

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58531

A 49023

DISTRICT 3rd

DATE 6/20/97

DATE SYSTEM APPROVED 6-30-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X 461-9988~~

313-2640

Olen Ketterman

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797

PHONE 442-1336

SUBDIVISION West Friendship Estates LOT 40 ROAD 3117 Fox Valley Drive

PROPERTY OWNER

Selfridge Builders David Jaffa

ADDRESS

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

3-19-03 BOD140749-IG POOL

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 195 feet up the right (341.35') lot line and 30 feet off that same lot line as seen when facing the lot from Fox Valley Drive. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/29/97 DKS

PLANS APPROVED BY Amy McMillen

DATE 05/21/97

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

BUILD. PERMIT SIGNED

AND RETURNED 4-30-97

PERMIT VOID AFTER TWO YEARS

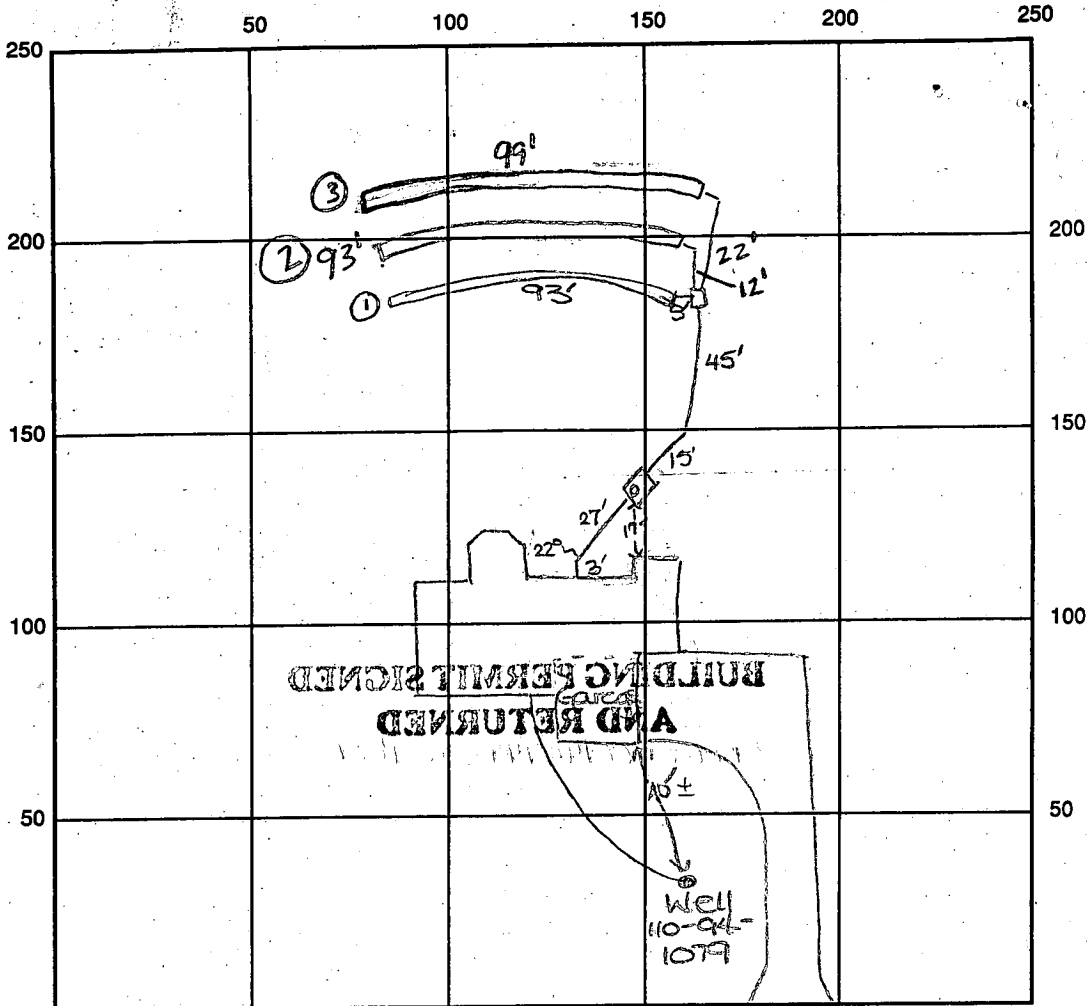
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED. duck & portable Spa

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49023

6/30/97
8-1-97
WPI
10-11 3-3130



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Fox Valley Drive

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH (1+2) 93' (3) 99' FT. 291

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 873 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 6/30/97 OK to cover from house to dist. box
and 1st trench. OK to continue work. DKS
6-30-97 ok to cover all work (KM)

