3/9/68 3/13/18 3/10/98 1000

## PERMIT

SEWAGE DISPOSAL SYSTEM

Needs Remot Tast 3/13/11 Peff

ON 5/5/10 p 5/9825

5/9825

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-354323

DISTRICT	5th	

#### **HOWARD COUNTY HEALTH DEPARTMENT**

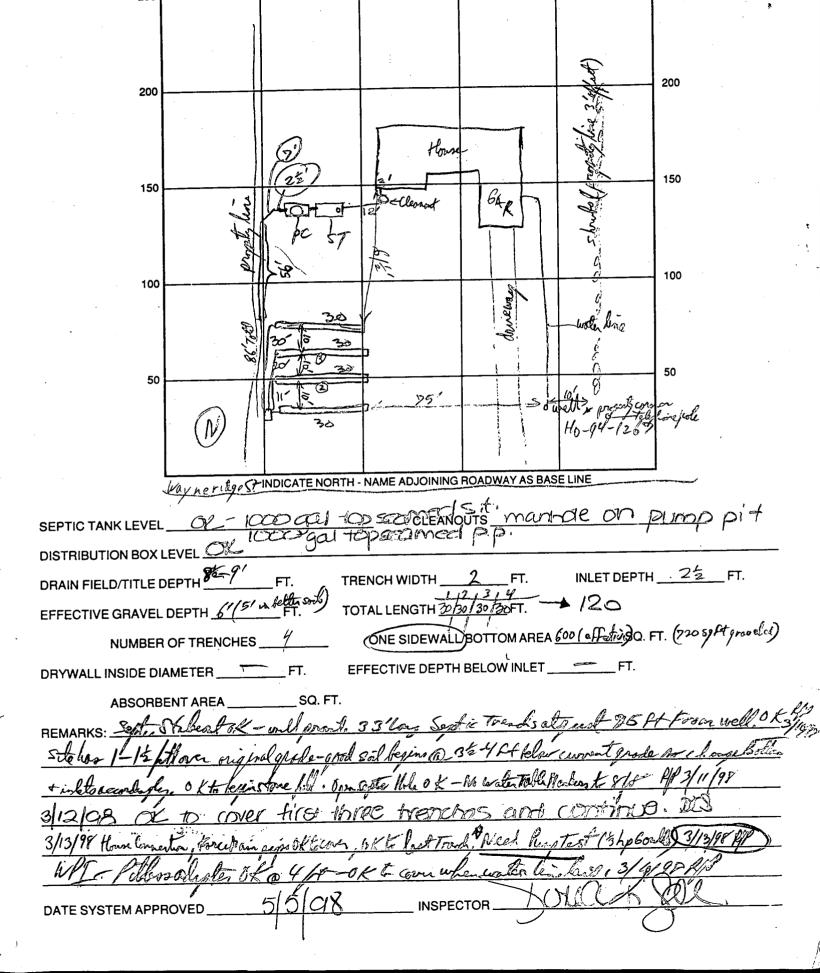
 DATE SYSTEM APPROVED 5/5/98

INDEXED

INSPECTOR DKS

	INDLAL	U	
J. Joseph Gartland		IS PER	RMITTED TO INSTALL X ALTER
ADDRESS 1835 West Old Liberty	Road, Westminster	Md 21157	PHONE410-875-2400
SUBDIVISION Mooresfield	ьот6в	ROAD 11	725 Wayneridge Street
PROPERTY OWNER	Thomas E. Hut	er	
ADDRESS			
SEPTIC TANK CAPACITY 1000 GALLON	IS TOP SEAMED TANK		PUMPED SEPTIC SYSTEM REQUIRED 000 Gallon Top? Seamed Tank with
NUMBER OF BEDROOMS 3	N 哉 . 1997		000 Gallon Pump Pit. to supply pump detail prior to
180SQUARE FEET PER BEDROOM	5/6KN/3/10/24		septic permit
LINEAR FEET OF TRENCH REQUIRED 108	HEALTH DEPAI	RTMENT MUST I	SE PRESENT FOR LAYOUT CONFIRMATI
on contour towards t	on box 5 feet down when facing the he right lot line 100 feet in length e on septic tank.	the left lot lot from Way n. Provide 6 MAINTAIN AT	ot line and 5 feet off that meridge Street. Run trenches 5" - 8" diameter cleanout and LEAST 75 FEET FROM THE WELL
PLANS APROVED BY Donna K. Soe			DATE 12/03/97
COVER NO WORK UNTIL INSPECTED AND APPROVED			
NEITHER THE HOWARD COUNTY COUNCIL NOR THE H	HEALTH DEPARTMENT IS RESF	ONSIBLE FOR THE SU	JCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF ACCEPTABLE.	SEWER LINE AND/OR AT 90°	SWEEPS IN LINES	FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK AUTHORIZED)	, DISTRIBUTION BOX TRENCI	HES) TO BE 100 FEE	T FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INS	SPECTION BEFORE AND AFTER	R PLACING GRAVEL IN	TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIA	METER NO ABSORPTION TREM	ICH TO EXCEED 100 F	EET IN LENGTH
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUS	T BE CAST IRON OR SCHEDUL	E 35/40 PVC OR ABS	PETMIT SKINFO
PERMIT VOID AFTER TWO YEARS	•	,	ND RETURNED 6-33 99
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND E PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TA	ORY WELL STAND PIPES MUST INK IS DEEPER THAN 3 FEET. M	BE 6 INCHES IN DIA MANHOLE TO GRADE I	METER CAST IRON. CONCRETE OR TERRA COTTA OR

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



# APPLICATION

5/23/97 10:00 a.m.

