

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512045 -

A 50388-Y

DISTRICT _____

DATE 8/2/99

DATE SYSTEM APPROVED 8/13/99

INSPECTOR M. Rifkin

#360966

INDEXED

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

K&K Excavating IS PERMITTED TO INSTALL ALTER _____

ADDRESS 14960 Frederick Road (Route 144) Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Ridge View Hunt LOT 25 ROAD 15308 Farm View Court

PROPERTY OWNER Selfridge Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Starting from the left rear lot corner, place the distribution box 60 feet down the left lot line and 65 feet off this same lot line. Run trenches on contour to left side of lot.

NOTES - MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6/30/99 OK AU

PLANS APPROVED BY Mark E. Rifkin DATE 6-15-1999

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

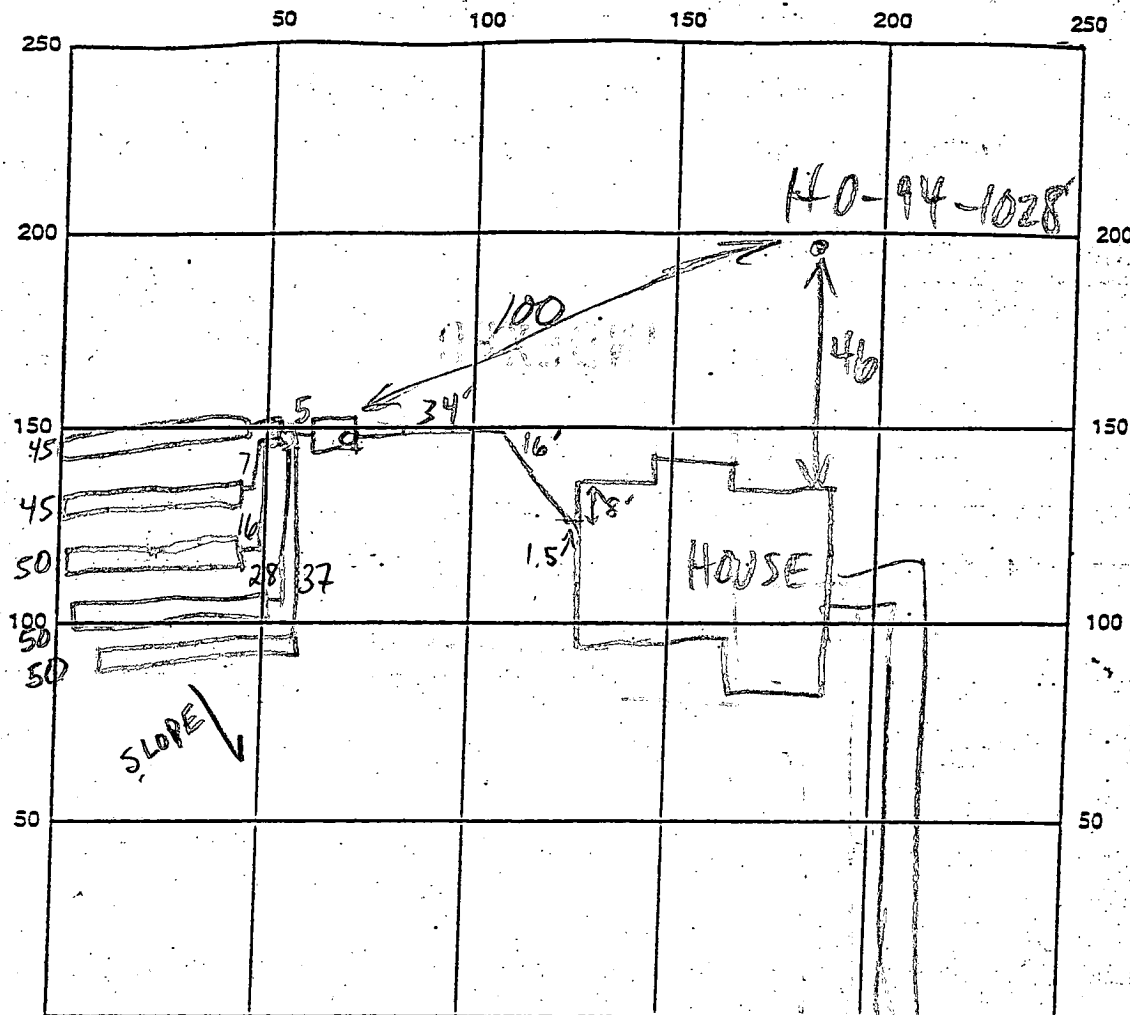
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 50388-Y



