

9-29-94
9-30-94
9-30-94
Final 10am

03-31443 9/29 - P.C.O
C.B.D.
P 50301A

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 39567

DISTRICT 3rd

DATE 9/28/94

DATE SYSTEM APPROVED 9/30/94

INSPECTOR C.B.D.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Crystal Clear LOT 10 ROAD 13890 Kennard Drive

PROPERTY OWNER Mark Home Building, Inc. ^{Master} MESSINA

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

**BUILDING PERMIT SIGNED
AND RETURNED 4/1/02**
800 135 558 - 1 STORY ADDITION
11-21-02 800 135 546 - I6 POOL
4-23-02 800 140 844 - GARAGE
12-31-03 800 145 631 - LAUNDRY ROOM

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 170 feet up the left lot line (412.42') and 120 feet off that same lot line when facing the lot from Kennard Drive. Run trenches on contour toward the front of the lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/21/94 DCS

PLANS APPROVED BY Amy McMillen DATE 08/10/94

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

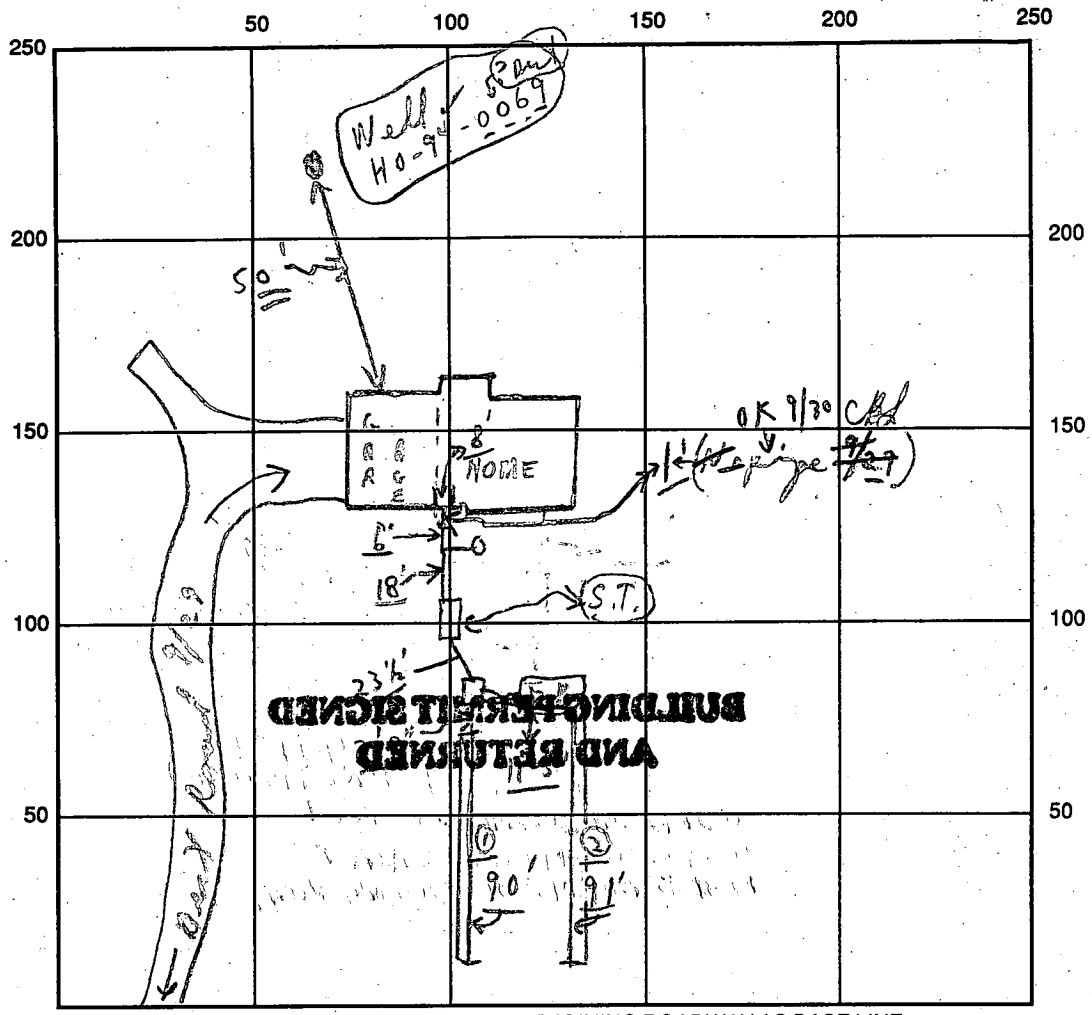
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

Add-on - Deck
**BLDG. PERMIT SIGNED
AND RETURNED 3-26-96**
Serial # 63989

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

A
39567



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Kennard Drive →
 SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK / C.O. #1 OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 2 1/2 + average FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 90' + 91' = 181 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 724 SQ. FT.

