

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

*BD9000466*

Building Address 13385 Forsythe Road  
Sykesville, MD  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Steve Hofmeister  
 Address 13385 Forsythe Road  
 City Sykesville State MD Zip Code 21784  
 Home Phone 4104892723 Work Phone N/A  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone 443224 3038 Fax \_\_\_\_\_

Existing Use Residence/lot  
 Proposed Use Storage shed  
 Estimated Construction Cost \$ \$12,000  
 Description of Work Construct shed around 6  
footers @ 3 feet deep, approx. 17' x 12' x 12'

Contractor Company N/A  
 Contact Person N/A  
 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 N/A  
 Contact Person N/A  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: <u>Shed</u> Dimensions: <u>17'3" x 12'</u> Footings: <u>6" (4) 4x4x4, (2) 6x6x4</u> Roof Height: <u>12'</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____
_____ 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 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
 Title/Company \_\_\_\_\_

Print Name S. HOFMEISTER  
 Date \_\_\_\_\_

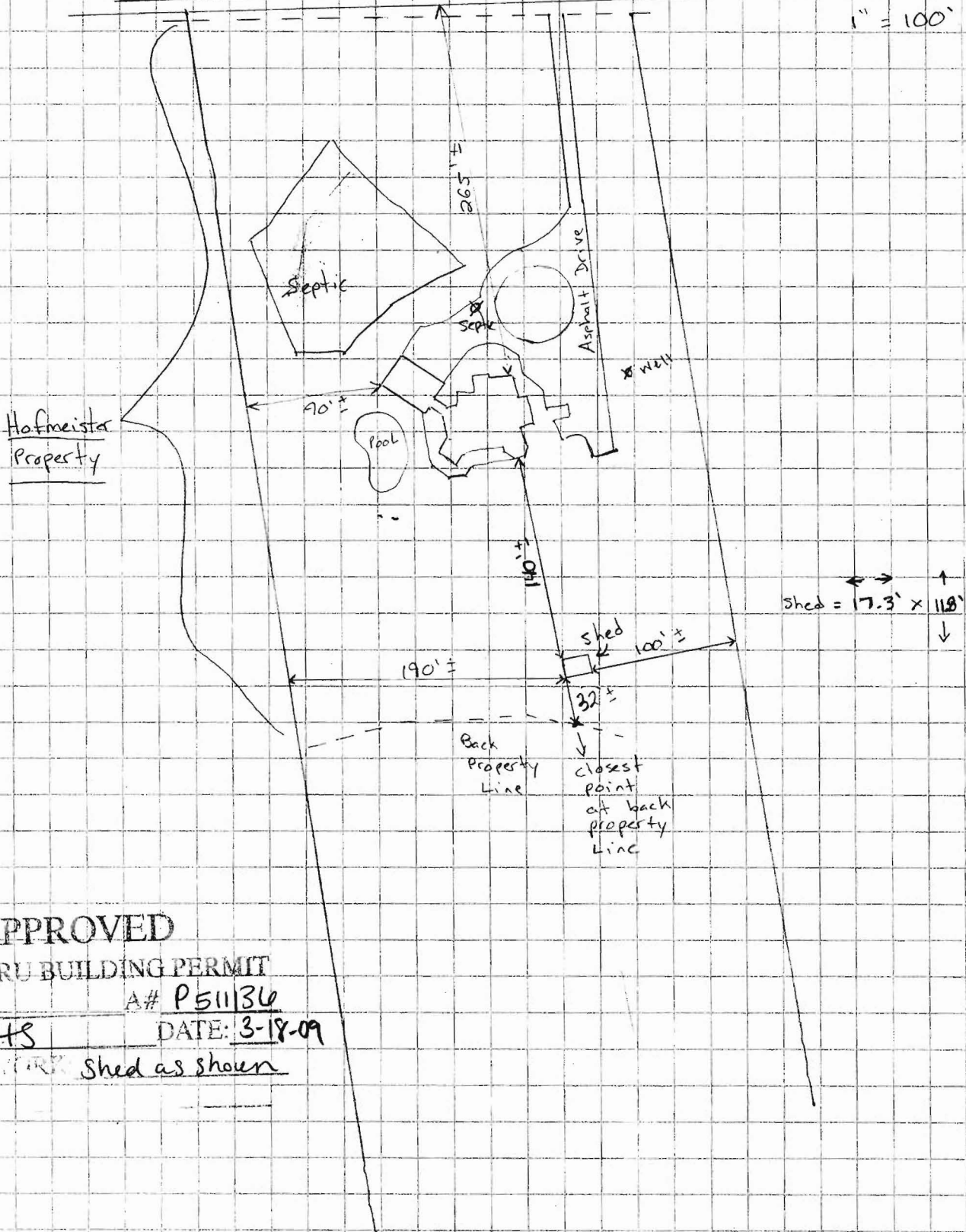
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>3/18/09</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	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 # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

Forsythe Rd

Scale:  
1" = 100'



**APPROVED**

WALK-THRU BUILDING PERMIT

BP#

A# P51136

APP. SAN HS

DATE: 3-18-09

DESC. OF WORK: Shed as shown

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <i>B10 119994</i>
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Building Address <u>13385 FORSTYHE RD</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>STEVE HOFMEISTER</u> Address <u>13385 FORSTYHE RD</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SFD</u> Proposed Use <u>IN GROUND POOL</u> Estimated Construction Cost \$ <u>31,000</u> Description of Work <u>800 SQ FT IN GROUND POOL</u>	Contractor Company <u>BLUE HAVEN POOLS</u> Contact Person <u>DAVE GOLDSTEIN</u> Address <u>9104 INDUSTRY DR</u> City <u>MANASSAS</u> State <u>VA</u> Zip Code <u>20111</u> License No. <u>30083</u> Phone <u>888 257-0007</u> Fax _____
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Occupant or Tenant _____ Contact Name <u>OWNER</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input 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"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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C M Beaver  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company

CHARLES BEAVER  
 Print Name  
8/18/99  
 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	<u>8/18/99</u>	<u>C. Miller</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
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Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:   
 Distribution of Copies- White: Building Official Green: LDD, DPZ

Accepted by \_\_\_\_\_  
 Yellow: DED, DPZ Pink: Health Gold: SHA



**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 OF ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_

**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 OF DEVELOPER \_\_\_\_\_ DATE \_\_\_\_\_

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

U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE \_\_\_\_\_ DATE \_\_\_\_\_

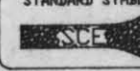
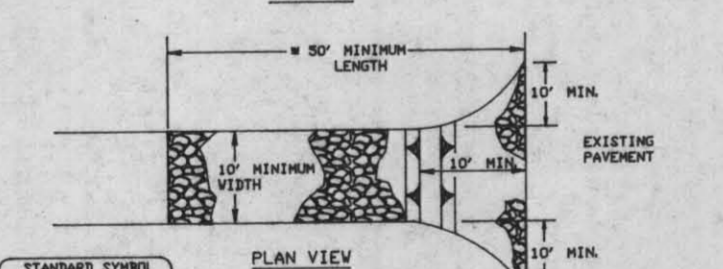
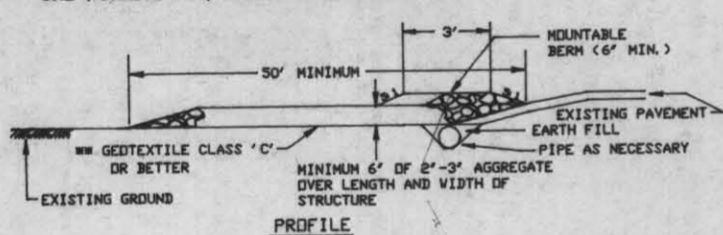
THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

**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 (03-1855).
- 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 30 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DRESSES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3% BY 14 DAYS 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. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). 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 PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
 

TOTAL AREA OF SITE	5.90 ACRES
AREA DISTURBED	0.61 ACRES
AREA TO BE ROOFED OR PAVED	0.30 ACRES
AREA TO BE VEGETATIVELY STABILIZED	0.31 ACRES
TOTAL CUT	200 CU.YDS.
TOTAL FILL	200 CU.YDS.
OFFSITE WASTE/BORROW AREA LOCATION	N/A CU.YDS.
- ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
- ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER SEDIMENT AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.



- Length - minimum of 50' (40' for single residence lot).
- Width - 10' minimum, should be flared at the existing road to provide a turning radius.
- Geotextile fabric (filter cloth) shall be placed over the existing ground prior to placing stone. Stone placement 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 mountable berm with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe has to be sized according to the drainage. When the SCE 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

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELICOTT CITY, MARYLAND 21042  
(410) 461-2855

F.C.C.

**SEQUENCE OF CONSTRUCTION**

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN. (1 day)
- PERFORM NECESSARY GRADING AND STABILIZE THE SITE. (2 days)
- CONSTRUCT DWELLING ON SITE. (90 days)
- AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

**TEMPORARY SEEDING NOTES**

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

**SEEDBED 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./1000 SQ. FT.)

**SEEDING**

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (3.2 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (07 LBS./1000SQ.FT.). FOR THE PERIOD NOVEMBER 15 THRU FEBRUARY 29, PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOD.

**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 MULCH ANCHORING TOOL OR 200 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 0 FEET OR HIGHER, USE 340 GALLONS PER ACRE (6 GAL./1000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1990 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:

**SEEDBED 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./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (4 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 UREA-FORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE (0.5 LBS./1000 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./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 29, PROJECT 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 SOD OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEED.

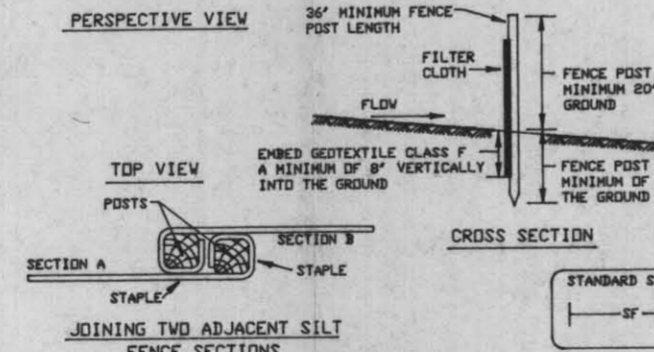
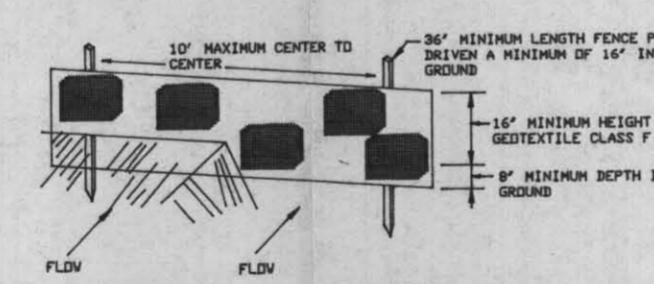
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**MAINTENANCE**

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

\* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVECH 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.



**JOINING TWO ADJACENT SILT FENCE SECTIONS**

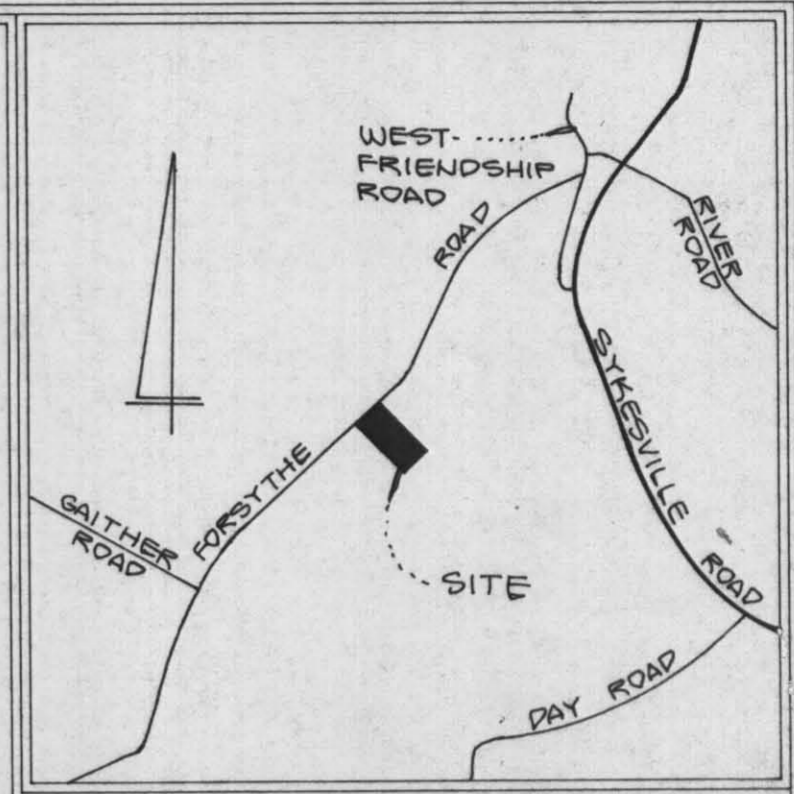
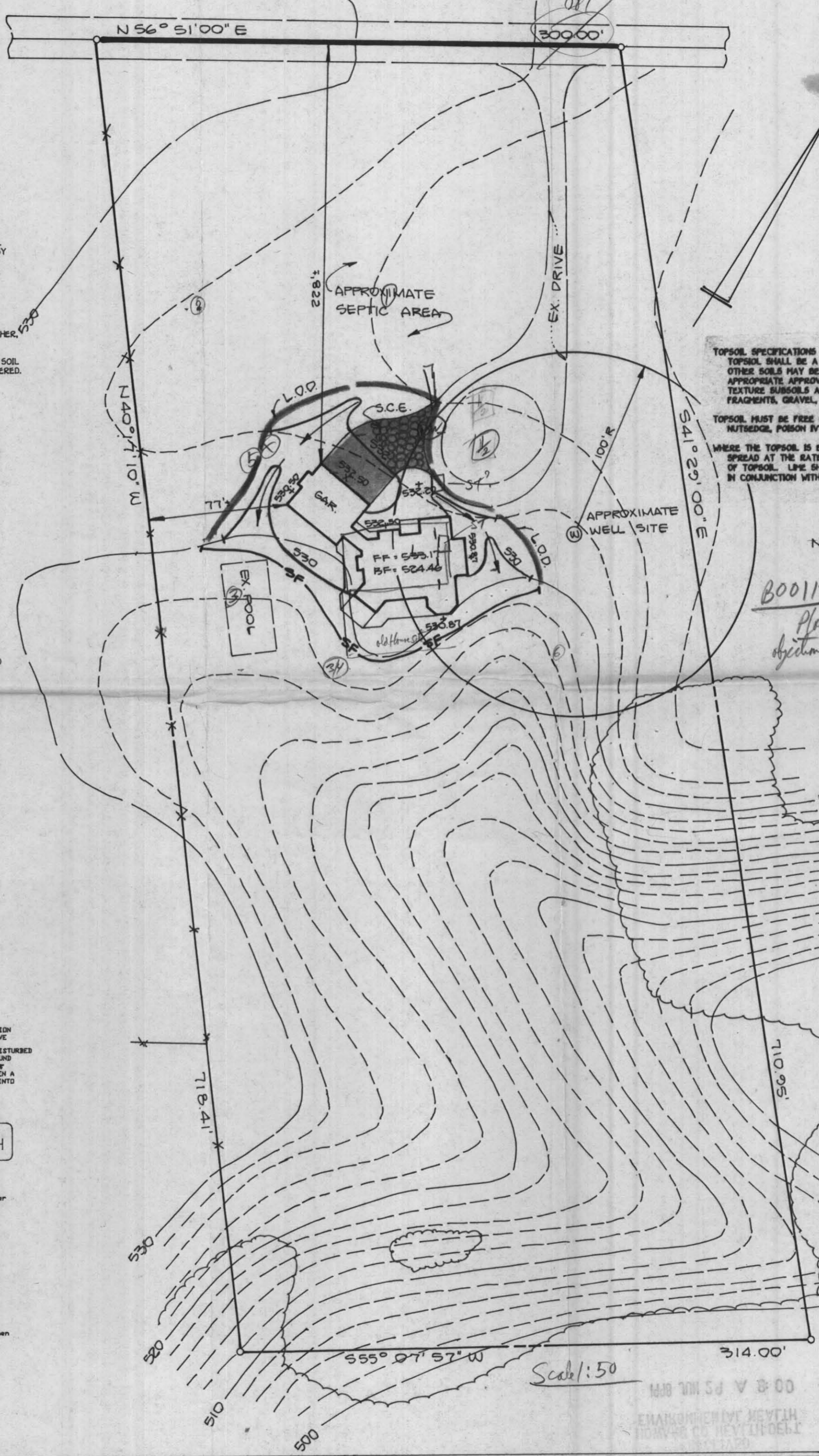
- Fence posts shall be a minimum of 36" long driven 16" minimum into the ground. Wood posts shall be 1 1/2" x 1 1/2" square (minimum) cut, or 1 3/4" diameter (minimum) round and shall be of sound quality hardwood. Steel posts will be standard T or U section weighting not less than 1.00 pound per linear foot.
- Geotextile shall be fastened securely to each fence post with wire ties or staples at top and mid-section and shall meet the following requirements for Geotextile Class F:
 

Tensile Strength	80 lbs/in (min.)	Tests: MHT 509
Tensile Modulus	80 lbs/in (min.)	Tests: MHT 509
Flow Rate	0.3 gal ft <sup>2</sup> /minute (max.)	Tests: MHT 382
Filtering Efficiency	75% (min.)	Tests: MHT 382
- Where ends of geotextile fabric come together, they shall be overlapped, folded and stapled to prevent sediment bypass.
- Silt Fence shall be inspected after each rainfall event and maintained when bulges occur or when sediment accumulation reached 50% of the fabric height.

**SILT FENCE**

NOT TO SCALE

**FORSYTHE ROAD**



**VICINITY MAP**  
SCALE: 1"=2000'

**TOPSOIL SPECIFICATIONS - SOIL TO BE USED AS TOPSOIL MUST MEET THE FOLLOWING:**  
TOPSOIL SHALL BE A LOAM, SANDY LOAM, CLAY LOAM, SILT LOAM, SANDY CLAY LOAM, LOAMY SAND. OTHER SOILS MAY BE USED IF RECOMMENDED BY AN AGRONOMIST OR SOIL SCIENTIST AND APPROVED BY THE APPROPRIATE APPROVAL AUTHORITY. REGARDLESS, TOPSOIL SHALL NOT BE A MIXTURE OF CONTRASTING TEXTURE SUBSOILS AND SHALL CONTAIN LESS THAN 5% BY VOLUME OF CEMENT, STONES, SLAG, COARSE FRAGMENTS, GRAVEL, STICKS, ROOTS TRASH, OR OTHER MATERIALS LARGER THAN 1 1/2" IN DIAMETER.

TOPSOIL MUST BE FREE OF PLANTS OR PLANT PARTS SUCH AS BERTHODA GRASS, QUACKGRASS, JOHNSONGRASS, HUTCHESON, POISON IVY, THISTLE, OR OTHERS AS SPECIFIED.

WHERE THE TOPSOIL IS EITHER HIGHLY ACIDIC OR COMPOSED OF HEAVY CLAYS, GROUND LIMESTONE SHALL BE SPREAD AT THE RATE OF 4-6 TONS/ACRE (200-400 POUNDS PER 1000 SQUARE FEET) PRIOR TO THE PLACEMENT OF TOPSOIL. LIME SHALL BE DISTRIBUTED UNIFORMLY OVER DESIGNATED AREAS AND WORKED INTO THE SOIL IN CONJUNCTION WITH TILLAGE OPERATIONS AS DESCRIBED IN THE FOLLOWING PROCEDURES.

NOTE: CONNECT EXISTING WATER AND SEWERAGE SUPPLIES TO THE PROPOSED RESIDENCE. FOR LOCATION CONTACT HOWARD COUNTY HEALTH DEPARTMENT.

80011269

Plan objection 1 insufficient info on exact location of Septic Tank and Dr/Trench (old house footprint would be a good reference point). Possible old septic will be too close to New House.

2 No elevation - may need pump system on No flow to source

3 Need to provide 3 Bdr Septic + 4 Bdr Floor + Permit follow (May)

4 Need a test hole during Septic repair

5 Reserve area for future expansion of deck

6 How Garage in this area appears

7 May need a covering over the 100ft x existing well

8 existing well depth less than 100ft + existing septic. Since septic upgrade is likely we should establish this Septic distance between well + septic, or get their written request for an exemption.

9 Standard language about any approval of septic well + water necessary they can not consent construction + quality standards prior to h+o recommendations

80011269

Proposal to construct new 4 Bdr House To existing 20yr old, 3 Bdr designed Septic

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

**RO PROPERTY**

13385 Forsythe Rd  
TAX MAP: 4 PARCEL: 67  
3<sup>RD</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1"=30' DATE: JUNE, 1998

Scale: 1:50

61261

Memo for the file <sup>Foot</sup> / Parking 7/10/98

Records of Telephone Call on 7/10/98 with Steve Farmer Regarding B00112697  
13386 Froythe Rd

@ 9:50 AM

Re: My July 1, 1998 letter - 4 reasons why cannot release BP  
He stopped here yesterday afternoon (4 was in field then) and  
talked to Amy.

He was argumentative and did not want to  
listen to my attempt at explaining what he needed to do  
(as mentioned in the letter) to obtain release of this BP.

He threatened to give it back to homeowners & have  
Fire Marshall handle it?! Then hung up in mid response.

New state law is of  
in language - final determination  
to be made at time of optic permit  
application.

Howard County Health Department

B 00112697

To Property  
The Pd

B205 Friday

To: \_\_\_\_\_

send a approval letter & conditions

① cadita requires a septic permit application to be made to evaluate required increase in septic system for larger house plan.

② Plan may require replacement of portion of existing system and may require ~~water~~ percolation testing to test determine size of system addn.

③ ~~Testing~~ Testing may be done prior to or

From: \_\_\_\_\_ at same time as system installation occurs.

Date: ④ Well water quality testing on well line

HD-170

inspection and final septic inspection will all be required ~~from~~ records on a plan of septic

prior to reconstruction of well or other.