

6/9/97
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

P 58578-A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

367492

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933 313-2640

6/9/97 PAID BY FRANCIS W. SMITH
PERMIT FEE BY CHECK # 5123
\$2500 INDEXED

A _____

DISTRICT _____

DATE 6-10-97

DATE SYSTEM APPROVED 6/9/97

INSPECTOR [Signature]

C. C. Cissel _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 14079 Brighton Dam Road Clarksville, MD 21029 PHONE (301) 854-2006

SUBDIVISION _____ LOT _____ ROAD 6860 Mink Hollow Road

PROPERTY OWNER Francis Smith

ADDRESS 6860 Mink Hollow Road
Highland, MD 20777

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED None Required at this time

REPAIR - PURPOSE - OWNER REQUESTS EVALUATION TO DETERMINE NECESSITY OF REPAIR.

Call for inspection when ground is opened so sanitarian can recommend repair. 06/09/97

PLANS APPROVED BY _____ DATE _____

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 _____ **BUILDING PERMITS SIGNED AND RETURNED**

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 1/28/03 800140007 2 STORY ADDITION - GARAGE, BATH MSTR BR LAUNDRY & MORNING ROOM AND PLAY ROOM

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

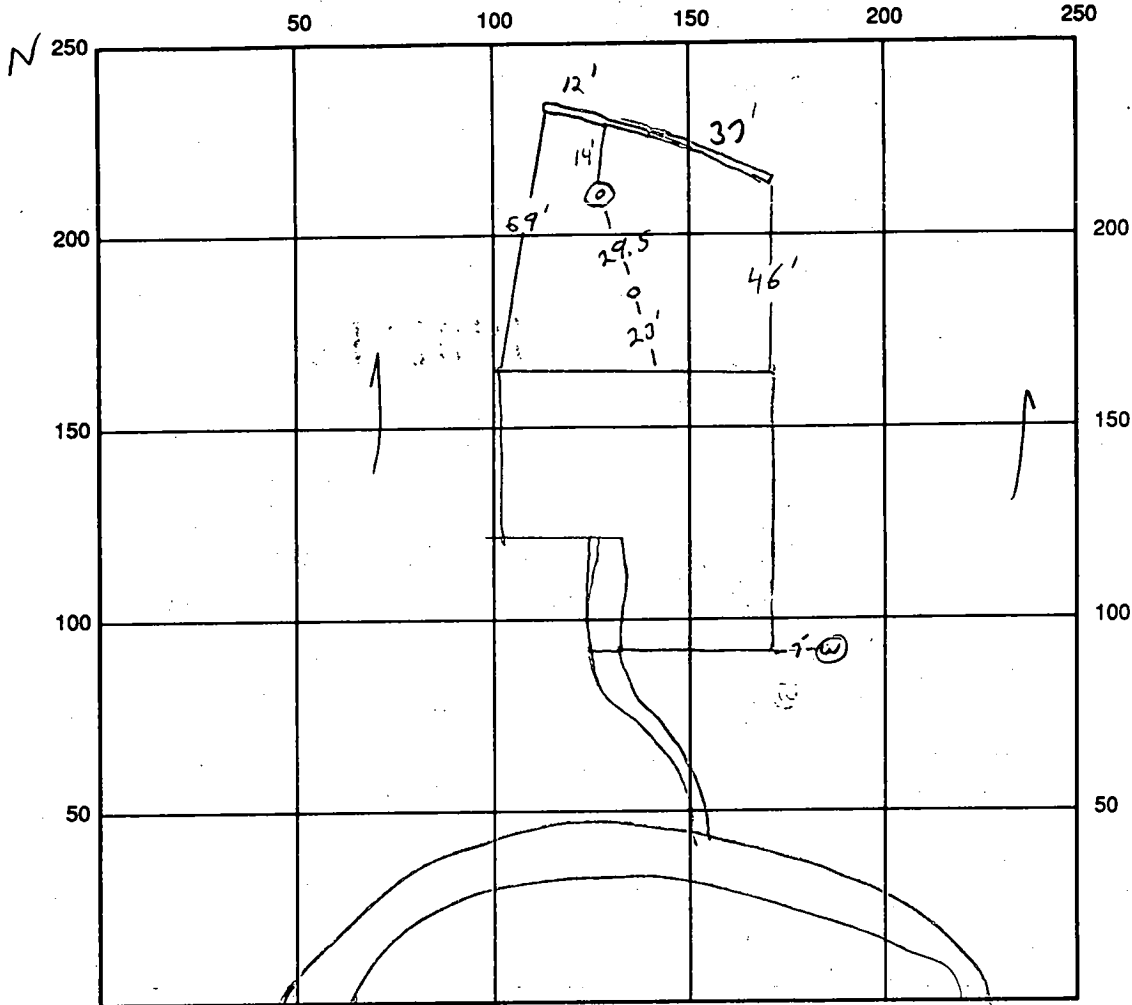
PERMIT VOID AFTER TWO YEARS

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

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

P 58578-A



GOOD
LOAMY
SOIL
NO WATER
TABLE
EVIDENCE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WINK HOLLOW ROAD

SEPTIC TANK LEVEL NA OUTLET 3' BELOW GRADE CLEANOUTS NA

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 49 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 245 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: **UNLICENSED**
UNLICENSED
UNLICENSED

