

12/15/98
WPI-A.M

03-312909

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 51148

A 40455

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 12/11/98

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/15/98

INDEXED

INSPECTOR AM

Dan Ricker IS PERMITTED TO INSTALL ALTER

ADDRESS 13898 Forsythe Road Sykesville, Maryland 21784 PHONE (410) 442-3613

SUBDIVISION Conaway Property LOT 3B ROAD 783 Gaither Road

PROPERTY OWNER William J. Ricker

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

**BUILDING PERMIT SIGNED
AND RETURNED**

NUMBER OF BEDROOMS 3 4-103 BPOD140 825-SUN ROOM + DECK

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the left rear lot corner, place the distribution box 240 feet down the rear (524.27') lot line and 30 feet off the rear line as seen when facing property from Gaither Road. Run trenches along contour towards the left (699.97') and front (246.59') lot lines.

NOTES - 1st trench not to exceed 50 feet in length.
2nd trench not to exceed 60 feet in length.
3rd trench not to exceed 100 feet in length.
4th trench not to exceed 100 feet in length.

OK KM 10/21/98

PLANS APPROVED BY Bert Nixon/Glen Savage DATE 10-08-98

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

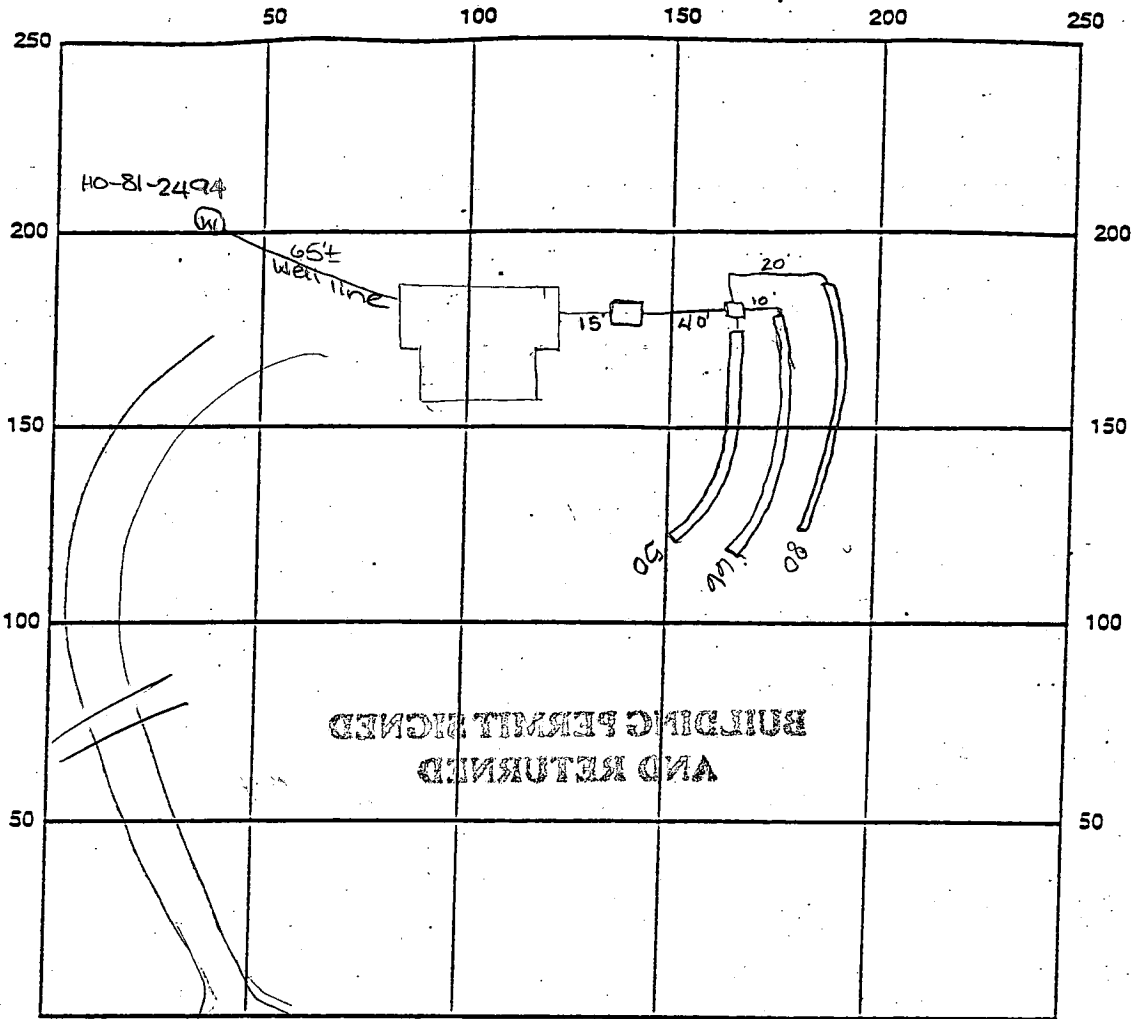
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

470455



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Gaither Road

SEPTIC TANK LEVEL OK-1000 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 196 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 588 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/15/98 OK to cover all work And

DATE SYSTEM APPROVED 12/15/98

INSPECTOR A McMillen

APPLICATION

PERCOLATION TESTING

A 40455

P _____

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

DISTRICT 474

DATE 11/10/87

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 CLIFFTON D & JOAN L CONAWAY William J. Ricker

ADDRESS 799 GAITHER Rd Sykesville Md. 21784 PHONE _____

PROSPECTIVE BUYER Ruby Jeanette Miller - Owner 795-6211

ADDRESS 7548 MAIN ST PO Box 306 21784 PHONE 549-2220

PROPERTY LOCATION:

SUBDIVISION Conaway Property LOT NO. 3B

ROAD AND DESCRIPTION 783 GAITHER Rd, Sykesville Md 21784

Corner of Forsythe + GAITHER Next to 799 GAITHER Rd

TAX MAP 4 PARCEL # 97

SIZE OF LOT 4.1638 TYPE BLDG SFD - 3 Brms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

AND RETURNED 10-8-98
Serial # 114467

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.

Ruby Jeanette Miller
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/13/87 Per SATISFACTORY HOLD FOR PART 1 S. ALN

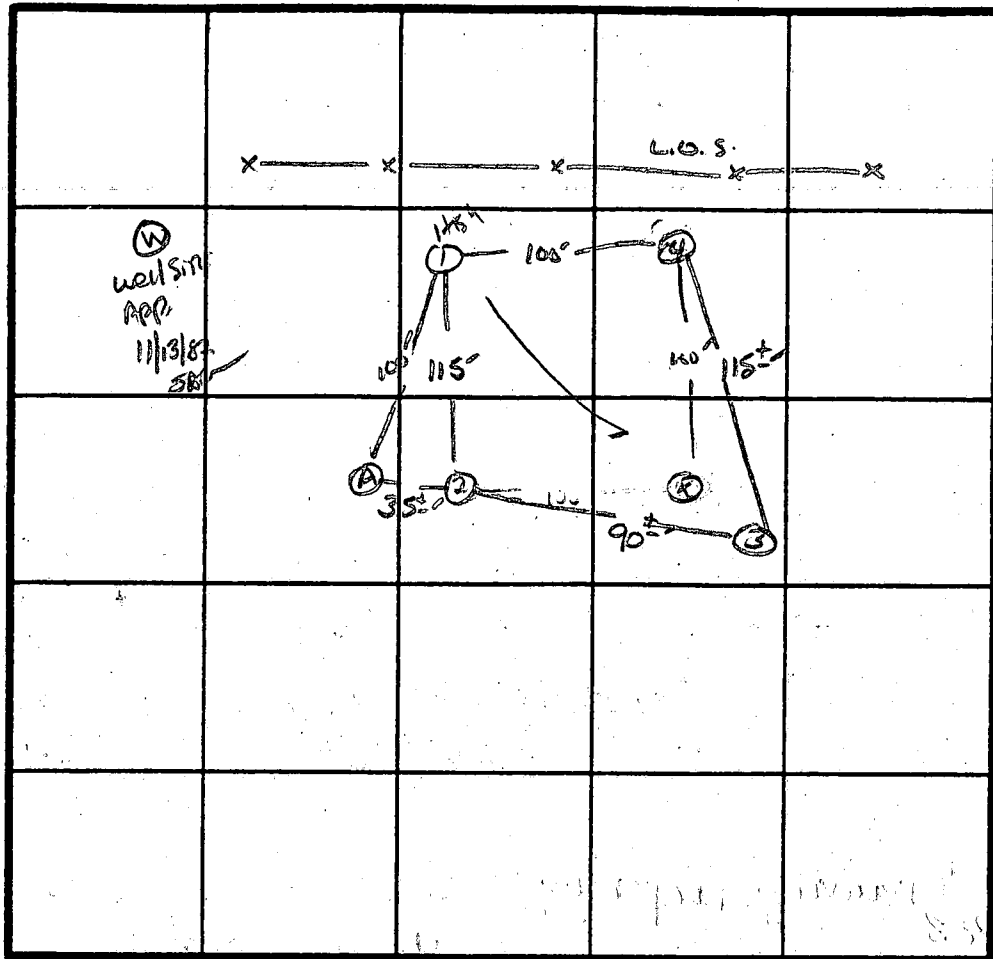
BLDG. PERMIT SIGNED
AND RETURNED 4/26/90
Serial # 32180
SFD - 3 Brms

THIS IS NOT A PERMIT

HD-216

① ②
SOIL PROFILE

0"	AP
12"	Red Brown Silt Clay Loam 10-20% FRAGS
4"	Yellow Red Silt Loam 15-25% FRAGS
12"	STRUCTURED AT 11"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GATHERING REL.

