

6-12 00002

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B12001628

Building Address: 14866 Menomethen Dr.
Greenly Md 21737

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 34

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Toll MD VIII United Partnership

Address: 7164 Columbia Gateway Dr.

City: Columbia State: MD Zip Code: 21046

Home Phone: 410-489-7407 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Existing Use: Vacant lot

Proposed Use: Single Family Dwelling

Estimated Construction Cost: \$ 350,000

Description of Work: Hampton Georgetown w/ Naples
SUMMARY

Contractor Company: Toll Brothers

Contact Person: Mike Martin

Address: 7164 Columbia Gateway Dr.

City: Columbia State: MD Zip Code: 21046

License No.: _____

Phone: 410-489-7407 Fax: _____

Email: mmartin3@Tollbrothersinc.com

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: ESF

Responsible Design Prof.: Mike Boyce

Address: 7164 Columbia Gateway Drive

City: Columbia State: MD Zip Code: 21046

Phone: 410-489-7407 Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> 1/2 SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>60</u> <u>58</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>60</u> <u>58</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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 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.

Applicant's Signature: MMartin3@Tollbrothersinc.com

Email Address: AM/Toll

Title/Company: _____

Print Name: Mike Martin

Date: 5/16/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>6-4-12</u>	<u>Heather</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required for issuance? Yes No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>10000</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>5000</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health T:\Operations\Updated Forms\New building app 11.10.2010.docx

Gold: SHA

CHECK 09180997

INV# 278464



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B/3000840

Building Address: 14566 Meriwether Drive
 City: Greenleaf State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 34
 Tax Map: 21 Parcel: 28 Grid: 16
 Zoning: _____ Map Coordinates: _____ Lot Size: 51500 sq ft

Property Owner's Name: Tollmo VIII Limited
 Address: 7164 Columbia Gateway Dr
 City: Columbia State: _____ Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ TANK
 Estimated Construction Cost: \$ 8000
 Description of Work: Install 1000 Gal Inground propane tank

Applicant's Name & Mailing Address (If other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Greenleaf State: MD Zip Code: 21784
 Phone: 410 313 5012 Fax: _____
 Email: jeremy@appliedandapproved.com

Occupant or Tenant: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley National Gas
 Contact Person: William Henry
 Address: 1301 Monte Verdeo Rd
 City: Jessup State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410 799 1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: Contractor
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	2 nd floor:
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
Construction type:	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms:	
<input type="checkbox"/> Wood Frame	Multi-family Dwelling	
<input type="checkbox"/> State Certified Modular	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit #:	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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.

Applicant's Signature: Jeremy Clancy Print Name: Jeremy Clancy
 Email Address: jeremy@appliedandapproved.com Date: 3/13/13
 Title/Company: _____

