

12/5/00

10:00

12/6/00 P.M.C.O.

RR# 429927

# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514673

A 57659-E

ISSUE DATE 11/28/2000

APPROVAL DATE 12/6/00

## INDEXED

Hatfield's Equipment

IS PERMITTED TO INSTALL  ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172  
 SUBDIVISION Hunterbrooke LOT NUMBER 5 ADDRESS 8104 Huntfield Drive  
 PROPERTY OWNER Winchester Homes PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800  
Greenbelt, MD 20770  
 SEPTIC TANK CAPACITY 1250 GALLONS - WATERTIGHT, COMPARTMENTED  
 PUMP CHAMBER CAPACITY N/A GALLONS TANK WITH WASTEWATER  
 EFFLUENT FILTER  
 NUMBER OF BEDROOMS 4  
 SQUARE FEET PER BEDROOM 180  
 LINEAR FEET OF TRENCH REQUIRED 240 (230 ON SRU)

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth  
6 feet below original grade. 2 feet of stone below distribution box.  
 LOCATION: Place the distribution box 150 feet down the right lot line and 85 feet  
off this same lot line. Run trenches on contour in either direction. B/15/00 OK AU

PLANS APPROVED Mark Rifkin DATE 8/7/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

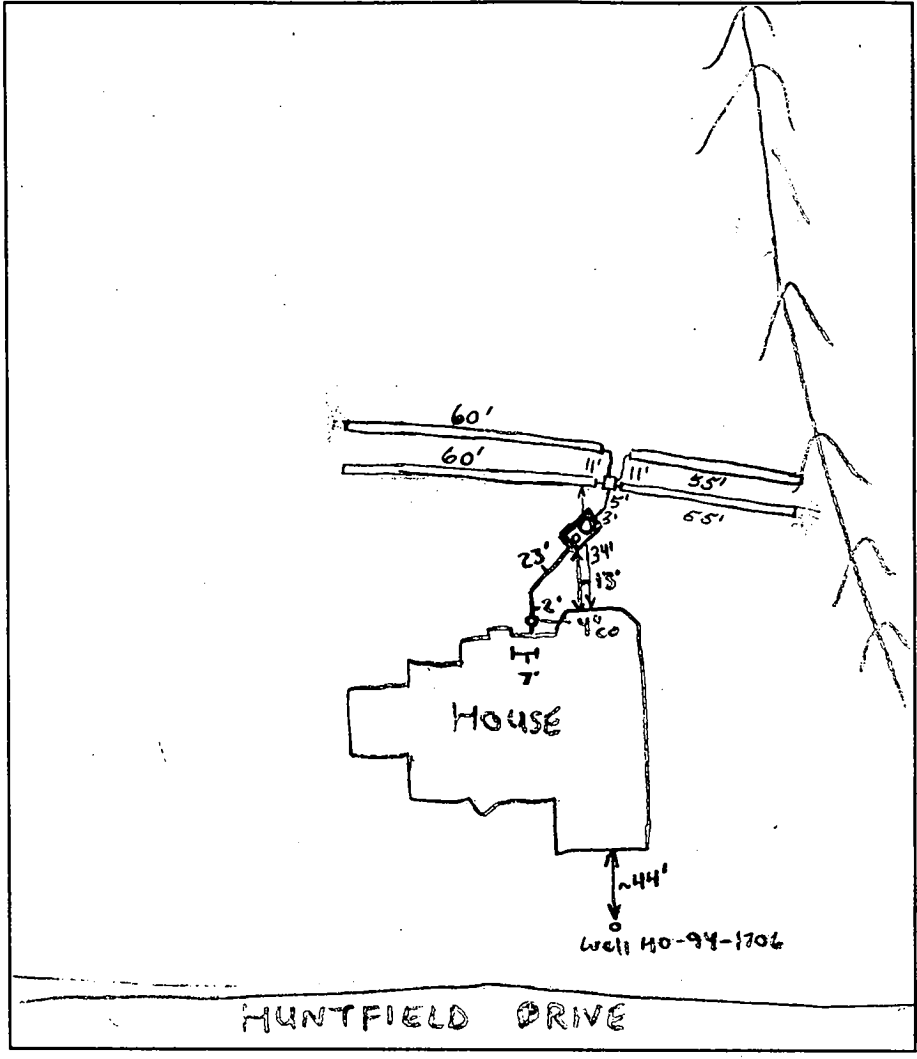
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

PERMITS SIGNATURE  
AND RETURNED 3-28-02  
B00134689-Deck

P 514673

DRAINAGE SWALE TO SWP

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL Levelers

BAFFLE IN DISTRIBUTION BOX Yes

(230')  
OR  
SRK

**SEPTIC TANK DATA**

SEPTIC TANK 1500 GALLONS  
COMPARTMENTED

MANHOLE RISER Yes

6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS N/A

MANHOLE RISER N/A

ALARM N/A

PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: 12/5/00 - OK TO CONTINUE WORK, BP PLAN & INSP VERIFIES THAT ONLY 55' TRENCHES CAN BE RUN TOWARDS THE 273.34 LOT LINE (OK IF 10' SHORT) BECAUSE OF STORMWATER SWALE, OK TO COVER HOUSE SEWER & DO ALL WORK LEAVING 1 TRENCH OPEN FOR INSP (PAPER ON) (SRK)

INSPECTION COMMENTS: 12/6/00 Effluent filter installed. System satisfactory. O.K. to cover. Well not ready for inspection. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 12/6/00

# 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 5th  
31-17  
DATE 1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meinon

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 5

ROAD AND DESCRIPTION Common driveway off Lime Keln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family  
(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. David E. Meinon  
(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

COUNTY #

SOIL PROFILE  
34

0' bright red brn silclm micaceous few pebbles  
3.0 pink micaceous silclm 15% decayed micaceous quartz rocks  
12.0

