

9-10-98
C.O. 2:00
WPT 9/11/98
(devised system only)
1/14/99
1:00 a.m.p.
12/1/99 1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510243-B

A _____

DISTRICT 5th

DATE 06/30/98

HOWARD COUNTY HEALTH DEPARTMENT

05-420113

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 1/21/99

~~XXXXXXX~~ 313-2640

INSPECTOR AW

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 68 ROAD 7183 Moorland Drive

PROPERTY OWNER Winchester Homes, Inc. Kelly Fritz

ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

- 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.

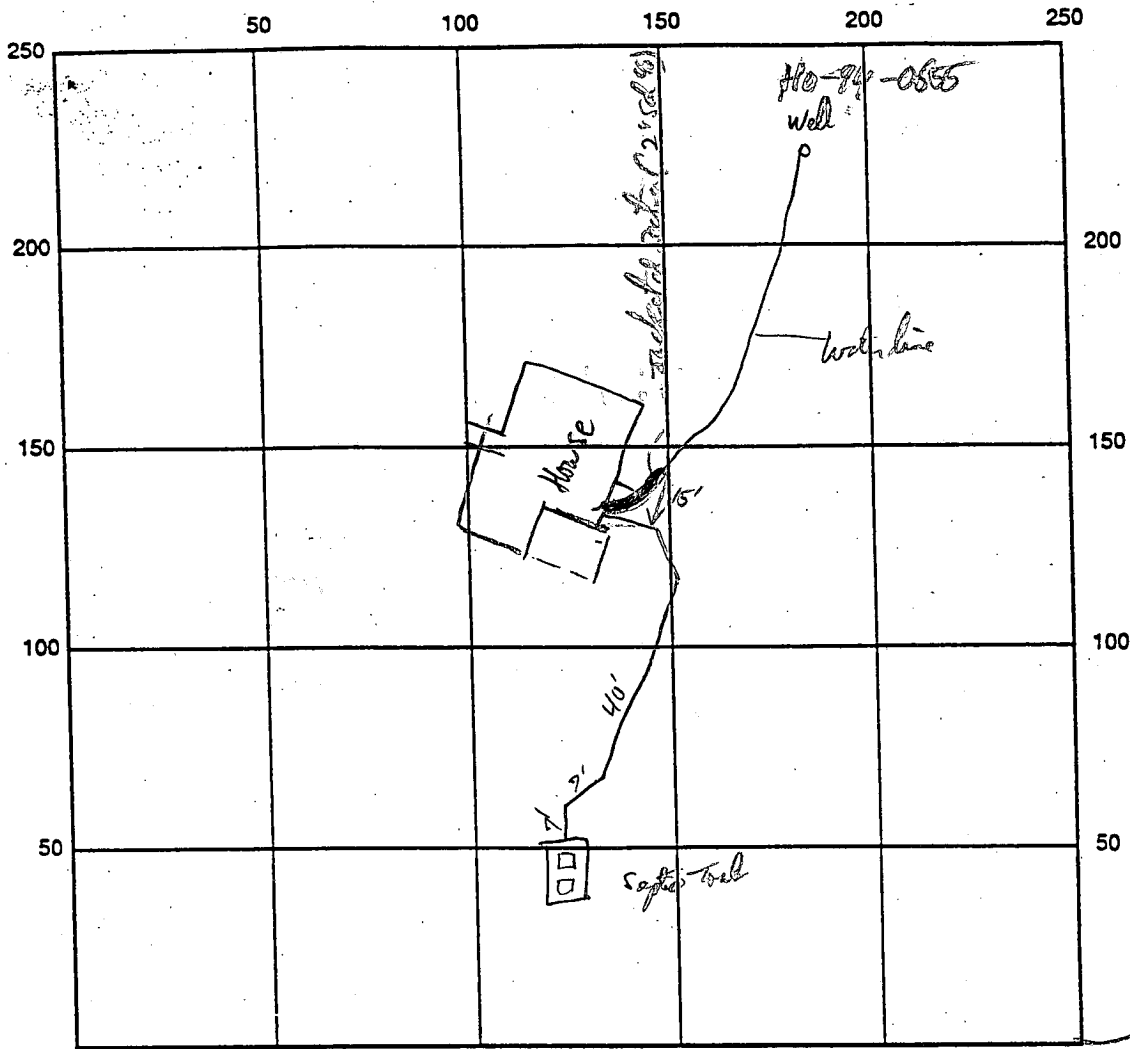
ORIGINAL PERMIT SIGNATURE

AND RETURNED 7-9-99

Serial # 012119134
deck

Plans Approved By Josua K. See

Date: 7/10/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Moorland Drive

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House connection OK to cover - No water line in yard but probably will be connected to house connection sewer line - Needs inspection to see water line is properly jacketed. Still need P.W. map of sewer connection @ S.T. 9/11/98
 1/21/99 Pump test OK, also okay'd by Public Works

9/11/98 P.W. - House connection portion of water line is jacketed with 1/2" (2") PVC + foam or within 15" of Septic line
 1:30 PM
 W.P. - Not ready yet 9/10/98 3:50 PM Pitless adapter and rooted water line OK to cover. Need to call for inspection of sleeved portion of water line (not yet rooted) near Septic line at house connection. 9/10/98
 DATE SYSTEM APPROVED _____ INSPECTOR _____
 1/21/99 A.M. Melle

FAX
cover sheet



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

To : Water and Sewer Program

Date : 1/19/99

Number of pages
including this one 1

Fax Number : 2648

From : Matt Fisher

Comments : Sewer Pump Test - Oellich Knolls

1:00 pm Thursday January 21st 1999

Winchester Homes

Lot 18 7114 Moorland Drive passed for U+O

Lot 39 7101 Ramsgate Ct passed for U+O

Lot 68 7183 Moorland Drive passed for U+O

Final grading around tank covers has yet to be done
due to weather, a letter from developer states that
final grading will be done by April 1, 1999

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____
Date 2/8/99
Name of Installer Darren Wilson Telephone _____
License Number _____
