

10/11/88
1 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

03-309681

P 402660

A 30414

DISTRICT 3rd

DATE 9/29/88

DATE SYSTEM APPROVED 10/13/88

INSPECTOR cwllin

Fogle Septic Service, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5674

SUBDIVISION Wynfield ROAD 2750 Wynfield Road LOT 1, Section 3

PROPERTY OWNER Ren Perkinson Raymond Quizak

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

105
174
3
522
105

TRENCHES - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 250 feet up the right (650') lot line and 135 feet off the same lot line as seen when facing the lot from Wynfield Road. Run trenches on contour toward the rear of lot.

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

PLANS APPROVED BY Sid Abel DATE 9/29/88

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 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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED

AND RETURNED 4/3/93

Serial # 48859-addition

BLDG. PERMIT SIGNED

AND RETURNED 4/5/92

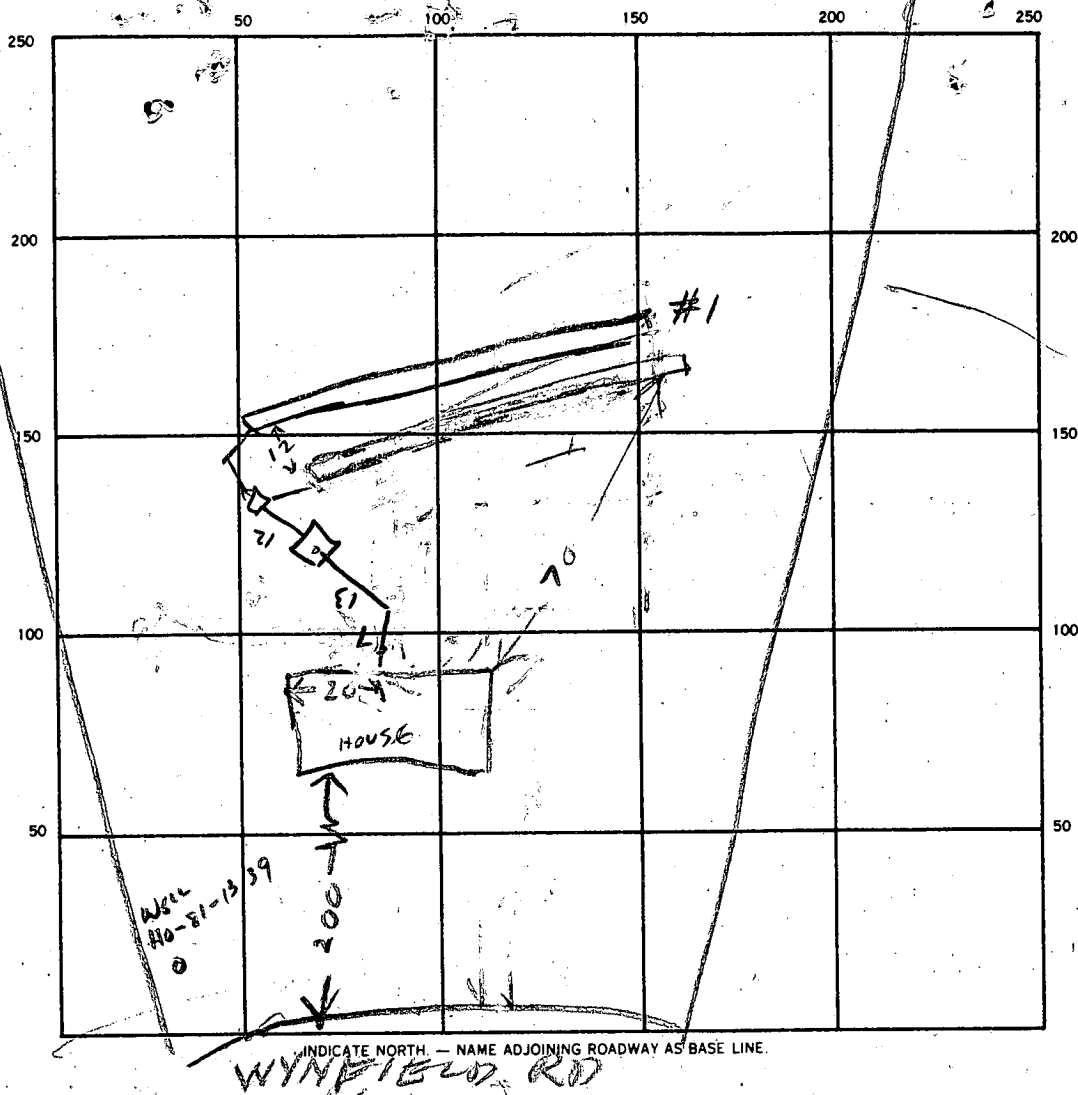
Serial # 43132-Prob

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

30414



SEPTIC TANK. LEVEL 1250 CLEANOUTS INCLIN 6 SE

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 7 1/2 FT. TRENCH WIDTH 1 1/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/4 FT. TOTAL LENGTH 65 1/2 FT.

NUMBER OF TRENCHES 2 (65+70) ONE SIDEWALL/BOTTOM AREA 260 1/2 SQ. FT.

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 11/18/88 LOCATION OK ADD STONE TO TRENCH
#1 DIG TRENCH #1 10/11/88 STONE ADDED TO TRENCH #1
TRENCH #2 STARTED R. HODGES
10/13 OK TO COVER ALL WORK CW

DATE SYSTEM APPROVED 10/13/88 INSPECTOR C. Williams

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30414

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd.

DATE 12/10/79

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 Land Associates RON PERKINSON

Tom Munz - 792-2242

ADDRESS 3450 Ft. Meade Rd., No. 206, Laurel, Md. 20810 PHONE or Ted Snovell - 265-6543

PROPERTY LOCATION:

SUBDIVISION Hoffman property WYNFIELD LOT NO. 25 SECT III LOT 1

ROAD AND DESCRIPTION Route 144 2750 Wynfield Rd.

SIZE OF LOT 3 acres plus TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Ted Snovell for Land Associates

APPROVED BY JJ Ed Abner FOR Deep trench DATE 7-6-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING NE

