

WPI 12/12/97 SK PLUMBING RW STREET 26T

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-322432

P 59229-13

A 50617-V

DISTRICT 3rd

DATE 11-21-97

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/22/97

### INDEXED

INSPECTOR ALM

Arnold Backhoe & Septic Service

IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 410-795-7873

SUBDIVISION Woodfords Grant LOT 21 ROAD 11345 Barley Field Way

PROPERTY OWNER Trinity Custom Homes, Inc. Jeff & Adair Andrews

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

SLUG PERMIT SIGNED  
AND RETURNED 4-28-99  
Serial # BR0117212  
dick

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3 feet below original grade. Effective area begins at 1.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Begin trenches 120 feet up the left (260.40') lot line and 85 feet off that same lot line as seen when facing the lot from Barley Field Way. Run trenches on contour in both directions.

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

10/24/97

PLANS APPROVED BY Kim Maiste/Glen Savage

REVISED DATE 10/21/97

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

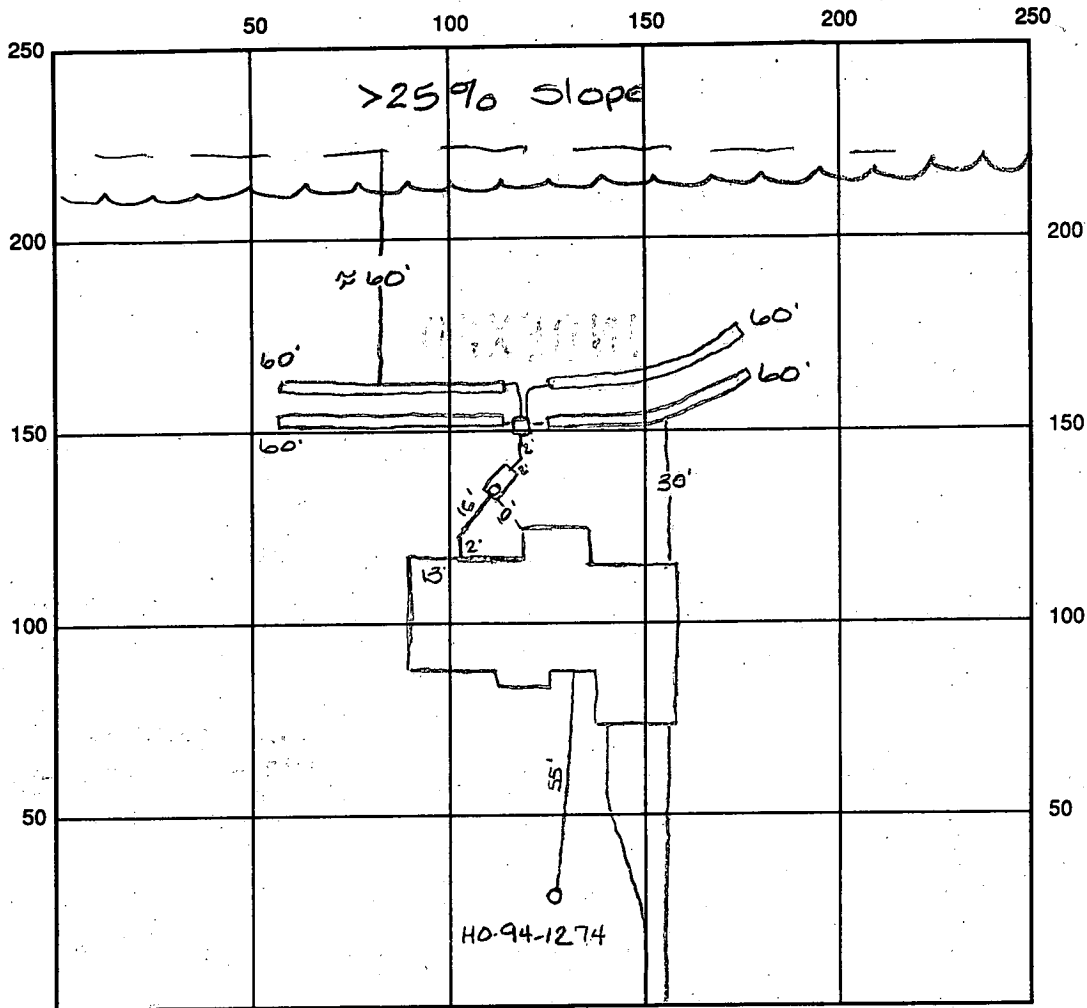
PERMIT VOID AFTER TWO YEARS

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-V



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Barley Field Way

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK  
 DISTRIBUTION BOX LEVEL OK baffle 15 in  
 DRAIN FIELD/TITLE DEPTH 3.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 1.5 FT.  
 EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 4.0 FT.  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. <sup>240</sup>/<sub>20</sub>  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 12/22/97 OK to cover all work final ALM

12/22/97 Water tight top - adaptor 53' in ground OK to cover  
 DATE SYSTEM APPROVED A McMillen INSPECTOR 12/22/97 all

# APPLICATION

PERCOLATION TESTING

A 50617-V

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 Custom Homes

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

BLDG. PERMIT SIGNED  
AND RETURNED 10-21-97

SUBDIVISION Powell Property LOT NO. 18 2 ELLICOTT DR 10 8084

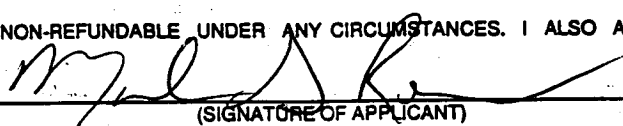
ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD SFD-4Bm

(11345 BARLEY FIELD WAY)

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home  
(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 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 V

