

5/18/98
5-19-98
12:00 C.O.
5/26/98
WRT ANYTIME
SK PLUMBING

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59863

A 50617-0

DISTRICT 3rd

DATE 3-11-98

DATE SYSTEM APPROVED 5-19-98

INSPECTOR DJS

03-322343

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 410-313-2640

INDEXED

Arnold Backhoe & Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Woodford's Grant LOT 13 ROAD 11340 Barley Field Way

PROPERTY OWNER Trinity 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 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 125 feet up the left (235.10') lot line and 40 feet off that same lot line as seen when facing the lot from Barley Field Way. Run trenches on contour towards the left 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 1/27/98 DJS

PLANS APPROVED BY Kim Maiste/Donna K. Soe DATE 01/20/98

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

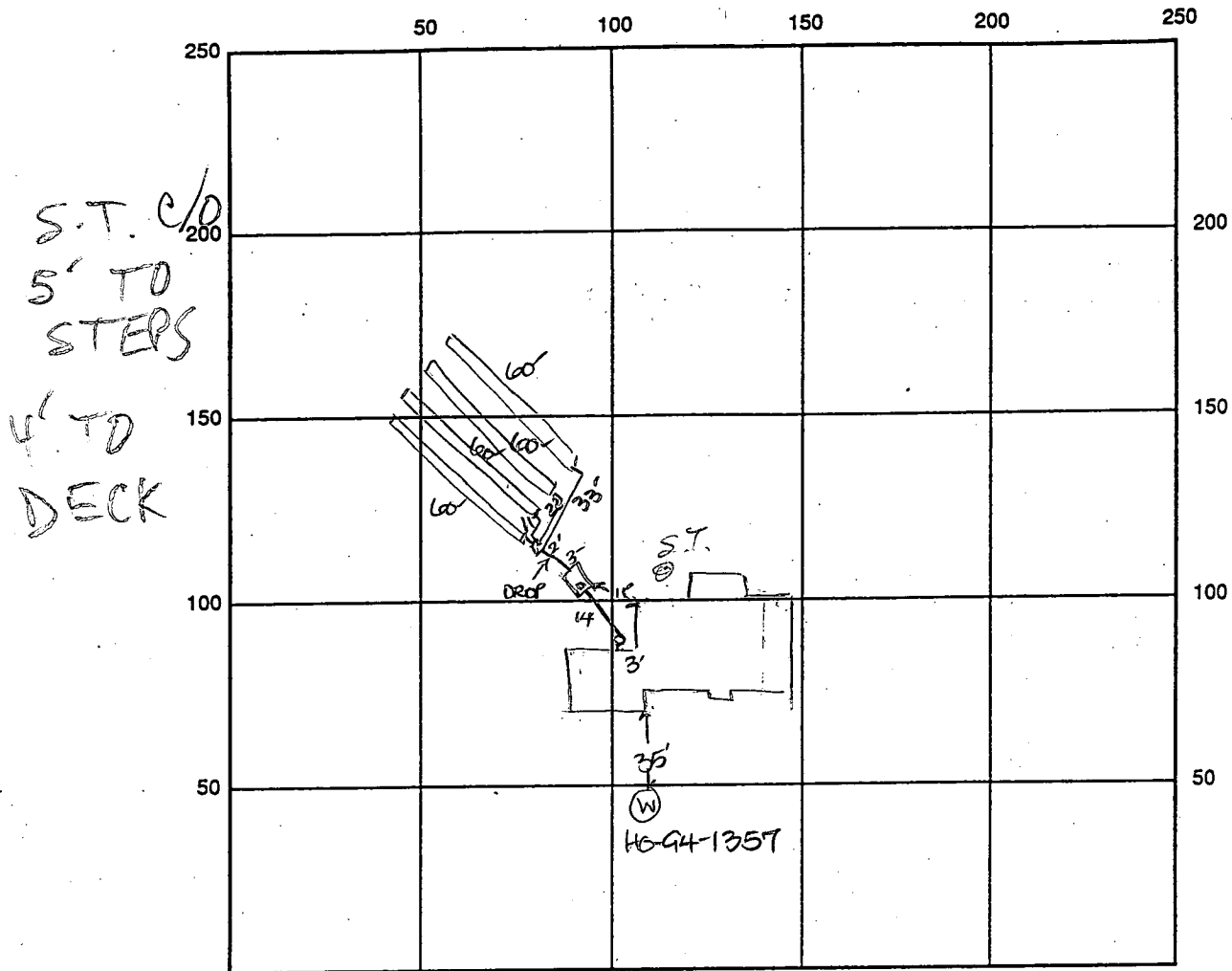
PERMIT VOID AFTER TWO YEARS

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**

A 50617-0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 12 FT. TOTAL LENGTH 4 x 60 FT. → 240'

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/18/98 Dist. box location relocated due to site conditions - OK to begin installation. DKS

5/18/98 P.M. OK to continue work. DKS

5/18/98 FINAL - OK to cover all work. DKS

5.26.98 WPI ok to cover, P.A. 3.5' below grade, casing 1.0' above grade has 2 piece cap (needs 2 screws) safety line should be tied off inside casing line sleeved

DATE SYSTEM APPROVED 5/18/98 INSPECTOR DONALD K JELL (KM)