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. - OK 6"
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 8/13/99 TRENCHES RUNNING UPHILL 2' STONE & BOTTOMS
LEVEL. END OF HIGH TRENCH 7' ± BELOW GRADE. CONTRACTOR
REPORTS HE INSTALLED IT "CLOSE END" AND WASN'T PREPARED
TO ADJUST LAYOUT OR INSTALL PUMP. NO REQUEST FOR LAYOUT
INSR PLACED TO H.D. (MR) 8/16/99 - WPI NOT OK, LEFT STICKER (SRW)
9/15/99 - WPI OK - (ERW)

DATE SYSTEM APPROVED 8/13/99 INSPECTOR M. Riffin

APPLICATION

PERCOLATION TESTING

A 503881

P _____

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

DISTRICT _____

DATE 11/10/94

*2-6-96
Test not being
used
Am*

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 Richard Hoenes

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 24 2B 26

ROAD AND DESCRIPTION (15403 FARM VIEW COURT)
South side 15000 block of Carrs Mill Road; 1 mile +/- west

of Roxbury Mills Road intersection.

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4 Br
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**COOL PERMIT SIGNED
AND RETURNED 6-15-99
Serial # B10118733**

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.

Richard Hoenes
(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

503884

COUNTY #

1197 1198 SOIL PROFILE

0' 1200

red
brn
C

35'

lgt
brn/
beigh
sil
small
pockets
of 30%
rock
OK

11'

1201A

red
scl
gravelly

4'

lgt
tan
sil
<5%
rock
frags

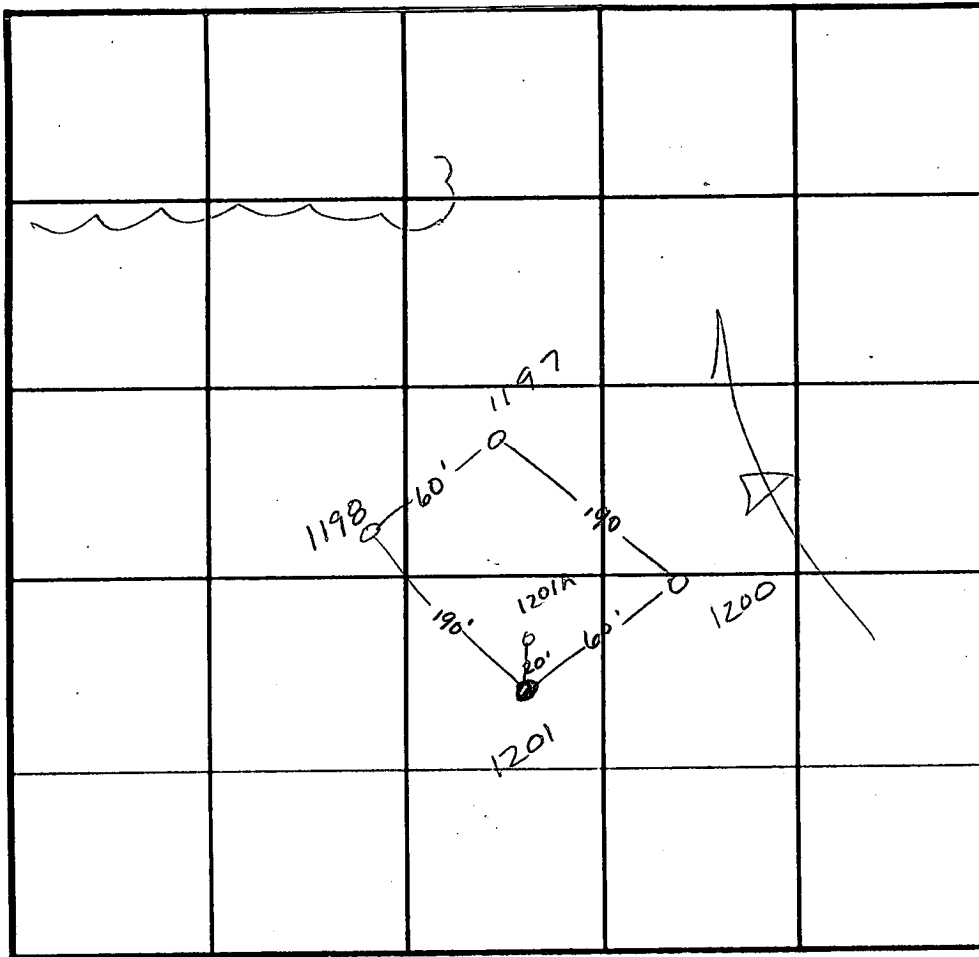
10'

beigh
sil

13'