OPEN TRENCH OK TO STONE DRYWELL H₂O LEVEL 5'-6'

BELOW GRADE - SYSTEM NOT FAILING, REPAIR AT REQUEST OF OWNER

TOP COURSE OF DRYWELL BLOCK IS 2' BELOW EXISTING GRADE. TRENCH NEEDS ADDITIONAL 10'

PAPER - CONTRACTOR WENT TO PICKUP - OTHERWISE OK TO COVER ALL WORK.

NOTE, HOSE IS BEING SOLD I ENDED TO THE SELLER/OWNER THAT THIS REPAIR IS

OK AS IS, BUT IS NOT INTENDED TO SUPPORT ADDITIONAL POTENTIAL FLOW OR TO BE

CONSIDERED A REPLACEMENT SYSTEM.

DATE SYSTEM APPROVED 6/9/87

INSPECTOR [Signature]

Approved 8/25/71 JTS
PERMIT

P 15526

A 11992

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 9-21-70

6/22/70
Hodges

F. W. Smith IS PERMITTED TO INSTALL ALTER

ADDRESS Highland, Md. PHONE 286/ 799-0413

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Mink Hollow Rd. LOT 1
see application for directions

PROPERTY OWNER F. W. Smith

ADDRESS Highland, Md.

SPECIFICATIONS 3 - Bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry Well -- 300 sq. ft. sidewall area below the inlet with the inlet no deeper than 5 ft. below grade. Place the Dry Well 115 ft. to 135 ft. from the back lot line and 30 ft. to 85 ft. from the left side of the lot as seen when facing the lot from Mink Hollow Road.

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

PERMIT VOID AFTER THREE YEARS.

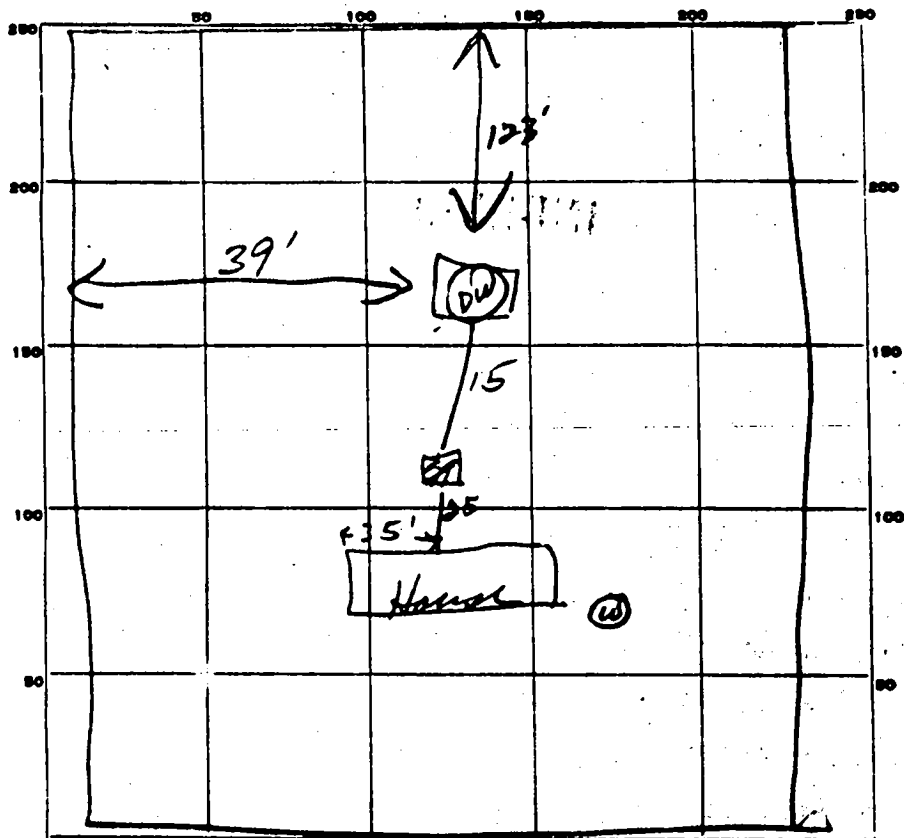
PLANS APPROVED BY Raymond W. Hodges DATE 9-18-70

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.

A11992

48
480



PERMIT CARD OK

SEPTIC TANK, LEVEL CEMENT 1000

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 12x12x12x12 9 FT. DEPTH BELOW INLET 10 FT.

