

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 565 14 ^B

A 49337-B

DISTRICT 5th

DATE 3-21-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~484-9938~~ 313-2640

DATE SYSTEM APPROVED 3/19/96

INSPECTOR M. E. P. Kin

INDEXED

K&K Excavating Service, Olen Ketterman IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, MD 21797 PHONE 442-1336

SUBDIVISION Fulton Manor LOT 33 ROAD 12317 Point Field Drive

PROPERTY OWNER Selfridge Builders, Inc. Nelson

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 210+

INSTALL ADDL 1000-GAL SEPTIC TANK TO SERVE AS FUTURE PUMP RT. MR 3/17/96

TRENCHES - Trench to be 2 feet wide. Inlet ⁴/₂ feet below original grade. Bottom maximum depth ⁴/₂ feet below original grade. Effective area begins at 4 1/2 feet below original grade. 3 1/4 feet of stone below distribution pipe.

LOCATION - Beginning at the end of the pipestem, place the distribution box 160' down the 245' lot line, and 17' off that same lot line. Run trenches along contour.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

GC 4/2/96 12/1/95

D.B. LOC CAN BE ADJUSTED 10-30' DOWNHILL WITH 2-TANK SETUP
INSTALLER REPORTS TOPO BETTER THAN SHOWN, 2ND S.T. *MR 3/7/96*
PLANS APPROVED BY Glen Savage NOT NEEDED *MR 3/18/96* DATE 12-26-95

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

ADD. PERMIT SIGNATURE AND RETURNED 11-17-99

PERMIT VOID AFTER TWO YEARS

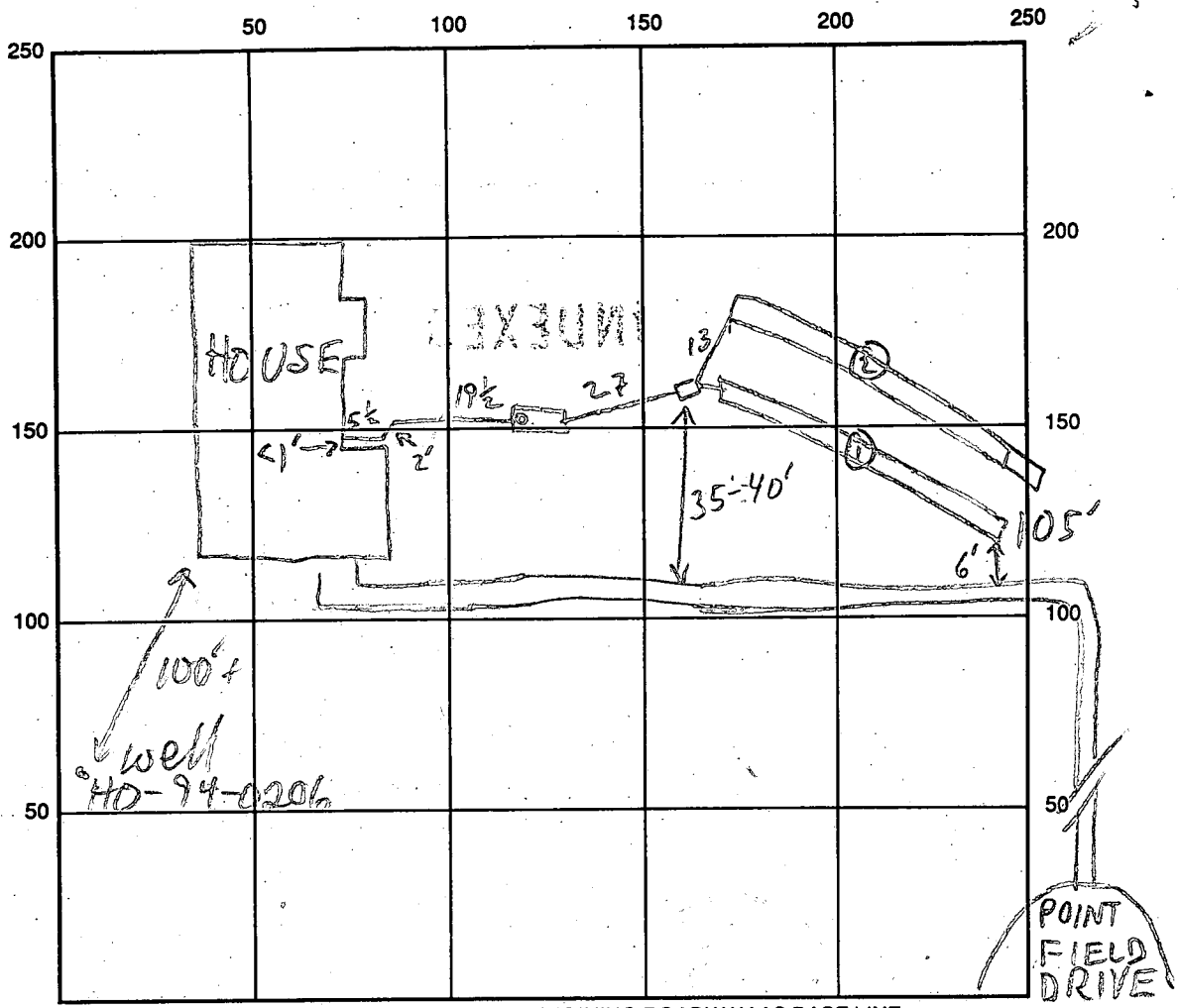
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