APPLICATION

PERCOLATION TESTING

A 50617-0

P _____

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

DISTRICT _____

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc. Trinity Builders

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 13

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

11340 BARLEY Field WAY
TAX MAP 10 PARCEL # 27, 29, 151

BLDG. PERMIT SIGNED

AND RETURNED 1-20-98

Serial # 61109282

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

[Signature]
(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 _____

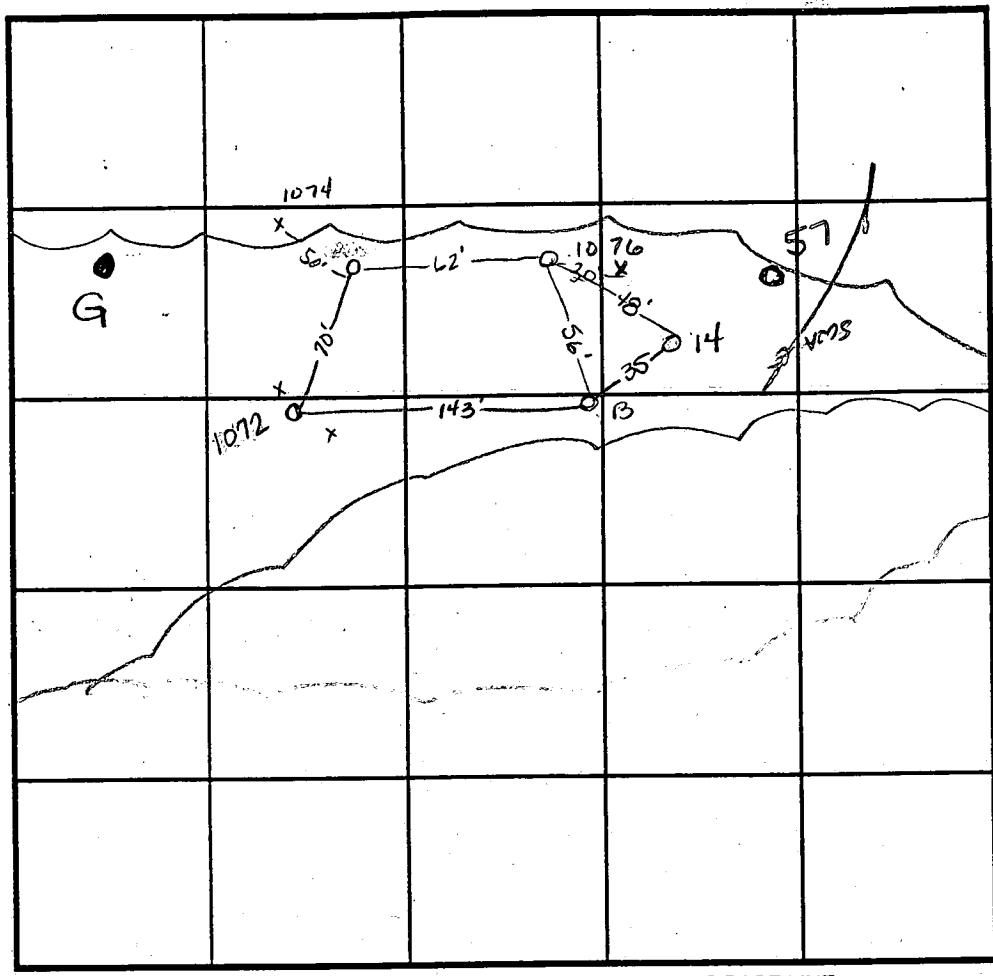
THIS IS NOT A PERMIT

A50617-0
COUNTY #

SOIL PROFILE
1074
0' brn red
CL
mica
2' lighter
brn red
w/ more
mica
SCL
5' lgt tan
yellow
to white
sil
mica
12'

1076 B
4' yellow
brn
CL
pink
SL
very
micaceous
and
powdery
50%
frags
10' hard
bottom

1072
1.5' brn
CSL
reddish
brn
SL
mica
saprolite
mix
10' grey/brn
SL
from
mica
12'



SOIL PROFILE
14
0' gravelly
yellow
brn
Salm
4' dark
yellow
Salm
6' dark
brn
Salm
very
micaceous
10%
Saprolite
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-30-94	1074	Visual	to 12'				OK
	1076	4.5 V10'	6:08 ³⁰	6:08 ⁴⁵	6:08 ⁴⁵	6:09 ⁵⁰	15sec
	1076	repour	6:09 ¹⁰	6:09 ³⁰	6:09 ³⁰	6:09 ⁵⁰	20sec
	1076	repour	6:10 ¹⁰	6:10 ³⁵	6:10 ³⁵	6:11 ³⁵	30sec
	B	2.5 V11	6:14 ¹⁵	6:14 ⁴⁵	6:14 ⁴⁵	6:15 ¹⁵	30sec
	B	repour	6:15 ³⁰	6:16 ³⁰	6:16 ³⁰	6:17 ³⁰	1min
	1072	8' V12	1:13 ¹⁰	1:14 ³⁰	1:14 ³⁰	1:17 ³⁰	2 1/2 min
	1072	4.5 V12	1:14 ⁴⁵	1:15 ³⁰	1:15 ³⁰	1:16 ³⁰	30sec
	1072	repour	1:16 ¹⁵	1:17 ³⁰	1:17 ³⁰	1:18 ³⁰	1min
5-10-95	14	3'	3:40 ¹⁵	3:42 ¹⁵	3:42 ¹⁵	3:44 ⁴⁵	2 1/2 min

REMARKS Hole 14 done in a 12x12" test pit

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft²

COUNTY #

SOIL PROFILE

0' 57

1gt tan
SiClm

2' 1gt brn
orange
Salm
micaceous
20%

11' Saprolite
shale
mix

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	
7-17-95	57	4' / VII	11:45 ¹⁵	11:47	11:47	11:50 ³⁰	3 1/2 min

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

WILET DEPTH

MAXIMUM BOTTOM DEPTH

SO FT/ROOM

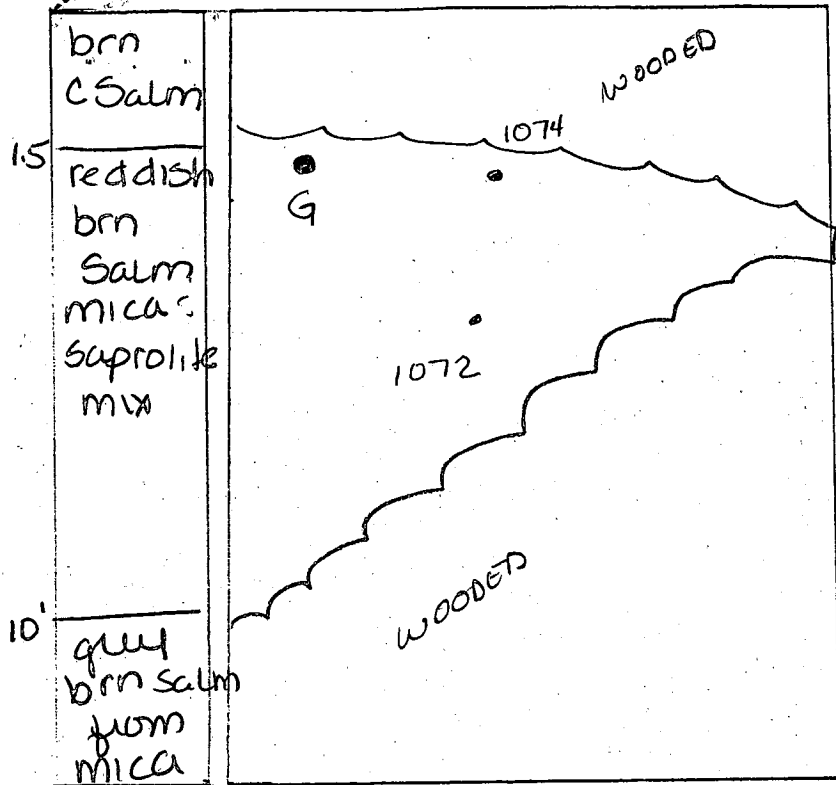
Profile

Date: 5-9-95

Test Number: G

Type:

Description: Test hole was dug to 10' w/ shelf at 5.5'. Appx. 500 gal of H₂O were poured into test hole to appx 6" above shelf. Rate of drop was measured



12" x 12" x 12" cube test pits:

Test No.	Depth	Start	Stop	Start	Stop	Time
G	pre-soak 71"	10:02	10:04 ³⁰	10:04 ³⁰	10:11 ³⁰	7min
G	no- pre-soak 69"	10:04	10:05 ³⁰	10:05 ³⁰	10:07	1 1/2 min
	repour	10:11	10:13	10:13	10:15 ³⁰	2 1/2 min

Time	Depth
9:11	62"
9:16	64.5"
9:21	66.5"

Per MDE representative: if a mound test were to be done, it should be performed at 1", the most limiting soil layer.