ABSORBENT AREA 480+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6/22/71

INSPECTOR _____

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____
A 58508-A

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

6/9/97
\$25.00 PERMIT FEE

DATE _____

313-2640

PAID, FRANCIS W. SMITH
CHECK # 5123

DATE SYSTEM APPROVED 6/9/97

INDEXED

INSPECTOR SA

C. C. Cissel _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 14079 Brighton Dam Road Clarksville, MD 21029 PHONE (301) 854-2006

SUBDIVISION _____ LOT _____ ROAD 6860 Mink Hollow Road

PROPERTY OWNER Francis Smith LEIGH REED

ADDRESS 6860 Mink Hollow Road
Highland, MD 20777

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM REQUIRED IF SEPTIC IS FAILING.

LINEAR FEET OF TRENCH REQUIRED NO SPECIFIC REQUIREMENT FOR AN UPGRADE TO NEW GRABBER SYSTEM.

REPAIR - PURPOSE - OWNER REQUESTS EVALUATION TO DETERMINE NECESSITY OF REPAIR.

Call for inspection when ground is opened so sanitarian can recommend repair. 06/09/97

REPAIR IS TO EXTEND SEPTIC SYSTEM LEE, EXISTING DRYWELL IS 3/4⁺ FULL

AT PRESENT. ANY PROPOSAL TO ADD ADDITIONAL LIVING SPACE

TO HOUSE MAY REQUIRE ADDITIONAL SEPTIC SYSTEM CAPACITY

PLANS APPROVED BY SA DATE 6/9/97

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)

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

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

HD-260(6-90)

*CALL 461-8933 FOR INSPECTION OF SEPTIC SYSTEM.

A 58508-A

Approved 8/22/71 JTB
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P 13526

A 11992

58508 A

ELLICOTT CITY

DISTRICT 5

DATE 9-21-70

INDEXED

F. W. Smith IS PERMITTED TO INSTALL ALTER

ADDRESS Highland, Md. PHONE 786/ 799-0413

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Mink Hollow Rd. LOT 1

PROPERTY OWNER F. W. Smith *see application for directions*

ADDRESS Highland, Md.

SPECIFICATIONS 3 - Bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry Well -- 300 sq. ft. sidewall area below the inlet with the inlet no deeper than 5 ft. below grade. Place the Dry Well 115 ft. to 135 ft. from the back lot line and 30 ft. to 85 ft. from the left side of the lot as seen when facing the lot from Mink Hollow Road.

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

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Raymond W. Hodges DATE 9-18-70

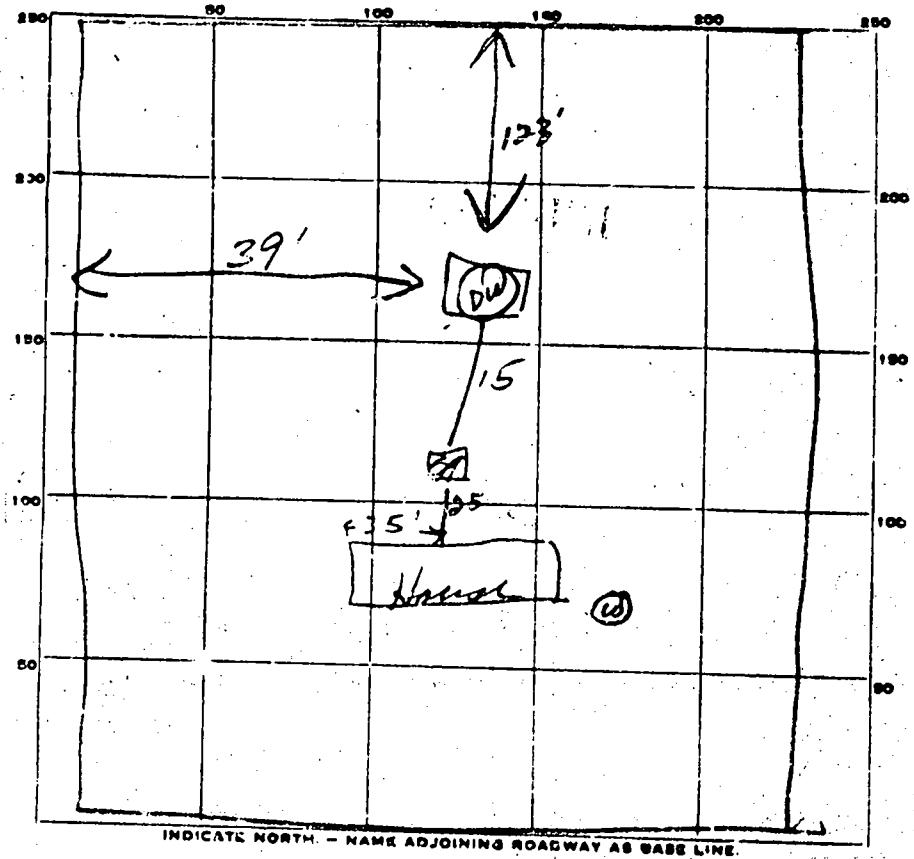
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

Handwritten vertical text

58508-A

48
490



PERMIT CARD OK

SEPTIC TANK, LEVEL Level 1000

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SCEPAGE PITS, INSIDE DIAMETER 12x12x12x12 9 FT. DEPTH BELOW INLET 10 FT.

