

8/6/97 2105

04-349520

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58600A

A 41133

DISTRICT 4th

DATE 8-6-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 8/6/97

INSPECTOR KM

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Wellington, Section 1 LOT 28, Area 1 ROAD 2818 Hunt Valley Drive

PROPERTY OWNER Doughoregan Homes, Inc. GARY GAROFALO

**BUILDING PERMIT SIGNED
AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAM TANK 41405 BOD/53136-16 POOL

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 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 - Place the distribution box 200 feet from the lot line along Hunt Valley Drive and 80 feet from the right (North) sideline as seen when facing the lot from Hunt Valley Drive. Run the trenches toward the left (South) sideline. The septic tank and trench must be at least 100 feet from the well.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/22/07 DKS

PLANS APPROVED BY Raymond Hodges/Glen Savage DATE 04/18/97

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

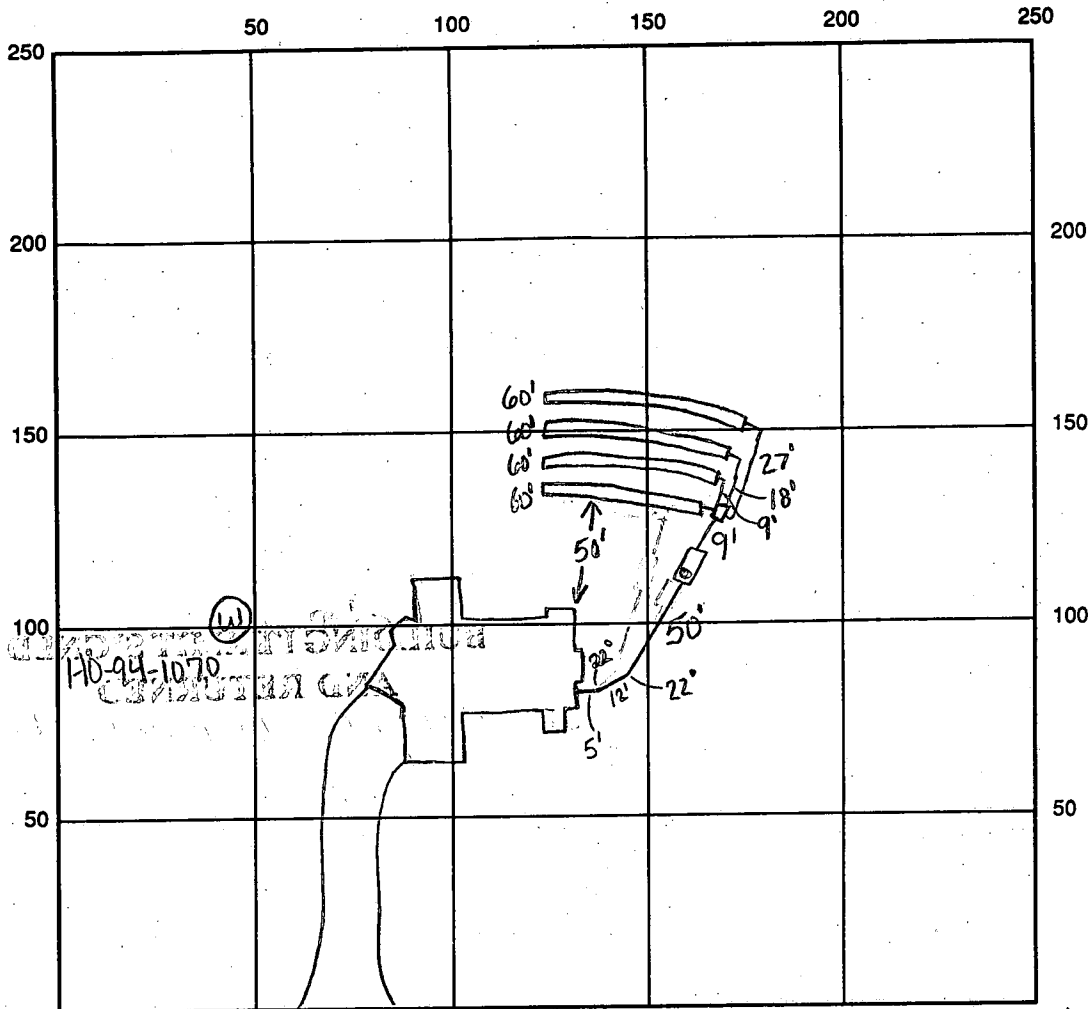
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

**BLDG. PERMIT SIGNED
AND RETURNED 4/18/01**
300129673
finish Basement/rec. rm/
play rm / full bath /
fireplace

A
41133



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hunt Valley Drive

SEPTIC TANK LEVEL OK 1500 top sealed CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 60 x 4 FT. → 240'

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8/6/97 OK to cover all work, has house connection (KM)

DATE SYSTEM APPROVED 8/6/97

INSPECTOR Kimberly Maize

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41133
P _____
DISTRICT 477

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DATE ~~December 18, 1987~~
FEB 26 1988

