

max IO-05-345725

PERMIT

SEWAGE DISPOSAL SYSTEM

P 48557

A 42071

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

FOR F.C.O.P. COMPLIANCE

DATE 9/28/92

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

5/6/93 C. Williams

DATE SYSTEM APPROVED 10/6/92

INDEXED

INSPECTOR RH

C. C. Cissel

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Carter Property LOT Parcel 215 Tax Map 34 ROAD 13576 Highland Road

PROPERTY OWNER Willis/Highland Meadow Estates Limited Partnership

ADDRESS William C. MOONEY

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 105 feet from the rear lot line and 90 feet from the right lot line. Run trenches along contour toward 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. *OK 5/10/92 RH*

BUILDING PERMIT SIGNED

AND RETURNED 4/17/02

B00135443 - DECK + GATEBO

BLDG. PERMIT SIGNED

AND RETURNED 9/26/97

Shed *Serial # 53996 - deck*

PLANS APPROVED BY C. Williams

DATE 9/13/89

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**

A 42071

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

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 _____ LOT NO. _____

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 _____

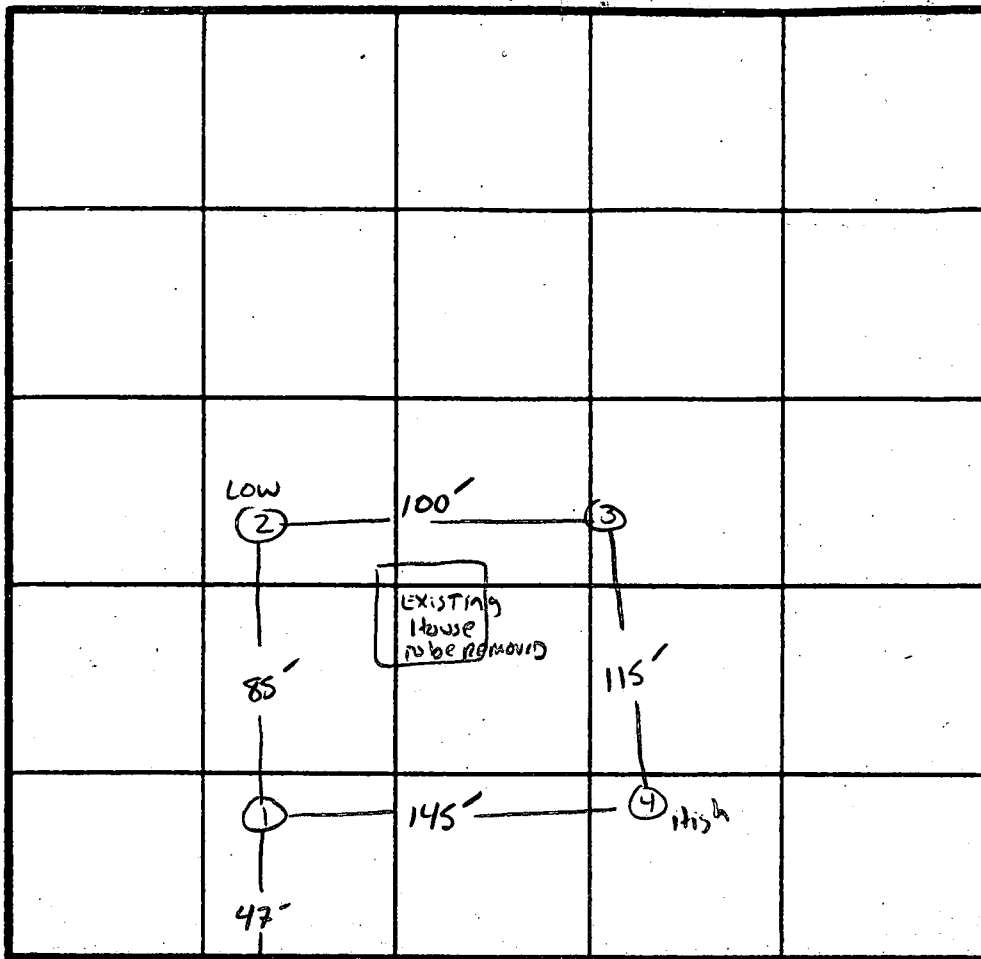
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'
3"
A1-3
Yellow BR
Silty loam
(Clay 18%)
15-20%
Frags
2.5-30
7AN
(Yellow BR)
SANDY loam
Highly
micaceous
10% frags
13'



\bar{x} Perc 7 min
180 ϕ BR
Inlet 3'
Bottom 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CL Highland Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/28/88	1 S V	3" 12.5"	1:24	1:25	1:25	1:27	2 min
	2 S V	2.5" 12"	1:27	1:28	1:28	1:30	2 min
	3 S M	4" 8"	1:31	1:39	1:33	1:39	16 min 6 min
	3 V	13"	Similar to Profile				
	4 V	13"	Similar to Profile				

REMARKS

TYPE OF SOIL Steady - medium

TESTED BY S. Abel

ALSO PRESENT SKP, JACK, MARIC
MA. CARTER,

Preliminary
11/25/88
9:30

APPLICATION

PERCOLATION TESTING

A 42971

P _____

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

DATE GIVEN TO MR. WILLIAMS DISTRICT 5th
& TO DENNIS RUSH'S OFFICE ON DATE October 26, 1988
11/10/88

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 Robert B. Williams (Agent for the owner) Mr & Mrs. John Willis

ADDRESS 8386 Court Avenue PHONE 465-5366 857-0957

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION: SUBDIVISION N/A LOT NO. _____

ROAD AND DESCRIPTION CARLE PROPERTY 13576 HIGHLAND RD

TAX MAP 34 PARCEL # 215

SIZE OF LOT 2.00 Acres + TYPE BLDG. S.F.D.
(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.

