

4/10/90 ✓  
HOLD FOR CALL  
4/12/90 PM

04-348745

File ← 4/10/90 P.C.O.  
4/12/90 c. Bd  
P 45690

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 03/16/90

DATE SYSTEM APPROVED 4/12/90

INSPECTOR C. B. W.

**INDEXED**

Walter W. King Plumbing and Heating Contractors, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 5305 King's Court, Frederick, Md. 21701 PHONE \_\_\_\_\_

SUBDIVISION Ellerslie Estates ROAD 3106 Ellerslie Court LOT 2

PROPERTY OWNER Rulte Homes Tom Keller

ADDRESS 11120 New Hampshire Avenue, Silver Spring, Md. 20908

~~XXXXX BAGS OF GRAVEL IS USED INCREASE SEPTIC TANK CAPACITY 5 GALLONS AND ABSORPTION AREA BY 219~~

~~CANALY GRINDER XXXX YES XXXXXXXXXXXXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 230 feet from the rear lot line and 100 feet from the left lot line as seen when facing the lot from Ellerslie Estate. Run trenches on contour toward the rear 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 CM DATE 05/19/89

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

~~OLD PERMIT SIGNED~~  
~~AND RETURNED~~ 4/4/01

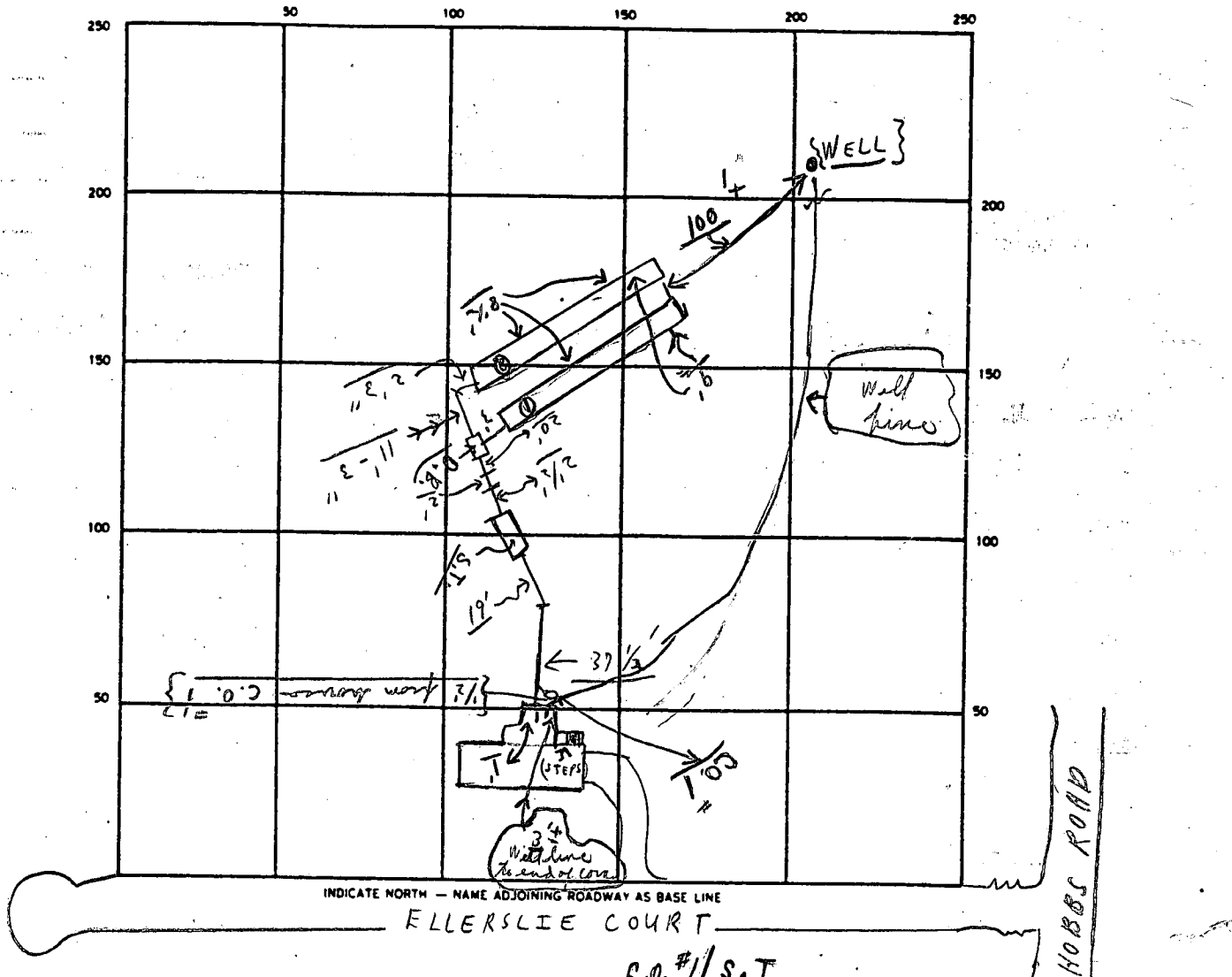
OLD PERMIT SIGNED  
AND RETURNED 6/18/90

SCR porch on existing deck  
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

B00129371

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

3109



SEPTIC TANK. LEVEL OK CLEANOUTS C.O. #1 / S.T. OK / OK

DISTRIBUTION BOX. LEVEL OK (Baffle is in)

DRAIN FIELD/TILE FIELD. DEPTH 8.5<sup>+</sup> FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4<sup>+</sup> FT. TOTAL LENGTH #0 92' + 13' = 105' } 210'  
#2 92' + 13' = 105' }  
added

NUMBER OF TRENCHES 2 ONE SIDEWALL/FOUNDATION AREA 840<sup>+</sup> SQ. FT.

DRYWELL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 840<sup>+</sup> SQ. FT.

REMARKS Partial 4/10/90 OK for stone in #0 + #2 Trenches to cover from house  
to S.T. only. Hold for a call: 4/12/90 P.M. Final - ok to cover  
all work.

DATE SYSTEM APPROVED 4/12/90 INSPECTOR Charles Bryan Shanks



# APPLICATION

*Prel.*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31109

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT FOURTH

DATE JANUARY 19, 1981

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 MR. WILLIAM MITCHELL

ADDRESS 13071 TRIADELPHIA ROAD, ELLICOTT CITY, MD. 21043 PHONE 988-9207

PROPERTY LOCATION:

SUBDIVISION ROSEBAR LOT NO. Lot A Retest Lot 25

ROAD AND DESCRIPTION NORTHWESTERLY CORNER AT THE INTERSECTION OF BURNTWOODS ROAD AND HOBBS ROAD.

SIZE OF LOT 3 Ac. +- TYPE BLDG. SINGLE FAMILY

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.

SIGNATURE OF APPLICANT Charles J. Crow Jr.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

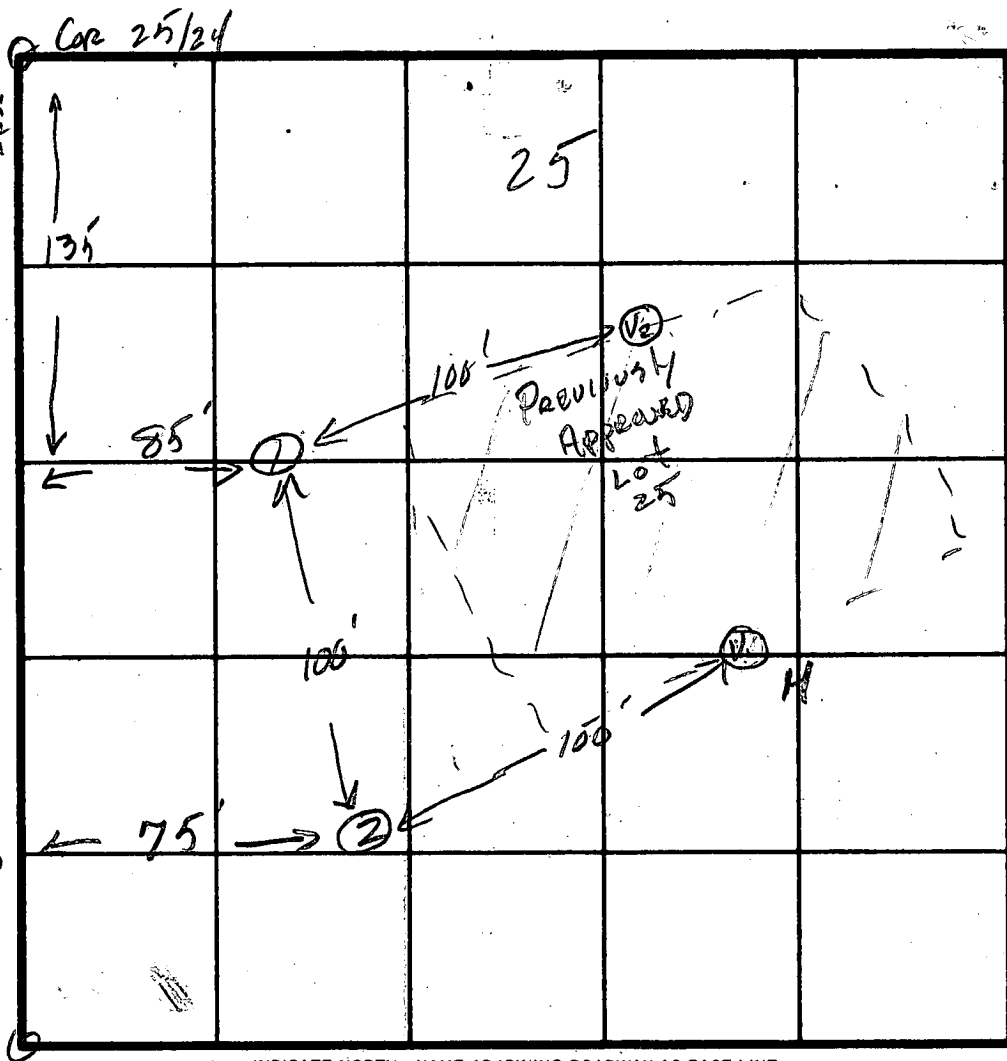
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

V1, V2  
 ①+②

SOIL PROFILE

Clay  
 4'  
 Red  
 SANDY  
 LOAM  
 13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/27/81	13	4'	10:34	10:37	10:37	10:42	5	
	1M	8'	10:34	10:38	10:38	10:44	6	
	1D	13'	10:36	10:40	10:40	10:45	5	
	25	4'	10:42	10:41	10:41	10:48	7	
	2M	8'						
	2D	13'						
	V1+V2	13'	1-4 CLAY 4-13 Reddish Sand/Loam					
	V2							

t=13min

widet  
 4'  
 Max 9'  
 Trenches

REMARKS Most line stakes out measurements from

PREVIOUS PER WOGS

TYPE OF SOIL

TESTED BY SK 4/27/81

ALSO PRESENT Skip Robert F Flock  
Anthony Bogdan





4/10/90  
Partially dug trench  
4/12/90

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

4/12/90  
Final  
C. B. B.

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   x    
Replacement       

Receipt # 45695  
Date 03/16/90

Name of Installer W.W. King Plbg. & Htg. Contr., Inc.

Telephone 301-662-6990

License Number 2217

Certified Well Pump Installer        Well Driller        Registered Plumber   x  

Name of Property Owner Pulte Homes

Telephone 301-691-5800

Subdivision Ellerslie/ Glen Manor Lot # 2

Well Tag # HO -88 -0489

Site Address 3106 Ellerslie Ct.

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible   x
- Make Goulds
- Model # 7EH05422
- Capacity 7 GPM
- Pump exceeds well capacity Yes        No   x
- 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   x   Other

Motor

- Horsepower 1/2
- RPM 3500
- Voltage       
  - 110
  - 220   x

Pitless Adapter

- Make Martinson
- Model # BP-10X
- Depth 42" min  
60" max

Tank

- Capacity 80
- Pressure relief valve? yes

Piping

- Type plastic #160
- Size 1"
- NSF and/or BOCA Code approved   x
- Depth of supply line 42" min  
60" max

Well data

- Depth 140 ft.
- Yield 60 GPM
- Static water level        ft.
- Will water supply be disinfected by installer? yes

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: Walter W. King

Date: 3-13-90

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

B 1 1153 SEQUENCE NO. (DP USE ONLY)  
1 2 3 4 5 6 7 8 9  
(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-88-0489  
70 fill in this form completely 79

Date Received (APA)  
030289  
OWNER INFORMATION  
KOREM DEVELOPMENT  
15 Last Name 13 Owner 11 First Name 34  
1 CENTRE PARK DR  
36 Street or RFD 55  
COLUMBIA MD 21045  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL R-43703  
1 2  
HOWARD  
8 COUNTY 21  
9 ELLERSLIE  
23 SUBDIVISION 42  
SECTION 44 46 LOT 2 48 50  
CLEMWOOD  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION  
George F. Easterday  
Driller's Name 77 License No. 80 40  
L. Franklin Easterday, Inc.  
Firm Name  
9205 Brown Church Rd., Mt. Airy, Md. 21771  
Address  
Henry F. Easterday 3-1-89  
Signature Date

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
N W N E  
8-9 8-9  
W E  
8 8  
S W S E  
8-9 8-9  
TOWN  
NEAR WHAT ROAD  
ELLERSLIE CT  
11 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 580 37  
DISTANCE FROM ROAD  
ENTER FT or MI F I  
38 39

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8  
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)  
22  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  
HO-88  
Howard A-31109  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 031589 Sidyane 09-14-89  
43 48 CO SIGNATURE 57  
NORTH GRID 529000 EAST GRID 0795000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

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  
E 7903  
N 5249  
000 000V TAGOK  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
HEALTH DEPARTMENT  
B50 3 SE BW 89  
BURNWOODS  
HOMER BEERIN

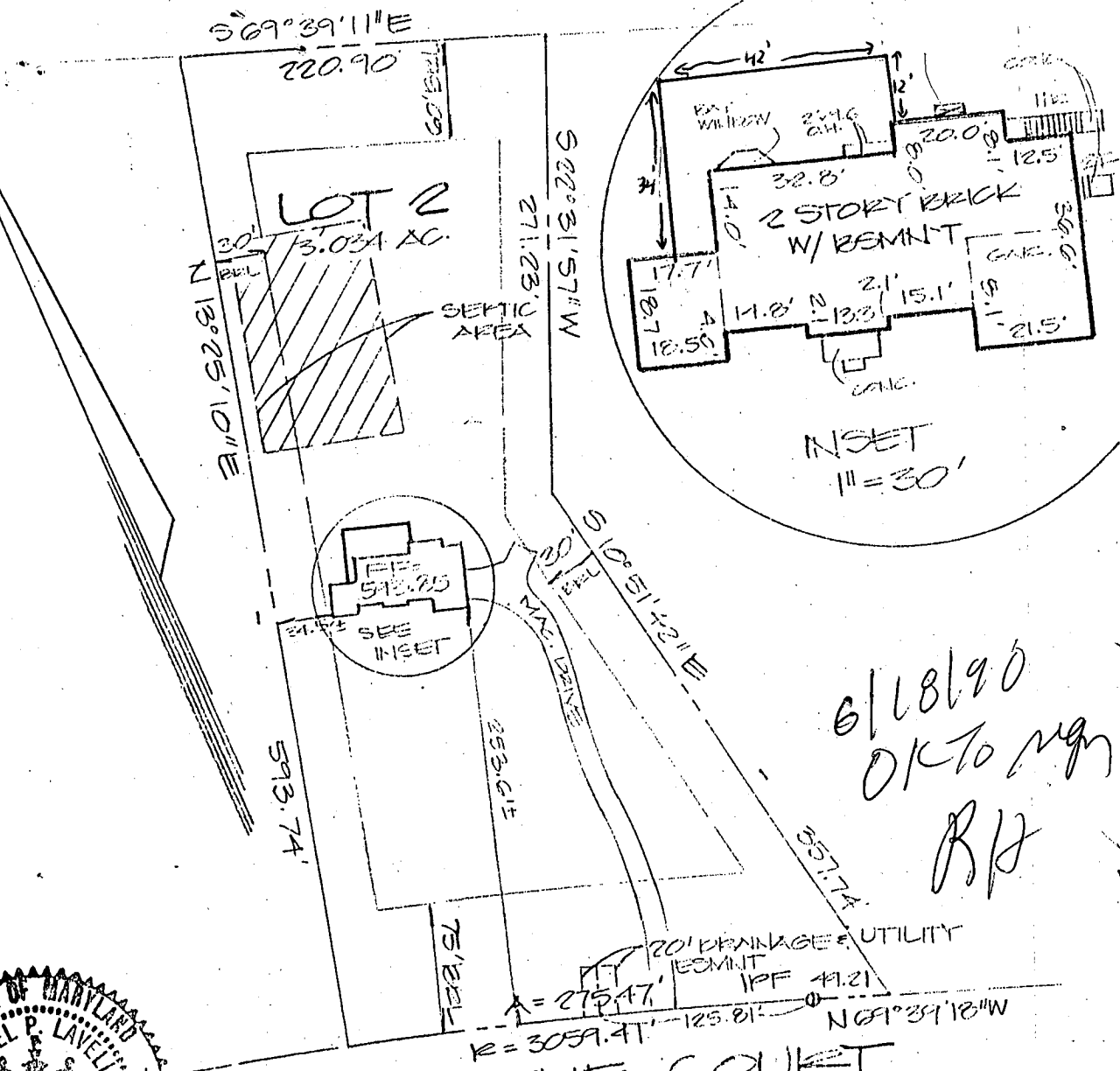
METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other

