

2/1/90
2 pm

05-402/90

PERMIT

P 45721

SEWAGE DISPOSAL SYSTEM

A 34886

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/30/89

DATE SYSTEM APPROVED 2/1/90

INSPECTOR BJ

*INDEX - TIME EXPIRED
FOR F.C.O.P. COMPLIANCE*

5/6/93 C. Williams / C.P.S.

David Hopkins & Son

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland PHONE 831-7257

SUBDIVISION Waterford ROAD 13160 Brighton Dam Rd LOT 7

PROPERTY OWNER BELK Construction

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 240 feet down the left (540') lot line and 60 feet off the same lot line as seen when facing the lot from Brighton Dam Road. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY Sid Abel DATE 4/01/87

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

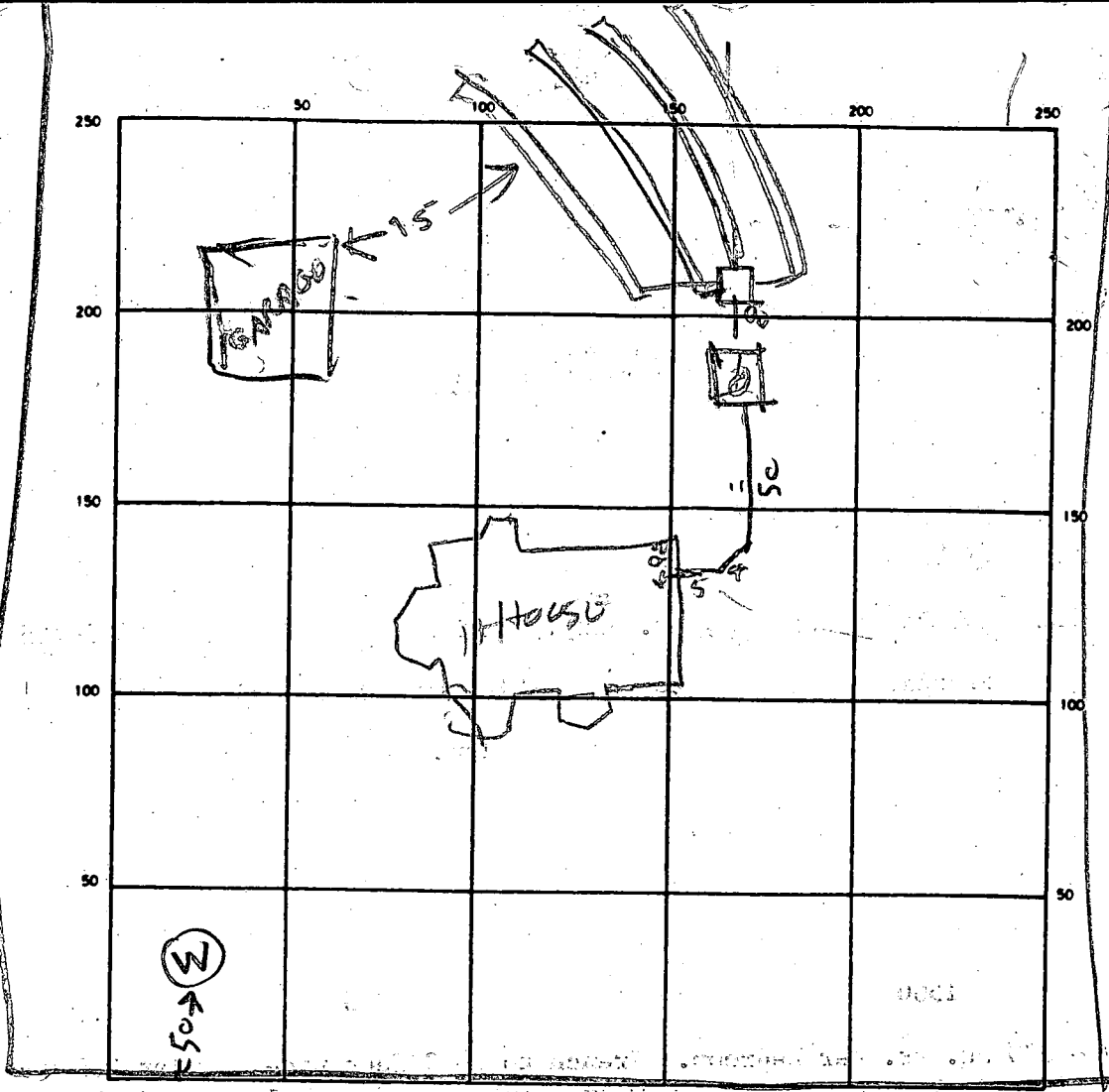
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG PERMITS DIVISION
END RETURNED 1/9/2001
B00127730 PROPANE TANK

