

3/18/85
ASAP

approved
3/18/85
Coyne

PERMIT

P 35736

A 32927

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-302067

INDEXED

ELLICOTT CITY

DISTRICT 3rd.

DATE 3/14/85

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988--9270

SUBDIVISION Triadelphia Farms II ROAD 13264 HUNT RIDGE LOT 5C

PROPERTY OWNER Mr. & Mrs. Sowada

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 3 feet below original grade. 1½ feet of stone below distribution pipe. LOCATION: Start the first trench 85 feet from the front (166.78 ft. long) lot line and 60 feet from the right (313.44 ft. long) side line, continue to dig the trench on level ground. Place the second trench 6 feet away from parallel to and downslope of the first trench.

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 before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED
AND RETURNED 7/15/86
Serial # 71470

PLANS APPROVED BY Frank Skinner DATE 11/20/84

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.

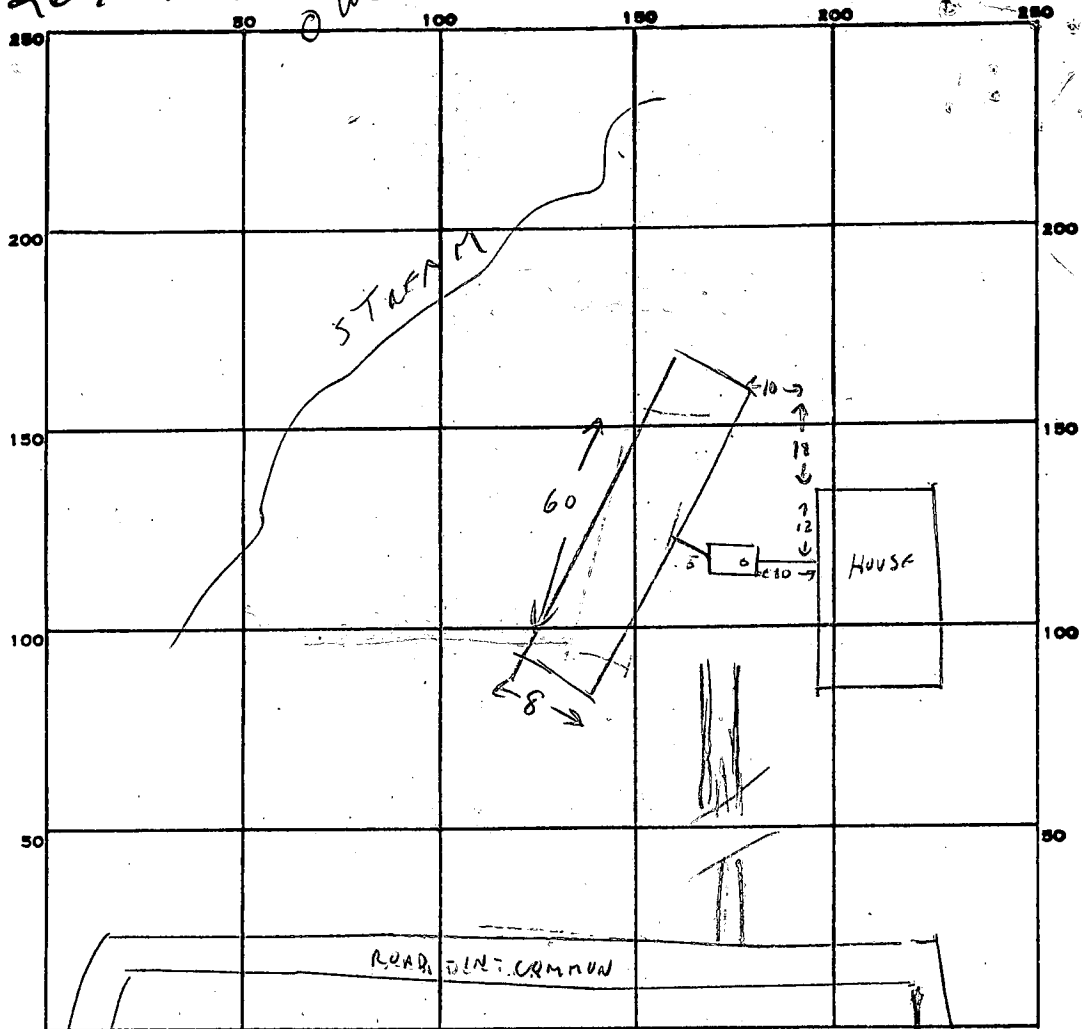
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 32927

13264 HUNT RD 6E



PERMIT CARD _____

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL N/A

LEACHING BED
TILE FIELD, DEPTH 4 1/2 FT. BED TRENCH WIDTH 8 FT.

GRAVEL DEPTH 18 IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 480

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

ABSORBENT AREA _____ SQ. FT.

REMARKS NOT AS MUCH ROOM FOR SYSTEM AS SHOWN ON DRAWING. LEACHING BED 60' X 8'

APPROVED TO PRESERVE REPAIR AREA. 3/18/85 CWL

DATE SYSTEM APPROVED 3/18/85

INSPECTOR CWL

APPLICATION

SEWAGE DISPOSAL TESTING

A 32927

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

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

DATE 7/06/83

*7/11/83
9:30 AM
Retest
Case
Retest
5/28/84
9:30 AM*

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 Michael D. Hobbs Sowada

ADDRESS 9304 Farewell Road
Columbia, Maryland 21045 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms II LOT NO. lot 5C

ROAD AND DESCRIPTION 13294 Triadelphia Road

SIZE OF LOT 3 acres m/1(?) 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
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

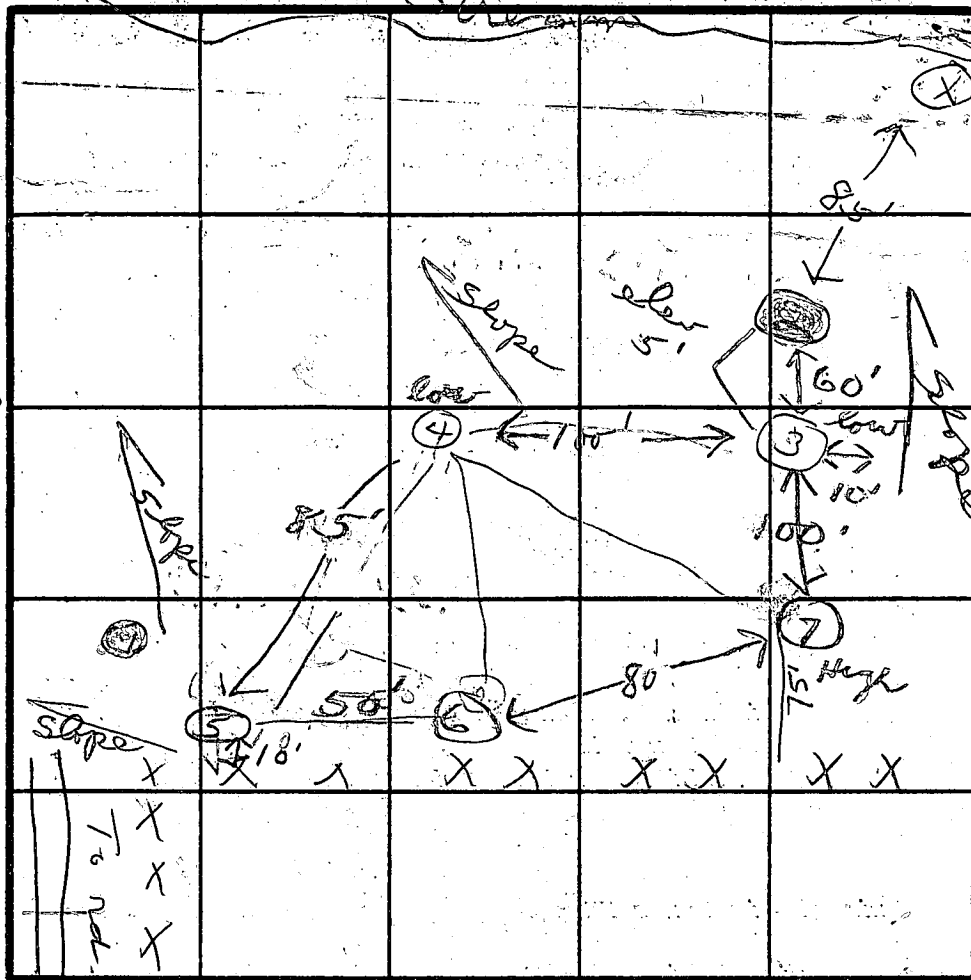
REASONS FOR REJECTION OR HOLDING 8/11/83 Wet season test necessary F.S. BP# 61957

Hold for certifying rules BLDG. PERMIT SIGNED AND RETURNED 1-24-85

THIS IS NOT A PERMIT

SOIL-PROFILE

0	clay
	3'
	Mica
	sandy loam
	12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/28/84	1	8	water at 5 ft.				
	2	11	water at 8 ft				
	3 S	8	12:07	12:08	12:08	12:09	11
	M	7 1/2	12:07	12:08	12:08	12:10	2
	4 S	9	12:03	12:03	12:03	12:05	2
	M	11	water at 7 ft				
	5 S	3	12:00	12:02	12:02	12:04	2
	M	10 V					
	6 V	10					
	7 S	3	12:12	12:13	12:13	12:14	1
		12 V					

REMARKS

Hold for certified Roles

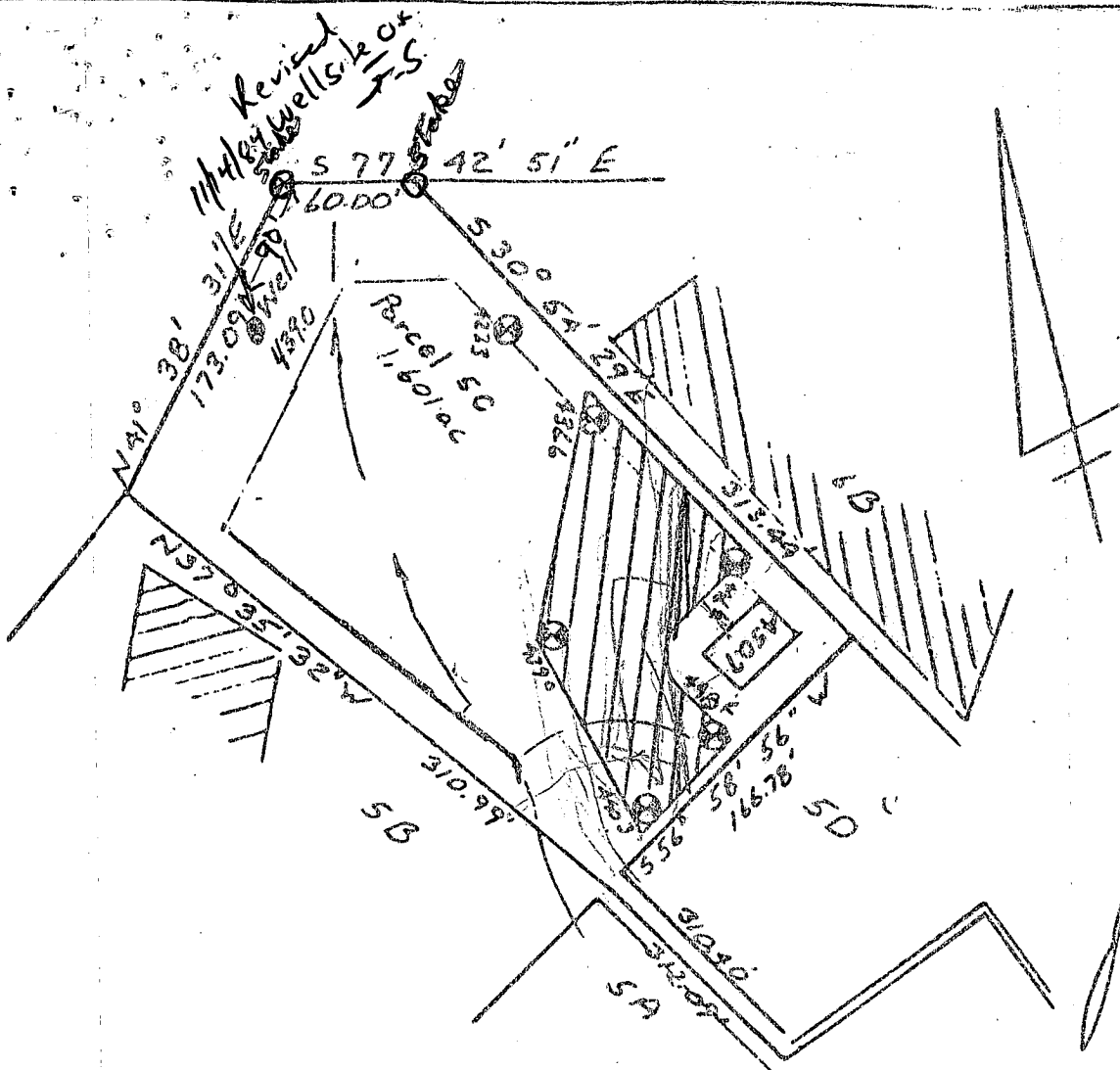
TYPE OF SOIL


TESTED BY

fs.

ALSO PRESENT

Kotterman



 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.

APPROVED: For Private Water and Private Sewage Systems

James M. Bryan, M.D.
County Health Officer

6/13/84
Date

PERCOLATION TEST PLAT
PARCEL 5C
TRIADELPHIA FARMS II

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 6/19/84

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 2031

B 1 **3182** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-0789
 fill in this form completely

Date Received: **11/16/84**

OWNER INFORMATION

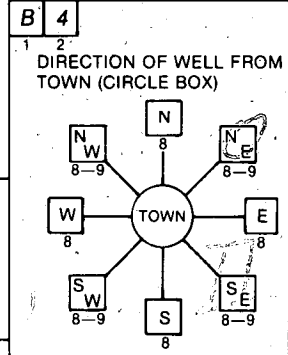
BRADWOOD Last Name
CLARENCE First Name
9723 KENILWORTH AVE Street or RFD
CLARK Town **MD20740** State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY
TRIDELPHIA FARMS SUBDIVISION
 SECTION **C** LOT **5**
CLARK NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION

Joseph L. Maguire Driller's Name **238** License No. 80
Joseph L. Maguire Firm Name
5512 Ridge Rd. Mt. Airy, Md. Address
Joseph L. Maguire Signature **9/28/84** Date



13266 and 13352 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
260 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A 32927** COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **11/14/84** CO SIGNATURE **J. Stoyen** EXP. DATE **5/14/85**
 NORTH GRID **524000** EAST GRID **0806000**

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)

APPROXIMATE DEPTH OF WELL **260** 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 _____

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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0789**

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

8006
5204

Per Plat
 Location OK
 49' casing
 38' open
 9-bags
 11/16/84
 Paper work given to Maguire

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

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Box 476

ELLIOTT CITY MD. 21043

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Allen Quon
(Name)

9723 Baltimore Blvd.
(Address) College Park Md.

HO-81-0789
(OEP Well Permit Number)

9-25-85
(Date)

(H) 953-9318

(W) 982-9400

C1 2988 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

DATE Received [] DATE WELL COMPLETED 11/16/84 Depth of Well 285 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0789

OWNER ARROWOOD GLENN
 STREET OR RFD 9723 Baltimore Ave. first name TOWN College Park Md. 20746
 SUBDIVISION TRIADACONIA FARMS SECTION C LOT 5

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	
Brown Shale	0	46	
Gray Mica Rock	46	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 9 NO. OF POUNDS 846
 GALLONS OF WATER 34
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 38 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 ST
 Nominal diameter top (main) casing 6
 Total depth of main casing 49

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 48	285
2		
3		

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 110
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land-surface) BEFORE PUMPING 18 WHEN PUMPING 54
 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) + above } LAND SURFACE 7 (nearest foot)
 - below }

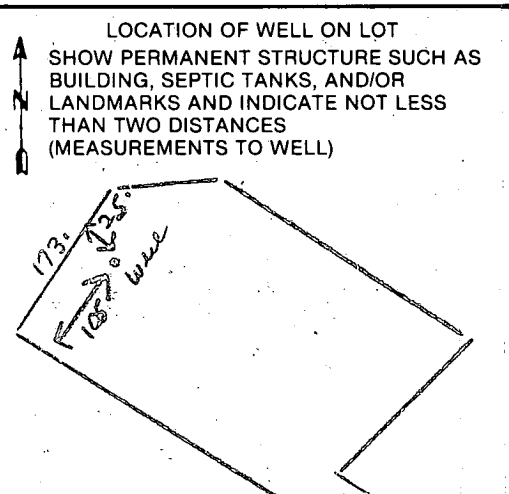
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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. 238
 DRILLERS SIGNATURE [Signature]
 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)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 13294 TRIADDELPHIA RD (TRI. FARMS II LOT 5C) ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT MRS DAVIDSON ADDRESS 13284 TRIADDELPHIA RD PHONE 531-3718

REASON FOR INVESTIGATION MRS DAVIDSON MAINTAINS THAT UNPERMITTED HOUSE IS BEING ERECTED ON 5C. SHE SAYS NO WELL IS DRILLED AND SEPTIC WOULD BE A DANGER TO NEARBY STREAM AND POND. CODES _____

RECEIVED BY Craig William DATE 2/17/85 ASSIGNED TO CW DATE 2/25/85

DATE OF INVESTIGATION 2/25/85 TIME 3:00 PM WEATHER WARM, CLEAR

REPORT _____

I MET MRS DAVIDSON AND REVIEWED ALL RELEVANT PLATS. THE HOUSE WAS IN THE CORRECT LOCATION. THE WELL HAD BEEN DRILLED AND APPROVED IN THE REAR OF THE PROPERTY.

THE SEPTIC HAD NOT BEEN STARTED BUT THE HOUSE HAD BEEN PLACED IN ACCORDANCE WITH THE TERMS OF THE BUILDING PERMIT. IT WAS DETERMINED THAT THERE WAS ROOM TO INSTALL THE SEPTIC SYSTEM IN AN APPROVED LOCATION.

I EXPLAINED TO MRS DAVIDSON THAT TO THIS POINT, ALL WORK HAD BEEN COMPLETED TO THE SATISFACTION OF THE HEALTH DEPARTMENT, BUT THAT WE WOULD BE ALERT TO HER CONCERNS AND MAKE SURE THAT THE SEPTIC SYSTEM WAS INSTALLED IN THE CORRECT LOCATION.

DATE SUBMITTED 2/25/85 SANITARIAN Craig William

REGION _____

AREA _____

RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH
 RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 13294 TRIADELPHIA RD (TRI. FARMS II LOT 5C) ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT MRS DAVIDSON ADDRESS 13284 TRIADELPHIA RD. PHONE 531-3718

REASON FOR INVESTIGATION MRS DAVIDSON MAINTAINS THAT UNPERMITTED HOUSE IS BEING ERECTED ON 5C. SHE SAYS NO WELL IS DRILLED

AND SEPTIC WOULD BE A DANGER TO NEARBY STREAM AND POND. CODES _____

RECEIVED BY Craig William DATE 2/17/85 ASSIGNED TO CW DATE 2/25/85

DATE OF INVESTIGATION 2/25/85 TIME 3:00 PM WEATHER WARM, CLEAR

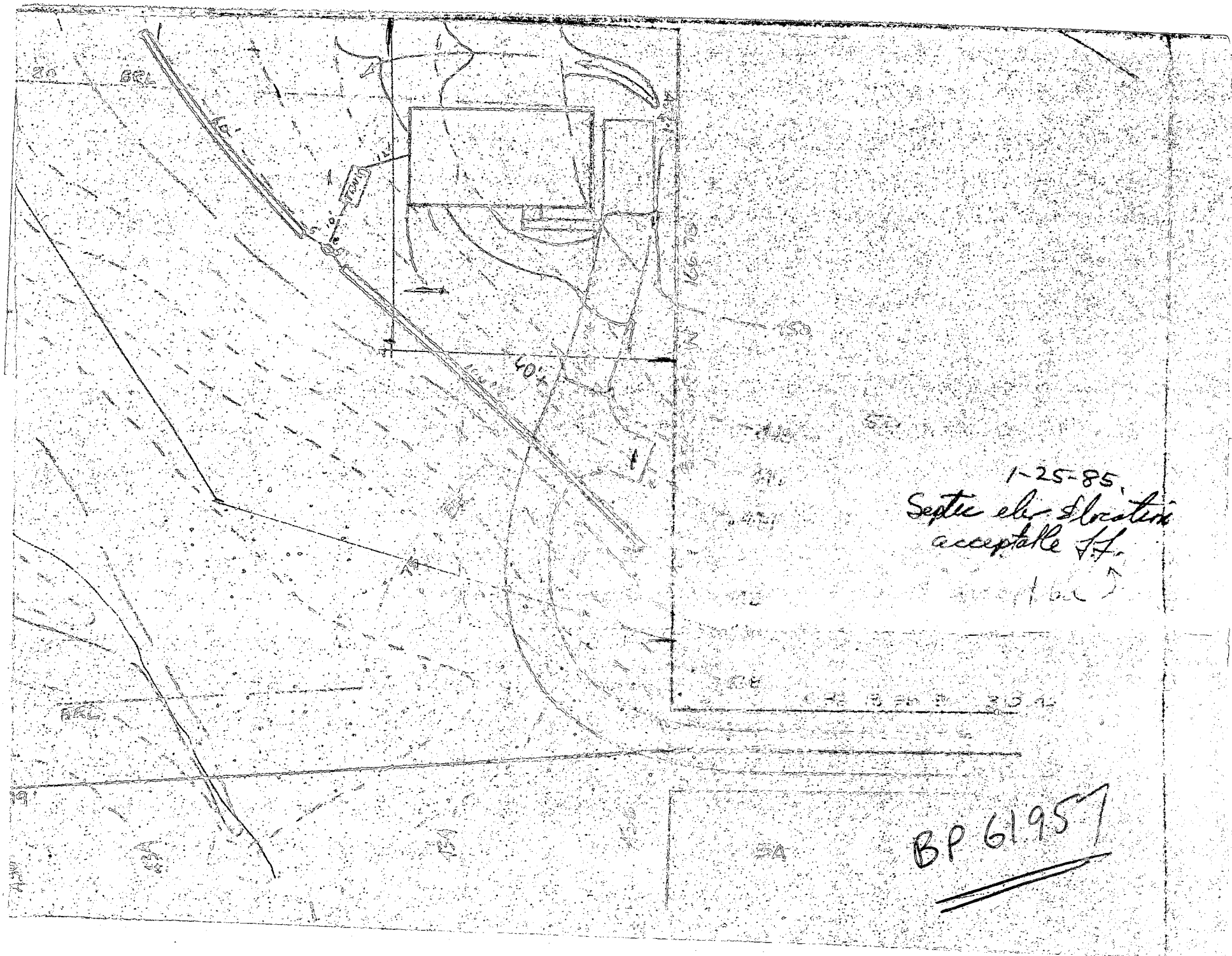
REPORT _____

I MET MRS DAVIDSON AND REVIEWED ALL RELEVANT PLATS. THE HOUSE WAS IN THE CORRECT LOCATION. THE WELL HAD BEEN DRILLED AND APPROVED IN THE REAR OF THE PROPERTY.

THE SEPTIC HAD NOT BEEN STARTED. BUT THE HOUSE HAD BEEN PLACED IN ACCORDANCE WITH THE TERMS OF THE BUILDING PERMIT. IT WAS DETERMINED THAT THERE WAS ROOM TO INSTALL THE SEPTIC SYSTEM IN AN APPROVED LOCATION.

I EXPLAINED TO MRS DAVIDSON THAT TO THIS POINT, ALL WORK HAD BEEN COMPLETED TO THE SATISFACTION OF THE HEALTH DEPARTMENT, BUT THAT WE WOULD BE ALERT TO HER CONCERNS AND MAKE SURE THAT THE SEPTIC SYSTEM WAS INSTALLED IN THE CORRECT LOCATION.

DATE SUBMITTED 2/25/85 SANITARIAN Craig William



1-25-85
Septu elis d'orientis
acceptale H.
acceptale

BP 61957

WELL PUMP INSPECTION

Owner's Name: LARRY Sowada
Address: 13294 TRIDELPHIA RD.
ELLICOTT CITY 21043

*Triadelphia Farms II
Lot 9*

Location of Property:
13294 TRIDELPHIA RD.
ELLICOTT CITY 21043

Well Tag Number;

Plumber or Certified Pump Installer:
Gordon Williams and Son INC.
7546 GREEN WOOD DR.
Highland MD. 20777
Phone Number: 7255673

License Number: M3154

Receipt Number: 35579

Date: 5/23/85

Comments:

*ok to proceed with pump installation
Frommelt*

Inspection:

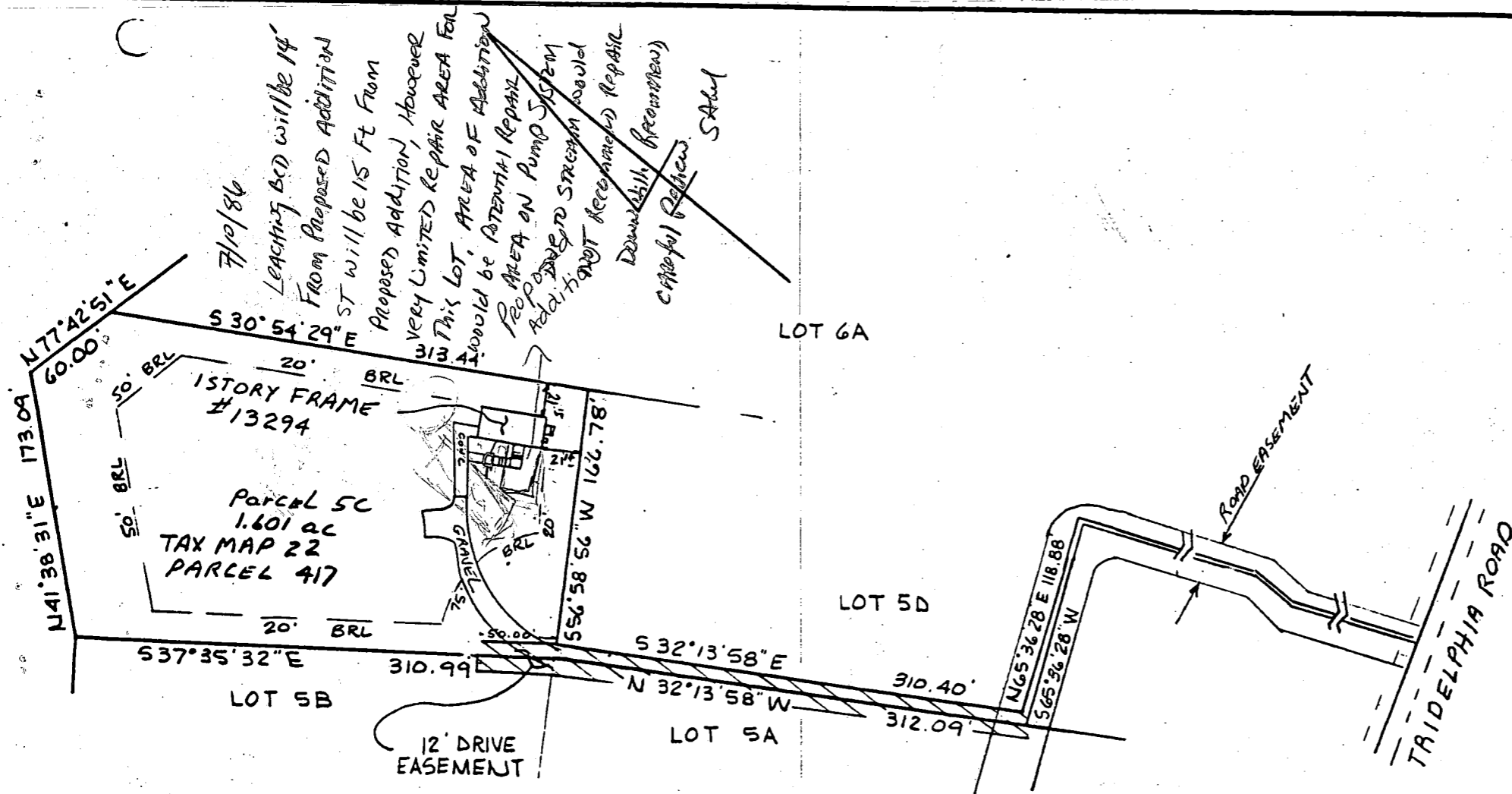
*All work complete & OK inside &
outside. OK to cover work.*

