

4/14/86
4/18/86
ANYTIME

4-8-86
approved
S. Aul

PERMIT

P 34726
A 31734

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-393207
INDEXED

ELLICOTT CITY
DISTRICT 5th

DATE 3/27/86

Souder Builders, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 9335 Old Scaggsville Road, Laurel, Maryland 20707 PHONE 725-5772

SUBDIVISION Dunfretten Estates ROAD 13634 Meadow Glen LOT 21

PROPERTY OWNER Jack Verrow Robert + Ellen Nixon

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

BLDG. PERMIT SIGNED
AND RETURNED 5-22-97

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3 *Serial # BR105758
addition 1 Bedroom + Bath*

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench at perc hole #1 which is located 390 feet from the back lot line which is 167.43 ft. long and 70 feet from the sideline of the lot. which is 602.30 ft. long. Run the trench along level ground away from the back 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. *OK/CW*

BLDG. PERMIT SIGNED
AND RETURNED 12-10-98
*Serial # BR115411
Shed*

PLANS APPROVED BY Raymond Hodges DATE 5/27/83

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.

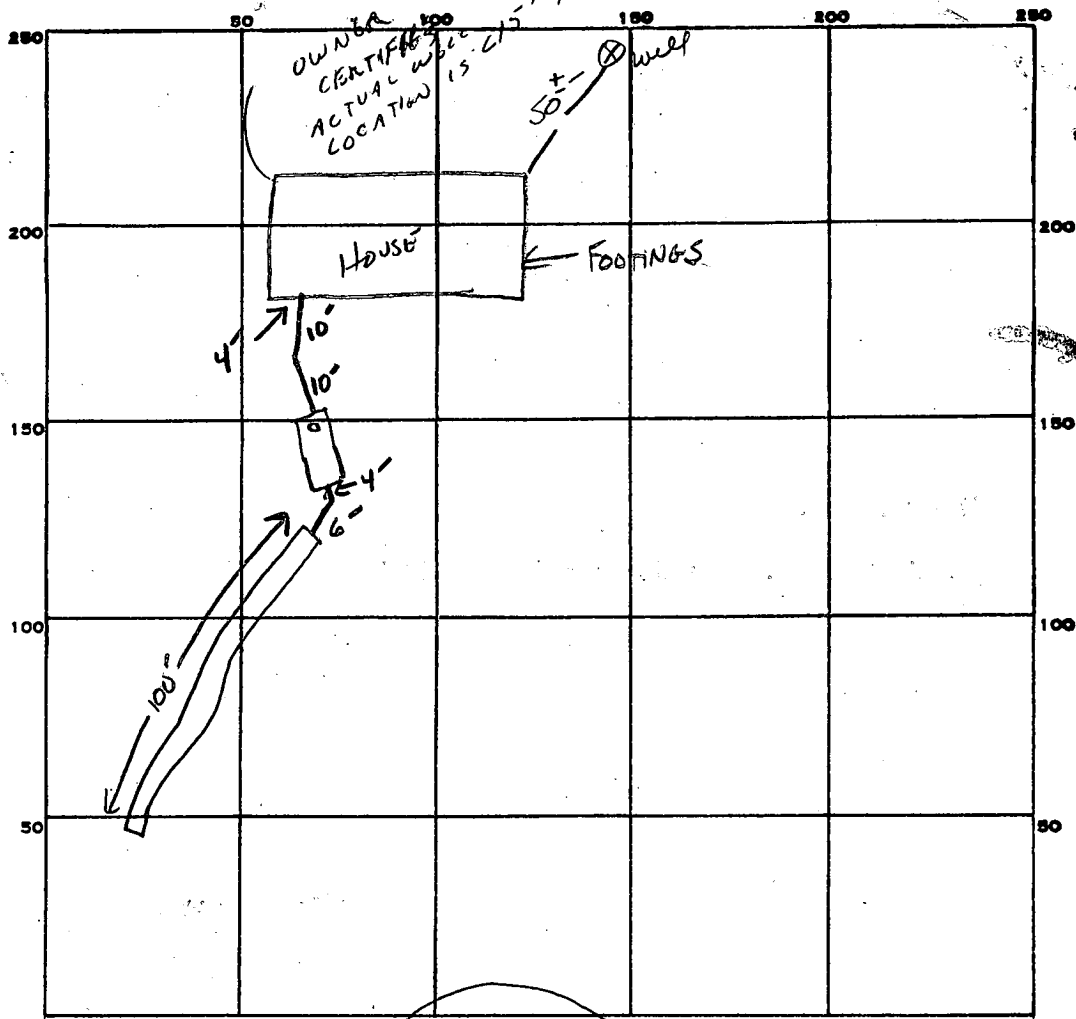
BLDG. PERMIT SIGNED
AND RETURNED 5/18/87