COUNTY #

LOT 18

SOIL PROFILE 1045

very gravelly SCL

20% 2'-3' rock frags w/ SL mica lgt tan surrounding

E 1048

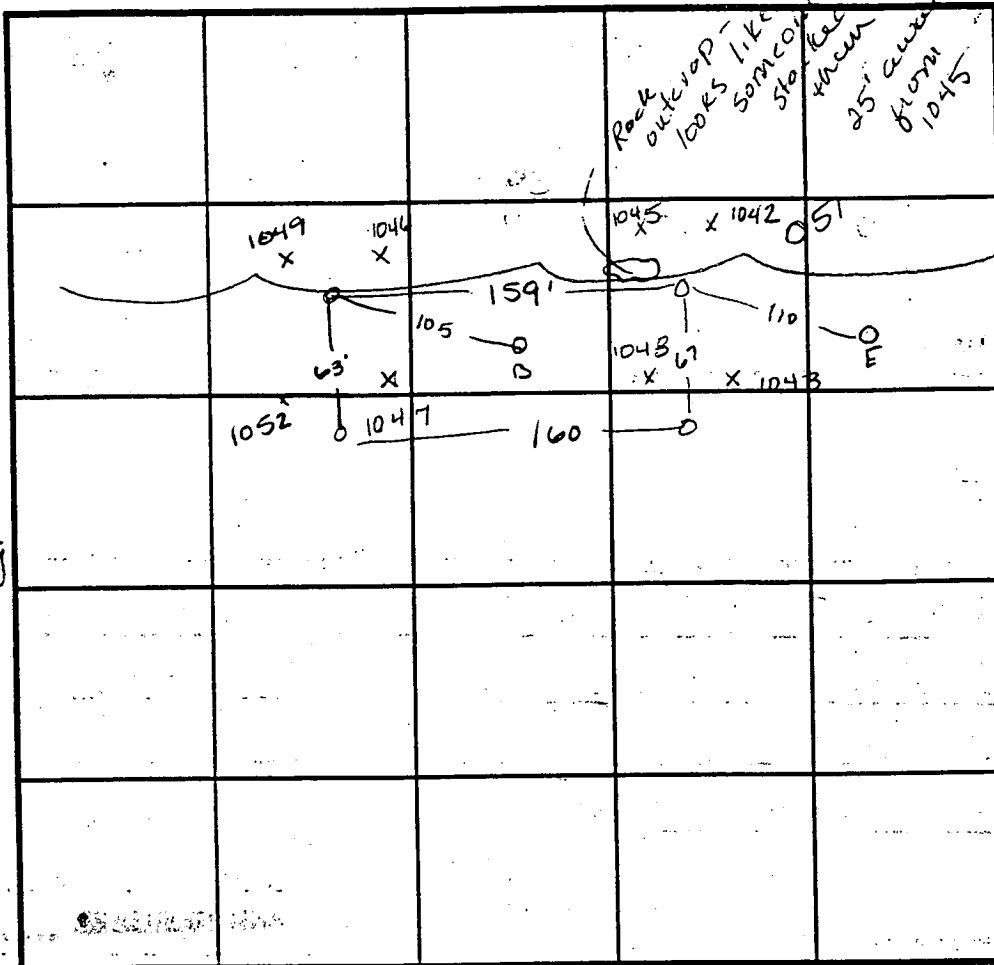
brn grey blom mica SL <5% shale frags

OK

?

B

No distinct clay layer lgt tan Salm mica 10-15% Saprolite Shale -Mlx



SOIL PROFILE 50

dark brn silty micaeous

lgt tan micaeous Salm <5% shale

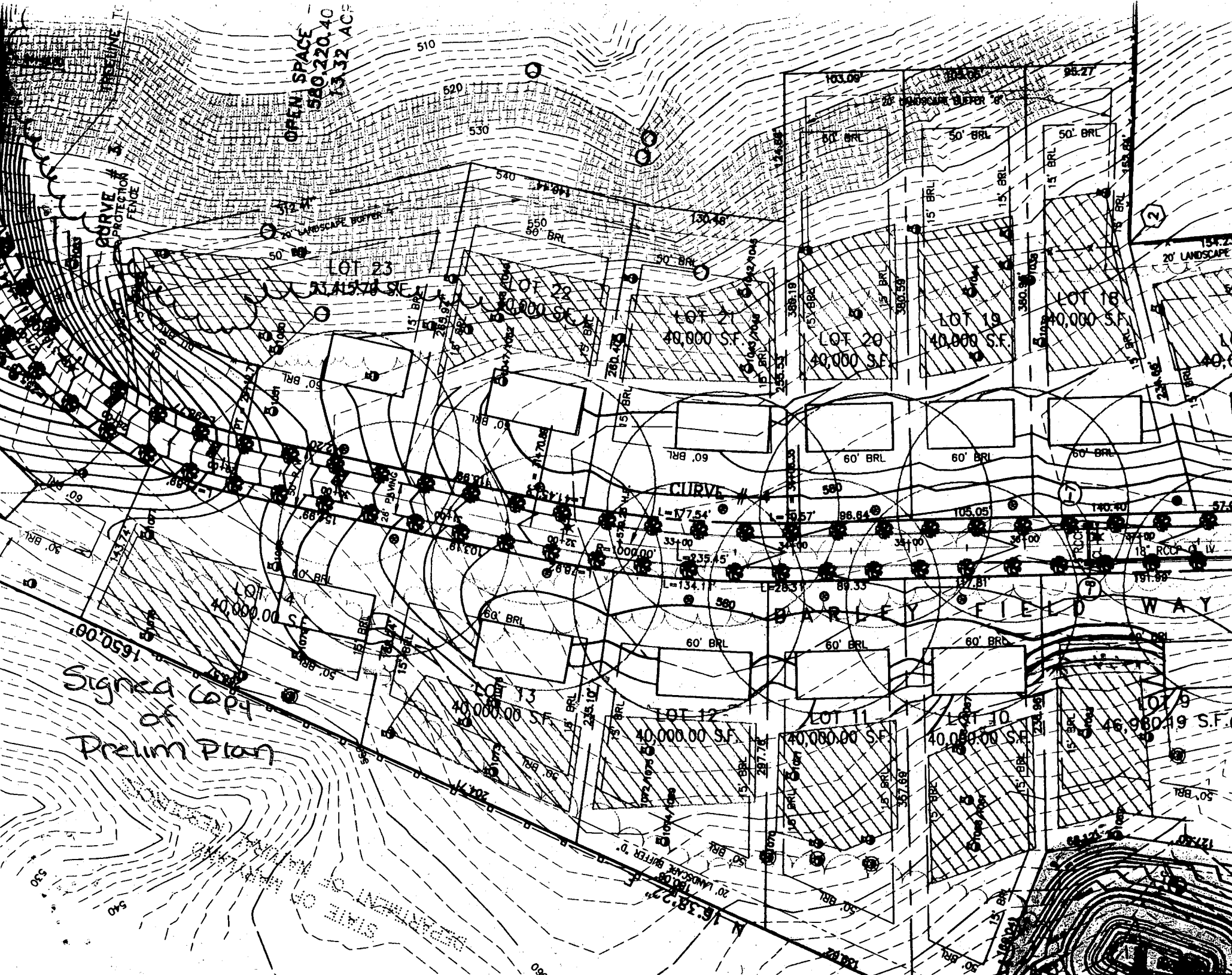
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-30-94	1049	3' / v9'	8:36 <sup>50</sup>	8:37	8:37	8:37 <sup>15</sup>	15 sec
	1049	repour	8:37 <sup>45</sup>	8:38 <sup>30</sup>	8:38 <sup>45</sup>	8:40 <sup>30</sup>	2 min
	1052	6' / v12	8:43 <sup>45</sup>	8:45	8:45	8:47	2 min
	1052	2.5' / v12	8:45 <sup>15</sup>	8:46 <sup>10</sup>	8:46 <sup>10</sup>	8:47 <sup>45</sup>	1 1/2 min
	B	Visual	to	11'			OK
	1045	2.5' / v10'	8:59 <sup>15</sup>	9:00 <sup>30</sup>	9:00 <sup>30</sup>	9:05 <sup>30</sup>	5 min
	1048	6' / v12	9:08 <sup>30</sup>	9:09 <sup>15</sup>	9:09 <sup>15</sup>	9:10 <sup>45</sup>	1 1/2 min
	1048	3' / v12	9:09 <sup>15</sup>	9:10	9:10	9:10 <sup>30</sup>	30 sec
	1048	repour	9:11	9:11 <sup>45</sup>	9:11 <sup>45</sup>	9:12 <sup>45</sup>	1 min
	E	Visual	to	11'			OK

