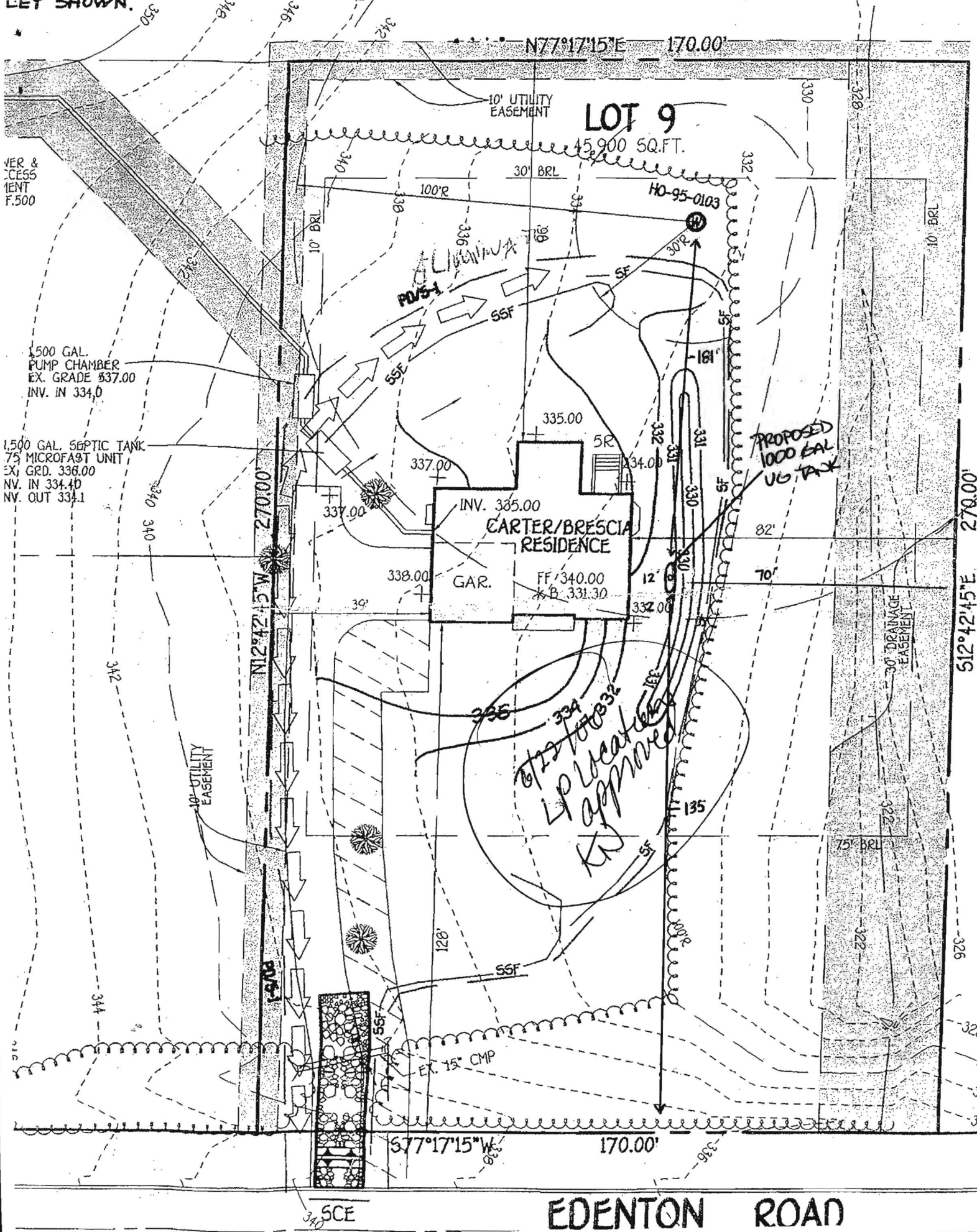


WELL SHOWN ON THIS PLAN, TAG NO. HO-95-0103,
LOCATED BY FISHER, COLLINS AND CARTER, INC.
LETY SHOWN.



EDENTON ROAD

8532 Edenton Rd, Lot 9 Fulton, MD Miriam Brescia

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

**PERMIT NUMBER
B00156953**

Building Address 8532 EDENTON ROAD
FULTON MD 20759
Suite/Apt. #: 05-344026 SDP/WP/Petition #: GP 02-089
Census Tract 605102 Subdivision Birchmont Park
Section _____ Area _____ Lot 9
Tax Map 45 Parcel 27 Grid 12
Zoning _____ Map Coordinates 1867 Lot size _____

Property Owner's Name MIRIAM BRESCIA
Address _____
City _____ State _____ Zip Code _____
Home Phone 301-776-3110 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ _____
Description of Work _____

Contractor Company SSI, TIA SUNSPOTS INC
Contact Person _____
Address 504-A E COLLEGE PKWY
City _____ State MD Zip Code 21111
License No. _____
Phone 410-787-0107 Fax 312...

Occupant or Tenant MIRIAM BRESCIA
Contact Name _____
Address _____
City _____ State MD Zip Code 20759
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State MD Zip Code 20759
Phone 443-221-7223 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 _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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 checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D NFFPA #13R Other: _____
No. of Bedrooms <u>4</u> Height: _____	
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 Height: _____	
<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

Print Name

Title/Company

Date

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

67786

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>1/9/06</u>	<u>KACU Noman</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>8947</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>102026</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\Forms\PERMIT.FRM			SDP/Red-line approval date _____	Rev. 11/4/04

Map
18-E7



Fogle
60159
Howard
Co.

