

4/8/98 Needs pump check  
DLS

4-8-98 around 1200

7/2/98 Septic pump 1:00

7/6/98 12:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-4280205

P 59900

A 57611

DISTRICT 5th

DATE 3-30-98

DATE SYSTEM APPROVED 7/6/98

INSPECTOR DLS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 410-313-2640

INDEXED

Adamson Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 7825 McCellan Avenue, Boonsboro, Maryland 21713 PHONE 301-416-3968

SUBDIVISION Greenwood Place LOT 4 ROAD 12536 Woodridge Lane

PROPERTY OWNER Hamilton Reed, LLC ~~REED~~ AARON EISENFELD

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS TOP SEAMED  
(MANHOLE REQUIRE)

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

### PUMPED SEPTIC SYSTEM:

INSTALL: 1000 Gallon Pump Chamber - Top Seamed  
Manhole Required

Septic Pump Detail to be Provided By Installer  
Prior To Issuance of Septic Permit.

Pump Performance Test Is Necessary Prior To  
Health Department Approval of Pumped Septic System

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 3 feet below  
original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 25 feet down the left (180.29') lot line and 10 feet  
off this same lot line as seen when facing the lot from Woodridge Lane. Run  
trenches on contour towards Woodridge Lane.

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

*ok ll 12/22/97*

PLANS APPROVED BY Donna K. Soe DATE 12/15/97

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

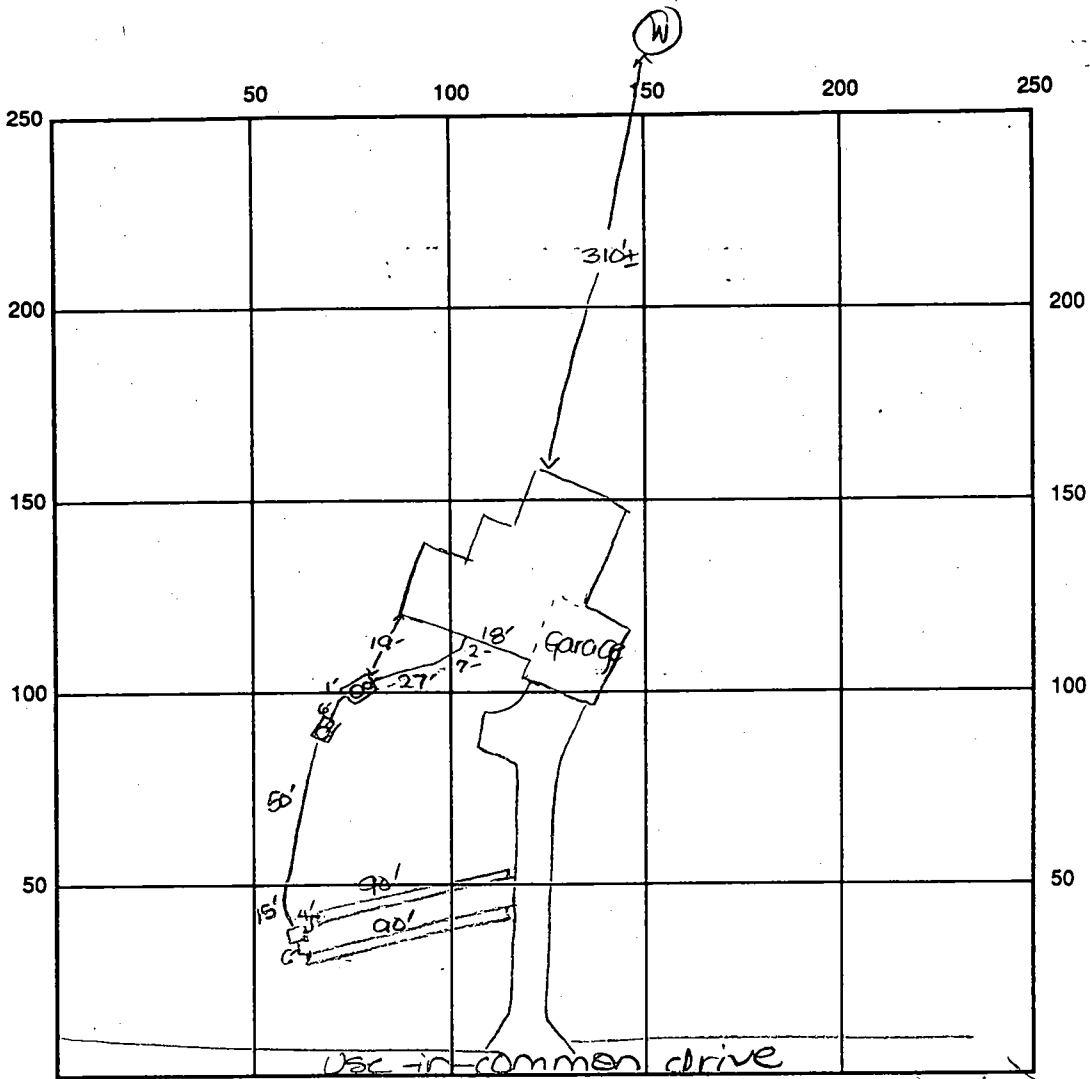
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SIGNED

AND RETURNED 1-7-99

*Serial # B 19 115653  
dish + surround pond*

A 57611



Woodridge Lane

SEPTIC TANK LEVEL OK - 1000 gal top scanned CLEANOUTS one on both tanks  
 PUMP PIT: OK MANHOLES " "  
 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 2 x 90 FT. → 180'  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.  
 DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.  
 ABSORBENT AREA - SQ. FT.

