

LAYOUT 3/13/03 11 AM INSP 4 _____
 INSP 2 3/17/03 12:30 INSP 5 _____
 INSP 3 3/26/03 1:30 INSP 6 _____

ISSUE DATE: 3/6/03

APPROVAL DATE: 3/26/03

**PERMIT
INDEXED**

04-365623

P 518562

A 59946-H

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

Miller Excavating Company, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 18115 Sellman Road, Dickerson PHONE NUMBER: 301-349-4400

SUBDIVISION: WESTWOODS @ CHERRY GROVE LOT NUMBER: 12

ADDRESS: 16824 COLTON COURT PROPERTY OWNER: D.R. HORTON, INC.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 240

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

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 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box midway between upper easement stakes as shown on the approved building permit plan. Run trenches on contour in both directions
NOTES:	Maintain 100' from any wells with tank or trenches. Check the distance from the easement to the well on the preservation parcel behind lot #12. Trenches to be 8' edge to edge.

PLANS APPROVED: Brian Baker OK 3/20/02 (SD) DATE: 03/06/02

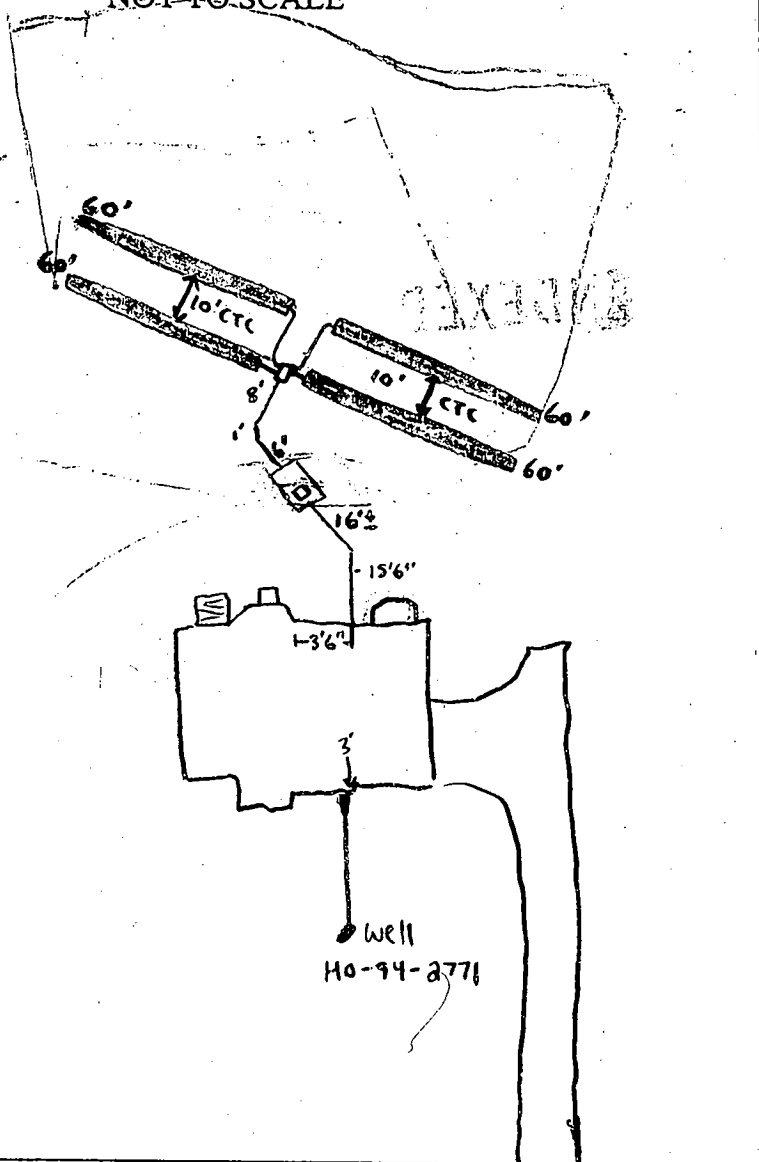
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

4-2-03-600140728-UP TANK
 4-7-04 608149307-DECK

459946-H

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	7'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 ft ²
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		NA

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	✓
BAFFLE FILTER	NA
MANHOLE LOC	Front
6" PORT LOC	No
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	NA
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 3/13/03 SRA Staked, house conn changed. Layout per B.P. except trenches on right side will be straighter (SO)

INSTALLATION 3/17/03 House conn. change again, coming out of middle of the rear of house. 1/2 of septic tank will be in 100' well radius. OK to install that way. S.T. Downhill from well & WATERTIGHT - (SO) SRK

3/26/03 OK TO COVER ALL WORK - (SRK)

FINAL INSPECTOR Steven R. Krueger DATE OF APPROVAL 3/26/03

BUILDING DEPARTMENT AND RETURNED

FOREST CONSERVATION
EASEMENT AREA 3 S 56°43'11" W
2.43'

20' PUBLIC DRAINAGE
& UTILITY EASEMENT
PER PLAT NO. 14809

GRID NORTH

PRESERVATION
PARCEL "B"

LOT 12

LOT 13

SEE
DETAIL

10' PUBLIC TREE
MAINT. ESMT.
PER PLAT NO. 14809

PRESERVATION
PARCEL "F"

Parcel 'D'

Parcel 'B'

COLTON COURT
(55'R/W)

3/7/03-
Wall Check
OK(SRK)

20' PUBLIC DRAINAGE
& UTILITY EASEMENT
PER PLAT NO. 14809

TOP OF FOUNDATION WALL ELEVATION = 589.0'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

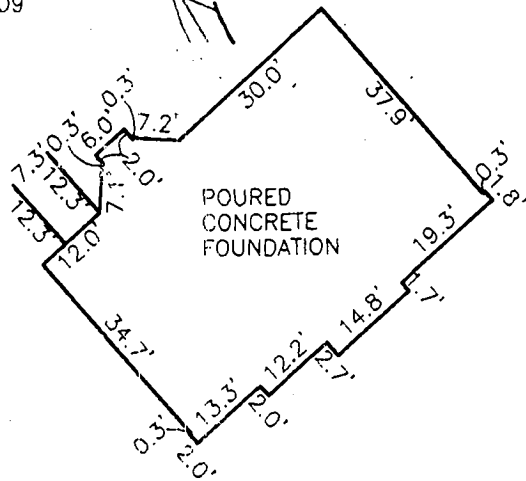
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL
KNOWLEDGE, INFORMATION AND BELIEF, THAT THE
DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON
ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN
SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC.
ON 11/25/02 ; AND THAT THE PROPERTY OUTLINE
SHOWN HEREON IS BASED ON THE PLAT PREPARED BY
RODGERS & ASSOCIATES, INC. ENTITLED " THE
WESTWOODS OF CHERRY GROVE ", AND RECORDED
AMONG THE LAND RECORDS OF HOWARD COUNTY AS
PLAT No.14809

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 3151
RECORD PLAT No. 14809
FEMA FIRM No. 240044 0013 B.
ZONE: C
DATED: 12/04/86

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELICHT CITY, MARYLAND 21043
phone: 410-465-6105 A fax: 410-465-6644
email: Benchmark@bods.com



FOUNDATION DETAIL

SCALE: 1" = 30'

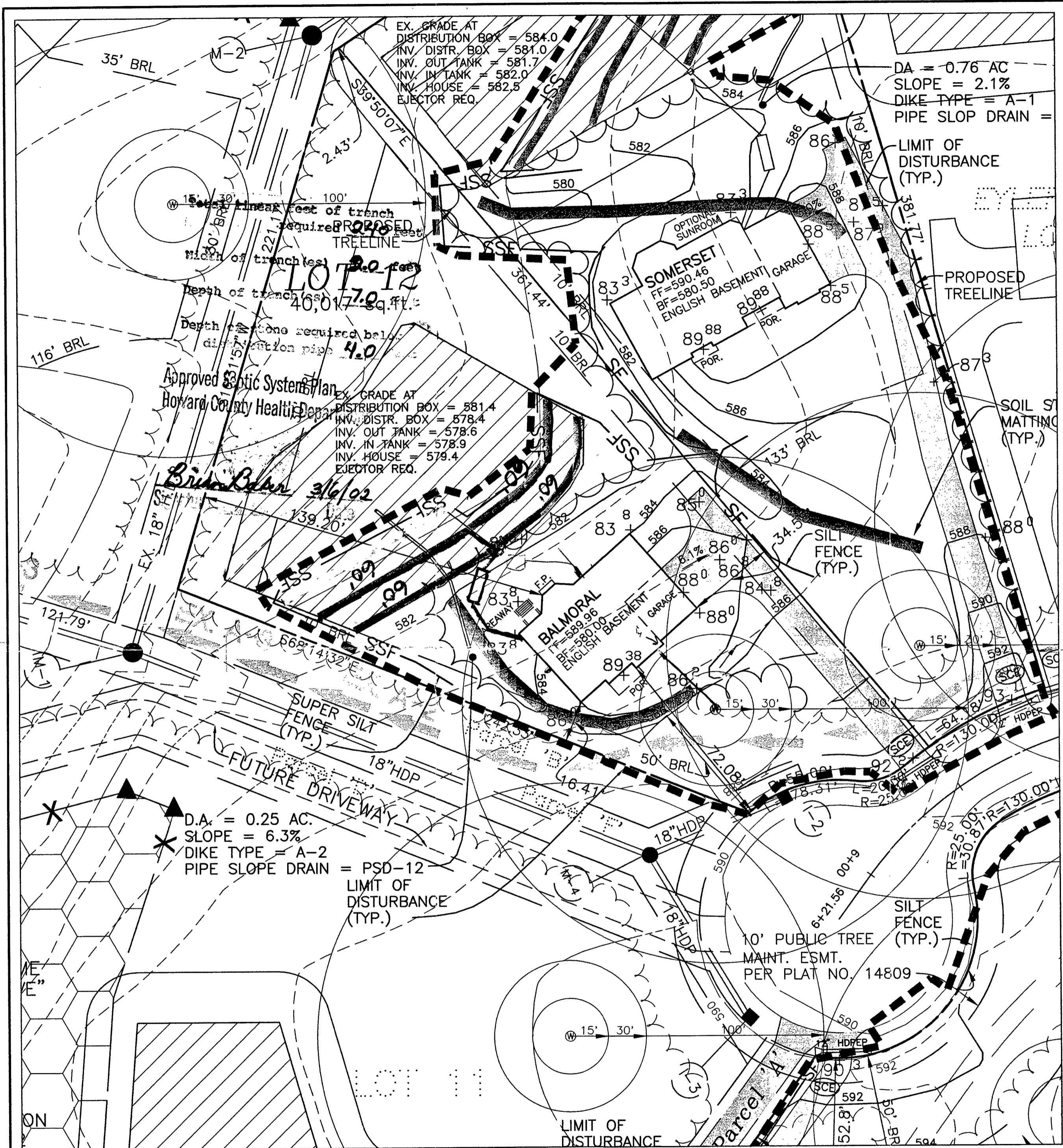
WALL CHECK

THE WESTWOODS OF
CHERRY GROVE
LOT No. 12

16824 COLTON COURT

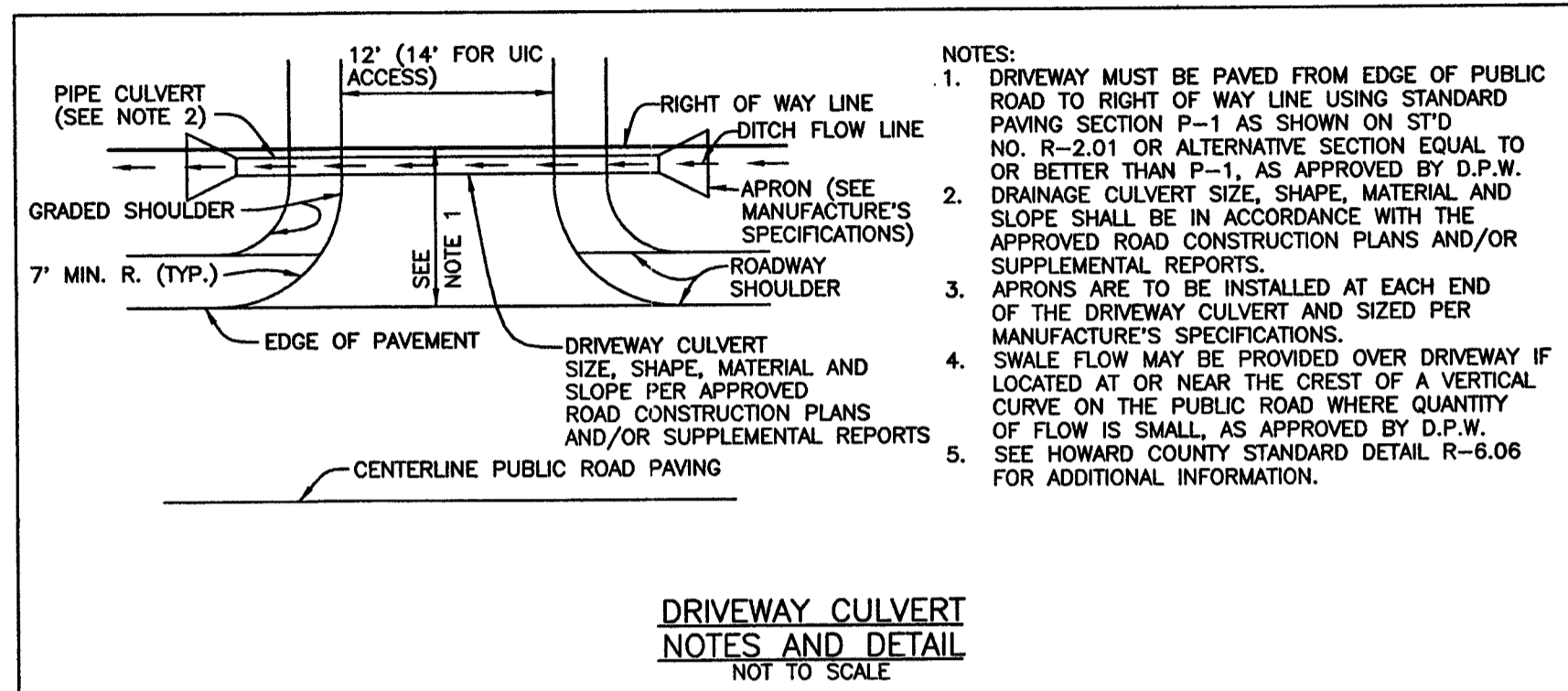
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 11/25/02



NOTES:

1. THE LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWER DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-01-192 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS (F-00-105).



LEGEND

- LIMIT OF DISTURBANCE
- PROP. SILT FENCE
- PROP. SUPER SILT FENCE
- EX. EARTH DIKE
- PROP. EARTH DIKE
- STABILIZED CONSTRUCTION ENTRANCE
- EXISTING CONTOUR
- PROPOSED CONTOUR
- EROSION CONTROL MATTING

NO.	DATE	REVISION

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 • FAX: 410-465-6644
 EMAIL: benchmark@ccis.com

OWNER/BUILDER:
 D.R. HORTON, INC.
 SUITE 230
 1370 PICCARD DRIVE
 ROCKVILLE, MARYLAND 20850
 1-301-670-6144

PROJECT:
THE WESTWOODS AT CHERRY GROVE
LOT 12

LOCATION:
 16824 COLTON COURT
 LISBON, MD 21797
 TAX MAP 13 - BLOCK 15 - PARCELS 140,
 141, 142 AND P/O PARCEL 46
 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

TITLE: **PERMIT PLAN**

HOUSE TYPE: **BALMORAL**

DATE: **FEBRUARY, 2002** PROJECT NO. **1431**

SCALE: **1" = 30'** DRAWING **1** OF **1**

DESIGN: JMC DRAFT: JTC

**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: Ben Lewis Inc Telephone #: 4085900
Address: 23407 Frederick Rd
Classsburg Md 21821

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Frest Winkler License#: 17867
*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: D. L. Horton Inc Telephone #: 670 6144
Subdivision: Cherry Grove Lot #: 12 Well Tag #: HO-94-2771
Site Address: 16824 Colton Ct

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Kent</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>1/3</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>319</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 17.3.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

Piping to house	House Connection
Type: <u>Blk 1"</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>36</u> (36" 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: [Signature] date: 9/30/02

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

Date Insp. Requested: 10/1/2002 ASAP Date Insp. Approved: 4/2/03 508SRK SRK
Inspection Data:
Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 07860

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ON SRK 11/2/00

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2771

OWNER GROVEMONT DEVELOPMENT LLC. STREET OR RFD COLTON COURT TOWN LISBON SUBDIVISION WESTWOODS AT CHEEK GROVE SECTION LOT 8 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale (0-63) and Blue Rock (63-405).

GROUTING RECORD section with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section with fields for screen type, diameter, depth, and slot size.

PUMPING TEST section with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED section with YES/NO options.

CIRCLE APPROPRIATE LETTER section with options A, E, P.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

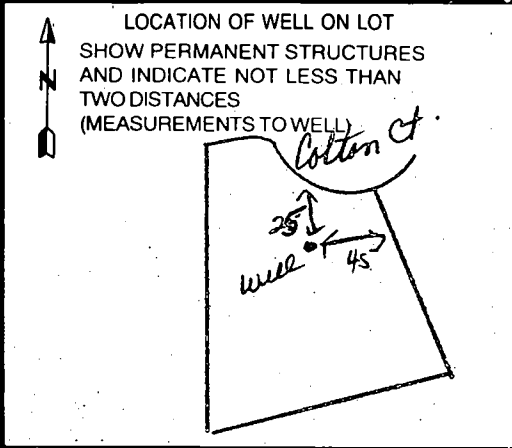
DRILLERS LIC. NO. 1 M-SDO 24, DRILLERS SIGNATURE Joseph K. Mayne, LIC. NO. 1 D

SITE SUPERVISOR section for signature and name.

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 30-32, 38-41, 45-47, 51) and corresponding casing diameters.

GRAVEL PACK section with fields for IF WELL DRILLED, WAS FLOWING WELL, INSERT F IN BOX 68.

MDE USE ONLY section with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 <u>5964</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <u>W514154</u> please print or type	STATE PERMIT NUMBER <u>HO - 94 - 2771</u> <small>fill in this form completely</small>
------------------------	-----------------------------	--	---

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

Grovermont Development LLC
15 Last Name Owner First Name 34

P.O. Box 417
36 Street or RFD 55

Ellicott City Md 21041
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

The Westwoods of Cherry Grove
23 SUBDIVISION 42

SECTION 44 LOT 8
44 46 48 50

Lisbon
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION

Joseph K. Mayne M SD024
Driller's Name 76 License No. 81

Joseph K. Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt. Airy 21771
Address

Joseph K. Mayne 7/26/2000
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Colton Ct.
11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 08 09 00 C. J. W. Williams 8/8/01
43 MM DD YY 48 DD SIGNATURE EXP. DATE

NORTH GRID 530 000 EAST GRID 0772 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E. 770

N. 530

10.17.00
GROUT
9:30
No insp

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

Lisbon

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____

PERMIT No. HO - 94 - 2771
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A 59946

P _____

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

DISTRICT _____

DATE _____

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.

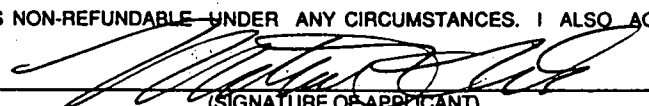
PROPERTY OWNER MARSHALL W. NICHOLS
2937 JENNINGS CHAPEL ROAD
ADDRESS WOODBINE, MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER DAVID E. WILKINSON @ MACRO LTD. REAL ESTATE SERVICES
5301 BUCKEYSTOWN PIKE, SUITE 300
ADDRESS FREDERICK, MD 21704 PHONE (301) 698-9696

PROPERTY LOCATION:

IBDIVISION NICHOLS' PROPERTY LOT NO. _____
ROAD AND DESCRIPTION JENNINGS CHAPEL ROAD, HOWARD COUNTY

TAX MAP 13 PARCEL # P/0 46
SIZE OF LOT 40,000 - 60,000 sq. ft. TYPE BLDG. SINGLE FAMILY DWELLING
(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 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

NICHOLS SUBD.

A 59946

COUNTY #

SOIL PROFILE 11C

0'
3 1/2'
11'

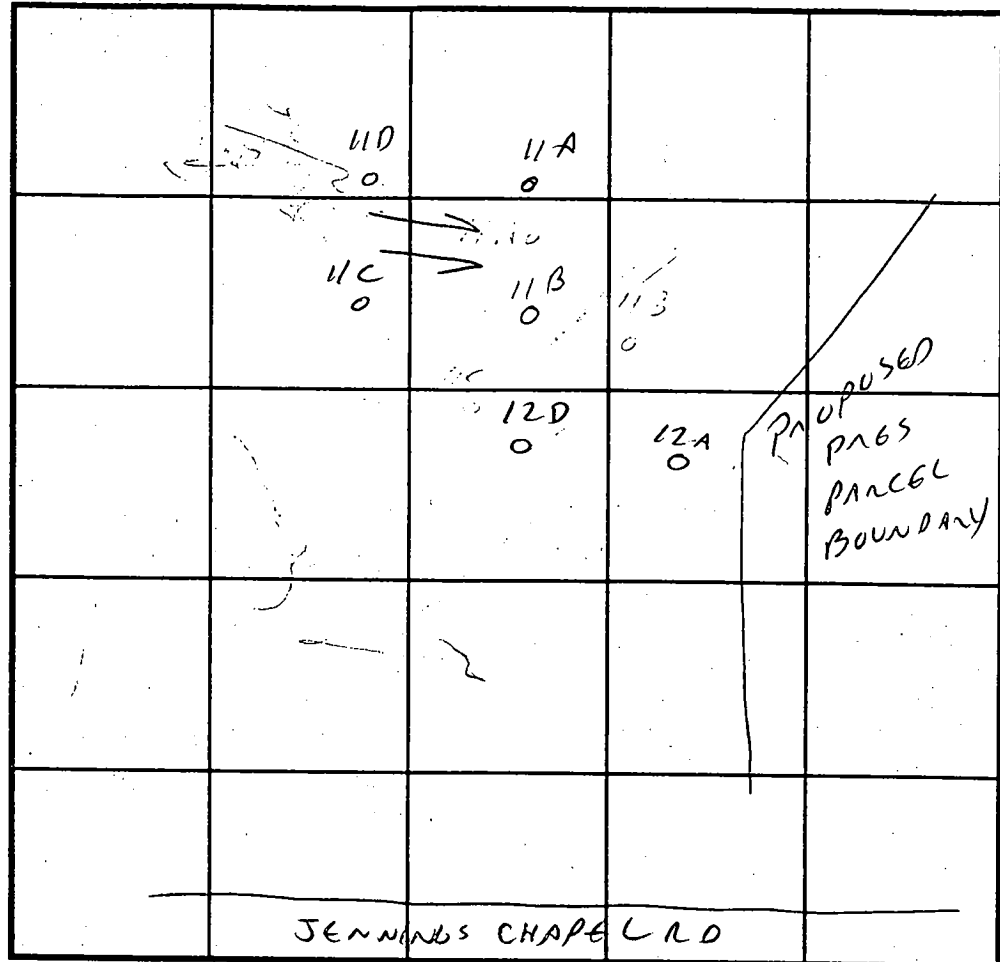
CLAY
MICA SILT LOAM

11 D
3 1/2'
11'

CLAY LOAM
LIGHT Brown MICA SILT LOAM

11 B
3 1/2'
11'

CLAY LOAM
TAN MICA SILT LOAM
MINOR SAPPHIRE INCLUSIONS



SOIL PROFILE 11A
0'
4 1/2'
11'

CLAY
BEIGE MICA SILT LOAM
5% SAPPHIRE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/98	11C	3 1/2'	1:39	1:47	1:47	2:01	14 min
	11D	3 1/2'	VIS OK - NOT TESTED			EST	5 min
	11A	3 1/2'	1:41	2:00	2:00	2:26	26 min
			VIS FASTER (6-8 MINUTES)		BELOW 5'		
	11B	3 1/2'	1:43	1:59	1:59	2:14	15 min

REMARKS _____

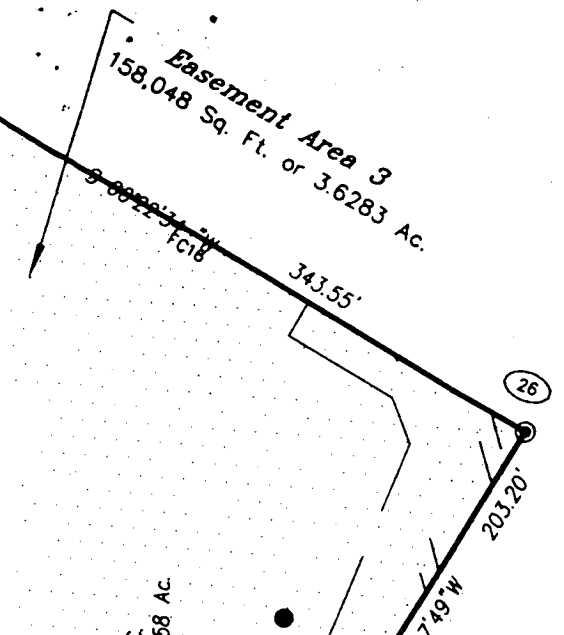
TYPE OF SOIL _____

TESTED BY C. Miller ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

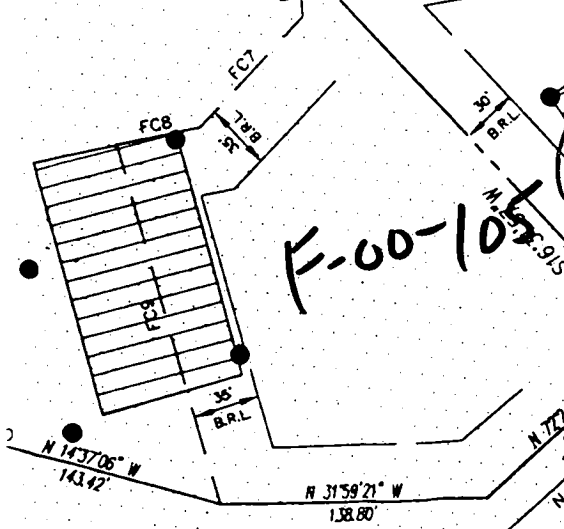
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Forest Conservation Easement		
Line	Length	Bearing
FC1	43.34	N36°01'01"E
FC2	200.93	S80°53'43"E
FC3	73.27	N80°53'43"W
FC4	60.31	N17°04'26"E
FC5	104.04	S50°52'39"E
FC6	372.68	N56°43'11"E
FC7	78.84	S77°05'44"E
FC8	44.45	S41°56'40"E
FC9	194.35	N43°51'33"E
FC10	187.10	S14°43'42"E
FC11	12.85	S71°01'17"W
FC12	165.40	S57°03'16"W
FC13	226.54	S63°13'53"W
FC14	47.68	S76°55'38"E
FC15	15.97	N27°55'23"W
FC16	298.12	N00°22'34"E
FC17	92.51	N41°11'34"W
FC18	51.55	N56°45'23"E
FC19	109.95	N65°59'54"E
FC20	189.59	N65°04'59"E
FC21	184.73	N85°08'11"E



PRESERVATION PARCEL "B"
BUILDABLE

OWNER:
EASEMENT HOLDERS: HOWARD COUNTY, MD. & HOMEOWNERS ASSOCIATION, INC.
PARTIAL AREA (THIS PLAT) 424,526 Sq. Ft. 9.7458 AC.
TOTAL AREA: 476,571 Sq. Ft. 10.9406 AC.



PRESERVATION PARCEL "F"
NON-BUILDABLE

PUBLIC STORM WATER MANAGEMENT, ACCESS, DRAINAGE & UTILITY EASEMENT
AREA 86,761 SF 1.99 AC.
OWNER: H.C.A.
Easement Holder: Howard County

Nichols
Zoning RC-DEO
8.50 Ac.

LOT 9
46,025 sq. ft.
1.06 acres

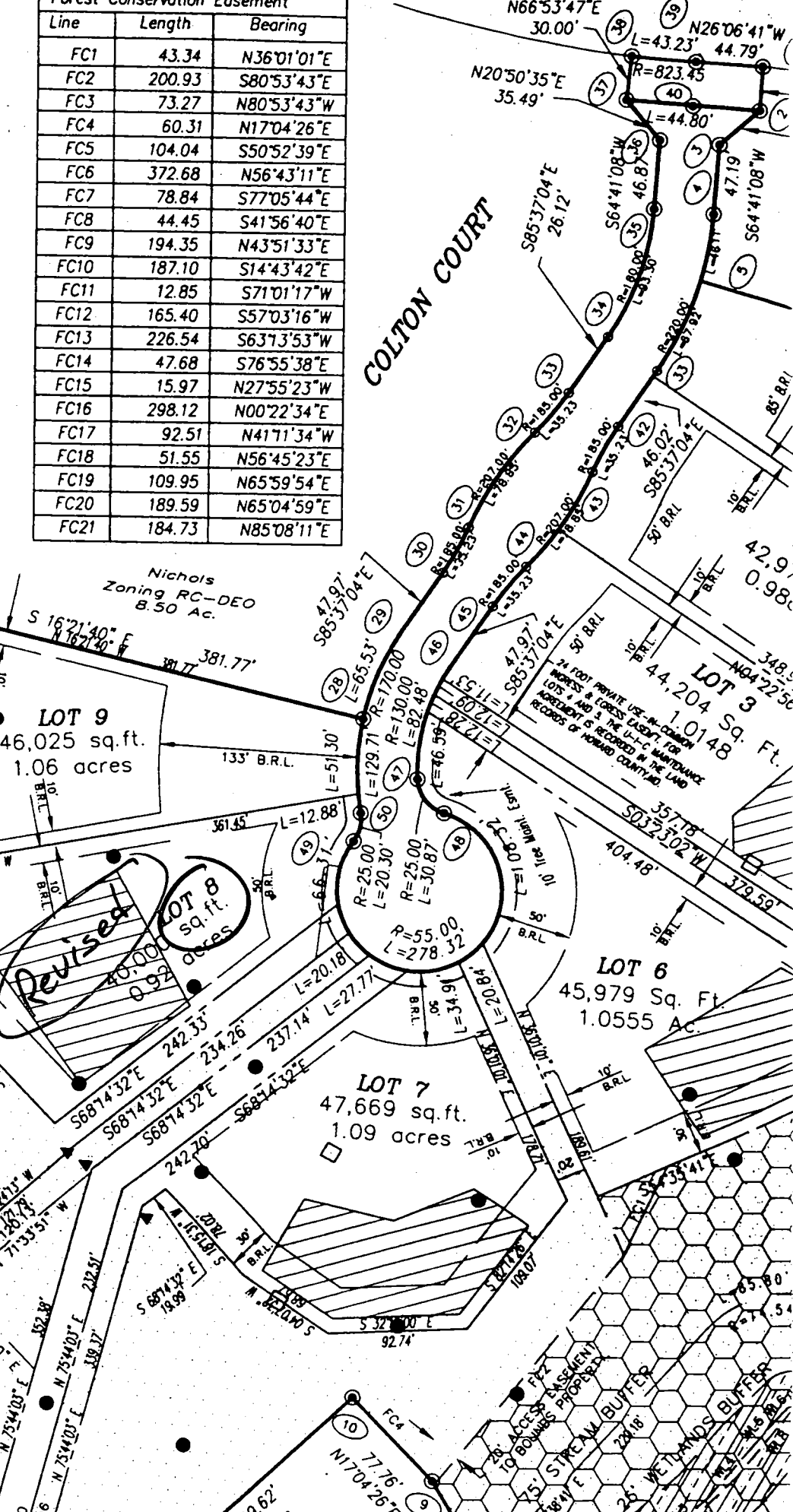
LOT 8
40,000 sq. ft.
0.92 acres

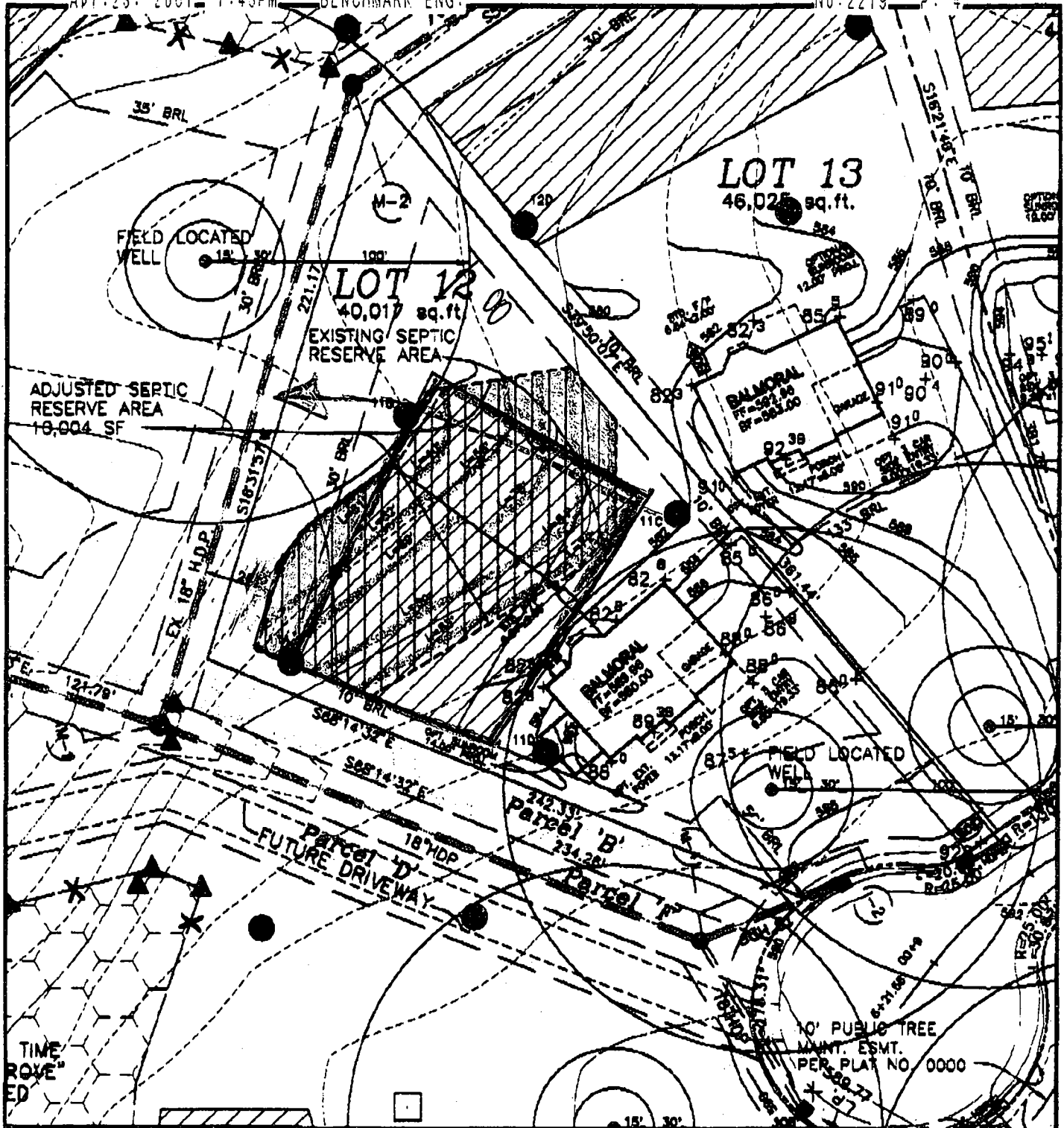
LOT 7
47,669 sq. ft.
1.09 acres

LOT 6
45,979 Sq. Ft.
1.0555 Ac.

LOT 3
1,0148 Sq. Ft.

COLTON COURT





#126101 The adjustment to the bottom of the SDA is OK. 45
 But, no adjustment is possible to the right because of a swate.
 A. McMiller

**THE WESTWOODS AT CHERRY GROVE
 LOT 12 - SEPTIC REVISION**

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 4/23/01

ITY, MD 21043
 8844

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300149307

Building Address 16824 Colton Ct
Windsor, MD 21797

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

Census Tract 2402 Subdivision Arden Woods

Section _____ Area _____ Lot 1A

Tax Map 13 Parcel 311 Grid 15

Zoning RCOD Map Coordinates 105 Lot size _____

Property Owner's Name Phillip Pitney
 Address 16824 Colton Ct

City Windsor State MD Zip Code 21797

Home Phone 410-489-0279 Work Phone 212-88-2861
 Applicant's Name & Mailing Address; (if other than stated hereon)

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ Deck

Estimated Construction Cost \$ 75000

Description of Work Deck 20x10
Steps to Grade

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant Occupant

Contact Name Phil Pitney

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: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: _____
 State Certified Modular
 Manufactured Home

Water Supply
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name Phillip Pitney

Title/Company Owner

Date 7/7/04

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#

50515