SSUE DATE:	PFR	MIT	P 516445 - D
APPROVAL DATE:	3/19/02 INDEX	(ED T	A _58947-M
No go Elec. reorpheta Co	ON-SITE SEWAGE DIS HOWARD COUNTY HEAD BUREAU OF ENVIRONS Test OK	LTH DEPARTMENT	
Union Paving Com	pany, Inc IS	PERMITTED TO INS	STALL ALTER
ADDRESS: <u>5977</u>	Sandy Ridge Drive, 21075	PHONE NUMBER	:
SUBDIVISION: W	ndridge Farm	LOT NUMBER:	13
ADDRESS: 14562	Windridge Court	PROPERTY OWNER:	Hamilton Reed
SEPTIC TANK CAPA	CITY (GALLONS): 1250	(TOPSEAM)	
PUMP CHAMBER CA	PACITY (GALLONS): 1250	(TOPSEAM) BI	JILDING PERMIT AND RETURN 3 AU 4237-FIM 34 BODI 49299 - DE
NUMBER OF BEDRO	OMS: 4	— 9-4-0. 7-1	3 BOD149299 - DE
SQUARE FEET PER I		<u> </u>	
	ENCH REQUIRED: 240	_168+	
LINEAR FEET OF TR			de. Bottom maximum
TRENCHES:	Trench to be 2. 0 feet wide. Inlet 3 depth 2. 0 feet below original grade grade 2. 0 feet of stone below dist	e. Effective area begins at	3.0 feet below original-
	- depth 2 0-feet below original grade	e. Effective area begins at	3.0 feet below original
TRENCHES:	-depth 80 feet below original grade grade. 2.0 feet of stone below dist Beginning from the intersection of feet off the 210.60 lot line and 11.	e. Effective area begins at ribution pipe. The 192.03' and 210.60' to feet off that same let lime ment to be determined.	Ruit trenshes on

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDER WOULD LIKE TO ADJUST SDA TO ACCOMADATE ANOTHER GARAGE

TOLD HIM HIS PROPOSED ADJUSTMENT WOULD BE ON, ASSUMING

ANOTHER PERC HOLE IS DUG IN LOCATION (A) (DURING OR PRIOR TO

SEPTIC INSPECTION) - THEN OFFICIAL APPROVAL MAY BE GRANTED - SRIC

458747-M

	and the second s
Samuel Commence	
	9
12'CTL	
•	
	(100 95'
4'1 36'	
G PERMIT SICHED	
D RETURNED (S)	
Wide 8	12. Hered 12. 20' 3. 6'
	85'
108K	
16-94-2	
WINDRIDG PRE-CONSTRUCTION IN	E CT. SPECTION 12/13/01-BUILDER CAME OU

TRENCH DATA
TRENCH WIDTH
TRENCH INLET DEPTH
TRENCH BOTTOM DEPTH
DEPTH OF STONE
NUMBER OF TRENCHES 2
TOTAL TRENCH LENGTH 195
ABSORBENT AREA 975 47
DISTRIBUTION BOX LEVEL VES
BAFFLE IN DISTRIBUTION BOX 120
ı , , , , , , , , , , , , , , , , , , ,

SEPTIC TANK DATA
SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER <u>Centur</u>
6 INCH INSPECTION PORT Yes - From
PUMP CHAMBER DATA
PUMP CHAMBER 1250 TS
MANHOLE RISER Lister
ALARM Open tional
PUMP PERFORMANCE TEST OK

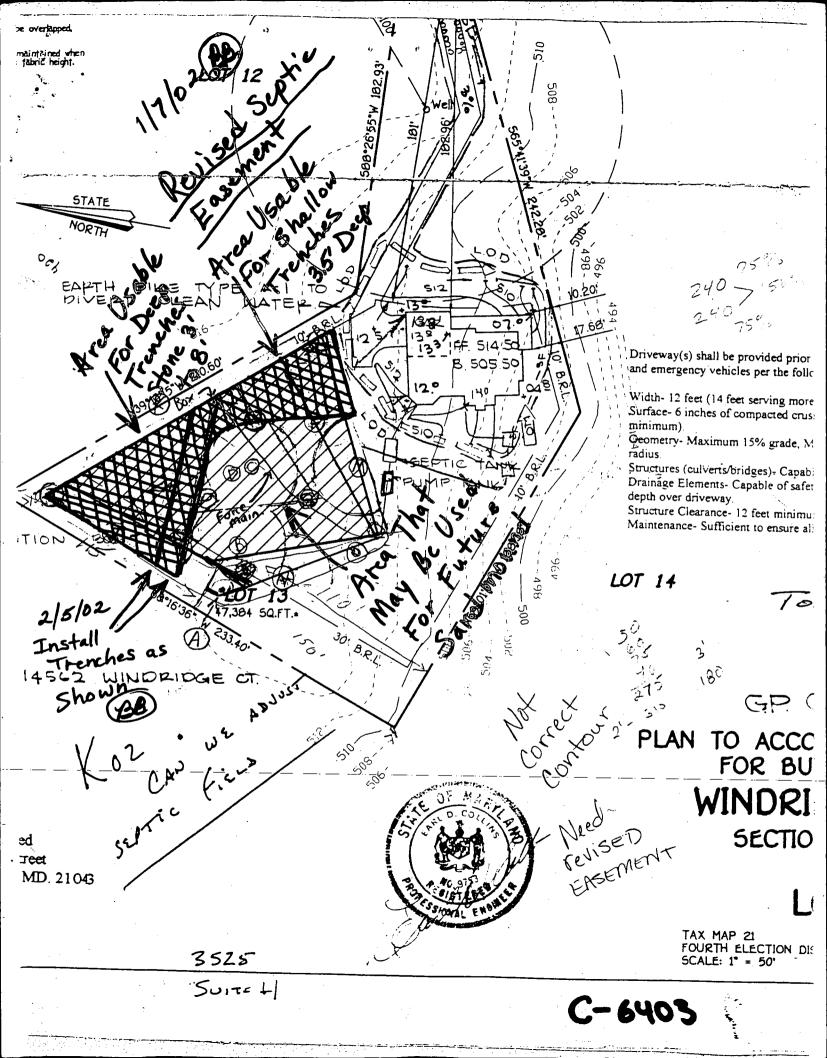
PRE-CONSTRUCTION INSPECTION: 12/13/01-BUILDER CAME OUT W/PLUMBING BELOW BASEMENT
FLOOR, THIS CONFLICTS W/APPROVED PLAN; TANKS WILL BE 6 DEEP, THIS IS UNACCEPTABLE
PLUMBING OUT OF HOUSE MUST BE RAISED! JEWD
INSPECTION COMMENTS: 12/14/01- T/C W BUILDER (STEVE FORNEY) LED-FROM UNION
PAVING-OK TO SET TANKS DOWNHILL SOME BUT THERE CAN BE NO MORE THAN 3'
OF COVER ON TOP OF THEM (IF THERE WILL BEATHE PLUMBING WILL BE CHANGED

