

G07000328

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004504

Building Address 15545 Carrs Mill Rd
Woodbine, Md, 21797

Suite/Apt. #: _____ SDPWP/Petition #: _____

Census Tract 44462 Subdivision Wood Property

Section _____ Area _____ Lot _____

Tax Map 14 Parcel 10 Grid 2

Zoning RC Map Coordinates _____ Lot size 129,451

Property Owner's Name Robert T. Dowd

Address 15535 Carrs Mill Road

City Woodbine State Md Zip Code 21797

Home Phone 301-320-9285 Work Phone SAME

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Vacant Land

Proposed Use New 3-bk Family Dwelling

Estimated Construction Cost \$ 500,000.00

Description of Work 1st, 2nd flg + Subm
4th sub about Home

Contractor Company W. R. Becker LLC

Contact Person Bill Becker

Address 15300 Carrs Mill Rd ^{CELL#:} 443-829-6036

City Woodbine State Md Zip Code 21797

License No. 4406 1389

Phone 410 442 5737 Fax 410 442 5730

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Ken Johnson Assoc

Contact Person Ken Johnson

Address _____

City Morrisville State Md Zip Code 2100

Phone 410 442-3667 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> 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"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>6'2"</u> Depth <u>36'</u> Width <u>36'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>6'2"</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>6'2"</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Height: _____	
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 Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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]

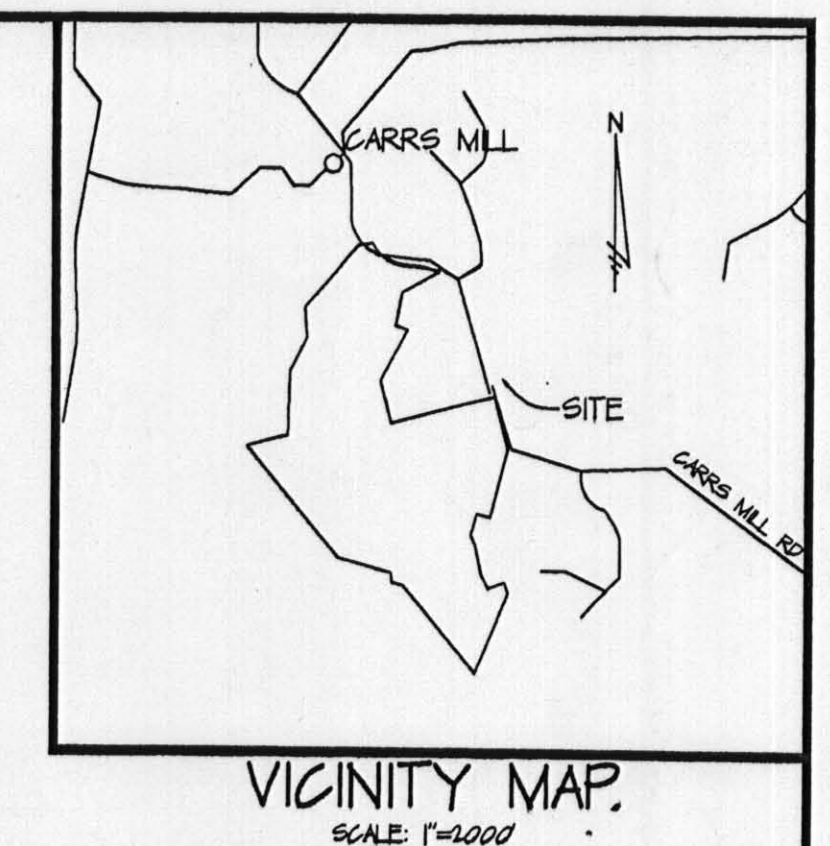
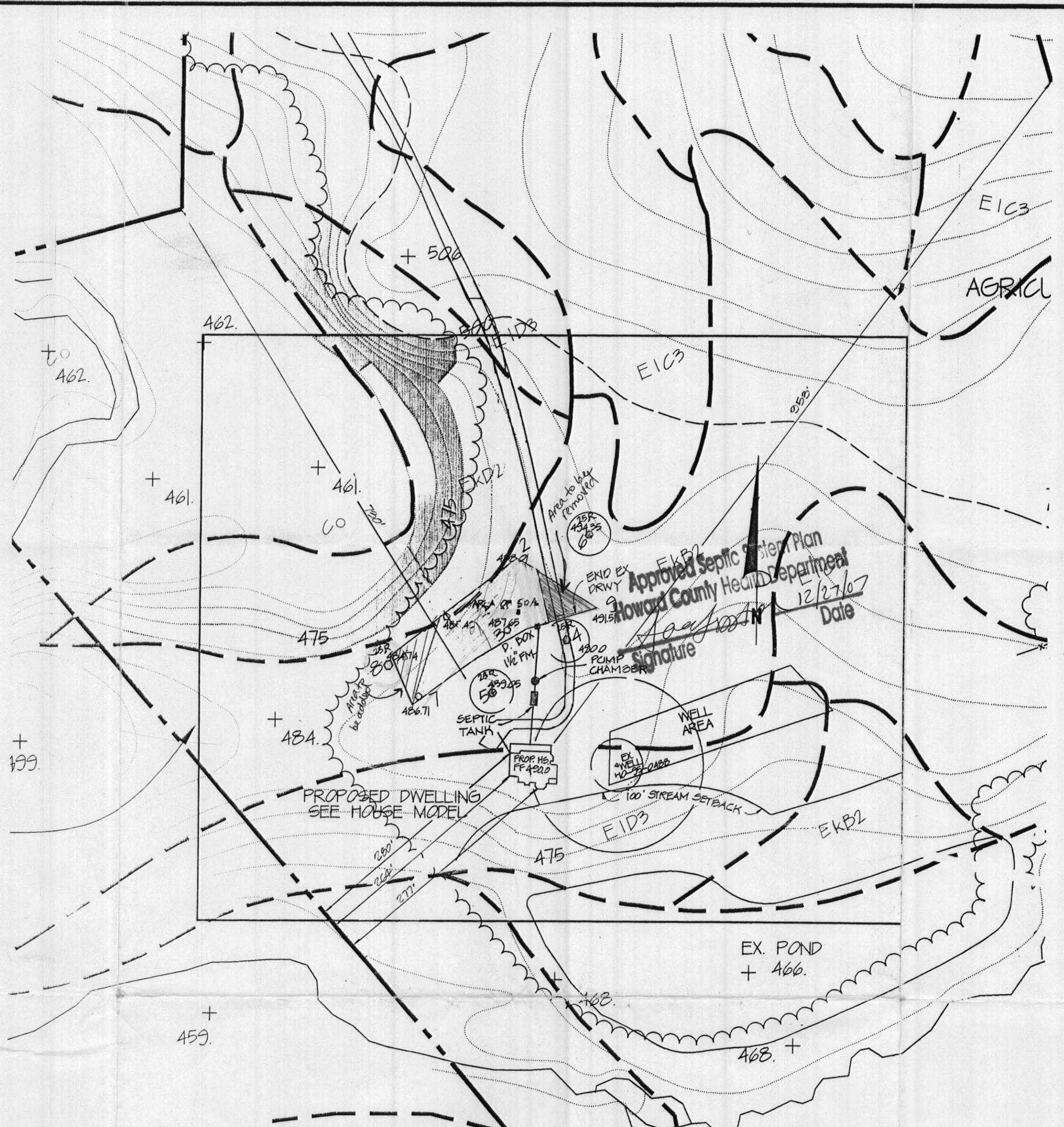
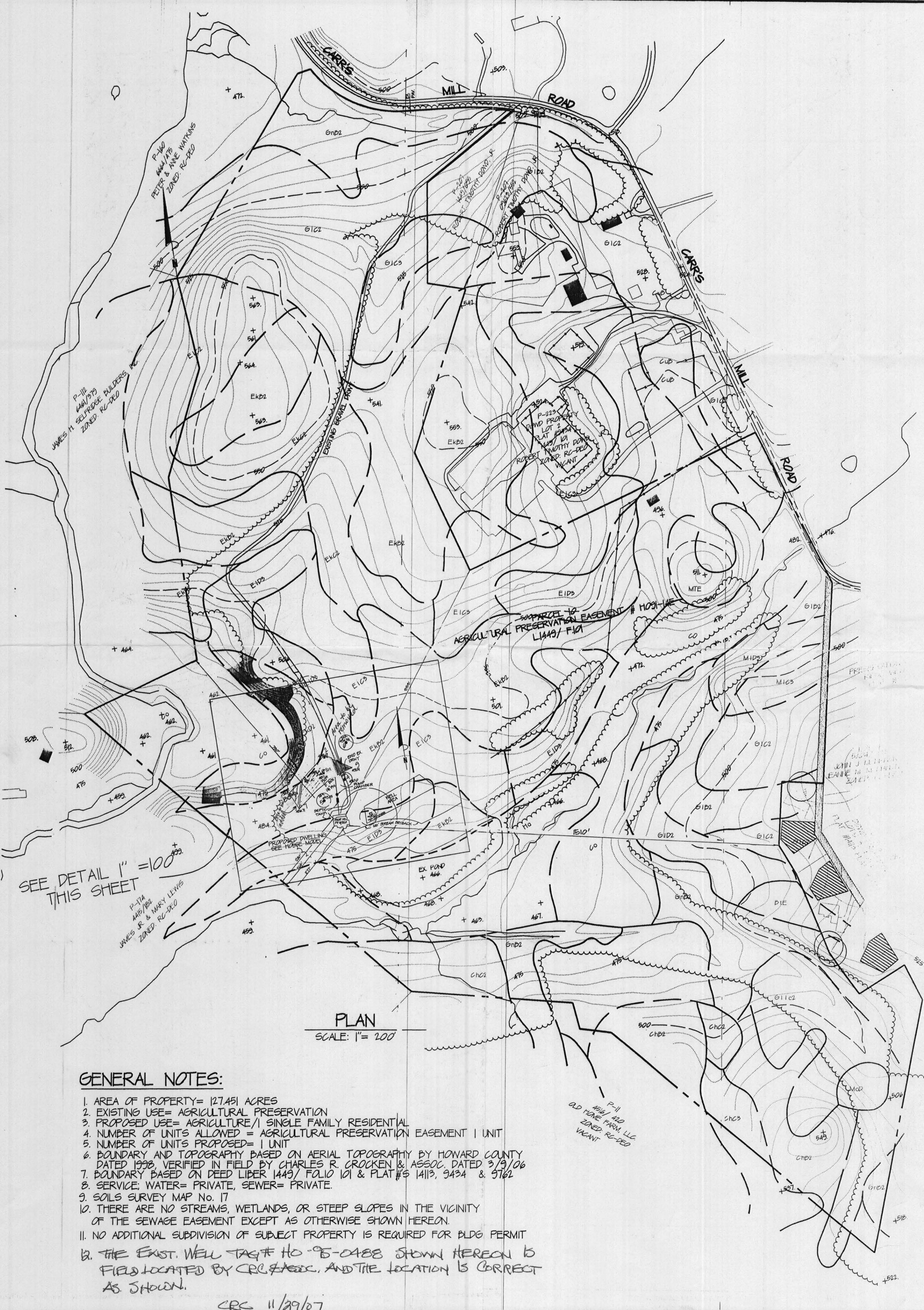
Title/Company [Signature]

Print Name [Signature]

Date 12/10

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

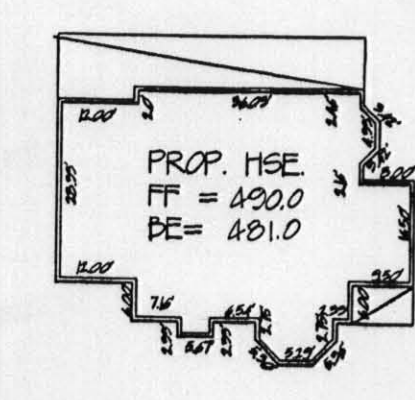
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>12/27/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>3811</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



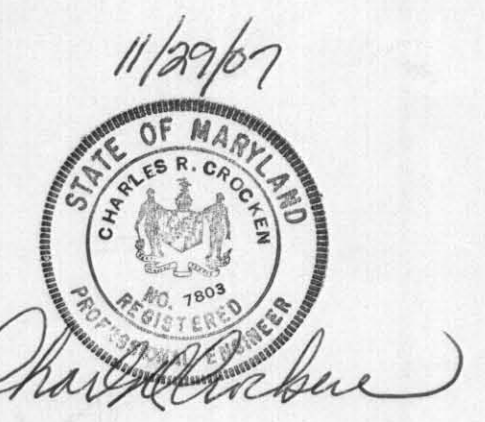
SOILS LEGEND		
SYMBOL	NAME/DESCRIPTION	SOIL GROUP
E1C3	ELONK/ SEVERE MODERATELY SLOW PERMEABILITY	C
E1D2	ELONK/ SEVERE MODERATELY SLOW PERMEABILITY	C
E1D1	ELONK/ SEVERE MODERATELY SLOW PERMEABILITY	C
E1D3	ELONK/ SEVERE MODERATELY SLOW PERMEABILITY	C
C0	COROPUS/ SEVERE FLOOD HAZARD	D

FF. ELEV.=490.00
 PERM. EL. INV. OUT/ HOUSE = 484.0
 EX. GRD./SEPTIC TANK = 487.0
 INV. IN = 489.5
 INV. OUT = 489.4
 EX. GRD./PUMP CHAMBER = 487.3
 INV. IN = 489.3
 INV. OUT = 489.3
 EX. GRD./DISTR. BOX = 489.0
 INV. IN = 484.5
 INV. OUT = 484.4
 EX. GRD./TOP TRENCH=488.7
 POT. TRENCH =585.2

SITE ANALYSIS
 AREA OF PARCEL 12.7451 acres ±
 THE MASTER PLAN OF HOWARD COUNTY
 PRESENT ZONING = RC-DEO
 PROPOSED USE OF STRUCTURES = SINGLE FAMILY
 # UNITS ALLOWED = 1
 # UNITS PROVIDED = 1
 OPEN SPACE ON SITE = N/A
 HOWARD COUNTY FILE NO'S:



HOUSE MODEL
SCALE 1"=30'



HEALTH DEPARTMENT NOTES

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WIDTH AND AREA REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
2. THE AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 sq. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS.
3. THE WELL AREA SHALL HAVE A WELL DRILLED, GROUTED, AND YIELD TESTED PRIOR TO FINAL APPROVAL OF BUILDING PERMIT.
3. THERE ARE NO EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FT. OF THE LOT LINES SHOWN HEREON UNLESS NOTED OTHERWISE.
 ○ DENOTES "PASSED" PERCOLATION TEST
 ○ DENOTES "FAILED" PERCOLATION TEST
5. THE NEAREST WATER INTAKE STRUCTURE IS FIVE MILES+/- AWAY.
6. DENOTES 25% SLOPE, ONLY 25% OR STEEPER SLOPES WITHIN 100± OF SEWAGE EASEMENT HAVE BEEN SHOWN ON PLAN.
7. Any changes to a private sewage easement will require a revised perc cert plan.

GENERAL NOTES:

1. AREA OF PROPERTY = 12.7451 ACRES
2. EXISTING USE = AGRICULTURAL PRESERVATION
3. PROPOSED USE = AGRICULTURE/1 SINGLE FAMILY RESIDENTIAL
4. NUMBER OF UNITS ALLOWED = AGRICULTURAL PRESERVATION EASEMENT 1 UNIT
5. NUMBER OF UNITS PROPOSED = 1 UNIT
6. BOUNDARY AND TOPOGRAPHY BASED ON AERIAL TOPOGRAPHY BY HOWARD COUNTY DATED 1998, VERIFIED IN FIELD BY CHARLES R. CROCKEN & ASSOC. DATED 3/9/06
7. BOUNDARY BASED ON DEED LIBER 1449, FOLIO 101 & PLAT #S 1413, 9434 & 9762
8. SERVICE WATER = PRIVATE, SEWER = PRIVATE
9. SOILS SURVEY MAP NO. 17
10. THERE ARE NO STREAMS, WETLANDS, OR STEEP SLOPES IN THE VICINITY OF THE SEWAGE EASEMENT EXCEPT AS OTHERWISE SHOWN HEREON.
11. NO ADDITIONAL SUBDIVISION OF SUBJECT PROPERTY IS REQUIRED FOR BLDG PERMIT
12. THE EXIST. WELL TAG# HO 95-0488 SHOWN HEREON IS FIELD LOCATED BY CRC & ASSOC. AND THE LOCATION IS CORRECT AS SHOWN.

CRC 11/29/07

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH OFFICER
 DATE 12/27/07

NO.	DATE	REVISION
Revised PERCOLATION CERTIFICATION PLAN FOR CIRCLE "D" FARMS		
1523 CARRS MILL ROAD SINGLE FAMILY DETACHED LIBER 1449 / FOLIO 101		
TAX MAP 14, GRID B, PARCEL #10	1ST ELECTION DISTRICT	ZONED RC-DEO HOWARD COUNTY, MARYLAND
CHK.	PRIV.	OWNER/DEVELOPER TIMOTHY R. DOWD JR. 1523 CARRS MILL RD WOODDINE MD 21797-8005
PREPARED BY: CHARLES R. CROCKEN & ASSOCIATES, INC. CAL. DESIGNER - LAD PLANNED P.O. BOX 907 WESTMINSTER, MARYLAND PH: 410-584-3128 FAX: 410-584-3129		SCALE: 1" = 100'
SHEET 1 OF 1		

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B08002211

Building Address <u>15545 Carrs Mill Rd</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Dodd Property</u> Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Robert Dodd</u> Address <u>15535 Carrs Mill Road</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>280.00</u> Description of Work <u>Install 1-1000 g. underground propane tank</u>	Contractor Company <u>United Propane Inc</u> Contact Person <u>Alvise Garrett Jr.</u> Address <u>205 Najoles Road, MD</u> City <u>Milksville</u> State <u>MD</u> Zip Code <u>21108</u> License No. <u>6501475</u> Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

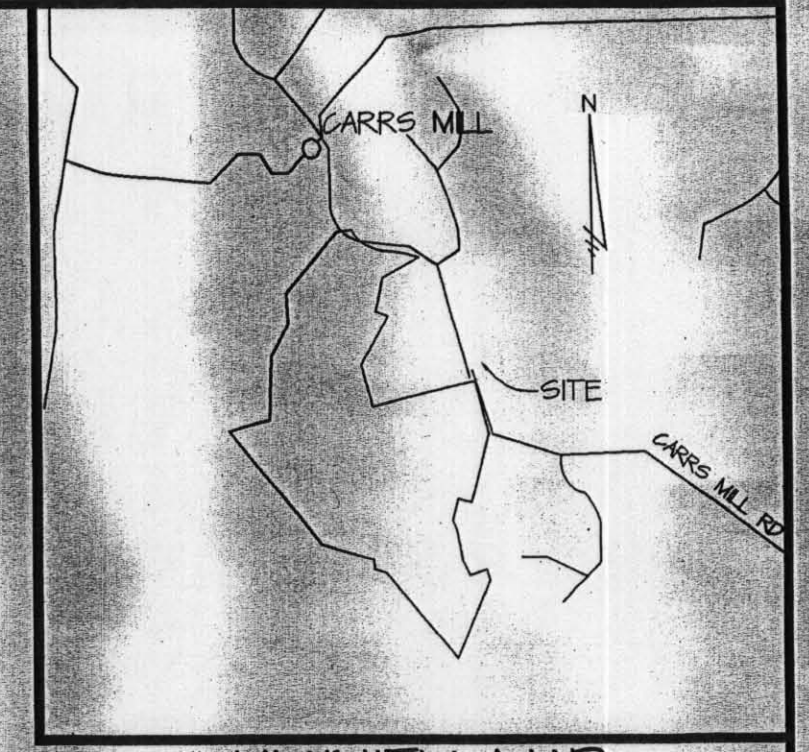
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities 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 <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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Applicant's Signature _____ Title/Company _____	Print Name _____ Date <u>7/23/08</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