Serial # 409121380

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 49337-B



SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 3 1/2 FT. TOTAL LENGTH 2 @ 105 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 3/18/96 INSTALLER REPORTS TOPO NOT PER PLAN/MR
3/19/96 TRENCH BOTTOMS NOT OBS'D - RAIN; OK TO COVER
UPON INSTALLER CONFIRMATION MR
3/19/96 OK TO COVER VIA T/C MR

4/23/96 WPI - NO INSP/ Aw
 DATE SYSTEM APPROVED 3/19/96 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A A49337B3

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT FIFTH

DATE SEPTEMBER 13,

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER OTHA D. UPCHURCH Selfridge Builders

ADDRESS 457 OLD ORCHARD CIRCLE PHONE _____

AGENT OR PROSPECTIVE BUYER SALE AS OWNER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION UPCHURCH PROPERTY (FULTON MAJOR LOT NO. [REDACTED] 37 33

ROAD AND DESCRIPTION 12776 HALL SHOP ROAD (12317 Point Field Drive)

HIGHLAND MARYLAND

TAX MAP 40 PARCEL # 164 & 205

SIZE OF LOT 59,500 # TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIGNED PRELIM _____ SIGNED FINAL _____
BLDG. PERMITS SIGNED AND RETURNED 12-26-95
S.F.D - 4 BRMS
Serial #63041

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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

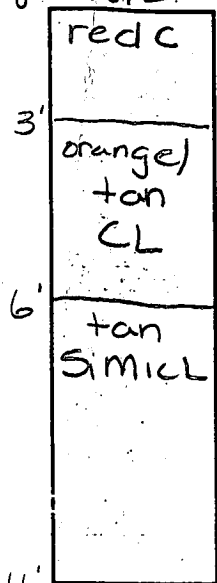
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

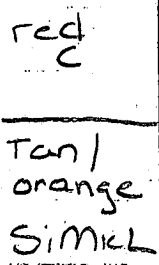
A49337B

COUNTY #

SOIL PROFILE
1012

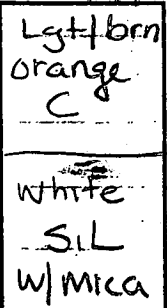


1021



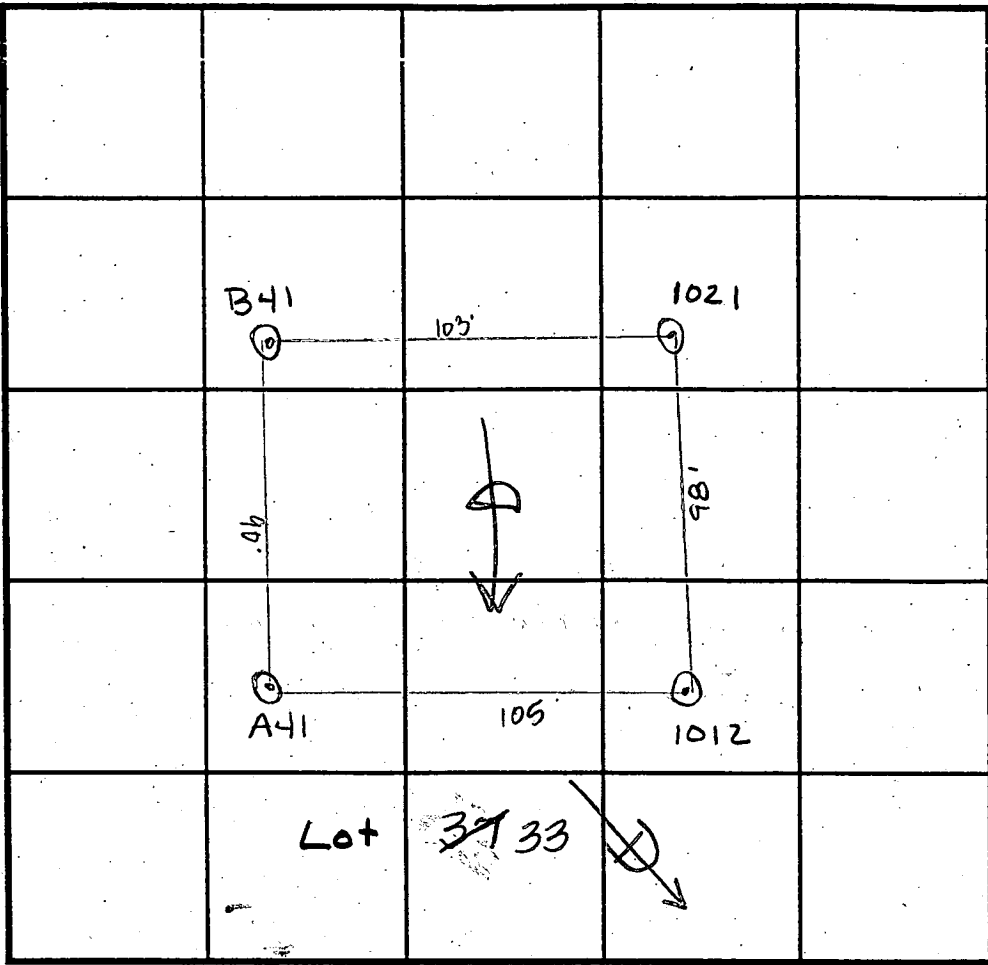
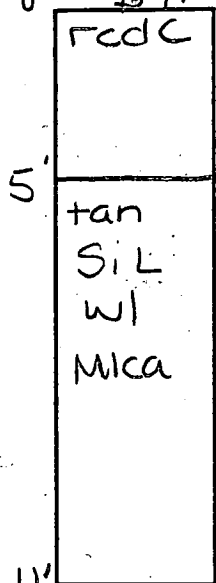
12'

