

SEPTIC TANK LEVEL OK-1500 gal CLEANOUTS one on s.t.
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ①92 ③90 FT. → 272'
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1088 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 7/1/97 Tank set - OK. Fill dirt deposited in upper left area of septic field. OK to run trenches towards the right lot line. 7/7/97 FINAL - OK to cover all work. DS
7-8-97 Well line already covered at time of inspection (2:30) needs 2 piece cap (EM)

7/3/97 well line sleeved. 7/8" b.g. Needs 2 pipe cap. DS
 DATE SYSTEM APPROVED 7/7/97 INSPECTOR Donna K. [Signature]

APPLICATION

A 38840

PERCOLATION TESTING

P _____

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

*5/18/87
perc permit
pending approval
plans*

DISTRICT _____

DATE 2/26/87

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 1 Reyden A. Blunt Milton Burkowski
c/o F.A.M. Equities, Inc., 233 E. Redwood Street.
ADDRESS Baltimore, MD 21202 PHONE _____

PROSPECTIVE BUYER 2 F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
ADDRESS Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road

SUBDIVISION Ridgewood LOT NO. LOT 6 on Prelim
5

ROAD AND DESCRIPTION Public CT. B
(13224 Springwood Court
TAX MAP 22 PARCEL # 160
BUDG. PERMIT SIGNED
~~AND RETURNED~~ 4-24-97
Serial # BRD105733

SIZE OF LOT 3.0 AC. TYPE BLDG. Single Family - 5 Bdrm
(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. Wigand H. Theimer (Agent for FAM Eq.)
(SIGNATURE OF APPLICANT)

APPROVED BY B. Nuyon FOR Deep District, shall be repaired DATE 10/27/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & sub - plan

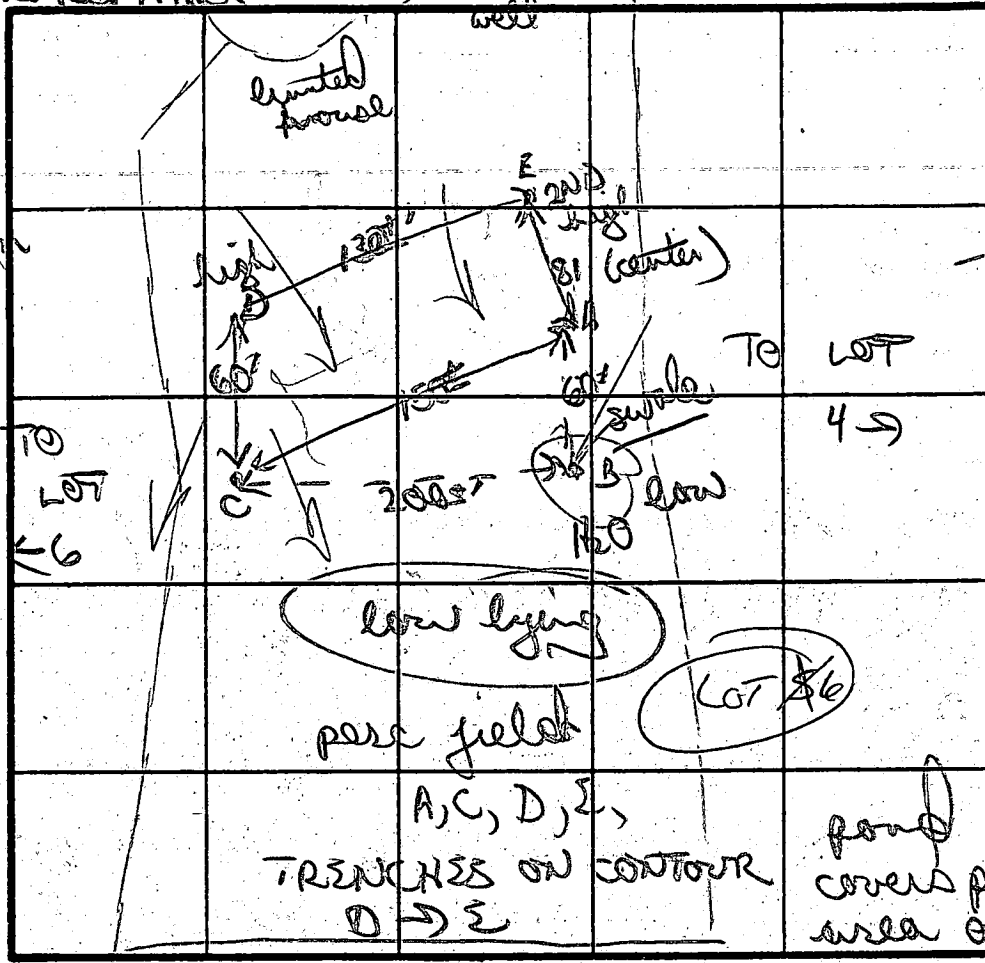
NEED OBSERVATION WELL FOR APPROVAL

THIS IS NOT A PERMIT

OK Deep Central
SHALLOW FOR REPAIRS

SPRING WOOD CT

②
orange/yellow
clay loam 3'
to silty loam
w/ 5-10%
frags
12'
yellow/brown
clay to clay
loam 3'
to brown tan
silty loam
w/ 5-10%
heavily
weathered
frags
12'
5, 4, 3