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

ABSORBENT AREA 724 SQ. FT.

REMARKS: 9/29/94 (P.M.) Partial - ok for stone in 2 trenches and to cover 2' from home to D. Box; NEEDS → HOUSE CONNECTION + trenches checked only - 9/30/94; CBS

9/30/94 Final, all done. CBS

9/29/94 No W.P.I. CBS; 9/30/94 W.P.I. ok CBS

DATE SYSTEM APPROVED 9/30/94 INSPECTOR Charles Bryan Stark

APPLICATION

PERCOLATION TESTING

A 39567

P _____

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

7-23-87

Perce ok pending
plat approval JEN

DISTRICT 5 III

DATE 6-12-87

Check well site - very tight, near same el as septic.

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 Kenward Warfield Jr. Mark Home Building, Inc

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: COT10 Preliminary

SUBDIVISION Crystal Clear LOT NO. 14

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd
(13890 Kenward Drive)

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD
(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. Mal S Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-23-87
for perc location and subdivision plat approval.

Make sure well sites is 100 ft from septic. JEN BLDG. PERMIT SIGNED
AND RETURNED 8/11/94

Serial # 55726-SFD/Ben

THIS IS NOT A PERMIT

3 High
4 ↓
2 Low
1

③

SOIL PROFILE

0-3.0 Rd-br
sl cl
1m
3.0-11.5 Br sa
sl 1m,
trc gvl
11.5 Bottom

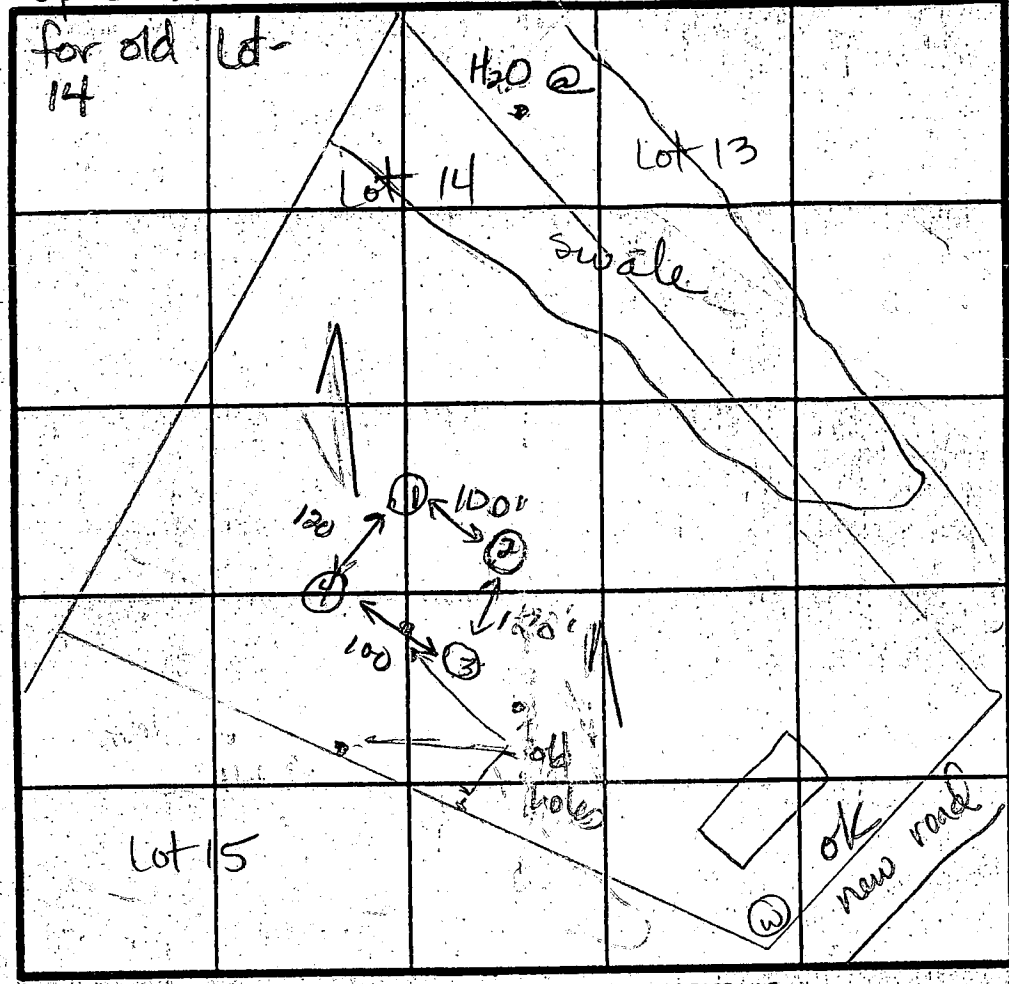
④

0-3.0 Rd-br sl
cl m
3-11.5 Pink
cl sa
sl 1m,
trc rx
fragg < 10%
11.5 Bottom

①

0-2.0 dk br sl
cl 1m
2.0-12.5 Rd-br
sa sl
1m
Bottom

Specs used



②

0-2.5 dk br
sl cl 1m
2.5-12 Tan-rd
cl sa
sl 1m,
trc broken
rx fragg,
< 10%
12.0 Bottom

7 Perc
