



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B19001341

Building Address: 2445 Sand Hill Rd
City: Ellicott State: MD Zip Code: 21042
Suite/Apt. #: NA SDP/WP/BA #: _____
Subdivision: Sand Hill Acres
Lot: 7 Tax Map: 16 Parcel: 402

Existing Use: Single Family Home
Proposed Use: addition to home
Estimated Construction Cost: \$ 350,000
Description of Work: Construct 28'x56'
addition with unfinished
basement, 2 car garage
construct 14'x18' sun room
finished sq ft 1659 +/-
Occupant/Tenant Name: NA

Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Brian Christina Evans
Address: 2445 Sand Hill Road
City: Ellicott State: MD Zip Code: 21042
Phone: 410-599-5306 Fax: _____
Email: eva.b.c@icloud.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Chris Matthews
Address: 442 West Old Liberty Rd
City: Sykesville State: MD Zip Code: 21784
Phone: 443-900-7399 Fax: _____
Email: Chris.Matthews@cmbsconstructiongroupinc.com

Contractor Company: CMBCONSTRUCTION GROUP
Contact Person: Chris Matthews
Address: 442 West Old Liberty Rd
City: Sykesville State: MD Zip Code: 21784
License No.: 136428
Phone: 443-900-7399 Fax: NA
Email: Chris.Matthews@cmbsconstructiongroupinc.com

Engineer/Architect Company: AISA Schmidt Architect Inc.
Responsible Design Prof.: Aisa Schmidt
Address: 2729 Thora Brook Rd
City: Ellicott State: MD Zip Code: 21042
Phone: 410-461-7462 Fax: _____
Email: aisa@verizon.net

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type: _____	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: Chris Matthews Print Name: Chris Matthews
Email Address: Chris.Matthews@cmbsconstructiongroupinc.com Date: 7/29/19
Title/Company: Owner/CMBCONSTRUCTION

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	<u>7/23/2019</u>	<u>Ruth</u>

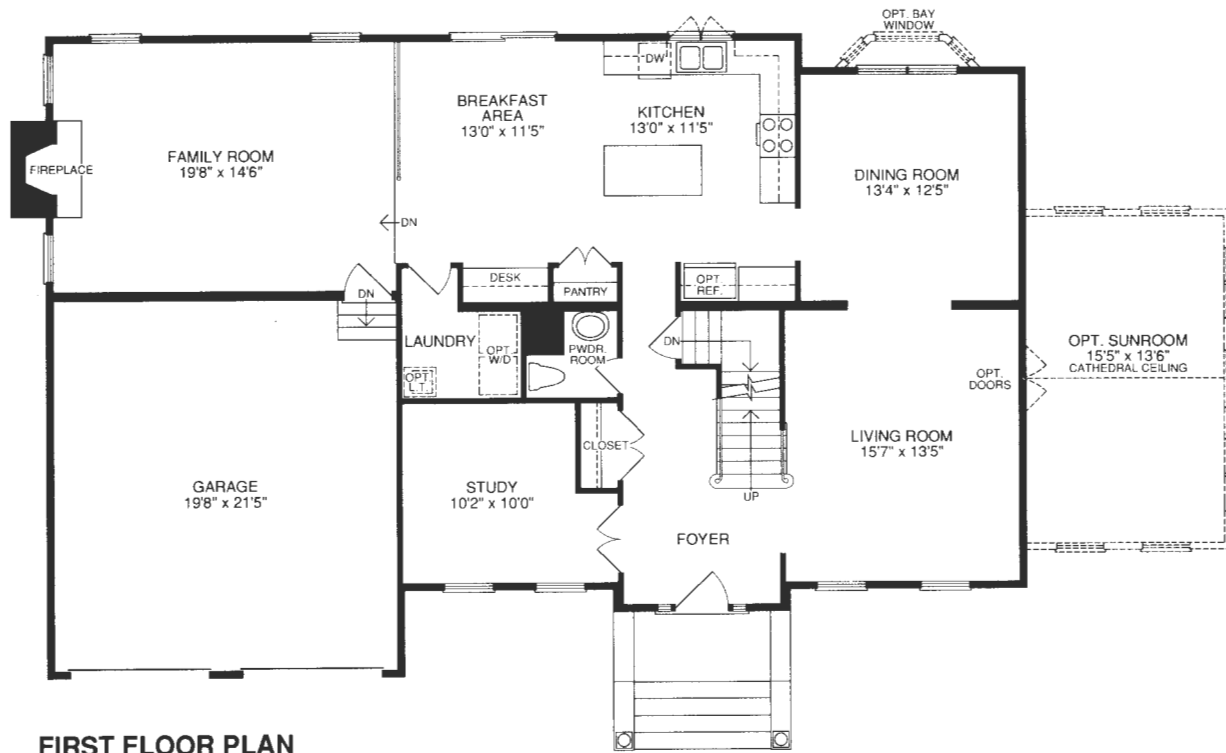
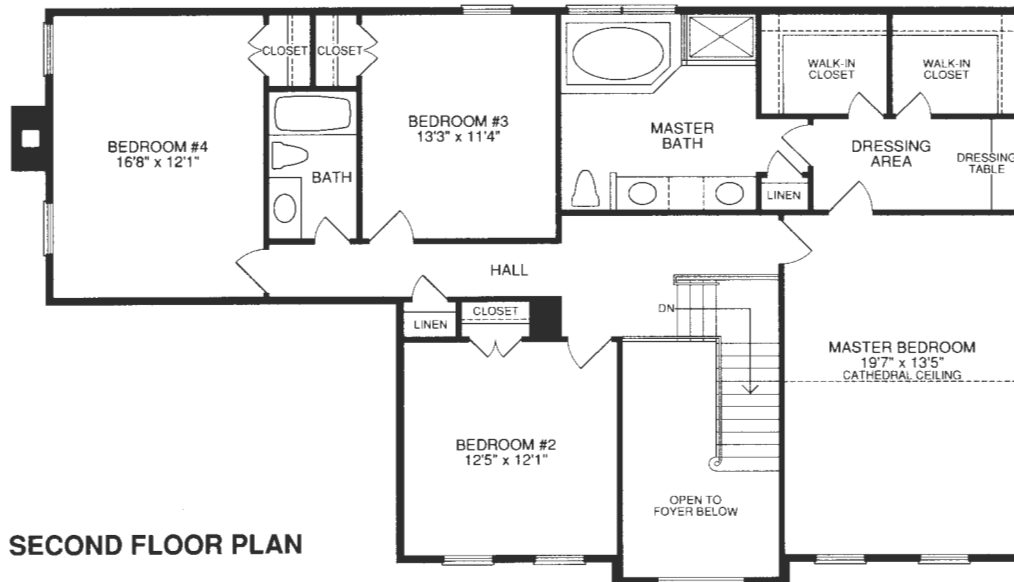
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check #	<u>47-043468095</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

