

Tax ID - 04-351517

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49943

A 42818

DISTRICT 4th

DATE 03/28/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~601-2640~~ 313-2640

DATE SYSTEM APPROVED 7/27/94

INSPECTOR Am

INDEXED

Thomas L. Bianco

IS PERMITTED TO INSTALL ALTER

ADDRESS 15800 Carrs Mill Road, Woodbine, Maryland 21797 PHONE 410-442-1815

SUBDIVISION Camden Downs LOT 17 ROAD 15621 Camden Meadows Court

PROPERTY OWNER ~~Thomas L. Bianco~~ James Bauer

ADDRESS _____

BUILDING PERMIT SIGNED AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

1240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

*3-25-04 800 147037 - IG POOL
6-17-04 800 148962 - DECK
11-24-04 800 151316 - FINISH REC ROOM
5-13-05 800 153669 - PRIVATE TANK*

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 53.19' and 439.22' lot lines, place the distribution box 175 feet down the 439.22' lot line and 190 feet off the same lot line. Run trenches on contour toward the rear (357.69') lot line. MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 3/30/94 DKS*

PLANS APPROVED BY Jane Nadeau/Mark Rifkin REVISED _____ DATE 12/27/93

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

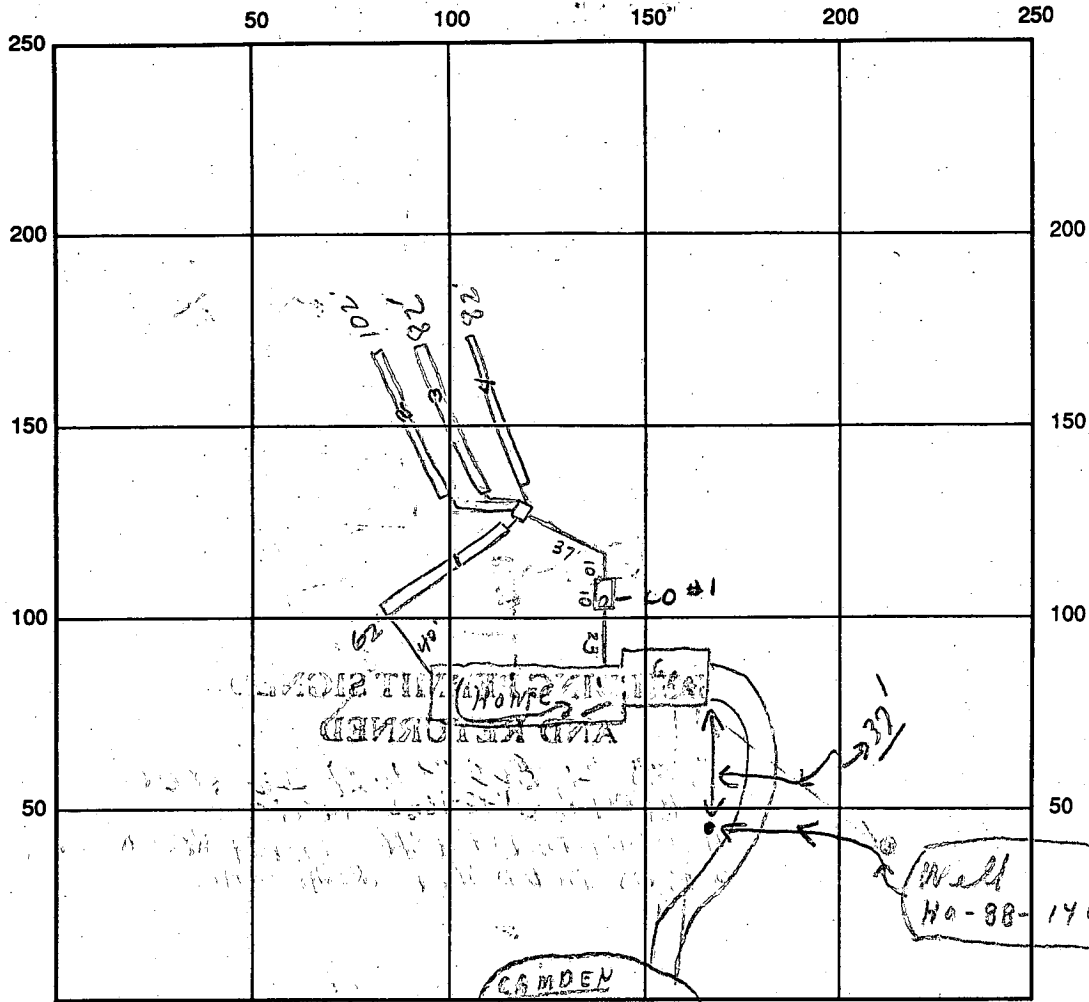
PERMIT VOID AFTER TWO YEARS

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 42818



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal OK CLEANOUTS #1 OK

DISTRIBUTION BOX LEVEL OK baffles in

DRAIN FIELD/TITLE DEPTH 4' per FT. contractor TRENCH WIDTH 3' FT. INLET DEPTH 2 1/2' FT.

EFFECTIVE GRAVEL DEPTH 1 1/2' FT. TOTAL LENGTH 102' + 82' = 328 linear feet

NUMBER OF TRENCHES _____ ONE ~~82'~~ / BOTTOM AREA 984 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: (A.M.) 7/21/94 Partial, ok to continue, no other work done except - S.T. hole dug and HOLD FOR A CALL
7/27/94 Trenches 1-4 ok to cover - all work complete AM

7/21 A.M. W.P.I. ok call

DATE SYSTEM APPROVED 7/27/94 INSPECTOR Amy McMillen

APPLICATION

PERCOLATION TESTING

A 42818

P _____

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

DISTRICT 4th

DATE 8/16/88

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 Garrie Lee Hutchins Thomas L. Bianco

ADDRESS 15800 Carrs Mill Road
830 Morgan Station Road, Woodbine MD 21797 PHONE 410-442-1815

PROSPECTIVE BUYER Potomac Development Company

ADDRESS 1015 Copperstone Ct., Rockville MD 20852 PHONE 424-6006

PROPERTY LOCATION:

SUBDIVISION Camden Downs LOT NO. 17

ROAD AND DESCRIPTION Old Frederick Road and Morgan Station Road
(15621 Camden Meadows Court)

TAX MAP 8 PARCEL # 1

SIZE OF LOT 3.20 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.

