

03-310922

approved
12/17/86 C. Williams

PERMIT

P 37989

A 35686

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 3rd

~~9922330~~
461-9933

INDEXED

DATE 11/6/86

Chuck Ashby

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 781-6075-

SUBDIVISION Gaither Farm ROAD 11036 Gaither Farm Rd LOT 20

PROPERTY OWNER N. Douglas Hostetler

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 160 feet from the front lot line and 140 feet from the right lot line as seen when facing the property from Gaither Farm Road. Run trench(s) along contour toward right side of property.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. a/c/w

BLDG. PERMIT SIGN' U

AND RETURNED 2-9-99

Serial # B10116030
2-Story addition

PLANS APPROVED BY C. Williams DATE 6/13/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

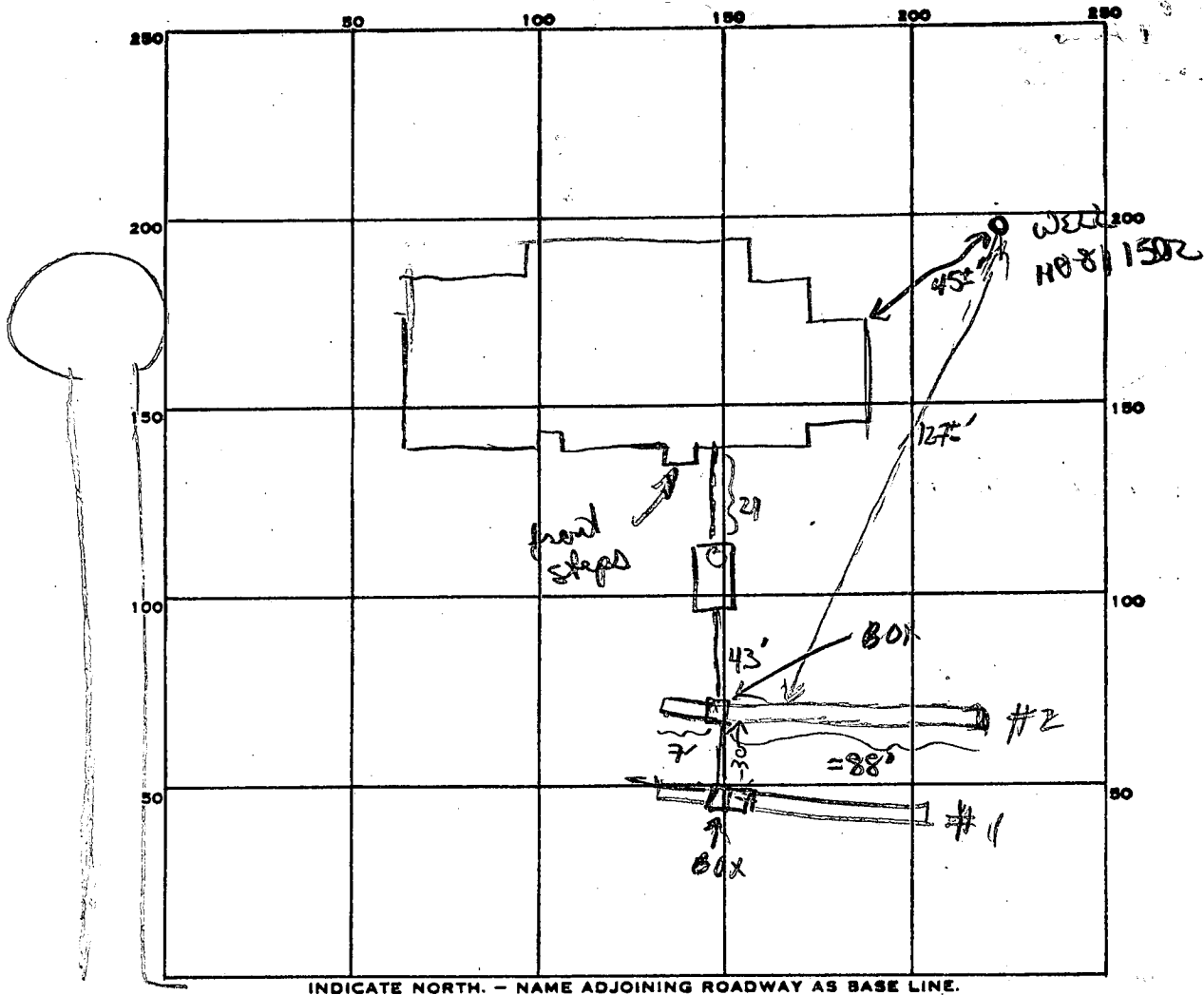
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35686



