

# PERMIT

## SEWAGE DISPOSAL SYSTEM

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

INDEXED

**HOWARD COUNTY HEALTH DEPARTMENT**

**BUREAU OF ENVIRONMENTAL HEALTH**

X-1554-0000

313-2640

P 58582B

**A 48741**

**DISTRICT** 3rd

DATE 7-22-97

DATE SYSTEM APPROVED 7-28-97

INSPECTOR ALM

Adamson Plumbing and Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 323 East Watersville Road Mt. Airy, MD 21771 PHONE (301) 831-7497

SUBDIVISION W. Friendship Estates LOT 82 ROAD 3304 Velvet Valley Drive

PROPERTY OWNER Hamilton Reed L.L.C. *affin*

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

**LINEAR FEET OF TRENCH REQUIRED 240**

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 145 feet up the right lot line (303.27') and 65 feet off that same lot line as seen when facing the lot from Velvet Valley Drive. Run trenches on contour in both directions.

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

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 05/07/97

**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.**

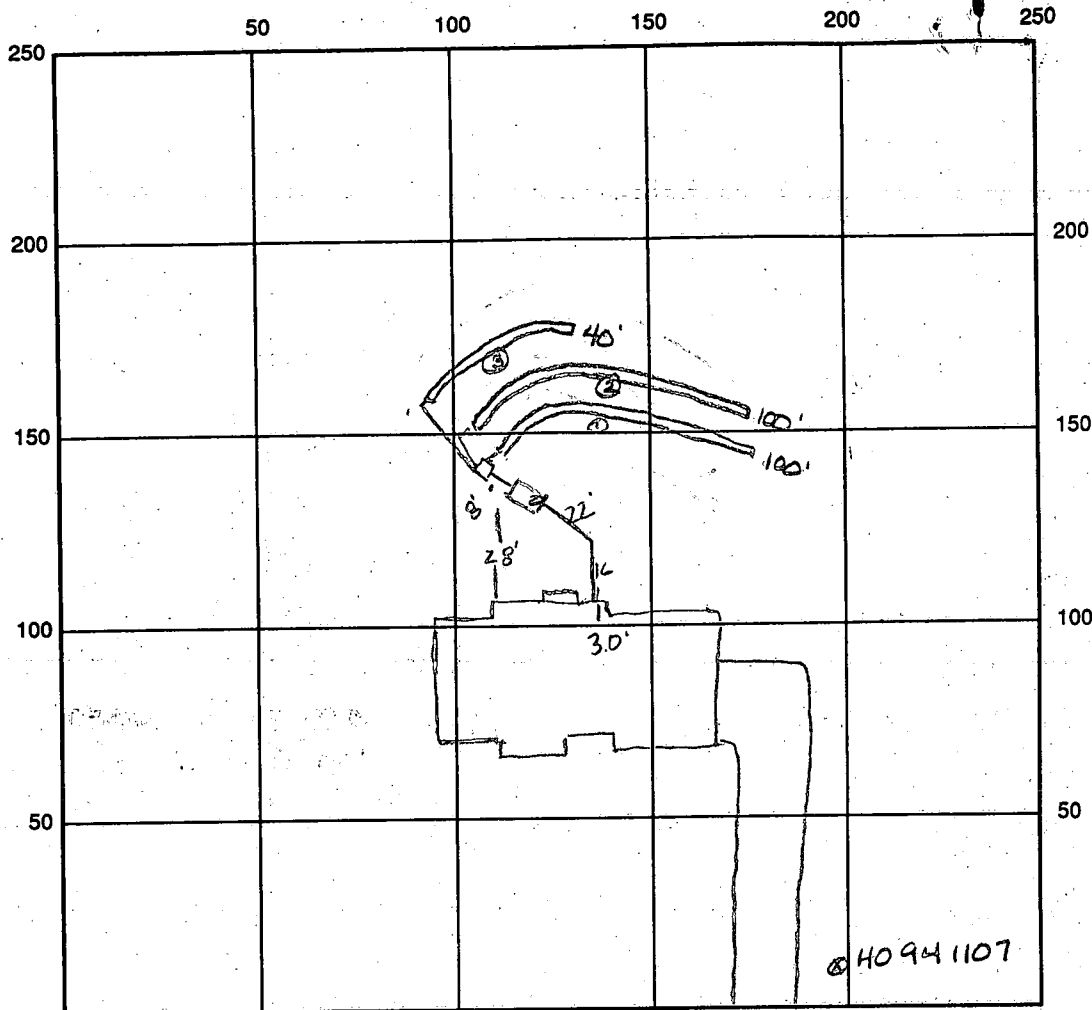
**NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES**

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

**HD-260(6-90)**

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

48741 A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Velvet Valley DR

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - baffle precast

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3-3.5 FT. <sup>1.2 - 4.5</sup>

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. <sup>240</sup>  
<sub>720</sub>

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7/28/97 OK to cover all work final ALM

DATE SYSTEM APPROVED 7/28/97 INSPECTOR A McMillen

# APPLICATION

PERCOLATION TESTING

A 48741

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 12/9/92

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 West Friendship New Town Co. Hamilton REED, LLC

ADDRESS c/o Land Design & Development PHONE (410) 740-2100  
10805 Hickory Ridge Road, Columbia, MD 21044

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates LOT NO ~~81~~ 82

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (3304 VELVET VALLEY DRIVE)

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE BLDG single family dwelling - 4Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

APPL. PERMIT SIGNED

AND RETURNED 5/7/97

Serial # 200105406

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. Mark S. Rich

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

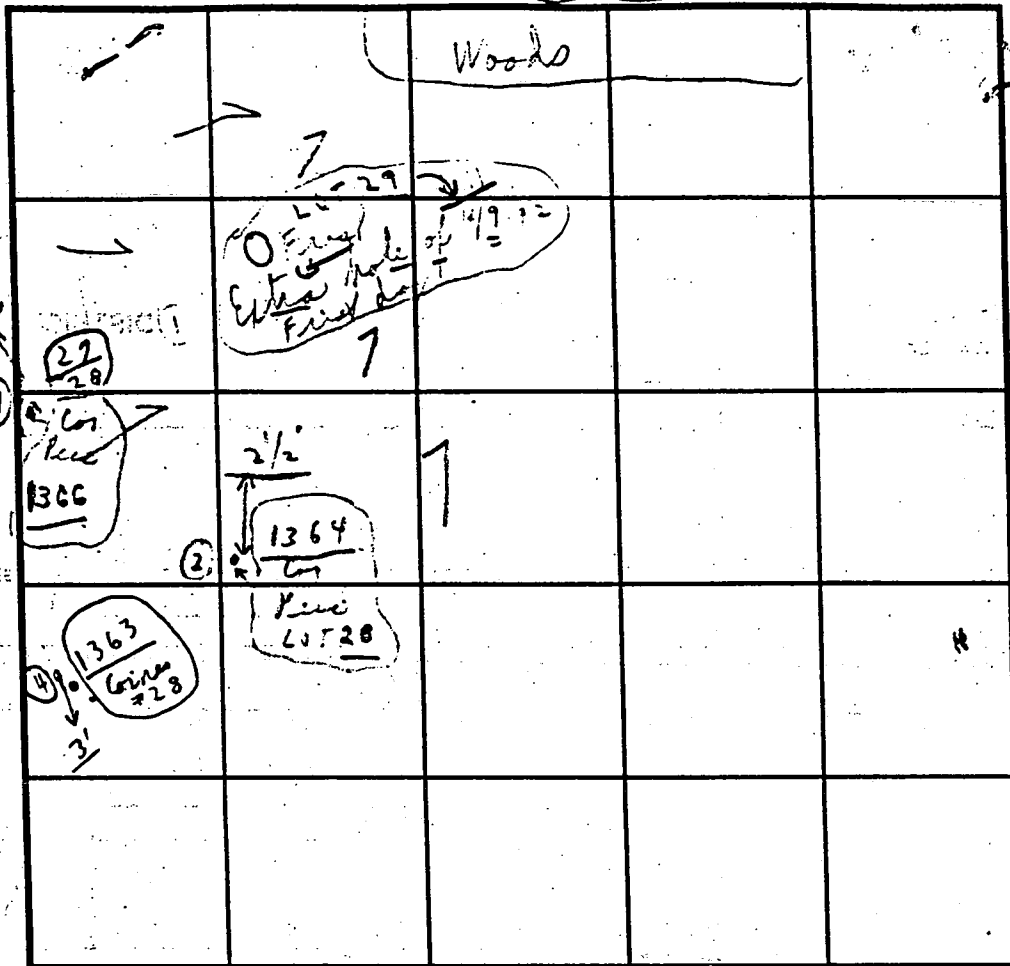
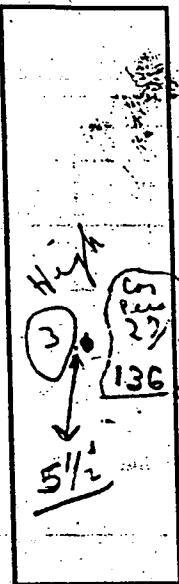
## THIS IS NOT A PERMIT

