

8/3/94 12:00
8/4/94 10:00
8/15/94

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50130

A 41348

DISTRICT 5th

DATE 7/5/94

DATE SYSTEM APPROVED 8/4/94

INSPECTOR CBH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

INDEXED

William H. Smith, Jr.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050

PHONE 879-7641

SUBDIVISION Ashleigh Greene, Sec. 2 LOT 32 ROAD 11806 Wollingford Court

PROPERTY OWNER Renee Durakis

ADDRESS

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

7-10-03 B00142970-16 BODH
12/29/04 B00157692-POLCA

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet down the (264') left lot line and 90 feet off the same lot line. Run trenches along contour toward the front and rear of lot as seen when facing the lot from Wollingford Court.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/24/94 DKS

PLANS APPROVED BY Mark Rifkin

REVISED DATE 12/13/93

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

BLDG. PERMIT SIGNED

PERMIT VOID AFTER TWO YEARS

AND RETURNED

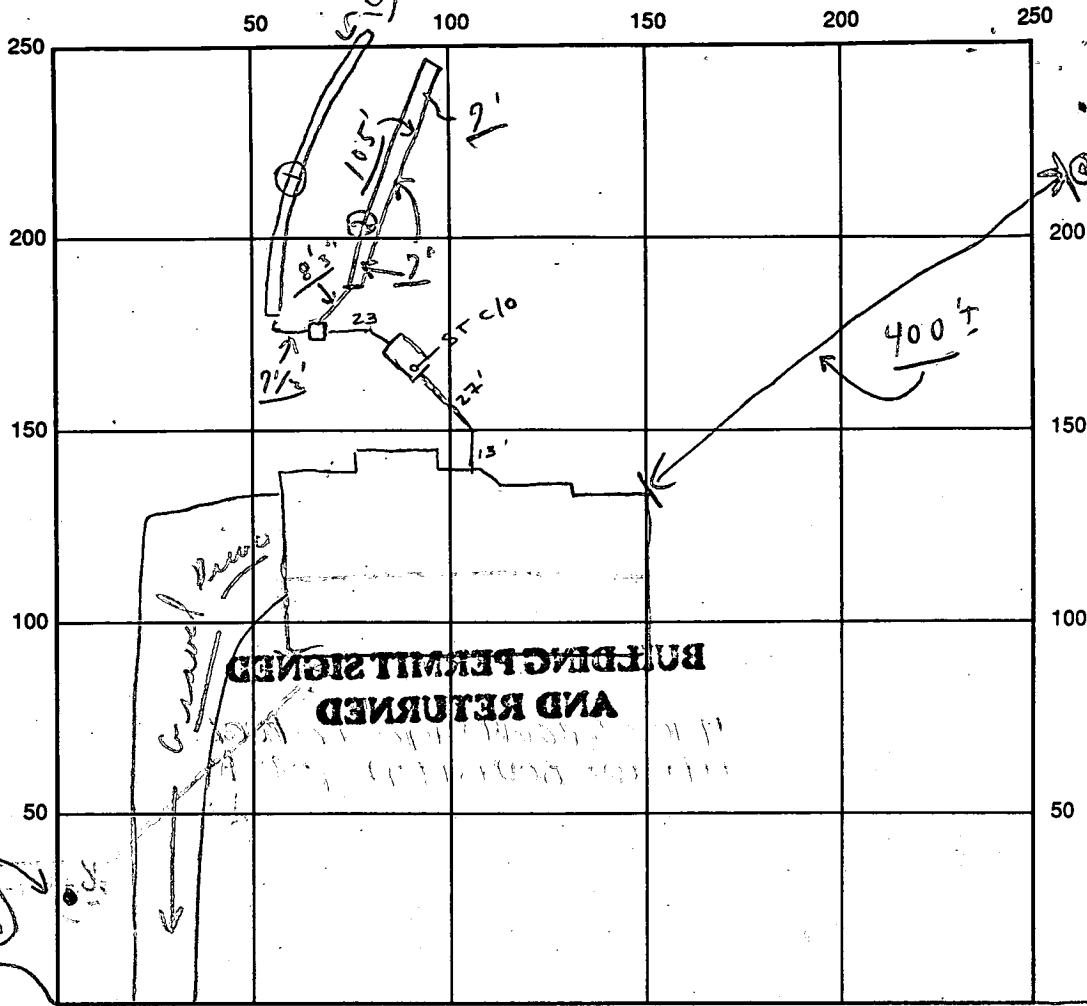
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

Serial # 59643-deck

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 41348



Well #10-92-2484

Water Well at another lot

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WOLLINGFORD COURT

SEPTIC TANK LEVEL 1250 gal OR CLEANOUTS ST C10 OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH ① 6 1/2 FT. TRENCH WIDTH 2' FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4' + FT. TOTAL LENGTH ① 103' ; ② 105' FT. (210)

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

DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 840 + SQ. FT.