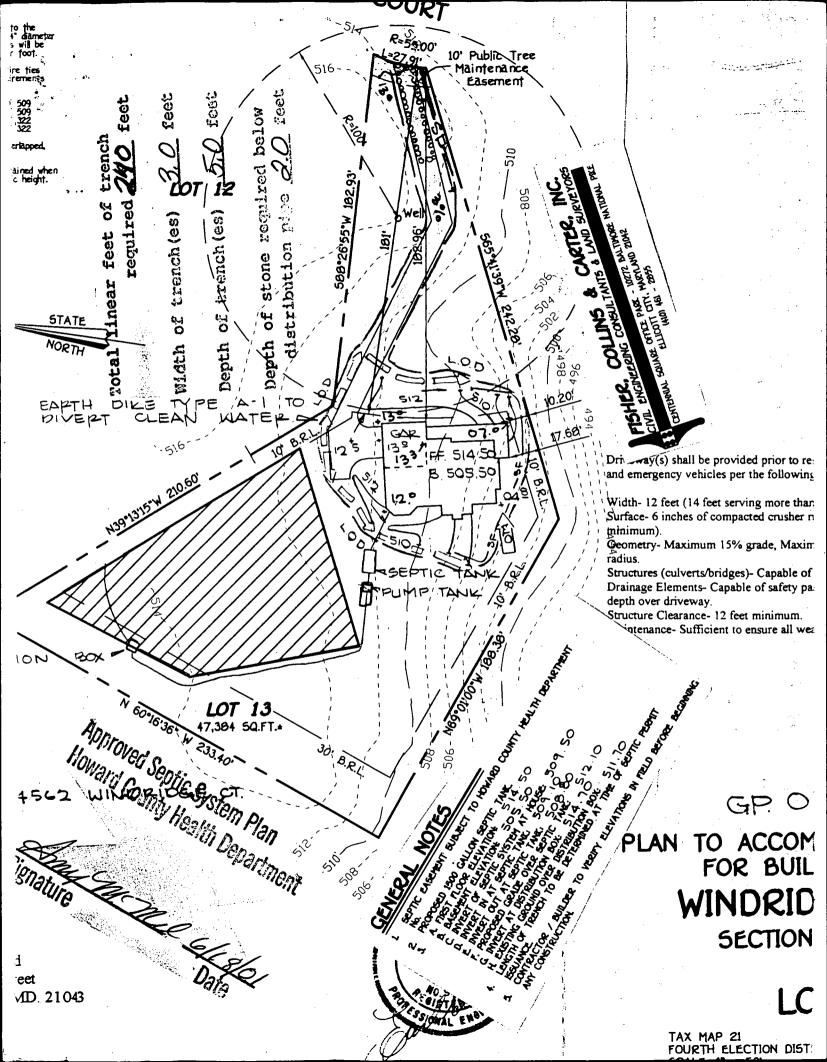
AS AGREED BY STEVE FORNEY. GRW) 1/3/01 Explosurer not used to put intarker.

Drawl to be installed undertanks to level rocky tank holes. Deptic

ensement revised because of rock. (BB) 2/5/02 2-trenches to be
installed as Alaxan on allacked Blan. To make majoriem use of
INSPECTOR (Date of the stanks) in DATE SYSTEM APPROVED 3/14/02

area; minimum of 170' of trunch. Eight feet edge to edge. (BB)
2/5/02 NO one hoose, (2) 90' trench w/ stone, not enough long the Called office Bring
2/5/02 NO to crew out on back how 2/6/02 Met compts, told him to casted trenchases
2/5/02 NO to crew out on back how 2/6/02 Met compts, told him to casted trenchases





HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

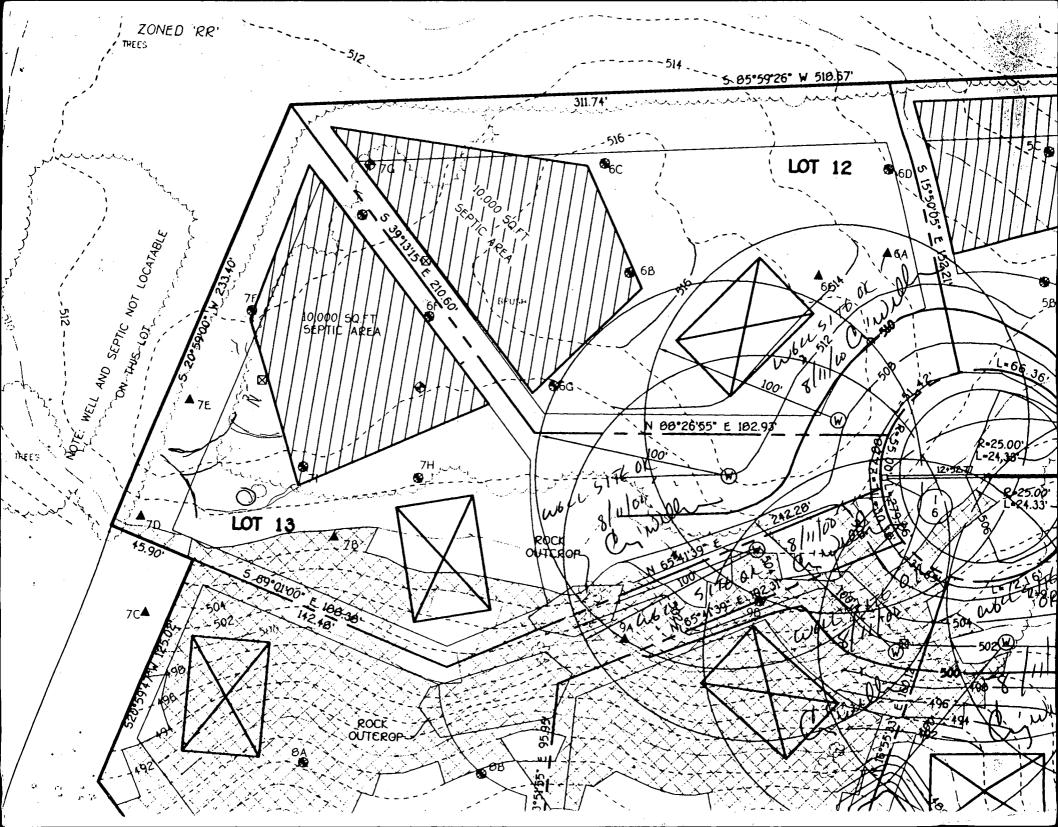
with the Nati	work is to be covery onal Standard Plum	ed until approved by the Healbing Code (NSPC, as amond	tion prior to 9 am on the day of th Department. All installation led locally) and COMAR 26.04 equired prior to Use and Occur	ns must compl
Company Name Address:	35/0 /5	P+H CMC Telepho Res Rel Mil 21157	ne#: <u>410 - 489 - 40</u>	<u>2</u> 9
License # and na Name (Print): *A licensed indi supervision of a subjected to fiel Name of Propert	me of individual respective description of individual must perform licensed journeyms description.	m the actual installation. Ap an or master plumber, pump Non Read Tole	Licensed Well Pump Installer. License# 3808 pprentices must be under the dinstaller or well driller. License phone #: 4/0 - 480 - 9 #: _/3 Well Tag #: HO - 94	irect oses may be
Submersible Pu Make: Gou	Ids	Pitless Adapter Make: Harvard	Well Cap and Electric Con Two piece watertight can:	uduit
If pump capacity Torque arrestors	GPM COUNTERED AT TIME OF EXCENS WEll VICID, OF Cable guards are	Model#: P-7-800 Depth: 12 (36" min) NSF approved: pump installation: 185 (feet) a low water cut off switch is reculred – Must circle one ide of well casing with eye bo	Conduit min 18" B.G.: Conduit secured to well capacity of the conduit secured to well capacity of the conduit secured by NSPC 1990 Section 1"	
Pioing to house Type: Plas 4 PSI: (160)	iè	House Connection	wheel soil at wall penetration:	_
The water supplied distribution box approval prior	+ manmineror and to	be at least ten feet from the twage reserve area. If this <u>c</u>	septic tank, pump chamber, se annot be accomplished, contact	wage piping, this office for
Signature of com	pany representative	responsible for installation	2-28-02 clate	·
	For Health De	partment Use Only - Not to	be completed by Installer	
Date Insp. Reque		4	0/2/100/50	sr1
Inspection Data:	Pitless adapter and Two piece cap insta Elec. conduit extend Safety rope installed Correct well tag attractions water supply line at the Electric Safety rope installed Correct well tag attractions.	Date Insp. a water supply line at least 36" builed and attached to casing seed at least 18" below grade/atte d inside of well casing ached properly and easing 8" a leeved adequately at house concerved below pitless adapter	boye finished grade	
•	•			

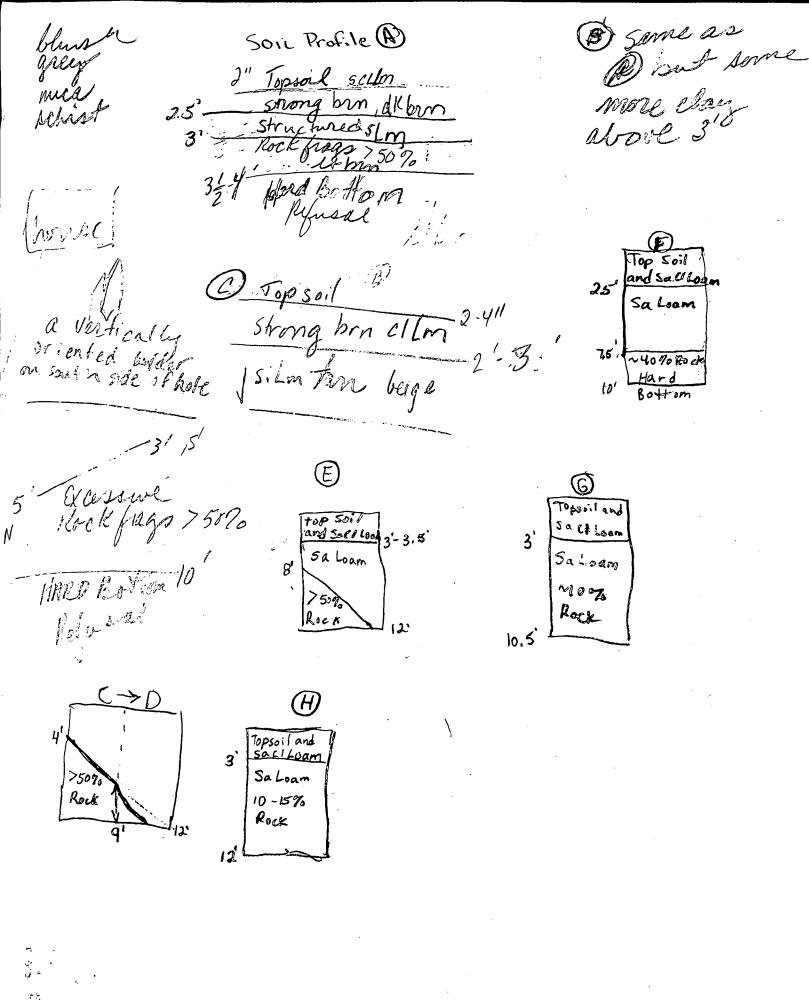
Noted H2O Line is 1.5' from septic house conn.

HaO Line is 4' deep (sleeved)

	C 1 07888 SEQUENCE NO (MDE USE QNLY	WELL COMPLETION REPORT FILLIN THIS FORM COMPLETELY COUNTY /2
·		PLEASE TYPE NUMBER * 7
٠	DATE Received MM DD YY 8 13 15 DATE WELL CO	Depth of Well οκ/ςω FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL" 22 /85 26 (ΤΟ NEAREST FOOT) 10/30/00 (28 29 30 31 32 33 34 35 36 37)
	OWNER BRS DEVEL	OPENS
•	STREET OR RFD 2017001	106E FARAS CT first name TOWN GCENEUS
	SUBDIVISION WELL LOG	V02 00
.]	Not required for driven wells	WELL HAS BEEN GROUTED (Y) N 1 2
a o	STATE THE KIND OF FORMATIONS PENETRATED, THEIL COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROWING MATERIAL (Circle one)
	DESCRIPTION (Use FEET Che if w	CEMENT CEMENT CLAY BC
	January 10 Dea	NO. OF BAGS NO. OF POUNDS PUMPING RATE (gal. per min.)
-	Jop Soil 0 2 Sundy 2 11 Sund Stove 11 25 Micka 15 40	GALLONS OF WATER 60 METHOD USED TO MEASURE PUMPING RATE 15 METHOD USED TO MEASURE PUMPING RATE 15 MEAS
	Sundy Z 11	48 TOP 52 54 BOTTOM 58 WATER LEVEL (distance from land surface)
		casing CASING RECORD BEFORE PUMPING 45 ft.
	SUAND Stove 11 25	types insert WHEN PUMPING 60 ft.
	MICKA 15 40	appropriate code CONCRETE 22 25
'	CANStows 10 45	A air P piston T turbine
	SAND Stone 10 45 MICKA 45 160 Flind Pack 160 165	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot) C centrifugal R rotary O (describe)
Í	Clip Pack 160 165	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	MICKA 165 185	E OTHER CASING (if used)
ı	INICKA 103	A diameter depth (feet) H inch from to
		DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
		if DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
		screen type or open hole ST BR HO TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
		insert appropriate code below P L O T (to nearest gallon)
		PLASTIC OTHER PUMP HORSE POWER
	NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH (nearest ft.)
	WELL HYDROFRACTURED YES N	E 1 HO 15 15 17 21 CASING HEIGHT (circle appropriate box and enter casing height)
	CIRCLE APPROPRIATE LETTER	C + 2 above LAND SURFACE
	A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	$\frac{1}{2}$ $\frac{1}$
	E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51 49 50 51
	HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED	E SLOT SIZE 1 2 3 LOCATION OF WELL ON LOT
	ACCORDANCE WITH COMAR 26.0 40. "WELL CONSTRUCTED IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABC CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENT HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF KNOWLEDGE.	DIAMETER (NEAREST OF SCREEN 60 INCH) DIAMETER (NEAREST INCH) TWO DISTANCES (MEASUREMENTS TO WELL)
	DRILLERS LIC. NO. M. D. J. J.	GRAVEL PACK IF WELL DRILLED
	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68
	(MUST MATCH SIGNATURE ON APPLICATION) LIC. MO. 1	MDE USE ONLY
	Same	() ss ss
	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG TA 75 76 CASING INDICATOR OTHER DATA
	DENV-CR97	© COUNTY

B 1 18645 SEQUENCE NO.	STATE OF	MARYLAND	STATE PER	MIT NUMBER
(MBE GOE GILLY)		DRILL WELL	110 - 94	- 2799
1 2 3 6	W51367 please pr		70 fill in this for	rm completely 79
Date Received (APA)	W31701-	B 3 1/	ALOCATION OF WELL	in completely
*OWNER INFOR	RMATION	Mowany	, 10,0111011 07 WEEE	·.
8 MM DD YY 13	,	8 COUNTY	2	1
15 Last Name Owner	First Name 34	WIND, RIPG 23 SUBDIVISION	E FARMS	42
8808 Conter Park Mr.	Switt 209		B. B. 13	42
36 Street or RFD	55	SECTION 24 46	LOT 48 50	
-0 (4/-0	21045	GLENE	(6	·
57 Town 70 State DRILLER INFORMATION	72 Zip 76	52 NEAREST TOWN		- 71
1 / 1	15 D 1/6	MILES FROM TOWN (ent	er 0 if in town)	M I J 76 77 78
Driller's Name 70	6 License No. 81	B 4		
RAGE MAYNE WELL DA	116/164	1 2 DIRECTION OF WELL FROM	WIND RIDE	
runi Name		TOWN (CIRCLE BOX)	11 NEAR WH	AT ROAD 30
9120 BHOWN (hunth AV.)	NT ging	NW 8 NE	ON WHICH SIDE OF	
The A Munice	D-5-00,	8-9 8-9	(CIRCLE APPROPRI	′ / IWI 1321 IEI
Signature	Date	W TOWN E	34 🍃	WEST SEAST
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE —	5		DISTANCE	FROM ROAD
(GAL PER MIN.)	300 12		EN	TER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	20	8-9 5 8-9	TAX MAP: BLK:	PARCEL
USE FOR WATER (CIRCLE AP			O BE FILLED IN BY D	
DOMESTIC POTABLE SUPPLY & RESIDEN	NTIAL	HEALT	H DEPARTMENT APP	ROVAL
IRRIGATION -		HOWARD	·	13
F FARMING (LIVESTOCK WATERING & AGRI	ICULTURAL .	COUNTY NAME STATE		COUNTY NO.
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	IG	SIGNATURE DATE ISSUED	"	NSERT S
P PUBLIC WATER SUPPLY WELL		108 08 00	Cyle ale	8/7/61
T TEST, OBSERVATION, MONITORING	•	43 MM DD YY 48 NORTH	CD SIGNATURE	EXP. DATE
G GEO-THERMAL		GRID 5 20 C	000 GRID 079 55 57	0 0 0 0
		SHOW MAJOR FEATURE	S OF	
APPROXIMATE DEPTH OF WELL /50) FEET	BOX & LOCATE WELL .	10/100/	so group
24	28	SOURCES OF DRILLING	WATER	93
APPROXIMATE DIAMETER OF WELL6"	NEAREST INCH	! well		
METHOD OF DRILLING	(circle one)	2. 3.		
BORED (or Augered) JETTED	Jetted & DRIVEN	3 .	W E	
AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R D	()
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		
other		- 750°		
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE			000	
THIS WELL WILL NOT REPLACE AN EXISTI		N 50		
THIS WELL WILL REPLACE A WELL THAT V	WILL BE		V SHOWING LOCATION OF	
ABANDONED AND SEALED	WILL BE LISED		FOWNS AND ROADS AND G TO NEAREST ROAD JUNCT	7
39 S AS A STANDBY-CONTACT LOCAL APPROVI				
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WE	ELL	,	•	
PERMIT NUMBER OF WELL TO BE REPLACED OF	R DEEPENED	·N well		
(IF AVAILABLE) 41	52	N CLEU	No.	Slare
Not to be filled in by driller (MDE OR Co	OUNTY USE ONLY)	↑	the own	165 Of 101911
APPROP PERMIT NUMBER	GAP		WIND RID	Yel
54	911 2280			\
PERMIT No. # 0 -	- 79 - 2179 2 73 74 75 76 77 78 79			1
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEFDED				€





(-

APPLICATION

PERCOLATION TESTING

A <u>589476</u>
P_____

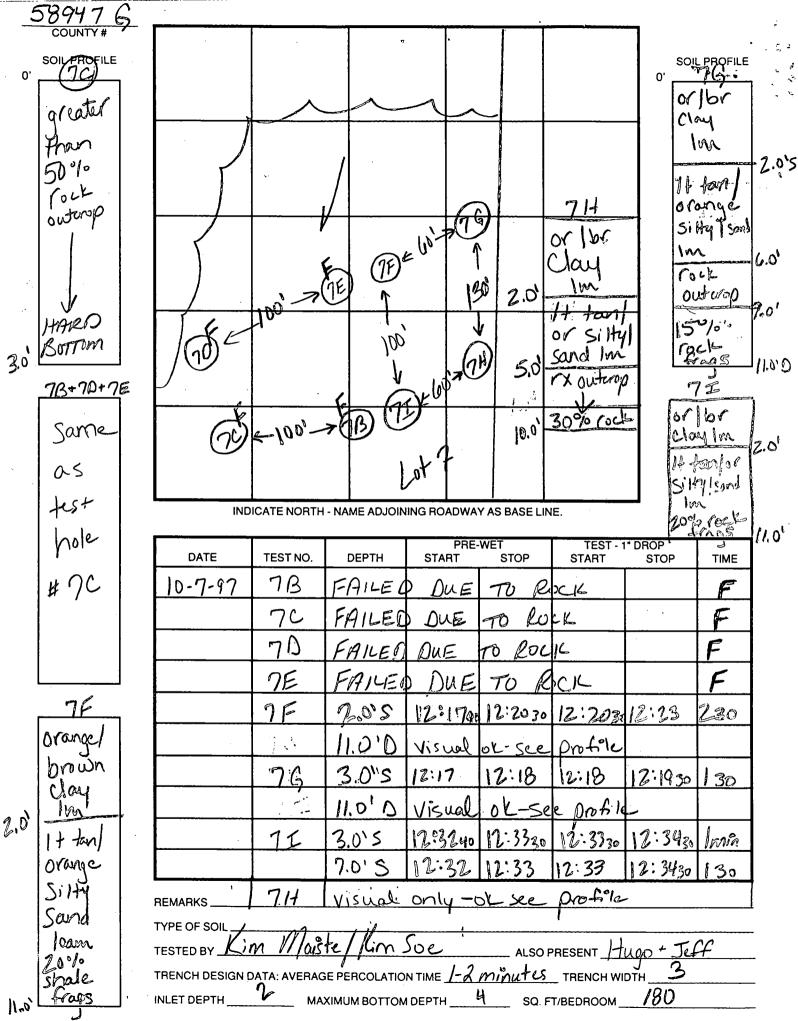
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

	the second second		•
THEREBY APPLY FOR THE NECESSARY TEST PRIOR TO	APPLICATION FOR PERMIT TO CONS	TRUCT (OR RECONSTRUCT) A SEWAGE DIS	POSAL SYSTEM.
PROPERTY OWNER RAY + JANE CUBB	Age		
ADDRESS 14564 DORSE, Mill Re		DNE 410 489 7017	
AGENT OR PROSPECTIVE BUYER Susqueham	VA LAND Hold	ling Co	· · · · · · · · · · · · · · · · · · ·
ADDRESS 1814 HYMAN LA CRE	HOW MD ZILLY PHO	DNE 410 451 3910	, o
PROPERTY LOCATION:			
SUBDIVISION <u>Cubbage</u> <u>Sub</u>		no. 7 6	·
ROAD AND DESCRIPTION			·
TAX MAP 2/ PARCEL# 3/			
SIZE OF LOT 1 + A C.	TYPE BLDG	SPA	MERCIAL
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS A			
FEE CONNECTED WITH THE FILING OF THIS PERC TE			•
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING	i THIS LOT.	(SIGNATURE OF APPLICANT)	
APPROVED BY	FOR	DATE	
DISAPPROVED BY	FOR	DATE	<u>.</u>
HOLD PENDING FURTHER TESTS			
REASONS FOR REJECTION OR HOLDING	· ·	<u> </u>	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	.	DATE	
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #			1

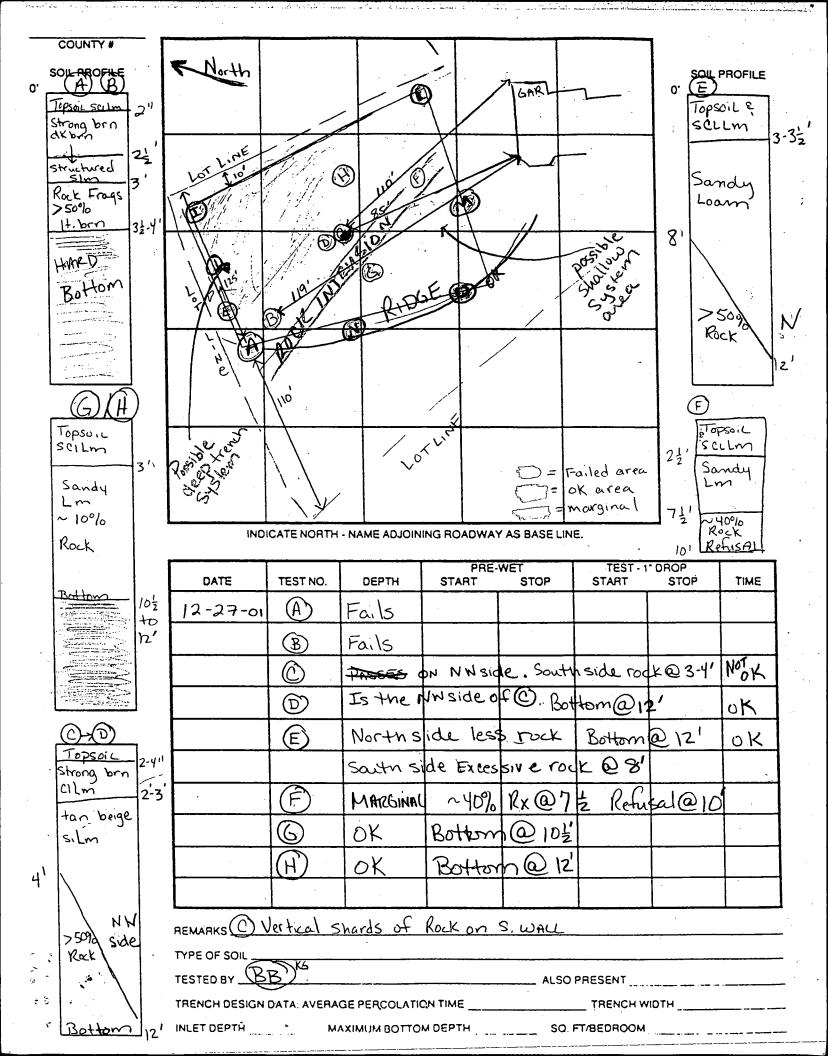
THIS IS NOT A PERMIT

HD-216 (3/92)



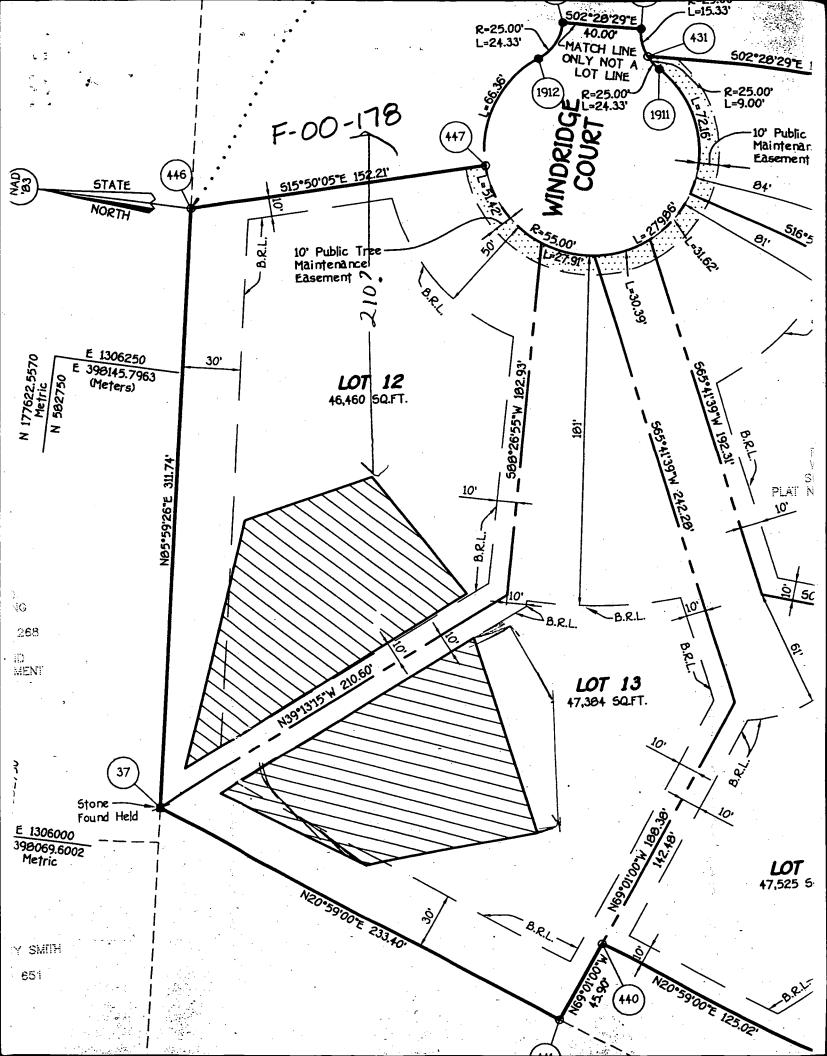
2.0

	COUNTY #	- r						T		7	
. °S 0' -	TOP SOIT	gra	mlar		e)	•		Hor	rl	0,(PROFILE L)
1	Deige	1/2 +	o 5.'					1405		2.5 and	Sa Loam n Sa
ŀ	SAND 10% Rock with					· 				Low	. [
	Poekets of 20-30%	:									ock
1.5	Rock ~30% Rock								· · · · · · · · · · · · · · · · · · ·	9.5 Acc	cets of 50% Ro
12'	Top soi L									1"	
	granular SCL Lim org brin tan	5′	(I)			ochcet	<u>, </u>			loo chim	orner
	lt km	3	INI	DICATE NORTH	- NAME AD		DADWA	Y AS BASE LIN	IE.		•,
	sand		DATE	TEST NO.	DEPTI		PRE-	STOP	START	STOP	TIME
	Rx~107		12/28/01	I	41.5%		4/24	12.44	12:44"	12:50	6 min
	Pocket				12'	Bottor	n				
	Pock Rock			J	3'	1:13	:30	1:22:30	1:22:30	1:38:30	16
	Botom	12'			I	Bot for	n				
	Top Soil			K	1211	,	, ·			-	
5 1	and Sack	am	\$25.7	L	11'V				, , , , , , ,		
3'	TanSa			 M	>5	074 Ro	cka	-2'.5	Visual		F
	Loam			N	>50	270 R	cko	# 2',3'	Visual		F
	~10%		<u></u>	0	750	% Kock	6.5	1,9' Visi	(a)	<u> </u>	
	Rock		L		<u> </u>	ė					
			REMARKS					··· ·			
			TYPE OF SOIL					AI SO	PRESENT		
			TRENCH DESIGN								
12			INLET DEPTH								



` COUNTY#	— r		I		1 .	l l		— I	
SOIL PROFILE		t		••	v		•	soli	_ PROFILE
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Brsa									
CI Loam									
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OrBr Saloam									
1									•
15-20% Rock									
<i>v</i>									· · ·
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	1 1		i i	1				•	
		INI	DICATE NORTH	- NAME AD IOI	ING BOADW	AY AS BASE LI	NF		
		INE	DICATE NORTH	- NAME ADJOIN				***************************************	
		DATE	DICATE NORTH	- NAME ADJOIN		AY AS BASE LI E-WET STOP		1° DROP STOP	TIME
·		··· · ·			PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST -		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET	TEST-START		TIME
		DATE	TEST NO.	DEPTH	PRI	E-WET STOP	TEST-START		TIME
		1/3/02	TEST NO.	DEPTH /2'V	START	E-WET STOP	TEST-START	STOP	TIME
	1	DATE	TEST NO.	DEPTH /2'V	START	E-WET STOP	TEST-START	STOP	TIME
		DATE 1/3/02 REMARKS	TEST NO.	DEPTH /2'V	START	E-WET STOP	TEST-START	STOP	

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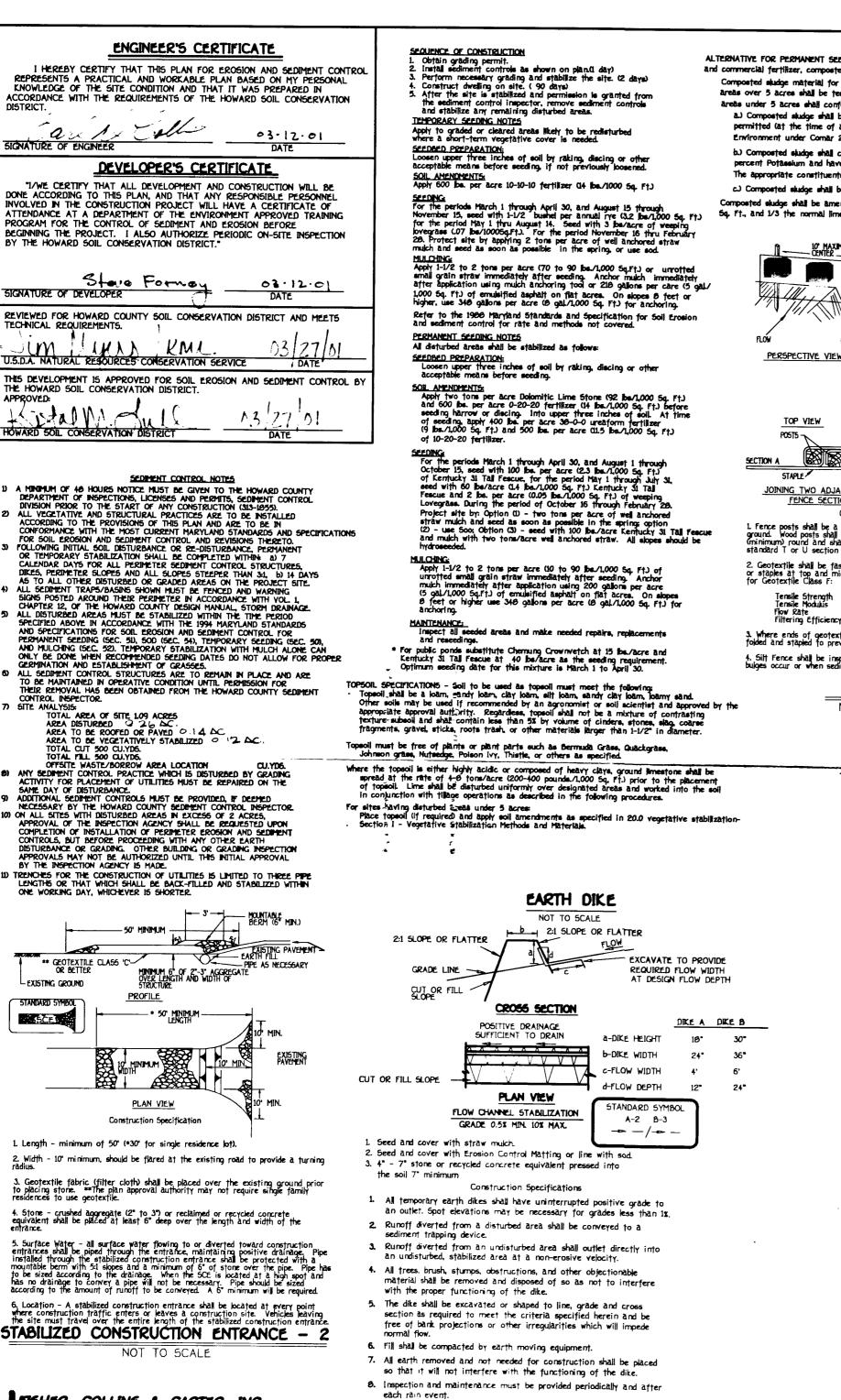
1 Call

Stove Formey

SIGNATURE OF ENGINEER

SIGNATURE OF DEVELOPER

TECHNICAL REQUIREMENTS.



ALTERNATIVE FOR PERMANENT SEEDING - Instead of applying the full amounts of lime and commercial fertilizer, composted studge and amendments may be applied as specified below: Composted studge material for use as a soil conditioner for sites having disturbed areas over 5 acres shall be tested to prescribe amendments and for sites having disturbed areas under 5 acres shall conform to the following requirements: a.) Composted studge shall be supplied by, or originate from, a person or persons that are permitted (at the time of acquisition of the compost) by the Maryland Department of the Environment under Comar 26.04.06. b.) Composted studge shall contain at least 1 percent Nitrogen, 1.5 percent Phosphorus, and 0.2 percent Potassium and have a Ph of 7.0 to 8.0. If compost does not meet these requirements The appropriate constituents must be added to meet the requirements prior to use. c.) Composted sludge shall be applied at a rate of 1 ton/1,000 Sq. Ft. Composted studge shall be amended with a Potassium Fertilizer applied at the rate of 4 lb./1,000 54. Ft., and 1/3 the normal lime application rate. o 21.58° -**36" Minim**um Length Fence Post, Driven a minimum of 16" into Ground PORCH 36° MINIMUM FENCE — POST LENGTH PERSPECTIVE VIEW CROS, SECTION STAPLE STANDARD SYMBOL ├──\$f -----| JOINING TWO ADJACENT SILT FENCE SECTIONS COURT Construction Specifications 1. Fence posts shall be a minimum of 36" long driven 16" minimum into the ground. Wood posts shall be 11/2" x 11/2" square (minimum) cut, or 13/4" 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 pond per linear foot. R=55.00' 10' Public Tree Easement 3. Where ends of geotextile fabric come together, they shall be overlapped folded and stapled to prevent sediment bypass. 4. Silt Fence shall be inspected after each rainfall event and maintained when bulges occur or when sediment accumulation reached 50% of the fabric height. LOT | 12 SILT FENCE NOT TO SCALE EAPTH DIKE TYPE A-1 TO DIVERT CLEAN MATER -13/12 07.0 1FF 5.45d 14562 WINDRIDGE OT (e) SED ERSEITHAT Hamilton/Reed 8000 Main Street Ellicot City, MD. 21043

Howard County Control Sta. No. 21F3 SITE Howard Count Control Sta. No. 21FA

<u>VICINITY MAP</u>

GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- No.

 2. PROPOSED 1500 GALLON SEPTIC TANK.

 3. A. FIRST FLOOR ELEVATION: \$14.50

 B. BASEMENT ELEVATION: \$0.5.50

 C. INVERT OF SEPTIC SYSTEM AT HOUSE: \$0.9.50

 D. INVERT IN AT SEPTIC TANK: \$0.9.50

 E. INVERT OUT AT SEPTIC TANK: \$0.9.50

 F. PROPOSED GRADE OVER SEPTIC TANK: \$1.2.10

 G. INVERT AT DISTRIBUTION BOX: \$1.4.70

 H. EXISTING GROUND OVER DISTRIBUTION BOX: \$11.70

 4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- ESUANCE.
 5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING

Driveway(s) shall be provided prior to residential occupancy to ensure safe access for fire and emergency vehicles per the following minimum requirements

Width- 12 feet (14 feet serving more than one residence).

Surface- 6 inches of compacted crusher run base with tar and chip coating (1 1/2 inch

Geometry- Maximum 15% grade, Maximum 10% grade change and 45 foot turning

Structures (culverts/bridges)- Capable of supporting 25 gross vehicles tons. Drainage Elements- Capable of safety passing 100-year flood with no more than 1-foot depth over driveway

Structure Clearance- 12 feet mir

Maintenance- Sufficient to ensure all weather use

LOT 14

Ton Korcowsel 410/984-0349

GP (1-14-7

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT WINDRIDGE FARMS SECTION 2, AREA 2

LOT 13

TAX MAP 21 FOURTH ELECTION DISTRICT 5CALE: 1" = 50'

HOWARD COUNTY, MARYLAND DATE: MAY 30 2001

3525

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

3430 COURT HOUSE DRIVE

ELLICOTT. CITY. MD 21043

EPERMITS (410)313-2455 INSPECTIONS (410)313-1810

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

AUTOMATED INFORMATION (410) 313-380			211071
Building Address 14562 Wind	11:13 - 164	Property Owner's Name Mr. Todd	Steinberg
Chenwood Md 217	3.8	Address 14562 Undridy	イー・トラー しゅうしゅう しゅんごう 大学 しょうこう 美工会会
Suite/Apt. #:SDP/WP/		City Glanword State Y	- "我们的特殊的,你是一个人的好好的,你是这样的
Census Tract 60400 Subdivisi	on Nuclei Sew Form	Home Phone 410 - 424 - 4460 Wor	k Phone
Section Area 3	Lot	Applicant's Name & Mailing Address, (f other than stated hereon):
Tax Map 2 Parcel 31	Grid 17		
Zoning Map Coordinates ?		Phone Fa	×
Existing Use SFO		Contractor Company	Dav-
Proposed Use STD Screen Estimated Construction Cost \$ /6	Parch / Det	Contact Person David Coodi	31. = 1. (1. (1. (1. (1. (1. (1. (1. (1. (1.
Description of Work 16'Y 16	The state of the state of the same of the	Address 6030 Dry Dreat	
16×17' Dect with s	하는 그래요 그는 그 그는 그는 그는 그는 그를 모르는 것이 없다.	City (brks: 11 State M.	Zip Code 71471
		Phone 443 S-0427 Fa	
Occupant or Tenant	Olivin de la companya	Engineer or Architect Company	
Contact Name		Contact Person	
Address_		Address	
City State	Zip Code	CityState	Zip Code_
Phone Fax		Phone	15.0 / 20.0 July 1990 1990 1990 1990 1990 1990 1990 199
	The second secon		
BUILDING DESCRIPTION -	COMMERCIAL	BUILDING DESCRIPTION - R	<u>ESIDENTIAL</u>
Building Characteristics	<u>Utilities</u>	Building Characteristics	ESIDENTIAL Utilities
		Building Characteristics SF Dwelling □ SF Townhouse □	Utilities Water Supply:
Building Characteristics	Utilities Water Supply: Public Private	Building Characteristics SF Dwelling SF Townhouse Depth Width Lst floor:	Utilities Water Supply: Public Private
Building Characteristics Height:	Utilities Water Supply: Public Private Sewage Disposal:	Building Characteristics SF Dwelling SF Townhouse Depth Width Ist floor 2nd floor	Utilities Water Supply: Public Private Sewage Disposal: Public
Building Characteristics Height:	Utilities Water Supply: Public Private	Building Characteristics SF Dwelling SF Townhouse Depth Width Lst floor:	Utilities Water Supply: Public Private Sewage Disposal:
Building Characteristics Height: No. of stories:	Utilities Water Supply: Public Private Sewage Disposal: Public	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No
Building Characteristics Height: No. of stories:	Utilities Water Supply: Public Private Sewage Disposal: Public Private	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group:	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes \(\) No \(\) Gas Yes \(\) No \(\) Heating System:	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System:
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: Construction type:	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes \(\) No \(\) Gas Yes \(\) No \(\) Heating System: Electric \(\) Oil \(\)	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes \(\) No \(\) Gas Yes \(\) No \(\) Heating System:	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas	Building Characteristics SF Dwelling	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
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel	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	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry	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 \(\)	Building Characteristics SF Dwelling	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No
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 Characteristics SF Dwelling	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:
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 THE UNIDER SED HEREBY CERTIFIES AND AGREES AS FOLLOWS (1) COUNTY WHICH ARE APPLICABLE THERETO. (4) THAT HE/SHE WILL!	Utilities Water Supply: Public Private Sewage Disposal: Public Private Fulblic 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	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:
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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 State Certified Modular THE UNIDER SED HEREBY CERTIFIES AND AGREES AS FOLLOWS (1) COUNTY WITCH ARE APPLICABLE THERETO (4) THAT HE/SHE WILL I INTER CYAL HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE VIA	Utilities Water Supply: Public Private Sewage Disposal: Public Private Fulblic 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	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:

