

03-312070

File

1/17 (1) P.C.O. C.B.C.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 2/20/90

DATE SYSTEM APPROVED 1/17/90

INSPECTOR C.B.C.

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS PHONE 988-9270

SUBDIVISION Rover Meadows ROAD 139²0 Rover Mill LOT 6

PROPERTY OWNER Robert C. & Diane George Younce William & Julia Maier

ADDRESS Van Cura

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

GARBAGE GRINDER? YES XXXXXXXXXXXX NO XXXXXXXX

BLDG. PERMIT SIGNED

AND RETURNED 10-2-98

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 Serial # B70 114552 2-Store House

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet up the right (536.39') lot line and 110 feet off the same lot line as seen when facing the lot from Rover Mill Road. Run trenches on contour toward the right lot line.

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

PLANS APPROVED BY Sid Abel

DATE 12/15/87

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 SPECIFICALLY AUTHORIZED)

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.

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

BLDG. PERMIT SIGNED

AND RETURNED 4/28/93

Serial # 49339

Above ground pool

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 39508

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 39508

P _____

DISTRICT 3d

DATE April 20, 1987

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 John A. Baender GEORGE YOUNCE

ADDRESS Rover Mill Road # 13980 PHONE 442-7777 442-5615

PROPERTY LOCATION:

SUBDIVISION ~~Mc Connick Property~~ ROVER MEADOWS LOT NO. 6

ROAD AND DESCRIPTION on the East side of Rover Mill Road, at the intersection of
Old Rover Road (13980 Rover Mill Road)

SIZE OF LOT 3 Acre Minimum TYPE BLDG. 3-4
(NUMBER OF BEDROOMS)

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.

Dennis M. Ruols

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-27-87 Pure Satisfactory - hold for PERC - SAT

