

5-27-97  
Ready now

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58470

A 47187

DISTRICT 3rd

# INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~

313-2640

DATE 5/19/97

DATE SYSTEM APPROVED 5/27/97

INSPECTOR [Signature]

319059

Adamson Plumbing and Heating

IS PERMITTED TO INSTALL  ALTER

ADDRESS 7825 McClellan Avenue, Boonsboro, Maryland 21713

PHONE (301) 416-3968

SUBDIVISION West Friendship Estates LOT 45

ROAD 3137 Fox Valley Drive

PROPERTY OWNER Hamilton Reed LLC

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 235 feet up the right (333.84') lot line and 30 feet off that same lot line as seen when facing the lot from Fox Valley Drive. Run trenches on contour in both directions.

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

OK 4-21-97 [Signature]

PLANS APPROVED BY Amy McMillen

DATE 04/16/97

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**

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

HD-260(6-90)

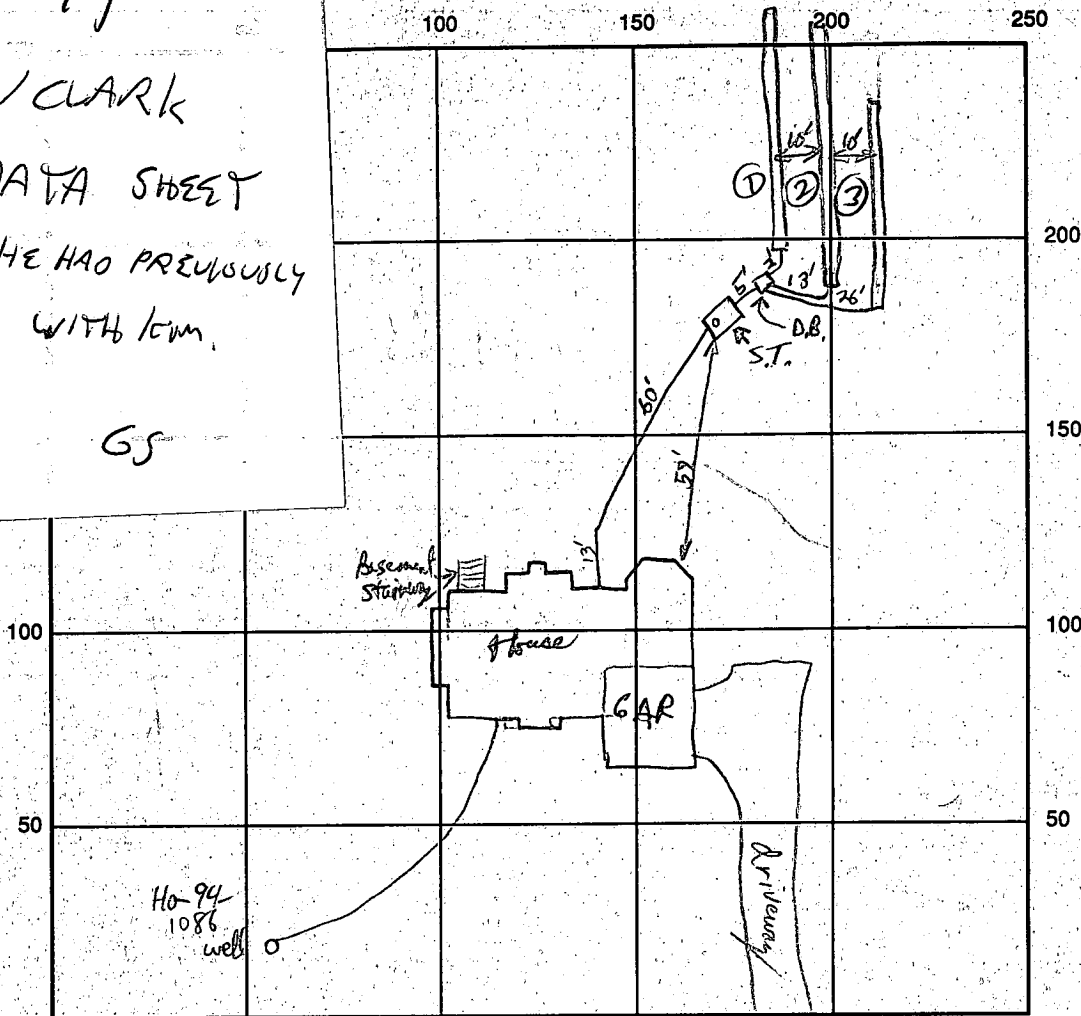
PERMIT SIGNED  
300728210  
1/25/2007  
BLDG. PERMIT SIGNED  
AND RETURNED 10-31-97  
Serial # B10108583  
Deck

A 47187

5/29/97

T.C. W/CLARK  
W.P.I. DATA SHEET  
REQD., HE HAD PREVIOUSLY  
DISCUSSED WITH LEM.

GS



Fox Valley Drive INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal OK CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL out pipe inverts vary by 3/16" (4" <sup>foot</sup> over to 4 3/16" @ end pipe)

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 90/90/60 FT. = 240

NUMBER OF TRENCHES 3 ~~OUT SIDE WALL~~ / BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: House connected to ST, drain field, but bar outlet pipe inverts not level. Need speed levelers since trench getting most water is the shorter one. MPP 5/27/97

under contract on P+H, left message for Hamilton lead, call for re-inspection when done. #562

5-27-97 LEVELERS INSTALLED IN DIST. BOX, OK TO COVER ALL WORK. LL

5/29/97 WPI OK, INSTALLED BY CLARK PUMPING HEATING 410 489-4029

458-8416

DATE SYSTEM APPROVED 5/27/97 INSPECTOR Shelby Perry

# APPLICATION

PERCOLATION TESTING

A 46977

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/4/91

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 PERCONTEE, INC.

ADDRESS 11900 TECH RD. SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: West Friendship Est.

SUBDIVISION IVORY HILL PROPERTY LOT NO. 11

ROAD AND DESCRIPTION IVORY RD. E RT. 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- 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.

[Signature]  
(SIGNATURE OF APPLICANT)  
FOR PERCONTEE, INC.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

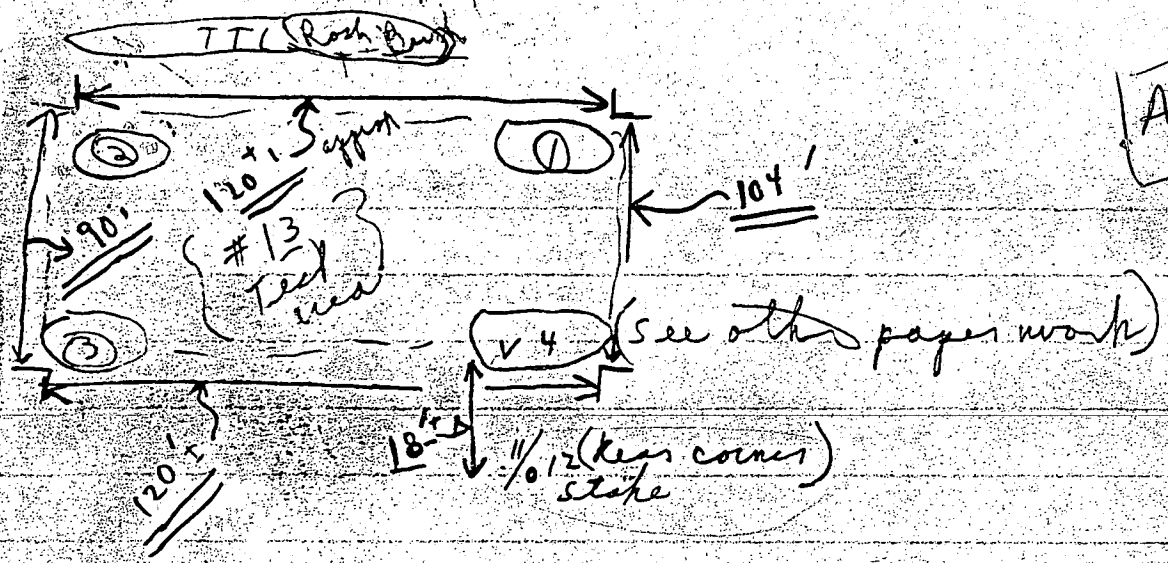
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT



A 47187



4/23/91  
Lot #13

Robber  
at 10:00 A.M.  
20 Kettles  
1 Digger  
4 helpers  
Lot #13

		1 <sup>st</sup>	2 <sup>nd</sup>	Finish	Total
Depth	① 4 1/2'	1:02	1:06	1:12	6m
	10'	Loam			
	④				(ok)
		(See 1/12 Teal sheet)			
	③ 4 1/2'	1:04	1:06	1:10	4m
	11 1/2'				
	② 5'	1:08	1:11	1:16	5m
	10 1/2'				

(all loam)  
Dry

Lot #13  
Behind  
1/12 stakes

[ Hold for Review +  
Free

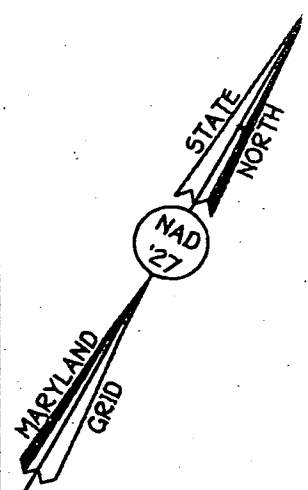
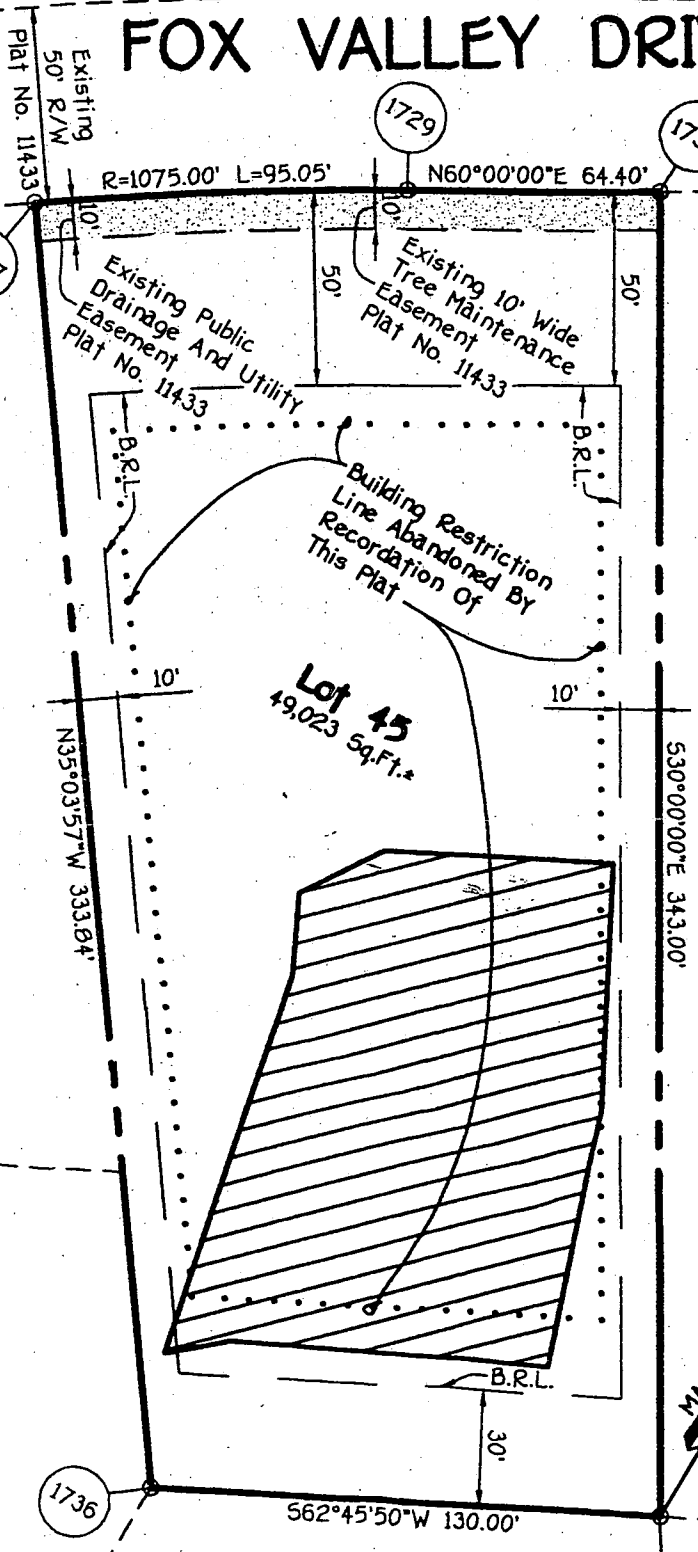
Bearing and Distance  
N57°28'01"E 95.02'

# FOX VALLEY DRIVE

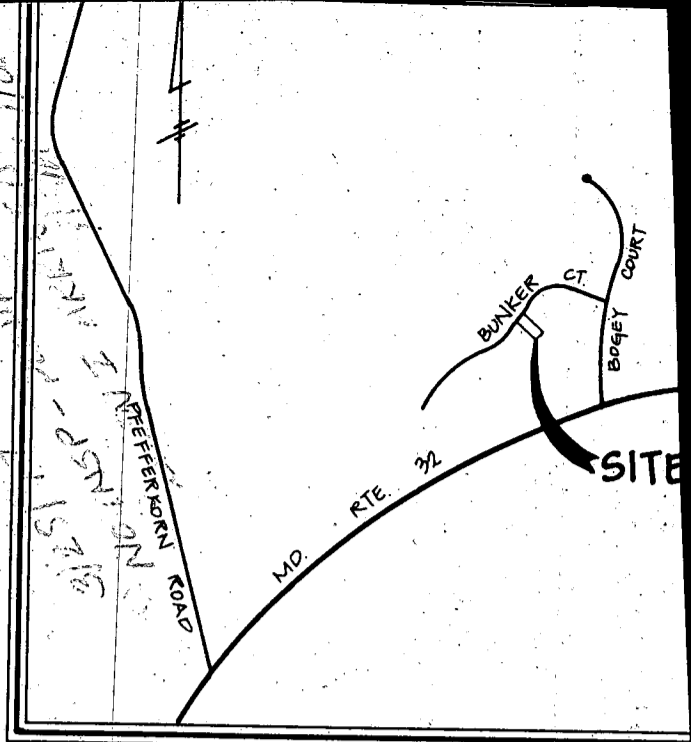
F-01-107  
Revise Building Rest.  
Lines - 1/12/01  
A

