

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514664

A 511442

ISSUE DATE 11/21/00

APPROVAL DATE 8/23/02

INDEXED

Eddie Harrison Construction

IS PERMITTED TO INSTALL x ALTER

ADDRESS 2855 Flag Marsh Road, Mt. Airy, MD 21771 PHONE 410-795-8691

SUBDIVISION Vosniak Property LOT NUMBER 2 ADDRESS 2750 Sykesville Road

PROPERTY OWNER Michael D. Luzius PROPERTY OWNER'S ADDRESS 9306 Katie Lane

Laurel, MD 20723

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4 → (3 in house 1 in Garage)

GARAGE CONNECTION
& HOUSE CONN.

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth

7.8 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Begin trenches 60' from the 303.48 lot line and 135' from the 469.19 lot line,
Run trenches on contour toward the 871.06 lot line. 7/18/00 OK AM

BUILDING PERMIT SIGNED

AND RETURNED

8-13-02 800137923- PROPANE TANK

PLANS APPROVED Amy McMillen

DATE 7/17/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS 800134149

FOR 3BR SFD

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF 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

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514664

LAYOUT 8/23/02 10AM INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/6/2002

PERMIT

P 517396

APPROVAL DATE: _____

A _____

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

HARRISON CONTRACTORS IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 2858 FLAG MARSH ROAD PHONE NUMBER: 410-795-8691

SUBDIVISION: Vozniak Property LOT NUMBER: 2

ADDRESS: 2750 Sykesville Road PROPERTY OWNER: Michael Luzius

SEPTIC TANK CAPACITY (GALLONS): NAex OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1250 ← COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4 IF NEEDED

SQUARE FEET PER BEDROOM: NA (3 in house 1 in Garage)

LINEAR FEET OF TRENCH REQUIRED: NA — already installed

TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	<u>Tie new house into ex. system</u>
NOTES:	<u>Pump Septic System may be required.</u>

PLANS APPROVED: Brian Baker DATE: 2/11/02

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

BUILDING PERMIT SIGNED

9/13/2002 B00137923 1000 gal LG PROPANE TANK

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES

TOTAL LENGTH

ABSORPTION AREA

DISTRIBUTION BOX LEVEL

DISTRIBUTION BOX BAFFLE

DISTRIBUTION BOX PORT

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

SEPTIC TANK 2 LEVEL

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

ROAD

PRE-CONSTRUCTION

INSTALLATION *See other permit*

FINAL INSPECTOR

DATE OF APPROVAL

**VOID BELOVED
BUILDING DEPARTMENT**

Approved Septic System Plan Howard County Health Department

Total linear feet of trench
required 180 feet

Width of trench (ft) 3.0 feet

Depth of trench (ft) 7.0 feet

Depth of stone required below
distribution pipe 4.0 feet

Signature [Signature] Date 7/11/00

PROPERTY OF
JAMES W. HUDSON JR.
L1814, F.39

PROPOSED SEWERAGE
EASEMENT #511442

SEPTIC ELEVATIONS:
SEPTIC TANK IN 516.01
SEPTIC TANK OUT 517.7
PUMP CHAMBER IN 517.5
DISTRIBUTION BOX EX 524.0
DISTRIBUTION BOX IN 521.5
OUT IN 521.25
521.25-521.0

PROPERTY OF
MAURITA C. JENKINS, ET. AL.
L1564, F.246

MATCH LINE

LOT 1

24' Wide Private L
Easement Across Lot
Benefit Of Lot No.
Declaration Of Main
Lot No. 1 And Lot No. 2
Land Records Office C

PROPERTY OF
WARREN H. SCOTCHRON
L3708, F.0613

LOT 2
3.504 Ac.

EX. SEPTIC FIELD TO BE ABANDONED

GARAGE TO BE BUILT NOW
HOUSE CONST. EXPECTED
TO START IN ~1 YR

PROPERTY OF
MAURITA C. JENKINS, ET. AL.
L1564, F.246

FENCE POST SECTION
MINIMUM 20" ABOVE
GROUND
UNDISTURBED
GROUND
FENCE POST DRIVEN A
MINIMUM OF 16" INTO
THE GROUND
TION
STANDARD SYMBOL
— 5' —

Minimum into the
1, or 1 3/4" diameter
steel posts will be
over linear foot.
with wire ties
ing requirements

MSMT 509
MSMT 509
MSMT 322
MSMT 322

will be overlapped.

maintained when
the fabric height.

PROPERTY OF
JAMES W. HUDSON JR.
L1814, F.39
L225, F.4
L225, F.5

N09°03'2"E
12'

530-526
528
100' R.
526
524
522
520

11/13/00

520-526
528
100' R.
526
524
522
520

520-526
528
100' R.
526
524
522
520

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Carroll Water Systems Telephone #: 410-876-5100
Address: 60 Arleron Ct. Suite #3
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation:

Licensed Well Pump Installer

Name (Print): Ron Smith

License# PI 074

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Classic American Homes Telephone #: 410-799-6308
Subdivision: Vozniak & Calderwood Lot #: 2 Well Tag #: HO-94-2232
Site Address: 2750 Sykesville Road
West Friendship, MD

Submersible Pump Data

Make: Covids
Model #: 55B07422
Pump Capacity: 5 GPM
Well Yield: 1.5 GPM

Pitless Adapter

Make: CAMPBELL
Model#: 810X
Depth: 42 (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: 24"
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: PLASTIC
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Ronald W. [Signature]
Signature of company representative responsible for installation

11/22/00
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/22/00

Date Insp. Approved: 11/22/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

MR SRU
✓
✓
✓
✓
✓
✓

8/16/02
AM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Carroll Water Syst. Telephone #: 410-876-5100
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation:
Name (Print): Ron Smith

Licensed Well Pump Installer

License# P1-074

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Mike Luzius Telephone #: 410 442-5528
Subdivision: Vozniak & Calderwood Lot #: 2 Well Tag #: HO-99-2232
Site Address: 2750 Sykesville Rd

Submersible Pump Data

Make: Gould's
Model #: 55B07422
Pump Capacity 5 GPM
Well Yield: 1.4 GPM

Pitless Adapter

Make: Campbell
Model#: B-16X
Depth: 48" (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓ 24"
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house

Type: Plastic
PSI: ✓ (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: ✓
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Ron Smith SRU
Signature of company representative responsible for installation

8/27/02
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/16/02 (SO)

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

spoke to Ron Smith

OK to run well line under septic line
as long as sleeving is done to well line only in this
case. OK per 2000 NSPC.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
Phone: 410-313-2640
Fax: 410-313-2648

ATTN:
Steve

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒ X
Replacement _____

Receipt # _____
Date 8/27/02

Name of Installer Carroll Water Systems, Inc.

Telephone 410-876-5100

License Number PI-074

Certified Well Pump Installer ☒ X

Well Driller _____

Registered Plumber _____

Name of Property Owner Mike Luzius

Telephone 410-442-5528

Subdivision: _____

Lot# _____ Well Tag# _____

Site Address 2750 Sykesville Rd
West Friendship MD

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒ X

2. Make Gould's

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No ☒ X

6. If yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations?

Torque arrestors _____ Cable guards _____ Other _____

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage

a. 110 _____

b. 220 ☒ X

Pitless Adapter

1. Make Campbell

2. Model # B-10X

3. Depth 48"

Tank

1. Capacity 120 GRC

Pressure relief valve: Yes

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code
approved Yes

4. Depth of supply
line 4'

Well data

1. Depth _____ ft

2. Yield _____ GPM

3. Static water level
_____ ft.

4. Will water supply be
disinfected by
installer? No

Pump, Already In!

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.

Signature of Applicant: _____

Date: 8/27/02

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

C 1 06730

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 5114421 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

MM DD YY
5 11 99

Depth of Well

22 400' 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

410-94-2232

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 46 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ STEEL ☒ CONCRETE
☒ PLASTIC ☒ OTHERMAIN CASING TYPE ☒ 6 53OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ STEEL ☒ BRASS ☒ OPEN
BRONZE HOLE
☒ PLASTIC ☒ OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER OF SCREEN (NEAREST INCH)

from 56 to 60

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 347 ft.

TYPE OF PUMP USED (for test)

☒ air ☒ piston ☒ turbine
☒ centrifugal ☒ rotary ☒ other (describe below)
☒ jet ☒ submersible

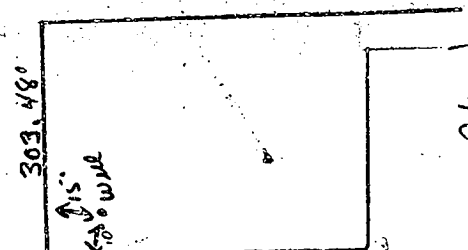
PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) 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 47CASING HEIGHT (circle appropriate box
and enter casing height)☒ above } LAND SURFACE
☒ below } (nearest foot)
49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes ☒ no ☐

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
WELLI 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. 1 M 50024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

COUNTY

Page 1 of 1
Date 5/11/99

Review OK MR 5/14/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2232
Location of property (road) Route 32
Subdivision Yasniak Prop Lot 2 Block 2 Plat 1 Sec. 1
Well Driller J. Mayne Owner Fed Marshall

Depth of well 400'

Distance of measuring point (M.P.) above ground 1'

Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30

Pumping rate 20 gpm

Total time 45 min to reach pumping water level 347 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	187'	3 sec	N/A	20 gpm
7:00	268	4		15 gpm
7:15	347	5		12
7:30	344	41		1.4
7:45	344	41		1.4
8:00	342	41		1.4
8:15	342	41		1.4
8:30	342	41		1.4
8:45	342	41		1.4
9:00	342	41		1.4
9:15	343	41		1.4
9:30	342	41		1.4
9:45	342	41		1.4
10:00	342	41		1.4
10:15	342	41		1.4
10:30	342	41		1.4
10:45	342	41		1.4
11:00	342	41		1.4
11:15	342	41		1.4
11:30	342	41		1.4
11:45	342	41		1.4
12:00	342	41		1.4
12:15	342	41		1.4
12:30	342	41		1.4

HD-224 12:45 342
1:00 342
1:15 342

41
41
41

1.4
1.4
1.4

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2232
Location of property (road) Route 32
Subdivision VOSPICK PROP Lot 2 Block Plat Sec.
Well Driller J. Mayne Owner Marshall

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1	4024	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2232 <small>fill in this form completely</small>
Date Received (APA) 0420/99		OWNER INFORMATION		
8 MM DD YY 13 Marshall Sed		15 Last Name Owner First Name 34		
36 7020 Cardner Lane		55 Street or RFD		
57 Highland Md 20777		70 Town 72 State 76 Zip		
DRILLER INFORMATION				
Driller's Name Joseph L. Mayne		M.S.D. 24 76 License No. 81		
Firm Name Joseph L. Mayne Well Drilling				
Address 5512 Ridge Rd Mt. Airy Md. 21771				
Signature Joseph L. Mayne		Date 4/9/99		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		8 12 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME HOWARD COUNTY NO. A 511442 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 0420/99 CO SIGNATURE Joseph L. Mayne EXPI. DATE 04/27/00 NORTH GRID 533 000 EAST GRID 0812 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL 300 FEET		NEAREST INCH		
APPROXIMATE DIAMETER OF WELL 6				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROtary DRive-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPMAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPMAN (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ GAP _____ PERMIT No. HO-94-2232 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NO. 1 APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED.				