*5/11/88
perc or'd pending
approved plat
@*

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 ~~C. Oliver Goldsmith, et ux~~ Doughoregan Homes, Inc

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: Wellington Sect 1 Area 1 LOT 28 Preliminary
SUBDIVISION Longwood Farm LOT NO. 24 Sec. 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and

Union Chapel Road (2818 Hunt Valley Drive) ~~BLDG. PERMITS SIGNED AND RETURNED~~

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential - 4 Bedrooms
(NUMBER OF BEDROOMS) *

* Undetermined at this time

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. SECURITY DEVELOPMENTS Corp
By: Steve Bush V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY BGH FOR Shabowt read DATE 1/25/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING per field located holes + S/D plat
perc adjustment toward hole 5 read

THIS IS NOT A PERMIT

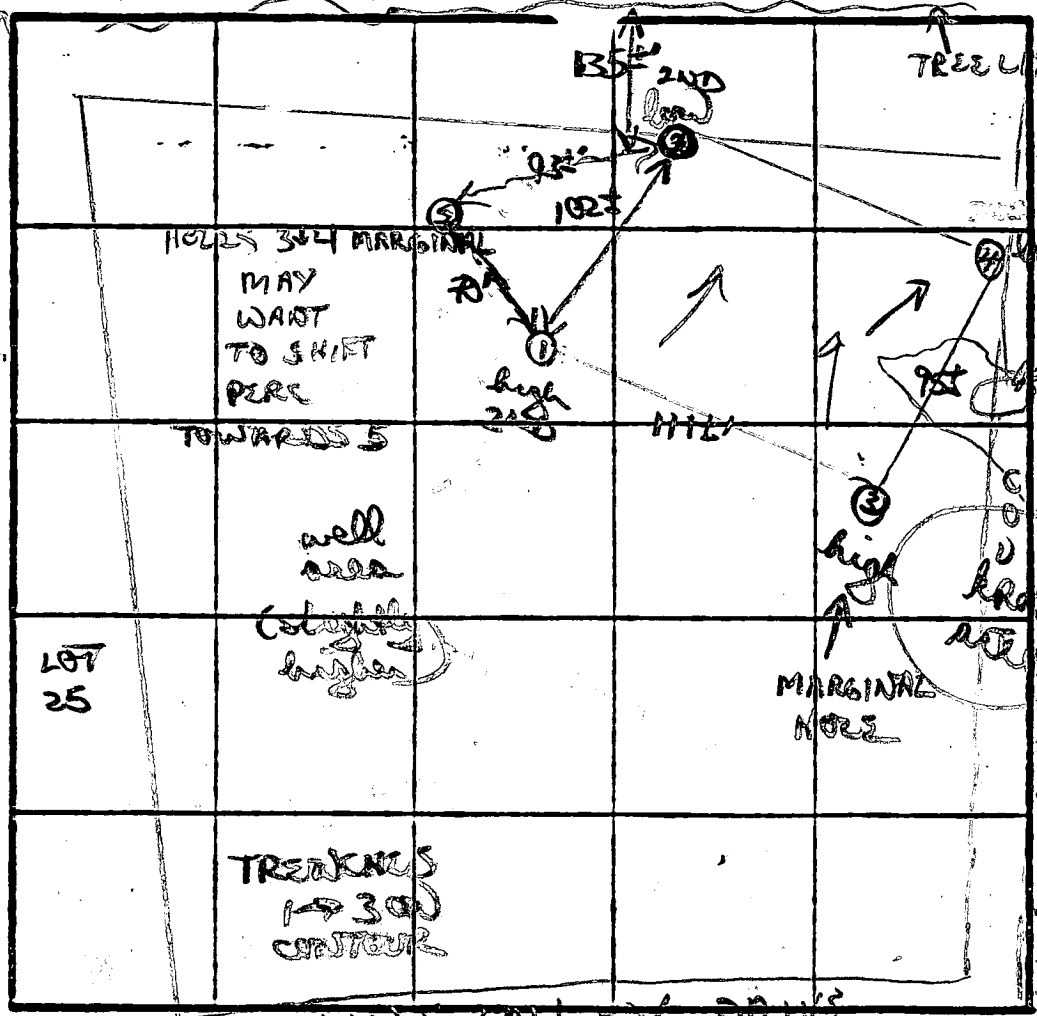
SHALLOW SYSTEM
 INLET 3 1/2
 MAX 6'
 X = 5 MIN (P)
 SOIL PROFILE

chunky red clay / 3'
 clay silt loam w/ few small scattered frags 4 1/2'
 changing to red/orange tan silty loam
 12' D

(2)
 orange/red clay loam
 4-4 1/2'
 gradually to orange tan silty loam
 12'

(3)
 patchy purple silty loam
 13 1/2' D

(4)
 Brown yellow orange clay loam
 3'
 to tan powdery silty loam w/ patchy layers
 need frags 4 1/2'



