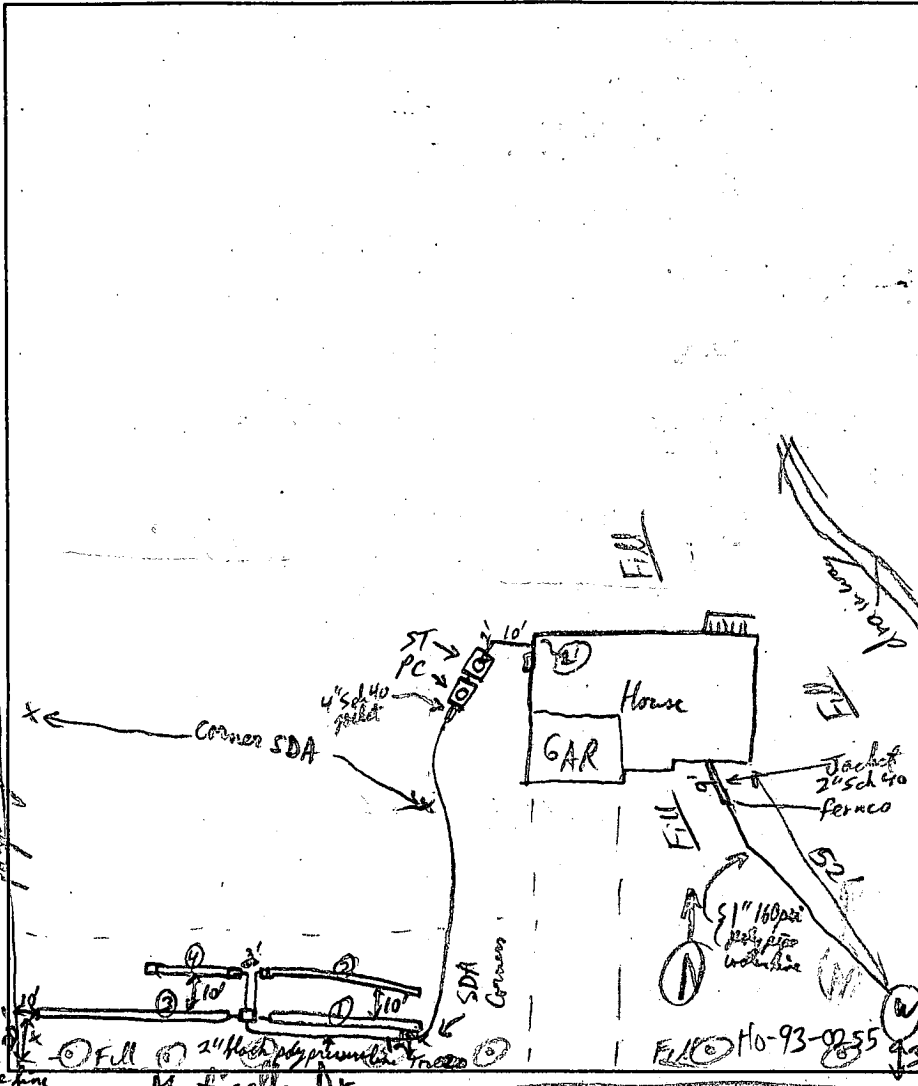




NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4 1/2' (2-2 1/2' P/c over over old 1" horizon)  
 TRENCH BOTTOM DEPTH 6 1/2' (4 ft over original ground level)  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4'  
 TOTAL TRENCH LENGTH 240 LF.  
 ABSORBENT AREA 720 sq ft  
 DISTRIBUTION BOX LEVEL ✓  
 BAFFLE IN DISTRIBUTION BOX No  
 down turn 90° elbow on pressure supply line OK

**SEPTIC TANK DATA**

SEPTIC TANK 1250 Top Sealed GALLONS  
 MANHOLE RISER 2 1/2' riser ✓ plastic cement to hold  
 6 INCH INSPECTION PORT ✓ inlet seals

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 gal Top Sealed  
 MANHOLE RISER 2' riser plastic cement to hold  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: OK to admit SDA offset from food to Miss Newly planted trees; OK

INSPECTION COMMENTS: to lay trenches parallel to road with supply line coming up thru center of SDA to catch dirt box, equal trench lengths both directions from db. Allow 5' extra for 4' full depth. Jack will excavate to find original grade (A horizon) and set trench depths as per specs of that. He'll also call to tell us if pump system will be needed or not. P/P 9/21/00 all trenches into good tan sandy loam soils, trenches finished & ready to cover, needs dirt box open for success test. House connection & septic tank, pump chamber, and pressure line OK to cover P/P 9/29/00

BUILDING PERMIT SIGNED

AND RETURNED

11/29/00 Pump syst. OK All

9/29/00 WPI 2 piece cap, PVC cement joints 3 ft below grade, allow depth OK @ 4 ft. P/P 9/29/00 (Keays Plumbing & Htg)

INSPECTOR Dan McNeil DATE SYSTEM APPROVED 11/29/00

Topsoiled Septic Tank required!!  
 Total linear feet of trench required 240 feet