Gregory B. Powell
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-17-89 Pending perc hole locations and subdivision plat approval, SHALLOW SYSTEM ONLY JENadean

BLDG. PERMIT SIGNED
AND RETURNED 12/27/83
Serial # 57863 - SFD-4B

THIS IS NOT A PERMIT

A 42818

(D) (B)
SOIL PROFILE

0-3.5 Br si
cl 1m
3.5-13.0 Tan sa
si 1m,
25%
rock
frags
13.0 Bottom

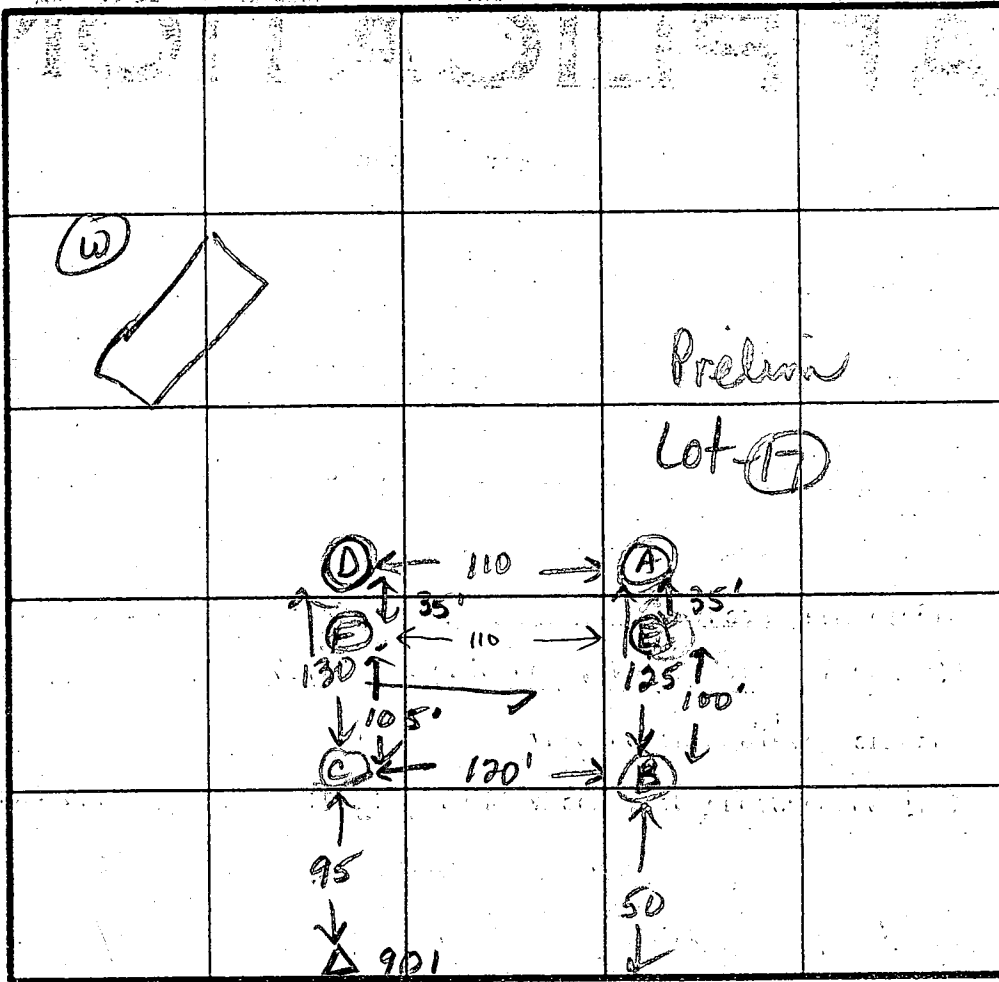
(A) (C)

0-5 Br si
clay
5-13.5 Tan
sa si
1m,
some
broken
vx at
12.0 ft
235%
13.5 Bottom

(E)

0-5.5 Br si cl
1m
5.5-13.0 Br sa si
1m, <10%
broken
rock
13.0 Bottom

EH-12-1079



Highest G
D-F
B
Lowest A-E

SHALLOW
 $\bar{x} = 17 \text{ min}$
Inlet = 3.0 ft
Bottom = 4.5 ft.
240 sq ft / bdrn

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← Driveway → Existing Barn & House.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-17-89	(D)	2.5 S	2:15	2:34	no movement		Failed
		6.0 M	2:13	2:46	slow		Failed
		13.0 D	(Bottom-dry)				Failed
	(A)	6.5 S	2:18	2:30	1/2 inch	slow	Failed
		13.5 D	(Bottom - slightly rocky at 12')				Failed
	B	4.0 S	2:24	2:25	2:25	2:27	2 min
		12.5 D	Bottom - dry				ok
	C	13.0 V	(Bottom dry, structured rock at 8.5')				
	E	5.5 S	3:19	3:30	3:30	3:54	24 min
		13.0' D	(Bottom - dry)				ok

REMARKS All holes as shown on plat. Holes E & F added to pattern.

TYPE OF SOIL 0-4.5 Br si cl 1m 4.5-13.5 Br sa si 1m, <15% rock.

