

9:30 A.M.
6/27/80

app 7-22 74.

30734

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

02-233940

ELLICOTT CITY

DISTRICT 2nd

INDEXED

DATE 6/18/80

Jack Fyock, Jr.

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 3405 Sylvan Lane LOT _____

PROPERTY OWNER Mr. Hollenbach PHONE: 528-7670 - WORK

ADDRESS 3405 Sylvan Lane

SPECIFICATIONS

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR -- CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN

RECOMMEND REPAIR. Dry Well from 2'-8" Due to limited AREA

RECOMMEND 15 x 15 Dry Well at hole 1+2. SK+CBS 6-27-80

old ST. system to be abandoned & converted - new cast iron pipe for line 1 & 2

PLANS APPROVED BY Palmer F. Wine DATE 6/18/80

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

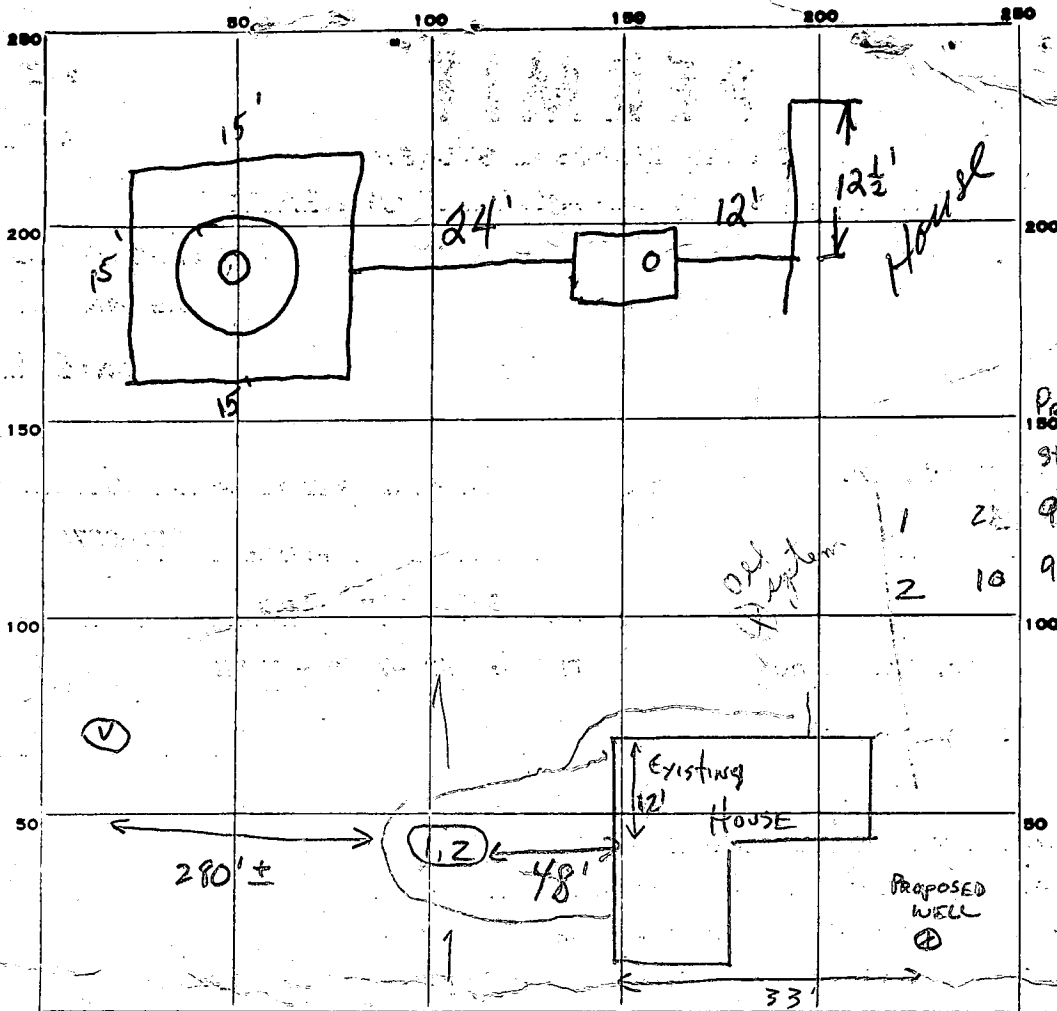
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA
COTTA ACCEPTED.

