

60700015

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B1000-790

Building Address 16354 LINDALE BLVD DR
WOODBINE 21797

Property Owner's Name TRINITY HEALTH HOME INC
Address 3675 PARK AVE #301

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

Census Tract 104001 Subdivision CHASE AT STANLEY BROOK

City ELICOTT CITY State MD Zip Code 21043

Section _____ Area _____ Lot 19

Home Phone _____ Work Phone 410-313-3712

Tax Map 7 Parcel 133 Grid 17

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

Zoning RC2LO Map Coordinates 4691 68 Lot size 44,265 sq ft

Phone _____ Fax 410-313-3731

Existing Use VICARAGE

Contractor Company TRINITY HEALTH HOME INC

Proposed Use _____

Contact Person SALLY HODGE

Estimated Construction Cost \$ 260000

Address 3675 PARK AVE #301

Description of Work 2 STORY FULL FINISH

City ELICOTT CITY State MD Zip Code 21043

HEATED, INSULATED GARAGE

License No. _____

(400)

Phone 410-313-5722 Fax 410-313-5731

Occupant or Tenant N/A

Engineer or Architect Company N/A

Contact Name _____

Contact Person TRINITY

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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 _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
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 _____	
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.

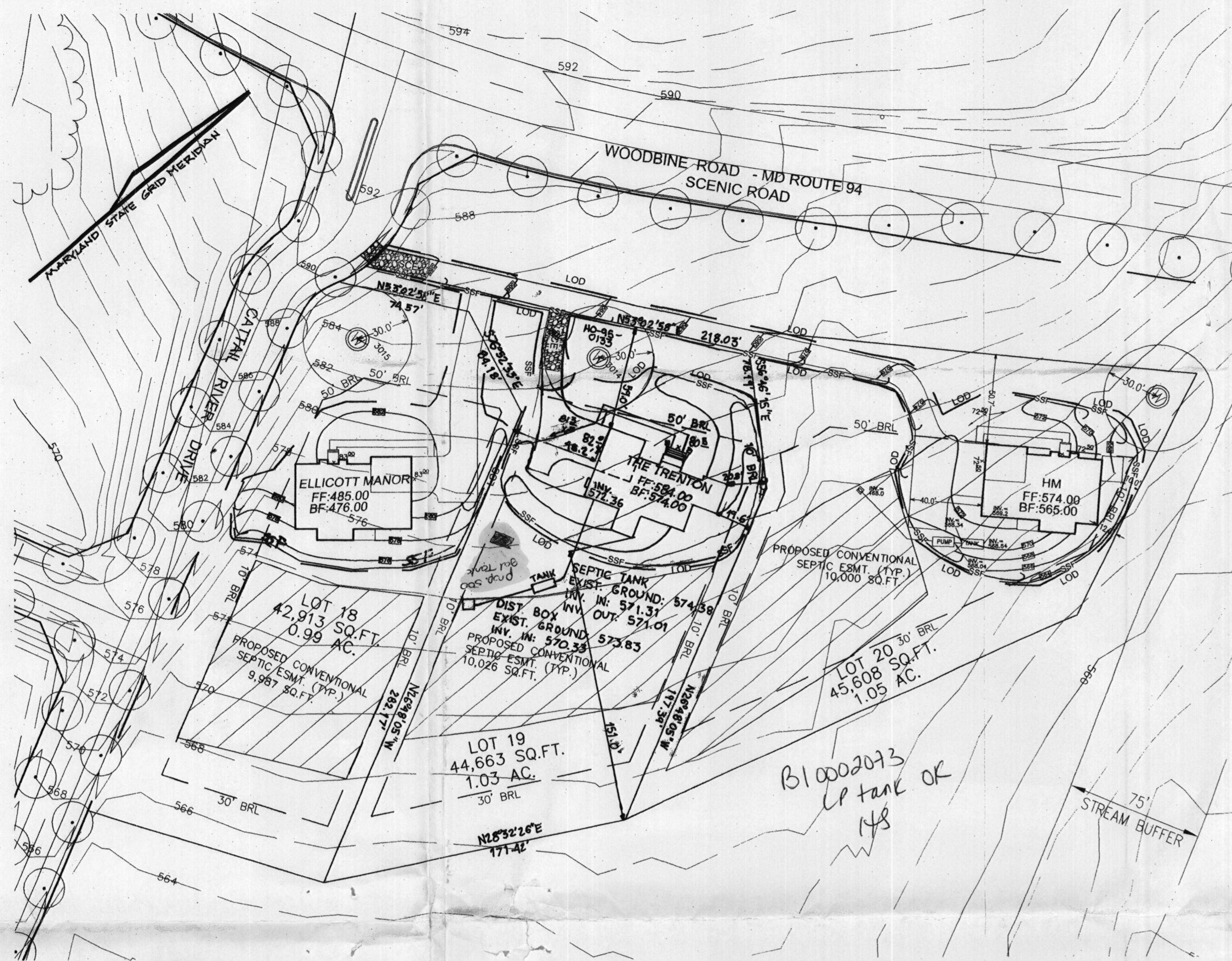
Applicant's Signature Sally Hodge
Title/Company _____