The Villanova II *(Existing)*



Drawings are for illustration only and may vary in precise detail from plans and specifications

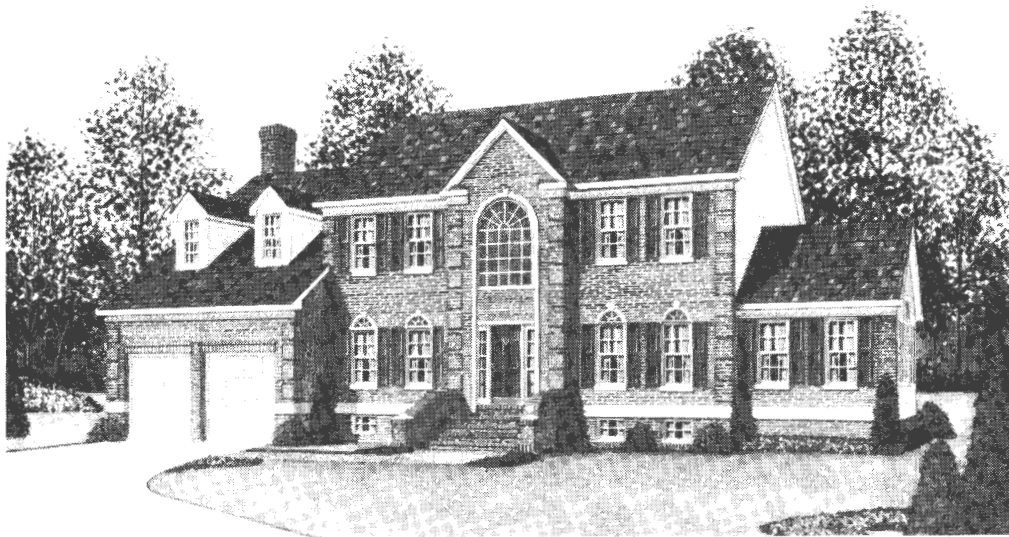


The Villanova II

- garage
- microwave
-uzzi
- back
- carpet



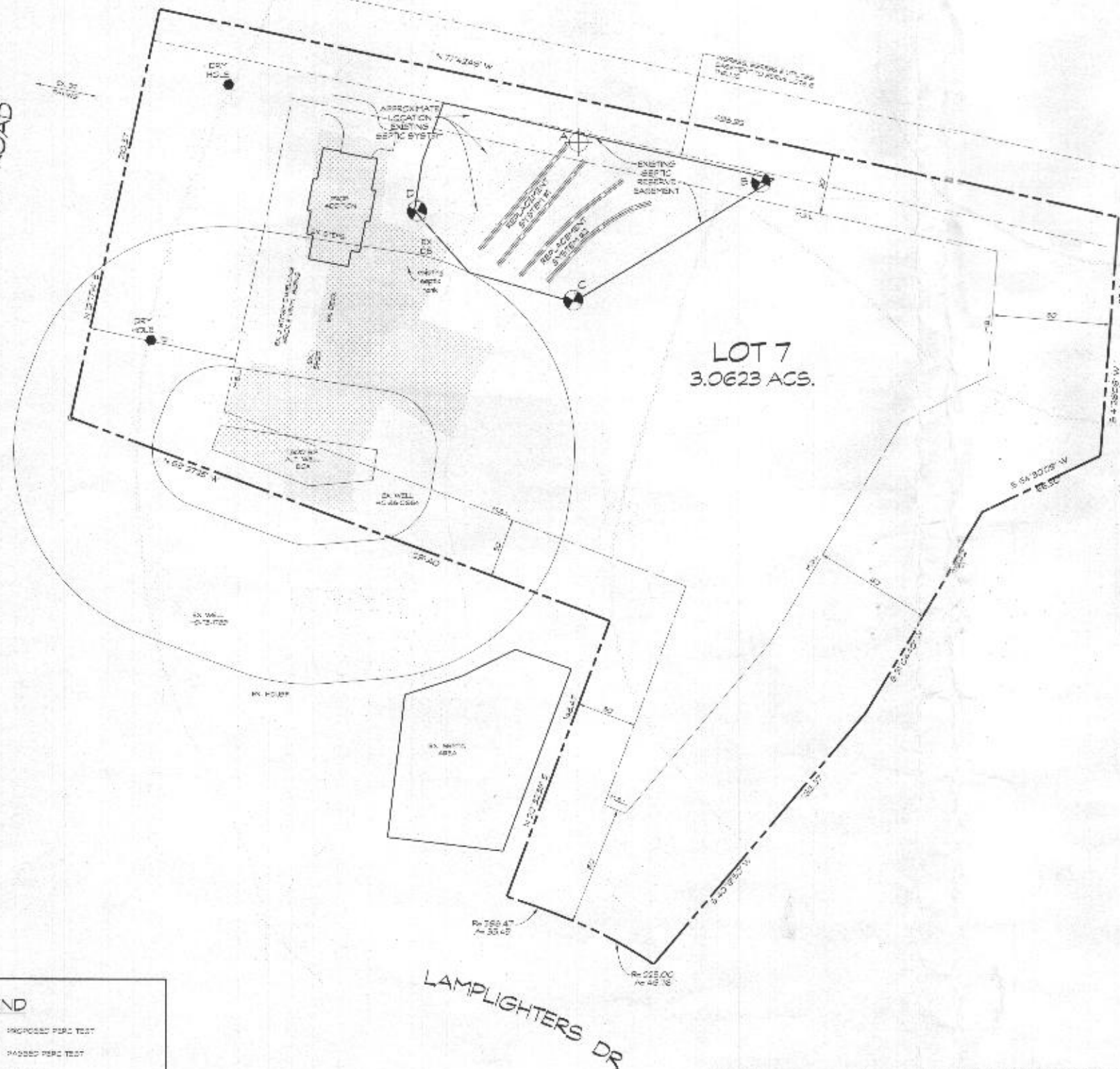
2000
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ALTIERI HOMES, INC.

A Division of Altieri Enterprises, Inc.

SAND HILL ROAD



LOT 7
3.0623 ACS.

