

LAYOUT 11/7/03 - 1:30
INSP 1 11/2/03 1:30 pm INSP 3 _____
INSP 2 _____ INSP 4 _____

04-367146

INDEXED

ISSUE DATE: 9/18/03

P 519581

APPROVAL DATE: 11/25/03

**PERMIT
SHARED SEPTIC SYSTEM**

A 510610-F

HOUSE SEWER LINE CONNECTION

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

South Carroll Backhoe, Inc _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Road (21157) PHONE NUMBER: 410-785-4197

SUBDIVISION Maple Ridge LOT NUMBER: 5

ADDRESS: 15417 Maple Ridge Drive PROPERTY OWNER: NVR. Inc.

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY PUBLIC WATER? YES OR **(NO)**

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of a grinder pump, if applicable. The Howard County Bureau of Utilities must also be contacted for scheduling of inspection of these items at 410-313-4900.

PLANS APPROVED: _____ **(TAB)** _____ DATE: _____

PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

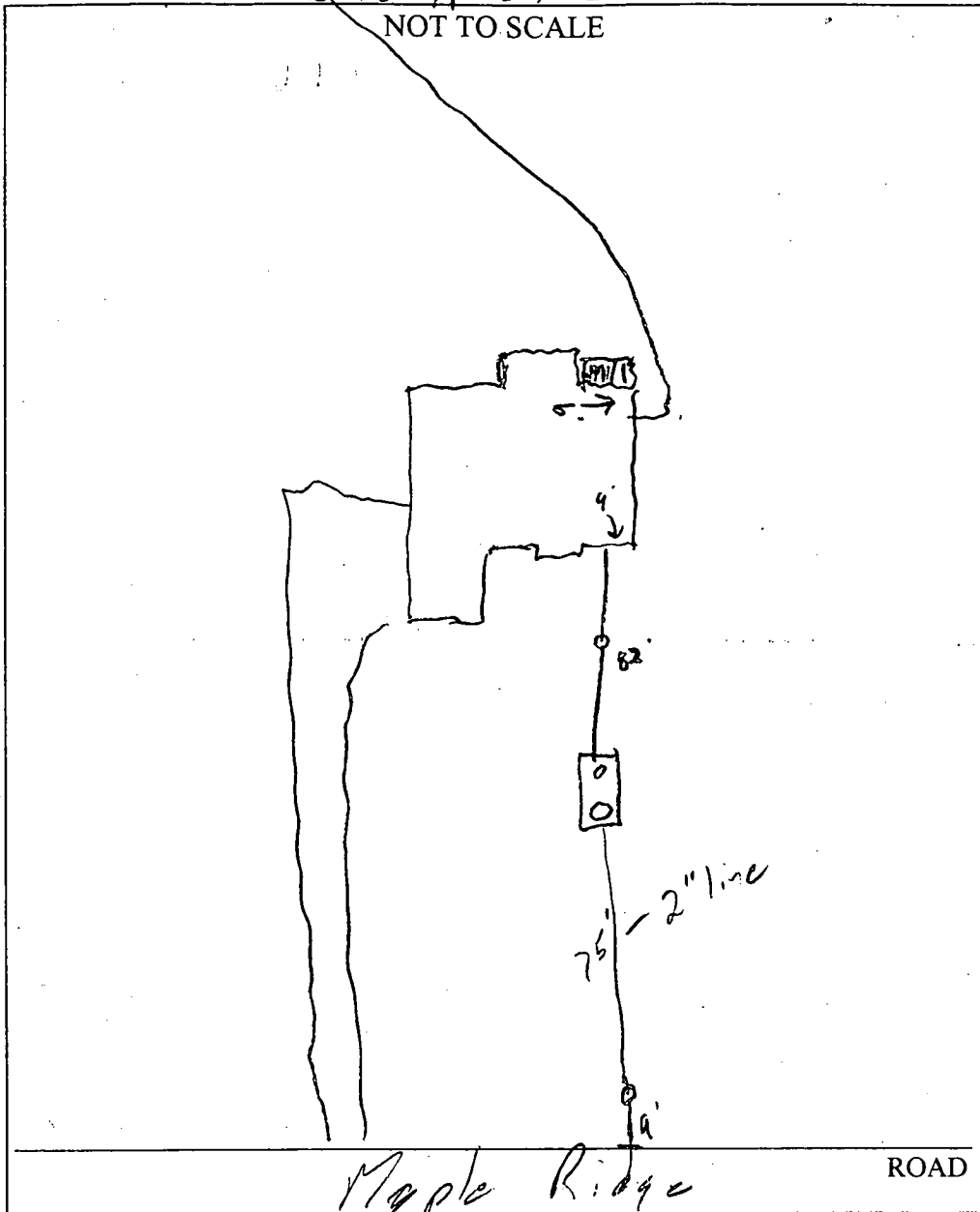
**BUILDING PERMIT SIGNED
AND RETURNED**
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

10/1/03 800144344 - PROPRINE TANK
8/11/05 800155435 - DECK

A510610-F

AD-94-3425

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 3'