REMARKS: 9/3/94 OK to stone trench #1 and cover from ST to house Ann
Part 8/4/94 OK to stone trench #2 etc; call 8/4/94 (P.M.) Trench
#2 ok to cover - Final C.B.N. (Material on site for
last trench - ok to cover as finish)

8/4 P.M. No W.P.I. call 8/4/94 P.M. W.P.I. ok call

DATE SYSTEM APPROVED 8/4/94 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 41348

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

WS

P _____

DISTRICT 5th

DATE 2/2/88

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 Winchester Homes, Inc. Real Estate Development Group
RENÉE DUKAKIS

ADDRESS 6301 Ivy Lane, Suite 714 PHONE 725-7413
Greenbelt, Maryland 20770 301-220-1117

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Prelim Lot-32

SUBDIVISION Ashleigh Greene Section II LOT NO. 80

ROAD AND DESCRIPTION Intersections Browns Bridge Road/Hall Shop Road,
Hall Shop Road/Simpson Road (11806 Wollingford Court)

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 AC. TYPE BLDG SF
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Bea Haulton

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-22-88 For perc hole locations and subdivision plat approval JEN.

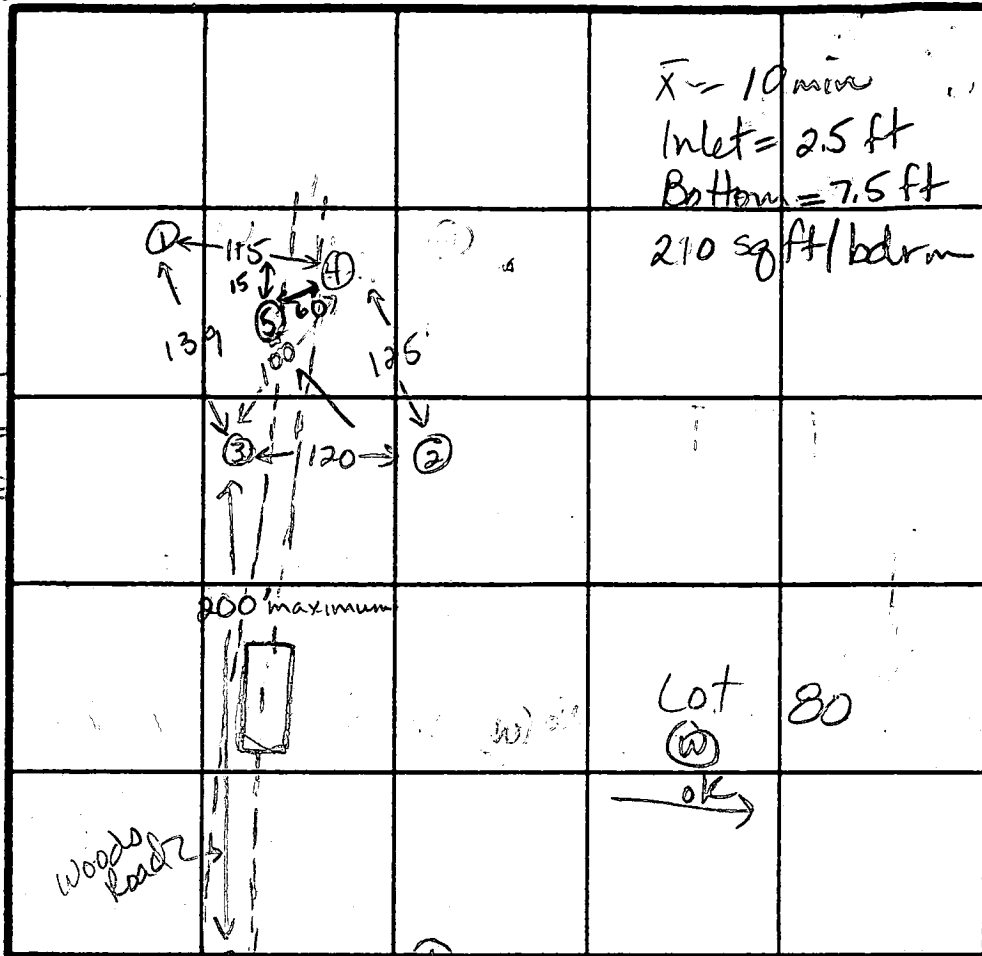
BLDG. PERMIT SIGNED
AND RETURNED 12/13/93
Serial # 57867
SFD-4Bim

HD-216

THIS IS NOT A PERMIT

High 3
2
4 A41348
Low 1

Lot 81



$\bar{X} = 10 \text{ min}$
Inlet = 2.5 ft
Bottom = 7.5 ft

210 sq ft/bedroom

①
0-3.5 Rd-br si cl loam
3.5-12.0 Brown mica sa si loam, <10% saprolite
12.0 Bottom

⑤
0-3.0 Rd-br sa si cl lm
3.0-12.0 Rd sa si lm, <5% saprolite
12.0 Bottom

③ SOIL PROFILE

0-4.5 Rd-br si cl loam
4.5-12.5 Rd-br micaceous sa si lm, <10% saprolite
12.5 Bottom

②
0-2.5 Rd-br si cl loam
2.5-13.0 Brown mica sa si loam, <20% saprolite
13.0 Bottom

