

8/3/88  
7pm if possible  
8/5/88  
Amey/Royal  
V/c Box

N +  
WPI

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

P 42141  
A 31360  
DISTRICT 5th  
DATE 7/15/88  
DATE SYSTEM APPROVED 8/5/88  
INSPECTOR C.B.d

Arnold Septic Services, Inc.

IS PERMITTED TO INSTALL X ALTER       

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Jocelyn Acres ROAD 13429 Rich Lynn Court LOT 6, Sec. II

PROPERTY OWNER Kenneth Lape

ADDRESS Richard ~~Thurman~~ Robert Clark

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

GARBAGE GRINDER? YES        NO X

187  
4  
5 7.4830  
149.6 ft trench

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 89 feet below original grade. Effective area begins at 4 feet below original grade. 50 feet of stone below distribution pipe.

LOCATION - Beginning from the right rear lot corner, place the 1st trench 110 feet down the right (336.13') lot line and 145 feet off the right line as seen when facing property from Rich Lynn Court. Run trenches along contour towards the left (225') rear (384.10') lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. adjw

8/3/88 Changes per SA

187  
4  
748

PLANS APPROVED BY Bert Nixon Revised        DATE 12/15/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 TWO YEARS.

REQ. PERMIT SIGNED  
AND RETURNED 2/29

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

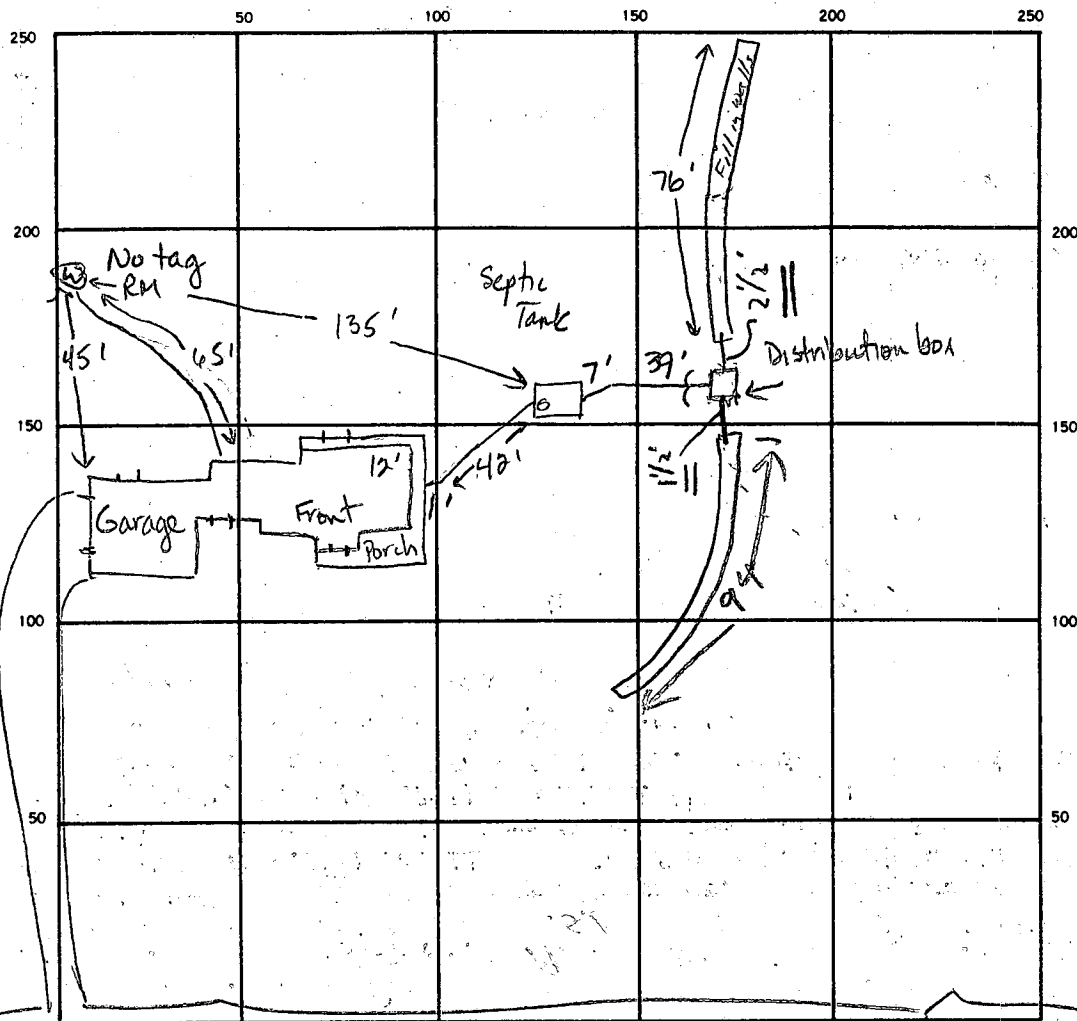
Serial # B10 119056  
Approved PPH

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31360



18  
 24  
 7.2  
 76  
 47  
 76  
 98  
 176  
 322  
 2.1  
 110  
 56  
 57  
 256  
 2.4  
 224  
 112  
 134

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

