

11/25/86  
10 AM  
12/1/86  
10:30

APPROVED  
12/1/86  
RH

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 37939

A 34893

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X 992-2330 X

461-9933

05-399149

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 10/27/86

William Conour

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS

PHONE

SUBDIVISION Greenefields ROAD 6540 Prestwick Drive LOT 13, Section 1

PROPERTY OWNER ~~Clay & Kay Brooke~~ CHRISTOPHER + CAROL CORNWELL

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the front (325') lot line and 175 feet from the right (389') lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour toward the back lot line. Maintain 100 feet from well with septic tank.

NOTE - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK.

WLC

PLANS APPROVED BY S. Abel DATE 2/14/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

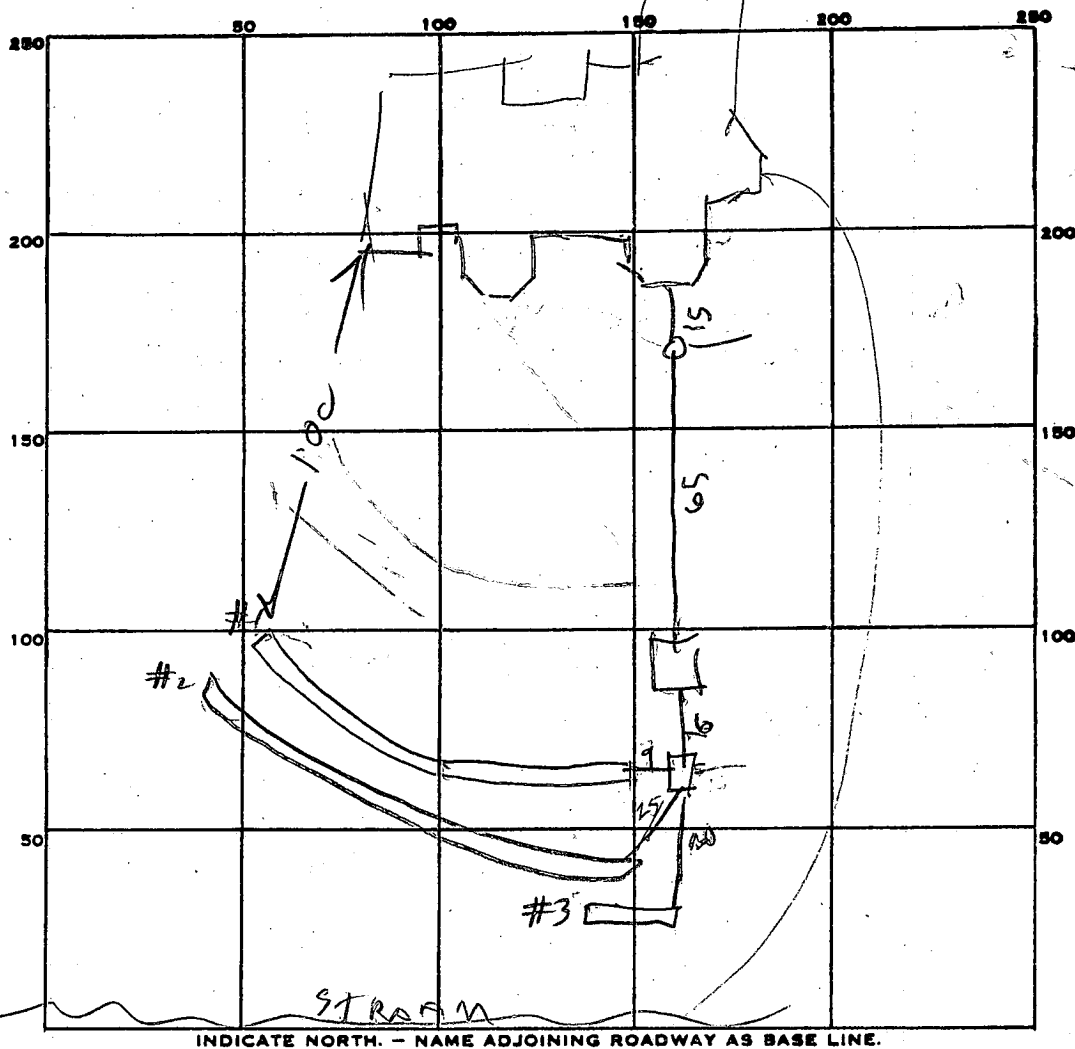
EH - 2-1082

34893

garage

30013846

2/20/01



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 1500

CLEANOUTS ST  
OK

DISTRIBUTION BOX, LEVEL 012

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 3

GRAVEL DEPTH 1.5 IN. TOTAL LENGTH 100

NUMBER OF TRENCHES 3

TOTAL BOTTOM AREA 300

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS

11/24/86 LOCATION LOOKS OK. TRENCH #1 DONE

DIG TRENCH #2 - ADD STONE TO TRENCH #1 / TOOK  
UP TANK & CALL. OK TO COVER TANK TO BOX.

1/DEC 86 COVER TRENCH #1 ADD STONE TO TRENCH #1 & #3

1/DEC 86 - STONE ADDED TO TRENCH #1 & #2 RH

DATE SYSTEM APPROVED 1/Dec 86

INSPECTOR Raymond Hodges

C1 00492

SEQUENCE NO.  
(OEP USE ONLY)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

A-34893

DATE RECEIVED

