

approved 8/13/84
Stayer

PERMIT

P 34192

SEWAGE DISPOSAL SYSTEM

A 26339

MARYLAND STATE DEPARTMENT OF HEALTH

05-356326

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

DISTRICT 5th.

DATE 8/8/84

as possible
8/10/84
AS soon as possible

William T. Cumberland, III IS PERMITTED TO INSTALL ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, Maryland 21797 PHONE 489-4457

SUBDIVISION Kalmia Farms ROAD 5213 Kalmia Road LOT 4, Sec. 1

PROPERTY OWNER Ren Bowman Azoulay
ADDRESS 14124 Grand Pre Road
Silver Spring, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 287 sq. ft. per bedroom with garbage grinder. Trench to be 2 feet wide. Inlet 3 1/2-4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 3 1/2 feet below original grade with 6-6 1/2 feet of stone below distribution pipe.

LOCATION: Start the trench 130 feet from the left side line and 10 feet from the front lot line continue to dig the trench on level ground. Place consecutive trenches if needed parallel to the first and 12 feet downhill of the first trench. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for two inspections - before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUILDING PERMIT SIGNED AND RETURNED

3/19/04 800146355-UG PROPANE TANK

BLOG PERMITS SIGNED AND RETURNED 5/10/00
2 car garage
300024102

BLOG. PERMIT SIGNED AND RETURNED 4/6/89
Serial # 24423-pm

PLANS APPROVED BY Frank Skinner DATE 6/13/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

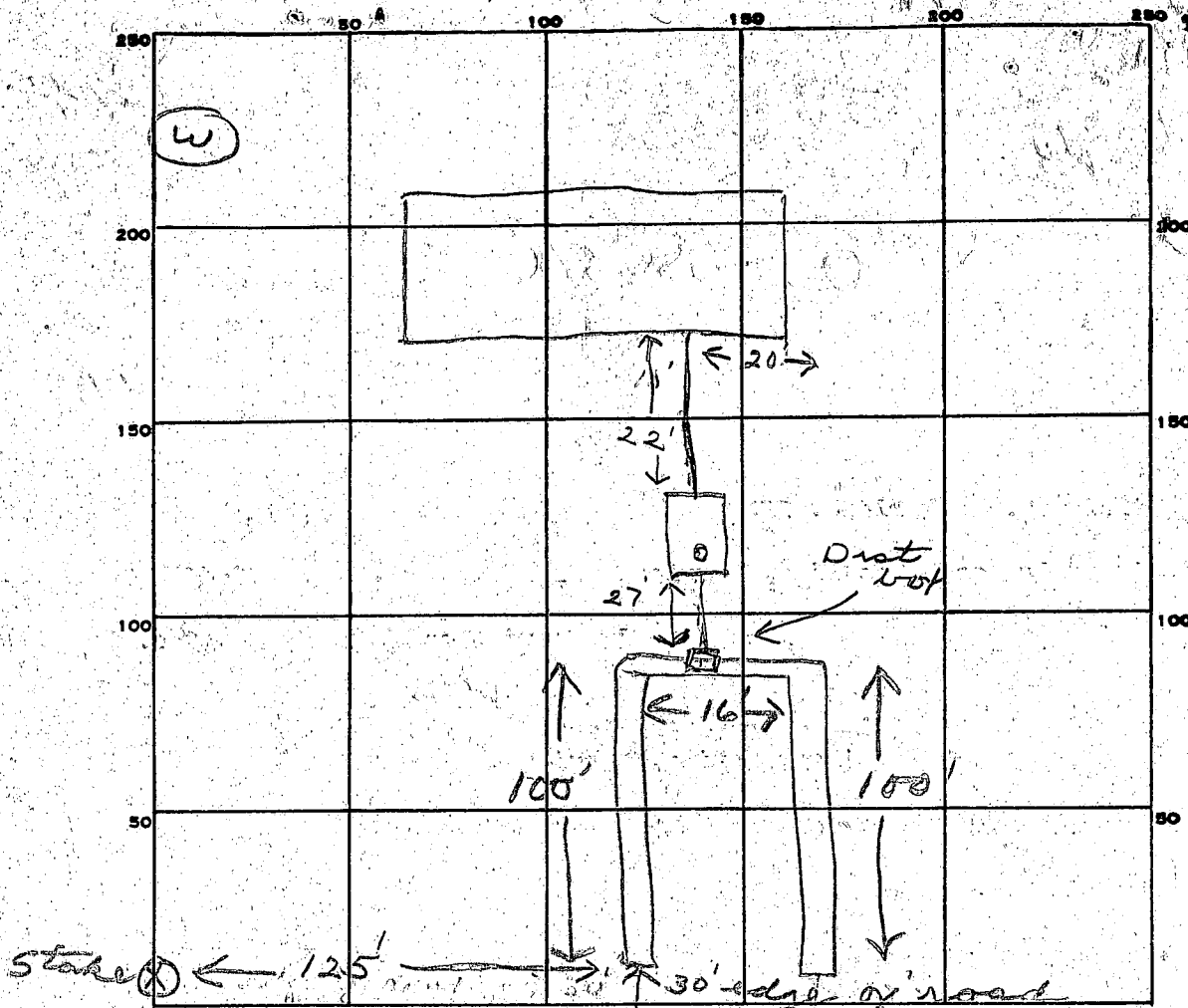
BLOG. PERMIT SIGNED AND RETURNED 9/9/89
Serial # 29936-purpulent

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

26339



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Helena Rd

PERMIT CARD

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. BUILDING PERMIT SIGNED

GRAVEL DEPTH 6 IN. TOTAL LENGTH 200 FT. AND RETURNED

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 1200

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1200 SQ. FT.

