

(5/24/93)
1:00 P.M.
R.W.P.E.

PERMIT

Fate

P 49086

A 43395

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

INDEXED

DATE 3/25/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9833~~ 313-2640

04-353862

DATE SYSTEM APPROVED 5/24/93

INSPECTOR C.B.J.

Masonry Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 17 ROAD 3273 Starting Gate Court

PROPERTY OWNER Cabin Branch Limited

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS TOP SEALED SEPTIC TANK

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

HEALTH DEPT TO BE ON-SITE AT TIME OF INITIAL INSTALLATION. LOCATION OF INITIAL TROUGH INSTALLATION MAY REQUIRE ADJUSTMENT.

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

LOCATION - Place distribution box 100 feet from left (476.79') lot line and 230 feet from front lot line (Cul-de-Sac) as viewed from Starting Gate Court. Install trenches on contour toward the left lot line. NOTE: Maintain 100 feet minimum distance between any part of septic system and wells on Lot 16 & 17.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 3/29/93 R.H.*

OK Move db approx 30-40' toward right lot line to allow 2 min. foot trenches R.H. 5/29/93

PLANS APPROVED BY Ronald Pinkley DATE 11/25/92

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

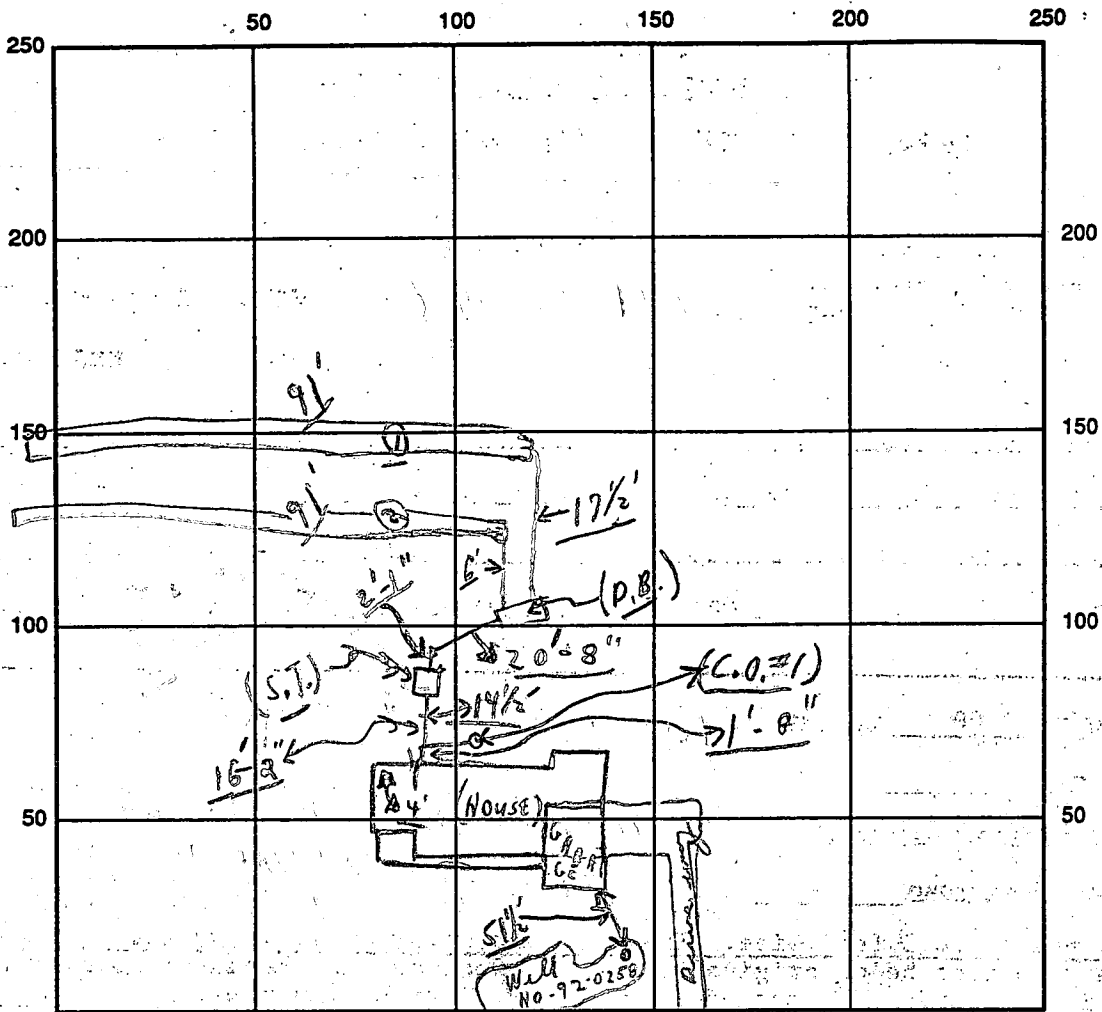
PERMIT VOID AFTER TWO YEARS

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
43395



