

PERMIT

05-411823

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49824

A 40521

DISTRICT 5th

DATE 11/10/94

DATE SYSTEM APPROVED 10/27/93

INSPECTOR ALM

10/27/93
(2:00 P.M.)

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Hedgerow LOT 21 ROAD 13627 Gilbridge Lane

PROPERTY OWNER Saratoga Construction

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - 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 - Starting from left rear lot corner as seen from Gilbridge Lane, start first trench 215 feet down left lot line and 135 feet off this same lot line. Run trenches on contour toward left rear portion of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK MR 9/15/93*

PLANS APPROVED BY Mark Rifkin DATE 12/21/89

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

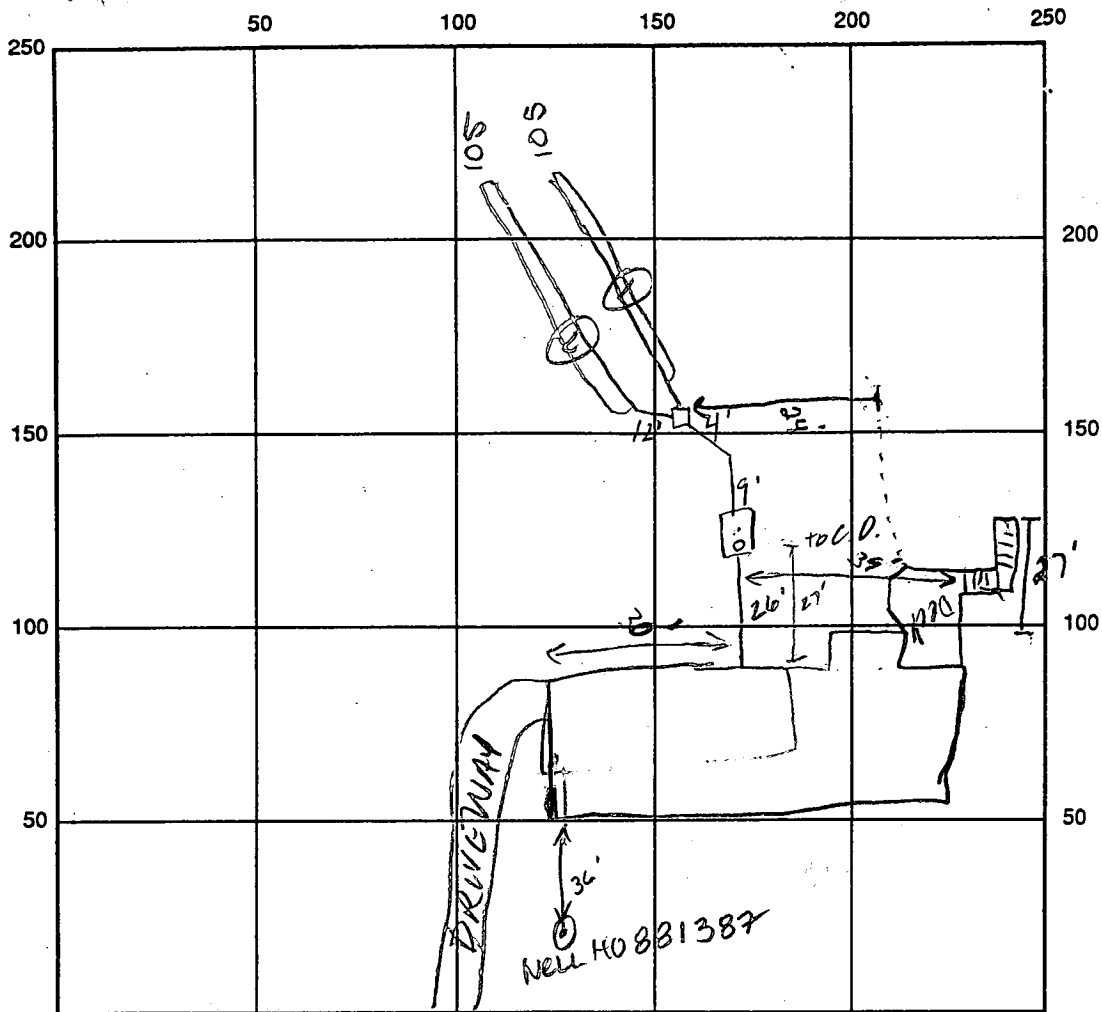
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

