

9-24-87
WPI Anytime

12/23/86
S. Abel
approved.

PERMIT

P 37536
A 26611

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XX199212330
461-9933

ELLICOTT CITY
DISTRICT 5th
DATE 8/21/86

INDEXED
05-400015

Woodstream Building Enterprises IS PERMITTED TO INSTALL X ALTER

ADDRESS 169 Poinsett Lane, Frederick, Maryland 21701 PHONE 663-9047

SUBDIVISION Dayton Meadows ROAD 13815 Dayton Meadow Ct. LOT 3, Sec. 1, Area 1

PROPERTY OWNER Woodstream Builders

ADDRESS Nancy Brookfield

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 175 feet from the front (157.08') lot line and 90 feet from the right (280') lot line as seen when facing the lot from Dayton Meadow Court. Run trenches on contour toward the left lot line.

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 and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

MODEL PERMIT SIGNATURE

AND RETURNED 7-13-99

Serial # B 00119267
finish Room above garage

PLANS APPROVED BY S. Abel DATE 7/22/86

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.

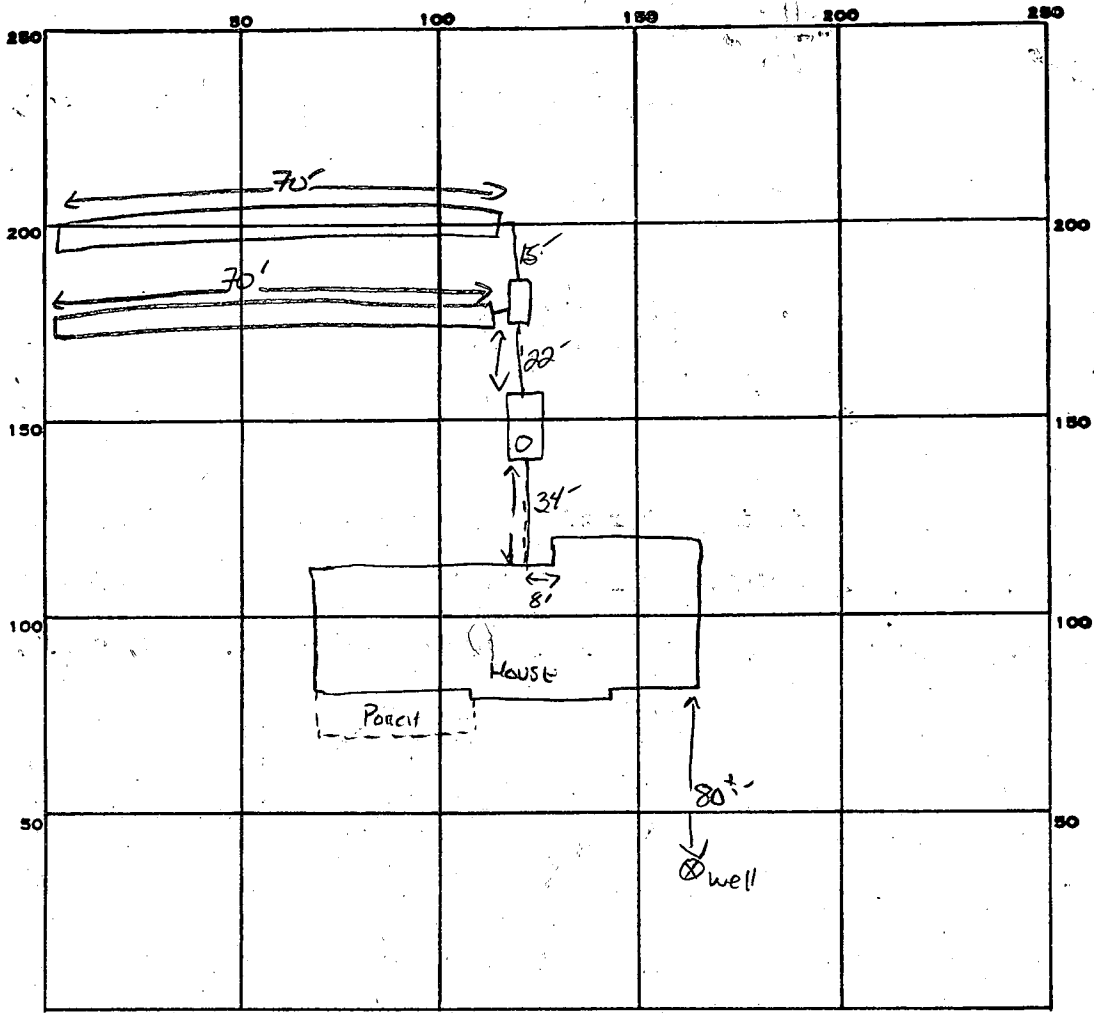
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
26611



