

2/22/99
2.00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

329984

P 513174

A 50195-C

DISTRICT _____

DATE 12-13-1999

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 12/22/99

INSPECTOR DKS

Union Paving Company, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463

SUBDIVISION Friendship Farms LOT 3 ROAD 2681 Wellworth Way

PROPERTY OWNER Altieri Homes | GUADE OKOJIE

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 2.0 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 245.02' and 209.58' lot lines, begin trenches 125 feet down the 245.02' lot line and 110 feet off that same lot line. Run trenches on contour in both directions.

NOTES - No trenches to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/09/99 OK ALL

MAINTAIN 100 FEET BETWEEN THE WELL AND ALL PARTS OF THE SEPTIC SYSTEM.

PLANS APPROVED BY Amy McMillen DATE 10-28-1999

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.

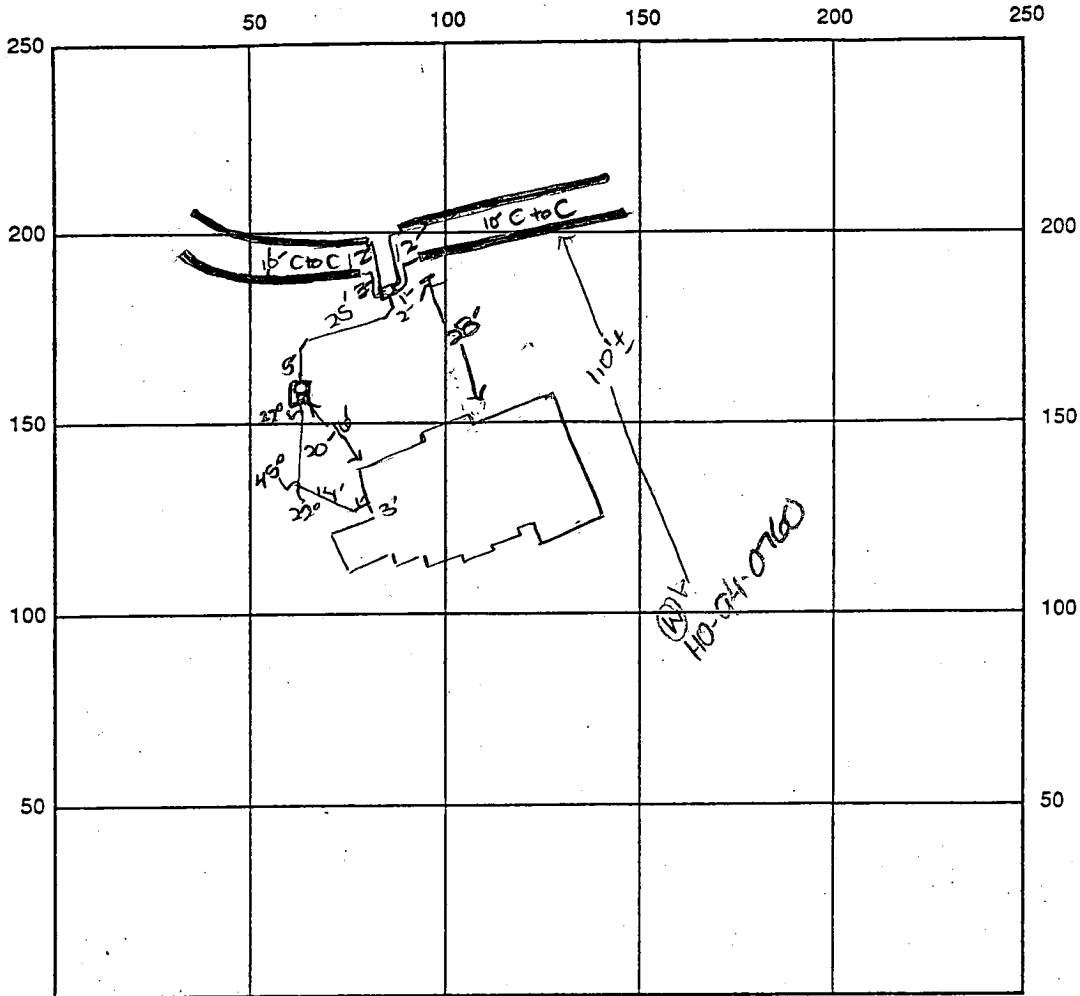
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG PERMIT SIGNED
AND RETURNED 8/15/01
30013000
deck