8/1/97 well use 3.5' b.g. well casing 10" a.g. 2pc cap
installed. OK to cover. DKS

DATE SYSTEM APPROVED 6-30-97 INSPECTOR Kim Maisto

APPLICATION

PERCOLATION TESTING

EGG

A 49023
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 3/5/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Selfridge Builders

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION W FASHP LOT NO. 41

6 holes
(2 on line)
2 on 41
2 on 40

ROAD AND DESCRIPTION HORD FARM

3117 FOX VALLEY DRIVE

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED
AND RETURNED 5-21-97
Serial # B1109761**

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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

49023

1/25/93 Lot #41

#40 Hole

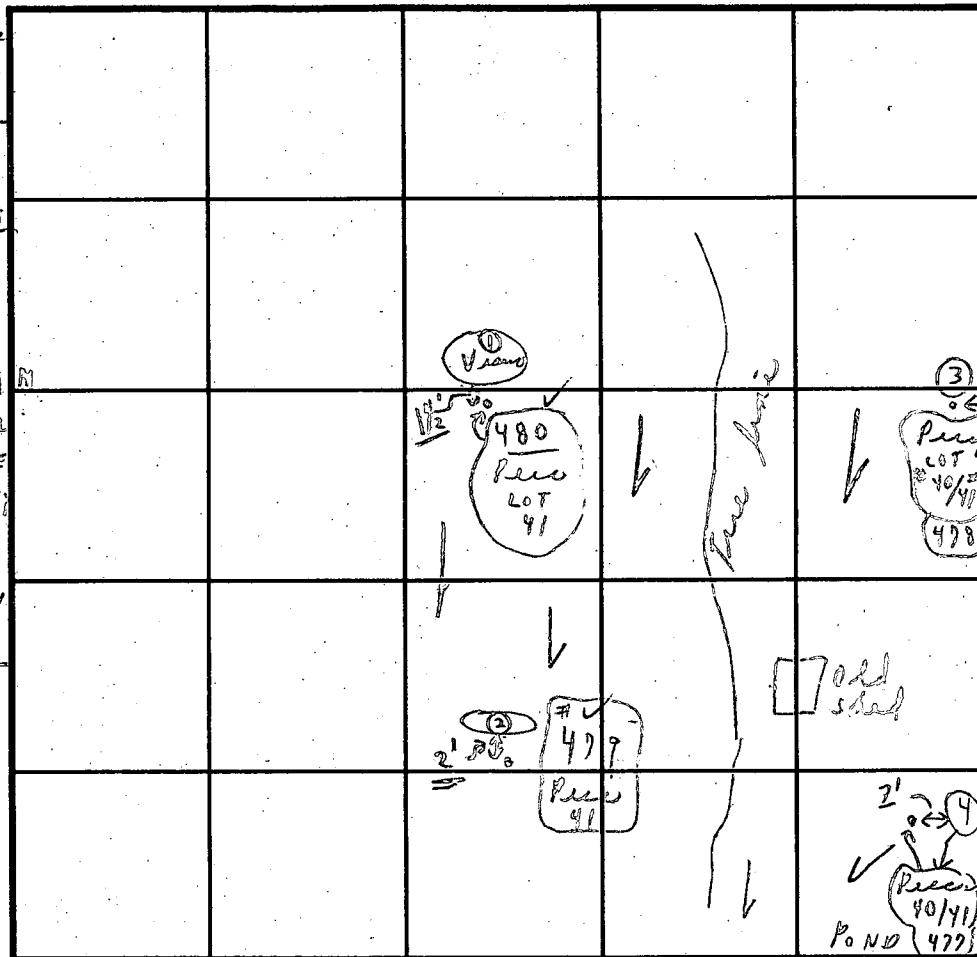
COUNTY #

SOIL PROFILE

Hole # ①

to 6 1/2' ±
Clay
6 1/2' ±
LOAM
13' DRY

Hole # ④
0 7/8
4'
4 1/2'
12'
LOAM
ALL THE WAY
DRY
12'



SOIL PROFILE

Hole # ⑤
Pole Barn
Dry for
0-6'
Clay
6 1/2'
12'-10"
Loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rx 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/25/93	①	0'-6"	1/2' Clay				
	#480	13' 6 1/2"	90% ± Loam	(10% ± sandstone)			
	②	4'	12:52	12:54	12:54	12:59	5 min
	#479	9'	(6' down 50%)	old crumbly sandstone			only 9'
40/41	③	3 1/2'	1:08	1:12	1:12	1:18	6 min
	#478	2' Test, 9"	1:09	1:10 15% sol	85% loam	both crumbly	2 mixed sandstone
	④	4"	1:20	1:24	1:24	1:29	5 min
	#477	12'		Loam	all the way		
	⑥	4' pt	1:43	1:51	1:51	2:07	16 min
	#476	11'-8"	Loam	5% ± sandstone		95% Loam	

