

7/17/97  
10:00 (open trench)  
7/18/97  
7-21-97  
C.O. PM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX 313-2640

P 58543A

A 49062

DISTRICT 4th

DATE 6/27/97

DATE SYSTEM APPROVED 7/21/97

INSPECTOR DKS

J. Joseph Gartland IS PERMITTED TO INSTALL  ALTER

ADDRESS 1835 West Old Liberty Road Westminster, MD-21157 PHONE (410)875-2400

SUBDIVISION Walnut Springs LOT 16 ROAD 1251 Emmaus Road

PROPERTY OWNER Marshall Benjamin

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 135 feet down the left lot line and 10 feet off this same lot line. Run trenches on contour to right side of lot.

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

OK Km 5-21-97

PLANS APPROVED BY Mark Rifkin/Glen Savage REVISED DATE 5/15/97

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.

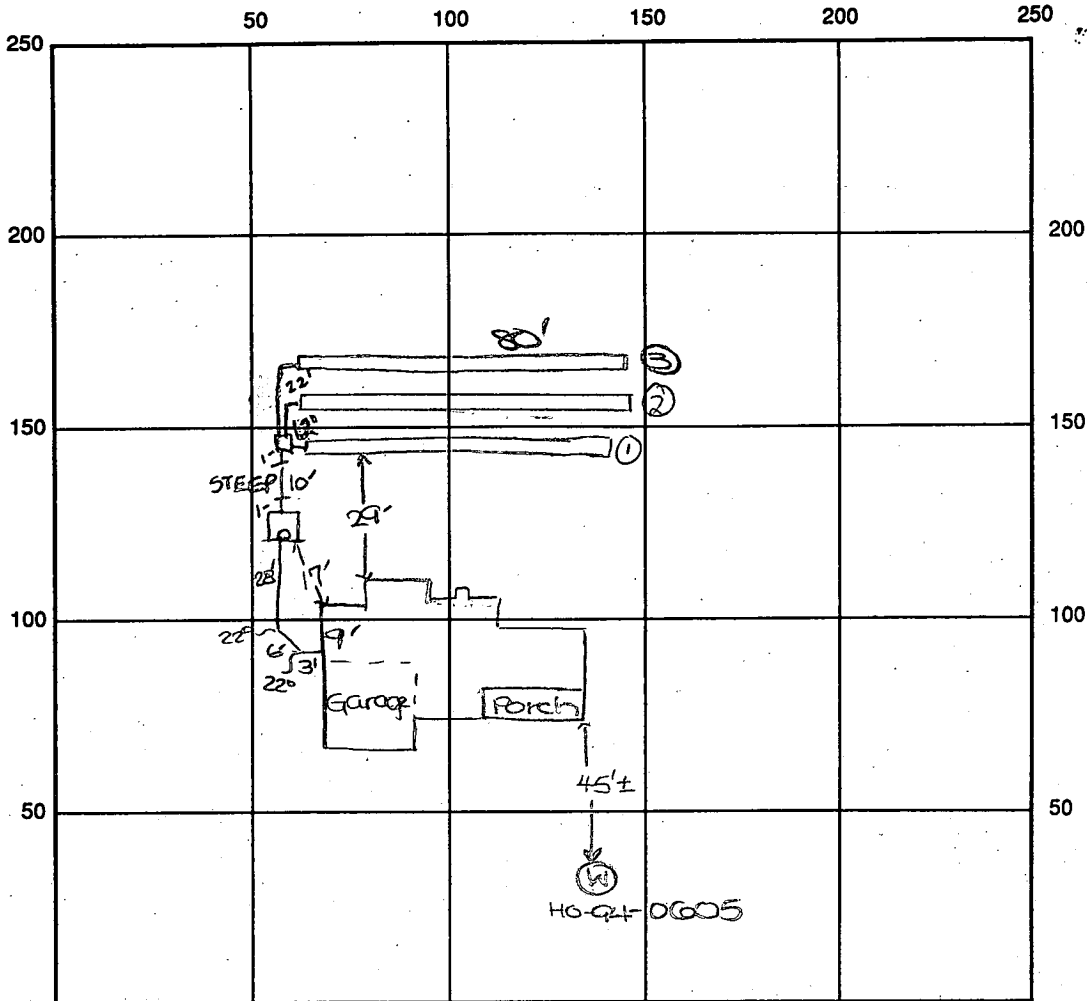
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

~~NO PERMIT~~  
~~AND RETURNED~~ 6-23-97  
Serial # B00119886  
deck

1/1/2003 B00139921 SCREENED PORCH

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

A  
49062



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Emmas Road

SEPTIC TANK LEVEL OK CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 240'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 7/17/97 OK to stone 1st trench and continue. DKS

