

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11/8/00 needs
house call
P 513 213

A57610-E

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

04-362772

DATE 11/5/2000

DATE SYSTEM APPROVED 3/29/00

INSPECTOR DES

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht, Sykesville, MD 21784

PHONE 410-795-5670

SUBDIVISION Spring Hollow

LOT 5

ROAD 17117 Spring Hollow Court

PROPERTY OWNER C&P Homes, Inc.

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 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet down the left lot line and 10 feet off this same lot line. Run trenches on contour to rear of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/5/99 OK ALL

PLANS APPROVED BY Mark E. Rifkin

DATE 10-07-1999

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

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

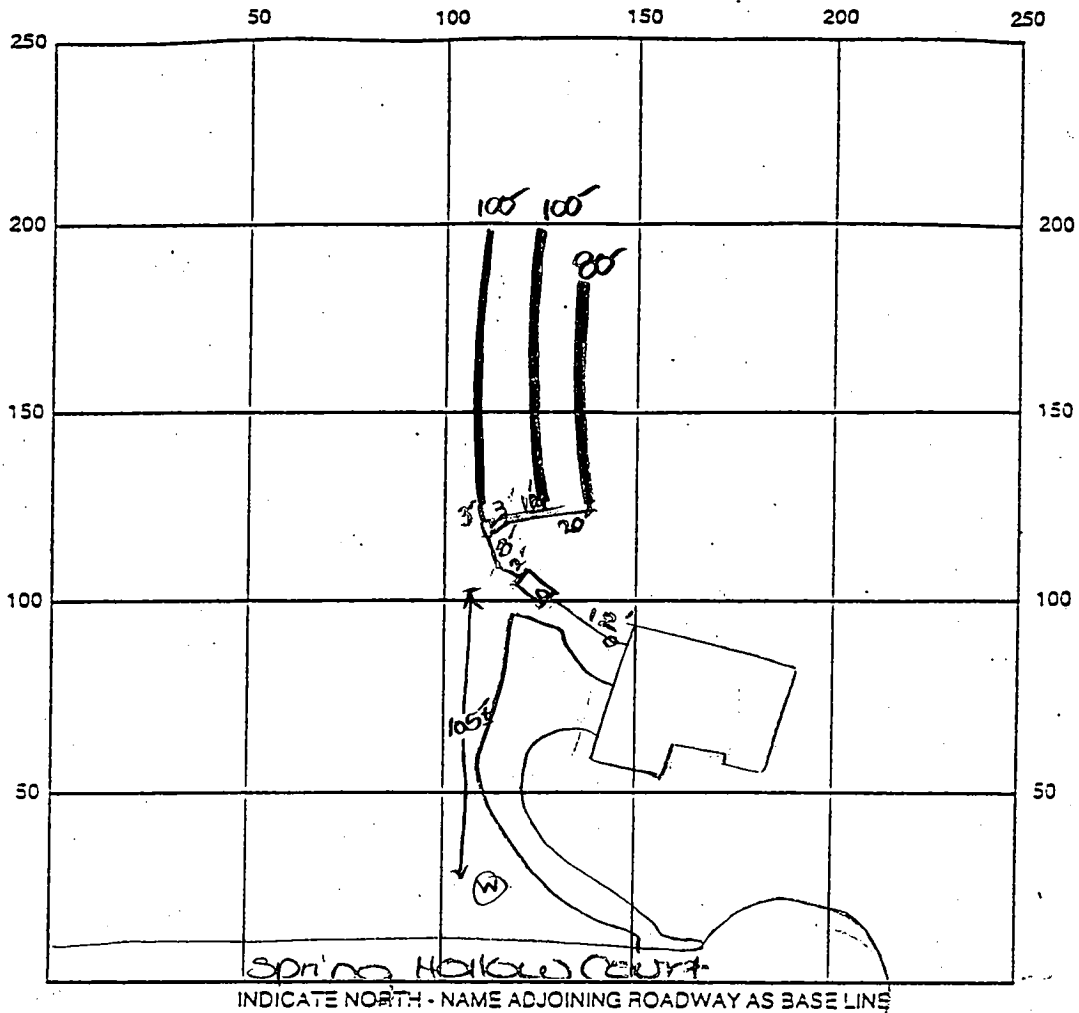
*CALL 451-9533 FOR INSPECTION OF SEPTIC SYSTEM.

**BUILDING PERMIT SIGNED
AND RETURNED**

7/3-02
B001373B-DECK

**BUILDING PERMIT SIGNED
AND RETURNED**

7/25/02
B00137679
FINISHED
BASEMENT



SEPTIC TANK LEVEL OK-1250 CLEANOUTS one at house, one on sit

DISTRIBUTION BOX LEVEL OK-baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x100 1x80 7280 FT.