0"	③ ④ AP
12"	Red yellow silty clay loam 10-15% FRAGS
12"	Yellow Red Silt Loam micaceous 15-20% FRAGS

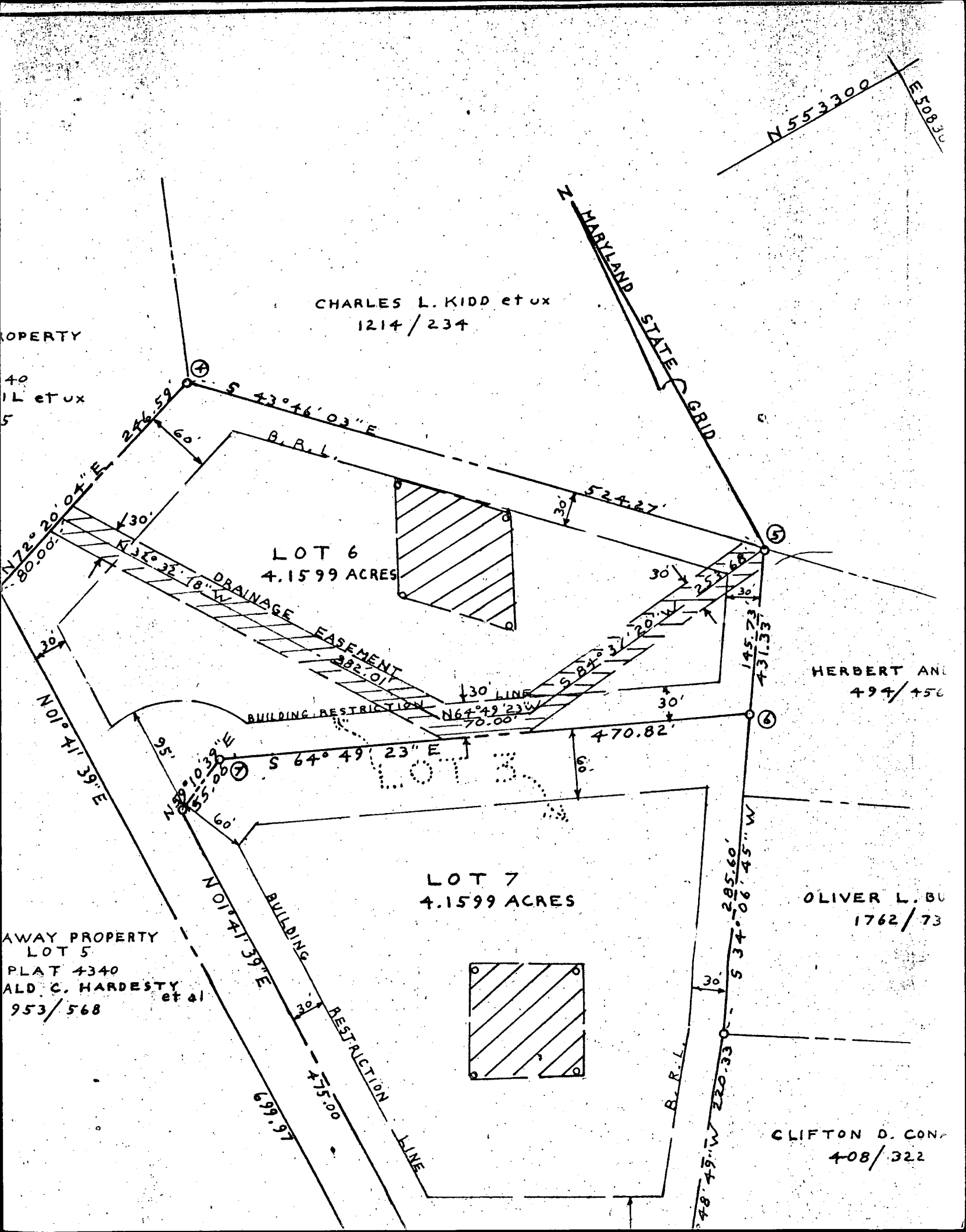
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/13/87	1 S	4.5"	11:47	11:50	11:50	11:56	6 MIN
	1 M	9.0"	11:50	11:51	11:51	11:54	3 MIN
	1 V	12" HARD BOTTOM	BOTTOM	UNIFORM	below 4"	STRUCTURED AT 11"	
	2 S	4.0"	12:00	12:02	12:02	12:06	4 MIN
	2 V	11"	UNIFORM	soil below	4.0"	SIMILAR TO #1	
	3 S	6.0"	12:04	12:06	12:06	12:09	3 MIN
	3 V	12"	UNIFORM	below S.S.			
	4 S	5.0"	12:10	12:12	12:12	12:17	5 MIN
	4 V	12"	SIMILAR TO	#3			
A- ROCK STRUCTURED AT 5.0" HARD BOTTOM 7"							

REMARKS: Holes approx to PLANT - shallow 5.5'.

TYPE OF SOIL: Chester

TESTED BY: S. Abel

ALSO PRESENT: Jack Skilp



N 55° 33' 00" E 508.30

CHARLES L. KIDD et ux
1214 / 234

PROPERTY
40
IL et ux
5

MARYLAND STATE GRID

S 43° 46' 03" E
524.27

LOT 6
4.1599 ACRES

HERBERT AND
494 / 456

DRAINAGE EASEMENT
8" W
282.01

BUILDING RESTRICTION

N 67° 49' 23" W
70.00

470.82

N 01° 41' 39" E

N 89° 10' 38" E
55.00

S 64° 49' 23" E

LOT 7
4.1599 ACRES

OLIVER L. BU
1762 / 73

N 01° 41' 39" E

BUILDING RESTRICTION

RESTRICTION LINE

AWAY PROPERTY
LOT 5
PLAT 4340
ALD. C. HARDESTY et al
953 / 568

S 34° 06' 45" W
285.60

30'

S 34° 06' 45" W
220.33

30'

CLIFTON D. CON
408 / 322

699.67

475.00

B.R.L.

30'

48° 49' W

SERVICING ANY RESIDENTIAL STRUCTURES
CONSTRUCTED ON THESE BUILDING SITES.
THESE EASEMENTS SHALL BECOME NULL
AND VOID UPON CONNECTION TO A PUBLIC
SEWAGE SYSTEM.

3. ALL PERCOLATION TEST HOLES SHOWN HEREON
HAVE BEEN FIELD LOCATED, SHOWN THUS (o)
4. DEED REFERENCE; LIBER 879, FOLIO 118
5. SEE THE OFFICE OF PLANNING AND
ZONING, FILE F-76-25

OWNER/DEVELOPER

JOAN L. CONAWAY
799 GAITHER ROAD
SYKESVILLE MD. 21784
PHONE NO. 489-4453

SIGNED.

RECORDED AS PLAT NO. 7815 ON 5-04-88
AMONG THE LAND RECORDS OF HOWARD COUNTY MD.

FILE COPY

CONAWAY PROPERTY

A RESUBDIVISION OF LOT 3
PLAT NO. 3348
ELECTION DISTRICT 3
HOWARD COUNTY MARYLAND

SCALE: 1"=100' DRAWN: FEBRUARY 15, 1988

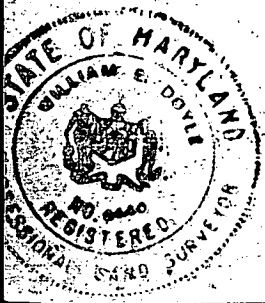
TAX MAP 4, BLOCK 20, PARCEL 97 ZONED R

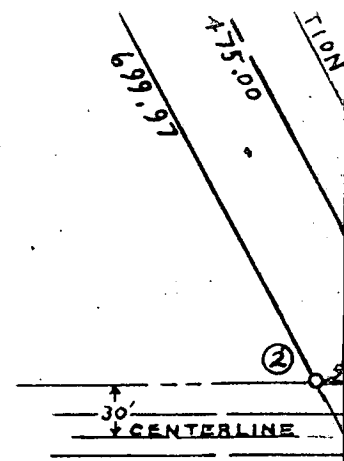
WILLIAM E. DOYLE
R.L.S. 8440
5312 Emerald Dr.
Sykesville, MD 21784
FILE NO. 613-1

F 88-177

CONAWAY et ux

THE
PLAT SHOWN
ON OF LOT 3 AS
"CONAWAY"
RECORDS OF
SAID PARCEL ALSO
JOHN W. SULLIVAN,
DATED APRIL 1, 1925
RECORDS IN LIBER





AREA TABULATIONS

TOTAL NUMBER OF LOT : 2
 TOTAL AREA OF LOTS : 8.3198 ACRES
 TOTAL AREA OF RIGHT OF WAY DEDICATION: NONE
 TOTAL AREA OF FLOOD PLAIN DEDICATION: NONE
 TOTAL AREA OF THIS PLAT : 8.3198 ACRES

E 80° 40' 00"
 N 55° 26' 00"

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS.

