

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:
B12000476

Building Address: 13905 Ryon Drive

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: Install a 1000 Gallon Inground Propane Tank

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MD Limited Partnership

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| BUILDING DESCRIPTION - COMMERCIAL | |
|---|---|
| Building Characteristics | Utilities |
| Height: | <u>Water Supply</u> |
| No. of stories: | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| <u>Roadside Tree Project Permit #</u> | No. of Heads: |

| BUILDING DESCRIPTION - RESIDENTIAL | |
|--|---|
| Building Characteristics | Utilities |
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> |
| Roof: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | <u>Roadside Tree Project Permit #</u> |
| <input type="checkbox"/> 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 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 _____

Email Address _____

Title/Company _____

Print Name _____

Date _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--|---------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | 3/15/12 | Shawn Smith |
| Fire Protection | | |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | |
| <input type="checkbox"/> ONE STOP SHOP | | |

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? ☐ Yes ☐ No

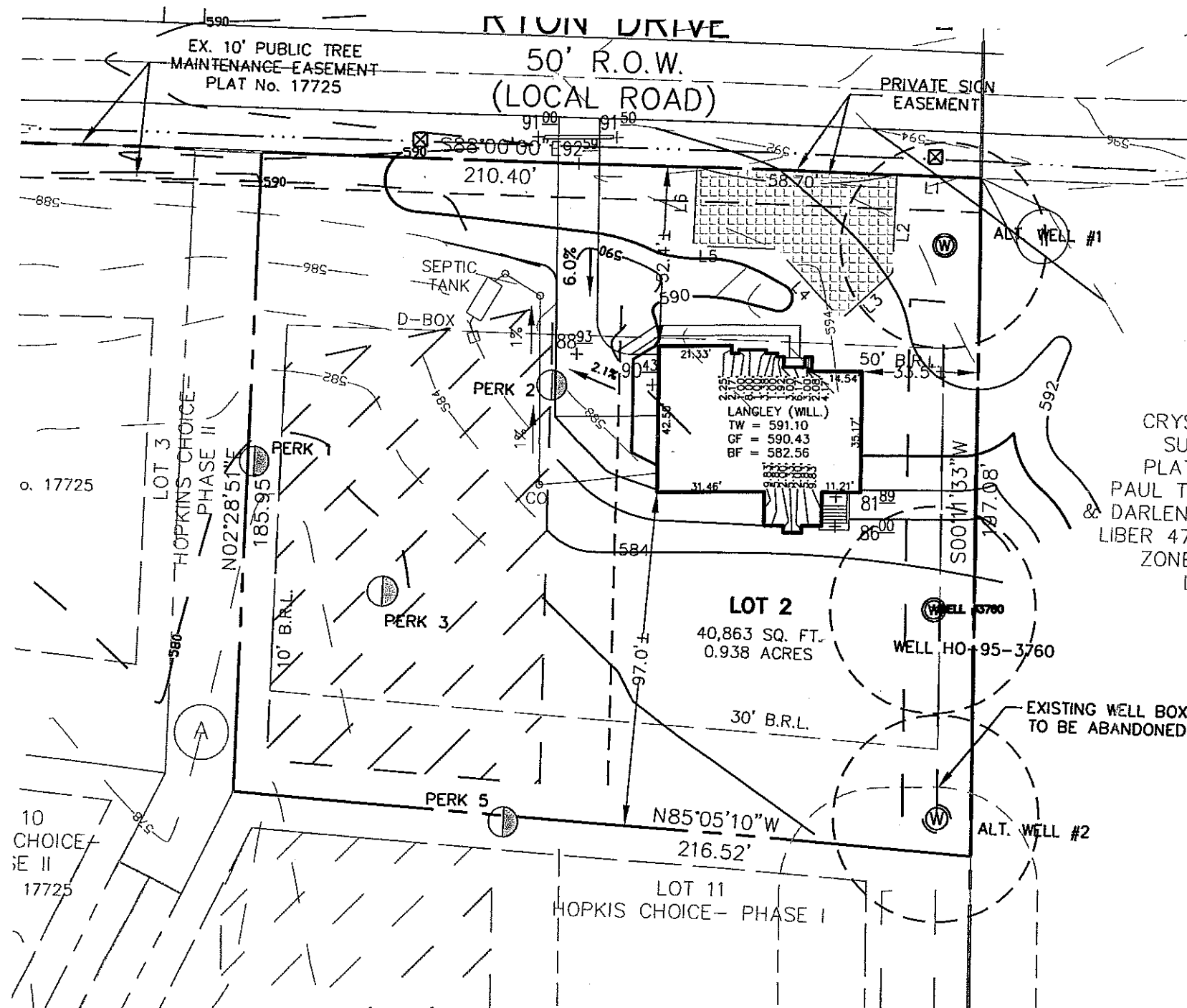
Is Entrance Permit Required? ☐ Yes ☐ No

Historic District? ☐ Yes ☐ No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

| | |
|-----------------|----|
| Filing Fee | \$ |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |



P.533
CRYSTAL CLEAR
SUBDIVISION
PLAT No. 8445
PAUL THOMAS LYONS
& DARLENE FUCHS-LYONS
LIBER 4776, FOLIO 382
ZONE: RR-150
LOT 12

Approved Septic System Plan
Howard County Health Department
Dana Leonard 12-20-11
Signature Date
BP# B11 000211

THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE- PHASE I, PLAT No. 17725. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM A FIELD RUN TOPOGRAPHIC SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY EASTERN STATES ENGINEERING, PERFORMED ON OCTOBER 14, 2009.

DRIVEWAY CULVERT IS DESIGNED PER THE F-05-29 PLAN. SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-3760) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

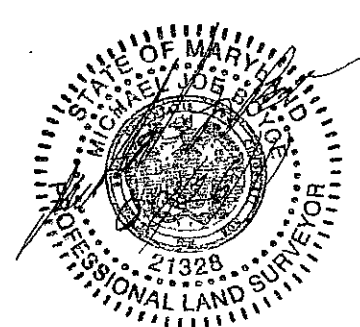
| | |
|-----------------------|-------|
| INV. @ HOUSE | 583.7 |
| GROUND @ INV. @ HOUSE | 587.8 |
| INV. IN TANK | 582.7 |
| INV. OUT TANK | 582.4 |
| TOP OF TANK | 583.4 |
| GROUND OVER TANK | 586.4 |
| INV. IN DIST. BOX | 582.3 |
| INV. OUT DIST. BOX | 582.0 |
| GROUND @ BOX | 586.0 |

ADDRESS: 13905 RYON DRIVE
GLENELG, MD 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

BASEMENT NOT SERVICED VIA GRAVITY SEWER.

COUNTY HEALTH OFFICER _____ DATE _____



TYPE: LANGLEY (WILLIAMSBURG)-
DAYLIGHT BASEMENT
BRICK FRONT STOOP
MASONRY FP
ADD'L 1' TO HEIGHT OF BASEMENT

OPTION No. 018
OPTION No. 633
OPTION No. 039
OPTION No. 070

PERMIT PLOT PLAN
LOT #2
HOPKINS CHOICE
LIBER 12186, FOLIO 256
PLAT No. 17725
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 08/26/11 SCALE: 1"= 40' FILE: Lot 2 LANGLEY WILL
CHK'D: MJB JOB#: 2975 DRAWN: MJB

02/18/12

Mr. Mike Davis or Approving Authority
Howard County Health Department

Mr. Davis,

We are requesting a variance on lot 2, Hopkins Choice in Glenelg, Maryland. The lp gas tank is placed in the only location that meets all requirements except the 100 feet from a well head. The lp gas tank is well over 80 feet from the well head. I am submitting the variance with the permit application.

Your careful consideration of this matter would be greatly appreciated.

Please find the address for the aforementioned lot below:

Lot 2
13905 Ryon Drive
Glenelg, Md. 21737

Thank you,

Bob Kilby
410-799-1114
Propane Manager
Matheson Inc. (rkilby@mathesongas.com)

3/15/12
M. Davis
Approved

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

Building Address: 13905 Ryan Dr.

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 2

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: Custom ISFD

Estimated Construction Cost: \$ 110,000

Description of Work: Custom ISFD

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: Thomas M. Ryan

Address: 13905 Ryan Dr.

City: _____ State: MD Zip Code: 21043

Phone: 410-710-7107 Fax: 410-710-7107

Email: _____

Property Owner's Name: Tom & Linda Ryan

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| BUILDING DESCRIPTION - COMMERCIAL | |
|--|---|
| Building Characteristics | Utilities |
| Height: | <u>Water Supply</u> |
| No. of stories: | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| | <input type="checkbox"/> Partial |
| | <input type="checkbox"/> Other Suppression |
| | No. of Heads: |

| BUILDING DESCRIPTION - RESIDENTIAL | |
|--|--|
| Building Characteristics | Utilities |
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: <u>4</u> | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | |
| Roof: | |
| <input type="checkbox"/> State Certified Modular | |
| <input type="checkbox"/> Manufactured Home | |

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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

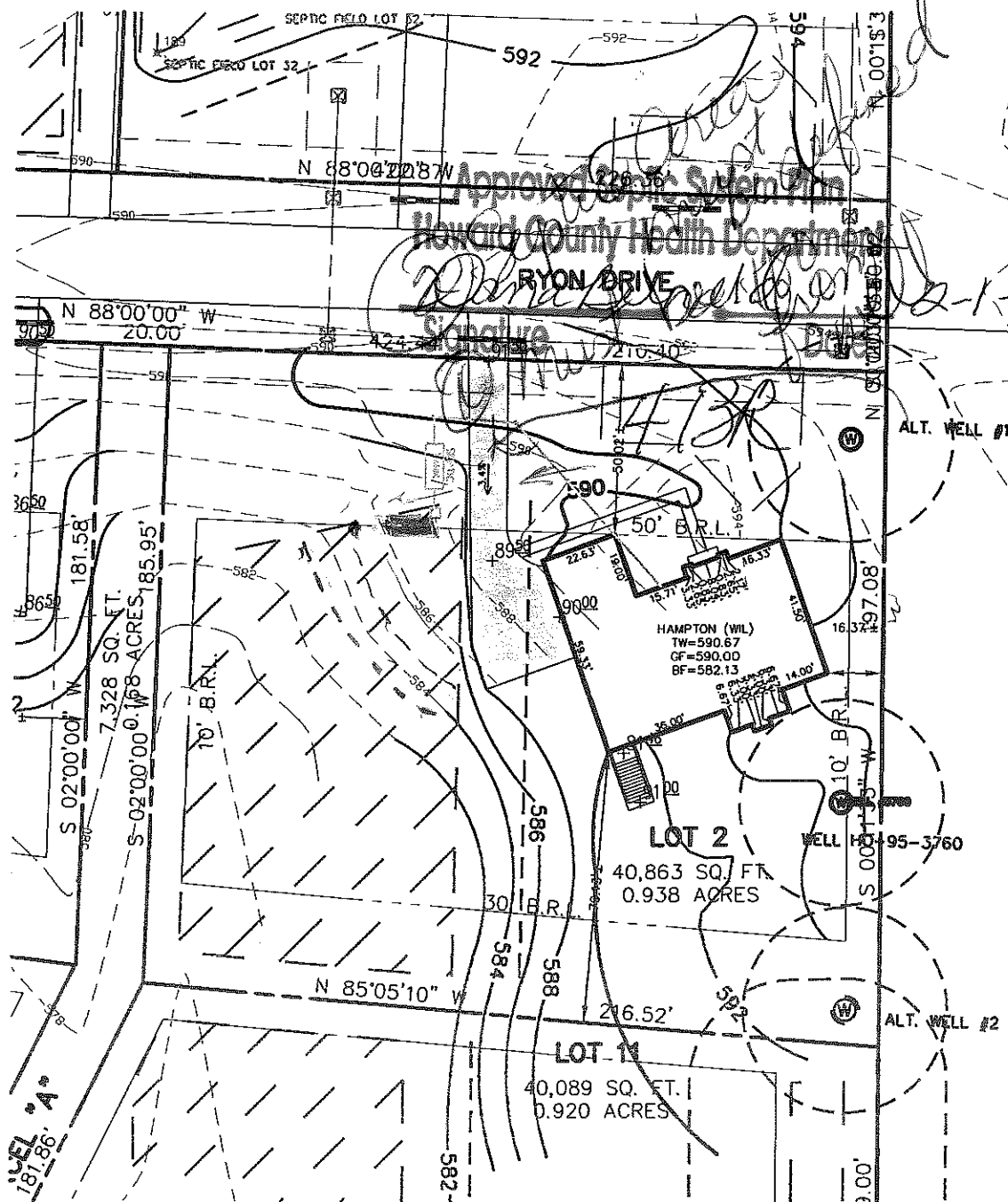
Applicant's Signature _____ Print Name _____

Email Address _____ Date _____

Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL | DPZ SETBACK INFORMATION | Filing Fee |
|--|---------------|-----------------------|---|-----------------|
| State Highways | | | Front: | \$ <u>150</u> |
| Building Officials | | | Rear: | \$ |
| PSZA (Zoning) | | | Side: | \$ |
| PSZA (Engineering) | | | Side St.: | \$ |
| Health | <u>2-1-11</u> | <u>Dana Bernard</u> | All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No | Guaranty Fund |
| Fire Protection | | | Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No | Add'l per Fee |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | | Lot Coverage for New Town Zone: | \$ |
| <input type="checkbox"/> ONE STOP SHOP | | | SDP/Red-line approval date: | Total Fees |
| | | | | \$ |
| | | | | Sub- Total Paid |
| | | | | \$ |
| | | | | Balance Due |
| | | | | \$ |



THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE- PHASE I, PLAT No. 17725. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM A FIELD RUN TOPOGRAPHIC SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY ESE CONSULTANTS, INC., PERFORMED ON OCTOBER 14, 2009.

| | |
|-----------------------|-------|
| INV. @ HOUSE | 586.6 |
| GROUND @ INV. @ HOUSE | 591.0 |
| INV. IN TANK | 584.7 |
| INV. OUT TANK | 584.4 |
| TOP OF TANK | 585.4 |
| GROUND OVER TANK | 588.0 |

| | |
|--------------------|-------|
| INV. IN DIST. BOX | 584.3 |
| INV. OUT DIST. BOX | 584.0 |
| GROUND @ BOX | 588.0 |

BASEMENT NOT SERVICED VIA GRAVITY SEWER.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3760) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

E & S CONTROLS PER PLAN GP 10-74

DRIVEWAY CULVERT PER F-05-29 PLAN

SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29.

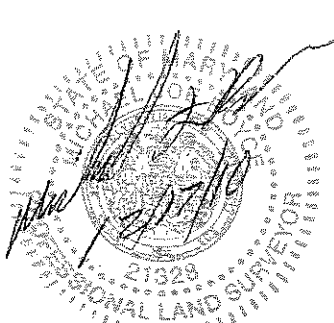
BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS: 13905 RYON DRIVE
GLENELG, MD 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE



TYPE: HAMPTON (WILLIAMSBURG)-
ADD'L 1' TO HEIGHT OF BASEMENT

OPTION No. 070

PERMIT PLOT PLAN
LOT #2
HOPKINS CHOICE
LIBER 12186, FOLIO 256
PLAT No. 17725
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 12/17/10

SCALE: 1"= 50'

FILE: Lot 2 PP

CHK'D: MJB

JOB#: 2975

DRAWN: MJB

Toll Brothers

America's Luxury Home Builder™

\$50.00 ck
Scanned 12/13/11

Toll Brothers Inc -Glenelg Estates/Hopkins Choice
14118 Patterson Farm Court
Glenelg Maryland 21737

December 13, 2011

Ms. Avis L. Corbin-
Chief of Licenses and Permits Division
3430 Court House Drive
Ellicott City Maryland 21043

RECEIVED

DEC 12 2011

Re: Permit Revision
B11000211
13905 Ryon Drive
Hopkins Choice Lot #2

LICENSES & PERMITS
DIVISION

Dear Ms. Corbin

Thank you for taking the time to review the attached documentation. The reason for the letter is that the homeowner re-selected their house type. Included in the documentation are a revised blue prints, revised site plan, and an amendment check

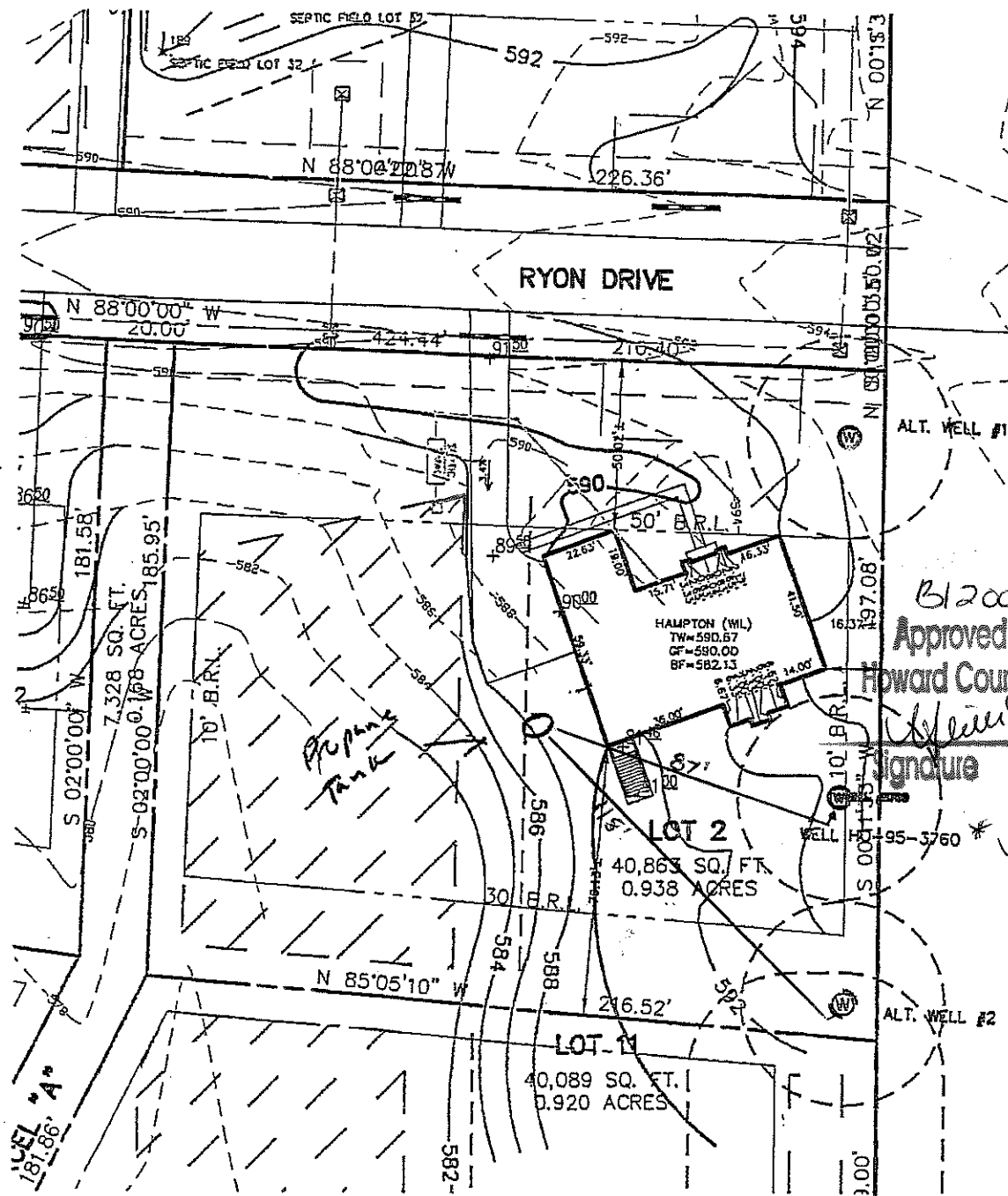
Please accept my apologies for the trouble. Please contact me with any questions or concerns of any kind at 410-320-0223 or mmartin3@tollbrothersinc.com.

CC: Zoning
DED
Heath

Sincerely,



Michael Martin
TOLL BROTHERS, INC.
Project Manager



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E & S CONTROLS PER PLAN GP 10-74
 DRIVEWAY CULVERT PER F-05-29 PLAN
 SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29.
 BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

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 EXISTING TOPOGRAPHY IS TAKEN FROM A FIELD RUN TOPOGRAPHIC SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY ESE CONSULTANTS, PERFORMED ON OCTOBER 14, 2009.

B12000470
 Approved Septic System Plan
 Howard County Health Department
 Signature: *[Signature]* 3-15-12
 Date
 u/c
 CP tank
 Variance approved

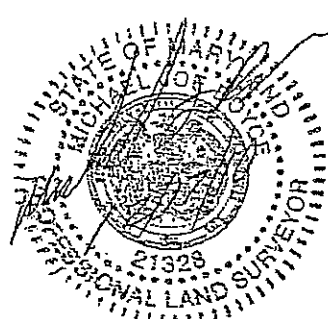
| | |
|-----------------------|-------|
| INV. @ HOUSE | 586.6 |
| GROUND @ INV. @ HOUSE | 591.0 |
| INV. IN TANK | 584.7 |
| INV. OUT TANK | 584.4 |
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| GROUND OVER TANK | 588.0 |
| INV. IN DIST. BOX | 584.3 |
| INV. OUT DIST. BOX | 584.0 |
| GROUND @ BOX | 588.0 |

BASEMENT NOT SERVICED VIA GRAVITY SEWER.
 THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3760) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

ADDRESS: 13905 RYON DRIVE
 GLENELG, MD 21737

APPROVED:
 FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____



TYPE: HAMPTON (WILLIAMSBURG)-
 ADD'L 1' TO HEIGHT OF BASEMENT
 OPTION No. 070

PERMIT PLOT PLAN
 LOT #2
HOPKINS CHOICE
 LIBER 12186, FOLIO 256
 PLAT No. 17725
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 12/17/10 SCALE: 1"= 50' FILE: Lot 2 PP
 CHK'D: MJB JOB#: 2975 DRAWN: MJB

FILE INQUIRY NOTES

[illegible]