INDICATE NORTH - NAME ADJ. DRIVING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	(1)	4 1/2 S	228	231	231	235	4 min
		12' D	bottom - (see profile)				
	common (2)	4 1/2 S	239	241	241	244	3 min
	w/ lot 23	9' M	239	243	243	251	8 min
		13 1/2 D	bottom (see profile)				
	(3)	3 1/2 S	252	256	256	263	7 min
		9 1/2 D	hard bottom (see profile)				
	(4)	4' S	258	301	301	305	4 min
		10' D	hard bottom (see profile)				
	(5)	VISUAL ONLY		FOOD	SORTS	38 1/2	

open field. No lot corners. Holes 2 adjusted - common new. w/ lot 23

orange/red clay silt loam, tan/orange silty loam
 rock in 3x4

TESTED BY B. Wilson

ALSO PRESENT Chip, Kern

orange/tan silty clay loam 4'
 tan silty loam w/ 20-25% med-lge
 shell frags 7'
 hard 10' D
 (5)
 Red/orange clay/silt loam 3 1/2'
 tan silty loam with egg of tan frags

C 1 **0358** SEQUENCE NO. (MDE USE ONLY)

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 41133**

1-2-3-4-5-6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
03 27 97

DATE WELL COMPLETED
MM DD YY
03 27 97

Depth of Well
22 175 26
(TO NEAREST FOOT)
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94 1070

OWNER **Carotolo Gary**
STREET OR RFD **Hunt Valley Drive** TOWN **Glenwood**
SUBDIVISION **Wellington** SECTION **7** LOT **28**

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden	0	40	
Granite	40	175	x

water was encountered at 100'

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle appropriate box) **(Y)** **(N)**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**
NO. OF BAGS **20** NO. OF POUNDS **2000**
GALLONS OF WATER **120**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **145** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **45**

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

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

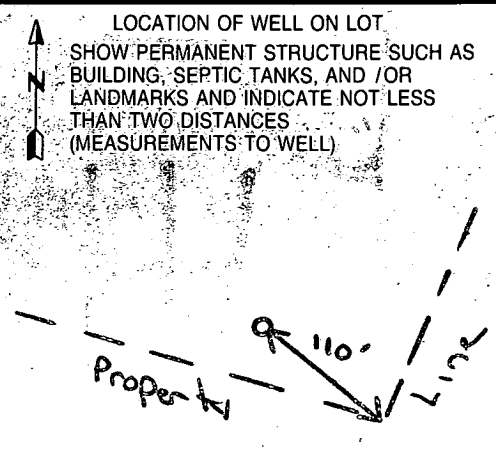
DEPTH (nearest ft.)
HO 45 175

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E	1	8	9	11	15	17	21													
A	2	23	24	26	30	32	36													
C	3	38	39	41	45	47	51													
S																				
R																				
E																				
N																				

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

PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **18.7**
METHOD USED TO MEASURE PUMPING RATE **Submersible**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **33** ft.
WHEN PUMPING **36** ft.
TYPE OF PUMP USED (for test)
(S) submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES **(NO)**
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35
PUMP HORSE POWER _____ 37 _____ 41
PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above LAND SURFACE
(-) below (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: **0**
WELL HYDROFRACTURED **(Y)** **(N)**
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 28.04.04 "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 LIC. NO. **M D 309**
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **J S 048**
Marty Dixon

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 _____ 68 _____
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) **W Q**
70 _____ 72 _____ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 3144 SEQUENCE NO. (MDE USE ONLY)
1 2 3
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

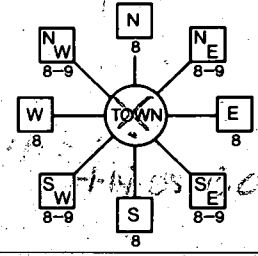
STATE PERMIT NUMBER
HO - 94 - 1070
70 fill in this form completely 79

Date Received (APA) 02-19-97 792-0862
8 *MM DD YY 13
OWNER INFORMATION
15 Last Name Garofalo Owner First Name Gary 34
14210 Greenview Drive
36 Laurel Street or RFD MD 20708 55
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
Wellington
23 SUBDIVISION 42
SECTION 44 46 LOT 28 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M I I
73 76 77 78

DRILLER INFORMATION
Driller's Name Paul M. Fabiszak M W D 3 9 9 76 License No. 81
Firm Name G. Edgar Harr Sons' Corp
Address 12047 Falls Rd Cockeysville 21030
Signature Paul M. Fabiszak Date 2/18/97

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)
11 NEAR WHAT ROAD Hunt Valley Drive 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 200 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL: _____
NORTH
WEST EAST
SOUTH



B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co A 41133
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 2-28-97 A McMullen 2/27/98
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 790 000
50 55 57 63