A41



11'

SOIL PROFILE
B41



Lot 3933

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22/93	A-41	2' VII	2:00 ³⁰	2:01 ¹⁵	2:01 ¹⁵	2:03 ¹⁵	2 min
10/22/93	B-41	5' VII	2:05	2:05 ⁴⁵	2:05 ⁴⁵	2:08	2 1/4 min
10/15/93	1012	Visual	to 11'				OK
10/15/93	1021	3' VII	12:43	12:46	12:46	12:50	4 min

REMARKS _____

TYPE OF SOIL Manor

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT OLAN Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 2'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180 ft²

C1 1906

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 49337B

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

ST/CO USE ONLY DATE RECEIVED 102094

DATE WELL COMPLETED 101394

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-94-0206

OWNER Fisher - Collins - Carter last name first name TOWN HIGHLAND MD. SUBDIVISION Upchurch Prop SECTION LOT 33

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, Mick A, Sand Stone, Mick A.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE (PL), Nominal diameter, Total depth.

OTHER CASING (if used) form including: diameter, depth.

SCREEN RECORD form including: screen type (STEEL, BRASS, BRONZE, PLASTIC, HOLE, OTHER), SLOT SIZE, DIAMETER OF SCREEN.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y/N).

DEPTH (nearest ft.) table with columns for casing and screen depths. Includes slot size and diameter of screen.

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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

DRILLERS IDENT. NO. 116, DRILLERS SIGNATURE: Ralf Mayne

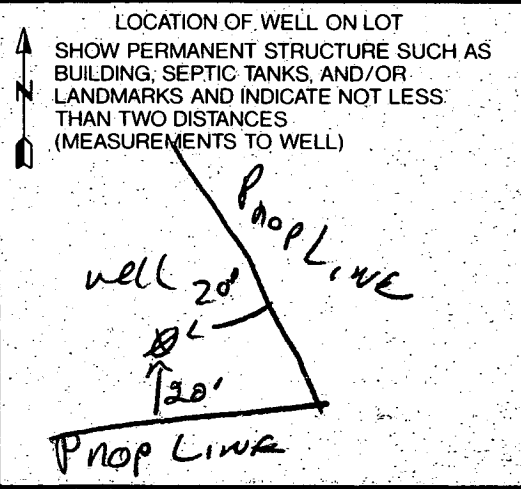
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) including T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0206
 Location of property (road) POINTFIELD DR
 Subdivision UPCHURCH PROP Lot 39 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner FISHER COLLINS & CARTER