REMARKS 8/10/84 OK to add stone in trenches. J

8/13/84 OK to cover all work J

DATE SYSTEM APPROVED 8/13/84 INSPECTOR Stayer

APPLICATION

A 26339

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tanks { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
DISTRICT _____
DATE _____

Dry well to have 185 sqft effective absorption
sidewall area per bedroom below inlet. Inlet to be 3 1/2'
below original grade (and maximum depth 11'. Location
per engineer's plat: 150' from Kalmia Drive & 85' from right
property line when facing lot from road.

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 Kimburthill Inc. Ron Bowmen

ADDRESS 2901 ^{Olney} Nandy Springs Rd Silver Springs, Md PHONE 774-4500
460-5456

PROPERTY LOCATION:
SUBDIVISION KALMIA FARMS SEC. I. LOT NO. (Redesignated per area) #4

ROAD AND DESCRIPTION TRIADELPHIA MILL ROAD
5213 Kalmia Road

SIZE OF LOT 3 acres m/l. TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT _____

APPROVED BY C.B. Streaker FOR Dry Well DATE 2/13/79
(KIND OF SYSTEM)

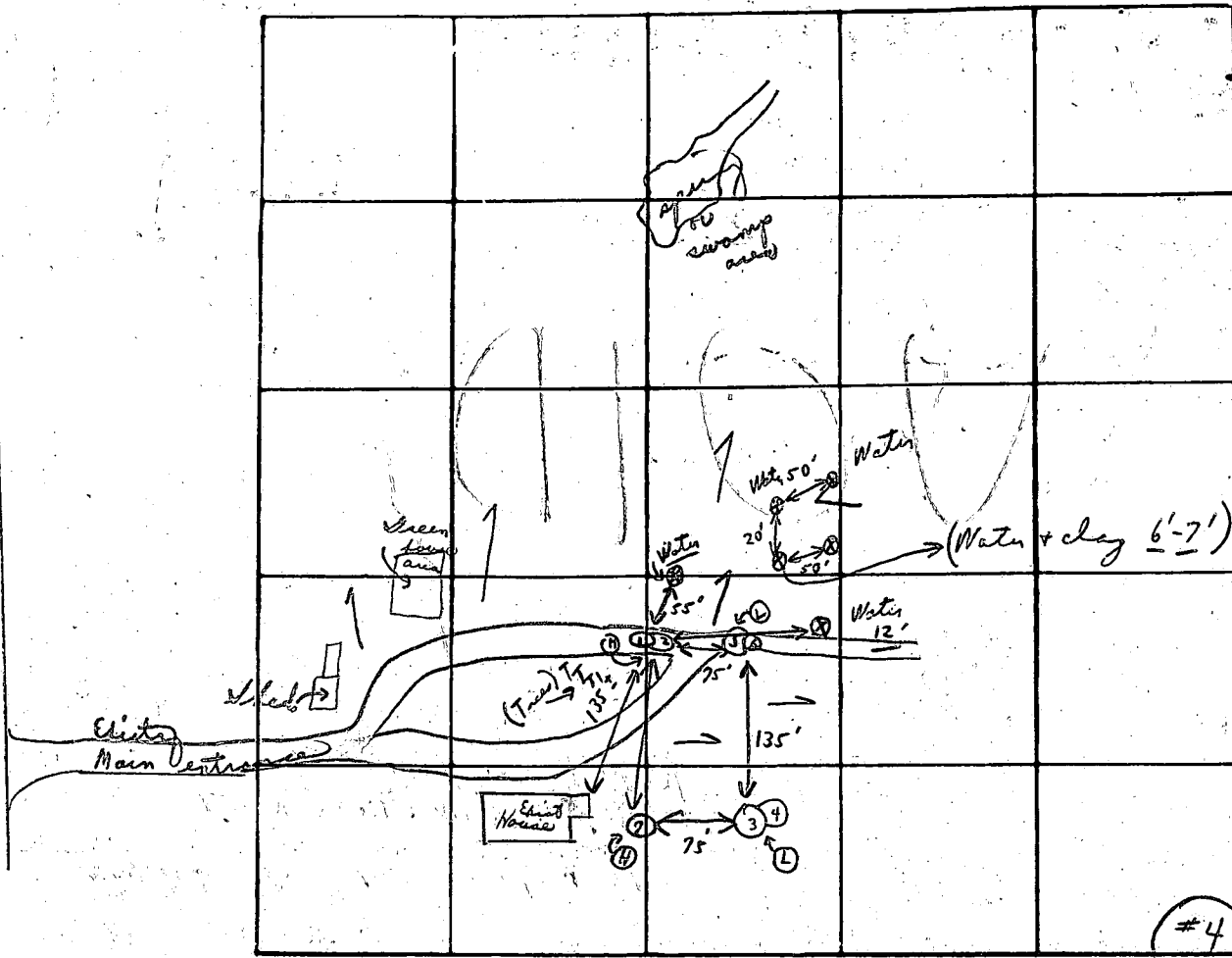
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