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	
12-14-94	1200	4' VII'	8:07 ³⁰	8:09	8:09	8:11	2min
	1201	Visual	to 5'	hard	bottom		F
	1201A	Visual	to 13'	—————			OK
	1198	5' VII'	8:13	8:14	8:14	8:15 ⁴⁵	1 1/4 min
	1197	4' VII'	8:15 ¹⁵	8:18	8:18	8:23	5min

REMARKS _____

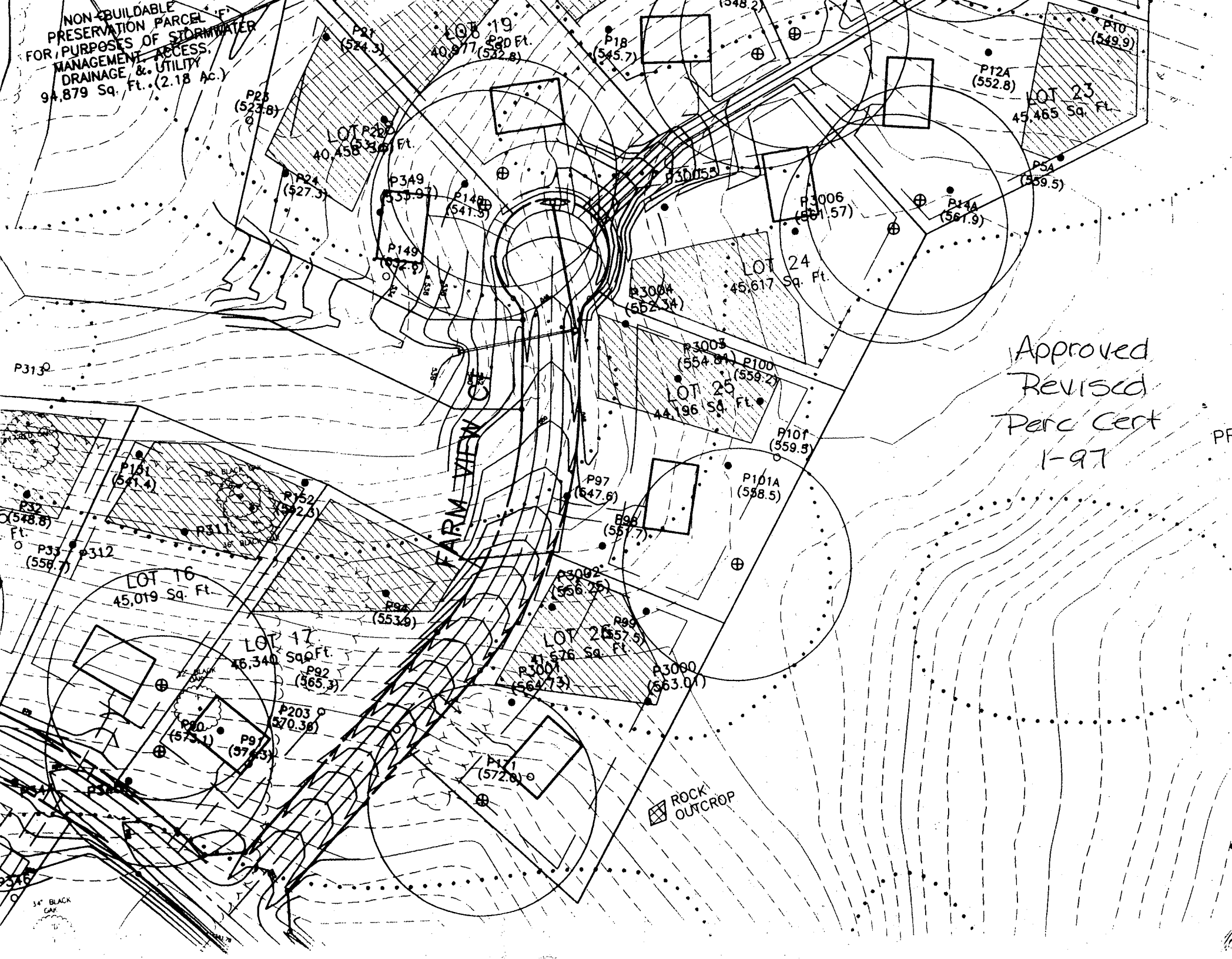
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