Source 4 48774 L# 28

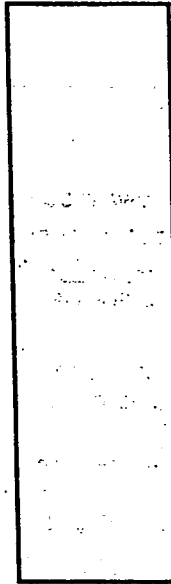
Well 95

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE     | TEST NO. | DEPTH           | PRE-WET<br>START STOP        | TEST - 1" DROP<br>START STOP | TIME  |
|----------|----------|-----------------|------------------------------|------------------------------|-------|
| 12/15/92 | # ①      | 4' 4"           | 9:37 9:39                    | 9:39 9:43                    | 4 min |
| Tues     | # 1366   | 12 1/2'         | Loam - 10% sand              |                              |       |
| K. L. L. | # ②      | 6'              | 9:39 9:40                    | 9:40 9:41                    | 1 min |
| Loam     | # 1364   | 12'             | No water - Loam              |                              |       |
|          | # 1365   | 13'             | 10:30 10:32                  | 10:32 10:35                  | 3 min |
|          | # ③      | 8' →            | 10:30 10:33                  | 10:33 10:37                  | 4 min |
|          | # ④      | 0' to 1' = Clay | Loam 6' to 10' - 10"         |                              |       |
|          | # 1363   | 10' - 10"       | Harder (Visual similar to ②) |                              |       |
|          |          |                 |                              |                              |       |
|          |          |                 |                              |                              |       |

REMARKS Tests in area field (shallow system to 5' only)

TYPE OF SOIL Loam

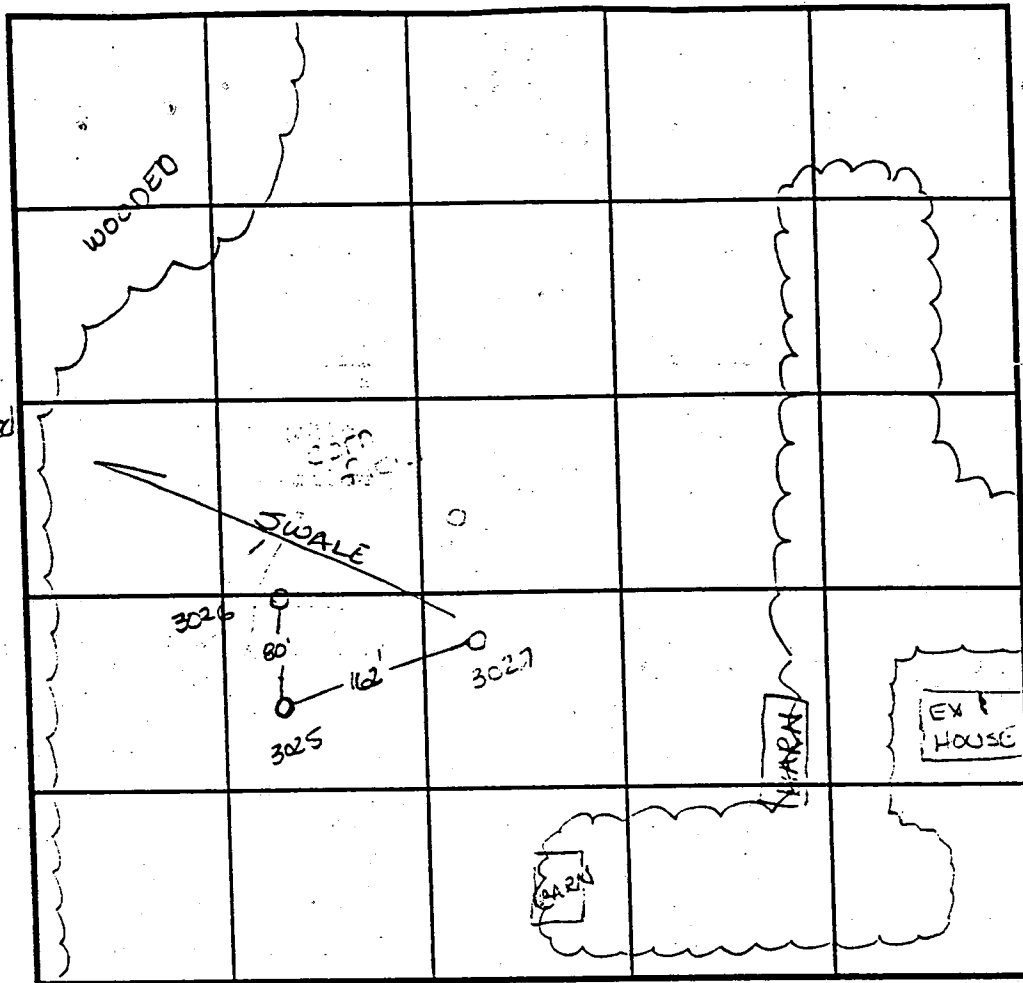
TESTED BY C. K. V. ALSO PRESENT O. K. J. M.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3'

INLET DEPTH 45 MAXIMUM BOTTOM DEPTH 65 SQ. FT./BEDROOM 180 ft<sup>2</sup>

LOT 80  
A 48741  
SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH   | PRE-WET             |                     | TEST - 1" DROP      |                     | TIME      |
|---------|----------|---------|---------------------|---------------------|---------------------|---------------------|-----------|
|         |          |         | START               | STOP                | START               | STOP                |           |
| 3-15-95 | 3025     | 5' VII' | 11:10 <sup>15</sup> | 11:11               | 11:11               | 11:12 <sup>30</sup> | 1 1/2 min |
|         | 3025     | re pour | 11:13               | 11:14 <sup>45</sup> | 11:14 <sup>45</sup> | 11:17               | 2 1/4 min |
|         | 3026     | 5' VII' | 12:22 <sup>30</sup> | 12:26               | 12:26               | 12:36               | 10 min    |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |
|         |          |         |                     |                     |                     |                     |           |

