

12/3/99
1:00
12/7/99
3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-327531

P 512779

A 56429-DD

DISTRICT _____

DATE 10/22/99

DATE SYSTEM APPROVED 1/11/2000

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Gaither Hunt LOT 41 ROAD 11013 Bittersweet Court

PROPERTY OWNER ~~NV Homes~~ ROB + REBECCA SIMMONS

ADDRESS _____

TOP SEAMED TANKS REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS ***INSTALL 2 TOP SEAMED SEPTIC TANKS IN SERIES***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 ✓

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe. (375.0')

LOCATION - Place the distribution box 180 feet down the left lot line and 90 feet off that same lot line as seen from Bittersweet Court. Run trenches along contour in both directions

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK SRK 8/26/99

PLANS APPROVED BY Donna K. Soe DATE 8-20-1999

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

B00118345-SFB
8/20/99

DUPLICATE BEING SIGNED AND RETURNED 4/26/2000

Serial # B00123804 Deck

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.

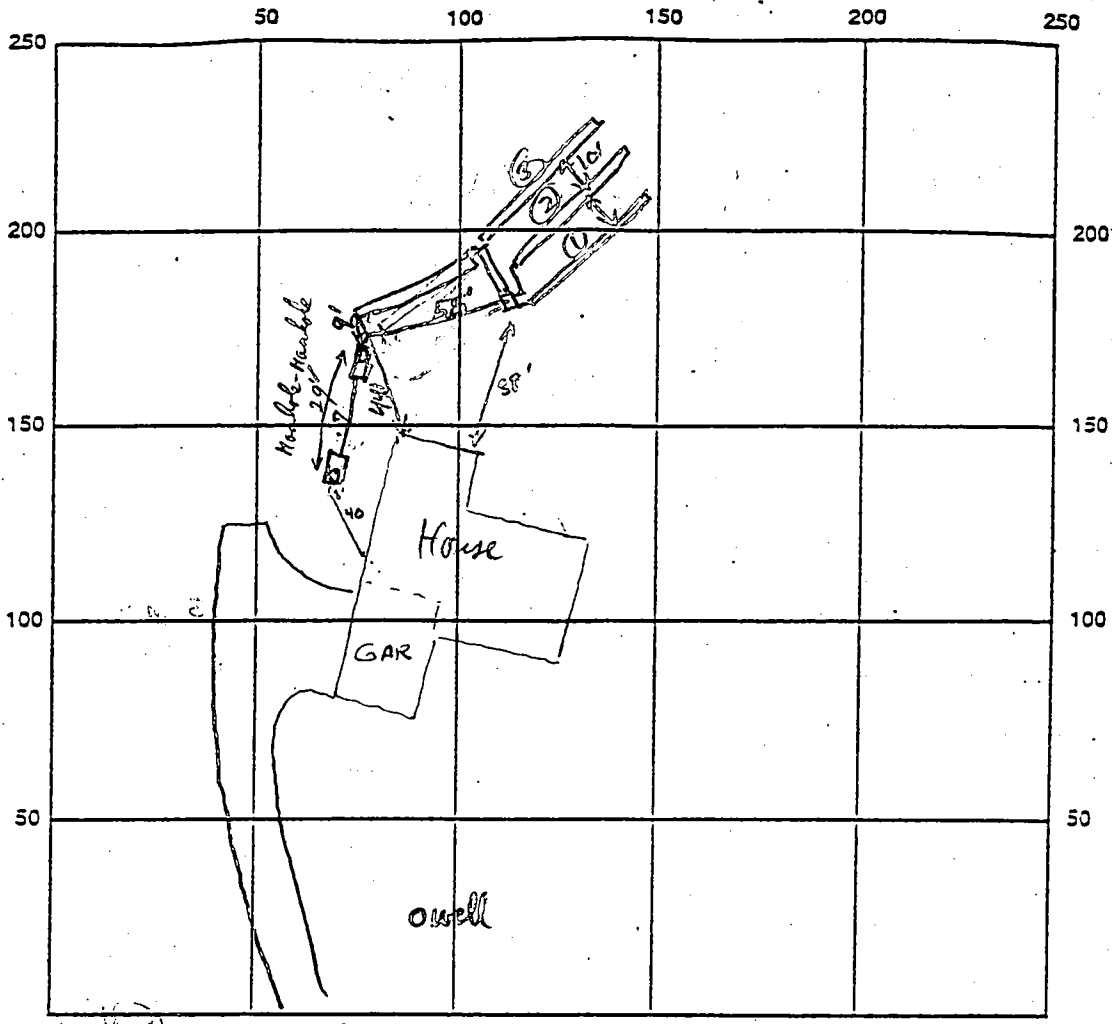
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

56429-DD

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 2 1500 gal top scummed CLEANOUTS (ST at inlet, PC at outlet ports) manholes on both tanks

DISTRIBUTION BOX LEVEL ✓ (at hydraulic crest)

TILE DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60 each FT.

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 240 SQ. FT.

DRYWELL DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 11/30/99 Tanks set-house sewer connection too deep, therefore installers
unable to make gravity connection to correct DB location in addition fill (2-3')
placed on SDA-need to contact builder 12/11/99 Spoke w Pat Inman -fill will be removed
then we'll meet installer to fix elevation problem 12/3/99 Fill moved - met Pat (NU Homes) Pump
system to be installed can't make gravity to 2nd installation still PC, all trenches out to corner
1/11/2000 Pump & ALARM OPERATION CHECK OUT OK (CW)

DATE SYSTEM APPROVED 1/11/2000 INSPECTOR C. W. [Signature]

S83°30'49"E 598.09'

LOT 42
46,816 SF

LOT 41
50,000 SF

By Copy of this plan, the Ho. Co. Health Dept. accepts this modification to the platted sewer disposal easement.

By Copy of this plan, the Ho. Co. Health Dept. accepts this modification to the platted sewer disposal easement.

Anny McMill 2/17/99

2-1500 Gal. Septic Tanks
Inv. In 478.1
Inv. Out 477.8

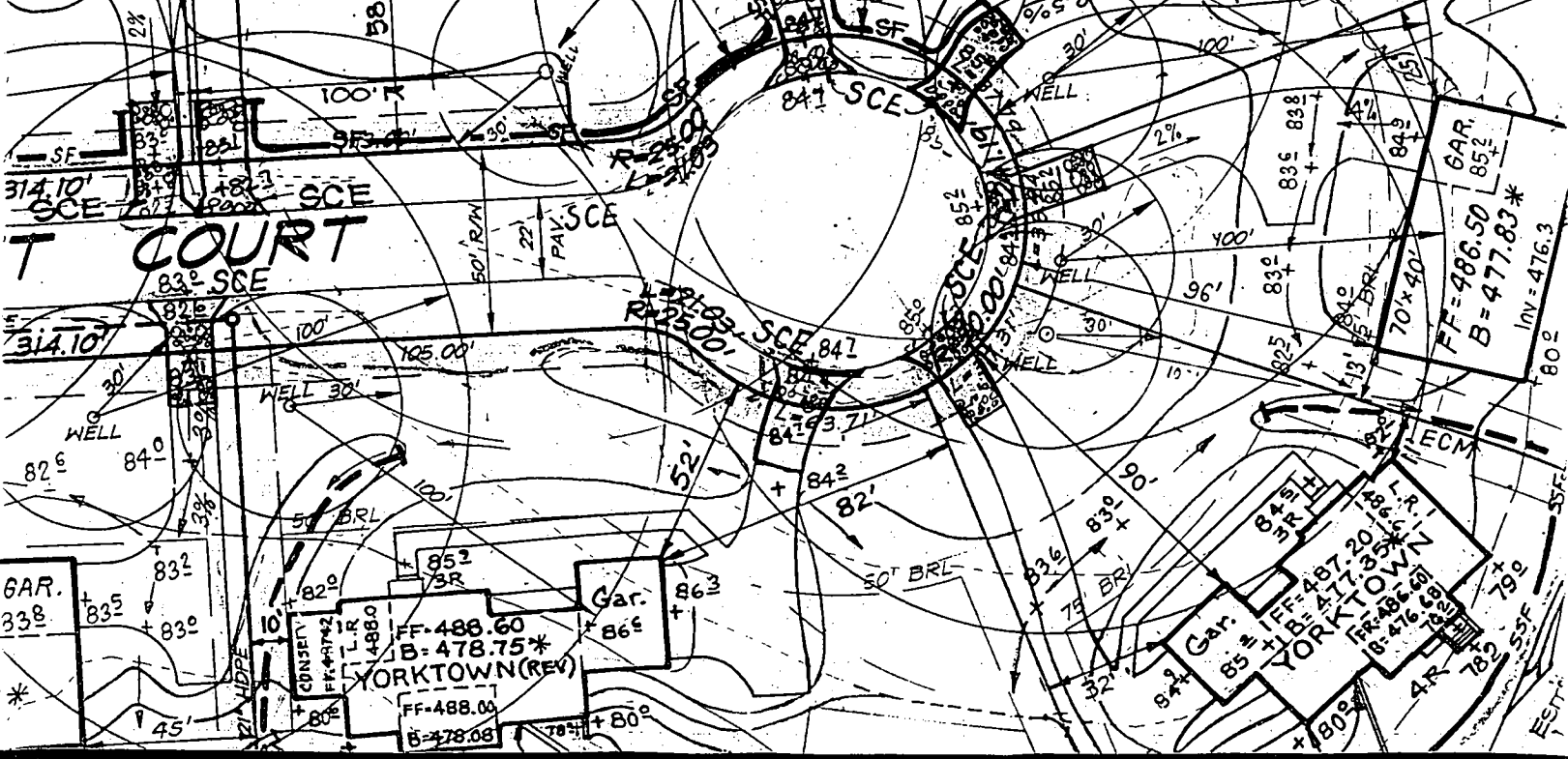
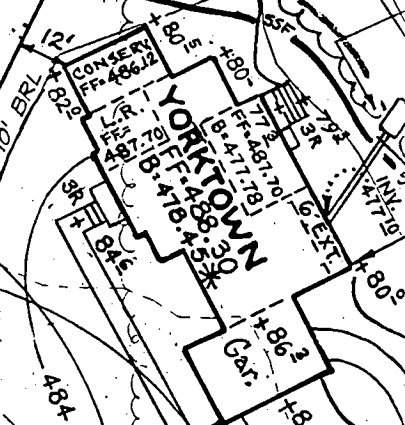
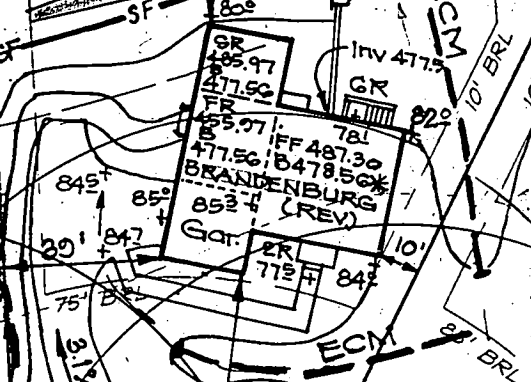
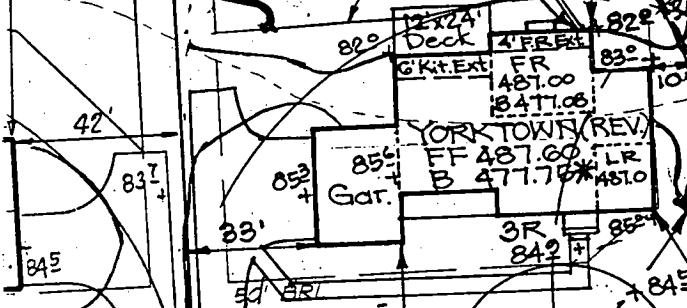
1500 Gal. Septic Tank
Inv. In 476.9
Inv. Out 476.6

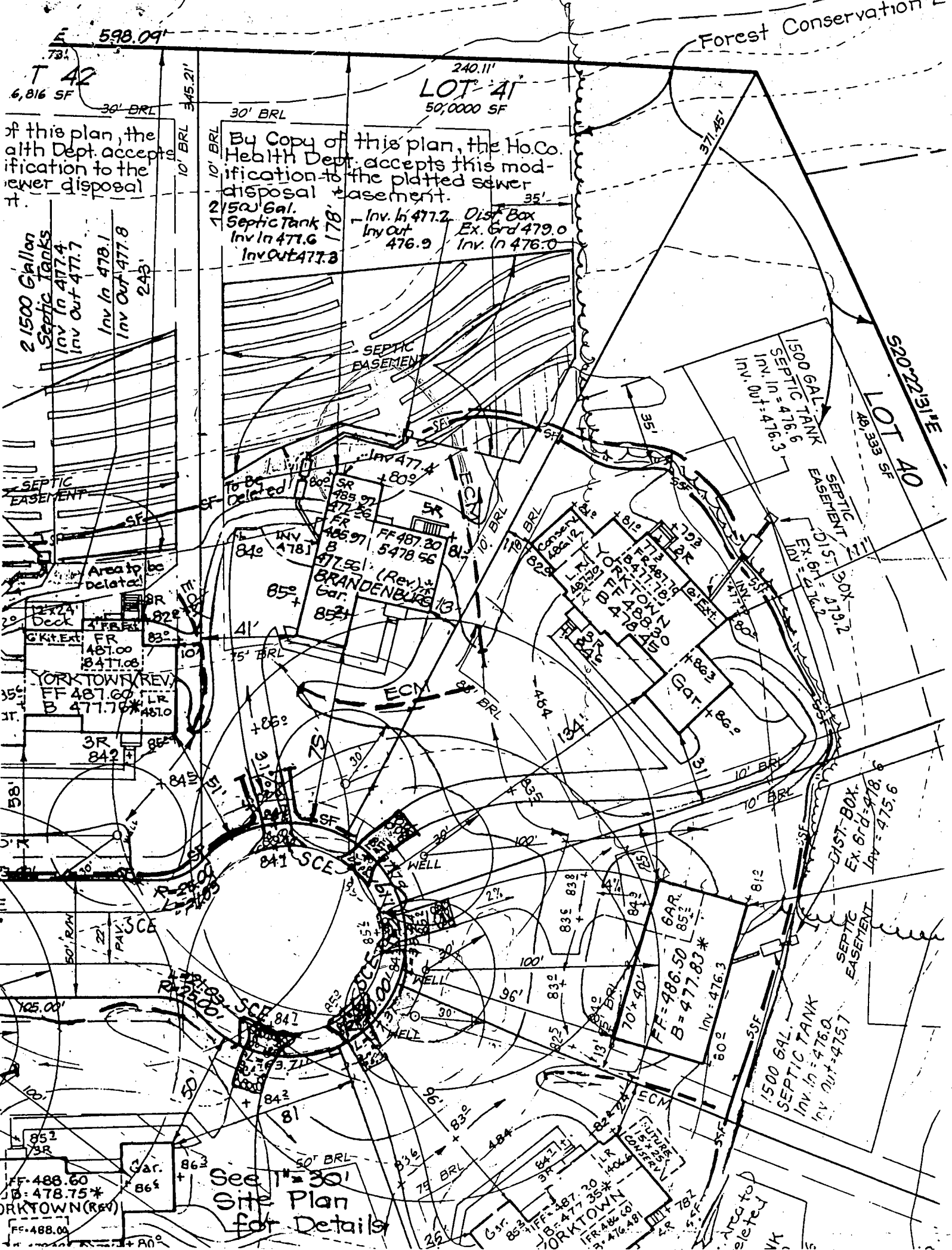
DIST. BOX
Ex. Grd = 479.5
Inv. = 476.5

Inv. In 477.7
Inv. Out 477.4

DIST. BOX
Ex. Grd 480.2
Inv. 477.2

SEPTIC TANK
Inv. 479.3





Approved Septic System Plan
Howard County Health Department

[Signature]
 Signature

[Signature]
 Date

Total linear feet of trench required 246 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required distribution pipe 2 feet



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 20, 1999

*FAXED WPI FOR LOT 41
RECEIVED,
INSTALLATION PROBLEM
CORRECTED 1/19/00 (CW)*

Rene Rykebusch
National Water Servicing Company
7249 Mink Hollow Rd.
Highland, Md 20777

RESOLVED

Re: Well Line Connections Gaither Hunt Subdivision
- Well HO-94-2089, lot 39 - 11012 Bittersweet Ct.
Well HO-94-2091, lot 41 - 11013 Bittersweet Ct.
Well HO-94-2110, lot 61 - 11078 Dorsch Farm Rd.

Dear Mr. Rykebusch,

Inspection was recently requested by your employees for the well line - pitless adapter - well pump installation on the above referenced properties.

Part of the criteria for approval is that the work be performed by an appropriately licensed individual (well driller, plumber, or pump installer), and that approved materials be used. Enclosed please find a copy of the form that we request be filled out on all installations for documentation of the above. Please complete and return the form for these and all future installations.

Our concern is that your staff member performing the work in these three instances did not indicate that he possessed qualifying credentials. If that is the case, then it will be necessary to secure the services of a qualified individual to certify the work before approval can be granted to allow the supply to be placed in service.

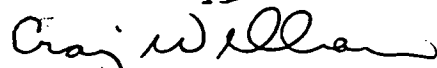
A copy of this correspondence is being sent to the Howard County Inspections Office and to the Maryland Well Drillers Board in case there are any related issues involving jurisdiction of those agencies.

-continued-

Rykebusch p2.

If you have any questions regarding this matter, please contact me to schedule a conference so we can go over it in further detail. Should such a discussion be requested, it is suggested that the builder be included since he is responsible for arranging the well connection.

Yours truly,



Craig Williams, Sanitarian

cc: Tom Doughney - Howard County Plumbing Inspections
Eric Dougherty - Maryland Board of Well Drillers
Pat Inman - NV Hmes

FILE LOT 41

REINSPECTION 1/19/00 12:30 CW
OK

Fax # 410-313-2648

ATTN
BRIAN

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3528-H Ellicott Mills Drive
Ellicott City, MD 21043

~~410-313-2640~~ 410-313-2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer NATIONAL WATER SERVICE

Telephone 301-928-3748

License Number #17521

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner N.V. HOMES

Telephone 410-971-9781

Subdivision GARDEN HURST Lot # 41

Well Tag # HO-97-2091

Site Address 11013 BIRCHWOOD CT

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make JACOBI

Motor

- 1. Horsepower 1 1/2
- 2. RPM 345
- 3. Voltage _____
 - a. 110 _____
 - b. 220 220

Fitless Adapter

- 1. Make AMERICAN GRABBY
- 2. Model # PT 800
- 3. Depth 42"

3. Model # _____

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No _____

6. If Yes, is low pressure cutoff switch installed? Yes No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- 1. Capacity 34 GA
- 2. Pressure relief valve? Yes

Piping

- 1. Type Polybutylene
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 510"

Well data

- 1. Depth 550 ft.
- 2. Yield 125 GPM
- 3. Static water level 29 ft.
- 4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 1-10-89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4-12-96

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 41

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres 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.

(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 _____

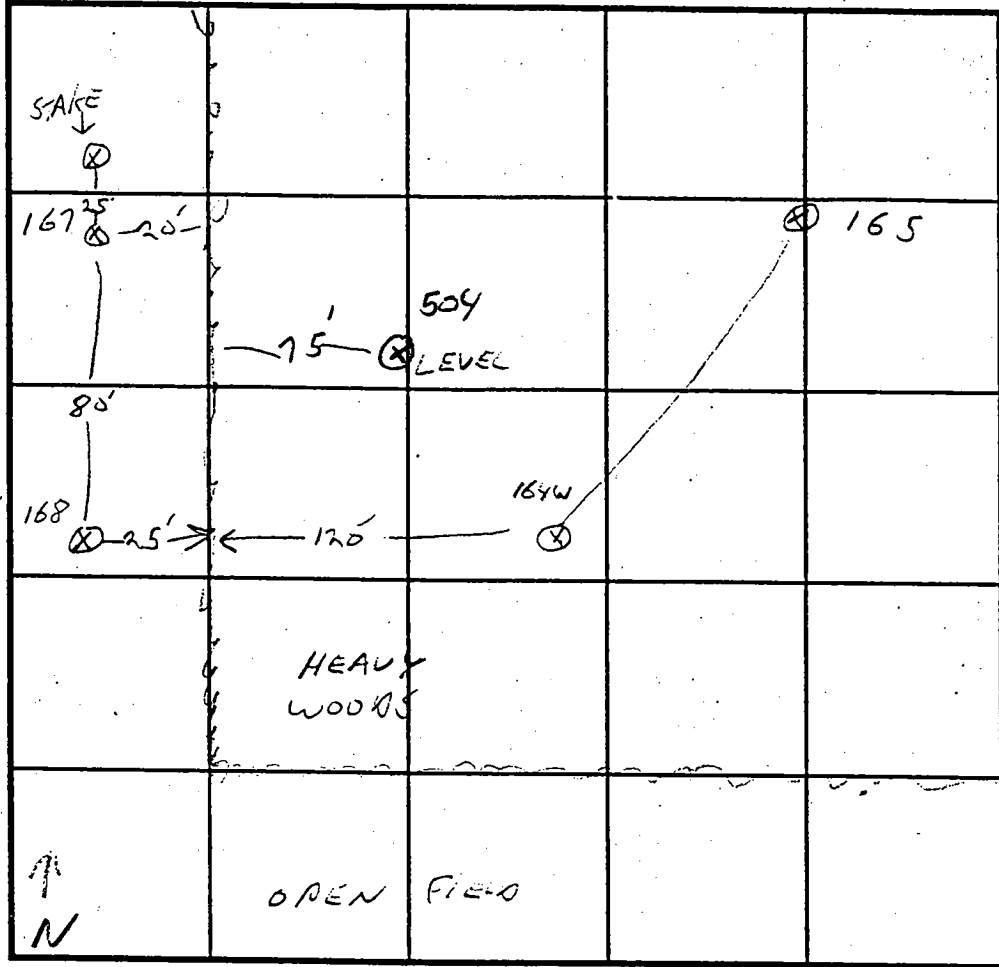
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

168

SEE LOT 61
ABOVE ROCK



SOIL PROFILE

167

SEE LOT 61
2508 ROCK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TOP SOIL

DARK ORANGE SANDY CLAY COM

DARK CLAY S.S.L.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|-------------------|--------------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 4-12-96 | ok to 6' 167 | 4'6" / 9' | | | | | 2 MW |
| | ok to 5'6" 168 | 4'6" / 9'6" | | | | | 2 MW |
| | 165 | 4'6" / 10'6" | | | | | 2 MW |
| | 164W | 5' / 11' | | | | | 5 MW |
| 8/7/96 | 504 | 4'6" / 10' | 4:05 | 4:10 | 4:10 | 4:16 | 6 MW |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS LOT 60, 164W, 165 OCC AS STAKEO PER PLAT

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT DON REWNER MIKE + ALICE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4-12-96

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

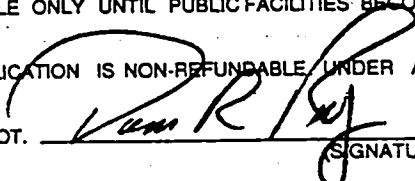
SUBDIVISION _____ LOT NO. 61

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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 _____

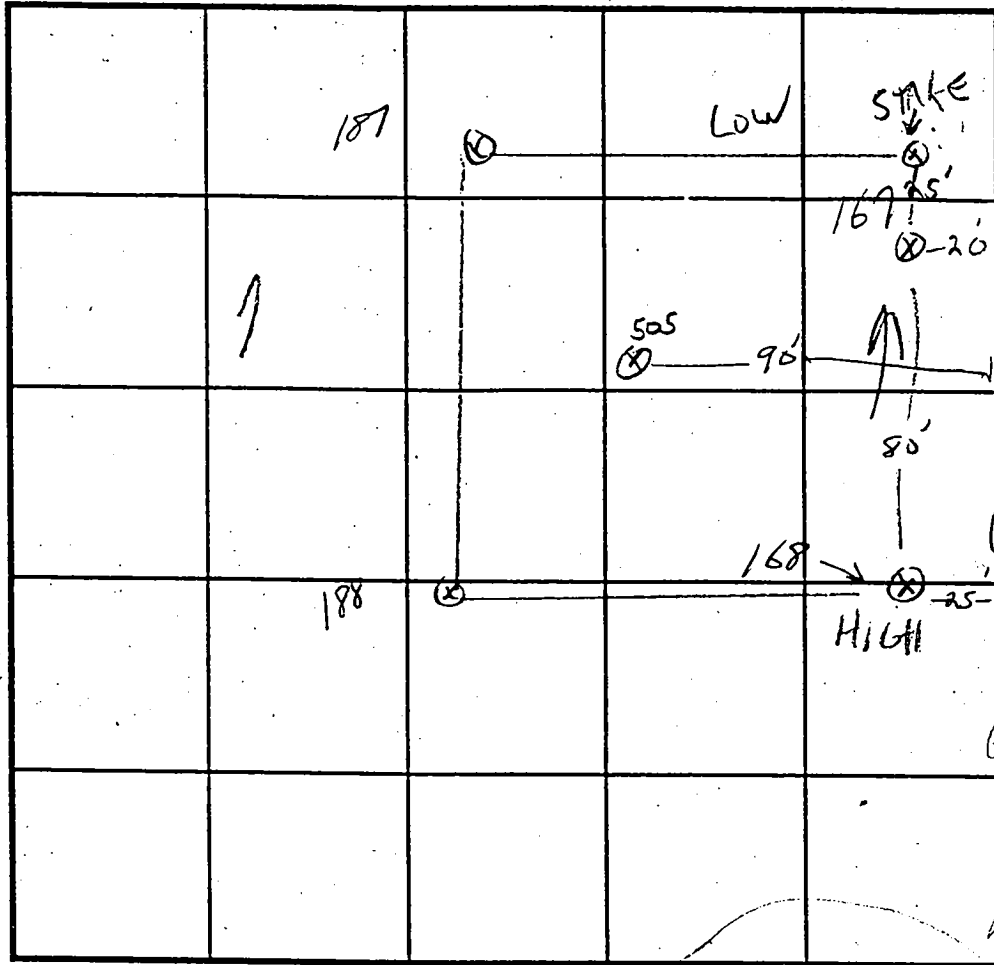
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE 168

TOPSOIL 8"
 DARK BROWN CLAY LOAM
 3
 DARK ORANGE SANDY CLAY LOAM
 5
 GREY SANDY SILT LOAM
 14
 ROCK 96



SOIL PROFILE 187, 505

TOPSOIL 1
 BROWN CLAY LOAM 3-4
 BROWN SANDY LOAM 10
 50% ROCK 11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PROPOSED CUL-DE-SAC

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|-------------------|--------------|---------|------|----------------|------|-------|
| | | | START | STOP | START | STOP | |
| 4-12-96 | OK TO 6 167 | 4'6" / 9' | 2:17 | 2:18 | 2:18 | 2:20 | 2 MIN |
| | OK TO 5'6" 168 | 4'6" / 9'6" | 2:23 | 2:23 | 2:24 | 2:26 | 2 MIN |
| | 188 | 5' / 10'6" | | | | | 2 MIN |
| | 187 | 5'6" / 11'6" | | | | | 2 MIN |
| 8-17-96 | 505 | 4'6" / 9'6" | 4:09 | 4:11 | 4:11 | 4:14 | 3 MIN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS

LOT 61

TYPE OF SOIL

TESTED BY G. SAUAGE

ALSO PRESENT MIRE

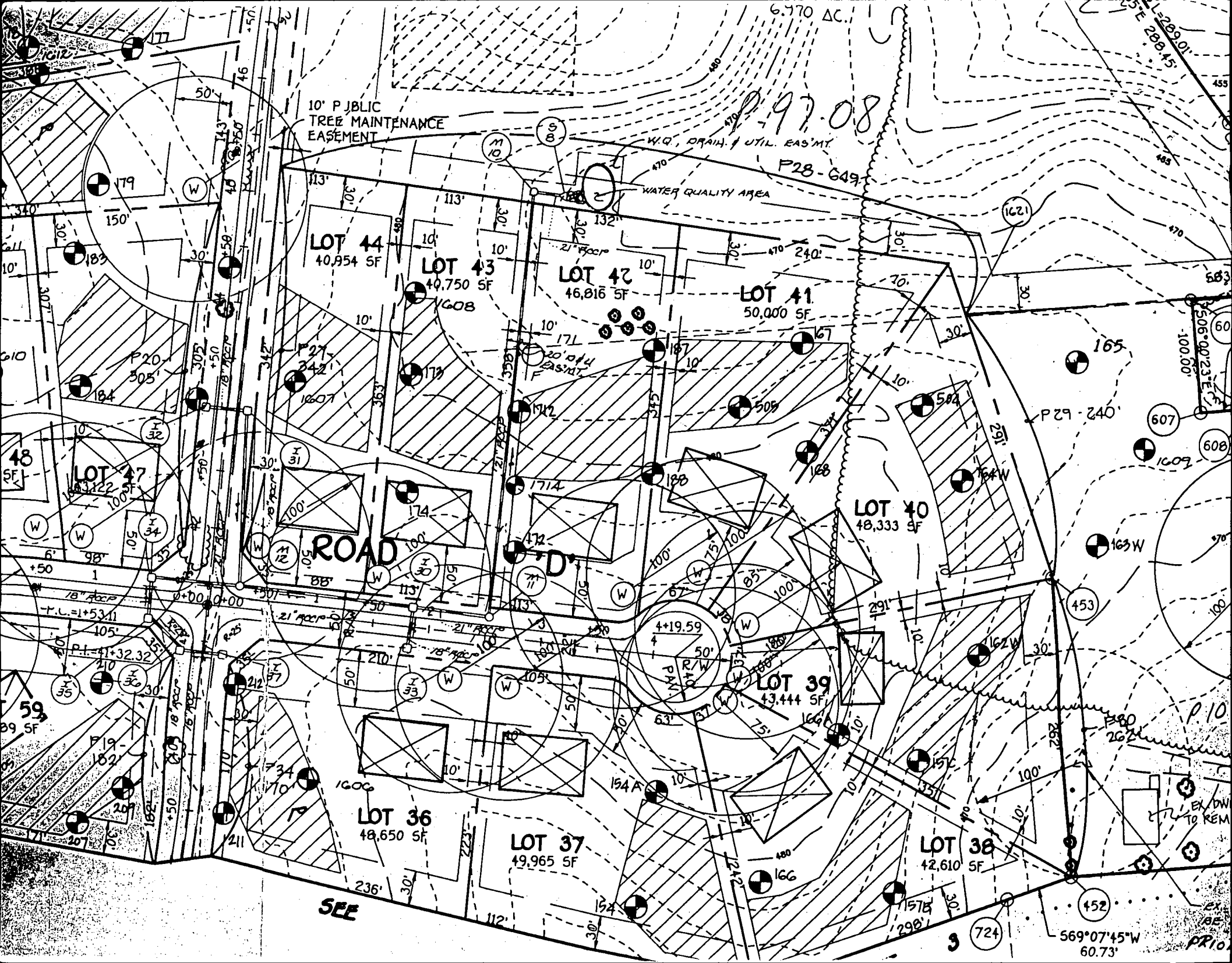
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



P-97.08

10' PUBLIC TREE MAINTENANCE EASEMENT

W.Q. DRAIN. UTIL. EAS'MT

P28-649

WATER QUALITY AREA

LOT 44
40,954 SF

LOT 43
40,750 SF

LOT 42
46,816 SF

LOT 41
50,000 SF

LOT 40
48,333 SF

LOT 39
43,444 SF

LOT 36
48,650 SF

LOT 37
49,965 SF

LOT 38
42,610 SF

SEE

569°07'45"W
60.73'

PRIOR

PROPERTY OF PHILIP CARROLL
LIBER 11, FOLIO 303

5'x20' Reversible
Slope Easement

1,380.22'

44.00' (F.C.E.)
602

LOT 45
49,909 Sq.Ft.±

5'x20' Reversible
Slope Easement

LOT 1

CHANGE
PLAT No. 6985

**BUILDABLE
PRESERVATION
PARCEL 'A'**
Area = 6.970 Ac.±
See General
Note 27.

F. 98.76

LOT 46
222 Sq.Ft.±

10' Public
Tree Maintenance
Easement

**DORSCH
FARM
ROAD**

LOT 44
40,954 Sq.Ft.±

LOT 43
40,750 Sq.Ft.±

LOT 42
46,816 Sq.Ft.±

LOT 41
50,000 Sq.Ft.±

LOT 47
43,122 Sq.Ft.±

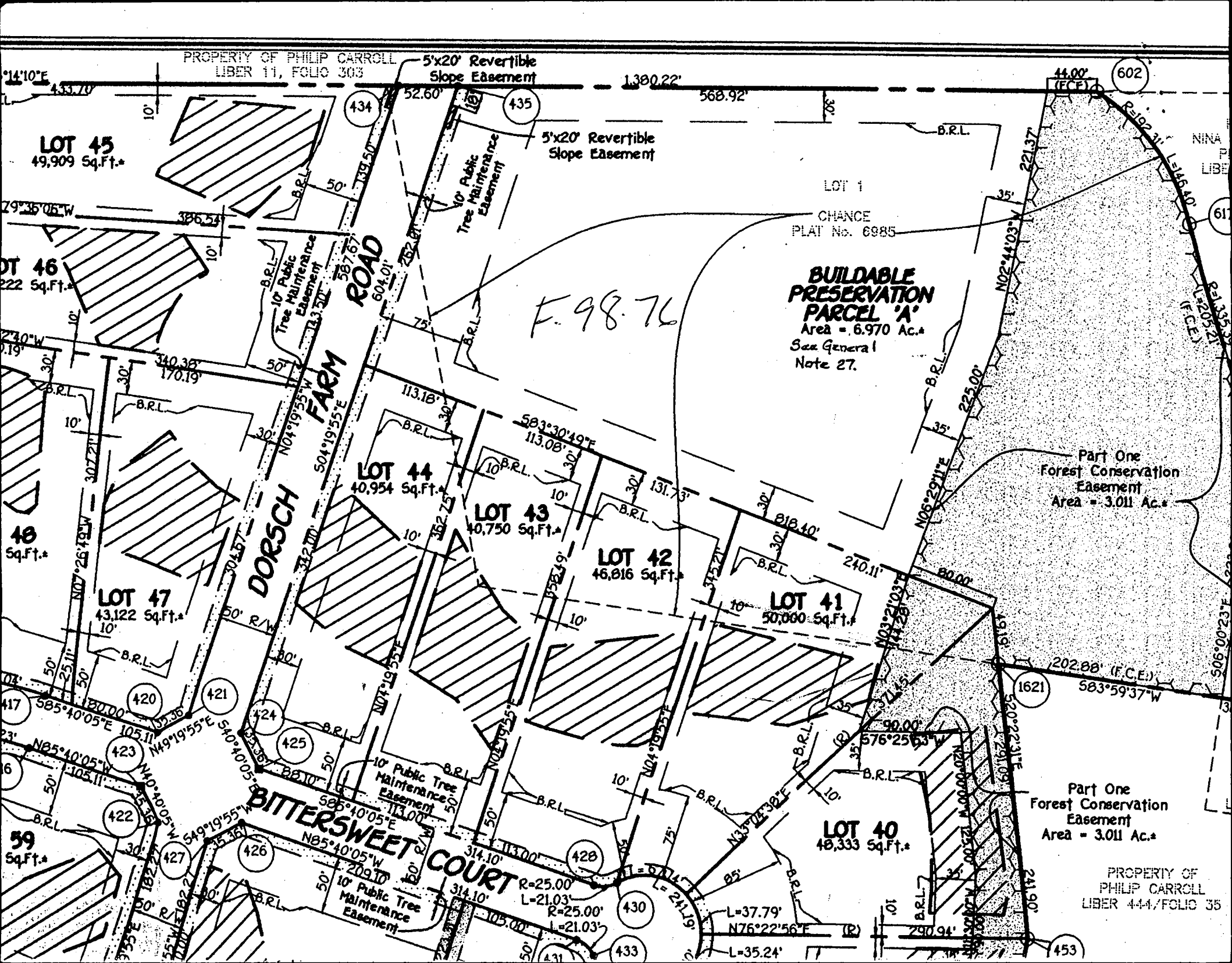
Part One
Forest Conservation
Easement
Area = 3.011 Ac.±

**BITTERSWEET
COURT**

LOT 40
48,333 Sq.Ft.±

Part One
Forest Conservation
Easement
Area = 3.011 Ac.±

PROPERTY OF
PHILIP CARROLL
LIBER 4-41, FOLIO 35



LOT 42
46,816 SF

LOT 41
50,000 SF

LOT 40
48,333 SF

Egmt. Area to be deleted

DIST. BOX
Ex. Grd. = 479.5
Inv. = 476.5

SEPTIC EASEMENT
10,500 SF

1500 GAL. TANK
Inv. In. = 476.6
Inv. Out. = 476.3

SEPTIC EASEMENT
DIST. BOX
Inv. = 475.2
Ex. Grd. = 476.2

DIST. BOX
Ex. Grd. = 478.6
Inv. = 475.6

1500 GAL. SEPTIC TANK
Inv. In. = 476.0
Inv. Out. = 475.7

SEPTIC EASEMENT
DIST. TANK
Inv. = 477.9
477.6

Inv. = 478.1
86.10
8.93 *

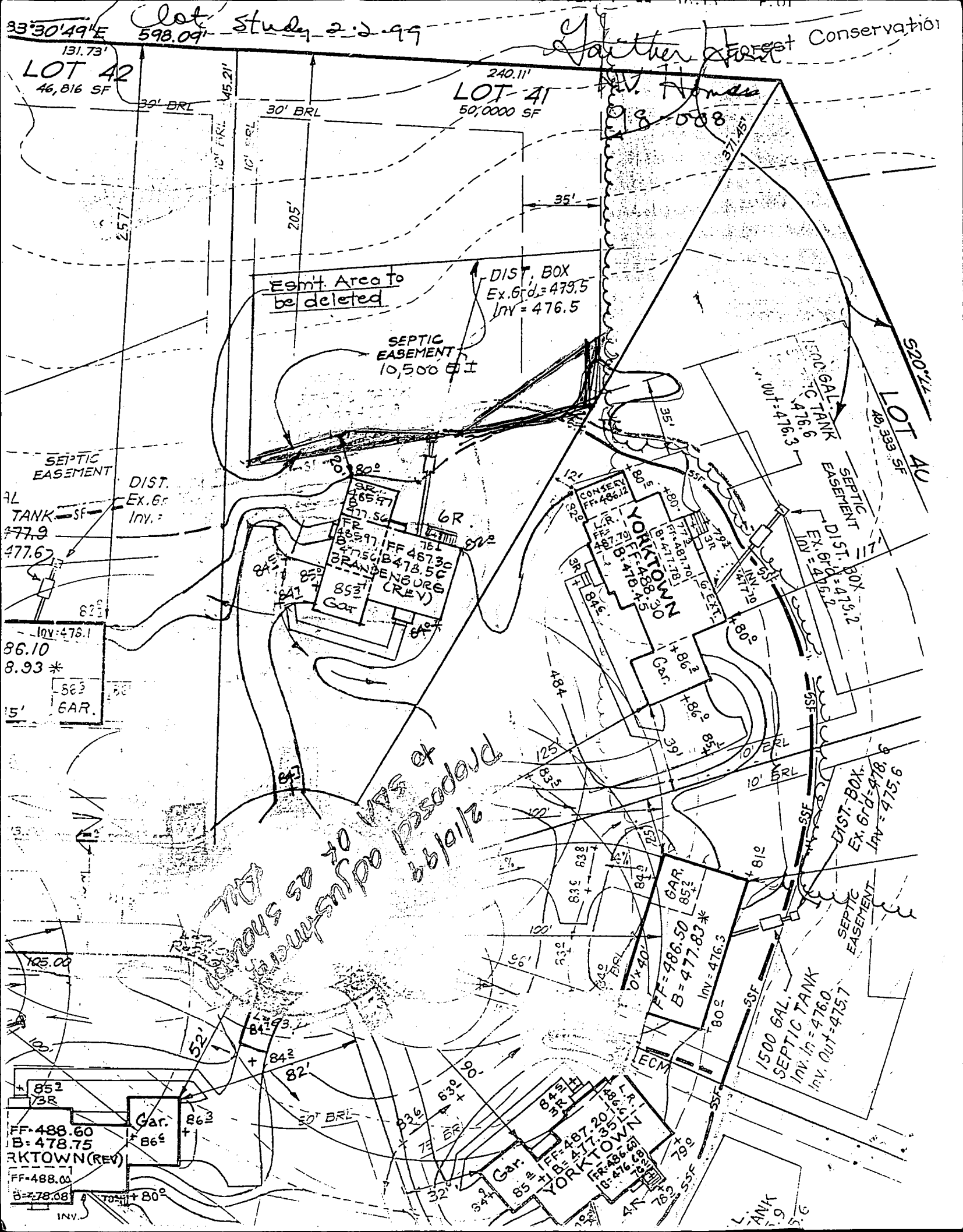
FF-488.60
B=478.75
RKTOWN (REV)
FF-488.00
B=478.08

YORKTOWN
FF-487.70
B=478.45

FF=486.50
B=477.83 *
Inv. = 476.3

YORKTOWN
FF-487.20
B=477.35
FF-486.50
B=476.50

*Proposed 2/19/12
to be deleted*



5159

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2091 fill in this form completely

Date Received (APA) 01 29 98

OWNER INFORMATION

Russell Development LLC, 8808 Centre Park Dr. Suite 209, Columbia md 21045

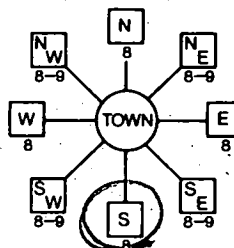
LOCATION OF WELL

Howard County, Gaither Hunt Subdivision, Section 1, Lot 41, Ellicott City, 4 miles from town

DRILLER INFORMATION

MICHAEL BARLOW MWD 355, MICHAEL BARLOW Well Drilling Inc, 912 Fawn Ct Joppa, MD 21085, Signature, Date 1-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bitter Sweet CT, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25, DISTANCE FROM ROAD, ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL

Howard Co, A56429 F, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 021199, CO SIGNATURE, EXP. DATE 021100, NORTH GRID 515 000, EAST GRID 830 000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 inch

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTary, CABLE, JETTED, AIR-PERCussion (circled), Reverse-ROTary, Jetted & DRIVEN, ROTARY (Hydraulic Rotary), Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54, GAP, 63

PERMIT No. HO-94-2091

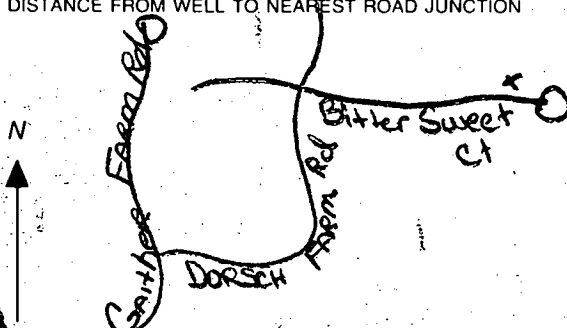
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1, 2, 3