1 2 3 4 5 6 7 8 9 10 11 12 13

DATE WELL COMPLETED

050986

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

10-81-1454

OWNER

STREET OR RFD

SUBDIVISION

BROOKE

last name

PRESTWICK DR.

CLAYTON

first name

TOWN

HIGHLAND

SECTION

7

LOT

13

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

Check  
if water  
bearing

Brown Shale

0 36

Gray mica rock

36 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes  
Yno  
N

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS

9

NO. OF POUNDS

846

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST

CO

STEEL CONCRETE

PL

OT

PLASTIC OTHER

MAIN

Nominal diameter

Total depth

CASING

top (main) casing

of main casing

TYPE

(nearest inch)

(nearest foot)

ST

6

42

66

70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole  
insert  
appropriate  
code  
below

## SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC OTHER

C2

E  
A  
C  
H  
S  
C  
R  
E  
E  
N

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER

(NEAREST

OF SCREEN

INCH)

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  
CASINGLOG  
INDICATOR

OTHER DATA

C3

1

2

## PUMPING TEST

HOURS PUMPED (nearest hour)

6

PUMPING RATE (gal. per min.)

3

to nearest gal.

METHOD USED TO

MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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

(CIRCLE) (YES or 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

CASING HEIGHT (circle appropriate box

and enter casing height)

+ above

LAND SURFACE

- below

(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)

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  
WELLI 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.

