

10/22/91 ASAP

PERMIT

05-398525

P 47534

SEWAGE DISPOSAL SYSTEM

A 33514

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME - EXPIRED FOR F.C.O.P.

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

COMPLIANCE

DATE 10/8/91

7/15/93

DATE SYSTEM APPROVED 10/22/91

C. Williams / CBA

INSPECTOR RH

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Brighton Pines, Sec. II LOT 15 ROAD 13839 Lakeside Drive

PROPERTY OWNER Barth & Mary DeRosa

ADDRESS _____

**BUILDING PERMIT SIGNED
AND RETURNED**

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 4

11-603 B00144901 - FINISH BASEMENT

220 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 220

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 - Place the distribution box 80 feet from the left lot line and 170 feet from the right lot line. Run trenches along contour toward rear and front of lot. (Some modification may be requested. Revised at Building Permit Review Stage.)

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *JA/MR*

PLANS APPROVED BY R. Hodges/M. Rifkin DATE 1/11/90-3/1/91

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

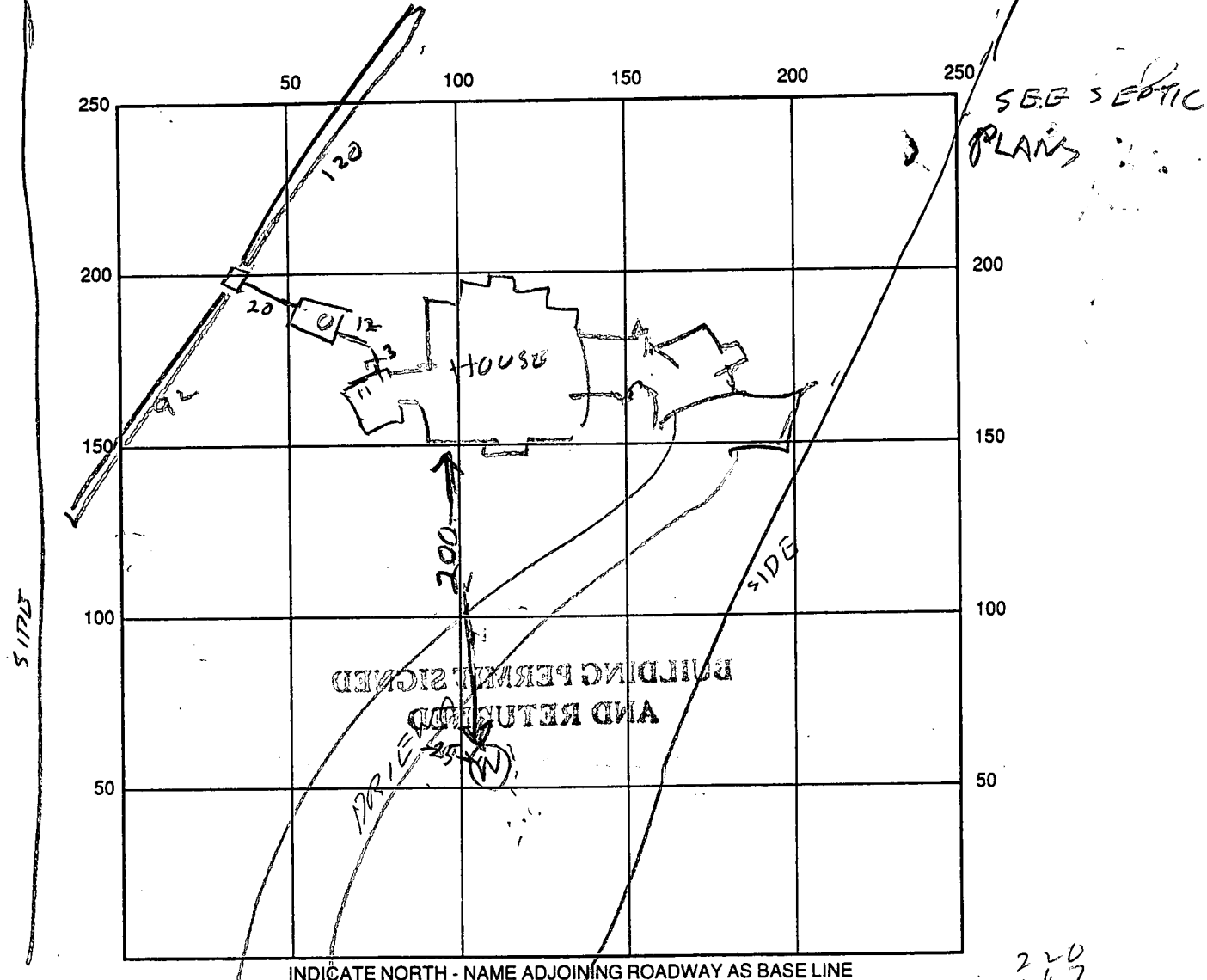
PERMIT VOID AFTER TWO YEARS

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**

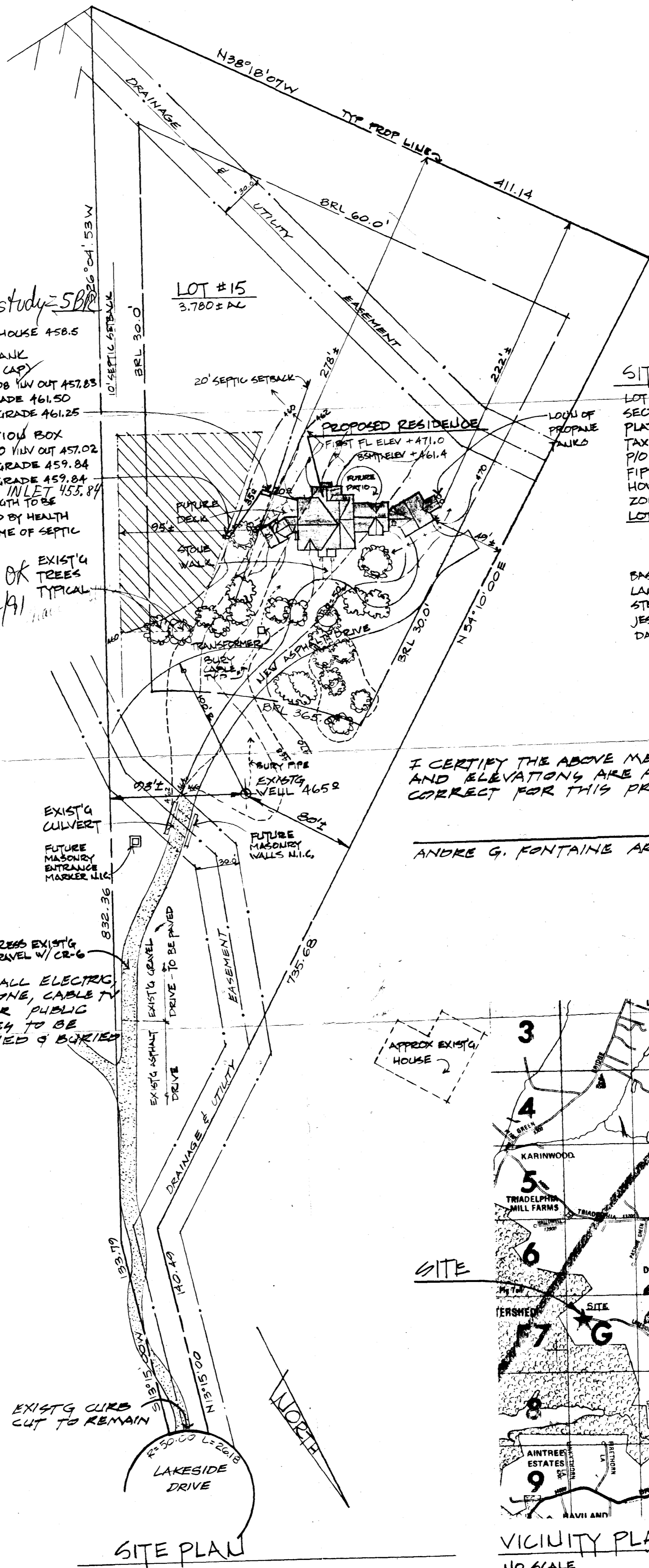
A 33514



SEPTIC TANK LEVEL 1500 CLEANOUTS 5/12
 DISTRIBUTION BOX LEVEL 0/11
 DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 0 FT. TOTAL LENGTH 107/113 FT. TOTAL 220
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/22/91 11AM - ADD STONE TO TRENCHES
10/22/91 230 PM - TRENCHES OK R HODGES

DATE SYSTEM APPROVED 10/22/91 INSPECTOR Raymond Hodges



4 BR + study = 5 BR
 ✓ INV OUT HOUSE 458.5
 ✓ SEPTIC TANK (2000 GAL CAP)
 ✓ INV IN 458.08 INV OUT 457.83
 ✓ EXISTING GRADE 461.50
 ✓ PROPOSED GRADE 461.25
 DISTRIBUTION BOX
 ✓ INV IN 457.10 INV OUT 457.02
 ✓ EXISTING GRADE 459.84
 ✓ PROPOSED GRADE 459.84
 ✓ TRENCH INLET 455.84
 NOTE: TRENCH LENGTH TO BE DETERMINED BY HEALTH DEPT. AT TIME OF SEPTIC PERMIT

elevations OK
 MR 2/27/91
 EXIST'G TREES TYPICAL

SITE INFO

LOT 15 BRIGHTON PINES SECTION ONE, AREA TWO PLAT 6570 SHT 3 OF 3 TAX MAP 34 P/O PARCEL 110 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND ZONING: RURAL LOT COVERAGE

PROPOSED: 1.90% ALLOWABLE: 20.00%

BASED ON A SURVEY BY LAND DESIGN ENGINEERING INC. STE. 210 10620 GUILFORD RD JESSUP, MD 20794 DATED 6.25.1990

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

ANDRE G. FONTAINE ARCHITECT AIA

TERRA COTTA FLUE LINER
 CEMENT WASH
 BRICK
 CMU

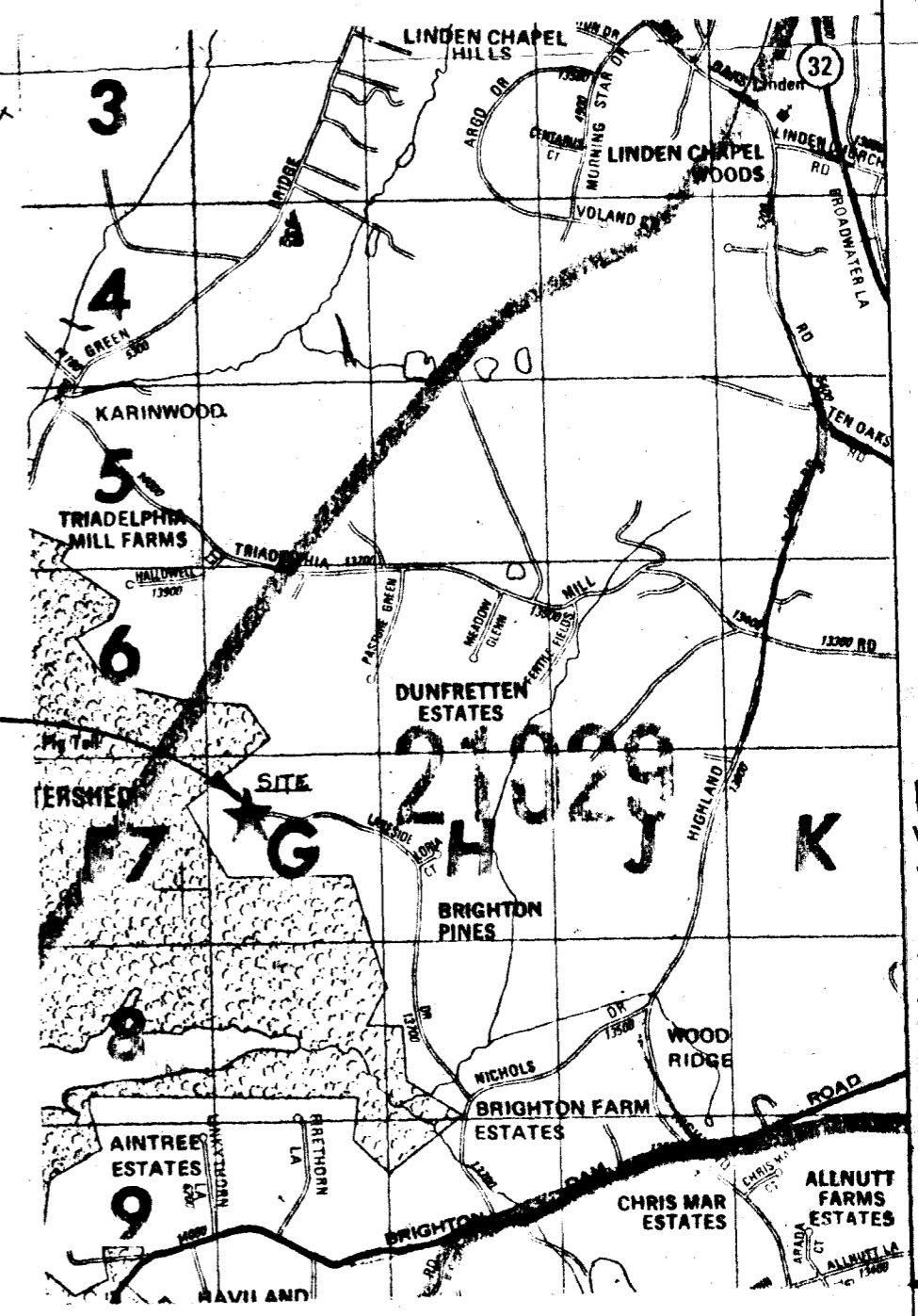
STONE FACING

APPROX. EXIST'G HOUSE

NOTE: ALL ELECTRIC, TELEPHONE, CABLE TV & OTHER PUBLIC SERVICES TO BE TRENCHED & BURIED

PLATE DAMPER
 FIRE BRICK
 RAISED HEARTH- STONE OR CMU
 AIR INTAKE
 RECESSED PANEL - SEE ELEV
 ASH DROP BEYOND ASH DR
 EXIST'G GRADE TYP

FIN GRADE TYP
 PORTLAND CEMENT PAVING W/ BITUM. DMPFG OR TYP
 COAT GRAVEL FILTER W/ BLDG PAPER OR TYP
 4" Ø D.T. TO DAYLIGHT TYP
 12" THICK (MIN) CONC. FTG



VICINITY PLAN
 NO SCALE

SITE PLAN
 1" = 50'

Andre G. Fontaine Architect AIA

P. O. Box 357 - 3925 Old Rolling Road, Glenelg, Md. 21737
 Baltimore 301-531-3925 Washington 301-854-3925

Proposed Residence for
Mary & Barth deRosa
 13749 Lakeside Drive, Clarksville, Maryland 21029

9014
 SHEET
 OF FIVE

SEPTIC REVISED 2.25.91

DEC 28, 90

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33574

P _____

DISTRICT 5

DATE FEB 24

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 ANNA Mac Carthy

ADDRESS 4100 Cathedral ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION:

SUBDIVISION Pruppet prop LOT NO. 25

ROAD AND DESCRIPTION Nicholas Dr.