LOT 46  
WEST FRIENDSHIP  
ESTATES  
SECTION 1  
PLAT No. 11433

LOT 47  
WEST FRIENDSHIP  
ESTATES  
SECTION 1  
PLAT No. 11433

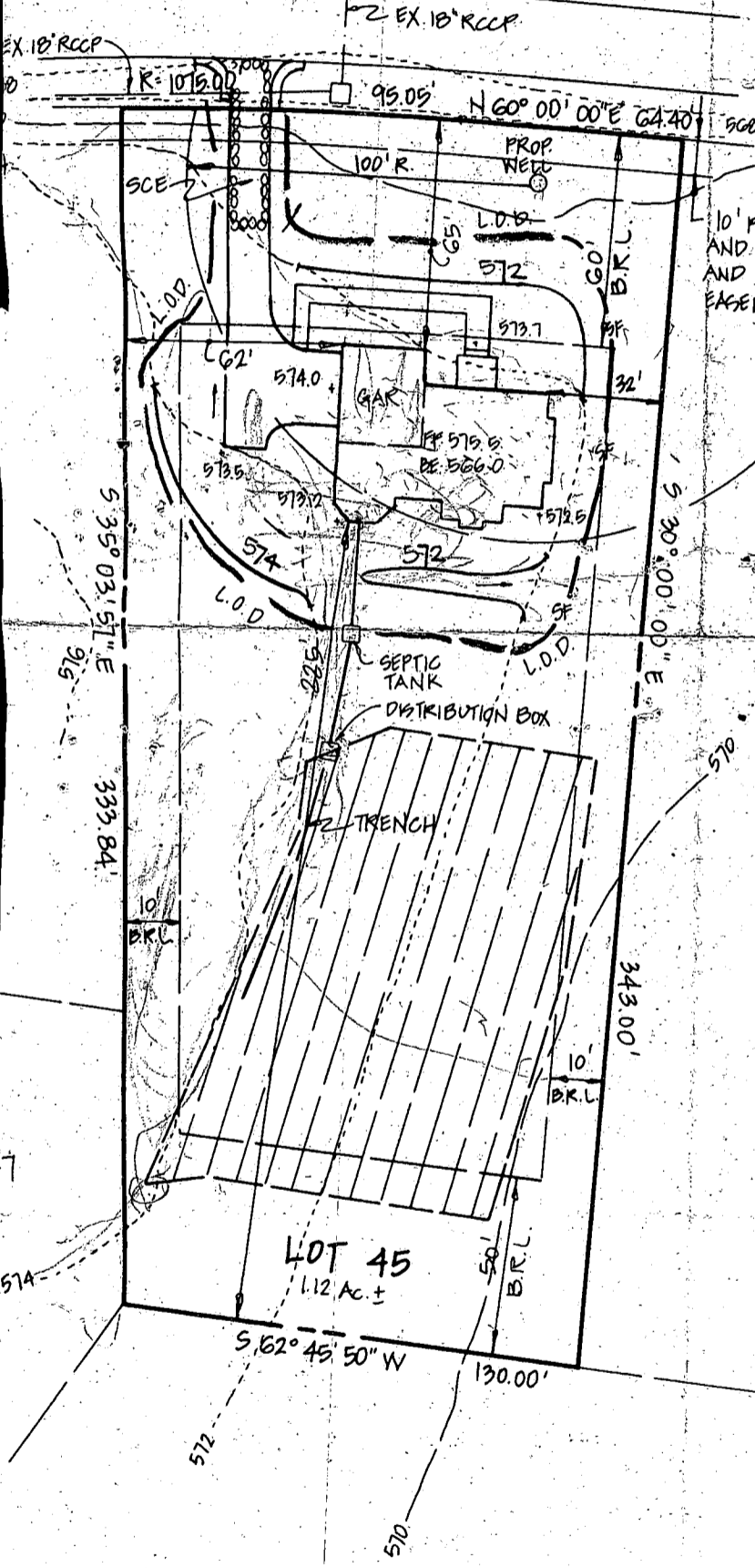


*Handwritten notes:*  
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VICINITY MAP  
 SCALE: 1"=2000'

FOX VALLEY DRIVE



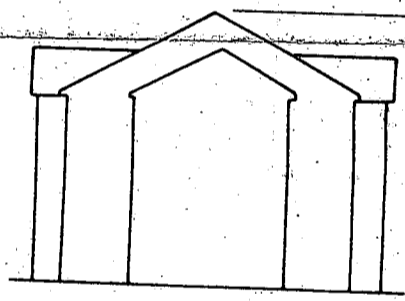
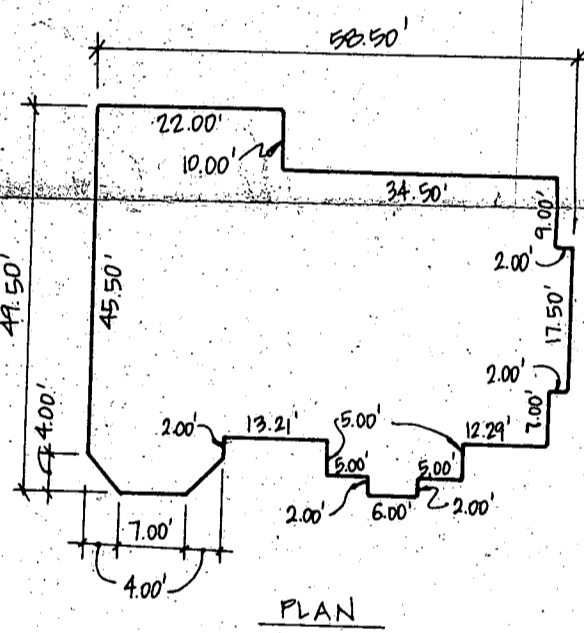
PLAN  
 SCALE: 1"=50'

*Handwritten notes:*  
 3/21/97  
 Well site  
 OK as  
 staked  
 A McMillen

10' PUBLIC DRAINAGE AND UTILITY EASEMENTS AND PUBLIC TREE MAINT. EASEMENT

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 575.5  
 B. BASEMENT ELEVATION: 566.0  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 570.2  
 D. INVERT IN AT SEPTIC TANK: 569.3  
 E. INVERT OUT AT SEPTIC TANK: 572.7  
 F. PROPOSED GRADE OVER SEPTIC TANK: 572.7  
 G. INVERT AT DISTRIBUTION BOX: 570.5  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 574.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGIN ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



PROFILE



PLAN TO ACCOMPANY  
 APPLICATION FOR BUILDING PERMIT  
 WEST FRIENDSHIP ESTATES  
 SECTION 1

LOT 45

TAX MAP NO. 15 PARCELS 32 & 42 ZONED: RC  
 THIRD ELECTION DISTRICT HOWARD COUNTY M

C1 1933

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-47-187

ST/CO USE ONLY DATE RECEIVED 043098

DATE WELL COMPLETED 040198

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO FROM PERMIT TO DRILL WELL HO-94-1502

OWNER Hamelton Reed last name Fox Valley Dr. first name TOWN West Friendship SUBDIVISION West Friendship Est. SECTION 1 LOT 45

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy Sandstone, MICKA Sandstone, and MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 5, NO. OF POUNDS 500, GALLONS OF WATER 30, DEPTH OF GROUT SEAL 19 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth 21. Includes other casing section.

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes screen type (HO) and slot size information.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y).

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.

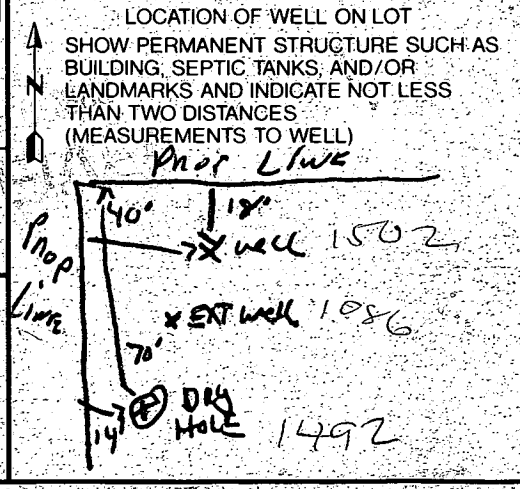
DRILLERS IDENT NO. MSO.116. DRILLERS SIGNATURE. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) HO 19 205. Includes screen diameter and gravel pack information.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 6 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 15, WHEN PUMPING 150, TYPE OF PUMP USED submersible (S).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO). IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.



**B 1** 8441 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-1502  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) 3-31-98 OWNER INFORMATION  
 8 MM DD YY 13  
Hamelton Reed  
 15 Last Name Owner First Name 34  
10805 Hickory RIDGE  
 36 Street or RFD 55  
Columbia MD 21044  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
Howard  
 8 COUNTY 21  
Fox Valley  
 23 SUBDIVISION 42  
 SECTION 1 LOT 45  
 44 46 48 50  
West Friendship  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 M-E  
 73 76 77 78

DRILLER INFORMATION  
Ralph Mayne M SD 116  
 Driller's Name 76 License No. 81  
Ralph MAYNE (well Drilling)  
 Firm Name  
5120 Brown Church Rd Mt Airy  
 Address  
Th H Mayne 3-31-98  
 Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 1 2  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
Fox Valley Dr.  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH  
 WEST EAST  
 34 25 37  
 DISTANCE FROM ROAD ENTER FT OR MI. FT  
 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 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)

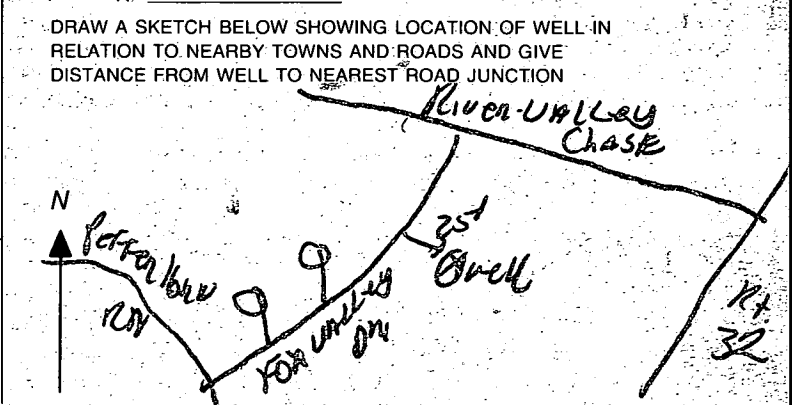
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME COUNTY NO. A-47187  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED 3 31 98 Th H Mayne CO SIGNATURE 3 31 99 EXP. DATE  
 43 MM DD YY 48  
 NORTH GRID 528 000 EAST GRID 808 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 808 000  
528 ← 000  
 N

