

10-7-99  
12:00  
10/8/99  
11:00

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 512692

A 48845

DISTRICT

DATE 8/31/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 10/8/99

INSPECTOR du

Eagle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Quarterfield LOT 29 ROAD 3748 Running Springs Road

PROPERTY OWNER Dale Thompson Builders

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet down the 370.00' lot line and 65 feet off this same lot line as seen when facing the lot from Running Springs Road. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/13/99 OK Au

PLANS APPROVED BY Donna K. Soe DATE 5-07-1999

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)

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

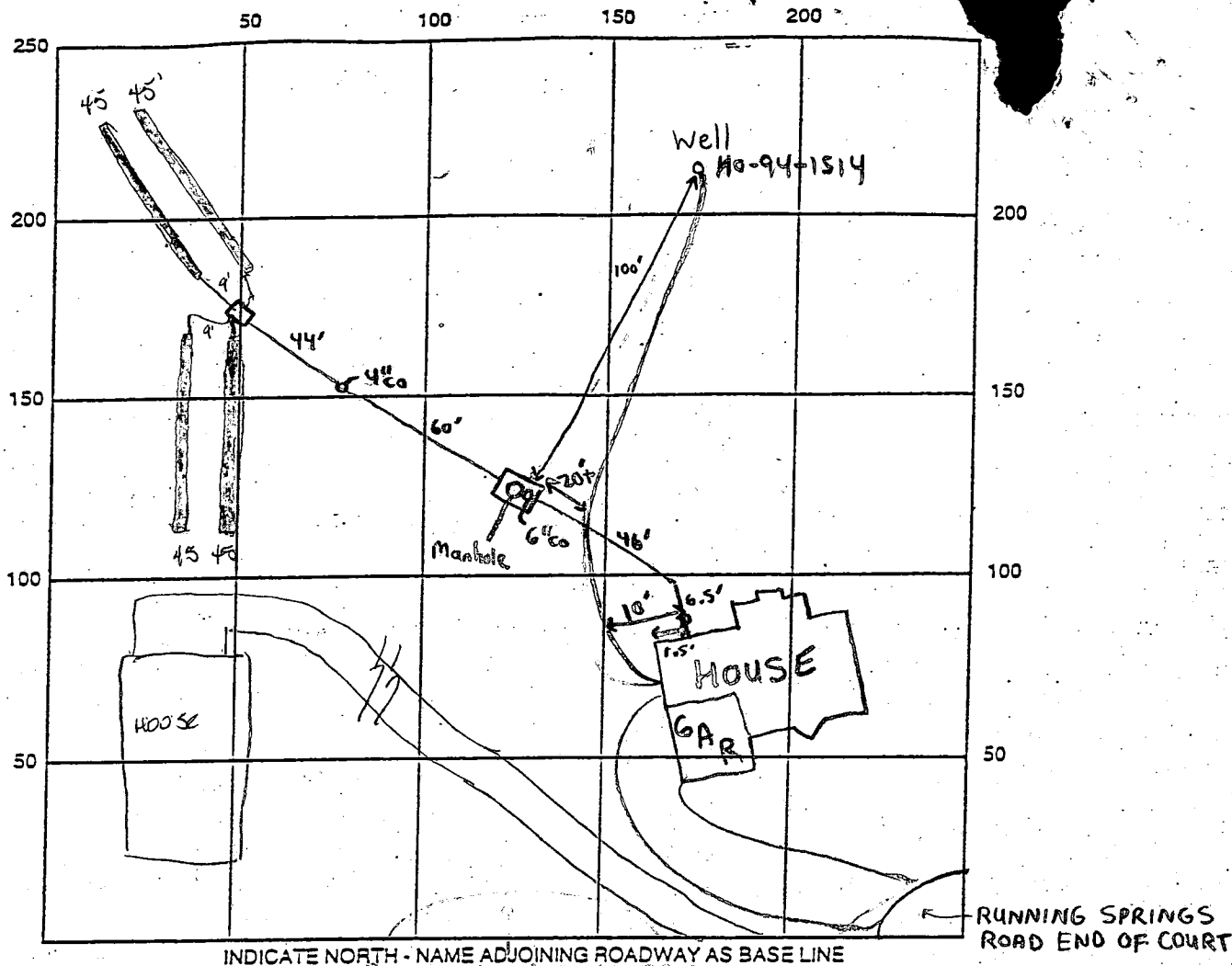
PERMIT VOID AFTER TWO YEARS

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.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RUNNING SPRINGS ROAD END OF COURT

