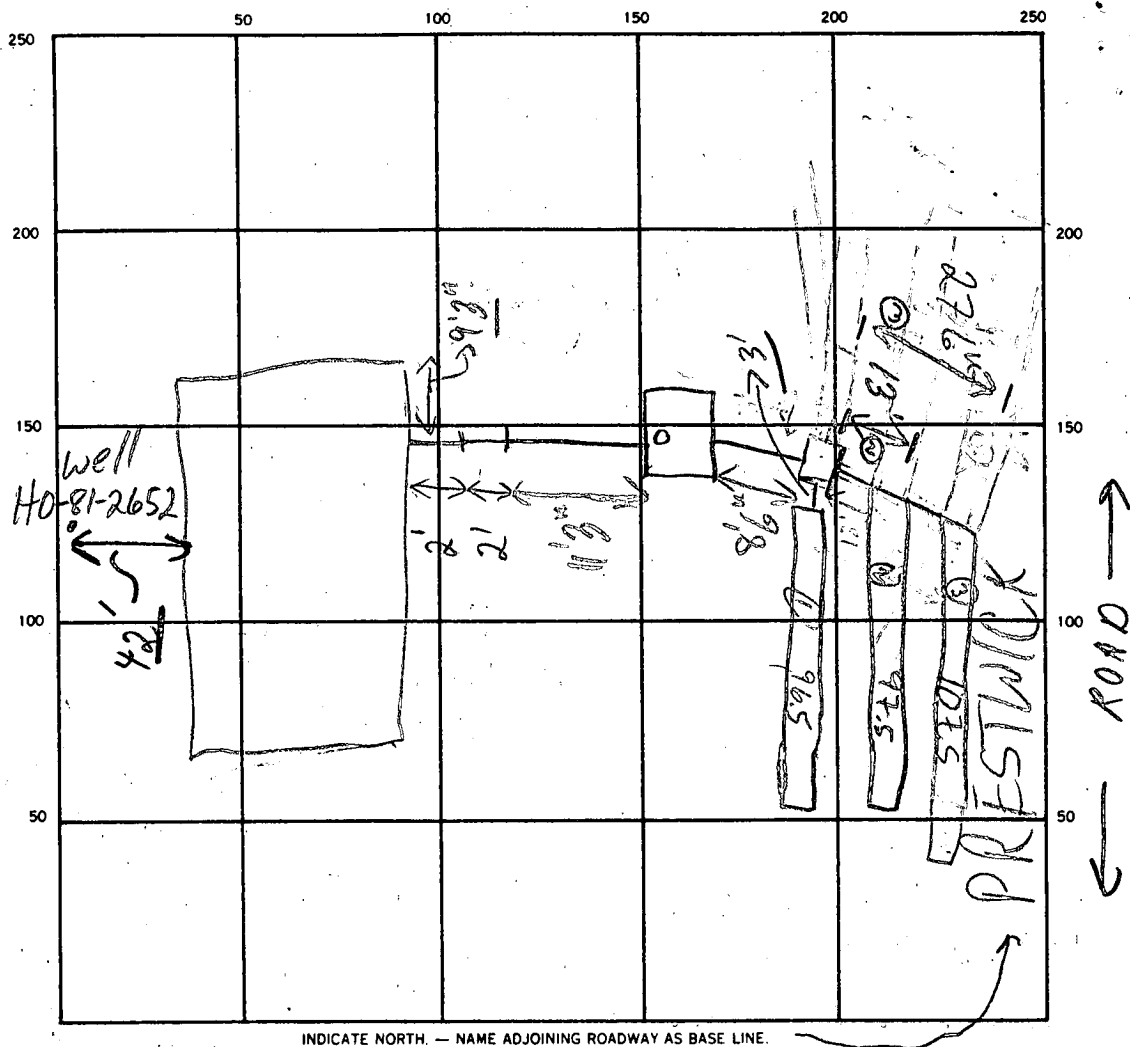


EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL Baffle in (Box level)

DRAIN FIELD/TILE FIELD, DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 96.5 97.5 301.5 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 904.5 SQ. FT.

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

ABSORBENT AREA 904.5 SQ. FT.

