

APPROVED
8/16/85 RH
P 35820
A 32254

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th
DATE 7/26/85

05-374219

INDEXED

Van Sant Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 5 North Main Street, Mt. Airy, Maryland 21771 PHONE 831-5225

SUBDIVISION Glenely Manor II ROAD 12709 Folly Quarter LOT 4-C

PROPERTY OWNER Charles Sarau Hollis

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

NOTE: THE FRONT LOT LINE IS THE 601.80 FT. LOT LINE ON THE SOUTHERN END OF THE LOT.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 174 sq. ft. one sidewall area per bedroom. Ditch is to be 2 feet wide, 6 feet deep, with inlet at 3 ft. below original grade and filled with 3 ft. of stone. Length of the ditch depends on the number of sq. ft. needed. Start the ditch at perc hole #1 and run it along level ground toward perc hole #3. Perc hole #1 is located 30 feet from the front lot line and 70 feet from the right lot line as seen when facing the lot from the front lot line. Perc Hole #3 is located 110 feet from the front lot line and 90 feet from the left lot line as seen when facing the lot from the front lot line. Use a distribution box and run the trenches parallel and at least 10 feet apart, center-to-center.

PLANS APPROVED BY Raymond Hodges DATE 2/17/83

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.

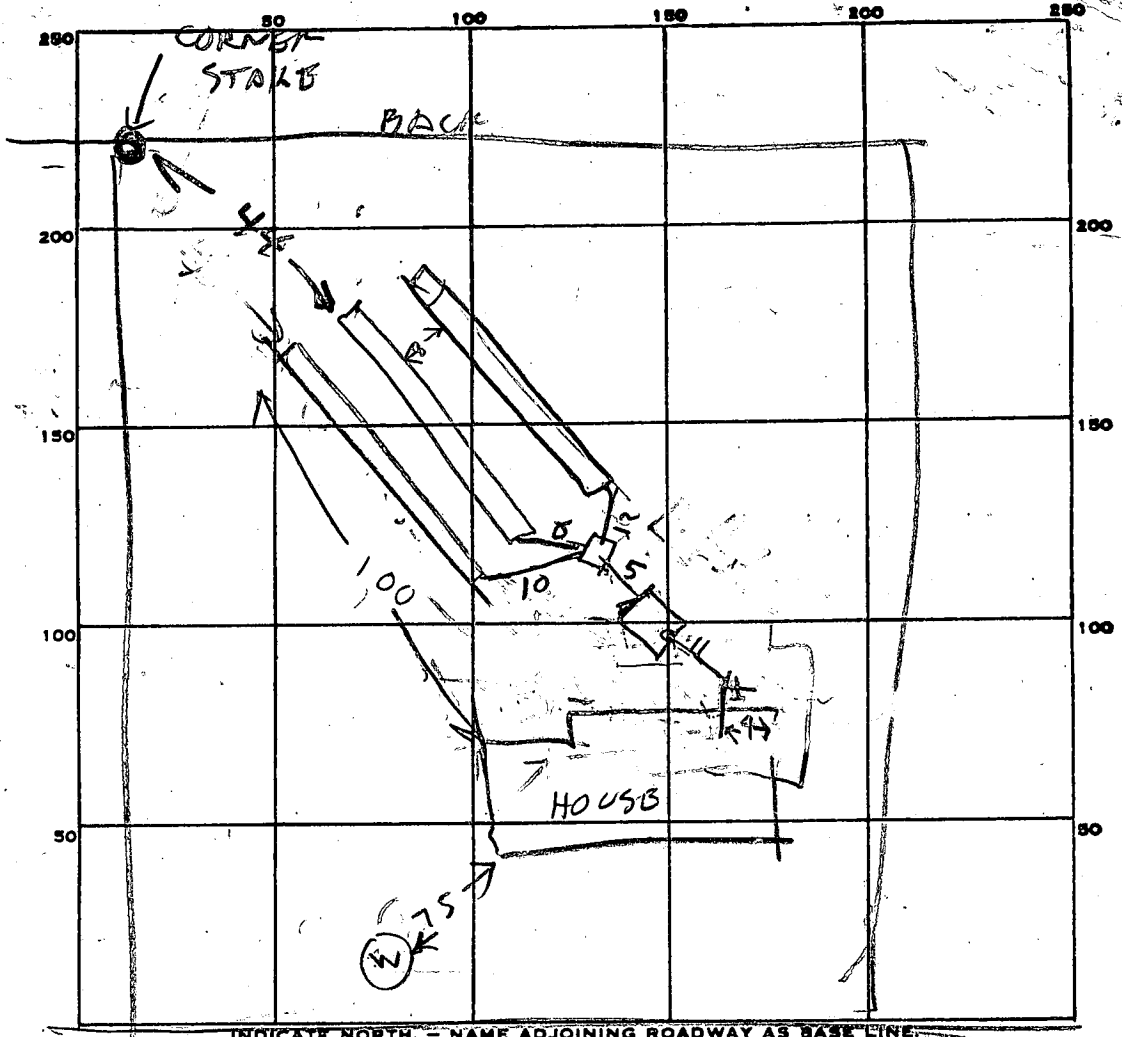
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 38254

