

Building Address 11224 INDEPENDENCE WAY  
ELLICOTT CITY, MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Howwood Cross

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 64

Tax Map 0029 Parcel 0028 Grid 0009

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use Swimming Pool  
 Estimated Construction Cost \$ 25000

Description of Work INSTALL IN-GROUND SWIMMING POOL & PATIO 19'-6" x 39'-6"

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name JEREMY & MELISSA GRAF  
 Address 11224 INDEPENDENCE WAY  
 City ELLICOTT CITY State Md. Zip Code 21042  
 Home Phone 410-795-1795 Work Phone 410-643-6226  
 Applicant's Name & Mailing Address, (if other than stated herein):  
MARYLAND ROOLS INC. / BOB SPEER  
9515 GERWIG LA. # 121  
COLUMBIA, Md. 21046

Phone 410-995-6600 Fax 301-621-3331

Contractor Company MARYLAND ROOLS, INC.  
 Contact Person BOB SPEER  
 Address 9515 GERWIG LA. # 121  
 City COLUMBIA State MO. Zip Code 21046  
 License No. 6894-S  
 Phone 410-995-6600 Fax 301-621-3331

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: _____	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"/> 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Robert Speer  
 Applicant's Signature  
BSPEER@MDROOLS.COM  
 Email Address  
V.R. MD. ROOLS  
 Title/Company

ROBERT SPEER  
 Print Name  
OCT. 19, 2011  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>10/19/11</u>	<u>R. Baicker</u>
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

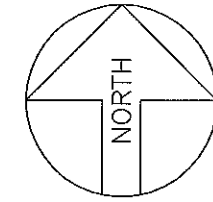
Lot Coverage for New Town Zone  
 SDP/Red-line approval date \_\_\_\_\_

Filing fee \$ \_\_\_\_\_  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Add'l per. fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Validation # \_\_\_\_\_  
 Accepted by \_\_\_\_\_

**SETBACKS:**

REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	20'

**PRIVATE WELL & SEPTIC**



**Maryland POOLS Inc.**  
 9515 GERWIG LANE SUITE 121 COLUMBIA, MD 21046 410-995-6600  
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192  
 800-252-SWIM  
 WWW.MARYLANDPOOLS.COM

**EQUIPMENT LIST**

**DIRT/GRADING:** HAUL MOST - 1 HOUR (IN CONTRACT)  
**SPA:** 50 SF W/6 JTS, 100W LGHT, SKIM & BLWR  
**RAISED BEAM:** 24" HIGH W/NO FACE (80 Sq.Ft.)  
**TILE:** TO BE DETERMINED  
**COPING:** 12" PA FULL RANGE FLAGSTONE  
**PLASTER:** WHITE MARBELITE  
**FILTER SYS:** C&C 420 SF CART. W/VS-3050  
**CLEANING SYS:** PCC 2000  
**TREATMENT SYS:** MINERAL SPRINGS  
**CONTROL SYS:** EASYTOUCH 8SC  
**HEATER:** 400K BTU (NATURAL GAS)  
**LIGHTS:** ONE WATTS: 500 VOLTS: 120  
**LOVESEAT:** (1) @ 8' (INSIDE)  
**AQUA BENCH:** (2) @ 8'  
**RAIL GOODS:** NONE  
**DECKING:** BY OWNERS DECK CONTRACTOR  
**FENCE:** BY OWNERS FENCE CONTRACTOR  
**POOL COVER:** NONE TYPE: N/A  
**CHEMICALS:** \$50 CHEMICAL ALLOWANCE  
**OTHER ITEMS:** (3) 24" S.D. UNITS W/PUMP & FITTINGS; EQUIPOTENTIAL BONDING GRID;

**ELECTRIC:** 200 FT. (TRI-STAR)

**POOL STATISTICS**

**SIZE/SHAPE:** 19'-6" x 39'-6" - CRETIAN  
**POOL AREA:** 700 **SPA:** 50 **OTHER:**  
**TOTAL AREA:** 750  
**PERIMETER:** 108 **SPA:** 27  
**GALLONAGE:** 30,535 **DEPTH:** 3'-6" TO 8'-6"

