

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

P 511064

A 48761

DISTRICT 3rd

DATE 10/22/98

DATE SYSTEM APPROVED 12/15/98

INSPECTOR AM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION W. Friendship Estates LOT 72 ROAD 3321 Velvet Valley Drive

PROPERTY OWNER AltierirHomes

BUILDING PERMIT SIGNED

ADDRESS

AND RETURNED

8-15-03 800143623-DECK

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - At the intersection of the 183.15' and 130.00' lotline, place the distribution box 100 feet down the 130.00' lot line and 20 feet off that same lot line. Run trenches on contour towards the 284.97' 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.

PLANS APPROVED BY Kim Maiste/Ronald J. Pinkley

DATE 8/21/98

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**

48761

APPLICATION

PERCOLATION TESTING

A 48761

P _____

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

DISTRICT _____

DATE 12/15/92

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. Alticki Homes

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 72

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (3321 Velvet Valley Drive)

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres

BLDG. PERMIT SIGNED

AND RETURNED 8-21-98

Serial # B101135-77

TYPE BLDG single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Mark S. Reich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 48761

A#20

New # 65

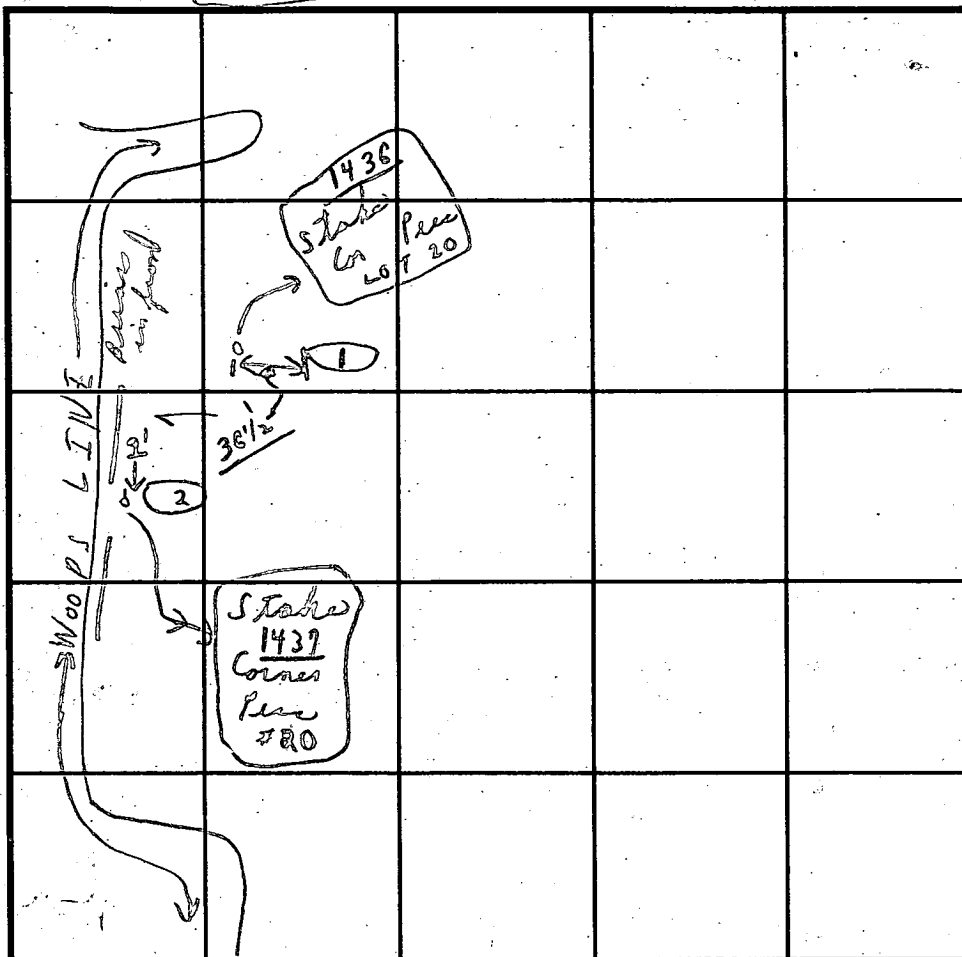
COUNTY #1

SOIL PROFILE

0'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pfeiffer Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/21/92	# 1436	4 1/2'	1:02	1:08	1:08	1:22	14m
3rd lot	# 0	12 1/2'	all	loam	below	clay	
in P.M.	# 1437	4'-9"	1:05	1:10	1:10	1:17	7m
	# 2	12'	(all loam below clay)				
	# 3	'	'	'	'	'	
	# 4	'	(No other holes dug)				
	# 5	'	'	'	'	'	
	# 6	'	'	'	'	'	
	# 7	'	'	'	'	'	
	# 8	'	'	'	'	'	
	# 9	'	'	'	'	'	
	# 10	'	'	'	'	'	
	# 11	'	'	'	'	'	
	# 12	'	'	'	'	'	
	# 13	'	'	'	'	'	
	# 14	'	'	'	'	'	
	# 15	'	'	'	'	'	
	# 16	'	'	'	'	'	
	# 17	'	'	'	'	'	
	# 18	'	'	'	'	'	
	# 19	'	'	'	'	'	
	# 20	'	'	'	'	'	

(2) holes ONLY

REMARKS Tests in open, Tests near stakes.

