12/31/01 Final AM
1/15/02 WPI AM

03-3082866

ISSUE DATE: 12/4/2001

P 516433-F

APPROVAL DATE: 12/31/01 EO

A 29661

PERMIT

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Slack Estates LOT NUMBER: 10

ADDRESS: 2015 St. James Road PROPERTY OWNER: Richard Gil

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe. 100'
LOCATION:	Place the distribution box 205' up the right lot line and ~~90~~ off this same lot line. Run (3) trenches on contour to front of lot. As SEEN FROM THE ROAD
NOTES:	

PLANS APPROVED: MER 12/4/01 OK (BB) DATE: 9/13/01

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

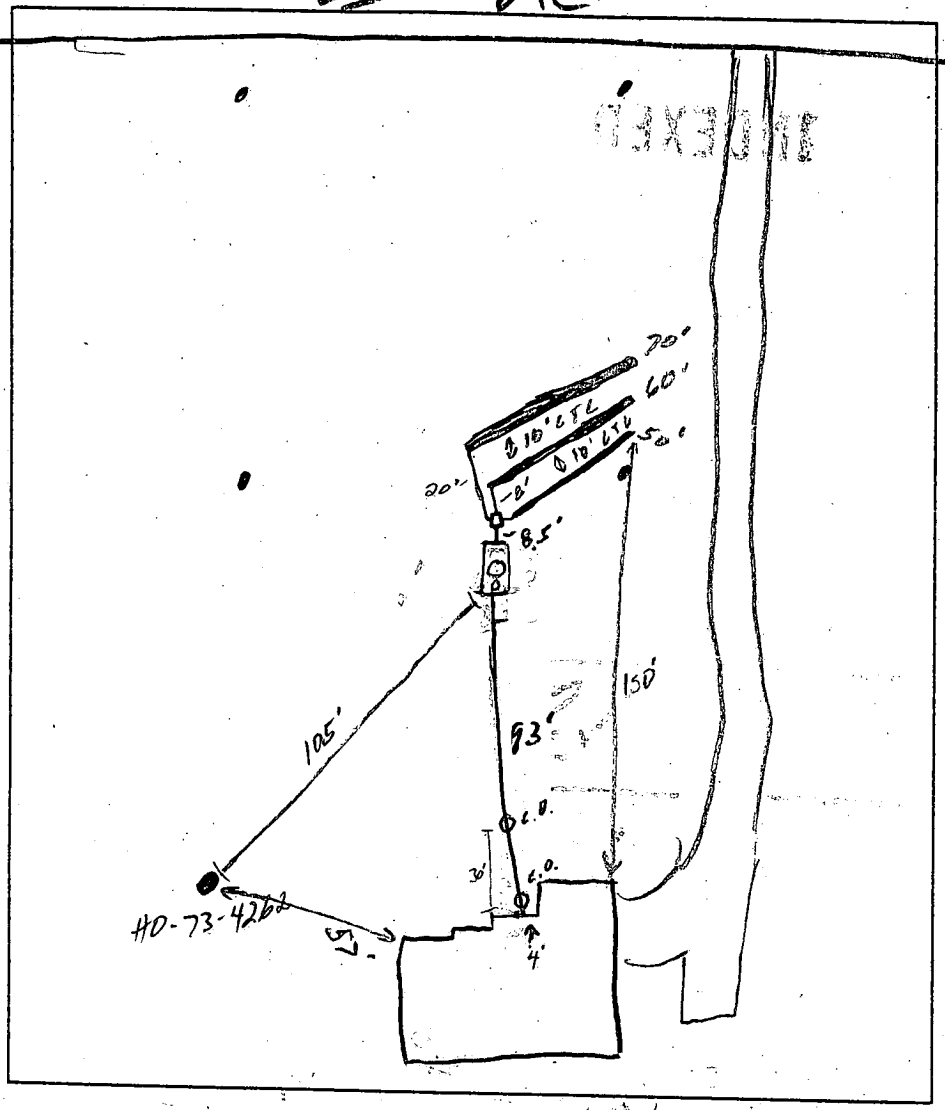
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 5-9-02
B00136043 DECK

A29661

St James Rd

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'

TRENCH INLET DEPTH 2.5'-?

TRENCH BOTTOM DEPTH 3.5'-4'

DEPTH OF STONE 4'

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 180'

ABSORBENT AREA 540 ft²

DISTRIBUTION BOX LEVEL Yes

BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS

MANHOLE RISER Center - 4' h.

