

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hunt Valley Drive

SEPTIC TANK LEVEL OK 1250 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 3.0 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

$$\begin{array}{r} 280 \\ \times 3 \\ \hline 840 \end{array}$$

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 2/18/97 OK to cover all work - house connection needed ALM
6/18/97 FINAL INSP - House connection OK. DRS

DATE SYSTEM APPROVED 6/18/97 INSPECTOR [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41121

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 4TH

DATE ~~December 18, 1987~~

FEB 26 1988

*4/8/88
perc OK'd pending
approved plan
@*

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 G. Oliver Goldsmith, et ux

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION:

*LOT 10 Preliminary
Sec. 1*

SUBDIVISION Longwood Farm LOT NO. 7

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and

BLDG. PERMIT SIGNED

Union Chapel Road (2847 Hunt Valley Drive) *AND RETURNED 1/6/88*

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential 4 Bedrms

Serial # 600103419-

(NUMBER OF BEDROOMS) *

* Undetermined at this time

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. *SECURITY DEVELOPMENT CORP*
By St. K. Beach V.P.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located (good + bad) holes + S/D plan.

THIS IS NOT A PERMIT

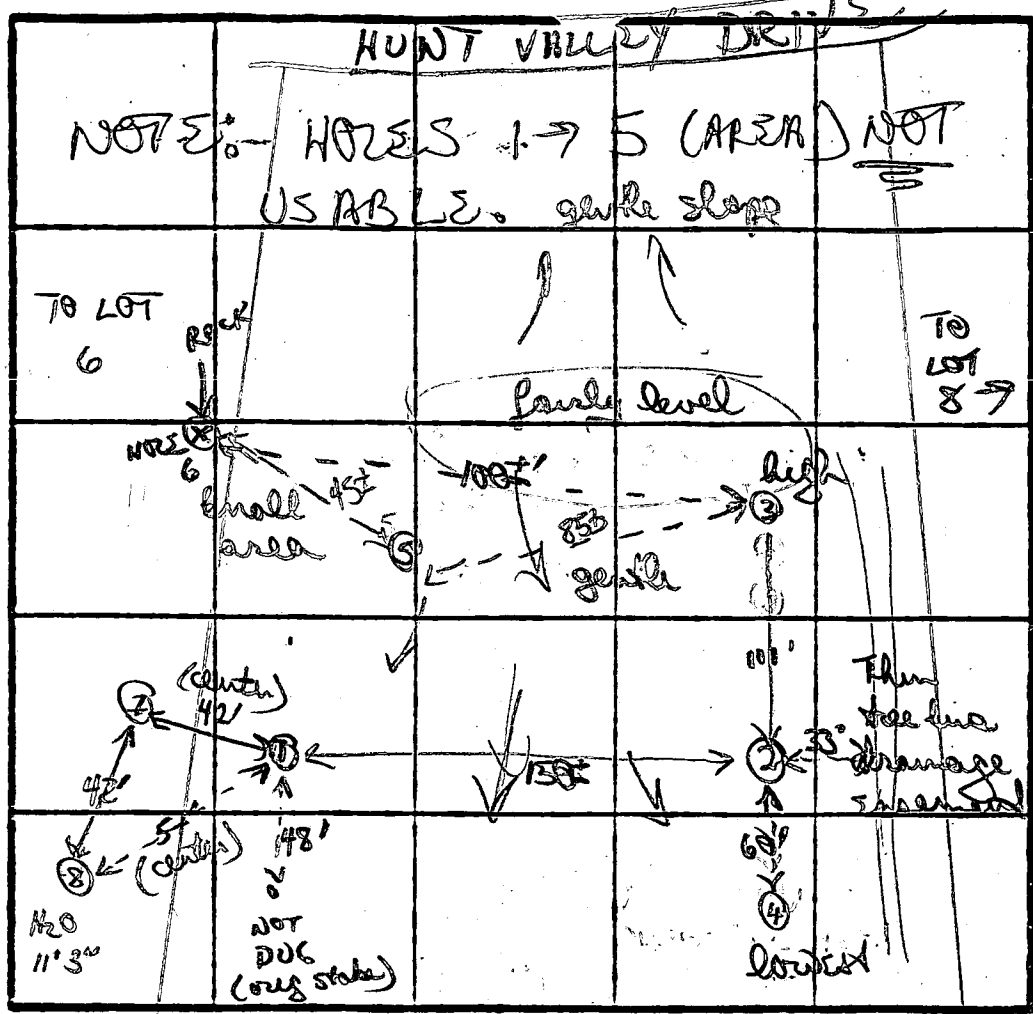
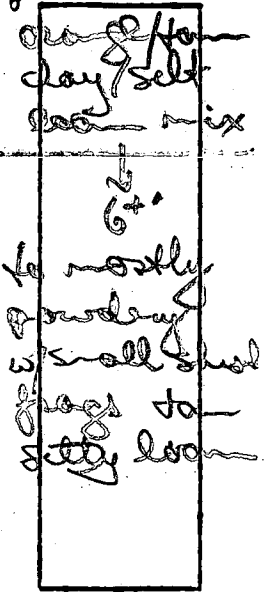
HUNT VALLEY DRILLS

NOTE: HOLES 1-5 (AREA) NOT USABLE. gentle slope

①
Brown/gray clay 3 1/2 ft
to tan sandy gritty sandy loam w/ scattered rock frags
(102) 8' damp soil weathered material by 10 1/2