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Starting Gates Court C.O.#1

SEPTIC TANK LEVEL OK CLEANOUTS OK (to top part on) C.O.#1 OK
 DISTRIBUTION BOX LEVEL OK (Baffle line)
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2+ FT. TOTAL LENGTH 2 x 91' FT. = (182)
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 546 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 546+ SQ. FT.

REMARKS: *S.T. hole has structural support in one corner nearest Home (100' from well). Should be OK with Top Sessel Tank. 5/24/93 Finish - ok to cover as finish material on site; c.k.*

(A.M.) 5/24 W.P.I. - Final - C.B.D.

DATE SYSTEM APPROVED 5/24/93 INSPECTOR Charles Eugene Sheak

APPLICATION

PERCOLATION TESTING

A 53395

P _____

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

DISTRICT R

DATE 12/19/88

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 ~~Dakton Associates, Inc.~~ Cabin Branch LTD. Partnership

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 795-1868 (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 20.17

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3273 Starting Gate Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. Single Family
(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.

James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

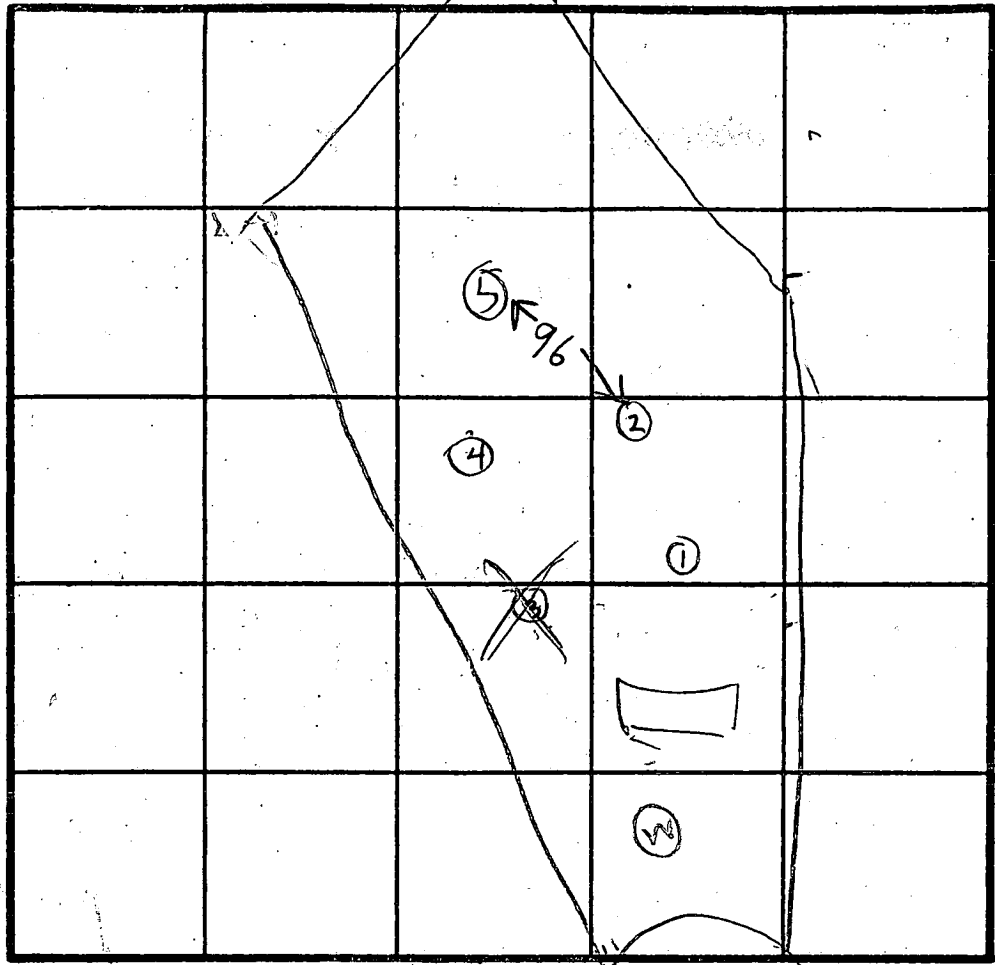
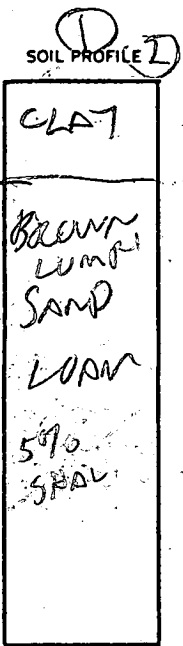
REASONS FOR REJECTION OR HOLDING 4/19/89 - Perc OK Hold for Plat B H.

