

2-23-00 3/10/00
2-13-00 4/11/00 1PM
1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513280

A 56429-F

DISTRICT _____

DATE 2/23/00

DATE SYSTEM APPROVED 4/11/00

INSPECTOR BB

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

03-325962
INDEXED

Hatfield's

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Gaither Hunt-Section 1 LOT 6 ROAD 11020 Fox Haven Way
Dorsch Farm Rd

PROPERTY OWNER Ryan Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**** PUMPED SEPTIC SYSTEM REQUIRED ****

1. Septic pump detail to be provided by installer prior to issuance of septic permit.
2. Pump performance test is necessary prior to Health Department approval of septic permit.

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 5 feet below original grade. 2 feet of stone below distribution pipe..

LOCATION - Place the distribution box 160 feet from the rear (124.50') lot line and 10 feet off the left (425.70') lot line as seen from Fox Haven Way. Run trenches along contour towards the right 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 Au*

PLANS APPROVED BY Glen Savage/Kim Maiste/Donna K. Soe DATE 11-16-1999

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

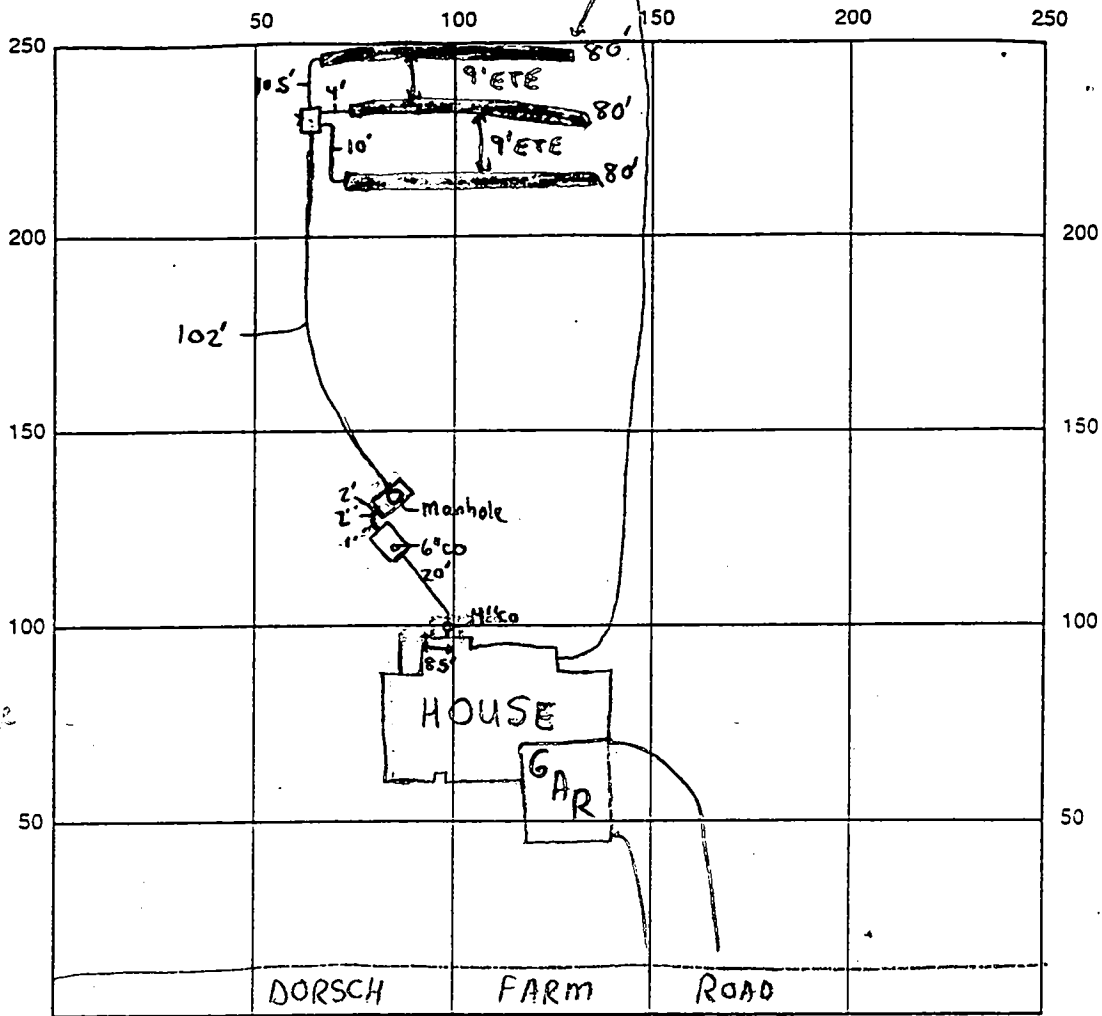
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 56429 F

NOT TO SCALE 1100 HO-94-1634



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gallon mid seam septic tank 1000 gallon top seam pump tank
 CLEANOUTS Manhole on pump tank

DISTRIBUTION BOX LEVEL Baffle is in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ~~INLET~~ TRENCH/BOTTOM AREA 720 SQ. FT.