NOG. PERMIT SIGNED

AND RETURNED

Serial # 29496 - SFD - 4 Bedrooms

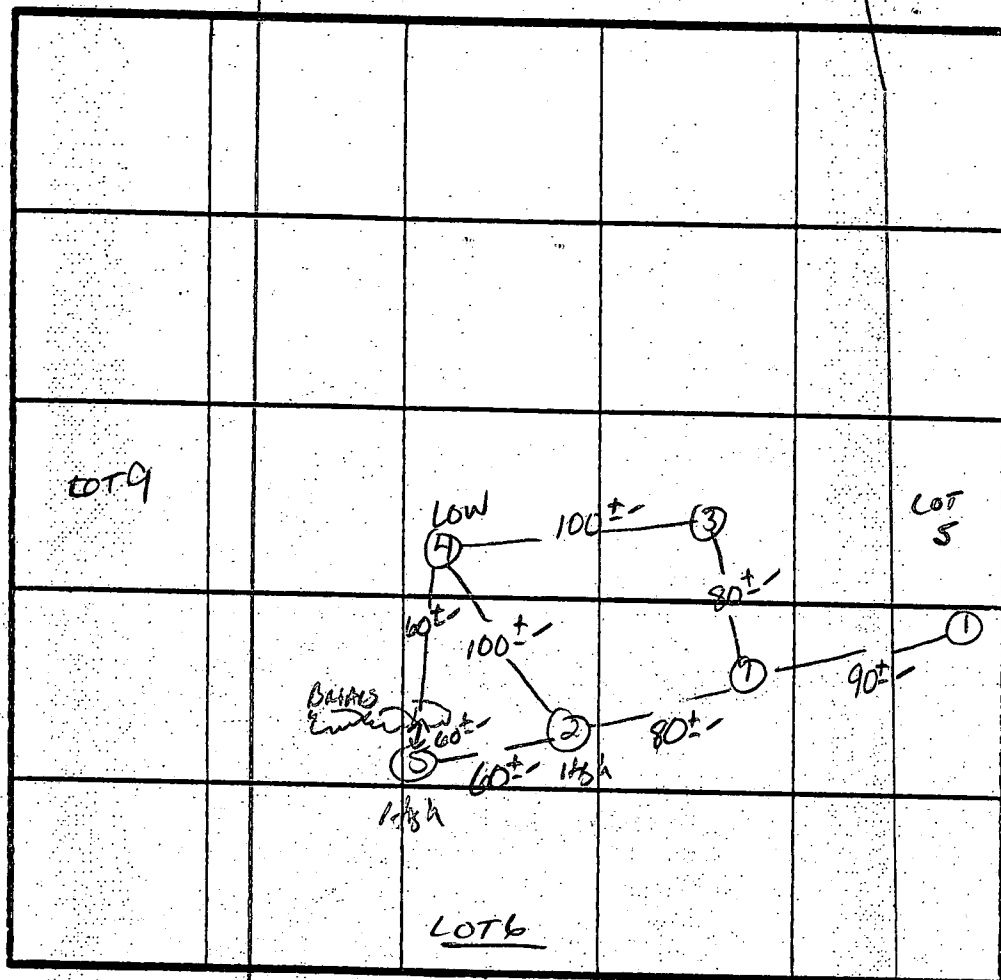
THIS IS NOT A PERMIT

SOIL PROFILE

12'-
AP
Yellow red
Silt LOAM
CLAY 10-20%
FRAGS

3'-
Yellow BL
Silt LOAM
10-20%
FRAGS

X Perc 5 min
160 #18A
Inlet 3"
Bottom 7"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

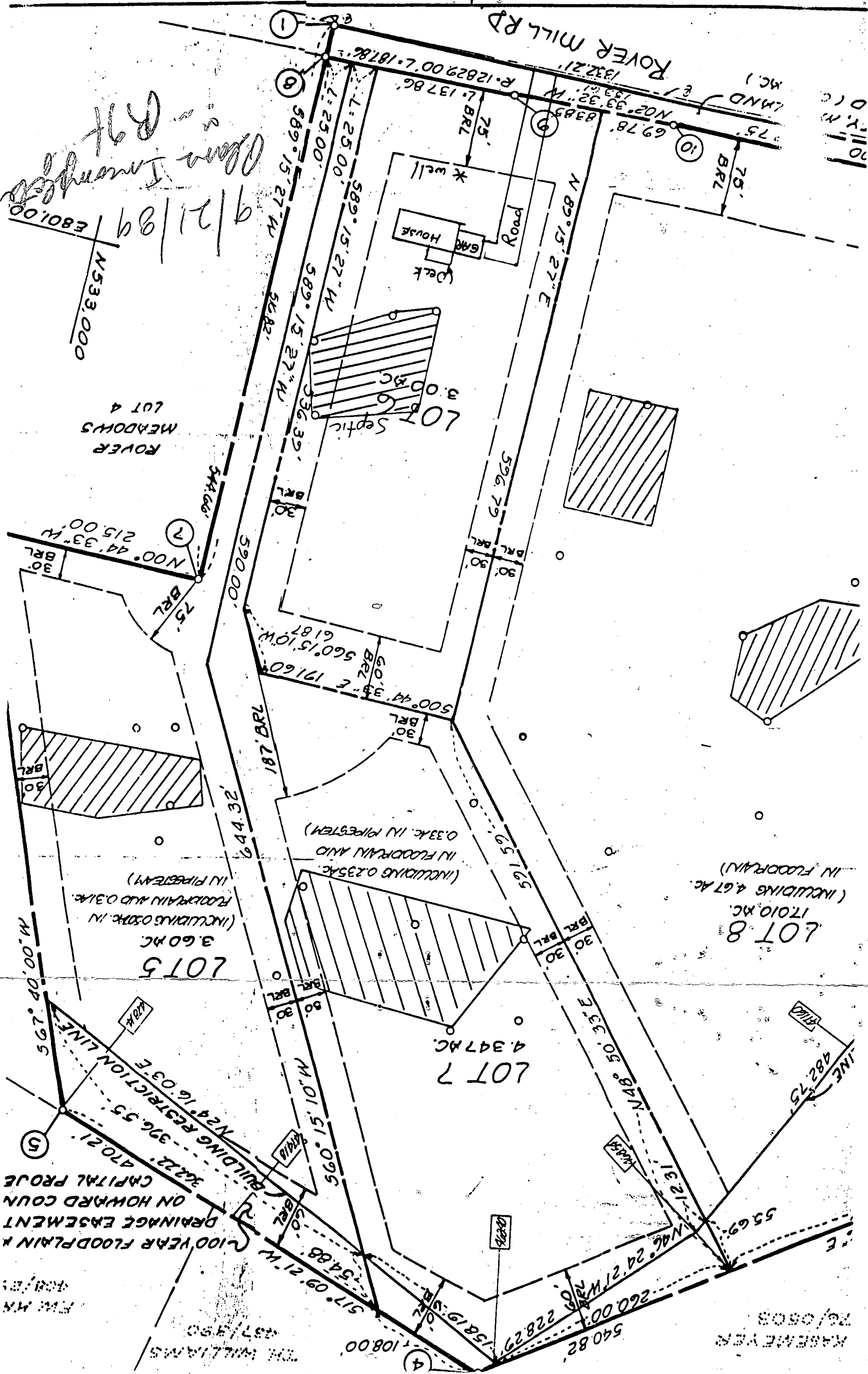
Rover Mill Rd.