SEPTIC SYSTEM TRENCH DESIGN:

EXISTING HOUSE: 4 BEDROOMS
PROPOSED ADDITIONS: 1 BEDROOM
TOTAL NUMBER OF BEDROOMS: 5 BEDROOMS
APPLICATION RATE: 1.0 GPD/SQ. FT.
EFFECTIVE DEPTH IS 2' (BASED ON EXISTING SYSTEM DESIGN)

150 GAL. X 5 BEDROOM = 750 GAL/DAY
750 GAL/DAY / 1.0 GPD/SQ. FT. = 750 SQ. FT.
33.1 SQ. FT. / 3 FT. X 3.125' = 313 LF. OF STANDARD TRENCH
213 LF. X .44' = 94' X 1.57' = 156' LF. OF DEEP TRENCH
USE 24" LF. OF TRENCH FOR EACH SYSTEM

NOTE: EXISTING SEPTIC TRENCHES ARE 2'-6" LF. OF DEEP TRENCH FOR A TOTAL OF 163' LF. OF DEEP TRENCH

GENERAL NOTES:

1. CURRENT TITLE REFERENCE
OWNER: KRISTEN EVANS
DEED REFERENCE: L. 4453, P. 456
DATE: OCTOBER 28, 2014
GRANTOR: ANTONIO KATAROS
2. THE LOT SHOWN HEREON CORRELATES WITH THE MINIMUM OVERSEER MEET AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. THE TOPOGRAPHY SHOWN HEREON IS BASED ON FORWARD COUNTY 200 SCALE TOPO MAPS AND VIEWED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY. TOPOGRAPHY OF THE SEWAGE DISPOSAL AREA WAS FIELD VERIFIED BY CLSI.
4. EXISTING WELLS AND/OR SEWER EASEMENTS WITHIN 100' OF THE LOT LINES HAVE BEEN SHOWN. THERE ARE NO WELLS 200' DOWN GRADIENT OF THE SEPTIC BASEMENT AREA SHOWN.
5. ALL EXISTING WELLS OR BUILDING LINES
6. ANY CHANGES TO THE PRIVATE SEWER EASEMENT AND/OR ALTERNATIVE WELL LOCATION SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
7. THE PERCOLATION TEST LOCATIONS WERE TAKEN FROM THE INFORMATION PROVIDED BY THE HEALTH DEPARTMENT FROM THE ORIGINAL PERIT INCORPORATION, AND ALSO THE SAND HILL ACRES RECORD PLAT (PLAT NO. 2333).
8. SHOULD STORMWATER MANAGEMENT BE REQUIRED, IT WILL BE PROVIDED BY A DRY WELL ON SITE.
9. SHOULD A SEPTIC SYSTEM UPGRADE BE REQUIRED, THE SEPTIC SYSTEM COMPONENTS SHALL BE INSTALLED AND APPROVED PRIOR TO HEALTH DEPARTMENT APPROVAL OF THE BUILDING PERMIT APPLICATION.
10. THERE ARE NO VISIBLE WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE BOUNDARY UNLESS OTHERWISE SHOWN HEREON.

DATA TABULATIONS:

1. ZONING DISTRICT: RR PRO
2. NUMBER OF BUILDING SITES: 1
3. TOTAL AREA OF LOT: 3.06 ACRES

OWNER/DEVELOPER

KRISTEN EVANS
2445 SAND HILL ROAD
ELICOTT CITY, MD 21043

PERCOLATION TEST RESULTS, A-40946

PERCOLATION CERTIFICATION PLAN

LOT 7

SECTION 3 AREA

SAND HILL ACRES

2445 SAND HILL RD. ELICOTT CITY, MD 21042

RECORDED IN PLAT #8955

2nd ELECTION DISTRICT - HOWARD COUNTY, MD

TAX MAP: 18 - GRID 1 - PARCEL: 402



480 East Men Street Westmont, MD 21157-5888
(410) 848-1780 FAX (410) 848-1721

Survey & Plan
Registered Professional Surveyor
Survey & Plan
Registered Professional Surveyor
Survey & Plan
Registered Professional Surveyor

DATE	REVISION	BY	CHKD BY
11/12/12	REVISED TO ADD PROPOSED DEEP TRENCH AND 24" DEEP TRENCH FOR 156' LF. OF DEEP TRENCH	Designed By	Reviewed By
		DATE: 11/20/12	
		SCALE: AS SHOWN	
		DATE: 11/20/12	
		SCALE: 1" = 10'	

LEGEND

- PROPOSED PERC TEST
- PASSED PERC TEST
- DRY HOLE
- EXISTING WELL LOCATION
- ALTERNATIVE WELL LOCATION
- SOIL LINES
- EXISTING TOTAL PROPOSED SEPTIC RESERVE EASEMENT AREA
- EXISTING TRENCH