REMARKS \_\_\_\_\_

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

TESTED BY Amy McMillen ALSO PRESENT Olan K. Herberman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

4' dark  
red  
brn  
CSiL

yellow  
red  
spotted  
SiL  
very decayed  
suprolite

10' very light  
pink  
SiSL

3026

bright  
red  
CSiL

yellow  
and red  
spotted  
SiL

lgt pink  
SiSL  
10%  
decayed  
pink  
yellow  
shale

COUNTY #

SOIL PROFILE

3027

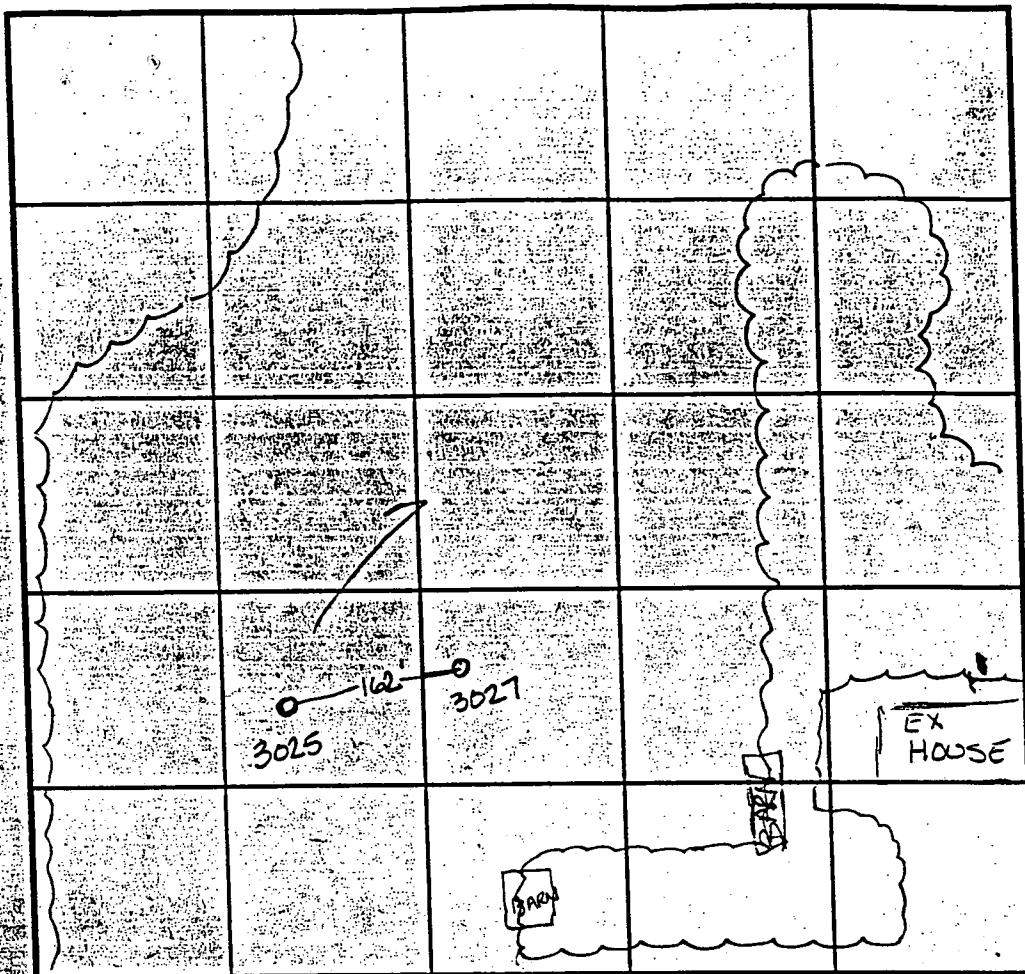
bright  
red  
CSILbrn  
red  
SIL  
some  
sand  
5%  
rock  
frag  
yellow  
spots  
from  
rock

LOT 81

A48741

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH        | PRE-WET |                     | TEST - 1" DROP      |                     | TIME      |
|---------|----------|--------------|---------|---------------------|---------------------|---------------------|-----------|
|         |          |              | START   | STOP                | START               | STOP                |           |
| 3-15-95 | 3027     | 4.5'<br>VII' | 11:01   | 11:02 <sup>15</sup> | 11:02 <sup>15</sup> | 11:04 <sup>30</sup> | 2 1/4 min |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |
|         |          |              |         |                     |                     |                     |           |

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

## SOIL PROFILE

0

LE

rk  
ed  
brn  
esil

yellow  
\$ red  
spotted  
sil  
very decayed  
suprolite

very light  
pink  
S:SL

3026

bright  
red  
CSIL

yellow  
and red  
spotted  
Sil

1gt pink  
SiSL  
10%  
decayed  
pink &  
yellow  
shale

WOODED

SWALE

302 f

80'

80' ..