4 min
Specs
invert @
3.5'
3.5' - 8'
stone ?
12' bottoms

DATE	TEST NO.	DEPTH	PRE-WET		TEST 11 DROP		TIME	
			START	STOP	START	STOP		
7-23-87	3	4.0 S	1:44	1:46	1:46	11:48	2	
		6.5 M	1:44	1:47	1:47	1:50	3	
		11.5 D	Bottom (see profile)					
	4	11.5 V	(see profile)					ok
	1	4.0 S	1:54	1:57	1:57	2:01	4	
		12.5 D	Bottom (see profile)					
	2	4.0 S	1:55	1:57	1:57	2:02	5	
		12.0 D	Bottom (see profile)					

REMARKS: Check for 100 ft from septic to well site.
All holes moved from original plot location.

TYPE OF SOIL: 0-3' Rd-br sl cl 1m, 3'-12.5 Pink cl sa sl 1m, < 10% rx fragg

TESTED BY: J.E. Nadeau ALSO PRESENT: Olan Jr, Mark R

EH 12-1079

B 1 **02768** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

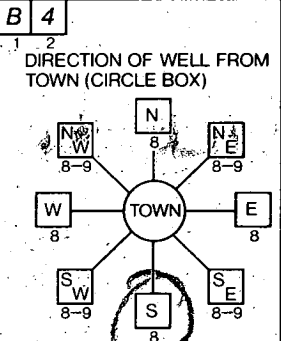
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-94-0069
 fill in this form completely

Date Received (APA) **042194**
 OWNER INFORMATION
COOK JAMES
 Last Name Owner First Name
1082 BEECHFIELD AVE.
 Street or RFD
BALTIMORE MD 21229
 Town State Zip

B 3 LOCATION OF WELL
HOWARD
 COUNTY
CRYSTAL CLEAR
 SUBDIVISION
 SECTION **10** LOT **10**
GLENSIDE
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **11 MI**

DRILLER INFORMATION
Ronald Kyker
 Driller's Name License No. **2916**
Westminster Rotary Well Drilling
 Firm Name
410861 Westminster Md 21158
 Address
Ronald Kyker
 Signature Date **4/19/94**



KENNARD DRIVE
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **300** FT
 ENTER FT or MI

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A-39567**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **042694** EXP. DATE **04/26/95**
 NORTH GRID **523000** EAST GRID **080000**

