8/20/96
House Conn ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5701611

A 44241

DISTRICT

DATE 7-8-96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 8/20/96

INDEXED

INSPECTOR ALM

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Gwyndyl Oak Estates LOT 6 ROAD 2821 Rolling Fork Way

PROPERTY OWNER NV Homes / Apel

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 100 feet off the back (257.78') lot line and 110' off the lot corner at the end of the flagstem. Run trenches on contour in both directions.

NOTES - Maintain at least 100' from the well to the septic tank. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APROVED BY Glen Savage 7-3-96 DATE 7/3/96 VR

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)

[redacted] B00129941

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

5/2/01 - deck w/stairs & gazebo on rear of house

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

BLDG. PERMIT SIGNED AND RETURNED 7/24/96

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

Serial# B 00101281

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.

yes parallel

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

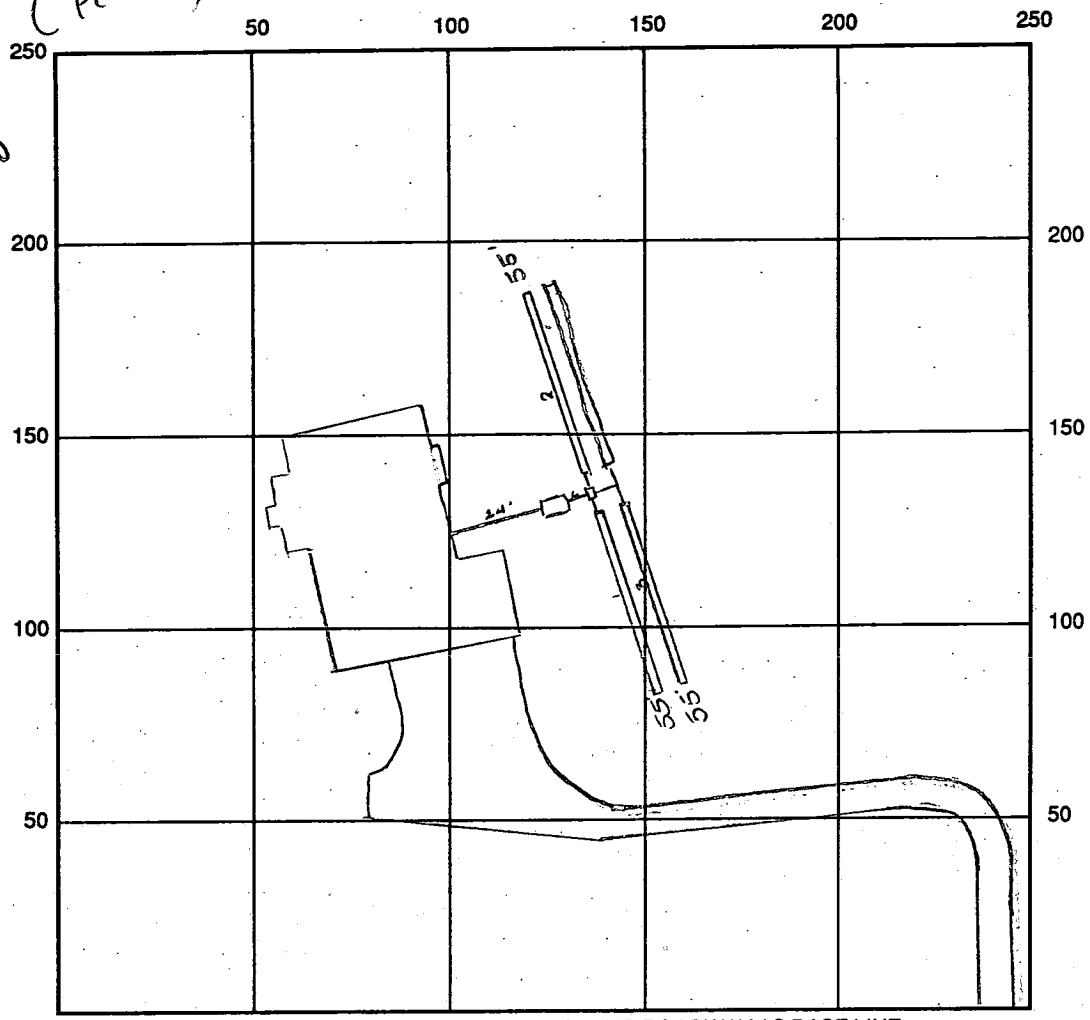
HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 44241

WPI OK
4' B.G.
7/16/96 CW

(FREEZER)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS STV

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 8.0-8.5 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 220 FT.

NUMBER OF TRENCHES 4 @ 55' ONE SIDEWALL/~~BOTTOM AREA~~ 880 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7/16/96 House connection not made - OK to stone trench 2:3 and cover. ALL 7/16/96 4TH TRENCH OK TO COVER. (CW)

8/20/96 House connection made ALL

DATE SYSTEM APPROVED 8/20/96 INSPECTOR ALL

APPLICATION

A 44241

PERCOLATION TESTING

P _____

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

DISTRICT 4th

DATE _____

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 Pettit and Griffin, Inc.