6 INCH INSPECTION PORT Front - 4' h.

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS

MANHOLE RISER N/A

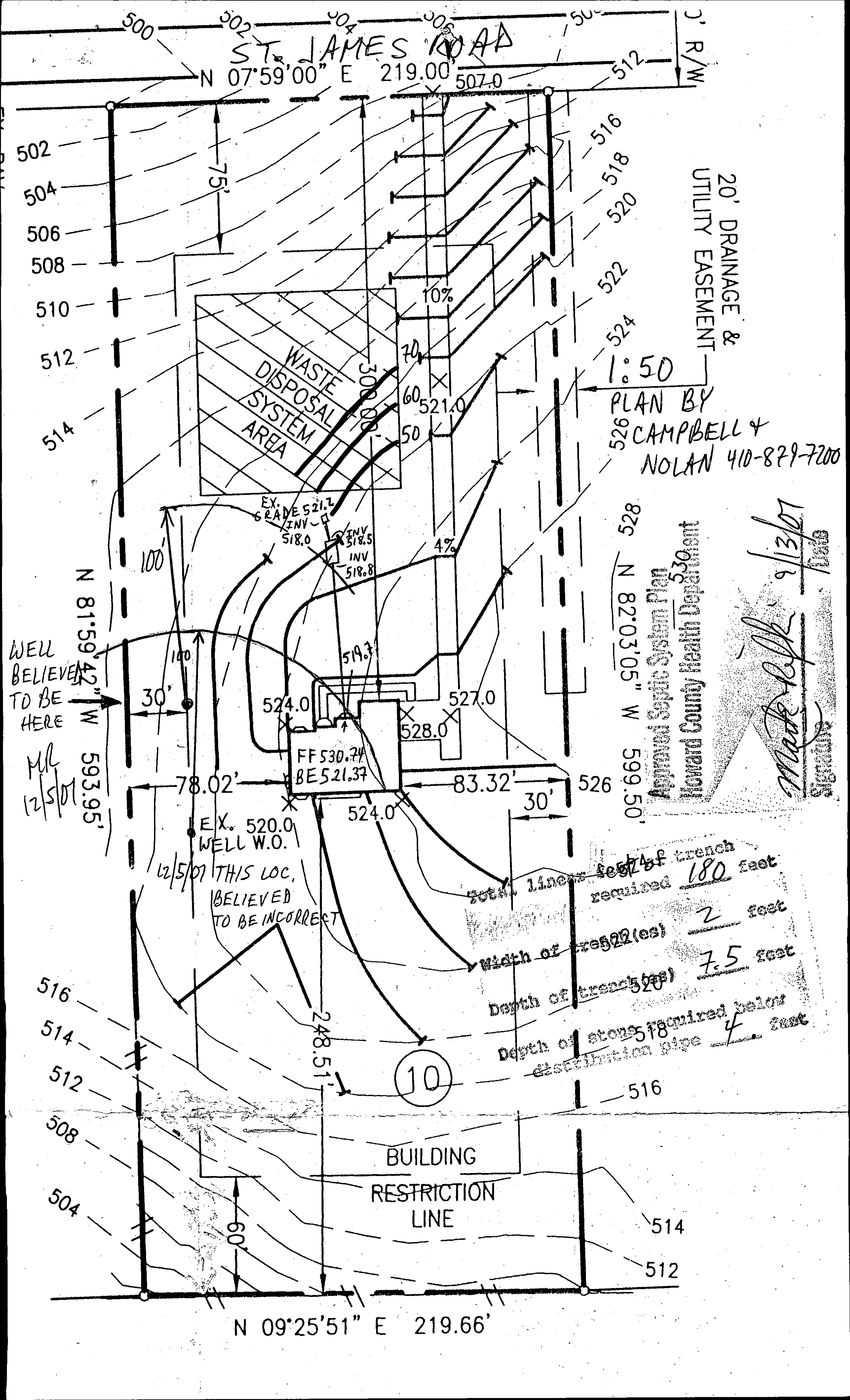
ALARM

PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 12/28/01 Layout for B.P. Contractor measured 100' from well. 10' CTC (EC)

INSPECTION COMMENTS: 12/28/01 OK to cover up to S.T. & 2 Trenches Install on 50' Trench : 4' to get fall. (EC) 12/31/01 OK to cover all work (EC)

INSPECTOR _____ DATE SYSTEM APPROVED 1/2/02



ST. JAMES ROAD
N 07°59'00" E 219.00'
507.0
R/W
75'
10%
WASTE DISPOSAL SYSTEM AREA
300.00'
521.0
20' DRAINAGE & UTILITY EASEMENT
1:50
PLAN BY CAMPBELL + NOLAN 410-879-7200
EX. GRADE 521.2
INV 518.0
INV 518.5
INV 518.8
4%
100'
N 81°59'42" W 593.95'
WELL BELIEVED TO BE HERE
30'
524.0
527.0
528.0
FF 530.74
BE 521.37
519.7
78.02'
83.32'
30'
524.0
EX. WELL W.O. 520.0
12/5/07 THIS LOC. BELIEVED TO BE INCORRECT
MR 12/5/07
N 82°03'05" W 599.50'
Approved Septic System Plan
Howard County Health Department
Signature
Date
Total linear feet of trench required 180 feet
Width of trench(es) 2 feet
Depth of trench(es) 7.5 feet
Depth of stone required below distribution pipe 4 feet
248.51'
10
BUILDING RESTRICTION LINE
60'
N 09°25'51" E 219.66'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00131526

