

8-22-95
2:00 PM
8-23-95
10:30 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50837B

A 49276

DISTRICT _____

DATE 8-21-95

DATE SYSTEM APPROVED 8/23/95

INSPECTOR JS

OS-419743

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
461-9933 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 558-R Obrecht Road, Sykesville, MD 21784 PHONE 795-5674

SUBDIVISION Cortina Highland LOT 4 ROAD 13412 Green Hill Court

PROPERTY OWNER Dale Thompson Builders / Ted Meyerson

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS **BUILDING PERMIT SIGNED**

NUMBER OF BEDROOMS 4 **AND RETURNED**

180 SQUARE FEET PER BEDROOM 3-5-03 BOD140539-500 ROOM

LINEAR FEET OF TRENCH REQUIRED 140

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Septic tank and trenches to be installed higher than shown on plan. Contractor to request trench layout inspection prior to performing any excavation.

NOTES: - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/18/95 BKS

PLANS APPROVED BY Craig Williams DATE 7/17/95

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

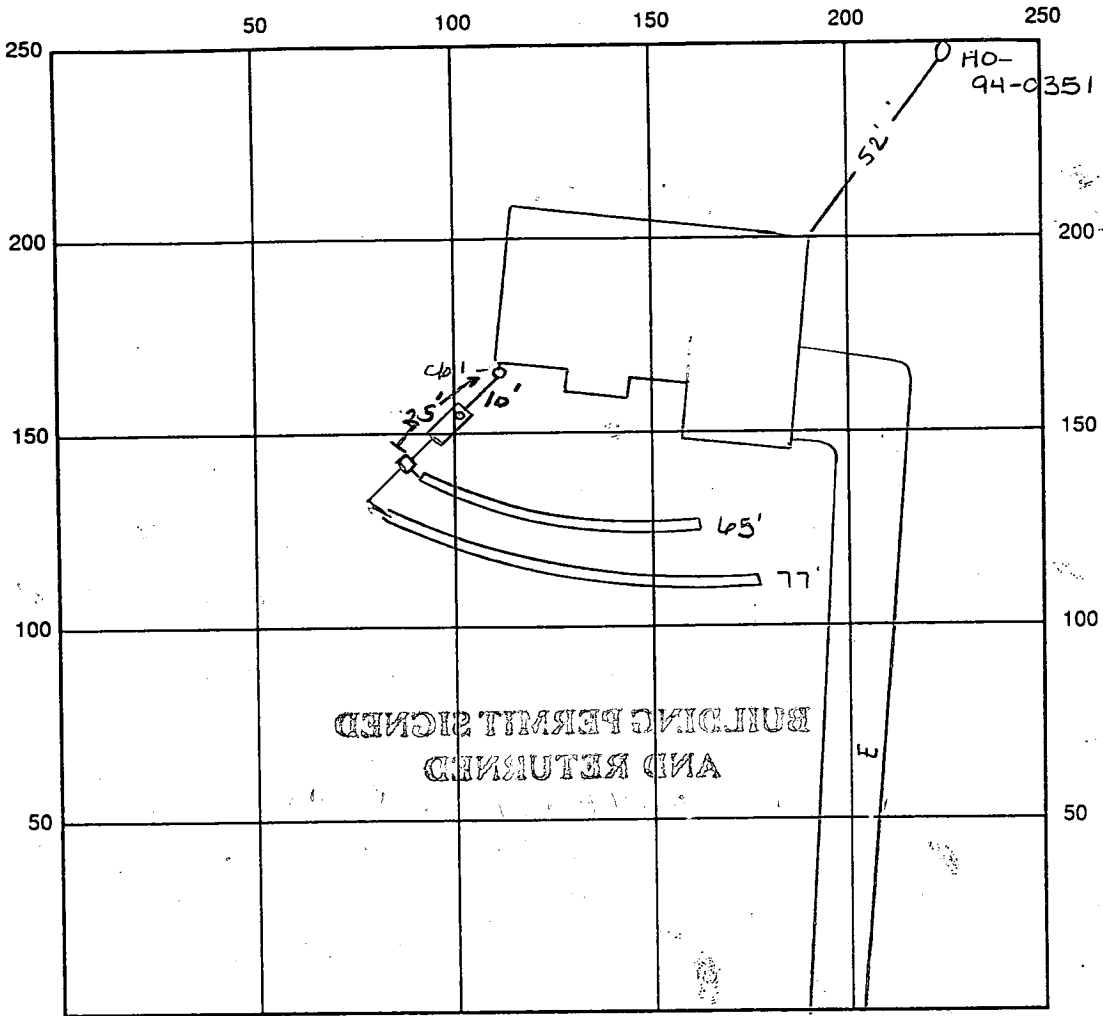
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