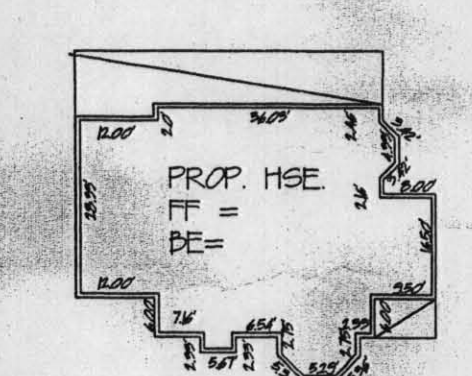
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7/23/08</u>	<u>Alvise Garrett</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



SOILS LEGEND		
SYMBOL	NAME/DESCRIPTION	SOIL GROUP
E1C3	ELONK/ REVERSE MODERATELY SLOW PERMEABILITY	C
E1B2	ELONK/ REVERSE MODERATELY SLOW PERMEABILITY	C
E1P2	ELONK/ REVERSE MODERATELY SLOW PERMEABILITY	C
E1P3	ELONK/ REVERSE MODERATELY SLOW PERMEABILITY	C
G0	CORDORUS/ REVERSE FLAT HAYED	D

FF. ELEV.=490.00
 PAVT. EL. INV. OUT/ HOUSE = 484.0
 EX. GRD./SEPTIC TANK= 487.0
 INV. IN = 483.5
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 INV. IN = 484.5
 INV. OUT = 484.4
 EX. GRD./ TOP TRENCH=488.7
 BOT. TRENCH =585.2

SITE ANALYSIS
 AREA OF PARCEL 12.74510 acres ±
 THE MASTER PLAN OF HOWARD COUNTY
 PRESENT ZONING = RC-DEO
 PROPOSED USE OF STRUCTURES = SINGLE FAMILY
 # UNITS ALLOWED = 1
 # UNITS PROVIDED = 1
 OPEN SPACE ON SITE = N/A
 HOWARD COUNTY FILE NO.'S.



HOUSE MODEL
SCALE: 1" = 32'

PLAN
SCALE: 1" = 100'

HEALTH DEPARTMENT NOTES

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2. THE AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 sq. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS.
3. THERE ARE NO EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FT. OF THE LOT LINES SHOWN HEREON UNLESS NOTED OTHERWISE.
 - DENOTES "PASSED" PERCOLATION TEST
 - DENOTES "FAILED" PERCOLATION TEST
4. THE WELL AREA SHALL HAVE A WELL DRILLED, GROUTED, AND YIELD TESTED PRIOR TO FINAL APPROVAL OF BUILDING PERMIT.
5. THE NEAREST WATER INTAKE STRUCTURE IS FIVE MILES +/- AWAY.
6. DENOTES 25% SLOPE, ONLY 25% OR STEEPER SLOPES WITHIN 100'± OF SEWAGE EASEMENT HAVE BEEN SHOWN ON PLAN.

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 7. BOUNDARY BASED ON DEED LIBER 1449/FOLIO 101 & PLAT #S 14113, 9434 & 3162
 8. SERVICE: WATER = PRIVATE, SEWER = PRIVATE
 9. SOILS SURVEY MAP No. 17
 10. THERE ARE NO STREAMS, WETLANDS, OR STEEP SLOPES IN THE VICINITY OF THE SEWAGE EASEMENT EXCEPT AS OTHERWISE SHOWN HEREON.
 11. NO ADDITIONAL SUBDIVISION OF SUBJECT PROPERTY IS REQUIRED FOR BLDG. PERMIT

NO.	DATE	REVISION

TAX MAP 14, GRID 8, PARCEL #10
 1ST ELECTION DISTRICT
 DATE: JUNE 14, 2006
 ZONED: RC-DEO
 HOWARD COUNTY, MARYLAND

OWNER/DEVELOPER
 TIMOTHY R. DOND JR.
 15595 CARRS MILL RD
 WOODBINE MD 21797-8005

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS
 HOWARD COUNTY HEALTH OFFICER

PREPARED BY:
 CHARLES R. CROCKEN & ASSOCIATES, INC.
 CIVIL ENGINEER - MD LICENSE
 P.O. BOX 507
 WESTMINSTER, MARYLAND
 PH: 410-540-2700
 FAX: 410-540-2000

SCALE:
 1" = 200'

SHEET 1 OF 1