ADDRESS 18205-D Flower Hill Way, Gaithersburg, Maryland 20879 PHONE 301-975-1020

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION McKendree Estates LOT NO. ~~3~~ 6 (9/15/93)

ROAD AND DESCRIPTION McKendree Road and Route 97

TAX MAP 14 PARCEL # 123

SIZE OF LOT 3 AC. + 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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

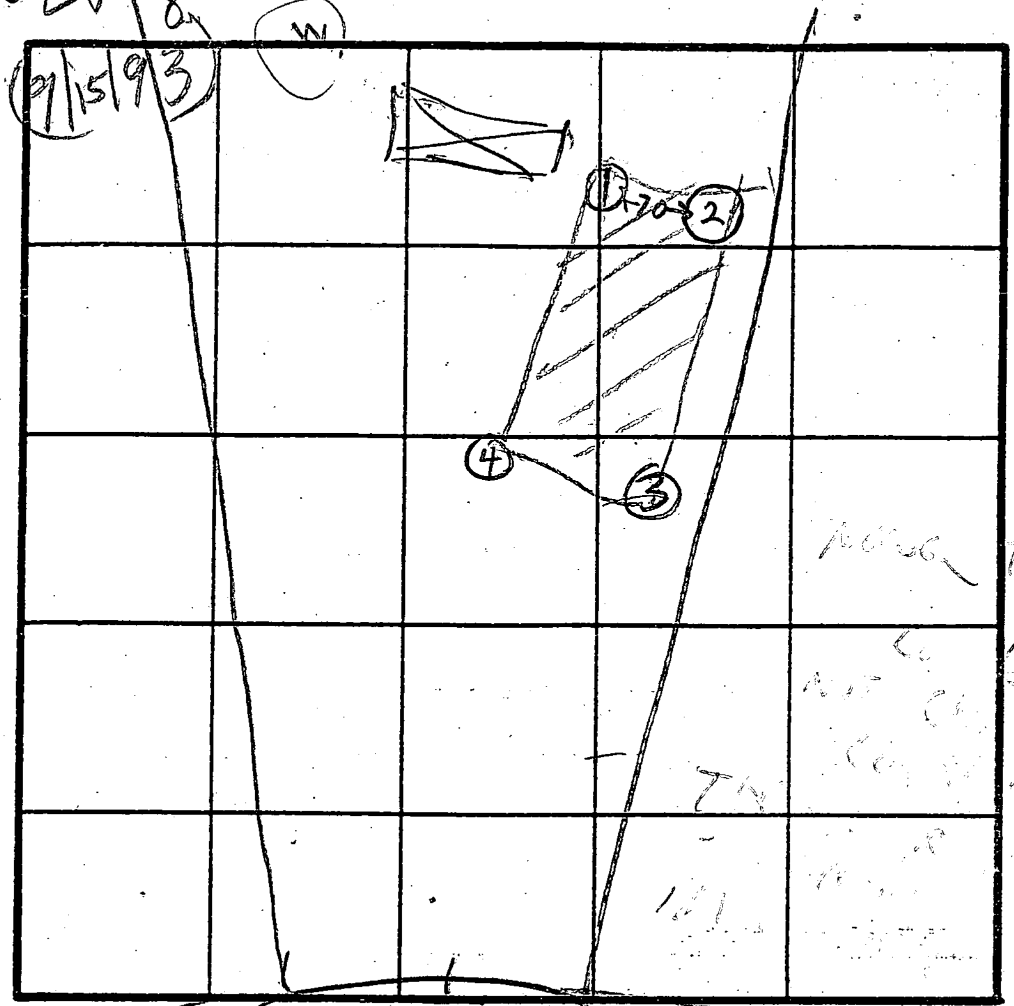
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

~~Lot 3~~ ~~A 44241~~ NEW 8



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROAD A

air time 11 min

max Depth 3FT

SOIL PROFILE

(1)
0
BROWN CLAY
3 —
BROWN SAND LOAM
11

(2)
0
TOPSOIL ~~CLAY~~
3 —
BROWN SAND SILT LOAM
11.5

(3)
0
BROWN CLAY
3 —
PINK BROWN SAND LOAM
11

(4)
0
TOPSOIL CLAY
3 —
BROWN SAND SILT LOAM
10.5

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/29/89	1S 1V	4 7	107 107	128 109	128 110	148 112	20 3
	1V	11	OK				
	2S 2V	4 11.5	114 OK	117	117	127	10
	3S 3V	5 11	125	132	132	145 32	13
	4V	11.5	OK				