A
SOIL PROFILE
orange/brown
silty clay
loam 2'
to orange
tan silty
pewdey
loam
H₂O
13'D

③
brown/purple
clay 3'
w/ scattered
frags 4'
to brown
orange silty
loam
along by 8'
H₂O 9'
12'
C
brown tan
silty mica
loam
w/ 5-10%
weathered
frags
3-6'
back to
tan pewdey
loam

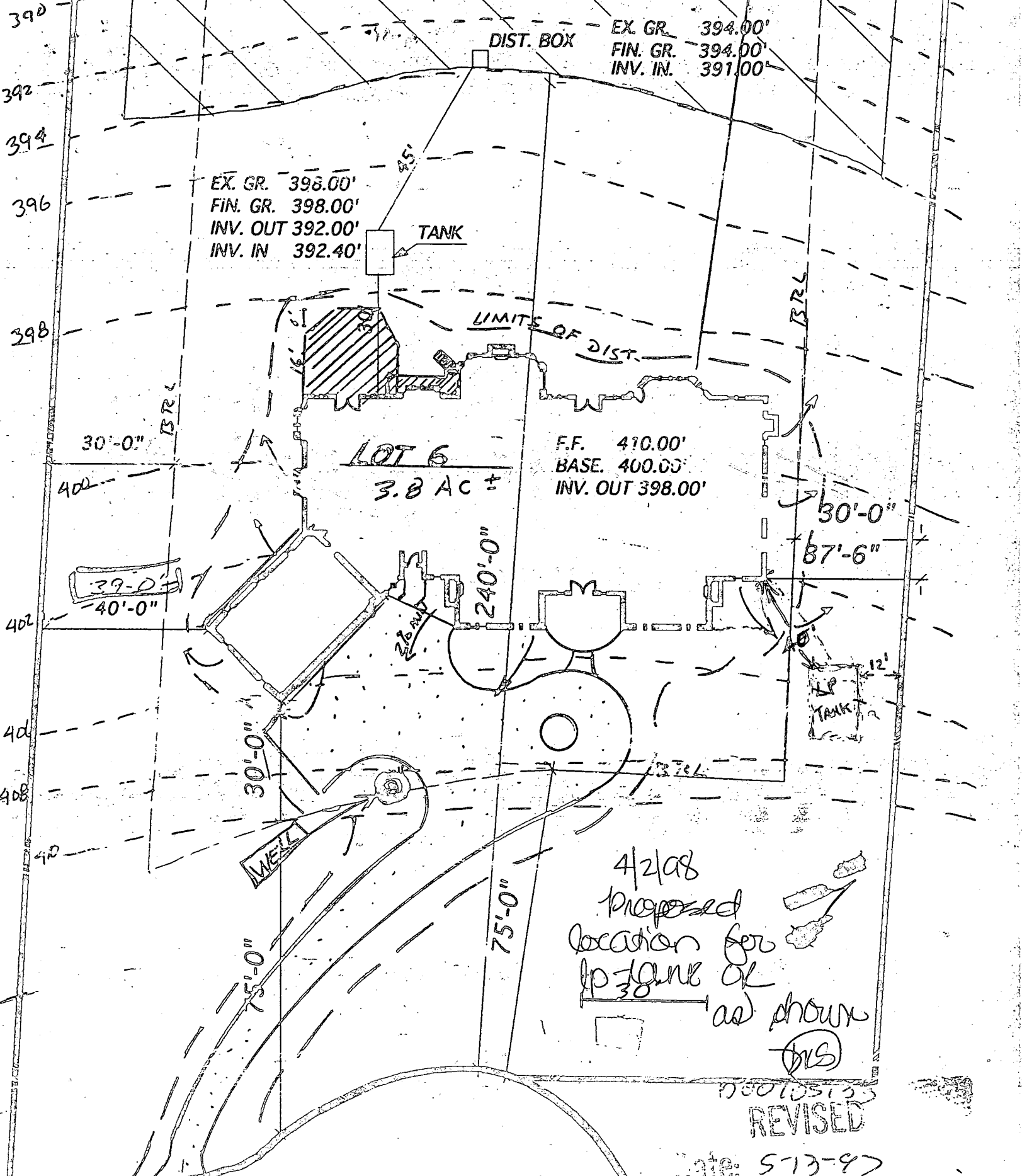
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
FOLLY QUARTER RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/19/87	A	3 1/2'S	1147	1149	1149	1151	2 MIN	
	B	13'D	bottom (H ₂ O 12 1/2'D)					X 2 MIN
			NOT TESTED					INLET 3 1/2'
		12'D	H ₂ O at 9'					MAX D. 7 1/2'
	C	3'S	1154	1156	1156	1158	2 MIN	
		12'D	bottom (see profile)					168' / AD
	D	3 1/2'S	1202	1204	1204	1206	2 MIN	
		7'M	1202	1204	1204	1206	2 MIN	
		12 1/2'D	bottom (see profile)					
	E	3 1/2'	1208	1209	1209	1211	2 MIN	
		12 1/2'D	bottom (see profile)					

