

03-288528

# PERMIT

P 23675  
15675  
A 19659

8/31/76

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 3

DATE 8/6/76

10/14/76 if possible  
a.m.

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS Ten Oaks Road, Dayton, Maryland

PHONE 988-9270

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION

2620

ROAD Pfefferkorn Road

LOT 4

PROPERTY OWNER William E. Sampson

744-9105

ADDRESS 1920 Lismore Lane, Catonsville, Md. 21228

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 500 sq. ft. absorbent sidewall area to begin below the first 4 1/2 ft. of non porous soil. Maximum depth permitted for dry well is 12 1/2 ft. Locate dry well 200 ft. from

rear property line and 94 ft. from right side line as seen from Pfefferkorn Road.

WELL AND SEPTIC SYSTEM TO BE INSTALLED FIRST. (Before any build'ng permit released). Well is to be installed 90 ft. from front lot line and 10 ft. off right side line on high side of lot. Water line is to be encased.

PERMIT VOID AFTER THREE YEARS.

8/20/76 - well location changed to area behind house  
at opp same elev. FBY DWM

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PLANS APPROVED BY Robert V. Torre

DATE 6/4/74

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6" IN DIA., CAST

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

IRON, CONCRETE OR TERRA COTTA ACCEPTED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

**BUILDING PERMIT SIGNED**

**AND RETURNED**

10-29-02

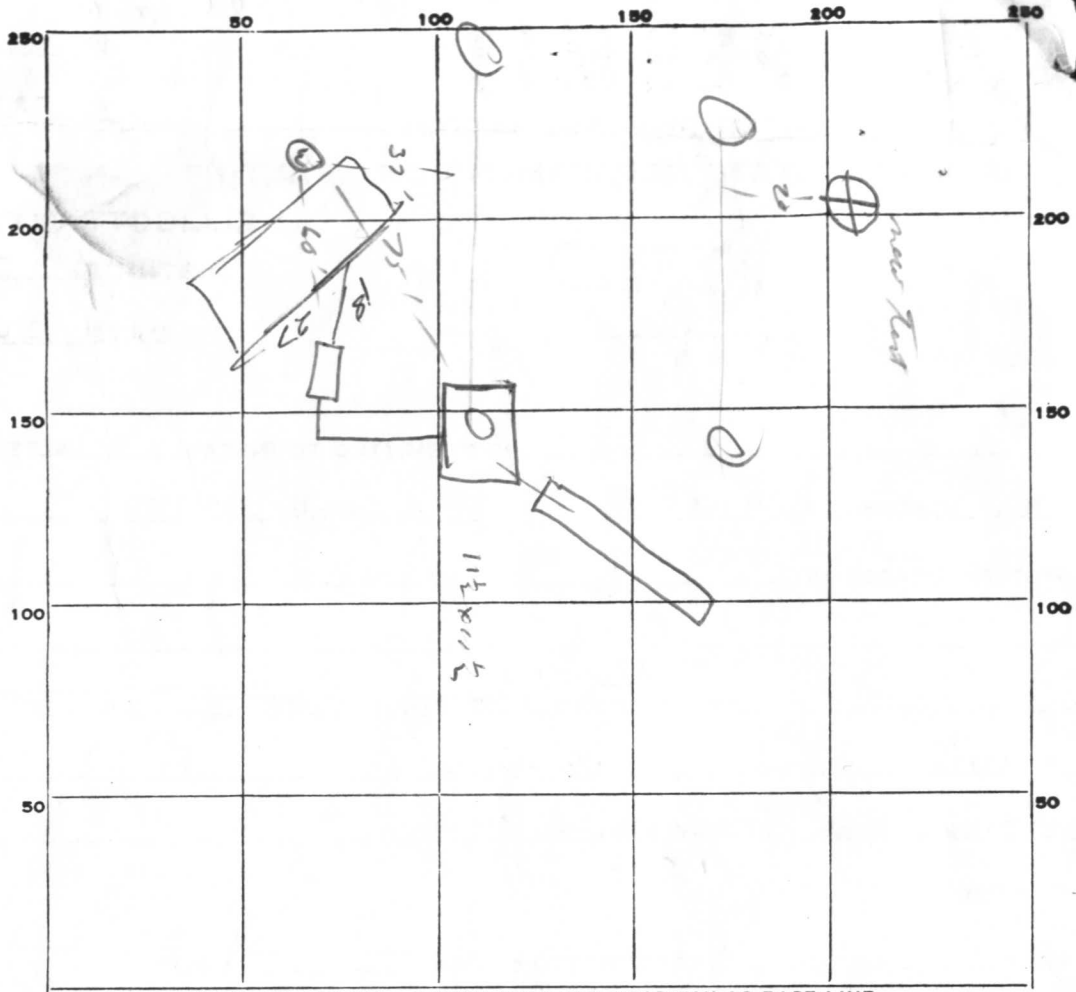
BOU 138939 - SUNROOM  
3/19/04 BOU 46806 - ENTRY FEATURE