$$\begin{array}{r} 3193 \\ 4 \\ \hline 772 \\ 129 \\ \hline 6770 \\ 6 \\ \hline 52 \\ 65 \\ \hline 130 \end{array}$$

PERMIT CARD

SEPTIC TANK, LEVEL 2000 GAL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 6 FE IN. TOTAL LENGTH 70' ^① 70' ^② TOTAL 140' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL TOTAL BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 12/23/84

INSPECTOR Siddons Albl

PRELIMINARY

APPLICATION

A 26611

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 8/16/77

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 William Mitchell ~~NADEX WOODSTREAM BUILDERS~~

ADDRESS _____ PHONE Paul Kottis
421-9433

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. ~~4, Block A~~

ROAD AND DESCRIPTION ~~Green Bridge Road~~ 13815 DAYTON MEADOWS CT

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Paul Kottis

APPROVED BY _____ FOR DW of Trend DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

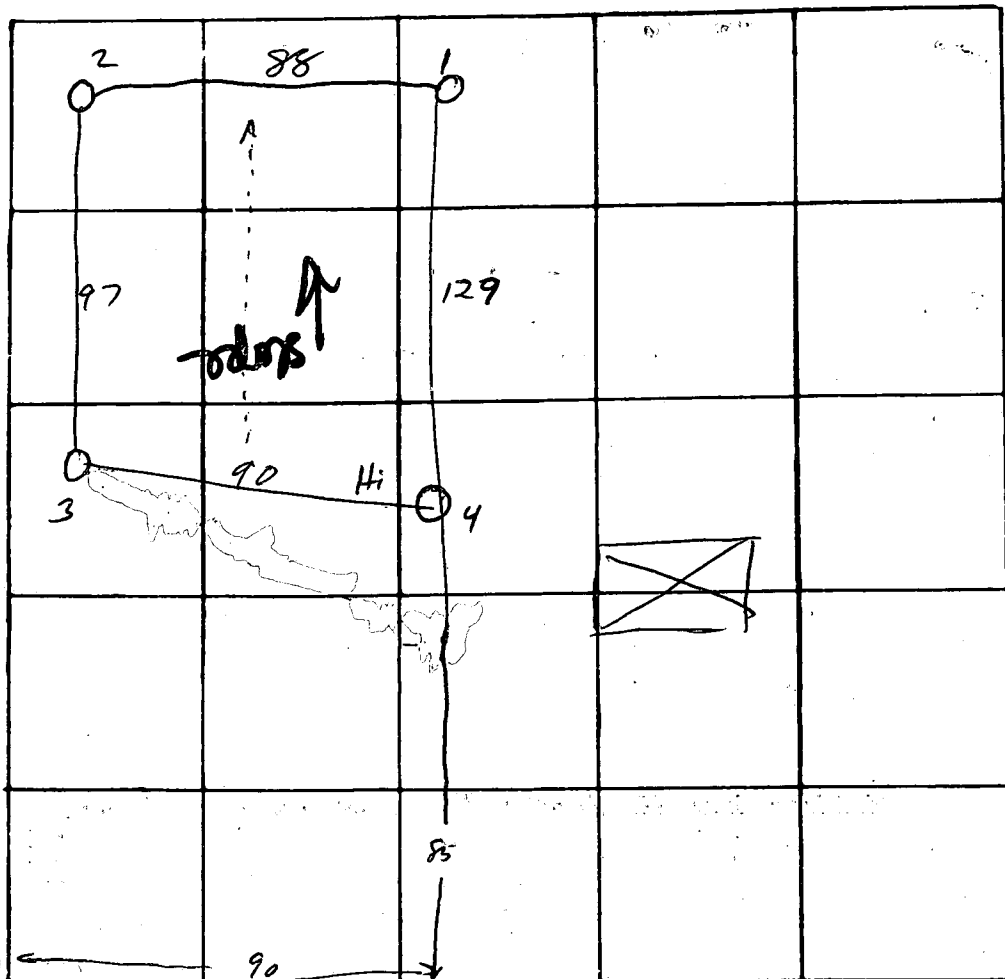
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERM. FILED
AND RETURNED 7-22-84 DA