Certified Well Pump Installer Well Driller _____ Registered Plumber _____
Name of Property Owner Winchester Homes Telephone _____
Subdivision Ashleigh Kolls Lot # 68 Well Tag # HO-94-0655
Site Address moorland Dr.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1. Make Martinson
a. Deep well jet _____ 2. RPM 3450 2. Model # B-10x
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 3 1/2
c. Submersible
2. Make Goulds a. 110 _____
3. Model # H9801366 b. 220
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____
Tank Piping Well data
1. Capacity 32 1. Type PE 1. Depth 400 ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield 3.5 GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 3 1/2 4. Will water supply be disinfected by installer? yes

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: Darren Wilson

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

FAX
cover sheet



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

To : Water & Sewer Program

Date : 1/12/99 Number of pages including this one one

Fax Number : 2648

From : Matt Tudor

Comments : Sewer Pump Test - Ashleigh Knolls

1:00 p.m. Thursday, January 14th, 1999

Winchester Homes :

Lot 18 7114 Marland Drive

lot 39 7101 Ransgate Court

and Lot 68 7183 Marland Drive

[Handwritten signature and scribbles]

C 1 2808

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 030297

DATE WELL COMPLETED 022797

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0655

OWNER WINCHESTER HOMES last name first name TOWN HIGHLAND STREET OR RFD MOORLAND DR SUBDIVISION ASALEIGH KNOLLS SECTION LOT 68

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Top Soil, brown shale, clay, Sand Stone, Mica, Sand Stone, Mica Flint, Mixed.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes Y no X

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 501

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 75 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 48

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

Table with columns: A, C, H, S, C, R, E, N and rows for depth measurements. Includes handwritten values: 40, 46, 400.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.5

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING 10 ft.