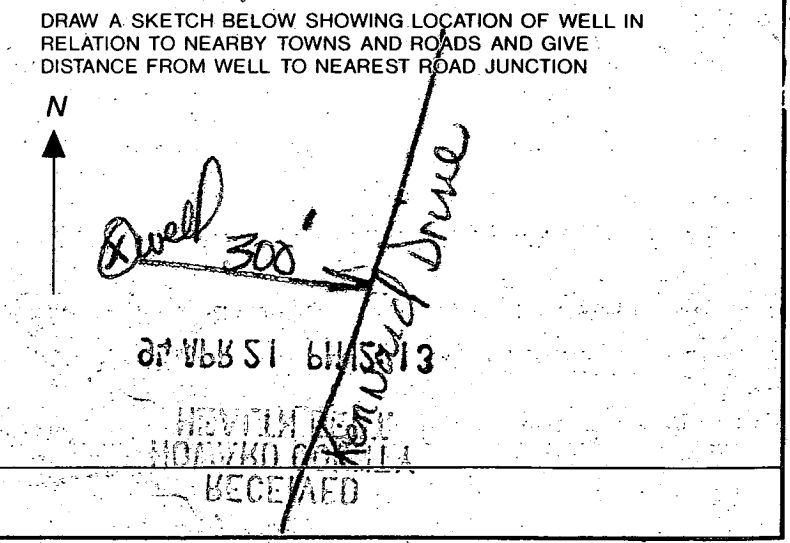
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **city**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

4/29/94
8:30 gromt
32 bags of gromt
82' casing
60' open
A M. Mallen
Well Site O.K.

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 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 DEEPEMED 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 **DS** WRITE INITIALS IN BOX PERMIT No. **HC-94-0069**

SPECIAL CONDITIONS
VICK. 876-1911

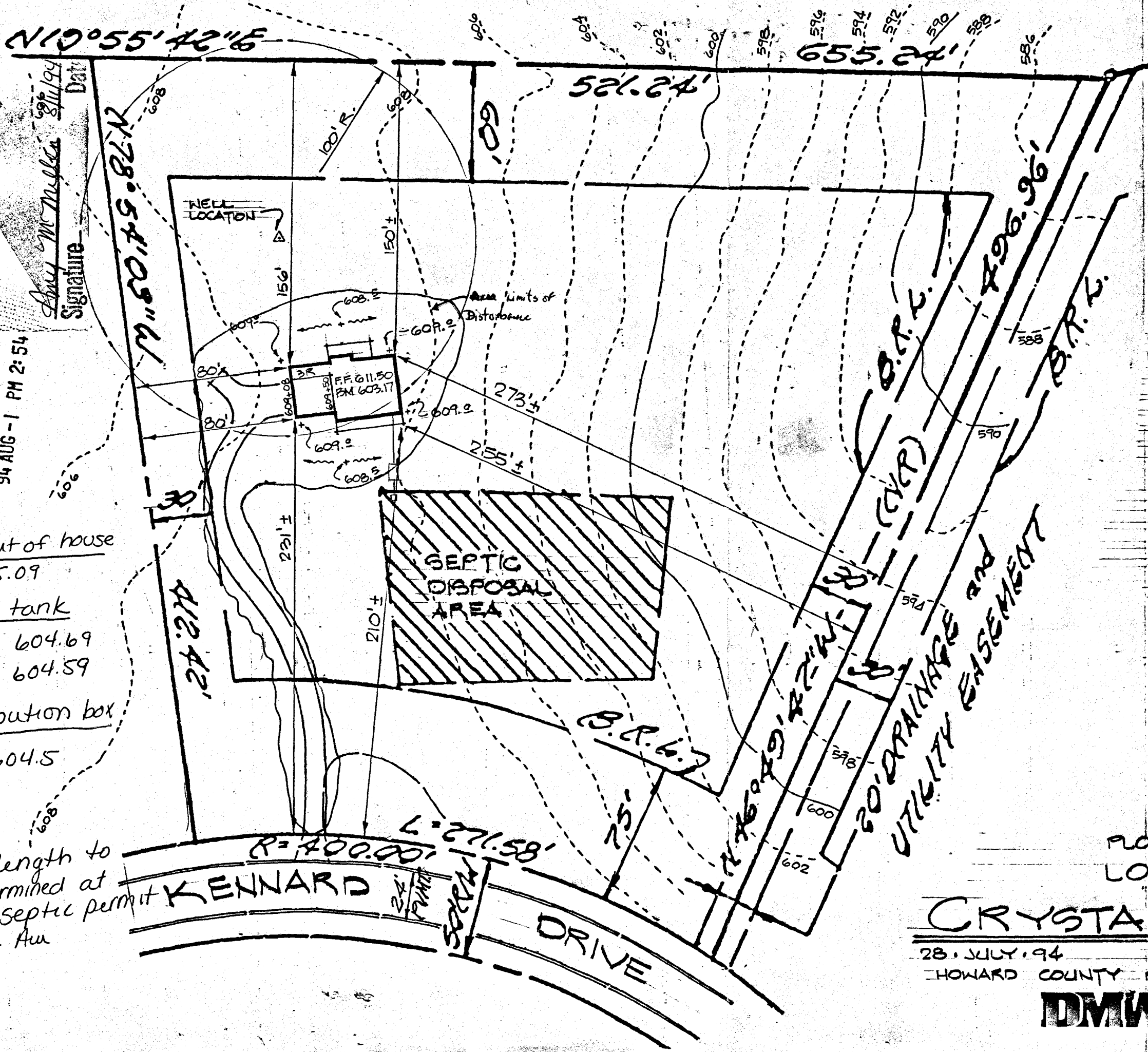
Approved Septic System Plan
Howard County Health Department