8450 Cole Parkway • Shawnee, KS 66227 • Phone: 913-422-0707 • Fax: 913-422-0808
e-mail: onsite@biomicrobics.com • www.biomicrobics.com • 800-753-FAST(3278)

PRODUCT REGISTRATION REPORT

Product Registration Report must be completed and returned to Bio-Microbics, Inc. in order to effect warranty.

Date of Installation 10/19/06 Date Shipped to End User 5/1/06 Serial No. 30916, MF.75

OWNER	
NAME	<i>M/M Brescia</i>
ADDRESS	<i>8532 EDENTON Road, lot 9</i>
CITY/STATE/ZIP	<i>Fulton, MD 20759</i>
PHONE/FAX	
BIO-MICROBICS DISTRIBUTOR	
NAME	Freemire & Associates, Inc.
ADDRESS	1215 Old Dorsey Road
CITY/STATE/ZIP	Harmans, MD 21077
PHONE/FAX	410-768-8500 410-768-3400 Fax
INSTALLER	
NAME	<i>Fogle Septic</i>
ADDRESS	<i>580 Obrecht Rd</i>
CITY/STATE/ZIP	<i>Sykesville, MD 21784</i>
PHONE/FAX	<i>Cust. cell - 410-984-5211</i>
CONSULTING ENGINEER (if applicable)	
NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE/FAX	

NOT ready 4/1/06

	Good	Bad	NA		Good	Bad	NA
ELECTRICAL PANEL(S)				TREATMENT UNIT(S)			
Visual alarm operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air vent clear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio alarm operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic tank level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOWER(S)				Septic tank meets min. size	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wired for correct voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Septic tank filled to operating level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inlet/outlet piped correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Air lift operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Filter element installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Recirculation tube in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blower hood secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Fasteners tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blower works correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>		WATER-TIGHT JOINTS			
Blower located within 100' of Treatment unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment unit to septic tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Air line clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Entrance tube to insert cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Air inlet screen clear	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Insert to insert cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blower hood vents clear	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Discharge line connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Factory Authorized Personnel: *John Fisher*
Firm: *Freemire Associates*

Title: *Service Tech.*
Date: *19 Oct. 06*

- 1. BLOWER MUST BE WITHIN 100 FEET OF END OF FASTFLOW AND USE A MAXIMUM OF 4 ELBOWS IN THE PIPING SYSTEM TO BE USED FOR DISTANCES GREATER THAN 100 FEET. BLOWER FACTORY BLOWER MUST BE LOCATED ABOVE NORMAL FLOOD LEVELS.
- 2. VENT TO BE LOCATED ABOVE FINISH GRADE OR HIGHER TO AVOID INFLUENCE OF WATER WITH VENT GRATE 1/4" AT LEAST 7' IN OPEN SURFACE AREA. SECURE WITH STAINLESS STEEL SCREWS (SEE PG 3075 X DRAWING 100)
- 3. VENT TO BE LOCATED ABOVE FINISH GRADE OR HIGHER TO AVOID INFLUENCE OF WATER WITH VENT GRATE 1/4" AT LEAST 7' IN OPEN SURFACE AREA. SECURE WITH STAINLESS STEEL SCREWS. VENT MUST NOT ALLOW EXCESS PRESSURE BEHIND OR BACK PRESSURE.

- 4. ALL APPURTENANCES TO FASTFLOW SEPTIC TANK, PUMPS, ETC. MUST CONFORM TO ALL COUNTY, STATE, PROVINCE, AND LOCAL CODES.
- 5. BLOWER CONTROL SYSTEM BY BIO-MICROBICS, INC.
- 6. SUPPLY TO 2003, BIO-MICROBICS, INC.
- 7. MUST INCREASE TANK SIZE BY 20% IF MAINLINE IS 10 INCHES IS USED BETWEEN THE UNIT AND THE BASE OF TANK. CONSULT FACTORY FOR APPROVAL.
- 8. THE PRIMARY COMPARTMENT MAY BE A SEPARATE TANK.
- 9. FLOOR LEG EXTENSIONS MAY BE USED TO STAND UNIT IN TANK ELEVATING NEED FOR LID. SEE DWG MCF 075 X & F AND REFER TO INSTALLATION MANUAL FOR MORE DETAILS.
- 10. EITHER THE INFLUENT PIPE TEE SHALL BE FITTED WITH A PIPE CAP OR THE BAFFLE SEPARATING THE TWO ZONES SHALL BE EXTENDED ALL THE WAY TO THE TOP OF THE CONCRETE TANK. IF CHOOSING TO USE THE PIPE CAP, THEN THE BAFFLE SHALL BE AT LEAST 3" HIGHER THAN THE WATER LEVEL AS SHOWN ON THE DRAWING.

IN THE EVENT OF TECHNOLOGICAL PROGRESS, ALL PRODUCTS ARE SUBJECT TO DESIGN AND/OR MATERIAL CHANGE WITHOUT NOTICE.

DATE: 2-21-03

BIO-MICROBICS
FASTFLOW

1-800-753-FAST(3278)

MICROFAST® 0.75 L