~~CALL PLANNING DEPT~~
~~AND RETURNED~~ 3-21-02
000135000 IG 100L

A 40521



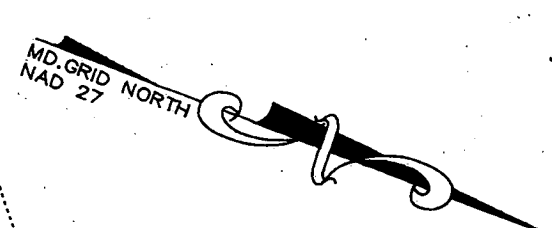
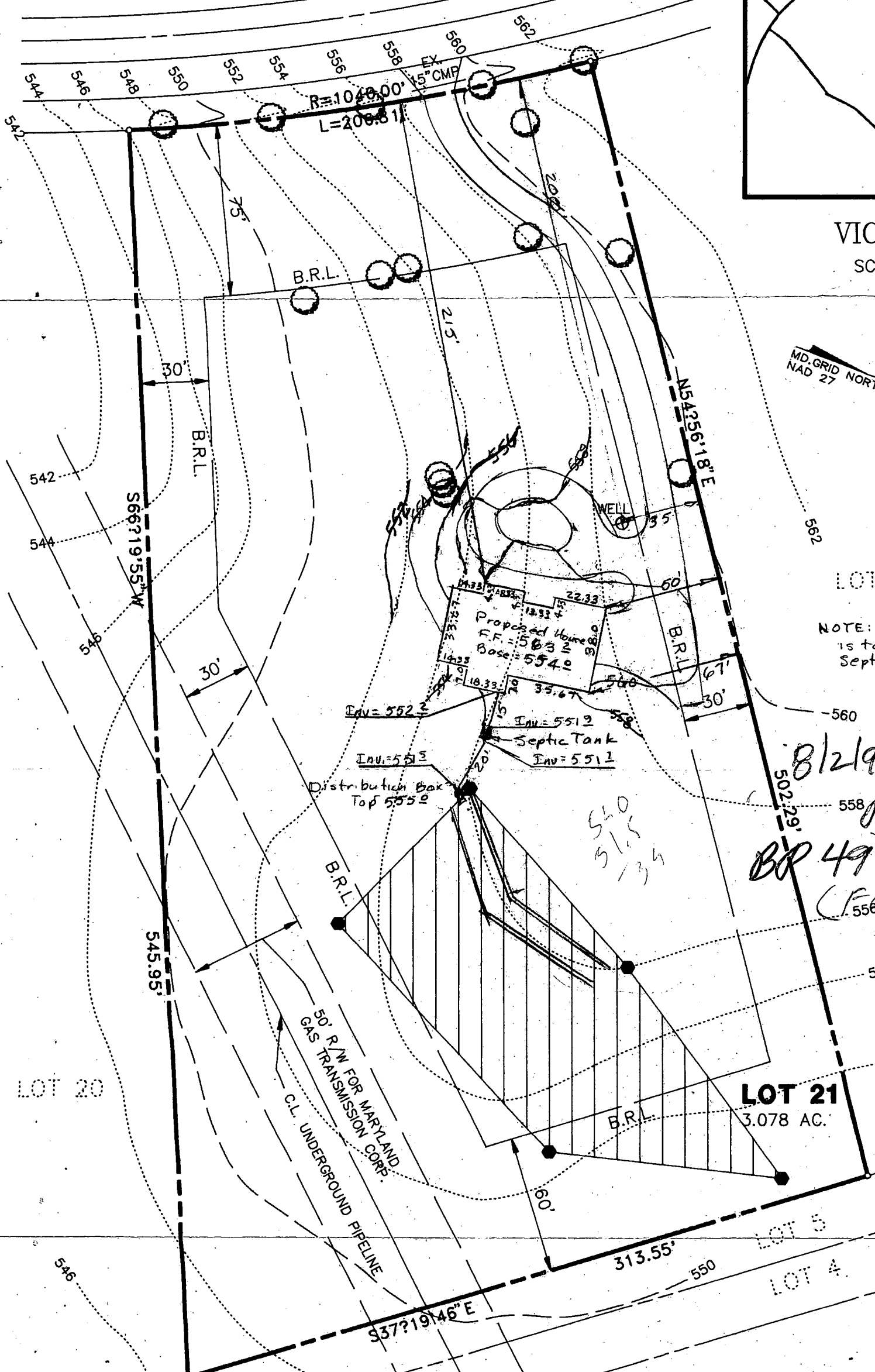
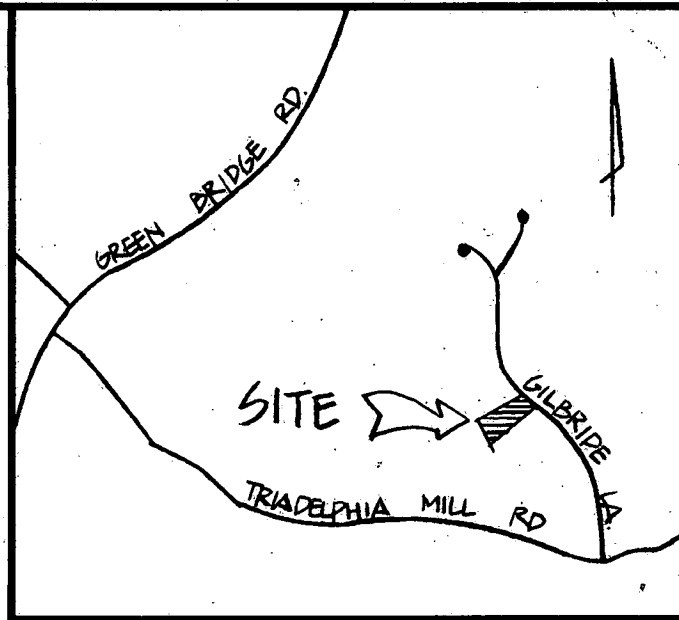
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK
 DISTRIBUTION BOX LEVEL DB baffle is in
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 210 FT. ¹⁰⁵
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/27/93 12:30 OK to cover trench 1 Continue work - location OK - seal
PVC DB ALM

