

4/2/91
4-8-91
2pm or later

04-347323

PERMIT

P 46928

A 38393

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/20/91

DATE SYSTEM APPROVED 4-8-91

INSPECTOR D. Buegg

INDEXED

COLLINS

Sam Lyons

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 725-3392

SUBDIVISION Glenwood Springs ROAD 2720 Hobbs Road LOT 46

PROPERTY OWNER Mr. and Mrs. Mark Ashby

ADDRESS _____

SHALLOW SYSTEM ONLY

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front lot corner, place the distribution box 200' down the left (467.91') lot line and 85' off the left line as seen when facing property from Hobbs Road. Run trenches along contour towards the left (467.91') lot line. Note maintain minimum 100' from well to septic.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6-6-90 DEN

PLANS APPROVED BY Bert Nixon CM DATE 07/28/88

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES) **BLDG. PERMIT SIGNED**

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH **AND RETURNED 11-5-98**

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS Serial # 370114943

PERMIT VOID AFTER TWO YEARS Change gauge wire den

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED **BLDG. PERMIT SIGNED**

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES 300130185 - Porch

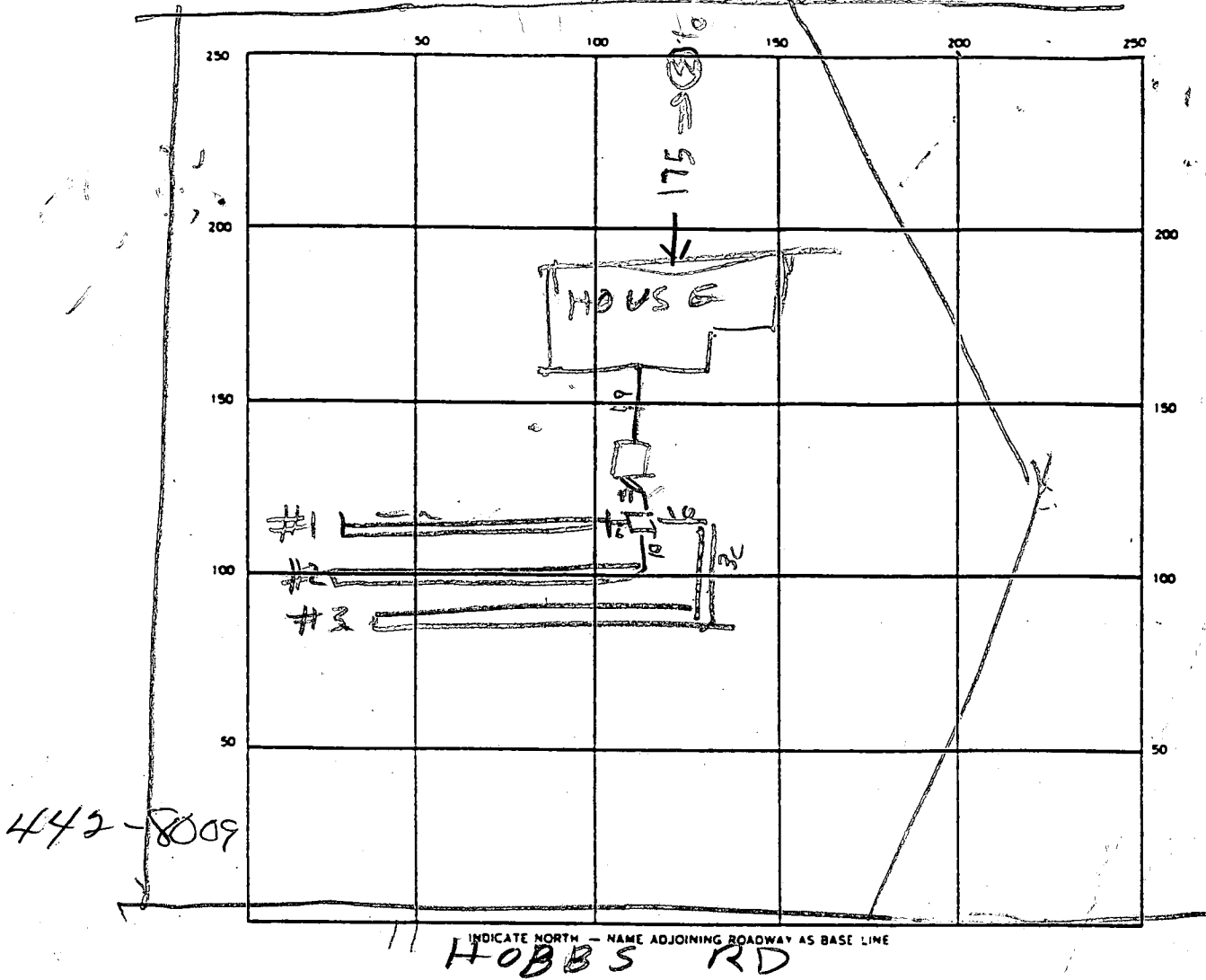
BLDG. PERMIT SIGNED
AND RETURNED 5/31/01
Serial # 39863

BLDG. PERMIT SIGNED
AND RETURNED 10/22/91
Serial # 39863

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. Pool

38393



SEPTIC TANK LEVEL 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH $\frac{1}{5.5} \frac{2}{5.5} \frac{3}{5.5}$ TRENCH WIDTH $\frac{1}{3} \frac{2}{3} \frac{3}{3}$ FT. INLET DEPTH $\frac{1}{3.5} \frac{2}{3.5} \frac{3}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH 2.5 FT TOTAL LENGTH $\frac{1}{100} \frac{2}{100} \frac{3}{100}$ FT 201

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 843 SQ FT

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/21/91 AM - ADD STONE TO TRENCHES & HOOK UP TANK RH

4/21/91 - STONE ADDED HOOK UP TO HOUSE & CALL BILL

4-8-91 Pipe hooked up to house, Clean-out cap removed; septic flow checked, D.B.