DRYWELL
 DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 3/10/00-OK TO COVER ALL WORK, PUMP TEST REQUIRED FOR FINAL APPROVAL - (SRW) 4/11/00 Pumps and alarm working (BB)

DATE SYSTEM APPROVED 4/11/00 INSPECTOR B. Baker
3/13/00 WPI - 4.0' below grade - 2 piece cap, skewed near septic cover
OK to cover AU

C1 4368

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 9-15-98 OK COUNTY NUMBER A-55429E

ST/CO USE ONLY DATE Received 08 11 98

DATE WELL COMPLETED 9 9 98

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" HO-94-1634

OWNER RUSSELL DEVELOPMENT LLC STREET OR RFD SUBDIVISION GAITHER HUNT SECTION 1 TOWN WILDC LAKE LOT 6

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown soil (0-25), GRAY GRANITE (25-230), Green Granite (230-235), GRAY GRANITE (235-300).

GROUTING RECORD YES NO (Y) (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 752 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

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

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 30

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

SCREEN RECORD screen type or open hole (ST) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Watch & Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 21 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest-ft): 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below (nearest) foot

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED (Y) (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

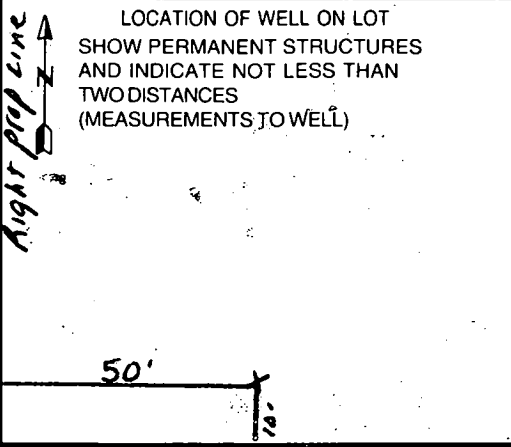
DRILLERS LIC. NO. MD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JW 341 Max & Jones

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

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, S, R, E, N. Values: HD 30, 300