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

GATHER FARM RD

200 / 4 = 50
800 @ MIN
595 / 4 = 148.75

PERMIT CARD _____

SEPTIC TANK, LEVEL 1250 or 1500 ✓

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL 2 BOXES BOTH OK

TILE FIELD, DEPTH 8 / 8 FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 4 1/2 / 5 IN. TOTAL LENGTH 100 / 95 FT.

ISIDE WALL	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL BOTTOM AREA	<u>400</u>	<u>380</u>	<u>780</u>
EFFECTIVE			<u>800</u>

NUMBER OF TRENCHES 1 +

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/3/86 OK to place piping from house to tank & tank to trench
OK to add stone pipe pavers to trench #1. Need a second trench
to be dug. 12/8/86 Trench #1 100 ft long Keep digging #2
12/9/86 FINISH DIGGING TRENCH #2 ADD STONE TO BOTH TRENCHES
& HOOK UP PIPES R/H 12/17/86 STONE ADDED

DATE SYSTEM APPROVED 12/17/86

INSPECTOR Raymond Hodges

APPLICATION

SEWAGE DISPOSAL TESTING

A 35686

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 4/20/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Owner: Phillip Dorsch
Purchaser: Patrick MacCuan N. Douglas Hostetter

PROPERTY OWNER 1000 Equitable Banker
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:
SUBDIVISION Gaither Farm # LOT NO. NEW 20
21

ROAD AND DESCRIPTION Homewood Rd. and Rte. 108
11036 GAITHER FARM Rd.

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(NUMBER OF BEDROOMS)

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. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/28/85 - PERC OK HOLD FOR PLAT R/H

BLDG. PERMIT SIGNED
AND RETURNED 7/25/86 SAH
BP# 71908

THIS IS NOT A PERMIT

SOIL PROFILE

0'

Empty rectangular box for soil profile drawing.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35684

P _____

DISTRICT B

DATE 4/20/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY-OWNER Philip H. ...
Patrick McLean
1000 Epworth Rd. Bar R. Ct.
ADDRESS Columbia, MD 21044 PHONE 430-9091

PROPERTY LOCATION:
SUBDIVISION Gaither Farm LOT NO. NEW 20
21
ROAD AND DESCRIPTION Homewood Rd. and Rte. 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(NUMBER OF BEDROOMS)

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. Christina Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