BLDG. PERMIT SIGNED
AND RETURNED 7/12/88

BP 19671

5M

THIS IS NOT A PERMIT

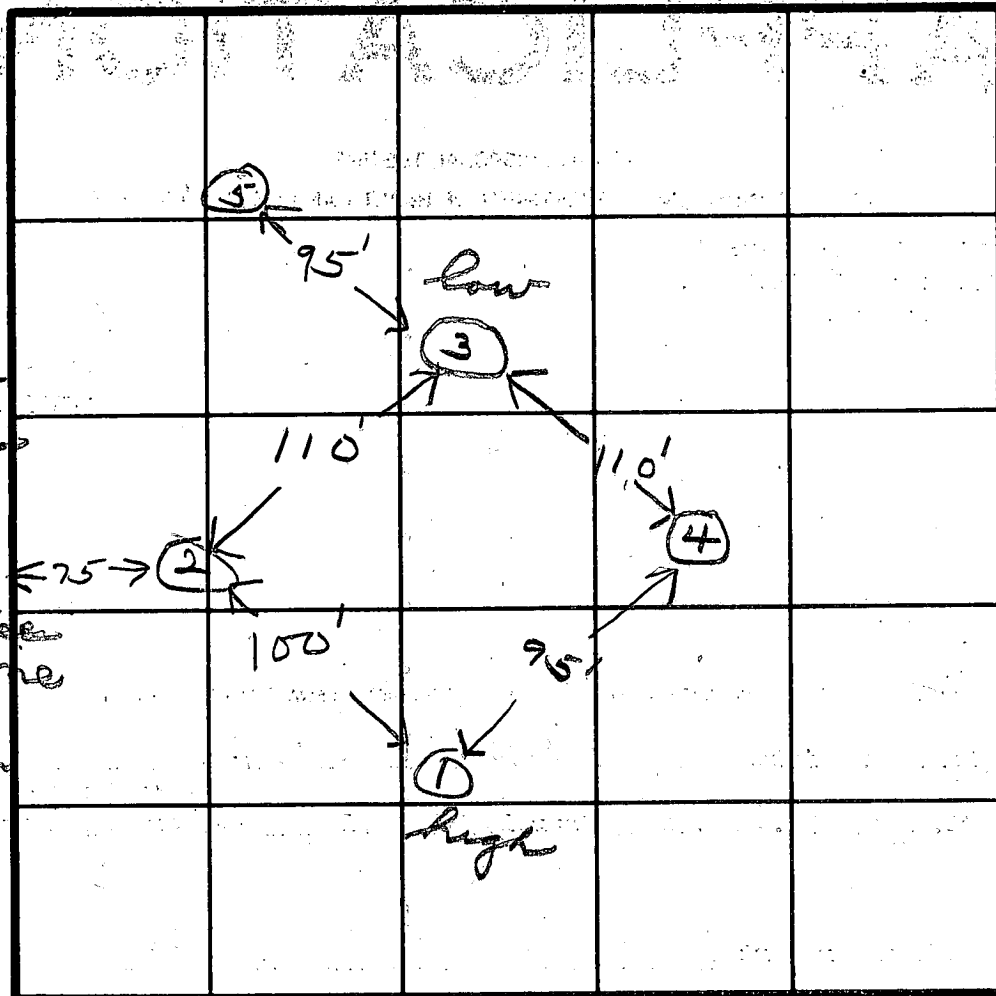
LOT 25

SOIL PROFILE

0-3'
clay
4-13'
sand, clay
little impo
shale at 12'

(4)
0-2'
clay
2-11'
sandy loam
little shale

tree line



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

May 10

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/80	1S	4 1/2	11:00	11:03	11:03	11:06	3
	1D	13 1/2	11:00	11:15	11:15	11:35	20
	2S	4	11:11	11:15	11:15	11:18	3
	2D	12	11:11	11:18	11:18	11:33	15
	3S	4	11:27	11:30	11:30	11:33	3
	3D	12 1/2	11:27	11:32	11:32	11:40	12
	4S	4 1/2	11:37	11:39	11:39	11:40	1
	4D	11	11:37	11:39	11:39	11:43	4
	5	12	water at 8 ft				