SEPTIC TANK LEVEL 1250 gallons mid seam tank

CLEANOUTS 4" @ House, 6" @ Tank, Manhole @ Tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 10/7/99 - OK TO CONTINUE WORK - (SRK) 10/9/99 OK to cover all  
work - well line is 2.0' above SDA 10/12/99 - Well line 20' away from  
Septic Tank & 10' away from House sewer, WPI OK - (SRK)

DATE SYSTEM APPROVED 10/9/99 INSPECTOR A. Mc Miller

# APPLICATION

## PERCOLATION TESTING

A 48845

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Joseph M. Zoller, III DALE Thompson Builders  
11696 Carroll Mill Road  
ADDRESS Ellicott City, Maryland 21043 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.  
ADDRESS P.O. Box 417, Ellicott City, MD 21041 PHONE (410) 465-4244

### PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 28 29

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road  
intersection. (3748 Running Spring Rd)

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Bed  
(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.

By: SDC Group Inc.  
Able Ind. VP.  
(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

COUNTY #

SOIL PROFILE 278

280 281

279

tan

sac 1m

5-10% frags

3

beige

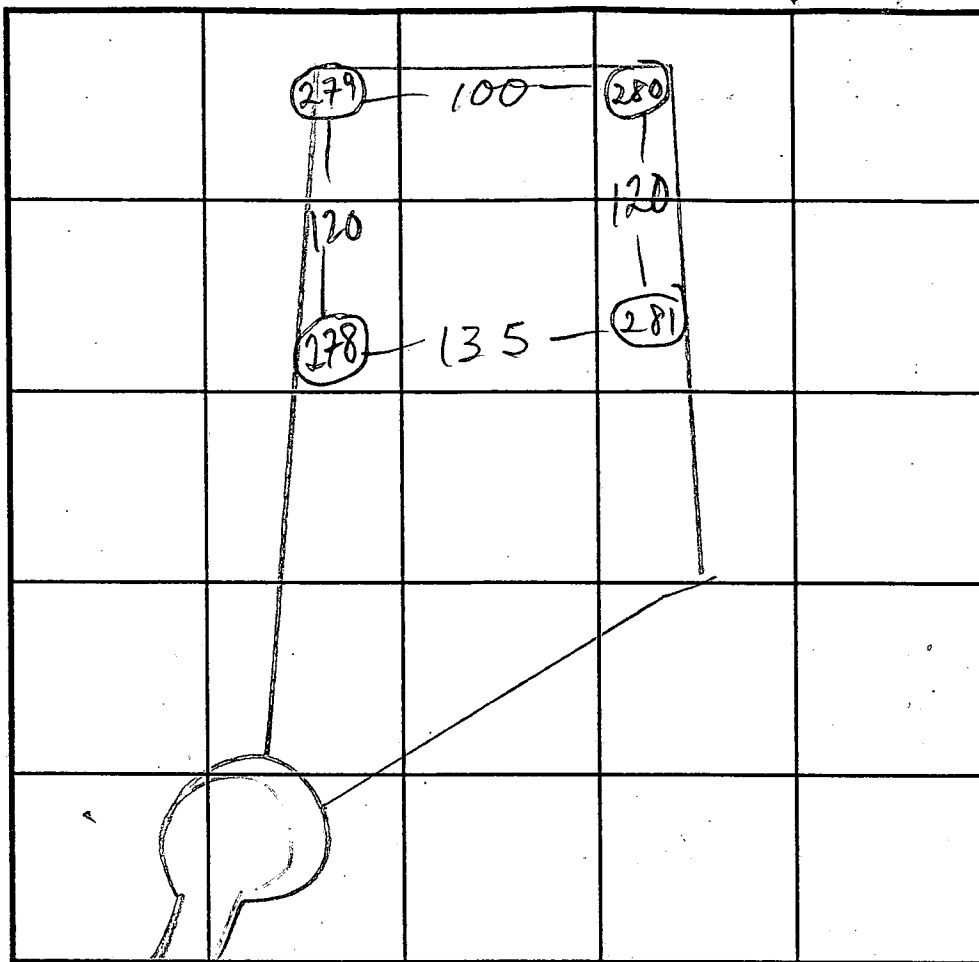
sand

sa 1m

5-10% frags

frags

(decomposing)



