 180 (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) 31 39
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE (NEAREST FOOT) 2
 - BELOW } 49 50 51



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 Ralph Mayne
 (PLEASE PRINT) Ralph Mayne
 SIGNATURE Ralph Mayne

WELL ELEV.	95.0'
BUILDING INVERT	91.6'
SEPTIC INLET	91.4'
ORIG. ELEV. - Septic	93.0
SEPTIC OUTLET	91.1
DRYWELL INVERT	89.0
ORIG. ELEV. - DRYWELL	92.0
TRENCH INVERT	89.0

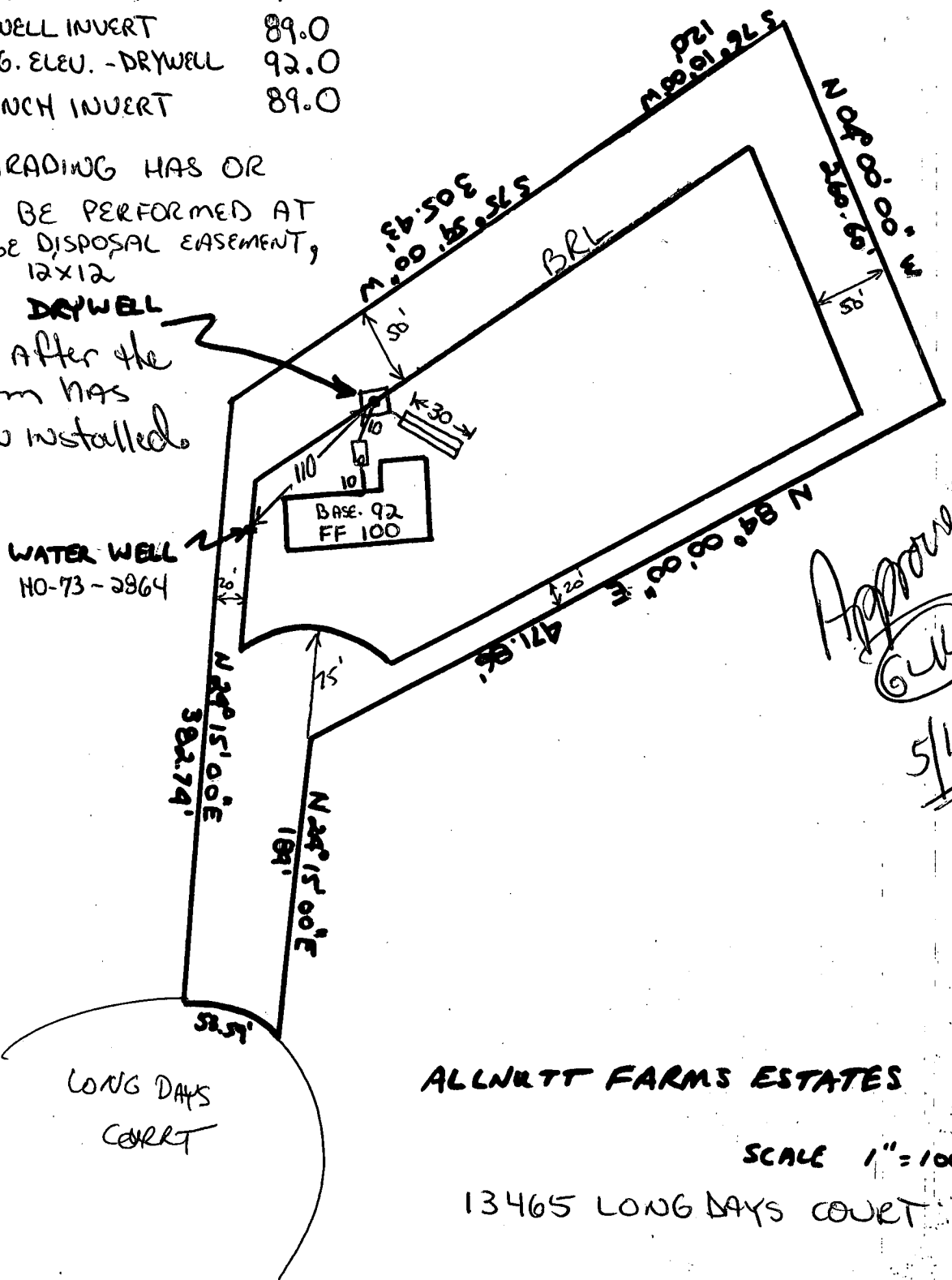
I certify the above measurements and elevations are actual & correct for this property.

