

04-322754

# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 30175

A 513370-C

ISSUE DATE \_\_\_\_\_

APPROVAL DATE 9-11-79

**INDEXED**

Hy and Lowe Septic Service IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

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

SUBDIVISION Chestnut Hill LOT NUMBER P-1 ADDRESS 1011 Long Corner Road

PROPERTY OWNER Suzanne Nicol PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

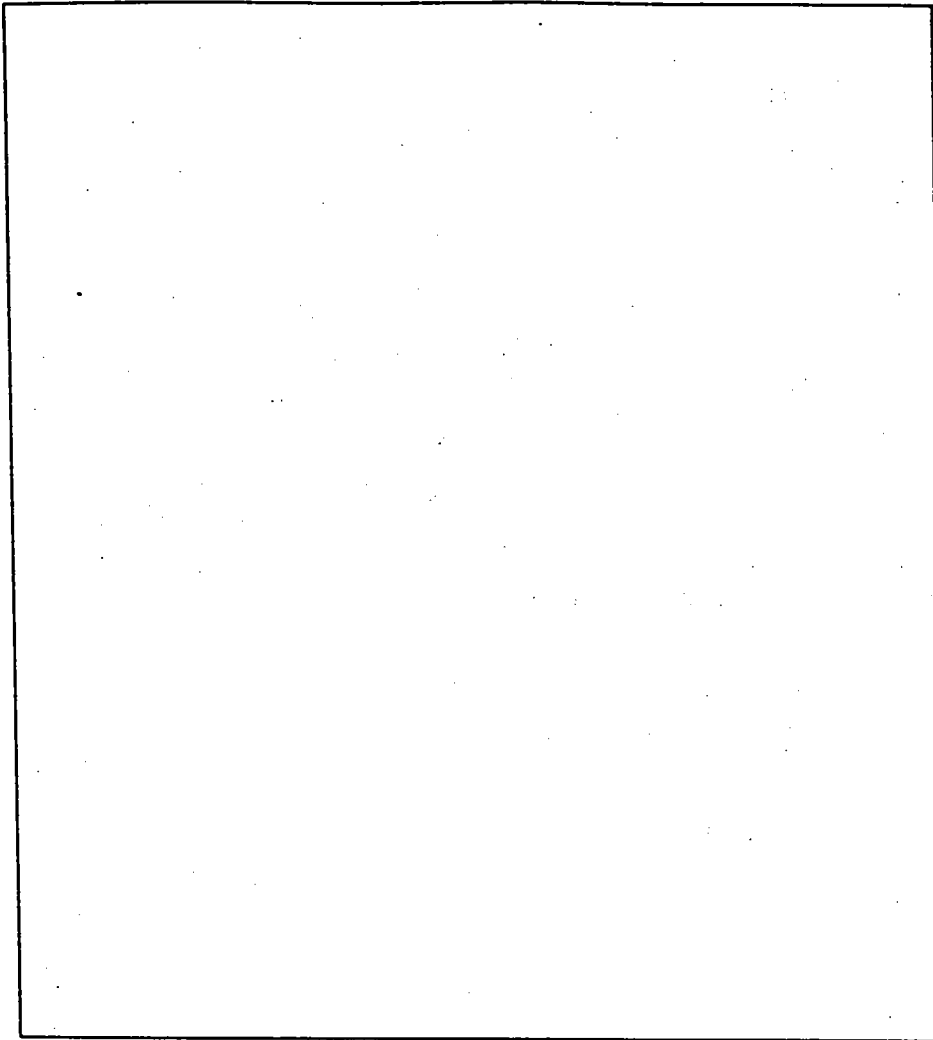
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A513370-C

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_

9/24/79  
9/26/79 final

# PERMIT

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH

1961

HOWARD COUNTY

ELLICOTT CITY  
DISTRICT 4th

DATE 9/11/79

**INDEXED**

Hy and Low Septic Service IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Chestnut Hill ROAD 1011 Long Corner Road LOT Parcel 1

PROPERTY OWNER Suzanne Nicol

ADDRESS 12975 Hall Shop Road, Highland, Maryland 20777 Phone: 854-8178

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS  
DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.  
DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.  
SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.  
INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE  
EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.  
LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN

*follow a constant elevation  
parallel @ back of  
house near line*

FACING LOT FROM

DRY WELL - Dig pit 12 ft. square - set block and top for 8 ft. or 10 ft. ~~dry~~ diameter and fill in rest of pit with gravel. Dry well to have 7 ft. effective depth below the first 6 ft. of non-absorbent soil. Maximum depth permitted for dry well is 13 ft. below original grade. Come off dry well with 5 ft. solid pipe (5 ft. earth buffer between dry well and trench is required) and begin trench. Trench to be 2 ft. wide, 13 ft. deep, and 70 ft. long with 6 ft. of gravel minimum under pipe. Place dry well 125 ft. from front lot line and 30 ft. from left side line as seen when facing lot from the front. Trench to run towards rear lot line. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED. LARGE MANHOLE TYPE CLEAROUT TO GRADE LEVEL OF SEPTIC TANK.

