

LAYOUT 8/10/04 AM INSP 4 _____
INSP 2 8/11/04 AM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/22/04

P 520434

APPROVAL DATE: 8/11/04

A 513618-VV

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Buckskin Ridge 45

ADDRESS: 4348 Buckskin Wood Drive PROPERTY OWNER: Columbia Builders, 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: 148.8 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the highest elevation of the approved SDA, as shown on the approved building permit plan.
NOTES:	

PLANS APPROVED: Kevin J. Bell DATE: 4/22/04

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

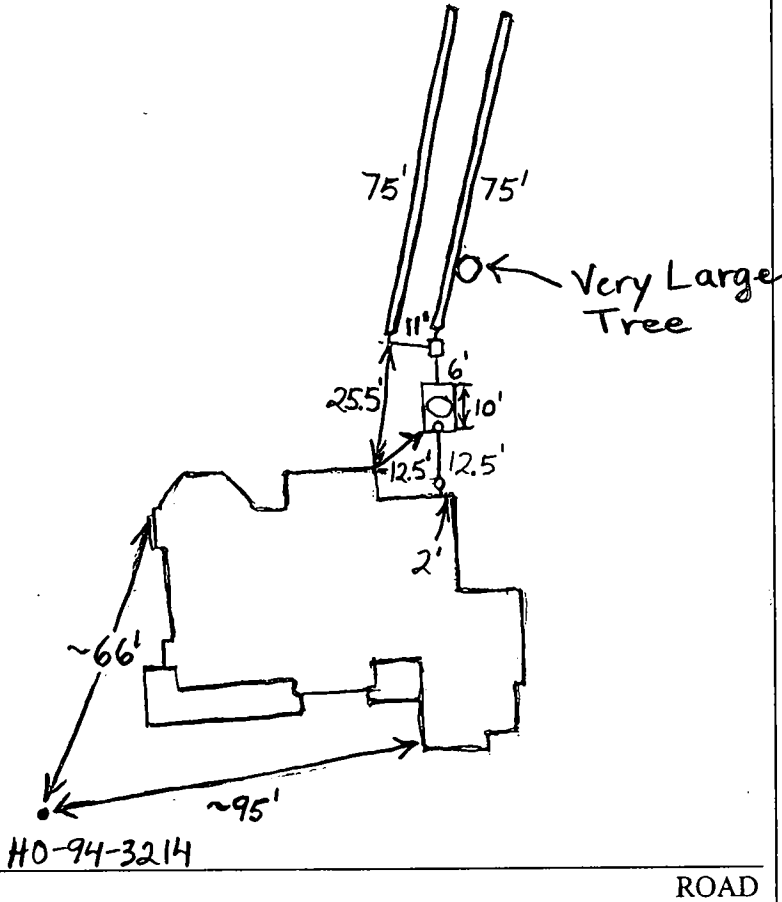
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED AND RETURNED
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

11-11-04-800157191-DEEK

A 513618-VV

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	150	
ABSORPTION AREA	450' Sidewall	
DISTRIBUTION BOX LEVEL	Yes	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	No	

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL	✓	
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1 1/2'	
BAFFLES	Yes	
BAFFLE FILTER	No	
MANHOLE LOC	Middle	
6" PORT LOC	Front	
WATERTIGHT TEST	No	
SEPTIC TANK 2 LEVEL	N/A	
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

PRE-CONSTRUCTION 8/10/04 Install 2 equal length trenches below very large tree located at top of easement. Tank set. (BB)

INSTALLATION 8/11/04 System finished. O.K. to cover. (BB)

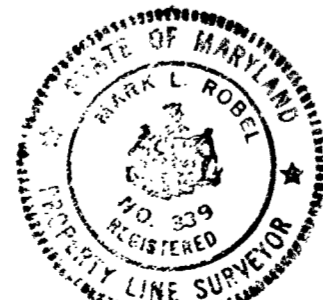
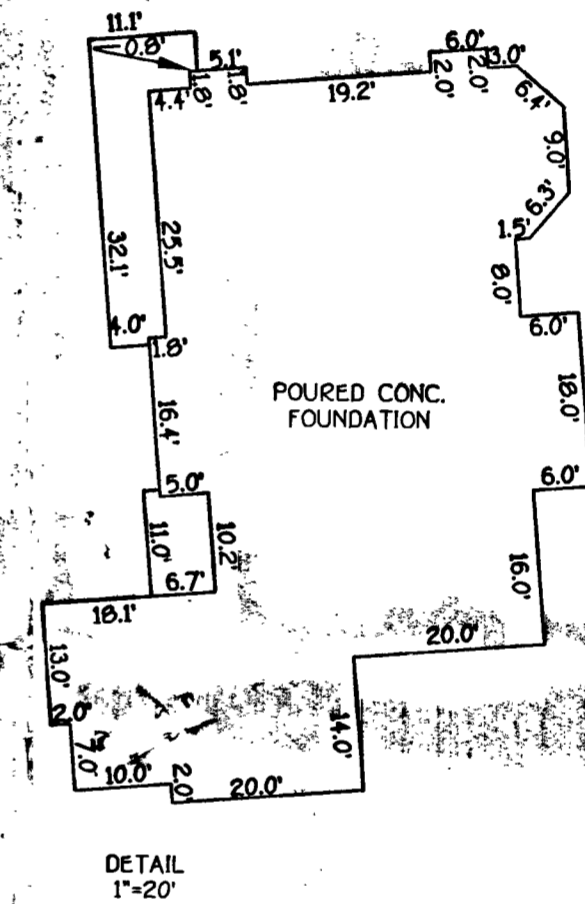
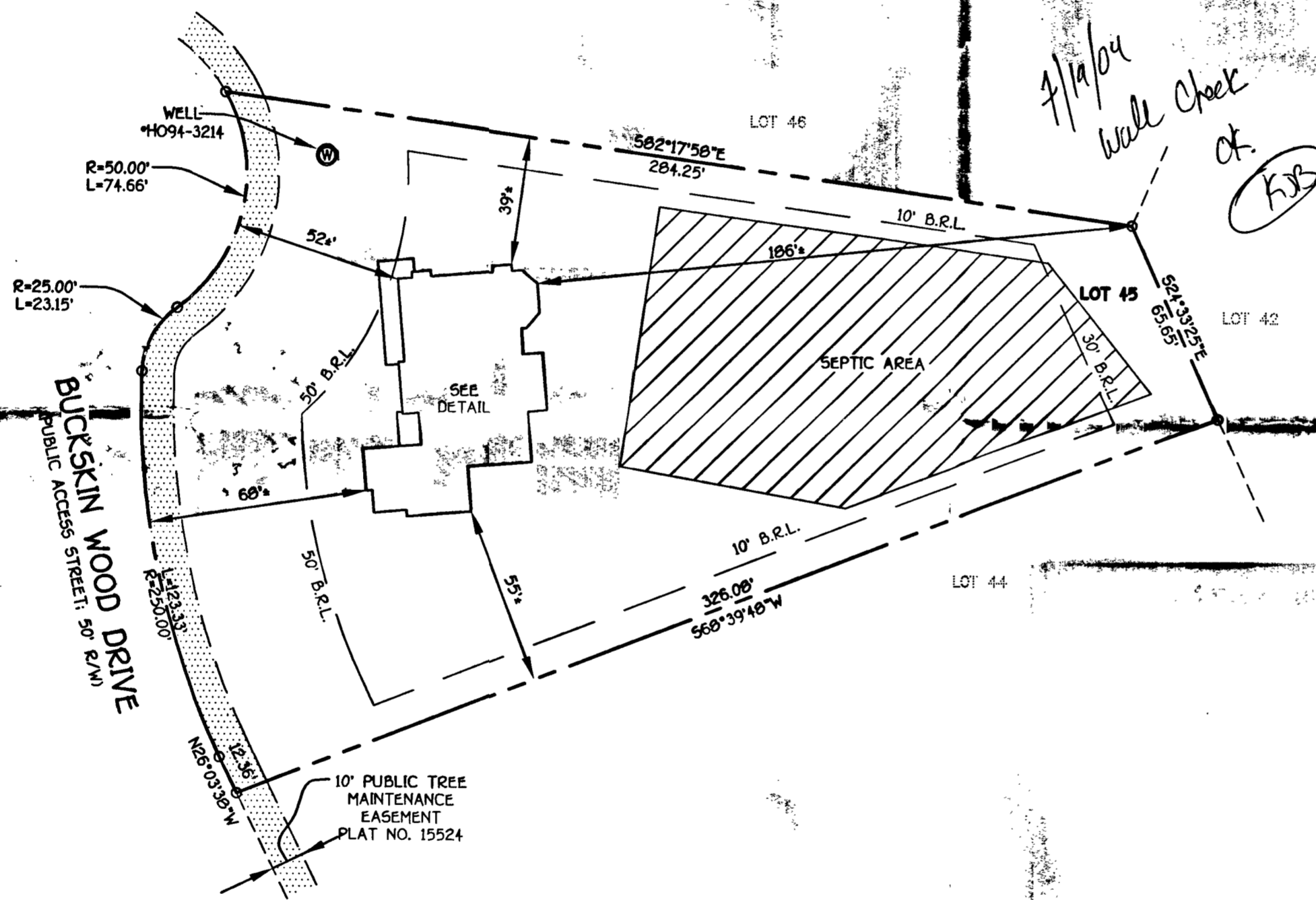
BUILDING PERMITTED AND RETURNED

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 8/11/04

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440021B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3214 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



Mark L. Robel 6/08/04
 PROFESSIONAL LAND SURVEYOR DATE
 REG. • 339

HOUSE LOCATION DRAWING

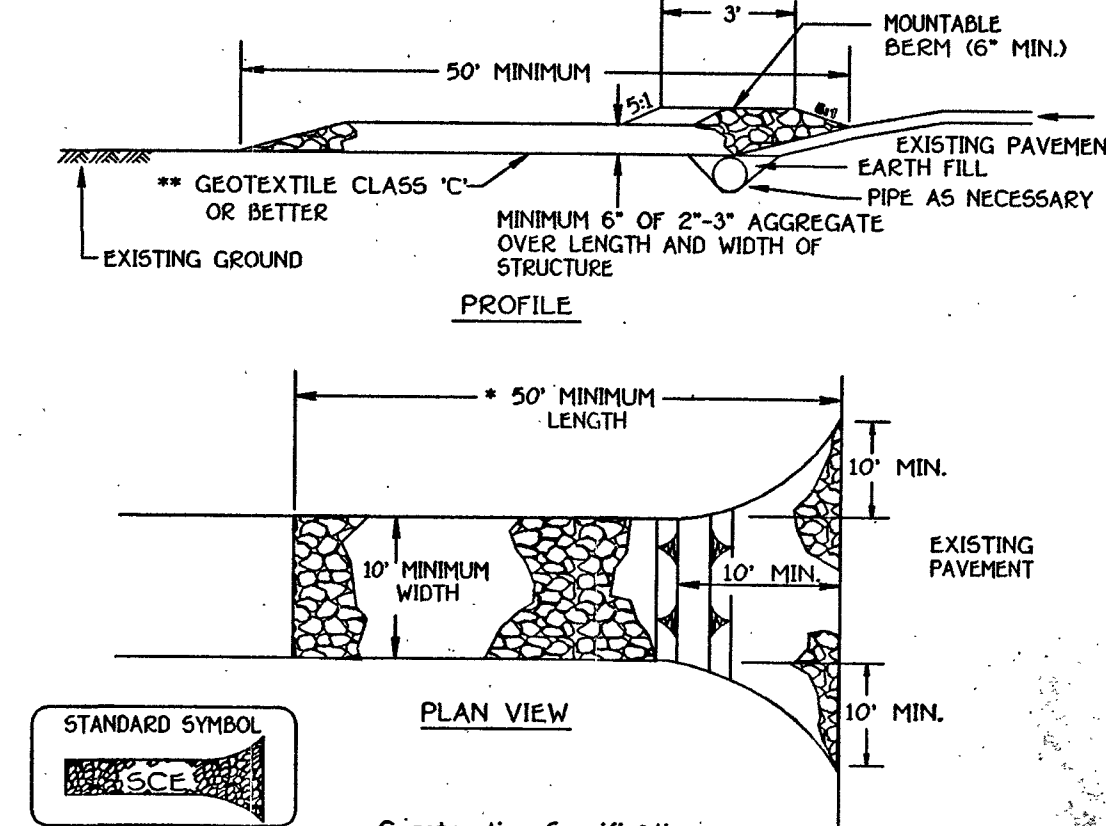
FOUNDATION LOCATION: 6/08/04
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____
 SCALE: 1"=40'
 DATE: 6/08/04
 DRAWN BY: D.B.
 CHECKED BY: M.L.R.
 PROJECT No.: 61700

*4348 BUCKSKIN WOOD DRIVE
 B.R.L. = BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 612*

LOT 45
 BUCKSKIN RIDGE
 LOTS 1 THRU 47
 AND PRESERVATION PARCEL A
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT. NO. 15705

SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (303-8955).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE CONFORMANT WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THEREOF.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN 7 CALENDAR DAYS FOR ALL PERMITTED SEDIMENT CONTROL STRUCTURES, DICES, PERIMETER SLOPES AND ALL SLOPES EXCEPT THOSE 30% TO 40% DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE. ALL SEDIMENT TRENCHES SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING (SEC. 01), SOIL SEED, 24; TEMPORARY SEEDING (SEC. 02), AND MULCHING (SEC. 03). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMITS FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- NOTE: TOTAL AREA OF SITE: 4.01 ACRES
AREA TO BE ROOFED OR PAVED: 0.130 ACRES
AREA TO BE VEGETATIVELY STABILIZED: 0.49 ACRES
TOTAL CUT: 0.620 ACRES
TOTAL FILL: 0.693 ACRES
OFFSITE WASTE/STORM AREA LOCATION: SEE PLAN.

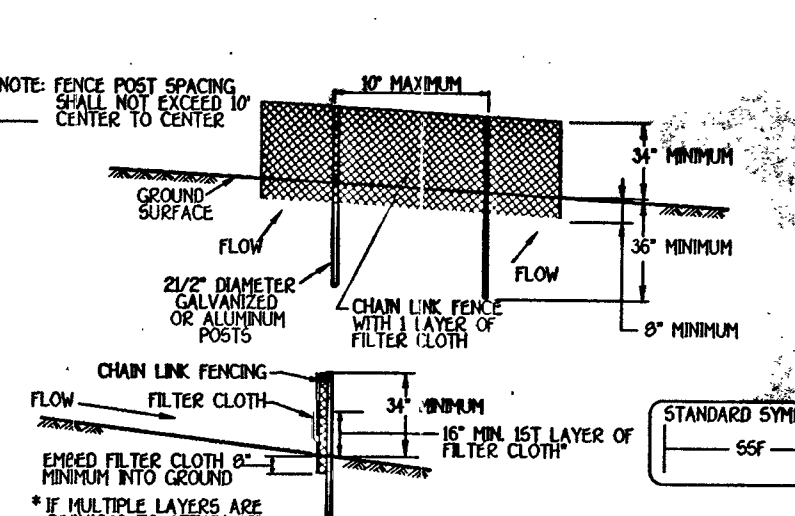


Construction Specification

- Length - minimum of 50' (+30' for single residence lot).
- Width - 10' minimum, should be fitted at the existing road to provide a turning radius.
- Geotextile fabric (filter cloth) shall be placed over the existing ground prior to placing stone. **The plan approval authority may not require single family residences to use geotextile.
- Stone - crushed aggregate (2" to 3") or reclaimed or recycled concrete equivalent shall be placed at least 6" deep over the length and width of the entrance.
- Surface Water - all surface water flowing to or diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a mounded berm with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe shall be sized according to the drainage. When the pipe is located at a high spot and has no drainage to convey a pipe will not be necessary. Pipe should be sized according to the amount of runoff to be conveyed. A 6" minimum will be required.
- Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance.

STABILIZED CONSTRUCTION ENTRANCE - 2

NOT TO SCALE



Construction Specifications

- Fencing shall be 42" in height and constructed in accordance with the provisions of the Maryland State Highway Design for Chain Link Fence. The specification for a 6" fence shall be used substituting 42" fabric and 6" height posts.
 - Chain link fence shall be fastened securely to the fence posts with wire ties. The lower tension wire, brace and truss rods, drive anchors and post caps are not required except on the ends of the fence.
 - Filter cloth shall be fastened securely to the chain link fence with ties spaced every 24" at the top and mid section.
 - Filter cloth shall be embedded a minimum of 6" into the ground.
 - When two sections of filter cloth adjoin each other, they shall be overlapped 6" and folded.
 - Maintenance shall be performed as needed and all buildings removed when "bushes" develop in the silt fence, or when silt reaches 50% of fence height.
 - Filter cloth shall be fastened securely to each fence post with wire ties or staples (1" top and mid section) and shall meet the following requirements for Geotextile Class F:
- | Design Criteria | | Test Method | Test Result |
|----------------------|--|----------------|-------------|
| Tensile Strength | 50 lbs/in (min) | Test: HST 1009 | 50 |
| Tensile Modulus | 20 lb/in (min) | Test: HST 1010 | 20 |
| Flow Rate | 0.3 gal/(ft ² minute) (max) | Test: HST 322 | 0.3 |
| Filtering Efficiency | 75% (min) | Test: HST 322 | 75 |

SUPER SILT FENCE

NOT TO SCALE



Construction Specifications

- Key-in the matting by placing the top ends of the matting in a shallow trench, 6" in depth, outside the trench and tamping firmly to conform to the channel cross-section. Secure with a row of staples about 4" down slope from the trench. Spacing between staples is 6".
- Staple the 4" overlap in the channel center using an 18" spacing between staples.
- Before striking the outer edges of the matting, make sure the matting is smooth and in firm contact with the soil.
- Staples shall be placed 2" apart with 4 rows for each strip, 2 outer rows, and 2 alternating rows 200 with the center.
- Where one roll of matting ends and another begins, the end of the top strip shall overlap the upper end of the lower strip by 4".
- Double fabric matting shall be overlapped with a double row of staples spaced 8" apart in a staggered pattern on either side.
- The double fabric matting shall be secured with 2 double rows of staples.

EROSION CONTROL MATTING

NOT TO SCALE



Construction Specifications

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT AND EROSION CONTROL DEVICES AS SHOWN ON PLAN.
- CLEAR AND GRUB TO LIMITS OF DISTURBANCE AND MASS GRADE TO SUB-BASE.
- INSTALL TEMPORARY SEEDING.
- CONSTRUCT BUILDINGS.
- FINISH GRADE SITE AND INSTALL PERMANENT SEEDING AND LANDSCAPE.
- REMOVE SEDIMENT CONTROL DEVICES AS UPLAND AREAS ARE STABILIZED AND PERMISSION IS GRANTED BY E/S CONTROL INSPECTOR.

TEMPORARY SEEDING NOTES

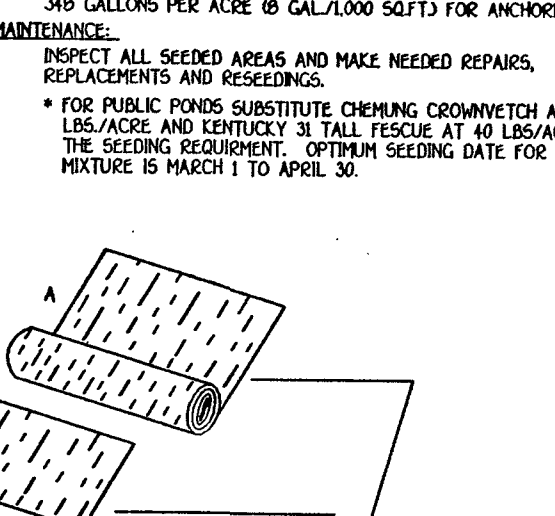
- APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE RESTORED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.
- SEEDING PREPARATION**
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING. IF NOT PREVIOUSLY LOOSENED.
- SOIL AMENDMENTS**
APPLY 700 LBS. PER ACRE 10-10-10 FERTILIZER @ 100 LBS./1000 SQ. FT.
- SEEDING**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1/2 BUSHEL PER ANNUAL EYE (32 LBS./ACRE) OF WEEPING LOVEGRASS (07 LBS./1000 SQ. FT.) FOR THE PERIOD NOVEMBER 15 THRU FEBRUARY 28. PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOIL.
- MULCHING**
APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ. FT.) OF UNROTTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE OF EMULSIFIED ASPHALT ON SLOPES 6 FEET OR HIGHER. USE 300 GALLONS PER ACRE @ 30 GAL./1000 SQ. FT. FOR ANCHORING. REFER TO THE 1994 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

- ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:
- SEEDING PREPARATION**
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- SOIL AMENDMENTS**
APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (02 LBS./1000 SQ. FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER @ 100 LBS./1000 SQ. FT. BEFORE SEEDING. HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER @ 100 LBS./1000 SQ. FT. AND 500 LBS. PER ACRE 0-15 LBS./1000 SQ. FT. OF 10-20-20 FERTILIZER.
- SEEDING**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH NOVEMBER 15, SEED WITH 100 LBS. PER ACRE (23 LBS./1000 SQ. FT.) OF KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ. FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER IS THROUGH FEBRUARY 28, PROTECT SITE BY OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OPTION (2) - USE SOIL, OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDING.
- MULCHING**
APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ. FT.) OF UNROTTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE OF EMULSIFIED ASPHALT ON SLOPES 6 FEET OR HIGHER. USE 300 GALLONS PER ACRE @ 30 GAL./1000 SQ. FT. FOR ANCHORING.
- MAINTENANCE**
INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.
FOR PUBLIC POND: SUBSTITUTE CHECKING CROWNWEED AT ITS 1/2 ACRES AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.

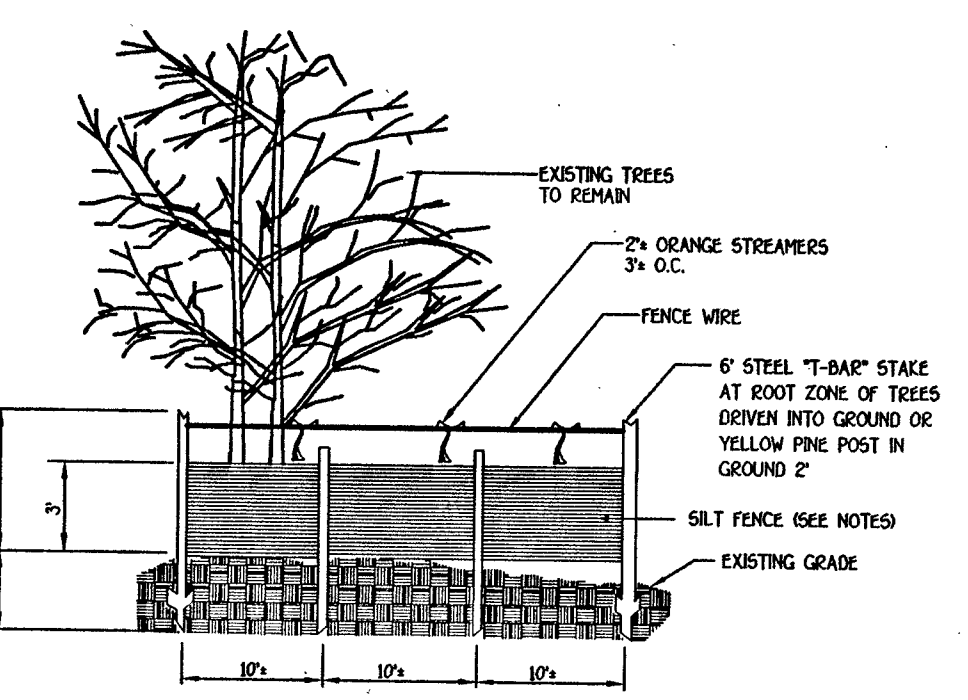
SILT FENCE & TREE PROTECTION

NOT TO SCALE



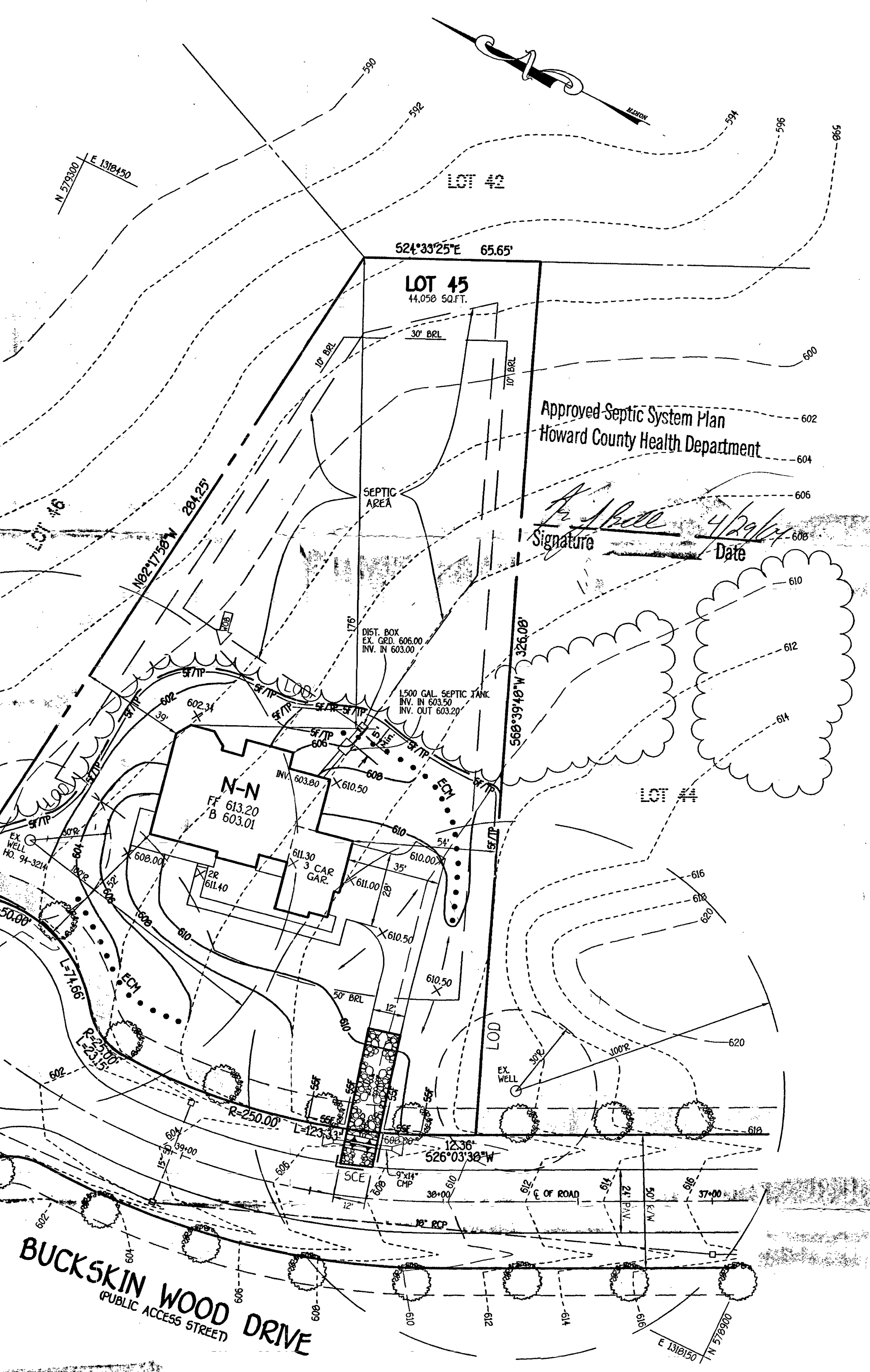
Construction Specifications

- Silt fence to be heeled into the soil.
- Wire snare fence, etc. for tree protection only.
- Boundaries of Retention Area will be established as part of the conservation plan review process.
- Boundaries of Retention Area should be staked and flagged prior to installing device.
- Avoid roof damage when placing anchor posts.
- Device should be properly maintained throughout construction.
- Protection signs are also required, see Figure C-4.
- Locate fence outside the critical root zone.



Construction Specifications

- Silt fence to be heeled into the soil.
- Wire snare fence, etc. for tree protection only.
- Boundaries of Retention Area will be established as part of the conservation plan review process.
- Boundaries of Retention Area should be staked and flagged prior to installing device.
- Avoid roof damage when placing anchor posts.
- Device should be properly maintained throughout construction.
- Protection signs are also required, see Figure C-4.
- Locate fence outside the critical root zone.



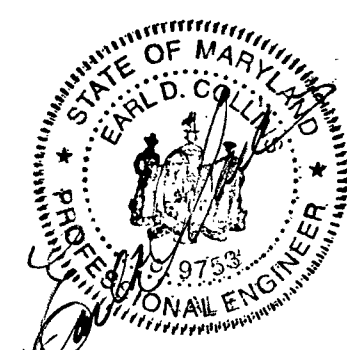
LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
TP-TP	TREE PROTECTION FENCE
---S---S---	SUPER SILT FENCE
---	PROPOSED WALKOUT
LOD	LIMITS OF DISTURBANCE
○	EXISTING STREET TREES FROM F-01-191

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
APPROVED: *John L. Robertson* 3/2/04
HOWARD SOIL CONSERVATION DISTRICT DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.
Jim Mayer 3/2/04
U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE DATE

BUILDER/DEVELOPER
COLUMBIA BUILDERS
P.O. BOX 999
COLUMBIA, MARYLAND 21044
410-730-3940



DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN 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 BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.
James Greenfield 2/26/04
SIGNATURE OF DEVELOPER DATE

ENGINEER'S CERTIFICATE
I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
Earl D. Collins 2/27/04
SIGNATURE OF ENGINEER DATE

GENERAL NOTES

- SUBJECT PROPERTY ZONED RC-DEO
- TOTAL AREA OF PROPERTY: 44,050 SQ. FT.
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- FIELD RUN TOPOGRAPHIC SURVEY DONE BY CLARK, FINEPROCK & SACKETT, INC.
- NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
- DRIVEWAY CULVERTS SHALL BE CONSTRUCTED AT SITE DEVELOPMENT PLAN STAGE IN ACCORDANCE WITH APPROVED CULVERT SIZE SHOWN ON F-01-191.
- SWM PROVIDED UNDER F 01-191.

SITE DEVELOPMENT, SEDIMENT/EROSION CONTROL PLAN, NOTES & DETAILS
BUCKSKIN RIDGE
LOT 45
ZONED RR-DEO PLAT NO. 15705
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=30' DATE: FEBRUARY, 2004

G.P. 04-64

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: 1321 BARNETT AVE
SUDBURY, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): ROBERT L FEEZER CO INC License # 2122

*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: JOEL ISAACS PLUMBING Telephone #: _____
Subdivision: _____ Lot #: 45 Well Tag #: HO - _____
Site Address: 45 BUCKSKIN RIDGE
ELLICOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SP4 F02HL Make: CAMPBELL Two piece watertight cap: Y
Model #: STALLITE Model #: PA 800 Screened, vented well cap: Y
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing: Y
Well Yield: 2 GPM NSF approved: Y Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap: Y
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 Y

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

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: Robert L. Feezer date: 8/11/04

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

Date Insp. Requested: _____ Date Insp. Approved: 8/11/04 (88)
Inspection Data: Pitless adapter and water supply line at least 36" below grade Y
Two piece cap installed and attached to casing securely Y
Elec. conduit extends at least 18" below grade/attached to cap properly Y
Safety rope installed inside of well casing Y
Correct well tag attached properly and casing 8" above finished grade Y
Water supply line sleeved adequately at house connection Y
Adequate groud observed below pitless adapter Y

GREEN
STICKER
SAYS
BAKER
8/11/04 OKAY

0675
SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER 13 Kgo
11-1901

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
9/13/01
Depth of Well
22 600 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-94-3214
28 29 30 31 32 33 34 35 36 37

OWNER Floyd Lane LLC
STREET OR RFD Buckskin Wood Drive
SUBDIVISION Buckskin Ridge SECTION LOT 45 TOWN Ellicott City

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	20	
Brown Mica	20	50	
Gray Mica	50	435	
Fractured mica w/flat	435	437	✓
Gray mica	437	600	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 21 NO. OF POUNDS 2100
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 57 BOTTOM ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 60

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ST BRASS BR
BRONZE PL PLASTIC PL
OPEN HOLE HO OTHER OT
DEPTH (nearest ft.)
1 110 58 600
2 8 9 11 15 17 21
3 23 24 26 30 32 36
4 38 39 41 45 47 51

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER:
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS LIC. NO. 1 M W D 040
George F. Edenshaw
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 W S D 038
Qua Thompson

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 58 ft.
WHEN PUMPING 184 ft.
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
See plot

B 1 9289

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3214

W51531 (please print or type)

fill in this form completely

OWNER INFORMATION 8662
Date Received (APA) 06/28/01
Floyd Lane L L C
P. O. Box 999
Columbia, Md 21044

LOCATION OF WELL
Howard COUNTY
Buckskin Ridge
23 SUBDIVISION
SECTION 44 46 LOT 48 50
Gleneig
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION
George F. Easterday MW D 040
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
George F. Easterday 6/25/2001

Buckskin Wood Drive
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 30 Ft.
TAX MAP: BLK: PARCEL

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

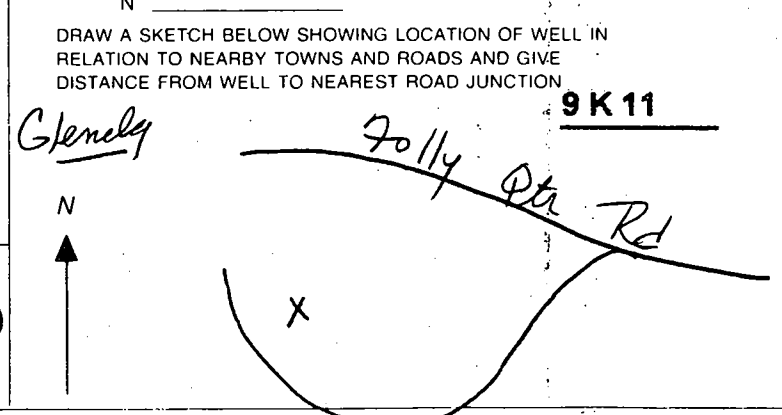
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 08/14/01 EXP. DATE 08/13/02
NORTH GRID 519 000 EAST GRID 0806 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
800
510 9

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

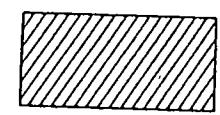


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 402000001(01)
PERMIT No. 10-94-3214

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Buckskin Ridge
lots 39-47 only
all well sited OK
as stated by
Surveyor. S.H.B. DC

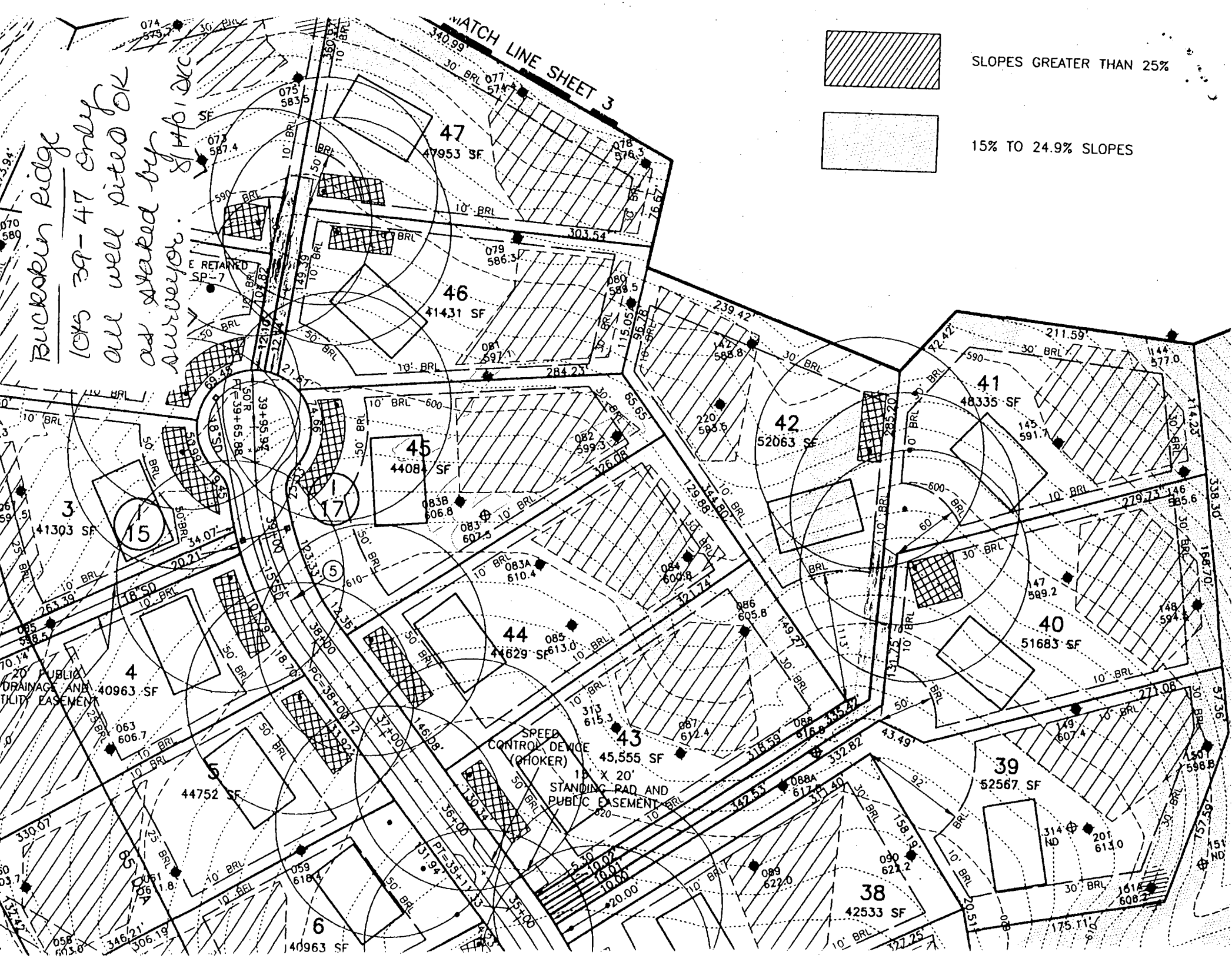
WATCH LINE SHEET 3



SLOPES GREATER THAN 25%



15% TO 24.9% SLOPES



APPLICATION

PERCOLATION TESTING

A 513618-VV

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 Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 20 46 45

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

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.

B. Jane Greenfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

152

top soil

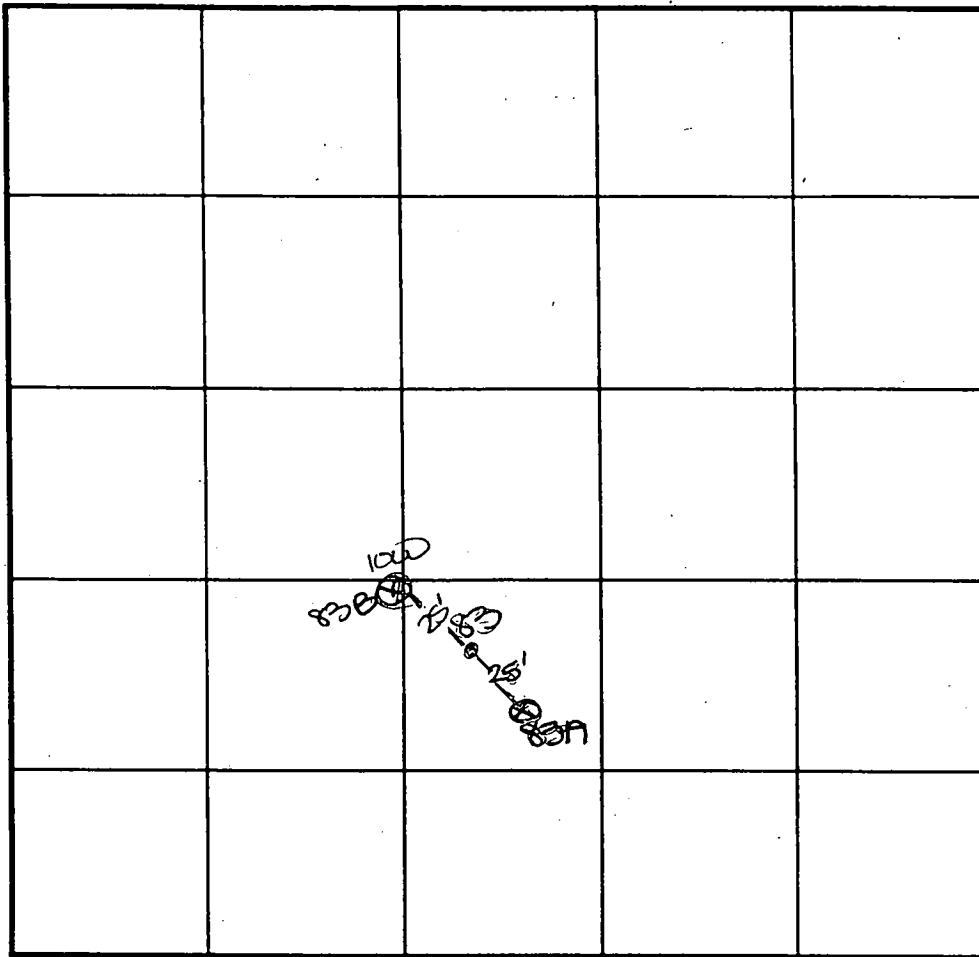
org bn
sa cl
lm

med pk
tan

sa mica
lm

5-10%
sap
sh

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-14-00	152	12.5' D	visual	- see	profile		OK
8-14-00	83 B	11.0' D	visual	- see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

83B

top soil

org bn
sa cl
lm

med
pk bn
sa mica
lm

20%
sap
sh

near
Hard

COUNTY #

SOIL PROFILE 82

0' topsoil

6' org. brn sa. cl. lm

4' med. red brn sa. mica lm

15% sapor sh

81

0' topsoil

6' org. brn sa. cl. lm

3.5' med. org. brn sa. mica lm

4.5' 40% sapor sh

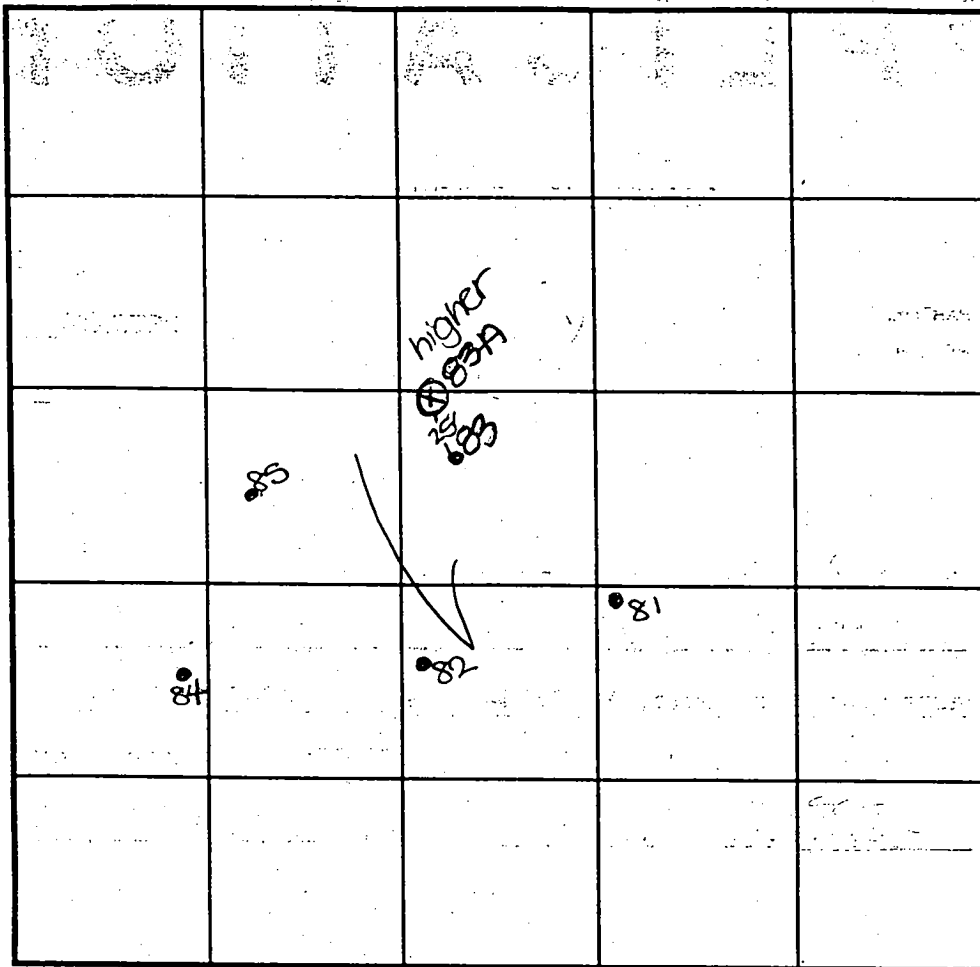
84

0' topsoil

6' org. brn cl. lm

3.5' pale org. red tan sa. mica lm

4' 15-20% sapor sh



SOIL PROFILE 85

0' topsoil

6' org. brn cl. lm

4' med. org. brn sa. mica lm

20% sapor sh

40% sh

83A

0' topsoil

6' org. brn sa. cl. lm

3' pale org. red tan sa. mica lm

11.5' 35% sapor sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-3-00	82	4.5' S	2:23	2:24	2:24	2:25	2
		12.5' D	Visual	- see profile			OK
	81	3.0' S	2:30	test stopped - little slow			OK
		11.5' D	Visual	- see profile			OK
	84	12.0' D	Visual	- see profile			OK
	83A	3.0' S	2:52	2:56	2:56	3:04	8
		11.5' D	Visual	- see profile			OK
	85	11.0' D	Visual	- see profile			OK
	83	8.5' D	Hard	bottom (100% R @ 6.5')			FAIL

REMARKS: holes tested as stated except 83A

TYPE OF SOIL

TESTED BY DKS

ALSO PRESENT C. Zepp, T. Peappa

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

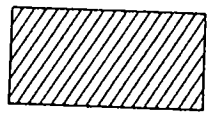
TRENCH WIDTH

INLET DEPTH

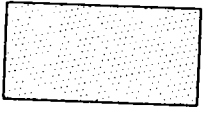
MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

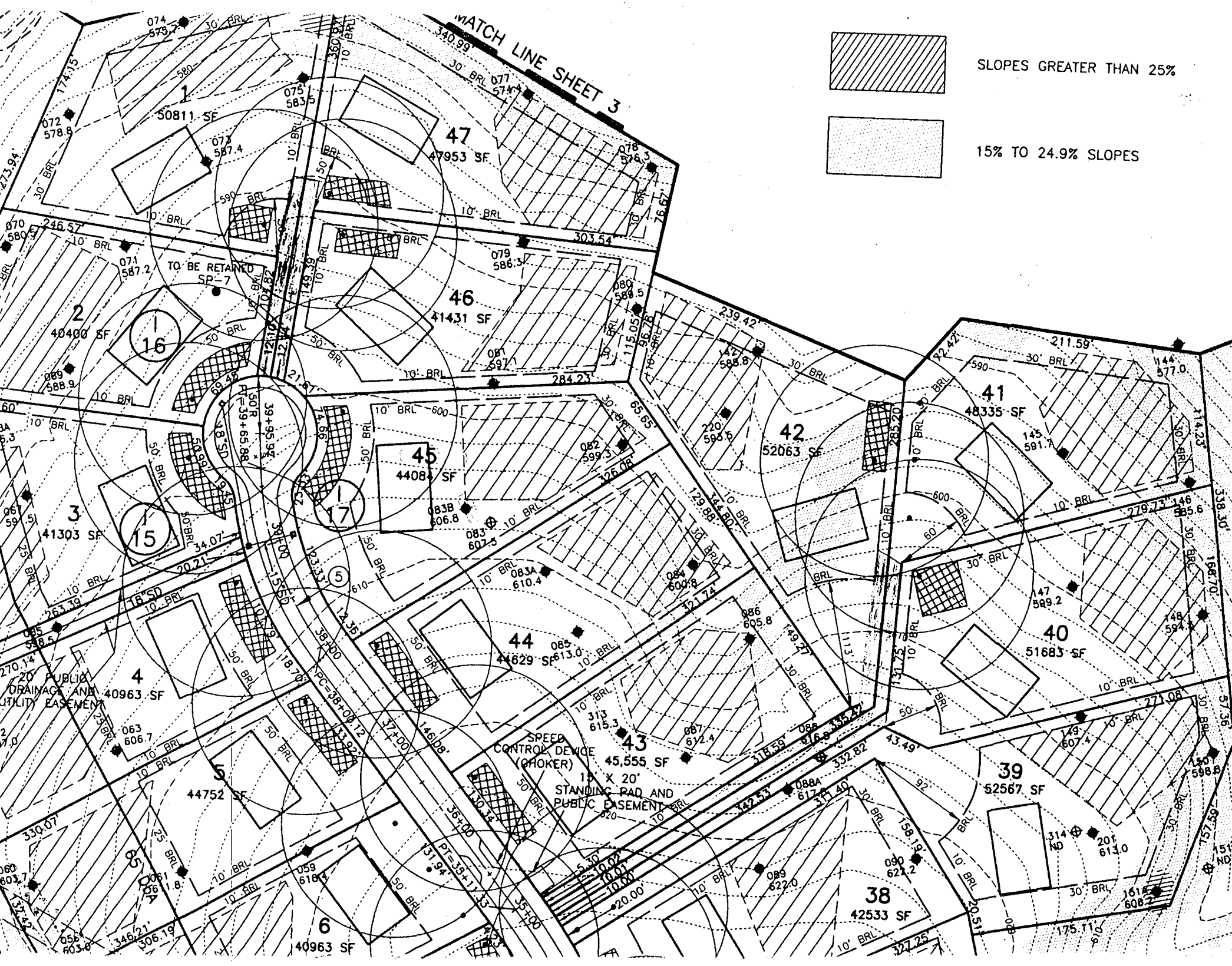
MATCH LINE SHEET 3

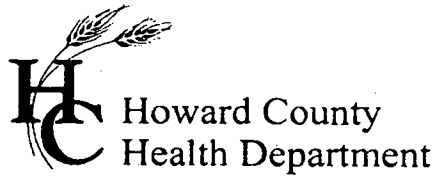


SLOPES GREATER THAN 25%



15% TO 24.9% SLOPES





7178 Columbia Gateway Drive, Columbia MD 21046
(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

November 22, 2004

Columbia Builders, Inc.
P. O. Box 999
Columbia, MD 21044

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 45
4348 Buckskin Wood Drive
Ellicott City, MD 21043
BP # B00147508
Well Permit # HO-94-3214

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 8/11/2004. Final approval of the well line connection to the dwelling was approved on 8/11/2004.**

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-94-3214. 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: 11/04/2004 & 11/17/2004
Date of Well Completion: 09/13/2001

Respectfully,

John A. Boris, R. S.
Well and Septic Program

JAB/sjn

cc: Building Inspector's Office
Community Services Program

File

524°33'25"E 65.65'

LOT 45
44,058 SQ.FT.

30"=1" scale

11-17-04
NEED 10' SEP. DISTANCE
TO SDA & 10'
FROM SEPTIC TANK

1771 with #

APPROVED

WALK-THRU BUILDING PERMIT

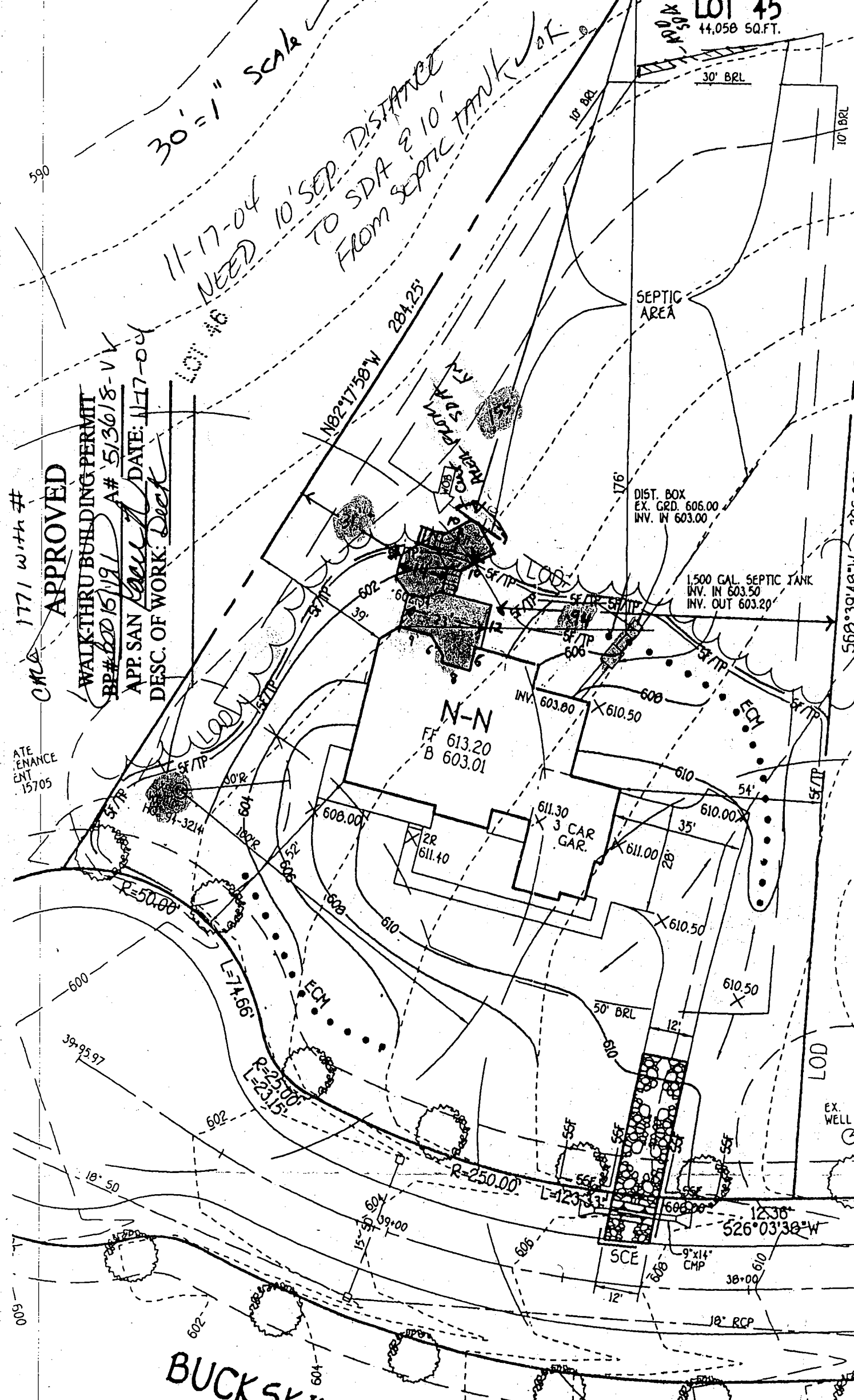
APP. SAN DATE: 11-17-04

DESC. OF WORK: Deck

APP. SAN DATE: 11-17-04

DESC. OF WORK: Deck

ATE
ENT
15705



BUCKSKIN WOOD
(PUBLIC ACCESS STR)

G0000 8773

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 360 GENTRY HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2655 REFECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3900	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-147508 KB
--	-------------------------------------	--

Building Address 4348 Bucksin Wood Drive
Ellicott City, MD 21043

Suite/Apt. #: N.A. SDP/WP/Petition #: CP 04-64

Census Tract 6051.01 Subdivision Bucksin Ridge

Section N.A. Area N.A. Lot 45

Tax Map 22 Parcel 77 Grid 20

SR-DEO
 Zoning Map Coordinates 10 A-12 Lot size 44,058 sq. ft.

Property Owner's Name Columbia Builders, Inc.
 Address P.O. Box 999
 City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone (410) 730-3999
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ 200,000.00

Description of Work Model "N-N" house 3 car garage

Contractor Company Columbia Builders, Inc.
 Contact Person Dea Sperling
 Address Same
 City _____ State _____ Zip Code _____
 License No. 254
 Phone _____ Fax 410-992-3020

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Fisher, Collins & Carter
 Contact Person J. Ecker
 Address 10272 Balto. Natl. Pike
 City Ellicott City State MD Zip Code 21042
 Phone (410) 461-2855 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: <u>N/A</u> <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"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms: <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1BR units: _____ No. of 2BR units: _____ No. of 3BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input 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"/> Sprinkler system: <u>N/A</u> <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 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.

B. James Greenfield
 Applicant's Signature
Columbia Builders, Inc.
 Title/Company

B. James Greenfield, Pres.
 Print Name
4/19/04
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<u>Land Development, DPZ</u>		
<u>State Highways</u>		
<u>Building Official</u>		
<u>City Engineer (no. DPZ)</u>		
<u>Health</u>	<u>4/19/04</u>	<u>[Signature]</u>
<u>Fire Protection</u>		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID# <u>601161</u>
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Business tax \$ _____
Side St: _____	ADD'L pay. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>2000</u>
SDP/Red-line approval date _____	Validation # <u>4/19/04</u>
	Accepted by <u>[Signature]</u>

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