10/2/95
c/o amw

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50890

A 40785

DISTRICT

DATE 9/21/95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
[redacted] 313-2640

DATE SYSTEM APPROVED 7/16/96

INDEXED

INSPECTOR

Scott & Bonnie Myers IS PERMITTED TO INSTALL X ALTER

ADDRESS 4409 Bender Court PHONE (301) 604-7695

SUBDIVISION The Warfields LOT 21 ROAD 14813 Sapling Way

PROPERTY OWNER Scott Myers

ADDRESS 14813 Sapling Way

SEPTIC TANK CAPACITY 1250 GALLONS

Maintain 100' minimum distance between well and any part of septic system.

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

180 / 4 = 720

240 / 720 / 6

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - To be determined when repair is conducted.

NOTES No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/22/95 Amw

9/26/95 Place distribution box in center of SDA and run trenches on contour in both directions (170' from front lot line and 70' off that same lot line.) Amw

PLANS APROVED BY Amy McMillen/ Donna K. Soe DATE 7/27/95

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

BUILDING PERMIT SIGNED AND RETURNED 11-702
B00139248 - FINISH BASEMENT
7/29/04 B00149048 - SHED W/DECK

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

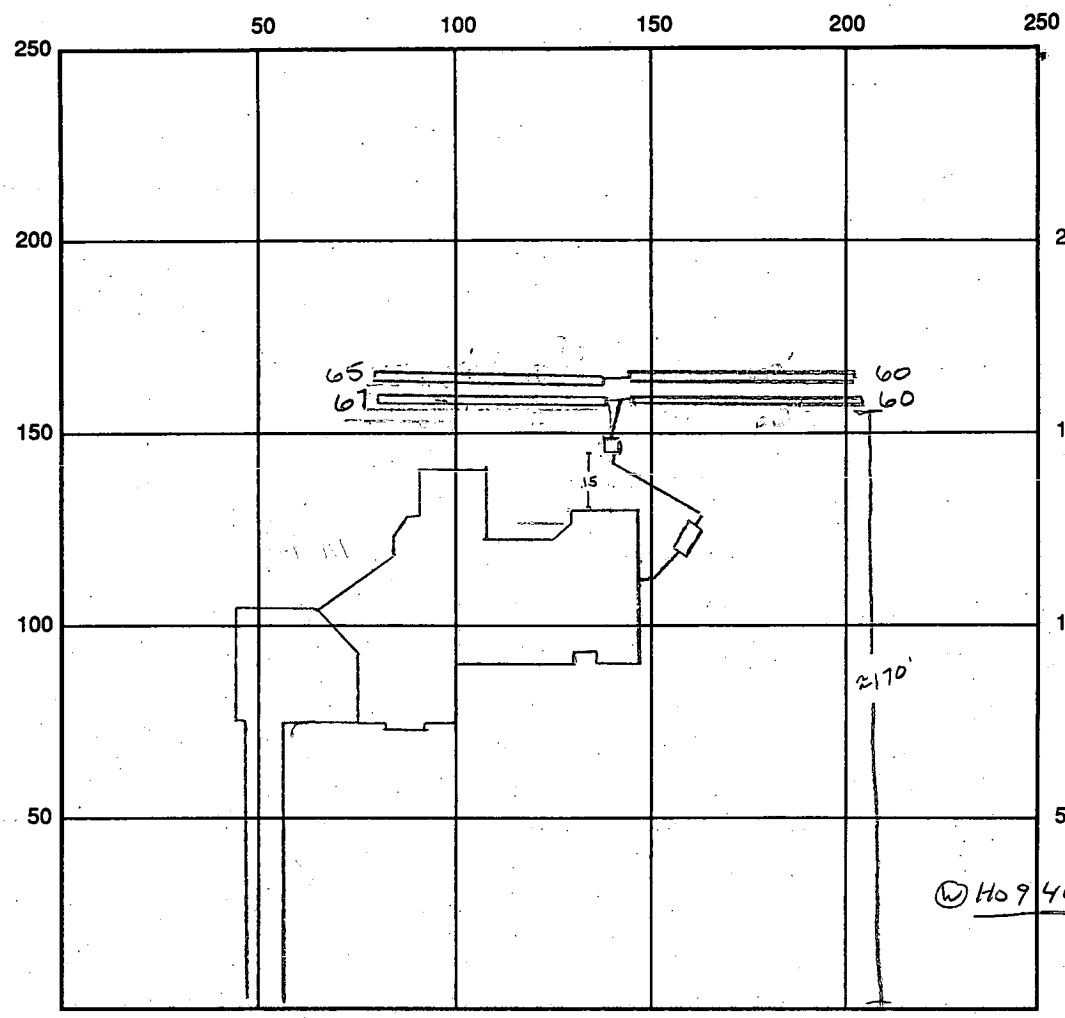
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 40785



W H09 40642 WAI 7/8/96 ok

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Sapling Way

SEPTIC TANK LEVEL OK (250 gal) CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 4.5-5.0 FT. TRENCH WIDTH 3' FT. (2)65 (2)60 INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 1.5-2.0' FT. TOTAL LENGTH (2)67 (2)60 FT. 252 total

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 756 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 9/26/95 Trenches dug too long - cover last 40' on left side of lot then same trenches back to house is OK to cover trenches. Call for insp. when tank to house connection is made Ann

SIGNED AND RETURNED

DATE SYSTEM APPROVED 7/16/96 INSPECTOR Amy McMullen

APPLICATION

A 40785

PERCOLATION TESTING

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr.

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~Sapling Range~~ THE WARFIELDS LOT NO. ~~26~~ Lot 21 Preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

Sapling Way

BLDG. PERMIT SIGNED AND RETURNED 11-29-95
Serial #62636

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD - 4 BRMS
(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. Mark S Reid
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

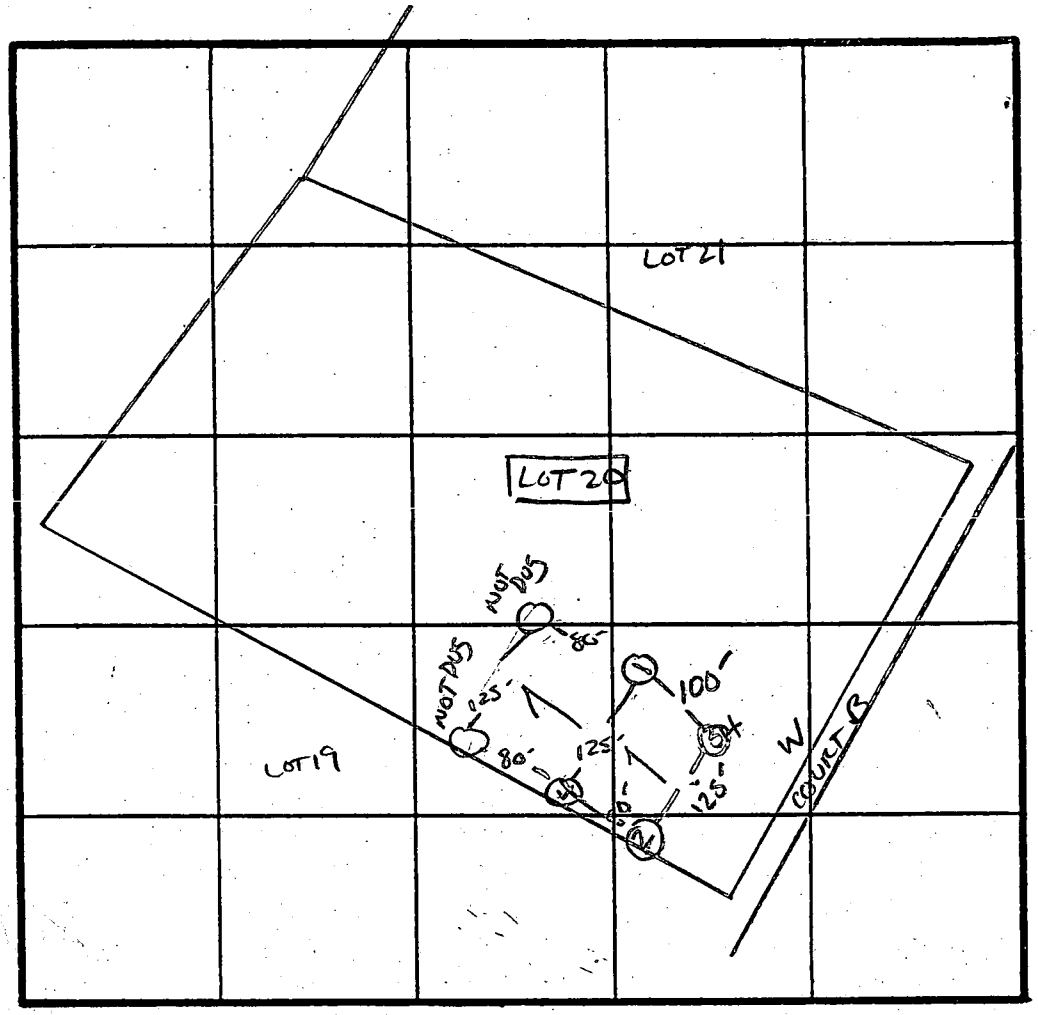
REASONS FOR REJECTION OR HOLDING 2-1-88 PERC SATISFACTORY - HOLD FOR SUBDIVISION PLAT. S. Allen

THIS IS NOT A PERMIT

① → ⑨

SOIL PROFILE

0"
6"
AP
Yell. Br. Silty Cl. Loam 10-15% FRAGS
2.5-3.0'
TAN Silt Loam 25-35% Micaceous Frags.
9.+/-



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TRIADelphia Rd.

X PERC 5 MIN
180 @ IBR
INVERT 3.0'
BOTTOM 4.5'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/11/88	1 S 1 V	3.0' 9.0'	11:03 HARD BOTTOM - UNIFORM	11:08	11:08 below 2.5'	11:14	6 MIN
	2 S 2 M	3.5 6.5	10:53 10:52	10:56 10:55	10:56 10:55	11:03 10:59	7 MIN 4 MIN
	2 V	12'	UNIFORM	soil below 3.0'			
	3 V	9.0'	UNIFORM below 3.0'		HARD AT	9.0'	
	4 S 4 V	3.5' 9.5'	10:56 UNIFORM	10:57 soil below 3.5'	10:57 ROCKY AT 8.5'	11:00	3 MIN OK

NO ROCK OUTCROPS WITHIN EASEMENT

REMARKS Holes DIFF THAN PLAT. SHALLOW SYST ONLY. 2.5-4.5'

TYPE OF SOIL Glenelg

TESTED BY Sid Abel

ALSO PRESENT KETTERMAN & CO. MARK R.

EH-12-1079

9/19/95
1130

APPLICATION

PERCOLATION TESTING FEE DUE

A 50883

P _____

PREVIEW OIC PROPOSAL IS TO ADJUST EXISTING SEPTIC EASEMENT

DISTRICT _____ _____

DATE 9-20-95

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

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 Scott & Bonnie Myers

ADDRESS 4409 Bender Ct PHONE 301-604-7695

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WARFIELDS LOT NO. 21

ROAD AND DESCRIPTION Sapling Ct Glenelg MD

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.46 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. Scott E Myers
(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

HD-216 (3/92)

50883
COUNTY #

SAPLING WAY

CENTER LINE OF ROAD

SOIL PROFILE

0'

MED BROWN CLAY LOAM

3

PINK/RUST BROWN SILT LOAM

7

LIGHT TAN SANDY SILT LOAM

9

RED BROWN CLAY LOAM

3

MIXED LAYERS BROWN TAN ORANGE GREY SSL

15% LARGE ROCKS 6-2'

9'6"

SOIL PROFILE

0'

RED BROWN CLAY LOAM

3'

BROWN SILT LOAM

PROP LINE

100'

231'

115'

75'

75'

15'

30'

35'

90'

18'

ESTABLISHED PERC AREA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9-21-95	OK TO 10 A	3'6"	2:34	2:40	2:40	2:50	10 MIN
	FAIL B ROCK AT 5'						
	FAIL C ROCK ACT						
	OK TO 9 D						
	OK TO 96 E	4' LILL PERC SHALLOW	3:50	3:52	3:52	3:55	3 MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

C 1 | 2799 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 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 A40785

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 08 09 95 (15–20)

Depth of Well: 265 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0642 (28–37)

OWNER Kennard Warfield (last name / first name)

STREET OR RFD Sapling Way TOWN Glenelg

SUBDIVISION The Warfields SECTION _____ LOT 21

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	FEET TO	check if water bearing
Top Soil	0	2	
Sandy	2	26	
Sand Stone	26	35	✓
Micka	35	80	
Sand Stone	80	85	✓
Micka	85	265	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) / no (N)

CIRCLE APPROPRIATE LETTER
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

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

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO.: 116

Ralph Mayer

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 117

Ralph E. Mayer

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) (44) / no (N) (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) (45–46) / BENTONITE CLAY (BC) (45–46)

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) ft. to 30 (54–58) ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL / CO CONCRETE / PL PLASTIC / OT OTHER

MAIN CASING TYPE	Nominal diameter top (main casing) (nearest inch)	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	32 (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 STEEL / BR BRASS BRONZE / HO OPEN HOLE / PL PLASTIC / OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
		from	to
1	HO (8–9)	30 (11–15)	265 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56–60) (NEAREST INCH)

GRAVEL PACK / IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: from _____ to _____ (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING / (E.R.O.S.) (72) LOG INDICATOR / W Q (74–76) OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3 (8–9)

PUMPING RATE (gal. per min.): 6 (11–15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 35 (17–20) ft.

WHEN PUMPING: 60 (22–25) ft.

TYPE OF PUMP USED (for test) (27)
- A air
- P piston
- T turbine
- C centrifugal
- R rotary
- O other (describe below)
- J jet
- S 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. (29)

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

PUMP HORSE POWER (37–41)

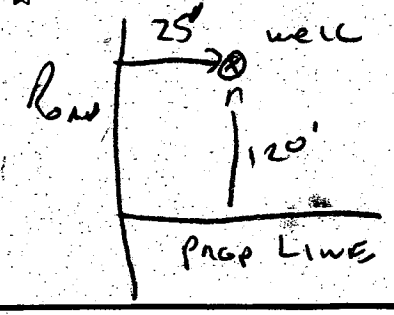
PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above / (–) below (49) LAND SURFACE

2 (nearest foot) (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)



COUNTY

REVISION TO SEWAGE DISPOSAL AREA

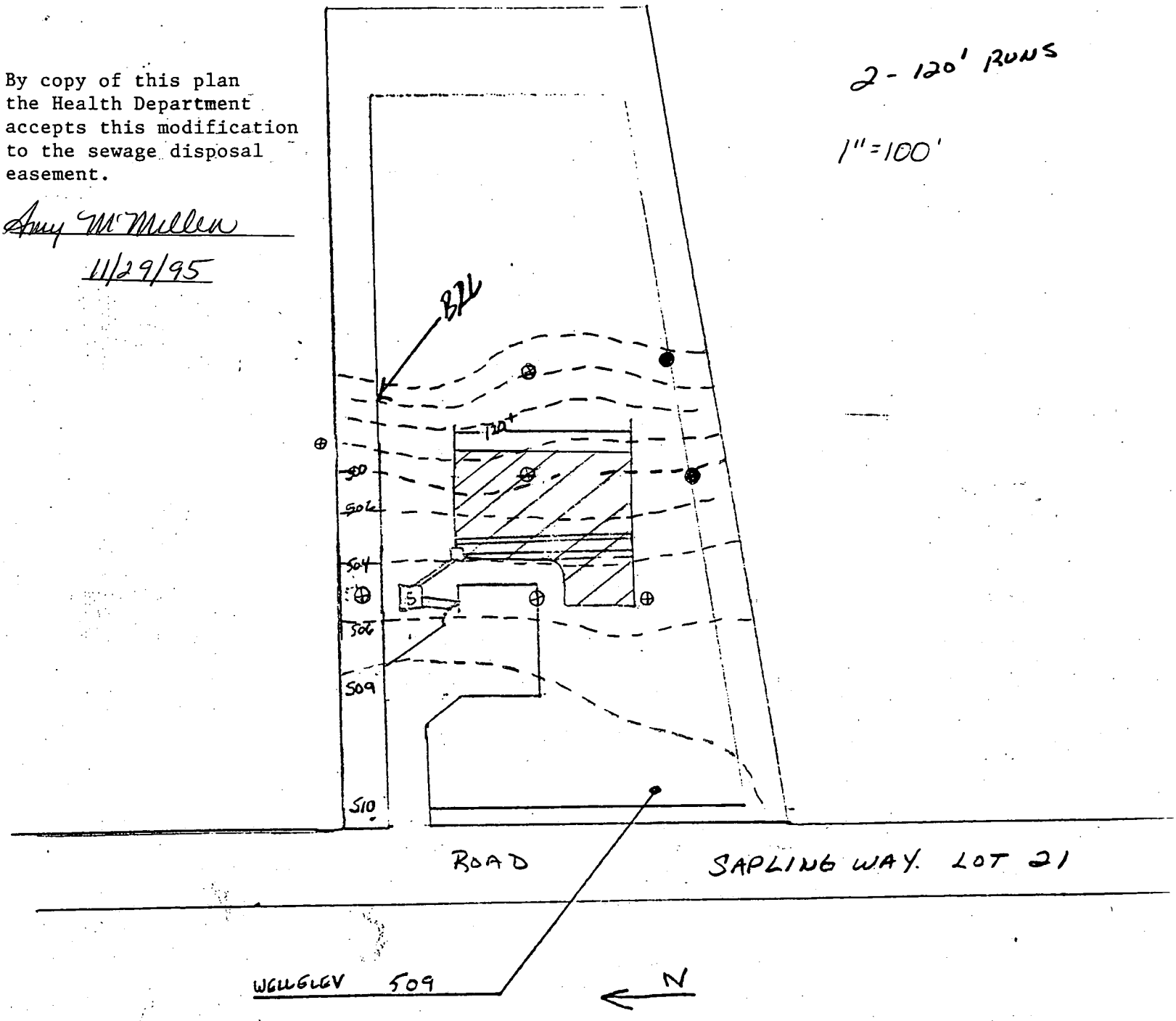
By copy of this plan the Health Department accepts this modification to the sewage disposal easement.

Amy McMullen

11/29/95

2 - 120' RUNS

1" = 100'



I Certify that the above measurements are actual and correct for this property

● failed percolation tests

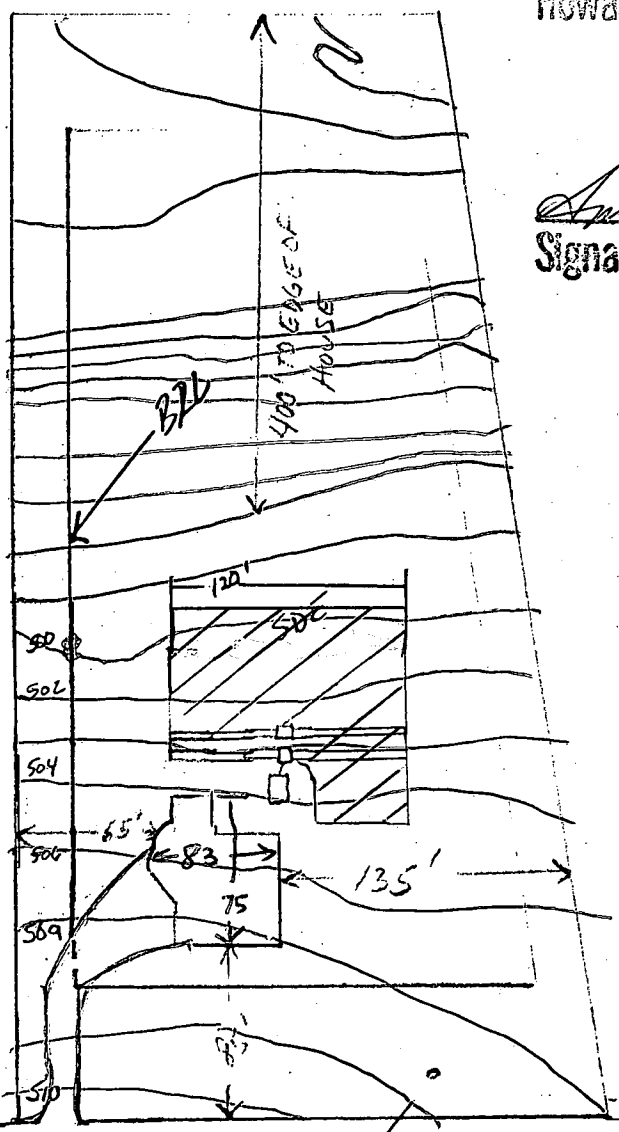
⊕ passed percolation tests

Scott Meyers

Approved Septic System Plan
Howard County Health Department

2 - 120' RUNS

Signature 11/29/95 Date



INV ELEV INTO TRENCH 502

INV ELEV INTO DIST BOX 502.5

INV ELEV out of SEPTIC TANK 502.9

INV ELEV INTO SEPTIC TANK 503.2

INV ELE out of HOUSE 503.5

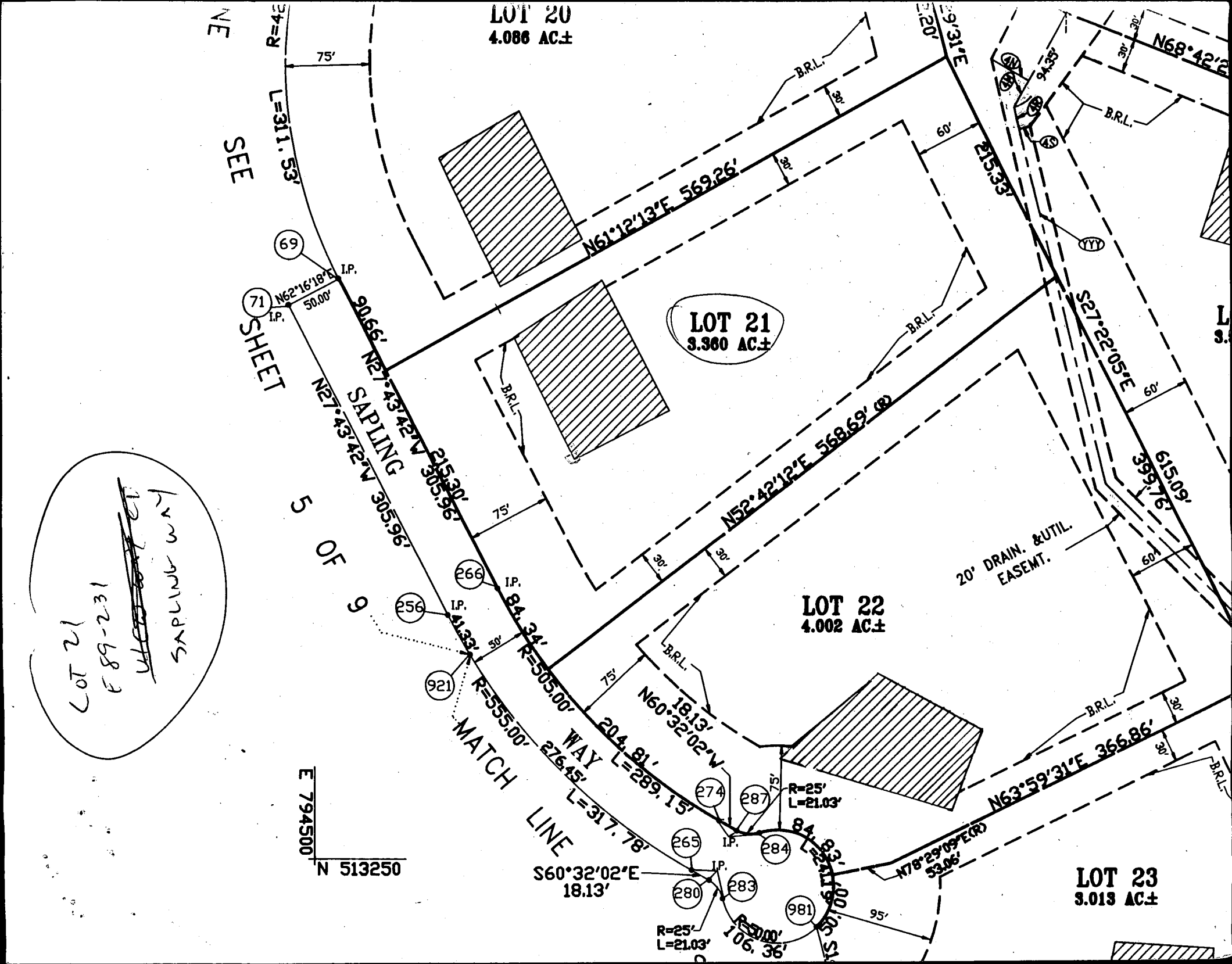
EXISTING ELEV AT TRENCH 504.5

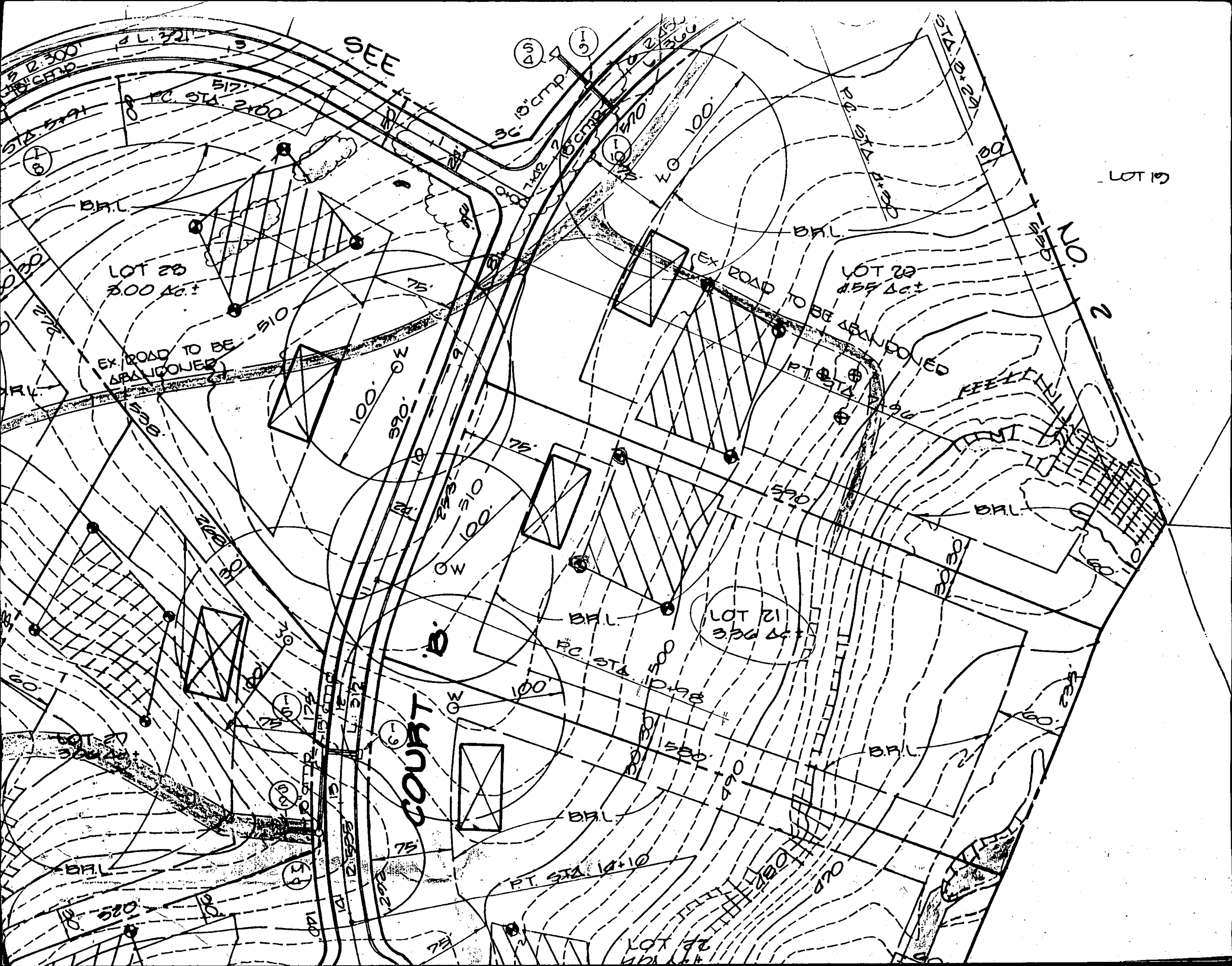
EXISTING ELEV at dist BOX 504.5

EXISTING ELEV AT SEPTIC TANK 505

I Certify that the above Measurments are actual and Correct for this property

Scott Myers


LOT 20
4.086 AC±
LOT 21
3.360 AC±
LOT 22
4.002 AC±
LOT 23
3.013 AC±
SEE SHEET 5 OF 9
SAPLING WAY
MATCH LINE
20' DRAIN. &UTIL. EASEMT.
N61°12'13"E 569.26'
N27°43'42"W 305.96'
N52°42'12"E 568.69' (R)
S27°22'05"E
N63°59'31"E 366.86'
N60°32'02"W 18.13'
S60°32'02"E 18.13'
R=505.00'
L=289.15'
R=555.00'
L=317.78'
R=25'
L=21.03'
R=50.00'
L=106.36'
215.33'
615.09'
399.76'
204.81'
276.45'
84.34'
90.66'
215.30'
41.33'
94.35'
53.06'
N78°29'09"E(R)
E 794500
N 513250
I.P.
B.R.L.
69
71
266
256
921
274
287
265
284
280
283
981
YYY


SEE
LOT 19
LOT 23
3.00 Ac.±
LOT 22
4.55 Ac.±
LOT 21
3.36 Ac.±
LOT 27
LOT 32
EX. ROAD TO BE ABANDONED
EX. ROAD TO BE ABANDONED
B.R.L.
P.C. STA. 2+00
P.C. STA. 10+98
P.T. STA. 14+10
COURT
NO. 2
18" CMP
18" CMP
510
520
530
580
590
490
W
75'
100'
390'

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 B0013 9248

Building Address 14813 SAPLING WAY
GLENELG MD 21737

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

Census Tract 6051.01 Subdivision The Waifield

Section _____ Area _____ Lot 21

Tax Map 37 Parcel 56 Grid 5

Zoning RC Map Coordinates 27 13C1 Lot size

Existing Use ~~VACANT~~ SINGLE FAMILY HOME

Proposed Use STORAGE / LIVING "

Estimated Construction Cost $ ~~[illegible]~~ 35000

Description of Work FINISH 3/4 BASEMENT
FIREPLACE INSERT / BATHROOM, 2 STORAGE
3 BDRMS

Property Owner's Name SCOTT MYERS

Address 14813 SAPLING WAY

City GLENELG State MD Zip Code 21737

Home Phone 301-854-5138 Work Phone 301-

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

Phone 301-854-5138 Fax 301-490-4811

Contractor Company OWNER

Contact Person SCOTT MYERS

Address 14813 SAPLING WAY

City GLENELG State MD Zip Code 21737

License No. _____

Phone _____ Fax _____

Occupant or Tenant SCOTT MYERS

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:	23	23
2nd floor:	23	23
Basement:	23	23

Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☒
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private

Sewage Disposal:
✓ Public
✓ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ 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.

Scott Myers — *Applicant's Signature*

SCOTT MYERS — *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	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	11/7/02	Kacie Noonan
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 17474

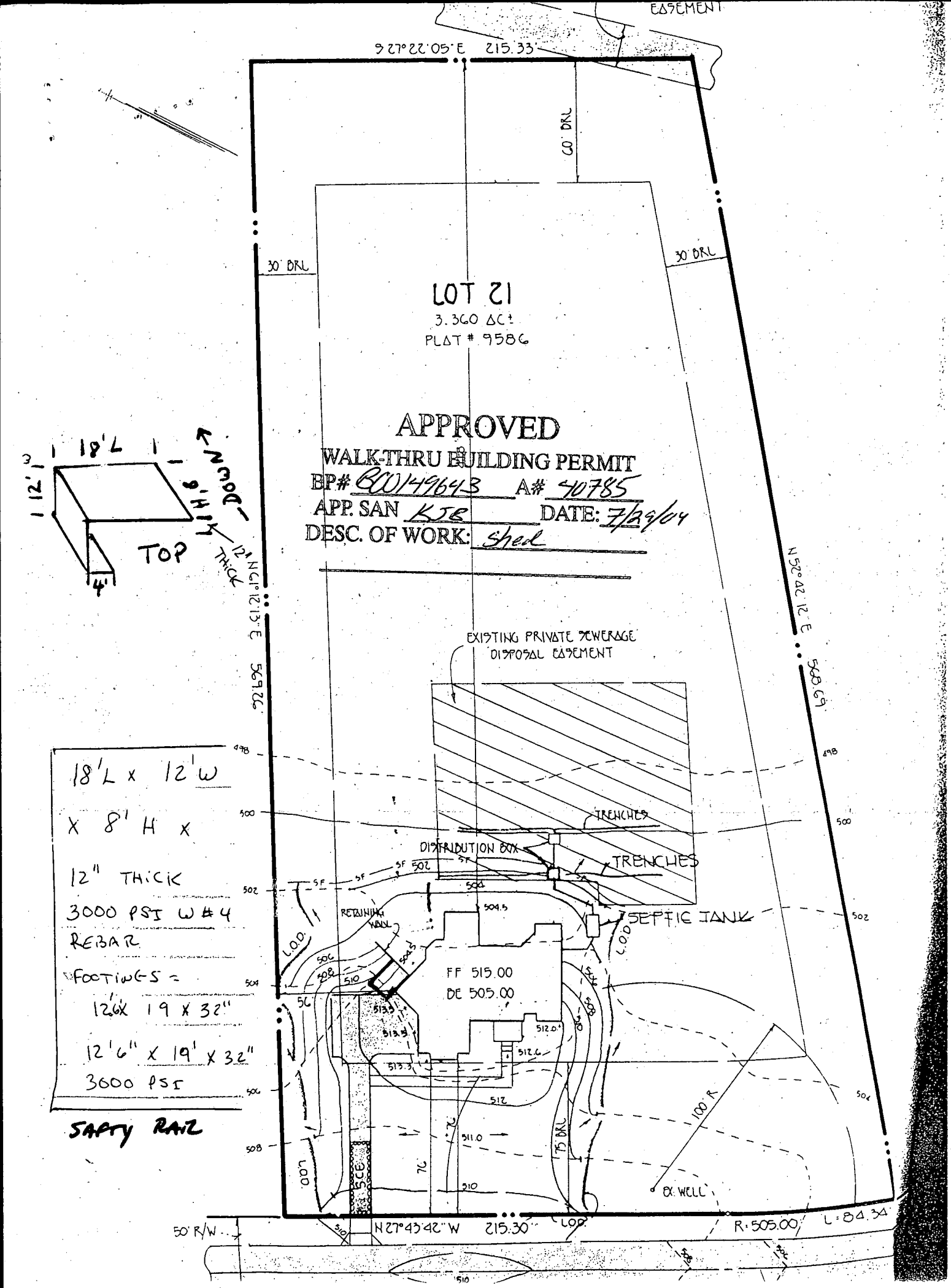
Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ [illegible]
Sub-total paid	$ _____
Balance due	$ _____
Check	# [illegible]
Validation	# _____

Accepted by: _____

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

T:\forms\PERMIT.FRM

Rev. 5/17/00


EASEMENT
S 27°22'05" E 215.33'
60' BRL
30' BRL
30' BRL
LOT 21
3.360 AC±
PLAT # 9586
APPROVED
WALK-THRU BUILDING PERMIT
BP# 80149643 A# 40785
APP. SAN KJB DATE: 7/29/04
DESC. OF WORK: Shed
18'L
12'W
8'H
N30°
TOP
4'
12" THICK
N 61° 12' 13" E 569.26'
N 52° 42' 12" E 568.69'
EXISTING PRIVATE SEWERAGE DISPOSAL EASEMENT
TRENCHES
DISTRIBUTION BOX
TRENCHES
SEPTIC TANK
RETAINING WALL
FF 515.00
DE 505.00
100' R
EX. WELL
75' BRL
SCE
50' R/W
N 27°43'42" W 215.30'
R=505.00'
L=84.34'
18'L x 12'W
X 8' H X
12" THICK
3000 PSI W#4
REBAR
FOOTINGS =
12'6" X 19" X 32"
12'6" X 19' X 32"
3000 PSI
SAFTY RAIL