

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
**B00144541**

Building Address 4078 ~~Penney Mills Road~~ Ct. 97  
Glenwood Mo 64738  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604002 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 21 Parcel 13 Grid 14  
 Zoning RCDEO Map Coordinates 8511 Lot size \_\_\_\_\_

Property Owner's Name David Hware  
 Address 3637 Spencer Hill Rd  
 City Glenwood State Mo Zip Code 64738  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Tank  
 Proposed Use Single Family with (3) Tanks  
 Estimated Construction Cost \$ 10,000  
 Description of Work Install (1) tank on right side of  
house for pool water. Install (2) tanks on left side  
of house for house & generator

Contractor Company United Propane  
 Contact Person Pick  
 Address 101 W. Riverville Blvd  
 City Mo. An State Mo Zip Code 64771  
 License No. C-1075  
 Phone (301) 920-7028 Fax (301) 927-5374

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 - 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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" 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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Alvin E. Smith Jr.  
 Applicant's Signature

Alvin E. Smith  
 Print Name

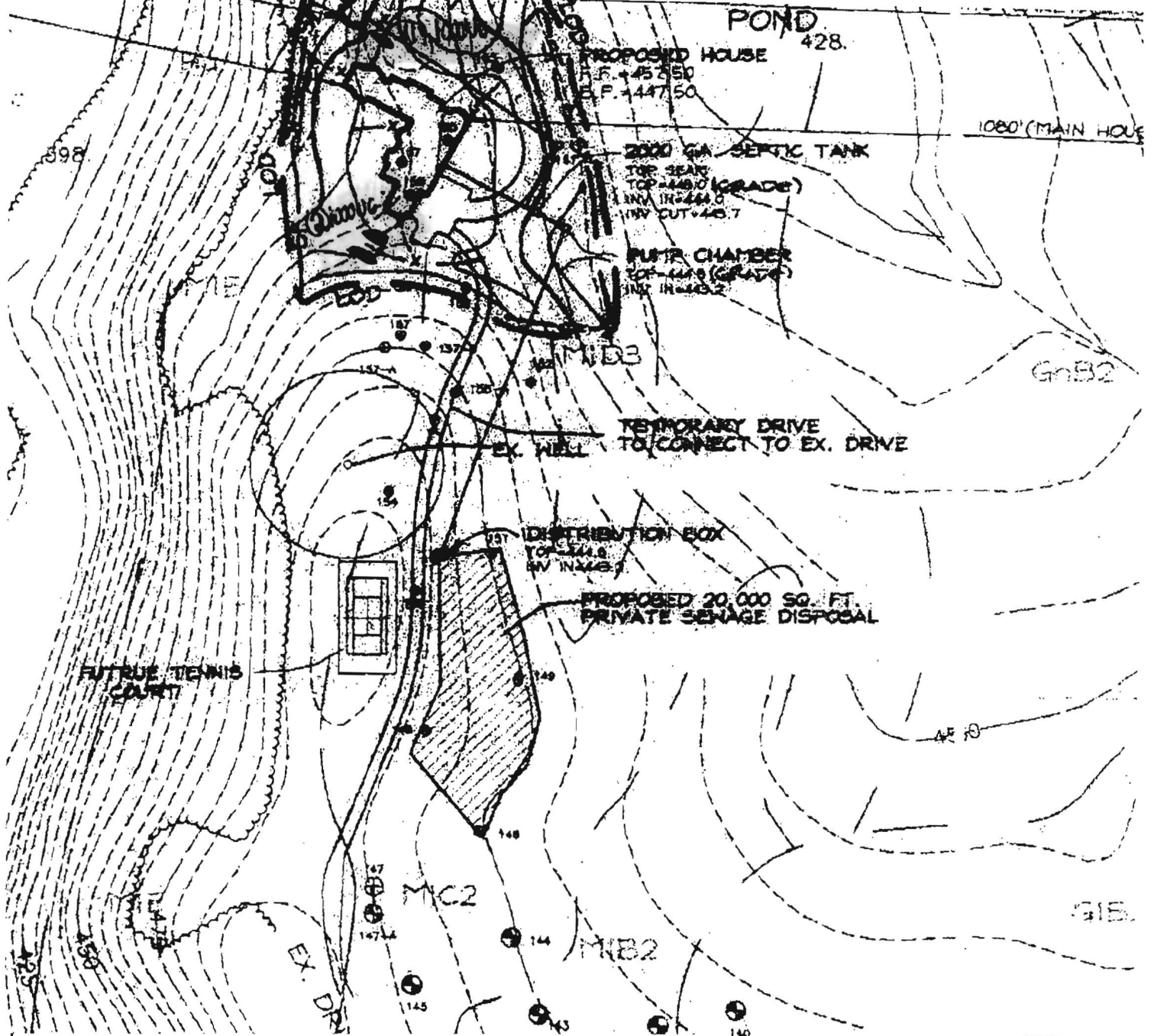
Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