7-18-97 WPI ok to cover well line, P.A. 4.0' below grade, casing 1.0' above grade, has 2 piece cap (KM)

7-18-97 house conn. made, ok to cover up to distribution box, leave ends of 2nd trench open (KM)

7/21/97 FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 7/21/97 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 49062  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 3/16/93

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 CHARLES SCHROEDER Marshall Benjamin  
ADDRESS 1245 MORRAN STATION RD PHONE 301 854 6217

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT NO. 16 on signed plat X ON PERC PLAT

ROAD AND DESCRIPTION EAST OF MORRAN STATION RD. SOUTH OF Rt. 70  
1251 Emmaus Road

TAX MAP 8 PARCEL # 313  
SIZE OF LOT ± 53,400 TYPE BLDG. SINGLE FAMILY  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERM. SIGNED  
~~AND RETURNED 3-15-93~~  
Lot # B10105591-4Bran

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] (Buener Assoc.)  
(SIGNATURE OF APPLICANT)

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_  
REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT - PERC OK MR 6/3/93

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

A 49062

COUNTY #

Lot 19  
SOIL PROFILE  
① ③ ⑤

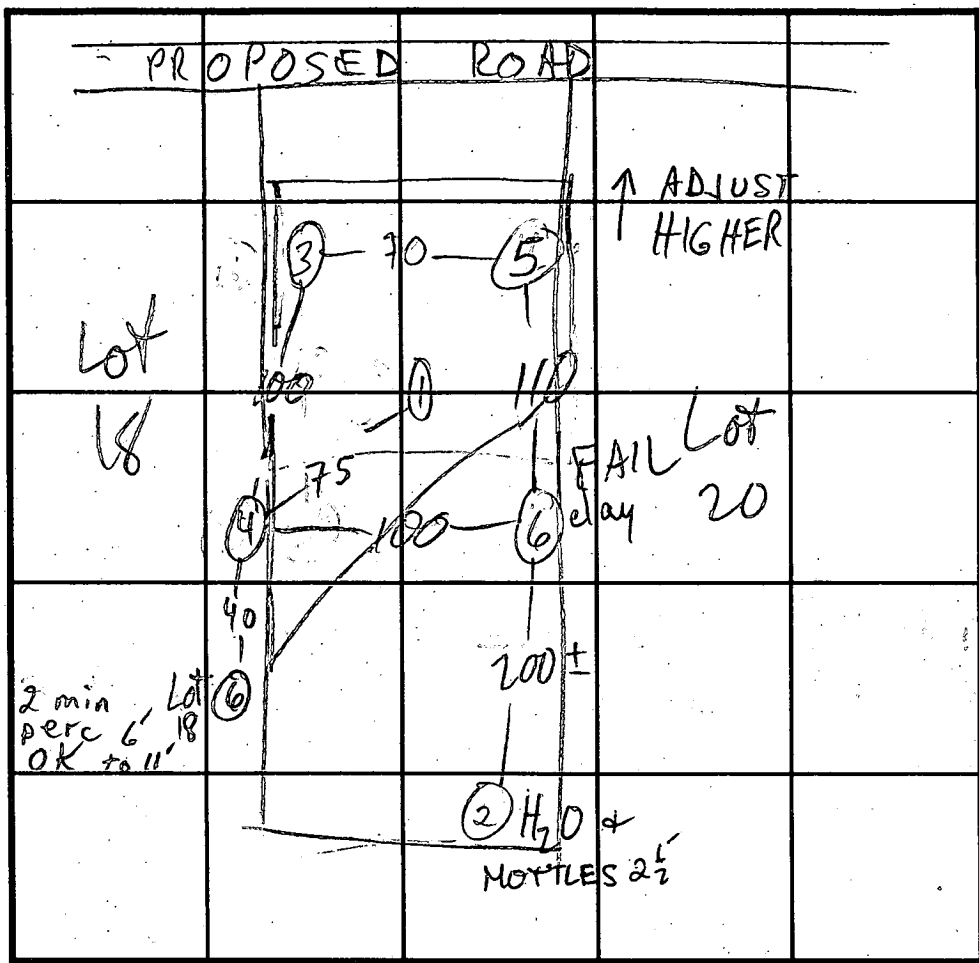
0' org red clay & cl 1 m  
2 1/2 - 3 1/2' red brn sal m  
5-10% frags

13 ②

brn clay

1 1/2' HEAVY MOTTLES  
3 WATER

⑥ red brn clay br clay patches w/ tan sal m 15-20% frags



SOIL PROFILE

0' ④  
org sal cl 1 m 2 1/2'  
brn red yel sal m 10% frags 1 1/2'  
30-35% black frags structured 12 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
PROPOSED ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/4/93	1 V	13	see	profile			
	2 V	4 1/2	H <sub>2</sub> O @	3'	FAIL		
5/13/93	3 S	3 1/2	10:35	10:45	10:45	11:00	15 EST
	3 V	13	see	profile	10% - 15% frags		
	4 S	3' 9"	11:17	11:21	11:21	11:25	4
	4 V	12 1/2	see	profile			
	5 S	4 1/2	2:50	2:59	2:59	3:23	24
	5 V	12 1/2	see	profile			
	6 S	4	2:53	3:14	3/4" RED 16		
	6 M	7	2:58	3:22	3:22	3:58	36
	6 S <sup>2</sup>	5	3:18	3:21	3:21	3:22	6
	6 V	13	see	profile			FAIL

REMARKS HOLE ② PER ORIG PLAN; HOLES ③-⑥ PER RED LINE PLAN

TYPE OF SOIL \_\_\_\_\_  
 TESTED BY M. R. Fkin ALSO PRESENT Jack crew, D. Blevins  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 17 TRENCH WIDTH 2  
 INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 8 1/2 SQ. FT./BEDROOM 2.40

13

<b>B 1</b>	<b>2434</b>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		70 <b>HO-94-0605</b> 79 fill in this form completely.		

**OWNER INFORMATION**

Date Received (APA) **071095**

**SCHROVER** **CHARLES**  
Last Name Owner First Name

**1245 MORGAN STATHURD**  
Street or RFD

**WOODBINE** **MD21299**  
Town 70 State 72 Zip 76

**DRILLER INFORMATION** MSD/MGD/MWD

**Joseph L. MAYNE** **24**  
Driller's Name 77 License No. 80

**Joseph L. MAYNE Well DRILLING**  
Firm Name

**5512 Ridge RD. Mt. Airy MD. 21771**  
Address

**Joseph L. Mayne** **7/10/95**  
Signature Date

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** **0** **0**  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5** **0** **0**  
14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

**P** PUBLIC OR PRIVATE WATER COMPANY. (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

**T** TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **3** **0** **0** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
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 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 \_\_\_\_\_

FORCE **112** WRITE INITIALS IN BOX PERMIT No. **HO-94-0605**

**SPECIAL CONDITIONS**

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

**LOCATION OF WELL**

**HOWARD**  
8 COUNTY

**WALNUT SPRINGS**  
23 SUBDIVISION 42

SECTION \_\_\_\_\_ LOT **16**

**LISBON**  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** **M** **I**  
73 76 77 78

**EMMAUS RD.**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**WEST**  **EAST**

DISTANCE FROM ROAD **20**  
34 37

ENTER FT OR MI **F** **T**  
38 39

TAX MAP: **8** BLK: **8** PARCEL **313**

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

**Howard** **A49067**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **072095** INSERT S \_\_\_\_\_  
43 48 CO-SIGNATURE **Mark E. Pillein** EXP. DATE **7/20/96**

NORTH GRID **546000** EAST GRID **078700**  
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

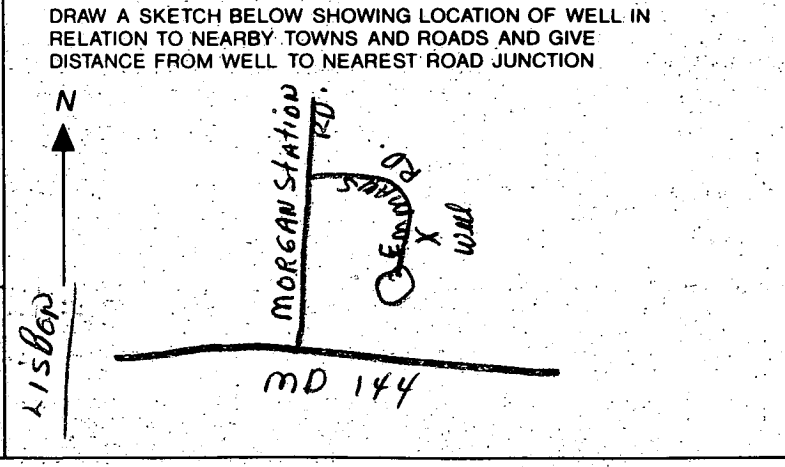
1. **well**

2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE.

