

1/23/02
NOON - Layout

1/24/02
11-12

129102

ISSUE DATE: 1/17/2002

APPROVAL DATE: 1/24/02

PERMIT INDEXED

P 516473-C

A 59907-A

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

03-337359

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Friendship Lakes LOT NUMBER: 5

ADDRESS: 2903 New Rover Road PROPERTY OWNER: Williamsburg Builders

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting from the left rear lot corner as seen from New Rover Road, place the distribution box 120' up the rear (338.46') lot line and 30' off this same lot line. Run (3) trenches on contour toward Old Rover Road.
NOTES:	

PLANS APPROVED: MER DATE: 10/29/01

OK YL
10/31/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED**

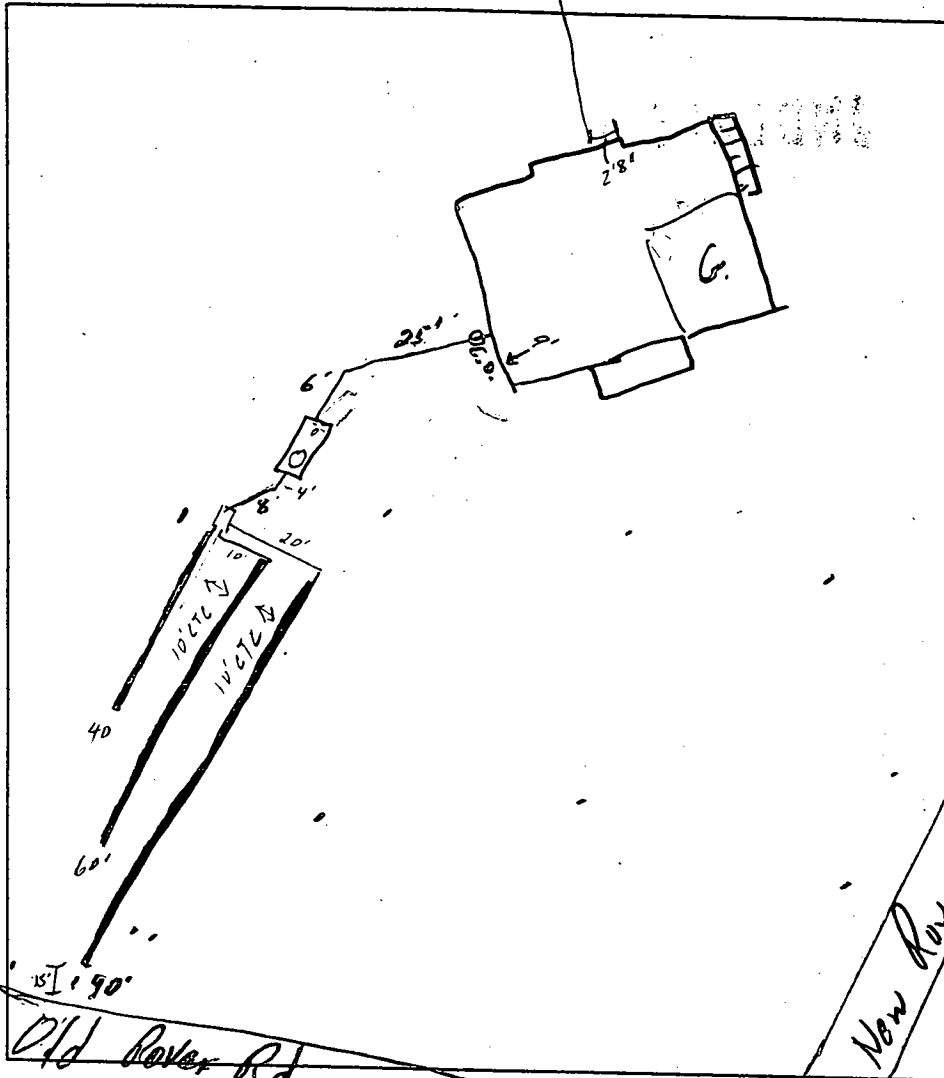
40/60/80

9/5/2002 B00138240 UG PROPANE TANK
12/19/2002 B00139739 ENTRANCE MONUMENT
3/25/04 B00147064 DEER

A59907-A

NOT TO SCALE

110-84-
95±



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	2'
DEPTH OF STONE	4'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	190
ABSORBENT AREA	760 #
DISTRIBUTION BOX LEVEL	10'±
BAFFLE IN DISTRIBUTION BOX	10'±

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	Back - 3' h.
6 INCH INSPECTION PORT	Front
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	
MANHOLE RISER	N/A
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 1/23/02 Tank set, house conn changed - under footer. Tank depth not affected. Instructed client to put in 40'/60'/180' trenches 10-11' CTC. OK to cover tank. OK for 6' lead-in on 1st trench (C)

INSPECTION COMMENTS: 1/24/02 OK to cover all work. Couldn't get some measurement because of mud. (C)

INSPECTOR [Signature] DATE SYSTEM APPROVED 1/24/02

10-11' CTC

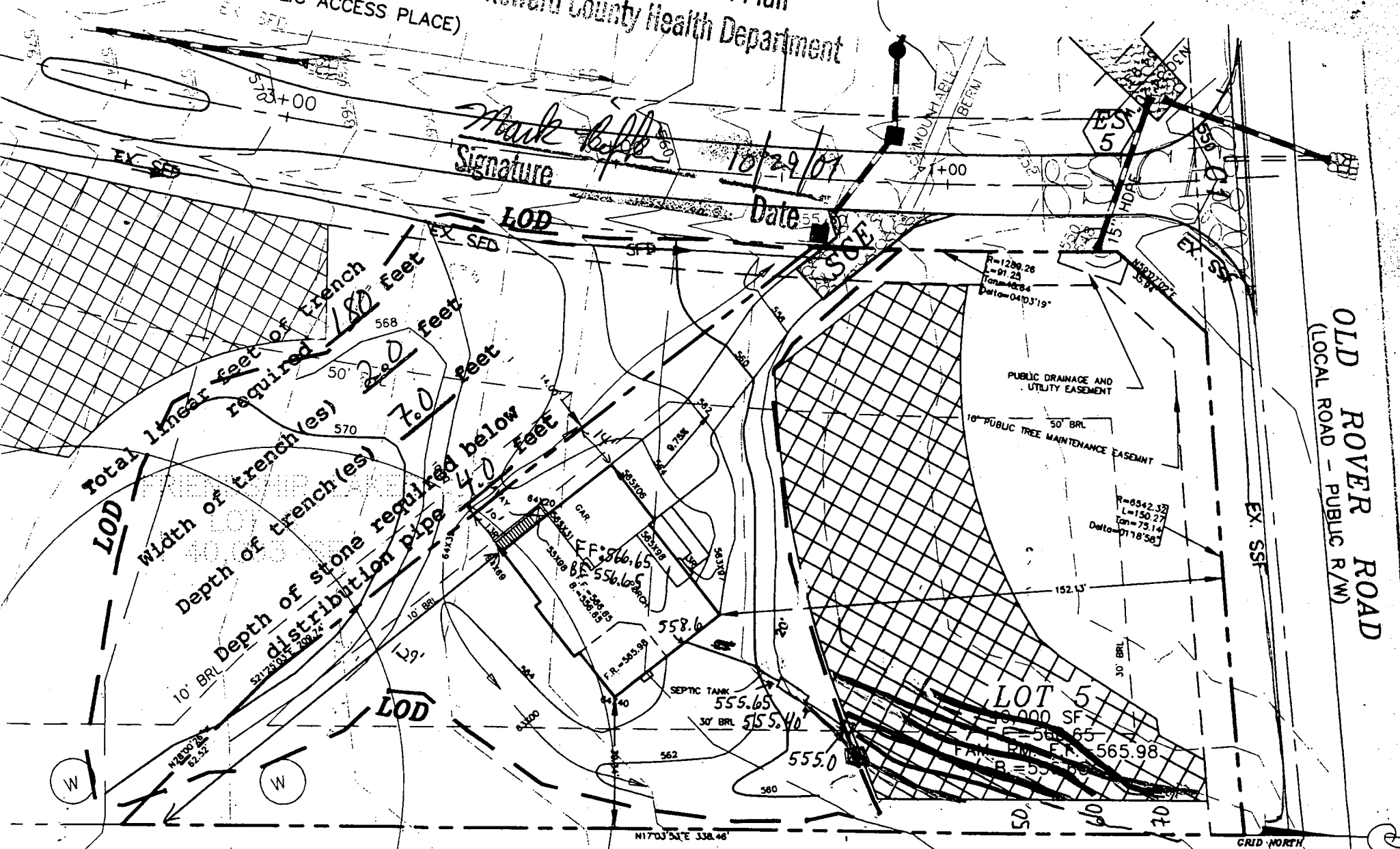
NEW ROVER ROAD
(40' ROW PUBLIC ACCESS PLACE)