← Ref W To Rich Lynn Court

Lake

SEPTIC TANK, LEVEL 1250 gal CLEANOUTS. ST  
OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD, DEPTH 9 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 2 FT.

EFFECTIVE GRAVEL DEPTH 5 5 + FT. TOTAL LENGTH 76 94 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 380 470 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 850 + SQ. FT.

REMARKS 8-3-88 Trench #1 had some fill in it between 4 ft and  
7 ft. For the last 40 ft of trench. PRC to add stone, pipe & paper  
to trench #1. Call for reinspection, JEN

8/4/88 TRENCH #2 DUG TOP 5 FT IS FILL ON AVERAGE RM 8/4/88  
TRENCH #1 OK TO COVER FINISH TRENCH #2 & CALL RM

8/5/88 System covered from house to 4 1/2' of D. Box. D. Box has  
plastic cap to paper of paper on all trenches, ok to cover, left card @ D. Box  
 DATE SYSTEM-APPROVED 8/5/88 INSPECTOR C. B. [Signature]

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE APRIL 29, 1981

A 31360

P \_\_\_\_\_

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 MANGLITZ AND ASSOCIATES Kenneth LAPE Blr.  
ADDRESS P.O. BOX 701 ADELPHI, MARYLAND 20783 PHONE 653-0804 531-3620

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES LOT NO. 12 New Lot 6 SEC II

ROAD AND DESCRIPTION NORTHWEST CORNER OF HIGHLAND ROAD AND MINK HOLLOW ROAD  
13429 Rich Lynn Ct.

SIZE OF LOT 3.1 AC.± 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.

APPROVED BY Raymond Hodge FOR Drywell DATE 10/27/83  
(SIGNATURE OF APPLICANT)

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

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

REASONS FOR REJECTION OR HOLDING 5/22/81 Hold certified sales house + well - 514 -  
10/27/83 Spec written