③
Red/orange clay 3' clay loam to gritty sandy loam

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②
orange brown chunky clay (heavy) 4-4 1/2'

to gritty tan orange sandy mix w/ patches small black weathered frags 6' hard shud frags 8+'' bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
11/6/88	①	3 1/2 S	1116	1120	1120	1126	6 MIN	
		7 1/2 M	1114	1119	1119	1123	4 MIN	
		12' D	bottom (see profile)					
	②	4 1/2 S	1136	1142	1142	1200	18 MIN	
		8 1/2 D	bottom (see profile)					
	3	4' S	1129	1143	1143	1149	6 MIN	
		11 1/2 D	bottom (see profile)					
	④	DID NOT TEST (low area)						
		10 1/2 D	soils damp		near bottom (did not use)			
	⑤							

REMARKS: perc adjusted due to low lying, area also partially restricted due to rock. WSP S. to higher elevations in doubt

TYPE OF SOIL: mixed orange red clays to 4 1/2', to orange sandy silty loam

TESTED BY: B Nyman ALSO PRESENT: Chip, Korman

APPLICATION

PERCOLATION TESTING

A 41127
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 3461-9933

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Longwood LOT NO. 7 on 2

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

11
SOIL PROFILE

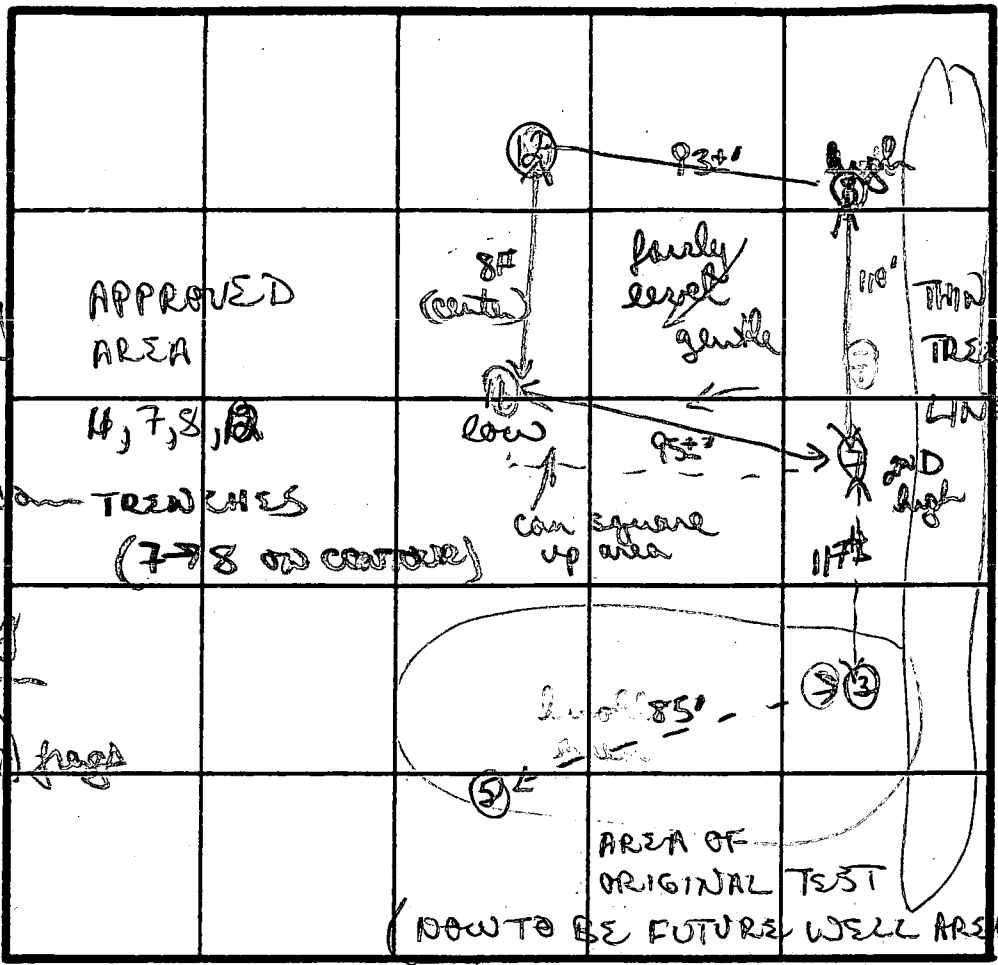
0'
patchy red/orange clay
2 1/2' S
mostly orange to tan silty loam
6'
tan powdery silty loam
few scattered frags

12' D

7

red/orange clay 3' gradually to light orange mostly powdery silty loam w/ 10% small scattered black frags

X = 8 1/2 MIN
BOLET 4'
MAX D 6 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

chunky red patchy orange clay 3 1/2-4' to orange to tan pink silty loam w/ 5-10% 1" ↓

12 1/2' D

12

similar to #8



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8/88	5	Rock	2 1/2-3'				
	12	3' S	311	320	320	333	13 MIN
		7' M	311	316	316	321	5 MIN
		12' D	bottom (see profile)				
	7	3' S	316	322	322	329	7 MIN
		12' D	bottom (see profile)				
	9	4' S	325	331	331	341	10 MIN
		12 1/2' D	bottom (see profile)				
	11	3 1/2' S	332	336	336	343	7 MIN
		12' D	bottom (see profile)				

12' D

REMARKS: flipped perc field on lot, orig perc area now to be future house/well site
 TYPE OF SOIL: red orange clays/clay loams to 4'; tan orange & pink silty loam below
 TESTED BY: B Nyfon ALSO PRESENT: Chip, Ken Heffelfield

C1 7924 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY DATE RECEIVED

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 4121
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-94-0814

DATE WELL COMPLETED: 062496 Depth of Well: 225 (TO NEAREST FOOT)
 OWNER: Security Development last name Hunt Valley Drive first name
 STREET OR RFD: Wellington TOWN: Glenwood
 SUBDIVISION: Wellington SECTION: _____ LOT: 10

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>38</u>	
<u>Gray Micr Rock</u>	<u>38</u>	<u>225</u>	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 38 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE: ST
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 42

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

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

NUMBER OF UNSUCCESSFUL WELLS: 2
 WELL HYDROFRACTURED: YES NO

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 26.04.04 "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.