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
34886



5000

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
BRIGHTON DAM RD

SEPTIC TANK LEVEL 1500 CLEANOUTS ST

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH

1	2	3	4	TOTAL
24	24	24	26	336

 FT

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1008 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 2/2/90 INSPECTOR Raymond Dodge

Need only 1 application with the above checked items completed

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 39884

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5TH

DATE April 29/85

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.

Behk Const.

PROPERTY OWNER Teral International, % Mrs. Gabriela M. Arroyo
ADDRESS 1310 Eighteenth St, N.W., Washington, DC, 20036 PHONE 202-457-0727

PROPERTY LOCATION: WATERFORD Section)

SUBDIVISION Teral International LOT NO. *7

ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 4400 feet west of Ten Oaks Road 13160 Brighton Dam Rd.

SIZE OF LOT 3+ acres TYPE BLDG. Residence
(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.

Charles J. Cronk
(SIGNATURE OF APPLICANT)

APPROVED BY Sichay Abel FOR Shallow Tels fields DATE 4-1-87

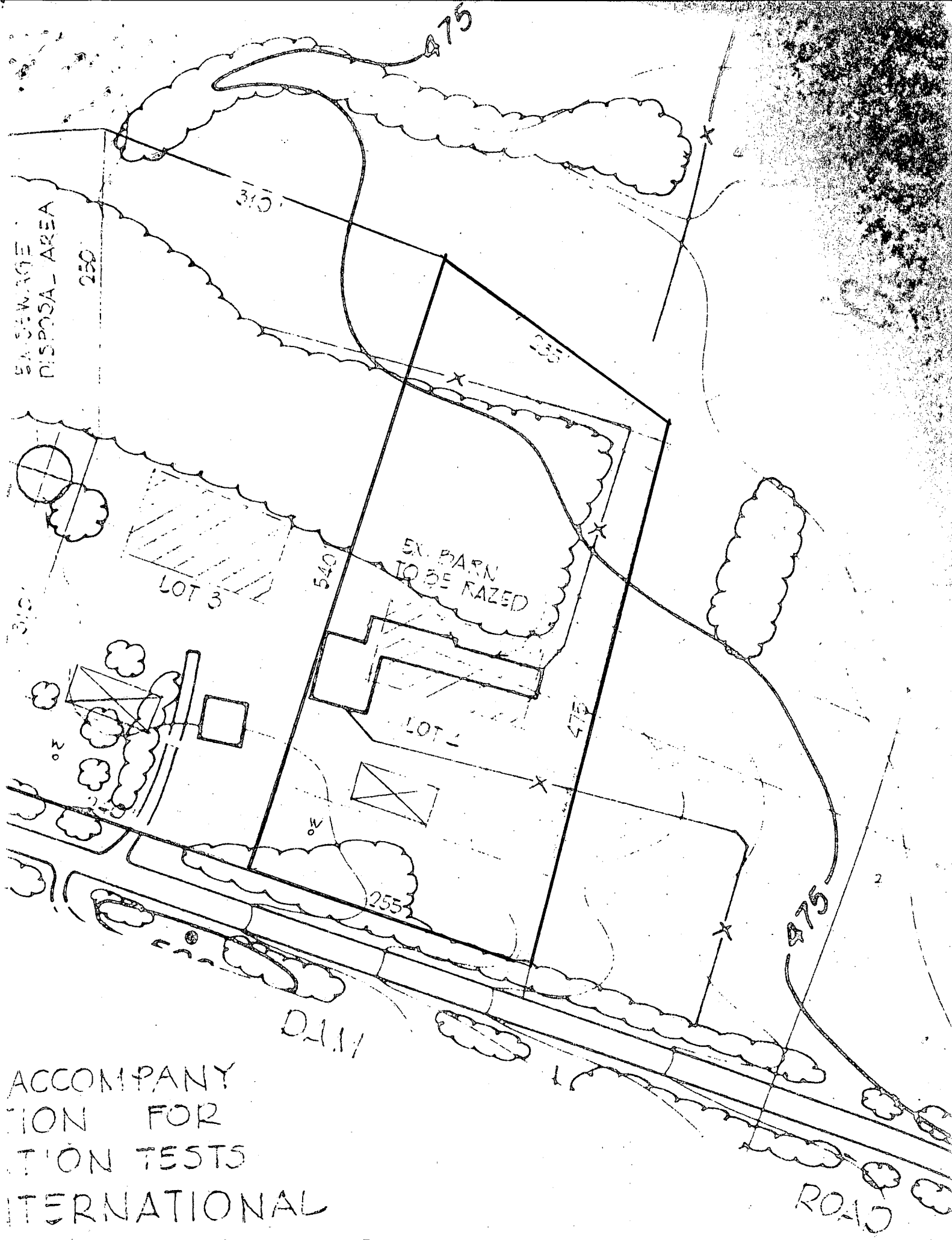
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-18-85 Perc. SATISFACTORY, HOLD FOR Certified hole LOCATION, well + HOUSE SITE, HOLD FOR REVIEW FOR SHALLOW SYSTEM STAGE