8/11/85
8/5/85
ASAP



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD 170

SEPTIC TANK, LEVEL OK 1250 TOP CLEANOUTS OK
2 FT BELOW GRADE 2/5/85

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH	#1	#2	#3	TRENCH WIDTH	#1	#2	#3	
	7	6.5	6.7		2	2	2	

GRAVEL DEPTH	#1	#2	#3	TOTAL LENGTH	#1	#2	#3	TOTAL
	3.5 FT	3 FT	3 FT		80	78	83	

NUMBER OF TRENCHES	3	TOTAL BOTTOM AREA	#1	#2	#3	TOTAL
			280	234	249	763

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/1/85 - LOCATION OK TRENCH #1 DUG.
ADD STONE TO TRENCH #1 & DIG TRENCH #2 R/H
8/2/85 - TRENCH #2 DUG SOME STONE ADDED TO TRENCH #1
8/2/85 - STONE ADDED TO TRENCHES #1 & #2. DIG TRENCH #3
8/5/85 - TRENCH #3 DUG & IS OK. NOW ADD STONE R/H.
8/6/85 - TRENCH #3 OK #9650 REQUIRED 763 SQ FT IN ST. 220

DATE SYSTEM APPROVED 8/6/85 INSPECTOR Raymond Hodges

PRELIMINARY

APPLICATION

4-C

10/29/82
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32254

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 10/19/82

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 ~~Howard Associates~~ Charles Sarau

ADDRESS _____ PHONE Don Reuwer - 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor, Section 2 LOT NO. 4-C

ROAD AND DESCRIPTION # 12709 off Folly Quarter Road

SIZE OF LOT 1 acre m/l TYPE BLDG. 3 or 4 bedrooms
(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. /s/ Don Reuwer for Howard Associates

(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodger FOR MEDIUM TRENCHES DATE 2/17/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS WET SEASON - Craig Wilham DATE 11-8-82

REASONS FOR REJECTION OR HOLDING LOW HOLE MOTTLED & MOIST - (OBSERVATION PIPE INSERTED)

