

9/13/88 *late my (11.00 @ Net ready)*

408407

File

N

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42551

A 40036

DISTRICT 5th

DATE 9/14/88

DATE SYSTEM APPROVED 9/19/88

INSPECTOR C R D

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland PHONE 831-7257

SUBDIVISION Eagle Point Landing ROAD 5313 Perie Ct ~~5475 Ten Oaks Rd~~ LOT 3

PROPERTY OWNER Capitano Construction Company

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the left rear corner (Intersect of the 972.58' & 705.30' lot lines) place the first trench 380 feet down the left (972.58') lot line and 220 feet off the same lot line as seen when facing the lot from Ten Oaks Road. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY S. Abel DATE 5/19/88

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

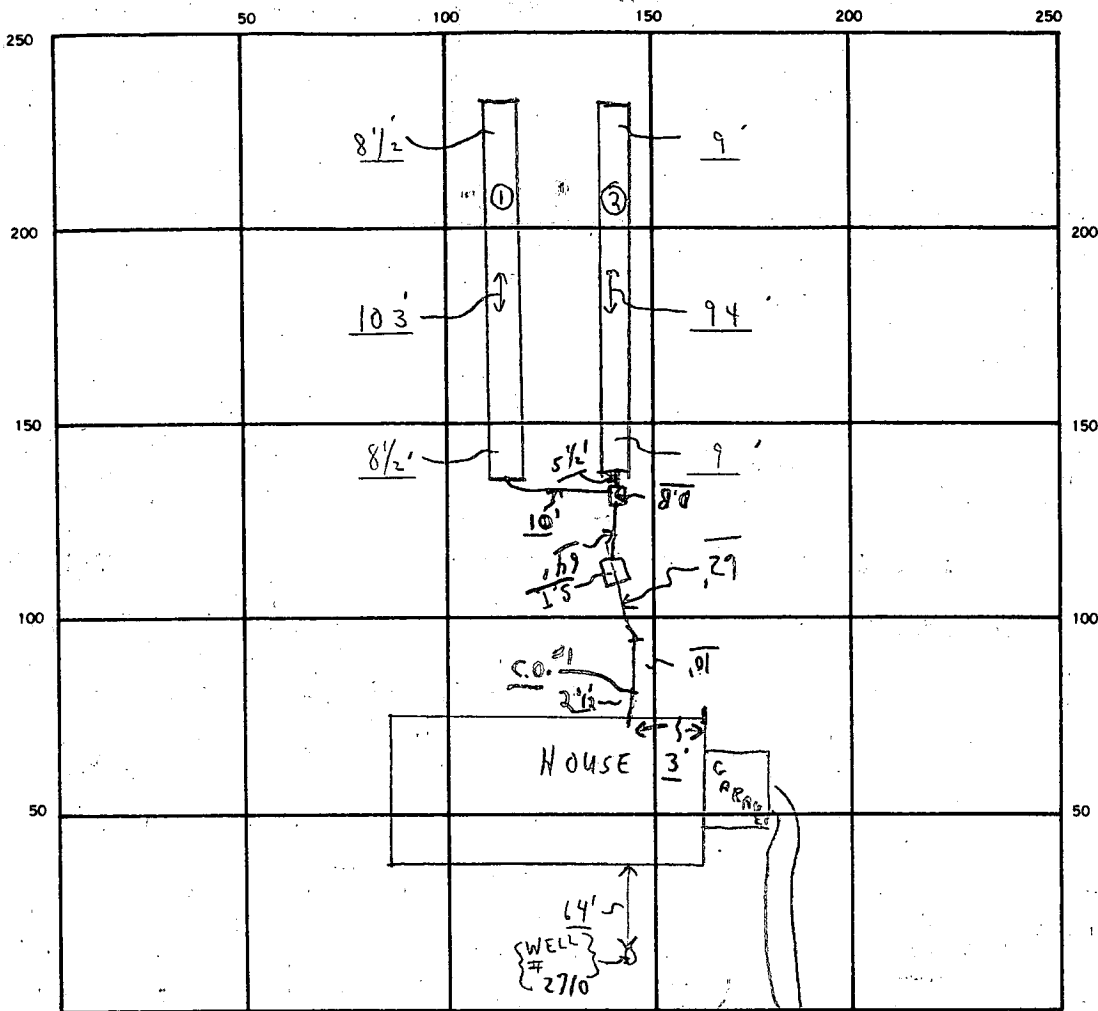
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 40036