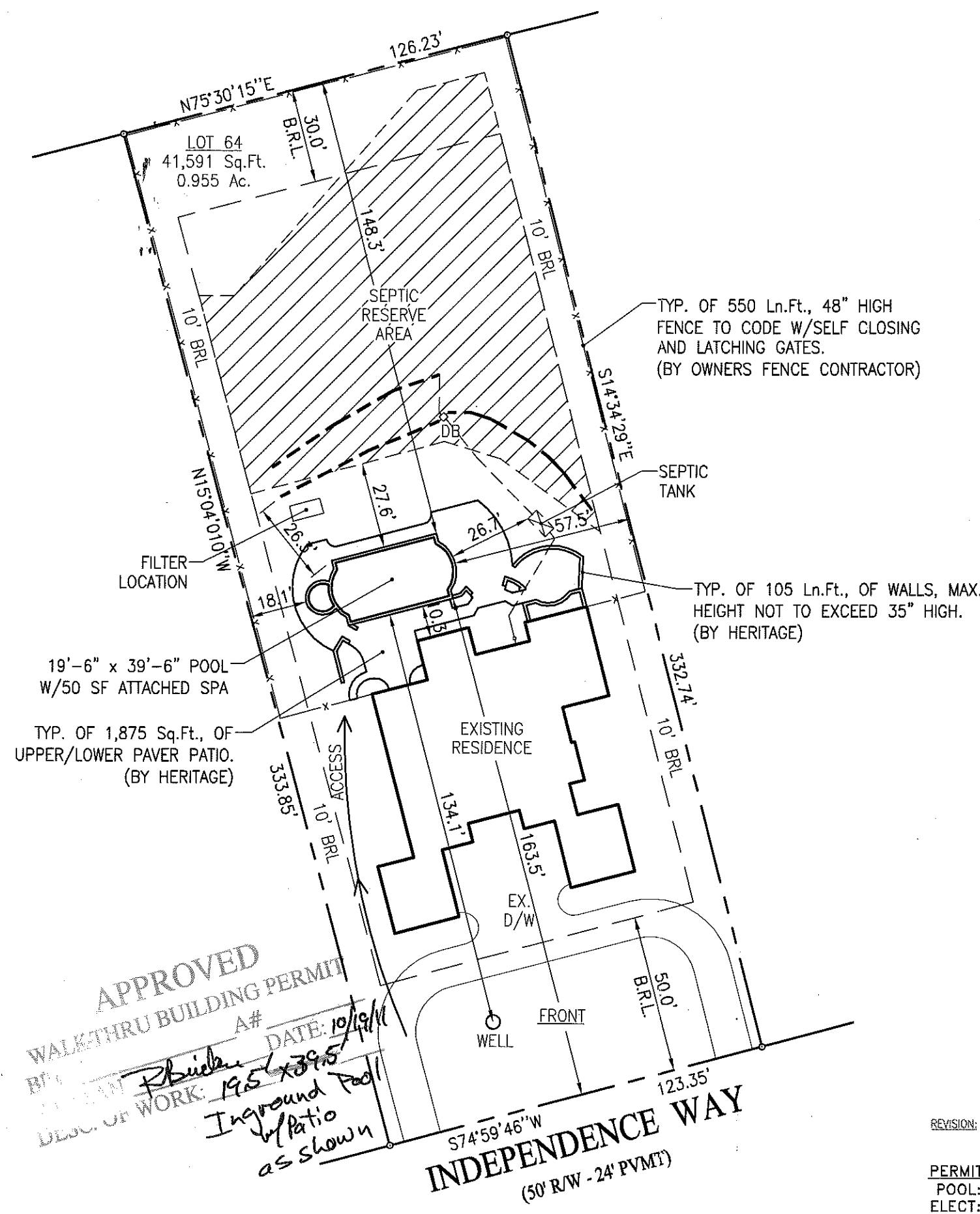
**DIRECTIONS TO SITE**

DIRECTIONS:	MILES: 000	MAP #
32 WEST TO 108 EAST TURN LEFT ON HOMEWOOD-FIRST STREET ON LEFT.		15
		GRID
		A-2

**Jeremy & Melissa Graf**  
 11224 Independence Way  
 Ellicott City, Maryland 21042  
 Howard County

HOME PHONE: 410-730-1795  
 OFFICE PHONE:  
 CELL PHONE 1: 410-643-6206 (Mr.)  
 CELL PHONE 2:

LOT: 64	SUBDIVISION NAME: HOMEWOOD CROSSING	DISTRICT: 05	ACCOUNT NO.: 443288
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: J.L.R.	DATE: 10/17/11	JOB NUMBER: DAW11-10302
PERMIT SET		DATE: 10-18-11	SHEET #: 1.0



TYP. OF 550 Ln.Ft., 48" HIGH FENCE TO CODE W/SELF CLOSING AND LATCHING GATES. (BY OWNERS FENCE CONTRACTOR)

TYP. OF 105 Ln.Ft., OF WALLS, MAX. HEIGHT NOT TO EXCEED 35" HIGH. (BY HERITAGE)

19'-6" x 39'-6" POOL W/50 SF ATTACHED SPA  
 TYP. OF 1,875 Sq.Ft., OF UPPER/LOWER PAVER PATIO. (BY HERITAGE)

**APPROVED**  
 WALKTHRU BUILDING PERMIT  
 DATE: 10/19/11  
 WORK: 19.5' x 39.5' Inground Pool w/patio as shown

**SITE PLAN**

1"=40'  
 LOT # 64  
**HOMEWOOD CROSSING**  
 TAX ACCOUNT # 443288  
 MAP 0029, GRID 0009, PARCEL 0028  
 ELECTION DISTRICT: 05  
 HOWARD COUNTY, MARYLAND

**INDEPENDENCE WAY**  
 (50' R/W - 24' PVMT)

REVISION:  
 PERMIT NUMBERS  
 POOL:  
 ELECT:  
 OTHER:

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
**B 09 002919**

Building Address 11224 Independence Way  
Ellicott City, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 29 Parcel 28 Grid 9  
Zoning RC Map Coordinates \_\_\_\_\_ Lot size 411,511 sq. ft.

Property Owner's Name Toll M III LP  
Address 7164 Columbia Gateway Drive  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work Custom SFR

Contractor Company Toll MD III LP  
Contact Person Nathan Brandenburg  
Address 7164 Columbia Gateway #230  
City Columbia State MD Zip Code 21046  
License No. 5048  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company ESE  
Contact Person Mike Boyce  
Address 4101 Ritchie  
City Upper Marlboro State MD Zip Code 20772  
Phone 410 365 4175 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

