

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P. 512661

A. 50036-F

DISTRICT _____

DATE 8-11-99

DATE SYSTEM APPROVED 5/13/99

INSPECTOR S.R.h.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

05-423503
INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Windy Knolls LOT 6 ROAD 6421 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc. Tim & Sally Suggert

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 25 feet off the intersection of the 291.48' and 101.77' lot lines. Run trenches on contour towards the rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 3/3/99 DKS*

PLANS APPROVED BY Donna K. Soe/Amy McMillen REVISED _____ DATE 2-26-1999

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

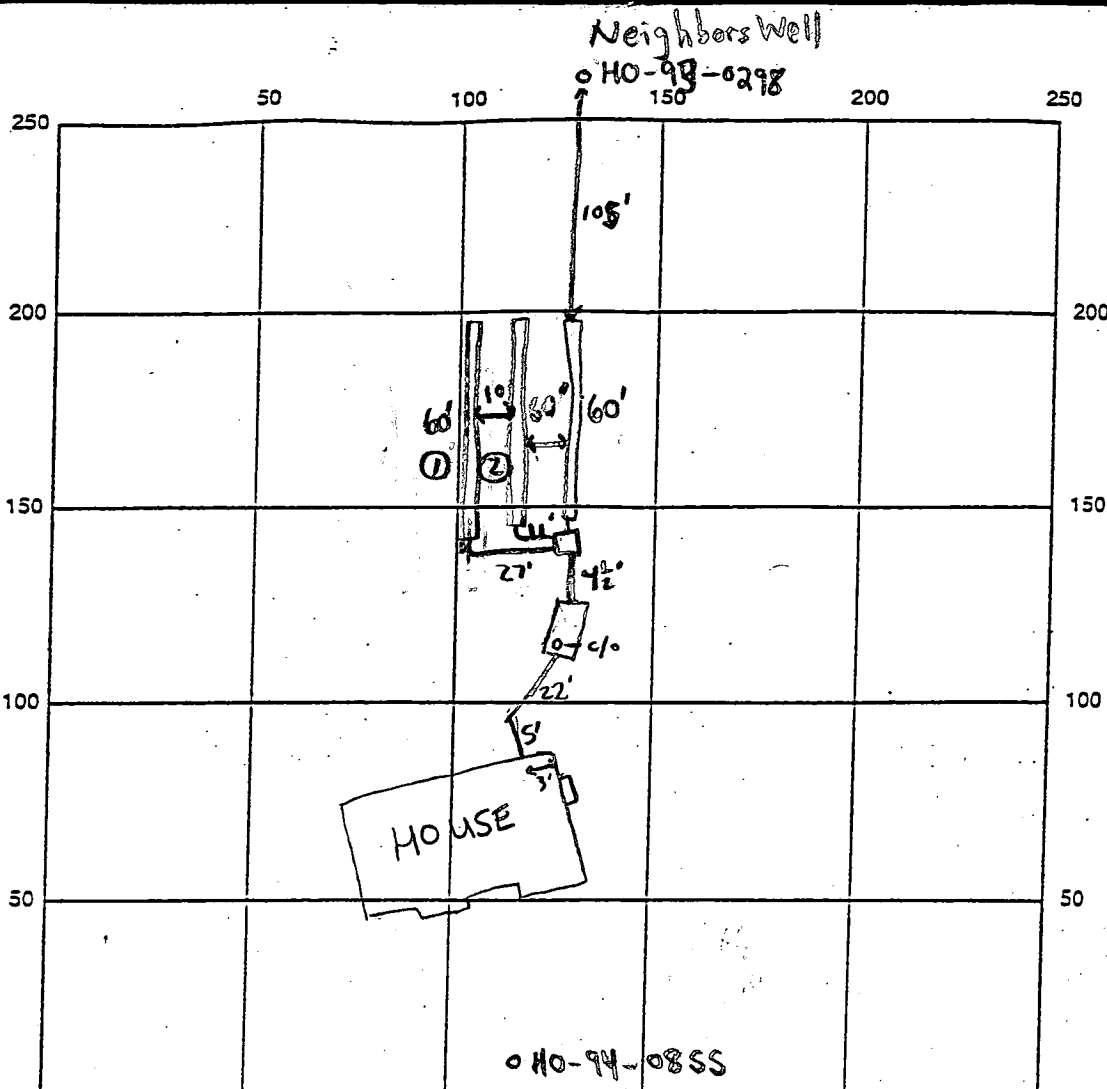
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

CLASS. TERM
127-201
600133439
FINISH BASE next with Fm. with
ADD. PERMIT SIGNED
AND RETURNED 10-7-99
Serial# 209120775
dash

50036-F



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
PRESTWICH DRIVE

SEPTIC TANK LEVEL ✓ 1250 midspan CLEANOUTS 16" tank
 DISTRIBUTION BOX LEVEL ✓
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.
 ABSORBENT AREA N/A SQ. FT.