REMARKS 11/23/88 ① Partial c. & M.R.; ② all trenches dug
and pipes in from house to trench #3; trench
#1 and #2 complete; trench #3 almost complete.
Mr. JACK FLOCK at site; sanitarians gave
tentative approval to finish trench and
cover all work. c. & M.R.

DATE SYSTEM APPROVED 11/23/88 per above INSPECTOR C.B.V. + M.R.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34908

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 VENTURE MIKE MCINNIS
ADDRESS Box 196, CLARKSVILLE MD 21029 PHONE 854 0498

PROPERTY LOCATION:

SUBDIVISION RALPH GREENE PROPERTY / GREENE FARMS SEC 1 LOT NO. 1 - ON FINAL
ROAD AND DESCRIPTION END OF PRESTWICK DRIVE

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 Maglitz
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Tile fields DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-4-85 PERC SATISFACTORY, WATER IN 2 HOLES HOLD FOR
REVIEW, HOLD FOR CERTIFIED SUBDIVISION PLAT WITH THIS LOCATION HOUSE AND
WELL SIZE. SPAN PERC REVIEWED OK 4/23/85 CW

BLDG. PERMIT SIGNED BP 18351
AND RETURNED 5-6-88 846

THIS IS NOT A PERMIT

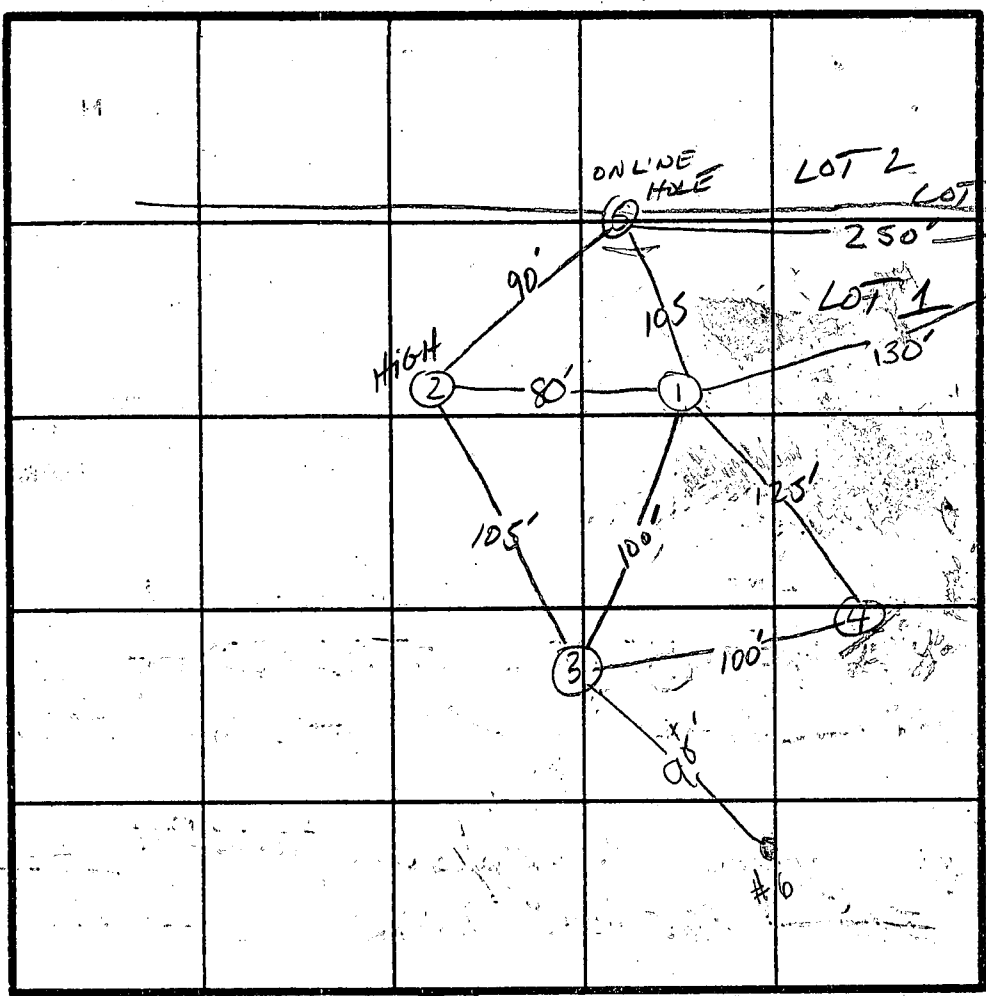
① ②

SOIL PROFILE

0' A1-3
RED BROWN
CLAY LOAM
210%
SAPROLITE
5' BROWN
SAND LOAM
110%
SAPROLITE
7' WHISK SAND
LOAM
110%
SAPROLITE
CHALKY
APPEARING

13' 0' ③
A1-3
BROWN CLAY
LOAM 110%
SAPROLITE
3' BROWN SILTY
SAND
10-20%
SAPROLITE
12.5'

6' ④
A1-3
BROWN CLAY
LOAM 110%
SAPROLITE
5' BROWN CLAY
SAND MIX
110% SAPROLITE
8' GRAY BROWN
MICACEOUS
SILTY SAND
10-20%
SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
