

1/10/86  
ASPP - PM

State approved  
1/10/86  
BN

# PERMIT

P 36414  
A 31725

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

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

OS-392934

ELLICOTT CITY  
DISTRICT \_\_\_\_\_

INDEXED

DATE 1/9/86

Jack Fyock IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Dunfretten Estates ROAD 13717 Pasture Green LOT 12

PROPERTY OWNER Thomas Stengle

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION: Start first trench 90 feet from the front lot line and 115 feet from the right lot line as seen when facing the property from Pasture Green Court  
Run trenches along contour toward right lot line.

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(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *1/8/86*

BLDG. PERMIT SIGNED  
AND RETURNED 1/29/86

Serial # 56206  
front porch

PLANS APPROVED BY C. Williams DATE 1/8/86

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.

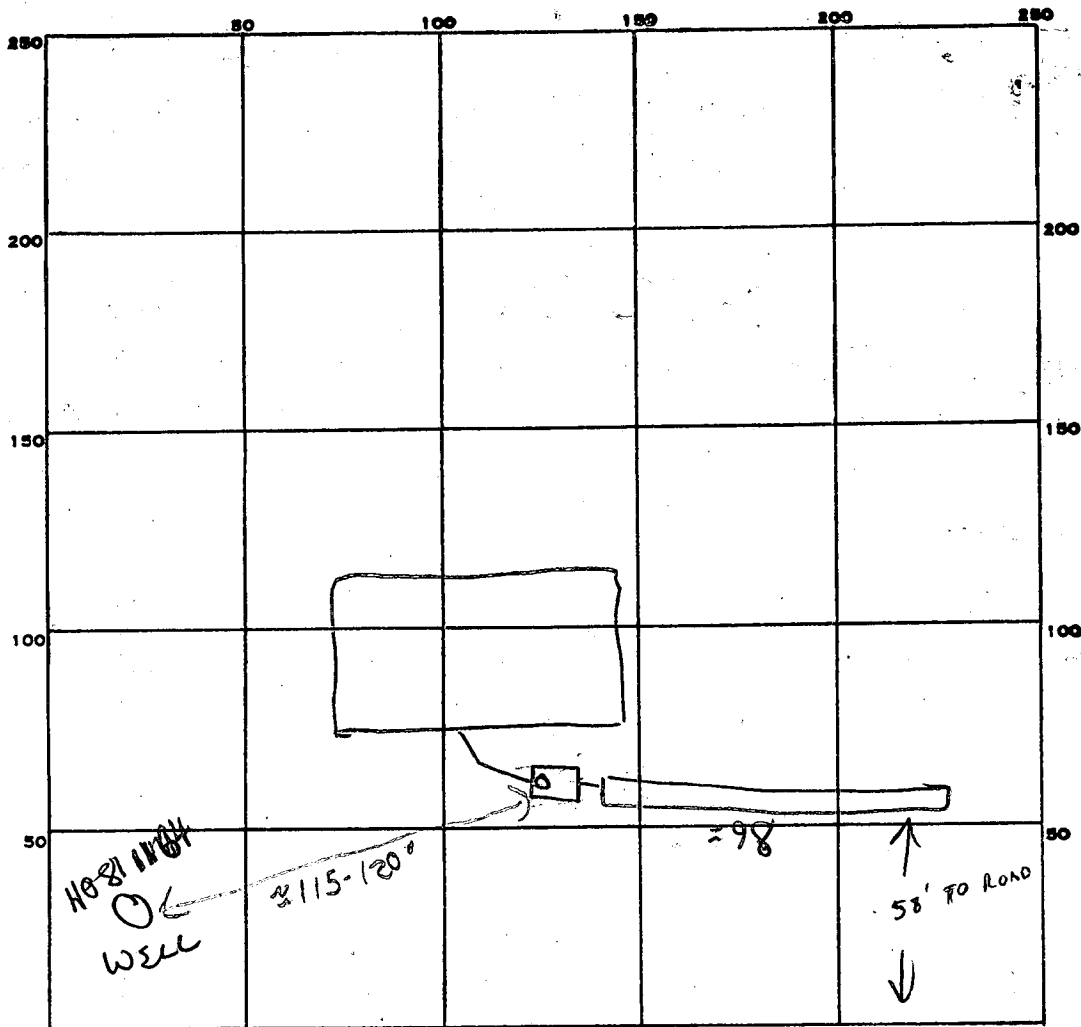
PERMIT VOID AFTER THREE YEARS.