[illegible]REMARKS Holes approx to PLAT

TYPE OF SOIL: Chestnut

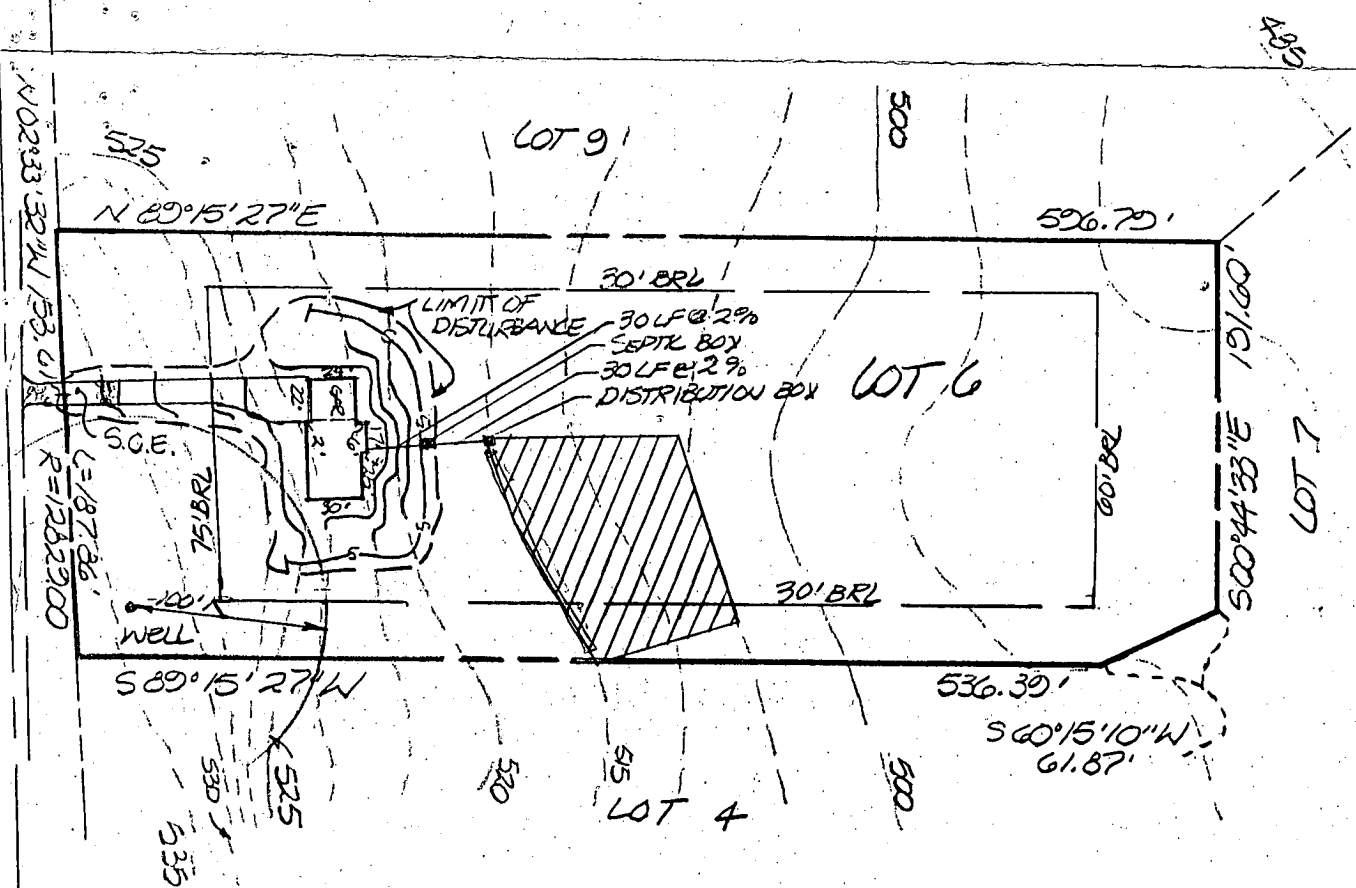
S. Abel

DENNIS F., ROCKY, A66



4BR @ GARDEPOSAC / owner.