RECEIVED
8/23/95

BOD132215. Roof and screen over existing deck

A 49276

A-49276



8/23 WPI
 3' 6" AT HOUSE
 5' 6" AC WELL
 PIPELIT ADAPTER
 OK, 2 x CLAMM
 SLEVE + SEALS
 THROUGH WALL
 JS

BUILDING PERMIT SIGNED
 AND RETURNED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Green Hill Road

SEPTIC TANK LEVEL OK 1250 GAL CLEANOUTS clo #1 OK

DISTRIBUTION BOX LEVEL OK, BACKLE LEVELERS IN

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2' FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH ① 65' ② 77' = 142 FT.

NUMBER OF TRENCHES 2 ~~ONE~~ SIDEWALL/BOTTOM AREA 710 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 8-22-95 OK to stone both trenches Am 8/23/95 TRENCHES
COMPLETE, OK TO COVER ALL WORK JS 8/23 W.P.I. OK JS

DATE SYSTEM APPROVED 8/23/95 INSPECTOR Blair Savage

APPLICATION

PERCOLATION TESTING

A 49276

P _____

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

DISTRICT _____

DATE 5/26/93

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.

~~Estate of Vincent L. Vinella~~

PROPERTY OWNER Esther Remson, Personal Representative DALE Thompson Builders &

15517 Prince Frederick Way

ADDRESS | Silver Spring, MD 20906 PHONE (301) 598-2409

AGENT OR PROSPECTIVE BUYER Paul D. Remson

The Michael Companies, Inc.

ADDRESS 4390 Parliament Place PHONE (301) 459-1533

Suite A

PROPERTY LOCATION: Lanham, MD 20706

SUBDIVISION Vinella Property LOT NO. 4

ROAD AND DESCRIPTION Cortina Court and Mink Hollow (13412 GREEN HILL COURT)

TAX MAP 34 PARCEL # 59

BLDG. PERMIT SIGNED
AND RETURNED 5/22/95
Serial # 60454
Single Family - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 40,000 Sq. Ft. TYPE BLDG. _____

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.

Estate of Vincent L. Vinella
Esther Remson PR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 6/2/93 PERC OK HOLD FOR PLAT RTI