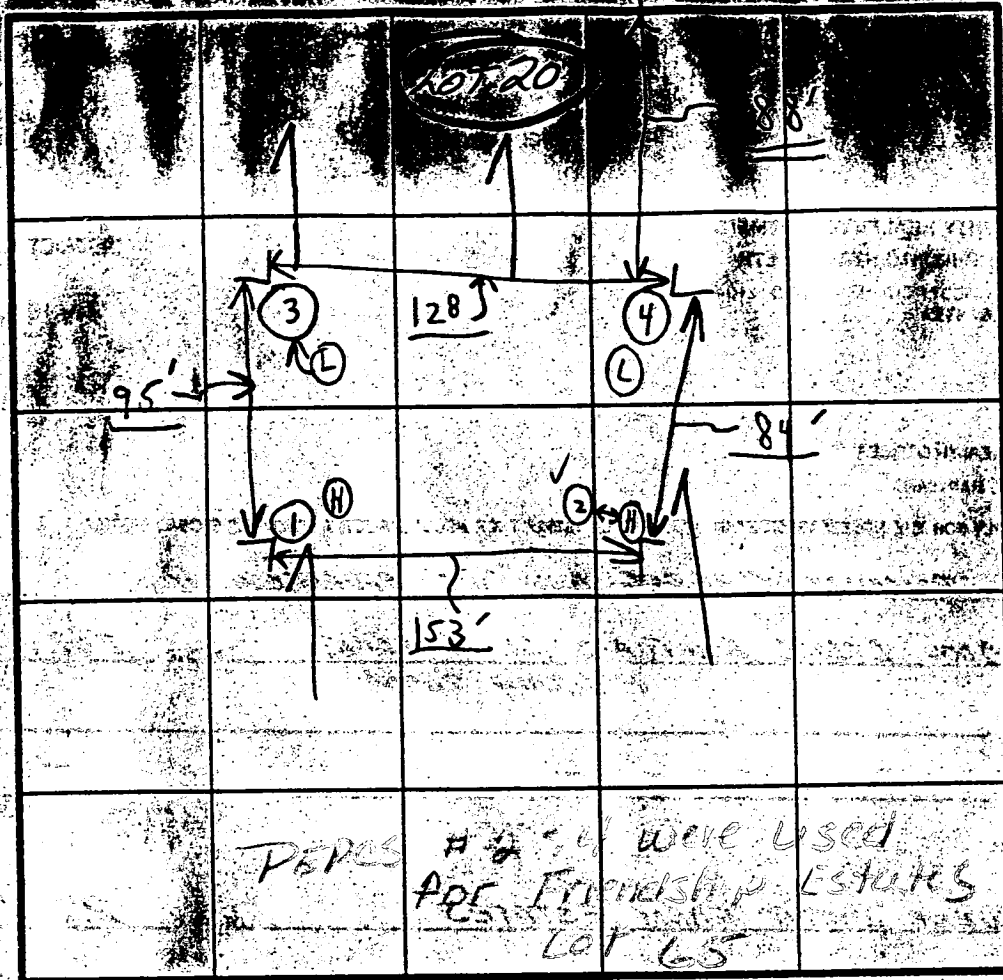
TYPE OF SOIL Loam below clay

TESTED BY C. B. 11 ALSO PRESENT J. R. G. & H. L. P.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11 min TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 210

This
 clay
 Light
 Layer
 No STONE
 ↓
 - To
 BOTTOM
 ↓



300 Hz/bc
2 wide
1/4 SET @
6'
Bottom @
8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE		TEST NO.	DEPTH	PRE-WET		TEST - 1. DROP		TIME
