

8/27/97
WPT
8/29/97
CO

PERMIT

03-321584

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P. 58901A

A. 41820

DISTRICT 3rd

DATE 8-6-97

DATE SYSTEM APPROVED 8/28/97

INSPECTOR BT

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144 Woodbine, MD 21797

PHONE 442-1336

SUBDIVISION W. Friendship Estates LOT 62 ROAD 3321 Great Valley Drive

PROPERTY OWNER Selfridge Builders DAVERUETER

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

MANHOLE CLEANOUT REQUIRED

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 185 feet up the left 363.44 lot line and 120 feet off that same lot line as seen when facing the lot from the pipestem. 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.

OK KM 6-19-97

PLANS APPROVED BY Amy McMillen/Kimberly Maiste

DATE 06/17/97

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)

BLDG PERMIT SIGNED
AND RETURNED
12/13/2000
300127749 DECK W/STEPS

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

BLDG PERMIT SIGNED
AND RETURNED 6-17-98

PERMIT VOID AFTER TWO YEARS

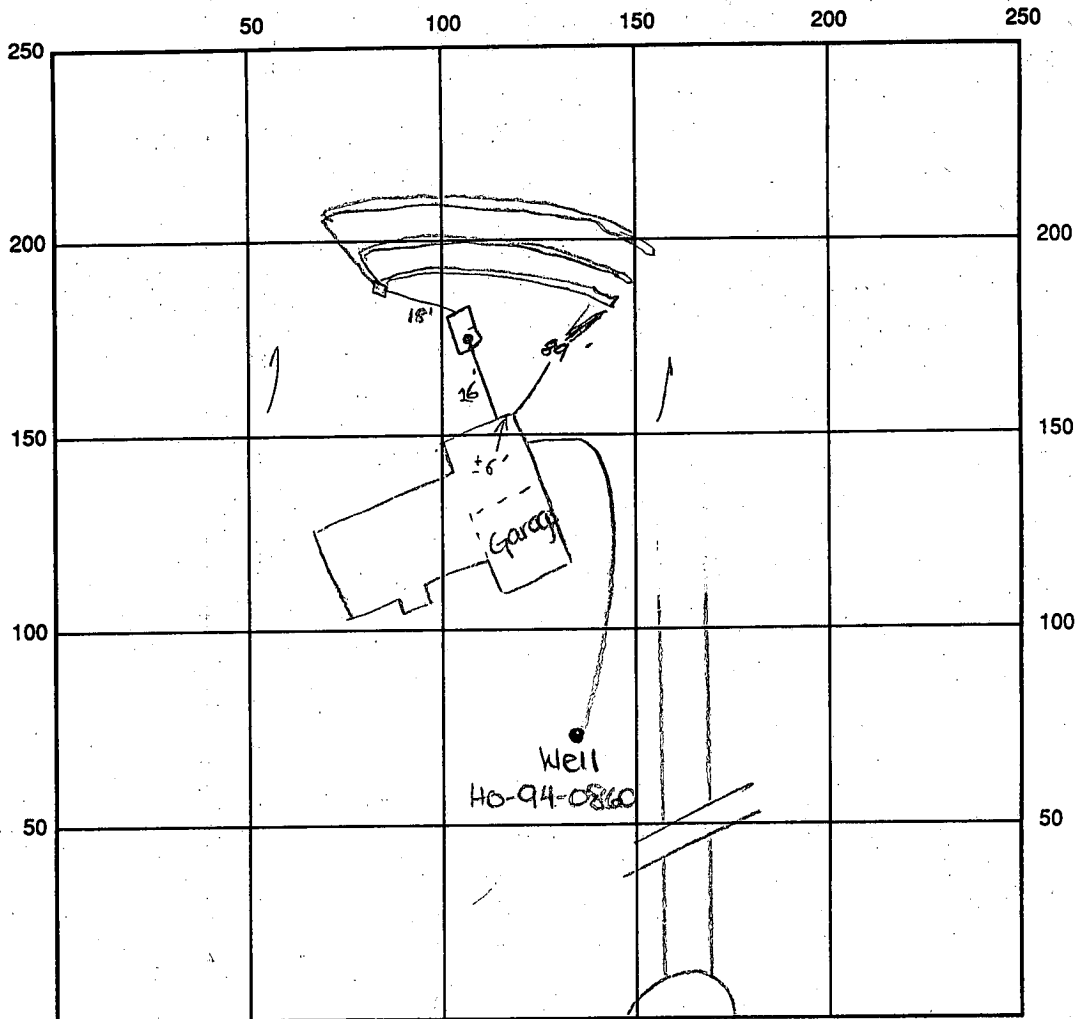
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