Oliver Lee Ketterman

5-18-79

NO GRADING HAS OR WILL BE PERFORMED AT SEWAGE DISPOSAL EASEMENT, 12x12

DRYWELL
until after the system has been installed.



Approved
(Signature)

5/18/79

ALLWITT FARMS ESTATES SEC 2 LOT 5

SCALE 1" = 100'

13465 LONG DAYS COURT

052

SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER

HO 73 2864

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

7/28/78 9:30 P.M.

OWNER SCZEPANSKI E JAMES COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 2404 MAUI BROOK COURT COL. 36 COL. 55

POST OFFICE COLLEGE PARK MD. COL. 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE June 20, 1978 LICENSE NUMBER 273 77 80 FIRST NAME RALPH DRILLER LAST NAME MAWE SIGNATURE Ralph Mawe

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 Highland 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 71 MI 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) 500 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT Long Days Ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 50 34 37 MI 38 39

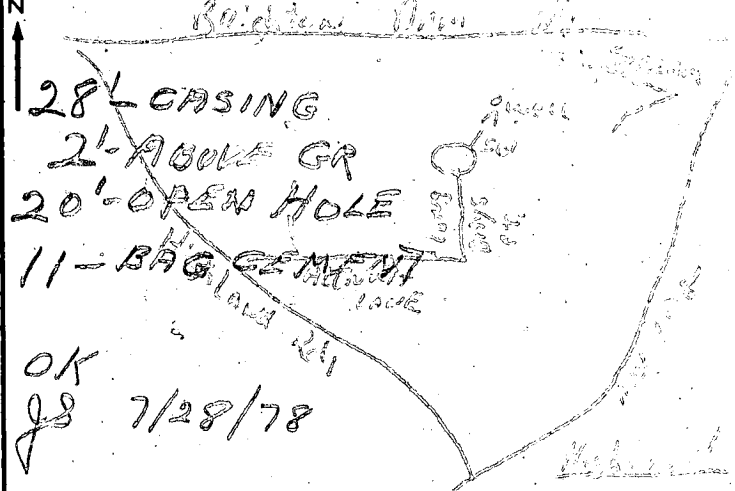
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

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 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

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



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 (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 84 ENGINEER REVIEW DISTRICT NO. 63 FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 800 N 490 NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 STATE HEALTH COUNTY NAME COUNTY NO. DATE 6 23 78 APPROVED BY

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

Building Address 13405 LONG DAYS CT
HAGERMAN MD 20777

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates R3K9 Lot size _____

Property Owner's Name JAMES E SZEPANSKI

Address 13405 LONG DAYS CT

City HAGERMAN State MD Zip Code 20777

Home Phone 301-854-2177 Work Phone 301-394-4858

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

Phone _____ Fax _____

Existing Use RESIDENTIAL SFD

Proposed Use SMALL ADDITION

Estimated Construction Cost \$ 3500

Description of Work BUILD INTERIOR WALLS,
PLUMBING & ELECTRIC FOR BATHROOM

Contractor Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>50'</u> <u>12.0'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50'</u> <u>12.0'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	State Certified Modular _____
Multi-family dwellings: _____	Manufactured Home _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

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.