Date Well Pump Inspection was approved:

6/4/85

Inspector:

Stayer



7/10/86
 Leaching bed will be 14'
 From Proposed Addition
 ST will be 15 FT From
 Proposed Addition, However
 Very Limited Repair Area For
 This Lot. AREA OF ADDITION
 SHOULD BE POTENTIAL REPAIR
 PRO AREA ON PUMP SYSTEM
 Addition TO STRENGTH WOULD
 NOT RECOMMEND REPAIR
 (Doubtfully Recommended)
 Careful Review
 S.A.H.

LOCATION SURVEY
 13294 TRIDELPHIA ROAD
 3rd Election District Howard Co.



This is to certify that I have surveyed the property shown hereon for the purpose of locating the improvements thereon

James Carl Hudgins
 James Carl Hudgins PLS #96

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.

NTT ASSOCIATES INC. 16205 OLD FREDERICK ROAD
 MT. AIRY, MARYLAND PHONE 646-5521 or 442-2031

SCALE 1"=100'	FIELD BY JCH	DRAWING NUMBER
DATE 12/1/85	DRAWN BY RC	RS

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS
BUREAU OF INSPECTIONS LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

71470

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12374 Laurel - 1/11/86
1143

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

* CONTACT HEALTH DEPT
461-9933 FOR FOOTING INSP
& FOR DRAIN TILE INSP.

DRAIN TILE CANNOT INTERFERE WITH SEPTIC

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
	R	22	5	1150

OWNER'S NAME AND ADDRESS PHONE NO.

John S. ...
1143

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	20'	20'	

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE _____
TITLE _____ DATE _____

EXISTING USE PROPOSED USE

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

W/S CODE FOR OFFICE USE ONLY

INSTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK CONDITIONS (IF ANY) (CORNER LOT ONLY) SDP #

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/15/86	Craig Miller *
FIRE PROTECTION		
STORM WATER MGMT.		

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Yellow - Engineering
Pink - Health Dept.
Green - Planning & Zoning
Gold - S.H.A.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.
LP-69 Revised

FOOTING INSP OK 9/24/86 PER S.H.A.
NO IMPACT ON SEPTIC, OK TO PROCEED AS
PREVIOUSLY APPROVED, 10/2/86 CWeller