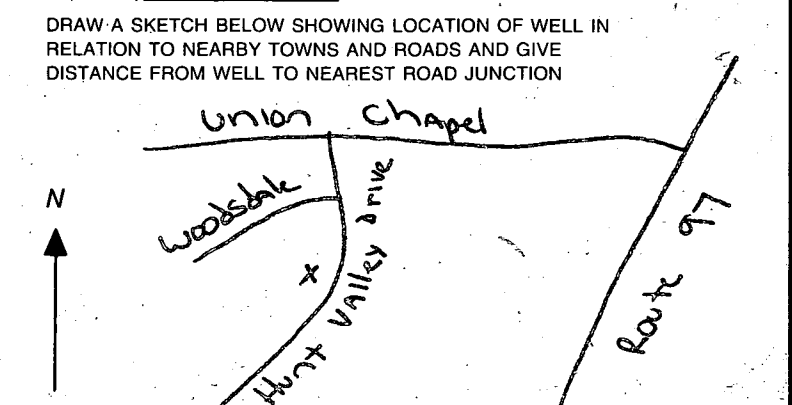
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE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

APPROXIMATE DEPTH OF WELL 250 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. 3-13-97 3/14/97
grout 10AM 3 HR APPROX
2. grout not yet completed
grout fell, driller adding cement
3. 26 bags Portland type 1
45' casing 4' open KM
WRITE THE BOX NUMBER FROM THE MAP HERE
E 790
N 530
000
090
Spec ok location ok KM

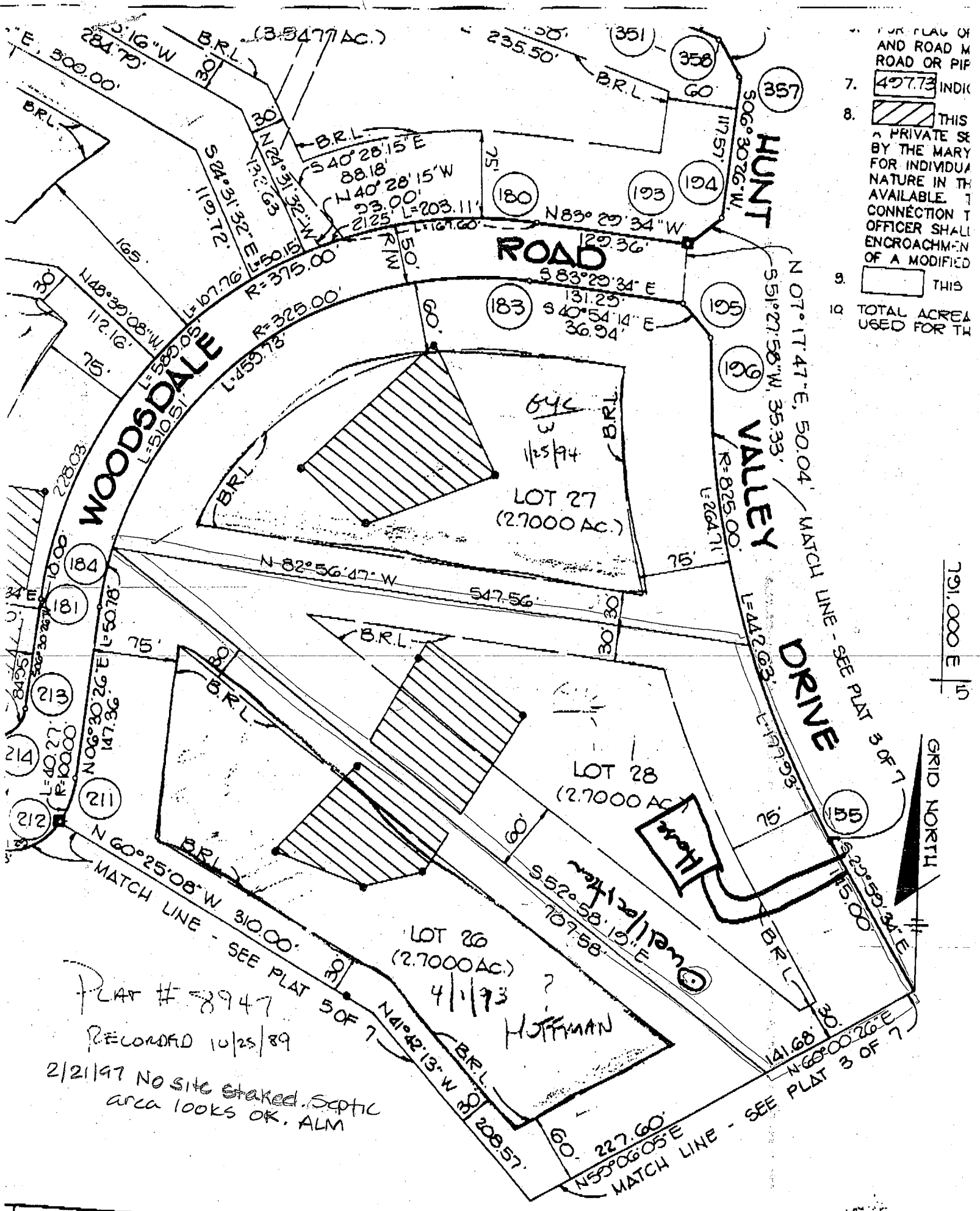
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
WRITE INITIALS IN BOX FORCE AM PERMIT No. HO - 94 - 1070
67 68 70 71 72 73 74 75 76 77 78 79

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



WE, SECURITY DEVELOPMENT CORP, OWNERS OF THE PROPERTY SUBDIVISION, AND WE DEDICATE

OWNER'S DEDICATION

10/30/97
P.M.

