

Census Tract: _____ Subdivision: Line kin Valley
 Section: _____ Area: _____ Lot: 24 II
 Tax Map: 40 Parcel: 114 Grid: 21
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.25 A
 Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 8,000
 Description of Work: install 1000A inground propane tank
 Occupant or Tenant: same as owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated herein):
Jeremy Clancy
PO Box 1253 Silerburg, NC 21784
 Phone: 443 3401229 Fax: _____
 Email: Jeremy@appliedandapproved.com
 Contractor Company: Valley Natural Gas
 Contact Person: Bob Kilby
 Address: 7201 Montweeds Rd
 City: Jessup State: MD Zip Code: _____
 License No.: 67793
 Phone: 410 7991114 Fax: _____
 Email: Rkilby@matheson-gas.com
 Engineer/Architect Company: same as contractor
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

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

HE 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 HIS 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: [Signature]
 Email Address: Jeremy@appliedandapproved.com
 Permit Company: [Signature]
 Title/Company: _____

Print Name: Jeremy Clancy
 Date: 2/7/12
 LICENSES & PERMITS DIVISION

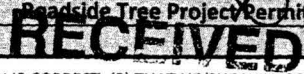
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

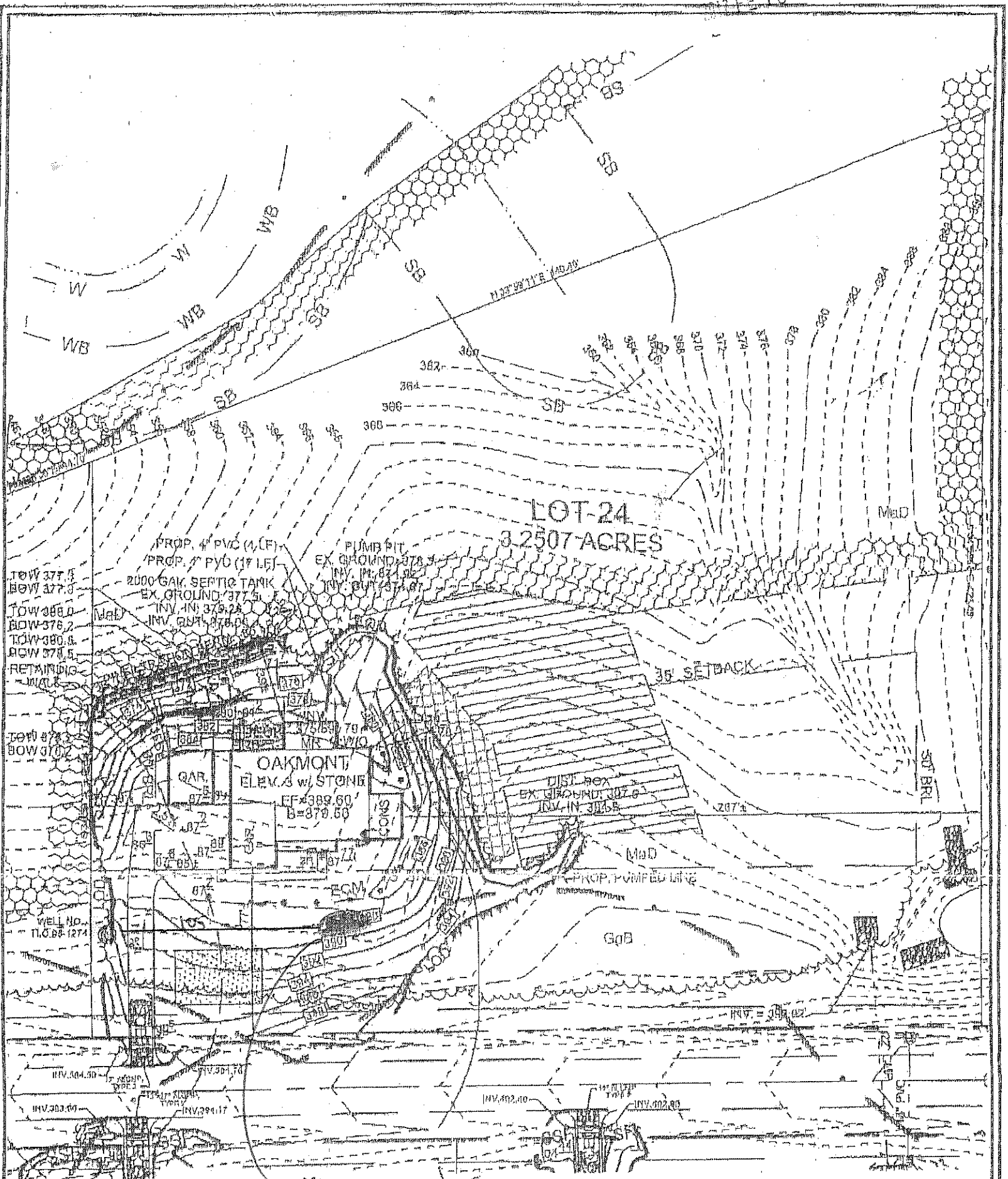
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:

Filing Fee	\$
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$



RECEIVED
 COUNTY HEALTH DEPT
 DATE 10 PH 1:12



LOT-24
 3.2507 ACRES

PROP. 4" PVC (1" LF)
 PROP. 2" PVC (17 LF)
 2000 GAL. SEPTIC TANK
 EX. GROUND: 377.5
 INV. IN: 375.25
 INV. OUT: 375.05

PUMP PIT
 EX. GROUND: 378.3
 INV. IN: 377.35
 INV. OUT: 377.07

OAKMONT
 ELEV. 3 W/ STONE
 EF=389.60
 B=379.60

DIST. BOX
 EX. GROUND: 387.0
 INV. IN: 386.5

TOW 377.5
 BOW 377.3
 TOW 388.0
 BOW 376.2
 TOW 380.8
 BOW 378.5
 TOW 378.3
 BOW 370.2

WELL NO.
 HO-95-1274

INV. 304.30
 INV. 303.60
 INV. 304.17

INV. 402.40
 INV. 402.80

Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners
 3300 North Ridge Road, Suite 160
 Ellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

DEVELOPER
 CRAFTMARK HOMES
 0620 BLM STREET, SUITE 102
 MOLEAN, VIRGINIA 22101
 (703) 287-0302

OWNER
 MAPLE W. LC
 5074 DORSEY HALL DRIVE, FLUTE #15
 ELICOTT CITY, MARYLAND 21042
 (410) 720-3321

LEGEND

- EXISTING CONTOUR 302
- PROPOSED CONTOUR 382
- PROPOSED SPOT ELEVATION 382 + 82.83
- DIRECTION OF FLOW - Proposed property tank

- NOTE:
- 1) STORMWATER MANAGEMENT FOR THE THE HOUSE AND DRIVEWAY WILL BE SATISFIED BY SHEET FLOW TO CONSERVATION AREA WITH AN INFILTRATION BERM.
 - 2) DISTURBED AREA = 28,948 SQ.FT.
 - 3) EXISTING WELL (HO-95-1274) WAS FIELD LOCATED BY SILL, ADCOCK, & ASSOCIATES, LLO IN JULY, 2010.

DESIGN BY: SJT
 DRAWN BY: SJT
 CHECKED BY: PS
 SCALE: 1"=60'
 DATE: OCTOBER 13, 2011
 PROJECT #: 10-021
 SHEET #: 1 OF 2

HOUSE SITE **B12000371**
 LIME KILN VALLEY II
 LOT 24
 12895 LIME KILN ROAD

TAX MAPS 40 & 45 GRIDS 21 & 4
 FIFTH ELECTION DISTRICT
 PARCELS 114 & 12
 HOWARD COUNTY, MARYLAND

1,000 Gal Tank

B12000371

Building Address: 12895 Lime Kiln Rd.
1111111111
1111111111

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Ax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ 8,000

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature _____

Print Name _____

Email Address _____

Date _____

Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

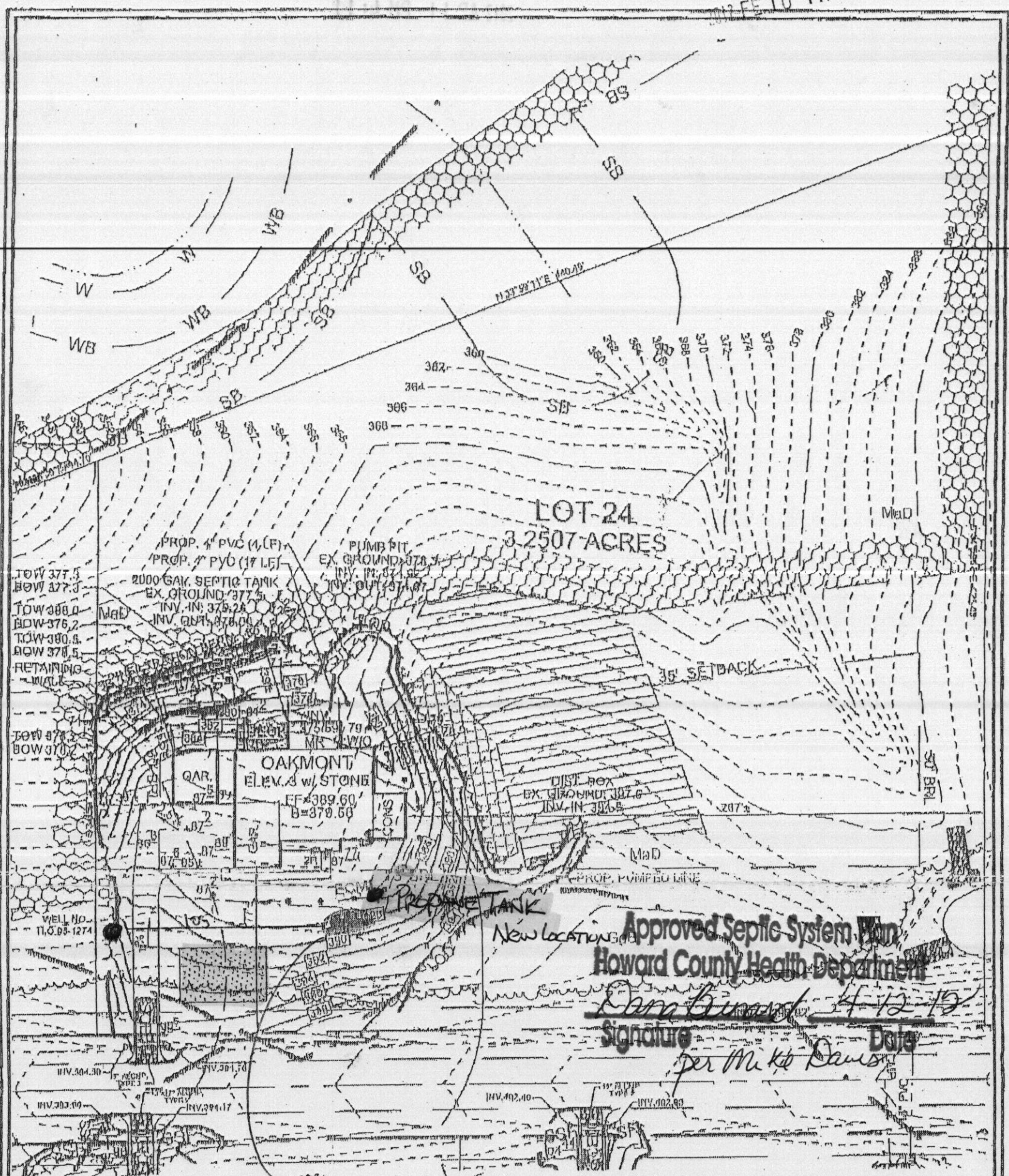
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)	4-12-12	Bernard
Health		
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

RECEIVED
 HOWARD COUNTY HEALTH DEPARTMENT
 OCT 10 PM 1:12



Approved Septic System Plan
 Howard County Health Department
 Dan Leonard 4-12-10
 Signature Date
 per Mike Dawson

**Sill · Adcock &
 Associates · LLC**

Engineers · Surveyors · Planners
 3300 North Ridge Road, Suite 160
 Ellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

DEVELOPER
 CRAFTMARK HOMES
 6020 BLM STREET, SUITE 102
 MORGAN, VIRGINIA 22011
 (703) 207-0302
 OWNER
 MAPLE W, LC
 5074 DORSEY HALL DRIVE, SUITE 305
 ELLICOTT CITY, MARYLAND 21042
 (410) 720-3021

LEGEND

- EXISTING CONTOUR ----- 302
- PROPOSED CONTOUR ----- 302
- PROPOSED SPOT ELEVATION + 82.53
- DIRECTION OF FLOW - Proposed property tank

- NOTE:
- 1) STORMWATER MANAGEMENT FOR THE THE HOUSE AND DRIVEWAY WILL BE SATISFIED BY SHEET FLOW TO CONSERVATION AREA WITH AN INFILTRATION BERM.
 - 2) DISTURBED AREA = 20,948 SQ.FT.
 - 3) EXISTING WELL (HO-95-1274) WAS FIELD LOCATED BY SILL, ADDOCK, & ASSOCIATES, LLC IN JULY, 2010.

DESIGN BY: SJT
 DRAWN BY: SJT
 CHECKED BY: PS
 SCALE: 1"=60'
 DATE: OCTOBER 13, 2011
 PROJECT #: 10-021
 SHEET #: 1 OF 2

HOUSE SITE B12000371
 LIME KILN VALLEY II
 LOT 24
 12895 LIME KILN ROAD
 TAX MAPS 40 & 45 GRIDS 21 & 4
 FIFTH ELECTION DISTRICT
 PARCELS 114 & 12
 HOWARD COUNTY, MARYLAND
 CLW 12/16

1,000 Gal Tank

Building Address: 12895 Lime Kiln Rd
Highland, MD 20777

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 250,000

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Maple WLC

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

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

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Applicant's Signature

Email Address

Title/Company

Print Name

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-14-11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

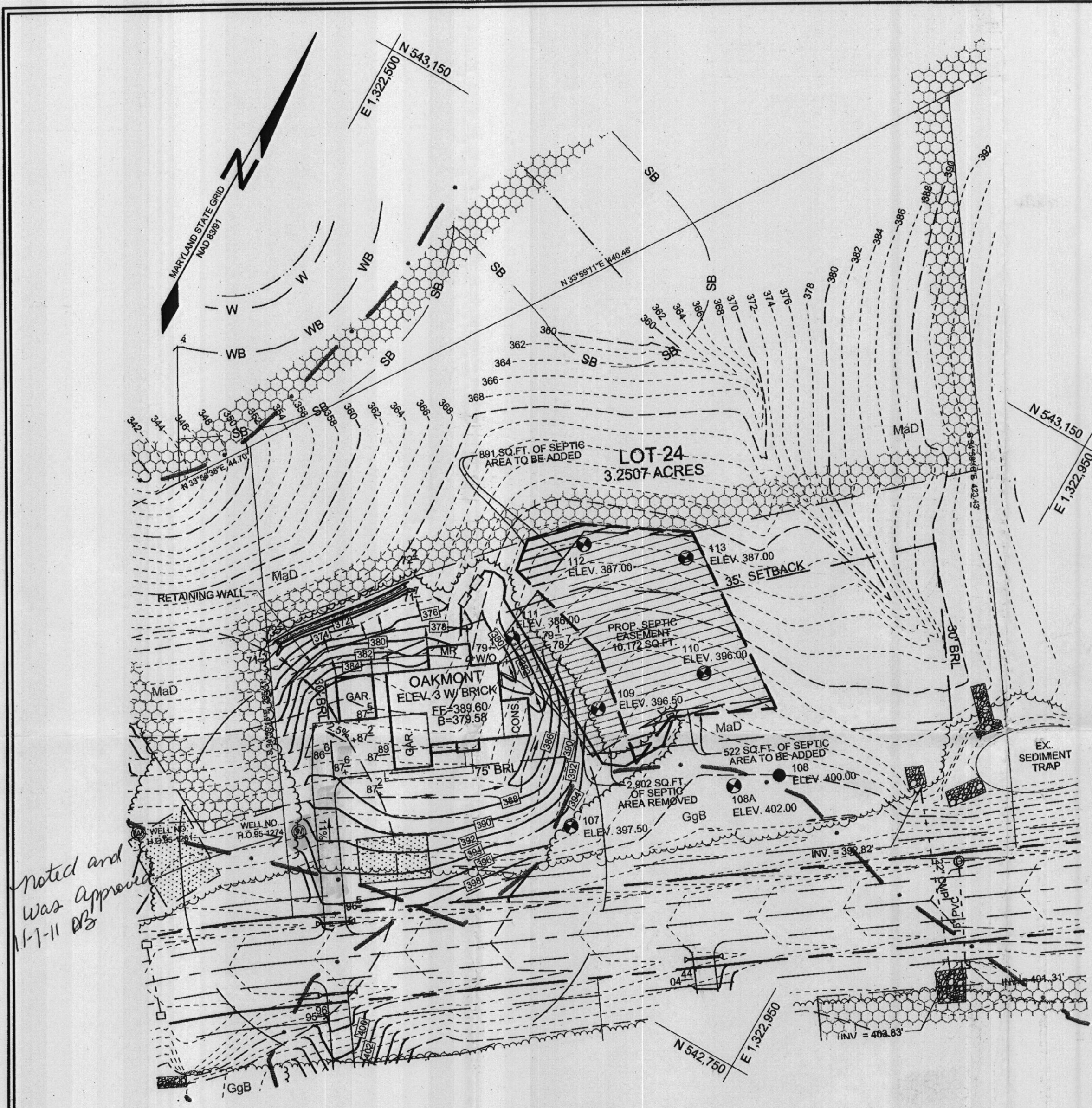
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

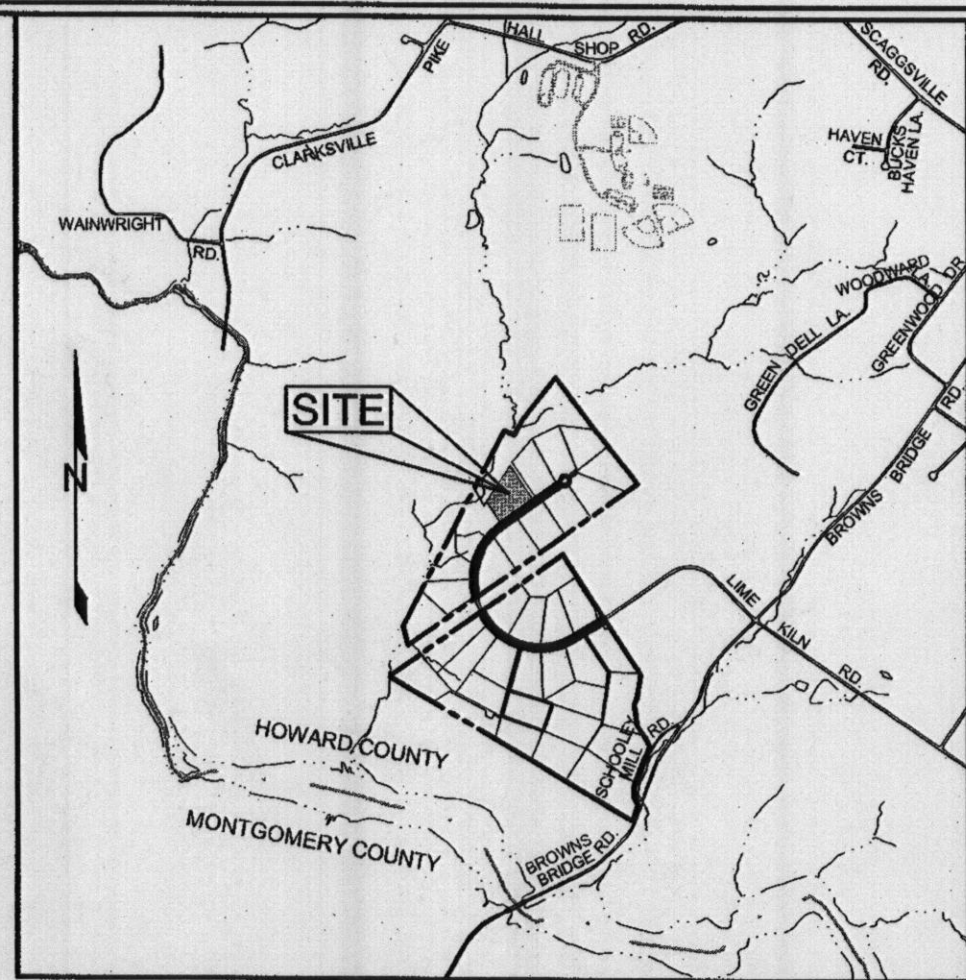


*Noted and
was approved
11-1-11 BB*

*Approved Septic System Plan
Howard County Health Department
Bernard
11-1-11
Date
BBI*

LEGEND

- EXISTING CONTOUR
- PROPOSED CONTOUR
- EXISTING SPOT ELEVATION
- PROPOSED SPOT ELEVATION
- DIRECTION OF FLOW
- EXISTING TREELINE
- SOIL BOUNDARY
- EXISTING PERCOLATION TEST HOLE, PASSED
- EXISTING PERCOLATION TEST HOLE, FAILED
- SEPTIC EASEMENT TO BE REMOVED
- SEPTIC EASEMENT TO BE ADDED
- EXISTING SEPTIC EASEMENT TO REMAIN



VICINITY MAP
SCALE: 1"=200'

GENERAL NOTES

1. SUBJECT PROPERTY ZONED RR-DEO PER 02/02/04 COMPREHENSIVE ZONING PLAN.
2. TOTAL AREA OF LOTS = 3.2507 AC±.
3. PRIVATE WATER AND PRIVATE SEWER WILL BE USED WITHIN THIS SITE.
4. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT, OF AT LEAST 10,000 SF AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL (COMAR 26.04.03). IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS 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 SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
5. BOUNDARY SHOWN HEREON IS BASED ON A BOUNDARY SURVEY PREPARED ROBERT H. VOGEL ENGINEERING, INC., DATED AUGUST 2005.
6. TOPOGRAPHY IS BASED ON A FIELD RUN TOPOGRAPHICAL SURVEY PERFORMED BY SILL, ADCOCK & ASSOCIATES, LLC DATED SEPTEMBER 2010.
7. PROPERTY ADDRESSES: 12895 LIME KILN ROAD.
8. DEED REFERENCE: LIBER 12590, FOLIO 00016.
9. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP, WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
10. THE EXISTING WELLS SHOWN ON THIS PLAN, WELL TAG #95-1261 AND #95-1274 HAVE BEEN FIELD LOCATED BY SILL, ADCOCK & ASSOCIATES, LLC IN SEPTEMBER 2010 AND ARE ACCURATELY SHOWN.
11. NO GRADING, REMOVAL OF VEGETATIVE COVER OR TREES, PAVING AND NEW STRUCTURES SHALL BE PERMITTED WITHIN THE REQUIRED FOREST CONSERVATION EASEMENT AREAS.
12. THERE ARE NO FLOODPLAINS, WETLANDS, STREAMS, OR THEIR BUFFERS, HISTORIC STRUCTURES OR CEMETERIES LOCATED ON-SITE.
13. FOREST CONSERVATION HAS BEEN PROVIDED FOR THIS LOT UNDER F-06-107.
14. DENOTES PUBLIC FOREST CONSERVATION EASEMENT. THE FOREST CONSERVATION EASEMENT HAS BEEN ESTABLISHED TO FULFILL THE REQUIREMENTS OF SECTION 16.1200 OF THE HOWARD COUNTY CODE AND FOREST CONSERVATION ACT. NO CLEARING, GRADING OR CONSTRUCTION IS PERMITTED WITHIN THE FOREST CONSERVATION EASEMENT; HOWEVER, FOREST MANAGEMENT PRACTICES AS DEFINED IN THE DEED OF FOREST CONSERVATION EASEMENTS ARE ALLOWED.
15. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
16. ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF THE PROPERTY BOUNDARIES AND ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWN-GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN FIELD LOCATED.
17. PERC HOLE LOCATIONS AND ELEVATIONS SHOWN BASED ON PERCOLATION CERTIFICATION PLAN SIGNED ON OCTOBER 1, 2007.
18. THE PURPOSE OF THE FIRST AMENDED PERCOLATION CERTIFICATION PLAN WAS TO REVISE THE LOCATION OF THE WELL BOX ON LOT 24.
19. THE PURPOSE OF THIS 2nd AMENDED PERCOLATION CERTIFICATION PLAN IS TO REVISE THE CONFIGURATION OF THE SEPTIC EASEMENT.

DEVELOPER

CRAFTMARK HOMES
6820 ELM STREET, SUITE 200
McLEAN, VIRGINIA 22101
703-287-0582

OWNER

MAPLE ESTATES, LC
5074 DORSEY HALL DRIVE, SUITE 205
ELLCOTT CITY, MARYLAND 21042
410-720-3021

PLAN VIEW

SCALE: 1"=50'

SOILS LEGEND

SYMBOL	NAME / DESCRIPTION	GROUP
GgB	GLADSTONE LOAM, 3 TO 8 PERCENT SLOPES	B
MaD	MANOR LOAM, 15 TO 25 PERCENT SLOPES	B

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY

William Peter Beilman 11/1/2011
COUNTY HEALTH OFFICER DATE
HOWARD COUNTY HEALTH DEPARTMENT

2nd AMENDED PERCOLATION CERTIFICATION PLAN

LIME KILN VALLEY, PHASE I & II

LOT 24
12895 LIME KILN ROAD

TAX MAPS 40 & 45 GRIDS 21 & 4
FIFTH ELECTION DISTRICT

PARCELS 114 & 12
HOWARD COUNTY, MARYLAND



Sill · Adcock & Associates · LLC
Engineers · Surveyors · Planners
3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: info@saaland.com

DESIGN BY: SJT
DRAWN BY: SJT
CHECKED BY: PS
SCALE: AS SHOWN
DATE: OCTOBER 26, 2011
PROJECT #: 10-021
SHEET #: 1 of 1

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 89938, EXPIRATION DATE: JANUARY 12, 2012

04/11/12

Mr. Mike Davis or Approving Authority
Howard County Health Department

Mr. Davis,

We are requesting a variance on lot 24, Maple Woods in Glenelg, Maryland. The lp gas tank is placed in the only location that meets all requirements except the 100 feet from a well head. The lp gas tank is well over 50 feet from the well head. I am submitting the variance with the permit application.

Your careful consideration of this matter would be greatly appreciated.

Please find the address for the aforementioned lot below:

Lot 24
12895 Lime Kiln Rd.
Highland Md. 21737

Thank you,

Jeffery Kenney
410-799-1114
Area Retail Manager
Matheson Inc. (jkenney@mathesongas.com)

4/12/12
M. J. Davis
Approved