				START	STOP	START	STOP	
8/17/88	1 A	5'	2:28	2:31	2:31	2:49	18m	
422	2 A (N)	13'	Visual		Loam			
	2 A	5 1/2'	2:45	2:46	2:46	2:48	2m	
	2 B (N)	8 1/2'	2:37	2:40	2:40	2:44	4m	
	3 A	6 1/2'	2:30	2:35	2:35	3:00	25m	
	3 B (20)	13'	Visual		Loam			
	4 A	5'	2:34	2:49	2:49	3:15	26m	
	4 B (20)	13'	Visual		Loam			

REMARKS

RESULTS

TESTED BY

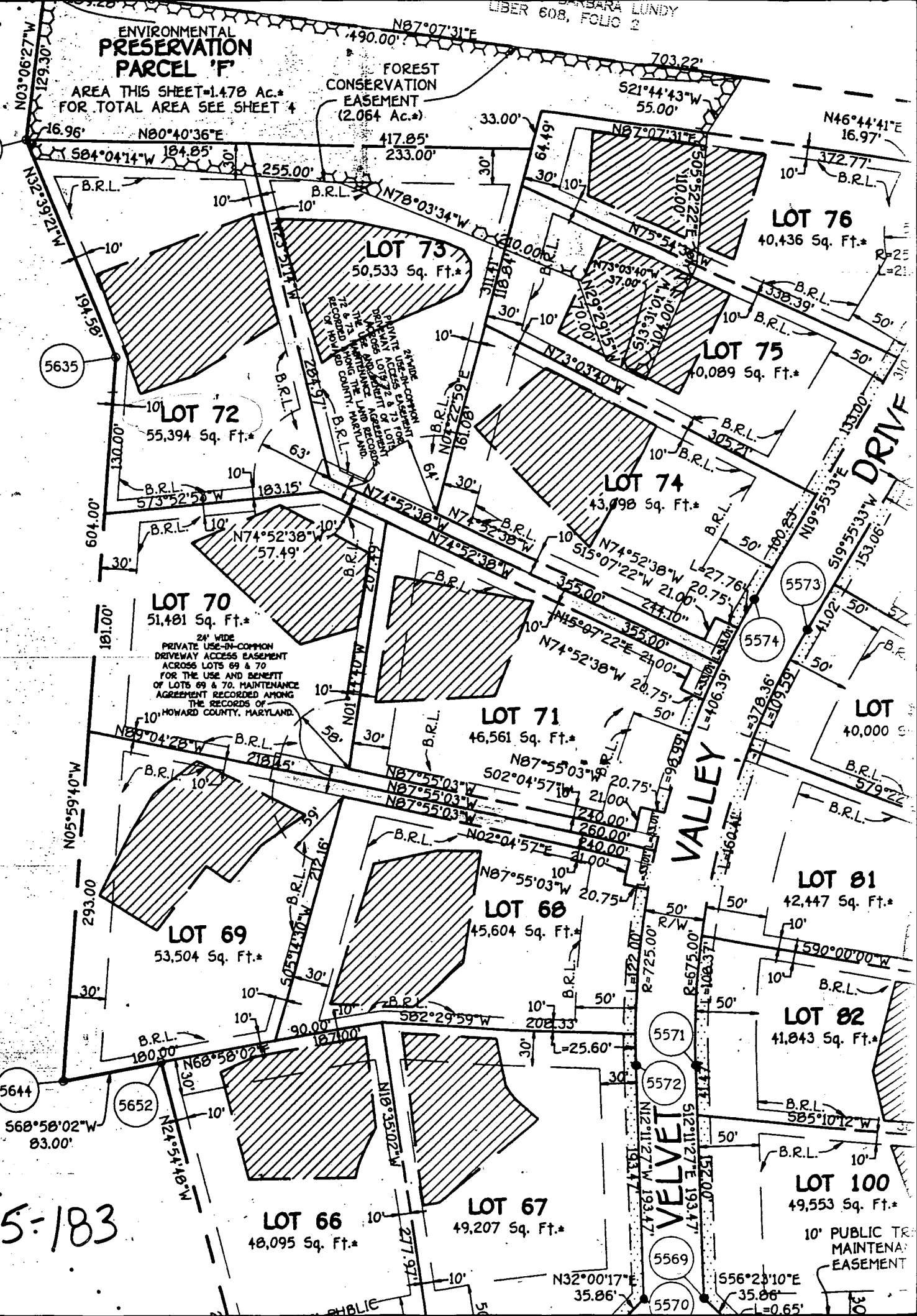
ALSO PRESENT:

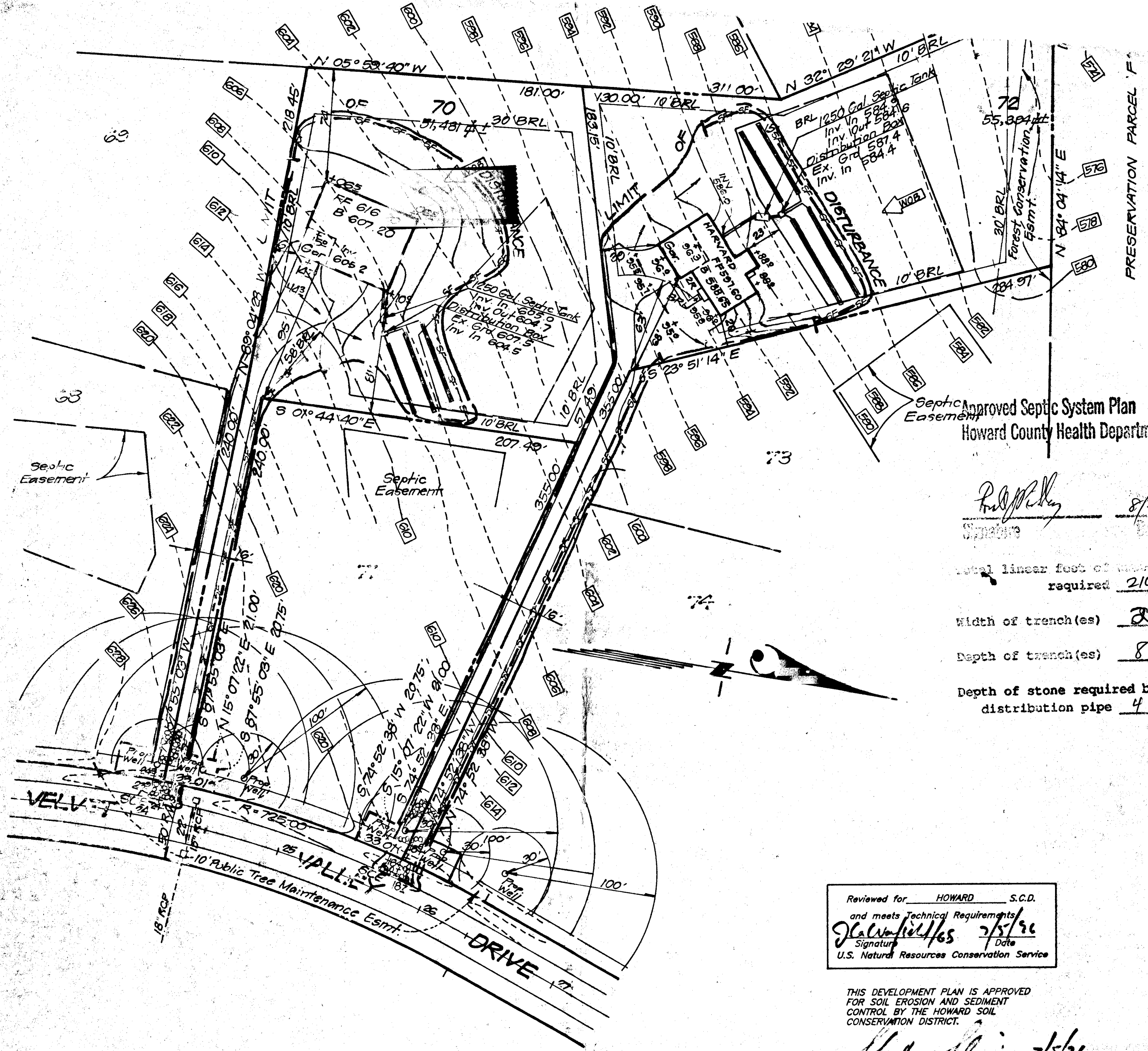
AREA THIS SHEET=1.478 Ac.*
FOR TOTAL AREA SEE SHEET 4