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. *Serial # 11665-RM*

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

2530 FOR INSPECTION OF SEPTIC SYSTEMS.

A 31734



12
168
3
474

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

MEADOW GLENN CT

PERMIT CARD

SEPTIC TANK, LEVEL 1000 GAL

CLEANOUTS ✓ 5

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 9' FT. TRENCH WIDTH 2 FT. INLET 4'

GRAVEL DEPTH 5 FE FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL TOTAL BOTTOM AREA 500 ϕ

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

ABSORBENT AREA 500 SQ. FT.

REMARKS 4-4-86 OK TO ADD STONE PIPE + PAPER. SET TANK ALL ALL OTHER PIPE WORK & (H) FOR

FINAL. S. Abel

DATE SYSTEM APPROVED

4-8-86

INSPECTOR

S. Abel

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 31734
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~~ JACK PERROW

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

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #21
Meadow Glenn (Macadam)

ROAD AND DESCRIPTION 13634 - Meadow Glen

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 Bridges FOR Trench DATE 5/27/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/27/83 Special Writter P.H.
B.P. 69/60

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

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

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DATE 11/24/81

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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 Dunfrotten Estates LOT NO. #21
Meadow Glenn (Macadam)

ROAD AND DESCRIPTION _____

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)

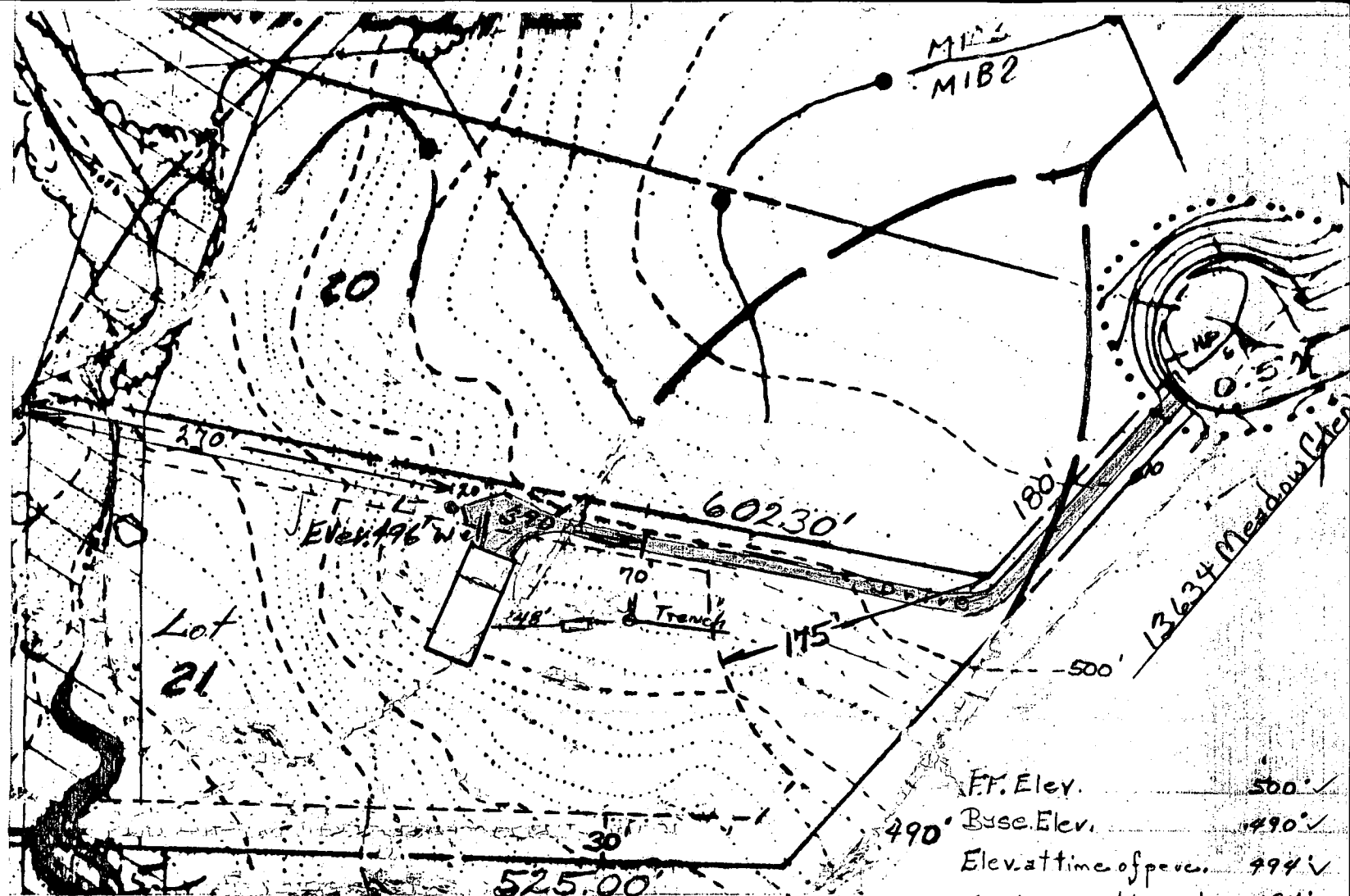
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



MIB2

Lot 21

Elev. 496'

Trench

13634 Meadow Glen

FF. Elev.	500' ✓
Base Elev.	490' ✓
Elev. at time of perc.	494' ✓
Exist Elev. at trench	494' ✓
Elev. of sewer at house	493' ✓
Elev. at tank Inv.	492' ✓
Elev. at tank Out	491.50' ✓
Elev. at trench Inv.	491' ✓

Scale 1" = 100'

Mr. & Mrs. Jack Perrow
 13517 Argo Drive
 Dayton, Maryland 21036
 854-0133

Lot # 21 Dunfretten
 13634 Meadow Glen
 Dayton, Maryland 21036

I certify that all elev. are actual & correct for this property.

Donald E. Souder
 Donald E. Souder

C1 00864 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 (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-31734

DATE RECEIVED
 8 13

DATE WELL COMPLETED
 15 20
 030486

245
 Depth of Well
 22 245 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 28 29 30 31 32 33 34 35 36 37
 WQ-81-1329

OWNER SAUNDER BUILDERS INC.
 STREET OR RFD MERRIMON GLEN CT. first name TOWN DAYTON
 SUBDIVISION DONFRETEN ESTATES SECTION LOT 21

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	60	✓
Sand Stone	60	65	
Micka	65	80	
Sand Stone	80	85	✓
Micka	85	245	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL:
 CEMENT BENTONITE CLAY
 NO. OF BAGS 15 NO. OF POUNDS 600
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 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
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)
 PL 6 20

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
 DEPTH (nearest ft.) 245
 HO 68 245

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273
 Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 Ralph E. Mayne