TESTED BY Jane E. Nadeau ALSO PRESENT Cecio, Kenny, Phil

APPLICATION

PERCOLATION TESTING

A 4281R
P _____

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

DISTRICT _____

DATE _____

2/2

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 Camden Downs LOT NO. 17

ROAD AND DESCRIPTION Morgan Station Rd

TAX MAP 8 PARCEL # 1

SIZE OF LOT 3.2 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

Prelim
17

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

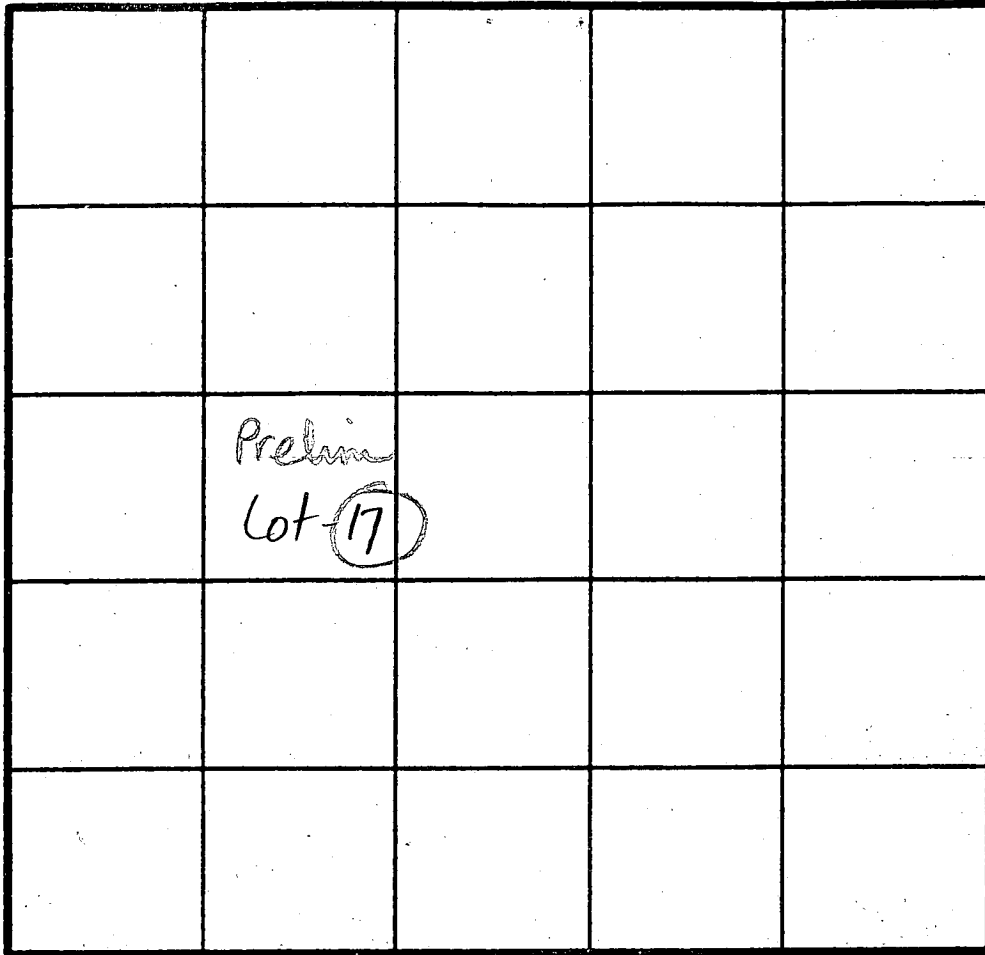
THIS IS NOT A PERMIT

A 4281B

(F)

SOIL PROFILE

0-5.5 Rd-br
 sil
 lm
 5.5-13.5 Rd-br
 sil
 little
 broken
 rock
 ~15%
 13.5' Bottom



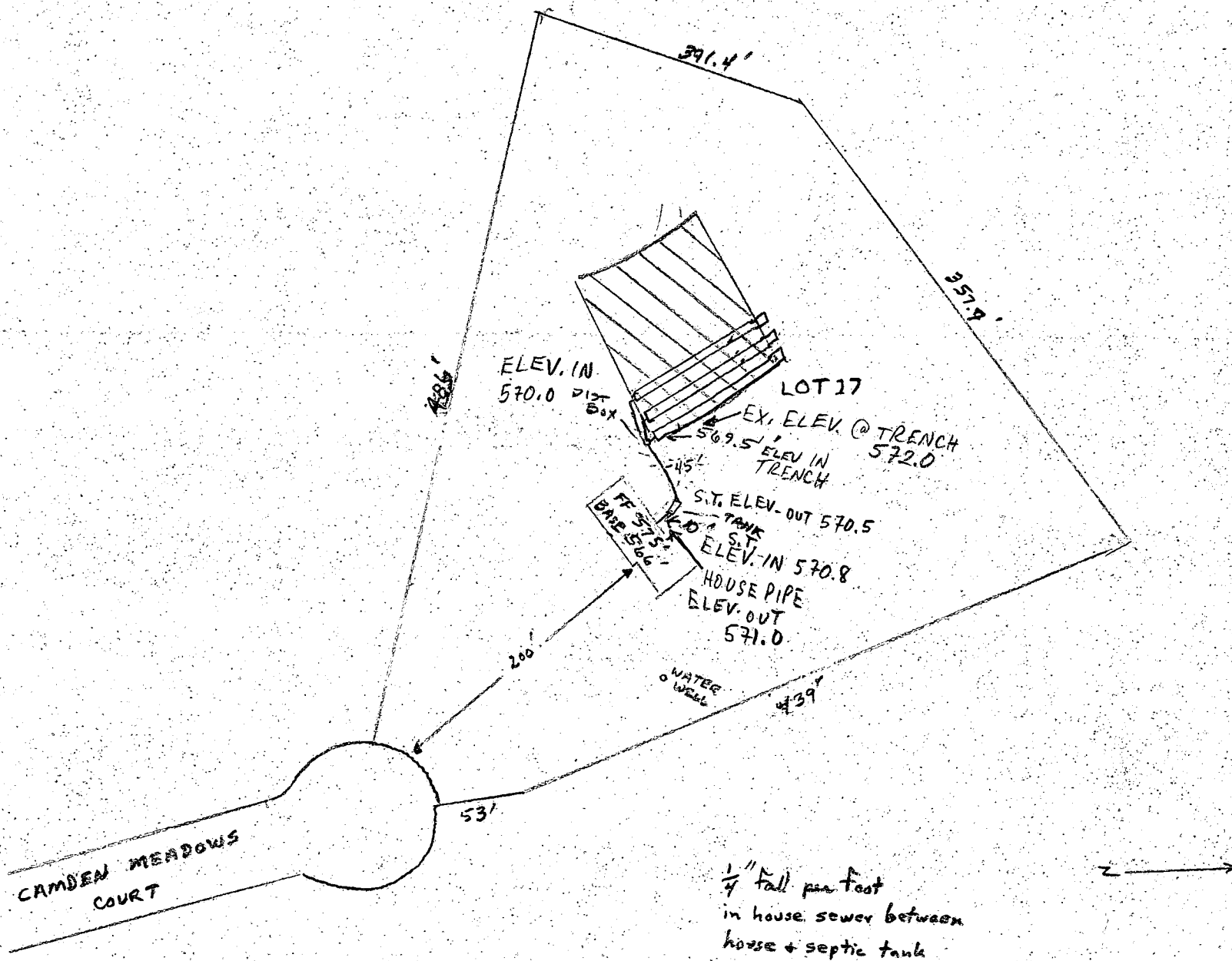
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-17-89	F	4.5 S	3:25	3:32	3:32	3:52	20min
↓		8.5 M	3:27	3:30	3:30	3:50	20min
↓		13.5 D (Bottom - dry)					ok