A 50195-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Wellworth Way

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3.5-4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2-2.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 4x60 FT. $\rightarrow 240$

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 12/22/99 FINAL INSID - OK to cover all septic work. TKS

DATE SYSTEM APPROVED 12/22/99 INSPECTOR DONALD K. [Signature]

APPLICATION

PERCOLATION TESTING

A 50195C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT THIRD

DATE AUGUST 1, 1994

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 JOHN STONER BRITTON Altieri Homes

ADDRESS 2716 JENNINGS CHAPEL ROAD WOODBINE MARYLAND PHONE 489-9342

AGENT OR PROSPECTIVE BUYER BRITTON PROPERTY PARTNERSHIP

ADDRESS P.O. Box 1371 ELLICOTT CITY MARYLAND 21041 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION FRIENDSHIP FARM (BRITTON PROPERTY) LOT NO. 3

ROAD AND DESCRIPTION 2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELWORTH WAY

(2681 WELWORTH WAY)

ENG. PERMIT SIGNED

AND RETURNED 10-25-99

Serial # B70 120953

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED - 4 BR
(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

A50195C
COUNTY #

EX HOUSE

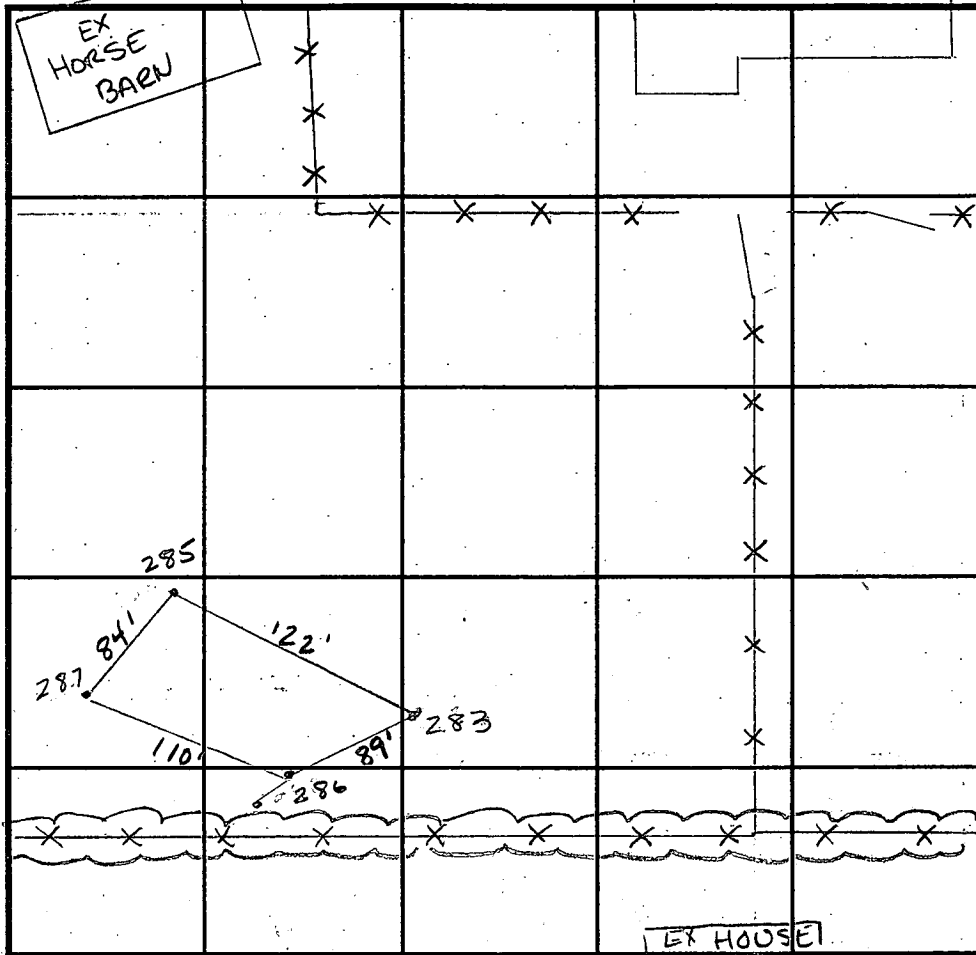
LOT 3

SOIL PROFILE:
283

0' red c
3 1/2' reddish brown SIL mica
12' 286 dark red c
2 1/2-3' reddish brn SIL few 2-3" diameter rock frags
9 1/2' hard bottom 287 dark red c
3' reddish brn SIL no rock frags