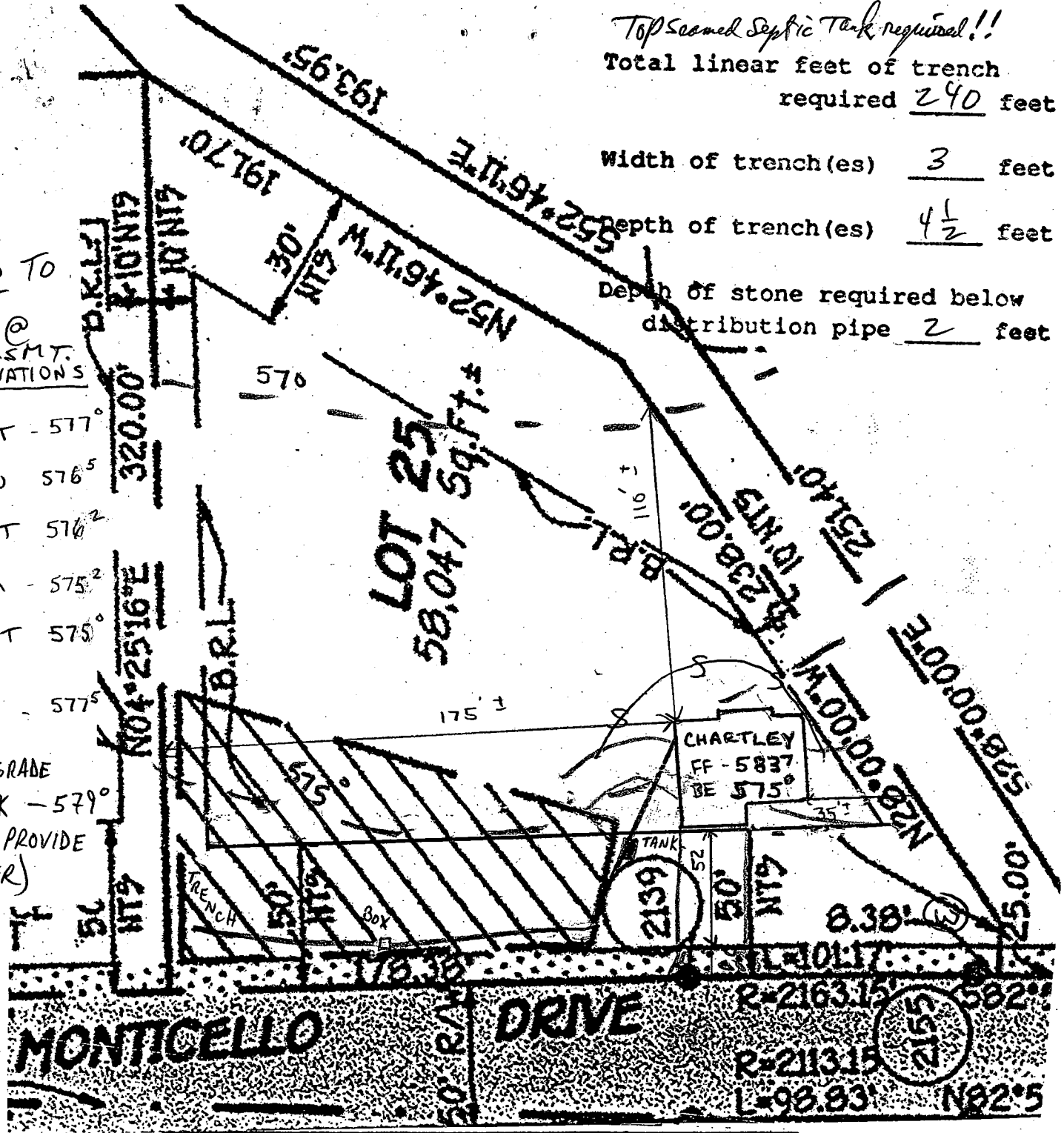
Width of trench(es) 3 feet

Depth of trench(es) 4 1/2 feet

Depth of stone required below distribution pipe 2 feet

BUILDER AGREED TO PREVENT GRADING @ SEWAGE ESMT. SEPTIC ELEVATIONS

- HOUSE OUT - 577°
- TANK IN 576°<sup>5</sup>
- TANK OUT 576°<sup>2</sup>
- Box in - 575°<sup>2</sup>
- Box OUT 575°
- EXISTING AT BOX 577°<sup>5</sup>
- FINISHED GRADE AT TANK - 579° (MIN. TO PROVIDE 18" COVER)



Approved Septic System Plan  
 Howard County Health Department

*Mark A. Allen*  
 Signature  
 8/2/00  
 Date

**HARLESS MANOR**  
 PHASE 2  
 LOT 25

(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE 1  
 PLAT Nos. 12025 AND 12026)

ZONING: 'RC-DEO'

TAX MAP No. 9 Part of PARCEL No. 9, GRID 19  
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 DATE: MARCH 16, 1996

0' 100' 200' 300'

Scale: 1" = 50'

Building Address 14000 Monticello Drive  
Loxsville, MD, 21723

Property Owner's Name Cornerstone Homes Inc  
 Address 9691 Norfolk Avenue  
 City Laurel, MD State MD Zip Code 20723

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-01-21

Census Tract 6040 Subdivision Harless Manor

Home Phone \_\_\_\_\_ Work Phone 792-2565  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Same

Section 2 Area \_\_\_\_\_ Lot 25

Tax Map 9 Parcel 9 Grd 19

Zoning R-100 Map Coordinates 4612 Lot size 1 Acre

Phone \_\_\_\_\_ Fax (410)792-2567

Existing Use Vacant lot

Proposed Use New S.F.D.

