



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: 1/8/15

Permit No.: _____

Building Address: 8137 HUNTFIELD DRIVE
 City: FULTON State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SINGLE FAMILY DWELLING
 Proposed Use: FINISHED BASEMENT
 Estimated Construction Cost: \$ 25,000.00
 Description of Work: FABRIC WALLS FOR CLUB ROOM, EXERCISE RM, OFFICE, WET BAR, BATHROOM, UTILITY RM, STORAGE - 1200 SQ FT.
 Occupant or Tenant: SAME AS OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: DAH + JULIE SISK
 Address: 8137 HUNTFIELD DRIVE
 City: FULTON State: MD Zip Code: 20759
 Phone: 301-498-2116 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: SAME AS CONTRACTOR
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: DONSEY CUSTOM CRAFTSMANRY INC
 Contact Person: JOSEPH DONSEY
 Address: 14767 JUSTIFIABLE CT.
 City: WOODBINE State: MD Zip Code: 21797
 License No.: MHIC 68878
 Phone: 443-309-7043 Fax: 410-489-7075
 Email: FOURWHEELING@aol.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" 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:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	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:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input checked="" type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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.

Joseph Donsey
 Applicant's Signature
FOURWHEELING@aol.com
 Email Address
PRESIDENT DKC
 Title/Company

JOSEPH DONSEY
 Print Name
1/8/15
 Date

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>1/8/15</u>	<u>H. Oswald</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

WPI & Septic 1-2 6/2/00

05-429994

PERMIT

P 513576

INDEXED SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

A57659-K

ISSUE DATE 5/3/2000

APPROVAL DATE 6/2/00

Hatfield's Equipment & Dedication IS PERMITTED TO INSTALL X ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Hunterbrooke LOT NUMBER 11 ADDRESS 8137 Huntfield Drive

PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, MD 20770

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS ***** Watertight compartmented tank required with wastewater effluent filter. *****

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth
7 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Start the first trench 115' down the right lot line and 10' off this same
lot line. Run trenches on contour to left side of lot. Two 120' trenches requested.

PLANS APPROVED Mark E. Rifkin OK AL2A/00 DJS DATE 3-20-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

~~NO RETURN~~
NO RETURN 5/3/01
300130583 deck

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A57659K

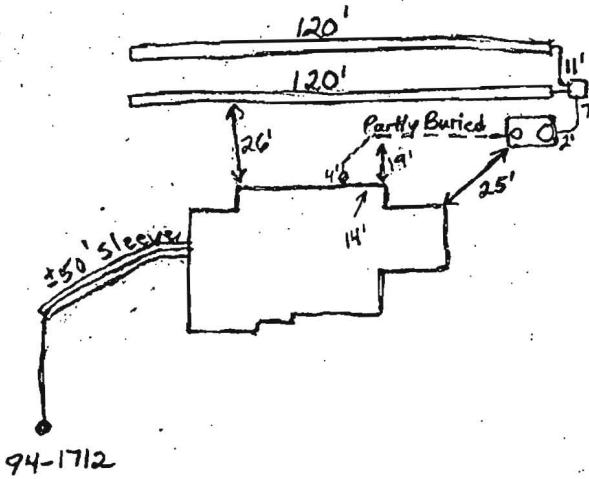
NOT TO SCALE

TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 3.0'
 TRENCH BOTTOM DEPTH 5.0'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq. ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK (2-Compartment)
1500 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes
PUMP CHAMBER DATA N/A
 PUMP CHAMBER GALLONS
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST



Huntfield Drive

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 6/2/00 House connection made. Effluent filter on tank outlet.

Everything satisfactory. O.K. to cover. (BB)

6/2/00 WPI - Pitless 4.5' below grade. Cap 18" above grade. Grout O.K. PVC 4.5' below grade. 2-piece cap. Line sleeved across driveway. O.K. (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 6/2/00

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER EDWARD PRINCE

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PRD LOT NO. 12 11

ROAD AND DESCRIPTION R.W. DEE LIME KILN AVE 216

TAX MAP 46 PARCEL # 360 + P/O 344

SIZE OF LOT 1 AC TYPE BLDG. SED
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A57659
COUNTY #

SOIL PROFILE

0'

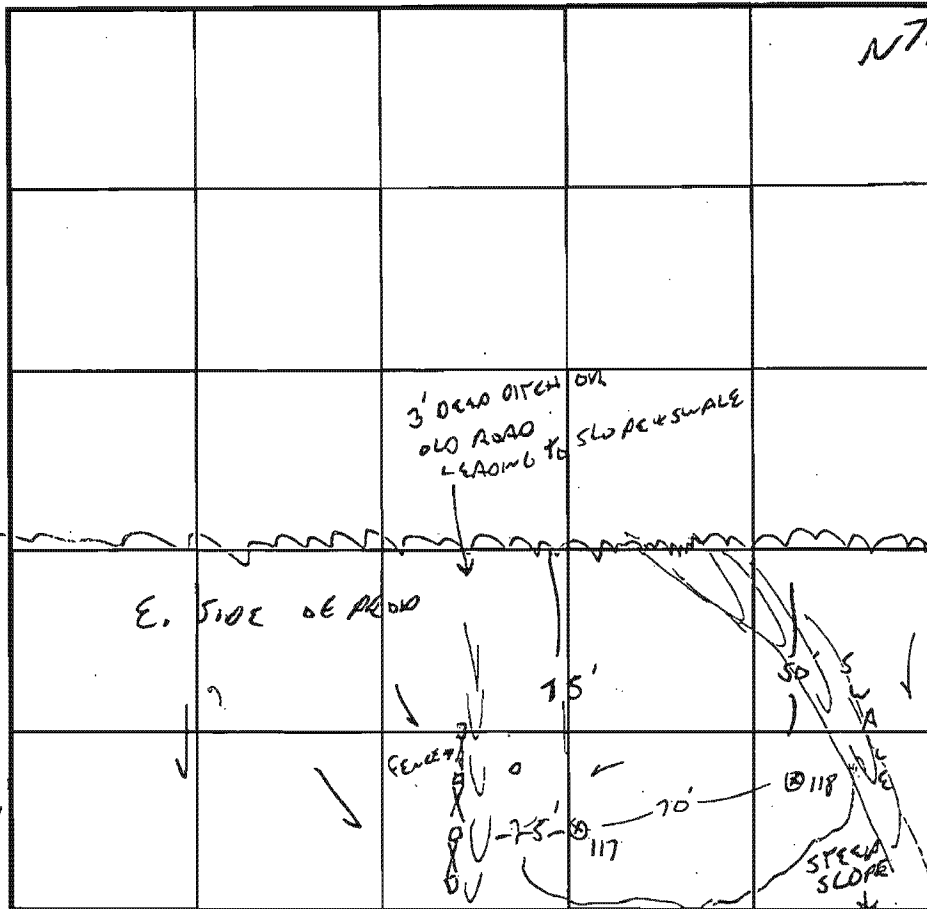
117

BROWN MICACEOUS CL

LIGHT BROWN S.S. CL! 50% mica flecks

30% PLATY SAGGITE

10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

118

0'

5'

10'

BROWN L SCL

LIGHT TAN S MICA SIL

Sq Rocks GRAVELS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/16/97	118	5/10V	11:07	11:09		11:11	2MW	OK
	117	5/10V	11:22	11:27		11:34	7MW	OK

REMARKS SOIL PILES AT EDGE OF WOODS, SHOWING REEFS SIDA

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT MATELOS CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*CONFIRMATION
TEST, 2 HOLES*

DISTRICT _____

DATE 11/9/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER JAY PAREKH

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROP LOT NO. 17

ROAD AND DESCRIPTION CLAY KILN

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1 AC TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

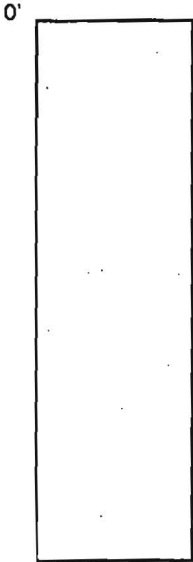
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

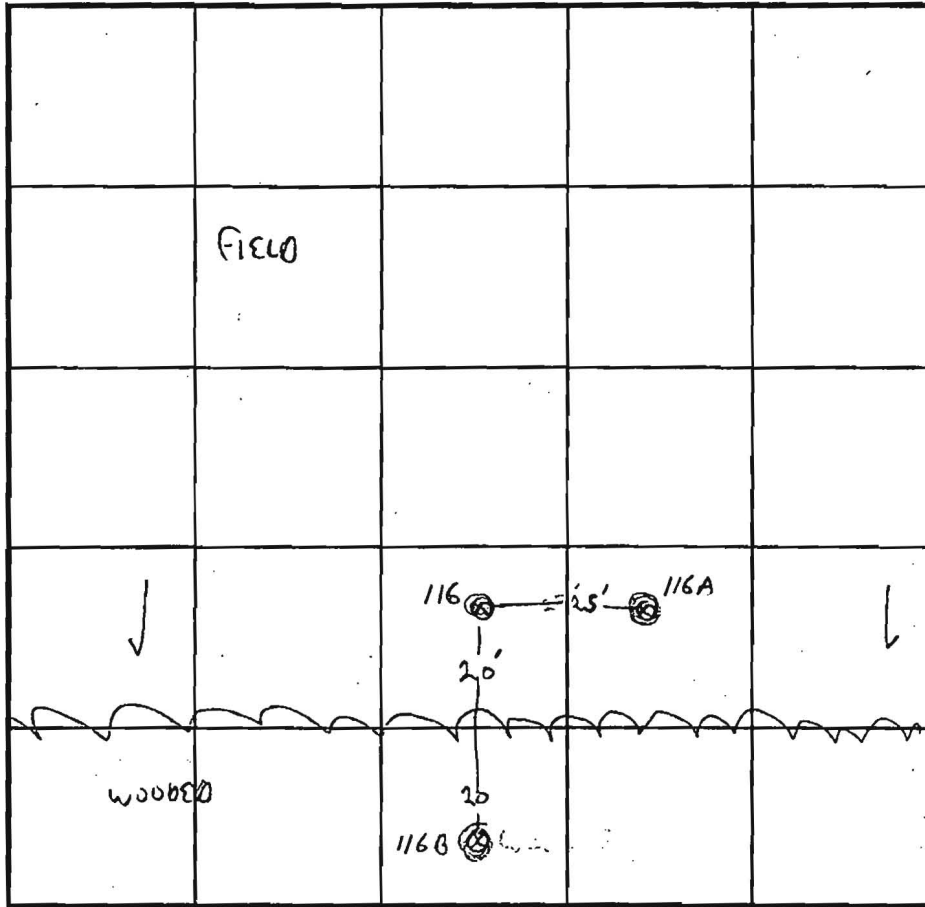
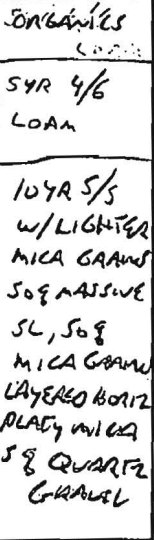
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE



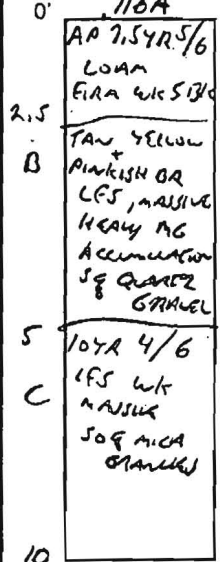
116B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

116A



10
 * CORRECTION OF X1.5 FACTOR APPLIED TO PERC TEST TO ADJUST FOR 6" TEST HOLE DIA.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/97	116A	5/10v	1:37	1:39		1:41	2 MIN
	116B	5/10v	1:59	2:00		2:01:40	1:40

REMARKS LOT 12

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT HAYFIELD, JAY PARSKU

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME * 2.1 MIN TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 5th
DATE 1-31-97
1-29-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes, c/o David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 10111

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

David E. Meiners
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
57

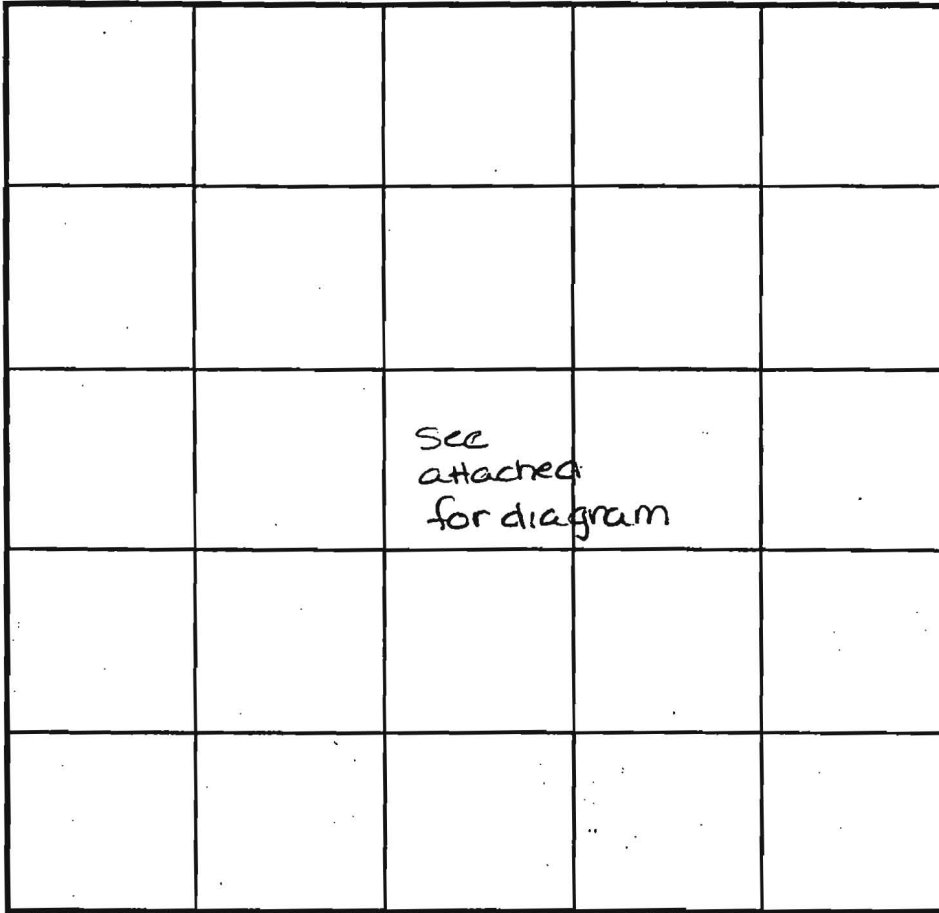
0' dark orange brown Si:clm
1' lgt grey Salm
20% frags micaceous grey rock

53

40' bright orange brown Si:clm
brown Salm
Very micaceous
15% Rx

115

3.0' lgt orange brown Si:clm
lgt tan bugh Si:clm
<5% Rx



SOIL PROFILE
116

0' dark brown 20% Rx Si:clm
6.0' dark orange brown w/ blk on faces 30% Rx
10.0' refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-7-97	57	5.5 V12.0	1:12	1:13	1:13	1:15	2min
	53	5.0 V12.0	1:16	1:17	1:17	1:18 ³⁰	1 1/2 min
9-11-97	115	Visual to 12.0		12.0	---	---	OK
	116	6.0 V10.0	10:45	10:51	---	---	slow
		Deep clay - shallow bedrock					F

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 5th

DATE 1-31-97
1-29-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meinert

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

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SUBDIVISION PRINCE PROPERTY LOT NO. 12

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TAX MAP 46 PARCEL # 360 & p/o 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

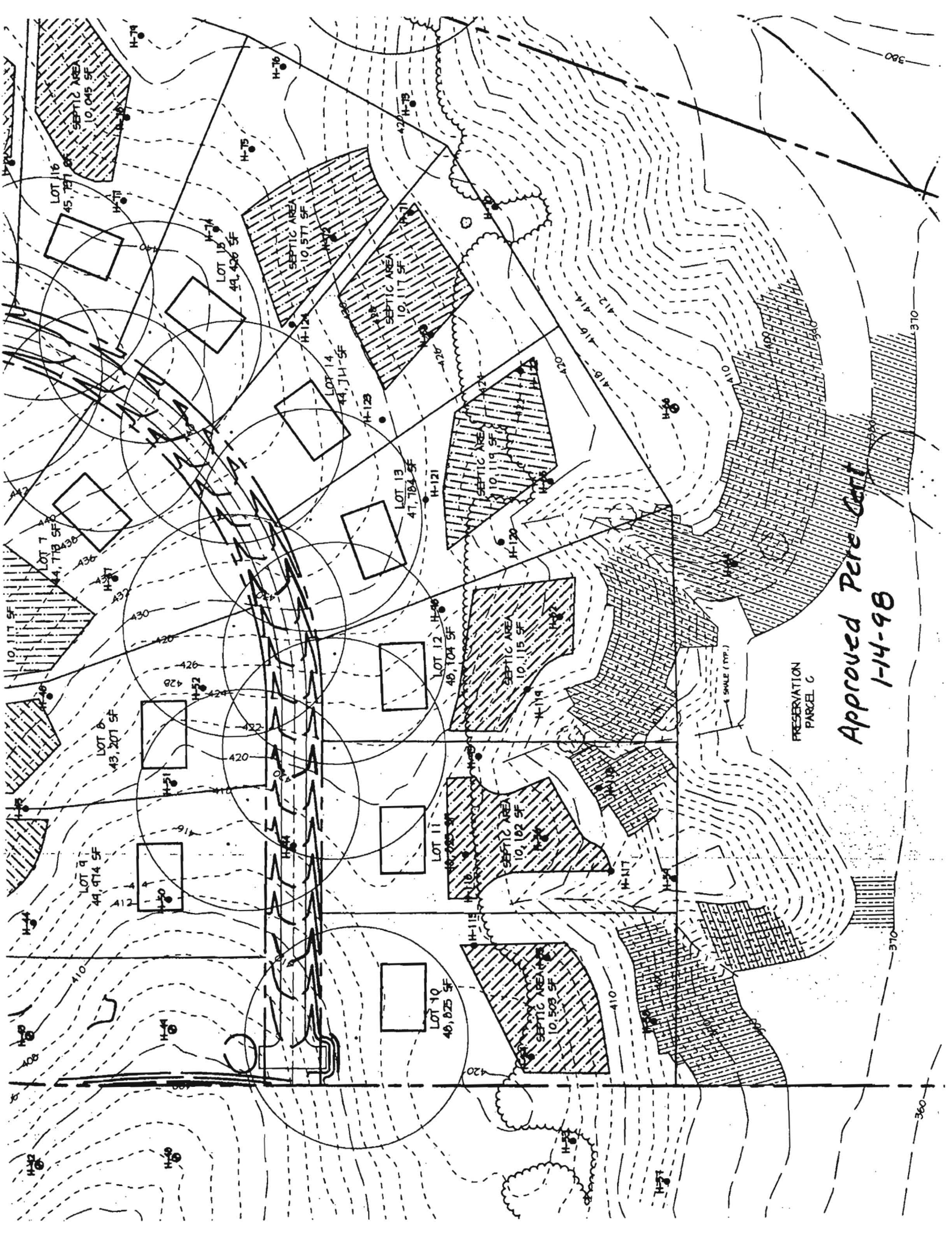
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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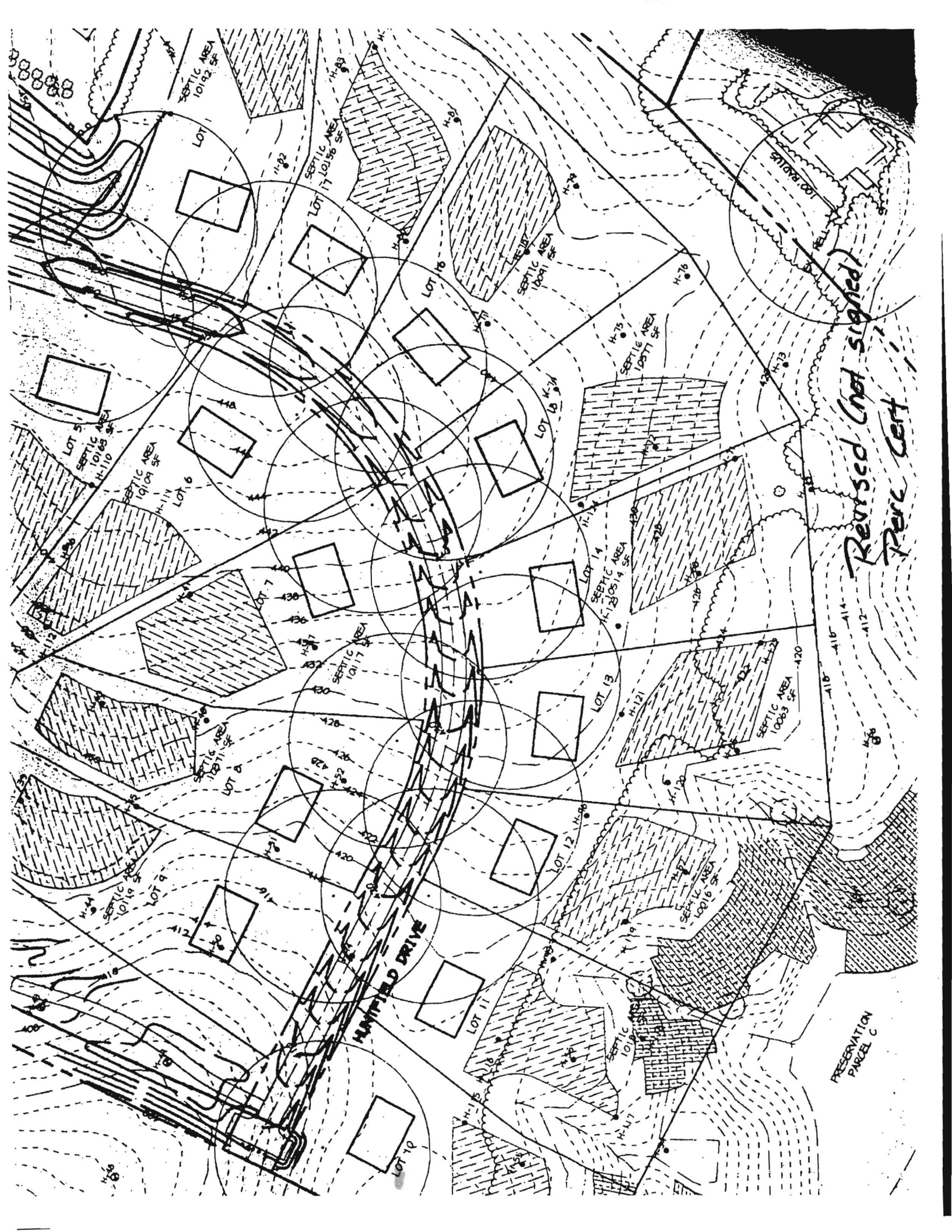
THIS IS NOT A PERMIT



Approved Peter Cott
1-14-98

PRESERVATION
PARCEL C

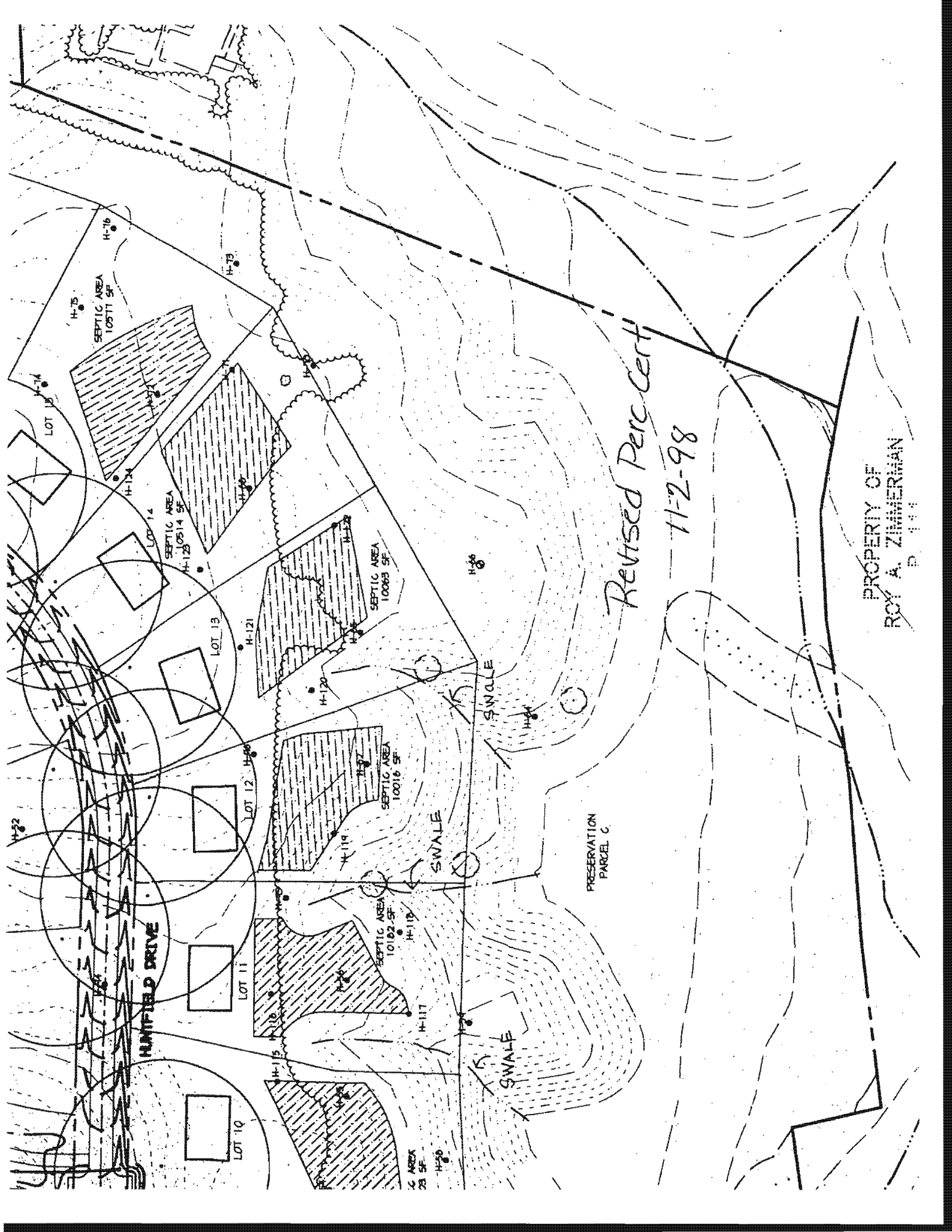
1" = 50' SCALE (TYP.)



Revised (not signed)
Perc Cert

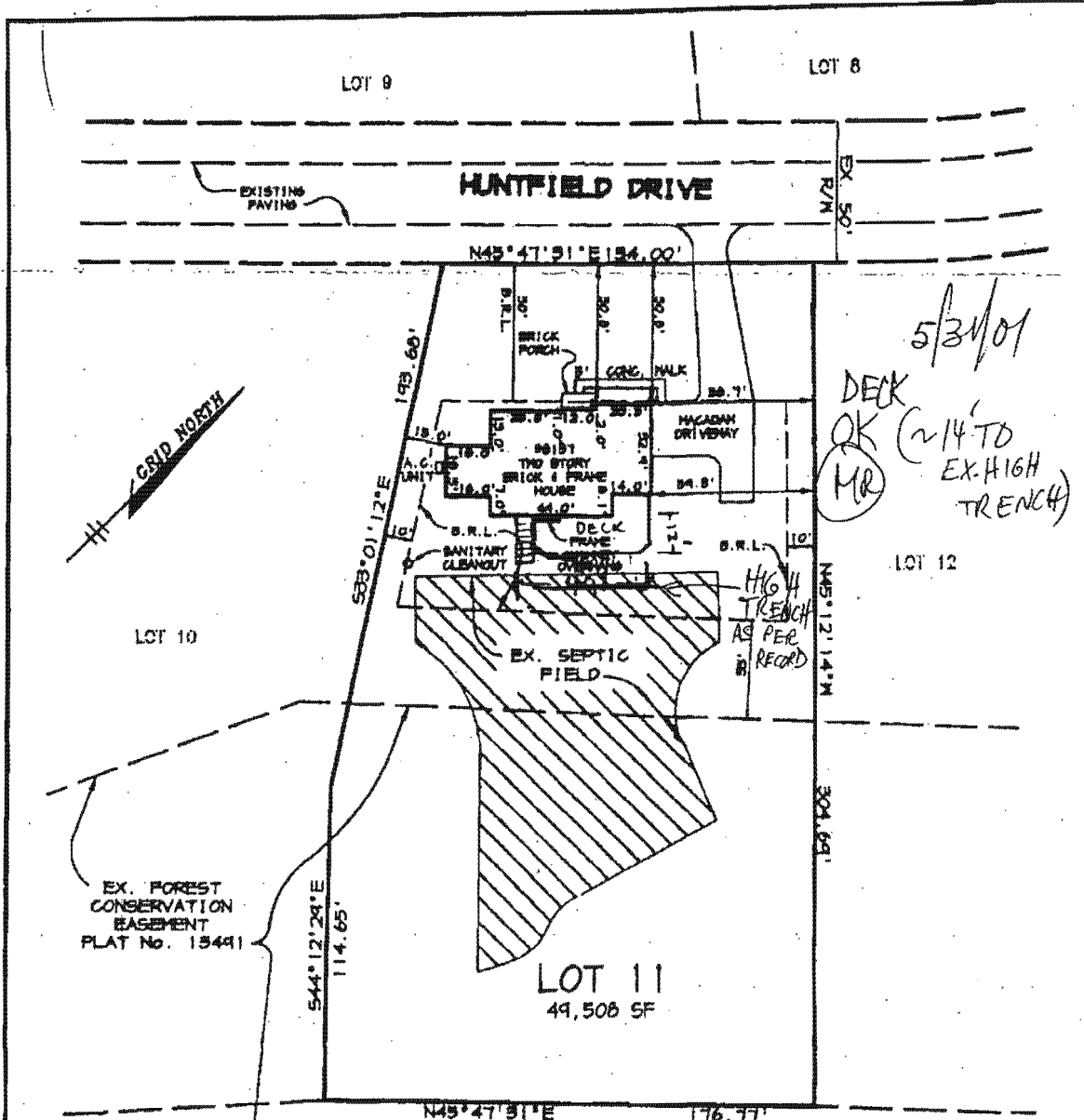
HUNFIELD DRIVE

PRESERVATION
PARCEL C



Revised Perc Cert
11-2-98

PROPERTY OF
ROY A. ZIMMERMAN
D 111

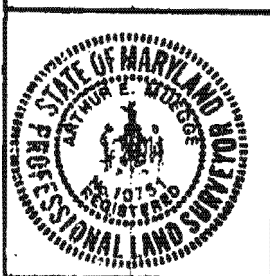


PRESERVATION PARCEL 'C'
(NON BUILDABLE)

B.R.L. - BUILDING RESTRICTION LINE
FIRST FLOOR ELEVATION = 420.2

NOTE:

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0042B DATED 12-04-88 FOR HOWARD COUNTY, MARYLAND.

Arthur E. Muegge
ARTHUR E. MUEGGE #10751

RIEMER MUEGGE & ASSOCIATES, INC.
SUITE 200
RR1A CENTRE PARK DRIVE

FINAL LOCATION DRAWING
HUNTERBROOKE

FOR CONTINUATION
SEE SHEET 2 OF 3

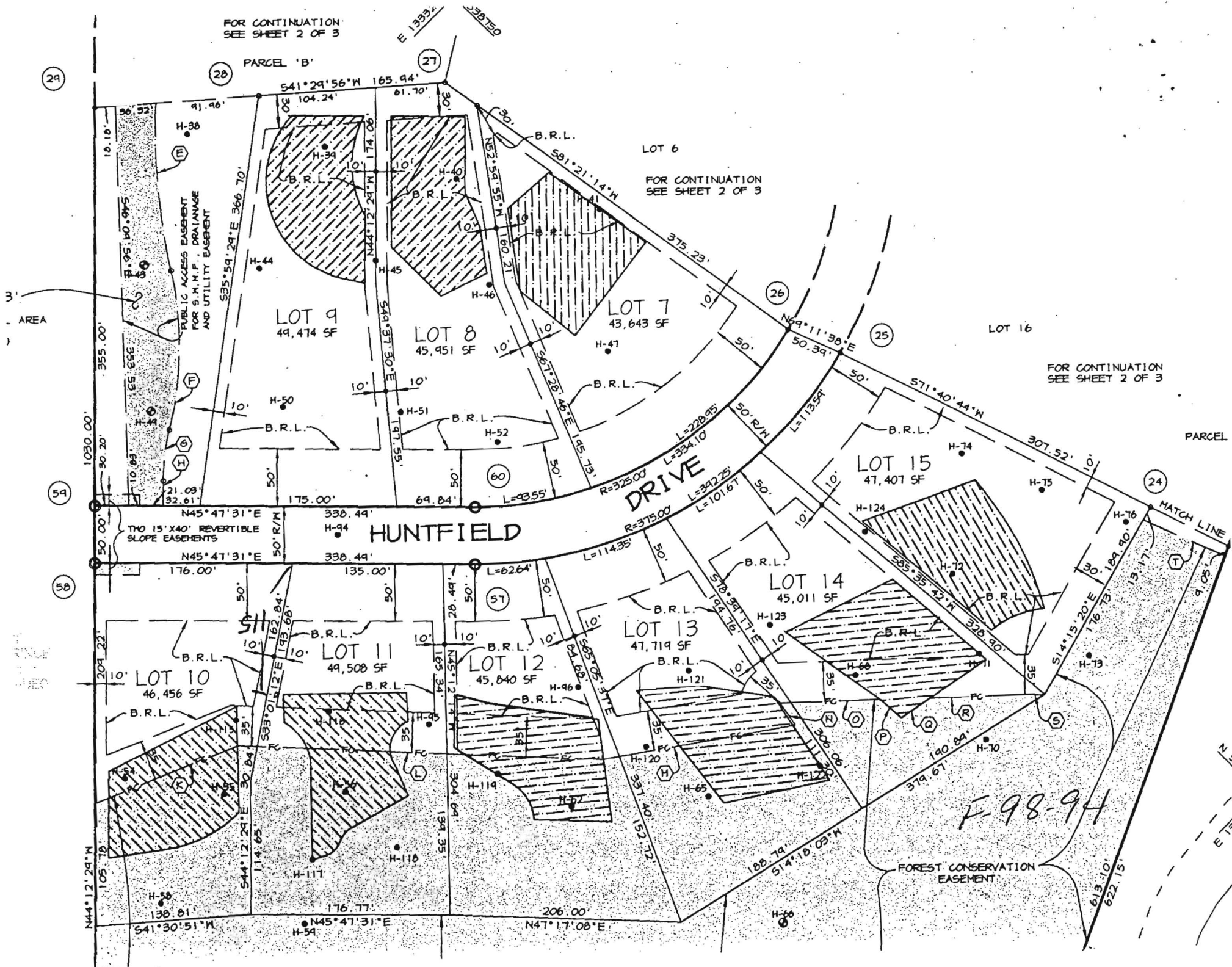
PARCEL 'B'

LOT 6

FOR CONTINUATION
SEE SHEET 2 OF 3

FOR CONTINUATION
SEE SHEET 2 OF 3

PARCEL



To Steve

313-2648 4/7/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0933~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6-2-00

Name of Installer Tester C. Sennum

Telephone 301-831-7057

License Number AWD 611

Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner Winchester Homes

Telephone _____

Subdivision _____ Lot # 11

Well Tag # 10-94-1712

Site Address 8137 Hunt Field Dr.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Martinson
- 2. Model # B-19Y
- 3. Depth 3 1/2

2. Make Grundfos

3. Model # 56507422

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- 1. Capacity 86
- 2. Pressure relief valve? yes

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 400 ft.
- 2. Yield 1.5 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

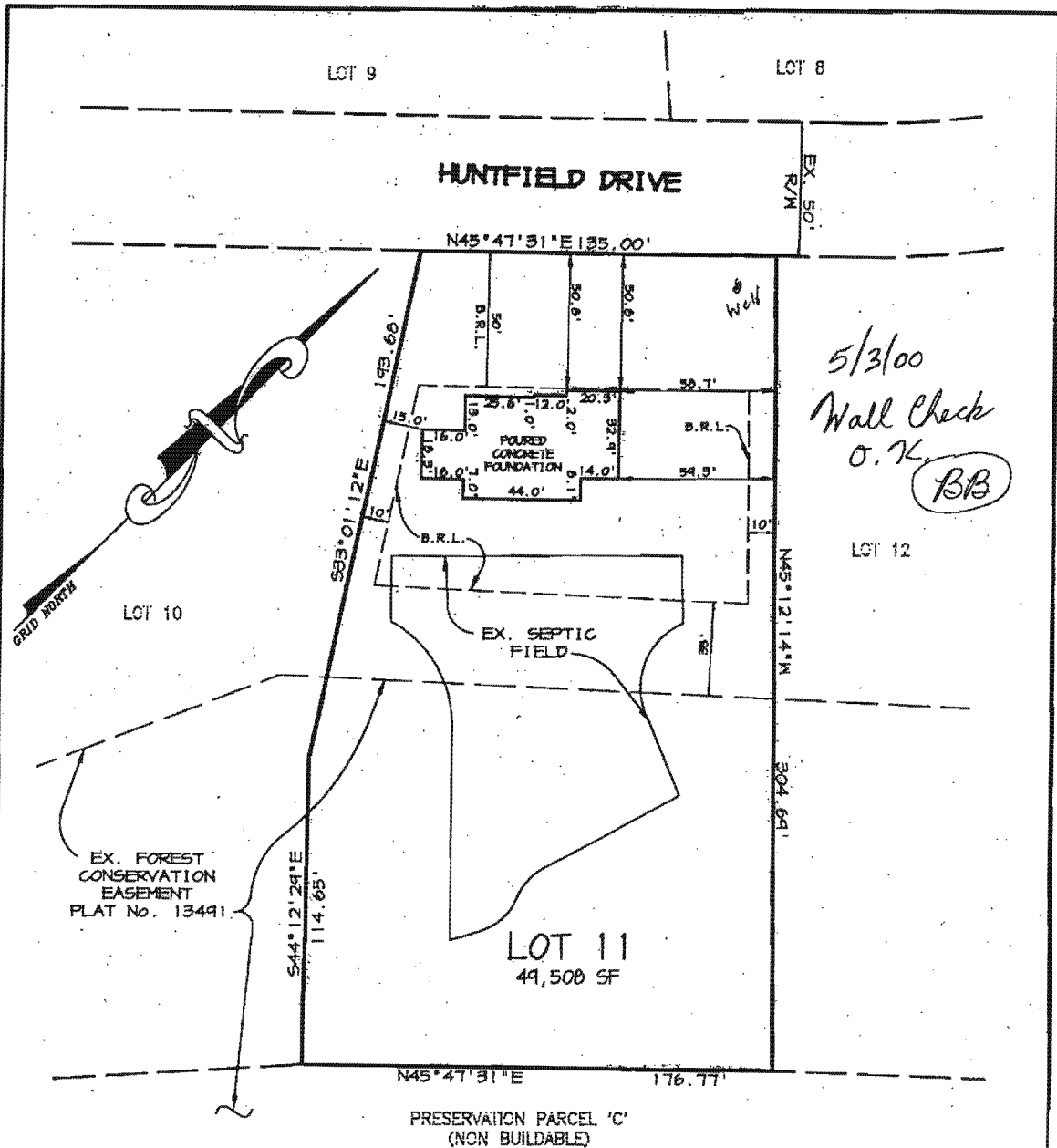
All information given above is true to the best of my knowledge.

6/2/00 - WPI GR (BB) SRU

Signature of Applicant: Tester C. Sennum

Date: 6-2-00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



5/3/00
 Wall Check
 O.K.
 BB

B.R.L. - BUILDING RESTRICTION LINE
 TOP FOUNDATION ELEVATION = 426.6

NOTE:

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 00428 DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.



Arthur E. Muegge

ARTHUR E. MUEGGE #10751

RIEMER MUEGGE & ASSOCIATES, INC.
 SUITE 200
 8818 CENTRE PARK DRIVE
 COLUMBIA, MARYLAND 21045

TELEPHONE
 (410) 997-8900

FAX
 (410) 997-9288

LOCATION DRAWING

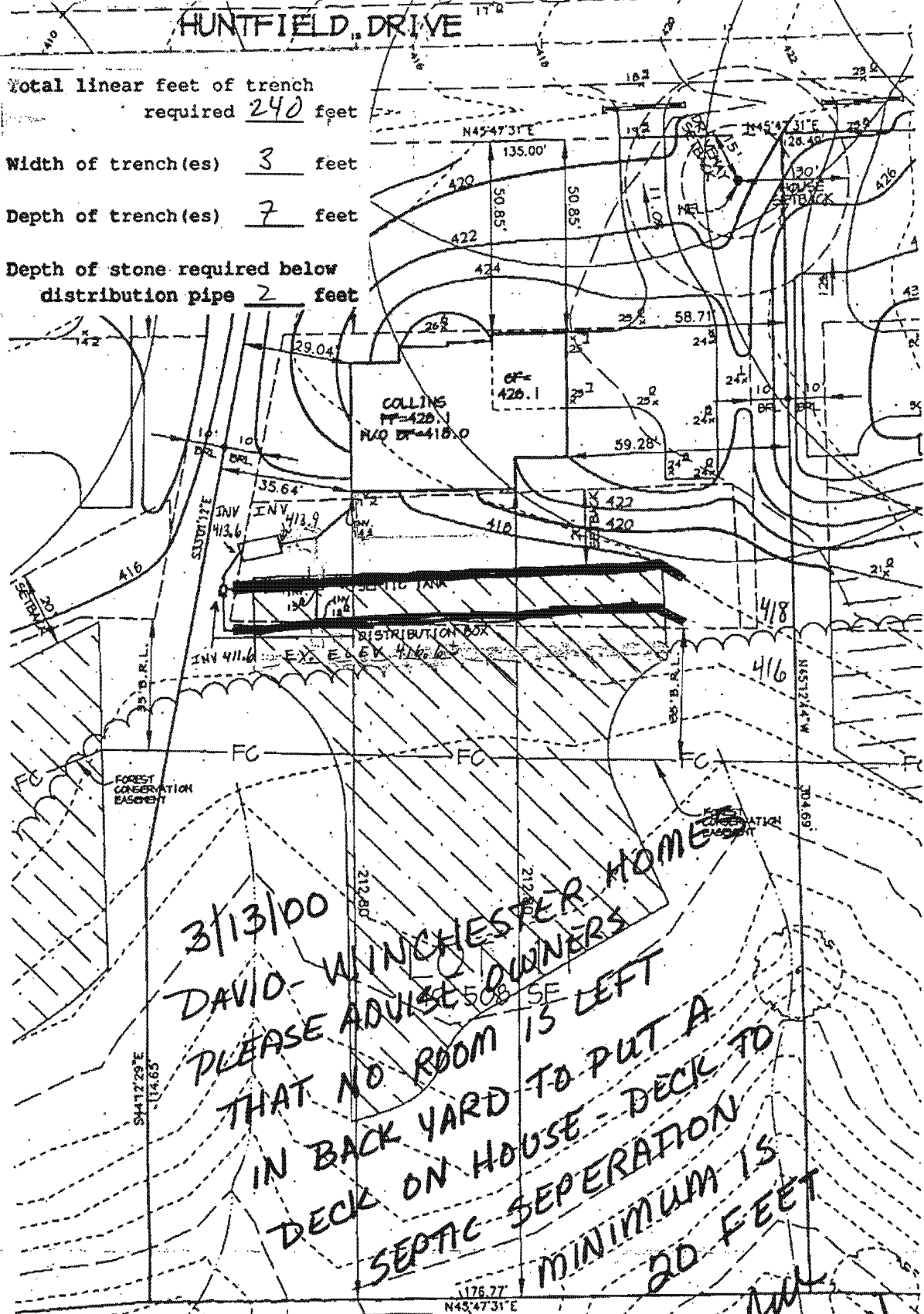
HUNTERBROOKE
 LOT 11

5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 PLAT Nos. 13409 THRU 13491

SCALE: 1"=50' | PROJ. No. 99099 | DRAWN BY: D.P.K. | DATE: 04-20-00

HUNTFIELD DRIVE

Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 7 feet
Depth of stone required below distribution pipe 2 feet



3/13/00
DAVID WINCHESTER HOMES
PLEASE ADVISE OWNERS
THAT NO ROOM IS LEFT
IN BACK YARD TO PUT A
DECK ON HOUSE - DECK TO
SEPTIC SEPERATION
MINIMUM IS
20 FEET

Approved Septic System Plan
Howard County Health Department

Blank & Bell 3/20/00
Signature Date

* STEEP SLOPES AT
BACK OF PROPERTY
PREVENT ADJUC
OF SEPTIC
AREA

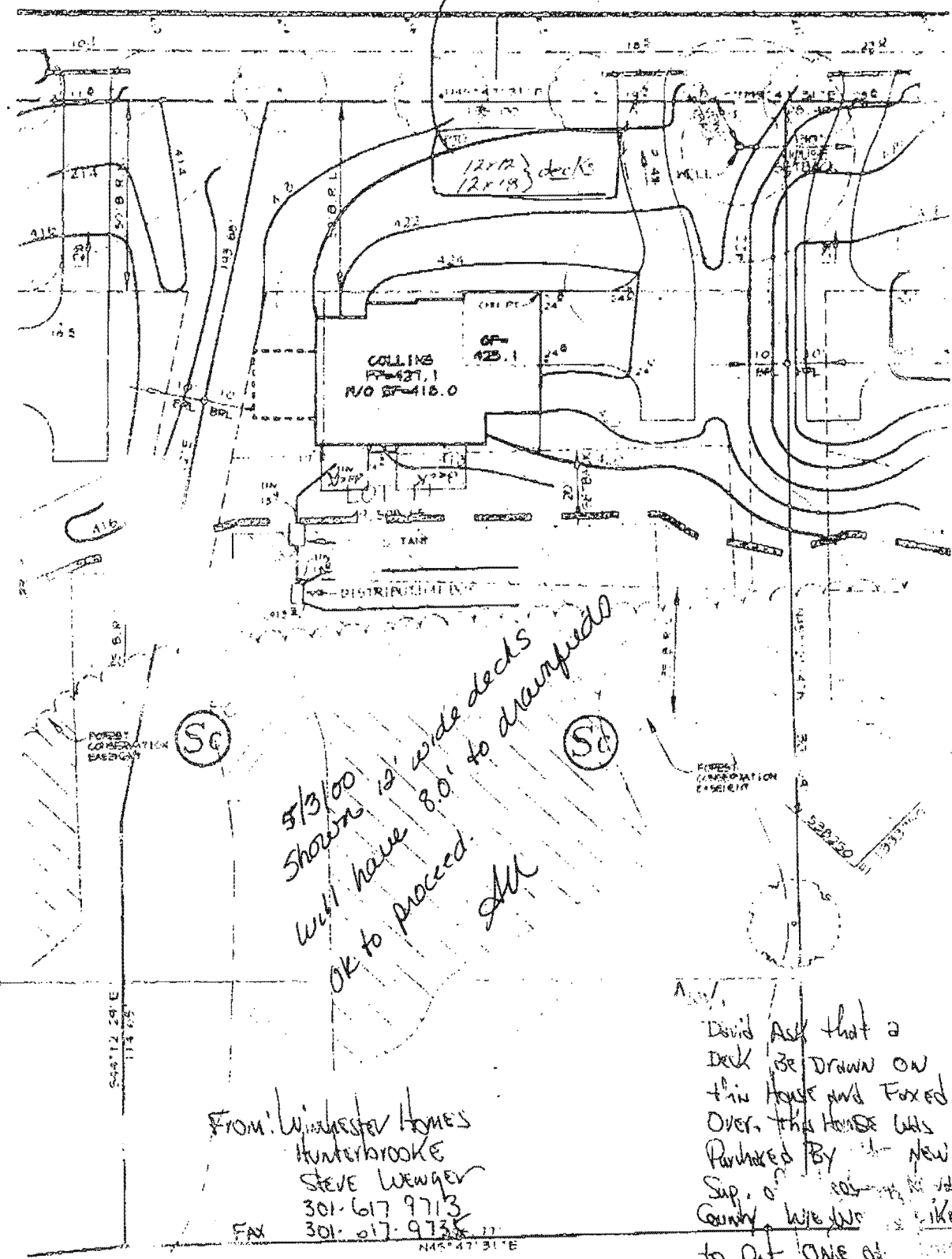
Steve 5/3/00

Here is the
septic layout
(tank & trenches)
for Hunterbrook
Lot 11

Steve

CHLINE SHEET 4

Size



5/3/00
 shown 12' wide decks
 will have 8.0' to draft deck
 OK to proceed.
 JML

From: Winchester Homes
 Hunterbrooke
 Steve Wenger
 301-617-9713
 FAX 301-017-9735

David Ask that a
 Deck be drawn on
 this house and fixed
 over this house will
 purchased by the new
 Sup. of the new
 County will like
 to put one of
 decks on
 house w/ stairs.
 Let me know.
 Thanks

Any McMillan
 and County Health Dept.

C1 4199

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A57659-K

ST/CO USE ONLY DATE Received 10 23 98

DATE WELL COMPLETED 09 29 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1712

OWNER Winchester Homes STREET OR RFD Hunter Ln TOWN Fulton SUBDIVISION Hunterbrooke SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, brown Sandy Mica, gray mica, Sand Stone, and Gray Mica.

GROUTING RECORD form with fields for TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), SLOT SIZE, DIAMETER OF SCREEN.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE George F. Ginter

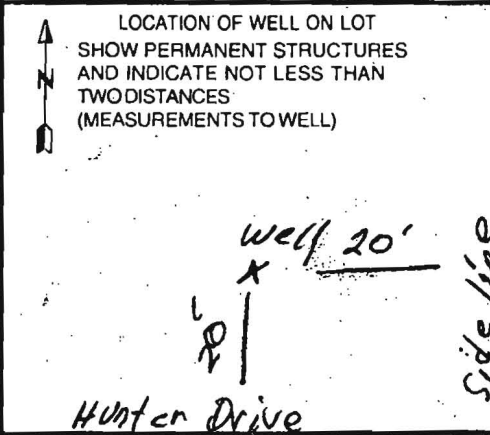
LIC. NO. MW D 501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-37 and handwritten values for 8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) JFM (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1712
 Location of property (road) Hunter Drive
 Subdivision Hunterbrook Lot 11 Block _____ Plat _____ Sec. _____
 Well Driller George Easterday Owner Winchester Homes

Depth of well 400 1 3/4 gpm
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 30

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate _____
 Total time 1 hr to reach pumping water level 244 ft. below M.P.

II. Recovery pump test data -- observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW-METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	91	8	300	
9:30	183			
9:45	203			
10:00 AM	244 ft	40 sec	300 ft	1 1/2 GPM
10:15 AM	244 ft	40 sec	300 ft	1 1/2 GPM
10:30 AM	244 ft	40 sec	300 ft	1 1/2 GPM
10:45 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:00 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:15 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:30 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:45 AM	244 ft	40 sec	300 ft	1 1/2 GPM
12:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
12:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
12:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
12:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
4:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM

TESTED BY Dickie

B 1	6893	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1712 <small>fill in this form completely</small>
-----	-------------	--------------------------------	--	---

Date Received (APA) **8-28-98**

OWNER INFORMATION RN 7578

Winchester Homes, Inc.
Last Name Owner First Name

6305 Ivy Lane, Suite 700
Street or RFD

Greenbelt, Md. 20770
Town State Zip

LOCATION OF WELL

Howard COUNTY

Hunterbrooke SUBDIVISION

SECTION **11** LOT **11**

Fulton NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **20**

DRILLER INFORMATION

George F. Easterday MWD **040**
Driller's Name License No.

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday **8/26/1998**
Signature Date

Hunter Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

20 DISTANCE FROM ROAD

TAX MAP: BLK. PARCEL

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME **A57659K** COUNTY NO.

STATE SIGNATURE **Am Miller** DATE ISSUED **9/2/98**

NORTH GRID **470 000** EAST GRID **820 000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **8** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820** N **470**

9/24/98 Groot
No insp.

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Lennie Keln *Hunterbrook* *Hunter Drive*

MAP 18 G5

EMERGENCY TEMP. NO. IF ANY

RECEIVED

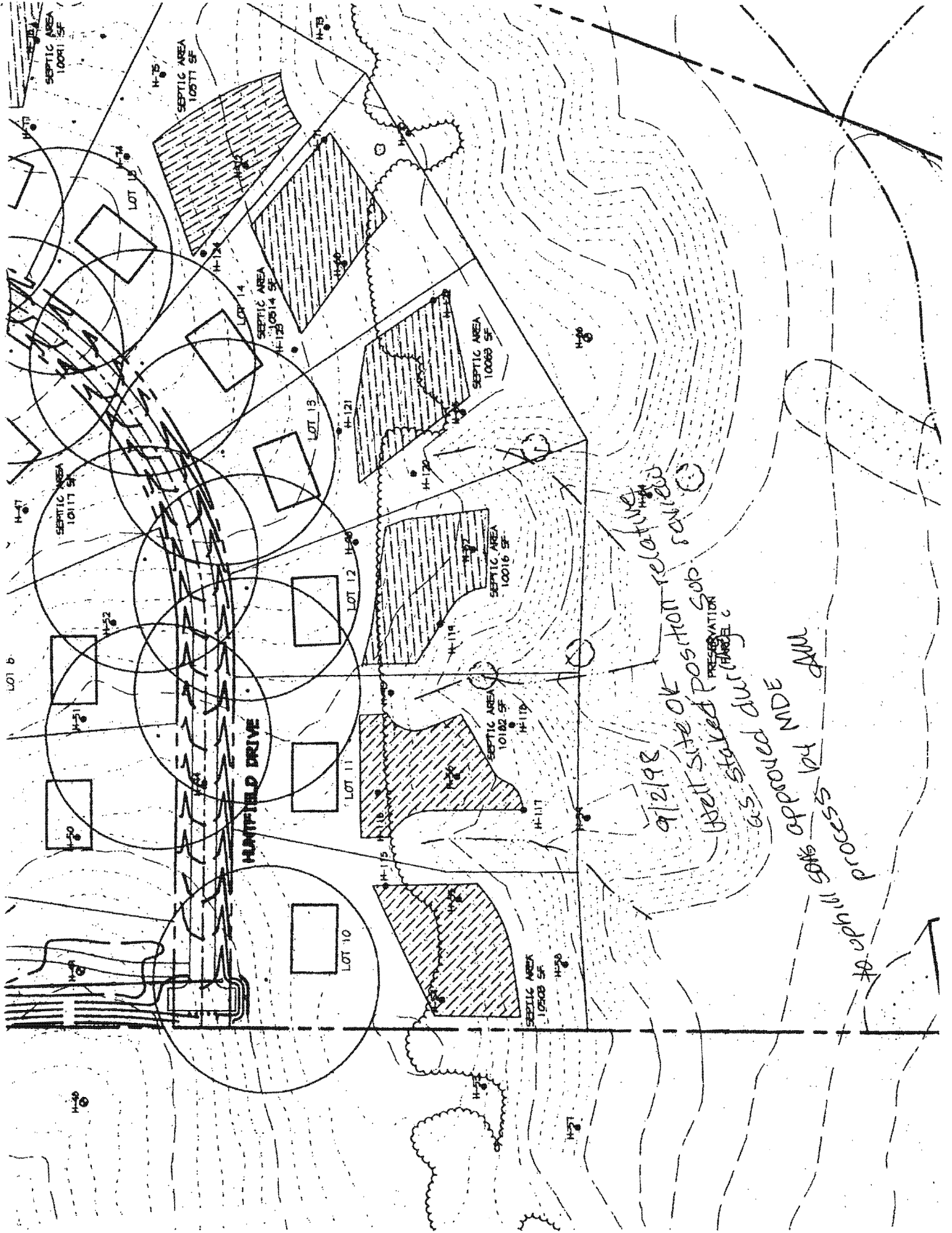
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **GAP**

PERMIT No. **HO-94-1712**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Building Address **8137 HUNTSFELD DR**
FELTON MD 20759

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

Census Tract **605102** Subdivision **Hatfield**

Section _____ Area _____ Lot **11**

Tax Map **46** Parcel **360** Grid **2**

Zoning **LDD** Map Coordinates **196** Lot size _____

Property Owner's Name **MRS MARY S. PROWSE**

Address **8137 HUNTSFELD DR**

City **FELTON** State **MD** Zip Code _____

Home Phone **301-498-7971** Work Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):
SARAH S. FELL

Phone _____ Fax _____

Existing Use _____

Proposed Use **DECK**

Estimated Construction Cost \$ **8700**

Description of Work **BUILD PRESURE TREATED DECK 12 x 40**

Contractor Company **GORDON WOODRIDGE**

Contact Person **TIM GORDON**

Address **350 REHMAN CT**

City **WESTMINSTER** State **MD** Zip Code **71155**

License No. _____

Phone **15708-876-5060** Fax **410-876-0191**

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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: 2	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

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 OR WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DISCLOSED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

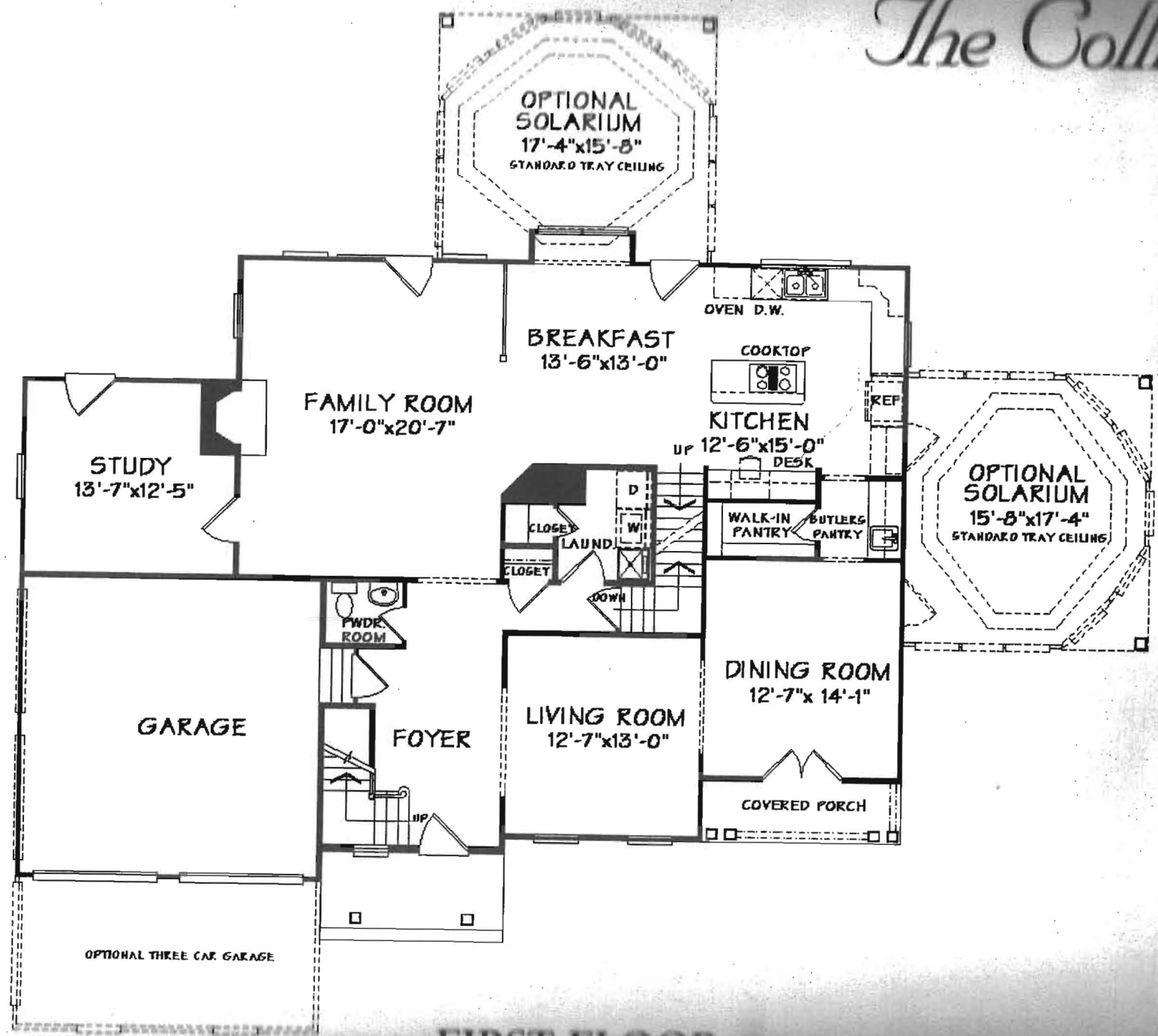
Applicant's Signature _____ **JOHN TIMOTHY GORDON**
 Print Name

Title/Company _____ Date _____

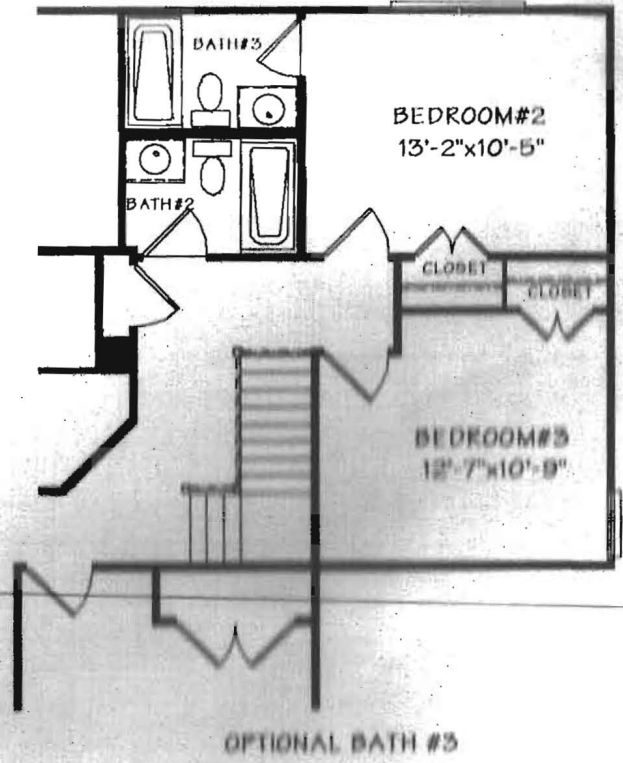
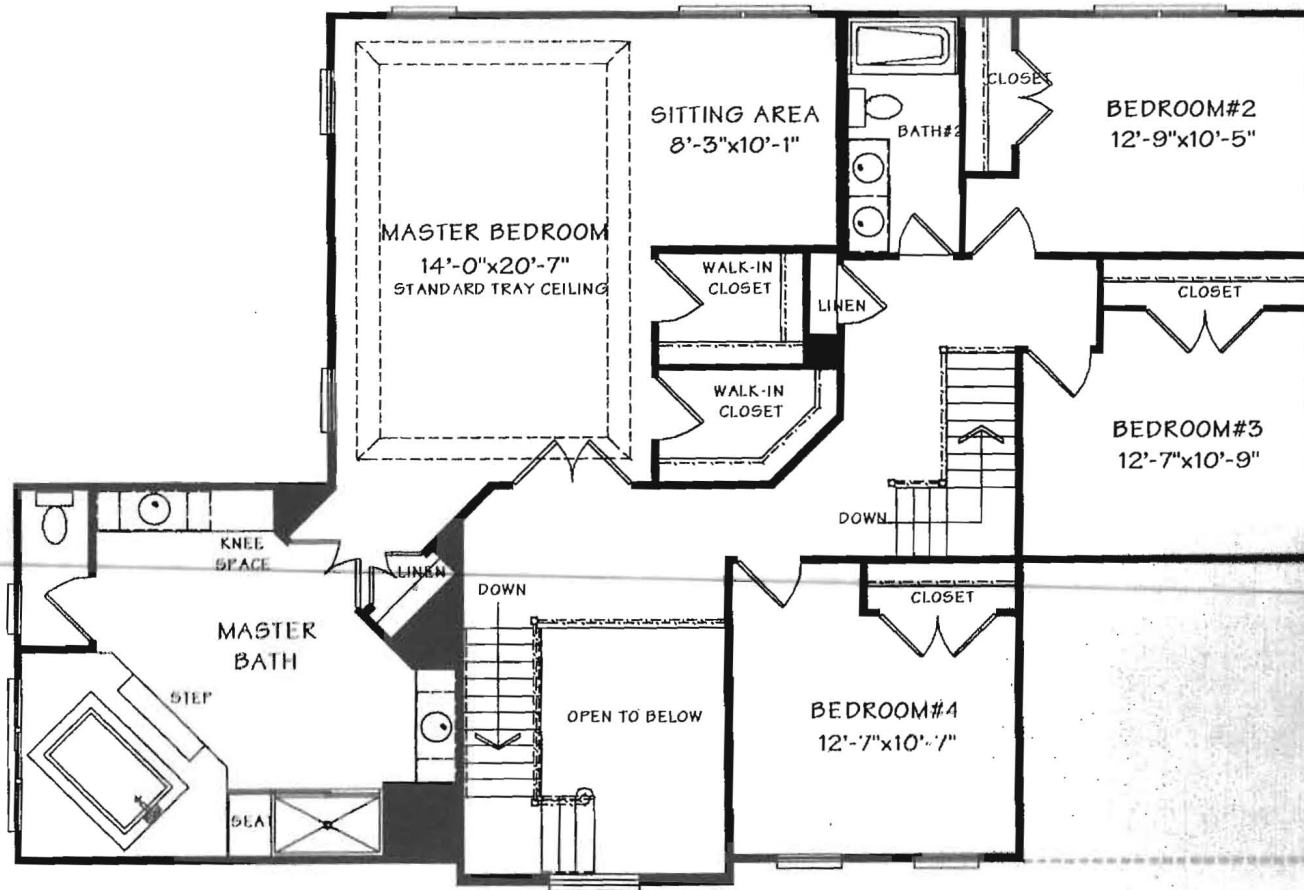
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: 45250
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ _____ Permit fee \$ 30 Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ 30 Balance due \$ _____ Check # 846 Validation # 35076
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official	5/1/01	<i>[Signature]</i>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ	5/1/01	<i>[Signature]</i>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health	5/1/01	<i>[Signature]</i>	Lot Coverage for NewTown Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by <i>[Signature]</i>
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"/>				

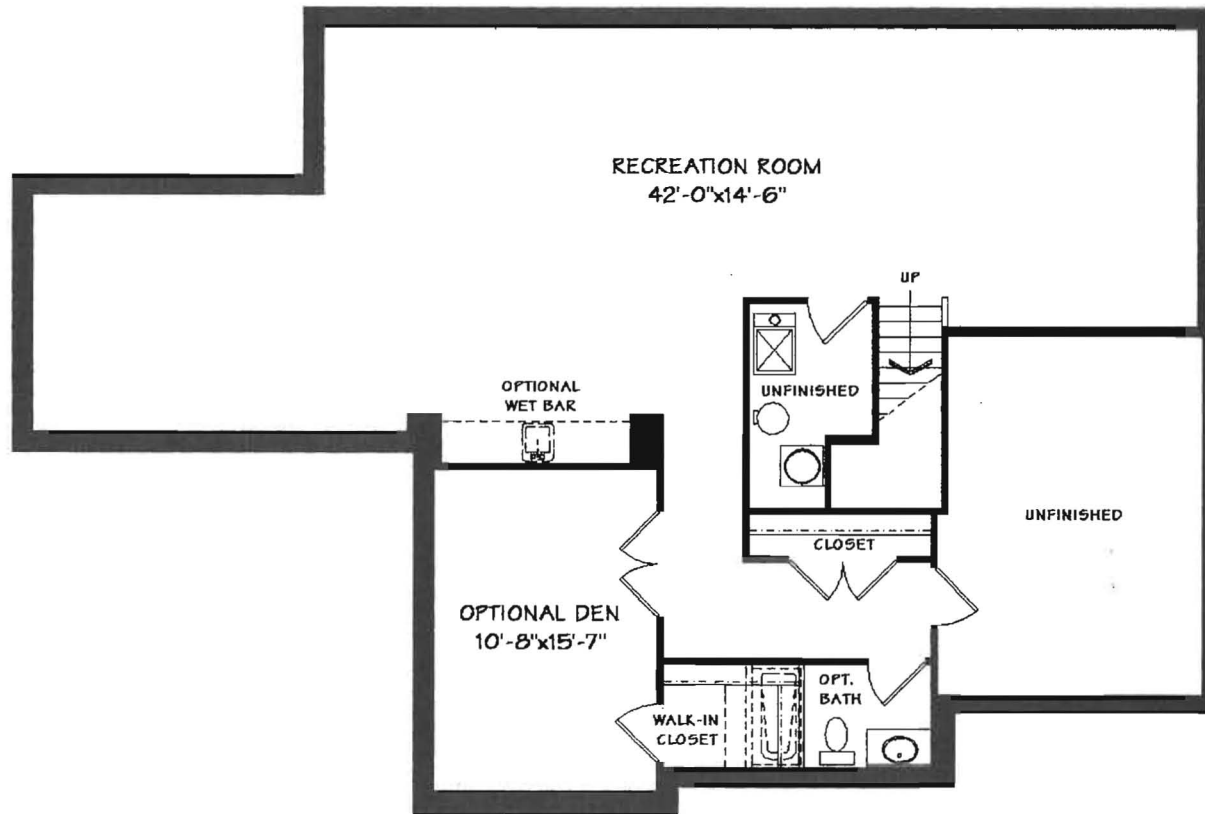
The Collins



FIRST FLOOR

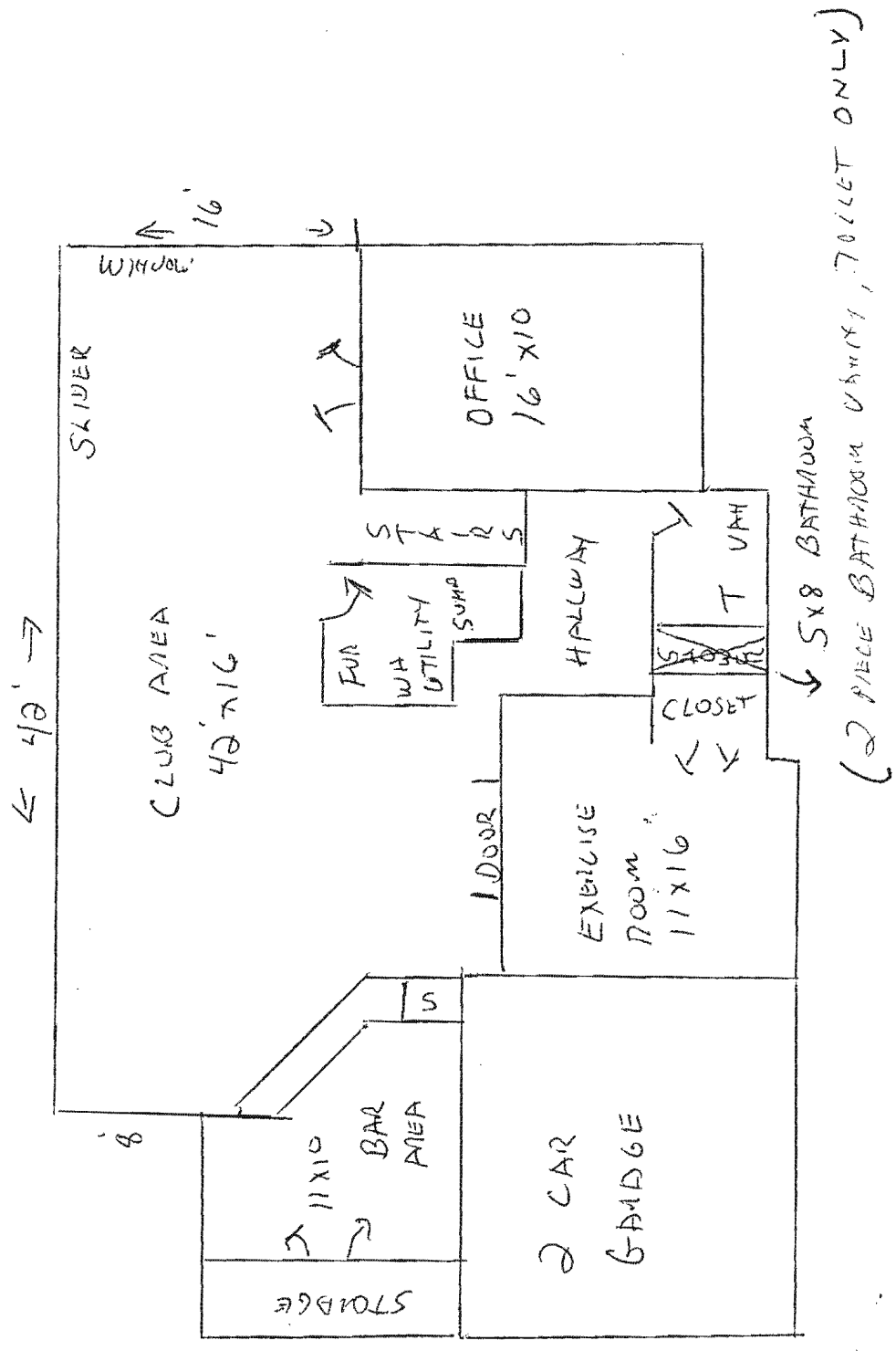


SECOND FLOOR



OPTIONAL FINISHED LOWER LEVEL

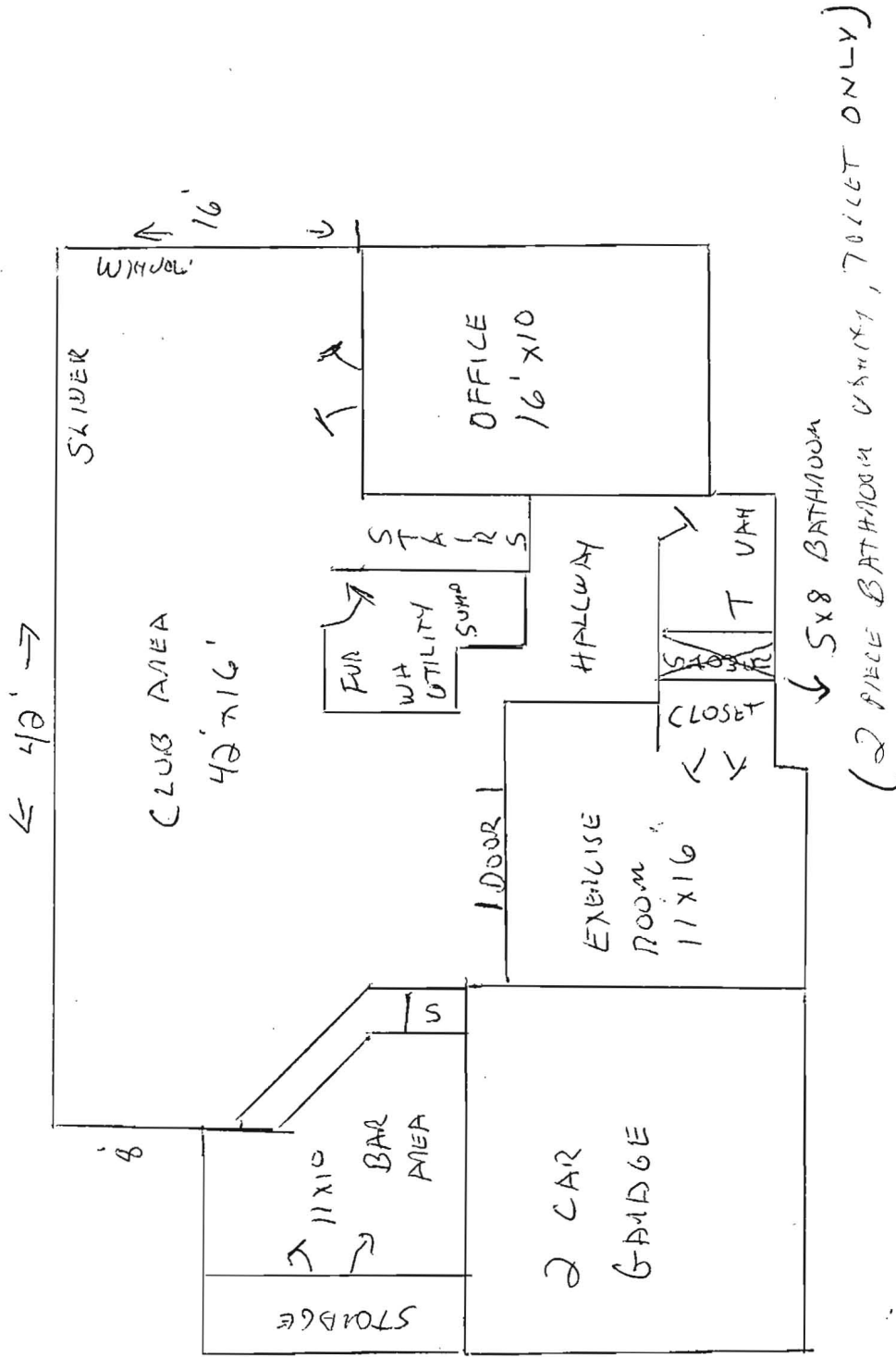




1/8/15

* Approved floor plan as shown w/o shades. -H.O.

SISK BASEMENT APP 1200 SQ. FT.



1/8/15

* Approved floor plan SISK BASEMENT APP 1200 SQ. FT.

as shown w/o shower.
 (Note: if the shower
 is installed, then the
 septic system will need
 to be updated) - H. OSWICK