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 AUG -1 PM 2:54

Signature: *Amy McMillen* 8/1/94
Date

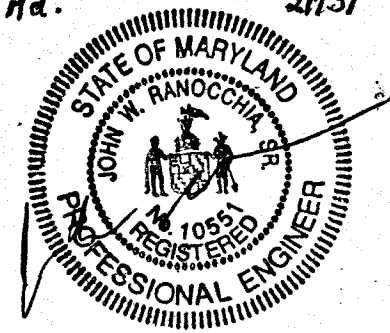
Invert out of house
605.09
Septic tank
Inv. in 604.69
Inv. out 604.59
Distribution box
Inv. in 604.5

Trench length to
be determined at
time of septic permit
issuance. Au



NOTES:
HOUSE TYPE: 2300
LONGEST DIMENSIONS: 53'-8" x 34'-0"
DISTURBED AREA: 9,000 S.F. ±
LOT AREA: 3.827 Ac. ±
DECK/PORCH DIMENSIONS:
FRONT 5'-6" x 34'-4"
REAR 8'-0" x 22'-0"

HOWARD COUNTY
TAX MAP 22, BLK 7, PARCEL 533
ZONING: R
3RD ELECTION DISTRICT
STREET ADDRESS:
13890 KENNARD DRIVE
Glenelg, Md. 21137



PLOT PLAN
LOT #10

CRYSTAL CLEAR

28. JULY. 94 SCALE: 1" = 50'
HOWARD COUNTY PLAT NUMBER 8444

DMW Daft McCune Walker, Inc.
200 E. Pennsylvania Avenue
Towson, Maryland 21286
(410) 296-3333
Fax: 296-4705

PROJ. 91045.A

C1 **5113** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER **A39567**

ST/CQ USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
042994

Depth of Well
280
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0069

OWNER **Cook James**
 STREET OR RFD **Kennard Drive** TOWN **Glenn**
 SUBDIVISION **Crystal Clear** SECTION _____ LOT **10**

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	
Dirt	0	1	
Soft Clay & Sand	1	7	
Soft Br. Mica	7	36	
Soft Br. Sand	36	64	
Soft Br. Mica & Sand	64	70	
Soft Br. Sandstone	70	75	
Hard Blk. Sandstone	75	90	
Hard Br. Sandstone	90	92	<input checked="" type="checkbox"/>
Hard Blk. Sandstone	92	121	
Hard Br. Sandstone	121	124	<input checked="" type="checkbox"/>
Hard Blk. Sandstone	124	195	
Hard Br. Sandstone	195	198	<input checked="" type="checkbox"/>
Hard Blk. & Blue Sandstone	198	280	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **32** NO. OF POUNDS **3008**
 GALLONS OF WATER **192**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **79** ft.
 (enter 0 if from surface)

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **23**
 WHEN PUMPING **208**
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE S T
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **81**

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above below
 LAND SURFACE **2** (nearest foot)

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **280** **81**
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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 IDENT. NO. **296**
RONALD KYKER