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 _____

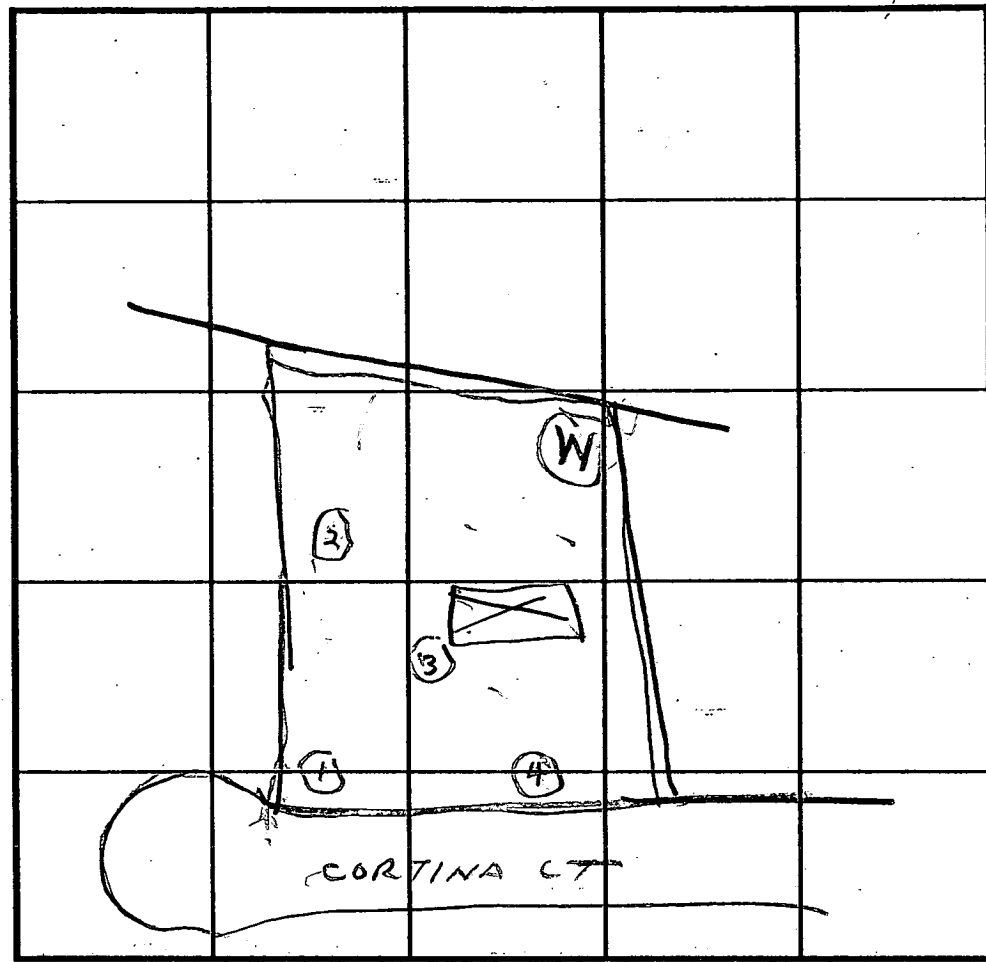
THIS IS NOT A PERMIT

15110 49276
COUNTY #

SOIL PROFILE
①
0' TOPSOIL CLAY
4' BROWN & WHITE SAND LOAM
12 1/2'

②
3' TOPSOIL CLAY
BROWN & WHITE SAND LOAM
12'

③
0' TOPSOIL BROWN CLAY
3 1/2' WHITE & BROWN SAND LOAM
13'