Serial # B70 1124 68
multi-lid deck

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 41820



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Great Valley Drive
CLEANOUTS 1 on tank

SEPTIC TANK LEVEL OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH ~~80/83/86~~ ^{17/2/3} FT. 249

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 747 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8/28/97 OK TO FINISH TRENCH 2, COVER ALL WORK

8/27/97 WPI - well line, P.A. 3' 3" b.g. well casing 1' 3" above grade, 2 pc cap installed. Conduit pipe OK. OK to cover. DKS

DATE SYSTEM APPROVED 8/28/97

INSPECTOR John A. Sany

APPLICATION

PERCOLATION TESTING

A 41820

P _____

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

DISTRICT 3RD

DATE 3/10/88

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 PRISCILLA CLAGETT AND ADIS PFEFFELKORN Selfridge Builders
c/o
ADDRESS 14000 CASTLE BOULEVARD SILVER SPRING MARYLAND 20904 PHONE 202-890-6077

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION: WEST FRIENDSHIP EST. SEC II
SUBDIVISION BUENA VISTA FARM ESTATES LOT NO. 21 sect
Prelim 1 62

ROAD AND DESCRIPTION EAST SIDE OF PFEFFELKORN ROAD, NORTH WEST
OF MD ROUTE 32 (3321 GREAT VALLEY DRIVE)

TAX MAP 22 PARCEL # 8
SIZE OF LOT 3.4 AC. TYPE BLDG. SFD - 4 Brm
AND RETURNED 6-17-97 Sewall Br 04256
(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.

