

8/12/97  
WPI AM  
8/13/97 ASAP

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58560

A 50563-F

DISTRICT 4th

DATE 7-10-97

DATE SYSTEM APPROVED 8/13/97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

04-358694

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Bridlewood LOT 6 ROAD 16840 Hardy Road

PROPERTY OWNER Trinity Homes, Inc. Calomeris

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet down the 274.77' lot line and 10 feet off that same lot line. Run trenches on contour towards the 180.93' lot line as seen from Hardy Road.

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

63 HSE  
128 BOD  
102 TANK  
TO 2 CU

OK KM 6-17-97

8-12-97 ADJUSTMENT TO DIST. BOX OF 70' DOWN 274.77' LOT LINE, AND 15' OFF

PLANS APPROVED BY Glen Savage/Donna K. Soe REVISED \_\_\_\_\_ DATE 06/16/97

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

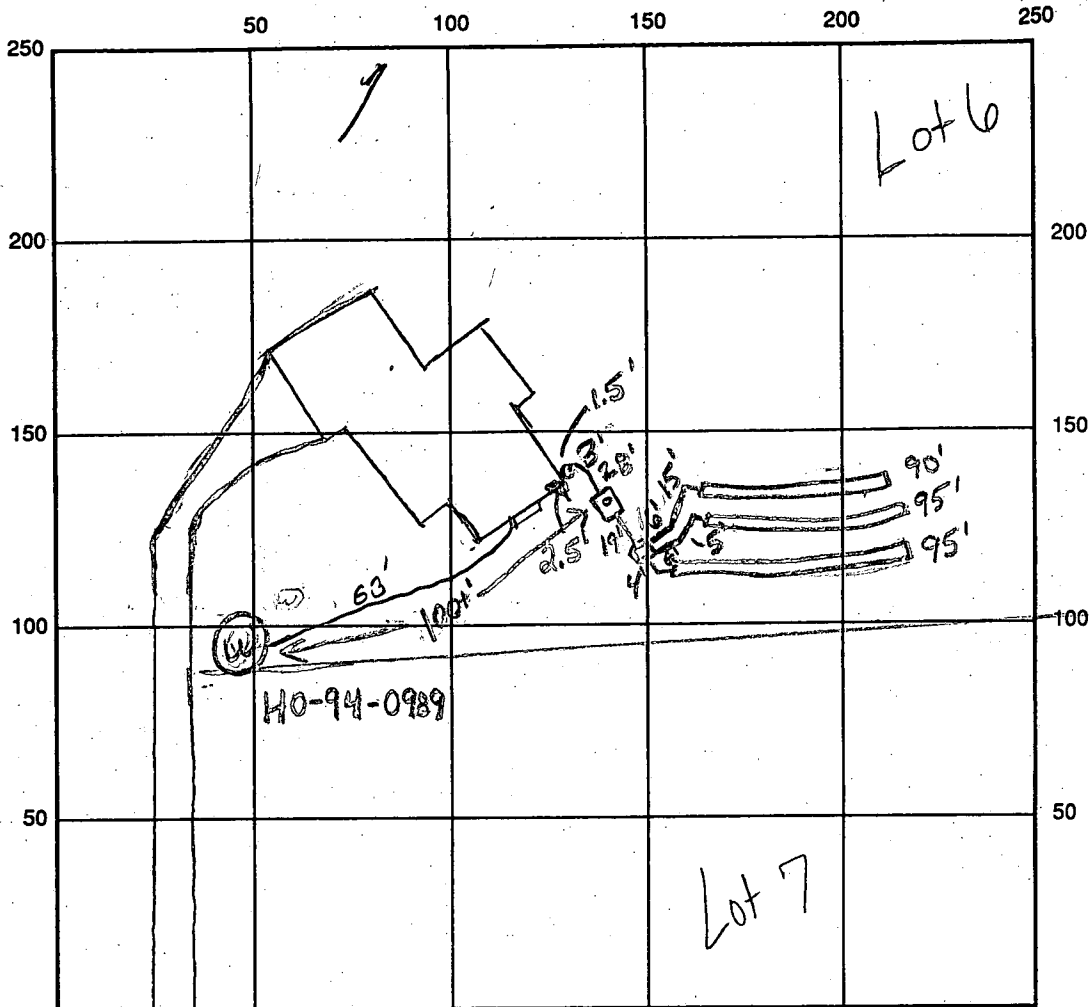
PERMIT VOID AFTER TWO YEARS

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 50563F



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
HARDY RD

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank, 1 at house  
 DISTRIBUTION BOX LEVEL OK  
 DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.  
 EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 2x95 FT. → 280  
7x90  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.  
 DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.  
 ABSORBENT AREA      SQ. FT.

REMARKS: 8-12-97 ADJUSTMENT TO DIST BOX REQUIRED, TANK RAISED SLIGHTLY OK JM,  
WPT OK TO COVER, LACKS GROUND WIRE JM  
8-13-97 has house connection, ok to cover all work (KM)

DATE SYSTEM APPROVED 8/13/97 INSPECTOR Kim Maister

# APPLICATION

PERCOLATION TESTING

A 50563 F

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

P \_\_\_\_\_  
DISTRICT 4th

DATE 3-3-95

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 Charles Stancer Trinity Homes, Inc

ADDRESS 16920 Hardy Rd - Mt. Airy, MD PHONE 410-489-7340  
21771

PROSPECTIVE BUYER NA

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Stancer Property LOT NO. 86  
16840

ROAD AND DESCRIPTION 16900 Hardy Road

TAX MAP 7 PARCEL # 337

SIZE OF LOT One acre TYPE BLDG. SFD - 4 Broom  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~SEES PERMITS SIGNED~~  
~~AND RETURNED~~ 6-16-97  
Serial # 210106199

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.

Charles A Stancer  
(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

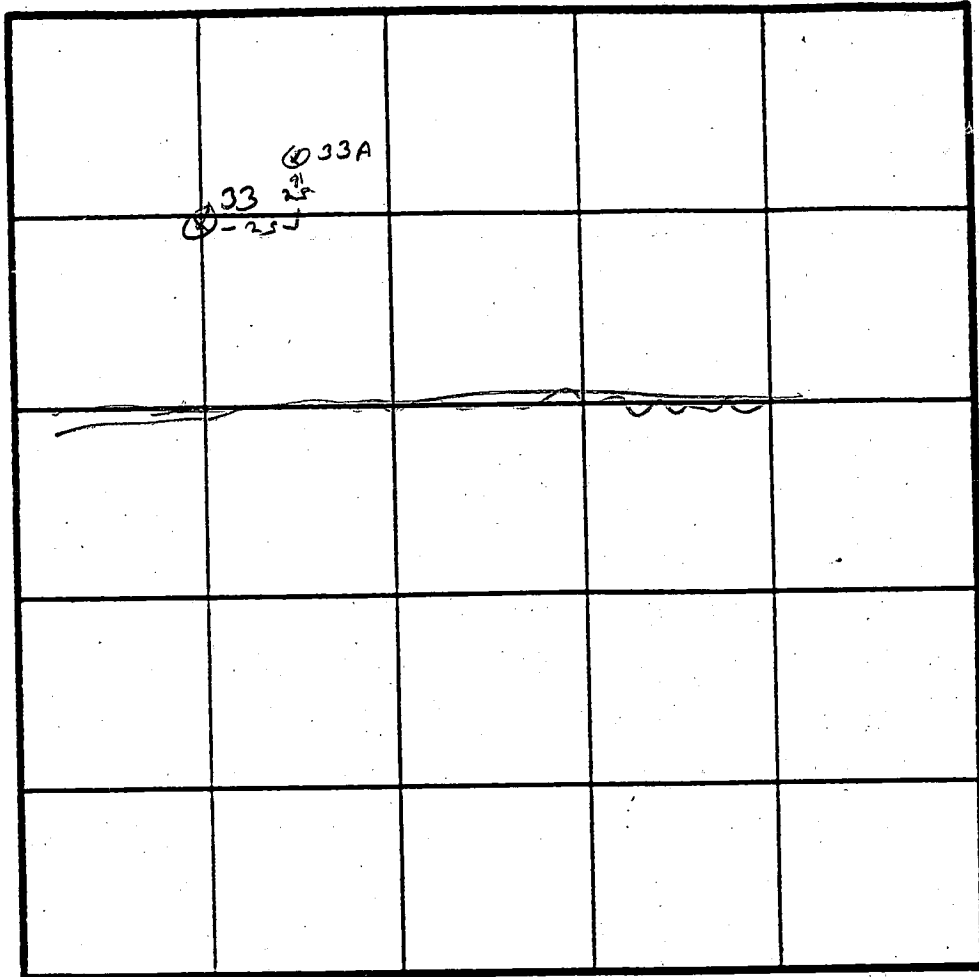
A60563 F

Lat 9

H33

SOIL PROFILE

0  
 4' 0" Red SILT  
 3' 5" 1/2  
 4' 0" Yellow-brown ch silt mod  
 6' 6" 1/2  
 5' 0" Brn gray, sandy silty ch loam  
 40-60%  
 5' 0" Silty sandstone  
 12'



33A  
 1' TOP SOIL  
 ORANGE BROWN CLAY LOAM  
 2'  
 RED BROWN SILT LOAM  
 4'  
 YELLOW TANN SILTY LOAM, SOFT SAND LIKE FRAGILE TO 40%  
 11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
RP → 5/1/95	H33	3'	1:21:00	2:07		2:17	
		1/2	12:57:00	1:21:00	below 6 1/2'	1 1/2 in 56 sec	2:17
GS → 5/9/95	33A	3' 6"	3:33	3:45	3:45	3:57	(12 AM) OK

To 5' down  
 ???  
 OK

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY GLEN SAVAGE ON 5/9/95 ALSO PRESENT CHARLES STAYER  
AL HOPKINS

A-50563 ~~AF~~ EF  
 COUNTY #

→ TO HAROY ROAD →

SOIL PROFILE

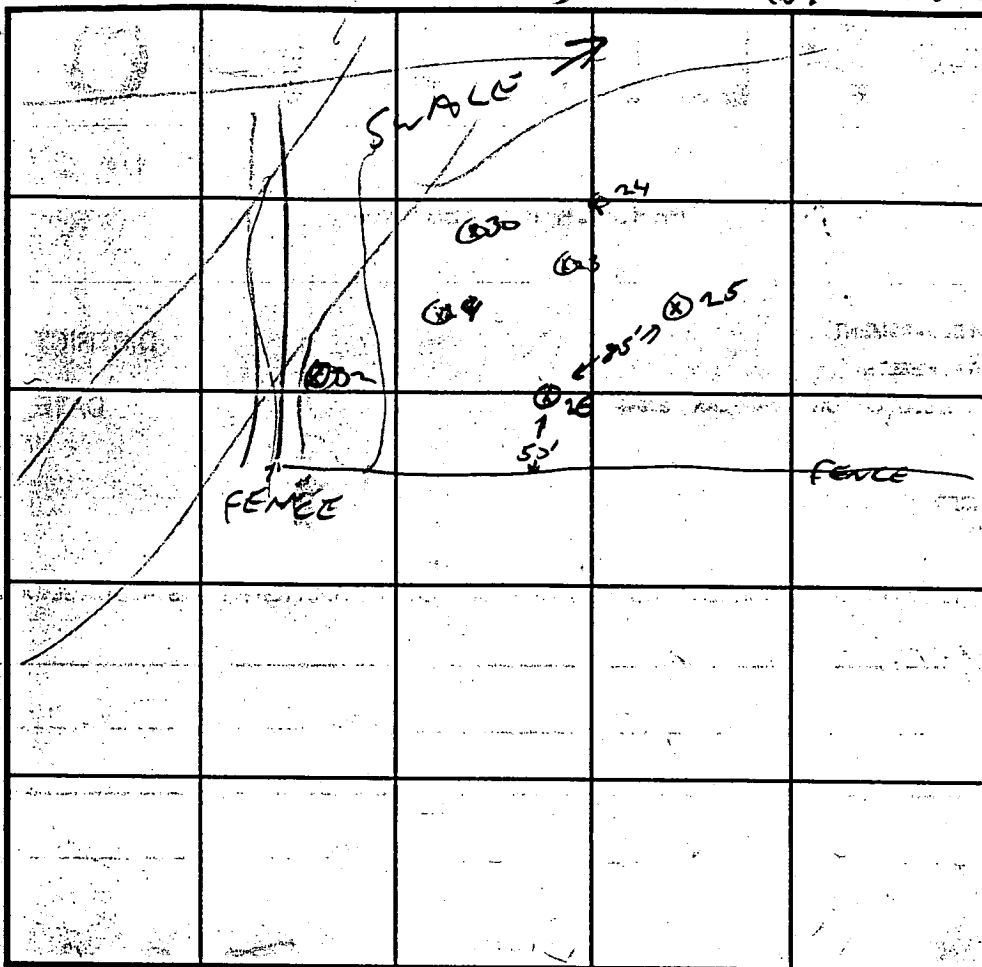
0' SIMILAR TO 26

25

SOIL PROFILE

26

0' TOPSOIL  
 1' RED BROWN CLAY SANDY LOAM  
 3' 8" GREY BROWN SAPROLITE LOAM  
 EVIDENCE OF WATER AT 7'  
 - MY ACCUMULATIONS - GRAY MOTTLES COMMON



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← HAROY ROAD →

TOPSOIL

MED BROWN CLAY LOAM

2' 6" SAPROLITE SANDY LOAM  
 FRAGILE, MED COLOR

TOPSOIL

MED BROWN CLAY LOAM

4' MIXED COLOR SAPROLITE SILT LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/8/95	28	4'	10:28	10:32	10:32	10:40	8 MIN
		7' 6"	10:29	10:30	10:30	10:34	4 MIN
	32	4' 6"	10:49	11:00	11:00	11:35	35 MIN
	1	1'	10:50	10:53	10:53	10:58	5 MIN
	26	3' 7"	11:14	11:17	11:17	11:25	8 MIN
		7'	11:24	11:29	11:29	11:29	10 MIN
		3'	11:29	11:41	11:41	11:45	TESTS STOPPED
	32	3' 2"	11:44	11:50	11:50	12:00	10 MIN

REMARKS 32 22' UP HILL OF STAKE LOT 8 6

TYPE OF SOIL

TESTED BY GLEN SAUSAGE

ALSO PRESENT CHARLES STANER WILLY HONK WU

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 MIN TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

UP HILL SIDE OF HOLE



EMERGENCY/TEMP NO. IF ANY

B 1 **7083**

SEQUENCE NO.  
(DP USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER  
**10-94-0989**

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

please print or type

fill in this form completely

Date Received (APA) **1/1/96**

**OWNER INFORMATION**

**STANNER CHARLES**  
Last Name Owner First Name

**16920 HARDY ROAD**  
Street or RFD

**MOUNTAIN VIEW**  
Town

**MD 21777**  
State Zip

**DRILLER INFORMATION**

**JANA KUHSE II**  
Driller's Name

**2156**  
License No. 80

**Westminster Rotary Well Drilling**  
Firm Name

**PO. Box 261 Westminster, Md 21158**  
Address

**Jana K. II (JKB) 11/9/96**  
Signature Date

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

**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)

APPROXIMATE DEPTH OF WELL **500** 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 \_\_\_\_\_

**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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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)

APPROX. PERMIT NUMBER **G A P**

FORCE **SS** WRITE INITIALS IN BOX PERMIT No. **10-94-0989**

SPECIAL CONDITIONS

**LOCATION OF WELL**

**HOWARD**  
County

**MIDDLEBURY**  
Subdivision

**LIBERTY**  
Nearest Town

**3** MILES FROM TOWN (enter 0 if in town)

**HARDY ROAD**  
Near What Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST  EAST  NORTH  SOUTH

DISTANCE FROM ROAD **100** FEET

TAX MAP \_\_\_\_\_ BLK \_\_\_\_\_ PARCEL \_\_\_\_\_

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** COUNTY NAME **A-50563F** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **1/1/96** CO SIGNATURE **J. K. II** EXP. DATE **11/15/97**

NORTH GRID **549000** EAST GRID **773000**

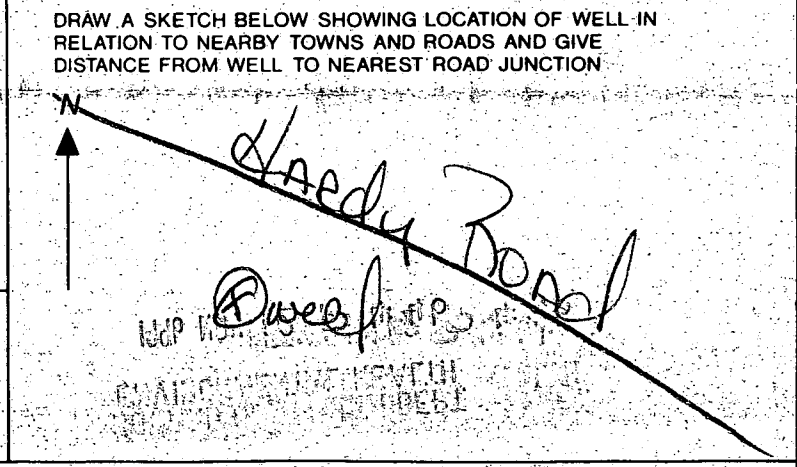
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **City**

WRITE THE BOX NUMBER FROM THE MAP HERE

**773**  
**549**



COUNTY

C1 7888

SEQUENCE NO. (MDE 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-50563F

ST#CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

11.18.96

103 (TO NEAREST FOOT)

HO-99-0989

OWNER STANCER CHARLES STREET OR RFD HARVEY ROAD TOWN LISBON SUBDIVISION BRIMLEWOOD SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check-if water bearing. Rows include Dirt, Soft Br. Shale & Clay, Soft Br. Shale, Soft Blue Shale, Soft Blue Shale & Clay, Gravel, Hard Blue & Br. Shale, Hard Blue Shale, Hard Green Shale, Hard Blue Shale.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (36), NO. OF POUNDS (3384), GALLONS OF WATER (216), DEPTH OF GROUT SEAL (0 to 56 ft).

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (6 inch), Total depth of main casing (58 feet).

OTHER CASING (if used) table with columns: diameter inch, depth (feet).

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70.

GRAVEL PACK: from 103 to 57

MDE 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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (10 ft. before, 11 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH.

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). Includes handwritten signature and 'Bored' text.

NUMBER OF UNSUCCESSFUL WELLS: 0

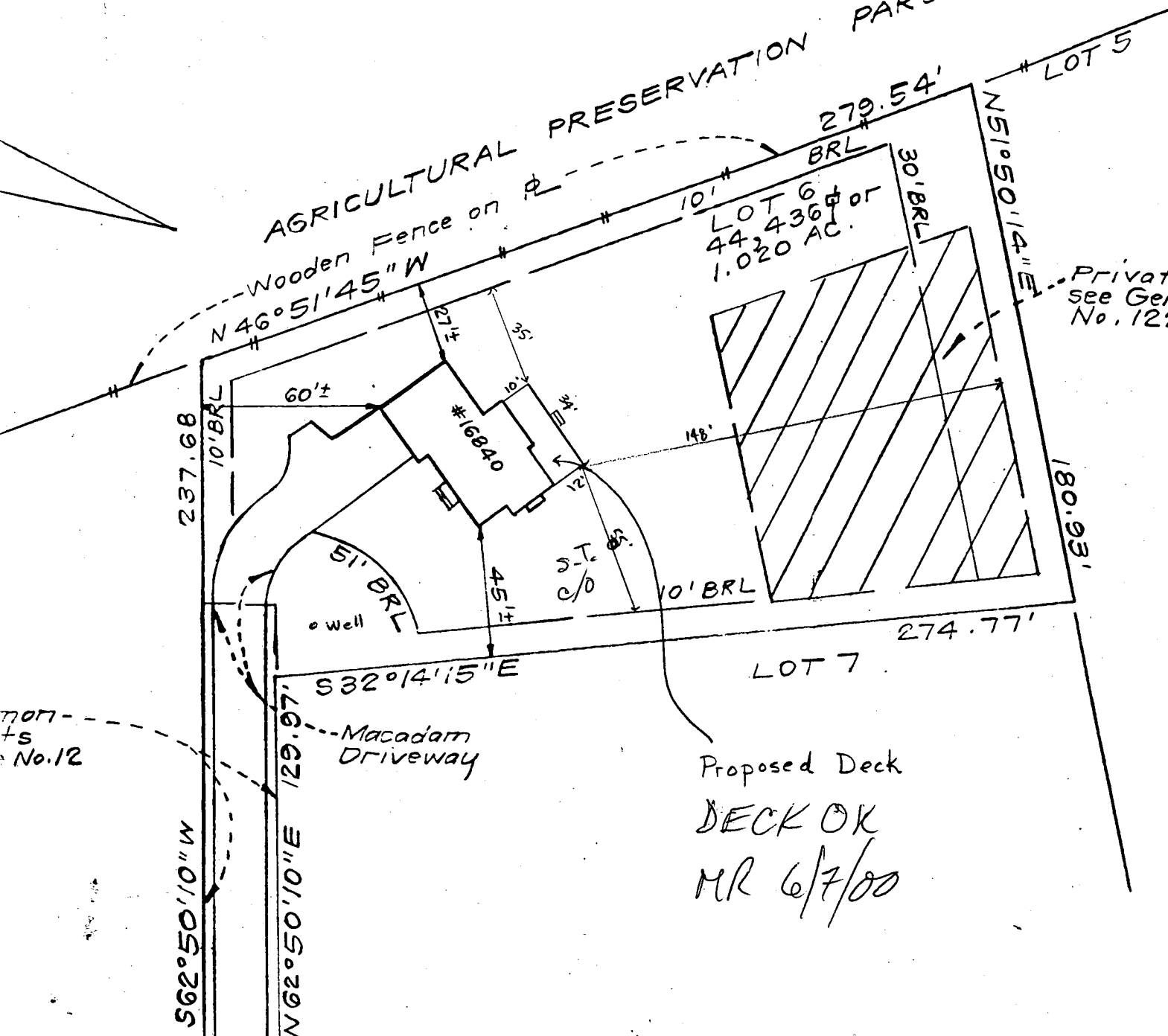
WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 256, Dana Kyker Jr. II, DRILLERS SIGNATURE, LIC. NO. JWS 334, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

AGRICULTURAL PRESERVATION PARK



Private Sewerage Easement, see General Note No. 1 Plat No. 12284

Notes No. 12

Proposed Deck  
DECK OK  
MR 6/7/00

(HOWARD COUNTY SCENIC LOCAL ROAD) ROAD

Mr + Mrs Calomeris  
16840 Hardy Road  
Mt Airy, MD 21771

Mac  
DRIV

Building Address 16840 Hardy Road  
MD 21771  
 Suite/Apt #: N/A SDP/WP/Petition #: N/A  
 Census Tract 0040 Subdivision DPZ (11/14)  
 Section I Area N/A Lot 6  
 Tax Map 7 Parcel 337 Grid 3  
 Zoning PC-DK Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Helen Calameres  
 Address Hardy Road  
 City MD State MD Zip Code 21771  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost: \$ 7,000  
 Description of Work New Deck  
12'x34'

Contractor Company Stratford Builders  
 Contact Person Vance Merson  
 Address P.O. Box 126  
 City Woodbine State MD Zip Code 21771  
 License No. \_\_\_\_\_  
 Phone 301 827 3024 Fax 301 829 6619

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 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"/>
Use group _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other _____
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: _____	
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 THEREON, (4) THAT HE/SHE WILL PERFORM NO WORK ON THIS ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ANYTIME THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Vance Merson  
President Stratford Builders  
 Title/Company \_\_\_\_\_

Print Name Vance Merson  
 Date 6-7-00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

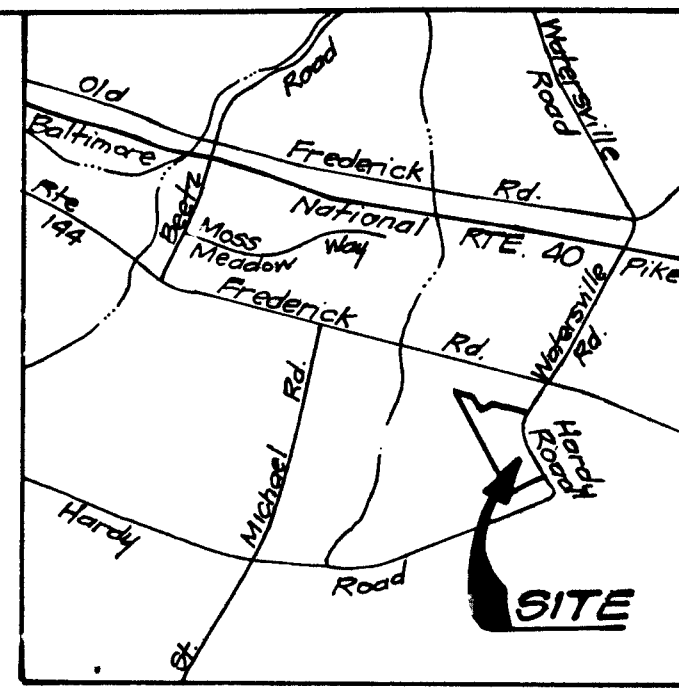
PROPERTY ID# 302617

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee: \$ _____
Rear: _____	Permit fee: \$ <u>70</u>
Side: _____	Excise tax: \$ _____
Side St: _____	Sub-total paid: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES: \$ <u>70</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
Lot Coverage for NewTown Zone: _____	Check # <u>127</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

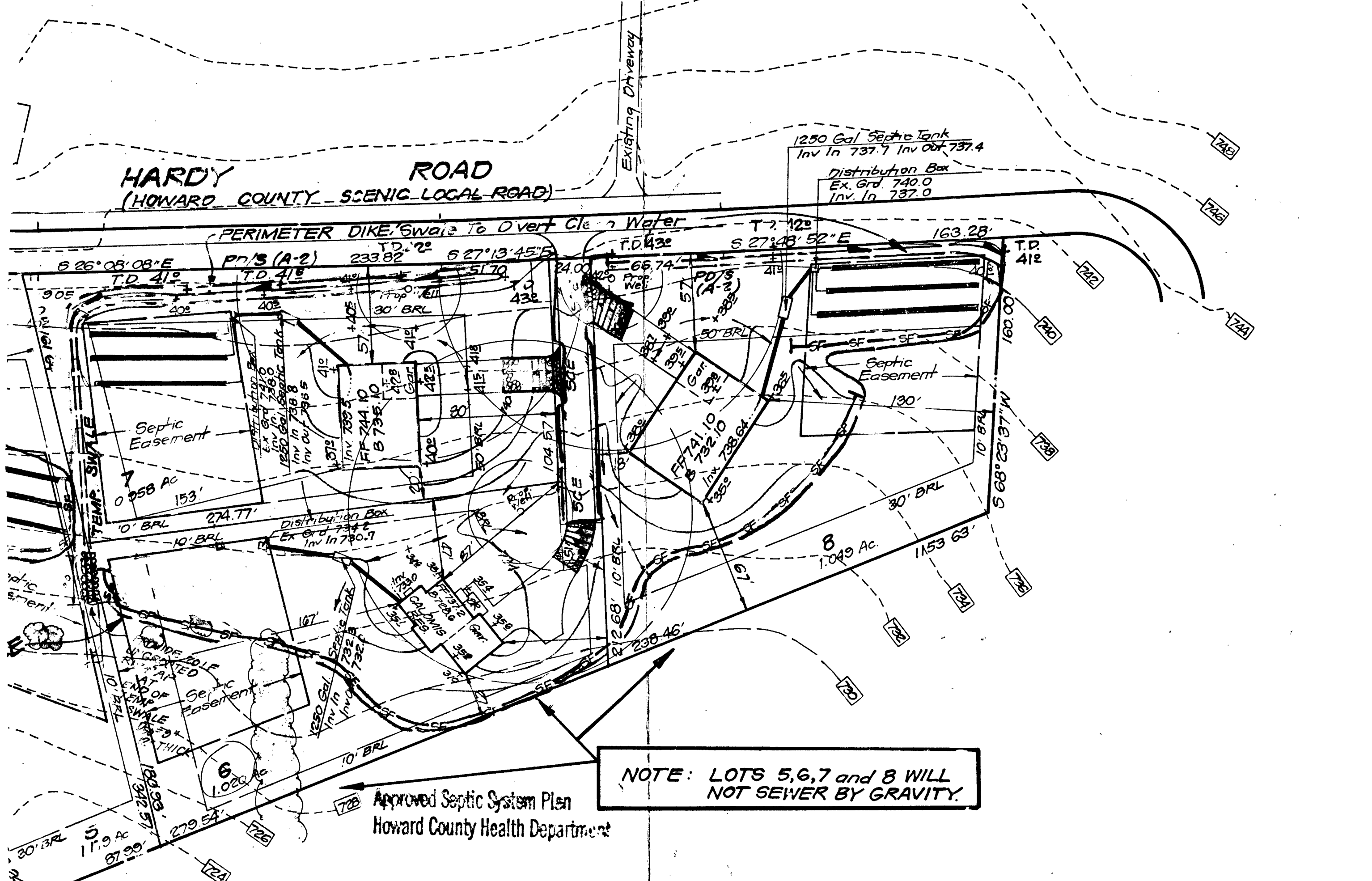
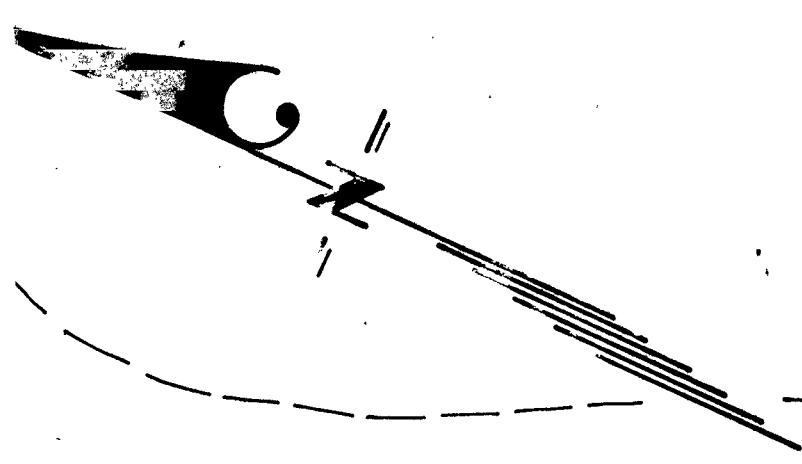
CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

# LEGEND

- Contour Interval ————— 2 Ft.
- Existing Contour ———— 740
- Proposed Contour ———— 740
- Spot Elevation ———— +402
- Direction of Drainage —————>
- Bilt Fence ———— SF ———— SF
- Temporary Swale ————
- Stabilized Construction Entrance ————
- Earth Dike ———— ED (A?)
- Existing Trees To Remain ————



**VICINITY MAP**  
Scale: 1" = 2000'



**NOTE: LOTS 5, 6, 7 and 8 WILL NOT SEWER BY GRAVITY.**

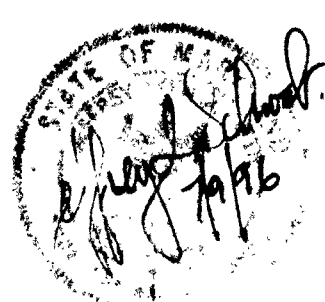
Approved Septic System Plan  
Howard County Health Department

*Debra K. Sall* 6/16/97  
Signature Date

**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 conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

*Jeffrey L. Schwab*  
Jeffrey L. Schwab

7/9/96  
Date



Approved BP Plan

		<b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.	
		DESIGNED UME KIWM	LOTS 1-8 SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN <b>BRIDLEWOOD SECTION 1</b> 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR TRINITY BUILDERS 6212 Devon Drive Columbia, Maryland 21244
DRAWN BAL	CHECKED KM	DATE 7-9-96	