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

10/20/97
WPI - ok to cover
P.A. casing 3.5' below grade
has 2.0' above grade
2 piece cap
KM

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____
Name of Installer Glenn Haslam T/A Madison
Mechanist
License Number 6420
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner GARY GANOFALO
Subdivision Wellington Lot # 28 Well Tag # 410-792-0862
Site Address 2818 HUNT VALLEY DR. GLENWOOD MD.
Telephone 301-680-4200
Date 10-29-97

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make JACUZZI
3. Model # TS4712BS2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____
Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 X
Pitless Adapter
1. Make American Granby
2. Model # PT 800
3. Depth 4'-0"

Tank
1. Capacity 52
2. Pressure relief valve? YES
Piping
1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4'-0"
Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
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: [Signature]
Date: 10-23-97

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

Lot 28, Wellington

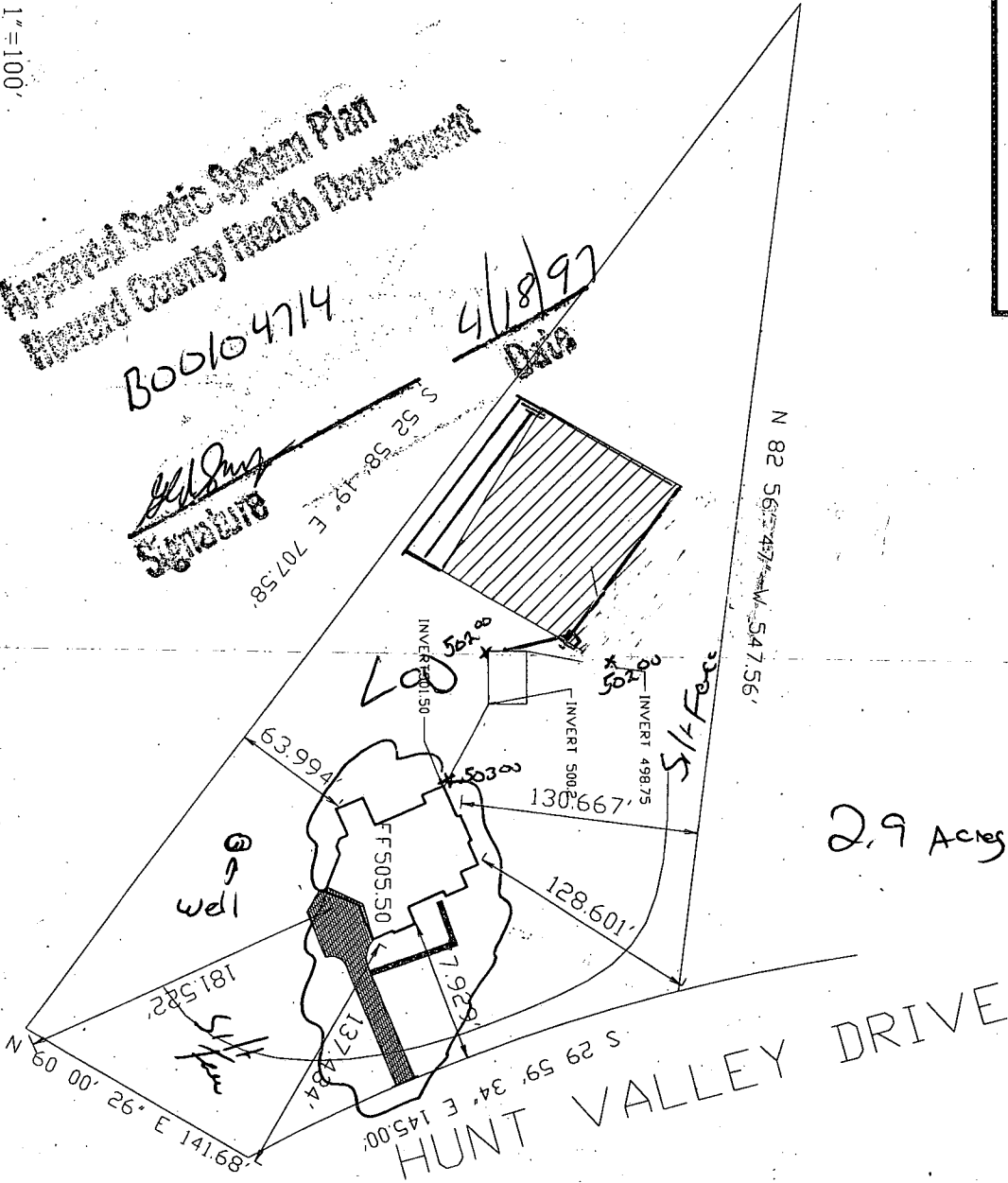
SCALE: 1"=100'

Approved Septic System Plan
Huron County Health Department

800104714

4/18/97
Data

[Signature]
Signature



8/6/97

Actual location of installed septic system.
Soil conditions were acceptable for the
placement of the system. Septic area
100' away from all wells.