REMARKS: 4/8/98 OK TO COVER ALL SEPTIC WORK - Needs septic pump check. DKS

7.2.98 No pump test performed today (H)

7/6/98 FINAL INFO - pumped system operating properly. DKS

DATE SYSTEM APPROVED 7/6/98 INSPECTOR [Signature]

C1 09497

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A57611

ST/CO USE ONLY DATE RECEIVED 12/12/97

DATE WELL COMPLETED 11-20-97

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-1317

OWNER Hamilton Reed Builders STREET OR RFD Woodridge Lane TOWN FORT TOWN SUBDIVISION Greenwood Place SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Sandstone, MICKA, SANDSTONE, MICKA, SANDSTONE, MICKA.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (48), NO. OF POUNDS (800), GALLONS OF WATER (48), DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (30).

OTHER CASING (if used) form with columns for diameter and depth.

SCREEN RECORD form including: screen type (HO), SCREEN RECORD (ST, BR, PL, HO, OT).

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (15), MEASURE PUMPING RATE (Bucket), WATER LEVEL (18, 22), TYPE OF PUMP USED (S).

NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y, N).

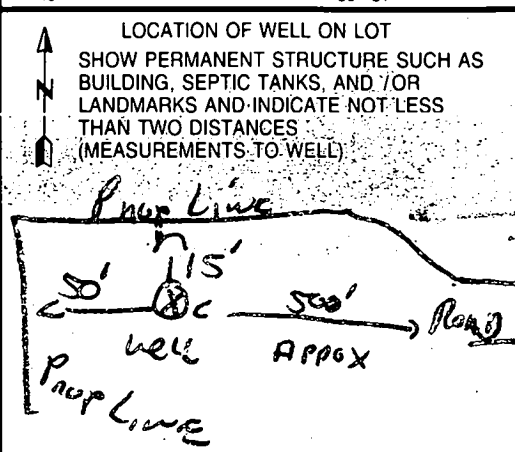
CIRCLE APPROPRIATE LETTER (A, E, P) and CERTIFICATION statement.

DRILLERS LIC. NO. MS D 116, DRILLERS SIGNATURE, LIC. NO. MS D 112, SITE SUPERVISOR.

DEPTH (nearest ft.) table with columns 8-21, HO 28, 180.

GRAVEL PACK, MDE USE ONLY, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2).



B 1 **8785** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HC-94-1317**  
fill in this form completely

Date Received (APA) **102897**

**OWNER INFORMATION**

**HAMELTON** **Lee** **Thomas**  
Last Name Owner First Name

**10805 HICKORY RIDGE**  
Street or RFD

**COLUMBIA** **MOZ1044**  
Town State Zip

B 3 LOCATION OF WELL

**HOWARD** **PLACE**  
COUNTY

**GREENWOOD** **FAIRFAX**  
SUBDIVISION

SECTION **4** LOT **4** **Horsman**

**FULTON**  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** **MI**

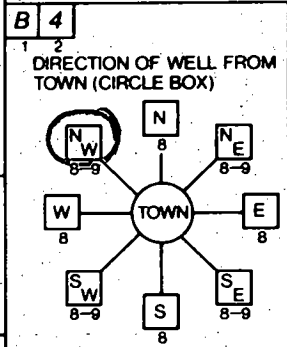
**DRILLER INFORMATION** CIRCLE: **(MSD)** MGD/MWD

**Ralph MAYNE** **116**  
Driller Name License No.

**Ralph MAYNE (Well Drilling)**  
Firm Name

**9120 Brown Church Rd Mt. Airy**  
Address

**Ralph Mayne 10/24/97**  
Signature Date



**WOODRIDGE L4.**  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**(W)** WEST **(S)** SOUTH

DISTANCE FROM ROAD **550**  
ENTER FT OR MI **4**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** **A 57611**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **103197** **10/30/98**  
CO-SIGNATURE EXP. DATE

NORTH GRID **484000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING** (circle one)

**BORED** (or Augered) **JETTED** **Jetted & DRIVEN**

**AIR-ROtary** **AIR-PERcussion** **ROtary** (Hydraulic Rotary)

**CABLE** **REVerse-ROtary** **DRive-POINT**

other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE.

**820**  
**480.4**

000  
000

*Handwritten notes: 421/97 Air, Grout ok, 30" casing, 280' open, 8 bags, location ok, 100'*

**REPLACEMENT OR DEEPEINED WELLS** (CIRCLE APPROPRIATE BOX)

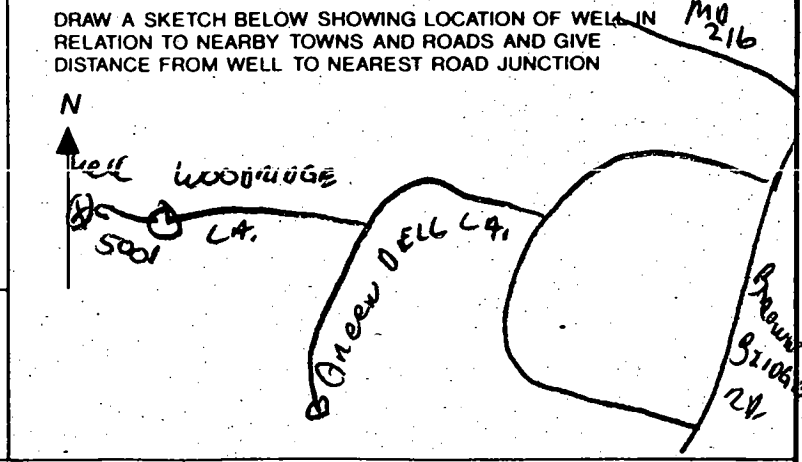
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **GAP**