PPA 71885

THIS IS NOT A PERMIT



0 —————
 some small amount of clay
 2-3 mixed
 14 1/2 —————
 Sandy loam

Lot 4
 A

X Perc 8 min
 INLET 3'
 BOTTOM 9'
 158 #/BE

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
23 Aug 77	1	3	9 ⁵⁴	9 ⁵⁵	9 ⁵⁵	9 ⁵⁸	3
		13 1/2	9 ⁵⁵	10 ⁰⁴	10 ⁰⁴	10 ¹⁶	12
	2	3	9 ⁵⁸	9 ⁵⁸	9 ⁵⁸	10 ⁰¹	3
		14 1/2	9 ⁵⁸	10 ⁰⁶	10 ⁰³	10 ²¹	15
	3	13	vis	Same			
	4	3	10 ⁰²	10 ⁰⁴	10 ⁰⁴	10 ¹⁰	6
		13	10 ⁰²	10 ⁰⁴	10 ⁰⁴	10 ¹⁰	6

REMARKS _____
 TYPE OF SOIL Sandy loam
 TESTED BY M ALSO PRESENT: _____

B 1 **1053** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-1502
 fill in this form completely

Date Received **6/20/86**
 OWNER INFORMATION
WOODSTREAM ENTERPRISE
 15 Last Name 13 Owner 34 First Name
169 PAIWS - TA - LAKE
 36 Street or RFD 55
FRICK 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
HOWARD 8 COUNTY 21
NAVY AIR FIELDS 23 SUBDIVISION 42
 SECTION **1** 44 46 LOT **3** 48 50 AREA
NAVY 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** 73 76 77 78 MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Maguire** 77 License No. 80 **738**
 Firm Name **Joseph L. Maguire Well Drilling**
 Address **5512 R. 12 RD. MEADOWS RD.**
 Signature **Joseph L. Maguire** Date **6/20/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD **Dayton Meadows** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 DISTANCE FROM ROAD **50** 34 37 ENTER FT or MI **EA** 38 39

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **35** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A-26611**
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **060386** CO. SIGNATURE **R. Williams** EXP. DATE **12/03/86**
 NORTH GRID **512000** EAST GRID **0907000**

APPROXIMATE DEPTH OF WELL **50** 24 28 FEET

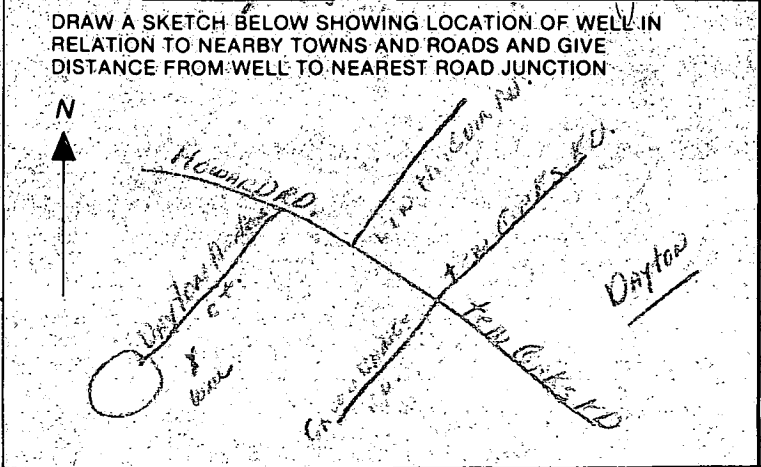
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