REMARKS moved para uphill to get out of swale + high H₂O

TYPE OF SOIL brown/orange silty mica loams
TESTED BY B. Nujan
ALSO PRESENT Chris, Jeff

SEPTIC TRENCH ON CONTOUR AS REQUIRED BY THE HEALTH DEPT.



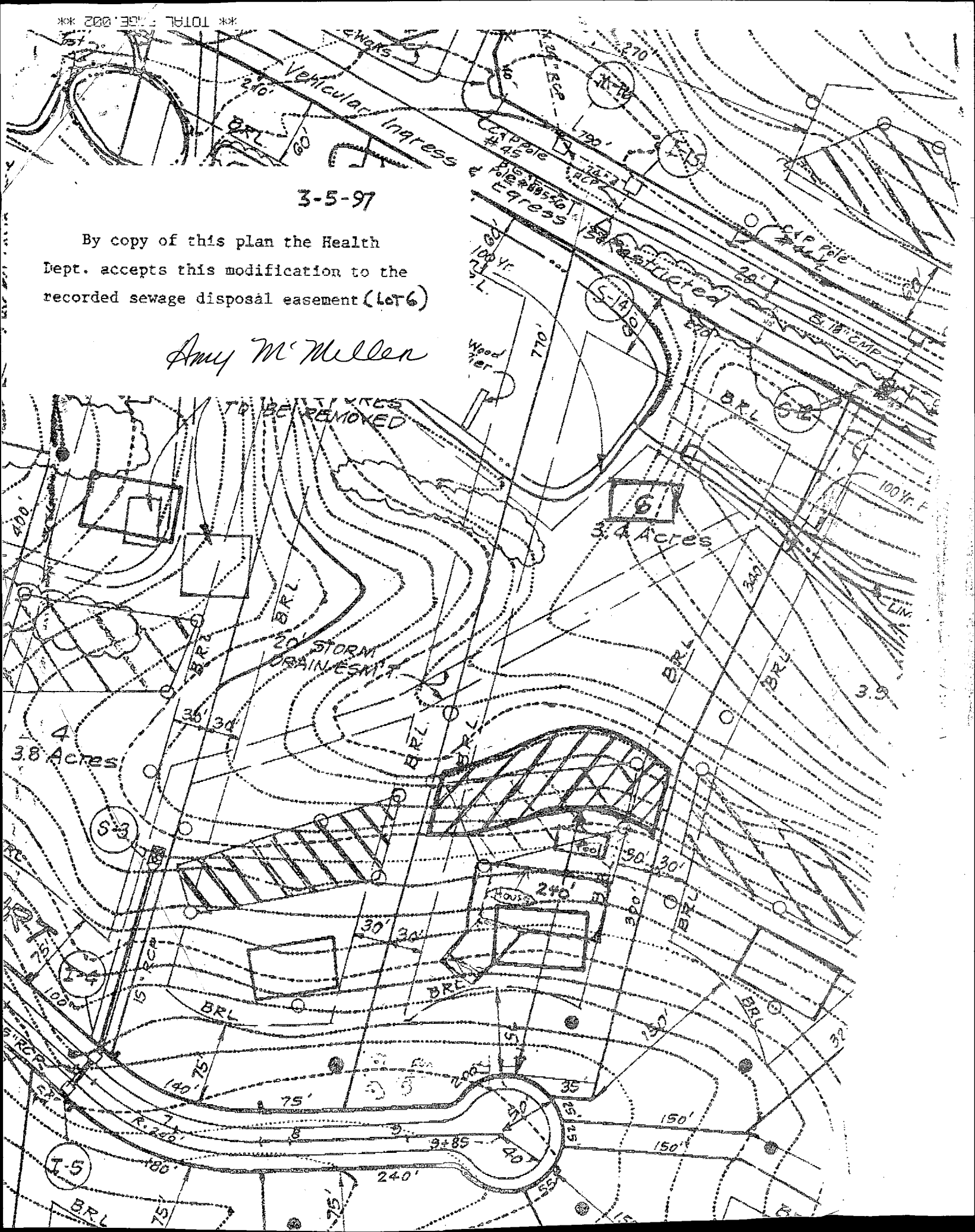
13321 SPRINGWOOD COURT
ELICOTT CITY, MD. 21042

Date: 5-13-97
Comments: larger size

3-5-97

By copy of this plan the Health Dept. accepts this modification to the recorded sewage disposal easement (Lot 6)

Amy McMillen



Approved Septic System Plan
Howard County Health Department

Donna & Joe 4/24/97

500' TO REAR
PROR LINE

SEPTIC EASEMENT

TRENCH ON CONTOUR AS REQUIRED BY THE HEALTH DEPT.