SOIL PROFILE:
285

0' no distinct clay layer
lgt brown SIL some 2"-3" and large dia. rock frags throughout OK 59%
10' hard bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/5/94	283	Visual to 12'					OK
	286	3' V 9 1/2'	2:11 ¹⁵	2:12 ³⁰	2:12 ³⁰	2:15	2 1/2 min
	287	3 1/2' V 11'	2:15 ³⁰	2:16	2:16	2:17	1 min
	285	6 1/2' V 10'	2:20	2:21	2:21	2:22	1 min
	285	2' V 10'	2:23 ⁴⁵	2:24 ¹⁵	2:24 ¹⁵	2:25 ¹⁵	1 min
	285	Repair	2:28 ³⁰	2:29 ¹⁵	2:29 ¹⁵	2:30 ⁴⁵	1 1/2 min

REMARKS check for well location of both existing houses

TYPE OF SOIL _____

TESTED BY Amy McMillen

ALSO PRESENT FRANK MANALANSAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 3 1/2' SQ. FT./BEDROOM _____

111

Copy of signed
Preliminary

P45-25

FRIENDSHIP
MANOR
SECTION 2
LOT 14
T No. 3889
ED: RR-DEC

EXISTING HOUSE

EX. SHED

EX. DRY WELL

EX. SEPTIC TANK

EXISTING DWELLING

EX. 15 WELL

Commercial
use access easement
for lots 1-11 C

(To remain)

EX. DRIVEWAY
(70' of driveway)