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 O TELESCOPE CASING LOG INDICATOR OTHER DATA



SITE INSPECTION SHEET

OWNER: _____

DATE REQUESTED: 6/28/00

ADDRESS: 11020 Dorsch Farm Rd.
Coitner Hunt-Lot 6

DRILLER/CONTRACTOR: Hatfield

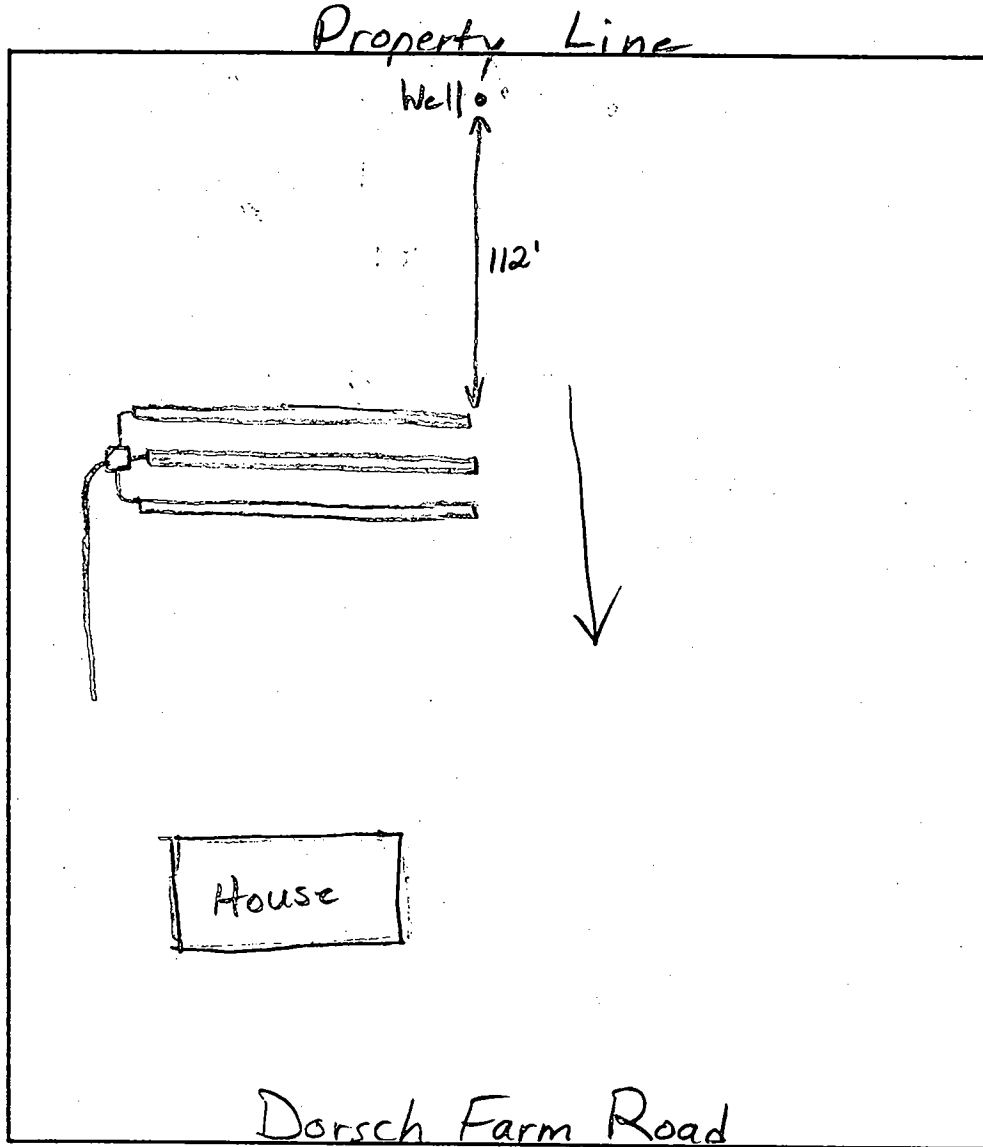
WELL TAG NUMBER: _____

TAX & PARCEL: _____

COUNTY: _____

PROPOSAL: To move easement uphill to provide room to install a pool

LOCATION DIAGRAM



COMMENTS: Owners want to install pool behind house. If easement area is moved uphill 12', so that it is 100' from well, this may be possible. This will provide area for one trench above existing trenches. Told owners it is O.K. to adjust area without

DATE: 6/28/00

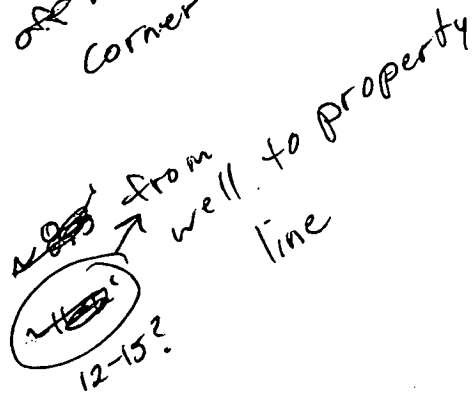
INSPECTOR: B. Baker

moving distribution box. If repairs are needed first trench is to be installed above existing trenches. It may be 6"-12" deeper. (BB)

1/2" To Top Trench
from Well

Just enough room
for one more trench

25.5' off Property
corner



B 1 **4796**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-1634
fill in this form completely

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

please print or type

Date Received (APA)

B 3 LOCATION OF WELL

OWNER INFORMATION
8 MM DD YY 13
RUSSELL DEVELOPMENT LLC
15 Last Name Owner First Name 34
8808 CENTRE PARK Dr. SUITE 108
36 Street or RFD 55
COLUMBIA MARYLAND 21045
57 Town 70 State 72 Zip 76

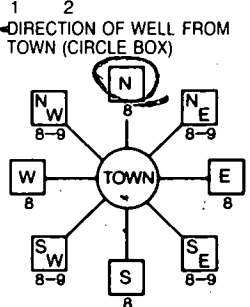
8 COUNTY **HOWARD** 21
23 SUBDIVISION **GAITHER HUNT** 42
SECTION **1** 44 46 LOT **6** 48 50
52 NEAREST TOWN **WILDE LAKE** 71

DRILLER INFORMATION

MICHAEL BARLOW MW D.355
76 Driller's Name 81 License No.
MICHAEL BARLOW WELL DRILLING Svc Inc
Firm Name
912 FAWN COURT Joppa, MD 21085
Address
[Signature] 6-17-98
Signature Date

MILES FROM TOWN (enter 0 if in town) **4** M I 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Dorsh Farm Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **375** 37 DISTANCE FROM ROAD
ENTER FT OR MI **FT** 38 39
TAX MAP: **29** BLK: **S** PARCEL **21**