Approved Septic System Plan
Howard County Health Department

Mark Keefe
Signature

10/29/07
Date

Total linear feet of trench required **180 feet**
Width of trench(es) **2.0 feet**
Depth of trench(es) **7.0 feet**
Depth of stone required below distribution pipe **4.0 feet**



OLD ROVER ROAD
(LOCAL ROAD - PUBLIC R/W)

1:40 TOPD FIELD RUN
PLAN BY MILDENBERG
- BOENDER

MARK W. MILDENBERG
L. 1018, P. 158
ZONE: RR

Building Address 2903 NEWKOVER RD.
WEST FRIENDSHIP, MD 21794

Suite/Apt. #: N/A SDP/N/P/Petition #: GPO2-23

Census Tract _____ Subdivision FRIENDSHIP LAKES

Section N/A Area N/A Lot 5

Tax Map 15 Parcel 175 Grid 19

Zoning P111A Map Coordinates 9G5 Lot size 40,000/4

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 100,000

Description of Work MODEL: JAMES RANDOLPH
2 STORY, FULL BENT, 1DR, 2FB, 1HB,
FD+GARAGE (4BR) FIN. BENT, PER PLAN

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name WILLIAMSBURG GRP, LLC

Address 5185 HARPER FARM RD #200

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410/977-8800

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

Phone _____ Fax _____

Contractor Company SAME AS OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 155 Phone _____ Fax _____

Engineer or Architect Company MILLENBERG

Contact Person JOHN MILLENBERG

Address 5072 DORSEY HALL DR, #202

City ELLICOTT CITY State MD Zip Code 21012

Phone 410/977-0296 Fax 410/977-0296

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	Public _____
Gross area, sq. ft. per floor: _____	Private _____
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public _____
Reinforced Concrete _____	Private _____
Structural Steel _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____
State Certified Modular _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
1st floor: <u>40'</u> <u>55'</u>	Public _____
2nd floor: <u>35'</u> <u>55'</u>	Private <input checked="" type="checkbox"/>
Basement: <u>45'</u> <u>55'</u>	Sewage Disposal: _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Public _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of efficiency units: _____	Heating System: _____
No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
Other Structure: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Dimensions: _____	NFPA #13D _____
Foofings: _____	NFPA #13R _____
Roof: _____	Other _____
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (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 SAID PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
AGENT/WGLLC
 Title/Company

SUZANNE P. DAVIS
 Print Name
9-11-01
 Date

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 _____	_____
State Highway			Side _____	_____
Building Official			Side/SR _____	_____
Development DPZ			Adjacent _____	_____
Health			Adjacent _____	_____
Fire Protection			Adjacent _____	_____
Submittal Control (Approved prior to issuance?)			Adjacent _____	_____
Yes () No ()			Adjacent _____	_____
CONTINGENCY/CONSTRUCTION START ()			Adjacent _____	_____
ONE STOP SHOP ()			Adjacent _____	_____
Distribution of Copies:			Adjacent _____	_____
White Building Official			Adjacent _____	_____
Green MDD/DPZ			Adjacent _____	_____
Yellow DED/DPZ			Adjacent _____	_____
Blue Health			Adjacent _____	_____
Gold SHA			Adjacent _____	_____

DPZ SETBACK INFORMATION: Front, Side, Side/SR, Adjacent

PROPERTY ID#: _____

DPZ/RED LINE APPROVAL DATE: _____

Occupancy: _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Charles A. Klein & Son, Inc. Telephone #: (410) 549-6960
 Address: 5720 Klein Mill Road
Hydesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): CHARLES A. KLEIN, JR. License# 6521
 *A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: W. W. Humphrey, Sr. Telephone #: (410) 997-8900
 Subdivision: Friendship Estates Lot #: 5 Well Tag #: HO-94-3017
 Site Address: 2903 New River Road
West Friendship, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACUZZI</u>	Make: <u>HAUER</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5545-13-PS2</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>120</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>polyethylene</u>	FVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>36"</u> (min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Charles A. Klein, Jr. date: 11/15/01
CHARLES A. KLEIN, JR.

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/29/02 Anytime Date Insp. Approved: KG 1/29/02

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Nicely done!

B 1 03502

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3017

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

W514954 please print or type

fill in this form completely

Date Received (APA)

030101

OWNER INFORMATION

ROVER MILL LLC, 8808 CENTRE PARK DR, COLUMBIA MD 21045

B 3

LOCATION OF WELL

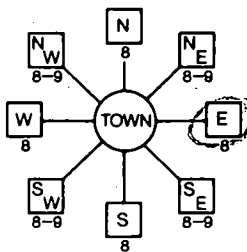
HOWARD COUNTY, FRIENDSHIP LAKES, SECTION 44, LOT 5, GLENELG, 9 MI FROM TOWN

DRILLER INFORMATION

RALPH E. MAYNE MSO 117, RALPH E. MAYNE WELL DRILLING, 17024 HAWKING RD. WY AND AIG MD, 02-25-01

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



new road rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1175 DISTANCE FROM ROAD

ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), F FARMING, I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER, P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL, T TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD CO COUNTY NAME, 13 COUNTY NO., STATE SIGNATURE, DATE ISSUED 030501, CO SIGNATURE, EXP. DATE, NORTH GRID 530000, EAST GRID 775000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

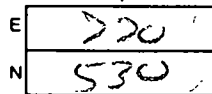
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

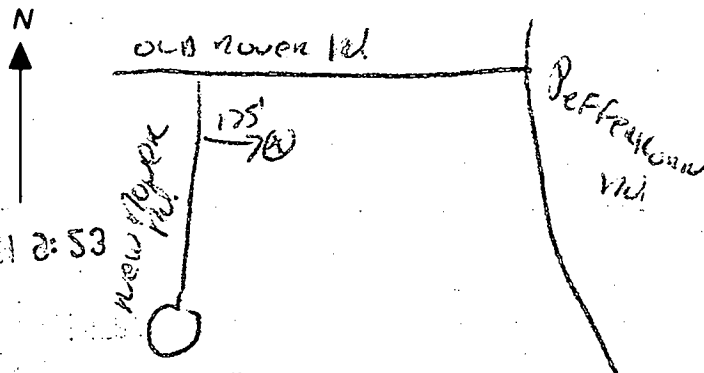
APPROX. PERMIT NUMBER 10000GAP053 WS-1, FORCE 9 M, PERMIT No. 10-94-3017

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE



3/23/01 GROUT @ 9:00 SURFACE, 24' CASING (X) NOT OBS'D, 22' OPEN LOC APPEARS OK, 6 BAG, 2' CASING A.G., TAG OK 3/23/01

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

SEE NOTE THIS SHEET HOME OWNERS ASSOCIATION
2.06 AC. //
(89,820 SF)

NEW ROVER RD.
10' ROW PUBLIC ACCESS (PLACE)