3/1/79 Officer - was sampled for holes. Hold for certified
holes C.B.S. BLDG. PERMIT SIGNED AND RETURNED 7/16/83
Serial # 57425

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

#4 { Redesignated }
= { pure area }

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/16/78	1	3 1/2'	10:08	10:11 ^{out}	10:11	10:15	4 min	
	(H) 2	14'	10:08	10:21	10:21	10:50 ^{out}	29 min	
	3	3 1/2'	11:25	11:27	11:27	11:35	8 min	
	(L) 4	12 1/2'	11:25	11:30	11:30	11:40	10 min	
	5	2 1/2'	10:10	10:13	10:13	10:16	3 min	
	(L) 6 A	13'	10:10	10:30	10:30	11:05	(Hard packed higher) 1/2"	
	(H) 7	3'-12 1/2'	(Visual similar to others)					
	6 B	12'	11:11	11:13	11:13	11:21	8 min	
							62	

Below
(2) clay
(1) snow
(3) sandy loam

} 17 in avg
Inlet
3 1/2'

Office copy (Cold - snow on ground)
REMARKS

TYPE OF SOIL loamy

TESTED BY C. B. D.

- ① 2/10/78 C.B. D. + M. B. ^{Water}
- ② 2/15/78 C.B. D. only ^{Water}
- ③ Different area higher C.B. D. only

ALSO PRESENT:

{ Field test area } 2/16/78 { 2 of Fjock men
Dennis of Boender

3 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0135

PLEASE BE PUNCHED IN ALL CARDS

please print or type

fill in this form completely

OWNER INFORMATION

Date Received: 02/01/83

15 Last Name: Bowman
Owner First Name: Ronald

36 Street or RFD: 14124 Grand Prix Rd

57 Town: Silver Springs MD 20900

LOCATION OF WELL

8 COUNTY: Howard

23 SUBDIVISION: Kalmia Farms

SECTION: 1 LOT: 4

52 NEAREST TOWN: Dayton

MILES FROM TOWN (enter 0 if in town): 2 MI

DRILLER INFORMATION

Driller's Name: Wm. W. Reichart License No. 064

Firm Name: Wm. W. Reichart, Inc.

Address: RD #2 Box 54 Hanover PA 17331

Signature: Wm. W. Reichart Date: 5/27/83

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: Kalmia Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): EAST

DISTANCE FROM ROAD: 155 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO. A26339

OEP SIGNATURE: Frank Skypin DATE ISSUED: 6/13/83

NORTH GRID: 507 000 EAST GRID: 95 000

APPROXIMATE DEPTH OF WELL: 250 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: _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRINKING WATER: 6/29/83 Approved well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 5
N 500 7

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

Sketch: Dayton, Green Bridge Rd, Kalmia Dr, Philadelphia Rd

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

THIS WELL WILL DEEPEM AN EXISTING WELL

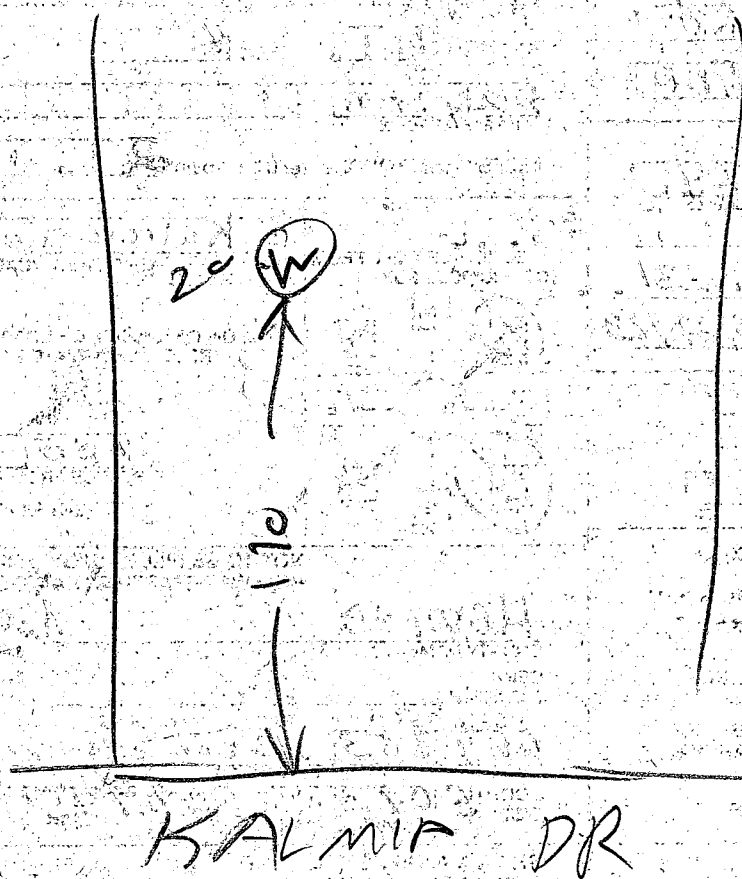
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: _____

