

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07000784

Building Address 15313 LEONARD DRIVE
Glenwood Md 21738

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 31 Parcel M 225 Grid 8

Zoning _____ Map Coordinates _____ Lot size 1.24

Property Owner's Name ZACHARY SUDRICK

Address 10201 PROGRESS COURT

City COLUMBIA State MD Zip Code 21044

Home Phone 301 721 4592 Work Phone _____

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

Phone LP Fax _____

Existing Use Suitcase

Proposed Use Suitcase with (1) 10000x10 tank

Estimated Construction Cost \$ 4000

Description of Work INSTALL (1) 10000x10 TANK

Contractor Company ARZO FURZAN

Contact Person RICK JAGG

Address 20388 LIBERTY ROAD

City FORT WASHINGTON State MD Zip Code 21731

License No. 606073

Phone (301) 662-4101 Fax (301) 662-0709

Occupant or Tenant _____

Contact Name SAC

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ 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 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 _____

Title/Company _____

Print Name _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/5/07</u>	<u>Sudzilo</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>1000.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>1100.00</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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



GASOLINE • PROPANE • HEATING OILS
HEATING • AIR CONDITIONING SALES • SERVICE

GENERAL OFFICE: 230 LINCOLN WAY EAST
NEW OXFORD, PENNSYLVANIA 17350-1296
(717) 624-4311 FAX (717) 624-5850

Application # B07000784

Distance from Tank to:

- A Corner of House: 187'
- B Corner of House: 180'
- C Well: 300'
- D Septic Tank: 150'
- E Septic Field: 20'
- F Front Property Line: 55'
- G Left Property Line: 110'
- H Right Property Line: 15'
- I Rear Property Line: 388'

