

9/17/98 11:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510120

A \_\_\_\_\_

DISTRICT 5th

DATE 5/01/98

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~851-2933~~ 410-313-2640

TOX ID # 05-418410

DATE SYSTEM APPROVED 9/17/98

INSPECTOR [Signature]

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 301-474-4411

SUBDIVISION Ashleigh Knolls LOT 23 ROAD 7134 Moorland Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS 6305 Ivy Lane, Suite 800  
Greenbelt, Maryland 20770

NUMBER OF BEDROOMS: 4

SEPTIC TANK CAPACITY: 1250 GALLONS

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- This portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.

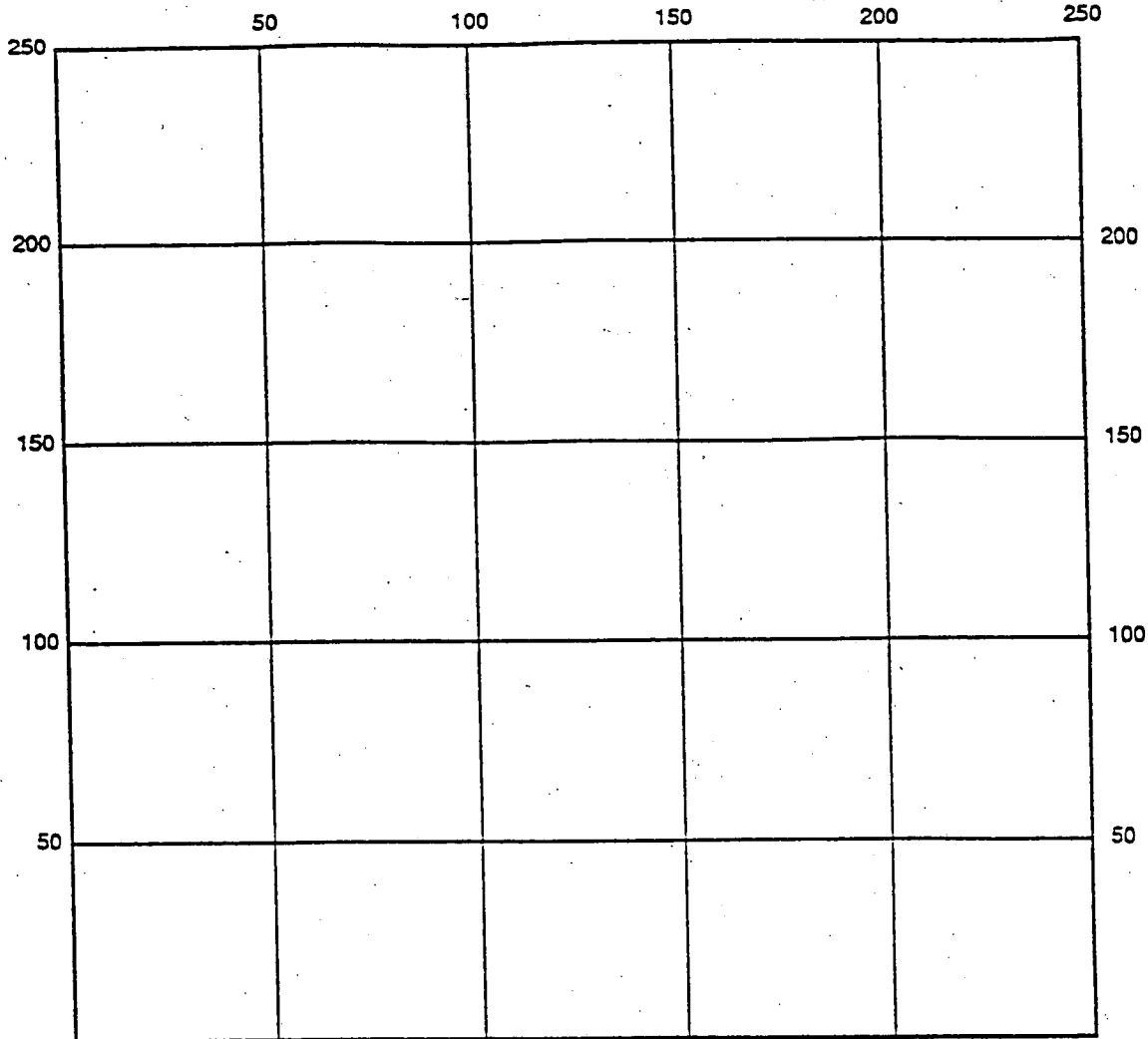
- Contact Health Department for inspection before covering the installation.

- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

P  
510120  
0

Plans Approved By: [Signature]

Date: 5/15/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

REMARKS: 9/17/98 PUMP + ALARM OPERATION TEST OK *JS*

\_\_\_\_\_  
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 \_\_\_\_\_

DATE SYSTEM APPROVED 9/17/98 INSPECTOR *JS*



HOWARD COUNTY HEALTH DEPARTMENT

P  
510120

DATE  
5 11 198

Received From

Winchester Homes, Inc

6305 Ivy Ln, Suite 800, Greenbelt, Md 20770

For Septic Permits - 2 Ashleigh Knolls Lot 23/25

7134 & 7146 Moorland Drive

CASH  
 CHECK

NO.  
5066

Three thousand Sixty two and no/100 Dollars

\$ 360 00

Received By *W. Gene Kenna*

Building Address 7134 Moorland Dr  
Clarksville, MD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision Ashcroft Hills

Section 2 Area \_\_\_\_\_ Lot 23

Tax Map 41 Parcel 471 Grid 7

Zoning RA-20 Map Coordinates 14 F13 Lot size \_\_\_\_\_

Property Owner's Name Bruce Harrison

Address 7134 Moorland Dr.

City Clarksville State MD Zip Code 21029

Home Phone 410-531-8926 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFH

Proposed Use DECK / Screened Porch

Estimated Construction Cost \$ 14,000

Description of Work 18x16 Screened Porch  
14x20 DECK w/5.0

Contractor Company NICKLES Construction

Contact Person Kyle

Address 3207 Eves Way

City Hampstead State MD Zip Code 21071

License No. 39890

Phone 410-274-3838 Fax \_\_\_\_\_

Occupant or Tenant SH

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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	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"/>	2nd 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"/>	Basement: _____	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  <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: <u>288</u> 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 THEREIN; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

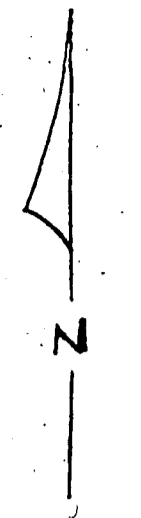
Applicant's Signature [Signature] Title/Company owner

