

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 5/11/70

P 15218  
48877 B  
A 15049

## INDEXED

Hubert E. Snapp IS PERMITTED TO INSTALL  ALTER

ADDRESS 25641 Ridge Road, Damascus, Maryland 20750 PHONE \_\_\_\_\_

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD 3295 Jennings Chapel Rd. LOT 3

PROPERTY OWNER J. Landon Reeve, Jr.

ADDRESS Chapel Valley Nursery Co.  
Jennings Chapel Road, Woodbine, Md.

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well to be 468 sq. ft. of absorbent sidewall area below the inlet pipe. Inlet pipe to begin 4 ft. below original grade. Maximum depth of dry well to be 13 ft. Locate dry well 330 ft. from rear property line and 145 ft. from drive way, as lot is seen standing on Jennings Chapel Road facing lot.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY James T. Wright DATE 1/20/70

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

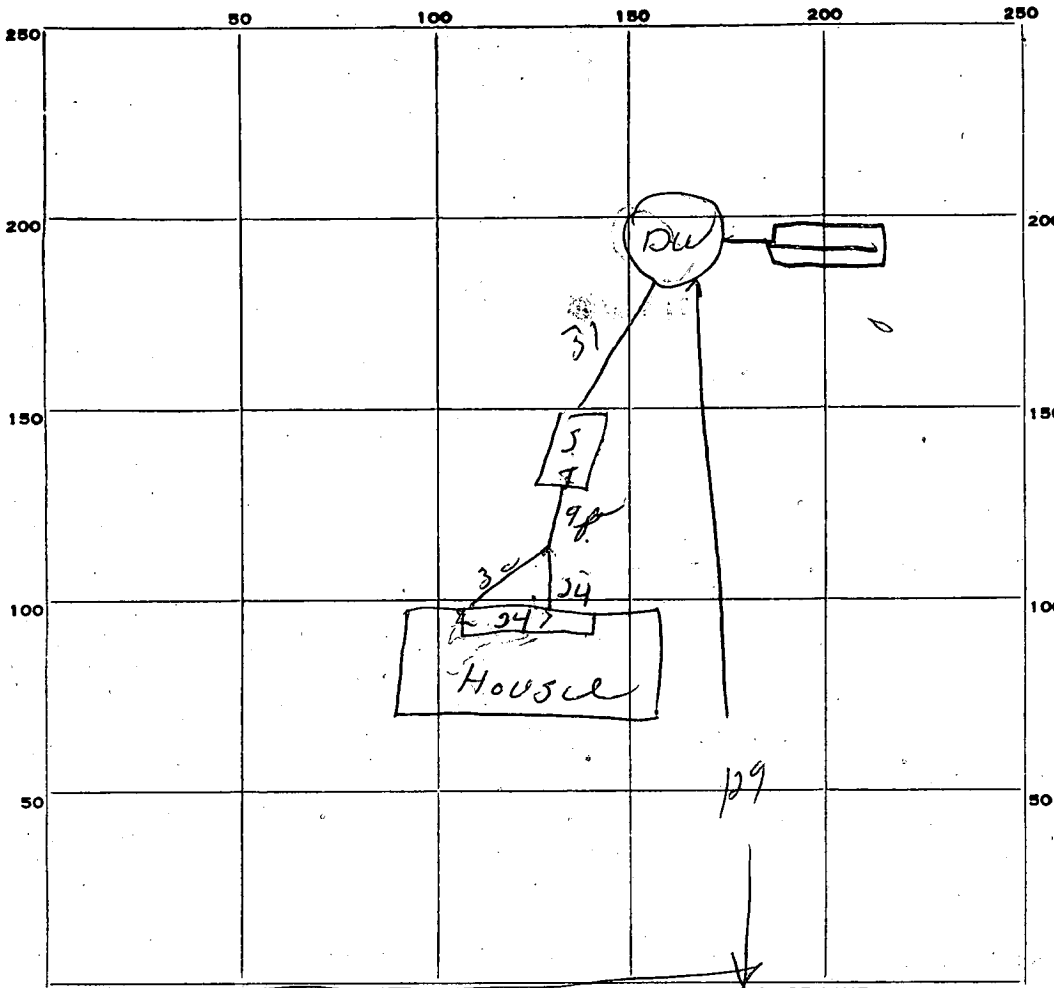
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED  
AND RETURNED 3/1/2001  
B00128713 REPLACE DECK

BLDG. PERMIT SIGNED  
AND RETURNED 11/2/00  
B00127131 Pool

BLDG. PERMIT SIGNED  
AND RETURNED 3/22/01  
B00129122 existing kitchen  
& add 1/2 bath & mud room

A  
15049  
48877  
B



$$\begin{array}{r}
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 \underline{14.} \\
 1256 \\
 314 \\
 \hline
 43.96 \\
 8 \\
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 351.68
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PERMIT CARD \_\_\_\_\_  
 SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_  
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_  
 TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.  
 GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.  
 NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_  
 SEEPAGE PITS, <sup>outside</sup> INSIDE DIAMETER 14 FT. DEPTH BELOW INLET 8 FT.  
 ABSORBENT AREA 351.68 SQ. FT.

REMARKS 1. line from house to tank must be repaired.  
2. not enough sidewall area = must dig trench - 15 ft long - about 7 to 8 ft deep below org grade - put 4 ft gravel in trench - trench to begin 10 ft to right of edge well.

DATE SYSTEM APPROVED 5/19/70 INSPECTOR DW. M. M...

# APPLICATION

A 15049

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic tank to be 1000 gallons ELLICOTT CITY

DISTRICT 4

DATE 1/8/70

Dry well to be 468 sq ft of absorbent sidewalk area below the inlet pipe. Inlet pipe to be 4 ft below original grade. Maximum depth of dry well to be <sup>13</sup> ft.

Locate dry well 330 ft from rear property line and 145 ft from drive way. As lot is seen standing on Jennings Chapel Rd facing lot.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J. Landon Reeve, Jr.

Chapel Valley Nursery Co.

ADDRESS Jennings Chapel Road, Woodbine, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION (Plat of Robert Johnsen) LOT NO. 3

ROAD AND DESCRIPTION 3286 Jennings Chapel Rd. - Rte. 97 to Jennings Chapel Rd. 3 miles in - right - side off Chapel Valley Nursery Co. sign Turn there

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 5.790 acres TYPE BLDG. (3) or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ J. Landon Reeve, Jr.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

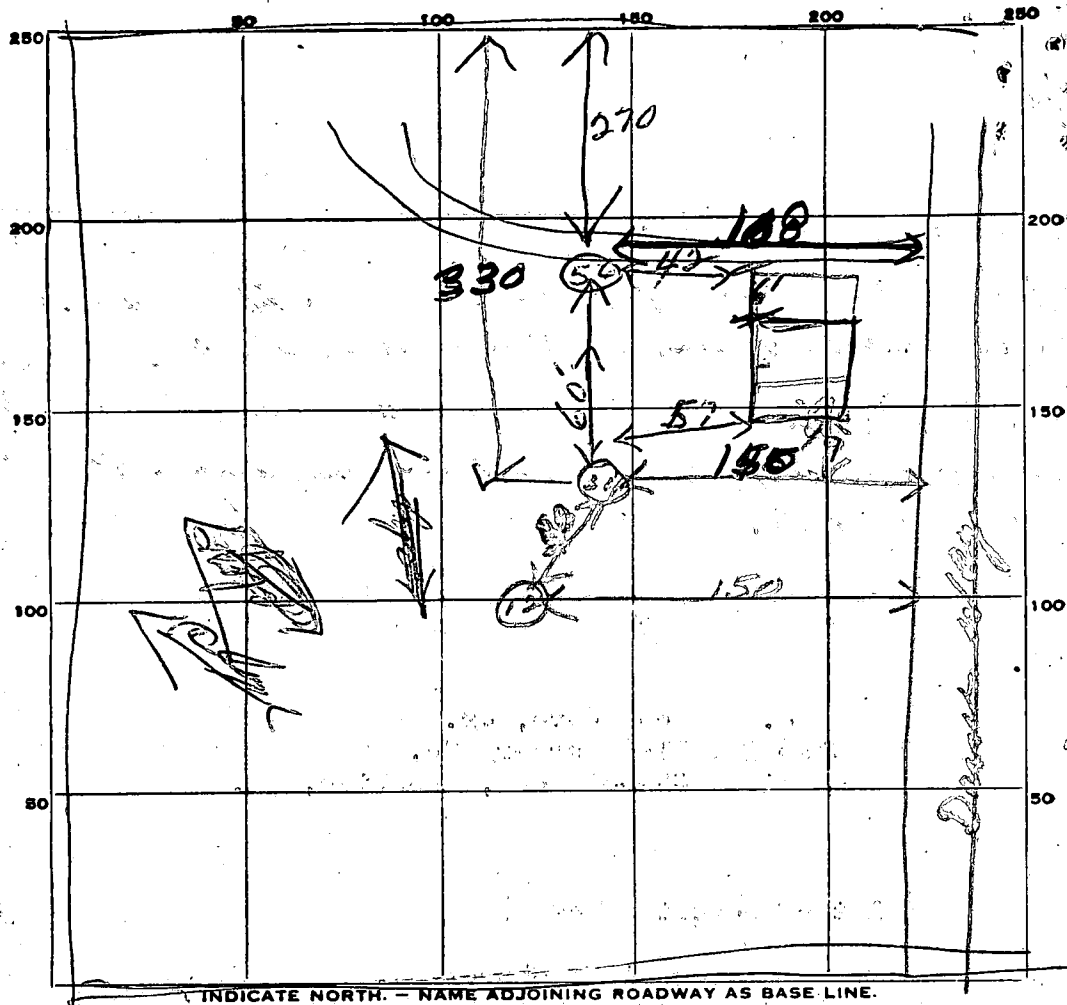
HOLD PENDING FURTHER TESTS James T. White DATE 1/12/70

REASONS FOR REJECTION OR HOLDING Well has to be deeper, as we get well have to be 14 to 15 ft deep

# THIS IS NOT A PERMIT

19  
3  
57  
14  
29

35  
31 1/2  
66  
42



12  
958  
16  
1074

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/20/70	3	4'	946	958	958	1020	22
	4	12'	950	952	952	954	22
	5	4'	956	1002	1002	1025	19
	6	11'	1000	1005	1005	1015	10

18  
41 1/2  
71  
18m  
AV

SOIL AUGER FINDING \_\_\_\_\_  
 TESTED BY [Signature]  
 REMARKS \_\_\_\_\_

# APPLICATION

*Tasdon Reeve*

A 11934

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

3 bedroom - Septic Tank - 750 gallons.

DISTRICT 4

Dry well - 300 sq. ft. absorbent sidewall area below the inlet pipe located approximately 28 1/2 ft. from rear lot line and 31 ft. from right side lot line as seen when facing lot from Jennings Chapel Rd.

DATE 6/20/66

4 bedroom - Septic Tank - 1000 gallons.

Dry well - 400 sq. ft. absorbent sidewall area below the inlet pipe located same as above.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert Johnsen

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION (Plat of Robert Johnsen) LOT NO. 3

ROAD AND DESCRIPTION Jennings Chapel Rd.

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 5.790 acres TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ R. W. Dubin

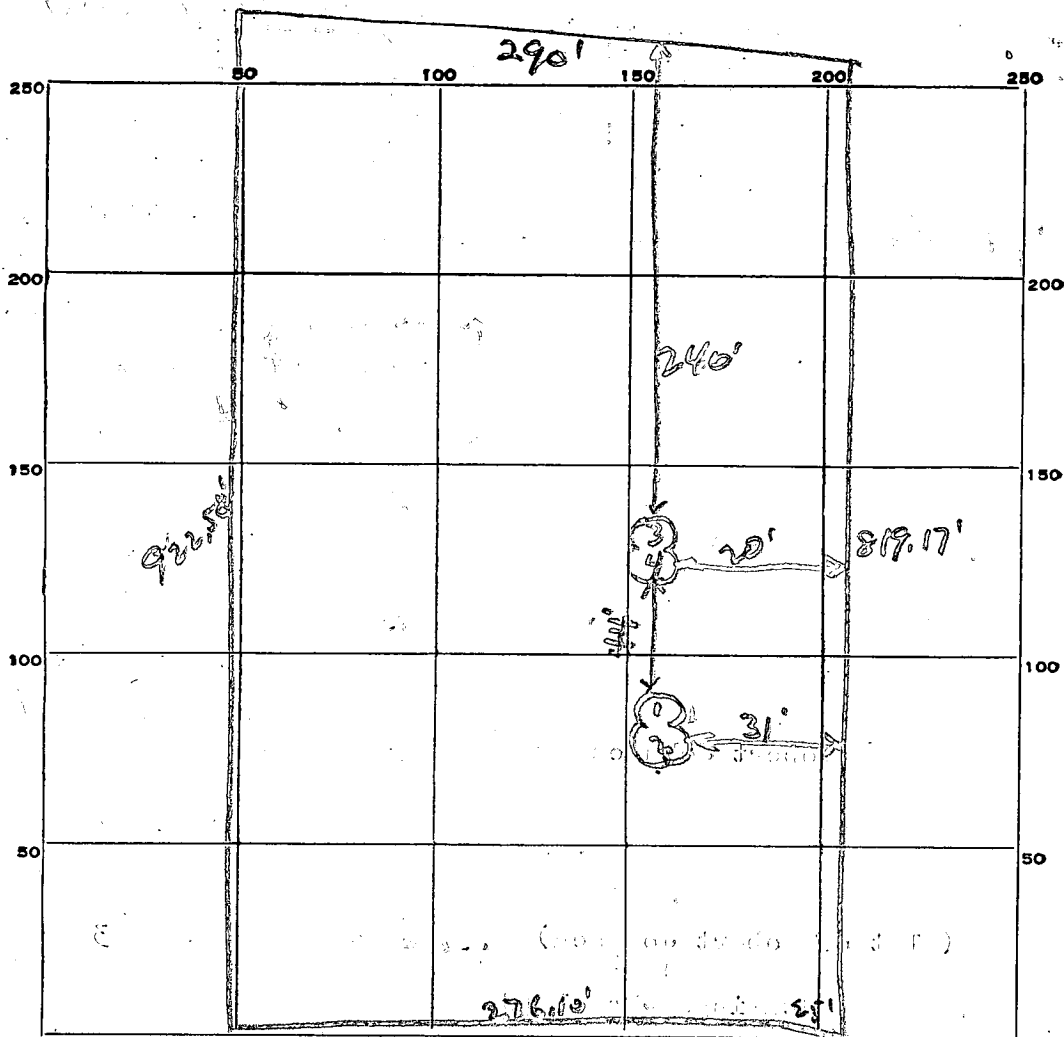
APPROVED BY JH Kabin FOR Dry well DATE 6/21/66  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Jennings Chapel Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/21/66	1	10'	10:48	10:54	10:54	11:07	13 min
	2	5'	10:50	10:52	10:52	10:55	3 min
	3	10 1/2'	10:53	10:55	10:55	10:57	2 min
	4	5'	10:53	10:58	10:58	11:08	10 min
							7 min

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY JHK

REMARKS Robert D. ...

**STATE OF MARYLAND**  
**DEPARTMENT OF WATER RESOURCES**  
**STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

APPLICATION MUST BE SUBMITTED  
 AND PERMIT RECEIVED BEFORE  
 DRILLING IS STARTED.  
 FILL IN THIS FORM COMPLETELY.

1774

SEQUENCE NO. (DWR USE ONLY)

DATE RECEIVED (DWR USE ONLY)  
 2/20/70  
 1:30

OWNER: *Revere*  
 COL. 15, LAST NAME  
 STREET OR R.F.D.: *Woodbine*  
 COL. 26  
 POST OFFICE: *Woodbine*  
 COL. 37

**B 2 DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.)  
 4 FIRST NAME: *L. Franklin*  
 5 LAST NAME: *Reilly*  
 6 IDENTITY NUMBER: *12*  
 7 DRILLER: *RC-3*  
 8 STREET OR R.F.D.: *U.S. Hwy 2*  
 9 POST OFFICE: *Wood*  
 10 ZIP CODE: *21771*  
 11 DATE OF APPLICATION: *Jan 29, 1970*

**B 4 LOCATION OF WELL**  
 1 2 3 (SEQ. NO.)  
 4 COUNTY: *Howard*  
 5 SUBDIVISION:  
 6 SECTION: *7*  
 7 LOT:  
 8 NEAREST TOWN: *Thermopylae*  
 9 MILES FROM TOWN (ENTER 0 IF IN TOWN): *2*

**B 3 WELL INFORMATION**  
 1 2 3 (SEQ. NO.)  
 4 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): *5*  
 5 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): *600*  
 6 USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT  
 MUNICIPAL WATER SUPPLY  
 PRIVATE WATER COMPANY  
 TEST  
 MUST HAVE STATE HEALTH DEPT. APPROVAL

**B 5 DIRECTION FROM ROAD**  
 1 2 3 (SEQ. NO.)  
 4 N-NORTH  
 5 S-SOUTH  
 6 NE-NORTHEAST  
 7 SE-SOUTHEAST  
 8 SW-SW  
 9 W-WEST  
 10 NW-NORTHWEST  
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C 1 **3895** SEQUENCE NO. (DWR USE ONLY)  
 1 2 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.)

**STATE OF MARYLAND**  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL  
**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (DWR USE ONLY)  
 8-13

DATE WELL COMPLETED Feb. 12, 75  
 DEPTH OF WELL 220  
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM PERMIT TO DRILL WELL  
H0-70-0123  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 4/2

OWNER Reese Jr. LAST NAME London FIRST NAME  
 STREET OR RFD \_\_\_\_\_ POST OFFICE Woodburn Md.

**WELL LOG**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Shaly</u>	<u>3</u>	<u>15</u>	
<u>Brown slate</u>	<u>15</u>	<u>40</u>	
<u>Heavy rock</u>	<u>40</u>	<u>220</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 Y 46  N 46

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 18 FT.  
 48 52 54 58  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES INSERT APPROPRIATE CODE BELOW

S T STEEL  C O CONCRETE  
 P L PLASTIC  O T OTHER

MAIN CASING TYPE  S T  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 60 61 63 64 66 70  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 20  
 60 61 63 64 66 70

**OTHER CASING (IF USED)**

EACH CASING DIAMETER (INCH) DEPTH (FEET) FROM TO


**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW

S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE  
 P L PLASTIC  O T OTHER

C 2 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT)  
 FROM TO

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51
53	54	56	60	62	66

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F 68

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T TELESCOPE CASING  70  
 W Q OTHER DATA AVAILABLE  72

C 3 (SEQ. NO.) 6  
**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 1  
 8 9  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1  
 11 15

METHOD USED TO MEASURE PUMPING RATE Bucket  
**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**  
 BEFORE PUMPING 40 (NEAREST FOOT) 17 20  
 WHEN PUMPING 220 (NEAREST FOOT) 22 25

**TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)**

A AIR 27  P PISTON 27  T TURBINE 27  
 C CENTRIFUGAL 27  R ROTARY 27  O OTHER (DESCRIBE BELOW) 27  
 J JET 27  S SUBMERSIBLE 27

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)  
 29

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_ 31 35  
 PUMP HORSE POWER \_\_\_\_\_ 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

ABOVE } LAND SURFACE (NEAREST FOOT)  
 BELOW } 2 49 51

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

**CIRCLE APPROPRIATE BOXES**

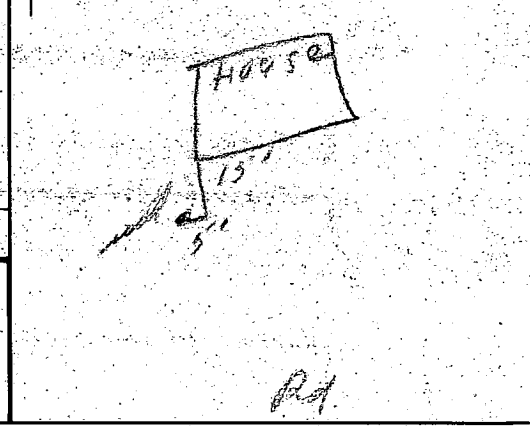
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME  
 (PLEASE PRINT) \_\_\_\_\_  
 SIGNATURE [Signature]