HOWARD COUNTY HEALTH DEPARTMENT

Joan Ben 4-15-88
 COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING & ZONING.

[Signature] 4.29.88
 DIRECTOR DATE

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

James M. Lewis 4/25/88
 DIRECTOR DATE

OWNERS STATEMENT

I, JOAN L. CONAWAY, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTIONS. ALL EASEMENTS OR RIGHT OF WAYS AFFECTING THIS PROPERTY ARE INCLUDED IN THIS PLAN OF SUBDIVISION.

Joan L. Conaway
 OWNER; JOAN L. CONAWAY

4/7/88
 DATE

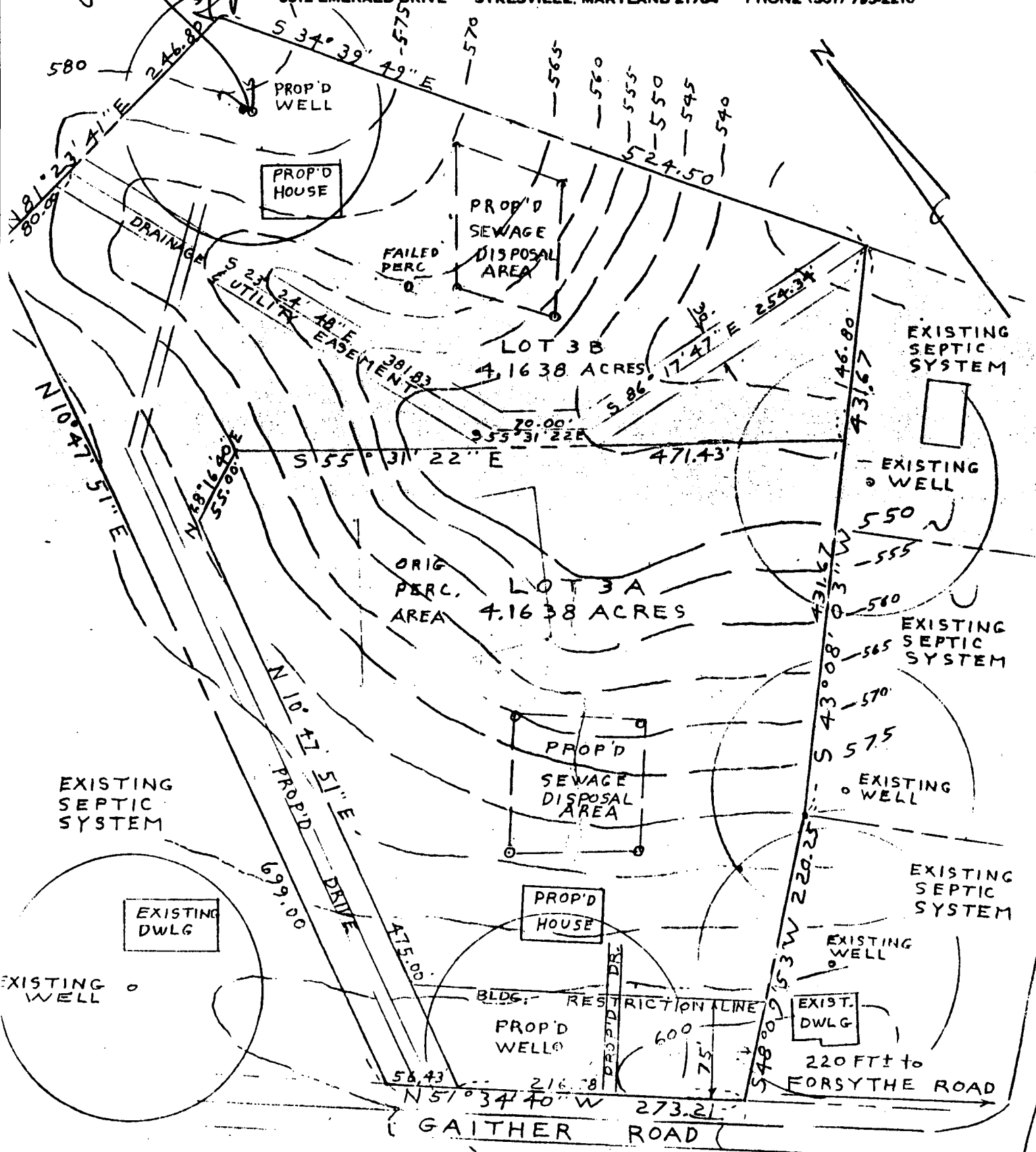
Dornette Miller
 WITNESS

4/7/88
 DATE

William E. Doyle
stop stake
OK'D of the

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

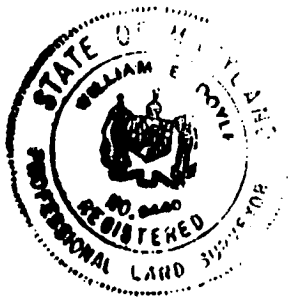


PLOT PLAN

LOT 3A & 3B GAITHER ROAD
 FORMERLY LOT 3
 PLAT OF, CONAWAY PROPERTY
 PLAT NO. 3348
 ELECTION DISTRICT 3
 HOWARD COUNTY MD.
 TAX MAP 4, BLOCK 20

SCALE: 1" = 100'

DRAWN: OCTOBER 26, 1987
 FIELD LOCATION OF
 PERCOLATION TEST HOLES - DECEMBER 1, 1987



W. E. Doyle

William E. Doyle R.L.S. Inc.