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

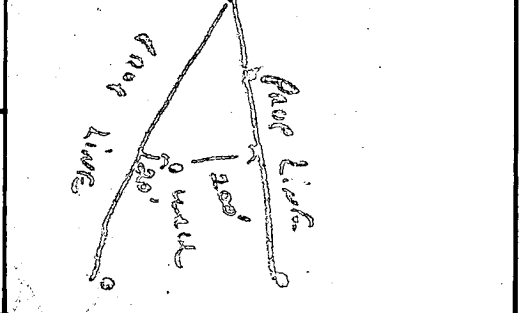
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3
 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 76
 WHEN PUMPING 71
 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:
 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
 - below } (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



31734

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement _____

Receipt # 36817
Date 4/17/86

Name of Installer Kestner Plumbing & Heating, Inc

Telephone 725 5000

License number 1862

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Jack Peerow

Telephone 854-0133

Subdivision Dun Fretten Lot # 21 Well tag # _____

Site Address 13634 Meadow Glen
Dayton, Maryland 20036

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

2. Make Gould's

3. Model # 5Es05412

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No

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 Other _____

Tank

- 1. Capacity 42 gal. equivalent
- 2. Pressure relief valve? yes

Piping


- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth 245 ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? No

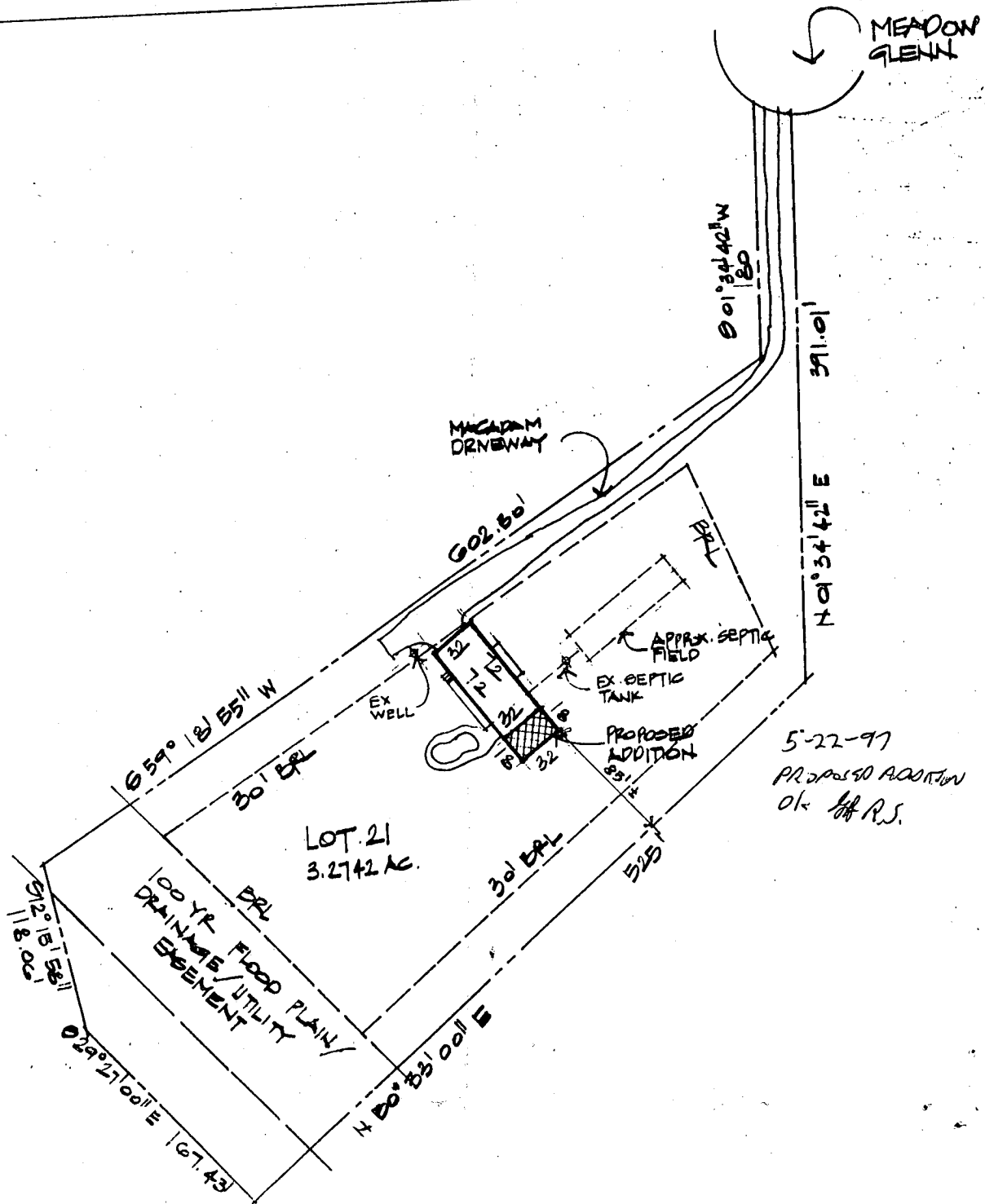
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: 