TYPE: MWD/MSD/MGD 24
 DRILLERS LIC. NO. Joseph L. Mangione

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. _____

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

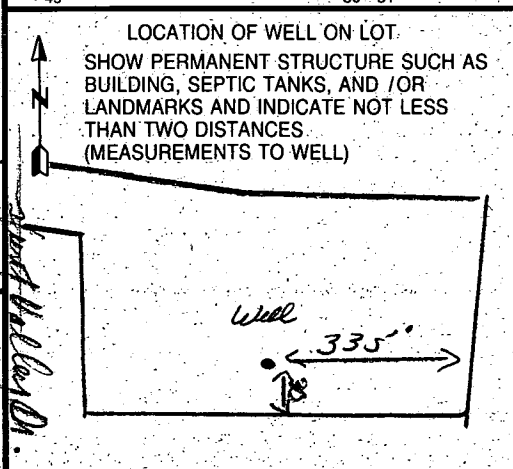
C 2
 DEPTH (nearest ft.): HO 40 225
 A 1 HO 40 225
 C 8 9 11 15 17 21
 S 23 24 26 30 32 36
 R 38 39 41 45 47 51
 E
 N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60

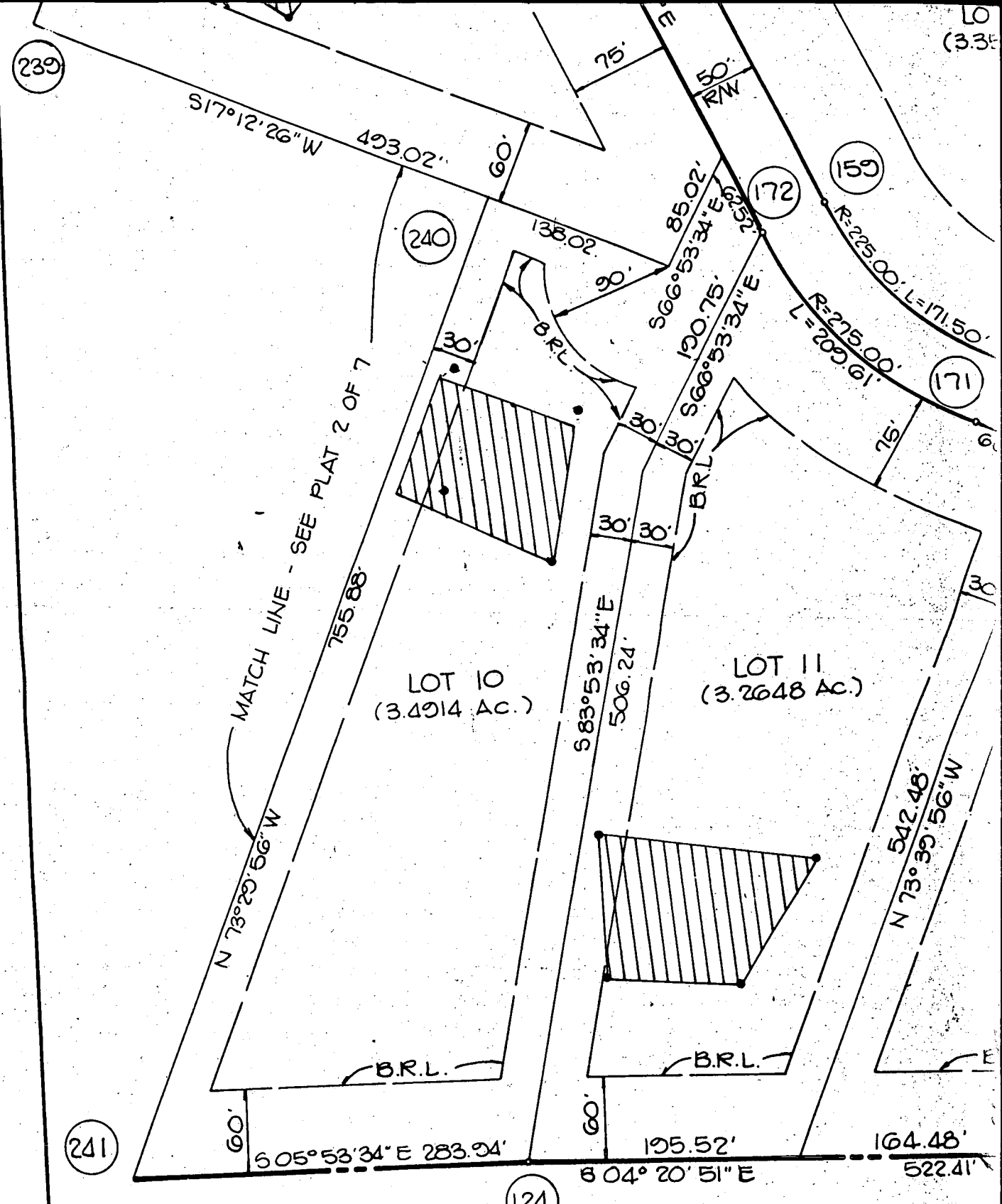
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 30 ft.
 WHEN PUMPING 56 ft.
 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.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 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
 - below 2 (nearest foot)
 LAND SURFACE





TOTAL TABULATION THIS PLAT (LOTS 9-16, 29 & 30)	
TOTAL NUMBER OF LOTS TO BE RECORDED	10
TOTAL AREA OF LOTS TO BE RECORDED	31.0903 Ac.
TOTAL AREA OF ROADWAY TO BE RECORDED	3.2144
TOTAL AREA OF THIS PLAT TO BE RECORDED	34.3047

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWER SYSTEMS.

John P. [Signature]

10-18-89
DATE

SURVEY I HEREBY CERTIFY THAT THE OF THE LAND OBTAINED BY SECUR BY DEED DATED JANUARY 25, 192 IN THE LAND RECORDS OF HOWI MONUMENTS ARE IN PLACE, OR OF THE STREETS IN THE SUBDIVI ACCORDANCE WITH THE ANNOTAT.

Remarks

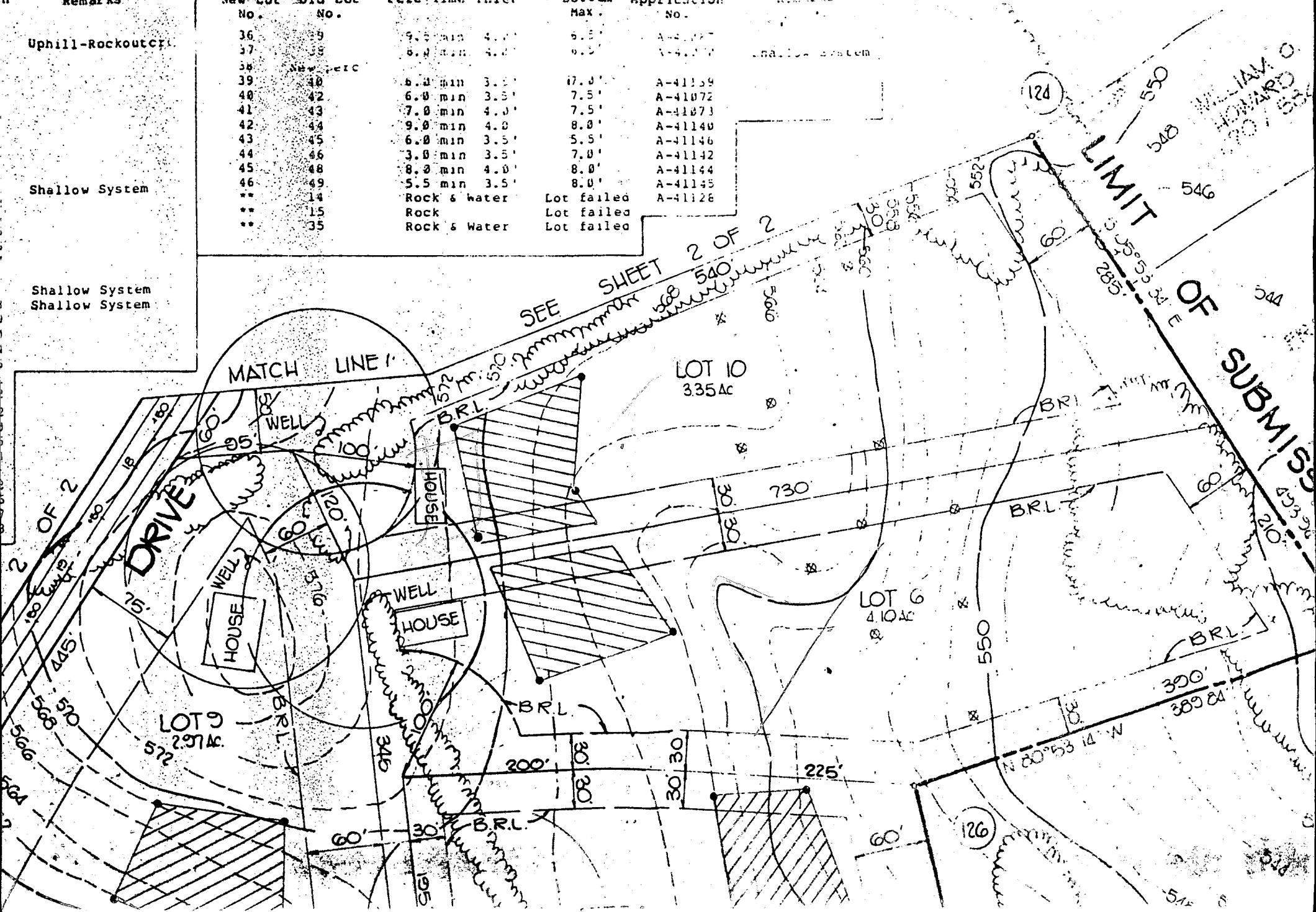
Uphill-Rockout Cr.