BUDG. PERMIT SIGNED
AND RETURNED 5-19-89
BP25888

THIS IS NOT A PERMIT



ACCOMPANY
 TION FOR
 TION TESTS
 INTERNATIONAL
 ST. - HOWARD CO., MD.



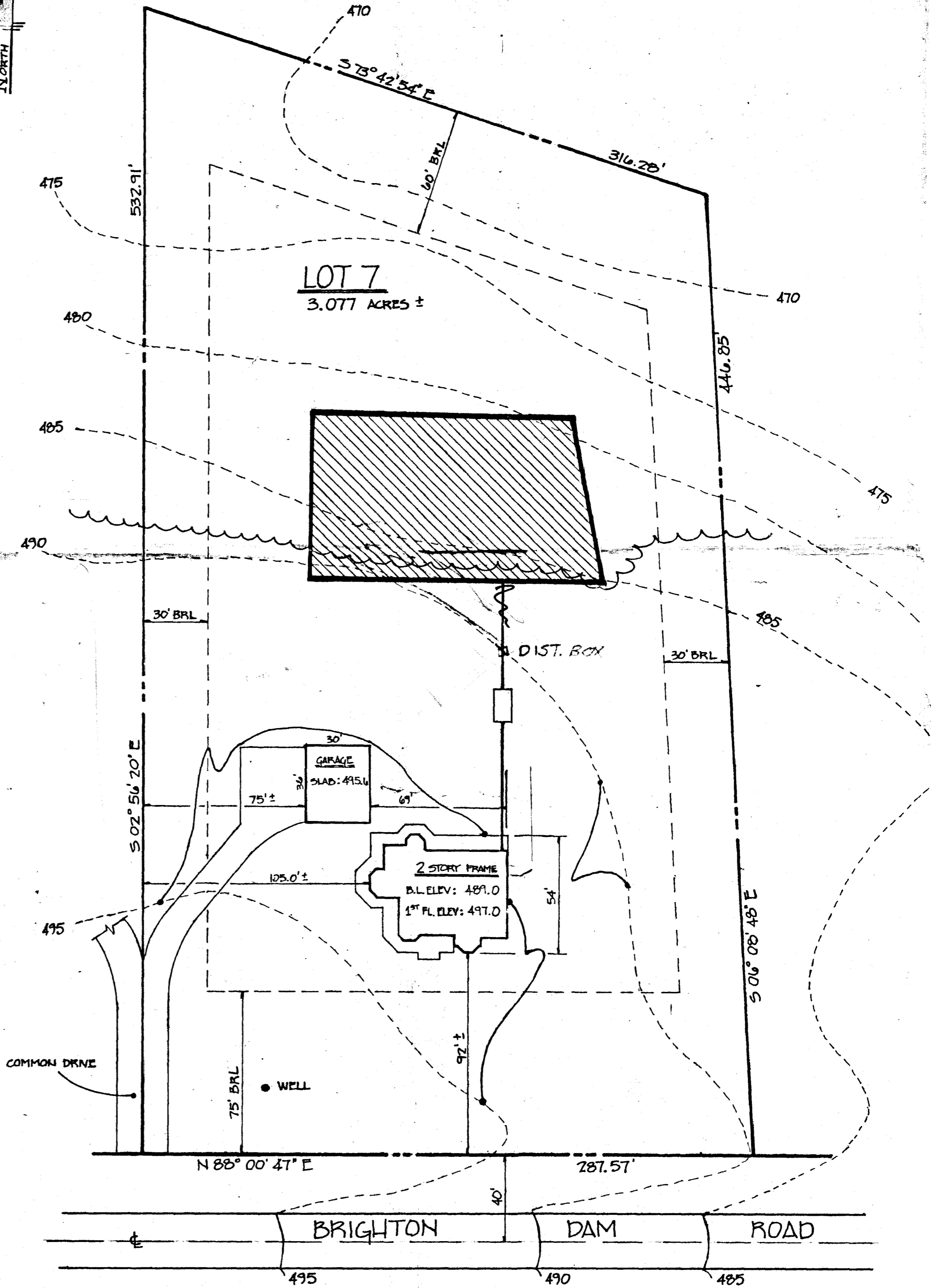
LOT 6

LOT 7
3.077 ACRES ±

UTILITIES : WELL & SEPTIC
FIRST FL. ELEV. : 497.00 ✓
BSMT. ELEV. : 489.00 ✓
INV. OUT OF HSE. : 488.00 ✓ + BSMT
INV. INTO TANK : ~~486.75~~ ✓ 487.0
INV. OUT OF TANK : ~~487.75~~ ✓ 486.7
INV. TO DIST. BOX : ~~487.75~~ ✓ 486.7
1ST TRENCH ELEV. : ~~483.75~~ 486.5

4"
BMDG. PERMIT SIGNED
AND RETURNED 5-19-89

BR25888
JK



B 1 **2260** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

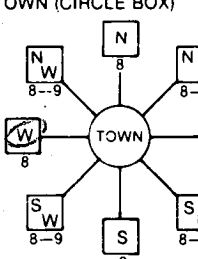
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HO-88-0575
 fill in this form completely

Date Received (APA) **047189**
 OWNER INFORMATION
BEAK CONSTRUCTION CO
 15 Last Name 13 Owner 34 First Name
17791 SHAFERS MILL
 36 Street or RFD 55
Mt AIRY 57 Town 70 State 72 **MD** 71 Zip 76 **21771**

B 3 LOCATION OF WELL
HOWARD 8 COUNTY 21
WATERFORD 23 SUBDIVISION 42
 SECTION **3** 44 46 LOT **7** 48 50
CLARKSVILLE 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1 3/8** 73 MI 76 77 78

DRILLER INFORMATION
Joseph L. Wayne 77 License No. 80 **238**
Joseph L. Wayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
 Address
Joseph L. Wayne 4/20/89
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Brighton Dam Road 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **30** 34 FT 37
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

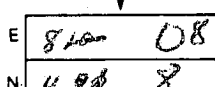
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A-34886 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED **092689** **Feb 26 10-23-89**
 43 CO SIGNATURE 48 EXP. DATE
 NORTH GRID **498000** 50 55 EAST GRID **0808000** 57 63