10/27/93 No WPI ALM
 DATE SYSTEM APPROVED 10/27/93 INSPECTOR Greg M. Miller

GILBRIDE LANE



LOT 22

NOTE: Length of Septic Trenches is to be determined at time of Septic System Permit application.

8/2/92
PLANS OF
BR 49798
(Formerly 32286)

SABINE PROPERTY
LOTS 1-6
PLAT NO. 3710

TOPOGRAPHY SHOWN WAS PREPARED
BY RIEMER MUEGGE & ASSOC.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE TOPOGRAPHIC INFORMATION SHOWN HEREON WAS ESTABLISHED BY A FIELD RUN SURVEY AND THAT IS CORRECT AS SHOWN.

J. E. Clark
LAND SURVEYOR
REGISTERED PROFESSIONAL LAND SURVEYOR
NO. A379

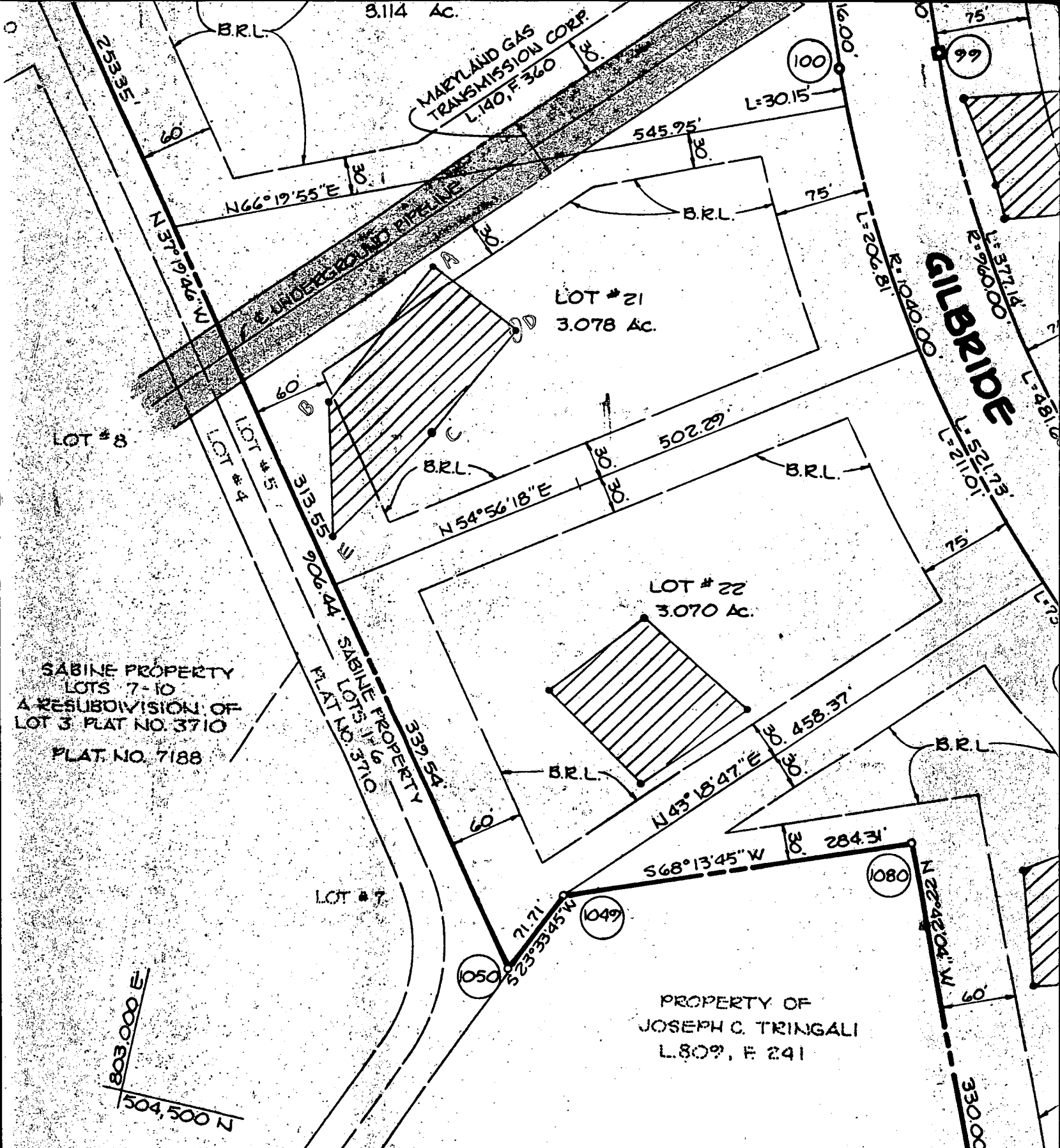
DEVELOPER:
Saratoga Construction
2041 Westmoreland St.
Falls Church, VA. 22043
703-732-4455

PLOT PLAN LOT 21 HEDGEROW SECTION 1

HOWARD COUNTY, MARYLAND.
SCALE: 1" = 50' DATE: JUN. 93

PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20707
(301) 725 3442



SABINE PROPERTY
 LOTS 7-10
 A RESUBDIVISION OF
 LOT 3 PLAT NO. 3710
 PLAT NO. 7188

SABINE PROPERTY
 LOTS 11-16
 PLAT NO. 3710

PROPERTY OF
 JOSEPH C. TRINGALI
 L. 809, F. 241