FORCE **DIS** PERMIT No. **HC-94-1317**

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

6-1-98  
Unable to  
observe, all work  
already covered  
DKS

FAX # 410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043

~~461-8638~~  
313-6300

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer CLARK P & H INC

Telephone 410-489-4029

License Number 3808

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner HAMILTON REED LLC Telephone 790-2100

Subdivision \_\_\_\_\_ Lot # 4 Well Tag # \_\_\_\_\_

Site Address 12536 Woodridge Lane

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible

Motor

- 1. Horsepower \_\_\_\_\_
- 2. RPM \_\_\_\_\_
- 3. Voltage
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make P-T-800
- 2. Model # \_\_\_\_\_
- 3. Depth 42"

2. Make Goodyear

3. Model # \_\_\_\_\_

4. Capacity \_\_\_\_\_ GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Tank

- 1. Capacity 42
- 2. Pressure relief valve? 75

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line 42"

Well data

- 1. Depth 180 ft.
- 2. Yield \_\_\_\_\_ GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? no

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Bernard C. Clark

Date: 6-2-98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

3/6/97  
10:00  
RECD

# APPLICATION

PERCOLATION TESTING

A 57611

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Hamilton Reed

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Greenwood Overlook LOT NO. Existing house

ROAD AND DESCRIPTION 12536 Woodridge Lane

**BLDG. PERMIT SIGNED  
AND RETURNED 12-15-97  
Serial # B17108952  
SFD-3 Ben**

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

57611

COUNTY #

SOIL PROFILE

(51)

topsoil

org brn  
cl 1m

1+ org  
brn si  
1m

15-20%  
rock  
fraggs

Relo lg  
rocks

(52)

topsoil

org brn  
cl 1m

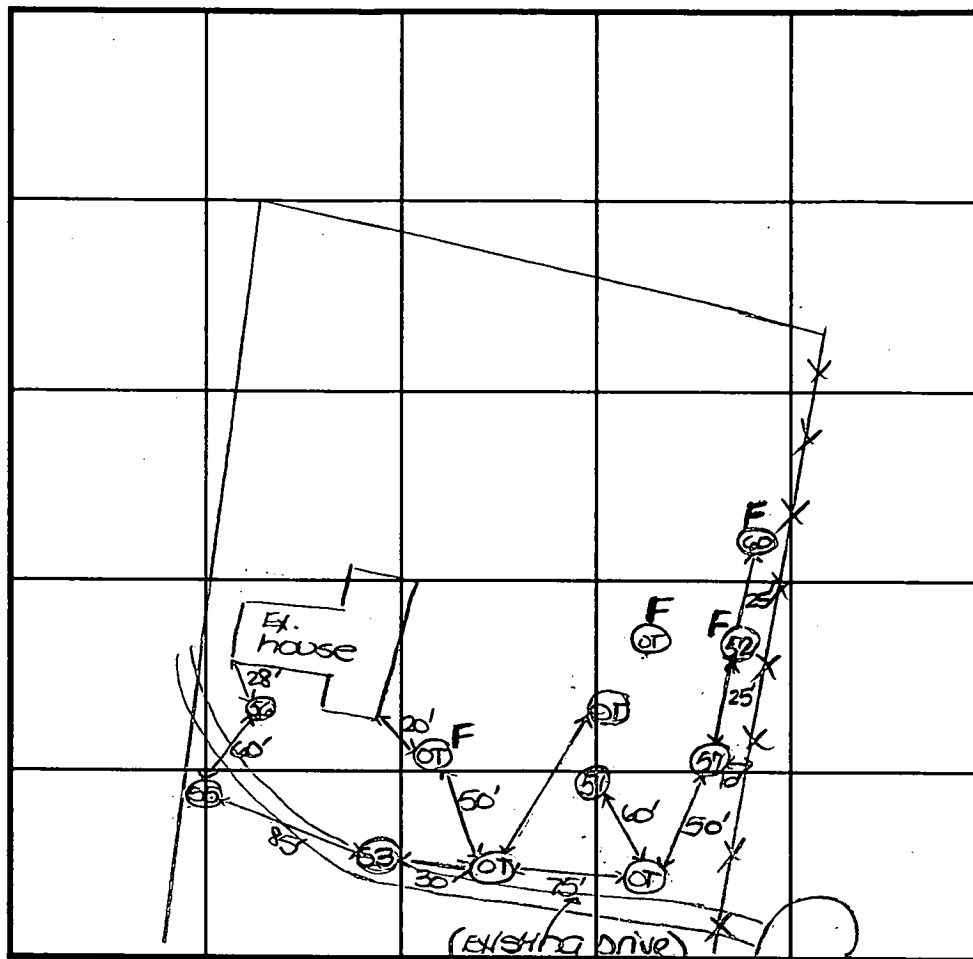
1+ org  
brn si  
cl 1m

7' SEEPAGE

10.5' WATER

(53)