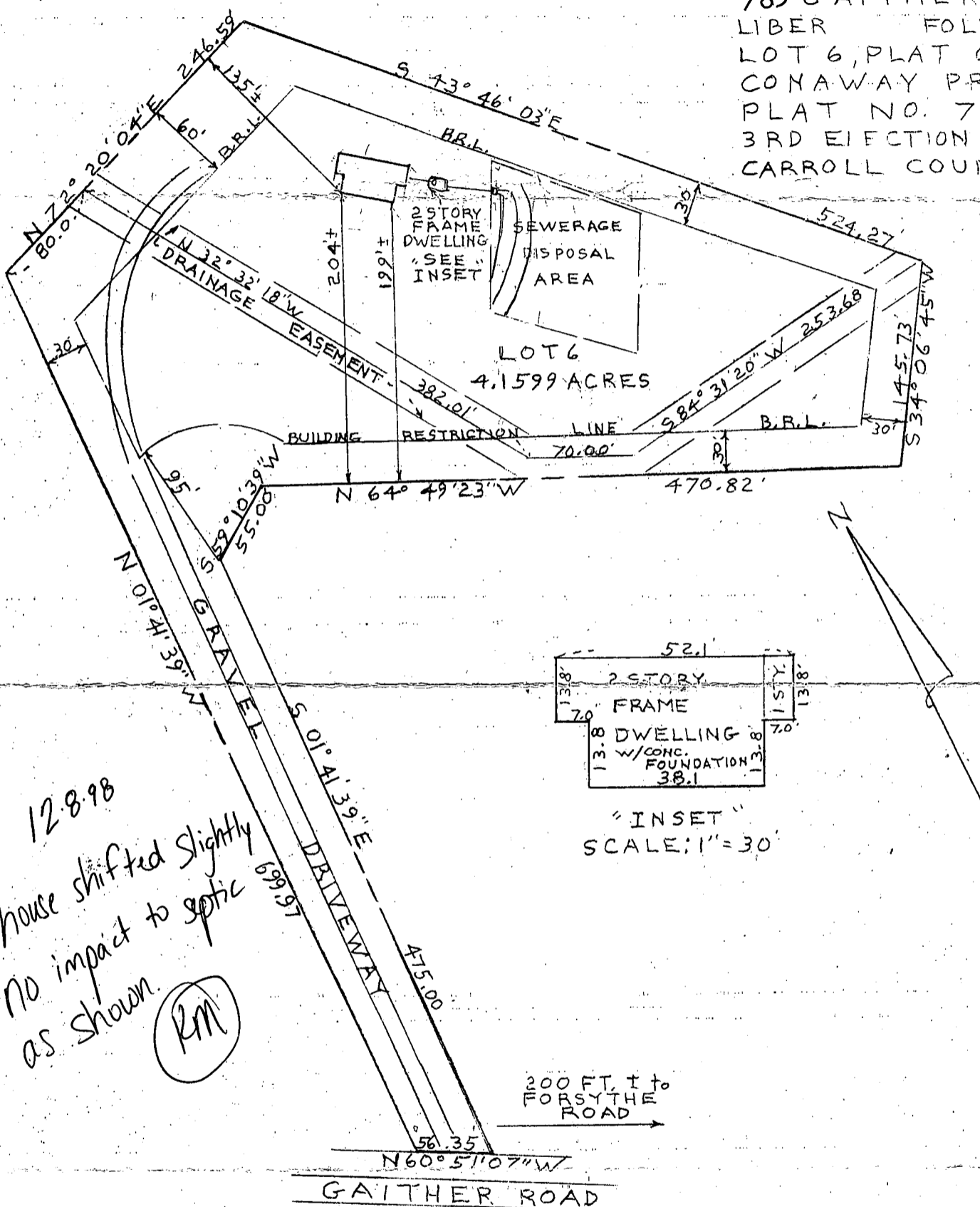
PROFESSIONAL LAND SURVEYOR 8440

SINCE 1973

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE & FAX NO. (410) 795-2210

LOCATION DRAWING

783 GAITHER ROAD
LIBER FOLIO
LOT 6, PLAT OF,
CONAWAY PROPERTY
PLAT NO. 7815
3RD ELECTION DISTRICT
CARROLL COUNTY, MD.



12-8-98
house shifted slightly
no impact to optic
as shown.
RM

THIS IS TO CERTIFY THAT THIS HOUSE DOES NOT LIE WITHIN A FLOOD PLAIN UNLESS SHOWN HEREON.

SURVEYOR'S CERTIFICATE

The undersigned, a registered surveyor in the state of Maryland, does hereby certify that he is the surveyor who prepared this plat and said plat has been prepared in compliance with the Code of Maryland Regulations Subtitle 13 Board for Professional Land Surveyors 09.13.06, covering the minimum standards of practice insofar as the same concerns the making of the plat and/or setting of the markers.

Signed This 28th day November 1998

William E. Doyle

NOTE: This plat cannot be used to establish property lines or corners.



AS SHOWN
SCALE _____ ft. - inch

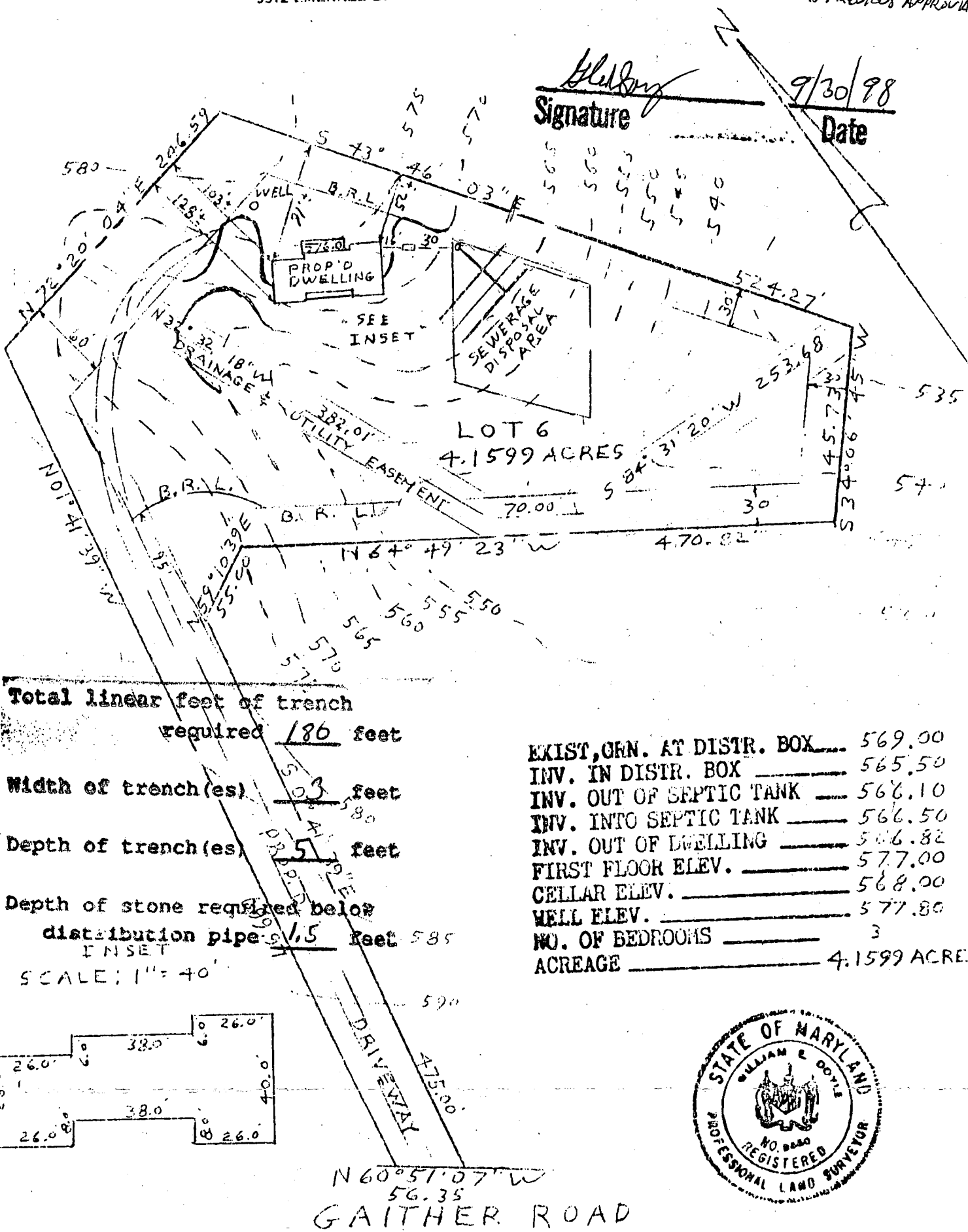
File No. 613-1

William E. Doyle

Approved Septic System Plan
Howard County Health Department

LAND SURVEYOR 8440
5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784
PHONE (301) 789-2210
SAME PLAN CANCELLED AS PREVIOUS APPROVAL

Bloddy
Signature _____ Date 9/30/98



Total linear feet of trench required 186 feet

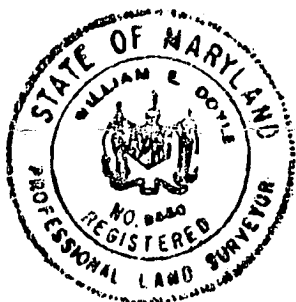
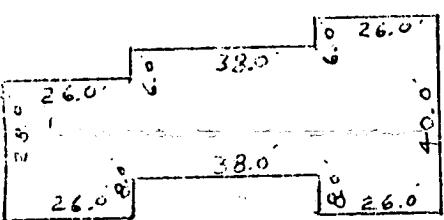
Width of trench(es) 03 feet

Depth of trench(es) 51 feet

Depth of stone required below distribution pipe 1.5 feet

SCALE: 1" = 40'

EXIST, GRN. AT DISTR. BOX	569.00
INV. IN DISTR. BOX	565.50
INV. OUT OF SEPTIC TANK	566.10
INV. INTO SEPTIC TANK	566.50
INV. OUT OF DWELLING	566.82
FIRST FLOOR ELEV.	577.00
CELLAR ELEV.	568.00
WELL ELEV.	577.80
NO. OF BEDROOMS	3
ACREAGE	4.1599 ACRES