④
0-2.5 Rd-br si cl loam
2.5-5.0 Red-yellow cl sa si lm
5.0-11.0 Red-yellow sa si lm, <20% saprolite
11.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-88	3	4.5 S	11:56	11:59	11:59	12:06	7 min
		8.0 M	11:58	12:04	12:04	12:17	13 min
		12.5 D	Bottom				ok
	2	3.5 S	12:08	12:12	12:12	12:18	6 min
		13.0 D	Bottom				ok
	1	5.0 S	12:32	12:38	12:38	1:44	6 min
		12.0 D	Bottom				ok
	4	3.0 S	12:11	12:20	12:20	12:36	16 min
		11.0 D	Bottom				ok
	5	12.0 V	(see profile)				ok

REMARKS: All holes as located on plot except #1.
TYPE OF SOIL: 0-3 Rd-br si cl lm, 3-13 Rd-br mica sa si lm, <20% saprolite
TESTED BY: JE Nadeau ALSO PRESENT: Rocky

MARYLAND STATE PLANE
COORDINATE SYSTEM

Berwin Joint Ven
c/o Winchester Home
818 West Diamond Ave.
Gaithersburg, Maryland
(301)670-101

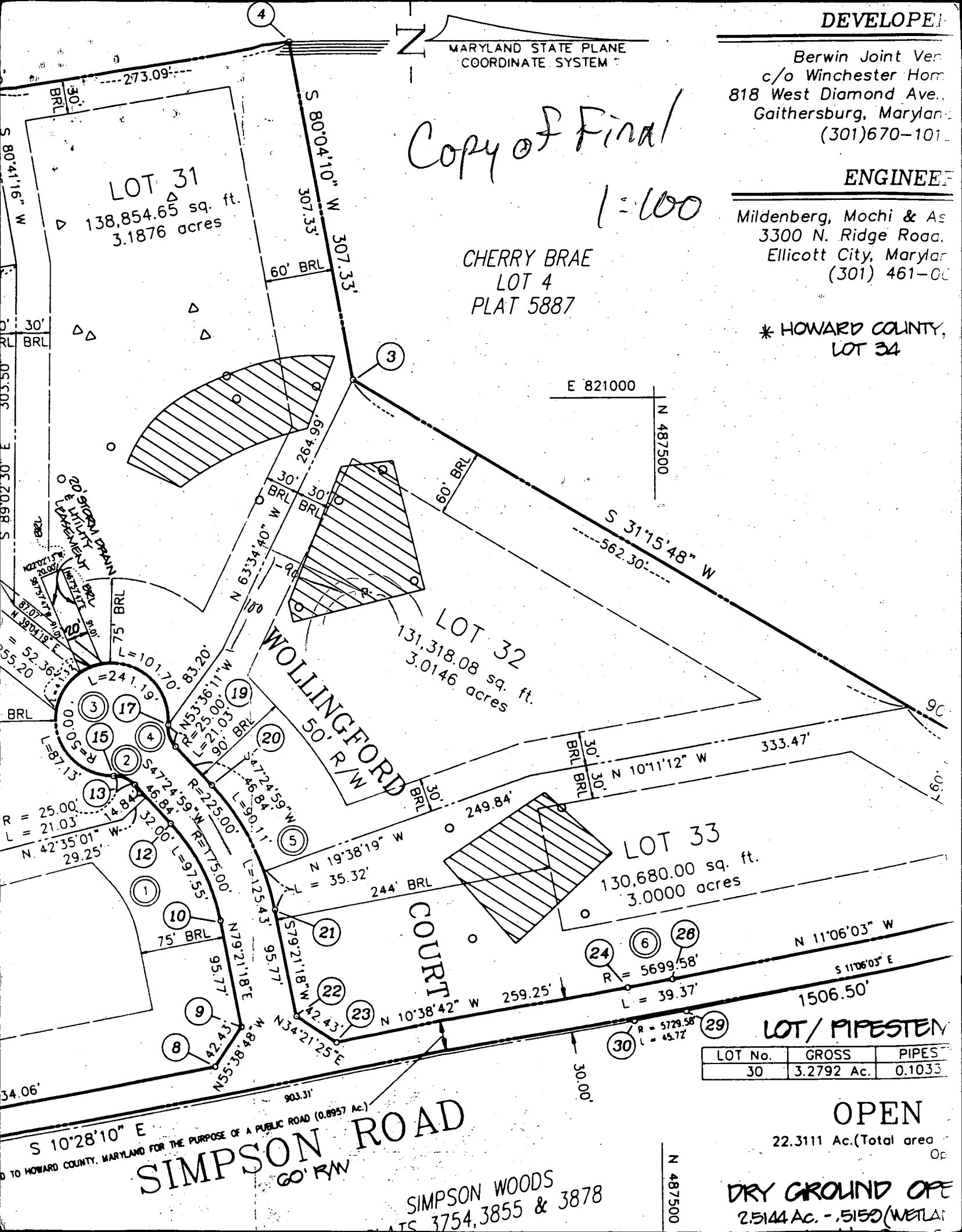
ENGINEER

Mildenberg, Mochi & As
3300 N. Ridge Road,
Ellicott City, Maryland
(301) 461-00

* HOWARD COUNTY,
LOT 34

Copy of Final
1=100

CHERRY BRAE
LOT 4
PLAT 5887



E 821000

N 487500

LOT 31

138,854.65 sq. ft.
3.1876 acres

LOT 32

131,318.08 sq. ft.
3.0146 acres

LOT 33

130,680.00 sq. ft.
3.0000 acres

WOLLINGFORD
50' R/W

COURT

SIMPSON ROAD
GO' R/W

LOT/ PIPESTEN

LOT No.	GROSS	PIPES
30	3.2792 Ac.	0.1033

OPEN

22.3111 Ac. (Total area

DRY GROUND OFF

25144 Ac. - .5159 (WETLAN

SIMPSON WOODS
ATS 3754, 3855 & 3878

TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD (0.8957 Ac.)

Letter to - 4/14/94

Grace PR
Jellison

RECEIVED

5

MAR 15 1994

Please give me a call Thanks

REGVARDING 11806 WOLLING DIVISION CT. 3/10/94 Avis

Ashley Green
lot 32
signed - 12/13/93

To: Howard Co. Permits & Licenses.
(MRS. AVIS CORBIN)

We are amending building permit number 51867 lot 32 in Ashley Green due to an increase in the size of the house and number of bath rooms. I am hereby giving permission to Chu-Chis Construction Co. to amend my building permit #51867. Should you have any questions please feel free to contact me at 301-725-7413.

Sincerely,
Renée Bruckis

AMENDMENT
 APPROVED BY
 DEPARTMENT OF INSPECTIONS,
 LICENSED AND PERMITS
 HOWARD COUNTY

DATE: 4/13/94

BY: [Signature]