SLOT SIZE 1 2 3 4  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F 68

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T TELESCOPE CASING  70  
 W Q OTHER DATA AVAILABLE  72



B 1  
 1 2 3 (SEQ. NO.) 1774  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
 APPLICATION FOR PERMIT TO DRILL WELL

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)  
 OWNER: Reeve COL 15 LAST NAME  
Anderson COL 34 FIRST NAME  
 STREET OR RFD: \_\_\_\_\_ COL 36  
 POST OFFICE: Woodbine COL 57  
40-70-0123 COL 80

B 2 DRILLER INFORMATION  
 1 2 3 (SEQ. NO.)  
 8 FIRST NAME: Le Franchin  
 DRILLER: Castro COL 27 LAST NAME  
 IDENTITY NUMBER: 42 COL 29  
 STREET OR RFD: Rt. 3 COL 34  
 POST OFFICE: MD COL 55  
 ZIP CODE: 21771 COL 80  
 DATE OF APPLICATION: Jan 29, 1970

B 4 LOCATION OF WELL  
 1 2 3 (SEQ. NO.)  
 COUNTY: Howard COL 21  
 SUBDIVISION: \_\_\_\_\_ COL 42  
 SECTION: \_\_\_\_\_ COL 44  
 LOT: \_\_\_\_\_ COL 48  
 NEAREST TOWN: Florence COL 52  
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 COL 73

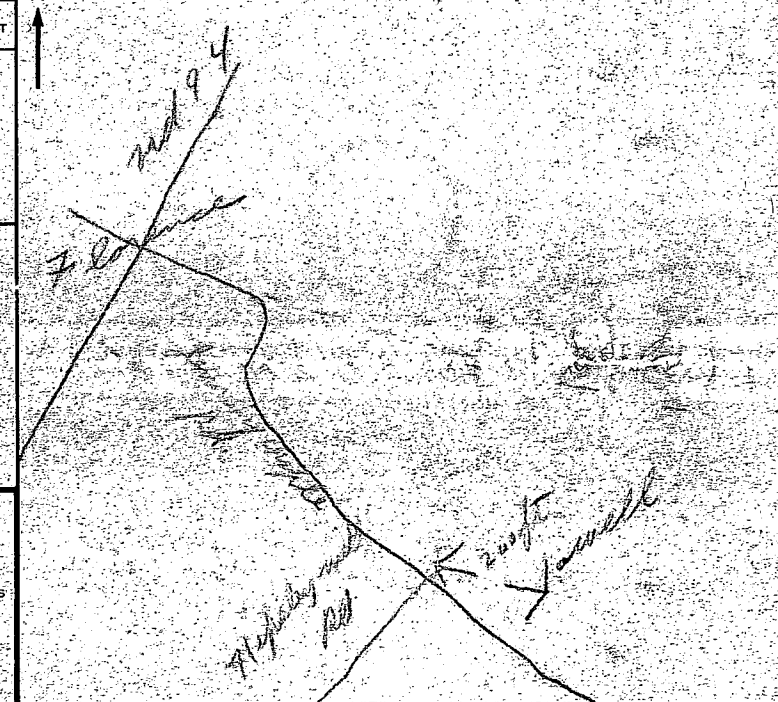
B 3 WELL INFORMATION  
 1 2 3 (SEQ. NO.)  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 COL 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 COL 14

B 5 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
 N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST  
 S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD: \_\_\_\_\_  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  N  S  E  W  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100 COL 34

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 F FARMING, AGRICULTURE, IRRIGATION  
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 M MUNICIPAL WATER SUPPLY  
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 T TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. DISTANCE MAY BE APPROXIMATE, BUT MUST BE INDICATED.

APPROXIMATE DEPTH OF WELL: 100 FEET  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 BORED (OR AUGERED) JETTED DRIVEN  
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
 CABLE REVERSE ROTARY  
 OTHER (DESCRIBE): \_\_\_\_\_



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 R THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 D 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 (DWR USE ONLY)  
 APPROPRIATION PERMIT NUMBER: \_\_\_\_\_  
 ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) \_\_\_\_\_ FORCE \_\_\_\_\_  
 CONDITIONS: \_\_\_\_\_

B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)  
 COUNTY DEPT. OF HEALTH: Howard  
 LATITUDE: 39 17 00  
 COUNTY DEPT. OF HEALTH: \_\_\_\_\_  
 DEGREE MIN. SEC.  
 LONGITUDE: 07 70 23  
 DATE: 2 2 70  
 APPROVED BY: Palma F. Wilms TITLE: Director  
Environmental Health  
 ELEVATION AT WELL HEAD (FEET): 66 60

B 6 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)  
 1 2 3 (SEQ. NO.)

2/22/94  
after 12 noon

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT NO.

DATE 1/26/93

J. Landon Howe, Jr.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 3275 Jennings Chapel Road, Needsboro, MD. PHONE 442-8300

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Chapel View Nursery ROAD 3275 Jennings Chapel Rd.

PROPERTY OWNER J. Landon Howe, Jr. SHOP/OFFICE

ADDRESS SAME AS ABOVE

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA 90 FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 90 FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 & TANK CAPACITY 1000

Trench - 100 ft. long, 12 ft. deep, with 7 ft. of gravel under pipe. 1000  
OTHER 10 to 20 inches wide. 10000 cubic ft. of gravel in trench. 12.000  
between two pipe holes. Call for inspection of trench before any gravel is  
installed.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON. *W/H*

NOTE: INSTALL BRASS PIPE ON SEPTIC TANK AND DRY WELL. *W/H*

PLANS APPROVED BY William V. Zapp DATE 1/25/93

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER HOLES UNTIL INSPECTED AND APPROVED.