58,104 Sq.Ft.*

50,889 Sq.Ft.*

57,083 Sq.Ft.*

60,353 Sq.Ft.*

58,166 Sq.Ft.*

59,866 Sq.Ft.*

59,711 Sq.Ft.*

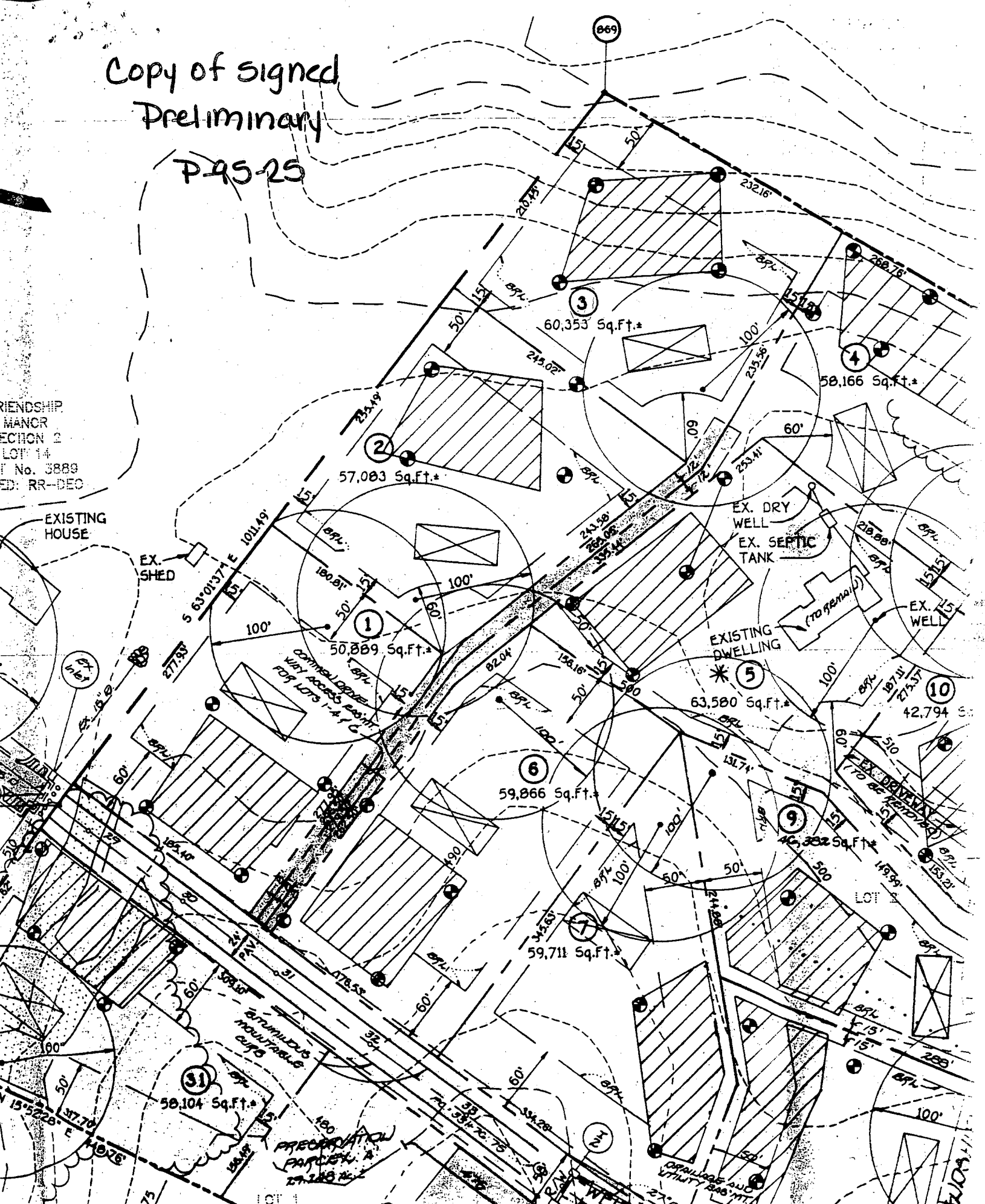
63,580 Sq.Ft.*

42,794 Sq.Ft.*

58,104 Sq.Ft.*

APPROXIMATE
PARCELS
27-288-15

OPALLEGE AND
WITNEY BASIN



DATE RECEIVED: **052096** DATE WELL COMPLETED: **041996** Depth of Well: **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-94-0760**
 OWNER: **Britten Property Partnership** last name **Wellworth Way** first name TOWN: **West Friendship**
 STREET OR RFD: SUBDIVISION: **Friendship Farms** SECTION: LOT: **3**

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	25	
Sandstone	25	35	
MICKA	35	40	
Sandstone	40	45	<input checked="" type="checkbox"/>
MICKA	45	75	
Sandstone	75	80	<input checked="" type="checkbox"/>
MICKA	80	300	

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1300**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **28** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **30**
 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **43** ft. WHEN PUMPING **105** ft.
 TYPE OF PUMP USED (for test) **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES 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) **2**
 PUMP HORSE POWER **2**
 PUMP COLUMN LENGTH (nearest ft.) **2**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above LAND SURFACE **2** (nearest foot) below

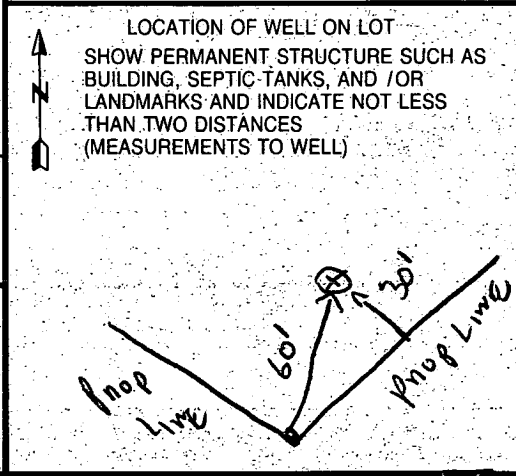
NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED YES NO

C 2 **DEPTH (nearest ft.)**
H0 **28** **300**
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** **116**
 DRILLERS LIC. NO. **117**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **John E. Wagner**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SCREEN RECORD (continued)
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **60**
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B. 1 **0677** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

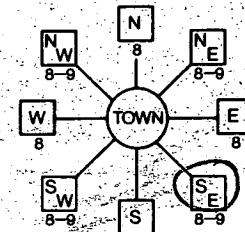
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0760
 fill in this form completely

Date Received (APA) **032696**
OWNER INFORMATION
 8 **BRITTEN** 13 **PROOP PARTNER**
 15 Last Name Owner First Name 34
 36 **PO BOX 1321** 55
 Street or RFD
 57 **ELLICOTT CITY MD 21042** 76
 Town 70 State 72 Zip 76

B. 3 **LOCATION OF WELL**
 1 **HOWARD** 2
 8 COUNTY 21
 23 **FRIENDSHIP FARM Sub** 42
 SUBDIVISION
 SECTION **4** LOT **3**
 44 46 48 50
 52 **WEST FRIENDSHIP** 71
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** **M** **I**
 73 76 77 78

DRILLER INFORMATION CIRCLE: **MSD/MGD/MWD**
Ralph MAYNE 77 License No. **116**
 Driller's Name
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne 3/14/96
 Signature Date

B. 4 **wellworth way** 30
 11 NEAR WHAT ROAD
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 SOUTH NORTH
 34 **750** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38-39
 TAX MAP: _____ BLK: _____ PARCEL _____

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

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY **A50195-C**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **041296** **A. M. Miller** **4/12/97**
 43 48 CO SIGNATURE EAST EXP. DATE
 NORTH GRID **532000** EAST GRID **0814000**
 50 55 57 63

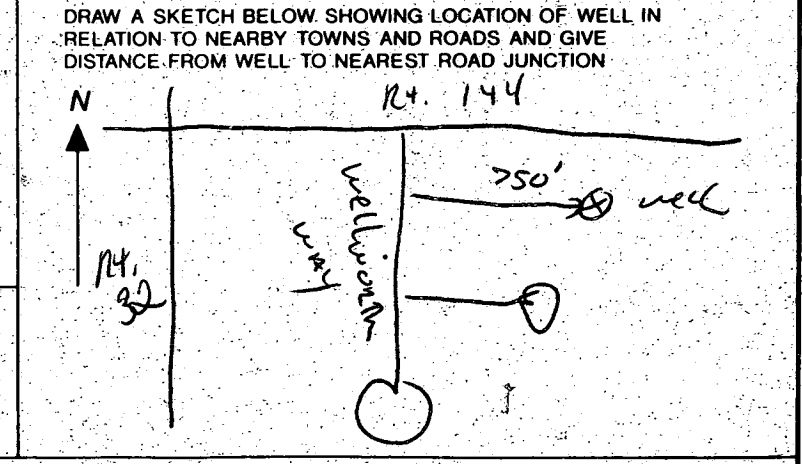
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8104**
 N **5302**
 000 000
 4/19/96 Grouf 10:00
 NO INSP

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 31 CABLE REVerse-ROTary DRive-POINT
 other **0**

REPLACEMENT OR DEEPEMED WELLS
 (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52
 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 63
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-0760**
 67 68 70 71 72 73 74 75 76 77 78 79



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

**REQUEST FOR TEMPORARY DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 3/30/2000 WELL PERMIT: HO - 94-0760

PROPERTY OWNER: Altieri Homes
SUBDIVISION & LOT #: Friendship Farms Lot 3
PROPERTY ADDRESS: 2681 Wellworth Way

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

install NITRATE system under sink, and
retest in 24 hrs by the HEALTH DEPARTMENT

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO-94-0760 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.
- 2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO-94-0760. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the condition and of the installation of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

_____ Genel Oye Iguade Okojie

Prospective Owner's Day Time Phone Number(s)

_____ 410-705-7925

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK.
- FIRST FLOOR ELEVATION: 508.20
 - BASEMENT ELEVATION: 499.20
 - INVERT OF SEPTIC SYSTEM AT HOUSE: 500.70
 - INVERT IN AT SEPTIC TANK: 498.0
 - INVERT OUT AT SEPTIC TANK: 497.7
 - PROPOSED GRADE OVER SEPTIC TANK: 499.70
 - INVERT AT DISTRIBUTION BOX: 497.5
 - EXISTING GROUND OVER DISTRIBUTION BOX: 499.50
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

