

7-20-90
am 202P

04-346750

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 46086

A 38378

DISTRICT _____

DATE 4/20/90

DATE SYSTEM APPROVED 7/20/90

INSPECTOR M. Rifkin

Bil-Bar

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 526-7077

SUBDIVISION Glenwood Springs ROAD 2839 Shadow Roll Ct LOT 30

PROPERTY OWNER Robert M. Bealer

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%.~~

GARBAGE GRINDER? YES ~~XXXXXXXXXXXXXXXXXXXX~~ NO ~~XXXXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq.ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the left front lot corner start the first trench 240' down the left (559.28') lot line and 15' off the line as seen when facing property from Shadow Roll Court. Run trenches along contour towards the right (353.40') lot line.

NOTE - Maintain minimum 100' from well to septic. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Bert Nixon cm DATE 04/28/88

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

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFIED BY LOCAL AUTHORITY)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH 10/16/02 300138759 ADD A PARTMENT

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

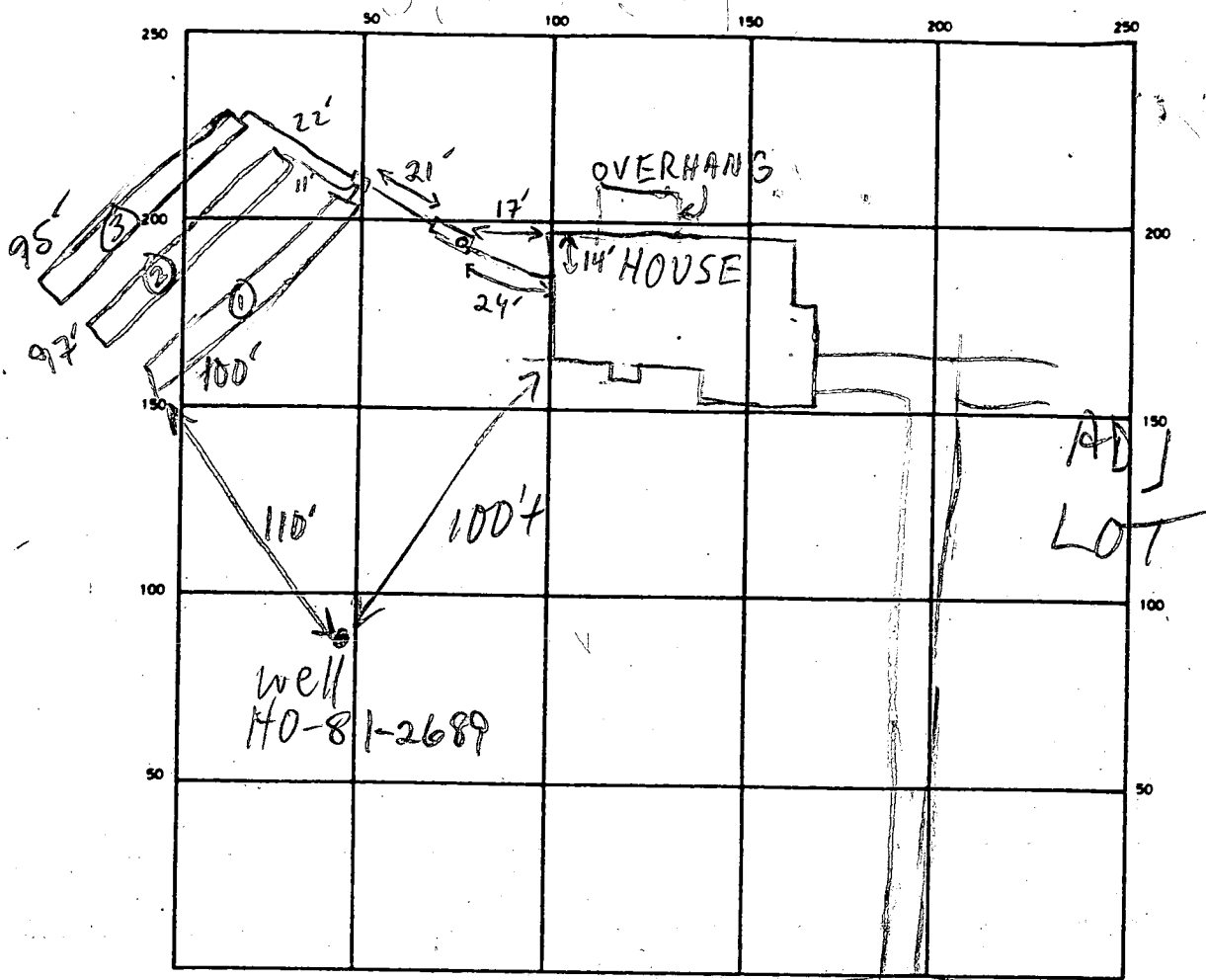
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

**BUILDING PERMIT SIGNED
AND RETURNED**

A 38378



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SHADOW
ROLL CT

SEPTIC TANK. LEVEL 1500 GAL-OK CLEANOUTS OK
 DISTRIBUTION BOX. LEVEL OK - BAFFLE IN
 DRAIN FIELD/TILE FIELD. DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 95 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 300 285 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

DEVELOPMENTAL ABSORPTION 876 SQ. FT.

OK TO COVER ALL MR

DATE SYSTEM APPROVED

7/20/90

INSPECTOR

M. R. Ekin

APPLICATION

PERCOLATION TESTING

A 38378
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 10-14-86

*1/29/87
percolation
approved
[initials]*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert M. Beaver / Laura Huston - 792-8099/371-9405

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md 21043 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Thirty

ROAD AND DESCRIPTION Hobbs Road 2839 Shadow Roll Court Prelim ok 4/29/87

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ACRES TYPE BLDG. _____

BLDG. PERMIT SIGNED
AND RETURNED 8/22/90
Serial # 33609 - proposed
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.

Ronald B. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING SHALLOW SYSTEM ONLY
for field located holes (good and bad)

BLDG. PERMIT SIGNED
AND RETURNED 1/31/90
Serial # 51623 - SFD - 4 Bedroom

THIS IS NOT A PERMIT

INLET 3K
MAX D 5K
200 @ 150 RPM

orange / brown
gritty
day / sand
down
to people
orange
silly / pretty
nice
one
↓

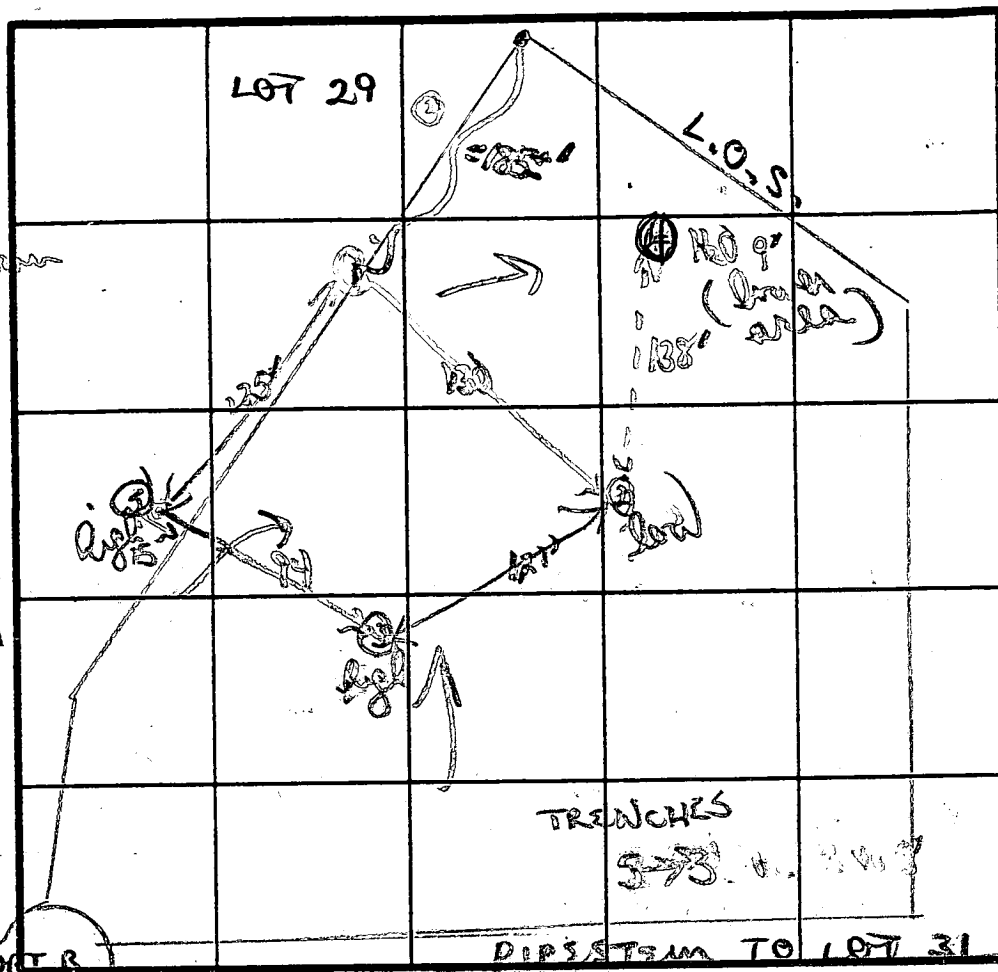
1121D

Brown / orange
chubby / grey
clay / sand
3 1/2
to to /
orange / brown
silt / sandy
unrelated
patch blue
grey soil
to to

123



no egg / yellow
clay / clay
lean 3E
to four orange
silly lean
mix
w/ 5% super
scattered re



orange red
gully clay
so dry low
4th

so orange
brown silt
gully low

↓

10 E/D

COUNTER

DIP'S TEAM TO LOT 31

INDICATE NORTH · NAME ADJOINING ROADWAY AS BASE LINE

TO LOT 33 ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/87	③	4'	1128	1131	1131	1135	4 min
		11 1/2'	Bottom - (see profile)				
	②	4'S	1138	1143	1143	1151	8 min
		8' m	1138	1144	1144	1153	8 min
		12' d	Bottom - (see profile)				
	④	H ₂ O 9'				FAIL ①	
		3 1/2 S	1044	1052	1052	1057	5 min
	①	7 1/2 m	1049	1055	1055	1103	8 min
		11' d	Bottom - (see profile)				
		3'S	1104	slow			see next d
	④	4'S	1116	1122	1122	1131	9 min
		10 1/2' d	Bottom - (see profile)				

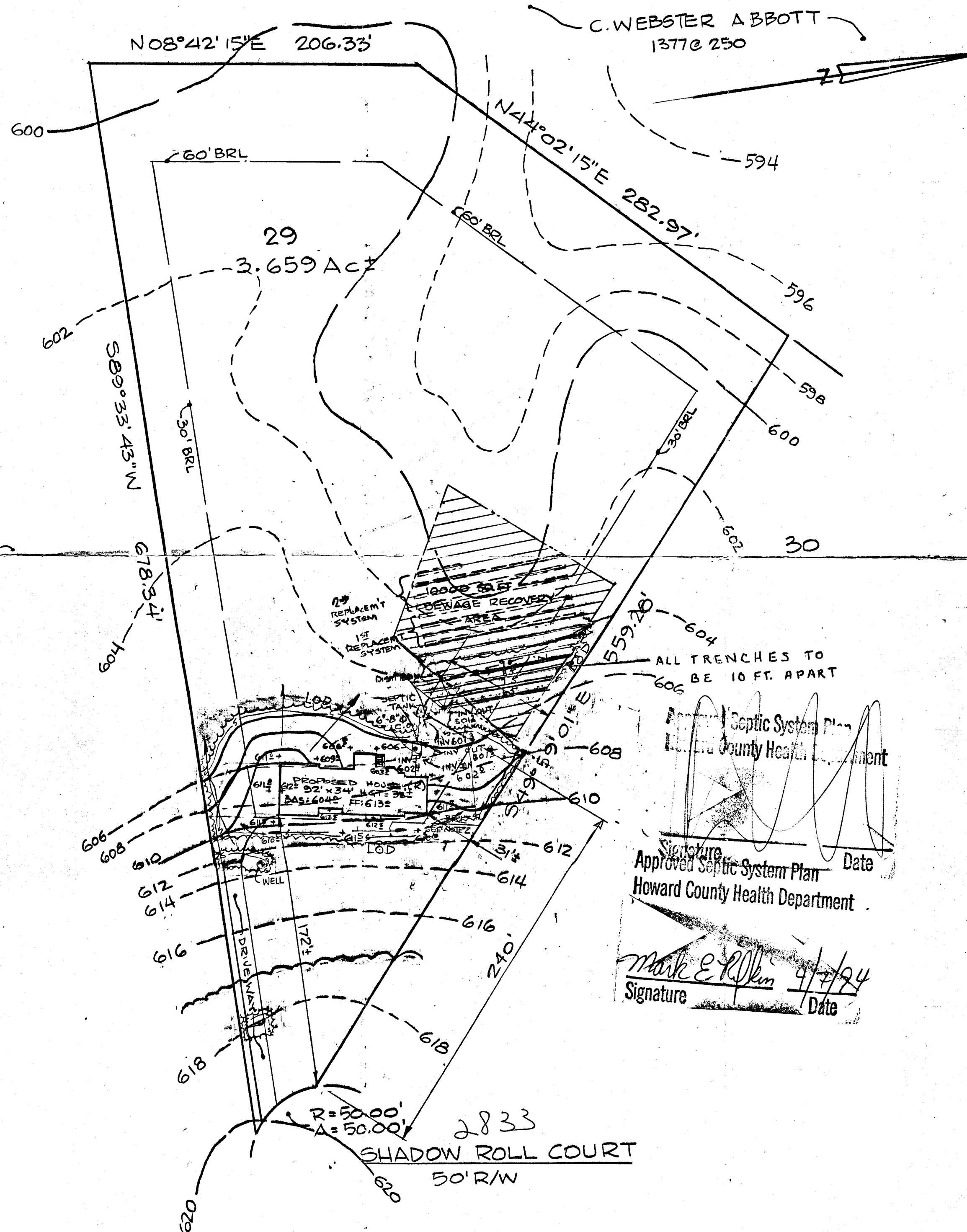
REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

SHALLOW SYSTEM ONLY
use #5 as common (though 5 actually on 30)
orange/red clays to 3-4'; silty loam riper below



NOTES

1. ZONING OF PROPERTY SHOWN HERE-ON IS "R"-RURAL.
2. BUILDING RESTRICTION LINE IS 168' WIDTH AS SHOWN HERE-ON.
3. TRENCHES BASED ON FOLLOWING:
5 BEDROOMS X 190 SQ FT = 950 SQ FT TRENCH REQD @ 3' WIDE = 317 LF. LF TRENCHES PROVIDED = 340 LF.
4. LOD = 18,600 #.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 APR 12 AM 9:11

Building Permit # 53179

SITE & GRADING PLAN

GLENWOOD SPRINGS

SECTION ONE AREA ONE LOT 29
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
PLAT NUMBER 7684 RECORDED 3.18.1988
TAX MAP 14 PARCEL 87, 83 & 202
SCALE: 1" = 50' DATE: FEB. 1994

Approved Septic System Plan
Howard County Health Department
Signature: Mark E. Rolin Date: 4/2/94

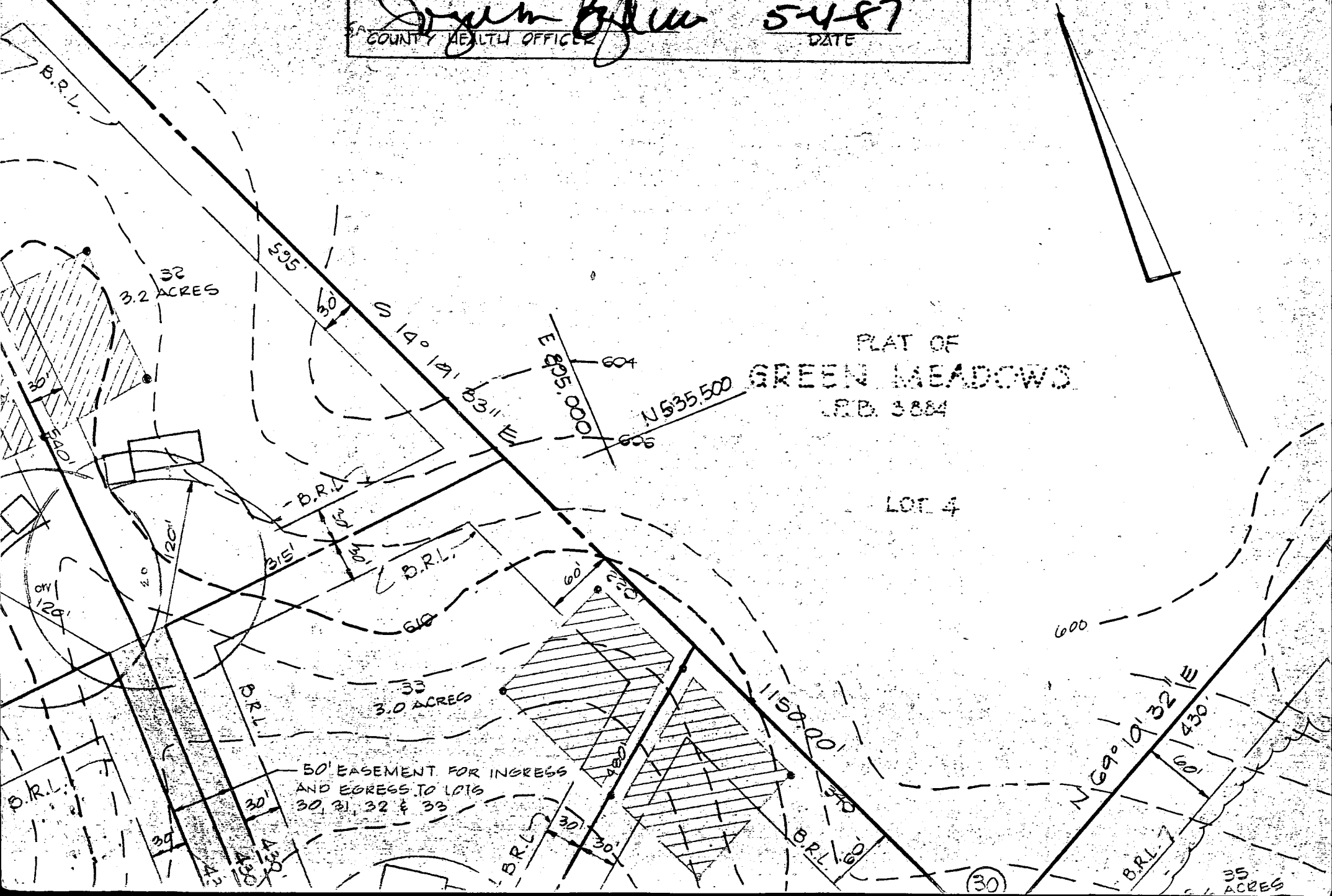
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29

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE
SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT

James B. Blue
COUNTY HEALTH OFFICER

5-4-87
DATE



PLAT OF
GREEN MEADOWS
SUB. 3884

LOT 4

50' EASEMENT FOR INGRESS
AND EGRESS TO LOTS
30, 31, 32 & 33

35
ACRES

B 1 3682

SEQUENCE NO.
(DP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

H0-81-2689

fill in this form completely

Date Received (APA)

041888

OWNER INFORMATION

BEAVER R. ROBERT

11146 BEAVER SVILLE DR. 23

BEAVER SVILLE MD 202025

DRILLER INFORMATION

Joseph L. Mayne 8288

Joseph L. Mayne 8288

5511 KILGORE RD. MD 20711

Joseph L. Mayne 3/1/88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

other

REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

FORCE 81 INITIALS PERMIT NO. H0-81-2689

SPECIAL CONDITIONS

LOCATION OF WELL

H0-81-2689

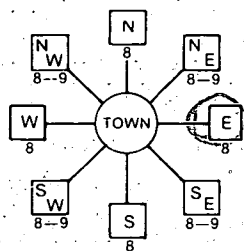
61-11000 SVILLE DR. 23

SECTION 44 46 LOT 20 48 50

61-11000 SVILLE DR. 23

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SHANNON COURT

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST SOUTH EAST

DISTANCE FROM ROAD 120

ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME

STATE SIGNATURE

DATE ISSUED 042788

NORTH GRID 833000 EAST GRID 07271000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well

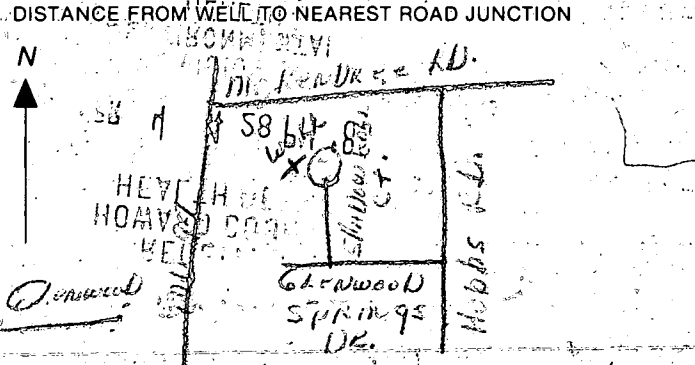
2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 19A 4 N 3-3 3

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



C1 7772
SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN CQLS, 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A38378

DATE Received [] [] [] [] [] [] [] []
DATE WELL COMPLETED 030288
Depth of Well 22 185 26 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" HQ-81-2689
OWNER R. SAVER ROBERT
STREET OR RFD SHADOW ROLL COURT first name TOWN GLENWOOD
SUBDIVISION GLENWOOD SPRINGS SECTION LOT 30

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING
DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing
SAND 0 36
Gray micaceous rock 36 185

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC
CEMENT 45 46 BENTONITE CLAY 45 46
NO. OF BAGS 10 NO. OF POUNDS 740
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
54 60 61 4 63 64 44 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER
BRONZE HOLE

DEPTH (nearest ft.)
EACH SCREEN 1 HO 4 3 185
2 [] [] [] [] [] [] [] []
3 [] [] [] [] [] [] [] []
23 24 26 30 32 36 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
56 60
from to

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 20
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 37
WHEN PUMPING 37
TYPE OF PUMP USED (for test) A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
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) 49 above } LAND SURFACE 1 (nearest foot)
49 below }

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)
[Diagram showing lot layout with well location and distances: 25' to building, 120' to shadow roll court]

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 10.17.13 "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 IDENT. NO. 234
DRILLERS SIGNATURE Robert L. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HD-224

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00138759
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Building Address <u>2839 Shadow Roll Ct.</u> <u>Glenwood, Md 21738</u>	Property Owner's Name <u>Robert & Laura Beaver</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>2839 Shadow Roll Ct</u>
Census Tract <u>6040</u> Subdivision <u>Glenwood Springs</u>	City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u>
Section <u>1</u> Area <u>1</u> Lot <u>30</u>	Home Phone <u>410 9928223</u> Work Phone <u>410 2405714</u>
Tax Map <u>14</u> Parcel <u>229</u> Grid <u>17</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR</u> Map Coordinates <u>9C4</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>SF home</u>	Contractor Company <u>Owner</u>
Proposed Use <u>same w/ addition</u>	Contact Person _____
Estimated Construction Cost \$ <u>85,000</u>	Address _____
Description of Work <u>Accessory Appt, one-story</u> <u>w/ full basement, kitchen eating, bath</u> <u>sleeping area, attached to home</u>	City _____ State _____ Zip Code _____
Occupant or Tenant <u>owner</u>	License No. _____ Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company _____
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 _____ State Certified Modular _____	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 checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
		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 _____ 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 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.

<u>Applicant's Signature</u> <u>owner</u>	<u>Print Name</u> <u>Robert M. Beaver</u>
<u>Title/Company</u>	<u>Date</u> <u>6/4/02</u>

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

FOR OFFICE USE ONLY			PROPERTY ID# <u>17896</u>	
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	
Land Development DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>10/16/02 JLM</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check <u>102</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation <u>13101</u>
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA

353.40'

B.R.L.

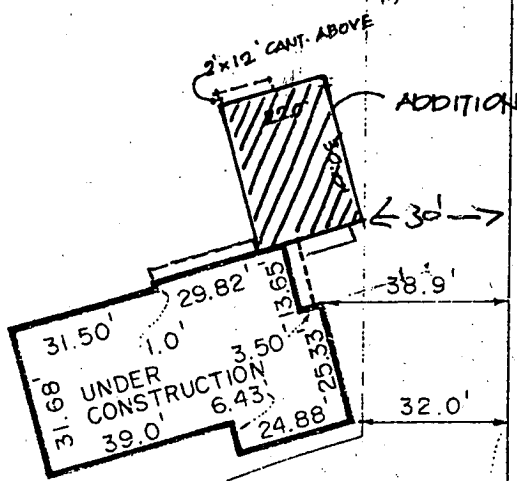
10/16/02 Under design
criteria; the current
system is adequate
tank is already a 1500 gallon
JB



B.R.L.

Septic

Field



190' B.R.L.

S 01° 39' 33" W

193.3'

well
↓

BEAVER RESIDENCE
2839 SHADAV ROLL CT
GLENWOOD, MD
SCALE: 1" = 40'
10.4.02