B 1 **8789** 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
HC-94-1357
 fill in this form completely

Date Received (APA) **12/11/97**

OWNER INFORMATION

TBI HOMES EMC
 Last Name Owner First Name

6212 Decon Dr
 Street or RFD

COLUMBIA MO 21044
 Town State Zip

B 3 LOCATION OF WELL

HOWARD
 COUNTY

WOODSFORD GRANT
 SUBDIVISION

SECTION **F** LOT **13**

MANNINGTASHVILLE
 NEAREST TOWN

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

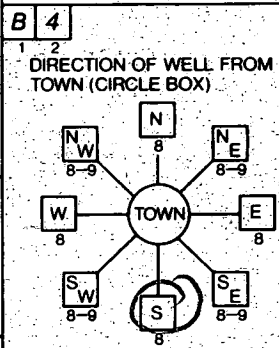
DRILLER INFORMATION CIRCLE MSD/MGD/MWD

Ralph MAYNE
 Driller's Name License No. **116**

Ralph MAYNE Well Drilling
 Firm Name

9120 Brown Church Rd. Mt Airy
 Address

Ralph Mayne Dec 11 1997
 Signature Date



BARLEY FIELDS WAY
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25
 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

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 HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A-50617-0
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **12/18/97** CO SIGNATURE **[Signature]** EXP. DATE **12/18/98**

NORTH GRID **546000** EAST GRID **827000**

APPROXIMATE DEPTH OF WELL **159** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8207
546

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

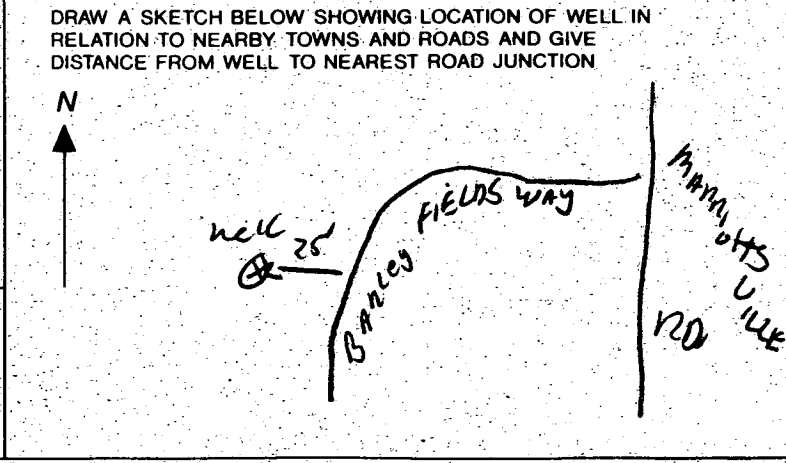
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

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



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

APPROX. PERMIT NUMBER **GAP**

FORCE **6S** WRITE INITIALS IN BOX PERMIT No. **HC-94-1357**

C1 09454

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 50617-0

DATE RECEIVED 1-20-98

DATE WELL COMPLETED 01-15-98

DEPTH OF WELL 330

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-94-1357

OWNER TBI HOMES STREET OR RFD BARLEY GLEN WAY TOWN MARRIOTTVILLE SUBDIVISION WOODBORO GRANT SECTION II LOT 15

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 13 NO. OF POUNDS 1300

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 43

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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

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

DRILLERS LIC. NO. MSD 116 DRILLERS SIGNATURE

DRILLERS LIC. NO. MSD 117 DRILLERS SIGNATURE

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

DEPTH (nearest ft.) 330

Table with columns: E, A, C, H, S, C, R, E, E, N. Rows for casing diameter and slot size.

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

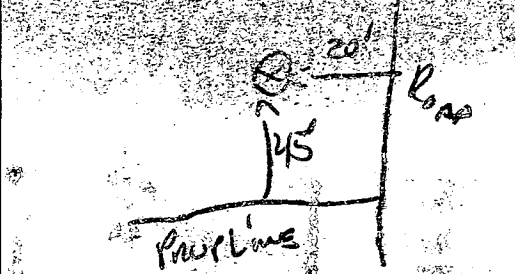
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min) 4 METHOD USED TO MEASURE PUMPING RATE Bucket

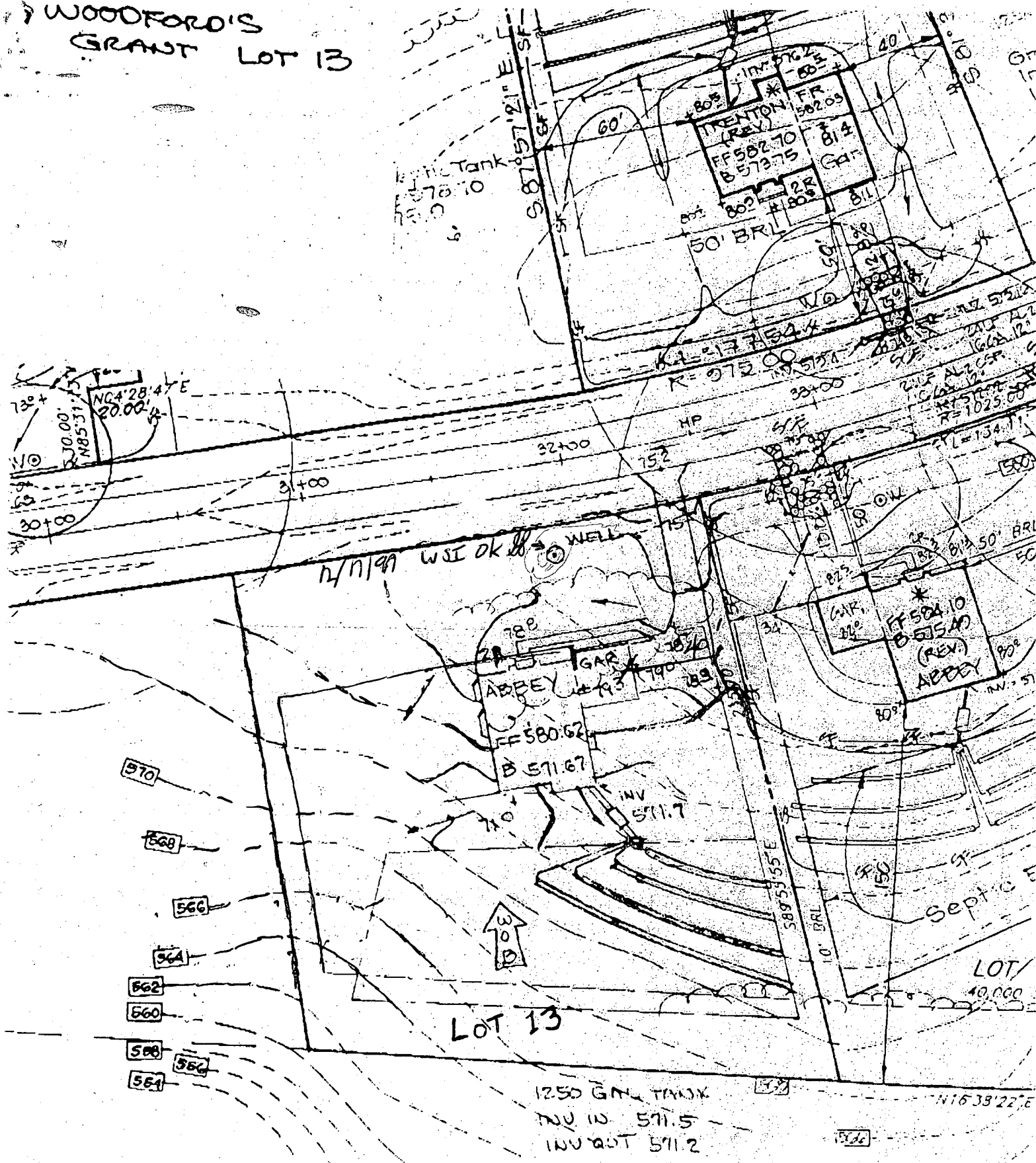
PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES/NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS



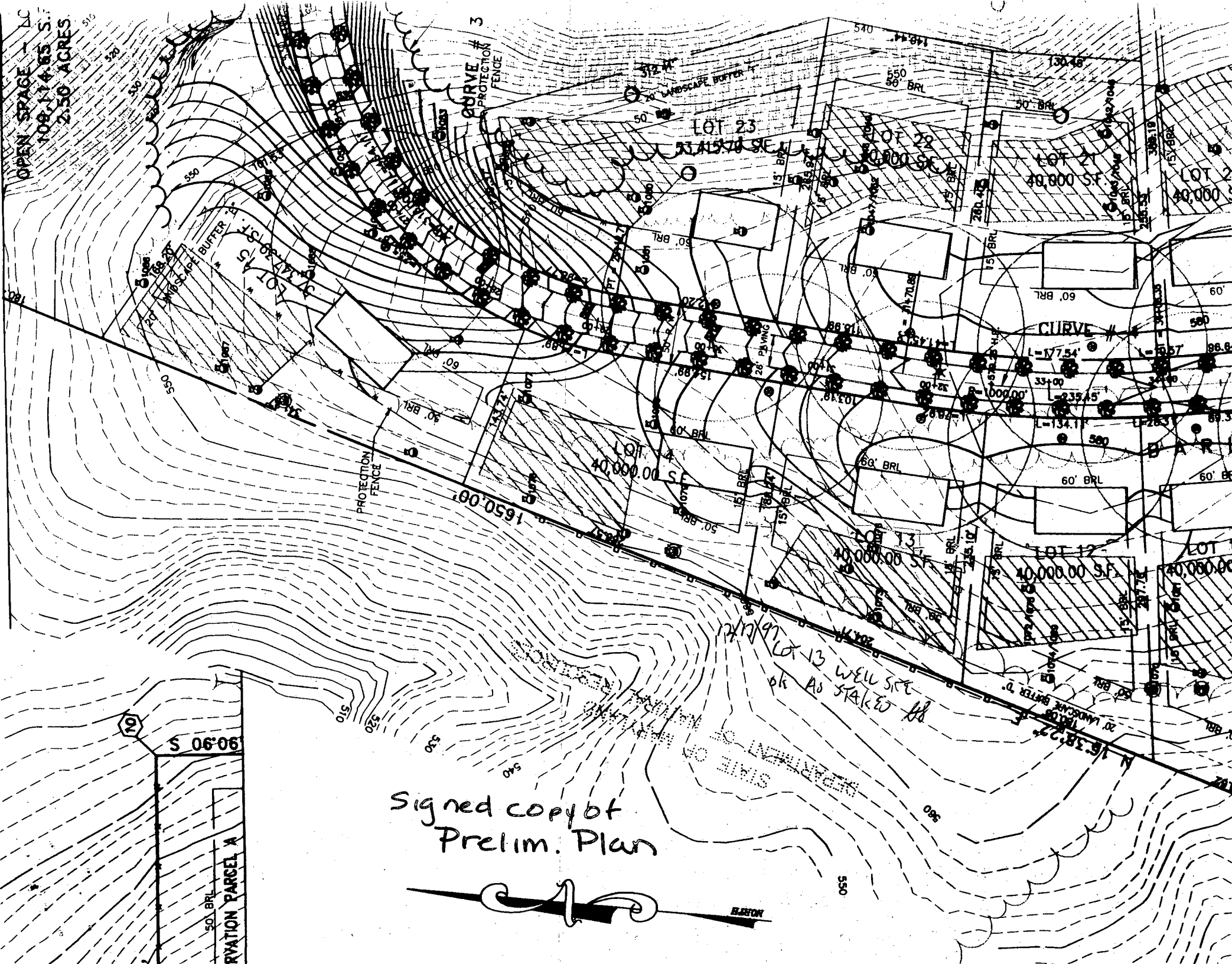
WOODFORD'S GRANT LOT 13



DEPARTMENT OF NATURAL RESOURCES

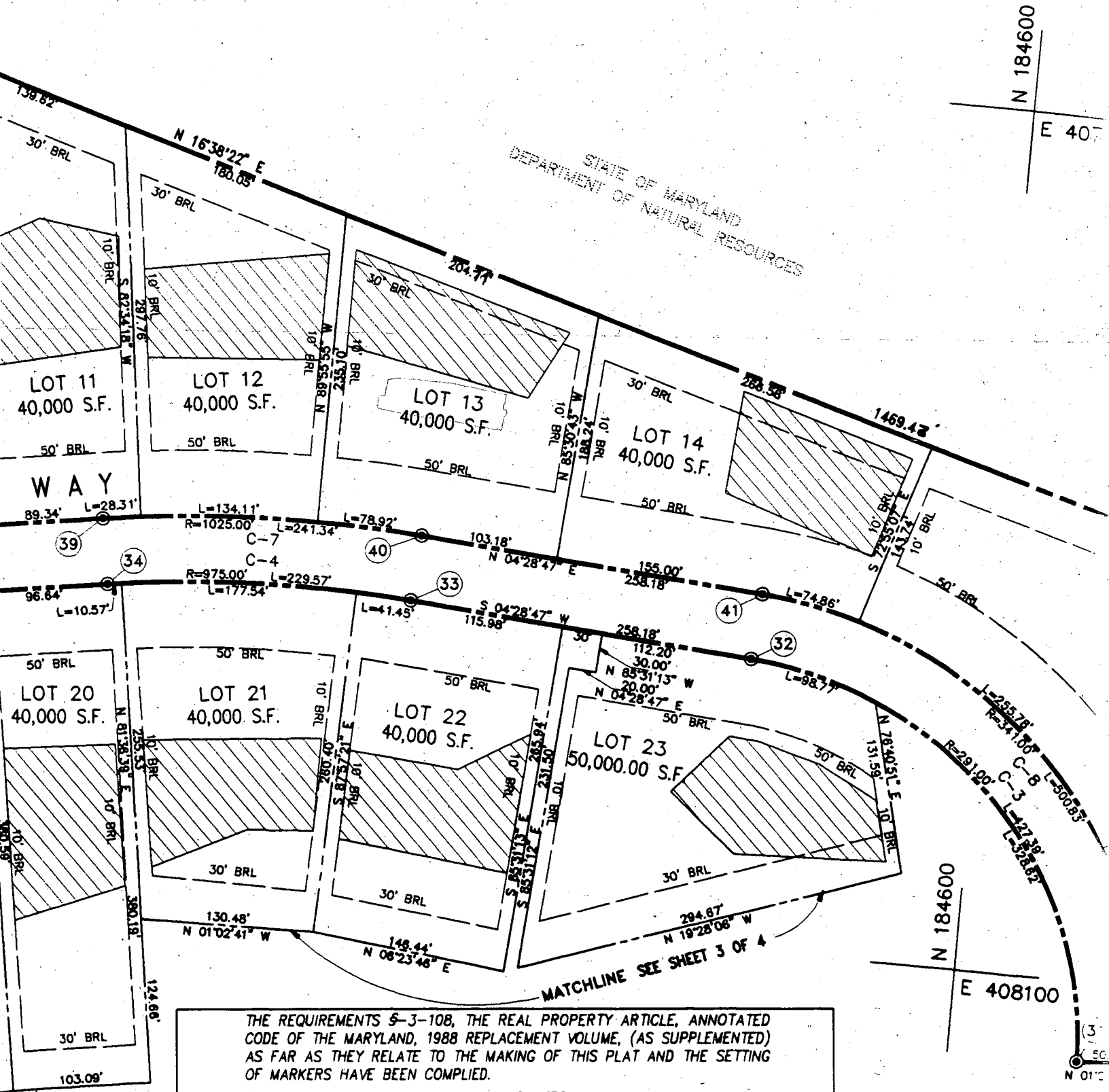
NOTE
 BASEMENT WILL NOT
 SEWER BY GRAVITY