8 Min. av.
3' inlet

REMARKS

TYPE OF SOIL

TESTED BY

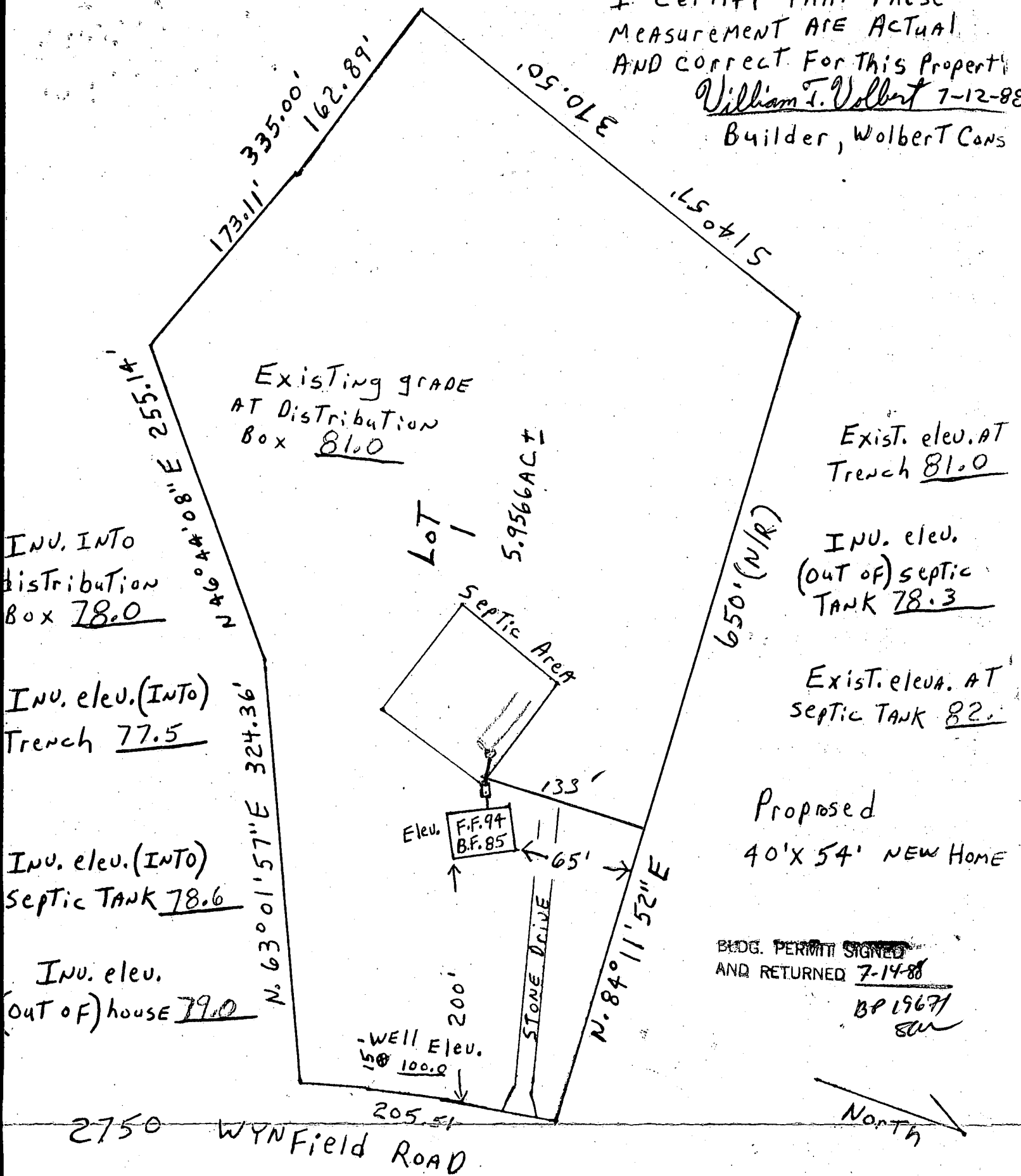
J & R H

ALSO PRESENT

J. Duszynski

COPY TO DUSZYNSKI

I CERTIFY THAT THESE
MEASUREMENT ARE ACTUAL
AND CORRECT FOR THIS PROPERTY
William T. Wolbert 7-12-88
Builder, Wolbert Cons



WYNField Section 3 Liber 1469 Folio 502 Scale 1"=100'
OWNER - RON + BARBRA PERKINSON 944-4808
Builder - Wolbert Const. 795-6778

B.P. # 19671
app. 7-12-88
J.F.

HOUSE TO SEPTIC TANK 15'
HOUSE TO SEPTIC AREA 25'

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">4561</div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type:	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">HO-81-1339</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
Date Received <div style="border: 1px solid black; padding: 2px; font-size: 18px;">4/30/86</div>		LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; font-size: 18px;">NEFFERDOFF STEPHEN</div>		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">HOWARD</div>	
<div style="border: 1px solid black; padding: 2px; font-size: 18px;">12102 FREDERICK RD</div>		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">WESTFRIENDSHIP</div>	
<div style="border: 1px solid black; padding: 2px; font-size: 18px;">E. L. CITY MD 21043</div>		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">1 3/4 MI</div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; font-size: 18px;">Joseph L. Mayne 238</div>		WELL INFORMATION <div style="border: 1px solid black; padding: 2px; font-size: 18px;">APPROX. PUMPING RATE (GAL. PER MIN.) 5</div>	