REMARKS Holes (1)(2)(3)(4) dug per latest Test Plot

TYPE OF SOIL

TESTED BY R Hodges

ALSO PRESENT O Kettermayer & Dale

48632 Lot 4 NEW 5 (9/15/93)

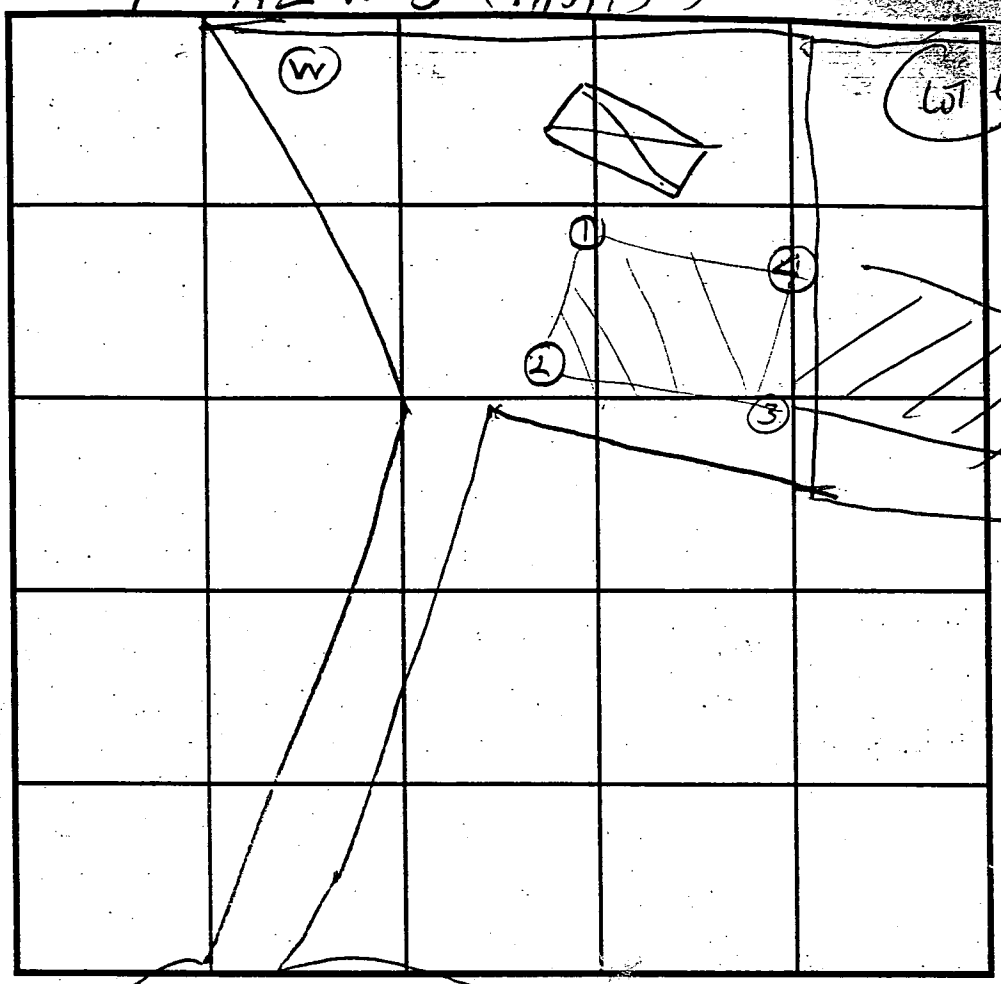
COUNTY #

SOIL PROFILE (1)

0'
TOPSOIL BROWN CLAY
PINK BROWN SAND LOAM
3'
BEIGE SAND LOAM
2'

(2)
TOP SOIL CLAY
PALE BROWN SAND LOAM & FEW COBBLES

(3)
TOPSOIL CLAY
1'
PINK BROWN SAND LOAM
BEIGE SAND LOAM
3'



SOIL PROFILE (4)
0'
TOPSOIL YELLOW CLAY
5'
PINK BROWN SAND LOAM
13.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ROAD A

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/13/92	1S	4	1206	1209	1209	1211	2
	1V	8	1206	1209	1209	1211	2
11/13/92	1V	13	OK				
11 11	2S	3.5	1216	1229	1229	1242	13
	2V	12	OK				
11 11	3S	5	1217	1220	1220	1232	12
	3V	13	OK				
11/13/92	4	13½	OK				
	THESE TEST RESULTS ARE FOR LOT (5)						
	LOT 6 HAS TWO HOLES IN COMMON						
		(#4 & #3);	OTHER TEST RECORDS				ATTACHED
		~~NOT NEAR AT THIS TIME~~ (CW)					

REMARKS Hole (1)(2)(3)(4) diagram Test Plat

TYPE OF SOIL

TESTED BY R Hodges ALSO PRESENT Hugh & O'Kattenmanjr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 9 SQ. FT/BEDROOM 180

C 1 | 5232 | SEQUENCE NO. (DENV 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 A 44241

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 03 06 95

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-94-0306

OWNER Pettif & Griffith Inc.

STREET OR RFD 18205 N Flower Hill Way (last name, first name) TOWN Gaithersburg 20879

SUBDIVISION Gwyndyl Oak Estates 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	FEET TO	Check if water bearing
soft brown dirt	0	58	
hard tan/gray rock	58	63	
med hard tan/gray rock	63	79	
soft tan rock	79	82	x
med hard/hard tan rock	82	129	
med tan rock	129	130	
hard tan/gray rock	130	200	x

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. 304

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 62 (54 BOTTOM 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)
ST (60 61)	6 (63 64)	63 (66 70)

EACH CASING — OTHER CASING (if used)

	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.)	
1	ST (8 9)	56 (11 15)	98 (17 21)
2	HO (23 24)	98 (26 30)	200 (32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 .25 2 3

DIAMETER OF SCREEN 5 (56 60) (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

T (70) TELESCOPE CASING | (E.R.O.S.) (72) LOG INDICATOR | W Q (74 75 76) OTHER DATA

C 3

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

PUMPING RATE (gal. per min. to nearest gal.) 14 (11 15)

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 (17 20)

WHEN PUMPING 48 (22 25)

TYPE OF PUMP USED (for test)

A air (27) | P piston (27) | T turbine (27)

C centrifugal (27) | R rotary (27) | O other (describe below) (27)

J jet (27) | S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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 (49) / − below (49) LAND SURFACE

1 (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)

N

70' LPL

251' RPL

COUNTY

Please Inspect
7-18-96 7/18/96
Covered at time of inspection

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 7/17/96

Name of Installer Robert L. Feezer Co, Inc. Telephone 795-1401

License Number 212-2
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ✓

Name of Property Owner W. Howes Telephone 781-4657
Subdivision McKendree Est. Lot # 6 Well Tag # HO-84 0306
Site Address 2821 Rolling Knoll Way

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Star Rite
3. Model # 10P402T-01
4. Capacity 10 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 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Hamilton
2. Model # V7806
3. Depth 42"