SUBJECT TO COMMENTS OF REVIEW

SUBJECT TO FIELD INSPECTION

SUBJECT TO CORRECTIONS OF PLANS

7

ML 12/13/93
elevations OK
BP 51867
4 BR

MAINTAIN 10'
BETWEEN
TANK &
DECK

LOT 32
3.0 Ac

EXISTING ELEV AT
DIST. BOX 504^B

INV ELEV INTO
DIST. BOX 502

INV ELEV OUT
OF SEPTIC 502⁷

EXIST ELEV AT
SEPTIC 505⁰

INV ELEV INTO
SEPTIC 503⁰

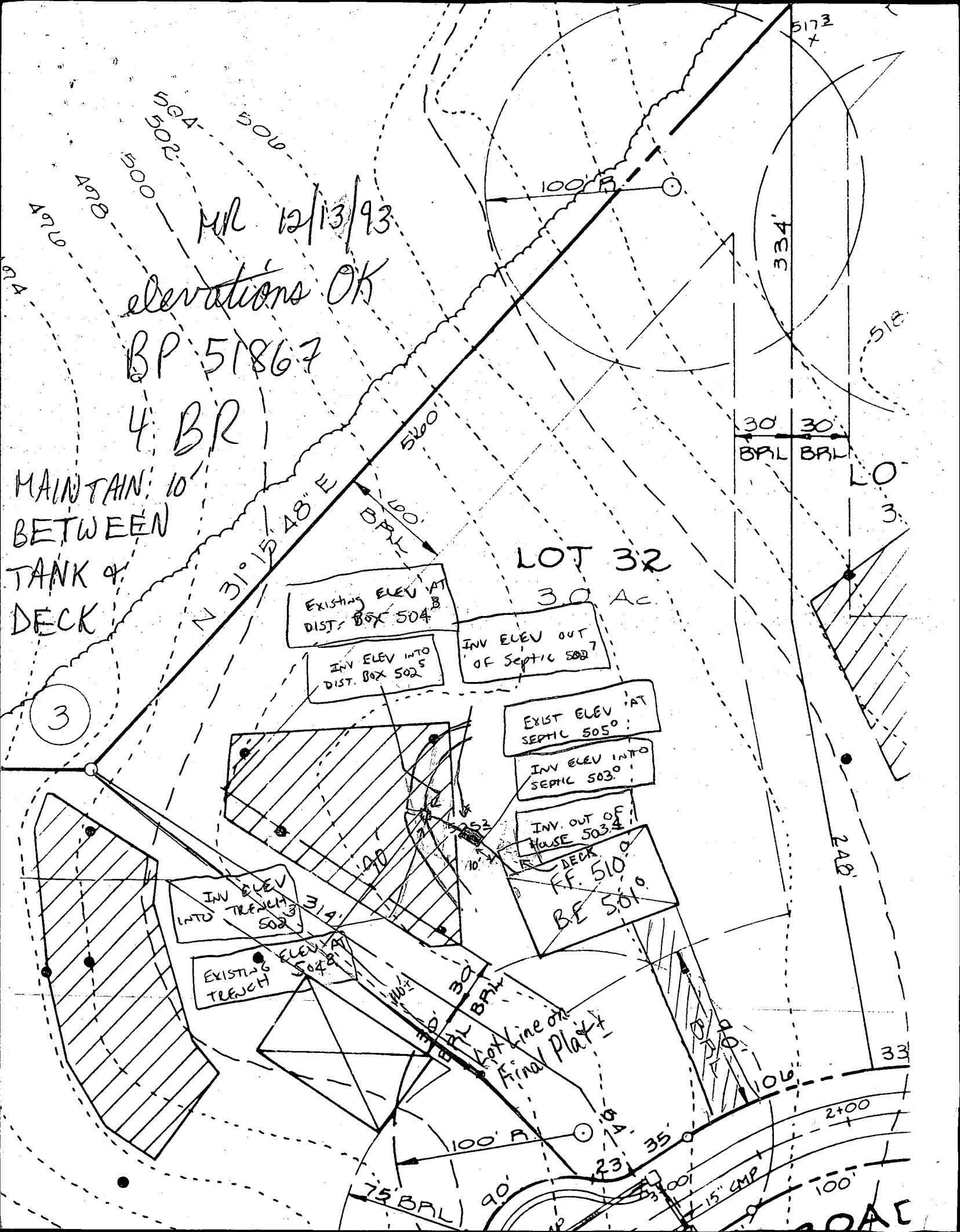
INV. OUT OF
HOUSE 503⁴

DECK
FF. 510⁰
BE 501⁰

INV ELEV
INTO TRENCH
502³

EXISTING
TRENCH
ELEV AT
504⁸

Box line on
Final Plat



01 0506

SEQUENCE NO. (DENV 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 41348

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM: "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 120992

Depth of Well grid: 200 (TO NEAREST FOOT)

PERMIT NO. grid: 120992-0494

OWNER: last name, first name, TOWN, SUBDIVISION, SECTION, LOT

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 top soil, shale, sand, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 1900 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below ST CO PL OT

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) grid: 140, 19, 300

CIRCLE APPROPRIATE LETTER 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE

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

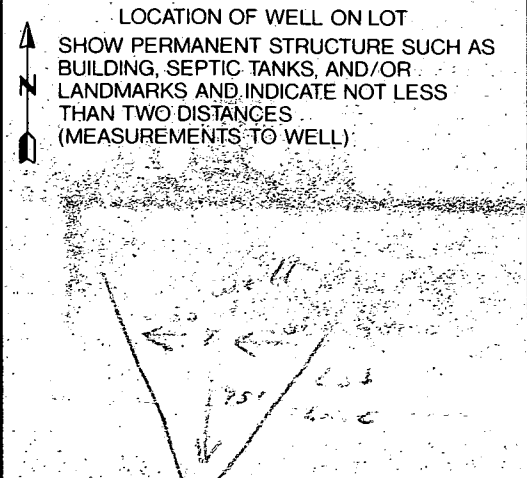
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

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)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (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) LAND SURFACE (nearest foot)



B 1 **09092** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-92-0494**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **111993** **OWNER INFORMATION**
MINCHESTER MOSES
 15 Last Name Owner First Name 34
6305 IVY LANE
 36 Street or RFD 55
GREENBELT MD 20770
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION
George F. Easterday **40**
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday **11/18/93**
 Signature Date

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ **G A P** _____
 54 63
 FORCE **N** WRITE INITIALS IN BOX PERMIT No. **HO-92-0494**
 67 68 70 71 72 73 74 75 76 77 78 79

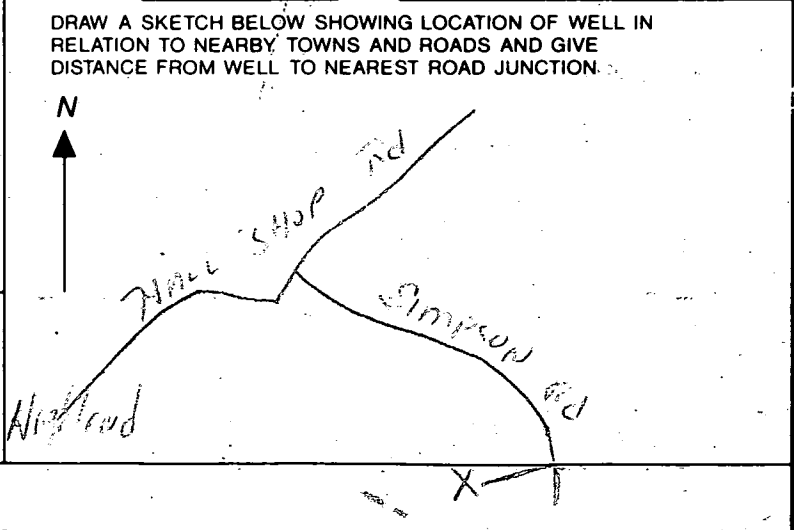
SPECIAL CONDITIONS

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
ASHLEIGH GREENW
 23 SUBDIVISION 42
 SECTION **2** LOT **32**
 44 46 48 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** **M** **I**
 73 76 77 78