35

4.0 red brown silclm  
powdery yellow brown silclm <5% micaceous decayed shale frags  
12.0

36

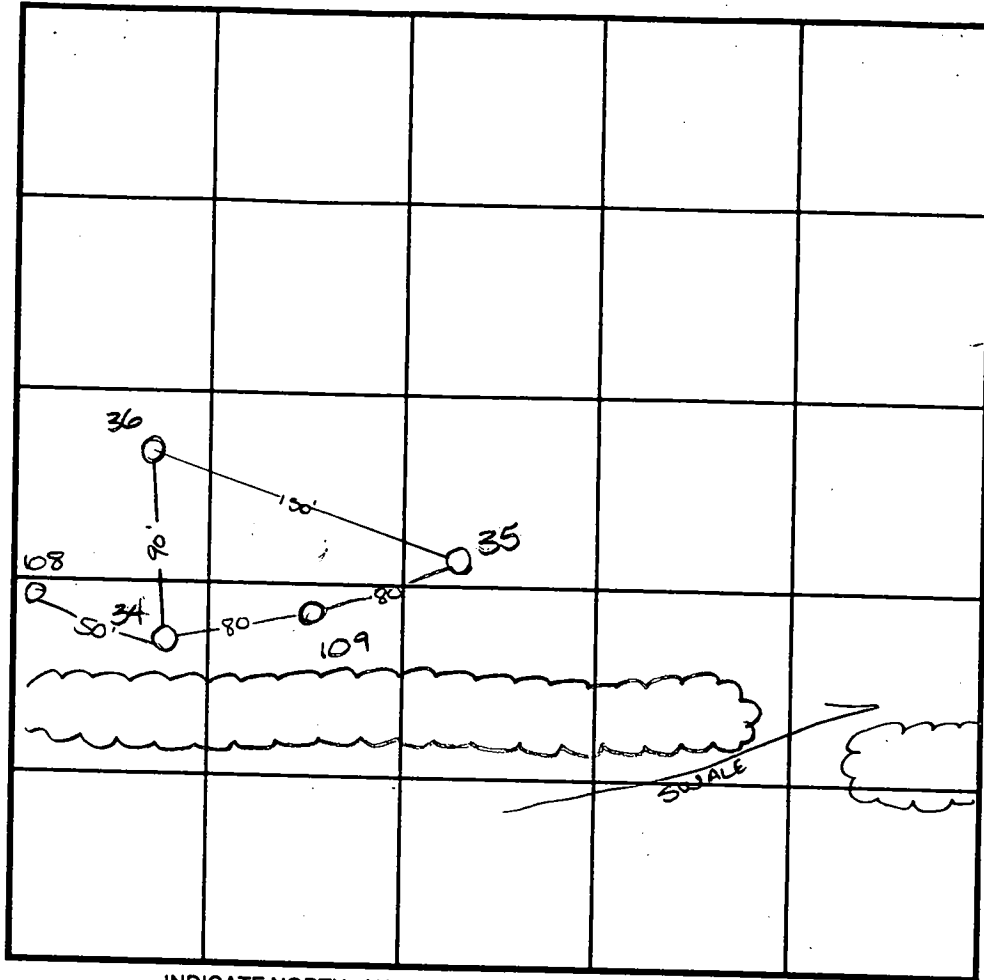
5.0 bright red silclm  
12.0 lgt pink micaceous silclm 15% micaceous shale

SOIL PROFILE  
108

0' orange brn silclm  
5.5 bright red silclm to pink 20% decayed shale  
11.0

109

5.0 lgt orange red silclm  
dk brn silclm 30% decayed Rx Mg on faces  
11.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-29-97	36	6.0 / 12.0	10:59	11:01	11:01	11:05	4min.
	35	5.5 / 12.0	10:24	10:25	10:25	10:27 <sup>30</sup>	2 1/2 min
	34	Visual to 12.0	-		-		OK
9-11-97	108	5.75 / 11.0	9:18 <sup>30</sup>	9:29	9:29	9:59	30min
	109	5.0 / 11.0	9:38 <sup>30</sup>	9:42	9:42	9:58	16min wet

REMARKS 109 Hold for wet season

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2940

DISTRICT 54h  
DATE 1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Folton, MD 20759-0381 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 15

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

CITY #

ROFILE

123

red  
orange  
S/CILM

3.0

pink  
S/SaLm

micaceous

very  
powdery

12.0

124

orange  
S/CILM

3.0

lgt  
orange  
beigh  
S/SaLm

micaceous

30%

small

Rx

blags

11.5

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	
9-11-97	123	Visual to		12.0			OK
	124	4.5 <del>11.5</del>	10:23	10:24 <sup>30</sup>	10:24 <sup>30</sup>	10:26	1 1/2 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 \_\_\_\_\_

# APPLICATION

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P \_\_\_\_\_

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BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT 5th  
DATE 1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Folton, MD 20759-0381 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 5/6

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & p/o 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family  
(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. David F. Meiners  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

ITY#

ROFILE

110

orange brown silty  
bright red silty  
to pink 20% mica shale decayed

5.5

11.0

111

orange brown silty  
red silty strong sub & struet

2.0

4.0

pink silty very micaceous 5-10% decayed mica shale

12.0

112

lgt orange red silty  
dk brn silty 30% decayed

5.0

11.0

SOIL PROFILE

0'


See attached

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-97	110	<del>5.0</del> 7.5	9:20	9:22	9:22	9:25	3min
	111	<del>4.5</del> 12.0	1:33 <sup>15</sup>	1:34 <sup>15</sup>	1:34 <sup>15</sup>	1:36 <sup>45</sup>	1 1/2 min
	112	<del>5.5</del> 11.0	9:41 <sup>30</sup>	9:42	9:42	9:44	2min

REMARKS 112 needs wet season

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

TESTED BY Amy McMillan ALSO PRESENT \_\_\_\_\_

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

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

**04018** SEQUENCE NO. (MDE USE ONLY) **256** **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE** COUNTY NUMBER **A57659E**

ST/CO USE ONLY DATE Received **MM 10 23 98** DATE WELL COMPLETED **MM 10 15 98** Depth of Well **400** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-1706**

OWNER **Winchester Homes** last name **Hutter Ln** first name TOWN **Fulton**

STREET OR RFD SUBDIVISION **Hunterbrooke** SECTION LOT **5**

**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	1	
B. Micaceous clay	1	10	
Br. Wick	10	66	
Th. Wick	66	75	
Grey sandstone	75	125	
Th. Wick	125	127	
Grey sandstone	127	150	
Greenite	150	400	

**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 **37** NO. OF POUNDS **3700**

GALLONS OF WATER **185**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **65** ft.