James E Szepanski
 Applicant's Signature

 Title/Company

JAMES E SZEPANSKI
 Print Name

 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?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

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 _____

PROPERTY ID#: 46160

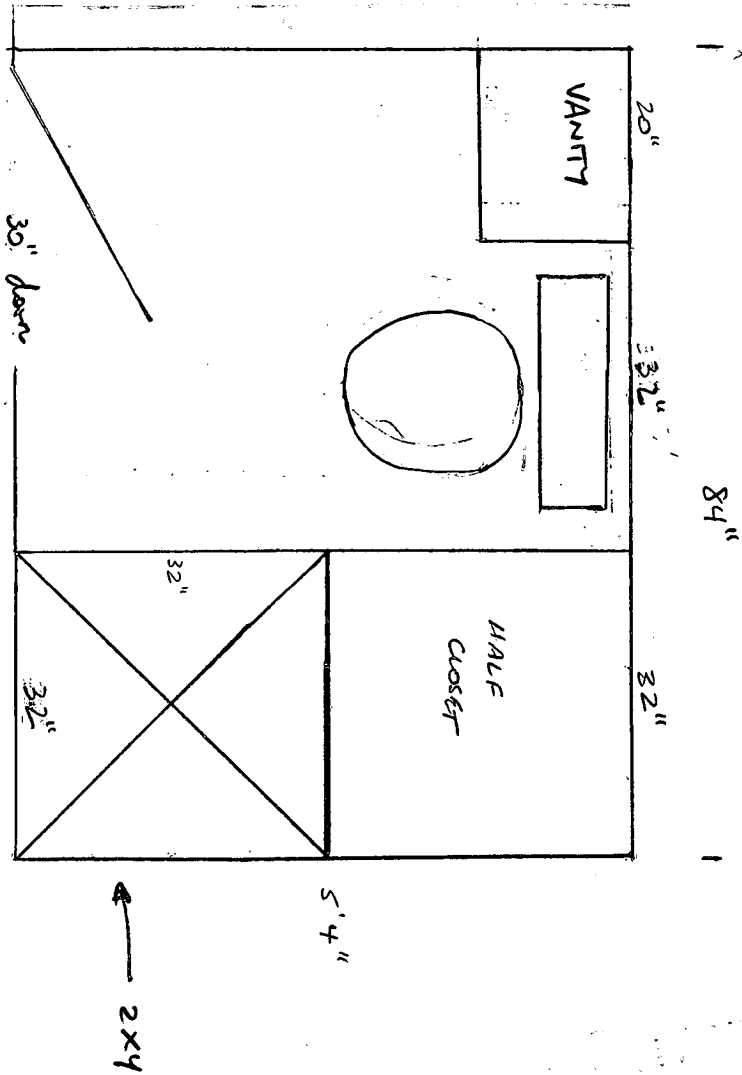
Filing fee	\$ _____
Permit fee	\$ <u>41</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>41</u>
Balance due	\$ _____
Check #	<u>8663</u>
Validation #	_____

Accepted by _____

13-782 500 SHEETS, FILLER, 5 SQUARE
42-381 50 SHEETS, EYE-EASER, 5 SQUARE
42-382 100 SHEETS, EYE-EASER, 5 SQUARE
42-383 100 SHEETS, EYE-EASER, 5 SQUARE
42-384 200 SHEETS, EYE-EASER, 5 SQUARE
42-385 200 RECYCLED WHITE, 5 SQUARE
42-386 200 RECYCLED WHITE, 5 SQUARE
Made in U.S.A.