Estimated Construction Cost \$ 101,800

Description of Work Charley II - 2 story, full  
bamf, 9R, 2FB, 14B, 4BR, Garage, FP

Contractor Company Same as

Contact Person Owner

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Same as

Contact Name Owner

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Fisher, Collins, Carter

Contact Person Chuck Coiro

Address 10272 Backwoods Northwood Pike

City Ellicott City State MD Zip Code 21042

Phone (410)411-2855 Fax (410)750-3784

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	Depth: 1st floor: <u>44'</u> 2nd floor: <u>30'</u> Basement: <u>38'</u>	Width: <u>48'</u> <u>42'</u> <u>48'</u>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
State Certified Modular _____	Natural 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: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	Other Structure: <u>Found. &amp; Lorc</u>	Natural Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Dimensions: _____	Propane Gas <input checked="" type="checkbox"/>
	Full _____	Footings: <u>16" x 8"</u>	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Partial _____	Roof: <u>5/12 Gable</u>	NFPA #13D _____
	Other Suppression _____	State Certified Modular _____	NFPA #13R _____
	# of Heads _____	Manufactured Home _____	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 THEREON; (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.

Brian D. Boy, President  
 Applicant's Signature  
 Title/Company

Brian D. Boy, President  
 Print Name  
8/12/00  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>8/12/00</u>	<u>Mark Lopez</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St. _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>475112</u>	
Filing fee	\$ <u>65</u>
Permit fee	\$ <u>125</u>
Excise tax	\$ <u>78.31</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>268.31</u>
Balance due	\$ _____
Check # <u>7940</u>	
Validation # _____	

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: FEAGA P/Plg & Htg Co. Telephone #: 410-465-1401
Address: 3205 Herwood Rd Woodstock, MD 21163

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Ken Feaga License # 6318

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Telephone #:
Subdivision: HARLESS MANOR Lot #: 25 Well Tag #: HO-93-0255
Site Address: 14000 Monticello Drive

Submersible Pump Data
Make: Goulds
Model #: 7650542
Pump Capacity: 7 GPM
Well Yield: GPM
Depth of well encountered at time of pump installation: 162 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Pitless Adapter
Make:
Model #:
Depth: 36 (36" min)
NSF approved

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Piping to house
Type: P.C
PSI: 12 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 5ft
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/27/00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/27/00 Date Insp. Approved: 9/27/00
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

RJP
BB

# APPLICATION

PERCOLATION TESTING

A 498895

P \_\_\_\_\_

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

DISTRICT FOURTH

DATE DECEMBER 8, 1993

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 LEROY H HEWITT

ADDRESS 13900 MONTICELLO DRIVE, COOKESVILLE, MD. 21723 PHONE 442-2753

AGENT ~~OR PROSPECTIVE BUYER~~ FISHER COLLINS & CARTER INC.

ADDRESS 9171 Balto. National Ake suite 100 PHONE 461-2855  
ELLICOTT CITY MD. 21042

PROPERTY LOCATION: Final lot 25, Phase II

SUBDIVISION HARLESS MAJOR LOT NO. 27 New 21 Prelim 20

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 006 B AND 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 Ac.± TYPE BLDG. SINGLE FAMILY DETACHED  
(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. Chararia J. Fish (agent)  
(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

COUNTY #

SOIL PROFILE

400 (Q)  
 Red Brn  
 - Yel Brn  
 Si CL  
 3 1/2' Neutral  
 grey/yel Brn  
 Mica brown  
 some brown  
 thin white layers  
 @ 8-10'  
 Water Seepage  
 at 9-11'

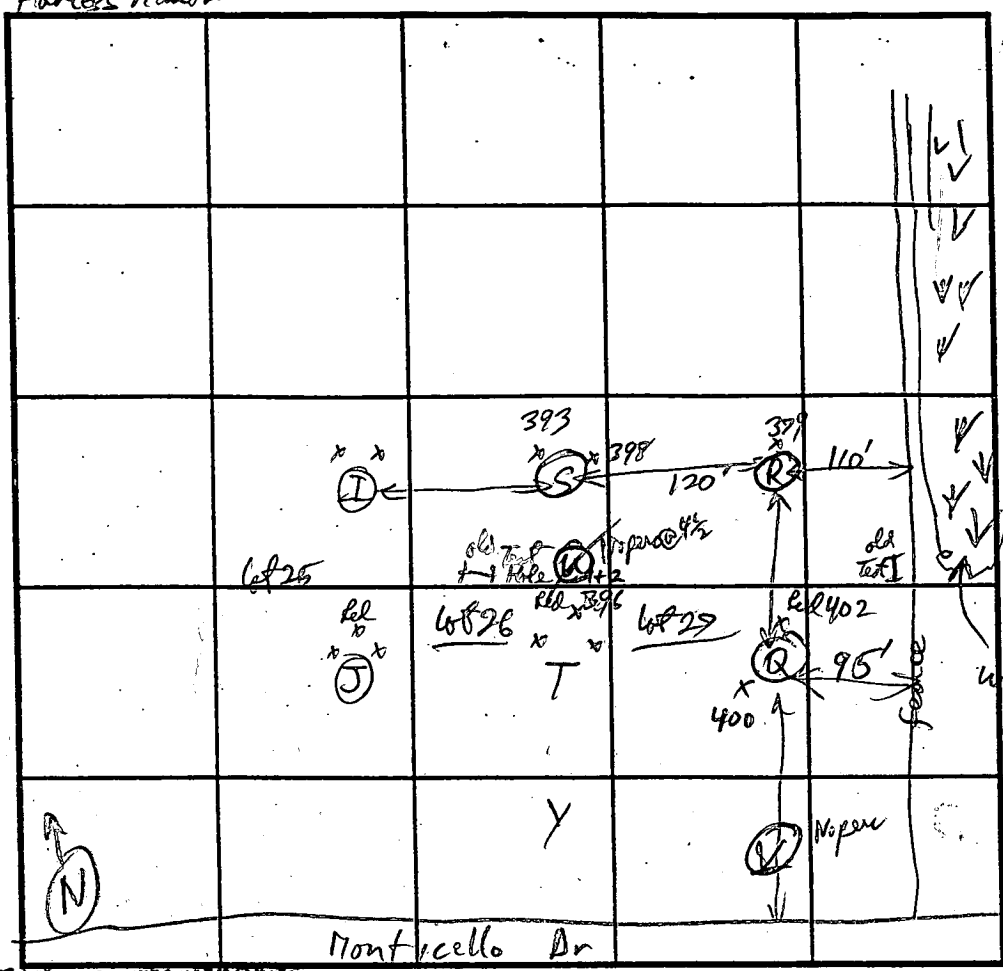
377 R  
 yel Brn  
 red Brn  
 Si CL  
 3 1/2' Neutral yel Brn  
 grey Brn  
 gran  
 = Some orange