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: 1/18/00 Needs house connection. OK to cover

CONNECTION WORK. DCS

3/27/00 FINAL INSPECTION - House connection confirmed - 20

ENGINEER SIGNATURE

DATE SYSTEM APPROVED 3/27/00

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Fax 313-2645 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt \$

Date

3/6/00

Name of Installer

ROBERT L. FEEZER CO INC.

Telephone

410-780-4655

License Number

2102

Certified Well Pump Installer ☒

Well Driller ☐

Registered Plumber ☒

Name of Property Owner

CEP Homes

Telephone

410-795-1405

Subdivision

SPRING Hollow

Lot #

5

Well Tag #

HO-94-2021

Site Address

17117 SPRING Hollow CT

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

JO JACKET

3. Model #

4. Capacity 6 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 None

Motor

1. Horsepower

2. RPM 3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make

77800

2. Model #

11111111

3. Depth

42"

Tank

1. Capacity

32 GPM

2. Pressure relief

valve? YES

Piping

1. Type

PVC

2. Size

1"

3. NSF and/or BOCA

Code approved ☒

4. Depth of supply

line 42"

Well data

1. Depth 145 ft.

2. Yield 10 GPM

3. Static water

level 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:

Robert L. Feezer

Date:

3/6/00

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

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT NO.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 733.0
B. BASEMENT ELEVATION: 724.0
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 726.4
D. INVERT AT SEPTIC TANK: 725.9
E. INVERT OUT AT SEPTIC TANK: 725.7
F. PROPOSED GRADE OVER SEPTIC TANK: 729.5
G. INVERT AT DISTRIBUTION BOX: 725.4
H. EXISTING GROUND OVER DISTRIBUTION BOX: 729.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

1/2
D WITH 3
OVERLAP
JOIN AS POSSIBLE

SMALL GRAY
NG
LOPES 8 FEET OR

Approved Septic System Plan
Howard County Health Department

Mark E. Reppin
Signature

10/2/99
Date

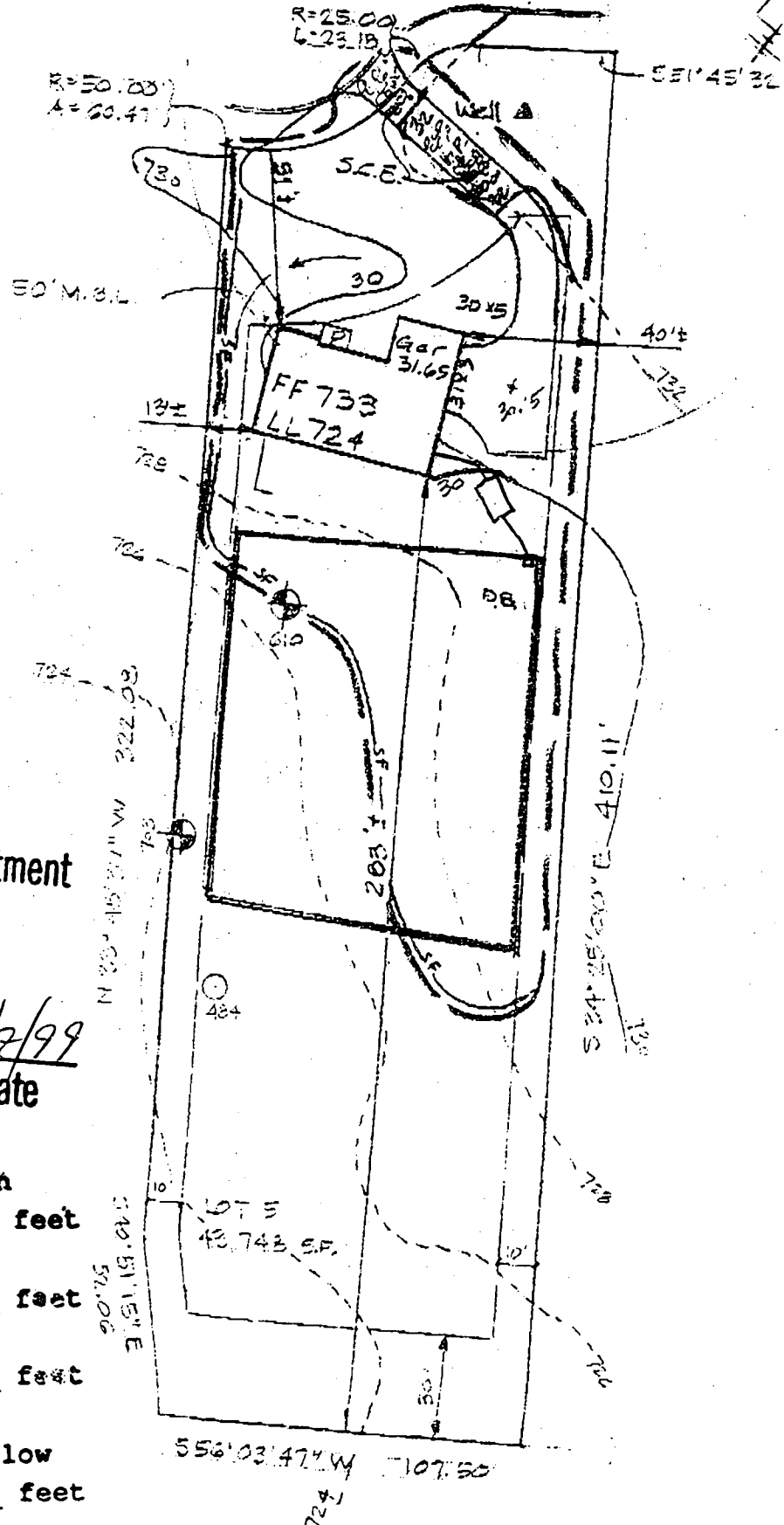
Total linear feet of trench
required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below
distribution pipe 2 feet