DATE SYSTEM APPROVED 4-8-81 INSPECTOR D. Buggs

APPLICATION

PERCOLATION TESTING

A 38398
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 10-14-86

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 Glenwood Springs Partnership

ADDRESS P.O. Box 122 - Ellicott City Md PHONE 442-1045

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md PHONE 21043 461-2855

PROPERTY LOCATION: _____

SUBDIVISION Hales Property LOT NO. 46 ON FINAL FIVE FORTY THREE

ROAD AND DESCRIPTION 2720 Hobbs Road Permit ok 4/29/87

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ ACRES TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Ronald B. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY B Nylen FOR Shallan DATE 7/27/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

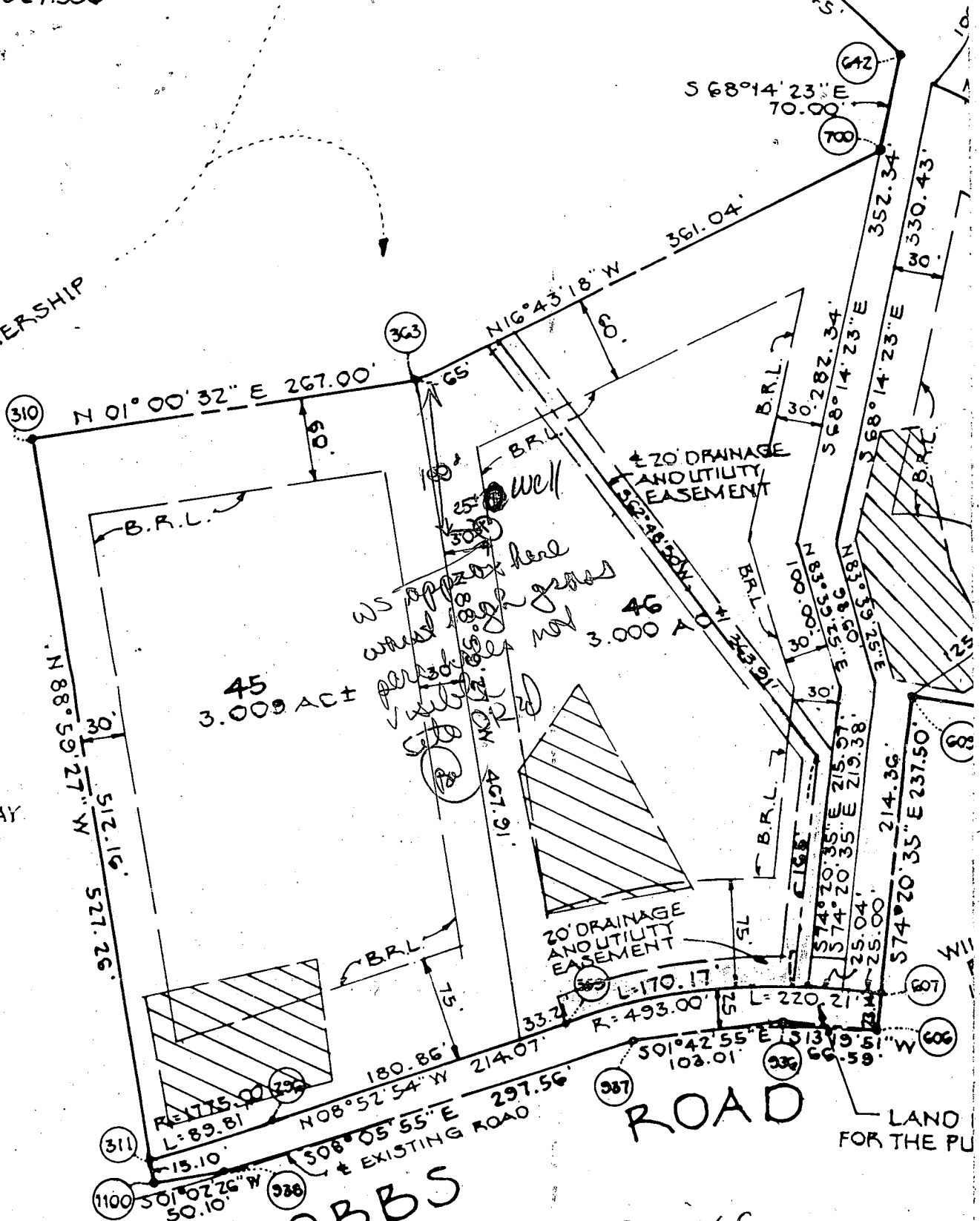
BOG. PERMIT SIGNED
AND RETURNED 5/13/90
Serial # 32358 - SFD

THIS IS NOT A PERMIT

T48 E798, 924.356

SPRINGS PARTNERSHIP
F. 492

RIGHT-OF-WAY



45
3.009 AC±

46
3.000 AC±

ROAD

HOBBS

Greenwood Springs
Section 1 Area 2

DED = 4
DED = 12.744 AC±

0 AC±

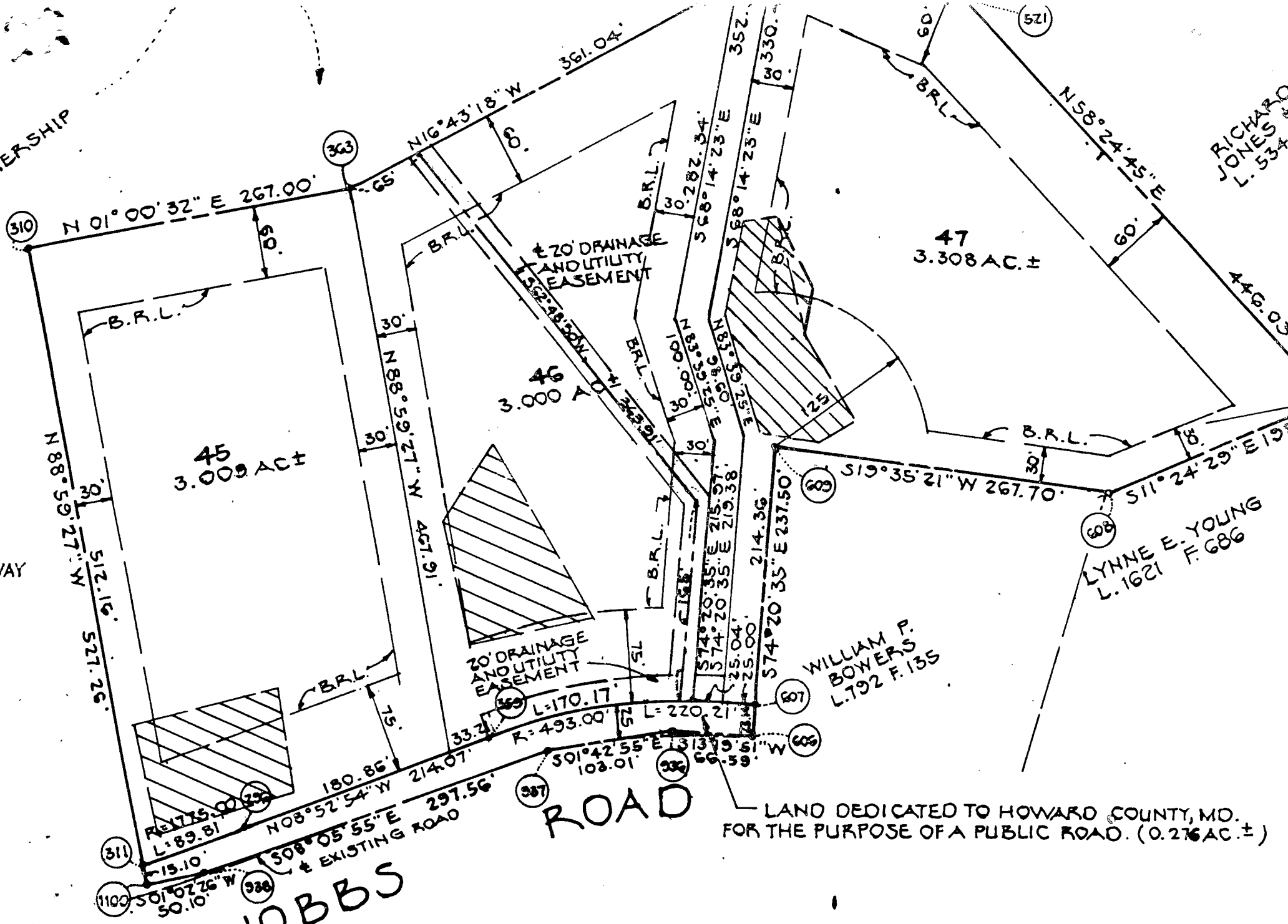
OWNER'S CERTIFICATE:

GLENWOOD SPRINGS PARTNERSHIP, A MARYLAND GENERAL PARTNERSHIP, OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF DIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THE FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND assigns, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, STORM WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND ALL ROAD OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENTS SHOWN HEREON; (2) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, STORM WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND ALL ROAD OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENTS SHOWN HEREON; (3) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, STORM WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND ALL ROAD OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENTS SHOWN HEREON;

I HEREBY CERTIFY THAT THIS IS CORRECT; THE LANDS CONVEYED BY THIS DEED REPRESENT

Partnership

RICHARD JONES L. 534



Way

HOBBS

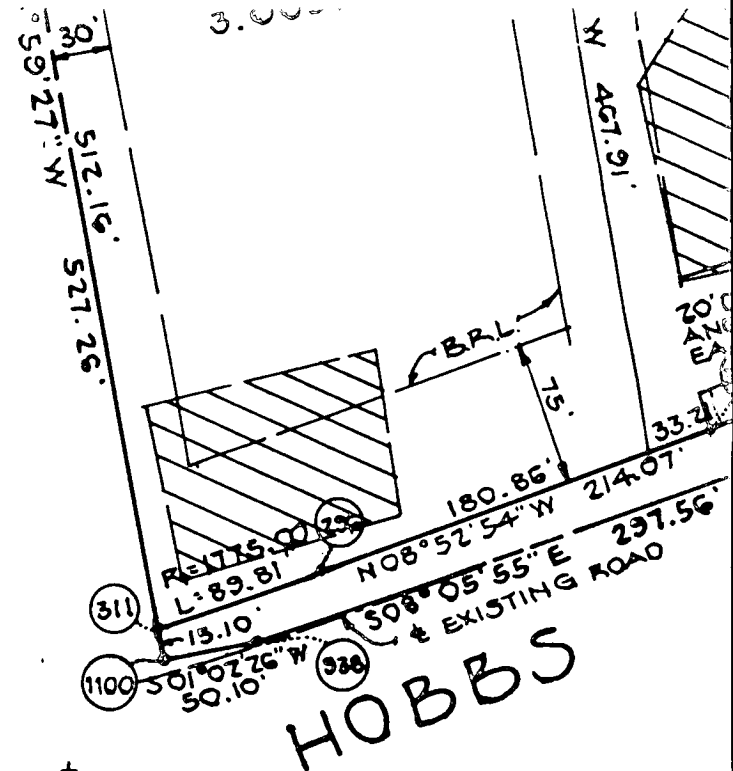
ROAD

LAND DEDICATED TO HOWARD COUNTY, MD. FOR THE PURPOSE OF A PUBLIC ROAD. (0.276 AC ±)

.744 AC ±

3. FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM AND ROAD RIGHT-OF-WAY LINE AND NOT TO THE FLAG OR PIPE STEM LOT DRIVEWAY.
4. SUBJECT PROPERTY ZONED 'R' (RURAL) PER 8-2-85 COMPREHENSIVE ZONING PLAN.
5. ○ DENOTES IRON PIPE SET
6. SEE OFFICE OF PLANNING & ZONING FILES S-87-47, P 87-56 AND VP 87-130

final copy of plat



TABULATION

1. TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED = 4
2. TOTAL AREA OF LOTS AND/OR PARCELS TO BE RECORDED = 12.744 AC. ±
3. TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS = 0.276 AC. ±
4. TOTAL AREA OF SUBDIVISION TO BE RECORDED = 13.020 AC. ±

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

Joseph M. ...
 HOWARD COUNTY HEALTH OFFICER 7/7 DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

William ...
 DIRECTOR 2/25/88 DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

James ...
 DIRECTOR 2/25/88 DATE

OWNER'S CERTIFICATE:

WE, GLENWOOD SPRINGS PARTNERSHIP, A MARYLAND GENERAL PARTNERSHIP, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THE FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, STORM DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROAD OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY. WITNESS OUR HANDS THIS _____ DAY OF _____, 1987.