BLDG. PERMIT SIGNED

AND RETURNED

9/2/76

23675  
19659



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

11.5  
 4  
 ---  
 46.0  
 8  
 ---  
 368 Dw.  
 284 Trench  
 ---  
 632

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 33 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 264 Sidewall

SEEPAGE PITS, INSIDE DIAMETER 46 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 632 SQ. FT.

REMARKS 8/4/76 OK to cover ; find approval to be given when house is connected R.M.

BUILDING PERMITSIGNED  
 AND RETURNED

DATE SYSTEM APPROVED (R.M.) 14 Oct 76 INSPECTOR R. Ring

# APPLICATION

A23675

A 19659

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

*Septic Tank - 1250 gal.*

DISTRICT 3

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

*Dry Well - 500 sq. ft.*

DATE 3/14/74

*absorbent sidewalk area to begin below  
the first 4 1/2 ft. of non porous soils. Maximum depth permitted  
for dry well is 12 1/2 ft. Locate dry well 200 ft. from  
near property line and 94 ft. from right side line as  
seen from Pfefferkorn Well System to be installed*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

*before any bldg permit is released. Well is to  
be installed 90 ft. from front lot line and 10 ft off  
right side line on high side of*

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE  
DISPOSAL SYSTEM.

*Water line is to be encased. lot. (Any questions contact  
R. Tone)*

PROPERTY OWNER Edward J. and Nancy J. Kasemeyer

Any questions call:

ADDRESS West Friendship, Maryland 21794

PHONE Bill Swann  
286-2608

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 4

PFEFFERKORN ROAD -

ROAD AND DESCRIPTION Approximately 2 mile Northwest of Route 32 on Pfefferkorn Road

SIZE OF LOT 5.049 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC  
FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ William Swann

ONLY WITH ABOVE RESTRICTIONS  
APPROVED BY Robert V. Tone

FOR Dry Well DATE 6/4/74  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING William J. Simpson

1920 Lincoln Road

Catoxville, Md. 21228

*(Bldg. permit  
retired.)*

744-9105

# THIS IS NOT A PERMIT



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

*Phonon Road*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-15-74	1	13'	1025	1031	1031	1041	6
↑	1A	6'	1030	1035	1035	1041	6
↑	2	10'	VISUAL OK				
↑	3	11"	1010	1015	1015	1025	10
↓	3A	5'	1016	1016	1016	1019	3
3-15-74	4	10'	VISUAL SOIL OK				
3-15-74	1B	12 1/2'	1056	1103	1103	1120	17

*Butterfly Ridge*  
77131

16  
20  
31  
9  
4/36

REMARKS

*Copy all hole bearings of the position of change*

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

4-12' holes  
on 10,000 ft.

# APPLICATION

A23675 A 19659

*Preliminary*

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 3/14/74

*Septic tank  
3 bedrooms - 1000 gallons  
4 bedrooms - 1250 gallons*

*dry well to have 130 square*

*See other sheet for specs.*

3/15/74  
9:30

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward J. and Nancy J. Kasemeyer

ADDRESS West Friendship, Maryland 21794

Any questions call:

PHONE Bill Swann  
286-2608

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 4

ROAD AND DESCRIPTION PFEFFERKORN ROAD -  
Approximately 2 mile Northwest of Route 32 on Pfefferkorn Road

SIZE OF LOT 5.049 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT s/ William Swann

APPROVED BY Robert V. Ture FOR Dry well DATE 6/4/74  
*Only with restrictions See other sheet.*

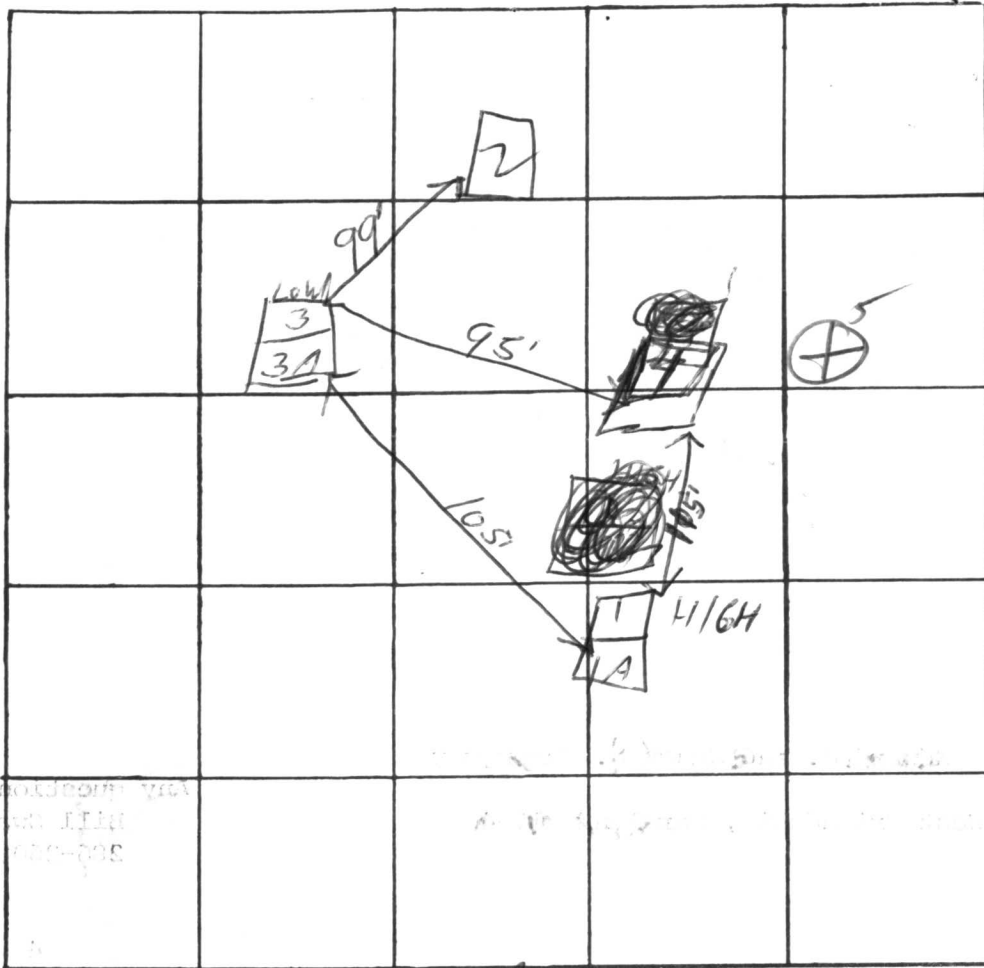
REJECTED BY H. J. G. R. Ture FOR Dry well DATE 5-17-74  
*(KIND OF SYSTEM)*

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING not enough room to build house, and  
have a sewage (Hold-for certified holes) disposal system and  
well on the high side of the lot 51274

6/3/74 - Discussed with FF - possibilities and recommendations.

# THIS IS NOT A PERMIT



Lot #4

all measurements  
typed

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*Pfefferkorn Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
HIGH 3-15-74 ↑	1	13'	1025				
	1A	6'	1030				
	2	10'	VISUAL	SOIL OK			
	3	11'	1010	1015	1015	1025	10
	3A	5'	1010	1016	1016	1019	3 MIN
	4	10'	SOIL	OK	VISUAL		
	8/31/76 5	13'	deep, dry, loam				1 hr.
3-15-74 ↓							

REMARKS

*Verify all holes - question of lot lines, + changes*

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

1/4 HADDOLO L. D. MISBURG  
102/612 A23675

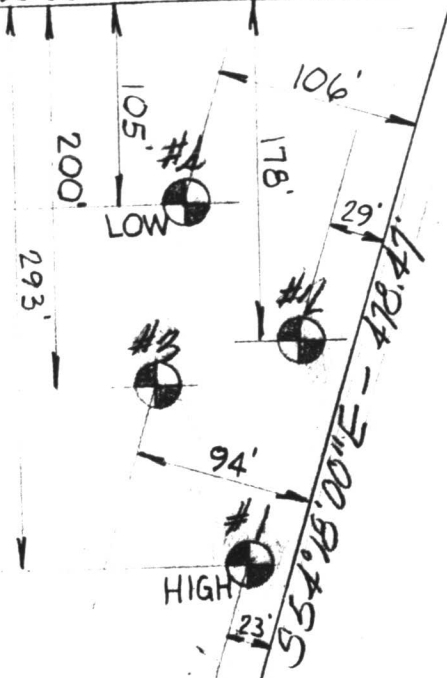
H.Q. FILE A-19659

W/P T. MCCORMICK  
224/113

N 28° 42' 00" W - 533.00'

N 18° 46' 00" E - 360.08'

4  
5.040 AC±



S 25° 23' 00" W - 574.95'

5

Note: the lot shown hereon  
complies with the minimum  
ownership and lot area as  
required by the Maryland  
State Health Department.

Approved: private w/ private sewer  
*[Signature]* 7/20/74  
Hq. Co. Health Officer Date

10' W.  
in fee 12/W



DEFERRED





3318

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

8/28/76 DATE WELL COMPLETED

DEPTH OF WELL

95 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-73-1614

DRILLERS IDENTIFICATION NO. 251

OWNER William Sampson LAST NAME FIRST NAME STREET OR RFD Pefferhorn RD. POST OFFICE West Friendship MD. 21994

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

10 ft of dirt & 85 ft of gray rock

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y NO N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1700 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 30 FT.

CASING RECORD

CASING TYPES INSERT APPROPRIATE CODE BELOW STEEL ST CONCRETE CO PLASTIC PL OTHER OT MAIN CASING TYPE T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 32

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW STEEL ST BRASS OR BRONZE BR OPEN HOLE HO PLASTIC PL OTHER OT

DEPTH (NEAREST WHOLE FOOT) FROM TO 32 63

DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 20 (NEAREST FOOT) WHEN PUMPING 25 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR AIR 27 PISTON PISTON 27 TURBINE TURBINE 27 CENTRIFUGAL CENTRIFUGAL 27 ROTARY ROTARY 27 OTHER (DESCRIBE BELOW) OTHER (DESCRIBE BELOW) 27 JET JET 27 SUBMERSIBLE SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW LAND SURFACE (NEAREST FOOT) 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

RT 144 PEPPERHORN RD

CIRCLE APPROPRIATE BOXES

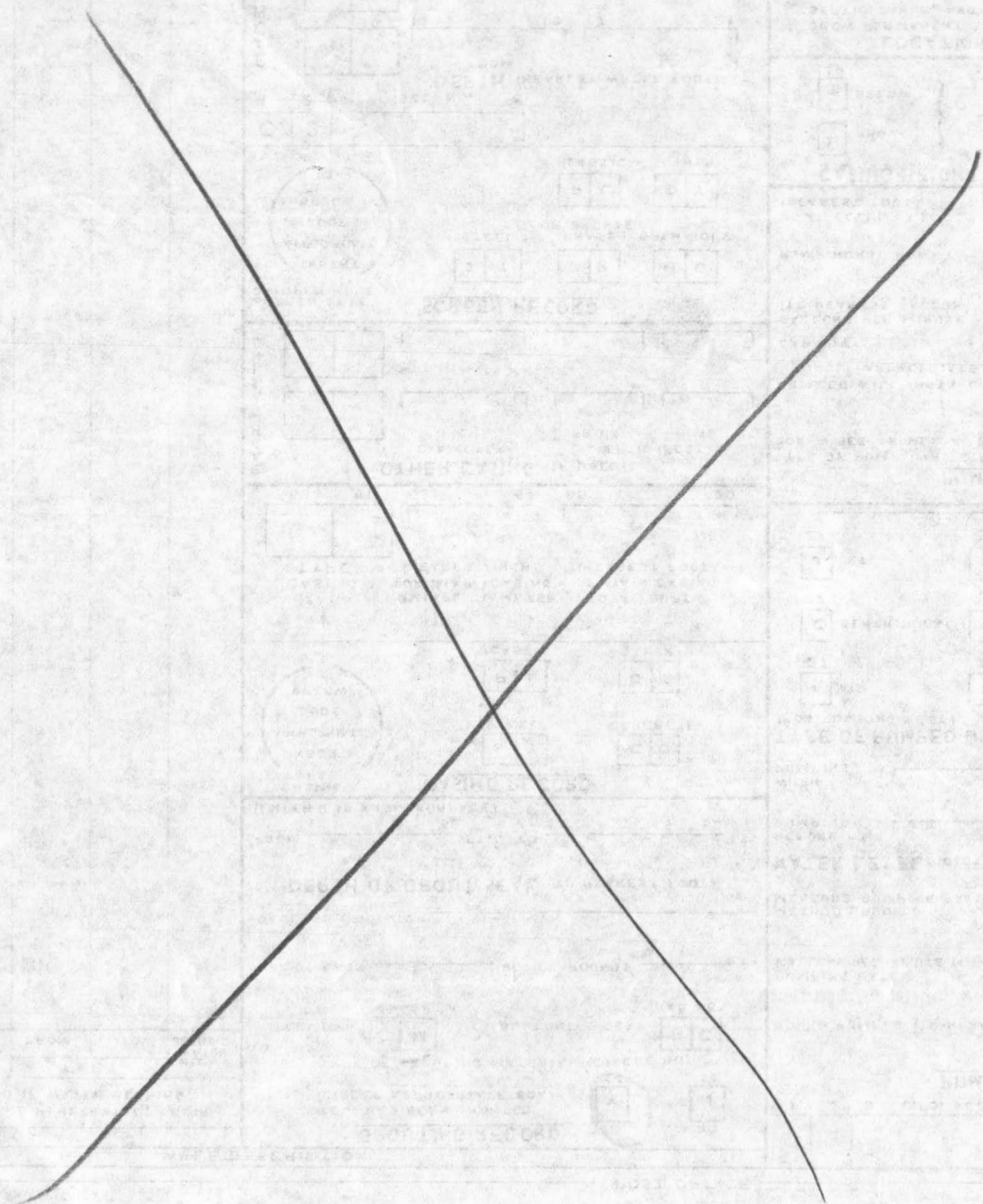
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Maur P. Edmondson

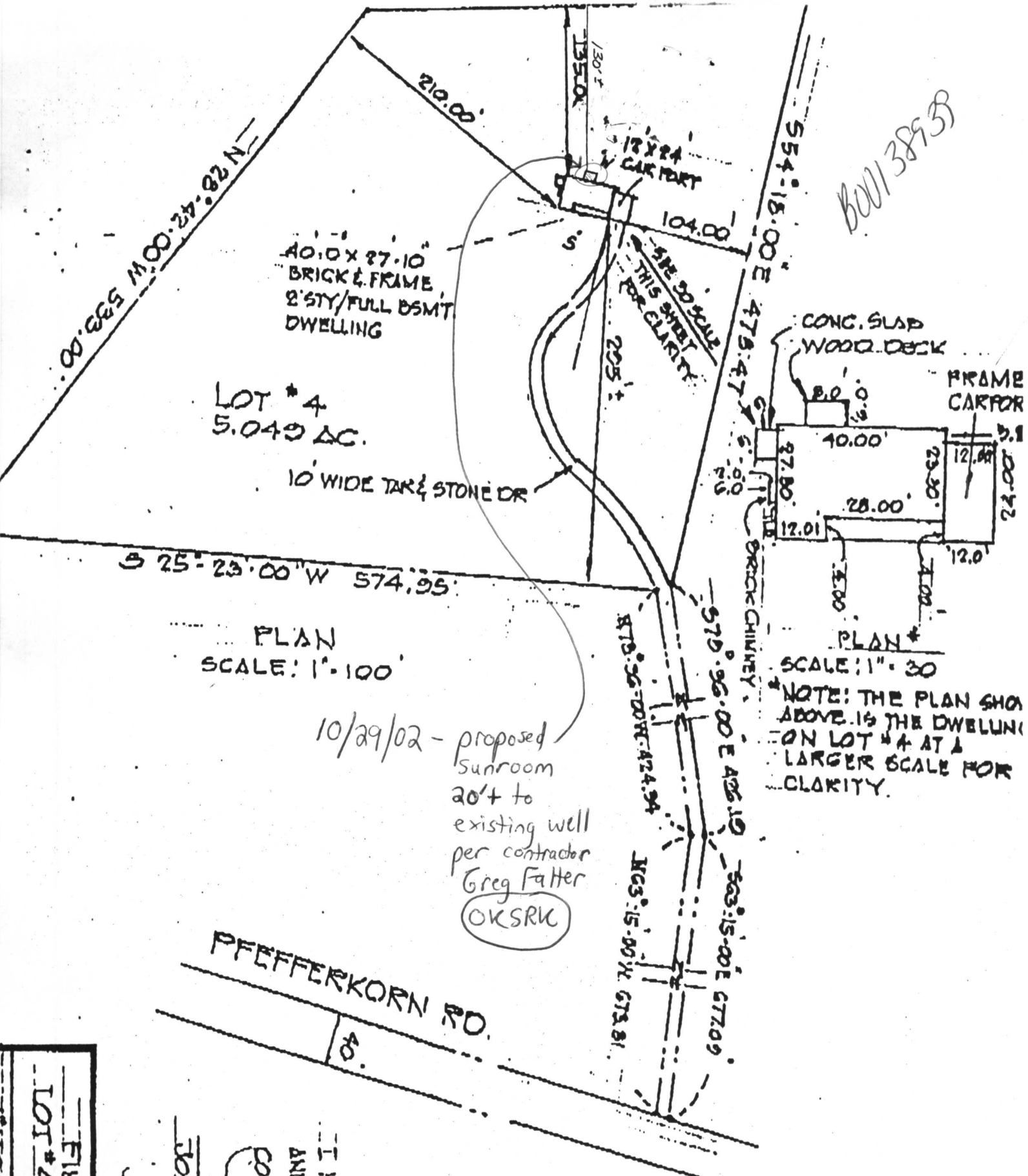
(PLEASE PRINT) SIGNATURE Maur P. Edmondson

10 33 AM '76  
COUNTY DEPT.  
DIVISION OF ENVIRONMENTAL HEALTH



*[Faint, illegible text and stamps are visible in the background, including what appears to be a circular seal and various rectangular boxes.]*

B0013893



PLAN SCALE: 1" = 100'

10/29/02 - proposed sunroom 20' to existing well per contractor Greg Fatter (OKSRK)

FINAL CERTIFICATION  
LOT #4 PFEFFERKORN RD

I HEREBY CERTIFY THAT THE IMPROVEMENTS AND STRUCTURES SHOWN ON THIS PLAN IS CORRECT.

JOHN GARY  
DATE 12/21/02



Sampson # 30013  
10/15/02

RECEIVED  
OSWALD COUNTY HEALTH DEPT  
ENVIRONMENTAL HEALTH

2002 OCT 18 PM 4:09

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B-0146804 KN

Building Address 2620 PEPPERKORN ROAD  
WEST FRIENDSHIP  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract W3000 Subdivision W FRIENDSHIP  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot: 4  
 Tax Map 15 Parcel 191 Grid 7  
 Zoning LA-2 Map Coordinates 9N7 Lot size \_\_\_\_\_

Property Owner's Name WILLIAM SAMPSON  
 Address 2620 PEPPERKORN ROAD  
 City WEST FRIENDSHIP State MD Zip Code 21794  
 Home Phone 410-489-4477 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
CATONSVILLE HOMES LLC  
10753 BIRMINGHAM WAY  
WOODSTOCK, MD 21163  
 Phone 410-750-1200 Fax 410-750-2596

Existing Use SINGLE FAMILY HOME  
 Proposed Use SINGLE FAMILY HOME  
 Estimated Construction Cost \$ 10,000  
 Description of Work ENTRY FEATURE AND  
LANDSCAPING

Contractor Company CATONSVILLE HOMES  
 Contact Person ROBERT BEAN  
 Address 10753 BIRMINGHAM WAY  
 City WOODSTOCK State MD Zip Code 21163  
 License No. 990  
 Phone 410-750-1200 Fax 410-750-2596

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

Engineer or Architect Company CATONSVILLE HOMES  
 Contact Person ROBERT BEAN  
 Address 10753 BIRMINGHAM WAY  
 City WOODSTOCK State MD Zip Code 21163  
 Phone 410-750-1200 Fax 410-750-2596

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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 _____ <input checked="" type="checkbox"/> Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input 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: _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwelling: _____ 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 THEREBY, (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.

[Signature]  
 Applicant's Signature  
PROJECT MANAGER  
 Title/Company

ROBERT BEAN  
 Print Name  
3/10/04  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Health	<u>3/10/04</u>	<u>Raeel Norman</u>
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St. _____
All minimum setbacks met? _____
YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? _____
YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? _____
YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>56474</u>	
Filing fee \$	
Permit fee \$	<u>50.00</u>
Excise tax \$	<u>5.00</u>
Add'l per. fee \$	
TOTAL FEES \$	<u>55.00</u>
Sub-total paid \$	
Balance due \$	<u>6.00</u>
Check #	<u>42477</u>
Validation #	<u>42477</u>