388
390
392
394
396
398
400
402
404
406
408
410

DIST. BOX
EX. GR. 394.00'
FIN. GR. 394.00'
INV. IN. 391.00'

TANK
EX. GR. 396.00'
FIN. GR. 396.00'
INV. OUT 392.50
INV. IN 392.80

LIMITS OF DIST.

LOT 6
3.8 AC ±

F.F. 410.00'
BASE. 400.00'
INV. OUT 398.00'

30'-0"

30'-0"

87'-6"

40'-0"

30'-0"

240'-0"

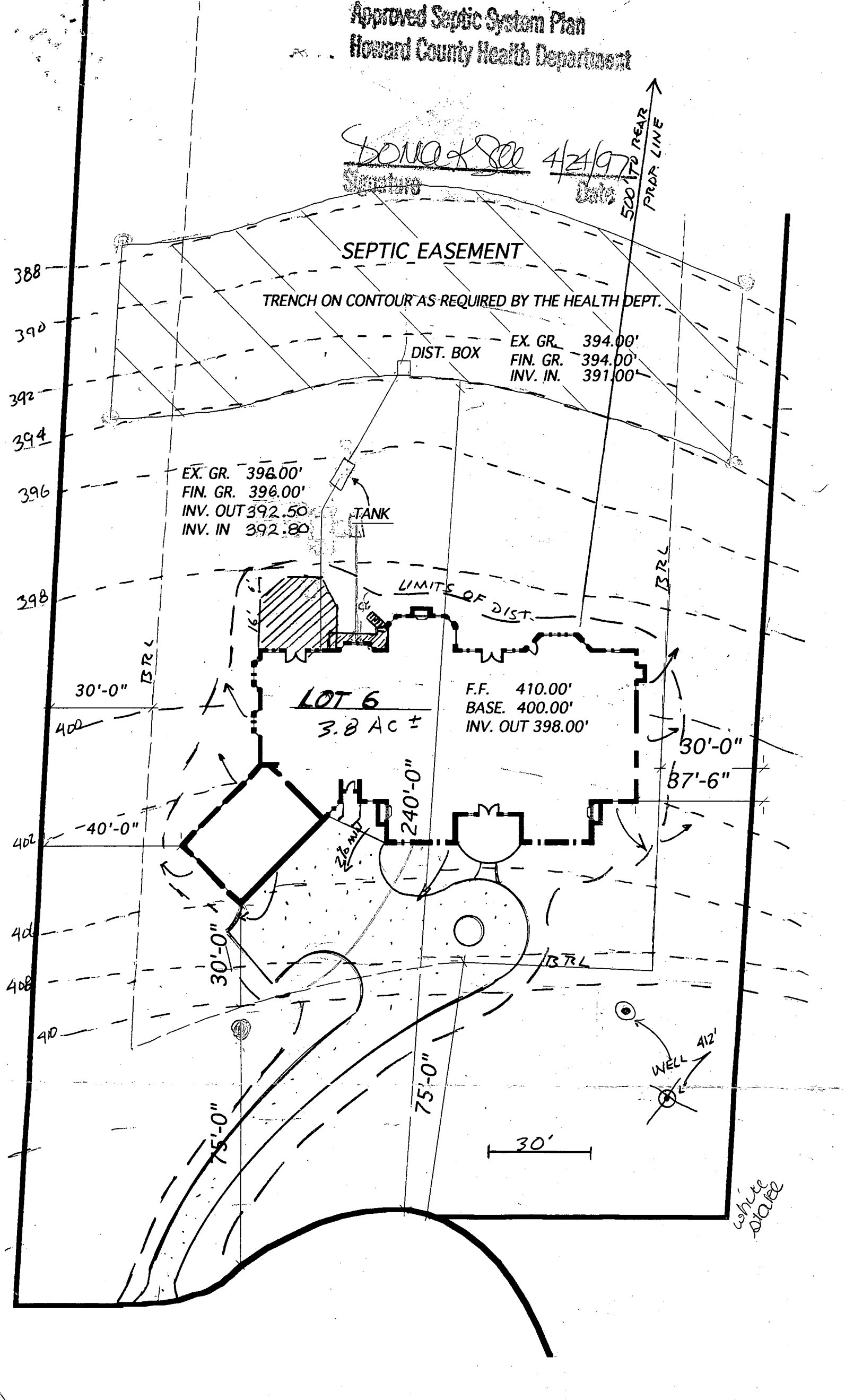
75'-0"