SPRING HOLLOW COURT



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 B00120293
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Building Address <u>17117 SPRING HOLLOW COURT</u> <u>MT WYOMING, Maryland 21771</u>	Property Owner's Name <u>C+P Homes Inc.</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>	Address <u>16013 Lady Camarin Ct.</u>
Census Tract <u>60140</u> Subdivision <u>SPRING HOLLOW</u>	City <u>MT. AIRY</u> State <u>MD.</u> Zip Code <u>21771</u>
Section <u>N/A</u> Area <u>N/A</u> Lot <u>5</u>	Home Phone _____ Work Phone <u>410 795 1800</u>
Tax Map <u>7</u> Parcel <u>124</u> Grid <u>5</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RC-DDP</u> Map Coordinates <u>N 7</u> Lot size _____	Phone <u>410 795 1800</u> Fax <u>410 489 2466</u>
Existing Use <u>Vacant lot</u>	Contractor Company <u>C+P Homes Inc.</u>
Proposed Use <u>New Single Family Dw.</u>	Contact Person <u>Pete Ryan</u>
Estimated Construction Cost <u>\$ 110,000</u>	Address <u>16013 Lady Camarin Ct.</u>
Description of Work <u>New Home Construction</u>	City <u>MT. AIRY</u> State <u>MD.</u> Zip Code <u>21771</u>
<u>4 BR unattached and w/ RI</u>	License No. _____
<u>2 1/2</u>	Phone <u>410 795 1800</u> Fax <u>410 489 2466</u>
Occupant or Tenant <u>Spec.</u>	Engineer or Architect Company <u>Council Land Service</u>
Contact Name _____	Contact Person <u>Dennis Mackley</u>
Address _____	Address _____
City _____ State _____ Zip Code _____	City <u>Westminster</u> State <u>MD.</u> Zip Code _____
Phone _____ Fax _____	Phone <u>410-876-2017</u> Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____
No. of stories: _____	Public ☐	Depth _____ Width _____	Public ☐
Gross area, sq. ft. per floor: _____	Private ☒	1st floor: _____	Private ☒
Use group: _____	Sewage Disposal: _____	2nd floor: _____	Sewage Disposal: _____
Construction type: _____	Public ☐	Basement: _____	Public ☐
Reinforced Concrete _____	Private ☐	Finished Basement ☐ Unfinished Basement ☒	Private ☒
Structural Steel _____	Electric Yes ☐ No ☐	Crawl space ☐ Slab on Grade ☐	Electric Yes ☐ No ☐
Masonry _____	Gas Yes ☐ No ☐	No. of Bedrooms <u>4</u>	Gas Yes ☐ No ☒
Wood Frame _____	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
State Certified Modular _____	Electric ☐ Oil ☐	No. of efficiency units: _____	Electric ☒ Oil ☐
	Natural Gas ☐	No. of 1 BR units: _____	Natural Gas ☐
	Propane Gas ☐	No. of 2 BR units: _____	Propane Gas ☐
	Sprinkler system: N/A ☐	No. of 3 BR units: _____	Sprinkler system: N/A ☒
	Full _____	Other Structure: _____	NFPA #13D _____
	Partial _____	Dimensions: _____	NFPA #13R _____
	Other Suppression _____	Footings: _____	Other: _____
	# of Heads _____	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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DISCUSSED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Pete Ryan</u>	Print Name <u>Pete Ryan</u>
Title/Company <u>C+P Homes Inc.</u>	Date <u>8/31/99</u>

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			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
Health	<u>10/2/99</u>	<u>Mark E. Rapp</u>	All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES ☒ NO ☐			Historic District? YES ☐ NO ☐	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for NewTown Zone _____	Check # <u>4726</u>
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Validation # <u>74089</u>
			Accepted by <u>12</u>	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 10/15/98

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO 5

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre 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. Willis Lambert Cissel JR

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

12

SOIL PROFILE

0' ~~611~~
tan
brown
SiCLM

2.0 red
SiLM
50%
shale

10.0 dark
pink
red
SiSaLM
micaceous
200%
Saprolite

12.0

485

1gt tan
orange
SiCLM

3.5 1gt
orange
SaCLM
200%
shale

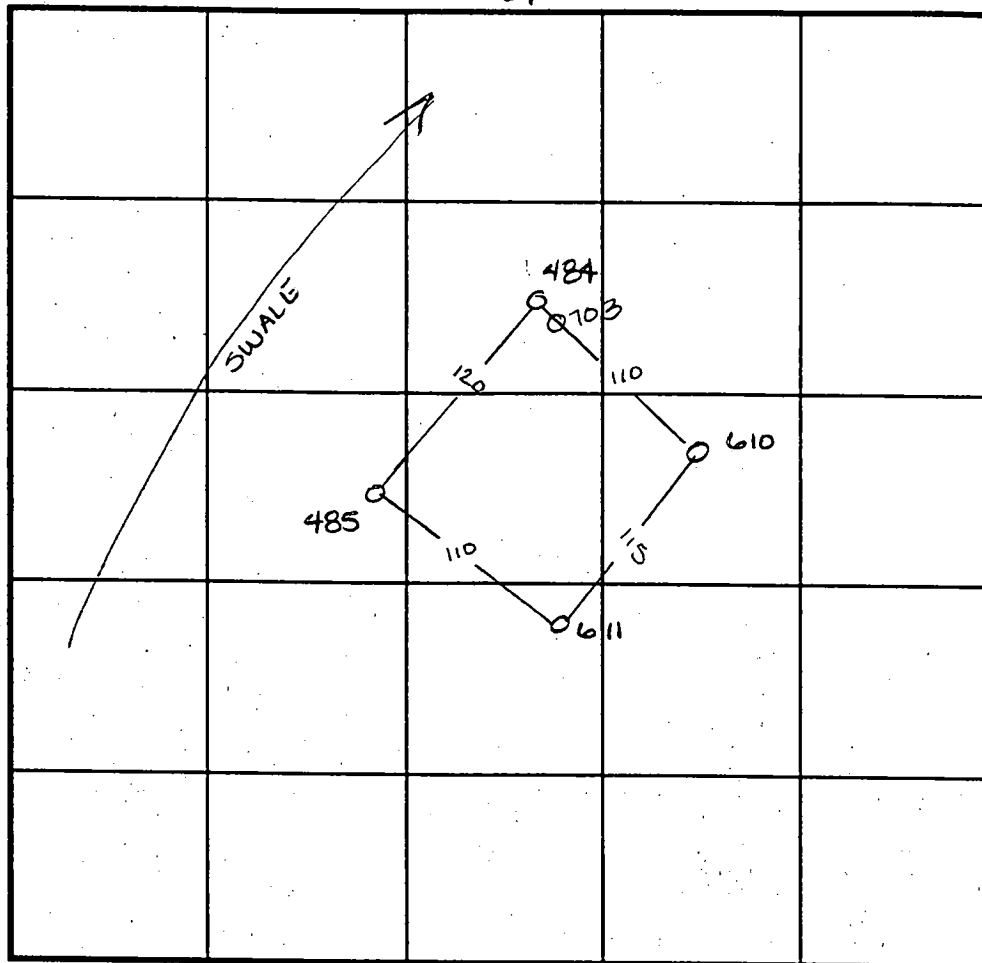
7.0 1gt
orange
SiLM
pockets
of 35%
shale

610

2.0 tan
yellow
SiCLM

orange
brown
SaCLM
100% Rx

8.0 red
pink
SiCLM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

SOIL PROFILE

0' 484
beigh
orange
SiCLM
150% Rx

3.0 dark
orange
SiLM
250%
shale

7.5 400%
shale
dark
red
SiLM

11.0

703

orange
brn
SiSaLM
150% Rx
300% Rx
1gt orange
SiLM

10.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-96	485	3.0 V12.0	10:10	> 30	min	—	slow
	485	4.0 V12.0	10:37	10:44	10:44	10:54	10min
8-20-96	611	3.0 V12.0	10:40	10:41 ³⁰	10:41 ²⁰	10:43 ¹⁵	13/4min
	610	3.0 V12.0	10:30	10:35	10:35	10:44	9min
8-21-96	484	3.5 V11.0	10:17	> 30	min	—	slow
	484	4.0 V11.0	10:41	> 30	min	—	slow
	703	8.0 V12.0	1:25 ³⁰	1:36	1:36	1:50	14min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