REMARKS 7-17-95 50 5' / v11' 10:41<sup>15</sup> 10:42<sup>15</sup> 10:42<sup>15</sup> 10:43<sup>30</sup> 1 1/4 min

TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillan ALSO PRESENT Olan Ketherman  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'  
 INLET DEPTH 1.5' MAXIMUM BOTTOM DEPTH 3' SQ. FT/BEDROOM 180 ft<sup>2</sup>





OPEN SPACE  
580,220.40  
73.32 AC

CURVE # 3  
PROTECTION  
FENCE

LOT 23  
40,000 S.F.

LOT 22  
40,000 S.F.

LOT 21  
40,000 S.F.

LOT 20  
40,000 S.F.

LOT 19  
40,000 S.F.

LOT 18  
40,000 S.F.

LOT 14  
40,000.00 S.F.

LOT 13  
40,000.00 S.F.

LOT 12  
40,000.00 S.F.

LOT 11  
40,000.00 S.F.

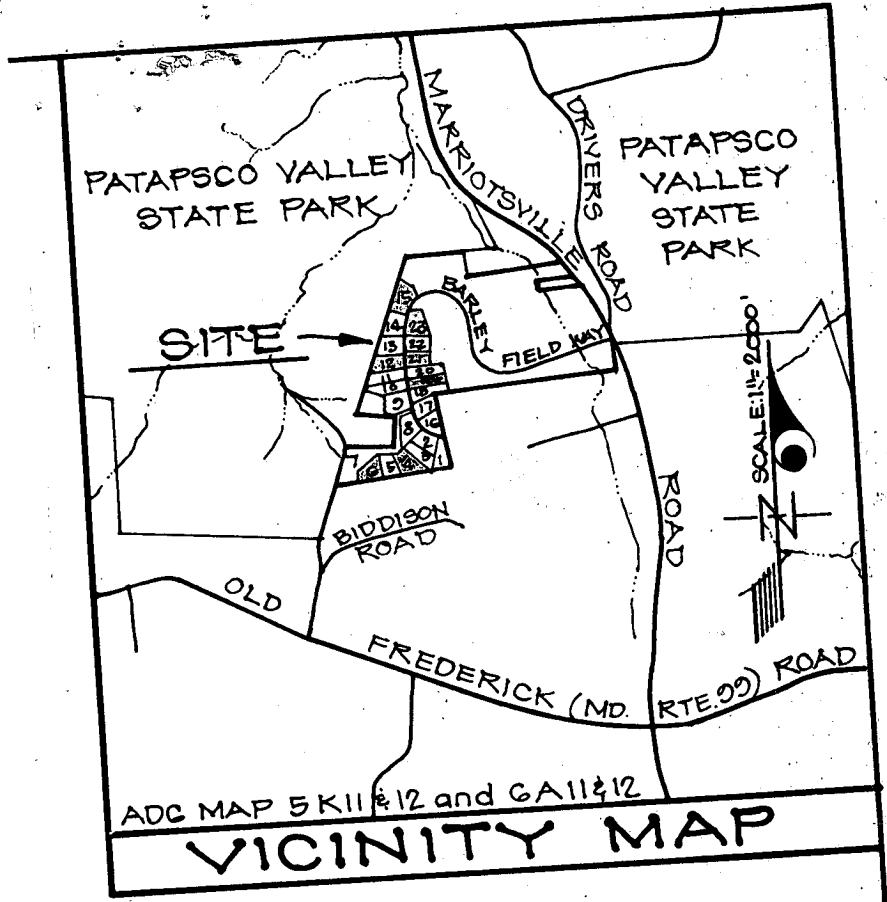
LOT 10  
40,000.00 S.F.

LOT 9  
46,980.19 S.F.

Signed Copy  
of  
Prelim Plan

BARLEY FIELD WAY

DEPARTMENT OF THE STATE



ADC MAP 5K11 & 12 and 6A11 & 12

# VICINITY MAP



**B 1** 3098: SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
40-94-V 274  
fill in this form completely

**B 2** OWNER INFORMATION

Date Received (APA) 082297

TRIVIA HOMES  
6212 BEVON DR  
COLUMBIA MD 21044

**B 3** LOCATION OF WELL

HOWARD COUNTY  
WOODFORD GRANT  
SECTION 44-46 LOT 27  
MARIOTTSVILLE  
MILES FROM TOWN 2 MI

**B 2** DRILLER INFORMATION

Berry HANLEY  
HANLEY DRILLING & PUMP SYSTEMS  
Box 160 WOODFORDSVILLE, MD 21789  
8-20-97

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

BARLEY Field Way  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 30  
ENTER FEET OR MI 60

**B 2** 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)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard CO COUNTY NAME  
A 50617 V COUNTY NO.  
STATE SIGNATURE DATE ISSUED 090897 A McMillen 9/8/98  
NORTH GRID 545000 EAST GRID 827000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING** (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTARY Drive-POINT

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

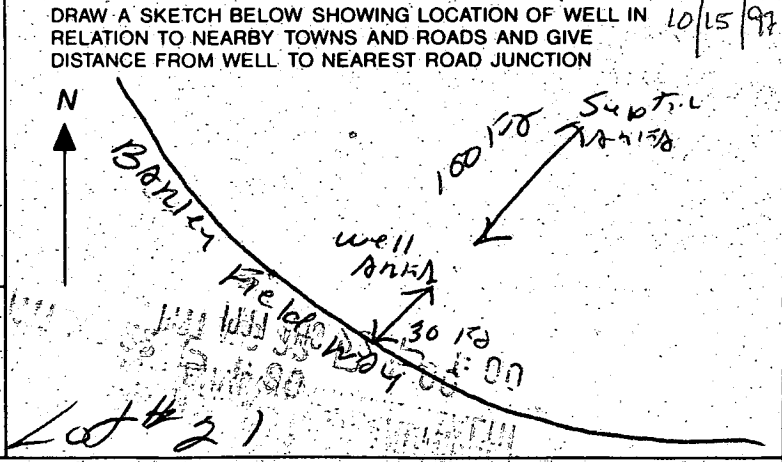
827  
545

10/15/97  
200  
40' CASING  
37' OPEN  
Barley Field way LOC  
13 BAGS OK  
2' CASING A.G.  
000 TAG OK