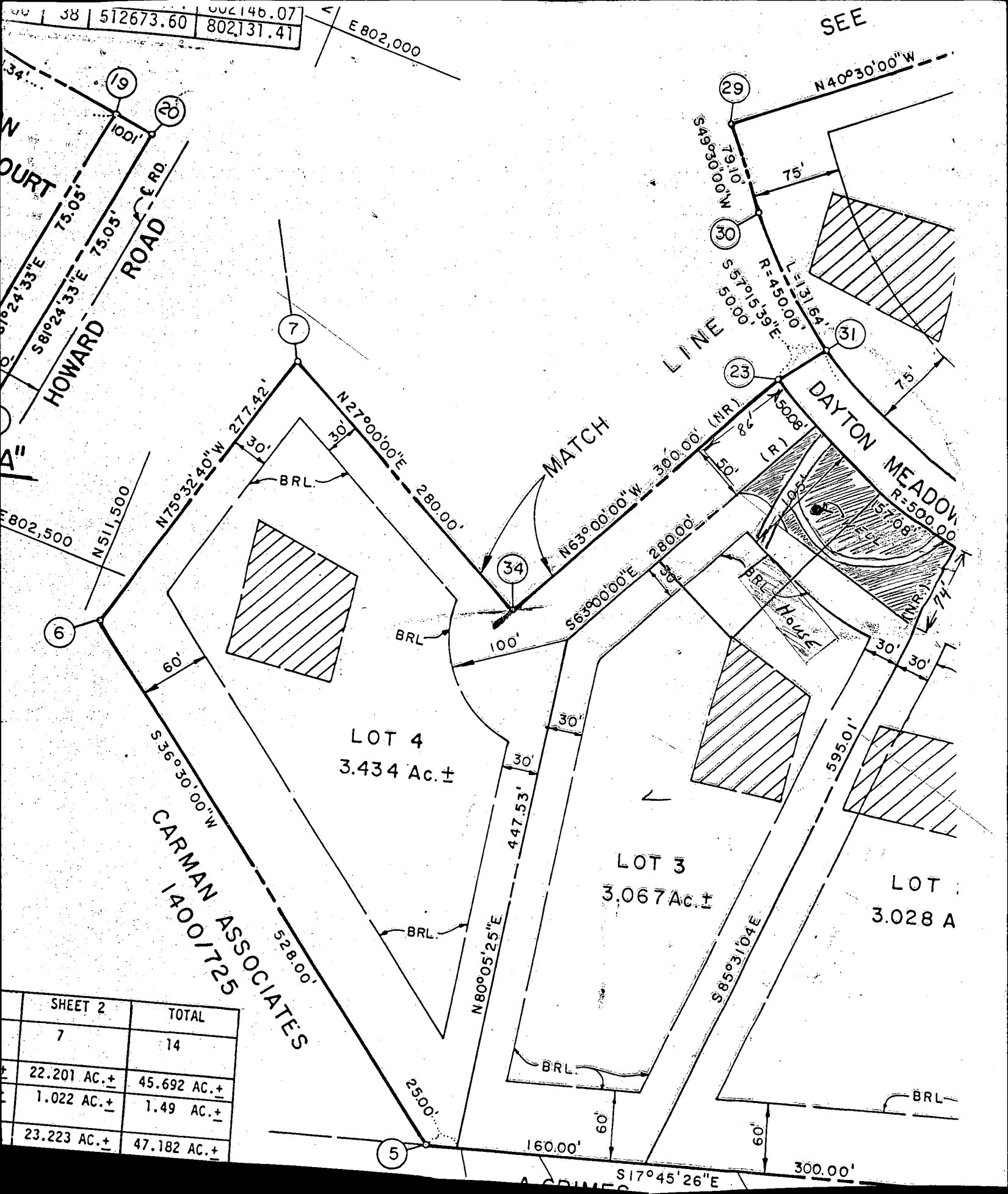
METHOD OF DRILLING (circle one):
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **B** WRITE INITIALS IN BOX PERMIT No. **40-81-1502**

