6-5-96 EARLY AM 6-6 [redacted] SEW SYSTEM ALLOCATION 11/25/96 WPI

6/5/96 PAID BY CHECK # 3118-$180.00 BB

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56968

A 49020

DISTRICT 3rd

DATE 6-5-96

DATE SYSTEM APPROVED 11/25/96

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

Olen Ketterman-K & K Excavating IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 14960 Route 144, Woodbine, MD 21797 PHONE 442-1336

SUBDIVISION West Friendship Estates LOT 20 ROAD 3184 River Valley Chase

PROPERTY OWNER ~~Sovereign Homes~~ CRAWLEY

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

TOP SEAM TANK
*Preschedule at all times during trench excavation.

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start trenches at a point 195' from front (64') lot line and 50' off the right (353') lot lines. Run trenches along contour towards left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK - BB 6-3-96

6/5 OK TO INCREASE STARTPOINT TO 205' (195' WAS DISTANCE TO TEST A) LAYOUT CALLOVER

4-70' TRENCHES DISCUSSED, OK TO MOVE TOWARDS RIGHT SIDE LOT LINE IF SOIL OK

PLANS APROVED BY Glen Savage DATE ____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

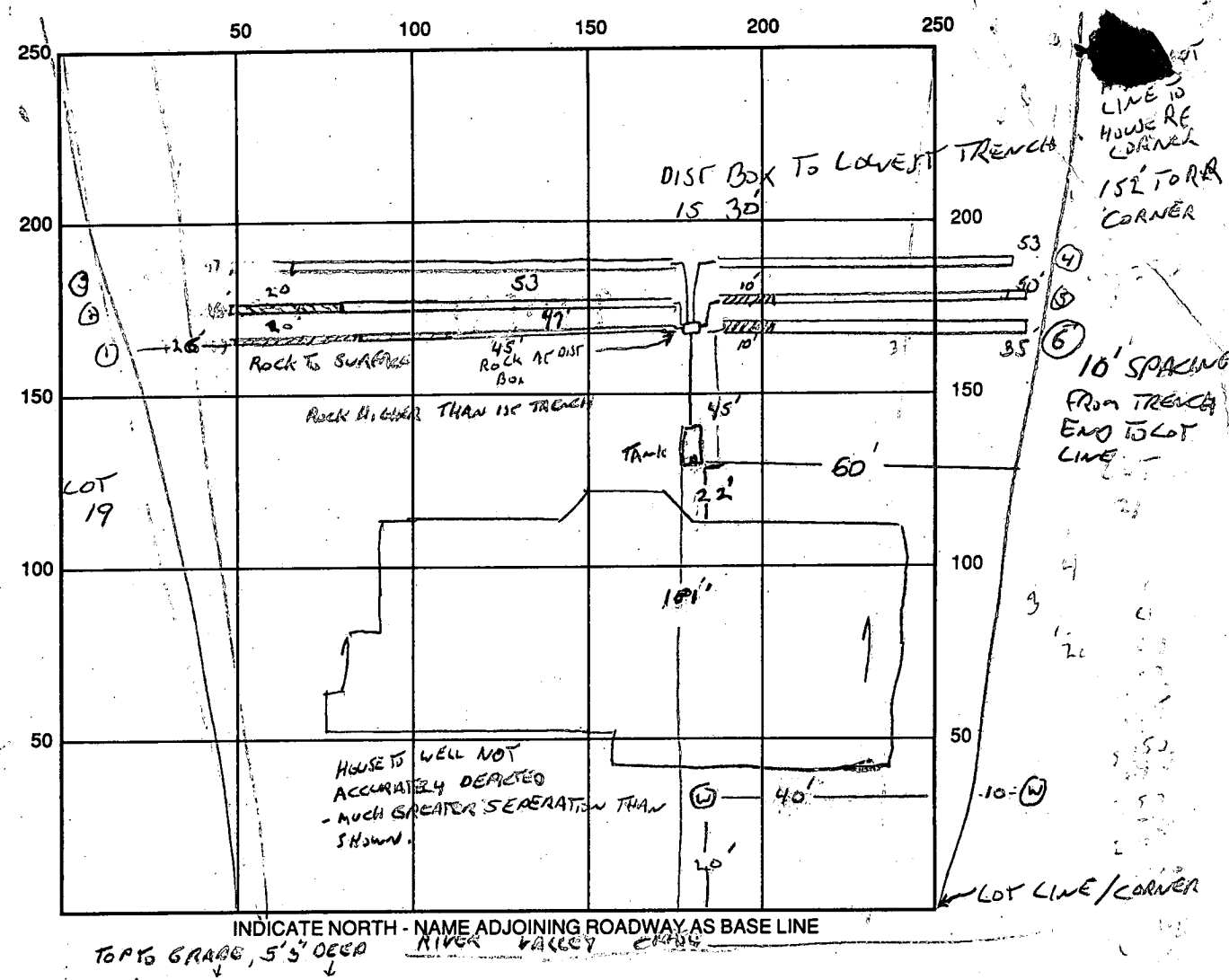
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 49020

