

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08000724

Building Address <u>14382 HOWARD RD.</u> <u>DALTON, MD 21036</u>	Property Owner's Name <u>JOE MARANO</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>14382 HOWARD RD.</u>
Census Tract _____ Subdivision _____	City <u>DALTON</u> State <u>MD</u> Zip Code <u>21036</u>
Section _____ Area _____ Lot _____	Phone <u>410 471 5717</u> Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>G.B. STRUCTURES INC. 302 OCEAN RD NEWTOWN MD 21122</u>
Zoning _____ Map Coordinates _____ Lot size _____	Phone <u>1-800-344-9464</u> Fax <u>1-917-355-9170</u>

Existing Use <u>CARWASH</u>	Contractor Company <u>G.B. STRUCTURES INC.</u>
Proposed Use <u>CONCRETE</u>	Contact Person <u>BRIAN QUINN / JIM DEAN</u>
Estimated Construction Cost \$ <u>50,000</u>	Address <u>302 OCEAN RD.</u>
Description of Work <u>24' x 24' PORTABLE CARWASH</u>	City <u>NEWTOWN</u> State <u>MD</u> Zip Code <u>21122</u>
<u>2 - CONCRETE FOUNDATIONS</u>	License No. <u>84759</u>
<u>2 - CONCRETE FOUNDATIONS</u>	Phone <u>1-800-344-9464</u> Fax <u>1-917-355-9170</u>

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

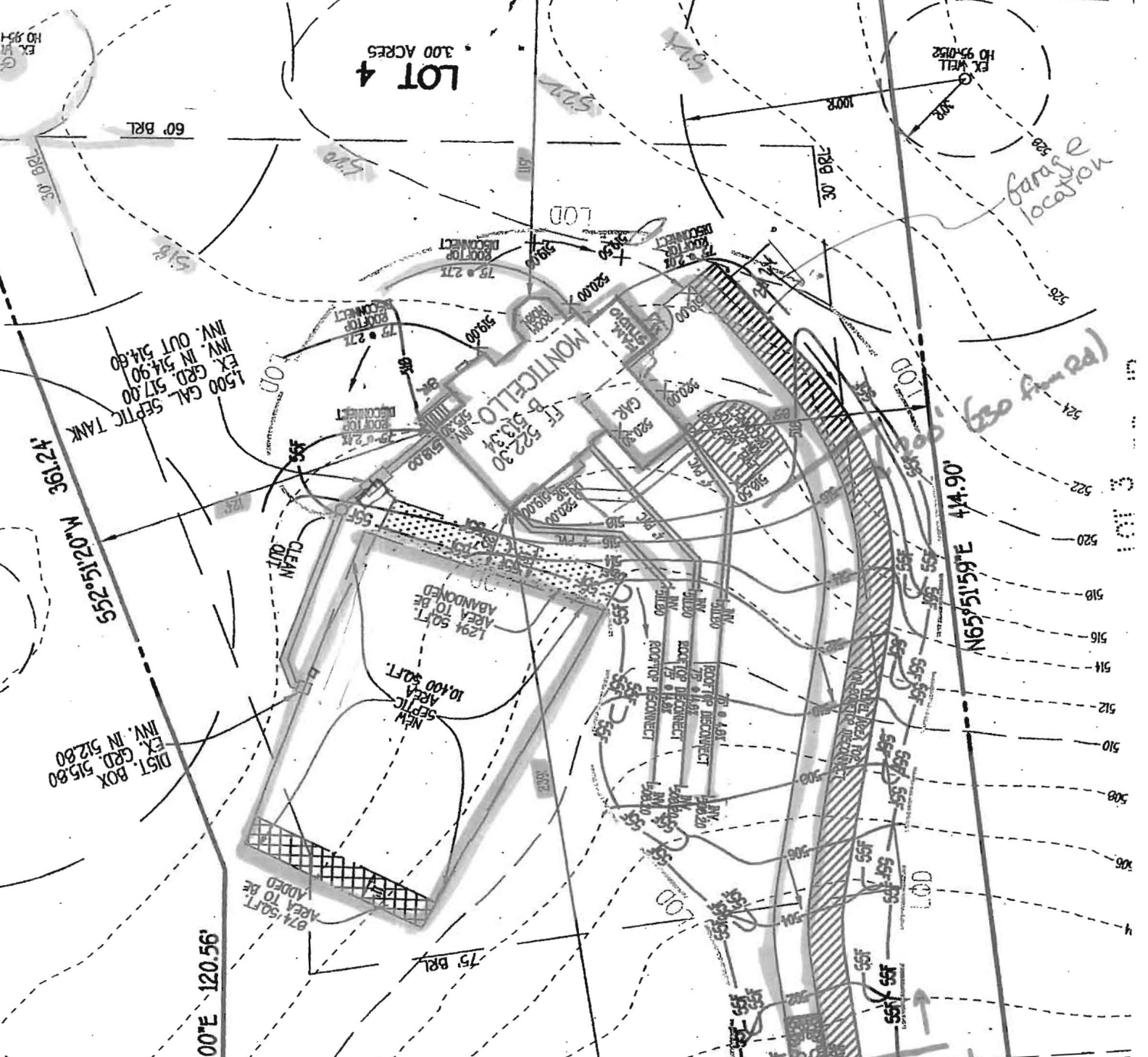
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	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"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof Height: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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.

Applicant's Signature _____ Title/Company _____
 Print Name _____ Date _____

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>4/10/08</u>		<u>R. Buckner</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



Approved Septic System Plan
 Howard County Health Department

Garage 24' x 24' 1/2' 260.27' 526°09'45"E

approved as described & shown

Paul
 Signature

Howard Road
 50' R/W
 1/10/2008

N 5775'

L=20.74'
 R=1500.00'

GP 07 043

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07000501

Building Address 14383 HOWARD RD
CLONDIK MD 21737

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

Census Tract _____ Subdivision WALFIELD ESTATES

Section _____ Area _____ Lot 3004

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NU HOMES

Address 1095 MARSHBROOK DR S # 130

City CLONDIK State MD Zip Code 21737

Home Phone _____ Work Phone 410 379 5500

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

Phone _____ Fax _____

Existing Use Vacant LOT

Proposed Use Single Family house

Estimated Construction Cost \$ 250,000

Description of Work "Monticello" 2 Story
with 3 car garage, DVD
Morning RM, Family STUDIO, unfinished
basement

Contractor Company NUR INC NU HOMES

Contact Person Daniel Hill

Address 1095 Marshbrook Dr Suite 130

City CLONDIK State MD Zip Code 21737

License No. 56

Phone 410 379 5956 Fax 410 379 2430

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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ 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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>65'</u> Width <u>96'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>50'</u> <u>96'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65'</u> <u>96'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Height: _____	
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 Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jim Korwin
Applicant's Signature
NU HOMES
Title/Company

Jim Korwin
Print Name
2/15/07
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>2/22/07</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# <u>36062</u>
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

SDP/Red-line approval date _____ Accepted by _____

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 (3/3/2002).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, AND REVISIONS THERE TO.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DICES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1 IN 24 HOURS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAPS/BASINS 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. 50, 500 (SEC. 5A), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 50). 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 PERSSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSES:

TOTAL AREA OF SITE	3,000 ACRES
AREA DISTURBED	0,920 ACRES
AREA TO BE ROOFED OR PAVED	0,810 ACRES
AREA TO BE VEGETATIVELY STABILIZED	0,740 ACRES
TOTAL CUT	350 CUYD.
TOTAL FILL	750 CUYD.

TEMPORARY SEEDING NOTES

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED 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 600 LBS. PER ACRE 10-10-10 FERTILIZER (4 LBS./1,000 SQ.FT.)

SEEDING
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ACRE OF ANNUAL RYE (3.2 LBS./ACRE) OF WEEPING LOVEGRASS (0.7 LBS./1,000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (0.7 LBS./1,000 SQ.FT.) FOR THE PERIOD NOVEMBER 16 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 SOO.

MULCHING
APPLY 1 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 280 GALLONS PER ACRE (8 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 8 FEET OR HIGHER, USE 340 GALLONS PER ACRE (8 GAL./1,000 SQ.FT.) FOR ANCHORING. REFER TO THE 1998 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 (92 LBS./1,000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (4 LBS./1,000 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 (9 LBS./1,000 SQ.FT.) AND 500 LBS. PER ACRE (15 LBS./1,000 SQ.FT.) OF 10-20-20 FERTILIZER.

SEEDING
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1,000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (1.4 LBS./1,000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1,000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 28, PROTECT SITE BY OPTION (D) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OPTION (C) - USE SOO, OPTION (C) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDED.

MULCHING
APPLY 1 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 8 FEET OR HIGHER USE 340 GALLONS PER ACRE (8 GAL./1,000 SQ.FT.) FOR ANCHORING.

MAINTENANCE
INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

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LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

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MAINTENANCE
INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

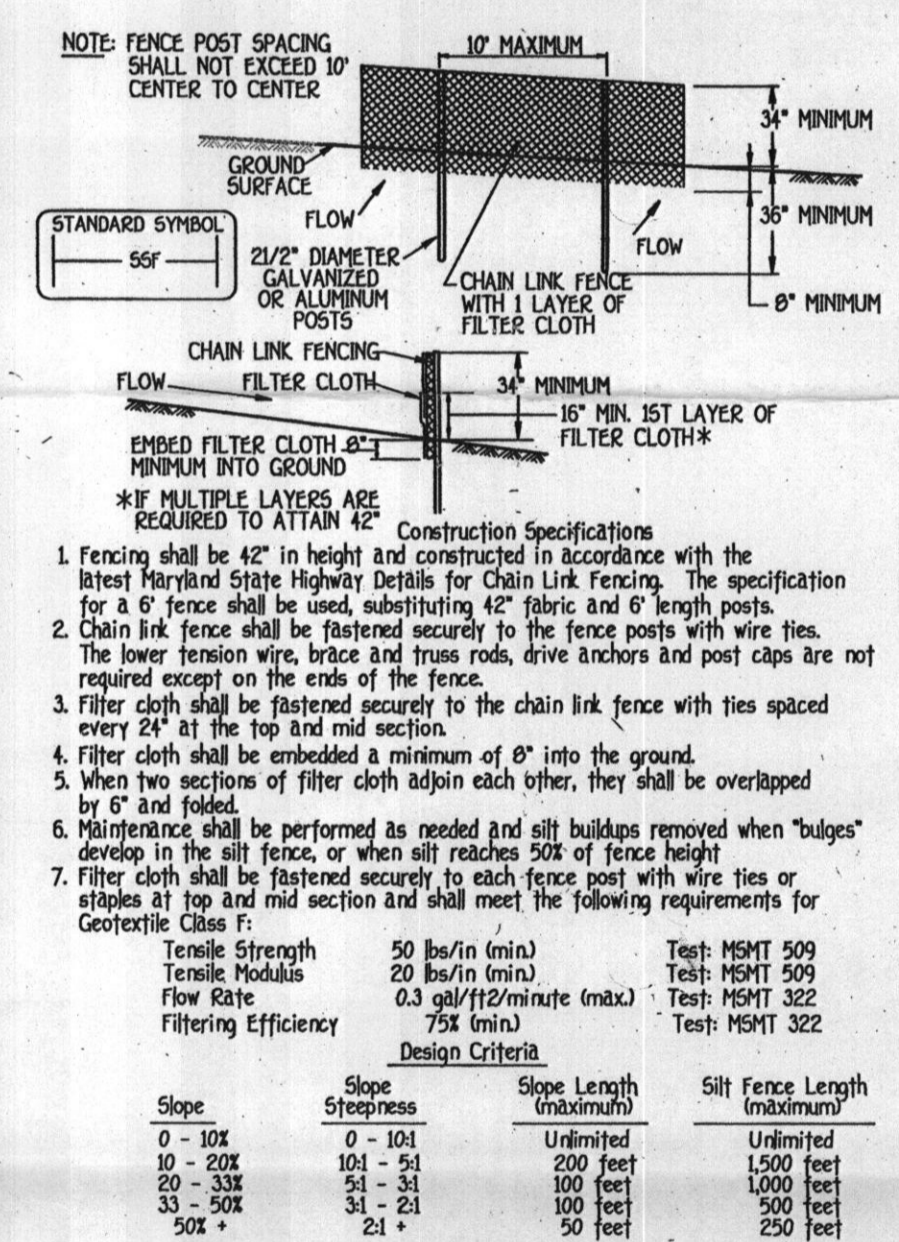
SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT. 1 DAY
- INSTALL SEDIMENT AND EROSION CONTROL DEVICES AS SHOWN ON PLAN. 1 DAY
- CLEAR AND GRUB TO LIMITS OF DISTURBANCE AND MASS GRADE TO SUN-BASE. 1 DAY
- INSTALL TEMPORARY SEEDING. 1 DAY
- CONSTRUCT BUILDINGS. 2 MONTHS
- FINE GRADE SITE AND INSTALL PERMANENT SEEDING AND LANDSCAPE. 1 DAY
- REMOVE SEDIMENT CONTROL DEVICES AS UPLAND AREAS ARE STABILIZED AND PERSSION IS GRANTED BY I/S CONTROL INSPECTOR. 2 DAYS

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

[Signature] 2/6/07
HOWARD SOIL CONSERVATION DISTRICT DATE

SUPER SILT FENCE



NOT TO SCALE

Slope	Slope Steepness	Slope Length (Maximum)	Silt Fence Length (Minimum)
0 - 10%	0 - 101	Unlimited	Unlimited
10 - 20%	101 - 54	200 feet	1,500 feet
20 - 30%	54 - 24	100 feet	1,000 feet
30% +	24 +	50 feet	500 feet

NOTE: FENCING SHALL BE 42\"/>

DESIGN CRITERIA

Tensile Strength	50 lbs/in (min)	Test: MSMT 509
Tensile Modulus	20 lbs/in (min)	Test: MSMT 509
Flow Rate	0.3 gal/15/minute (max)	Test: MSMT 322
Filtering Efficiency	75% (min)	Test: MSMT 322

CONSTRUCTION SPECIFICATIONS

- Fencing shall be 42\"/>

MAINTENANCE

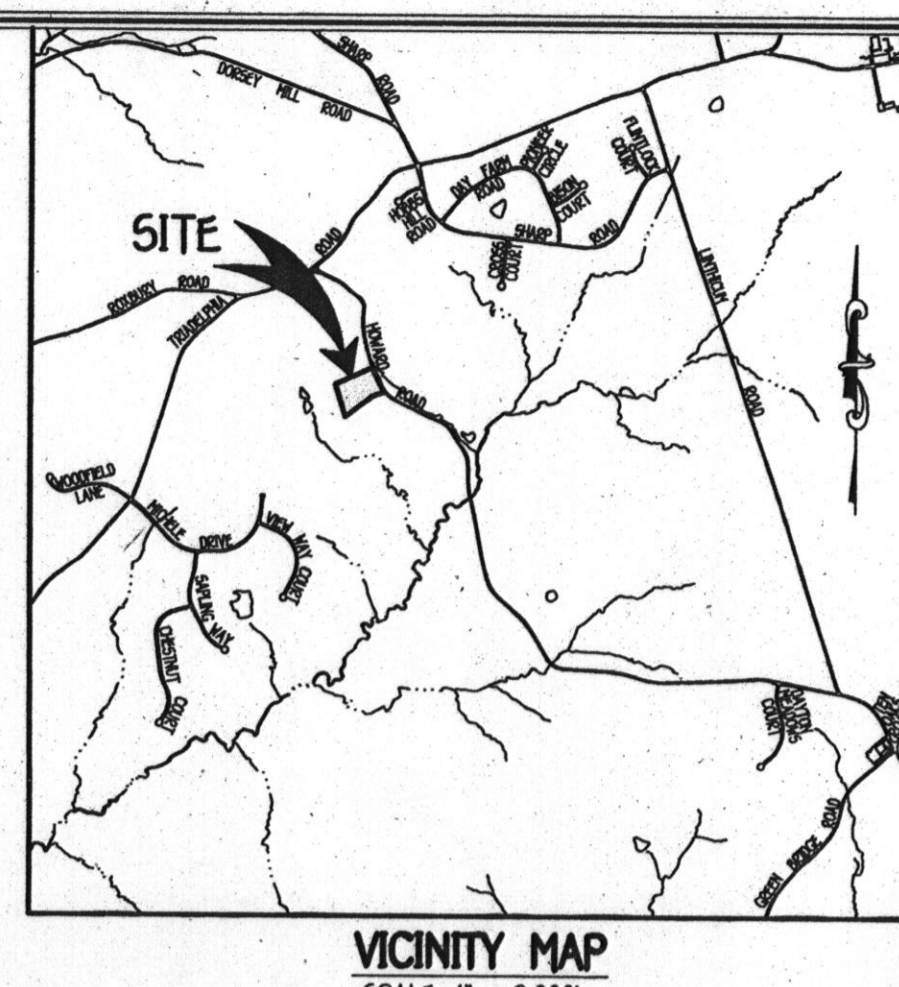
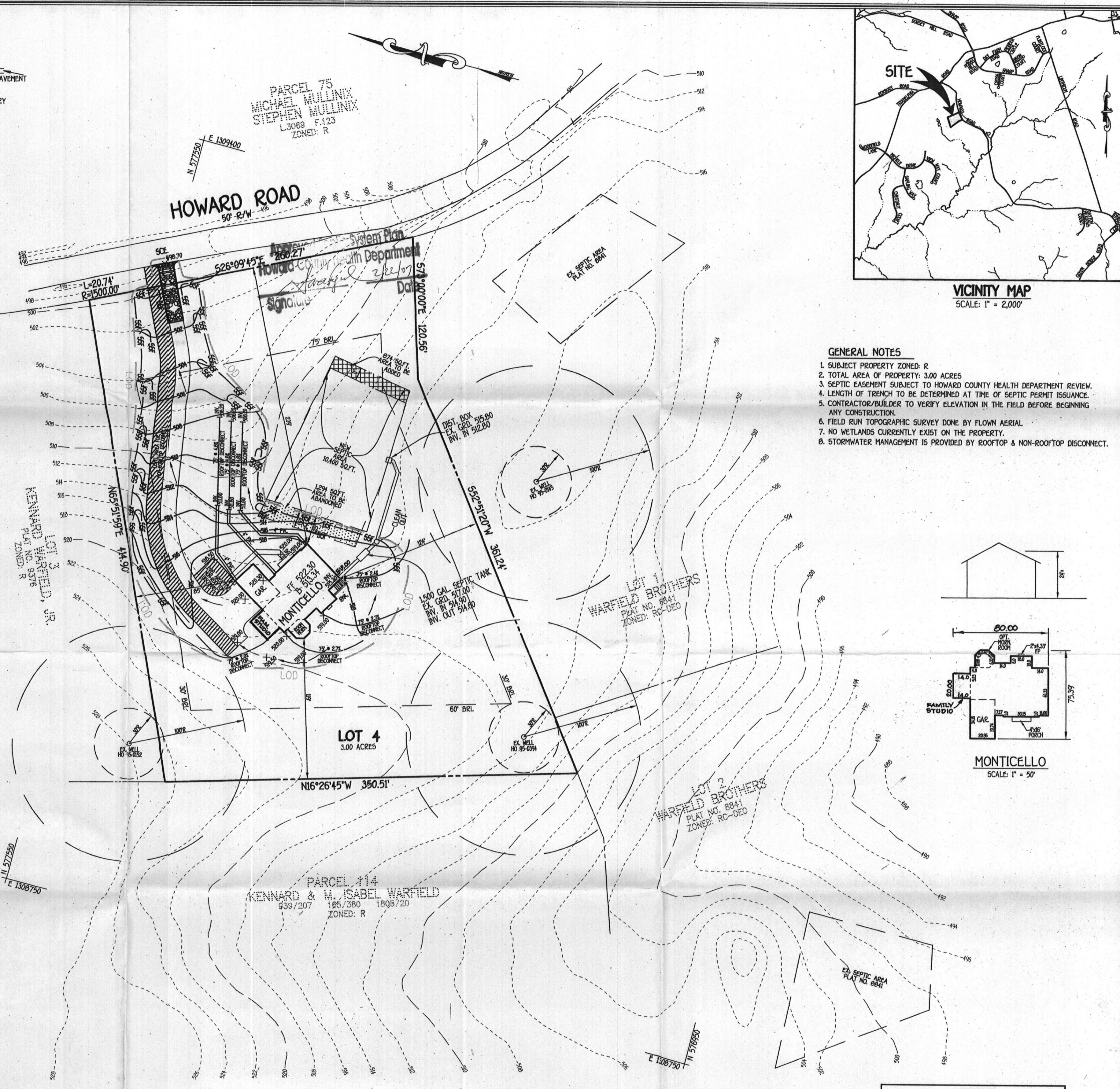
- Inspect all seeded areas and make needed repairs, replacements and reseeding.

NOTE: FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNWEED AT 15 LBS./ACRE 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.

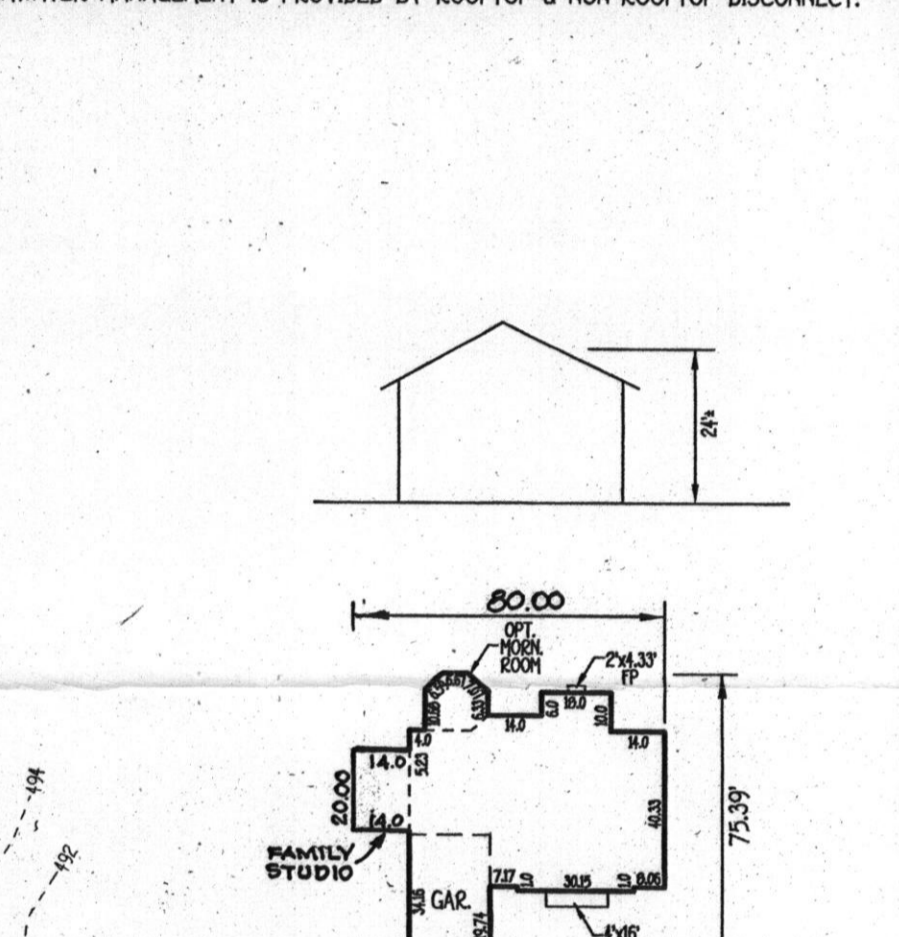
NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HD 95-0394 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

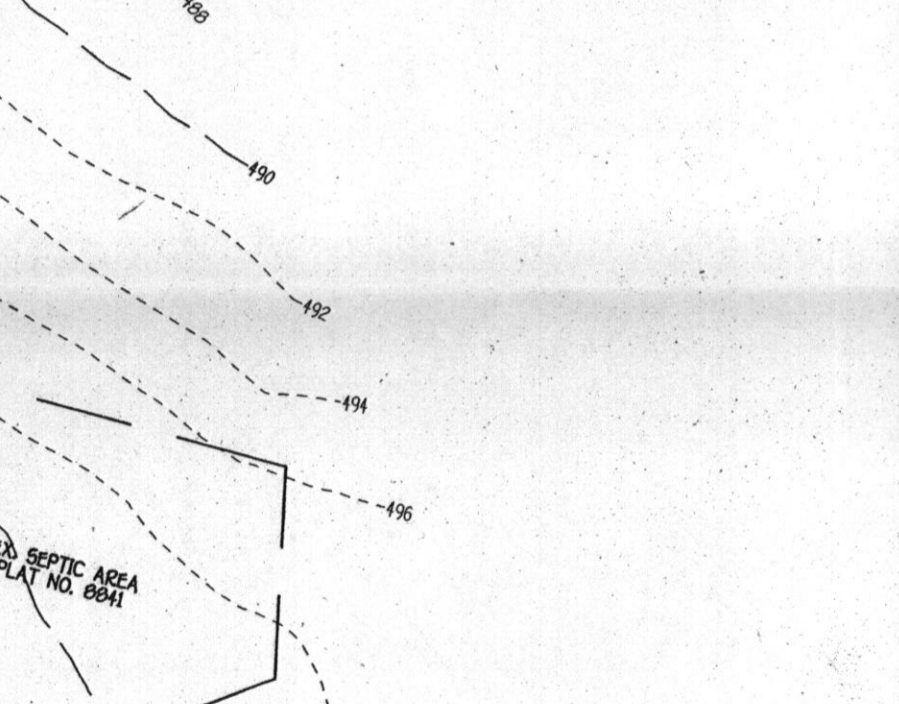
[Signature] 2/6/07
U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE DATE



- GENERAL NOTES**
- SUBJECT PROPERTY ZONED: R
 - TOTAL AREA OF PROPERTY: 3.00 ACRES
 - SEPTIC CASSETT 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 FLOWN AERIAL.
 - NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
 - STORMWATER MANAGEMENT IS PROVIDED BY ROOFTOP & NON-ROOFTOP DISCONNECT.



SCALE: 1\"/>



SCALE: 1\"/>

LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
- - - -	PROPOSED CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
---S---S---	SUPER SILT FENCE
LOD	LIMITS OF DISTURBANCE

SITE DEVELOPMENT & SEDIMENT/EROSION CONTROL PLAN, NOTES & DETAILS

KENNARD WARFIELD, JR.

LOT 4

TAX MAP NO: 21 ZONED: RC-DEO PARCEL NO: 68
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1\"/>

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 3872 BALTIMORE NATIONAL PIKE
ELKRIE CITY, MARYLAND 21042
410-481-2955

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.

[Signature] 2/5/07
SIGNATURE OF DEVELOPER RYAN JOHNSON 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.

[Signature]
ENGINEER EARL D. COLLINS DATE

OWNER/BUILDER/DEVELOPER

INV- HOMES
6085 MARSHALLE DRIVE
SUITE 130
ELKRIE, MARYLAND 21075
410-379-5996

G.P. 07-043