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Woodridge Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-6-97	51	4.0'S 11.0'D	10:08	10:14 <sub>3</sub>	10:14 <sub>3</sub>	10:25	11
	52	7.0'D	WATER SEEPAGE				F
	53	3.5'S 11.5'D	10:34 <sub>3</sub>	10:35 <sub>3</sub>	10:35 <sub>3</sub>	10:38 <sub>3</sub>	3
	55	3.5'S 11.0'D	11:06 <sub>3</sub>	11:09 <sub>3</sub>	11:09 <sub>3</sub>	11:14	5
	56	3.5'S 11.0'D	11:15	11:18 <sub>3</sub>	11:18 <sub>3</sub>	11:22	4

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY D. Soe ALSO PRESENT J. Spahn

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 TRENCH WIDTH 3

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 180

# APPLICATION

PERCOLATION TESTING

A 57611

P \_\_\_\_\_

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

PROPOSED 4 LOT  
SUBDIVISION  
PRESERVE EXISTING HOUSE  
TO BE DEMOLISHED.

DISTRICT \_\_\_\_\_

DATE 12/18/96

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 Ellicott City Land Holdings

ADDRESS 1805 (Hilary Bridge Rd) Side 25 Col, MD 21047 PHONE 740-210

AGENT OR PROSPECTIVE BUYER Land Design + Development

ADDRESS same as above PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION Greenwood Overlook LOT NO. Prelim - Lot 3  
Final - Lot 4  
Existing house

ROAD AND DESCRIPTION Woodruff Lane

TAX MAP 40 PARCEL # 156

SIZE OF LOT 1/2 acre TYPE BLDG. Single Family  
(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

57611  
COUNTY #

SOIL PROFILE  
②①/②④

0' topsoil  
1' org br cl 1m  
4' org br si 1m  
5' REFUSAL

②②

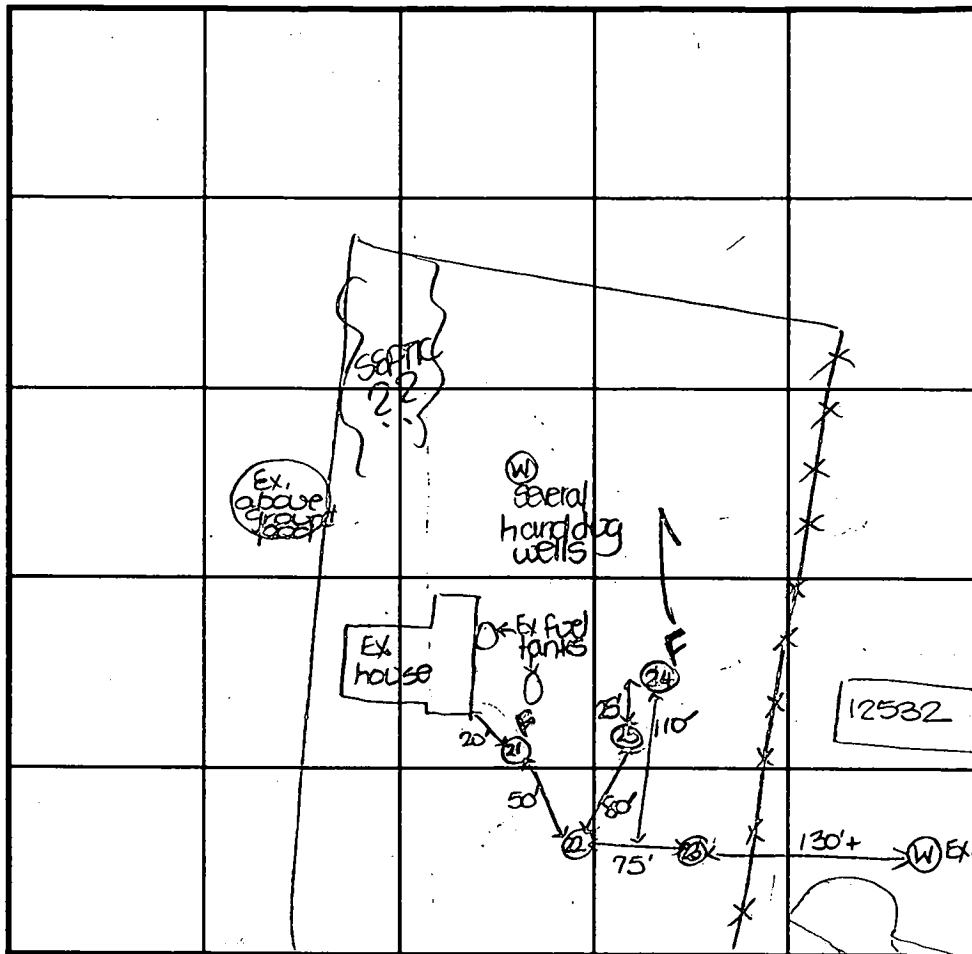
0' topsoil  
1' org br cl 1m  
2' sm path rock @ high end of hole  
3' 4' org br to 4' br si 1m  
11' 15% rock frags

②③

0' topsoil  
1' org red br cl 1m  
3' 4' org br to beige si 1m  
10' 5-10% rock frags

