

PERMIT

03-316009

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50696A

A 41713

DISTRICT 3rd

DATE 5/18/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

DATE SYSTEM APPROVED 9-12-94

INSPECTOR Alan

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Spring Valley Chase LOT 17 ROAD 12185 Woodford Drive

PROPERTY OWNER Dr. Martin/Beverly Lang

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

$\frac{740}{720}$ $\frac{180}{1720}$

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 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 distribution box 300 feet down the 844.76' lot line and 145 feet off the same lot line. Run trenches on contour towards the 985.35' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/20/94 DKS

PLANS APPROVED BY Donna K. Soe DATE 5/16/94

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

PERMIT VOID AFTER TWO YEARS

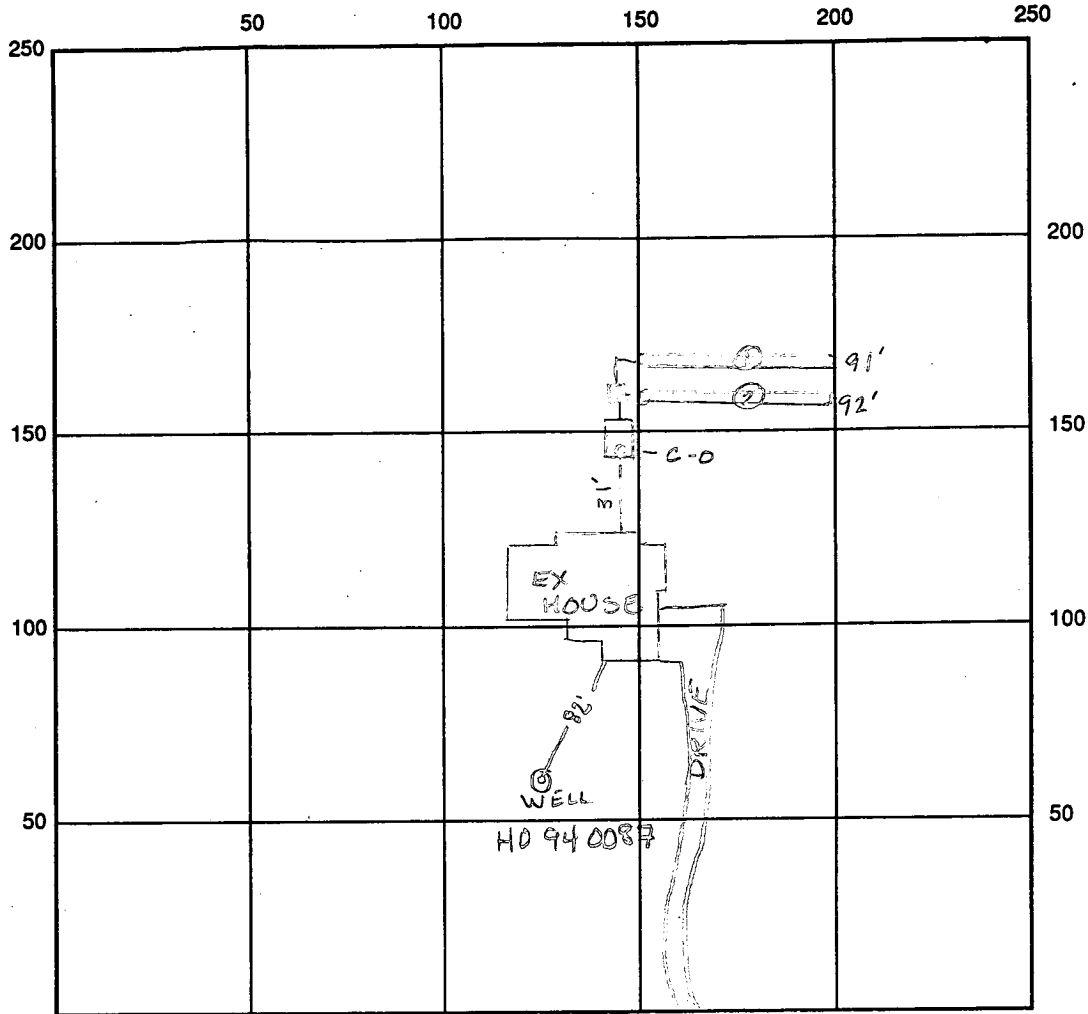
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

OLD PERMIT SIGNED
AND RETURNED 8-20-97
Serial # 2010 7524-decl

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

A
41713



SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 7' FT. TRENCH WIDTH 2' FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 91' 92' FT. = 183 linear feet

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 732 SQ. FT.

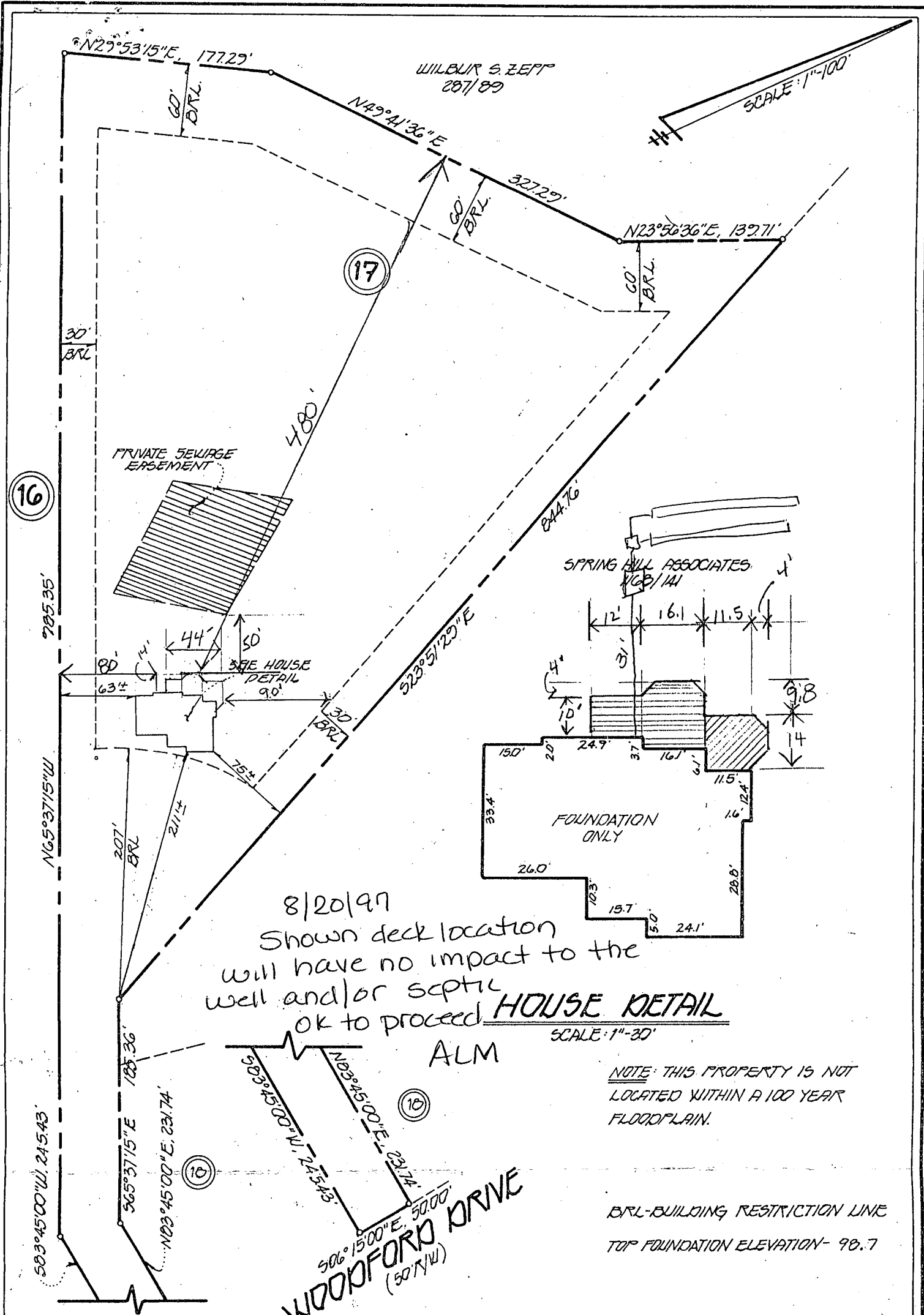
$$\begin{array}{r} 31 \\ 91 \\ \hline 122 \\ 122 \\ \hline 244 \\ 732 \end{array}$$

