

PERMIT

03 330001

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513174

A 50195-H

DISTRICT _____

DATE 12-13-1999

DATE SYSTEM APPROVED 1/6/00

INSPECTOR M. R. P. K. M.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

XX6X66XX 410-313-2640

INDEXED

330001

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 5 ROAD 2693 Wellworth Way

PROPERTY OWNER Altieri Homes VALERIE TSIMMERMAN

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place distribution box 85 feet off the front lot line ((176.53')) and 30 feet off the left lot line as seen when facing the lot from Wellworth Way. 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 ON SRW 12/13/99 DATE 11-17-1999

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.

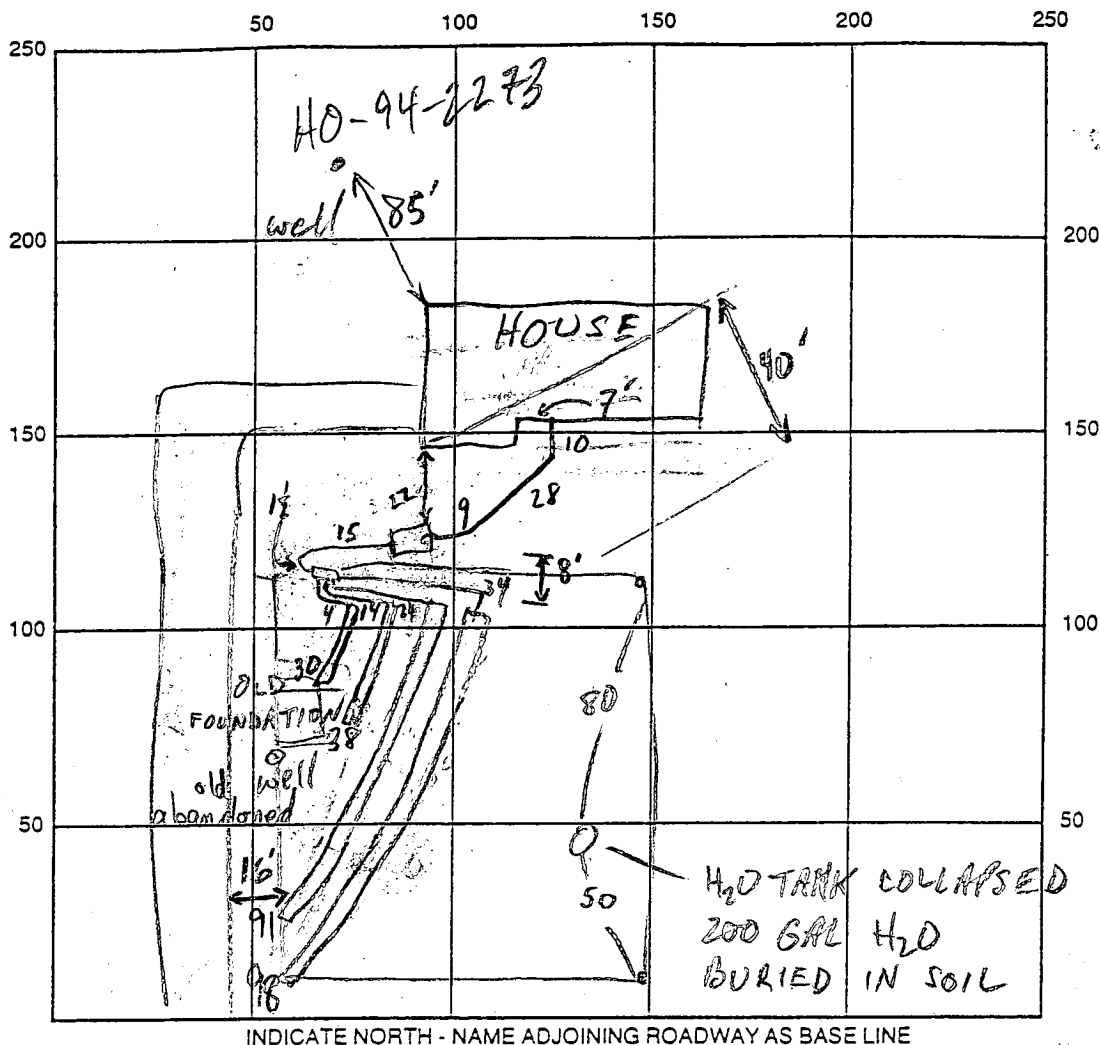
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 8/29/01
4'x6' DeckBLDG. PERMIT SIGNED
AND RETURNED 8/29/01
800130184
inground pool