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/3/94	279	4'6"	9:26:30	9:28:20	9:28:20	9:31:20	3 min
	279	12					
	280	4'9"	9:06:15	9:06:45	9:06:45	9:08:00	1 min 15 sec
	280	12					
	281	4	9:12:35	9:15:00	9:15:00	9:19:00	4 min
	281	11'6"					
	278	4	9:51:30	9:52:15	9:52:15	9:53:15	1 min
	278	12 1/2					

REMARKS

TYPE OF SOIL

TESTED BY

M. Ripkin

ALSO PRESENT

Hatfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

C. Sperry

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

C1 05061

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 48845

1 2 3 4 5 6  
(THIS NUMBER MUST BE PUNCHED  
IN COLUMNS 3-6 ON CARDS)

ST/CO USE ONLY

DATE RECEIVED

MM 04 DD 13 YY 99

DATE WELL COMPLETED

MM 04 DD 13 YY 99

Depth of Well

22 38.5 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-94-1514

OWNER Dale Thompson Bldrs.  
STREET OR RFD Running Springs Rd  
SUBDIVISION QUARTER FIELD SECTION LOT 29

## WELL LOG

Not required for driven wells

## GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 19 NO. OF POUNDS 1786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 44 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

ST

Nominal diameter

top (main) casing

(nearest inch)

6

Total depth

of main casing

(nearest foot)

50

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
below

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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

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

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

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

## C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

5.5

METHOD USED TO MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

47

BEFORE PUMPING

17 20

WHEN PUMPING

155

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other

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.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above

49

- below

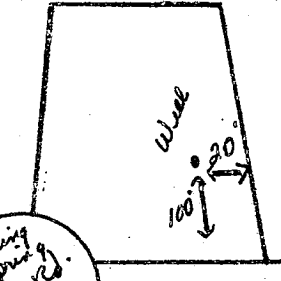
49

LAND SURFACE

(nearest foot)

## 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

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.

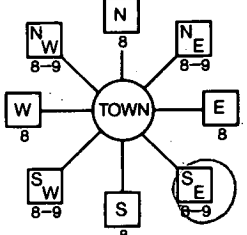
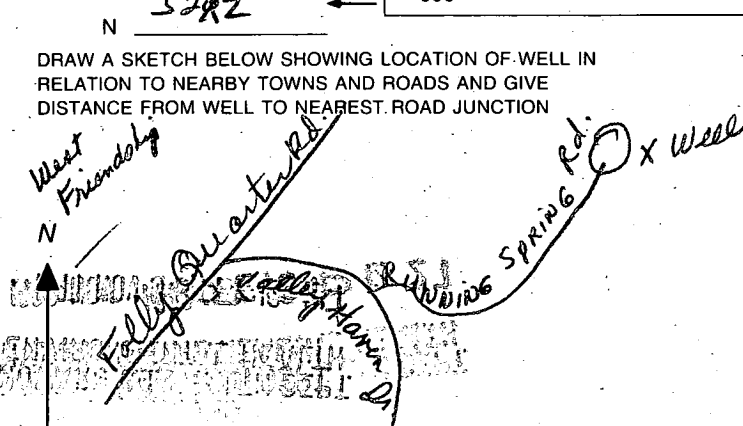
DRILLERS LIC. NO. 1 MSD024

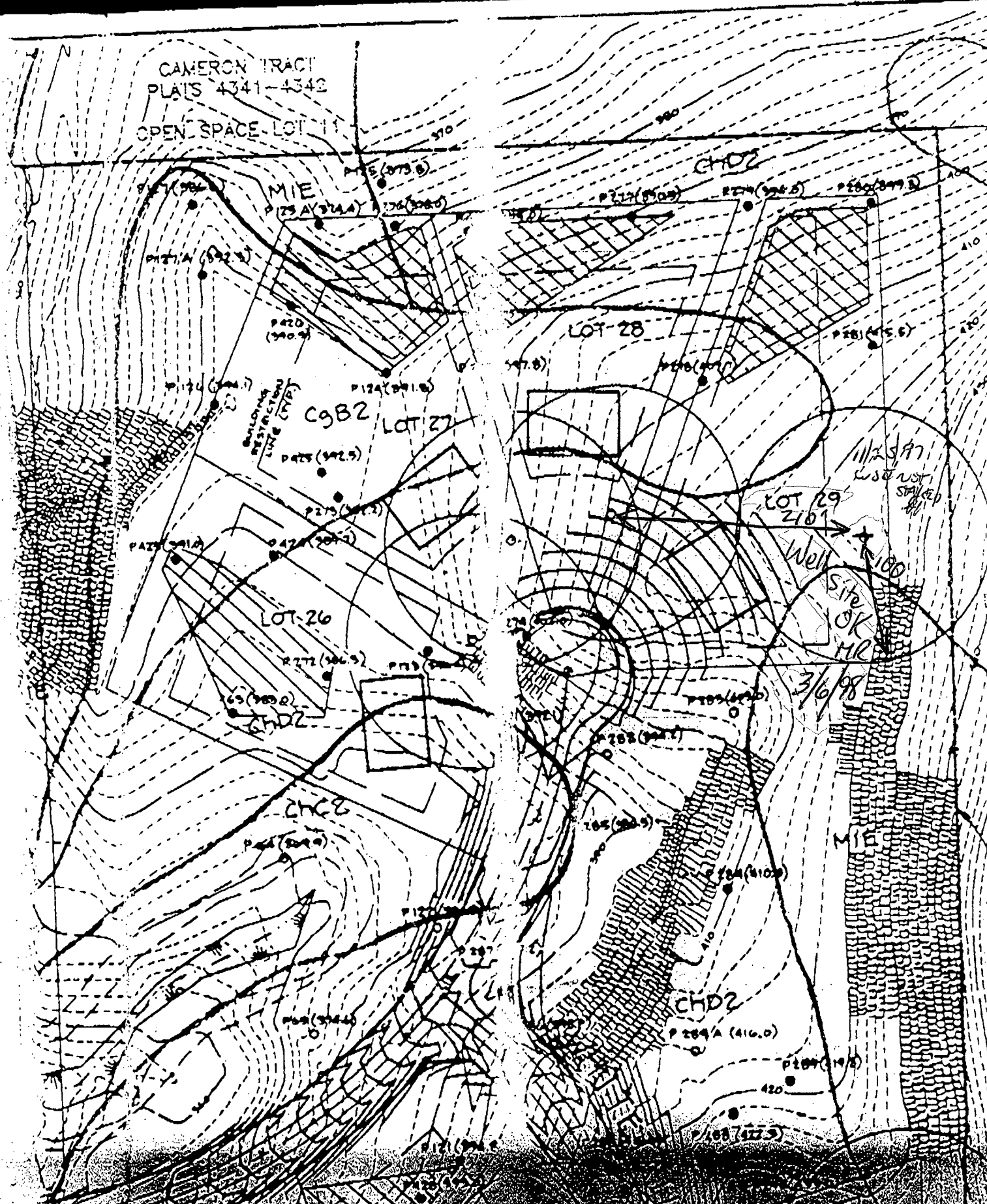
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

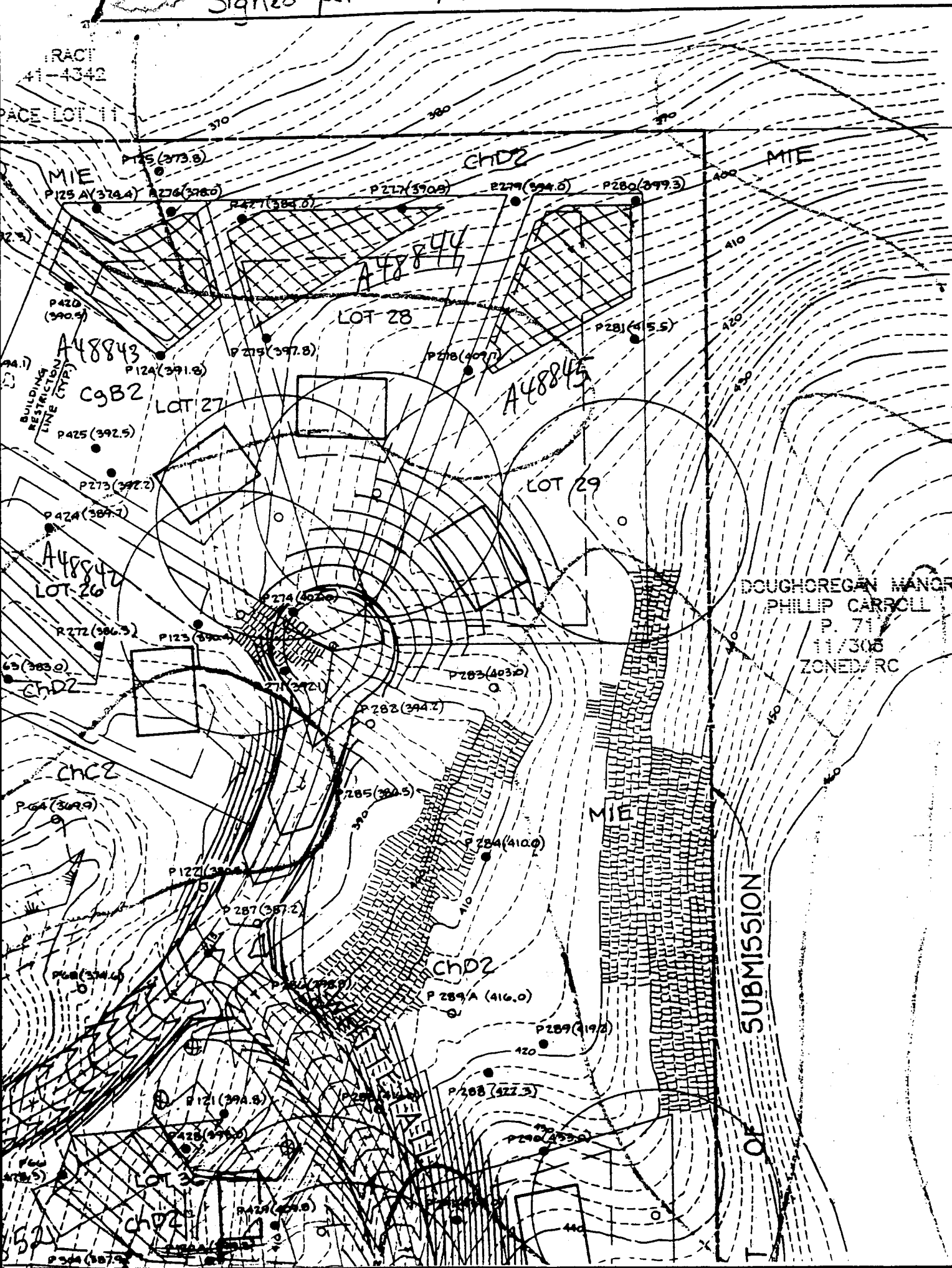
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 <b>8007</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY) 1 2 3 4 5 6 8 MM DD YY 13 <u>11/18/97</u>	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <u>HO-94-1514</u> <small>fill in this form completely</small>
Date Received (ABA) 8 MM DD YY 13 <u>11/18/97</u> <b>OWNER INFORMATION</b> 15 Last Name <u>Thompson</u> Owner First Name <u>Dale</u> 34 36 <u>10005 Old Columbia Rd.</u> Street or RFD 55 <u>Columbia Md. 21046</u> 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Quarterfield</u> 42 SECTION <u>44</u> 46 LOT <u>29</u> 48 50 <u>West Friendship</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L. Mayne M S D 024</u> 76 License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> <u>5512 Ridge Rd. Mt. Airy Md. 21771</u> Address Signature <u>Joseph L. Mayne 11/17/97</u> Date		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> 11 <u>Running Spring Rd.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>210</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>23</u> BLK: <u>145</u> PARCEL <u>101</u>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>A48845</u> COUNTY NO. STATE SIGNATURE <u>Mark E. Paffen</u> INSERT S DATE ISSUED <u>04 09 98</u> 41 43 MM DD YY 48 CO SIGNATURE <u>Mark E. Paffen</u> EXP. DATE NORTH GRID <u>522</u> 50 0 0 0 55 EAST GRID <u>0826</u> 57 0 0 0 63	
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) 22 <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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>826</u> N <u>522</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>240</u> FEET. 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>AIR-ROTARY</u> JETTED Jetted & DRIVEN 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 FORCE <u>M R</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-94-1514</u> 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			



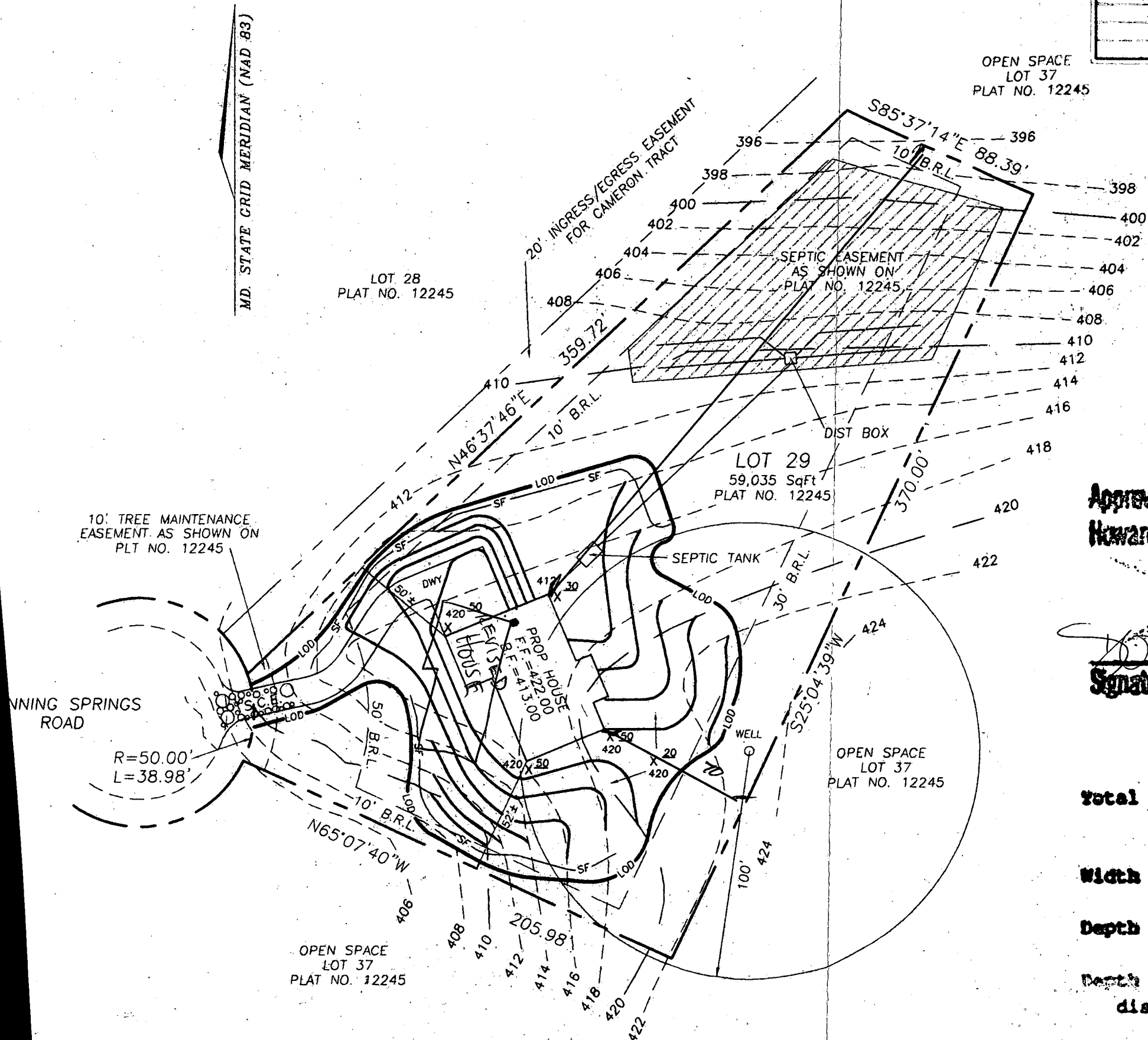
**உயர்நீதிமன்றம்**







SEPTIC GRADES & ELEVATIONS		
	INVERT	GRADE
INVERT AT HOUSE	410.5	412.3
INVERT AT SEPTIC TANK	410.1	413.6
INVERT FROM SEPTIC TANK	409.8	413.6
INVERT AT DIST. BOX	407.6	410.3