Depth of well 245'
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 4 ft

I. High rate pumping -- reservoir drawdown

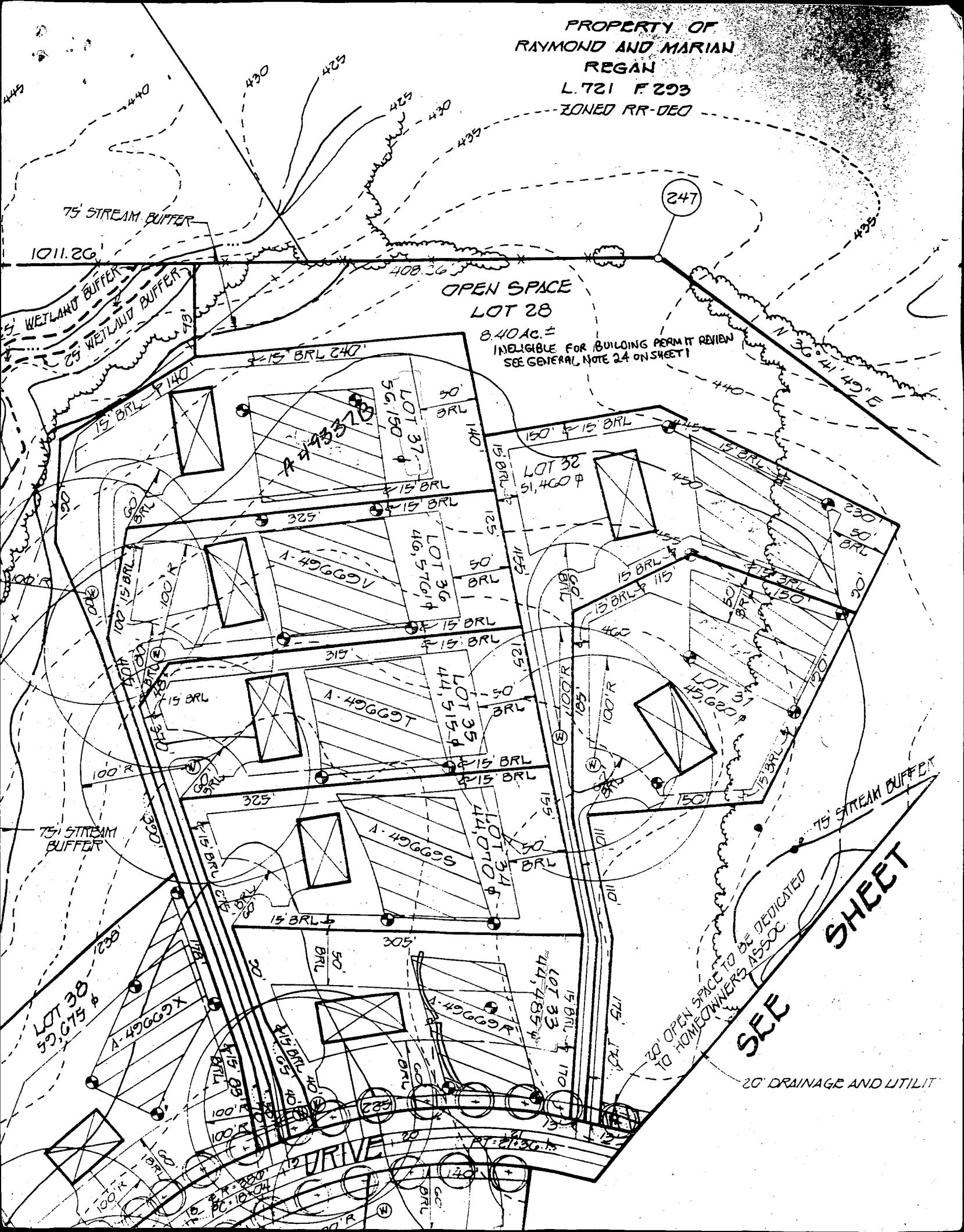
Time pump started 1:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 21 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
1:15	21 ft	6 Sec	_____	10 GPM	
1:30	21 ft	6 Sec		10 GPM	
1:45	21 ft	6 Sec		10 GPM	
2:00	21 "	6 "		10 "	
2:15	21 "	6 "		10 "	
2:30	21 "	6 "		10 "	
2:45	21 ft	6 Sec		10 GPM	
3:00	21 ft	6 Sec		10 GPM	
3:15	21 ft	6 Sec		10 GPM	
3:30	21 "	6 "		10 "	
3:45	21 "	6 "		10 "	
4:00	21 ft	6 Sec		10 GPM	
4:15	21 ft	6 Sec		10 GPM	

PROPERTY OF
RAYMOND AND MARIAN
REGAN

L.721 F.293
ZONED RR-DEO



OPEN SPACE
LOT 28

8.40 AC. ±
INELIGIBLE FOR BUILDING PERMIT REVIEW
SEE GENERAL NOTE 24 ON SHEET 1

247

SEE SHEET
20' OPEN SPACE TO BE DEDICATED
TO HOMEOWNERS ASSOC
20' DRAINAGE AND UTILIT

75' STREAM BUFFER

25' WETLAND BUFFER

75' STREAM BUFFER

75' STREAM BUFFER

DRIVE

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD COUNTY CONSERVATION DISTRICT.

[Signature]
SIGNATURE OF ENGINEER
12/21/95
DATE

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT AND PLAN FOR EROSION AND SEDIMENT CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD COUNTY CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY.

[Signature]
SIGNATURE OF DEVELOPER
12/21/95
DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

[Signature]
U.S. SOIL CONSERVATION DISTRICT
12/21/95
DATE

THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD COUNTY CONSERVATION DISTRICT.

[Signature]
DISTRICT HOWARD SOIL CONSERVATION DIST.
12/21/95
DATE

SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1855).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THEREOF.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, Dikes, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, b) 14 DAYS AS TO ALL OTHER DISTURBED AREAS TO BE PROJECT SITE.
- ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING (SEC. 51), SOIL (SEC. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
TOTAL AREA OF SITE 48,224 SQ. FT.
AREA DISTURBED 14,000 SQ. FT.
AREA TO BE ROOFED OR PAVED 3,500 SQ. FT.
AREA TO BE VEGETATIVELY STABILIZED 8,500 SQ. FT.
TOTAL CUT CU.YDS.
TOTAL FILL CU.YDS.
OFFSITE WASTE/BORROW AREA LOCATION CU.YDS.
- ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
- ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.

SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN.
- PERFORM NECESSARY GRADING AND STABILIZE THE SITE.
- AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

TEMPORARY SEEDING NOTES

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

SEEDING PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING. IF NOT PREVIOUSLY LOOSENED.

SOIL AMENDMENTS

APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (14 LBS./1000 SQ. FT.)

SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (32 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (07 LBS./1000SQ.FT.). FOR THE PERIOD NOVEMBER 16 THRU FEBRUARY 28, PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOI.

MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 210 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1988 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

SEEDING PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

SOIL AMENDMENTS

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (14 LBS./1000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL AT TIME OF SEEDING. APPLY 400 LBS. PER ACRE 38-0-0 UREAFORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE (11.5 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER.

SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (1.4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 28, PROJECT SITE BY: OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING; OPTION (2) - USE 600; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDED.

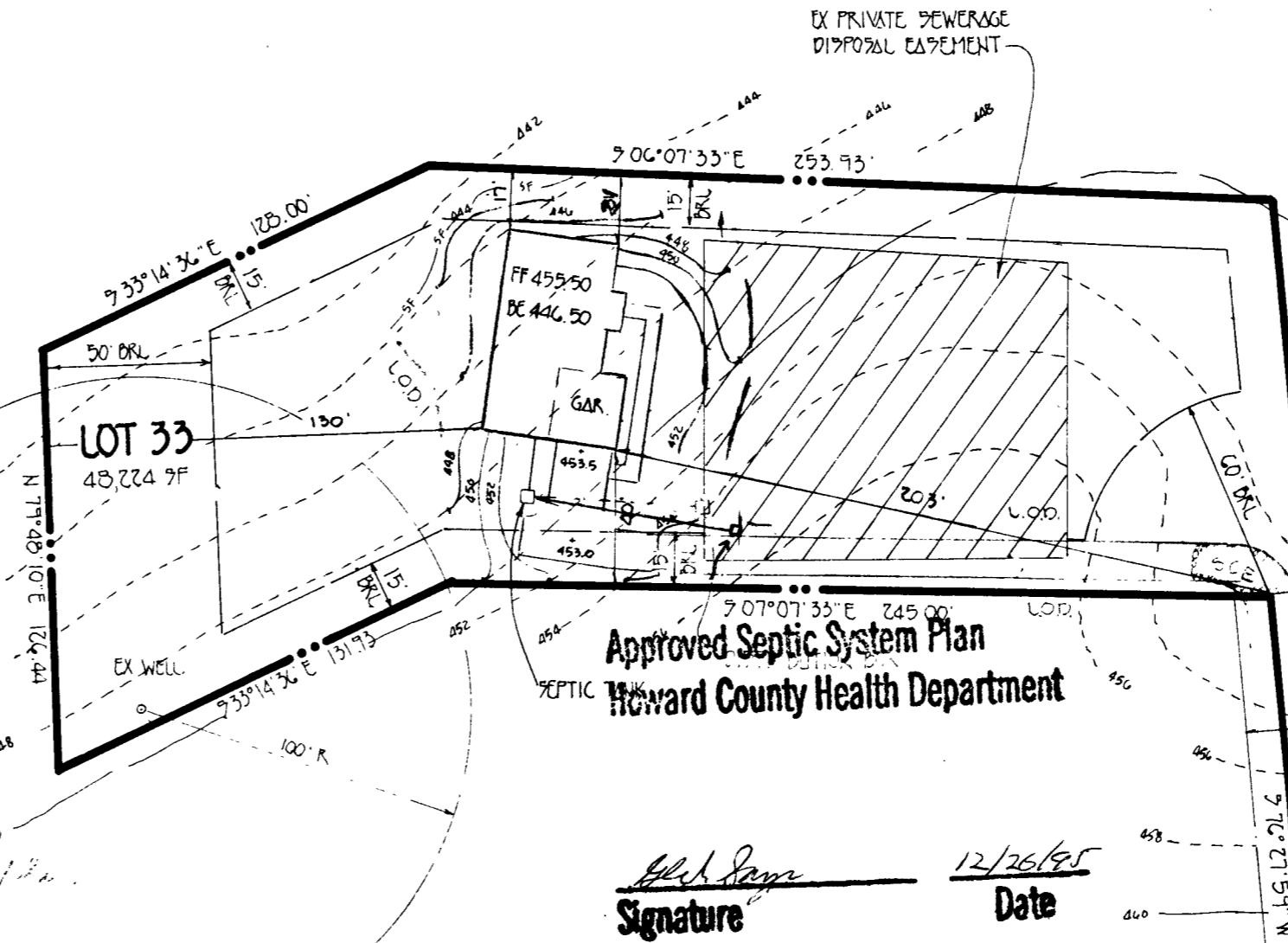
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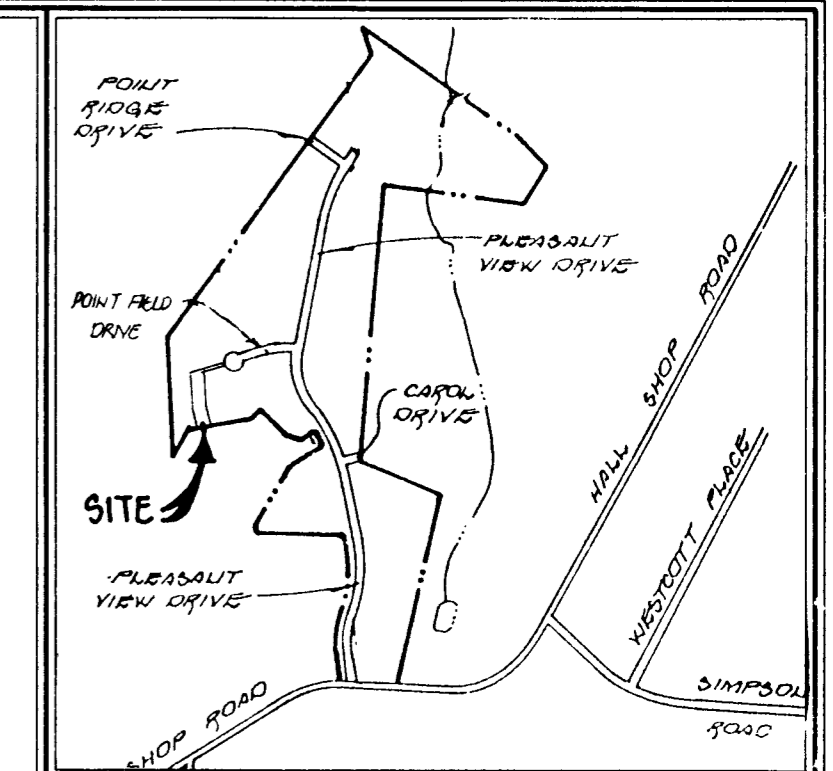
MAINTENANCE

INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVEATCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



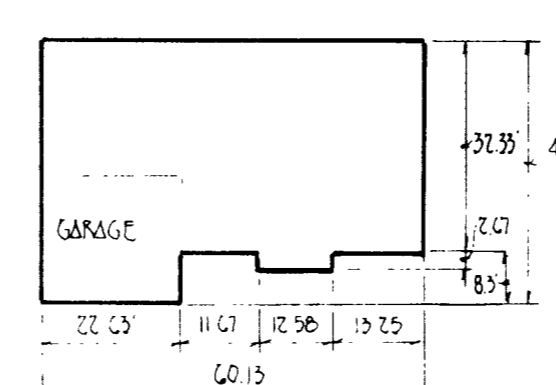
[Signature]
Signature
12/26/95
Date



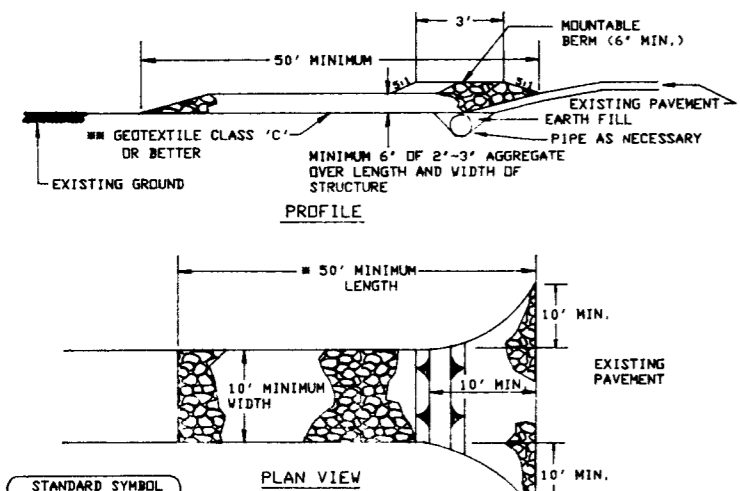
VICINITY MAP
SCALE: 1"=200'

GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK
- A. FIRST FLOOR ELEVATION: 455.50
B. BASEMENT ELEVATION: 446.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 453.0
D. INVERT IN AT SEPTIC TANK: 451.8
E. INVERT OUT AT SEPTIC TANK: 451.5
F. PROPOSED GRADE OVER SEPTIC TANK: 453.0
G. INVERT AT DISTRIBUTION BOX: 450.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 455.0
I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

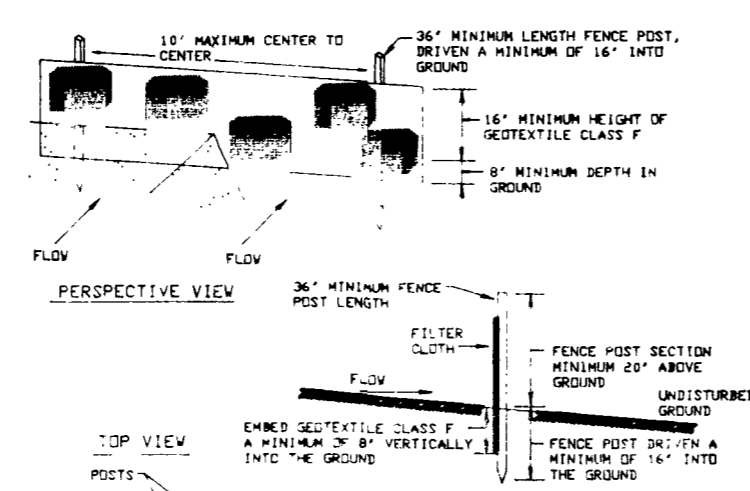


NELSON RESIDENCE



STANDARD SYMBOL
Construction Specification

- Length - minimum of 50' (#30' for single residence lot).
- Width - 10' minimum, should be flared at the existing road to provide a turning radius.
- Geotextile fabric (Filter cloth) shall be placed over the existing ground prior to placing stone. The plan approval authority may not require single family residences to use geotextile.
- Stone - crushed aggregate (2" to 3") or reclaimed or recycled concrete equivalent shall be placed at least 6" deep over the length and width of the entrance.
- Surface Water - all surface water flowing to an diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a mountable beam with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe has to be sized according to the drainage when the pipe is located at a high spot and has no drainage to convey a pipe will not be necessary. Pipe should be sized according to the amount of runoff to be conveyed. A 6" minimum will be required.
- Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance.



STANDARD SYMBOL
Construction Specifications

- Fence posts shall be a minimum of 36" long driven 16" minimum into the ground. Wood posts shall be 1 1/2" x 1 1/2" square (minimum) cut, or 1 3/4" diameter (minimum) round and shall be of sound quality hardwood. Steel posts will be standard 1" or 1 1/2" section weighting not less than 1.00 pound per linear foot.
- Geotextile shall be fastened securely to each fence post with wire ties or staples at top and mid-section and shall meet the following requirements for Geotextile Class F:
Tensile Strength 55 lbs./in. (min.) Test: NMT 509
Tensile Modulus 20 lbs./in. (min.) Test: NMT 509
Flow Rate 0.3 gal. ft²/minute (max.) Test: NMT 322
Filtering Efficiency 75% (min.) Test: NMT 322
- Where ends of geotextile fabric come together, they shall be overlapped, folded and stapled to prevent sediment bypass.
- Silt fence shall be inspected after each rainfall event and maintained when bulges occur or when sediment accumulation reached 50% of the fabric height.

STABILIZED CONSTRUCTION ENTRANCE - 2
NOT TO SCALE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
INTERNATIONAL SQUARE OFFICE PARK - 10720 BALTIMORE NATIONAL AVENUE
ELLCOTT CITY, MARYLAND 21046
(410) 451-2855

SILT FENCE
NOT TO SCALE

GP-96-82
PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
FULTON MANOR

LOT 33
TAX MAP 40 ZONED RR-DEO P/O PARCEL 104:205
FIFTH ELECTION DIST. HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: DECEMBER 5, 1995

PERMISSION IS GRANTED FROM
REMOVE SEDIMENT CONTROLS
BED AREAS.

GP 96-82

EX PRIVATE SEWERAGE
DISPOSAL EASEMENT

AREAS LIKELY TO BE REDISTURBED
COVER IS NEEDED.

SOIL BY RAKING, DISCING
AND PRE SEEDING.

FERTILIZER (14 LBS./1000 SQ. FT.)

ON APRIL 30, AND AUGUST
WITH 1 1/2 BUSHEL PER ANNUAL
PERIOD MAY 1 THRU AUGUST 14.
LOVEGRASS (.07 LBS/1000SQ.FT.).
ON FEBRUARY 28. PROTECT SITE BY
ANCHORED STRAW MULCH AND
SPRING, OR USE SOD.

70 TO 90 LBS./1,000 SQ.FT.)
IMMEDIATELY AFTER SEEDING.
APPLICATION USING MULCH
PER ACRE (5 GAL./1,000 SQ.FT.)
SLOPES 8 FEET OR HIGHER,
(1,000 SQ.FT.) FOR ANCHORING.

STANDARDS AND SPECIFICATION FOR SOIL
RATE AND METHODS NOT COVERED.

AS FOLLOWS:

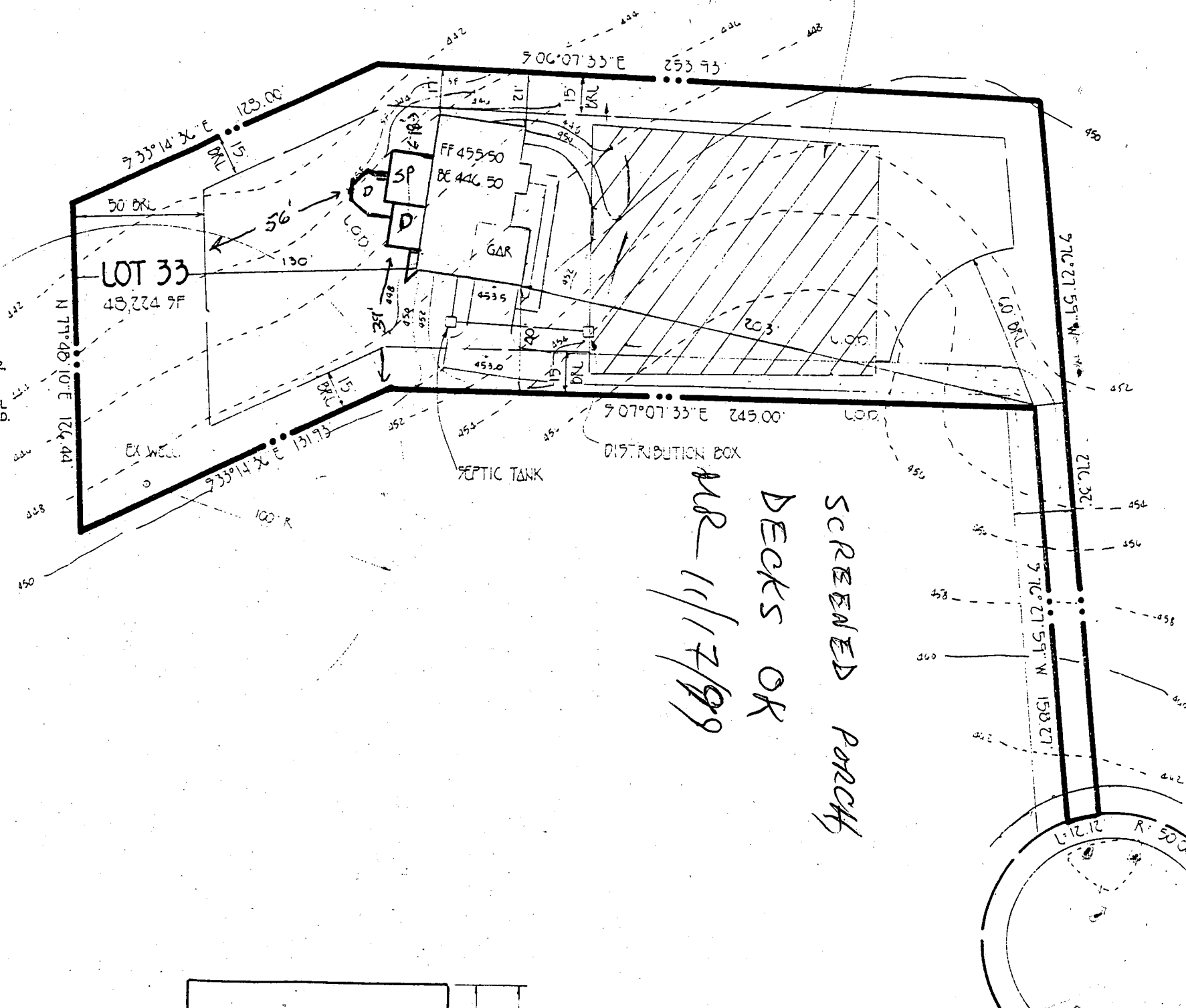
SOIL BY RAKING, DISCING
AND PRE SEEDING.

AGGREGATE LIMESTONE (92 LBS/
PER ACRE 0-20-20 FERTILIZER
DISC OR HARROW OR DISC
AT TIME OF SEEDING,
PREFORM FERTILIZER
PER ACRE (11.5 LBS./

ON APRIL 30, AND AUGUST
100 LBS. PER ACRE (2.3
TALL FESCUE, FOR THE
ED WITH 60 LBS/ACRE
TALL FESCUE AND
(L.F.T.) OF WEEPING
OCTOBER 16 THROUGH
OPTION (1) - TWO TONS PER
MULCH AND SEED AS SOON AS
- USE SOD; OPTION (3) -
31 TALL FESCUE AND MULCH
ED STRAW. ALL SLOPES SHOULD

70 TO 90 LBS./1,000 SQ.FT.)
IMMEDIATELY AFTER SEEDING.
APPLICATION USING 200
(L.F.T.) OF EMULSIFIED
8 FEET OR HIGHER USE
0 SQ.FT.) FOR ANCHORING.

RE NEEDED REPAIRS.



SCREENED PATCH
DECKS OK
MR 11/17/99

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00121380
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Building Address <u>12317 Point Field Dr</u> <u>Fulton MD 20759</u>	Property Owner's Name <u>Mr & Mrs NELSON</u> Address <u>12317 Point Field Dr</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	City _____ State <u>MD</u> Zip Code <u>20759</u>
Census Tract <u>205140</u> Subdivision <u>Fulton Manor</u>	Home Phone <u>703 521 552</u> Work Phone _____
Section _____ Area _____ Lot <u>33</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Point Field Dr</u>
Tax Map <u>40</u> Parcel <u>215</u> Grid _____	Phone _____ Fax _____
Zoning <u>R4</u> Map Coordinates _____ Lot size _____	Contractor Company <u>Blue Line Builders Inc</u>

Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>21,000</u>	Contact Person <u>Michael P. ...</u> Address _____ City _____ State _____ Zip Code _____
Description of Work <u>Screened</u> <u>Porches w/ two adj. decks</u> <u>16x20 deck 14x15 deck 14x14 deck</u>	License No. _____ Phone _____ Fax <u>9110</u>

Occupant or Tenant <u>Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>Depth</u> <u>Width</u> 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" 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 <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 THEREIN; (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 Michael P. ... Print Name Michael P. ...
 Title/Company _____ Date 4/7/99

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID# <u>15666</u>
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>4/7/99</u>	<u>Mark E. ...</u>	Side St. _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	