**CASING RECORD**

cases types insert appropriate code below

**ST** STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **80**

**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

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED  YES  NO

CIRCLE APPROPRIATE LETTER

**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

**E** ELECTRIC LOG OBTAINED

**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD 040**

**Reyn F. Easterday**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MWD 386**

**Wally Blaylock**

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

**DEPTH (nearest ft.)**

**NO** **78** **400**

E A C H S R E E N

1 2 3

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) from 56 to 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **12**

METHOD USED TO MEASURE PUMPING RATE **Bucholtz**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **35** ft.

WHEN PUMPING **148** ft.

TYPE OF PUMP USED (for test)

air  piston  turbine

centrifugal  rotary  other (describe below)

jet  submersible

**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) 31 35

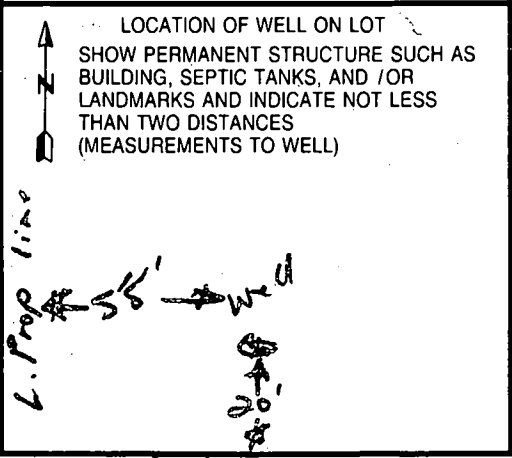
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

**+** above **2** (nearest foot)

**-** below





B 1 **6887**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

**HO-94-1706**  
fill in this form completely

Date Received (APA)

**8/28/98**

OWNER INFORMATION **RN 7572**

B 3

LOCATION OF WELL

**Howard**

CC#

8 COUNTY

**Hunterbrooke**

23 SUBDIVISION

SECTION **5**

LOT **5**

**Fulton**

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **0**

**Winchester Homes, Inc.**

15 Last Name Owner First Name 34

**6305 Ivy Lane, Suite 700**

36 Street or RFD 55

**Greenbelt, Md. 20770**

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

**George F. Easterday**

**M WD 040**

Driller's Name 76 License No. 81

**L. Franklin Easterday, Inc.**

Firm Name

**9265 Brown Church Rd., MT. Airy, Md. 21771**

Address

Signature **George F. Easterday** Date **8/26/1998**

B 2 WELL INFORMATION

**5**

APPROX. PUMPING RATE (GAL. PER MIN.)

**500**

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

**500**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard Co**

**AS 7659E**

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S →

DATE ISSUED

**9/2/98**

EXP. DATE

**9/2/99**

43 MM DD YY 48

CO SIGNATURE

41

NORTH GRID

**470 000**

EAST GRID

**820 000**

50 55

57 63

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted & DRIVEN

AIR-ROTARY

AIR-PERCussion

ROTARY (Hydraulic Rotary)

CABLE

REVerse-ROTary

DRive-POINT

other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER

**54**

G A P

**63**

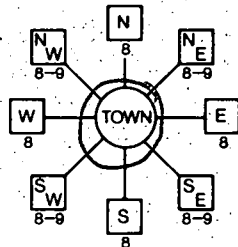
PERMIT No. **HO-94-1706**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED.

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Hunter Drive**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **25** 37

DISTANCE FROM ROAD

ENTER FT OR MI **25** Ft. 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

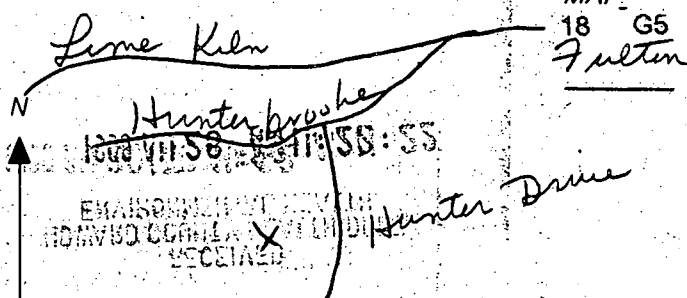
- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**E 820**

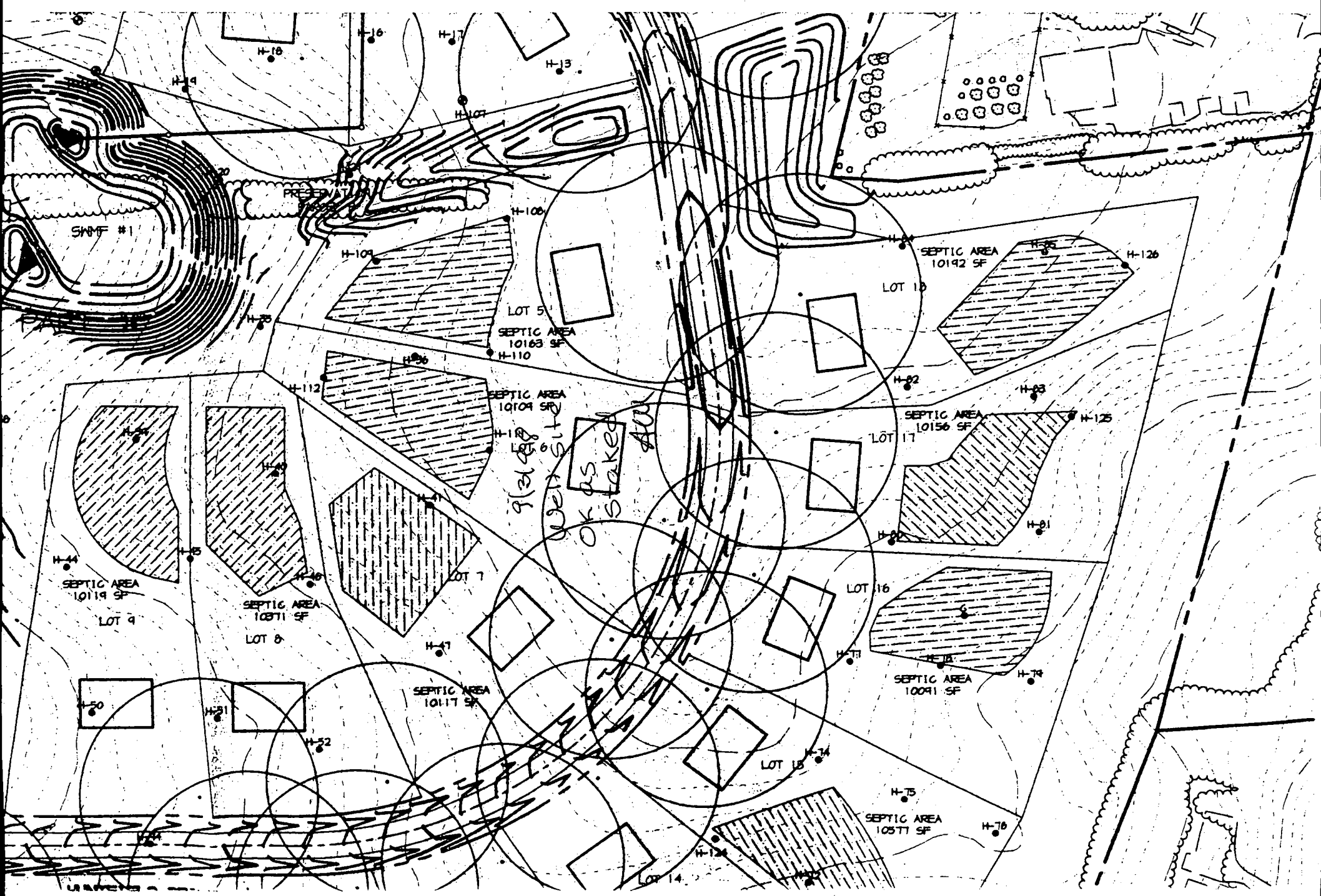
**N 470**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



MAP **18 G5**  
**Fulton**

EMERGENCY PERMIT TO DRILL WELL  
RECEIVED



SWMF #1

PRESERVATION

LOT 5

SEPTIC AREA  
10163 SF

LOT 13

SEPTIC AREA  
10192 SF

SEPTIC AREA  
10104 SF

LOT 17

SEPTIC AREA  
10156 SF

SEPTIC AREA  
10119 SF

LOT 4

SEPTIC AREA  
10871 SF

LOT 6

SEPTIC AREA  
10117 SF

LOT 16

SEPTIC AREA  
10071 SF

SEPTIC AREA  
10571 SF

9/21/18  
P1312100  
OK as staked  
AW

To State 1/16/01  
410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
8265 BROWN CHURCH RD  
Address: MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Lester S. Moons Jr. License# NWDP11  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Winchester Homes Telephone #: \_\_\_\_\_  
Subdivision: Huntbrook Lot #: 5 Well Tag #: HO-94-1706  
Site Address: 8104 Huntfield Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: martinson Two piece watertight cap: \_\_\_\_\_  
Model #: 5607422 Model#: B-10X Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 3 1/2 (36" min) Cap secured to casing: yes  
Well Yield: 12 GPM NSF approved: \_\_\_\_\_ Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 390 (feet) Conduit secured to well cap: yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt Attached to PA

Piping to house House Connection  
Type: PE PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 200 (160 psi min) Approximate length of sleeve: 5ft  
Depth of supply line: 3 1/2 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Frankie Easterday 12-5-00  
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 12/6/00 Date Insp. Approved: 12/7/00 (BB) SR4  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

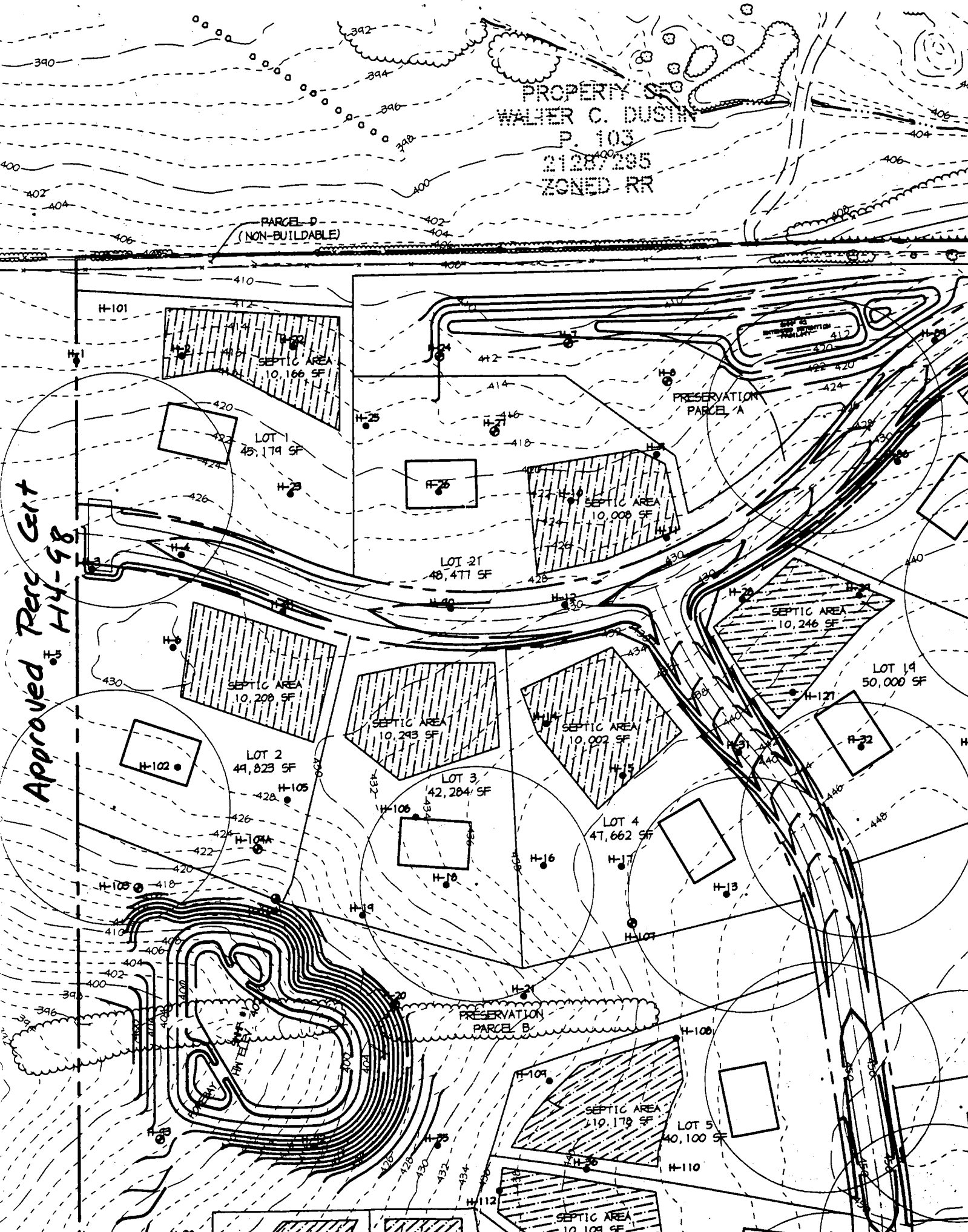
PROPERTY OF  
WALTER C. DUSTIN  
P. 103  
21287285  
ZONED RR

PARCEL D  
(NON-BUILDABLE)

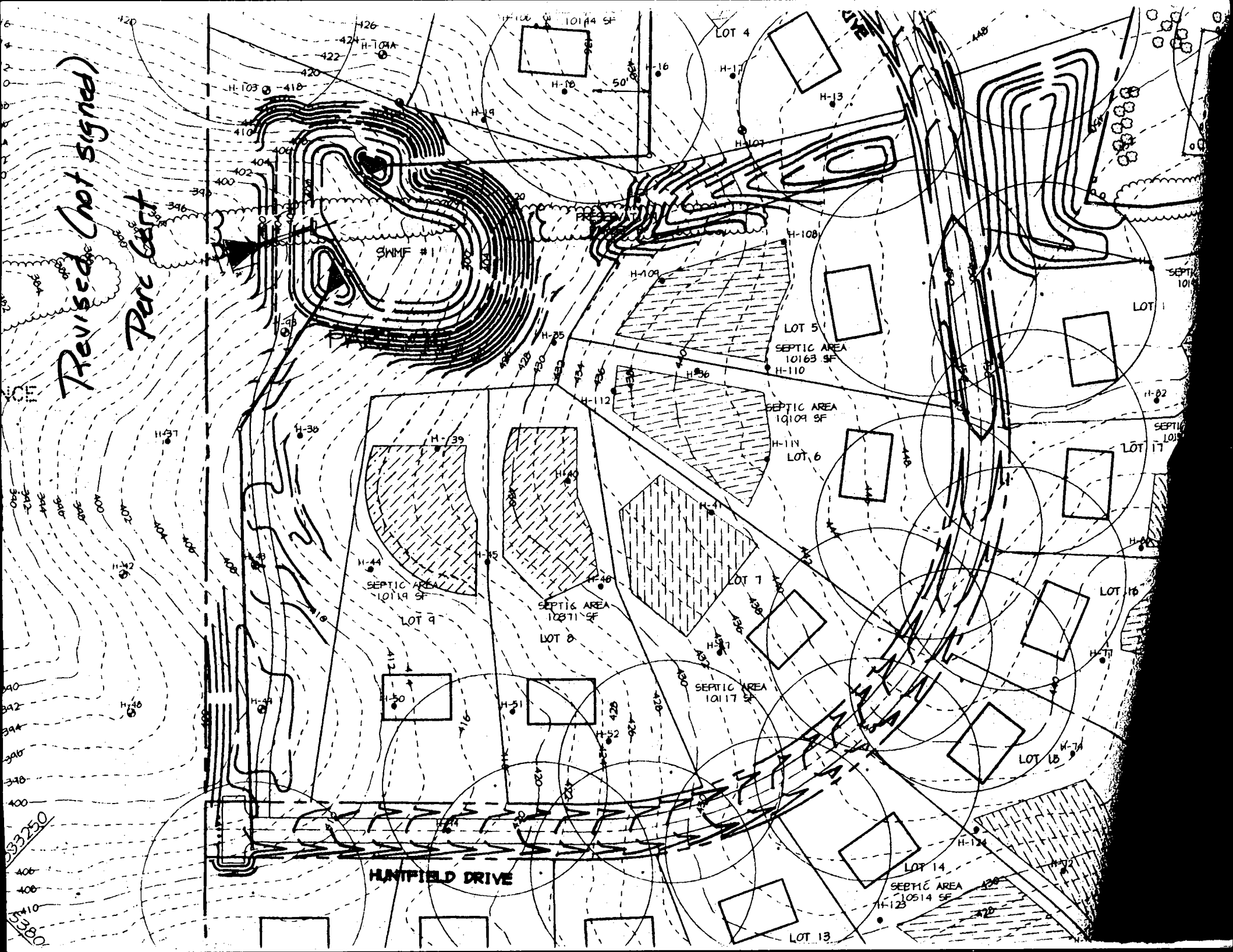
PRESERVATION  
PARCEL A

PRESERVATION  
PARCEL B

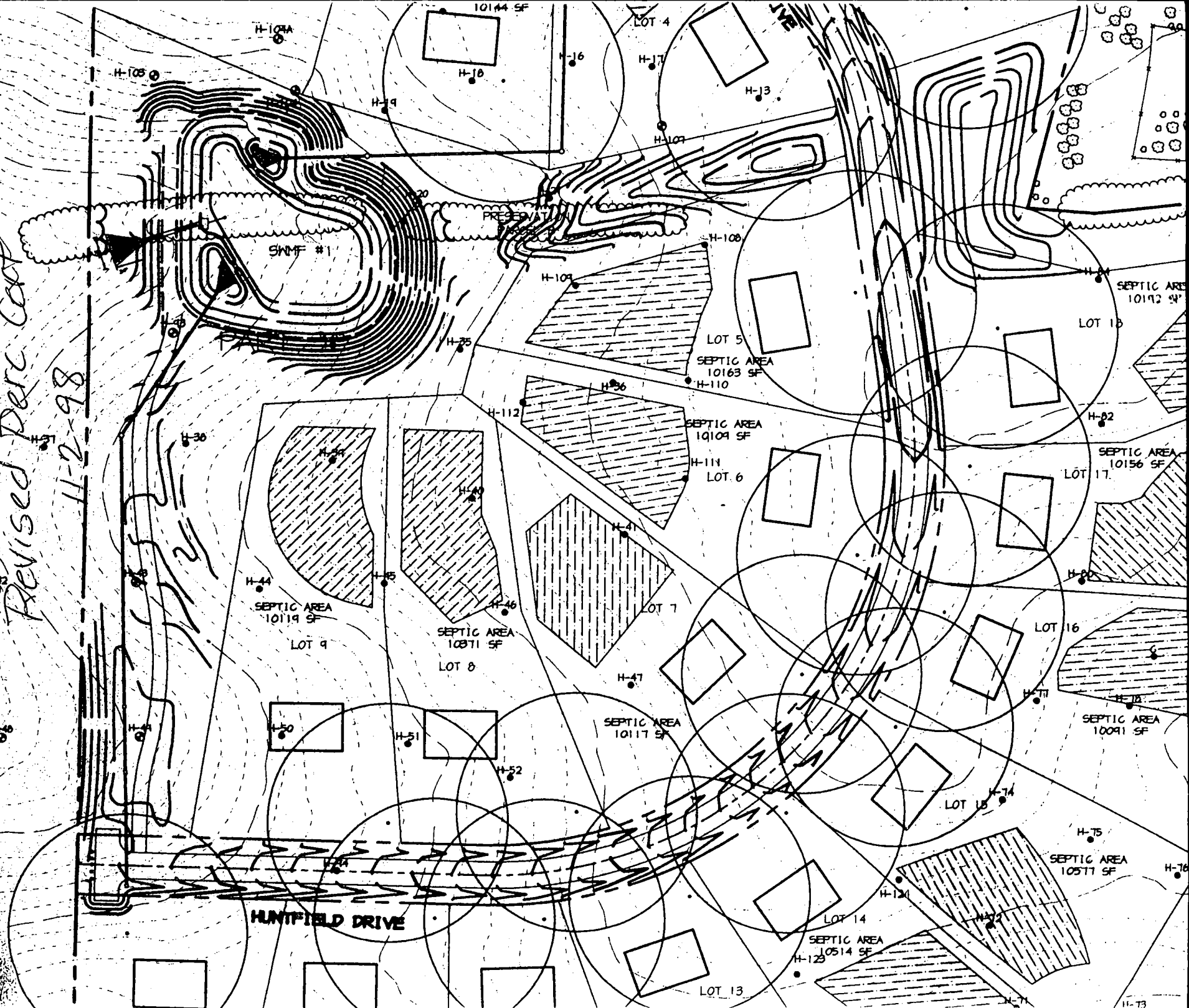
Approved Perc Cert  
# H4-98

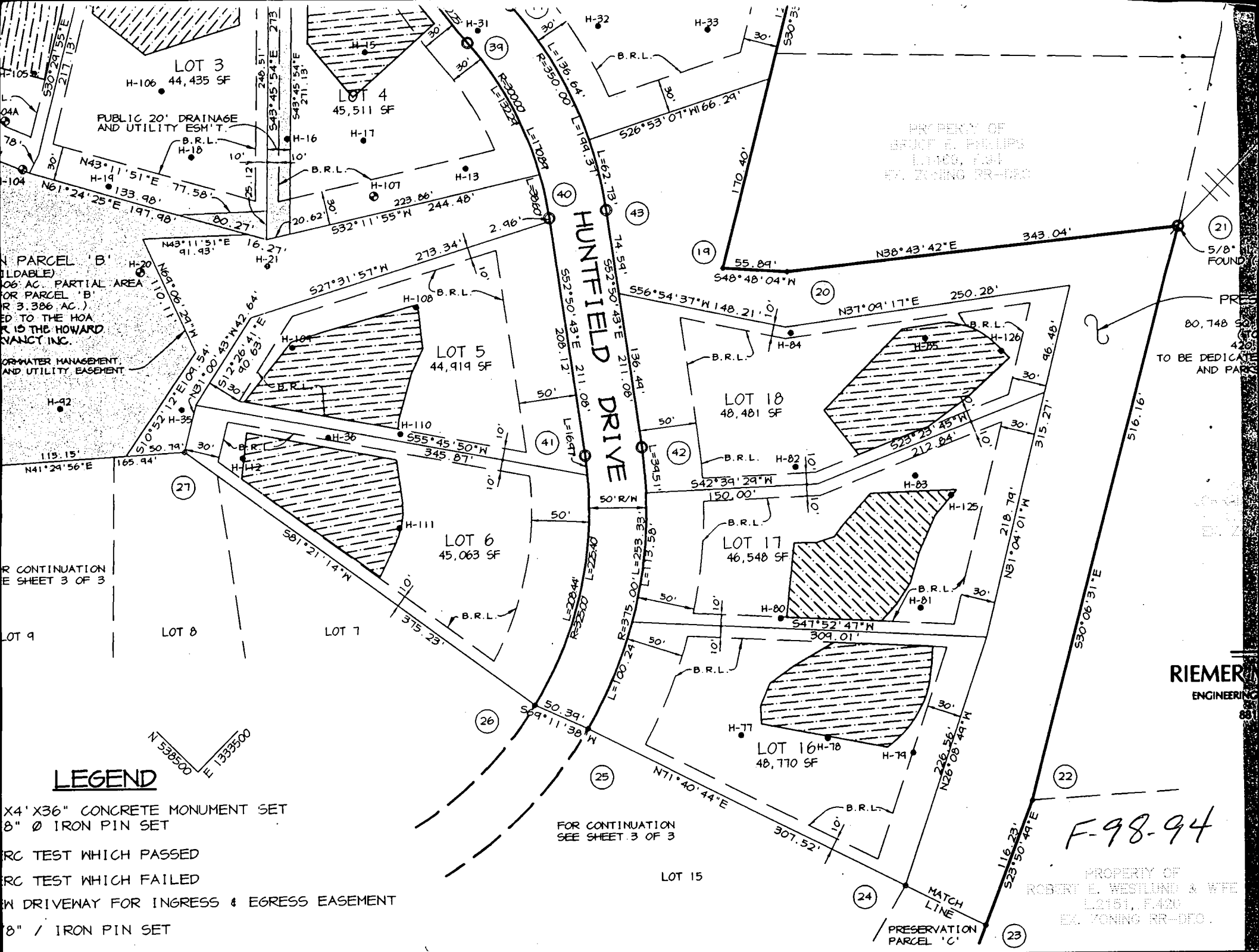


Revised (not signed)  
Per Cent



Revised Perc Cat  
11-2-98





PROPERTY OF  
 BRUCE E. PHILLIPS  
 L1109, F434  
 EX. ZONING RR-DFO

PRE  
 80,748 S  
 42  
 TO BE DEDICATE  
 AND PAR

RIEMER  
 ENGINEERING  
 68

F-98-94

PROPERTY OF  
 ROBERT E. WESTLUND & WIFE  
 L2151, F420  
 EX. ZONING RR-DFO

**LEGEND**

- X4'X36" CONCRETE MONUMENT SET
- 8" Ø IRON PIN SET
- ARC TEST WHICH PASSED
- ARC TEST WHICH FAILED
- 1/2" W DRIVEWAY FOR INGRESS & EGRESS EASEMENT
- 8" / IRON PIN SET

FOR CONTINUATION  
 SEE SHEET 3 OF 3

LOT 15

MATCH  
 LINE  
 PRESERVATION  
 PARCEL 'C'



Building Address: 8104 Huntfield Drive  
Fulton, Md. 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract: 6051.07 Subdivision: Hunterbrooke

Section: N/A Area: N/A Lot: 5

Tax Map: 46 Parcel: 360 Grid: 2

Zoning: RR Map Coordinates: 146.5 Lot size: 44,919.1

Property Owner's Name: Winchester Homes  
 Address: 6305 Ivy Ln. # 800  
 City: Groveton State: MD Zip Code: 20770  
 Home Phone: \_\_\_\_\_ Work Phone: 301 489-1144  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone: 301 489-1144 Fax: 301 474-0898

Existing Use: Vacant  
 Proposed Use: Residential Single Family  
 Estimated Construction Cost: \$ 180,000

Description of Work: RANDALL w/side solarium  
3 car garage, 2 story finished basmt,  
11R, 4FA, 1HB fl solarium 4 BR, 3 car

Contractor Company: Winchester Homes, Inc  
 Contact Person: Carol Viers  
 Address: Same As Above  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupant or Tenant: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer or Architect Company: Reimer, Mueser & Associates  
 Contact Person: Dale Medary  
 Address: 8818 Centre Park Dr  
 City: Columbia State: MD Zip Code: 21045  
 Phone: 410 997-8900 Fax: 410 997-9282

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>62</u> Depth <u>76</u> Width <u>76</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>52</u> Depth <u>60</u> Width <u>76</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>47</u> Depth <u>76</u> Width <u>76</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: <u>16x8</u> Roof: <u>7/16 Gable</u>	State Certified Modular _____ Manufactured Home _____