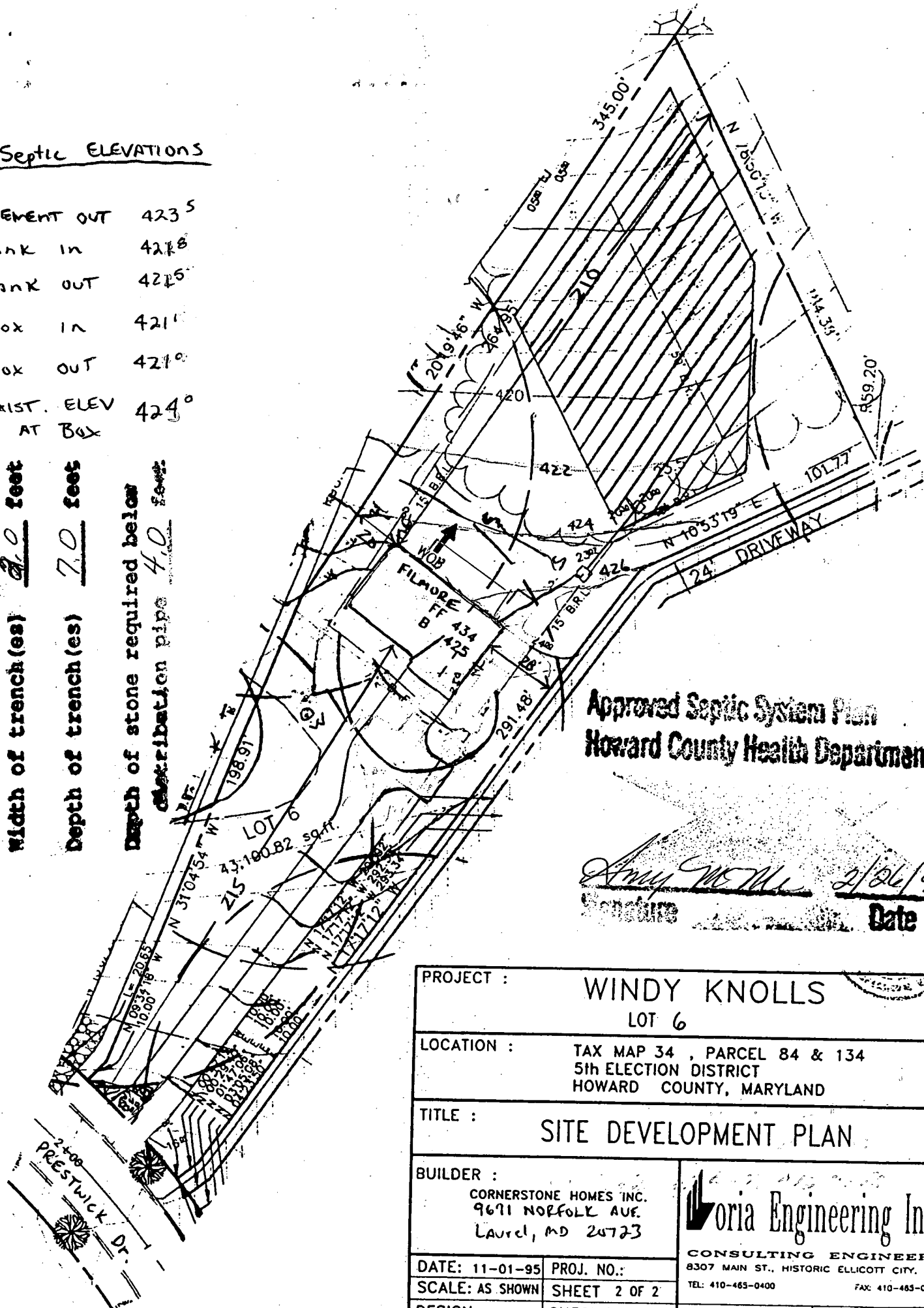
REMARKS: 5/12/99 - OK TO CONTINUE WORK SRK 5/12/99 - OK TO COVER TRENCH 2
SRK, 5/13/99 - OK TO COVER - SRK, DURING well line inspection No grout was observed on
well at 4' down from grade, stuck tape i not 4' down from grade and kept going to 18' hit some
thing solid, In other places tape stopped at 2' down - SRK 5/26/99 - well regrouted see completion
report for details - SRK 6/1/99 - WPI OK Form Needed SRK.

