

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

A # 514708

P # 516294-P

ISSUE DATE 12/12/2000

APPROVAL DATE 3/28/01

INDEXED

RPS# 33178

12/22/00
11:00
12/28/00
pump test
10:30+later

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL x ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 800-682-6726

SUBDIVISION Brantwood 2/1 LOT NUMBER 16 ADDRESS 11436 Butterfruit Way

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, Ste 301
Crofton, MD 21114

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 ** TOP SEAMED SEPTIC TANK REQUIRED **

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth
4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 190' down the right lot line and 10 feet off this
same lot line. Run trenches on contour to front of lot.

PLANS APPROVED Mark Rifkin ON SRK 10/4/00 DATE 9/20/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

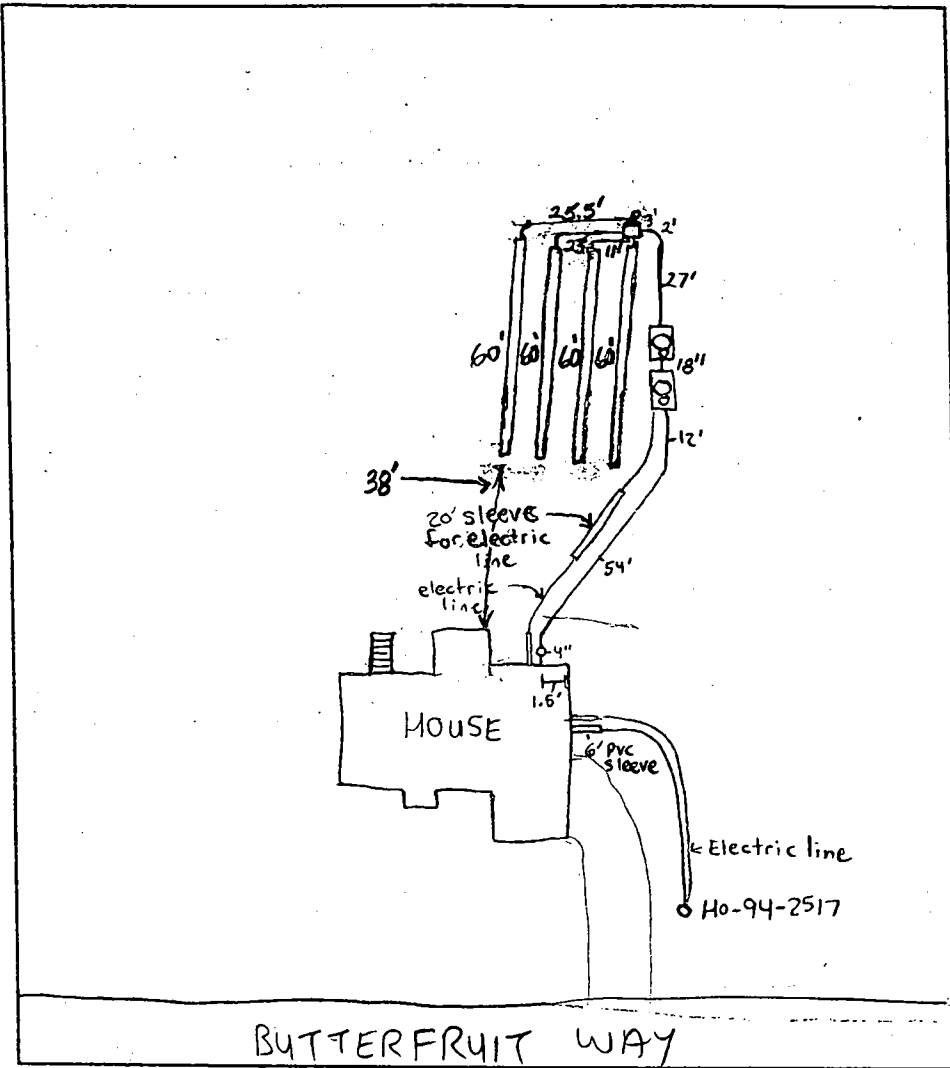
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**BLDG. PERMIT SIGNED
AND RETURNED 8/1/01**
1300131762 - basement
office

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

514708A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 2.0'
 TRENCH BOTTOM DEPTH 4.0'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720 sq. ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Yes, 6" Cleanout
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 TS
 MANHOLE RISER Yes
 ALARM OPERATIONAL
 PUMP PERFORMANCE TEST ✓