BAFFLES Front

BAFFLE FILTER _____

MANHOLE LOC Back

6" PORT LOC Front

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

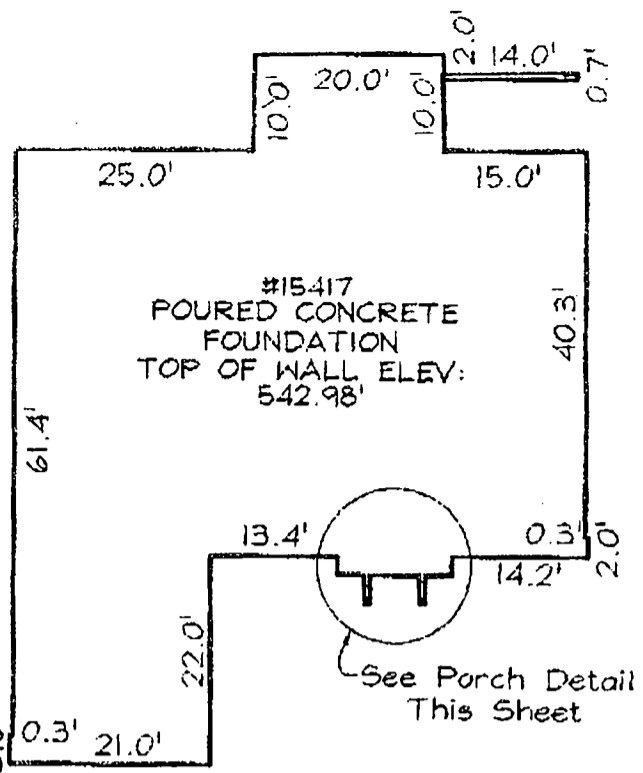
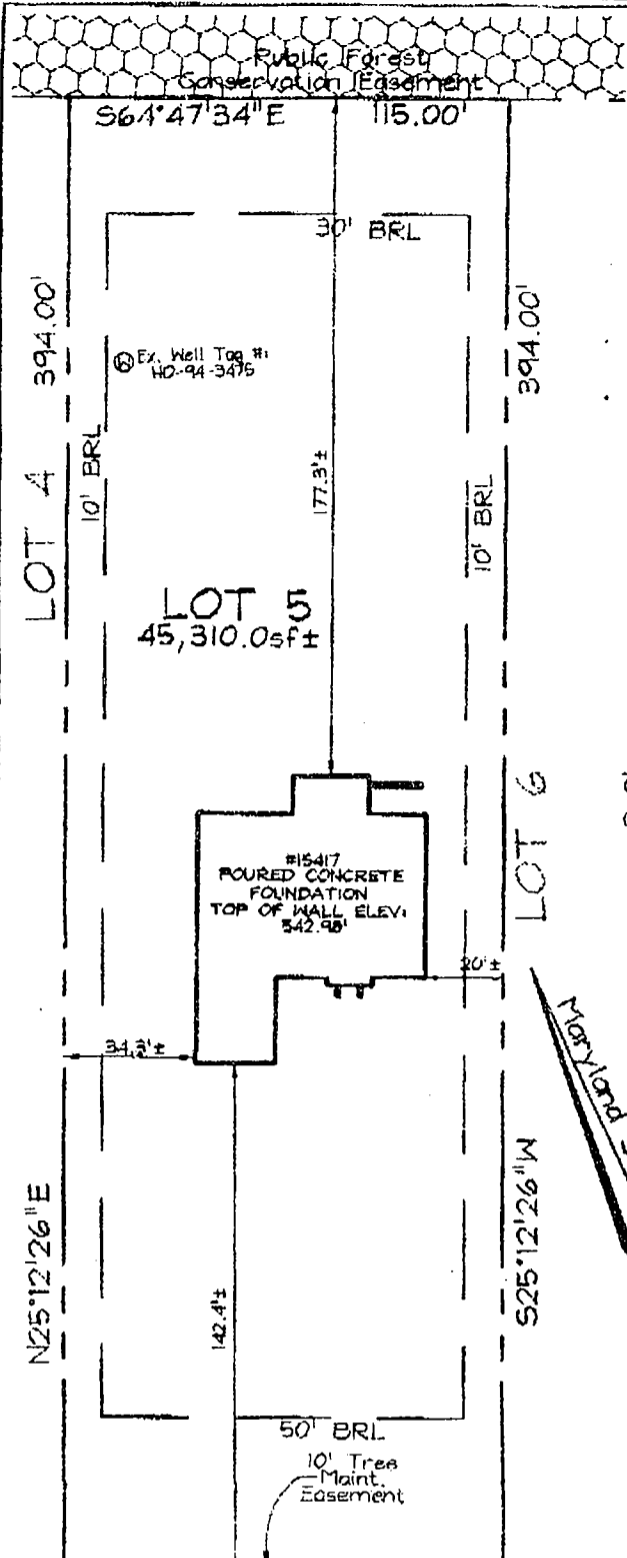
PRE-CONSTRUCTION 11/7/03 - Tank not here yet. Contractor to send drawing (S)

INSTALLATION 11/9/03 - line to street conn complete. No pump (S)

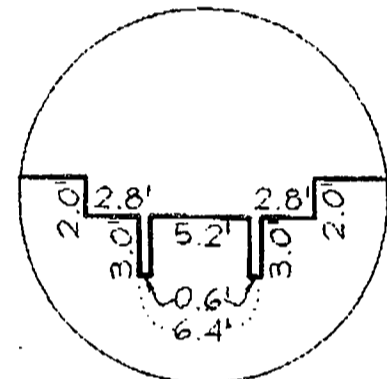
11/25/03 - grinder pump & Alarm OK (S)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 11/25/03

BUILDING PERMIT SIGNED AND RETURNED



FOUNDATION DETAIL
SCALE: 1"=20'



PORCH DETAIL
SCALE: 1"=10'

9/29/03 JJB
will check
O.K.