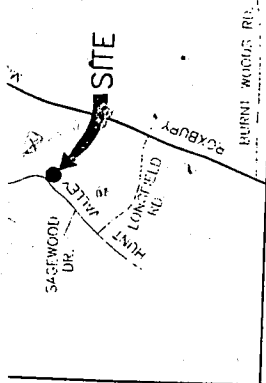
Shallow System

Shallow System

Shallow System

New Lot No.	Old Lot No.	Perce	Time	Inlet	Bottom Max.	Application No.	Remarks
36	39	9.0 min	4.0'	6.5'	A-41147		
37	38	8.0 min	4.0'	9.0'	A-41147		Shallow System
38		New Perc					
39	40	8.0 min	3.5'	17.0'	A-41149		
40	42	6.0 min	3.5'	7.5'	A-41072		
41	43	7.0 min	4.0'	7.5'	A-41073		
42	44	9.0 min	4.0'	8.0'	A-41140		
43	45	6.0 min	3.5'	5.5'	A-41146		
44	46	3.0 min	3.5'	7.0'	A-41142		
45	48	8.0 min	4.0'	8.0'	A-41144		
46	49	5.5 min	3.5'	8.0'	A-41145		
**	14	Rock & water		Lot failed	A-41126		
**	15	Rock		Lot failed			
**	35	Rock & water		Lot failed			





VICINITY MAP
SCALE: 1" = 2000'

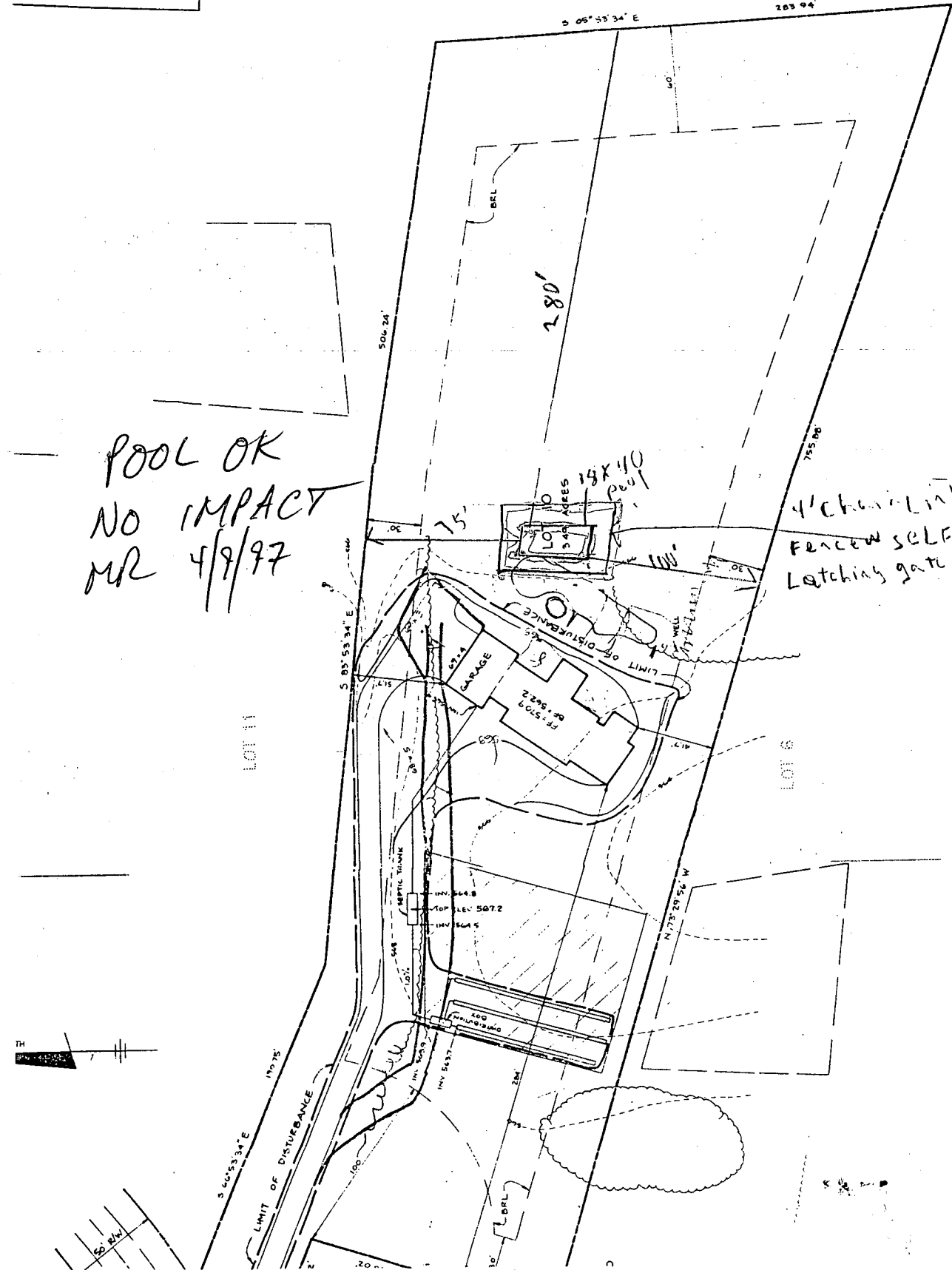
PRINTED
DEC 24 1997

PLOT PLAN
WELLINGTON

POOL OK
NO IMPACT
MR 4/9/97

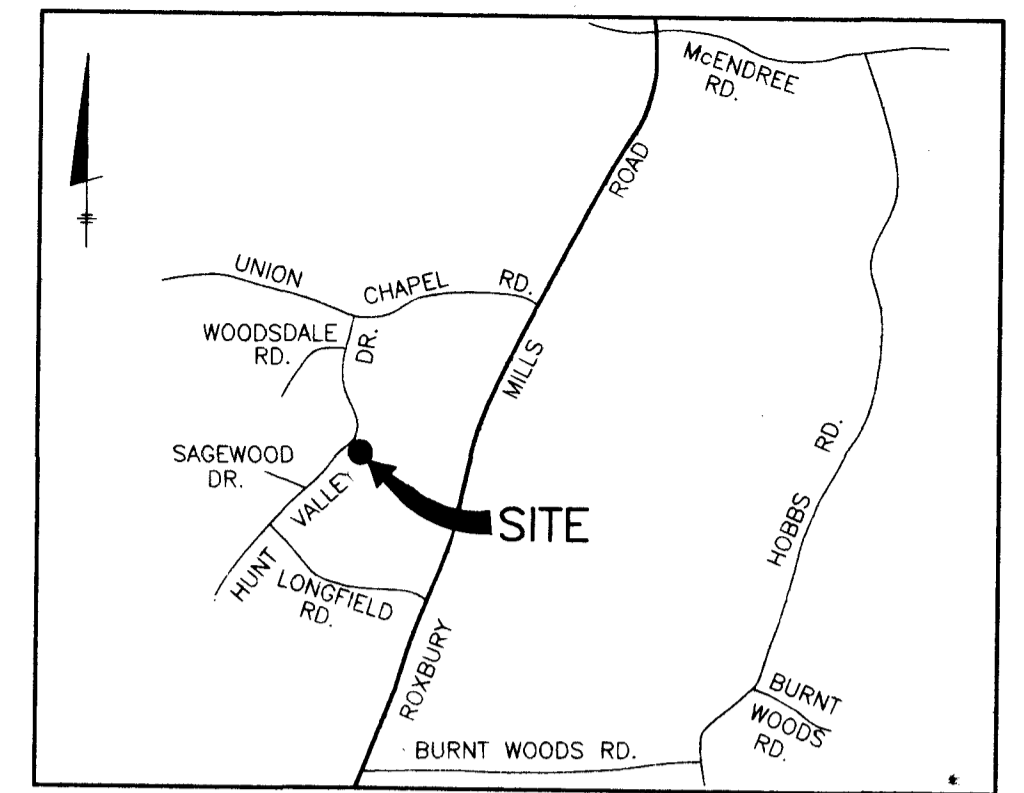
4' chain link
fence w self
latching gate