NON-BUILDABLE
PRESERVATION PARCEL
FOR PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE, & UTILITY
94,879 Sq. Ft. (2.18 Ac.)



Approved
Revised
Perc Cert
1-97

FARM VIEW C

ROCK
OUTCROP

3/4" BLACK
GAY

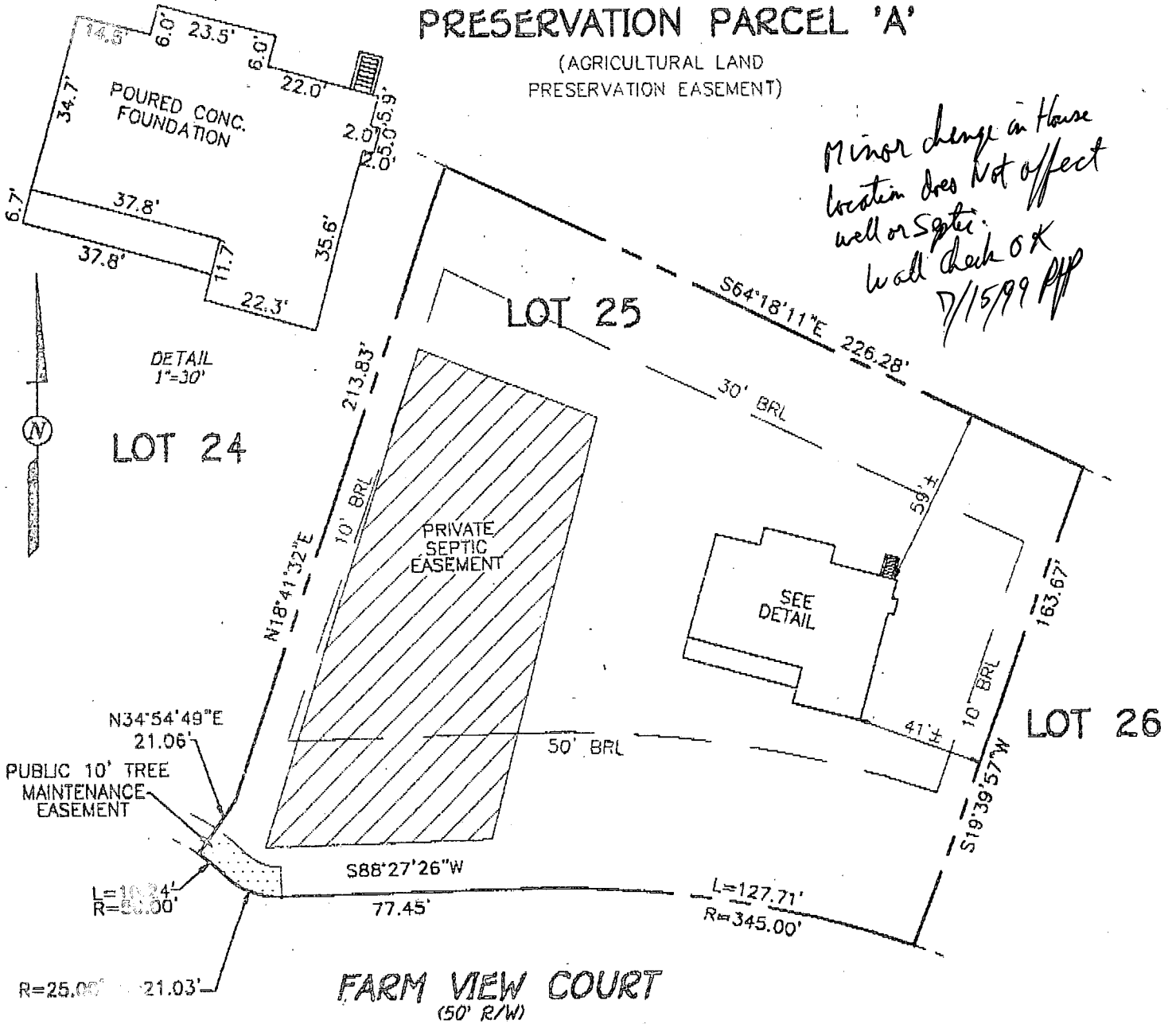
GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044008 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