REMARKS: 1/25 Tests near old house (south side)
 TYPE OF SOIL: SHALLOW SYSTEM ONLY
 TESTED BY: C.R.A. ALSO PRESENT: OK #4 deal
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____
 (Hole #6 in front yard)

#2
0 to 4'
Clay
4' to 9' only
9'
#3
0 7/8 to 3 1/2'
Clay
3 1/2' to
(85% LOAM)
15%
Kotten
Crumbly
Sandstone
Solids
9'

Im
Eggs
Hole #4
7 1/2'
Sol
Pore 475
Lot 40
Hole #5
#5 test
Pore
Lot 40
#475

EMERGENCY/TEMP NO. IF ANY

B 1 **8235** 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
H0-94-1079
 70 fill in this form completely 79

Date Received (APA) **030697** OWNER INFORMATION
SELFRIDGE BUILDERS
 15 Last Name 34 Owner First Name
14045 BARRED DR
 36 Street or RFD 55
GLENWOOD **MD 21738**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
WESTFRIENDSHIP EST. SUBDIVISION
 SECTION **1** LOT **40**
WESTFRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION CIRCLE: MSD MGD/MWD
Ralph MAYNE 116
 77 License No. 80
 Driller's Name
Ralph MAYNE well Drilling
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 3/4/97
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

FOX VALLEY DR. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **30** FT OR MI
 ENTER FT OR MI **FT**
 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 13-A49023
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED **03/18/97** INSERT S
CO SIGNATURE **3/18/98** EXP. DATE
 NORTH GRID **428000** EAST GRID **0806000**

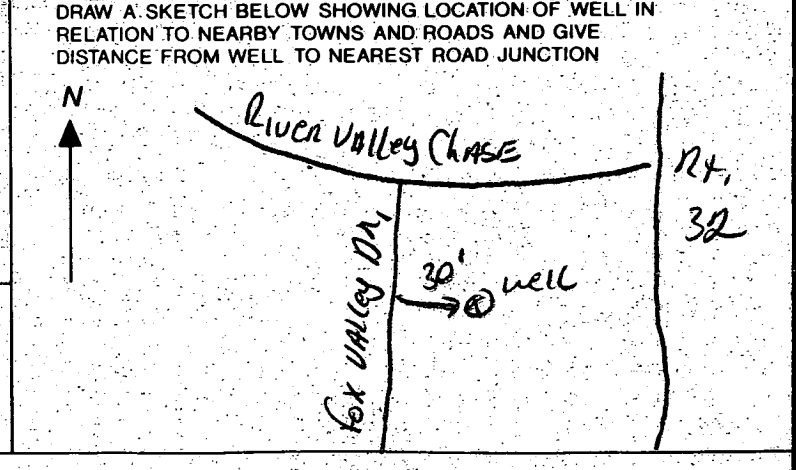
APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

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

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____
 FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **H0-94-1079**

