

LAYOUT 2/10/04 INSP 4 _____
INSP 2 2/11/04 INSP 5 _____
INSP 3 2/19/04 - 2PM INSP 6 _____

ISSUE DATE: 1/22/2004

P 520040

APPROVAL DATE: 2/19/04

A 510575-C

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH **03-338908**

Farm & Home Excavating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 901 Driver Rd., Marriottsville PHONE NUMBER: 410-442-2139

SUBDIVISION: Brantwood 3/3 LOT NUMBER: 30

ADDRESS: 3105 Seneca Chief Trail PROPERTY OWNER: Nan Buckel/Dorsey Homes

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

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:	Install system as shown on the Approved Septic System Plan.
NOTES:	

PLANS APPROVED: John Boris *OK 1/17/03 (SC)* DATE: 9/20/2002

- 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 UNLESS SPECIFICALLY AUTHORIZED

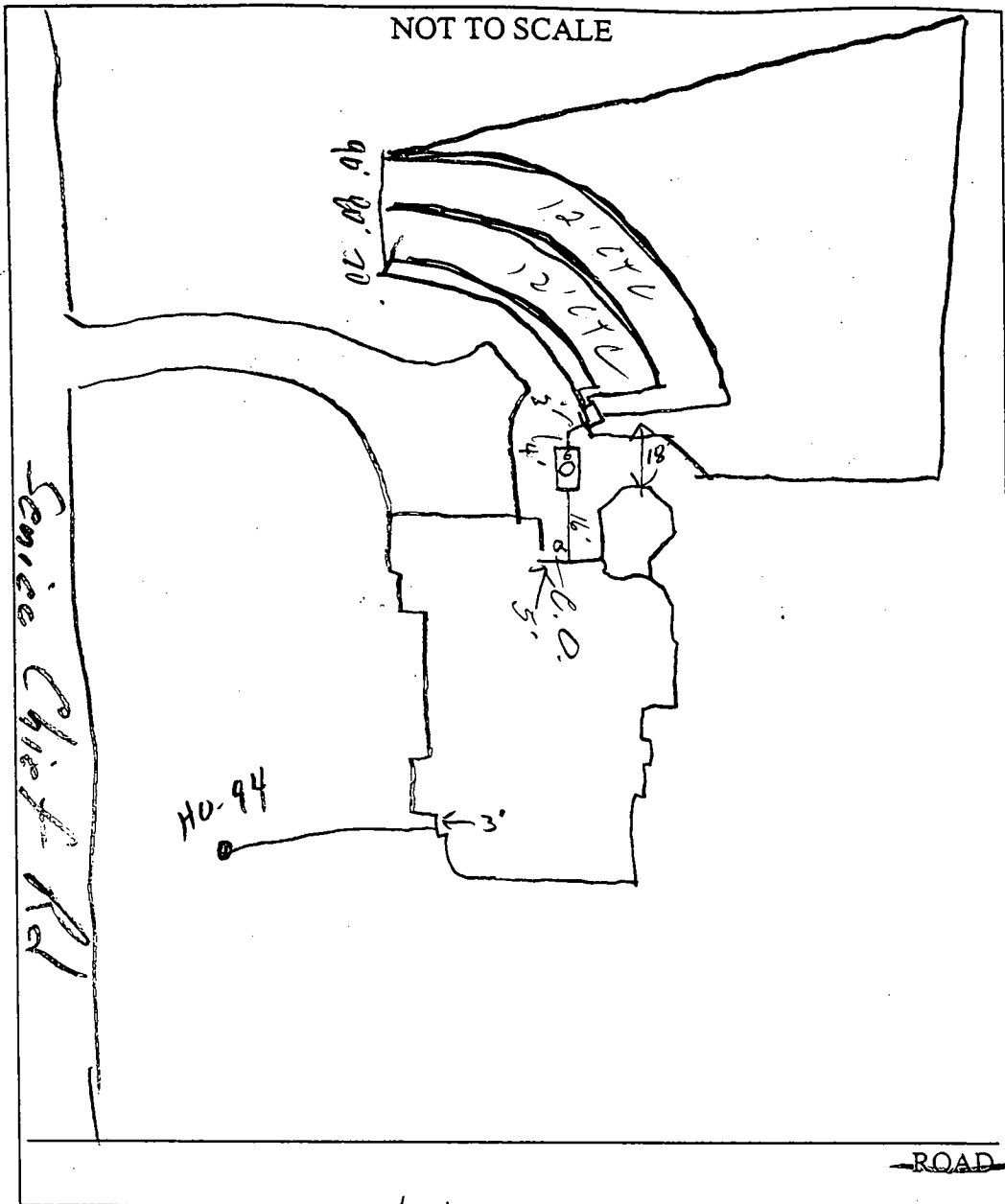
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

6/2/2004 BOO 148600 INGROUND POOL

510575-C

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	5
NUMBER OF TRENCHES		3
TOTAL LENGTH		240
ABSORPTION AREA		720
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	MA
BAFFLE FILTER	MA
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 2/10/04 - SRA stake, contours accurate. Install trenches per P.P. Staked w/out deleted area. (SO)

INSTALLATION 2/19/04 - OK to cover all work (EC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 2/19/04

BUILDING PERMIT SIGNED AND RETURNED

PROPERTY KNOWN AS:

LOT 30

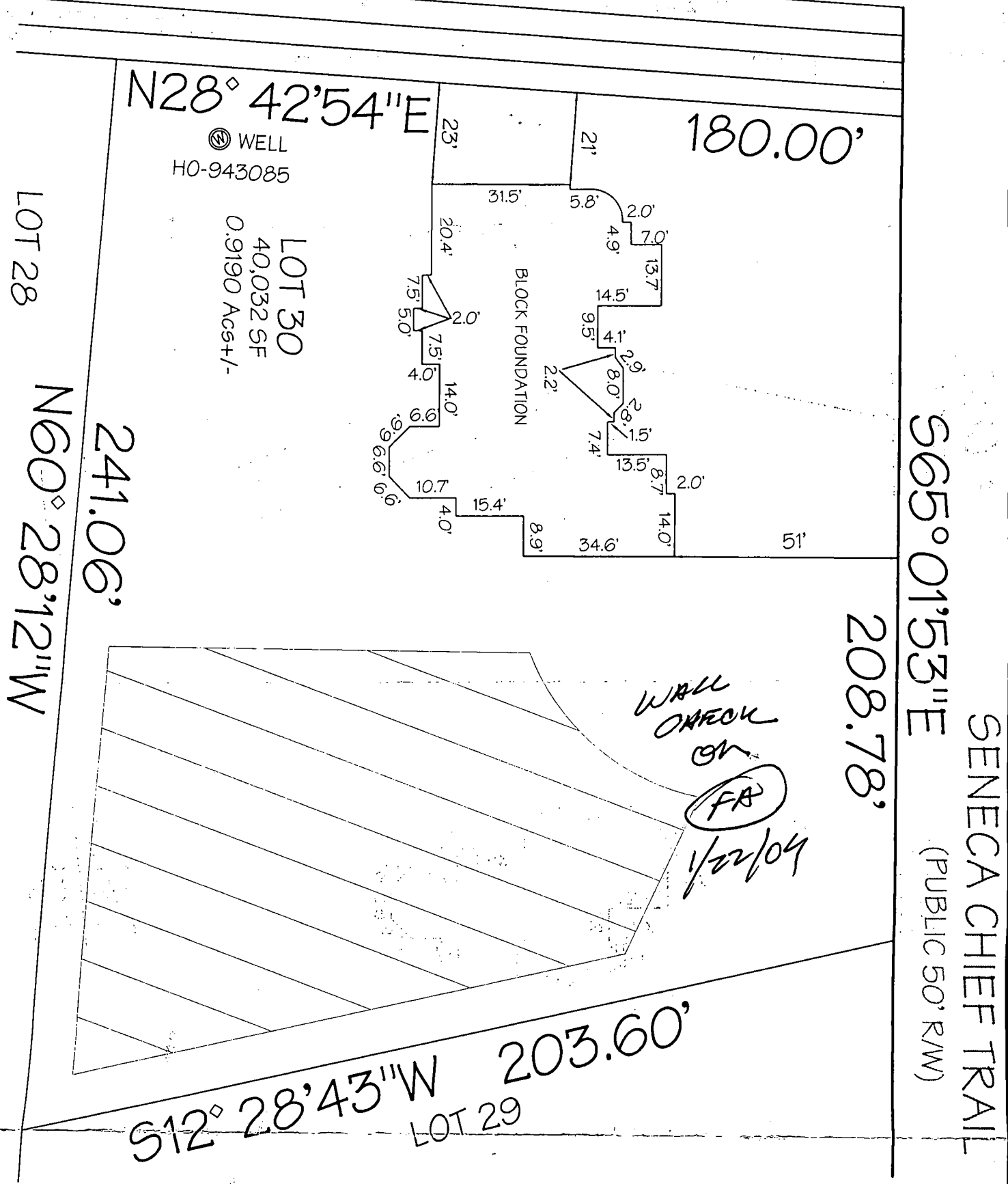
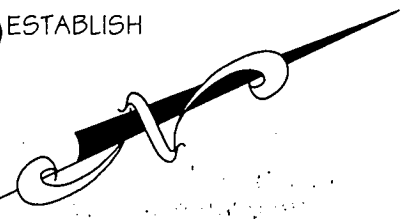
BRANTWOOD SECTION 3 AREA 3