62 Max Depth 4
as time 10

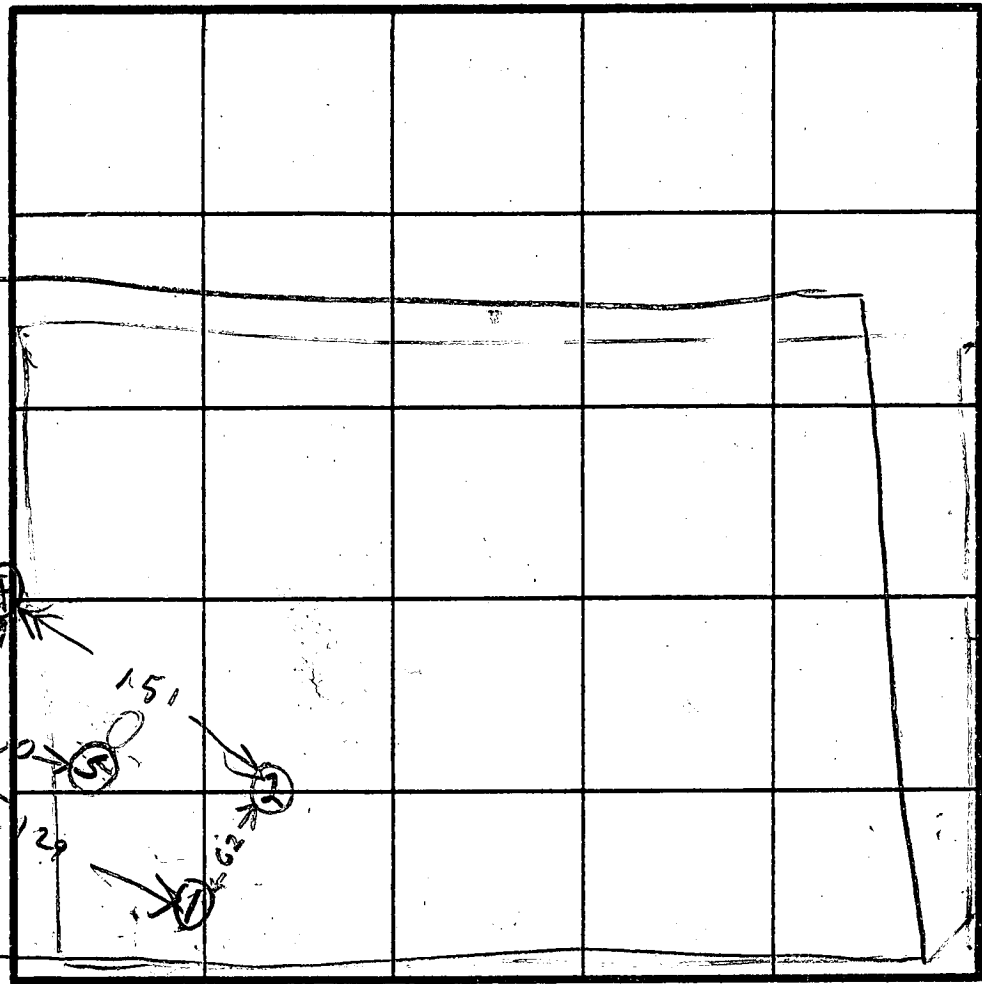
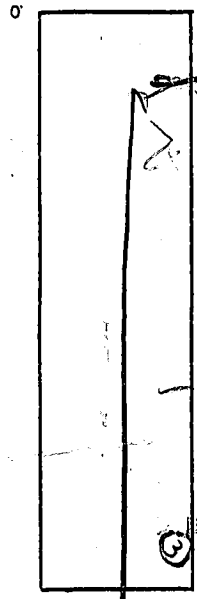
94

RH	SURVEYOR
1	P
2	C
3	A
4	D
5	E

HOLE ELEV
 (3) = LOW
 (5) = MEDIUM
 (2)(4) = HIGH

(3)
 0 BROWN CLAY & TOPSOIL
 4 BROWN SAND LOAM & ROCK
 12 1/2

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/29/85	1 S	4.5	1058	1111	1111	1126	15
	1 D	9	1057	1101	1101	1111	10
	1 V	14 1/2	LOOKS OK		OK		
	2 S	4.5	1113	1118	1118	1141	23
	2 D	8.5	1112	1115	1115	1122	7
	2 V	12 1/2	LOOKS OK		OK		
	3 S	4.5	1154	1157	1157	1207	10
	3 D	8.5	1153	1155	1155	1159	4
	3 V	12 1/2	LOOKS OK		OK		
	4 S	4	1239	1247	1247	1253	5
	4 D	8.5	1239	1240	1240	1247	7
	4 V	12	LOOKS OK		OK		
6/18	5 V	13	LOOKS OK		OK		

(1)
 BROWN CLAY & TOPSOIL
 TANK BROWN SAND LOAM

(2)
 BROWN CLAY
 TANK BROWN SAND LOAM

(4)
 CLAY
 BROWN SAND LOAM

(5)
 CLAY & TOPSOIL
 GRAY BROWN SAND LOAM

REMARKS (5) = EXTRA HOLE (1)(2)(3)(4) SURVEYOR

TYPE OF SOIL
 TESTED BY B HODGES

ALSO PRESENT DAVE FLOMME OF RLO
 DAVE MADEAU GEOLOGIST

EH-12-1079
 12 1/2

PERMIT APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation X
 Replacement _____

Receipt # 38235
 Date 12/10/86

Name of Installer Carroll Water Systems, Inc.