WHEN PUMPING 180 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

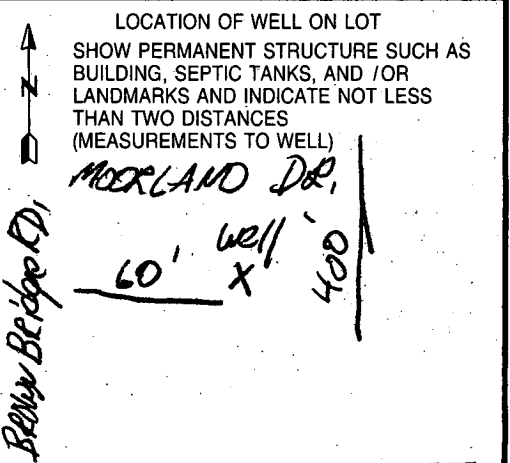
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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)



2-27-97
 8:00

Review OK KM 3/13/97

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0655
 Location of property (road) MOORLAND DRIVE
 Subdivision ASHLEIGH KNOWLS Lot 68 Block _____ Plat _____ Sec. _____
 Well Driller GEORGE EASTERDAK Owner WINCHESTER HOMES

Depth of well 400 29PM
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 10'

I. High rate pumping -- reservoir drawdown

Time pump started 9:05 Pumping rate 15 G.P.M.
 Total time 30 min to reach pumping water level 180 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:35	180'	17'	370'	3 1/2
9:45	180	17'	AGI	3 1/2
10:00	180	17		3 1/2
10:15	180	17		3 1/2
10:30	180	17		3 1/2
10:45	180	17		3 1/2
11:00	180	17		3 1/2
11:15	180	17		3 1/2
11:30	180	17		3 1/2
11:45	180	17		3 1/2
12:00	180	17		3 1/2
12:15	180	17		3 1/2
12:30	180	17		3 1/2
12:45	180	17		3 1/2
1:00	180	17		3 1/2
1:15	180	17		3 1/2
1:30	180	17		3 1/2
1:45	180	17		3 1/2
2:00	180	17		3 1/2
2:15	180	17		3 1/2
2:30	180	17		3 1/2
2:45	180	17		3 1/2
3:00	180	17		3 1/2
3:15	180	17		3 1/2

HD-224
 3:30 180 17 3 1/2
 9:15 180 17 3 1/2

B 1 **6306** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND PERMIT TO DRILL WELL** please print or type **STATE PERMIT NUMBER** **10-74-0655**
70 fill in this form completely 79

Date Received (APA) **080395** **OWNER INFORMATION**
WINCHESTER HOMES
 15 Last Name 13 Owner First Name 34
6305 IVY LANE
 36 Street or RFD 55
GREENBELT MD 20770
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday **40**
 Driller's Name 77 License No. 80
F. F. Easterday Inc
 Firm Name
Mt. Airy Md 21771
 Address
George F. Easterday **8/1/95**
 Signature Date

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ **GAP** _____
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **10-74-0655**
 67 68 70 71 72 73 74 75 76 77 78 79

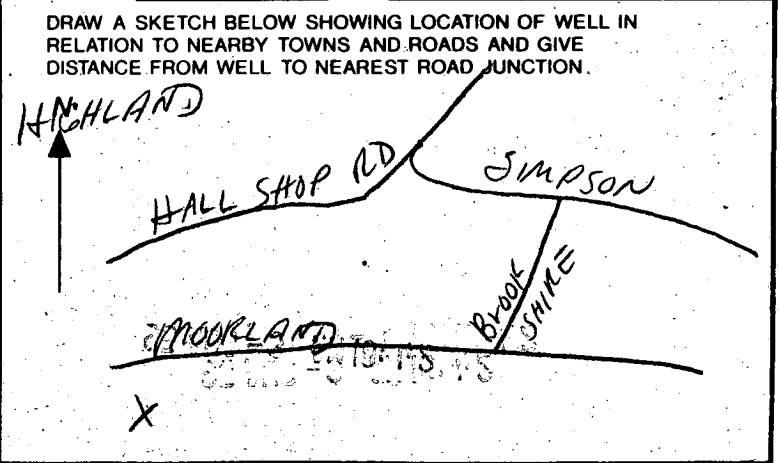
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
ASHLEIGH KNOLLS
 23 SUBDIVISION 42
 SECTION _____ LOT **68**
 44 46 48 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

B 4
MODKLAND DR
 11 NEAR WHAT ROAD 30
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
400
 34 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **13-**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **8/1/95** **Herb. Savage** **8/1/95**
 43 NORTH GRID **980000** EAST GRID **810000** EXP. DATE
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **wells**
 2. **Grout**
 3. **No Insp ALM**
 WRITE THE BOX NUMBER FROM THE MAP HERE
810
480
 000 000



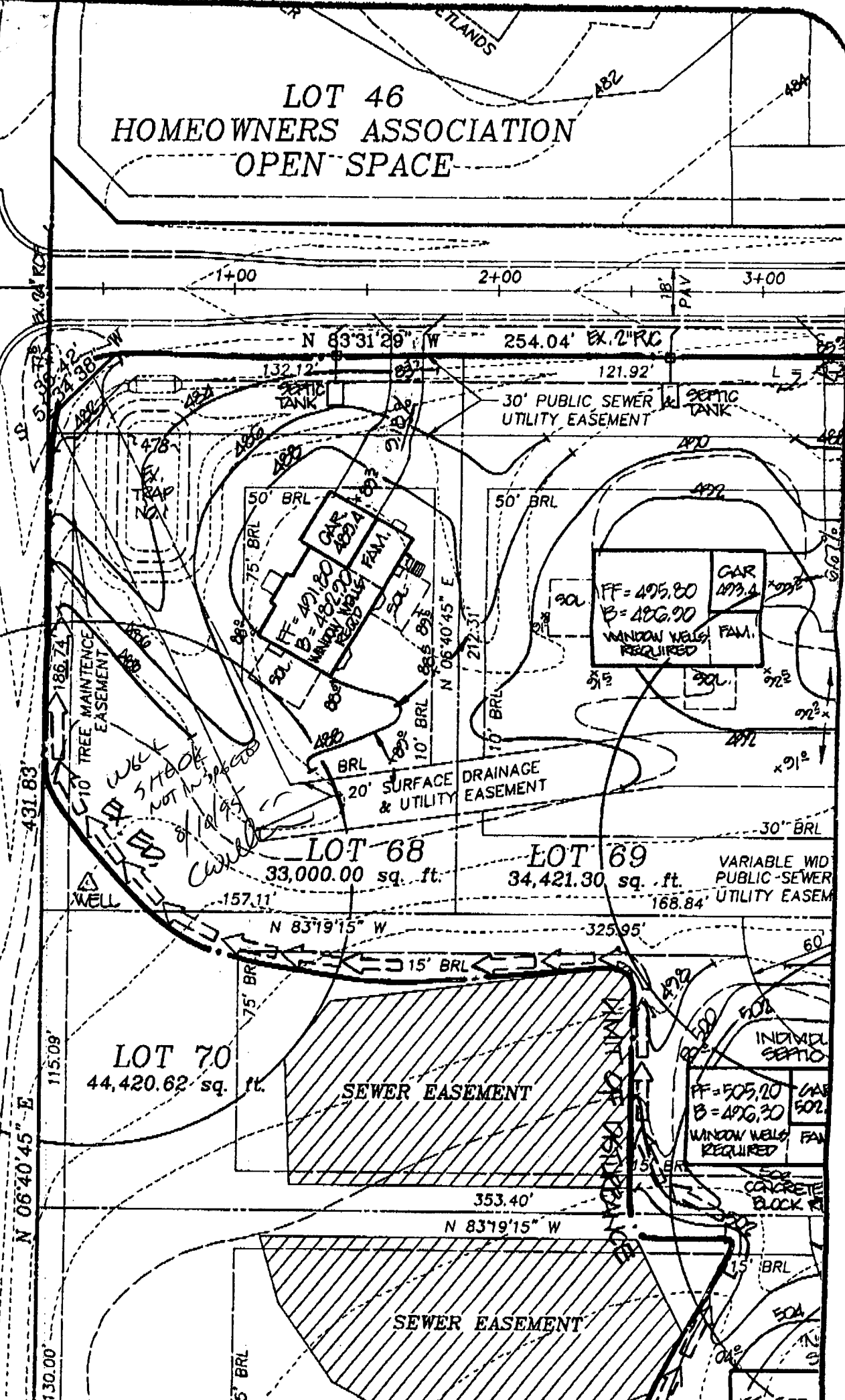
LOT 46
HOMEOWNERS ASSOCIATION
OPEN SPACE

N 06°23'18" E
1240.26'

60' R/W Public

WELL
W/CK
5' TROCK
NOT IN
W/CK

494



LOT 68
33,000.00 sq. ft.