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



LOT 17
 CAMDEN DOWNS
 15621 CAMDEN MEADOWS COURT

THOMAS BIANCO
 442-1815 (H)
 966-2095 (W)

elevations OK
 BP 51863 4 BR
 MR 12/27/13

15 acres

LOT 16
3.483 acres

LOT 17
3.313 acres

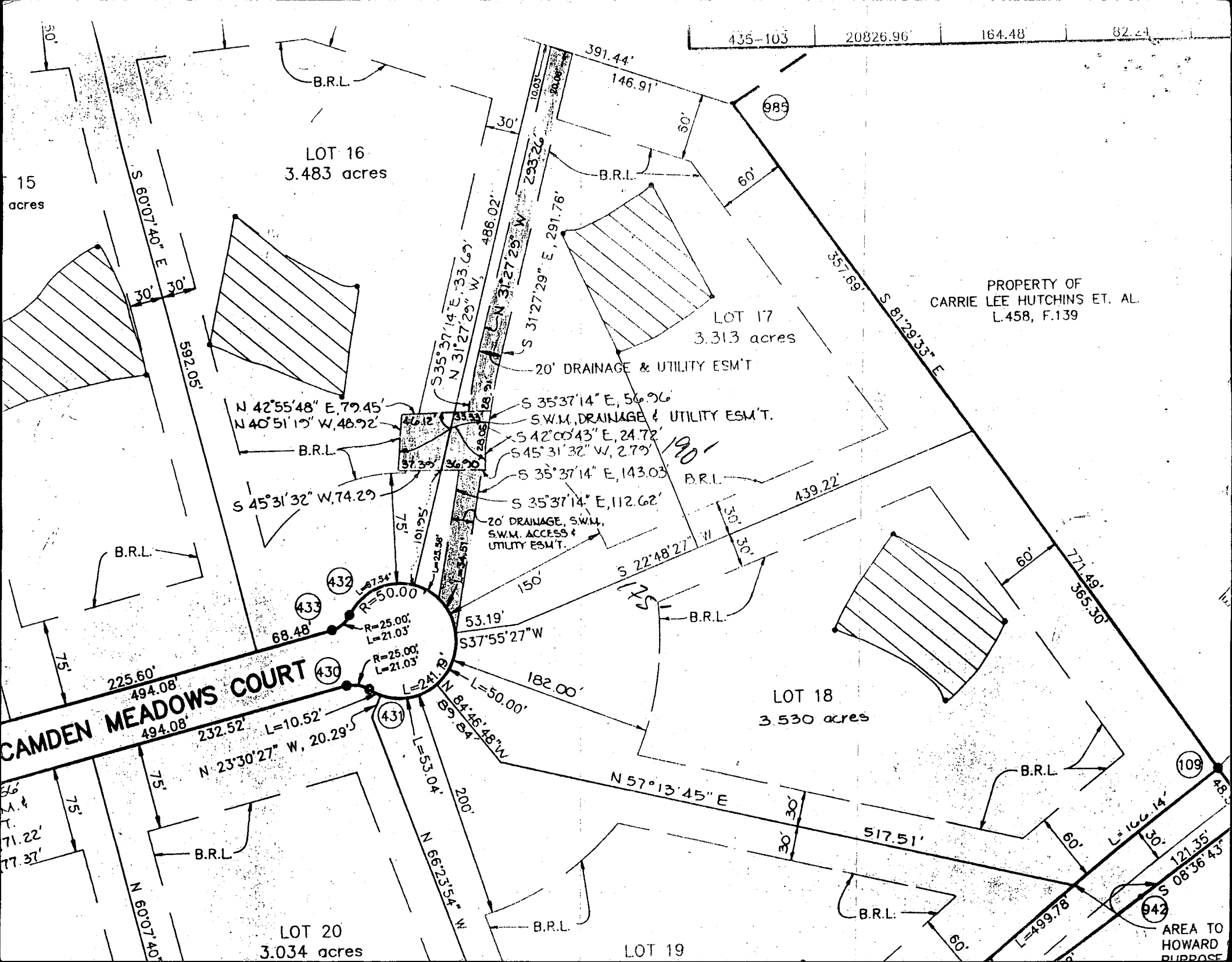
PROPERTY OF
CARRIE LEE HUTCHINS ET. AL.
L.458, F.139