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.

A 31725



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PASTURE GREEN RD.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL  \_\_\_\_\_

CLEANOUTS 1 S.T. \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 ft IN. TOTAL LENGTH = 98 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 637

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA = 637 SQ. FT.

REMARKS System was OK'd & completed 1/10/86. This is rec'd from memory.

2/18/86 Trench length & depth OK'd. was present for adding stone pipe & paper to trench. OK'd covering of all work.

DATE SYSTEM APPROVED 1/10/86

INSPECTOR B. Nifon

158  
4  
632  
98  
65  
490  
588  
637

C1 2421

SEQUENCE NO. (OEP 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 31725

DATE Received

DATE WELL COMPLETED 092085

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-1164

OWNER STENGLE THOMAS last name first name STREET OR RFD PASTURE GREEN CT TOWN HIGHLAND SUBDIVISION DUNFRETIN ESTATES SECTION LOT 12

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Clay, Shaley, Sand Silt & Clay, Shaley, Sand Stone, Mica, Flint, Mica, Flint, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 11, NO. OF POUNDS 1100, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 46 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter 6, Total depth 48.

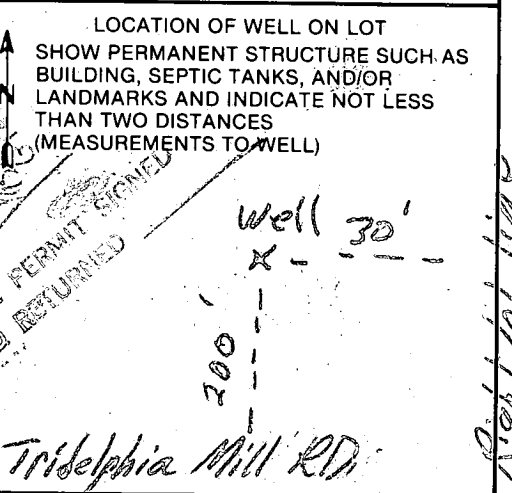
OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

DEPTH (nearest ft.) table with rows for EACH SCREEN and columns for depth intervals (8-9, 11-15, 17-21, etc.). Includes GRAVEL PACK and FLOWING WELL INSERT options.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 8 gal. per min, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 58, WHEN PUMPING 4, TYPE OF PUMP USED (S) submersible.