LOT 69
34,421.30 sq. ft.
VARIABLE WID
PUBLIC-SEWER
UTILITY EASEM

LOT 70
44,420.62 sq. ft.

SEWER EASEMENT

SEWER EASEMENT

FF = 495.80
B = 486.90
WINDOW WELLS
REQUIRED

FF = 505.20
B = 496.30
WINDOW WELLS
REQUIRED

CONCRETE
BLOCK

FF = 507.4

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

H25

B0012812

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

*7183 Moorland Dr
Clarksville, Md. 21029*

36614

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

*Structure w/ 2 story
2 story finished basement, 300
100 40R*

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
<i>TAL 68</i>	<i>475</i>	<i>11A</i>	<i>2</i>	<i>712</i>		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
<i>Ashleigh Knolls</i>	<i>RR</i>	<i>40</i>	<i>1 S</i>	<i>6601</i>

OWNER NAME AND ADDRESS

*Winchester Homes
6305 Ivy Ln Suite 800
Greenbelt, Md. 20770*

OCCUPANT'S NAME AND ADDRESS

*Ron Stachi Group
11110 A Old National Pike
Clarksville, Md. 21029*

CONTRACTOR'S NAME AND ADDRESS

*Same as above
Winchester Homes Inc.*

EXISTING USE

Vacant

PROPOSED USE

Res Single Fam

EST. CONSTRUCTION COST

160,000

LICENSE NUMBER

15R14100

PERMIT FEE

453

W/S CODE

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

ET 3624

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

4077

TO SIDE BUILDING LINE (CORNER LOT ONLY)

BACK (CORNER LOT ONLY)

SDP #

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	<i>54</i>	<i>118</i>	<i>13</i>
	<i>54</i>	<i>32</i>	<i>10</i>
	<i>54</i>	<i>36</i>	<i>10</i>

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	<i>1244</i>		<i>Asph/Flt</i>
ROOMS	<i>1252</i>		
BATHS			
FIREPLACES	<i>1271</i>		

FOOTINGS	FOUNDATION	S. WALLS
<i>None</i>	<i>Slab</i>	<i>CMU</i>

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Gas</i>	<input checked="" type="checkbox"/>

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 compiled with.

SIGNATURE

Robert Adams *7/6/98*

TITLE

DATE

FOR OFFICE USE ONLY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<input checked="" type="checkbox"/>	
SHA	<input checked="" type="checkbox"/>	
SEDIMENT/GRADING	<input checked="" type="checkbox"/>	
BUILDING OFFICIAL	<input checked="" type="checkbox"/>	
WATER & SEWER		
HEALTH DEPT.	<input checked="" type="checkbox"/> <i>7.7.98</i>	<i>Elly</i>
FIRE PROTECTION	<input checked="" type="checkbox"/>	
STORM WATER MGM	<input checked="" type="checkbox"/>	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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.

LP-69-591

(K 5253)