PLANS APPROVED BY Donald W. Donaghan DATE 4/2/74

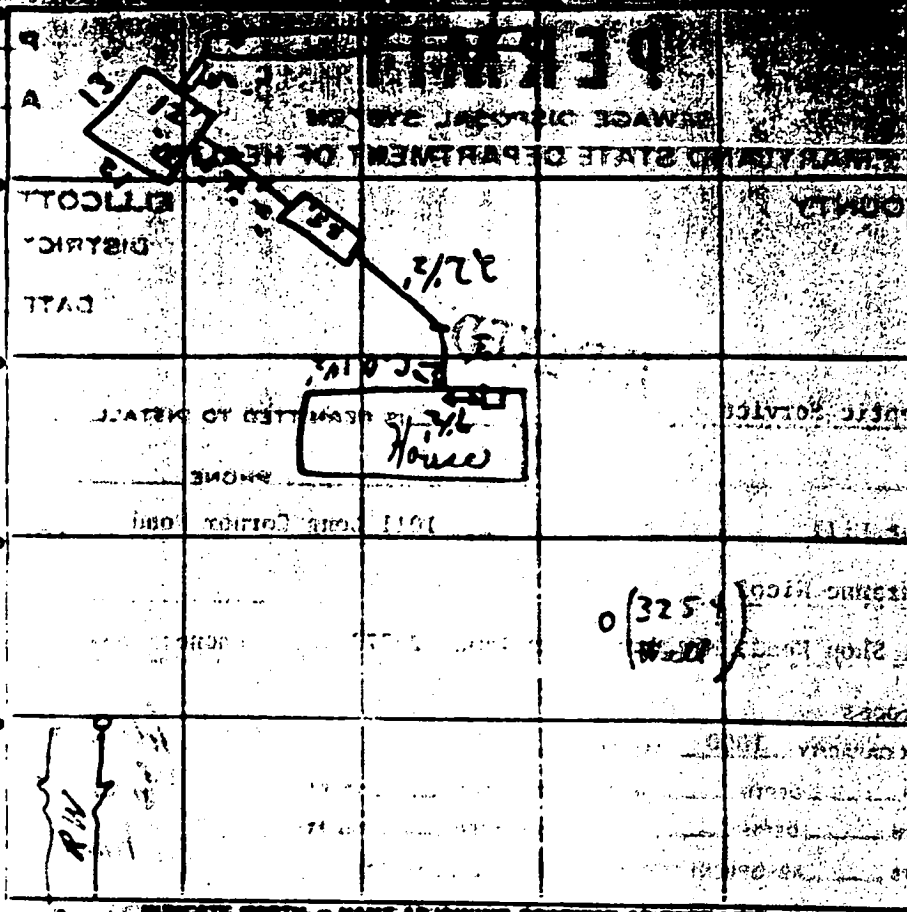
COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
- NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
- PERMIT VOID AFTER THREE 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 ACCEPTED.

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

1961



Concrete North - Name Adjoining Property as Grid Line  
 Corner Rd

PERMIT CARD

SEPTIC TANK, LEVEL ok CLEANOUTS  C.O.  S.T.  D.W.

DISTRIBUTION BOX, LEVEL ok

TILE FIELD, DEPTH 13 FT. TRENCH WIDTH 2 + FT.

GRAVEL DEPTH 7 1/2 IN. TOTAL LENGTH 72 FT. 504

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 144 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER 49 FT. DEPTH BELOW BILET 7' 34.3

ABSORBENT AREA 847 SQ. FT.

REMARKS 7/24/79 CLEANOUT OF DRY WELL 7' FROM TOP OF LID, DRY WELL  
UNABLE TO CHECK DEPTH, PIPE INTO TRENCH 6' FROM  
SURFACE; OK FOR STONE IN TRENCH. C.B.S.  
7/26/79 CHECKED - TRENCH COMPLETE. C.B.S.

DATE SYSTEM APPROVED 9/26/79 INSPECTOR C. B. Street

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 463-9000, EXT. 230

DISTRICT \_\_\_\_\_  
DATE REC'D 15, 1978

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas L. & Joanne L. Wetherell

ADDRESS 1015 Long Corner Rd., Mt. Airy, Md. PHONE 829-2108

PROPERTY LOCATION:

Chestnut Hill

SUBDIVISION

Parcel I

ROAD AND DESCRIPTION Long Corner Rd. (part of 5.079 ac.) approx. 2 miles South of Rt. 144, 500 Ft. before Florence Rd. on left side of road.