INVERT INTO TRENCH	407.3	410.3



# Approved Septic System Plan

## Howard County Health Department

**Signature**

**Date:**

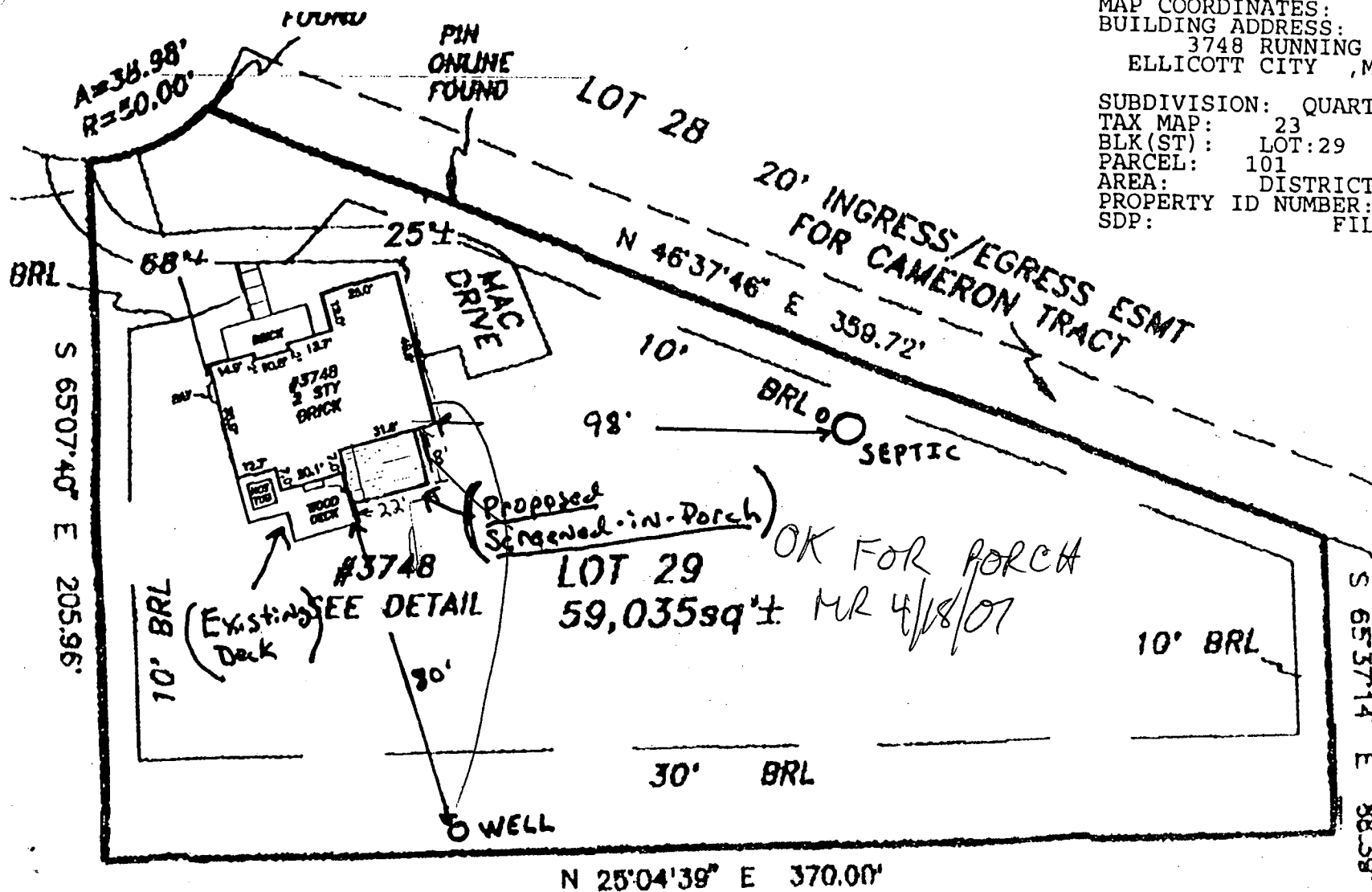
**Total linear feet of trench  
required 180 feet**