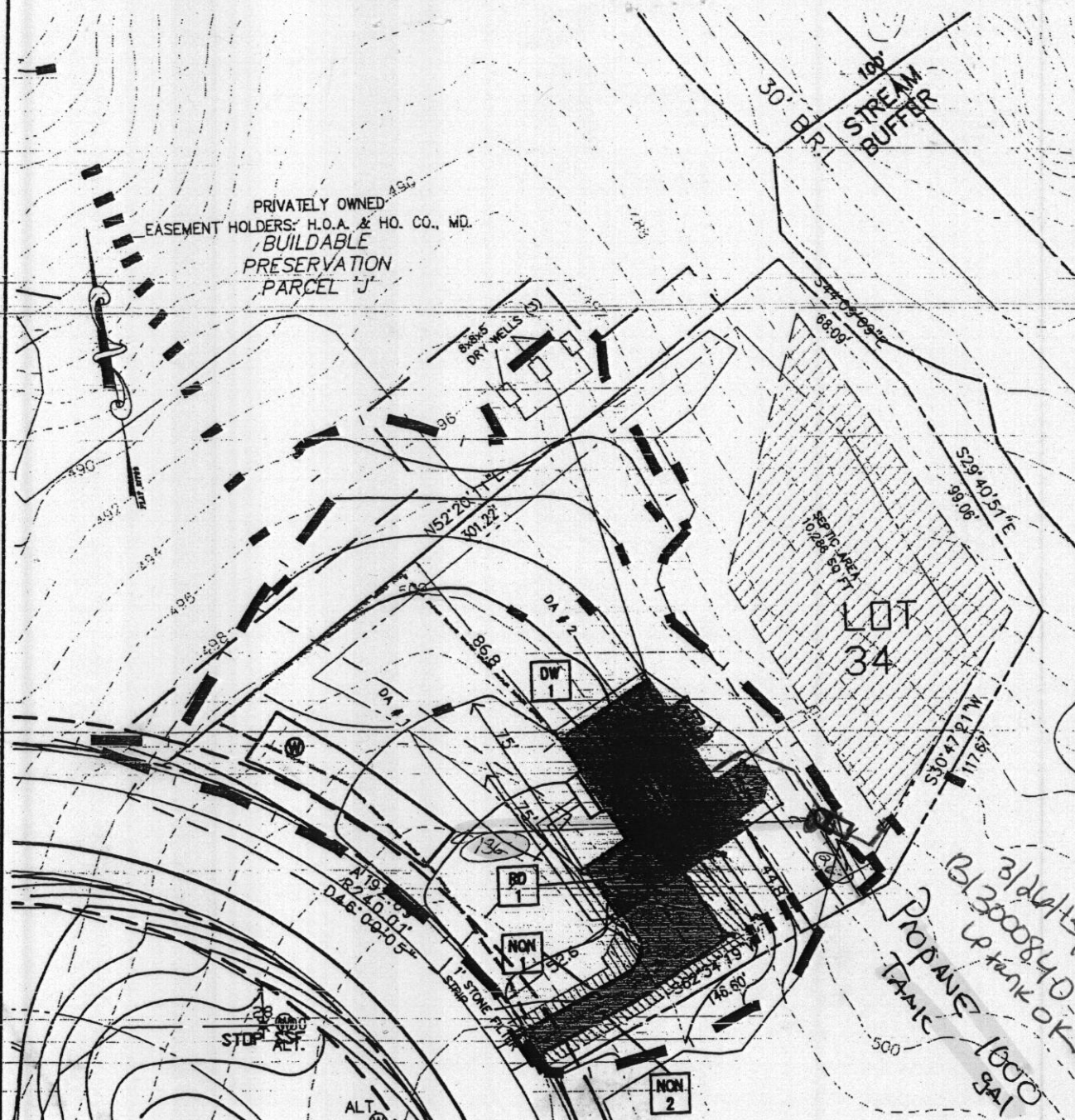
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/26/13</u>	<u>Heidi Sait</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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

Filing Fee	\$	
Permit Fee	\$	<u>110.00</u>
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	



HEALTH DEPARTMENT NOTE
 THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCESSION CERTIFICATION PLAN.

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

GENERAL NOTES
 THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MERIWETHER FARMS, PLAT No. 21769, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.
 SWM FOR THIS LOT IS MANAGED PER PLAN F-09-044
 E & S CONTROLS PER PLAN F-09-044
 CULVERT FOR DRIVEWAY PER F-09-044
 TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PROVIDED TO ESE BY FISHER, COLLINS & CARTER, INC.
 ADDRESS: 11486 MERIWETHER DRIVE, GLENELG, MD 21737

DRAINAGE AREA #1
 PURPOSE- TO TREAT DRIVEWAY RUNOFF AND ROOF TOP RUNOFF FROM GARAGE
 METHODS- NON-ROOFTOP DISCONNECT, ROOFTOP DISCONNECT
 DRAINAGE AREA- 13,247 sq ft
 SOIL TYPE- B
 IMPERVIOUS AREA- 1962 sq ft
 PERCENT IMPERVIOUS COVER- 15%
 P= 1" PER TABLE 5.3 pg 5.21 CHAPTER 5
 ROOFTOP DISCONNECT- PROVIDE 75+ OF SHEET FLOW OVER GRASS WITH 5% GRADE OR LESS.
 PER TABLE 5.6 pg 5.59 CHAPTER 5 THIS MEETS THE 1" P.
 NON-ROOFTOP DISCONNECT- PROVIDE 75+ OF SHEET FLOW OVER GRASS WITH 5% GRADE OR LESS.
 PER TABLE 5.7 pg 5.62 CHAPTER 5 THIS MEETS THE 1" P.
DRAINAGE AREA #2
 PURPOSE- TO TREAT ROOFTOP RUNOFF NOT TREATED IN DRAINAGE AREA #1.
 METHOD- 3 DRY WELLS LOCATED IN A SWM EASEMENT WITH ROOF DRAINS PIPED TO THEM.
 DRAINAGE AREA- 2,996 sq ft
 SOIL TYPE- B
 IMPERVIOUS AREA- 2,996 sq ft
 MINIMUM REQUIRED STORAGE= 384 cu ft
 DRY WELLS (3)
 DRYWELL #1- 8X8X5x0.4 void ratio =128 cu ft
 DRYWELL #2- 8X8X5x0.4 void ratio =128 cu ft
 DRYWELL #3- 8X8X5x0.4 void ratio =128 cu ft
 TOTAL STORAGE PROVIDED 384 cu ft.

OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED STORMWATER INFILTRATION TRENCHES (I-1), DRY WELLS (M-5)

- THE OWNER SHALL INSPECT THE MONITORING WELLS AND STRUCTURES ON A QUARTERLY BASIS AND AFTER EVERY HEAVY STORM EVENT.
- THE OWNER SHALL RECORD THE WATER LEVELS AND SEDIMENT BUILD UP IN THE MONITORING WELLS OVER A PERIOD OF SEVERAL DAYS TO INSURE TRENCH DRAINAGE.
- THE OWNER SHALL MAINTAIN A LOG BOOK TO DETERMINE THE RATE AT WHICH THE FACILITY DRAINS.
- WHEN THE FACILITY BECOMES CLOGGED SO THAT IT DOES NOT DRAIN DOWN WITHIN A SEVENTY TWO (72) HOUR TIME PERIOD, CORRECTIVE ACTION SHALL BE TAKEN.
- THE MAINTENANCE LOG BOOK SHALL BE AVAILABLE TO HOWARD COUNTY FOR INSPECTION TO INSURE COMPLIANCE WITH OPERATION AND MAINTENANCE CRITERIA.
- ONCE THE PERFORMANCE CHARACTERISTICS OF THE INFILTRATION FACILITY HAVE BEEN VERIFIED, THE MONITORING SCHEDULE CAN BE REDUCED TO AN ANNUAL BASIS UNLESS THE PERFORMANCE DATA INDICATES THAT A MORE FREQUENT SCHEDULE IS REQUIRED.

OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED DISCONNECTION OF ROOFTOP RUNOFF (N-1), DISCONNECTION OF NON-ROOFTOP RUNOFF (N-2)

- MAINTENANCE OF AREAS RECEIVING DISCONNECTED RUNOFF IS GENERALLY NO DIFFERENT THAN THAT REQUIRED FOR OTHER LAWN OR LANDSCAPED AREAS. THE OWNER SHALL ENSURE THE AREAS RECEIVING RUNOFF ARE PROTECTED FROM FUTURE COMPACTION OR DEVELOPMENT OF IMPERVIOUS AREA. IN COMMERCIAL AREAS, FOOT TRAFFIC SHOULD BE DISCOURAGED AS WELL.