Building Address 2015 ST. JAMES RD.
MARRIOTTSVILLE, MD 21104
Suite/Apt. #: ______ SDP/WP/Petition #: F-80-110
Census Tract 6030 Subdivision SLACK ESTATES
Section — Area — Lot 10
Tax Map 15 Parcel 24 Grid 6
Zoning RR-DEO Map Coordinates 1001 Lot size

Property Owner's Name RICHARD GIL
Address 17 GREEN KNOLL BLVD.
City HANOVER State MD Zip Code 21076
Home Phone 4107669075 Work Phone 4107669075
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use Vacant
Proposed Use Single Family Home
Estimated Construction Cost $ 295,000
Description of Work 4 Bd Rm. 2 1/2 Bath 3 car garage, 3 pc. Roughin in Basement

Contractor Company LINKOUS BUILDERS, LLC
Contact Person FRED LINKOUS
Address 4200 MADONNA RD
City MARRIOTTSVILLE State MD Zip Code 21104
License No. ABL 1067
Phone 410-552-8357 Fax 410-692-5172

Occupant or Tenant RICHARD GILL
Contact Name RICHARD
Address 17 GREEN KNOLL BLVD
City HANOVER State MD Zip Code 21076
Phone 4107669075 Fax

Engineer or Architect Company
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame
___ State Certified Modular

Utilities

Water Supply: ___ Public ___ Private
Sewage Disposal: ___ Public ___ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4
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

Utilities

Water Supply: ___ Public X Private
Sewage Disposal: ___ Public X Private
Electric Yes ☒ No ☐
Gas Yes ☒ No ☐
Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
Sprinkler system: N/A ☒
___ NFPA #13D
___ 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: [signature]
Print Name: FRED S. LINKOUS
Title/Company: LINKOUS BUILDERS, LLC
Date: ~~7/17/01~~ 7-16-01

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
~~State Highways~~		
Building Official		
Dev. Engineering, DPZ		
Health	9/13/01	Mark [signature]
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☒ NO ☐
CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 51542
Filing fee $ 100
Permit fee $
Excise tax $
Add'l per. fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check # 4107
Validation #
Accepted by: [initials]

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

T:\forms\PERMIT.FRM Rev. 5/17/00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: White Hall Plumbing Telephone #: 410557-9648
Address: P.O. Box 409
Jarrettsville, MD 21084

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): HARRY NEWCOMER License# 7585
***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Mr. Richard Gil Telephone #: 410 903-3240
Subdivision: Slack Estates Lot #: 10 Well Tag #: HO-73-4262
Site Address: 2015 St. James Rd.
Marriottsville, MD 21104

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: JAC 022J	Make:	Two piece watertight cap: ✓
Model #: 7S4518G-S2	Model#:	Screened, vented well cap: ✓
Pump Capacity 4 GPM	Depth 48" (36" min)	Cap secured to casing: ✓
Well Yield: 3.48 GPM	NSF/WSC approved: YES	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 300 (feet)		Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, (Cable guards), or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ___

Piping to house	House Connection
Type: PLASTIC	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 200 (160 psi min)	Approximate length of sleeve: 7'
Depth of supply line: 48" (36" min)	Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Harry Newcomer 2-26-02
Signature of company representative responsible for installation date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 1/15/02 Date Insp. Approved: 1/15/02 Inspector: SO SRK

Inspection Data:
- Pitless adapter watertight & water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope not seen outside of well cap/casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

C 1 3259 — 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 29661

Date Received (OEP use only)

DATE WELL COMPLETED: 09 07 82

Depth of Well: 300' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-73-4262

OWNER: Wesolowski (last name) Cindy (first name)

STREET OR RFD: St. James Rd TOWN: West Friendship

SUBDIVISION: Slack Estates SECTION: LOT: 10

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	FEET TO	Check if water bearing
OVERBURDEN	0	9	
BROWN SHALE	9	53	
GREY ROCK	53	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (enter 0 if from surface) to 55 ft.

CASING RECORD
casing types — insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	55

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL BR BRASS, BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 (seq. no)

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	55	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3 (seq no)

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3.48

METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45' 11"

WHEN PUMPING 279' 8"

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 (CIRCLE APPROPRIATE BOX) YES Y NO N

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above — below LAND SURFACE 1 (nearest foot)

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 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.