ALL SWALES TO BE
STABILIZED WITH SOD
FOR EROSION CONTROL
MATTING

LOT #6
40,003 SF

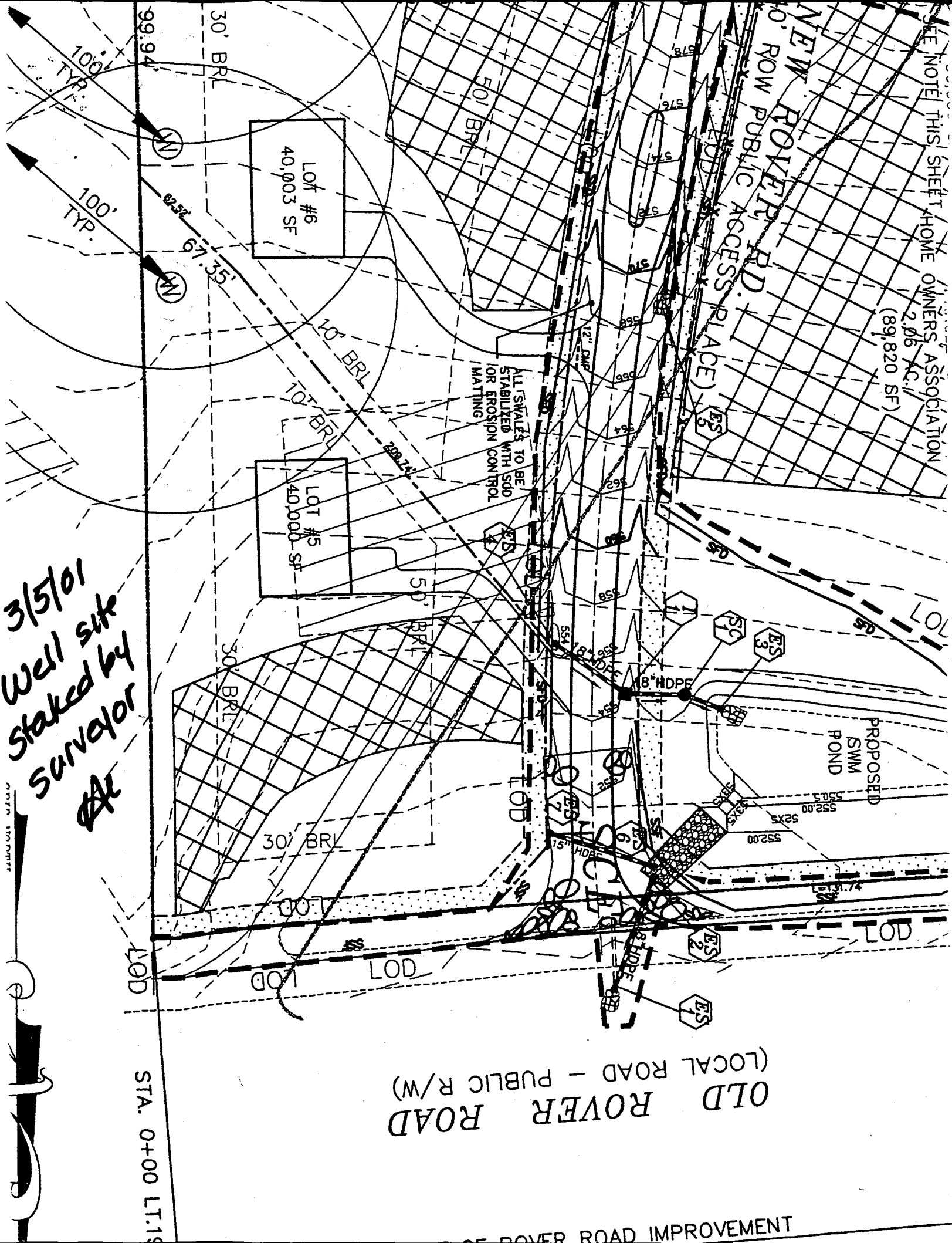
LOT #5
40,000 SF

PROPOSED
SWM
POND

OLD ROVER ROAD
(LOCAL ROAD - PUBLIC R/W)

STA. 0+00 LT.19

3/5/01
Well site
staked by
surveyor



APPLICATION

PERCOLATION TESTING

A 59907

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/1/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER LOUIS AUXIER, et al

ADDRESS 18612 Meadowland Terrace Olney, Md 20832 PHONE (301) 570-6083

AGENT OR PROSPECTIVE BUYER SAM ECKER

ADDRESS P.O. BOX 187 WESTFRIENDSHIP, MD 21794 PHONE (410) 992-8486

PROPERTY LOCATION:

SUBDIVISION RESUB FRIENDSHIP LAKE LOT NO. NEW LOT #1

ROAD AND DESCRIPTION 13721 OLD ROVER ROAD W FRIENDSHIP MD 21794
LOTS 1, 2, 4

TAX MAP 15 PARCEL # 175

SIZE OF LOT 41,306 # TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
1 2 3

orange
brown
SiClm

pink
powdery
SiIm
some
mica



9

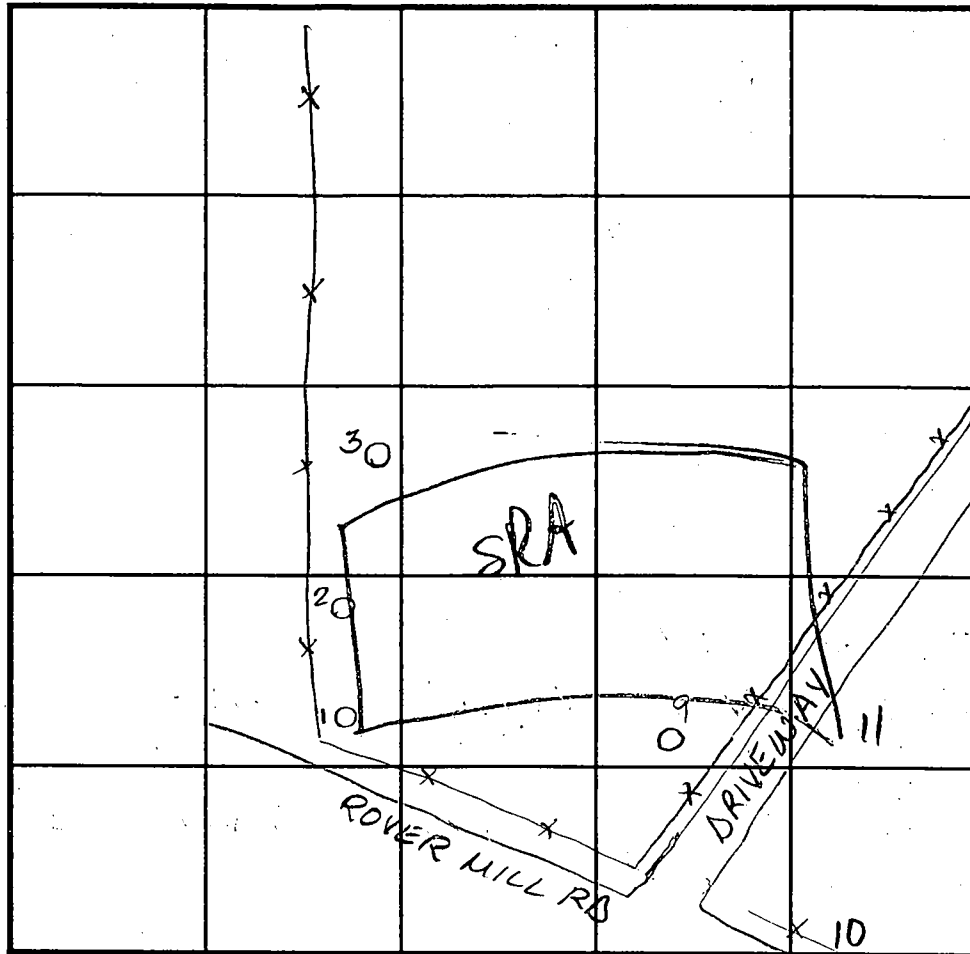
brn
SiClm

dark
red
SiIm

SOIL PROFILE

10
dk brn
SiClm
red brn
heavy
SiIm
some R
@ bot

9
WATER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4-13-98	3	4.0 ✓12.0	12:30 ³⁰	12:35	12:35	12:39	4min	
	2	Visual	to 12.0 - see profile				—	OK
	1	4.0 ✓10.0	12:51	12:55	12:55	12:59	4min	
	9	4.5 ✓12.0	12:54	12:56	12:56	12:58	2min	
	11	4.5 ✓10					9	
	10	5 ✓9					8	