RAVER MILL RD.



HOUSE:

INV. IN = 513.7
BASEMENT = 516.2
FIRST FLOOR = 524.2

SEPTIC TANK:

INV. IN = 513.1
INV. OUT = 512.6
TOP ELEV. = 518.0

DISTRIBUTION BOX:

INV. IN = 512.0
INV. OUT = 511.5
TOP ELEV. = 515.0

NOTES:

1. TAX MAP: 15, PARCEL: 116
2. TOPOGRAPHY SHOWN HEREON IS BASED ON HO. CO. PHOTOGAMMETRIC MAPS.
3. CONTRACTOR TO SET GRADES IN FIELD.
4. BOUNDARY SHOWN HEREON RECORDED ON PLAT 7614, ROVER MEADOWS, LOTS 5-8.
5. TRENCHES TO BE LOCATED BY HO. CO. HEALTH DEPT.

TOTAL TRENCH LENGTH TO BE AS REQUIRED
BY HEALTH DEPT, B.Y.

10/27/89

BP# 29496

APP. 10-27-89 J.F.

TITLE:

GRADING STUDY

PROJECT:

ROVER MEADOWS, LOT 6

LOCATION:

3rd. GEORGE YOUNG
ELECTION DISTRICT HOWARD CO., MD.

SCALE:

1"=100'

DESIGNED BY:

JCO

DRAWN BY:

JCO

CHECKED BY:

CFS

DATE:

OCT, 1987

FIELD BOOK:

PAGE NO.:

-

JOB NO.:

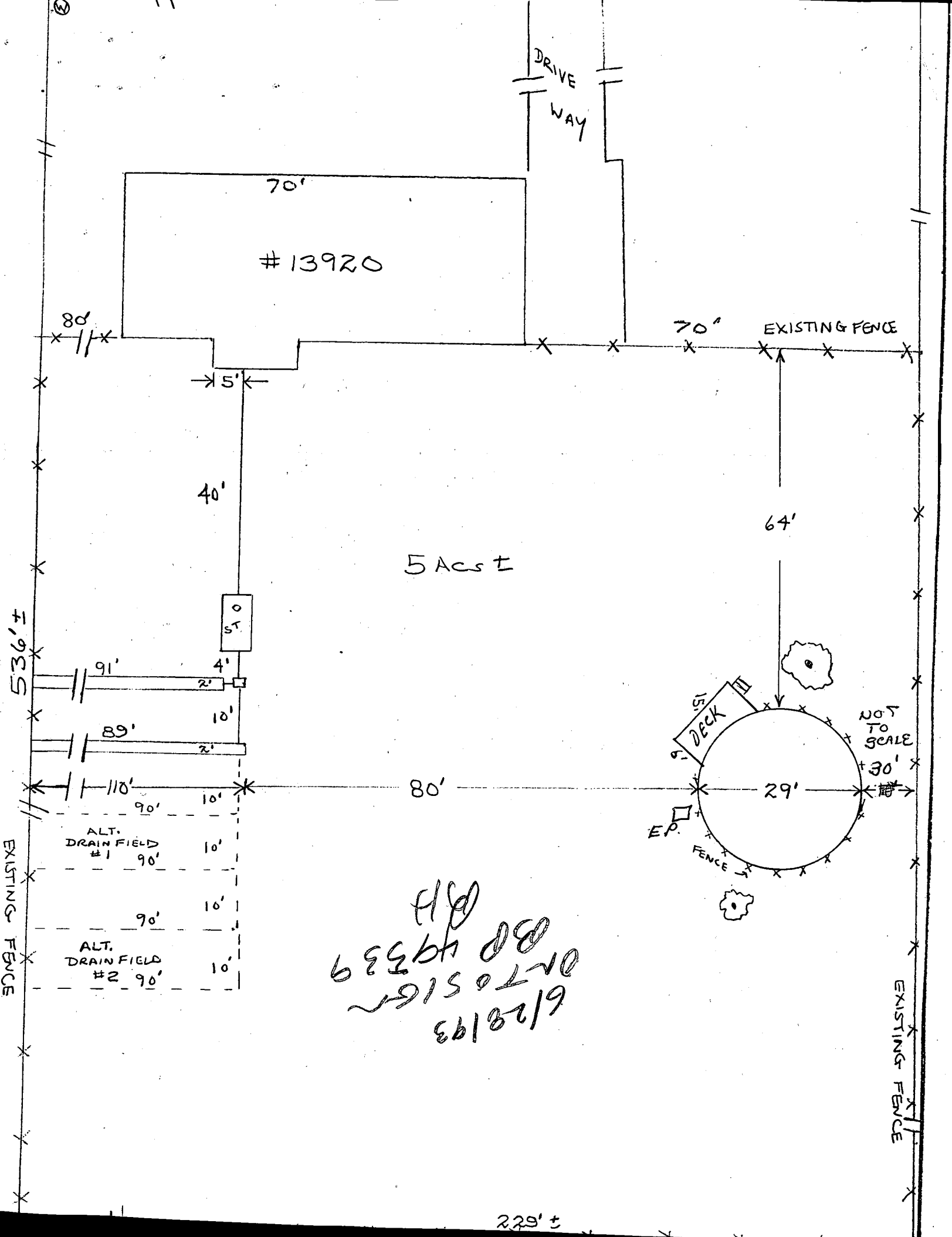
8907

DRAWING NO.:

1 OF 1

boender associates
inc.
consulting engineers
land surveyors
land planners

COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
13011 465-7777



6/28/93
65567 080
070516
618219

B 1 8703 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-0952 <small>70 fill in this form completely 79</small>
*Date Received (APA) 061689		B 3 LOCATION OF WELL 1 HOWARD 8 COUNTY ROVER meadows 23 SUBDIVISION SECTION 6 LOT 6 WEST FRIENDSHIP 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 1/2 M I	
OWNER INFORMATION 8 YOUNCE 13 GEORGE 15 Last Name Owner First Name 34 3163 DAN MARK DRIVE 36 Street or RFD 55 WEST FRIENDSHIP MD 21794 57 Town 70 State 72 Zip 76		DRILLER INFORMATION Driller's Name Joseph L. Mayne License No. 238 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge RD. Mt. Airy 21771 Signature Joseph L. Mayne Date 6/14/89	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A#39508 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S DATE ISSUED 073189 x Charles Ryan Vrede 1/31/89 43 CO SIGNATURE EXP. DATE NORTH GRID 533000 EAST GRID 08000000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 804 N 530	
METHOD OF DRILLING (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN 37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE C WRITE INITIALS IN BOX PERMIT No. HO-88-0952 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

C1 0084 SEQUENCE NO. (DENV USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER R# 39508ST/CO USE ONLY
DATE Received

8 13

DATE WELL COMPLETED

082589

Depth of Well

22 145 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-88-0952

OWNER YOUNICE GEARLE
last name first name
STREET OR RFD ROVER MILL TOWN WEST FRIENDSHIP
SUBDIVISION ROVER MEADOWS SECTION LOT 6

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 stone 0 63
CONCRETE Rock 63 145

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 944

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft.
48 TOP 52 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

S 6 69
60 61 63 64 66 70

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

screen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL PL OT
PLASTIC OTHERC2
1 2
DEPTH (nearest ft.)
1 H 0 68 145
8 9 11 15 17 21
2 23 24 26 30 32 36
3 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.) W Q
70 72 74 75 76TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 50

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } (nearest foot)
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)

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 45487
Date 1/30/90

Name of Installer Lennon Plumbing + Heating Telephone 781-6405

License Number 7611

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner George Tounce Telephone 465-6940

Subdivision Lot # 30 Well Tag #

Site Address 13920 Riversmill Rd

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make Meyers
3. Model #
4. Capacity 8 GPM
5. Pump exceeds well capacity Yes ☒ No ☐
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 3/4
2. RPM
3. Voltage
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make HAVARD
2. Model #
3. Depth 4'

Tank

1. Capacity
2. Pressure relief valve? ☐

Piping

1. Type
2. Size
3. NSF and/or BOCA Code approved ☐
4. Depth of supply line

Well data

1. Depth 145 ft.
2. Yield 12 GPM
3. Static water level 35 ft.
4. Will water supply be disinfected by installer? Yes

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: Paul J. Lennon

Date: 1/30/90

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

B 1 9367 SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-2429
fill in this form completely(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-5 ON ALL CARDS)

please print or type

Date Received

10/18/87

OWNER INFORMATION

BENDER ASSOCIATES

3565 ELLICOTT MILLS RD

ELLICOTT CITY MD 21114

DRILLER INFORMATION

Joseph H. Wagoner 23877 License No. 80

Joseph H. Wagoner WELL DRILLING

5512 Ridge Rd Mt. Airy, Md. 21771

Signature: Joseph H. Wagoner Date: 10/8/87

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 200 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 DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE
ABANDONED AND SEALED☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED
AS A STANDBY☐ THIS WELL WILL DEEPEMED AN EXISTING WELLPERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED
(IF AVAILABLE)

