

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <span style="font-size: 2em; font-family: cursive;">B10000006</span>
Building Address <u>11241 Independence Way</u> <u>ELLICOTT CITY MD 21042</u>	Property Owner's Name <u>TOLL BROTHERS INC.</u> Address <u>250 GIBBONS</u> City <u>HORSHAM</u> State <u>PA</u> Zip Code <u>19044</u> Home Phone <u>215.938.8000</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>TONY SEO</u> <u>7808 CORNER STONE WAY</u> <u>WINDSOR MILL MD 21244</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>HOME WOOD CROSSING</u> Section _____ Area _____ Lot <u>53</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____	Phone <u>410.540.8800</u> Fax <u>410.489.9127</u> Contractor Company <u>SBL ENTERPRISE INC.</u> Contact Person <u>JOHN SO</u> Address <u>14821 BURNINGWOODS RD</u> City <u>ELLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> License No. <u>MHC # 96638</u> Phone <u>301.346.9218</u> Fax <u>410.489.9127</u>	
Existing Use <u>SF HOME</u> Proposed Use <u>DECK / EXTENSION</u> Estimated Construction Cost \$ <u>\$17200.00</u> Description of Work <u>construct a deck w/</u> <u>steps to grade (approximately 480 SQFT)</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #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.

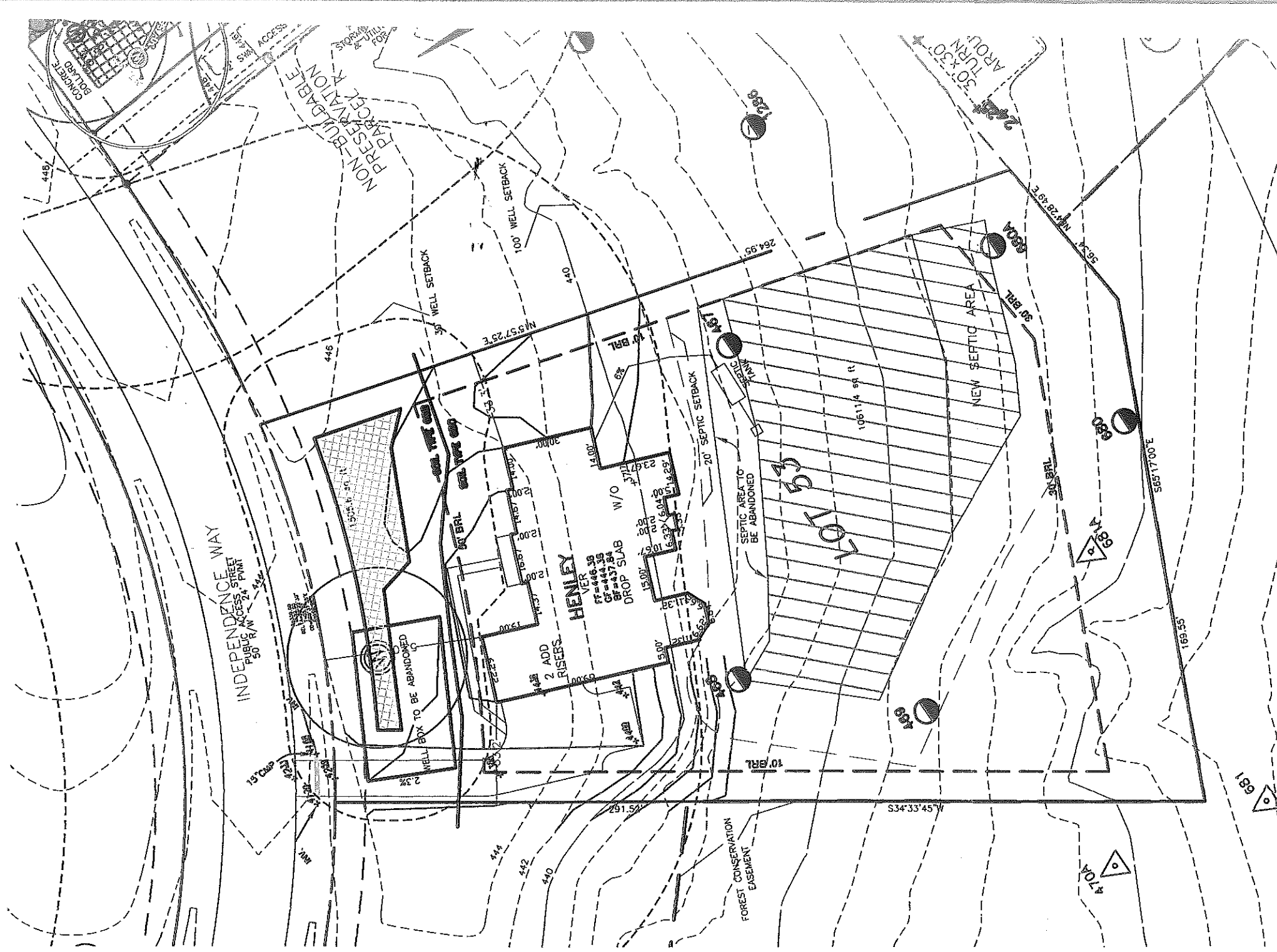
Applicant's Signature <u>SBL-TOY4S@GMAIL.COM</u> Email Address <u>Manager / SBL ENTERPRISE INC.</u> Title/Company	Print Name <u>TONY SEO</u> Date <u>4/7/10</u> Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY** - FOR OFFICE USE ONLY -
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<b>AGENCY</b> <u>Land Development, DPZ</u> <b>State Highways</b> <b>Building Officials</b> <b>Dev. Engineering, DPZ</b> <b>Health</b> <u>4-7-10</u> <u>John Salt</u> <b>Fire Protection</b> <b>Is Sediment Control approval required prior to issuance?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>SIGNATURE APPROVAL</b> <b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Is Entrance Permit Required?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Historic District?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<b>PROPERTY ID #</b> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
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CONTINGENCY CONSTRUCTION START:  ONE STOP SHOP:

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





**ADDITIONAL NOTE:**

ADDITIONAL GROSS ALPHA AND GROSS BETA AND RADIUM ANALYSES WILL BE REQUIRED PRIOR TO USE AND OCCUPANCY.

**NOTES:**

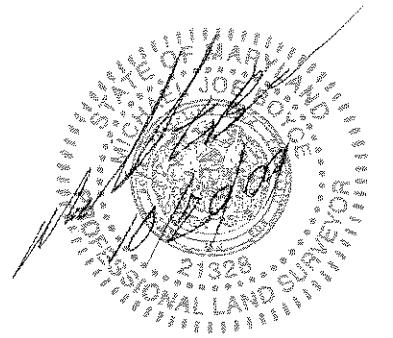
1. THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 18245. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. [Hatched Area] THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE 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 SEWER 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.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL 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.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069.
7. THE EXISTING WELL (TAG NO. HO 95-1263) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
8. TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PREPARED BY 2DI LLC. DATED APRIL 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.

*new sunroom OK  
11-19-09 HS  
B0900 2268  
1124 Independence Way*

INV. AT HOUSE	435.84
GRD. AT INV. AT HOUSE	438.00
INV. IN TANK	431.7
INV. OUT TANK	431.4
TOP OF TANK	432.7
GROUND OVER TANK	436.0
INV. IN DIST. BOX	431.2
INV. OUT DIST. BOX	431.0
GROUND AT BOX	435.0

<b>TYPE: HENLEY (VERSAILLES)-</b>	
WALKOUT BASEMENT	OPTION No. 017
CONSERVATORY ELITE	OPTION No. 039
ADD'L 1' TO HEIGHT OF BASEMENT	OPTION No. 070
EXPANDED FAMILY ROOM	OPTION No. 023
DOUBLE WIDE TAIL AT BACK OF DRIVEWAY	OPTION No. 851
NAPLES SUNROOM	OPTION No. 529

ADDRESS: 11241 INDEPENDENCE WAY  
ELLCOTT CITY, MD 21043



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

1) 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

**PERMIT PLOT PLAN**

**LOT #53**

**HOMEWOOD CROSSING**

D.B. 9808, PG. 204  
PLAT No. 18245  
THIRD ELECTION DISTRICT  
HOWARD COUNTY

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

DATE: 08/11/09      SCALE: 1"=40'      FILE: LOT 53 PLOT PLAN  
CHK'D: MJB      JOB#: 1214      DRAWN: MJB

G 00000071

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 0700-2060

Building Address 11241 Terrence Way  
Ellicott City, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6051.01 Subdivision Howard County  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 53  
Tax Map 24 Parcel 28 Grid 9  
Zoning RC Map Coordinates \_\_\_\_\_ Lot size 0.1813A

Property Owner's Name Tell MD III LP  
Address 7104 Columbus Gateway Dr #230  
City Columbia State MD Zip Code 21116  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410 922 5978 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ 500,000  
Description of Work Modify Composites  
replacing 4.5' tall composite  
panels around family room.

Contractor Company Tell MD III LP  
Contact Person Mike Boyle  
Address 7104 Columbus Gateway Dr #230  
City Columbia State MD Zip Code 21116  
License No. 00000  
Phone 410 922 5978 Fax \_\_\_\_\_

Occupant or Tenant Tell MD III LP  
Contact Name Mike Boyle  
Address 7104 Columbus Gateway Dr #230  
City Columbia State MD Zip Code 21116  
Phone 410 922 5978 Fax \_\_\_\_\_

Engineer or Architect Company FSE  
Contact Person Mike Boyle  
Address 4101 Wilbur Mallett Rd.  
City Upper Meriden State MD Zip Code 21776  
Phone 301 667 8500 Fax 301 627 8500

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>70'</u> <u>82'</u> 2nd floor: <u>70'</u> <u>82'</u> Basement: <u>70'</u> <u>82'</u>	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 Height: _____	
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 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.

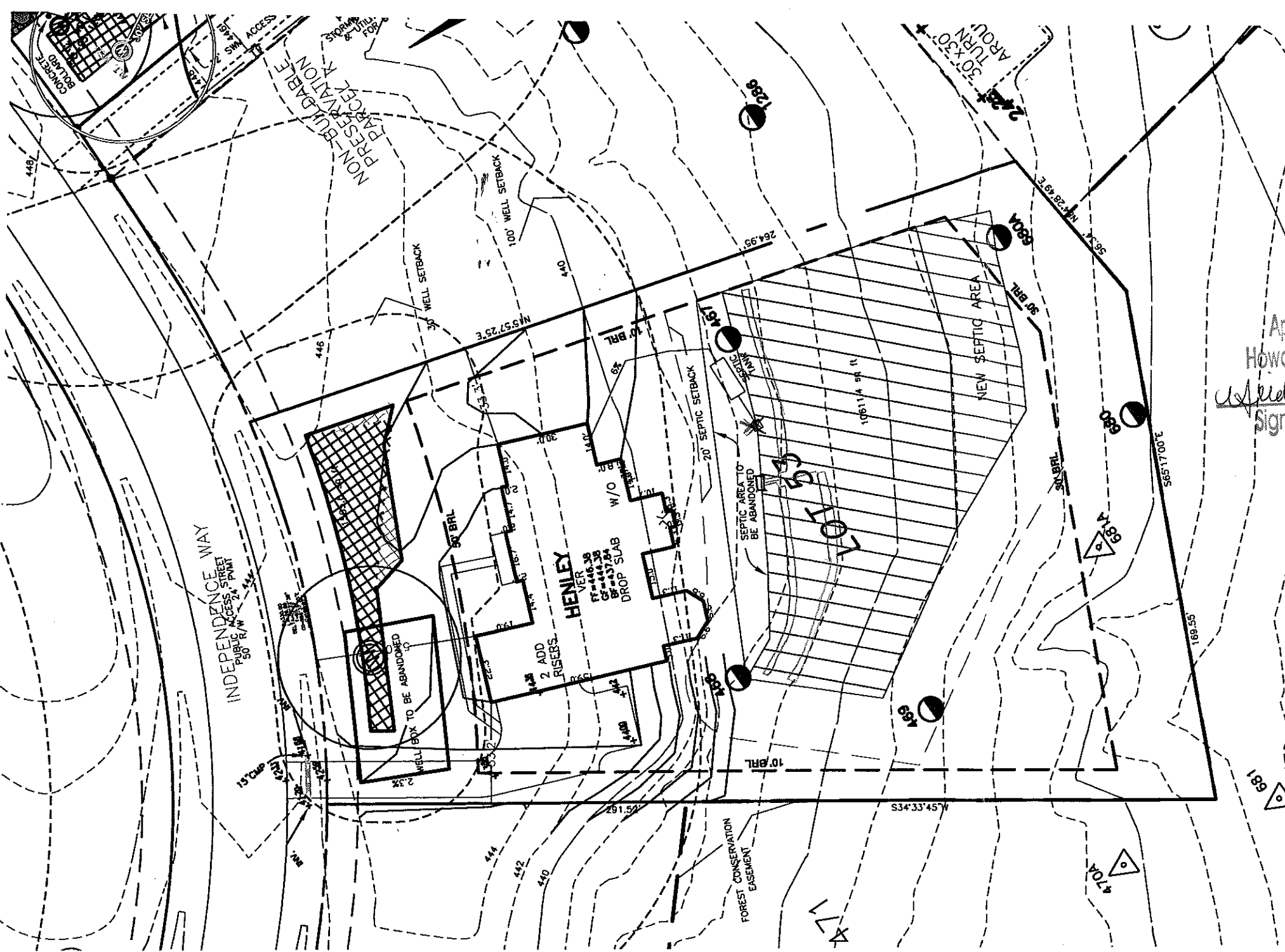
Applicant's Signature Tell Boyle  
Title/Company \_\_\_\_\_

Print Name Mike Boyle  
Date 9/2/09

Checks payable to: **DIRECTOR OF FINANCE AND LEGAL AFFAIRS**  
**\*\* PLEASE WRITE NEATLY AND HOWARD COUNTY \*\***

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>150</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>9/25/09</u> <u>W. Smith</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>_____</u>	

T:\forma\PERMIT.FRM



Approved Septic System Plan  
 Howard County Health Department  
 Official: *[Signature]* 9/25/09  
 Signature Date

gross alpha &  
 gross beta testing  
 needed - see  
 perc cert

INV. AT HOUSE	435.84
GRD. AT INV. AT HOUSE	438.00
INV. IN TANK	431.7
INV. OUT TANK	431.4
TOP OF TANK	432.7
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EXPANDED FAMILY ROOM	OPTION No. 023
DOUBLE WIDE TAIL AT BACK OF DRIVEWAY	OPTION No. 851
NAPLES SUNROOM	OPTION No. 529
ADDRESS: 11241 INDEPENDENCE WAY ELLICOTT CITY, MD 21043	

- NOTES:**
1. 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.
  2. 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 SEWER 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.
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  5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL 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.
  6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069.
  7. THE EXISTING WELL (TAG NO. HO 95-1263) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
  8. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ADJUST THE SEPTIC & WELL BOX EASEMENT IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR NEW CONSTRUCTION AT 11241 OLD INDEPENDENCE WAY, ELLICOTT CITY, MARYLAND 21043.
  8. TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PREPARED BY 2DI LLC. DATED APRIL 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.



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

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

THE ENTIRE SUBJECT PROPERTY IS WITHIN SOIL MAP UNIT

PERMIT PLOT PLAN &  
 PERCOLATION CERTIFICATION PLAN  
 LOT #53  
**HOMWOOD CROSSING**  
 D.B. 9808, PG. 204  
 PLAT No. 18245  
 THIRD ELECTION DISTRICT  
 HOWARD COUNTY

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

DATE: 08/11/09	SCALE: 1"=40'	FILE: LOT 53 PLOT PLAN
CHK'D: MJB	JOB#: 1214	DRAWN: MJB