Date: April 11, 1986

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



AN UNION RESIDENCE 13634 MEADOW GLENN, CLARKVILLE, MD

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 100015411

Building Address 13634 Meadow Glenn
Clarksville 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Dunfretted Estates

Section _____ Area _____ Lot 21

Tax Map 34 Parcel 1 Grid 2

Zoning RR-DEO Map Coordinates _____ Lot size 3.274 ac

Property Owner's Name Robert W. Nixon

Address 13634 Meadow Glenn

City Clarksville State MD Zip Code 21029

Home Phone (301) 854-1056 Work Phone (301) 630-6323

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SF Home

Proposed Use Workshop + tractor shed for SFH

Estimated Construction Cost \$ 18,000.00

Description of Work 20x20 accessory building
detached (sheds)
front house

Contractor Company Lauer Construction

Contact Person Bruce J. Lauer

Address 132 Mayo Rd.

City Edgewater State MD Zip Code 21057

License No. 9653 ONEC

Phone (410) 956-2277 Fax (410) 269-3044

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

BUILDING DESCRIPTION - RESIDENTIAL	
<p>Building Characteristics</p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p style="text-align: center;">Depth Width</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms _____</p> <p>Multi-family dwellings:</p> <p>No. of efficiency units: _____</p> <p>No. of 1 BR units: _____</p> <p>No. of 2 BR units: _____</p> <p>No. of 3 BR units: _____</p> <p>Other Structure: <u>Shed</u></p> <p>Dimensions: <u>20' x 20'</u></p> <p>Footings: <u>Concrete</u></p> <p>Roof: <u>40-year Fiberglass</u></p> <p><input type="checkbox"/> State Certified Modular</p> <p><input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <u>N/A</u></p> <p><input type="checkbox"/> Public</p> <p><input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <u>N/A</u></p> <p><input type="checkbox"/> Public</p> <p><input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Heating System: <u>N/A</u></p> <p>Electric <input type="checkbox"/> Oil <input type="checkbox"/></p> <p>Natural Gas <input type="checkbox"/></p> <p>Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> NFPA #13D</p> <p><input type="checkbox"/> NFPA #13R</p> <p><input type="checkbox"/> Other: _____</p>

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.

Robert W. Nixon
 Applicant's Signature

Owner
 Title/Company

Robert W. Nixon
 Print Name

12/15/98
 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 type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>12/10/98</u>	<u>R. Miller</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DPZ SETBACK INFORMATION	
Front:	_____
Rear:	_____
Side:	_____
Side St.:	_____
All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

PROPERTY ID#: <u>29841</u>	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>4101</u>
Validation	# <u>19213</u>

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by RD

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

 = Proposed shed (20' x 20')

Distances to boundaries

(A) = @ 7' (See variance granted
BA Case # 98-49V)