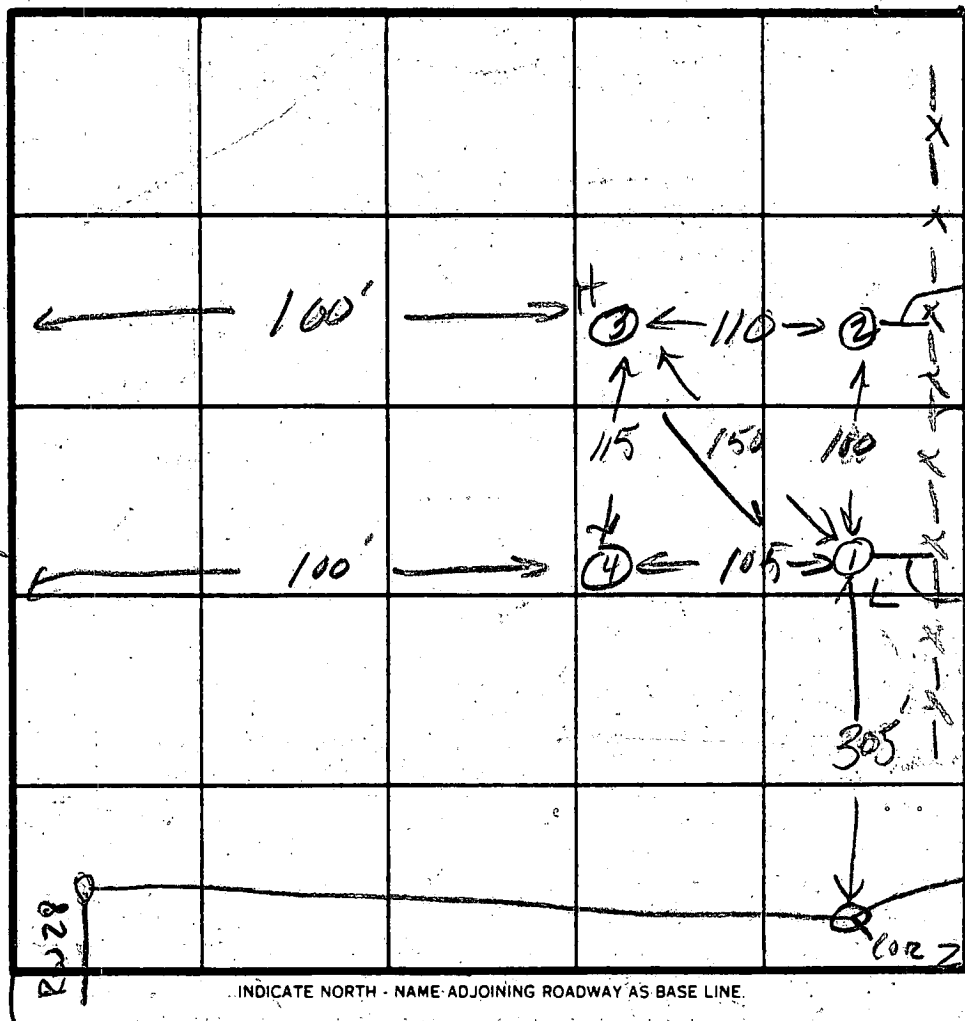
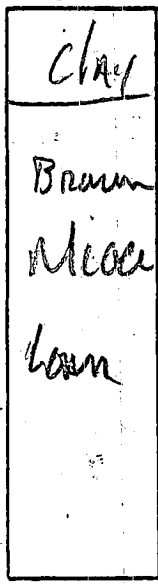
BLDG. PERMIT SIGNED  
AND RETURNED 12-17-87

BP/5559 8A6-

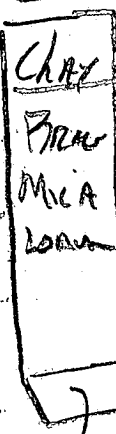
## THIS IS NOT A PERMIT

#12  
010 25

SOIL PROFILE

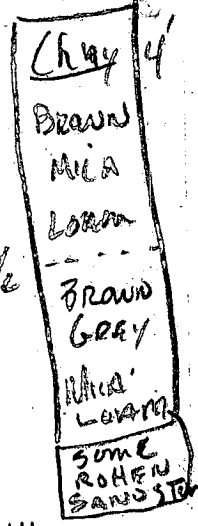


②



Brown  
Grey  
Micaceous  
loam

①③



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/22/51	1 S	4'	11:01	11:03	11:03	11:08	5
	1 M	9'	11:01	11:09	11:09	11:22	13
	1 D	14'					
	2 S	4'	11:26	11:29	11:28	11:33	5
	2 M	8'	11:26	11:28	11:28	11:34	6
	2 D	14'					
	3 S	4'	11:11	11:13	11:13	11:17	4
	3 M	8'	11:14	11:18	11:18	11:27	9
	3 D	14'					
	4 S	visunb	Similar to ①				
	4 M						
	4 D						

$\bar{t} = 9 \text{ min}$   
Inlet  
4'

REMARKS Drywell

TYPE OF SOIL \_\_\_\_\_

TESTED BY SLC 5/22/51 ALSO PRESENT Crowe + Fyock



Lot 12

Lot 5

Lot 2

RICH LYNN COURT

12/15/87  
ADJUSTED SEPTIC SPECS (1)  
THUS A TRENCH REQUIREMENTS  
CHANGED LOCATION OF DIST. BOX  
TO ACCOMMODATE TRENCHES  
IS OK FOR BASEMENT SERVICE

187  
4 748  
34  
32  
TOTAL AREA  
DISTURBED: 14,000 ±

SLDG. PERMIT SIGNED  
AND RETURNED 12/22/87  
BP-1575?  
SM

BP #15957

Permit tentatively OK'd  
used completion Report  
from Miller prior to  
issuance  
Builder present at time of  
corrections to B.P.  
NOTE: Septic specs updated  
& adjusted

DRAWN INDICATES WELL IS 56PM  
PAPERWORK "IN THE MAIL"  
OK TO NGLKNSG 12/25/87 C.W.

NOTE: Topography from Howard County  
200 topography sheet

5th Elected  
Map 24  
Pm. 61  
13429

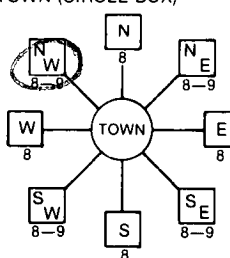
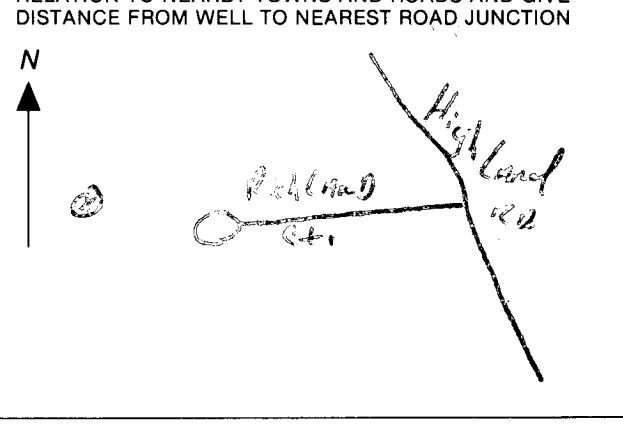
**SURVEYOR'S CERTIFICATE**  
I hereby certify that I have carefully surveyed  
the property as shown hereon in accordance with  
recorded descriptions, that corners are in place as shown  
and that there are no encroachments except as indicated.  
10-22-87  
Date  
WESSON COOK, JR.  
Registered Land Surveyor  
Maryland #8144

SITE DEVELOPMENT PLAN Rich Lynn Court Lot 6 Section 3			
<b>JOCELYN ACRES</b>			
5th (Clarksville) Election District Howard County, Maryland			
DESIGNED BY guy	SCALE 1"=30'	DATE 10-22-87	PHONE 422-6080
DRAWN BY guy	Light, Elliott, & Associates ENGINEERS PLANNERS SURVEYORS 8506 ADELPHI ROAD - ADELPHI, MARYLAND 20783		
APPROVED BY	Plat #5586	JOB NO. Md-992	FILE NO. LSP-2055



<b>C1</b> <span style="font-size: 24pt; font-weight: bold;">2067</span>		SEQUENCE NO. (OEP USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
						COUNTY NUMBER <b>A 31360</b>	
DATE Received <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div></div>		DATE WELL COMPLETED <b>120987</b>		Depth of Well 22 <b>165</b> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>H0-81-2459</b>	
OWNER <b>KEW CRAFT BUILDERS</b>		last name <b>RICK LYNN</b>		first name <b>ET</b>		TOWN <b>HIGHLAND</b>	
STREET OR RFD		SUBDIVISION <b>JOCKLYN ACRES</b>		SECTION <b>II</b>		LOT <b>6</b>	
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 Sandy Sand/Stone Micka Sand/Stone Micka Sand/Stone Micka 95 165		0 2 2 35 35 40 40 55 55 60 60 90 90 95		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓			
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. <b>273</b>  DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <b>Ralph Maynor</b>  SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			
GRADING EACH CASING EACH SCREEN		CIRCLING EACH CASING EACH SCREEN		CIRCLING EACH CASING EACH SCREEN		CIRCLING EACH CASING EACH SCREEN	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
TELESCOPE CASING		LOG INDICATOR		OTHER DATA		OTHER DATA	
HEALTH		HEALTH		HEALTH		HEALTH	