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

- 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 **A56429F**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED **7-21-98** **Blk Storage** **7-21-99**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **515 000** EAST GRID **830 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
9/9/98 10:30 Grant

- SOURCES OF DRILLING WATER
- -
 -

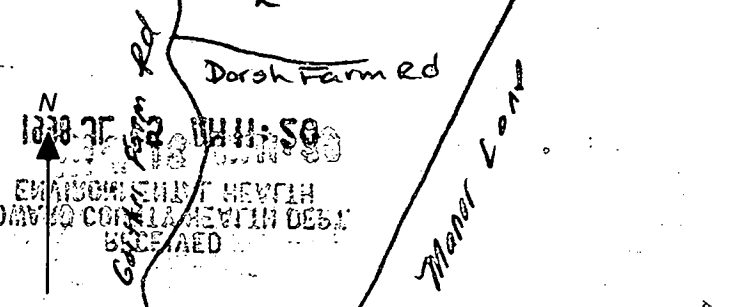
WRITE THE BOX NUMBER FROM THE MAP HERE

E **510 830**
N **830 515**
000
000

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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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



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

APPROP. PERMIT NUMBER **65** 54 G A P 63
FORCE **65** WRITE INITIALS IN BOX PERMIT No. **HO-94-1634**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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

~~410-313-2640~~ PHONE (410) 313-2640
FAX (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer LEHSAC CORPORATION

Telephone 410-242-6886

License Number #3344

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner RYAN HOMES Telephone 410-654-0501

Subdivision GAITHERSHUNT Lot # 6 Well Tag # HC-94-1634

Site Address 11020 PORSCH FARM ROAD

Pump

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

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 ✓

Pitless Adapter

1. Make WATTS
2. Model # _____
3. Depth 42"

2. Make JACOZZI
3. Model # ITS451AB-SZ
4. Capacity 5 GPM

5. Pump exceeds well capacity Yes X No _____
6. If Yes, is low pressure cutoff switch installed? Yes Y No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Tank

1. Capacity 86
2. Pressure relief valve? YES

Piping

1. Type POLY E
2. Size 1 1/4
3. NSF and/or BOCA Code approved Y
4. Depth of supply line 42"

Well data

1. Depth 300 ft.
2. Yield 15 GPM
3. Static water level 60 ft.
4. Will water supply be disinfected by installer? M

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.

3/13/00-WPI OK ALM SRU

Signature of Applicant: _____

Date: 4/8/00

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

HD-215

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

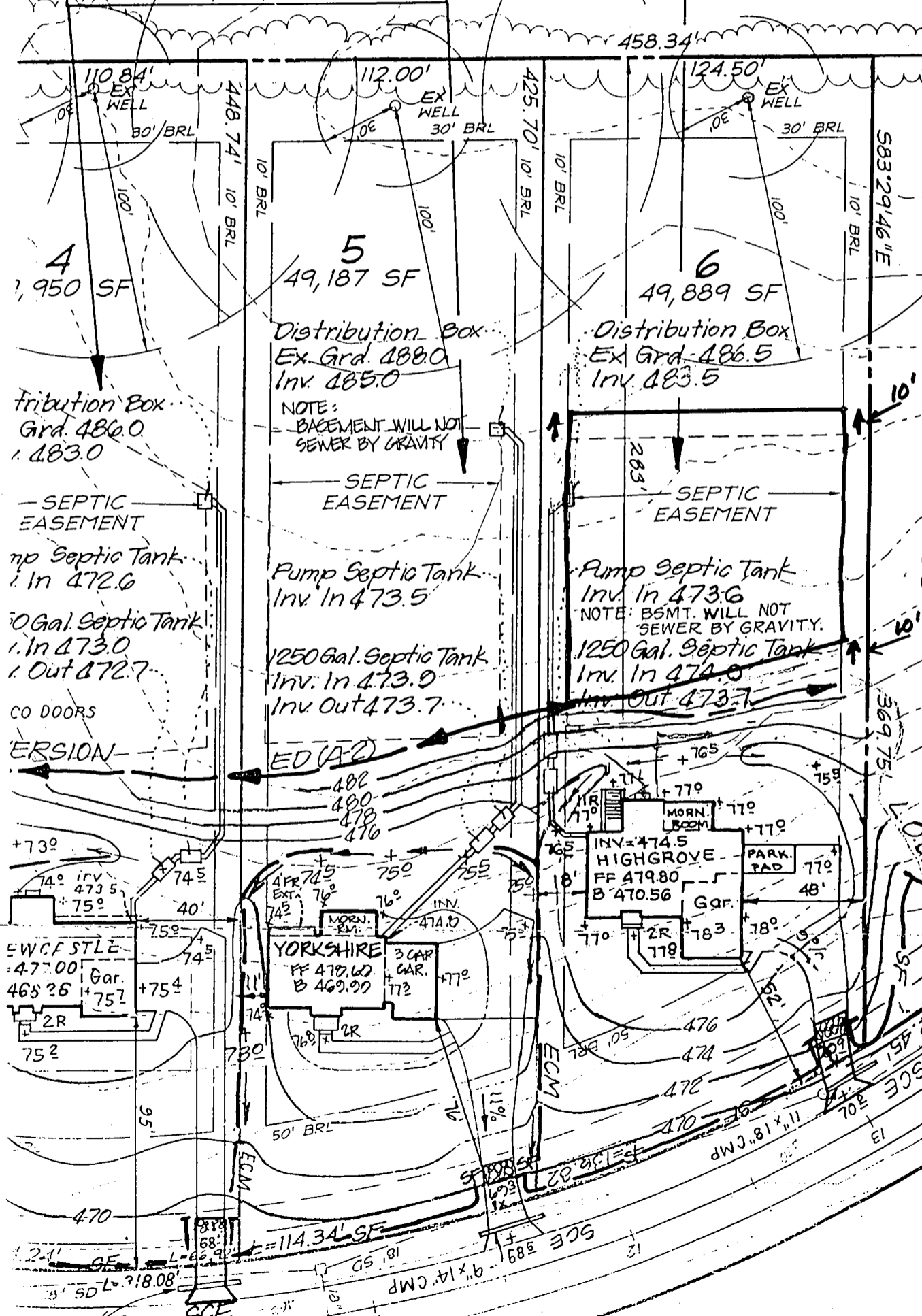
Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