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



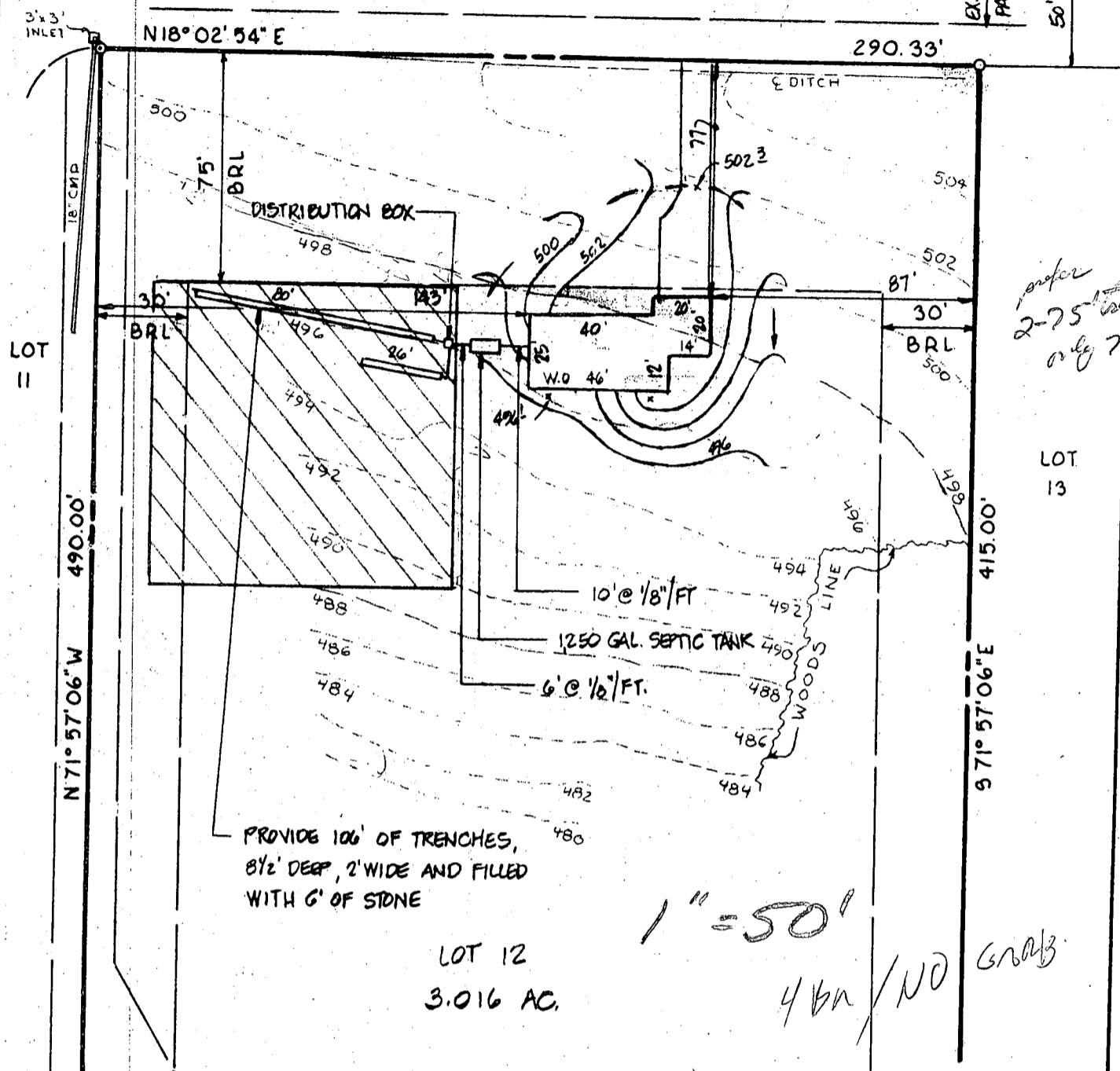
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE George F. Eastudy, SITE SUPERVISOR responsible for sitework if different from permittee.

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



# PASTURE GREEN



*prefer  
2-75' trenches  
only 7' deep*

PROVIDE 106' OF TRENCHES,  
8 1/2' DEEP, 2' WIDE AND FILLED  
WITH 6" OF STONE

LOT 12  
3.016 AC.

1" = 50'

*4 BR / NO GRAB*

**NOTES:**

1. TAX MAP 34, PARCEL 1
2. EX. ZONING: R
3. PRIVATE WATER & SEWER TO BE UTILIZED
4. TOPOGRAPHY SHOWN HEREON HAS BEEN FIELD RUN BY BOENDER ASSOCIATES.
5. HOUSE TO HAVE 4 BEDROOMS

**HOUSE:**

FF. ELEV. = 504.7  
BSMT. ELEV. = 496.4  
INV. OUT. = 493.91

**SEPTIC TANK:**

EX. GR. = 496.5  
FIN. GR. = 496.5  
INV. IN. = 493.81  
INV. OUT. = 493.56

**DISTRIBUTION BOX**

EX. GR. = 496.0  
FIN. GR. = 496.0  
INV. IN. = 493.5

*2 1/2" H*

*B.P. Appl. # 67645  
Signed 10/25/85*

PLAT REFERENCE: LOTS 1 THRU 26, DUNFRETEN ESTATES, RECORDED AS PLAT 5402

TITLE: **GRADING STUDY**

PROJECT: **DUNFRETEN ESTATES - LOT 12**

LOCATION: **FIFTH** ELECTION DISTRICT **HOWARD** CO., MD.