Print Name \_\_\_\_\_

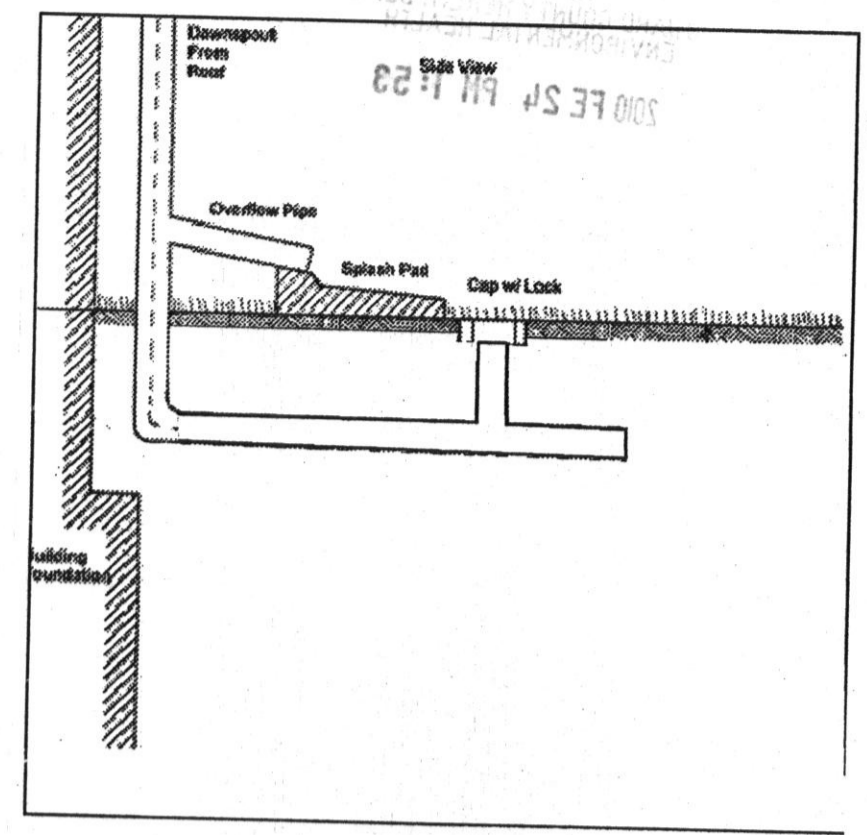
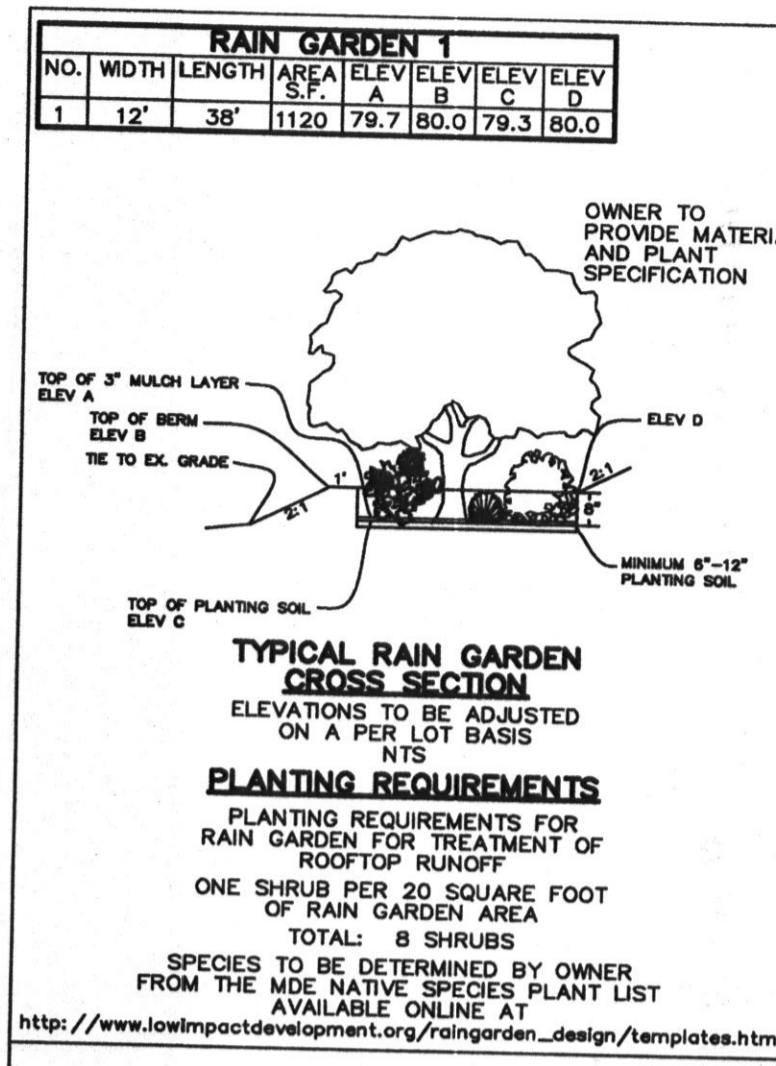
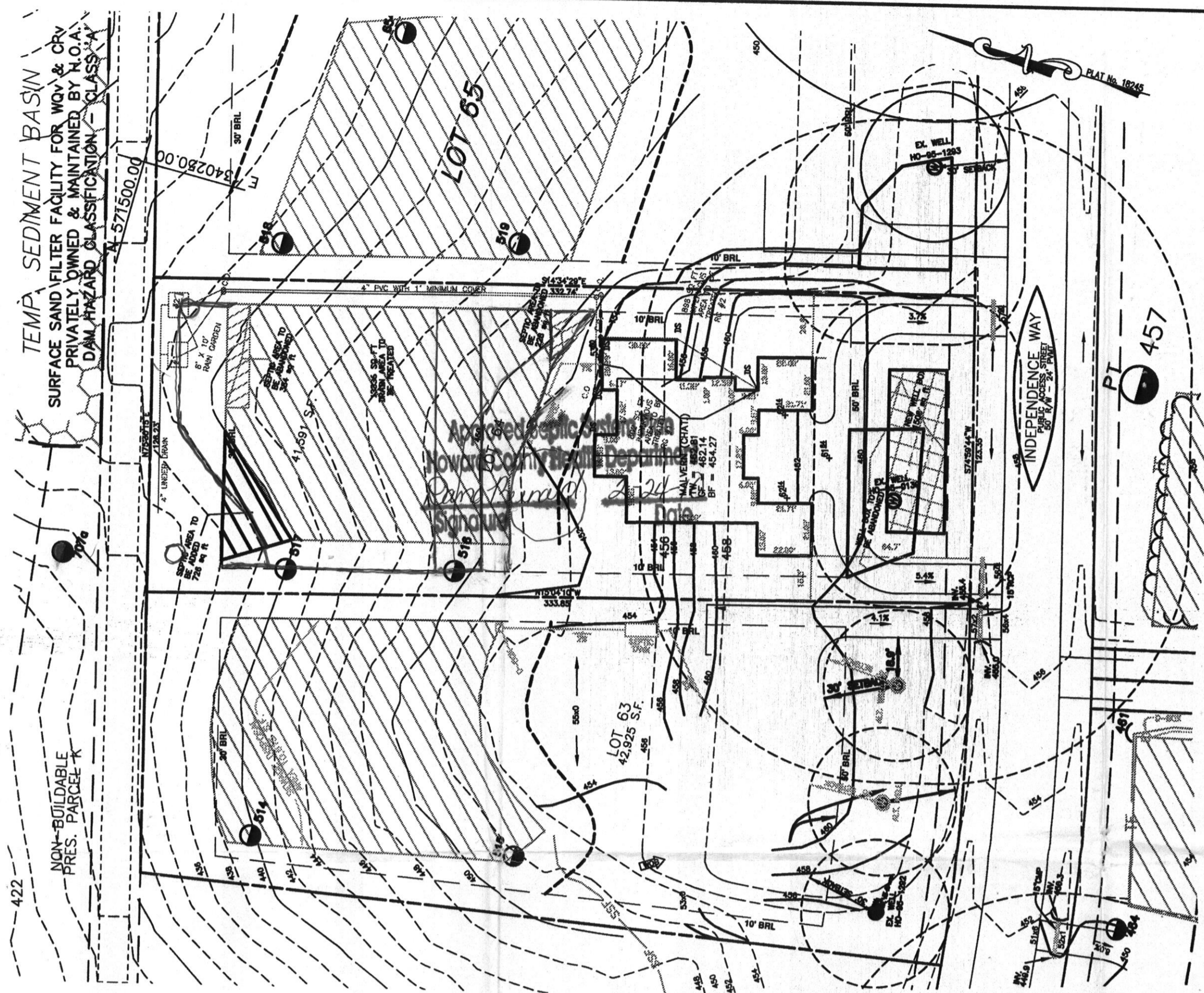
Title/Company \_\_\_\_\_

Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>2-24-10</u>		<u>Dana Bernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



REVISED  
Date: 2/23/10  
Comments: Plot Plan

**SPECIFICATIONS FOR RAIN GARDEN**

- Material Specifications:** The allowable materials to be used in the Rain Garden area are detailed in the table below.
- Planting Soil:** The soil bed shall be a uniform mix, free of stones, stumps, roots or other similar objects larger than two inches. No other material or substances shall be mixed or dumped within the Rain Garden area that may be harmful to plant growth, or prove a hindrance to the planting or maintenance operations. The planting soil shall be free of Bermuda Grass, quackgrass, Johnson Grass, or other noxious weeds as specified under COMAR 15.08.01.05
- Rain Garden Soil Mixture:** The RGS shall be a uniform mix of 50% planting soil and 50% sand.
- Compaction:** It is very important to minimize compaction of both the base of the Rain Garden area and the required backfill. When possible, use Excavation Hoes to remove original soil. If Rain Garden area is excavated using a loader the contractor should use Wide Track or Marsh Track equipment, or light equipment with turf type tires. Use of equipment with narrow tracks or narrow tires, rubber tires with large lugs or high pressure tires will cause excessive compaction resulting in reduced infiltration rates and is not acceptable. Compaction will significantly contribute to design failure. Compaction can be allowed at the base of the Rain Garden facility by using a primary tilling operation such as a Chisel Plow, Ripper, or Subsoiler. These tilling operations are to restructure the soil profile through the 12 inch compaction zone. Substitute methods must be approved by the Engineer. Rototillers typically do not till deep enough to reduce the effects of compaction from heavy equipment. When backfilling the topsoil rototill sand into first 3 to 4 inches of topsoil to create a gradation zone. Backfill the remainder of the topsoil to final grade. When backfilling the Rain Garden facility, place soil in lifts 12" to 18". Do not use heavy equipment within the Rain Garden Basin. Heavy equipment can be used around the perimeter of the basin to supply soils and sand. Grade rain Garden materials with light equipment such as a compact Loader or a Dozer/Loader with Marsh Tracks.

MATERIALS SPECIFICATIONS FOR RAIN GARDEN			
MATERIAL	SPECIFICATIONS	SIZE	NOTES
PLANTING MEDIA	SAND 35 - 60%	N/A	
	SILT 30 - 55%		
	CLAY 10 - 25%		
MULCH	SAND 35 - 60%	N/A	
GRAVEL	MSHA CLEAN	#7	

ADDRESS: 11224 INDEPENDENCE WAY  
ELICOTT CITY, MD 21043

**PERC CERT NOTES:**

- THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 18245. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
- EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
- SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
- SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD COUNTY CONSERVATION DISTRICT UNDER F-05-069 AND GP-07-067 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069.
- THE EXISTING WELL (TAG NO. HO 95-0139) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
- TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PREPARED BY 201 LLC. DATED APRIL 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.

INV. AT HOUSE	452.27
GRD. AT INV. AT HOUSE	453.60
INV. IN TANK	450.85
INV. OUT TANK	450.55
TOP OF TANK	451.55
GROUND OVER TANK	452.00
INV. IN DIST. BOX	450.35
INV. OUT DIST. BOX	450.15
GROUND AT BOX	452.00

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION

DATE

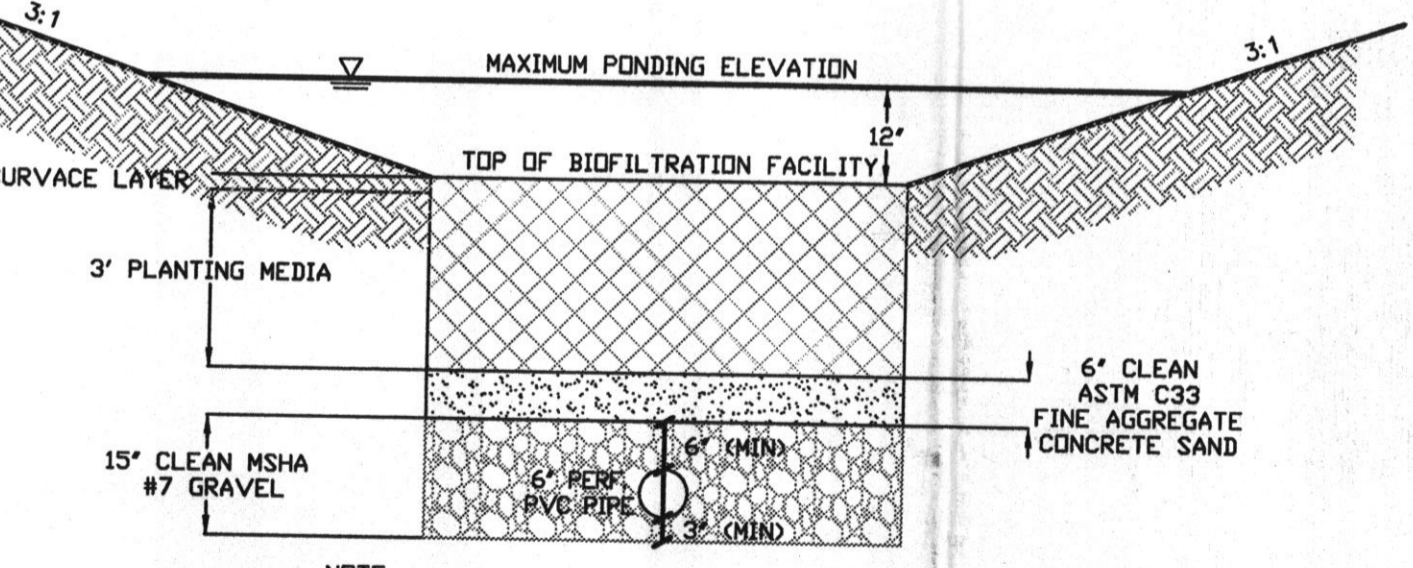
DIRECTOR

DATE

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE



- SWM NOTES:**
- RAIN GARDEN TO BE INSTALLED PER HOWARD COUNTY DESING CRITERIA.
  - DOWN SPOUT TO HAVE OVER FLOW RELIEF

TO BE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE FOLLOWING STATEMENTS ARE TRUE:

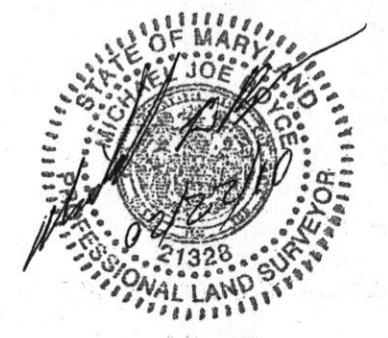
- ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 18240 GENERAL NOTES ITEM 2.

ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN

THE SOIL TYPE FOR THIS LOT IS \_\_\_\_\_

- TYPE: MALVERN (CHATEAU)-  
WALKOUT BASEMENT  
ADD'L 1' TO HEIGHT OF BASEMENT  
ENHANCED GARAGES  
PALM BEACH SUNROOM  
GRAND CONSERVATORY  
ADDITIONAL POWDER ROOM  
PALLADIAN KITCHEN  
GREENHOUSE
- OPTION No. 017  
OPTION No. 070  
OPTION No. 075  
OPTION No. 026  
OPTION No. 037  
OPTION No. 377  
OPTION No. 532  
OPTION No. 533



**ESE** Land Planning  
Engineering  
Land Surveying

ESE Consultants Inc.  
7164 Columbia Gateway Dr.  
Suite 203  
Columbia, MD 21046  
TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 01/29/10      SCALE: 1"=40'      FILE: 1214 LOT 64  
CHK'D: MJB      JOB#: 1214      DRAWN: MJB

PERMIT PLOT PLAN  
SWM RAIN GARDEN DESIGN  
AND PERCOLATION CERTIFICATION PLAN

LOT #64  
**HOMEWOOD CROSSING**  
D.B. 9808, PG. 204  
PLAT No. 18245  
THIRD ELECTION DISTRICT  
HOWARD COUNTY

BDQ 002919  
11224 Independence Way

~~File~~ O.K.