Tank Captive Air Well-X-Trol
1. Capacity 36 Gals.
2. Pressure relief valve? Yes

Piping
1. Type Poly
2. Size ~~1"~~ 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42

Well data
1. Depth 200 ft.
2. Yield N.A. GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? Yes

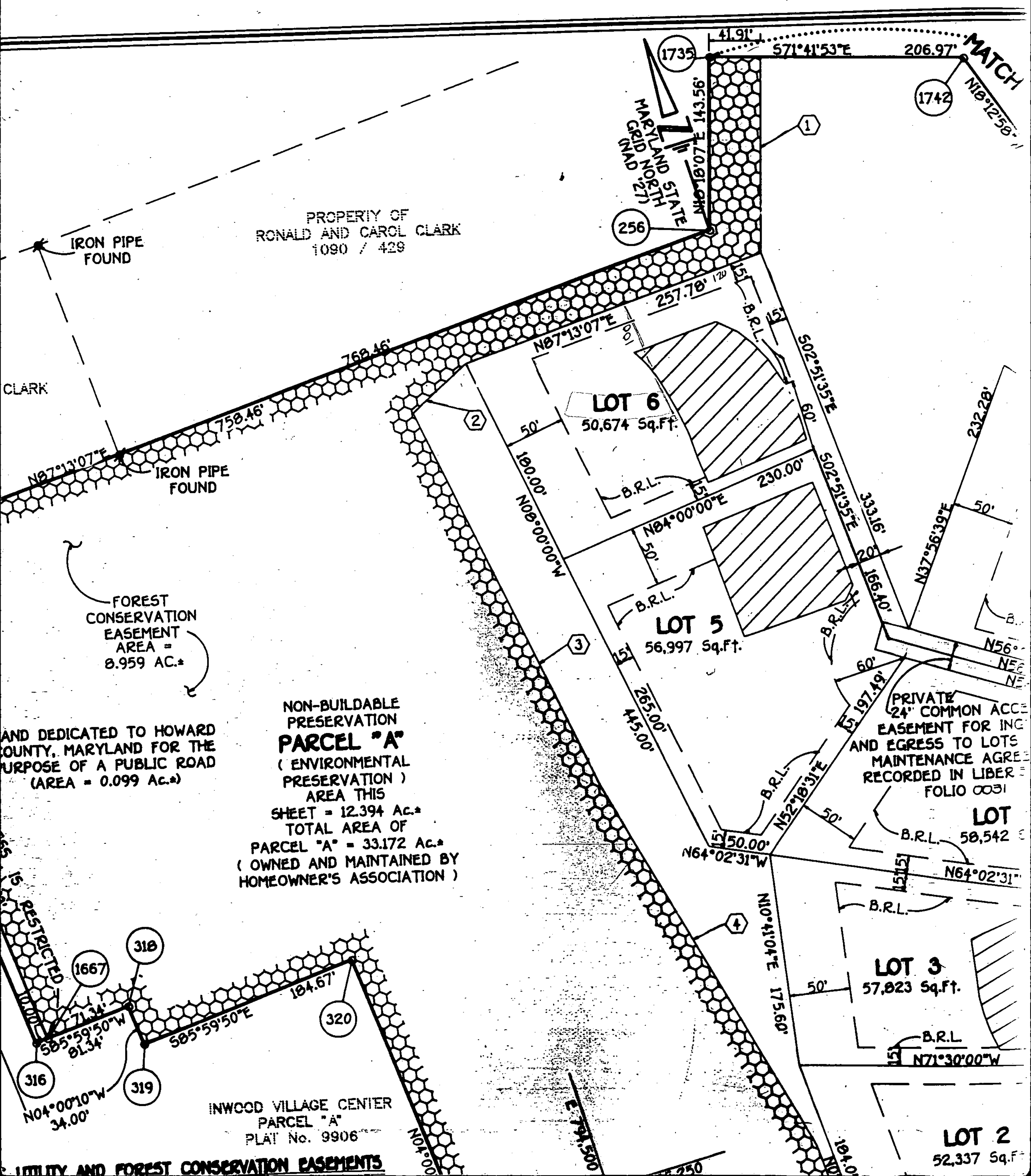
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