N64°47'34" W 115.00'
MAPLE RIDGE DRIVE
(PUBLIC ACCESS PLACE)

PLAN VIEW
SCALE: 1"=50'

LEGEND

- F/P = FIREPLACE
 - B/W = BAY WINDOW
 - D/W = DRIVEWAY
 - CONC = CONCRETE
 - O/H = OVERHANG
 - H/P = HEAT PUMP/AIR COND.
 - G/M = GAS METER
 - E/M = ELECTRIC METER
- DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 15417 MAPLE RIDGE DRIVE
TOP OF WALL ELEV. = 542.98 FIRST FLOOR ELEV. = N/A

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FSH Associates
Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

LOCATION DRAWING	
FOUNDATION	Date: 09/11/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138



WALL CHECK

LOT 5
MAPLE RIDGE
PLAT No. 15667
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

30042974 Mark

Building Address: 15417 MAPLE RIDGE DR
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 60101 Subdivision: MAPLE RIDGE
 Section: _____ Area: _____ Lot: 5
 Tax Map: 8 Parcel: 51 Grid: 111
 Zoning: R-100 Map Coordinates: 31.12 Lot size: 1.01

Property Owner's Name: NVR, INC
 Address: 6005 Maple Ridge Dr
 City: Ellicott City State: MD Zip Code: 21120
 Home Phone: 410-313-2656 Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Richard P. NVR, Inc
15417 Maple Ridge Dr
Ellicott City, MD 21120
 Phone: 410-313-2656 Fax: _____

Existing Use: Commercial
 Proposed Use: Commercial
 Estimated Construction Cost: \$ 100,000
 Description of Work: Need new walkway

Contractor Company: NVR, Inc
 Contact Person: Richard P. NVR, Inc
 Address: 15417 Maple Ridge Dr
 City: Ellicott City State: MD Zip Code: 21120
 License No.: SC
 Phone: 410-313-2656 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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling: <input type="checkbox"/> SF Townhouse: <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____	Finished Basement: <input type="checkbox"/> Unfinished Basement: <input type="checkbox"/>	Heating System: _____
<input type="checkbox"/> Reinforced Concrete	Electric: <input type="checkbox"/> Oil: <input type="checkbox"/>	Crawl space: <input type="checkbox"/> Slab on Grade: <input type="checkbox"/>	Electric: <input type="checkbox"/> Oil: <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas: <input type="checkbox"/>	No. of Bedrooms: <u>7</u>	Natural Gas: <input type="checkbox"/>
<input type="checkbox"/> Masonry	Propane Gas: <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas: <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of efficiency units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Full: _____	No. of 1 BR units: _____	NFFA #13D: _____
	Partial: _____	No. of 2 BR units: _____	NFFA #13R: _____
	Other Suppression: _____	No. of 3 BR units: _____	Other: _____
	# of Heads: _____	Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof: _____	
		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 THERE TO; (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: [Signature] Print Name: NVR, Inc
 Title/Company: _____ Date: 7-11-03

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	58857
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u>
Building Official			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>7/30/03</u>	<u>Mark Kiffin</u>	Lot Coverage for New Town Zone _____	Excise tax \$ _____
Health			SDP/Red-line approval date _____	Add'l per fee \$ _____
Fire Protection				TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # <u>129578</u>
				Validation # <u>87802</u>
				Accepted by <u>[Signature]</u>

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

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Hill Ave,
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NY Homes Telephone #: 410-379-5956
Subdivision: Maple Ridge Lot #: 5 Well Tag #: HO 94-3475
Site Address: 15917 Maple Ridge Dr,
Woodbine, MD 21797

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Sta-Rite Make: Campbell Two piece watertight cap:
Model #: SP4E02NL-03 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 500 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house **House Connection**
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer 11/6/03
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/30/03 Date Insp. Approved: 10/30/03 (50/KB) SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

14224 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

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

COUNTY NUMBER AS10610

ST/CO USE ONLY DATE RECEIVED MM DO YY

DATE WELL COMPLETED 9/20/02

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94 3475

OWNER LANDSCAPE DEVELOPMENT STREET OR RFD MAPLE RIDGE DRIVE TOWN Lisbon SUBDIVISION MAPLE RIDGE SECTION LOT 5

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST C 3

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, red rocky clay, Brown shale, Brown slate, Greenish gray.

TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

TYPE OF PUMP USED (for test) A, C, J, P, R, S, T, O.

OTHER CASING (if used) diameter, depth.

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

NUMBER OF UNSUCCESSFUL WELLS: 0

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

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.

WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.) HO 88 500. A C H S R E E N SLOT SIZE 1 2 3

PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

CIRCLE APPROPRIATE LETTER A, E, P

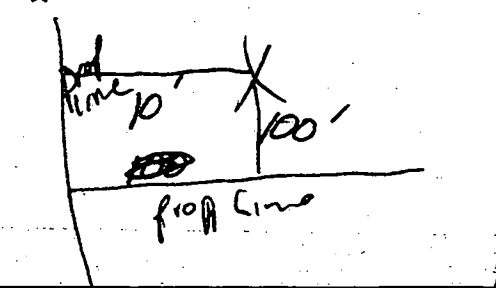
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DIAMETER OF SCREEN (NEAREST INCH) 56 60

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

DRILLERS LIC. NO. MWD 640 George F. Kestelung

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



LIC. NO. JWP 227

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 4 GPM 72

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 2163

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER Ho-94-3475 fill in this form completely

Date Received (APA) 07-16-02 OWNER INFORMATION 9111 Landscape Development 15 Last Name Owner First Name 34 16307 Carrs Mill Road 36 Street or RFD 55 Woodbine, Md 21797 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL Howard CO# Maple Ridge 23 SUBDIVISION 42 SECTION 44 46 LOT 5 48 50 Lisbon 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION George F. Easterday MW D 040 76 License No. 81 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature Date 7/12/2002

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Maple Ridge Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 355 37 DISTANCE FROM ROAD Ft. 38 39 ENTER FT. OR MI 8 14 PARCEL 51378