SIZE OF LOT 3A TYPE BLDG. SFD
(NUMBER OF BEDROOMS)

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.

Richard W. Warratt 45-0842
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

A 33514
P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RUPPERT PROP LOT NO. 25

ROAD AND DESCRIPTION _____

NICHOLS DR

SIZE OF LOT _____ TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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.

(SIGNATURE OF APPLICANT)

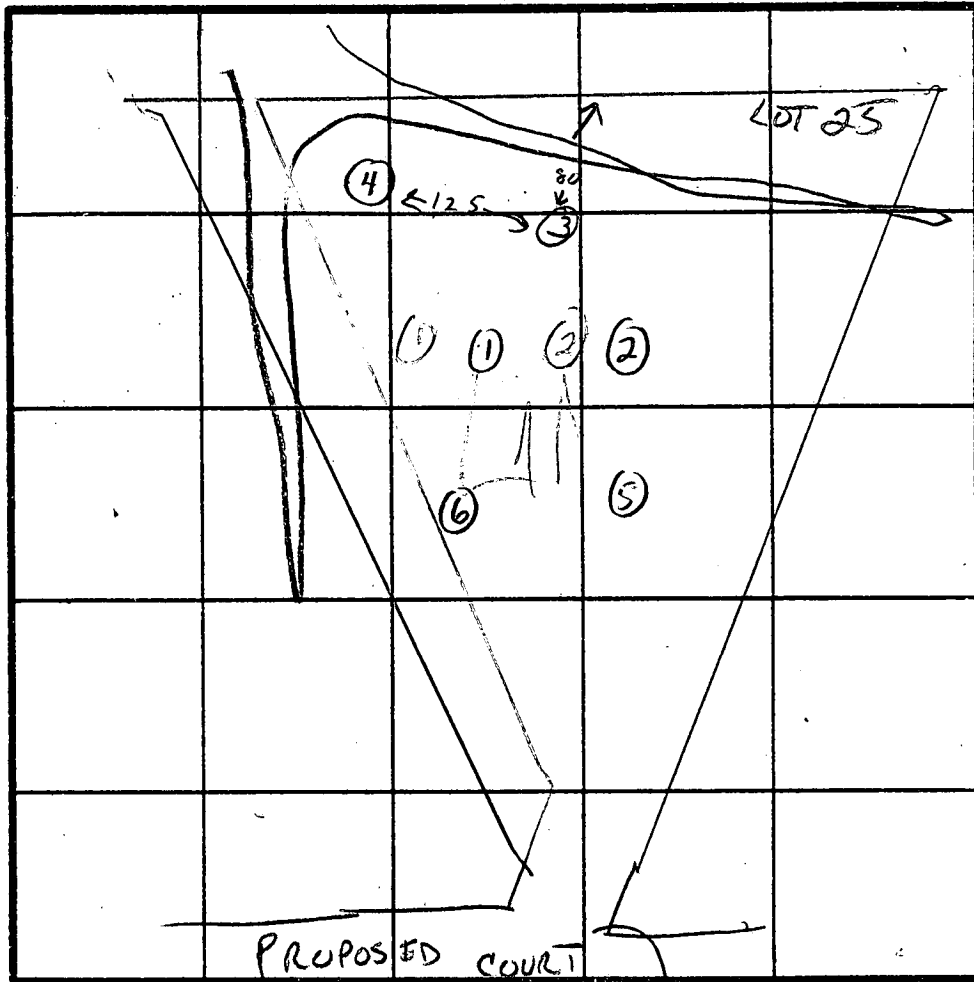
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-21-84	1	4	11:28	11:30	11:30	11:39	4 min
		8			SAND		
		12					
2-21-84	2	4	11:27	11:29	11:29	11:31	2 min
		8			SAND		
		12					
2-21-84	3	4	11:27	X	3/4" IN 1/2"	HR	X
		12	SANDY		WATER AT 12'		
		4	11:28	11:38	11:31	11:36	
2-21-84	4	13'	SANDY -		WATER AT 12'		DO NOT USE
		4	2:32	2:44	2:44	3:08	EXCEPT AS LAST
		8	2:32	2:40	2:40	2:52	RESORT
2-21-84	5	12	SANDY				
		4	2:34	2:45	2:45	2:58	13 min
		8	2:34	2:38	2:38	2:45	8 min
2-21-84	6	12	SANDY				