River Clyde DR.

0' ⑤
AP
BROWN CLAY
LOAM 110%
SAPROLITE
4' BROWN SAND
LOAM 10-20%
SAPROLITE
12.5'

9' ⑥
A1-3
BROWN
CLAY LM.
110%
SAPROLITE
Yellow Brown
SAND LM.
110%
SAPROLITE
12' NO H2O

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/85	1 S	5'	11:25	11:35	11:35	11:55	20 min
	1 M	8.5'	11:28	11:44	11:44	12:11	27 min
	1 V	13'	VARYING SOIL STRUCTURE SEE Profile				
	2 S	5'	11:55	12:10	12:10	12:37	27 min
	2 M	(SAME SAME AS 1M) NOT TESTED %				20+ min	HOLE
	2 V	13'	VARYING SOIL STRUCTURE SEE Profile				
	3 S	4'	12:07	12:14	12:14	12:34	20 min
	3 V	12.5'	UNIFORM SOIL STRUCTURE Below 3'				
	4 S	5'	12:15	12:30	NO MOVEMENT - Failed		
	4 V	12'	WATER AT 12'				
	5 S	4.5'	12:48	12:51	12:51	12:55	4 min
	5 V	12.5'	UNIFORM SOIL STRUCTURE Below 4' WATER AT				
11/19/85	6 S	6'	2:53:30	2:54:30	2:54:30	2:56	1.5 min
	6 V	12'	UNIFORM SOIL STRUCTURE Below 6'				

7 PERC
18
INLET
4.0.
BOTTOM 5.5
2250/18

(BOT → H₂O 7')

REMARKS SYSTEM NO DEEPER THAN 6.5 SHALLOW SYSTEM

TYPE OF SOIL

TESTED BY Sabel

Ralph, Green, Demitt, Cissel
ALSO PRESENT

2 ADDITIONAL HOLES DUG NEAR BOUNDARY OF LOTS 1-2-3

4/29/85 C. W. L. H.

PROPOSED

LOT 3

TEST
HOLES

↑ 100

↓ 100

① 100 → ②

① 4½ 6:50 6:55 6:55 7:01 6:10
12 VISUAL LOAM

② 5' 6:52 6:53 6:53 6:52
12 VISUAL LOAM

PROPOSED

LOT 1

1+2

RED
CLAY
LOAM

MICA
SAND
LOAM

4½

12

11-19-85

LOT 14 INFO

HOLE (X)

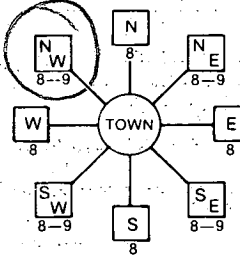

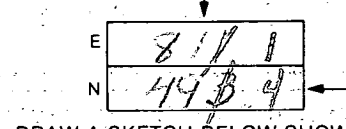
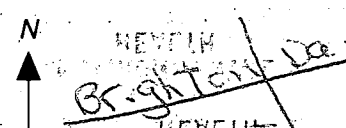
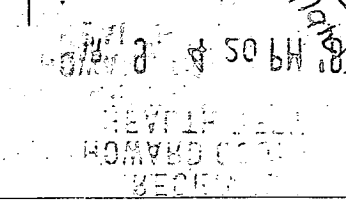
12' DRY BOTTOM