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
 Location per plat
 60' casing
 1' above gr.
 50' open
 15' bag cement
 6/20/86
 Will





38	512673.60	502146.07
		802,131.41

E 802,000

SEE

CARMAN ASSOCIATES
1400/725

SHEET 2	TOTAL
7	14
22.201 AC. ±	45.692 AC. ±
1.022 AC. ±	1.49 AC. ±
23.223 AC. ±	47.182 AC. ±

LOT 4
3.434 Ac. ±

LOT 3
3.067 Ac. ±

LOT 5
3.028 A

LINE

MATCH

DAYTON MEADOWS

HOUSE

HOWARD ROAD
N 511.500
S 36°30'00"W
1400/725

N 40°30'00"W
S 49°00'00"W
S 57°15'39"E
R=450.00'
L=31.64'

S 17°45'26"E

James M. Prigel, Jr
Nancy G. Brookfield

bus. 662-0690

bus. 266-5240 ext 255

169 Poinsett Lane
Frederick, Md. 21701

663-9047

C1 00559

SEQUENCE NO. (DEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-26611

DATE Received 062386

DATE WELL COMPLETED 062086

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1507

OWNER: SURPRISE WOODSTREAM; STREET OR RFD: DAYTON MEADOWS CT.; TOWN: DAYTON; SUBDIVISION: DAYTON MEADOWS; SECTION: 1; AREA: 1; LOT: 3

WELL LOG: Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY MICHA ROCK.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 15, NO. OF POUNDS: 1410, GALLONS OF WATER: 90, DEPTH OF GROUT SEAL: from 0 to 50 ft.

CASING RECORD: casing types insert appropriate code below. Options: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

CASING: Nominal diameter top (main) casing of main casing TYPE (nearest inch) (nearest foot). Options: ST 6, CO 60.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Options: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

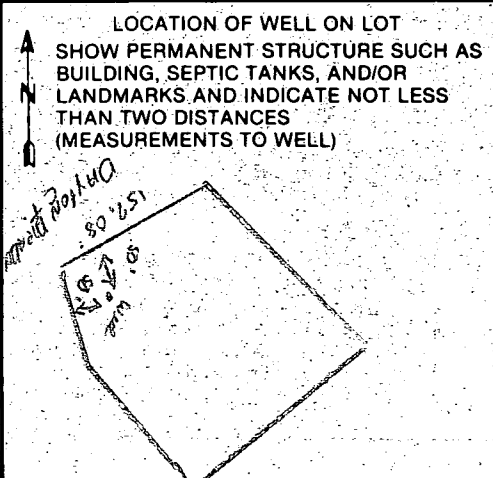
SCREEN: DEPTH (nearest ft.) 140, 59, 325. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) from to.

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), WQ (WELL LOG INDICATOR), OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 2, METHOD USED TO MEASURE PUMPING RATE: hand, WATER LEVEL (distance from land surface) BEFORE PUMPING: 32, WHEN PUMPING: 243, TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH (nearest ft.) 43-47, CASING HEIGHT (circle appropriate box and enter casing height) (+) above, LAND SURFACE (nearest foot) 1.