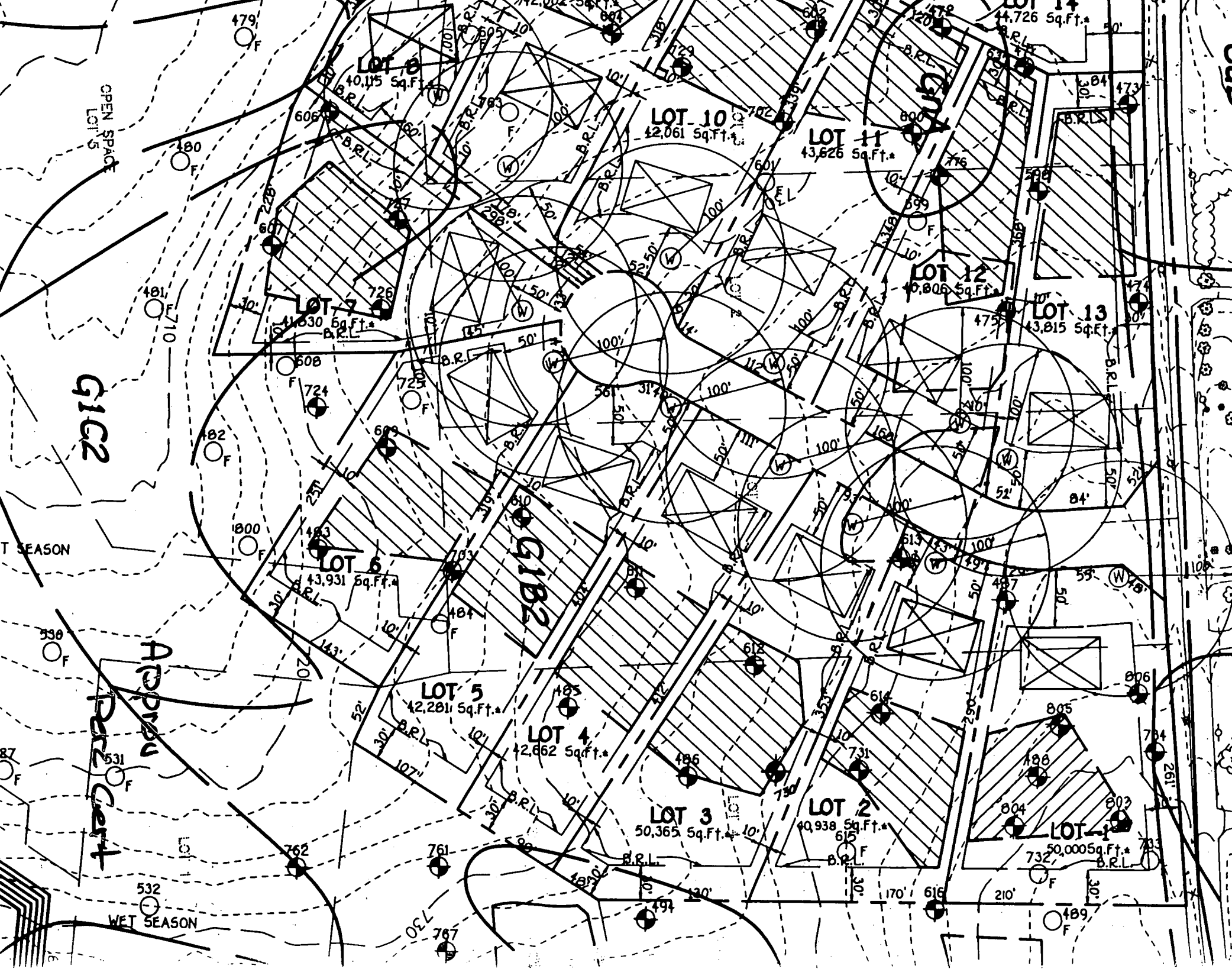
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