HOUSE, TANK LOCATION FIELD CHECKED 6-18-96



SEPTIC TANK LEVEL OK - 1500 GALLON CLEANOUTS ON TANK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1 | 2 | 3 | 4 | 5 | 6
45' | 47' | 53' | 53' | 50' FT / 35 = 283

NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA 849 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 6/6/96 HIGH SIDE OF TANK HOLE IS SOLID ROCK SEAMS, 20' AT ENDS OF 1ST 2 TRENCHES NOT USEABLE DUE TO Rock. 6' BETWEEN TRENCHES, SOIL IN 1ST 3 TRENCHES WILL PERC AT 180 Ø FT/BARN. OK TO STONE + COVER TRENCHES 1-4 6-7 TRENCHES COMPLETE OK TO COVER SYSTEM. HOUSE CONNECTION FOR FINAL.
11/26/96 House connection made WPI OK to cover AE

DATE SYSTEM APPROVED 11/25/96 INSPECTOR A McMullen

APPLICATION

PERCOLATION TESTING

A 49020

P _____

DISTRICT _____

DATE 5/24/96

RETEST SEPTIC EASEMENT TO VERIFY ABSENCE OF ROCK

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 SOVEREIGN HOMES

ADDRESS 2915 BEAVER LAKE CT. E.C. PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP EST. LOT NO. 20

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(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 _____

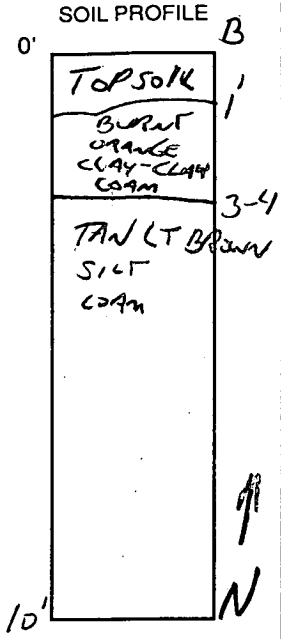
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

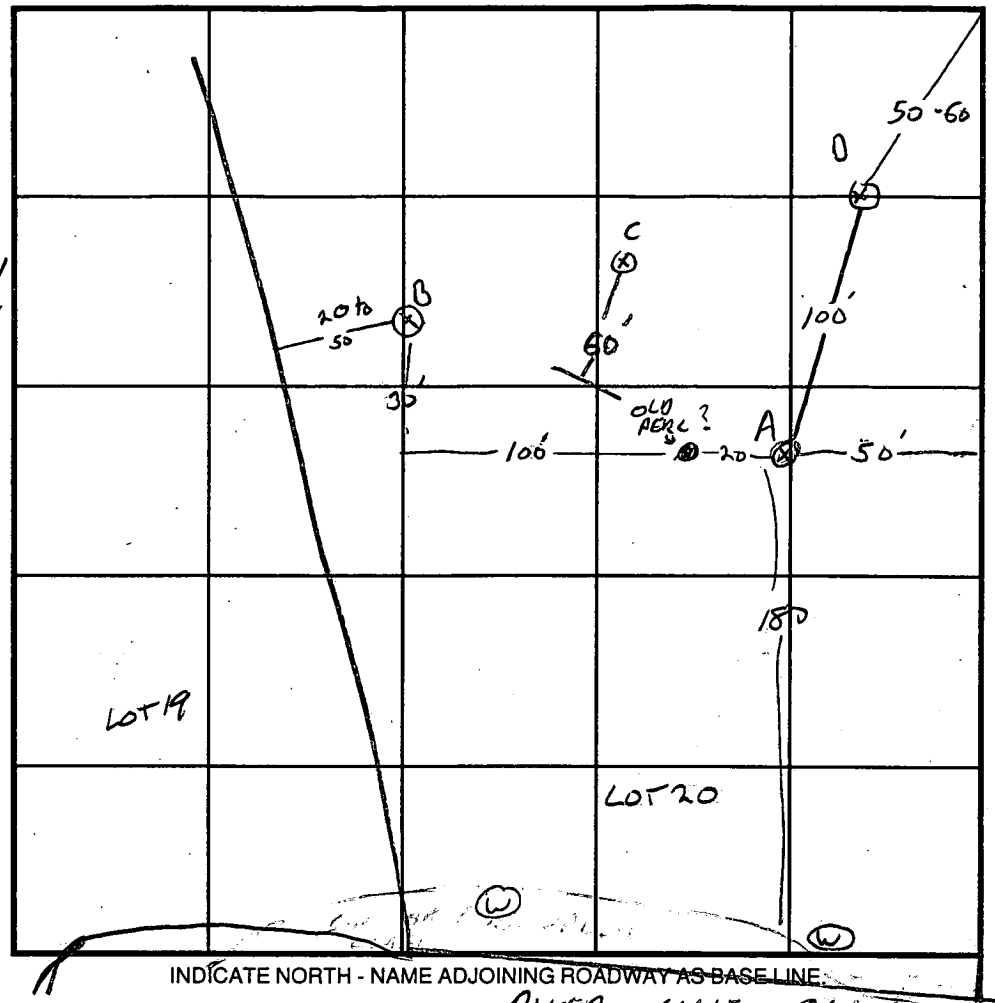
THIS IS NOT A PERMIT

HD-216 (3/92)