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

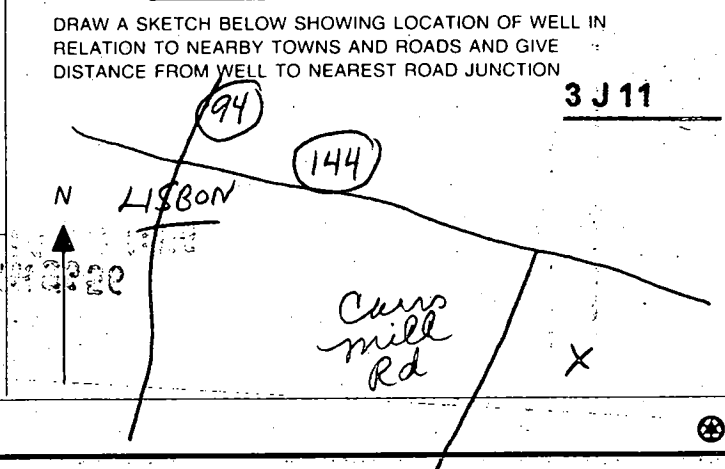
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME AS10610 COUNTY NO STATE SIGNATURE DATE ISSUED 08/15/02 Mark E. Ripkin 8/15/03 EXP DATE 43 MM DD YY 48 CO SIGNATURE EXP DATE NORTH GRID 50 543 000 55 EAST GRID 785 000 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 78005 54003 N 000 000

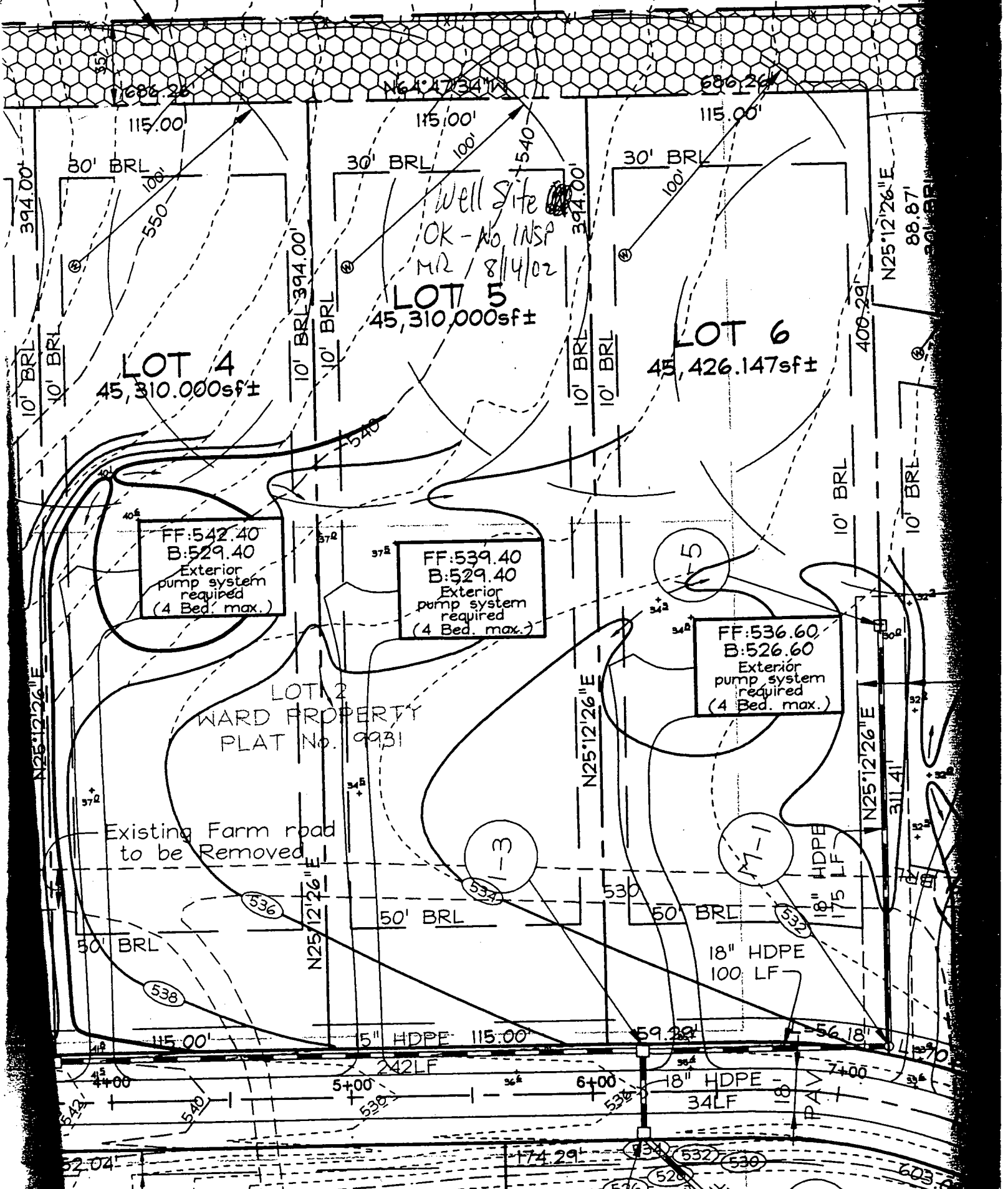
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. Ho 94 3475 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



LOT 4
45,310.000sf±

LOT 5
45,310,000sf±

LOT 6
45,426.147sf±

FF:542.40
B:529.40
Exterior pump system required
(4 Bed. max.)

FF:539.40
B:529.40
Exterior pump system required
(4 Bed. max.)

FF:536.60
B:526.60
Exterior pump system required
(4 Bed. max.)

LOT 2
WARD PROPERTY
PLAT No. 9931

Well Site
OK - No INSP
MR / 8/14/02

Existing Farm road
to be Removed

18" HDPE
175 LF

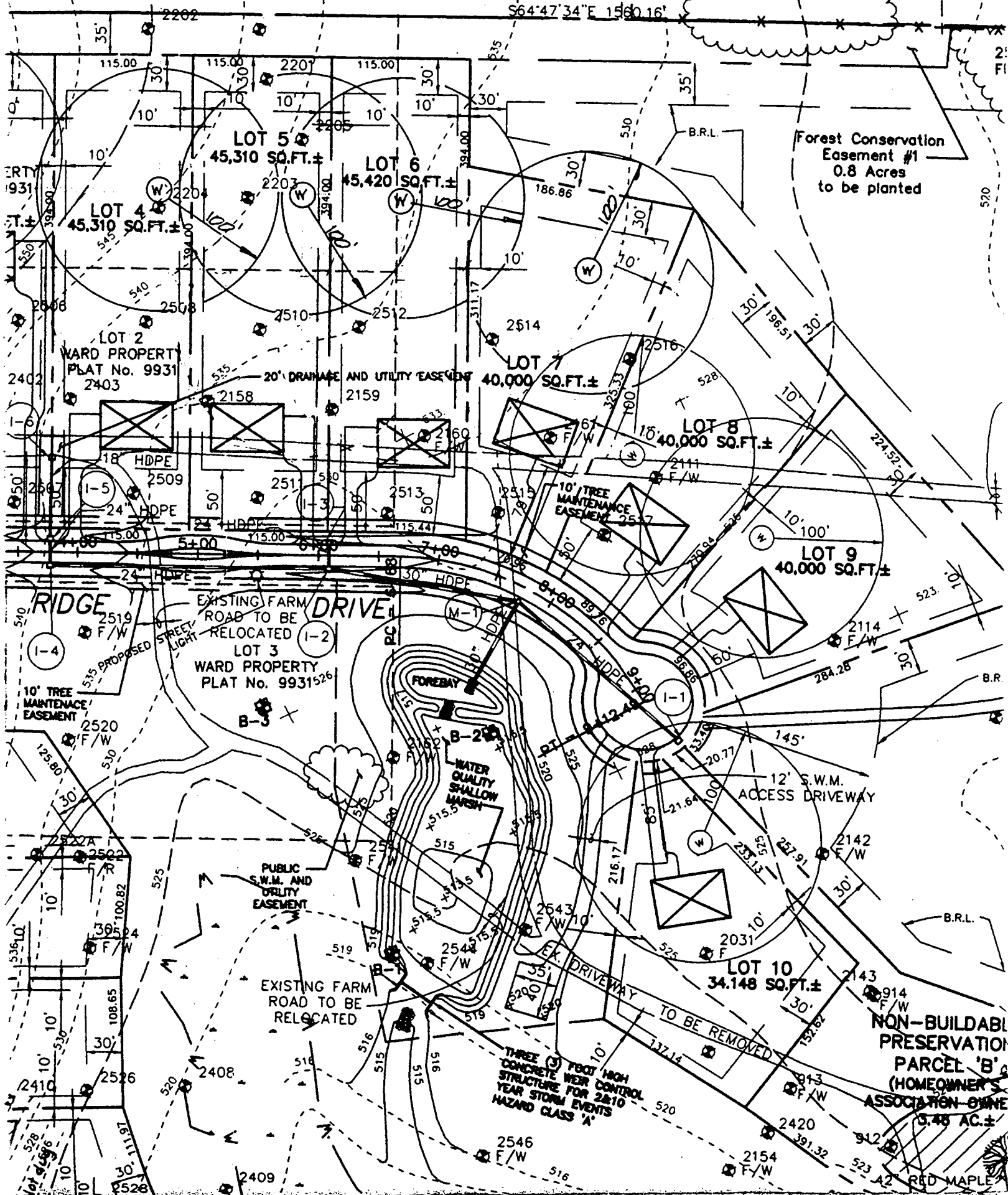
18" HDPE
100 LF

18" HDPE
34 LF

SIGNED
Pellecraft

PROPERTY OF
DAVID T. KING
AND WIFE/