<div style="border: 1px solid black; padding: 2px; font-size: 18px;">551 HICKORY DR. DIT. 21771</div>		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500</div>	
<div style="border: 1px solid black; padding: 2px; font-size: 18px;">Signature: Joseph L. Mayne Date: 1/30/86</div>		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">Wentfield Rd.</div>	
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. 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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; font-size: 18px;">HOWARD A-30414</div>	
<div style="border: 1px solid black; padding: 2px; font-size: 18px;">APPROXIMATE DEPTH OF WELL 300 FEET</div>		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">APPROXIMATE DIAMETER OF WELL 6 INCH</div>	
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-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</div>	
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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">SOURCES OF DRILLING WATER</div>	
Not to be filled in by driller (OEP USE ONLY)		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">WRITE THE BOX NUMBER FROM THE MAP HERE</div>	
APPROX. PERMIT NUMBER _____		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</div>	
FORCE _____		<div style="border: 1px solid black; padding: 2px; font-size: 18px;">SPECIAL CONDITIONS</div>	

①

Review **H 9683**

8

Depth of well 285
Distance of measuring point (M.P.) above ground 1
Static water level (S.W.L.) below M.P. 27

Time pump started 7:30 Pumping rate 12
Total time 30 min to reach pumping water level 121 ft. below M.P.