APPROVAL	SIGNATURE/APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
State Highways		Front _____	45559
Building Official		Rear _____	Filing fee \$ <u>500</u>
City Engineering DPZ		Side _____	Permit fee \$ <u>300</u>
Health	<u>10/16/03</u> <u>Karen Thomas</u>	Side St. _____	Excise tax \$ _____
Fire Protection		All minimum setbacks met?	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance?		YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>300</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		Is Entrance Permit required?	Sub-total paid \$ _____
ONE STOP SHOP <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
		Historic District?	Check _____
		YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>35315</u>
		Lot Coverage for New Town Zone _____	Accepted by <u>DPZ</u>
		SDP/Red-line approval date _____	

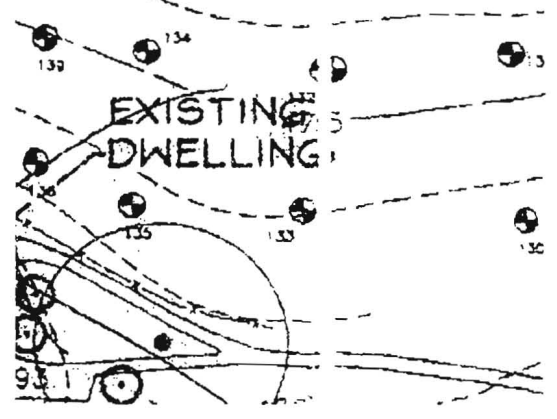
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DEQ, DPZ Pink: Health Gold: SHA



10/16/03 See scaled site plan. Propane tank locations above OK

(KN)