6' Transition  
 grey/ol Brn  
 7' grey & Neutral  
 yel Brn  
 10 YR 5/2-6/3  
 0 M2P ink Brn  
 via 1/2" Casagrande  
 10 1/2' Water Seepage  
 at 7'

3 1/2' yel Brn  
 to Str Brn  
 Si CL  
 3 1/2' yel Brn  
 5 mt 2d  
 pal. grey (10 YR 7/1)  
 Mottled Si CL  
 2 1/2' Mix Tan Brn  
 2 M2P grey (10 YR 7/1)  
 and Red  
 2.5 YR 4/4  
 (Mottled) hsl

8' yel Brn mix SL  
 C3d Dead Brn  
 congl  
 10' Water @ 10'

Note



SOIL PROFILE

394/392 T  
 Red Brn  
 yel Brn  
 CL  
 3-4' var. yel Brn  
 bulg. (10 YR 7/1)  
 + yel red mottled  
 L-HL  
 Spindle  
 yel Brn  
 10 YR 4/4  
 (olive Brn)  
 PSL  
 moist  
 olive Brn  
 SL  
 v. moist  
 olive Brn SL-C3SL  
 (8 1/2" x 3d cones)  
 Water on Bottom  
 on Standing  
 14" top soil depth  
 4 1/2' Red yel Brn - yel Brn Si CL  
 mix olive Brn + pale  
 yel Brn + grey Brn  
 moist  
 (long dead + red Brn roots  
 in soil)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-4-94	400 (Q)	4 1/2'	11:44:00	11:46:45	11:46:45	11:51:00	4 min
	379 (R)	110 1/2'	Water @ 7'				Fail
	398/393 (S)	110'	Water at 10'		Water Seepage from Surface		Melt on all wells ?
	399/394 T	4'	11:30:44	11:32:58	11:33:00	11:39:40	6 min
		7'	11:33:08	11:35:00	11:36:08	11:37:00	2 min
		7'	11:37:00	11:38:30	11:39:00	11:40:41	2 min
	Mix Silty U	4 1/2'	12:22:22	12:34:25	12:34:25	1:06:25	11 min but surface water seeping ?

REMARKS: 10 1/2' during water seepage @ 10' for 1 1/2 hr. in the morning. Too Slow Fail

TYPE OF SOIL \_\_\_\_\_

TESTED BY R. M. Kelly ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 49889R

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT FOURTH

DATE DECEMBER 8, 1993

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 LEROY H HEWITT

ADDRESS 13900 MONTICELLO DRIVE, COOKESVILLE, MD 21723 PHONE 442-2753

AGENT ~~OR PROSPECTIVE BUYER~~ FISHER COLLINS & CARTER INC.

ADDRESS 9171 Balto. National Pke suite 100 PHONE 461-2855  
ELLICOTT CITY MD. 21042

PROPERTY LOCATION: Final lot 24, Phase II

SUBDIVISION HARLESS MAJOR LOT NO. 26 New 22 Phase 21

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP DOB 8 AND 9 PARCEL # 9,252 and 324

SIZE OF LOT 1 Ac.± TYPE BLDG. SINGLE FAMILY DETACHED  
(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.

Zacharia J. Fisch (agent)  
(SIGNATURE OF APPLICANT)

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

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

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

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

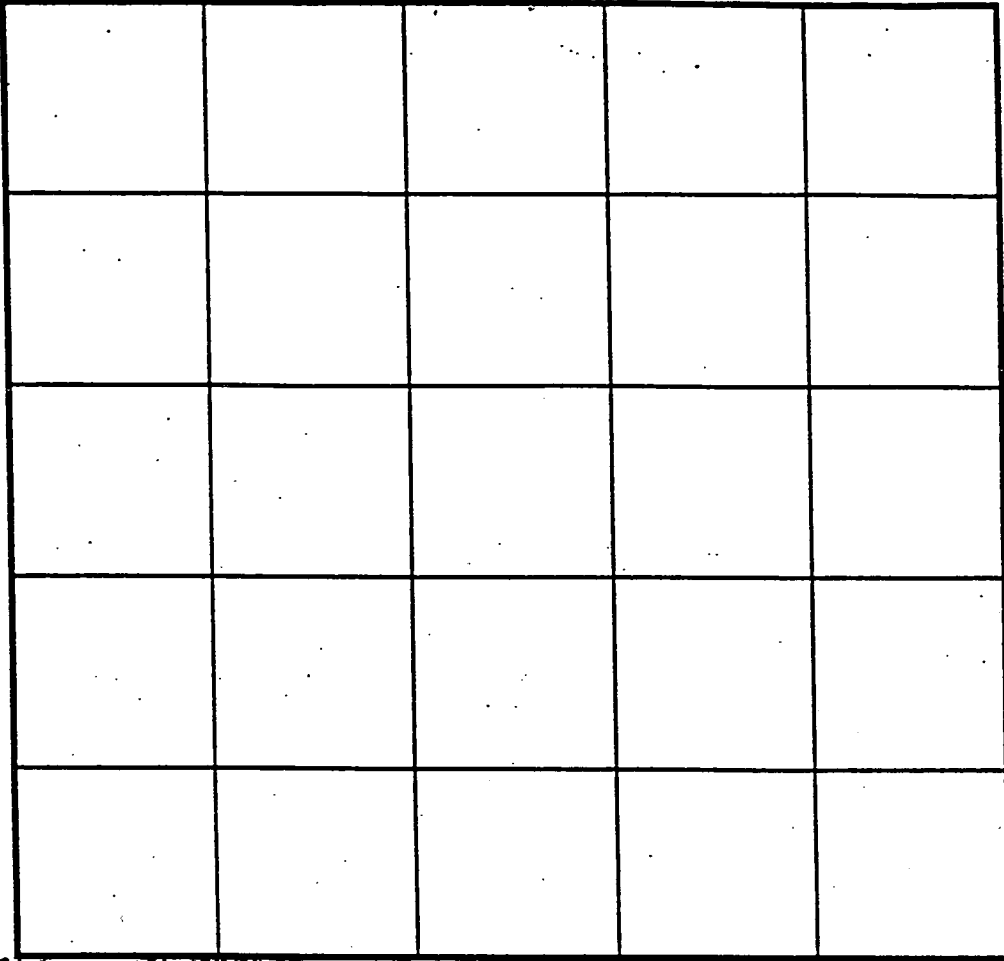
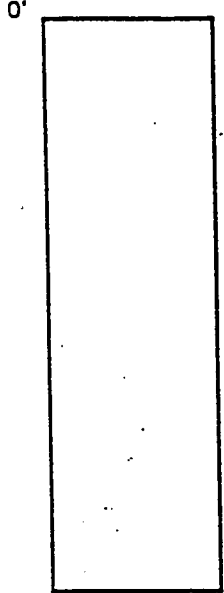
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

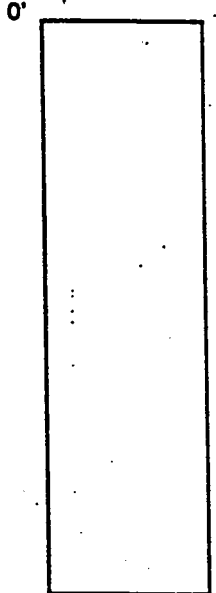
# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE



SOIL PROFILE



Red yel Brn  
 2 1/2' SiCL  
 yel Brn  
 to gray tan  
 Si

Red Brn hL  
 1 1/2' yel Brn  
 SiCL  
 3 1/2' Tan -  
 pale yellow  
 Si

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

For lots 27+26

lot 27

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/4/94	V	retest 3 1/2'	1:16:30 Missed	1:17:40 lot thch	1:17:40 1:12:45	1:20:18 1:14:07	2 1/2 min ✓	
		VIII'	surface water runs in - enough to verify set of soil					
3/9/94	U <sub>2</sub>	New test 4'	1:50:45	1:53:30	1:53:30	1:59:20	6 min	
		(U <sub>4</sub> ) into sand horizon - @ 3 1/2' made (at all CL on other @ 4')						
	Y	3 1/2'	1:52:00	1:55:00	1:55:00	2:01:00	6 min ✓ OK	
		VII'	No water observed OK below 3 1/2'					
	J	3 1/2'						3 1/2 min
		V 10 1/2'						2 min
	392/187 I	U 10 1/2' 3 1/2'						4 min
	392/184 T	VII 4'						6 min 2 min ✓

REMARKS (see lot 29 notes) U+V Fail

TYPE OF SOIL \_\_\_\_\_

TESTED BY R.P. Smith ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

## PERCOLATION TESTING

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

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

*Supplemental Testing  
for Final lots*

*(Prelim 16 + 17) Final lot 30 A49889C+D*  
*(Prelim 20 + 21) Final lots 24, 25, 29 A49889S*  
*24 A49889R*

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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

PROPERTY OWNER \_\_\_\_\_

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION Charles Manor LOT NO. Final lots 24, 25, 29, 30  
Prelim lots 21, 15, 17 (to be revised)

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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 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 \_\_\_\_\_

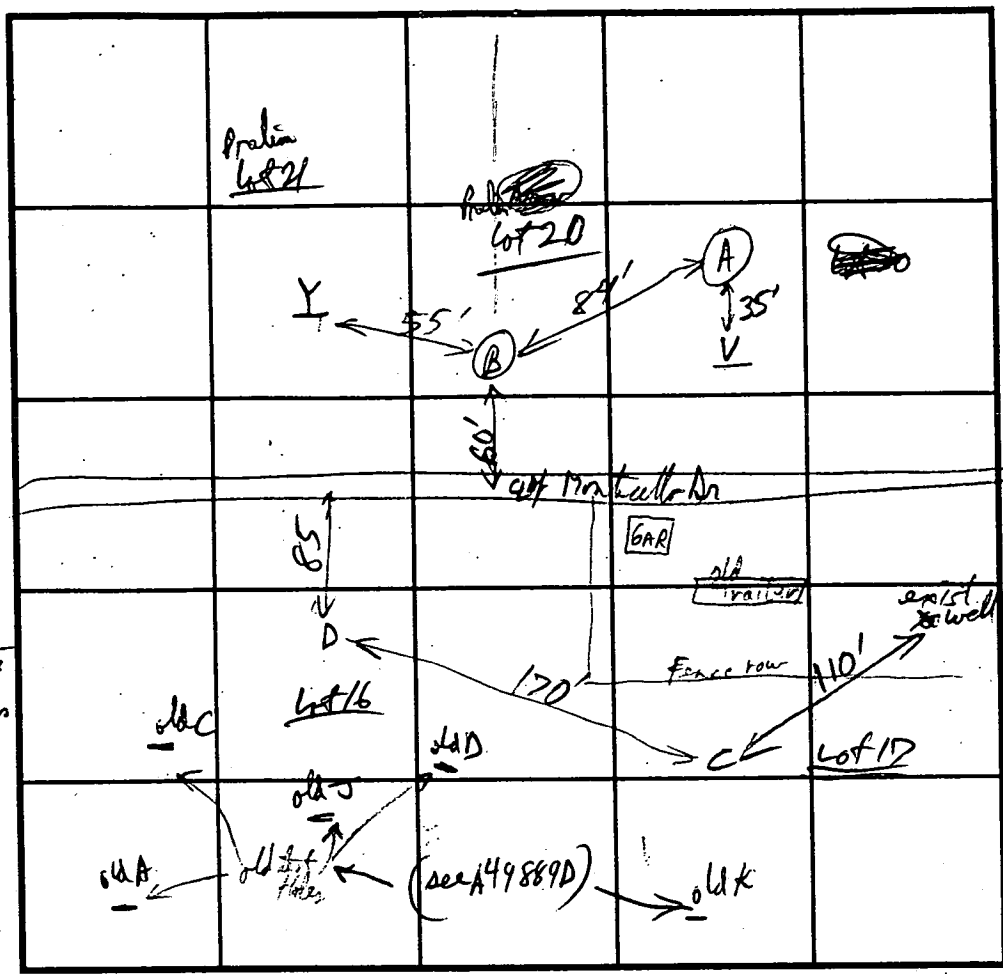
# THIS IS NOT A PERMIT

Midway Lot 1  
 A 49889  
 COUNTY #

SOIL PROFILE  
 A  
 0' Ap Dark Brn Sil  
 8" yel Brn - yel Red Sil CL - CL Moist  
 3-3 1/2 Transition  
 3 1/2 Sandy Glauv - Red Brn SL  
 5 Tan to Neutral Brn SL  
 7 1/2 gray to olive gray Brn SL Moist  
 11 upper black clay water of the several hrs

SOIL PROFILE  
 B  
 8" Top silty Sil  
 2 1/2 Red Brn Sil CL Moist  
 Sandy Brn SL  
 mic orange Fr. Brn mica SL  
 sl Moist

SOIL PROFILE  
 D  
 8" Top silty Sil  
 yel Red - yel black Brn SL - hSL  
 1 1/2 var pale orange sandy Brn SL dry  
 8 1/2 pale yellow to red Brn SL



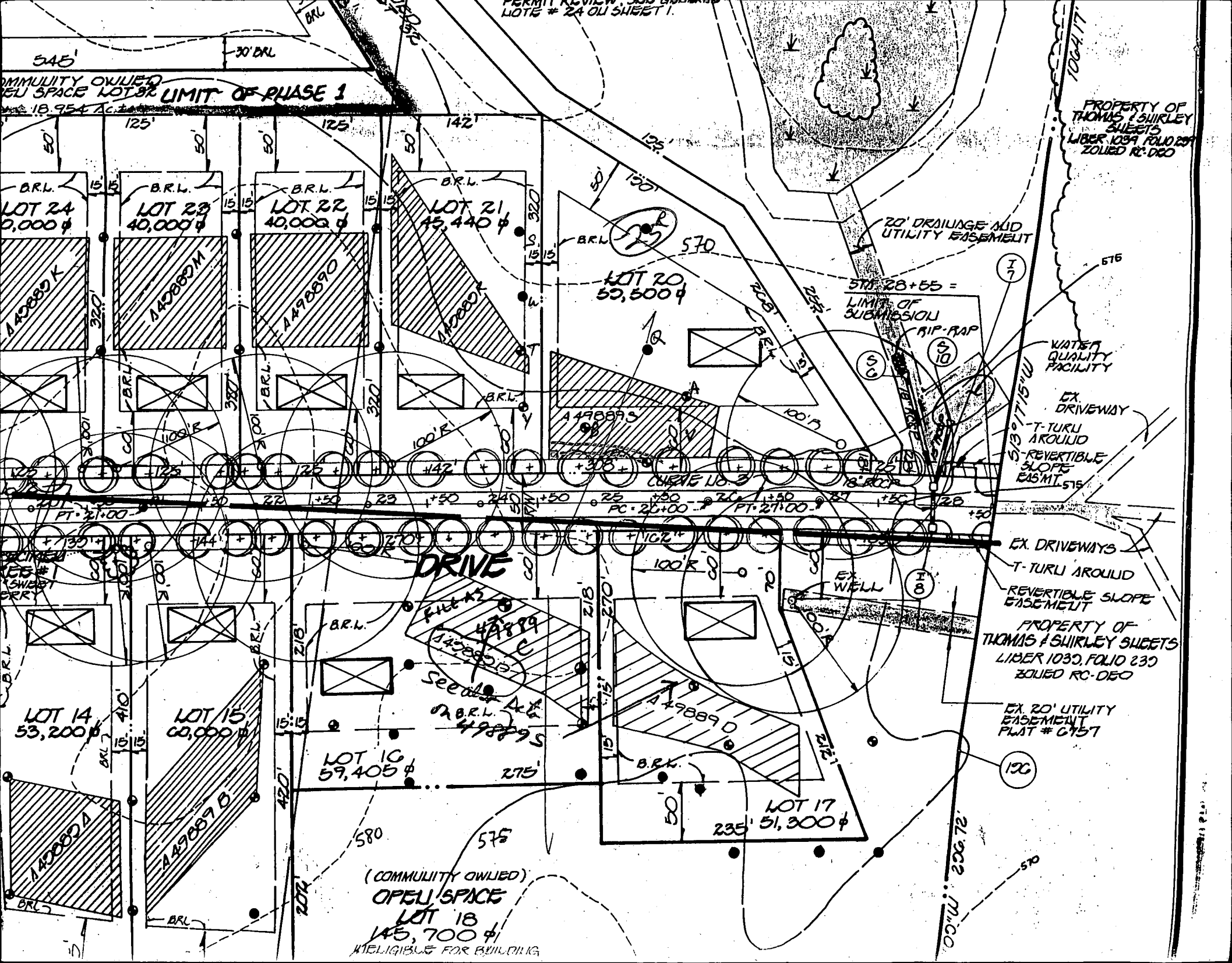
SOIL PROFILE  
 C  
 0' Brn Silty Top sil  
 8" Red Brn hSL - SCL  
 3 1/2 Red Brn SL - hL  
 3 1/2 Mid Brn Mica SL  
 5' var orange + Tan + Brn mica SL  
 8' pale Mid Brn SL  
 11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME			
			START	STOP	START	STOP				
7/1/94	421	A	3 1/2	10:42:09	10:45:00	10:45:02	10:49:10	4 min	OK ✓	
		vll		water of the @ 11'						OK ✓
		B	4'	10:54:00	10:55:50	10:55:50	10:59:00	3 min		
		vll		No water observed						
		D	3 1/2	11:18:46	11:20:27	11:22:00				
		vll		11:16:23	11:17:22	11:18:22				
		vll		11:22:15	11:24:20	11:24:30	11:26:30	2 min	OK	
		C	4 1/2	11:31:45	→ (2") →	11:36:30		2 min	OK	
		vll		11:28:59	→ (2") →	11:31:20				
		vll		OK below 2 1/2'						

REMARKS: Holes perc OK (WT from Spring testing)  
 TYPE OF SOIL: Chapter / Minor  
 TESTED BY: RPP / J... ALSO PRESENT: Co. Crew / K...  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 5 min TRENCH WIDTH: 3  
 INLET DEPTH: 2 1/2 MAXIMUM BOTTOM DEPTH: 4 1/2 SQ. FT./BEDROOM: 180  
**REPAIRS SHALLOWER!**





COMMUNITY OWNED  
OPEN SPACE LOT 18  
LIMIT OF PHASE 1

PROPERTY OF  
THOMAS & SHIRLEY  
SWEETS  
LIBER 1039 FOLIO 237  
ZONED RC-DEO

LOT 24  
40,000 φ

LOT 23  
40,000 φ

LOT 22  
40,000 φ

LOT 21  
45,440 φ

LOT 20  
53,500 φ

LOT 14  
53,200 φ

LOT 15  
60,000 φ

LOT 16  
59,405 φ

LOT 17  
51,300 φ

(COMMUNITY OWNED)  
OPEN SPACE  
LOT 18  
145,700 φ  
INELIGIBLE FOR BUILDING

WATER  
QUALITY  
FACILITY

EX. DRIVEWAY

T-TURN AROUND  
REVERTIBLE  
SLOPE  
EASEMENT

EX. DRIVEWAYS

T-TURN AROUND  
REVERTIBLE SLOPE  
EASEMENT

PROPERTY OF  
THOMAS & SHIRLEY SWEETS  
LIBER 1030, FOLIO 230  
ZONED RC-DEO

EX. 20' UTILITY  
EASEMENT  
PLAT # C757



Building Address 14600 MONTICELLO DR  
COOKSVILLE MD 21723

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision Monticello

Section — Area — Lot 25

Tax Map 9 Parcel 346 Grid 19

Zoning RC Map Coordinates 4-12 Lot size \_\_\_\_\_

Property Owner's Name CORNERSTONE HOMES

Address 9691 NORFOLK AVE

City LAUREL State MD Zip Code 20723

Home Phone \_\_\_\_\_ Work Phone 792-2565

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use DWELLING SFD

Proposed Use DWELLING SFD

Estimated Construction Cost \$ 2,000,000

Description of Work INSTALL 500 GALVAN UNDER-  
GROUND PUMPING TANK + LINE

Contractor Company MASON MECHANICAL

Contact Person CHRIS KOLB

Address 12301 OLD COLUMBIA PIKE

City SILVER SPRING State MD Zip Code 20904

License No. 15627

Phone 301-680-4200 Fax 301-680-4224

Occupant or Tenant OWNER

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**

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse

1st floor: Depth Width

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade

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: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 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 THEREIN; (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 Chris Kolb

Title/Company MASON MECHANICAL

Print Name CHRIS KOLB

Date 11-15-00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/2/00</u>	<u>Mark J. Patten</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

**PROPERTY ID#** 1450

Filing fee	\$ <u>160</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>160</u>
Balance due	\$ _____
Check #	<u>6502</u>
Validation #	<u>2303</u>

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

C1 0232

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER

A498895

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-7 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 030296

Depth of Well: 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 140-93-0255

OWNER: Hewitt (last name), Leroy (first name) STREET OR RD: Monticello Dr TOWN: Cooksville SUBDIVISION: Harless Manor SECTION: 2 PRELIM LOT 20 (Final 25)

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Top Soil (0-2), Sandy (2-25), Sand Stone (25-30), MICKA (30-60), Sand Stone (60-65), MICKA (65-165)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 38 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below (ST, BR, HO, PL, OT) DEPTH (nearest ft.) 36, 165

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

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

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 117

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

C2

DEPTH (nearest ft.) 36, 165

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 74, 75, 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

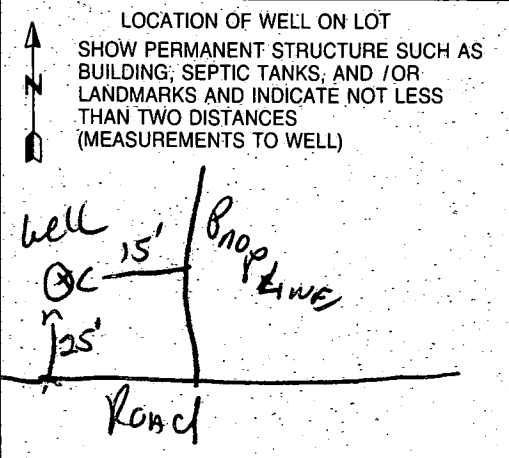
C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 150 METHOD USED TO MEASURE PUMPING RATE: Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 11 ft. WHEN PUMPING 15 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

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



**B 1** **0656** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND PERMIT TO DRILL WELL** please print or type **STATE PERMIT NUMBER** **HO-93-0255**  
70 fill in this form completely 79

**Date Received (APA)** **012796** **OWNER INFORMATION**  
**Hewitt Leroy** (Last Name, Owner, First Name)  
**19070 Mountcello Dr** (Street or RFD)  
**Cooksville MO 21723** (Town, State, Zip)

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD **116**  
**Ralph Mayne** (Driller's Name) **77 License No. 80**  
**Ralph Mayne (well drilling)** (Firm Name)  
**9120 Brown Church Rd. Mt. Airy** (Address)  
**Ralph Mayne** (Signature) **1/20/96** (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)**  
 **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** **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)**  
 **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 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** **HO94GAP012**  
**FORCE** **AP** **PERMIT No.** **HO-93-0255**

**SPECIAL CONDITIONS** **410-442-253**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**B 3 LOCATION OF WELL** **Final lot 25 Sect 2**  
**HOWARD** (COUNTY)  
**HARLES MANOR** (SUBDIVISION)  
**20** (LOT) **A49889S** (SECTION)  
**COOKSVILLE** (NEAREST TOWN)  
**1 MI** (MILES FROM TOWN)

**B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)** **NE**  
**NEAR WHAT ROAD** **Mountcello Dr**  
**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)** **E**  
**DISTANCE FROM ROAD** **20** ENTER FT OR MI **44**  
**TAX MAP** **8** **BLK** **19** **PARCEL** **324**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** (COUNTY NAME) **A49889S** (COUNTY NO.)  
**STATE SIGNATURE** **Ronald P. [Signature]** **DATE ISSUED** **2/5/97**  
**CO SIGNATURE** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_  
**NORTH GRID** **542000** **EAST GRID** **0890000**

**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**  
**800**  
**5402**

**DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION**  
**N** **Mountcello Dr** **20**  
**To mo 97**  
**Ind. 70**



Building Address 14000 MONTICELLO DRIVE  
COOKSVILLE, MD 21723

Property Owner's Name DAVID STANLEY  
 Address 14000 MONTICELLO DRIVE  
 City COOKSVILLE State MD Zip Code 21723  
 Home Phone 410-487-2604 Work Phone 301-718-2110  
 Applicant's Name & Mailing Address, (if other than stated hereon):

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision Harless Manor  
 Section 2 Area \_\_\_\_\_ Lot 25  
 Tax Map 9 Parcel 346 Grid 15  
 Zoning R2000 Map Coordinates 4612 Lot size 1.333A

Existing Use SFD  
 Proposed Use SFD @ Deck  
 Estimated Construction Cost \$ 2500  
 Description of Work ADDITION OF DECK  
25419 sq ft  
gravel

Contractor Company SELF  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company SELF  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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: _____ 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 checked="" 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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> State Certified Modular		<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.

Applicant's Signature [Signature] Print Name DAVID STANLEY  
 Date 4/17/2002

Title/Company \_\_\_\_\_ Date \_\_\_\_\_  
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\***

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	<u>47412</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>30</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/17/02</u>	<u>[Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? <input checked="" type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>1979</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>62171</u>
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

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

