

10/26/89 ANYTIME  
11/6/89

NOX ID - 04-345975

10/26/89 P.C.O.  
C.B.

# PERMIT

P 45043

SEWAGE DISPOSAL SYSTEM

A 37744

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 10/11/89

DATE SYSTEM APPROVED 11/16/89

INSPECTOR M. R. Stein

Olen Ketterman

IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION The Morgan Station ROAD 821 Iron Rail Court LOT 2

PROPERTY OWNER Cook Custom Contracting, Inc.

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the left front corner, place the distribution box 400 feet down the left (659.00') lot line and 90 feet off the left line as seen when facing property from Morgan Station Road. Run trenches along contour towards the left (659') lot line. NOTE: MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Bert Nixon DATE 10/20/87

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

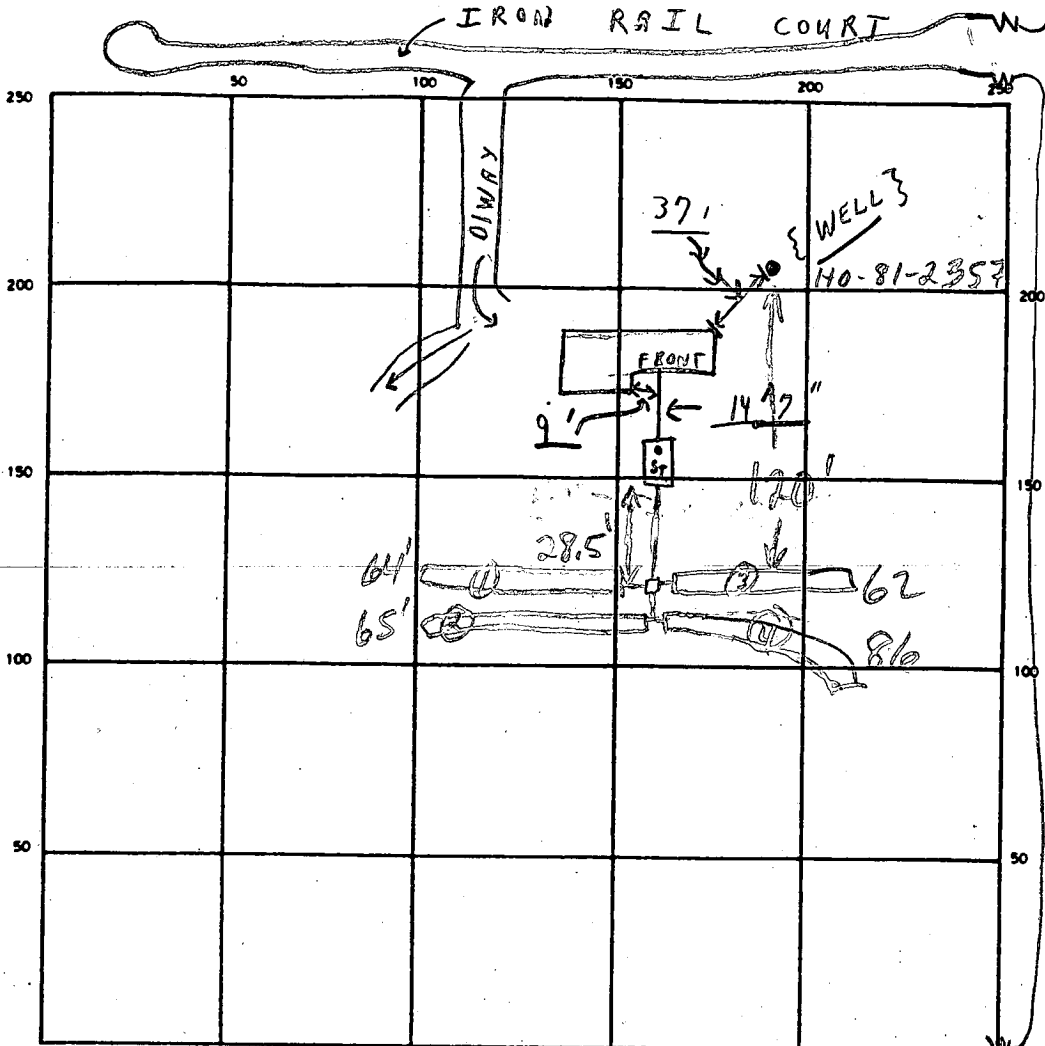
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A  
37744