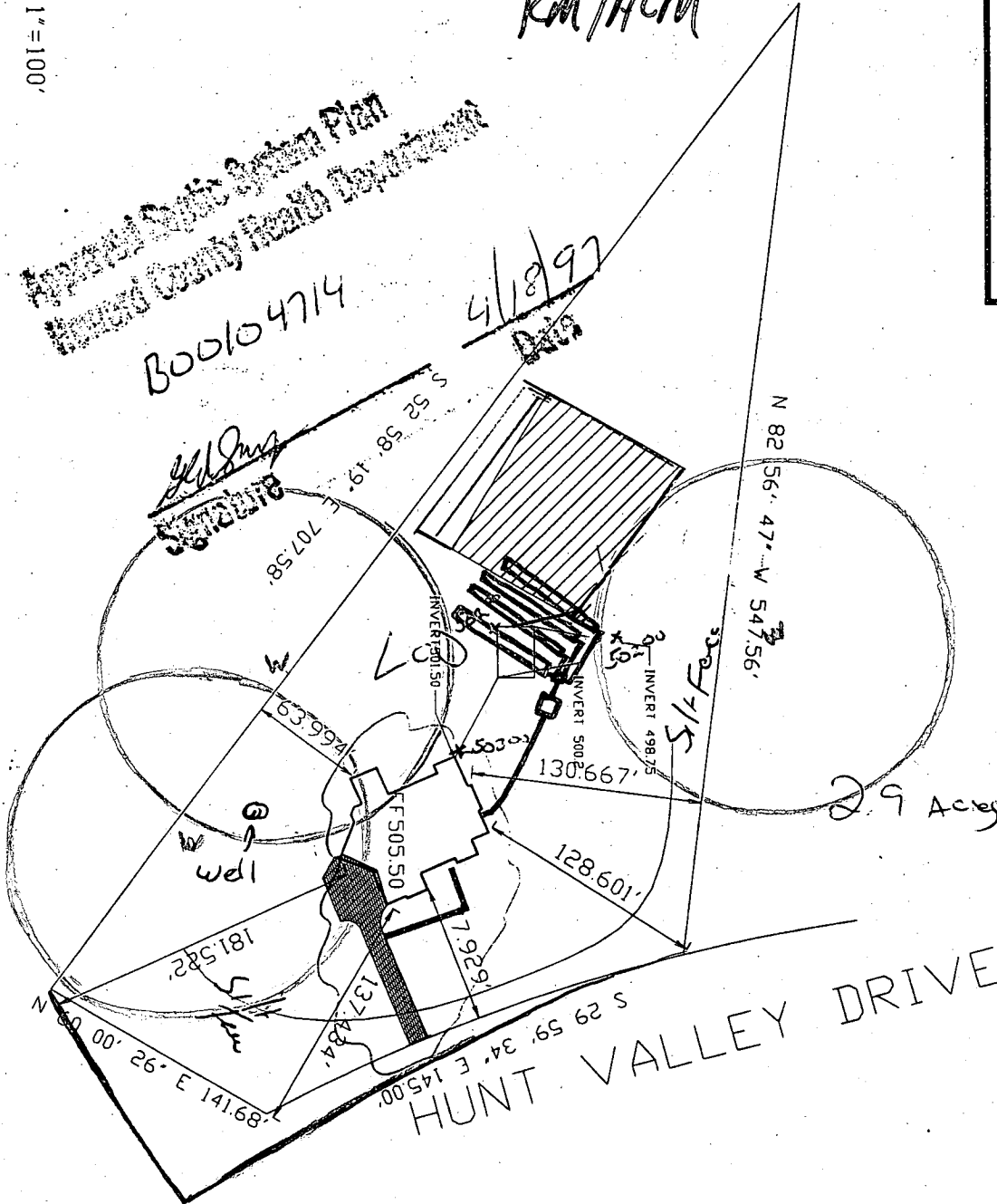
SCALE: 1"=100'