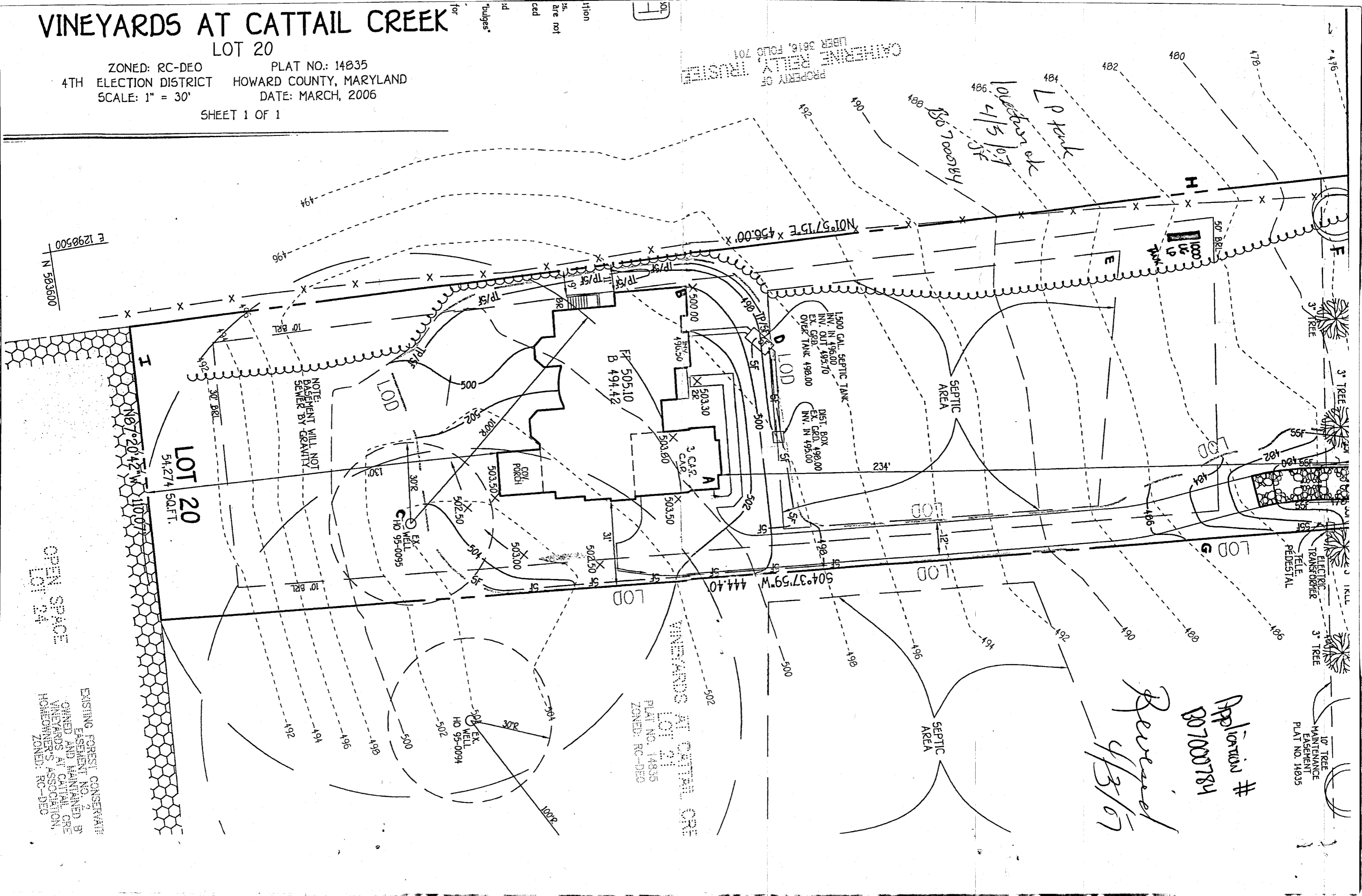
VINEYARDS AT CATTAIL CREEK

LOT 20

ZONED: RC-DEO PLAT NO.: 14835
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: MARCH, 2006

SHEET 1 OF 1

PROPERTY OF
 CATHERINE KELLY TRUSTEE
 LIBER 3612, FOLIO 701



NOTE:
 BASEMENT WILL NOT
 SEWER BY GRAVITY

LOT 20
 54,274 SQ. FT.

N 07° 20' 42" W 110' 07"
 N 01° 57' 15" E 456' 00"

OPEN SPACE
 LOT 24

EXISTING FOREST CONSERVATION
 EASEMENT NO. 2
 OWNED AND MAINTAINED BY
 VINEYARDS AT CATTAIL CREEK
 HOMEOWNERS ASSOCIATION
 ZONED: RC-DEO

Application #
 R07000784

Revised
 4/3/07

10' TREE
 MAINTENANCE
 EASEMENT
 PLAT NO. 14835

ELECTRIC
 TRANSFORMER
 TELE
 PEDESTAL

3" TREE

3" TREE

3" TREE

4" TREE

VINEYARDS AT CATTAIL CREEK
 LOT 21
 PLAT NO. 14835
 ZONED: RC-DEO

tion
 are not
 ced
 "bulges"
 for

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65015	Account #:	1271
Reference:	Michael Steer	Company:	Blue Mountain Water
Location:	15313 Leondina Drive Glenwood, MD 21738	Requested By:	Michael Steer
Date/ Time Collected:	9/4/2007 1220	Source:	Well Water
Date/Time Rec'd:	9/4/2007 1329	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.1
		Well #:	HO-95-0095

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/5/2007 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/5/2007 / 0800 / AD/BD
Nitrate	11.4	mg/L.	10	601	9/5/2007 / 1045 / AD/BD
Turbidity	0.44	NTU	<10	SM18 2130B	9/5/2007 / 0915 / AD/BD
Sand	NS	mg/L.	5	Visual/Gravimetry	9/4/2007 / 1410 / BCD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B06002580