Width of trench(es) 2 feet


Depth of trench(es) 1 foot.

Depth of stone required below  
distribution pipe 4 feet

MAP COORDINATES: 10K10  
 BUILDING ADDRESS: 3748 RUNNING SPRINGS RD  
 ELLICOTT CITY, MD 21042  
 SUBDIVISION: QUARTERFIELD ESTATES  
 TAX MAP: 23 ACREAGE 1.3  
 BLK(ST): LOT:29 BLK:15  
 PARCEL: 101 SECTION: 2  
 AREA: DISTRICT: 3  
 PROPERTY ID NUMBER: 0000-0004-0928  
 SDP: FILE:



SHEET 1  OF 3	DAVIS RESIDENCE : PLOT PLAN		
	SCALE 1" = 70'		DRAWN BY: JD
	DATE 4-19-01		APPROVED BY:
	3748 RUNNING SPRINGS RD ELLICOTT CITY, MD 21042		



**DAVIS  
DESIGN &  
CONSTRUCTION, LLC**  
MHIC #43450

3748 Running Springs Rd.  
 Ellicott City, Maryland 21042  
 410-351-3518

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	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>1300127649</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	-------------------------------------------

Building Address <u>3748 Running Springs Rd.</u> <u>Ellicott City, Md. 21042</u>	Property Owner's Name <u>John Davis</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>Same</u>
Census Tract <u>1001</u> Subdivision <u>Quarterfield Est.</u>	City _____ State _____ Zip Code _____
Section <u>2</u> Area _____ Lot <u>29</u>	Home Phone <u>410-531-0415</u> Work Phone <u>410-351-3518</u>
Tax Map _____ Parcel <u>111</u> Grid <u>1</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>R-1</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>Single Family Home</u>	Contractor Company <u>Owner</u>
Proposed Use <u>Same w/ Porch</u>	Contact Person _____
Estimated Construction Cost \$ <u>2500</u>	Address <u>Same</u>
Description of Work <u>Construction of a</u> <u>18'x22' Screened-in Porch on</u> <u>rear of home w/ steps to ground</u>	City _____ State _____ Zip Code _____
Occupant or Tenant <u>Owner</u>	License No. _____
Contact Name _____	Phone _____ 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>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: <u>11</u>	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	<input checked="" type="checkbox"/> Public	Depth _____ Width _____	<input checked="" type="checkbox"/> Public
Gross area, sq. ft. per floor: _____	<input checked="" type="checkbox"/> Private	1st floor: _____	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____	2nd floor: _____	Sewage Disposal: _____
Construction type: _____	<input checked="" type="checkbox"/> Public	Basement: _____	<input checked="" type="checkbox"/> Public
<input checked="" type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Masonry	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	Other Structure: _____	Dimensions: _____
	Partial _____	Footings: _____	Footings: _____
	Other Suppression _____	Roof: _____	Roof: _____
	# of Heads _____	State Certified Modular _____	State Certified Modular _____
		Manufactured Home _____	Manufactured Home _____

I, 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 HERETO; (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>John Davis</u>	Print Name <u>John Davis</u>
Title/Company <u>Owner</u>	Date <u>4-18-01</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ	<u>4/18/01</u>	<u>[Signature]</u>	Front: _____	<u>40923</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>28</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>48</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health		<u>Mark Riffkin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>73</u>
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ <u>1077</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1077</u>
ONE STOP SHOP: <input type="checkbox"/>				Validation # <u>38006</u>
Distribution of Copies: _____				Accepted by <u>[Signature]</u>
White: Building Official				
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				