PRE CONSTRUCTION INSPECTION: 12/22/00-EASEMENT STAKED, OK TO MOVE BOX 5'E, SEE APPROVED REVISIT PLAN
 BP SITE PLAN, TO BETTER ACCOMMODATE CONTOUR, TO CONSERVE SEPTIC AREA KEEP TRENCHES (I'ETÉ)

INSPECTION COMMENTS: 12/22/00- WPI OK - (SRK) 12/28/00 Need pump and alarm test
 for final approval (BB) 3/28/01- PUMP AND ALARM OPERATIONAL - (SRK)

INSPECTOR Steven R. Kueg DATE SYSTEM APPROVED 3/28/01

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

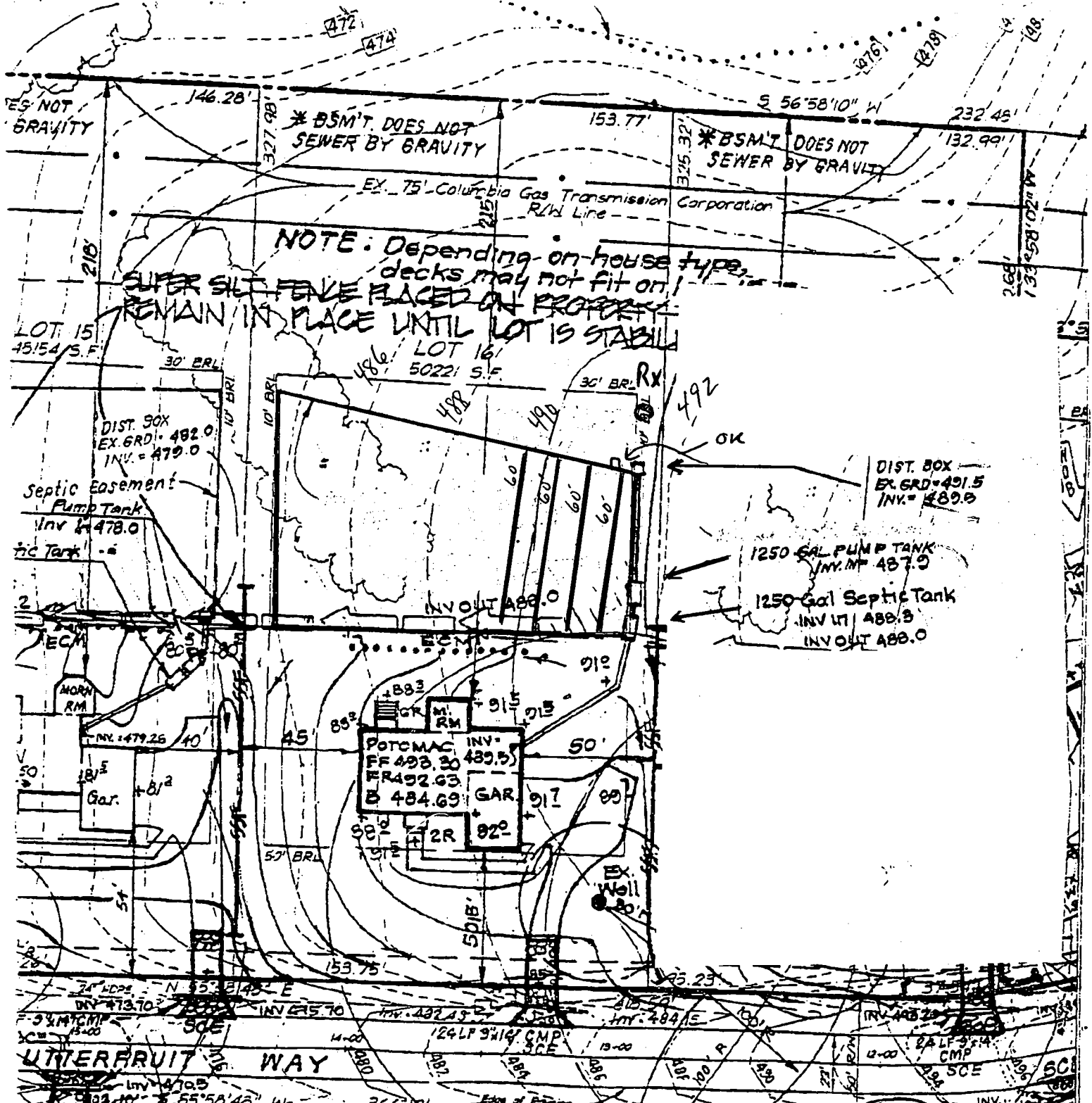
Approved Septic System Plan Howard County Health Department

Mark Liffin 9/20/00
Signature Date

Sep 19 00 11:22a

1:50
PLAN BY CFS 410-381-7533

P. 3



Building Address 11436 Butterfruit Way
Edlicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: 8P00-160

Census Tract 6030 Subdivision Brantwood

Section 2/1 Area N/A Lot 16

Tax Map 16 Parcel 54 Grid 22

Zoning RCDED Map Coordinates 11A6 Lot size **

Property Owner's Name NV Homes
2200 Defense Hwy, Ste. 301

Address _____
 City Crofton State MD Zip Code 21114

Home Phone _____ Work Phone 410-721-4703

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2602 Parallel Path
Abingdon, MD 21009

Phone 410-315-1717 Fax 410-315-2213

Existing Use Vacant Lot
 Proposed Use SFD

Estimated Construction Cost \$ 100,000.00
Construct Potomac

Description of Work
2 Sty, Full Bemt, 11R, 2FB, 1HB, Morn. Rm.
2 Car Garage
(4BR) Opt. FP, F.L.L. w/ Bath

Contractor Company Owner
 Contact Person Pat Orla - Agent

Address _____
 City _____ State _____ Zip Code _____

License No. _____
 Phone: _____ Fax _____

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

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space: <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>16 x 9</u> Footings: _____ Roof: <u>Asph/Flt</u>	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS PROJECT; (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: [Signature] Print Name: Frank or Patricia A. Orla

Applicant's Company: Building Permit Services, Inc. Date: 08-25-00

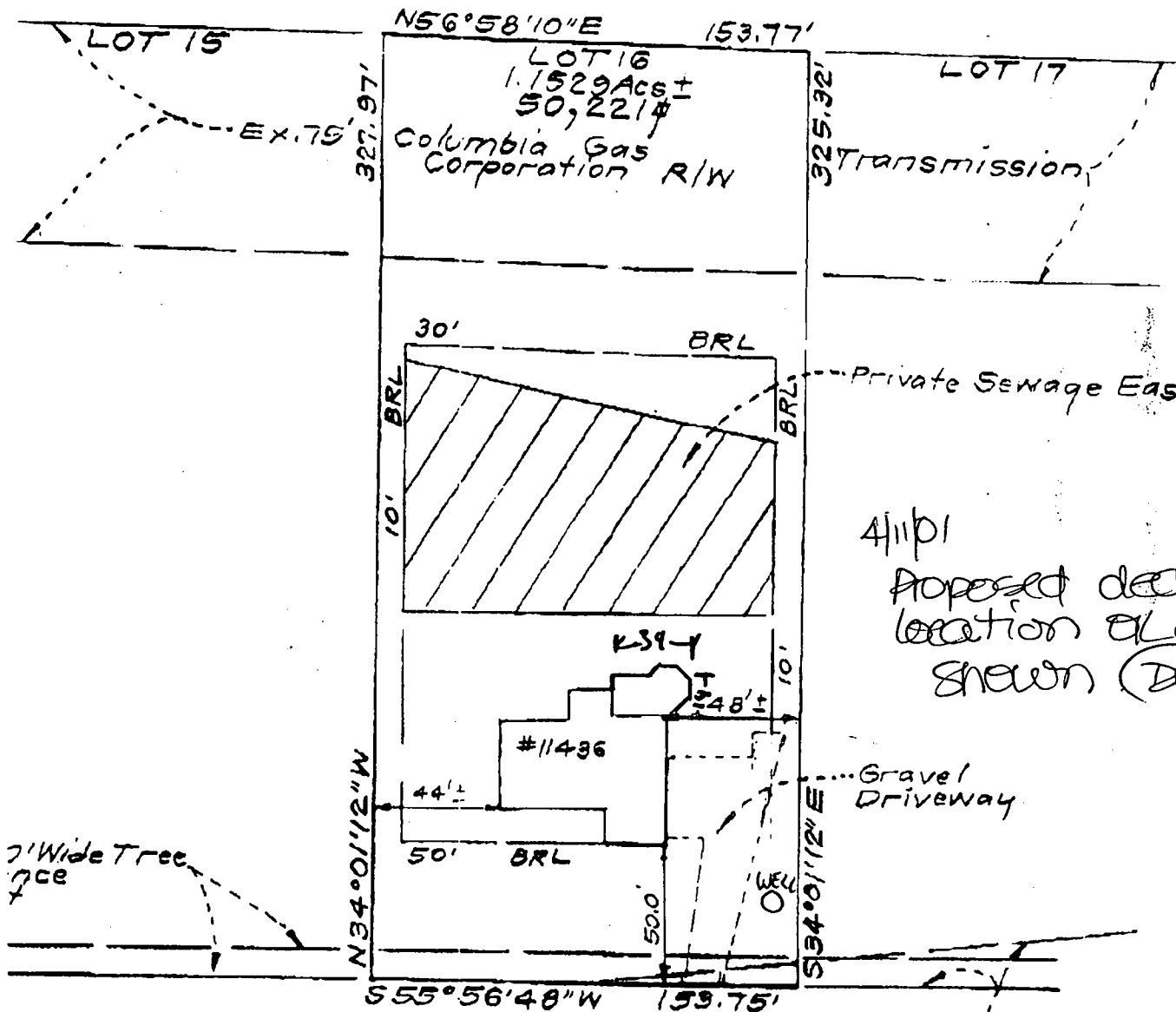
Title/Company: _____ Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	747855
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>1/20/00</u>	<u>Mark Ripker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
			Lot Coverage for New Town Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	# Check <u>1663565</u>
			Accepted by <u>[Signature]</u>	# Validation <u>35147</u>

LOT 16
BRANTWOOD
SECTION TWO AREA ONE
HOWARD COUNTY, MARYLAND

PRESERVATION PARCEL "F"
(Non-Buildable)



BUTTERFRUIT

50' R/W

WAY

Public Drainage & Utility Easement

Building Address 11436 Better Court Way
Ellicott City, MD 21042

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

Census Tract 6030 Subdivision 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Section 8 Area _____ Lot 16

Tax Map 16 Parcel 57 Grid 22

Zoning HO-DEU Map Coordinates 1146 Lot size _____

Property Owner's Name Mr. Frank J. Watson

Address 11436 Better Court Way

City Ellicott City State MD Zip Code _____

Home Phone 410-461-3323 Work Phone 410-715-2727

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD with deck

Estimated Construction Cost \$ 10000

Description of Work ADD 20' x 10' DECK
to rear porch, stairs

Contractor Company KPK Construction

Contact Person Kevin Kennedy

Address 9775-G Gearing Lane

City Columbia State MD Zip Code 21046

License No. 18617-0-0474

Phone 410-390-9963 Fax 410-390-9067

Occupant or Tenant S/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>30</u> Depth <u>60</u> Width <u>60</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>30</u> Depth <u>60</u> Width <u>60</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>6</u>	
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	

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 TO COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kevin Kennedy
 Title/Company Owner KPK Construction

Print Name Kevin Kennedy
 Date 4/19/01

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Land Development/DPZ			Front: _____	81778	
State Highways			Rear: _____		
Building Official			Side: _____		
Dev Engineering/DPZ			Side St: _____		
Health			All minimum setbacks incl? _____		
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Sediment Control approval required prior to issuance			Is Entrance Permit required? _____		
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Is Historic District? _____		
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone _____		
			SDP/Red-line approval date _____		
			Accepted by _____		
Distribution of Copies: _____	White: Building Official	Green: LDD/DPZ	Yellow: DED/DPZ	Pink: Health	Gold: SHA

T: Norms/PERMIT FRM Rev: 5/17/00

**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: Hans Sant Alberto Telephone #: 301-829-0444
Address: 300 Main St
MD Heights, 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): Hanford Hansant License# 1467

*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: WV Homes Telephone #: 301-858-0522
Subdivision: Brentwood Lot #: 1016 Well Tag #: HO-94-2517
Site Address: 11436 Butterfruit Way
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: 7GS10422
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model #: B10X
Depth: 42 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: _____ (feet)

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 NO

Piping to house

Type: 200 PSI
PSI: _____ (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 15 ft
Approximate length of sleeve: 15 ft
Sleeve caulked and sealed properly: Yes

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: Hanford Hansant

date: 2.19.01

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

Date Insp. Requested: 12/22/00 Date Insp. Approved: 12/22/00
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 ✓

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 8/15/95

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 Feaga Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 6669

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

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. Marl A. Reil
(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

0' 1206
 1gt tan to orange
 SiClm
 Strong sub ang
 black strod
 3' dull brn
 Salm
 micaceous
 50% rock

1203

medium brn
 Clm
 red w black
 mottles (not H₂O related)
 Salm

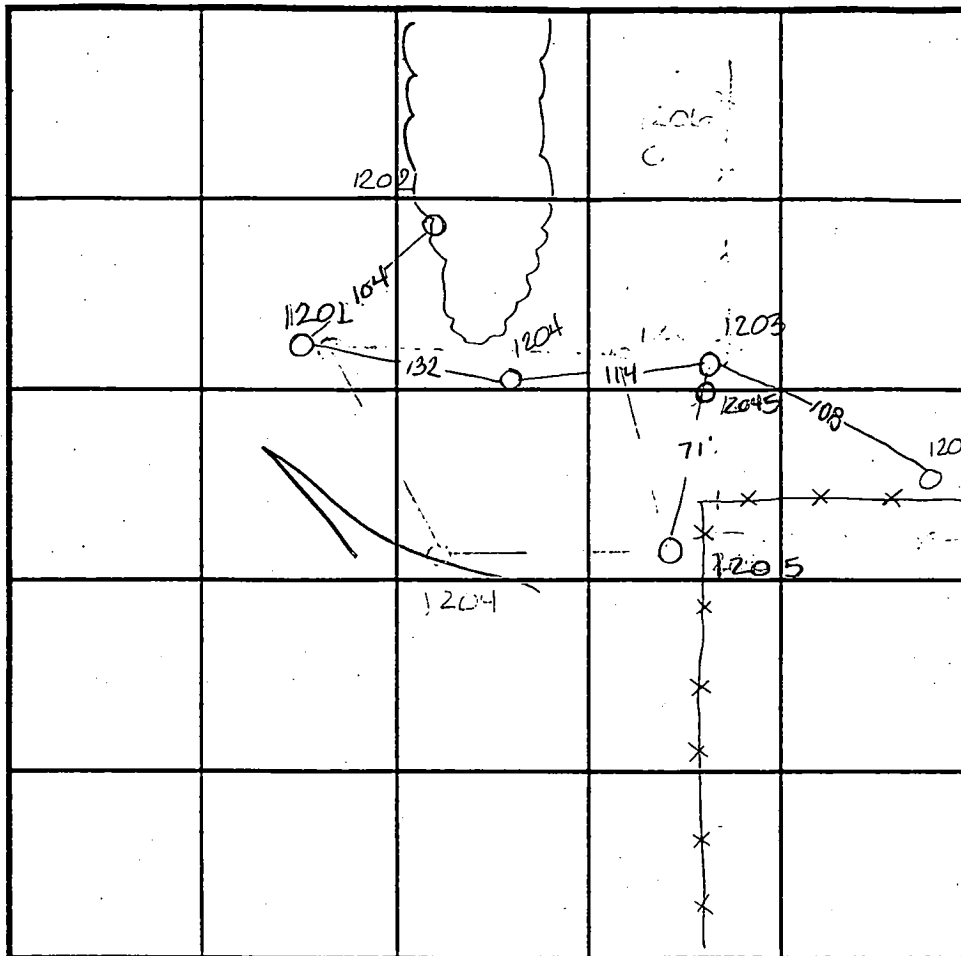
5' >50% rock
 white quartzite

1204

1gt tan yellow
 orange SiClm

2' orange brn
 SiClm
 10% Saprolite

7' 1gt yellow large
 grained sand
 30% decayed rock



SOIL PROFILE

0' 1205 2045
 orange brn
 SiClm
 gravelly micaceous
 2.5' medium brown
 micaceous Salm
 20% Saprolite
 pockets of decayed white quartzite
 12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

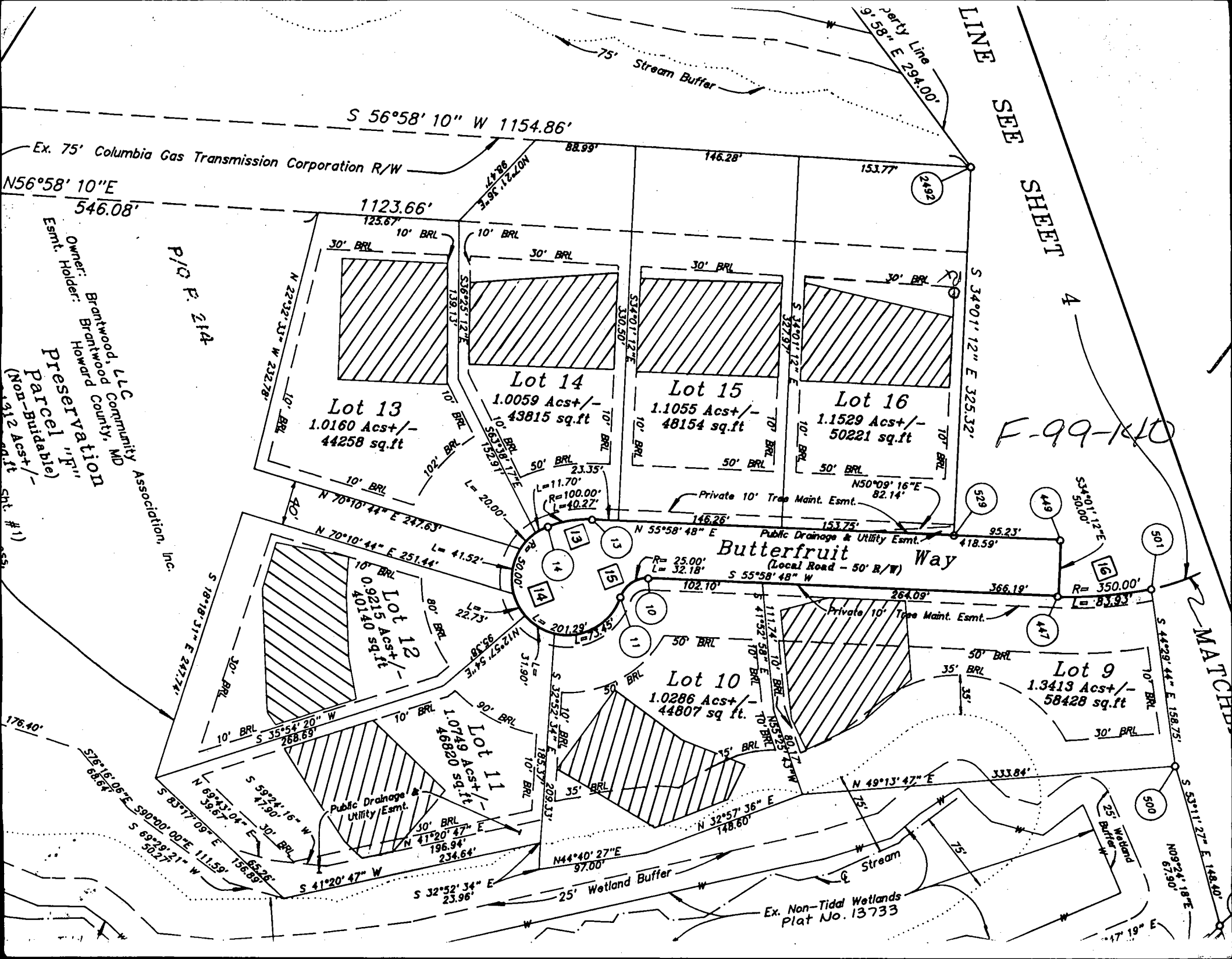
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-20-95	1206	4' v12	12:16	12:17 ³⁰	12:17 ³⁰	12:19	1 1/2 min
	1206	7' v12	12:17 ³⁰	12:19 ⁴⁵	12:19 ⁴⁵	12:21 ⁴⁵	2 min
	1203	Visual to 6'	- see profile		—		F
	1205	2' v12	12:17 ³⁰	12:18 ⁴⁵	12:18 ⁴⁵	12:20	1 1/4 min
	1204	2.5' v11	12:28 ⁴⁵	12:29 ⁴⁵	12:29 ⁴⁵	12:31 ³⁰	1 3/4 min
	2045	Visual to 12'	see profile		—		OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Tim Fraga
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

LINE SEE SHEET 4

F-99-140

MATCH



S 56°58' 10" W 1154.86'

Ex. 75' Columbia Gas Transmission Corporation R/W

N56°58' 10"E
546.08'

P/O F. 214

Owner: Brantwood, LLC
 Esmt. Holder: Brantwood Community Association, Inc.
 Brantwood County, MD
 Howard County, MD
 Preservatio
 Parcel "F"
 (Non-Buildable)
 1.912 Acst+/-
 131,200 sq. ft.
 Sht. # 11

Lot 13
 1.0160 Acst+/-
 44258 sq.ft

Lot 14
 1.0059 Acst+/-
 43815 sq.ft

Lot 15
 1.1055 Acst+/-
 48154 sq.ft

Lot 16
 1.1529 Acst+/-
 50221 sq.ft

Lot 12
 0.9215 Acst+/-
 40140 sq.ft

Lot 10
 1.0286 Acst+/-
 44807 sq.ft

Lot 9
 1.3413 Acst+/-
 58428 sq.ft

Butterfruit Way
 (Local Road - 50' R/W)

Ex. Non-Tidal Wetlands
 Plat No. 13733

500
 501
 502
 503
 504
 505
 506
 507
 508
 509
 510

C# 07563 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 9/6/00 O.K. (BB) COUNTY NUMBER A516294P

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 7 25 00 Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2517

OWNER Brantwood LLC last name Butterfruit Way first name TOWN Ellicott City MD SUBDIVISION Brantwood 211 SECTION 2 LOT 16

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: BROWN SHALE 0-80, BLUE SLATE 80-600. Includes handwritten note: WATER AT 95-680.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL 89

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter 6 Total depth 90

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, R, E, N. Rows: 110, 89, 600. Includes slot size and diameter of screen.

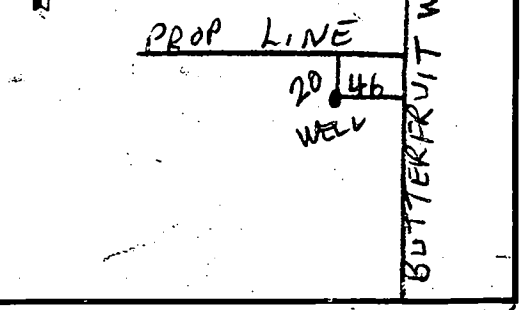
PUMPING TEST

HOURS PUMPED 6 PUMPING RATE 2.14 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL 52 BEFORE PUMPING 166 WHEN PUMPING TYPE OF PUMP USED (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH 43 47 CASING HEIGHT 49 above LAND SURFACE 1 below (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 MW D 139 Robert Clme DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 536 Robert Clme Jr.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 08102

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2517 fill in this form completely

Date Received (APA) 120899

OWNER INFORMATION

Brantwood, L.L.C. 8835 - P Columbia 100 Parkway Columbia, MD 21045

B 3

LOCATION OF WELL

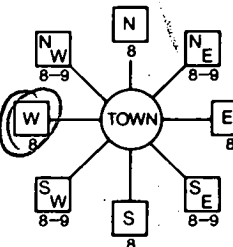
Howard Brantwood Pine Orchard Area 1 SECTION 2 LOT 16 MILES FROM TOWN 2

DRILLER INFORMATION

Robert L. Cline MWD 139 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Butterfruit Way

NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 6/23 BLK: PARCEL P10214

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 A516294 P COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 121099 A McMill 121000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

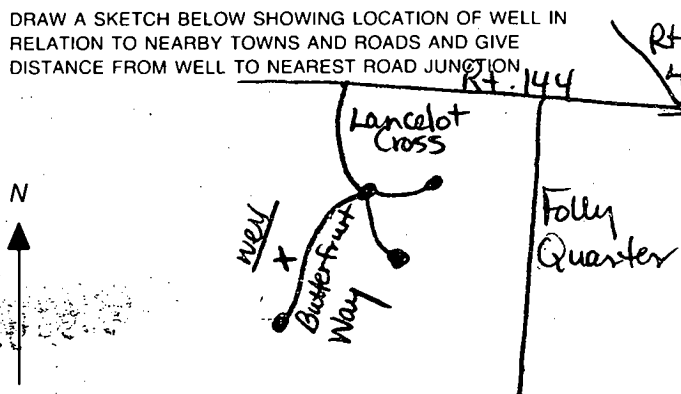
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEIN AN EXISTING WELL

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

APPROP. PERMIT NUMBER PERMIT No. HO-94-2517-58

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 520



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2517
 Location of property (road) Butterfruit Way
 Subdivision Brantwood II Lot 16 Block _____ Plat _____ Sec. I
 Well Driller Robert Cline Owner Brantwood LLC

Depth of well 600
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 52

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10
 Total time 30 MIN to reach pumping water level 165 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	52	30 SECONDS		10
8:45	121	30 "		10
8:59	164	30 "		10
9:00	165	2 MIN 20 SEC.		2.14
9:15	165	2 MIN 20 SEC.		2.14
9:30	165	2 MIN 20 SEC.		2.14
9:45	165	2 MIN 20 SEC.		2.14
10:00	165	2 MIN 20 SEC.		2.14
10:15	165	2 MIN 20 SEC.		2.14
10:30	165	2 MIN 20 SEC.		2.14
10:45	165	2 MIN 20 SEC.		2.14
11:00	165	2 MIN 20 SEC.		2.14
11:15	165	2 MIN 20 SEC.		2.14
11:30	165	2 MIN 20 SEC.		2.14
11:45	165	2 MIN 20 SEC.		2.14
12:00	165	2 MIN 20 SEC.		2.14
12:15	165	2 MIN 20 SEC.		2.14
12:30	165	2 MIN 20 SEC.		2.14
12:45	165	2 MIN 20 SEC.		2.14
1:00	165	2 MIN 20 SEC.		2.14
1:15	165	2 MIN 20 SEC.		2.14
1:30	165	2 MIN 20 SEC.		2.14
1:45	165	2 MIN 20 SEC.		2.14
2:00	165	2 MIN 20 SEC.		2.14

Building Address: 11436 Butterfruit Way
Ellicott City, MD 21043

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

Census Tract 6030 Subdivision Butterfruit

Section 2 Area _____ Lot 16

Tax Map 16 Parcel 54 Grid 22

Zoning RE-000 Map Coordinates 11A U Lot size _____

Property Owner's Name B. Keith & Cathy Watson
 Address 11436 Butterfruit Way
 City Ellicott City State MD Zip Code 21043
 Home Phone 410-531-7109 Work Phone 410-941-8118
 Applicant's Name & Mailing Address, (if other than stated hereon):
KPK Construction Co.
9275 G. G. Carney Lane
Columbia, MD 21046
 Phone 410-270-9563 Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 3000.00

Description of Work finish off unfinished area
into an office in basement
2
161

Contractor Company KPK Construction Co.
 Contact Person Kevin Kennedy
 Address 9275 G. G. Carney Lane
 City Columbia State MD Zip Code 21046
 License No. WHTE 13641
 Phone 410-270-9563 Fax _____

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

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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: <u>32</u> <u>60</u> 2nd floor: <u>32</u> <u>60</u> Basement: <u>32</u> <u>45</u>	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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<input type="checkbox"/> State Certified Modular		<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 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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND PERFORMING NOTICES.

Applicant's Signature Kevin Kennedy Title/Company Owner, KPK Construction
 Print Name Kevin Kennedy Date 7/31/01

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/INITIALS	APPROVAL	DEPT/SECTION	INFORMATION	PROPER/DATE
Land Development/DPZ				Front		Billings
State Highways				Rear		Permits/Code
Building Official				Side		Exhibits
DPZ/Engineering/DPZ				Side/S		Code/Permits
Health				All minimum setbacks met?		NOTAL FEES
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>		Submittals
PS/Environment Control				1) Entrance Permit required?		Balance Due
				YES <input type="checkbox"/> NO <input type="checkbox"/>		Check
				Hurons District?		Validation
				YES <input type="checkbox"/> NO <input type="checkbox"/>		
				2) Coverage for New Town Zone?		
				YES <input type="checkbox"/> NO <input type="checkbox"/>		
				SDP/Asst/Ins Approval date		

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

Forms PERMIT-FR-1000 Re: 6/17/00

no fire egress exists or is proposed
 no BR use
 ML
 8/1/01
 8/14/01
 T/C w/owner
 OK for any future proposal to make this room a BR + OK w/ex.
 5 BR based on COMAR 26.04.02.05 I (total 6 BR) (ML)

Building Address 11436 B. H. ...
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision _____
 Section 2 Area _____ Lot 16
 Tax Map 16 Parcel 54 Grid 22
 Zoning CC-000 Map Coordinates 11AV Lot size _____

Property Owner's Name Richard L. ...
 Address 11436 B. H. ...
 City ... State MD Zip Code 21140
 Home Phone 410-331-... Work Phone 410-331-...
 Applicant's Name & Mailing Address, (if other than stated hereon):
KPK Construction
3275 G. G. ...
Columbia MD 21046
 Phone 410-331-9963 Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 3000.00
 Description of Work ...

Contractor Company KPK Construction
 Contact Person ...
 Address 3275 G. G. ...
 City Columbia State MD Zip Code 21046
 License No. ...
 Phone 410-331-9963 Fax _____

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

Engineer or Architect Company VIA
 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 <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>32</u> <u>60</u> 2nd floor: <u>33</u> <u>60</u> Basement: <u>33</u> <u>40</u>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>5</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____	

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Applicant's Signature Richard L. ... Print Name Richard L. ...
 Title/Company KPK Construction Date 7/13/01

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY #/ID
Land Development/DPZ			Front: _____ Rear: _____ Side: _____	47355
State Highways			Side Setback: _____ All minimum setbacks met? <input type="checkbox"/>	
Building Official		<u>Mark ...</u>	Is Entrance Permit required? <input type="checkbox"/>	
Dev. Engineering/DPZ			Historic District? <input type="checkbox"/>	
Health			Coverage for New Town Zone? <input type="checkbox"/>	
Fire Protection			SDP/Red-line approval date: _____	
Sediment Control approval required prior to issuance? <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				
Distribution of Copies: White: Building Official; Green: LDD/DPZ; Yellow: DED/DPZ; Pink: Health; Gold: SHA				

Accepted by: ...