

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
807003694

Building Address 11215 Kinsale Ct
Ellicott City, 21042
 Suite/Apt #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr Bill Kraus
 Address 11215 Kinsale Ct.
 City Ellicott City State MD Zip Code 21042
 Home Phone 443-797-1029 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD Deck/Covered Porch
 Estimated Construction Cost \$ 20,000
 Description of Work 20'x33' Irregular Shaped Deck
10'x33' Covered Porch with stairs
To Create

Contractor Company Woodworking by Dave
 Contact Person David Gooding
 Address 6030 Daybrent Circle
 City Clarksville State MD Zip Code 21029
 License No. 8705
 Phone 443-535-0787 Fax _____

Occupant or Tenant Same as 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 DESCRIPTION - RESIDENTIAL

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 <input type="checkbox"/> # of Heads _____

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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> 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: <u>post & pier</u> Roof Height: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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.

David Gooding
 Applicant's Signature
Contractor
 Title/Company

David Gooding
 Print Name
9-5-07
 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 Official		
Dev. Engineering DPZ	<u>9/5/07</u>	<u>[Signature]</u>
Health		
Fire Protection		

Sediment Control approval required prior to issuance?
 YES NO

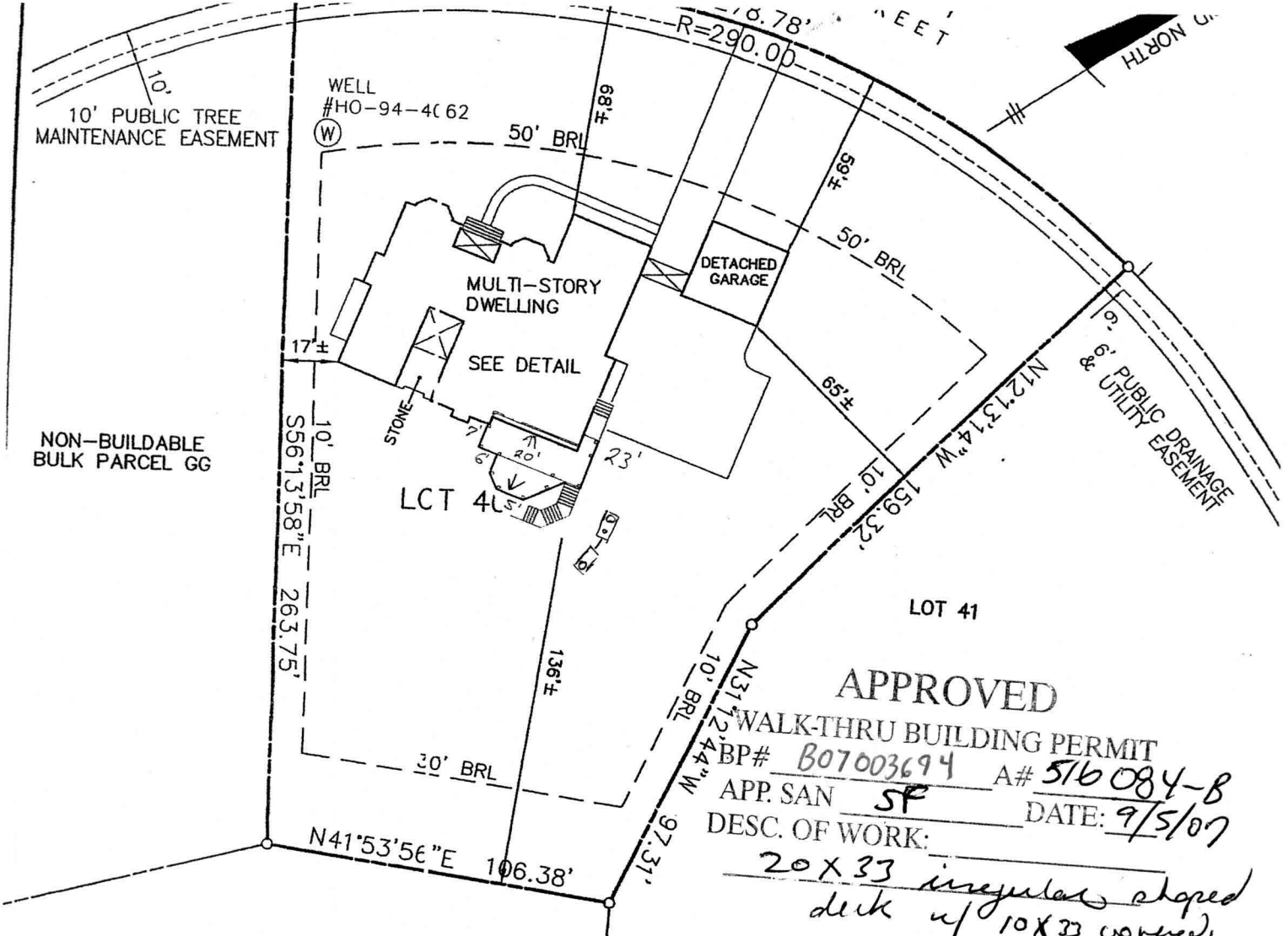
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

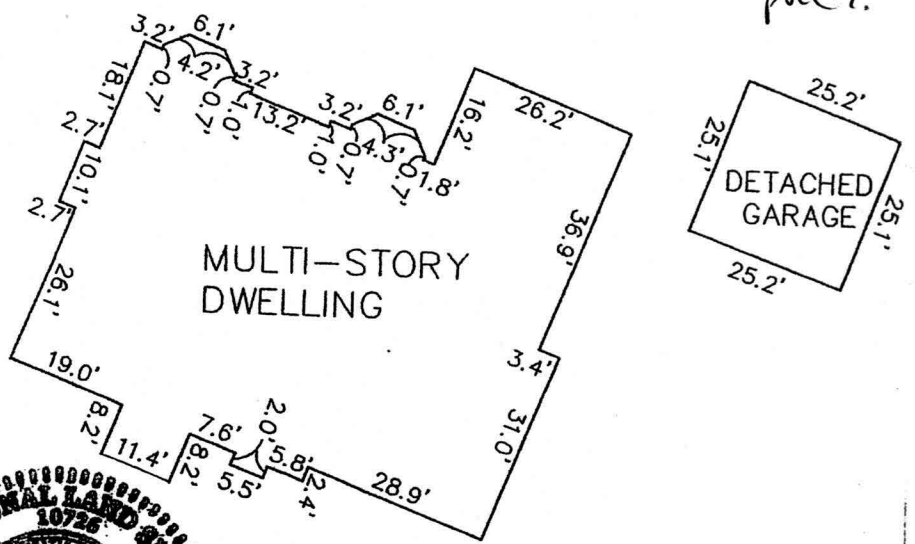
DPZ SETBACK INFORMATION

Front: _____ Filing fee \$ _____
 Rear: _____ Permit fee \$ _____
 Side: _____ Excise tax \$ _____
 Side St.: _____ Add'l per. fee \$ _____
 All minimum setbacks met? YES NO TOTAL FEES \$ _____
 Is Entrance Permit required? YES NO Sub-total paid \$ _____
 Historic District? YES NO Balance due \$ _____
 Lot Coverage for NewTown Zone _____ Check # _____
 SDP/Red-line approval date _____ Validation # _____

Accepted by _____



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07003694 A# 516084-B
 APP. SAN SP DATE: 9/5/07
 DESC. OF WORK:
20x33 irregular shaped deck w/ 10x33 corner patch.

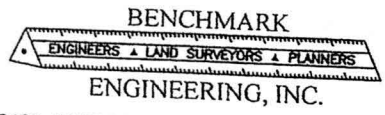


SURVEYOR'S CERTIFICATE
 THIS DRAWING WAS MADE UNDER MY SUPERVISION.

7/6/07 *S. Jalon*
 STEPHAN JALON
 PROFESSIONAL LAND SURVEYOR
 MARYLAND REG. No. 10726



FEMA FIRM No. 240044 0027 B
 ZONE: C
 DATED: 12/04/86



LOCATION DRAWING
 RIVERWOOD
 PHASE 1
 RECORD PLAT No. 18034
 LOT No. 40

11215 KINSALE COURT
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

FIELD OBS. BY KLD
 COMP. BY JWG
 DRAWN BY

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

1307003601

Building Address 11215 Kinsale Ct
Ellicott City 21042

Property Owner's Name Bill + Rosemarie Kraus e
Address 11215 Kinsale Ct

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Census Tract _____ Subdivision Riverwood

City Ellicott City State MD Zip Code 21042

Section _____ Area _____ Lot 40

Home Phone 410-750-0745 Work Phone _____

Tax Map 29 Parcel 20 Grid 4

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning _____ Map Coordinates 15A2 Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company Maryland Pools

Proposed Use SFD + Pool

Contact Person Joanne Lathan

Estimated Construction Cost \$ 25,000

Address 9515 Gerwig Lane

Description of Work Inground Pool 21x40'
in rear yard w/ 48" high
Fence to code

City Columbia State MD Zip Code 21046

License No. 6694

Phone 410-995-6600

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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	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
<input type="checkbox"/> State Certified Modular	

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: <u>3-8'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms _____	
Height: _____	
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: _____	
<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.

J. Lathan
Applicant's Signature
agent
Title/Company

J. Lathan
Print Name
8-22-07
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 Official		
Dev. Engineering, DPZ		
Health	<u>8/22/07</u>	<u>[Signature]</u>
Fire Protection		

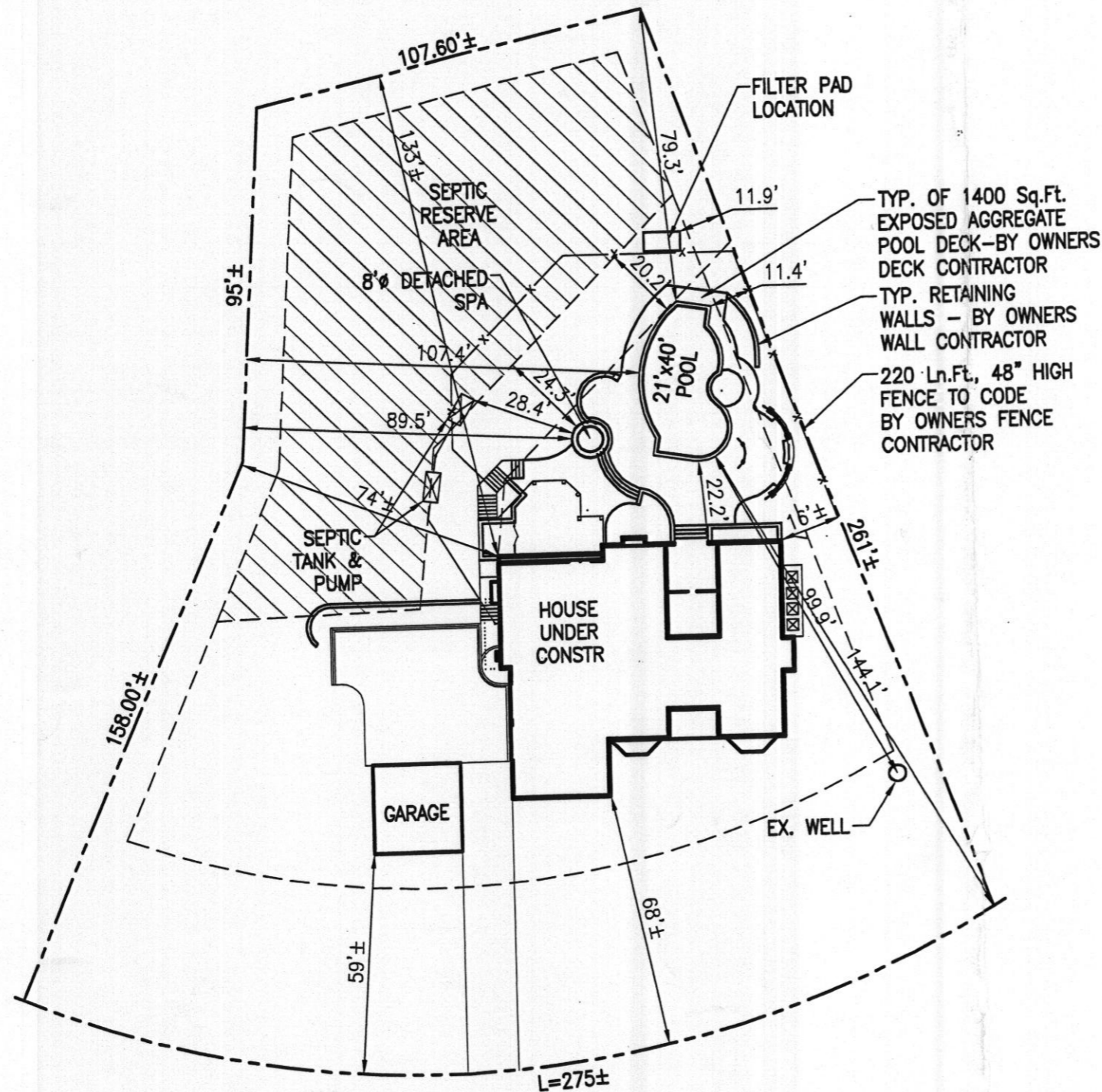
DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Accepted by _____

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



SITE PLAN
 1"=40'
 LOT 40
 RIVERWOOD
 TAX ACCOUNT # 345467
 MAP 29, GRID 4, PARCEL 20
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

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: ON SITE
 SPA: 50 SF W/6 JETS, 100W LIGHT & BLWR
 RAISED BEAM: SPA-24" HIGH STONE FACE
 TILE: NEP-1
 COPING: PA FULL RANGE FLAGSTONE - CUT
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
 CLEANING SYS: PCC 2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: INTELLTOUCH i9+1
 HEATER: 200K BTU N.G. & AC-125 HEAT PUMP
 LIGHTS: TWO WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' INSIDE
 AQUA BENCH: (1) @ 28' LONG W/2 JETS
 RAIL GOODS: NONE
 DECKING: NONE
 FENCE: BY OWNERS FENCE CONTR.
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$100 CHEMICAL ALLOWANCE
 OTHER ITEMS: (3) POLARIS MINI SPRAY HEADS W/PUMP & SHELL FITTINGS, BY-PASS FOR WINTER SPA USE OF MINERAL SPRINGS, 150 LF GAS LINE, EQUIPOTENTIAL BONDING GRID
 ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 21' x 40' - CUSTOM
 POOL AREA: 700 SPA: 40 OTHER:
 TOTAL AREA: 740
 PERIMETER: 116 SPA: 22
 GALLONAGE: 28,700 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS TO SITE

RT-32 WEST TO RT-108 EAST (RIGHT OFF RAMP). GO TO L/T ON HOMEMOOD ROAD. GO APPROX 1/2 MI TO A R/T ON CASTLEBRIDGE RD (SEE CHAMBERY RIVERWOOD SIGN) PAST INFO CENTER TO A L/T ON KINSALE.
 MAP # 15
 GRID A2
 NOTE: NEW DEVELOPMENT, MAY NOT BE MAPPED.

Bill & Rosemarie Krause
 11215 Kinsale Court
 Ellicott City, Maryland 21042
 Howard County

HOME PHONE: 410-750-0745
 CELL PHONE 1: 443-799-1029 (MRS)
 CELL PHONE 2: 410-750-5003
 OFFICE PHONE:

LOT: 40	SUBDIVISION NAME: RIVERWOOD	DISTRICT: 3	PIN #: 345467
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: JEK	DATE: 7/11/07	JOB NUMBER: DW07-4314
PERMIT SET			SHEET #: 1.0

REVISION:
 8/21/07 CHANGE POOL SIZE
PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 516084-B
 APP. SAN SFO DATE: 8/22/07
 DESC. OF WORK: In ground

KINSALE COURT

(50' R/W)

Per 1 21' x 40'

PERMIT SET

DATE: 08-21-07

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B06008777

Building Address 11215 Kinsale Court
Ellicott City, Md. 21042
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract 603000 Subdivision Riverwood
Section - Area - Lot 40
Tax Map 29 Parcel 20 Grid 4
Zoning RCDU Map Coordinates _____ Lot size 49,154 sq. ft.

Property Owner's Name Camberley Homes
Address 690 S Rockledge Dr. # 800
City Bethesda State Md Zip Code 20817
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Carol Viers
4110 503 Sylvanview Dr
Phone 279-1624 Fax Pasadena Md. 21122

Existing Use VACANT
Proposed Use SFD
Estimated Construction Cost \$ 700,000
Description of Work Preston, 2 story, finished
bsmt., FP, 3 car garage 5 Bedrooms
6 BR 3 1/2 media rm exercise rm
2 car detached garage

Contractor Company Camberley Homes
Contact Person RON O'BRIEN
Address Same As Above
City _____ State _____ Zip Code _____
License No. 57
Phone _____ Fax _____

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

Engineer or Architect Company Benchmark Engineering
Contact Person John Carey
Address 8480 Baltimore National Pike
City Ellicott City State Md Zip Code 21043
Phone 410-465-6105 Fax 410-465-6644

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 5
Height: _____
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: As concrete
Roof Height: As Gable
 State Certified Modular
 Manufactured Home

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:

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.

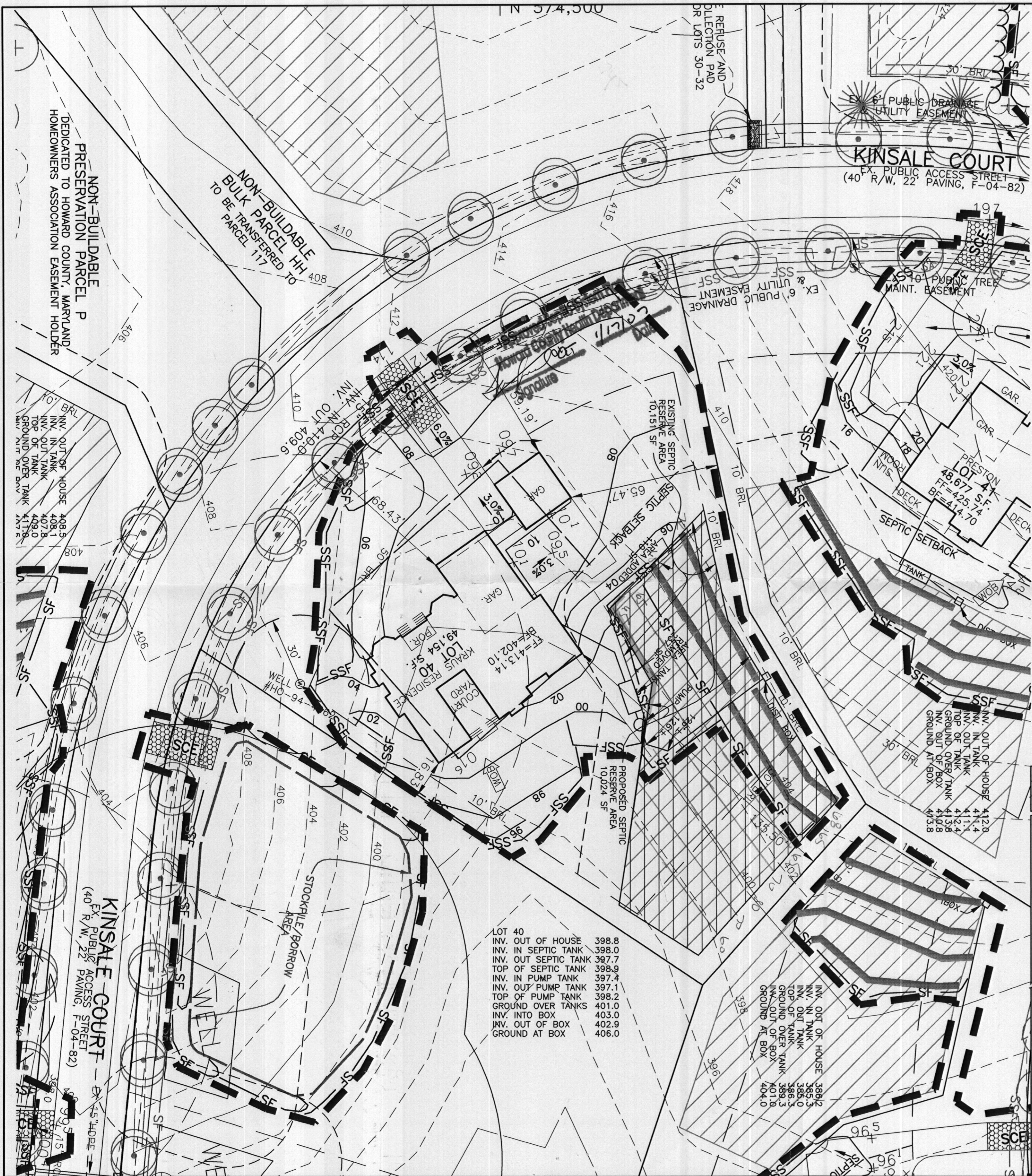
Carol Viers
Applicant's Signature
Permit Runner
Title/Company

Carol Viers
Print Name
12-13-06
Date

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

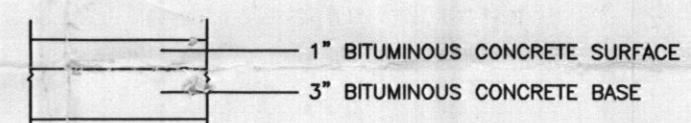
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Env. Engineering, DPZ		
Health	<u>1/12/07</u>	<u>[Signature]</u>
Fire Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1863</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New/Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PHASE 1, PLAT No. 18034. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE 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. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-05-31 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-4062, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.



PAVING SECTION
NOT TO SCALE

NO.	DATE	REVISION

BENCHMARK
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 ▲ FAX: 410-465-6644
 EMAIL: benchmark@cais.com

OWNER/BUILDER:		PROJECT:	
CAMBERLEY HOMES, INC. 6905 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817 PHONE: 301-803-4800 FAX: 301-803-4929		RIVERWOOD LOT 40	
LOCATION:		11215 KINSALE COURT ELLICOTT CITY, MD 21042	
TITLE:		PERMIT PLAN	
HOUSE TYPE:		KRAUS RESIDENCE	
DATE:	DESIGN:	PROJECT NO.	DRAWING
DEC., 2006 JAN., 2007	JMC	1950	1 OF 1
SCALE:	DRAFT:	PROJECT NO.	
1" = 30'	JMC	1950	

LOT 40

INV. OUT OF HOUSE	398.8
INV. IN SEPTIC TANK	398.0
INV. OUT SEPTIC TANK	397.7
TOP OF SEPTIC TANK	398.9
INV. IN PUMP TANK	397.4
INV. OUT PUMP TANK	397.1
TOP OF PUMP TANK	398.2
GROUND OVER TANKS	401.0
INV. INTO BOX	403.0
INV. OUT OF BOX	402.9
GROUND AT BOX	406.0