

4-8-95
410
2:00
6-9-95
2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50728

A 47225

DISTRICT 3rd

DATE 6-7-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

03-318648

DATE SYSTEM APPROVED 6-9-95

INSPECTOR ALM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION West Friendship Estates LOT 7 ROAD 3108 Fox Valley Drive

PROPERTY OWNER ~~Trinity Builders~~ Karen Killian

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

Add'l - Deck
BLDG. PERMIT SIGNED
NO RETURNED 6-6-96
Serial # B00100489

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 150 feet up the left lot line (364.74') and 50 feet off that same lot line as seen when facing the lot from Fox Valley Drive. Run one 70 foot, one 80 foot and two 105 foot trenches toward the back lot line.

NOTES - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK 5/31/95 DKS

PLANS APPROVED BY A. McMillen DATE 04/05/95

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

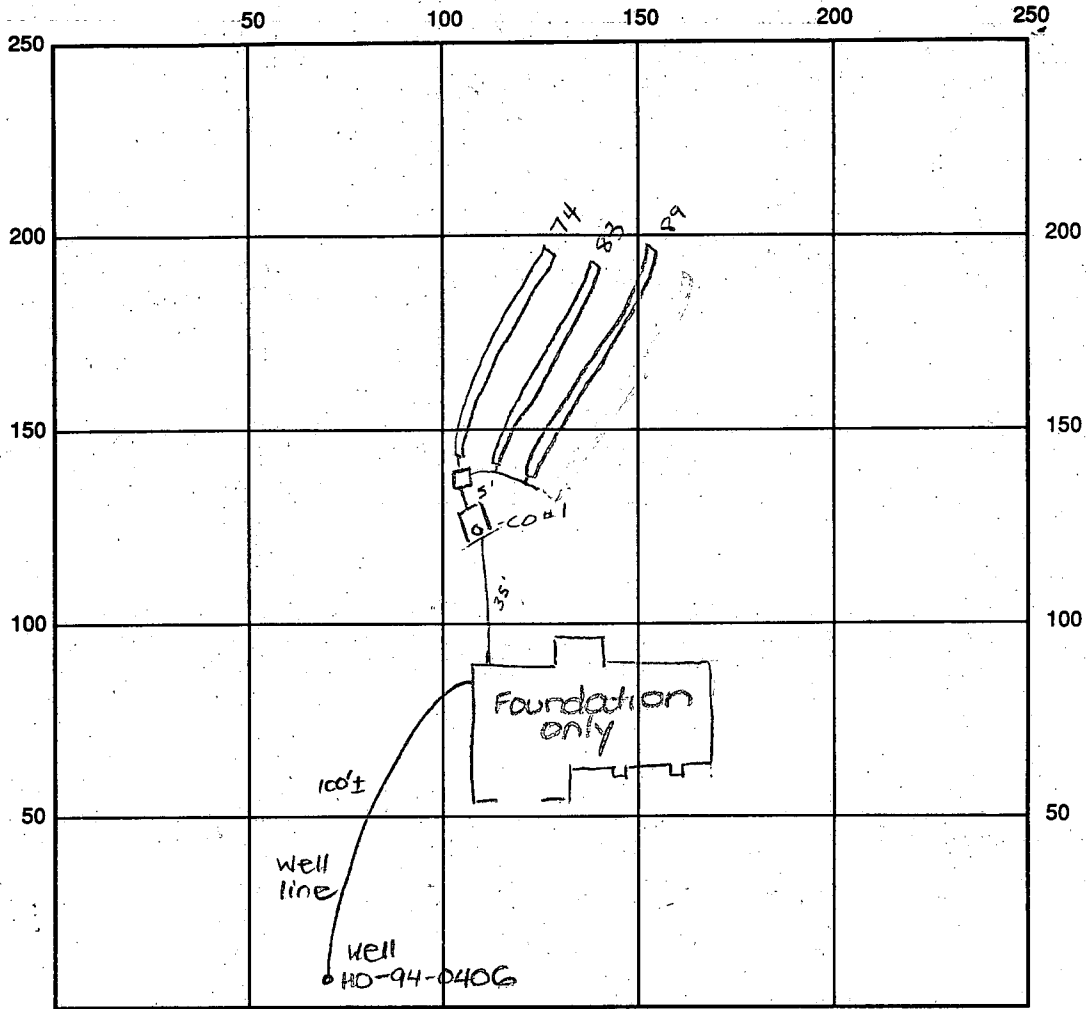
PERMIT VOID AFTER TWO YEARS

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
47225



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Fox Valley Drive

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS #1 OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3' FT. INLET DEPTH 2.5 FT.
 EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH $\frac{\text{D74} \text{ @ } 89}{\text{D83}} = 246$ linear ft of trench

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT. $\frac{246}{3}$

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 6-9-95 OK to cover all work final Ann

6-9-95 WP I OK to cover Ann

DATE SYSTEM APPROVED 6-9-95 INSPECTOR Amy McMullen

APPLICATION

PERCOLATION TESTING

A 47225
P _____

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

DISTRICT _____

DATE 6/13/91

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 PERCONTEE, INC. Trinity Builders

ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES III ^{Section} LOT NO 50-131 ^{Lot}

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70
(3108 Fox Valley Drive)

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/-

BLDG. PERMIT ~~SIGNED~~
AND RETURNED 5/18/95
Serial # 593455 F.D. - 400m
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.

John C. Reuwer
(SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC.

APPROVED BY John C. Reuwer FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

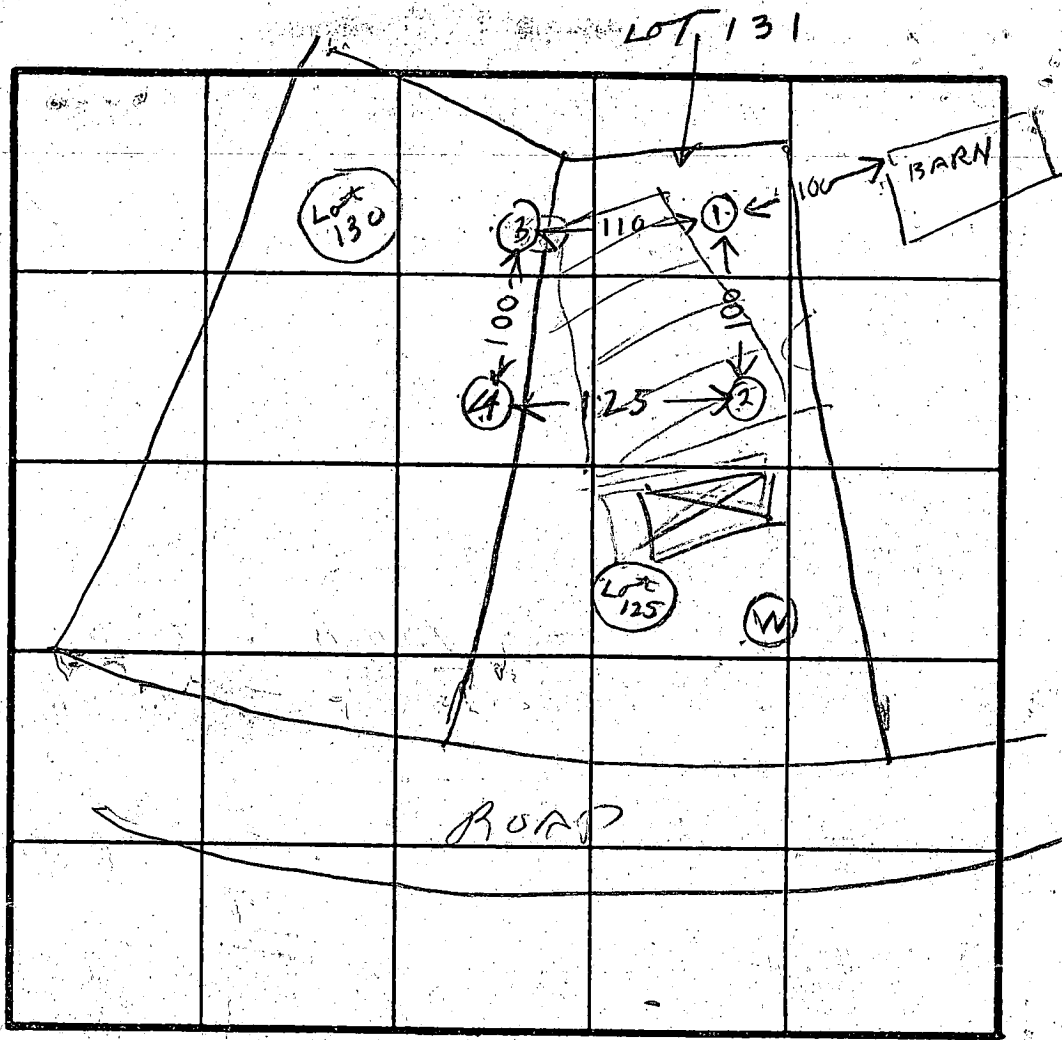
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216

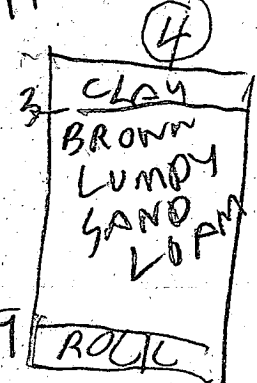
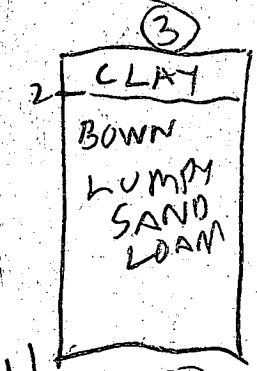
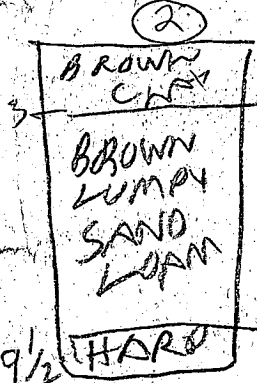
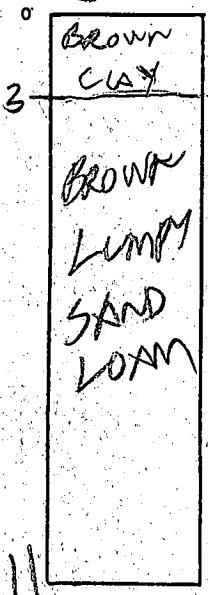
511
419
182

LOT 131
A 47225



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/23/91	1S	3.5	235	236	236	237	1	#130
	1V	11	OK					
	2S	4	242	245	245	250	5	#130
	2V	9.5	OK	SHALLOW				
	3S	2.5	249	250	250	252		#131
	3V	6	247	248	248	249	1	#131
	4V	11	OK					#131
	4V	9	OK	SHALLOW				#131

REMARKS _____

TYPE OF SOIL _____

TESTED BY

Raymond Hodge

ALSO PRESENT

*John Renner
O Kettlemann Jr*

B 1 **1286** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0406**
70 fill in this form completely 79

DATE RECEIVED (APA) **030695** **OWNER INFORMATION**
TRINITY CUSTOM HOMES
 15 Last Name 34 Owner First Name
6212 DEVON DR.
 36 Street or RFD 55
COLUMBIA **MO21044**
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
WEST FRIENDSHIP EST.
 23 SUBDIVISION 42
 SECTION LOT **7**
 44 46 48 50
WEST FRIENDSHIP
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** **MI**
 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
Ralph Mayne **116**
 77 License No. 80
Ralph Mayne (Well Drilling)
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 3/5/95
 Signature Date

B 4 **FOX VALLEY DR.**
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **60** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT.**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

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)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 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)

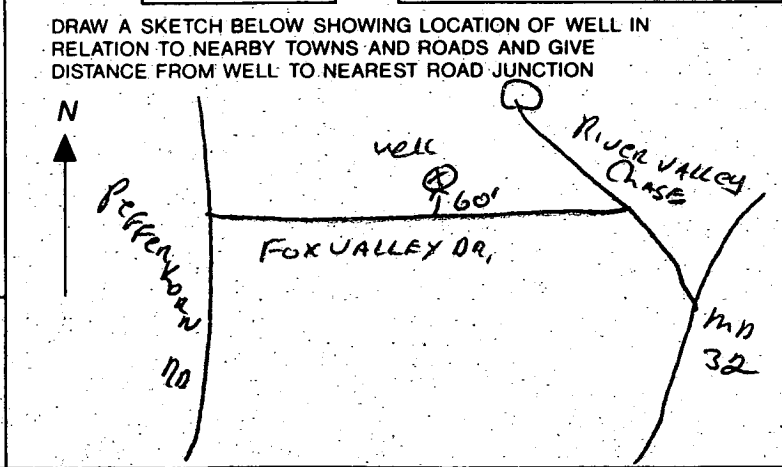
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A# 47225**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **032195** **Charles Bryan Stuckel** **3/21/96**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **528000** EAST GRID **0808000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 **800**
 N **520**
 000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 54 63
 FORCE **C** **D** WRITE INITIALS IN BOX
 PERMIT No. **40-94-0406**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **530-3132**
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 3657

SEQUENCE NO. (BENV 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 A# 47225

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

04/29/95

040595

220526 (TO NEAREST FOOT)

H0-94-0906

OWNER TRINITY CUSTOM HOMES last name FOX VALLEY DR. first name TOWN W. FRIENDSHIP SUBDIVISION W. FRIENDSHIP EST. SECTION 1 LOT 7

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 FROM TO Check if water bearing

Table with 3 columns: Description, Feet (From/To), and Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft. (enter 0 if from surface)

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 38

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED YES (Y) NO (N)

- 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. 116
DRILLERS SIGNATURE Nathl Mayne

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

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

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 33

WHEN PUMPING 38

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 (Y) NO (N)

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: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

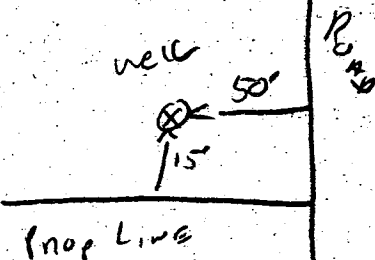
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 2 (nearest foot)

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)



1,334.78'



PRESERVATION PARCEL 'A' GOLF COURSE

PROPOSED 25' EASEMENT FOR ACCESS TO THE KITTLEMAN PROPERTY

PRESERVATION PARCEL GOLF CC

HOLE 11

E 12

A-49015
EXISTING DRIVEWAY TO BE ABANDONED

EXISTING TREES TO BE REMOVED

EXISTING STRUCTURE TO BE REMOVED

ROAD

ROAD

PRE GOLF CC

126'

46,600 Sq.Ft.*

146'

50,025 Sq.Ft.*

6

7

8

41

5

530

550

560

45,625 Sq.Ft.*

58,500 Sq.Ft.*

100'

114'

15'

15'

10,750 Sq.Ft.*

60'

60'

60'

15'

25'

114'

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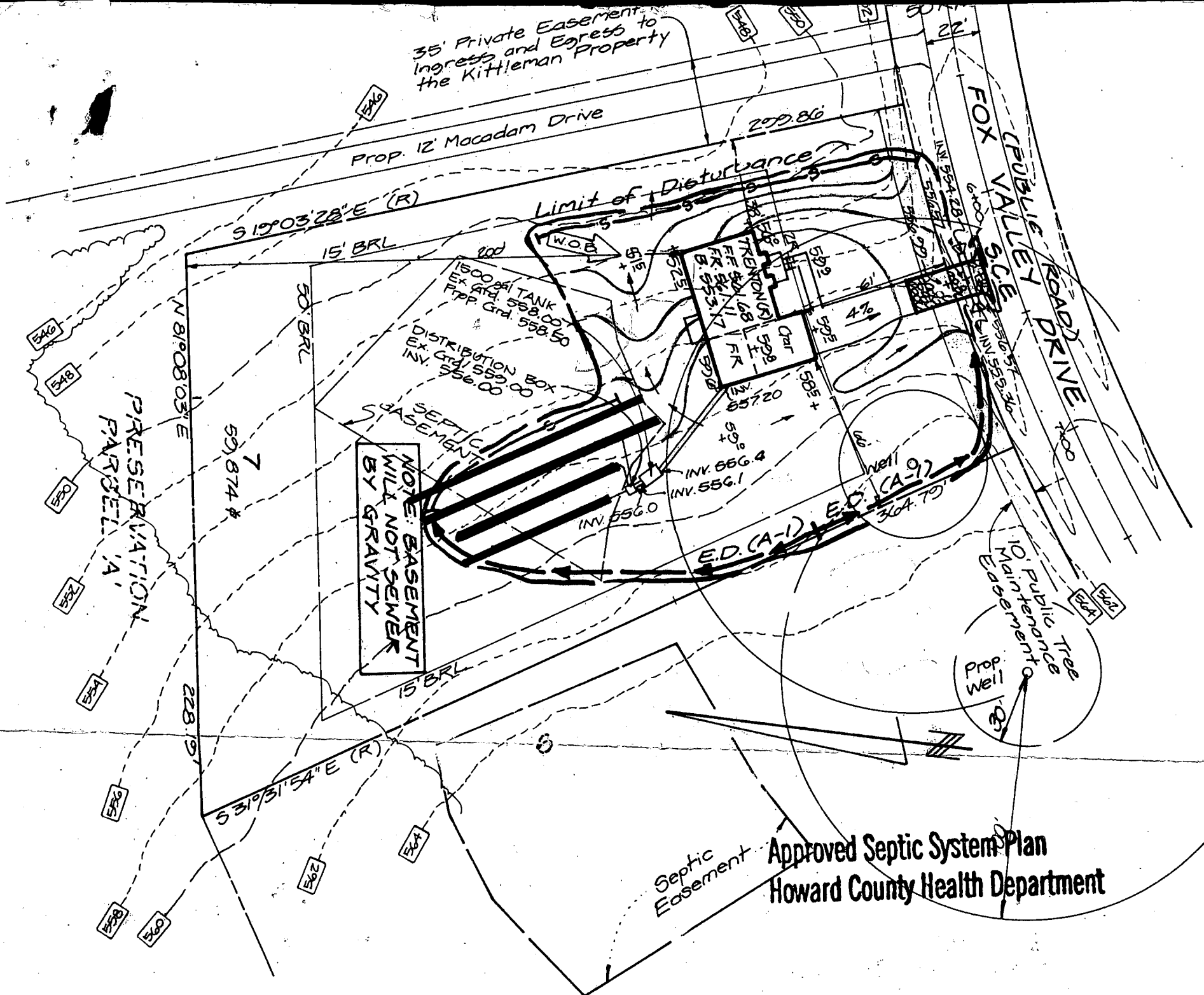
15'

15'

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15'

15'



Approved Septic System Plan
Howard County Health Department

Amy McMiller 5-12-95
Signature Date

for HOWARD S.C.D.
meets Technical Requirements
Date
Soil Conservation Service

DEVELOPER'S/BUILDER'S CERTIFICATE

"I/We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary".

ENGINEER'S CERTIFICATE

I hereby certify that the Erosion Control represents a plan based on my personal conditions and that it meets with the requirements of the District.

DEVELOPMENT PLAN IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

Michael Pfau 11/4/91
Michael Pfau Date
Trinity Builders

G. Nelson Clark
G. Nelson Clark

Approved

Building Address 3108 FOX VALLEY DR.
WEST FRIENDSHIP MD 21794

Suite/Apt. #: N/A SDP/NWP/Petition #: N/A

Census Tract 6400 Subdivision WEST FRIENDSHIP

Section N/A Area N/A Lot 7

Tax Map 15 Parcel 24 Grid 21

Zoning RC DXP Map Coordinates _____ Lot size _____

Property Owner's Name PAUL & LIZ KAMINSKI

Address _____

City _____ State _____ Zip Code _____

Home Phone 410-459-7921 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD for Family Room

Estimated Construction Cost \$10,000

Description of Work FINISH OFF BASEMENT
ADD STUDY & BATH
Family Room

Contractor Company DAVID LEDON CUSTOM CARE

Contact Person DAVID LEDON

Address 16360 FREDERICK RD.

City WOODRINE State MD Zip Code 21777

License No. 23155

Phone 410 442 1799 Fax SAME

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 - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THERE TO; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature David Ledon

Title/Company David Ledon Custom Care

Print Name DAVID LEDON

Date 5-2-07

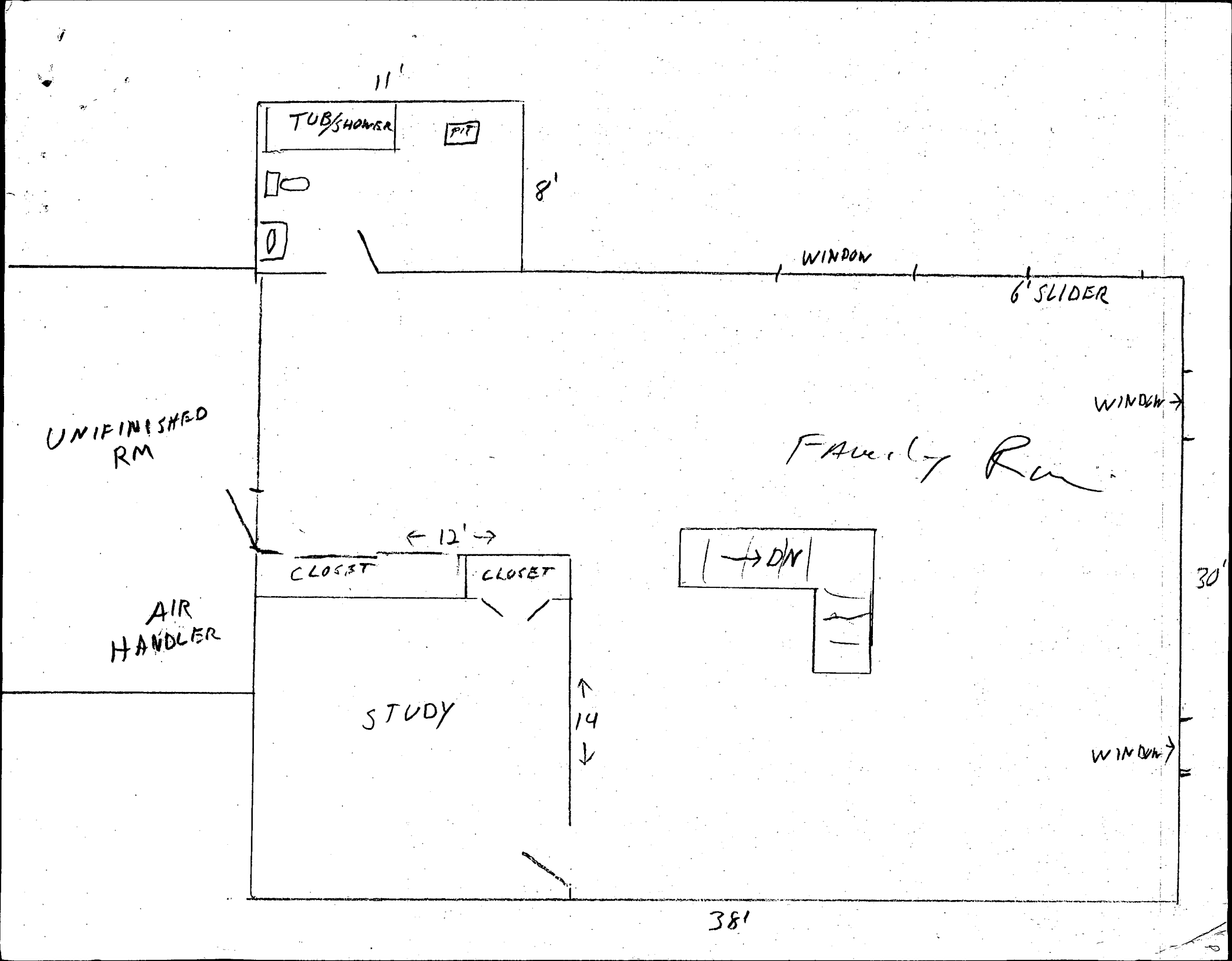
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Health			Lot Coverage for New Town Zone _____
Fire Protection			SDP/Red-line approval date _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____

PROPERTY ID: 7199

Filing fee	\$
Permit fee	\$ <u>77</u>
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$ <u>77</u>
TOTAL FEES	\$ <u>77</u>
Balance due	\$
Check	\$ <u>1729</u>
Validation	#

A47225



FOX VALLEY DRIVE

6

N 01°08'03" E

LOT 7
69,874 sq±

228.19'

50' BRL

364.70'

15' BRL

Private Sewerage
Easement

15' BRL

292.86'

(R)

(R)

N 31°31'54" E

S 15°03'28" E

#3108

6/6/96
Proposed addition
as shown shall
not impact
existing septic
system or well
DONCK

66'
60' BRL

37'±

60.3'

Public Tree
Maintenance Easement

R=675.00'

L=146.55'

Macadam
Driveway

FOX VALLEY DRIVE
60' R/W