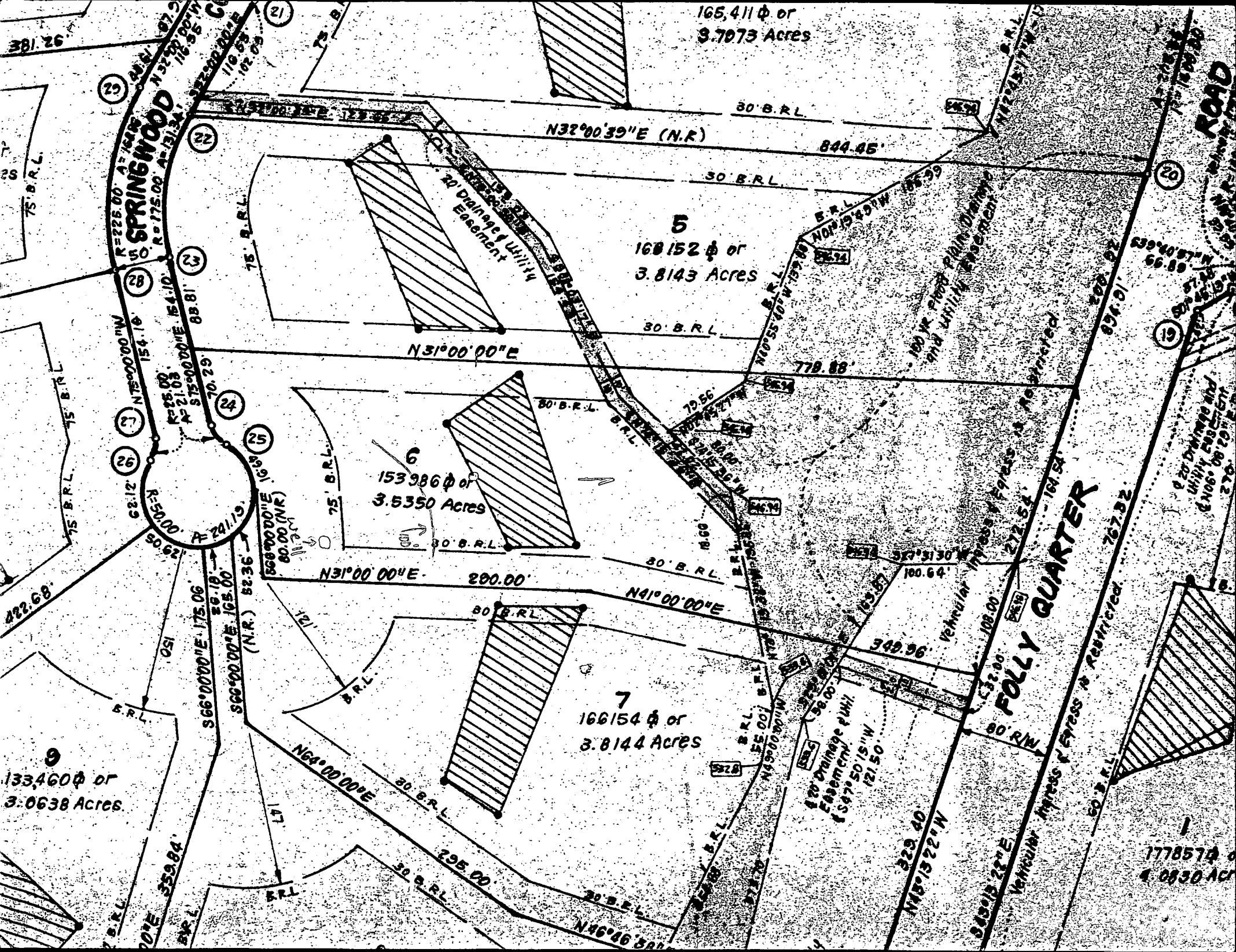
75'-0"

30'

WELL 412'

white
dial





165,411 ϕ or
3.7073 Acres

5
168,152 ϕ or
3.8143 Acres

6
153,986 ϕ or
3.5350 Acres

7
166,154 ϕ or
3.8144 Acres

9
133,460 ϕ or
3.0638 Acres

1
177,857 ϕ or
4.0830 Acres

SPRINGWOOD

FOLLY QUARTER

ROAD

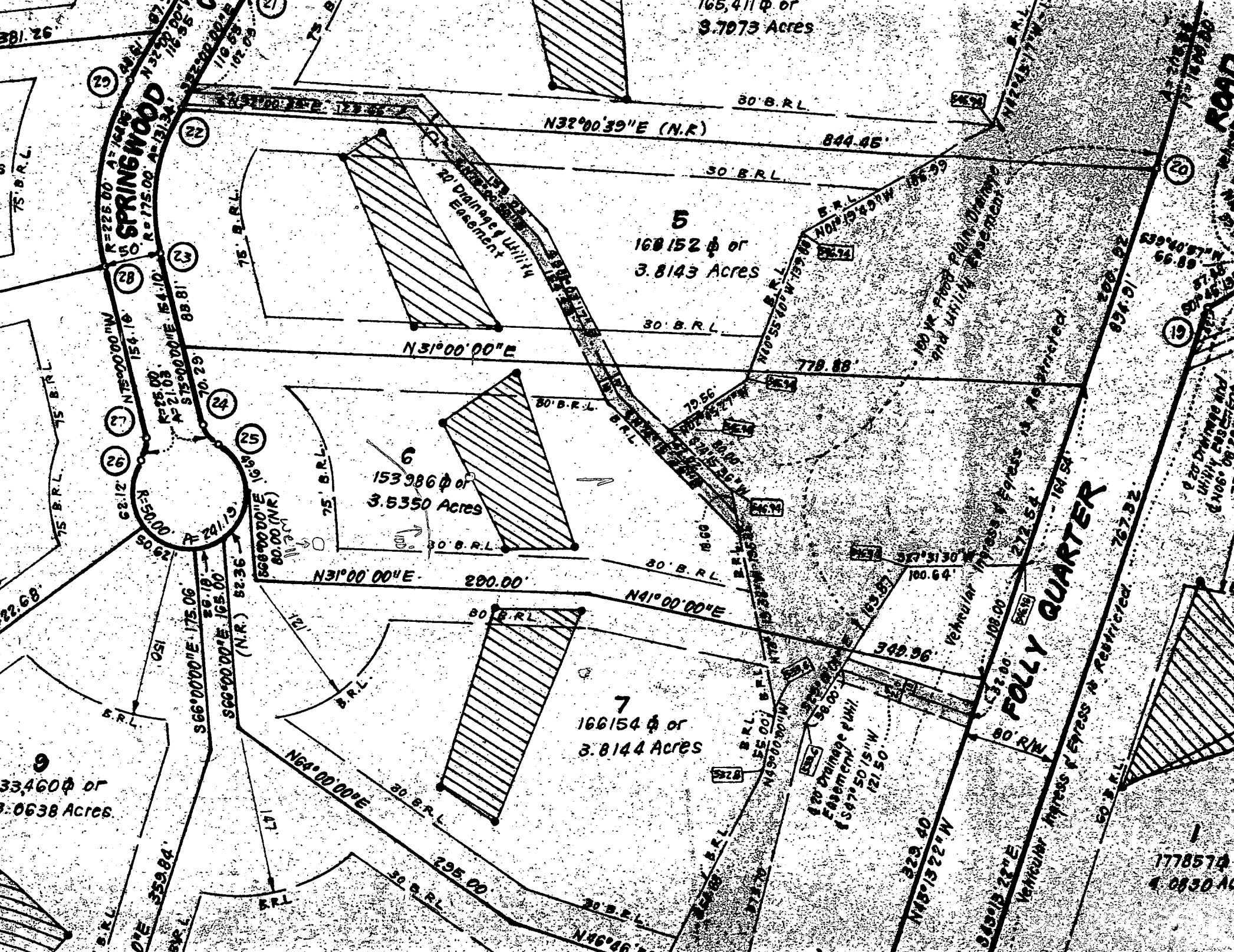
20' Drainage Utility Easement

100' W Flood Plain Drainage and Utility Easement

20' Drainage Utility Easement

Vehicle Access Easement

20' Drainage and Utility Easement



N32°00'39"E (N.R.)

30' B.R.L.

N31°00'00"E

80' B.R.L.

N31°00'00"E

N41°00'00"E

N64°00'00"E

N46°06'59"E

844.45'

779.88'

200.00'

80' B.R.L.

295.00'

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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 _____

Name of Installer Keith Hundertmark

Telephone 410-857-0255

License Number 8300

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner _____ Telephone _____

Subdivision Ridgewood Lot # 6 Well Tag # _____

Site Address 13321 SPRINGWOOD CT.

- 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 1/2
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter**
- Make Yes
 - Model # _____
 - Depth _____

- Tank**
- Capacity _____
 - Pressure relief valve? Yes

- 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? _____

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: Keith Hundertmark

Date: 6-24-97

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

C1 9639

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 38840

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER RIDGEWOOD ASSOC. STREET OR RFD SPRINGWOOD CRT. TOWN GLENELG SUBDIVISION RIDGEWOOD SECTION LOT L

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, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Clay, Shaley, Sand Stone, Mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING Nominal diameter Total depth TYPE (nearest inch) of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) grid for each screen section. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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) 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 80' Springwood CT.