--- DENOTES: EXISTING CONTOURS
 ~~~ DENOTES: PROPOSED CONTOURS

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.  
 signed William E. Doyle

PLOT PLAN  
 LOT 6, GAITHER ROAD  
 PLAT OF CONAWAY PROPERTY  
 PLAT NO. 7815  
 ELECTION DISTRICT 3  
 HOWARD COUNTY MD  
 SCALE: 1" = 100'  
 DRAWN: MARCH 26, 1990  
 REVISED: APRIL 7, 1990

4/20/90 PLANS OK  
 BJT

Approved Septic System Plan  
Howard County Health Department

B00114457

*William E. Doyle*  
Signature

10/8/88  
Date

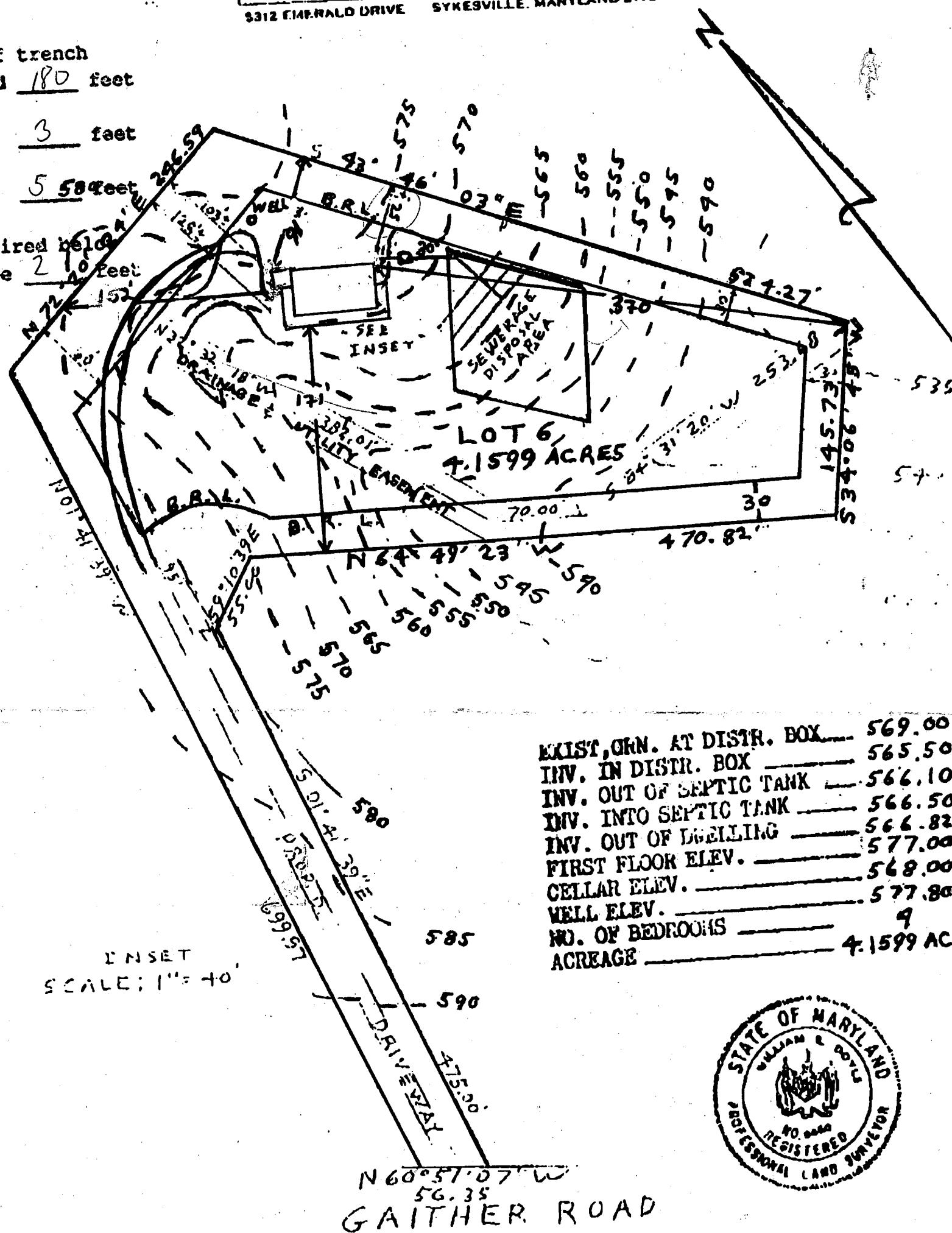
3312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 783-2210

Total linear feet of trench required 180 feet

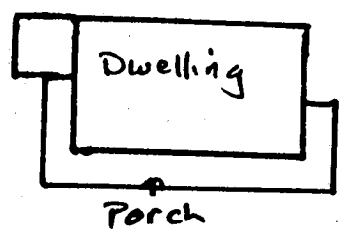
Width of trench(es) 3 feet

Depth of trench(es) 5.58 feet

Depth of stone required below distribution pipe 2.40 feet



|                           |           |
|---------------------------|-----------|
| EXIST. GRN. AT DISTR. BOX | 569.00    |
| INV. IN DISTR. BOX        | 565.50    |
| INV. OUT OF SEPTIC TANK   | 566.10    |
| INV. INTO SEPTIC TANK     | 566.50    |
| INV. OUT OF DWELLING      | 566.82    |
| FIRST FLOOR ELEV.         | 577.00    |
| CELLAR ELEV.              | 568.00    |
| WELL ELEV.                | 577.80    |
| NO. OF BEDROOMS           | 9         |
| ACREAGE                   | 4.1599 AC |



INSET SCALE: 1" = 40'

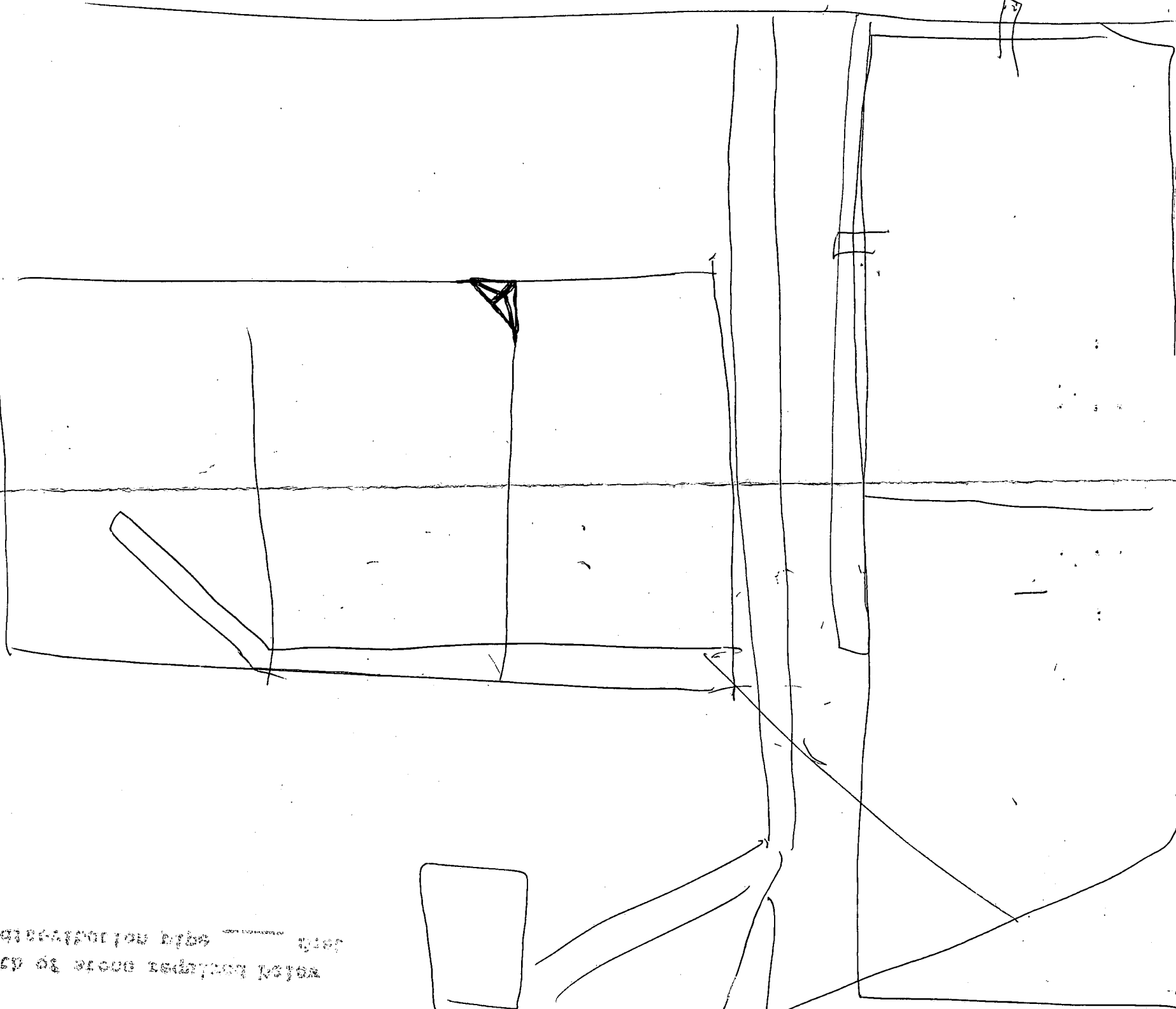
EAST 370  
WEST 152  
NORTH 91  
SOUTH 170



--- DENOTES: EXISTING CONTOURS  
—— DENOTES: PROPOSED CONTOURS

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.  
Signed *William E. Doyle*

PLOT PLAN  
LOT 6, GAITHER ROAD  
PLAT OF CONAWAY PROPERTY  
PLAT NO. 7815  
ELECTION DISTRICT  
HOWARD COUNTY MD  
SCALE: 1" = 100  
DRAWN: MARCH 26, 1988  
REVISED: APRIL 7, 1988  
4/20/90 PLANS O  
RIT



RECEIVED  
 HOWARD COUNTY HEALTH DEPT.  
 ENVIRONMENTAL HEALTH  
 1998 06 -8 AM 8:30

STAIRS  
 OFFICE  
 OFFICE  
 OFFICE

HOWARD COUNTY HEALTH DEPT.  
 ENVIRONMENTAL HEALTH

B 1 **1553** 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

**40-81-2494**  
 fill in this form completely.

Date Received (APA) **010588**  
 OWNER INFORMATION  
**MILLER JEANNETTE**  
 15 Last Name 34 Owner First Name  
**POB 306**  
 36 Street or RFD 55  
**SYKESVILLE MD 21784**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**DOWNWAY PROPERTY (P/O P/P)**  
 23 SUBDIVISION  
 SECTION **R** LOT **3**  
**SYKESVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1** M I

DRILLER INFORMATION  
**George F. Easterday** License No. **40**  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address  
 Signature *George F. Easterday* Date **12/23/87**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **GATHER RD**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH WEST EAST  
 DISTANCE FROM ROAD **420** FT  
 ENTER FT or MI **FT**

B 2 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  
**A40455** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED **010688** CO SIGNATURE *R. Alifan* EXP. DATE **07/06/88**  
 NORTH GRID **553000** EAST GRID **0804000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

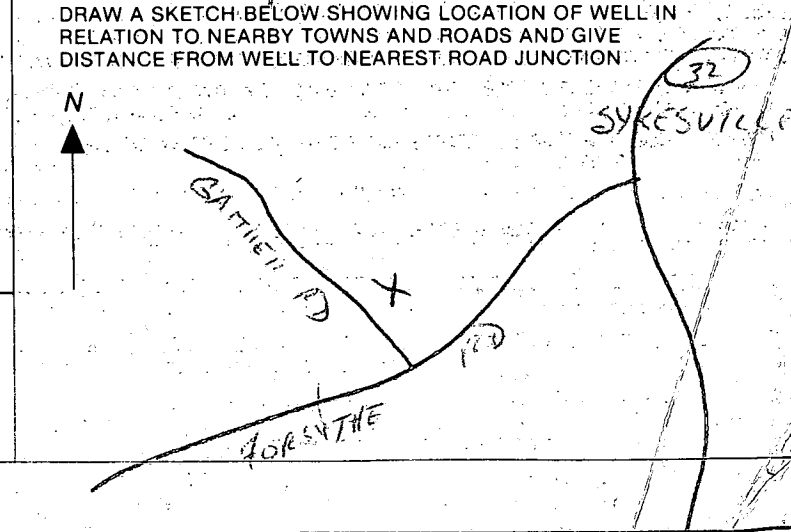
METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  DRive-POINT  
 other \_\_\_\_\_

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 \_\_\_\_\_  
 FORCE **RA** WRITE INITIALS IN BOX PERMIT NO. **40-81-2494**

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  
 E **8004**  
 N **5503**  
 000 000 *JE Bodeau*



C1 2105 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A40455

DATE Received

DATE WELL COMPLETED 020888

Depth of Well 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-2474

OWNER MILLER STREET OR RFD FAATHER ROAD TOWN SYKESVILLE SUBDIVISION CROWWAY PROPERTY P/O P.97 SECTION LOT 3B

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, FEET TO, Check if water bearing. Rows include Top Soil, Br shale, Tan mica, gray mica opening, gray mica opening, gray mica opening.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1400

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

MAIN CASING Nominal diameter top (main) casing TYPE ST 60 61

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

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

DEPTH (nearest ft.) H0 46 280

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.

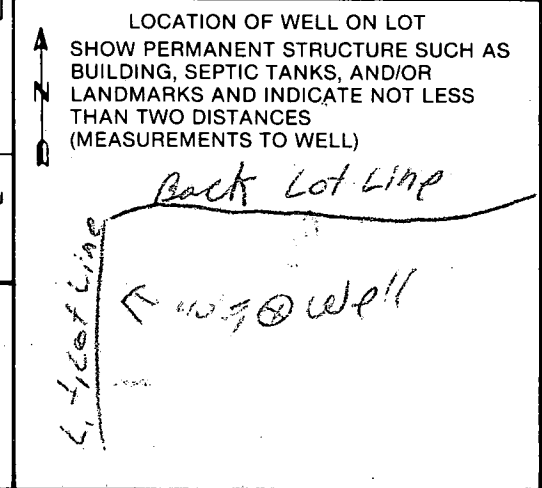
DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE George F. Eastman SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to 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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 51 WHEN PUMPING 120 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) LAND SURFACE (nearest foot)



12/15/98  
WP-I A.M.

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 Adm Plumbing Frankie Arrouel Telephone 410-575-2795

License Number 3426  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 3426

Name of Property Owner William J. Richter Telephone 410-442-3613  
Subdivision Conway Prof Lot # B 3B Well Tag # 110-91-2494  
Site Address 783 GAITHER RD.

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Jacuzzi
- Model # 3413-10-52