DATE SYSTEM APPROVED 5/13/99 INSPECTOR Steven R. Kruey

Septic ELEVATIONS

BASEMENT OUT 423⁵
 TANK IN 421⁸
 TANK OUT 422⁵
 Box IN 421¹
 Box OUT 421⁰
 EXIST. ELEV 424⁰
 AT BOX

Total linear feet of trench required 180 feet
 Width of trench(es) 2.0 feet
 Depth of trench(es) 7.0 feet
 Depth of stone required below distribution pipe 4.0 feet



Approved Septic System Plan
 Howard County Health Department

Amy McMillan 2/26/99
 Signature Date

PROJECT :		WINDY KNOLLS LOT 6	
LOCATION :		TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE :		SITE DEVELOPMENT PLAN	
BUILDER :		CORNERSTONE HOMES INC. 9671 NORFOLK AVE. LAUREL, MD 20723	
DATE: 11-01-95	PROJ. NO.:	Loria Engineering Inc. CONSULTING ENGINEERS 8307 MAIN ST., HISTORIC ELLICOTT CITY, MD. TEL: 410-465-0400 FAX: 410-465-0489	
SCALE: AS SHOWN	SHEET 2 OF 2		
DESIGN: JER	CHECKED: MLL		
DRAWN: JER		APPROVED: MLI	

APPLICATION

PERCOLATION TESTING

A 50036F

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 5/18/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Clarksville Pike Joint Venture CORNERSTONE HOMES, Inc

ADDRESS C/O Land Design + Development Inc
10805 Hickory Ridge Rd Col Md 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windy knolls LOT NO. 6

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)
(6421 Prestwick Drive)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD - 4BR
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 2-26-99
Serial # 210116328

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.

Mark Reich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50036 F
COUNTY #

SOIL PROFILE

0'
1'
2'
11'

topsoil
dk
red br
clay
loam

4" br to
1.5" or
sandy
loam

15% rock
frags

0'
1'
3'
12'