SOIL DRY - LITTLE SOIL MOISTURE

		ST	STOP	ST	STOP	TIME
0	(X)					
9'	AP	3.5'	3:08	3:09	3:10:30	1.5 MIN
	yellow CL					
	clayton					
	100%					
3'	SPRINKLE					
	yellow CL					
	SPRINKLE					
	SPRINKLE					
	SPRINKLE					
	SPRINKLE					
	SPRINKLE					
	SPRINKLE					
12'	SPRINKLE					

VOID 6" ABOVE OIC TO INCLUDE

17904 GEORGIA AVENUE * 10m PLAT: 6672

B 1 6966 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) 037088	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-81-2652 <small>fill in this form completely</small>
Date Received (APA) 03/10/88		LOCATION OF WELL R-4/203 2/10/88 40.10	
OWNER INFORMATION 15 Last Name KZ 20 PK 25 W5 30 KI 35 LD Owner First Name 36 2/2 41 DRUM 46 AVE. 51 Street or RFD 52 PASADENA 57 MD 62 21122 67 Town State Zip		B 3 8 COUNTY HOWARD 21 23 SUBDIVISION GREENFIELD 42 SECTION 1 44 46 LOT 1 48 50 52 NEAREST TOWN HIGHLAND 71 MILES FROM TOWN (enter 0 if in town) 1 73 1 76 1 77 1 78	
DRILLER INFORMATION Driller's Name George Easterday 77 License No. 40 80 Firm Name L.F. Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, MD. 21771 Address Signature George F. Easterday 3-7-88 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 Prestwick Dr. 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 500 37 DISTANCE FROM ROAD ENTER FT or MI F 4 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 0 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 0 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A34908 COUNTY NO. STATE SIGNATURE _____ INSERT S 41 DATE ISSUED 04/07/88 43 B Wilson 48 CO SIGNATURE 10/07/88 53 NORTH GRID 494000 50 55 EAST GRID 0811000 57 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) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. <input type="checkbox"/> 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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. W.E.I. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	
APPROXIMATE DEPTH OF WELL 260 24 0 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		4/14/88 missed grout 4-15-88 Grouted DEN 	
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) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ 34 GAP 63 FORCE 20 66 88 WRITE INITIALS IN BOX PERMIT NO. HO-81-2652 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2652
Location of property (road) PRESTWICK DRIVE
Subdivision GREEN ISLANDS Lot 1 Block Plat Sec. 1
Well Driller GEORGE EASTERDAY Owner COMP. RZEPKOWSKI

Depth of well 160 ft. 60 gpm
Distance of measuring point (M.P.) above ground 1 ft.
Static water level (S.W.L.) below M.P. 24 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 gpm
Total time 15 min to reach pumping water level 26 ft. below M.P.

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

[illegible]

C17732

SEQUENCE NO.
(OEP USE ONLY)

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 34908

DATE Received

DATE WELL COMPLETED
04/4/81

Depth of Well
160
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-81-2652

OWNER
COMPANY
STREET OR RFD
GREENFIELD DRIVE
SUBDIVISION
GREENFIELD

last name
first name
TOWN
HIGHLAND

SECTION
1
LOT
1

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
Top Soil	0 1	
White mica	1 30	
White clay		
Tan mica	30 49	
Gravel bed	49 53	
Green mica	53 130	
Blue mica	130 131	
Green mica	131 160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
yes ☒ no ☐

TYPE OF GROUTING MATERIAL
CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 25 NO. OF POUNDS 125 1500

GALLONS OF WATER 125

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 34 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)
55

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

DEPTH (nearest ft.)
160

EACH SCREEN
1 160 55 160
2
3

SLOT SIZE 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 24
WHEN PUMPING 34
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
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 below
LAND SURFACE (nearest foot)