Total linear feet of trench required 240

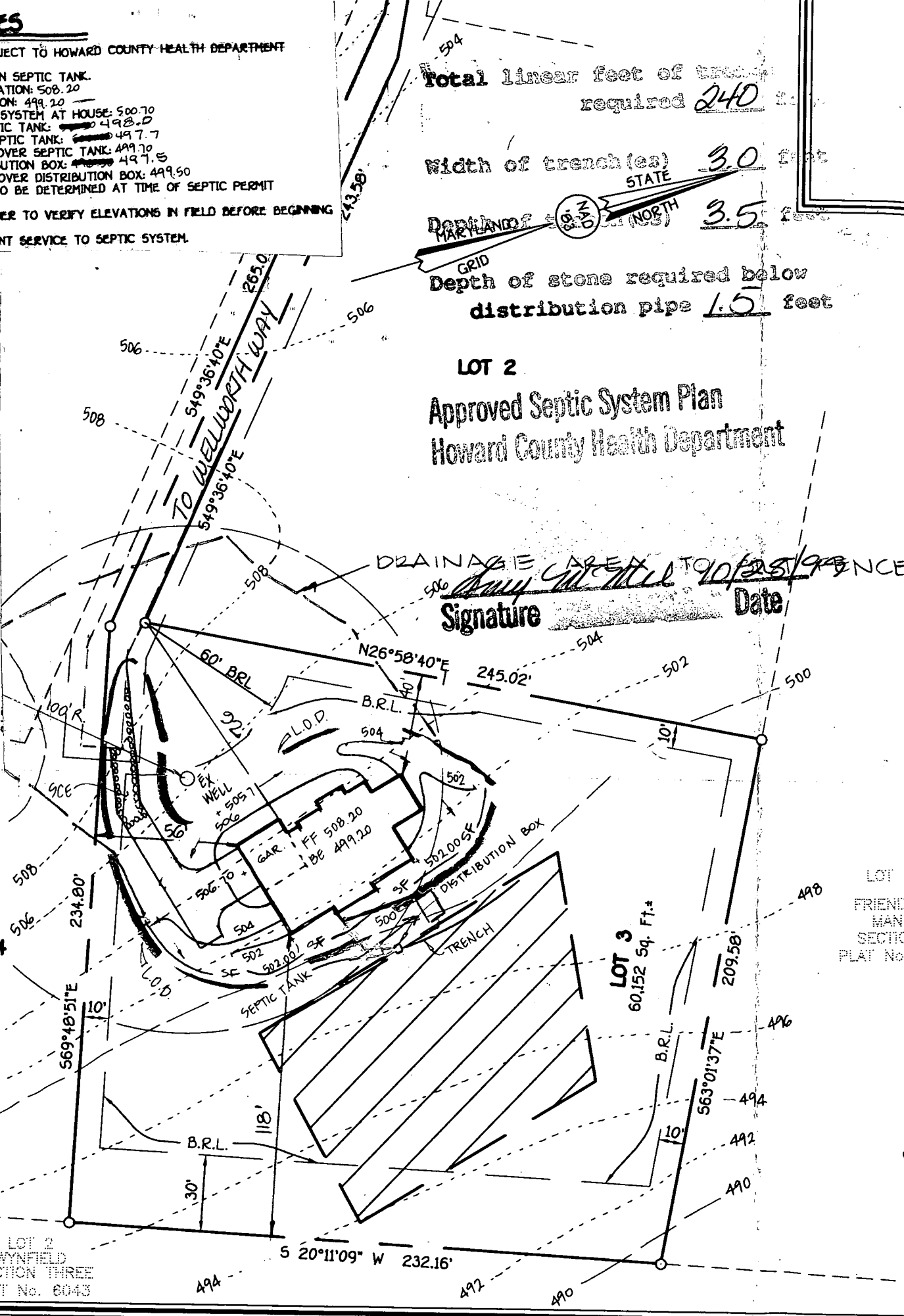
Width of trench (ea) 3.0 feet

Depth of trench (ea) 3.5 feet

Depth of stone required below distribution pipe 1.5 feet