50195-H



SEPTIC TANK LEVEL 1500 gallon with baffles CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 257 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 771 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 12/27/99 O.K. for contractor to put dirt around tank in case of rain. (BB)

12/28/99 OLD FOUNDATION (7' DEEP) @ HIGH P/O SEPTIC ESMT.; TRENCH DEPTH LAYOUT TO BE REVISITED AFTER CLEARING, IMPACT EXPECTED TO BE MINIMAL (MR)

1/3/00 TOPD NOT PER PLAN; TRENCH LAYOUT CONFIRMED w/CONTRACTOR (MR)

1/5/00 OK TO CONTINUE; 25' MAINTAINED TO OLD WELL; REQUESTED INSTALLER TO LIMIT INSTALLATION TO (4) TRENCHES, LENGTHEN AS MUCH AS POSS (MR)

DATE SYSTEM APPROVED 1/6/00 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A 50195H

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 BRITTEN Altieri Homes

ADDRESS 2716 JENNINGS CHAPEL ROAD WOODBINE MARYLAND 21156 PHONE 489-9342

AGENT OR PROSPECTIVE BUYER BRITTEN PROPERTY PARTNERSHIP

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

PROPERTY LOCATION:

SUBDIVISION FRIENDSHIP FARM (BRITTEN PROPERTY) LOT NO. 6

ROAD AND DESCRIPTION 2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELWORTH WAY
(2693 WELWORTH WAY)

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED 5 BRM
(SINGLE FAMILY DWELLING OR COMMERCIAL)

INDG. PERMIT SIGNED

AND RETURNED 11-17-99

Serial # 000120986

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

A50195H
COUNTY #

SOIL PROFILE

315/313

bm
c

very
light
tan
SL
mica
brags
2" dia.
throughout
to 9'
then
no
brags to
bottom

316

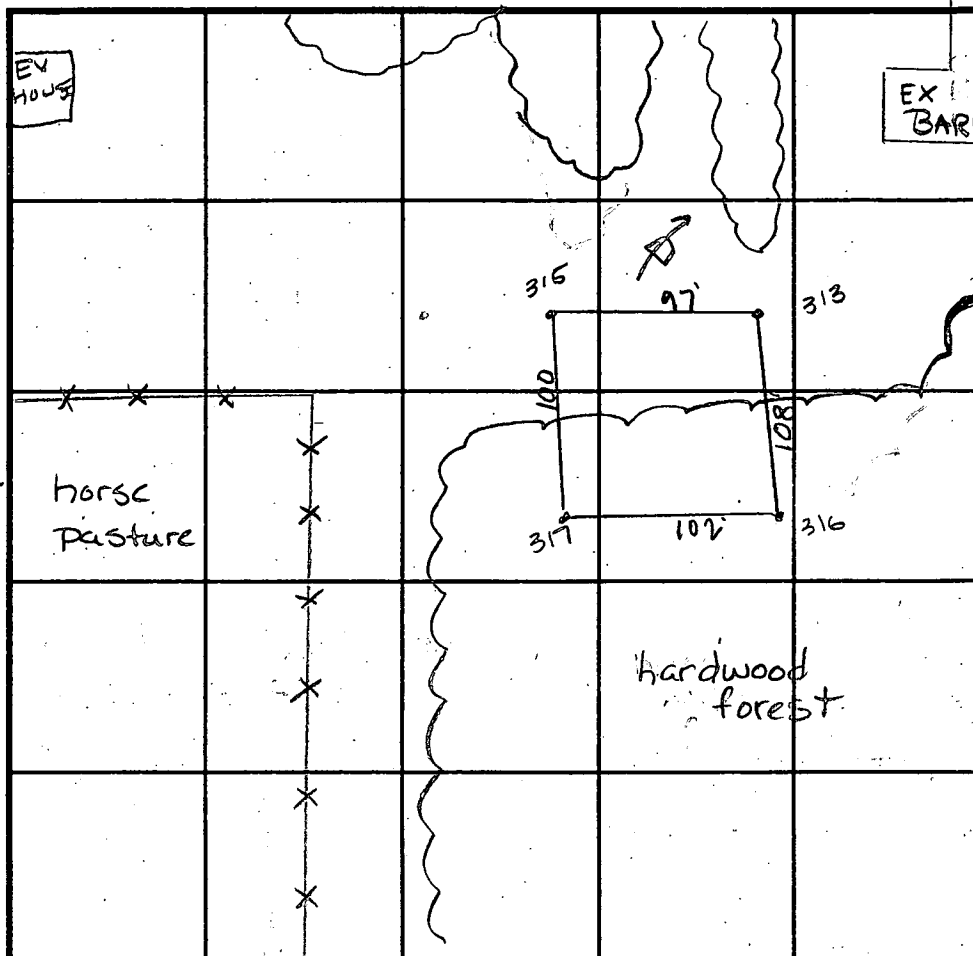
orange
brn
CSL

orange
SL
pockets
of
grey
brn
decayed
rock
OK

317

orange
brn
SiCL

lgt tan
sand
few
rock
brags
< 5%
OK



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/94	315	2' $\sqrt{11\frac{1}{2}}$	3:12	3:12 ³⁰	3:12 ³⁰	3:13 ⁴⁵	1 1/4 min
	313	3 1/2' $\sqrt{12}$	3:11 ⁴⁵	3:12 ⁴⁵	3:12 ⁴⁵	3:14 ⁴⁵	1 1/4 min
	316	visual	to	11'			OK
	317	3 1/2' $\sqrt{11}$	12:15	12:16	12:16	12:17	1 min
	317	6 1/2' $\sqrt{11}$	12:18 ¹⁵	12:18 ⁴⁵	12:18 ⁴⁵	12:19 ¹⁵	30 sec
	317	repour	12:19 ³⁰	12:20	12:20	12:21	1 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT FRANK MANALANSAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min

TRENCH WIDTH 2'

INLET DEPTH 2'

MAXIMUM BOTTOM DEPTH 6'

SQ. FT/BEDROOM 180 ft²

Copy of signed
Preliminary
P-95-25

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

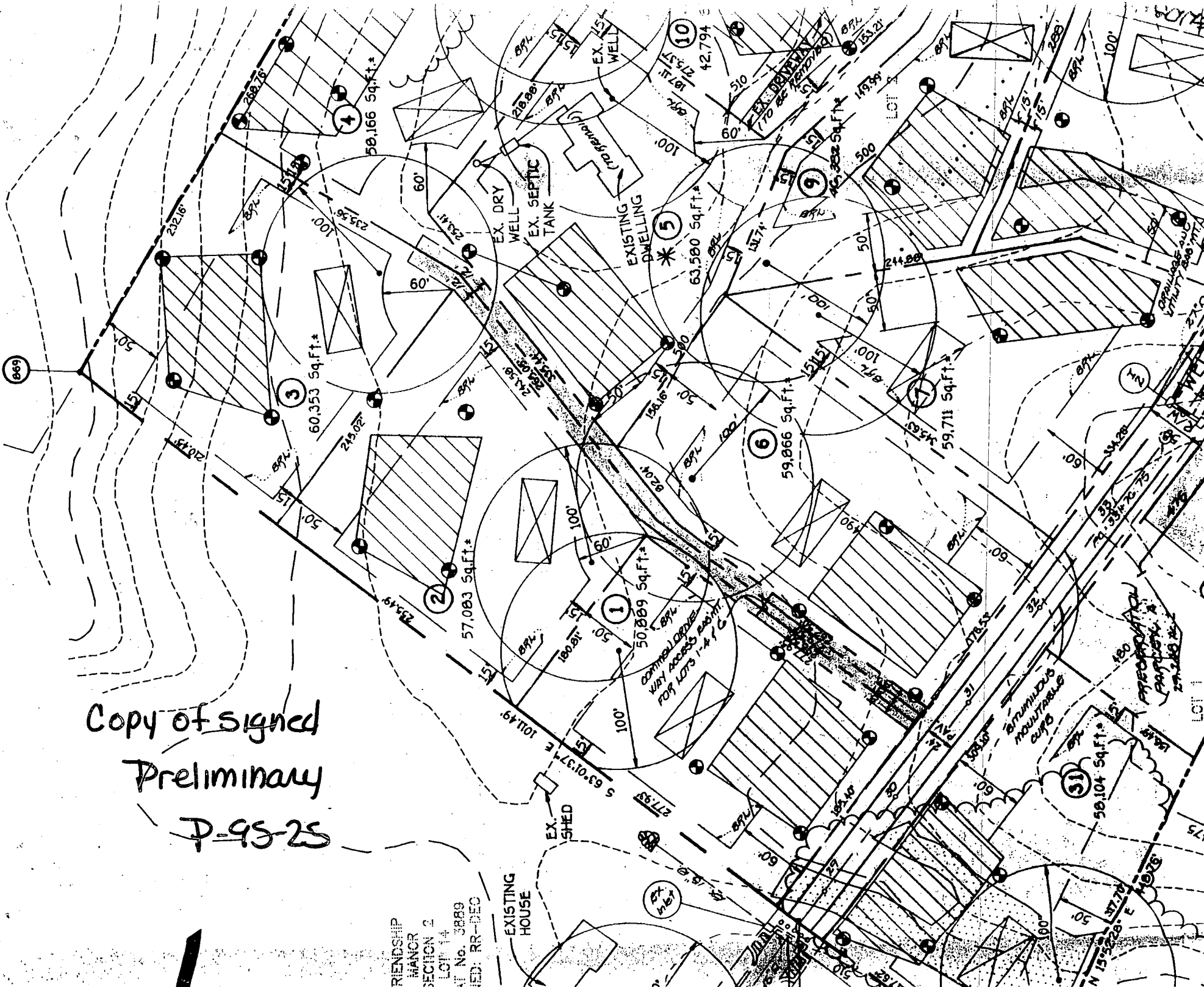
EXISTING
HOUSE

EX.
SHED

COMMON DRIVE
W/ VARY ACCESS POINT
FOR LOTS 1-4 & 6

STIMULOUS
MOUNTAIN
CUTO

APPROXIMATE
PROPERTY
LINE



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING, CONSULTANTS & LAND SURVEYORS
10000101, SEASIDE OFFICE BLDG. - 10000 CALIFORNIA NATIONAL PIKE
ELIZABETH CITY, MARYLAND 20626
(410) 461 - 8900

Approved Septic System Plan

Howard County Health Department

PRIVATE 30' WIDE USE-IN-COMMON
DRIVEWAY ACCESS EASEMENT ACROSS
LOTS 1 THRU 4 FOR THE USE
AND BENEFIT OF LOTS 1 THRU 5.
MAINTENANCE AGREEMENT RECORDED
AMONG THE LAND RECORDS OF
HOWARD COUNTY, MARYLAND

DRIVEWAY
LOTS 1 THROUGH 4
AND BENEFIT UNDER
MAINTENANCE AGREEMENT
AMONG THE LAND RECORDS
HOWARD COUNTY, MARYLAND

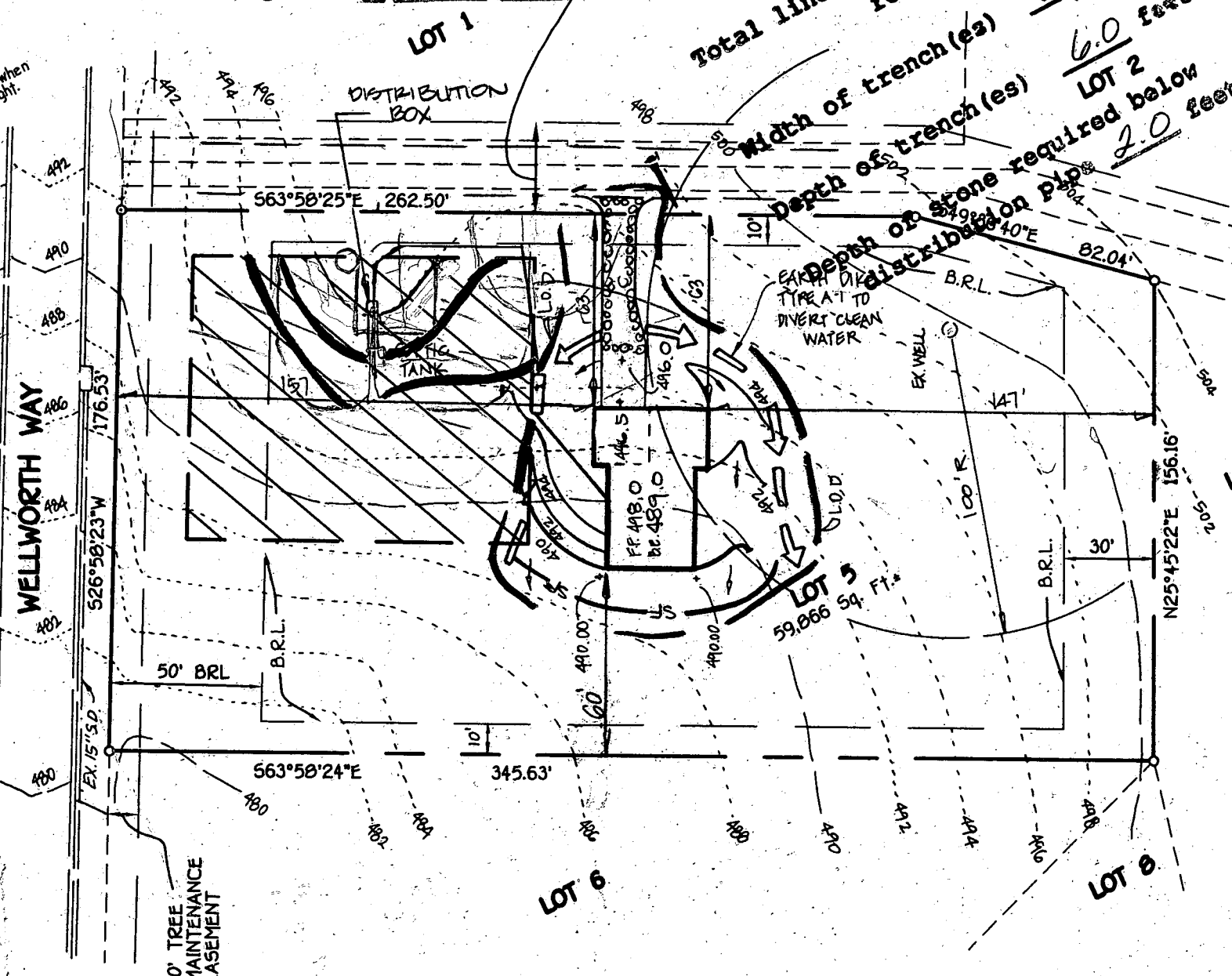
3

Total linear feet of trench
required 300 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Stone required below
paving 2.0 feet



C 1 06772	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.
1' 2' 3' 6' (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A50195-H</u>
ST/CO-USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 07 06 99	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-94-2273</u> 28 29 30 31 32 33 34 35 36 37

OWNER <u>Alteri Homes</u>	first name	TOWN <u>West Friendship</u>
STREET OR RFD <u>Wellworth Way</u>		
SUBDIVISION <u>Friendship Farms</u>	SECTION <u>5</u>	LOT <u>5</u>

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
Overburden	0 15	
Soft Shale	15 56	
Gray Rock	56 300	x
water at 80'		