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION _____ 42

SECTION _____ LOT **2**

West Friendship

52 NEAREST TOWN _____ 71

MILES FROM TOWN (enter 0 if in town) **1/2** M 1

73 76 77 78

11 NEAR WHAT ROAD **Ms 32 Frederick Road** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **1.1871** 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP _____ BLK: _____ PARCEL _____

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

E **8102**

N **5303**

000 000

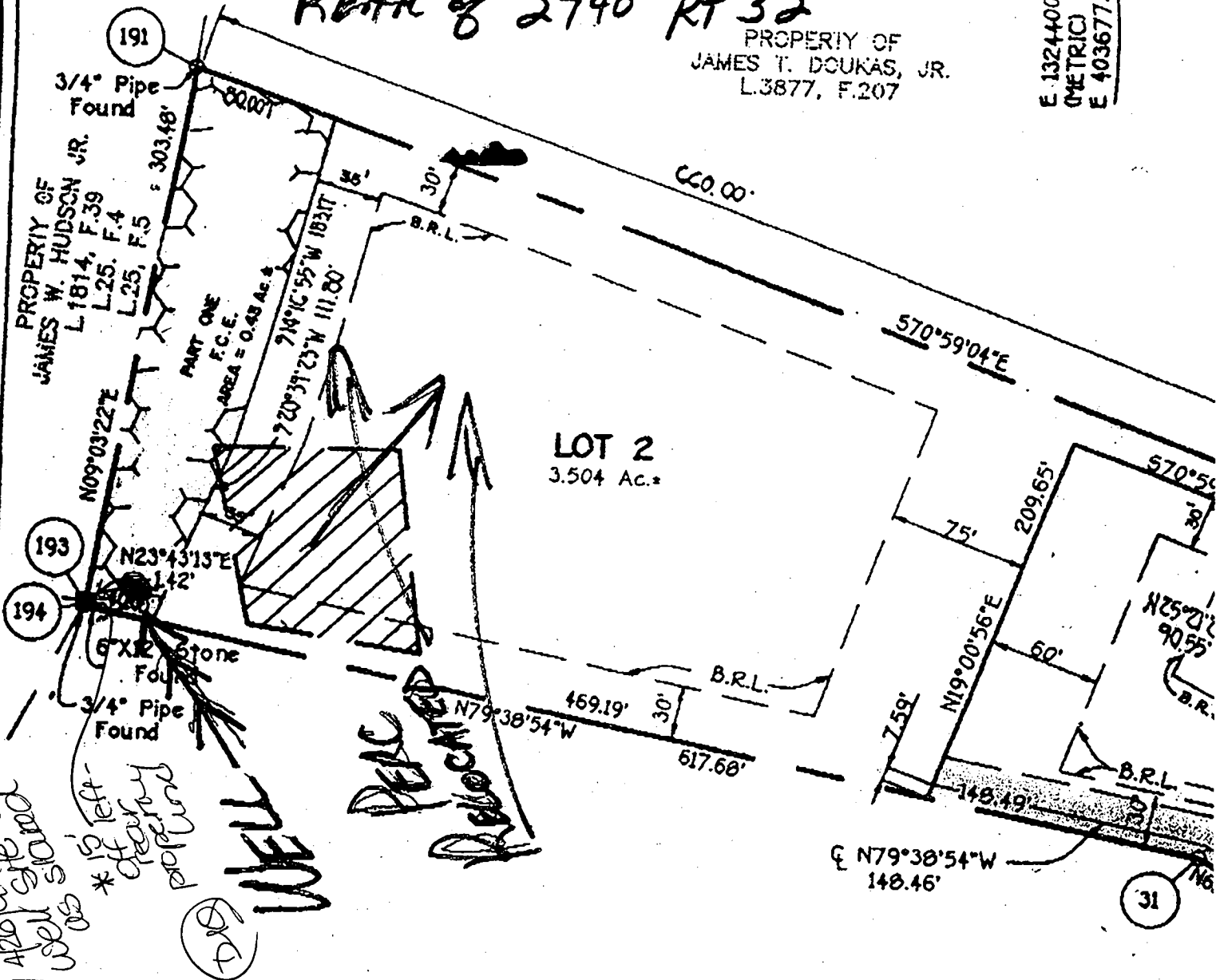
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

193	593925.908464	1323905.481996	191	181120.327967	403527.197967
194	593924.607251	1323857.712563	193	181028.978958	403512.637814
200	593941.795061	1324729.010455	194	181028.582347	403512.463547
			200	181033.821202	403778.209943

LOT 2 RT 32 West FRIENDSHIP
REAR of 2740 RT 32

PROPERTY OF
JAMES T. DOUKAS, JR.
L.3877, F.207

N 594301
METRIC
E 1324400
METRIC
E 403677.931



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

TERRELL A. FISHER, L.S. #10692
(REGISTERED LAND SURVEYOR)

2-19-98
DATE

DONNA R. VOZNIAR
(OWNER)

2-14-98
DATE

LUCILLE P. CALDERWOOD
(OWNER)

2-14-98
DATE

PROPERTY OF
WARREN H. SOTHORON
L.3708, F.0613

24' WIDE P
ACROSS TO
THE UTE-II
AGREEMENT
RECORDED

324400
TRIC
03677.931

3/31/99
10:40

APPLICATION

PERCOLATION TESTING

A 511442

P _____

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

PERGULOW OK
PROPOSED CHANGED
SEWAGE ALBA
TO ACCOMMODATE
PROPOSED HOUSE SITE.
(LW)

DISTRICT _____

DATE 3/1/99

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 MRS. KENNETH A. VOZNIAR & MS. LUCILE CALDERWOOD

ADDRESS 2740 ROUTE 32, WEST FRIENDSHIP, MD PHONE 410-442-2854

AGENT OR PROSPECTIVE BUYER MICHAEL D. LUZZILLO

ADDRESS 7568 MAIN ST., SYKESVILLE, MD PHONE 301-688-8589

PROPERTY LOCATION:

SUBDIVISION VOZNIAR & CALDERWOOD LOT NO. 2

ROAD AND DESCRIPTION 2740 ROUTE 32, WEST FRIENDSHIP, MD
LOT # 2

TAX MAP 15 PARCEL # 159

SIZE OF LOT 3.504 TYPE BLDG. SINGLE FAMILY
(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.

Michael D. Luzzillo
(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 _____

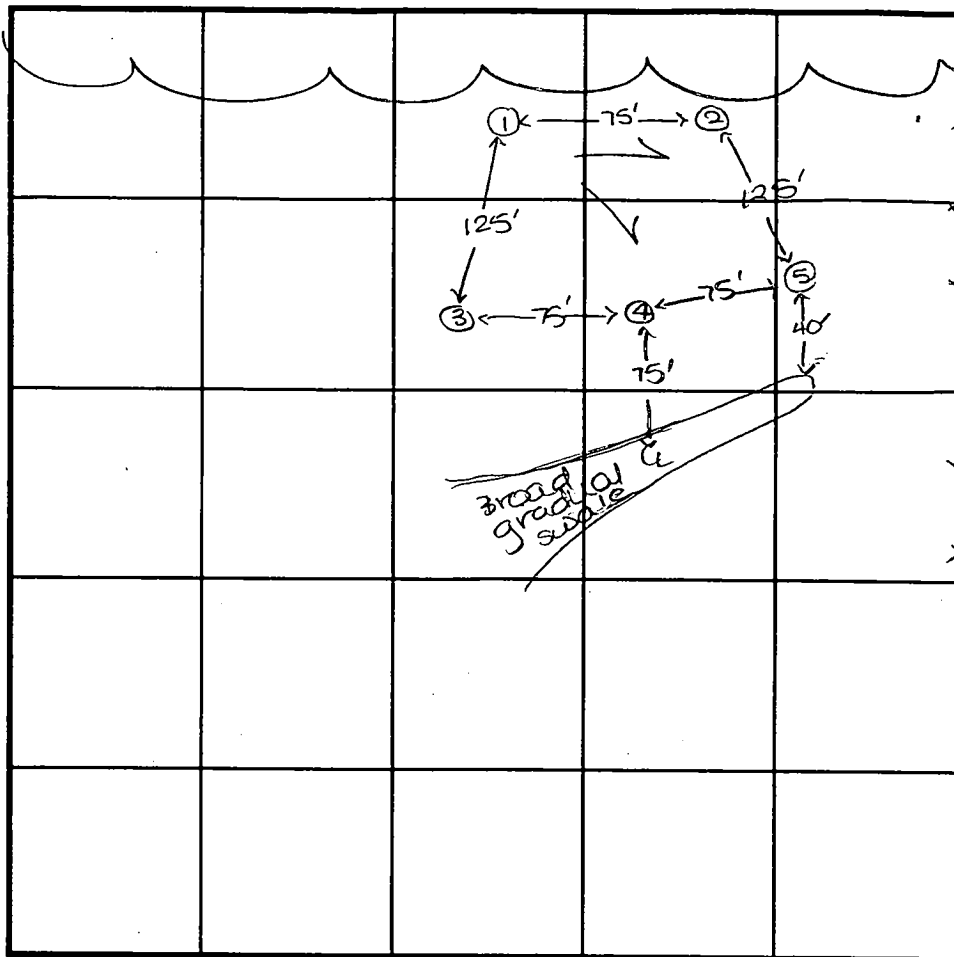
THIS IS NOT A PERMIT

511442

COUNTY #

SOIL PROFILE

0'	①
1'	topsoil
3'	org red brn cl Lm
13'	pale org tan si Lm w/some mica flocs 15% hard rock



SOIL PROFILE

0'	④
1'	topsoil
2'	org brn cl Lm
13'	tan si Lm w/mica flocs 25% rock frag
0'	⑤
1'	topsoil
3.5'	org red brn cl Lm
14'	pale org tan si Lm w/mica flocs 15% rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-31-99	1	4.0'S	10:24 ₃	10:25 ₃	10:25 ₃	10:27 ₃	2
		13.0'D	Visual	- See	profile		OK
	2	3.5'S	10:29	10:37	10:37	10:45	8
		13.0'D	Visual	- See	profile		OK
	3	3.0'S	10:16	10:18	10:18	10:19 ₂	2
		14.0'D	Visual	- See	profile		OK
	4	2.5'S	10:21 10:20	10:22 10:20 ₃	10:22 10:20 ₃	10:23 ₃ 10:21	2 30 sec
		13.0'D	Visual	- See	profile		OK
	5	14.0'D	Visual	- See	profile		OK

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY DKS / SRK

ALSO PRESENT R. Fyock, owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3t TRENCH WIDTH 2

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 6.5 SQ. FT./BEDROOM 180

SOIL PROFILE

0'	③
1'	topsoil
3'	org red brn cl Lm
14'	beige si Lm w/some mica flocs 15% rock

APPLICATION

PERCOLATION TESTING

A 57622C

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT THIRD

DATE FEBRUARY 5, 1997

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 DONNA VOZNIAK

ADDRESS 2740 MARYLAND ROUTE 32 WEST FRIENDSHIP MARYLAND 21794 PHONE 489-7642

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION DONNA VOZNIAK PROPERTY LOT NO. 2 ~~(3)~~ (2)

ROAD AND DESCRIPTION 1800'± SOUTH FROM THE INTERSECTION OF ROUTE 32 AND ROUTE 144

TAX MAP 15 PARCEL # 159

SIZE OF LOT 3.14 Ac.± TYPE BLDG. Existing Dwelling SFD
(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.