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. 238; DRILLERS SIGNATURE: Joseph J. Masma; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

Page _____ of _____
 Date 6/20/86

Review ok S. Abel 7-22-86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1507
 Location of property (road) DAYTON MEADOWS CT.
 Subdivision DAYTON MEADOWS Lot 3 Block _____ Plat _____ Sec. 1 AREA 1
 Well Driller JOSEPH MAYNE Owner ENTERPRISE, WOODSTREAM

Depth of well 325'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 32'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15
 Total time 45 min to reach pumping water level 243 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 § gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	110	5 sec		12
9:00	197	5		12
9:15	243	5		12
9:30	243	30		2
9:45	243	30		2
10:00	243	30		2
10:15	241	30		2
10:30	241	30		2
10:45	241	30		2
11:00	241	30		2
11:15	241	30		2
11:30	240	30		2
11:45	240	30		2
12:00	240	30		2
12:15	240	30		2
12:30	240	30		2
12:45	240	30		2
1:00	240	30		2
1:15	240	30		2
1:30	240	30		2
1:45	240	30		2
2:00	240	30		2
2:15	240	30		2
2:30	240	30		2
2:45	240	30		2
3:00	240	30		2

345/840/30/9

Handwritten text, possibly a signature or name, appearing as a series of overlapping strokes.



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # HMD 100
Date 9/8/87

Name of Installer H.A. VAN SANT PLUMBING & HIG Telephone 829 0444

License number ST. OF Md. # 1467
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner WOODSTREAM BLOG. ENTERPRISES
NANCY BROOKFIELD Telephone 301 663 9047
Subdivision DAYTON MEADOWS Lot # 3 Well tag # HO-81-1507
Site Address 13815 DAYTON MEADOWS COURT
DAYTON, MD

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make GOULD'S
3. Model # 7EHO7422
4. Capacity 7 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

Motor
1. Horsepower 3/4
2. RPM 3400
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make MARTINSON
2. Model # 8P-10X
3. Depth 40"

Tank
1. Capacity 42 GAL
2. Pressure relief valve? YES

Piping
1. Type COIL PIPE
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 40"

Well data
1. Depth 325 ft.
2. Yield 2.0 GPM
3. Static water level 31 ft.
4. Will water supply be disinfected by installer? No

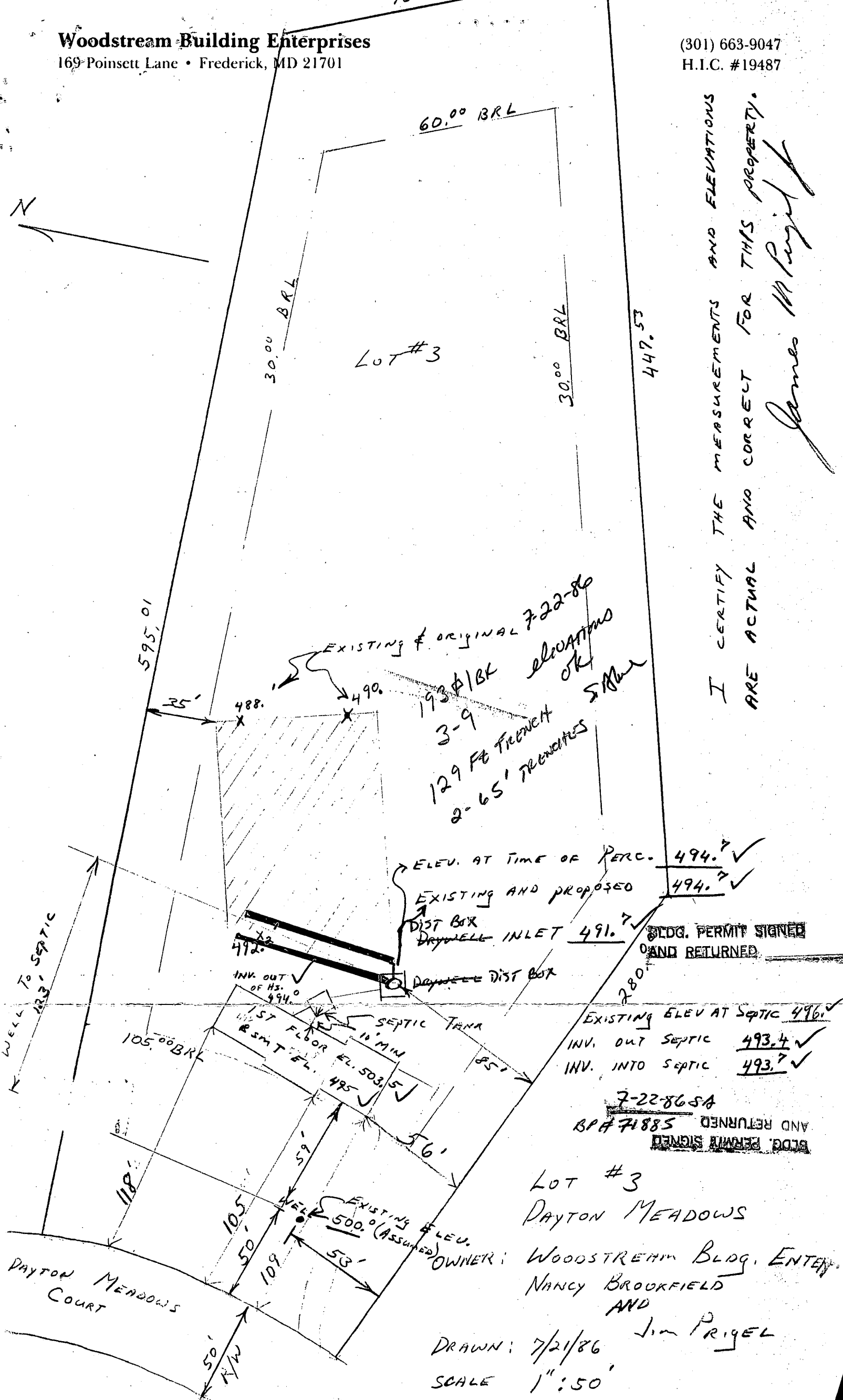
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Jean Prugel