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 10.17.13 "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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 9791

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0251

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

please print or type

fill in this form completely

Date Received (APA)

APR 25 88

OWNER INFORMATION

RIDGEWOOD ASSOC

R.B.B. REDWOOD ST

BALTIMORE MD 21202

B 3

LOCATION OF WELL

HOWARD

RIDGEWOOD

SECTION LOT 6

GLENELB

MILES FROM TOWN (enter 0 if in town) MI

R-42836 40.10 10/25/88

DRILLER INFORMATION

George F. Easterday

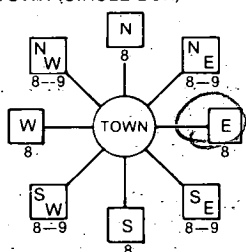
L. Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md. 2177;1

Signature: George F. Easterday Date: 10/6/88

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SPRINGWOOD CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI 300 FT

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. A # 38840
STATE 6 MD EXTENSION NEW EXPIRATION 11/1/89
SIGNATURE DATE ISSUED 5/11/89
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE 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
THIS WELL WILL DEEPEEN AN EXISTING WELL

APPROX. PERMIT NUMBER GAP

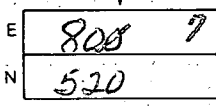
FORCE INITIALS PERMIT NO. 40-88-0251

SPECIAL CONDITIONS

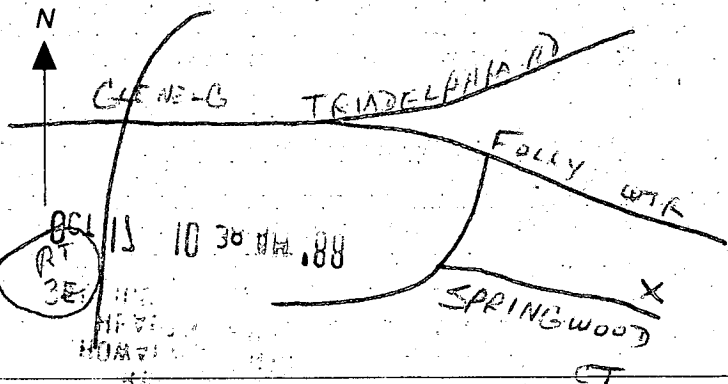
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