ABSORBENT AREA 430 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6/22/71

INSPECTOR [Signature]

APPLICATION

A 11992

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

3 BEDROOMS

4 BEDROOMS

DISTRICT 5

750 Gallon Tank

1000 Gallon Tank DATE 7/22/66

Dry Well - 300 soft sidewalk case below the lot well the as deep no deeper than 5 FT below grade

Dry Well - 400 soft sidewalk area below the inlet with the inlet no deeper than 5 FT below grade

Place the dry well 115 ft to 135 ft from the back lot line and 30 ft to 85 ft from the left side of the lot as seen when facing the lot from

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 F. W. Smith

Mink Hollow Road

ADDRESS Highland, Maryland

PHONE AT 6-2608

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. 21

ROAD AND DESCRIPTION Mink Hollow Rd. - South of Highland Rd. right hand side - 1/4 mile - across from entrance to Cissel Farm

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 1 acre

TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ John P. Swann

APPROVED Raymond Hodges

FOR Dry Well
(KIND OF SYSTEM)

DATE 18 Sept '70

REJECTED BY _____

FOR _____
(KIND OF SYSTEM)

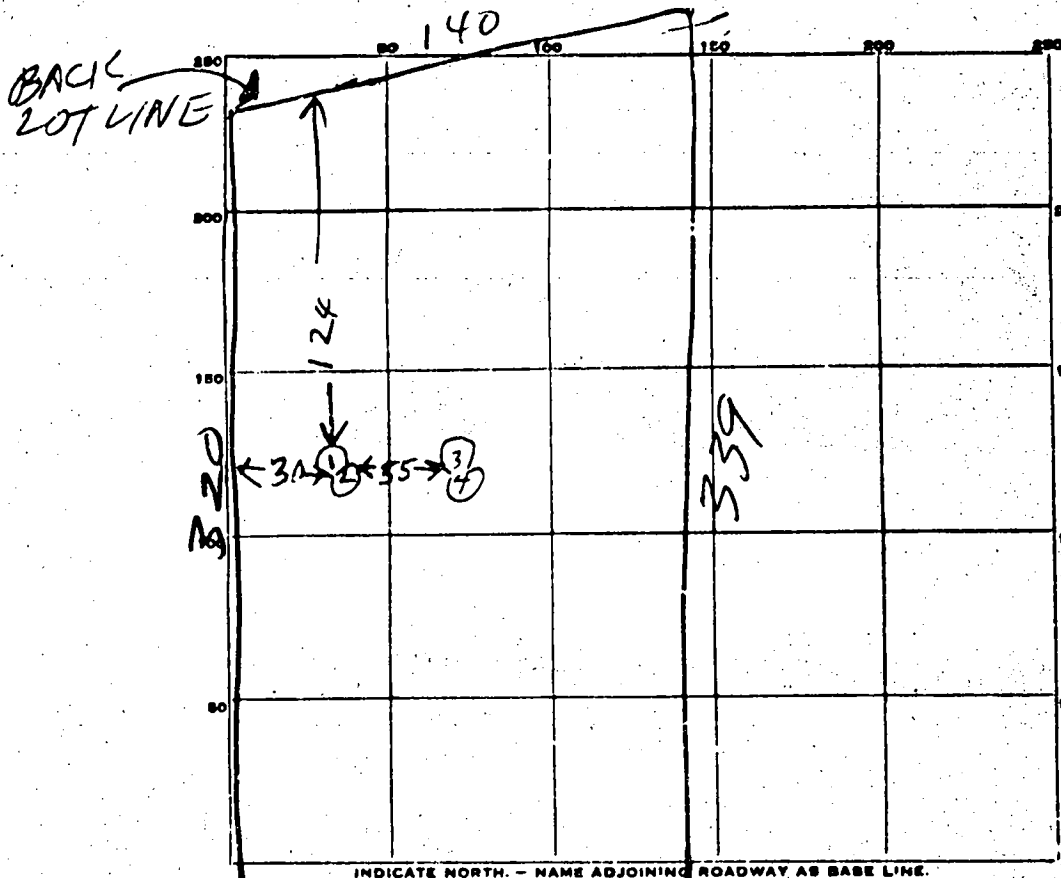
DATE _____

HOLD PENDING FURTHER TESTS TH

DATE 7/2/66

REASONS FOR REJECTION OR HOLDING final plat

THIS IS NOT A PERMIT

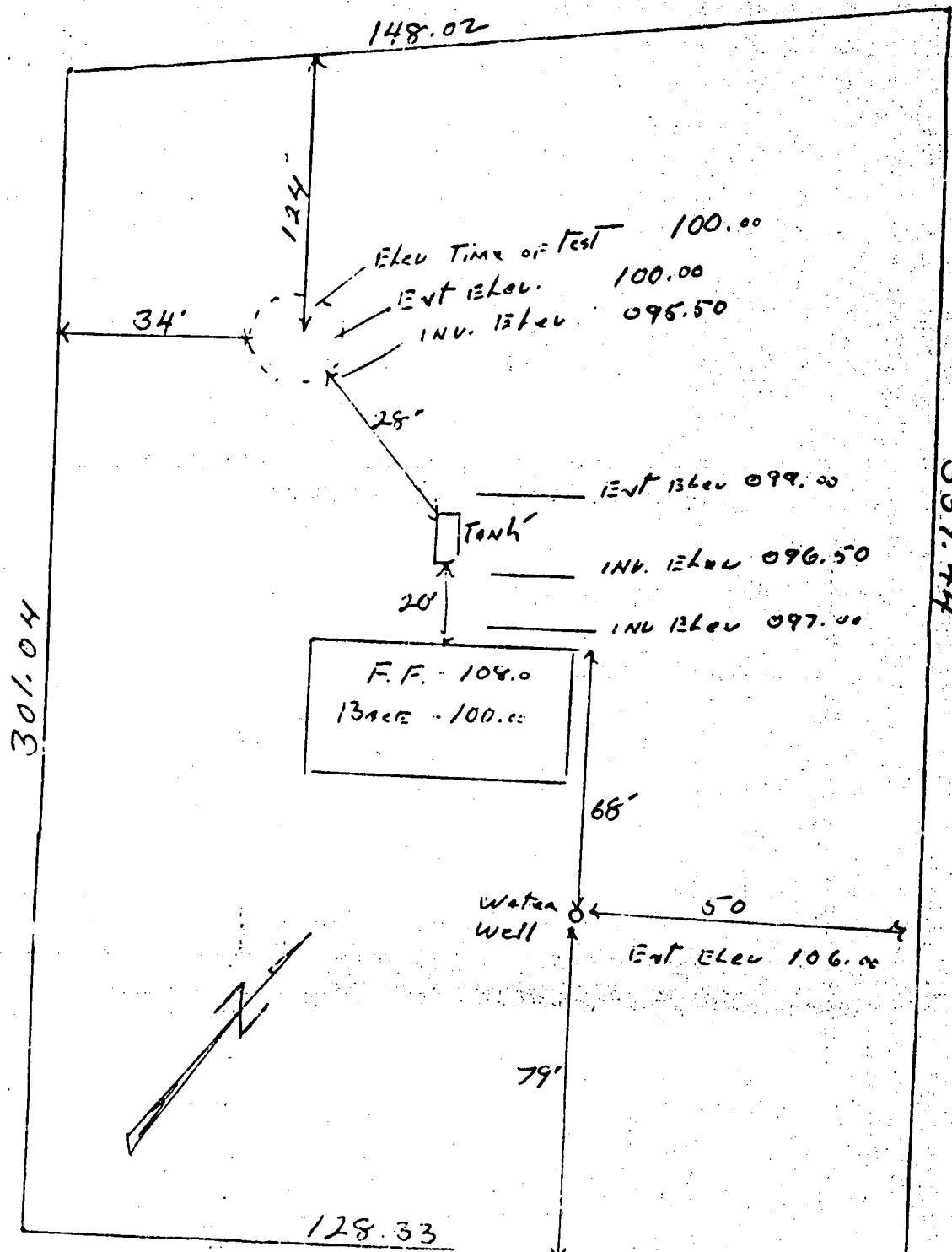


VIL SWANN
 BOX 109
 WOODS LANE
 WESTLAND
 MD.
 20777

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/27/66	1	5 1/2	1003	1004	1004	1005	1
7/27/66	2	9	1004	1008	1008	1015	7
7/27/66	3	5	1016	1019	1019	1021	2
7/27/66	4	9	1017	1020	1020	1030	10

