

05439124

LAYOUT 12/30/04 INSP 4 _____
 INSP 2 1/4/05 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/13/2004

P 521615

APPROVAL DATE: 1/31/05

A 513237-E

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Van Sant P & H IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 2701 BACK ACRE CIRCLE PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Hall Shop Manor LOT NUMBER: 5

ADDRESS: 6928 Westcott Place PROPERTY OWNER: NVR, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☒
 WITH EFFLUENT FILTER

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 240

LINEAR FEET OF TRENCH REQUIRED: 266 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 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.
LOCATION:	Install distribution box to maximize area.
NOTES:	Basement will not support gravity service. Effluent filter to be installed on outlet side of tank. This lot requires nitrogen pre-treatment.

PLANS APPROVED: Kevin Bell P.Y. 12-13-04 DATE: 7/16/04

NOTES: PERMIT VOID AFTER 2 YEARS

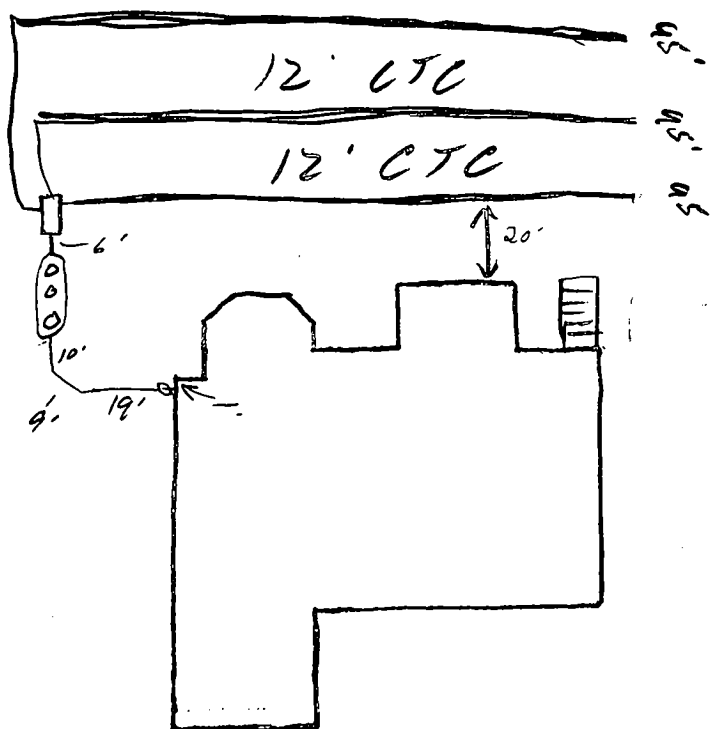
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

*Preferably
 Put box in center and install
 5-53' trenches or 3-90' Trenches*

A513237-E

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		205'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

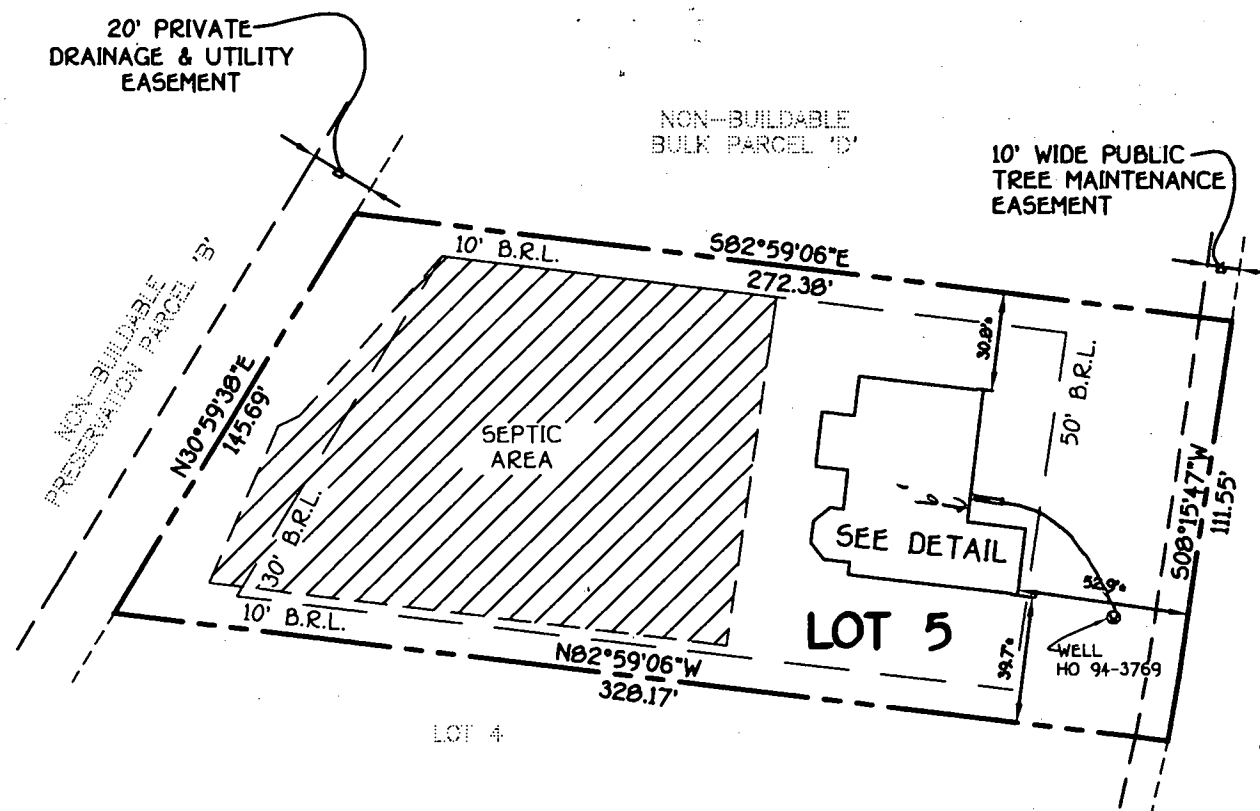
PRE-CONSTRUCTION 12/30/04 O.K. to install 3 - 95' to 100' trenches on contour at top of easement. Trenches should be at least 95' in length to decrease easement area that is wasted. (BB) 1/4/05 - (3) trenches installed. OK to cover (SO) 1/13/05 - House conn & riser test unit set OK to cover

FINAL INSPECTOR Sh. Oster (KN)