Adis Pfefferkorn
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A41820

LOT 63

COUNTY #

SOIL PROFILE

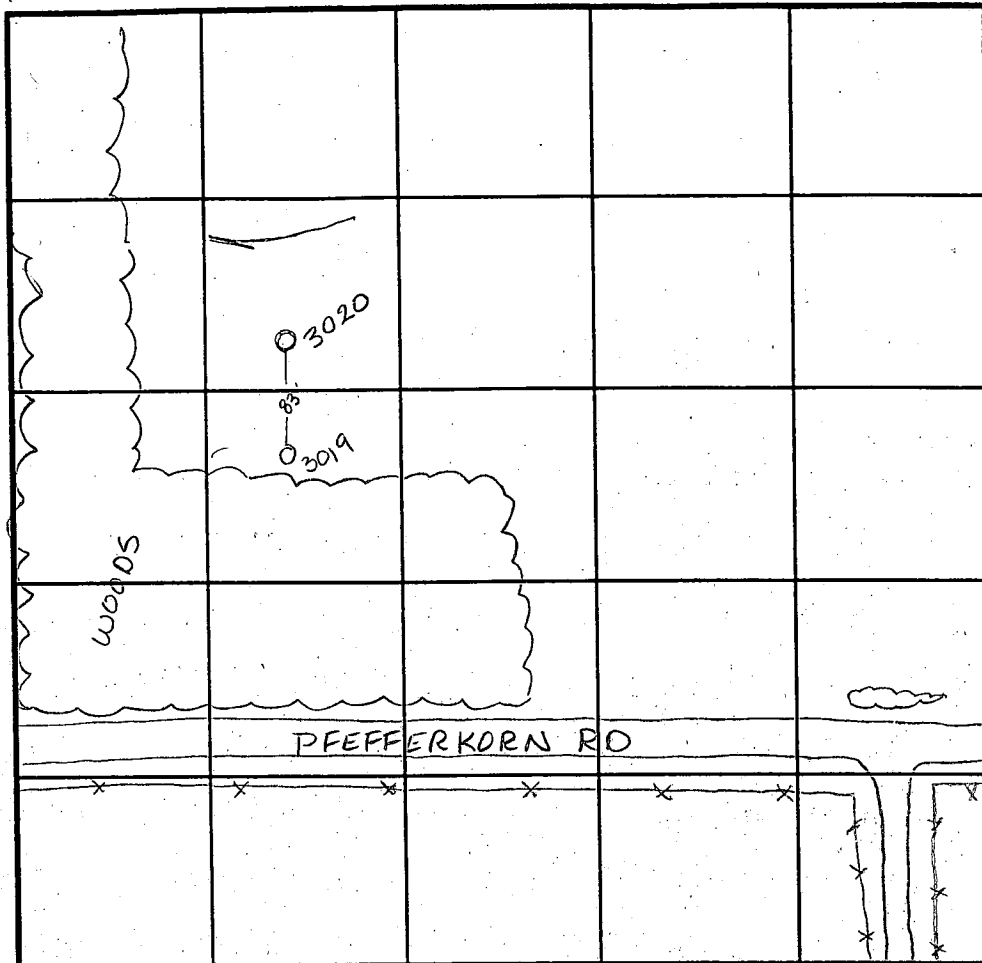
3020 3019

0'
orange red C

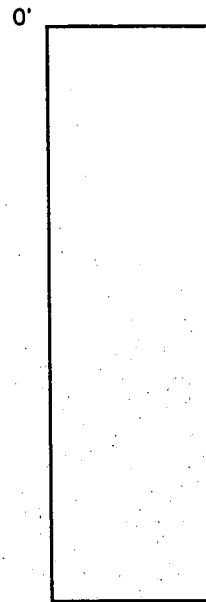
25'
orange brn SIL

4.5'
lgt tan SSIL
50% decayed white shale

13'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-----------|---------------------|---------------------|---------------------|--------------------|-----------|
| | | | START | STOP | START | STOP | |
| 3-15-95 | 3020 | 4' / V13 | 10:43 ⁴⁵ | 10:44 ³⁰ | 10:44 ³⁰ | 10:46 | 1 1/2 min |
| 3-16-95 | 3019 | 4' / V12' | 2:17 ³⁰ | 2:18 | 2:18 | 2:18 ³⁰ | 30 sec |
| | 3019 | re-pour | 2:18 ⁴⁵ | 2:19 ⁴⁵ | 2:19 ⁴⁵ | 2:21 ³⁰ | 1 3/4 min |
| | | | | | | | |
| | | | | | | | |
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REMARKS _____

