

PERMIT

04-348-583

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 46383

A 39223

DISTRICT 4th

DATE 9/19/90

DATE SYSTEM APPROVED 11/9/90

INSPECTOR M. R. Fick

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

Time Expired for F.C.O.P. Compliance

Chadsworth, Inc.-Cheverly

IS PERMITTED TO INSTALL ALTER

ADDRESS 14604 Rolling Green Way, Gaithersburg, MD 20879 PHONE _____

SUBDIVISION Foxport Plantation LOT 10 ROAD 15503 Foxpaw Trail

PROPERTY OWNER Foxport Partnership Adon's KIRANWINKEL +

ADDRESS DORRAINE JOHNSON

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 175

3:13 P.M.
From Mr. Fogle to C.B.D.
(T/C 11/8/90)
OK due to tests @ 14' (9/87)

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 106 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the front lot line running along Fox Paw Tail and 210 feet from the lot line running along Bushy Tail Run. Run the trenches away from Fox Paw Trail.

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

OK/CW + [C.B.D. 11/8/90 Do to a plumbing problem per photo data]

PLANS APPROVED BY Ray Hodges DATE 1/26/89

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

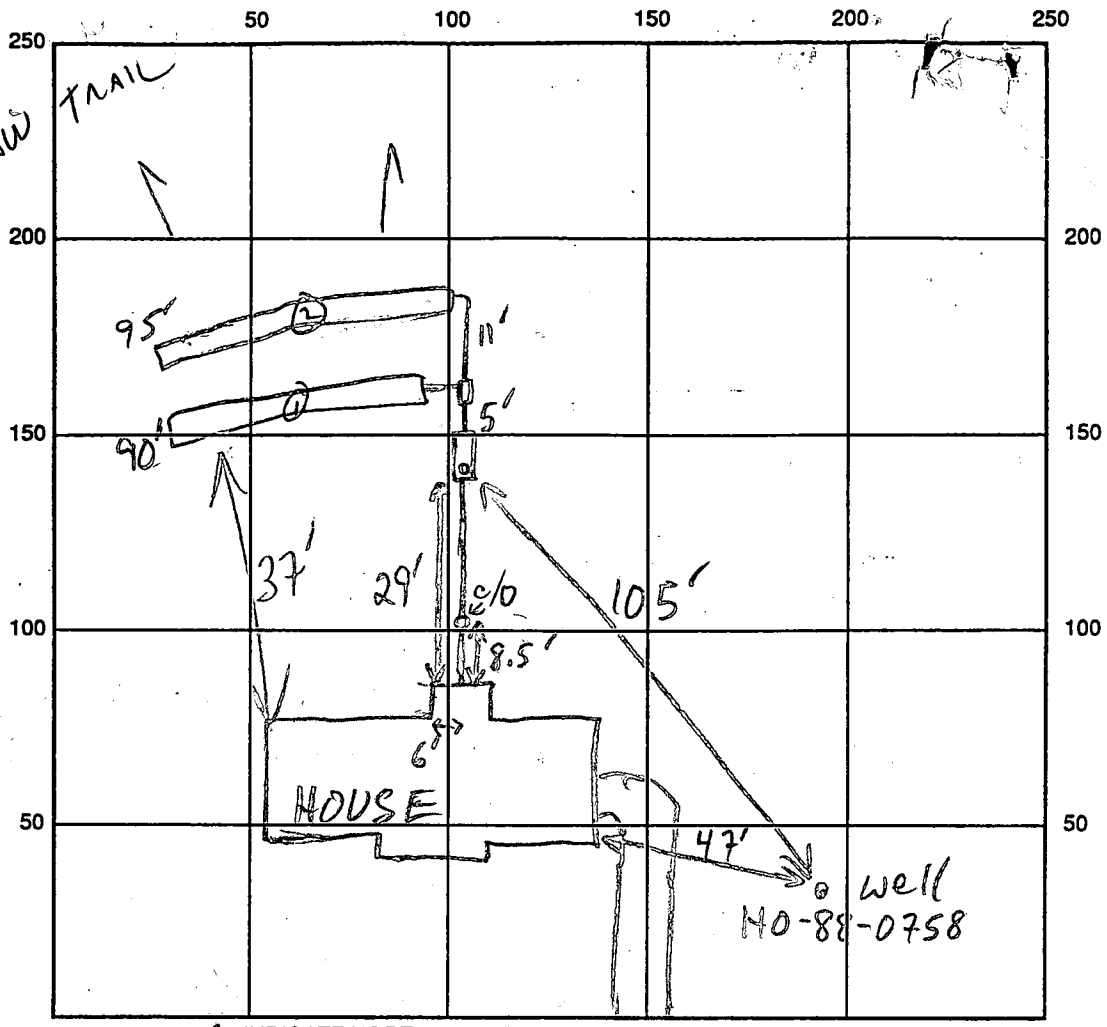
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SIGNED AND RETURNED 12-23-90
Smith # 87115553
Howard Ptd.