[illegible]

C1 00875

SEQUENCE NO.
(OEP 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 30414

DATE Received

8 13

DATE WELL COMPLETED

043086

Depth of Well

22 285 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

WD-81-1337

OWNER

STREET OR RFD

SUBDIVISION

NEFFERDRE

WYNFIELD RD

WYNFIELD

STEPHEN

first name

TOWN

WEST FRIENDSHIP

SECTION

3

LOT

1

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

SAND

0 36

GRHYMICH Rock

36 285

4 dry wells 1. 320'
2. 300'
3. 200'
4. 220'Filled in with cement +
drilling materials.

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)

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

STEEL ☒ ST CONCRETE ☐ CO
PLASTIC ☐ PL OTHER ☐ OTMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

S 6 42

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

STEEL ☐ ST BRASS ☐ BR
BRONZE ☐ PL OPEN ☒ HO
PLASTIC ☐ PL OTHER ☐ OT

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 OF SCREEN (NEAREST INCH)

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

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. 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

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)

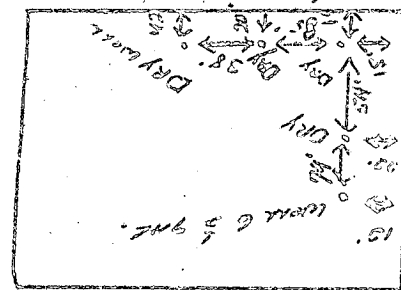
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

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)

Review OK 6-8-87 JEN

Well Permit No. HO - 81-1339
Location of property (road) WYNFIELD RD
Subdivision WYNFIELD Lot 1 Block Plat Sec. 3
Well Driller JOSEPH MAYNE Owner NEFFERDORF, STEPHEN

Distance of measuring point (M.P.) above ground /

Static water level (S.W.L.) below M.P. 27'

Time pump started 7:30 Pumping rate 12
Total time 30 min to reach pumping water level 121 ft. below M.P.

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

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

STEPHEN W NEFFERDORF

988-9638

J. Neffendorf
(Name)

12102 Fredrick Rd

(Address)

Lot 1 Sec III
Wynfield

HO-81-1339

(OEP Well Permit Number)

1/27/86

(Date)

10/15/88 10/17/88 AM
HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

10/17
Partial
↓
C.B.P.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 42723
Date 10/11/88

Services

Name of Installer MIKE BROWN Plumbing+Heating Telephone 239-

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

Name of Property Owner RON PERKINSON Telephone 944-4808
Subdivision WYNFIELD Sec. 3 Lot # 1 Well Tag # H0-81-1339
Site Address 2750 WYNFIELD ROAD

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 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 285 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 6 1/2 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 27 ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

10/13/88 TRENCH DUG 3' DEEP
NO OTHER WORK DONE, C.W.

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: William T. Wolbert Builder
Date: Oct. 11, 1988

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

Partial ① P. adapter and line
10/17 → ok + then wall, C.B.P.
② Need to see pump
C.B.P.

ORIGINAL SET
CW

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

113132

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

2750 Wynfield Rd
West Friendship, Md 21774

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
---------	------------	------	------	-----------	-------	-------

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
--------------	------	----------	-------------	------------

OWNER NAME AND ADDRESS

PHONE NO.

Ronald + Barbara Perkinson
2750 Wynfield Rd
West Friendship Md 21774
442-9734

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

EXISTING USE

PROPOSED USE

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

SIZE OF BLDG	FRONT	DEPTH	HEIGHT
--------------	-------	-------	--------

18' X 40'

TYPE OF BLDG	AREA	VOLUME	ROOF
--------------	------	--------	------

B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS

FOUNDATION

S. WALLS

UTILITIES

WATER/SEWER/SEPTIC

GAS

ELECTRICITY

TYPE OF HEAT

AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE

TITLE

DATE

FUNCTION

DATE

SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT.