Ronald B. Carter
 RONALD B. CARTER - GENERAL PARTNER

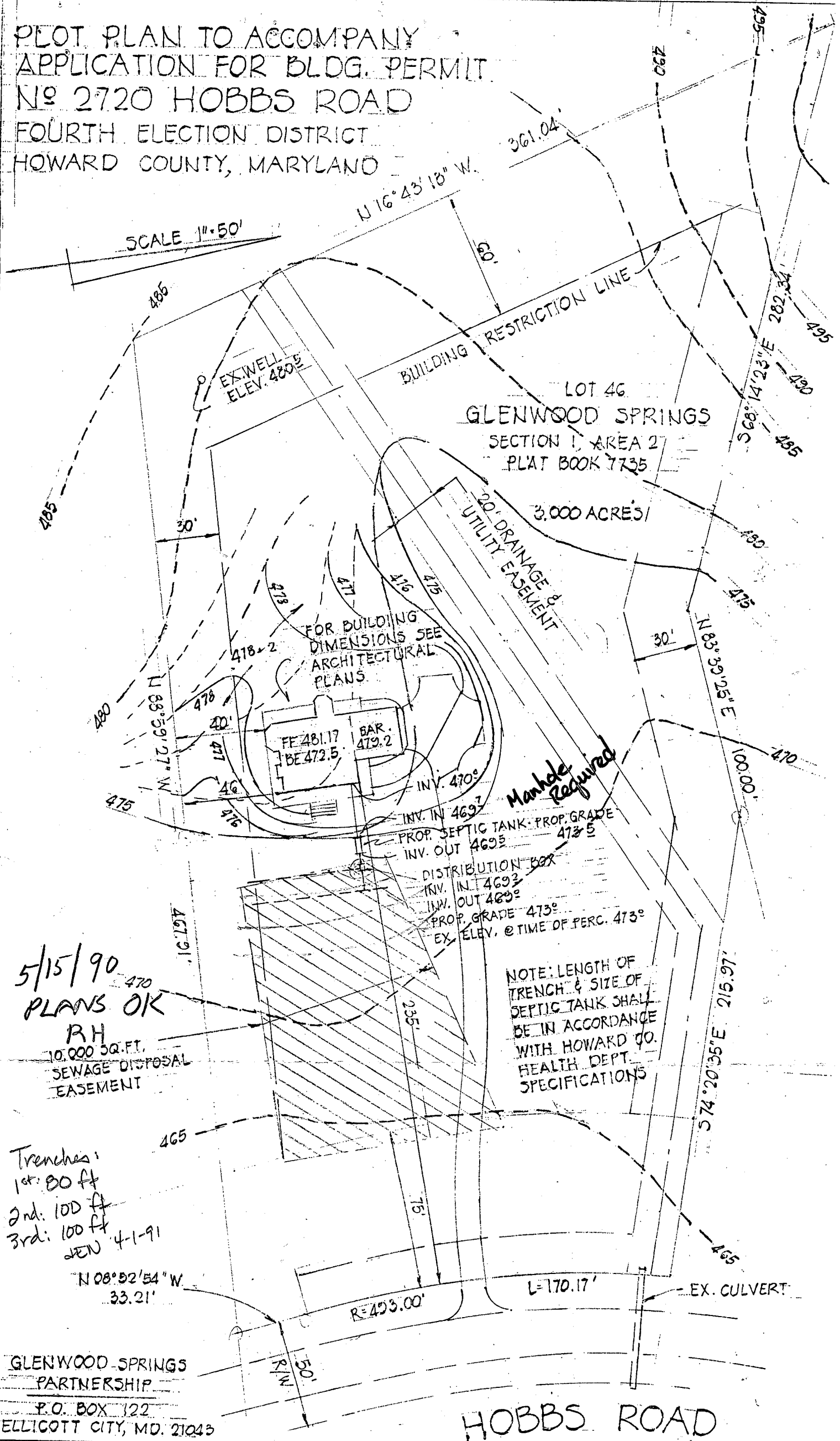
Charles ...
 WITNESS

Phillip Manglitz
 PHILLIP MANGLITZ - GENERAL PARTNER

Charles ...
 WITNESS

PLOT PLAN TO ACCOMPANY
 APPLICATION FOR BLDG. PERMIT
 NO 2720 HOBBS ROAD
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE 1"=50'



5/15/90
 PLANS OK
 RH
 10,000 SQ. FT.
 SEWAGE DISPOSAL
 EASEMENT

Trenches:
 1st. 80 ft
 2nd. 100 ft
 3rd. 100 ft
 JEN 4-1-91

NOTE: LENGTH OF
 TRENCH & SIZE OF
 SEPTIC TANK SHALL
 BE IN ACCORDANCE
 WITH HOWARD CO.
 HEALTH DEPT.
 SPECIFICATIONS

GLENWOOD SPRINGS
 PARTNERSHIP
 P.O. BOX 122
 ELLICOTT CITY, MD. 21043

HOBBS ROAD

SCALE 1"=50'

N16°43'13" 34.0'

Buyer to Finalize Deck Size with Deck Contractor and Understands Additional Footage Above Amount Quoted on Appurtenance will be Charged at \$ 3.40 Per Sq. Foot.

For Construction and Scheduling Information Please Call TONY LAMBINI Carphone 703-517-8673 Pager

FLOOR SYSTEM	PLUMBING	BTU BACKS
FLOOR HEADS#	SKIMMER 2	53 FT. HOUSE
STEP HEADS#	RETURNS 2	42 FT. SIDE
BENCH HEADS#	RETURNS 1 1/2	5 FT. REAR
LOVE SEAT#	AUTO CLR. 1	38 FT. STREET
SPA HEADS#	SPA SUCT. 1	20 FT. SEPTIC
	SPA RET. 1	20 FT. WELL
	AIR LINE 1	6 FT. FENCE
	3rd Res. 1	6 FT. PUB. WATER
		6 FT. PUB. SEWER