LOT 18
3.530 acres

LOT 20
3.034 acres

LOT 19

CAMDEN MEADOWS COURT



AREA TO
HOWARD
PURPOSE

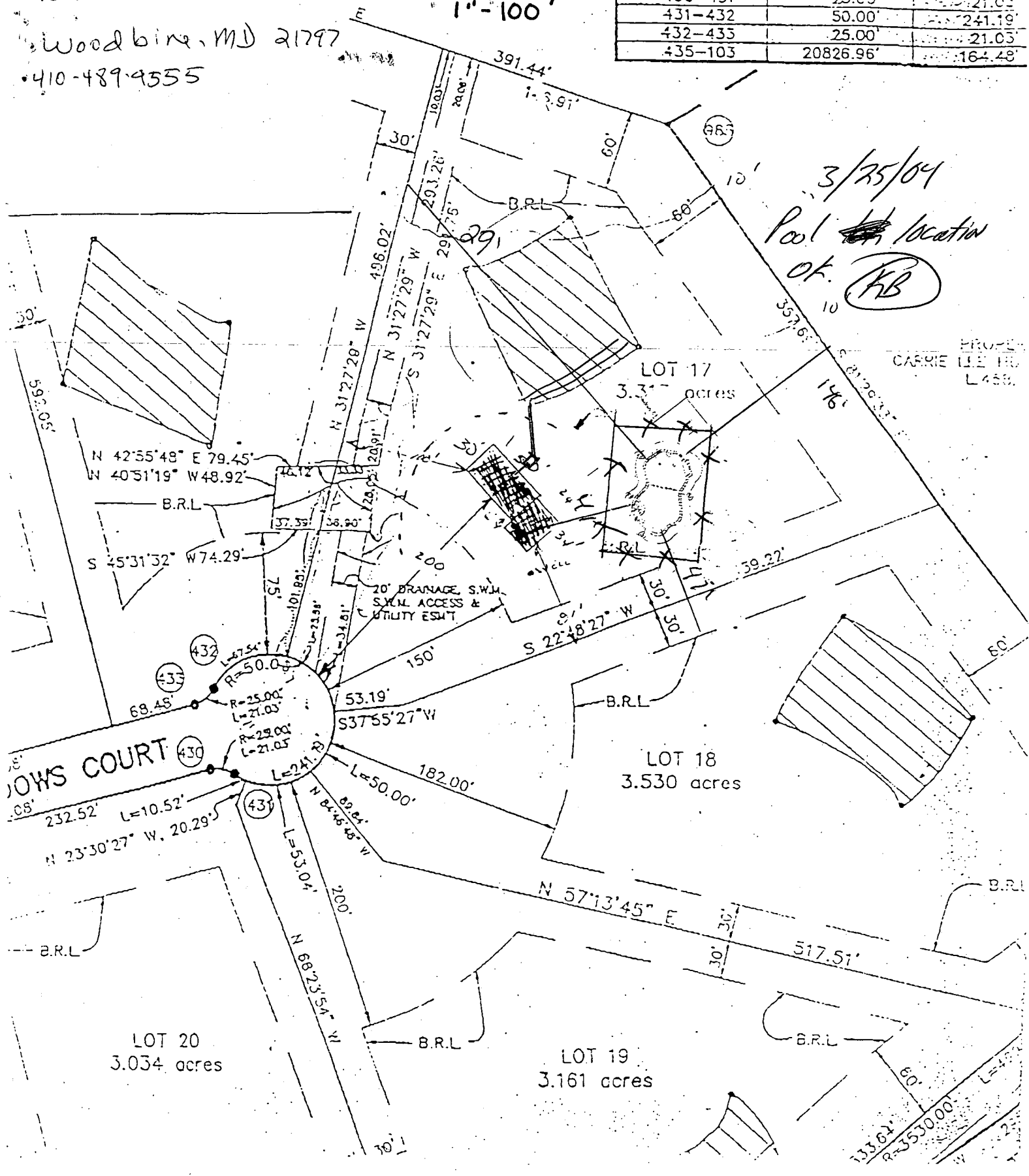
Bauer

Scale 1" = 100'