Ceple

(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

57672C

COUNTY #

SOIL PROFILE

158

topsoil

or/br

cl lm

lt. or/br

to beige

sil m

10%

frags

159

topsoil

or/br

cl lm

lt. br to

tan

sil m

5-10%

frags

199

topsoil

red/or/br

cl lm

lt. or/red/

br

sil m

15%

frags

SOIL PROFILE

200

topsoil

org/br

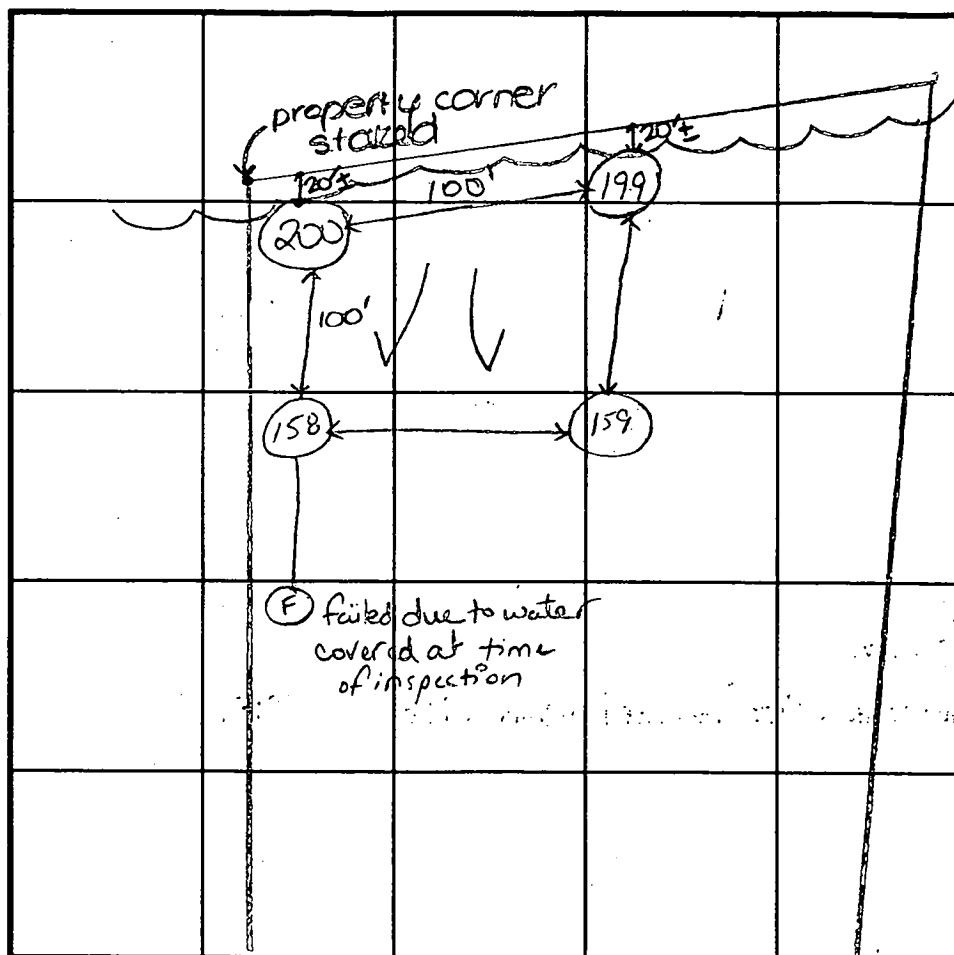
cl lm

tan/br

sil m

10%

frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-27-97	158	3.5'S	10:20	10:21:30	10:21:30	10:24:30	3min
		12.5'D	visual ok - see profile				
	159	3.0'S	10:05:30	10:06	10:06	10:07	1min
		11.0'D	visual ok - see profile				
	199	3.0'S	10:09	10:09:30	10:09:30	10:12	3min
		12.0'D	visual ok - see profile				
	200	3.5'S	10:13:30	10:15:30	10:15:30	10:18:30	3min
		12.5'D	visual ok - see profile				

REMARKS Lot #3 holes (199) and (200) not staked - proposed

TYPE OF SOIL septic area "flipped" uphill

TESTED BY Kim Soe / Kim Maiste ALSO PRESENT C. Crovo

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2.5 min TRENCH WIDTH 2'