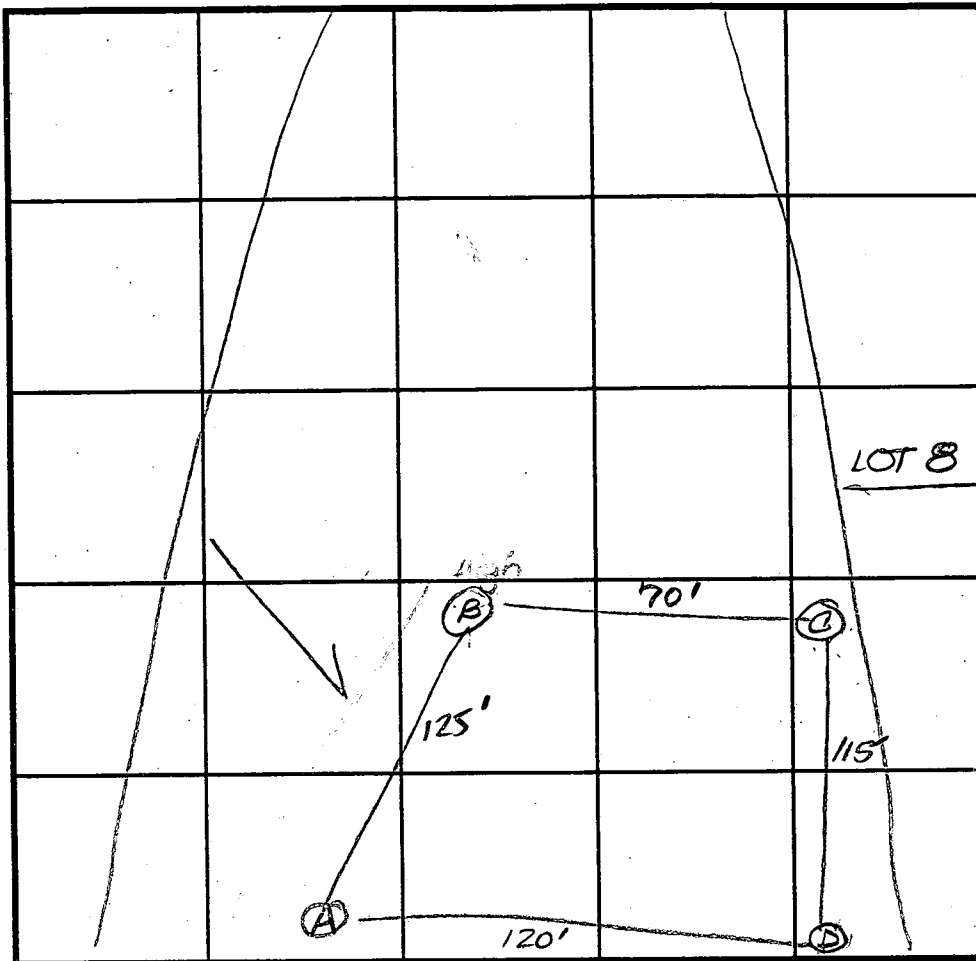
topsoil
red br
clay
loam

tan
sandy
loam

10% rock
frags

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/2/94	A	4.0' S	10:33 ₃₀	10:38	10:38	10:51	13
		11.0' D	see profile				
	B	4.5' S	10:52	10:53 ₃₀	10:53 ₃₀	10:55 ₃₀	2
	E	12.0' D	see profile				
	D	5'4" S	10:24 ₃₀	10:25 ₃₀	10:25 ₃₀	10:27	2
		11.0' D	see profile				
	C	4.5' S	10:05	10:06	10:06	10:07 ₃₀	2
		8.5' M	10:01 ₃₀	10:02	10:02	10:02 ₃₀	30 sec
		11.0' D	10:02 ₃₀	10:03 ₃₀	10:03 ₃₀	10:04 ₃₀	1
		11.0' D	see profile				

REMARKS holes tested as starod

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT D.K. Jr., M. Rifkin

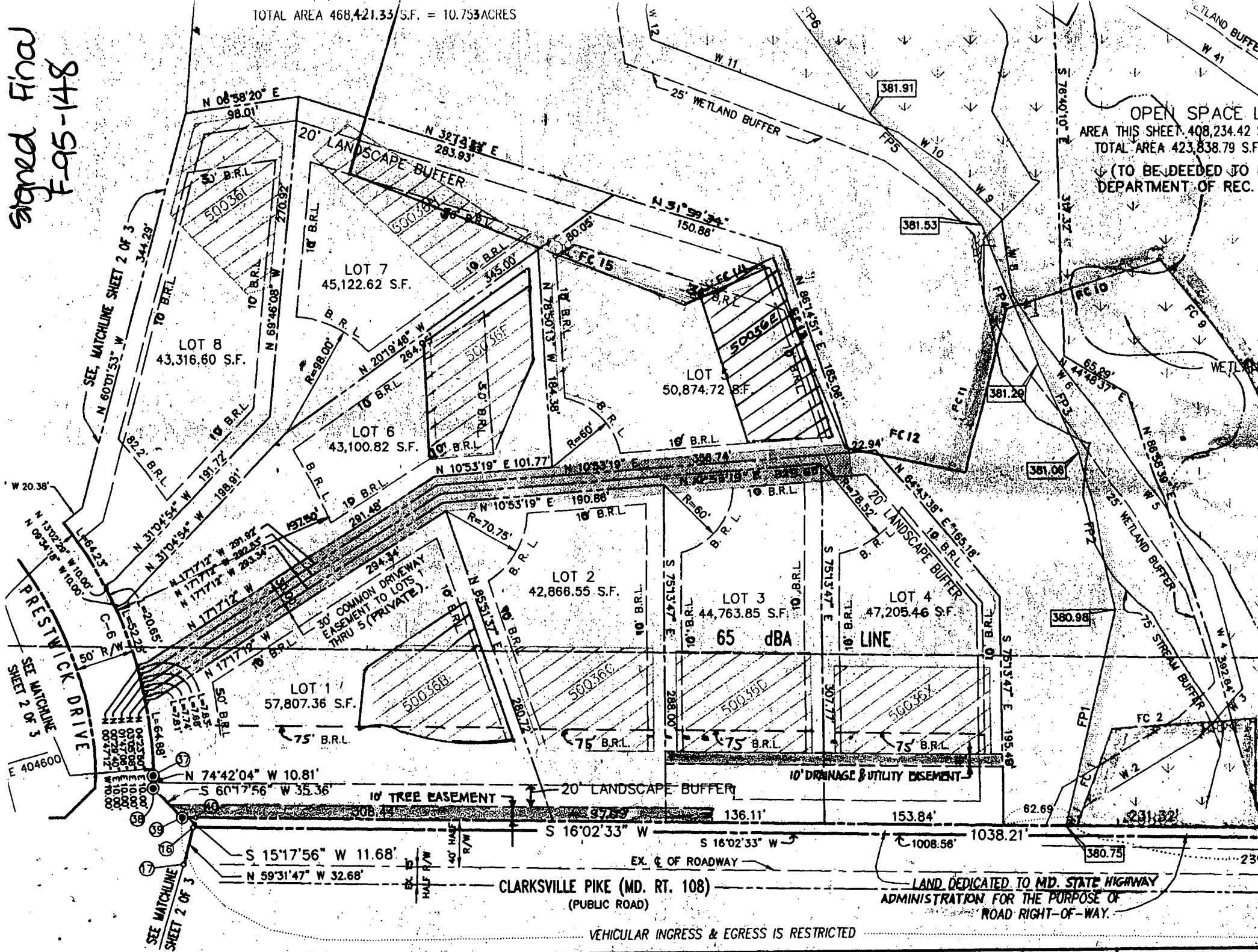
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2

INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 7.5 SQ. FT./BEDROOM 180

Signed Final
F-95-148

TOTAL AREA 468,421.33 S.F. = 10.753 ACRES

OPEN SPACE
AREA THIS SHEET, 408,234.42 S.F.
TOTAL AREA 423,838.79 S.F.
(TO BE DEEDED TO
DEPARTMENT OF REC.)



RECORDED AS PLAT

C1 7974

SEQUENCE NO. (MDE 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 50036 F

STICO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 010897

Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0855

OWNER LDD PRESWICK DRIVE TOWN Clarksville SUBDIVISION Windy Knolls SECTION LOT 6

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Top soil 0-5, Brown shell mild rock 6-32, Sandstone & Blue rock 33-100, GWT water 70-90.

Easterday added 4 bags of grout on 5/26/99 to fill annular space SRK present. Evidence of some grout present prior to regrout.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 043

DRILLERS SIGNATURE Wayne E Hawley

LIC. NO.

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 13 NO. OF POUNDS 1222

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE Nominal diameter top-(main)-casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used) diameter inch depth (feet)

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

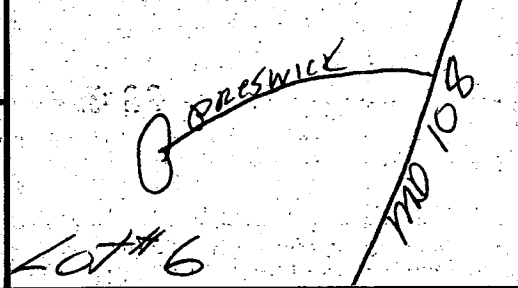
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 150 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 44 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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 (-) below LAND SURFACE (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)



B 1 **3009** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-0855**
70 fill in this form completely 78

OWNER INFORMATION
 Date Received (APA) **050196**
 15 Last Name **ZAND** Owner **DESIGN + DEVELOP.** First Name **IML**
 36 Street or RFD **10805 HICKORY RIDGE**
 57 Town **COLUMBIA** 70 State 72 **MD** Zip 76 **21049**

DRIVER INFORMATION
 Driller's Name **Harley Drilling & Pump Systems** 77 License No. 80 **0043**
 Firm Name **Box 160 WALKERSVILLE, MD 21793**
 Address **1000 Highway W. Jessup** Date **4-26-96**
 Signature *[Signature]*

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **3**
 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)

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEN 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 _____ GAP _____
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-0855**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