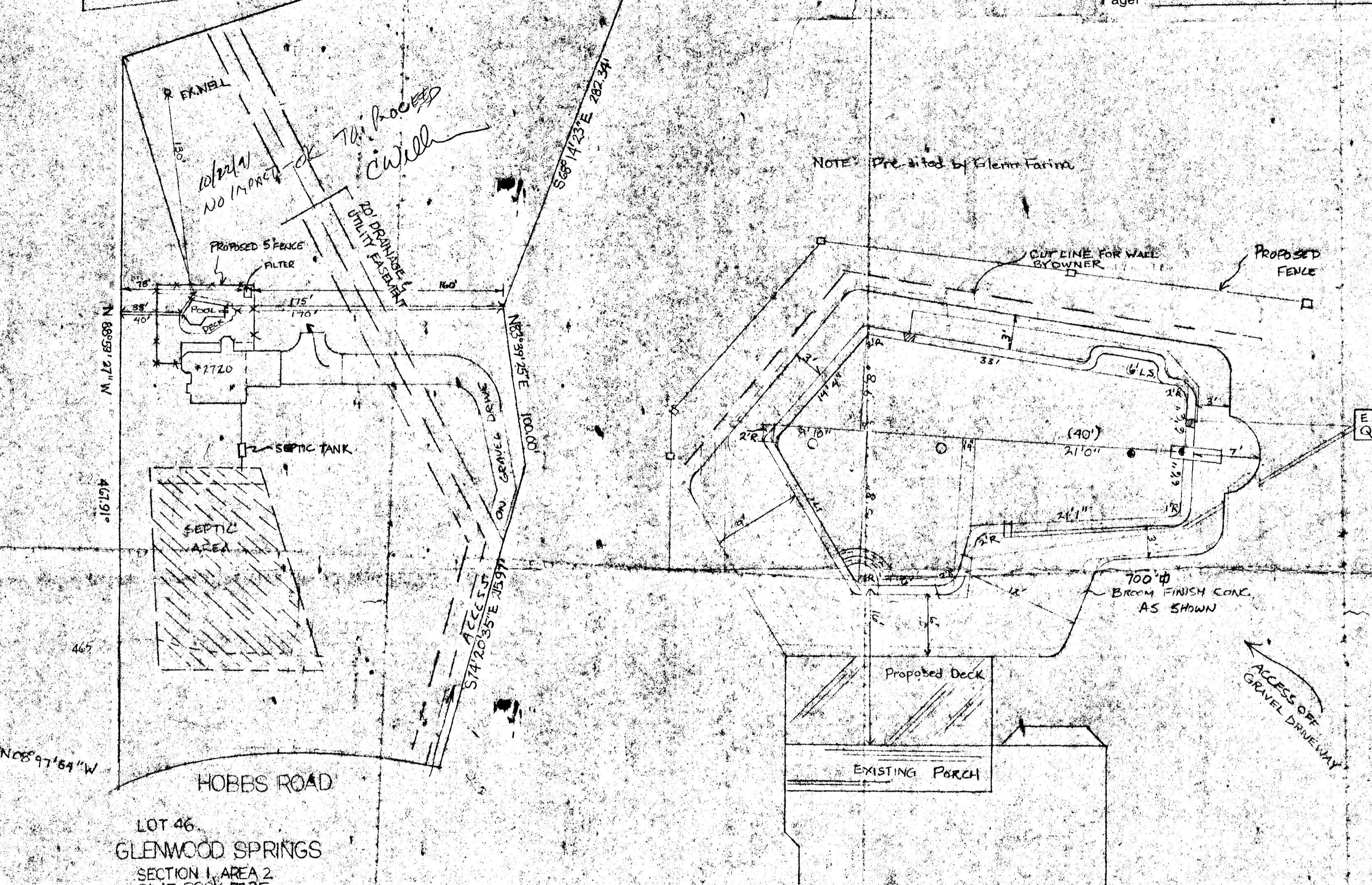
NOTE: Prepared by Glenn Farina

GENERAL SPECIFICATIONS			
SIZE	25' X 40'	DEPTH	3' TO 8'
SHAPE	SANTA MONICA	AREA	700 SQ. FT.
COPING TYPE	TRAVERTINE	TILE	ROYAL BLUE
MOTOR H.P.	1 1/2 GPM	FILTER	52 SQ. FT.
SKIMMER #	2	BACKWASH TO	AREA
POOL EQUIPMENT			
HEATER MODEL		SIZE	
TIME CLOCK TYPE	STANDARD	DELAY	
POOL CLEANING SYSTEM	POLARIS 360		
SPA		AIR INJECTORS #	
SPA LIGHT #		VOLT	
POOL LIGHT #	1	110 VOLT	300 WATT
BOARD MODEL	5560	SIZE	6' FT.
LADDER MODEL		TILE	LOVESEAT 6 FT.
CLEANING TOOLS	YES	VACUUM WITH	45 FT. NOSE
POOL BENCH	6 FT.	ROPE RINGS & FLOATS	INCL.
SITE CONDITIONS			
PRE SITE GRADING	3 HR.	DIRT WALK	
DIRT WALK	YES	DIRT STAY	
CONCRETE REMOVAL		SO. FT.	
STUMPS #	2	PUSH OVER ONLY	HAUL
TREES TO BE CUT BY	2		

- SPECIAL NOTES**
- 1) ANTHO-FLO
 - 2) ANTHO-CHLOR
 - 3) ANTHO-DOC
 - 4) 100' ELECTRICAL CONDUIT & WIRING
 - 5) 6" TRIM TILE
 - 6) WINTERIZATION IN 1991 INCL.
 - 7) WINTER COVER W/ WATER BAGS
 - 8) CUT DOWN GRADING INCL.
- (PRE-SITED BY GLENN FARINA)

PERMIT OFFICE	HOWARD COUNTY
LOT 46	BLOCK AREA 2 SUB. DIV. GLENWOOD SPRINGS
SALESMAN	BOB SACHS
MANAGER	H. ROSENTHAL
SALES OFFICE	BALTIMORE
PH. #	301-922-8300
CONSTRUCTION OFFICE	PH. # 703-517-8673
JOB #	128422
CONTRACT DATE	9-24-91
CASH	YES
LOAN	

DATE OWN	7-26-91
DOWN BY	F
CK'D BY	RWS
CROSS STREETS	
RES. PHONE	442-8009
BUS. PHONE	854-6788
ANTHONY POOLS	
A Division of Anthony Industries, Inc.	



LOT 46
 GLENWOOD SPRINGS
 SECTION 1, AREA 2
 PLAT BOOK 77.35
 3,000-ACRES

BUYER:
 TO DETERMINE APPROXIMATE ELEVATION OF POOL ON DAY OF EXCAVATION.

BUYER:
 POOL AREA TO BE FENCED, PER COUNTY OR CITY ORDINANCE. GATES TO BE SELF CLOSING AND SELF LATCHING.
 BY BUYER

BUYER:
 WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS.
 DO NOT TURN ON POOL LIGHT WHEN POOL IS EMPTY.

NOTE	SCALE 1/8" = 10"
495 TO 97(N) TO (R) ON BURNT WOODS RD. TO (L) HOBBS RD. TO SITE ON (L)	
REVISED #38863	
Date: 10/15/91	
Comments: Filler location	

B 1 **1296** SEQUENCE NO. (DP. USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HD-88-0067

fill in this form completely

Date Received (APA) **062488**

OWNER INFORMATION

BARBARA WESSOLOVICHES

15 Last Name Owner First Name 34

RD. BELVIDER

36 Street or RFD 55

ELLERSFIELD CITY MARYLAND

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

GLEWOOD SPRINGS

23 SUBDIVISION 42

SECTION **46** LOT **46** AREA **2**

44 46 48 50

GLEWOOD

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **5** M I

73 76 77 78

DRILLER INFORMATION

Joseph L. Wayne License No. **038**

Driller's Name 77 License No. 80

Joseph L. Wayne Well Drilling

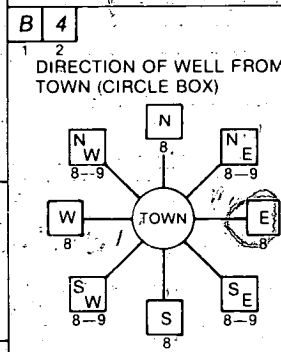
Firm Name

5512 Mike Rd. Mt Airy, 21778

Address

Joseph L. Wayne **11/18/88**

Signature Date



Hobbs RD.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **367** 37

DISTANCE FROM ROAD

ENTER FT or MI **EF**

38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (A38393)