APPROVED

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

X

HOMEOWNERS ASSOCIATION
OPEN SPACE

Approved Septic System Plan
Howard County Health Department
300/12812

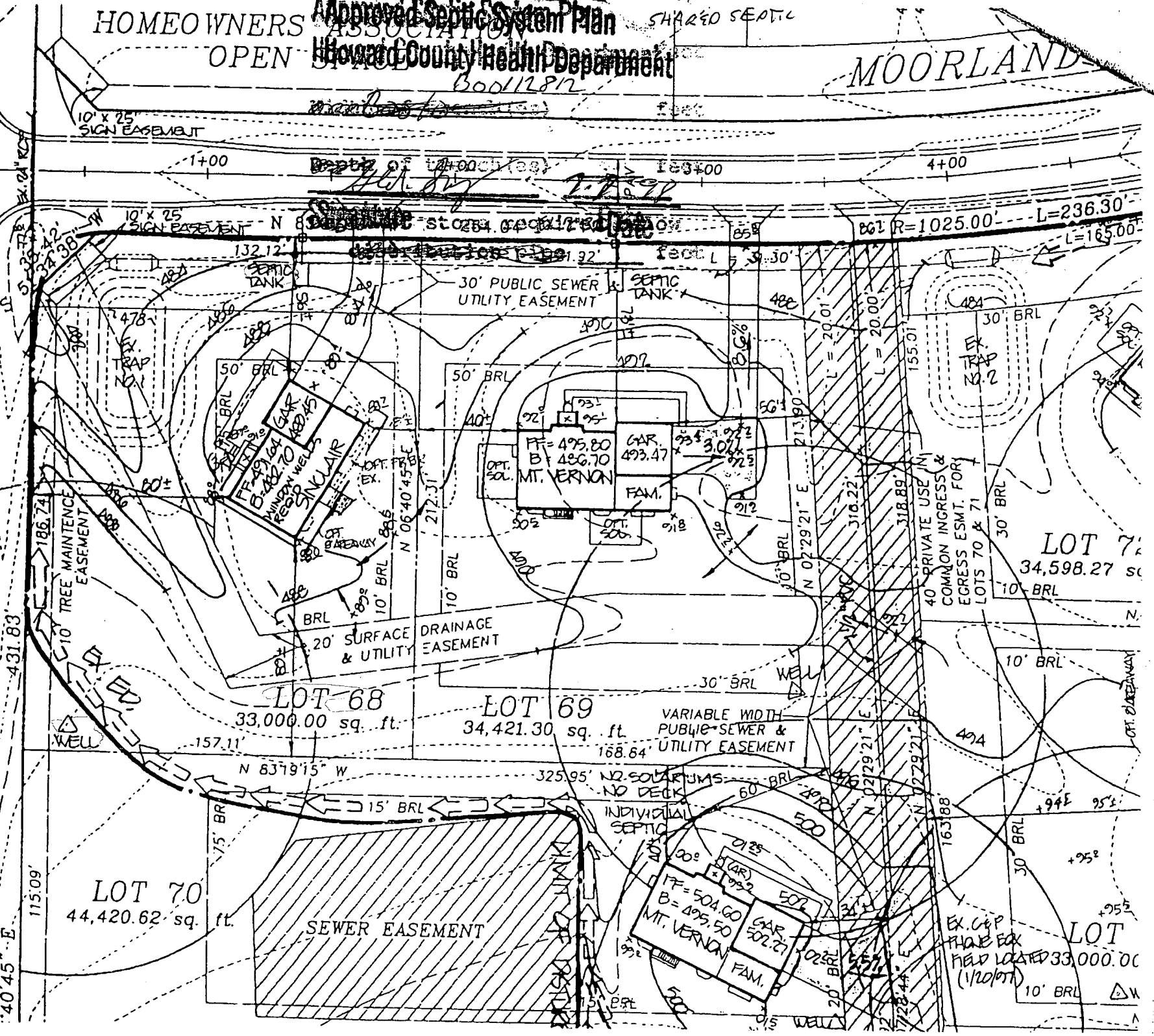
SHARED SEPTIC

MOORLAND

60' R/W Public

N 06'23'18" E
1240.26

0+00



431.83

186.74
10' TREE MAINTENANCE EASEMENT

WELL

LOT 70
44,420.62 sq. ft.

LOT 68
33,000.00 sq. ft.

LOT 69
34,421.30 sq. ft.

SEWER EASEMENT

VARIABLE WIDTH
PUBLIC SEWER &
UTILITY EASEMENT

NO SOLAR TUMS - NO DECK
INDIVIDUAL SEPTIC

FF=504.60
B=495.50
MT. VERNON
GAR. 502.71
FAM.