Dennis M. Rush
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

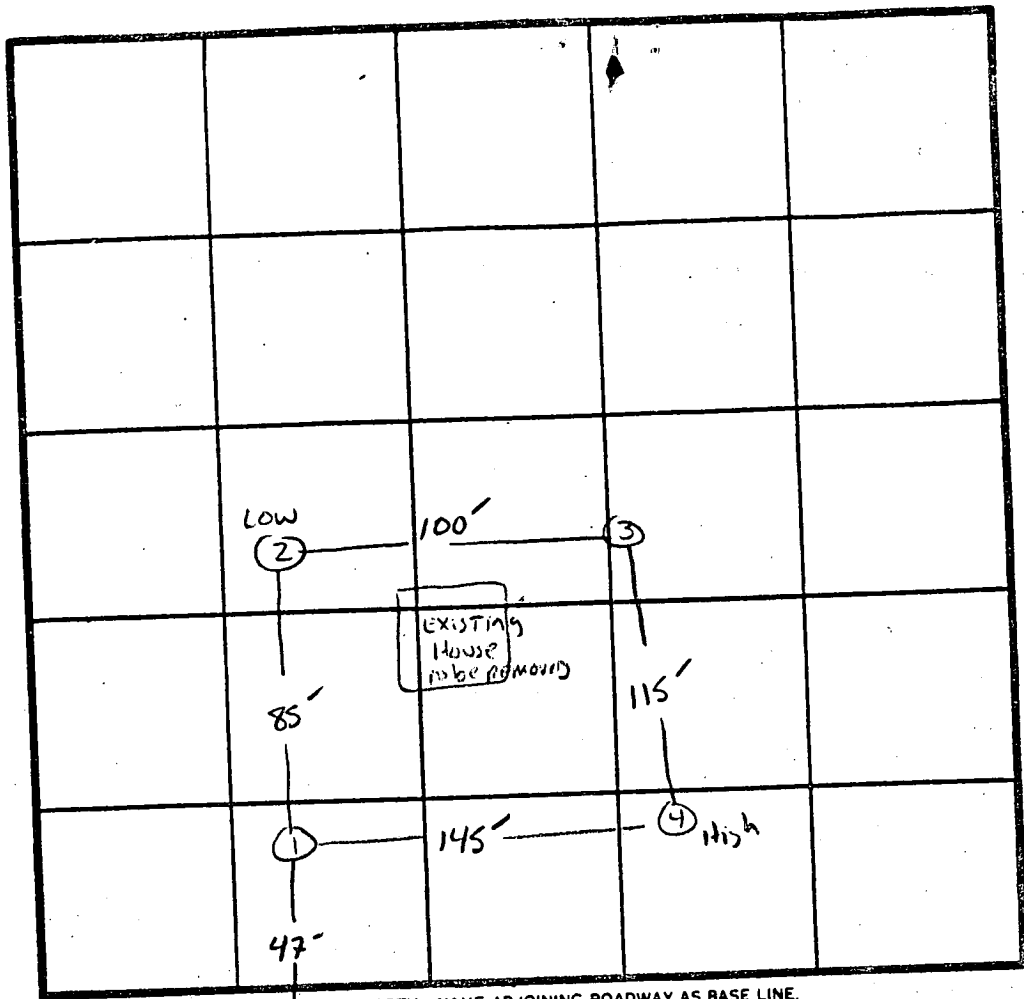
REASONS FOR REJECTION OR HOLDING 11/20/88 PERC SATISFACTORY - Hold for Certified PUMP-SAW

BLDG. PERMIT SIGNED
AND RETURNED 11/10/88
Permit # 47465

THIS IS NOT A PERMIT

SOIL PROFILE

0
3"
A1-3
Yellow Br
Silty loam
(Clayey
18%)
15-20%
Frags
2.5-3.0
TAN
(yellow Br)
SAND loam
Highly
micaceous
10% frag
13'



\bar{x} Peract min
180 ϕ BR
Inlet 3'
Bottom 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CL Highland Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/28/88	1 S	3"	1:24	1:25	1:25	1:27	2 min
	1 V	12.5"	As profile D				
	2 S	2.5"	1:27	1:28	1:28	1:30	2 min
	2 V	12"	Similar to Profile				
	3 S	4"	1:31	1:39	1:39	1:55	16 min
	3 M	8"	1:31	1:33	1:33	1:39	6 min
	3 V	13"	Similar to Profile				
	4 V	13"	Similar to Profile				

REMARKS _____
 TYPE OF SOIL Clayey - micaceous
 TESTED BY S. Abel ALSO PRESENT SKIP, JACK, MARK
MR. CARTER

C1 9959

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 442471

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED...

