

3/22/90

# PERMIT

P 45691

## SEWAGE DISPOSAL SYSTEM

A 31115

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED  
04-348753

DATE 03/16/90

DATE SYSTEM APPROVED 3/22/90

INSPECTOR M. R. [Signature]

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

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

SUBDIVISION Ellerslie Estates ROAD 3112 Ellerslie Court LOT 3

PROPERTY OWNER Partington

ADDRESS \_\_\_\_\_

~~PACKAGE CHINDER IS USED IN SEPTIC TANK CAPACITY BY 60% AND AGE OF SYSTEM BY 10%~~

~~CABAGE SANDER XXXX YES XXXXXXXXXXXX NO XXXXXXXX~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 345 feet from the front lot line and 125 feet from the left lot line as seen when facing the lot from Ellerslie Court. Run trenches on contour toward the right 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 CEM DATE 05/19/89

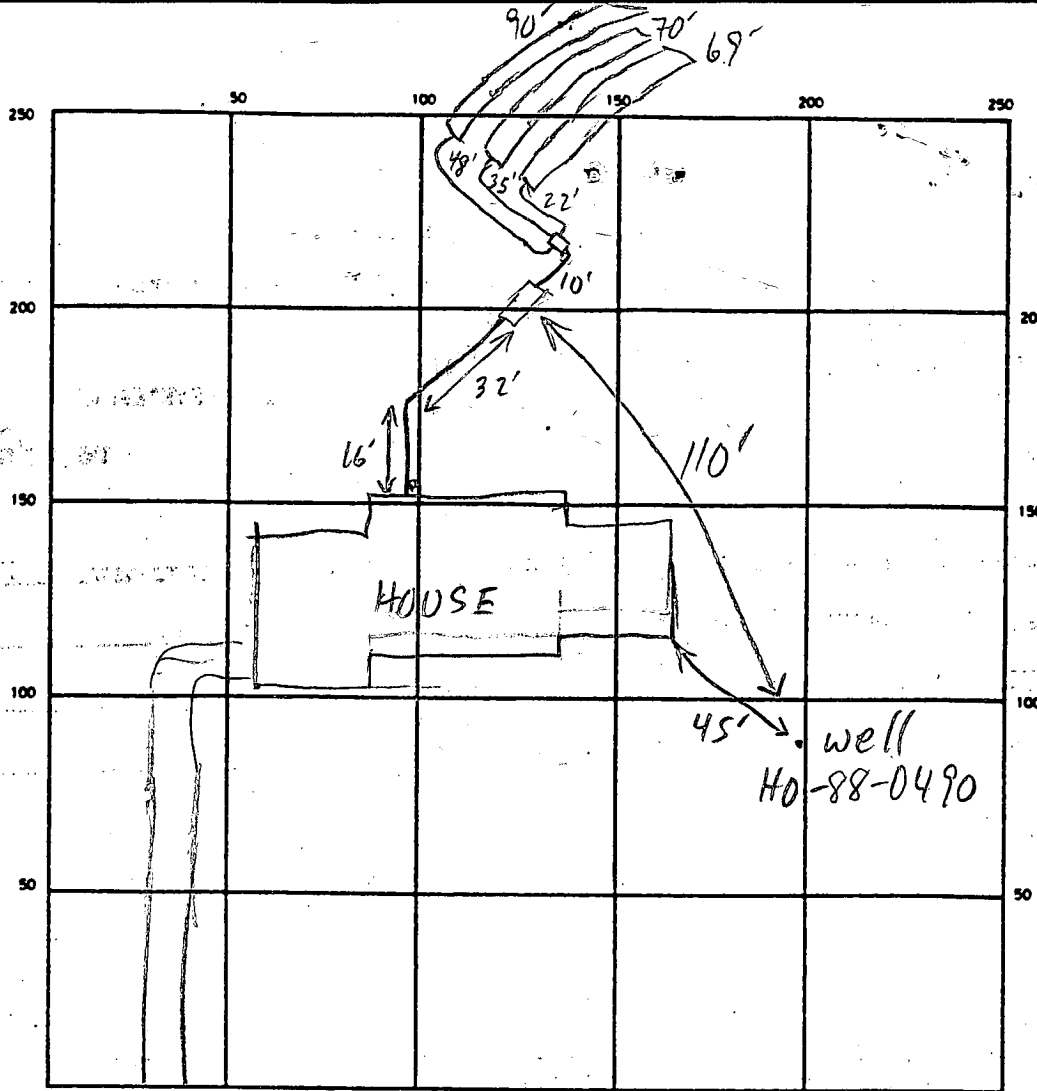
- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP 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

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

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

ADD. PERMIT ORG.  
AND RETURNED 12-8-99  
Serial # 20912/669  
Interior alterations  
Basement

A 31115



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 ELLERSLIE CT

SEPTIC TANK. LEVEL 1500 GAL CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK-BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 090 369

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 0360 3276  
280 SQ. FT.