Date Reported: 9/5/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65168	Account #:	1271
Reference:	Michael Steer	Company:	Blue Mountain Water
Location:	15313 Leondina Drive Glenwood, MD 21738	Requested By:	Michael Steer
Date/ Time Collected:	9/17/2007 1050	Source:	Well Water
Date/Time Rec'd:	9/17/2007 1415	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener
Collected By:	J. Yeager 6176JY	pH:	5.5
		Well #:	HO-95-0095

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	9/17/2007 / 1610 / BCD

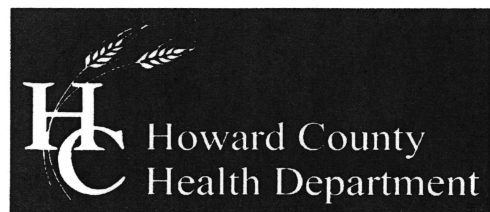
NOTES:

- 1 mg/L - milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 65015

Building Permit # : B06002580

Date Reported: 9/18/2007



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 24th, 2007

Homeowner
15313 Leondina Drive
Glenwood, MD 21738

RE: Vineyards @ Cattail Creek, Lot 20
15313 Leondina Dr.
Glenwood, MD 21738
BP #B06002580
Well Permit #HO-95-0095

Dear Sir/Madam,

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 4/18/2007. Final approval of the well line connection to the dwelling was approved on 5/24/2007**

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 raw nitrate sample results were previously documented to be 11.4 ppm. **A nitrate device (Water Softener) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on September 17, 2007 which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

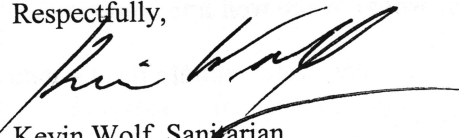
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0095. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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): 9/4/2007, 9/17/2007

Date of Well Completion: 10/7/2005

Respectfully,



Kevin Wolf, Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File

Building Address: 15313 LEONZNA DR.
GLENWOOD, MD, 21738

Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 20
 Tax Map: 21 Parcel: 225 Grid: 8
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.24 AC

Existing Use: SFD
 Proposed Use: SFD

Estimated Construction Cost: \$ 36,000.00
 Description of Work: TO INSTALL 36 GROUND MOUNTED SOLAR PANELS.

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

Property Owner's Name: ZAIGHAM SHARIFF
 Address: 15313 LEONZNA DR.
 City: GLENWOOD State: MD Zip Code: 21738
 Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
KEITH ROYCROFT / SOLAR ENERGY WORLD
5681 MAIN ST. ELK RIDGE, MD. 21075
 Phone: 410-579-2009 Fax: _____
 Email: _____

Contractor Company: SOLAR ENERGY WORLD
 Contact Person: DANNY POLK
 Address: 5681 MAIN ST.
 City: ELK RIDGE State: MD Zip Code: 21075
 License No.: MHIC 127353
 Phone: 410-579-2009 Fax: _____
 Email: _____

Engineer/Architect Company: SOLAR ENERGY WORLD
 Responsible Design Prof.: MICHAEL AJOMALE
 Address: 5681 MAIN ST.
 City: ELK RIDGE State: MD Zip Code: 21075
 Phone: 410-579-2009 Fax: _____
 Email: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" 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 checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" 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"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Keith Roycroft
 Applicant's Signature