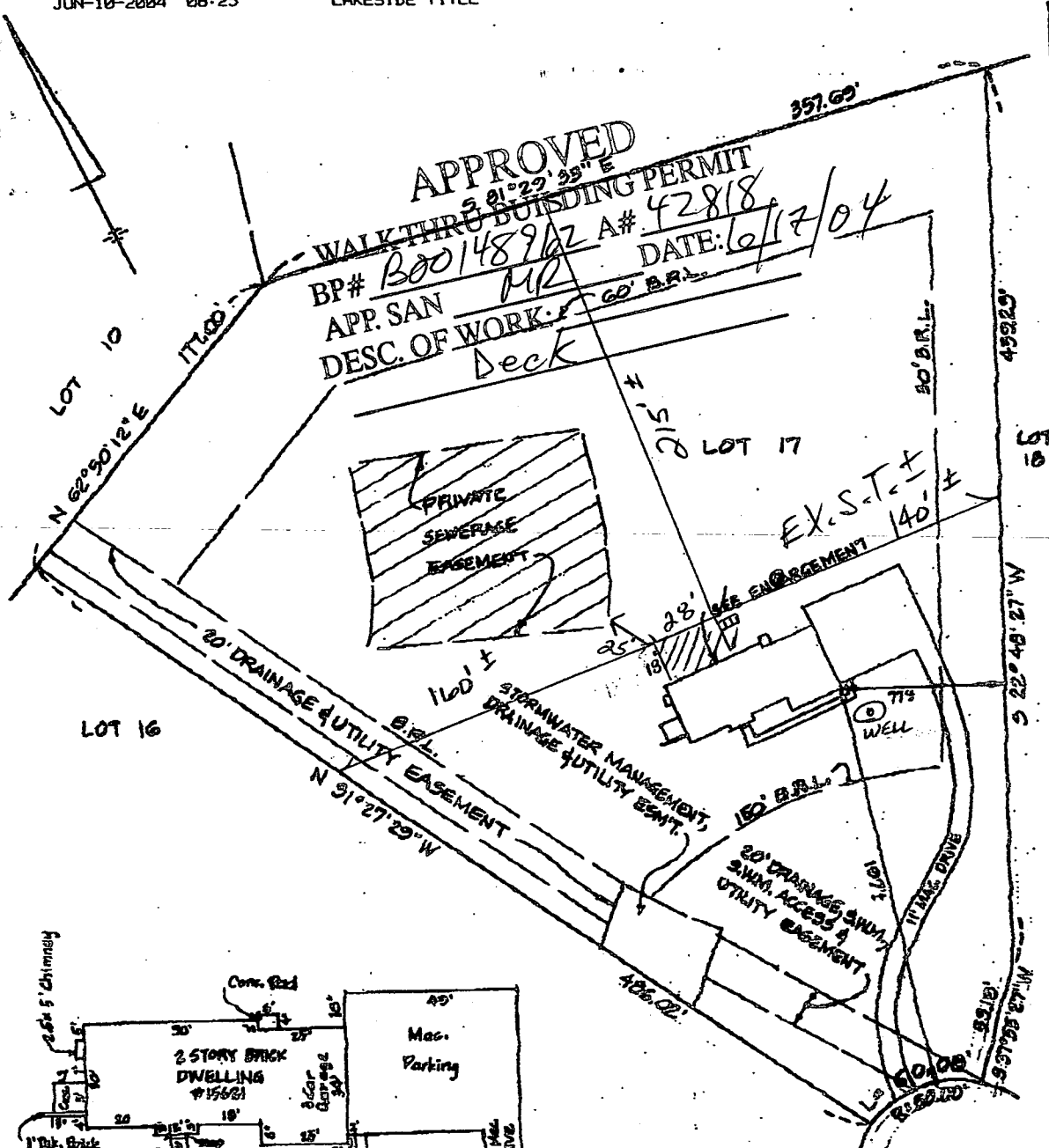
CURVE	RADIUS	LENGTH
101-428	20826.96'	34.95'
430-431	25.00'	21.03'
431-432	50.00'	241.19'
432-433	25.00'	21.03'
435-103	20826.96'	164.48'

15621 Camden Meadow Ct.
 Woodbine, MD 21797
 410-489-4555

3/25/04
 Pool location
 of **KB**



PROJECT
 CARRIE LIEBER
 L458

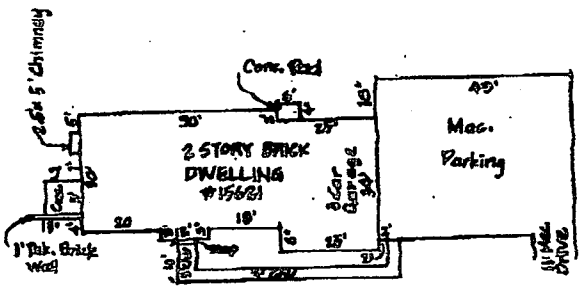


APPROVED
 WALKTHRU BUILDING PERMIT
 BP# 300/48962 A# 42818
 APP. SAN MR DATE: 6/17/04
 DESC. OF WORK: Deck

LOT 16

LOT 17

LOT 18



ENLARGEMENT
 SQUARE FOOTAGE

CAMDEN MEADOWS COURT

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL #2400440007B

The plot is of benefit to a customer 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. The plot is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plot 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. The plot contains a tolerance of accuracy of two feet, more or less.



HICKS ENGINEERING CO., INC.
 ENGINEERS, SURVEYORS & PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND 21286-3180
 (410) 494-0001

LOCATION DRAWING OF
 815621 CAMDEN MEADOWS COURT LOT 17
 CAMDEN DOWNS, SECTION ONE LOTS 1 THRU 21
 PLAT NO. 7574
 DEED REC: BRIV 426
 HOWARD COUNTY, MARYLAND
 DATE: 7/10/04 SCALE: NAD 83 FILE: 25117

1" = 80'

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

000148960

Building Address 15621 Simons Meadow Ct.
Waldorf MD 21717
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 600004 Subdivision Camden Woods
 Section 1 Area _____ Lot 17
 Tax Map 3 Parcel 237 Grid 1
 Zoning RC Map Coordinates 3HP Lot size _____

Property Owner's Name James & Susan Butler
 Address 15621 Simons Meadow Ct.
 City Waldorf State MD Zip Code 21717
 Home Phone 410-487-9555 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone 410-487-9555 Fax _____

Existing Use SFD
 Proposed Use SFD & 1/2" deck
 Estimated Construction Cost \$ 7000
 Description of Work 28' x 16' deck w/ 3' bump out
w/ 2x4s

Contractor Company A.E. Haspert Contracting LLC
 Contact Person Al Haspert
 Address 45 Ginn Ct.
 City Sykesville State MD Zip Code 21784
 License No. 315191273
 Phone 410-781-6777 Fax 410-552-5073

Occupant or Tenant James & Susan Butler
 Contact Name _____
 Address 15621 Simons Meadow Ct.
 City Waldorf State MD Zip Code 21717
 Phone 410-487-9555 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address N/A
 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 <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	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 checked="" type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Stab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" 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: _____	_____
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.