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)** **WALLINGFORD CT**
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 N NORTH
 E EAST
 S SOUTH
 W WEST
 DISTANCE FROM ROAD **5**
 34 37
 ENTER FT or MI **FT**
 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A41348**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED _____
112393 **James E. Nadreau** **11-23-94**
 43 48 GO SIGNATURE EXP. DATE
 NORTH GRID **487000** EAST GRID **0821000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **820**
 N **480**
 000 000
12/9/93 11:30 1:10 pm
19 bags cement start up
31 ft casing
1 ft above grade
60 ft open hole
location-ok
JENadreau



B 1 6382 SEQUENCE NO. (DP 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

STATE PERMIT NUMBER HD-88-1283
fill in this form completely

Date Received (APA) 022290
OWNER INFORMATION
Winchester Homes Inc
6701 Rockledge Drive
Bethesda Md 20817

B 3 LOCATION OF WELL
Howard
Ashleigh Green Sub
SECTION 2 LOT 30
Emmitsville
MILES FROM TOWN 2 MI

DRILLER INFORMATION
Frank Delph
Frank Delph Well Drillers Inc
18234 Penn Shop Rd Mt Airy Md
Signature Date 2/19/90

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 500 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

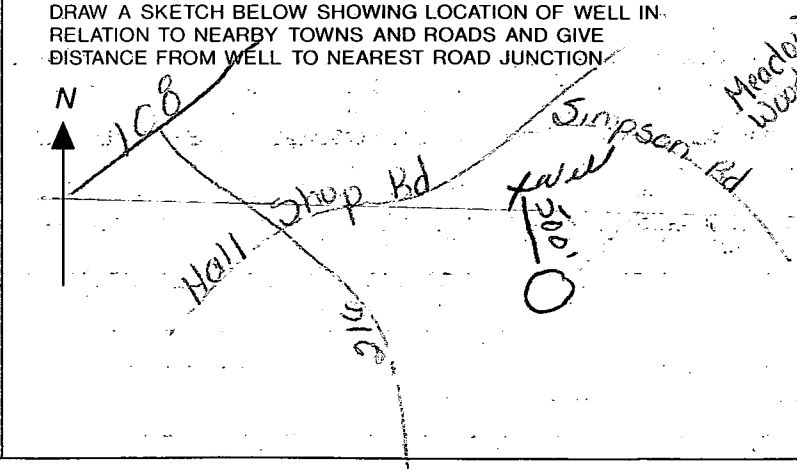
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. 41348
STATE SIGNATURE DATE ISSUED 040990
CO SIGNATURE Mark E. Ralston 10/9/90
NORTH GRID 487000 EAST GRID 0822000

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 822
N 487

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT

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



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE MD PERMIT No. HD-88-1283

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300/42970

Building Address 11806 Williams Road
11000 Williams Rd 21129

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Armagh Greene

Section 2 Area 1 Lot 32

Tax Map 41 Parcel 174 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JESSE & DENISE E. SQUIER

Address 11806 Williams Road

City CHARLEVILLE State MD Zip Code 21029

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
KIMAN LANDSCAPE COMPANY, INC.
11043 Frederick Road
MT AIRY MD 21771

Phone 410 459 0777 Fax 410 459 0054

Existing Use Small Family Home

Proposed Use Large Family Home w/ Swimming Pool

Estimated Construction Cost \$ 30,000

Description of Work High End Swimming Pool
28' x 45' w/ Fence

Contractor Company KIMAN LANDSCAPE CO. INC.

Contact Person LEAH R. ROWAN

Address 11043 Frederick Rd.

City MT AIRY State MD Zip Code 21771

License No. 1161059

Phone 410 459 0777 Fax 410 459 0054

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: 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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Natural Gas <input type="checkbox"/>
Other Structure: _____	Propane Gas <input type="checkbox"/>
Dimensions: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Footings: _____	NFPA #13D _____
Roof: _____	NFPA #13R _____
State Certified Modular _____	Other: _____
Manufactured Home _____	