**7887**  
**5466**



C1 2764

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 ALL CARDS)

COUNTY NUMBER A49062

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 073195

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0605

OWNER Schroyer Chas. STREET OR RFD Emmaus Rd TOWN Lisbon SUBDIVISION WALNUT SPRINGS SECTION LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (ICM), CEMENT (ICM), BENTONITE CLAY (BC), NO. OF BAGS 15, NO. OF POUNDS 1410, DEPTH OF GROUT SEAL 48 ft.

CASING RECORD: MAIN CASING TYPE (SF), Nominal diameter top (main) casing 6 inch, Total depth of main casing 53 ft.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph T. Mayne

LIC. NO. 27

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

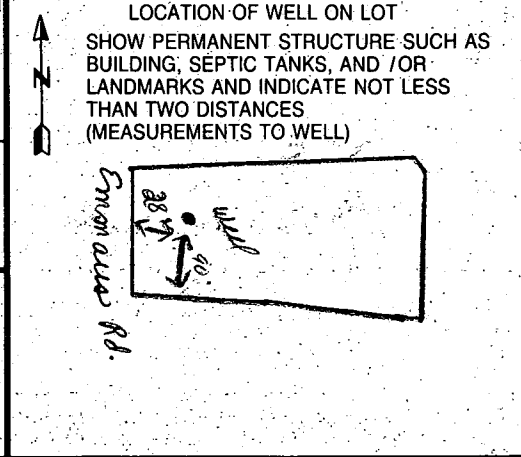
DEPTH (nearest ft.) 365, SLOT SIZE 1, DIAMETER OF SCREEN 56

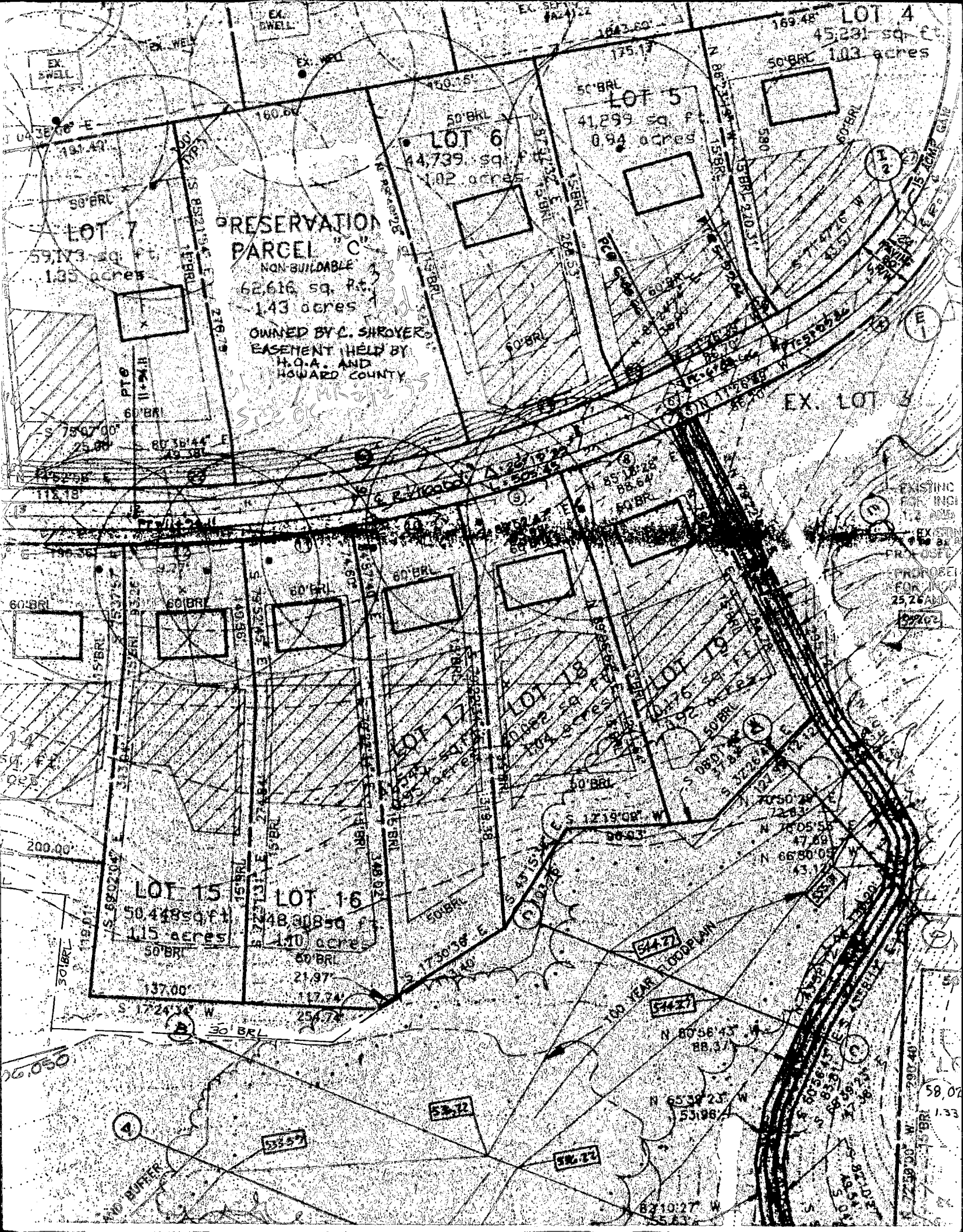
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 002.6, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 41 ft. BEFORE PUMPING, 29.5 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.)