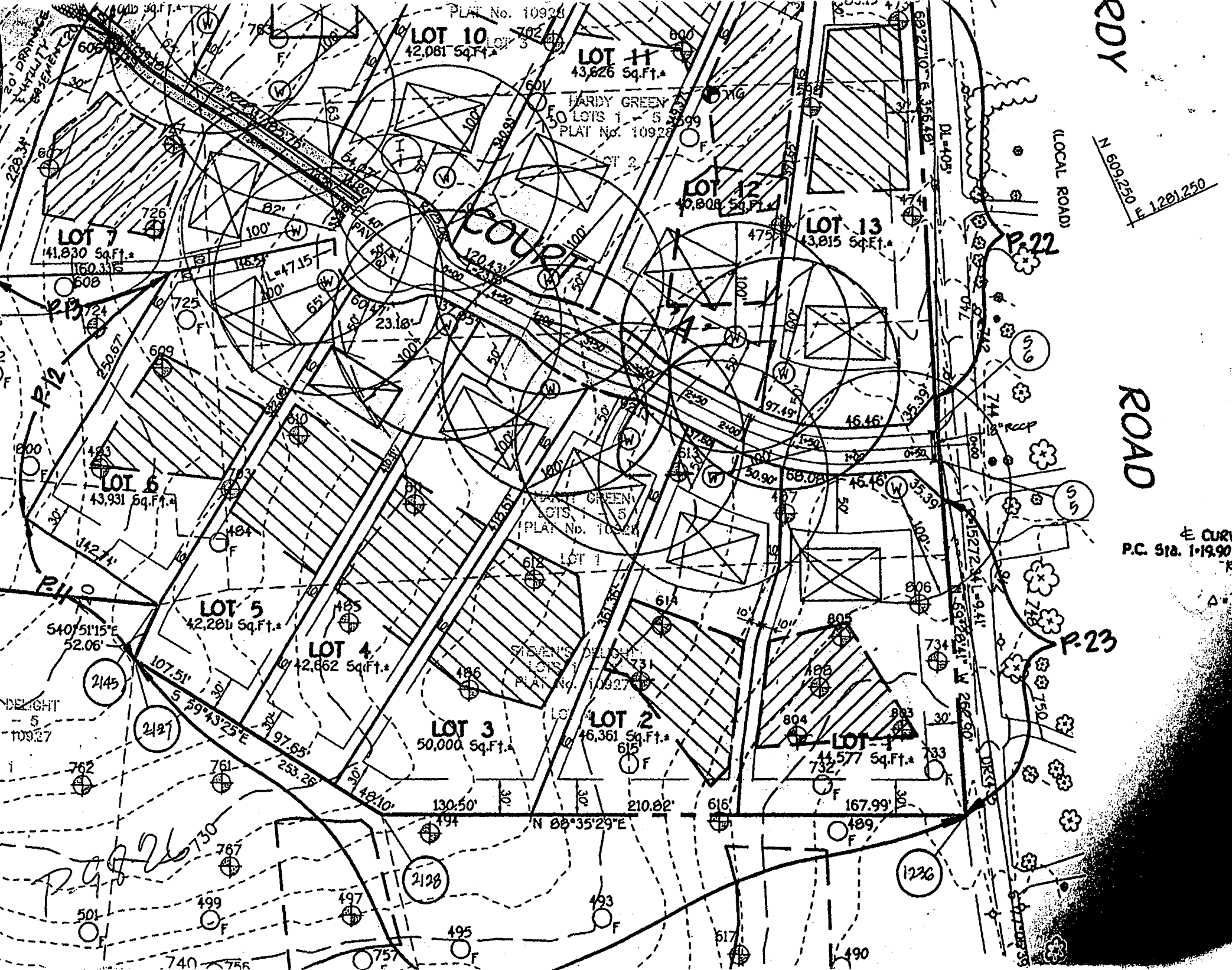
MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



N 609.250
E 1201.250

4 CURV
P.C. 512. 1-19-90



MARYLAND
GRID

ROAD

COURT

[illegible]

LOT LINE
REMOVED BY
RECORDATION
OF THIS PLAY

LOT LINE
REMOVED BY
RECORDATION
OF THIS PLAT

SHEET

2065

N56°

SURVEYOR'S CERTIFICATE

The Final Plat Shown Here
Of The Following: (D A
ages. Which was C
The

That The Final Plat Shown Hereon Is Correct; That It
 Comprised Of The Following: (1) All Of The Land Conveyed
 To Ciesel Among The Land Records Of Liber No. 491 A
 At Folio 290 And Liber No. 290 A Dated March 19
 By Dead Dated And Marjorie S.
 Jr. And Recorded A
 No. 2806 A
 e Pric

② COUNTY

B 1 4725	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2021
Date Received (APA) 12/18/98		LOCATION OF WELL B 3 Howard	
OWNER INFORMATION CISSEL Lambert		COUNTY Spring Hollow	
Last Name 3425		SUBDIVISION Poplar Springs	
Owner Hip Sley mill rd		SECTION 5	
First Name Woodbine		LOT 21797	
Street or RFD MD		NEAREST TOWN I	
Town 21797		MILES FROM TOWN (enter 0 if in town) I	
DRILLER INFORMATION RALPH MAYNE		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
Driller's Name RALPH MAYNE Well Drilling		NEAR WHAT ROAD Spring Hollow Ct	
License No. MSD 116		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N	
Firm Name 920 Brown Church Rd Mt Airy		DISTANCE FROM ROAD 20	
Address Paul Mayne		ENTER FT OR MI 4	
Signature 12-9-98		TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		COUNTY NO. A57610 E	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL		STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED 122998	
APPROXIMATE DEPTH OF WELL 150 FEET		CO SIGNATURE _____ EXP. DATE 122999	
APPROXIMATE DIAMETER OF WELL 6" INCH		NORTH GRID 548000	
METHOD OF DRILLING (circle one) BORED (or Augered) ☒ JETTED ☐ Jetted & DRIVEN ☐ AIR-ROTARY ☒ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☐ CABLE ☐ REVERSE-ROTARY ☐ Drive-POINT ☐ other _____		EAST GRID 768000	
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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54		WRITE THE BOX NUMBER FROM THE MAP HERE E 548000 N 548000	
PERMIT No. HO-94-2021		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION HARRY RD Spring Hollow St. Michaels Rd	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