SOIL PROFILE  
②⑤

0' topsoil  
1' org br cl 1m  
3' 4' org br si 1m  
9' REFUSAL  
10% rock frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

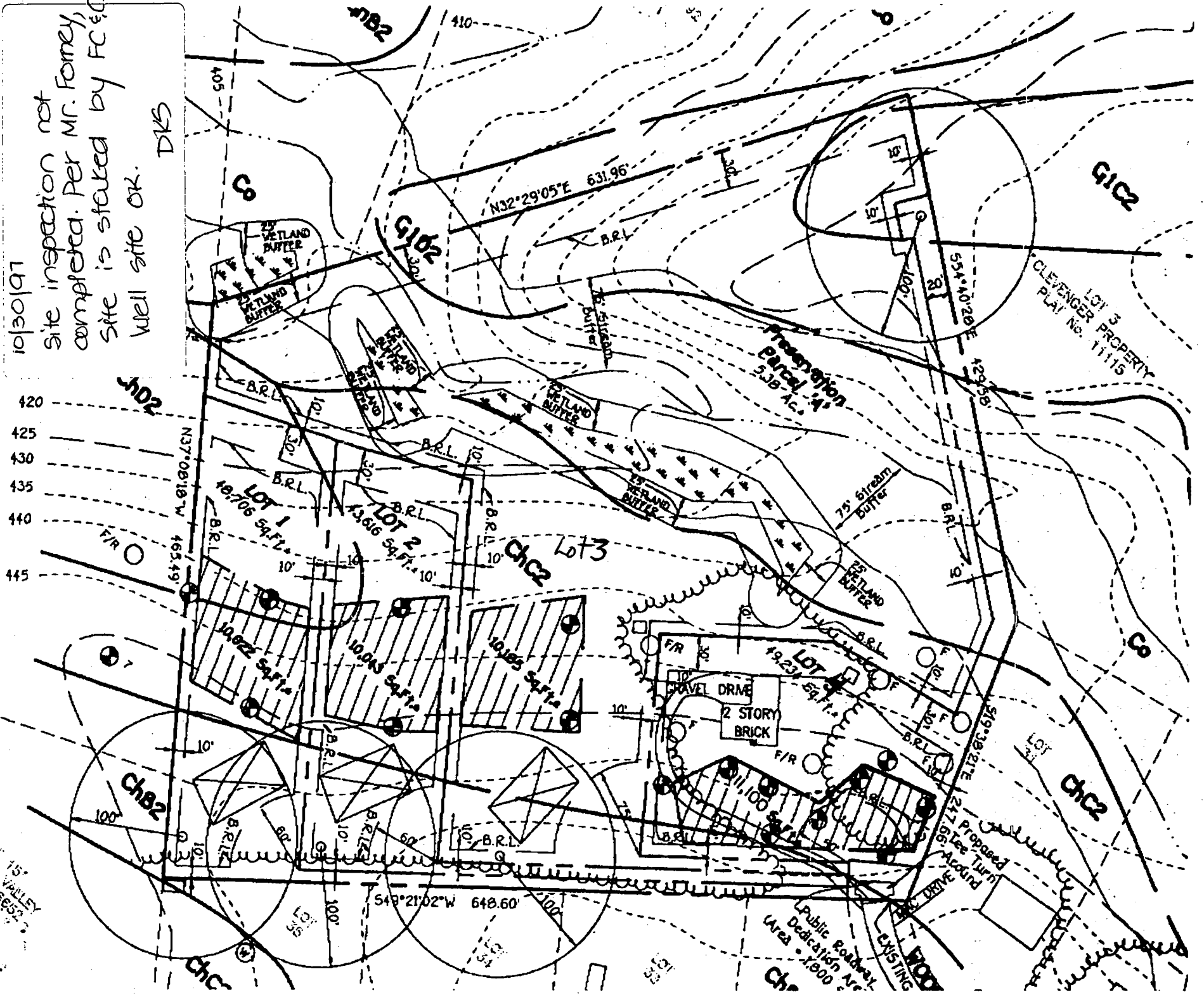
Woodbridge Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-7-97	21	5.0'D	Refusal				FAIL
	22	11.0'D	Visual	- See profile			OK
	23	10.0'D	Visual	- See profile			OK
	24	4.0'D	Refusal				FAIL
	25	9.0'D	Refusal	- See profile			OK
3-6-97	57	10.5'D	WATER				OK
	60	7.0'D	REFUSAL				F

REMARKS per J. Spahn, house to remain  
 TYPE OF SOIL no septic system found, several hand dug wells found  
 TESTED BY D. SOE ALSO PRESENT J. Spahn  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH 3  
 INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 180

10/30/97

Site inspection not completed. Per Mr. Fomey, site is staked by FC&C Well site OK. DK5



LOT 15, RIVER VALLEY, No. 6623

LOT 3 CLEVENGER PROPERTY PLAT No. 11115

Public Roadway Dedication Area - 1600

Proposed Gravel Drive Around

EXISTING DRIVE

DK5

N32°29'05"E 631.96'

B.R.L.

WETLAND BUFFER

Preservation parcel 5.38 Ac.