DATE OF APPROVAL 1/3/05

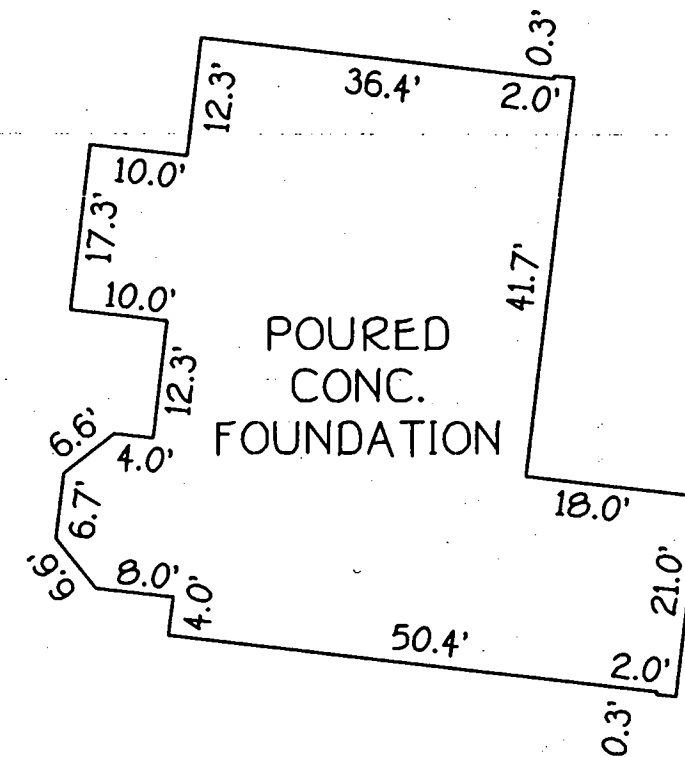
GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 24004400378 EFFECTIVE DEC. 4, 1996.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (+/-)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3769) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

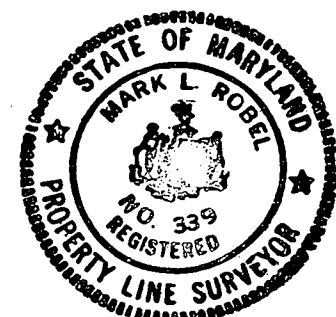


WESTCOTT PLACE
40' RIGHT-OF-WAY

Well &
Wall
check
O.K.
12-13-04



DETAIL:
1"=20'



Mark L. Robel
PROFESSIONAL LAND SURVEYOR
REG. # 339
11/08/04
DATE

*6928 WESTCOTT PLACE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 503.5'

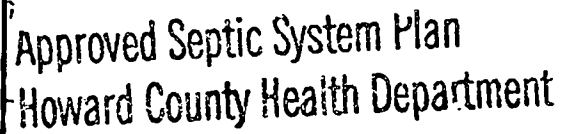
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/6/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 11/08/04
DRAWN BY: V.L.J.
CHECKED BY: M.L.R.
PROJECT No.: 40387

LOT 5
HALL SHOP MANOR
LOTS 1 THRU 14
BUILDABLE PRESERVATION PARCEL 'A',
NON-BUILDABLE PRESERVATION PARCEL 'B'
AND 'C' AND NON-BUILDABLE BULK
PARCEL 'D'.
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT #16675

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461-2855



Signature

Date _____

HALL SHOP MANOR
LOT 5

The existing well shown on this plan HO 94-3769 has been field located by Fisher Collins & Carter, Inc. professional land Surveyors and is accurately shown.

RECEIVED JUN 17 2004

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Freezer Co Telephone #: (410) 795-1405
Address: 6321 Barnett Ave
Sykesville, MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Rick Cross License # 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NV Homes Telephone #: (410) 379-5956
Subdivision: HALL CHAP MANOR Lot #: 5 Well Tag #: HO-94-3769
Site Address: 6928 Westcott Place

Submersible Pump Data

Make: STARITE
Model #: 7PUD02HL-03
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 17.5 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guard are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ☒

Pitless Adapter

Make: Campbell
Model #: PT-800
Depth: 42" (36" min)
NSF approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☒
Screened, vented well cap: ☒
Cap secured to casing: ☒
Conduit min 18" B.G.: ☒
Conduit secured to well cap: ☒

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 8'
Sleeve caulked and sealed properly: ☒

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Rick Cross

date: 12/16/04

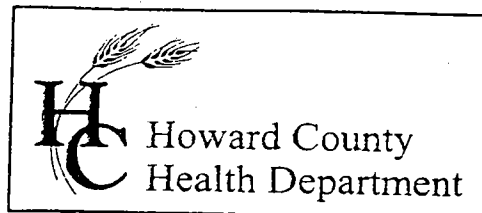
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____

Date Insp. Approved: 12/15/04 (50)

Inspection Data:	Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
	Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
	Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
	Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
	Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

MAY NEED BARRICADE WHEN DRIVEWAY IS IN!



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 6, 2004

NVR Inc.
6085 Marshalee Drive
Elkridge, MD 21075

RE: Lots 1, 2, & 3 Hall Shop Manor
Nitrogen Pre-Treatment Requirements

Dear Sirs:

This is to accompany the Health Department building permit approval for the above referenced lots regarding the requirements set forth on the final recorded plan for the Hall Shop Manor subdivision.

The above mentioned lots are approved under the condition that the lots mentioned above have a nitrogen pre-treatment device that treats septic effluent to a level of at least 10 mg/L nitrogen. The Health Department is not permitted to recommend a manufacturer of such a unit and the manufacturer of such a unit must be pre-approved by the Maryland Department of the Environment.

Applicant is must insure that an I & A Agreement is signed and recorded among the land records of Howard County prior to issuance of the Use and Occupancy for the above mentioned lots.

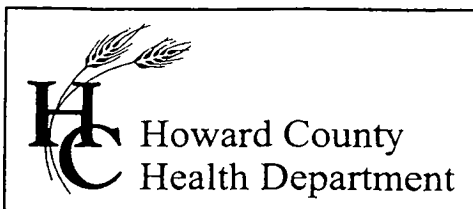
Applicant is also reminded that the septic installation cannot proceed until the installer provides a manufacturer guarantee that the installed unit will function as prescribed.

Any questions regarding this issue can be answered by calling (410) 313-1771.

Respectfully,

John A. Boris, Jr., R.S., Director
Well and Septic Program

cc: File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 20, 2004

NVR, Inc.
6085 Marshalee Drive
Elkridge, MD 21075

RE: Lot 5 Hall Shop Manor
Nitrogen Pre-Treatment Requirements

Dear Sirs:

This is to accompany the Health Department building permit approval for the above referenced lot regarding the requirements set forth on the final recorded plan for the Hall Shop Manor subdivision.

The above-mentioned lot is approved under the condition that a nitrogen pre-treatment device that treats septic effluent to a level of at least 10-mg/L nitrogen be placed on the sewage disposal system. The Health Department is not permitted to recommend a manufacturer of such a unit and the manufacturer of such a unit must be pre-approved by the Maryland Department of the Environment.

Applicant must insure that an I & A Agreement is signed and recorded among the land records of Howard County prior to issuance of the Use and Occupancy for the above mentioned lots.

Applicant is also reminded that the septic installation cannot proceed until the installer provides a manufacturer guarantee that the installed unit will function as prescribed.

Any questions regarding this issue can be answered by calling (410) 313-1771.