PLAT NO. 15253

HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

PLAT



LOCATION DRAWING

TOP OF WALL ELEV=482.1'

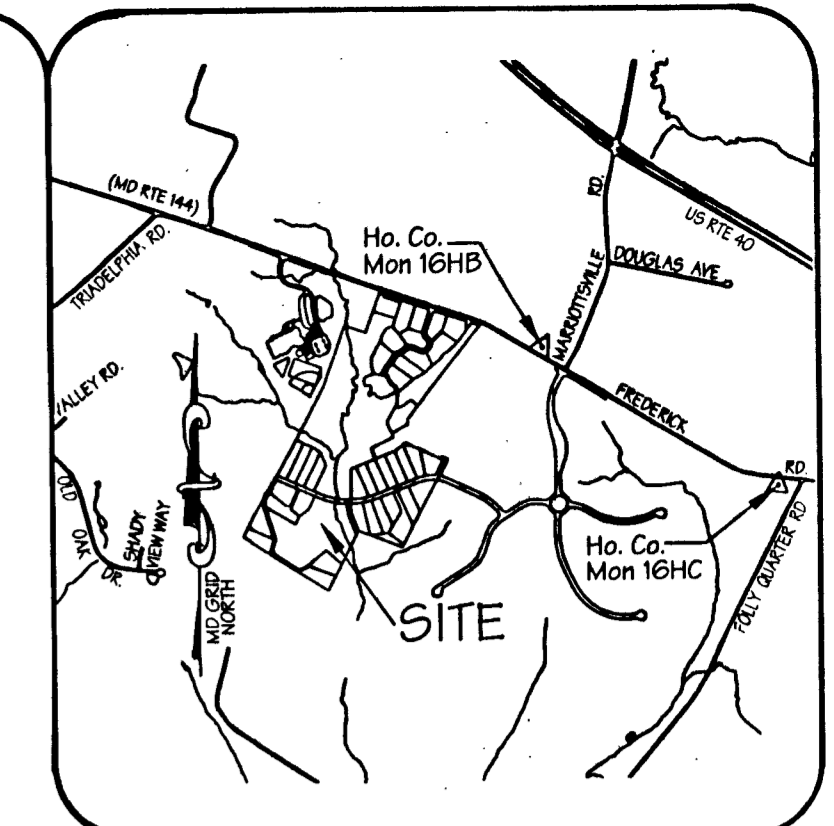
<p>CERTIFICATION</p>	<p>SEAL</p>	<p>SCALE: 1"=30'</p>	<p>DATE: 11/17/03</p>
<p>This is to certify that I have surveyed the property known as:</p> <p>LOT 30 SENECA CHIEF.</p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>		<p>LDE Inc. Engineers, Surveyors, Planners</p> <p>9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (410)715-9540 Fax</p>	

SEQUENCE OF CONSTRUCTION

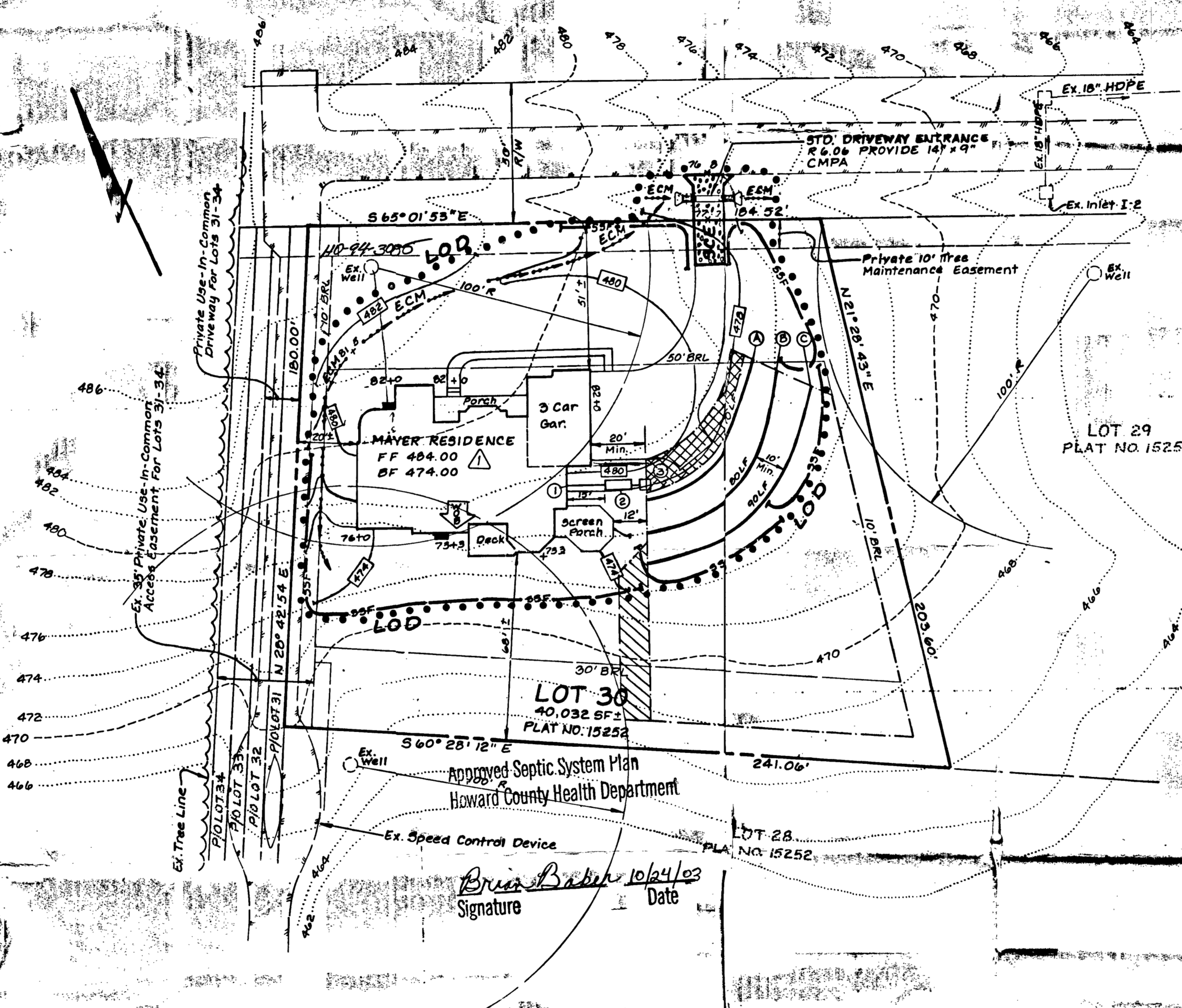
- | | |
|--|----------------|
| 1. OBTAIN GRADING PERMIT | 1 DAY |
| 2. NOTIFY THE HOWARD COUNTY DEPT. OF INSPECTIONS, LICENSES AND PERMITS AT LEAST 24 HOURS PRIOR TO STARTING WORK. | 1 DAY |
| 3. CONSTRUCT STABILIZED CONSTRUCTION ENTRANCE. | 1 DAY |
| 4. INSTALL SILT FENCE AT LIMIT OF DISTURBANCE SHOWN HEREON. | 3 DAYS |
| 5. CLEAR AND GRUB SITE TO SUBGRADE. | 5 DAYS |
| 6. BEGIN EXCAVATION FOR HOUSE FOUNDATIONS AND BEGIN HOUSE CONSTRUCTION. INSTALL SEPTIC SYSTEM | 60 DAYS |
| 7. THE CONTRACTOR SHALL INSPECT AND PROVIDE NECESSARY MAINTENANCE ON THE SEDIMENT AND EROSION CONTROL STRUCTURES SHOWN HEREON AFTER EACH RAINFALL AND ON A DAILY BASIS. | DAILY |
| 8. REMOVE SEDIMENT FROM ROADWAYS AND DRESS STABILIZED CONSTRUCTION ENTRANCE AS REQUIRED. | MAINTENANCE |
| 9. FINE GRADE AND STABILIZE WITH PERMANENT SEEDING MIXTURE AND STRAW MULCH. INSTALL INDIVIDUAL DRIVEWAY AND HOUSE WALK. | 5 DAYS |
| 10. WITH PERMISSION FROM THE SEDIMENT CONTROL REMOVE ALL SEDIMENT AND EROSION CONTROL MEASURES AND STABILIZE ANY REMAINING DISTURBED AREAS WITH PERMANENT SEEDING MIXTURE AND STRAW MULCH. | 5 DAYS |
| TOTAL TIME: | 84 DAYS |

LEGEND

- 520 --- EXISTING GROUND
- 320 --- PROPOSED GRADE
- ⊙ EXISTING WELL
- DRAINAGE FLOW
- SF --- SF --- SUPER SILT FENCE
- LIMIT OF DISTURBANCE
- SF --- SF --- SILT FENCE
- ⊙ EX. TREE TO REMAIN
- SCSCE STABILIZED CONSTRUCTION ENTRANCE
- ECM EROSION CONTROL MATTING
- ▨ EASEMENT AREA TO BE DELETED
- ▩ EASEMENT AREA TO BE ADDED