NATURAL CURB

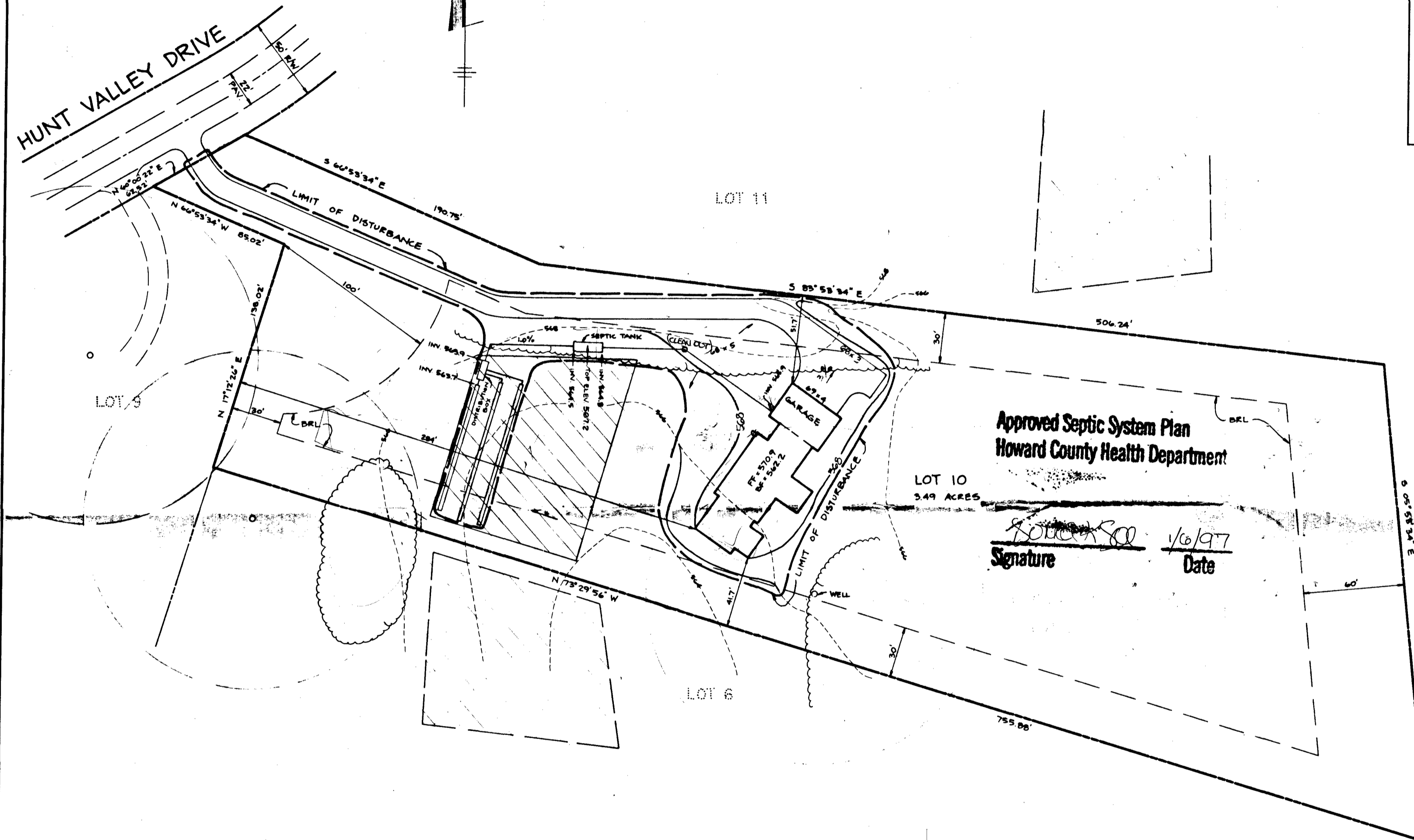


GENERAL NOTES

1. THE LOT SHOWN HEREIN COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE HAWAIIAN STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE HAWAIIAN STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES TO THE EASEMENT INTO THE PRIVATE SEWERAGE EASEMENT. ANY GRANT VARIANCES TO THE EASEMENT SHALL NOT BE NECESSARY.



VICINITY MAP
SCALE: 1" = 2000'



Approved Septic System Plan
Howard County Health Department

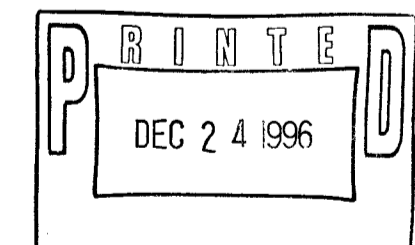
[Signature]
Signature 1/6/97
Date

GENERAL NOTES

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM TSA GROUP, INC. FIELD RUN TOPOGRAPHIC SURVEY PERFORMED ON OR ABOUT
5. EXACT LENGTH OF SEPTIC TRENCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
6. AREA OF DISTURBANCE: 20,500 S.F.

TSA GROUP, INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465-6105

M00103419
REVISED
Date: 12.26.96
Comments:



PLOT PLAN
WELLINGTON
SECTION 1, AREA 1
LOT 10
PLAT NO. 8947
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: DECEMBER 11, 1996
REVISED DECEMBER 24, 1996

A41124 P57652

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00123046

Building Address 2847 Hunt Valley Drive
Glenwood, Md 21738
Suite/Apt. #: N/A SDP/WP/Petition #: 111A
Census Tract 02111 Subdivision WINDY HILLS
Section 111A Area 111A Lot 10
Tax Map 1A Parcel 239 Grid 21
Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name Mark and Kelly Natale
Address 2847 Hunt Valley Drive
City Glenwood State Md Zip Code 21738
Home Phone 410-489-3620 Work Phone 410-312-7572
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SF Dwelling
Proposed Use SF Dwelling
Estimated Construction Cost \$ 30,910.00
Description of Work Construct a 209 sq ft one
story family room addition with crawl space below
16.71

Contractor Company Owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant same
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: 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature William Natale
Title/Company _____

Print Name Kelly D. Natale
Date 3/22/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
3/22/00** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

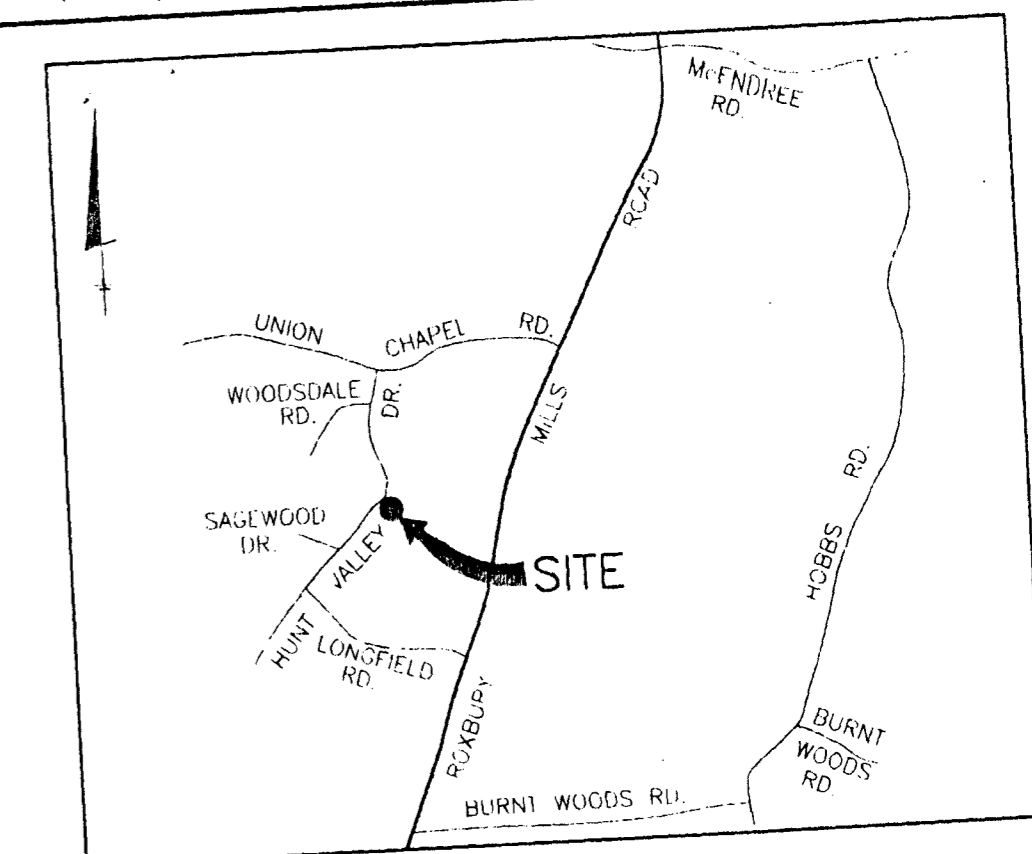
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>3/22/00</u>	<u>Paula Pinky</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