Print Name Sally Hodge
Date 4/13/10

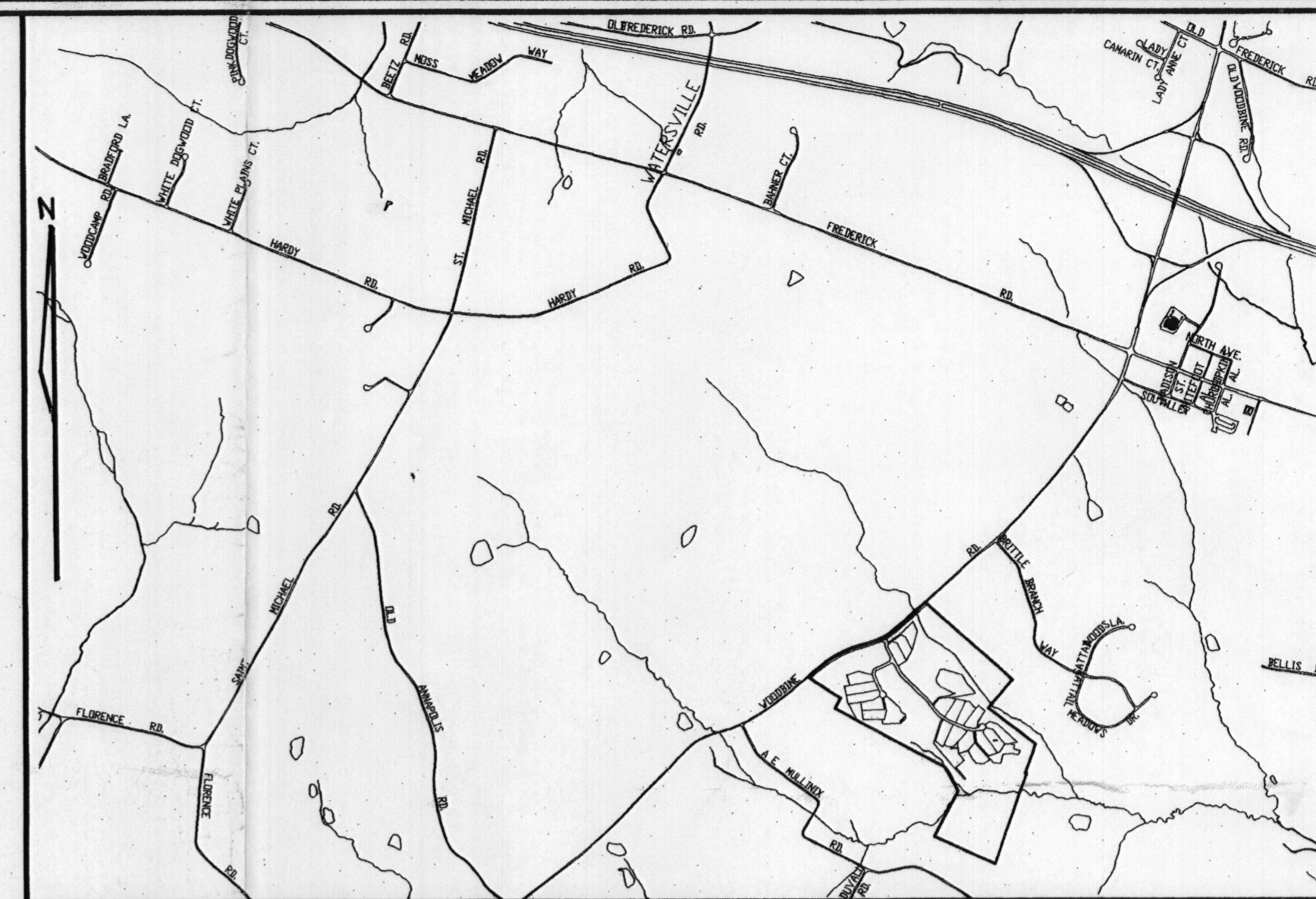
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/13/10</u>	<u>[Signature]</u>
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"/>		

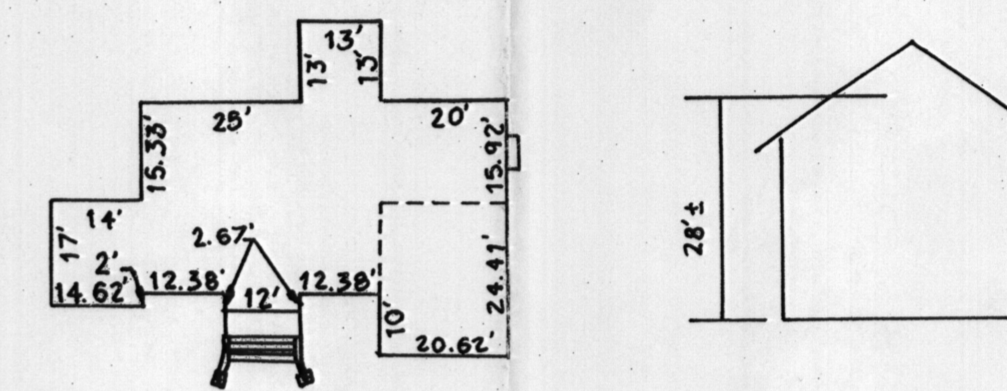
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>150.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>17421</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____



PLAN
SCALE: 1"=50'



VICINITY MAP
SCALE: 1"=2000'



THE TRENTON HOUSE PLAN
1"=30'

THE EXISTING WELL SHOWN ON LOT 19 TAG NO. _____ HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.
BUILDING OF LOT _____ FLOOR AREAS:
BASEMENT FLOOR AREA: _____
FIRST FLOOR AREA: _____
SECOND FLOOR AREA: _____

SWM FOR THESE LOTS IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170.