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

{ TEN OAKS ROAD }

TO ←

AERIE COURT

SEPTIC TANK LEVEL OK CLEANOUTS OK S.T. OK C.O. #1 OK

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD. DEPTH ^① 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH ^② 9' 4' FT. TOTAL LENGTH ^① 103' ^② 94' 3197 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 788 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 788 SQ. FT.

REMARKS 9/19/88 ① NOT READY; ② OK FOR STONE IN (2) TRENCHES. C.B.M.
9/19/88 ③ OK TO COVER ALL WORK - FILE, C.B.M.

DATE SYSTEM APPROVED 9/19/88 INSPECTOR Charles Bryan Stecker

APPLICATION

PERCOLATION TESTING

A 40036

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 800 5TH

DATE 9-1-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Smith Roberts + Assoc CAPITANO CONSTRUCTION CO

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Falbot Property SAGLE POINT LANDING LOT NO. 3

ROAD AND DESCRIPTION 5475 Ten Oaks Rd

TAX MAP 28 PARCEL # 46-A

SIZE OF LOT 3 acres 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.

Mark D. Rein
(SIGNATURE OF APPLICANT)

APPROVED BY Ed Albee FOR Dee Rundles DATE 5-19-88

REJECTED BY _____ FOR _____ DATE _____

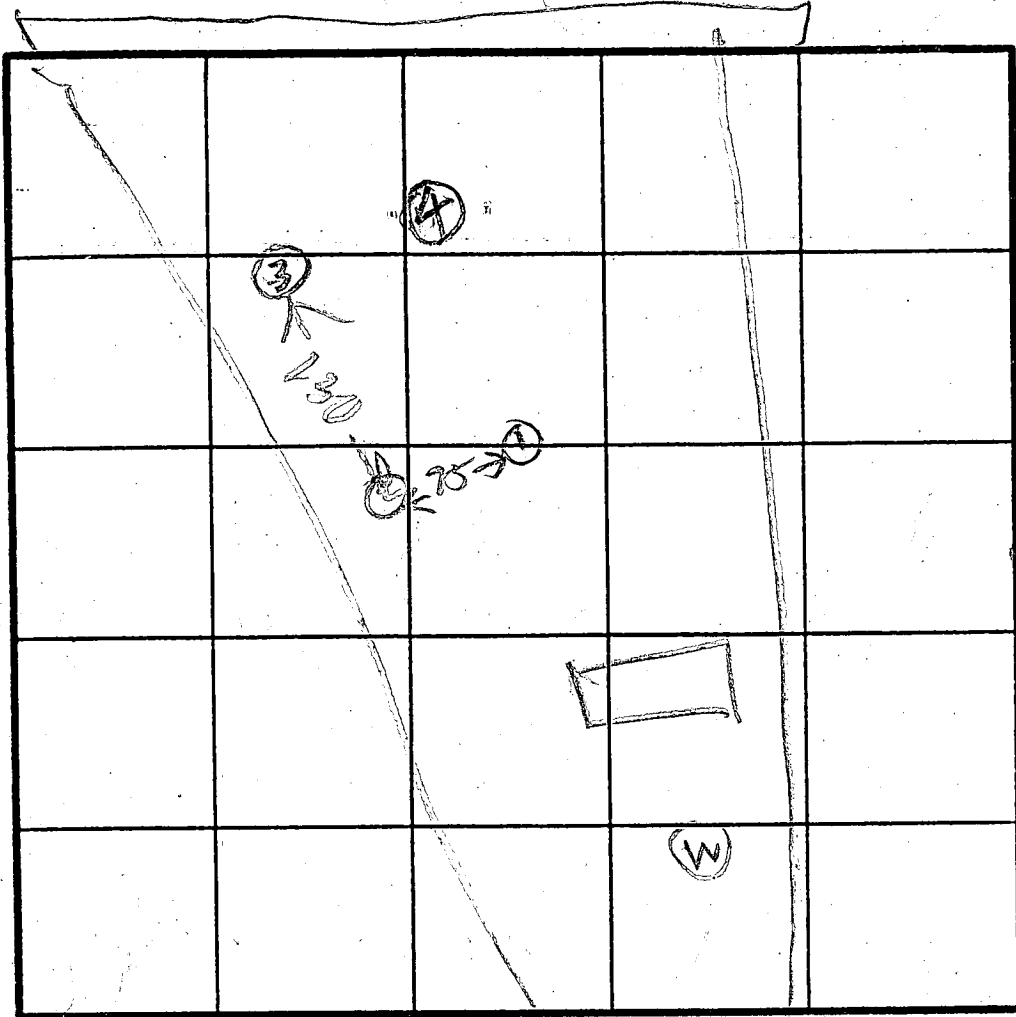
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/6/87 Perc OK Hold for Plat B/H
1/19/88 Reborn Plat OK YSD

BLDG. PERMIT SIGNED
AND RETURNED 5-19-88
BP 18650 SAL

THIS IS NOT A PERMIT

Lot 3



Hole
Elevation
① = High
②④ = Middle
③ = Low
X PERC
7 MIN =
190 #1 BR
INLET 4' @
BOTTOM 8' SA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SOIL PROFILE
①
RAIN
CLAY
TERRACE
4
PINK
BROWN
SAND
LOAM
12

②
CLAY
3
PINK
BROWN
SAND
LOAM
TERRACE
11.5

③
BROWN
CLAY
4
PINK
BROWN
SAND
LOAM
13

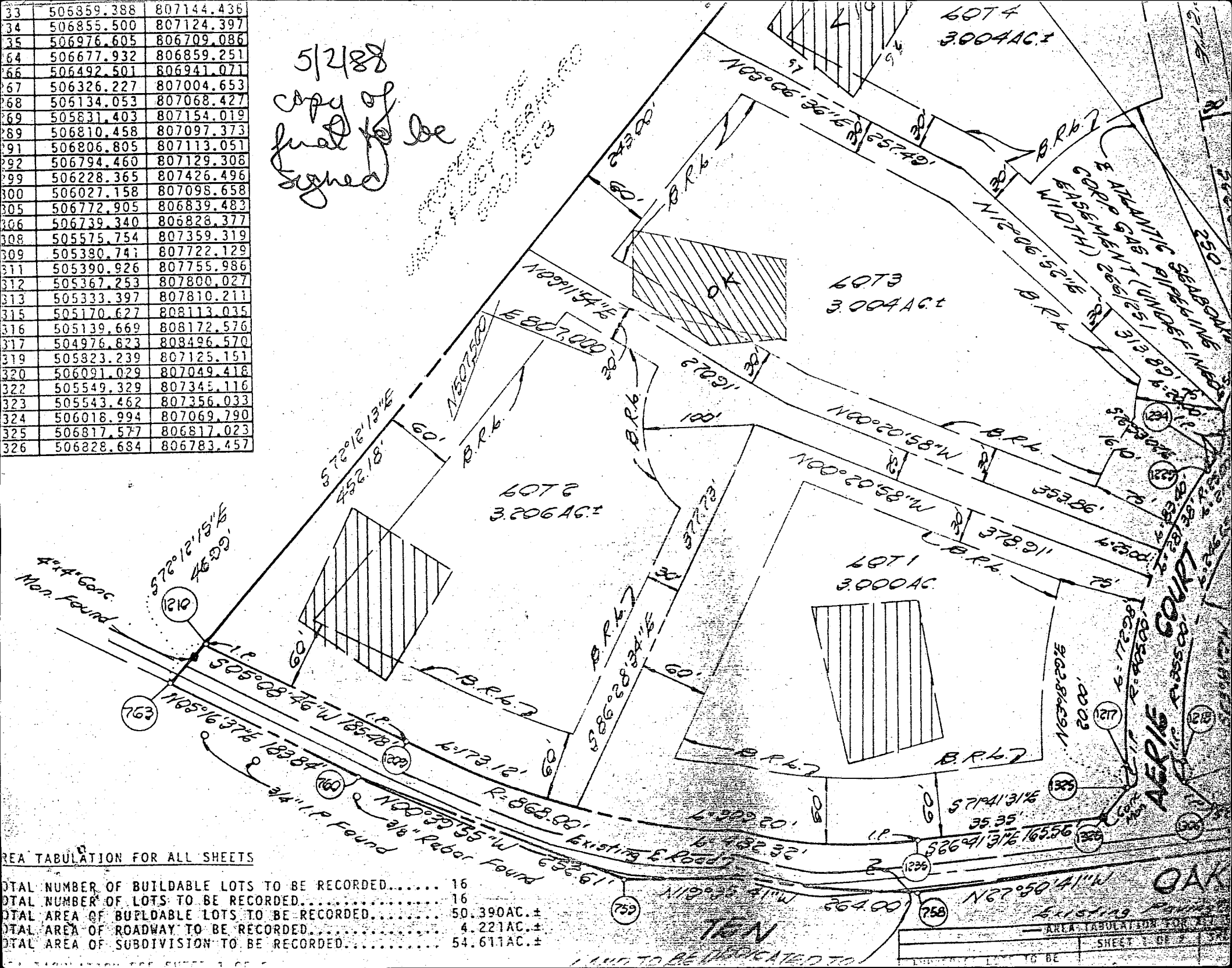
④
BROWN
CLAY
TERRACE
4
ORANGE
BROWN
SAND
LOAM
12

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 10/16/67 | 1 D | 9 | 114 | 117 | 117 | 122 | 5 |
| | 1 S | 4.5 | 124 | 128 | 124 | 136 | 8 |
| | 1 V | 12 | OK | | | | |
| | 2 S | 3.5 | 120 | 128 | 120 | 135 | 7 |
| | 2 V | 11.5 | OK | | | | |
| | 3 S | 4.5 | 136 | 139 | 135 | 140 | 7 |
| | 3 V | 13 | OK | | | | |
| | 4 V | 12 | OK | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS Holes Dug Per Surveyor Plat
 TYPE OF SOIL _____
 TESTED BY R HODGES ALSO PRESENT O KETTERMAN

| | | |
|-----|------------|------------|
| 33 | 506359.388 | 807144.436 |
| 34 | 506855.500 | 807124.397 |
| 35 | 506976.605 | 806709.086 |
| 64 | 506677.932 | 806859.251 |
| 66 | 506492.501 | 806941.071 |
| 67 | 506326.227 | 807004.653 |
| 68 | 506134.053 | 807068.427 |
| 69 | 505831.403 | 807154.019 |
| 89 | 506810.458 | 807097.373 |
| 91 | 506806.805 | 807113.051 |
| 92 | 506794.460 | 807129.308 |
| 99 | 506228.365 | 807426.496 |
| 300 | 506027.158 | 807098.658 |
| 305 | 506772.905 | 806839.483 |
| 306 | 506739.340 | 806828.377 |
| 308 | 505575.754 | 807359.319 |
| 309 | 505380.741 | 807722.129 |
| 311 | 505390.926 | 807755.986 |
| 312 | 505367.253 | 807800.027 |
| 313 | 505333.397 | 807810.211 |
| 315 | 505170.627 | 808113.035 |
| 316 | 505139.669 | 808172.576 |
| 317 | 504976.823 | 808496.570 |
| 319 | 505823.239 | 807125.151 |
| 320 | 506091.029 | 807049.418 |
| 322 | 505549.329 | 807345.116 |
| 323 | 505543.462 | 807356.033 |
| 324 | 506018.994 | 807069.790 |
| 325 | 506817.577 | 806817.023 |
| 326 | 506828.684 | 806783.457 |

5/2/88
copy of
final to be
signed



AREA TABULATION FOR ALL SHEETS

| | |
|--|------------|
| TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED..... | 16 |
| TOTAL NUMBER OF LOTS TO BE RECORDED..... | 16 |
| TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED..... | 50.390AC.± |
| TOTAL AREA OF ROADWAY TO BE RECORDED..... | 4.221AC.± |
| TOTAL AREA OF SUBDIVISION TO BE RECORDED..... | 54.611AC.± |

B 1 7077 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 IN ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-81-2710
fill in this form completely

Date Received (APA)
OWNER INFORMATION
HOWARD CO. LAND INC.
8307 MAIN STREET
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
HOWARD COUNTY
EAGLE POINT LANDING
DAYTON
MILES FROM TOWN 1 MI

DRILLER INFORMATION
RALPH MAYNE
9120 Brown Church Rd. #4 Day
Ralph Mayne 4/11/88

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD
Perie Court
DISTANCE FROM ROAD 400 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 40036
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET

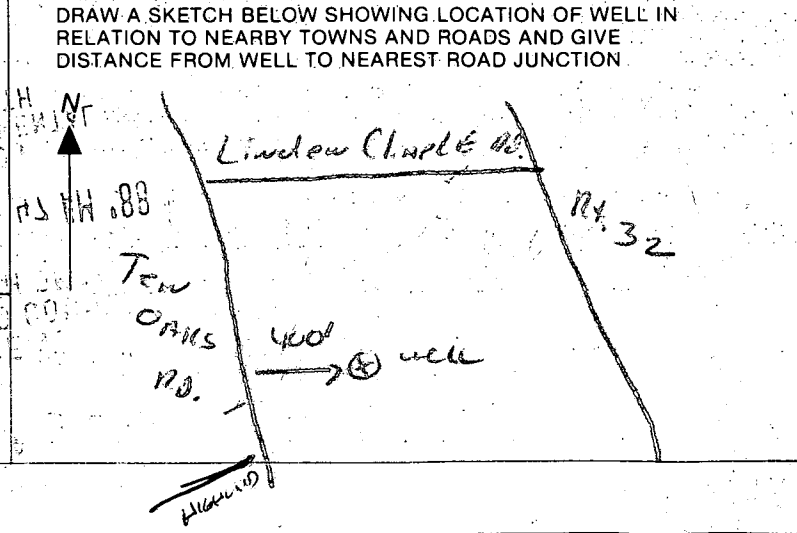
APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic-Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE INITIALS IN BOX PERMIT No. 40-81-2710



C1 **7791** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER **A 40036**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **050988** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-2710**

OWNER **Hou. and County Land Services** STREET OR RFD **AERIE CT** TOWN **DAYTON** SUBDIVISION **FAIRBANKS POINT LANDS** SECTION **1** LOT **3**

| WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | FEET | | Check if water bearing |
|--|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 2 | |
| Sandy | 2 | 30 | ✓ |
| Sand Stone | 30 | 35 | |
| MICKA | 35 | 50 | |
| Sand Stone | 50 | 55 | ✓ |
| MICKA | 55 | 325 | |

GROUTING RECORD
WELL HAS BEEN GROUTED Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS **9** NO. OF POUNDS **700**
GALLONS OF WATER **54**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **36** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST CO
STEEL CONCRETE
 PL OT
PLASTIC OTHER
MAIN CASING TYPE PL G 42
Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **42**

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
 ST BR HO
STEEL BRASS OPEN HOLE
 PL OT
PLASTIC OTHER

C2
DEPTH (nearest ft.)
EACH SCREEN **H0** **40** **325**
SLOT SIZE 1 2 3
DIAMETER OF SCREEN **4** (NEAREST INCH)

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **6**
PUMPING RATE (gal. per min. to nearest gal.) **1**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **27**
WHEN PUMPING **250**
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
PUMP HORSE POWER [] [] [] [] [] []
PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
CASING HEIGHT (circle appropriate box, and enter casing height)
 + above } LAND SURFACE (nearest foot) **2**
 - below }

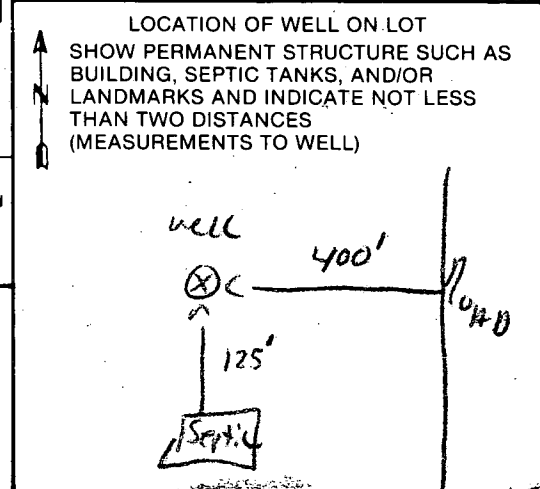
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **223**
DRILLERS SIGNATURE **Ralph Mayne**
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Ralph Mayne**

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 [] 72 [] 74 [] 75 [] 76 []
TELESCOPE CASING LOG INDICATOR OTHER DATA



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00122833

Building Address 5313 Aerie Ct.
Clarksville MD 21029

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

Census Tract 109101 Subdivision EAGLE POINT LANDING

Section _____ Area _____ Lot 3

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 1314 Lot size _____

Property Owner's Name David Argaver
 Address 5313 Aerie Ct.
 City Clarksville State MD Zip Code 21029

Home Phone 410-531-5575 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD for Porch & Deck
 Estimated Construction Cost \$ 18,000.00

Description of Work Screen Porch 16' x 12'
and deck 13' x 24 plus
14' x 12 on rear of House

Contractor Company Outdoor Creations
 Contact Person James Kaberle
 Address 3341 Granite Rd.
 City Woodstock State MD Zip Code 21163
 License No. 20063
 Phone 410-922-1141 Fax _____

Occupant or Tenant same as owner

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

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

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____

Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____

Other Structure: _____
 Dimensions: _____
 Footings: Post & Pier
 Roof: _____

State Certified Modular
 Manufactured Home

Utilities

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.

James Kaberle
 Applicant's Signature
Contractor
 Title/Company

James Kaberle
 Print Name
3/9/00
 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>3/9/00</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
 ONE STOP SHOP:

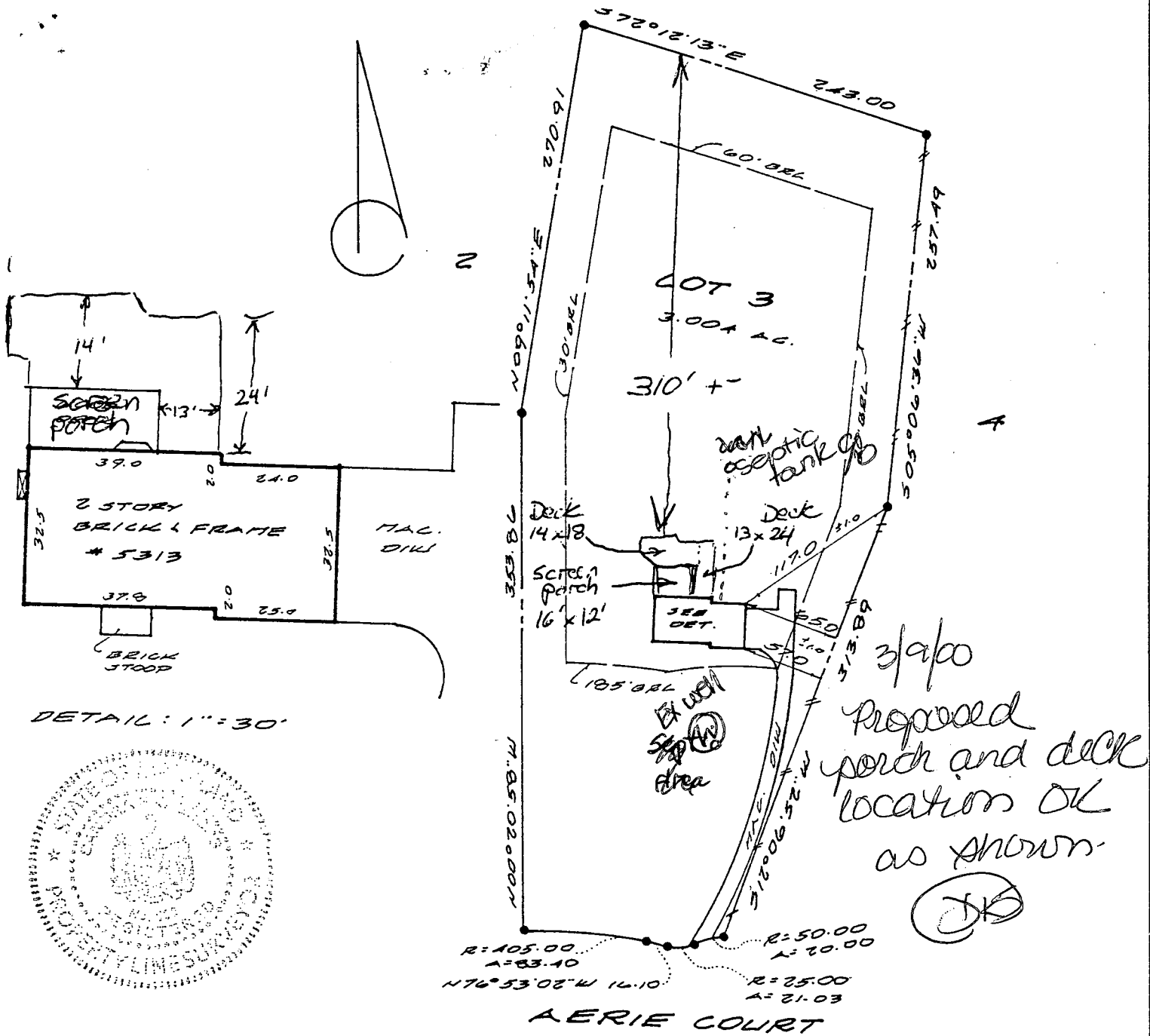
DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District: 15' YES NO
 Lot Coverage for Sub-Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 33

| | |
|------------------|--------------|
| Filing fee | \$ <u>20</u> |
| Permit fee | \$ <u>20</u> |
| Excise tax | \$ _____ |
| Sub-total paid | \$ _____ |
| Add'l permit fee | \$ _____ |
| TOTAL FEES | \$ <u>50</u> |
| Balance due | \$ _____ |
| Check # | _____ |
| Validation # | _____ |

Accepted by _____



Date: 06-25-99 Scale: 1" = 100' Drn: B.O.
 Plat Book:
 Plat No.: 7961 NO TITLE REPORT FURNISHED
 Work Order: 99-3016
 Address: 5313 AERIE COURT
 District: 5
 Jurisdiction: HOWARD COUNTY, MD

**LOCATION DRAWING
 LOT 3
 EAGLE POINT LANDING**

Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. This property does not lie within a 100-year flood plain according to FEMA insurance maps as interpreted by the originator unless otherwise shown hereon. Building restriction lines shown are as per available information and are subject to the interpretation of the originator.

Judith R. Crum

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.



Meridian Surveys, Inc.
 811 Russell Avenue
 Suite #303
 Gaithersburg, MD 20879
 (301) 721-9400