DRILLERS IDENT. NO. 120

Sandy J Cochran
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

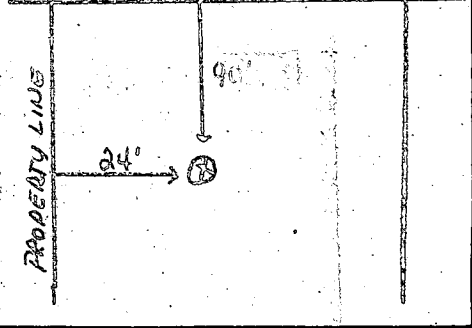
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

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)



HEALTH

EMERGENCY/TEMP. NO. IF ANY

B 1 6917 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

9/10/82 pump + test 6 hr. 8:30. 1:30 Well grouting

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: HO-73-4262

fill in this form completely

Date Received 9/10/82 1:30 P.M. 0 8 2 0 8 2 (OEP Use Only)

OWNER INFORMATION

WESOLOWSKI CINDY (Last Name 15, Owner, 34 Name)

490 OLD MILL RD. (36 Street or RFD, 55)

MILLERSVILLE 21108 (Town 57, State, 76 Zip)

B 1 Continued DRILLER INFORMATION

Sandy B. Cochran 120 (Driller's Name, 77 License No. 80)

C. Edgar Harr Sons Corp. (Firm Name)

12007 Falls Rd. Cockeysville 21030 (Address)

Sandy B Cochran 8-18-82 (Signature, Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN

AIR ROTARY (AIR PERCUSSION) ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY DRIVE POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER G A P

FORCE [F] [S] WRITE INITIALS IN BOX

PERMIT No. #0-73-4262

B 3 LOCATION OF WELL

COUNTY 8 HOWARD 21

SUBDIVISION SLACKS ESTATES

SECTION 23 42

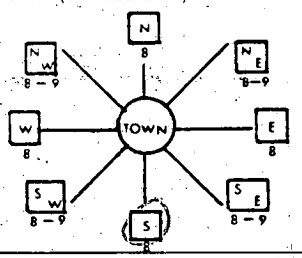
LOT 10 48 50

NEAREST TOWN WEST FRIENDSHIP 52 71

MILES FROM TOWN (enter o if in town) 1 1/2 73 M I 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



St. James Road (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH [N] WEST [W] [32] [E] EAST [S] SOUTH

100 [F] [T] (34 DISTANCE FROM ROAD 37) [M] [I] (CIRCLE APPROPRIATE BOX) 38 39

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

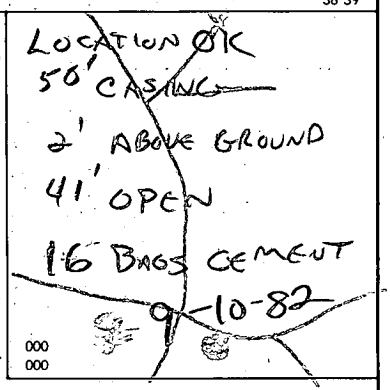
SOURCES OF DRILLING WATER

1.
2.
3.

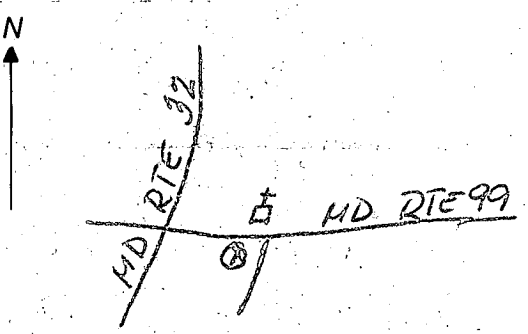
WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 5

N 590 9



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



B 4

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A29661 (COUNTY NO.)

OEP SIGNATURE

STATE HEALTH CIRCLE BOX [S] 41

DATE ISSUED 08/31/82 (43 48) CO. SIGNATURE Frank Olmo

NORTH GRID 5390 000 (50) EAST GRID 0815 000 (55 57 63)

EXPIRES 03/01/83

B 5 SPECIAL CONDITIONS 8—63

628-4728

HEALTH

Pict

APPLICATION

A 29661

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

Septic tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
* Dry well to have 125 sq. ft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 2½' below original soil and maximum depth 10' for dry well location; 140' in from right property line and 200' from front property line when facing lot from Mt. James Road.

DISTRICT 3rd

DATE 4/3/79

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.

* 4/07 Dry well & trench; If trench used - need: (1) 5' earth buffer between ~~trench and dry well~~.