SOIL LEGEND	
CL	CLAY
SL	SAND
CL	CLAY
SL	SAND

PLAN
SCALE: 1" = 30'

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

APPROVED FOR PRIVATE WATER AND SEWAGE SYSTEM
HOWARD COUNTY HEALTH OFFICER

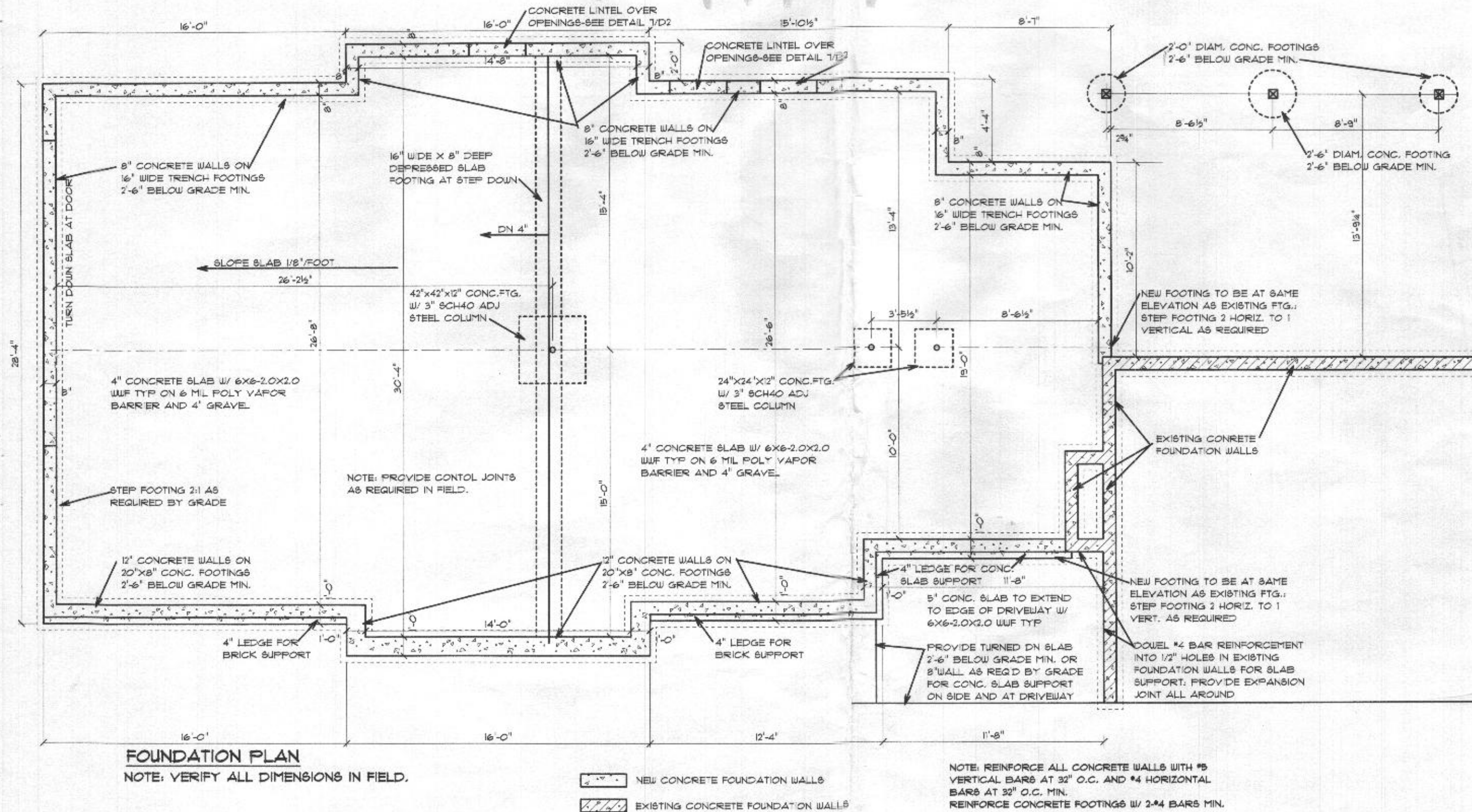
HOWARD COUNTY HEALTH OFFICER

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER'S PROPERTY LINE SURVEY NO. 100-4

County File No.

Health

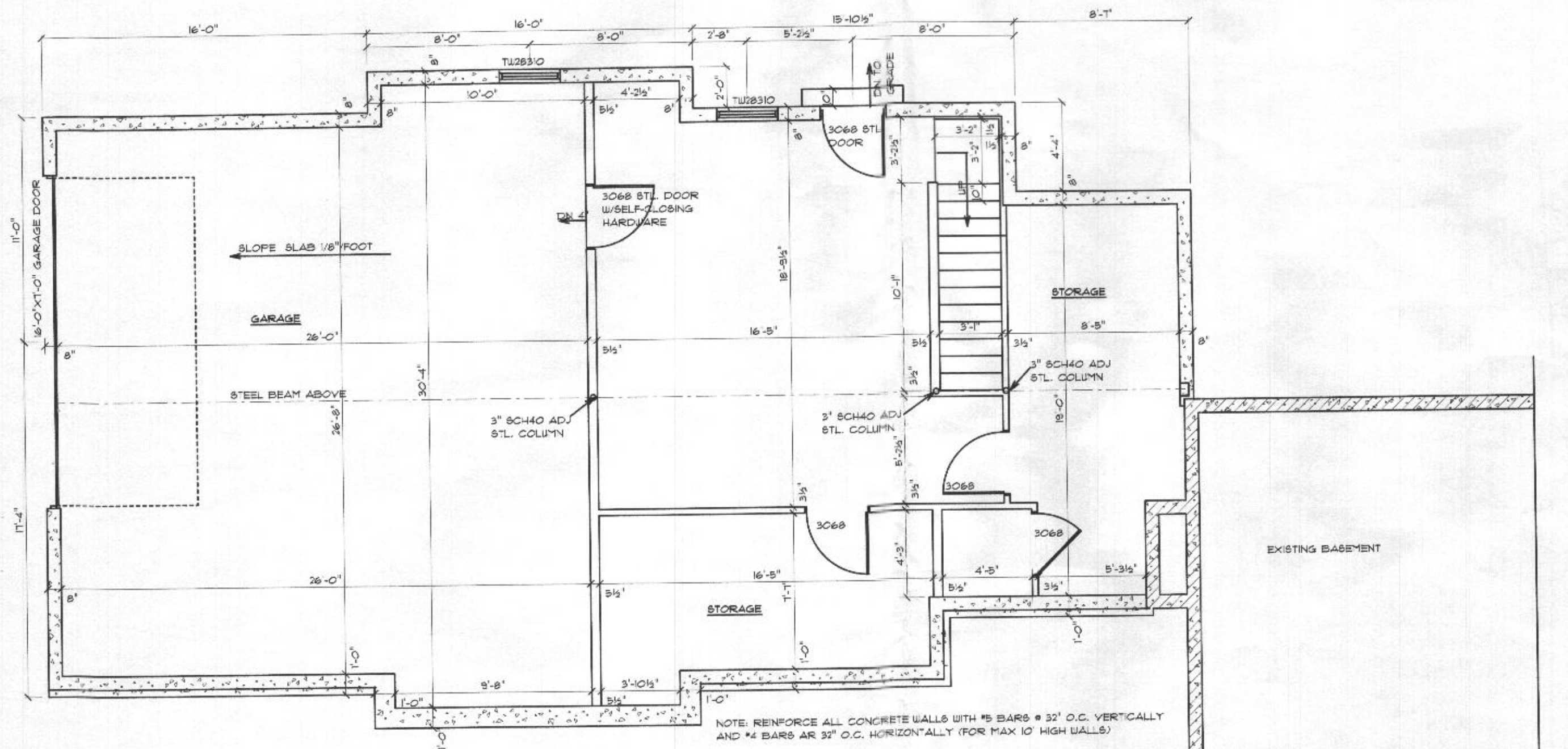


EVANS RESIDENCE - HOWARD COUNTY, MD

AJJA SCHMIDT ARCHITECT, INC.
ELLICOTT CITY, MARYLAND

DATE:
04/26/2019
SCALE:
3/16"=1'-0"

A1



LOWER LEVEL PLAN

NOTE: VERIFY ALL DIMENSIONS IN FIELD.

- NEW CONCRETE FOUNDATION WALLS
- EXISTING CONCRETE FOUNDATION WALLS

EVANS RESIDENCE - HOWARD COUNTY, MD
 AIJA SCHMIDT ARCHITECT, INC.
 ELLICOTT CITY, MARYLAND

DATE:
 04/26/2019
 SCALE:
 3/16" = 1'-0"

A2

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6/4/19

To: Dan Swinder
(Person's Name and Division) CMBL Construction

From: Chris Matthews (443) 900-4349
(Your Name, Company Name and Telephone Number)

Subject: Project name Evans Residence
Project site address 2445 Sand Hill Rd
Permit # B19001341 SDP # _____
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- _____ Letter of response to address plan review comment letter
- 2 X Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- _____ Letter Summarizing Changes
- _____ Energy conservation calculations
- 3 ✓ Copies of Site Plan (be specific).
- _____ Health Department Request X DPZ/ DED Request _____ Applicant's Request
- _____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- _____ Other _____

Contact Person Information: (Required)

Chris Matthews
Please Print Name

Telephone No: 443-900-4349

E-Mail Address: Chris.Matthews@CMBLConstructionGroupINC.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by MF

Revision #1
CC: Health
P+Z

SAND HILL ROAD
MSRC PLAT 41521, 40571
(60' RW)

LOT 7
3.0623 ACS.

LAMPLIGHTERS DR
PLAT 3622
(50' RW)

PLAN
SCALE: 1"= 30'

LEGEND

- PROPOSED PERC TEST
- PASSED PERC TEST
- FAILED PERC TEST
- DRY HOLE
- EXISTING WELL LOCATION
- ALTERNATIVE WELL LOCATION
- SOIL LINES
- DENOTES - TOTAL PROPOSED SEPTIC RESERVE EASEMENT AREA
- EXISTING TREELINE

SOILS LEGEND

SOIL	TYPE
GgB	GLENELG
GgC	GLENELG
MaD	MANOR

INITIAL (EXISTING) SYSTEM:
EXISTING HOUSE: 4 BEDROOMS
PROPOSED ADDITION: 1 BEDROOM
TOTAL NUMBER OF BEDROOMS = 5
APPLICATION RATE = 1.2 GPD/SQ. FT.
EFFECTIVE DEPTH IS 3' (EXISTING SYSTEM DESIGN)

150 GALS x 5 BEDROOM = 750 GAL/DAY
750 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 625 SQ. FT.
625 SQ. FT. / 2 FT. = 312.5 LF. OF TRENCH - 313 LF. OF TRENCH
313 LF. x .44 = 137.72 LF. OF TRENCH - 138 LF. OF DEEP TRENCH
USE 2 - 69 LF. OF TRENCH FOR EACH SYSTEM

REPLACEMENT SYSTEM 1 & 2:
PROPOSED NUMBER OF BEDROOMS = 5
APPLICATION RATE = 1.2 GPD/SQ. FT.
EFFECTIVE DEPTH IS 6'
150 GALS x 5 BEDROOM = 750 GAL/DAY
750 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 625 SQ. FT.
625 SQ. FT. / 3 FT. = 208 LF. OF TRENCH
208 LF. x .31 = 64.49 LF. OF TRENCH - 65 LF. OF TRENCH
USE 1 - 65 LF. OF TRENCH FOR EACH SYSTEM

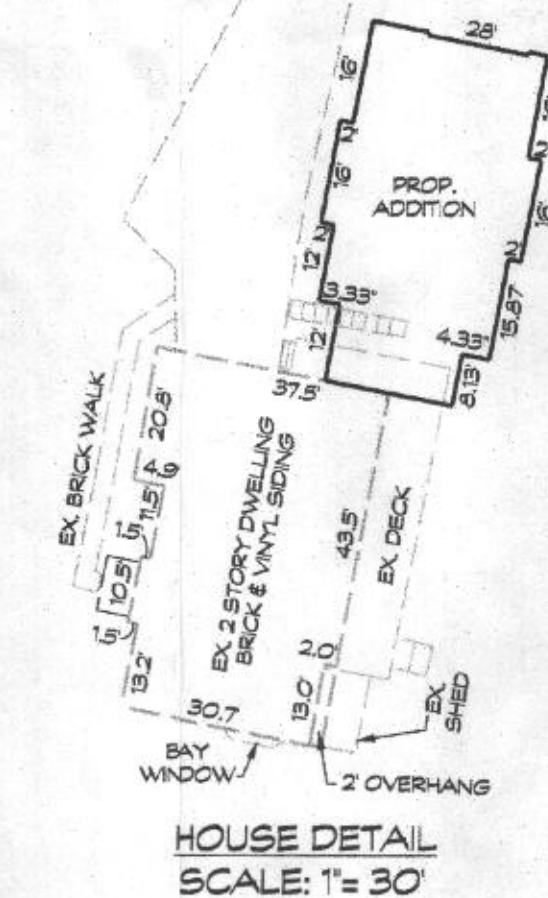
THIS AREA DESIGNATES A PRIVATE SEPTIC RESERVE EASEMENT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE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