LEGEND	
—202—	EXISTING 2 FT CONTOUR
—200—	EXISTING 10 FT CONTOUR
LOD	LIMIT OF DISTURBANCE
—SSP—	SUPER SILT FENCE

FOR GRADING PERMIT REFERENCE GP-07-69

GRADING AND SEDIMENT EROSION CONTROL PLAN
THE CHASE AT STONEYBROOK

PHASE I LOTS 18-20
BUILDING PERMIT NO. _____
REF: S-01-21, P-05-001, F-05-170
ZONED: RC-DEO

TAX MAP: 7 BLOCK: 17 PARCEL 133
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET 21043 TEL: 410-461-7666
ELLICOTT CITY, MD 21043 FAX: 410-461-8961

	DESIGN BY: _____ RJ
	DRAWN BY: _____ RJ
	CHECKED BY: _____ RHV
	DATE: JANUARY 2007
SCALE: 1"=50'	W.O. NO.: 06-34.00

3 SHEET OF 4

<p>REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS</p> <p><i>Jim W...</i> DATE: 5/10/07</p> <p>USA NATURAL RESOURCES CONSERVATION SERVICE</p> <p>THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.</p> <p><i>John R...</i> DATE: 9/24/07</p> <p>HOWARD SCD</p>	<p>ENGINEERS CERTIFICATE</p> <p>I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.</p> <p><i>Robert H. Vogel</i> DATE: 5/10/07</p> <p>ROBERT H. VOGEL, PE #16193</p>	<p>DEVELOPER'S CERTIFICATE</p> <p>I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL 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.</p> <p><i>Michael L. Pfau</i> DATE: 05/10/07</p> <p>MICHAEL L. PFAU</p>
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NOTE: STOCKPILING WILL BE PERMITTED ON EACH LOT ONLY.

OWNER / DEVELOPER
TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELLICOTT CITY, MARYLAND 21043
(410) 480-0023

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1110003073

Building Address 16354 Cattail River Dr
Woodbine MS 21797

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

Census Tract _____ Subdivision Thorn Chase at Star City _____ State _____ Zip Code _____

Section _____ Area _____ Lot 19

Tax Map _____ Parcel 133 Grid _____

Zoning _____ Map Coordinates _____ Lot size 1.32

Property Owner's Name Trinity Quality Homes

Address _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work _____

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 7797

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>9-28-10</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ <u>10000</u>
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTION, LICENSE AND PERMITS SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1855).
- ALL VEGETATION AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THERE TO.
- FOLLOWING INITIAL SOIL DISTURBANCE OR REDISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: (A) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES, AND ALL SLOPES GREATER THAN 3:1, (B) 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 7, 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, SOD, TEMPORARY SEEDING, AND MULCHING (SEC. 6). TEMPORARY STABILIZATION WITH MULCH ALONE SHALL 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	6.7 AC
AREA DISTURBED	2.26 AC
AREA TO BE ROOFED OR PAVED	1.02 AC
AREA TO BE VEGETATIVELY STABILIZED	1.24 AC
TOTAL CUT	3,400 CY
TOTAL FILL	3,400 CY
- OFFSITE WASTE/BORROW AREA LOCATION
- 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.
- ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION 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.
- ESTIMATES OF EARTHWORK QUANTITIES ARE PROVIDED SOLELY FOR THE PURPOSE OF CALCULATING FEES.

21.0 STANDARDS AND SPECIFICATIONS FOR TOPSOIL

- DEFINITION**
PLACEMENT OF TOPSOIL OVER A PREPARED SUBSOIL PRIOR TO ESTABLISHMENT OF PERMANENT VEGETATION.
- PURPOSE**
TO PROVIDE A SUITABLE SOIL MEDIUM FOR VEGETABLE GROWTH. SOILS OF CONCERN HAVE LOW MOISTURE CONTENT, LOW NUTRIENT LEVELS, LOW PH, MATERIALS TOXIC TO PLANTS, AND/OR UNACCEPTABLE SOIL GRADATION.
- CONDITIONS WHERE PRACTICE APPLIES**
- THIS PRACTICE IS LIMITED TO AREAS HAVING 2:1 OR FLATTER SLOPES WHERE:
 - THE TEXTURE OF THE EXPOSED SUBSOIL/PARENT MATERIAL IS NOT ADEQUATE TO PRODUCE VEGETATIVE GROWTH.
 - THE SOIL MATERIAL IS SO SHALLOW THAT THE ROOTING ZONE IS NOT DEEP ENOUGH TO SUPPORT PLANTS OR FURNISH CONTINUING SUPPLIES OF MOISTURE AND PLANT NUTRIENTS.
 - THE ORIGINAL SOIL TO BE VEGETATED CONTAINS MATERIAL TOXIC TO PLANT GROWTH.
 - THE SOIL IS SO ACIDIC THAT TREATMENT WITH LIMESTONE IS NOT FEASIBLE.
 - FOR THE PURPOSE OF THESE STANDARDS AND SPECIFICATIONS, AREAS HAVING SLOPES STEEPER THAN 2:1 REQUIRE SPECIAL CONSIDERATION AND DESIGN FOR ADEQUATE STABILIZATION AREAS HAVING SLOPES STEEPER THAN 2:1 SHALL HAVE THE APPROPRIATE STABILIZATION SHOWN ON THE PLANS.
- CONSTRUCTION AND MATERIAL SPECIFICATIONS**
- TOPSOIL SALVAGED FROM THE EXISTING SITE MAY BE USED PROVIDED THAT IT MEETS THE STANDARDS AS SET FORTH IN THESE SPECIFICATIONS. TYPICALLY, THE DEPTH OF TOPSOIL TO BE SALVAGED FOR A GIVEN SOIL TYPE CAN BE FOUND IN THE REPRESENTATIVE SOIL PROFILE SECTION IN THE SOIL SURVEY PUBLISHED BY USDA-SCS IN COOPERATION WITH MARYLAND AGRICULTURAL EXPERIMENTAL STATION.
 - 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 A SOIL SCIENTIST AND APPROVED BY THE APPROPRIATE APPROVAL AUTHORITY. REGARDLESS, TOPSOIL SHALL NOT BE A MIXTURE OF CONTRASTING TEXTURED SUBSOILS AND SHALL CONTAIN LESS THAN 5% BY VOLUME OF CHINDERS, STONES, SLAG, COARSE FRAGMENTS, GRAVEL STICKS, ROOTS, TRASH, OR OTHER MATERIALS LARGER THAN 1 AND 1/2" IN DIAMETER.
 - TOPSOIL MUST BE FREE OF PLANTS OR PLANT PARTS SUCH AS BERMUDA GRASS, QUACKGRASS, JOHNSONGRASS, NUTSEDGE, POISON IVY, THISTLE, OR OTHERS AS SPECIFIED.
 - WHERE THE SUBSOIL IS EITHER HIGHLY ACIDIC OR COMPOSED OF HEAVY CLAYS, GROUND LIMESTONE SHALL BE SPREAD AT THE RATE OF 4-8 TONS/ACRE (200-400 POUNDS PER 1,000 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.
 - FOR SITES HAVING DISTURBED AREAS UNDER 5 ACRES:
 - PLACE TOPSOIL (IF REQUIRED) AND APPLY SOIL AMENDMENTS AS SPECIFIED IN 20.0 VEGETATIVE STABILIZATION - SECTION I - VEGETATIVE STABILIZATION METHODS AND MATERIALS.
 - FOR SITES HAVING DISTURBED AREAS OVER 5 ACRES:
 - ON SOIL MEETING TOPSOIL SPECIFICATIONS, OBTAIN TEST RESULTS DICTATING FERTILIZER AND LIME AMENDMENTS REQUIRED TO BRING THE SOIL INTO COMPLIANCE WITH THE FOLLOWING:
 - PH FOR TOPSOIL SHALL BE BETWEEN 6.0 AND 7.5. IF THE TESTED SOIL DEMONSTRATES A PH OF LESS THAN 6.0, SUFFICIENT LIME SHALL BE PRESCRIBED TO RAISE THE PH TO 6.5 OR HIGHER.
 - ORGANIC CONTENT OF TOPSOIL SHALL BE NOT LESS THAN 1.5 PERCENT BY WEIGHT.
 - TOPSOIL HAVING SOLUBLE SALT CONTENT GREATER THAN 500 PARTS PER MILLION SHALL NOT BE USED.
 - NO SOD OR SEED SHALL BE PLACED ON SOIL WHICH HAS BEEN TREATED WITH SOIL STERILANTS OR CHEMICALS USED FOR WEED CONTROL UNTIL SUFFICIENT TIME HAS ELAPSED (14 DAYS MIN) TO PERMIT DISSIPATION OF PHYTO-TOXIC MATERIAL.
 - NOTE: TOPSOIL SUBSTITUTES C AMENDMENTS, AS RECOMMENDED BY A QUALIFIED AGRONOMIST OR SOIL SCIENTIST AND APPROVED BY THE APPROPRIATE APPROVAL AUTHORITY, MAY BE USED IN LIEU OF NATURAL TOPSOIL.
 - PLACE TOPSOIL (IF REQUIRED) AND APPLY SOIL AMENDMENTS SPECIFIED IN 20.0 VEGETATIVE STABILIZATION - SECTION I - VEGETATIVE STABILIZATION METHODS AND MATERIALS.
 - TOPSOIL APPLICATION
 - WHEN TOPSOILING, MAIN NEEDED EROSION AND SEDIMENT CONTROL PRACTICES SUCH AS DIVERSIONS, GRADE STABILIZATION STRUCTURES, EARTH DIKES, SLOPE SILT FENCE AND SEDIMENT TRAPS AND BASINS.
 - GRADES ON THE AREAS TO BE TOPSOILED, WHICH HAVE BEEN PREVIOUSLY ESTABLISHED, SHALL BE MAINTAINED, ALBEIT 4" - 8" HIGHER IN ELEVATION.
 - TOPSOIL SHALL BE UNIFORMLY DISTRIBUTED IN A 4" - 8" LAYER AND LIGHTLY COMPACTED TO A MINIMUM THICKNESS OF 4". SPREADING SHALL BE PERFORMED IN SUCH A MANNER THAT SODDING OR SEEDING CAN PROCEED WITH A MINIMUM OF ADDITIONAL SOIL PREPARATION AND TILLAGE. ANY IRREGULARITIES IN THE SURFACE RESULTING FROM TOPPING OR OTHER OPERATIONS SHALL BE CORRECTED IN ORDER TO PREVENT THE FORMATION OF DEPRESSIONS OR WATER POCKETS.
 - TOPSOIL SHALL NOT BE PLACED WHILE THE TOPSOIL OR SUBSOIL IS IN A FROZ OR MUDDY CONDITION, WHEN THE SUBSOIL IS EXCESSIVELY WET IN A CONDITION THAT MAY OTHERWISE BE DETRIMENTAL TO PROPER GRADING AND SEEDBED PREPARATION.

PERMANENT SEEDING NOTES

- APPLY TO GRADED OR CLEARED AREAS NOT SUBJECT TO IMMEDIATE FURTHER DISTURBANCE WHERE A PERMANENT LONG-LIVED 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: IN LIEU OF SOIL TEST RECOMMENDATIONS, USE ONE OF THE FOLLOWING SCHEDULES:
- PREFERRED - APPLY 2 TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./100 SQ.FT.) AND 600 LBS. PER ACRE (14 LBS./1000 SQ.FT.) OF FERTILIZER (14 LBS./1000 SQ.FT.) BEFORE SEEDING. HARROW OR DISC INTO UPPER THREE INCHES OF SOIL AT THE TIME OF SEEDING. APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER (9 LBS./1000 SQ.FT.)
 - ACCEPTABLE - APPLY 2 TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND APPLY 1000 LBS. PER ACRE 10-10-10 FERTILIZER (23 LBS./1000 SQ.FT.) BEFORE SEEDING. HARROW OR DISC INTO UPPER THREE INCHES OF SOIL.
- SEEDING: FOR THE PERIODS MARCH 1 THRU APRIL 30, AND AUGUST 1 THRU OCTOBER 15, SEED WITH 80 LBS. PER ACRE (14 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE FOR THE PERIOD MAY 1 THRU JULY 31, SEED WITH 80 LBS. KENTUCKY 31 TALL FESCUE PER ACRE AND 2 LBS. PER ACRE (0.5 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THRU FEBRUARY 28, PROTECT SITE BY: OPTION (1) 2 TONS PER ACRE WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING. OPTION (2) USE SOD. OPTION (3) SEED WITH 80 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH 2 TONS/ACRE WELL ANCHORED STRAW.
- MULCHING: APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ. FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 218 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS, ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.
- MAINTENANCE: INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

TEMPORARY SEEDING NOTES

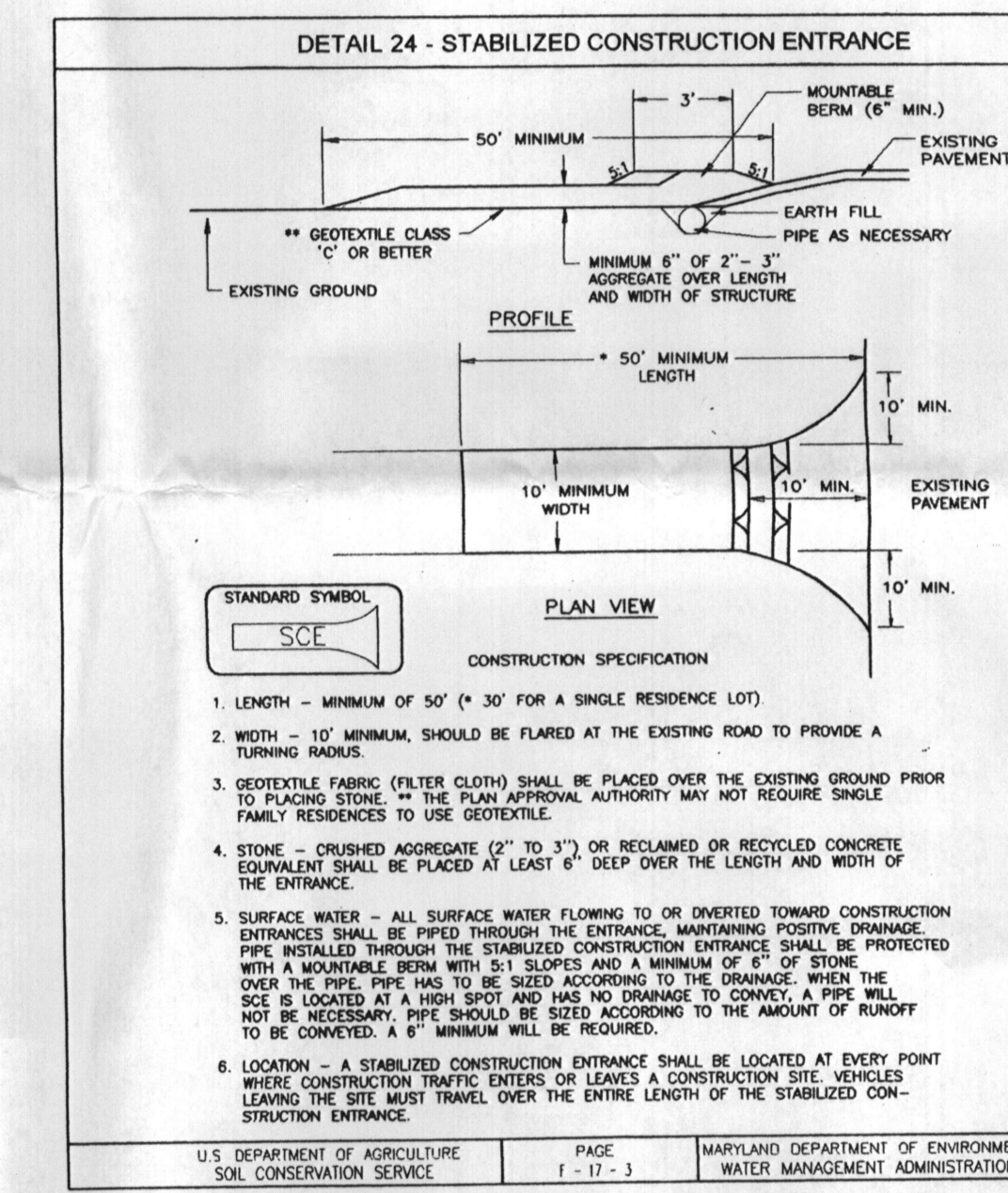
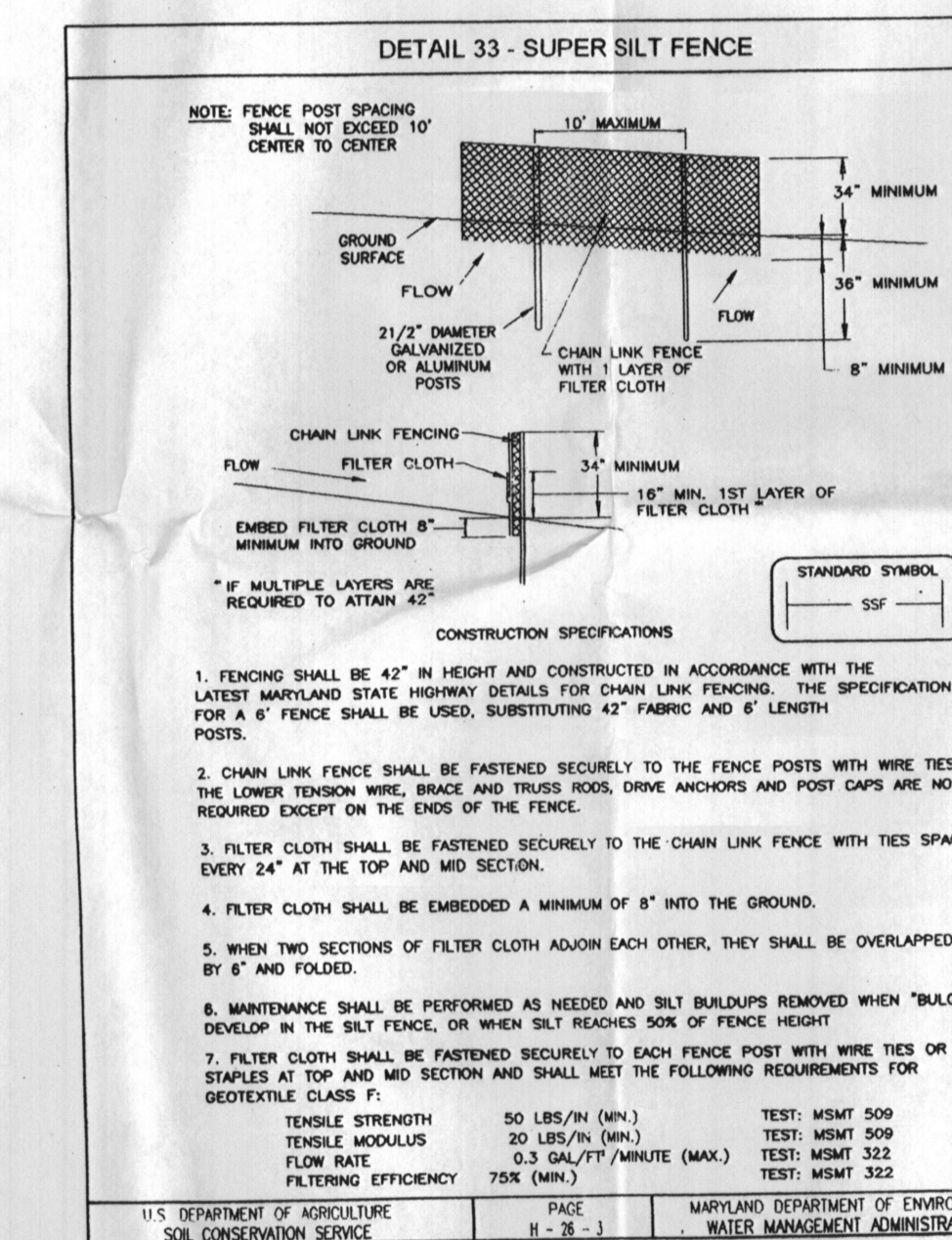
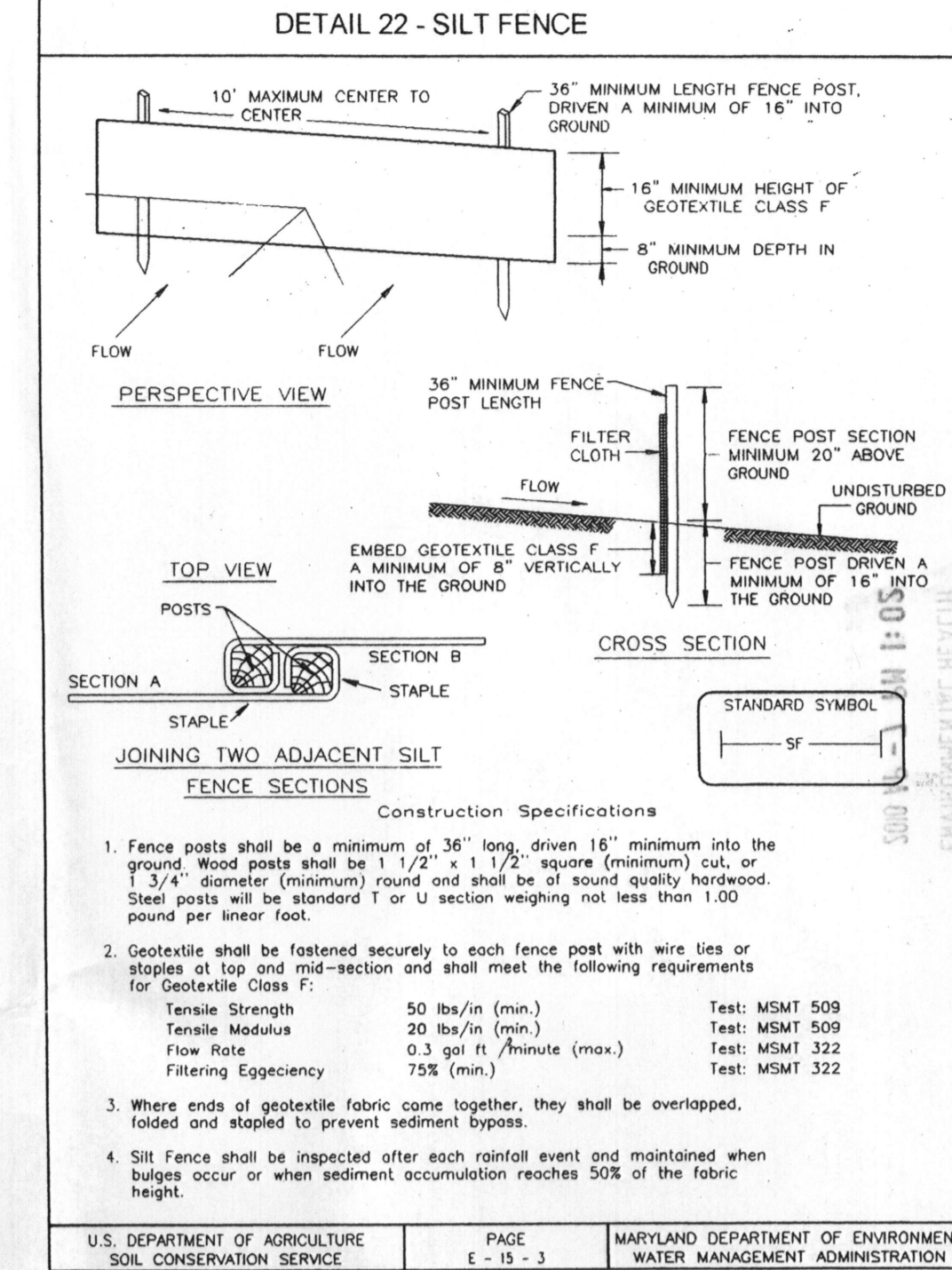
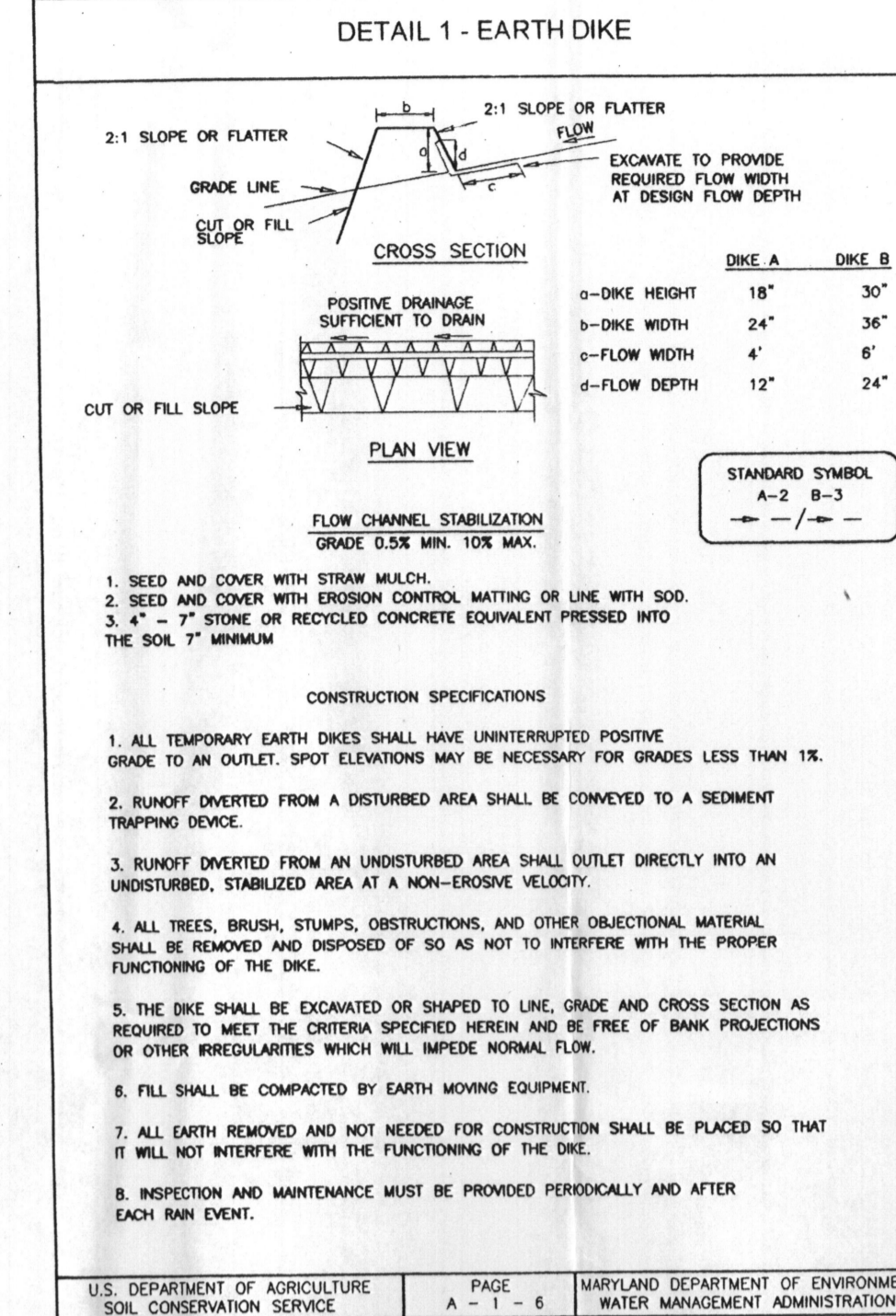
- SEEDBED PREPARATION: LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING, IF NOT PREVIOUSLY LOOSENED.
- SOIL AMENDMENTS: APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (14 LBS./1000 SQ.FT.)
- SEEDING: FOR PERIODS MARCH 1 THRU APRIL 30 AND FROM AUGUST 15 THRU NOVEMBER 15, SEED WITH 2 1/2 BUSHEL PER ACRE OF ANNUAL RYE (3.2 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS (0.7 LBS./1000 SQ.FT.) FOR THE PERIOD NOVEMBER 1 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 SOD.
- MULCHING: APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 218 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS, ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.
- REFER TO THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT.
- NOTIFY HOWARD COUNTY BUREAU OF INSPECTIONS AND PERMITS (410.313.1880) AT LEAST 24 HOURS BEFORE STARTING ANY WORK.
- CONSTRUCT STABILIZED CONSTRUCTION ENTRANCE AND PERIMETER CONTROLS. (2 DAYS)
- AFTER OBTAINING PERMISSION FROM THE SEDIMENT CONTROL INSPECTOR TO PROCEED, ROUGH GRADE SITE. (1 WEEKS)
- CONSTRUCT HOUSES AND GRADE DRIVEWAY. (8 MONTHS)
- UPON STABILIZATION OF ALL DISTURBED AREAS AND WITH THE APPROVAL OF THE SEDIMENT CONTROL INSPECTOR, REMOVE ALL SEDIMENT CONTROL DEVICES.

NOTES

- DURING GRADING AND AFTER EACH RAINFALL, THE CONTRACTOR SHALL INSPECT AND PROVIDE THE NECESSARY MAINTENANCE ON THE SEDIMENT AND EROSION CONTROL MEASURES SHOWN HEREON.
- FOLLOWING INITIAL SOIL DISTURBANCE OR REDISTURBANCE PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLIED WITH.



GRADING AND SEDIMENT EROSION CONTROL PLAN
THE CHASE AT STONEY BROOK

PHASE I
LOTS 6, 7, 8, 11, 12, 14, 15, 16 & 17
REF: S-01-21, P.05-001, F.05-170
ZONED: RC-DEO

TAX MAP: 7 BLOCK: 17 PARCEL 133
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLCOTT CITY, MD 21043 FAX: 410.461.8961

DESIGN BY: RJ
DRAWN BY: RJ
CHECKED BY: RHV
DATE: JANUARY 2007
SCALE: 1"=50'
W.O. NO.: 06-34-00

4 SHEET OF 4

GP-07-000

REVIEWED FOR HOWARD SOD AND MEETS TECHNICAL REQUIREMENTS

Jim [Signature] DATE 5/17/07

USA - NATURAL RESOURCES CONSERVATION SERVICE

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

Jim [Signature] DATE 5/17/07

HOWARD SCD

ENGINEER'S CERTIFICATE

I, CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN AMANCE WITH THE REQUIREMENTS OF THE HOWARD CONSERVATION DISTRICT.

Robert H. Vogel, PE #16193 DATE 5/17/07

DEVELOPER'S CERTIFICATE

I, CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL 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.

Michael L. Pfau DATE 5/14/07