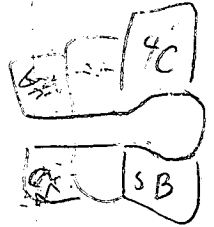
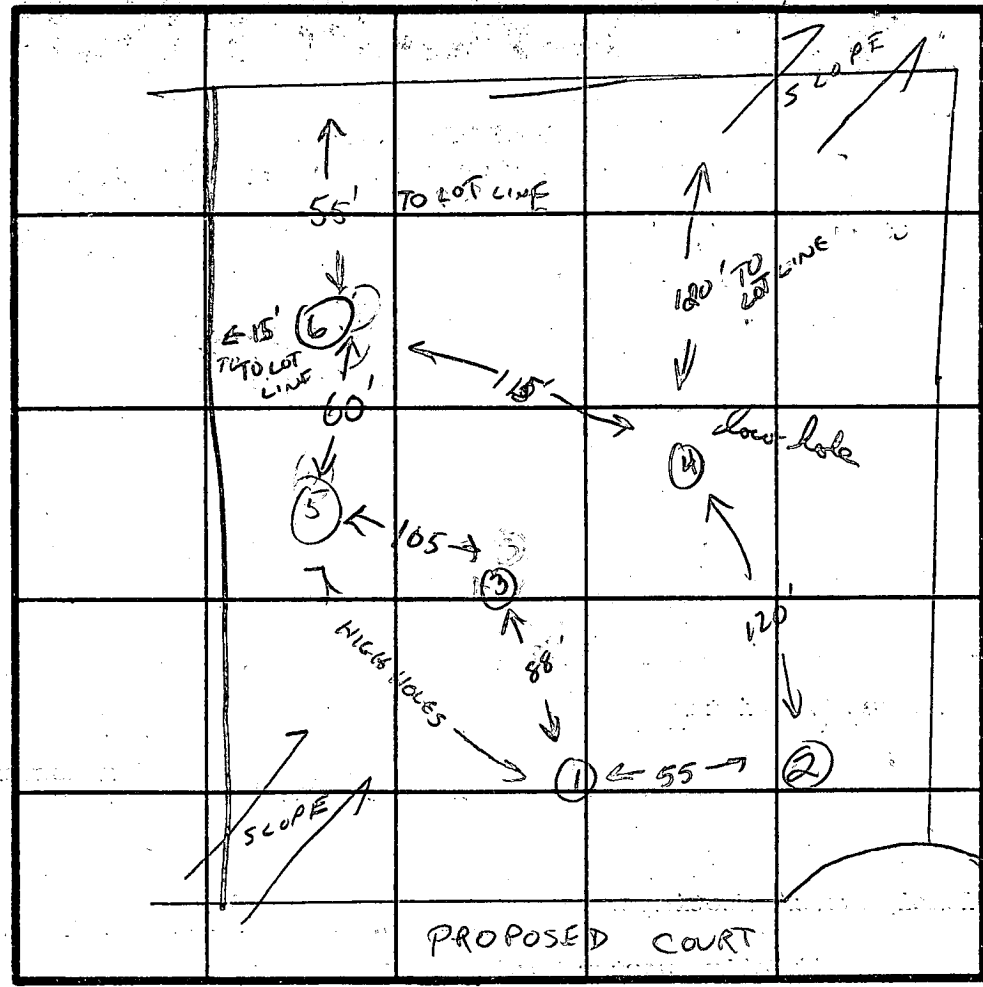
2/3/83 NO WATER IN OBSERVATION PIPE BLDG. PERMIT 64385
AND RETURNED 4-30-85

2/15/83 Perc OK for Tile Field only

THIS IS NOT A PERMIT

Holes 1-2-3

SOIL PROFILE
 TO SOIL
 ORANGE CLAY & SAND
 TO MOSTLY SAND BELOW 6'



HOLE #4
 TOP SOIL 8"
 YELLOW-BROWN CLAY
 CHANGING TO MOSTLY SAND BELOW 6'

5
 TOP SOIL 8"
 ORANGE CLAY
 CHANGING TO SAND BELOW 7'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-8-82	1	4 1/2'	11:08	11:10	11:10	11:12	2 MIN
		10'	SAND				
11-8-82	2	4'	11:25	11:28	11:28	11:38	10 MIN
		11'	SAND				
11-8-82	3	4'	11:33	11:35	11:35	11:39	4 MIN
		10'	SAND				
11-8-82	4 *	4'	11:42	14" IN	10 MIN	X	X
		5'	12:06	12:14	12:14	12:21	7 MIN
		14 1/2'	V SAND - NO WATER		BUT GRAY BLOTCHES SAND BELOW 12'		
11-8-82	5	5'	12:18	12:24	12:24	12:51	27 MIN
		10'	SAND				
11-8-82	6	4'	11:48	11:56	11:56	11:12	18 MIN
		10'	SAND				