LOT 2
Approved Septic System Plan
Howard County Health Department

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



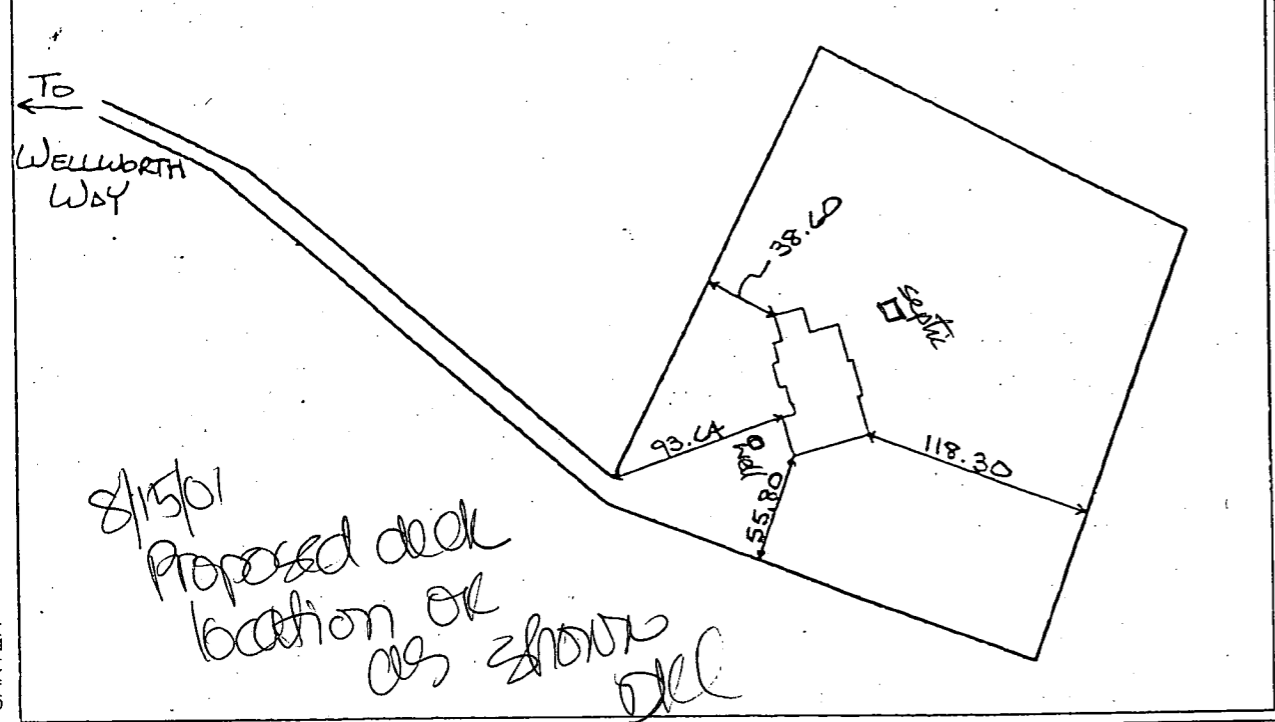
LOT FRIENDLY MAN SEPTIC PLAT No.