A 37744  
 P21 Iron Rail Ct  
 Morgan Station lot 2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

MORGAN STATION ROAD

S.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TILE FIELD DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 066 062 086 280 FT.

NUMBER OF TRENCHES 4 ONE ~~SECTION~~/BOTTOM AREA 840 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS Partial 10/26/89 @ septic tanks + pipes from house to 6'-9" out of tanks only; partial C.B.S.; 10/26/89 ok to cover from house to 1/4 furthest end of septic tanks - only C.B.S.

11/3/89 OK TO RUN TRENCHES IN BOTH DIRECTIONS FOR INITIAL SYSTEM. REPAIRS TO LEFT SIDE OF LOT ONLY MR

11/6/89 OK TO COVER ALL WORK

DATE SYSTEM APPROVED 11/6/89 INSPECTOR M. R. Fisher

# APPLICATION

PERCOLATION TESTING

A 37744

P \_\_\_\_\_

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

DISTRICT 4

DATE 10/1/86

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 Ray W Crum + wife COOK CUSTOM CONTRACTING, INC.

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Balto Natl Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION: The Station LOT 2 on Pine City

SUBDIVISION Crum Property LOT NO. PK

ROAD AND DESCRIPTION E/S MORGAN STATION ROAD - 3925' NORTH OF OLD

FREDERICK ROAD 821 IRON RAIL CT

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 Ac TYPE BLDG. SF  
(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.