BLDG. PERMIT SIGNED
AND RETURNED 9/5/80
Serial No. 44180

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

P
30734



Permet 2nd in
 start stop start stop
 9:12 9:15 9:15 9:19
 9:12 9:18 9:18 9:28
 Soil 1-2 clay
 2-10 sandy
 loam
 V similar to
 1+2

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 1/2 FT.

ABSORBENT AREA 480 + SQ. FT.

REMARKS 6-27-8 visual Hole on top of hill

DATE SYSTEM APPROVED

7-22-8

INSPECTOR

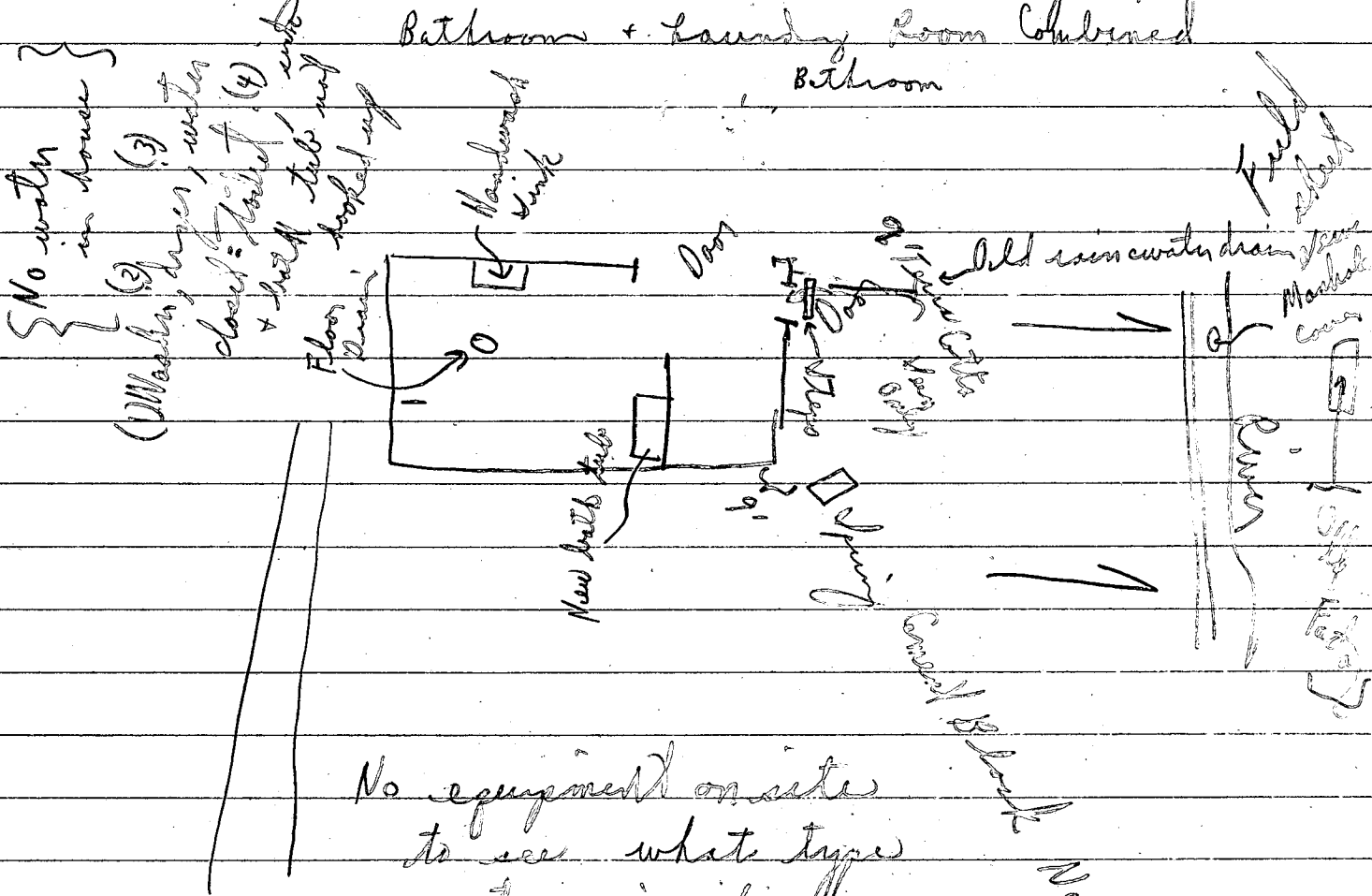
Frommelt

6/10/80

G. Hollenbeck + Father @ site

{ Plumbing in house in basement only

Bathroom + Laundry Room Combined
Bathroom



No equipment on site
to see what type