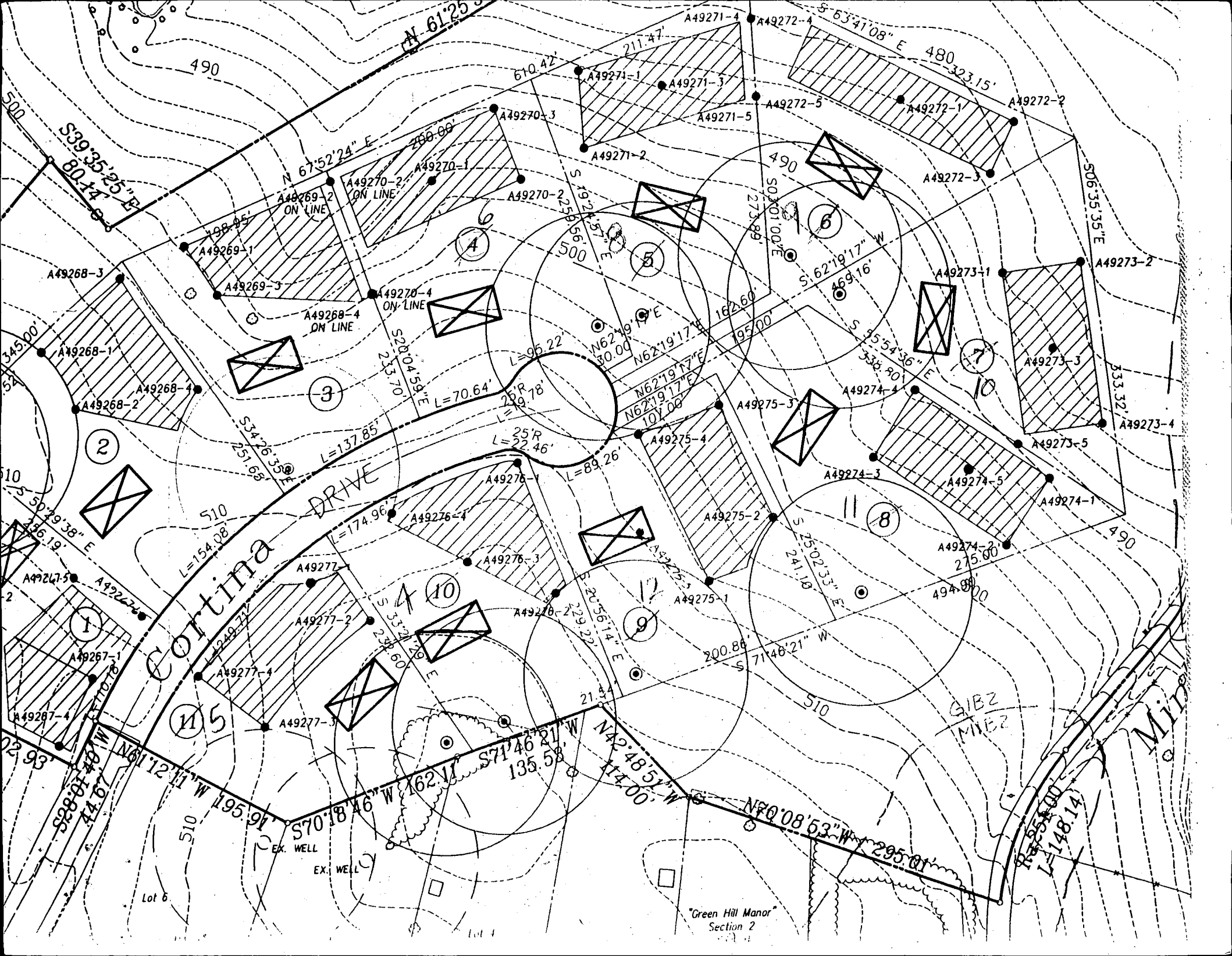


④
SOIL PROFILE
0' TOPSOIL BROWN CLAY
3' BROWN & WHITE SAND LOAM
12 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/1/93	1S 1V	4 12.5	1050 OK	1051	1051	1052	1
11	2S 2V	3.5 12	1052 OK	1053	1057	1055	2
11	3S 3V	3.5 13	1059	1100	1100	1102	2
11	4S 4V	4 12 1/2	1102	1103	1103	1105	2

REMARKS: Holes dug per Test plat
 TYPE OF SOIL: _____
 TESTED BY: R. Hodges ALSO PRESENT: ROBERT FROCKENBACH
BOB ENGINEER
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 2 TRENCH WIDTH: 2
 INLET DEPTH: 3 MAXIMUM BOTTOM DEPTH: 8 SQ. FT./BEDROOM: 180



Green Hill Manor
Section 2

Cortina Drive

GIBZ
MIEZ

MILB

$S 39^{\circ}35'25'' E$
 $80.14'$

$N 61^{\circ}25'35'' E$

$S 53^{\circ}41'08'' E$

490

480

510

510

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490

Lot 6

Lot 4

EX. WELL

EX. WELL

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LOT #4
40,000.00
1:20
50'

Existing Well

Lot 5
518 Cortina Highlands

Future Addition
16'x18'

Limits of Disturbance

30' to well

Abandoned Easement
(1065 SF)

1st Floor 5182
Bsm + 5010

1st Floor 5172

Garage
5172

516
100' to well

100' to well

* THIS SEPTIC LOCATION
VARIES SLIGHTLY FROM
PLAN ORIGINALLY SUBMITTED
TO HP OFFICE,
HP OFFICE NOT NOTIFIED OF
CHANGE SINCE HOUSE SITE
REMAINS UNCHANGED

SITEING REQUIRED AT TIME OF
INITIAL EXCAVATION - SOME
MODIFICATIONS TO TROUGH LOCATION
MAY BE REQUIRED

Add New
Easement

THIS

* INVENTS INCORPORATE
CONTRACTOR TO REQUEST
SITE INSPECTION PRIOR
TO PERFORMING ANY EXCAVATION

Approved Septic System Plan
Howard County Health Department
* INCLUDES ADJUSTMENT TO RECORDED
SEWAGE DISPOSAL EASEMENT