BLDG. PERMIT SIGNED
AND RETURNED 3/31/93
Sealth 47818 - SFD
3 Bems

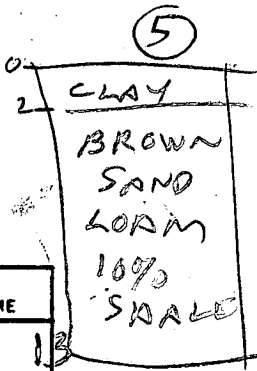
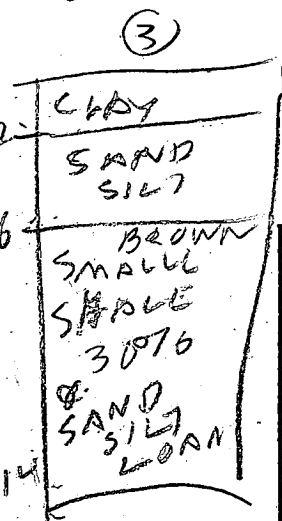
THIS IS NOT A PERMIT

HD-216

Lot 20
A43395



INLET 3'
X 4 MIN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
COURT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/19/89	1S	4	1103	1104	1104	1105	1	
	1V	13	OK					
	2S	3.5	1107	1110	1110	1114	4	
	2V	13	OK					
	3S	4	1110	1119	1119	1120	2	
	3V	6 1/2	1122	-10 sec	-	26 sec		
	3V	14.5	TOO FAST (FALE)					
	4V	13.5	O/C					
	5S	6	1209	1209	1209	1213	4	
	5V	13	OK					