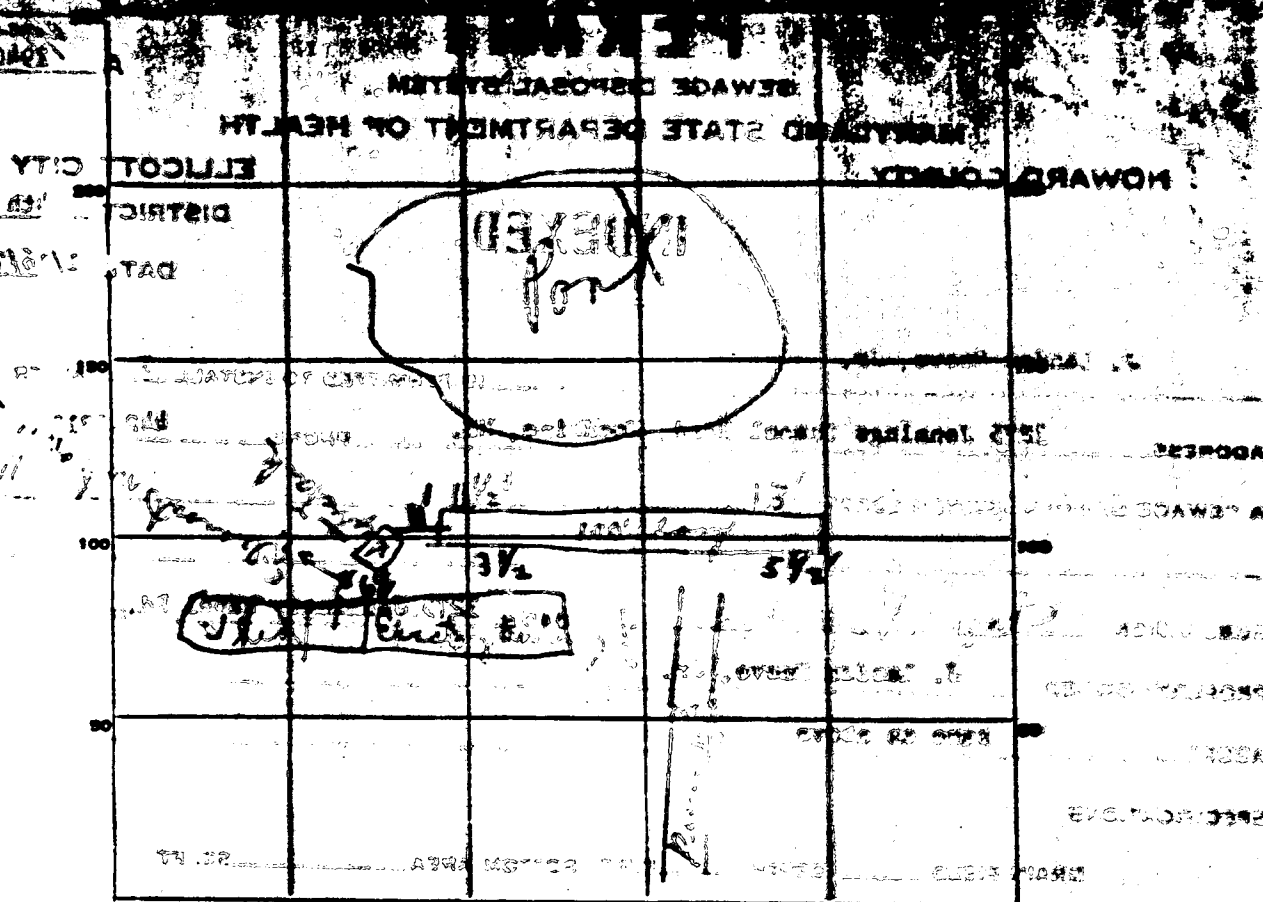
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED  
AND RETURNED 2/12/92  
Serial # 44919  
3 cov garage

BLDG. PERMIT SIGNED  
AND RETURNED 2/12/92  
Serial # 46861  
Shop Storage

19405

DATE SYSTEM APPROVED



**PERMIT CARD**

**SEPTIC TANK, LEVEL** OK Partial Design Fund S.T. D.W. None

**DISTRIBUTION BOX, LEVEL** \_\_\_\_\_

**TILE-FIELD, DEPTH** \_\_\_\_\_ **FT. TRENCH WIDTH** \_\_\_\_\_

**GRAVEL DEPTH** 10" **TOTAL LENGTH** 100 **FT.**

**NUMBER OF TRENCHES** 4 **TOTAL BOTTOM AREA** \_\_\_\_\_

**SEEPAGE PITS, INSIDE DIAMETER** \_\_\_\_\_ **FT. DEPTH BELOW SURF** \_\_\_\_\_

**ABSORBENT AREA** 71000 ± **SQ. FT.**

**REMARKS:** 2/22/74 Trenches 1 1/2' deep and S.T. tank and 13' of  
 for 2" OK gravel installation & electrical  
 per 15' from house cover paper with the ground  
 to 4' high top. Note cast iron at discovery, needed  
 of trench & cover with paper for find when  
 this is hooked up. Cas. checked S.T. tank  
 + pipe in - saw cast iron of drawing from slip ring type for  
 DATE SYSTEM APPROVED 2/22/74 INSPECTOR C.B. [Signature]  
 to per specs

# APPLICATION

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND ENVIRONMENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 876, ELLICOTT CITY, MARYLAND 21040  
TELEPHONE: 444-6666, EXT. 506

1000 gal ST

SUBJECT 4  
DATE 1/15/74

1/15/74  
4/1/74  
9.30  
See schedule from  
per P. F. ...

Trench 100 ft long, 12 ft deep, with  
7 ft of gravel under pipe. (Make trench  
18-24 inches wide)  
Locate trench in back of existing garages  
in area between two perc holes.

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 J. LONDON Reeve, JR

ADDRESS 3275 JENNINGS Chapel Rd  
WOODBINE, MD 21797

PHONE 442-2310

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_

LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 3275 JENNINGS Chapel Rd  
WOODBINE MD 21797

SIZE OF LOT 5.1 ACRES

TYPE BLDG. Shop & Office

IF NOT SINGLE RESIDENCE DESCRIBE This property is not to be subdivided

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

SIGNATURE OF APPLICANT J. London Reeve Jr

APPROVED BY W.W. Zipp FOR deep trench DATE 1/15/74

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



319

THIS REPORT IS TO BE COMPLETED IN EACH OF THE FOLLOWING CASES:

DATE COMPLETED -  
APR 27 1944

DEPTH OF WELL  
1100

WELL IDENTIFICATION NO. 48

OWNER: KERVE, LINDA W.

STREET OR RFD: 275 ...

WELL LOG  
STATE THE KIND OF SUBSTANCES PENETRATED, THEIR COLOR, DEPTH, TOUGHNESS AND IF WATER BEARING

DESCRIPTION (USE APPROPRIATE TICKETS IF NECESSARY)	FEET		WATER BEARING
	FROM	TO	
	0	20	
	20	100	

**SHIELDING RECORD**  
WELL HAS BEEN SHIELDED (CHECK APPROPRIATE BOXES)  
TYPE OF SHIELDING MATERIAL (CIRCLE BOX)  
REASON:  C-11 / COMPOSITE CLAY  C-12  
NO. OF BAGS: 6 NO. OF POUNDS: 27  
GALLONS OF WATER: 29  
DEPTH OF GROUT SEAL (NEAREST FOOT)  
FROM 0 FT. TO 22 FT.  
NEAREST 0 OF FROM SURFACE?