SCALE: 1" = 50'  
DESIGNED BY: B.G.  
DRAWN BY: B.G.  
CHECKED BY:  
DATE: SEPT. 1985

FIELD BOOK: PAGE NO.: JOB NO.: 85230 DRAWING NO.:

**boender associates**  
inc.  
consulting engineers  
land surveyors  
land planners

COURTHOUSE SQUARE  
3565 ELLICOTT MILLS DRIVE  
ELLICOTT CITY, MD. 21043  
13011 465-7777

B 1 **7136** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

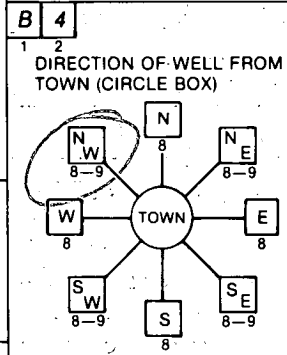
**STATE OF MARYLAND PERMIT TO DRILL WELL**  
 please print or type

OEP PERMIT NUMBER  
**40-81-1164**  
 fill in this form completely

Date Received **9/20/85 12:00 Noon**  
**OWNER INFORMATION**  
**Stengle, Thomas**  
 Last Name Owner First Name  
**Box 239**  
 Street or RFD  
**Laurel** **MD 20707**  
 Town State Zip

B 3 **LOCATION OF WELL**  
**Howard** COUNTY  
**Dunfretten Est** SUBDIVISION  
 SECTION **12** LOT **12** (Pasture Eject.)  
**Highland** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION**  
**George F. Eastorday** License No. **40**  
**L. Franklin Eastorday, Inc** Firm Name  
**9265 Brown Church Rd Mt Airy** Address  
**George F. Eastorday** Signature **8-26-85** Date



**Triadelphia Rd** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **200** FT  
 ENTER FT or MI **EA**

B 2 **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600**

**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)

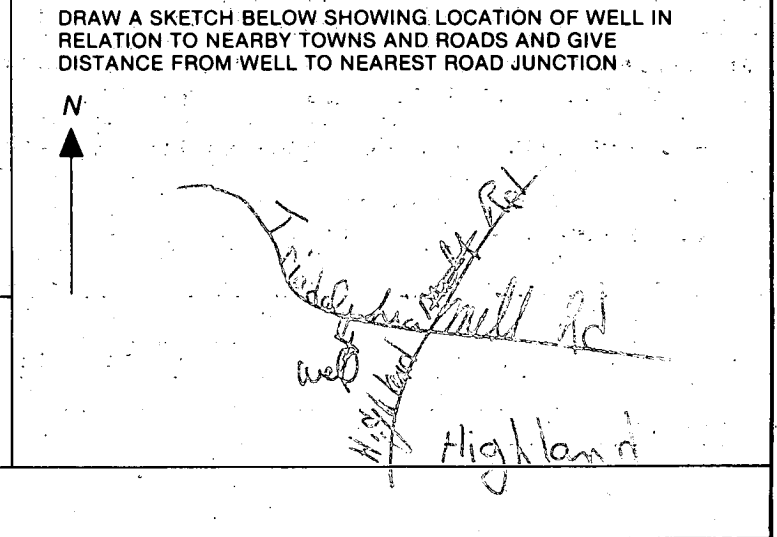
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** COUNTY NAME **A31725** COUNTY NO.  
 OEP SIGNATURE **Chai Wilson** STATE HEALTH INSERT S  
 DATE ISSUED **2/25/86** EXP. DATE  
 NORTH GRID **503000** EAST GRID **0802000**

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  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2. well  
 3. well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **800**  
 N **500**

**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) \_\_\_\_\_



*Not to be filled in by driller (OEP USE ONLY)*  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **CG** WRITE INITIALS IN BOX PERMIT No. **40-81-1164**

SPECIAL CONDITIONS

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/24/81

A 31725  
P \_\_\_\_\_

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 S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993  
Clarksville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #12  
~~Clarksville~~ Triadelphia Mill Rd

ROAD AND DESCRIPTION ~~XXXXXXXX~~ Pasture Green (Macadam)