Al Haspert
 Applicant's Signature
OWNER A.E. HASPERT CONTRACTING LLC
 Title/Company
6/17/04

AL HASPERT
 Print Name
5-20-04 6-17-04
 Date

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

FOR OFFICE USE ONLY

B 1 **9456** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

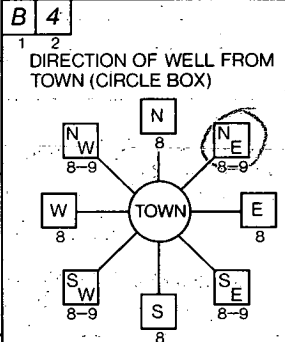
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1407
 fill in this form completely

Date Received (APA) **050790**
 OWNER INFORMATION
CAMDEN DOWNS PARTNER
 15 Last Name 34 Owner First Name
10805 Hickory Ridge Rd
 36 Street or RFD 55
Potomac Md 21044
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
CAMDEN DOWNS
 23 SUBDIVISION 42
 SECTION **1** LOT **17**
 44 46 48 50
Lisbon
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION
FRANK DELPH **453**
 Driller's Name 77 License No. 80
FRANK DELPH WELL DRILLERS INC
 Firm Name
18234 PINN SHOP RD. Mt. Airy Md
 Address
Frank Delph 5-2-90
 Signature Date



Camden Meadows Ct
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **200** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 - 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A-42818**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **12/11/90**
Mark E. Fullen
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **551000** EAST GRID **0785000**
 50 55 57 63

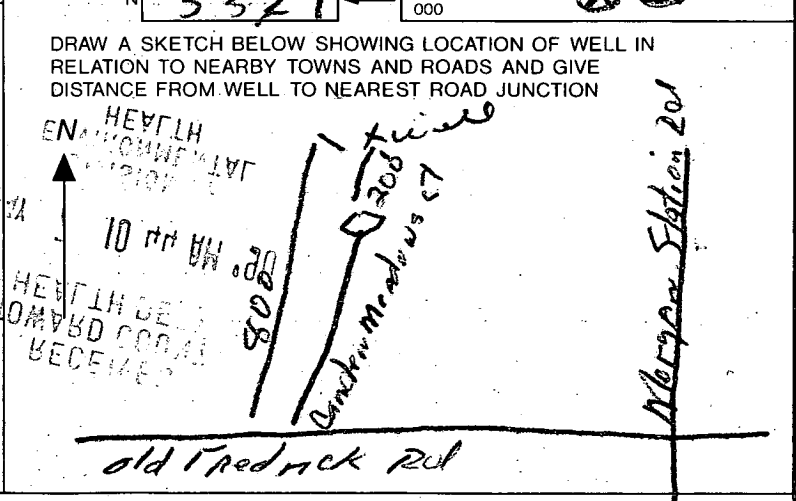
APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

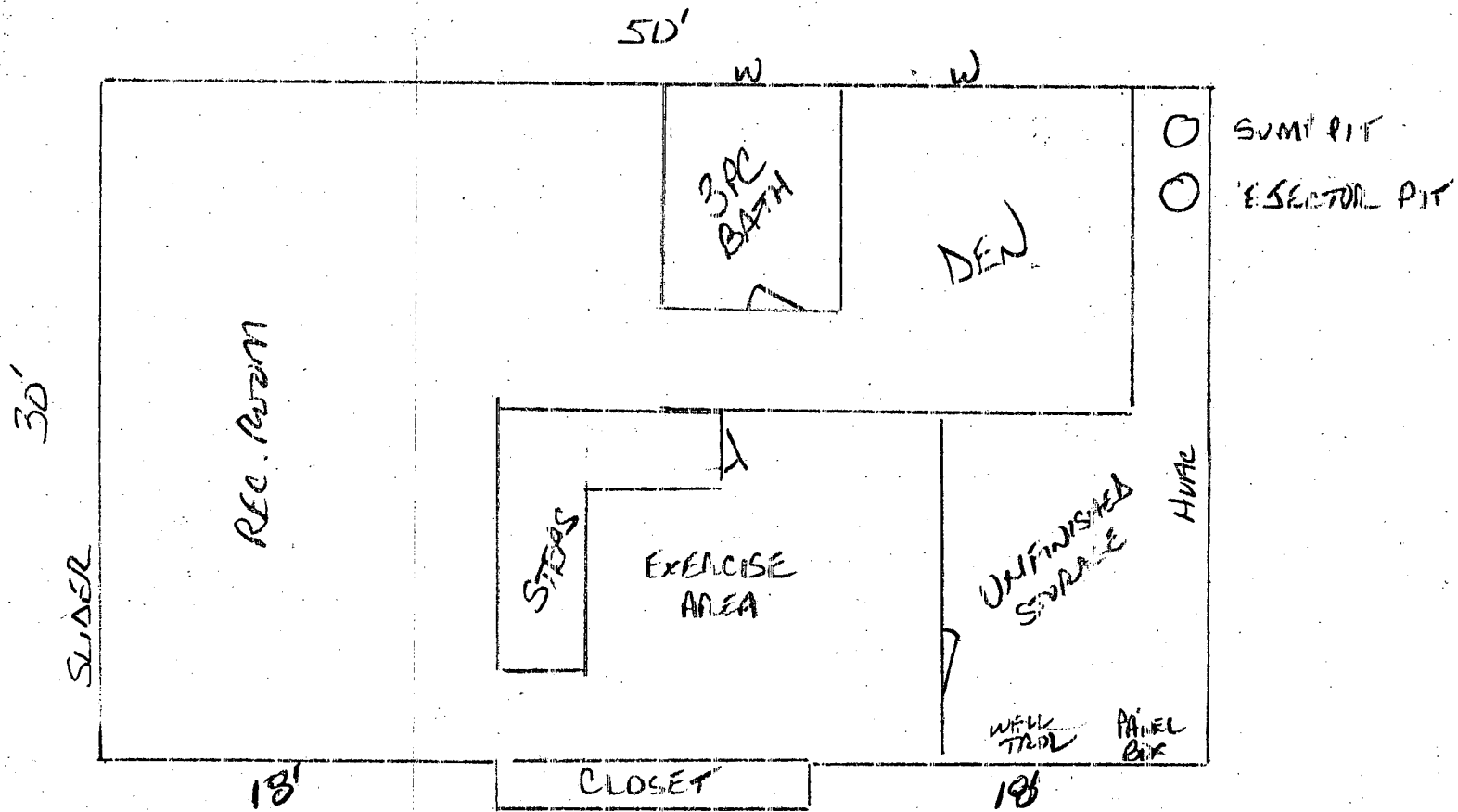
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary Drive-POINT
 other _____