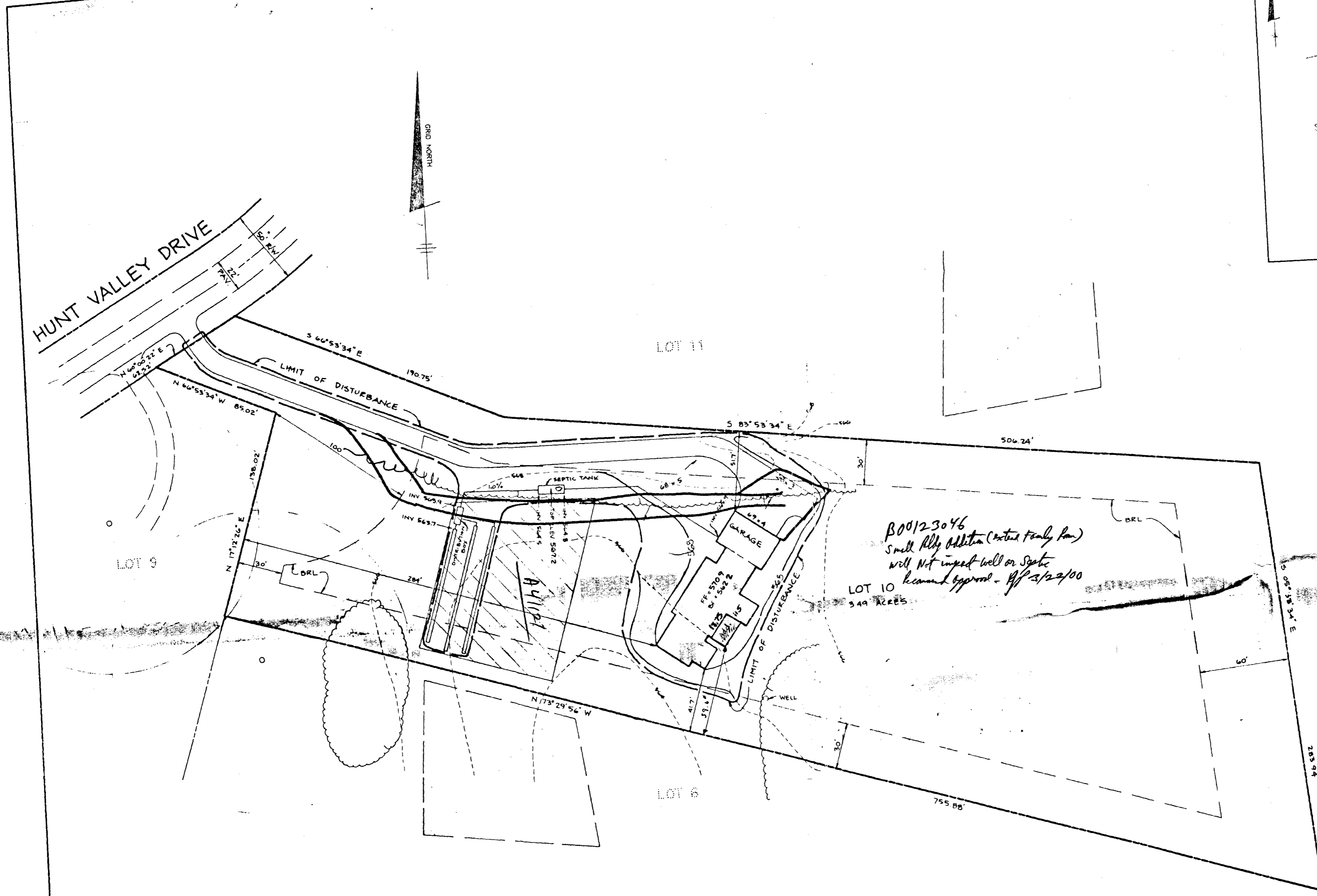
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>27358</u>
Rear: _____	
Side: <input checked="" type="checkbox"/>	
Side St.: _____	
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
SDP/Red-line approval date _____	Add'l permit fee \$ _____
Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
	Balance due \$ _____
	Check # <u>10619</u>
	Validation # _____

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



VICINITY MAP
SCALE: 1" = 2000'



GENERAL NOTES

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2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SF. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM TSA GROUP, INC. FIELD RUN TOPOGRAPHIC SURVEY PERFORMED ON OR ABOUT _____
5. EXACT LENGTH OF SEWER BRANCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT EXPANCTION
6. AREA OF DISTURBANCE: 28,500 SF

TSA GROUP, INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLICOTT CITY, MARYLAND 21043
(410) 465-6105

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PLOT PLAN
WELLINGTON
SECTION 1, AREA 1
LOT 10
PLAT NO. 8947
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: DECEMBER 11, 1996
REVISED DECEMBER 21, 1996