INLET DEPTH 3.0' MAXIMUM BOTTOM DEPTH 7.0' SQ. FT./BEDROOM 180

MgB2

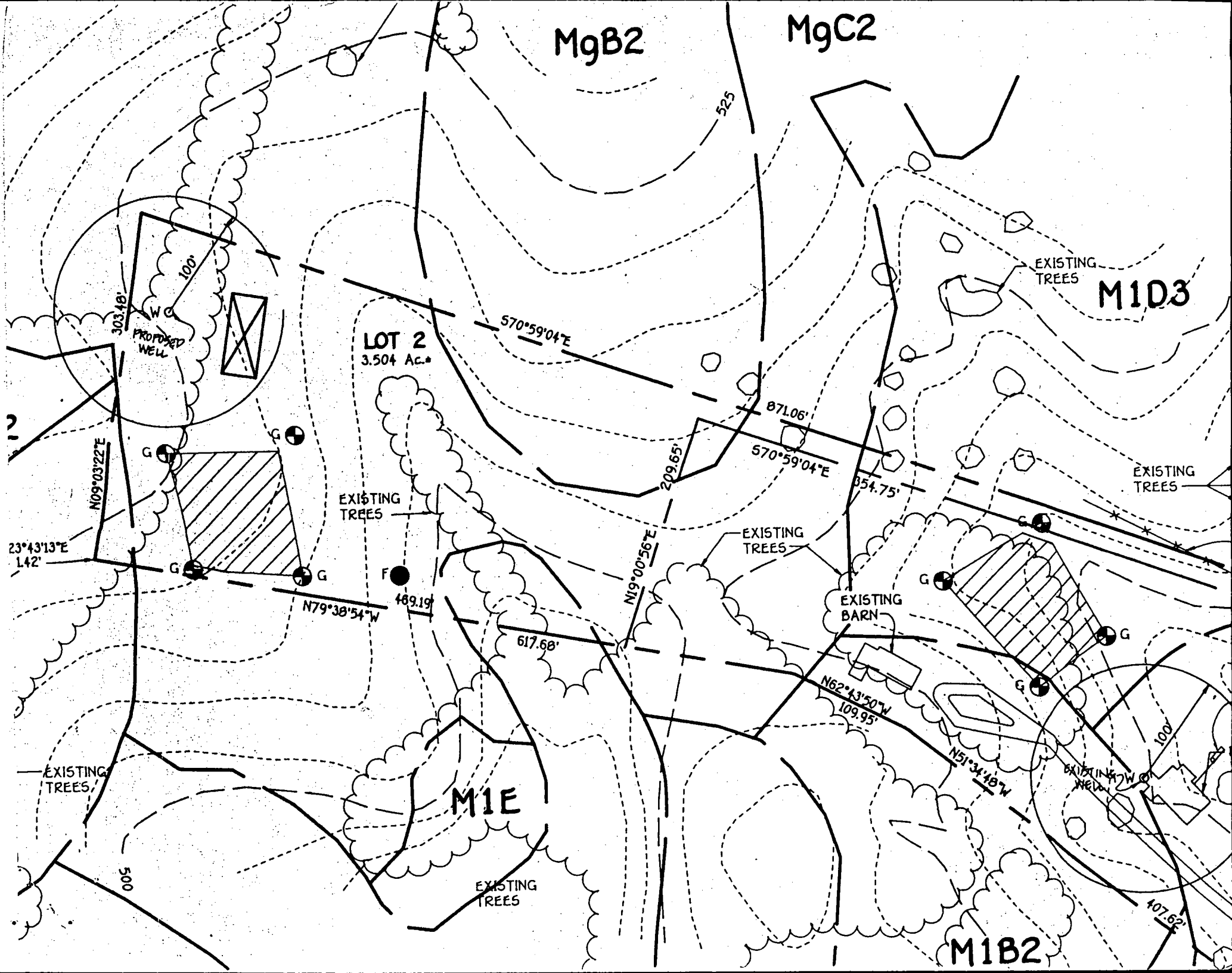
MgC2

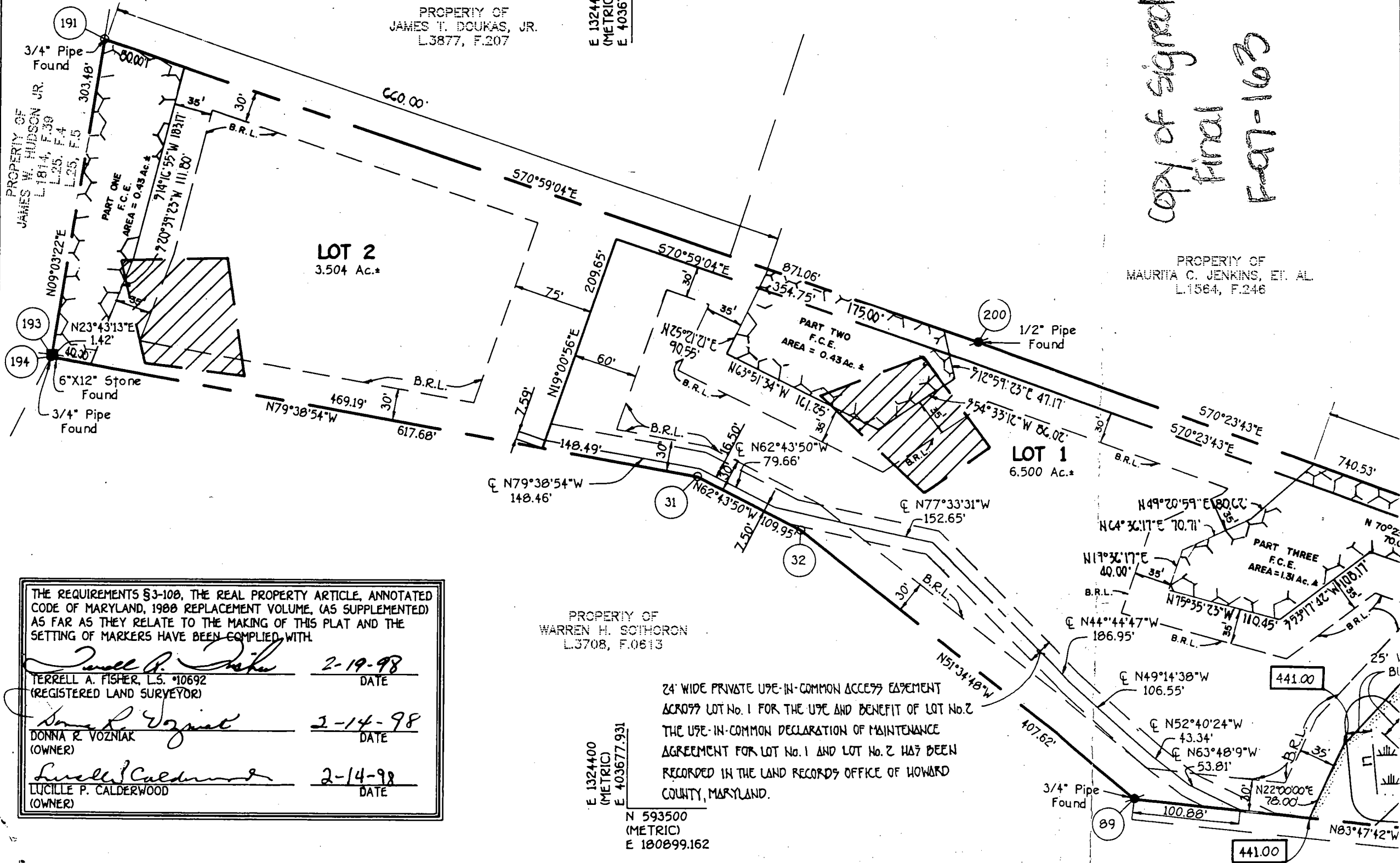
M1D3

LOT 2
3.504 Ac.

M1E

M1B2







TED MARSHALL, ALC

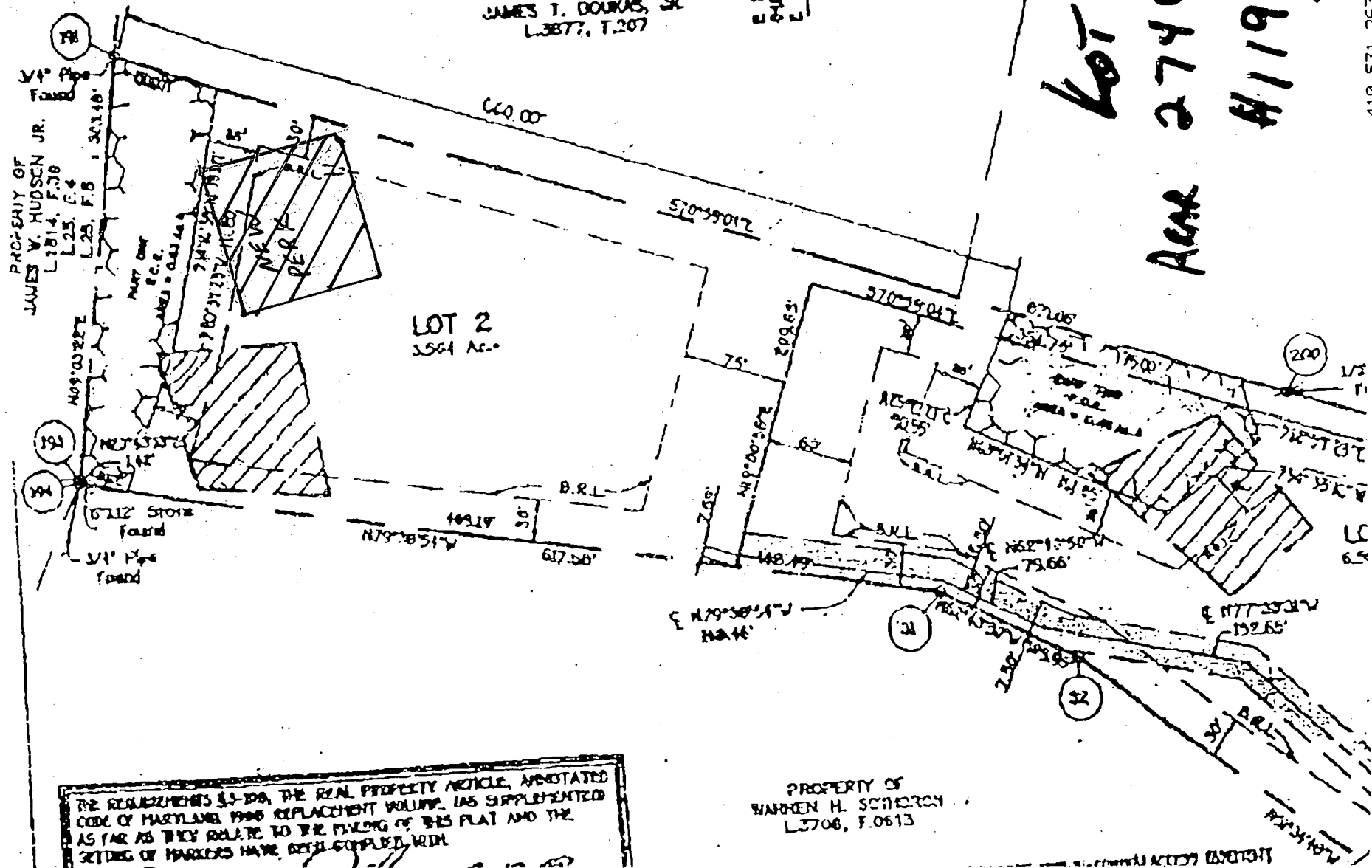
marshall
REALTY

7020 Gardner Lane
at Mink Hollow Road
Highland Md 20777
301 854 0277



PROPERTY OF
JAMES T. DOUKAS, JR
L3877, T.207

E 1324400
S 4412100
E 433677.9M



THE REQUIREMENTS 33-20A, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND 1986 REPLACEMENT VOLUME, WAS SUPPLEMENTED AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

PROPERTY OF
WARREN H. SCHERON
L3706, F.0613

Lot 2 RT 32
Acres 2740 RT 32
\$119,900

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN FOR SEWAGE AND SEWAGE CONTROL...
SIGNATURE OF ENGINEER DATE

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE...
SIGNATURE OF DEVELOPER DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND NESTS...
SIGNATURE DATE