SIZE OF LOT 3 Acres TYPE BLDG. \_\_\_\_\_  
(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. Turner Nichols - James S. Nichols  
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Ray W. [unclear] [unclear] DATE 5/23/83

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

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

REASONS FOR REJECTION OR HOLDING 5/23/83 Specs Written RH

# THIS IS NOT A PERMIT



# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31725

P \_\_\_\_\_

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S. Turner Nichols - James S. Nichols  
(SIGNATURE OF APPLICANT)

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

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

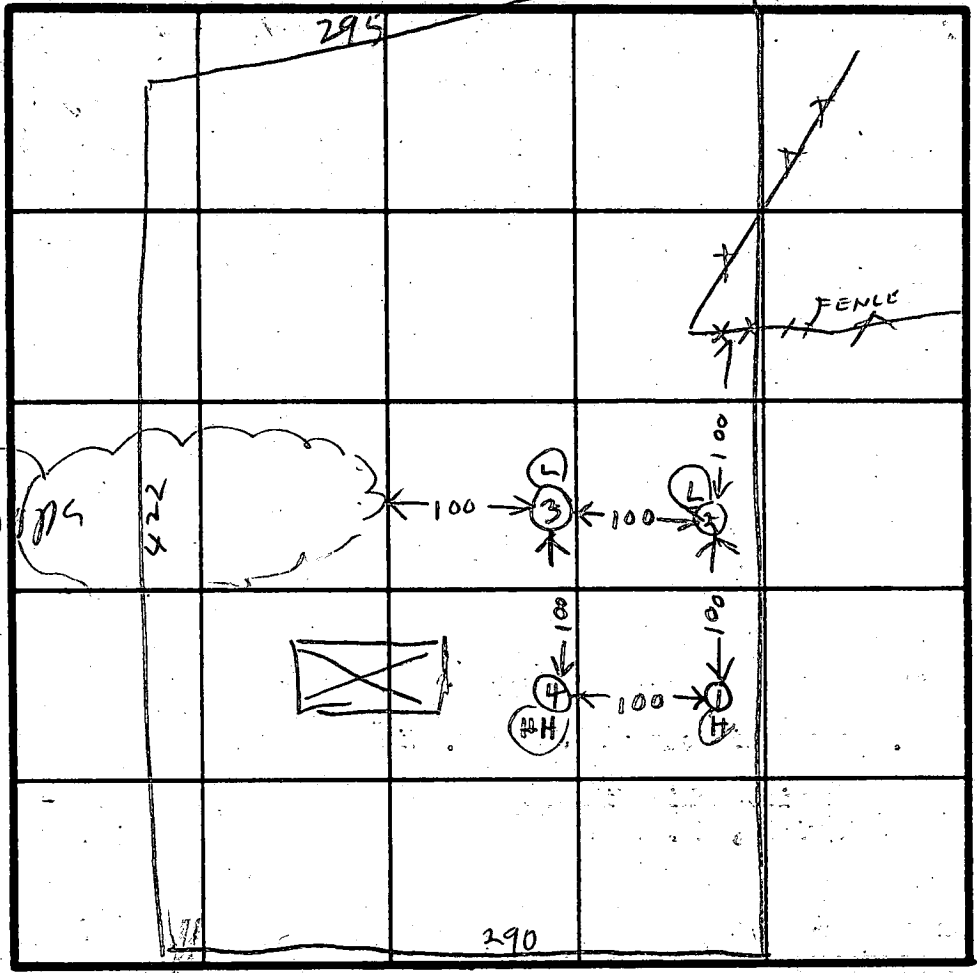
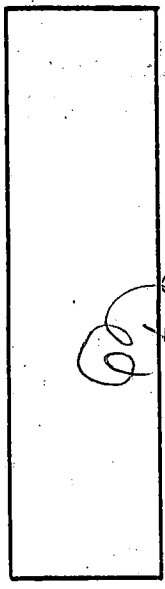
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