3025

3027

ART

EX 1  
HOUSE

242

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

REMARKS \_\_\_\_\_

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

TESTED BY Amy McMillen ALSO PRESENT Olan K. Hermann

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

| INLET DEPTH | MAXIMUM BOTTOM DEPTH | SQ. FT./BEDROOM |
|-------------|----------------------|-----------------|
| 1.0         | 1.0                  | 1.0             |
| 1.5         | 1.5                  | 1.5             |
| 2.0         | 2.0                  | 2.0             |
| 2.5         | 2.5                  | 2.5             |
| 3.0         | 3.0                  | 3.0             |
| 3.5         | 3.5                  | 3.5             |
| 4.0         | 4.0                  | 4.0             |
| 4.5         | 4.5                  | 4.5             |
| 5.0         | 5.0                  | 5.0             |
| 5.5         | 5.5                  | 5.5             |
| 6.0         | 6.0                  | 6.0             |
| 6.5         | 6.5                  | 6.5             |
| 7.0         | 7.0                  | 7.0             |
| 7.5         | 7.5                  | 7.5             |
| 8.0         | 8.0                  | 8.0             |
| 8.5         | 8.5                  | 8.5             |
| 9.0         | 9.0                  | 9.0             |
| 9.5         | 9.5                  | 9.5             |
| 10.0        | 10.0                 | 10.0            |
| 10.5        | 10.5                 | 10.5            |
| 11.0        | 11.0                 | 11.0            |
| 11.5        | 11.5                 | 11.5            |
| 12.0        | 12.0                 | 12.0            |
| 12.5        | 12.5                 | 12.5            |
| 13.0        | 13.0                 | 13.0            |
| 13.5        | 13.5                 | 13.5            |
| 14.0        | 14.0                 | 14.0            |
| 14.5        | 14.5                 | 14.5            |
| 15.0        | 15.0                 | 15.0            |
| 15.5        | 15.5                 | 15.5            |
| 16.0        | 16.0                 | 16.0            |
| 16.5        | 16.5                 | 16.5            |
| 17.0        | 17.0                 | 17.0            |
| 17.5        | 17.5                 | 17.5            |
| 18.0        | 18.0                 | 18.0            |
| 18.5        | 18.5                 | 18.5            |
| 19.0        | 19.0                 | 19.0            |
| 19.5        | 19.5                 | 19.5            |
| 20.0        | 20.0                 | 20.0            |
| 20.5        | 20.5                 | 20.5            |
| 21.0        | 21.0                 | 21.0            |
| 21.5        | 21.5                 | 21.5            |
| 22.0        | 22.0                 | 22.0            |
| 22.5        | 22.5                 | 22.5            |
| 23.0        | 23.0                 | 23.0            |
| 23.5        | 23.5                 | 23.5            |
| 24.0        | 24.0                 | 24.0            |
| 24.5        | 24.5                 | 24.5            |
| 25.0        | 25.0                 | 25.0            |
| 25.5        | 25.5                 | 25.5            |
| 26.0        | 26.0                 | 26.0            |
| 26.5        | 26.5                 | 26.5            |
| 27.0        | 27.0                 | 27.0            |
| 27.5        | 27.5                 | 27.5            |
| 28.0        | 28.0                 | 28.0            |
| 28.5        | 28.5                 | 28.5            |
| 29.0        | 29.0                 | 29.0            |
| 29.5        | 29.5                 | 29.5            |
| 30.0        | 30.0                 | 30.0            |
| 30.5        | 30.5                 | 30.5            |
| 31.0        | 31.0                 | 31.0            |
| 31.5        | 31.5                 | 31.5            |
| 32.0        | 32.0                 | 32.0            |
| 32.5        | 32.5                 | 32.5            |
| 33.0        | 33.0                 | 33.0            |
| 33.5        | 33.5                 | 33.5            |
| 34.0        | 34.0                 | 34.0            |
| 34.5        | 34.5                 | 34.5            |
| 35.0        | 35.0                 | 35.0            |
| 35.5        | 35.5                 | 35.5            |
| 36.0        | 36.0                 | 36.0            |
| 36.5        | 36.5                 | 36.5            |
| 37.0        | 37.0                 | 37.0            |
| 37.5        | 37.5                 | 37.5            |
| 38.0        | 38.0                 | 38.0            |
| 38.5        | 38.5                 | 38.5            |
| 39.0        | 39.0                 | 39.0            |
| 39.5        | 39.5                 | 39.5            |
| 40.0        | 40.0                 | 40.0            |
| 40.5        | 40.5                 | 40.5            |
| 41.0        | 41.0                 | 41.0            |
| 41.5        | 41.5                 | 41.5            |
| 42.0        | 42.0                 | 42.0            |
| 42.5        | 42.5                 | 42.5            |
| 43.0        | 43.0                 | 43.0            |
| 43.5        | 43.5                 | 43.5            |
| 44.0        | 44.0                 | 44.0            |
| 44.5        | 44.5                 | 44.5            |
| 45.0        | 45.0                 | 45.0            |
| 45.5        | 45.5                 | 45.5            |
| 46.0        | 46.0                 | 46.0            |
| 46.5        | 46.5                 | 46.5            |
| 47.0        | 47.0                 | 47.0            |
| 47.5        | 47.5                 | 47.5            |
| 48.0        | 48.0                 | 48.0            |
| 48.5        | 48.5                 | 48.5            |
| 49.0        | 49.0                 | 49.0            |
| 49.5        | 49.5                 | 49.5            |
| 50.0        | 50.0                 | 50.0            |
| 50.5        | 50.5                 | 50.5            |
| 51.0        | 51.0                 | 51.0            |
| 51.5        | 51.5                 | 51.5            |
| 52.0        | 52.0                 | 52.0            |
| 52.5        | 52.5                 | 52.5            |
| 53.0        | 53.0                 | 53.0            |
| 53.5        | 53.5                 | 53.5            |
| 54.0        | 54.0                 | 54.0            |
| 54.5        | 54.5                 | 54.5            |
| 55.0        | 55.0                 | 55.0            |
| 55.5        | 55.5                 | 55.5            |
| 56.0        | 56.0                 |                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------|---------------------------|---------------------------|---------------------------|----------------------|-----------------------|---------------------------|----------------------|----------------------------|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|
| <b>B 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>8257</b>       | SEQUENCE NO.<br>(MDE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE OF MARYLAND<br>PERMIT TO DRILL WELL<br>please print or type | STATE PERMIT NUMBER<br><b>10-94-1107</b><br><small>70 fill in this form completely 79</small> |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>Date Received (APA)</b><br><b>041597</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | <b>OWNER INFORMATION</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Last Name<br/><b>HAMELTON</b></td> <td style="width:15%;">Owner<br/><b>S</b></td> <td style="width:15%;">First Name<br/><b>Reed</b></td> <td style="width:15%;">Middle Initial<br/><b></b></td> <td style="width:15%;">Last Name<br/><b></b></td> <td style="width:15%;">First Name<br/><b></b></td> <td style="width:15%;">Middle Initial<br/><b></b></td> <td style="width:15%;">Last Name<br/><b></b></td> </tr> <tr> <td colspan="8"> <b>10805 HICKORY KIDGE</b> </td> </tr> <tr> <td colspan="8"> <b>COLUMBIA MD 21049</b> </td> </tr> </table> |                                                                   |                                                                                               | Last Name<br><b>HAMELTON</b> | Owner<br><b>S</b>         | First Name<br><b>Reed</b> | Middle Initial<br><b></b> | Last Name<br><b></b> | First Name<br><b></b> | Middle Initial<br><b></b> | Last Name<br><b></b> | <b>10805 HICKORY KIDGE</b> |  |  |  |  |  |  |  | <b>COLUMBIA MD 21049</b> |  |  |  |  |  |  |  |
| Last Name<br><b>HAMELTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Owner<br><b>S</b> | First Name<br><b>Reed</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Middle Initial<br><b></b>                                         | Last Name<br><b></b>                                                                          | First Name<br><b></b>        | Middle Initial<br><b></b> | Last Name<br><b></b>      |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>10805 HICKORY KIDGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>COLUMBIA MD 21049</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>DRILLER INFORMATION</b><br><b>Ralph MAYNE</b><br><small>Driller's Name</small><br><b>Ralph MAYNE Well Drilling</b><br><small>Firm Name</small><br><b>9120 Brown Church Rd. Mt Airy</b><br><small>Address</small><br><b>John Mayne 4/14/98</b><br><small>Signature</small>                                                                                                                                                                                                                                                                                                                                    |                   | <small>CIRCLE: MSD / MGD / MWD</small><br><b>MSD</b><br><small>License No. 80</small><br><b>116</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>WELL INFORMATION</b><br>APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b><br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | <b>LOCATION OF WELL</b><br><b>HOWARD</b><br><small>8 COUNTY</small><br><b>WEST FRIENDSHIP EST</b><br><small>23 SUBDIVISION</small><br>SECTION <b>2</b> LOT <b>82</b><br><b>WEST FRIENDSHIP</b><br><small>52 NEAREST TOWN</small><br>MILES FROM TOWN (enter 0 if in town) <b>1</b> <b>M</b> <b>I</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b><br><input checked="" type="checkbox"/> <b>D</b> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> <b>F</b> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> <b>I</b> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)<br><input type="checkbox"/> <b>P</b> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)<br><input type="checkbox"/> <b>T</b> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) |                   | <b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b><br><b>Harold</b><br><small>COUNTY NAME</small><br><b>48741</b><br><small>COUNTY NO.</small><br>STATE SIGNATURE <b>Kimberly Maisto</b> <small>INSERT S</small><br>DATE ISSUED <b>4/16/98</b><br><small>43 NORTH GRID</small> <b>527000</b> <small>48 60 SIGNATURE</small> <b>Kimberly Maisto</b> <small>EXP. DATE</small> <b>4/16/98</b><br><small>50 55 EAST GRID</small> <b>0804000</b> <small>57 63</small>                                                                                                                                                                                                 |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| APPROXIMATE DEPTH OF WELL <b>150</b> FEET<br>APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. <b>well</b><br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br><b>8004</b><br><b>5207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>METHOD OF DRILLING (circle one)</b><br><input checked="" type="checkbox"/> <b>BORED</b> (or Augered) <input type="checkbox"/> <b>JETTED</b> <input type="checkbox"/> <b>Jettied &amp; DRIVEN</b><br><input checked="" type="checkbox"/> <b>AIR-ROTARY</b> <input type="checkbox"/> <b>AIR-PERCussion</b> <input type="checkbox"/> <b>ROTARY</b> (Hydraulic Rotary)<br><input type="checkbox"/> <b>CABLE</b> <input type="checkbox"/> <b>REVerse-ROTary</b> <input type="checkbox"/> <b>DRive-POINT</b><br>other _____                                                                                        |                   | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b><br><input checked="" type="checkbox"/> <b>N</b> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> <b>Y</b> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input checked="" type="checkbox"/> <b>S</b> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> <b>D</b> THIS WELL WILL DEEPEMED AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____                |                   | TAX MAP: _____ BLK: _____ PARCEL: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)<br>APPROX. PERMIT NUMBER <b>G A P</b><br>FORCE <b>Y I N</b> <small>WRITE INITIALS IN BOX</small> PERMIT No. <b>10-94-1107</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |
| <b>SPECIAL CONDITIONS</b><br><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                               |                              |                           |                           |                           |                      |                       |                           |                      |                            |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |

HAMELTON E Reed  
10805 HICKORY RIDGE DR  
Columbia MD 21044  
410-740-2100  
EXT. 218

4  
north

FOX VALLEY  
DR.

Lot 82  
Sec 2  
WESTFRIENDSHIP  
EST.

Prop  
Line

4/16/97

Well site dk  
as staked  
1CM/DKS

BRIGHT  
ORANGE  
STAKE

Well  
SITE

12'

25'

VELVET VALLEY DR.

To  
Peffer Korn  
RD



|                                                     |      |                                                                        |                                                                                                                   |                                                 |                                                                                          |
|-----------------------------------------------------|------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|
| C 1                                                 | 6019 | SEQUENCE NO.<br>(MDE USE ONLY)                                         | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE |                                                 | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED.                 |
|                                                     |      | 1 2 3 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS) |                                                                                                                   |                                                 | COUNTY<br>NUMBER                                                                         |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13 |      | DATE WELL COMPLETED<br>MM DD YY<br>7 26 98                             |                                                                                                                   | Depth of Well<br>22 400 26<br>(TO NEAREST FOOT) | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>HO-94-1107<br>28 29 30 31 32 33 34 35 36 37 |

|               |                       |            |         |                 |  |
|---------------|-----------------------|------------|---------|-----------------|--|
| OWNER         | Hamilton Reed Bldgs.  |            |         |                 |  |
| STREET OR RFD | last name             | first name | TOWN    | West Friendship |  |
| SUBDIVISION   | W. Friendship Estates |            | SECTION | LOT 82          |  |

|                                                                                             |                 |                        |
|---------------------------------------------------------------------------------------------|-----------------|------------------------|
| <b>WELL LOG</b><br>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<br>FROM TO | check if water bearing |
| Top Soil                                                                                    | 0 2             |                        |
| Sandy                                                                                       | 2 80            | ✓                      |
| Sand Stone                                                                                  | 80 95           |                        |
| MICKA                                                                                       | 85 100          |                        |
| Sand Stone                                                                                  | 100 105         | ✓                      |
| MICKA                                                                                       | 105 400         |                        |

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| <b>GROUTING RECORD</b>                                                                                                       |  |
| WELL HAS BEEN GROUTED (Circle Appropriate Box)<br>yes <input checked="" type="checkbox"/> no <input type="checkbox"/>        |  |
| TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> |  |
| NO. OF BAGS 45 26 NO. OF POUNDS 45 2600                                                                                      |  |
| GALLONS OF WATER 2 2                                                                                                         |  |
| DEPTH OF GROUT SEAL (to nearest foot)<br>from 0 ft. to 40 ft.<br>(enter 0 if from surface)                                   |  |

|                                            |                                                                                                     |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>CASING RECORD</b>                       |                                                                                                     |
| casing types insert appropriate code below | STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/>                         |
|                                            | PLASTIC <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                          |
| MAIN CASING TYPE<br>PL                     | Nominal diameter top (main) casing (nearest inch) 6<br>Total depth of main casing (nearest foot) 95 |
| 60 61                                      | 63 64 66 70                                                                                         |

|                               |                      |
|-------------------------------|----------------------|
| <b>OTHER CASING (if used)</b> |                      |
| diameter inch                 | depth (feet) from to |
|                               |                      |

|                                                        |                                                                                                                        |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>SCREEN RECORD</b>                                   |                                                                                                                        |
| screen type or open hole insert appropriate code below | STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input checked="" type="checkbox"/> |
|                                                        | PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>                                                        |

|                                                                                                                                                                    |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| NUMBER OF UNSUCCESSFUL WELLS:                                                                                                                                      | 0                                                                   |
| WELL HYDROFRACTURED                                                                                                                                                | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |
| CIRCLE APPROPRIATE LETTER<br>A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br>E ELECTRIC LOG OBTAINED<br>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.

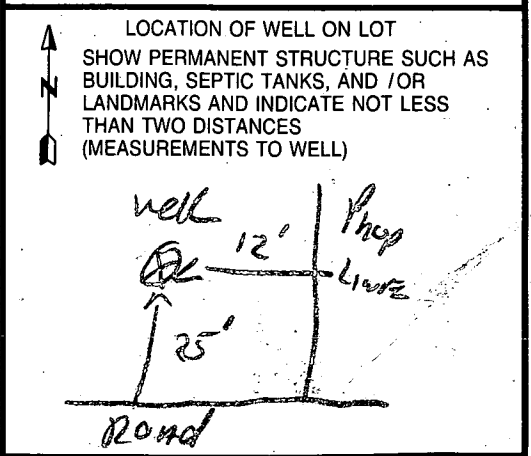
|                                                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------|---------------------------------------|
| DRILLERS LIC. NO. 1                                                                                   | MS D 116                              |
| DRILLERS SIGNATURE                                                                                    | (MUST MATCH SIGNATURE ON APPLICATION) |
| LIC. NO. 1                                                                                            | MS D 112                              |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) |                                       |

|                                            |          |
|--------------------------------------------|----------|
| <b>C 2</b>                                 |          |
| DEPTH (nearest ft.)                        |          |
| 1 40                                       | 93 400   |
| 8 9 11                                     | 15 17 21 |
| 23 24 26                                   | 30 32 36 |
| 38 39 41                                   | 45 47 51 |
| SLOT SIZE 1 2 3                            |          |
| DIAMETER OF SCREEN (NEAREST INCH)<br>56 60 |          |
| from to                                    |          |

|                                                                   |                          |
|-------------------------------------------------------------------|--------------------------|
| GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68   |                          |
| MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) W Q |                          |
| 70                                                                | 72 74 75 76              |
| TELESCOPE CASING                                                  | LOG INDICATOR OTHER DATA |

|                                          |               |
|------------------------------------------|---------------|
| <b>C 3</b>                               |               |
| <b>PUMPING TEST</b>                      |               |
| HOURS PUMPED (nearest hour)              | 6             |
| PUMPING RATE (gal. per min.)             | 3             |
| METHOD USED TO MEASURE PUMPING RATE      | Bucket        |
| WATER LEVEL (distance from land surface) |               |
| BEFORE PUMPING                           | 20 ft.        |
| WHEN PUMPING                             | 150 ft.       |
| TYPE OF PUMP USED (for test)             |               |
| A air                                    | P piston      |
| C centrifugal                            | R rotary      |
| J jet                                    | S submersible |

|                                                                         |                                                                     |
|-------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>PUMP INSTALLED</b>                                                   |                                                                     |
| DRILLER WILL INSTALL PUMP (CIRCLE) (YES, or NO)                         | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS: |                                                                     |
| TYPE OF PUMP INSTALLED                                                  |                                                                     |
| PLACE (A,C,J,P,R,S,T,O)                                                 | 29                                                                  |
| 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                                                        |
| - below                                                                 | 2 (nearest foot)                                                    |