SIZE OF LOT 165 ft. by 530 ft. 2 Ac. F/L

4 bedrooms

TYPE old wood frame house

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Thomas L. Wetherell Joanne L. Wetherell

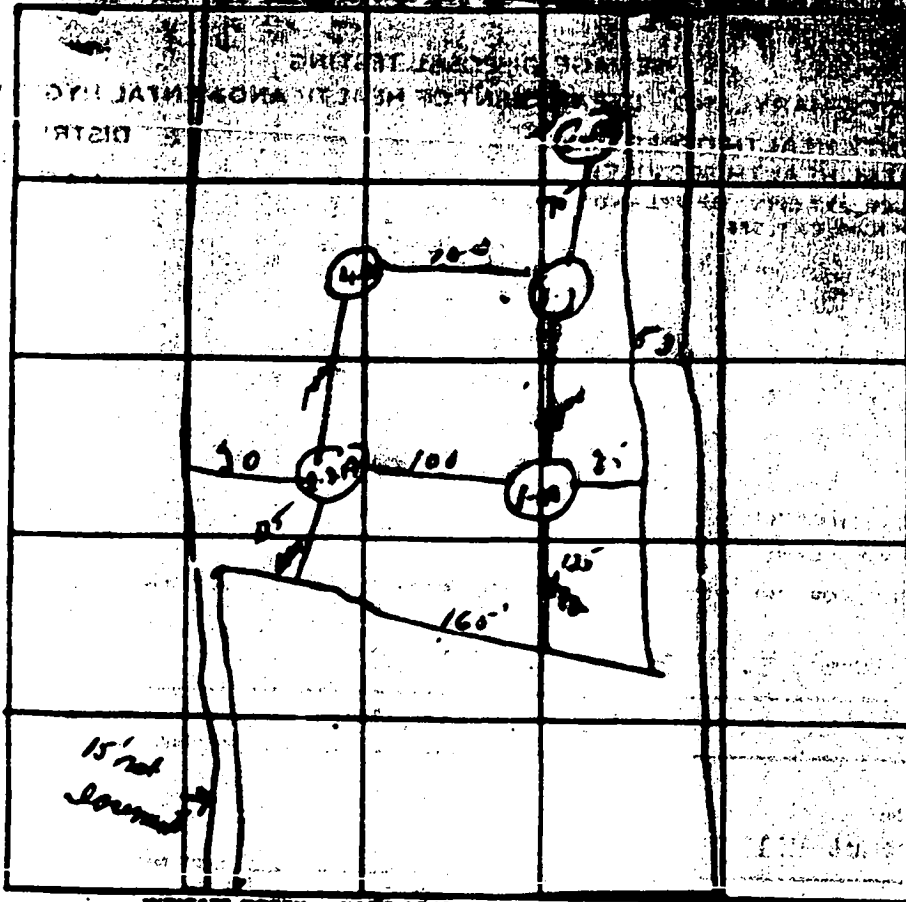
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

**THIS IS NOT A PERMIT**



INDICATE NORTH - NAME ADJOINING PROPERTY AS EDGE LINE

*Long Lane Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - DROP		TIME
			START	STOP	START	STOP	
U-2-N	1	12'	10 31	10 -	over time		
	1A	4'	dy	no	over time		
	2	12'	10 34	10 36	10 35	10 45	9 min
	2A	4'	10 35	no	over time		
	3	12'	10 46	10 55	10 56	11 10	15 min
	4	12'	10 56	11 07	11 03	11 26	23 min
	4A	4'	11 02	over time			
	5	12'	11 32	11 38	11 38	11 49	9 min
	5A	5 1/2'	11 37	11 40	11 40	11 51	10 min

REMARKS 2-2A high - 5' low

TYPE OF SOIL

TESTED BY

ALSO PRESENT

DATE OF COMPLETION: **May 9, 1979**  
 DEPTH OF WELL: **273**  
 WELL IDENTIFICATION: **030978**

OWNER: **Nicol**  
 STREET OR RFD: **12975 Falls Shop Road**  
 POST OFFICE: **Highland, VA 20772**

**WELL LOG**

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

DESCRIPTION OF FORMATIONS	FEET		WATER BEARING
	FROM	TO	
Soft Brown shale & clay	0	4	
Soft Brown shale	4	13	
Hard Brown shale	13	27	
Soft Brown shale	27	41	
Hard Brown shale	41	55	X
Hard Brown shale	55	59	X
Hard Brown & Blue shale	59	70	X
Hard Blue slate & flint	70	123	
Blue slate & Graphite	123	158	
Graphite & Flint	158	160	X
Blue slate & Quartz	160	217	
Hard Blue schist	217	243	X
Blue schist & slate & Graphite	243	263	
Blue schist & Quartz	263	273	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE ONE)  
 CEMENT  GROUT  OTHER

NO. OF BAGS: **25**    NO. OF POUNDS: **2,350**

GALLONS OF WATER: **150**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **62** FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 (CIRCLE APPROPRIATE CODE BELOW)

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE:  S  T    DIAMETER (INCH): **6**    TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): **64**

**OTHER CASING (IF USED)**  
 DIAMETER (INCH)    DEPTH (FEET)


**SCREEN RECORD**  
 (CIRCLE APPROPRIATE CODE BELOW)

STEEL  BRASS OR BRONZE  WIRE MESH   
 PLASTIC  OTHER

**SCREEN SUMMARY**

DEPTH (NEAREST WHOLE FOOT)

1	2	3	4	5	6	7	8	9	10

DIAMETER OF SCREEN (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK  YES  NO

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE ONE)  YES  NO

WBA USE ONLY (TO BE FILLED IN BY DRILLER)  
 (E.G., S.F.)  72  73  74

**PUMPING TEST**

WELL POINTED TO NEAREST POINT: \_\_\_\_\_

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): **5**

METHOD USED TO MEASURE PUMPING RATE: **Piometer**

**WATER LEVEL DISTANCES FROM LAND SURFACE**

BEFORE PUMPING: **70** FEET

WHEN PUMPING: **243** FEET

TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX)

A AIR  B HYDRA  C ELECTRO-PNEUMATIC  D ROTARY  E OTHER (SPECIFY BELOW)  
 F JET  G SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (CIRCLE APPROPRIATE LETTER OR BOX - SEE ABOVE: A, C, J, P, R, S, T, U)

DRILLED WELL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  YES  NO

**CASING HEAVY** (CIRCLE APPROPRIATE BOX AND ENTER CASING WEIGHT)

ABOVE  BELOW

LAND SURFACE: \_\_\_\_\_

NEAREST FOOT: \_\_\_\_\_

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASURED) TO WELL.

**CIRCLE APPROPRIATE BOXES**

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

FILLER'S NAME: **Ronald Lee Kyker**

ADDRESS: **12975 Falls Shop Road**

CITY: **Highland, VA**

STATE: **VA**

DATE: **May 11, 1979**

**HEALTH**

**RECEIVED**

**MAY 11 10 21 AM '79**

**Corner**

**X.W.11**



A 19661

C V

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410)313-2456 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00122664**

Building Address 1011 Long Corner Rd  
Mt Airy MD 21771  
Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
Census Tract 60340 Subdivision N/A  
Section N/A Area N/A Lot I  
Tax Map 60 Parcel 226 Grid 11  
Zoning R-DEP Map Coordinates 2E9 Lot size

Property Owner's Name Colin & Susanne Nicol  
Address 1011 Long Corner Rd  
City Mt Airy State MD Zip Code 21771  
Home Phone 301-231-4441 Work Phone 301-915-6151  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 301-231-4441 Fax

Existing Use SFD  
Proposed Use SAME WITH ADDITION  
Estimated Construction Cost \$ 25,000  
Description of Work 1 story on crane space  
for family with Basement Rough in

Contractor Company OWNER  
Contact Person  
Address  
City State Zip Code  
License No. Phone Fax

Occupant or Tenant OWNER  
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	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>472</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Colin Nicol  
Title/Company OWNER

Print Name Colin Stuart Nicol  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ	<u>3/1/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>3/1/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health	<u>3/1/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: <u>75'</u>
Side: <u>60'</u>
Side (ft.) _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	45192
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>68</u>
Excise tax	\$ <u>05</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>98</u>
Balance due	\$ _____
Check	# <u>167</u>
Validation	# <u>27534</u>

LONG CORNER ROAD  
50' R/W

15'  
RIGHT OF WAY

S 78° 18' 30" E 165.00'

prop d/w

U.L. EL = 108.2  
L.L. EL = 99.5

FF EL = 103.5

6X24 porch

100 ASSUMED  
PROPOSED ADDITION

PROP 1200 GAL SEPTIC TANK  
EXIST EL = 97.5  
INV IN = 95.0  
INV OUT = 95.5

PROP TRENCH  
2' W X 13' D X 70' L  
BOT EL = 85.0  
TOP GRAV = 89.0

PROP DRY WELL  
TOP EL = 96.5  
TOP GRAV = 90.5  
BOT GRAV = 85.5

PROP SEPTIC AREA

PROPOSED  
FAMILY ROOM  
ADDITION OK  
MR 3/1/00

PLOT PLAN  
1" = 50'

AREA = 2.000 Acres ±

N 26° 02' W 545.00'

S 26° 02' E 545.00'

400' ±

on line  
lay out