DIST BOX
 EX GRO 574.0
 INV 572.0



EASEMENT(S), UPON COMPLETION OF THE DEVELOPER'S OBLIGATIONS UNDER THE FOREST CONSERVATION INSTALLATION AND MAINTENANCE AGREEMENT EXECUTED BY THE DEVELOPER'S SURETY POSTED WITH SAID AGREEMENT, THE COUNTY SHALL ACCEPT THE EASEMENTS AND RECORD THE DEED(S) OF THE EASEMENT IN THE LAND RECORDS OF HOWARD COUNTY."

TOTAL AREA OF ROADWAY TO BE RECORDED :
 TOTAL AREA OF 100 YR. FLOODPLAIN :
 TOTAL AREA OF SUBDIVISION :



STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES

THE REQUIREMENTS §-3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF THE MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED.

SURVEYOR:

OWNERS:

N 184600

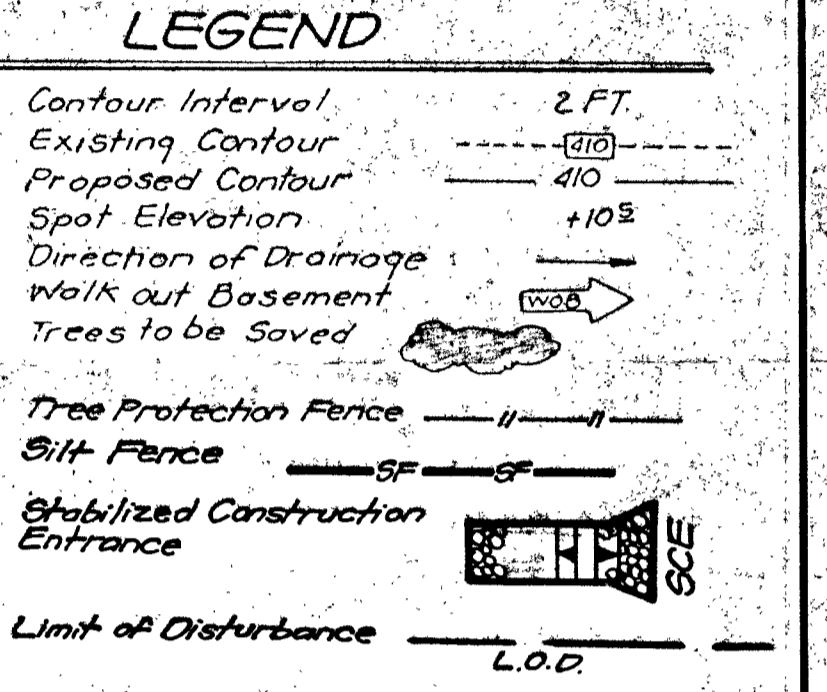
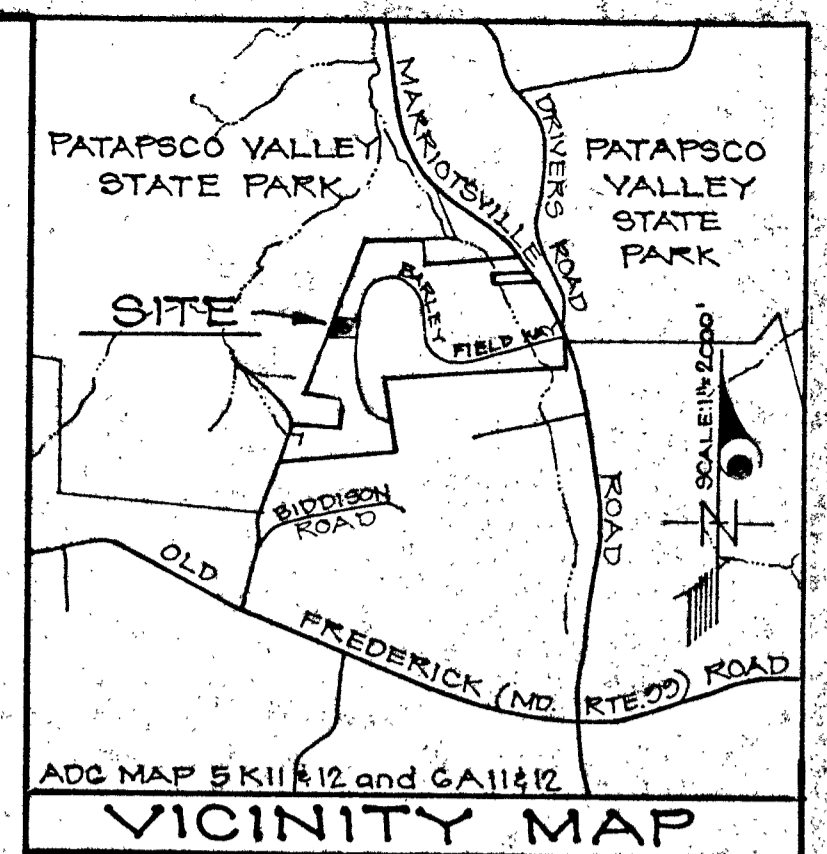
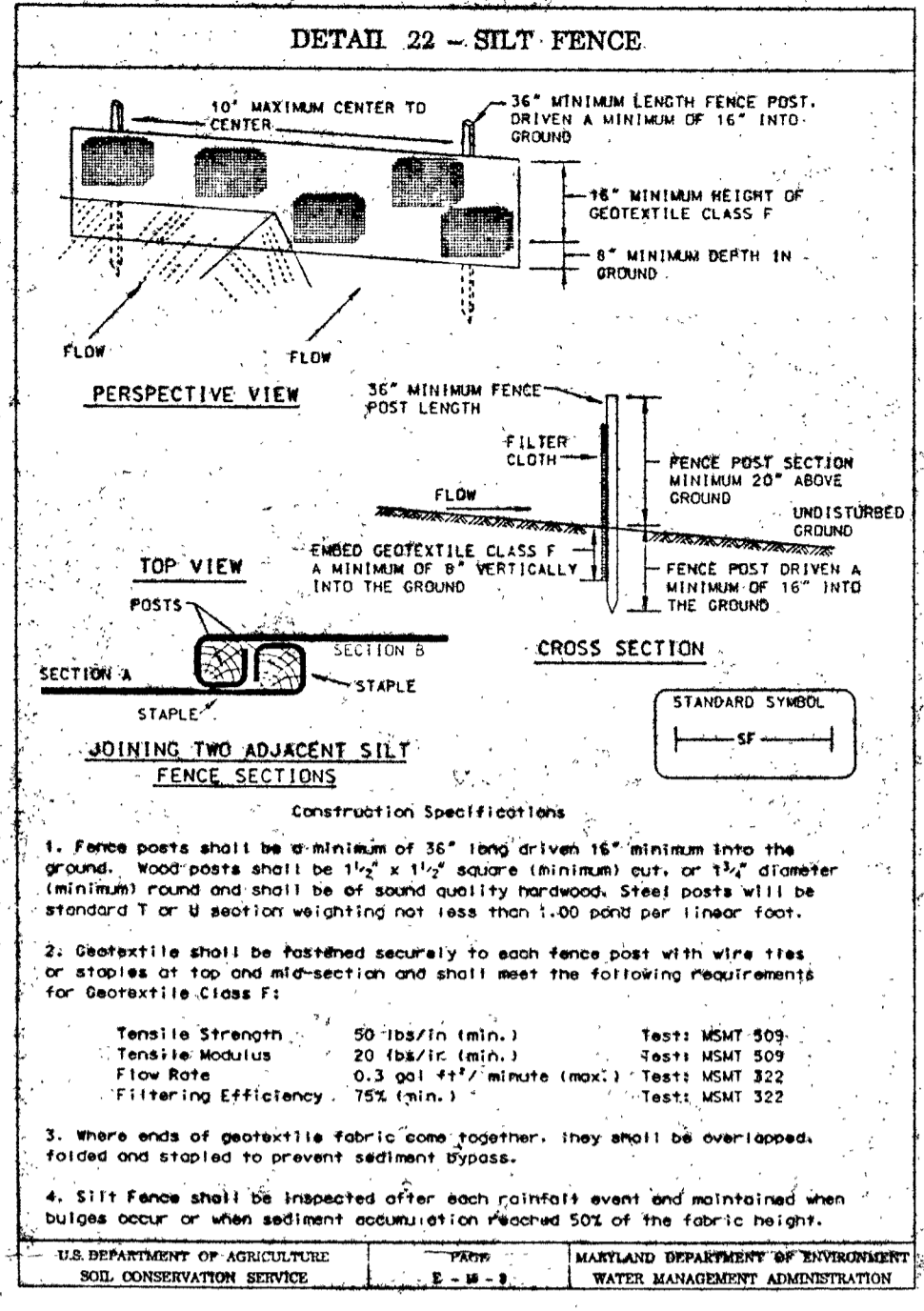
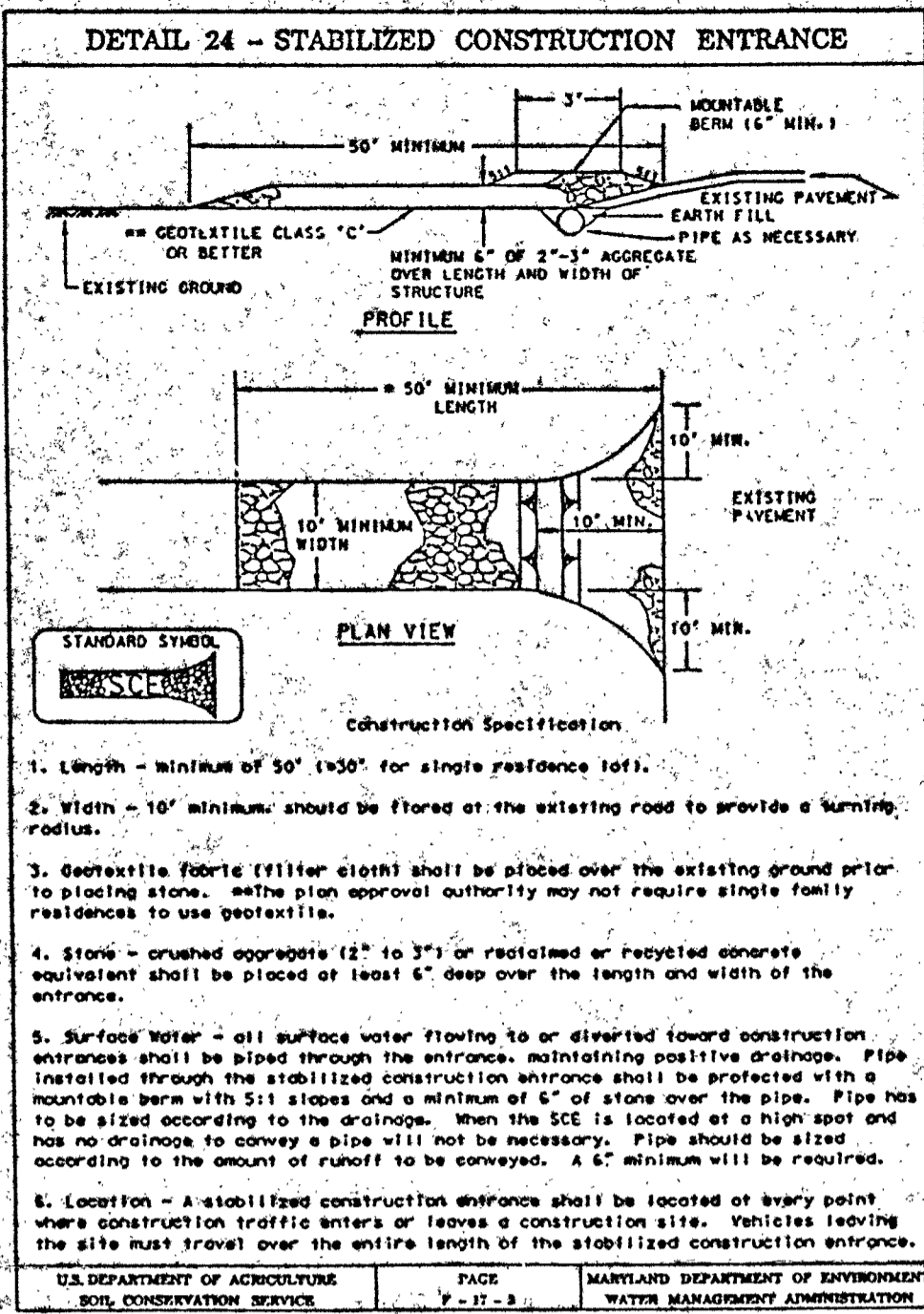
E 407