LOT 4  
45,231 sq. ft.  
1.03 acres

LOT 6  
44,739 sq. ft.  
1.02 acres

LOT 5  
41,299 sq. ft.  
0.94 acres

LOT 7  
59,173 sq. ft.  
1.35 acres

RESERVATION  
PARCEL "C"  
NON-BUILDABLE  
62,616 sq. ft.  
1.43 acres

OWNED BY C. SHROYER  
EASEMENT HELD BY  
H.O.A. AND  
HOWARD COUNTY

LOT 15  
50,448 sq. ft.  
1.15 acres

LOT 16  
48,308 sq. ft.  
1.10 acre

LOT 17  
45,311 sq. ft.  
1.03 acres

LOT 18  
40,222 sq. ft.  
0.92 acres

LOT 19  
40,765 sq. ft.  
0.92 acres

EXISTING  
FOR INCL  
1.2 ACRES  
EXISTING  
FOR INCL  
25,226 AM  
5/2/02

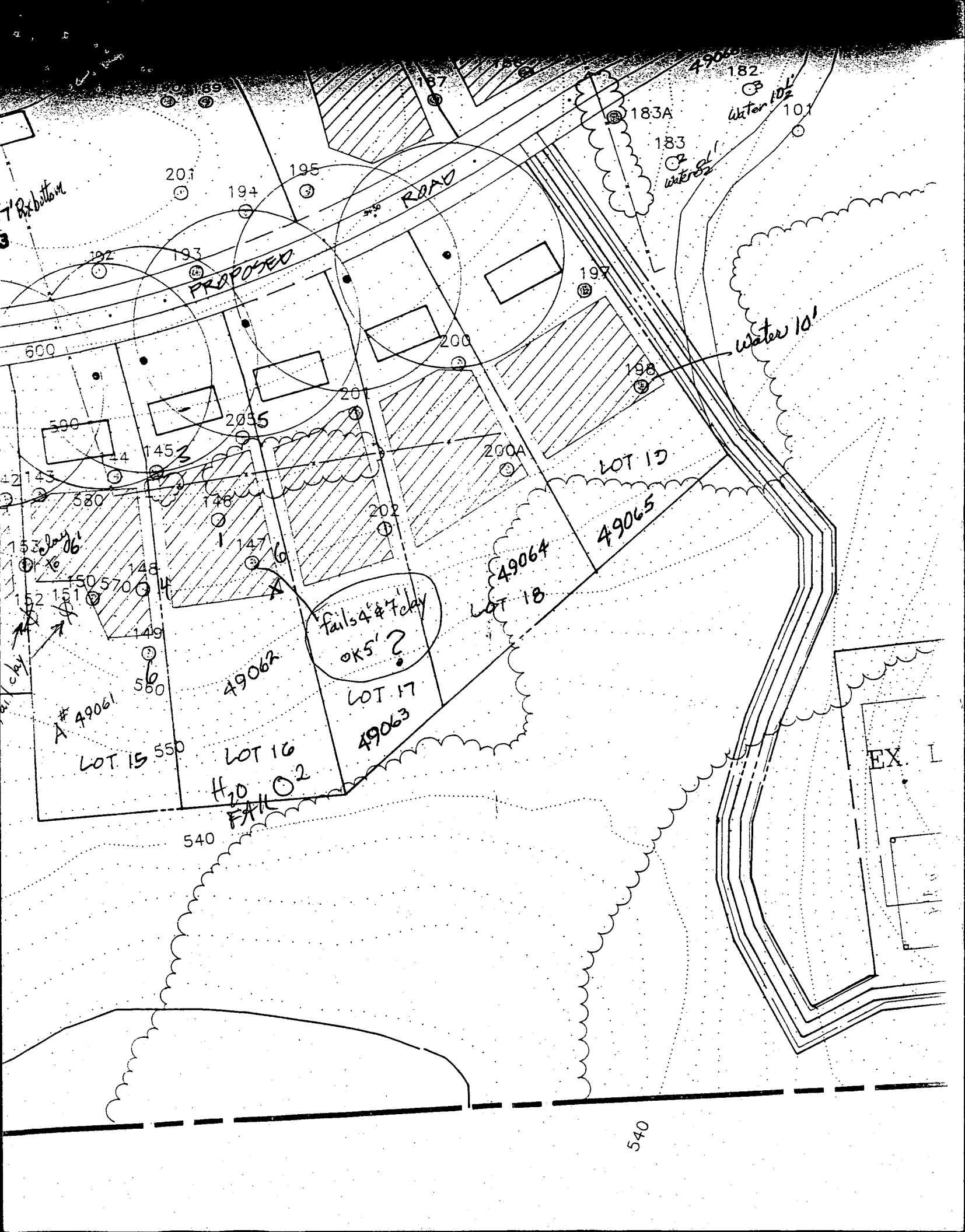
26.050

NO BUFFER

100 YEAR FLOODPLAIN

59.02  
1.33

EX. LOT 3



EMMAUS ROAD

NOTE: BY COPY OF THIS PLAN, THE HOWARD COUNTY DEPARTMENT OF HEALTH ACCEPTS THE MODIFICATIONS TO THE RECORDED SEWERAGE EASEMENT INDICATED HEREON.