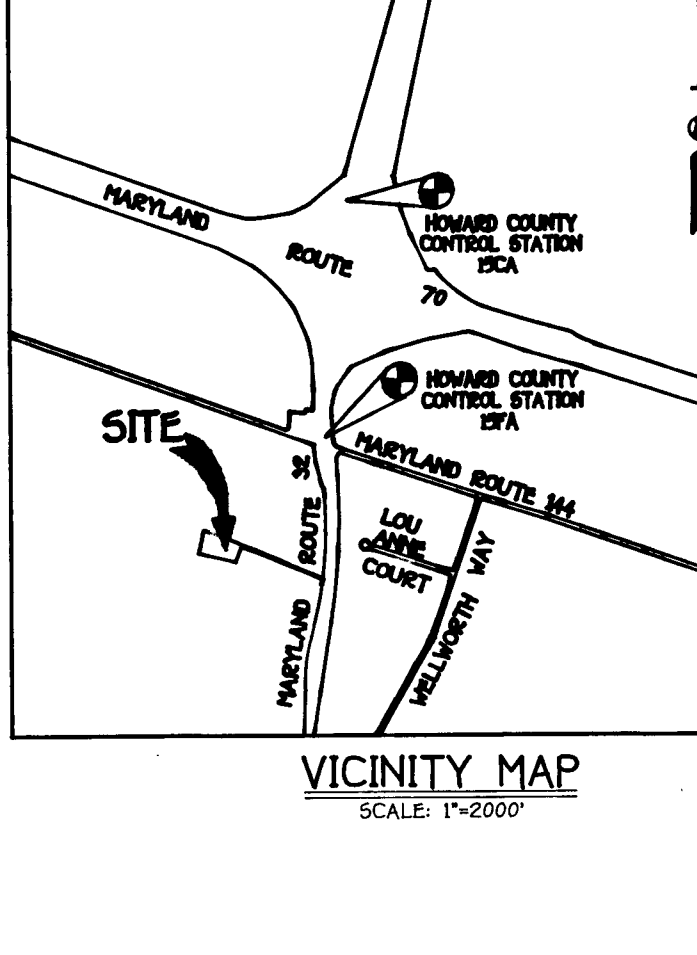
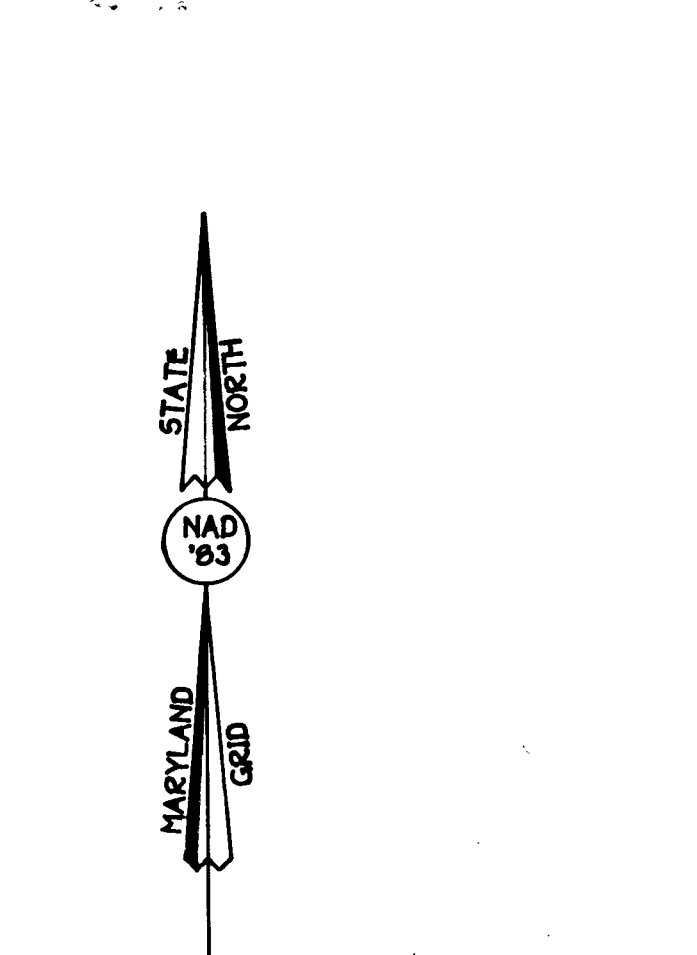
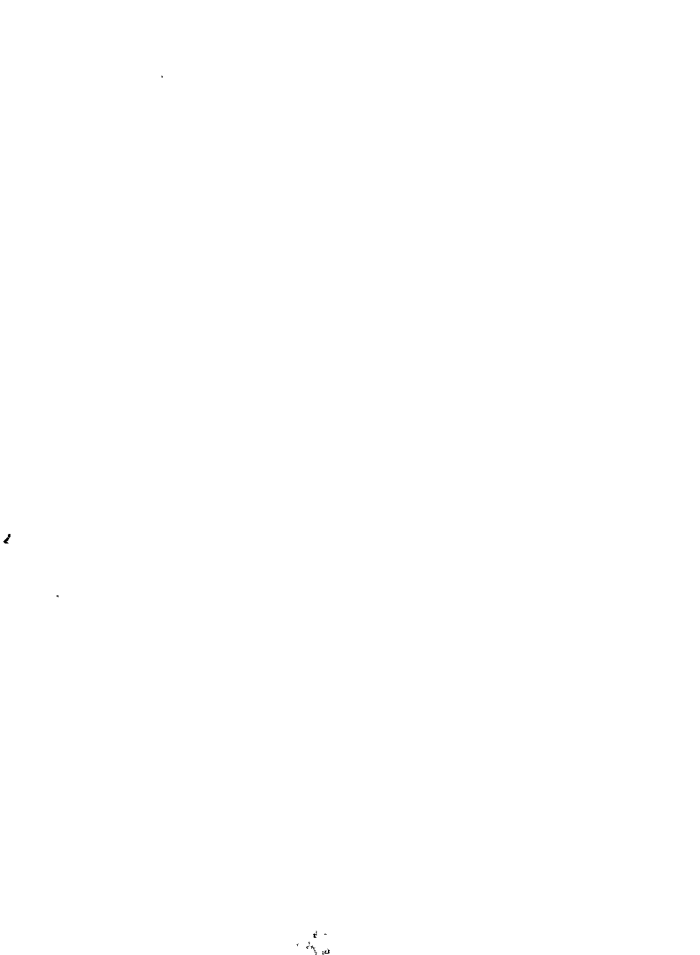
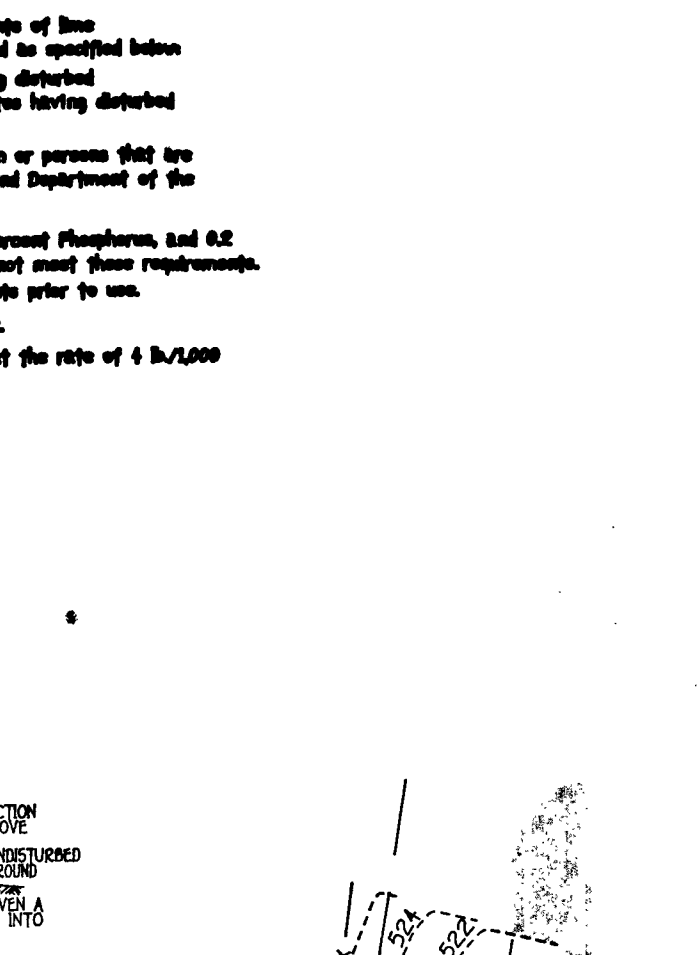
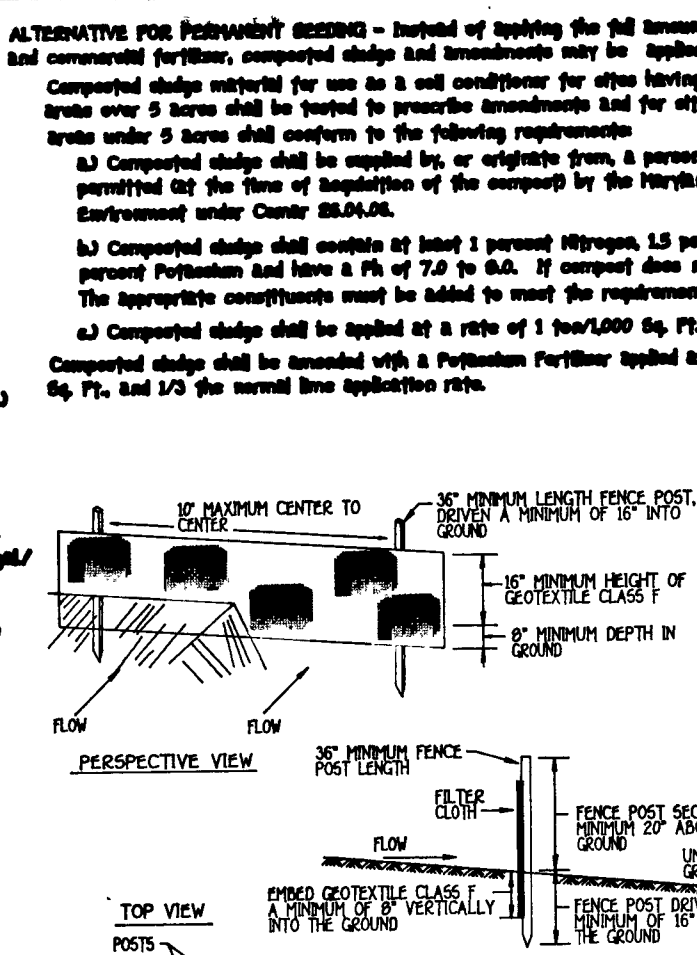
USDA NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEWAGE CONTROL BY...
APPROVED

HOWARD COUNTY CONSERVATION DISTRICT DATE

REQUIREMENTS FOR CONSTRUCTION

1. Grading shall be done on each lot...
2. Permanent drainage shall be provided...
3. After the site is stabilized and permanent...
4. Temporary erosion control...
5. Permanent drainage...
6. Permanent drainage...
7. Permanent drainage...
8. Permanent drainage...
9. Permanent drainage...
10. Permanent drainage...

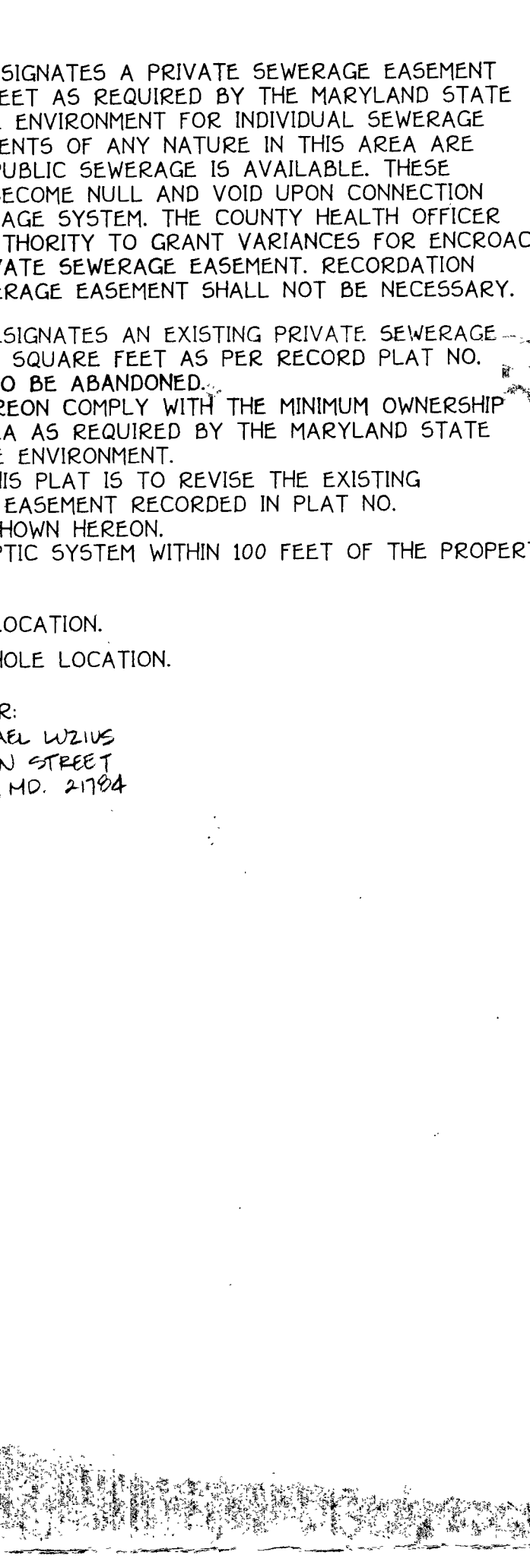
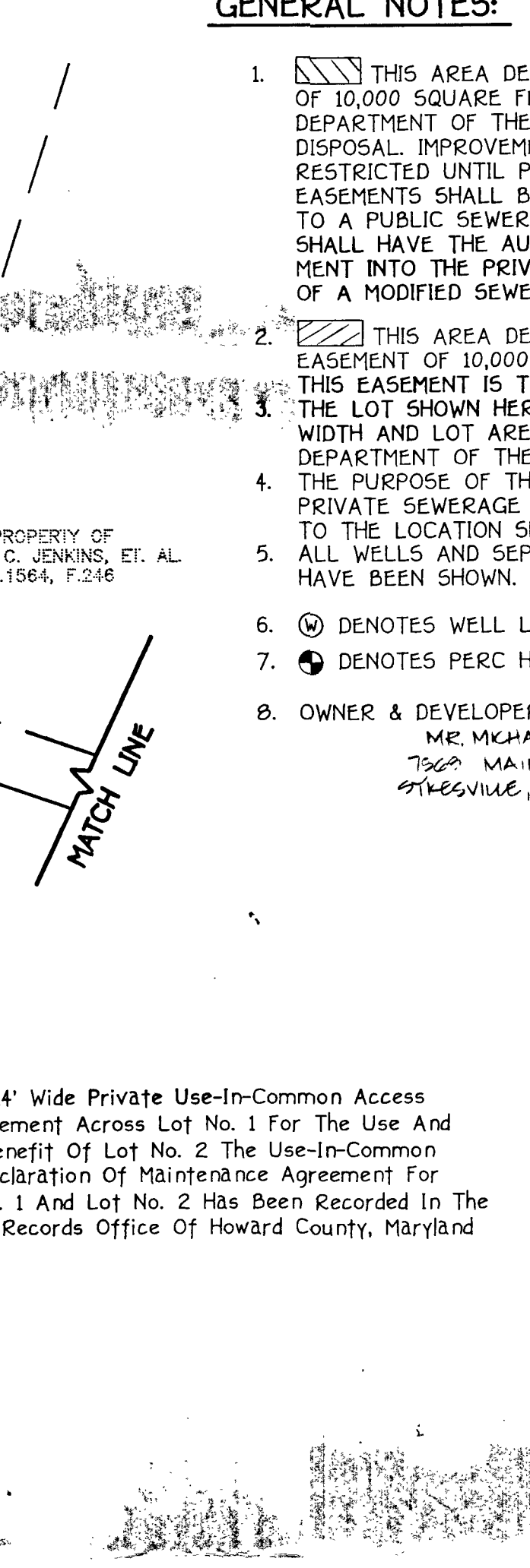
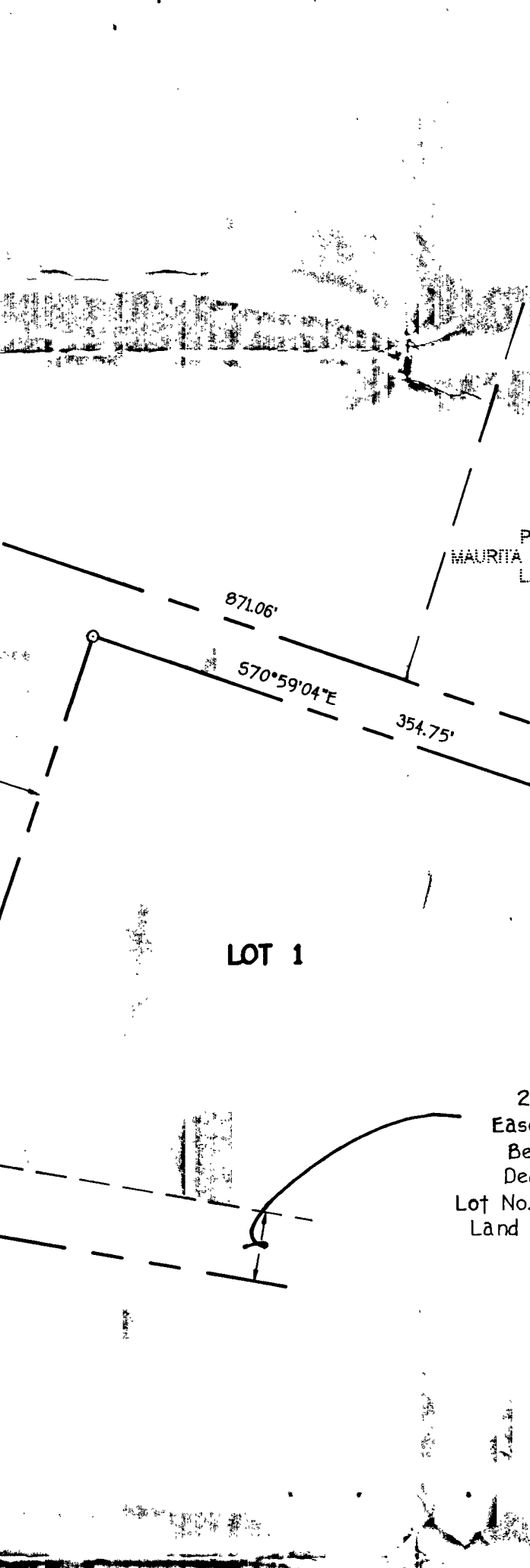
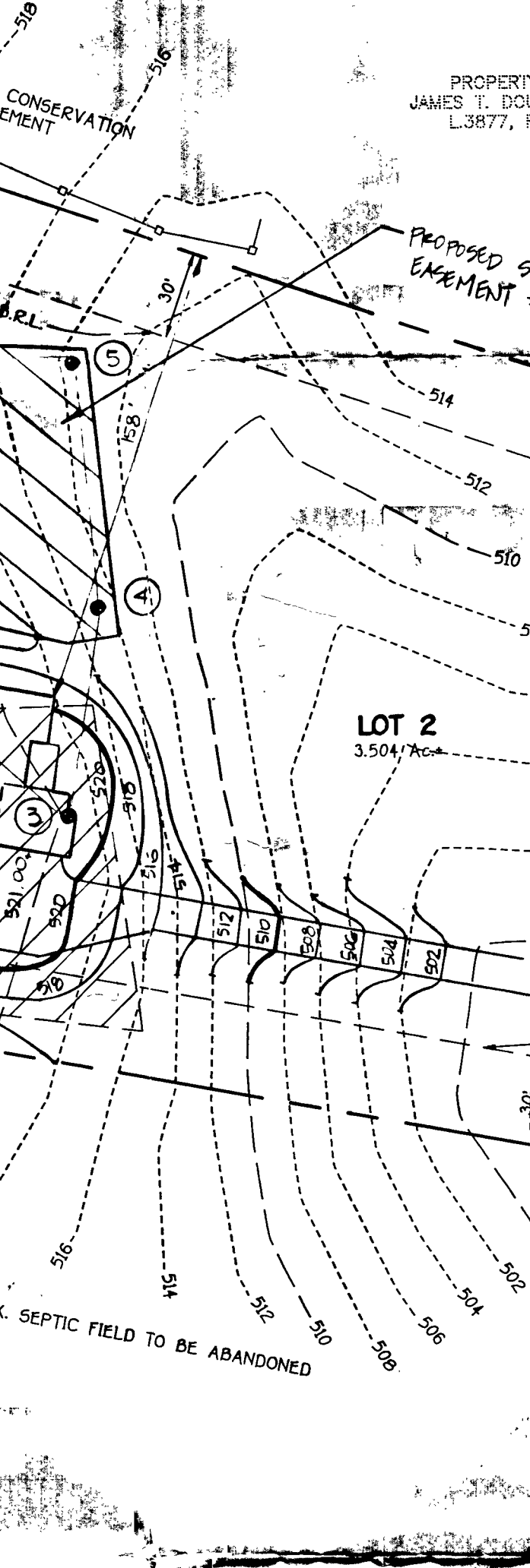
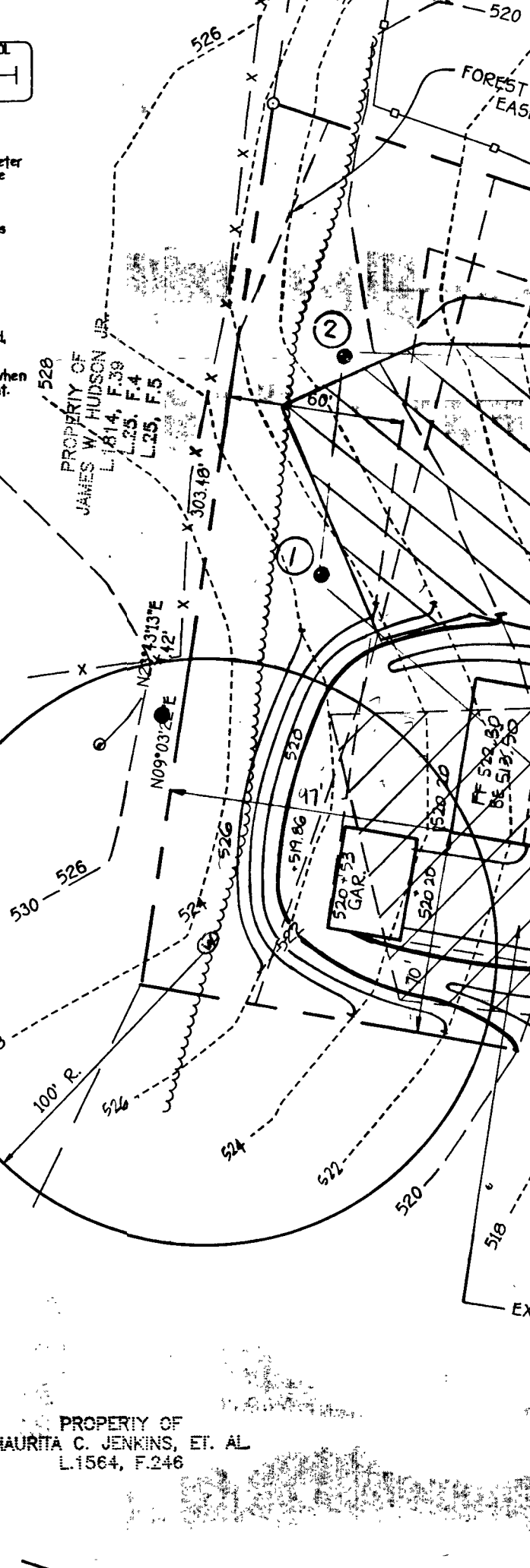
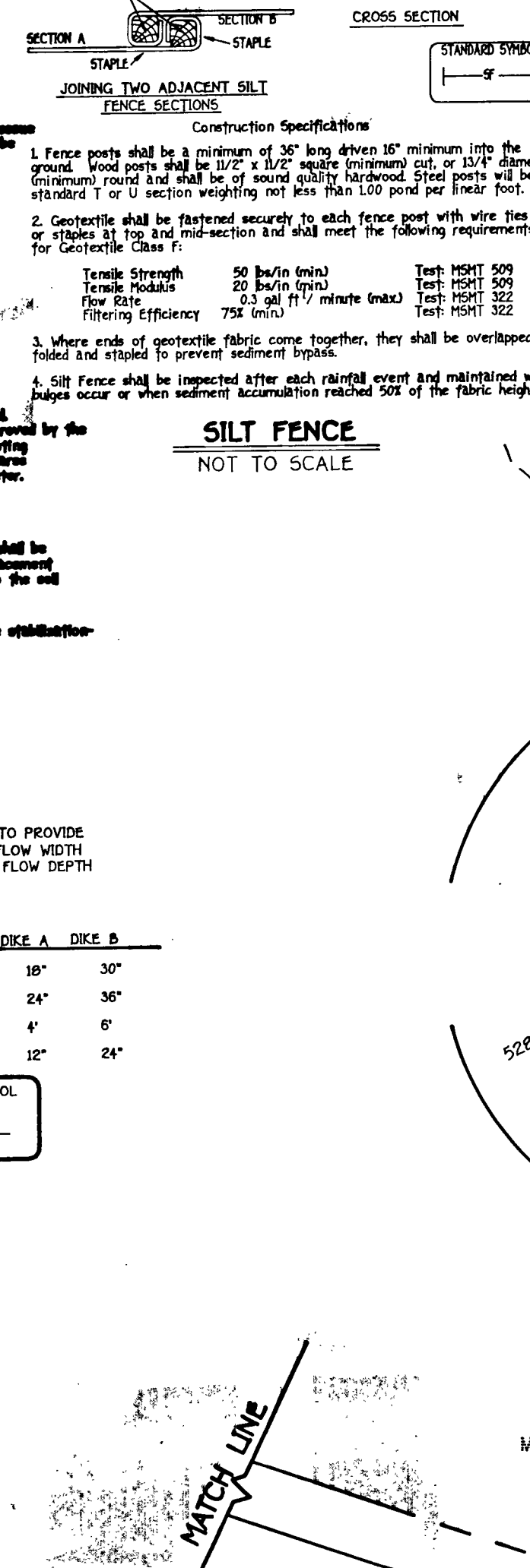


REQUIREMENTS FOR CONSTRUCTION

1. Grading shall be done on each lot...
2. Permanent drainage shall be provided...
3. After the site is stabilized and permanent...
4. Temporary erosion control...
5. Permanent drainage...
6. Permanent drainage...
7. Permanent drainage...
8. Permanent drainage...
9. Permanent drainage...
10. Permanent drainage...

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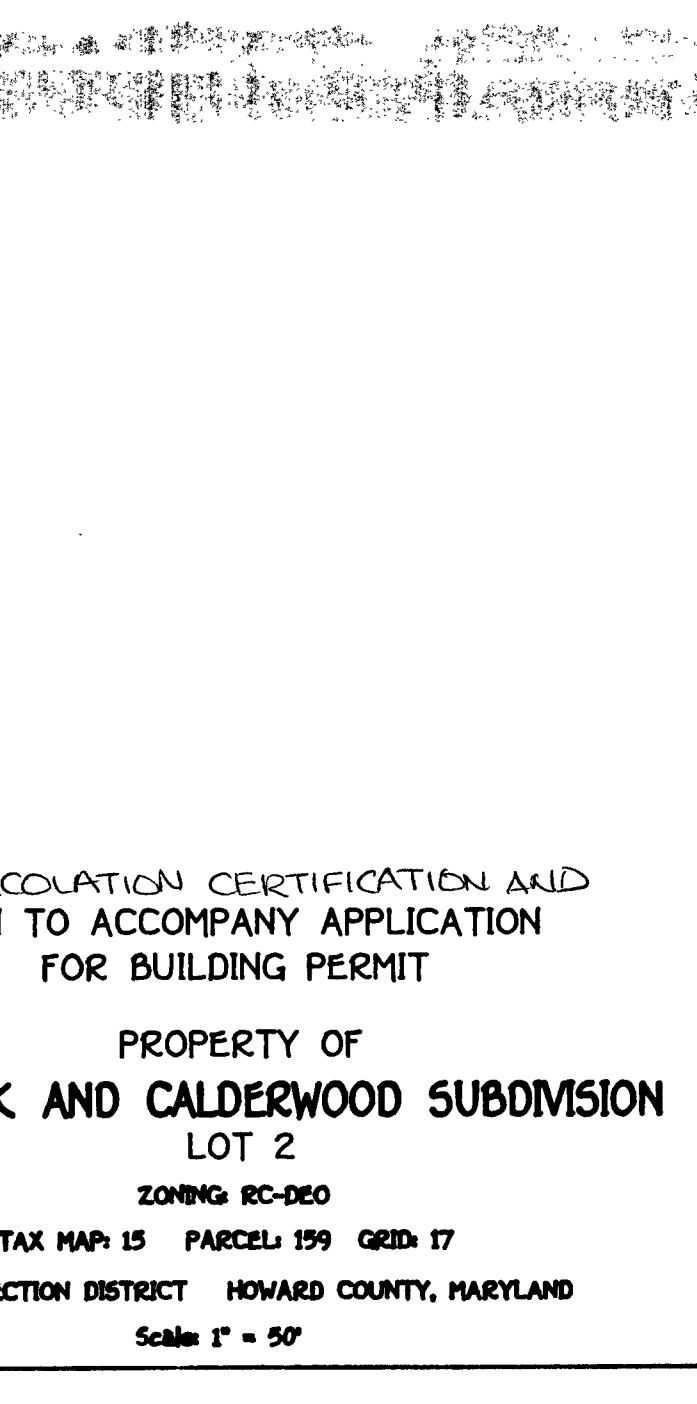
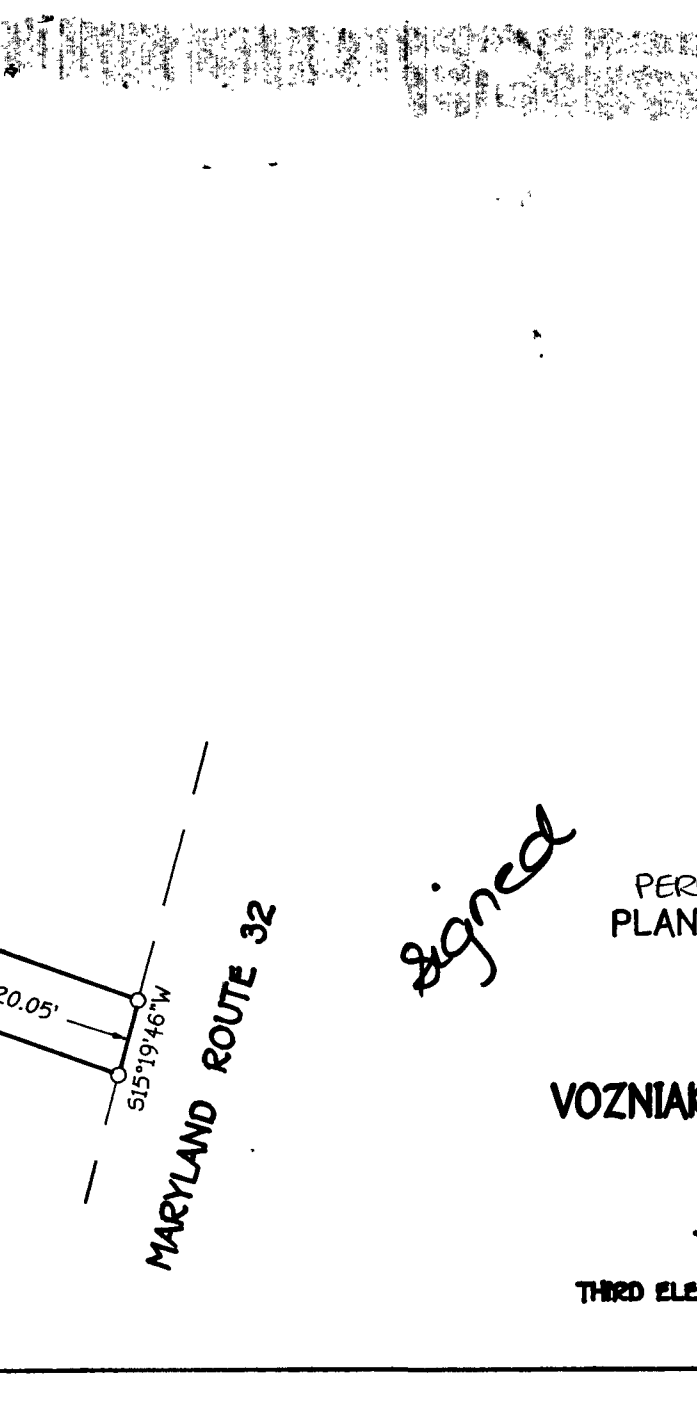
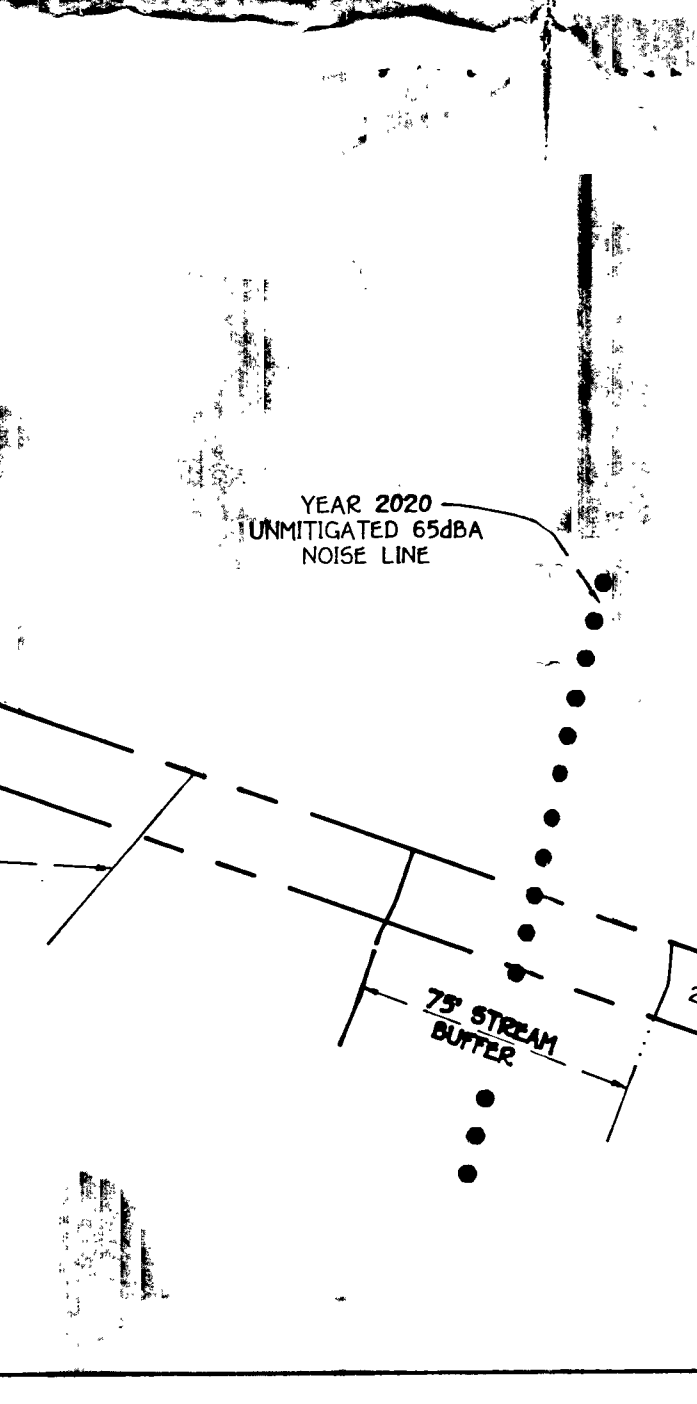
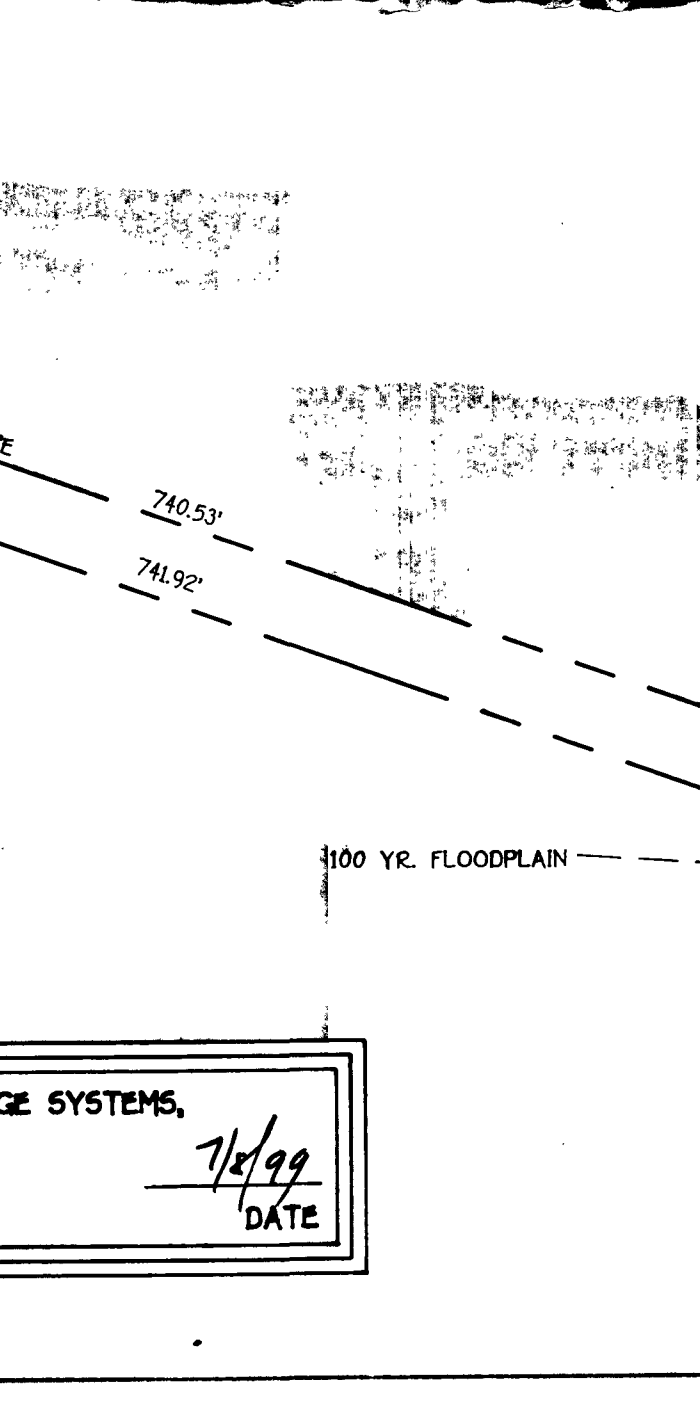
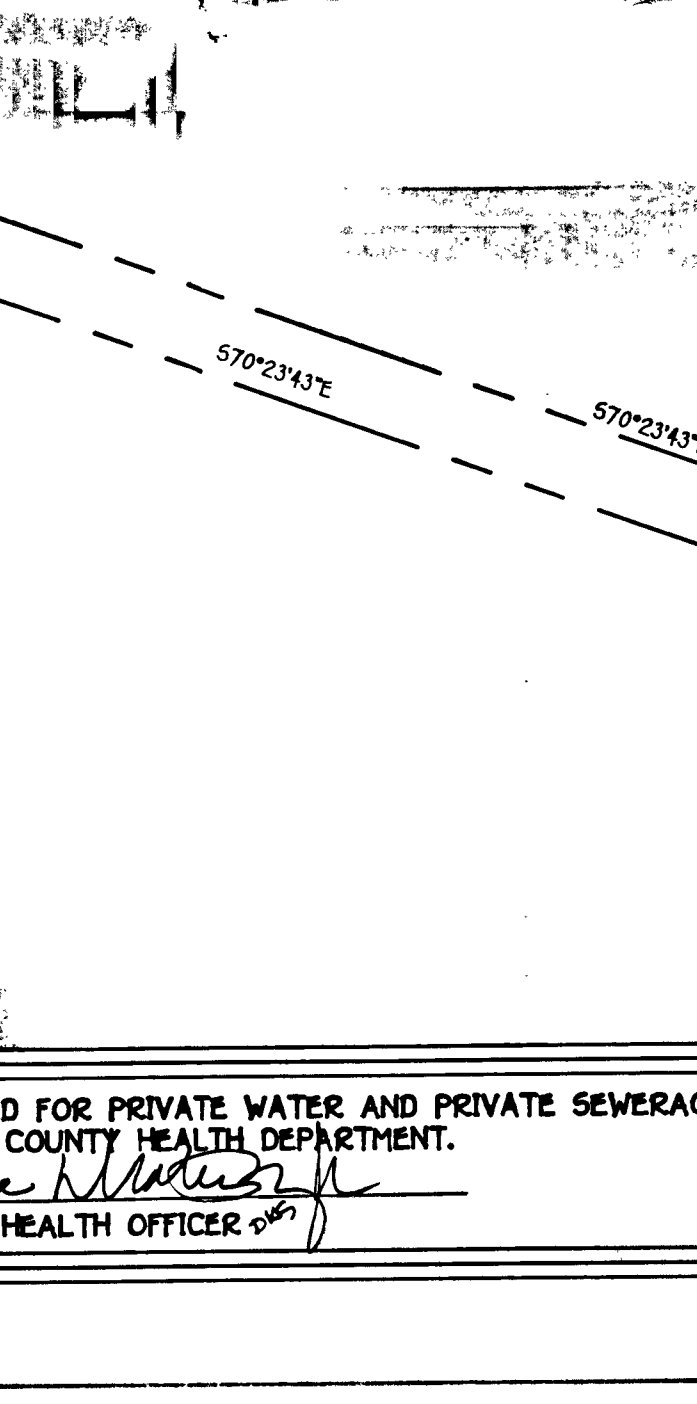
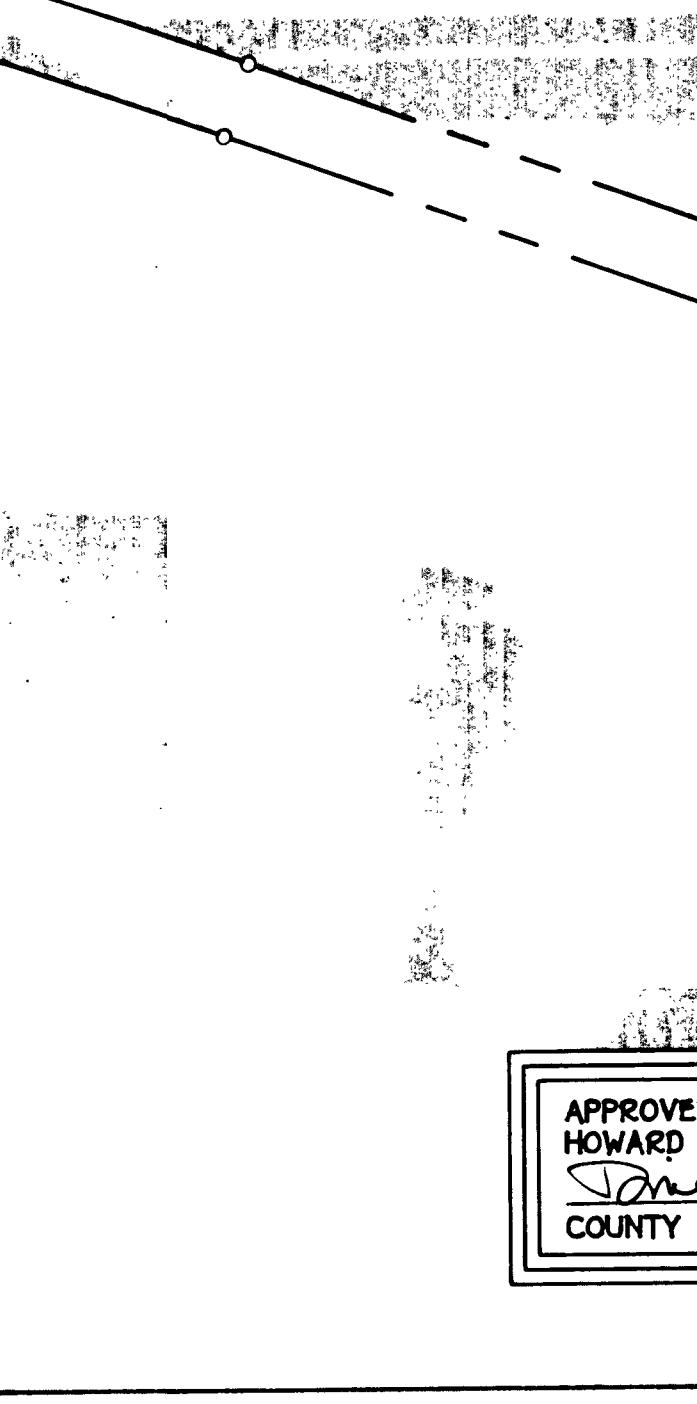


REQUIREMENTS FOR CONSTRUCTION

1. Grading shall be done on each lot...
2. Permanent drainage shall be provided...
3. After the site is stabilized and permanent...
4. Temporary erosion control...
5. Permanent drainage...
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10. Permanent drainage...

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4. Temporary erosion control...
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6. Permanent drainage...
7. Permanent drainage...
8. Permanent drainage...
9. Permanent drainage...
10. Permanent drainage...



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2485 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00137723
--	-------------------------------------	----------------------------

Building Address <u>2750 SYKESVILLE RD RT 32</u> <u>WEST FRIENDSHIP MD 21794</u>	Property Owner's Name <u>MICHAEL LUZINS</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>2750 SYKESVILLE RD</u>
Census Tract <u>6070.00</u> Subdivision <u>VORNIKA CIRCLE</u>	City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u>
Section _____ Area _____ Lot <u>2</u>	Home Phone <u>410 442-5528</u> Work Phone <u>301 68-5559</u>
Tax Map <u>15</u> Parcel <u>159</u> Grid <u>17</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RC</u> Map Coordinates <u>10C4</u> Lot size <u>3.5 AC</u>	Phone _____ Fax _____
Existing Use <u>DWELLING</u>	Contractor Company <u>POSITIVE MAINTENANCE</u>
Proposed Use <u>DWELLING</u>	Contact Person <u>CHRIS KOLB</u>
Estimated Construction Cost \$ <u>11200</u>	Address <u>104 TENNYSON CT</u>
Description of Work <u>INSTALL 1-1000 GALLON</u> <u>PUMP-OUT TANK UNDERGROUND</u>	City <u>ACWON</u> State <u>MD</u> Zip Code <u>21039</u>
Occupant or Tenant <u>OWNER</u>	License No. <u>15627</u>
Contact Name _____	Phone <u>443-677-2656</u> Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular <input checked="" 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 THERE TO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>CHRIS KOLB</u>	Print Name <u>CHRIS KOLB</u>
Title/Company <u>POSITIVE MAINTENANCE</u>	Date <u>8-7-02</u>

Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY **	
FOR OFFICE USE ONLY:	
AGENCY <u>Land Development, DPZ</u>	DATE <u>8-13-02</u>
SIGNATURE APPROVAL <u>Karen Morrison</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Health <u>8-13-02</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Fire Protection	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Lot Coverage for New Town Zone _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	SDP/Red-line approval date _____
ONE STOP SHOP: <input type="checkbox"/>	Accepted by <u>10</u>
Distribution of Copies: White: Building Official _____ DPZ _____ Yellow: DED, DPZ _____ Pink: Health _____ Gold: SHA _____	