**CASING RECORD**  
(INSERT APPROPRIATE CODE BELOW)  
STEEL  CONCRETE   
PLASTIC  OTHER   
MAIN CASING TYPE:  S-1  
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6  
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 23

**OTHER CASING (IF USED)**  
DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**  
(INSERT APPROPRIATE CODE BELOW)  
STEEL  BRASS  WOOD   
PLASTIC  OTHER   
EACH SCREEN: 1 (40) 2 3  
DEPTH (NEAREST WHOLE FEET) FROM 0 TO 21 TO 109 TO 21

**C 2**  
EACH SCREEN: 1 (40) 2 3  
DEPTH (NEAREST WHOLE FEET) FROM 0 TO 21 TO 109 TO 21  
SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_  
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

SEE USE ONLY NOT TO BE FILLED IN BY DRILLER  
TELESCOPE CASING  LOG INDICATED

**PUMPING TEST**  
PUMPING DATE: \_\_\_\_\_  
GALLONS PER MINUTE TO NEAREST GALLON: \_\_\_\_\_  
WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING: 17 TO 30 NEAREST FOOT  
WATER LEVEL (DISTANCE FROM LAND SURFACE) AFTER PUMPING: 23 TO 100 NEAREST FOOT  
TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX) (USE PUMPING TEST)  
A HAND  B P.V. OR  C CENTRIFUGAL  D ROTARY  E OTHER (SPECIFY BELOW)

**PUMP INSTALLED**  
TYPE OF PUMP (CIRCLE APPROPRIATE LETTERS) (SEE - SEE ABOVE: A, B, C, D, E, F, G)  
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO   
CAPACITY: \_\_\_\_\_  
GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_  
PUMP HOSE LENGTH (NEAREST FOOT) \_\_\_\_\_  
PUMP CEMENT LENGTH (NEAREST FOOT) \_\_\_\_\_

**CASING HEADS** (CHECK APPROPRIATE BOX AND ENTER CASING HEADS)  
ABOVE  BELOW   
LAND SURFACE (NEAREST FOOT) \_\_\_\_\_

**LOCATION OF WELL ON LOT**  
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE DISTANCES FROM THE WELL.

**CIRCLE APPROPRIATE BOXES**  
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
B ELECTRIC LOG OBTAINED  
C TEST WELL CONVERTED TO A PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME: \_\_\_\_\_  
PLEASE PRINT NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Ellicott City, MD 21043  
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

Receipt # 00  
 Date 8-1-95

Name of Installer Allen Van Soudine

Telephone 442-2221

License Number 1862

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner London Reeves

Telephone 442-2310

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well Tag # HD-94-0599

Site Address 3275 Feary Chapel Rd

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Goetz
- Model # TCS 10412
- Capacity 7 GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes  No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Motor

- Horsepower 1hp
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Howard
- Model # \_\_\_\_\_
- Depth 36 in

Tank

- Capacity 42
- Pressure relief valve? yes

Piping

- Type #160
- Size 1
- NSF and/or BOCA Code approved
- Depth of supply line 36 in

Well data

- Depth 300 ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? yes

8-9-95  
 No insp -  
 work covered  
 AM

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: 8-1-95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

442-488772 B

**B 1** **00668** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

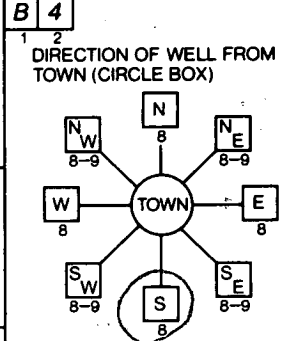
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-0599**  
 fill in this form completely

**INDEXED**  
**B 3**  
 Date Received (APA) **070695**  
**OWNER INFORMATION**  
 REEVE LANDOM  
 3275 JENNINGS CHAPEL  
 WOODBINE MD 21797

**LOCATION OF WELL**  
 HOWARD  
 LISBON  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION**  
 George F. EASTRUDAY  
 L. F. EASTRUDAY INC  
 Alt. River Rd. 21771  
 George F. Eastрудay 7-5-95



**3275 JENNINGS CHAPEL**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH, WEST, SOUTH, EAST  
 DISTANCE FROM ROAD **200** FT

**B 2** **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard 13-A15049  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED **070695** EXP. DATE **7/6/96**  
 NORTH GRID **520000** EAST GRID **078000**

**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)

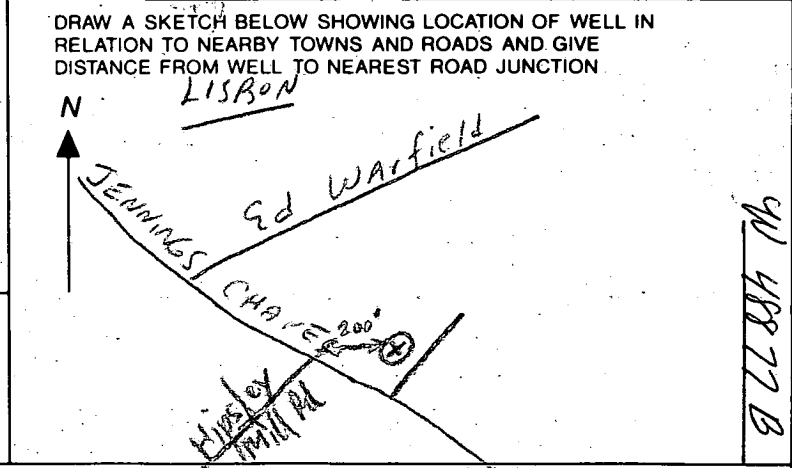
APPROXIMATE DEPTH OF WELL **200** FEET

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 780  
 N 520

APPROXIMATE DIAMETER OF WELL **6** INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jettied & 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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **HO-90-0123**



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **KA** WRITE INITIALS IN BOX PERMIT No. **HO-94-0599**

SPECIAL CONDITIONS

C1 2758

SEQUENCE NO. (MDE 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 HO 94 0599

DATE RECEIVED

DATE WELL COMPLETED 07/29/95

Depth of Well 500

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 0599

OWNER Reeve London STREET OR RFD 3275 Jennings Chapel Rd TOWN Lisbon SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Topsoil, Clay, Shale, Tan Slate, Granite, Tan mica, Granite, Fractured Granite, Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 16 NO. OF POUNDS 80

CASING RECORD

MAIN CASING TYPE (S) (T) (6) (63) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

Table for screen record with columns for depth (nearest ft.) and slot size. Includes rows for E, A, C, H, S, C, R, E, E, N.