system is if any

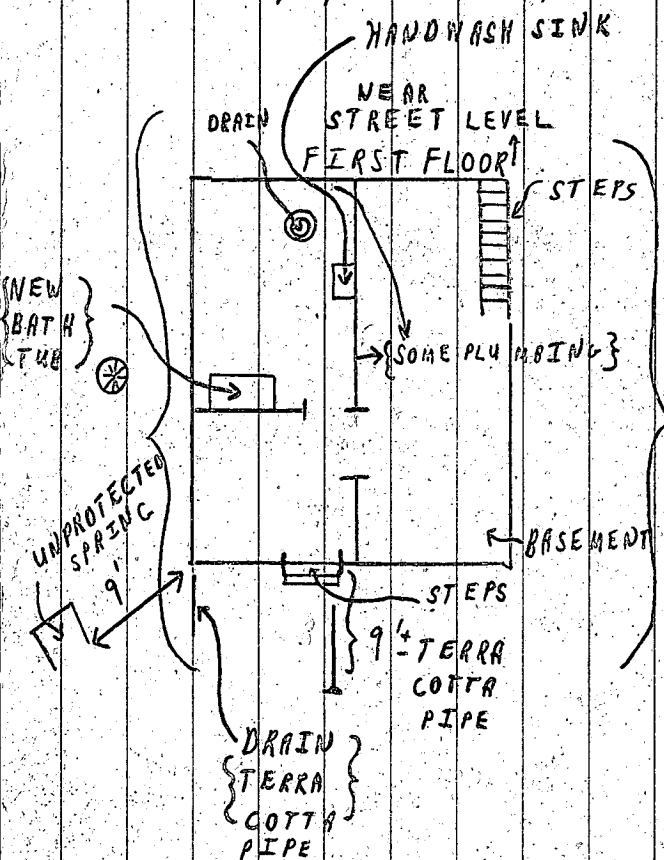
Ran dye test @ 10:06 - 11:00

No dye seen

Hold until pipe end are located
to see type of system if any is
in below house.

C.B.D.

NOTE { NONE OF THE FIXTURES CONNECTED }
6/10/80 @ time of inspection



SYLVAN LANE

VACANT HOUSE

"MR. G. HOLLENBECK"
RESIDENCE

{ interior of basement }

HOUSE

{ PLUMBING PIPE TERRA COTTA }

Railroad

RIVER

Old Mill

{ RED-DYE TEST }
ACCOMPLISHED
IN THIS AREA

{ Res completed }
6/10/80
@ office

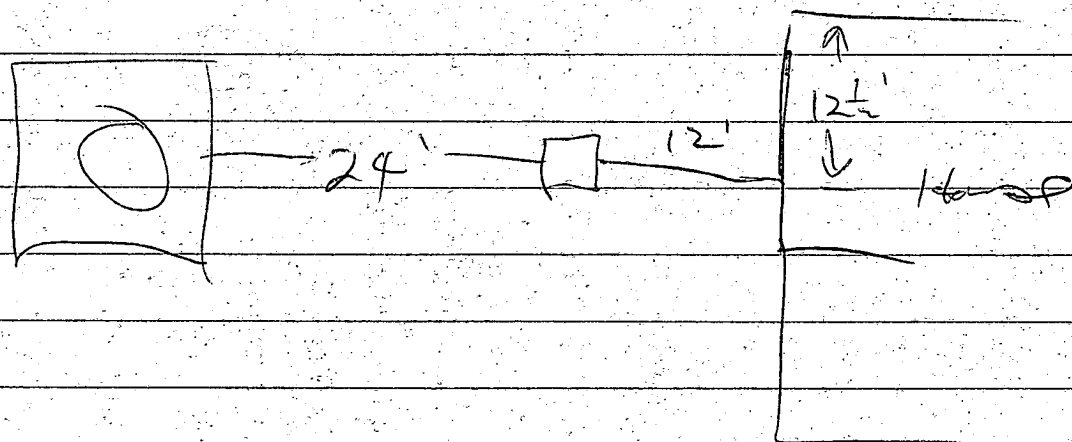
Pg. 2 of 2
6/10 + 6/11/80

Brief narrative of G. HOLLENBECK ON SITE VISIT
OF PREMISES AS DIRECTED BY MR. F. FROMMELT

MR. GARY HOLLENBECK AND FATHER @ SITE - 3405 SYLVAN LANE, E.C. 10 o'clock
AFTER VISUAL INSPECTION OF SITE AND SOME QUESTIONS
OF MR. GARY HOLLENBECK - A DYE TEST WAS CONDUCTED @ 10:06
FROM A DRAIN IN FLOOR IN BASEMENT. AT THE TIME A LIGHT
RAIN WAS FALLING, A SURVEY OF THE DECIDEDLY STEEP
HILL BEHIND THE HOUSE REVEALED NUMEROUS SPRINGS WITH
WATER OUTCROPS TO SURFACE ALL ALONG THE HILL FROM THE
UNPROTECTED SPRING FOR HOUSE SUPPLY TO THE BASE OF THE
HILL NEAR THE RAILROAD TRACKS. NO DYE WAS SEEN ON THE
HILL ANYTIME TO 11:00 o'clock. RECOMMENDED
PRESENT OWNER LOCATE WHERE SYSTEM IS AND CALL US
FOR FURTHER EVALUATION. ALSO RECOMMENDED MR. HOLLENBECK
CHECK ON POSSIBLE FEASIBILITY OF PUBLIC SEWER +/OR
PUBLIC WATER SERVING PROPERTY. - MENTIONED HE COULD
POSSIBLY CALL MRS. BARBARA HARRISON OF DEPARTMENT OF
PUBLIC WORKS ON PUBLIC SEWER CONNECTION.

C.B. Shanks

15
15



B 1 4649 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION NEW STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3645 ✓ FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 9/30/80 8/1/80	OWNER COL 15 LAST NAME <u>HOLLENBECK</u> COL. 34 FIRST NAME <u>R. GARY</u> STREET OR RFD COL 36 <u>8751 E TOWN & COUNTRY DR.</u> COL. 55 POST OFFICE COL 57 <u>ELICOTT CITY MD 21043</u> COL. 76
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B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE <u>7/15/80</u> LICENSE NUMBER <u>209</u> COL. 80 <u>HOWARD DILLON</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>Howard Dillon</u>	B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY <u>HOWARD</u> COL. 21 (DO NOT ABBREVIATE COUNTY NAME) SUBDIVISION <u>23</u> COL. 42 SECTION <u>44</u> LOT <u>46</u> COL. 50 NEAREST TOWN <u>ELICOTT CITY</u> COL. 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> COL. 76 77 78
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B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> COL. 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>300</u> COL. 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL ☐ PRIVATE WATER COMPANY ☐ TEST	B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 ☒ NORTH ☐ EAST ☐ NE NORTHEAST ☐ SE SOUTHEAST ☐ SOUTH ☐ WEST ☐ NW NORTHWEST ☐ SW SOUTHWEST NEAR WHAT <u>2405 SYLVAN AVE</u> COL. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>50</u> COL. 37 38 39
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APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) ☒ BORED (OR AUGERED) ☐ JETTED ☐ DRIVEN 30-37 ☒ AIR-ROTARY ☐ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY) ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT OTHER (DESCRIBE):	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.
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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 ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>84</u> ENGINEER REVIEW DISTRICT NO. <u>65</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>
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B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 41 ☒ STATE HEALTH (CIRCLE BOX) COUNTY NAME <u>Howard</u> COUNTY NO. <u>A30734</u> DATE <u>07/17/80</u> APPROVED BY <u>[Signature]</u> SPECIAL CONDITIONS 8-63 (WRA USE ONLY)	NORTH COORDINATE <u>5200000</u> COL. 50 51 52 53 54 55 EAST COORDINATE <u>0000000</u> COL. 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) <u>65</u> COL. 65 66 67 68
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B 5 1 2 3 (SEQ. NO.) 6	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
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C 1	4609	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER

Date Received (WRA use only)	<u>8/12/80</u> DATE WELL COMPLETED	Depth of Well <u>200</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-36-45</u>
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OWNER last name <u>HOLLENBECK</u>	first name <u>R. Gary</u>	
STREET OR RFD <u>SYLVAN LANE</u>		TOWN <u>Ellicott City, Md. 21043</u>
SUBDIVISION	SECTION	LOT <u>CD</u>

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 FROM TO	Check if water bearing
Mica Rock	0 50	
Granite Rock	50 200	X