ADJOINING PARCEL, OWNED BY JOHN AND INGA SHMORHUN  
UPON RECORDATION OF THIS PLAT  
LIBER 829, FOLIO 400

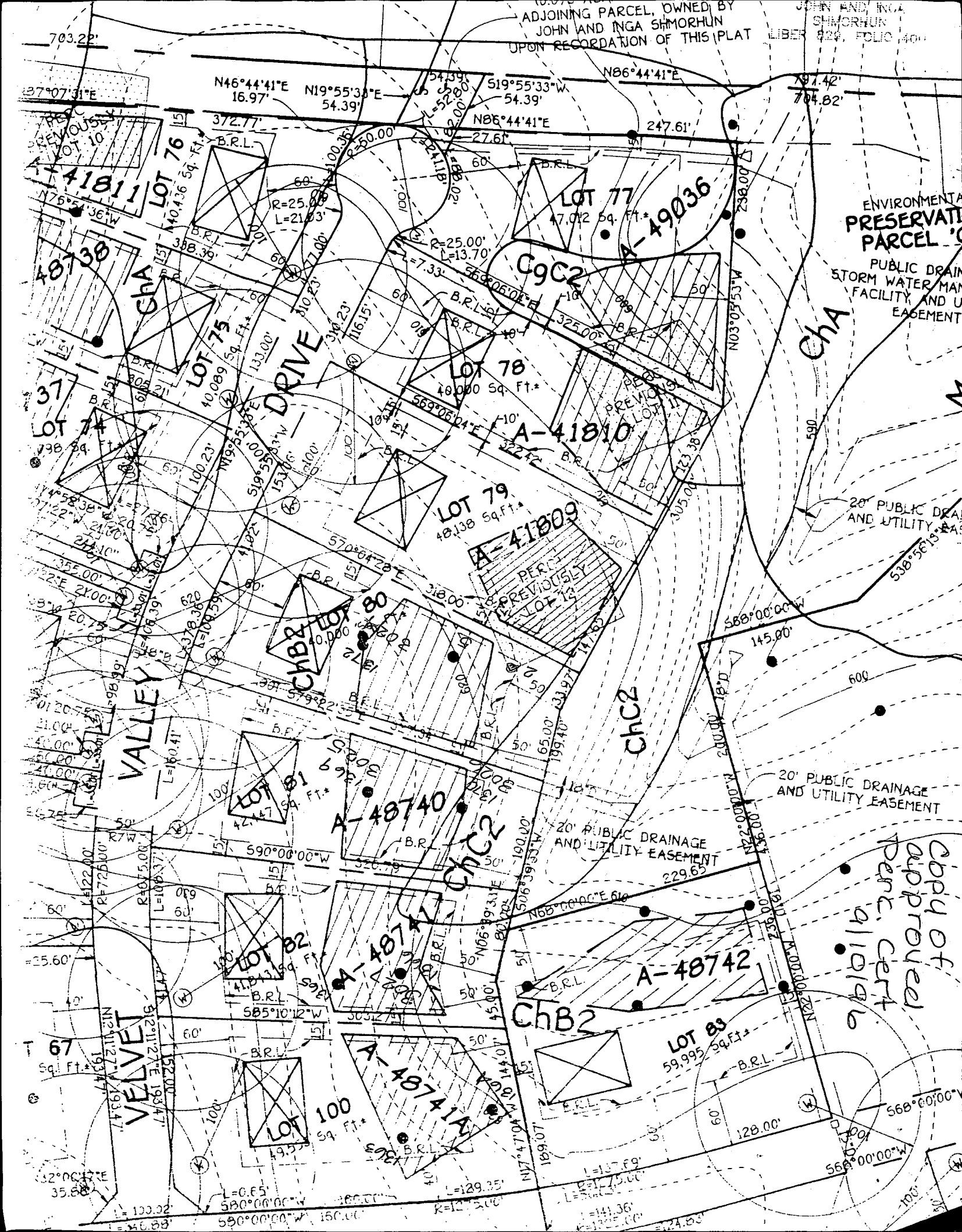
ENVIRONMENTAL  
PRESERVATION  
PARCEL 'C'  
PUBLIC DRAINAGE  
STORM WATER MAN-  
AGEMENT FACILITY AND U-  
TILITY EASEMENT

20' PUBLIC DRAINAGE  
AND UTILITY EASEMENT

20' PUBLIC DRAINAGE  
AND UTILITY EASEMENT

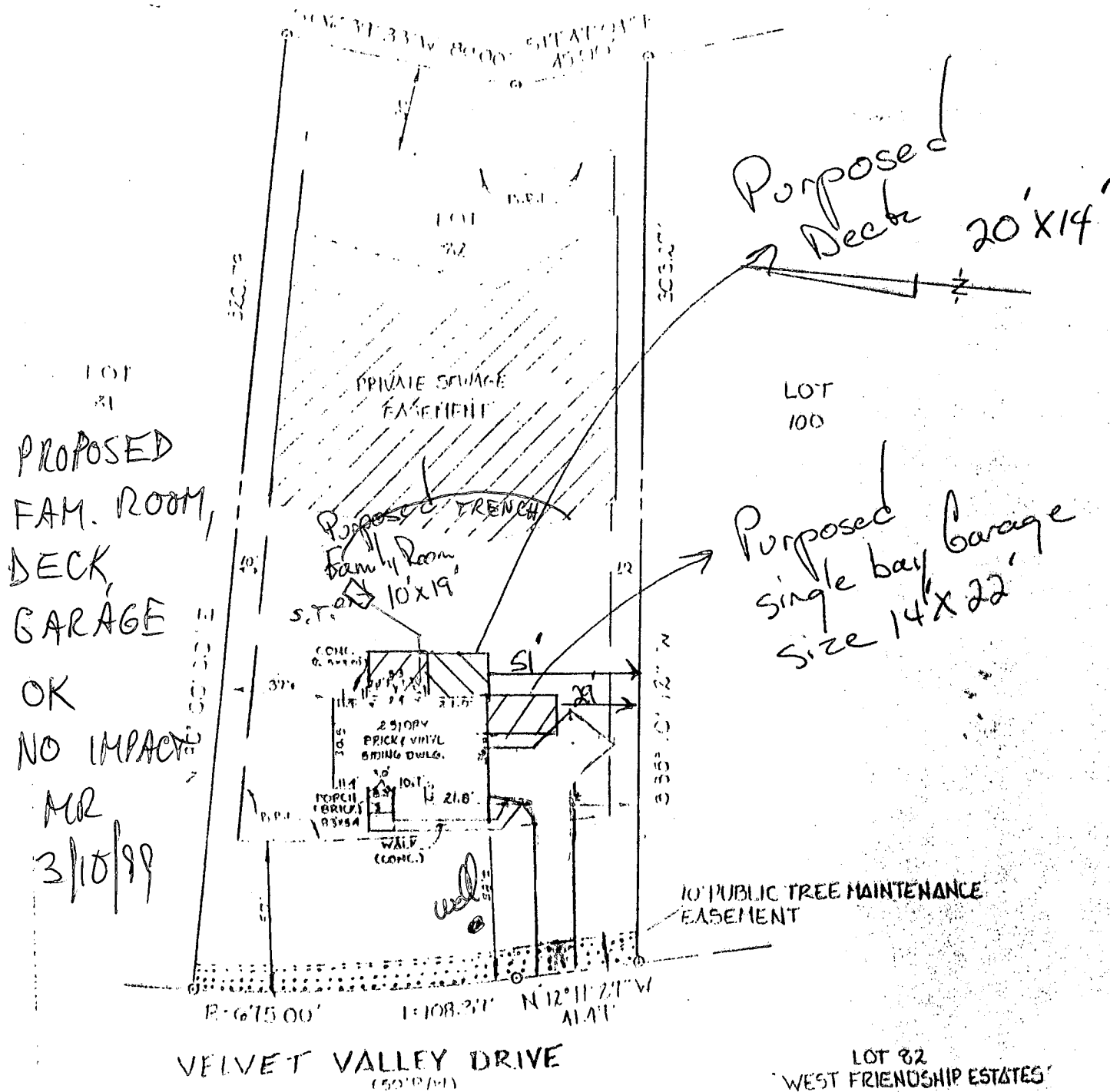
20' PUBLIC DRAINAGE  
AND UTILITY EASEMENT