PROPERTY OWNER Slack property

Mr. Young, Security Development

ADDRESS _____ PHONE 465-4244

Final # 10

PROPERTY LOCATION:

SUBDIVISION Slack Estates LOT NO. 11

ROAD AND DESCRIPTION Route 99

(2) 2 inspections of trench before and after stone

(3) Run trenches on contour

SIZE OF LOT 3 acres m/l TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT /s/ Stewart Young for Security Development

APPROVED BY C. B. Sheaffer FOR * Dry well 4/07 " " & trench DATE 12/29/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Final #10 // 11

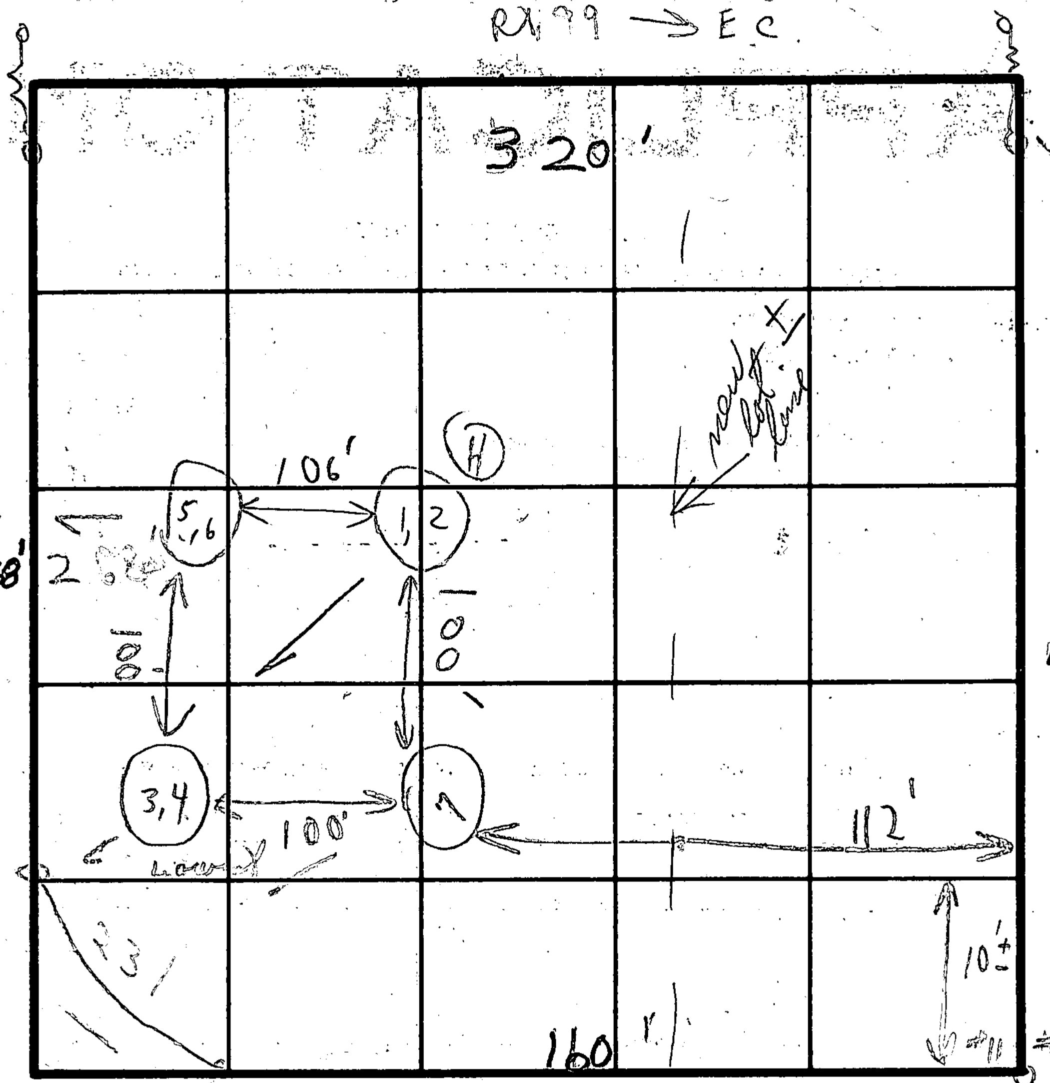
Field staked. Tests pre stake

SOIL PROFILE

0'

Below clay

loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/18/99	1	2½'	3:02	3:04	3:04	3:06	2m
	Use 2 (H)	12'	3:02	3:04	3:04	3:07	3m
	3	3½'	2:50	2:53	2:53	2:58	5m
	(L) 4	13'-3"	2:50	2:51	2:51	2:53	2m
	5	2½' pit	2:55	2:57	2:57	2:59	2m
	(L) 6	13' pit	2:55	2:57	2:57	3:01	4m
	7	2½'-12	½ Visual		sand	similar	to others
						6 / 18	3m