REMARKS

TYPE OF SOIL

LOAM & MICA SAND

TESTED BY

C. W. [Signature]

ALSO PRESENT

DEM ITT

B 1 1521 SEQUENCE NO. (OEP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

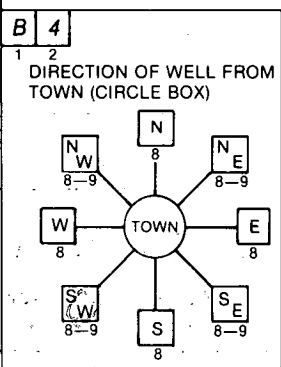
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
110-91-1809
70 fill in this form completely 79

Date Received 11/23/79
OWNER INFORMATION
15 Last Name: HIGGINS Owner: HIGGINS First Name: HIGGINS
36 Street or RFD: 408
57 Town: CLARKSVILLE 70 State 72: MD 74 Zip: 21029

B 3 LOCATION OF WELL
1 2 HOWARD 8 COUNTY 21
23 SUBDIVISION: BRIGHTON PINES 42
SECTION 1 44 46 LOT 15 48 50
52 NEAREST TOWN: DAVTON 71
MILES FROM TOWN (enter 0 if in town) 2.2 MI 73 76 77 78

DRILLER INFORMATION
Driller's Name: Jacob H. Meyer 77 License No. 80: 238
Firm Name: Meyer Well Drilling
Address: 5512 Ridge Rd. Mt. Airy Ind. 21111
Signature: Jacob H. Meyer Date: 11/1/86



11 NEAR WHAT ROAD: Lake Side Drive 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N WEST W EAST E SOUTH S
34 425 37 DISTANCE FROM ROAD
ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD COUNTY NO.: A33514
OEP SIGNATURE: [Signature] STATE HEALTH INSERT S 41
DATE ISSUED: 12/1/86 CO SIGNATURE: Raymond Hodge EXP. DATE:
NORTH GRID: 50 55 EAST GRID: 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 260 24 28 FEET

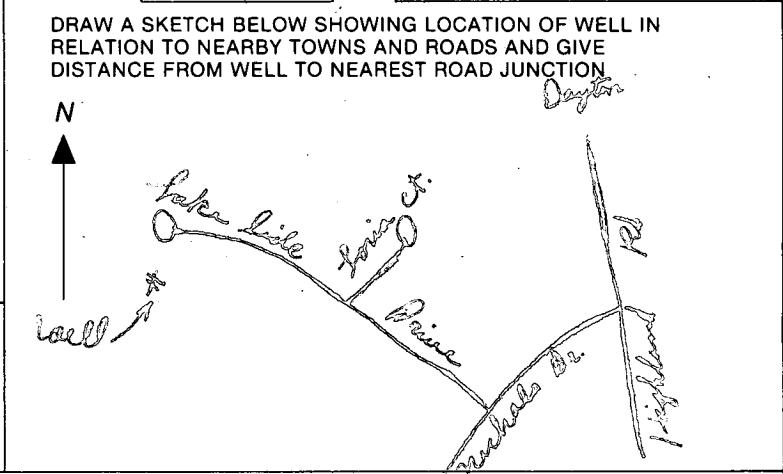
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30. AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
37. CABLE REVERSE-ROtary DRive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800
N 3001
000 X
000

Well Location OK
49 FE PIPE
41' OPEN HOLE
9 BAGS CEMENT left before grout complete
E.H.B.

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39. THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] 52



*Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER [] GAP [] 54 63
FORCE INITIALS PERMIT NO. 110-91-1809
67 68 IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 - 3749 SEQUENCE NO. (OEP 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 A 33514

DATE RECEIVED 03 09 97 DATE WELL COMPLETED 03 09 97 Depth of Well 305 (TO NEAREST FOOT)
 PERMIT NO. HC-27-1808

OWNER HIGHLAND DEVELOPMENT
 STREET OR RFD LAURENCE DRIVE last name first name TOWN DAYTON
 SUBDIVISION BRIGHTON PINES SECTION 1 LOT 15

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	
<u>SAND</u>	<u>0</u>	<u>42</u>	
<u>Gray Mica Sand</u>	<u>42</u>	<u>305</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 13 NO. OF POUNDS 1222
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 47 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE 5-1 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 49

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

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

DEPTH (nearest ft.)
 A C H S C R E E N
 1 H 0 4 8 3 0 5
 2
 3

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

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.

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

DRILLERS IDENT. NO. 133

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

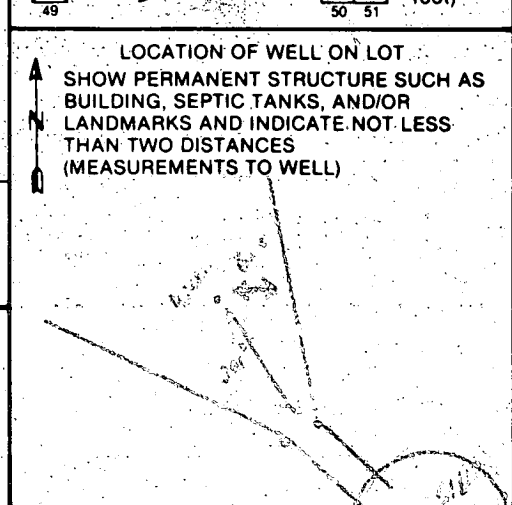
T (E.R.O.S.) WQ
 70 72 74 75 76

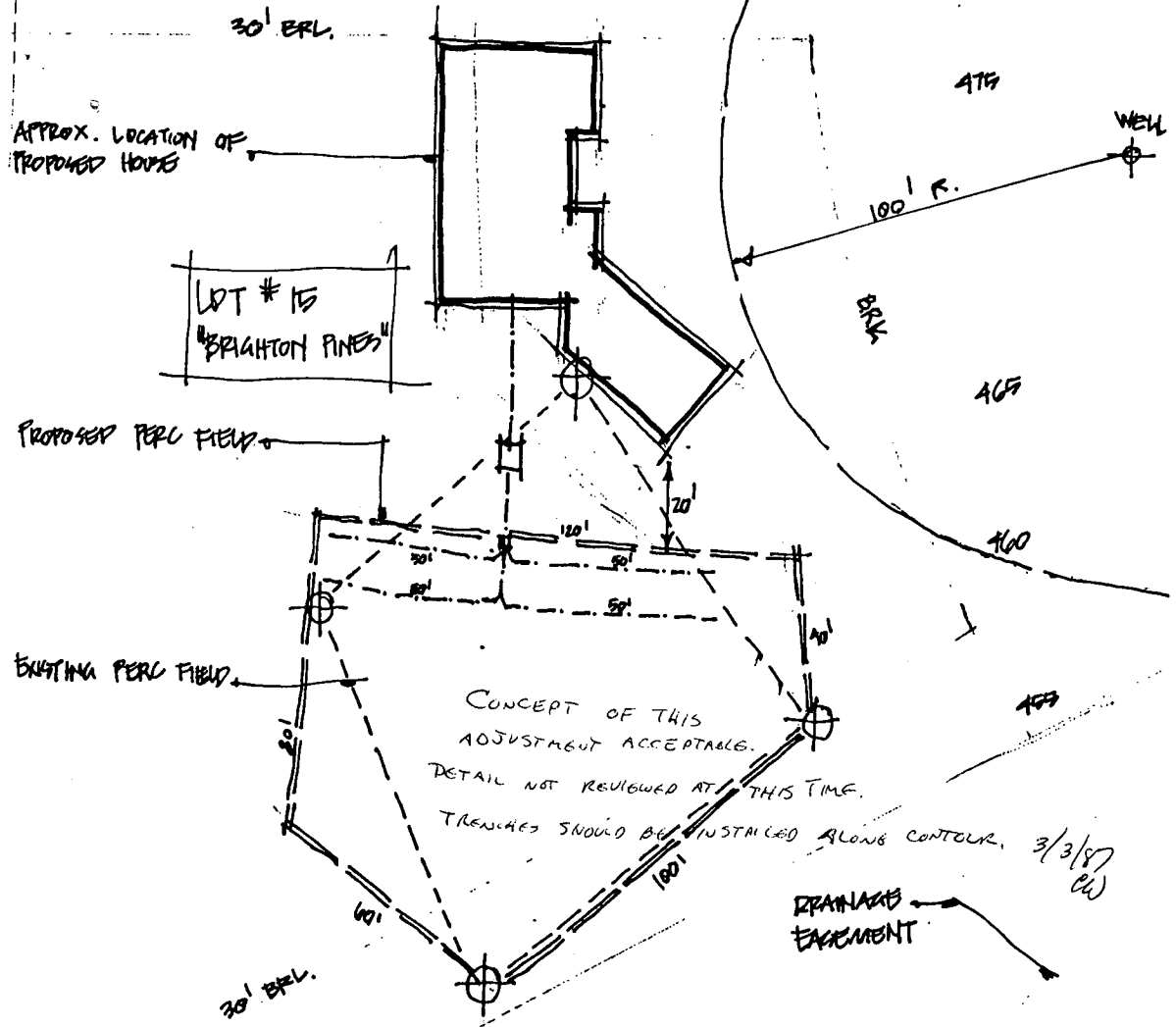
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 2
 PUMPING RATE (gal. per min. to nearest gal.) 63
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 23
 WHEN PUMPING 110
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 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 } LAND SURFACE (nearest foot)
 - below }





PROPOSED RESIDENCE FOR
 MR. & MRS. DOUGLAS HAYE
 JOHN ELICKER, ARCHITECTS.
 3.3.87

1" = 50'
 50'

NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR IS TO FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.

WALL KEY	
	EXISTING INTERIOR WALL TO REMAIN
	EXISTING EXTERIOR WALL TO REMAIN
	NEW 2x4 @ 16" O.C. FRAMING/FURRING - 1/2" GYP BD ON FINISHED SIDE(S), FIN W/ 3 COATS JOINT COMPOUND, SANDED AND PAINTED
	NEW 2x4 @ 16" O.C. W/STONE VENEER

**NEW BASEMENT PLAN
DEROSA RESIDENCE** 10/28/03

ENGINEER W/D FLOOR: OPTIONAL RESILIENT UNDERLAYMENT PER OWNER.

WATERPROOFING OR V.B. @ INSIDE FACE OF BLOCK AS REQ'D IN ADDITION TO STD. VAPOR BARRIER INSUL.

GENERAL NOTES:

- 1) THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.
- 2) THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME; ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN; AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.
- 3) ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #2 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIATED BY THE CONTRACTOR.
- 4) IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.
- 5) ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.
- 6) THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED. BOX IN EXPOSED STANDPIPES.
- 7) COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.
- 8) ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS.
- 9) PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.