Plot 12

SOIL PROFILE



#12  
Seepout

H = High  
L = Low

← TO TRINDELPHIA MILLEND INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/51	1S	4 1/2	1134	1138	1138	1140	2
	1V	13	ALL SANDY				
	2S	4	1139	1141	1141	1146	5
	2V	12 1/2	ALL SANDY				
	3S	4 1/2	1148	1150	1150	1152	2
	3V	12	ALL SANDY				
	4S	4	126	128	128	131	3
	4V	12	ALL SAND				

Airtime 3  
Moisture 2 1/2

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

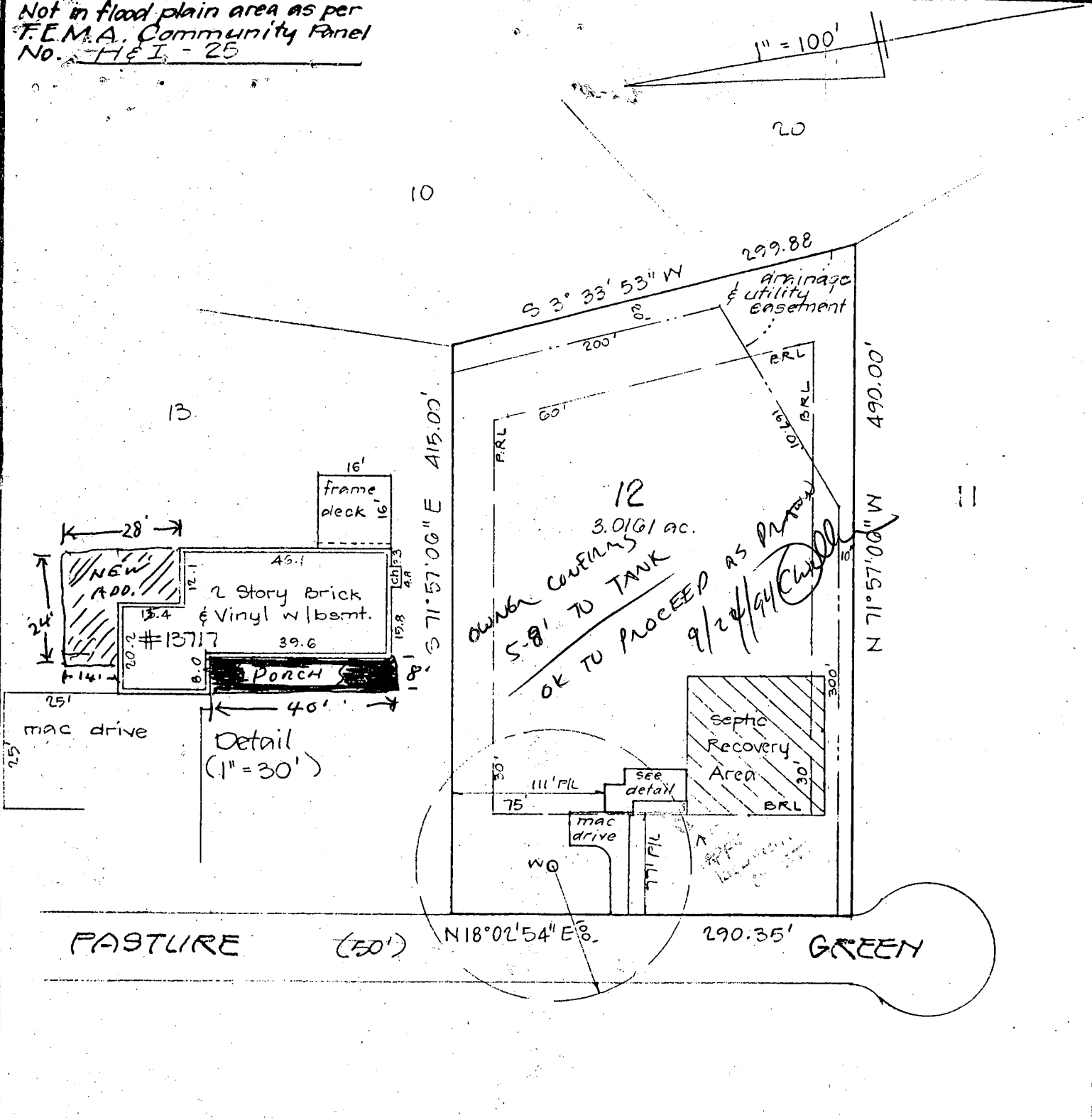
TESTED BY RH \_\_\_\_\_

ALSO PRESENT ORNDORF  
NICHOLS  
STUMEL  
JERRY

EH-12-1079



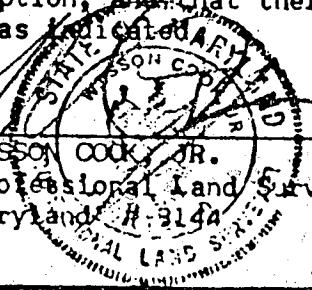
Not in flood plain area as per  
 F.E.M.A. Community Panel  
 No. HE I - 25



PASTURE (E0') N18°02'54"E 290.35' GREEN

I hereby certify that I have carefully located the improvements as shown hereon in accordance with recorded property description, and that there are no encroachments except as indicated.

1-31-87  
 Date \_\_\_\_\_  
 WESSON COOK, JR.  
 Registered Professional Land Surveyor  
 Maryland R-3144



Tom & Janis Stengle Stengle  
 HOUSE LOCATION SURVEY  
 13717 PASTURE GREEN  
 CLARKVILLE MD - 21034  
 Lot 12 Block \_\_\_\_\_ Section \_\_\_\_\_  
**DUNFRETEN ESTATES**  
 5th Election District  
 Howard County, Maryland  
 Plat Book \_\_\_\_\_ Plat 5402 870121

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00120740

Building Address 13717 PASTOR CHURCH  
CLARKSVILLE, MD 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6051 Subdivision PUNNINGTON COURT  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12  
Tax Map 31 Parcel 1 Grid 1  
Zoning RR Map Coordinates 13H6 Lot size 0.21