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

C 3

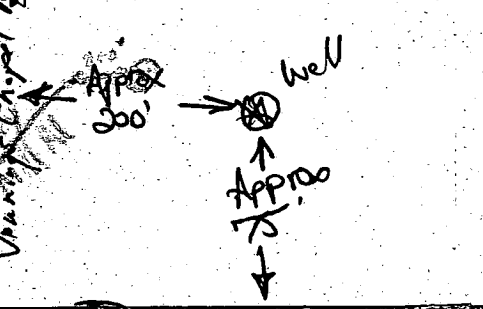
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 50.0 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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) LAND SURFACE (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS:

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

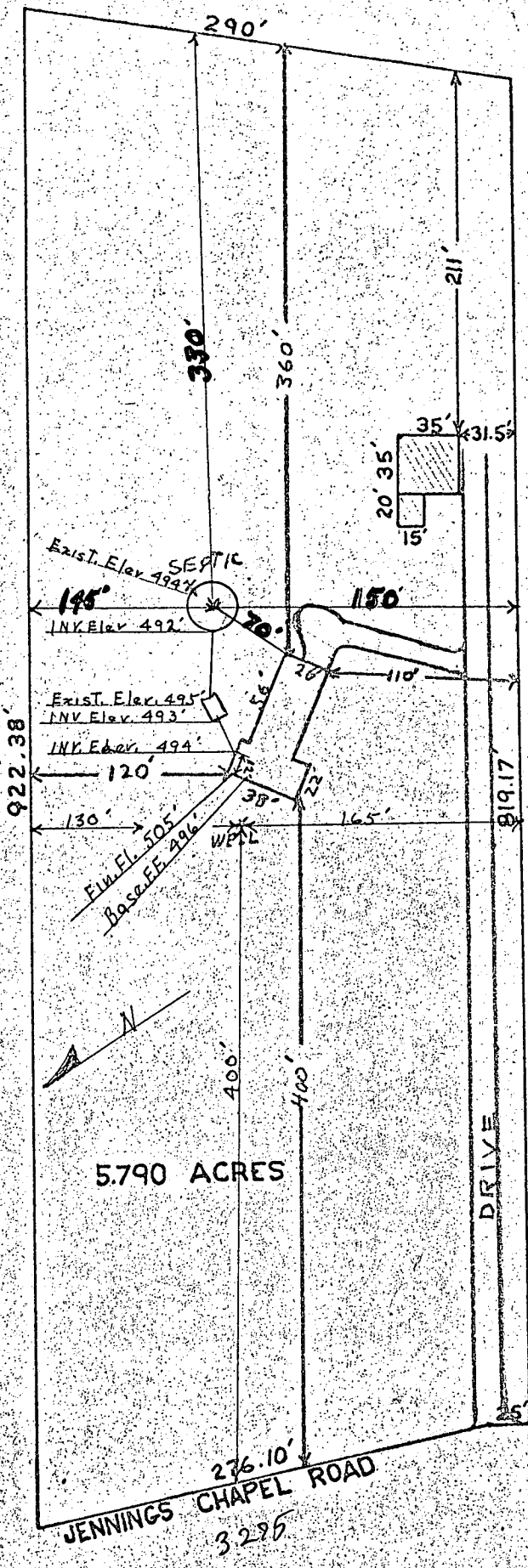
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN COMPLIANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Eustand

LIC. NO. 40

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



Approved  
 1/21/70  
 JFW

*Leeve*

SCALE 1"=100'

**SITE INSPECTION SHEET**

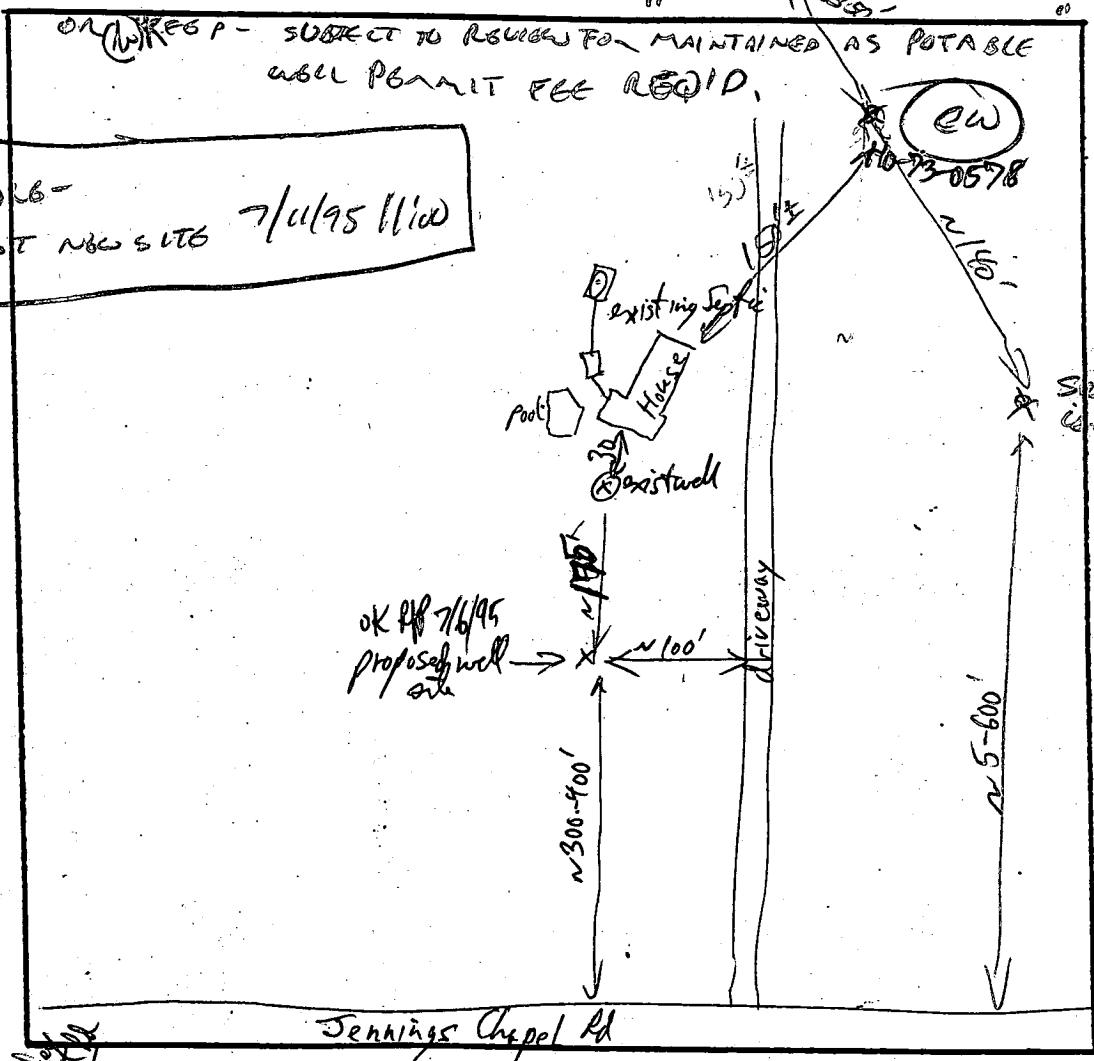
OWNER: CANDON REEVE  
ADDRESS: 3275 JENNINGS CHAPEL RD,  
Chapel Valley Landscape Company