LOCATION OF WELL
 1 **HOWARD** 21 COUNTY
 23 SUBDIVISION **WINDY KOLLS** 42
 SECTION **2** 44 46 LOT **6** 48 50
 52 NEAREST TOWN **WALKERSVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 MI **1** 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 **MD 108 PRESTON** 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **300** 37 DISTANCE FROM ROAD
 ENTER FOR MI **10** 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

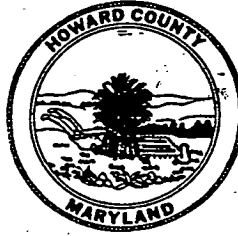
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A50036F**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **071696** DATE **7/15/97** 41
 43 CO SIGNATURE **Doug K See** EXP. DATE
 NORTH GRID **496000** 50 55 EAST GRID **0816000** 57 63

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 **816**
 N **496**
 000 000

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

 9:30 AM
 WINDY KOLLS
 MD 108
 MD 108
 LOT # 6

COUNTY



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 1, 1999

792-2565

John Connors
Cornerstone Homes
9691 Norfolk Avenue
Laurel, MD 20723

RE: Windy Knolls - Lot 6
6421 Prestwick Drive

Dear Mr. Connors:

I am writing to inform you of a concern with the well depth on Lot 6. At the time of the well pump installation, Ken Feaga brought it to our attention that the depth of the well was 72 feet which conflicts with the well driller's reported depth of 100 feet as documented on the well completion report.

This may be an indication of a partial collapse of the well which may or may not have adverse consequences to the quantity and quality of the well.

Please have a licensed driller evaluate the condition of the well and have him notify us of his findings.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: file

Resolves -

John, you were unable to secure the services of a licensed driller in the time available. A hose was run continuously for 6 hours at ~2 Gal per minute. This is not as strong as we would have wanted but is acceptable.

*7/19/99
C. [Signature]*



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 1, 1999

John Connors
Cornerstone Homes
9691 Norfolk Avenue
Laurel, MD 20723

RE: Windy Knolls - Lot 6,
6421 Prestwick Drive

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Very truly yours,

Steven R. Krieg, Sanitarian
Water and Sewerage Program

UPDATE 7/19/99

John, you were unable to secure the services of a licensed driller in the time available. The outside garden hose was run continuously for approximately 6 hours and yielded approximately 28 gallons per minute. This method is an informal demonstration of adequate yield, but it is accepted as a reasonable demonstration that the well continues to exhibit adequate yield.

Craig Williams (SRU)
Craig Williams, Program Director
Water and Sewerage Program

CW

cc: file ✓

* Note: Depth of Well on Well Report is 100ft
Depth of Well at time of Pump Installation is 72ft.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6/7/99

Name of Installer FEAGA Plbg & Htg Co

Telephone 410-465-1401

License Number 6318
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner _____

Telephone _____

Subdivision Windy Knolls

Lot # 6

Well Tag # 10-94-0895

Site Address _____

Pump

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

Motor

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

Pitless Adapter

- 1. Make Campbell
- 2. Model # _____
- 3. Depth 42in

2. Make Golds

3. Model # 203054/2

4. Capacity 2 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 49gal
- 2. Pressure relief valve? Yes

Piping

- 1. Type P.C.
- 2. Size 1/2"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 37ft

Well data

- 1. Depth 72 ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. 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.

WPI OK - 6/1/99 SRK

Signature of Applicant: [Signature]

Date: 6/7/99

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00120775

Building Address 6421 Prestwick Dr
Clarksville Md

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

Census Tract _____ Subdivision Windy Knolls

Section _____ Area _____ Lot 6

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tim + Sally Suggert

Address 6421 Prestwick Dr

City Clarksville State Md Zip Code _____

Home Phone ~~443-535-4126~~ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
443-535-0626

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work _____

Contractor Company TNT Designs

Contact Person Dennis Wheeler

Address P.O. Box 130

City Whitehall State md Zip Code 21161

License No. 69779

Phone 410-329-8078 Fax _____

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 _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Dennis Wheeler
 Applicant's Signature
TNT Designs
 Title/Company

Dennis Wheeler
 Print Name
01/21/99
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<u>Land Development, DPZ</u>		
<u>State Highways</u>		
<u>Building Official</u>		
<u>Dev. Engineering, DPZ</u>		
<u>Health</u>	<u>10/2/99</u>	<u>A McMill</u>
<u>Fire Protection</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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	