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) ☒ YES ☐ NO	
TYPE OF GROUTING MATERIAL CEMENT ☒ BENTONITE CLAY ☐	
NO. OF BAGS <u>5</u>	NO. OF POUNDS <u>1.75</u>
GALLONS OF WATER <u>40</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>17</u> ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	☒ STEEL ☐ CONCRETE ☒ PLASTIC ☐ OTHER
MAIN CASING TYPE ☒ S ☐ T	Nominal diameter top/main casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>20</u>

OTHER CASING (if used)	
depth (feet) from	to
<u>WATER</u>	<u>WATER</u>

SCREEN RECORD	
screen type or openhole	☒ STEEL ☐ BRASS ☐ OPEN BRONZE ☐ HOLE ☒ PLASTIC ☐ OTHER
insert appropriate code below	

EACH SCREEN	
DEPTH (nearest ft.)	
<u>20</u>	<u>200</u>
SLOT SIZE <u>2</u> (NEAREST INCH)	
DIAMETER OF SCREEN (NEAREST INCH)	
from	to

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☒	

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T TELESCOPE CASING	W Q LOG INDICATOR

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>6</u>
PUMPING RATE (gal. per min. to nearest gal.)	<u>3</u>
METHOD USED TO MEASURE PUMPING RATE <u>TIME</u>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>30</u>
WHEN PUMPING	<u>190</u>
TYPE OF PUMP USED (for test)	
☒ air	☐ piston
☐ centrifugal	☐ rotary
☐ jet	☐ submersible

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	YES ☒ NO ☐
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u>
PUMP HORSE POWER	<u>37</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u>
CASING HEIGHT (circle appropriate box and enter casing height)	
☒ above	LAND SURFACE
☐ below	<u>2</u> (nearest foot)

LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
<u>30 ft</u> <u>HOUSE</u>	

CIRCLE APPROPRIATE BOX	
☒ 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
DRILLERS IDENT. NO. <u>200</u>	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

HEALTH

APPLICATION

49928 PAID FOR NEW LOT
UNCERTAIN IF \$25 REPAIR FEE
PERCOLATION TESTING FOR THIS HOUSE A 49928-B
WAS EVER PAID P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MR. GARY HOLLEN BECK

ADDRESS 3405 SYLVAN LANE PHONE _____

AGENT OR PROSPECTIVE BUYER JOHN BANKARD

ADDRESS 3230 BETHANY LANE PHONE 465-7777

PROPERTY LOCATION:

SUBDIVISION HOLLEN BECK LOT NO. 1 (For 5/16/94 Existing home)

ROAD AND DESCRIPTION SYLVAN LANE

TAX MAP 25 PARCEL # 247

SIZE OF LOT 1 ACRE TYPE BLDG. _____
(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.

John Bankard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 5/16 for certified holes (2) for future drywells & pump system from existing home. cbb

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

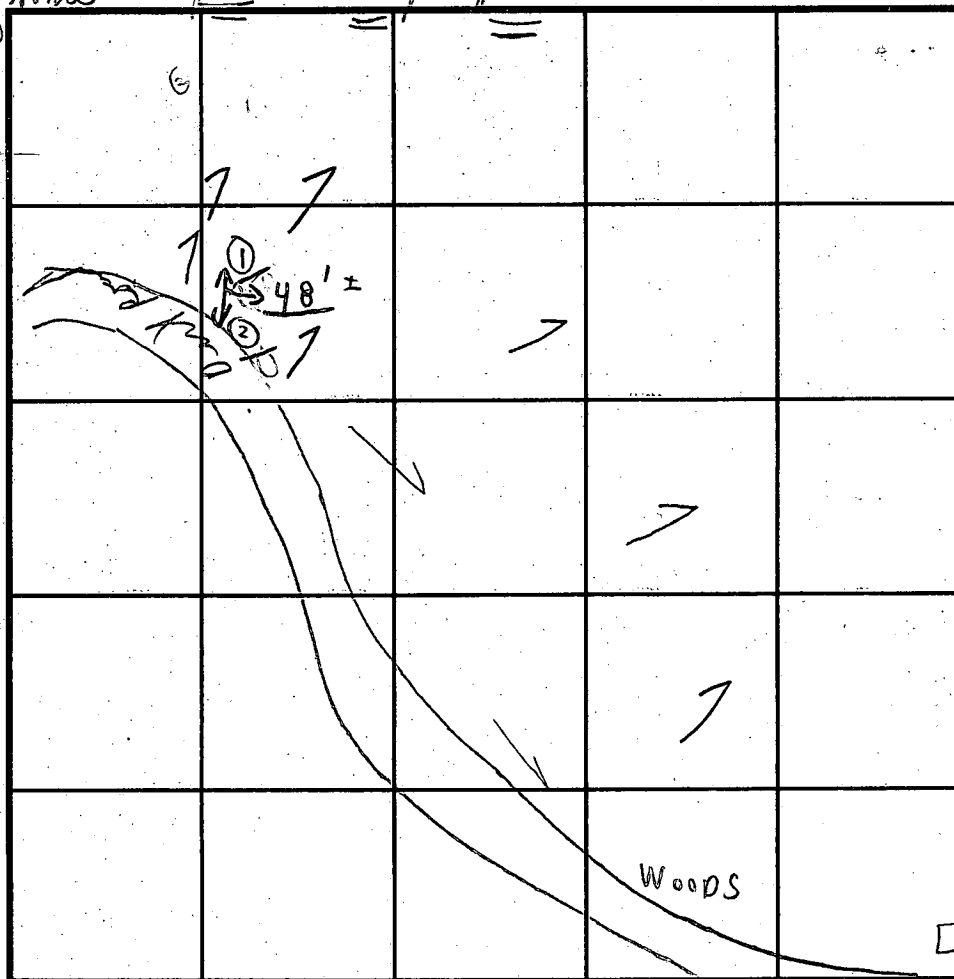
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