FOREST
CONSERVATION
EASEMENT
(2.064 Ac.±)

MATCH	LINE	SEE	SHEET	4
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F-95-183





Approved Septic System Plan
Howard County Health Department

Paul M. Kelly
Signature 8/21/98

Total linear feet of trench required 210 feet
Width of trench(es) 2 feet
Depth of trench(es) 8 feet
Depth of stone required below distribution pipe 4 feet

Reviewed for HOWARD S.C.D.
and meets Technical Requirements
John W. Fields 7/5/96
Signature Date
U.S. Natural Resources Conservation Service

THIS DEVELOPMENT PLAN IS APPROVED
FOR SOIL EROSION AND SEDIMENT
CONTROL BY THE HOWARD SOIL
CONSERVATION DISTRICT.

John W. Fields

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER ☐OCCUPANT ☐

ADDRESS _____

PHONE _____

COMPLAINANT

RANDI CHADEKEL

FOX VALLEY 73

ADDRESS _____

UGLUET VALLEY

PHONE _____

410-489-9199

410-913-9862

REASON FOR INVESTIGATION LIVING IN THEIR HOUSE, THEIRWATER SUPPLY SUDDENLY BECAME OVERCHLORINATED - PRESUMABLYBECAUSE OF THE ACTION OF THE BUILDING ON ADJACENT LOT - SIDE BY SIDE WELLS,

CODES _____

RECEIVED BY

C. Will

DATE

12/29/98

ASSIGNED TO _____

DATE _____

DATE OF INVESTIGATION _____

TIME _____

WEATHER _____

REPORT

THEIR BUILDING IS TRINITY

LOT 72 OTHER BUILDING IS ACTIVE

- ACTIVE AGENT TO HAVE HIS WELL PUMPED TO REMOVE CHL.