REMARKS OBSERVATION PIPE IN HOLE #4

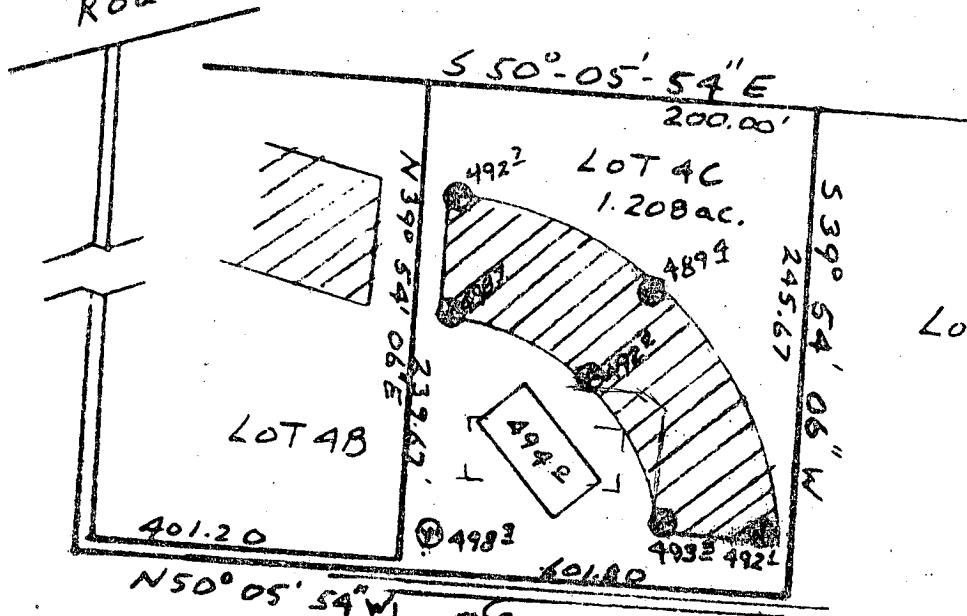
TYPE OF SOIL ORANGE CLAY MIXING w/ SAND - CHANGING TO SAND

TESTED BY CRAIG WILLIAMS ALSO PRESENT OBO KETTERMAN

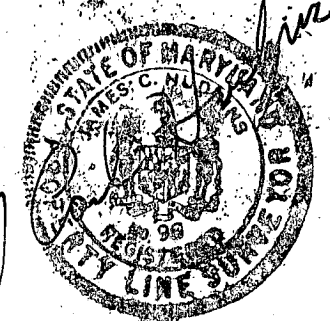
12/2/83 NO WATER IN OBSERVATION PIPE 14 1/2 FT DEEP NOW

EH-12-1079

Folly Quarter Road



WELL LOT 5B
 11/14/84
 C. S. [Signature]



[Hatched Area] This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".
 The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.
 Percolation areas and water wells for adjoining lots have been shown where pertinent.

PERCOLATION TEST PLAT
 PARCEL 4C
 GLENELG MANOR
 SECTION TWO
 5th Election District
 Howard County, Maryland
 Scale 1" = 100'
 Date 11-24-82

APPROVED: For Private Water and Private Sewage Systems

[Signature]
 County Health Officer C.S.

2-16-83
 Date

HTI Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307

B 1 **5270** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

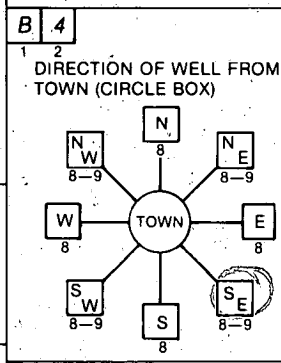
STATE OF MARYLAND *ZM4*
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0786
 fill in this form completely

Date Received *11/16/84*
 OWNER INFORMATION
 REUWER DONALD
 10176 BALT WATL PIKE
 ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL *R-34534*
 HOWARD COUNTY
 GLENELG MANOR
 SECTION 2 LOT 40
 GLENELG
 MILES FROM TOWN (enter 0 if in town) *2* MI

DRILLER INFORMATION
 Ralph Mayne
 273
 9120 Brown Church Rd. Mt. Airy
 Ralph Mayne 11/17/84



Folley Quarter Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 2500
 DISTANCE FROM ROAD
 ENTER FT or MI

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
 DATE ISSUED *5/14/85*
 NORTH GRID *516000* EAST GRID *0312000*

APPROXIMATE DEPTH OF WELL *150* FEET

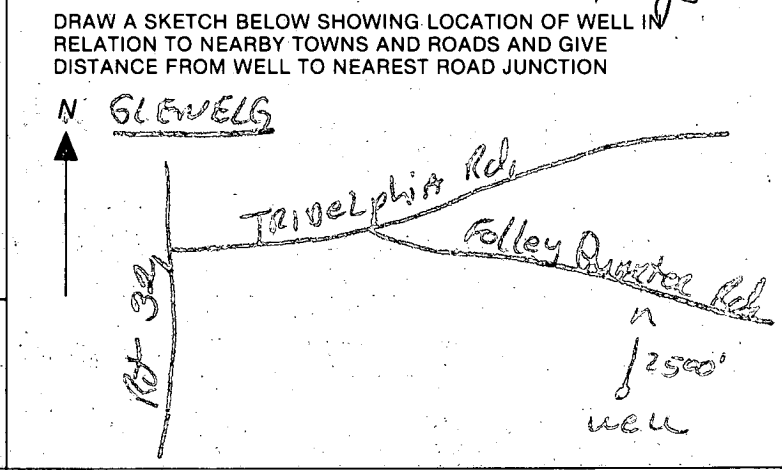
APPROXIMATE DIAMETER OF WELL *6* INCH

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

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 810
 N 510
 Location OK
 Folley Quarter Rd.
 40' casing
 35' open
 8 bags cement
 Targe & papers given to Ralph Mayne
 11/16/84

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER *GAP*
 FORCE *CA* PERMIT NO. *40-81-0786*



SPECIAL CONDITIONS

C1 **2987** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A 32254**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **11/16/84** Depth of Well **165** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0786**

OWNER **REWER DON** last name **FOLLY QUATER RD** first name TOWN **GLEN EGG**
 STREET OR RFD SUBDIVISION **GLEN EGG MANOR II** SECTION LOT **9C**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	30	✓
Sand Stone	30	35	
Micka	35	45	
Sand Stone	45	50	✓
Micka	50	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **PL** **G** **40**
 Nominal diameter top (main) casing (nearest inch) Total depth 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 OPEN HOLE
PL **OT**
 PLASTIC OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 38	165
2		
3		

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

CIRCLE APPROPRIATE LETTER
A 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. **225**
 DRILLERS SIGNATURE **Ralph Wayne**

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

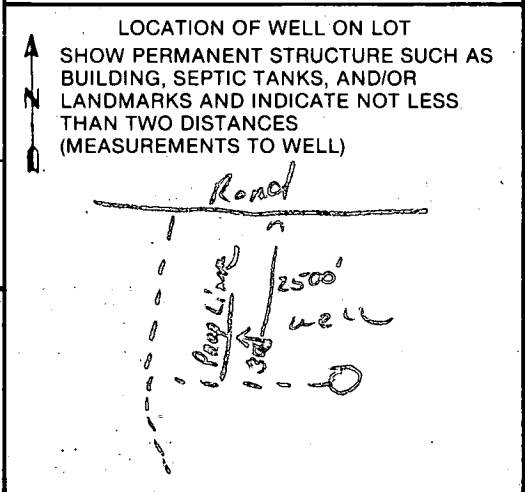
GRAVEL PACK [] [] [] to [] [] []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG OTHER DATA
 CASING INDICATOR