[Signature]
Signature

11/16/99
Date

MENTS WILL NOT SEWER BY GRAVITY
LOTS 3 THRU 6



3/7/00
O.K. to
adjust
easement
area so
that it is
moved 10'
uphill away
from
house.
BB

APPLICATION

PERCOLATION TESTING

A 56429F

P _____

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

DISTRICT _____

DATE 3-26-96

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

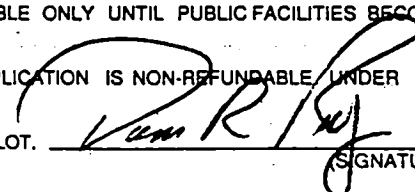
SUBDIVISION _____ LOT NO. 106

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. B00114141
11/10/99 SFB
(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 _____

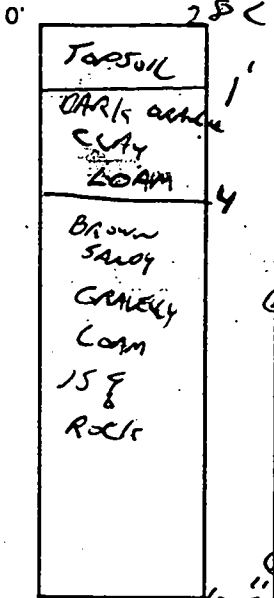
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

