

LAYOUT 6/17/03 #3 INSP 4 _____
INSP 2 6/26/03 1PM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/11/2003

APPROVAL DATE: 6/26/03

PERMIT INDEXED

04-365798

P 519009

A 59946-X

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 Rd, Dickerson PHONE NUMBER: 301-349-4400

SUBDIVISION: Westwoods @ Cherry Grove LOT NUMBER: 27

ADDRESS: 16932 Old Sawmill Road 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: 180

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

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan.
NOTES:	Basement service by gravity is not proposed.

PLANS APPROVED: Steven R. Krieg OK SRK 6/14/03 DATE: 9/20/2002

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

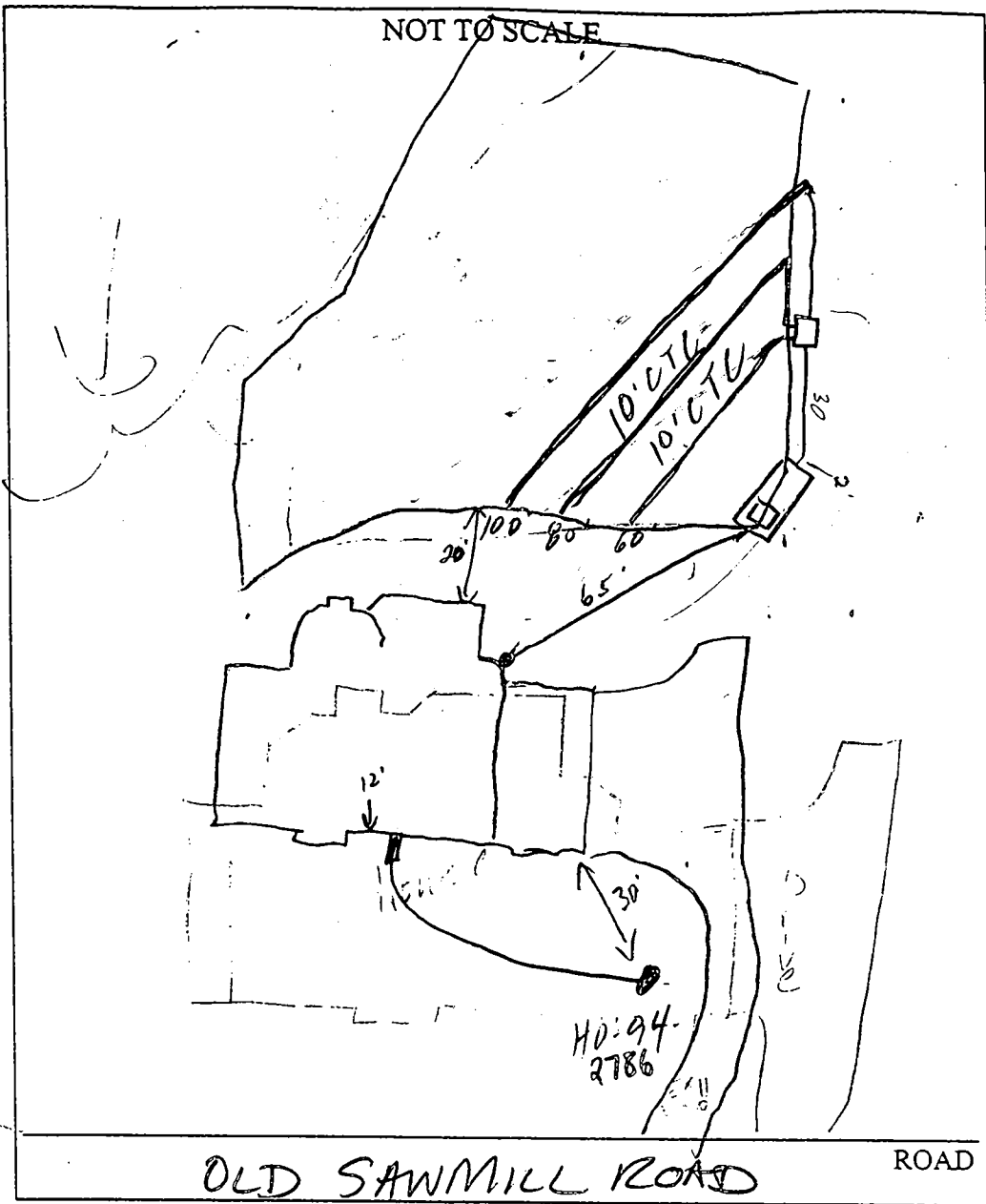
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED**

7/15/2003 UG PROPANE TANK

A 59946-X

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		2207
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	—
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 6/17/03 Layout OK. Swale missing on trap.
 Run 3 trenches 60, 80, 100 10' CTC. Septic tank location -
 INSTALLATION, verified not in well radius. OK TO START (KA)
 6/26/03 OK to cover all work (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 6/26/03

BUILDING PERMIT DIVISION
 AND RETURNED

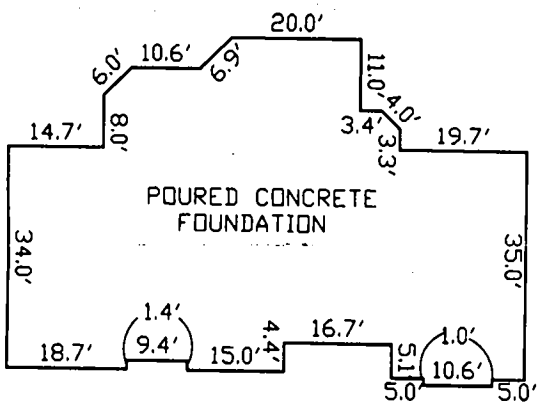
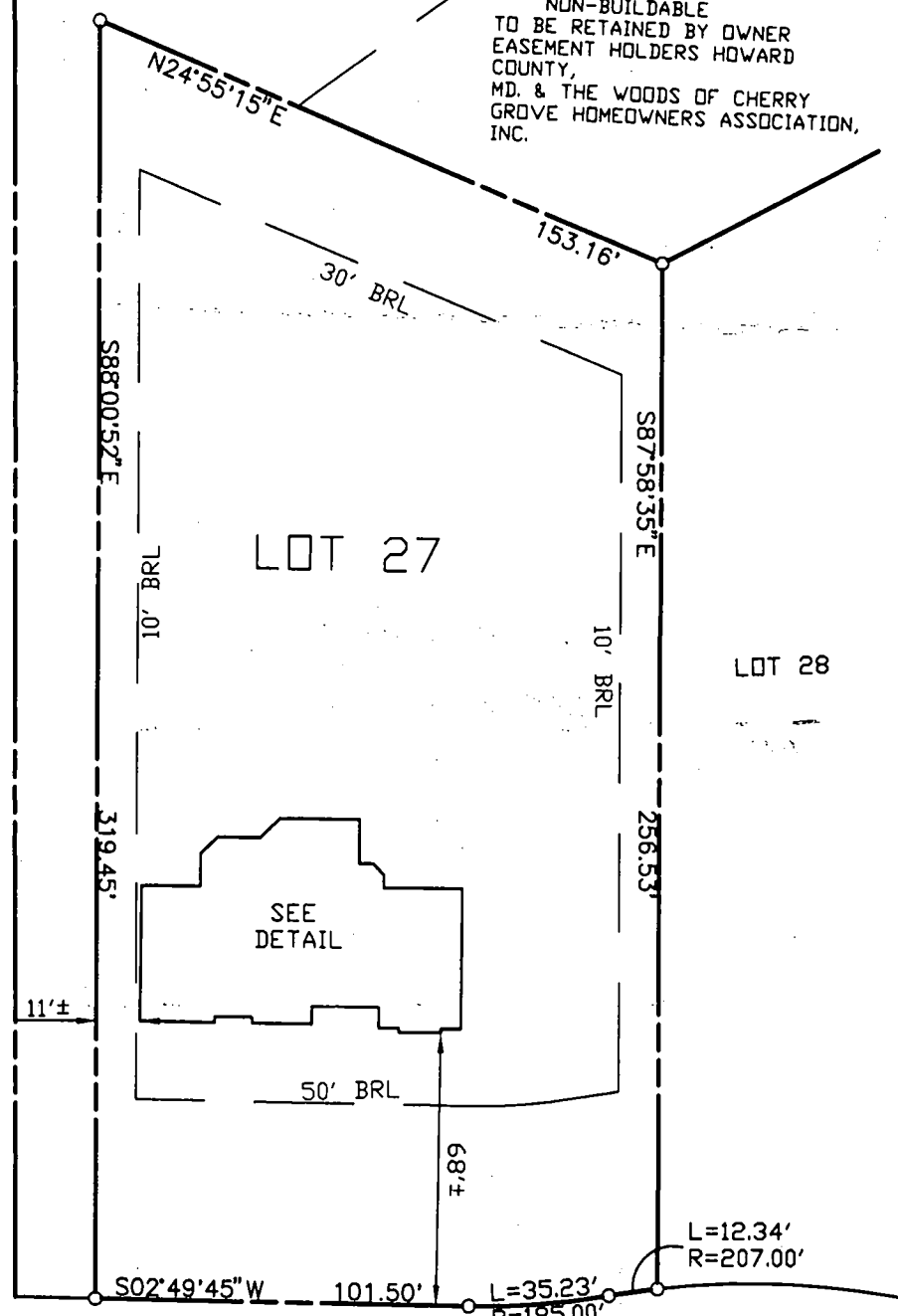
6-11-03
 WALL CHECK
 OK
 KN

FOREST CONSERVATION
 EASEMENT AREA 6
 (RETENTION)



PUBLIC STORM WATER MANAGEMENT
 ACCESS DRAINAGE & UTILITY
 EASEMENT

PRESERVATION PARCEL 'C'
 NON-BUILDABLE
 TO BE RETAINED BY OWNER
 EASEMENT HOLDERS HOWARD
 COUNTY,
 MD. & THE WOODS OF CHERRY
 GROVE HOMEOWNERS ASSOCIATION,
 INC.



FOUNDATION DETAIL

SCALE: 1" = 30'

OLD SAWMILL ROAD
 (40' R/W)

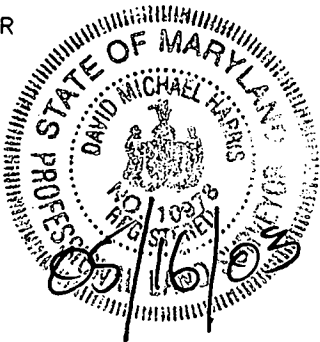
SURVEYOR'S CERTIFICATE

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 05/08/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M.MOCHI GROUP P.C., INC. ENTITLED "THE WOODS OF CHERRY GROVE", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT--No.14810--

FIRST FLOOR ELEVATION = 607.8'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

David M. Harris

DAVID M. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10978
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 351
 RECORD PLAT No. 14810
 FEMA FIRM No. 240044 0013 B
 ZONE: C
 DATED: 12/04/86

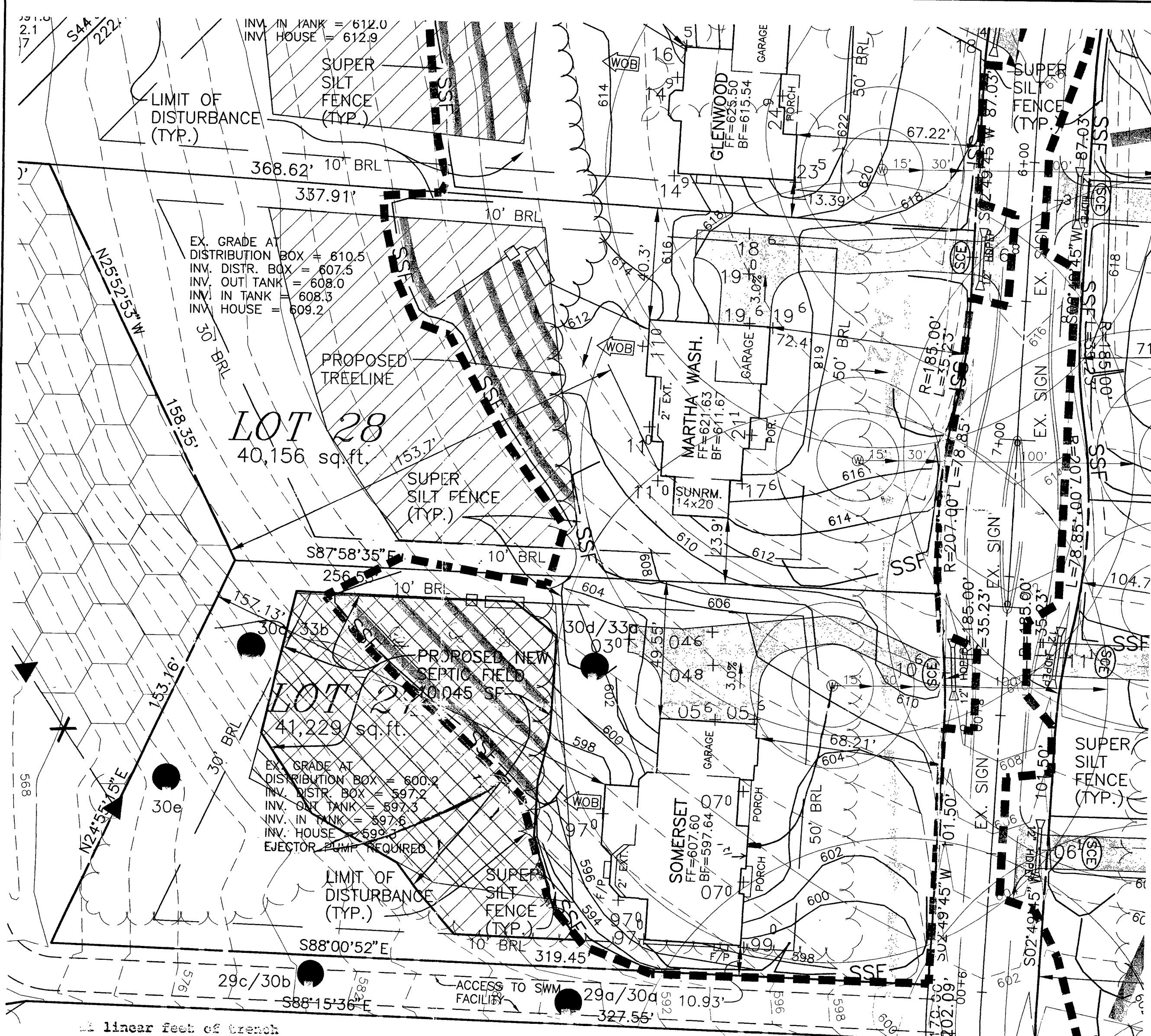


BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

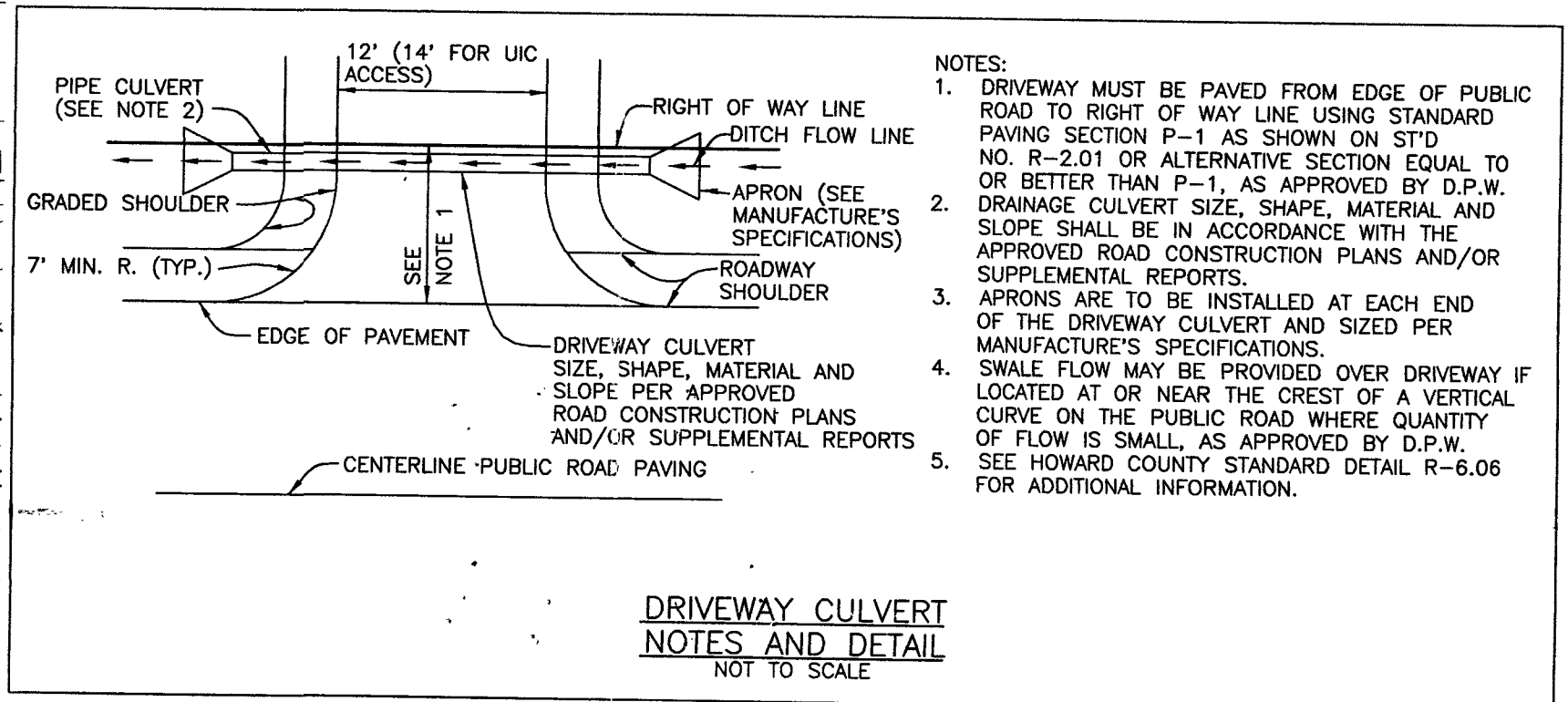
8480 BALTIMORE NATIONAL PIKE • SUITE 418
 ELICOTT CITY, MARYLAND 21043
 phone: 410-465-8105 • fax: 410-465-8844
 email: Benchmark@cats.com

WALL CHECK
 THE WESTWOODS OF
 CHERRY GROVE
 LOT No. 27

16932 OLD SAWMILL ROAD
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 05/08/03



- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 14810, REFER TO THE PLAT 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 SEWERAGE 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 ADJUSTMENTS TO 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-C1-192 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 BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
 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).



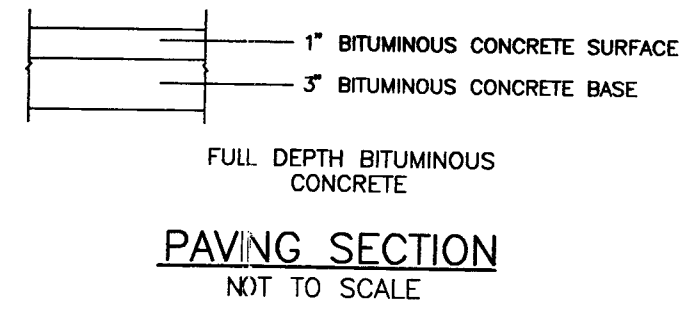
LEGEND

- 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

Linear feet of trench required 340 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

Steve K. King 9/20/02
 Signature Date



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: benchmrk@cais.com

OWNER/BUILDER: D.R. HORTON, INC. SUITE 230 1370 PICCARD DRIVE ROCKVILLE, MARYLAND 20850 1-301-670-6144	PROJECT: THE WESTWOODS OF CHERRY GROVE LOT 27
LOCATION: 16932 OLD SAWMILL ROAD WOODBINE, 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: SOMERSET	DATE: SEPTEMBER, 2002
DESIGN: JMC	DRAFT: JMC
SCALE: 1" = 30'	PROJECT NO. 1431 DRAWING 1 OF 1

**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 Telephone #: 301 488 3700
Address: 23407 Frederick Rd
Clarksville md 21111

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Frank Runkle 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.K. Horton Telephone #: 301 670 6144
Subdivision: Cherry brook Lot #: 27 Well Tag #: HO-94-2786
Site Address: 10932 Old Samuel Rd
Woodburne md 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Sund</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u> </u>
Model #: <u> </u>	Model#: <u> </u>	Screened, vented well cap: <u> </u>
Pump Capacity <u>1/3</u> GPM	Depth: <u>38</u> (36" min)	Cap secured to casing: <u> </u>
Well Yield: <u>290</u> GPM	NSF approved: <u> </u>	Conduit min 18" B.G.: <u> </u>
Depth of well encountered at time of pump installation: <u> </u> (feet)		Conduit secured to well cap: <u> </u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSFC 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 <u> </u>		

Piping to house
Type: Black 1"
PSI: 200 (150 psi min)
Depth of supply line: 40 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve:
Sleeve caulked and sealed properly:

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: 1/13/03

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

Date Insp. Requested: 1/14/03 Date Insp. Approved: 7/21/03 50 SRM
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 07875

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED 11/22/08

DATE WELL COMPLETED 10/4/2000

DEPTH OF WELL 22 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2786

OWNER GROVEMONT DEVELOPMENT STREET OR RFD OLD SAWMILL RD TOWN LISBON SUBDIVISION WESTWOODS OF CHERRY GROVE SECTION LOT 2327

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale Clay mixed 0-88, Blue Rock 88-400, Drywell 440' Backfilled, 440-40 Drilling material, 40-0 cement.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (20), NO. OF POUNDS (1800), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0-79).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (91).

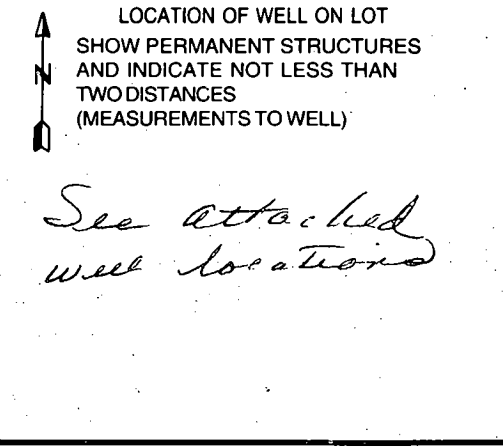
OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), SLOT SIZE (1, 2, 3), DIAMETER OF SCREEN (56, 60).

DEPTH (nearest ft.) table with columns: T, A, C, H, S, R, E, N and rows for depths 1-51.

PUMPING TEST form with fields: HOURS PUMPED (6), PUMPING RATE (1.3), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (51), BEFORE PUMPING (51), WHEN PUMPING (358), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).



NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER (A, E, P)

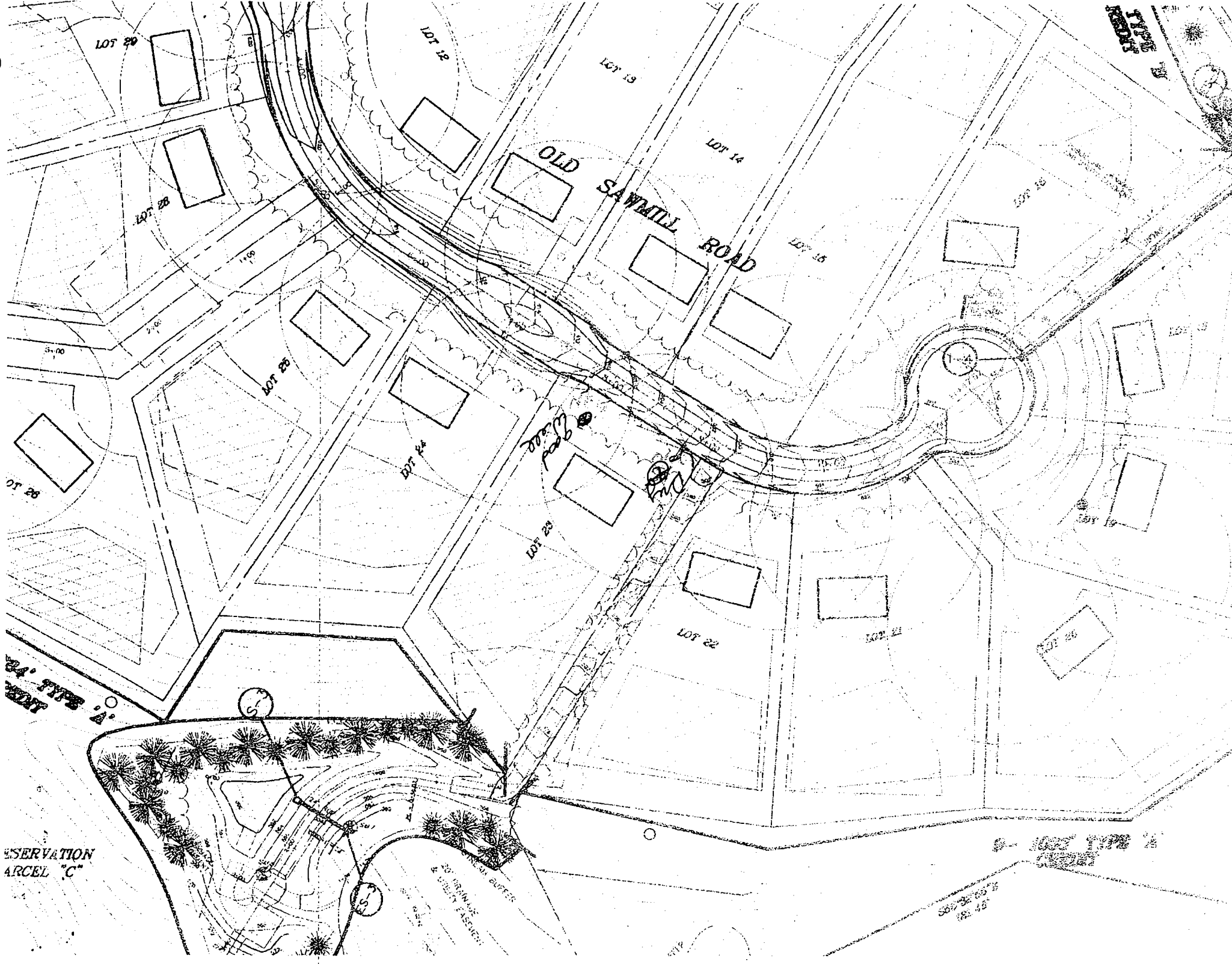
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE (Joseph M. Mayne), LIC. NO. D

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q



RESERVATION ARCEL "C"

OLD SAWMILL ROAD

LOT 20

LOT 12

LOT 13

LOT 14

LOT 28

LOT 25

LOT 24

LOT 23

LOT 22

LOT 21

LOT 26

LOT 19

LOT 25

LOT 18

TYPE 'A'

TYPE 'A'

580' x 100' 1/2
100' x 40'

B 1	5978	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL Please print or type W514154	STATE PERMIT NUMBER HO-94-2786 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

Greenvest Development LLC
 15 Last Name Owner First Name 34

P.O. Box 417
 36 Street or RFD 55

Elleciatt 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 **23**
 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 L. Mayne M S D 024
 76 Driller's Name License No. 81

Joseph L. Mayne Well Drilling
 77 First Name

5512 Ridge Rd Mt. Airy Md 21771
 Address

Joseph L. Mayne 7/26/2000
 Signature Date

Old Sawmill Rd.
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST
 NORTH SOUTH

DISTANCE FROM ROAD **30** FT
 ENTER FT OR MI 34 37 38 39

TAX MAP: **13** BLK: **15** PARCEL **46**

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 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 **080200 Craig Wellman 8/1/01**
 43 MM DD YY 48 49 SIGNATURE EXP. DATE

NORTH GRID **531 000** EAST GRID **0771 000**
 50 55 97 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/400 9:30 Not a section

SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
 E **770'**
 N **530'** 000 x

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**

Jennings Chapel Rd.
Old Sawmill Rd.
well

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

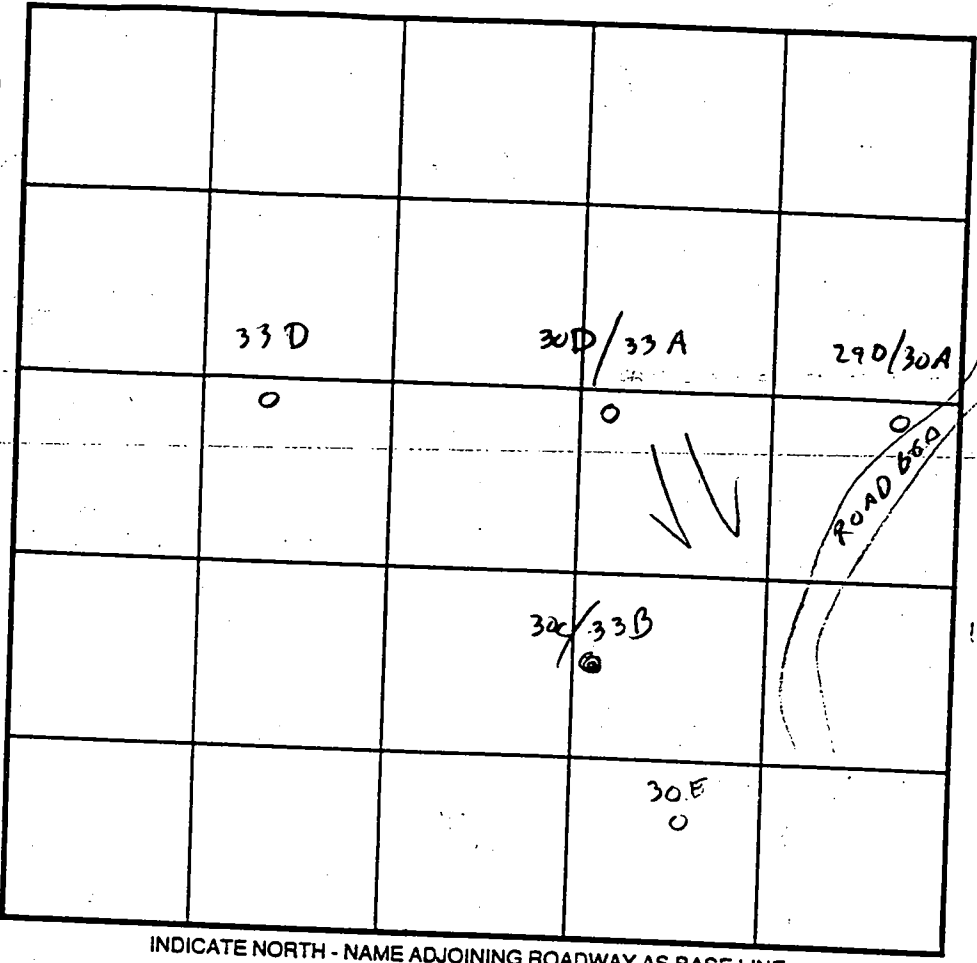
APPROP. PERMIT NUMBER _____

PERMIT No. **HO-94-2786**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

NICHOLS SUBD.
159946
COUNTY #

SOIL PROFILE
30 E (NO. 4)
0'
CLAY
2 1/2'
TAN
SANDY
MICA
LOAM
5%
SAPROLITE



SOIL PROFILE
30C/33B
0'
CLAY
3'
LIGHT
REDDISH
SILT
LOAM
11'

29D/30A
3'
CLAY
TAN
SANDY
MICA
LOAM
5%
SAPROLITE
NO DEPTH

33D
2'
CLAY
RED
SANDY
MICA
LOAM
5%
SAPROLITE
11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/78	30 E	2 1/2	2:45	2:47	2:47	2:50	3 MIN
	29D/30A	3 1/2	IN SMALL SEWAGE		(LOWEST HOLE ON PLAN)		
	30D/33A	3	2:50	2:52	2:52	2:55	3 MIN
	30C/33B	3 1/2	2:55	2:57	2:57	2:59	2 MIN
	33-D	3	2:58	3:00	3:00	3:03	3 MIN

30D/33A
3'
CLAY
YELLOW
&
REDDISH
MICA
SILT
LOAM
11'

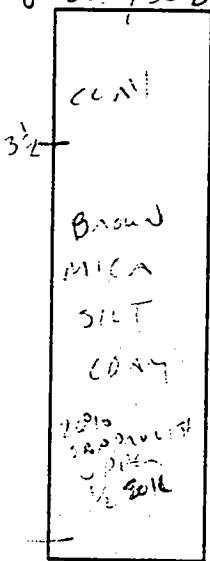
REMARKS _____
TYPE OF SOIL _____
TESTED BY C. Will ALSO PRESENT SHARP
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

NICHOLS SUBD.

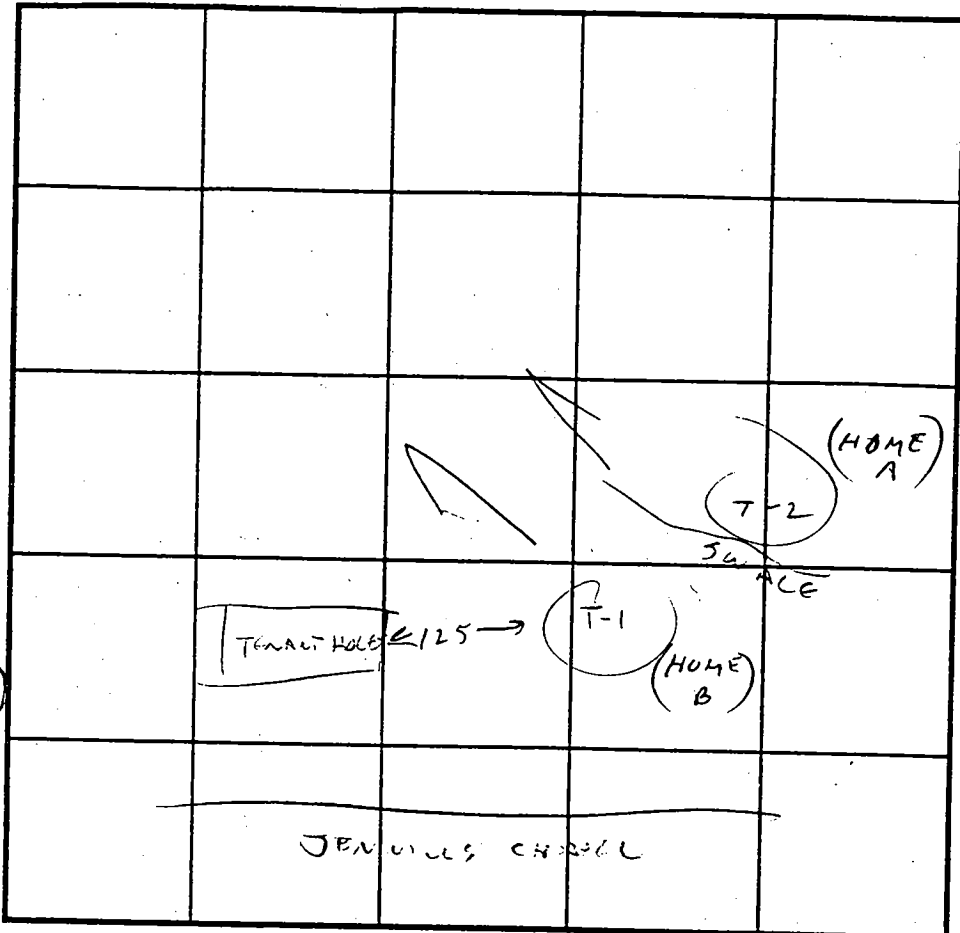
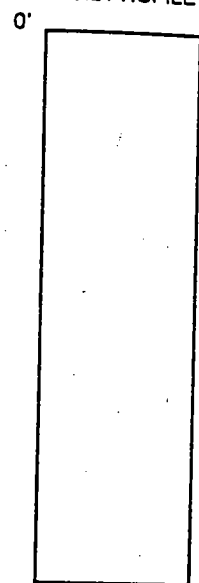
A 59946

COUNTY #

SOIL PROFILE
29C/30B

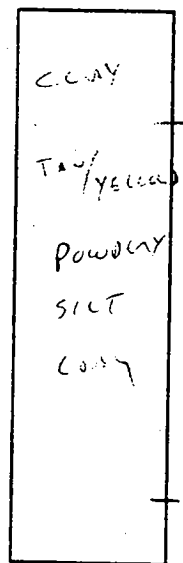


SOIL PROFILE

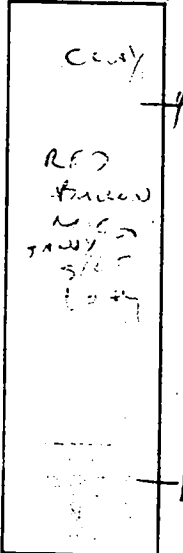


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOME B (T-1)



HOME A (T-2)



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/16	29C/30B	3 1/2	3:35	3:43	3:43	3:52	9 min ✓
4/17 (T-1)	HOME B	3 1/2	2:13	2:26	2:26	2:43	18 min
		100-125'	ABOVE	TENANT	HOUSE		(VIS FASTER - 6-8 MIN) BELOW 4'
	(T-2) HOME A	4	VIS	OK	4-11 1/2		
			HIGHEST TENANT HOUSE ISOLC - ACROSS SWALE				

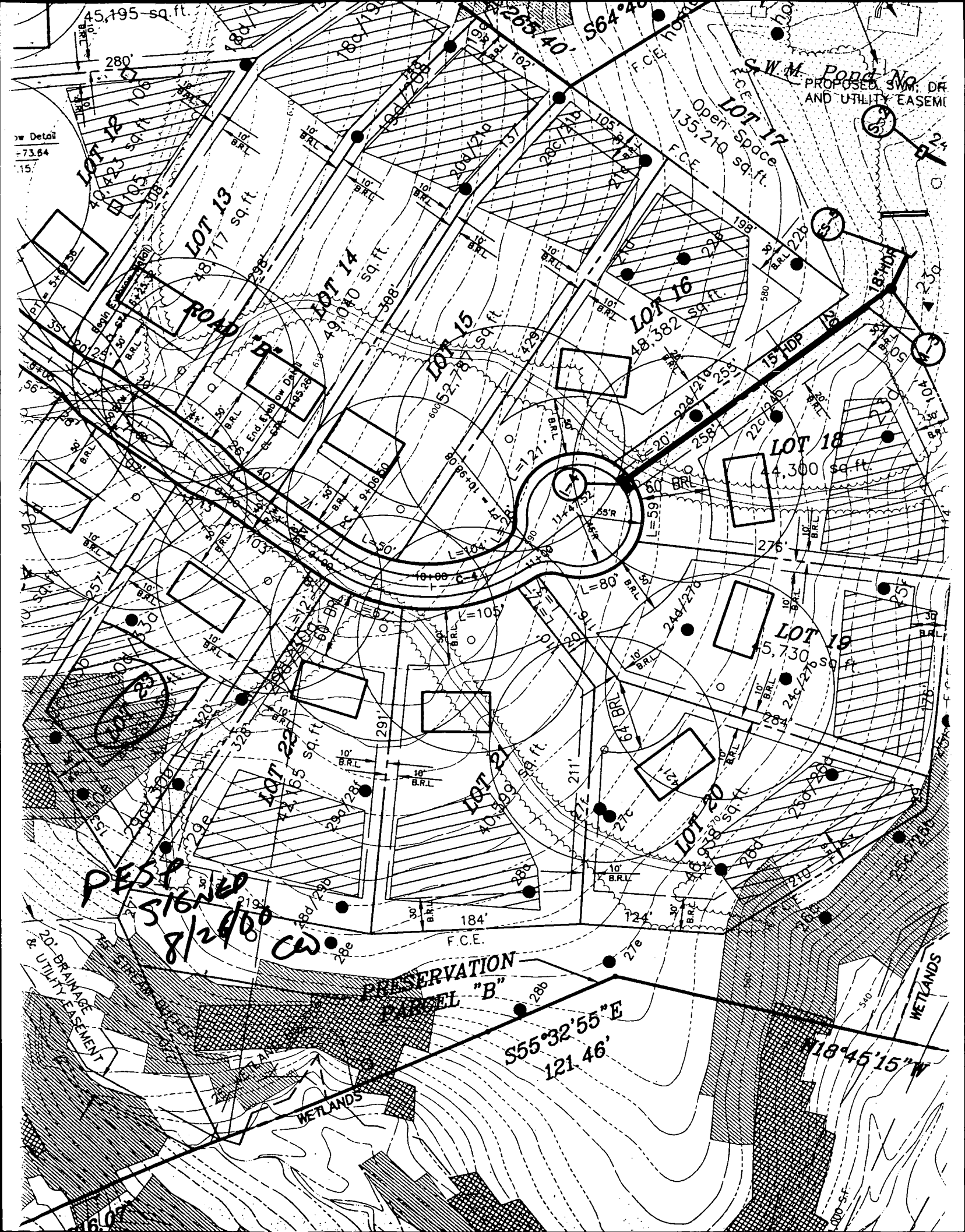
REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



ow Detail
-73.64
15.

PROPOSED SWM, DR
AND UTILITY EASEMENT

PRESIGNED
8/24/00
CW

PRESERVATION
CORREL "B"

S55°32'55"E
121.46'

N18°45'15"W

WETLANDS

WETLANDS

400 SF

PRESERVATION PARCEL "C"
NON-BUILDABLE

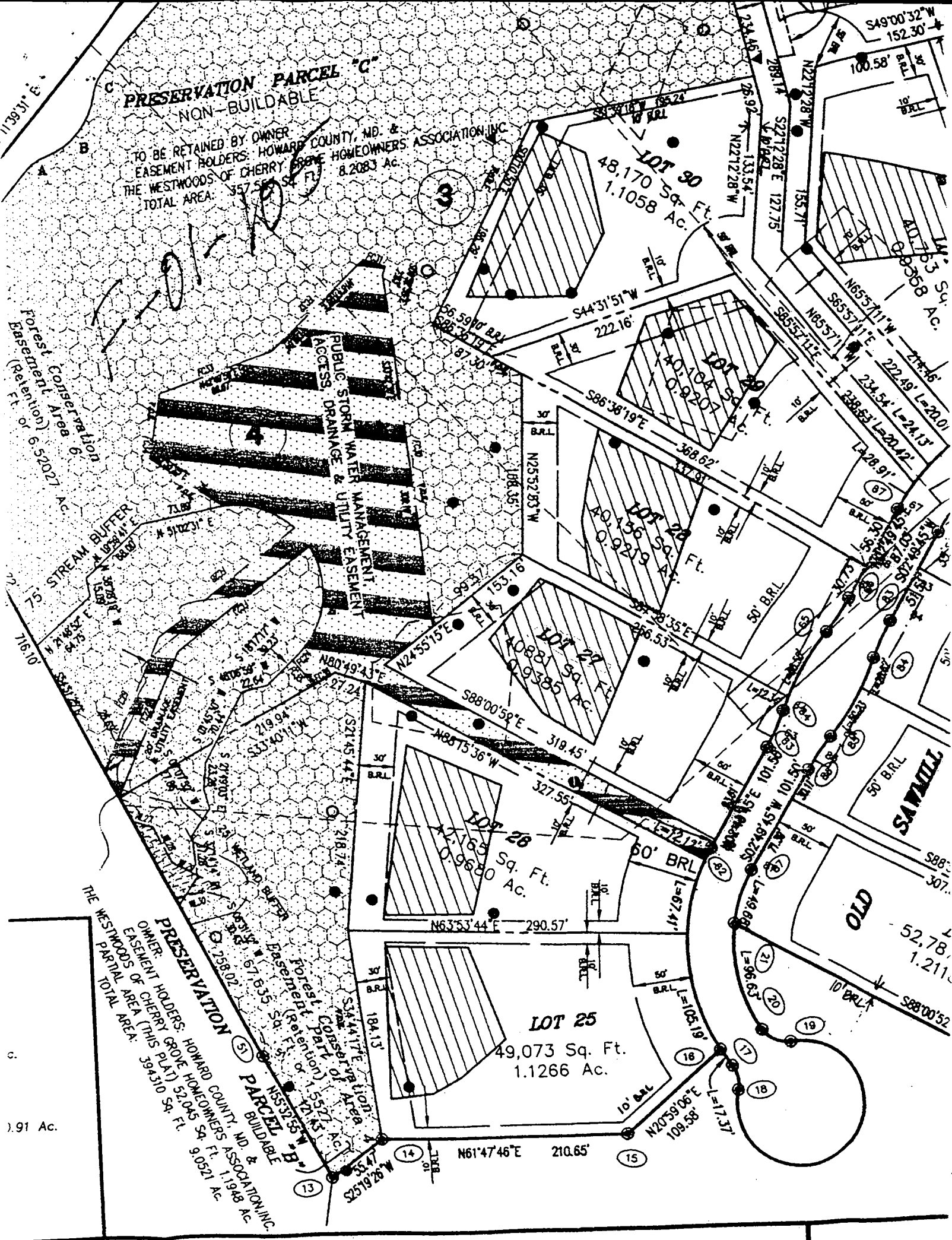
TO BE RETAINED BY OWNER
EASEMENT HOLDERS: HOWARD COUNTY, MD. &
THE WESTWOODS OF CHERRY GROVE HOMEOWNERS ASSOCIATION INC.
TOTAL AREA: 357,584 Sq. Ft. 8.2083 Ac.

Forest Conservation
Easement Area
Ft. of 6.52027 Ac.

STREAM BUFFER
Easement Area
Ft. of 6.52027 Ac.

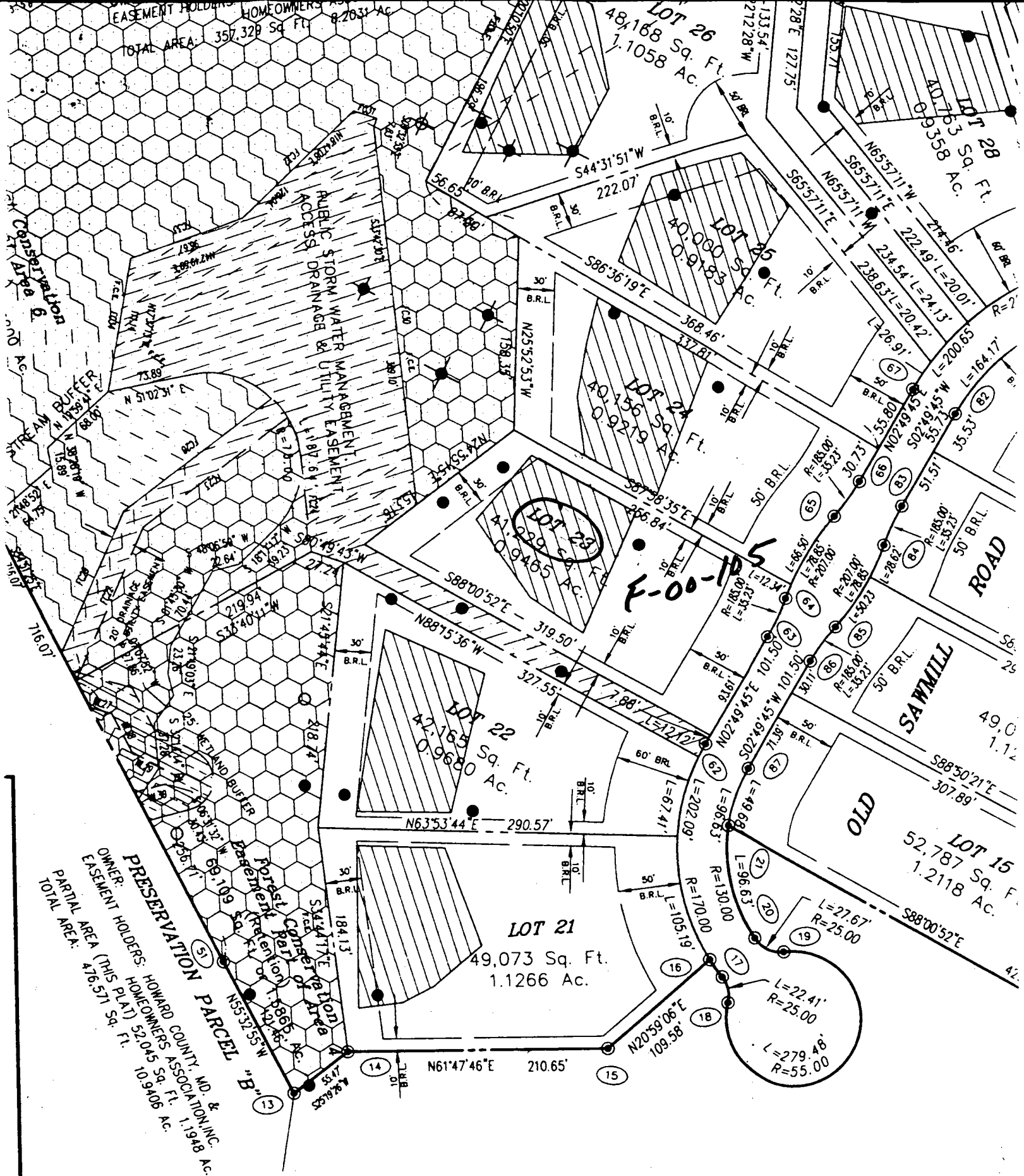
PRESERVATION PARCEL (5) BUILDABLE
OWNER: HOWARD COUNTY, MD. &
EASEMENT HOLDERS: CHERRY GROVE HOMEOWNERS ASSOCIATION INC.
TOTAL AREA: 394,310 Sq. Ft. 9.0521 Ac.

0.91 Ac.



SANWILL

OLD



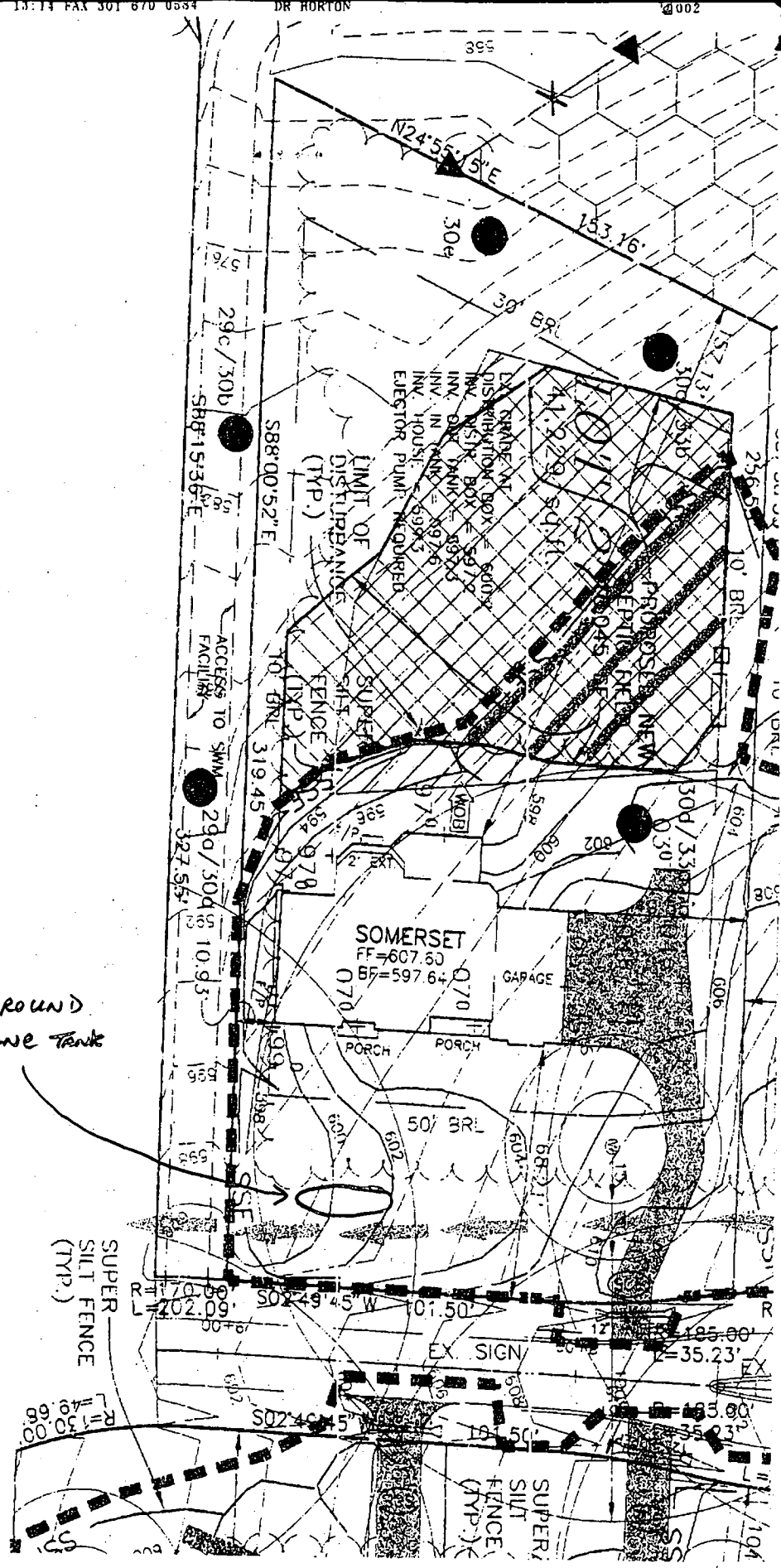
STEMS
AN OF
TY

Surveyor's Certificate

I, Marshall W. Nichols, inc hereby adopt this plan of subdivision Department of Planning and Zoning Howard County, Maryland, its succ:
(1) The right to lay, construct, utilities and services, in easement shown hereon

7/15/03
BP for
propane
tank
OK
KW

UNDERGROUND
PROPANE TANK



810

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

KN PERMIT NUMBER
P300142815

Building Address 16132 Old Summit Rd
Windsorlewe MD 21297

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

Census Tract 024002 Subdivision Westwood of
Princess Anne

Section _____ Area _____ Lot 27

Tax Map 13 Parcel 341 Grid 15

Zoning R160 Map Coordinates 8A4 Lot size 40881

Property Owner's Name D. D. Hutton

Address 1270

City Towson State MD Zip Code 21286

Home Phone _____ Work Phone 301-470-6114

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

Phone _____ Fax _____

Existing Use SF Home

Proposed Use Private Family Home

Estimated Construction Cost \$ 3,000

Description of Work 2nd floor waterproofing
Tanks 1 1000 gal propane

Contractor Company Chubb's Propane Inc.

Contact Person James Proctor

Address 101 Ridgeville Blvd

City MD State MD Zip Code _____

License No. 61475

Phone 301-500-2828 Fax 301-500-5554

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 DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Alvin S. Conner, Jr. Print Name

Title/Company _____ Date 6-3-03

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	5604
Site Plans			Rear: _____	Filing fee \$ <u>700</u>
Building Official			Side: _____	Permit fee \$ _____
Sov. Engineering DPZ			Side SF: _____	Exhibit fee \$ _____
Health	<u>7/15/03</u>	<u>Walter Abraham</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>710.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONB STOP SHOP: <input type="checkbox"/>			SDP/Red line approval date _____	Validation <u>10-00</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

Call Dues Smith SRK

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2456 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0138449

Building Address 16932 Old Sannill Road
Woodbine, MD 21797

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

Census Tract 6040.20 Subdivision WESTWOODS OF ROCKVILLE

Section _____ Area _____ Lot 27

Tax Map 13 Parcel 341 Grid 15

Zoning RCDER Map Coordinates 8A4 Lot size _____

Property Owner's Name D.R. HORTEN/INC

Address 1370 Piccard Drive # 230

City Rockville State MD Zip Code 20850

Home Phone _____ Work Phone 301-670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):
Louis C. Smith, P.E., P.C.
2711 Greenway Plaza
Landover, MD 20785

Phone 301-751-4767 Fax 301-731-5448

Existing Use VACANT LOT

Proposed Use STED

Estimated Construction Cost \$ 150,000.00

Description of Work CONVERT SINGLE-FAMILY HOME TO 2 BR, 2 BATH WITH 3 CAR GARAGE, FIN. REAR PORCH, 2' BAY OF FAMILY ROOM, FIN. 1/2 BATH ROOM & HALLWAY

Contractor Company D.R. HORTEN/INC

Contact Person JENNIFER DARE

Address 1370 Piccard Drive # 230

City Rockville State MD Zip Code 20850

License No. 0535

Phone 301-670-6144 Fax 301-670-0584

Occupant or Tenant D.R. HORTEN/INC

Contact Name JENNIFER DARE

Address 1370 Piccard Drive # 230

City Rockville State MD Zip Code 20850

Phone 301-670-6144 Fax 301-670-0584

Engineer or Architect Company BOYD & COMPANY

Contact Person JIM CAHNEY

Address 8480 Balto Natl Pike

City Ellicott City State MD Zip Code 21043

Phone 1-410-465-6105 Fax 1-410-465-6144

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

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 _____

Building Characteristics

SF Dwelling SF Townhouse

	Depth	Width
1st floor:	<u>46'</u>	<u>20'</u>
2nd floor:	<u>46'</u>	<u>20'</u>
Basement:	<u>46'</u>	<u>60'</u>

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4

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

Utilities

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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Louis C. Smith
RAPID PERMIT SERVICE

Print Name Louis C. Smith
9/16/02

Title/Company _____

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

Date _____

FOR OFFICE USE ONLY

DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
9/20/02	Steven R. King	Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	5654 Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per' fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation <u>11/2/02</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Accepted by _____