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

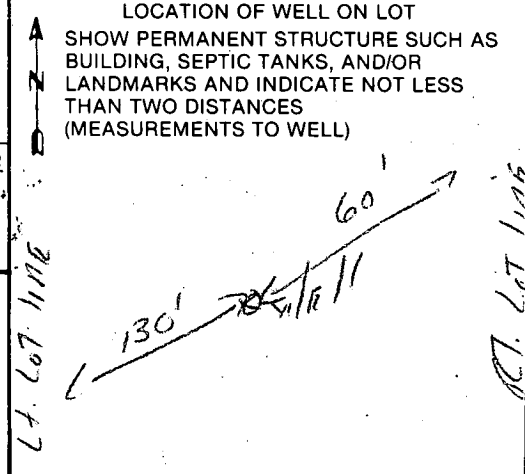
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 4

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
Blane Kie Shome

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA



Review OK 8/25/88 CW

HD-224

10/6/88. Early AM

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 x
Replacement _____

Receipt # 41203
Date 3/10/88

Name of Installer George F. Easterday

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller x Registered Plumber _____

Name of Property Owner Rzepkowski Telephone _____
Subdivision Greenfields Lot # 1 Well Tag # HQ-81-2652
Site Address Prestwick Drive

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

APPROVED. R.H. INSP.
~~NO INSP~~ 10/7/88 CW

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: _____

Date: _____

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

COORDINATES

NO.	NORTH	EAST
1.	473,635.4724	811,572.1647
2.	473,961.4647	811,677.6724
3.	474,056.7951	812,213.0173
4.	474,313.6385	812,579.9517
5.	474,647.3544	812,345.1307
6.	474,834.6618	812,341.2726
7.	475,030.7927	812,204.2453
8.	475,079.2184	812,163.6779
9.	474,600.6711	811,878.6489
10.	474,906.1806	811,894.2119
11.	474,669.8791	811,221.2517

COORDINATES BASED ON
MARYLAND STATE PLANE
SYSTEM.

10/6/88

WPI
Easlerday Wells Pump Co

HO 812652

LF Easlerday drilled well

& installed well pump

job is approved

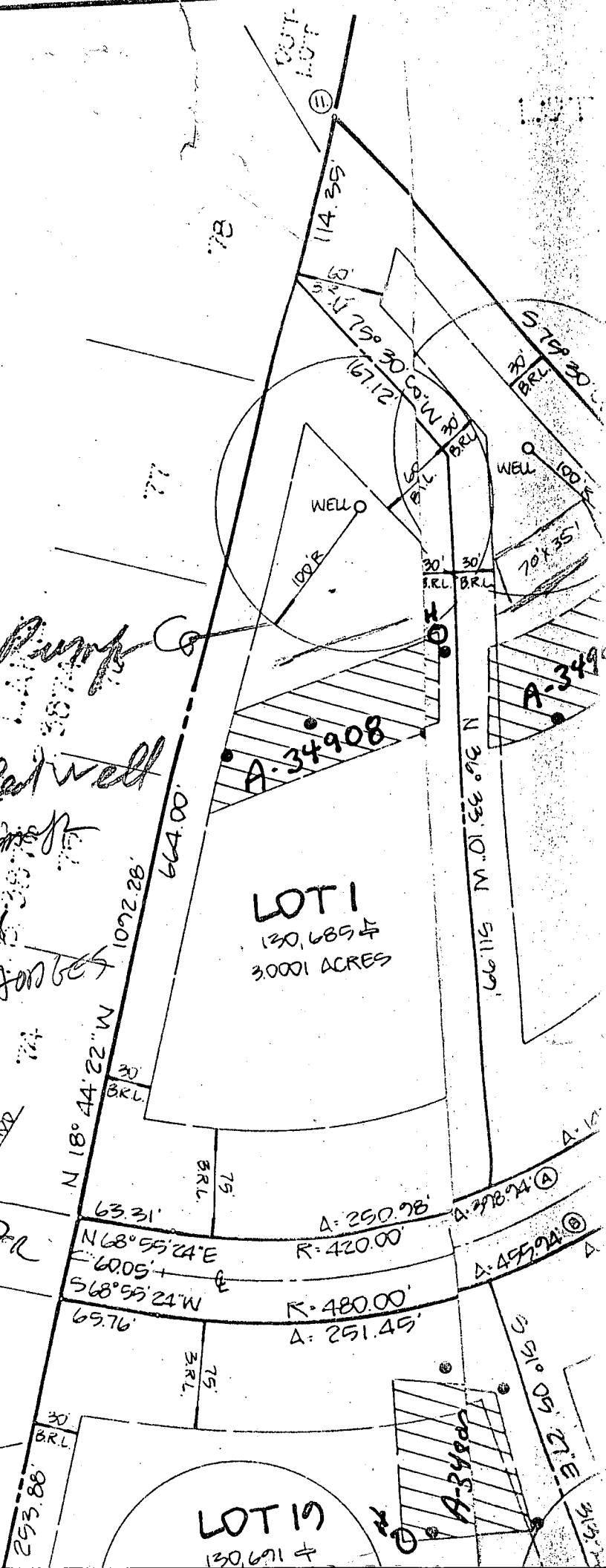
& sticker applied

R. J. Jones

PR 652WICK DR

TOTAL AREA TABULATION DATA

TOTAL NUMBER OF LOTS - 19
TOTAL AREA OF LOTS - 2,749,627 ± OR 63.1227 ACRES
TOTAL AREA OF ROADWAY TO BE DEDICATED
= 136,545 ± OR 3.1346 ACRES
TOTAL AREA OF THIS SUBMISSION =
2,886,172 ± OR 66.2574 ACRES