REMARKS Hole ①②③④ Per Test Plat Hole ⑤ Extra

TYPE OF SOIL
TESTED BY R HONGES

JAMIE ENGINEER
ALSO PRESENT ROCKY BACKLIE

LOT-17
CABIN BRANCH FARM

E. FUR ELEVATION 511.5
INV. OUT OF HOUSE

501.58

INV. INTO SEPTIC TANK

501.42

INV. OUT OF SEPTIC TANK

501.17

INV. INTO DIST. BOX

501

INV. INTO TRENCH

500.5/498.5

EXISTING GRADE @ TANK

505

EXISTING GRADE @ BOX

504

EXISTING GRADE @ TRENCH

504/502

WELL ELEVATION

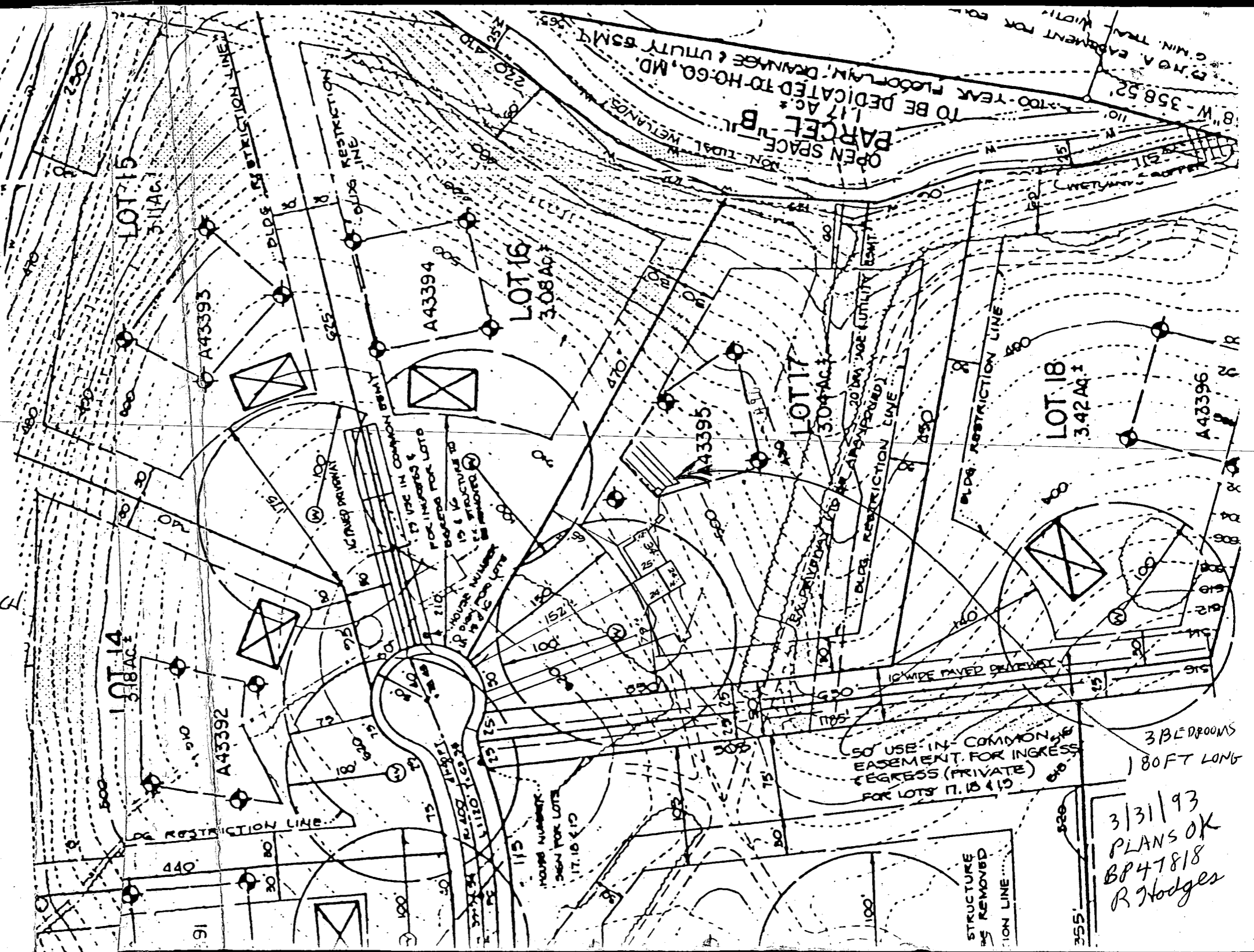
513.5

FOUR TRENCHES OF
EQUAL LENGTH

QUESTIONS

Bill Coleman

410 239 8330



3/31/93
 PLANS OK
 BP47818
 R. Hodges

B 1 **03946** 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
HO-92-0258
fill in this form completely

Date Received (APA) **090392**

OWNER INFORMATION

FALL DEVELOPERS
Last Name Owner First Name

POX659
Street or RFD

MT AIRAU
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

MARION BRANCH FARM SUBDIVISION

SECTION **17** LOT **17**

LISBON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION

Joseph L. Mayne License No. **238**

Joseph L. Mayne Well Drilling Firm Name

5512 RIDGE RD. MT AIRAU Address

Joseph Mayne Signature Date **9/3/92**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Starting Gate Court NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

390 DISTANCE FROM ROAD ENTER FT or MI **77**

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)

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 COUNTY NAME COUNTY NO. **A43395**

STATE SIGNATURE DATE ISSUED **11/25/90** EXP. DATE **5/25/93**

NORTH GRID **529000** EAST GRID **0767000**

APPROXIMATE DEPTH OF WELL **260** 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