FORCE INITIALS IN BOX: FS PERMIT NO.: 40-81-0135

SPECIAL CONDITIONS



6/29/83

- ① 87 FT CASING
- ② LOCATION OK
- ③ 35 FT OPEN HOLE MEASURED WITH A STRING
- ④ 14 BAGS CEMENT USED
- ⑤ WELL 0.7

PUMP TEST BY HOWBES
TODAY ALSO

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0135
 Location of property (road) Kalmia Drive
 Subdivision Kalmia Farms Lot 4 Block Plat Sec. 1
 Well Driller Wm. W. Reichart Owner Ronald Bowman

Depth of well 200'
 Distance of measuring point (M.P.) above ground surface
 Static water level (S.W.L.) below M.P. 20'

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 AM Pumping rate 8 1/2 gpm
 Total time 45 min. to reach pumping water level 90' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	20'	35 sec		8 1/2
9:30	55'	"		"
9:45	75'	"		"
10:00	90'	"		"
10:15	"	"		"
10:30	"	"		"
10:45	"	"		"
11:00	"	"		"
11:15	"	"		"
11:30	"	"		"
11:45	"	"		"
12:00	"	"		"
12:15	"	"		"
12:30	"	"		"
12:45	"	"		"
1:00	"	"		"
1:15	"	"		"
1:30	"	"		"
1:45	"	"		"
2:00	90'	35 sec		8 1/2

C1 0725 SEQUENCE NO. (OEP USE ONLY)

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 26339

DATE RECEIVED

DATE WELL COMPLETED 62983

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0135

OWNER Bowman Ronald last name first name TOWN Dayton SUBDIVISION Kalmia Farms SECTION 1 LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include rolling ground gravel, schist water, schist water, schist.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 14, NO. OF POUNDS 1344, GALLONS OF WATER 98, DEPTH OF GROUT SEAL 82 ft.

CASING RECORD: casing types ST CO (STEEL CONCRETE), PL OT (PLASTIC OTHER), MAIN CASING TYPE ST, diameter 60, total depth 86.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type HO (OPEN HOLE), diameter 86, slot size 1, 2, 3.

DEPTH (nearest ft.) table with columns for depth intervals and screen diameter.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 064

DRILLERS SIGNATURE: Wm. H. R. ...

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

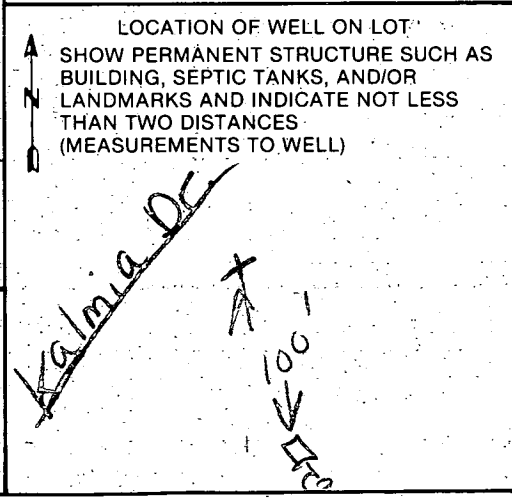
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 5, PUMPING RATE 8.5 gal. per min., MEASURE PUMPING RATE watch bucket, WATER LEVEL 20 BEFORE PUMPING, 90 WHEN PUMPING, TYPE OF PUMP USED S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+) above, (-) below LAND SURFACE



RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

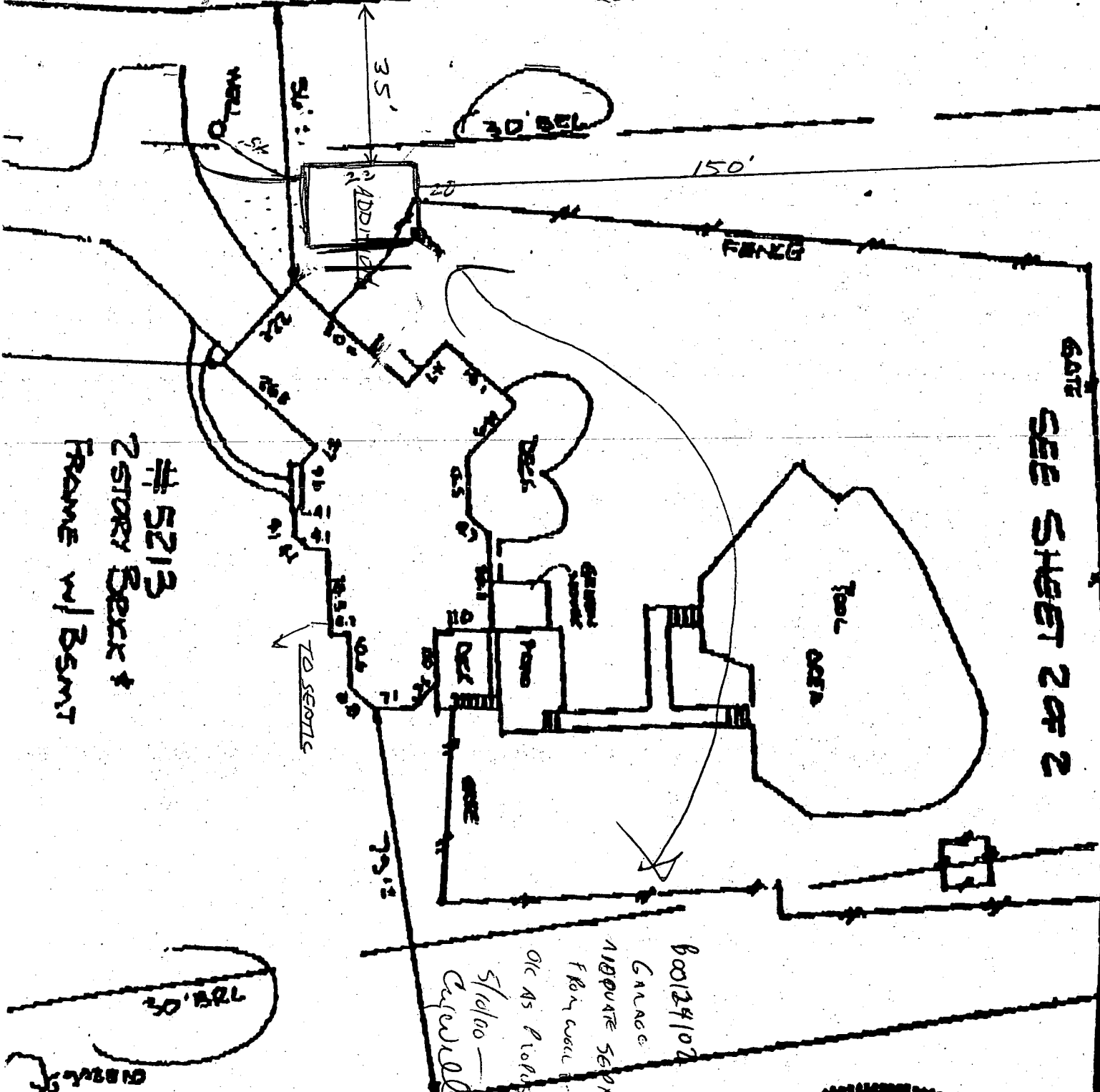
2000 MY 10 PM 2:55

within the limits of the 100 year flood
plain as shown on FIRM Panel No. 25

Date of Map: 12-4-06

Flood Zone: C

565° 04' 33" E

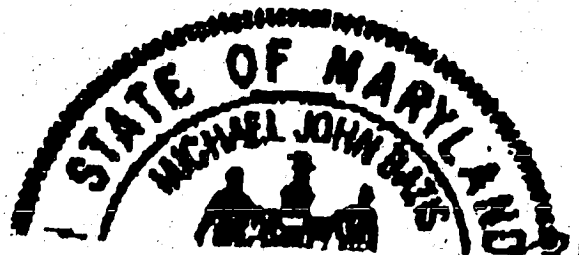


#5213
2 STORY BECK +
FRAME w/ BSMT

SEE SHEET 2 OF 2

800124102
Garage
SEPARATED
FROM WELL & SEPTIC
OR AS PROPOSED,
S/he'll be
covered

79° 40' 07" W



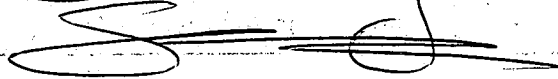
5/12/00

To Whom it may Concern,

I would like to amend permit #
BC012402 which was issued for a 2 car detached
garage to a two car attached Garage.
The total sq footage will be 550 sq ft. The property
location is 5213 Kalmia Dr. Duxton MD 21036.

Thank You

Sam Aronby


Owner.

Health Department has
No problem with proposed changes.
App Aronby 5/12/00

31541

HOWARD COUNTY MARYLAND

SUMMARY FOR REVENUE ACCOUNTS DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS (GEORGE HOWARD BUILDING)

DEPARTMENT OF FINANCE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

05/10/00 2:57PM 333#7549 A

570.00

D.I.L.P.

\$69.00

69.00

XXXTOTAL \$69.00

HOCO CSH \$70.00

CHANGE \$1.00

- FIRE PERMITS 011-012-2320
SE TAX 011-012-2320
PERMITS 011-012-2350
GRADING PERMITS 011-012-2323
ELECTRICAL PERMITS 011-012-2341
ON-SITE UTILITY CONTRACTOR LICENSE 011-012-2351
RENTAL HOUSING LICENSE 011-012-4203
FIRE PROTECTION PERMITS 011-012-2326

OTHER

CORNERSTONE TOTAL

69.00

NON-CORNERSTONE ACCOUNTS

OTHER

OTHER

NON-CORNERSTONE TOTAL

CASH B000124102 5213 Kalmia Dr. Sam Ayoubay (A 26339 P 34192) Kalmia Farms lot 4 Sect 1

05/10/00 2:57PM 333#7549 A

D.I.L.P. \$69.00
XXXTOTAL \$69.00
HOCO CSH \$70.00
CHANGE \$1.00

REVSUM 8/97

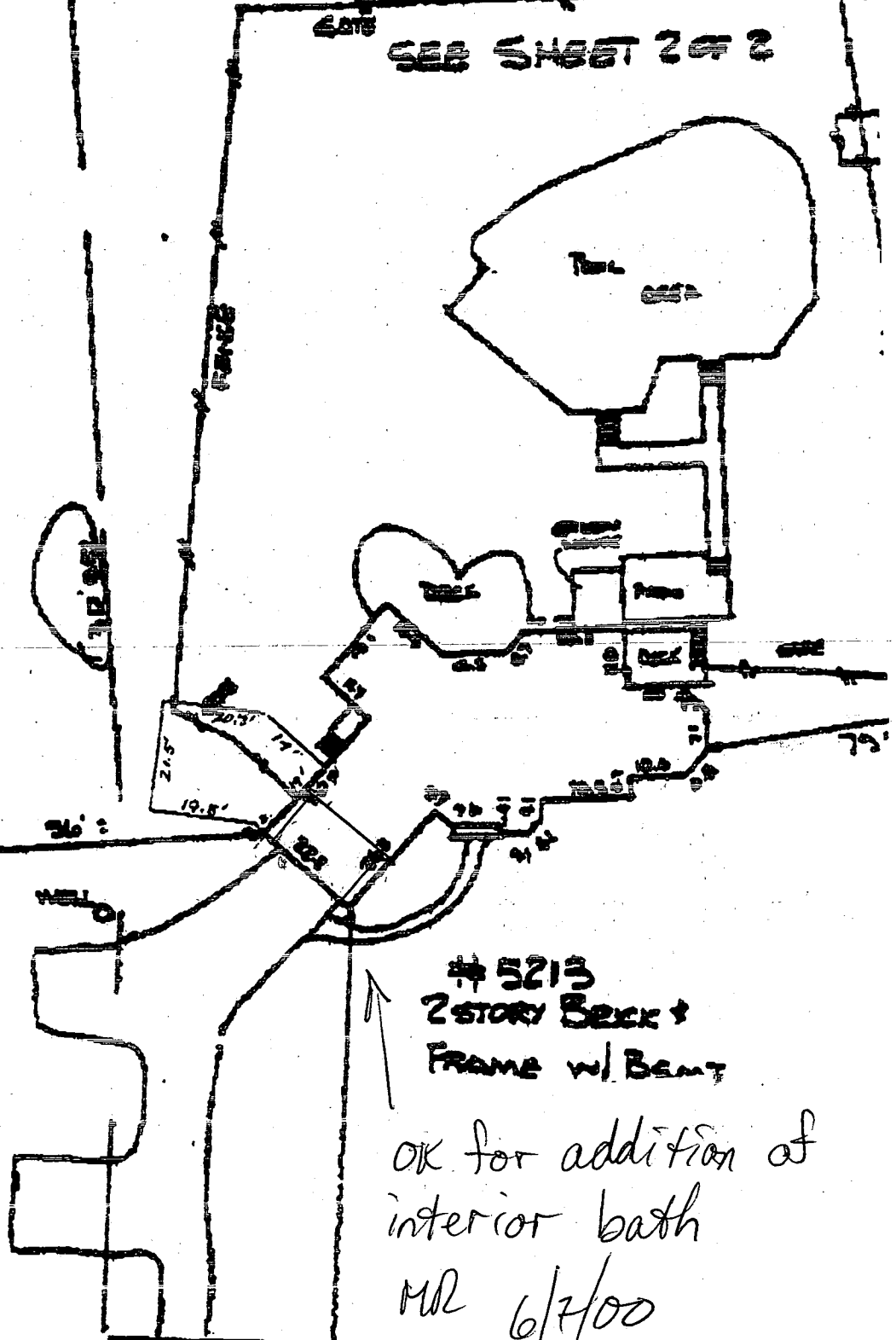
DISTRIBUTION: White - Finance/Cashier Yellow - File Customer - Pink

NOTE: The lot shown herein does not lie within the limits of the 100 year flood plain as shown on FEMA Panel No. 25
Date of Map: 12-4-86
Flood Zone: C

56' 04" 3/4" E

110' 00"

SEE SHEET 2 OF 2



5213
2 STORY BRICK +
FRAME w/ BENT

OK for addition of
interior bath

MR 6/7/00

Building Address: 5213 Kalmia Dr
Dayton MD 21226

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

Census Tract: 6040 Subdivision: Kalmia Farms

Section _____ Area _____ Lot 4

Tax Map 27 Parcel 23 Grid 17

Zoning RR Map Coordinates _____ Lot size _____

Property Owner's Name: Sam Azouky

Address: 5213 Kalmia Dr

City: Dayton State: MD Zip Code: 21036

Home Phone: 301-854-0000 Work Phone: 301-498-5320

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

Phone _____ Fax _____

Existing Use: Attic Space

Proposed Use: Bathroom

Estimated Construction Cost: \$ 9,000

Description of Work: Convert attic space into Bathroom. 2nd Floor.

Contractor Company: N/A Home Owner

Contact Person: _____

Address: _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant: Same as Owner

Contact Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company: N/A

Contact Person: _____

Address: _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

<p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____</p>
---	--

BUILDING DESCRIPTION - RESIDENTIAL

<p>Building Characteristics</p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____</p> <p>1st floor: _____ 2nd floor: _____ Basement: _____</p> <p>Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>5</u></p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____</p>
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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 THEREIN; (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: [Signature]

Title/Company: _____

Print Name: Sam Azouky

Date: 6/7/00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>6/8/00</u>	<u>Mark Ripstein</u>
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"/>	

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>46138</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>68.00</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ <u>68.00</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>Cash</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>32129</u>
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

map 13 D15

B00146355

Application

OWNER Samuel Azarlay

ADDRESS 5213 Kalmia Drive
Dayton, MO 21036

PLEASE SHOW BELOW:

- Property line dimensions and easements;
- Existing buildings;
- Existing well/septic; (show distance to nearest structure)
- Road names and location of alleys;
- If your property is in a tidal or riverine flood area, indicate elevation of floor of proposed work.
- The proposed work and the setback distances to the proposed work.

Front Setback _____

Left Setback _____

Rear Setback _____

Right Setback _____

NOTE: Cannot fence access easement.

Scale = 1" = 20ft

D1 - Tank → Back, right corner - 20ft

D2 - Tank → Front, right corner - 18ft

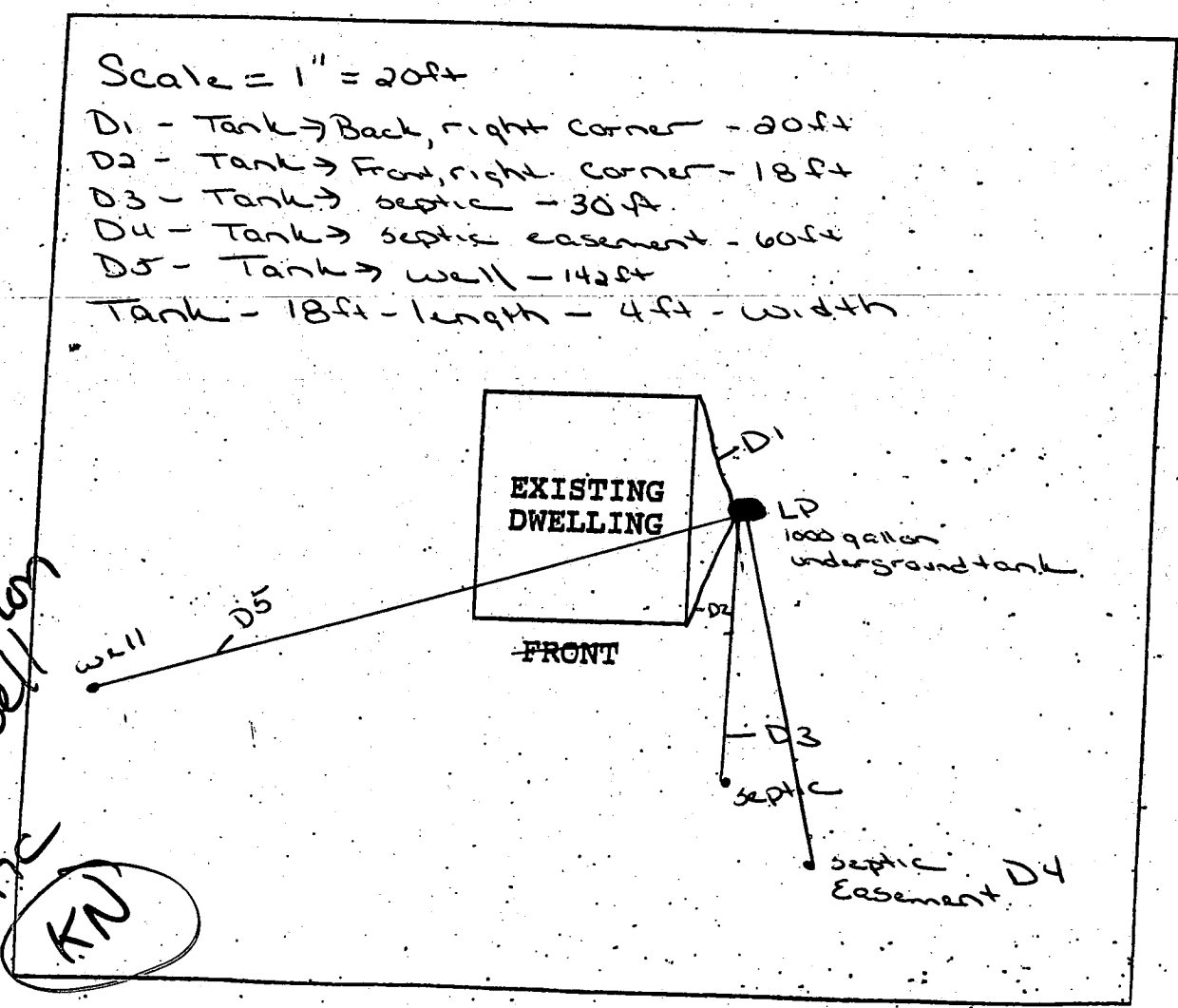
D3 - Tank → septic - 30ft

D4 - Tank → septic easement - 60ft

D5 - Tank → well - 142ft

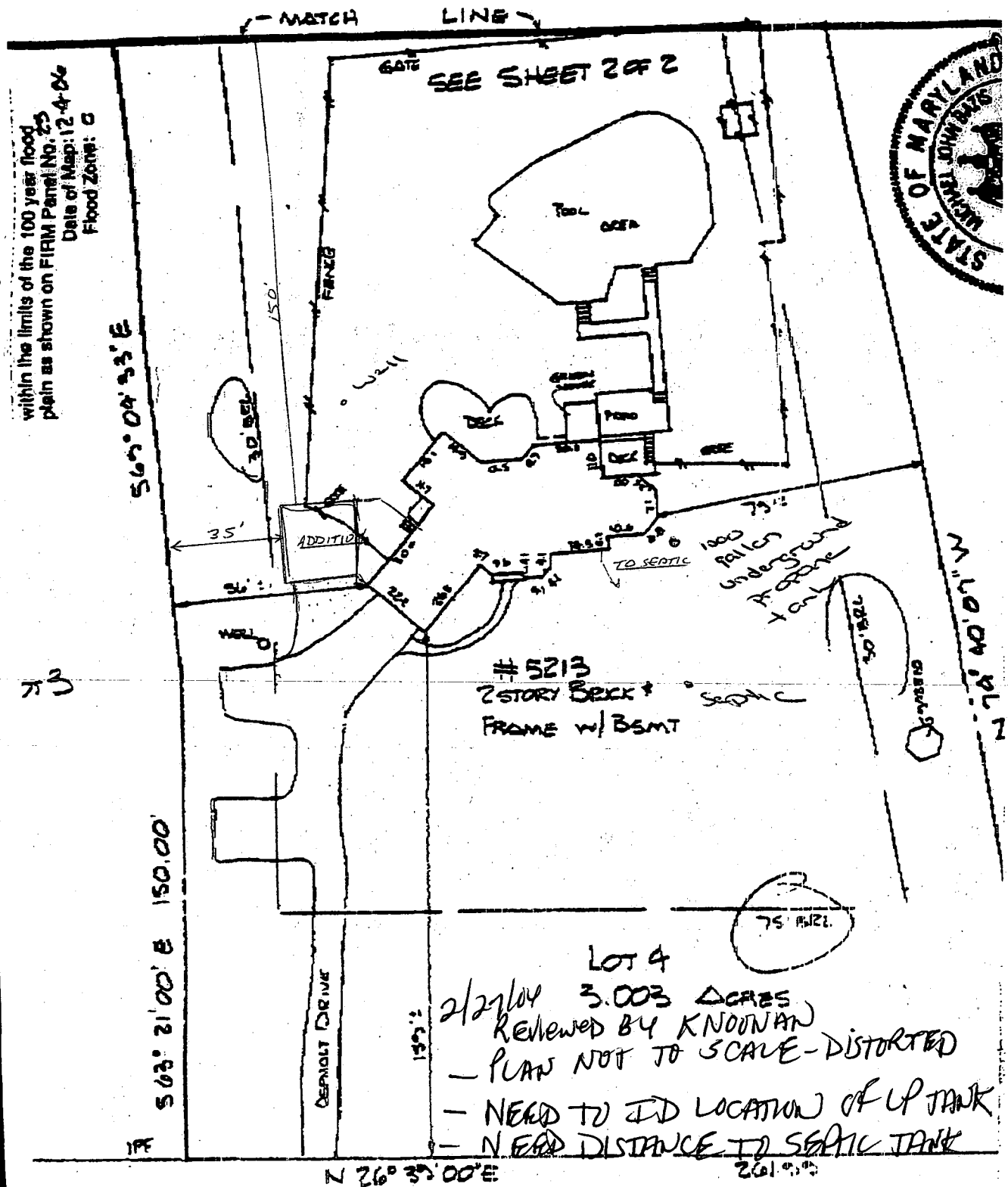
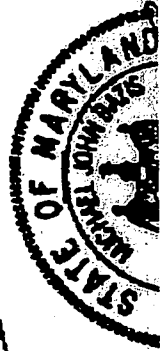
Tank - 18ft - length - 4ft - width

3/19/04
Drawing
Shows
LP Proposed
OK to well
and to well
septic
KN



ROAD NAME Kalmia Drive

within the limits of the 100 year flood plain as shown on FIRM Panel No. 25 Date of Map: 12-4-06 Flood Zone: C



5213 KALMIA DRIVE

Tank → house 222 ft Tank → well - 100' ft