RDY

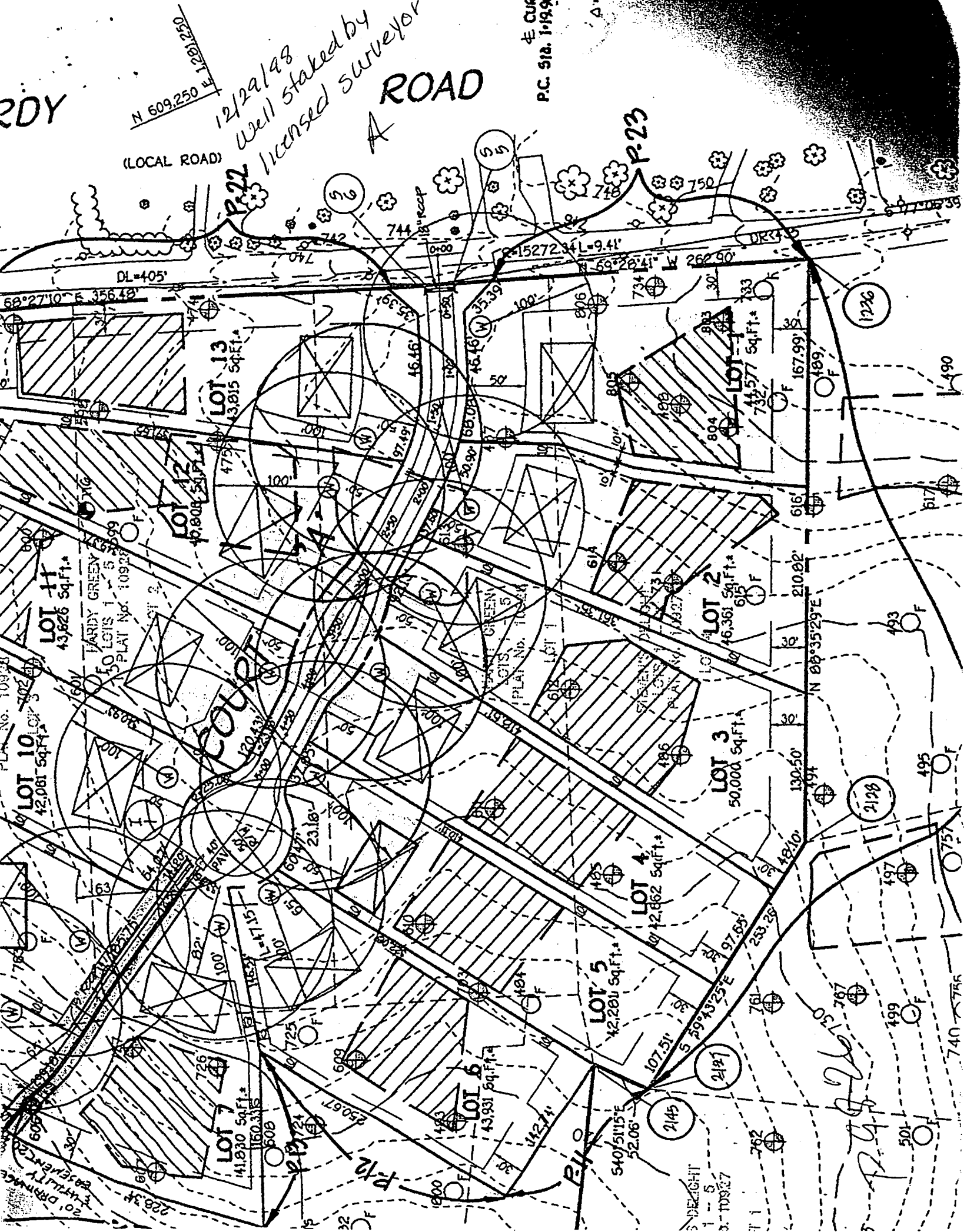
(LOCAL ROAD)