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Well**

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7689
N 5329

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

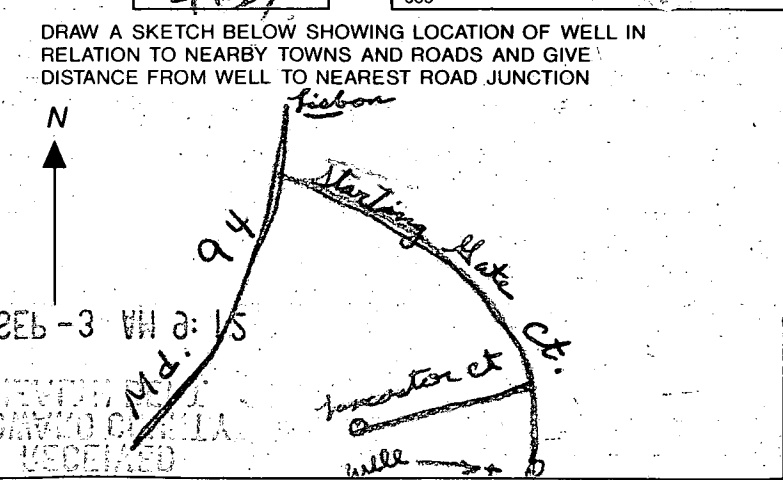
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 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 **RT** PERMIT No. **HO-92-0258**

C-1 **6681** SEQUENCE NO. (DENV USE ONLY)
 (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 **A43395**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
091199

Depth of Well
140
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-92-0252

OWNER Fred Davidson
 STREET OR RFD Starting Gate Rd TOWN Lisbon
 SUBDIVISION Cabin Branch Farm SECTION LOT 17

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	
Brown Silty	0	30	
Blue Rock	30	140	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF ROUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.

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

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **140**

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**
 STEEL BRASS HOLE PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **HO** **93** **140**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **24** WHEN PUMPING **24**
 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 **1** (nearest foot)
- 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 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.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE David S. Morgan
 (MUST MATCH SIGNATURE ON APPLICATION)

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

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See Attached Well Location

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B-151607KW

Building Address 3273 Starling Gate Ct
Woodbine, Md 21797
Suite/Apt. #: TRV ED # 04-353862 SDF/WP/Petition #:
Census Tract 604002 Subdivision Cabins Branch Farms
Section _____ Area _____ Lot 17
Tax Map 13 Parcel 42 Grid A 20
Zoning RC 05B Map Coordinates 754 Lot size _____

Property Owner's Name John Penny Flowers
Address 3273 Starling Gate Ct
City Woodbine Md State MD Zip Code 21794
Home Phone 301 554 5411 Work Phone 703 841-8705
Applicant's Name & Mailing Address, (if other than stated hereon):
Jeffrey Slotkin
96 River Oaks Ct Belto. Md
410 602-1720 Phone Belto Fax 410 602-1721

Existing Use SF home / deck
Proposed Use SF home / deck
Estimated Construction Cost \$ 18,000
Description of Work 3 1/2 BR open deck on
rear of SF home
w/ steps

Contractor Company Drehaback
Contact Person Jeff Slotkin
Address 96 River Oaks Ct
City Belto State MD Zip Code 21208
License No. _____
Phone 410 602-1720 Fax 602-1721

Occupant or Tenant John Penny Flowers
Contact Name John Flowers
Address 3273 Starling Gate Ct
City Woodbine State MD Zip Code 21797
Phone 301 554 5411 Fax _____

Engineer or Architect Company N/A
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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 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 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: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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.

Jeffrey Slotkin
Applicant's Signature
President
Title/Company

Jeffrey Slotkin
Print Name
12-20-04
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** 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>1-10-05</u>	<u>Racine Morrison</u>
<input checked="" type="checkbox"/> 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	PROPERTY ID#: <u>64268</u>
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # <u>5693</u>
Lot Coverage in New Town Zone _____	Validation # <u>31713</u>
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