L.613 F.242
P. 251 ZONED RC-DEO

PROPERTY OF
EDWARD VINCENT CURRY
AND KATHLEEN B. CURRY
L.2967 F.659
P. 50 ZONED RC-DEO

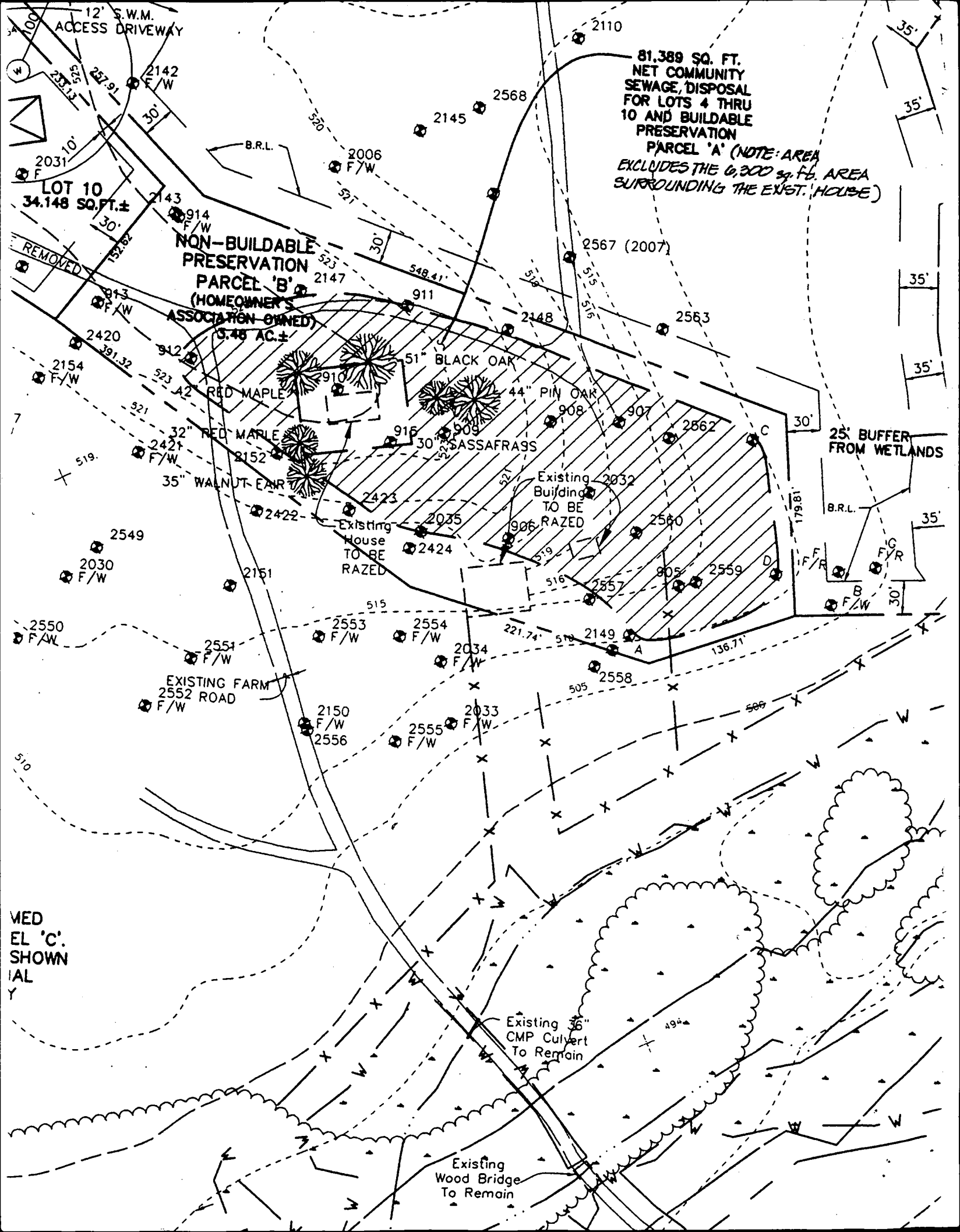


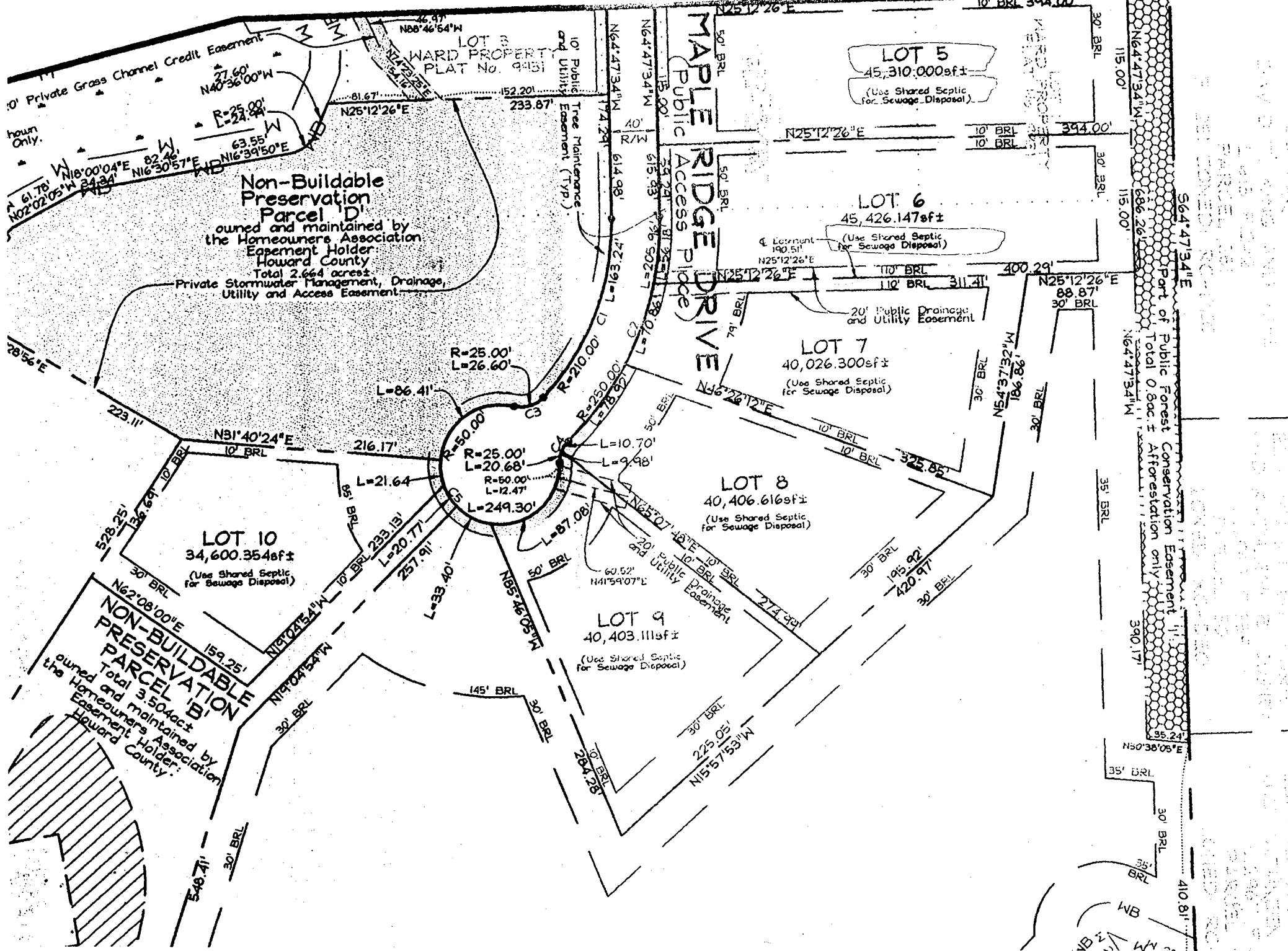
Forest Conservation
Easement #1
0.8 Acres
to be planted