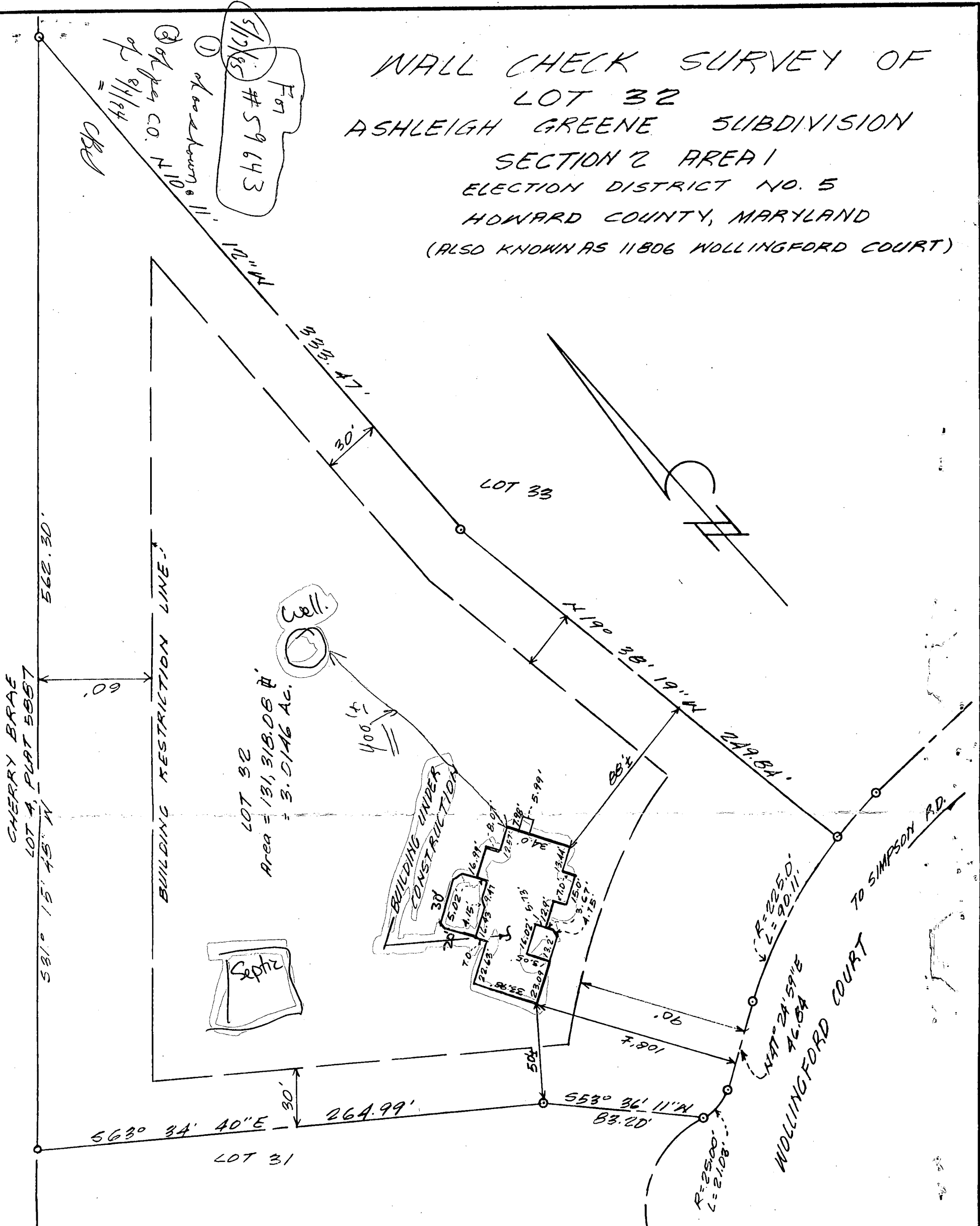
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

LEAH R. ROWAN
 Applicant's Signature
LEAH R. ROWAN
 Title/Company
NEW MD MR 2/10/03

LEAH R. ROWAN
 Print Name
2/13/03
 Date