A 39223

A 39223
15503
FOXPAW TRAIL



INDICATE NORTH, NAME ADJOINING ROADWAY AS BASE LINE
FOXPAW TRAIL

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{9} \frac{1}{10}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1}{3.5} \frac{1}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{5.5} \frac{1}{6.5}$ FT. TOTAL LENGTH 090 (2)95 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0495 (2)612 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1112 SQ. FT.

REMARKS: 11/9/90 #1 OK TO STONE TRENCHES; CONTOURS NOT AS SHOWN ON BP DRAWING MR

11/9/90 #2 OK TO COVER WHEN READY MR

DATE SYSTEM APPROVED 11/9/90 INSPECTOR M. Riffkin

APPLICATION

PERCOLATION TESTING

A 39223

P _____

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

DISTRICT 4TH

DATE 4-24-87

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 DONALD RIPPEON Foxport Partnership

ADDRESS 15474 BUSHY PARK RD PHONE 301-340-8186

PROSPECTIVE BUYER UNITED GENERAL CONTRACTORS

ADDRESS 8370 COURT AVE, ELLICOTT CITY PHONE 461-2227

PROPERTY LOCATION:

SUBDIVISION RIPPEON PROPERTY LOT NO. 10

ROAD AND DESCRIPTION CORNER OF CARR'S MILL & BUSHY PARK ROAD, WOODINE,
(15503 Foxpaw Trail)
HOWARD COUNTY

TAX MAP 14 & 8 PARCEL # 9 & 12

SIZE OF LOT @ 3 acre lot 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.

Donald Rippeon
(SIGNATURE OF APPLICANT)

APPROVED BY B. Hodger FOR Trenches DATE 1/26/89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/17/87 PERC SR HOLD FOR PLAT R/H