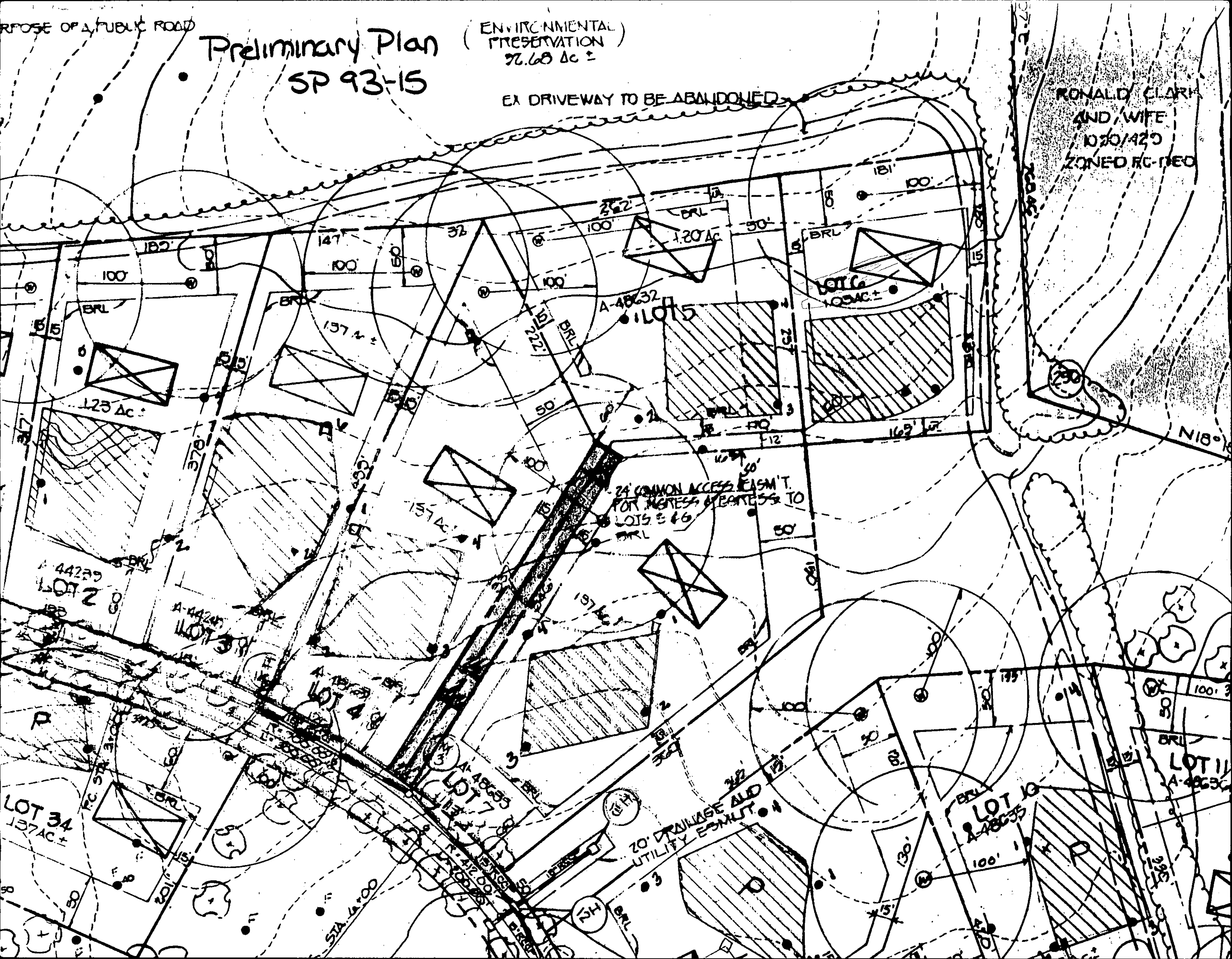
Signature of Applicant: Robert L. Feezer

Date: 7-17-96

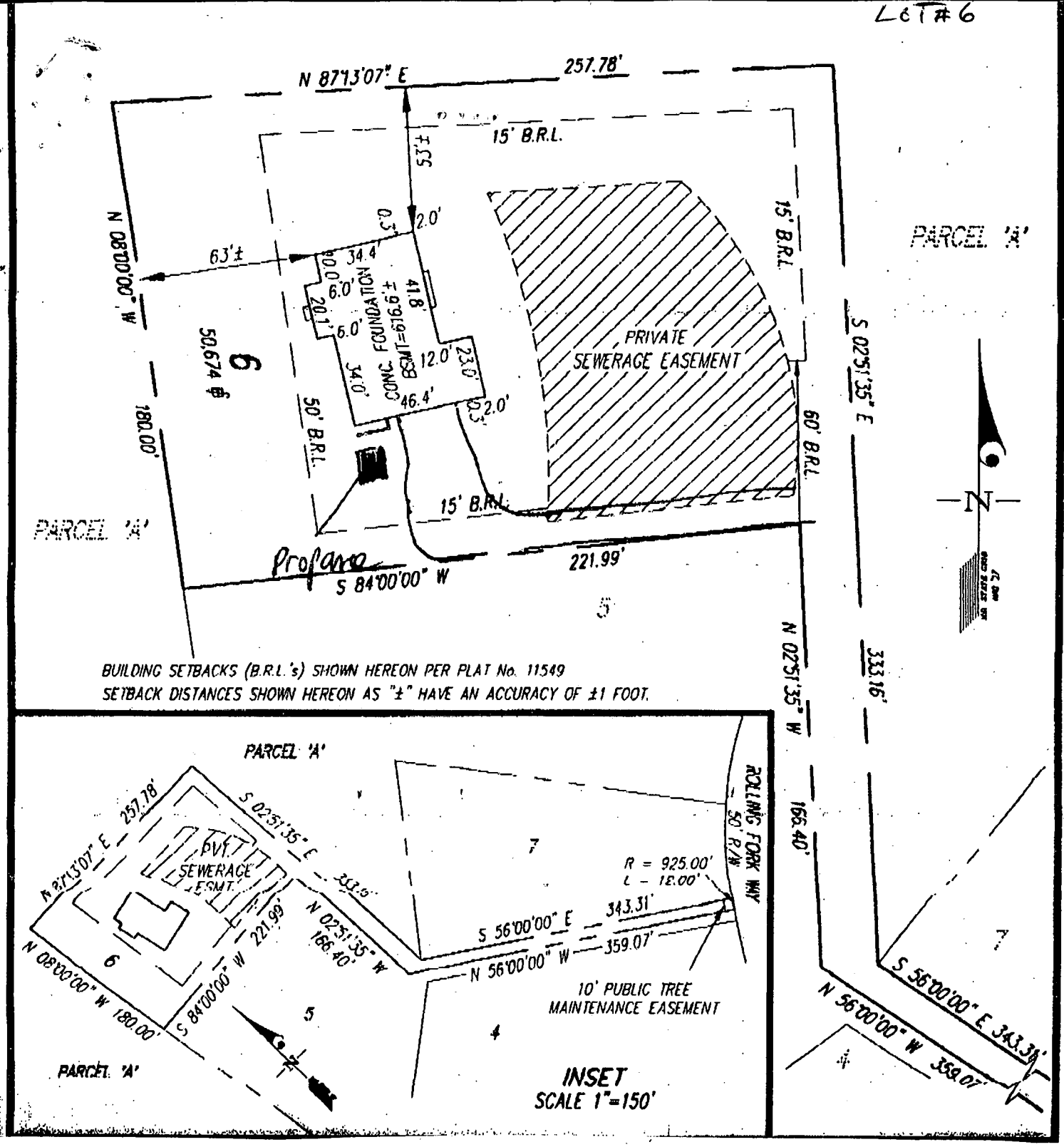
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