- Capacity 4 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 Mer. T. Olson
- Model # PT 500
- Depth 42"

Tank

- Capacity 42
- Pressure relief valve?

Piping

- Type Polyethylene
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 42"

Well data

- Depth 290 ft.
- Yield 4 GPM
- Static water level 51 ft.
- Will water supply be disinfected by installer? No

well line P.A. 4.5' b.g.  
well casing 2.5' a.g.  
2pc cap installed  
PVC conduit 4' OK TO COVER (DS)

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: Frankie Arrouel

Date: 11-19-98

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

# INDEXED

HOWARD COUNTY

## PERMIT APPLICATION

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

SERIAL NUMBER

53818

APPLICATION

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

8495 MURPHY RD.  
LAUREL, MD. 20723  
HOWARD CO.

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

COVER EXISTING STONE PATIO  
and stoop with a wood deck.

14' X 40'

|              |            |        |          |             |            |       |
|--------------|------------|--------|----------|-------------|------------|-------|
| LOT NO.      | PARCEL NO. | SEC.   | AREA     | BLOCK NO.   | LIBER      | FOLIO |
|              | 199        | Laurel |          |             | 627        | 410   |
| SUB DIVISION |            | ZONE   | ZONE MAP | ELEC. DIST. | CENSUS TR. |       |
|              |            |        | 46       | 05          |            |       |

OWNER NAME AND ADDRESS

PHONE NO.

Richard L. & Dorothy G. Hake  
8495 MURPHY RD  
LAUREL, MD.

301 725-0335

|               |       |       |        |
|---------------|-------|-------|--------|
| SIZE OF BLDG. | FRONT | DEPTH | HEIGHT |
| NA            |       |       |        |

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

Same as owner

|                                          |      |        |      |
|------------------------------------------|------|--------|------|
| TYPE OF BLDG.                            | AREA | VOLUME | ROOF |
| B. ROOMS<br>ROOMS<br>BATHS<br>FIREPLACES | NA   |        |      |

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

Same as Contractor

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Ralph Miller  
14160 Baltimore Ave  
Laurel, Md. 20707

Home 301 725 8378  
OFF. 301 953 3870

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

I have carefully examined and read this application and know the same is true and correct, and that in 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 completed with.

EXISTING USE

PROPOSED USE

Patio

Deck

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

4,500

3000

Richard L. Hake  
OWNER  
SIGNATURE  
4-27-94  
DATE

W/S CODE

FOR OFFICE USE ONLY

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

SIDE YARD

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

TO SIDE BUILDING LINE \_\_\_\_\_

DISTANCE IN FEET, REAR YD. REQUIRING SET

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

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

### 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

APPROVED

DATE

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

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

A 404 83

Richard L. & Dorothy G. Hake  
8495 MURPHY ROAD

Murphy Road

Scale  
One  $\frac{3}{8}$ " sq. = 15'

Driveway

Garage

HOUSE

DECK TO BE BUILT  
40' X 14'  
COVERS EXISTING PATIO  
AND STOOP.

Addition of  
Deck  
Approved  
4/22/94 [Signature]

1 Acre Lot

24  
22  
21  
20  
19  
18  
17  
16  
15  
14  
13  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

725-0035

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3/31/94 (month/day/year)

NO-TAG

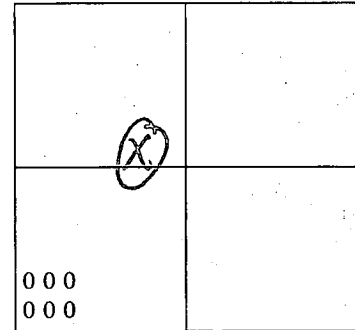
H0-81-2419

- \* PERMIT NUMBER OF ABANDONED WELL (if any)
- \* PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Richard Hake

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

- \* OWNER'S NAME: same
- \* WELL LOCATION: 8495 Murphy Rd  
Howard  
 COUNTY: \_\_\_\_\_  
 NEAREST TOWN: Laurel  
 TAX MAP 46 BLOCK 9 PARCEL 199  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES  
 E 824  
 BOX NUMBER  
 N 476

- \* TYPE OF WELL BEING ABANDONED:
  - \_\_\_\_\_ DRILLED
  - \_\_\_\_\_ BORED/AUGURED
  - \_\_\_\_\_ OTHER (specify) \_\_\_\_\_
  - \_\_\_\_\_ JETTED
  - HAND DUG

- \* USE CODE:
  - DOMESTIC
  - \_\_\_\_\_ IRRIGATION
  - \_\_\_\_\_ TEST/OBSERVATION
  - \_\_\_\_\_ MUNICIPAL/PUBLIC
  - \_\_\_\_\_ INDUSTRIAL

- \* TYPE OF CASING:
  - \_\_\_\_\_ STEEL
  - CONCRETE
  - \_\_\_\_\_ PLASTIC
  - \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

- \* SIZE OF CASING: 36 INCHES IN DIAMETER
- \* DEPTH OF WELL: 30+ FEET DEEP
- \* WAS ANY CASING REMOVED? YES  NO
- if yes, length removed, in feet: \_\_\_\_\_
- \* WAS CASING RIPPED OR PERFORATED? YES  NO

LOG OF SEALING MATERIAL

| MATERIAL                  | FEET          |          |
|---------------------------|---------------|----------|
|                           | FROM          | TO       |
| <u>3/4" washed gravel</u> | <u>bottom</u> | <u>3</u> |
| <u>cement</u>             | <u>3</u>      | <u>0</u> |