6/9/87 Extra Hole OK R/H H20 legs Spec

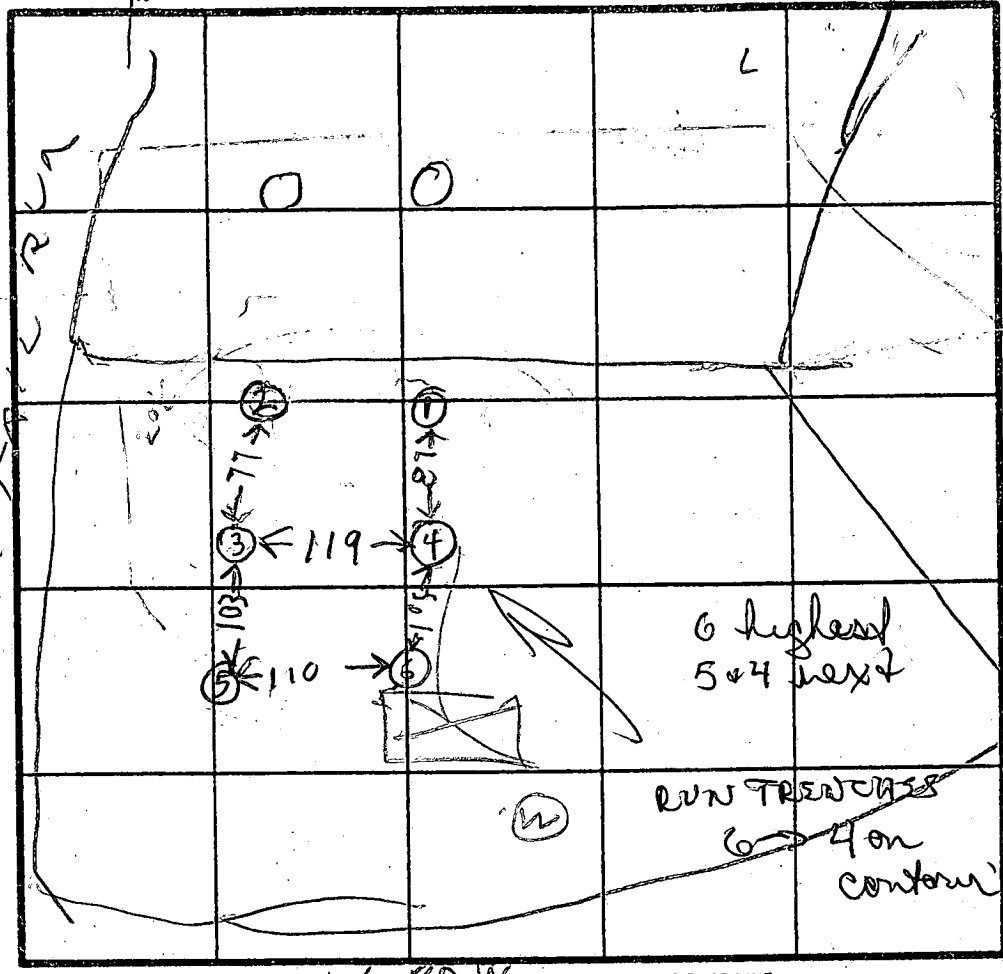
Walter R/H

BLDG. PERMIT SIGNED
AND RETURNED 9/19/89
Serial # 28767 - SFD - 4 Bedroom

THIS IS NOT A PERMIT

Lot 10

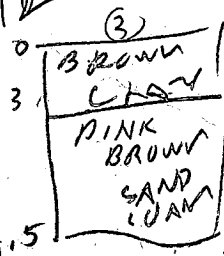
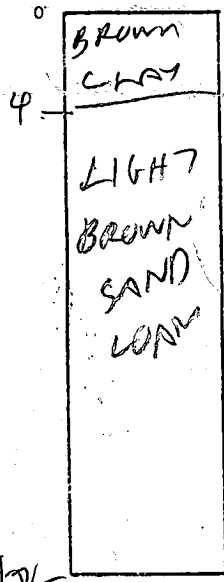
Lot 10



HOLE ELEVATION
 (5)(6) HIGHER
 (3)(4) HIGH
 (1)(2) LOW

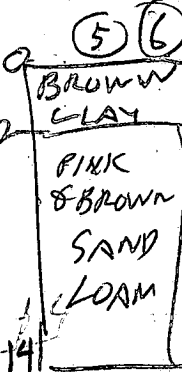
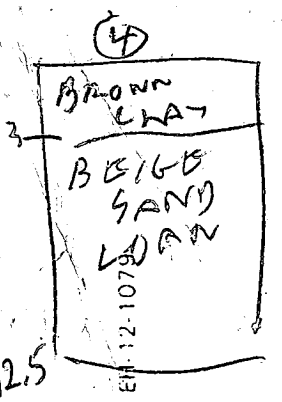
max depth 3 ft
 air time 14 min
 10 min

SOIL PROFILE (1)(2)



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/17/87	1S	4	1109	1120	1120	1149	29
	1V	12	OK				41
6/17/87	2S	4	1114	1119	1119	1134	15
	2V	12	OK				26
	3S	4	1122	1132	1132	1140	8
	3V	11.5					
	4S	3.5	1129	1139	1139	1150	11
	4V	7	1147	1154	1154	1201	7
	4V	12.5	OK				14
9/9/87	5S	4	137	139	139	144	5
	5V	14	OK				5
9/9/87	6S	4.5	145	147	147	150	3
	6M	8.5	146	147	147	150	3
9/9/87	6V	13.5	OK				