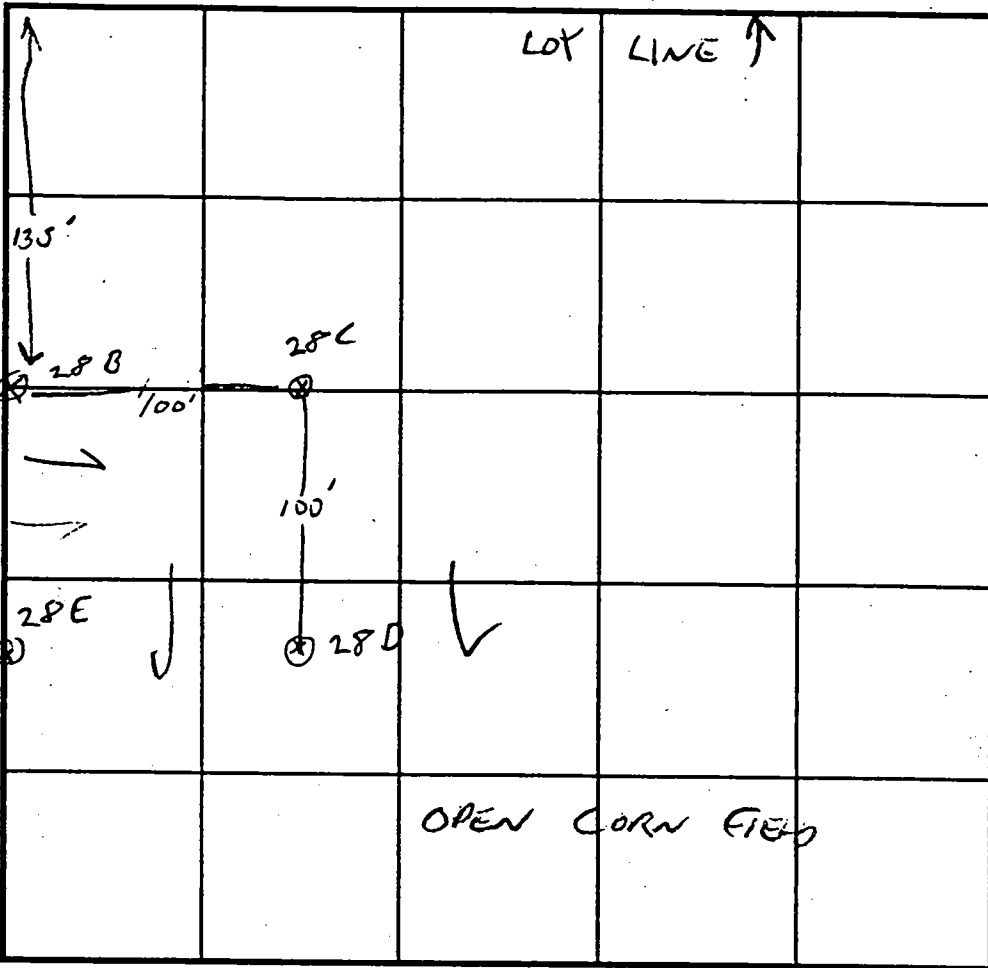
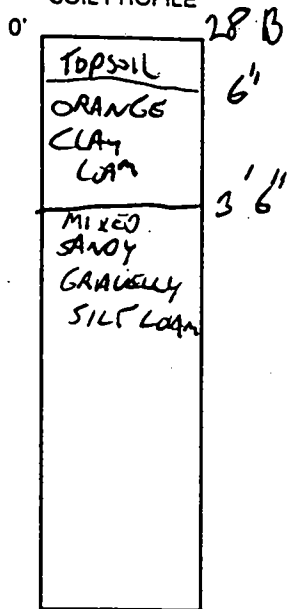
A.56429E

COUNTY #

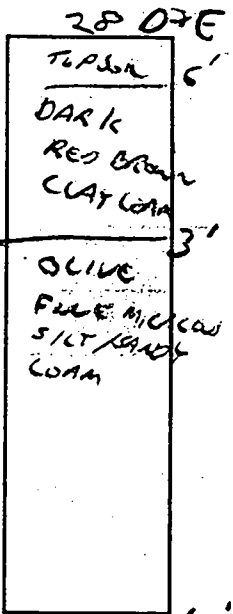
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-96	28B	4'6"	11:09	11:10	11:10	11:11	STOP
	28C	4'	11:14	11:17	11:17	11:21	4 MIN
	REPAIR 28B		11:15	11:18	11:18	11:18	2 MIN
	28D	5'	11:28	11:34	11:34	11:46	12 MIN
	28E		11:46	11:48	11:48	11:53	5 MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

WALK THRU

A 50830

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2456 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 200122578

Building Address 11604 STARDUST LN
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision _____
 Section _____ Area _____ Lot 21
 Tax Map 16 Parcel 24 Grid 12
 Zoning RD-200 Map Coordinates 11604 Lot size _____

Property Owner's Name DAVE AFFELDT
 Address 11604 STARDUST LN
 City _____ State MD Zip Code 21043
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use R.F.D.
 Proposed Use DECK
 Estimated Construction Cost \$ 2000.00
 Description of Work DECK ON REAR OF RFD

Contractor Company DAVE AFFELDT
 Contact Person PATTY
 Address 7111 RAIN RD
 City ELKSTONE State MD Zip Code 21043
 License No. _____ Phone (410) 911-33 Fax (6793)

Occupant or Tenant DAVE AFFELDT
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 581-2283 Fax _____

Engineer or Architect Company _____
 Contact Person SAME
 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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"/>
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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <input type="checkbox"/> N/A <input 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.

Applicant's Signature _____ Print Name DAVE AFFELDT
 Title/Company _____ Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health	<u>2/24/00</u>	<u>C. Wall</u>	Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Accepted by _____
Fire Protection				
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"/>				

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 2430 COURT HOUSE DRIVE
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 PERMITS (410)313-2456, INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00122578

Building Address 11504 STARDUST LN
F.C. MD 21043

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

Census Tract 6030 Subdivision Branthorn

Section _____ Area _____ Lot 21

Tax Map 16 Parcel 51 Grid 22

Zoning R.R-DEU Map Coordinates 11AG Lot size _____

Property Owner's Name DAVE AFFELDT

Address 11504 STARDUST LN

City F.C. State MD Zip Code 21043

Home Phone 410-531-2293 Work Phone _____

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

Phone _____ Fax _____

Existing Use S.F.D.