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 9-12-94 OK to fill trenches with stone. OK to cover all work final Aug

DATE SYSTEM APPROVED 9-12-94 INSPECTOR Amy M. Miller



8/20/97
 Shown deck location
 will have no impact to the
 well and/or septic
 OK to proceed **HOUSE DETAIL**
 SCALE: 1"=30'

ALM

NOTE: THIS PROPERTY IS NOT
 LOCATED WITHIN A 100 YEAR
 FLOODPLAIN.

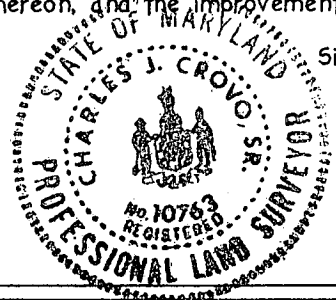
BRL-BUILDING RESTRICTION LINE
 TOP FOUNDATION ELEVATION- 90.7

This is to certify that I have surveyed the property known as: LOT 17 OF SPRING VALLEY CHASE RECORDED AS
FLAT #400 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 23rd day of AUGUST, 1997

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 9171 BALTIMORE NATIONAL PIKE, SUITE 100
 ELLICOTT CITY, MARYLAND 21042
 (410) 481-2222



This plat is not intended for use in
 the establishment of property lines.

C1 5197

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 41713

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

052974

22 365 26 (TO NEAREST FOOT)

40-94-0080

OWNER last name first name STREET OR RFD 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 handwritten entries: SAND, GRAY MICA, block.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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)

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 26.04.04 "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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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) See Attached Well location

B 1 **09828** 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
MD-94-0082
 fill in this form completely

B 2 **DATE RECEIVED (APA)**
051394 OWNER INFORMATION
Demmitt RICHARD
 Last Name Owner First Name
PO BOX 208
 Street or RFD
CLARKSVILLE MD 21029
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
SPRING VALLEY CHASE SUBDIVISION
 SECTION **17** LOT **17**
WEST FRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION
Joseph L. Wayne License No. **24**
Joseph L. Wayne Well Drilling Firm Name
5512 RIDGE RD. MT. AIRY MD 21111 Address
Joseph L. Wayne 5/13/94 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WOODFORD DR. NEAR WHAT ROAD
 DISTANCE FROM ROAD **600** FT
 ENTER FT or MI **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)
 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
Housed COUNTY NAME **441713** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **052494** CO SIGNATURE **Joseph L. Wayne** EXP. DATE **5/24/95**
 NORTH GRID **544000** EAST GRID **0818000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 _____

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 **8208**
 N **5404**
 ALL 10:30 5/27/94 per v DONE 11:00 go out well
 12# Bag of cement
 69' casing
 64' Open - ground
 1 1/2' casing above ground X C.R.
 (on top of site)

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) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 well +
 WOODFORD DR.
 Deer Haven Rd.
 MD 99
 West Friendship

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **MD-94-0082**

SPECIAL CONDITIONS
 COUNTY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41713
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3RD.