DATE REQUESTED: 7/6/95 9:00  
DRILLER: EASTORDAY  
WELL TAG # \_\_\_\_\_  
COUNTY # A15049

PROPOSAL: EMERGENCY REPLACEMENT WELL PERMIT REQUEST 60,

NOTE TO INSPECTOR:  
CONFIRM CONDITION OF EXISTING WELL  
& STATUS (ABANDONED) - NO FEE

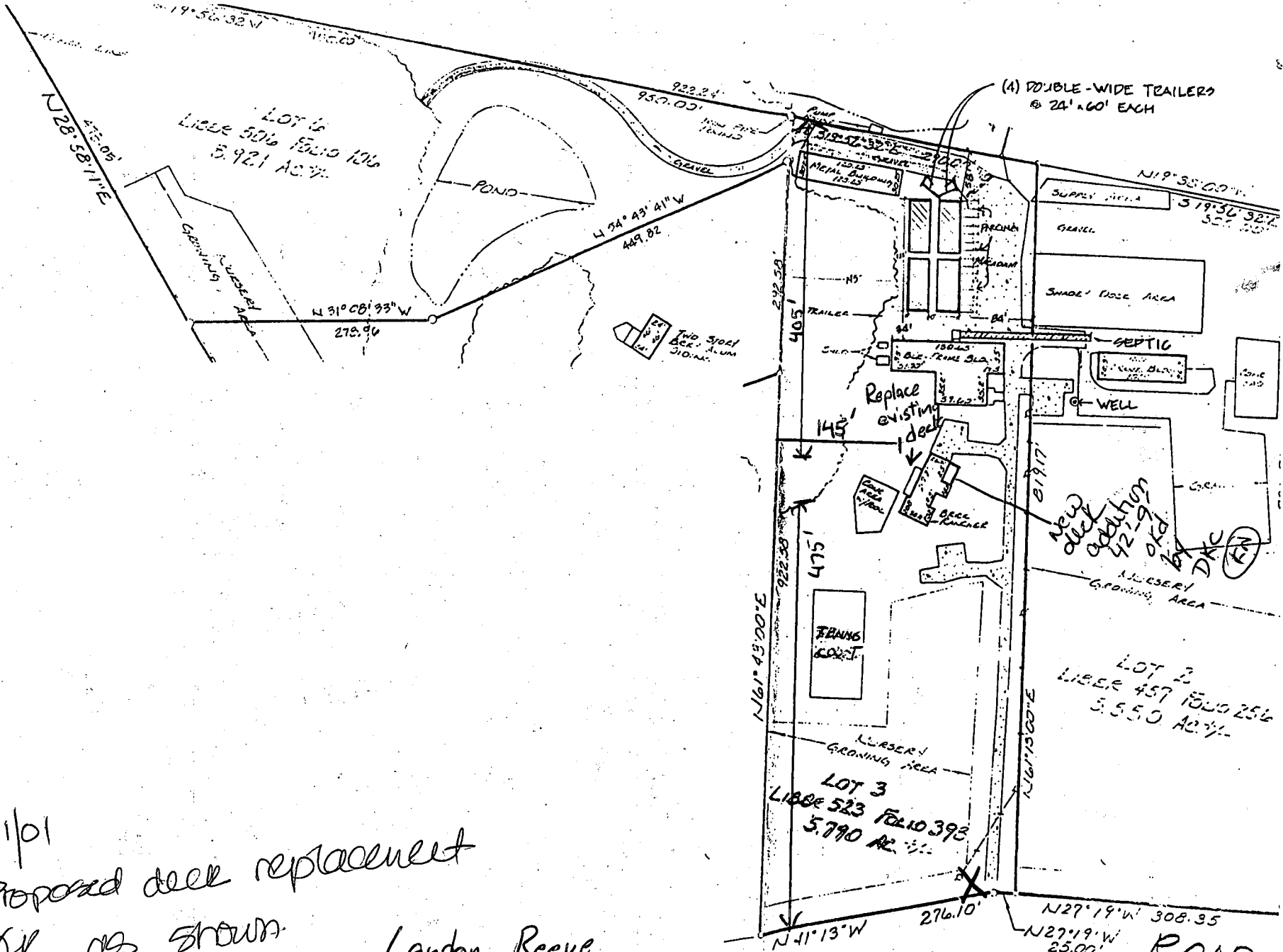
**LOCATION DIAGRAM**



Dry Hole -  
REQUEST NEW SITE 7/11/95 (1100)

COMMENTS: Last several years cons of fant well yield has been dropping, would like a replacement well  
Has a commercial welling for business in back of lot  
Commercial well # 10-73-0578 Secondary well site approved in case #1 down street yield requirements. R/P 7/11/95

DATE: 7/6/95 INSPECTOR: [Signature]



3/1/01

Proposed deck replacement  
OK as shown.

(Signature)

Landon Reeve  
3275 Jannings Chapel Rd CHAPEL  
Woodbine Md  
21797

ROAD

Building Address Landon Reeve  
3275 Jennings Chapel Rd  
Woodbine Md 21797

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 60140 Subdivision 60140

Section N/A Area N/A Lot 3

Tax Map 13 Parcel 150 Grid 22

Zoning RR 12C Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Landon Reeve  
 Address 3275 Jennings Chapel Rd  
 City Woodbine State MD Zip Code 21797

Home Phone 301-924-5400 Work Phone Same  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
J.W. Haynes & Co. / John Haynes  
16071 H.E. Mullinix Rd  
Woodbine md 21797  
 Phone 301-854-6944 Fax Same

Existing Use Res.  
 Proposed Use Same  
 Estimated Construction Cost \$ 12,500

Description of Work Remove existing 12'x36' deck  
and replace with 12'x42' deck

Contractor Company J.W. Haynes & Co.  
 Contact Person John Haynes  
 Address 16071 H.E. Mullinix Rd  
 City Woodbine State MD Zip Code 21797  
 License No. 72097  
 Phone 301-854-6944 Fax Same

Occupant or Tenant Landon Reeve  
 Contact Name Same  
 Address 3275 Jennings Chapel  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Engineer or Architect Company J.W. Haynes  
 Contact Person John  
 Address Same  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: <u>deck</u> Dimensions: <u>12'x42'</u> Footings: <u>(5) 30" x 12" Flgs</u> Roof: _____	Sprinkler system: <u>N/A</u> <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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature John Haynes  
 Title/Company Owner

Print Name John Haynes  
 Date 2-28-01

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#
<input checked="" type="checkbox"/> Land Development, DPZ	<u>3/1/01</u>	<u>[Signature]</u>	Front: <u>22'</u>	<u>10673</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>6'</u>	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official	<u>3/1/01</u>	<u>[Signature]</u>	Side: <u>30'</u>	Permit fee \$ <u>200</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>2/1/01</u>	<u>[Signature]</u>	Side St.: <u>20'</u>	Excise tax \$ _____
Health			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>200</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone <u>11/11</u>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u>2/28/01</u>	Check # <u>2219</u>
			Accepted by <u>[Signature]</u>	Validation # <u>30212</u>