SOIL AUGER FINDING _____
 TESTED BY B. Hodges
 REMARKS 7/27/66 Swann

lot #1

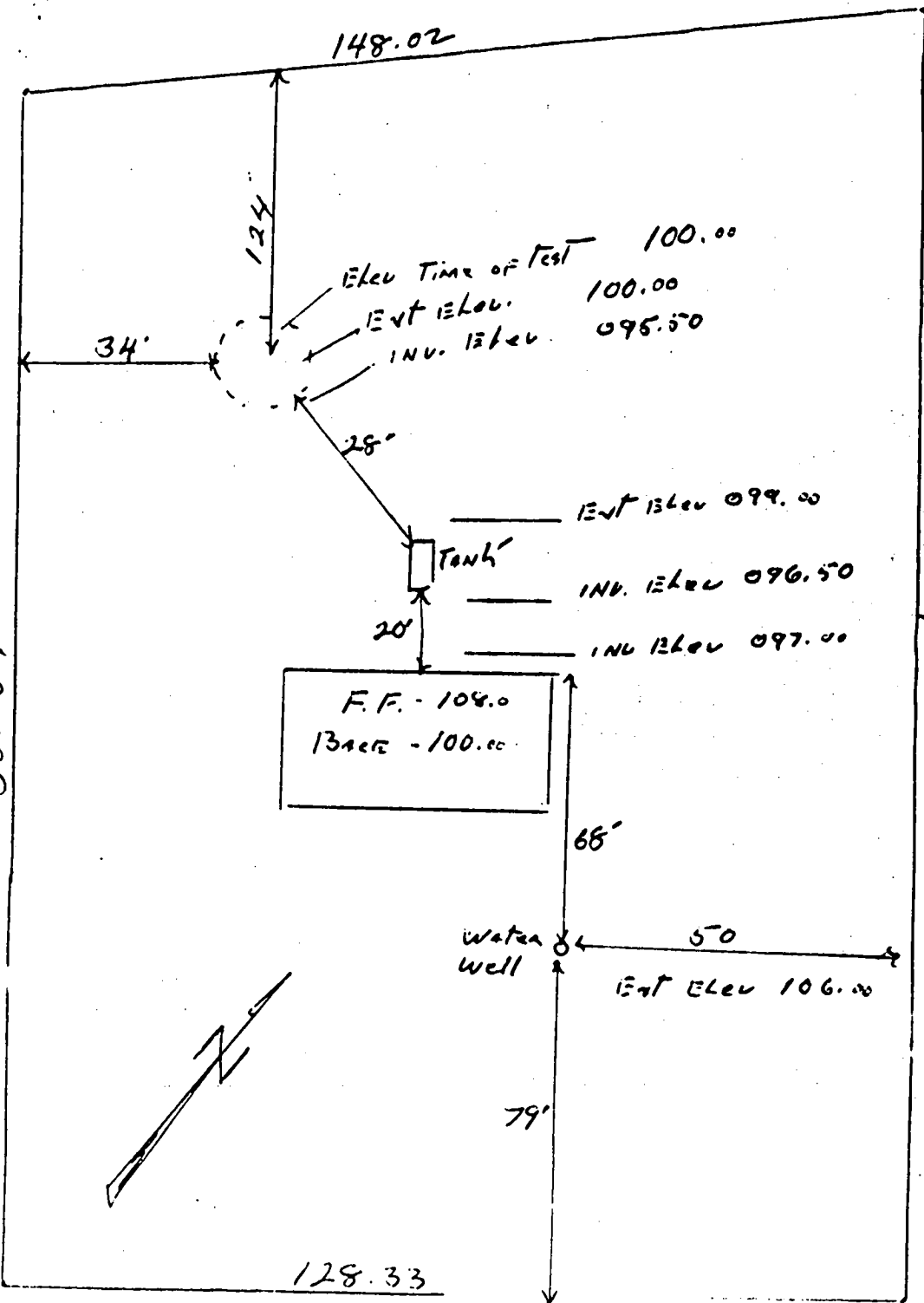


MINK Hollow Rd.
west side, south of 1/4 mile 101. 1/2 mile

James W. Smith

ok #
9/21/70

Lot #1



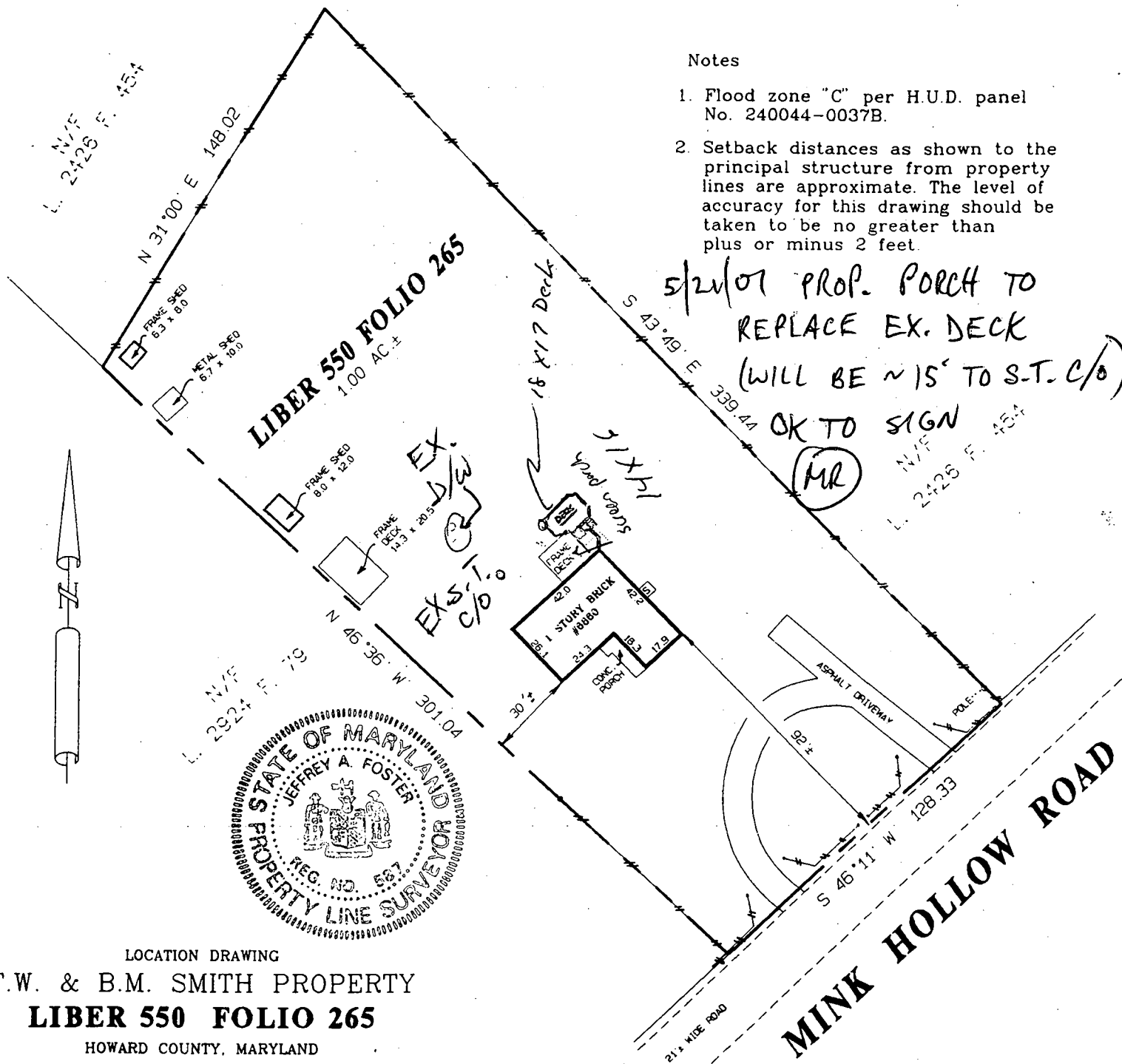
Mink Hollow Rd.
west side, south of 1/4 mile

James W. Smith

date FF.
9/2/70

CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

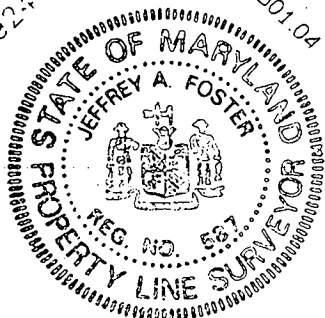


Notes

1. Flood zone "C" per H.U.D. panel No. 240044-0037B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 2 feet.

LOCATION DRAWING

F.W. & B.M. SMITH PROPERTY
LIBER 550 FOLIO 265
 HOWARD COUNTY, MARYLAND



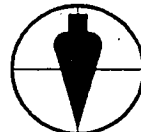
SURVEYOR'S CERTIFICATE

"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION."

REFERENCES

PLAT BK.
 PLAT NO.

LIBER 550
 FOLIO 265



SNIDER & ASSOCIATES
 SURVEYORS - ENGINEERS
 LAND PLANNING CONSULTANTS
 2 Professional Drive, Suite 216
 Gaithersburg, Maryland 20879
 301/948-5100, Fax 301/948-1286

DATE OF LOCATIONS

SCALE: 1" = 50'

WALL CHECK:

DRAWN BY: M.A.S.

HSE. LOC.: 6-9-97

JOB NO.: 97-1568

Jeffrey A. Foster
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587

4C

Building Address 6860 Mink Hollow Rd
Highland MD 20777

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

Census Tract 6051.01 Subdivision: _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 1311.3 Lot size _____

Property Owner's Name Larry Reed

Address 6860 Mink Hollow Rd

City Highland State MD Zip Code 20777

Home Phone 301-974-6306 Work Phone 674-2829

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

Phone _____ Fax _____

Existing Use residential

Proposed Use residential

Estimated Construction Cost \$ 15,000+

Description of Work screened porch and deck
14x16 18x17

Contractor Company Woodman Builders, Inc

Contact Person Randy Cole

Address 9601 Bristol Avenue

City Damascus State MD Zip Code 20901

License No. 23074

Phone 301-370-6570 Fax 301-253-5570

Occupant or Tenant same as 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	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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: _____ Dimensions: _____ Footings: <u>224</u> Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" 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 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 Larry Reed Print Name Larry Reed