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

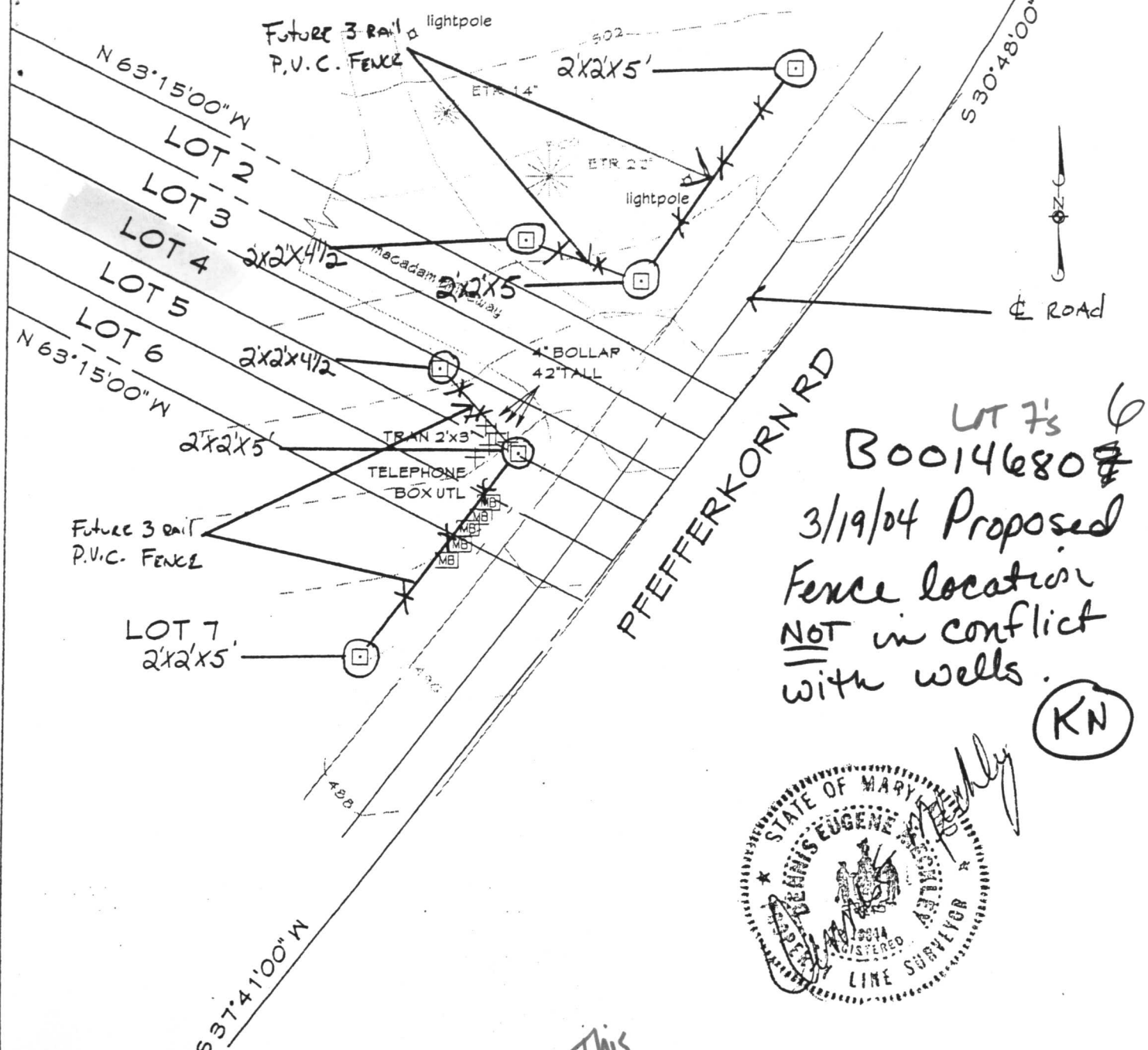
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T: forms/PERMIT FRM

N-10130  
E-9910

LOT 1

N-10130  
E-10080



LOT 7's  
 B00146807  
 3/19/04 Proposed  
 Fence location  
 NOT in conflict  
 with wells.  
 (KN)



TOPOGRAPHIC SURVEY OF  
 ENTRANCE TO LOTS 1-7 OF  
 KASEMEYER PROPERTY

Related BP's:

- LOT 1 B00146805
- LOT 5 B00146808
- LOT 4 B00146806

Also proposed  
 Entry FENCE  
 Landscape

2.2' x 2.2'  
 STONE PILLAR

N-9860  
 E-9910

This one

# CLSI

Carroll Land Services  
 Incorporated  
 Engineers • Surveyors • Land Development Consultants  
 Landscape Architects • Environmental Specialists  
 439 East Main Street Westminster, MD 21157-5539  
 (410) 876-2017 FAX (410) 876-0009

DRAWN BY:	JCG
DESIGN BY:	
REVIEW BY:	
DATE:	1/12/04
SCALE:	1" = 30'
JOB NO:	2001119
SHEET:	