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

MARK A. RIDDLE, PROFESSIONAL LAND SURVEYOR #10899



GENERAL NOTES

- CURRENT TITLE REFERENCE:
OWNER: KRISTEN EVANS
DEED REFERENCE: L 15853, F. 458
DATE: OCTOBER 29, 2014
GRANTOR: ANTONIO KAZAROS
- THE LOT SHOWN HEREON COMPLEES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- THE TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY 200 SCALE TOPO MAPS AND VERIFIED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY. TOPOGRAPHY OF THE SEWAGE DISPOSAL AREA WAS FIELD VERIFIED BY CLS.
- EXISTING WELLS AND/OR SEWER EASEMENTS WITHIN 100' OF THE LOT LINES HAVE BEEN SHOWN. THERE ARE NO WELLS 200' DOWN GRADIENT OF THE SEPTIC EASEMENT AREA SHOWN.
- M.B.L. DENOTES MINIMUM BUILDING LINE
- ANY CHANGES TO THE PRIVATE SEWER EASEMENT AND/OR ALTERNATIVE WELL LOCATION SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- THE PERCOLATION TEST LOCATIONS WERE TAKEN FROM THE INFORMATION PROVIDED BY THE HEALTH DEPARTMENT FROM THE ORIGINAL PERMIT INFORMATION A-40946 AND ALSO THE SAND HILL ACRES RECORD PLAT (PLAT NO. 8335)
- SHOULD STORMWATER MANAGEMENT BE REQUIRED, IT WILL BE PROVIDED BY A DRY WELL ON SITE.
- SHOULD A SEPTIC SYSTEM UPGRADE BE REQUIRED, THE SEPTIC SYSTEM COMPONENTS SHALL BE INSTALLED AND APPROVED PRIOR TO HEALTH DEPARTMENT APPROVAL OF THE BUILDING PERMIT APPLICATION.
- THERE ARE NO VISIBLE WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE BOUNDARY UNLESS OTHERWISE SHOWN HEREON.

DATA TABULATIONS:

- ZONING DISTRICT: R8-DEO
- NUMBER OF BUILDING SITES: 1
- TOTAL AREA OF LOT: 3.06 ACRES

NOTE:

IN THE EVENT THE EXISTING SEPTIC SYSTEM FAILS AND THE REPLACEMENT SYSTEM MUST BE UTILIZED, THE EXISTING WELL MUST BE PROPERLY ABANDONED WITH ORIGINAL DOCUMENTATION TO BE SENT TO THE HEALTH DEPARTMENT. THE HOUSE WOULD BE CONNECTED TO PUBLIC WATER AT THAT TIME.

OWNER/DEVELOPER

KRISTEN EVANS
2445 SAND HILL ROAD
ELLICOTT CITY, MD 21042

PERCOLATION TEST RESULTS, A-40946

PERCOLATION CERTIFICATION PLAN

LOT 7
SECTION 3 AREA 1
SAND HILL ACRES
2445 SAND HILL RD. ELLICOTT CITY, MD 21042
RECORDED IN PLAT #8355
3rd ELECTION DISTRICT * HOWARD COUNTY, MD
TAX MAP: 16 * GRID: 7 * PARCEL: 402



439 East Main Street Westminster, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791

A LICENSED MARYLAND SURVEYOR EITHER PERSONALLY PREPARED THIS PLAN OR WAS IN RESPONSIBLE CHARGE OVER ITS PREPARATION AND THE SURVEYING WORK IS SUBJECT IN IT, IN COMPLIANCE WITH THE MARYLAND MINIMUM STANDARD OF PRACTICE FOR LAND SURVEYING.

Date	Revisions	Drawn By: BM, KMB
4/10/19	REVISED TO ADD PROPOSED PERC TEST AND ADDING WELLS & SEPTIC AREAS	Designed By:
05/08/19	ADDED HOUSE DIMENSIONS & LOT TIES PER COUNTY	Reviewed By:
5/30/19	ADD REPLACEMENT SYSTEMS 1 & 2 AND SEPTIC EASEMENT AREA	Date: MARCH, 2018
		Scale: AS SHOWN
		Job No.: 2019026
		Sheet: 1 OF 1

County File No.