ON LINE HOLE LOT 9 & LOT 10
 ON LINE HOLE LOT 9 & LOT 10



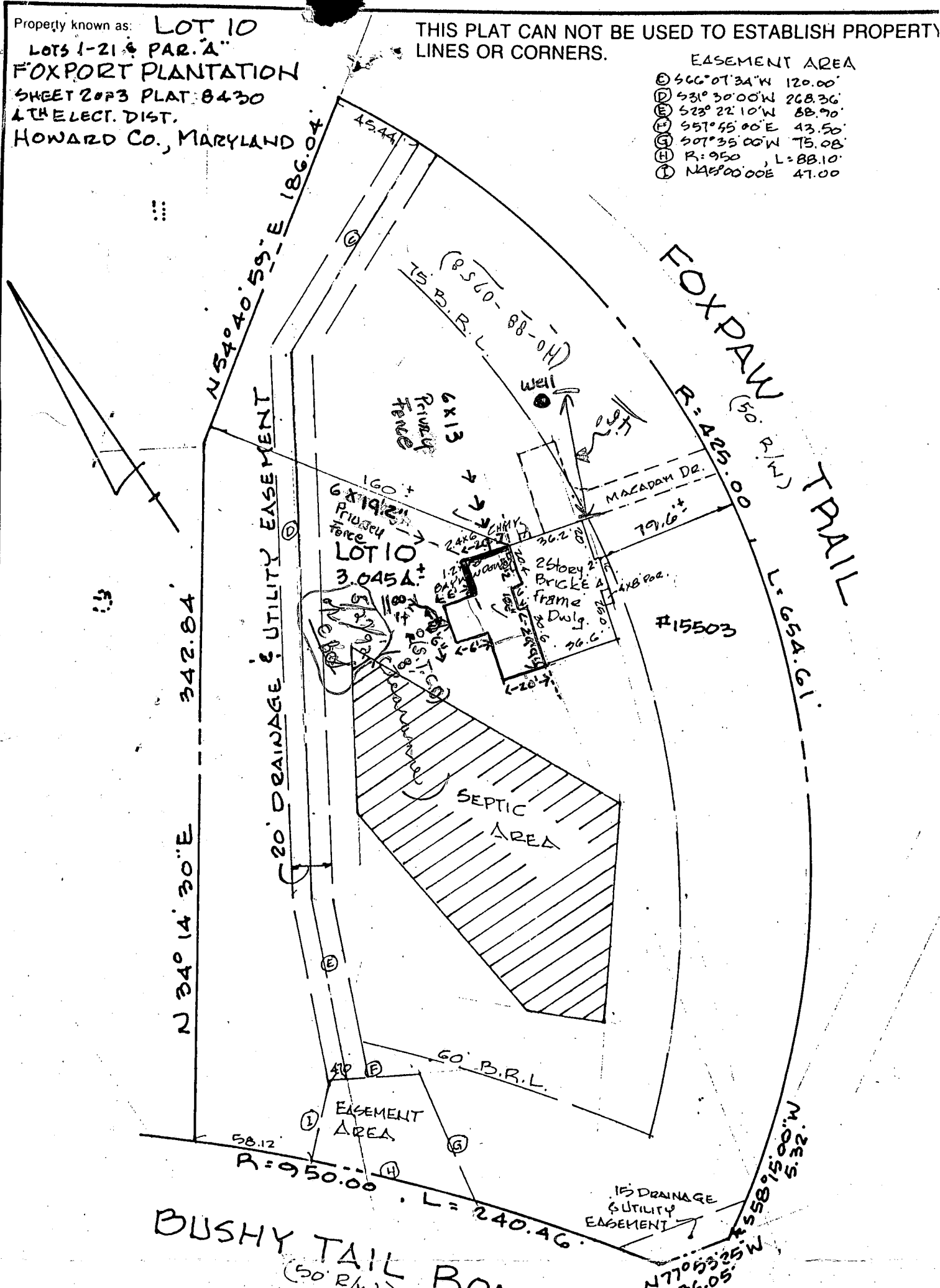
REMARKS: 9/9/87 2 EXTRA HOLES (5) & (6) DUG
 TYPE OF SOIL: BECAUSE OF SWALE NEAR ORIGINAL HOLES
 TESTED BY: R. HANBES
 ALSO PRESENT: DONNT BROWN
26 FT ALLEL

Property known as: **LOT 10**
LOTS 1-21 & PAR. A
FOXPORT PLANTATION
 SHEET 20P3 PLAT 8430
 & THE ELECT. DIST.
 HOWARD CO., MARYLAND


THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

EASEMENT AREA

- Ⓒ 566° 01' 34" W 120.00'
- Ⓓ 531° 30' 00" W 268.36'
- Ⓔ 523° 22' 10" W 88.90'
- Ⓕ 557° 55' 00" E 43.50'
- Ⓖ 507° 35' 00" W 75.08'
- Ⓗ R: 950 L: 88.10'
- Ⓘ N45° 00' 00" E 47.00'



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

CERTIFICATION	SEAL	SCALE: 1"=60' DATE: 9-24-91
<p>This is to certify that I have surveyed the property known as: <u>#15503 FOXPAW TRAIL</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	 <p>Walter Paul</p>	<p>LAND DESIGN ENGINEERING, INC. SUITE 210 10620 GUILFORD ROAD JESSUP, MARYLAND 20794</p> <p>880-0034 (BALT) 604-6264 (WASH) 604-6735 (FAX)</p> <p>B.P. 43024</p>

WELL DATA
 EX. GR. 568.00
 FIN. GR. 567.50

EASEMENT AREA

ⓐ	S66°07'34" W	120.00
ⓑ	S31°30'00" W	268.36
ⓒ	S23°22'10" W	88.90
ⓓ	S57°55'00" E	43.50
ⓔ	S07°35'00" W	75.08
ⓕ	R=950.00	L=88.10
ⓖ	N45°00'00" E	47.00