KM/ALM

Approved Septic System Plan
Hawaii County Health Department

B00104714

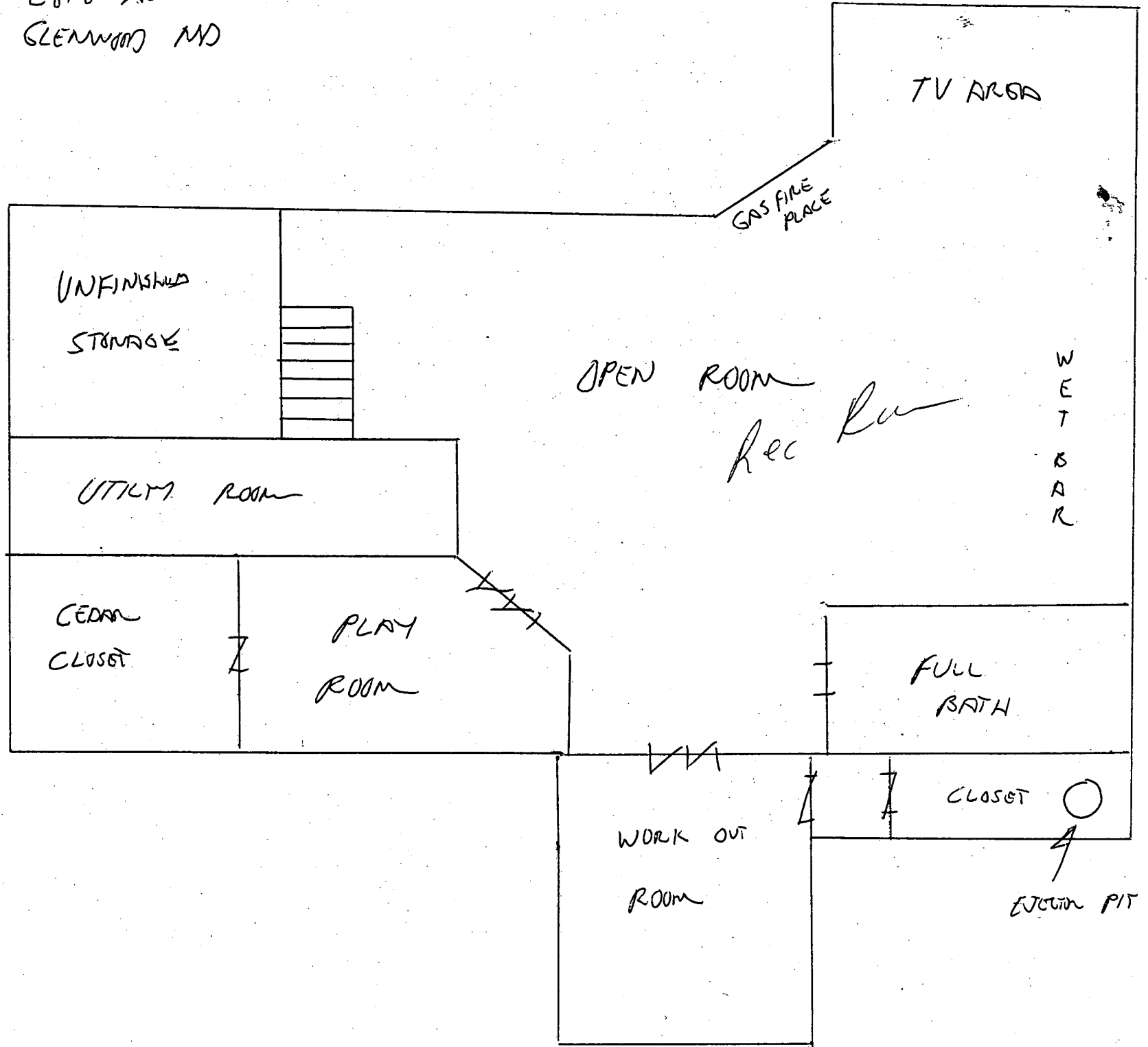
4/18/97
Data



Lot 28, Wellington

HUNT VALLEY DRIVE

2818 HUNT VOWEL
GLENWOOD MD



4
 GAROFALO

Building Address 2818 HUNT VALLEY DR Property Owner's Name GARY GAROFALO
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Address 2818 HUNT VALLEY DR
 City GLENWOOD State MD Zip Code 21047
 Census Tract 60040 Subdivision WILLIAMSBURG
 Home Phone 410 442 1107 Work Phone _____
 Section 1 Area 1 Lot 28 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 111 Parcel 259 Grid 15
 Zoning 1-C-100 Map Coordinates 9.5 Lot size _____
 Phone _____ Fax _____

Existing Use SF13 Contractor Company EXCELLENT CONTRACTORS
 Proposed Use SF13 Contact Person GARY SWEITZER
 Estimated Construction Cost \$ 3000 Address 4713 JEFFERSON AVE
 Description of Work IMPROVEMENTS TO CONN. LEVEL
CRACK REPAIR, MOUNTING OF
1 FT. AIRRAIL (CON) VERTICAL
 City SPRINGVILLE State MD Zip Code 21154
 License No. 58726 Phone 410 342 3718 Fax _____