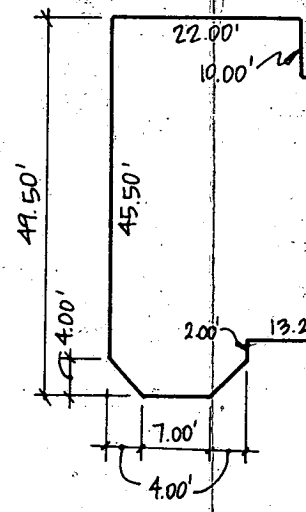
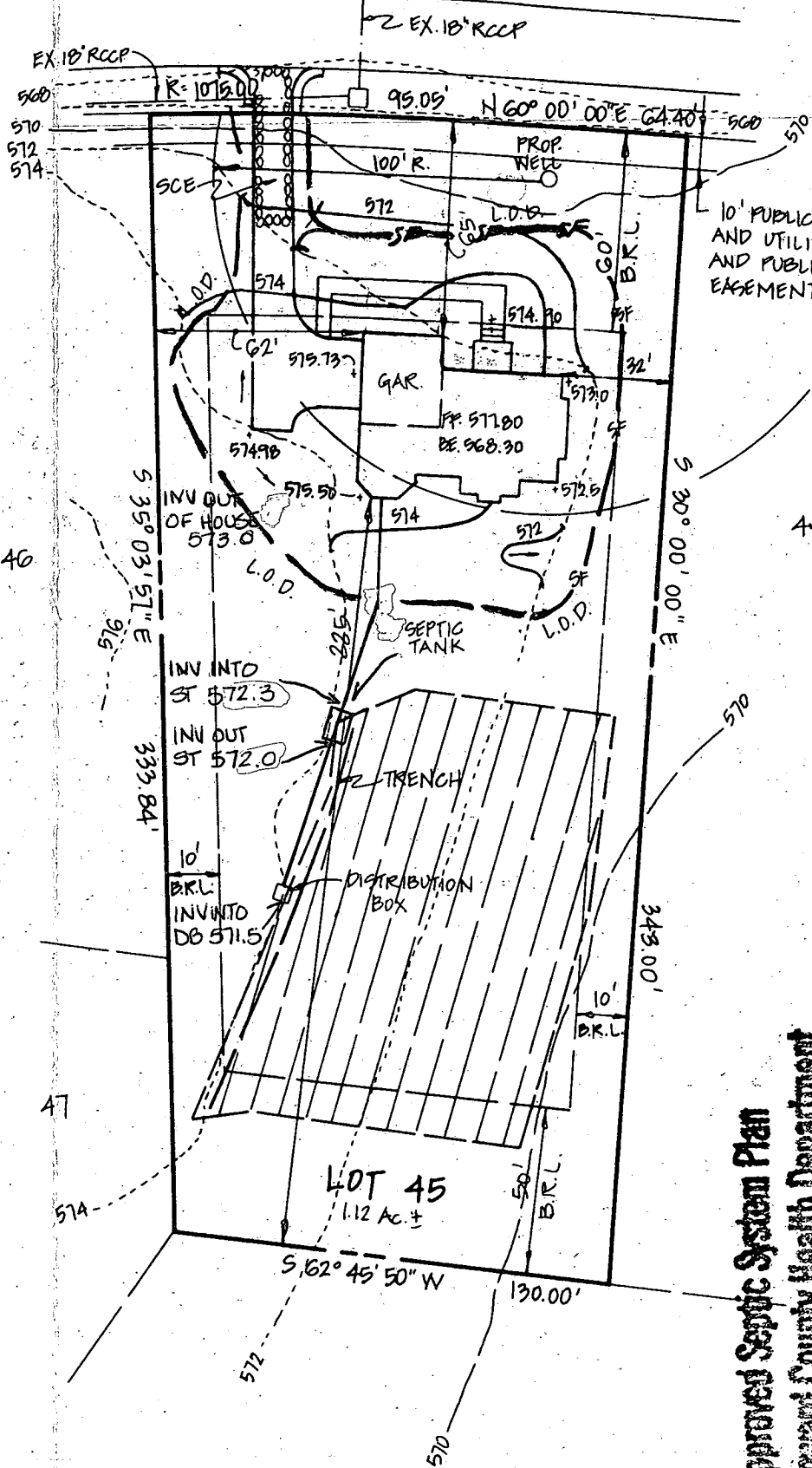
METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTary DRive-POINT  
 other \_\_\_\_\_

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)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_  
 54 63  
 FORCE 55 WRITE INITIALS IN BOX PERMIT No. HO-94-1502  
 67 71 72 73 74 75 76 77 78 79

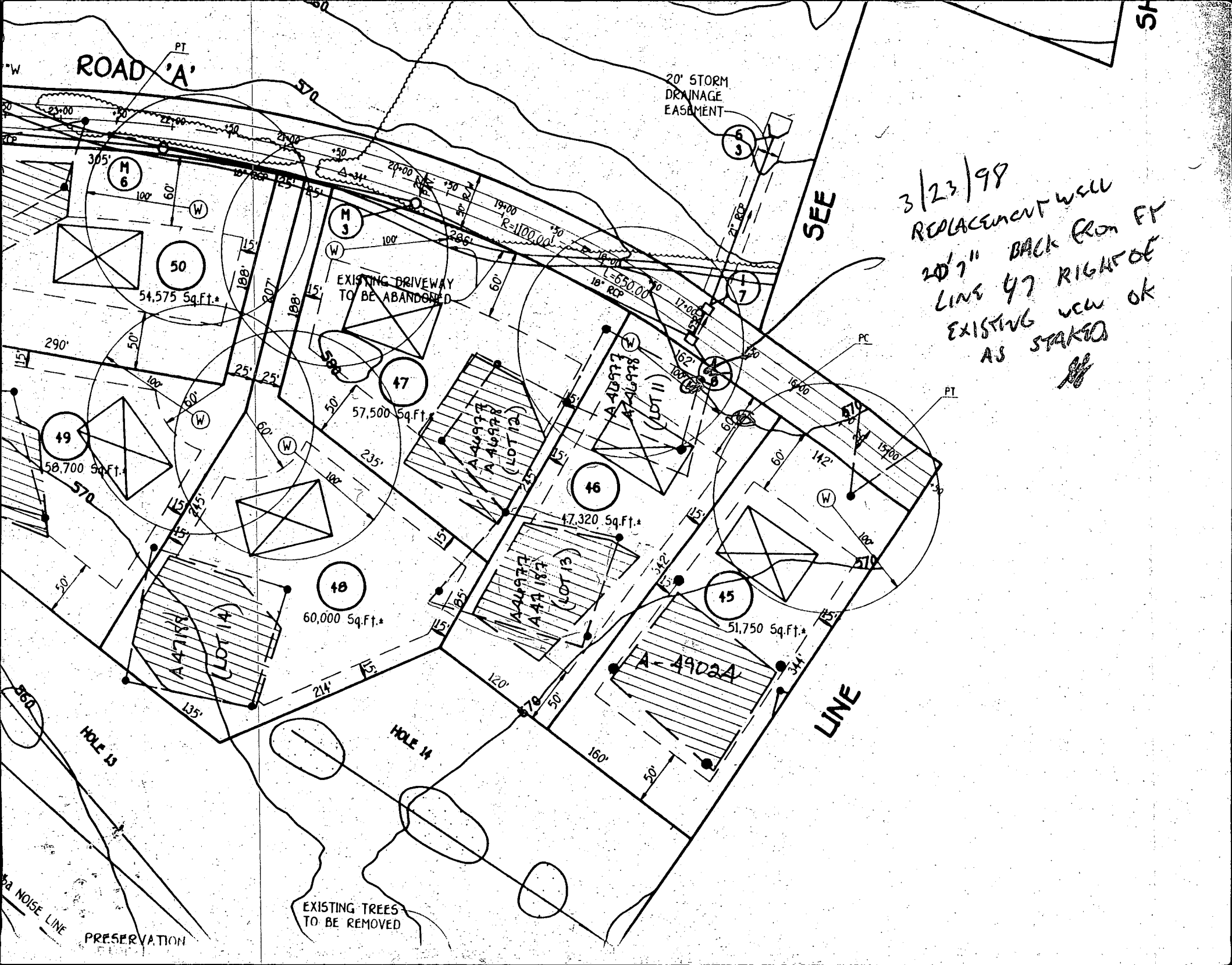
# FOX VALLEY DRIVE



Approved Septic System Plan  
 Howard County Health Department

Signature: *David McMillan*  
 Date: *4/26/97*

PLAN  
 SCALE: 1" = 50'