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

ABSORBENT AREA 916 SQ. FT.

REMARKS 3/19/90 OK TO CONTINUE; 2 SHORT TRENCHES (15-20') DUG TO  
BE ABANDONED NEAR DB

3/22/90 OK TO COVER ALL MR

DATE SYSTEM APPROVED 3/22/90

INSPECTOR M. R. RIKIN

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31123  
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. 24

ROAD AND DESCRIPTION NORTHWESTERLY CORNER AT THE INTERSECTION OF BURNWOODS 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. Crowder

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

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

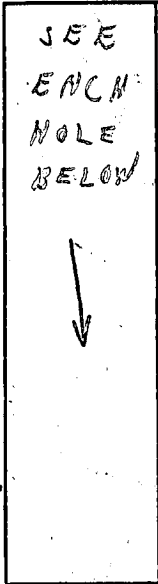
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

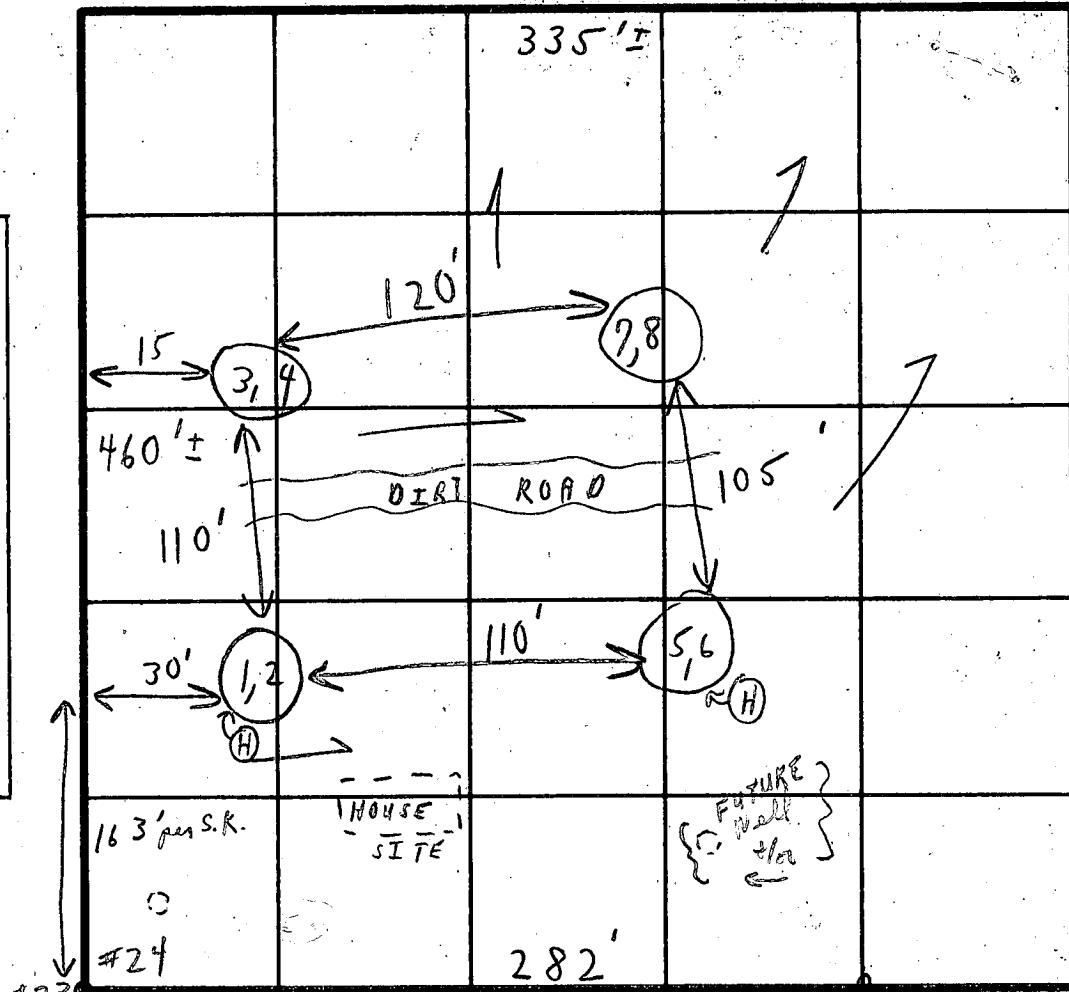
# THIS IS NOT A PERMIT

#24

SOIL PROFILE



FIELD SHEET



#230

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
UNNAMED ROAD

SOIL PROFILE

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-2 1/2' clay	1/26/81	(1) A	2 1/2'	11:48	12:03	12:03	12:34	3 1/2 min
3 1/2' loam to 13'		(H) 2	9'	11:48	11:53	11:53	11:55	4 min
1'-4' clay		(3) A	3'	11:43	11:54	11:54	12:01	26 3/4 min
4' to 13' loam 13'		4	8 1/2'	11:43	11:47	11:47	11:53	6 min
1'-3' clay		5	3'	12:06	12:10	12:10	12:21	11 min
3' loam to 14'		6	8'	12:07	12:09	12:09	12:15	6 min
1'-2 1/2' clayish		7	2 1/2'	11:45	11:47	11:47	11:54	7 min
2 1/2' loam to 14'		8	8'	11:45	11:47	11:47	11:51	4 min
		- 3 B	4'	12:43	12:48	12:48	1:00	12 min
		- 1 B	3 1/2'	12:40	12:46	12:46	12:59	13 min

3/4" @ road

depth 3' =

8 min average

REMARKS TESTS IN OPEN FIELD

TYPE OF SOIL

TESTED BY

C.B.S.