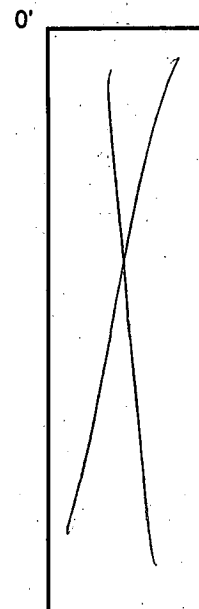
Existing Home "Repair - Pump System"

COUNTY #
LOT 1
SOIL PROFILE
Hole ①
0' - 3'
Clay
B'
Some 10% sand
Sandy Loam
90%
11 1/2

Hole ②
0' - 4'
Clay
1' to
Sandy Loam
Bottom



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/16/94	①	3'	:	Visited	:	:	
	①	11 1/2'	0' -'	some sandstone			(ok for dry well)
		1'	:	:	:	:	↓ ① ↓
at dirt road	②	4'	0' - 4'	Clay			
		11 1/2'	4' - 11 1/2'	Sandy Loam			
						DRY	(For a dry well)
(Plus ① hole near existing home)							
6/27/80 Repair @ 3405 SYLVAN LAKE							

REMARKS 5/16 Existing Home For Pump System is needed
TYPE OF SOIL (Hold for certified) to for future repair
TESTED BY C.B.A. ALSO PRESENT (Risky) (Bale Flood) ONLY
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

Note 2 holes for future drywells 1 near road + 1 50' from

LOT 2

6.237 Acres
MORE OR LESS

EASEMENT

3.00 Ac.

S 11°24'57"

N 75°48'53" W

10' BRL

189.37'

42.18'

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

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10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

SQUARE IRON PIPE END

S 17°12'46" W

109.30'

S 82°57'34" W

155.29'

10' BRL

EX. PERC AREA

LOT 1

1.802 Acres

MORE OR LESS

WETLAND No. 1

N 78°03'26" W

158.45'

N 29°32'26" W

139.20'

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

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10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

F-84-129

CURVE DATA

$\Delta = 28^{\circ}46'03"$

R = 872.65'

T = 223.79'

L = 438.15'

CHD. = S 25°47'59" W

433.56'

OWNER'S STATEMENT

SUR

We, R. GARY HOLLENBECK, and OLESIA HOLLENBECK, owners of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the Office of Planning and Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns, 1) the right to lay, construct and maintain sewers, drains, water pipes and other municipal utilities and services, in and under all roads and street rights-of-way and the specific easement areas shown hereon, 2) the right to require dedication for public use, the beds of the streets and/or roads and floodplains and open space where applicable, and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities and open space where applicable, 3) the right to require dedication of waterway and drainage easements for the specific purpose of their construction, repair and maintenance, and 4) that no building or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

I hereby certify that this is a correct, true and accurate copy of the original of the said plat as shown in the Land Record at Folio 7: shown in Howard County, Maryland.

William G. Hall

Witness my/our hands this 4th day of June, 1994.

R. Gary Hollenbeck

Olesia Hollenbeck