Copy of  
approved  
perc. cert  
9/10/96



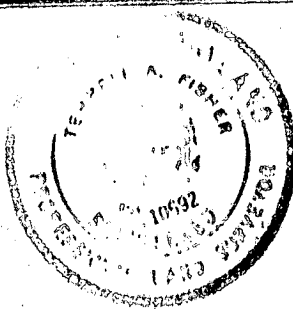
# GENERAL NOTES:

- THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 24004 C021 B EFFECTIVE DATE: DEC. 4, 1986.
- THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



FOUNDATION ELEVATION: 633.71'

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTRAL OFFICE PARK • 10725 BALTIMORE NATIONAL FREE  
BELLEVILLE CITY, MARYLAND 21042  
(410) 481-2275



*Ted R. Fisher* 9/19/97  
PROFESSIONAL LAND SURVEYOR DATE  
REG. # 10692

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION  
FINAL LOT LINES  
BOUNDARY SURVEY

SCALE: 1" = 10'  
DATE: 9/19/97  
DRAWN BY: JCL  
CHECKED BY: MAB  
PROJECT No. 41108

|                                                                                                                                                                                                 |                                     |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410)313-2455 INSPECTIONS (410)313-1810<br>AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY<br>PERMIT-APPLICATION | PERMIT NUMBER<br>B0016537 800 116581 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|

|                                                                                                                         |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Address <u>3304 Velvet Valley Dr</u><br><u>West Friendship MD 21794</u>                                        | Property Owner's Name <u>Larry Huggins</u><br>Address <u>3304 Velvet Valley Dr</u><br>City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____                                                                            | Home Phone <u>410 489 0112</u> Work Phone _____                                                                                                         |
| Census Tract <u>6030</u> Subdivision <u>West Friendship II</u>                                                          | Applicant's Name & Mailing Address, (if other than stated hereon): _____                                                                                |
| Section <u>2</u> Area _____ Lot <u>82</u>                                                                               | Phone _____ Fax _____                                                                                                                                   |
| Tax Map <u>22</u> Parcel <u>556</u> Grid <u>2</u>                                                                       |                                                                                                                                                         |
| Zoning <u>RC-DEP</u> Map Coordinates <u>957</u> Lot size _____                                                          |                                                                                                                                                         |
| Existing Use <u>Single Family Home</u>                                                                                  | Contractor Company <u>Owens Brothers</u>                                                                                                                |
| Proposed Use <u>Base. w/ Addition</u>                                                                                   | Contact Person <u>Michael Owens</u>                                                                                                                     |
| Estimated Construction Cost <u>40000</u>                                                                                | Address <u>PO Box 157</u>                                                                                                                               |
| Description of Work <u>Carport Deck 14x20</u><br><u>Family Room extension 10x19</u><br><u>Single Car Garage 14'x22'</u> | City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>                                                                                            |
| Occupant or Tenant <u>Owner</u>                                                                                         | License No. _____ Phone <u>410-781-7022</u> Fax _____                                                                                                   |
| Contact Name _____                                                                                                      | Engineer or Architect Company _____                                                                                                                     |
| Address _____                                                                                                           | Contact Person _____                                                                                                                                    |
| City _____ State _____ Zip Code _____                                                                                   | Address _____                                                                                                                                           |
| Phone _____ Fax _____                                                                                                   | City _____ State _____ Zip Code _____                                                                                                                   |
|                                                                                                                         | Phone _____ Fax _____                                                                                                                                   |

| BUILDING DESCRIPTION - COMMERCIAL                                                                                    |                                                                                                                                                                         | BUILDING DESCRIPTION - RESIDENTIAL                                                                                                                                                                                 |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Building Characteristics</b>                                                                                      | <b>Utilities</b>                                                                                                                                                        | <b>Building Characteristics</b>                                                                                                                                                                                    | <b>Utilities</b>                                                                                                                                                        |
| Height: _____                                                                                                        | Water Supply: _____<br>Public _____ Private _____                                                                                                                       | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____                                                                                                   | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>                                                                                         |
| No. of stories: _____                                                                                                | Sewage Disposal: _____<br>Public _____ Private _____                                                                                                                    | 1st floor: _____                                                                                                                                                                                                   | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>                                                                                      |
| Gross area, sq. ft. per floor: _____                                                                                 | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       | 2nd floor: _____                                                                                                                                                                                                   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Use group: _____                                                                                                     | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> | Basement: _____<br>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                            | Multi-family dwellings: _____<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                                                                | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____                                                                    |
| State Certified Modular _____                                                                                        |                                                                                                                                                                         | Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____<br>State Certified Modular _____<br>Manufactured Home _____                                                                          |                                                                                                                                                                         |

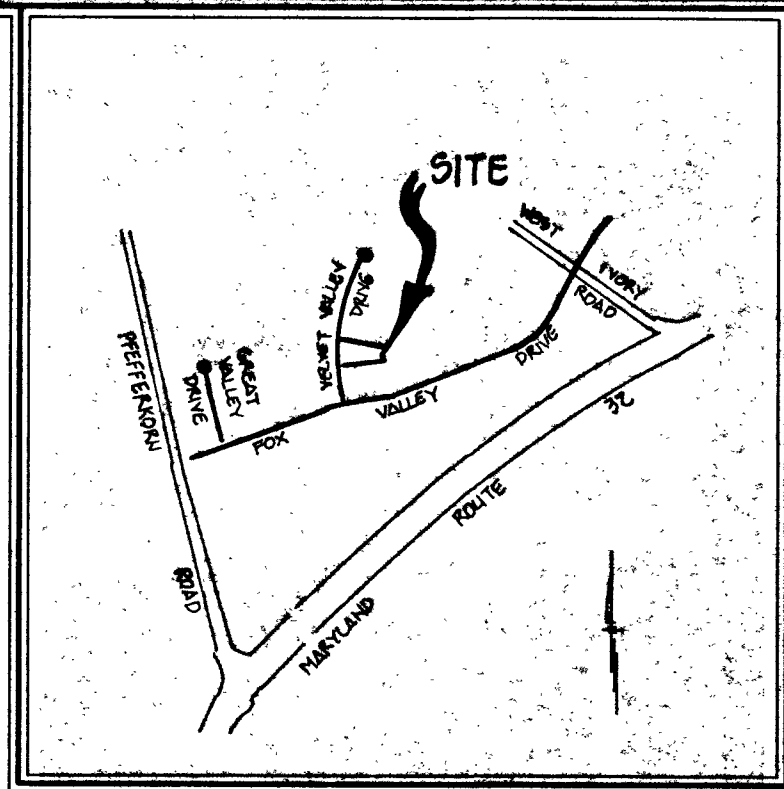
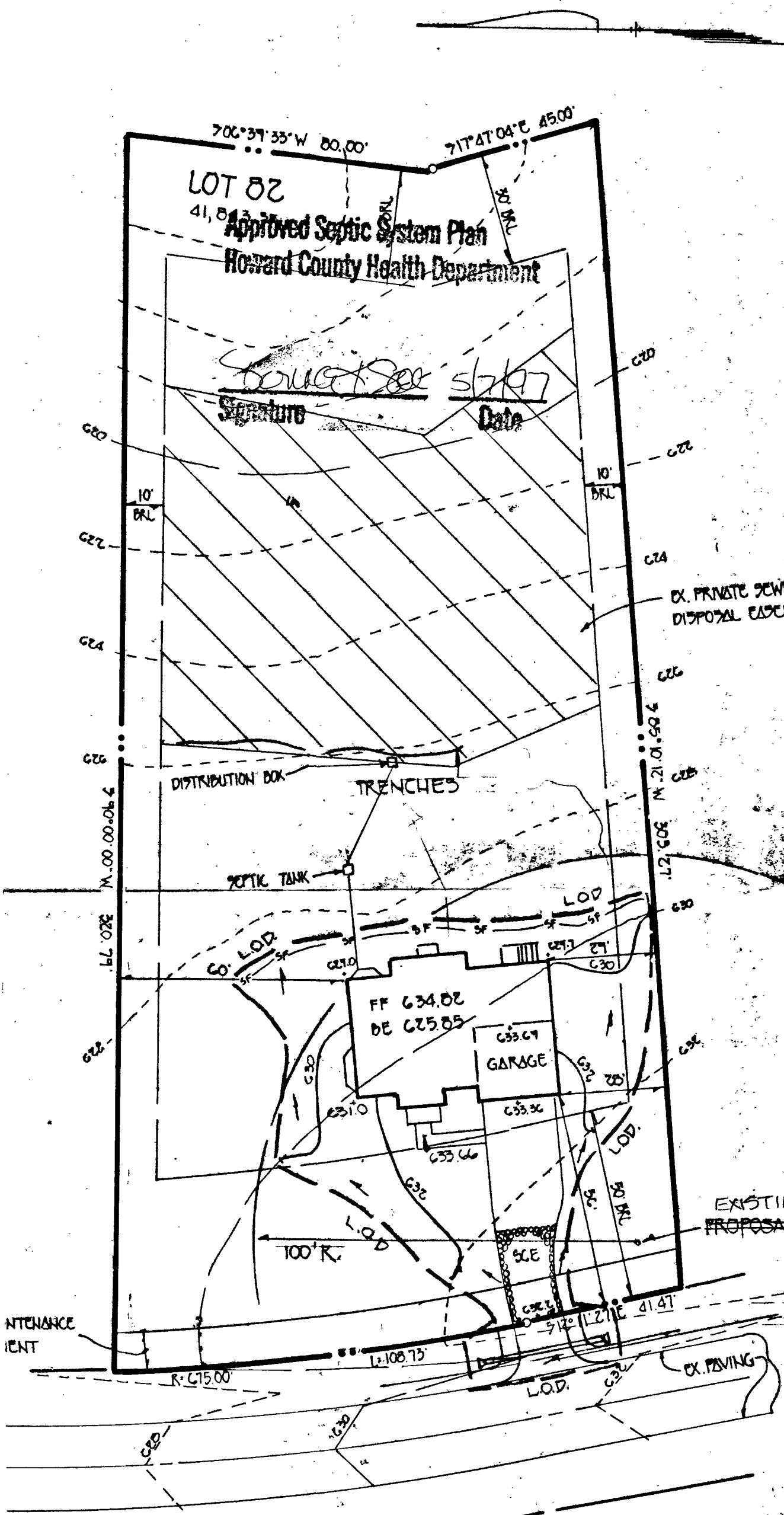
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

|                                                                 |                                                              |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| Applicant's Signature <u>[Signature]</u><br>Title/Company _____ | Print Name <u>Michael Owens</u><br>Date <u>March 10 1999</u> |
|-----------------------------------------------------------------|--------------------------------------------------------------|

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

|                                                                                                                   |                |                            |                                                                                       |                               |
|-------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|---------------------------------------------------------------------------------------|-------------------------------|
| AGENCY                                                                                                            | DATE           | SIGNATURE APPROVAL         | DPZ SETBACK INFORMATION                                                               | PROPERTY ID# <u>29540</u>     |
| Land Development DPZ                                                                                              |                |                            | Front: _____                                                                          | Filing fee \$ <u>25</u>       |
| State Highways                                                                                                    |                |                            | Rear: _____                                                                           | Permit fee \$ <u>50</u>       |
| Building Official                                                                                                 |                |                            | Side: _____                                                                           | Excise tax \$ <u>395</u>      |
| Dev. Engineering DPZ                                                                                              |                |                            | Side St: _____                                                                        | Sub-total paid \$ _____       |
| Health                                                                                                            | <u>3/10/99</u> | <u>Mark E. [Signature]</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | Add'l permit fee \$ _____     |
| Fire Protection                                                                                                   |                |                            | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ <u>475</u>      |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                            | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ <u>5776.59</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                                                          |                |                            | Lot Coverage for New Town Zone _____                                                  | Check <u>15355</u>            |
| ONE STOP SHOP: <input type="checkbox"/>                                                                           |                |                            | SDP/Red-line approval date _____                                                      | Validation _____              |
|                                                                                                                   |                |                            | Accepted by <u>[Signature]</u>                                                        |                               |

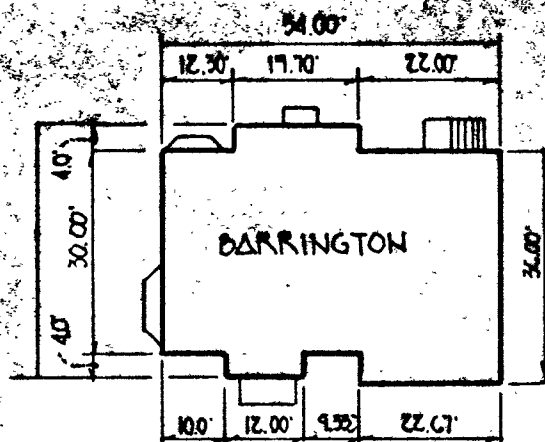
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
a:\permitsm Rev. 10/15/94



**VICINITY MAP**  
SCALE: 1"=2800'

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No. 45741
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 624.52  
B. BASEMENT ELEVATION: 623.82  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 623.00  
D. INVERT IN AT SEPTIC TANK: 622.80  
E. INVERT OUT AT SEPTIC TANK: 622.80  
F. PROPOSED GRADE OVER SEPTIC TANK: 627.00  
G. INVERT AT DISTRIBUTION BOX: 622.00  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 624.50  
I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
3. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



**GP-97-158**  
PLAN TO ACCOMPANY APPLICATION  
FOR BUILDING PERMIT  
**WEST FRIENDSHIP ESTATES**  
LOT 82

TAX MAP 15  
THIRD ELECTION DIST.  
SCALE: 1" = 50'

PARCELS A, B, C AND D  
HOWARD COUNTY, MARYLAND  
DATE: APRIL 17, 1997