Occupant or Tenant GARY GAROFALO Engineer or Architect Company _____
 Contact Name GARY GAROFALO Contact Person _____
 Address 2818 HUNT VALLEY DR Address _____
 City GLENWOOD State MD Zip Code _____ City _____ State _____ Zip Code _____
 Phone 410 442 1107 Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd 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"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

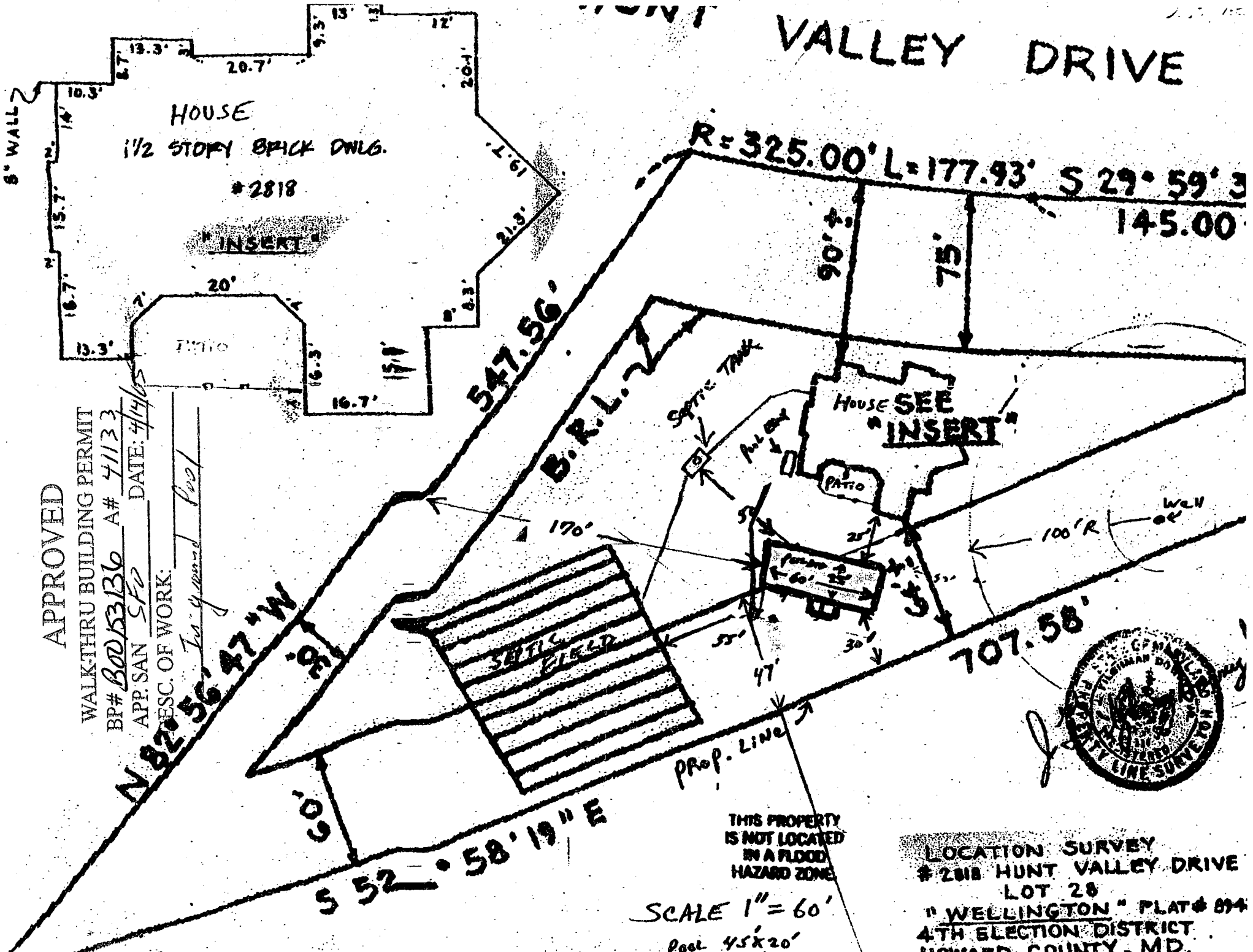
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 GARY SWEITZER Print Name GARY SWEITZER
EXCELLENT CONTRACTORS 18 APR 01
 Title/Company _____ Date _____

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 _____	20012970
State Highways			Rear _____	Filing fee \$ _____
Building Official	<u>4/16/01</u>	<u>[Signature]</u>	Side _____	Permit fee \$ <u>36</u>
Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>36</u>
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1587</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	Validation # _____

HUNT VALLEY DRIVE



APPROVED

WALKTHRU BUILDING PERMIT

BP# B00153136 A# 41133

APP. SAN SFC DATE: 4/14/68

DESC. OF WORK:

In-ground Pool

THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD ZONE

SCALE 1" = 60'
Pool 45' x 20'
SFC-957

LOCATION SURVEY
#288 HUNT VALLEY DRIVE
LOT 28
"WELLINGTON" PLAT # 894
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.