DATE FEB. 16, 1988

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 ALBEE FARMS Dr. Martin & Beverly Long

ADDRESS 12150 ROUTE 99 MARRIOTTVILLE MD. 21104 PHONE 461-7321

PROPERTY LOCATION: N/3 MD. ROUTE 99 WEST OF HENRYTON ROAD

SUBDIVISION ALBEE FARM LOT NO. 17

ROAD AND DESCRIPTION ROAD 'A' (12185 Woodford Drive)

SIZE OF LOT 5.7 Acs TYPE BLDG. SFD
(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.

Eric D. Bate
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 7-14-88 Pmc Satisfactory - Hold for sub. Plat. Satul

BLDG. PERMIT SIGNED
AND RETURNED 7/12/84
Serial # 53053
SFD-4Bom

THIS IS NOT A PERMIT

SOIL PROFILE

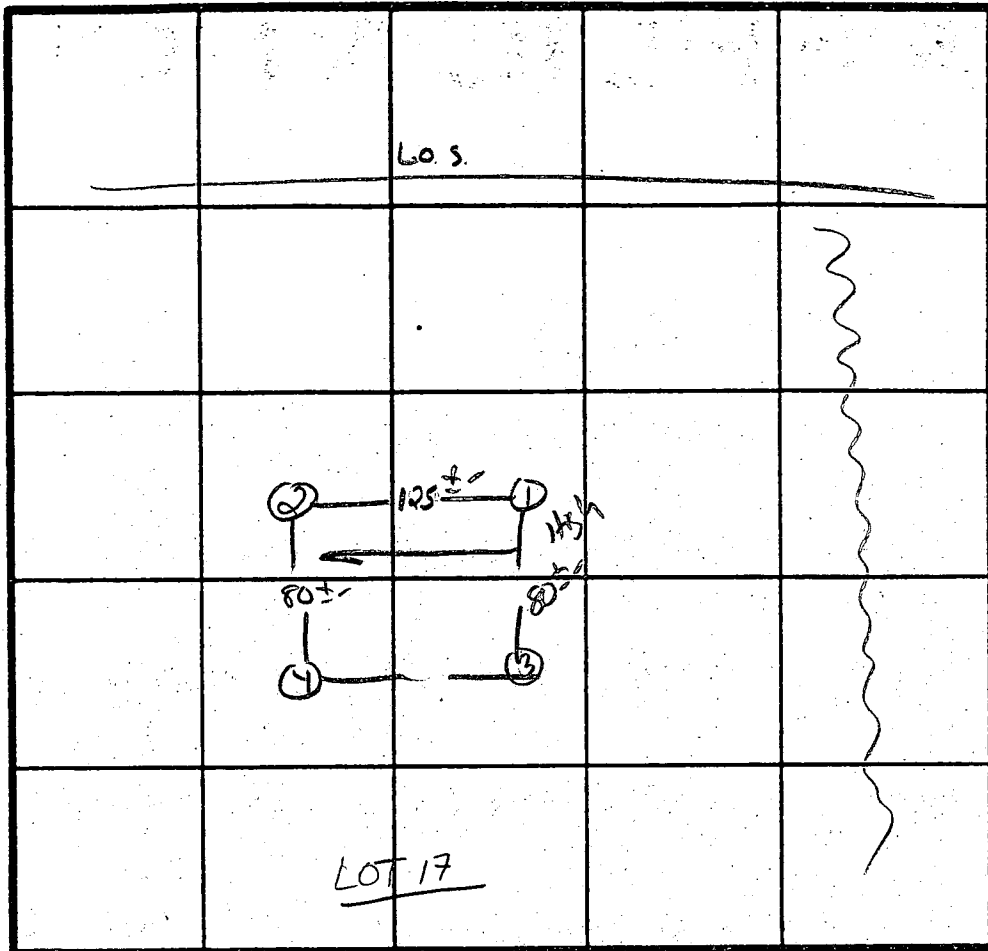
0

3" A1-3
Yellow BR
Silt CLAY
LOAM
15-20%
FRASS

2.5

3.0 TAN (Light
Brown)
Micaceous
Silt LOAM
15-20%
FRASS

12"



X PERC 3 MIN
180 g/BR
INLET 3'
BOTTOM 7'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
R199

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/88	1 S	3.5	1:37	1:38	1:38	1:40	2 MIN
		7.5	1:36	1:37	1:37	1:39	2 MIN
	1 V	12.5	UNIFORM	Soil	below 2.5		
	2 S	3.5	1:42	1:44	1:44	1:49	5 MIN
	2 V	12.5	UNIFORM	Soil	below 3.0		
	3 V						
	4 S	3.0	1:52	1:54	1:54	1:57	3 MIN
	4 V	12.5	UNIFORM	Soil	below 3.0		

REMARKS Holes APPROX FLAT

TYPE OF SOIL Gravelly

TESTED BY S. Abel ALSO PRESENT SKIP, JOHN
MRS. BAKER

EH 12-1079

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
**12185 WOODFORD DR.
MARIOTTVILLE Md. 21104**

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
**FINISH BASEMENT
(NO ADDITIONAL BEDROOMS INVOLVED)**

LOT NO. 17	PARCEL NO. 119	SEC.	AREA	BLOCK NO. 13	LIBER	FOLIO
SUB DIVISION		ZONE RR	ZONE MAP 10	ELEC. DIST.	CENSUS TR. 6030	

OWNER NAME AND ADDRESS
MARTIN & BEVERLY LANG
SAME AS ABOVE PHONE NO. **410-461-1315**

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
SAME AS ABOVE PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
NTAL PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
NOTE	CONCRETE	FRAME

CONTRACTOR'S NAME AND ADDRESS
ROBERT AWAM BUILDERS INC.
9051 BALTIMORE NATIONAL PIKE
ELLICOTT CITY MD. 21042 PHONE NO. **410 461 1315**

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES	YES	HTA	YES

I have carefully examined and read this application and know the same is true and correct, and that in doing the 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.

EXISTING USE **RESIDENTIAL** PROPOSED USE **RESIDENTIAL**

SIGNATURE **PMS** DATE **1.24.76**
TITLE _____

EST. CONSTRUCTION COST **\$25,000** LICENSE NUMBER **359B** PERMIT FEE

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 # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/21/76	C. J. Weller
FIRE PROTECTION		
STORM WATER MGM.		

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. APPROVED _____ DATE _____

LP-69-591
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

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

1500107524

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

12185 WOODFORD WAY 29476
MARIETTAVILLE, MD. 21104

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Construct 44' x 14' ^{irreg shape} wood deck on ramp of existing residence. w/steps

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
17						
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
SPRINGVALE CIRCLE						

OWNER NAME AND ADDRESS
MARTIN & BEVELLY LOMB
12185 WOODFORD WAY
MARIETTAVILLE MD. 21104 410 442 1501

PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
44x14	44	14	8'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES	0	0	0
FOOTINGS		FOUNDATION	S. WALLS
12x12x30 concrete		0	0

OCCUPANT'S NAME AND ADDRESS
Same

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
None

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
ROBERT AWARD BUILDERS INC.
6851 BARNING NATIONAL PIKE
ELLICOTT CITY MD. 21042 410 461 1315

PHONE NO.

UTILITIES					
WATER/WEL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
0	0				

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.

EXISTING USE
RESIDENTIAL SFD

PROPOSED USE
RESIDENTIAL SFD w/Deck

EST. CONSTRUCTION COST
\$8900

LICENSE NUMBER
3598

PERMIT FEE
30

TITLE
PRES.

SIGNATURE
[Signature]

DATE
8/24/97

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

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

TOSIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK _____ (CORNER LOT ONLY)

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING	08/30/97	[Signature]
BUILDING OFFICIAL	8/24/97	[Signature]
WATER & SEWER		D.I.L.P.
HEALTH DEPT.	8/20/97	A McMillen
FIRE PROTECTION		
STORM WATER MGM.		

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LP-89-591

CK # 10166

(2)

APPROVED _____ DATE 44-4136

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A