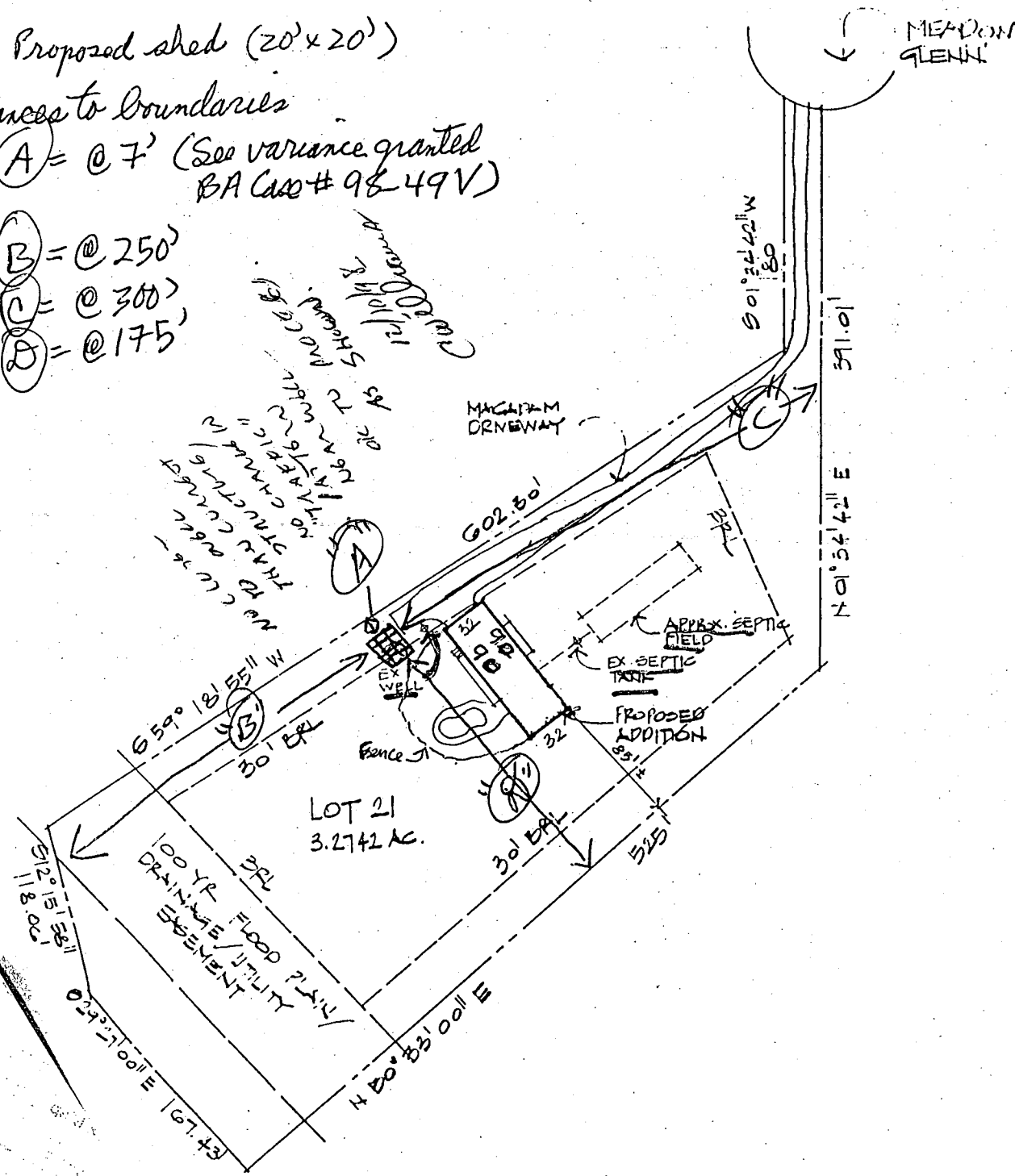
(B) = @ 250'

(C) = @ 300'

(D) = @ 175'

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

1998 DE 10 PM 2:06



BA 98-49V

ON RESIDENCE 13634 MEADOW GLENN, CLARKSVILLE, MD