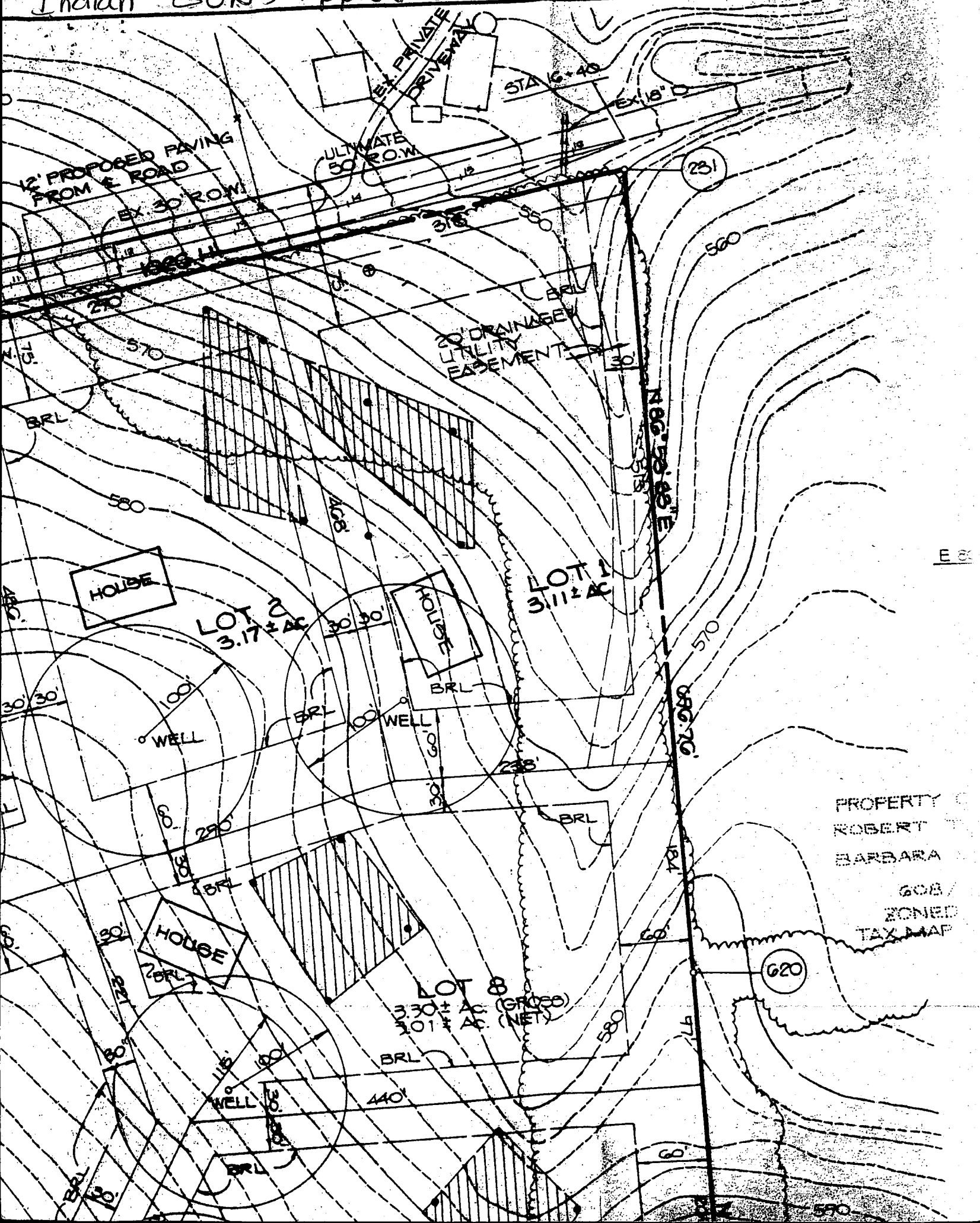
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Indian GUNS Approved Plat



WF Estates - Lot 62

3321 Great Valley Drive

- Homeowners moved in 1-98
- sand/sediment filter installed
- by 4-98, homeowner was changing filter 2-3 times/day
- homeowner & builder spoke to driller (Perry Harley)
- PH at site attempting to resolve
- PH pumped the well - determined problem to be a "soft patch" at 50-70 feet below grade
- PH packed well to seal off flow of sediment into well via "soft patch"
- No further correspondence with owner

(JLS)

C1 7958 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN CUBES 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 A41820 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0860

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED 09/10/96

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0860

OWNER LAND DESIGN + DEVELOPMENT INC
 STREET OR RFD Rt. 32 TOWN W. FRIENDSHIP
 SUBDIVISION WEST FRIENDSHIP EST SECTION 2 LOT 62

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 | 5 | |
| MICA & BROWN SAND | 6 | 52 | |
| SANDSTONE & BLUE ROCK | 53 | 225 | |
| GOT WATER | | | 90 220 |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 11 NO. OF POUNDS 1034
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 57 ft.