DRIVEWAY CULVERT PROFILE - DRIVEWAY CULVERT PROFILE - DRIVEWAY CULVERT PROFILE

LOT 38

LOT 39

LOT 40

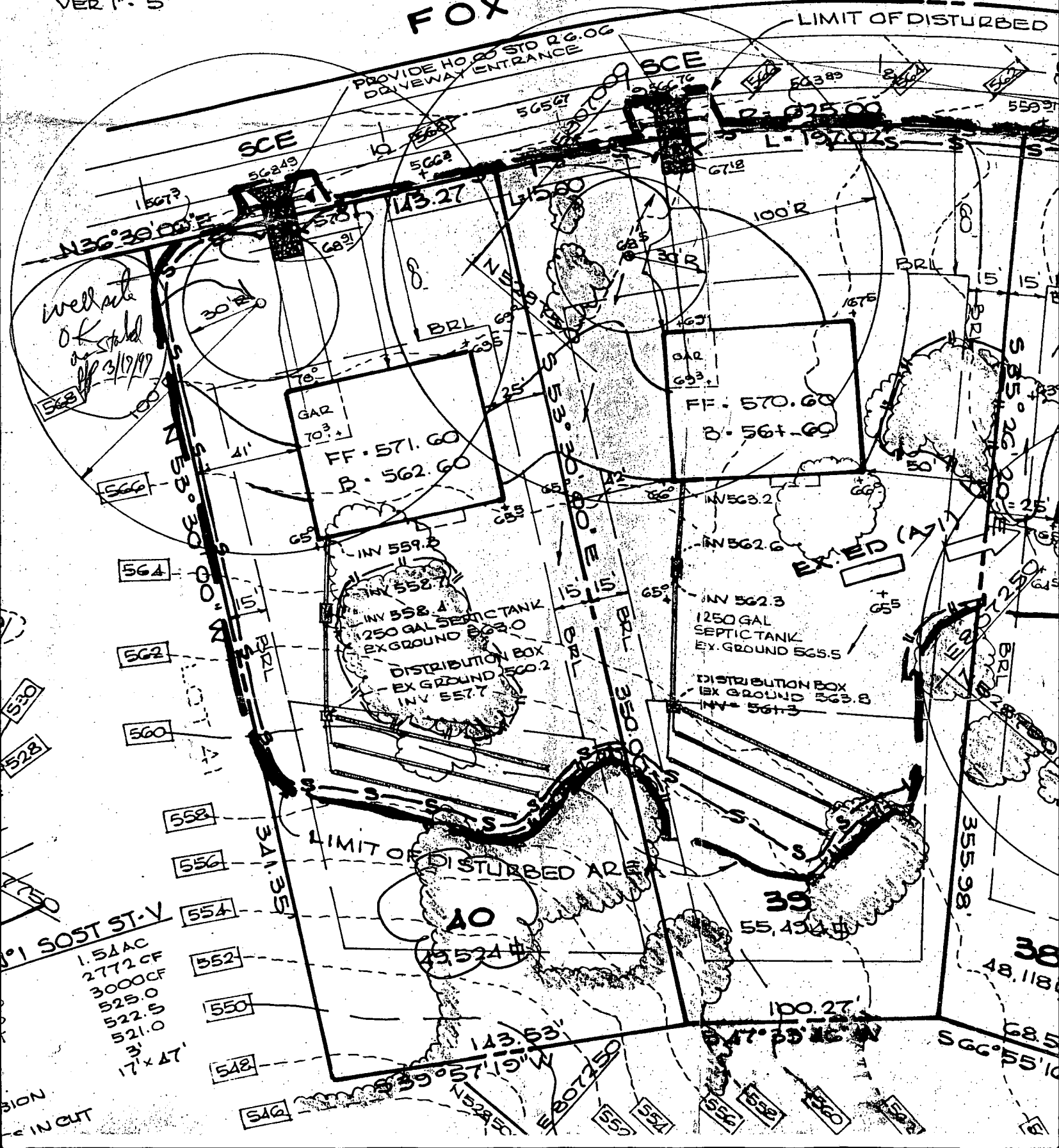
WESTFRIENDSHIP ESTATES

SECTION I, Lot 40 VALLEY DRIVE

FOX

PROFILE SCALES

HOR 1" = 50'
VER 1" = 5'



well site
of st. 13/17/19

LIMIT OF DISTURBED AREA

EX. ED. (A)

1.51 AC
2772 CF
3000 CF
525.0
522.5
521.0
3'
17' x 47'

SECTION
IN CUT

B 1 **2448** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0685**
70 fill in this form completely 79

Date Received (APA) **09/13/95** OWNER INFORMATION
S **E** **L** **F** **R** **I** **D** **G** **E** **J** **A** **M** **E**
15 Last Name 8 13 Owner 34 First Name
8 **1** **3** **1** **D** **O** **R** **S** **E** **R** **O** **U** **N** **R** **O**
36 Street or RFD 55
J **E** **S** **S** **U** **P** **M** **O** **2** **0** **7** **9** **4**
57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
 Driller's Name **Joseph L. Mayne** **24**
77 License No. 80
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy 21771**
 Signature **Joseph L. Mayne** Date **9/13/95**

B-2 WELL INFORMATION
 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
 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 **300** FEET
24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
30 37
 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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER **G A P**
54 63
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-0685**
67 68 70 71 72 73 74 75 76 77 78 79