Print Name Kyle Nickles Date 5/1/00

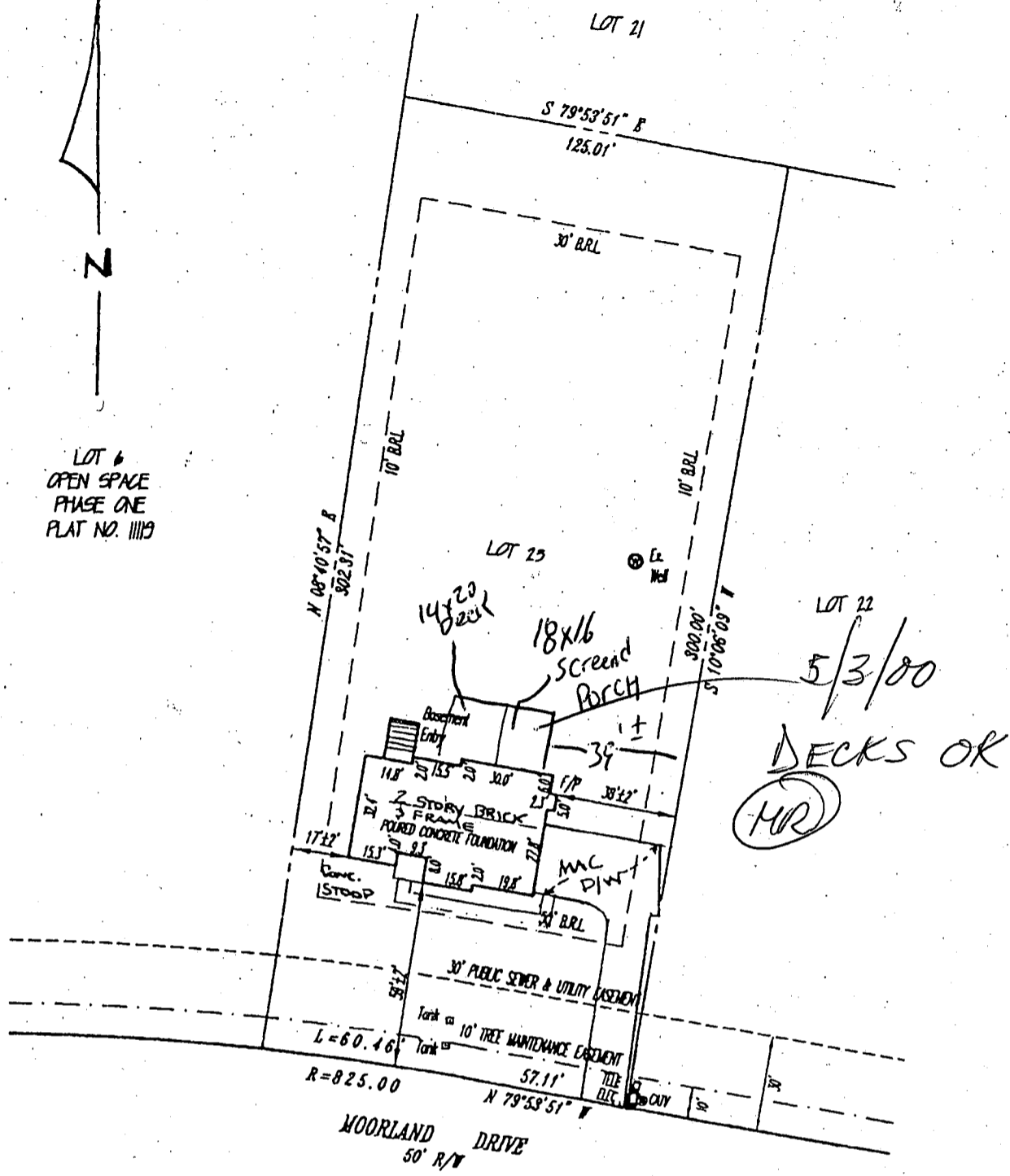
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY 5/1/00

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	PROPERTY ID: <u>35552</u>
<input checked="" type="checkbox"/> Land Development DPZ	<u>5/3/00</u>	<u>[Signature]</u>	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Permit fee \$ <u>951</u>
<input checked="" type="checkbox"/> Building Official			Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health	<u>5/3/00</u>	<u>Mark E. Tiffin</u>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			TOTAL FEES \$ <u>511</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Check # <u>3143</u>
ONE STOP SHOP: <input type="checkbox"/>			Validation # <u>27094</u>
			Lot Coverage for NewTown Zone _____
			SDP/Red-line approval date _____ Accepted by <u>[Signature]</u>



LOT 6  
OPEN SPACE  
PHASE ONE  
PLAT NO. 11119



**LEGEND**

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

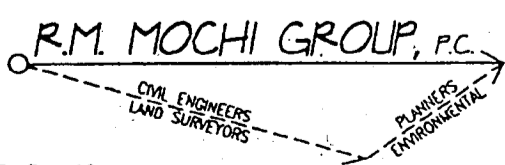
ADDRESS No.: 7134 MOORLAND DRIVE  
 TOP OF WALL ELEV. = 494.2 FIRST FLOOR ELEV. =  
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.  
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY  
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE  
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED  
 TRANSFER, FINANCING OR REFINANCING;  
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-  
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR  
 OTHER EXISTING OR FUTURE IMPROVEMENTS;  
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE  
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT  
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER  
 OF TITLE OR SECURING FINANCING OR REFINANCING.  
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"  
 AREA OF MINIMAL FLOODING  
 PER COMMUNITY PANEL NUMBER 240044 0037 B, 240044 0038 B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

LOT 23  
**ASHLEIGH KNOLLS**  
PHASE TWO

PLAT No. 11538  
ELECTION DISTRICT No. 5  
HOWARD COUNTY, MARYLAND

**LOCATION DRAWING**

FOUNDATION	DATE: 07-16-98
FINAL	DATE: SRP 9/15/98
DRAWN BY: AWK / KMB	SCALE: 1"=50'
PROJECT No.:	94517.00



P.O. Box 10  
New Market, MD 21774-0010

10120 A Old National Pike  
Ijamsville, MD 21754-9706

(301) 865-5858  
Fax: (301) 865-5111

C1 2911

SEQUENCE NO. (MDE 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 13-

ST/CO USE ONLY DATE RECEIVED 090695

DATE WELL COMPLETED 081095

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-0521

OWNER Winchester Homes last name first name TOWN Highland STREET OR RFD Moorland Drive SUBDIVISION Ashleigh Knolls SECTION LOT 23

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP Soil, Red shale, Clay, Sand silt clay, Mica, Sand silt clay, Sand Stone, Mica.