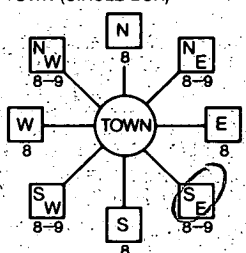
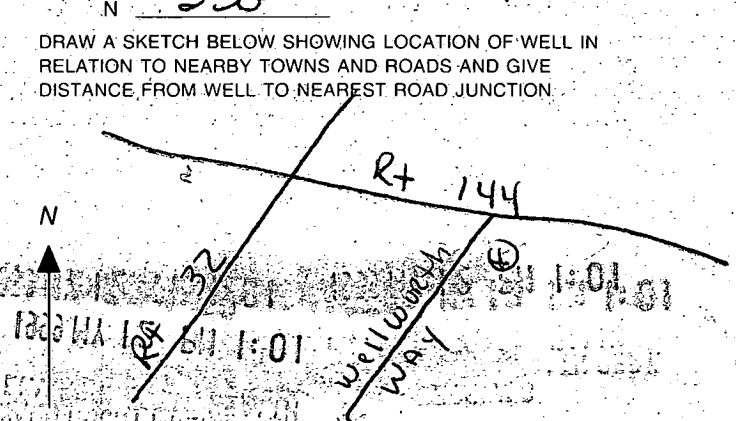
GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes <u>Y</u>	no <u>N</u>
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <u>CM</u>	BENTONITE CLAY <u>BC</u>
NO. OF BAGS <u>15</u>	NO. OF POUNDS <u>1500</u>
GALLONS OF WATER <u>90</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u>	ft. to <u>60</u>
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<u>ST</u> STEEL	<u>CO</u> CONCRETE
<u>PL</u> PLASTIC	<u>OT</u> OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)
<u>PL</u>	<u>6</u>
	Total depth of main casing (nearest foot)
	<u>60</u>

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

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

DEPTH (nearest ft.)	
1 2	3 4
8 9	10 11
12 13	14 15
16 17	18 19
20 21	22 23
24 25	26 27
28 29	30 31
32 33	34 35
36 37	38 39
40 41	42 43
44 45	46 47
48 49	50 51
52 53	54 55
56 57	58 59
60 61	62 63
64 65	66 67
68 69	70 71
72 73	74 75
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84 85	86 87
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200 201	202 203
204 205	206 207
208 209	210 211
212 213	214 215
216 217	218 219
220 221	222 223
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1496 1497	

B 1	7550	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 2273 fill in this form completely
Date Received (APA) 05/12/99 8 MM DD YY 13			B 3 LOCATION OF WELL	
OWNER INFORMATION Alteri Homes 15 Last Name Owner First Name 34 9017 Red Branch Rd 36 Street or RFD 55 Columbia MD 21045 57 Town 70 State 72 Zip 76			8. COUNTY Howard 23 SUBDIVISION Friendship Farms (Oaks at Yardley Hunt) SECTION 5 LOT 50 West Friendship 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 M. I. 73 76 77 78	
DRILLER INFORMATION Paul M. Fabiszak MW D 399 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Rd, Cockeysville 21030 Address Paul M. Fabiszak 5/7/99 Signature Date			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Wellworth Way 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐ 34 100 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) 750 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A50195-H COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S. → DATE ISSUED 05/21/99 A. McMillen 5/21/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 0 0 0 EAST GRID 810 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL			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 810 N 530 000 000	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			7/1/99 10 AM Great not started @ time of insp. 10:30 AS	
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 _____			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 	
REPLACEMENT OR DEEPENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52 _____			Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G A P _____ PERMIT No. HO - 94 - 2273 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/5 + 1/10/00 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Union Paving Company, Inc.

WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: Alfieri Homes

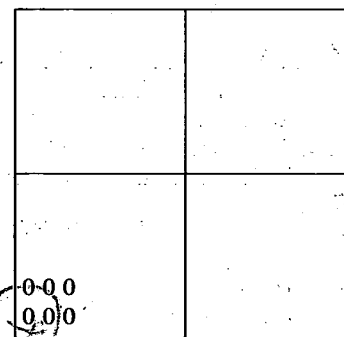
CIRCLE: MWD/MSD/MGD

* WELL LOCATION: 2693 Wellworth Way

COUNTY: Howard
NEAREST TOWN: West Friendship
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: Friendship Farms
SECTION: _____ LOT: 5

MARYLAND GRID COORDINATES

BOX NUMBER
E 810
N 530



SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
_____ BORED/AUGURED ☒ HAND DUG
_____ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
_____ CONCRETE ☒ OTHER (specify)
Terra Cotta

* SIZE OF CASING: 24 INCHES IN DIAMETER

* DEPTH OF WELL: 35 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES ☒ NO

SIGNATURE-MASTER-WELL-DRILLER-OR-SUPERVISING SANITARIAN Mark E. Kellner

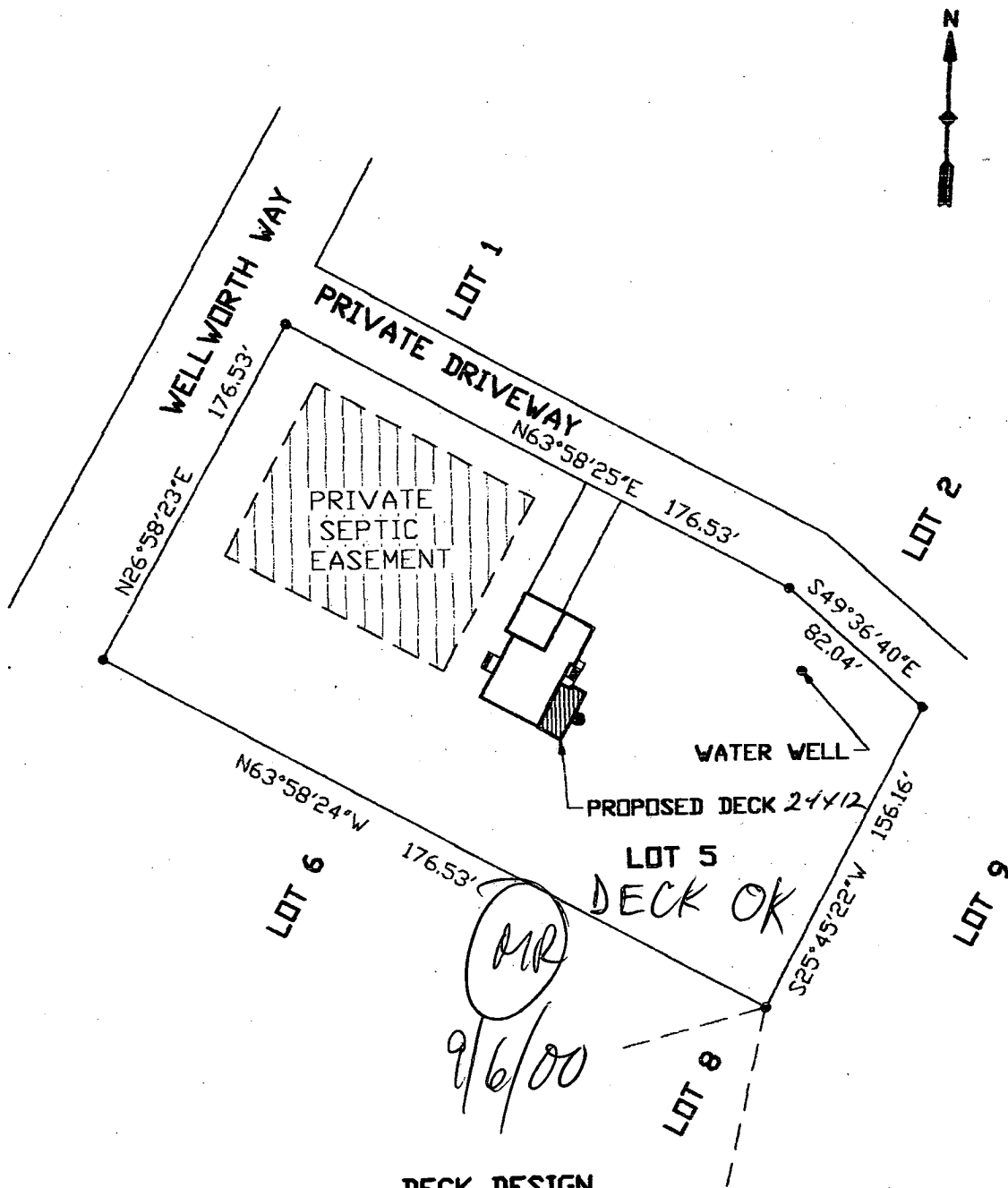
LICENSE # _____

MWD/MSD/MGD

CIRCLE ONE

DATE

DENV 828 JULY 1993



LOT NO.5 FRIENDSHIP FARMS.
(LIBER 4907 FOLIO 0494)
2693 WELLWORTH WAY
WEST FRIENDSHIP, MD 21794

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 300126314	
Building Address <u>2693 Wellworth Way</u> <u>West Friendship MD 21794</u>			Property Owner's Name <u>Valery Tsimmerman</u> Address <u>2693 Wellworth Way</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>		
Suite/Apt. #: <u>6030</u> SDP/WP/Petition #: <u>Friendship Park</u> Census Tract <u>6030</u> Subdivision <u>Friendship Park</u> Section <u>15</u> Area <u>165</u> Lot <u>5</u> Tax Map <u>15</u> Parcel <u>165</u> Grid <u>17</u> Zoning <u>AR200</u> Map Coordinates <u>165</u> Lot size <u>17</u>			Home Phone <u>410-442-4658</u> Work Phone <u>410-442-4658</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ _____ _____		
Existing Use <u>SFID</u> Proposed Use <u>Deck - Residential</u> Estimated Construction Cost \$ <u>7000.00</u> Description of Work <u>Deck on back of house 24x12 w/spiral steps</u>			Contractor Company <u>OWNR</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Occupant or Tenant <u>SHA</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL		
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 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: _____ Dimensions: _____ Footings: <u>Post & Pier</u> Roof: _____ ☐ 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 THEREUNTO; (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 Valery Tsimmerman Print Name Valery Tsimmerman
 Title/Company OWNER Date 09/06/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY Land Development DPZ State Highways Building Official Dev. Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	DATE <u>9/6/00</u> SIGNATURE APPROVAL <u>Mark R. Phipps</u> CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐	DPZ SETBACK INFORMATION Front: <u>50 FT</u> Rear: <u>30 FT</u> Side: <u>10 FT</u> Side St: <u>N/A</u> All minimum setbacks met? YES ☒ NO ☐ Is Entrance Permit required? YES ☒ NO ☐ Historic District? YES ☒ NO ☐ Lot Coverage for New Town Zone <u>N/A</u> SDP/Red-line approval date <u>N/A</u>	PROPERTY ID# <u>43623</u> Filing fee \$ <u>20</u> Permit fee \$ <u>20</u> Excise tax \$ <u>20</u> Sub-total paid \$ <u>20</u> Add'l permit fee \$ <u>20</u> TOTAL FEES \$ <u>20</u> Balance due \$ <u>0.00</u> Check # <u>CAV</u> Validation # _____
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Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

ML
Return
to
indexing
station
for indexing

CEM
EP 06 200

WELLWORTH WAY

N26°58'23"E

176.53'

S63°58'23"E

10' TREE MAINTENANCE ESMT

N63°58'24"W

50' BRL

LOT 5
59,677 Sq.Ft.
1.37 Ac.

FRONT

SEPTIC RESERVE AREA

(SEPTIC SYSTEM IS
LOCATED IN FRONT YARD)

10' BRL

ACCESS

10' BRL

B00132184
8/29/01
Pool O.K.
B/B

101'

50'

EXISTING
RESIDENCE

EXISTING
DRIVEWAY

210 Ln.Ft., 48" HIGH
WOOD FENCE, TO CODE
BY OWNER

20'x40'
POOL

24'

75'

110'

WELL

FILTER
PAD

600 Sq.Ft. BROOM
FINISH CONCRETE
DECK (BY MPI)

262.50'

82.04'

10' BRL

82'