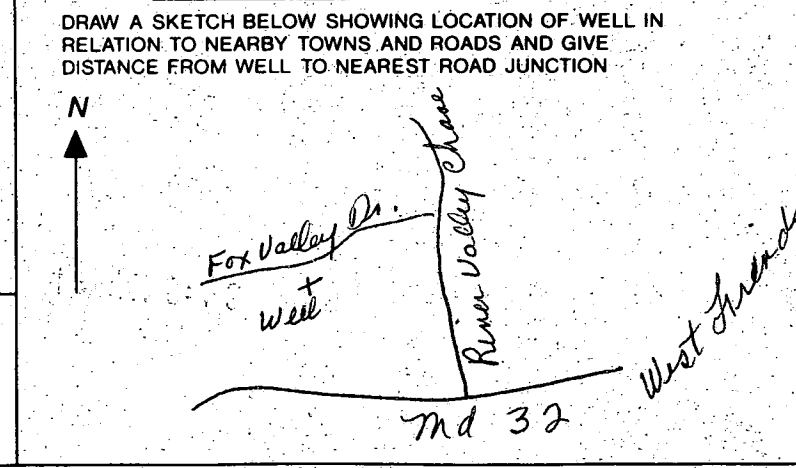
SPECIAL CONDITIONS

B 3 LOCATION OF WELL
H **O** **W** **A** **R** **D**
8 COUNTY 21
W **E** **S** **T** **F** **R** **I** **E** **N** **D** **S** **H** **I** **P** **E** **S** **T**
23 SUBDIVISION 42
 SECTION **44** **46** LOT **48** **50**
W **E** **S** **T** **F** **R** **I** **E** **N** **D** **S** **H** **I** **P**
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** **M** **I**
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Fox Valley Dr.**
11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
 DISTANCE FROM ROAD **30**
 ENTER FT OR MI **FT**
38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard CO **A49023**
COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **092995** **A. McMullen** **9-29-96**
43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **528000** EAST GRID **806000**
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 **806**
 N **528**
000 000



NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

VALLEY DRIVE

FOX

15" CMP 16 GA
@ 3.0%
LOWER

LIMIT OF DISTURBED AREA

WAY CULVERT
OWER

PROVIDE HO. STD R.G. OG
DRIVEWAY ENTRANCE

SCE

SCE

SCE

56249

N 36° 30' 00" E

143.27

30'R

570

71°

72°

72°

44

Gar. 72

HATHAWAY

FF 573.6

B 564.6

11V = 560.4

INV 559.2

1250 GAL SEPTIC TANK

EX GROUND 563.0

DISTRIBUTION BOX

EX GROUND 560.2

INV 558.2

15' 15'

BR 350.0

LIMIT OF DISTURBED AREA

40

55.524

143.53

N 52° 50' 19" W

839.07

17x47

516

518

520

522

524

526

528

530

532

534

536

538

540

542

544

546

548

550

552

554

556

558

560

562

564

566

568

570

Howard County Health Department
Sanitary Engineer
Signature
Date

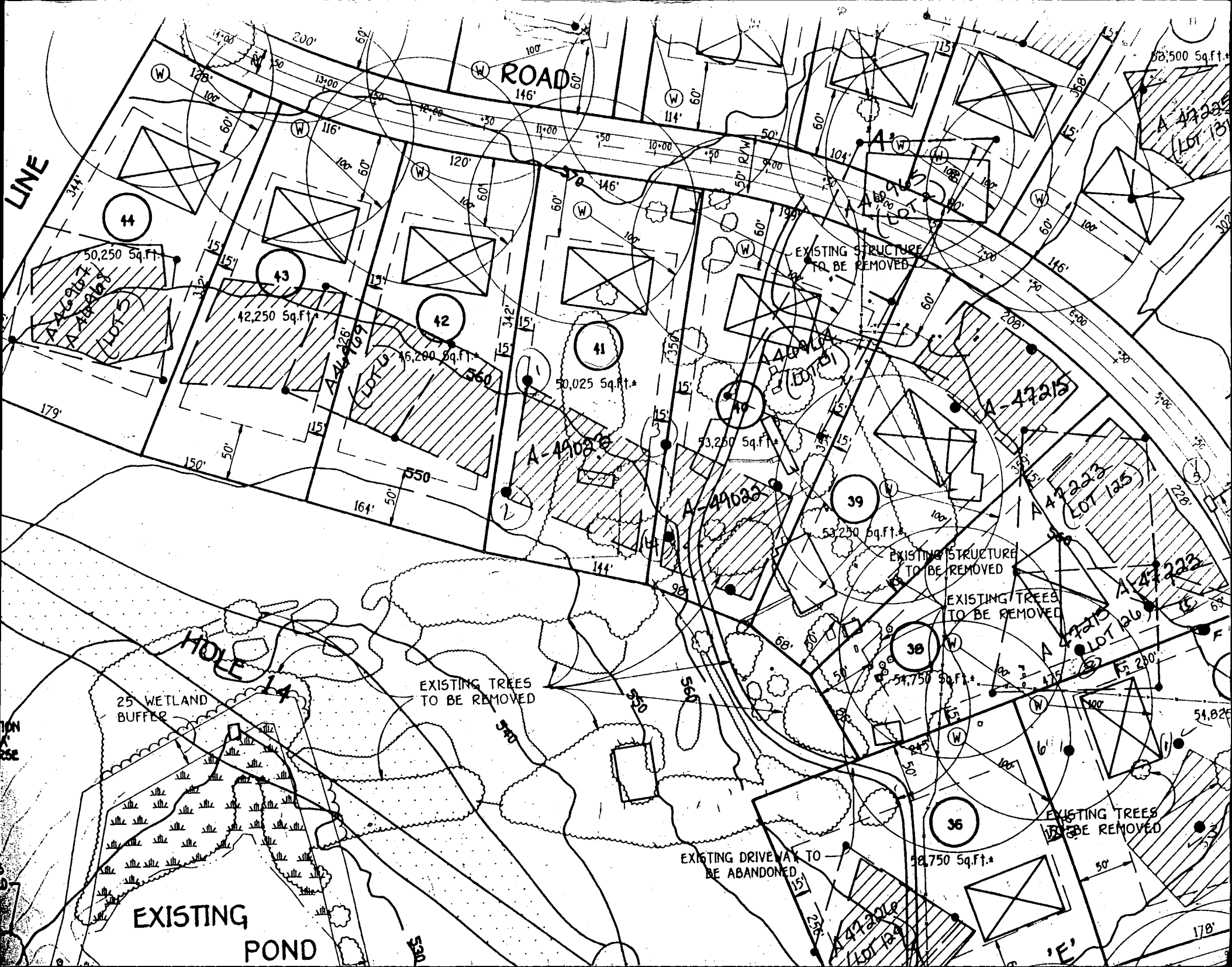
ENGINEER'S CERTIFICATE



CLARK •
ENG

7135 MINSTREL WAY • COLUMBIA, MO 65205





ROAD
146'

LINE

44

43

42

41

40

39

38

36

25 WETLAND
BUFFER

EXISTING
POND

HOLE

EXISTING TREES
TO BE REMOVED

EXISTING STRUCTURE
TO BE REMOVED

EXISTING STRUCTURE
TO BE REMOVED

EXISTING TREES
TO BE REMOVED

EXISTING DRIVEWAY TO
BE ABANDONED

EXISTING TREES
TO BE REMOVED

50,500 Sq.Ft.
A-47228
(LOT 131)

A-47215

A-47223
(LOT 125)

A-47222
(LOT 126)

A-47214
(LOT 121)

A-47218

A-47221

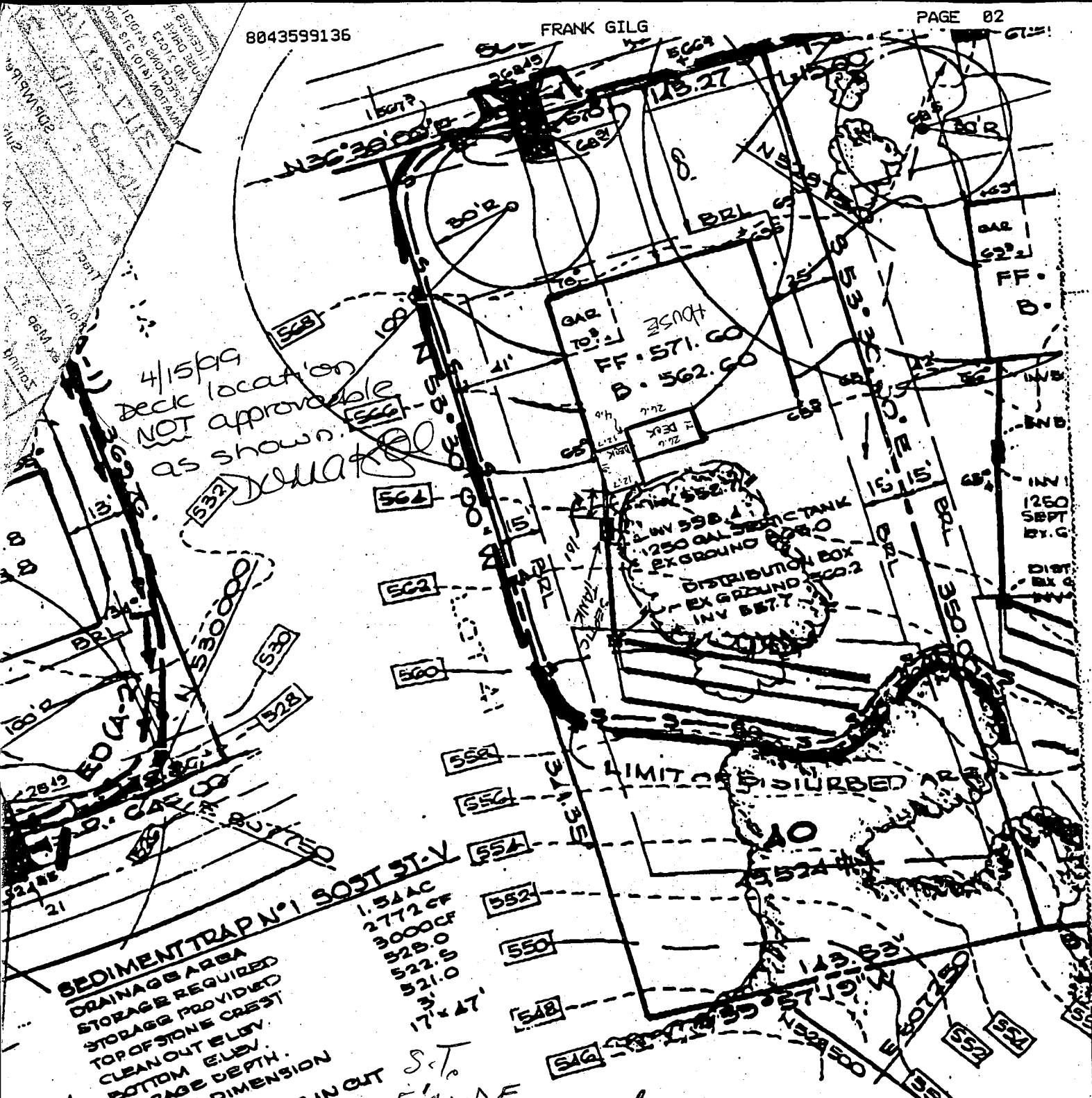
A-47216
(LOT 124)

'E'

178'

NON
USE

UES



4/15/99
Deck location
NOT APPROVABLE
as shown.

SEDIMENT TRAP N°1
 DRAINAGE AREA
 STORAGE REQUIRED
 STORAGE PROVIDED
 TOP OF STONE CREST
 CLEAN OUT ELEV.
 BOTTOM ELEV.
 STORAGE DEPTH
 BOTTOM DIMENSION
 1:1 SIDE SLOPES IN CUT

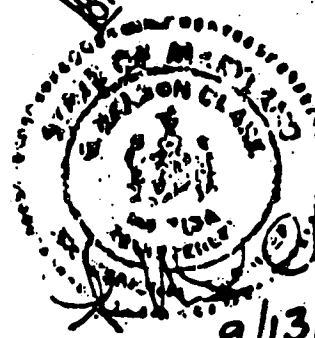
1.54 AC
 2772 CF
 3000 CF
 528.0
 522.0
 521.0
 17' x 27'

S.T.
 5' WIDE

D. J. C.P.F.

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.



9/13/

4/30/99
 SIGNED DECK PERMIT ON O. KETTERMAN'S COMMITMENT TO DO ANY S.T. ADJUSTMENT AS NEEDED

(Handwritten signature)

May 4, 1999

David Jaffa
3117 Fox Valley Drive
West Friendship, MD 21794

RE: Septic tank location
relative to proposed deck
Building Permit B00117319
West Friendship Estates, Lot 40
3117 Fox Valley Drive

Dear Mr. Jaffa:

On May 3, 1999, a inspection was conducted at the referenced property to confirm and evaluate the location of the installed septic tank relative to the proposed deck. On that date, the septic tank cleanout was observed to be three feet from the location of the proposed deck. Based on manufacturer's data, the septic tank is 30 inches wide on either side of the septic tank cleanout. This would indicate the edge of the buried tank is one foot from the edge of the proposed deck.

The one-foot separation distance between the septic tank and the proposed deck is insufficient to allow suitable room for possible future excavation and repair of the septic tank. This office accepts the offer of your agent, Olen Ketterman, to move the septic tank in such necessary circumstances.