PART OF NON-BUILDABLE

PRESERVATION PARCEL 'A'

(AGRICULTURAL LAND PRESERVATION EASEMENT)

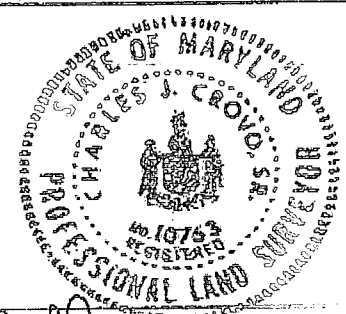


Minor change in house location does not affect well or Septic. Wall check OK 7/15/99 PJP

LOT 25
"RIDGE VIEW HUNT"
"LOTS 1-28 AND PRESERVATION PARCEL A TRACT F"
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13010

TOP OF FOUNDATION = 558.6±

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2955



Charles J. Crovo
PROFESSIONAL LAND SURVEYOR
REG. #10763
DATE 7/1/99

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/1/99
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 7/1/99
DRAWN BY: T.P.E.
CHECKED BY: C.C.
PROJECT No.: 61253

C 1 6506 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 A503884

DATE RECEIVED MM DD YY

DATE WELL COMPLETED 02 03 97

DEPTH OF WELL 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1028

OWNER R.H. Development, LLC STREET OR RFD Carr Mill Rd TOWN Glenwood SUBDIVISION Glenview SECTION LOT 26 25

WELL LOG Not required for driven wells

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

PUMPING TEST

Table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Rows include Top Soil, Shale, Brown slate, Shale, Granite, Quartz, Granite.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 21 NO. OF POUNDS 2100

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5

CASING RECORD (circle types insert appropriate code below) ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 WHEN PUMPING 293

MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP. YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) Ho 68 500

PUMP COLUMN LENGTH (nearest ft.) 41

WELL HYDROFRACTURED (Y) (N)

SCREEN RECORD (circle types insert appropriate code below) ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

CASING HEIGHT (circle appropriate box and enter casing height) 49 above 2 below LAND SURFACE (nearest foot)

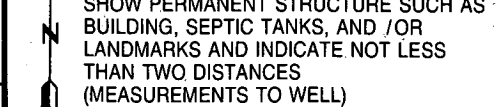
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SCREEN RECORD (continued) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

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



DRILLERS LIC. NO. MW040 DRILLERS SIGNATURE

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

LIC. NO. MW0481

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

B 1 **2109** SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HO - 94 - 1028
 fill in this form completely

Date Received (APA) **11/27/96** OWNER INFORMATION **RN 6955**

R. H. Development L L C
 8668 Baltimore National Pike
 Ellicott City, Md. 21043

B 3 **Howard** LOCATION OF WELL

8 COUNTY **Glen View Ridge View Hunt**

23 SUBDIVISION **25**

SECTION **Glenwood** LOT **25**

52 NEAREST TOWN

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

DRILLER INFORMATION

George F. Easterday M W D **040**
 Driller's Name License No. 81

L. Franklin Easterday, Inc.
 Firm Name

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

George F. Easterday **11/28/96**
 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Farm View Ct**

Glen View Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

500 DISTANCE FROM ROAD Ft.

ENTER FT OR MI

TAX MAP: BLK: PARCEL:

B 2 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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County **A50388V**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **12/20/96** CO SIGNATURE **M. McMillan** EXP. DATE **12/20/97**

NORTH GRID **536** EAST GRID **788**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **788**