DESCRIPTION	TOTALS
NUMBER OF LOTS TO BE RECORDED	8
ACREAGE OF LOTS	27.797 Ac.
ACREAGE OF ROADWAYS TO BE RECORDED	2.091 Ac.
ACREAGE OF SIDING STRIPS	
ACREAGE OF THIS SHEET TO BE RECORDED	29.888 Ac.

WATER AND SEWERAGE

DE
 DE

APPLICATION

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

PERCOLATION TESTING

*1/13/88
perc OK'd pending
plat
RD*

A 40521
P _____
DISTRICT 5TH
DATE 10-29-87

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 LOWRIE SARGENT SARATOGA Construction - 703-792-4453

ADDRESS 13243 WESTMEATH LANE PHONE 498-4334
CLARKSVILLE, MARYLAND 21029

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TEN OAKS LOT NO. 21 on Prelim

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADELPHIA ROAD
(13627 Gilbridge Lane)

TAX MAP 28+34 PARCEL # 40, 59
30+64

SIZE OF LOT 3.0 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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes + S/D plat

BLDG. PERMIT SIGNED AND RETURNED 8/27/83 BLDG. PERMIT SIGNED AND RETURNED 5/10/90
SFD 4BR Serial # 322P6 - SFD
BP 49798 4 Bedroom