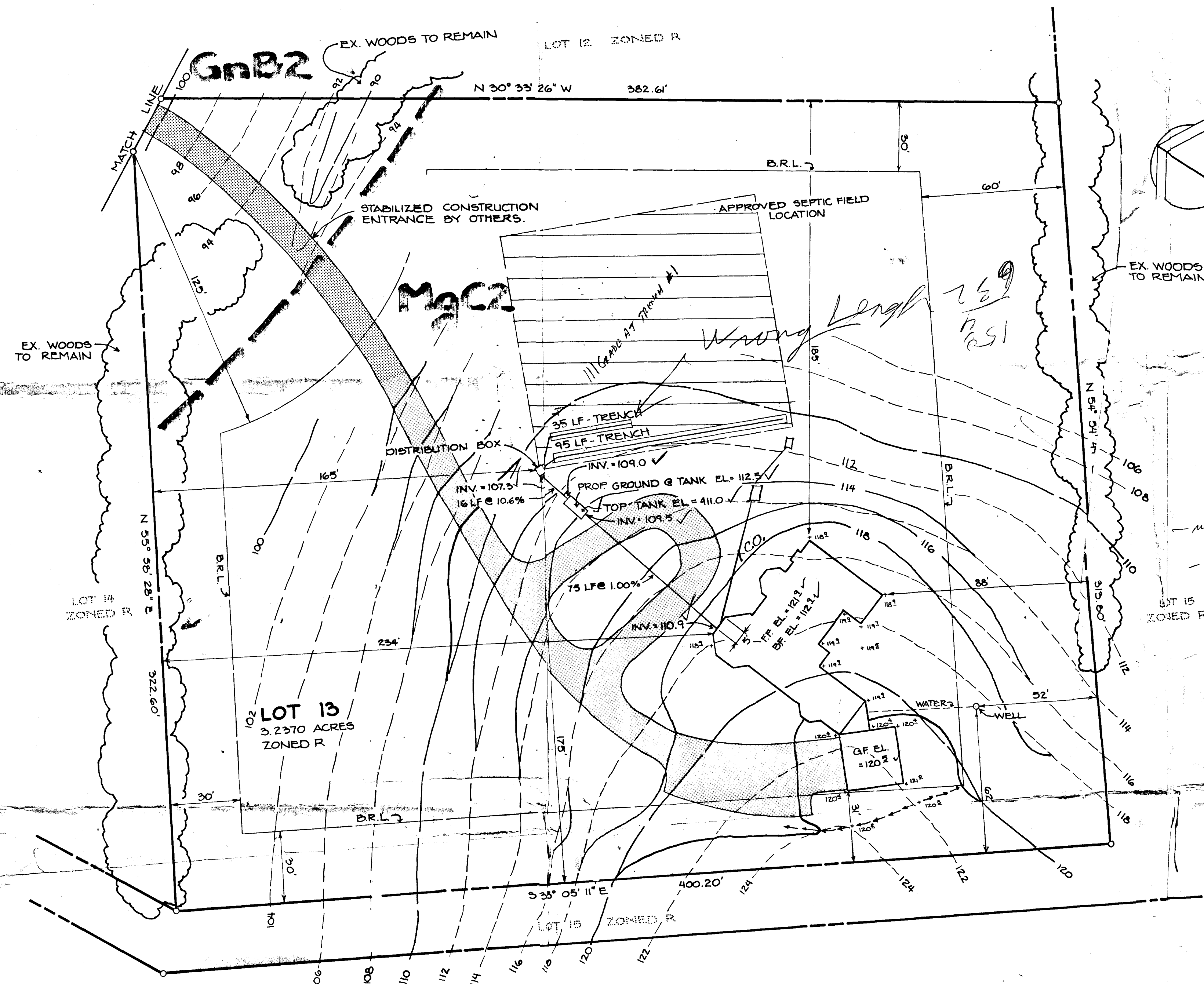
DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

HEALTH



NO DEEP TRENCHES  
158" dia  
3' wide  
Inlet 3'-5"  
Bottom 5'-18" stone  
36R 158" trench  
40R 211" trench  
w/ dispersion  
48R 258" trench

1.) 158 sq. ft./Bedroom x 4 bedrooms =  
2.) 771 sq. ft. - X = 128.5 L.F. of trench  
3.) Septic Tank Capacity shall be 1875  
4.) No trench to exceed 100 feet in length  
5.) Trenches to be installed on level  
6.) Call for inspection of trench before backfill  
7.) Provide 6"-8" diameter cleanout and  
8.) This system is designed to accommodate  
9.) The basement floor elevation will be design.  
10.) Trench specifications  
a.) width - 3'-0"  
b.) Maximum bottom depth - 5'  
c.) Effective area beginning  
d.) Stone depth - 1.5 feet below

NOTES:  
B.R.L. = Building Restriction Line.  
Horizontal and Vertical Data are as shown