INLET OF SEWER
 FROM HSE#56770

SEPTIC TANK DATA
 EX. GR. 562.00
 FIN. GR. 562.00
 IN. IN 557.50
 IN. OUT 557.20

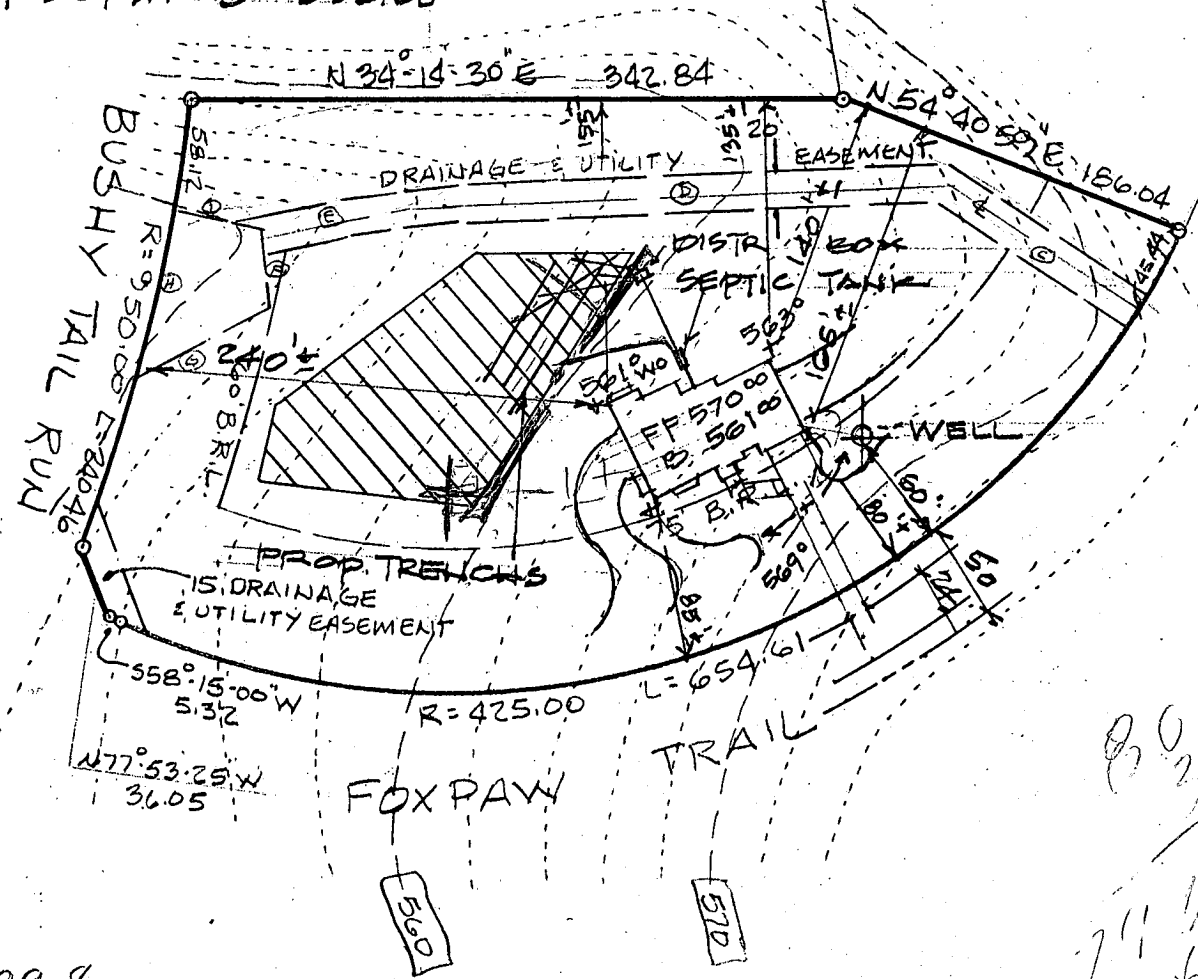
BP 516260 9/19/89
 SEPTIC C.W.