Table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes entries like Topsoil, Br. mica, Sandstone, etc.

GROUTING RECORD WELL HAS BEEN GROUTED TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

CASING RECORD casing types insert appropriate code below ST CO PL OT

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) grid for screen depth and slot size

GRAVEL PACK 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.) W Q

PUMPING TEST HOURS PUMPED PUMPING RATE METHOD USED TO MEASURE PUMPING RATE WATER LEVEL

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP...

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS...

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED...

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

DRILLERS IDENT. NO. DRILLERS SIGNATURE SITE SUPERVISOR

COUNTY

Highland Rd.

B 1 9105 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-0785
fill in this form completely

Date Received (APA)
OWNER INFORMATION
KERWIN HOMES INC
24024 FREDERICK RD
CLARKSBURG MD 20871

B 3 LOCATION OF WELL R-44205
HOWARD 40.00
CARTER PROPERTY
CLARKSVILLE
MILES FROM TOWN 2 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
29265 Brown Church Rd., Mt. Airy, Md. 21771
George F. Easterday 5/15/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
HIGHLAND RD
DISTANCE FROM ROAD 200 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)
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)

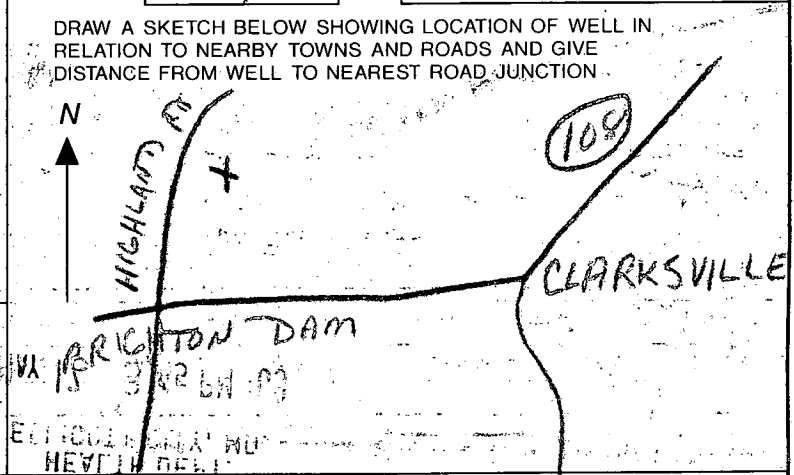
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A44771
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 062789
NORTH GRID 499000 EAST GRID 0805000

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
800 5
490 9

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



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE PERMIT No. 40-88-0785

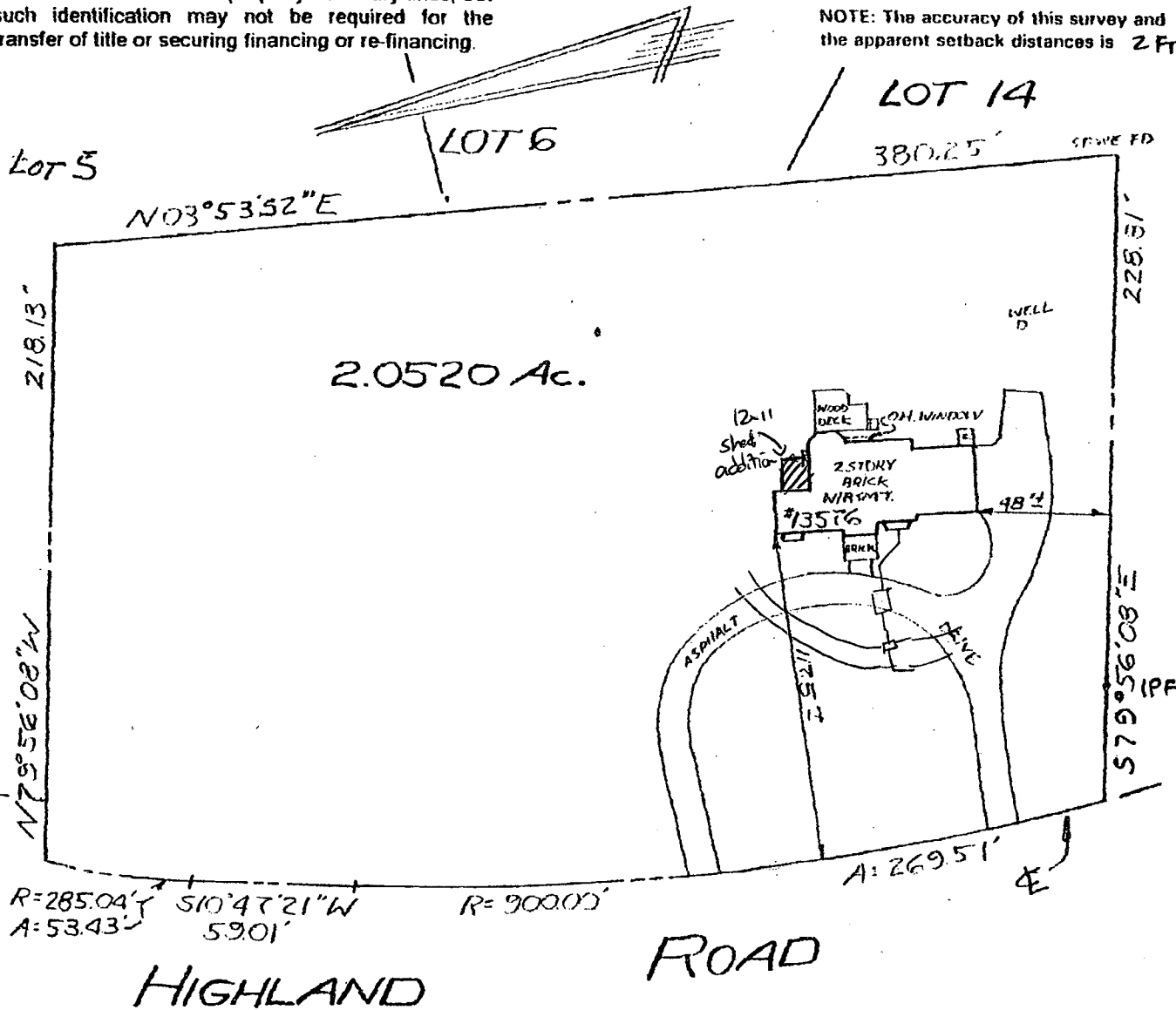
SPECIAL CONDITIONS
TOM FUHR 353-0561
COUNTY