SENECA CHIEF TRAIL

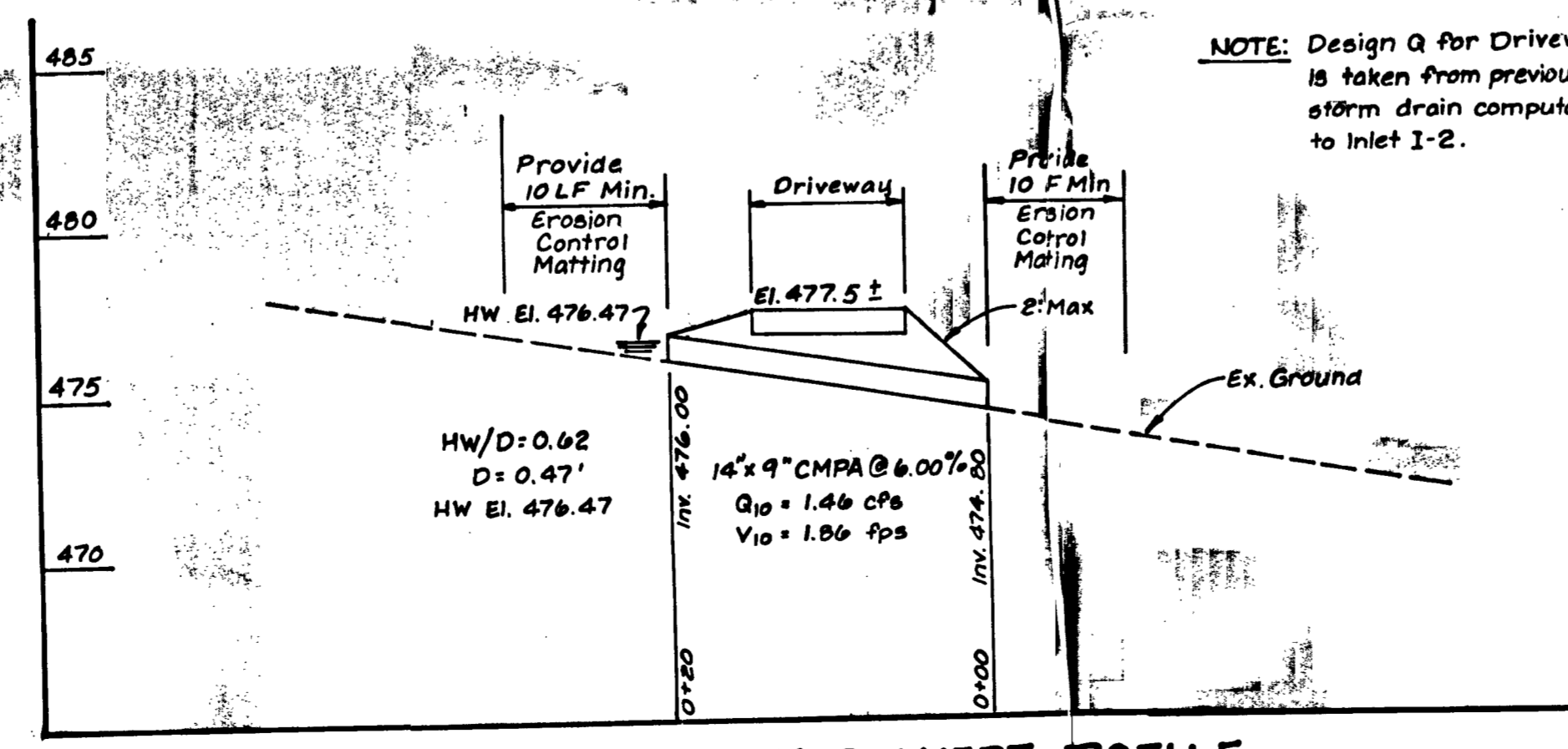
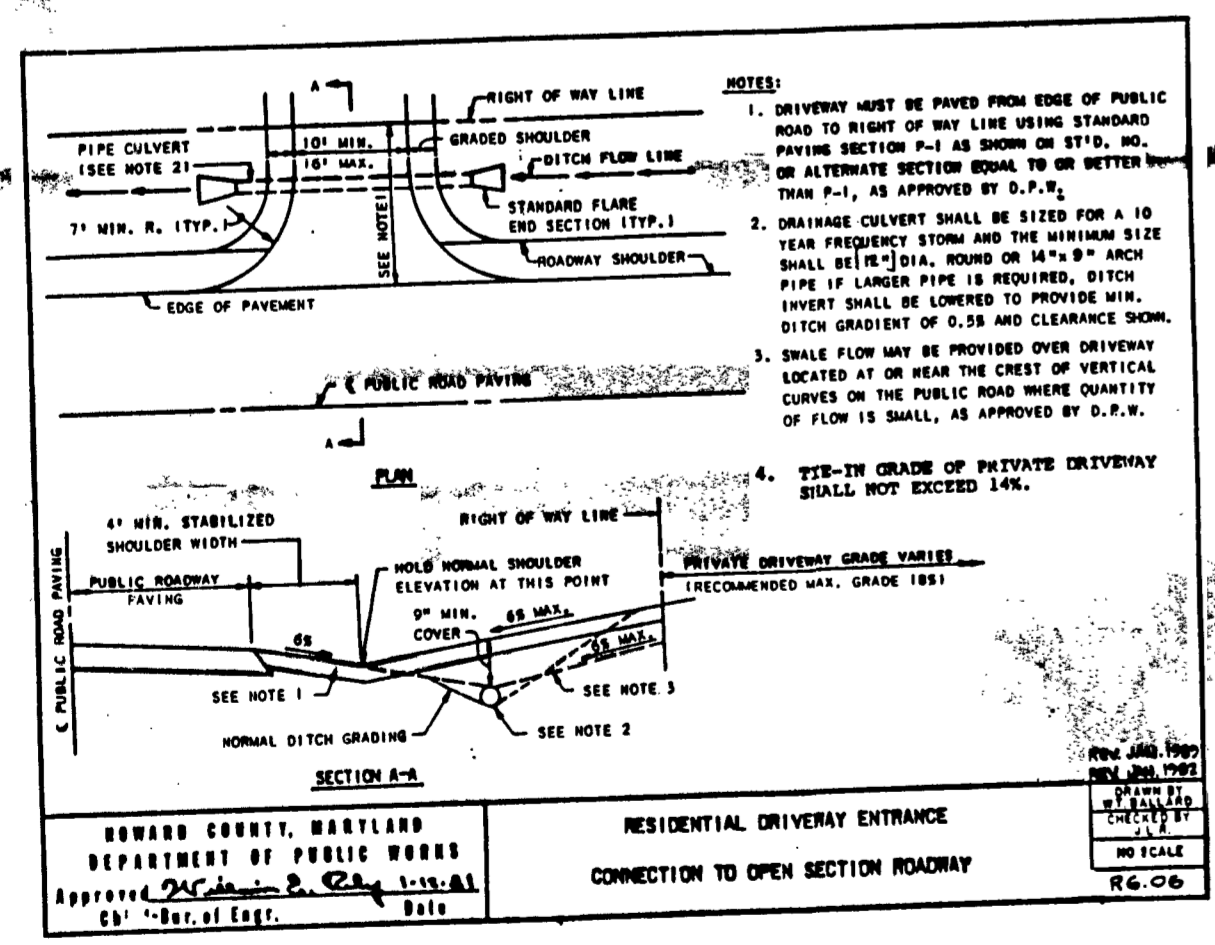


SEWAGE SYSTEM DESIGN DATA / LOT 30:

- Invert at Foundation Wall: 476.00 (Wall Hung) (Interior Pump Required For Basement Service)
- 1500 Gallon Septic Tank (4 Bedrooms) Provide Manhole To Finished Grade
 - A. Ex. Ground Over Tank: 477.00
 - B. Prop. Grade Over Tank: 478.50
 - C. Invert In: 475.00
 - D. Invert Out: 475.50
- Distribution Box: (Provide 3 Outlets Minimum)
 - A. Ex. Ground Over Box: 477.00
 - B. Prop. Grade Over Box: 478.00
 - C. Invert In: 475.00
- Trench Design: 60 LF / Bedroom X 4 Bedrooms = 240 LF

	(A)	(B)	(C)
Ex. Ground Over Trench:	476.80	476.00	475.00
Invert of Trench:	473.80	473.00	472.00
Bottom of Trench:	471.80	471.00	470.00
Trench Length:	70 LF	80 LF	90 LF
Trench Width:	3 FL	3 FL	3 FL

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.



NOTE: Design Q for Driveway Culvert is taken from previously approved storm drain computations (FOI-78) to Inlet I-2.

ENGINEER'S CERTIFICATE
I HEREBY CERTIFY THAT THIS PLAN AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE DESIGN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND PREPARED BY AN AGENT OF THE DISTRICT.

Paul D. Burton
SIGNATURE OF ENGINEER
9/11/03 DATE

DEVELOPER'S CERTIFICATE
I HEREBY CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BECOMING THE PROJECT. I ALSO AUTHORIZE REGULAR ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY.

John R. Robertson
SIGNATURE OF DEVELOPER
9/11/03 DATE

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

Jim Meyer
NATURAL RESOURCE CONSERVATION SERVICE
9/15/03 DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

John R. Robertson
HOWARD SOIL CONSERVATION DISTRICT
9/15/03 DATE

No.	Date	Description
1	9/15/03	Revise House Location due to new Architectural Dimensions.

LDE, INC.
9250 Rumsey Road, Suite 108, Columbia, MD. 21045
(410) 715-1070 (301) 598-3424 (410) 715-9540 (Fax)

DESIGNED: BDB	GRADING AND SEDIMENT CONTROL PLAN	SCALE: 1" = 30'
DRAWN: STB	BRANTWOOD SECTION 3 AREA 3 LOT 30	DRAWING: 1 of 2
CHECKED: BDB	TAX MAP 16 GRID 21 P/O PARCEL 205 3rd ELECTION DISTRICT HOWARD COUNTY, MD	JOB NO: 01-077
DATE: 3/03	Previous Submittals: WP 90-96, F90-128, WP99-55, 899-09 WP00-55, P00-03, FOI-67, FOI-73	FILE NO: GP 04-23
OWNER: BRANTWOOD L.L.C. 88337 Columbia 100 Pkwy. Columbia, MD 21045 410-730-0810		BUILDER: NANTUCKET HOMES / DORSEY INC. 13090 Old Frederick Road Sykesville, MD 21784

2/4/04
Anytime

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: ROBERT L FEEZER CO INC Telephone #: 410-781-4655
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBERT L FEEZER License# HO2122
*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: NANTUCKET BUILDING Telephone #: _____
Subdivision: BRANTWOOD Lot #: 30 Well Tag #: HO-94-3085
Site Address: 3105 SENECA CREEK TRL
ELLICOTT CITY, MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: SPURCOZHL Make: CAMPBELL Two piece watertight cap:
Model #: SEALITE Model #: 28800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: N/A GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap:
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 _____

Piping to house **House Connection**
Type: POLY PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) 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.

Robert L. Fezer 2/2/04
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/3/04 Date Insp. Approved: 2/4/04 (SO)
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 _____

phone
410 781-
1405
Rusty

C1 0724

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13 OKSRM 9/14/01

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07 17 2001

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3085

OWNER Brantwood LLC STREET OR RFD Scarpa Chief Trail TOWN W. Friendship SUBDIVISION Brantwood 313 SECTION LOT 30

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 50'.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (9), NO. OF POUNDS (900), GALLONS OF WATER (54), DEPTH OF GROUT SEAL (36 ft).

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (45 foot).

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

SCREEN RECORD form with fields for screen type (HO - OPEN HOLE), diameter (45 inch), depth (200 foot).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (9.3 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (37 ft before, 157 ft when pumping), TYPE OF PUMP USED (S - submersible).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: NO.

DEPTH (nearest ft.) table with columns for depth ranges (1-21, 23-26, 38-41, 45-47, 51) and rows for casing types (A, C, R, E, N).

- CIRCLE APPROPRIATE LETTER: A (Abandoned and sealed), E (Electric log obtained), P (Test well converted to production well).

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...

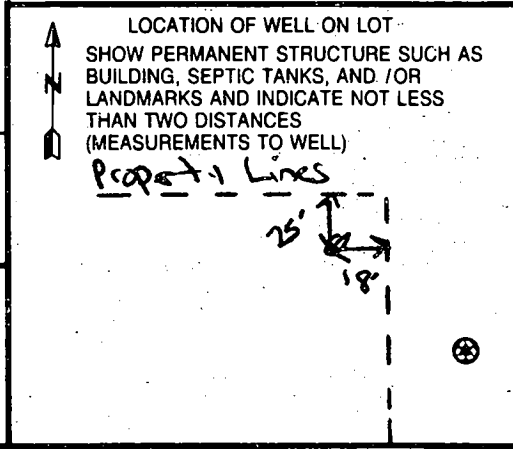
DRILLERS LIC. NO. MWD 399. DRILLERS SIGNATURE: Warren Powell. LIC. NO. MWD 241.

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

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

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (A, C, J, P, R, S, T, O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (48 above, 49 below).



B 1	7078	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>WS15213</i> please print or type	STATE PERMIT NUMBER 40-94-3085 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 04/23/01
8 MM DD YY 13

Brantwood LLC
15 Last Name Owner First Name 34

8835 P Columbia 100 Pkwy
36 Street or RFD 55

Columbia MD 21045
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Brantwood
23 SUBDIVISION 42

SECTION 3 LOT 30 Area 3
44 46 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I J
73 76 77 78

DRILLER INFORMATION

Paul M. Fabiszak M W D 399
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp. ±
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Paul M. Fabiszak 4/18/01
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Seneca Chief Trail
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

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

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 75
(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 Co 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 04/30/01 *St. Michael* 4/30/02
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 520 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 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 820
N 520

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 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

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

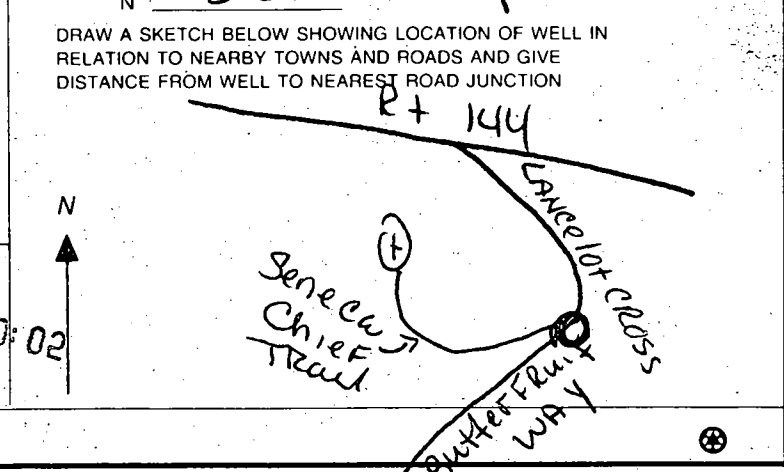
THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____

PERMIT No. **40-94-3085**
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITYS SHOULD USE SEPARATE SHEET IF NEEDED.

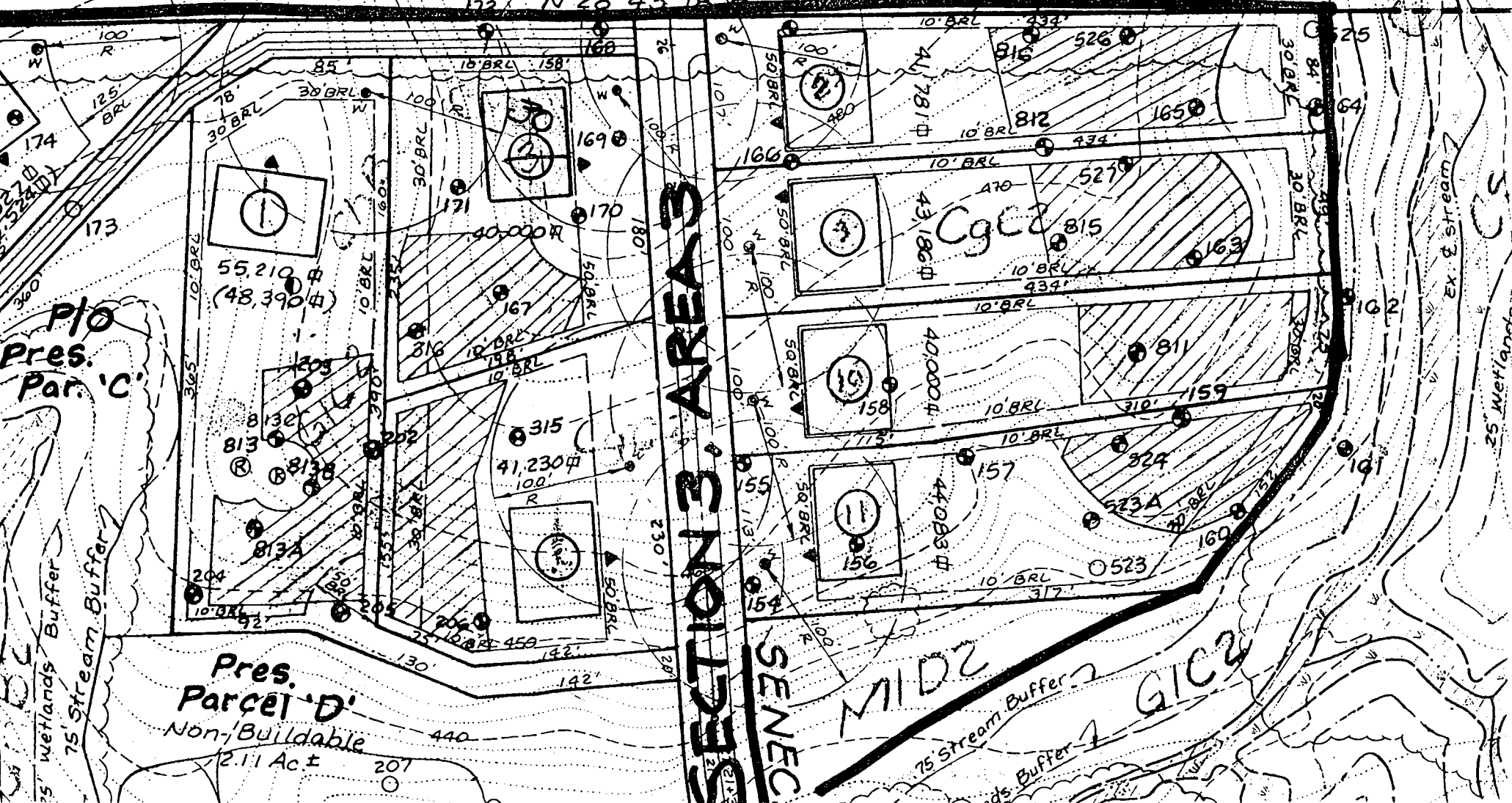
HOWARD COUNTY RECREATION AND PARKS
2227/110
Zoned: RC

B2

Ba

CHB2

G1D2



P/O
Pres.
Par. 'C'

5' wetlands Buffer
75' Stream Buffer

Pres.
Parcel 'D'
Non-Buildable
2.11 Ac ±

SECTIONS 1-11

SENeca

MID2

75' Stream Buffer
Buffer
G1C2

25' Wetland Buffer

APPLICATION

PERCOLATION TESTING

A 510571W

P _____

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

DISTRICT _____

DATE 7/17/98

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 George A. Garbutt

ADDRESS 11363 Frederick Rd., Ellicott City, MD 21042 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Brantwood II LOT NO. 28 10 30

ROAD AND DESCRIPTION 11363 Frederick Road, Ellicott City, MD 21042

TAX MAP 16 PARCEL # 172

SIZE OF LOT 1 acre 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 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

510571W

COUNTY #

SOIL PROFILE

170

orange
cl lm

beige
orange
sicl m
mica
flec
10%
shale

171

orange
cl lm

beige
sicl m
mica
flec
10%
shale
frags
↓

169

same
as
test
hole
170

SOIL PROFILE

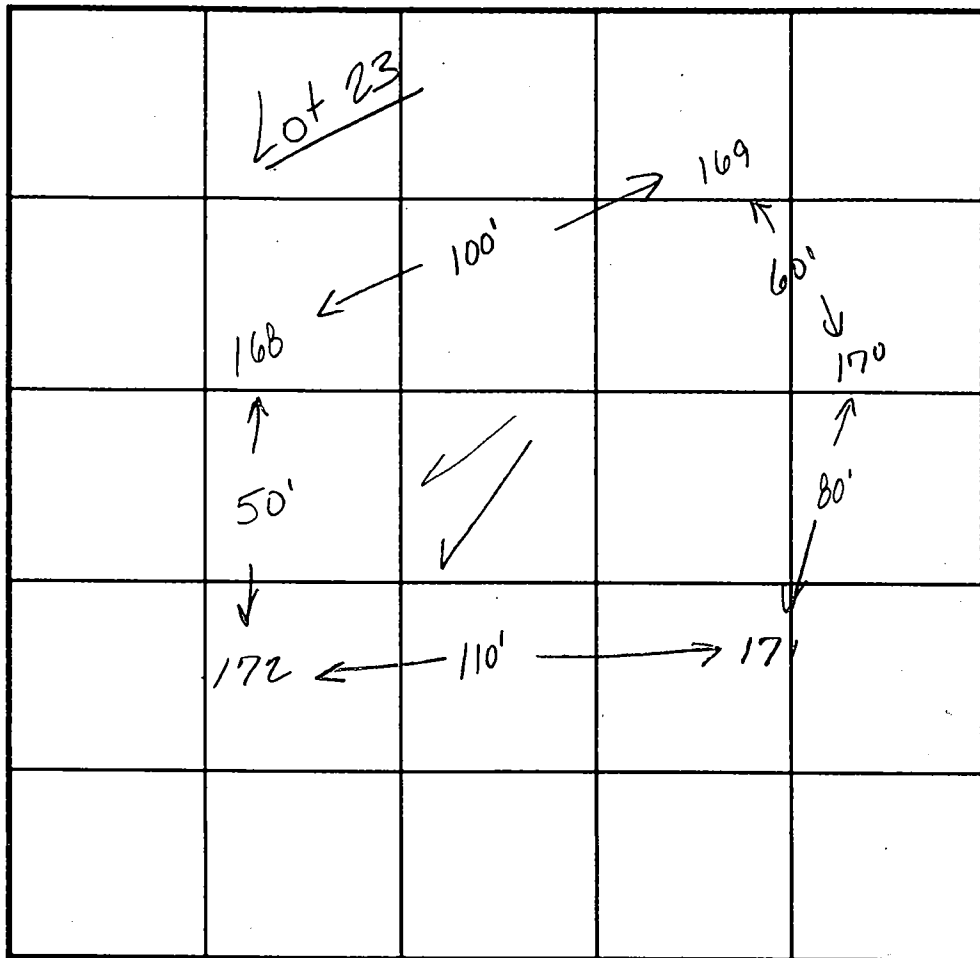
172

orange
cl lm

beige
tan
mica
flec
sicl m

168

same as
test
hole
172



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8.20.98	171	3.0'S	11:31 ²⁰	11:32 ¹⁰	11:32 ¹⁰	fast	
		10.0'D	visual	ok	see profile		
		(repour)	11:32 ³⁰	11:34 ¹⁰	11:34 ¹⁰	11:36 ¹⁰	2min
	170	3.0'S	11:37 ⁰⁵	11:38 ¹⁰	11:38 ¹⁰	11:40 ¹⁰	2min
		11.0'D	visual	ok	see profile		
	169	2.5'S	11:42 ⁰⁵	11:43	11:43	11:44 ³⁰	130
		12.0'D	visual	ok	see profile		
	168	13.0'D	visual	only	ok see profile		
	172	3.5'S	10:44 ⁴⁵	10:47 ⁰⁵	10:47 ⁰⁵	10:51 ³⁰	430
	172	13.0'D	visual	only	ok see profile		

REMARKS test holes staked by surveyor

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 minutes TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

180

APPLICATION

PERCOLATION TESTING

A 510571V

P _____

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

DISTRICT _____

DATE 7/17/98

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 George A. Garbutt

ADDRESS 11363 Frederick Rd., Ellicott City, MD 21042 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Brantwood II LOT NO. 22

ROAD AND DESCRIPTION 11363 Frederick Road, Ellicott City, MD 21042

TAX MAP 16 PARCEL # 172

SIZE OF LOT 1 acre 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 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

510571V

COUNTY #

SOIL PROFILE

0' 166

orange
cl 1m

2.5'

beige
siltm
mica
flocs
10%
shale
frags

12'

167

orange
cl 1m

3'

beige/
orange
siltm
powdery,
fine

12.5'

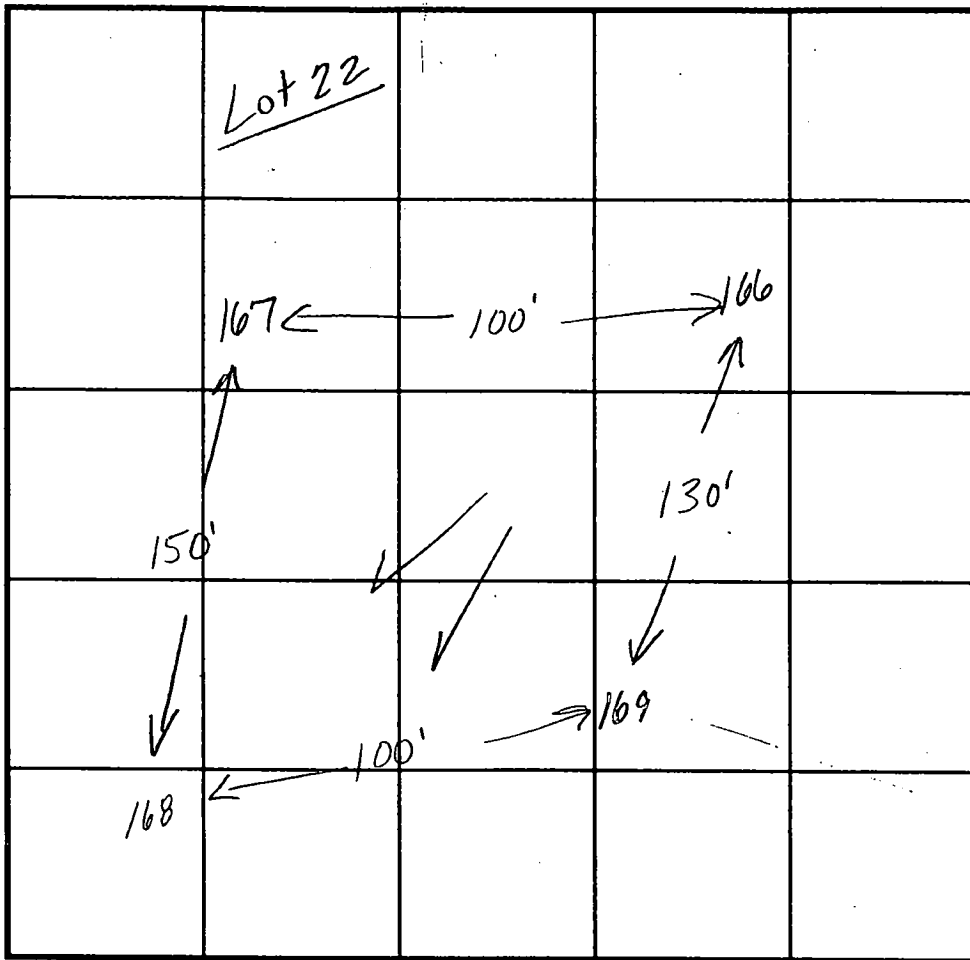
168

orange
cl 1m

2'

beige/
tan
siltm
mica
flocs
10%
shale
frags

13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 169

orange
cl 1m

2.5'

beige/
orange
siltm
mica
flocs
10%
shale
frags

10'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-20-98	166	3.0'S	11:49:15	11:50:30	11:50:30	11:53:30	3min	
		12.0'D	visual	ok - see profile				
not in SDA for Lot 30 →	167	2.5'S	10:55:30	10:56:30	10:56:30	10:58:30	2min	
		12.5'D	visual	ok - see profile				
	168	13.0'D	visual	only - ok see profile				
not in SDA for Lot 30 →	169	2.5'S	11:42:05	11:43	11:43	11:44:30	1:30	
		12.0'D	visual	ok - see profile				

REMARKS test holes staked by a surveyor

TYPE OF SOIL _____

TESTED BY Kim Maiste ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

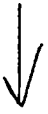
510642C

COUNTY #

SOIL PROFILE
202

orange
cl lm

beige/
orange
siltm
mica
flocs



203

Same

as

test

hole

204

204

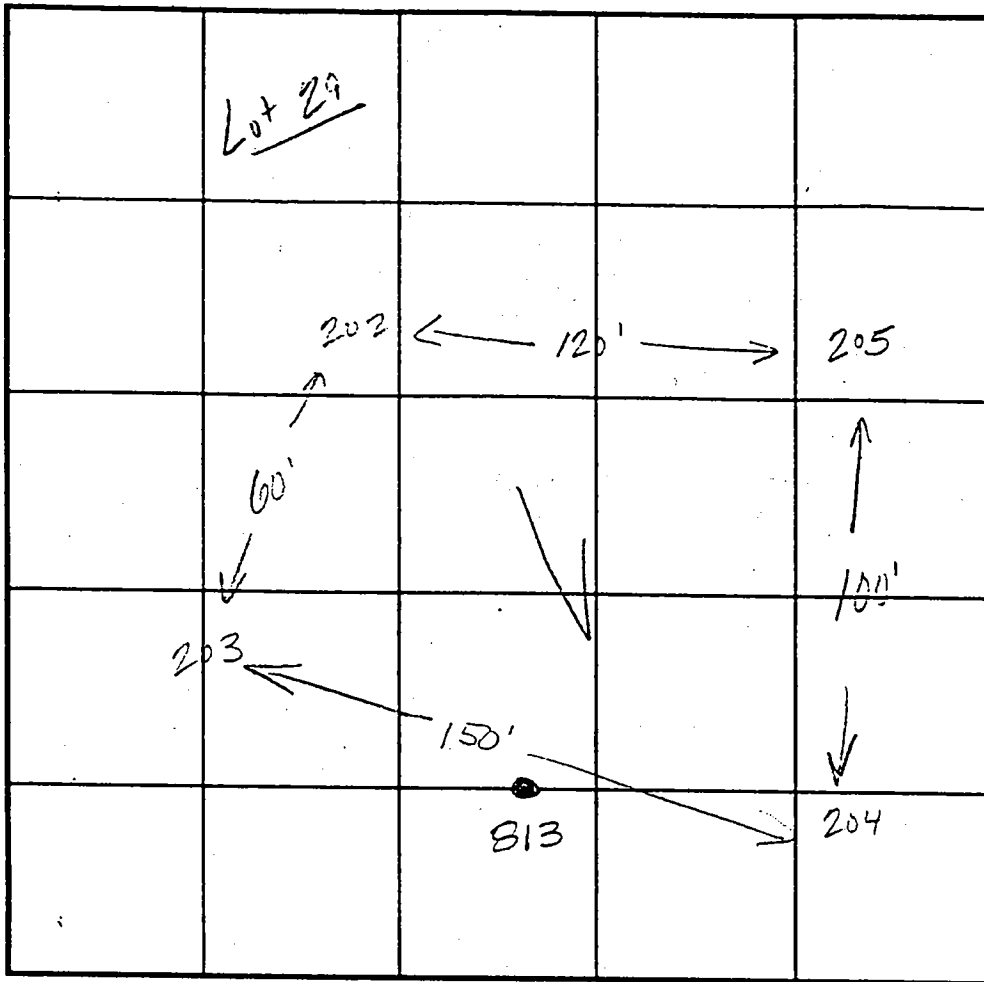
orange
cl lm

beige/
orange
siltm

mica
flocs

10%

shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
205

orange
brown
cl lm

beige/
orange
siltm
mica
flocs



316

orange
cl lm

beige
siltm
mica
flocs
feldspar

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-24-98	202	12.0' D	visual	ok	- see profile		
11-8-99	813	Refusal @ 5.0'					F
8-24-98	203	3.0'S	11:16	fast			fast
		11.0' D	11:2045	11:2310	11:2310	11:2510	2
		11.0' D	visual	ok	- see profile		
	204	3.0'S	11:1110	fast			fast
		11.0' D	11:1720	11:18	11:18	11:1920	120
		11.0' D	visual	ok	- see profile		
	205	12.0' D	visual	ok	- see profile		
	316	3.0'S	2:1112	2:1140	2:1140	2:1250	110

REMARKS test holes staked by surveyor

TYPE OF SOIL

TESTED BY Ken Miller

ALSO PRESENT Tim Fagan

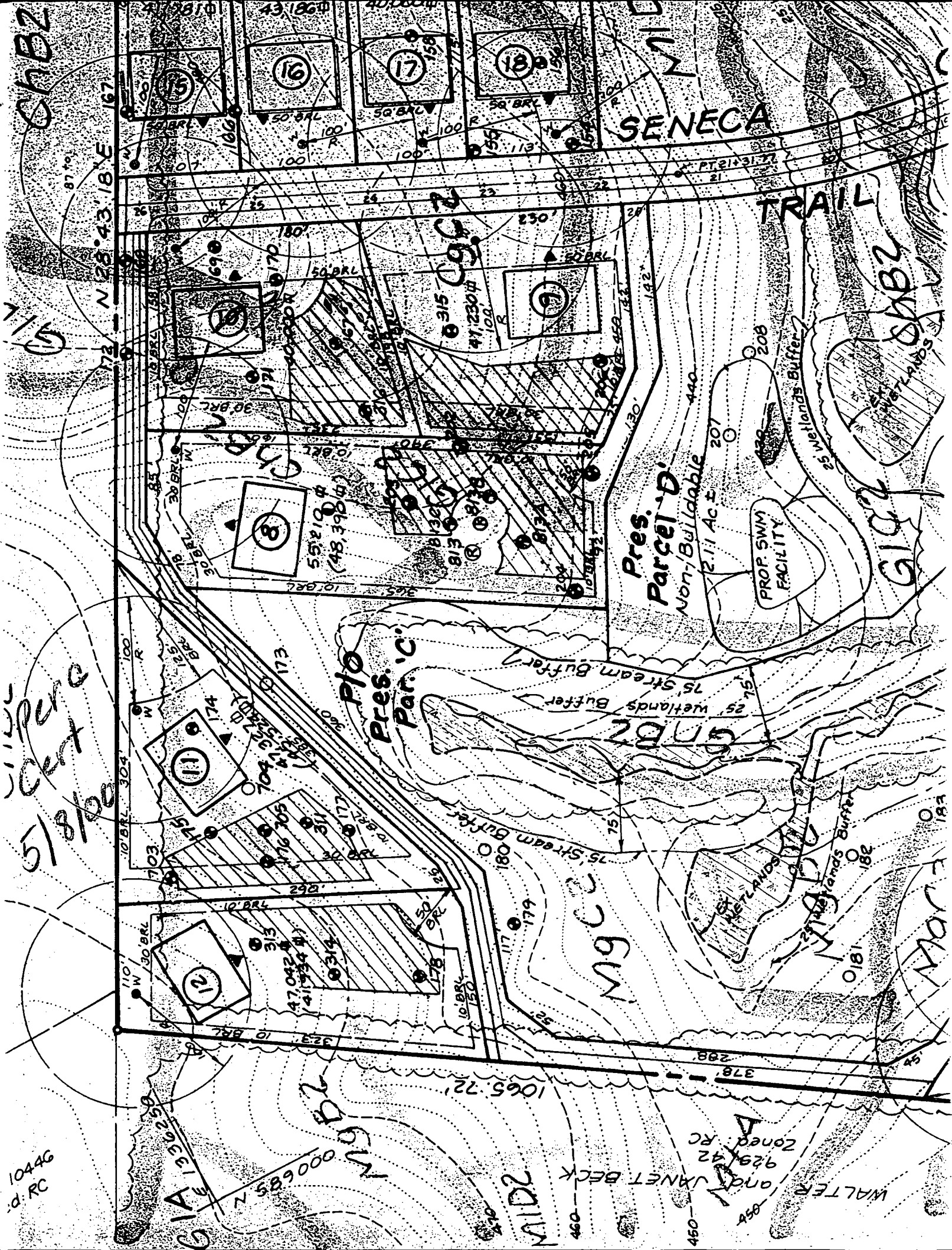
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1-2 min TRENCH WIDTH

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

CHB2

5/8/00
Cerc

10446
d. RC



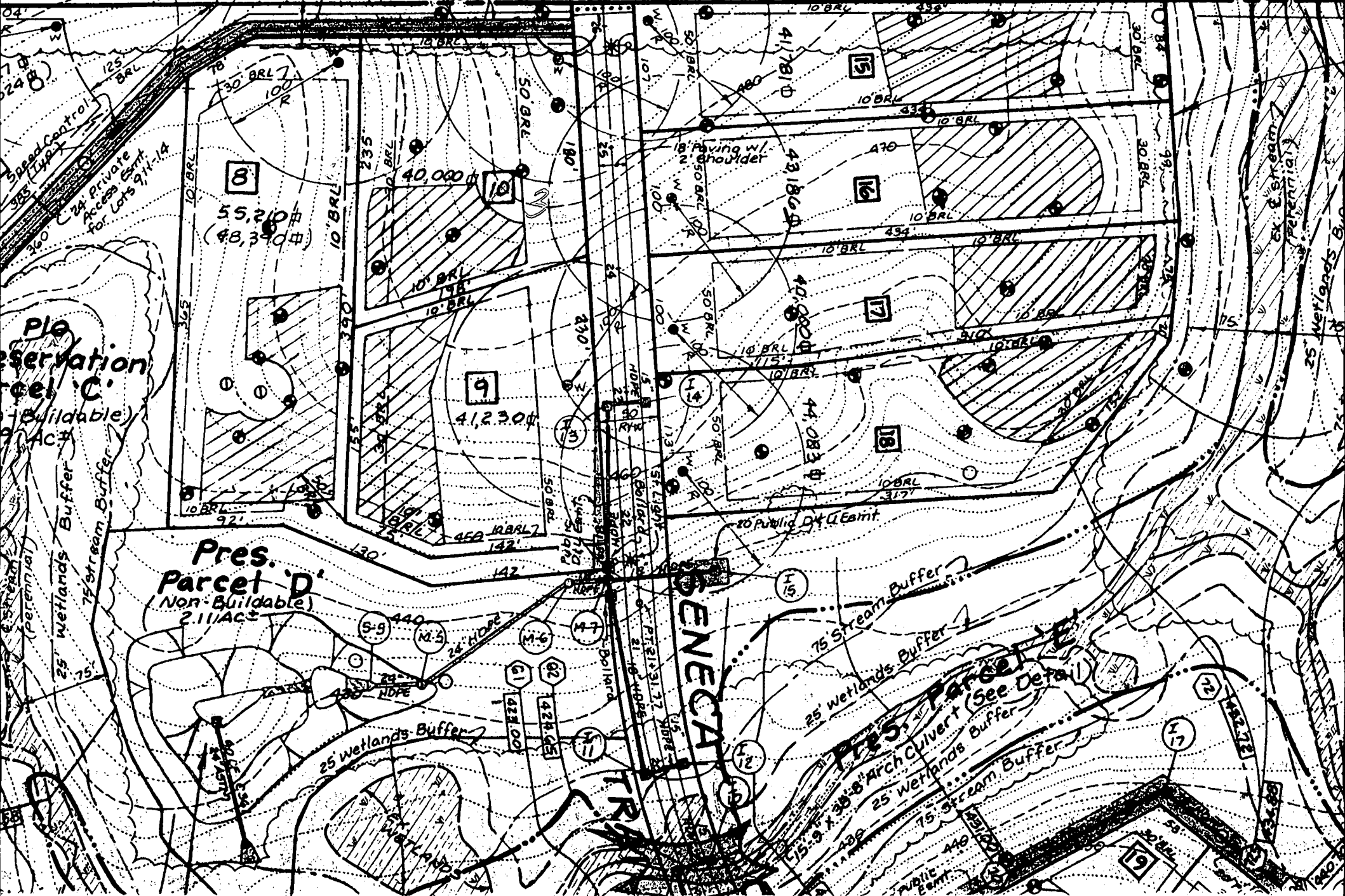
35' Private Access
Esmt. For Lots 9, 11-14

LIMIT OF SUBMISSION
Sta. 26+19.41

P.00.04
5.17.00

Wide Use Int.
Common Driveway

N 28° 43' 18" E



Pla
ervation
cel C.
(Buildable)
9.1 AC

Pres.
Parcel 'D'
(Non-Buildable)
2.11 AC

GENECCA
TRAIL

Pres. Parcel
(See Detail)

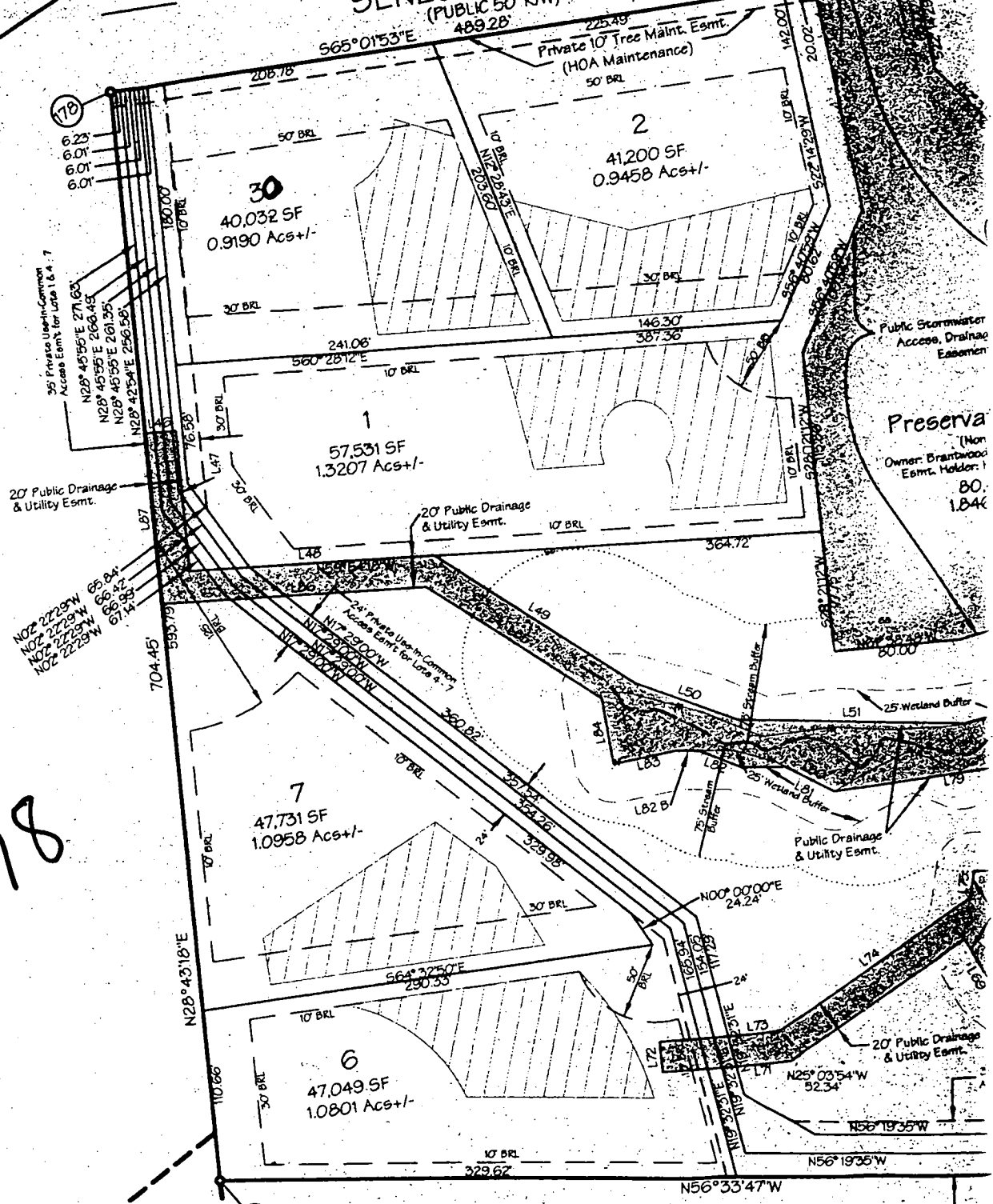
30' Arch Culvert

SENECA CHIEF TRAIL
(PUBLIC 50' R/W)

N 589750
E 136250

(178)

(179)

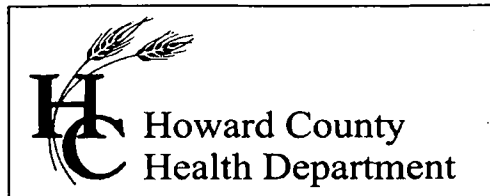


FORMERLY
COUNTY
AND PARKS
2270/ FOLIO 110
ZONED RC

F.01.78

MARKSFIELD ESTATES
LOT 14
No. 10446
ZONED RC

WALTER AND JAN
AGRICULTURAL LAND PRE
EASEMENT #HOSS
LIBER 925/ FOLIO



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 10, 2004

Nantucket Homes/Dorsey
13090 Old Frederick Road
Sykesville, MD 21784

SENT VIA FACSIMILE 410-442-8221

RE: 3105 Seneca Chief Trail
Brantwood, Lot 30
BP # B00144167
Well Permit # HO-94-3085

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/19/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3085. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 04/28/2004
Date of Well Completion: 07/17/2001

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File

Aug-14-03 03:32P LDE Inc.

410-715-9540

APPROVED

WALK-THRU BUILDING PERMIT

BR# 00148600 A# 510575-C

APP. SAN *Kaveh* DATE: 6/2/04

DESC OF ~~55~~ Private Use-In-Common

Access Easement For Lots 31-34

PLAN TO SCALE

PROPOSED

pool

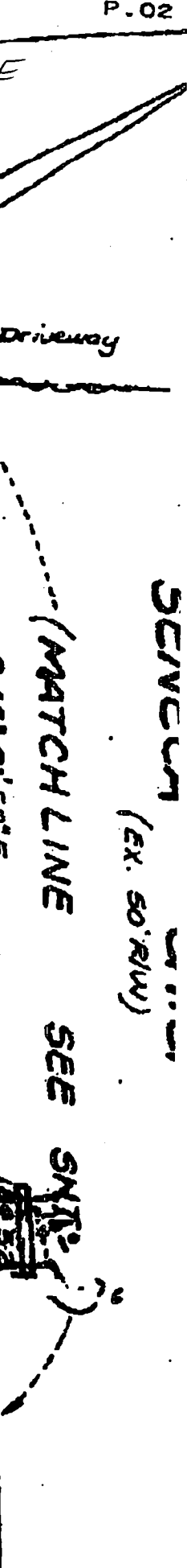
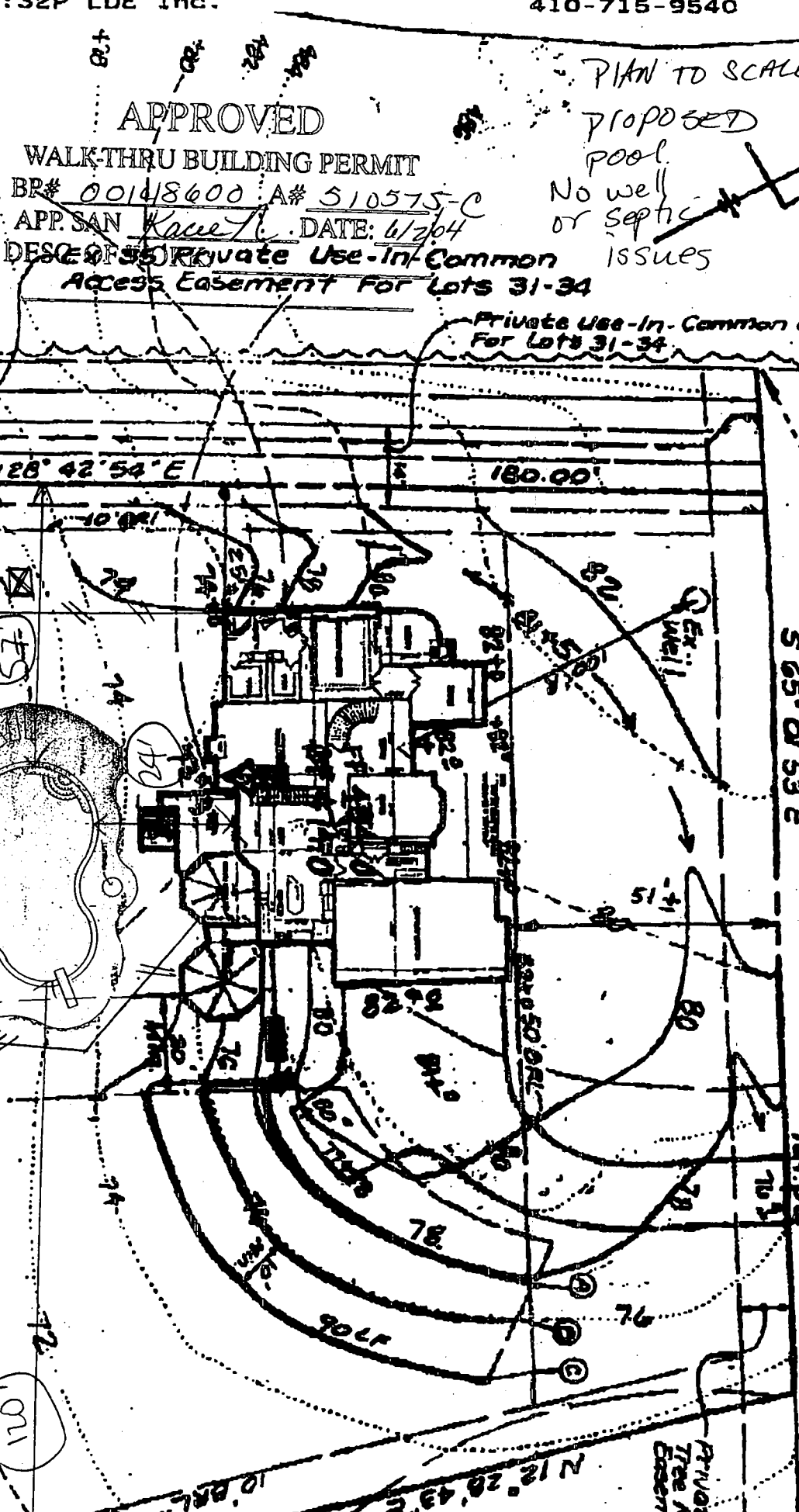
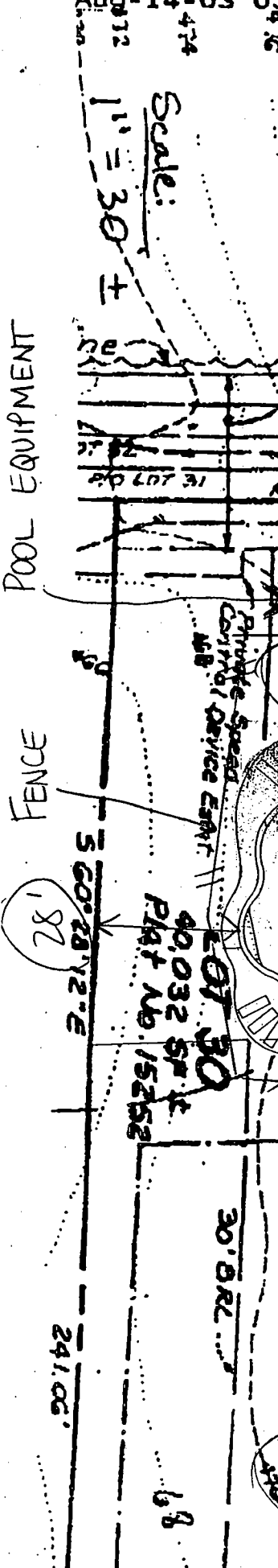
No well or septic issues

POOL EQUIPMENT

FENCE

(MATCHLINE SEE SMT. 2)

SEWER (EX. 50' RW)



Scale: 1" = 30'

40.032 SMT
PLAT NO. 15252

241.00'

Health

Building Address <u>3105 SW Seneca Chief Trail</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Brantwood</u> Section <u>3</u> Area <u>7</u> Lot <u>30</u> Tax Map <u>16</u> Parcel <u>441</u> Grid <u>21</u> Zoning <u>RCDP</u> Map Coordinates <u>114.6</u> Lot size <u>40032.59</u>	Property Owner's Name <u>Frank Mayer</u> Address <u>3105 SW Seneca Chief Trail</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-707-5163</u> Work Phone <u>443-745-7404</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SFD</u> Proposed Use <u>SFD w/ pool</u> Estimated Construction Cost \$ <u>44,825.00</u> Description of Work <u>Inground gunite 7'2"-8'2"</u> <u>Swimming pool - 25' x 43'</u> <u>825 sq. ft. Fence to Code - Truck Water</u>	Contractor Company <u>Buckyard Creations</u> Contact Person <u>LINDA BRAUN</u> Address <u>5712 G Industry Lane</u> City <u>Frederick</u> State <u>MD</u> Zip Code <u>21704</u> License No. <u>40139</u> Phone <u>301-668-4420</u> Fax <u>301-668-4416-5222</u>
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Occupant or Tenant <u>Frank Mayer</u> Contact Name _____ Address <u>8571 Falls Run Rd.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>443-535-9739</u> Fax <u>7354</u>	Engineer or Architect Company <u>W.A. Blackwell, P.E.</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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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"/> Depth _____ Width _____	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 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 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: N/A <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: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (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.

<u>Linda M. Braun</u> Applicant's Signature <u>Sec/Exec Buckyard Creations, Inc.</u> Title/Company	<u>LINDA M. BRAUN</u> Print Name <u>6-02-04</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

AGENCY: <u>615 OK</u> <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <u>6/2/04 D. Selby</u> <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <u>6/2/04 Frank Mayer</u> <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	DPZ SETBACK INFORMATION 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 _____	PROPERTY ID# <u>53712</u> Filing fee \$ _____ Permit fee \$ <u>850</u> Excise tax \$ _____ Add'l per. fee \$ <u>85</u> TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>6740</u> Validation # _____ Accepted by <u>[Signature]</u>
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**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B 0. 144167

Building Address 3105 Seneca Chief Trl
Ellicott City MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 102000 Subdivision Brentwood
 Section 3 Area 3 Lot 30
 Tax Map 16 Parcel 441 Grid 21
 Zoning RC Map Coordinates 11A4 Lot size _____

Property Owner's Name Nantucket Homes/Conce
 Address 12090 Old Frederick Rd
 City Sykesville State MD Zip Code 21784
 Home Phone 410442-8200 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 410442-8201

Existing Use vacant lot
 Proposed Use new home
 Estimated Construction Cost \$ 650,000
 Description of Work 2 story home, 5 beds
4 br. finished basement

Contractor Company Nantucket Homes/Conce
 Contact Person Jay Fisher
 Address 12090 Old Frederick Rd
 City Sykesville State MD Zip Code 21784
 License No. 11111111322
 Phone 410442-8200 Fax 410442-8201

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
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>63'</u> <u>83'</u> Depth Width	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>43'</u> <u>82'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>63'</u> <u>74'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

J. Fisher
 Applicant's Signature
Resident
 Title/Company

William J. Fisher
 Print Name
9-18-03
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/24/03</u>	<u>Brian Baker</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 53712

Filing fee \$ 100.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 6375
 Validation # 20413

Accepted by [Signature]