Telephone 876-6850

License number 07K
 Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner Doug Hoftotler Telephone 997-7257

Subdivision CAITHER FARM Lot # 2c Well tag # _____
 Site Address 11001 DORCH FARM RD

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X

- Motor
1. Horsepower 1/2
 2. RPM 3450
 3. Voltage _____
 - a. 110 _____
 - b. 220 1

- Pitless Adapter
1. Make Hardy
 2. Model # DT 500
 3. Depth 4"

2. Make Corbett
3. Model # BFS0342
4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

1. Capacity 42
2. Pressure relief valve? yes

- Piping
1. Type Plastic
 2. Size 1"
 3. NSF and/or BOCA Code approved yes
 4. Depth of supply line 4"

- Well data
1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? _____

1-5-86 WORK COMPLETED AND COVERED before inspection. S. H. H.

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: 12/8/86

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

B 1 **1080** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
MD-81-1502
 fill in this form completely

Date Received
 8 **10** 13 **20**
 OWNER INFORMATION
 15 Last Name **MASSELL** Owner First Name **THOMAS**
 36 Street or RFD **11693 Rte 11693**
 57 Town **ELKTON** 70 State **72** Zip **19940**

B 3 LOCATION OF WELL
 8 COUNTY **DELAWARE** 21
 23 SUBDIVISION **CAITLIK FARM** 42
 SECTION **44** 46 LOT **27** 50
 52 NEAREST TOWN **ELKTON CITY** 71
 MILES FROM TOWN (enter 0 if in town) **4** 73 76 77 78

DRILLER INFORMATION
 Driller's Name **James H. ...** 77 License No. **80**
 Firm Name **James H. ...**
 Address **5517 Pine Hill Dr**
 Signature **James H. ...** Date **10/27/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD **CAITLIK FARM & DORSEY FARM RD**
 DISTANCE FROM ROAD **180** 34 37
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **3** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **575** 14 20

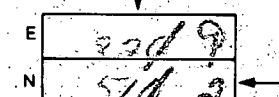
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **NEW JARD** COUNTY NO. **A35026**
 OEP SIGNATURE **James H. ...** STATE HEALTH INSERT S
 DATE ISSUED **10/27/86** EXP. DATE **11/27/86**
 NORTH GRID **212000** EAST GRID **0929000**

APPROXIMATE DEPTH OF WELL **30** 24 28 FEET

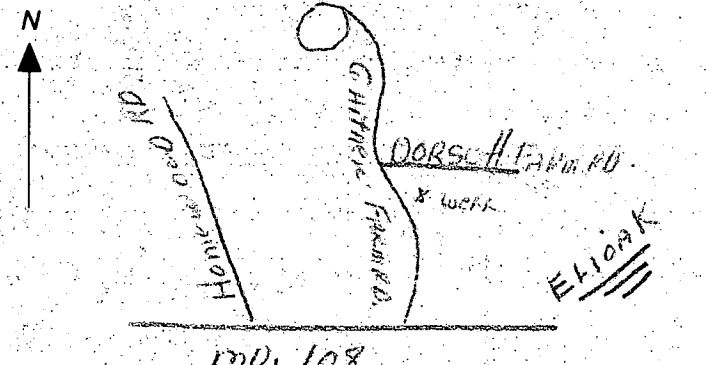
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary Drive-POINT
 other _____

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


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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 GAP _____ 63
 FORCE **150** WRITE INITIALS IN BOX PERMIT No. **MD-81-1502**
 67-68 70 71 72 73 74 75 76 77 78 79

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

 md. 108

SPECIAL CONDITIONS

6170786

(Bm)

Location as per plot adjacent.
grout in progress when
arrived

13 bags cement
39' open hole
52' casing

No H₂O sample taken
(grout only)

C1 00549

SEQUENCE NO. (OEP 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

A35686

DATE Received

8 13

DATE WELL COMPLETED

06/1/86

Depth of Well

22 125 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HC-81-1502

OWNER HOSTS TISER DOUGLAS STREET OR RFD GATHERER FARM RD TOWN ELLICOTT CITY SUBDIVISION GATHER FARM SECTION LOT 20

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, FEET (FROM, TO), Check if water bearing. Rows: SAND Stone (0-45), GRAY Granite (45-125)

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39 ft.

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

MAIN CASING TYPE SF Nominal diameter 6 inch Total depth 52 feet

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

SCREEN RECORD screen type or open hole insert appropriate code below (S, T, B, R, H, O, P, L, O, T)

DEPTH (nearest ft.) 125

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

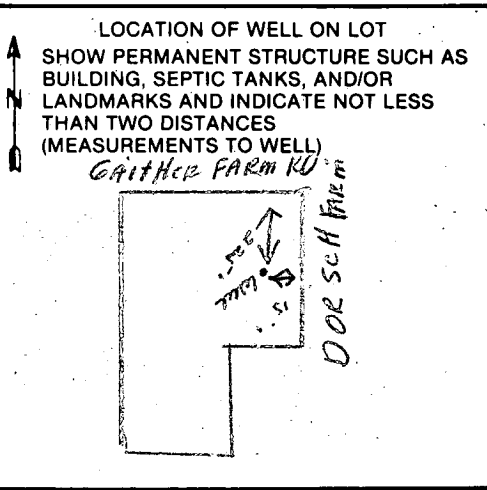
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 34 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO CAPACITY: GALLONS PER MINUTE PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



① Well pumps

Tag was Pipe pitless OK
to cover

② Tank not yet installed

③ Told worker to tell plumber to
call Health Dept I do not know
who installed pitless or whether they
got a permit

12/17/86

R.H.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00116030

Building Address 11036 Gaither Farm Rd.
Ellicott City MD 21042
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6030 Subdivision Gaither Farm
 Section N/A Area N/A Lot 20
 Tax Map 29 Parcel 1 Grid 10
 Zoning RC-Deo Map Coordinates _____ Lot size 3.2137 ac

Property Owner's Name Doug & Nancy Hostetler
 Address 11036 Gaither Farm Rd.
 City Ellicott City State MD Zip Code 21042
 Home Phone 410-730-2806 Work Phone 410-740-3303
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ \$245,000.00
 Description of Work Rec. Room in basement; addition to Fam. Rm. & Kit.; New library; 2nd floor bath; 2 covered porches; brick patio & detached Garage

Contractor Company Charles H. Shaw & Son, Inc.
 Contact Person Ron Shaw
 Address 7040 Guilford Rd.
 City Clarksville State MD Zip Code 21029
 License No. 130
 Phone 410-531-5405 Fax _____

Occupant or Tenant Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company DW Taylor Assoc.
 Contact Person Mike
 Address 5024 Dorsey Hall
 City Ellicott City State MD Zip Code 21042
 Phone 410-964-1181 Fax 410-997-2924

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 1st floor: <u>31'</u> <u>48'3"</u> 2nd floor: <u>11'</u> <u>13'</u> Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>10114</u>	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: <u>Garage</u> Dimensions: <u>26' x 26'</u> Footings: <u>8' x 24'</u> Roof: <u>wood shakes</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
Charles H. Shaw & Son, Inc.
 Title/Company

LINDA SHAW
 Print Name
2-5-99
 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		
Health	<u>2/9/99</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
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 _____

PROPERTY ID#:	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>11331</u>
Validation	# <u>19781</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