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 2

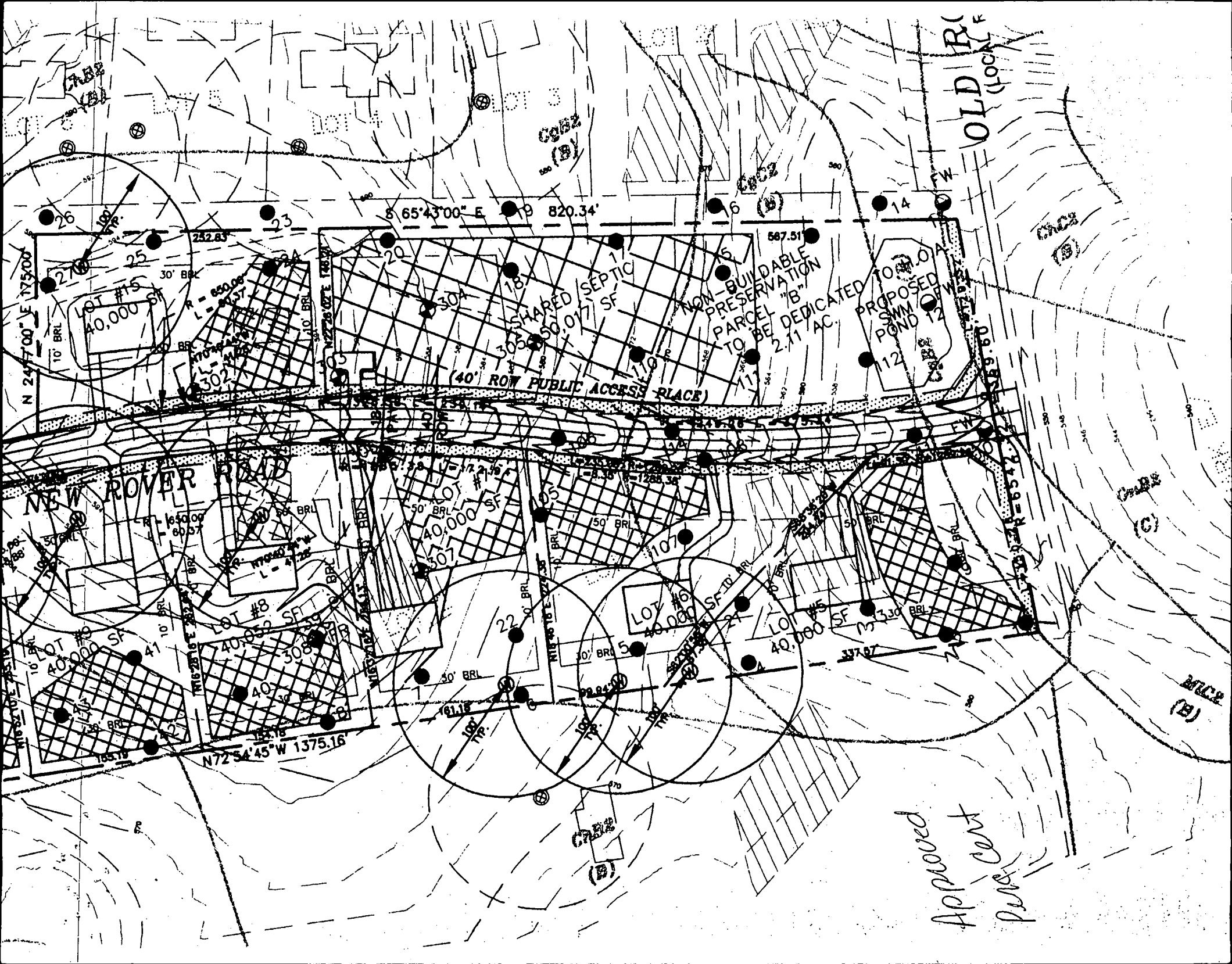
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

REPAIRS 3 GOT 5

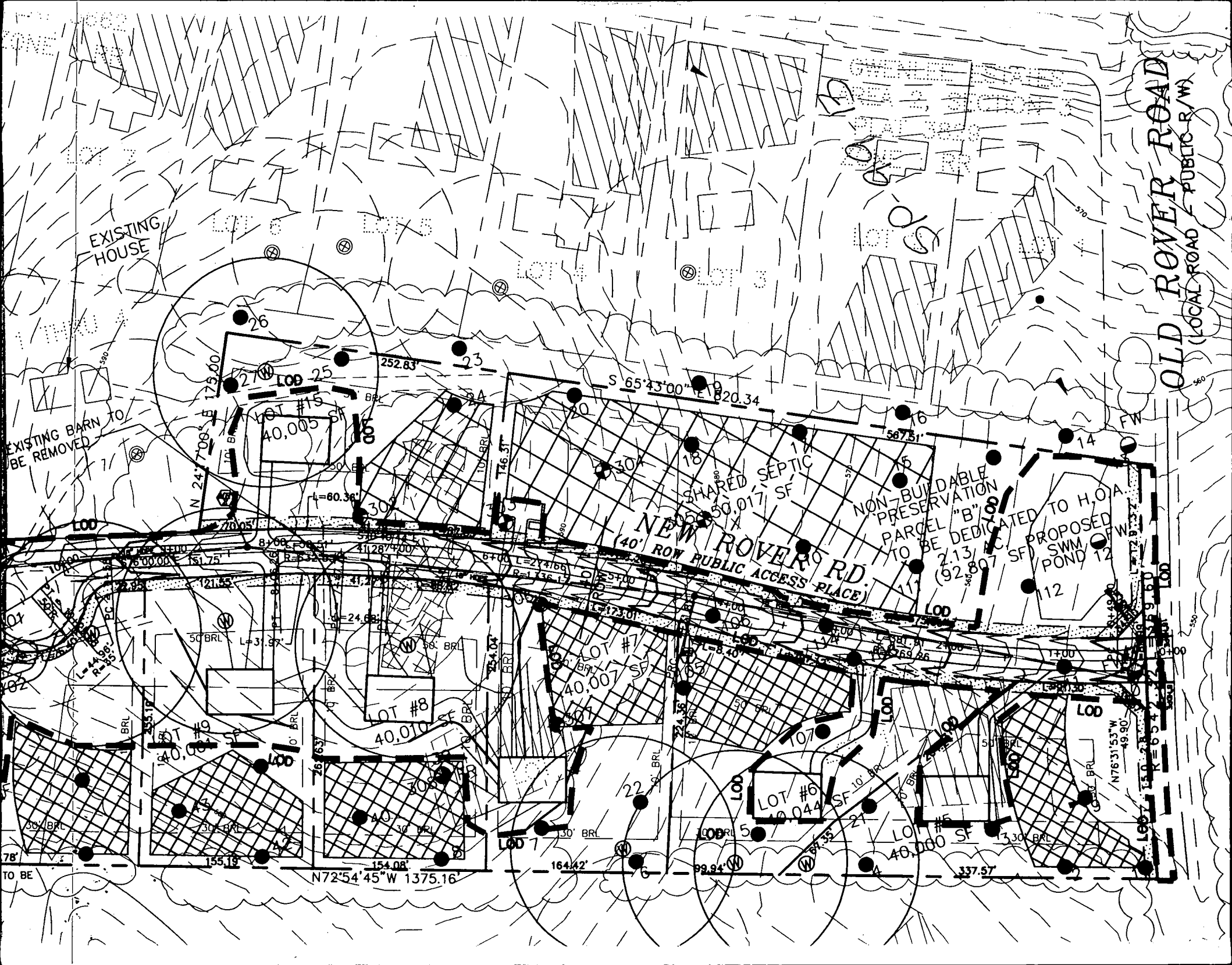
11:
heavy
red brn
SiClm
4.5
dk
orange red
SiIm
some cl

10
REFUSAL

(F)



Approved
Per Cent



EXISTING HOUSE

EXISTING BARN TO BE REMOVED

NEW ROVER RD.
(40' ROW PUBLIC ACCESS PLACE)

OLD ROVER ROAD
(LOCAL ROAD PUBLIC R/W)