Respectfully,

John A. Boris, Jr., R.S., Director
Well and Septic Program

cc: file

C1 3992

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A513237-D

STACO USE ONLY

DATE Received

10 01 03

DATE WELL COMPLETED

09 09 2003

Depth of Well

22 175

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3769

OWNER

LAND DESIGN + DEVELOPMENT

STREET OR RFD

WESTCOTT PLACE

TOWN

CLARKSVILLE

SUBDIVISION

HALL SHORE MANOR

SECTION

LOT

5

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingOverburden
Gray Rock0
9595
175

x

water at 125'

GROUTING RECORD

yes no

Y N

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 17

NO. OF POUNDS 1700

GALLONS OF WATER

102

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

100

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole

SCREEN RECORD

ST

STEEL

BR

BRASS

PL

PLASTIC

HO

OPEN

OT

OTHER

(insert
appropriate
code
below)

C 2

DEPTH (nearest ft.)

175 100 175

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56

60

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

15 00

METHOD USED TO

MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 51 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other (describe below)

J jet

S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP

YES

NO

(CIRCLE) (YES OR NO)

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29.

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon)

31

35

PUMP HORSE POWER

37

41

PUMP COLUMN LENGTH

(nearest ft.)

43

47

CASING HEIGHT

(circle appropriate box and enter casing height)

+ above

LAND SURFACE

- below

(nearest foot)

49

50

51

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

YES

NO

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

DRILLER'S LIC. NO. MW D 120

DRILLER'S SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS 0049

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

DENV-CR00

COUNTY

Review

Well Permit No. HO - 94-37609
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR
Well Driller G. EDGAR HALL SONS CORP Lot 5 Block 1 Plat Sec.
owner LAND DESIGN + DEVELOPMENT

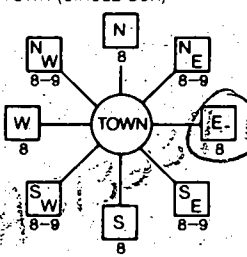
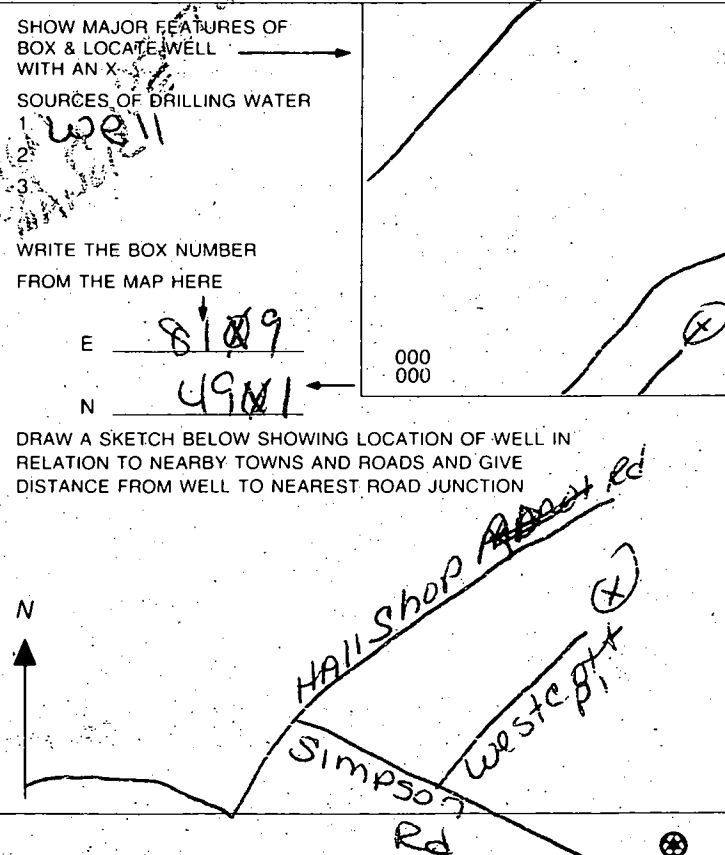
Depth of well 175'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 0845 Pumping rate 16.66
Total time 30 min to reach pumping water level 51 ft. below M.P.

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

HD-224

B 1 6752 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519055	STATE PERMIT NUMBER HO-94-3769 <small>70 fill in this form completely 79</small>
Date Received (APA) 07-16-03 <small>8 MM DD YY 13</small> OWNER INFORMATION Land Design & Development 15 Last Name Owner First Name 34 8000 Main Street 36 Street or RFD 55 Ellicott City MD 210433 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL Howard 8 COUNTY 21 Hall Shop Manor 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M 1 73 76 77 78	
DRILLER INFORMATION Sandy B. Cochran M W D 120 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address Signature Date 7/10/03 B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 Westcott Place NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 41 BLK. 1 PARCEL 138	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD AS13237-D COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 07-31-03 Steve R. Kreeg 7/31/04 43 MM DD YY 48 NORTH GRID 491 0 0 0 EAST GRID 819 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 well 2 3 WRITE THE BOX NUMBER FROM THE MAP HERE E 8189 N 49M1 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 CABLE Reverse-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 2020026017 PERMIT No. HO-94-3769 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

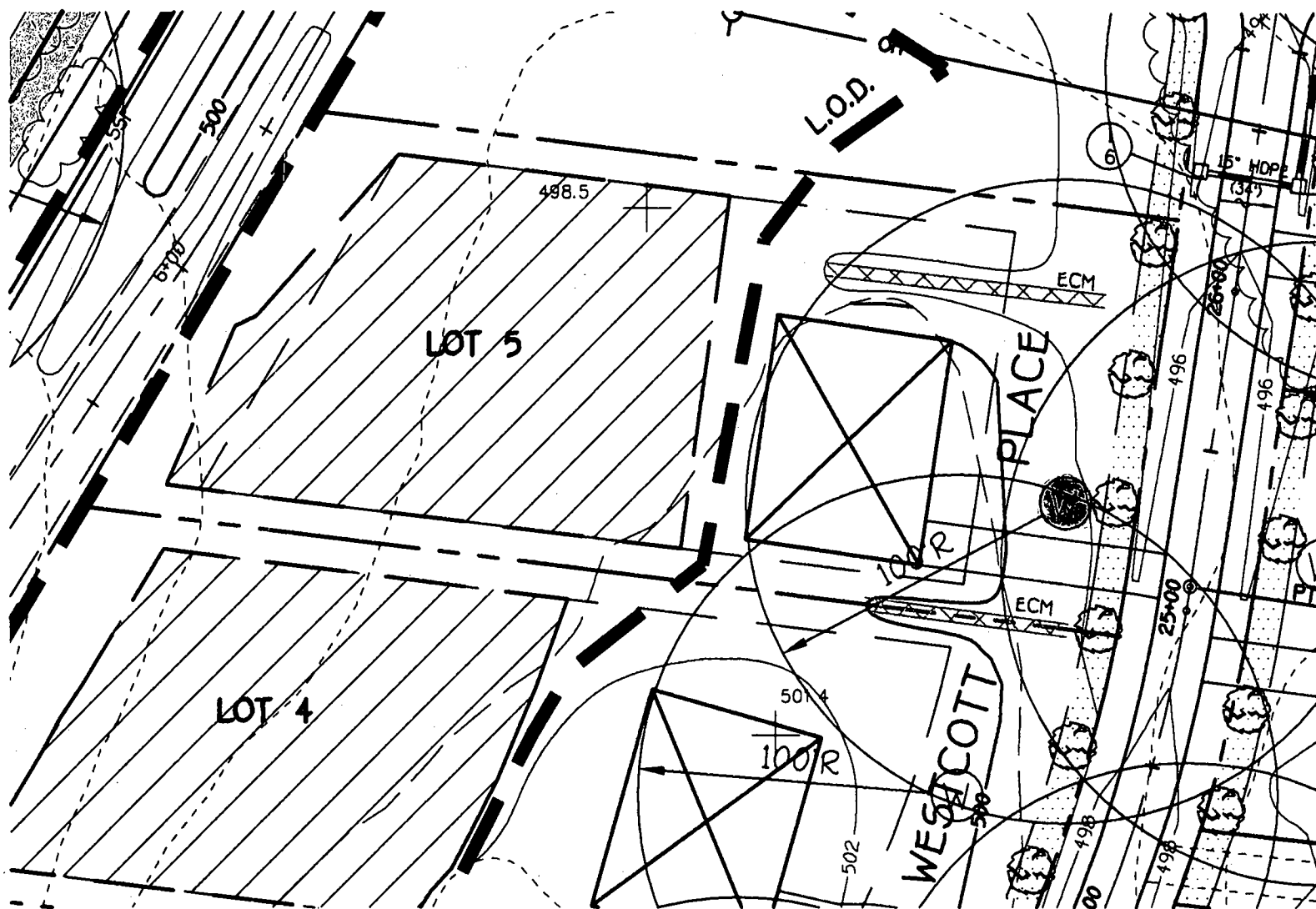
Well Permit No. HO - 94-3769
Location of property (road) WESCOTT PLACE
Subdivision HAUL SHOP MANOR Lot 5 Block 1 Plat Sec.
Well Driller G. EDGAR HARR SONS, CORP Owner LAND DESIGN + DEVELOPMENT

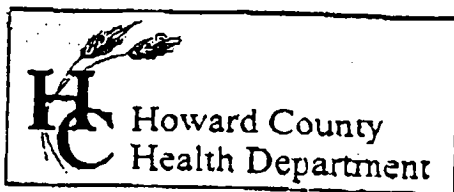
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

7/30/03-NO WELLSITE
INSPECTION
WELL OK
SRK





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Hall Shop Manor

☒ The well site has been staked by Fisher, Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on 7/29/03 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

APPLICATION

PERCOLATION TESTING

A 513237-I

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE January 18, 2000

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 D. CAROL FANTA

ADDRESS 3117 HEARTHSTONE Rd, Ellicott City, Md 21042 PHONE 410-465-5747

AGENT OR PROSPECTIVE BUYER DAVID A. CARNEY, Attorney for owner(s)

ADDRESS 10715 CHARTER RD, COLUMBIA, MD 21044 PHONE 410-740-4600

PROPERTY LOCATION:

SUBDIVISION INGLEHART PROPERTY LOT NO. _____

ROAD AND DESCRIPTION EAST SIDE OF HALL SHOP ROAD AND 800'± SOUTH OF THE INTERSECTION OF HALL SHOP ROAD AND REDBERRY ROAD

TAX MAP 41 PARCEL # 138 GRID 1

SIZE OF LOT 40,000 ± TYPE BLDG. SINGLE FAMILY DWELLING
(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

0' (1420)
topsoil
red org
brn
cl lm
1'
de org
red brn
sa cl
lm
4'
bandy
red brn
featuring

0' 1430
topsoil
red org
brn
cl lm
4'
med
red brn
sa lm
w/mica
20%
sap sh
13'

0' 1440
topsoil
org red
brn
cl lm
5.5'
org brn
sa cl
lm
to
org white
sa cl lm
10'
red brn
bandy
13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 1450
topsoil
org red
brn
cl lm
4.5'
5'
org brn
sa cl
lm
w/mica
10'
org white
sa cl
lm
w/sap sh
14'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-2-00	(1420)	4.0' S	12:20	Norm	12:20	12:45	FAIL
		13.0' D	Visual	-see	profile		OK
	(1430)	4.5' S	12:23	12:26	12:26	12:30	OK
		13.0' D	Visual	-see	profile		OK
	(1440)	4.0' S	12:38	No m			FAIL
		13.0' D	Visual	-see	profile		OK
	1450	5.5' S	2:41	2:43	2:43	2:46	3
		14.0' D	Visual	-see	profile		OK
	1440	5.5' m	2:48	2:55	2:55	3:05	10
	1420	5.5' m	2:53	2:59	2:59	3:09	10

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY DCSALSO PRESENT M. Johnson Sells

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE

1390

topsoil

red org
brn
cl lm4'-
4.5'lt org
brn
scl lm25%
sclpr
sh

14'

1380

topsoil

red brn
cl lm4.5'-
5'org brn
scl lm15-20%
sclpr
sh

4'-11"

1410

topsoil

org brn
cl lm

5'

lt brn
scl lm
w/iron20%
sclpr
sh

14'

SOIL PROFILE

1400

topsoil

org brn
cl lm

4.5'

org brn
scl cl
lm

10'

bands/
sandstone
matrix

14'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hall Shop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-2-00	1390	4.0' S	10:38	10:44	10:44	10:44	10
		14.0' D	visual	- See	profile		OK
	1380	4.5' S	10:58	11:10	11:10	11:31	21
		14' 2" D	visual	- see	profile		OK
	1410	4.5' S	11:18	11:39	11:39	12:05	26
		14.0' D	visual	- see	profile		OK
	1400	4.0' S	11:43	11:53	11:53	12:11	18
		14.0' D	visual	- see	profile		OK

REMARKS holes tested as staked

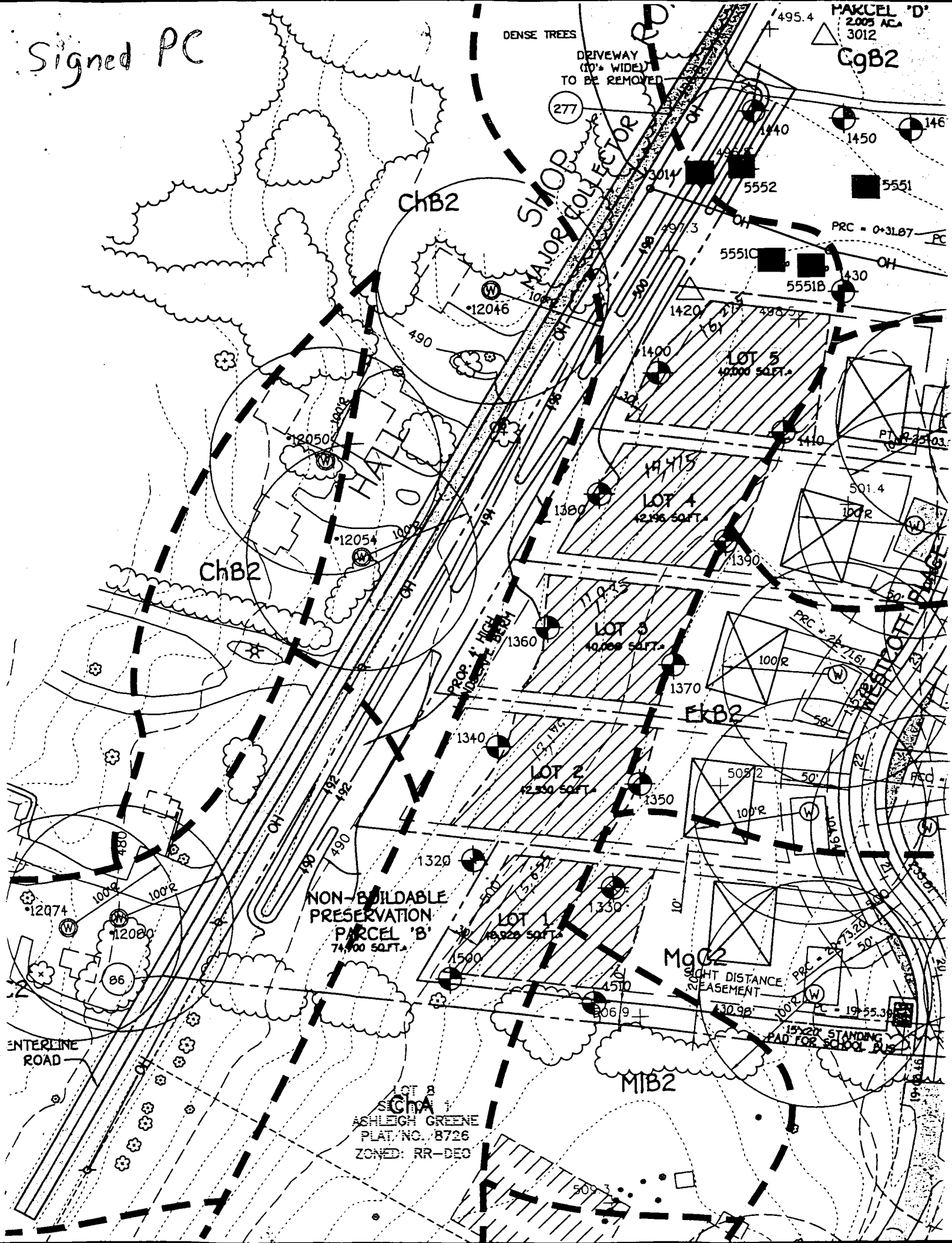
TYPE OF SOIL _____

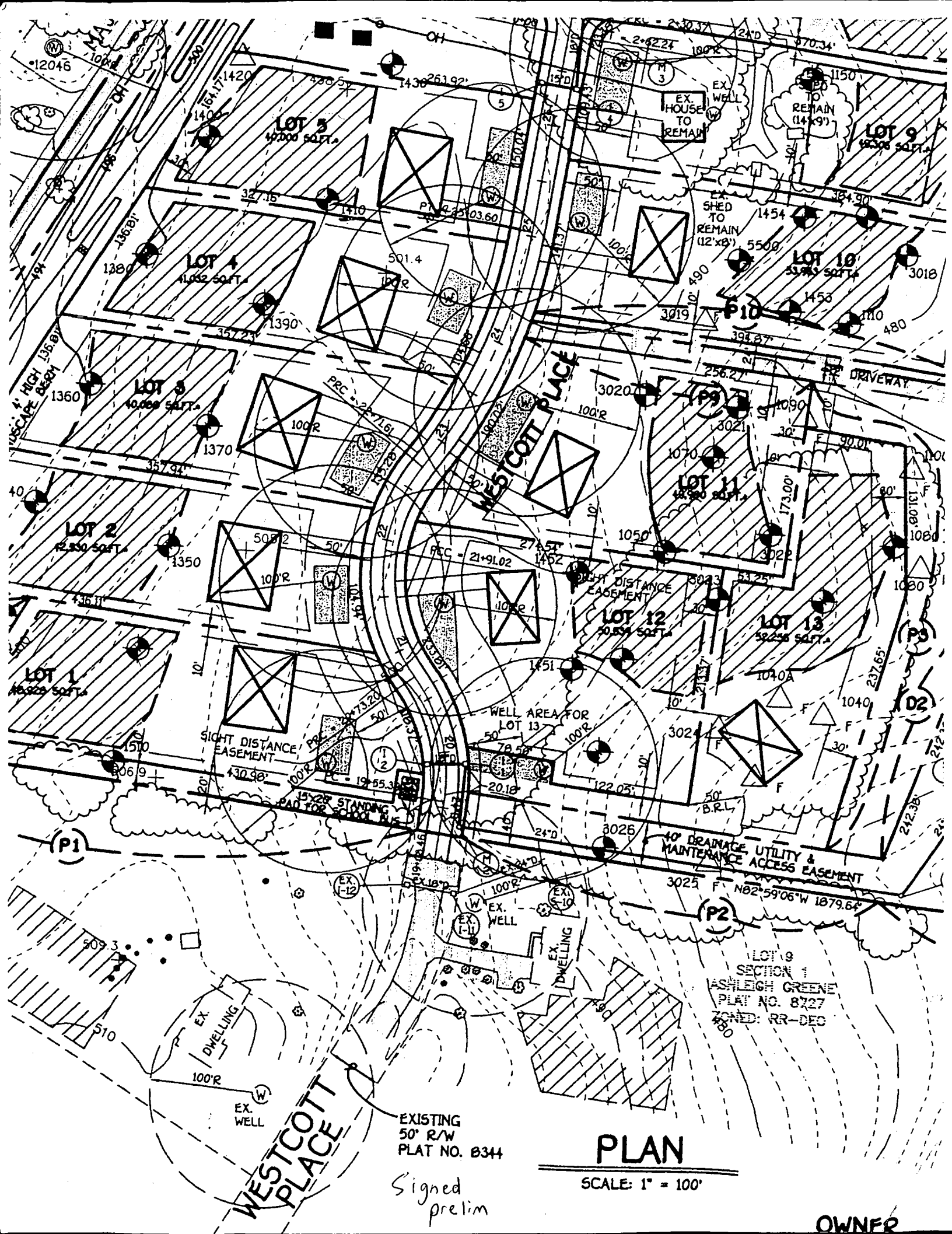
TESTED BY DKS ALSO PRESENT M. Johnson S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Signed PC





LOT 9
SECTION 1
ASHLEIGH GREENE
PLAT NO. 8727
ZONED: RR-DEC

PLAN

SCALE: 1" = 100'

EXISTING
50' R/W
PLAT NO. 834

Signed
prelim

OWNER

78. 3.40.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-3488 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-149-172 KSB
--	---	---------------------------------------

Building Address <u>6928 WESTCOTT PLACE</u> <u>Clarksville 21029</u>	Property Owner's Name <u>NVR LLC</u>
Suite/Apt. # _____ SDP/WP/Petition # <u>CP-04-73</u>	Address <u>6928 Westcott Place</u>
Census Tract <u>6902</u> Subdivision <u>HALL SHOP HOUSE</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Section _____ Area _____ Lot <u>5</u>	Home Phone _____ Work Phone <u>370-5556</u>
Tax Map <u>11</u> Parcel <u>13</u> Grid <u>1</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>11347 Conroy Road</u>
Zoning <u>RM</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>VACANT LOT</u>	Contractor Company <u>NVR LLC</u>
Proposed Use <u>SPD</u>	Contact Person <u>John C. C.</u>
Estimated Construction Cost \$ <u>150,000.00</u>	Address <u>11347 Conroy Road</u>
Description of Work <u>King Subj. 1/11/15</u> <u>SPD</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Occupant or Tenant _____	License No. <u>2554</u>
Contact Name _____	Phone _____ Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

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

Applicant's Signature <u>NVR LLC</u>	Print Name <u>NVR LLC</u>
--------------------------------------	---------------------------

Title/Company _____	Date _____
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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front _____	<u>6928</u>
<input checked="" type="checkbox"/> State Highways			Side _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side St. _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>7/7/15</u>	<u>[Signature]</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Lot Coverage for NewTown Zone _____	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			SDP/Red-line approval date _____	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Check # <u>177755</u>
ONE STOP SHOP: <input type="checkbox"/>				Validation # <u>71050</u>
				Accepted by _____



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

February 4, 2005

NVR, Inc
6085 Marshalee Drive
Elkridge, MD 21075

SENT VIA FACSIMILE 410-379-2430

RE: Hall Shop Manor, Lot 5
6928 Westcott Place
Clarksville, MD 21029
BP #: B00149172
Well Permit # HO-94-3769

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/31/2005. Final approval of the well line connection to the dwelling was approved on 12/15/2004.**

A nitrogen pre-treatment device has been installed on the Septic System to treat nitrogen to 10 mg/l discharge level. The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

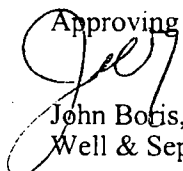
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3769. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

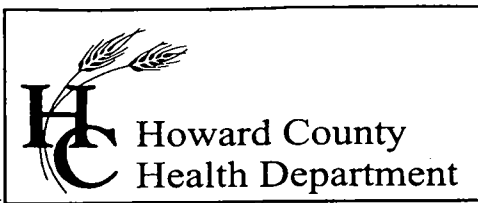
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 01/13/2005
Date of Well Completion: 09/09/2003

Approving Authority,


John Boris, Program Supervisor
Well & Septic Program

cc: Building Inspector's Office
Community Health Services



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 5, 2005

Hugh Schrecengost
6928 Westcott Place
Clarksville, MD 21029

Re: Variance for shed
6928 Westcott Place

Dear Mr. Schrecengost,

Our office has received and reviewed your variance requesting a 12'X 24' shed encroaching your septic area. Our office grants your request due to the following criteria; the shed is not poured on a slab, and three complete septic systems fit within the septic area not affected by the shed. Included are copies of your information provided to us with our stamp of approval.

If you have any questions, contact our office at 410-313-1771. Thank you for your time in this important matter.

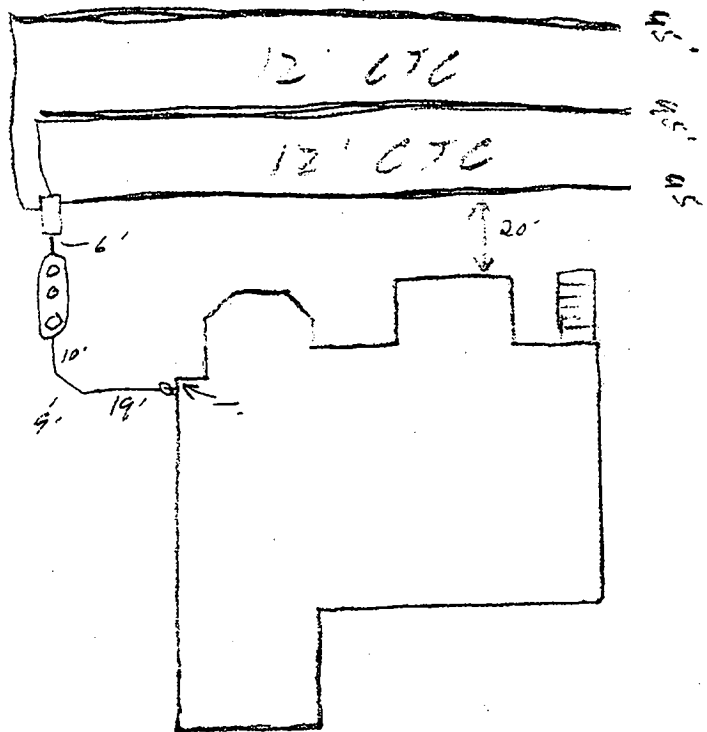
Sincerely,

Michael J. Davis, R. S.
Well & Septic Program Supervisor

KN

Cc: file

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTT
3	3	5
NUMBER OF TRENCHES		3
TOTAL LENGTH		295'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 12/30/04 O.K. to install 3 - 95' to 100' trenches on contour at top of easement. Trenches should be at least 95' in length to decrease easement area that is wasted. (BB) 1/4/05 - (3) trenches installed. OK to cover. (S)

1/13/05 - House conn & nitro first unit set OK to cover.

FINAL INSPECTOR Sh. Oster (KN)

DATE OF APPROVAL 1/3/05

GENERAL NOTES:

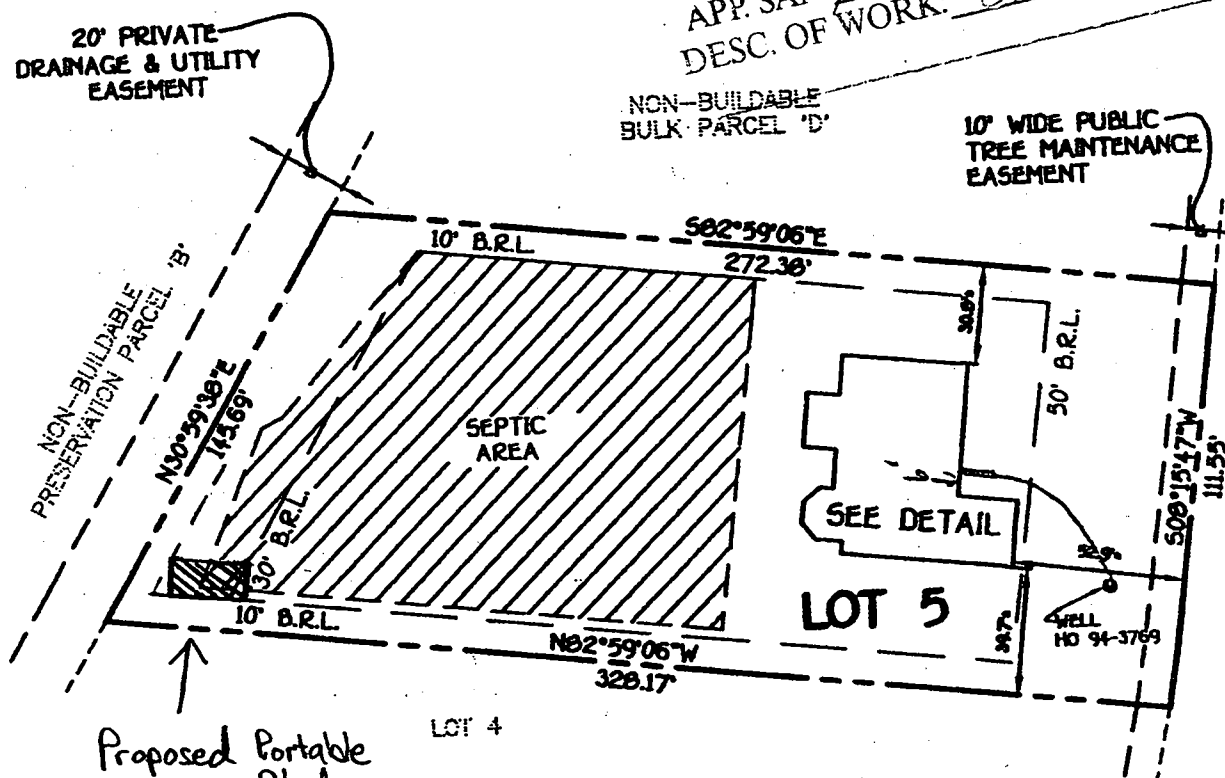
- THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440037B EFFECTIVE DEC. 4, 1988.
- THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1" (4)
- NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- THE EXISTING WELL(S) SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3769 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN *Rose Anne* DATE: *10/5/05*
DESC. OF WORK: *Shed*

20' PRIVATE
DRAINAGE & UTILITY
EASEMENT

NON-BUILDABLE
BULK PARCEL 'D'

10' WIDE PUBLIC
TREE MAINTENANCE
EASEMENT



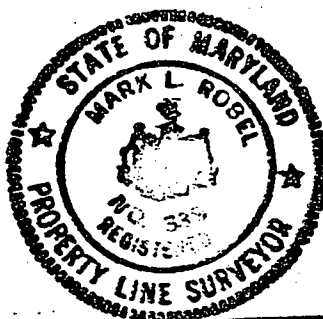
Proposed Portable
Storage Shed
12'x24' (maintaining
10' B.R.L.)

LOT 4

LOT 5

WELL
HO 94-3769

WESTCOTT



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PCE
ELLCOTT CITY, MARYLAND 21042
(410) 461-2875

Mark L. Robel 11/08/04
PROFESSIONAL LAND SURVEYOR DATE
REG. 339

6928 WESTCOT
B.R.L. = BUILDING
TOP OF FOUNDA

HUGH SCHRECENGOST

6928 Westcott Place
Clarksville, MD 21029
301 - 854 - 0246

301-343-37941 (cell)

September 27, 2005

Howard County Health Department
7178 Columbia Gateway Dr.
Columbia, MD 21046

ATTENTION: Bob Weber - Director

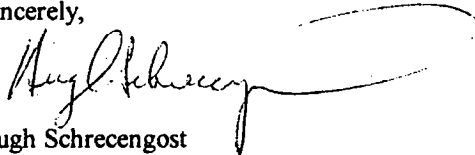
Mr. Weber:

I am attempting to put a portable shed on my property and have been advised I need a waiver by you in order to do so. My property is located at 6928 Westcott Place, Clarksville, MD 21029 (formally known as Lot 5, Hall Shop Manor, part of Parcel A, Fifth Election District, Plat # 16673).

I am requesting permission to locate a 12' x 24' portable shed in the back corner of my property. Its' placement will partially infringe on the septic easement. My lot has a nitrogen pre-treatment system installed. I have been advised by several people including members of your staff that my type of system actually lengthens the life of the fields. I have enclosed a plat and a drawing of the shed for your review.

I hope that with the type of system I have, coupled with the portability of the shed that you will grant me the variance requested. Thank you in advance for your consideration.

Sincerely,



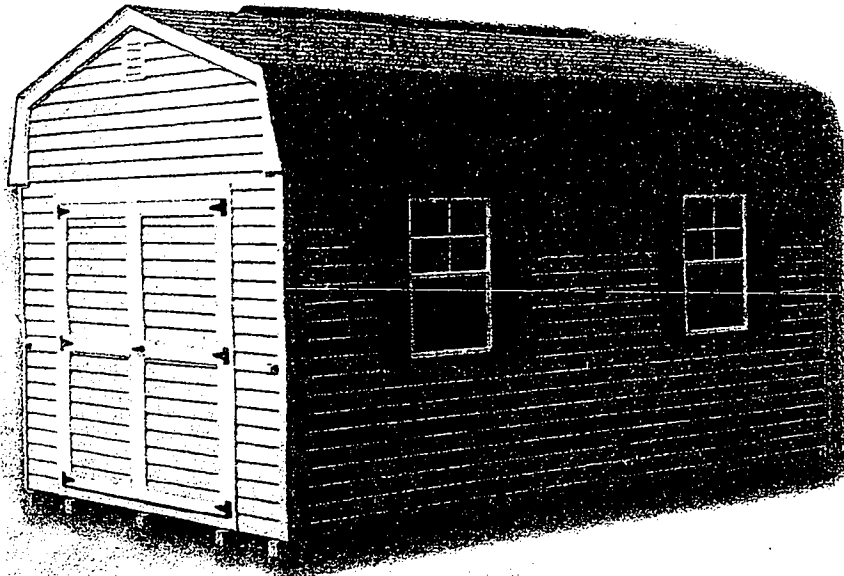
Hugh Schrecengost

HS:mam

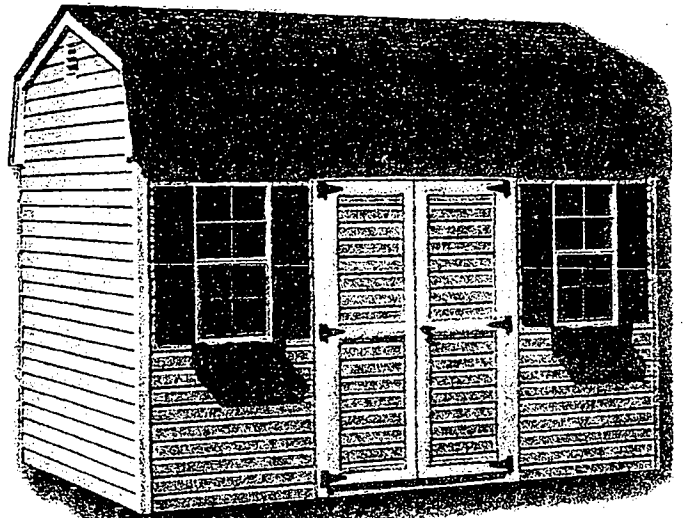
APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN John Thomas DATE: 10/5/05
DESC. OF WORK: Shed