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
 E **7865**
 N **5521**
 000 000
 GROUT 9:00 7/6/90
 39 ft casing
 36 ft open hole
 9 bags cement
 1 foot above grade
 Location ok
 Wadey

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 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 _____
 54 63
 FORCE **MA** WRITE INITIALS IN BOX PERMIT No. **40-88-1407**
 67 68 70 71 72 73 74 75 76 77 78 79



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00151316 A# 42818

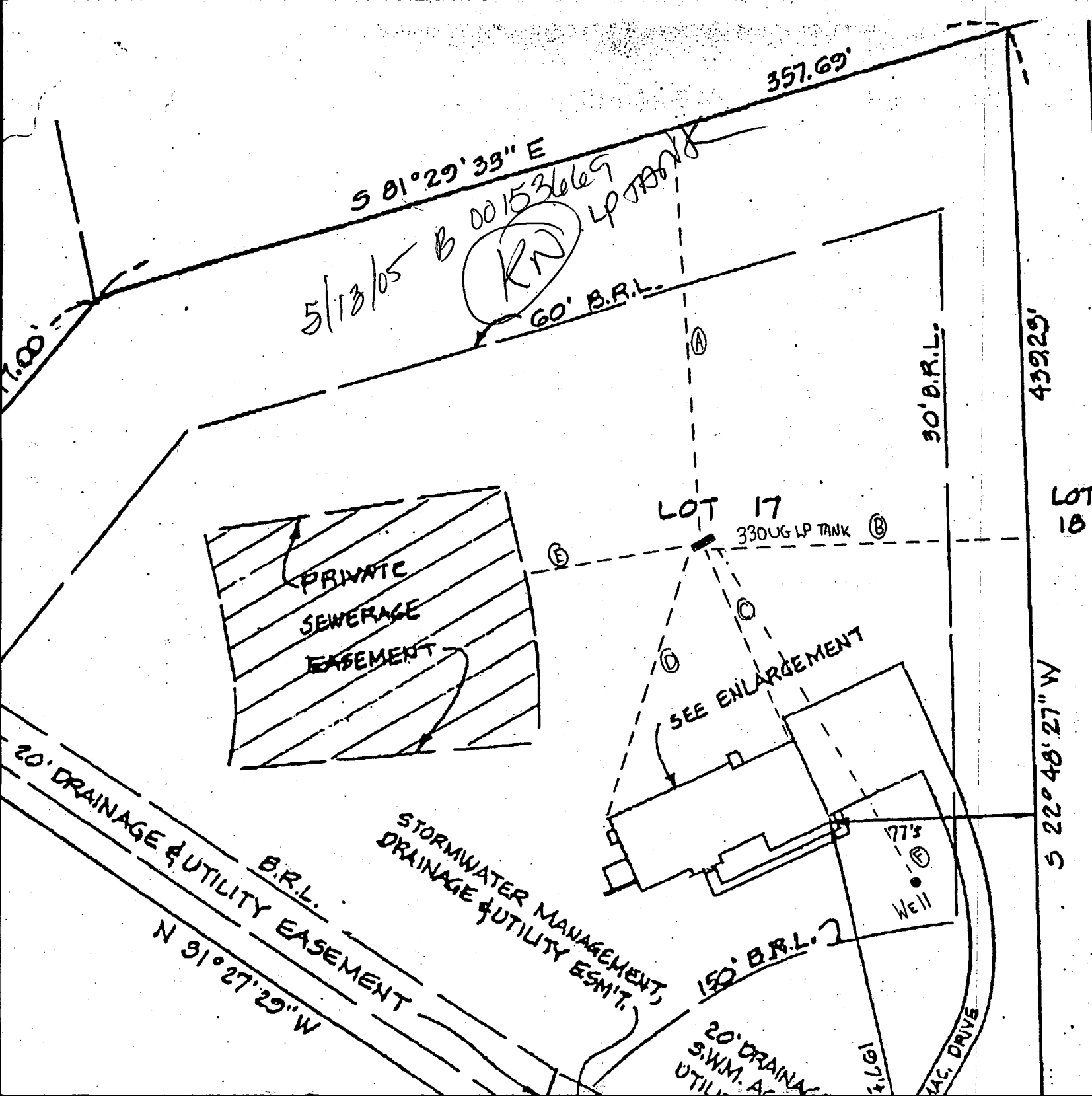
APP. SAN KJB DATE: 11/24/04

DESC. OF WORK:

FINISH BASEMENT (NO NEW BATHS)

15701 CAMDEN MEADOWS CT

SCALE 1/4" = 2'



- DISTANCE OF TANK TO:
- (A) REAR PROP LINE 159'
 - (B) RIGHT PROP LINE 122'
 - (C) RIGHT CORNER HOUSE 81'
 - (D) LEFT CORNER HOUSE 106'
 - (E) SEPTIC FIELD 64'
 - (F) WELL 150'

1" = 50'