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **22**
 WHEN PUMPING **46**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **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: **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)
+ above } LAND SURFACE (nearest foot) **51**
- below }



8/3/85 1201

- ① Filter Adapter OK to cover
- ② Pipe OK to cover
- ③ Wner OK
- ④ Pressure Temp not yet installed
- ⑤ Van Sant Plumbing & Heating
829 0444 or 795 6566
Put in Well Connection

William E. Doyle

well

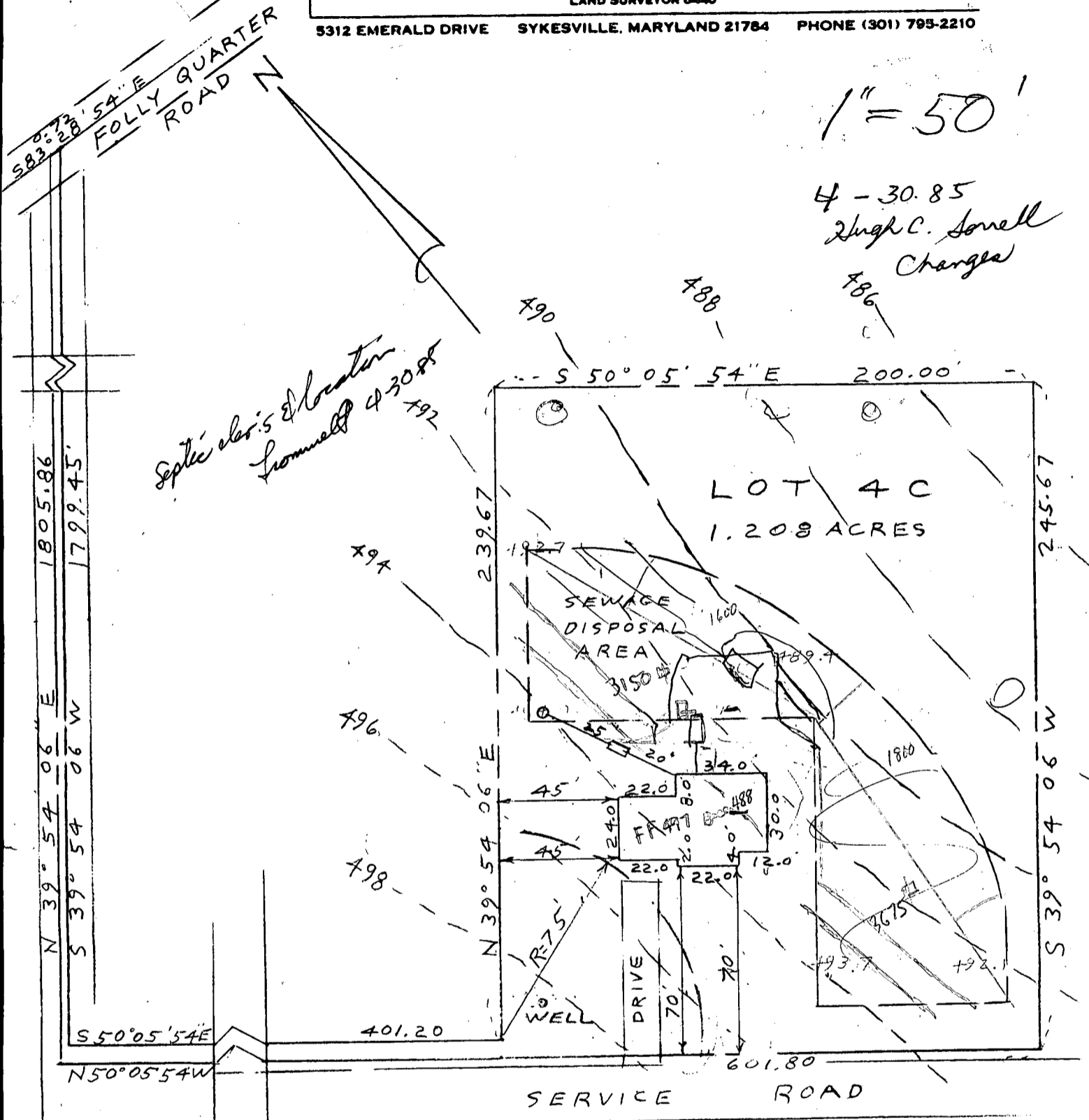
LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