NON-BUILDABLE
PRESERVATION
PARCEL 'B'
(HOMEOWNER'S
ASSOCIATION OWN)
0.48 AC. ±

THREE (3) FOOT HIGH
CONCRETE WEIR CONTROL
STRUCTURE FOR 2&10
YEAR STORM EVENTS
HAZARD CLASS 'A'

RED MAPLE





10' Private Grass Channel Credit Easement
hour Only.

Non-Buildable Preservation Parcel 'D'
owned and maintained by the Homeowners Association Easement Holder Howard County
Total 2.664 acres
Private Stormwater Management, Drainage, Utility and Access Easement

LOT 10
34,600.354sf±
(Use Shared Septic for Sewage Disposal)

NON-BUILDABLE PRESERVATION PARCEL 'B'
owned and maintained by the Homeowners Association Easement Holder Howard County
Total 3.504 acres

LOT 3
WARD PROPERTY
PLAT No. 9431

MAPLE RIDGE DRIVE
Public Access Pkwy

LOT 5
45,310.000sf±
(Use Shared Septic for Sewage Disposal)

LOT 6
45,426.147sf±
(Use Shared Septic for Sewage Disposal)

LOT 7
40,026.300sf±
(Use Shared Septic for Sewage Disposal)

LOT 8
40,406.616sf±
(Use Shared Septic for Sewage Disposal)

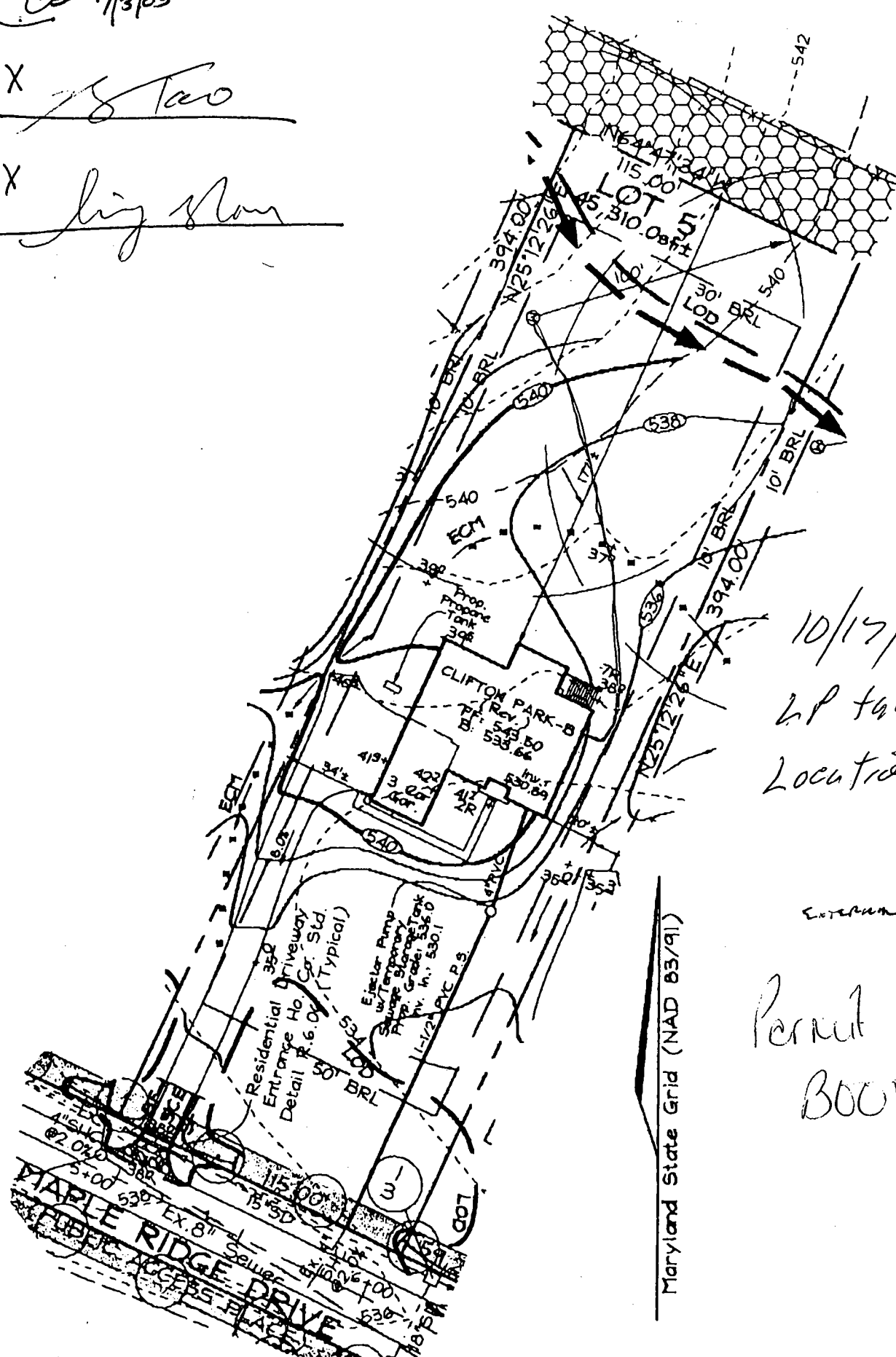
LOT 9
40,403.111sf±
(Use Shared Septic for Sewage Disposal)

Part of Public Forest Conservation Easement
Total 0.8ac. ± Afforestation only

WB
WB
WB

RECEIVED JUL 03 2003

CE 7/3/03
X Tao
X Jim Star



10/17/03
LP tank
Location OK
Ⓢ

External Ejector Pump

Permit #
BOO1-10974

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2261 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

NV HOMES
2200 Defense Highway, Suite 301
Crofton, Maryland 21114
301.858.0522

Note: See Approved Grading Plan GP-03-16 for Entire Site.

DESIGN BY: Slim
 DRAWN BY: Slim
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: July 03, 2003
 W.O. No.: 3138
 SHEET No.: 1 OF 1

LOT RESITE LOT 5 MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
4TH ELECTION DISTRICT

PARCEL 51 & 378
HOWARD COUNTY, MARYLAND

GP-03-16

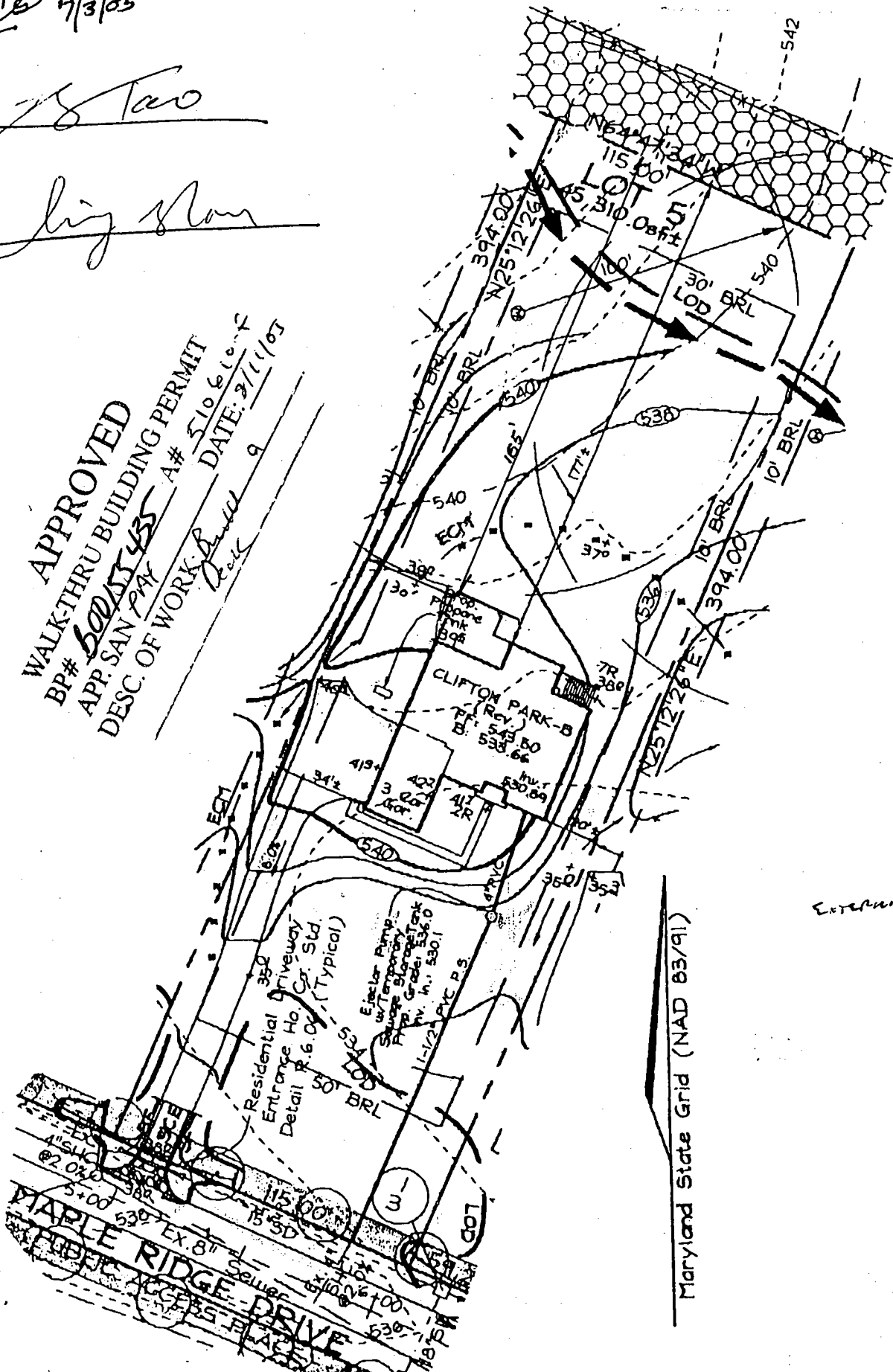
RECEIVED JUL 03 2003

CS 7/3/03

X Tao

X Jig Han

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 60011435 A# 5106107
 APP. SAN PAC DATE: 7/1/03
 DESC. OF WORK: Drain



External Ejector Pump

Maryland State Grid (NAD 83/91)

FSH Associates

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OWNER/DEVELOPER

NV HOMES
 2200 Defense Highway, Suite 301
 Crofton, Maryland 21114
 301.858.0522

Note: See Approved Grading
 Plan GP-03-16 for Entire Site.

DESIGN BY: Slim
 DRAWN BY: Slim
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: July 03, 2003
 W.O. No.: 3138
 SHEET No.: 1 OF 1

LOT RESITE LOT 5 MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
 4TH ELECTION DISTRICT

PARCEL 51 & 378
 HOWARD COUNTY, MARYLAND

GP-03-16