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **062788** **B. Nuyon** **01/27/89**

43 48 CO SIGNATURE 41 49

NORTH GRID **532000** EAST GRID **0796000**

50 55 56 63

APPROXIMATE DEPTH OF WELL **200** FEET

24 28

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)

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

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)

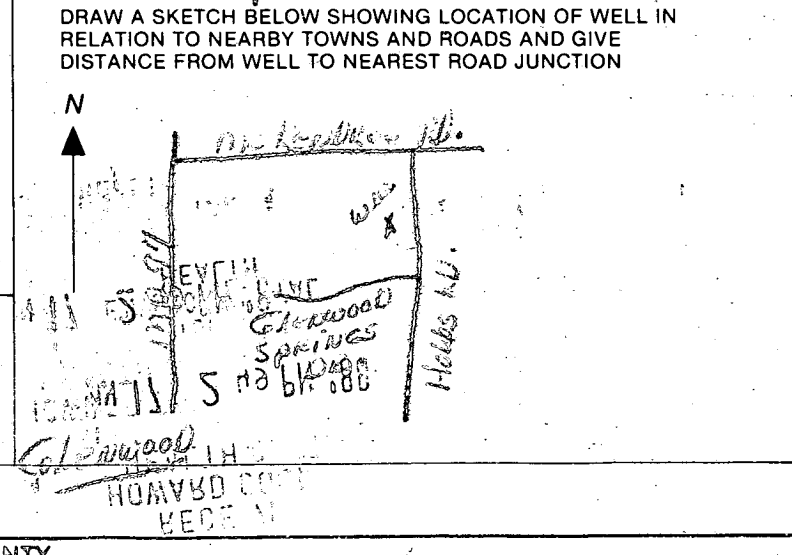
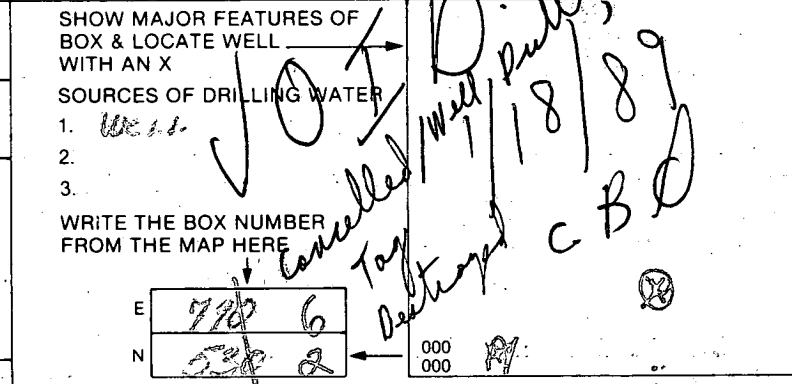
APPROP. PERMIT NUMBER _____

54 63

FORCE **2** WRITE INITIALS IN BOX PERMIT No. **HD-88-0067**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



B 1 **8717** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

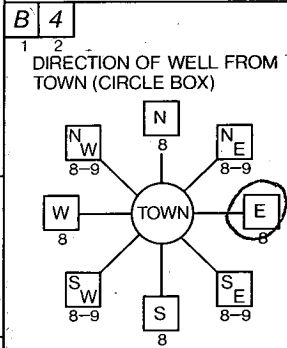
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0946
 fill in this form completely

6 Date Received (APA) **062789**
 OWNER INFORMATION
 8 **CARMAN** ASSOCIATES
 13
 15 Last Name Owner First Name
 36 **PO BOX 122**
 55 Street or RFD
 57 **ELLICOTT** 70 State 72 **CITYMD21043** Zip 76

B 3 LOCATION OF WELL
 1 **HOWARD**
 2
 8 COUNTY
 21 **GLENWOOD SPRINGS**
 23 SUBDIVISION
 42
 SECTION **46** LOT **46**
 44 46 48 50
 52 NEAREST TOWN **GLENWOOD**
 71
 MILES FROM TOWN (enter 0 if in town) **6** MI
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L. MAYNE** 77 License No. 80 **238**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy 21771**
 Signature **Joseph L. Mayne** Date **6/27/89**



11 **Hobbs RD.** 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 N 45'
 34 **407** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FF**
 38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 35393 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **1/24/90**
 41
072489 CO SIGNATURE **Cain Wilson** EXP. DATE
 43 48
 NORTH GRID **532000** EAST GRID **0796000**
 50 55 57 63

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)

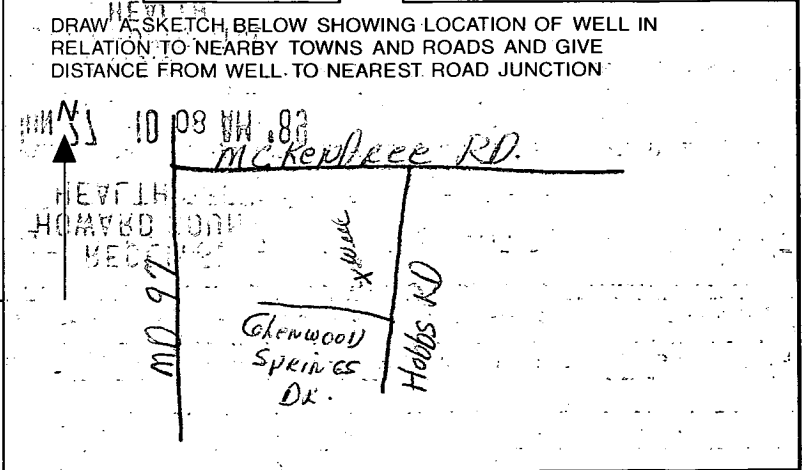
APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. **3 BAGS IN DRY HOLE**
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **190 6**
 N **530 2**
 000 OK
 000 **VTAG**
 8/28/89 9:30 GROUT NOT OBS'D MR 30' OPEN 8/28/89 33' CASING 2' CASING A.G.

APPROXIMATE DIAMETER OF WELL **6** 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)
 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
 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).
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-88-0946**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
Glenwood
 COUNTY

C1 9928 SEQUENCE NO. (DENV 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)

COUNTY NUMBER A 38 39 3

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0946

OWNER CARMAN ASSOCIATES last name HUBBS first name TOWN GREENWOOD SUBDIVISION GREENWOOD SPINGS SECTION LOT 46

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: SAND stone, GRAY Mica Rock, Dry well 365' filled in with cement + drilled materials.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 658 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) (A) Total depth of main casing (nearest foot) (33)

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

SCREEN RECORD screen type or open hole (H) (O) (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 165

CIRCLE APPROPRIATE LETTER 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 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.

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

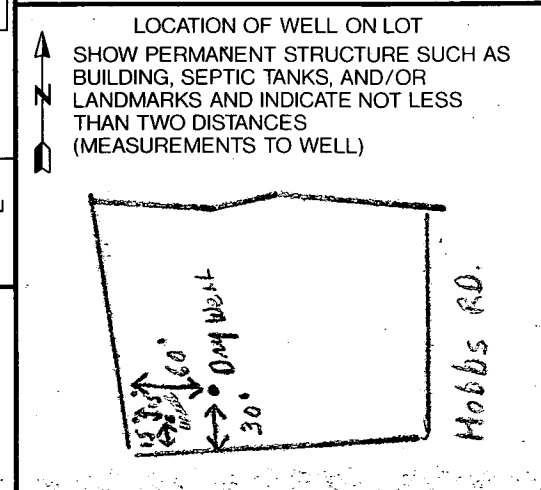
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 WHEN PUMPING 23 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest-ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (2) (nearest foot) (-) below



DRILLER CO

4-8-91
2 pm

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 # 46963
Date 4/4/91

Name of Installer George Vorieff

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____

Registered Plumber George Vorieff

Name of Property Owner Mark & Sherril Ashby

Telephone 442-8009

Subdivision Glenwood Springs Lot # 46

Well Tag # HD-88-0067

Site Address 2720 Hobbs Rd. Glenwood, MD 21738

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

(WPT) Pitless adapter p.k.
Well line connected to house.
OK to backfill, D. Buzzo 4-8-91

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: Sherril Ashby

Date: 4/4/91

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00014943

Building Address 2720 HOBBS RD.
GLENWOOD MD. 21738
 Suite/Apt. #: _____ SDP/NP/Petition #: _____
 Census Tract _____ Subdivision GLENWOOD Springs
 Section 1 Area 2 Lot: 46.
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 3 ACRES

Property Owner's Name MARK J. ASHBY
 Address 2720 HOBBS RD.
 City GLENWOOD State MD Zip Code 21738
 Home Phone 410-442-8009 Work Phone 301-854-6788
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 301-854-5443

Existing Use Single Family Home
 Proposed Use Den for same
 Estimated Construction Cost \$ 18,000.00
 Description of Work Install new roof trusses on
existing garage to provide more room
approx. 375 sq. ft. for Den

Contractor Company OWNER
 Contact Person MARK J. ASHBY
 Address 2720 HOBBS RD.
 City GLENWOOD State MD Zip Code 21738
 License No. _____
 Phone 410-442-8009 Fax 301-854-5443

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

Engineer or Architect Company Inner Dimension
 Contact Person Sharon Poole
 Address _____
 City Frederick State MD Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> 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: _____ <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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

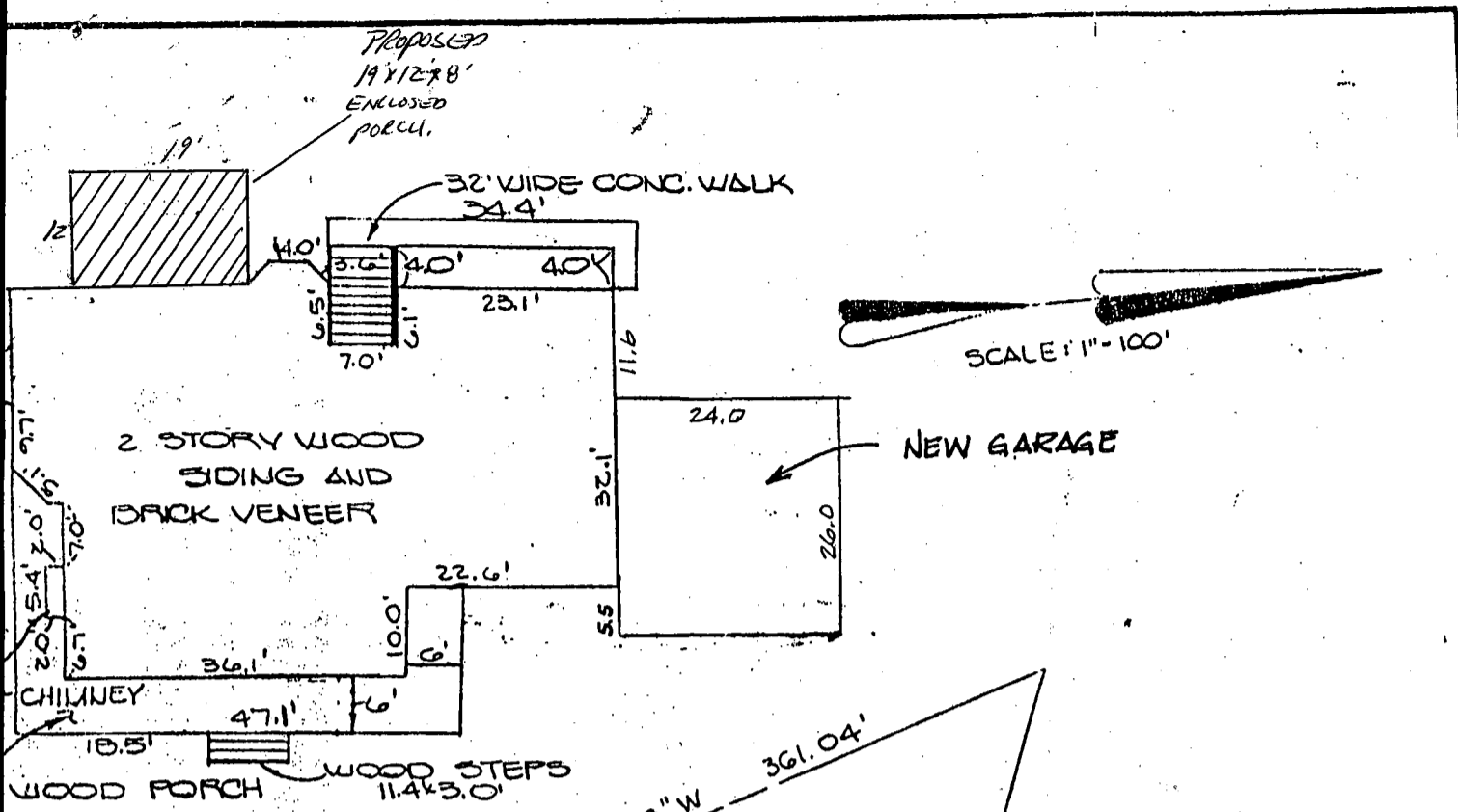
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 Owner

Print Name MARK J. ASHBY
 Date 11-4-98

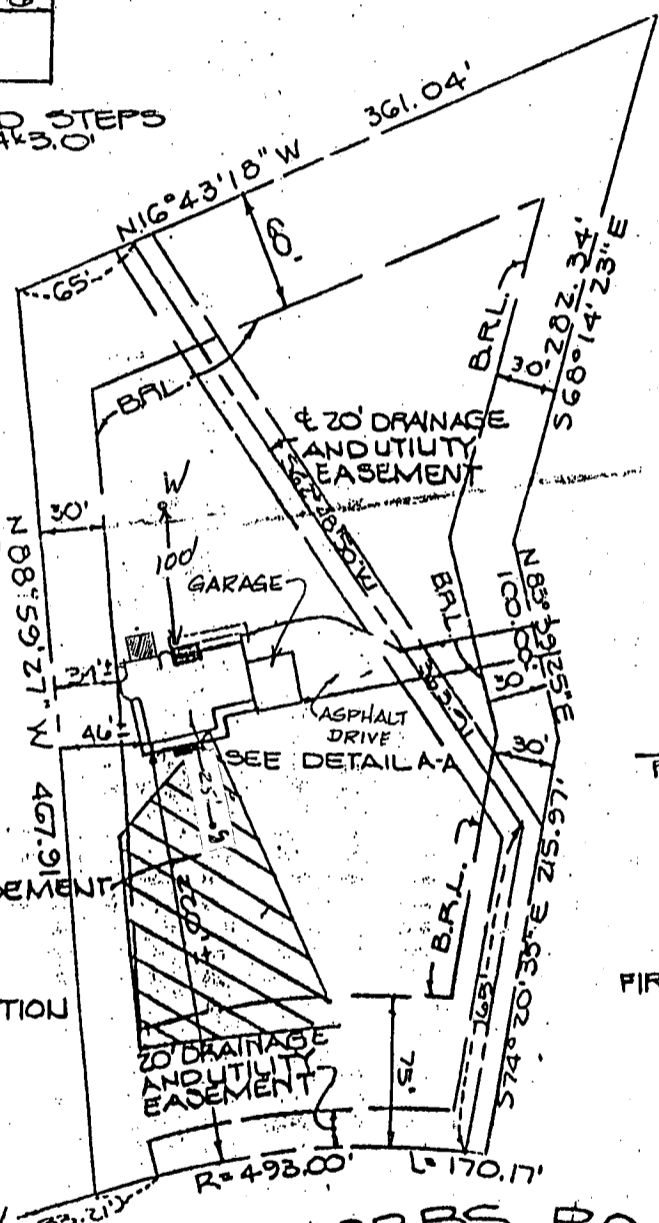
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	38427
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>11/4/98</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
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>5761</u>
			Accepted by <u>[Signature]</u>	Validation # <u>18278</u>



DETAIL A-A
SCALE: 1" = 20'

DECK OK
MR 5/31/07



RECERTIFIED MAY 7, 1971

FIRST FLOOR ELEV. = 576.57

ASHBY
9146
5/11/01

NOTE - THIS PROPERTY IS NOT LOCATED WITHIN A 100 YEAR FLOOD PLAIN.

HOBBS ROAD (50' R/W)

This is to certify that I have surveyed the property known as: LOT 46 OF GLENWOOD SPRINGS SEC. 1 AREA 2
RECORDED AS PLAT # 7735 AMONG LAND RECORDS OF HOWARD COUNTY, MD.

for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 5TH day of DECEMBER 19 90

FISHER, COLLINS AND CARTER, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
9171 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21043
(301) 481-2855



Collins-461-2855

PLAT PLAN TO ACCOMPANY
APPLICATION FOR BLDG. PERMIT
№ 2720 HOBBS ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1"=50'

N 16° 43' 18" W

361.04'

BUILDING RESTRICTION LINE

LOT 46
GLENWOOD SPRINGS
SECTION 1, AREA 2
PLAT BOOK 7735

3.000 ACRES

30' DRAINAGE &
UTILITY EASEMENT

FOR BUILDING
DIMENSIONS SEE
ARCHITECTURAL
PLANS

FF 481.17
BE 472.5

BAR 479.2

INV. 470°

INV. IN 469°

PROP. SEPTIC TANK - PROP. GRADE 473°
INV. OUT 469°

DISTRIBUTION BOX
INV. IN 469°
INV. OUT 469°
PROP. GRADE 473°
EX. ELEV. @ TIME OF PERC. 473°

NOTE: LENGTH OF
TRENCH & SIZE OF
SEPTIC TANK SHALL
BE IN ACCORDANCE
WITH HOWARD CO.
HEALTH DEPT.
SPECIFICATIONS

10,000 SQ. FT.
SEWAGE DISPOSAL
EASEMENT

467.91'

470

465

N 08° 52' 54" W
33.21'

R=493.00'

L=170.17'

EX. CULVERT

GLENWOOD SPRINGS
PARTNERSHIP

P.O. BOX 122
ELLCOTT CITY, MD. 21043

HOBBS ROAD

11/5/98

Proposed 2nd
store addition
OK - DCJ

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00014943

Building Address 2720 HOBBS RD
GLENWOOD MD 21738
 Suite/Apt. # _____ SDP/WP/Petition # _____
 Census Tract _____ Subdivision GLENWOOD Springs
 Section 1 Area 2 Lot 46
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 3 ACRES

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 Home Phone 410-442-8009 Work Phone 301-854-6788
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 301-854-5443

Existing Use Single Family Home
 Proposed Use OWNER DEN for same
 Estimated Construction Cost \$ 18,000.00
 Description of Work Install new roof trusses on existing garage to provide more room approx 375 sq ft. for Den

Contractor Company OWNER
 Contact Person MARK J. ASHBY
 Address 2720 HOBBS RD.
 City GLENWOOD State MD Zip Code 21738
 License No _____
 Phone 410-442-8009 Fax 301-854-5443

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
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Engineer or Architect Company Inner Dimension
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 City Frederick State MD Zip Code _____
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BUILDING DESCRIPTION - RESIDENTIAL

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Applicant's Signature [Signature]
 Title/Company Owner

Print Name MARK J. ASHBY
 Date 11-4-98

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

FOR OFFICE USE ONLY

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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"/>				
Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>5761</u> Validation # <u>18278</u>				