GROUTING RECORD YES NO (Y N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 43 NO. OF POUNDS 4300 GALLONS OF WATER 215 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) (ST, 6, 226)

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES NO (Y X)

CIRCLE APPROPRIATE LETTER 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 26.04.04 "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.

TYPE: MWD/MSD/MGD 40 DRILLERS LIC. NO. George F. Euterley

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Charles R. Fellers LIC. NO. MWD 501

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 230 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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) well 50' 160' Side Line MOORLAND DR.



**B 1** **9053** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER  
 APPLICATION FOR PERMIT TO DRILL WELL please print or type **40-94-0521**  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **05/17/95**  
 15 Last Name **Winchester** Owner First Name **Hones**  
 36 Street or RFD **6365 Ivy Lane**  
 57 Town **Greenbelt** 70 State 72 **MD** Zip 76 **20770**

**DRILLER INFORMATION** MSD/MGD/MWD  
 Driller's Name **George F. Easterday** 77 License No. **40**  
 Firm Name **L. Franklin Easterday, Inc.**  
 Address **9265 Brown Church Rd., MT. Airy, Md. 21771**  
 Signature **George F. Easterday** Date **5/17/95**

**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 **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered)  AIR-ROTary  CABLE other \_\_\_\_\_  
 JETTED  AIR-PERCussion  ROTARY (Hydraulic Rotary)  REVerse-ROTary  Drive-POINT

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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)**  
 APPROX. PERMIT NUMBER **G A P**  
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **40-94-0521**

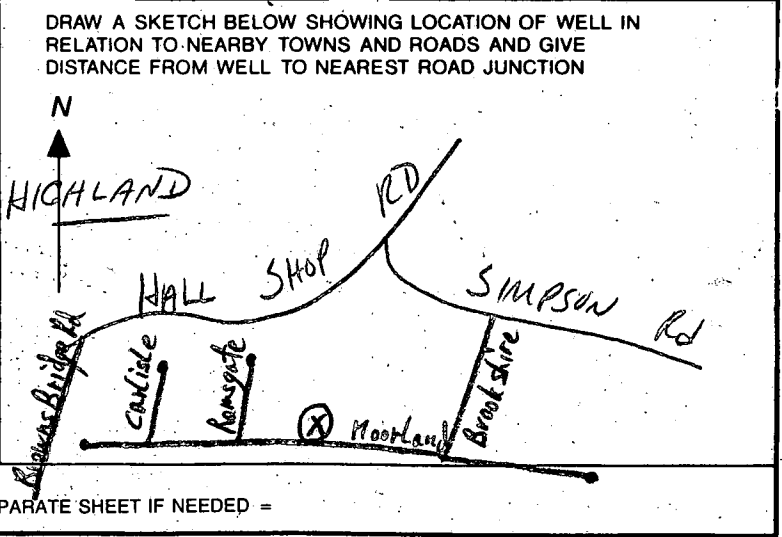
SPECIAL CONDITIONS  
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

**LOCATION OF WELL**  
 8 COUNTY **Howard**  
 23 SUBDIVISION **Ashleigh Knolls**  
 SECTION **44** LOT **23**  
 52 NEAREST TOWN **Highland**  
 MILES FROM TOWN (enter 0 if in town) **1** MI

**DIRECTION OF WELL FROM TOWN** (CIRCLE BOX)  
  
 NEAR WHAT ROAD **MOORLAND DR.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 WEST  EAST   
 DISTANCE FROM ROAD **160** FT  
 TAX MAP: **40** BLK: **12** PARCEL **174**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard** COUNTY NO. **13**  
 STATE SIGNATURE **Ronald Valley** INSERT S   
 DATE ISSUED **06/01/95** EXP. DATE **6/1/96**  
 NORTH GRID **488000** EAST GRID **0818000**

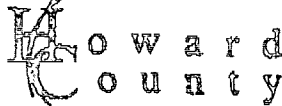
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **Well**  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **818**  
 N **4888**