KEITH ROYCROFT
 Print Name

 Email Address

3-16-2012
 Date

SOLAR ENERGY WORLD
 Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

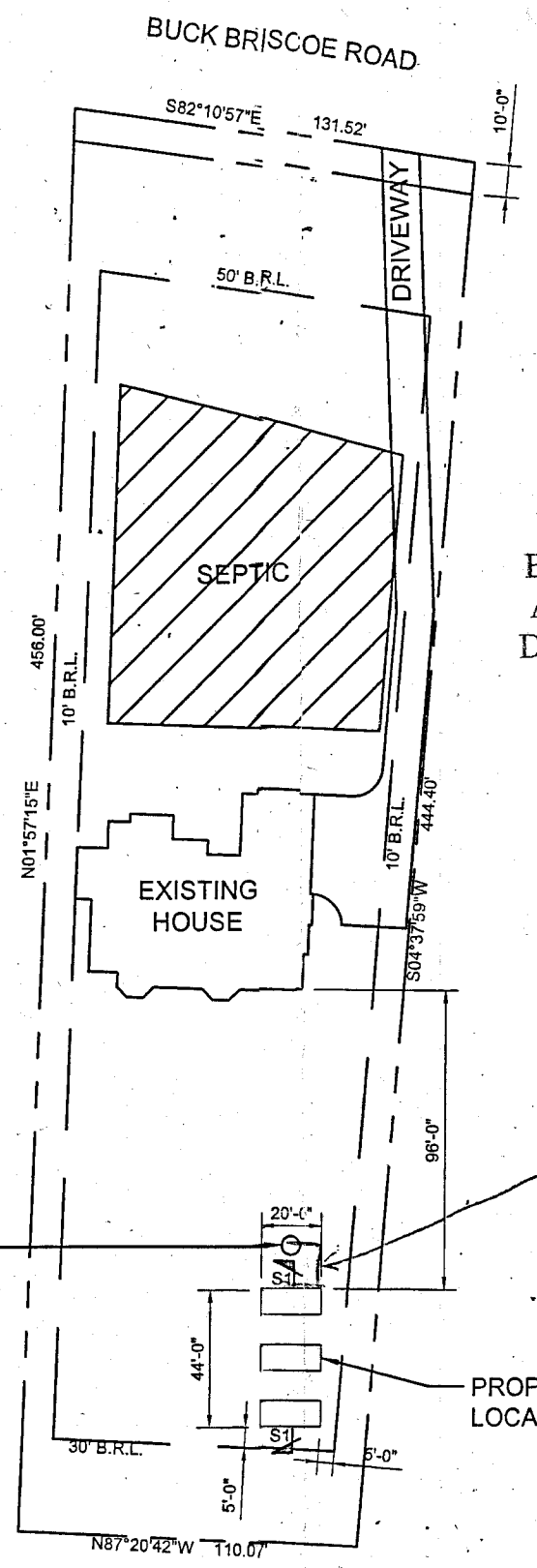
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/16/12</u>	<u>R. Becker</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

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



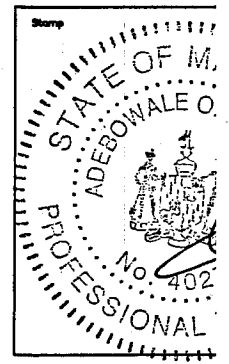
APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *K. Baker* DATE: *3/16/2012*
 DESC. OF WORK: *36 Ground-mounted Solar Panels as shown*

DISTANCE FROM WELL TO TOP OF ARRAY: 13 FT 9 IN.

PROPOSED ARRAY LOCATIONS
 (SEE PG. S1 STRUCTURAL SECTION)

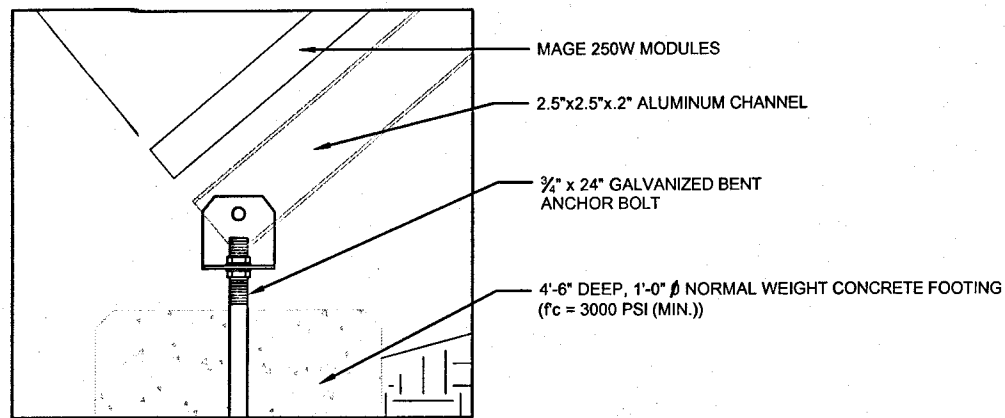


- NOTES:**
1. THIS DRAWING IS TO PROVIDE REFERENCE FOR THE INSTALLATION OF GROUND MOUNTED PHOTOVOLTAIC ARRAYS.
 2. THE SYSTEM SHALL INCLUDE 36 MAGE 250W MODULES [DIMENSIONS: 64.17 (L) x 38.66 (W) x 1.81 (D)] AND WEIGHING 41.45 LBS (PANEL DEAD LOAD = 2.5 PSF).

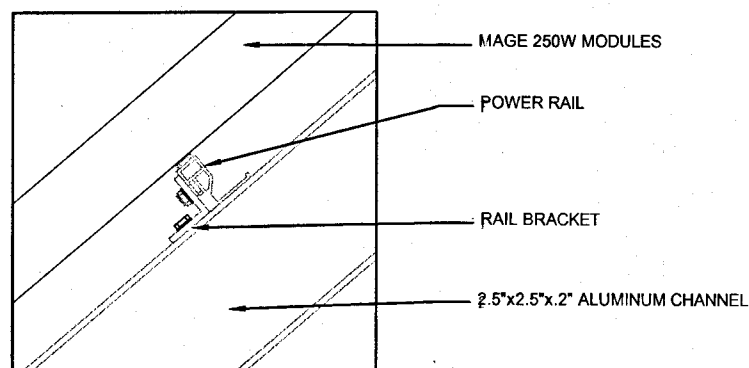


Project Name and Address
 Shariff, Zach
 15313 Leondine
 Glenwood, MD
 9.00 kW

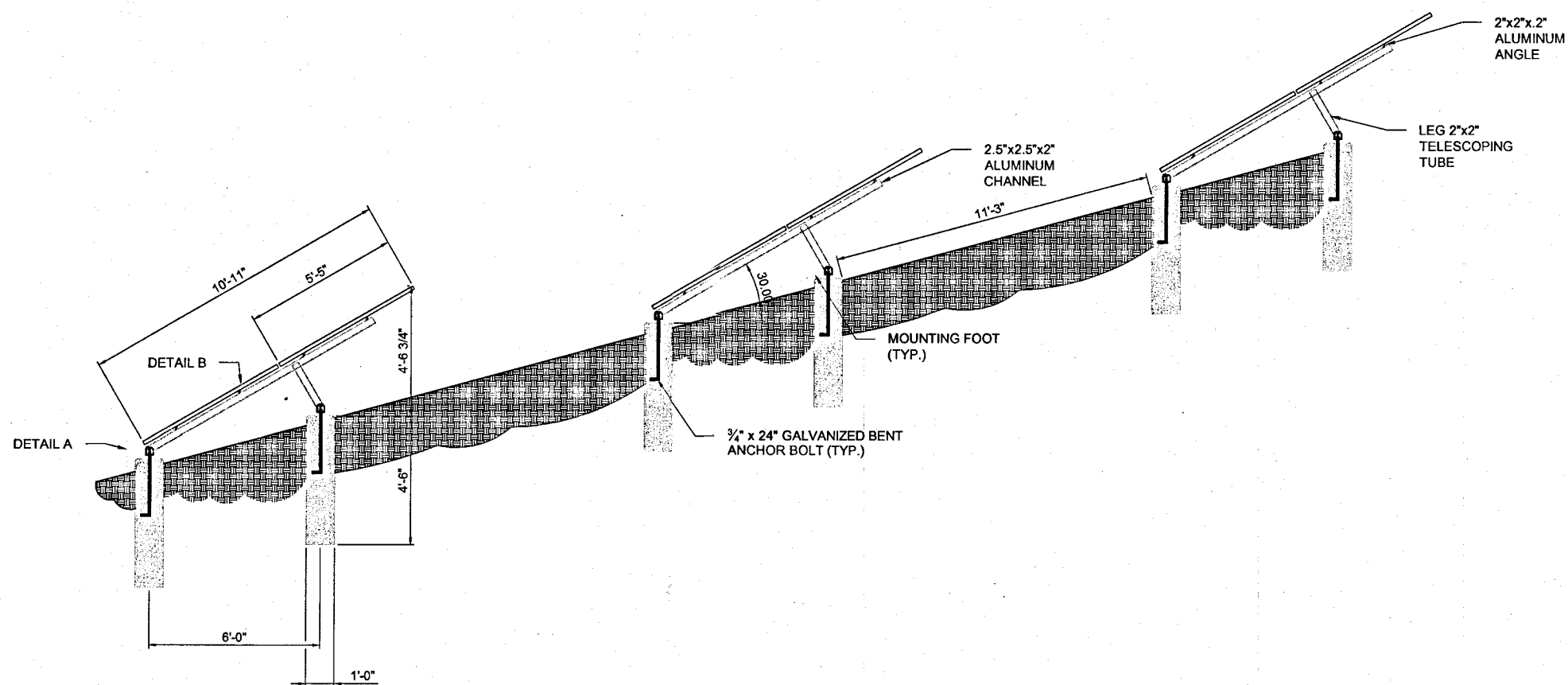
Drawn by
EEM
 Date
 19-Jan-12
 Scale
 1" = 60'



DETAIL A
1 1/2" = 1'-0"



DETAIL B
3" = 1'-0"



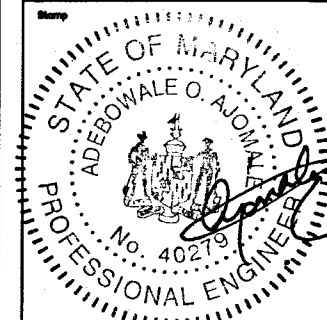
ARRAY SECTION

NOTES:

1. ALL WORK SHALL COMPLY WITH THE INTERNATIONAL RESIDENTIAL BUILDING CODE (IRC 2009).
2. THE STRUCTURAL DRAWINGS SHALL BE USED IN CONJUNCTION WITH THE ELECTRICAL DRAWINGS.
3. ALL CONCRETE WORK SHALL CONFORM TO THE ACI BUILDING CODE REQUIREMENTS FOR STRUCTURAL CONCRETE.
4. ALL CONCRETE SHALL BE NORMAL WEIGHT (STONE) CONCRETE HAVING A MINIMUM ULTIMATE COMPRESSIVE STRENGTH OF 3000 PSI AT 28 DAYS, UNLESS OTHERWISE NOTED ON THE STRUCTURAL DRAWINGS.
5. BAR REINFORCING SHALL BE DEFORMED BARS OF NEW BILLET STEEL CONFORMING TO ASTM A 82 AND A 185.
6. ALL CONCRETE EXPOSED TO THE WEATHER SHALL BE AIR-ENTRAINED.
7. ALL STONE CONCRETE FOR SLABS AT GRADE SHALL CONTAIN A HIGH RANGE WATER REDUCING ADMIXTURE (SUPER PLASTICIZER).
8. DEVELOPMENT LENGTHS OF REINFORCING (Ld, Ldh, OR Ldc) SHALL BE DETERMINED IN ACCORDANCE WITH THE REQUIREMENTS OF ACI 318, CHAPTER 12.
9. ALL LENGTHS OF HOOKED BARS INDICATED ON DRAWINGS DO NOT INCLUDE EXTENSIONS FOR HOOK.
10. ALL BENDS AND HOOKS SHALL BE AS DETAILED IN ACI 315 "MANUAL OF STANDARD PRACTICE FOR DETAILING REINFORCED CONCRETE STRUCTURES".
11. ALL REINFORCING SHALL BE HELD RIGIDLY AND ACCURATELY IN PLACE AND PROTECTED AGAINST DISPLACEMENT BEFORE AND DURING CASTING, IF NECESSARY, ADDITIONAL BARS AND/OR STIRRUPS SHALL BE PROVIDED TO FURNISH SUPPORT FOR ALL REINFORCING.
12. PROVIDE CLEARANCES FORM FACES OF CONCRETE TO REINFORCEMENT IN ACCORDANCE WITH THE REQUIREMENTS OF ACI 318, CHAPTER 7. IN THE FIRST PARAGRAPH OF 7.7.1, THE WORD "MINIMUM" SHALL BE REPLACED WITH THE WORD "CLEAR".
13. LOAD CRITERIA PER IRC 2009:
EXPOSURE CATEGORY B
GROUND SNOW LOAD, Pg = 25 PSF
LATERAL LOAD:
• WIND LOADS (BASE WIND SPEED = 90 MPH)

General Notes

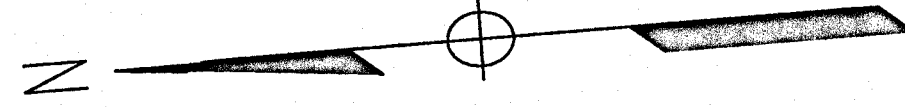
SolarEnergyWorld
Tomorrow's Energy Today
Solar Energy World LLC.
5681 Main Street
Elkridge, MD 21075
(888) 497-3233



Project Name and Address
Shariff, Zach
15313 Leondina Dr.
Glenwood, MD 21738
9.00 kW

Drawn by EEM	Sheet S1
Date 19-Jan-12	
Scale 1/2" = 1'-0"	

I HEREBY CERTIFY THAT THESE STRUCTURAL DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 40279, EXPIRATION DATE: MAY 13, 2013.



LEONDINA DRIVE
(Public Right of Way)

S82°10'57"E 131.52'

10' public tree
maintenance easement

50' B.R.L.

Septic Area

Lot 21

Property of
Catherine Reilly, Trustee
Liber 3616, Folio 701

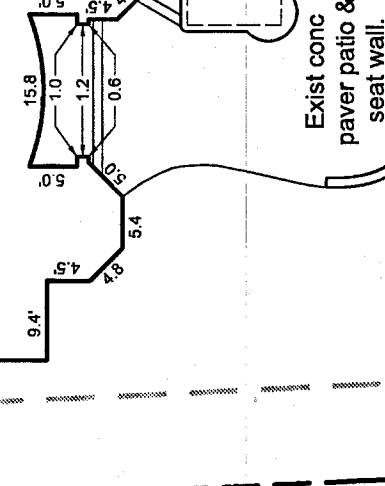
N01°57'15"E 465.00'

S04°37'59"W 444.40'

10' B.R.L.

Existing Macadam
Driveway ±30'

Exist 2 Story
Stone w/
Stucco
Dwelling

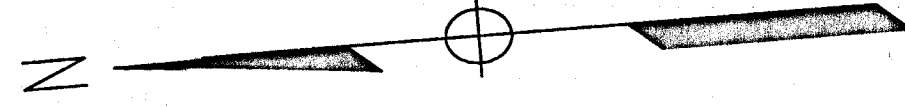


Exist conc paver
walkway.

Well

LOT 20
VINEYARDS AT CATTAL CREEK
LOTS 11 THRU 28,
BUILDABLE PRESERVATION PARCEL 'C' AND
BULK PARCEL 'D' (RESUBDIVISION OF
NON-BUILDABLE BULK PARCEL 'A' AND
NON-BUILDABLE PRESERVATION PARCEL 'B'),
VINEYARDS AT CATTAL CREEK,
PLAT NOS. 12844-12847
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT #4885

1 Existing Site Plan
SP-1 Scale: 1" = 20'-0"



LEONDINA DRIVE
(Public Right of Way)

S82°10'57"E 131.52'

10' public tree
maintenance easement

50' B.R.L.

Septic Area

Lot 21

Property of
Catherine Reilly, Trustee
Liber 3616, Folio 701

N01°57'15"E 465.00'

S04°37'59"W 444.40'

10' B.R.L.

Existing Macadam
Driveway ±30'

Exist 2 Story
Stone w/
Stucco
Dwelling

Proposed spa mesh
equipment location.
Proposed landscape bed.
Proposed conc and
natural stone spa =
±168sf. Equip w/ custom
spa cover as required by
code.
Proposed conc paver
patio extension = 84sf.
Proposed boulder
stepper pathway = 60sf.
Proposed conc paver
patio = 491sf (25'0").
Exist conc paver patio &
seat wall.
Proposed landscape bed.

Well

Exist conc paver
walkway.

LOT 20
VINEYARDS AT CATTAL CREEK
LOTS 11 THRU 28,
BUILDABLE PRESERVATION PARCEL 'C' AND
BULK PARCEL 'D' (RESUBDIVISION OF
NON-BUILDABLE BULK PARCEL 'A' AND
NON-BUILDABLE PRESERVATION PARCEL 'B'),
VINEYARDS AT CATTAL CREEK,
PLAT NOS. 12844-12847
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT #4885

Well to Spa	20'	69.9'
Well to Deck	10'	60.5'
Well Water Line to Spa	10'	49.2'
Septic System / SDA to Spa	20'	88.4'
Septic System / SDA to Deck	5'	88.4'
Septic Tank to Spa	10'	123.9'
Septic Tank to Deck	5'	123.9'

2 Proposed Site Plan
SP-1 Scale: 1" = 20'-0"

Approved for
Liber 3616, Folio 701

SP-1

Sheet Drawing No.

Drawn By: DJW

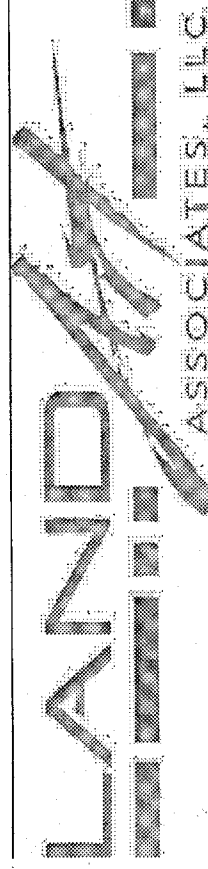
Scale: 1" = 20'-0"

Date: 3-14-14

Sheet Title:

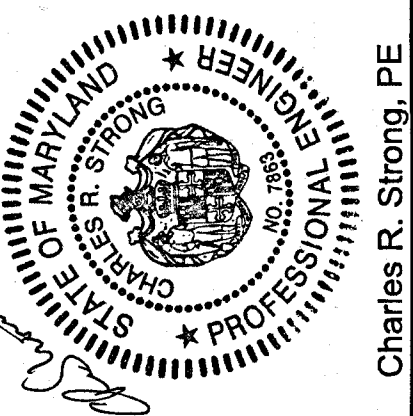
Site Plans

Project Name:
Shariff Residence
15313 Leondina Drive
Glenwood, Maryland 21738



Design & Build
3913 Mountain Road
Pasadena, MD 21122
Office: 410.360.7359
Fax: 410.360.4160

This is to certify that I am a
licensed Professional Engineer
in the State of Maryland and
my license expires on the 28th
of May, 2015.



Charles R. Strong, PE