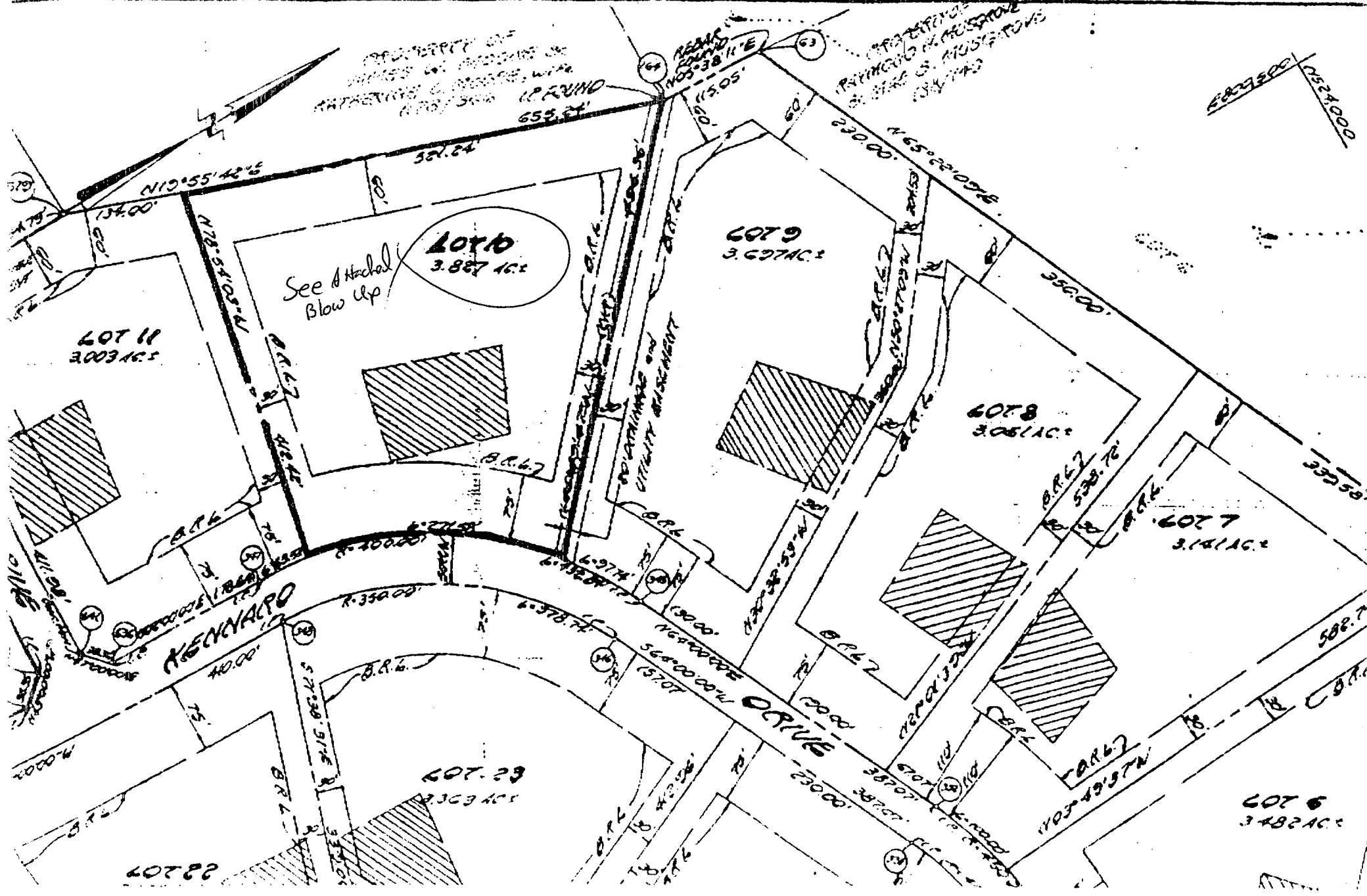
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ronald Kyker

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

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W:Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

Handwritten note: Kennard Drive



321-7244

13893

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-6000	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER R00135558
--	---	------------------------------------