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Mark E. Kellin LICENSE # \_\_\_\_\_ DATE: 3/31/94

10:30-11:30  
3/17/94  
3/25/94 Anytime

HO-81-2419 ~~ex-drilled well~~  
Site not found A 40483

SITE INSPECTION SHEET

OWNER: Richard Hake 725-0035

DATE REQUESTED: 3/14/94

ADDRESS: 8495 Murphy Rd

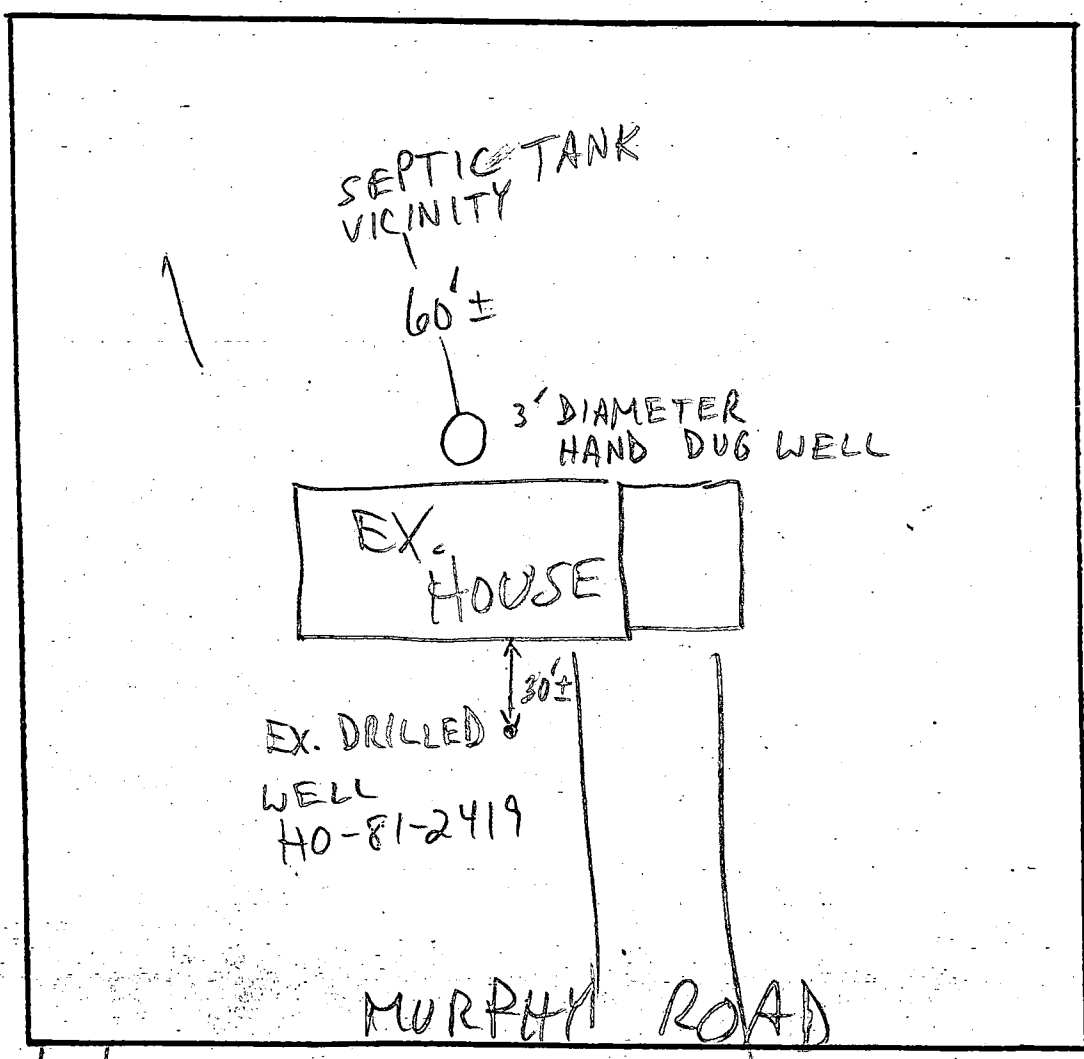
DRILLER: \_\_\_\_\_

WELL TAG # \_\_\_\_\_

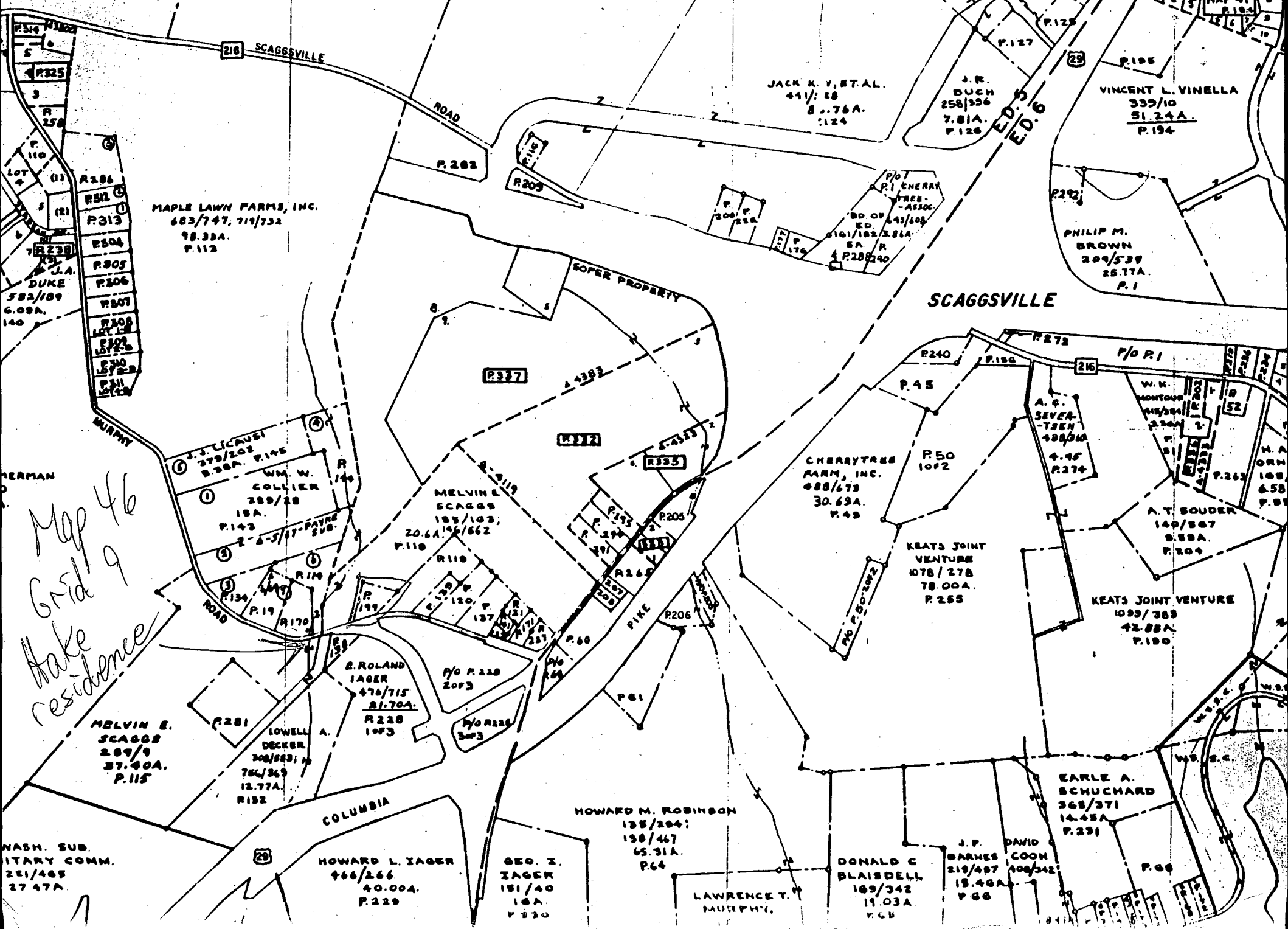
COUNTY # \_\_\_\_\_

PROPOSAL: Abandonment of hand-dug well

LOCATION DIAGRAM



COMMENTS: 3/15/94 ABANDONMENT PROCESS DESCRIBED, OK TO  
START. WATER LINE ENTRANCE INTO WELL ALSO TO  
BE CEMENTED (~ 7' FROM GRADE) MR 3/17/94 GRAVEL &  
CONNECTION CEMENT OK MR 3/18/94 OK'D PLACEMENT OF CEMENT  
CAP FOR SAT 3/20 - INSP 3/28/94 MR  
 DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_



Map 46  
Grid 9  
Make residence

MAPLE LAWN FARMS, INC.  
683/747, 711/732  
98.33A.  
P.112

J. J. LICAUTI  
379/202  
S. 38A. P.145  
WM. W. COLLIER  
389/28  
15A.  
P.143  
2-6-5/17-PAYNE  
SUB.

MELVIN E. SCAGGS  
289/9  
27.40A.  
P.115

E. ROLAND IAGER  
476/715  
21.70A.  
P.228  
1093

HOWARD L. IAGER  
466/266  
40.00A.  
P.229

GEO. I. IAGER  
181/40  
16A.  
P.230

HOWARD M. ROBINSON  
135/204;  
158/467  
65.31A.  
P.64

DONALD C. BLAISDELL  
189/342  
11.03A  
P.68

J. P. DAVID  
BARNES COON  
219/497  
108/342  
15.40A.  
P.66

EARLE A. SCHUCHARD  
368/371  
14.45A  
P.231

CHERRYTREE FARM, INC.  
488/679  
30.69A.  
P.48

KEATS JOINT VENTURE  
1078/278  
78.00A.  
P.255

KEATS JOINT VENTURE  
1089/369  
42.88A.  
P.190

VINCENT L. VINELLA  
339/10  
51.24A.  
P.194

PHILIP M. BROWN  
209/539  
25.77A.  
P.1

SCAGGSVILLE

COLUMBIA

PIKE

SOVER PROPERTY

ED. D. G.

MURPHY

BERMAN

WASH. SUB.  
ITARY COMM.  
281/465  
27.47A.

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P/O P.1 CHERRY TREES - ASSOC. ED. D. G. 443/108 5161/182/3.81A. SA. P. 1 P.289/240

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MELVINE SCAGGS  
183/103;  
20.6A. 96/662  
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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00123594

Building Address 8495 MURPHY RD  
LAUREL, MD 20723

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 005142 Subdivision N/A

Section N/A Area N/A Lot N/A

Tax Map 76 Parcel 199 Grid \_\_\_\_\_

Zoning RR DEO Map Coordinates \_\_\_\_\_ Lot size 1 ACRE

Property Owner's Name Richard L & Dorothy G. HAKE

Address 8495 MURPHY RD

City LAUREL State MD Zip Code 20723

Home Phone 301 925 0035 Work Phone same

Applicant's Name & Mailing Address, (if other than stated hereon):

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

Existing Use Single family Dwelling

Proposed Use FINISH basement

Estimated Construction Cost \$ 100

Description of Work put in a non-load bearing partition wall to create bedroom in basement of rec room - As Buil

Contractor Company State as owner

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

Occupant or Tenant RICHARD L & DOROTHY G. HAKE

Contact Name Richard Hake

Address 8495 MURPHY RD

City LAUREL State MD Zip Code 20723

Phone 301 925 0035 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics                                                                                                                                                                                                                       | Utilities                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Height: _____                                                                                                                                                                                                                                  | Water Supply: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private                                                                                                                                                   |
| No. of stories: _____                                                                                                                                                                                                                          | Sewage Disposal: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> 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:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
|                                                                                                                                                                                                                                                | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads _____                        |

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics                                                                                                                      | Utilities                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>                                                         | Water Supply: _____<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                                                                                                                                        |
| 1st floor: _____<br>2nd floor: _____<br>Basement: _____                                                                                       | Sewage Disposal: _____<br><input type="checkbox"/> Public<br><input checked="" 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:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other                                                                          |
| Other Structure: _____                                                                                                                        |                                                                                                                                                                                                                                              |
| Dimensions: _____                                                                                                                             |                                                                                                                                                                                                                                              |
| Footings: _____                                                                                                                               |                                                                                                                                                                                                                                              |
| Roof: _____                                                                                                                                   |                                                                                                                                                                                                                                              |
| <input type="checkbox"/> State Certified Modular<br><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 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.

Richard L Hake  
 Applicant's Signature

\_\_\_\_\_

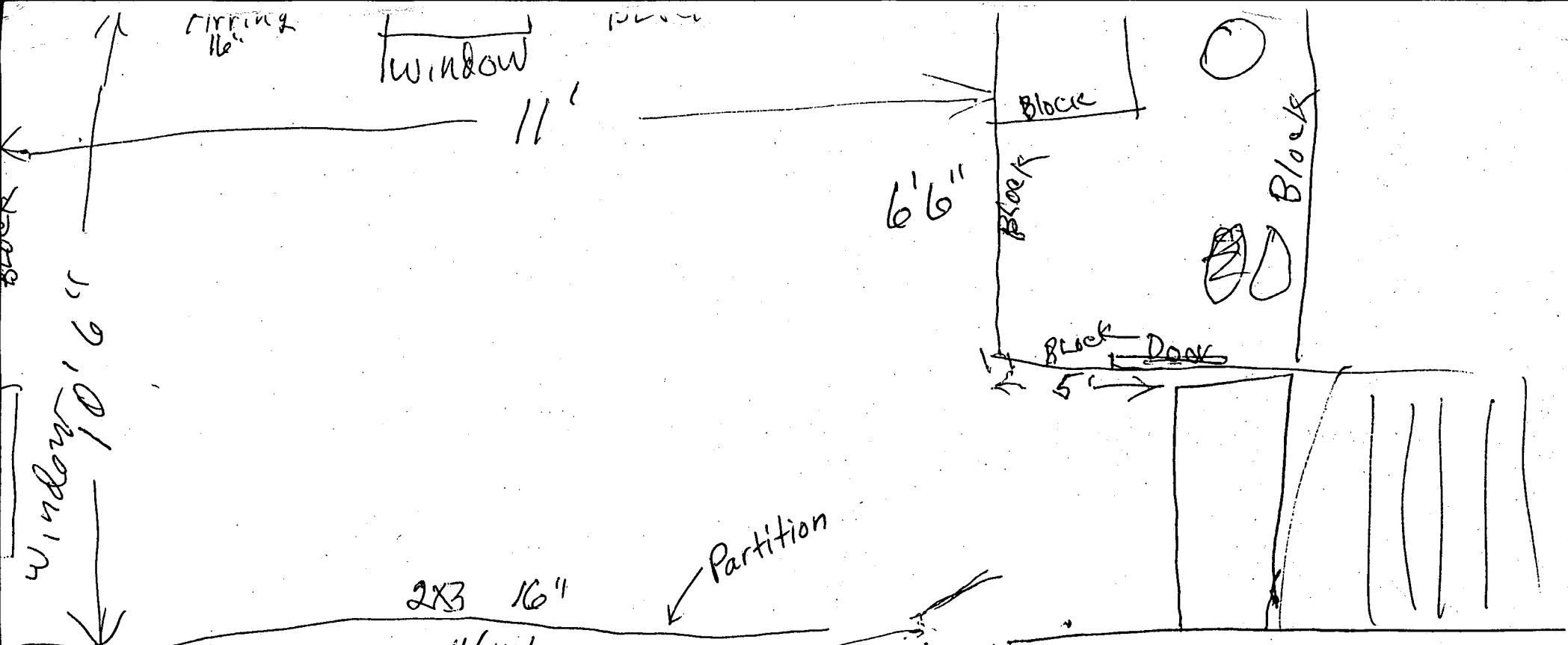
Title/Company

RICHARD L. HAKE  
 Print Name

4-14-00  
 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#              |
|----------------------------------------------------------------------------------------------------------------------|----------------|--------------------|------------------------------------------------------------------------------------------|---------------------------|
| Land Development DPZ                                                                                                 |                |                    | Front: _____                                                                             | Filing fee \$ _____       |
| State Highways                                                                                                       |                |                    | Rear: _____                                                                              | Permit fee \$ _____       |
| Building Official                                                                                                    |                |                    | Side: _____                                                                              | Excise tax \$ _____       |
| Dev. Engineering DPZ                                                                                                 |                |                    | Side St: _____                                                                           | Sub-total paid \$ _____   |
| Health                                                                                                               | <u>4/14/00</u> | <u>Brian Baker</u> | All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | Add'l permit fee \$ _____ |
| Fire Protection                                                                                                      |                |                    | Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____       |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                    | Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____      |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                                                             |                |                    | Lot Coverage for New Town Zone _____                                                     | Check # <u>1000</u>       |
| ONE STOP SHOP: <input type="checkbox"/>                                                                              |                |                    | SDP/Red-line approval date _____                                                         | Validation # _____        |
|                                                                                                                      |                |                    | Accepted by _____                                                                        |                           |



8495 Murphy Road  
As Built Partition