**DEVELOPMENT
CONSULTANTS
GROUP, INC.**

SURVEYORS, ENGINEERS & LAND PLANNERS

SUITE 102

17904 GEORGIA AVE.

OLNEY, MD 20832

924-4570

HOUSE LOCATION PLAT

LOT 1 BLOCK

SECTION ONE

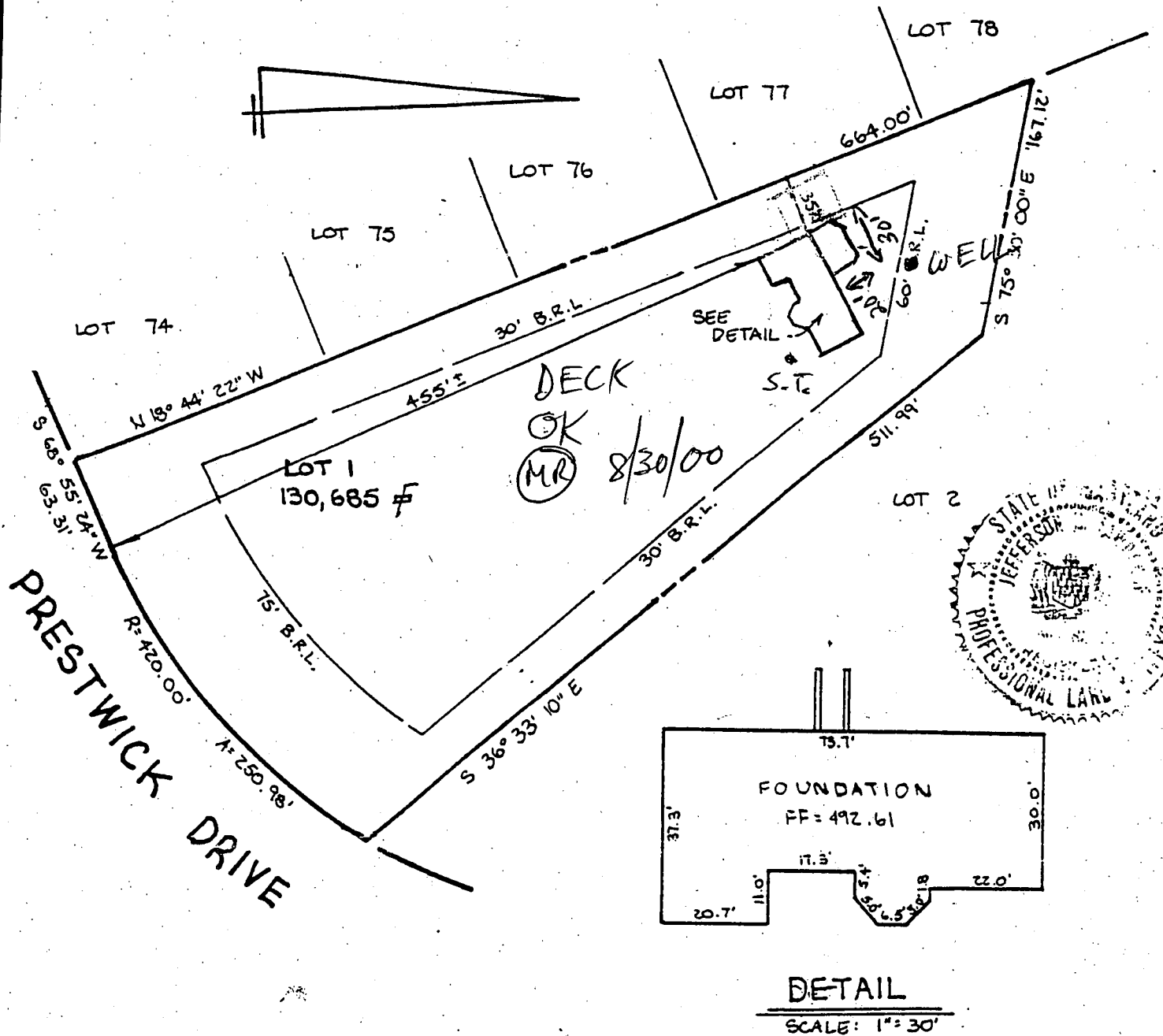
GREENE FIELDS

COUNTY OF

HOWARD

PLAT BK.

PLAT NO. 6672



NOTE: Existence of property corners not guaranteed by this plat.

Not in flood plain per existing records unless otherwise noted.

SURVEYOR'S CERTIFICATION

I hereby certify to the best of my knowledge & belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.

Jefferson D. Lamm
Professional Land Surveyor No. 5216

Job No.	153-09
Scale:	1" = 100'
DATES	
Wall Ck:	6-27-88
Final Loc:	
Recert:	

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3420 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2485 INSPECTIONS (410) 313-1610 AUTOMATED INFORMATION (410) 313-3900		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B0012 6205	
Building Address: <u>6579 Prestwick Dr</u> <u>Highland, MD 20777</u> Suite/Apt. # _____ SDP/WP/Petition # <u>Greene Fields</u> Census Tract _____ Subdivision <u>Highland</u> Section _____ Area _____ Lot <u>1</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>111 Bl</u> Lot size _____			Property Owner's Name <u>Kurt & Lisa Johnson</u> Address <u>Same</u> City _____ State _____ Zip Code _____ Home Phone <u>410 531-3146</u> Work Phone <u>301 617-8757</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use <u>S F D</u> Proposed Use <u>Family Room</u> Estimated Construction Cost \$ <u>70,000-100,000</u> Description of Work <u>Adding a new family room w/ finished basement underneath</u>			Contractor Company <u>same as owner</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company <u>Orlando Drafting Service</u> Contact Person <u>Terri Reiter</u> Address <u>3929 Boteler Rd</u> City <u>MT Airy</u> State <u>MD</u> Zip Code <u>21772</u> Phone <u>410 549-1187</u> Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 PURPOSES OF INSPECTING THIS WORK PERMITTED AND POSTING NOTICES.

<u>Lisa C Johnson</u> Applicant's Signature	<u>Lisa C Johnson</u> Print Name <u>8/30/00</u> Date
--	---