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 6 1/2
 Total depth of main casing (nearest foot) 60

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 Y N

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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. 043
 DRILLERS SIGNATURE Wayne Haley
 LIC. NO. 350-062
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Perry Haley

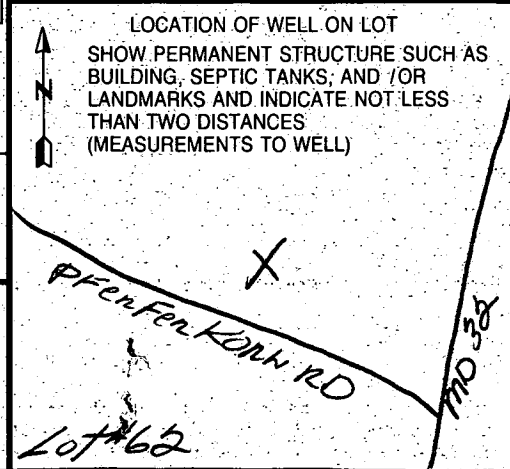
DEPTH (nearest ft.)
 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80.
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 7.5
 METHOD USED TO MEASURE PUMPING RATE submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 30 ft.
 WHEN PUMPING 110 ft.
 TYPE OF PUMP USED (for test)
 S submersible
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet

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



B 1 **3041** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-0860**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type *fill in this form completely*

DATE RECEIVED (APA) **053196** **OWNER INFORMATION**
LAND DESIGN AND DEVELOPMENT
 15-Last Name Owner First Name 34
10805 ALEXANDER RIDGE
 38 Street or RFD 55
COLUMBIA **MD 21044**
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD (MWD) **410**
GARY W. SHARP
 Driller's Name 77 License No. 80
HARLEY DRILLING & EQUIPMENT SYSTEMS
 Firm Name
Box 160 WALKERSVILLE, MD 21793
 Address
Gary W. Sharp **5-27-96**
 Signature Date

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **3**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**

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 **200** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER **G A P**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-0860**

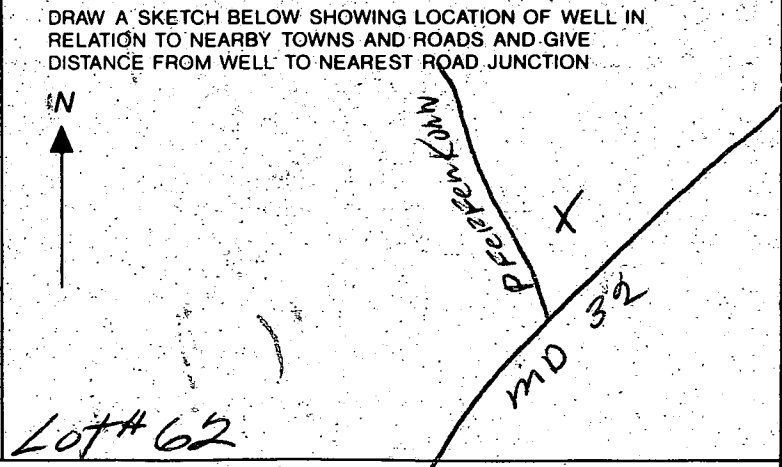
SPECIAL CONDITIONS

B 3 LOCATION OF WELL
HOWARD COUNTY
WEST FRIENDSHIP SUBDIVISION
 SECTION **2** LOT **62**
WEST FRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
500 DISTANCE FROM ROAD
 ENTER FEET OR MILES
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD CO. COUNTY NAME **A41820** COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **071696** **A. McMillen** 7/16/97
 NORTH GRID **528000** EAST GRID **0804000**

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
8004
52008



GENERAL NOTES:

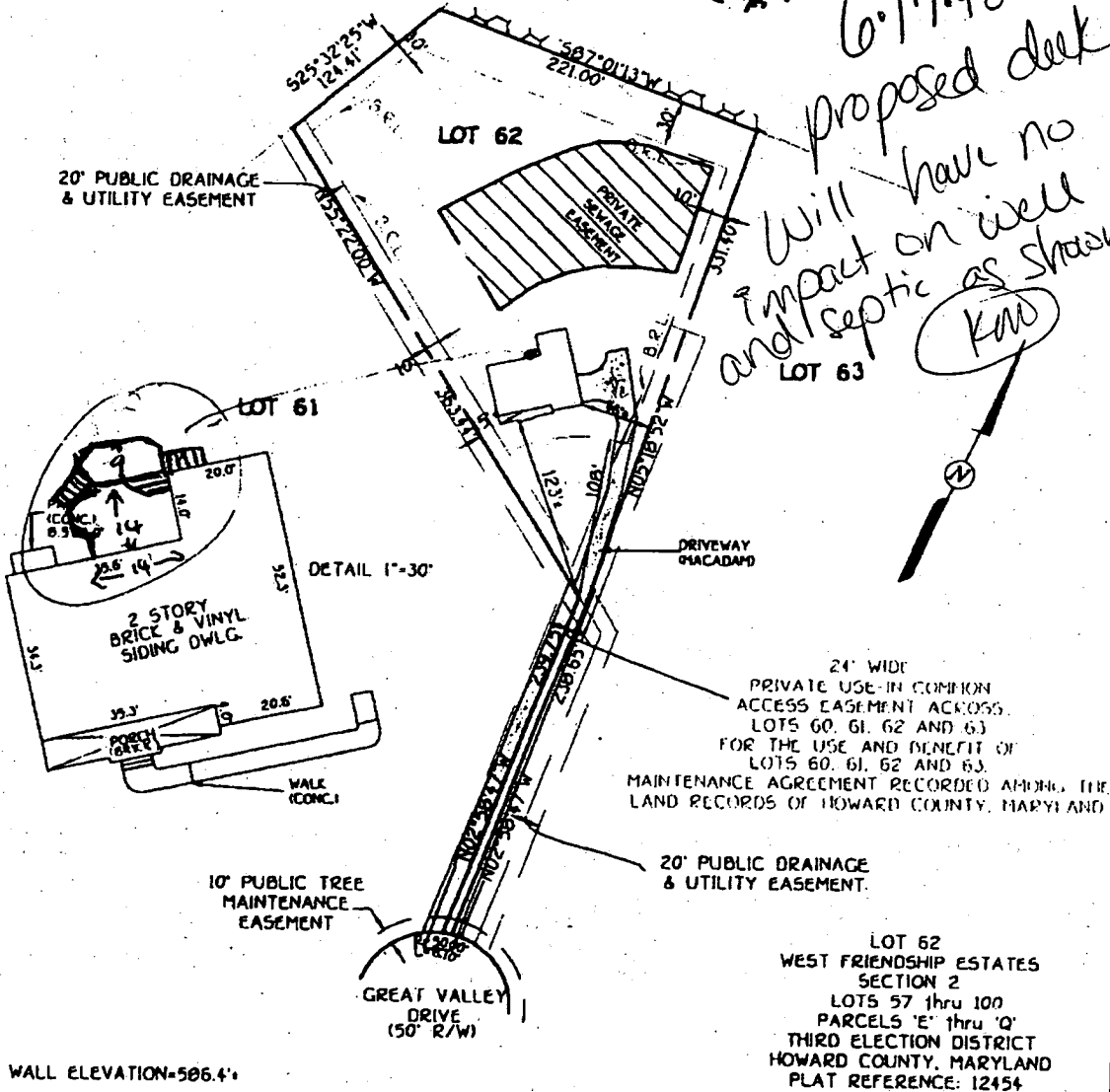
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2100110021 0 EFFECTIVE DATE: DEC. 1, 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF ± PLUS OR MINUS (1).