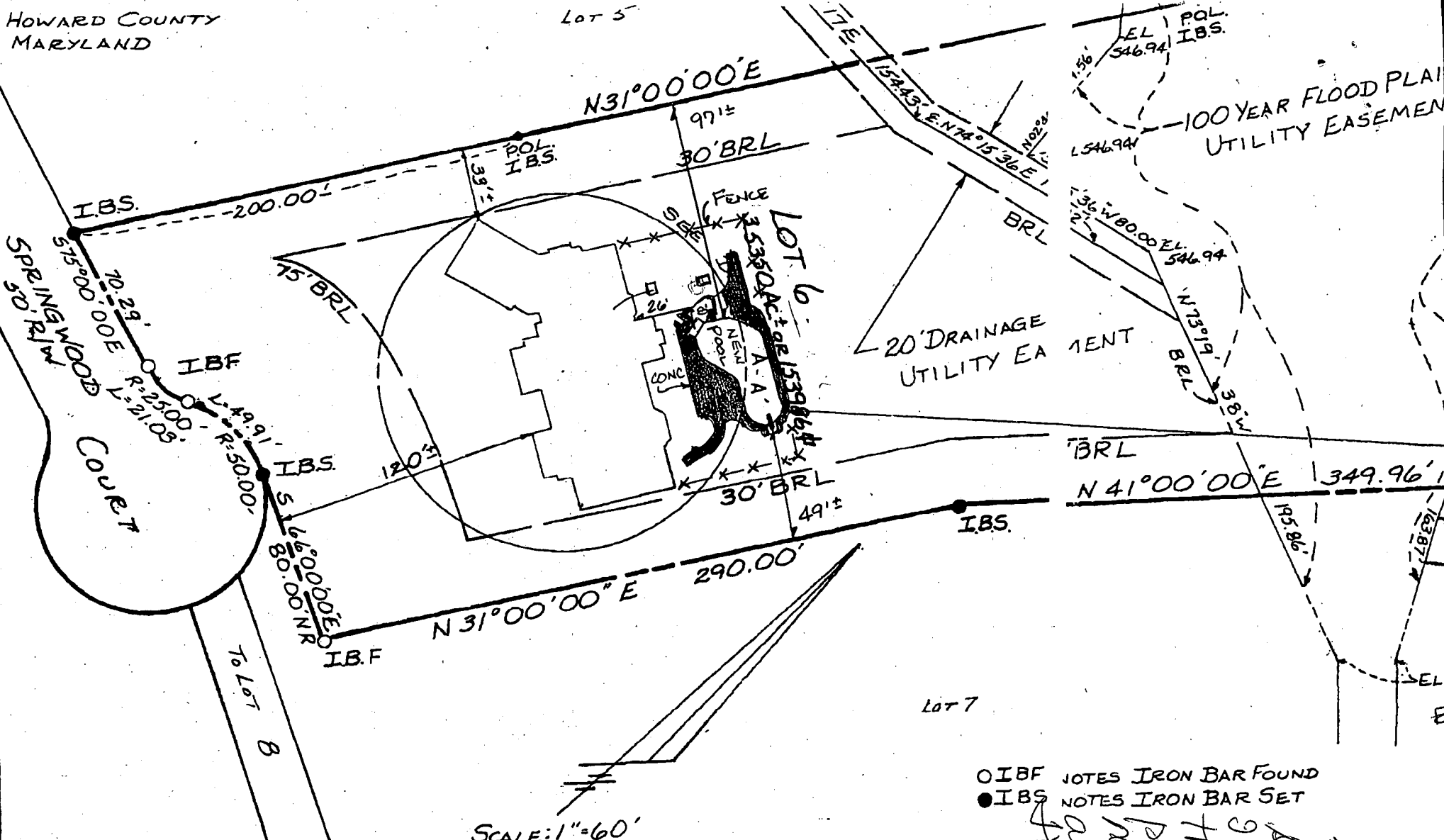


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



HOWARD COUNTY
MARYLAND

Lot 5



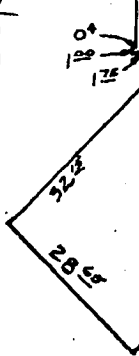
○ IBF NOTES IRON BAR FOUND
● IBS NOTES IRON BAR SET

SCALE: 1" = 60'

LOCATION SURVEY PLAT
SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

<p>CERTIFICATION</p>	<p>SEAL</p>	<p>SCALE: AS NOTED DATE: 7-17-97</p>
<p>This is to certify that I have surveyed the property known as: <u>SPRINGWOOD COURT</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>		<p>LDE Inc. 9250 Rumsey Road Suite 200 Columbia, Maryland 21045 (Balt.) 410-715-1070 (Wash.) 301-596-3424 (FAX) 410-715-9540</p> <p><i>Field confirm station and well do as submitted - not appropriate</i></p>

3/20/00
 spoke to contractor -
 informed him
 that as presented
 pool location is
 not appropriate
 as submitted -
 he will do a



Building Address 13321 Springwood Court
EC MD 21042

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

Census Tract 0051.01 Subdivision RidgeWood

Section _____ Area _____ Lot 6

Tax Map 22 Parcel 160 Grid 15

Zoning RD200 Map Coordinates 9R11 Lot size _____

Property Owner's Name BORKOWSKI, MILTON F.

Address 13321 Springwood Ct

City EC State MD Zip Code 21042

Home Phone 410-988-9151 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
REGINA POOLS / DAVID K. LILBER
2006 YORK RD TIMONIUM MD 21093

Phone 410-292-5116 Fax _____

Existing Use SFD

Proposed Use SFD w/ ING POOL

Estimated Construction Cost \$ 37,500

Description of Work CONSTRUCT NEW ING POOL
3'-9" DEEP / FENCE TO CODE
POOL 6.55' x 28'

Contractor Company REGINA POOLS

Contact Person MR. FRANK

Address 2006 YORK RD

City TIMONIUM State MD Zip Code 21093

License No. BD82

Phone 410-252-5116 Fax _____

Occupant or Tenant OWNER

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
Height: <u>3'-9" depth</u>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>9800</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ <input checked="" type="checkbox"/> Structural Steel <u>VINYL</u> Masonry <u>LINER</u> Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms: _____	
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: _____	
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 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.

[Signature]
 Applicant's Signature

 Title/Company

David K. Lilber
 Print Name

5/10/00
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>29265</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>1200</u>
<input checked="" type="checkbox"/> Building Official	<u>7/30/00</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health	<u>6/10/00</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1553</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>3256</u>
			Accepted by <u>[Signature]</u>	

FRAN: I HAVE cleared this Configuration & These Dimensions of the Septic TRENCHES with Kim Russo (Inspector) & PLEASE Resubmit TO HER & DO A NEW LINER DRAWING for ME TO APPROVE - Sorry IT TOOK THIS LONG - I ASSUME I DID NOT LOOSE MY PLACE IN LINE

M. et Borkowski
4/25/00

FAX# 410-252-5213

5/19/00
Proposed pool location
OK as shown
(D.R.)