APPROVED BY B Nylan FOR Shallow system DATE 10/20/87

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

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

REASONS FOR REJECTION OR HOLDING 10/3/86 Dig More Slow

10/8/86 - PERC OK HOLD FOR PIAT RH

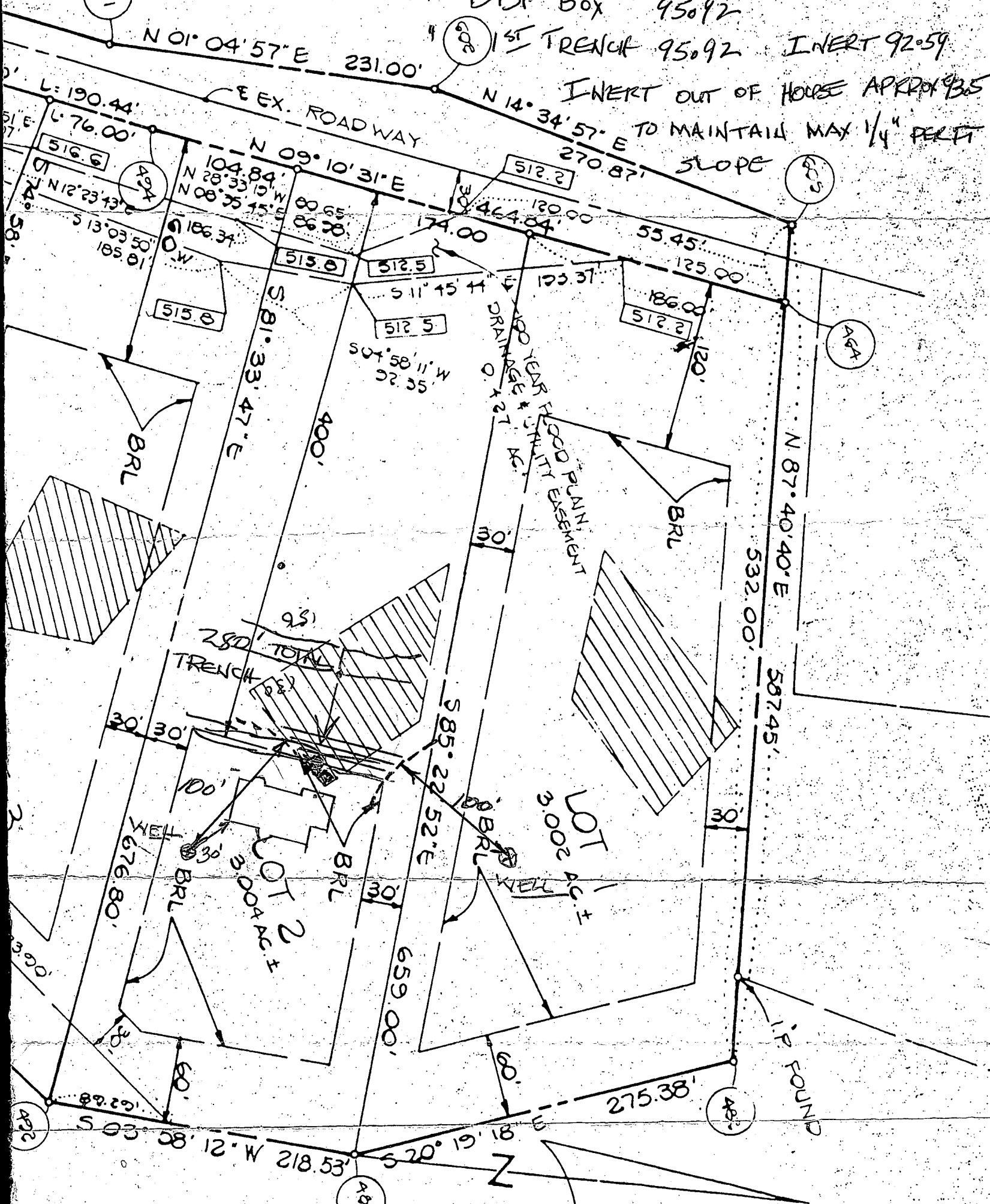
# THIS IS NOT A PERMIT



ELEVATIONS

	1 <sup>ST</sup> FLOOR	100	INERT ELEV
	BASEMENT	91.0	OUT OF BASE 93.5
	EX WELL	97.67	INTO SEPTIC 93.3
	FINISH	97.0	OUT " 92.85
	EX SEPTIC TANK	96.25	INTO DIST 92.70
	" DIST BOX	95.92	OUT " 92.59
	" 1 <sup>ST</sup> TRENCH	95.92	INERT 92.59
			INERT OUT OF HOUSE APPROX 93.5

ROAD



B.P. Appl. 26742  
 Cook's Custom Contracting, Inc  
 15132 NEW WINDSOR RD  
 NEW WINDSOR, MD

N 53.500  
 21776  
 E 787.000

SCALE  
 VICIN

NOT RECORDED  
 67388

NOT RECORDED  
 67388

B 7 **0731** SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

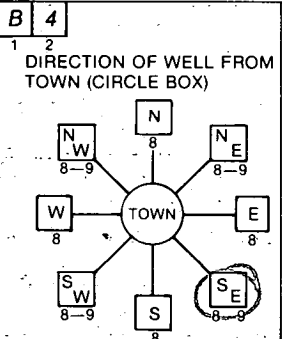
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
**HO-81-2357**  
fill in this form completely

Date Received **09 30 87**  
OWNER INFORMATION  
Last Name **MARIANETTI** Owner **BOB** First Name  
Street or RFD **362 CORNWALL ST**  
Town **BALTIMORE** State **MD** Zip **21221**

B 3 LOCATION OF WELL  
COUNTY **HOWARD**  
SUBDIVISION **THE STATION**  
SECTION **1-1** LOT **2**  
NEAREST TOWN **WOODBINE**  
MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
Driller's Name **Ralph Mayne** License No. **273**  
Firm Name **Ralph Mayne Well Drilling**  
Address **9120 Brown Church Rd. Mt. Airy**  
Signature **Ralph Mayne** Date **9/28/87**