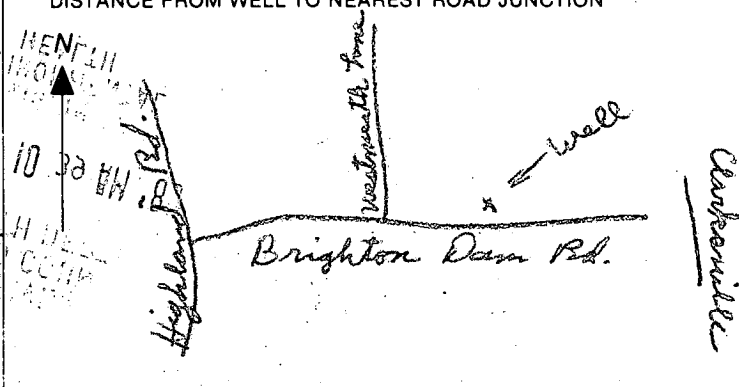
APPROXIMATE DEPTH OF WELL **240** 24 FEET 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

5-3-89
Great - #3 10:00am
2 ft above ground
46ft casing
32ft open hole
8 bags cement
location ok
JENadeau

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) _____

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

1000
Brighton Dam Rd.
Howard Rd.
Clarksville

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-88-0575**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

COUNTY

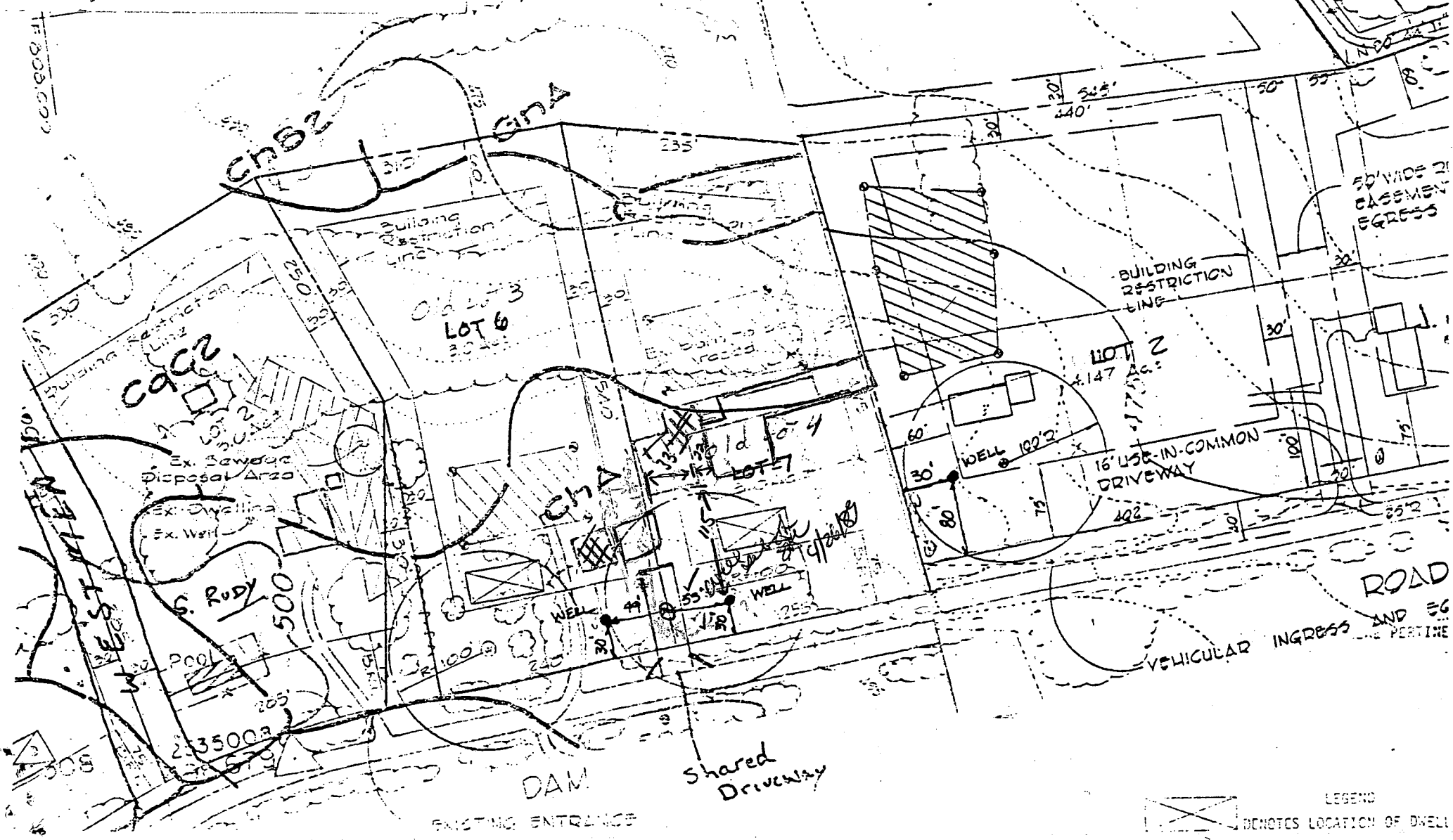
BEHK construction COMPANY, INC.

EDWARD W. HERETH

CAR-Number 370 8174

17791 SHAFFERS MILL ROAD MT. AIRY, MARYLAND 21771

(301) 489-7197



LEGEND
DENOTES LOCATION OF DWELL

C1 2434

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

PERMIT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-34886

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED 050489

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0575

OWNER Behk Construction last name Brighton first name Dan SECTION 3 LOT 7

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 handwritten entries: SAND Stone, GRAY Mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 8 NO. OF POUNDS 452

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS BRONZE OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 44 225

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

DRILLERS IDENT. NO. 032

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

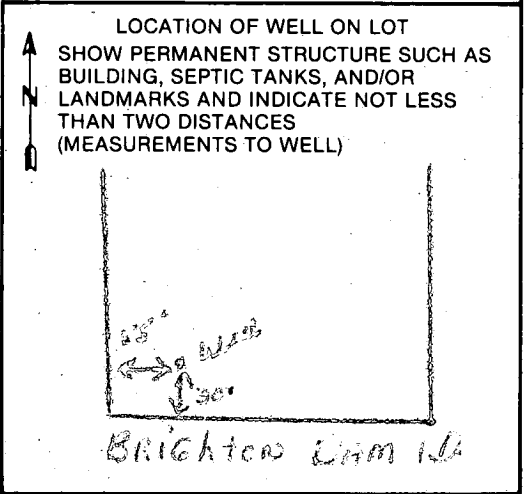
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 WHEN PUMPING 78 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 EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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)



3/15/90

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 45683
Date 3-11-90

Name of Installer Gary Eisenberg

Telephone (301) 379-0222

License Number 3260

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Behk. Const.

Telephone (301) 489-7197

Subdivision Waterford Lot # 7

Well Tag # HO-88-0575

Site Address 13160 Brighton Dam Rd.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make
- Model #
- Capacity GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make
- Model #
- Depth

Tank

- Capacity
- Pressure relief valve?

Piping

- Type
- Size
- NSF and/or BOCA Code approved
- Depth of supply line

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- Will water supply be disinfected by installer?