THIS IS NOT A PERMIT

A
SOIL PROFILE

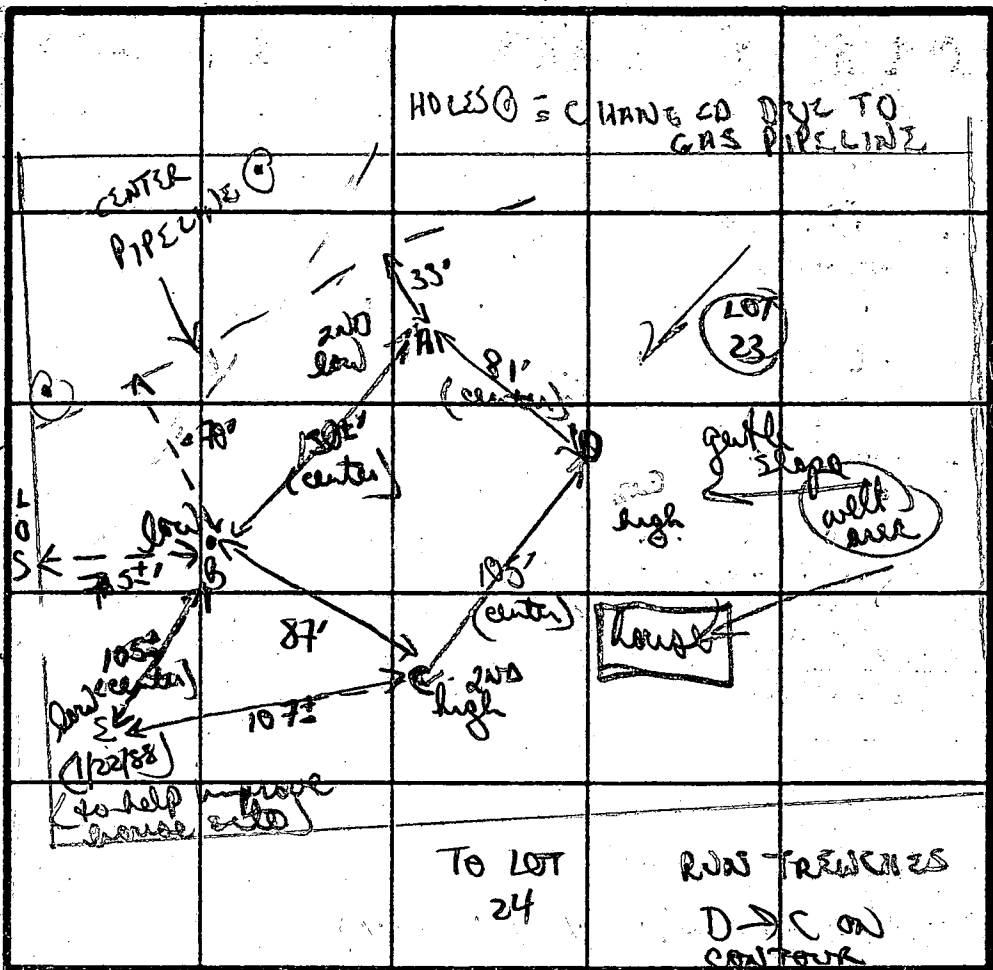
brown/orange/yellow clay 3'

clay silt loam 4'

to mostly brown silty loam w/ 10% silted scattered frags 6'

12'D

D & E



C
yellow/brown clay loam 3'

to mostly brown/purple silty loam w/ 10-15% silted weathered frags

INLET 4'

MAX D 8

$\bar{x} = 11' MIN$

210' / 20'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

orange/yellow clay 4' 4 1/2'

to clay loam 5'

to mostly brown/purple silty loam w/ patches 15% small silted weathered frags 5 1/2'

12'D 12 1/2'D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/3/88	A	4 1/2 S	1040	1044	1044	1050	6 MIN	
		12'D	BOTTOM (see profile)					
	D	4 1/2 S	1056	11013	1103	1130	27 MIN	
		12'D	bottom (see profile)					
	C	2 1/2 S	1055	1059	1059	1104	5 MIN	
		7 M	1055	1058	1058	1102	4 MIN	
		12 1/2'D	bottom (see profile)					
	B	3' S	1049	1053	1053	1100	7 MIN	
		11 1/2'D	bottom (see profile)					
11/22/88	E	6' S	1136	1143	1143	1200	7 MIN	
		12 1/2'D	bottom (see profile)					

ABOUT DRING INTO GOOD AREA

Per adjusted to 1 side of pipe line

REMARKS: orange/yellow clays to 4'; brown/orange silty loams w/ weathered frags below

TESTED BY: B. Nylan

ALSO PRESENT: Keith, Bar

C1 7552

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 40521

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

Grid for DATE WELL COMPLETED

Grid for Depth of Well

Grid for PERMIT NO.

OWNER: SARITA HUNTERS last name first name TOWN SUBDIVISION SECTION LOT 21

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST HOURS PUMPED (nearest hour)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

PUMPING RATE (gal. per min. to nearest gal.)

DESCRIPTION (Use additional sheets if needed)

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

METHOD USED TO MEASURE PUMPING RATE

Table with columns: FEET FROM, FEET TO, Check if water bearing. Rows: TOP soil, Clay, Shaley, Clay, brown Shale, Sand Stone, Mica, Sand Stone, Mica.

Form for NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

Form for PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL

CASING RECORD casing types insert appropriate code below

Form for WHEN PUMPING, TYPE OF PUMP USED

Form for MAIN CASING TYPE, Nominal diameter, Total depth

Form for TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible)

Form for OTHER CASING (if used) diameter, depth

Form for PUMP INSTALLED DRILLER WILL INSTALL PUMP

SCREEN RECORD screen type or open hole

Form for CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH

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

Form for DEPTH (nearest ft.)

Form for CASING HEIGHT, LAND SURFACE

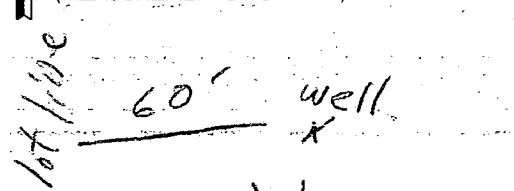
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

Form for SLOT SIZE, DIAMETER OF SCREEN

Form for LOCATION OF WELL ON LOT

DRILLERS IDENT. NO.

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



DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Form for TELESCOPE CASING, LOG INDICATOR, OTHER DATA

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Form for TELESCOPE CASING, LOG INDICATOR, OTHER DATA

COUNTY



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 27, 1995

Mr. Kelly Cumberland
Cumberland and Company, Inc.
16391 A. E. Mullinix Road
Woodbine, Maryland 21797

RE: WPI Inspection
13627 Gilbride Lane
Clarksville, Maryland

Dear Mr. Cumberland:

This office is in receipt of your written request for information dated January 26, 1995, regarding the well line inspection at the above referenced property. Per our telephone conversation on January 26, 1995, you indicated that the WPI inspection was performed between January, 1994, and March, 1994, by Amy McMillen, a sanitarian from our office. However, Ms. McMillen has no recollection of performing this inspection nor do we have any written record of the inspection. In addition, this office has no record of receipt of the Well Line Installation Application from you for the above referenced property.

The extent of the inspection performed by sanitarians from this office is limited to a visual inspection of the pitless adapter and the well water line from the well casing to the house. The depth of the pitless adapter below grade is measured, as well as the length of well casing above grade. Finally, the location of the well is verified. The inspection performed does not include any electrical requirements for the well.

Most of the well line and pitless adapter installations that are inspected are installed by plumbers; only a small percentage are installed by licensed well drillers.

Because this office does not receive Well Line Installation Applications from your company, it is not possible to give you an accurate account of your past performance on installations.

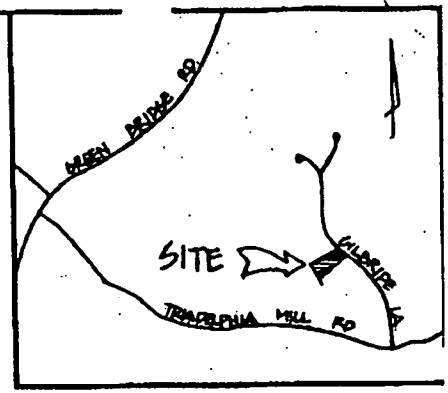
If you have any other questions or concerns, please contact this office at the address below or by calling (410) 313-2640.

Sincerely,

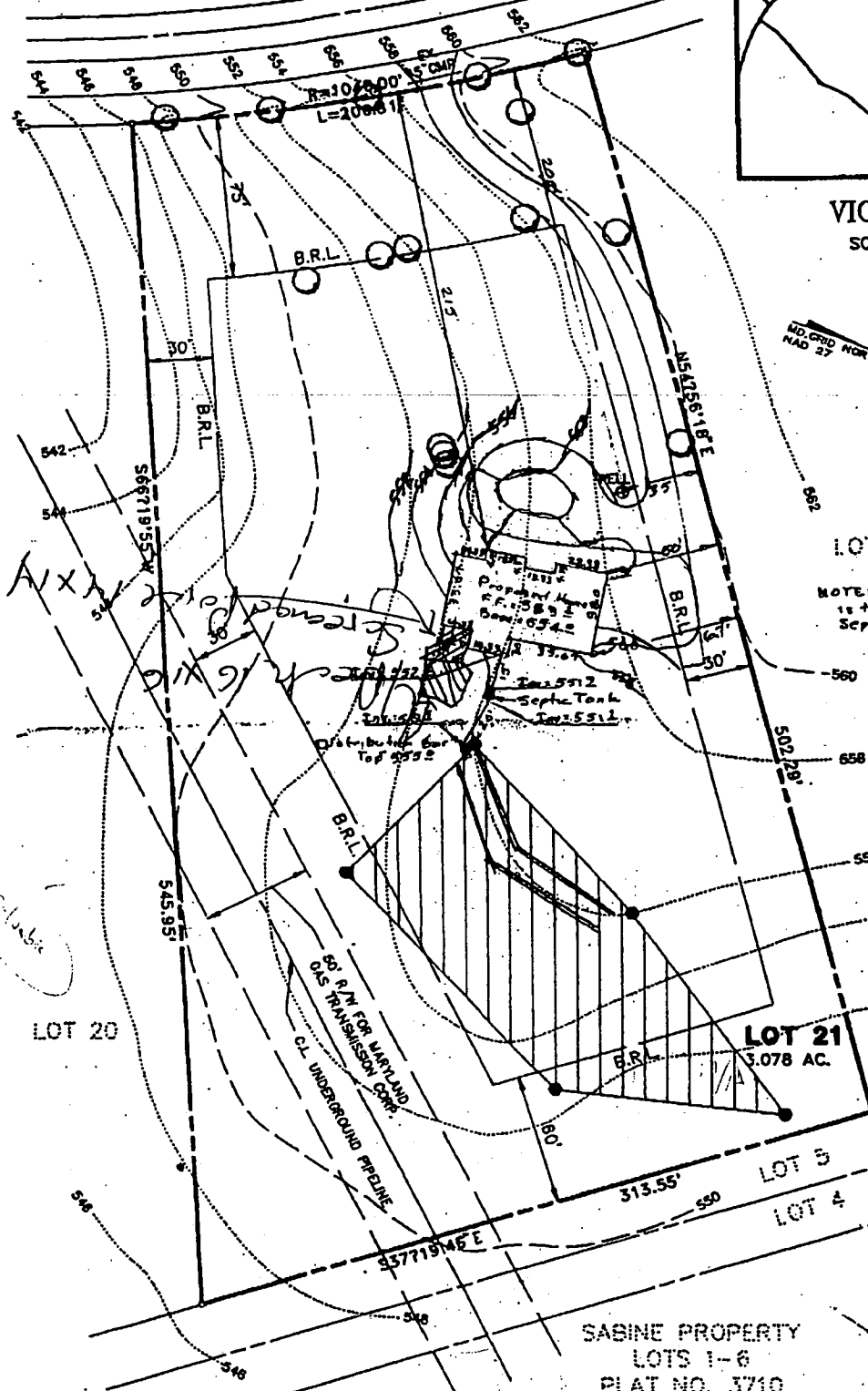
Craig Williams, Director
Water and Sewerage Program

CW:dks

GILBRIDE LANE



VICINITY MAP
SCALE: 1" = 2000'



MD. GRID NORTH
NAD 27

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
1997 MAR 20 P. 3

LOT 22
NOTE: Length of Septic Tranches is to be determined at time of Septic System Permit application.

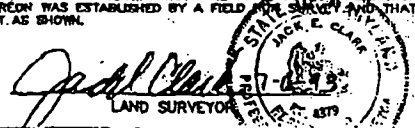
000104536
DECK/PORCH
NO OBJ -
ADEQUATE
CLEARANCE
(20'±)
TO SEPTIC SYSTEM
3/20/97
Cowell

SABINE PROPERTY
LOTS 1-6
PLAT NO. 3710

TOPOGRAPHY SHOWN WAS PREPARED
BY MEMER MUEGGE & ASSOC.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE TOPOGRAPHIC INFORMATION SHOWN HEREON WAS ESTABLISHED BY A FIELD SURVEY AND THAT IS CORRECT AS SHOWN.



DEVELOPER:
Saratoga Construction
2041 Westmoreland St.
Falls Church, VA 22043
703-532-4455

PLOT PLAN LOT 21 HEDGEROW SECTION 1

HOWARD COUNTY, MARYLAND.
SCALE: 1" = 50' DATE: JUN. 93

PREPARED BY
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20707
(301) 725-3442

TAX ACCOUNT # 411825

Building Address <u>13627 GILBRIDE LANE</u> <u>CLARKSVILLE, MARYLAND 21029</u> Suite/Apt. #: _____ SDP/WP/Petition # <u>F-8911</u> Census Tract <u>U0501</u> Subdivision <u>HEDGEROW</u> Section <u>1</u> Area _____ Lot <u>21</u> Tax Map <u>28</u> Parcel <u>30</u> Grid <u>20</u> Zoning <u>RDDP</u> Map Coordinates <u>13H5</u> Lot size <u>3.078</u> ACRES	Property Owner's Name <u>BRIAN & CAMILLE BAUMGARDNER</u> Address <u>13627 GILBRIDE LANE</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>(410) 531-6176</u> Work Phone <u>(301) 280-6262</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SINGLE FAMILY DWELLING</u> Proposed Use <u>SAME, WITH POOL</u> Estimated Construction Cost \$ <u>21,700.00</u> Description of Work <u>CONCRETE INGROUND POOL, WITH DE FILTER</u> <u>POOL FILLED BY TRUCK,</u> <u>21' WIDE BY 43' LONG, 3' TO 8 1/2' DEEP</u> <u>WITH 8' DIVING BOARD TOTAL S.F. = 750</u> <u>250 LIN. FT. OF 48" HIGH VINYL PICKET FENCE</u> Occupant or Tenant <u>SAME AS OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company <u>ANTHONY & SYLVAN POOLS, INC.</u> Contact Person <u>GEORGE A. SCHWEICH - CONTRACTOR</u> Address <u>10840 GUILFORD ROAD, SUITE 407</u> City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>20701</u> License No. <u>19347</u> Phone <u>(301) 490-1930</u> Fax <u>(410) 792-2818</u> Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> 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 <u>UNDERGROUND POOL</u> Dimensions <u>21' WIDE x 43' LONG</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <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 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.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
MARCH 21, 2002
 Date

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

AGENCY <u>Land Development, DPZ</u> DATE <u>3/21/02</u> SIGNATURE APPROVAL <u>[Signature]</u> State Highways _____ Building Official _____ Dev. Engineering, DPZ _____ Health <u>3/21/02</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 Front: <u>15'</u> Rear: <u>10'</u> Side: <u>5'</u> Side St.: <u>N/A</u> All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for NewTown Zone: <u>[Signature]</u> SDP/Red-line approval date _____	PROPERTY ID# <u>1730</u> Filing fee \$ _____ Permit fee \$ <u>250</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>250</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3158</u> Validation # _____ Accepted by _____
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SABINE PROPERTY

1000' ADDED
POOL OK MR

3/21/02

30-40' TO

EX. TRENCHES

LOT 4

LOT 3

LOT 21
3.078 AC.

Septic Area
To be
Remov

APPROX.
LOC.
EX.
TRENCHES

1000' LOST

Proposed
20' x 40'
Inground
pool

5' fence
around the
pool

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

313.55'

537.19' M.F.E.

Septic Area
To be
Removed

OL UNDERGROUND PIPELINE

50' R.F. FOR MARYLAND
GAS TRANSMISSION CORP.

B.R.L.

180'

502.29'

142'

80'

545.95'

517.95' B.R.L.

566.19' B.R.L.

B.R.L.

B.R.L.

1200.00' EX. CAMP

535'

560'

558'

553'

555'

555'

548'

545'

545'

545'