1300144541



**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address _____ Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>21</u> Parcel <u>13</u> <u>Blk 8</u> Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>HUBER</u> Address _____ City <u>Glenwood</u> State <u>MD</u> Zip Code _____ Home Phone <u>301 854 6220</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>RESIDENTIAL</u> Proposed Use <u>RESIDENTIAL</u> Estimated Construction Cost \$ <u>30,000</u> Description of Work <u>CONSTRUCT</u> <u>IN GROUND POOL &amp; SPA</u>	Contractor Company <u>Alpine Pool &amp; Design</u> Contact Person <u>Jeron Eberwein</u> Address <u>7220 Poplar St</u> City <u>Ammandale</u> State <u>Va</u> Zip Code <u>22003</u> License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>HUBER</u> Contact Name <u>Jeron Eberwein</u> Address <u>7220 Poplar St</u> City <u>Ammandale</u> State <u>Va</u> Zip Code <u>22003</u> Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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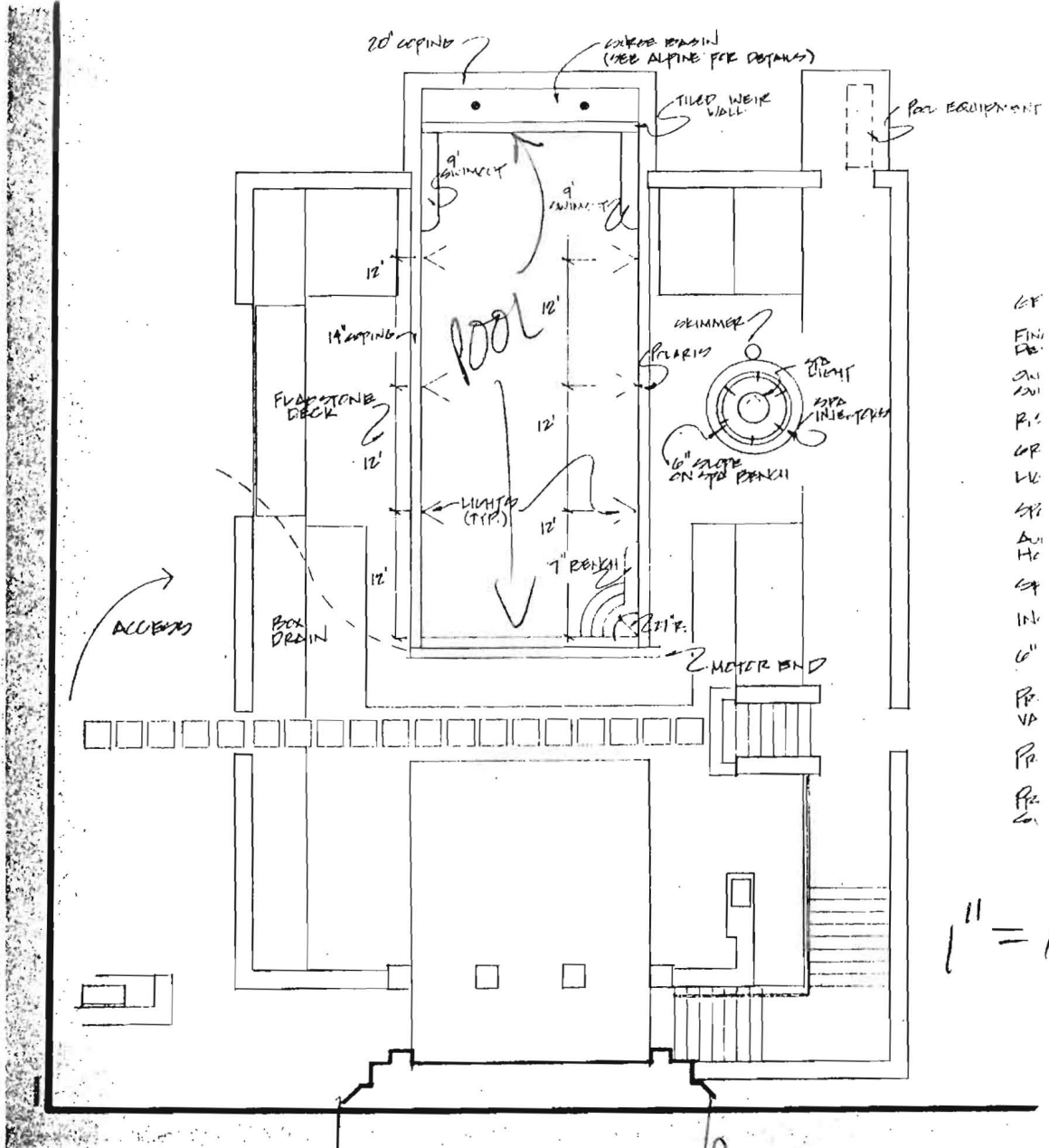
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input 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: _____ 2nd floor: _____ Basement: _____	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"/>	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"/>
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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

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 -**



GF  
 FIN  
 DE  
 SU  
 SU  
 R:  
 GF  
 LV  
 SF  
 A:  
 H:  
 SF  
 IN  
 6"  
 PR  
 VA  
 PR  
 PR  
 G:



1" = 16'

HOUSE

POOL  
LOC OK

10/10/02 MR

VICINITY  
OF  
GEO.  
WELLS

CONTRACTOR  
 ADVISED TO  
 MAINTAIN 30' TO  
 GEO. WELLS

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00127242

Building Address 4078 Roxbury Mills Road  
Glenwood, MD 21033  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract 10040 Subdivision ANNAPOLIS  
 Section N/A Area N/A Lot N/A  
 Tax Map 21 Parcel 13 Grid MD 14  
 Zoning RC-DEU Map Coordinates 8 5 11 Lot size 153.8 Acres

Property Owner's Name David and Debra Haber  
 Address 3637 Sycamore Valley Run  
 City Glenwood State MD Zip Code 21738  
 Home Phone 301-854-6220 Work Phone 410-20-5740  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Same  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 1,500,000.00  
 Description of Work New Single Family Home 2 1/2 STORY  
Per Plans W/FULL BASEMENT W/ATTACHED  
4 CAR GARAGE 8 BD 8 BATH 3 HALL PATHS  
W/ PORCHES (2) + 1 FIRE PLACE

Contractor Company To Be Determined  
 Contact Person Horizon Bldrs (George)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone 410-721-4877 Fax 410-721-4899

Occupant or Tenant None SAME  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Muse Architects  
 Contact Person Warren Short  
 Address 5838 Connecticut Ave., NW  
 City Washington State DC Zip Code 20015  
 Phone 202-966-6266 Fax 202-966-9666

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>142</u> <u>132</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>134</u> <u>132</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>112</u> <u>132</u>	Gas Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>8</u>	
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: _____	
State Certified Modular _____ Manufactured Home _____	

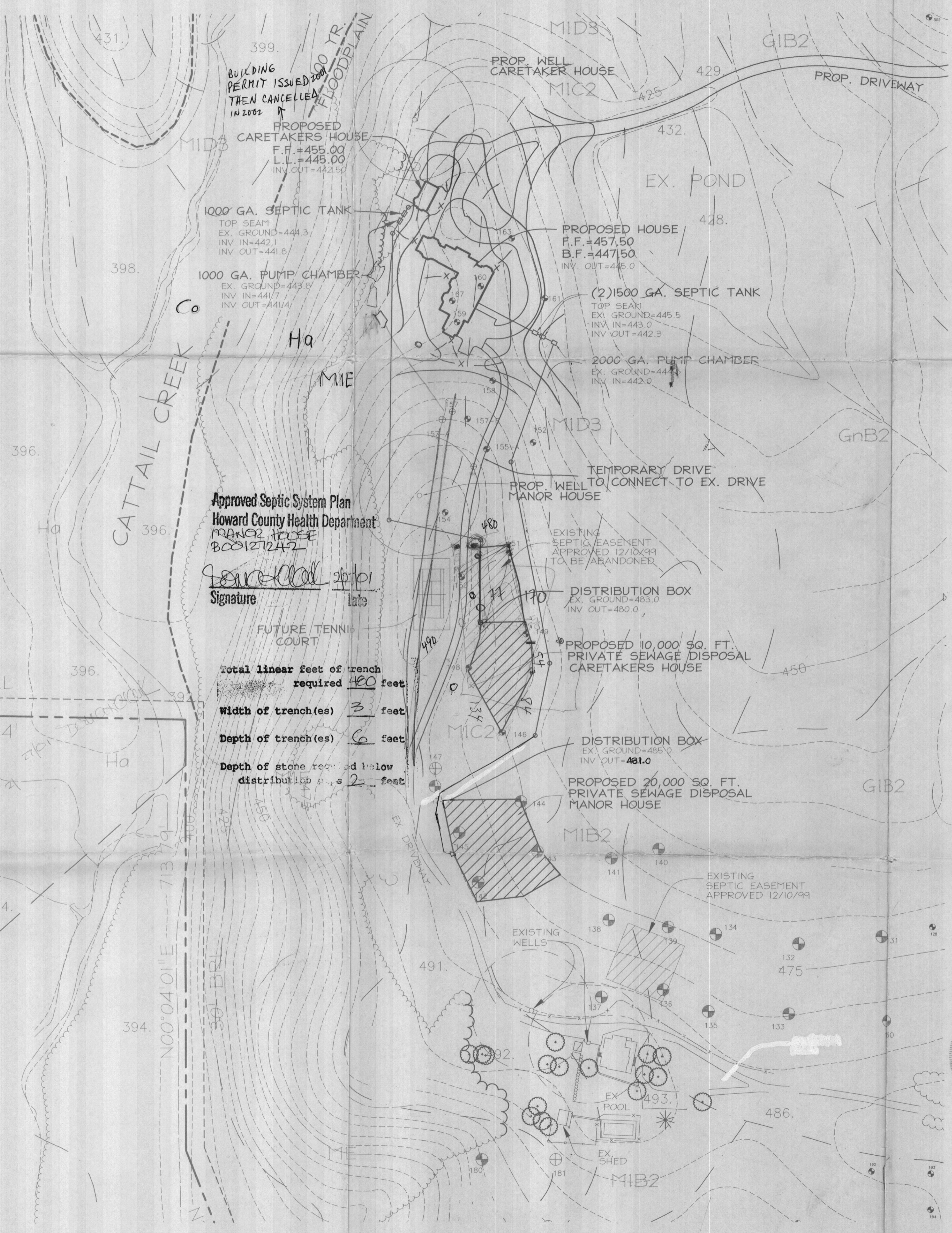
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Applicant's Signature [Signature] STEPHEN MUSE, FAIA  
 Title/Company PRINCIPAL MUSE ARCHITECTS Print Name Step. Muse  
 Date 10-31-00

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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health	<u>2/27/01</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> 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 # <u>4892</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

Maryland State Grid Meridian



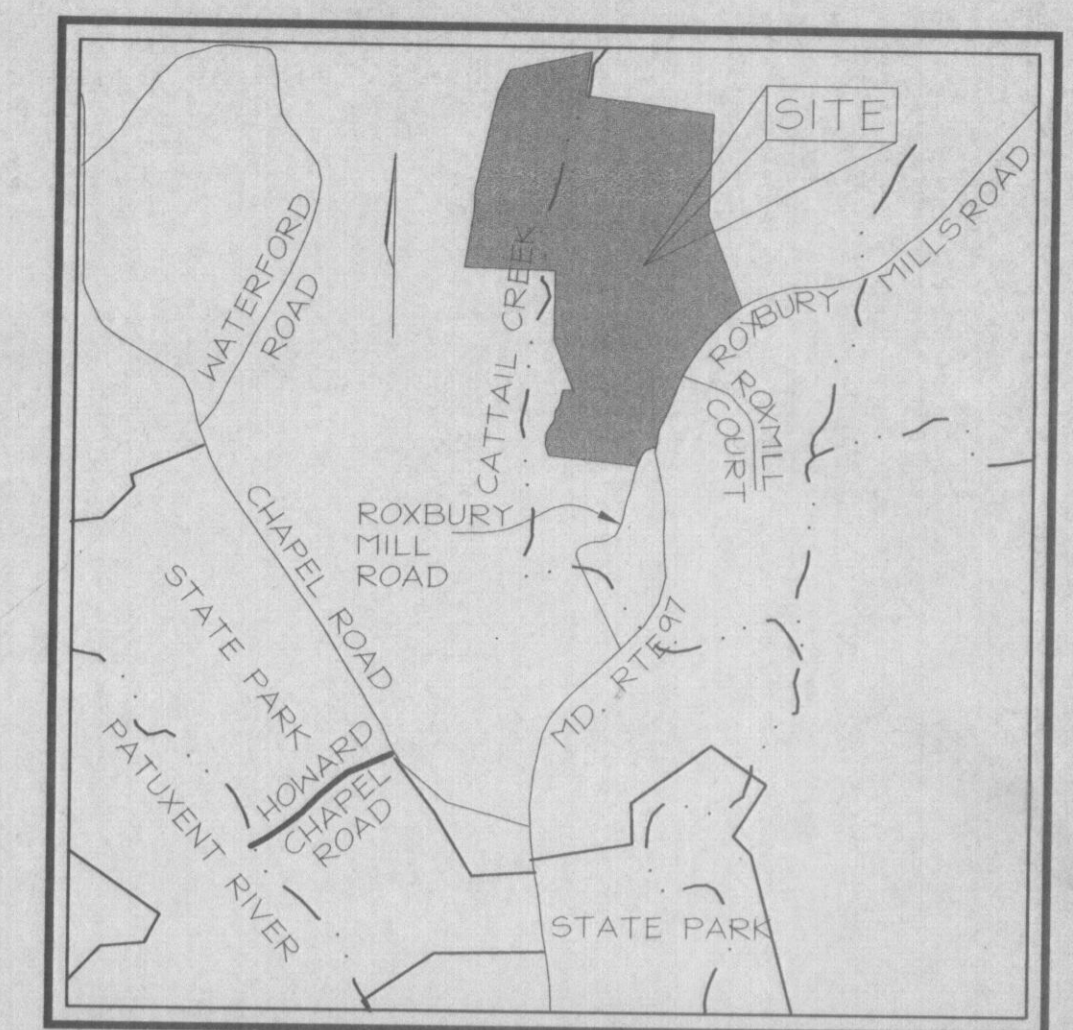
Approved Septic System Plan  
Howard County Health Department  
MANOR HOUSE  
BOONZ12A7

*Signature*  
Signature Date

Total linear feet of trench required **480** feet  
Width of trench(es) **3** feet  
Depth of trench(es) **6** feet  
Depth of stone required below distribution boxes **2** feet

**LEGEND**

- PASSED PERC TEST
- FAILED PERC TEST
- EXISTING CONTOUR
- EXISTING TREELINE
- SOILS BOUNDARY
- PROPOSED WELL



VICINITY MAP  
SCALE 1" = 2000'

**GENERAL NOTES**

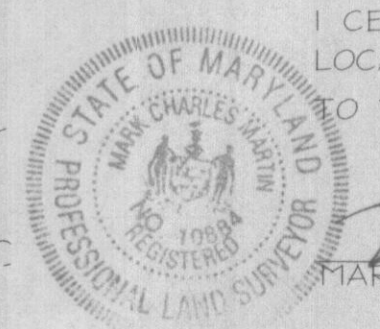
1. EXISTING ZONING = RC-DEO
2. GROSS AREA OF TRACT = 167 AC±
3. THE PROPERTY SHOWN HEREON IS PART OF THE FIRST PARCEL, ALL OF THE SECOND PARCEL AND PART OF THE THIRD PARCEL OF LIBER 57 FOLIO 518.
4. COURSES AND DISTANCES SHOWN HEREON ARE BASED ON THE MARYLAND STATE GRID MERIDIAN AS PROJECTED BY HOWARD COUNTY CONTROL STATIONS  
21DA N 582213.3720 E 1298954.8840  
21EA N 582715.1330 E 1300495.9840
5. THE PROJECT BOUNDARY SHOWN HEREON IS BASED ON A FIELD RUN BOUNDARY SURVEY BY VOGEL & ASSOCIATES DATED JULY, 1998.
6. THE TOPOGRAPHY SHOWN HEREON IS BASED ON THE HOWARD COUNTY PHOTOMETRIC MAPS.
7. WATER AND SEWER SYSTEMS FOR THIS PROJECT WILL BE PRIVATE.
8. THIS PROPERTY IS NOT WITHIN THE METROPOLITAN DISTRICT.
9. TO THE BEST OF THE OWNERS KNOWLEDGE, THERE ARE NO BURIAL/CEMETERY LOCATIONS ON THIS SITE.
10. EXISTING BUILDINGS ARE TO REMAIN.
11. THE EXISTING WELL ON THE TENANT HOUSE SITE IS TO REMAIN AND IS TO BE USED FOR IRRIGATION PURPOSES ONLY.
12. IN ACCORDANCE WITH SECTION 104.C.2 OF THE ZONING REGULATIONS A FARM TENANT HOUSE/CARETAKER DWELLING IS ALLOWED AS AN ACCESSORY HOUSE FOR PARCELS GREATER THAN 50 ACRES.
13. APPROXIMATE LIMIT OF DISTURBANCE: 3.3 AC. (143,748 SF)
14. FLOODPLAIN BASED ON HOWARD COUNTY STUDY CATTAIL CREEK.

THIS AREA DESIGNATES A PRIVATE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT NOT BE NECESSARY.

APPROVED: FOR PRIVATE WELLS AND PRIVATE SEPTIC SYSTEMS

*Eric H. Martin*  
HOWARD COUNTY HEALTH OFFICER  
2/26/01 DATE

PERC CERTIFICATION  
I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.



*Mark C. Martin*  
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR  
2/2/2001 DATE

SYMBOL	NAME / DESCRIPTION	TYPE
C2	COBORUS SILT LOAM	C
GIB2	GLENELG LOAM, 0 TO 3 PERCENT SLOPES	C
GnB2	GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
MIB2	MANOR LOAM, 0 TO 3 PERCENT SLOPES	B
MIC2	MANOR LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B
MIC3	MANOR LOAM, 3 TO 8 PERCENT SLOPES	B
MID3	MANOR LOAM, 15 TO 25 PERCENT SLOPES, SEVERELY ERODED	B
MnD	MANOR VERY STONY LOAM, 3 TO 25 PERCENT SLOPES	B
MIE	MANOR LOAM, 25 TO 45 PERCENT SLOPES	B
Ha*	HATBORO SILT LOAM	D

**SEPTIC CERTIFICATION PLAN**  
**HUBER ESTATE**  
ROXBURY MILLS ROAD

TAX MAP #21 PARCEL 13 BLOCK #8  
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

**VOGEL & ASSOCIATES**  
ENGINEERS-SURVEYORS-PLANNERS  
3891 Park Avenue, Suite 101 • Ellicott City, Maryland 21043  
Tel 410.461.5828 Fax 410.465.3966

DESIGN BY: JCO  
DRAWN BY: JCO  
CHECKED BY: RHV  
DATE: Feb. 20, 2001  
SCALE: 1"=100'  
W.O. NO.: 99-133

1 SHEET OF 1