120 sq ft / bedroom

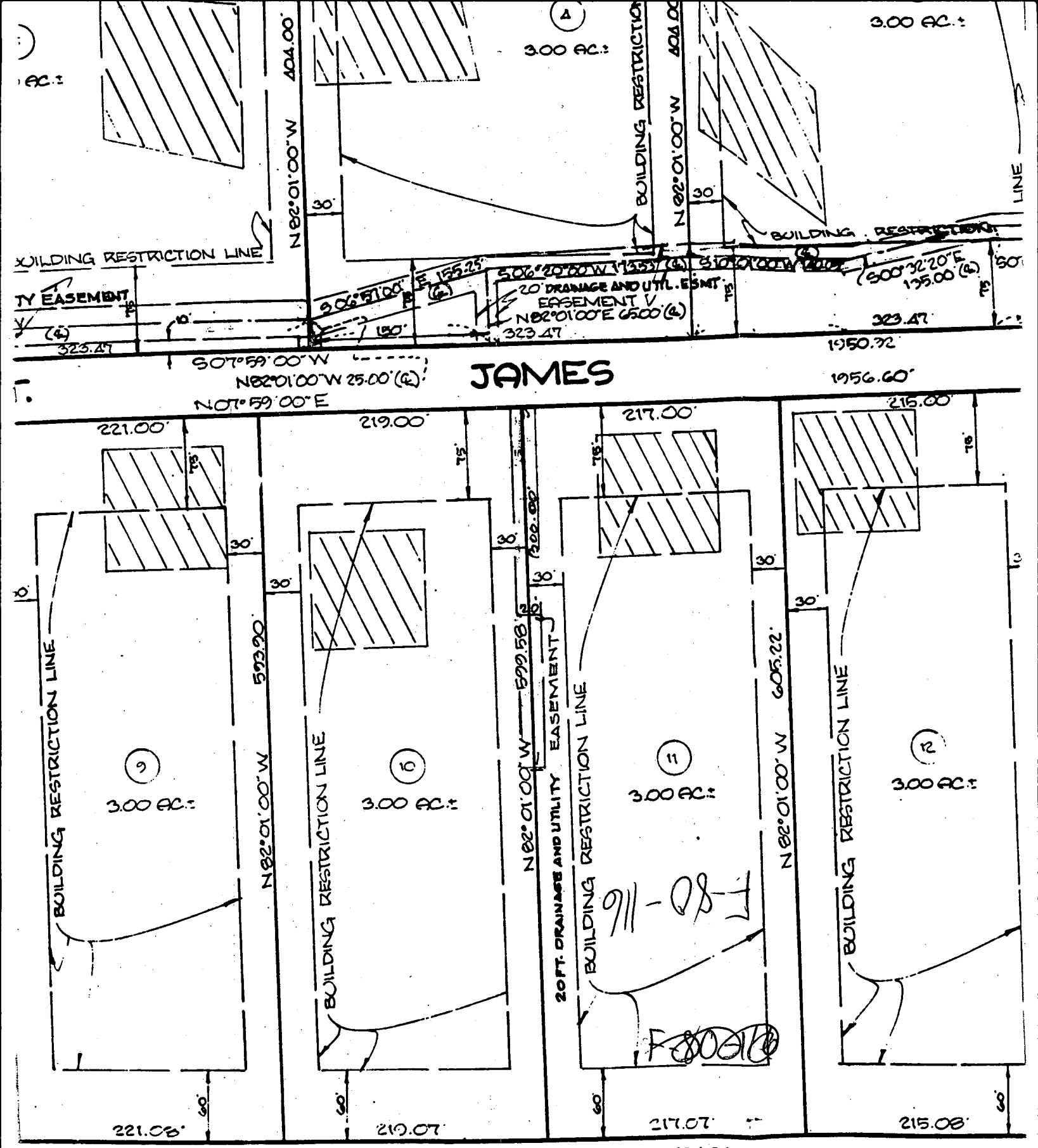
Inlet 2½'

Maximum depth 9½'