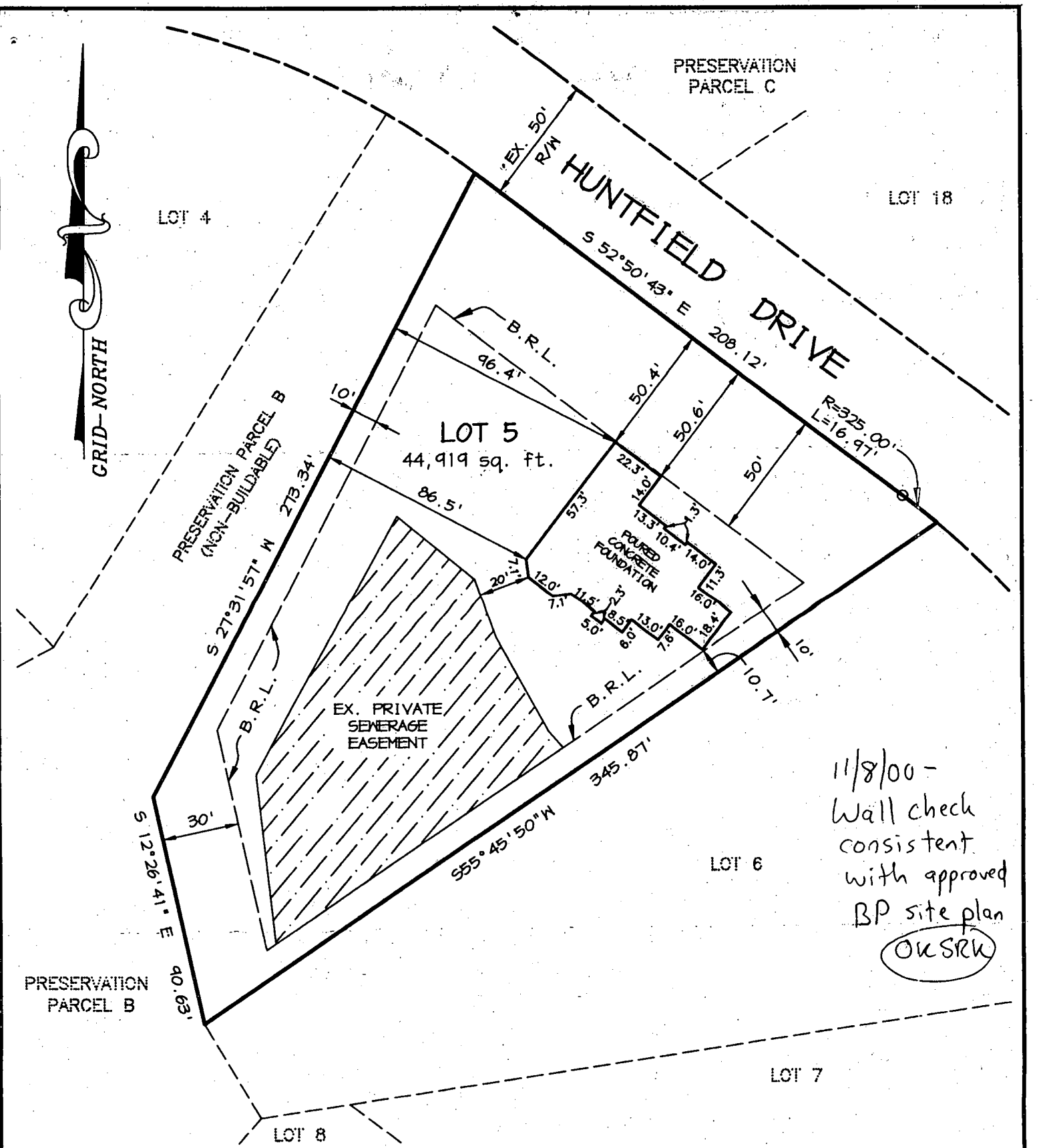
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREUNTO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Applicant's Signature: Carol Viers Print Name: Carol Viers  
 Title/Company: \_\_\_\_\_ Date: 7-27-00

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

AGENCY: _____ DATE: <u>8/7/00</u> SIGNATURE APPROVAL: <u>Mark E. Kaplan</u> <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection <input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by: <u>[Signature]</u>	PROPERTY ID#: <u>47323</u> Filing fee \$ <u>75.00</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>6671</u> Validation # <u>33543</u>
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CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:



11/8/00 -  
Wall check  
consistent  
with approved  
BP site plan  
OK SRK

B.R.L. DENOTES BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEVATION = 454.2

- NOTE:
- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
  - b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
  - c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0042B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.



*Arthur E. Muegge*  
ARTHUR E. MUEGGE #10751

<b>RIEMER MUEGGE &amp; ASSOCIATES, INC.</b> SUITE 200 8818 CENTRE PARK DRIVE COLUMBIA, MARYLAND 21045  TELEPHONE (410) 997-8900 FAX (410) 997-9282	<b>LOCATION DRAWING</b>  <b>LOT 5</b> <b>HUNTERBROOKE</b> 5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND PLAT Nos. 13489 THRU 13491
SCALE: 1"=50' PROJ. No. 990999 DRAWN BY: R.A.H. DATE: 10-10-00	

Building Address 8104 Huntfield Drive  
Fulton 20757

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 25102 Subdivision Huntfield

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 76 Parcel 362 Grid 87

Zoning 400 Map Coordinates 1865 Lot size \_\_\_\_\_

Property Owner's Name Tanya Zucys

Address 8104 Huntfield Drive

City Fulton State MD Zip Code 20759

Home Phone 301-362-6883 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Deck

Proposed Use Deck

Estimated Construction Cost \$ 80500

Description of Work 2 section deck  
13'x16', 16'x14 and  
with steps

Contractor Company Blake Contractors

Contact Person Paul Blake

Address 4401 Wiltier Ave

City Baltimore State MD Zip Code 21214

License No. 18142

Phone 410-254-4447 Fax Some

Occupant or Tenant \_\_\_\_\_

Contact Name Some

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

Applicant's Signature Tanya Zucys  
Act

Title/Company \_\_\_\_\_

Print Name Tanya Zucys

Date 3/1/02

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#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	6-2323
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>4117</u> Validation # <u>11702</u>
Building Official			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ	<u>3/28/02</u>	<u>Mark Kell</u>	For Coverage for New Town Zone SDP/Red-line approval date _____	
Health				
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Accepted by [Signature]