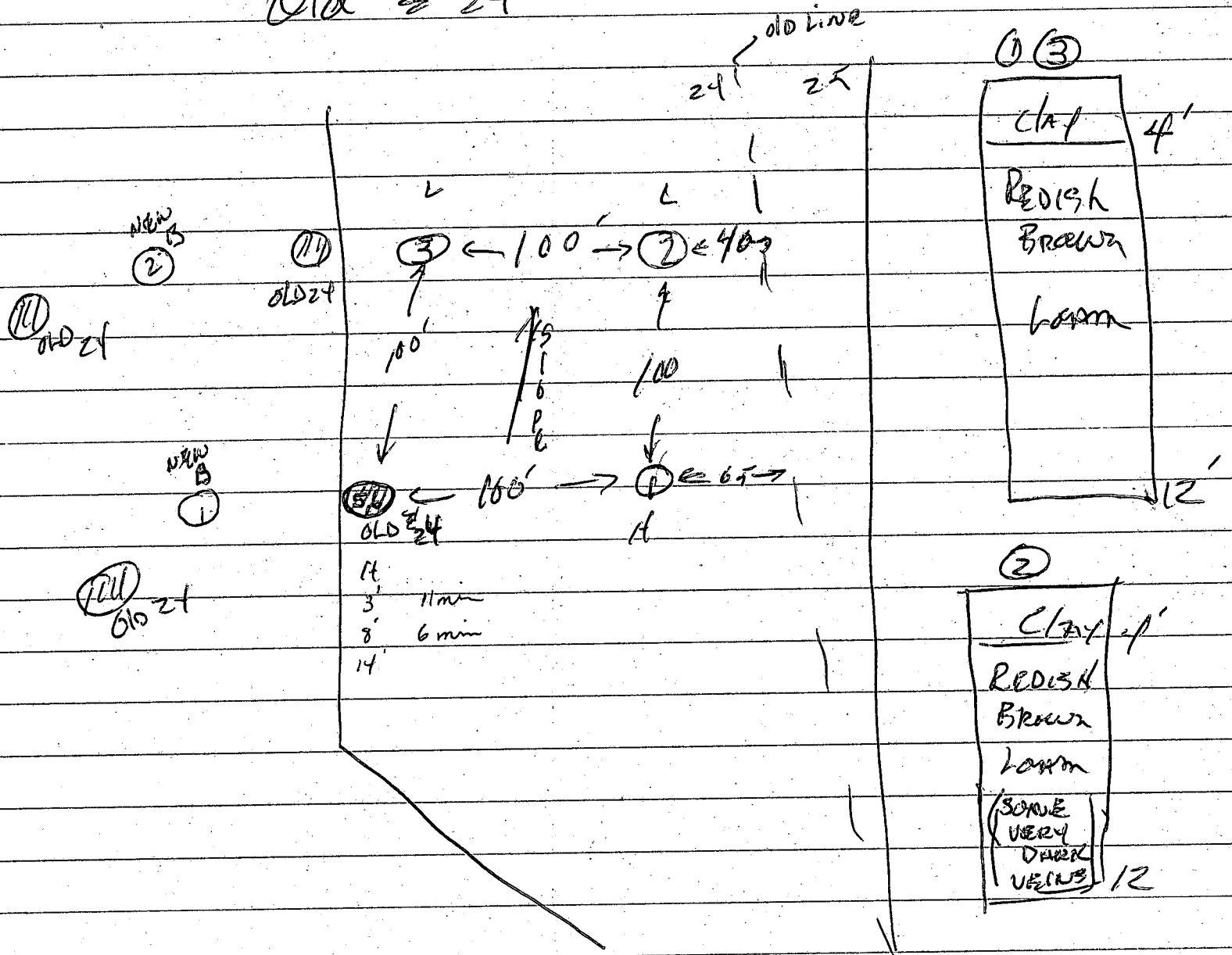
ALSO PRESENT

S.K. and assisted  
R. FLOCK  
SKIP  
C. CROVO + ASSY.

Lot #3 Pre Plat 5/15/81

New Unnumbered Lot C

Old # 24



3/17/81	33	1'	11:07	11:10	10:15	15 mi
	3M	8'	11:07	11:12	11:20	8 mi
SK	3D	12'	<del>11:15</del>	11:20	11:39	19 mi
	25	4'	11:15			
	2M	8'	11:16	11:19	11:26	7 mi
	2D	12'				
	1 3	3'	11:27	11:33	11:43	10 mi
	1 3M	7'	11:28	11:33	11:41	8 mi
	1 3D	12'				

t=8min inlet 1' Max 10' Dry w/ trench

3/22/90

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   x    
Replacement       

Receipt # 445694  
Date 3/14/90

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 301-681-5800

Subdivision Ellerslie Est/Glen Manor Lot # 3

Well Tag # HO - 88 - 0490

Site Address 3112 Ellerslie Ct.

Pump

- 1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible   X
- 2. Make Goulds
- 3. Model # 5ES05422
- 4. Capacity 5 GPM
- 5. Pump exceeds well capacity Yes        No   X
- 6. If Yes, is low pressure cutoff switch installed? Yes        No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors        Cable guards   X   Other

Motor

- 1. Horsepower 1/2
- 2. RPM 3500
- 3. Voltage       
  - a. 110
  - b. 220   X

Pitless Adapter

- 1. Make Martinson
- 2. Model # BP-10X
- 3. Depth 42" min  
60" max

Tank

- 1. Capacity 80
- 2. Pressure relief valve? yes

Piping

- 1. Type plastic #160
- 2. Size 1"
- 3. NSF and/or BOCA Code approved   X
- 4. Depth of supply line 42" min  
60" max

Well data

- 1. Depth 200 ft.
- 2. Yield 7.5 GPM
- 3. Static water level        ft.
- 4. Will water supply be disinfected by installer?   X

P.A. 4' B.G. 3/22/90  
MD

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.

C1 2327

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 3115

DATE RECEIVED

DATE WELL COMPLETED 060889

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 48-98-044D

OWNER Karon Development last name STREET OR RFD Ellerslie Ct. first name TOWN Glenwood SUBDIVISION 11111 SECTION LOT 3

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top soil, Clay, Shale, Silty clay, Brown shale, Mica, Sandstone, Mica, Sandstone, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 14, NO. OF POUNDS 70, GALLONS OF WATER 70, DEPTH OF GROUT SEAL 60 ft.

CASING RECORD: casing types insert appropriate code below. Includes codes for ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 68.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes for ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with rows for casing and screen depths. Includes slot size and diameter of screen information.

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...

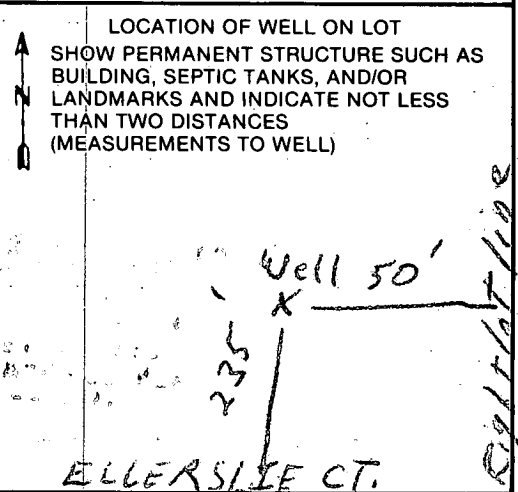
DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE Charles R. Selma, SITE SUPERVISOR responsible for sitework if different from permittee.

GRAVEL PACK from to, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 8 gal. per min., METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL BEFORE PUMPING 18, WHEN PUMPING 103, TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



COUNTY



B. 1 1154

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0490

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

please print or type

Date Received (APA)

030289

OWNER INFORMATION

KORFM DEVELOPMENT

1 CENTRE PARK DR

COLUMBIA MD 21045

B. 3

LOCATION OF WELL R-43709

HOWARD COUNTY

ELLERSLIE

SECTION 44 LOT 3

CLEMMWOOD

MILES FROM TOWN (enter 0 if in town) 1 MI

George F. Easterday

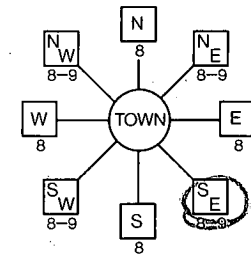
L. Franklin Easterday, Inc.

9265 Brown Church Rd., MT. Airy, Md. 21771

Signature: George F. Easterday Date: 3/1/89

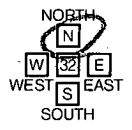
B. 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ELLERSLIE CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 235 FT

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 NAME A-3115 COUNTY NO.

STATE SIGNATURE DATE ISSUED 031589

CO SIGNATURE Sid Weil EXP. DATE 09-14-89

NORTH GRID S24000 EAST GRID 0798000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

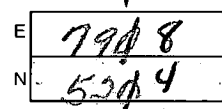
METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

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

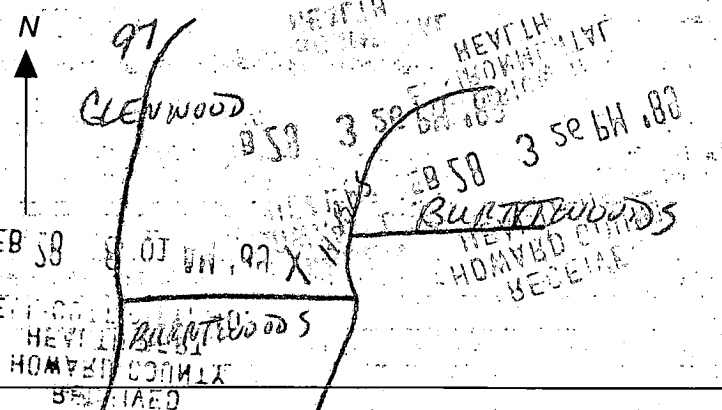


17 BAGS GROUT
68' CASING
60' OPEN
2' CASING A.G.
YAGOK MRC 6/6/89

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

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

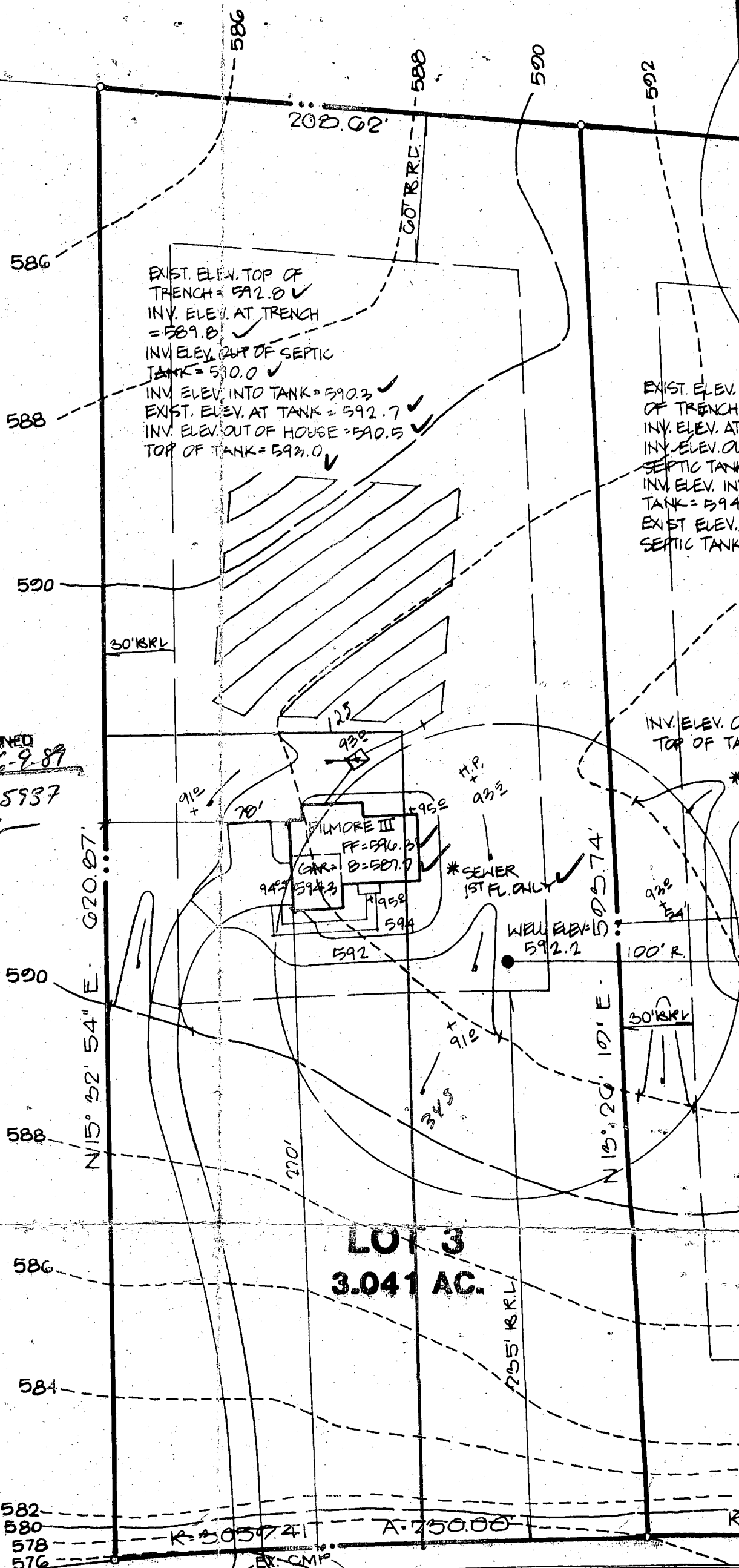


Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SA PERMIT No. 40-88-0490

SPECIAL CONDITIONS



EXIST. ELEV. TOP OF TRENCH = 592.8 ✓  
 INV. ELEV. AT TRENCH = 589.8 ✓  
 INV. ELEV. OUT OF SEPTIC TANK = 590.0 ✓  
 INV. ELEV. INTO TANK = 590.3 ✓  
 EXIST. ELEV. AT TANK = 592.7 ✓  
 INV. ELEV. OUT OF HOUSE = 590.5 ✓  
 TOP OF TANK = 593.0 ✓

EXIST. ELEV. TO OF TRENCH =  
 INV. ELEV. AT T  
 INV. ELEV. OUT  
 SEPTIC TANK =  
 INV. ELEV. INTO  
 TANK = 594.3  
 EXIST. ELEV. AT  
 SEPTIC TANK = 59