This septic tank relocation requires a septic system repair permit (\$25 fee) and a suitable request for inspection. Please have your contractor contact this office promptly to allow preparation of the septic system repair permit.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin
Water and Sewerage Program

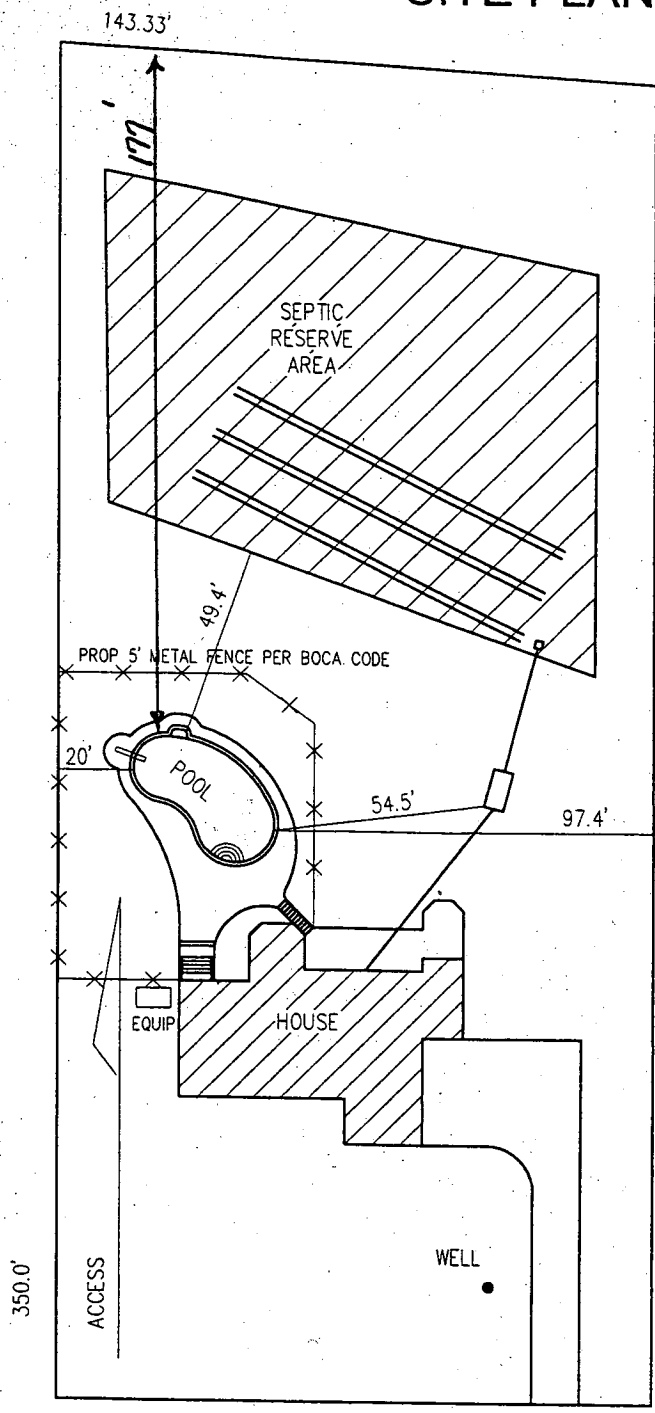
MR

cc: Taurus Enterprises, Inc.
K & K Excavating

5/4/99 PER CW, CONTRACTOR
TO REDESIGN DECK
LETTER NOT SENT (MR)

SITE PLAN

49023



SEPTIC AS SHOWN
POOL OK AS SHOWN
3/19/03 MR

FOX VALLEY DRIVE

SCALE: 1"=50'



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

800140749

Building Address 3117 FOX VALLEY DRIVE
West Friendship, Maryland 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 60210 Subdivision West Friendship ST.
 Section _____ Area _____ Lot 40
 Tax-Map 15 Parcel 42 Grid 16
 Zoning R1 Map Coordinates _____ Lot size 1.14 ACRES

Property Owner's Name DAVID & CLAUDIA JAFFA
 Address 3117 FOX VALLEY DRIVE
 City West Friendship State MD Zip Code 21794
 Home Phone (410) 442-0013 Work Phone (443) 745-1143
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use Same with pool
 Estimated Construction Cost \$ 21,500.00
 Description of Work REINFORCED CONCRETE
INGROUND POOL WITH DECK
POOL DELIVERED BY TRUCK, 20' WIDE BY 11' DEEP
3' TO 8' DEEP, 6' DIVING BOARD TOTAL S.F. = 708
250 LIN. FT. OF 60" HIGH METAL PICKET FENCE TO
 Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company ANTHONY & SYLVAN POOLS, INC.
 Contact Person GEORGE A. SCHWEICH
 Address 10840 GUILFORD ROAD Suite 547
ANNAPOLIS State MD Zip Code 20701
 License No. 19347
 Phone (301) 490-1930 Fax (410) 792-2818
 Engineer or Architect Company _____
 Contact Person N/A
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per 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 checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>INGROUND POOL</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <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 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 UPON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

GEORGE A. SCHWEICH
 Print Name
MARCH 19, 2003
 Date

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