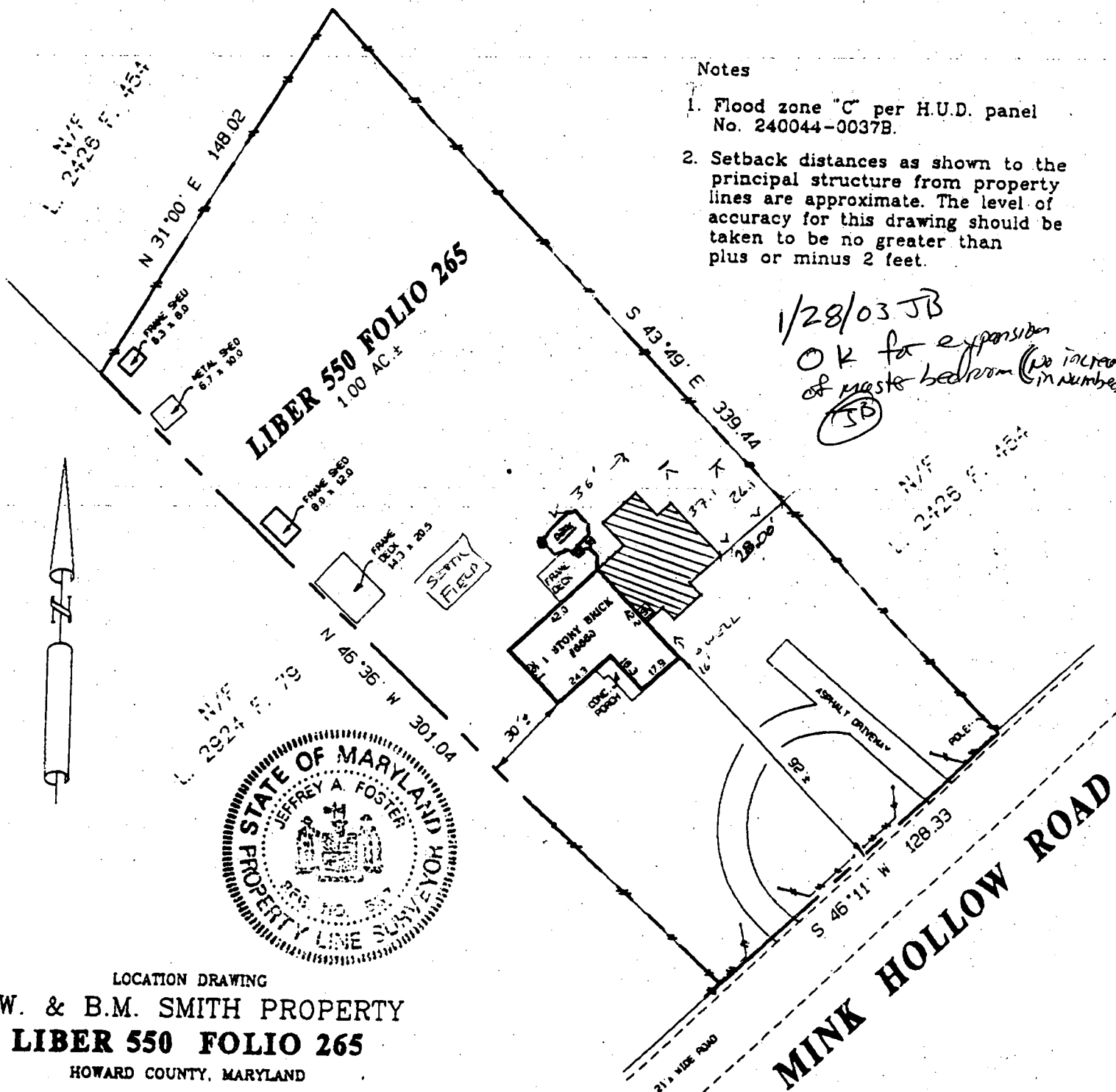
Title/Company Owner of property Date 5-17-01

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			Front: _____	31301
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>21</u>
<input checked="" type="checkbox"/> Building Official	<u>5/17/01</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>27</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>5/21/01</u>	<u>Mark Ruffin</u>	All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES \$ <u>52</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>0254</u>
			Accepted by <u>[Signature]</u>	Validation # <u>32549</u>

CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.



Notes

1. Flood zone "C" per H.U.D. panel No. 240044-0037B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 2 feet.

*1/28/03 JB
OK for expansion
of master bedroom (no increase
in number)
(JB)*



LOCATION DRAWING
F.W. & B.M. SMITH PROPERTY
LIBER 550 FOLIO 265
 HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE

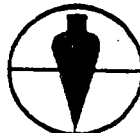
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Jeffrey A. Foster

REFERENCES

PLAT BK.
 PLAT NO.

LIBER 550



SNIDER & ASSOCIATES
 SURVEYORS - ENGINEERS
 LAND PLANNING CONSULTANTS
 2 Professional Drive, Suite 216
 Gaithersburg, Maryland 20879
 301/948-5100, Fax 301/948-1286

DATE OF LOCATIONS

SCALE: 1" = 50'

WALL CHECK:

DRAWN BY: M.A.S.