ROAD

P.C. Sta. 1+19.99

N 609,250 W
1281232.50

12/29/98
well staked by
licensed surveyor



Well Permit No. HO - 94-2021
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 5 Block Plat Sec.
Well Driller Ralph Mayne Owner Lambert Cisse

Depth of well 165
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 40'

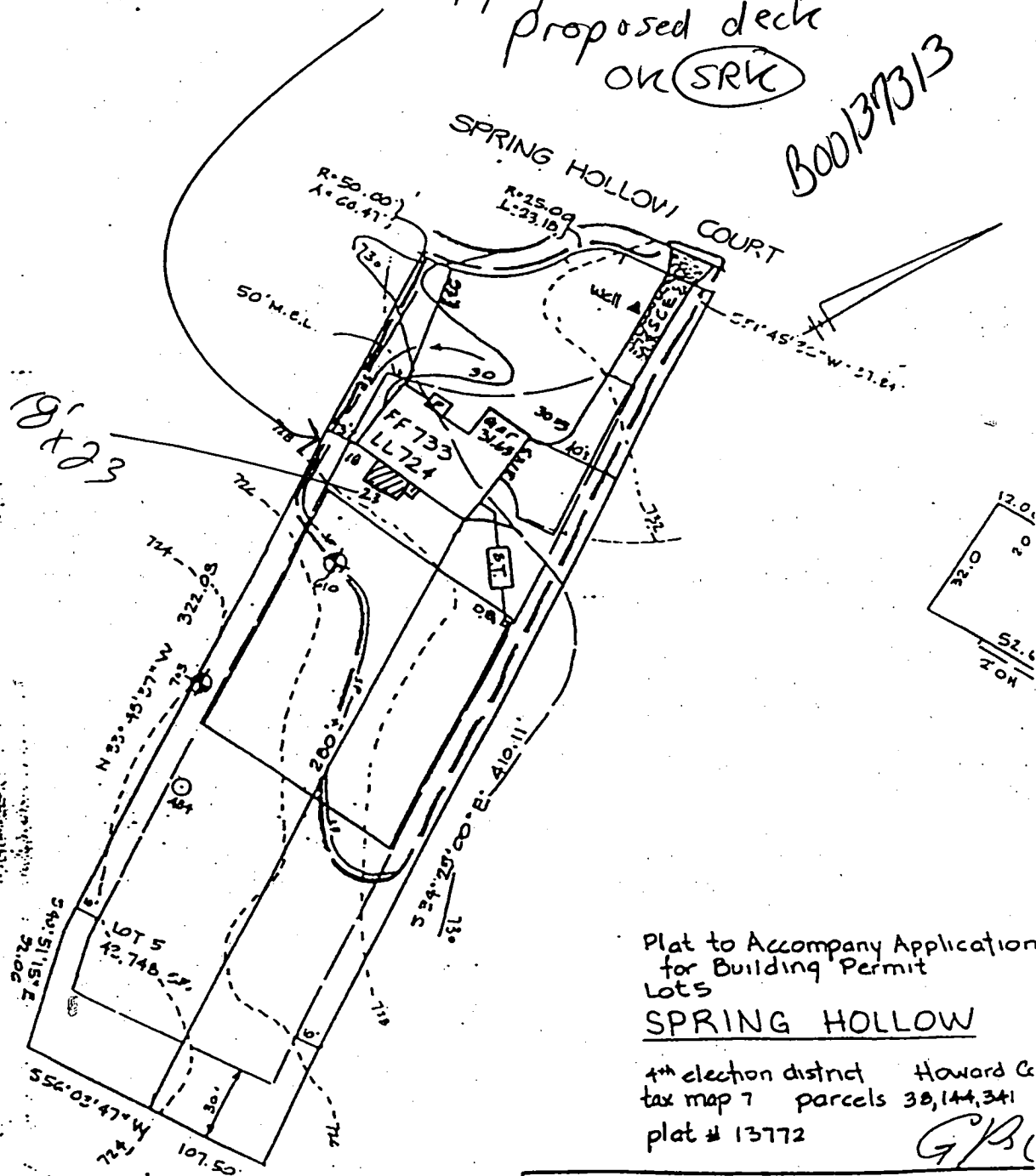
Time pump started 8:15 Pumping rate 12 GPM
Total time 15 min to reach pumping water level 48 ft. below M.P.

[illegible]

HD-224 68# 30+ open 16 days

7/3/02 -
proposed deck
ON SRK

B00137313



Plat to Accompany Application
for Building Permit
Lots

SPRING HOLLOW

4th election district Howard &
tax map 7 parcels 38, 144, 341
plat # 13772

G/P

CLSI
Carroll Land Services

Exercise Room

H/M

Bar Area

Rec Room

7/25/02
Finished Basement
O.K.
BB

LIVING AREA
1347 sq ft