C. J. Miller
Signature
9/13/95
Date

GREEN HILL COURT

APPROVED SEPTIC SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

Signature _____ Date _____

GP 95-116

B 1	4407	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-99-0351 <small>70 fill in this form completely 79</small>
------------	-------------	-------------------------------	-------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

Date Received (APA)
020295

OWNER INFORMATION

SDC **GROUP**
15 Last Name 34 Owner First Name

8480 BALH. NATIONAL PK
36 Street or RFD 55

ELLICOTT CITY MD 21043
57 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 2/2/95
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 **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jetted & DRIVEN**

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

CABLE **REVerse-ROTary** **DRive-POINT**

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY. 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**

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-99-0351**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 3 **LOCATION OF WELL**

HOWARD
8 COUNTY 21

CORTINA HIGHLANDS
23 SUBDIVISION 42

SECTION **4** LOT **4**

HIGHLAND
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** MI

B 4

Cortina Dr.
11 NEAR WHAT ROAD 30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

206
34 DISTANCE FROM ROAD 37

ENTER FT OR MI **FF**
38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A-49276**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____

022295 **Thomas J. See** **2/22/96**
43 48, 80 SIGNATURE EXP. DATE

NORTH GRID **993000** EAST GRID **0770000**
50 55 57 63

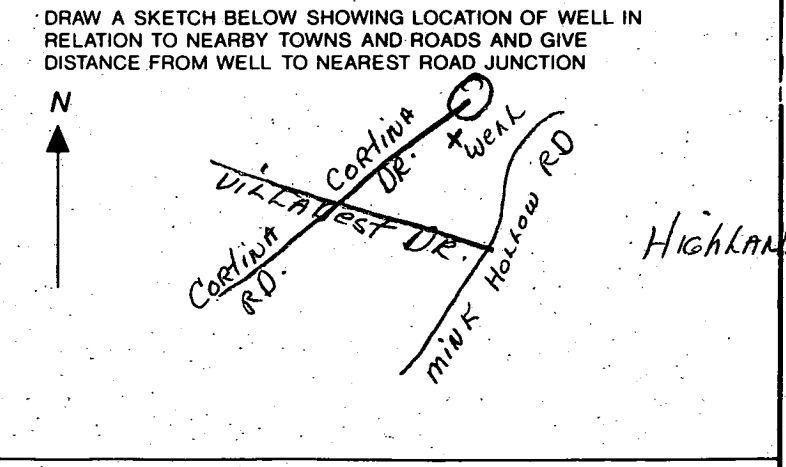
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

860770
4903



C1 3569

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 49276

DATE RECEIVED

DATE WELL COMPLETED 032095

DEPTH OF WELL 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-0351

OWNER SDC Group last name Cortina Drive first name TOWN Highland SUBDIVISION Cortina Highlands SECTION LOT 4

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY MICHA ROCK.

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections with checkboxes and input fields for materials, diameters, and depths.

PUMPING TEST section with input fields for hours pumped, rate, method used, water level, and pump type.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED. DRILLERS IDENT. NO. 24. DRILLERS SIGNATURE Larry Mayne.

DEPTH (nearest ft.) 83 325. SCREEN RECORD table. GRAVEL PACK section. MDE USE ONLY section.

PUMP INSTALLED section with YES/NO options. LOCATION OF WELL ON LOT section with handwritten note 'See attached well location'.

Continued

SDC GROUP

June 13, 1995

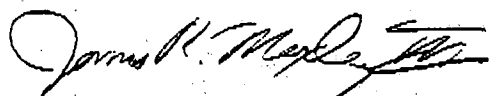
Mr. Glen Savage
Howard County Department of Health
3525 H Ellicott Mills Drive
Ellicott City, Maryland 21043

Dear Glen:

Please convert the five test wells for lots 1, 2, 3, 4, and 5 to production well status approvable for domestic water wells. These lots are currently recorded in the land records of Howard County as Plat No. 11765.

Please feel free to call if you need any additional information. Thank you for your attention to this matter.