PUBLIC STORMWATER
& UTILITY EASEMENT

ENVIRONMENTAL
PRESERVATION
PARCEL 'F'

6-17-98

proposed deck
will have no
impact on well
and septic as shown
KMD



TOP WALL ELEVATION=506.4'

LOT 62
WEST FRIENDSHIP ESTATES
SECTION 2
LOTS 57 thru 100
PARCELS 'E' thru 'O'
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REFERENCE: 12454

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10777 HALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 481-2099



Robert A. Fisher 11/10/97
PROFESSIONAL LAND SURVEYOR DATE
REG. # 10692

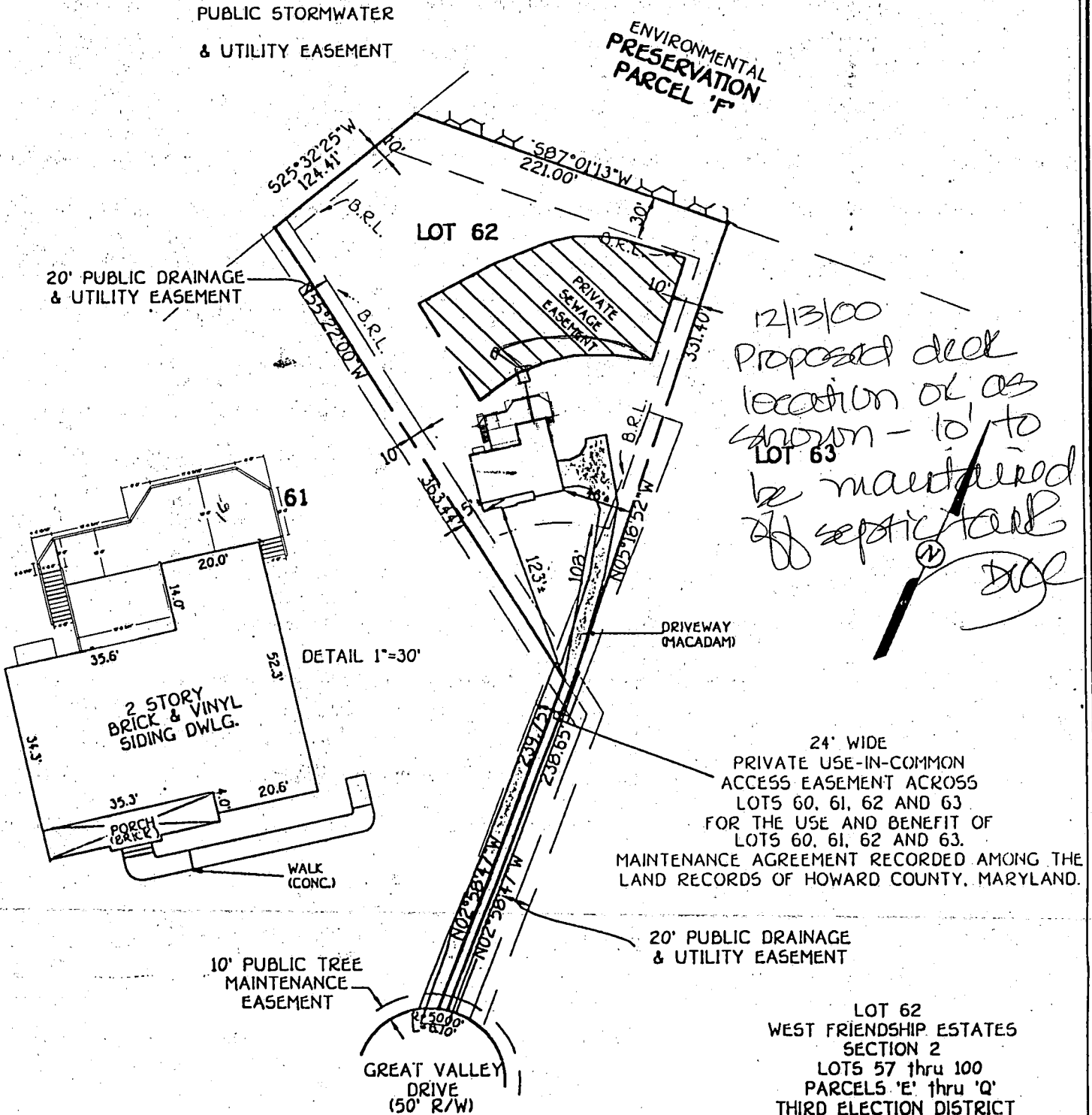
**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 8/8/97
FINAL LOCATION: 11/10/97
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 11/12/97
DRAWN BY: EEL
CHECKED BY: MLE
PROJECT No.: 61001