N **536**

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

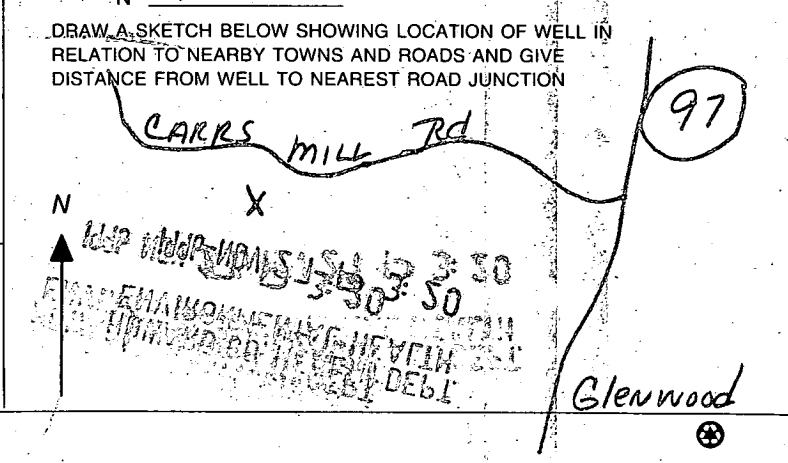
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

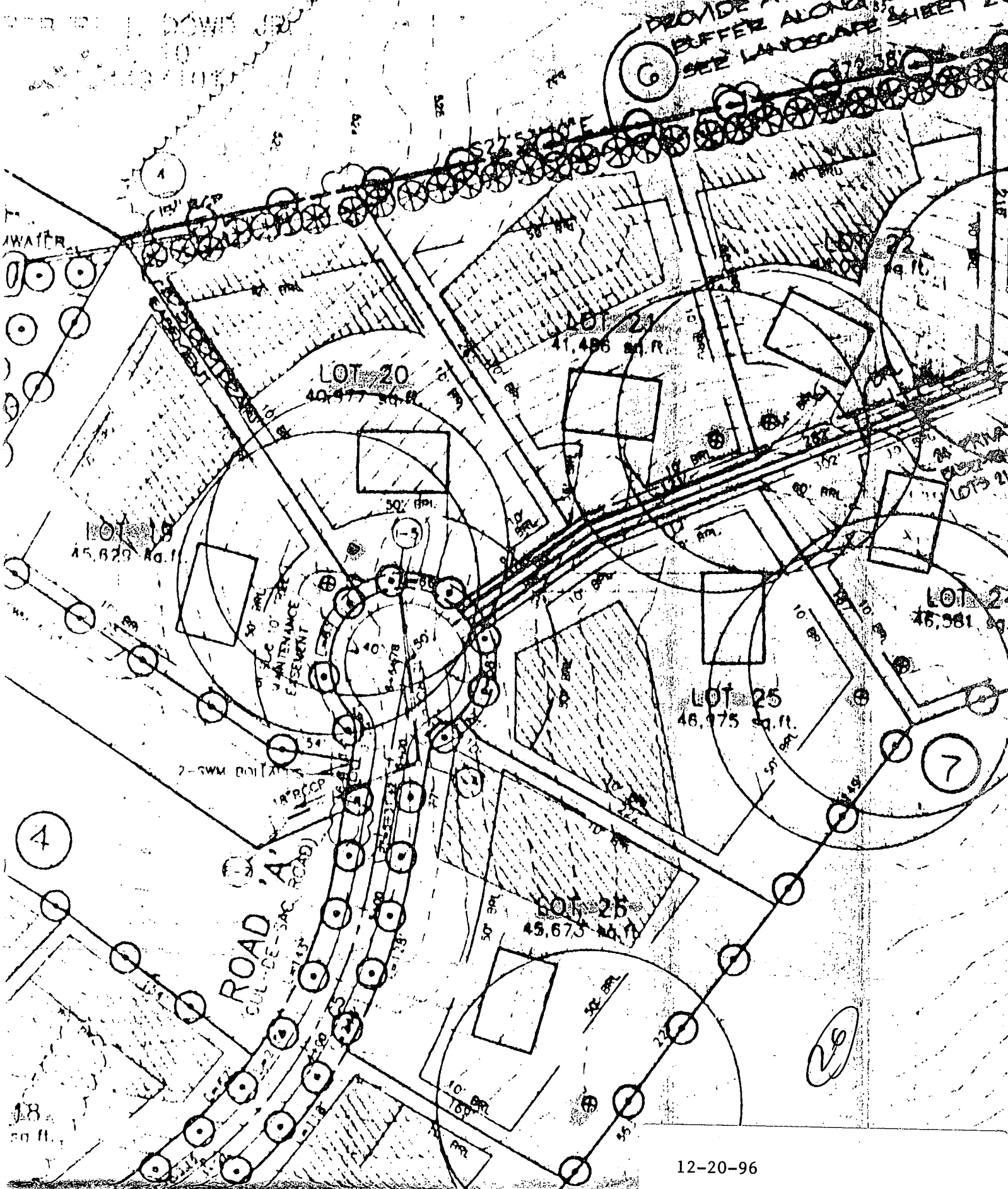
APPROX. PERMIT NUMBER **54** G A P **63**

WRITE INITIALS IN BOX **AM** PERMIT No. **HO - 94 - 1028**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROVIDE A
BUFFER ALONG
SEE LANDSCAPE SHEET 2



12-20-96

Well site O.K. as shown. No site inspection made. Several previous site inspections were made by ALM, CW and Dave Kerr.

ALM

WALK THRU

C.V.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00122480</u>
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Building Address <u>15308 FARM VIEW CT.</u> <u>WOODBINE, MD. 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>RIDGE NEW TOWN</u> Section <u>NA</u> Area <u>NA</u> Lot <u>25</u> Tax Map <u>1A</u> Parcel <u>1A</u> Grid <u>8</u> Zoning <u>R1X0</u> Map Coordinates _____ Lot size <u>1.01 AC</u>	Property Owner's Name <u>RICHARD STRAKER & ANGELA STRAKER</u> Address <u>15308 FARM VIEW CT</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>410 442 4490</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>SCOTT GODSTREY</u> <u>1003 DAY ROAD</u> <u>SYKESVILLE, MD. 21784</u> Phone <u>410 442 3678</u> Fax <u>410 442 2271</u>
Existing Use <u>SEH</u> Proposed Use <u>SEH W/DECK & SICTD</u> Estimated Construction Cost \$ <u>1600</u> Description of Work <u>13'-6" x 23' W/STEPS TO GRADE 10' x 10' SICTD W/CONC FOOTERS 100 SF</u>	Contractor Company <u>CLOCKWORK BUILDERS, INC</u> Contact Person <u>JOHN RILEY</u> Address <u>1003 DAY ROAD, SYKESVILLE, MD</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>70307</u> Phone <u>410 442 3678</u> Fax <u>410 442 2271</u>
Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input checked="" 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>POST & PIER</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