REMARKS Tests in open field

TYPE OF SOIL

TESTED BY C.B.A. ALSO PRESENT P. Schissler + son



BYRON D. RIDGELY
265/236

ROADWAY TO BE RECORDED: 2.271 AC.±
ROAD DEDICATION: 1.500 AC.±

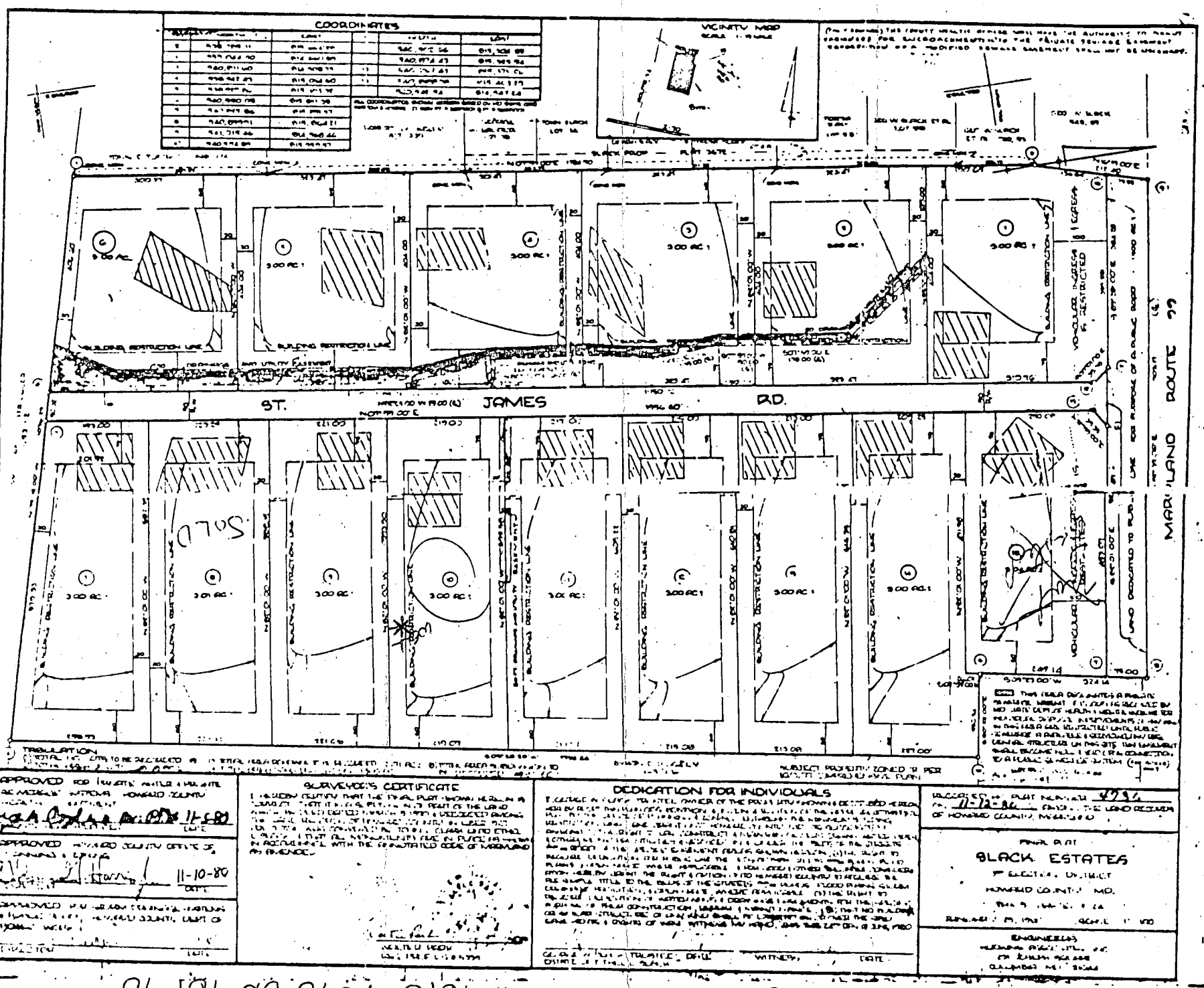
(5) TOTAL AREA SUBDIVISION TO BE RECORDED: 48.821 AC.±

SURVEYOR'S CERTIFICATE

EREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS RECT, THAT IT IS A SUBDIVISION OF PART OF THE LAND H, BY DEED DATED MARCH 5, 1970 & RECORDED AMONG LAND RECORDS OF HOWARD COUNTY IN LIBER 527, O 724, WAS CONVEYED BY JOHN L. CLARK UNTO ETHEL ACK, & THAT ALL MONUMENTS ARE IN PLACE AS SHOWN CORDANCE WITH THE ANNOTATED CODE OF MARYLAND

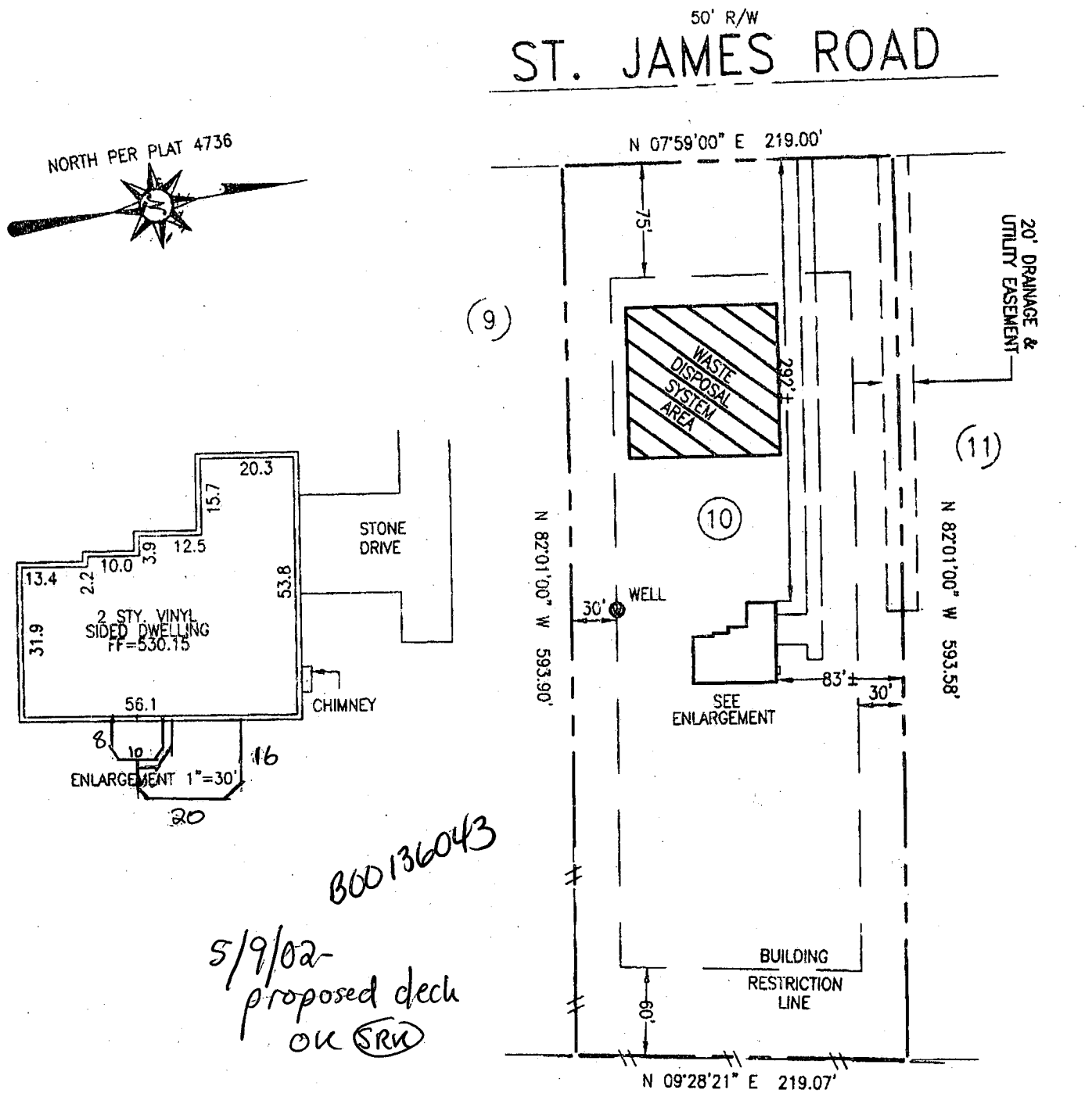
DEDICATION FO

I, GEORGE W. SLACK, TRUSTEE, OWNER O HEREBY ADOPT THIS PLAN OF SUBDIVISION, & PLAT BY THE OFFICE OF PLANNING & ZONI RESTRICTION LINES, AND GRANT UNTO HO ASSIGNS: (1) THE RIGHT TO LAY, CONSTRUC & OTHER MUNICIPAL UTILITIES & SERVICE AND/OR ROADS & THE SPECIFIC EASEMENT



8/31/82 Lot 10's well site or ES

* well should be 400 FE in from St. James Rd and 20 FE in from lot line between lots 9 & 10 on lot 10



B00136043

5/9/02- proposed deck on SRW

11.29.01

STATE OF MARYLAND
JAMES E. CATRON
No. 121
PROPERTY LINE SURVEYOR

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH MARYLAND BOARD OF PROFESSIONAL LAND SURVEYORS MINIMUM STANDARDS OF PRACTICE. THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING; IT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; IT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING; THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, THERE ARE NO ENCROACHMENTS ON ANY ADJOINING PREMISES, STREETS,

ERSERVICES\WORK\01000\01145PLOTPLAN.DWG