**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 (OEP USE ONLY)**

APPROX. PERMIT NUMBER GAP

FORCE AM WRITE INITIALS IN BOX PERMIT No. 40-94-1274

C 1 9582 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 50617 V

(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10/5/97

Depth of Well 2250 (TO NEAREST FOOT)

PERMIT NO. FROM: "PERMIT TO DRILL WELL" H0-94-1274

OWNER Trinity Homes STREET OR RFD Barley Field Way TOWN Marriottsville SUBDIVISION Woodfords Grant SECTION LOT 21

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. Includes entries for Top soil, MILK + SANDSTONE, Blue rock, and GOT water AT.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY) NO. OF BAGS 13 NO. OF POUNDS 1222

CASING RECORD (ST/CO/PL/OT) MAIN CASING TYPE (PK) Nominal diameter 6 1/4" Total depth 40'

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

SCREEN RECORD (ST/BR/HO/PL/OT) screen type or open hole 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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 143

DRILLERS SIGNATURE (Signature)

LIC. NO.

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

DEPTH (nearest ft.) 40 39 250

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

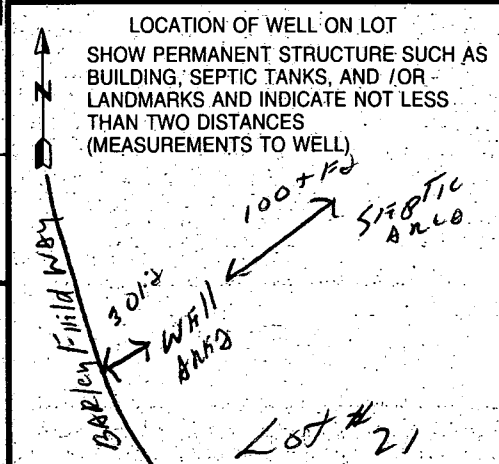
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.1 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 80 ft WHEN PUMPING 225 ft TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES/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) LAND SURFACE (nearest foot)