DISTRIBUTION BOX
 EX. GR. 559.80
 FIN. GR. 559.80
 IN. IN 556.20
 IN. OUT 556.10

559.80
 556.20

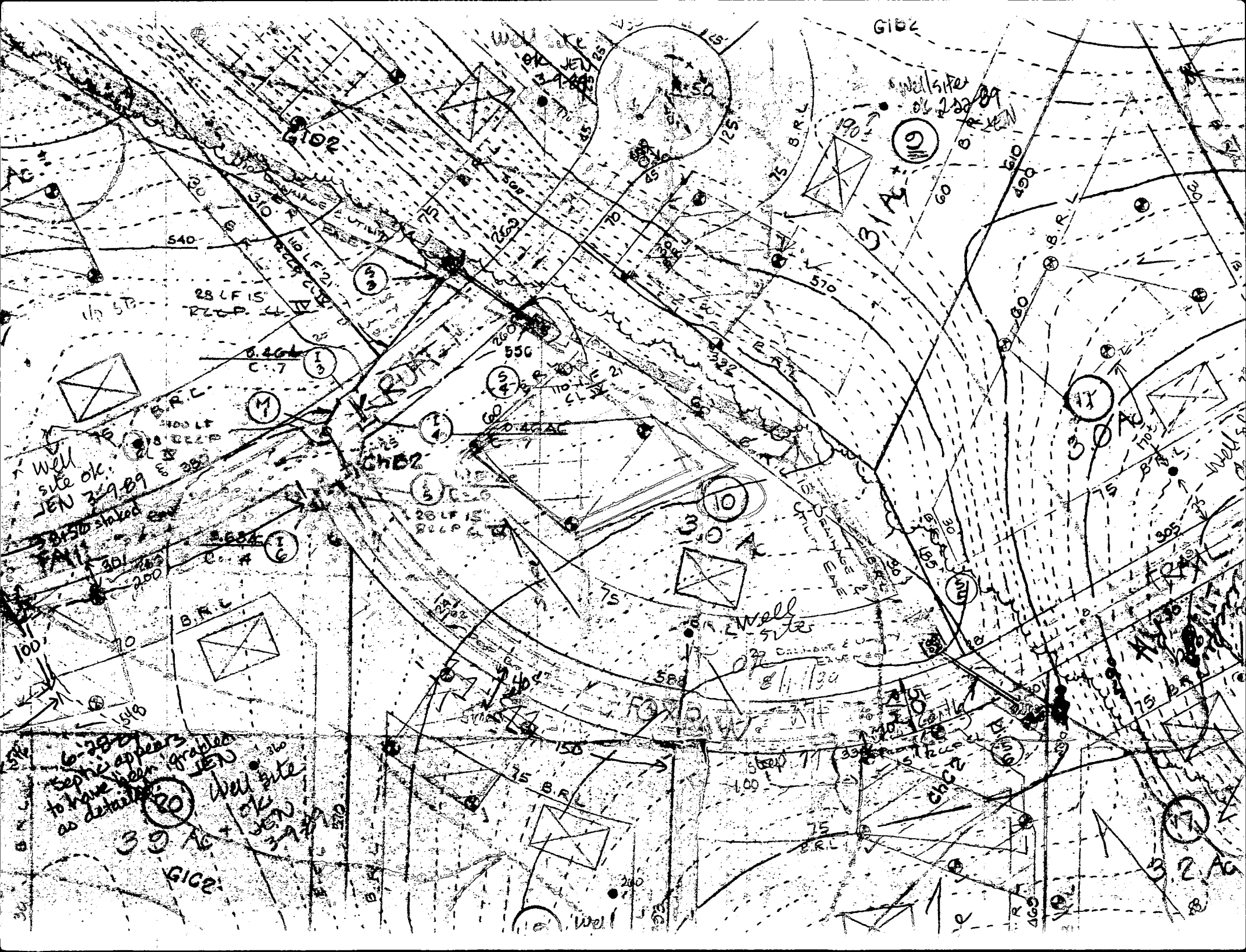
 3.6

TRENCH DATA
 EX. GR. 559.00
 FIN. GR. 559.00
 EFF. DEPTH - 3' = 556.00



JOHN C. MEHEMA SR. INC.
 LAND SURVEYORS
 SUITE 4, S E 6
 6100 BALTO. NATL. PIKE BALTO. MD. 21228
 (301) 744-8880

SITE PLAN
 LOT 10
 FOXPORT PLANTATION
 15503 FOXPAW TRAIL
 4TH ELEC. DIST. HOWARD CO.
 SCALE 1"=100' JUNE 1989



G102

G102

Well site ok 2-22-89

(9)

28 LF 15 R.P.P. 4

(13)

(14)

Well site ok. JEN 3-9-89

3-25-89 stated

(16)

Chc2

(15)

(10)

(17)

(18)

B.R.L.



(11)

6-28-89 septic appears to have been graded as detailed JEN Well site ok JEN 3-9-89

(20)

G102



(17)

G102

C1 0082 SEQUENCE NO. (DENV USE ONLY)

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

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 37223

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 072087

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0753

OWNER The Bryant Group last name first name TOWN Glenwood SUBDIVISION Forest Rehabilitation SECTION LOT 10

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. Rows include Brown Shale and Blue Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circled Y) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE 54 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 50

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

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

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

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.