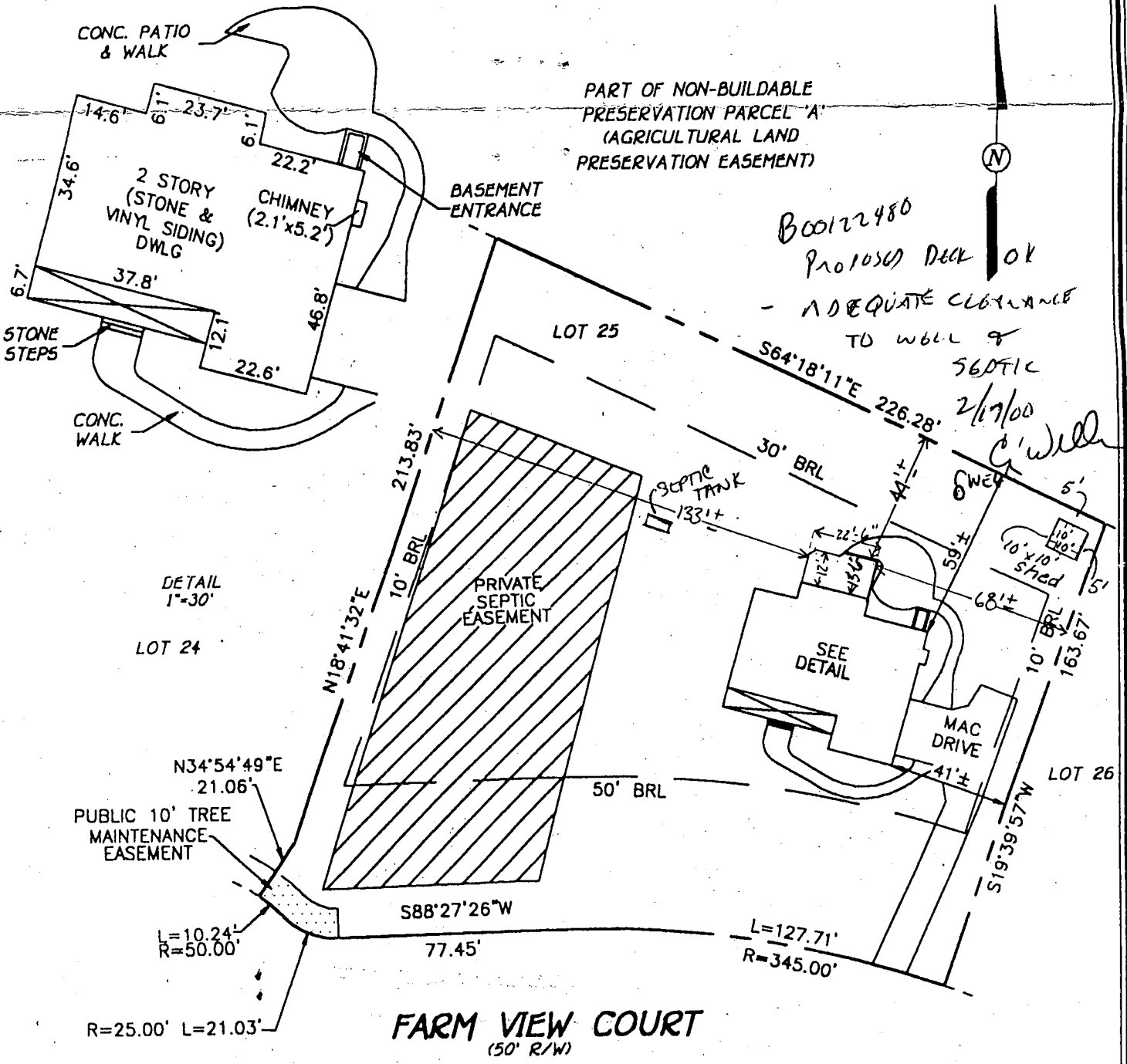
<u>W. S. Godstreay</u> Applicant's Signature <u>AGENT / CLOCKWORK BUILDERS</u> Title/Company	<u>WM SCOTT GODSTREY</u> Print Name <u>2-17-00</u> Date
---	--

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

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">AGENCY</th> <th style="width:20%;">DATE</th> <th style="width:20%;">SIGNATURE</th> <th style="width:40%;">APPROVAL</th> </tr> </thead> <tbody> <tr> <td>Land Development, DPZ</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State Highways</td> <td><u>3/17/00</u></td> <td><u>[Signature]</u></td> <td></td> </tr> <tr> <td>Building Official</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dev. Engineering, DPZ</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Health</td> <td><u>2/17/00</u></td> <td><u>[Signature]</u></td> <td></td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	AGENCY	DATE	SIGNATURE	APPROVAL	Land Development, DPZ				State Highways	<u>3/17/00</u>	<u>[Signature]</u>		Building Official				Dev. Engineering, DPZ				Health	<u>2/17/00</u>	<u>[Signature]</u>		Fire Protection				DPZ SETBACK INFORMATION Front: <u>50 FT</u> Rear: <u>30 FT</u> Side: <u>10 FT</u> Side St.: <u>NA</u> All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>41279</u> Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>30</u> Balance due \$ _____ Check # <u>2928</u> Validation # <u>25978</u>
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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>	Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA																												

GENERAL NOTES:

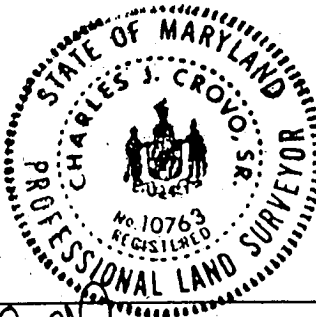
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044000 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



TOP OF FOUNDATION = 558.6' RM VIEW COURT

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

INTERNATIONAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 481 - 2995



[Signature]
PROFESSIONAL LAND SURVEYOR
REG. No. 10763
DATE 10/5/99

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/1/99
FINAL LOCATION: 10/5/99
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 10/6/99
DRAWN BY: T.P.F.
CHECKED BY: C.C.
PROJECT No.: 61253

RECEIVED
COUNTY HEALTH DEPT