Property Owner's Name THOMAS STENCE  
Address 13717 PASTOR CHURCH  
City CLARKSVILLE State MD Zip Code 21029  
Home Phone 410-531-5608 Work Phone 301-251-5425  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
Proposed Use New Deck for side  
Estimated Construction Cost \$ 41000  
Description of Work TAKEN DOWN EXISTING  
16' x 16' DECK, REPLACED WITH NEW  
WOOD BRICK WITH

Contractor Company PEREGRINE BUILDERS  
Contact Person P. TOM BULLOCK  
Address 6100 CLARK RD.  
City JACKSON State MD Zip Code 21785  
License No. 14917  
Phone 301-371-4350 Fax \_\_\_\_\_

Occupant or Tenant THOMAS STENCE  
Contact Name THOMAS  
Address 13717 PASTOR CHURCH  
City CLARKSVILLE State MD Zip Code 21029  
Phone 410-531-5608 Fax \_\_\_\_\_

Engineer or Architect Company PEREGRINE 76  
Contact Person \_\_\_\_\_  
Address 4465 LEWIS HILL COURT  
City JACKSON State MD Zip Code 21785  
Phone 301-473-5297 Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: <u>40</u> _____ 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 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 Thomas Stence  
Title/Company \_\_\_\_\_

Print Name THOMAS STENCE  
Date 10/11/99

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		
Dev. Engineering, DPZ		
Health	<u>10/5/99</u>	<u>C. Will</u>
Fire Protection		

### DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met? YES  NO   
Is Erosion Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

### PROPERTY ID#:

15102

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>13</u>
Balance due	\$ _____
Check	# <u>7234</u>
Validation	# <u>2544</u>