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

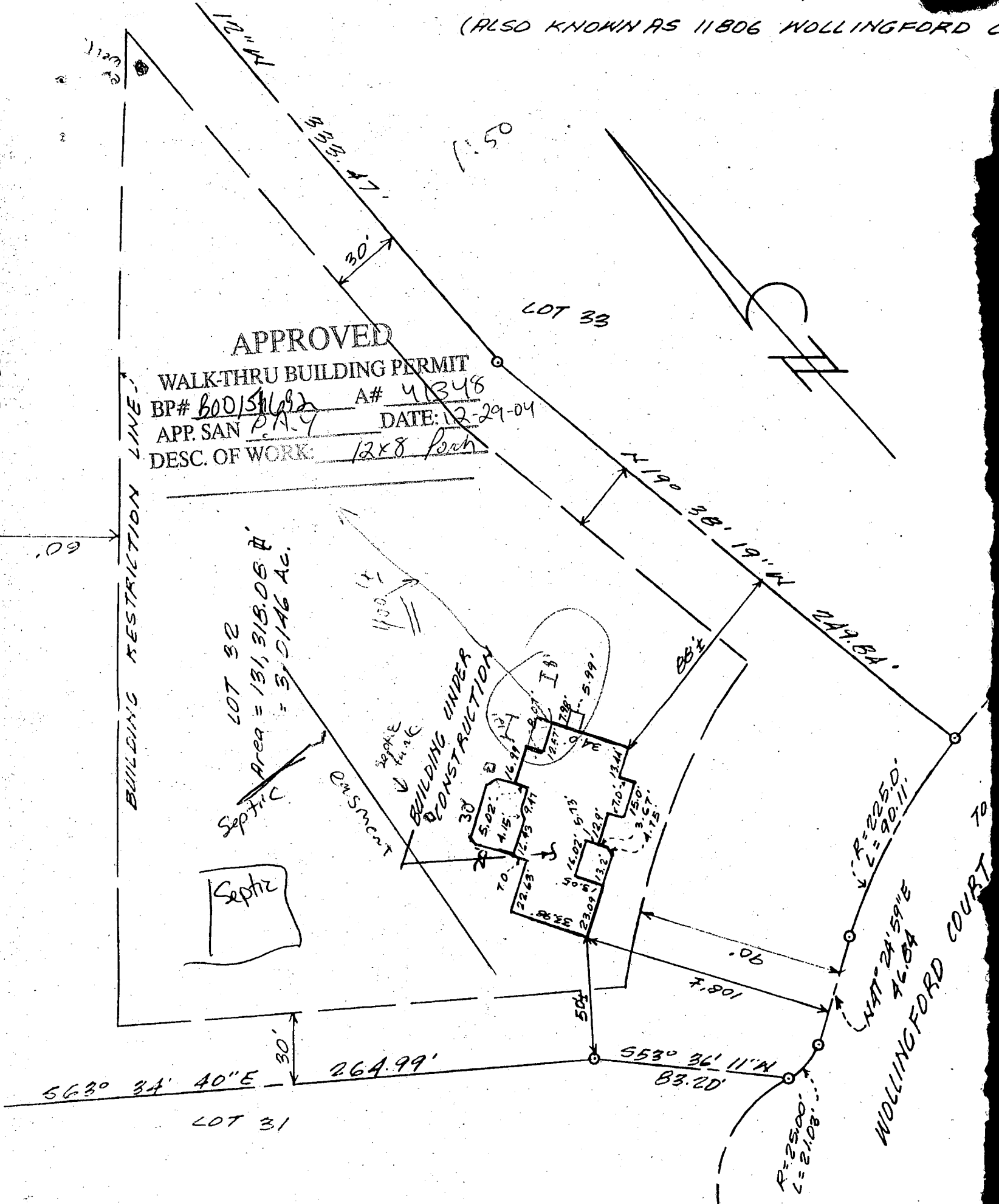
WALL CHECK SURVEY OF
 LOT 32
 ASHLEIGH GREENE SUBDIVISION
 SECTION 2 AREA 1
 ELECTION DISTRICT NO. 5
 HOWARD COUNTY, MARYLAND
 (ALSO KNOWN AS 11806 WOLLINGFORD COURT)