Building Address <u>13890 KENNARD</u> <u>Glenady MD 21737</u>	Property Owner's Name <u>Kim + Martin Messia</u> Address <u>13890 Kennard Drive</u>
Suite/Apt. # _____ SDP/WP/Petition #: _____	City <u>Glenady</u> State <u>MD</u> Zip Code <u>21737</u>
Census Tract <u>603000</u> Subdivision <u>Crystal Clear</u>	Home Phone <u>410-313-3678</u> Work Phone <u>same</u>
Section _____ Area _____ Lot <u>10</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Tax Map <u>22</u> Parcel <u>573</u> Grid <u>7</u>	Phone _____ Fax _____
Zoning <u>RR</u> Map Coordinates _____ Lot size _____	

Existing Use _____	Contractor Company <u>Chokonda Builders</u>
Proposed Use <u>EXIST. FURNITURE STORE/BAJAJ LANDRY</u>	Contact Person <u>1003 Day Rd</u>
Estimated Construction Cost \$ <u>40,000</u> <u>BAJAJ</u>	Address <u>1003 Day Rd</u>
Description of Work <u>Build 32530 ADDITION</u>	City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>
<u>1 Story Finished, 1 Story un-finished</u>	License No. <u>70347</u>
	Phone _____ Fax _____

Occupant or Tenant <u>Kim + Martin Messia</u>	Engineer or Architect Company _____
Contact Name <u>Kim Messia</u>	Contact Person _____
Address <u>13890 Kennard Drive</u>	Address _____
City <u>Glenady</u> State <u>MD</u> Zip Code <u>21737</u>	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ 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 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 type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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 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 <u>[Signature]</u>	Print Name <u>J. John Phillip</u>
Title/Company <u>Chokonda Builders</u>	Date <u>11/17/02</u>

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# <u>138917</u>
Land Development, DPZ _____	Front: _____	Filing fee \$ <u>25</u>
State Highways _____	Rear: _____	Permit fee \$ <u>225</u>
Building Official <u>[Signature]</u>	Side: _____	Excise tax \$ <u>1015</u>
Dev. Engineering, DPZ _____	Side St.: _____	Add'l per. fee \$ _____
Health _____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1265</u>
Fire Protection _____	Is Entrance Permit required? YES <input checked="" 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"/>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	Lot Coverage for NewTown Zone _____	Check # <u>5559</u>
ONE STOP SHOP: <input type="checkbox"/>	SDP/Red-line approval date _____	Validation # <u>43137</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA	Accepted by <u>[Signature]</u>	

N19°55'46"E

4/17/02
ADD'N ON
SIDE OF HOUSE
OK; NO LEGAL
MEANS OF
EMERGENCY
EGRESS (NO BR
USE); AS DISCUSSED
W/ CLOCKWORK
BLDRS

1" = 1/8'

Door closed in

N78°54'09"W

521.62'

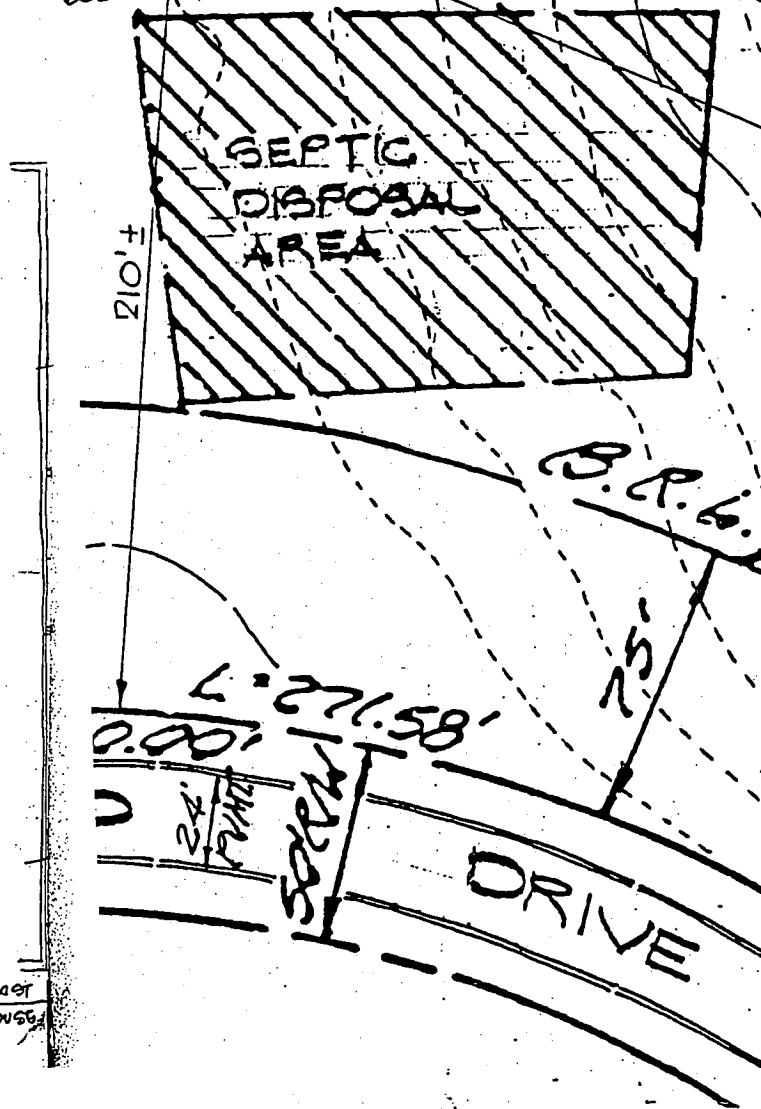
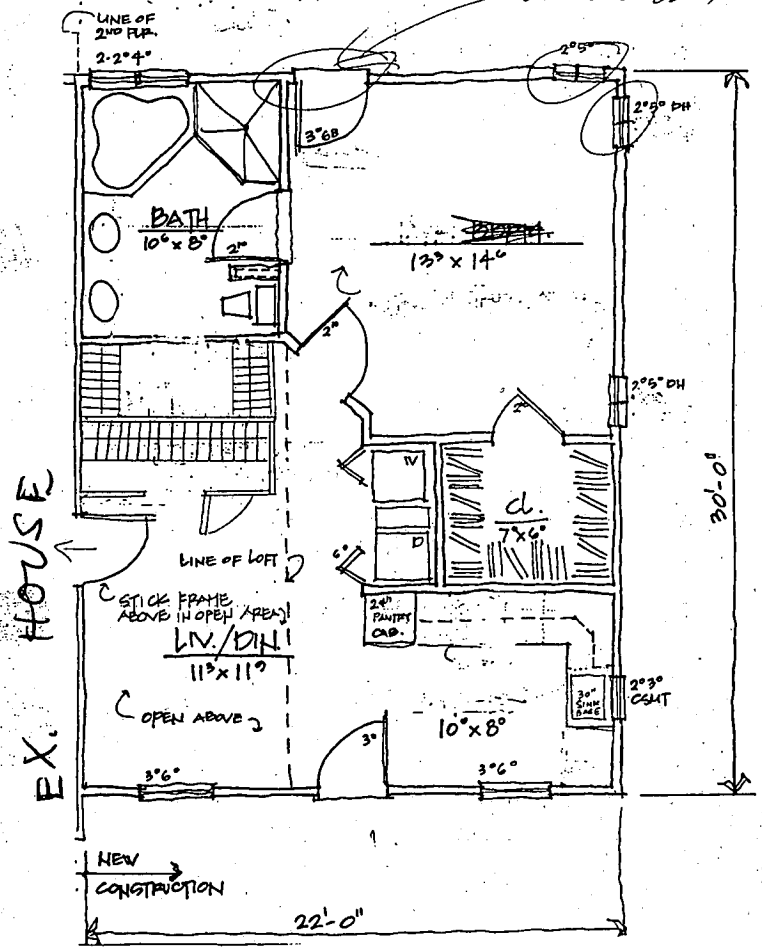
WELL
LOCATION

150

SEPTIC
DISPOSAL
AREA

B.P.R.G.

DRIVE



EXIST
HOUSE

N19°55'42"E

521.24

N78°54'09"W

WELL LOCATION

Distance to well 32'

SEPTIC DISPOSAL AREA

KENNARD

DRIVE

R=200.00'

L=271.58'

50'±

25'

B.P. 6

210'±

231'±

412.42'

8'

255'±

273'±

2609.2

258'±

275'±

60'

Path

28'

24'

22'

30'

110'

110'

156'

3R

FF. 611.50
PM. 603.17

609.2

608.2

608.2

608.2

80'

80'

609.2

609.2

80'

80'

80'

80'

80'

80'

606

608

606

604

602

606

608