B 1 <b>7400</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>40-81-2457</b> <small>fill in this form completely</small>
<b>OWNER INFORMATION</b> Date Received <span style="border: 1px solid black; padding: 2px;">8 13</span> 15 Last Name <b>KEW</b> 34 Owner <b>CLARK</b> First Name <b>SUILOORS</b> 36 Street or RFD <b>2256 RT 32</b> 55 57 Town <b>CLARKSVILLE</b> 70 State <b>72</b> Zip <b>4021029</b> 76		<b>LOCATION OF WELL</b> 8 COUNTY <b>HOWARD</b> 21 23 SUBDIVISION <b>506A</b> 42 SECTION <b>422</b> 44 46 LOT <b>6</b> 48 50 52 NEAREST TOWN <b>HIGHLAND</b> 71 MILES FROM TOWN (enter 0 if in town) <b>2</b> 73 <b>MI</b> 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <b>Ralph Mayne</b> 77 License No. <b>80</b> Firm Name <b>Ralph Mayne (well drilling)</b> Address <b>9120 Kilmarnock Church Rd. W 4th</b> Signature <b>Ralph Mayne</b> Date <b>10/17/87</b>		<b>4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <b>RICH LYON Ct.</b> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <b>N</b> 32 EAST <b>E</b> 34 WEST <b>W</b> 36 SOUTH <b>S</b> 38 34 DISTANCE FROM ROAD <b>500</b> 37 ENTER FT or MI <b>FT</b> 38 39	
<b>2</b> 1 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <b>Howard</b> COUNTY NO. <b>A31960</b> OEP SIGNATURE <b>[Signature]</b> STATE HEALTH INSERT S <b>41</b> DATE ISSUED <b>12/03/87</b> CO SIGNATURE <b>[Signature]</b> EXP. DATE <b>6/1/88</b> NORTH GRID <b>496000</b> 50 55 EAST GRID <b>0802000</b> 57 63	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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. 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)		APPROXIMATE DEPTH OF WELL <b>150</b> 24 28 FEET APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <b>JETTED</b> Jetted & DRIVEN 30. <b>AIR-ROTARY</b> AIR-PERCussion ROTARY (Hydraulic Rotary) 37. <b>CABLE</b> REVERSE-ROTARY Drive-POINT other _____	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>800</b> 5 N <b>150</b> 6 000 000 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 _____ GAP _____ 63			
FORCE <b>26</b> WRITE INITIALS IN BOX PERMIT No. <b>40-81-2457</b> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			



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 PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>16 00119056</u>
---	---	--