3/23/98  
 REPLACEMENT WELL  
 20' 7" BACK FROM FT  
 LINE 47 RIGHT OF  
 EXISTING WELL OK  
 AS STAKED

PUBLIC STORMWATER  
MANAGEMENT, DRAINAGE  
& UTILITY EASEMENT

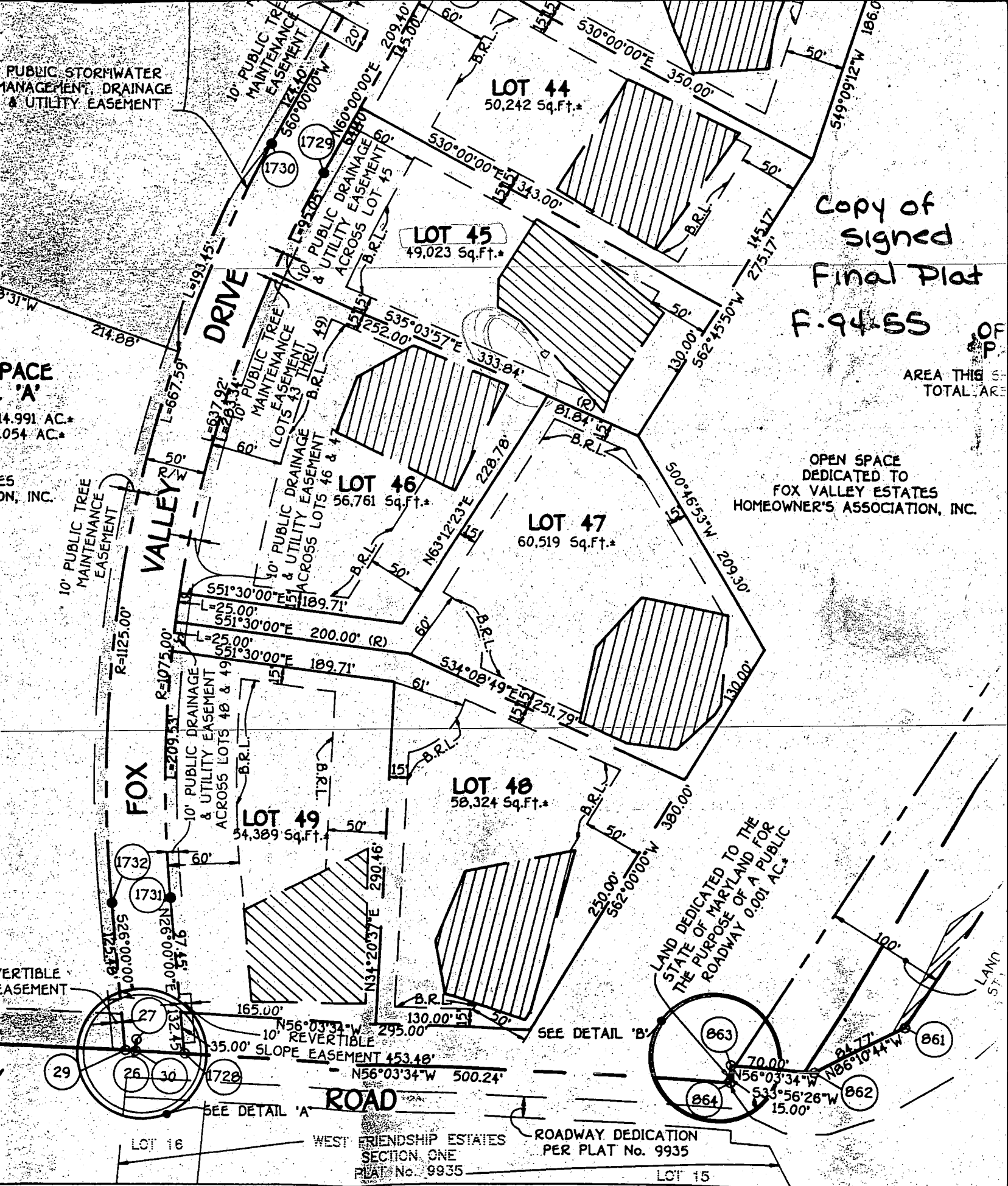
SPACE  
'A'  
4.991 AC.\*  
0.054 AC.\*

ES  
ON, INC.

Copy of  
Signed  
Final Plat  
F-94-55

AREA THIS S  
TOTAL ARE

OPEN SPACE  
DEDICATED TO  
FOX VALLEY ESTATES  
HOMEOWNER'S ASSOCIATION, INC.

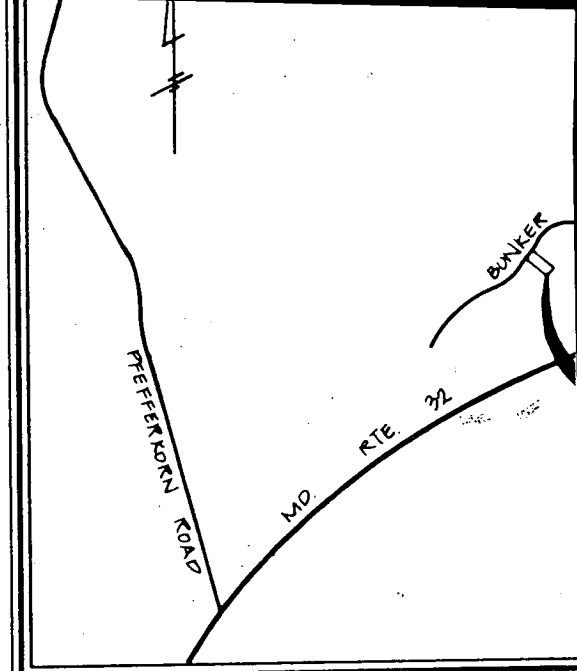


**OWNER'S CERTIFICATE**

...ING GENERAL PARTNER, BY ERWIN GUDELSKY, VICE-PRESIDENT, AND PEDICOR JOINT  
 VENTURER; BY ERWIN GUDELSKY, GENERAL PARTNER, OWNERS OF THE PROPERTY  
 OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY  
 THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY,  
 FOR LAY, CONSTRUCTION AND MAINTENANCE OF ROADWAY, PUBLIC DRIVE AND OTHER

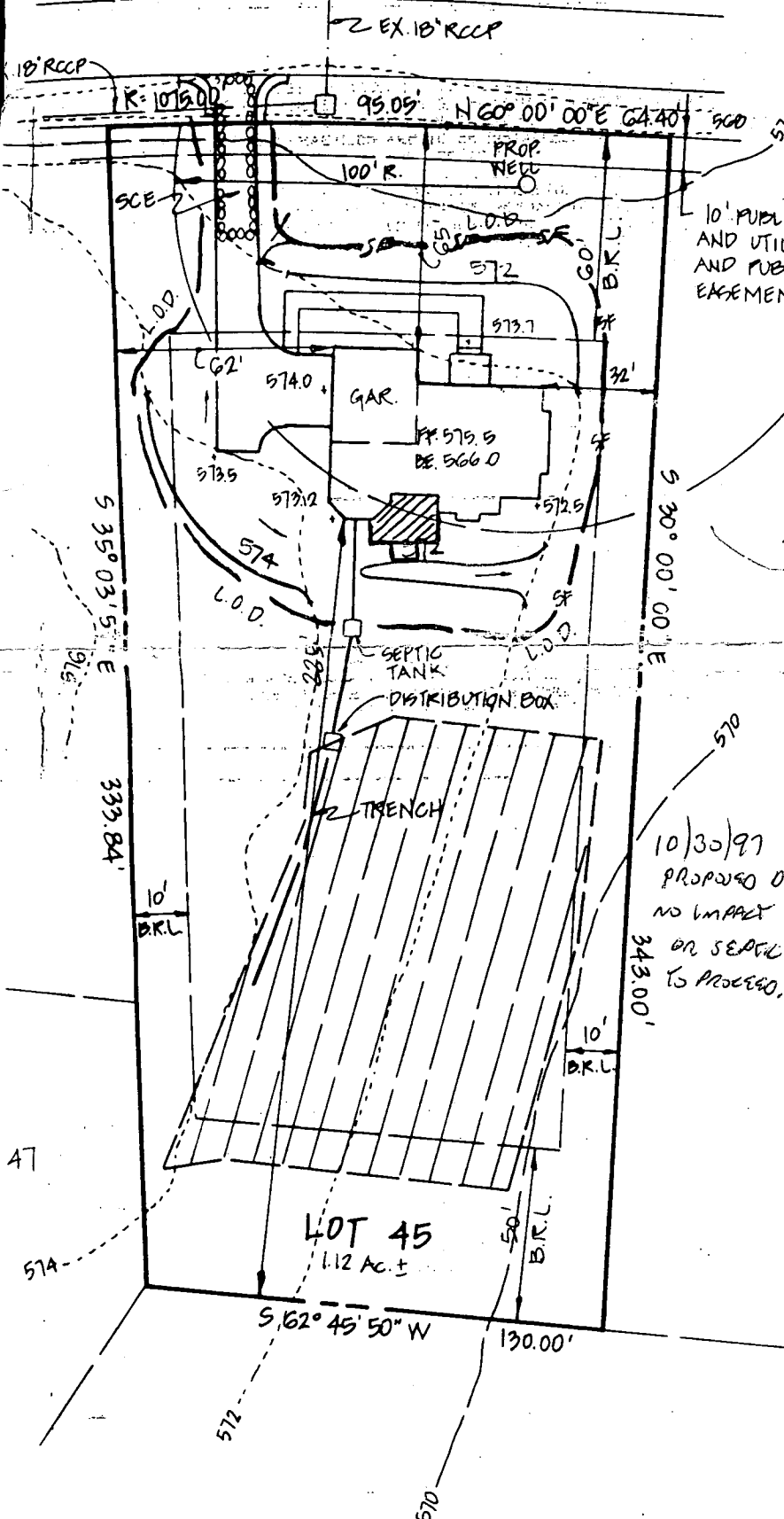
**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON  
 SUBDIVISION COMPRISED OF (1) ALL OF THE LANDS CONVEYED  
 ESTATES TO PEDICOR JOINT VENTURE BY DEED DATED DEC  
 RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY  
 2744 AT 5:00 P.M.



**VICINITY MAP**  
SCALE: 1"=2000'

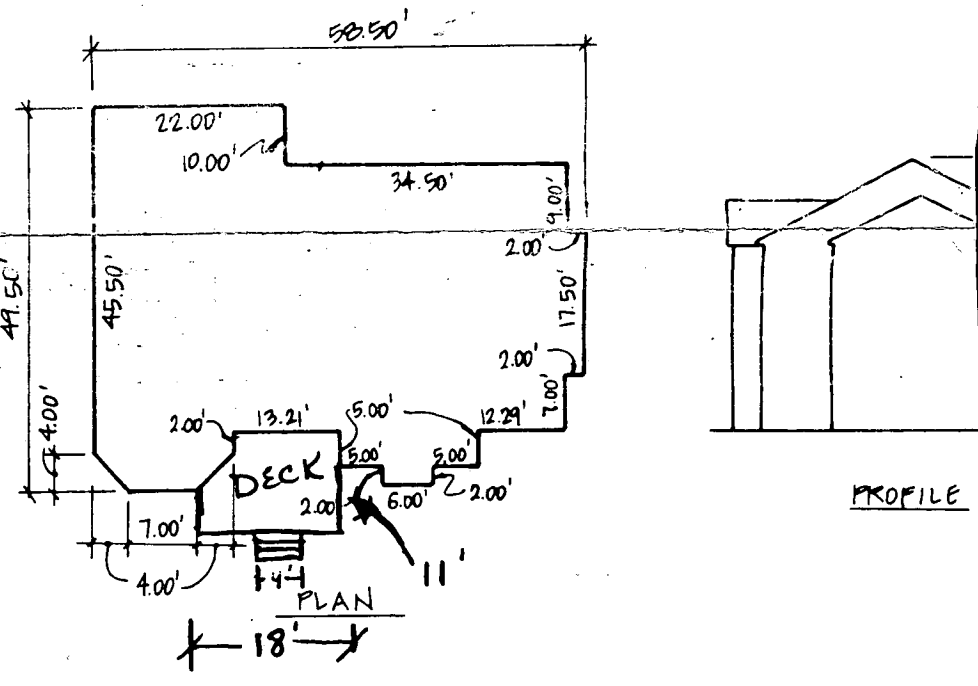
**OX VALLEY DRIVE**



**PLAN**  
SCALE: 1"=50'

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 579.9  
B. BASEMENT ELEVATION: 566.0  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 570.2  
D. INVERT IN AT SEPTIC TANK: 569.3  
E. INVERT OUT AT SEPTIC TANK: 569.3  
F. PROPOSED GRADE OVER SEPTIC TANK: 579.7  
G. INVERT AT DISTRIBUTION BOX: 570.9  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 574.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



**PROFILE**

\* **DECK 16' x 18' w/STEPS APP 4 STEPS**

- CONCRETE PIERS
- PRESSURE TREATED LUMBER
- 2X10 JOIST 16"OC
- 2X6 FLOORING
- LATTICE PANELS UNDER DECK
- LAGED TO EXISTING HOUSE
- RAIL 4X4 w 2X2 PICKETS 2X6 CAPS
- 6X6 POST UNDER DECK

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PER WEST FRIENDSHIP ESTATE SECTION 1

**LOT 45**

TAX MAP NO. 15 PARCELS 32442 ZONED THIRD ELECTION DISTRICT HOWARD CO SCALE: AS SHOWN DATE: MARCH



**B 1** 8771 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HC-94-1492

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

**B 2** OWNER INFORMATION

Date Received (APA) 032398

HAMEL HOW (nee) 10805 HICKORY RD. COLUMBIA MD 21044

**B 3** DRILLER INFORMATION

Ralph Mayne (well drilling) 716

9120 Brown Church Rd. Mt. Airy

Ralph Mayne 3/24/98

**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)

APPROXIMATE DEPTH OF WELL 170 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING** (circle one)

BORED (or Augered)  JETTED  Jetted & DRIVEN

AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic-Rotary)

CABLE  REVerse-ROTary  Drive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEAN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

**Not to be filled in by driller** (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_

FORCE  S WRITE INITIALS IN BOX PERMIT No. HC-94-1492

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**B 3** LOCATION OF WELL

170420 8 COUNTY FOX VALLEY 23 SUBDIVISION SECTION 1 LOT 45 WEST FRIENDSHIP 52 NEAREST TOWN 1 MILE FROM TOWN

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Fox Valley Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST

DISTANCE FROM ROAD 25 ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

County Name Howard County No. A 47897

DATE ISSUED 032498

NORTH GRID 520000 EAST GRID 840000

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

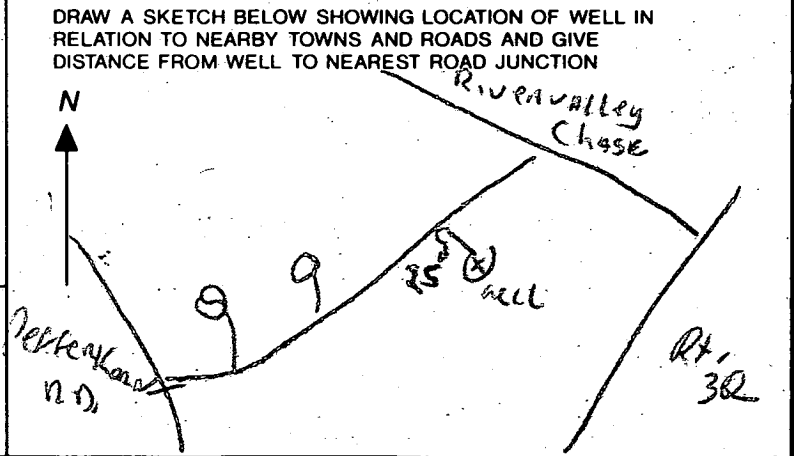
SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 808  
N 528

Tag Returned and Destroyed by Driller KCM 6/2/98



**B 1** 8771 SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
HO-94-1492  
 fill in this form completely

Date Received (APA) 032398

**OWNER INFORMATION**

HAMEL Tom Reed  
 Last Name Owner First Name

10805 HICKORY 2106E  
 Street or RFD

COLUMBIA MD 21044  
 Town 70 State 72 Zip

**B 3** LOCATION OF WELL

1A0VA20 COUNTY

FOX VALLEY 23 SUBDIVISION

SECTION 1 LOT 45

WEST FRIENDSHIP 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

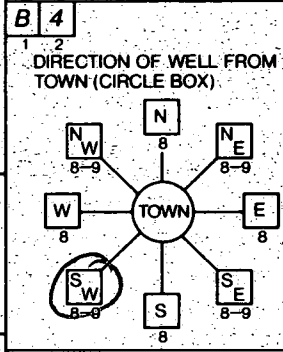
**DRILLER INFORMATION**

Ralph Mayne CIRCLE: MSD/MGD/MWD

Driller's Name Ralph Mayne (well drilling) License No. 11X6

Firm Name 9120 Brown Church Rd. Cat. Army

Address Ralph Mayne Date 3/24/98



FOX VALLEY DR. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25 DISTANCE FROM ROAD ENTER FT OR MI 4

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**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 A 47187 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED 032498 EXP. DATE 3/24/99