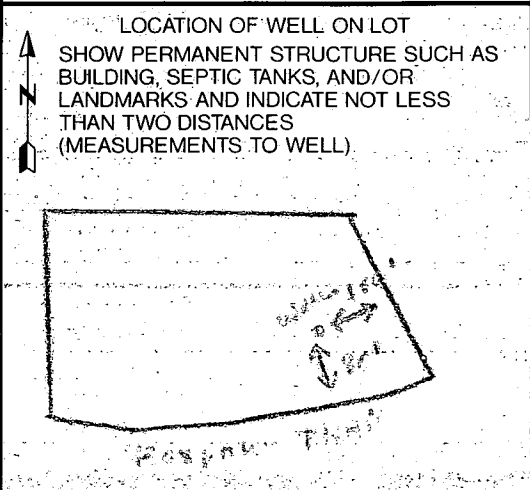
DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 24 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) 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) (- below) LAND SURFACE (nearest foot)



1/19/91
1/25/91

4 PERMIT IN MAIL, PER SANDY "← RECONFIRMED 1/25/91

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer EASTEN OAY Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner F Telephone _____
Subdivision FOXPORT Lot # 12 Well Tag # HO 58 - 0415
Site Address 1515 FOXPAW TRAIL

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. 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: _____

Date: _____

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

HD-215

1-1490 Driller could not install. Outlet from house not marked. JEN



ANTHONY POOLS FAX TRANSMITTAL SHEET

TO: Glen SAUAGE
 FROM: Doug Parkinson
 DATE: 9/10/96
 SUBJECT: Export plantation Lot 10
They want to see if it is
feasible to move septic tank and field
410 544-5693

PLEASE RESPOND TO:

410/544-5693
 410/544-5775 (FAX)

9/10/96 APPLICANT TO SUBMIT A PLAN/PROPOSAL
 IN ORDER FOR US TO EVALUATE IMPACT TO SEPTIC.
 ADDITIONAL PERC TESTING LIKELY PLUS RELOCATION OF
 SEPTIC TANK AND A PORTION OF THE INSTALLED SEPTIC.

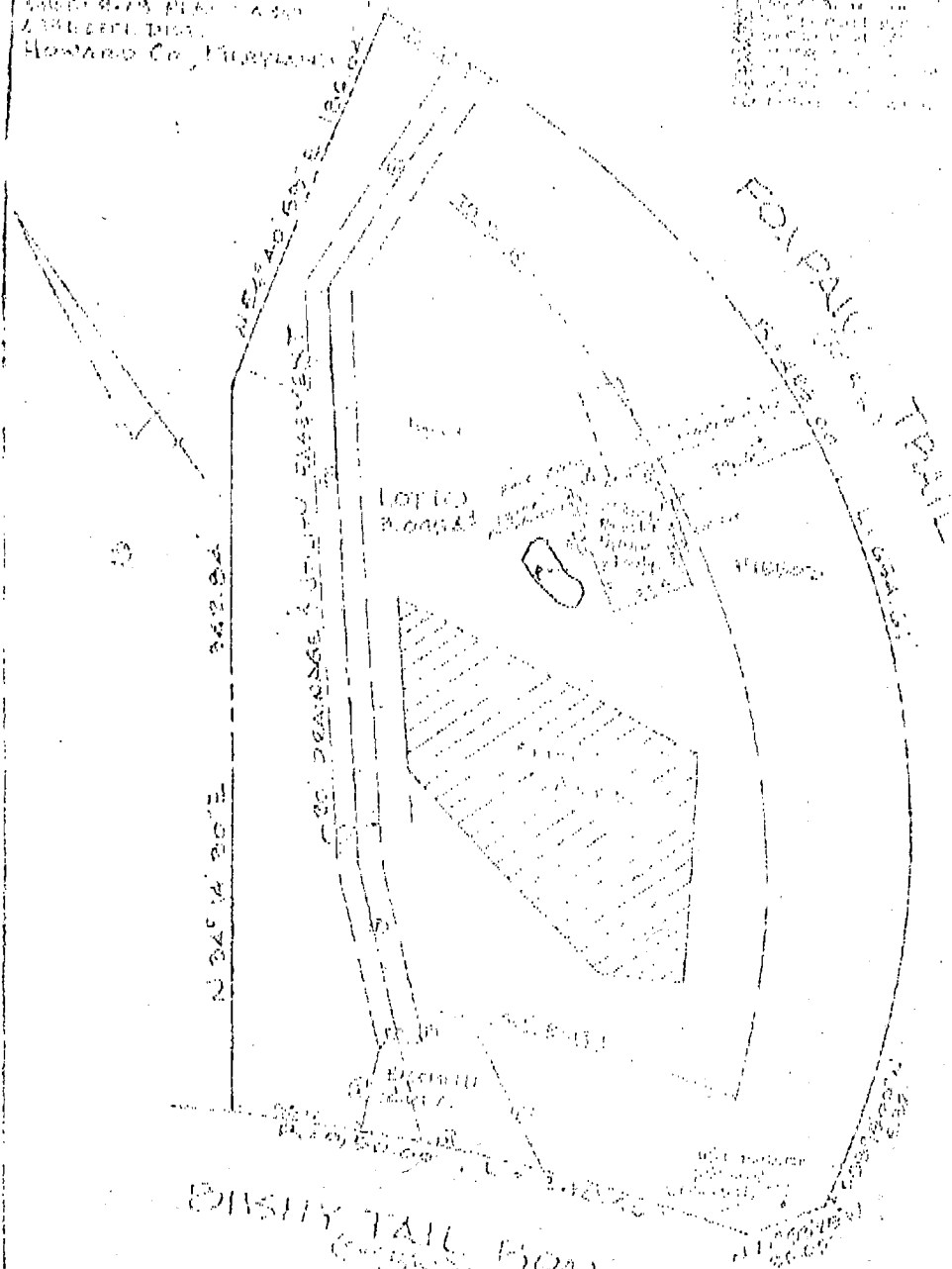
9/10/96
 LEFT MESSAGE
 ESR DOUG TO DISCUSS
 THEIR PROPOSAL.