FAX cover sheet



Bureau of Utilities  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel: (410) 313 4900  
Fax: (410) 313 4989

Date: 9/18/98 Number of pages including this one one

To: Craig Williams

Fax No.: 2648

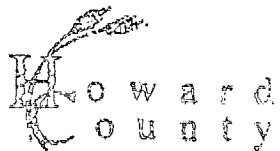
From: Matt Tuder

Comments: Amo Test on 9/17/98

Ashleigh Knolls Contact 30-3857  
7134 MacLeod Drive lot 23

Okay for U & O

FAX COVER SHEET



Bureau of Utilities  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel: (410) 313 4900  
Fax: (410) 313 4989

Date: 9/14/98 Number of pages including this one ONE

To: Craig Williams

Fax No.: 2648

From: Matt Luder

Comments: Sewer Pump Test X4934

Thursday September 17<sup>TH</sup> 1998 at 1:00 pm

Winchester Homes Lot 23 Mooreland Dr. intersecting Paragate

Contract # 3357 Ashleigh Knolls

9/21/98 3:30 pm CW spoke to Matt - pump test &



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*  
May 11, 1998

### MEMORANDUM

TO: Winchester Homes, Inc.  
6305 Ivy Lane, Suite 800  
Greenbelt, Md 20770

RE: BP# B00111456  
7134 Moorland Drive

FROM: Donna K. Soe, R.S.  
Water and Sewerage Program

This is to advise that the Health Department has recently recommended approval of the above referenced building permit application. Please be aware of the following conditions related to future permit processes:

#### SEPTIC SYSTEM ISSUES

1. A copy of the certified location drawing (i.e., wall check) for each structure shall be submitted to this office to allow sufficient review time prior to septic permit issuance.
2. Corners of the approved septic area should be staked by a licensed surveyor/engineer prior to system installation.
3. No grading shall be performed over any portion of the approved septic easement, unless specifically approved by the Health Department.

#### WELL WATER ISSUES

1. Final driveway location should be at least 15 feet from the existing well.
2. Notification of the well pump installation and well line connection must be forwarded to this office by the installer (licensed plumber/well driller/pump installer) prior to any approval request regarding the well water supply.
3. Prior to application for a Use and Occupancy Permit, the well water supply should be sampled by a private, state-certified laboratory and tested for at least the following parameters:

- pH, chlorine, nitrates, coliform/fecal coliform bacteria, sand and turbidity

4. A licensed installer should submit "Notification of Water Treatment Device Installation" (if applicable).

5. OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: File

---

Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644  
Food Protection Program (410) 313-2642 TDD (410) 313-2323

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

000111456

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7134 Moorland Dr.  
Clarksville, MD. 21029

35552

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Oxford House Type  
2 story, full beam 9R, 3 EB, 1 HB  
4 BR, 2 1/2 BA, 8' accessory porch

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
23	475	-	2	7	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

OWNER NAME AND ADDRESS  
W. Schaefer Homes Inc.  
2305 204th St. Suite 200  
Greenbelt, MD 20740

PHONE NO.  
301-474-4911

OCCUPANT'S NAME AND ADDRESS  
PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
K. J. Meehan Group  
10120 A. Old Mill Rd. #100  
Towson, MD 21286 (301) 281-4500

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS  
S. A. Brown  
W. Schaefer Homes

PHONE NO.

EXISTING USE  
Vacant

PROPOSED USE  
Res. Single Fam.

EST. CONSTRUCTION COST  
163,000

LICENSE NUMBER  
158-14100

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	60	46	10
	60	38	10
	60	34	10
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1787		
ROOMS	1787		
BATHS			
FIREPLACES	1492		

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8" concrete	1/2" S.A.