FIRE PROTECTION

STORM WATER MGM.

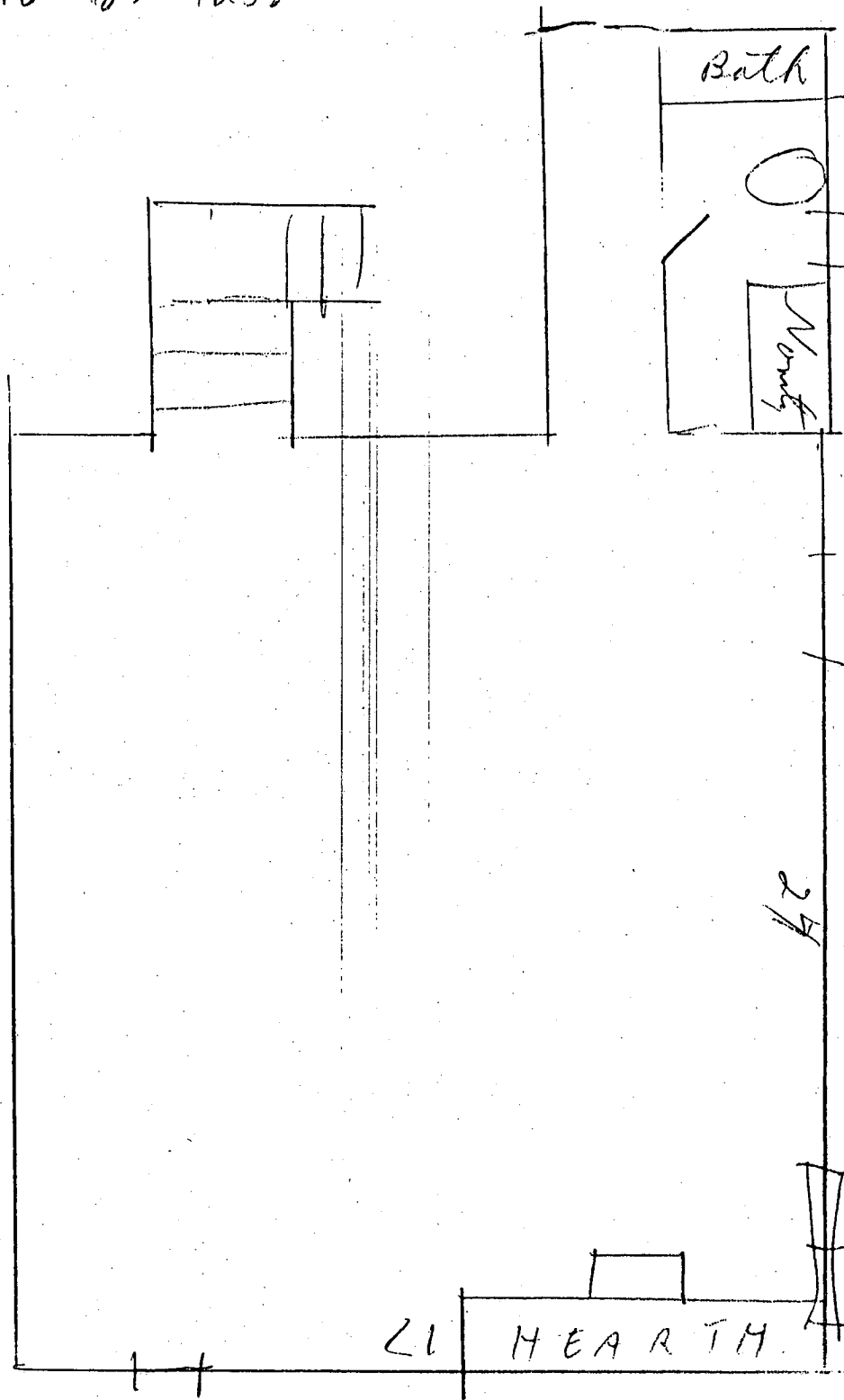
APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

PLANS FOR BASEMENT ROOM
RAYMOND GNIZAR
2756 WOODRIDGE CT
W. FRIENDSHIP, MD 21794
410-489-4238



BP 48859
OK TO SIGN
6/3/93
RH