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

B.P. 67645 signed 10-20-85

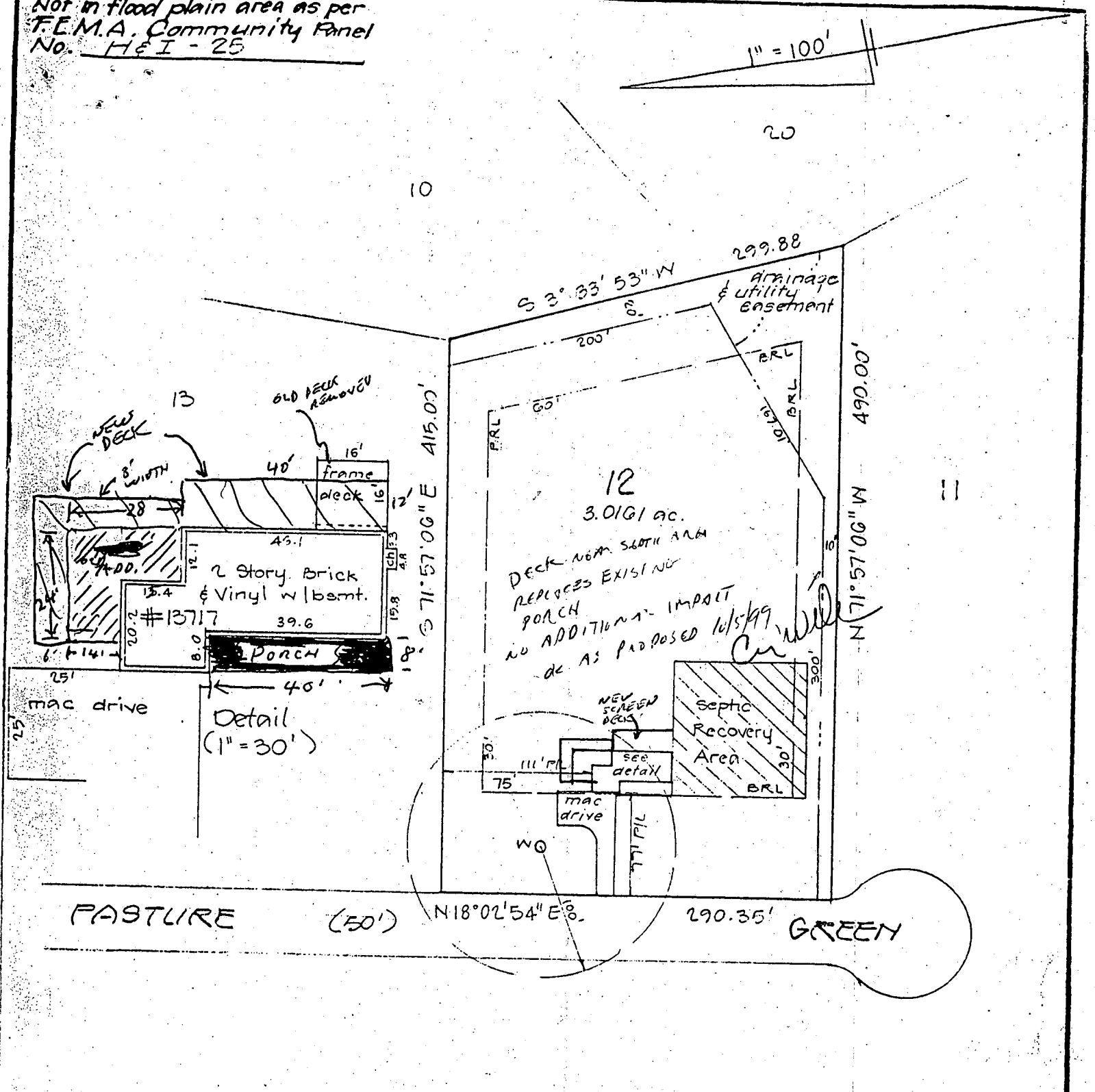
Dunfetter Est #12

Thomas Stenge

B.P. was noted rest of  
file in C.W. office 1/8.

Not in flood plain area as per  
 F.E.M.A. Community Panel  
 No. H&I - 25

1" = 100'



Detail  
 (1" = 30')

PASTURE (50') N 18° 02' 54" E 290.35' GREEN

I hereby certify that I have carefully located  
 the improvements as shown hereon in accordance with  
 recorded property description, and that there are  
 no encroachments except as indicated

1-31-87  
 Date

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 Registered Professional Land Surveyor  
 Maryland # 9144

Tom & Janis STENGLE Stengle  
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 CLARKVILLE MD - 21028  
 Lot 12 Block — Section —

DUNFRETEN ESTATES  
 5th Election District  
 Howard County, Maryland  
 Plat Book 5402 Plat 870121