06 11 96 10:41

0001

FOXPORI PLANTATION
SWEET BRASS PLANT AREA
HOWARD CO, MARYLAND

FOXPORI PLANTATION
SWEET BRASS PLANT AREA
HOWARD CO, MARYLAND



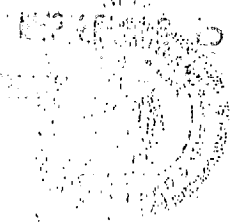
PERMITS AND APPROVALS

SUBJECT OF PERMIT/DESIGN FOR ALL INFORMATION AND APPROVALS

CERTIFICATION

This is to certify that I have reviewed
the property hereinafter
*Foxpori Foxpori (FAK)

For the purpose of as shown on the
plans and drawings, the property hereinafter
and located as shown



DATE OF ISSUE: 09/10/96

13
LARRY BRADY, INC.
3912 E. 710 10620 SOUTHWOOD ROAD
JESSEL, MARYLAND 20794

301-675-1111 (MAIN) 301-675-1112 (FAX)
301-675-1113 (FAX)

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000115553

Building Address 5503 FOXPAW TRAIL
WOODBINE, MARYLAND 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision FOXPORT PLANTATION
 Section _____ Area _____ Lot 10
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 3.045 ACR.

Property Owner's Name ADONIS KRAJWINKEL & DORRAINE JOHNSON
 Address 5503 FOXPAW TRAIL
 City WOODBINE State MD. Zip Code _____
 Home Phone (410) 854-5429 Work Phone (301) 376-1755
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use SAME, WITH POOL
 Estimated Construction Cost \$ 19,500.
 Description of Work CONCRETE INGROUND POOL, WITH D.E. FILTER TRUCK FILLED. 22' WIDE BY 46' LONG 3' 6" E 1/2 DEEP TOTAL D = 90" 400' CF 48" HIGH FENCE, PER CODE.

Contractor Company ANTHONY & SYLVAN POOLS, INC.
 Contact Person GEORGE A. SCHWEICH AGENT FOR CONTRACTOR
 Address 10840 GUILFORD ROAD, SUITE 407
 City ANNAPOLIS State MD. Zip Code 20701
 License No. 19347
 Phone (301) 490-1930 Fax (410) 792-2918

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company NONE
 Contact Person _____
 Address _____
 City _____ 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input 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: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #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: <u>INGROUND POOL</u>	
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.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
DECEMBER 23, 1998
 Date

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		
Health	<u>12/23/98</u>	<u>Mark E. Riffkin</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee	\$
Permit fee	\$
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$
Balance due	\$
Check #	#
Validation	#

Accepted by _____

BUSHY TAIL ROAD
(50' R/W)
R=950.00'

ESM'T. AREA
L=240.46'

EXISTING WOOD DECK

10" REF. P.I.

5 CONCRETE BY A/S
LANDING
67'-2" TOE

342.84'

20' DRAINAGE & UTILITY ESM'T.
ACCESS

SEPTIC AREA

318"±

EX TRENCHES
PER A 39223
SEPTIC TANK

65"±

J.B.

46"±

E.P.

J.B.

95"±

POOL

POOL OK
MIR 12/23/98

186.04'

30.05'
5.32'

DECK
HOUSE

75' B.R.L.

69"±

WELL

D/W

FOXPAN

R=425.00'

654.6'
TRAIL (50' R/W)

SCALE 1"=60'