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
		X	X	GAS	X

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE  
Dona K. Gill  
TITLE  
DATE  
4-25-98

### FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_

SIDE YARD \_\_\_\_\_  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK \_\_\_\_\_ (CORNER LOT ONLY)

SDP # \_\_\_\_\_

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 5/8/98	Dona K. Gill
FIRE PROTECTION		
STORM WATER MGM.	X	

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

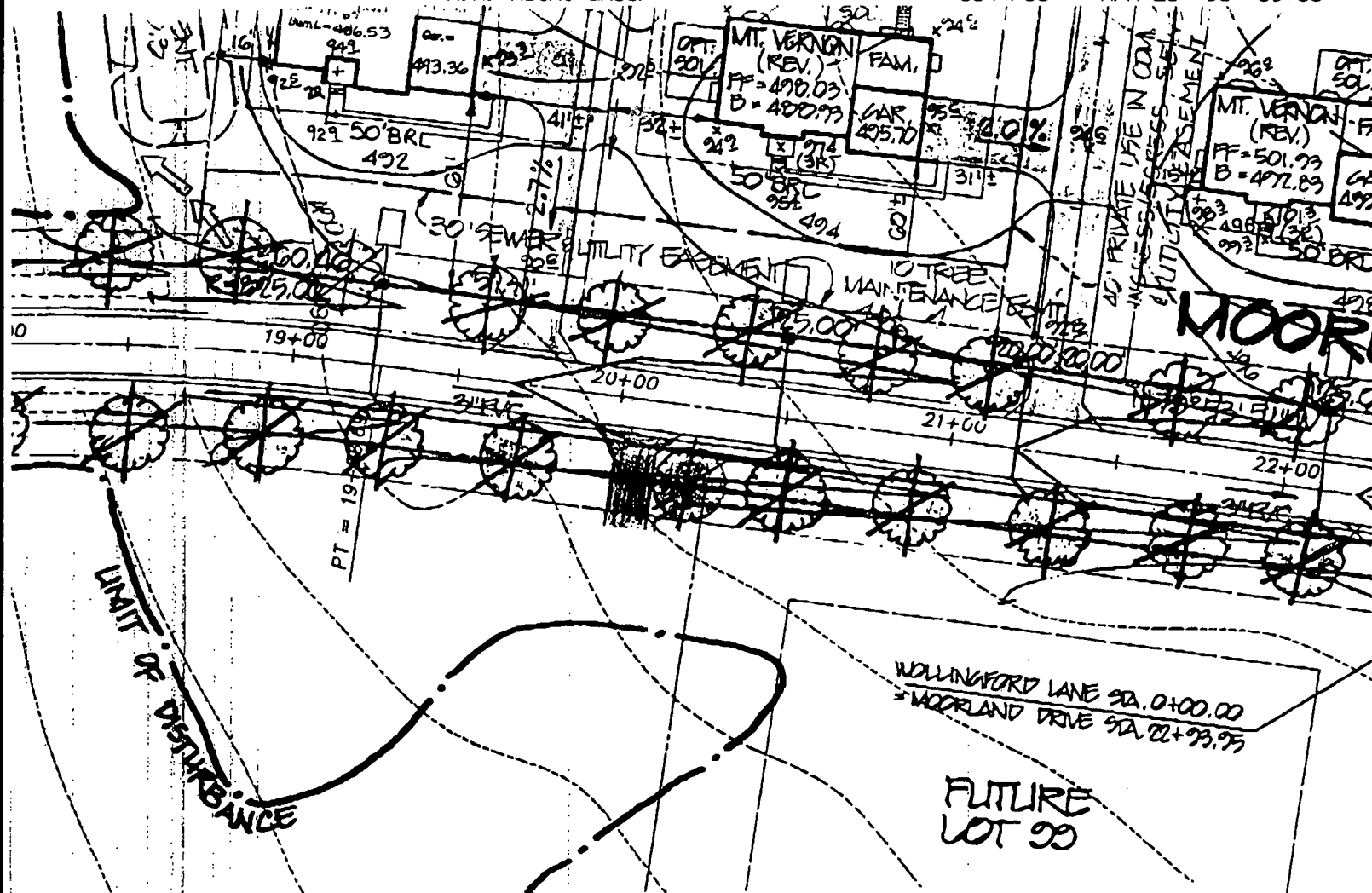
LP-69-591

5065

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	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 17	507.57	501.57	501.92	502.40	498.50
LOT 18					
LOT 19					
LOT 20					
LOT 21					
LOT 22					
LOT 23	495.63	489.63	487.78	490.8	487.0
LOT 50	504.73	498.73	491.93	496.00	492.04
LOT 52	499.08	493.08	493.63	495.50	489.99
LOT 53	499.27	493.27	492.11	494.00	488.94
LOT 54	495.87	489.87	494.39	493.05	488.15
LOT 55	489.45	483.45	489.50	487.43	481.50
LOT 56					
LOT 57					
LOT 58					

X  
481.3

X  
481.0

FUTURE