5/11/00
Proposed
interior
OR
alternating
as shown





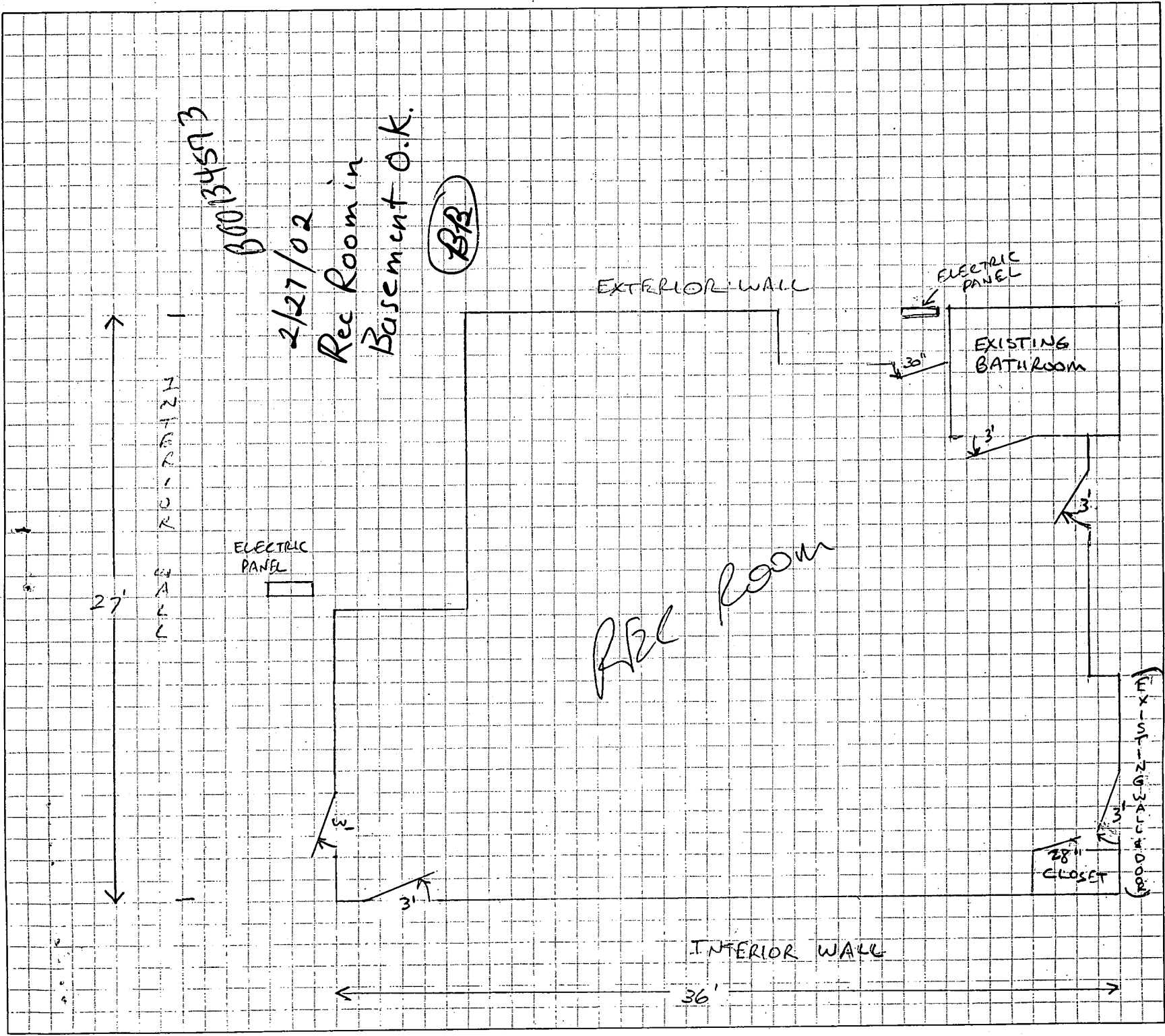
BRTRC

Technology

Research Corporation

8260 Willow Oaks Corporate Drive
Suite 800, Fairfax Virginia 22031

(703) 204-9277
Fax (703) 204-9447



2/27/02
Rec Room in
Basement O.K.

BR

EXTERIOR WALL

ELECTRIC
PANEL

EXISTING
BATHROOM

REC ROOM

28"
CLOSET

(EX-SF-203455 WOOD)

INTERIOR WALL

HORIZONTAL
WALL

ELECTRIC
PANEL

27'

36'

30"

3'

3"

3'

31'