High Wall Dutch Style

Features 6' Walls



Almond Siding • White Trim
Green Shutters • Dual Gray Shingles



Almond Siding • White Trim • Red Shutters
Architectural Rustic Charcoal Gray Shingles

Mini Barns

Features 4' Walls

APPROVED

WALK-THRU BUILDING PERMIT

BP#

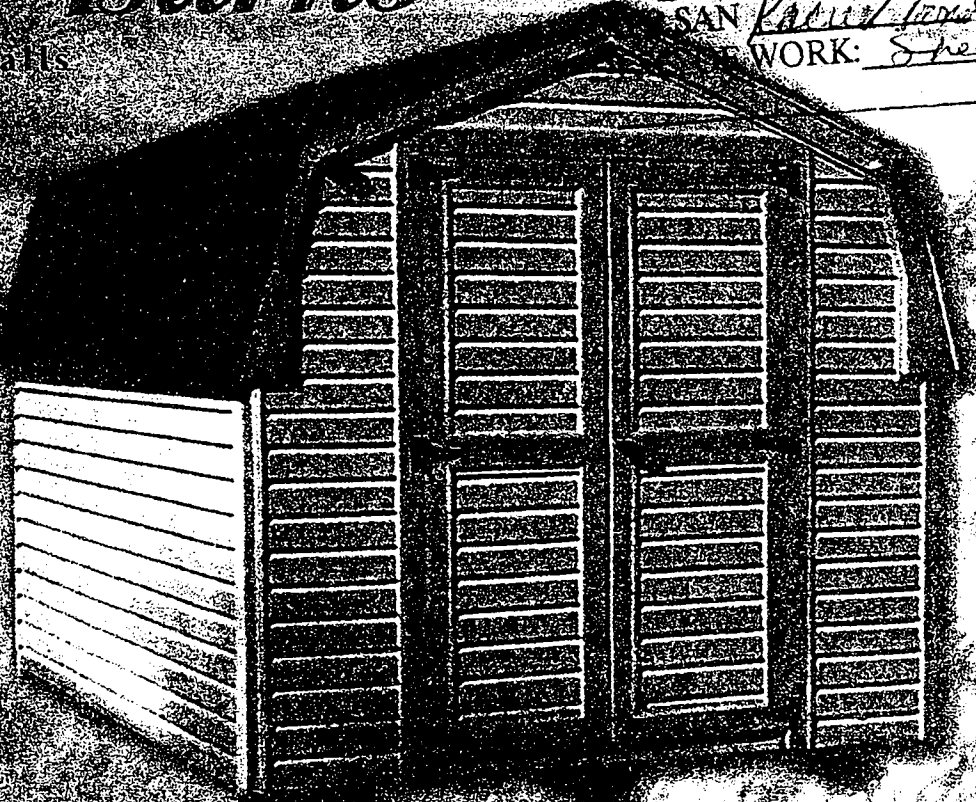
SAN

LAUREL

DATE

10/15/05

WORK: Sheet

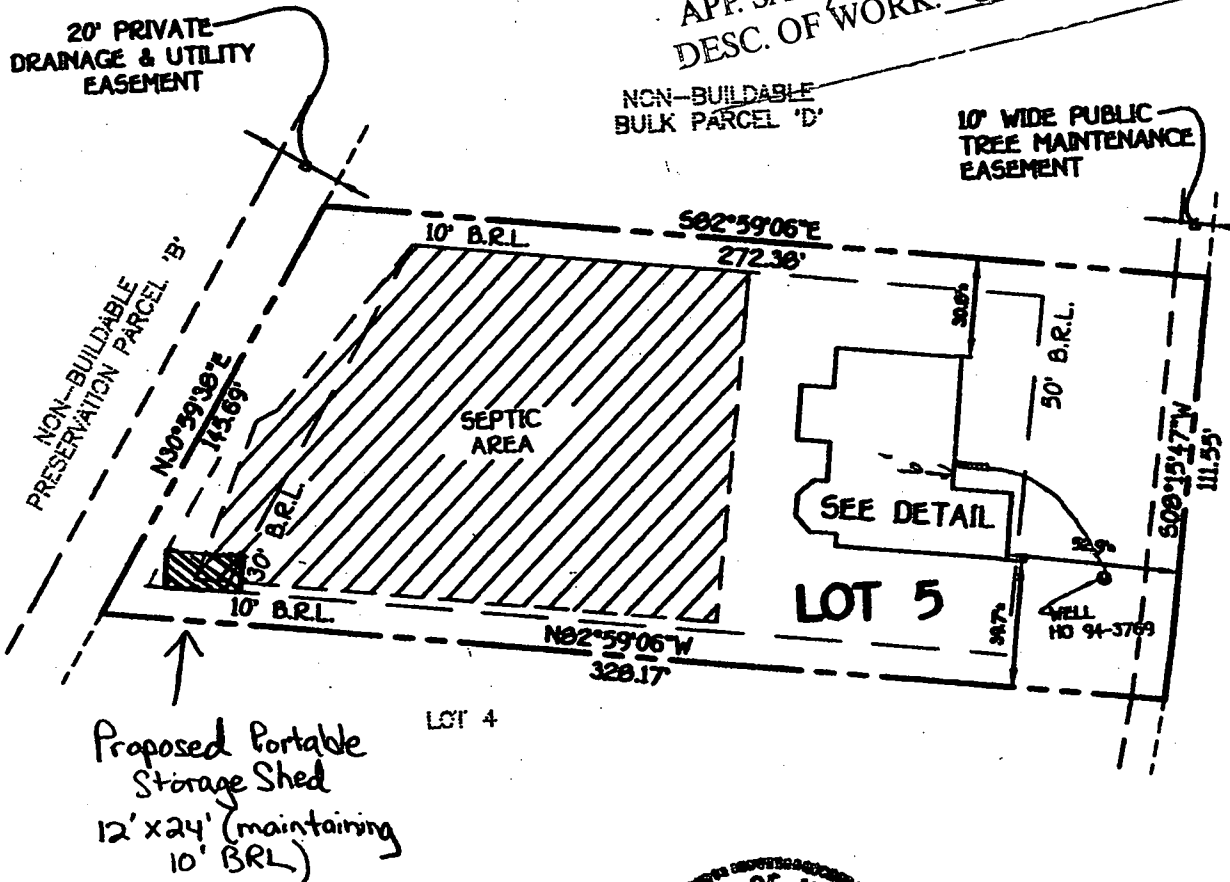


White Siding • White Trim

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440037B, EFFECTIVE DEC. 4, 1988.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1" (1/8")
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELLS SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3769 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN *Karen Turner* DATE *10/5/05*
DESC. OF WORK: *Shed*



1160



Mark L. Robel
PROFESSIONAL LAND SURVEYOR
REG. • 339
DATE *11/09/04*

6928 WESTCOTT
B.R.L. = BUILDING
TOP OF FOUNDATION

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PCE
ELICOTT CITY, MARYLAND 21042
(410) 481-2225