Date: 9/3/87

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



EXISTING & ORIGINAL 7-22-86
 193 #1 BK elevations
 3-9 OK
 129 FT FRENCH OK
 2-65' TRENCHES S.M.W.

ELEV. AT TIME OF PERC.	494.7 ✓
EXISTING AND PROPOSED	494.7 ✓
DIST BOX DRYWELL INLET	491.7 ✓
DRYWELL DIST BOX	492.7 ✓
EXISTING ELEV AT SEPTIC	496.7 ✓
INV. OUT SEPTIC	493.4 ✓
INV. INTO SEPTIC	493.7 ✓

7-22-86 SA
 BPA # 71885 AND RETURNED
 BLDG. PERMIT SIGNED

LOT #3
 DAYTON MEADOWS
 OWNER: WOODSTREAM BLDG. ENTER.
 NANCY BROOKFIELD
 AND
 Jim Prigel

DRAWN: 7/21/86
 SCALE 1" = 50'

I CERTIFY THE MEASUREMENTS AND ELEVATIONS
 ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
 James W Prigel

DAYTON MEADOWS COURT

26611

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00119267

Building Address 13815 DAYTON MEADOWS CRT.
Dayton, Md 21036
Suite/Apt. #: N/A SDP/WP/Petition #: _____
Census Tract 6051.01 Subdivision Dayton Meadows
Section 1 Area 1 Lot 3
Tax Map _____ Parcel _____ Grid PLAT 6715
Zoning _____ Map Coordinates 1351 Lot size 3.06 acres

Property Owner's Name Nancy & Jim Brookfield
Address 13815 Dayton Meadows CRT
City Dayton State MD Zip Code 21036
Home Phone 410 531 5924 Work Phone 203 928 6532
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SINGLE FAMILY RESIDENCE
Proposed Use 3 BR Room Above attached garage
Estimated Construction Cost \$ 10,000.
Description of Work FINISH ROOM ABOVE
EXISTING 3 CAR GARAGE

Contractor Company SELF
Contact Person Jim & Nancy Brookfield
Address 13815 Dayton Meadows CRT.
City Dayton State MD Zip Code 21036
License No. _____
Phone 410 531 5924 Fax _____

Occupant or Tenant SELF
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company None
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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 _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>26' x 23' Finished</u> 2nd floor: <u>Area Above Existing</u> Basement: <u>28' x 30' Garage</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ 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 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.

Jim Brookfield
Applicant's Signature
OWNER
Title/Company

Jim Brookfield
Print Name
7/12/99
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>7/13/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>42097</u>
Rear: _____	Filing fee \$ <u>75.00</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2746</u>
Accepted by <u>[Signature]</u>	Validation # <u>23293</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
a: permit.fim Rev. 10/15/94

595.01'

30' B.R.L.

280.00'

N 63°00'00" W

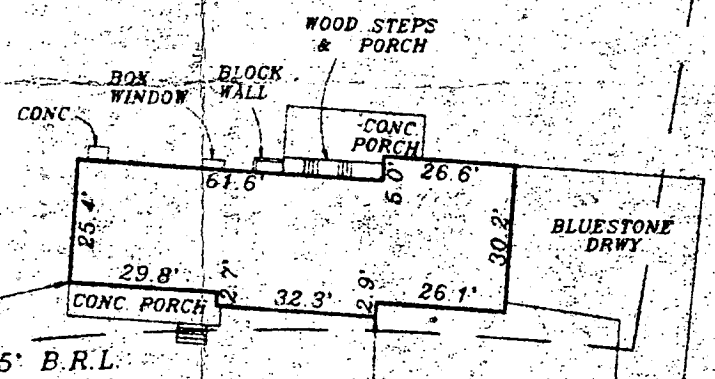
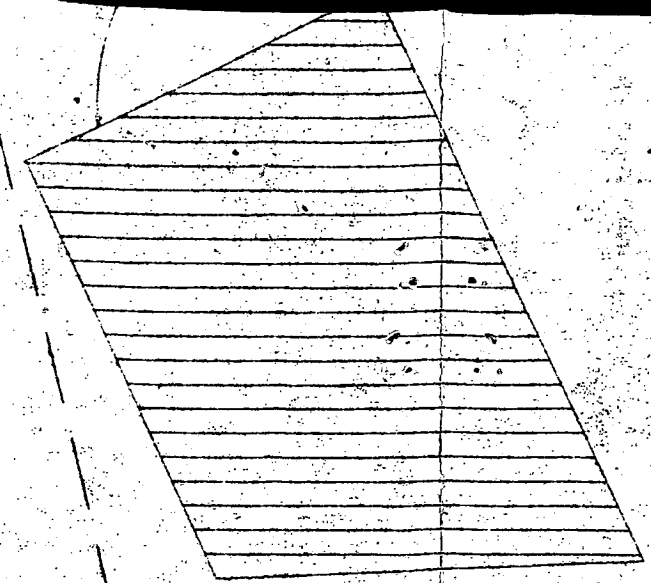
105' B.R.L.

R=500.00' A=157.08'

DAYTON MEADOWS COURT

(50' R/W)

7/13/99
OK to proceed w/ BP
to finish room above
existing garage. (D)



BROOKFIELD RESIDENCE
410 531 5924
HOUSE LOCATION SURVEY
13815 DAYTON MEADOW COURT
LOT 3 PLAT 6715
DAYTON MEADOWS
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

THE SUBJECT DWELLING LIES IN ZONE "C"
(AREA OF MINIMAL FLOODING) AS SHOWN
ON THE FLOOD INSURANCE RATE MAPS, COMMUNITY
PANEL No. 240044-0026 B DATED DEC. 4, 1996

CPI
Charles P. Johnson & Associates, P.A.
PLANNERS ENGINEERS LANDSCAPE ARCHITECTS SURVEYORS
1751 ELSON ROAD SILVER SPRING, MARYLAND 20903
(301) 434-7000 FAIRFAX, VA

H.L.S. 4/22/92