CO SIGNATURE [Signature] NORTH GRID 548000 EAST GRID 808000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  JETTED  Jetted & DRIVEN

AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic, Rotary)

CABLE  REVERSE-ROTARY  DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

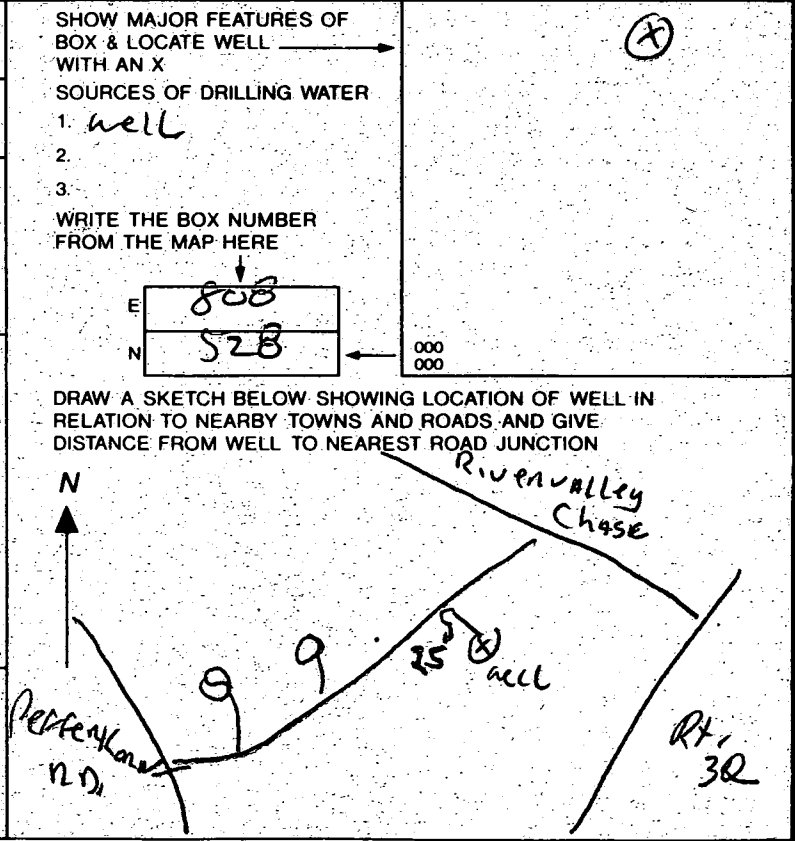
THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_

FORCE GS WRITE INITIALS IN BOX PERMIT No. HO-94-1492



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

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: 6-5-98 (month/day/year)

40-94-1492

PERMIT NUMBER OF ABANDONED WELL (if any)

40-94-1502

PERMIT NUMBER OF REPLACEMENT WELL

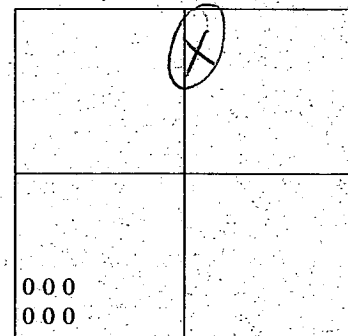
PERSON ABANDONING WELL: Mike Johnson

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
 CIRCLE: MWD/MSD/MGD

OWNER'S NAME: Hamilton Reed LLC

WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: West Friendship  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: West Friendship Estates  
 SECTION: I LOT: 145



MARYLAND GRID COORDINATES

E 800  
 BOX NUMBER  
 N 520

SHOW WELL LOCATION BY X WITHIN BOX

TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement (3 1/2 - 4 yards)</u>	<u>405</u>	<u>2</u>
<u>Clean fill</u>	<u>2</u>	<u>0</u>

USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

DEPTH OF WELL: 405 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 4

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE- MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Kimberly Maister

MWD/MSD/MGD: \_\_\_\_\_  
 CIRCLE ONE: \_\_\_\_\_  
 DATE: 6-5-98

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

SUBMIT COPIES OF COMPLETED FORM TO:

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

6-5-98  
 Tag returned and destroyed  
 (KM)

DATE WELL ABANDONED: 6-5-98 (month/day/year)

HO 94 1086

HO 94 1502

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

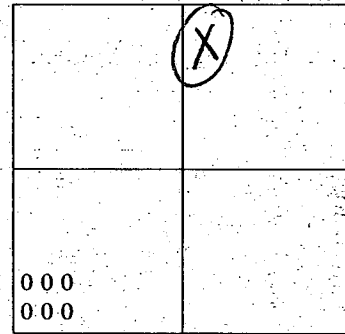
\* PERSON ABANDONING WELL: Mike Johnson

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Hamilton Reed LLC

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: West Friendship  
 TAX MAP BLOCK PARCEL  
 SUBDIVISION: West Friendship Est.  
 SECTION: I LOT: 45



MARYLAND GRID COORDINATES

E 800  
 BOX NUMBER  
 N 520

SHOW WELL LOCATION  
 BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGURED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

\* DEPTH OF WELL: 265 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 5

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	265	1.5'
(2 yards)	1.5	0
Clean fill		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

Kimberly Maister

LICENSE # \_\_\_\_\_

MWD/MSD/MGD  
 CIRCLE ONE

DATE

6-5-98

C1 6011 SEQUENCE NO. (MDE 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 7 CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A47187

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 3 28 94

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1086

OWNER Hamilton Reed Homes STREET OR RFD Fox Valley Drive TOWN W Friendship SUBDIVISION W Friendship Est SECTION I LOT 45

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sand y MICKA, Sand Stone MICKA, Sand Stone MICKA, Sand Stone MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 42 NO. OF POUNDS 300

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (P) (L) Nominal diameter 6 Total depth of main casing 22

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A E P

DEPTH (nearest ft.) 20 265

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04... DRILLERS LIC. NO. 1 M S D 116 DRILLERS SIGNATURE M S D 117 SITE SUPERVISOR

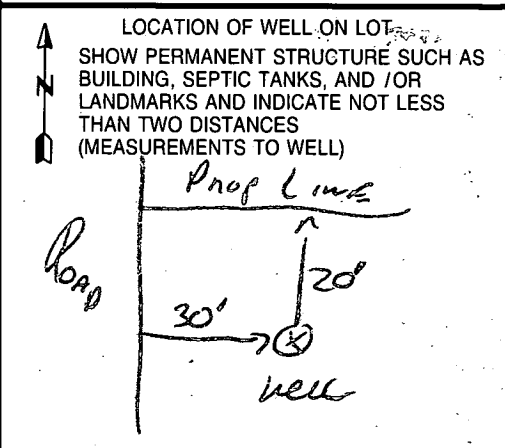
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3/8/9 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 WHEN PUMPING 105 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. 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 ( ) below LAND SURFACE 2 (nearest) (foot)



**B 1** 48706 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-1086  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-9 ON ALL CARDS) please print or type <sup>70</sup> fill in this form completely <sup>79</sup>

**Date Received (APA)** 031997 **OWNER INFORMATION**  
HAMILTON REED HOMES  
 15 Last Name Owner First Name 34  
10805 HICKORY RIDGE  
 36 Street or RFD 55  
COLUMBIA MD 21044  
 57 Town 70 State 72 Zip 76

**DRILLER INFORMATION** CIRCLE: MSD MGD/MWD  
Ralph MAYNE 716  
 Driller's Name 77 License No. 80  
Ralph MAYNE DRILLING  
 Firm Name  
9120 Brown Church Rd Mt Airy MD  
 Address  
Ralph E. Mayne 3/18/97  
 Signature Date

**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)

APPROXIMATE DEPTH OF WELL 150 FEET  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

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

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER GAP  
 FORCE AM WRITE INITIALS IN BOX PERMIT No. 40-94-1086  
 67 68 70 71 72 73 74 75 76 77 78 79