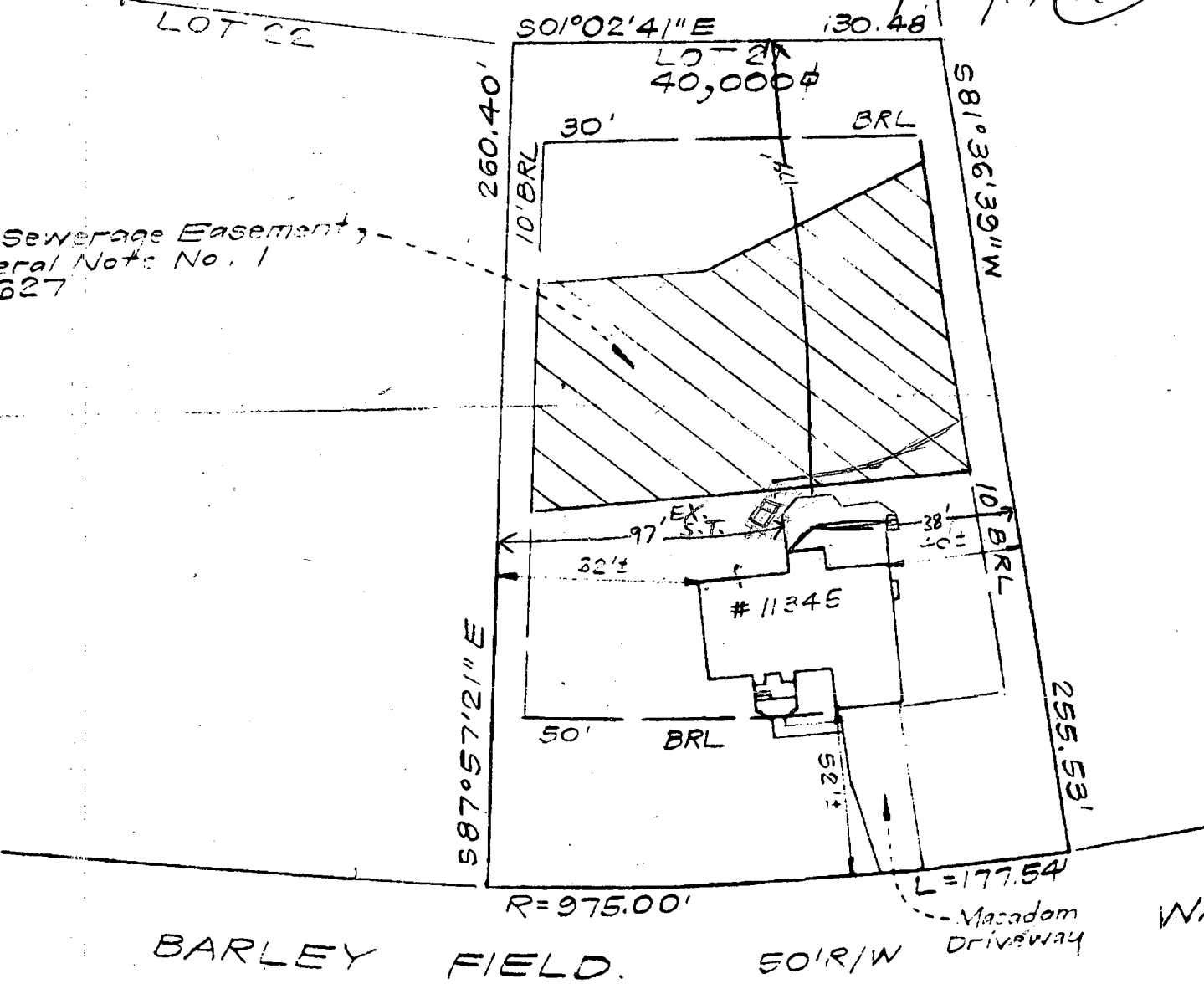
4/23/99  
MR

DECK NOT APPROVED DUE  
TO POOR SEPARATION DIST.  
TO S.S./SBA; LETTER SENT

4/28/99

DECK CUT BACK AS BELOW  
MR 4/28/99 MR

Private Sewerage Easement,  
General Note No. 1  
at 12627



Building Address 11345 BARLEY FIELD WAY  
MARRIOTTSVILLE, MD 21104

Suite/Apt. #: \_\_\_\_\_ SDP/NP/Petition #: \_\_\_\_\_

Census Tract 6036 Subdivision WOODFORD'S GRANT

Section N/A Area N/A Lot 21

Tax Map 10 Parcel 27 Grid 15

Zoning RC-000 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name JEFF + ADAIR ANDREWS

Address 11345 BARLEY FIELD WAY

City MARRIOTTSVILLE State MD Zip Code 21104

Home Phone 910-489-6726 Work Phone 301-206-7521

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFH

Proposed Use SFH WITH DOCK

Estimated Construction Cost \$ 9000

Description of Work 33' x 16' IRREGULAR  
SHAPED DOCK WITH STEPS

Contractor Company MARYLAND DECK + PATIO

Contact Person STEVE BROOKS

Address 2672 RIDGE RD

City DAMASCUS State MD Zip Code 20822

License No. 416291

Phone 301-253-2216 Fax 301-253-2216

Occupant or Tenant SAME AS OWNER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company SAME AS

Contact Person CONTRACTOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
		<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 HERETO, (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Steve Brooks  
 Applicant's Signature  
MARYLAND DECK + PATIO  
 Title/Company

STEVE BROOKS  
 Print Name  
4-9-99  
 Date

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

<b>AGENCY</b>	<b>DATE</b>	<b>SIGNATURE APPROVAL</b>	<b>DPZ SETBACK INFORMATION</b>
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____
<input checked="" type="checkbox"/> State Highways			Rear: _____
<input checked="" type="checkbox"/> Building Official			Side: _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>4/28/99</u>	<u>Steve Brooks</u>	Side St: _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____

**PROPERTY ID#:** 32357

Filing fee	\$ <u>50.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>50.00</u>
Balance due	\$ _____
Check #	<u>6203</u>
Validation #	<u>21092</u>

Approx edge of sewage easement

EX S.T. 10'  
FROM DECK

OK MR  
4/28/99

EX S.T. 11'

12'-14" x

10' MIN.

STOP  
STOP

LEVEL  
STOP

DECK

10'

20'

EX. HOUSE

14'