SOILS  
1.) CoB2 - Glenville Silt loam, 0 to 3%

*3BR*  
*4BR*  
*w/dispenser*  
*4BR 258*

NOTES

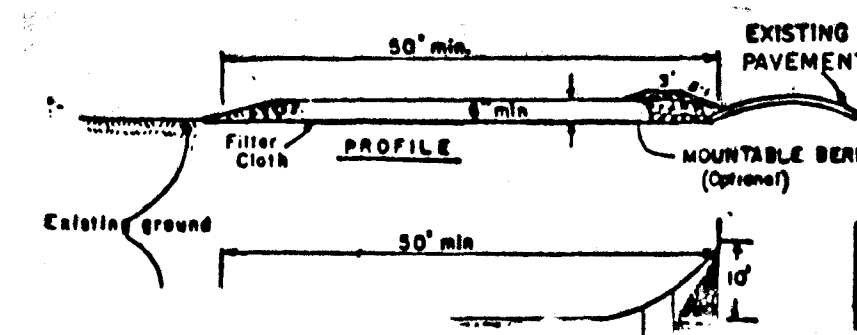
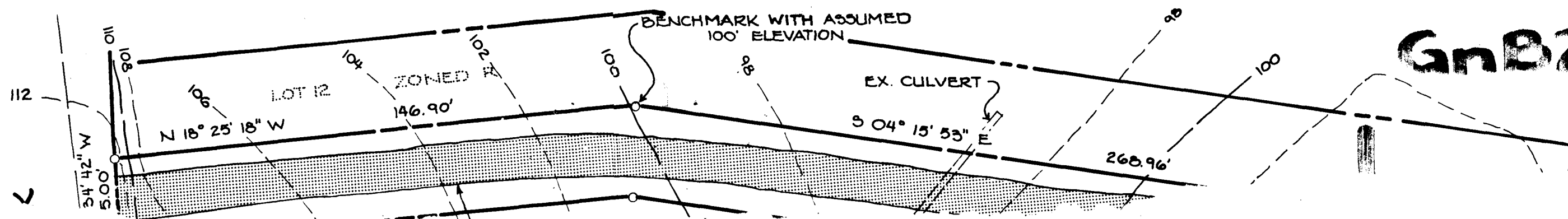
B.R.L. = Building Restriction Line.  
Horizontal and Vertical Data are as shown.

SOILS

1.) Gnb2 - Glenville Silt Loam, 0 to 3%  
2.) MgB2 - Manor Gravelly Loam, 3 to 8%  
3.) MgC2 - Manor gravelly loam, 8 to 15%

CO<sub>2</sub> clean out

390



APPROVED: FOR PUBLI  
HOWARD CO

COUNTY HEALTH OF

APPROVED: HOWARD CO

PLANNING DIRECT

CHIEF, DIVISION  
DEVELOPMENT AND  
ADMINISTRATION

Page 1 of 1  
Date 5/9/86

Review GR10 5/16/86 BN

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1434  
Location of property (road) PRESTWICK DR.  
Subdivision GREENE FIELDS Lot 13 Block Plat Sec. 4  
Well Driller JOSEPH MAYNE Owner BROCKE, CLAYTON

Depth of well 300'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 800 Pumping rate 12  
Total time 30 min to reach pumping water level 181 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	109	5		12
8:30	181	5		12
8:45	181	20		3
9:00	181	20		3
9:15	181	20		3
9:30	181	20		3
9:45	181	20		3
10:00	181	20		3
10:15	181	20		3
10:30	181	20		3
10:45	181	20		3
11:00	181	20		3
11:15	181	20		3
11:30	181	20		3
11:45	181	20		3
12:00	181	20		3
12:15	181	20		3
12:30	181	20		3
12:45	181	20		3
1:00	181	20		3
1:15	181	20		3
1:30	181	20		3
1:45	181	20		3
2:00	181	20		3
2:15	181	20		3
2:30	181	20		3

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34P93

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE 3-29-85

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~~ DEVELOPER Prestwick Drive Joint Clay & Kay Brooke

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / Greene Farms Sec 1 LOT NO. NEW LOT 13 ON

# 6540 End of Prestwick Drive FINAL

SIZE OF LOT 3 acres TYPE BLDG. single family  
(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.

Philip Mergitt  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Tide fields DATE 2-14-85

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

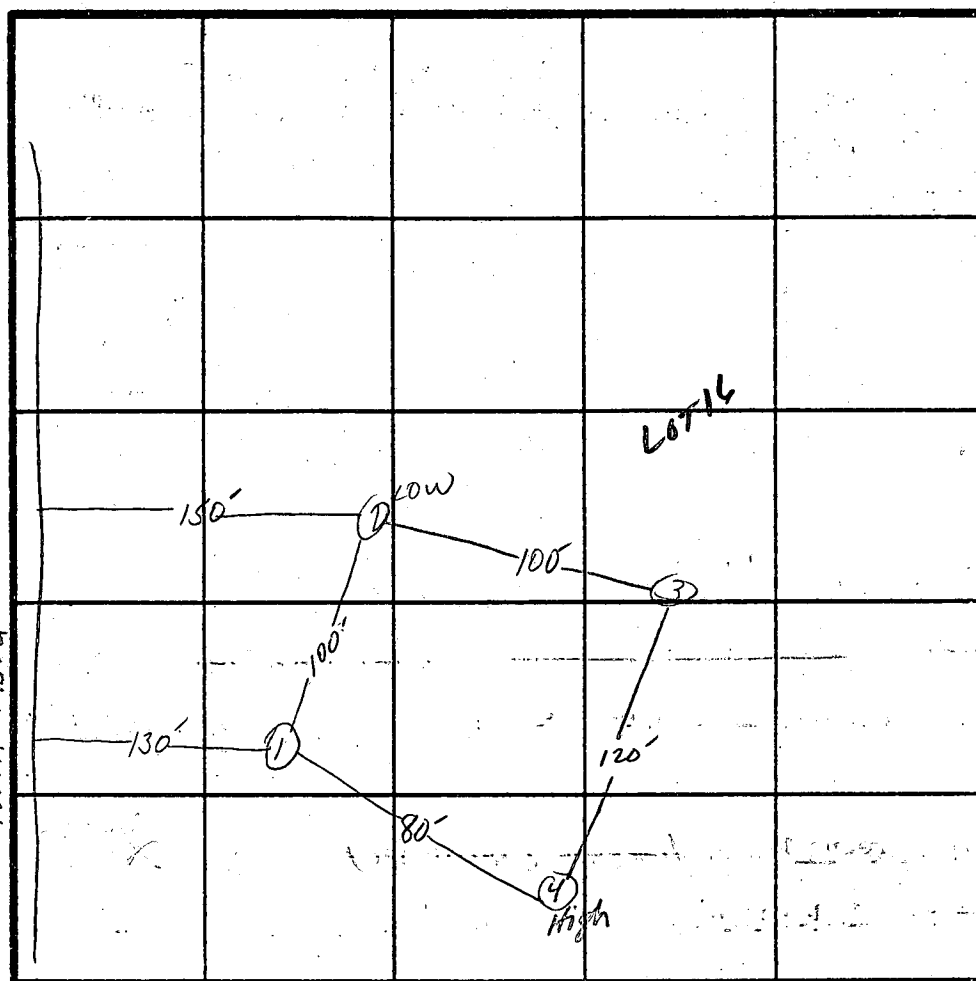
REASONS FOR REJECTION OR HOLDING 4-9-85 Perc. Satisfactory, Hold for certified subdivision plat,  
hole location, house and well site. Sided B.P. # 70902

BLDG. PERMIT SIGNED  
AND RETURNED 6-12-86

## THIS IS NOT A PERMIT

9"	AP BROWN CLAY LOAM 100% SAPROLITE
3'	BROWN S. MY SAND 10-20% SAPROLITE
9"	JARRE WITH SAPROLITE 30% SANDSTONE. COMPOSITION

postcard's



X Perc. Times  
6 min

INLET 35'

BOTTOM MAX  
5'

158  $\Phi$ /BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

River Clyde Rd.

[illegible]

REMARKS

### Shallow System

TYPE OF SOIL

TESTED BY

87462

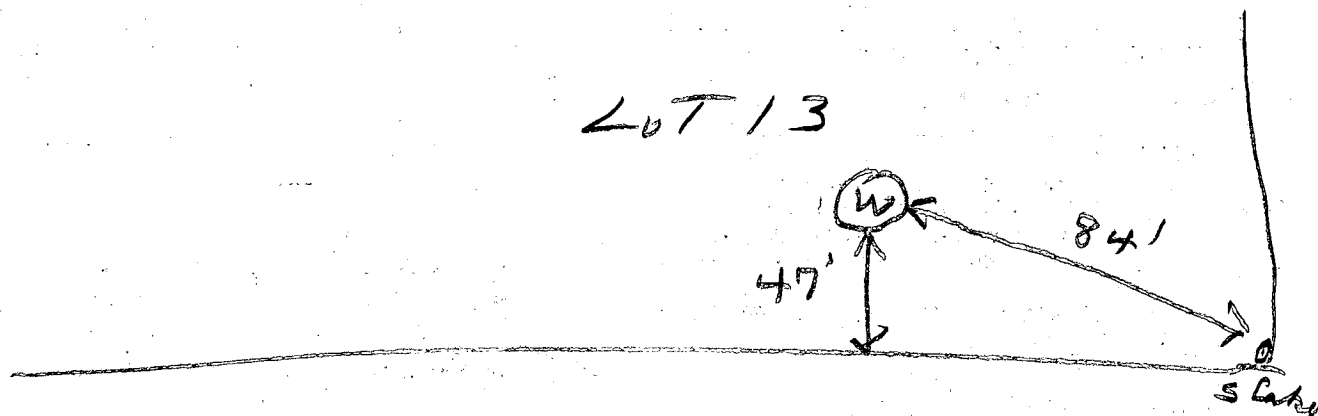
**ALSO PRESENT**

Phil Mangels, Richard Remick  
ALSO PRESENT  
Eric Siro





LOT 13



Lot 13

GREENE FIELDS

SECTION ONE

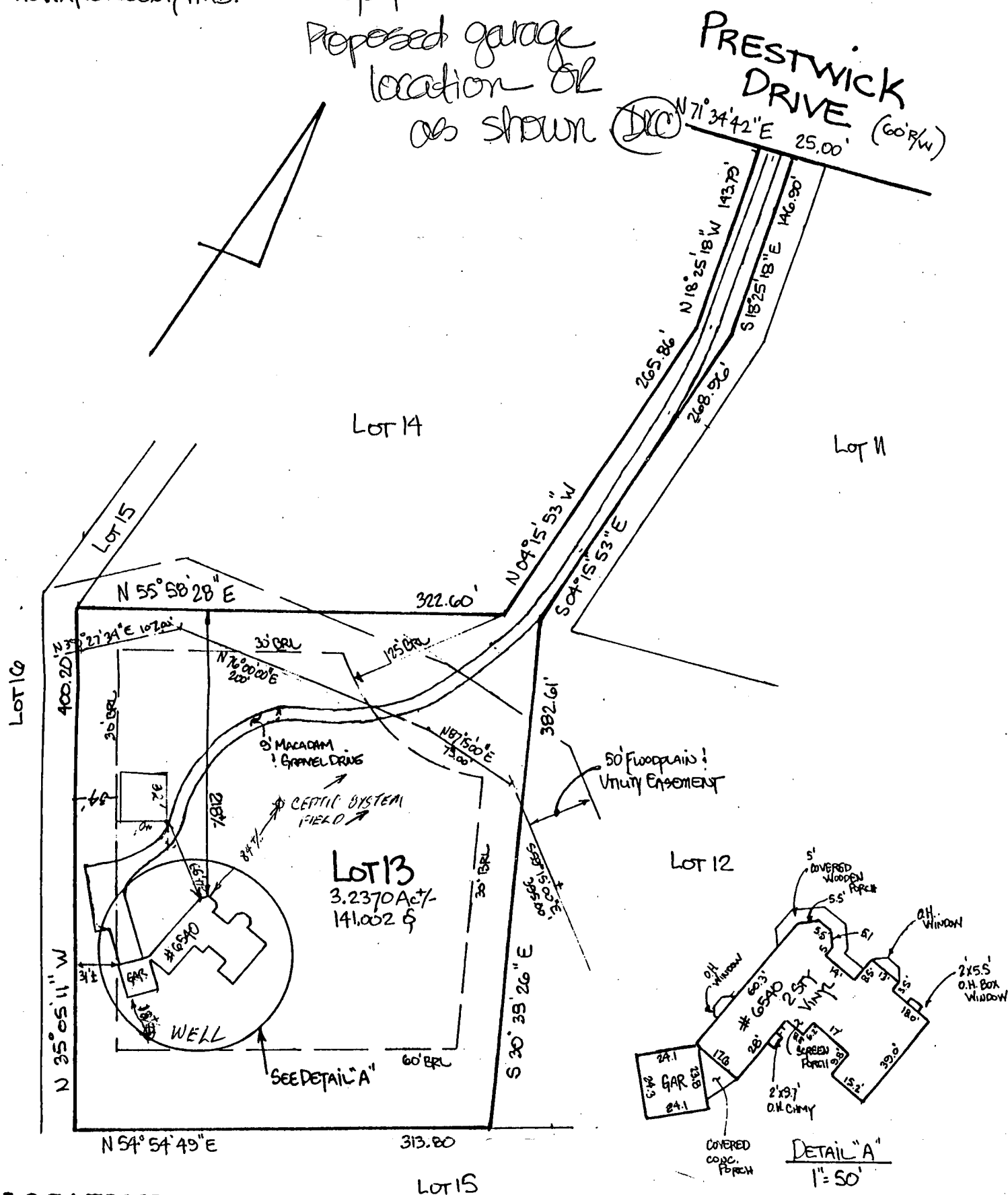
LOTS 1 THRU 10 - SHEET 3 of 3

PLAT # 6674

5<sup>th</sup> ELECTION DISTRICT  
HOWARD COUNTY, MD.

8/20/01  
Proposed garage  
location OK  
as shown

PRESTWICK  
DRIVE (60' R/W)  
71° 34' 42" E 25.00'



## LOCATION DRAWING

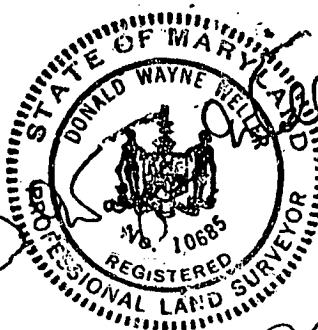
**SEAL**

**SCALE 1" = 100'**

**DATE** 6/15/01

This is to certify that I have surveyed  
the property known as: 6540  
PRESTWICK DRIVE

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.



**LDE Inc.**

9250 Rumsey Road Suite 106  
Columbia, Maryland 21045

(410) 715-1070 (Balt.)  
(301) 596-3424 (Wash)  
(410) 715-9540 (Fax)

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00131846
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	----------------------------

Building Address <u>6540 PRESTWICK DRIVE</u> <u>HIGHLAND, MD 20777</u>	Property Owner's Name <u>CHARLOTTE W. CORNWELL</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>6540 PRESTWICK DR.</u>
Census Tract <u>510000</u> Subdivision <u>GREENE FIELDS</u>	City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u>
Section <u>ONE</u> Area <u>141.00 AC</u> Lot <u>13</u>	Home Phone <u>301-254-3686</u> Work Phone <u>240-876-0314</u>
Tax Map <u>34</u> Parcel <u>400</u> Grid <u>23</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RR</u> Map Coordinates <u>11 40</u> Lot size <u>3.2370 AC</u>	Phone _____ Fax _____
Existing Use <u>RESIDENTIAL - SPD</u>	Contractor Company <u>SELF</u>
Proposed Use <u>RESIDENTIAL</u>	Contact Person <u>PROPERTY OWNER</u>
Estimated Construction Cost \$ <u>9,500.00</u>	Address <u>SEE ABOVE</u>
Description of Work <u>DETACHED GARAGE</u>	City _____ State _____ Zip Code _____
<u>32' X 40' 1 STORY 3 CAR</u>	License No. _____
Occupant or Tenant <u>N/A</u>	Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company <u>SELF</u>
Address _____	Contact Person <u>PROPERTY OWNER</u>
City _____ State _____ Zip Code _____	Address <u>SEE ABOVE</u>
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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 type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	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 type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
State Certified Modular _____		Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: <u>DETACHED GARAGE</u> 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>Carol + Christopher W Cornwell</u> Applicant's Signature	<u>CAROL + CHRISTOPHER W CORNWELL</u> Print Name
	<u>7/30/01 8-6-01</u> Date

Title/Company \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	5-1030
State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>8/20/01</u>	<u>[Signature]</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 \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check <u>100%</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation <u>100%</u>
				Accepted by <u>CWC</u>