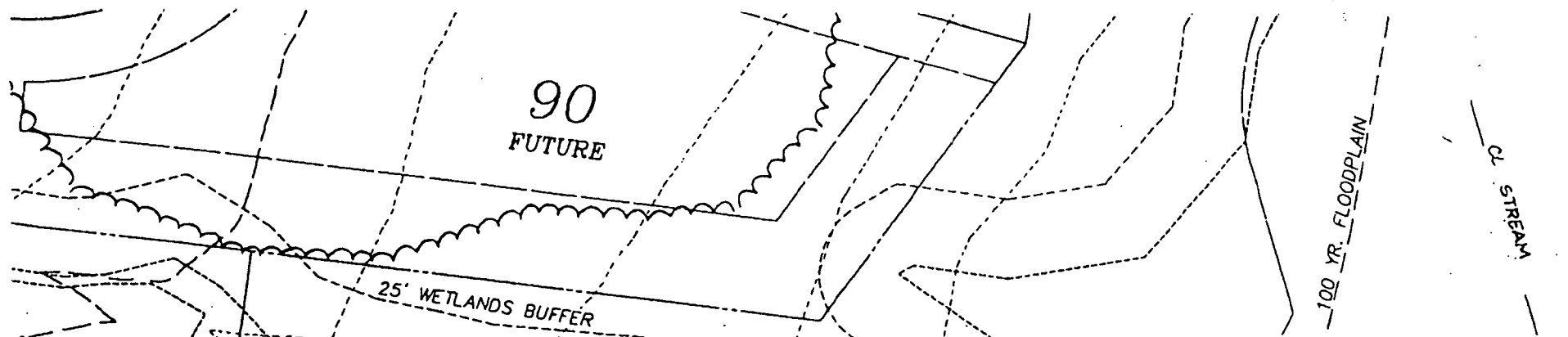
40' PRIVATE USE IN
COMMON INGRESS &
EGRESS ESMT. FOR
LOTS 70 & 71

LOT 71
34,598.27 sq. ft.

EX. C&P
THAT EX
FIELD LOCATED 33,000.00
(1/20/97)

LOT 72

R.N. MOGRI GROUP, P.C.
13111 865-5111
P.2



	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 68	471.64	485.64	483.16	484.80	481.80
LOT 69					
LOT 70					
LOT 71					
LOT 72					
LOT 73	500.60	494.60	498.10	496.10	490.90
LOT 74	504.10	498.10	501.04	500.2	496.00
LOT 75	506.30	500.30	502.10	500.60	496.60
LOT 76	505.60	499.60	499.78	500.50	496.50
LOT 77	502.10	496.10	497.6	498.1	493.6
LOT 78	502.10	496.10	500.39	499.2	494.1
LOT 79	504.60	498.60	500.06	500.40	496.0
LOT 80	502.70	496.70	498.86	497.7	494.0
LOT 81	499.90	493.90	492.42	493.0	490.0
LOT 82					
LOT 83					

P. 469
LOT 1B

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2465, INSPECTIONS (410)313-1844
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B 00119134

Building Address 7183 MOORELAND DR
Clarksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.02 Subdivision Ashlidge Knolls
 Section _____ Area _____ Lot 68
 Tax Map 40 Parcel 475 Grid 12
 Zoning RR-DED Map Coordinates 15CT Lot size _____

Property Owner's Name KELLY FROZE
 Address 7183 MOORELAND DR
 City Clarksville State MD Zip Code 21029
 Home Phone 410 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone 410-535-0289 Fax _____

Existing Use S.F.D.
 Proposed Use DECK
 Estimated Construction Cost \$ 5000.00
 Description of Work 20x12x29
irregular shape deck
w/ steps

Contractor Company MD DECKWORKS INC
 Contact Person PATRY
 Address 6114 RACE RD
 City ELKIDGE State MD Zip Code 21075
 License No. 30636
 Phone 410-796-7033 Fax (410) 437-2331

Occupant or Tenant Same as owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410-535-0289 Fax _____

Engineer or Architect Company _____
 Contact Person SAME
 Address _____
 City CLARKSVILLE 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <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"/>	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ 2nd floor: <u>29x10x20</u> Basement: <u>Irregular shape</u> <u>DECK</u>	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: <u>DECK</u>	
Dimensions: <u>29x10x20</u>	
Footings: <u>Shojo</u>	
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 THEREON; (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 [Signature]
 Title/Company MD DECKWORKS INC

Print Name DELOVAND FIERKEL
 Date 7/14/99

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	<u>7/14/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