LOT #

LOT #

LOT #

LOT #

LOT #

LOT #15
40,000 SF

LOT #16
40,000 SF

LOT #17
40,000 SF

LOT #18
40,017 SF

LOT #19
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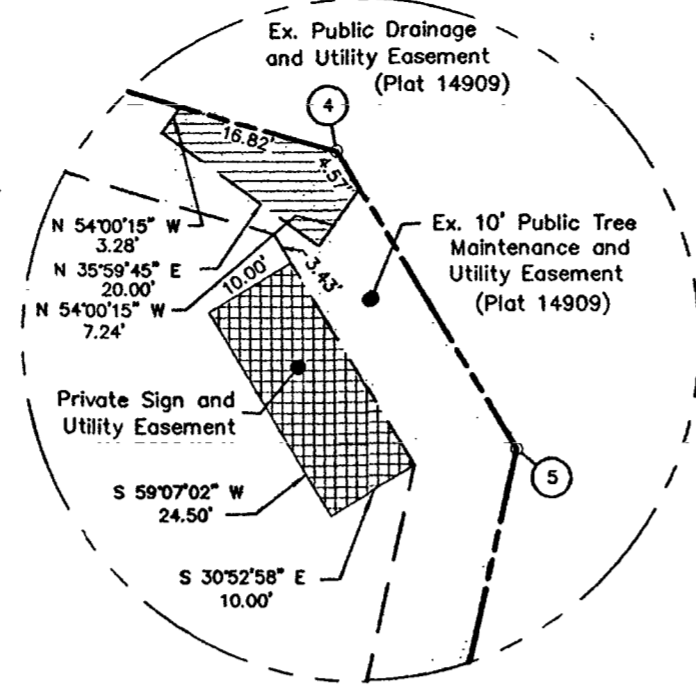
LOT #243
40,010 SF

LOT #244
40,010 SF

LOT #245
40,010 SF

GENERAL NOTES :

- SUBJECT PROPERTY ZONED RR-DEO PER THE 10/18/93 COMPREHENSIVE ZONING PLAN.
- HORIZONTAL AND VERTICAL DATUMS BASED ON MARYLAND STATE COORDINATE SYSTEM NAD '83.
STA 21CA N 588,897.344 E 1,311,235.701 EL.=613.273
STA 15GA N 591,743.505 E 1,312,790.715 EL.=588.446
- THIS PLAT IS BASED ON A FIELD RUN MONUMENTED BOUNDARY SURVEY PERFORMED ON OR ABOUT APRIL 1999 BY MILDENBERG, BOENDER AND ASSOCIATES, INC.
- BRL DENOTES BUILDING RESTRICTION LINE.
- DENOTES STONE FOUND
- DENOTES IRON PIPE FOUND.
- ⊙ DENOTES IRON ROD FOUND.
- DENOTES ANGULAR CHANGE IN DIRECTION OF BOUNDARY.
- ALL AREAS ARE MORE OR LESS ±
- DENOTES AN EX. PUBLIC TREE MAINTENANCE AND UTILITY EASEMENT.
- DENOTES A PRIVATE SIGN AND UTILITY EASEMENT
- DENOTES AN EX. DRAINAGE AND UTILITY EASEMENT
- DENOTES AN EX. PRIVATE SEWERAGE EASEMENT
- NO WETLANDS, STREAMS OR FLOODPLAIN EXIST ON SITE.
- ARTICLES OF INCORPORATION FOR FRIENDSHIP LAKES, LOTS 5-15, PRESERVATION PARCELS "A" & "B" HOMEOWNERS ASSOCIATION APPROVED ON DECEMBER 12, 2000 BY THE STATE DEPARTMENT OF TAXATION AND ASSESSMENTS. (RECEIPT # 1000276589000000)
- DEVELOPER RESERVES UNTO ITSELF, ITS SUCCESSORS AND ASSIGNS, ALL EASEMENTS SHOWN ON THIS PLAT FOR WATER, SEWER, STORM DRAINAGE, FOREST CONSERVATION AND OTHER PUBLIC UTILITIES LOCATED IN, OVER AND THROUGH LOTS 12 THRU 14 AND NON-BUILDABLE PRESERVATION PARCELS "A" AND "B" ALL OR PORTIONS THEREOF. FOR ANY AND ALL CONVEYANCES OF AFORESAID LOTS SHALL BE SUBJECT TO THE EASEMENTS HEREIN RESERVED, WHETHER OR NOT EXPRESSLY STATED IN THE DEED(S) CONVEYING SAID LOT(S). DEVELOPER SHALL EXECUTE AND DELIVER DEEDS FOR THE EASEMENTS HEREIN DEDICATED TO HOWARD COUNTY. UPON COMPLETION OF THE PUBLIC UTILITIES AND THEIR ACCEPTANCE BY HOWARD COUNTY, THE COUNTY SHALL ACCEPT THE EASEMENTS AND RECORD THE DEED(S) OF THE EASEMENT IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.
- FOR OTHER PERTINENT NOTES, SEE F-01-12, FRIENDSHIP LAKES, LOTS 5-15 & PRESERVATION PARCELS "A" & "B" (PLATS 14908 - 14910).
- THIS PLAT IS EXEMPT FROM THE FOREST CONSERVATION REQUIREMENTS PER SECTION 16.1202(b)(1)(vi) OF THE HOWARD COUNTY CODE.
- COMMUNITY IDENTIFICATION SIGN TO BE PLACED IN THE PRIVATE SIGN EASEMENT. THE MAXIMUM SIZE OF THE SIGN ALLOWED IS 9.5' X 24'.
- USE-IN-COMMON DRIVEWAY MUST BE CONSTRUCTED IN ACCORDANCE WITH THE FOLLOWING STANDARDS TO ENSURE SAFE VEHICULAR FOR LOTS 12 THRU 14 AND PRESERVATION PARCEL "A".
A) WIDTH- 12 FEET (14 FEET IF SERVING MORE THAN ONE RESIDENCE)
B) SURFACE- 6 INCHES OF COMPACTED CRUSHER RUN BASE WITH TAR AND CHIP COATING.
C) GEOMETRY- MAXIMUM 15% GRADE, MAXIMUM 10% CHANGES AND MINIMUM OF 45 FT TURNING RADIUS
D) STRUCTURES (CULVERTS/BRIDGES)- CAPABLE OF SUPPORTING 25 GROSS TONS (H25 LOADING)
E) DRAINAGE ELEMENTS- CAPABLE OF SAFELY PASSING 100-YEAR FLOOD WITH NO MORE THAN 1 FOOT DEPTH OVER DRIVEWAY SURFACE.
F) STRUCTURE CLEARANCES- MINIMUM 12 FEET
G) MAINTENANCE- SUFFICIENT TO INSURE ALL WEATHER USE.

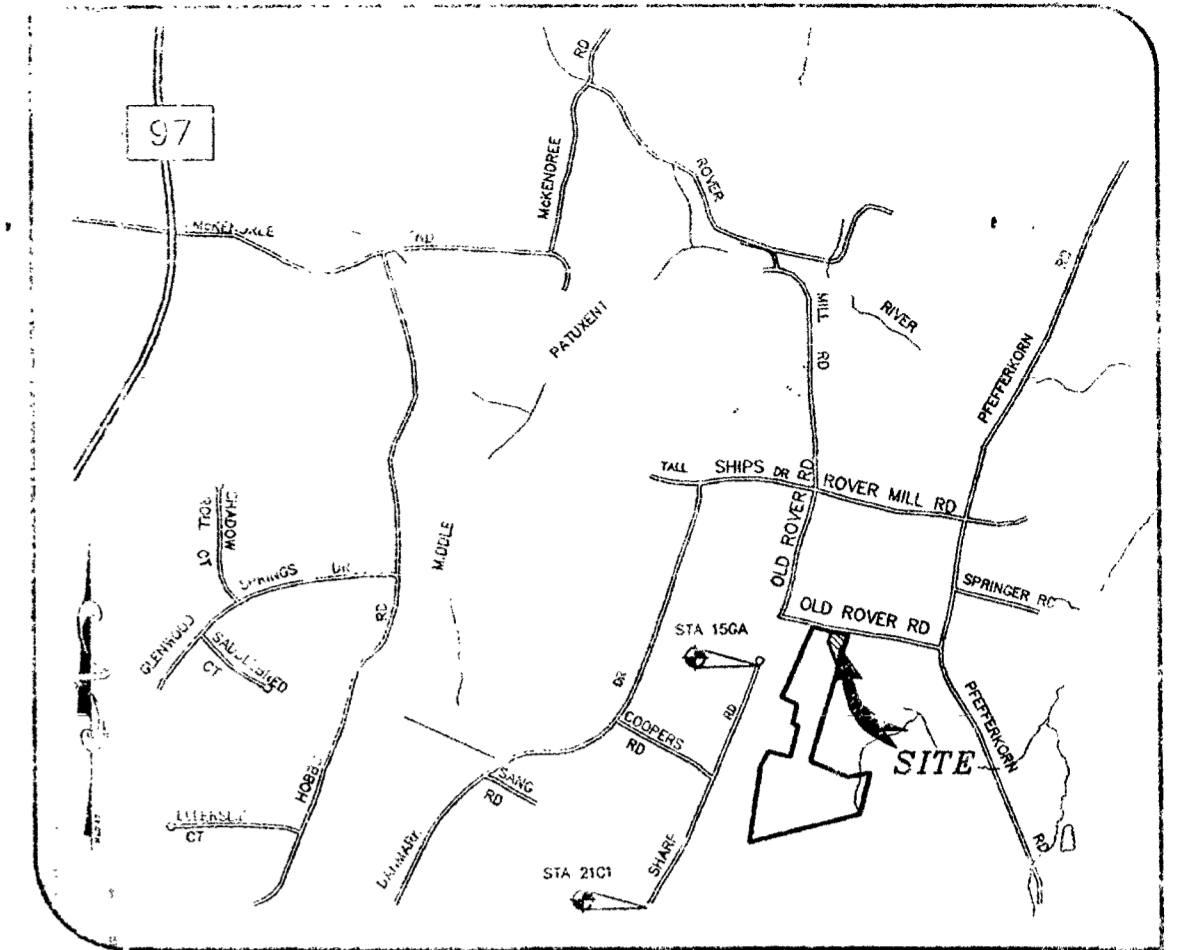


Detail "A"
SCALE: 1" = 20'

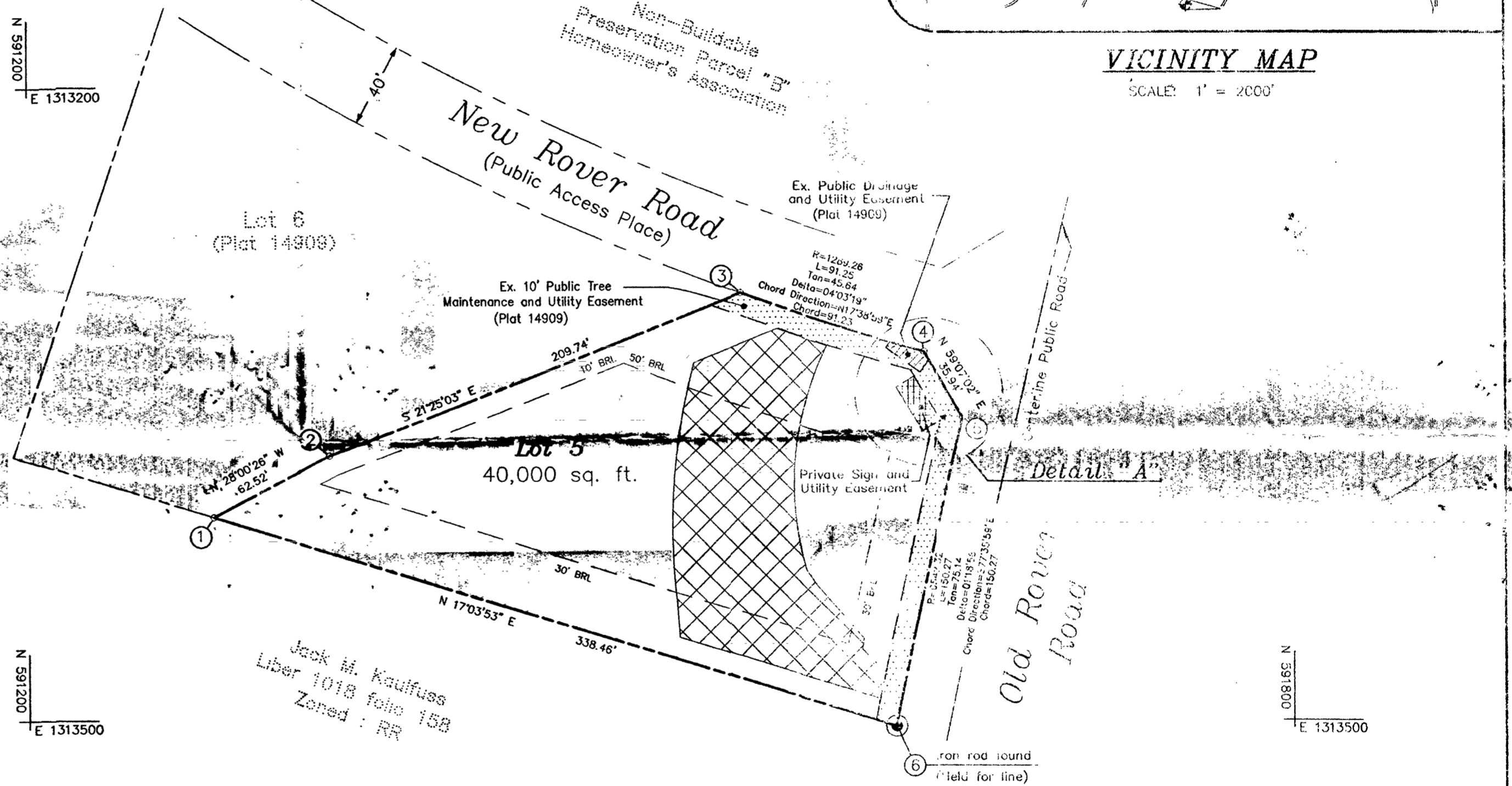
COORDINATE TABLE

PNT.	NORTHING	EASTING
1	591287.424	1313403.737
2	591342.619	1313374.380
3	591537.874	1313297.792
4	591624.810	1313325.453
5	591643.256	1313356.294
6	591610.986	1313503.059

NOTE: COORDINATES AND GRID TICS SHOWN HEREON ARE BASED ON NAD '83 AND ARE IN FEET, TO CONVERT TO METERS, DIVIDE BY 3.28083333.



VICINITY MAP
SCALE: 1" = 2000'



THE REQUIREMENTS OF §§ 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

[Signature] 5/19/02
DATE
ROBERT CORBETT, WILLIAMSBURG GROUP
DATE

TOTAL AREA TABULATION

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED	1
TOTAL NUMBER OF LOTS OR PARCELS TO BE RECORDED	1
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED	0.918 Ac.±
TOTAL AREA OF LOTS OR PARCELS TO BE RECORDED	0.918 Ac.±
TOTAL AREA TO BE RECORDED	0.918 Ac.±

OWNER
WILLIAMSBURG GROUP LLC
P.O. BOX 1018
COLUMBIA, MARYLAND 21044
(410) 997 8800

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS ON LOT 5.

[Signature] 5/18/02
HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

[Signature] 5/15/02
CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE

[Signature] 5/17/02
DIRECTOR DATE

OWNER'S STATEMENT

WILLIAMSBURG GROUP LLC, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, 1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENTS SHOWN HEREON; 2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE, THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; 3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAY AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND 4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENT AND RIGHTS-OF-WAY.

WITNESS MY HAND THIS 19 DAY OF MARCH, 2002

[Signature] 3.19.02
ROBERT CORBETT, WILLIAMSBURG GROUP
WITNESS
[Signature] 3.19.02

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF THE LAND CONVEYED BY CHARLOTTE AUXIER SMITH BY LOUIS W. AUXIER ATTORNEY IN FACT, AND LOUIS W. AUXIER AND CHRISTOPHER AUXIER BY LOUIS W. AUXIER, ATTORNEY IN FACT TO ROVER MILL LLC BY DEED DATED AUGUST 23, 2000 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 5188 FOLIO 0342 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE THE STREETS IN SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED, AND THE BOUNDARY SURVEY IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS.

[Signature] 5/19/02
MILDENBERG, L.S. NO. 10718

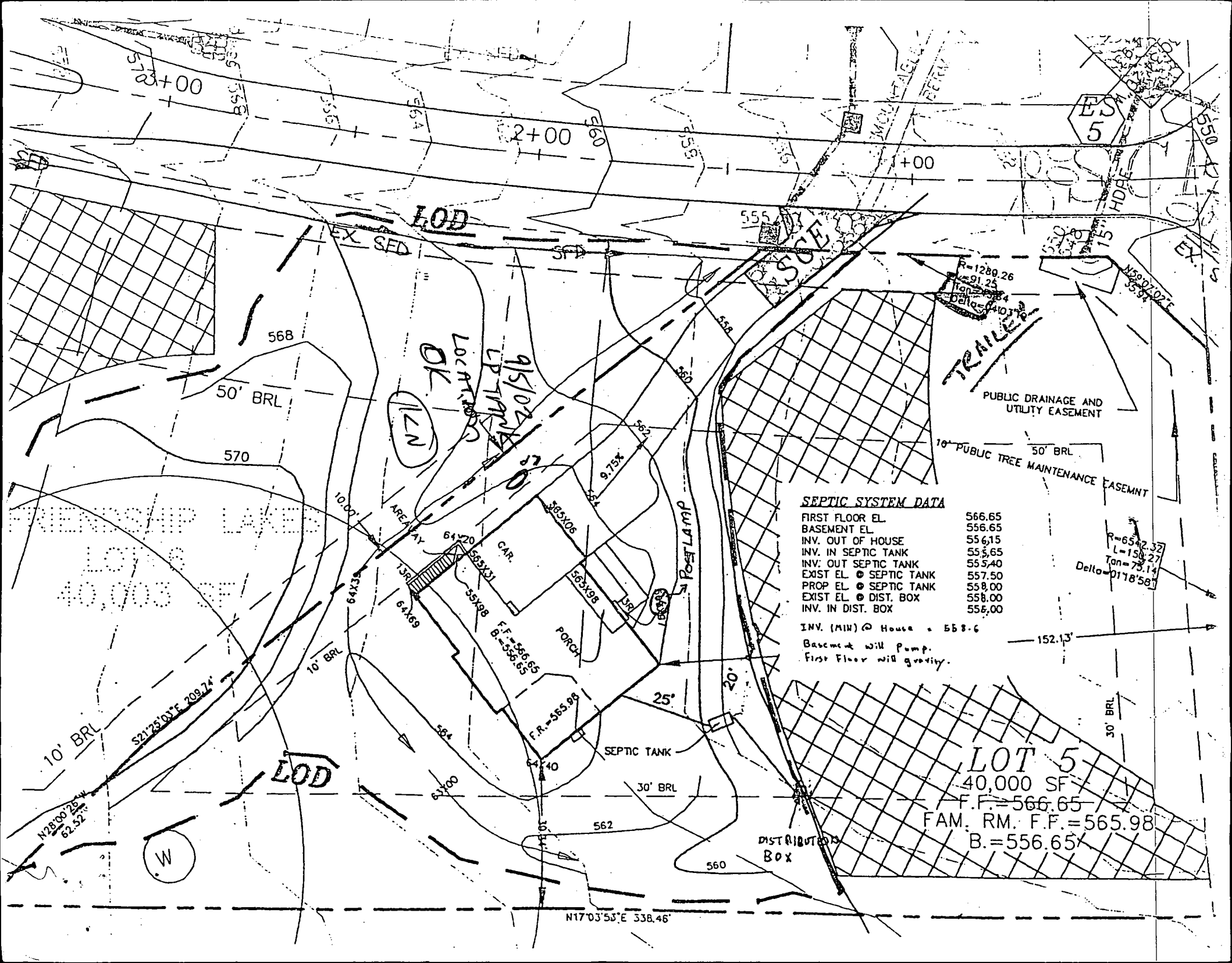
THE PURPOSE OF THIS PLAT IS TO ADD A PRIVATE SIGN EASEMENT TO LOT 5.

RECORDED AS PLAT 15412 ON 5/23/02 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

REVISION PLAT 3
FRIENDSHIP LAKES, LOT 5
PLAT NO. 14909
SHEET 1 OF 1

TAX MAP IS THIRD ELECTION DISTRICT SCALE: 1" = 50'
PARCEL NO. 175 HOWARD COUNTY, MARYLAND DATE: MARCH 2002
BLOCK 14 EX ZONING: RR DPZ FILE NOS.: F-88-204, SP-99-13, F-01-12

MILDENBERG, BOENDER & ASSOC., INC.
Surveyors Planners Surveyors
8072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0268 Fax. (301) 621-5521 Wash. (410) 997-0298 Fax.



R=1289.26
 Tan=91.25
 Delta=140.3

R=6542.32
 L=158.27
 Tan=75.14
 Delta=0178.58

SEPTIC SYSTEM DATA

FIRST FLOOR EL	566.65
BASEMENT EL	556.65
INV. OUT OF HOUSE	556.15
INV. IN SEPTIC TANK	555.65
INV. OUT SEPTIC TANK	555.40
EXIST EL @ SEPTIC TANK	557.50
PROP EL @ SEPTIC TANK	558.00
EXIST EL @ DIST. BOX	558.00
INV. IN DIST. BOX	558.00

INV. (MIN) @ House = 558.6
 Basement will pump.
 First Floor will gravity.

LOT 5
 40,000 SF
 F.F.=566.65
 FAM. RM. F.F.=565.98
 B.=556.65

N17°03'53"E 338.46'

23+00

2+00

+00

568

50' BRL

570

10.00'

10' BRL

S21°25'03"E 209.24'

10' BRL

LOD

W

LOD

EX. SED

LOC. TR. BOX
 LP TR. BOX
 9/5/02
 2/1/02

CAR.

F.F.=566.65
 B.=556.65

F.R.=565.98

SEPTIC TANK

562

30' BRL

560

DISTRIBUTED BOX

TRAILER

PUBLIC DRAINAGE AND UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE EASEMENT

152.13'

30' BRL

ES 5

HDPE

15'

N28°02'25"E 359.4'

EX. SED

3550

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

EX. SED

Mail

KN

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 800138240

Building Address: 2903 NEW ROVER RD
WEST FRIENDSHIP, MD. 31700SP -4

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

Census Tract 6030 Subdivision Friendship Lakes

Section 15 Area _____ Lot 5

Tax Map 15 Parcel 175 Grid 19

Zoning RD11 Map Coordinates _____ Lot size _____

Property Owner's Name Williamsburg Group

Address 8785 PARKERS FARM RD

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-977-8800

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 3500

Description of Work RUN UNDERGROUND
TANK AND GAS LINE 1100 GAL

Contractor Company UNITED PROPANE

Contact Person Tony Gebhart

Address 104 W. RIDGEVILLE BLVD.

City MT. AIRY State MD Zip Code 21771

License No. OT4 15

Phone 301-829-2828 Fax 301-829-5394

Occupant or Tenant _____

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 Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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 _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NPPA #13R <input type="checkbox"/> NPPA #11R Other: _____
Other Structure: _____	Dimensions: _____
Footings: _____	Roof: _____
_____ State Certified Modular	_____ Manufactured Home

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature UNITED PROPANE Master Gas fitter