Title/Company _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

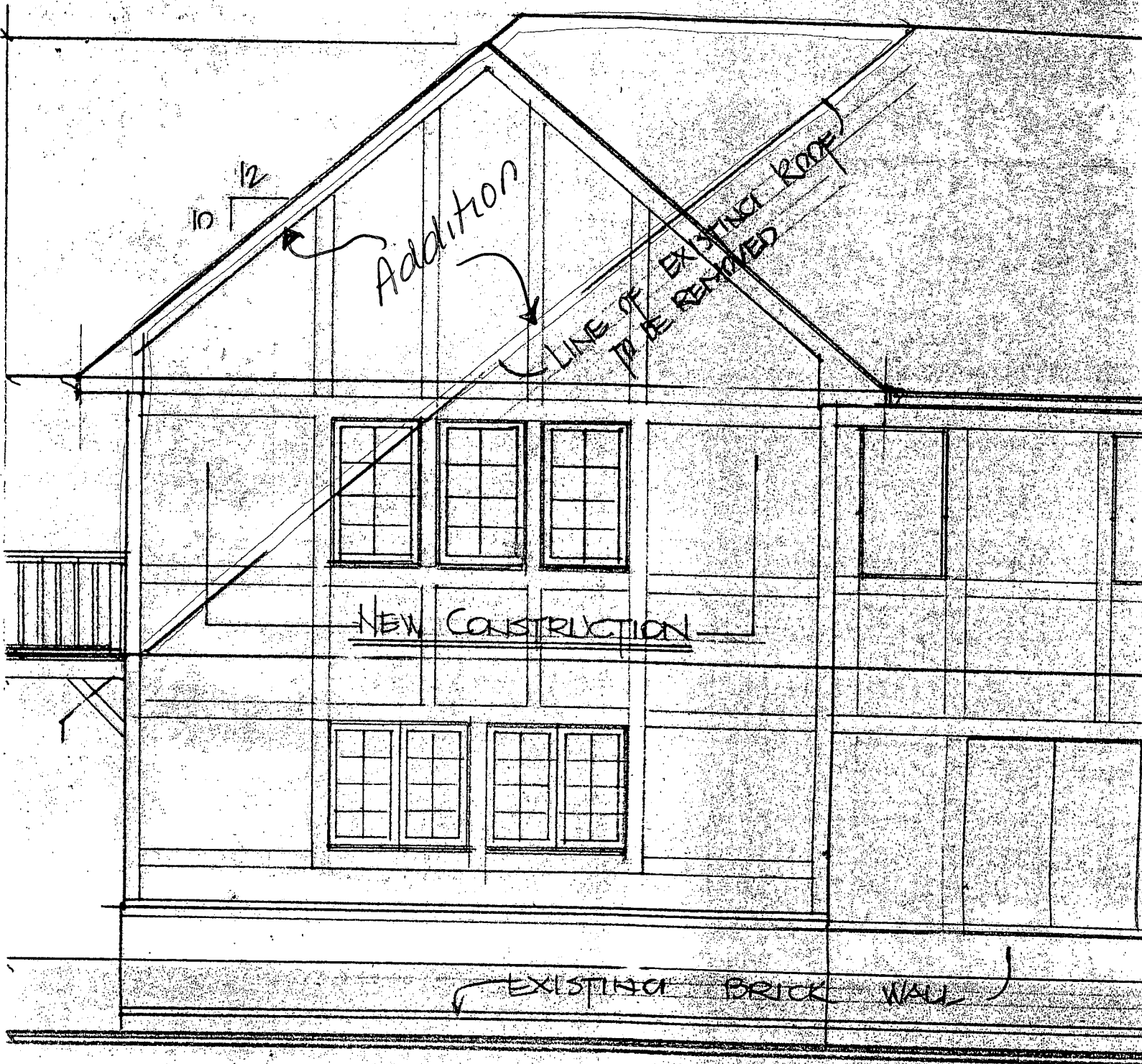
**** PLEASE WRITE NEATLY AND LEGIBLY ****

FOR OFFICE USE ONLY

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>8/30/00</u>	SIGNATURE APPROVAL <u>M.R.</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date _____	PROPERTY ID# <u>47792</u> Filing fee: \$ <u>25</u> Permit fee: \$ <u>125</u> Excise tax: \$ <u>861</u> Sub-total paid: \$ _____ Add'l permit fee: \$ _____ TOTAL FEES : \$ <u>1025</u> Balance due: \$ _____ Check # <u>61187</u> Validation # _____
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CONTINGENCY CONSTRUCTION START ☐
 ONE STOP SHOP ☐

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



6/20/01
B00130983
Enlarging
existing bedroom
add bath.
A.M.M.

REVIEWED FOR
CODE COMPLIANCE
DEPARTMENT OF INSPECTIONS
LICENSING AND PERMITS

Date: 8/2/01

DATE 2-13-89