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD **MORGAN STATION RD.**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD **480** FT  
ENTER FT or MI **5+**

B 2 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 **HO. WOOD** COUNTY NO. **A37744**  
OEP SIGNATURE **R. N. Nelson** STATE HEALTH INSERT S.   
DATE ISSUED **10 30 87** CO SIGNATURE **R. N. Nelson** EXP. DATE **04/30/88**  
NORTH GRID **552000** EAST GRID **0782000**

APPROXIMATE DEPTH OF WELL **150** FEET

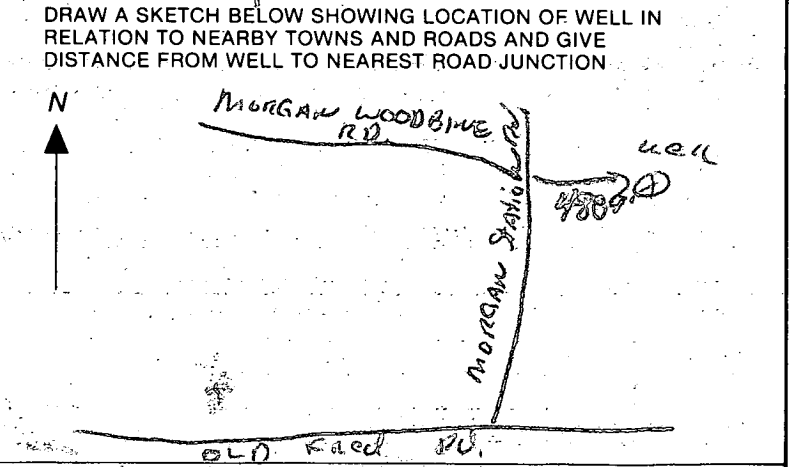
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered)  JETTED  Jetted & DRIVEN   
AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)   
CABLE  REVERSE-ROTARY  DRIVE-POINT   
other \_\_\_\_\_

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  
E **286**  
N **5502**

10-30-87 11:00am  
Missed grout  
6 bags cement  
22 ft casing  
20 ft open hole  
2 ft above ground  
J. Nadeau

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)  
APPROX. PERMIT NUMBER **GAP**  
FORCE **2A** WRITE INITIALS IN BOX PERMIT No. **HO-81-2357**

SPECIAL CONDITIONS **H-635-3118**  
**W-396-2422**

C1 1961  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLUMNS 3-6 ON ALL CARDS)

SEQUENCE NO.  
 (OEP USE ONLY)

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 A 37744

DATE Received

DATE WELL COMPLETED 103087

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2357

OWNER MARIANETTI BOB  
 STREET OR RFD MORGAN STATION ROAD TOWN WOODBRIDGE  
 SUBDIVISION THE STATION SECTION LOT 2

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	2	
Sandy	2	11	
SANDSTONE	11	15	
MICKA	15	40	OR
SANDSTONE	40	45	
MICKA	45	205	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 6 NO. OF POUNDS 600  
 GALLONS OF WATER 36  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 20 ft.

CASING RECORD  
 casing types insert appropriate code below  
 ST CO STEEL CONCRETE  
 PL OT PLASTIC OTHER  
 MAIN CASING TYPE PL  
 Nominal diameter top (main) casing (nearest inch) 6  
 Total depth of main casing (nearest foot) 22

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

SCREEN RECORD  
 screen type of open hole insert appropriate code below  
 ST BR HO STEEL BRASS OPEN HOLE  
 PL OT PLASTIC OTHER