FILMORE III  
 FF = 596.3 ✓  
 CAR = B = 587.7 ✓  
 947 594.3  
 958 594

\*SEWER 1ST FL. ONLY ✓

WELL ELEV. 592.2

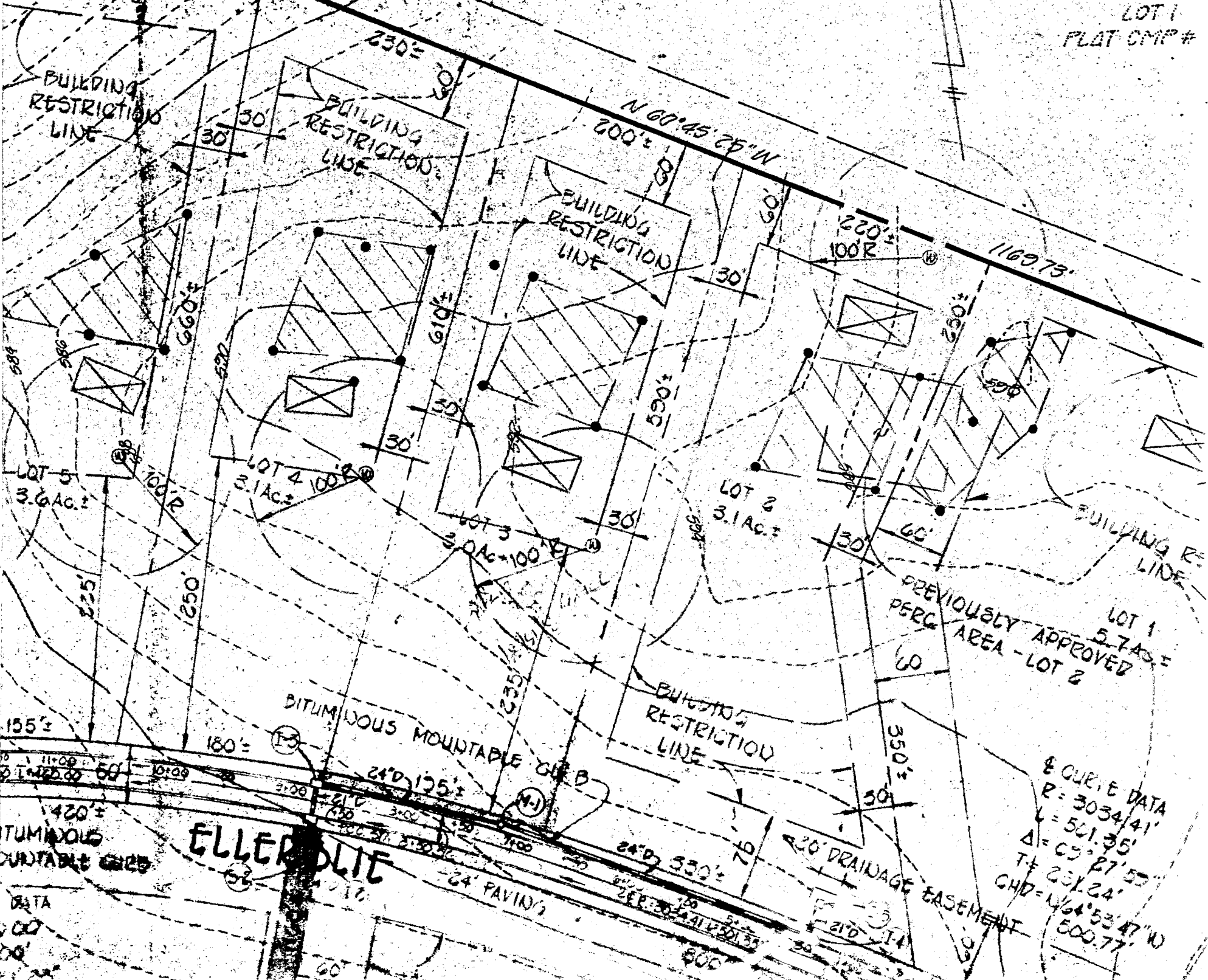
PERMIT SIGNED  
 DATED 6-9-89  
 BY 25937  
 SJA

**LOT 3**  
**3.041 AC.**

R = 5057.41      A = 250.00

ELLE

LOT 1  
FLAT CMP #



LOT 5  
3.6 AC.

LOT 4  
3.1 AC.

LOT 3  
3.0 AC.

LOT 2  
3.1 AC.

LOT 1  
5.7 AC.  
PREVIOUSLY APPROVED  
PERC AREA - LOT 2

BITUMINOUS MOUNTABLE CURB  
 24" PAVING  
**ELLERDIE**

20' DRAINAGE EASEMENT

8 CURVE DATA  
 R = 3034.41'  
 L = 501.35'  
 Δ = 65° 27' 53"  
 T = 251.24'  
 CHD = 164° 53' 47" 10  
 500.77'

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0021669

Building Address 3112 Ellerslie Ct  
Greenwood 140 21238  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision Ellerslie Estates  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
 Tax Map 14 Parcel 221 Grid 23  
 Zoning R Map Coordinates 906 Lot size \_\_\_\_\_

Property Owner's Name Mrs. Susan Richardson  
 Address 3112 Ellerslie Ct  
 City Greenwood State MD Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family  
 Proposed Use SHRUB  
 Estimated Construction Cost \$ 8000-  
 Description of Work Remove existing concrete  
foundation. Remove concrete post  
AS PER ENGINEER'S PLAN

Contractor Company O'Neill Assoc  
 Contact Person Kevin O'Neill  
 Address 355 Hoods Mill Rd  
 City Cockeville State MD Zip Code 21723  
 License No. MHC 9588  
 Phone 410 489 7305 Fax \_\_\_\_\_

Occupant or Tenant Mrs. Susan Richardson  
 Contact Name \_\_\_\_\_  
 Address 3112 Ellerslie Ct  
 City Greenwood State MD Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company LT Engineering  
 Contact Person Lev Toth  
 Address 3220 Regents  
 City West Friendship State MD Zip Code 21794  
 Phone 410 442 1253 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
Roof: _____	
State Certified Modular _____	
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 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.

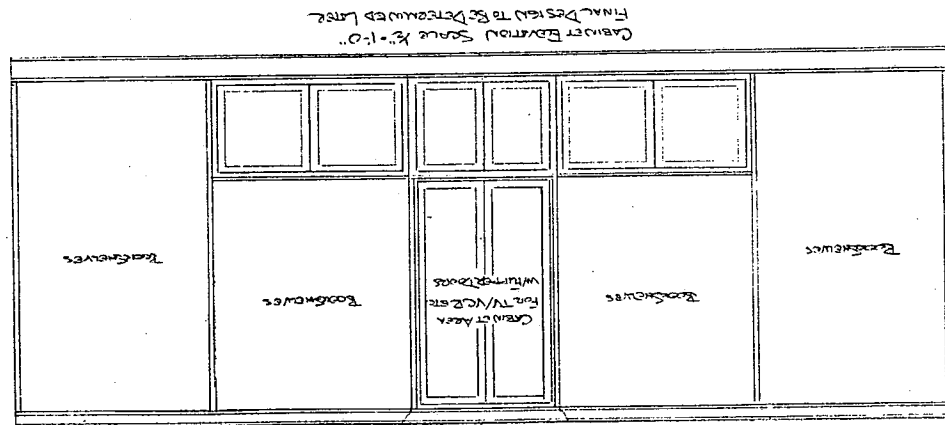
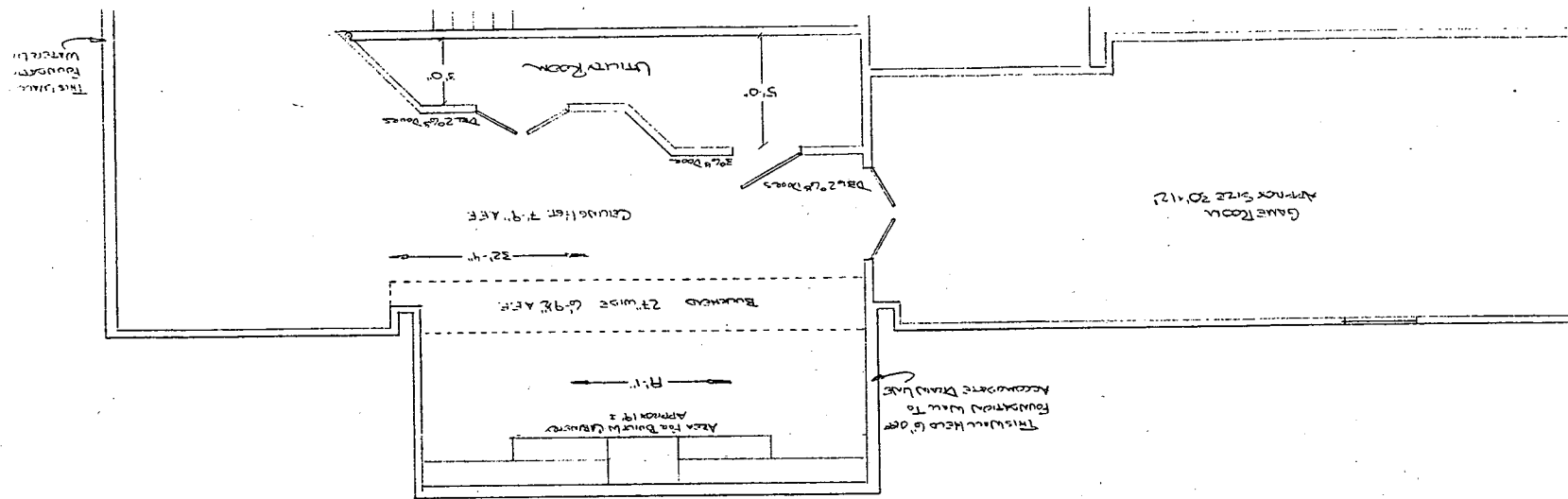
Kevin O'Neill  
 Applicant's Signature  
O'Neill and Associates  
 Title/Company

Kevin O'Neill  
 Print Name  
12.8.99  
 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	<u>12/18/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>12/18/99</u>	<u>[Signature]</u>
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	PROPERTY ID#:
Front: _____	<u>6373</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: <u>00521</u>	Excise tax \$ _____
All minimum setbacks met? <input checked="" type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District? <input type="checkbox"/>	Check # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>71196</u>
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____



B00121669      3112 Ellerslie Ct, Glenwood  
 Ellerslie Estates Ct 3

P45691 A31115  
 Existing Bdrn - Finish basement work,  
 No change in bedroom #, No impact on  
 well or Septic.      Approved 12/8/99  
 basement approved