Sincerely,



James R. Moxley, III

JRM/ecb

8-23-95
am WPI

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

8/23/95 WPI
H0940351 OK *ll*
SEE SEPTIC INSTALLATION DIAGRAM

LOT 4

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date _____
 Name of Installer Willoughby Plumbing Telephone 410-781-7051
 License Number 6992
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Dale Thompson Bhes Telephone 995-6736
 Subdivision CORONA HIGHLANDS Lot # 4 Well Tag # H0-94-0351
 Site Address 1342 GREEN HILL CRT.
HIGHLANDS, MD

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make JACUZZI
 3. Model # _____
 4. Capacity 5 GPM
 5. Pump exceeds well capacity Yes No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other torque

Motor
 1. Horsepower 3/4 HP
 2. RPM _____
 3. Voltage _____
 a. 110
 b. 220

Pitless Adapter
 1. Make HARVARD
 2. Model # _____
 3. Depth 4 FT

Tank
 1. Capacity H0941
 2. Pressure relief valve? YES

Piping
 1. Type CRESTLINE
 2. Size 1"
 3. NSF and/or BOCA Code approved YES
 4. Depth of supply line 4 FT

Well data
 1. Depth 340 ft.
 2. Yield 24 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? NO

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. Chris J. Willoughby

Date: _____

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

$110^{\circ}46'21''$
 $112.17'$

LOT #4
+10,000.00 S.F.

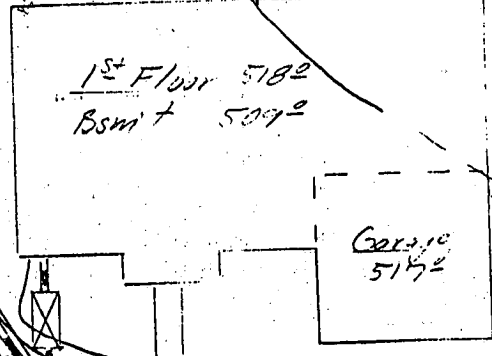
well

50' B.F.

$S20^{\circ}56'14'' E$
229.22'

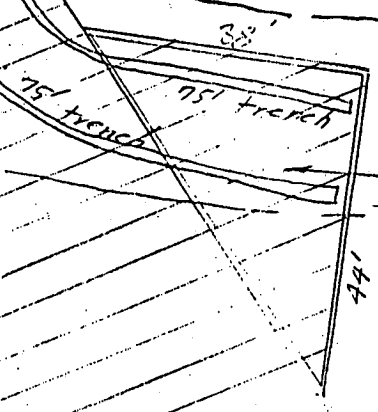
15' B.R.L.

Abandoned
Easement
704 S.F.



$S33^{\circ}21'29'' E$
232.60'

15' B.R.L.



Add New
Easement
836 S.F.

S.F.

S.F.

GREEN HILL COURT

— = L.O.D.

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00140539

Building Address 13412 Greenhill Ct
Highland Md 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 60514 Subdivision Highland
 Section _____ Area _____ Lot 1
 Tax Map 34 Parcel 59 Grid 20
 Zoning RR Map Coordinates 13 311 Lot size _____

Property Owner's Name Ted MURKINSON
 Address 13412 Greenhill Ct.
 City Highland State MD Zip Code 20777
 Home Phone 301-8512771 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use S.F.D.
 Proposed Use S.F.D. w/ SUN RM.
 Estimated Construction Cost \$ 20,000
 Description of Work 16x22 Sun Rm. CRAWL
Space / 2 pick front. ~~Remove existing~~ BASEMENT
LWT PUMP. and install new.

Contractor Company W.S. Padley Home Improv.
 Contact Person Scott
 Address 11344 Old Frederick Rd.
 City MD Army State MD Zip Code 21771
 License No. 23048
 Phone 410-411-1798 Fax _____

Occupant or Tenant Basement Entrance
 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

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: <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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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: <input type="checkbox"/> 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 _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ 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 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.

William S. Padley
 Applicant's Signature
WSP
 Title/Company
 (OK) MR 3/5/03

William S. Padley
 Print Name
3-5-03
 Date

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