N 184600

E 408100

MATCHLINE SEE SHEET 3 OF 4

(3)
 50
 N 01°



Approved Septic System Plan
Howard County Health Department

Source: 1/20/78

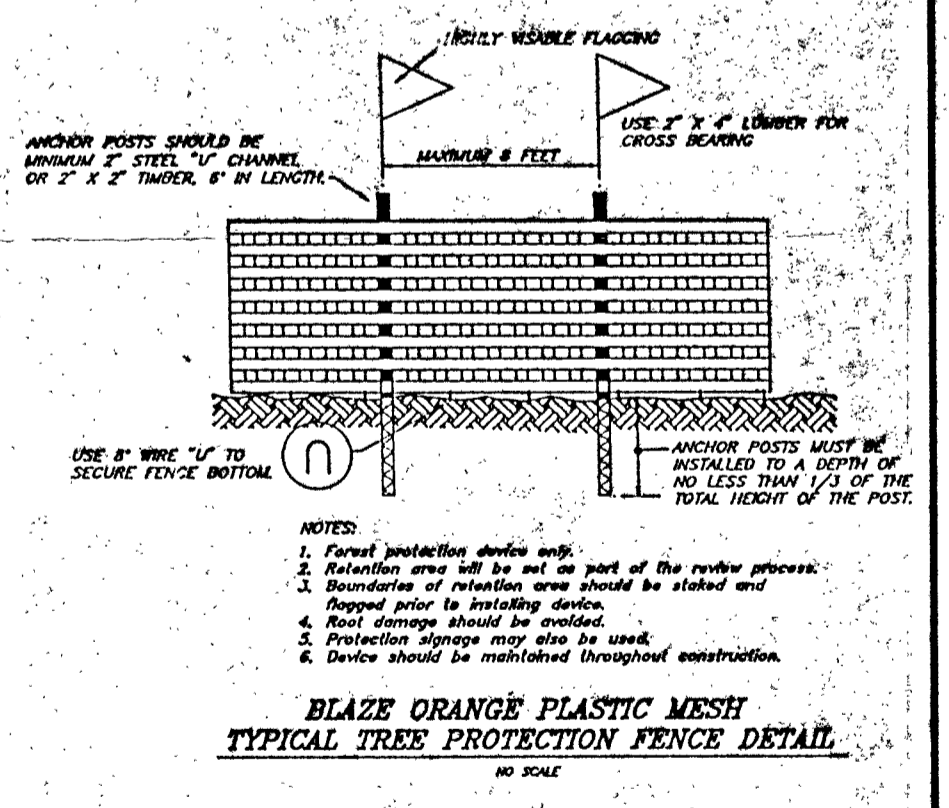
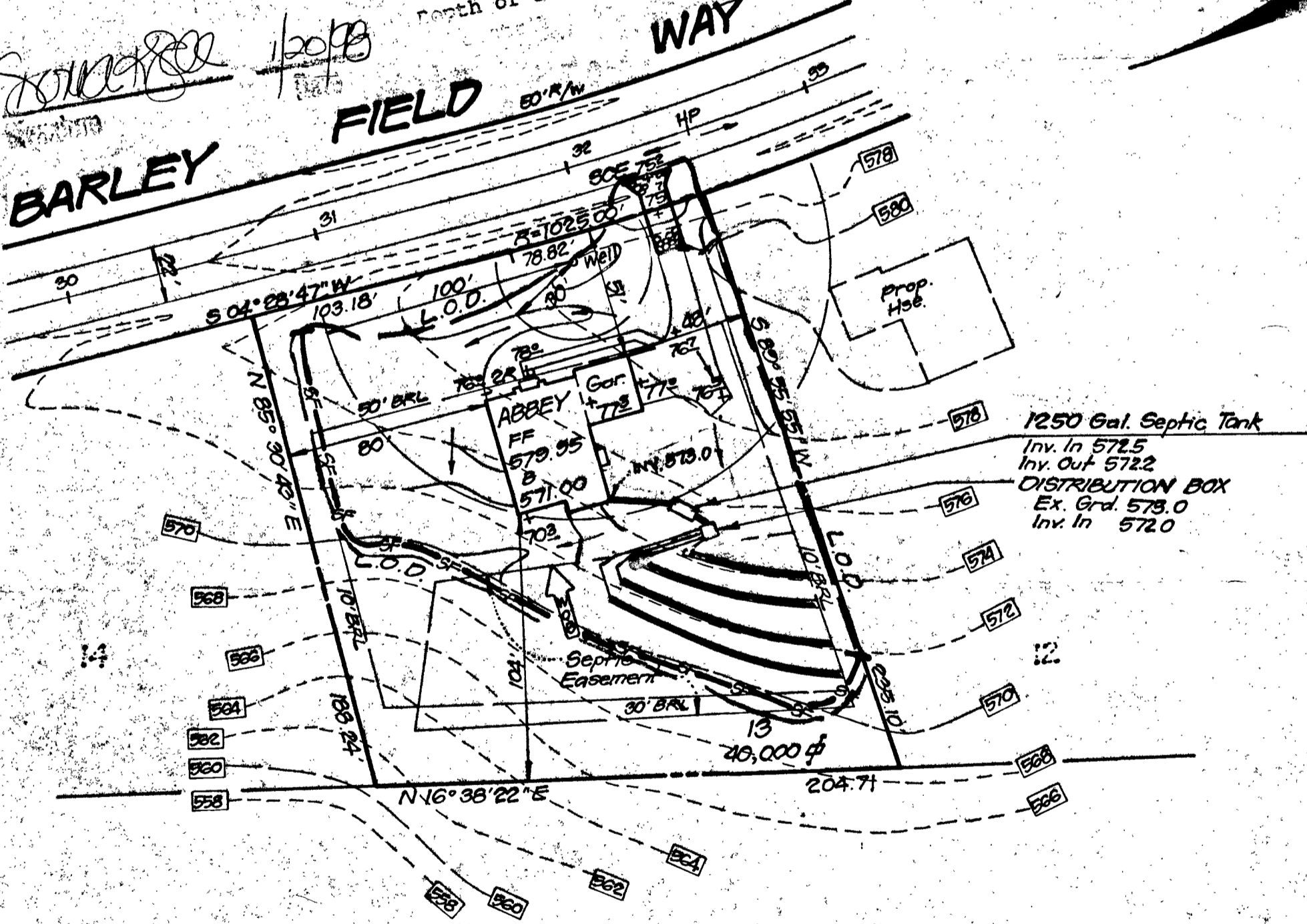
Barley Field Way

Total linear feet of trench required: 240 feet

Width of trench(es): 3 feet

Depth of trench(es): 5 feet

Depth of stone required below: 2 feet



DEVELOPER'S/BUILDER'S CERTIFICATE

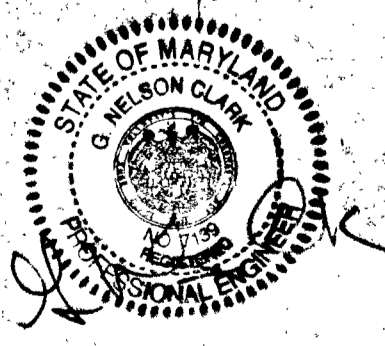
I/We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary.