Proposed Use DECK

Estimated Construction Cost \$ 5000.00

Description of Work 10x12, 12x12 W/STEPS
DECKS ON REAR OF SFD

Contractor Company MD DECKWORKS INC.

Contact Person PATTY

Address 1111 RACE RD.

City ELKTON State MD Zip Code 21939

License No. 7756

Phone 410-396-9033 Fax (6793)

Occupant or Tenant DAVE AFFELDT

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone 410 531-2293 Fax _____

Engineer or Architect Company _____

Contact Person SAME

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<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 <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: <u>12x17, 10x12</u>	
Footings: <u>CONCRETE</u>	
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 THIS 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 OF 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.

Applicant's Signature [Signature]

Print Name DAVE AFFELDT

Title/Company _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>2/24/00</u>	<u>[Signature]</u>	Historic District? <u>2000 FEB 2000</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone _____	
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

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

Rev: 10/15/98

11504
STARDUST

LOT 22

LOT 23

S89°10'49"W 123.48'

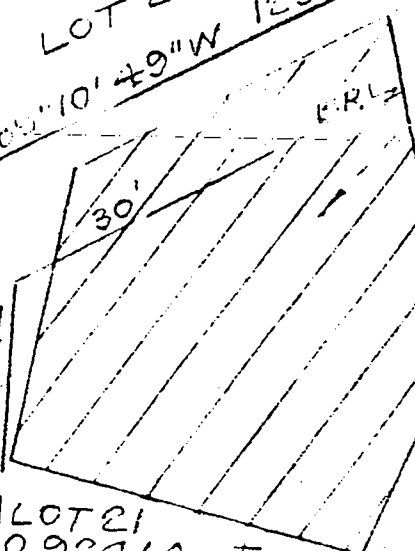
N15°E-44"E

TION
"C"

-20

332.64'

BRL



LOT 21
0.9241 Ac. ±
40,254 ±

Book 122578

PROPOSED DECKS
PROVIDE ADEQUATE
CLEARANCE TO SEPTIC.

2/24/00 C. W. [Signature]

SEPTIC TANK

S30°22'10"W

10'

34' ±

#11504

35'

9' ±

Driveway

50' BRL

52' ±

305.31'

S60°02'20"E

112.00'

R=375.00'
L=70.06'