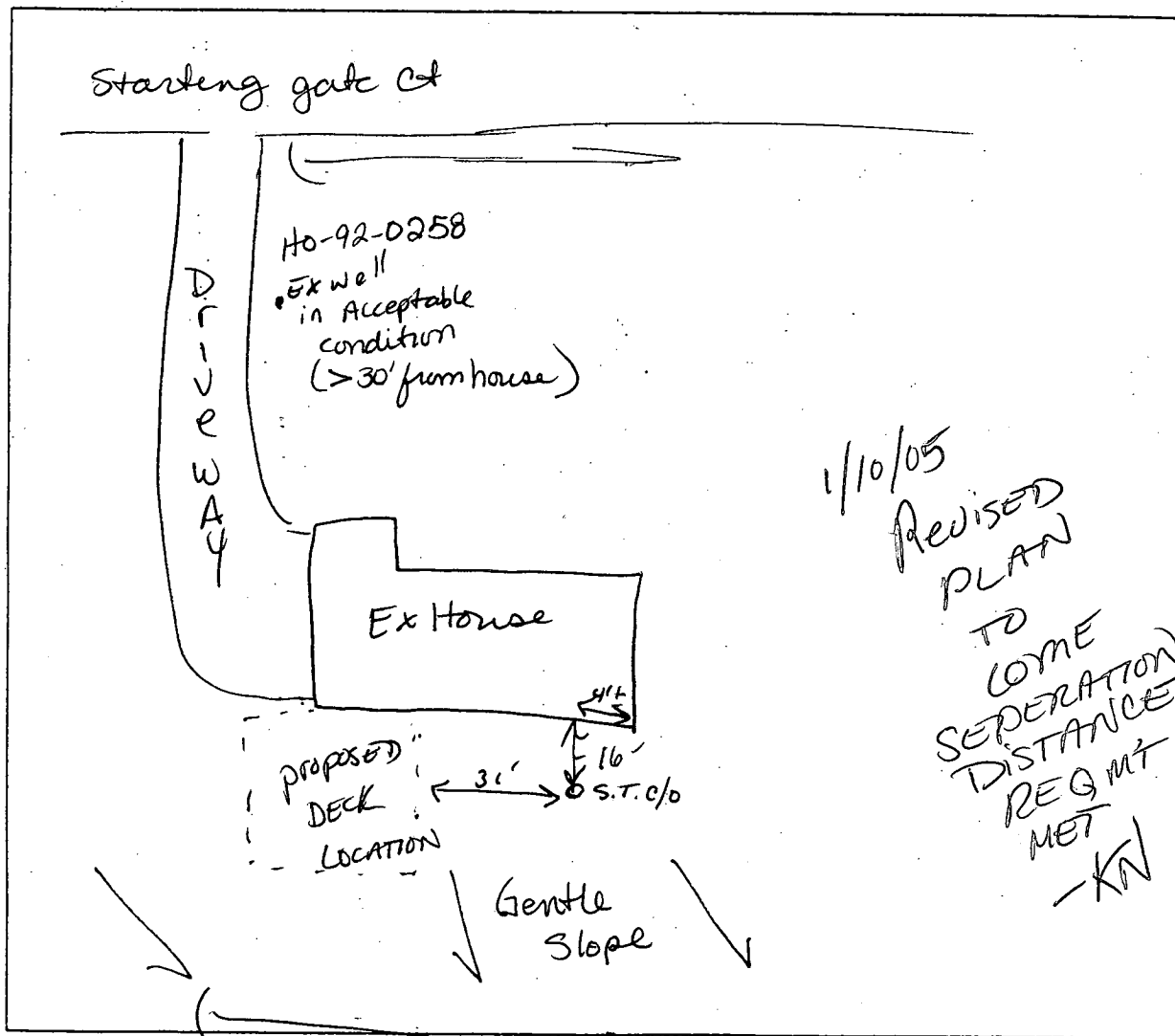
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

SITE INSPECTION SHEET

A43395

OWNER: Flowers, John & Penny PHONE #: 7410-602-1720
ADDRESS: 3273 Starting Gate Ct CONTRACTOR: Archadeck
Woodbine WELL TAG #: Ex HO-92-0258
SUBDIVISION: Cullen Branch LOT: 17 COUNTY #: 4
PROPOSAL: Measure S.T. distance to proposed deck

LOCATION DIAGRAM



COMMENTS: Will submit revised plan - snail mail
BP# 151607 okay (KN)

DATE: 1/10/05 INSPECTOR: Kace Thomas