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400410021 B EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



12/13/00
Proposed deck
location of as
shown - 10'
to be maintained
w/ septic tank
DGC

LOT 62
WEST FRIENDSHIP ESTATES
SECTION 2
LOTS 57 thru 100
PARCELS 'E' thru 'Q'
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REFERENCE: 12454

TOP WALL ELEVATION=506.4±

Building Address: 3321 Great Valley Drive
West Friendship MD 21794

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

Census Tract: 6030 Subdivision: West Friendship

Section: 2 Area: _____ Lot: 62

Tax Map: 22 Parcel: 559 Grid: 2

Zoning: CL-250 Map Coordinates: 947 Lot size: _____

RUETER

Property Owner's Name: Steve Kveton

Address: 3321 Great Valley Dr

City: West Friendship State: MD Zip Code: 21794

Home Phone: 410-808-1179 Work Phone: _____

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

Phone: _____ Fax: _____

Contractor Company: David Gooding

Contact Person: David Gooding

Address: P.O. Box 119

City: Clarksville State: MD Zip Code: 21029

License No.: 35074

Phone: 410-808-1179 Fax: _____

Occupant or Tenant: Dave Rueter

Contact Name: Same

Address: 3321 Great Valley Dr

City: West Friendship State: MD Zip Code: 21794

Phone: 410-808-1179 Fax: _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics | | Utilities | |
|--------------------------------------|---|---|---|
| Height: _____ | Water Supply: _____ | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ |
| No. of stories: _____ | Public <input type="checkbox"/> Private <input type="checkbox"/> | Depth _____ Width _____ | Public <input type="checkbox"/> Private <input type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Sewage Disposal: _____ | 1st floor: _____ | Sewage Disposal: _____ |
| Use group: _____ | Public <input type="checkbox"/> Private <input type="checkbox"/> | 2nd floor: _____ | Public <input type="checkbox"/> Private <input type="checkbox"/> |
| Construction type: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | Basement: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reinforced Concrete _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Structural Steel _____ | Heating System: _____ | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Heating System: _____ |
| Masonry _____ | Electric <input type="checkbox"/> Oil <input type="checkbox"/> | No. of Bedrooms: _____ | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| Wood Frame _____ | Natural Gas <input type="checkbox"/> | Multi-family dwellings: _____ | Natural Gas <input type="checkbox"/> |
| State Certified Modular _____ | Propane Gas <input type="checkbox"/> | No. of efficiency units: _____ | Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> | No. of 1 BR units: _____ | Sprinkler system: N/A <input type="checkbox"/> |
| | Full _____ | No. of 2 BR units: _____ | Other: _____ |
| | Partial _____ | No. of 3 BR units: _____ | Other: _____ |
| | Other Suppression _____ | Other Structure: _____ | Other: _____ |
| | # of Heads _____ | Dimensions: _____ | Other: _____ |
| | | Footings: <u>2x12x8x5</u> | Other: _____ |
| | | Roof: _____ | Other: _____ |
| | | State Certified Modular _____ | Other: _____ |
| | | Manufactured Home _____ | 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 THEREOF, (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: David Gooding Print Name: David Gooding

Title/Company: _____ Date: 12/13/00

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: _____ | 3321 |
| State Highways | | | Rear: _____ | |
| Building Official | | | Side: _____ | |
| Dev. Engineering, DPZ | | | Side St: _____ | |
| Health | | | All minimum setbacks met? | |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Is Sediment Control approval required prior to issuance? | | | Is Entrance Permit required? | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | Lot Coverage for New Town Zone _____ | |
| | | | SDP/Red-line approval date _____ | |
| | | | Accepted by _____ | |

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