

1/31/95
8:00 3/2/95 12:00

02-339781

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50492

A 38524

DISTRICT 2nd

DATE 1/24/95

DATE SYSTEM APPROVED M. Rifkin

INSPECTOR 3/2/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX 461-9933~~ 313-2640

INDEXED

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 531-5033

SUBDIVISION Burleigh Manor LOT 691 ROAD 10370 Kingsbridge Road

PROPERTY OWNER Mr. and Mrs. Bruce Plaxen

ADDRESS _____

SEPTIC TANK CAPACITY 1750 GAL

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 270

**BUILDING PERMIT SIGNED
AND RETURNED 10/8/02
B00138725 - FINISH BASEMENT**

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from right front lot corner, start first trench 175 feet down right lot line and 55 feet off this same lot line. Run trenches toward front of lot. MAINTAIN 10 FEET FROM RIGHT LOT LINE TO SEPTIC-EFFLUENT LINE AND SEPTIC TANK.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 10/27/94

PLANS APPROVED BY Mark Rifkin DATE 08/22/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

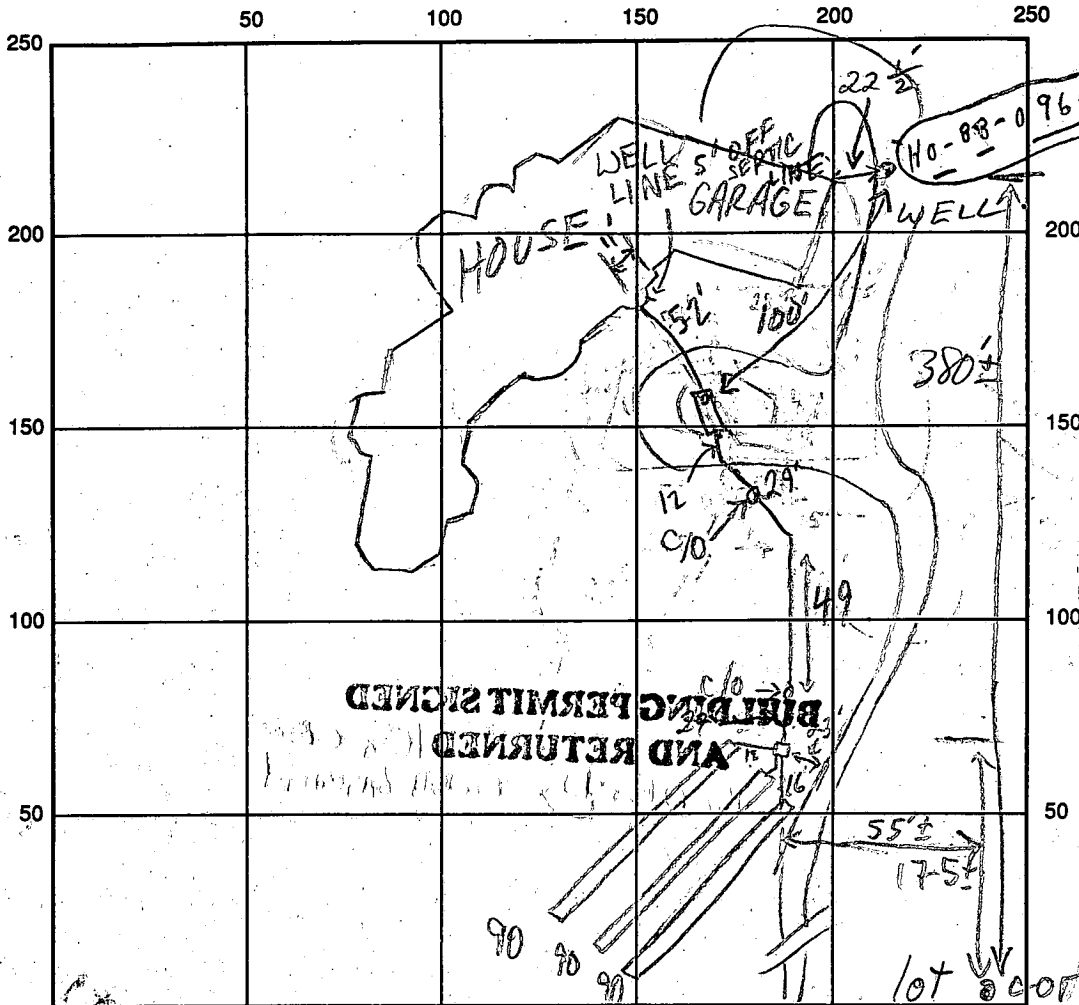
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 38524

MATT JOHN
PRISCO
296-
747.2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 GAL - OK ← Kingsbridge Road → CLEANOUTS S.T. OK | IN LINE. C.O. OK | C.O. OK

DISTRIBUTION BOX LEVEL OK (Baffles 11)

DRAIN FIELD/TITLE DEPTH 1 1/2 / 1 3/8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 1/2 / 1 3/8 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 / 1 3/8 FT. TOTAL LENGTH 3 @ 90 FT. (270)

NUMBER OF TRENCHES 3 ONE SIDEWALL/END AREA 3 @ 360 SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET ~ FT.

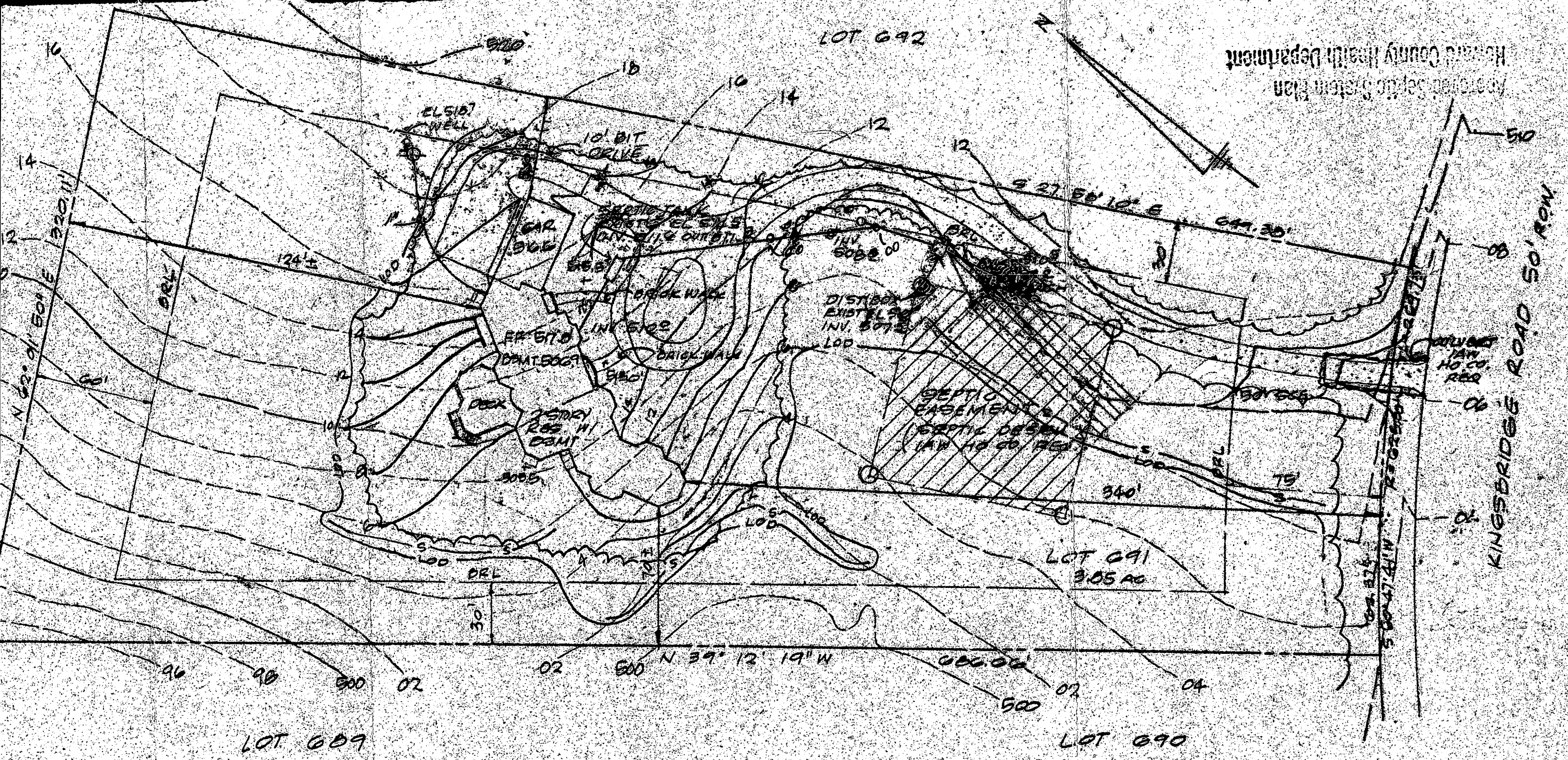
ABSORBENT AREA 1080 SQ. FT.

REMARKS: P.M. 1/31/95 Trenches (2) OK for Jones; OK TO DIG TRENCH (3); S.T. MUST BE MOVED TO A LOC. 111' FROM WELL (INSTALLER ADVISED) MR 2/1/95 D.B. LOC CONFIRMED (WITHIN 8'); D.B. LOC OK; WELL 85-90' FROM LOC ON PLAN, & 50' FROM LOC ON USE SHEET; PER BLDG. SUPER, HOUSE MOVED FORWARD 20'; OK TO COVER FROM 1st C/O TO ALL TRENCHES; HOLD FINAL FOR S.T. LOC, HOUSE CONN MR

DATE SYSTEM APPROVED 3/2/95 INSPECTOR M. Riffkin

WELL LINE, S.T. LOC, HOUSE CONN OK MR 3/2/95

Howard County Health Department
Approved Septic System Plan

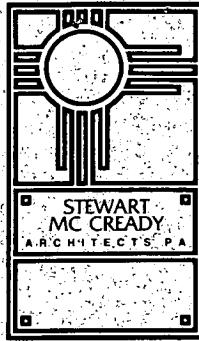


SITE PLAN

LOT 691, 'THE PRESERVE', HOWARD CO., MD

1" = 50'

Billings Manor
691



February 14, 1995

Craig Williams, Program Director
Water and Sewerage Program
Bureau of Environmental Health
3525 - H Ellicott Mills Drive
Ellicott City, MD 21043


Re: 10370 Kingsbridge Rd.
The Preserve

Dear Mr. Williams:

As we discussed the other day, contrary to County standards, the house being built at the subject address has been located 23' from the well, and the septic tank has been installed 66' from the well (See surveyor's as - built drawing). Taking your advice, we want to leave the well where it is and will install a termite shield below the garage plates in lieu of applying termite poisoning and relocate the septic tank to be more than 100' from the well. (See notes on surveyor's drawing). If this meets with your approval, please let us know.

Yours truly,

STEWART/McCREADY ARCHITECTS, PA


Craig Stewart
President

cc: Plaxens
Merkel Builders

enclosure: Site Plan

LOT 691

ACCEPTED -
PLEASE CONTACT THIS OFFICE
FOR INSPECTION WHEN
SEPTIC TANK HAS BEEN
RELOCATED.
2/16/95
Craig Williams
RELOCATION
APPROVED 3/2/95 CW/aka

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

*3/20/87
perc test approved
pending plat*

A 38524

P _____

DISTRICT _____

DATE 1-28-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Gerald M. Katz, *Mr. and Mrs. Bruce Plaxen* Trustee c/o Whitman, Requardt and Associates

ADDRESS 2315 Saint Paul Street, Baltimore, MD 21218 PHONE *731-7737* (301) 235-3450

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO. *LOT 691 on Prelim 1/6*

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
(10370 Kingsbridge Road)

TAX MAP 23, 24 PARCEL # 290

SIZE OF LOT 3 Ac. TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Steu Stone

(SIGNATURE OF APPLICANT)

APPROVED BY *B. N. Upm* FOR *deep system* DATE *2/18/88*

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING *for field located holes & sub - plat*

BLDG. PERMIT SIGNED

AND RETURNED *8/24/94*

Serial # 53722

SFD - G. B...

THIS IS NOT A PERMIT

180.0 / 350.0000

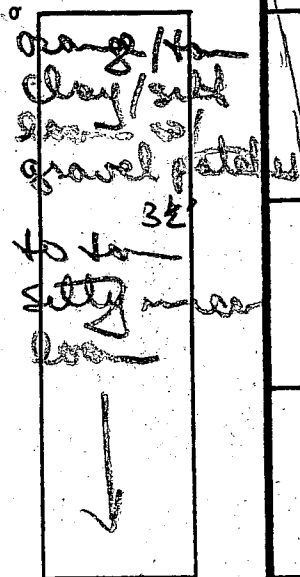
NET 4'

MAX 8'

$\bar{X} = 4 + MIN$

① + ④

SOIL PROFILE



12 1/2'

②

tan orange silty clay
mud 3 1/2'

to tan orange silty loam
loam

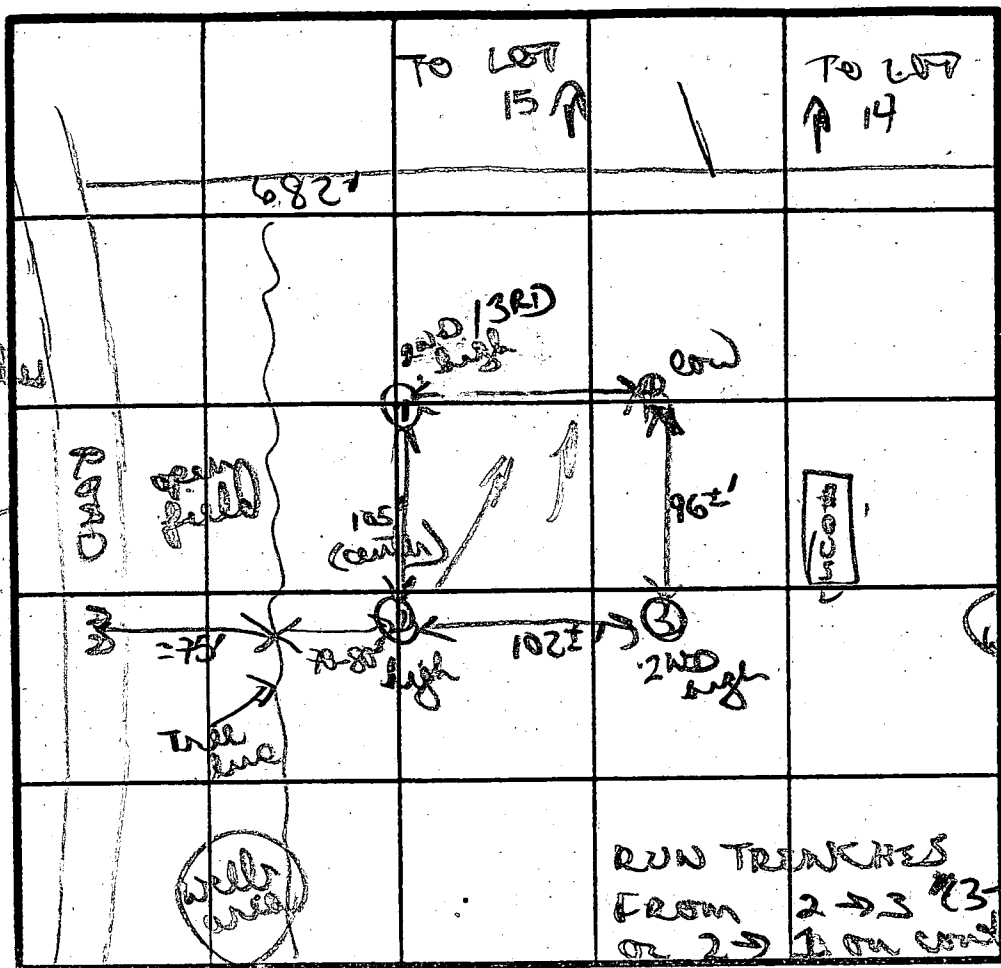
12' 0"

③

brown clay
gravelly patches
4 1/2'

to light white tan powdery silty
sandy loam

13 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/20/57	①	4' S	1109	1112	1112	1115	3 MIN	
		12 1/2' D	bottom (see profile)					
	②	4' S	1111	1115	1115	1120	5 MIN	
		7 1/2' M	1111	1114	1114	1120	6 MIN	
		12' D	bottom (see profile)					
	③	5' S	1122	1124	1124	1126	2 MIN	
		13' D	bottom (see profile)					
	④	4' S	1123	1120	1126	1131	5 MIN	
		12 1/2' D	bottom (see profile)					

REMARKS

perc in woods Dug & tested as per plan
clay/gravelly loams 4 1/2'; tan light silty sandy loams

TYPE OF SOIL

TESTED BY

B. Meyer

ALSO PRESENT

Rocky

C1 1080 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A38524

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED 10/15/80

Depth of Well 225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HC-88-0960

OWNER Greenbaum Assoc
 STREET OR RFD Kingsbridge Rd TOWN Ellicott City
 SUBDIVISION RUDOLPH MANOR SECTION 1 LOT 691

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SANDstone	0	49	
CLAY with rock	49	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 1034
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot) from 1 ft. to 43 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 225

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO PL OT
 STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)
 EACH SCREEN DEPTH (nearest ft.)
 1 40 14 225
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from to

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 150
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE-POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE 2 (nearest foot)

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

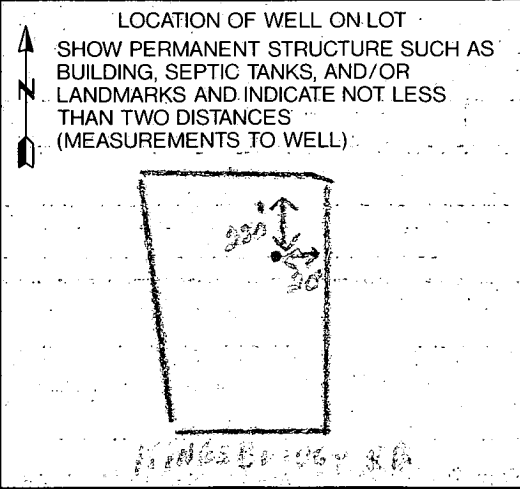
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 237
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

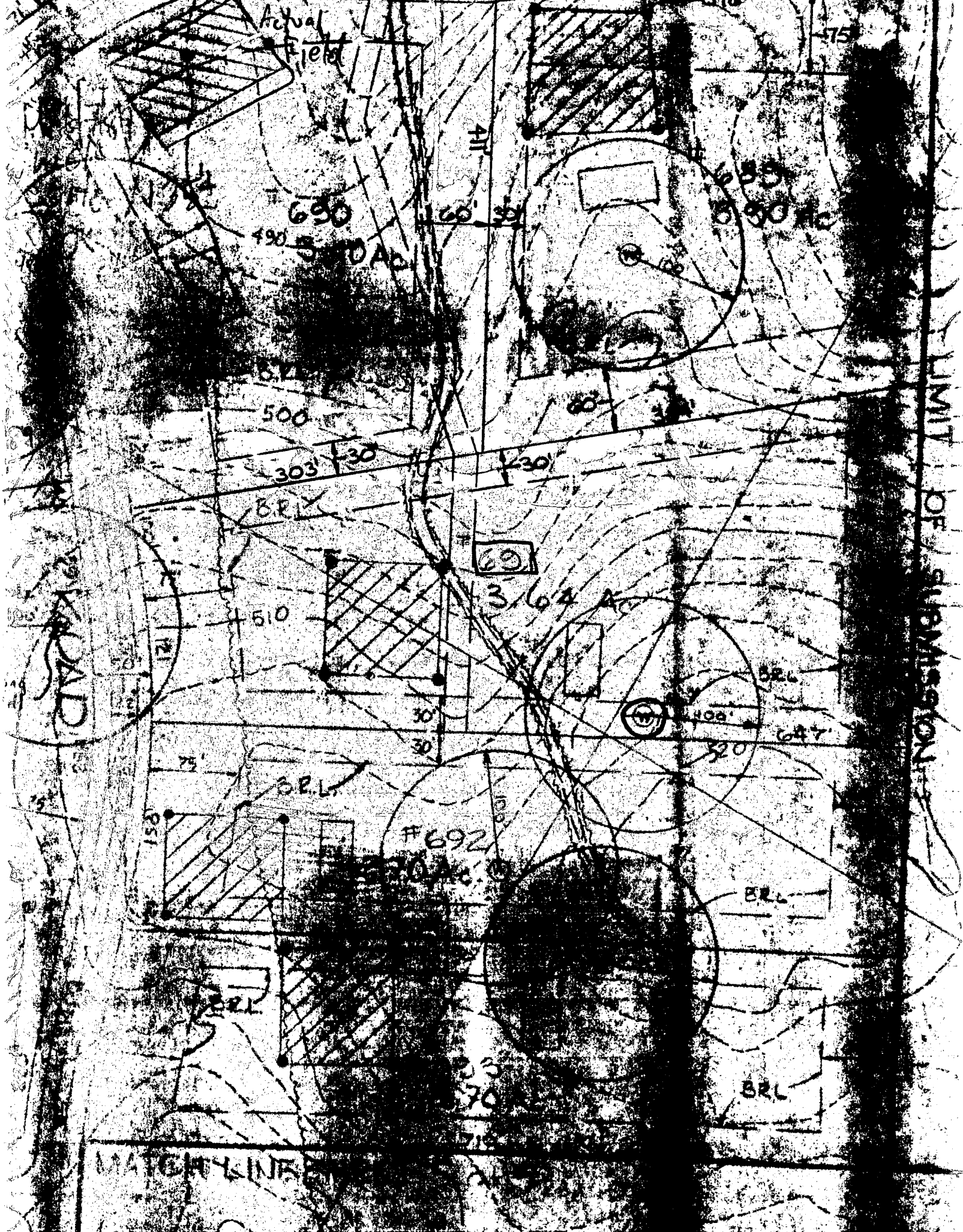
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



COUNTY



Actual Field

690
490
500 AD

66' 30"

376'

75'

411'

685'
600'

500

68' 30"

303' 30"

330'

BRX

364'

510

30'
30'

400'

BRL

647'

320'

BRL

#692

BRL

BRL

33'
30'

75'

MATCHLINE

LIMIT OF SUBMISSION

N 62° 01' 50" E

320.11'

N 39° 12' 19" W

S 27° 58' 10" E

691
3.85 Ac.

Revised Approved Septic System Plan
Howard County Health Department

Cia Williams
Signature Date 2/16/95

HOLD TO WELL DISTANCE
ACCEPTED BASED UPON
COMMITMENT TO
PROVIDE TRENCH SHIELD
CONSTRUCTION TECHNIQUE
(CW)

RELOCATE
EXISTING SEPTIC
TANK

MAINTAIN 15'
CLEAR FROM
WELL TO
DRIVEWAY

20' Drainage &
Utility Easement

RELOCATE SEPTIC
TANK HERE

Private Septic
Easement

DISTRIBUTION
BOX

DRIVEWAY

#10370

#10370

SITE PLAN 1"=50'

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
95 FEB 15 AM 11:57

S 50° 47' 41" W

62.37'

R= 625.00' A= 125.92'

KINGSBRIDGE ROAD

50' R/W

PLAXEN RESIDENCE

13 FEB 95



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 14, 2005

Mr. Bower
10370 Kingsridge Road
Ellicott City, MD 21042

Re: Building permit site inspection
BP# 152873
10370 Kingsridge Road

Dear Mr. Bower,

A site inspection was done for the above mentioned permit on April 14, 2005. The plan you submitted does not show the well accurately. The septic tank location was not identifiable; a cleanout on the septic tank should be above grade per code. Since your proposed deck and patio are no where near either vicinity, our office will approve your permit. For your benefit, we strongly encourage you to pump out your septic tank since it appears to not have been done in the past 10 years. Our recommendation is to pump out the septic tank every three years on average to help prevent premature failure of the septic trenches. According to my site inspection and the previous sanitarian notes, the measurements taken by Mark Rifkin in 1995 are accurate. Enclosed is a copy for your convenience.

If you have any questions, do not hesitate to call our office at 410-313-1771. Thank you for your time in this important matter.

Sincerely,

Kacie Noonan, R. S.
Well and Septic Program

KN

Cc: file

kd by JB

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BD052923 KN

Building Address 10370 KINGLEDGE RD
ELICOTT CITY 21043
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract 602303 Subdivision ELEVATED MANOR
Section 2 Area _____ Lot 891
Tax Map CA Parcel 766 Grid 13
Zoning RC Map Coordinates 11/11/10 Lot size 3.06 AC.

Property Owner's Name DAVID J. McCREADY
Address 10370 KINGLEDGE RD
City ELICOTT CITY State MD Zip Code 21042
Home Phone 410-750-6076 Work Phone 410-762-7700
Applicant's Name & Mailing Address, (if other than stated hereon):
TICK McCREADY
Phone 410-465-6297 Fax 410-465-7737

Existing Use SFD
Proposed Use SFD w/ 1st floor + porch
Estimated Construction Cost \$ 200,000
Description of Work ADD DECK, PATIO, & STAIRS
REPLACE 10' x 10' BEAM OF EX. HOUSE.
REMOVE FIREPLACES, STEEL AND STAIRS
REMOVE PATIO, BRICK SIGN, 1/4" x 4" DECK

Contractor Company TBD
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

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

Engineer or Architect Company STUART/McCREADY ARCH
Contact Person TICK McCREADY
Address 329 MAIN ST.
City ELICOTT CITY State MD Zip Code 21045
Phone 410-465-7677 Fax 410-465-7737

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
1st floor: _____		Sewage Disposal:	
2nd floor: _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Basement: _____		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Oil <input type="checkbox"/>	
No. of Bedrooms <u>3</u>		Natural Gas <input type="checkbox"/>	
Height: <u>32.5</u>		Propane Gas <input type="checkbox"/>	
Multi-family dwellings:		Sprinkler system: N/A <input checked="" type="checkbox"/>	
No. of efficiency units: _____		NFPA #13D <input type="checkbox"/>	
No. of 1 BR units: _____		NFPA #13R <input type="checkbox"/>	
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 TICK McCREADY
Title/Company STUART/McCREADY ARCH.

Print Name TICK McCREADY
Date 05-29-05

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

AGENCY	DATE	SIGNATURE APPROVAL
Health Department DPZ		<u>CR</u>
State Highway		
Building Official		
Dev. Engineering DPZ	<u>4/14/05</u>	<u>Karen Johnson</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</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>173</u>
Historic District?	Validation # <u>80726</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

Is Sediment Control approval required prior to issuance?
YES NO

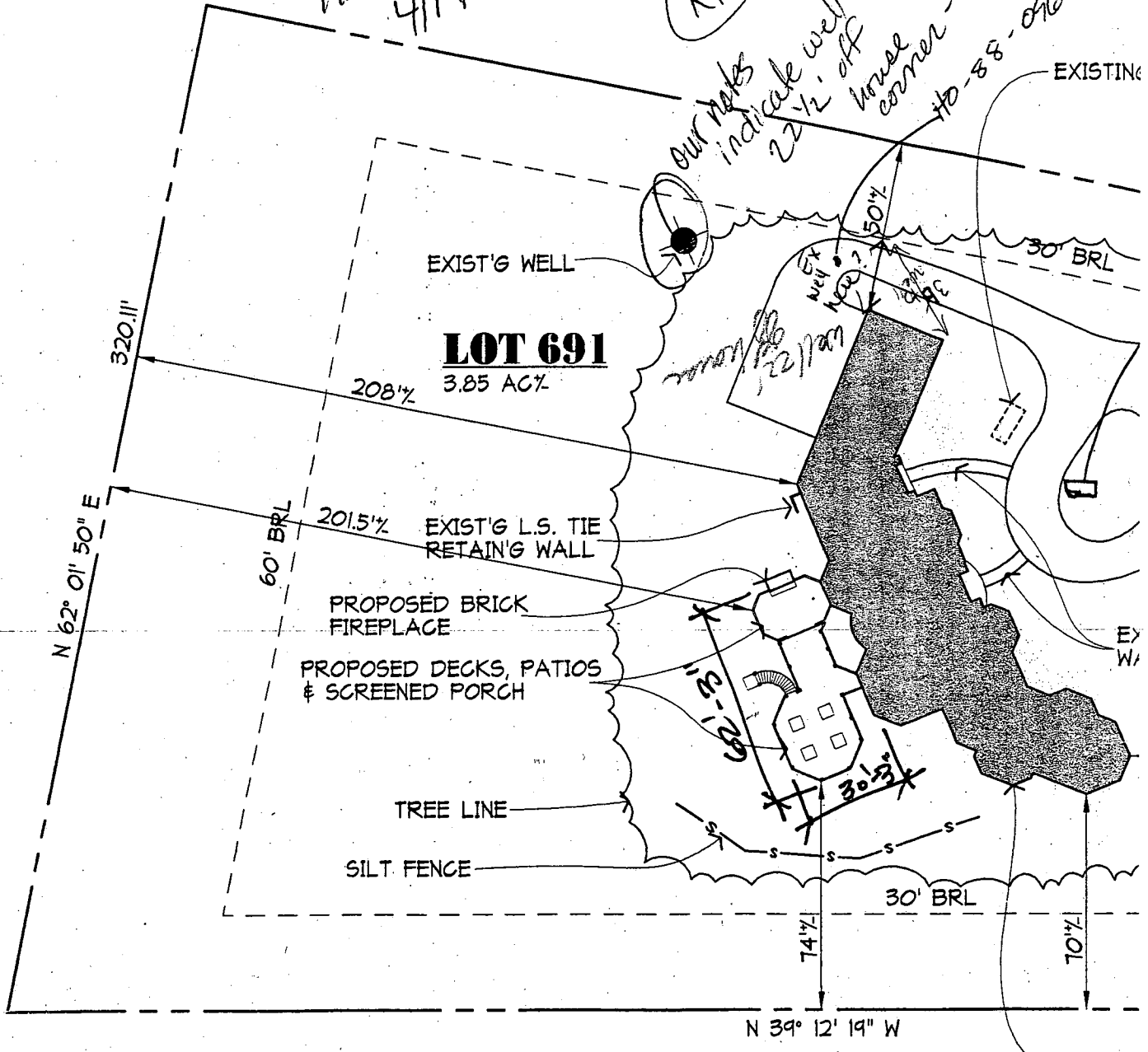
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

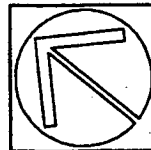
BOO 152873
KN OK'D
4/14/05

4/7/05
KN

our notes indicate well
2 1/2' off
house corner - confirm
10-88-0960



LOT 691 BURLEIGH MANOR, SECTION 2, DISTRICT 2
MAP 42, GRID 13, PARCEL T66, PLAT No. 8318
10370 KINGSBRIDGE ROAD, ELLICOTT CITY, MD 21042
ZONED: R20



SITE PLAN

BOWER RESIDENCE