Michael P. [Signature]
Michael P. [Name]
12-2-97
DATE

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

G. Nelson Clark
12-2-97
Date



GP-98-80

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH

DESIGNED JME	SITE DEVELOPMENT, SEDIMENT & EROSION CONTROL PLAN LOT 13 WOODFORD'S GRANT TAX MAP 10 PARCEL NO'S 27, 29 & 151 THIRD (3RD) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 OF 1
CHECKED jme		JOB NO. 97-013
DATE 12-2-97		FILE NO. 97-013-X

FOR: TRINITY BUILDERS, INC.
6212 DEVON DRIVE
COLUMBIA, MARYLAND 21044

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00116860

Building Address 11340 BARLEY FIELD WAY
MARRIOTTSVILLE 21044

Property Owner's Name TRINITY BUILDERS
 Address 1212 DEVON DR

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

City COLUMBIA State MD Zip Code 21044

Census Tract 6030 Subdivision WOODFORDS GRANT

Home Phone _____ Work Phone 410-313-8722

Section _____ Area _____ Lot 13

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

Tax Map 16 Parcel 151 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax 410-313-8731

Existing Use MODEL HOME

Contractor Company SAME

Proposed Use DECK

Contact Person _____

Estimated Construction Cost \$ 3000

Address _____

Description of Work 8'X10' + 18'X12'

City _____ State _____ Zip Code _____

DECK W/STEPS

License No. _____ Phone _____ Fax _____

Occupant or Tenant N/A

Engineer or Architect Company SAME

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular <input type="checkbox"/> _____ Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

Sally L. Hodge
 Applicant's Signature
VP, Operations
 Title/Company

SALLY HODGE
 Print Name
3/24/99
 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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>3/24/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>3/24/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION

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

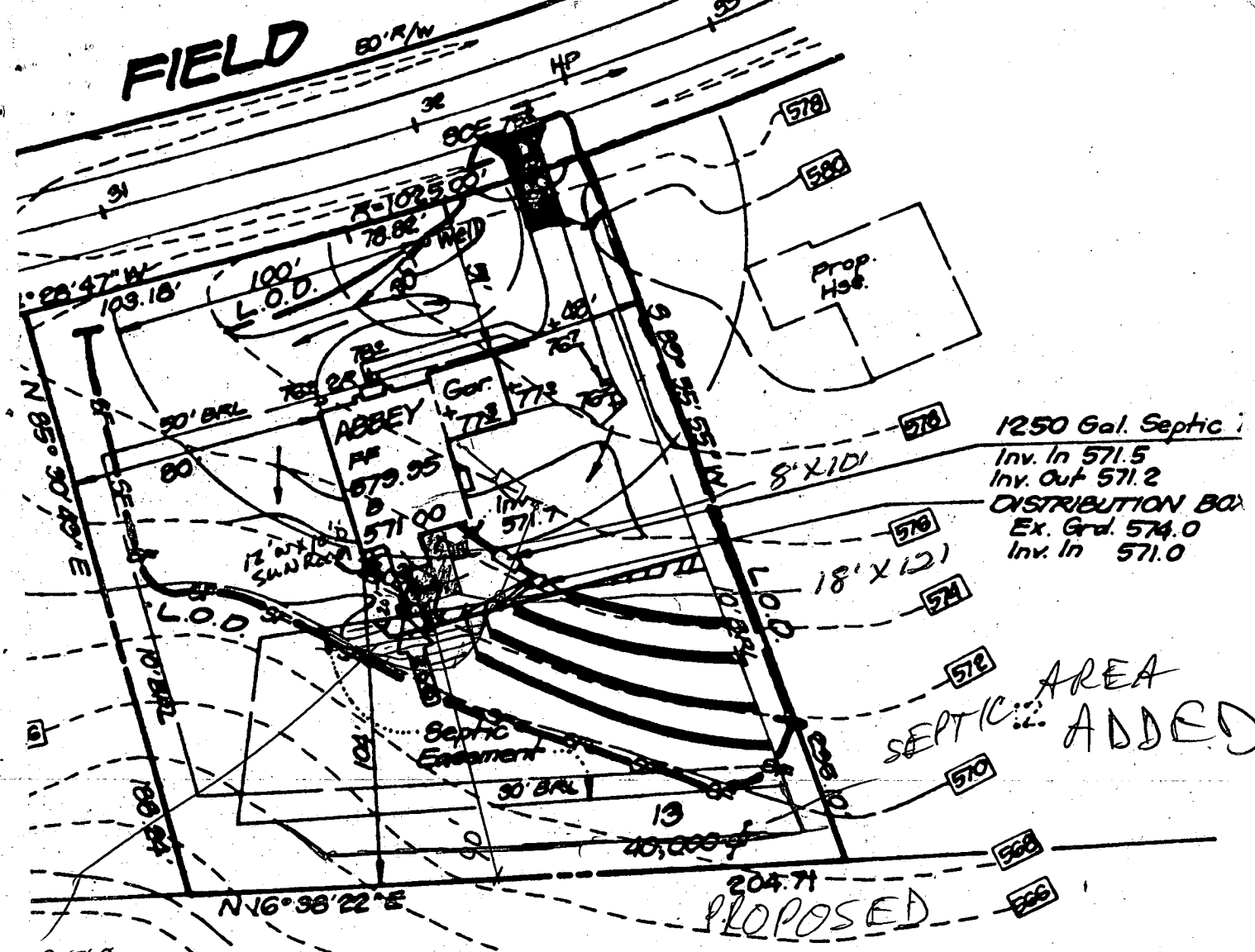
PROPERTY ID#: 93671

Filing fee	\$ <u>5000</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>5000</u>
Balance due	\$ _____
Check	# _____
Validation	# _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

FIELD



1250 Gal. Septic
 Inv. In 571.5
 Inv. Out 571.2
 DISTRIBUTION BOX
 Ex. Grd. 574.0
 Inv. In 571.0

AREA
 SEPTIC...
 ADDED

SEPTIC
 AREA TO BE
 DELETED

(THIS
 SYSTEM
 LAYOUT
 NOT ACCURATE)

PROPOSED
 DECKS OR
 CONTINGENT UPON
 RECEIPT & REVIEW OF
 WALL CHECK W/S.T. C/O
 SHOWN

MR 3/24/99

BUILDER'S CERTIFICATE

It and construction will be done according
 plan for sediment and erosion control and
 olved in the construction project will have a
 partment of the Environment Approved
 of Sediment and Erosion before beginning
 odic on-site inspection by the Howard
 authorized agents, as are deemed

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sedime:
 Erosion Control represents a practical and
 plan based on my personal knowledge of
 conditions and that it was prepared in ac
 with the requirements of the Howard Soil
 tion District.

G Nelson Clark

G Nelson Clark