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

APPROP. PERMIT NUMBER

FORCE 2 WRITE INITIALS IN BOX PERMIT No. 40-81-2429

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD

ROVER MEADOWS

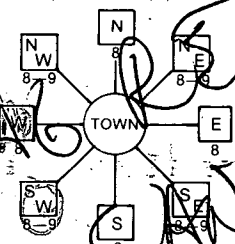
SECTION 44 LOT 46

WEST FRENCHSHIP

52 NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

ROVER MEADOWS

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH WEST SOUTH EAST

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

OEP

SIGNATURE

DATE ISSUED

12/16/87

NORTH GRID

523 0 0 0

EAST GRID

523 0 0 0

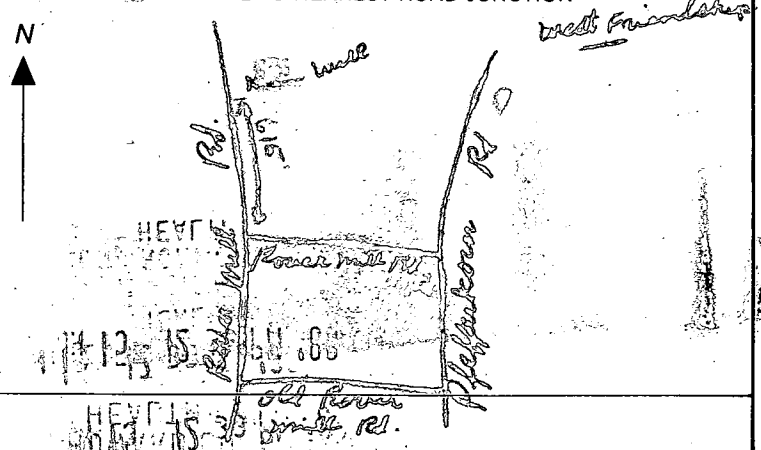
SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER
FROM THE MAP HEREE 806 0
N 536 3DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

LOCATION DRAWING

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00114552</u>
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Building Address <u>13920 Rover Mill Rd E</u>	Owner's Name <u>Robert C. and Diane B. Van Cura</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>13920 Rover Mill Rd E.</u>
Census Tract <u>6030</u> Subdivision <u>ROVER MEADOWS</u>	City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>
Section <u>N/A</u> Area <u>N/A</u> Lot <u>6</u>	Home Phone <u>410-489-9640</u> Work Phone <u>same</u>
Tax Map <u>15</u> Parcel <u>255</u> Grid <u>13</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR-DEU</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>Single family home</u>	Contractor Company <u>Unlimited Structures, Inc.</u>
Proposed Use <u>Same with horse barn</u>	Contact Person <u>Mike Molchany</u>
Estimated Construction Cost \$ <u>6500</u>	Address <u>P.O. Box 114</u>
Description of Work <u>building a 2 stall horse barn</u>	City <u>Ephrata</u> State <u>PA</u> Zip Code <u>17522</u>
<u>24x32 with electric with plumbing in the</u>	License No. _____
<u>future for watering horses.</u>	Phone <u>1-800-858-7297</u> Fax <u>717-738-3103</u>
Occupant or Tenant <u>Robert C. Van Cura</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	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"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jennifer D. Van Cura Jennifer D. Van Cura
Applicant's Signature Print Name

Owner
Title/Company Date

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

- FOR OFFICE USE ONLY -

AGENCY <u>Land Development, DPZ</u>	DATE <u>10/2/98</u>	SIGNATURE APPROVAL <u>Mark E. Kalkun</u>	DPZ SETBACK INFORMATION	PROPERTY ID#:
State Highways			Front: _____	Filing Fee \$ <u>25.00</u>
Building Official			Rear: _____	Permit Fee \$ _____
Dev. Engineering, DPZ			Side: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)
Health			Side St.: _____	Excise Tax \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Validation # _____
			SDP/Red-line approval date _____	Accepted by: _____