3/15/90 P.A. 3 1/2' B.G.-OK
MR

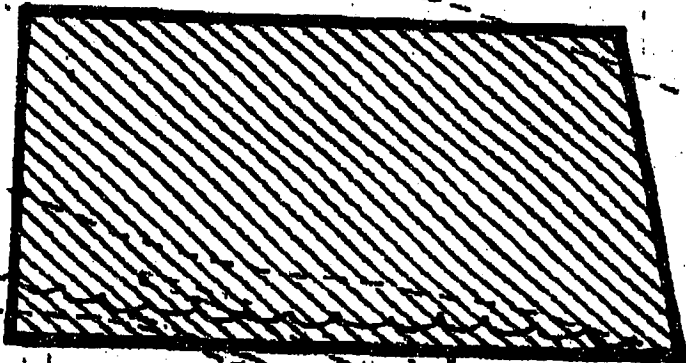
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 3-12-90

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



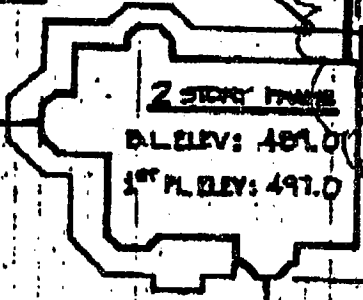
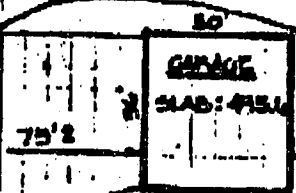
30' BRL

30' BRL

DIST. BOX
EX. S. T.

Proposed location
for Propant
Tank
OK (MIR)

1/9/01



2 STORY FRAME
BASELEV: 489.0'
1ST FL. LEV: 491.0'

WELL

75' BRL

30' 00' 25' E

N 88° 00' 47" E

281.57'

BRIGHTON

DAM

ROAD

495

490

485

14886

Health Dept

C

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B 0027730
--	---	-----------------------------------

True

Building Address <u>13160 Brighton Dam Road</u> <u>Clarksville, MD. 21029</u>	Property Owner's Name <u>Robert Hartson</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>	Address <u>13160 Brighton Dam Road</u>
Census Tract <u>0051.01</u> Subdivision <u>WATERFORD</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Section <u>N/A</u> Area <u>N/A</u> Lot <u>7</u>	Home Phone _____ Work Phone <u>301-498-7087</u>
Tax Map <u>34</u> Parcel <u>143</u> Grid <u>9</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR-DEO</u> Map Coordinates <u>14A8</u> Lot size _____	Phone _____ Fax _____

Existing Use <u>SFD</u>	Contractor Company <u>United Pipe</u>
Proposed Use <u>Under Fireplaces Gas for Fireplaces</u>	Contact Person <u>Doug McKnew</u>
Estimated Construction Cost <u>\$ 2000.00</u>	Address <u>205 Najales Road</u>
Description of Work <u>Bringing propane tank and run gas line 35' to dwelling</u>	City <u>Millersville</u> State <u>MD</u> Zip Code <u>21104</u>
	License No. <u>AS-01475</u>
	Phone <u>410-987-9000</u> Fax <u>410-987-5906</u>

Occupant or Tenant <u>Owner</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	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 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: _____	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"/>	2nd floor: _____	Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	No. of 1 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		No. of 2 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
		No. of 3 BR units: _____	<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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Douglas McKnew</u> Applicant's Signature	<u>Douglas McKnew</u> Print Name
<u>Salesman</u> Title/Company	<u>12-12-00</u> Date

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

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DEP. SETBACK INFORMATION</u>	<u>PROPERTY ID#:</u> <u>2307</u>
<u>Land Development, DPZ</u>	<u>12/16/01</u>	<u>[Signature]</u>	Front: <u>92'</u> <u>ET</u>	Filing fee \$ <u>100</u>
<u>State Highways</u>			Rear: <u>60'</u> <u>ET</u>	Permit fee \$ _____
<u>Building Official</u>			Side: <u>30'</u> <u>ET</u>	Excise tax \$ _____
<u>Dev. Engineering, DPZ</u>	<u>1/9/01</u>	<u>Mark [Signature]</u>	Side St.: <u>30'</u> <u>ET</u>	Sub-total paid \$ _____
<u>Fire Protection</u>			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone <u>NONE</u>	Check/Discover # _____
			SDP/Red-line approval date <u>NONE</u> Accepted by <u>[Signature]</u>	Validation # <u>22281</u>