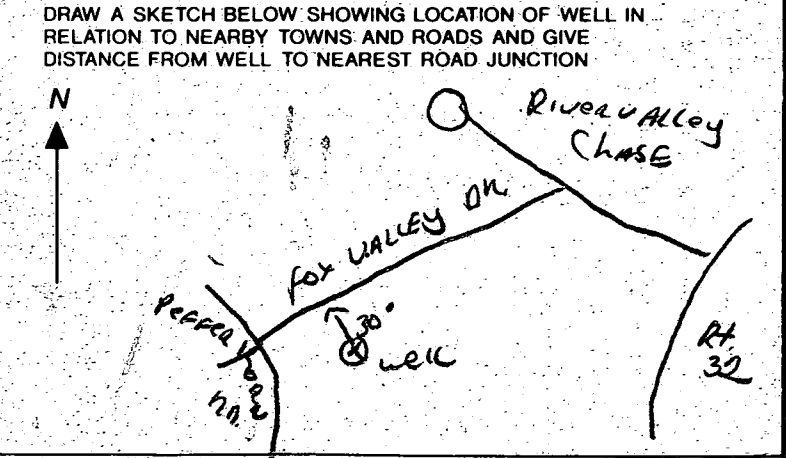
**SPECIAL CONDITIONS**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**B 3** **LOCATION OF WELL**  
HOWARD 8 COUNTY  
WEST FRIENDSHIP EST. 21  
 23 SUBDIVISION 42  
 SECTION 11 LOT 45  
WEST FRIENDSHIP 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) MI  
 73 76 77 78

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)** **NEAR WHAT ROAD**  
FOR VALLEY DR.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 DISTANCE FROM ROAD 30 ENTER FT OR MI   
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard Co. COUNTY NAME COUNTY NO. A47187  
 STATE SIGNATURE DATE ISSUED 032197 A McMillen 3/20/98  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 528000 EAST GRID 0808000  
 50 55 57 63

**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 808  
 N 528  
 000 000



41184

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00178216
--	---	-----------------------------------

Building Address <u>2137 Fox Valley Dr</u> <u>West Friendship, MD 21794</u>	Property Owner's Name <u>RALPH D. HOYT, JR</u> Address <u>2137 Fox Valley Dr</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Home Phone _____ Work Phone _____
Census Tract <u>1A030</u> Subdivision <u>West Friendship</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Section <u>1</u> Area _____ Lot <u>45</u>	Phone _____ Fax _____
Tax Map <u>15</u> Parcel <u>42</u> Grid <u>45-31</u>	
Zoning <u>RC</u> Map Coordinates _____ Lot size <u>410724</u>	

Existing Use <u>Small Family Detached</u>	Contractor Company <u>Orange</u>
Proposed Use <u>Small Family Detached</u>	Contact Person _____
Estimated Construction Cost \$ <u>10,000</u>	Address _____
Description of Work <u>CONTRACT DETACHED</u> <u>2-CAR GARAGE NO UTILITIES</u> <u>20x22</u>	City _____ State _____ Zip Code _____
	License No. _____ Phone _____ Fax _____

Occupant or Tenant _____	Engineer or Architect Company <u>Orange</u>
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

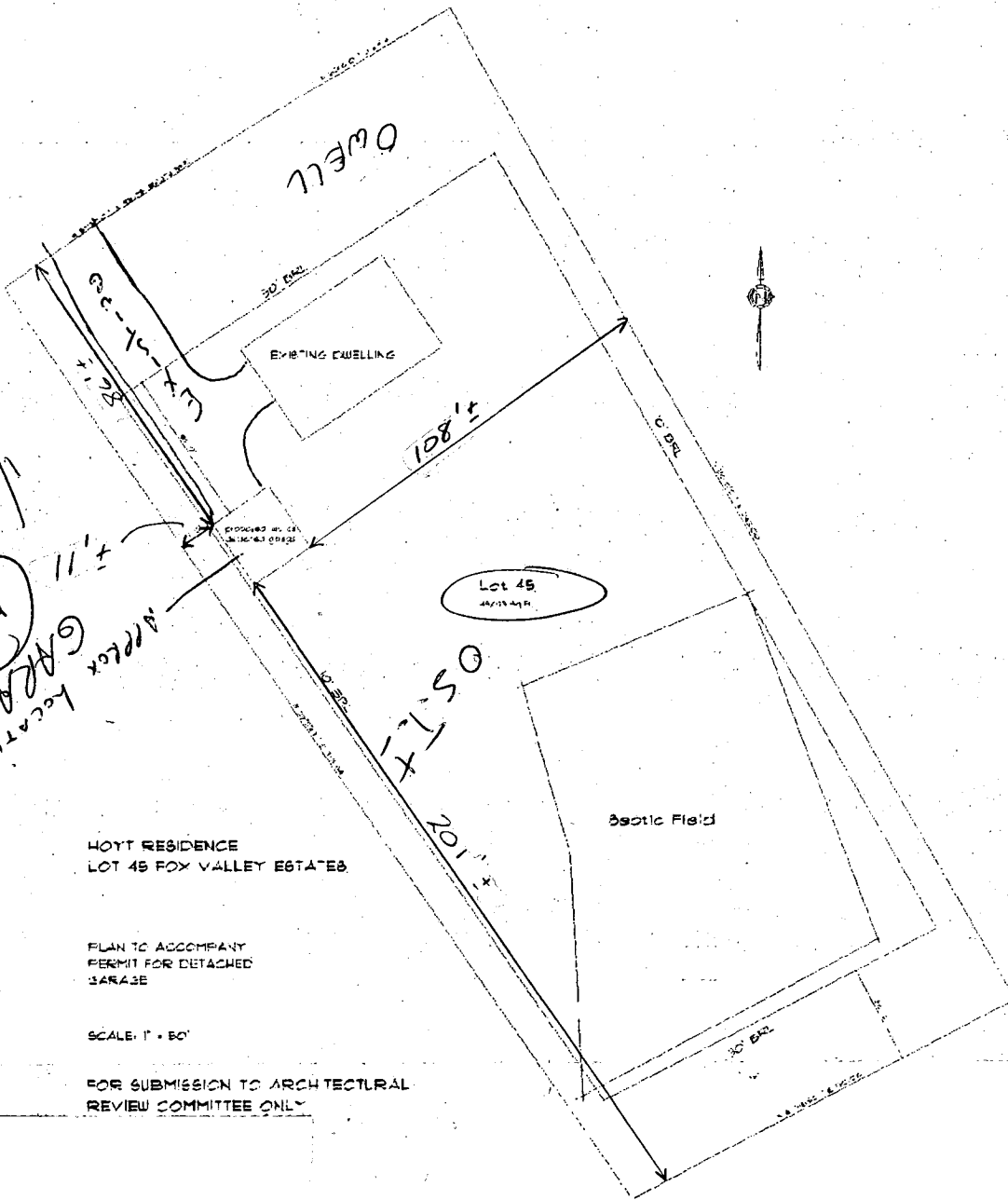
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>22'</u> <u>20'</u> 2nd floor: <u>N/A</u> Basement: <u>N/A</u>	Sewage Disposal: _____ Public _____ Private <u>N/A</u>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	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"/>	Multi-family dwellings: No. of efficiency units: <u>1/10</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular <input type="checkbox"/>		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.

Applicant's Signature \_\_\_\_\_ Print Name Stephen Semuy  
Date 1/22/01

Title/Company \_\_\_\_\_ 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		<u>1/25/01</u>	<u>[Signature]</u>	Front _____ Rear _____ Side _____ Side St. _____	<u>28015</u>
State Highways				All minimum setbacks met? <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____
Building Official				Entrance Permit required? <input type="checkbox"/>	TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>7058</u>
Dev. Engineering DPZ		<u>1/25/01</u>	<u>[Signature]</u>	Historic District? <input type="checkbox"/>	Validation _____
Health				Lot Coverage for New Town Zone _____	
Fire Protection				SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>					
ONE STOP SHOP <input type="checkbox"/>					
Distribution of Copies	White: Building Official	Green: LDD DPZ	Yellow: DED DPZ	Pink: Health	Gold: SHA



1/25/01  
 MR  
 GARAGE OK  
 Approx location

HOYT RESIDENCE  
 LOT 49 FOX VALLEY ESTATES

PLAN TO ACCOMPANY  
 PERMIT FOR DETACHED  
 GARAGE

SCALE: 1" = 80'

FOR SUBMISSION TO ARCHITECTURAL  
 REVIEW COMMITTEE ONLY

~~the~~  
 copy back  
 SIDE