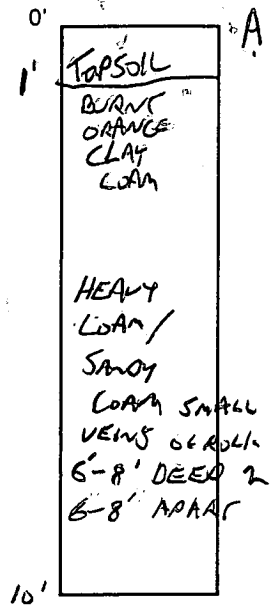
49020 RETEST
COUNTY #

SOIL PROFILE





SOIL PROFILE



LOT 21
TEST "A" APPEARS IN LINE W/ EASEMENT TOP FOR LOT 21

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
RIVER VALLEY CHASE

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5-24-96	A	CAUTION / 10					
	B	OK TO 6' VISUAL	6/6				
	C	POCKET OF ROCK AT 6' IN ONE SIDE OF PERC HOLE					
	D	VISUAL O/C TO 10'	HEAVY	ORANGE	LOAM		
— RECOMMEND MOVING HIGHEST TRENCH DOWN SLOPE SLIGHTLY							
— SANITARIAN PRESENT DURING TRENCH EXCAVATION ?							
— TOP SEAM TANK							
— OK TO ISSUE BUILDING PERMIT							

REMARKS RE-TEST TO VERIFY ABSENCE OF ROCK.

TYPE OF SOIL ROCK APPEARS TO OCCUR IN RANDOM LOCATIONS IN HIGHER PORTIONS OF EASEMENT

TESTED BY G. SAVAGE ALSO PRESENT KETTEMAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 49020

466

P _____

DISTRICT _____

DATE 3/5/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION W ENSHP I LOT NO. 21

ROAD AND DESCRIPTION Hood Farm

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(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

HD-216 (3/92)

LOT #21

COUNTY #

SOIL PROFILE

0'

HOLE ②

0'-2' Clay

2' to 9' 55% LOAM 45% FLAKY SANDSTONE

9'