PROPERTY OF
RONALD AND CAROL CLARK
1090 / 429
IRON PIPE FOUND
CLARK
IRON PIPE FOUND
MARYLAND STATE GRID NORTH (NAD '27)
MATCH
1735
1742
256
41.91'
S71°41'53"E
206.97'
N18°12'58"
N10°18'07"E 143.56'
257.78'
N87°13'07"E
768.46'
758.46'
N87°13'07"E
B.R.L.
S02°51'35"E
LOT 6
50,674 Sq.Ft.
50'
180.00'
N08°00'00"W
230.00'
N84°00'00"E
S02°51'35"E
333.16'
166.40'
20'
LOT 5
56,997 Sq.Ft.
265.00'
445.00'
60'
197.49'
N52°18'31"E
50.00'
N64°02'31"W
N64°02'31"
N37°56'39"E
232.28'
PRIVATE
24' COMMON ACCESS
EASEMENT FOR ING
AND EGRESS TO LOTS
MAINTENANCE AGRE
RECORDED IN LIBER
FOLIO 0031
LOT
58,542
LOT 3
57,823 Sq.Ft.
N10°41'04"E 175.60'
N71°30'00"W
LOT 2
52,337 Sq.Ft
FOREST CONSERVATION EASEMENT AREA = 8.959 AC.±
AND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD (AREA = 0.099 Ac.±)
NON-BUILDABLE PRESERVATION
PARCEL "A"
(ENVIRONMENTAL PRESERVATION)
AREA THIS SHEET = 12.394 Ac.±
TOTAL AREA OF PARCEL "A" = 33.172 Ac.±
(OWNED AND MAINTAINED BY HOMEOWNER'S ASSOCIATION)
RESTRICTED
1667
318
316
319
320
71.34'
S85°59'50"W
81.34'
S85°59'50"E
184.67'
N04°00'10"W
34.00'
INWOOD VILLAGE CENTER
PARCEL "A"
PLAT No. 9906
E 794,500
UTILITY AND FOREST CONSERVATION EASEMENTS


Preliminary Plan
SP 93-15
(ENVIRONMENTAL PRESERVATION 92.68 Ac ±)
EX DRIVEWAY TO BE ABANDONED
RONALD CLARK AND WIFE
ZONED RC-NEO
24' COMMON ACCESS EASM'T. FOR INGRESS & EGRESS TO LOTS 5 & 6
20' DRAINAGE AND UTILITY ESMNT.
LOT 5
LOT 2
LOT 3
LOT 4
LOT 7
LOT 10
LOT 34
1.23 Ac ±
1.20 Ac
BRL

Lot #6



7/26/96

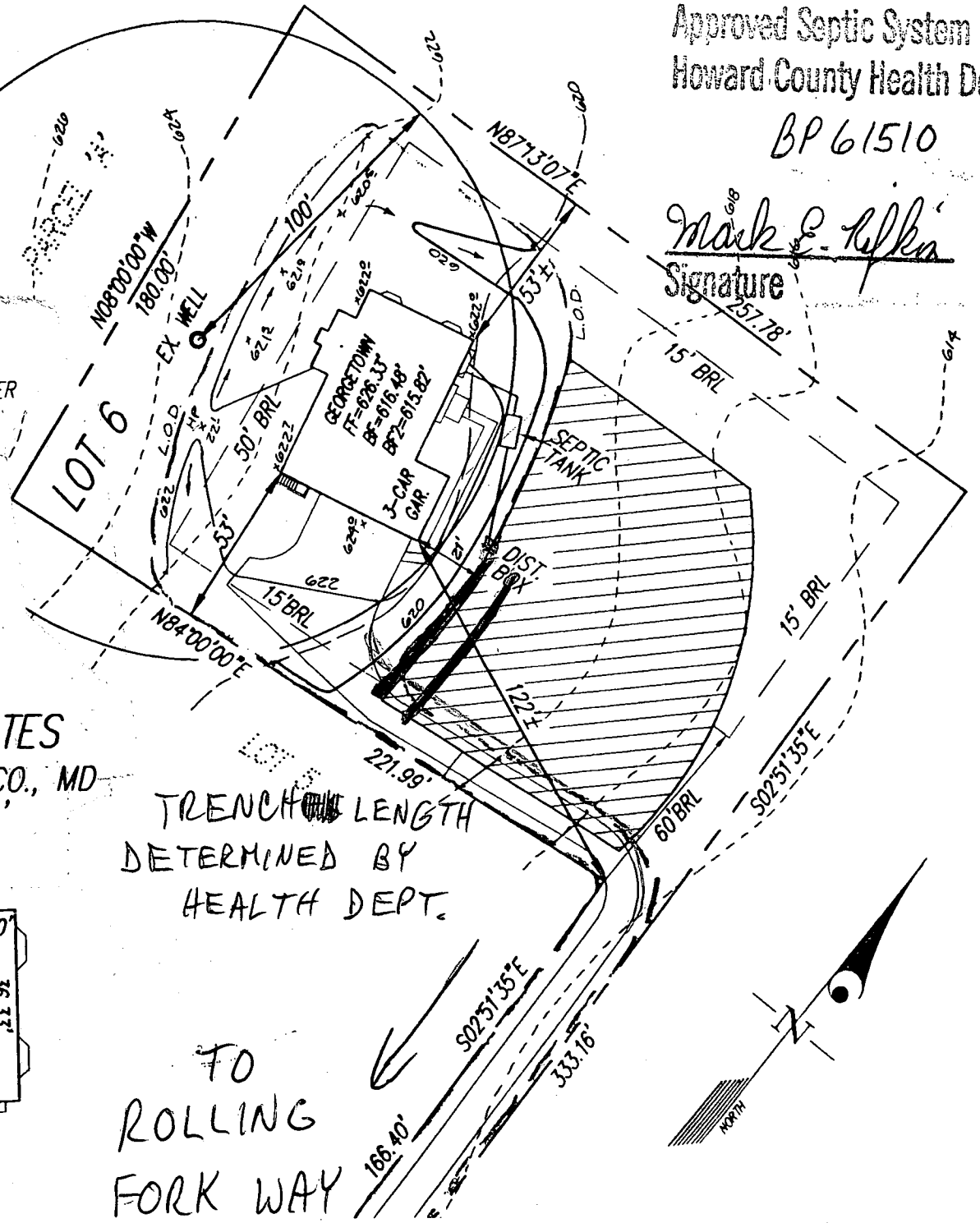
Proposed propane tank location will have no impact to existing well or septic. OK to proceed