NOTE
 THE SUBJECT LOT DOES NOT LIE IN A FLOOD
 PLAIN IN ACCORDANCE WITH FEMA PANEL
 MAP.

<p>SURVEYORS CERTIFICATE</p> <p>I HEREBY CERTIFY THAT I HAVE CAREFULLY SURVEYED THE PROPERTY SHOWN AND DESCRIBED HEREON, IN ACCORDANCE WITH RECORD DESCRIPTION AND HAVE LOCATED ALL OF THE EXISTING IMPROVEMENTS THEREON BY A TRANSIT-TAPE SURVEY, AND THAT CORNERS HAVE BEEN FOUND OR PLACED AS SHOWN, AND THAT THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY EXCEPT AS INDICATED. NO TITLE REPORT FURNISHED.</p> <p><i>Anthony G. Currie</i> 5/25/94 MD 460 ANTHONY G. CURRIE, P.L.S.</p>	<p>REFERENCE</p> <p>PLAT BOOK</p> <p>PLAT NO. 10669</p> <p>LIBER</p> <p>FOLIO</p>	<p style="text-align: center;">CURRIE AND ASSOCIATES CONSULTING</p> <p style="text-align: center;">ENGINEERS, SURVEYORS & PLANNERS</p> <p style="text-align: center;">3045 MEMORY LANE Silver Spring, Maryland, 20904 (301) 890-3384</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DRAWN BY <i>Currie</i></td> <td style="width: 50%;">JOB NUMBER</td> </tr> <tr> <td>CHECKED BY <i>Currie</i></td> <td>CA-94-014</td> </tr> <tr> <td>SCALE</td> <td>FILE NUMBER</td> </tr> <tr> <td>DATE 5/25/94</td> <td></td> </tr> </table>	DRAWN BY <i>Currie</i>	JOB NUMBER	CHECKED BY <i>Currie</i>	CA-94-014	SCALE	FILE NUMBER	DATE 5/25/94		
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SURVEYORS CERTIFICATE		REFERENCE		CURRIE AND ASSOCIATES CONSULTING ENGINEERS, SURVEYORS & PLANNERS 3045 MEMORY LANE Silver Spring, Maryland, 20904 (301) 890-3384			
I CERTIFY THAT I HAVE CAREFULLY SURVEYED THE PROPERTY SHOWN AND DESCRIBED HEREON, IN ACCORDANCE WITH RECORD DESCRIPTION AND HAVE LOCATED ALL OF THE EXISTING IMPROVEMENTS THEREON BY MEANS OF A HIT-TAPE SURVEY, AND THAT CORNERS HAVE BEEN IDENTIFIED OR PLACED AS SHOWN, AND THAT THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS THE BOUNDARIES INDICATED. NO TITLE REPORT REQUIRED.		PLAT BOOK				DRAWN BY <u>Currie</u>	
		PLAT NO. <u>10669</u>				JOB NUMBER <u>CA-97-01A</u>	
		LIBER				SCALE	
FOLIO		DATE <u>5/25/97</u>		FILE NUMBER			



MD 460