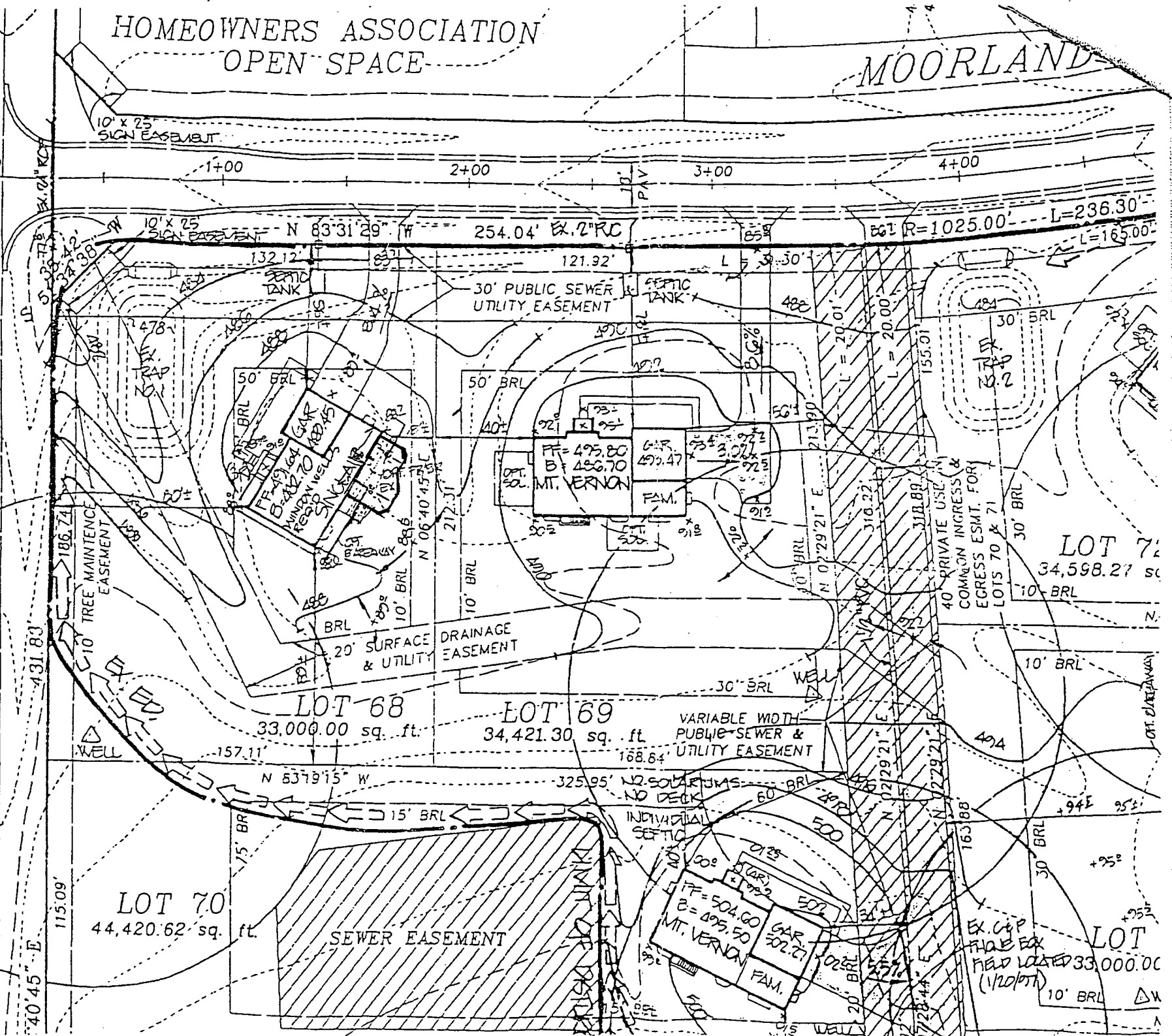
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>36611</u>
Rear: _____	Filing fee \$ <u>300.00</u>
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>268.00</u>
Accepted by _____	Validation # _____

HOMEOWNERS ASSOCIATION
OPEN SPACE

MOORLAND

60' R/W Public
SCALE=50'

N 06°23'18" E
9,1240.26'



P. 94 US:19P R.M. Mochl Group, P.C. (301) 865-5111 P.2

AK 0068

7/19/99

Proposed deal
location OK as
shown. (DS)

X *[Handwritten Signature]*

X *[Handwritten Signature]*