75' Stream Buffer

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

N37°08'18"W 463.49'

16.706 SA.FT.

13.616 SA.FT.

10.922 SA.FT.

10.004 SA.FT.

10.185 SA.FT.

19.231 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

11.100 SA.FT.

S49°21'02"W 648.60'

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

WETLAND BUFFER

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**ENGINEER'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

*E. J. Collins* 7.24.97  
SIGNATURE OF ENGINEER DATE

**DEVELOPER'S CERTIFICATE**

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT AND PLAN FOR EROSION AND SEDIMENT CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR ITS AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY."

SIGNATURE OF DEVELOPER DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS

*John K. Kline* 11/24/97  
U.S. SOIL CONSERVATION DISTRICT DATE

THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

*John K. Kline* 11/24/97  
DISTRICT HOWARD SOIL CONSERVATION DIST. DATE

**SEDIMENT CONTROL NOTES**

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1955).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THERETO.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, b) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12 OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING (SEC. 51), SOO (SEC. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
 

TOTAL AREA OF SITE	1.2	ACRES
AREA DISTURBED	0.2	ACRES
AREA TO BE ROOFED OR PAVED	0.0	ACRES
AREA TO BE VEGETATIVELY STABILIZED	0.2	ACRES
TOTAL CUT	10.0	CU.YDS.
TOTAL FILL	100	CU.YDS.

 OFFSITE WASTE/BORROW AREA LOCATION - CU.YDS.  
 ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.  
 ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.  
 ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, PRIOR APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.  
 TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.

**SEQUENCE OF CONSTRUCTION**

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN.
- PERFORM NECESSARY GRADING AND STABILIZE THE SITE.
- AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

**TEMPORARY SEEDING NOTES**

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

**SEEDING PREPARATION**

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING. IF NOT PREVIOUSLY LOOSENED.

**SOIL AMENDMENTS**

APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (4 LBS./1000 SQ. FT.)

**SEEDING**

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (3.2 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (0.7 LBS./1000SQ.FT.), FOR THE PERIOD NOVEMBER 15 THRU FEBRUARY 28, PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOO.

**MULCHING**

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 210 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS, ON SLOPES 8 FEET OR HIGHER, USE 340 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1998 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

**PERMANENT SEEDING NOTES**

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

**SEEDING PREPARATION**

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

**SOIL AMENDMENTS**

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (4 LBS./1000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 36-0-0 URGIFORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE (0.5 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER.

**SEEDING**

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE PERIOD NOV 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (1.4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 28, PROTECT SITE BY OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING OPTION (2) - USE SOO; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDED.

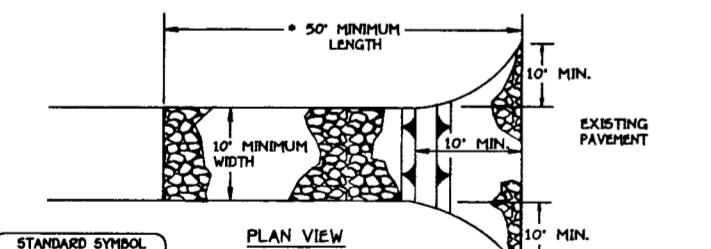
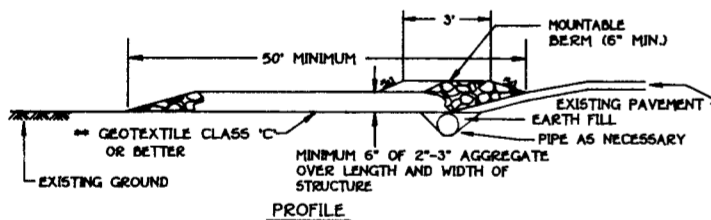
**MULCHING**

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS, ON SLOPES 8 FEET OR HIGHER USE 340 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING.

**MAINTENANCE**

INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

\* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVEATCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AT THE SEEDING SCHEDULE. THE SEEDING SCHEDULE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



STANDARD SYMBOL Construction Specification

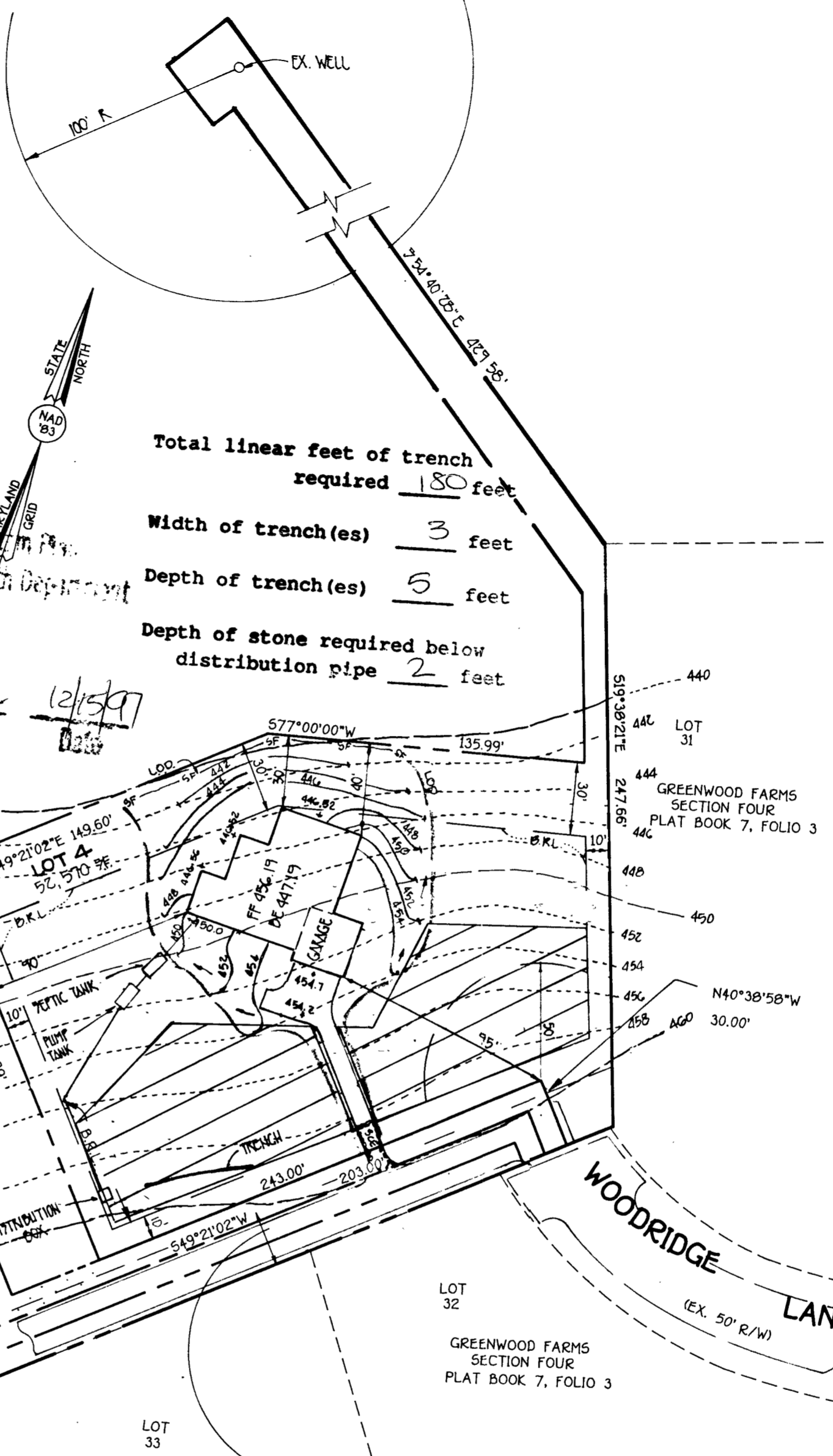
- Length - minimum of 50' (40' for single residence lot).
- Width - 10' minimum, should be flared at the existing road to provide a turning radius.
- Geotextile fabric (filter cloth) shall be placed over the existing ground prior to placing stone. \*\*The plan approval authority may not require single family residences to use geotextile.
- Stone - crushed aggregate (2" to 3") or reclaimed or recycled concrete equivalent shall be placed at least 6" deep over the length and width of the entrance.
- Surface Water - all surface water flowing to or diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a mountable berm with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe has to be sized according to the drainage. When the SCE is located at a high spot and has no drainage to convey it will not be necessary. Pipe should be sized according to the amount of runoff to be conveyed. A 6" minimum will be required.
- Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance.

**STABILIZED CONSTRUCTION ENTRANCE - 2**

NOT TO SCALE

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

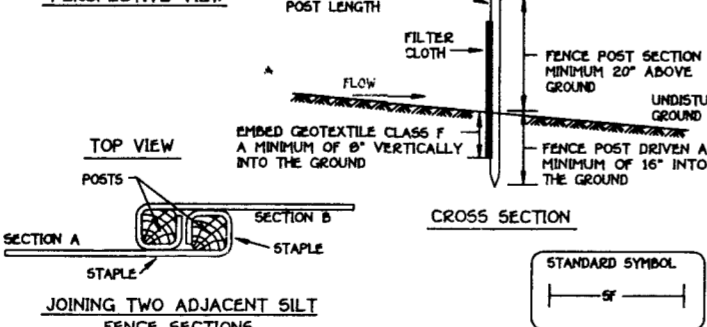
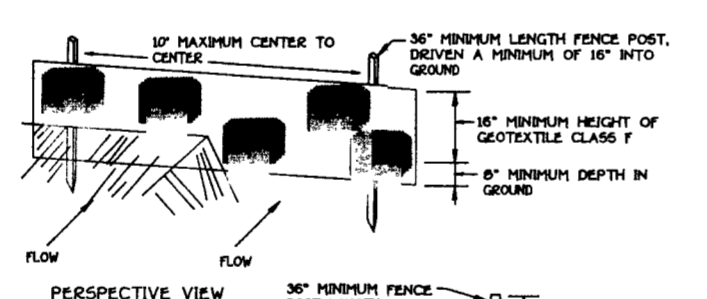
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2855



Total linear feet of trench required 180 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 5 feet  
Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

*John K. Kline* 12/5/97  
Date



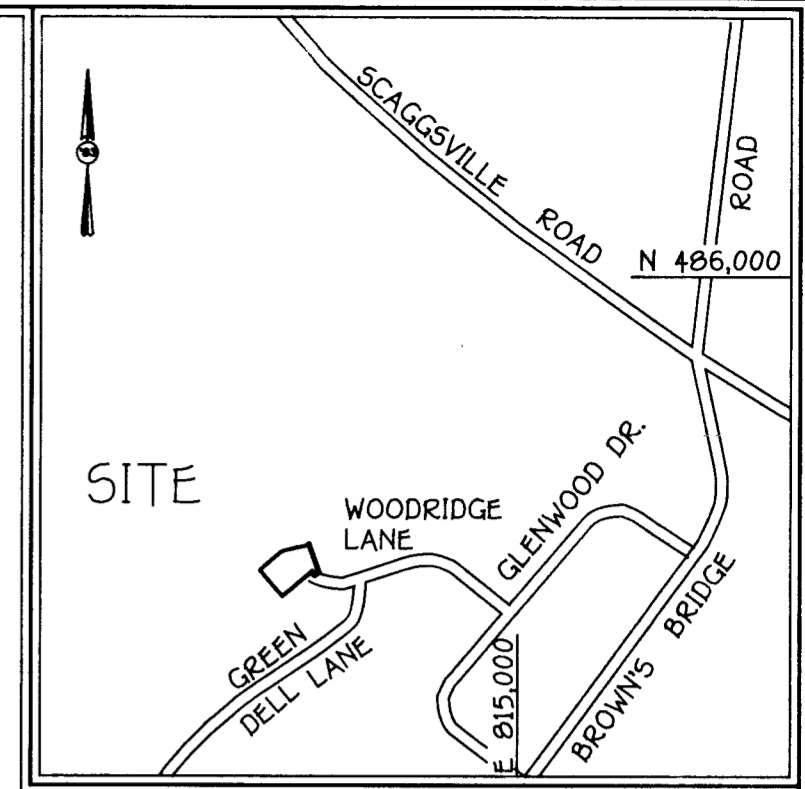
JOINING TWO ADJACENT SILT FENCE SECTIONS Construction Specifications

- Fence posts shall be a minimum of 36" long driven 16" minimum into the ground. Wood posts shall be 1 1/2" x 1 1/2" square (minimum) cut, or 1 3/4" diameter (minimum) round and shall be of sound quality hardwood. Steel posts will be standard T or U section weighting not less than 1.00 pound per linear foot.
- Geotextile shall be fastened securely to each fence post with wire ties or staples at top and mid-section and shall meet the following requirements for Geotextile Class F:
 

Tensile Strength	50 lb/in (min)	Test: MSMT 509
Tensile Modulus	20 lb/in (min)	Test: MSMT 509
Flow Rate	0.3 gal ft <sup>2</sup> /minute (max)	Test: MSMT 322
Filtering Efficiency	75% (min)	Test: MSMT 322

- Where ends of geotextile fabric come together, they shall be overlapped, folded and stapled to prevent sediment bypass.
- Silt Fence shall be inspected after each rainfall event and maintained when bulges occur or when sediment accumulation reached 50% of the fabric height.

**SILT FENCE**  
NOT TO SCALE



VICINITY MAP  
SCALE: 1"=2000'

**GENERAL NOTES**

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No. 1000
- PROPOSED 1000 GALLON SEPTIC TANK
- A. FIRST FLOOR ELEVATION: 45G.1" B. BASEMENT ELEVATION: 447.1" C. INVERT OF SEPTIC SYSTEM AT HOUSE: 447.20 D. INVERT IN AT SEPTIC TANK: 445.40 446.8 E. INVERT OUT AT SEPTIC TANK: 445.10 446.0 F. PROPOSED GRADE OVER SEPTIC TANK: 451.0 G. INVERT AT DISTRIBUTION BOX: 446.00 446.5 H. EXISTING GROUND OVER DISTRIBUTION BOX: 447.00 459.5
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM
- PUMPED SEPTIC SYSTEM REQUIRED



**GP.98.71**  
PLAN TO ACCOMPANY APPLICATION  
FOR BUILDING PERMIT  
**GREENWOOD PLACE**  
LOT 4  
ZONED: RR-DEO  
TAX MAP: 40 PARCEL: 156 GRID: 17  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: NOVEMBER, 1997

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B0015655

Building Address 12536 WOODRIDGE LANE  
HIGGINSVILLE, MD 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605102 Subdivision GREENWOOD PL  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4  
 Tax Map 40 Parcel 156 Grid 17  
 Zoning RR-DEP Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name THE SAME  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone 301-531-7933 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon)  
BERNIE SASSOCCER  
17525 COMBINATION PIKE AN ACCORD  
LAUREL, MD 20723  
 Phone 301-498-2982 Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD + SCREENED PORCH  
 Estimated Construction Cost \$ 9000.00  
 Description of Work DECK + SCREENED PORCH  
23' x 15' 5" x 10' x 11'

Contractor Company CONCEPTS IN DESIGN  
 Contact Person BERNIE SASSOCCER  
 Address THE SAME  
 City FOREST State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 20695  
 Phone 301-498-2982 Fax \_\_\_\_\_

Occupant or Tenant AIRON EISENFELD  
 Contact Name Same  
 Address 12536 WOODRIDGE LANE  
 City HIGGINSVILLE State MD Zip Code 20777  
 Phone 301-531-7933 Fax 1960

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**  
 Height: \_\_\_\_\_  
 No. of stories: 1.01  
 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 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.

Applicant's Signature Bernie Sassoccer Print Name BERNIE SASSOCCER  
 Title/Company CONTRACTOR Date 1-7-99

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 1/7/99 \_\_\_\_\_  
 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 New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID# 31879  
 Filing fee \$ \_\_\_\_\_  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 1657  
 Validation # 1657  
 Accepted by DZ/DS

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