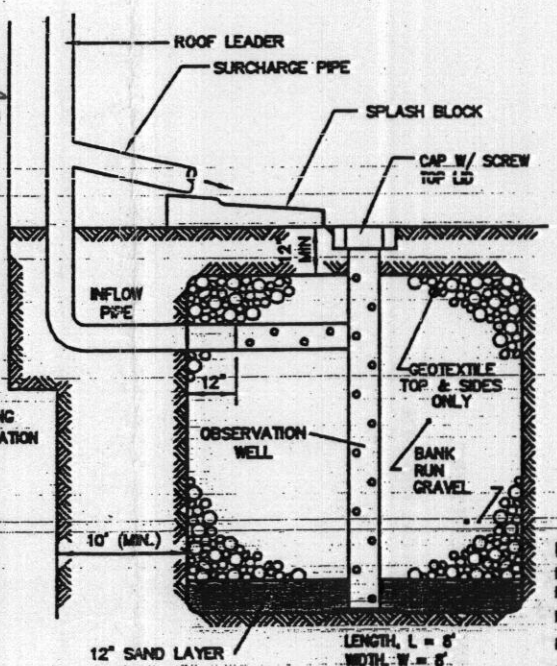
MATERIAL SPECIFICATIONS FOR DRY WELLS

MATERIAL	SPECIFICATIONS / TEST METHOD	SIZE	NOTES
SAND	CLEAN ASHTO-M-6 OR ASTM-C-33 CONCRETE SAND	0.02" TO 0.04"	SAND SUBSTITUTIONS SUCH AS DIABASE AND GRAYSTONE #10 ARE NOT ACCEPTABLE. NO CALCIUM CARBONATED OR DOLOMITIC SAND SUBSTITUTIONS ARE ACCEPTABLE. NO "ROCK DUST" CAN BE USED FOR SAND.
GRAVEL	ASTM-D-448 ASSHTO-M-43	NO 4, 5 OR 6	CLEANED WASHED BANK RUN GRAVEL
PVC INFLOW PIPE	M 278 OR F 758, TYPE PS 28	4"-6" RIGID SCHEDULE 40 OR SDR 35	PERFORATED SECTION WITHIN DRY WELL TO BE 3/8 INCH DIAMETER ROWS 6" O/C MINIMUM 4-HOLES / ROW
OBSERVATION WELL / CLEANOUT	M 278 OR F 758, TYPE PS 28	8" RIGID SCHEDULE 40 OR SDR 35	PERFORATIONS TO BE 3/8 INCH DIAMETER ROWS 6" O/C MINIMUM 4-HOLES / ROW
GEOTEXTILE FABRIC (IF REQUIRED)	ASTM-D-4833 (PUNCTURE STRENGTH = 125 lb.) ASTM-D-4632 (TENSILE STRENGTH = 300 lb.)	0.08" THICK EQUIVALENT OPENING SIZE OF #80 SIEVE	MUST MAINTAIN 125 GPM PER SQ. FT. FLOW RATE.
TOPSOIL	SAND 35-60% SILT 30-55% CLAY 0%	N/A	THE SOIL SHALL BE A UNIFORM MIX, FREE OF STONES, STUMPS, ROOTS OR OTHER SIMILAR OBJECTS LARGER THAN 1"

INSTALLATION NOTES:

- MINIMIZE COMPACTION OF DRY WELL BOTTOM AND SIDEWALLS.
- COLLECTION PIPES FROM DOWNSPOUTS SHALL BE INSTALLED AT MINIMUM SLOPE OF 1
- THE BOTTOM OF THE DRY WELL EXCAVATION SHOULD BE LEVEL AND SCARIFIED PRIOR TO BACKFILLING.
- REGULAR INSPECTIONS SHALL BE MADE DURING CONSTRUCTION AS FOLLOWS:
 DURING EXCAVATION TO SUBGRADE
 DURING PLACEMENT OF BACKFILL AND APPURTENANT PIPING, INCLUDING DOWNSPOUT CONVEYANCE
 UPON COMPLETION OF FINAL GRADING AND STABILIZATION.

MAINTENANCE:
 DRY WELLS, INCLUDING PIPES, GUTTERS, DOWNSPOUTS AND MEDIA (VIA OBSERVATION WELL) SHALL BE INSPECTED BY THE HOMEOWNER AND CLEANED AS NEEDED AND ANNUALLY, AS A MINIMUM.
 IF WATER PONDING FOR MORE THAN 72 HOURS OR MORE THAN 6" OF SEDIMENT HAS ACCUMULATED, THE GRAVEL MEDIA SHALL BE EXCAVATED AND REPLACED.
 ROOF GUTTERS SHOULD BE CLEANED AT LEAST ONCE ANNUALLY TO KEEP DEBRIS FROM ENTERING THE DRY WELL.
 THE DRY WELL OBSERVATION PIPE SHOULD BE CLEANED OF DEBRIS AT LEAST ONCE ANNUALLY.



DRYWELL DETAIL
 LENGTH, L = 8'
 WIDTH, W = 8'
 SURFACE AREA A = 64 SF
 DEPTH D = 5'
 NOT TO SCALE

SWM LEGEND

- SITE DRAINAGE AREA FOR ESD
 - ESD DRAINAGE AREA
 - ESD PRACTICE DRAINAGE AREA
 - ROOF TOP DISCONNECTION
 - NON ROOF TOP DISCONNECTION
 - IMPERVIOUS AREA TREATED BY DRY WELLS
 - 75'-FT FLOW LENGTH
 - DOWNSPOUT LOCATION
- TYPE: HAMPTON (GEO)- WALKOUT BASEMENT
 ADDL 1" TO HEIGHT OF BASEMENT
 NAPLES-SUNROOM
- OPTION No. 017
 OPTION No. 070
 OPTION No. 529
- INV. @ HOUSE 495.0
 GROUND @ INV. @ HOUSE 498.0
 INV. IN TANK 488.7
 INV. OUT TANK 490.0
 TOP OF TANK 491.0
 GROUND OVER TANK 494.0
 INV. IN DIST. BOX 489.8
 INV. OUT. DIST. BOX 489.5
 GROUND @ BOX 493.5
- APPROVED:
 FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT
- COUNTY HEALTH OFFICER _____ DATE _____



Handwritten note: "11 = 60"

PLOT PLAN & SWM PLAN
 LOT #34
MERIWETHER FARMS
 LIBER 12124, FOLIO 0120
 PLAT No. 21769, ET SEQ.
 FOURTH ELECTION DISTRICT

ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