Amy McMillen

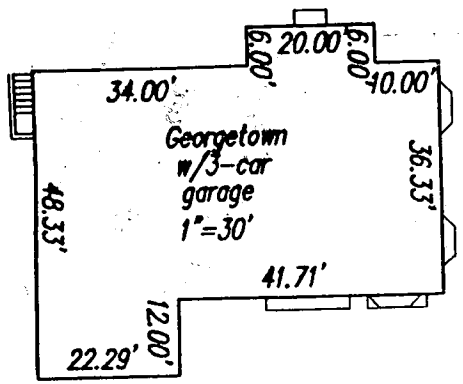
Approved Septic System Plan
Howard County Health Department
BP 61510
Mark E. Kilka 7/2/96
Signature Date

MINIMUM 18" COVER
OVER SEPTIC TANK

SEPTIC SYSTEM DATA:
BASEMENT FLOOR AREA = 615.82'
INV. OUT OF HOUSE = 620.50' HUNG SEWER
INV. IN AT SEPTIC TANK = 620.00'
INV. OUT AT SEPTIC TANK = 619.75'
EX. ELEV. AT SEPTIC TANK = 619.0'±
PROP. ELEV. AT SEPTIC TANK = 621±'
INV. IN AT DIST. BOX = 615.3'
EX. ELEV. AT DIST. BOX = 619.3'±



LOT 6
GWYNDYL OAK ESTATES
4th ELEC. DIST. HOWARD CO., MD
March 1, 1996 1"=50'



TRENCH LENGTH
DETERMINED BY
HEALTH DEPT.

TO
ROLLING
FORK WAY

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 18, 1996

Ms. Apel
2821 Rolling Fork Way
Glenwood, Maryland 21738

RE: Site Inspection Request for
Septic Installation Confirmation
at 2817 Rolling Fork Way

Dear Ms. Apel:

In response to your request for confirmation of the location of the installed septic system at 2817 Rolling Fork Way (Gwyndyl Oak Estates, Lot #5), please find enclosed a copy of the septic installation record, and a copy of the septic contractor's record.

Upon review of this information and after field confirmation, I hereby affirm that the installed septic system on Lot #5 is greater than 100 (one hundred) feet from your existing well.

Please review the enclosed documents. If you have any other questions or concerns, please contact me at the address below or by calling (410) 313-2640.

Sincerely,

Donna K. Soe, R.S.
Water and Sewerage Program

Enclosure
DKS
cc: file

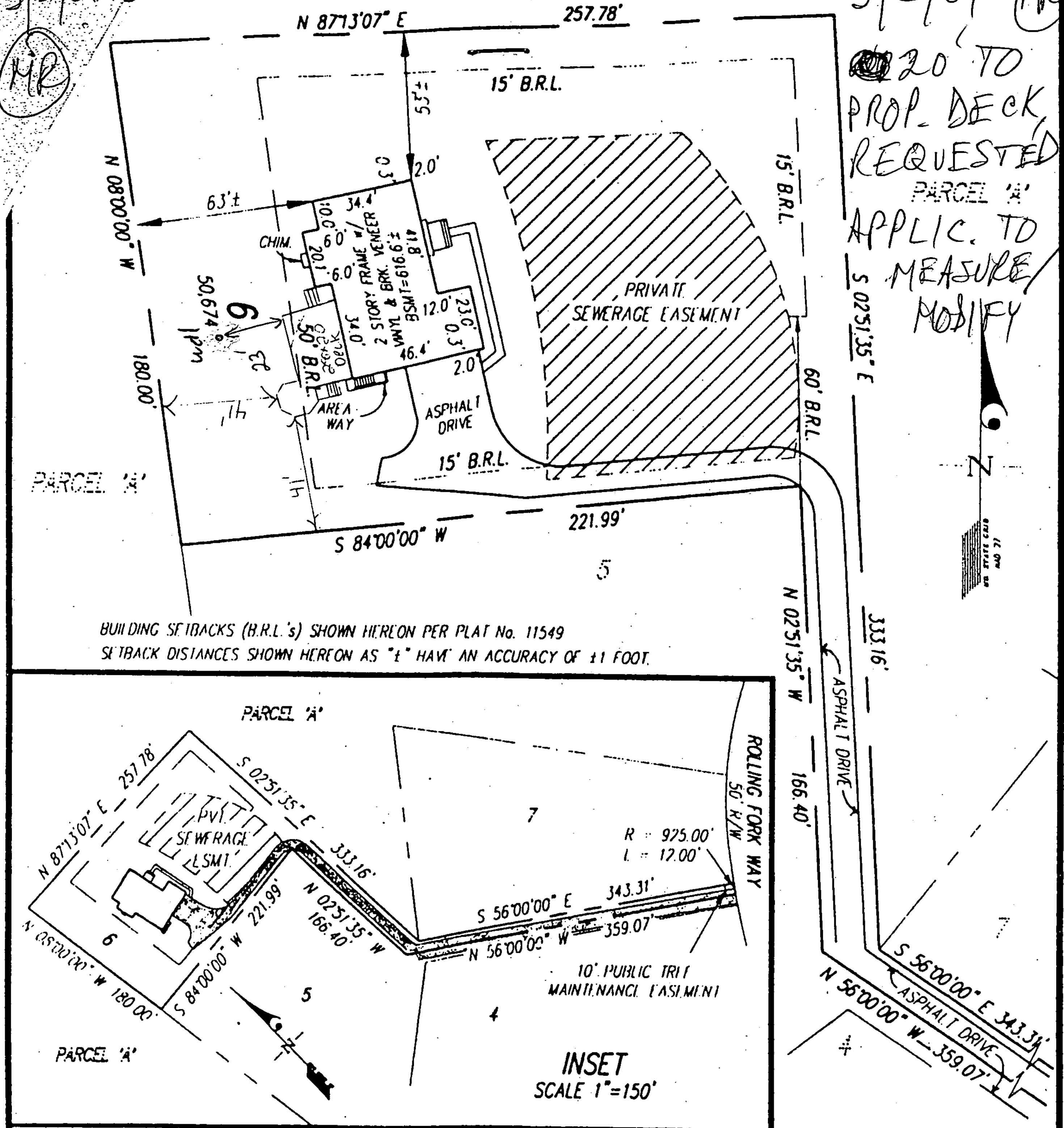
Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

5/2/01 DECK 23' TO WELL ← ACCEPTED

5/2/01 MR

#1

20' TO PROP. DECK REQUESTED 27'+ APPLIC. TO MEASURE/ MODIFY



GLW Gutschick, Little & Weber, P.A.

CIVIL ENGINEERS, SURVEYORS, PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866
TEL. (301) 421-4024 NO. VA.: (301) 989-2524 BALT.: (410) 880-1820 FAX: (301) 421-4186

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 240044 0014 B, REVISED DECEMBER 4, 1986.

REFERENCE :	PLAT No. 11549
DATE OF LATEST FIELD WORK:	08-14-96
DRAWN BY : WEG/CAD	SCALE : 1"=50'	G.L.W. FILE No. 95-052
CHECKED BY :	

SURVEYOR'S CERTIFICATE

THIS IS TO CERTIFY TO: "NV HOMES".

THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THIS LOCATION DRAWING WAS PREPARED IN

LOCATION DRAWING

"GWYNDYL OAK ESTATES" LOT 6

2821 ROLLING FORK WAY

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) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0012991

Building Address 2821 Rolling Fork Way
Glenwood Md 21738

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

Census Tract 14 Subdivision Gumpfyl. Oak Est

Section 1 Area _____ Lot 6

Tax Map 14 Parcel 123 Grid 11

Zoning RC Map Coordinates 9D3 Lot size

Property Owner's Name ~~SAME AS APPLICANT~~ JAMES + PATRICIA APEL
Address 2821 Rolling Fork Way
City Glenwood State Md Zip Code 21738
Home Phone 410-489-9944 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD with deck
Estimated Construction Cost $ 10,200.00
Description of Work Contruct a deck with stairs and lattice on rear of house. 28X20 12 X 12 Cedar

Contractor Company A.R.C. BUILDERS INC
Contact Person REGAN J. COLLIER
Address 1005 LADY CAMARIN CT
City MT. AIRY State Md Zip Code 21771
License No. 39204
Phone 410-442-3600 Fax SAME

Occupant or Tenant JAMES + PATRICIA APEL
Contact Name SAME
Address 2821 Rolling Fork Way
City Glenwood State Md Zip Code 21738
Phone 410-489-9944 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 ☐ Propane
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:
2nd floor:
Basement:
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: Poured Piers
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.

Regan J. Collier
Applicant's Signature

Regan J. Collier
Print Name

A.R.C. BUILDERS INC.
Title/Company

5/2/01
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	5/2/01	
Dev. Engineering, DPZ		
Health	5/2/01	
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 _____ Accepted by _____

PROPERTY ID#: 1632

Filing fee	$ _____
Permit fee	$ 20
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ 30
TOTAL FEES	$ 50
Balance due	$ _____
Check	# 1099
Validation	# _____

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

a:\permit.frm

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