1" = 50'

4 - 30.85
Hugh C. Sonnell
Charged

*Septic elev's & location
Sonnell 4/30/85*



TRENCH IN INV	490.5
EXIST. GRN. AT DISTR. BOX	493.5
INV. IN DISTR. BOX	491.25
INV. OUT OF SEPTIC TANK	491.35
INV. INTO SEPTIC TANK	491.60
INV. OUT OF DWELLING	491.80
FIRST FLOOR ELEV.	497.00
CELLAR ELEV.	488.00
WELL ELEV.	498.40
NO. OF BEDROOMS	4
ACREAGE	1.208 ACRES

PLOT PLAN
 LOT 4C, FOLLY QUARER RD.
 GLENELG MANOR, SECTION 2
 ELECTION DISTRICT 5
 HOWARD COUNTY MD.
 SCALE: 1" = 50'
 DRAWN: APRIL 4, 1985



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
 signed William E. Doyle

William E. Doyle
 FILE NO. 156-29

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER 53
B00130835

Building Address 12709 FOLLY QUARTER Rd
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision _____
 Section _____ Area _____ Lot 4C
 Tax Map _____ Parcel 480 Grid _____
 Zoning _____ Map Coordinates 10C11 Lot size 23

Property Owner's Name JAN M. HOLLIS
 Address 12709 FOLLY QUARTER Rd.
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410-531-3360 Work Phone 301-286-7591
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use RR SINGLE FAMILY HOME
 Proposed Use SAME WITH DECK
 Estimated Construction Cost \$ 3000
 Description of Work Deck @ 20x18
Deck @ slope to grade

Contractor Company CUSTOM CRAFTSMAN
 Contact Person MICKEY KARR
 Address 1371 JAY Rd
 City ELDERSBURG State MD Zip Code 21784
 License No. 20047
 Phone 410-781-0217 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: _____	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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THERE TO; (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.

Jan M. Hollis
 Applicant's Signature
 Title/Company _____

JAN M. HOLLIS
 Print Name
6-14-01
 Date

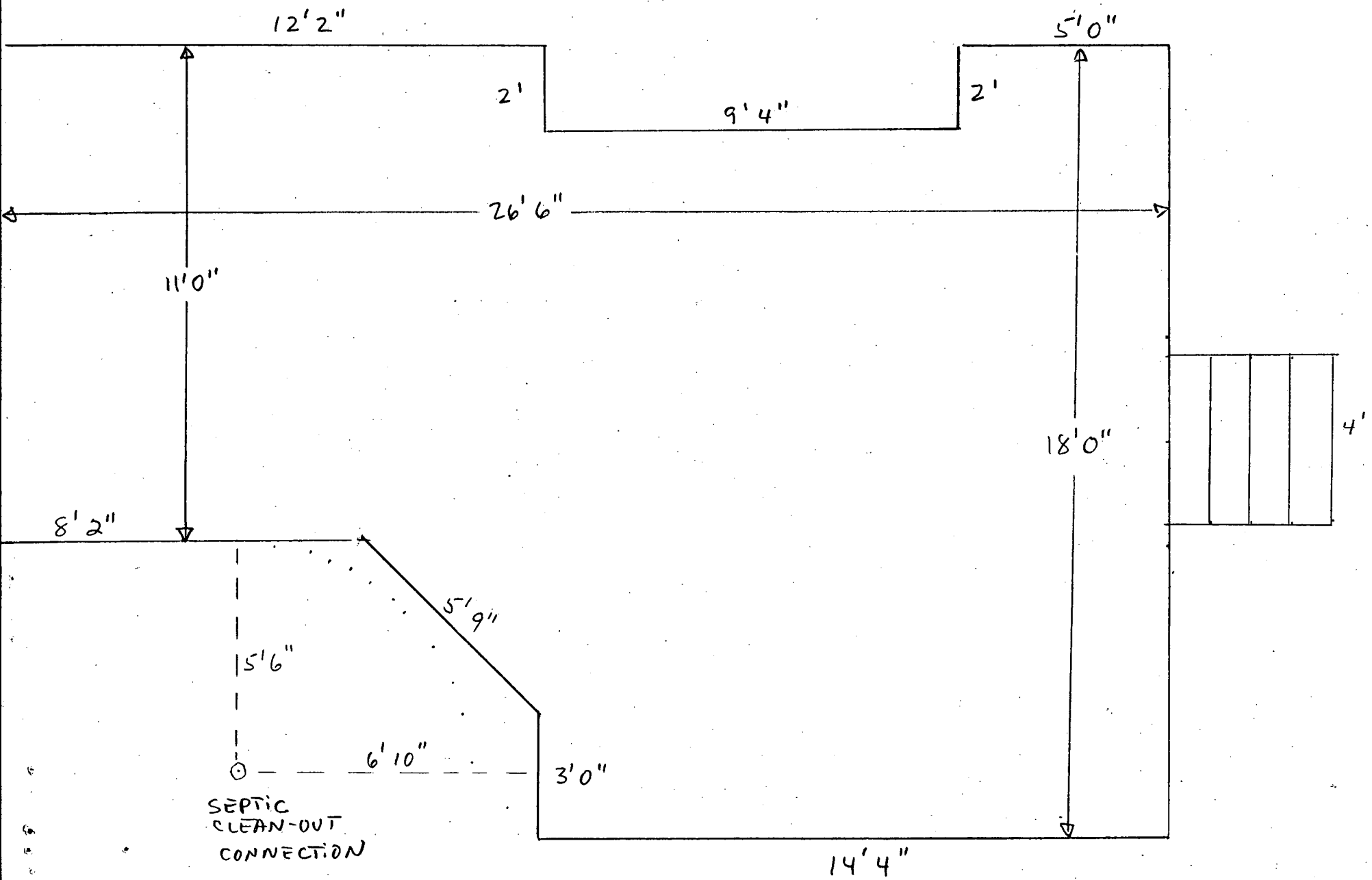
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>6/14/01</u>	<u>Steven R. Tracy</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: <u>75' 0"</u>
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#	AMOUNT
<u>51094</u>	
Filing fee	\$ _____
Permit fee	\$ <u>20</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>20</u>
Balance due	\$ _____
Check	\$ <u>cash</u>
Validation	<u>39292</u>

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



6/14/01 - Proposed deck on
 adequate separation to
 septic cleanout (OKSRM)

LANDTECH ASSOCIATES INC.

1410 CRAIN HIGHWAY, N.W. SUITE 7B GLEN BROS. GA 31061
(410) 768-2121 FAX (410) 553-9081

FOLLY QUARTER ROAD
S 83° 28' 59" E
0.72'

S 50° 05' 57" E 200.0'

N 37° 54' 06" E 1805.06'
S 37° 54' 06" W 1799.45'

N 37° 54' 06" E 239.67'

S 37° 54' 06" W 245.67'

S 50° 05' 57" E 401.2'

N 50° 05' 57" W 601.8' ROAD ESURT.