410 750 3784 P. 02/04

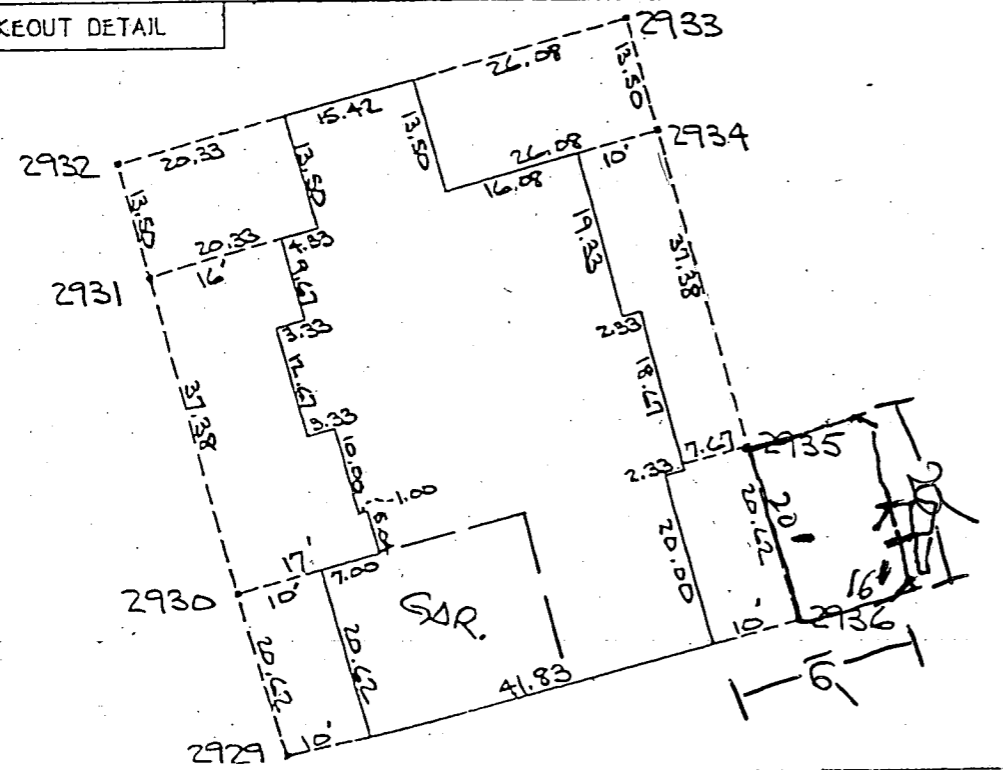
FISHER, COLLINS & CARTER

OCT-11-1999 08:56

HOUSE STAKEOUT PLAN VIEW



HOUSE STAKEOUT DETAIL



STATION	ELEVATION		CUT	FILL	DESCRIPTION
	HUB	FINISHED BSMT. ELEV.			
2929	505.52	---			OFFSET 10' GAR
2930	505.22	---			OFFSET 10' GAR / 17' HSE
2931	504.78	499.20	5.58	-	OFFSET 16' / 20.33 HSE
2932	504.51	499.20	5.31	-	OFFSET 20.33 HSE
2933	501.16	499.20	1.96	-	OFFSET 26.08 HSE
2934	500.79	499.20	1.59	-	OFFSET 10' / 26.08 HSE
2935	499.84	499.20	0.64	-	OFFSET 7.67 HSE
2936	499.67	499.20	0.47	-	OFFSET 10' HSE

NOTE TO ALL INTERESTED PARTIES:
 THIS HOUSE STAKE-OUT REPRESENTS THE LATEST REVISIONS PER OUR FILES, RECORDS AND TRANSMITTALS. PLEASE VERIFY THE FOLLOWING:
 1) ARCHITECTURAL PLANS ARE IN ACCORDANCE WITH THE DIMENSIONS SHOWN ON THE CUTSHEET.
 2) SITE PLAN/PLOT PLAN AGREE WITH THE APPLICATION FOR BUILDING PERMIT SUBMITTED TO THE COUNTY. ITEMS TO BE CHECKED ARE:
 A) PROPOSED HOUSE STAKE-OUT SITUATED IN A STANDARD OR REVERSED POSITION.
 B) OFFSETS FROM THE PROPOSED HOUSE TO THE PROPERTY LINES.
 C) ADDITIONS SUCH AS CHIMNEYS, PORCHES, SUNROOMS, DECKS, BASEMENT ENTRYWAYS, ETC AS THEY MAY OR MAY NOT ENCRoACH INTO A BUILDING RESTRICTION LINE.
 D) GARAGE ORIENTATION (FRONT OR SIDE-LOAD CONDITION).
 IF THE ABOVE ITEMS REPRESENT WHAT IS BEING REQUESTED FOR STAKE-OUT, PLEASE SIGN, DATE AND RETURN A COPY TO OUR OFFICE.
 UPON RECEIVING A SIGNED COPY, ACTUAL FIELD WORK WILL BE STARTED.

CLIENT _____ DATE _____

PROJECT: FRIENDSHIP FARMS W.O. 61362
 DESCRIPTION: HSE. S/O LOT 3
 COORD = 30508
 FILE

DATE: 10-07-99 FIELD BOOK: 684
 SHEET 1 OF 1 PARTY CHIEF: JOHNS
 ENGINEER: A.M.S. CHECKED: CHUCK

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PKE.
 ELIJAH CITY, MARYLAND 21042
 (410) 164 - 2055

Building Address <u>2681 N. WORTH WAY</u> <u>West Friendship, MD 21794</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Friendship Farms</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>15</u> Parcel <u>65789</u> Grid <u>17</u> Zoning <u>RD50</u> Map Coordinates <u>10D4</u> Lot size _____	Property Owner's Name <u>Ignace G. Okojie</u> Address <u>2681 N. WORTH WAY</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410-442-5969</u> Work Phone <u>410-328-5644</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
---	--

Existing Use <u>SRD</u> Proposed Use <u>Screened Deck</u> Estimated Construction Cost \$ <u>3000.00</u> Description of Work <u>REAR OF HOUSE</u> <u>20 x 16 with steps</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
--	--

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Ignace G. Okojie</u> Applicant's Signature <u>OWNER</u> Title/Company	<u>Ignace G. Okojie</u> Print Name <u>8/15/11</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

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

Distribution of Copies: White: Building Official Green: EDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA