

11/4/99
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 5/22010

A 49992-A

DISTRICT _____

DATE 9/9/99

DATE SYSTEM APPROVED 11/4/99

INSPECTOR AS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

OS-425735

S K Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Easternview LOT 10 ROAD 7380 Pindell School Road

PROPERTY OWNER Trinity Builders RANA SHERWANY

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 85 feet off the left (240.00') lot line and 75 feet off the front lot line as seen when facing the lot from Pindell School Road. Run trenches on contour in both directions.

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

PLANS APPROVED BY Amy McMillen/Donna K. Soe REVISED _____ DATE 7/22/1999

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 9/12/2002 B00138421 DECK

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

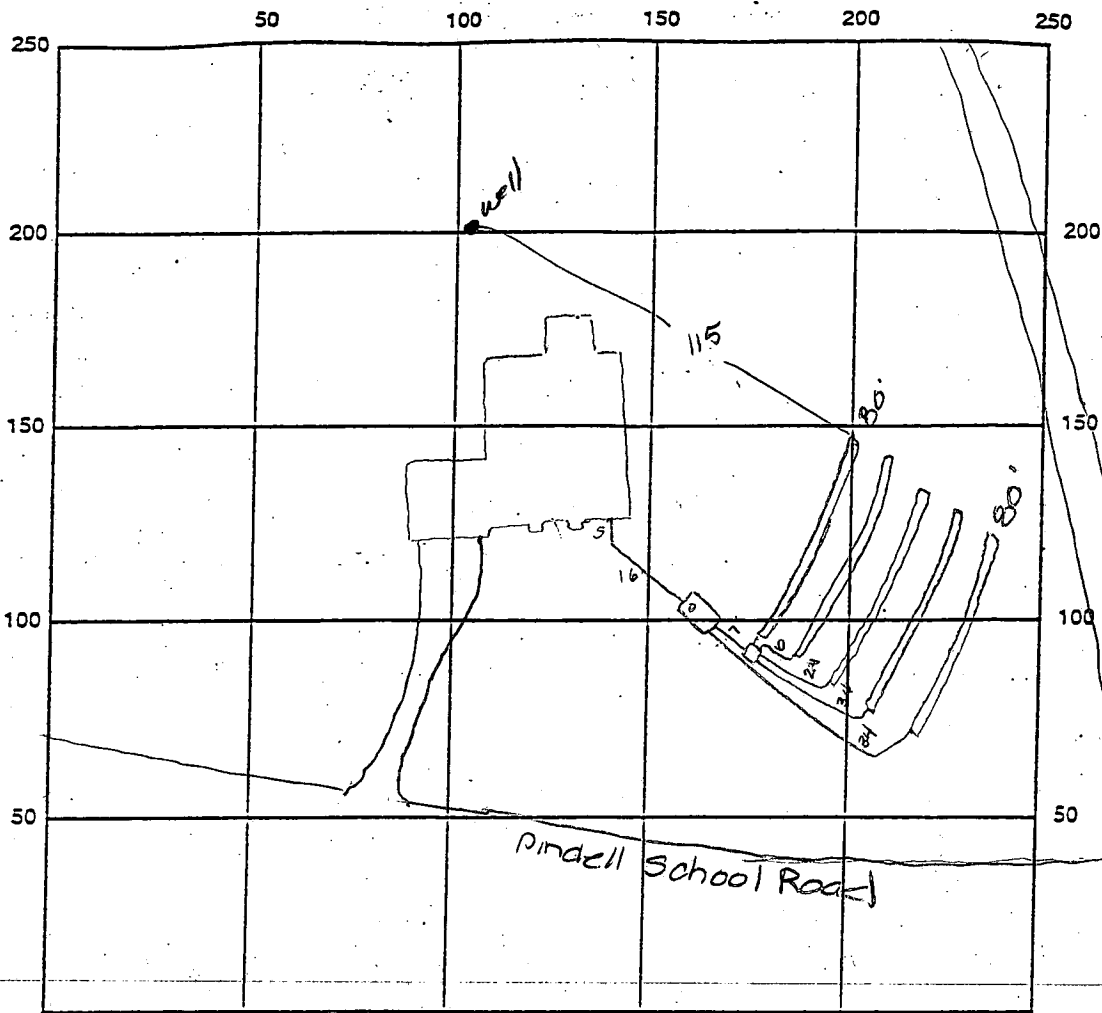
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

49992-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK baffle is in
 DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 4.0 FT.
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 400 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 11/4/99 OK to cover all work A

BUILDING PERMIT SIGNED AND RETURNED

11/4/99 WPI 4.0' below grade, casing 1.5' above PVC conduit OK 2 pipe cap &

DATE SYSTEM APPROVED 11/4/99 INSPECTOR A M'Neil

APPLICATION

PERCOLATION TESTING

A 49993-A

P _____

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

DISTRICT 1

DATE 4/26/94

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 John M. Janney Trinity Builders
MD 21029

ADDRESS 7346 Pindell School Rd. Clarksville PHONE (301)725-5885

AGENT OR PROSPECTIVE BUYER Carman Associates

ADDRESS P.O. Box 122, Ellicott City, MD 21041 PHONE (410)442-1045

PROPERTY LOCATION:

SUBDIVISION BRENDA'S CHOICE LOT NO. 10

ROAD AND DESCRIPTION 7346 West side Pindell School Rd. @ Johns Hopkins Rd.

TAX MAP 41 PARCEL # 143

ORIGINAL PERMIT SERIAL NO. ~~12129~~
~~AND RETURNED~~
Serial # B77119336

SIZE OF LOT 1 Acre TYPE BLDG. Single Family - 5 Broom
(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.

Ronald S. Carter GENERAL PARTNER
(SIGNATURE OF APPLICANT) CARMAN ASSOC.

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

LOT 10

COUNTY #

SOIL PROFILE

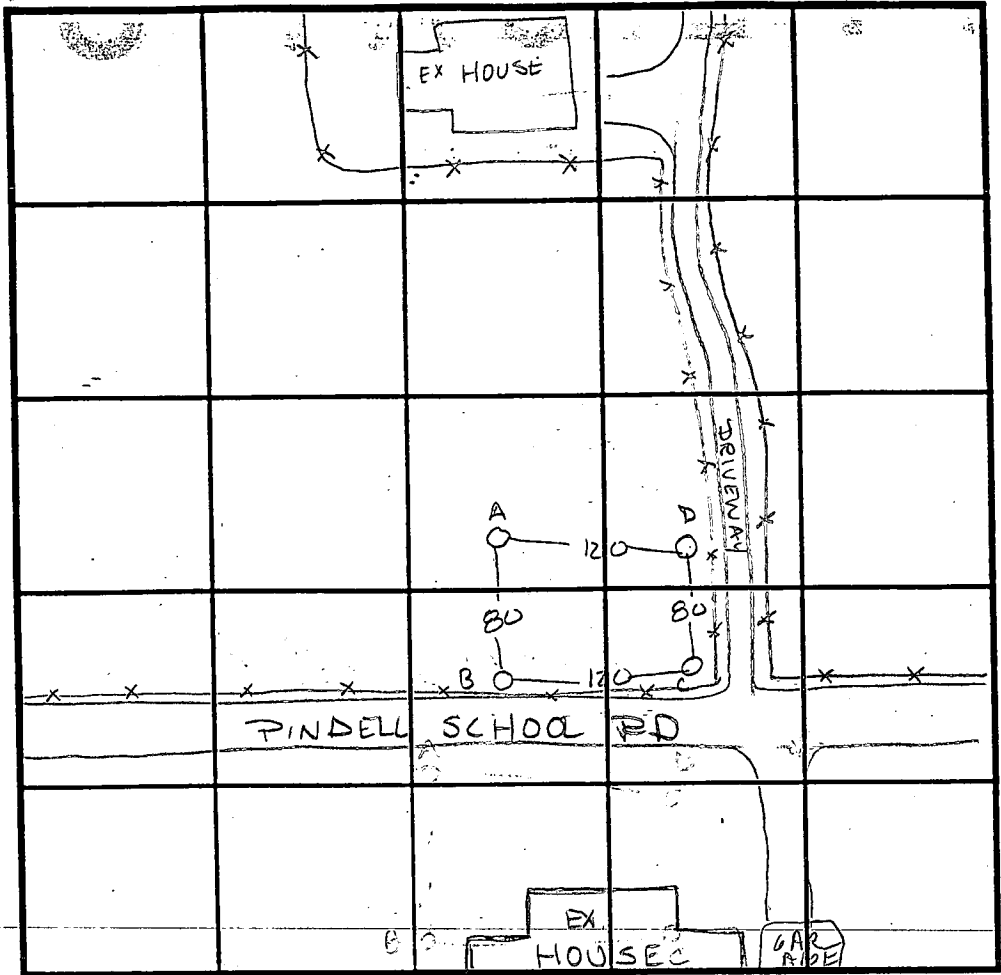
0' A, D
bright orange CL
3' yellow orange SIL
5' dark red mica loam SIL

B, C
yellow orange clay

12' lgt. red sil mica 5% saprolite

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-6-95	C	7.5 V12'	10:27	10:30	10:30	10:37	7min
	C	4' V12'	10:30	10:40	10:40	10:58	18min
	D	7' V12.5	10:40	10:51	10:51	11:15	24min
	A	Visual to 12.5	Dug 5' from adjacent lot hole # 34		(LOT 1A)		OK
	B	Visual to 13'	Dug 5' from adjacent lot hole # 35		(LOT 1B)		OK

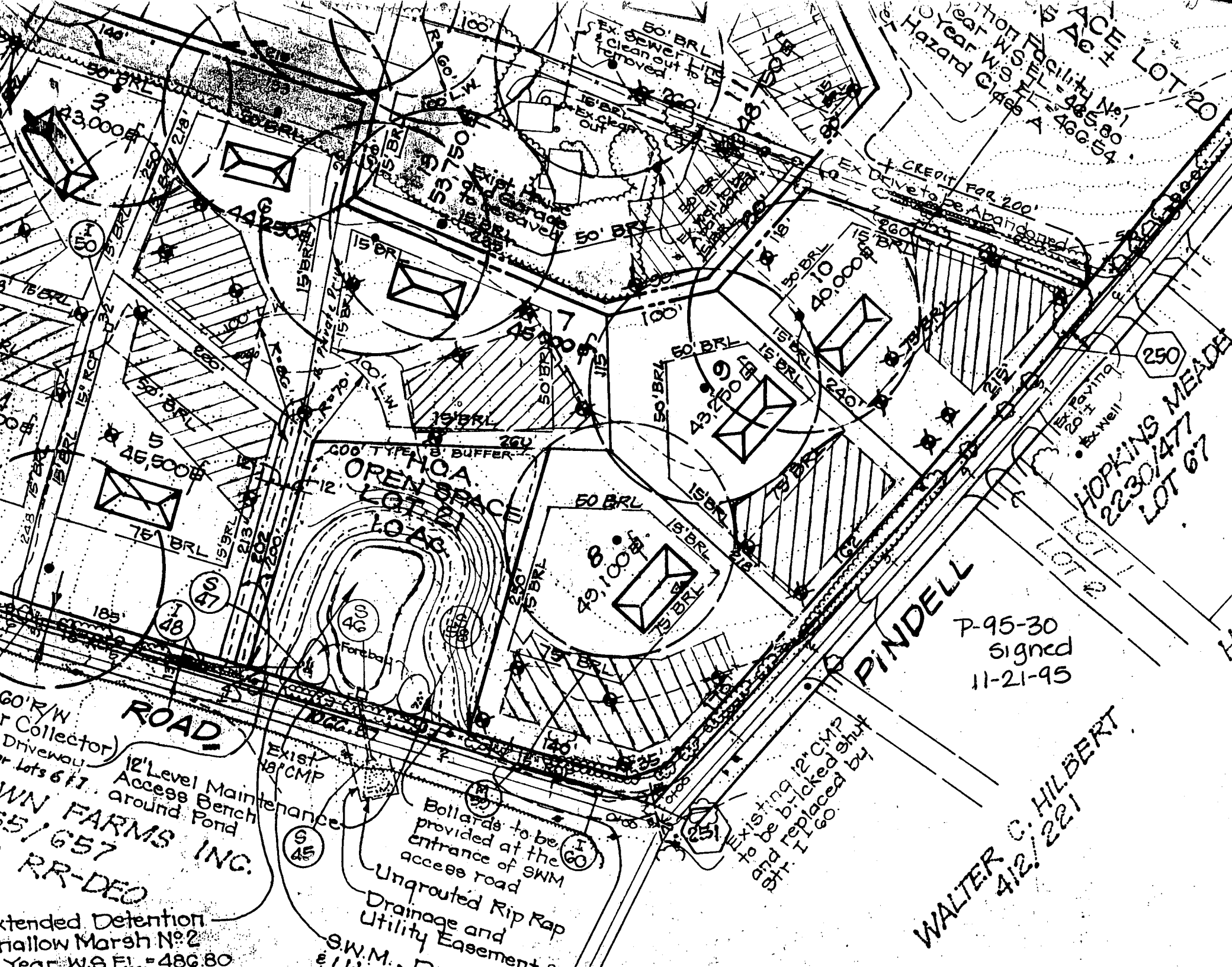
REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 17 min TRENCH WIDTH

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SO FT/ROOM



THAT FACILITY No. 1
 Year W.S. FL - 485.80
 Hazard Class A - 466.54

+ CREDIT FOR 200'
 Drive to be Abandoned

HOPKINS MEADE
 2230/477
 LOT 67

P-95-30
 signed
 11-21-95

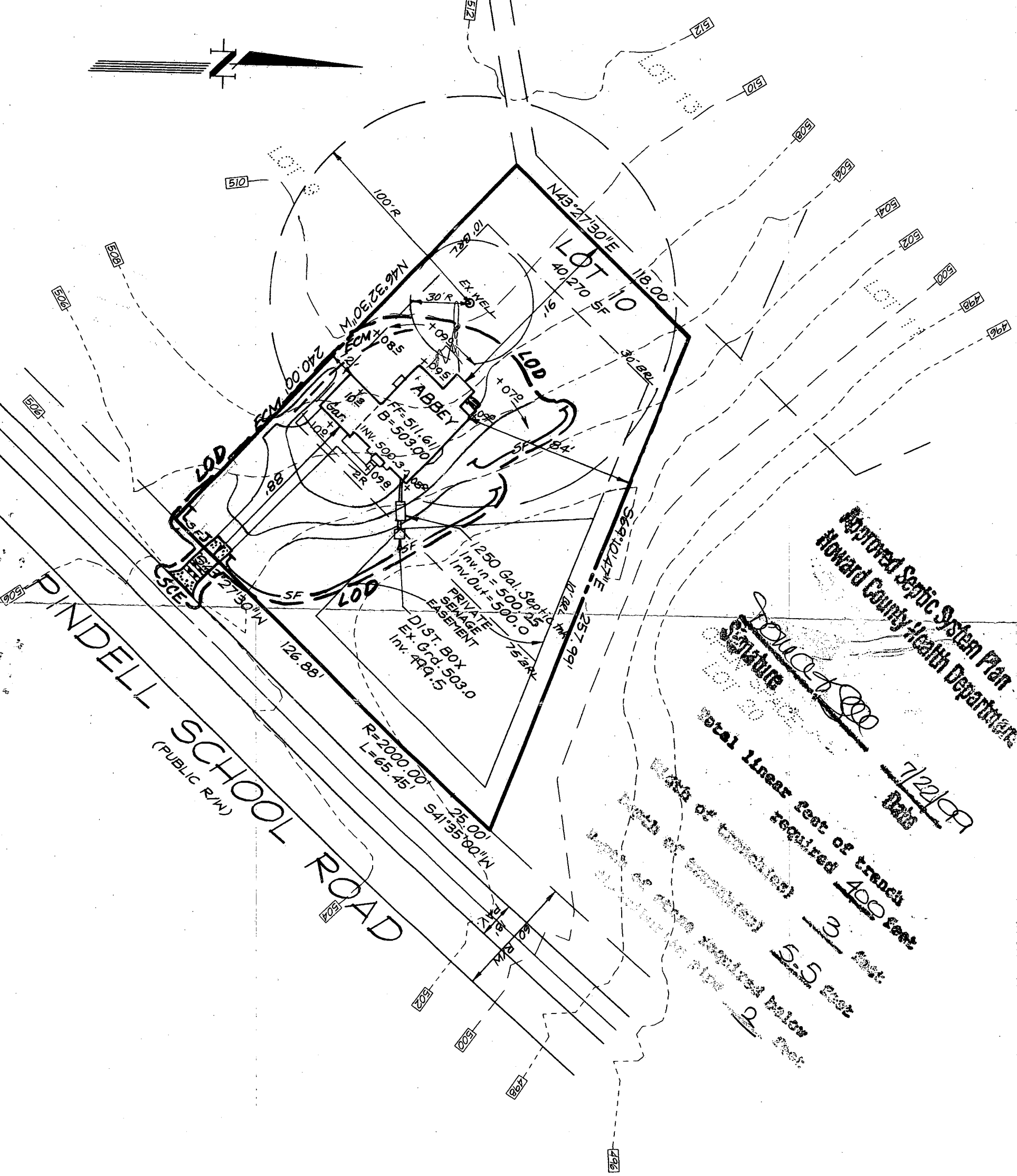
WALTER C. HILBERT
 4/12/201

60' R/W
 Collector
 Driveway
 Lots 6 & 7
 SWM FARMS INC.
 RR-DEO

12' Level Maintenance
 Access Bench
 around Pond
 Bollards to be
 provided at the
 entrance of the
 access road
 Ungrouted Rip Rap
 Drainage and
 Utility Easement
 SWM

Existing 12" CMP's
 to be replaced shut
 off. I 160

Extended Detention
 Allow Marsh No. 2
 Year W.S. FL - 486.80



Required Septic System Plan
 Howard County Health Department

Signature
 Date: 7/22/09

Total linear feet of trench required 400 feet

Depth of trench 3 feet

Depth of excavation 5.5 feet

Depth of trench below 2 feet

C1 0292

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49992-A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

04/7/96

155 (TO NEAREST FOOT)

H0-94-0710

OWNER Carman Associates first name STREET OR RFD Pindell School Road TOWN Fulton SUBDIVISION Easternview SECTION LOT 10

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. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD YES NO WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 27 NO. OF POUNDS 2538 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (P) (L) (C) (O) (J) (S)

MAIN CASING TYPE (S) Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 87

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (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. 24 DRILLERS SIGNATURE Joseph E. Mayne

LIC. NO.

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

DEPTH (nearest ft.) H0 84 155

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

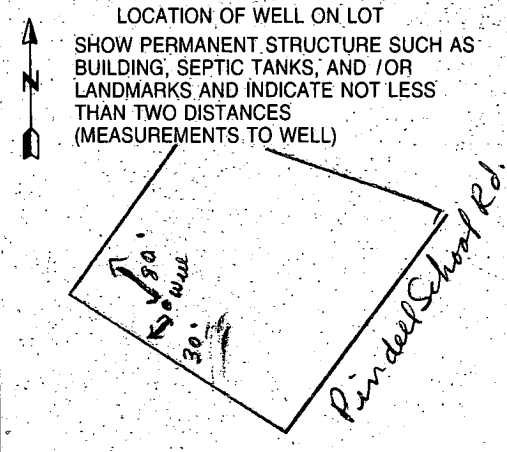
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 116 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE, (nearest foot)



B 1 **1935** 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
H0-94-0710
 fill in this form completely

Date Received (APA) **022996**

OWNER INFORMATION

CARMAN ASSOCIATES
 Last Name Owner First Name

PO Box 122
 Street or RFD

ELICOTTA CITY MD 21041
 Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

EASTERN VIEW SUBDIVISION

SECTION **10** LOT **10**

FULTON NEAREST TOWN

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

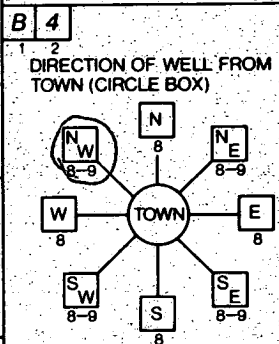
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Joseph K. Mayne License No. **24**

Joseph K. Mayne Well Drilling Firm Name

5512 Ridge Rd. Mt. Airy MD 21771 Address

Joseph K. Mayne Signature Date **2/29/96**



Pindell School Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

160 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **41** BLK: _____ PARCEL **143**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County COUNTY NAME

A49992-A COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **031396** **Amey M. Miller** CO SIGNATURE EXP. DATE **3/13/97**

NORTH GRID **486000** EAST GRID **0822000**

APPROXIMATE DEPTH OF WELL **400** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8202
4806

4/17/96
9:30 Grout
+ 87' casing
No insp
AM

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

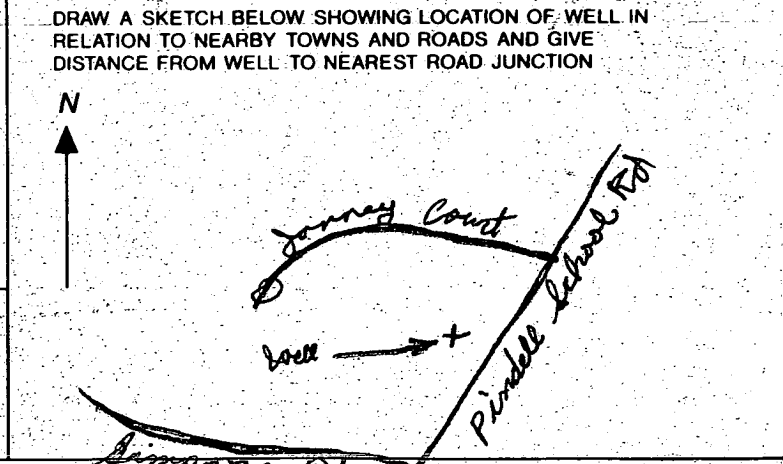
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **GAP**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **H0-94-0710**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mill's Drive
 Ellicott City, MD 21043
 461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date _____
 Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0562
 License Number 12285 MD. State
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 12285
 Name of Property Owner Trinity Home Telephone 410-319-8722
 Subdivision Roskrow View Lot # 410 Well Tag # 110-94-0710
 Site Address 7380 Pinckell School Rd

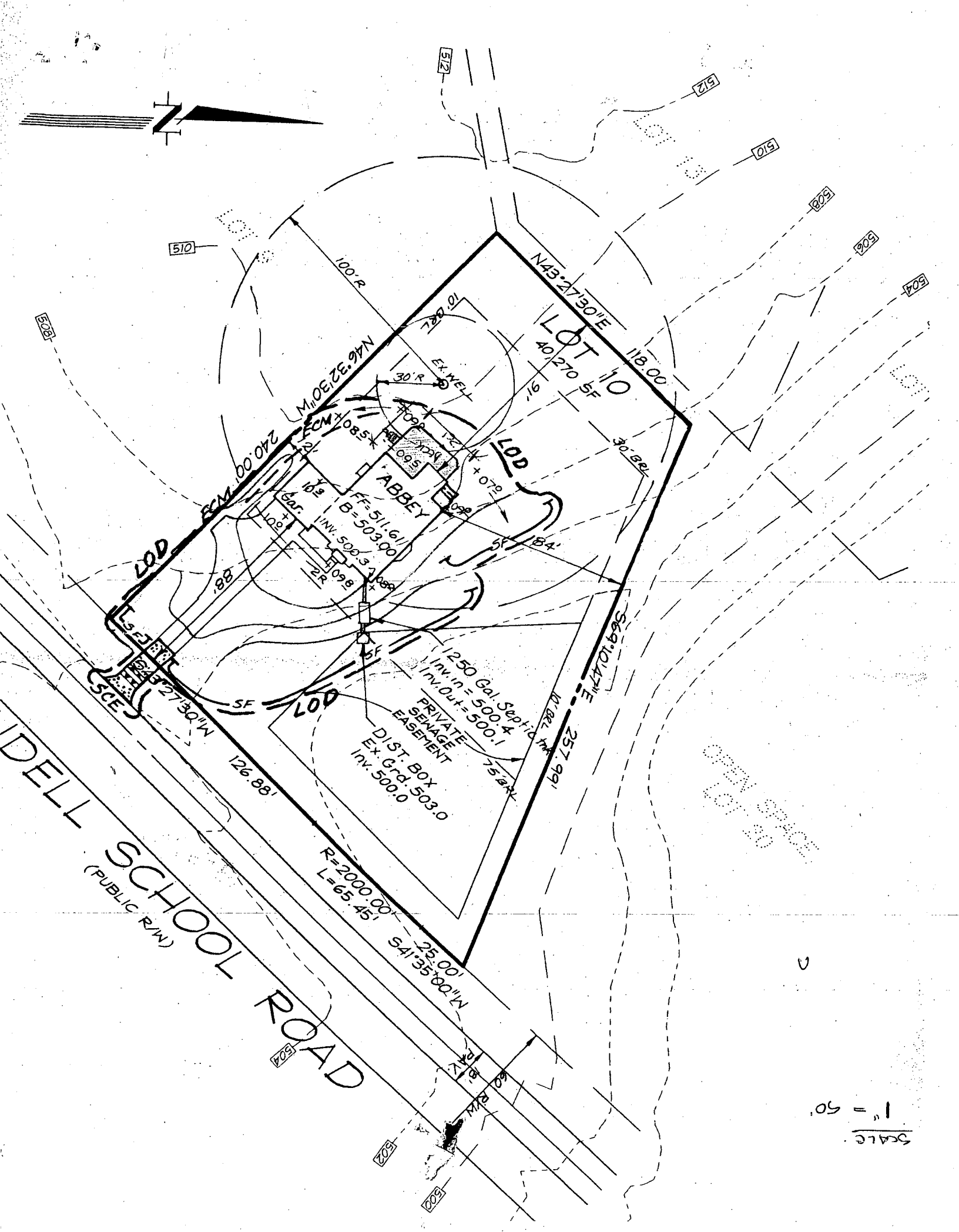
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage <u>220</u>	3. Depth <u>12'</u>
c. Submersible <u>YES</u>	a. 110 _____	
2. Make <u>Eveready</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <u>Shave</u>		

Tank	Piping	Well data
1. Capacity <u>Well-tell 250</u>	1. Type <u>1" P.E.</u>	1. Depth <u>200</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size _____	2. Yield <u>5</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>44</u> ft.
	4. Depth of supply line <u>42</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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: [Signature]
 Date: 12-1-99

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



IDELL SCHOOL ROAD
(PUBLIC R/W)

LOT 10
40,270 SF

1250 Gal. Septic Tank
Inv. In = 500.4
Inv. Out = 500.1
PRIVATE SEWAGE EASEMENT
DIST. BOX
Ex. Grd. 503.0
Inv. 500.0

OPEN SPACE
Lot 20

1" = 50'
SCALE

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00138421

BP
 C

Building Address 7300 PINDELL SCHOOL RD
CLARKSVILLE MD 21029
 Suite/Apt. # _____ SDP/WP/Petition #: _____
 Census Tract 605702 Subdivision EASTVIEW
 Section _____ Area _____ Lot 10
 Tax Map 411 Parcel 143 Grid 8
M-200 Map Coordinates 1831 Lot size _____

Property Owner's Name LANA SHERIDAN
 Address 7300 PINDELL SCHOOL RD
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone (410) 712-6736 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD @ DECK
 Estimated Construction Cost \$ 5590
 Description of Work 14' x 13' & 12' x 5' DECK
WITH STEPS. L SHAPE
18' x 26' x 8'

Contractor Company OUTDOOR CARPENTRY & DESIGN
 Contact Person LUIS BALDERRAMA
 Address 7701 RT 175
 City JESSUP State MD Zip Code 20794
 License No. 83116
 Phone (301) 621-1720 Fax _____

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

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 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

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 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]
 Title/Company [Signature]

Print Name LUIS BALDERRAMA
 Date 8/21/02

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

FOR OFFICE USE ONLY