Building Address <u>13429 RICHLYN CT</u>	Property Owner's Name <u>BOB CLARK</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>SAME</u>
Census Tract _____ Subdivision _____	City _____ State _____ Zip Code _____
Section _____ Area _____ Lot _____	Home Phone <u>301 474 4700</u> Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone <u>301 474-4700</u> Fax _____
Existing Use <u>SFD</u>	Contractor Company <u>BLUE HAVEN POOLS</u>
Proposed Use <u>SAME</u>	Contact Person <u>D. GOLDSTEIN</u>
Estimated Construction Cost \$ <u>26,000</u>	Address <u>9104 INDUSTRY DR</u>
Description of Work <u>20x40 INGROUND POOL</u>	City <u>MANASSAS</u> State <u>VA</u> Zip Code <u>20111</u>
	License No. <u>30083</u>
	Phone <u>888 257 0007</u> Fax _____
Occupant or Tenant <u>BOB &amp; LISA CLARK</u>	Engineer or Architect Company _____
Contact Name <u>BOB CLARK</u>	Contact Person _____
Address <u>13429 RICHLYN CT</u>	Address _____
City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u>	City _____ State _____ Zip Code _____
Phone <u>301 474-4700</u> Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Use group: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel	Natural Gas <input type="checkbox"/>	Multi-family dwellings:	Natural Gas <input type="checkbox"/>
Masonry	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
Wood Frame		No. of 1 BR units: _____	
State Certified Modular	Sprinkler system: N/A <input type="checkbox"/>	No. of 2 BR units: _____	
	Full	No. of 3 BR units: _____	
	Partial	Other Structure: _____	
	Other Suppression	Dimensions: _____	
	# of Heads	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.

CMBeaver  
Applicant's Signature  
\_\_\_\_\_  
Title/Company

CHARLES BEAVER  
Print Name  
\_\_\_\_\_  
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 7/1/99 Mark E. Kiffin  
Fire Protection  
Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

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 \_\_\_\_\_

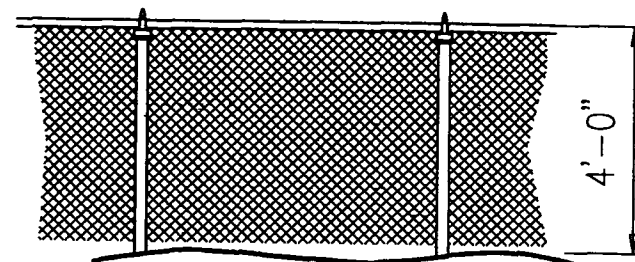
PROPERTY ID#: \_\_\_\_\_  
Filing fee \$ \_\_\_\_\_  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Validation # \_\_\_\_\_

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

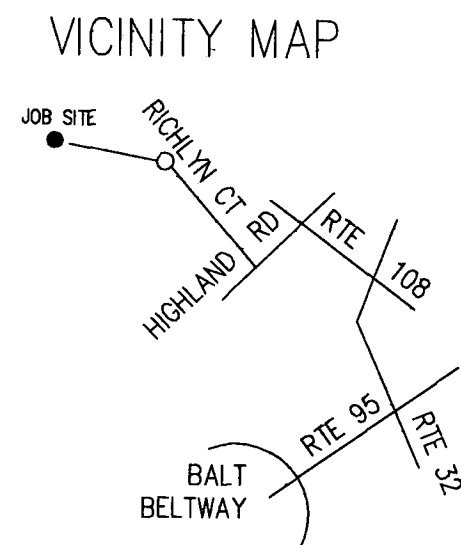
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