DATE SUBMITTED _____

SANITARIAN _____

West Friendship Est Lot 74/73

12/29/98

CW receives complaint from Randy Chittaco -

Altieri homes chlorinated his well on accident -
he burned his mouth

Alm goes to the site, meets w/ Mr Chittaco, Darren
Altieri, & Mike from Altieri. Mike had in fact
accidentally chlorinated Lot 73's well. Convinced
Altieri to provide additional hoses to run
water off faster - who would pay to put
Chittaco's ~~house~~ in a hotel was between
them & Altieri.

Altieri received a ~~bad~~ open burning violation for
burning trash.

1-4-98

Chittaco said chlorine level in water spiked
again - to HB this indicated that Lot 72 & 73
wells must be interconnected.

Chittaco's problem is that Altieri chlorinated Lot
72 well on Dec 31 and let it sit for more than
24 hrs & no plumbing in Lot 72 to run H₂O off.

Alm did site insp. met w/ Mike of Altieri, there
is plumbing in the house & he would begin
running H₂O off immediately - this told to
Chittaco.

A. McNeill

C1	7962	SEQUENCE NO. (MDE 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.	
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)				COUNTY NUMBER A 48761		
ST/CO USE ONLY DATE RECEIVED 090996		DATE WELL COMPLETED 082296		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0864		
OWNER LDO		Depth of Well 100 (TO NEAREST FOOT)				

OWNER LDO	last name Rt. 32	first name	TOWN W. Friendship
STREET OR RFD	SUBDIVISION W. FRIENDSHIP EST		SECTION 2 LOT 12

WELL LOG		
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 FROM TO	check if water bearing
TOP SOIL	0 5	
BROWN SHALE	6 32	
MICA ROCK		
SANDSTONE	33 100	
BLK ROCK		
GOT WATER		

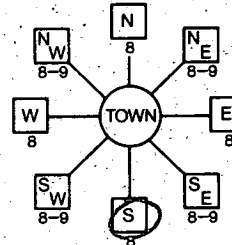
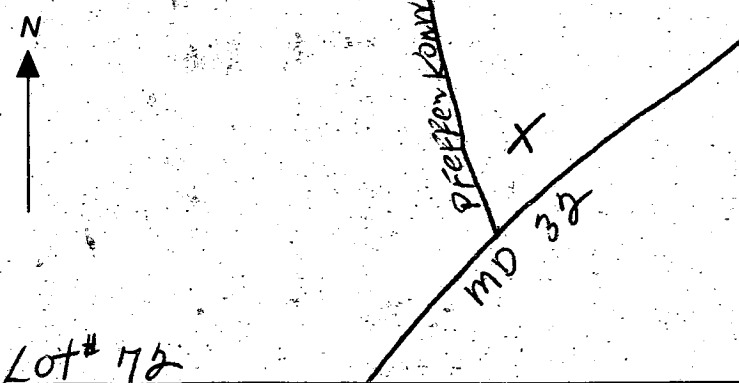
GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT (CM)	BENTONITE CLAY (BC)
NO. OF BAGS 10	NO. OF POUNDS 940
GALLONS OF WATER 60	
DEPTH OF GROUT SEAL (to nearest foot)	
from 5 ft.	to 43 ft.
Casing types insert appropriate code below	
Casing Record	
MAIN CASING TYPE	
(PL)	(ST)
Nominal diameter top (main) casing (nearest inch)!	
60	64
Total depth of main casing (nearest foot)	
45	70
OTHER CASING (if used)	
diameter inch	
depth (feet) from to	
SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
STEEL (ST)	
BRASS (BR)	
BRONZE (HO)	
PLASTIC (PL)	
OTHER (OT)	

PUMPING TEST	
HOURS PUMPED (nearest hour)	3
PUMPING RATE (gal. per min.)	15
METHOD USED TO MEASURE PUMPING RATE Submersible	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	25 ft.
WHEN PUMPING	43 ft.
TYPE OF PUMP USED (for test)	
(A) air	(P) piston
(C) centrifugal	(R) rotary
(J) jet	(S) submersible