WRITE THE BOX NUMBER FROM THE MAP HERE

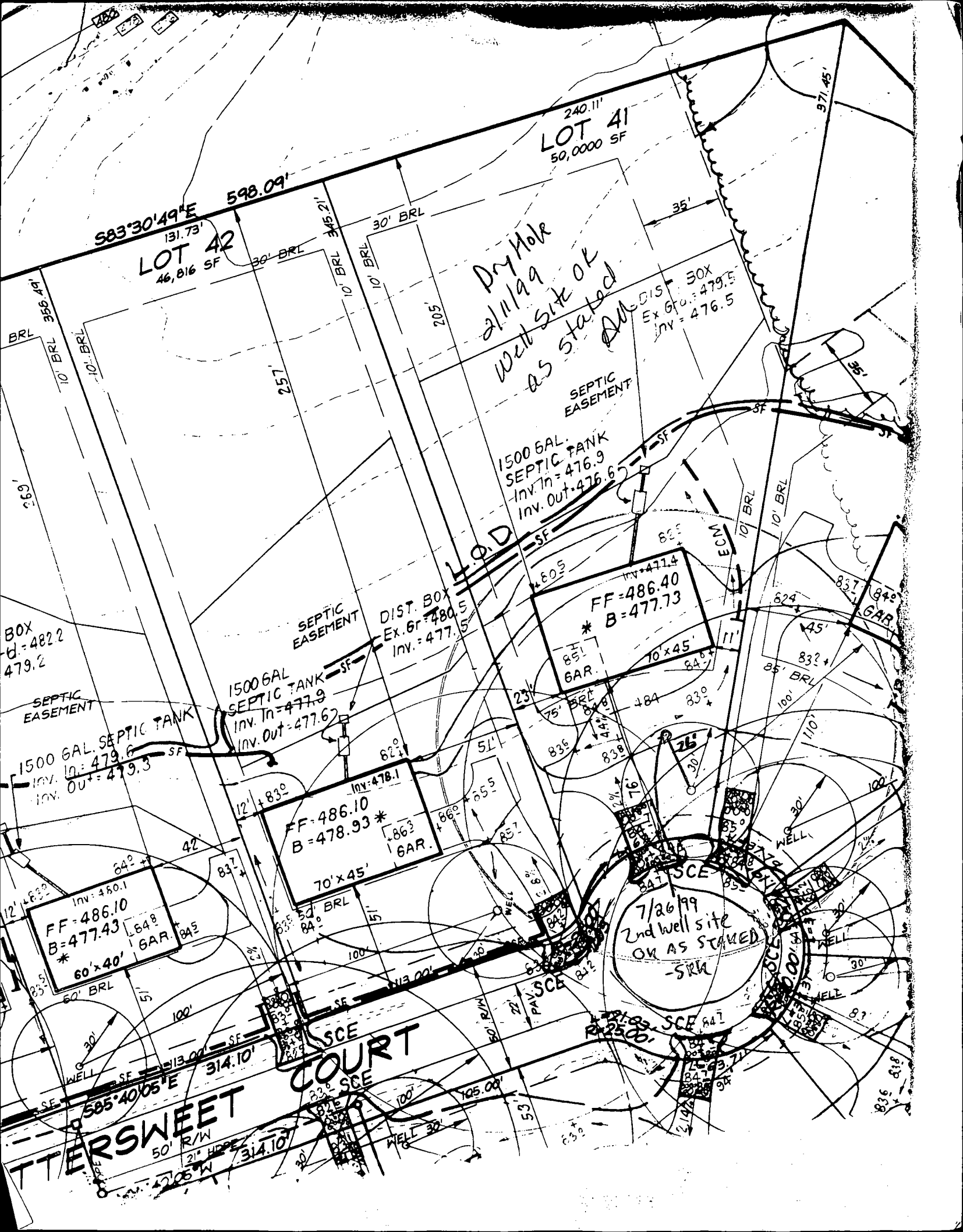
E 830, N 515

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LOT 41
50,000 SF

LOT 42
46,816 SF

Dry Hole
all 1999
well site OK
as stated

1500 GAL.
SEPTIC TANK
Inv. In = 476.9
Inv. Out = 476.6

DIST. BOX
30X
Ex. Gr. = 479.5
Inv. = 476.5

SEPTIC
EASEMENT

SEPTIC
EASEMENT

DIST. BOX
Ex. Gr. = 480.5
Inv. = 477.5

1500 GAL.
SEPTIC TANK
Inv. In = 477.9
Inv. Out = 477.6

1500 GAL. SEPTIC TANK
Inv. In = 479.6
Inv. Out = 479.3

BOX
d = 482.2
479.2

FF = 486.40
* B = 477.73

FF = 486.10
B = 478.93 *

FF = 486.10
* B = 477.43

7/26/99
2nd well site
ON AS STAKED
-SRW

SWEET
COURT

TTERSWEET
COURT

10'49"E 598.09'

131.73'
OT 42
46,816 SF

240.11'
LOT 41
50,000 SF

Forest Conservation

of this plan, the
alth Dept. accepts
ification to the
ewer disposal

By Copy of this plan, the Ho.Co.
Health Dept. accepts this mod-
ification to the platted sewer
disposal easement.

2150 Gal.
Septic Tank
Inv In 471.2
Inv Out 477.3

Dist. Box
Ex. Grd 479.0
Inv. In 476.0

DECK OK
4/26/00
4/12 Deck

21500 Gallon
Septic Tanks
Inv In 477.4
Inv Out 477.7

Inv In 478.1
Inv Out 477.8
2.43'

SEPTIC BASEMENT

1500 GAL. TANK
SEPTIC TANK
Inv. In = 476.6
Inv. Out = 476.3

LOT 40
49,333 SF

SEPTIC EASEMENT

Area to be Deleted

To Be Deleted

12x24 Deck
CKT. EXT. FR
487.00
847.06

YORKTOWN (REV)
FF 487.60
LR B 477.76*

3R
842'

58'

50' ROW

PAV. SCE

125.00'

852

Gar.
866'

FF-488.60
JB-478.75*

YORKTOWN (REV)
FF-488.60

BRANDENBURG
Gar.
852'

YORKTOWN
FF 487.70
LR B 477.76*

Gar.
866'

DIST. BOX
Ex. Grd = 478.6
Inv. In = 475.6

SEPTIC EASEMENT

1500 GAL.
SEPTIC TANK
Inv. In = 476.0
Inv. Out = 475.7

See # 301
Site Plan
for Details

Area to be Deleted

4
 SIMONS

Building Address 11013 Birkenswood Ct
Ellicott City MD

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Gaither Hunt

Section 1 Area 2 Lot 41

Tax Map 29 Parcel 21 Grid 5

Zoning RC-DEM Map Coordinates 15B1 Lot size _____

Property Owner's Name Rob & Rebecca Simons
 Address 11013 Birkenswood Ct
 City Ellicott City State MD Zip Code 21042

Home Phone 410-770-562 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Sidewalk

Estimated Construction Cost \$ 2500

Description of Work Pressure treated Sidewalk approx 12' x 4' plus

Contractor Company RDI

Contact Person Ken Dunbar

Address 10200 Chapel Hill Dr

City Chesapeake State MD Zip Code 21538

License No. 59794

Phone 301-296-7756 Fax _____

Occupant or Tenant JA

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 <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"/> 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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 DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 1st floor: Depth <u>14'</u> Width <u>17'</u> | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric: Yes <input type="checkbox"/> No <input checked="" 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"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| 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 <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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company _____

Print Name Ken Dunbar
 Date 4/20/00

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 | PROPERTY ID# |
|---|---------|--------------------|--|---------------------------|
| Land Development DPZ | 4/20/00 | [Signature] | Front: _____ Rear: _____ Side: _____ Side St: _____ | 41444 |
| State Highways | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Filing fee \$ _____ |
| Building Official | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Permit fee \$ <u>20</u> |
| Dev. Engineering DPZ | | | Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Excise tax \$ _____ |
| Health | | | Lot Coverage for New Town Zone _____ | Sub-total paid \$ _____ |
| Fire Protection | | | SDP/Red-line approval date _____ | ADD'l permit fee \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Accepted by <u>[Signature]</u> | TOTAL FEES \$ <u>20</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | | Balance due \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | | Check <u>100</u> |
| Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | | Validation \$ _____ |