*Handwritten signature*

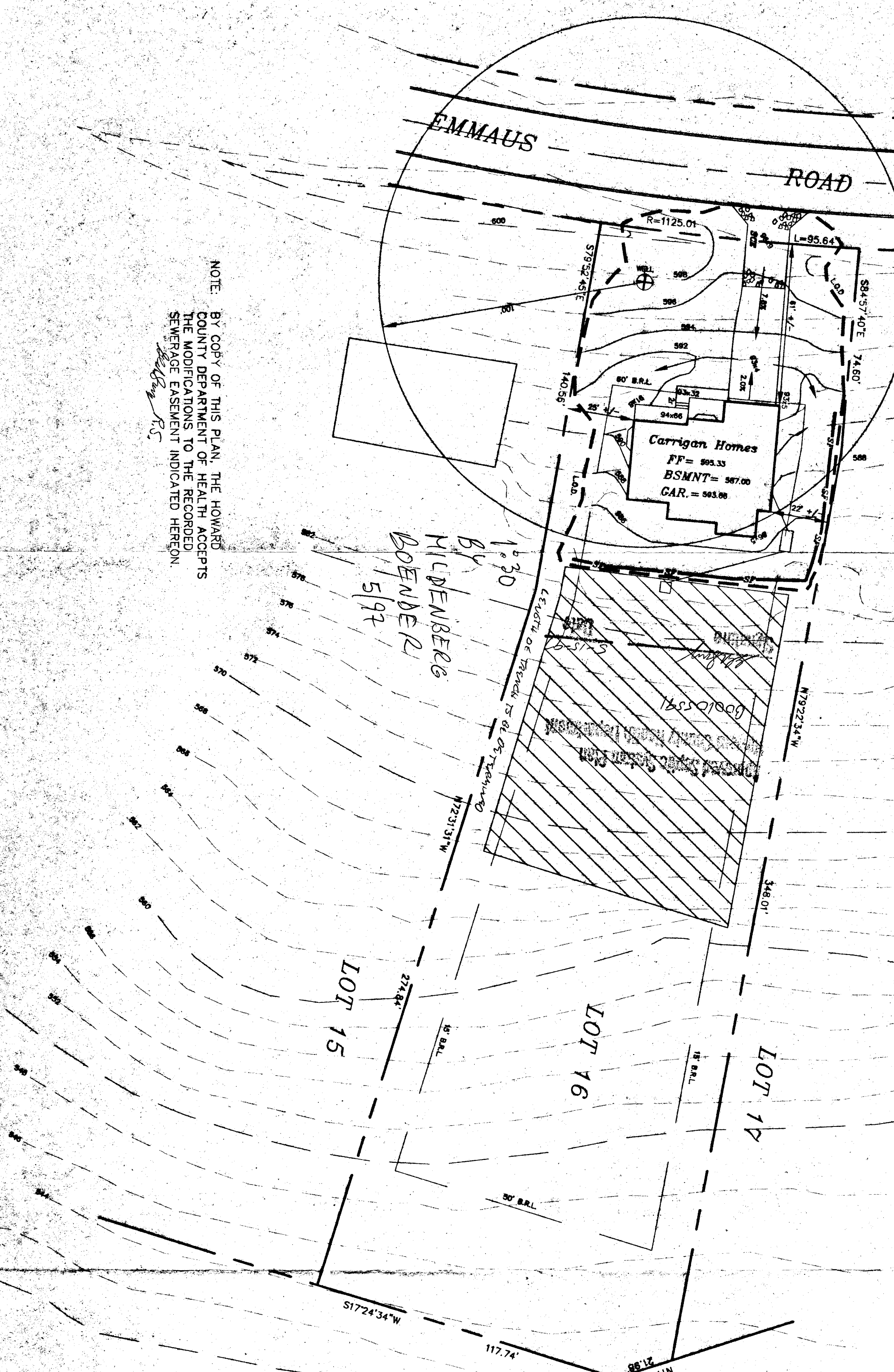
1030  
BY  
MILDENBERG  
BOENDER  
5/97

LOT 15

LOT 16

LOT 17

Carrigan Homes  
FF = 993.33  
BSMNT = 587.00  
GAR. = 593.00



II. For site  
III. For site  
I.

9

EMMAUS

ROAD

50.00'

R=1125.00'

L=97.66'

S 84°57'40" E

74.60'

APPROX. DOME

CONC. WALK & STOOP

2 STORY FRAME WITH WASHING MACHINE

CONC. PAD

12x18'

12x16

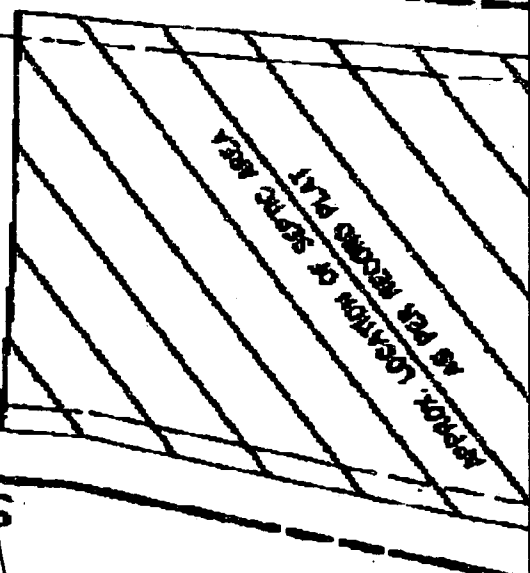
S 79°52'45" E 140.56'

LOT 15

LOT 17

RECEIVE JUN 23 1999

DECKS OK  
12' + TO  
SEWAGE ESMT.  
MR. 6/23/99



REPORT: LOCATION OF SEWER AREA  
1974 CHECKED BY [unclear]

LEGEND

O/H OVERHANG

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
 300118586

Building Address <u>1251 Emmus Rd</u> <u>Woodbine Md 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>19593</u> Census Tract <u>60410</u> Subdivision <u>Woodbine Springs</u> Section _____ Area _____ Lot <u>16</u> Tax Map <u>8</u> Parcel <u>313</u> Grid <u>2</u> Zoning <u>RC</u> Map Coordinates _____ Lot size <u>48,308 sq ft</u>	Property Owner's Name <u>MARSHALL BENJAMIN</u> Address <u>1251 Emmus Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>(410) 489-9270</u> Work Phone <u>328-5740</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>N/A - SFD</u> Proposed Use <u>Deck</u> Estimated Construction Cost \$ <u>8,000</u> Description of Work <u>490 sq ft Deck</u> <u>Dlevel: 12 x 100</u> <u>12 x 165</u>	Contractor Company <u>Custom Structures</u> Contact Person <u>Kevin Stokes</u> Address <u>10804 Forest Edge Pl.</u> City <u>New Market</u> State <u>MD</u> Zip Code <u>21774</u> License No. _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

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

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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