Title/Company 9/15/02 KN

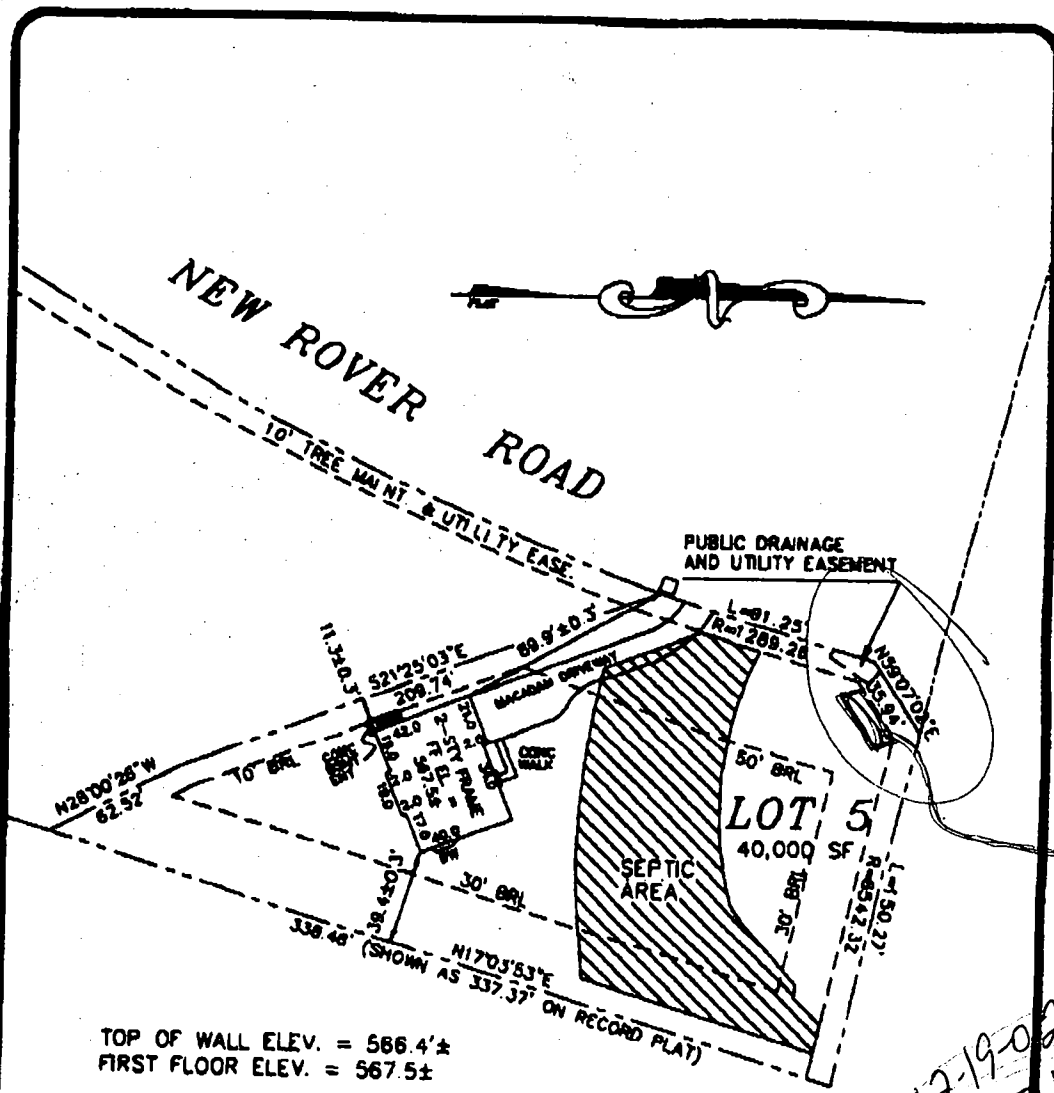
Print Name ALOICE GARRETT

Date 9/3/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____

DPZ-SETBACK INFORMATION _____ PROPERTY ID# _____



TOP OF WALL ELEV. = 566.4'±
 FIRST FLOOR ELEV. = 567.5'±

LOT 5

**FRIENDSHIP LAKES
 LOTS 5 - 15 &
 PRESERVATION PARCELS 'A' & 'B'**

- LEGEND**
- O/H = OVERHANG
 - A/C = AIR COND./HEAT PUMP
 - G/M = GAS METER
 - E/M = ELECTRIC METER
 - CH = CHIMNEY
 - B/W = BAY WINDOW
 - D/W = DRIVEWAY
 - CONC = CONCRETE

ADDRESS: 2803 NEW ROVER ROAD

PLAT No.: 14909
 ELECTION DISTRICT No. 3
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCE, GARAGES, BUILDINGS, OR OTHER EXISTING STRUCTURE IMPROVEMENTS.

MILDENBERG BOENDER, & ASSOC., INC.
 Engineers Planners Surveyors
 6072 Dorsey Mill Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 807-0200 Sales (801) 821-6401 Wash. (410) 807-0200 Fax

PROF. LAND SURVEYOR
 MARYLAND No. 10718

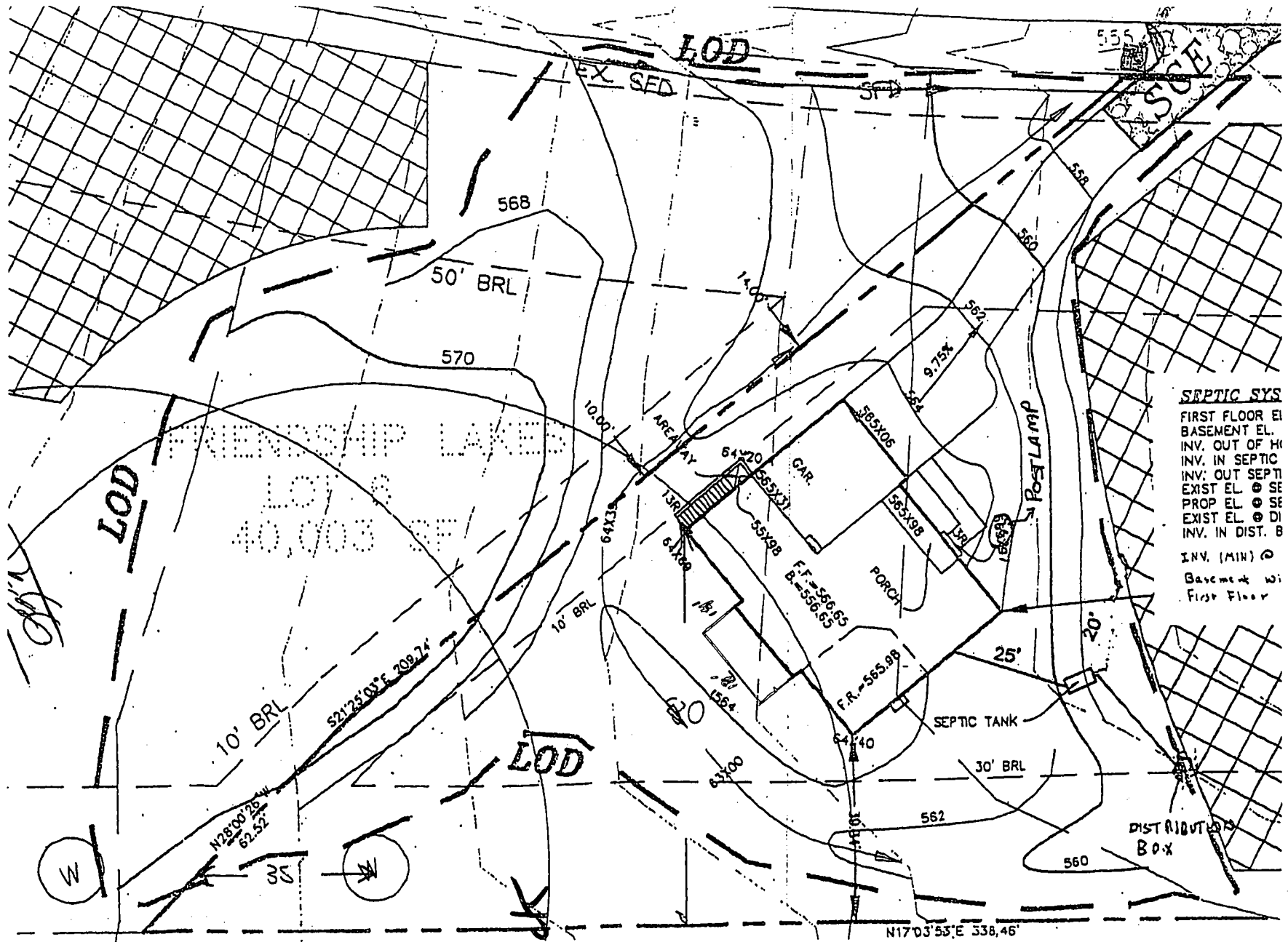
(Signature)

FOUNDATION	DATE: 11/04/01	FINAL	DATE: 05/23/02
DRAWN BY: T. HILL / MES	SCALE: 1" = 60'		
PROJECT NO.: 01-01B	LOCATION DRAWING		

G:\89010\dce\wd05.dwg

12-19-02
 BROO 139739
 OK (KN)

→ SIGN ESMT.



SEPTIC SYS
 FIRST FLOOR EL
 BASEMENT EL.
 INV. OUT OF HI
 INV. IN SEPTIC
 INV. OUT SEPTI
 EXIST EL. @ SE
 PROP EL. @ SE
 EXIST EL. @ DI
 INV. IN DIST. B
 INV. (MIN) @
 Basement w/
 First Floor

BOONHORN
 3/25/04
 No septic
 or well
 concern
 BROOKN