The 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 re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. 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 or securing financing or re-financing.

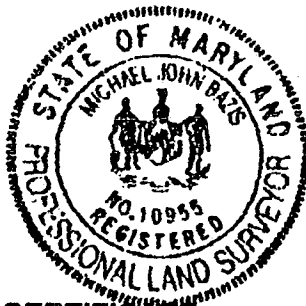
NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 32
 Date of Map: 12-4-86
 Flood Zone: C

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft.



9/29/97
 Shown shed addition will have no impact to the existing well/septic OK to proceed



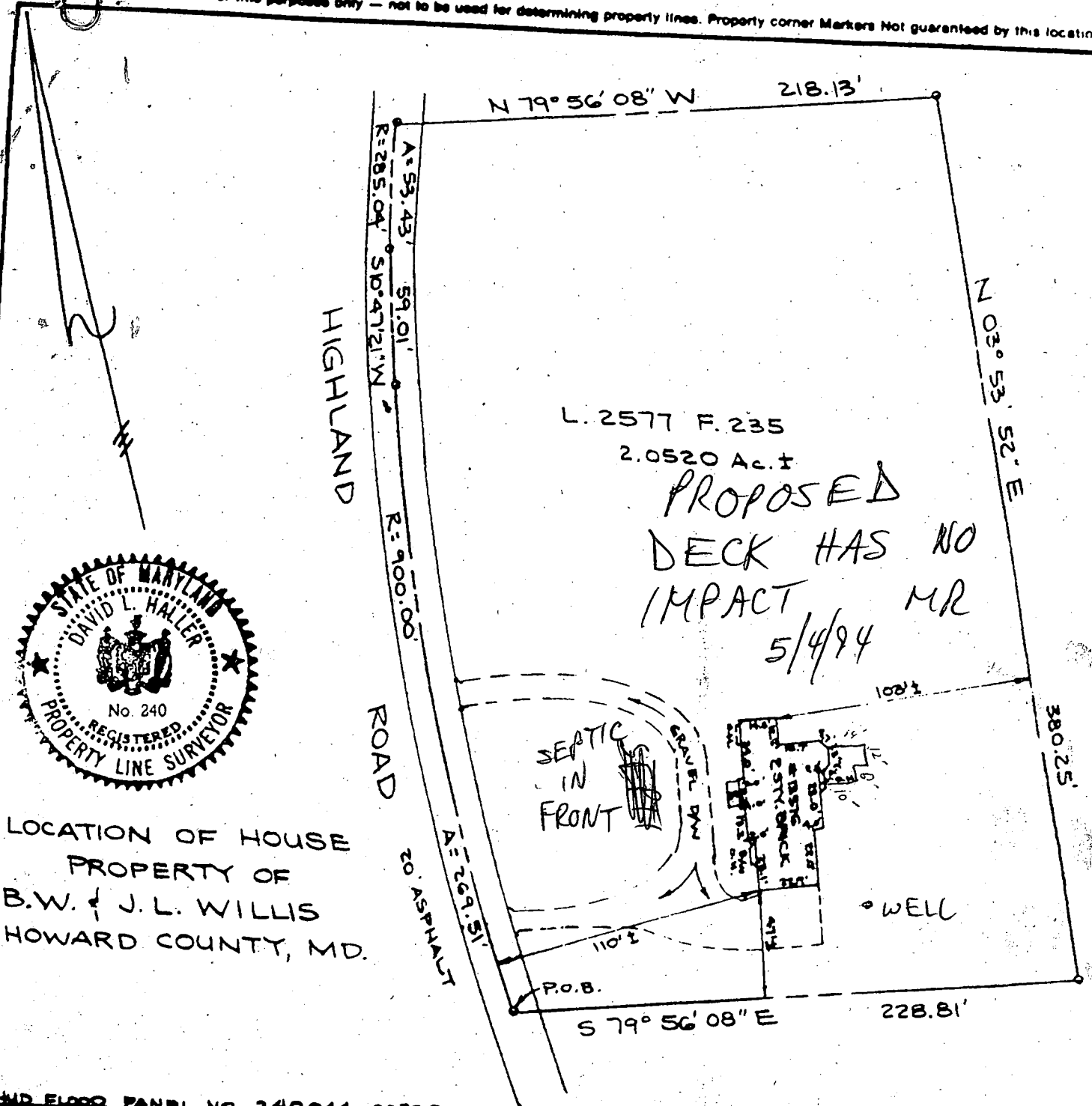
SURVEYOR'S CERTIFICATE

hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments if any. This Plat is not for

LOCATION DRAWING
 WEYHER PROPERTY A/M/M/L
 LIBER 3089 FOLIO 495

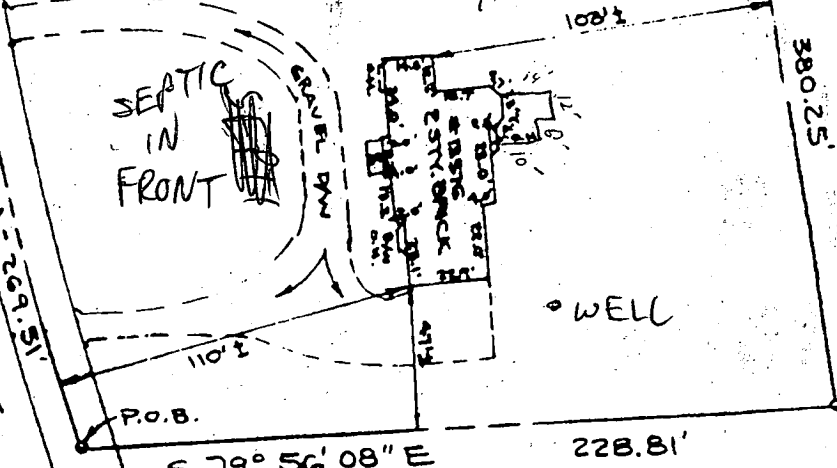
CASE No. 2-3849-92

NOTE: This location for this purpose only — not to be used for determining property lines. Property corner Markers Not guaranteed by this location



LOCATION OF HOUSE
PROPERTY OF
B.W. & J.L. WILLIS
HOWARD COUNTY, MD.

L. 2577 F. 235
2.0520 Ac. ±
**PROPOSED
DECK HAS NO
IMPACT MR**
5/4/94



HUD FLOOD PANEL No. 240944-00328

ZONE: C

CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.

[Signature]
DAVID L. HALLER
MARYLAND R.P.L.S No 240

REFERENCES

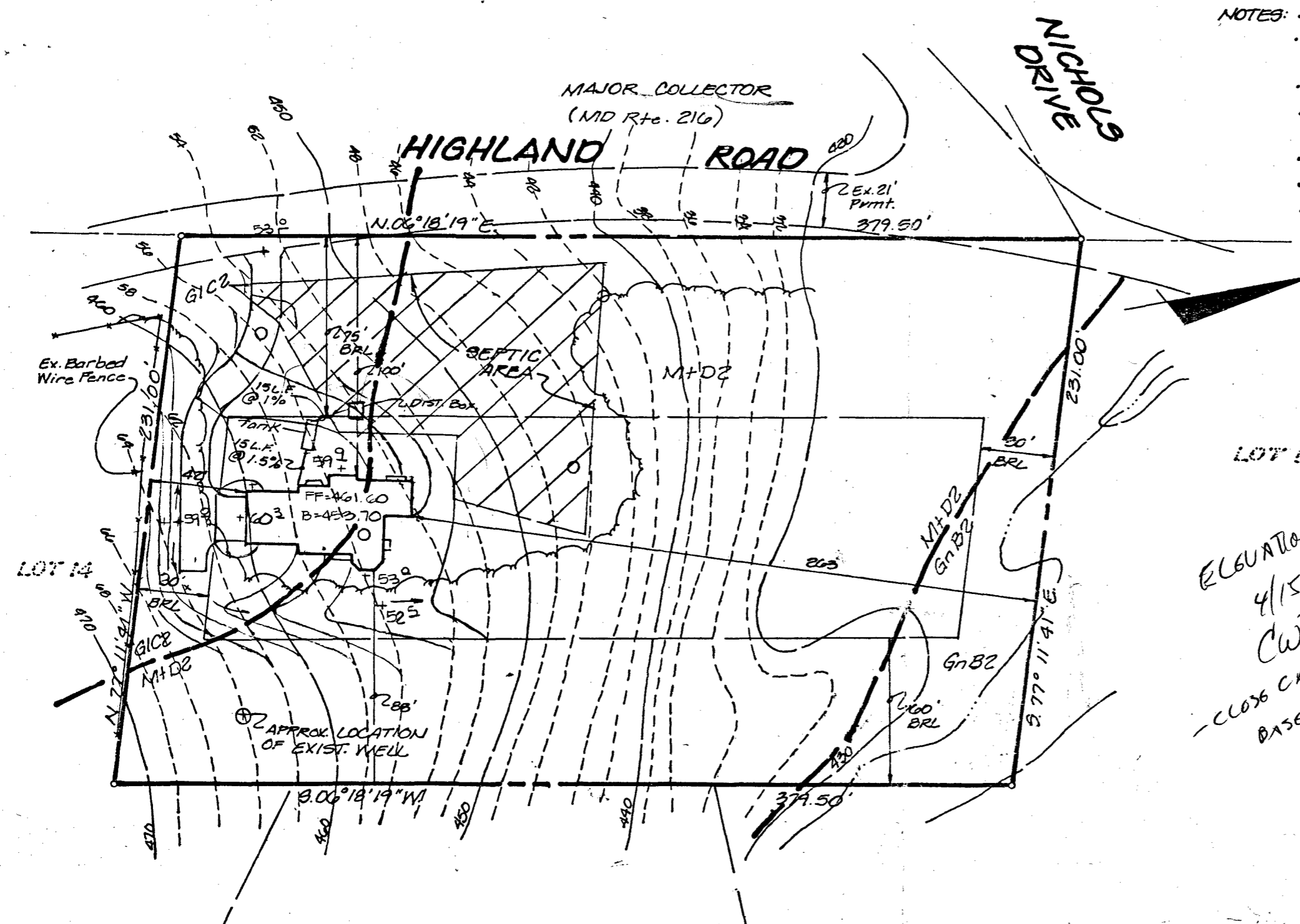
PLAT BK.	
PLAT NO.	
LIBER	2577
FOLIO	235

HALLER ASSOCIATES
SURVEYING • ENGINEERING • PLANNING

(301) 668-1643 622 TRAIL AVENUE, FREDERICK, MARYLAND 21701

DATE OF SURVEY	SCALE: 1" = 60'
WALL CHECK	DRAWN BY: HLR
MSB LOC: 11-23-92	JOB NO: 92-4867
BOUNDARY:	

- NOTES:
- Boundary based on Deed, L. 232 F. 115
 - Topography & proposed grades are based on Howard County Aerial Photogrammetric Maps.
 - Contractor to set grades in the field.
 - Trench length to be determined by Health Dept. in the field, at time of permit issuance
 - Trenches to run parallel with contours.
 - O - Indicates perc test hole location.
 - Shaded soil type: may contain hydric inclusions.
 - May require manhole.



House:
 FF = 461.60
 B = 453.70
 Inv = 451.67
 (Min Bsmt = 453.67)

Septic Tank:
 Top Ex. = 456.0
 Top Prop. = 458.0
 Inv. In = 451.45
 Inv. Out = 451.15

Distribution Box:
 Ex Top = 454.0
 Prop Top = 456.0
 Inv. In = 451.50
 Inv. Out = 451.00

Well:
 Top Ex. = 464.00
 Top Prop. = 464.00

LOT 5
 ELEVATIONS OK
 4/15/92
 Willis
 - CLOSE CALL ON
 BASEMENT SERVICE

HIGHLAND MEADOWS
 SECT 1
 P.B. 8744-8746
 LOT 6

Revised - 3/23/92 - LYG/CW.

TITLE: GRADING STUDY				
PROJECT: WILLIS PROPERTY				
LOCATION: 5TH ELECTION DISTRICT Howard CO., MD.				
SCALE: 1" = 50'	DESIGNED BY: LYG	DRAWN BY: LYG	CHECKED BY: SW	DATE: Mar. 92
FIELD BOOK:	PAGE NO.:	JOB NO.: 92006	DRAWING NO.: 1 of 1	

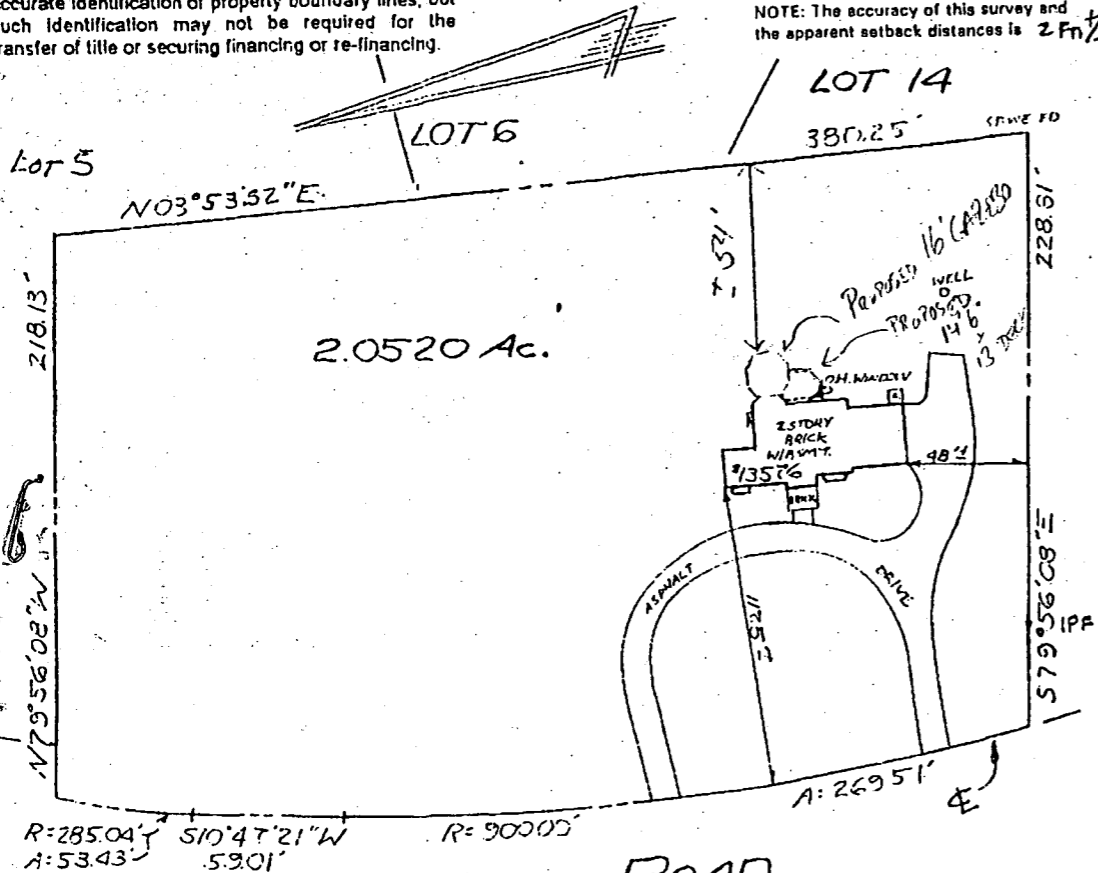
Boender Associates
 INCORPORATED
 ENGINEERS • PLANNERS • SURVEYORS
 3230 BETHANY LANE
 ELLICOTT CITY, MD. 21043
 (301) 465-7777 FAX: (301) 465-7966

The 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 re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. 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 or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRIM Panel No. 32
Date of Map: 12-4-84
Flood Zone: 2c

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft.



SEPTIC
IN
FRONT.
WELC Dist ok
4/17/02
(K6)



SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent measurements, if any. This Plat is not for

LOCATION DRAWING
WEYHER PROPERTY
LIBER 3089 FOLIO 495

HIGHLAND ROAD

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER KG
B00135493

Building Address 13576 Highland Road
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 1015K1 Subdivision N/A
Section N/A - Area N/A Lot N/A
Tax Map 34 Parcel 215 Grid 8
Zoning RM1 Map Coordinates 1358 Lot size 2.0510AC

Property Owner's Name Nn. Cragan Lewis Moore
Address 13576 Highland Road
City Clarksville State MD Zip Code 21029
Home Phone 301-884-3165 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SH
Proposed Use SH of Home w/Deck
Estimated Construction Cost \$ 20,000
Description of Work 14'0" x 13' OPEN DECK (W/STEPS,
W/Screened Gazebo ATTACHED TO
REAR OF HOME

Contractor Company GEMINI DESIGN/BUILD, INC.
Contact Person MARY PERMAN
Address 3308 DANMARK DRIVE
City GLENMONT State MD Zip Code 21738
License No. 42973
Phone 410-489-9100 Fax 410-489-4383

Occupant or Tenant Owner
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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ 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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company Gemini Design/Build, Inc.

Print Name MARY T. PERMAN
Date 4-16-02

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	<u>4/17/02</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4-17-02</u>	<u>[Signature]</u>
Fire Protection		

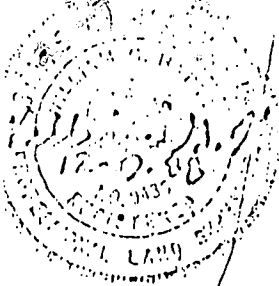
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE/STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>10'</u>	<u>7969</u>
Rear: <u>30'</u>	Filing fee \$ <u>25</u>
Side: <u>10'</u>	Permit fee \$ _____
Side St.: <u>N/A</u>	Excise tax \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone <u>N/A</u>	Balance due \$ _____
SDP/Red-line approval date <u>N/A</u>	Check # <u>1201</u>
	Validation # <u>47664</u>

Accepted by _____



41° or 117° 1/4° with Parcel Base Line

1730/654

EXISTING

5-77° 11' 41" E

231.00

N. 499434.245
E. 805097.051

STEAM

Tax Map No 34

Parcel 215

Liber 232 Folio 115

1.9996 Acres

5.06° 18' 15" W

Robert Development Corp.
1730/654

379.50

NICHOLS DRIVE

Howard Co. Sta. 5536001
N. 499356.535
E. 805044.169
Elev. 429.37

HIGHLAND

113 or 5-11 1/4° W 23 Fiches
Deed Liber 232 Folio 115

ROAD

21' Parking

379.50

El. 4422

El. 4432

Ex. House
to be Sazed

El. 4552

El. 4554

N-77° 11' 41" W

231.00

Remains of old Barbed Wire

Stone Found

N. 499057.041
E. 805055.876

Denotes Parcelation Area

TITLE: PLAT OF SURVEY

PARCEL: CARTER PROPERTY

LOCATION:

DATE:

11

boender associates inc.

consulting engineers

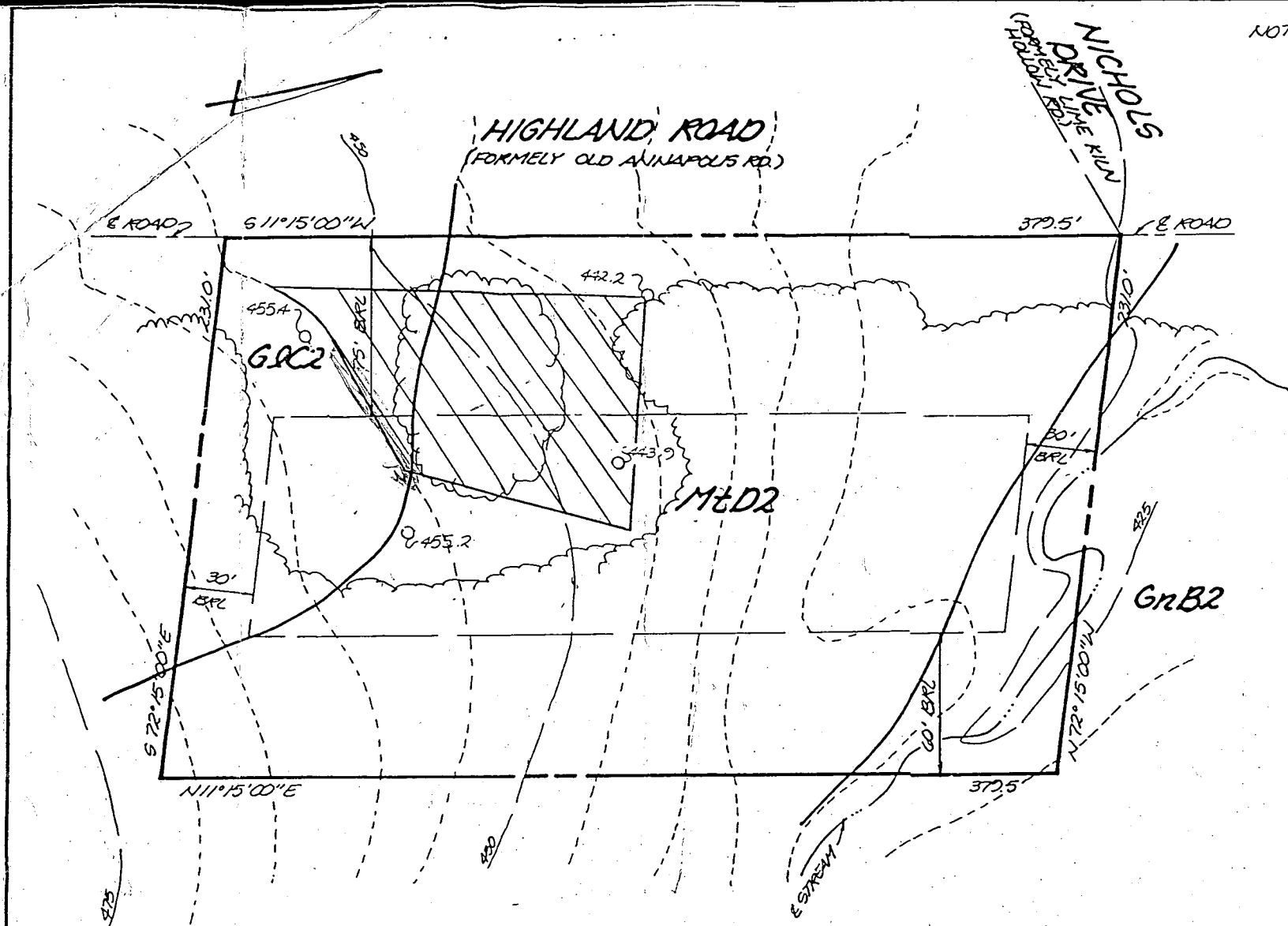
land surveyors

land planners


COURTHOUSE SQUARE

ELICOTT MILLS DRIVE

CITY, MD. 21030



NOTE: THE LOTS SHOWN HEREON COMPLY WITH THE MIN. OWNERSHIP WIDTH AND LOTS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE.

 THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF A MIN. OF 10,000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPT. OF MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWER EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT.

J. M. Boyd
 HOWARD COUNTY HEALTH OFFICER DATE 12-16-88

TITLE: PERCOLATION TEST PLAT				
PROJECT: CARTER PROPERTY				
LOCATION: 5 TH ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=50'	DESIGNED BY: —	DRAWN BY: J.C.O.	CHECKED BY: L.E.B.	DATE: OCT, 1988
FIELD BOOK: —	PAGE NO.: —	JOB NO.: 88118	DRAWING NO.: 1 OF 1	

boender associates
 inc.
 consulting engineers
 land surveyors
 land planners

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 3565 ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD. 21043
 (301) 465-7777