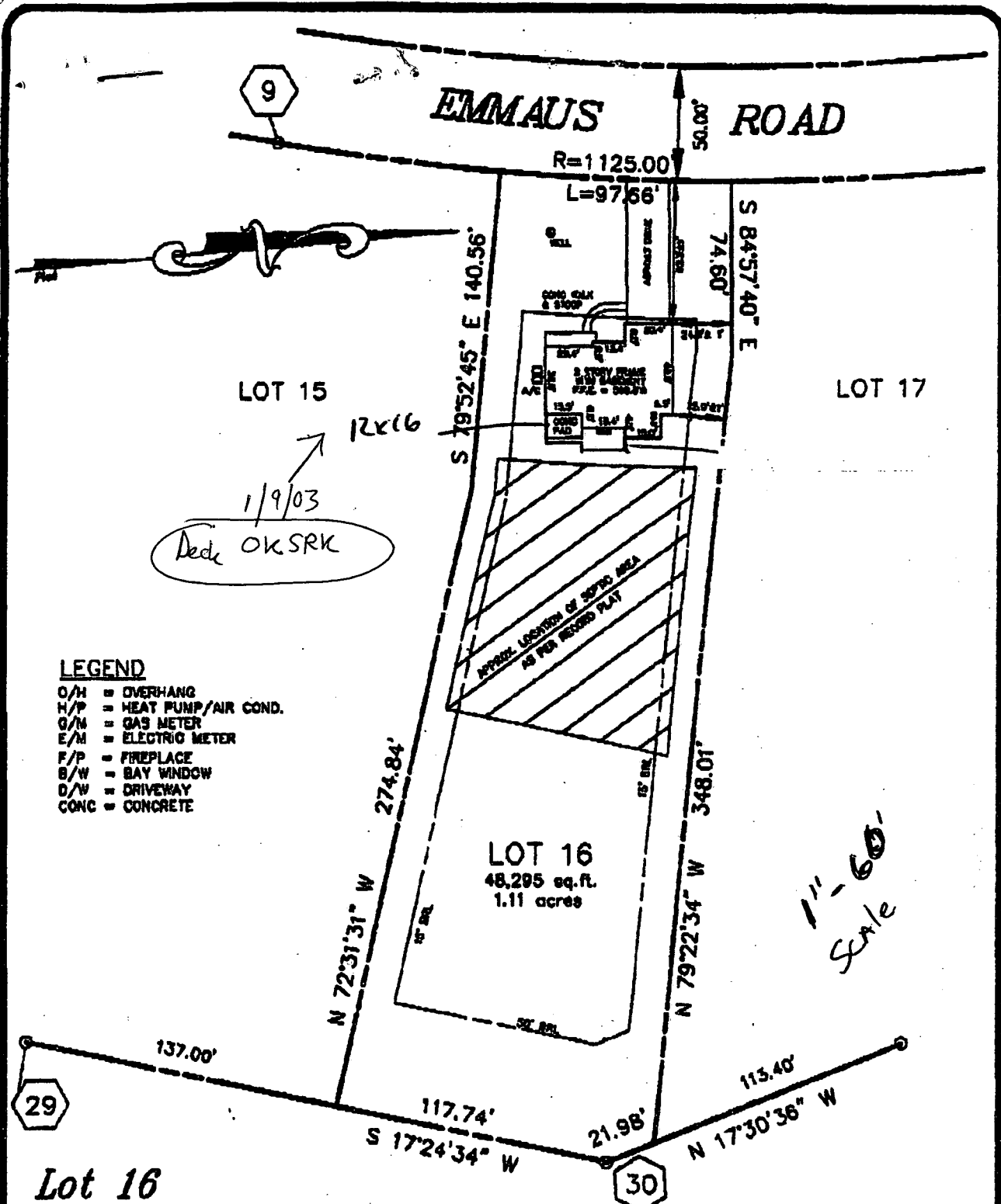
<u>Kevin Stokes</u> Applicant's Signature <u>Kevin Stokes</u> Title/Company	<u>Kevin Stokes</u> Print Name <u>6/23/99</u> Date
--	---

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 - FOR OFFICE USE ONLY -

<b>AGENCY</b> <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE</b> <u>6/23/99</u> <b>SIGNATURE APPROVAL</b> <u>[Signature]</u> <u>6/23/99</u> <u>Mark E. R. Klein</u>	<b>DEP SETBACK INFORMATION</b> Front: <u>30' Min</u> Rear: <u>5' Min</u> Side: <u>15' Min</u> Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	<b>PROPERTY ID#:</b> <u>29688</u> Filing fee \$ _____ Permit fee \$ <u>300</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ <u>300</u> Balance due \$ _____ Check # <u>1789</u> Validation # _____
--	---	--	---

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies:    White: Building Official    Green: LDD, DPZ    Yellow: DED, DPZ    Pink: Health    Gold: SHA



**LEGEND**

- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER
- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE

**Lot 16**  
**WALNUT SPRINGS**  
 Lots 4 through 19 & 21 through 24  
 And Preservation Parcel C

PLAT # 11823  
 ELECTION DISTRICT No. 4  
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