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

DORSCH FARM ROAD
50' RW

Approved Septic System Plan
Howard County Health Department
See A 35686

Paula Pindley 2/9/99
Signature Date

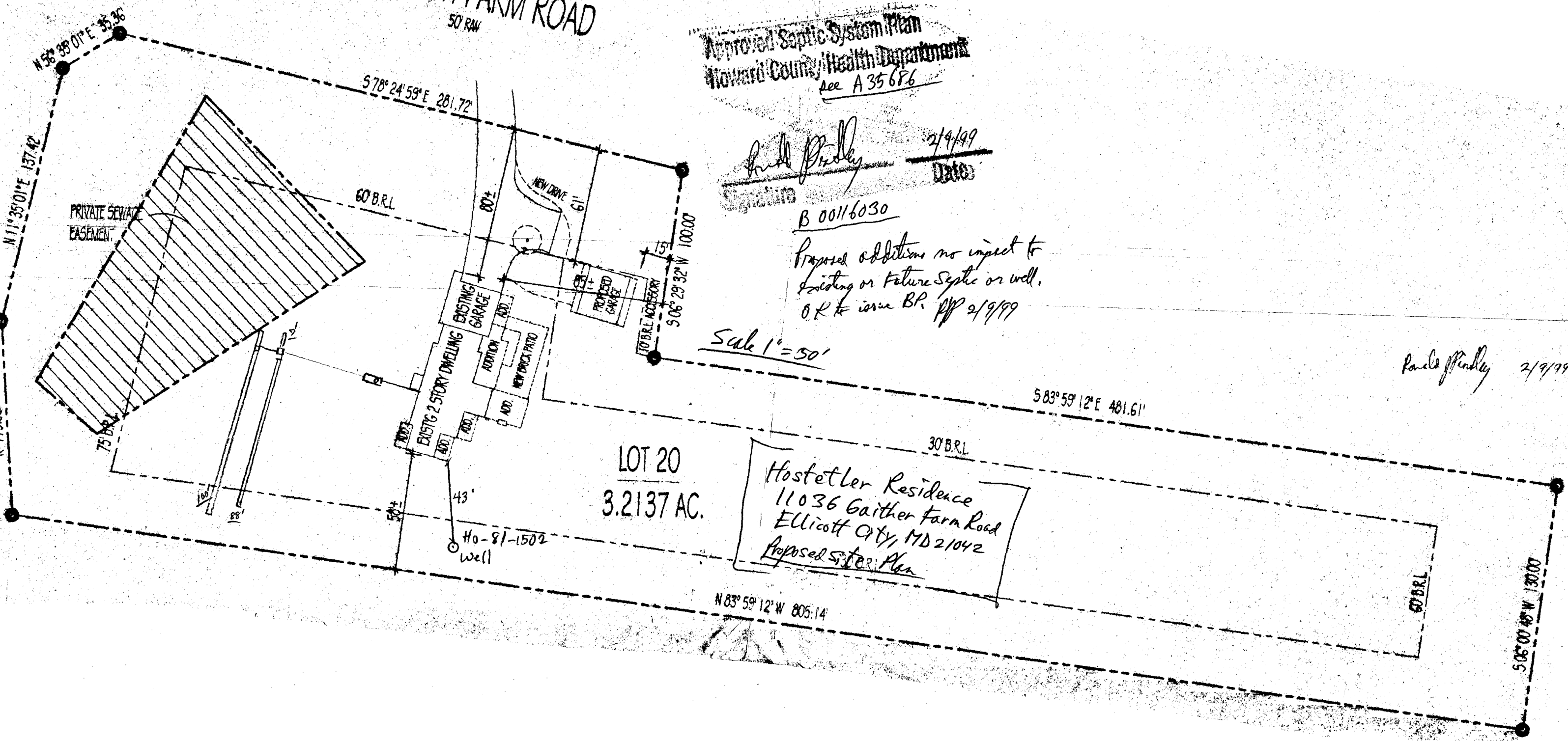
B 0016030

Proposed additions no impact to
existing or future septic or well.
OK to issue B.P. 2/9/99

Scale 1" = 50'

Paula Pindley 2/9/99

1-98.24
R=775.00
Gaither Farm Rd



LOT 20
3.2137 AC.

Hostetler Residence
11036 Gaither Farm Road
ELLICOTT CITY, MD 21042
Proposed Site Plan

N 83° 59' 12" W 805.14'