HOLE ③

0 to 4' clay

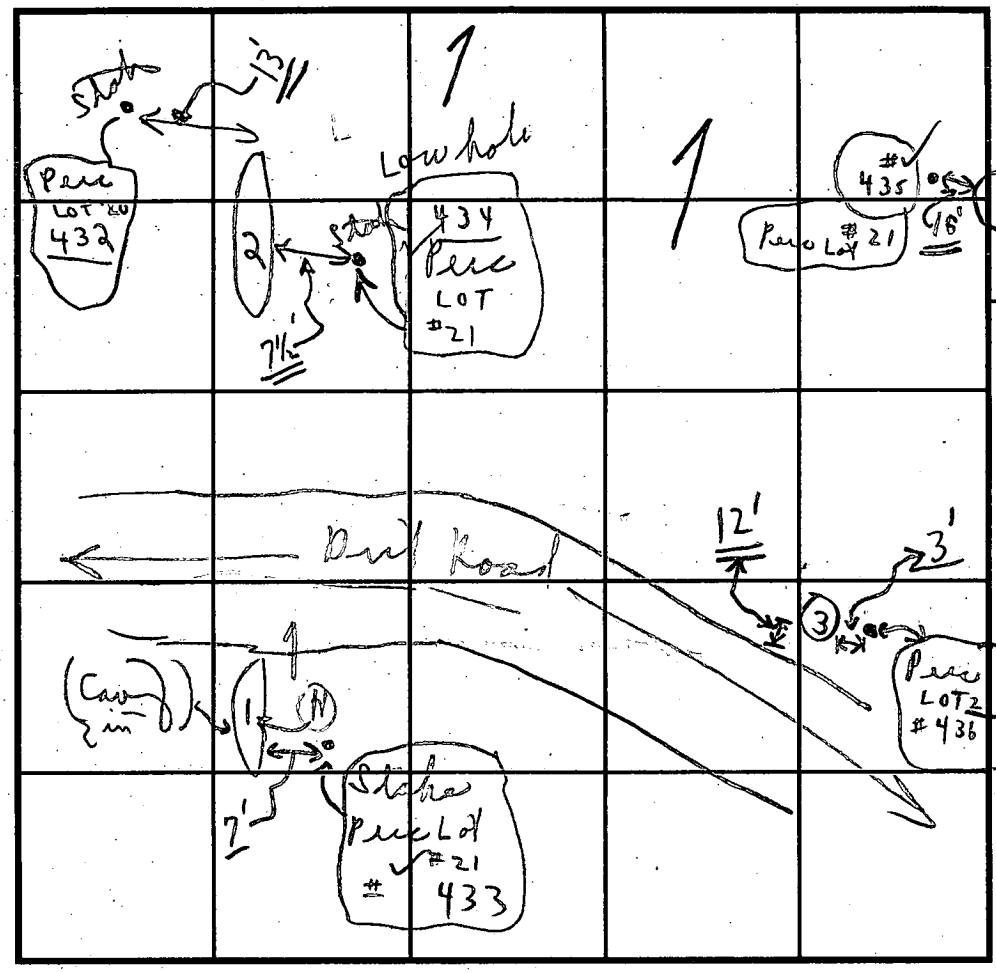
4' to 10'-9" Reddish Sandy Loam

HOLE ④

0' to 5'± Clay

5½' to (ALL LOAM)

DRY 12½'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/27/93	①	4'	12:56	1:00	1:00	1:12	12 min
(Wednesday)	#433	7'	12:56	12:58	12:58	1:10 out	12 in
Low	②	2'	12:45	12:52	12:52	1:03	11 min
LOT 20 432 (Neer)	#434	9'		55%	Loam ±	45% Flaky	sandstone
	③	'	S: Varied		4' to 10'-9";		
	#436	10'-9"	Dry		Varied 0' to 4'± clay & sandy Loam		
LOT 21 & 22 On the	④	5½'	1:49	1:46	1:46 out	1:49	4½ in ±
line	#435	12½'	Dry	all	loam		

Caved in Dry to 9'-9" ± to 11' ±

25% LOAM 25% ± stone

REMARKS Tests in woods & mud (Shallow only)

TYPE OF SOIL Loam & above

TESTED BY C.B.C ALSO PRESENT O.K.J. & associates

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

3' Wide

C 1 | 7902 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER: NOT ON FIRM

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 9 5 2 9 9 6

Depth of Well: 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-94-0787

OWNER: SOVEREIGN HOMES (last name) (first name)

STREET OR RFD: RIVER VALLEY CHASE TOWN: WEST FRIENDSHIP

SUBDIVISION: WEST FRIENDSHIP ESTATES SECTION: LOT: 20

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	2	
SAndy	2	12	
CLAY	12	15	
SAndy	15	35	✓
MICKA	35	60	
SAnd Stone	60	65	✓
MICKA	65	185	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [N]

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 WELL

I 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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 116

Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 117

Ralph E. Mayne

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 14 NO. OF POUNDS 1480

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	49

OTHER CASING (if used)

EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN		
1	40	185
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 15

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 34 ft.

WHEN PUMPING: 43 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 WILL INSTALL PUMP (CIRCLE) (YES or NO): YES / 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

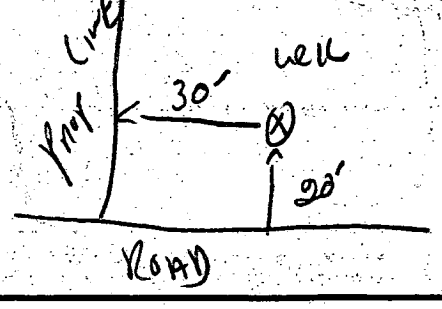
CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE

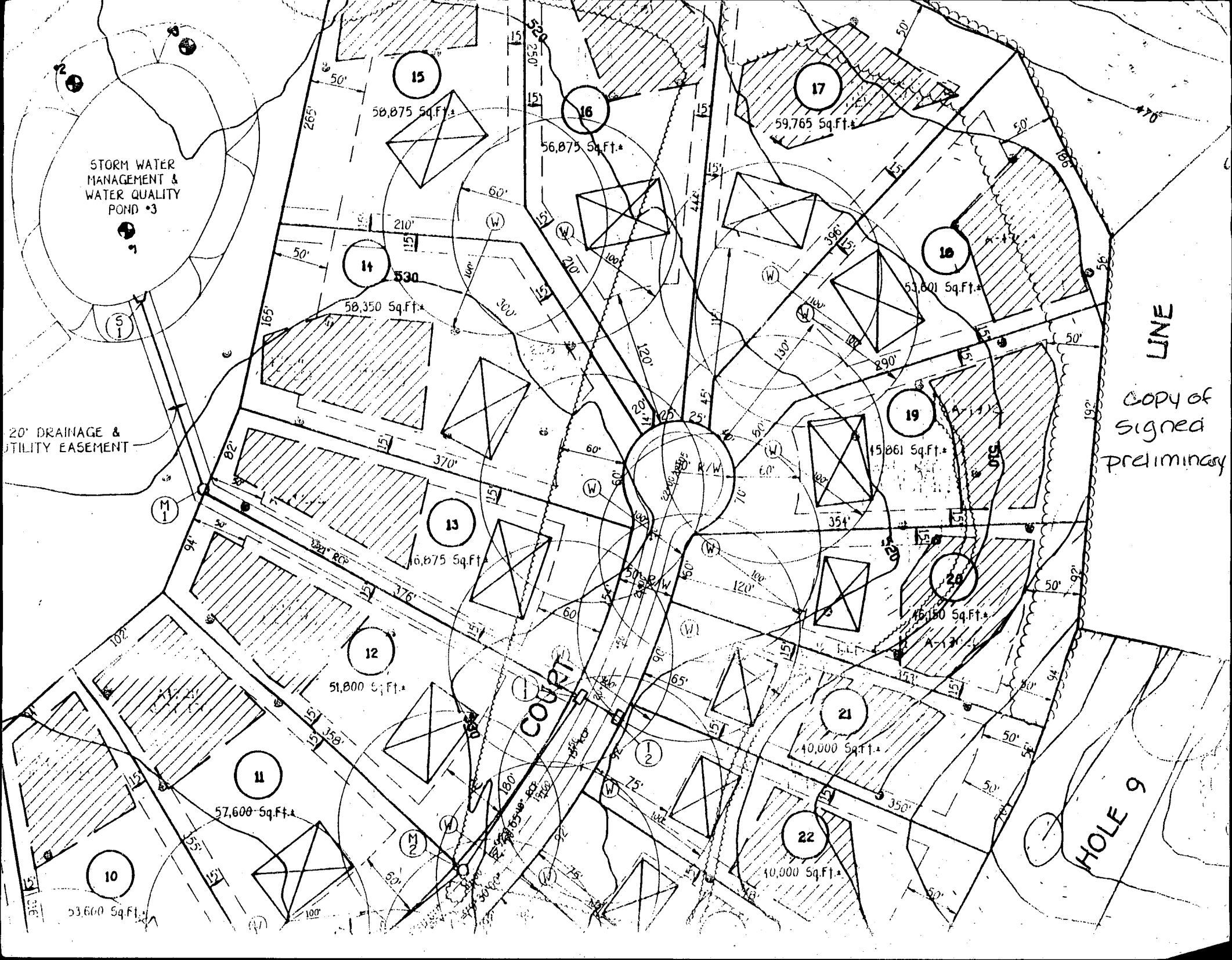
2 (nearest) foot

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)



COUNTY


STORM WATER MANAGEMENT & WATER QUALITY POND #3
20' DRAINAGE & UTILITY EASEMENT
15
58,875 Sq.Ft.±
16
56,875 Sq.Ft.±
17
59,765 Sq.Ft.±
14
58,350 Sq.Ft.±
18
53,601 Sq.Ft.±
19
15,861 Sq.Ft.±
20
15,150 Sq.Ft.±
13
16,675 Sq.Ft.±
12
51,800 Sq.Ft.±
11
57,600 Sq.Ft.±
10
53,600 Sq.Ft.±
21
40,000 Sq.Ft.±
22
40,000 Sq.Ft.±
COURT
HOLE 9
LINE
Copy of Signed preliminary

086917

GENERAL NOTES:

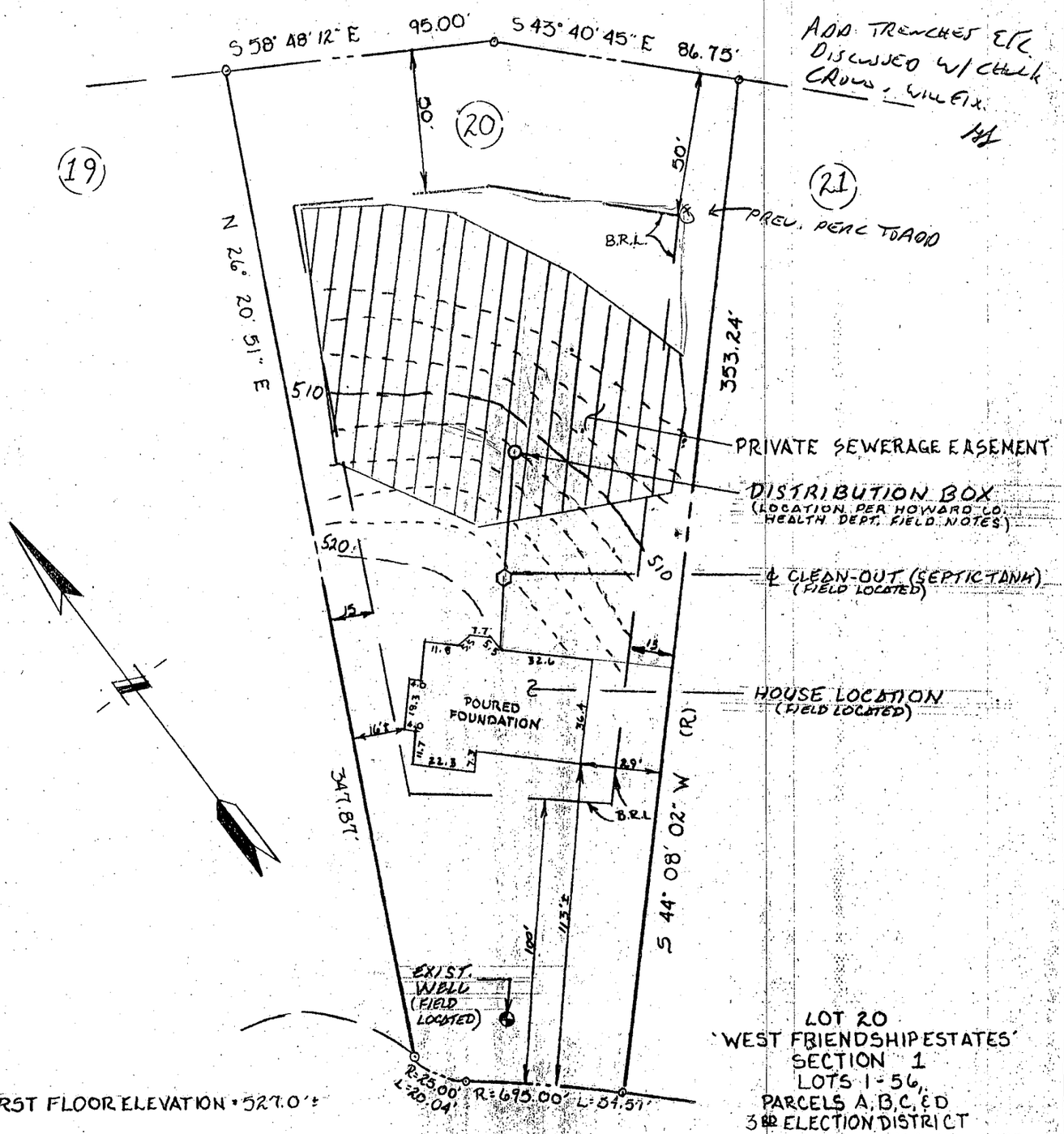
1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT 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 PLAT DOES NOT PROVIDE FOR ACCURATE INDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR 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. 240044 00 15 B, EFFECTIVE DATE: DEC. 4, 1986.

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

7/23/96

ADD TRENCHES ETC DISCUSSED W/ CHUCK CROVO - WILL FIX.



FIRST FLOOR ELEVATION = 527.0'±

RIVER VALLEY CHASE
(50' R/W)

LOT 20
'WEST FRIENDSHIP ESTATES'
SECTION 1
LOTS 1-56,
PARCELS A, B, C, & D
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF.: 11436

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

STATE OF MARYLAND
CHARLES J. CROVO, SR.
No. 10763
REGISTERED
PROFESSIONAL LAND SURVEYOR

PROFESSIONAL LAND SURVEYOR — 7/16/96 DATE
REG. # 10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/16/96
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1" = 30'
DATE: 7-17-96
DRAWN BY: KEL
CHECKED BY: MLR
PROJECT No.: 61048

6-19-96

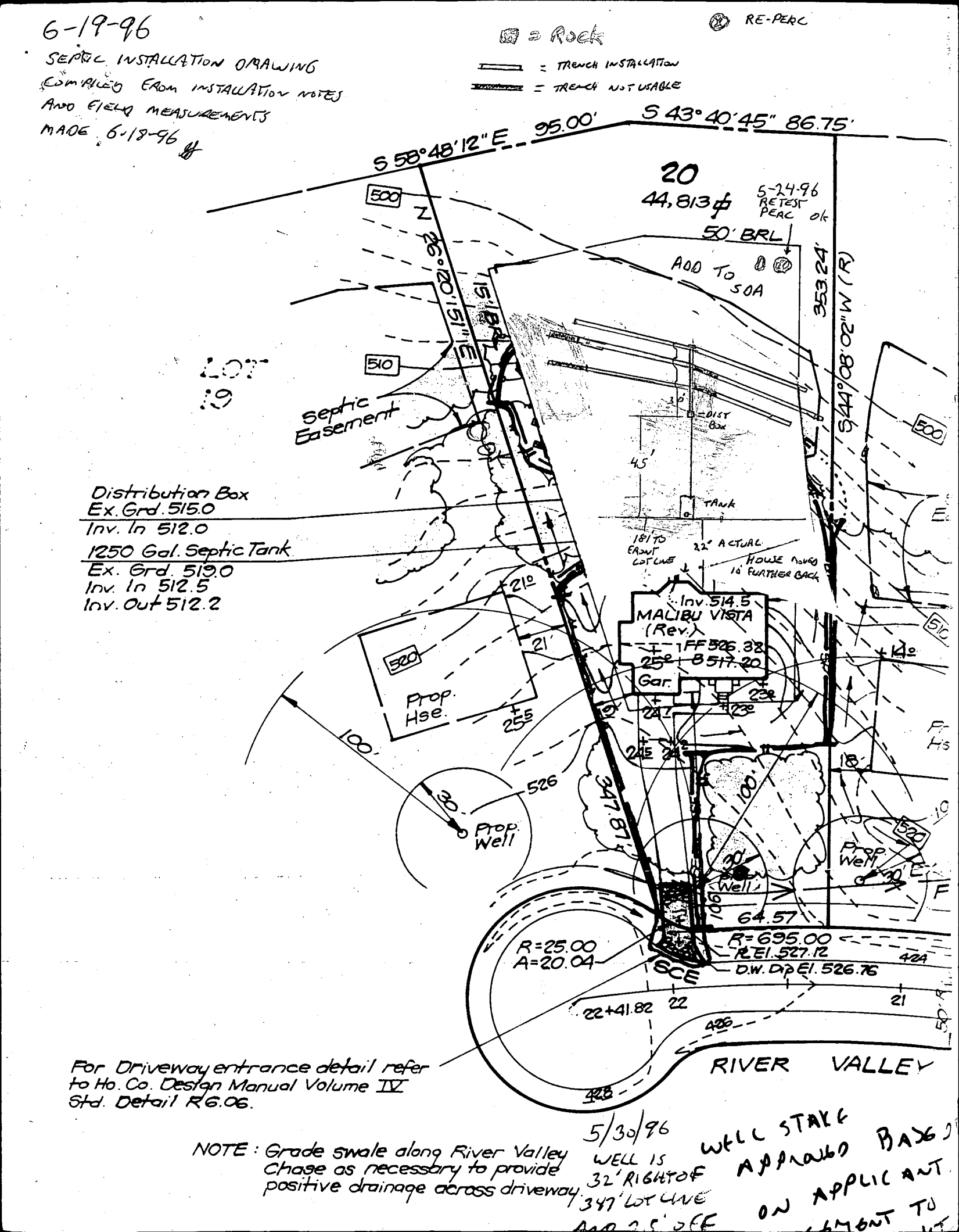
SEPTIC INSTALLATION DRAWING
COMPILED FROM INSTALLATION NOTES
AND FIELD MEASUREMENTS
MADE 6-18-96 JF

= Rock

= TRENCH INSTALLATION

= TRENCH NOT USABLE

RE-PERC



For Driveway entrance detail refer to Ho. Co. Design Manual Volume IV Std. Detail R6.06.

NOTE: Grade swale along River Valley Chase as necessary to provide positive drainage across driveway.

5/30/96
WELL IS 32' RIGHT OF 347' LOT LINE AND 25' OFF

WELL STAKE APPROVED BASED ON APPLICANT

WATER MANAGEMENT ADMINISTRATION

Septic System Plan
APPROVED
Howard County Health Department

5-31-96
Date

Signature

5-24-96
20 TEST PERCS
OK6
44,813 sf
50' BRL

S 58°48'12" E 95.00'
S 43°40'45" 86.75'
S 44°08'02" W (R)
353.24'
N 26°20'51" E
347.87'
15' Septic Easement
LIMIT OF DISTURBANCE
Septic Easement
Septic Easement
500
510
520
526
Prop. Hse.
Prop. Well
Well
Inv. 514.5
MALIBU VISTA (Rev.)
FF 526.38
B 517.20
Gar.
Prop. Hse.
Prop. Well
Well
100'
30'
18'
165
28
21'
25'
23'
24'
22'
14'
21°
R=25.00
A=20.04
R=695.00
R El. 527.12
D.W. Dip El. 526.76
64.57
106
ECE
22+41.82
22
21
44
50' ROW
426
428
RIVER VALLEY CHASE

Distribution Box
Ex. Grd 515.0
Inv. In 512.0

1250 Gal. Septic Tank
Ex. Grd 519.0
Inv. In 512.5
Inv. Out 512.2

For Driveway entrance detail refer to Ho. Co Design Manual Volume IV Std Detail R6.06

NOTE: Grade swale along River Valley Chase as necessary to provide positive drainage across driveway.

5/30
WELL FIELD CHECKED - LOCATION OK @ 32' RIGHT OF 347' COTLINE AND 25' OFF FRONT LOT LINE

GENERAL NOTES:

1) THIS PLAT 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 RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT 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 PLAT DOES NOT PROVIDE FOR ACCURATE INDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

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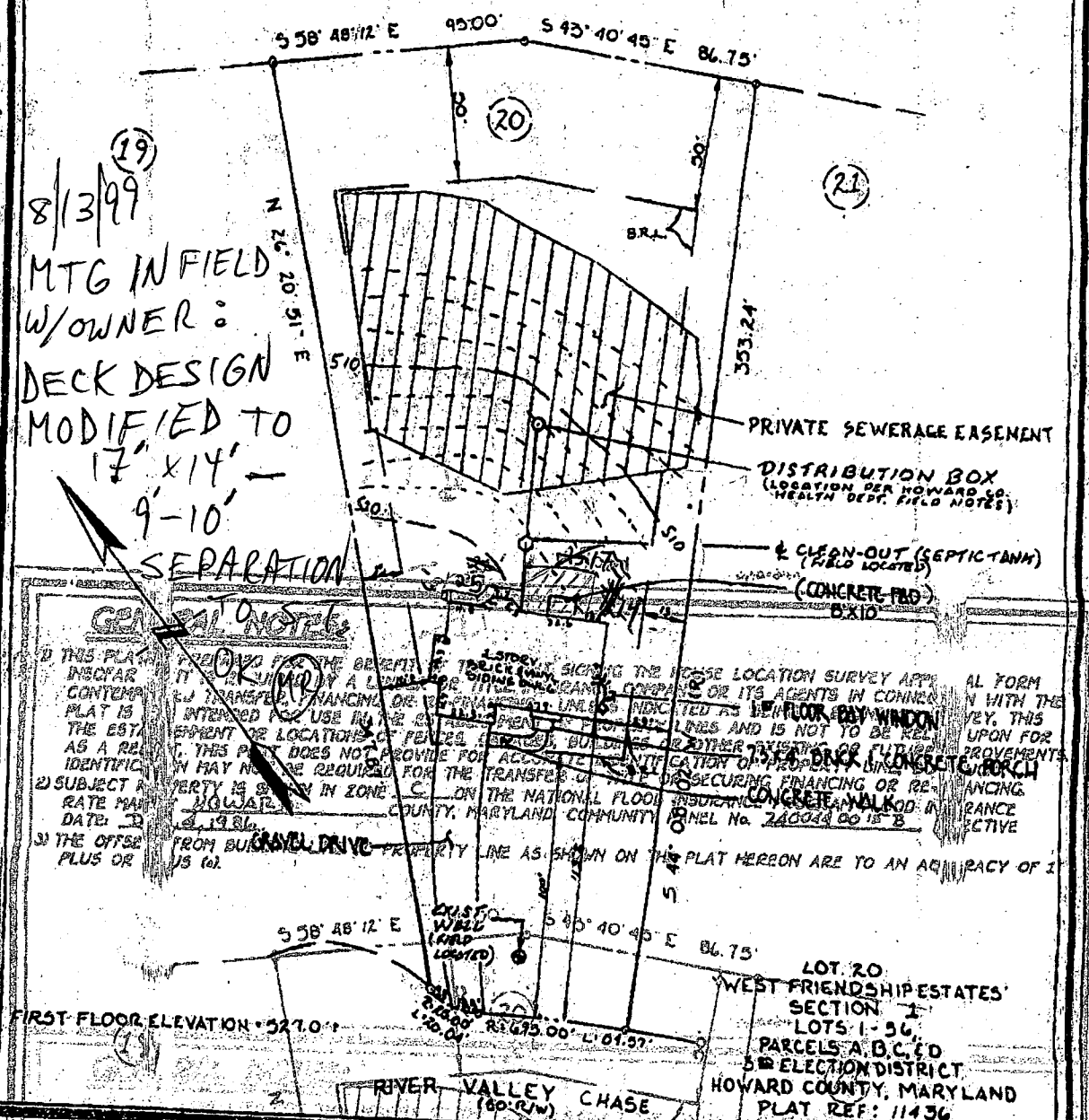
3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

8/13/99
MTG IN FIELD
W/OWNER:
DECK DESIGN
MODIFIED TO
17' x 14' —
9'-10'
SEPARATION
TO SIDE
OK MP



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(301) 461-2855

PROFESSIONAL LAND SURVEYOR
REG. # 7069 R

2/3/97
DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/16/96
FINAL LOCATION: 1/30/97 MLN
BOUNDARY SURVEY:

SCALE: 1" = 30'
DATE: 2/3/97
DRAWN BY: REL
CHECKED BY: MLR
PROJECT No. 96U1048

(CONCRETE PAD)
8'X10'

49020

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410)313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B011 9876

Building Address 3184 River Valley Chase
West Friendship, MD 21794

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

Census Tract 6030 Subdivision West Friendship

Section _____ Area _____ Lot 20

Tax Map 15 Parcel 12 Grid 21

Zoning RC-DEO Map Coordinates 9C6 Lot size

Property Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone Fax

Existing Use SFD

Proposed Use SFD w/ Deck

Estimated Construction Cost $ 1,000

Description of Work 2 Level Deck
20 X 16 20 X 6

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone Fax

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

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: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Wendy Chandler

Applicant's Signature

Print Name

Owner

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
Land Development, DPZ		
State Highways		
Building Official	8/11/99	
Dev. Engineering, DPZ		
Health	8/13/99	Mark Hopkins
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
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 NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 16637

Filing fee	$ _____
Permit fee	$ 71
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ 71
Balance due	$ _____
Check	# 1178
Validation	# _____

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

s:\permit.fm

Rev. 10/15/98