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED (Y)	
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.	
TYPE: MWD/MSD/MGD	
DRILLERS LIC. NO. 043	
DRILLERS SIGNATURE W. H. Harley	
LIC. NO. 550-062	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C2	DEPTH (nearest ft.)
100	94
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)	
TELESCOPE CASING	
LOG INDICATOR	
OTHER DATA	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO)	(NO)
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) IN BOX 29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE (nearest foot)	
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	

B 1 3037	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0864
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
OWNER INFORMATION Date Received (APA) 258196 LAND DESIGN & DEVELOPMENT INC. 15 Last Name 10805 36 Street or RFD HICKORY RIDGE 57 Town COLUMBIA 34 First Name 55 Zip MD 21044 70 State 72		B 3 LOCATION OF WELL HOWARD 8 COUNTY WEST FRIENDSHIP 23 SUBDIVISION SECTION 2 LOT 72 WEST FRIENDSHIP 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 M 1	
DRILLER INFORMATION MSD/MGD MWD GARY W SHAFF - 410 Driller's Name Harley Well Drilling & Pump Systems Firm Name Box 160 Walkersville, MD Address Gary W Shaff 5-27-96 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 500 34 DISTANCE FROM ROAD ENTER FT OR MI 10 MO 32 11 NEAR WHAT ROAD 30 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO. A 48761 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S ☐ DATE ISSUED 07/16/96 A. M. McLean 7/16/97 43 CO SIGNATURE EXP. DATE NORTH GRID 528000 EAST GRID 0804000 50 55 57 63	
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)		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 8004 5208 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN ☐ 30 AIR-ROTARY ☐ AIR-PERCussion ☒ ROTARY (Hydraulic Rotary) ☐ 37 CABLE ☐ REVerse-ROTary ☐ Drive-POINT ☐ other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED. 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ FORCE AM WRITE INITIALS IN BOX PERMIT No. H0-94-0864 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

ENVIRONMENTAL
PRESERVATION
PARCEL 'F'

7/16/96
well site OK
as stated
Aur



MEET CONTRACTOR 8:45
ON 8/15/03

704 66

55,3947

184.85

FOR
See G

N 80° 40' 36" E
PARCEL 'E'

LOT 73

11
 FIELD
 INSPECTION
 13
 FROM
 PORCH
 TO S.T.
 C/O
 BP OK
 FOR PORCH
 & DECK
 MR
 8/15/03

34. Wide Private Use-In-Common Driveway Access

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000143623

Building Address 3321 Velvet Valley Dr
West Friendship MD 21794

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

Census Tract 603005 Subdivision West Friendship

Section 2 Area _____ Lot 7a

Tax Map 22 Parcel 550 Grid 2

Zoning RS-20 Map Coordinates 95 Lot Size _____

Existing Use Single Family

Proposed Use _____

Estimated Construction Cost \$ 140,000

Description of Work SCAFFOLDING

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Omega Engine Enfall

Address 3321 Velvet Valley Dr

City West Friendship State MD Zip Code 21794

Home Phone _____ Work Phone 410 781-7022

Applicant's Name & Mailing Address, (if other than stated hereon):

Owings Brothers Contracting

1912 Liberty Rd Eldersburg 21784

Phone 410 781-7022 Fax 410 544-4060

Contractor Company Owings Brothers Contracting

Contact Person Michael Owings

Address 1912 Liberty Rd

City Eldersburg State MD Zip Code 21784

License No. _____

Phone 19661-01 Fax _____

Engineer or Architect Company Studio 22 inc

Contact Person Bob Priest

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

Utilities

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full

☐ Partial

☐ Other Suppression

of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

☒ Depth ☐ Width

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: 80

Dimensions: _____

Footings: _____

Roof: 2800'

☐ State Certified Modular

☐ Manufactured Home

Utilities

Water Supply:

☐ Public

☒ Private

Sewage Disposal:

☐ Public

☒ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D

☐ NFPA #13R

☐ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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

Owings Brothers Contracting

Title/Company

Print Name

Michael Owings

Date

8/14/03

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#

37236