#### PERCOLATION TESTING

P\_\_\_\_\_\_
DISTRICT\_\_\_\_\_

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

5/12/97 No fle-reperc requested by this office

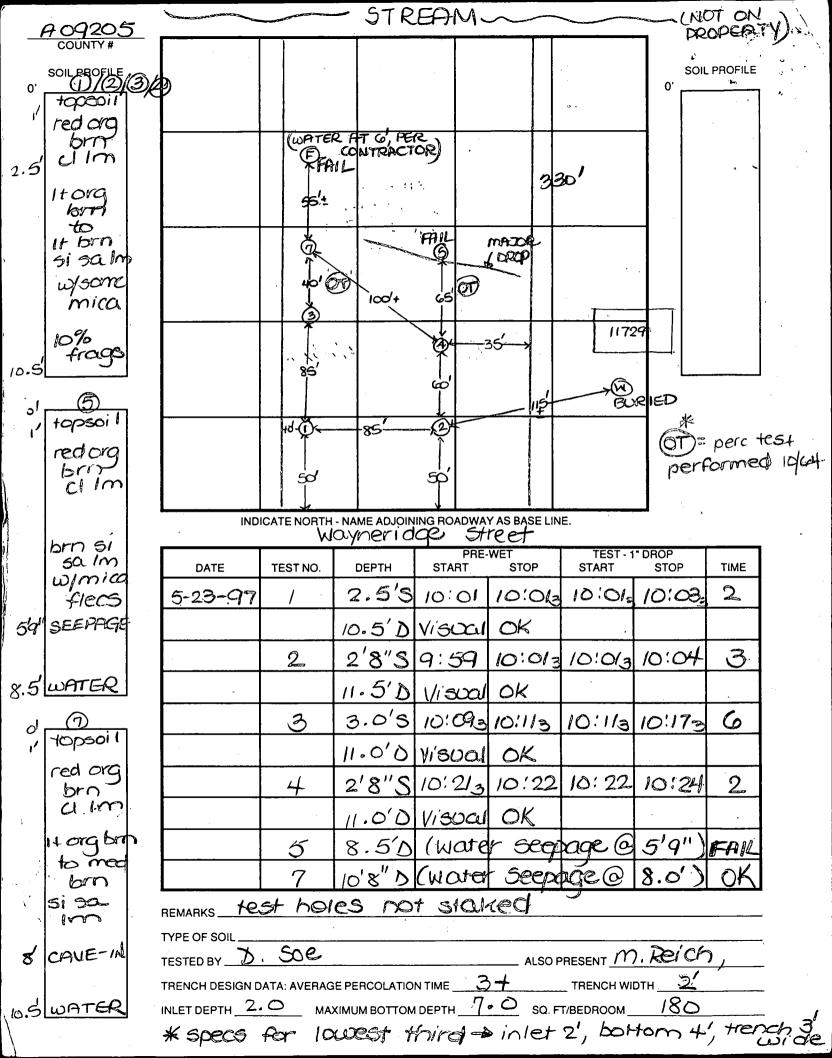
DATE 10/15/64

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY T	EST PRIOR TO APPLICATION FOR PE	RMIT TO CONSTRUCT	(OR RECONSTRUCT) A SEWAGE D	ISPOSAL SYSTEM.
PROPERTY OWNER School	ber Thomas	E. Hubi	ER	
ADDRESS		PHONE		
AGENT OR PROSPECTIVE BUYER				
ADDRESS	·	PHONE		· ·
PROPERTY LOCATION: SUBDIVISION_ WAR MODES	1:0//		( D	• • • • • • • • • • • • • • • • • • • •
ROAD AND DESCRIPTION Way 1	- 1	LOT NO	<u> </u>	
	. /		CLOG. PERMIT SIGNED	
TAX MAPPARCEL#			Senal # DPV 108	989
SIZE OF LOT		YPE BLDG.	SFD-3Bm/ (SINGLE FAMILY DWELLING OR CO	MMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPL	LICATION IS ACCEPTABLE ONLY L	JNTIL PUBLIC FACILIT	TIES BECOME AVAILABLE, I FULL	YUNDERSTAND THE
FEE CONNECTED WITH THE FILING OF T	HIS PERC TEST APPLICATION IS	S NON-REFUNDABLE	UNDER ANY CIRCUMSTANCES.	I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMEN	TS IN TESTING THIS LOT.		(SIGNATURE OF APPLICANT)	
APPROVED BY	FOR	•		•
DISAPPROVED BY				·
HOLD PENDING FURTHER TESTS				
REASONS FOR REJECTION OR HOLDING			:	
PERCOLATION TEST PLAT/PRELIMINARY PLAT -	TITLE OR I.D. #		DATE	\$ 75 <b>2</b> *
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE C	DR I.D. #		DATE	· .

# THIS IS NOT A PERMIT

HD-216 (3/92)



APPLICATION

A 09205

D	
· —	 

MARYLAND STATE DEPAR	ETMENT OF HEALTH
HOWARD COUNTY 750 Gallon	ELLICOTT CITY
y Well-300 suft six	DISTRICT_5
I are below the inte	DATE 10/15/64
eaching Bed - 300 sa	follow men
installed at a depth of	1 4 ters It
	De De Dart
lace the dry well or	leading de
30 ft to 1850 ft for	on the ledge of
TO: THE COUNTY HEALTH OFFICER	
ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORI	DER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
PROPERTY OWNER McHenry Co.	
ADDRESS Clarksville, Maryland	PHONE
PROPERTY LOCATION:	
EROPERTY COCATION:	Po-1
SUBDIVISION Mooresfield	LOT NO. 6. Sec. B VERA
ROAD AND DESCRIPTION Wayneridge St.	
OCCUPANT	PHONE
PERSON TO CONSTRUCT SYSTEM	
TERSON TO CONSTRUCT STORY	
ADDRESS	PHONE
SIZE OF LOT 41,250 sq. ft.	TYPE BLDG: 3
	NUMBER OF BEDROOMS
IF NOT SINGLE RESIDENCE DESCRIBE	
SIGNATURE OF APPLICANT /s/ David Scaggs	111000
SIGNATURE OF APPLICANT /s/ David Scaggs  APPROVED BY APPLICANT / SOUTH FOR THE STATE OF THE STAT	Weels DATE 200764
APPROVED BY MAN STOR STORE STO	Well DATE 2 0364
APPROVED BY THE FOR STATE OF THE STATE OF TH	KIND OF SYSTEM)  DATE  CONTROL OF SYSTEM)
APPROVED BY TOR TOR SEPECTED BY FOR SEPECTED BY FOR SEPECTED BY SE	

# THIS IS NOT A PERMIT

	50	100	150	200	<u>2</u> 50
10				1	
0					200
0	Œ)	81-	39 (-> 2 ->		150
0			2		35 F 7 BRL
		125	200 120 12	h.Le.k	50

SOIL AUGER F	INDING	·		<u> </u>
TESTED BY	Rasm	Anal 9	Hodae	2
123125 51-	0			

REMARKS\_

 $\mathbb{R} \cdot \mathbb{C} \supset$ 

ALSO PRESENT\_

LOT NO. 6 Bplat II

## **APPLICATION**

SEWAGE DISPOSAL TESTING

A 0782/

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

PATE 11-26-63

	· · · · · · · · · · · · · · · · · · ·					
TO:	THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND					
DISF	I, HEREBY, APPLY FOR THE NECESSAF POSAL SYSTEM.	RY TESTS IN OR	DER TO CONSTR	NUCT (OR RECON	STRUCT) A SEWA	GE
PRO	PERTY OWNER.	ed &	(logt	1 t		
•	ADDRESS CT3 Selver	Spring		PHONE SF	4-964	5
PRO	PERTY LOCATION:				1011 0	
SUB	DIVISION Mosef	eld		LOT NO. 61	gen B	
ROA	D AND DESCRIPTION	Wa	meridas			
		A A Property	John your sall			
occ	UPANT_	· ·	; · · · · · · · · · · · · · · · · · · ·	PHONE	Water	
	SON TO CONSTRUCT SYSTEM	W.		\	th and the	
	ADDRESS		* 1	PHONE		
SIZE	OF LOT 125' X 3	30'	ТҮРЕ	: BLDG	4	
IE: NI	OT SINGLE RESIDENCE DESCRIBE			NUMI	BER OF BEDROOMS	
11						
ele N	NATURE OF APPLICANT / Alexa	ander C	Joch		<del> </del>	
ŞiG	NATURE OF APPLICANT					
APPI	ROVED BY	FOR	(KIND OF SYSTEM)	DATE		
REJE	ECTED BY	FOR	(KIND OF SYSTEM)	DATE		
HOL	D PENDING FURTHER TESTS		DATE			
REA:	SONS FOR REJECTION OR HOLDING					
			_			

# THIS IS NOT A PERMIT

	100	150	200	250
°			·	-
		, j	_	
		·		
o <del> </del>			<del> </del>	20
			`	
		1		ļ
	,			
o				1
		84	4	
	<b>术</b> `			
	į		· .	
0				1
				ŀ
	\$			
1				
0				5
	9-3			
		4.7	->	}
	E NORTH, NAME ADJO	1	ł.	

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE Wayne ridge Id.

DATE TEST NO. DEPTH START STOP START STOP TIME

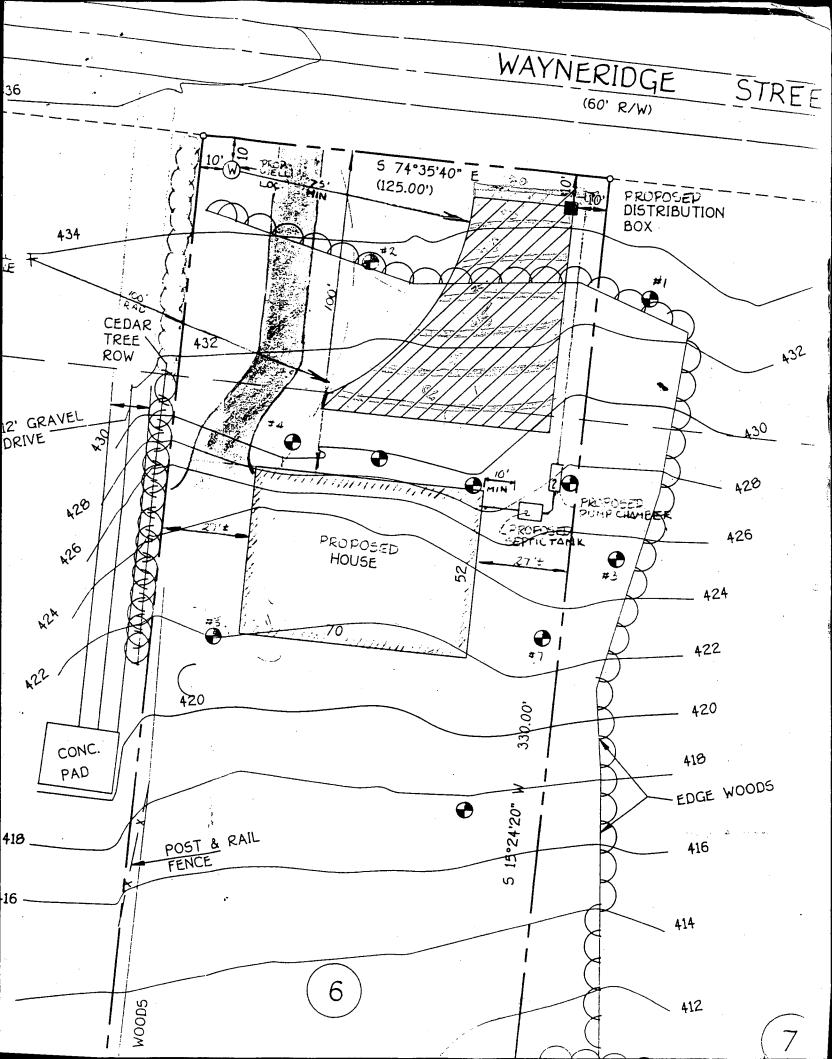
10:47 7/8 wich 38 min 10

10:47 No parc

SOIL AUGER FINDING		
TESTED BY		
REMARKS		· · ·
ALSO PRESENT	LOT NO	

Test #1 10:47 38 Min 78" -75 Rel WAGNE RINGE Ø.

TREE previous CHEERY \* OOO P MANNER OCK 17 1808 B CERTIFICATE this plat represents a survey stones are of the type used that iron pipes ore 34 in diameter subsections, that it is a part of 4 1960 from John Wesley Hoore and Claude D Kruhm and E Gertrude corded among the Land Records of Liber R. H. M. # 355 of folio 228, and once with Sec. 72 of Art. 17 of the îmended. copy of record plat recorded 10-11-63 Req. Lond Surveyor. Moryland \$ 3383 STATEMENT EES and E. Gertrude Kruhm, his wife, owners of the ibed hereon, hereby odopt this plan of subdivision eds afthe streets and for roads shown hereon,



### ENGINEER'S CERTIFICATE I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN TH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION SIGNATURE OF ENGINEER DEVELOPER'S CERTIFICATE "I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT AND PLAN FOR EROSION AND SEDIMENT CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES 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 SIGNATURE OF DEVELOPER DATE REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS U.S. SOIL CONSERVATION DISTRICT DATE THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT. APPROVED: DISTRICT HOWARD SOIL CONSERVATION DIST. DATE SEDIMENT CONTROL NOTES 1) A MINPHUM OF 46 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LISCENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1655). 2) ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THERETO. 3) FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, b) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE. 4) ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.

CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.

5) ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD

SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS

AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR

PERMANENT SEEDING (SEC. 51), SOO (SEC. 54), TEMPORARY SEEDING (SEC. 50),

AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN

ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER

GERMINATION AND ESTABLISHMENT OF GRASSES.

6) ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT

7) SITE ANALYSIS: TOTAL AREA OF SITE
AREA DISTURBED
AREA TO BE ROOFED OR PAVED
AREA TO BE VEGETATIVELY STABILIZED 0.31 ACRES ACRES ACRES CU.YDS.

TOTAL FILL
OFFSITE WASTE/BORROW AREA LOCATION
CU.YDS.
CU.YDS.
S) ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING

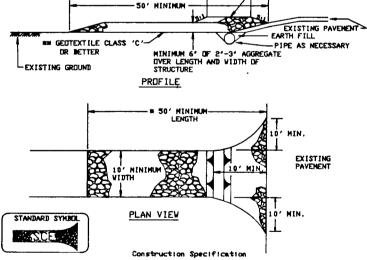
ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.

9) ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.

10) ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS BUT REFORE PROCEEDING WITH ANY OTHER EACH

CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.

11) TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGHTS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.



1. Length - minimum of 50' (#30' for single residence lot).

2. Vidth - 10' minimum, should be flared at the existing road to provide a turning

Geotextile fabric (filter cloth) shall be placed over the existing ground prior to placing stone. \*\*\*The plan approval authority may not require single family

Stone - crushed aggregate (2' to 3') or reclaimed or recycled concrete equivalent shall be placed at least 6' deep over the length and width of the entrance.

5. Surface Water — all surface water flowing to or diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a mountable bern with 5:1 slopes and a minimum of 6' of stone over the pipe. Pipe has to be sized according to the drainage. When the SCE is located at a high spot and has no drainage to convey a pipe will not be necessary. Pipe should be sized according to the anount of runoff to be conveyed. A 6' minimum will be required.

6. Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance STABILIZED CONSTRUCTION ENTRANCE - 2

61143Plot Plan2.dwg

NOT TO SCALE FISHER, COLLINS & CARTER, INC. IVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

ELLICOTT CITY, MARYLAND 21042 (410) 461 - 2855

SEQUENCE OF CONSTRUCTION

1. OBTAIN GRADING PERMIT.

2. INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN.

3. PERFORM NECESSARY GRADING AND STABILIZE THE SITE.

4. AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

TEMPORARY SEEDING NOTES

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

SEEDBED PREPARATION:

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

IF NOT PREVIOUSLY LOOSENED.

SOIL AMENDMENTS:
APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (14 LBS./1000 SQ. FT.)

FEDING

FOR THE PRERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST
15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL
RYE (3.2 LBS./1,000 SQ.FT.)FOR THE PERIOD MAY 1 THRU AUGUST 14.
SEED WITH 3 LBS/ACRE OF WEEPING LOVEGRASS (.07 LBS/10005Q.FT.),
FOR THE PERIOD NOVEMBER 16 THRU FEBRUARY 2B. PROTECT SITE BY
APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOD.

MULCHING:
APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 218 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES. ON SLOPES & FEET OR HIGHER, USE 348 GALLONS PER ACRE (& GAL./1,000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1980 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

SEEDBED PREPARATION:
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

SOIL AMENDMENTS:

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS/1,000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (14 LBS./1,000 SQ.FT.) BEFORE SEEDING HARROW OR DISC. INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER (9 LBS./1,000 SQ.FT.) AND 500 LBS. PER ACRE (11.5 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER 1,000 5Q.FT.) OF 10-20-20 FERTILIZER.

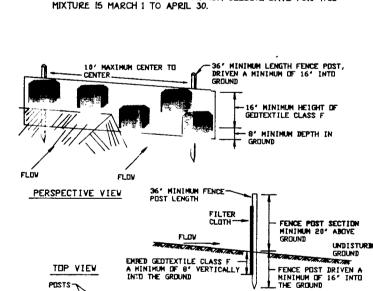
SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST
1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3
LBS./L000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE
PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE
(1.4 LBS./1,000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND
2 LBS. PER ACRE (0.05 LBS./1,000 SQ.FT.) OF WEEPING
LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH
FEBRUARY 20. PROJECT SITE BY: OPTION (1) - TWO TONS PER
ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS 500N AS
POSSIBLE IN THE SPRING: OPTION (2) - USE 500: OPTION (3) -POSSIBLE IN THE SPRING OPTION (2) - USE SOO; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD

APPLY 1 1/2 TO 2 TONS PER ACRE UD TO 90 LBS./1,000 SQ.FT.)
OF UNROTTED SMALL GRAIN STRAW INVESTMENTALLY AFTER SEEDING.
ANCHOR MULCH INVESTMENTALLY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GALL/1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES. ON SLOPES & FEET OR HIGHER USE 348 GALLONS PER ACRE (8 GALL/1,000 SQ.FT.) FOR ANCHORING.

MAINTENANCE: INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

\* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS/ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



\_\_\_\_\_SF -\_\_\_\_ JOINING TWO ADJACENT SILT FENCE SECTIONS

CROSS SECTION

STANDARD SYMBOL

Construction Specifications

STAPLE/

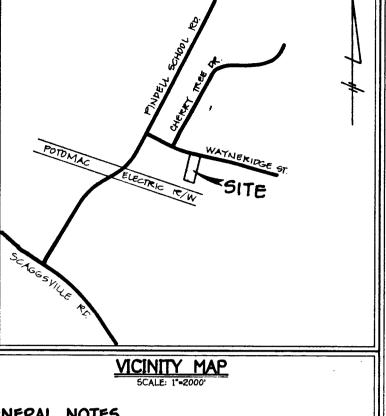
1. Fence posts shall be a ninimum of 36' long driven 16' minimum into the ground. Wood posts shall be 11/2' x 11/2' square (minimum) cut, or 13/4' diameter (minimum) round and shall be of sound quality hardwood. Steel posts will be standard T or U section weighting not less than 1.00 pond per linear foot.

2. Geotextile shall be fastened securely to each fence post with wire ties staples at top and mid-section and shall neet the following requ

Tensile Strength 50 lbs/in (min.) 20 lbs/in (min.) Test: MSMT 509 Test: MSMT 509 Flow Rate 0.3 gal ft\*/ minute (max.) Testi MSMT 322
Filtering Efficiency 75% (min.) Testi MSMT 322

Where ends of geotextile fabric come together, they shall be overlapped, folded and stapled to prevent sediment bypass. 4. Silt Fence shall be inspected after each rainfall event and maintained when

> SILT FENCE NOT TO SCALE



GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT

NO.
PROPOSED 1500 GALLON SEPTIC TANK.

A. FIRST FLOOR ELEVATION: 431 00

B. BASEMENT ELEVATION: 421.50

C. INVERT OF SEPTIC SYSTEM AT HOUSE: 423.50

D. INVERT IN AT SEPTIC TANK: 423.14

E. INVERT OUT AT SEPTIC TANK: 423.44

F. PROPOSED GRADE OVER SEPTIC TANK: 425.00

G. INVERT AT DISTRIBUTION BOX: 435.50

H. EXISTING GROUND OVER DISTRIBUTION BOX: 435.50

LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC B

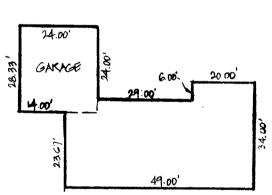
LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING

ANY CONSTRUCTION.

THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM. EX GROUND OVER PUMPTANK: 4265

INV. & PUMP TANK : 423-50 422.64

INN OUT OF PUMP TANK: 422.34



PROPOSED RESIDENCE

Signature Total linear feet of trelate required 108 feet width of trench (es)

Approved Septic System Plan

Howard County Health Department

WAYNERIDGE ROAD

DISTRIBUTION

DRUMP TANK

(60' R/W)

-6.C.E.

FF 433.70

(6)

WIRE

N 74°35'40" W

•

10 B.R.L.

 $\infty$ 

EDGE WOODS

100 YEAR FLOODPLAIN AS PER HOWARD OUNTY PROJECT GC 0119

(HAMMOND BRANCH)

feet Depth of trench (es)

Depth of stone required below distribution gips 5 feet

MOORESFIELD

PLAN TO ACCOMPANY APPLICATION FOR

BUILDING PERMIT

LOT 6 BLOCK 'B'

TAX MAP 41 ZONED: RR-DEO PARCEL : 293 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND DATE: OCTOBER, 1997 SCALE: 1' = 50'

CONC.

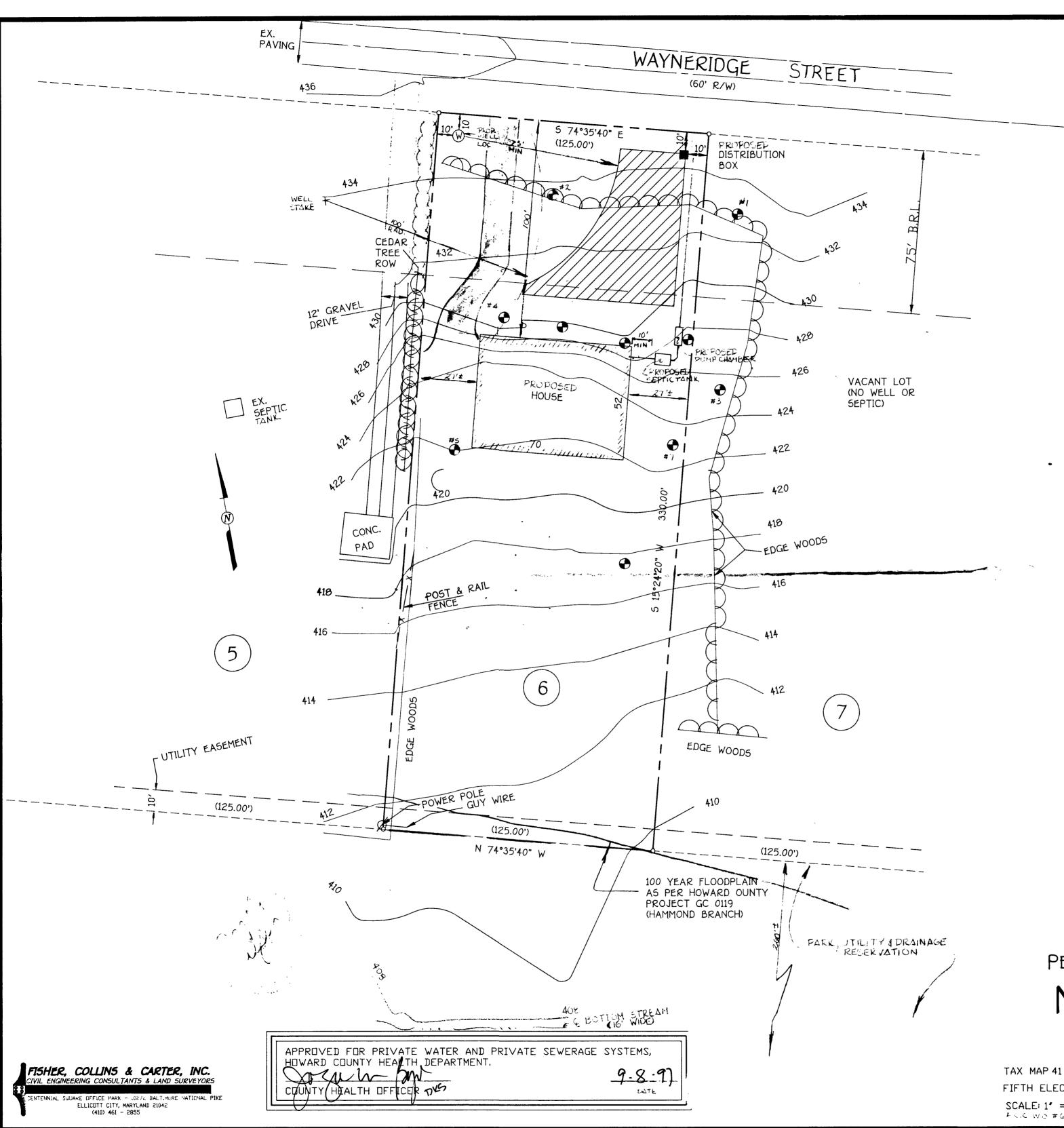
PAD

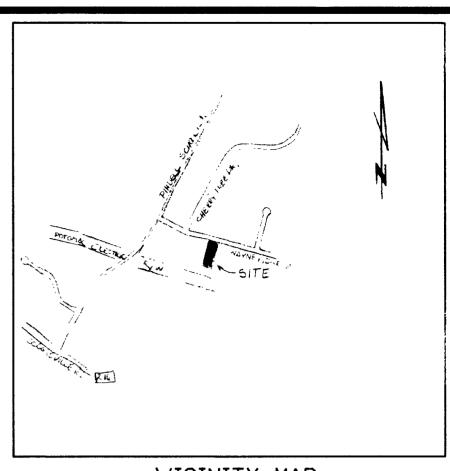
(5)

CUTILITY EASEMENT

POST & RAIL

NTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE





VICINITY MAP SCALE + 1" - 400

### GENERAL NOTES:

- 1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEVERAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM, THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACH-MENT INTO THE PRIVATE SEWERAGE EASEMENT, RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- 3. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM DWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- 4. THE PURPOSE OF THIS PLAT IS TO EXPAND HE DEFINANCE ESTABLICHEL IN 1964
- TO THE LOCATION SHOWN HEREON. 5. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERT HAVE BEEN SHOWN.
- 6. W DENOTES WELL LOCATION.
- 7. A DENOTES PERC HOLE LOCATION.
- 8. DWNER & DEVELOPER

BARBARA BAKER 500 EQUUS DRIVE ELDERSBURG, MARYLAND 21784 PHONE: (410), 541-4694

- 1 DEED REFERENCE: LIBERALA, FOLIO 388 PLAT REFERENCE: PLATER + # 7 FOLIA 44
- THE PROPOSED I RIVE WAY MUST BE CONSTRUCTED ON THE WESTERN PORTION OF LCT #4. NO PORTION OF THE DRIVEWAY MAY ENCE SOME INTO THE SERVE AREA.

## SIGNED PERC CERTIFICATION PLAT MOORESFIELD

LOT 6 BLOCK "B"

ZONEDI BR DEO PARCEL(S):293

FIFTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

DATE: AUGUST 27, 1997 REVISED: 9-3-1997

SCALE: 1" = 30'

FCC WO #61145

B 1 Q754 SEQUENCE NO S	STATE OF	MARYLAND	STATE PERMIT NUM	<b>ABER</b>
1 (MDE LISE ONLY)	and the second second	ORILL WELL	HO-1941-11	1267
THIS NUMBER IS TO BE PUNCHED	please prir		70 fill in this form co	moletely 79
AN COLS. 3-6 ON ALL CARDS)				
Date Received (APA)		B 3	LOCATION OF WELL	
092297 owner information				
MUNACIO 13 THE DIVINE THE	<del>, , , ,</del> , ,	TOMPICAL	_ 2 _ 21	
	<u> </u>	MANARAI		
5 Last Name Owner First Name	20 1 K	23 SUBDIVISION		42
36 Street or RFD	7/10	SECTION .	LOT	
I PARAPATITION AND AND AND AND AND AND AND AND AND AN	7/12	A 1 1 84 46	48 50	<u> </u>
57 Town 70 State 72 Zu				
Oldor Hode		52 NEAREST TOWN		71
DRILLER INFORMATION, CIRCLE: MSD/N	<b>a</b> /a	MILES FROM TOWN (enter	O if in town)	
nonaca region of	ense No. 80		73 76 77	78
1 1000 must water was well with	WIL .	<u>B</u> 4	WATIRSKIT	YE .
Pirty Marine DOCOL I DOCINIA TO MA	200	DIRECTION OF WELL FROM	11 NEAR WHAT ROA	D 30
TO CON DON WORKING IN	12400	TOWN (CIRCLE BOX)		NORTH
A AND AND AND AND AND AND AND AND AND AN	32/99	N N	ON MARICH SIDE OF BOAD	¢ N
Signature	<del>///</del>		ON WHICH SIDE OF ROAD' (CIRCLE APPROPRIATE BO)	() WWE
B 2 WELL INFORMATION			34	37 WEST SIST
<del></del>		W (TOWN) E	DISTANCE FROM R	OAD
APPROX. PUMPING RATE (GAL. PER MIN.)			ENTER FT	OR MI
AVERAGE DAILY QUANTITY NEEDED		Sw SE	LIVILITY	38 39
(GAL PER DAY)			211	24.
USE FOR WATER (CIRCLE APPROPRIATE BOX)			TAX MAP: BLK:	PARCEL
USE FOR WATER (CINCLE AFFROPRIATE BOX)			NOT TO BE FILLED IN BY DRIL HEALTH DEPARTMENT APPRO	
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY	)		A C	9005
FARMING (LIVESTOCK WATERING & AGRICULTURAL		- touard	AC	
IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GO		COUNTY NAME	<b>CO</b> (	UNTY NO
OTHER (REQUIRES APPROPRIATION PERMIT)	•	STATE SIGNATURE	INSE	RT.S
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES		DATE ISSUED	VIICO XXXX	dostia
P APPROPRIATION PERMIT AND STATE HEALTH DEPART	MENT	994991	Muchan De	1/20/10
APPROVAL)  TEST, OBSERVATION, MONITORING (MAY REQUIRE		MORTH THE PLANT	SIGNATURE EAST (7) SIZI (7)	EXP. DATE
APPROPRIATION PERMIT)		GRID 4 8 40 0	6 GRID 98240	
		SHOW MAJOR FEATURE		
APPROXIMATE DEPTH OF WELL		BOX & LOCATE WELL _		R)vell
24 28		WITH AN X	Comet	
6	NEAREST	SOURCES OF DRILLING	WAIER 3.297	E 8
APPROXIMATE DIAMETER OF WELL	_ INCH	- any	10-0	And the second second second
METHOD OF DRILLING (circle one)	S. 4 1 15 36	<b>2</b>	10 • (,,	
	& DRIVEN	3.	- Land	<b>K</b>
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraul	· <del>37</del> *	FROM THE MAP HERE	1000	<b>N</b>
1	ive-POINT	<b>↓</b>	122 200	Portland
	, <u>, , , , , , , , , , , , , , , , , , </u>	* F S 7 7	The last of the la	<i>f</i>
other		1/(78		J (cm)
REPLACEMENT OR DEEPENED WELLS		N 480	4 000	
(CIRCLE APPROPRIATE BOX)	. 1	DRAW A SKETCH BELOV	W SHOWING LOCATION OF WE	LL IN
N TAIS WELL WILL NOT REPLACE AN EXISTING WELL	1	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE	
THIS WELL WILL REPLACE A WELL THAT WILL BE		DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION	
ABANDONED AND SEALED  39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED	AS	N N	/ M	
A STANDBY-CONTACT LOCAL APPROVING AUTHORITY				
POLICY ON STANDBY WELLS	4 J. Z. J. J.	$\wedge$ $T$ $\wedge$ . $\wedge$ . $\wedge$		w.
THIS WELL WILL DEEPEN AN EXISTING WELL		10		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	_		6/1	
(IF AVAILABLE) 41	52		1. )01110-1111	160
Make he filled in the drifts (MADE OD COUNTY HOE OF	<del></del>	\\\\\\	WAYNE TOTO	4
Not to be filled in by driller (MDE OR COUNTY USE OF	۱ <u>۱</u>	· LULAY TO THE O	4. KD	10
APPROP PERMIT NUMBER GAP		() //	1 3 N	
54	63	X	IN WE	
FORCE DIS WRITE PERMIT No. HO-94-11	247	學大學學的學情		
67 68 N BOX 70 71 72 73 74 75 76 7	7 78 79		<u>15010</u>	
SPECIAL CONDITIONS				<b>A</b>

c 1 09473 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (FHIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A09205
ST/CO USE ONLY DATE Received MM DD YY DD DD DD	vv	PERMIT NO. FROM "PERMIT TO DRILL WELL"
10 02 0 8 13	22 505 26 (TO NEAREST FOOT)	HO - 94 - 1267 28 29 30 31 32 33 34 35 36 37
OWNER Huber	Thomas Thomas Town	FUITON
STREET OR RFDWCC SUBDIVISIONMCOVESTI ELC	SECTIONTOWN	LOT 6
WELL LOG  Not required for driven wells	GROUTING RECORD NO	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box)  TYPE OF GROWING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use additional sheets if needed)  DESCRIPTION (Use FEET if wate bearing to the sheet of the shee	CEMENT CM ) BENTONITE CLAY BC	HOURS PUMPED (nearest hour) 3/8 9
Dirt 0 1	NO OF BAGS 46 23 NO. OF POUNDS 2162 GALLONS OF WATER 138	PUMPING RATE (gal. per min.) 4
Red Clay & mica 1 6 Soft Br Sand &	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE _SUBMETSIBLE
Mica 6 14	from 0 ft. to 46 ft. to 470 ft. to 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Soft Br. Mica 14 25 X Soft Br. Mica 25 37 X	casing CASING RECORD types	BEFORE PUMPING $\frac{24}{17,20}$ ft.
Hard Br. Mica 37 44 Hard Blue Mica 44 80	insert appropriate STEEL CONCRETE	WHEN PUMPING $\frac{338}{22}$ ft.
Hard Br. Mica 80 81	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
Hard Blue Mica & 81 260 X	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air- P piston T turbine
Hard Blk. Schist 260 270 Hard Blue Mica &	TYPE (nearest inch)! (nearest foot)  ST 6 48	centrifugal Protary O other (describe below)
Schist 270 455	60 61 63 64 66 70	J jet S submersible
Fracture 455 456 Hard Blue Mica &	E OTHER CASING (if used) A diameter depth (feet)	27 27
SChist 456 505	H inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP  YES  NO
	S   I   N	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED
	or open hole ST BR/ HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29
	insert appropriate code BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS: 0	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
yes promise	1 H O 48 1 505	(nearest ft.)  CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED Y N	17 8 9 11 15 17 21 C 2	+ above and enter casing height)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H 23 24 26 30 32 36	LAND SURFACE (nearest)
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	49 50 51 N
WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT \\ SHOW PERMANENT STRUCTURE SUCH AS
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	DIAMETER	BUILDING, SEPTIC TANKS, AND VOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M W D 2 9 6 1	GRAVEL PACK	A doc
Ronald Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 68  MDE USE ONLY	Sularus Val
LIC, NO., M W D/ 2 9 61	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	JUNE 11098
Aprild Kyler	70 72	QX OX.
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA	Rose

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

e reconstitution per main consiste consiste de medico

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

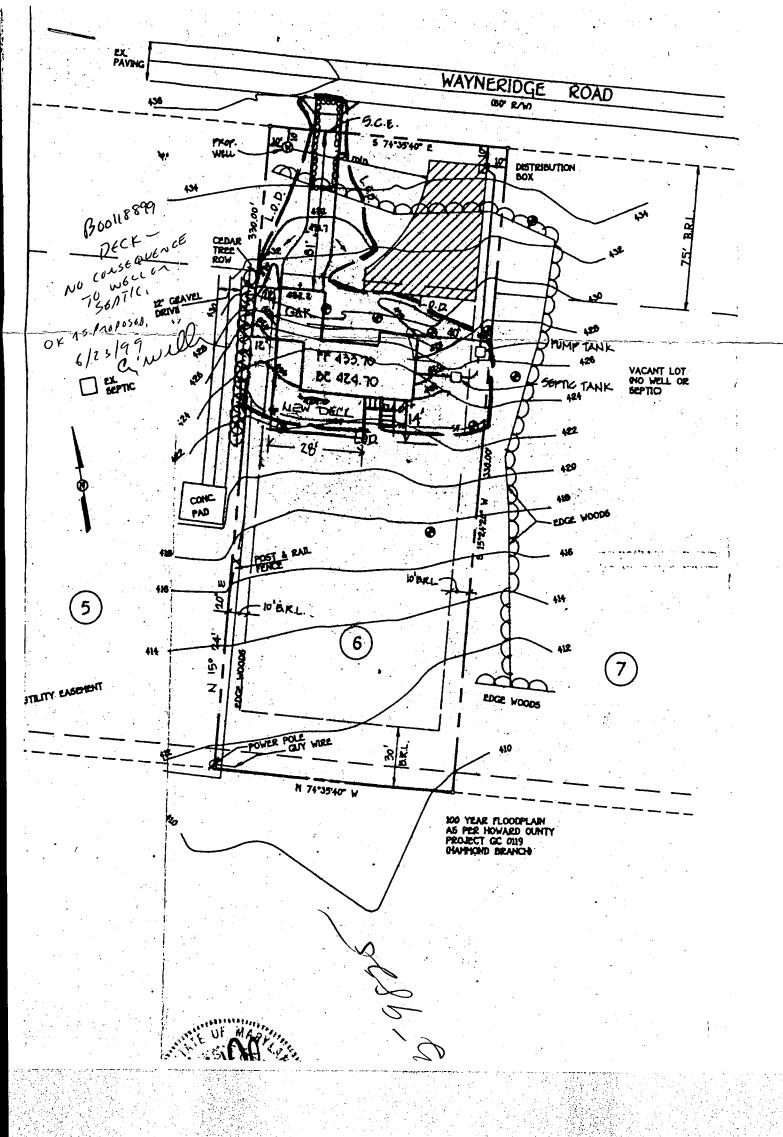
Pink: Health

### HOWARD COUNTY PERMIT APPLICATION

BOOII8899 PERMIT NUMBER

	ALAYMERIJE RY	Property Owner's Name	still will take the
Fulton Mid 20759		Address 11725 Wayneride Rd	
Suite/Apt. #: SDP/WP/Petition #:		City Furthern State Mo Zip Code 20.769	
Census Tract Subdivision		Home Phone 40 388 0509 Work Phone	
Section Area Lot		Applicant's Name & Mailing Address, (if other than stated hereon):	
Tax Map Parcel Grid			
Zoning Map Coordinates		Phone Fax	
Existing Use Homis		Contractor Company	
Proposed Use		Contact Person Edward Huger	
		Address 11725 Offerneringe 128	
Description of Work // // // // // //		City F. 47 m State / 1/ Zip Code Zo757	
18 × 28 Slept mode		License No.	
l de la companya de l		Phone 1/10 884 - 2505 Fax	
Occupant or Tenant Troomes 1 6 Junes 1 1/4000		Engineer or Architect Company	
Contact Name & Coursed Hubber		Contact Person	
Address 11725 WAYneridge Rd		Address	
City State Zip Code 30757		City State Zip Code	
Phone 4// 0 888 - 05 0 9 Fax		Phone	
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION -	RESIDENTIAL
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling  SF Townhouse  Width	Water Supply:
No. of stories:	Private	Depth Width  1st floor:	Public Private
	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement □ Unfinished Basement □	Private
	Electric Yes   No	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes   No
Use group:	Gas Yes□ No□	Multi-family dwellings:	Gas Yes□ No□
	Heating System:		1 77 - A C
Construction type:		No. of efficiency units:	Heating System:
Construction type: Reinforced Concrete	Electric  Oil  Natural Gas	No. of 1 BR units:  No. of 2 BR units:	Electric □ Oil □ Natural Gas □
Reinforced Concrete Structural Steel	Electric   Oil	No. of 1 BR units:	Electric Oil 🗅
Reinforced Concrete	Electric	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:	Electric
Reinforced Concrete Structural Steel Masonry	Electric	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure:	Electric
Reinforced Concrete Structural Steel Masonry	Electric    Oil	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:	Electric
Reinforced Concrete Structural Steel Masonry Wood Frame	Electric	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings:	Electric
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) to which are applicable thereby; (4) that he/she will perform no	Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular	Electric Oil D Natural Gas D Propane Gas D  Sprinkler system: N/A D NFPA #13D NFPA #13R Other:
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) to which are applicable thereby; (4) that he/she will perform no	Electric    Oil	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  ON; (2)THAT THE DEFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM- DECIDICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTE	Electric Oil D Natural Gas D Propane Gas D  Sprinkler system: N/A D NFPA #13D NFPA #13R Other:
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  State Certified Modular  PRE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) TO WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERPORAN NO HIS PROPERTY FOR THE SURFOSE OF INSPECTING THE WORK PERMITTY  Applicant's Signature.	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home NN: (2)THAT THE DEFORMATION IS CORRECT. (3) THAT HE/SHE WILL COM-	Electric Oil D Natural Gas D Propane Gas D  Sprinkler system: N/A D NFPA #13D NFPA #13R Other:
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE WILL PERFORM NO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTE	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads  HAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION WORK ON THE ABOVE REFERENCED PROPERTY NOT SEED AND POSTENG NOTICES.	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home NN; (2)THAT THE DEFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMBECUTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE WILL COMBECUTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE WILL COMBECUTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE WILL COMBECUTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE WILL COMBECUTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE WILL COMBECUTION; (6) THAT HE/SHE WILL COMBECUTION; (7) THAT HE/SHE WILL COMBECUTI	Electric Oil D Natural Gas D Propane Gas D  Sprinkler system: N/A D NFPA #13D NFPA #13R Other:
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  State Certified Modular  WHICH ARE APPLICABLE THERBITO, (4) THAT HE/SHE WILL PERFORM NO THIS PROPERTY FOR THE JURGOSE OF INSPECTING THE WORK PERMITTE  Applicant's Signature Tulle/Company	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads   HAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION WORK ON THE ABOVE REFERENCED PROPERTY NOT SEE THE SAPPLICATION OF STREET OF THE ABOVE REFERENCED PROPERTY NOT SEE THE SAPPLICATION OF THE SAP	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  ON: (2)THAT THE DEFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name  1 2 3   C; 9  Date  NCE OF HOWARD COUNTY	Electric Oil D Natural Gas D Propane Gas D  Sprinkler system: N/A D NFPA #13D NFPA #13R Other:
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  State Certified Modular  WHICH ARE APPLICABLE THERBITO, (4) THAT HE/SHE WILL PERFORM NO THIS PROPERTY FOR THE JURGOSE OF INSPECTING THE WORK PERMITTE  Applicant's Signature Tulle/Company	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  NN: (2)THAT THE DEFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTE  Print Name  Print Name  Date  NCE OF HOWARD COUNTY  ND LEGIBLY. **	Electric Oil D Natural Gas D Propane Gas D  Sprinkler system: N/A D NFPA #13D NFPA #13R Other:
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  State Certified Modular  One undersigned hereby certifies and agrees as follows: (1) it wisch are applicable therefor (4) that he/she will perform no his property for the gurpose of dispecting the work permitted.  Applicant's Signature Tule/Company Check	Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Sprinkler system: N/A Sprin	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home ON. (2) THAT THE DEFORMATION IS CORRECT, (3) THAT HE/SHE WILL COME DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name  2 3 5 9  Date NCE OF HOWARD COUNTY ND LEGIBLY. ** ONLY- DPZ SETBACK INFORMATION PRO	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular  State Certified Modular  State Certified Modular  HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTY  Applicant's Signature Tule/Company  Check  AGENCY Land Development, DPZ  State Highways	Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Sprinkler system: N/A Sprin	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home No. (2)THAT THE DEPORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name    2 3   C; 9	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO  PERTY ID#: 33356  Gee \$ If fee \$
Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  State Certified Modular  State Certified Modular  HIGH PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITH  Applicant's Signature  Tule/Company  Check  AGENCY Land Development, DPZ  State Highways  Building Official	Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Sprinkler system: N/A Sprin	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home No. (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name    2 3   C; G	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO  PERTY ID#: 32356 Gee S If fee S It fee S It fee S
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  State Certified Modular  State Certified Modular  MECHADE APPLICABLE THERRIES (4) THAT HE/SHE WILL PERFORM NO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTY  Applicant's Signature  Tule/Company  Check  AGENCY Land Development, DPZ  State Highways  Building Official  Dev. Engineering, DPZ  Health	Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Sprinkler system: N/A Sprin	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home NN. (2)THAT THE DEFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name    2 2 / C; 6	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO  PERTY ID#: \$235  Gee it fee \$
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  State Certified Modular  State Certified Modular  WHECH AND APPLICABLE THERRIES, (4) THAT HE/SHE WILL PERPORAN NO HIS PROPERTY FOR THE BURPOSE OF INSPECTING THE WORK PERMITH  Applicant's Signature  Tule/Company  Check  AGENCY Land Development, DPZ  State Highways  Building Official  Dev. Engineering, DPZ  Health  Fire Protection	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads   HAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION WORK ON THE ABOVE REFERENCED PROPERTY NOT SEED AND POSTENG NOTICES.  *** PLEASE WRITE NEATLY A   FOR OFFICE USE   SIGNATURE APPROVAL	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home NN; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTE  Print Name    1	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OF ICOUNTY OF ICO
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  State Certified Modular  State Certified Modular  MECHADE APPLICABLE THERRIES (4) THAT HE/SHE WILL PERFORM NO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTY  Applicant's Signature  Tule/Company  Check  AGENCY Land Development, DPZ  State Highways  Building Official  Dev. Engineering, DPZ  Health	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads   HAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION WORK ON THE ABOVE REFERENCED PROPERTY NOT SEED AND POSTENG NOTICES.  *** PLEASE WRITE NEATLY A   FOR OFFICE USE   SIGNATURE APPROVAL	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home NN; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTE  Print Name	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OF ICOUNTY OF ICO
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  State Certified Modular  State Certified Modular  State Certified Modular  Applicant's Signature  Title/Company  Check  AGENCY Land Development, DPZ  State Highways  Building Official  Dev. Engineering, DPZ  Health  Fire Protection  Is Sediment Control approval required prior to YES  NO  CONTINGENCY CONSTRUCTION  CONTINGE	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads   HAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION WORK ON THE ABOVE REFERENCED PROFERTY NOT SEED AND POSTENG NOTICES.  *** PLEASE WRITE NEATLY A   FOR OFFICE USE   SIGNATURE APPROVAL    Dissuance?	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home NN: (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name    2 3 / G 9	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OF ICOUNTY OF ICO
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  State Certified Modular  State Certified Modular  State Certified Modular  Applicant's Signature  Title/Company  Check  AGENCY Land Development, DPZ  State Highways  Building Official  Dev. Engineering, DPZ  Health  Fire Protection  Is Sediment Control approval required prior to YES  NO   State Missing Poole (1997)  NO  State Poole (1997)  State Protection  Sediment Control approval required prior to YES  NO  State Poole (1997)	Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Full   Partial   Other Suppression   # of Heads   HAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION WORK ON THE ABOVE REFERENCED PROPERTY NOT SED AND POSTINO NOTICES.  SERVICE OF FIRST STATE OF THE ABOVE REFERENCED PROPERTY NOT SED AND POSTINO NOTICES.  SERVICE OF FIRST STATE OF THE ABOVE APPROVAL   SIGNATURE APPROVAL   O issuance?	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home No. (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPECTICALLY DESCRIBED IN THES APPLICATION; (5) THAT HE/SHE GRANTE  Print Name    2 3 / C; G	Electric Oil D Natural Gas D Propane Gas D Sprinkler system: N/A D NFPA #13D NFPA #13R Other:  PLY WITH ALL REGULATIONS OF HOWARD COUNTY OF ICOUNTY OF ICO

Gold: SHA



Marsh Ja 4

10 is 10 c 2 ll 665/