STARDUST

50' R/W

LANE

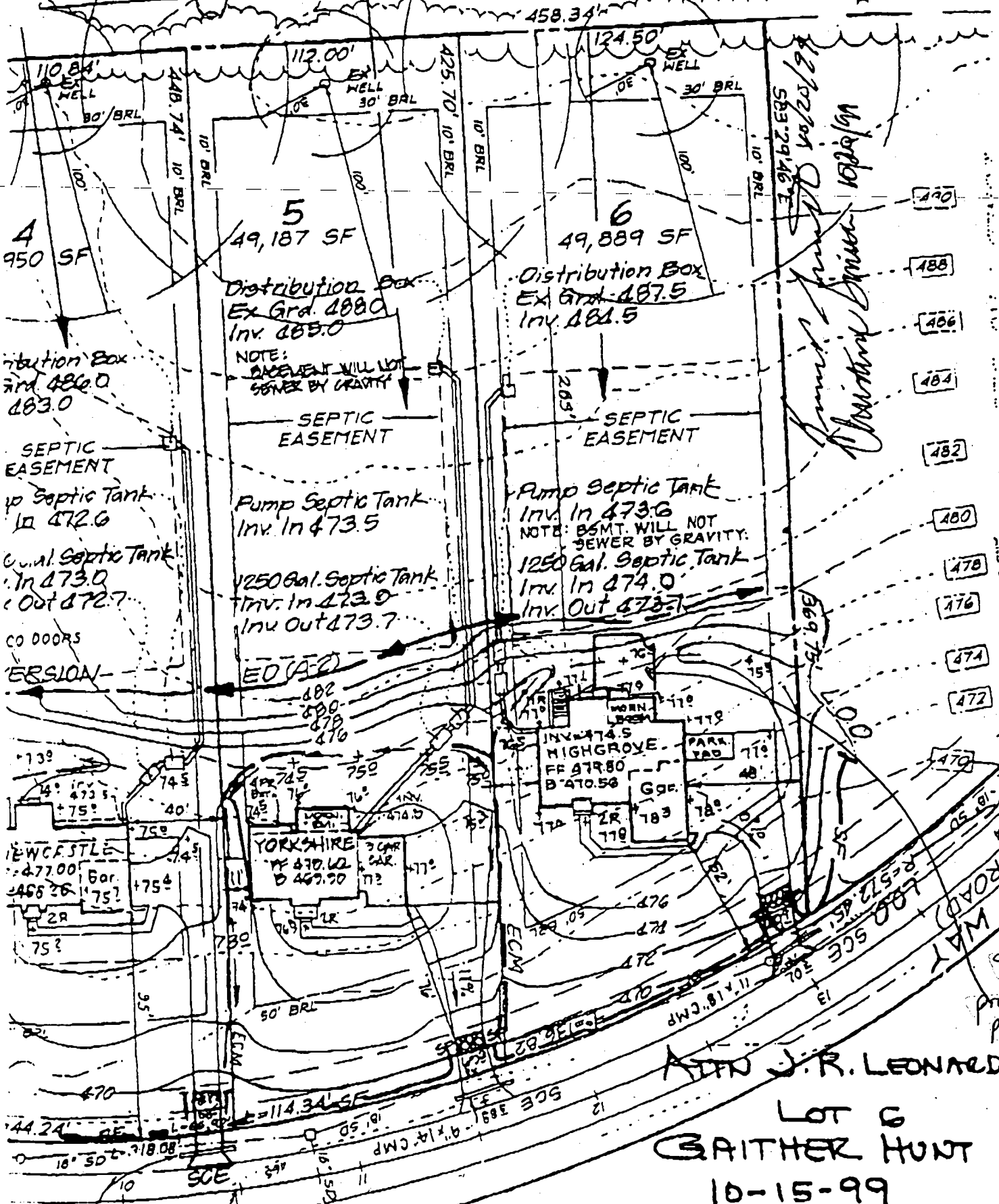
Public Drainage & Utility Easement

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2000 FEB 24 PM 2:11

Dec 15 99 04:59p

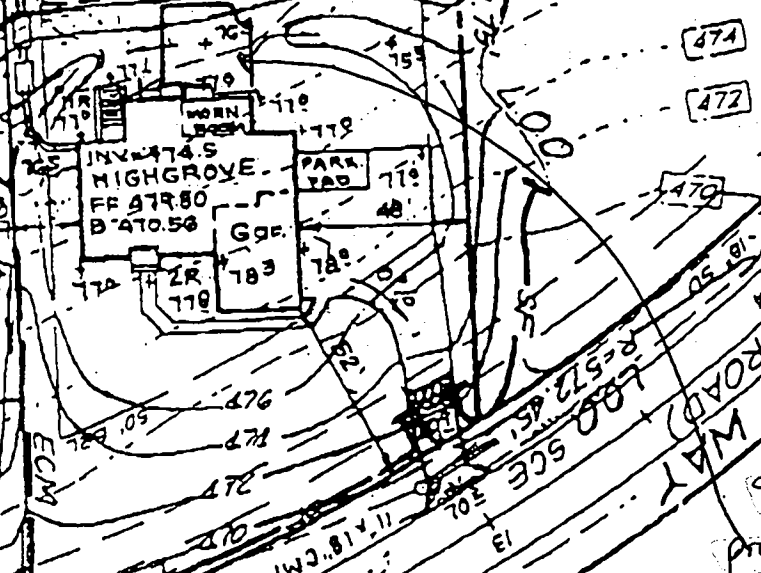
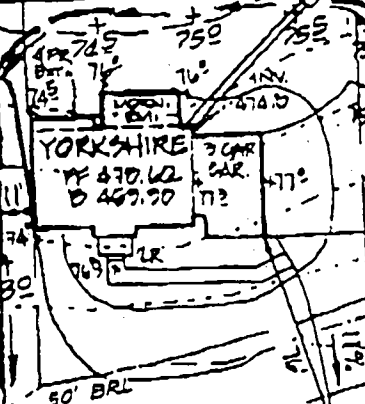
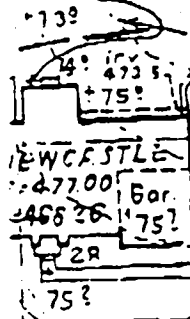
REVISED w/sewer
BILL WALK
10/15/99

LOTS WILL NOT SEWER BY GRAVITY
LOTS 3 THRU 6



Handwritten notes:
 10/20/99
 583.2946 E
 10/19/99
 [Signature]

- 490
- 488
- 486
- 484
- 482
- 480
- 478
- 476
- 474
- 472
- 470



ATTN J. R. LEONARD
 LOT 6
 GAITHER HUNT

10-15-99

B00126454

9/14/00
 Proposed
 patro
 has NO
 impact
 to well
 or
 septic
 OK [Signature]