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  
39  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)  
APPROX. PERMIT NUMBER 54 GAP 63  
FORCE SA PERMIT No. 10-88-0489  
67 68 70 71 72 73 74 75 76 77 78 79

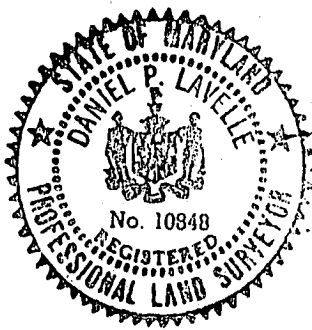
SPECIAL CONDITIONS

FLOOD NOTE: THIS LAND IS SITUATED IN ZONE "C", ZONE "C" IS NOT SUBJECT TO FLOODING, AS SHOWN ON FIRM/HUD



6/18/90  
OK to sign  
R/H

Stephen M. Lavelle  
Thomas M. Lavelle



**ELLERSLIE COURT**  
(50' R/W) WALL CHECK / FINAL SURVEY  
LOT 2  
**ELLERSLIE ESTATES**

NOTE: 1. NO TITLE REPORT FURNISHED 2. THIS PLAT IS NOT TO BE USED FOR CONSTRUCTION OF FENCE

FINAL: 5-14-90 4th Election District  
Howard County, Maryland

<p><b>SURVEYOR'S CERTIFICATE</b></p> <p>I hereby certify that the position of all existing improvements on the above-described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.</p> <p><i>[Signature]</i></p> <p>Daniel P. Lavelle R.L.S. No. 10848</p>		<p><b>ASSOCIATES, INC.</b></p> <p>ENGINEERS • PLANNERS • SURVEYORS</p> <p>9200 WIGHTMAN ROAD SUITE 400 GAITHERSBURG, MARYLAND 20879 301-990-0525 • Wash. 940-9439</p>	
REFERENCE	Drawn by: MK	Checked by: JL	
P.B.	Date: 5-15-90	File no. 89-036	
Plat No. 8188	Scale: 1" = 100'		

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">B0012 9371</span>
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Building Address <u>3106 ELLICOTT ST</u> <u>BLAUNWOOD AVE 217 20</u>	Property Owner's Name <u>THOMAS &amp; KAREN REARD</u> Address <u>3106 ELLICOTT ST</u> City <u>BLAUNWOOD</u> State <u>MD</u> Zip Code <u>217 25</u>
Suite/Apt. # _____ SDP/WP/Petition # _____ Census Tract <u>40010</u> Subdivision <u>ELLICOTT ST</u>	Home Phone <u>410-254-7011</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Andro A. Lombardo</u> <u>6503 R BELAIR AVE</u> <u>2nd Floor, A10</u> Phone <u>410-254-7360</u> Fax <u>410-254-7141</u>
Section <u>RR</u> Area _____ Lot <u>3</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>1106</u> Lot size _____	Contractor Company <u>THOMAS DECK, INC</u> Contact Person <u>Andro A. Lombardo</u> Address <u>6503 R BELAIR AVE</u> City <u>BLAUNWOOD</u> State <u>MD</u> Zip Code <u>217 25</u> License No. <u>38566</u> Phone <u>410-254-7360</u> Fax <u>410-254-7141</u>

Existing Use <u>SFD/RR</u> Proposed Use <u>SFD w/DECK</u> Estimated Construction Cost \$ <u>8000</u> Description of Work <u>Concrete 280 sq ft deck</u> <u>1 inch 2x14 joisting but no</u>	Contractor Company <u>THOMAS DECK, INC</u> Contact Person <u>Andro A. Lombardo</u> Address <u>6503 R BELAIR AVE</u> City <u>BLAUNWOOD</u> State <u>MD</u> Zip Code <u>217 25</u> License No. <u>38566</u> Phone <u>410-254-7360</u> Fax <u>410-254-7141</u>
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ 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 _____ 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: <u>1.5' x 1.5' x 3'</u> Roof: <u>asph/flt</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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.

Applicant's Signature Andro A. Lombardo Print Name Andro A. Lombardo  
 Title/Company \_\_\_\_\_ Date 4/4/08

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

<b>AGENCY</b> <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 <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection	<b>DATE</b> <u>4/4/08</u>	<b>SIGNATURE APPROVAL</b> <u>[Signature]</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<b>PROPERTY ID#:</b> <u>50224</u> Filing fee \$ <u>30</u> Permit fee \$ <u>30</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ <u>51</u> <b>TOTAL FEES</b> \$ _____ Balance due \$ <u>121</u> Check # _____ Validation # <u>47289</u>
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"/>			Accepted by <u>[Signature]</u>	