a:\permit.frm

Rev. 10/15/98

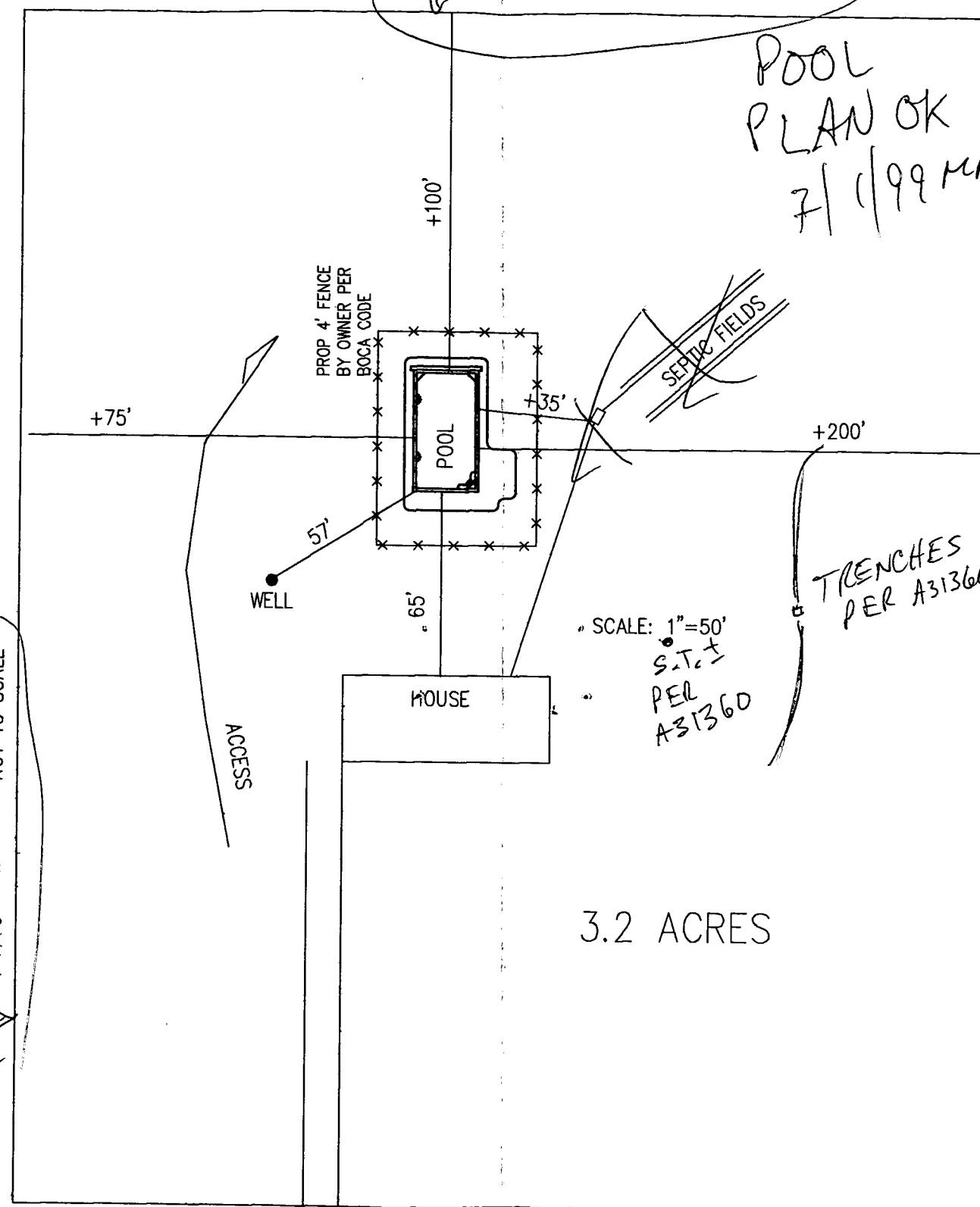


FENCE DETAIL  
NOT TO SCALE  
FENCE PER BOCA CODE  
ALL GATES TO BE SELF  
CLOSING AND LATCHING



DIRECTIONS:  
FROM THE BALT BELTWAY TAKE  
INTERSTATE 95 NORTH TO  
RTE 32 WEST TO  
(L) RTE 108 TO  
(L) HIGHLAND ROAD TO  
(R) RICHLYN COURT

THIS LINE NOT TO SCALE



RICHLYN COURT

JOB NUMBER \_\_\_\_\_ CONTRACT DATE \_\_\_\_\_  
SALESMAN RYDON  
CONSTRUCTION OFFICE PH # (703) 257-0007  
(888) 257-0007

MAP NUMBER **13** COUNTY HOWARD  
**J-10** LOT # \_\_\_\_\_ BLOCK \_\_\_\_\_  
SUB DIV \_\_\_\_\_  
CROSS ST \_\_\_\_\_

### GENERAL NOTES

## BLUE HAVEN POOLS

SINCE 1954

Prepared Especially For:

NAME BOB & LISA CLARK  
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CITY HIGHLAND STATE MD ZIP 20777  
HOME PHONE 301 474-4700  
WORK PHONE \_\_\_\_\_

DRAWN BY CMB DATE DRAWN: 6-25-99 SHEET **1** OF **2**