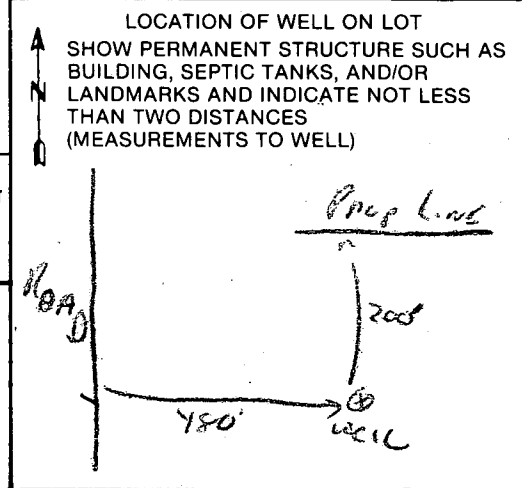
DEPTH (nearest ft.)  
 HO 20 205  
 SLOT SIZE 2  
 DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 10  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 46  
 TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) J jet S submersible

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:  
 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 (nearest foot) 2



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 10.17.13 "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. 273  
 DRILLERS SIGNATURE Ralph Wayne  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Ralph E. Wayne

IRON RAIL COURT

EX. 15' WIDE PRIVATE  
FOR INGRESS & E

S3°58'12"W

218.53'

EX. COLONIAL F

60' BRL

FENCE DATA:  
PROP. 4' H  
PER CODE-  
30

30' BRL

SWIMMING POOL

18'X36'

SWIMMING POOL OK

30' TO WELL

PK 4/19/00

AS DISCUSSED  
W/POOL CONTRACTOR

NOTE: A VACUUM BRE  
WILL BE INSTAL  
ON JOB AS PE  
CODE.

FILTER PAD

EX. WELL

DRIVEWAY

30' BRL

DECK

HOUSE 93'

400' BRL

SEPTIC

RESERVE

AREA

FRONT

EX. DRAIN FIELDS

LOT 3

LOT 2

S81°1

491

659.00'

3444

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) 313-3800

**HOWARD COUNTY PERMIT APPLICATION**

PERMIT NUMBER  
DD023672

Building Address 821 Iron Rail Ct  
Woodbine MD 21777

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

Census Tract 6040 Subdivision The Station

Section N/A Area N/A Lot 2

Tax Map 3 Parcel 43 Grid 20

Zoning R-10 Map Coordinates 357 Lot size 3.00 AC ±

Property Owner's Name Mark & Laurie Allen

Address 821 Iron Rail Ct

City Woodbine State MD Zip Code 21777

Home Phone 410-411-3690 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Dana L. Krawczyk  
9515 Gerwig Lane #119  
Columbia, MD 21046  
Phone 410-995-6600 Fax \_\_\_\_\_

Existing Use SFD

Proposed Use SFD W/POOL

Estimated Construction Cost \$ 20,000  
construct 16' x 6' = 500 sq ft

Description of Work inground conc. pool w/cart filter. Pool filled by truck  
3' - 8"  
330 lin. ft of 4' high wood fence

Contractor Company Maryland Pools Inc.

Contact Person Dana L. Krawczyk

Address 9515 Gerwig Lane #119

City Columbia State MD Zip Code 21046

License No. 6694

Phone 410-995-6600 Fax \_\_\_\_\_

Occupant or Tenant owner

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

COMMERCIAL		RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>H-19</u> No. of stories: <u>2000</u> Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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 _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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 Dana L. Krawczyk      Dana L. Krawczyk  
Agent M.P.I.      Print Name

Title/Company \_\_\_\_\_      Date 4/29/00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ	<u>4/19/00</u>	<u>[Signature]</u>	Front: <u>100</u>	<u>45880</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>60'</u>	
<input checked="" type="checkbox"/> Building Official	<u>4/19/00</u>		Side: <u>30'</u>	
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St.: <u>N/A</u>	
<input checked="" type="checkbox"/> Health	<u>4/19/00</u>	<u>Mark E. Ripstein</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>11</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2473</u>
Distribution of Copies - White: Building Official    Green: LDD, DPZ    Yellow: DED, DPZ    Pink: Health    Gold: SHA			Accepted by <u>[Signature]</u>	Validation # _____

RECEIVED HOWARD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH