

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

600158827

Building Address 13500 Narrow Leaf Ct
Clarksville Md. 21029

Property Owner's Name Roth, John

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

Address Same

Census Tract _____ Subdivision Highland Meadows

City _____ State _____ Zip Code _____

Section _____ Area _____ Lot 21

Home Phone 410 988 8105 Work Phone _____

Tax Map 34 Parcel _____ Grid _____

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

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use _____

Contractor Company T. Own Creek Landscaping

Proposed Use _____

Contact Person Steve Cooley

Estimated Construction Cost \$ # 18,000.00

Address 5010 Shepard Lane

Description of Work 18' x 18' Gazebo

Ellicott City

City Clarksville State Md Zip Code 21042

License No. 44986 Phone 301 854 3570 Fax 410 531 6574

Occupant or Tenant _____

Engineer or Architect Company Same

Contact Name _____

Contact Person _____

Address _____

Address Same

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement:
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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 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.

Steve H. Cooley
Applicant's Signature

Steven H. Cooley
Print Name

Title/Company

March 30 2006
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#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>3/30/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies
Yellow: PERMIT FRM

White: Building Official

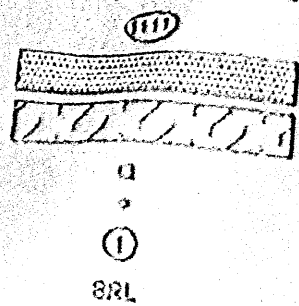
Green: LDD, DPZ

Yellow: DEO, DPZ

Pink: Health

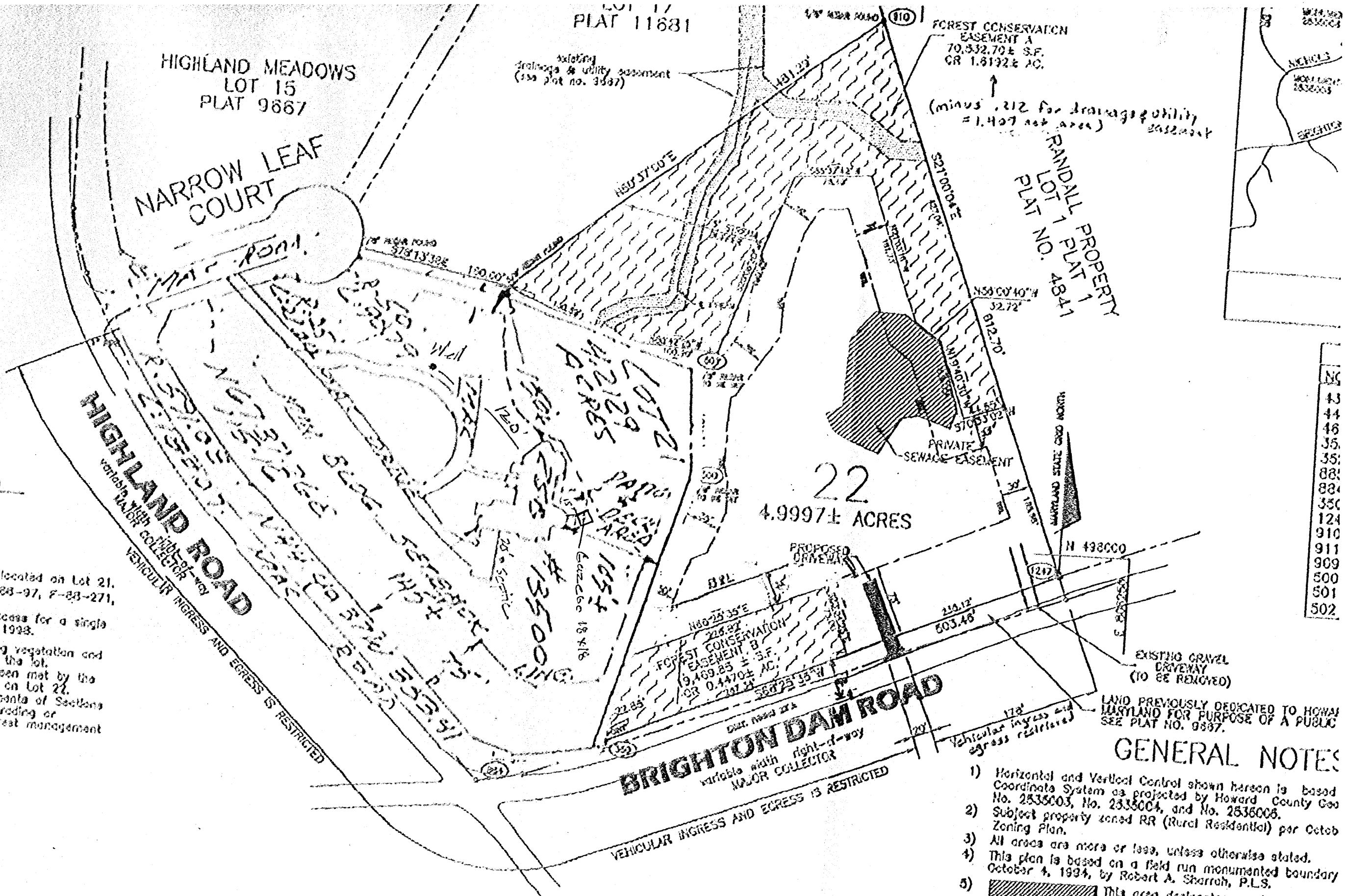
Gold: SHA

LEGEND



1. and on-lot sewage disposal system located on Lot 21.
 2. Numbers: S-86-70, P-88-20, VP-88-97, F-88-271,
 3. from Section 18.110(1)(1) to allow access for a single
 access-restricted). Approved July 31, 1998.
 4. son fulfilled through retention of existing vegetation and
 not since there is a house existing on the lot.
 5. site of 1.86 acres of retention have been met by the
 Great Conservation Easements A and B on Lot 22.
 6. been established to fulfill the requirements of Sections
 Great Conservation Act. No clearing, grading or
 Great Conservation easement; however, forest management
 Great conservation easement are allowed.


1. to be disturbed and require 401
 2. of Maryland.



NC
43
44
46
35
35
88
88
35
124
910
911
909
500
501
502

APPROVED-HCHD
WALK-THRU BUILDING PERMIT
 BP# 00158827 A# 37076
 APP. SAN KJR DATE: 3-30-06
 DESC. OF WORK: 18 X 18 Garage

GENERAL NOTES


- 1) Horizontal and Vertical Control shown hereon is based on Coordinate System as projected by Howard County Geo No. 2535003, No. 2535004, and No. 2535006.
- 2) Subject property zoned RR (Rural Residential) per October Zoning Plan.
- 3) All areas are more or less, unless otherwise stated.
- 4) This plan is based on a field run monumented boundary October 4, 1994, by Robert A. Sharrah, P.L.S.
- 5)  This area designates a private sewage disposal system as required by the Maryland State Code for individual sewage disposal. Improvements are restricted unless public sewage becomes available, and void upon connection to a public sewage system. The authority to grant variances for encroachments into the Recordation of a modified sewage easement shall not be.
- 6) No clearing, grading or construction is permitted within an and forest conservation easement areas.
- 7) All new structures or additions on Lot 21 shall meet req on this plot.
- 8) Driveway(s) shall be as shown.

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 00157249

Building Address 13500 Narrow Leaf Ct
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 12
Tax Map 34 Parcel 169 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John Roth
Address 13500 Narrow Leaf Ct
City Clarksville State MD Zip Code 21029
Home Phone _____
Applicant's Name & Mail  Karen Hurley-Klayman
293 Southland Ct
Dunkirk MD 20754
Phone 410 507 7705

Existing Use SPD
Proposed Use 16'x34' pool, inground
Estimated Construction Cost \$ 30,000
Description of Work 16'x34' inground pool,
3 1/2' to 6' depth, filled by truck,
fence to code by owner
Corrected location

Cor: Karen Klayman 410 507 7705
Co **JOHNSON POOLS & SPAS**
408 Headquarter Drive
Ad: Millersville, Md. 21108
410-729-8800
City: M.H.I.C. 120855
Lic: _____
Ph: _____

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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # 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 <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Karen Klayman
Applicant's Signature
Title/Company _____

Karen Klayman
Print Name
3/8/06
Date

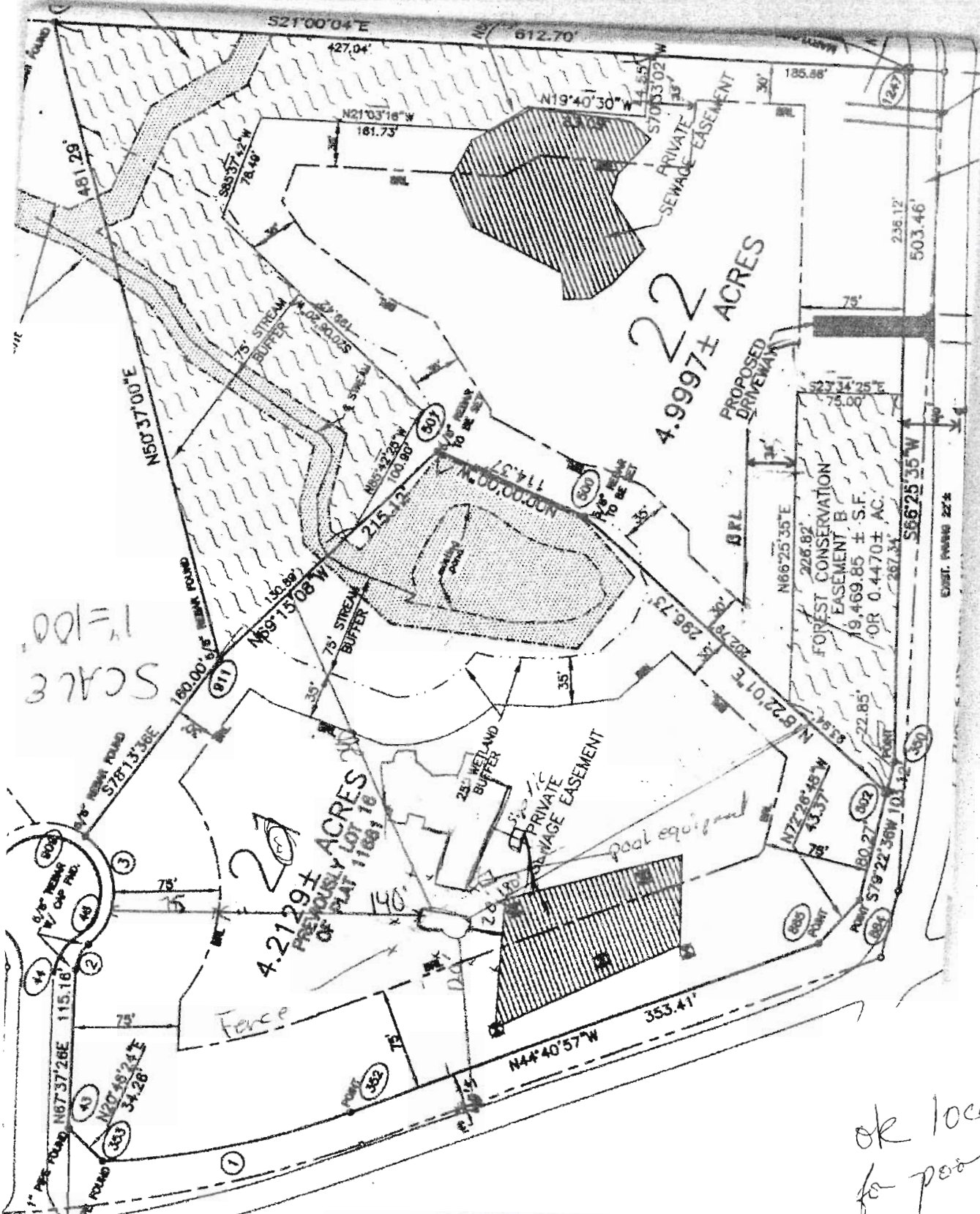
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>3/8/06</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? 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 # _____
Accepted by _____	

Distribution of Copies- White: Building Official Green: LDD, DPZ
Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM



SCALE
1" = 100'

4.2129± ACRES
PREVIOUSLY LOT 16
OF PLAT 1188176

22
4.997± ACRES

ok location
for pool (SF)

APPROVED
WALKTHRU BUILDING PERMIT
BP# B00157249 A# 37076
APP SAN SF DATE: 12/1/05
DESC OF WORK:

16' x 34' in ground pool

13500 Narrow Leaf

3/20/06

Attn: Avis Corbin, + Phillip Henderson

Re: B00157249

The pool is being moved to a new location.
Please call Karen Klayman if you have
any questions 410 507-7705.

Karen Klayman

293 Southland Ct
Dunkirk, MD 20754

or

Matt Forgen

410 552 5541

Corrected Location

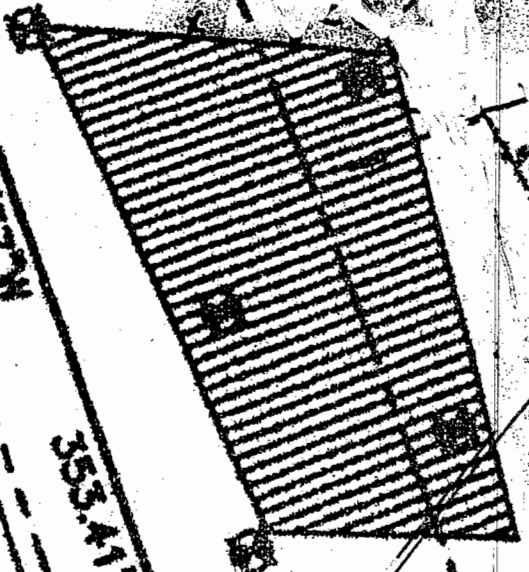
4.21 ACRES
9 HIGH
1881 LOT 18

Scale
1"=50'

Well

POINT
352

N44°40'37"W
353.74'



PRIVATE
EASEMENT
260'

APPROVED
WALK-THRU BUILDING PERMIT
APP. SAN 152449 A# 32276
DESC. OF WORK: S.F.D. DATE: 3/23/06
17' x 40' x 20' lot
Pool
Pool
Equip

75' STREAM
BUFFER

N69°15'38"W
150.89'

N85°42'25"W
100.80'

N00°00'00"W
174.37'

500

N72°
8°22'01"E
202.78'

296.73'

N66°25'35"E

BRL

500

TO BE

A.

05-71161
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50579

A 37076

DISTRICT 5th

DATE 3/14/95

DATE SYSTEM APPROVED 4/11/95

INSPECTOR M. R. F. Kin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

INDEXED

~~William Morrow~~ Baxter Services IS PERMITTED TO INSTALL X ALTER

ADDRESS 1521 Humbert School House Road, Westminster, MD..21158 PHONE 876-0388

SUBDIVISION Highland Meadows LOT 16 ROAD 13500 Narrow Leaf Drive

PROPERTY OWNER David E. Baxter *as per F-95-122*

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3¹/₂ feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet from the lot line along Highland Road and 250 feet from the lot line along Brighton Dam Road. Run the trenches toward and away from Highland Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges *CHS* DATE 10/20/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 3/29/95
Serial #58577

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

000157249

Building Address 13500 Narrow Leaf Ct
Clarksville 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John Roth

Address 13500 Narrow Leaf Ct

City Clarksville State MD Zip Code 21029

Home Phone 410 988 8105 Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work 16'x34' underground pool,
3 1/2' to 6' depth, filled by truck,
leave to code by owner

Contractor Company Johnson Pools

Contact Person K. Klayman

Address 408 Headquarter Dr

City Millersville State MD Zip Code 21108

License No. 120855 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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 _____

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 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: <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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Karen Klayman
 Applicant's Signature

Karen Klayman
 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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/1/05</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 \$ _____
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 # _____

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

MARYLAND LAND DESIGN, INC.

2001 Meadow Drive
WESTMINSTER, MD 21158
(410) 857-0210

JOB Baxter Residence

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE 5/26/98

SCALE _____



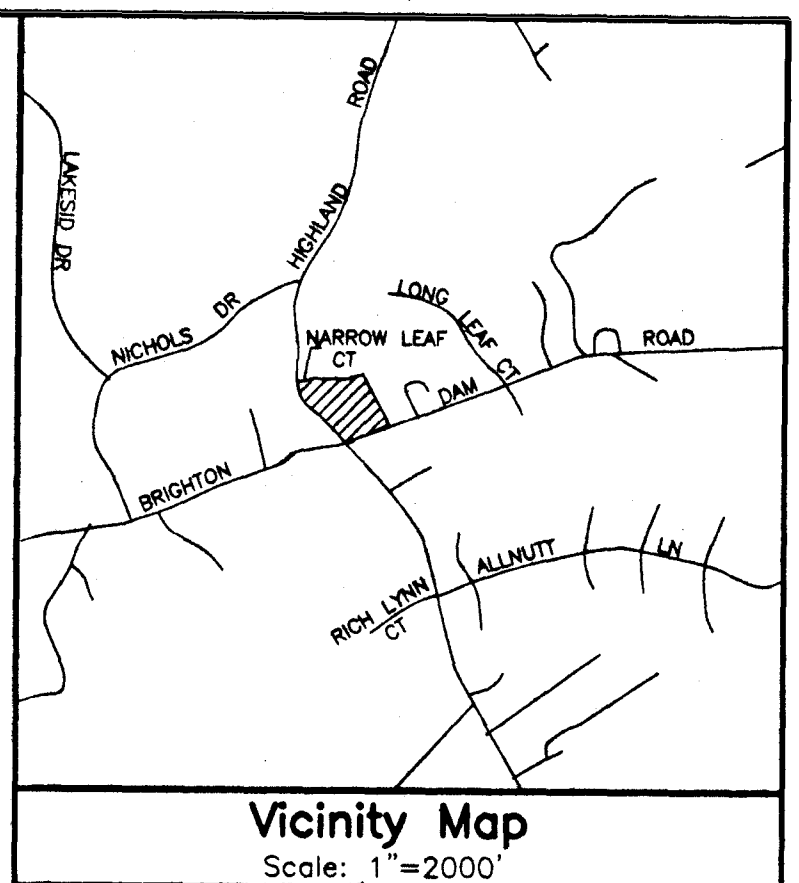
Edge of Road Looking East



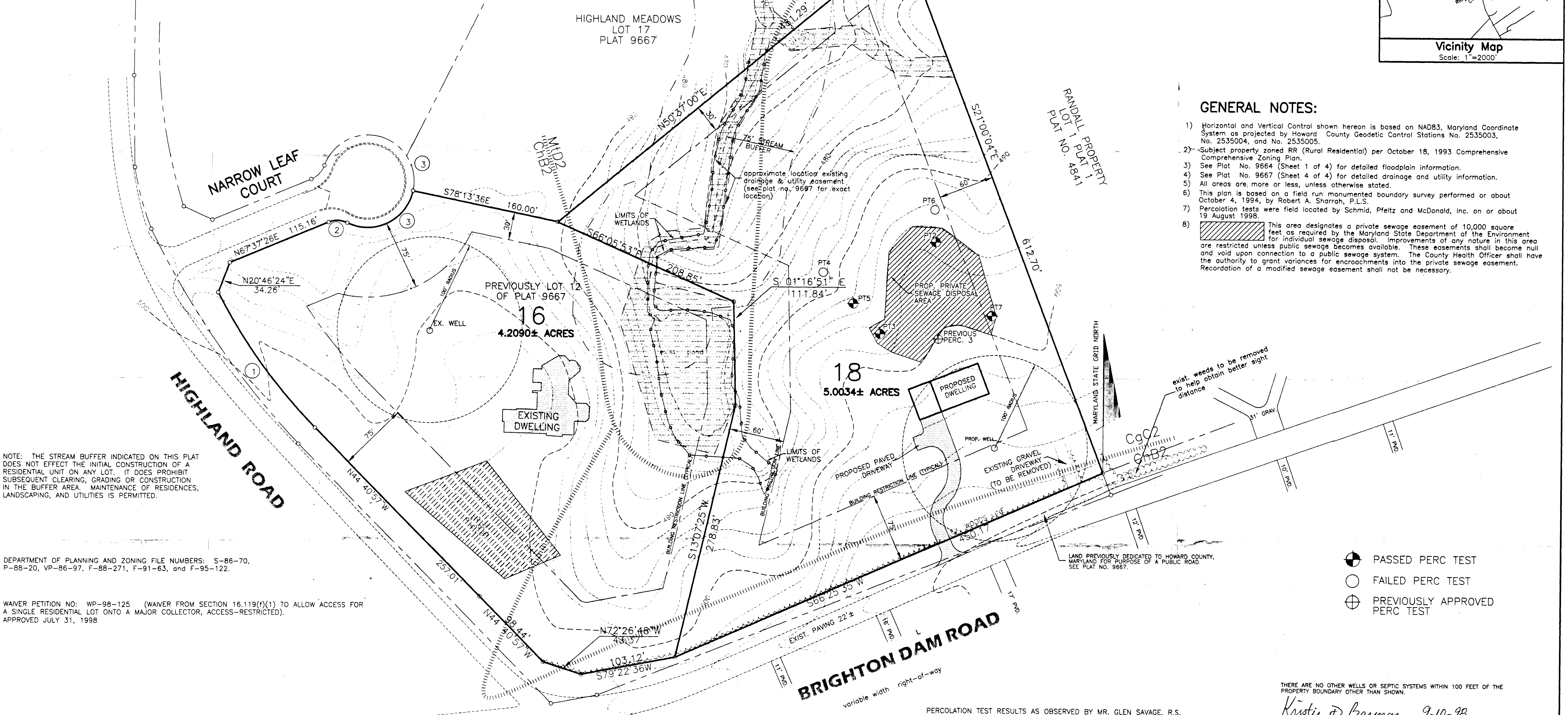
Edge of Road Looking West

CURVE DATA				
NO.	RADIUS	ARC	CHORD	CHORD BEARING
1	591.08'	180.07'	179.375'	N35°57'18"W
2	25.00'	21.04'	20.42'	S88°17'32"E
3	50.00'	90.79'	78.82'	N63°47'32"E
4	50.00'	39.21'	38.21'	N10°41'57"W

HOWARD CO. MONUMENT 2535005 N498623.088, E805104.95
 HOWARD CO. MONUMENT 2535006 N499356.535, E805044.17



SOILS		DEPTH TO WATER TABLE	
SYMBOL	MAPPING UNIT		
ChB2	CHESTER SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	20+	
GgC2	CHESTER GRAVELLY SILT LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	20+	
MdZ	MT. AIRY CHANNERY LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED	10+	



- GENERAL NOTES:**
- Horizontal and Vertical Control shown hereon is based on NAD83, Maryland Coordinate System as projected by Howard County Geodetic Control Stations No. 2535003, No. 2535004, and No. 2535005.
 - Subject property zoned RR (Rural Residential) per October 18, 1993 Comprehensive Comprehensive Zoning Plan.
 - See Plat No. 9664 (Sheet 1 of 4) for detailed floodplain information.
 - See Plat No. 9667 (Sheet 4 of 4) for detailed drainage and utility information.
 - All areas are, more or less, unless otherwise stated.
 - This plan is based on a field run monumented boundary survey performed on or about October 4, 1994, by Robert A. Sharrah, P.L.S.
 - Percolation tests were field located by Schmid, Pflitz and McDonald, Inc. on or about 19 August 1998.
 - This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted unless public sewage becomes available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

NOTE: THE STREAM BUFFER INDICATED ON THIS PLAT DOES NOT EFFECT THE INITIAL CONSTRUCTION OF A RESIDENTIAL UNIT ON ANY LOT. IT DOES PROHIBIT SUBSEQUENT CLEARING, GRADING OR CONSTRUCTION IN THE BUFFER AREA. MAINTENANCE OF RESIDENCES, LANDSCAPING, AND UTILITIES IS PERMITTED.

DEPARTMENT OF PLANNING AND ZONING FILE NUMBERS: S-86-70, P-88-20, VP-86-97, F-88-271, F-91-63, and F-95-122.

WAIVER PETITION NO: WP-98-125 (WAIVER FROM SECTION 16.119(f)(1) TO ALLOW ACCESS FOR A SINGLE RESIDENTIAL LOT ONTO A MAJOR COLLECTOR, ACCESS-RESTRICTED). APPROVED JULY 31, 1998

- PASSED PERC TEST
- FAILED PERC TEST
- PREVIOUSLY APPROVED PERC TEST

THERE ARE NO OTHER WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY BOUNDARY OTHER THAN SHOWN.

Kristin D. Barroy 9-10-98
KRISTIN D. BARROY, P.E. DATE

ALL PERCOLATION TESTS/OBSERVATION HOLES HAVE BEEN FIELD LOCATED AND ARE ACCURATELY SHOWN ON THE PLAN.

Kristin D. Barroy 9-10-98
KRISTIN D. BARROY, P.E. DATE

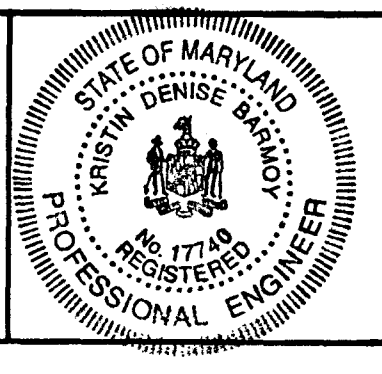
PERCOLATION TEST RESULTS AS OBSERVED BY MR. GLEN SAVAGE, R.S. ON JULY 30, 1998.

TEST NO.	DEPTH	RESULTS
PT2	3.5 - 9'	SLOW
(REDUG)	4.5'	3 MIN.
PT3	4 - 9'	9 MIN.
4	2' ROCK	FAILED
5	8.5'	FAILED
6	2 - 7'	REFUSAL @ 7'
7	2 - 8'	15 MIN.

AVERAGE PERCOLATION TIME = 10 MIN.
 INLET DEPTH = 2.50'
 TRENCH WIDTH = 3.0'
 MAXIMUM BOTTOM DEPTH = 4.50'
 SQ. FT. PER BEDROOM = 210 SQ. FT.

Approved for private water and private sewerage systems for lot 18.
John M. ... 9-23-98
Howard County Health Officer Date

MARYLAND LAND DESIGN, INC.
 CONSULTING ENGINEERS AND LAND PLANNERS
 2001 MEADOW DRIVE
 WESTMINSTER, MARYLAND 21158
 TELEPHONE: (410) 857-0210 FAX: (410) 840-0143
 © COPYRIGHT 1998



REVISIONS		
NO.	DATE	DESCRIPTION
1	8-29-97	ADDED PERC TEST

OWNER:
 David E. & Vicki P. Baxter
 13500 Narrow Leaf Court
 Clarksville, Maryland 21029

PLAN PREPARATION	
DRAWN BY: DAB	DATE: AUGUST 26, 1998
DESIGNED BY: DAB	FILE NO. 98014
CHECKED BY: KDB	DRAWING NO.

PERCOLATION CERTIFICATION PLAN
HIGHLAND MEADOWS
 RESUBDIVISION - LOT 16
 TAX MAP 34, PARCEL NO. 169
 5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

SCALE
 1"=50'
SHEET NO.
 1 OF 1

P:\DPO\FACTS\MD\LAND\MDLDC\BAK\TEAR\PERPLAN.dwg Mon Sep 07 07:58:08 1998