

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1 3844		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A 50619																							
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 15 19 04		Depth of Well 22 400 26 (TO NEAREST FOOT)																							
ST/CO USE ONLY		DATE RECEIVED MM DD YY		DATE WELL COMPLETED MM DD YY		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3810																							
OWNER Retuxent Builders - Inc		STREET OR RFD SANG ROAD		TOWN Holly Hills		LOT 15																							
SUBDIVISION		SECTION		LOT																									
WELL LOG Not required for driven wells				GROUTING RECORD																									
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed) <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Sand</td><td>0</td><td>97</td><td></td></tr><tr><td>Gravel</td><td>97</td><td>400</td><td></td></tr><tr><td>Mica</td><td></td><td></td><td></td></tr><tr><td>Rock</td><td></td><td></td><td></td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Sand	0	97		Gravel	97	400		Mica				Rock				WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			
					DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																					
				FROM		TO																							
				Sand	0	97																							
				Gravel	97	400																							
Mica																													
Rock																													
				TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC																									
				NO. OF BAGS 22 NO. OF POUNDS 2068																									
				GALLONS OF WATER 132																									
				DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)																									
EACH CASING				CASING RECORD																									
				casing types insert appropriate code below																									
				STEEL ST CONCRETE CO																									
				PLASTIC PL OTHER OT																									
				MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100																									
OTHER CASING (if used) diameter inch depth (feet) from to				SCREEN RECORD																									
				screen type or open hole																									
				STEEL ST BRASS BR OPEN HOLE HO																									
				BRONZE PL OTHER OT																									
				PLASTIC PL OTHER OT																									
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 DEPTH (nearest ft.)																									
				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76																									
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WELL HYDROFRACTURED Y N				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 LIC. NO. 1 M S D O 244				DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D				SITE SUPERVISOR (sign. of driller or journeyman)																					
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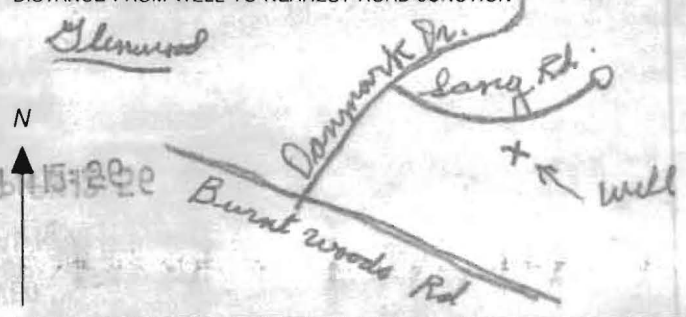
B 1 1 2 3 6 2225	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519574	STATE PERMIT NUMBER HO-94-3810 fill in this form completely
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Date Received (APA) 9/16/03 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 <u>Patuxent Builders Inc.</u> 36 Street or RFD 55 <u>2435 Durnell Rd</u> <u>Woodbine Md. 21797</u> 57 Town 70 State 72 Zip 76	LOCATION OF WELL B 3 8 COUNTY 21 <u>Howard</u> 23 SUBDIVISION 42 <u>Holly Hills</u> SECTION 44 46 LOT 48 50 <u>15</u> 52 NEAREST TOWN 71 <u>Blennwood</u> MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78
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DRILLER INFORMATION Driller's Name 76 License No. 81 <u>Joseph L. Mayne</u> <u>M 5 D 24</u> Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy Md 21771</u> Signature 9/12/03 Date	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD 30 <u>Song Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S 34 300 37 DISTANCE FROM ROAD 38 39 <u>FT</u> ENTER FT OR MI TAX MAP: <u>14</u> BLK: _____ PARCEL <u>92</u>
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WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <u>4</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 <u>500</u>	USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL
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APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> 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 _____	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME A 50619 COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>12/10/03</u> CO SIGNATURE <u>Kenneth Norman</u> EXP. DATE <u>12/10/04</u> 43 MM DD YY 48 NORTH GRID 50 520 0 0 0 EAST GRID 57 790 0 0 0 55 63
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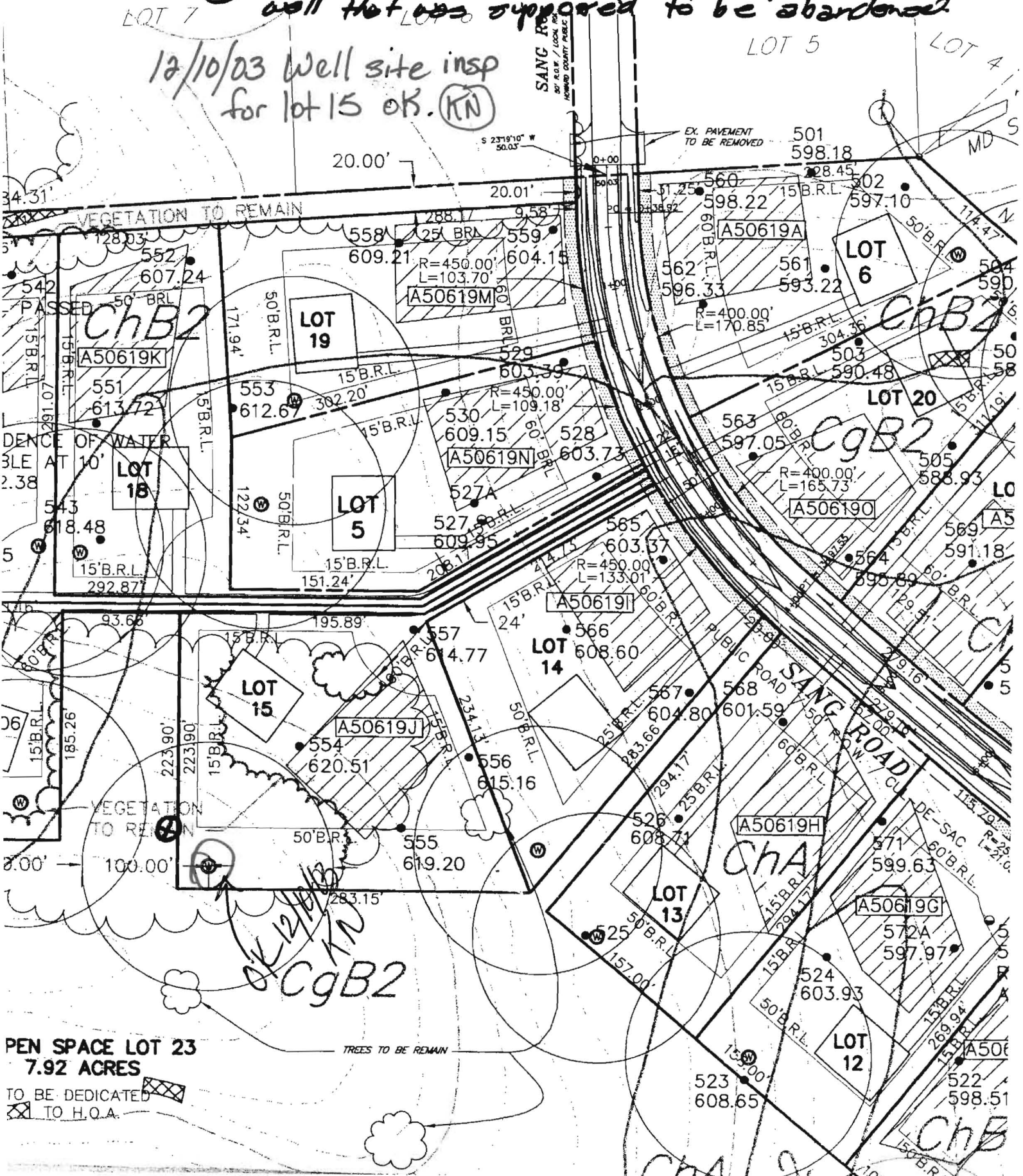
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>790</u> N <u>520</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-94-3810</u> 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
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Copy from signed parc cart plan
1/16/96 (FA) 9/29/03

(R) Approximate location of hand dug
well that was supposed to be abandoned

12/10/03 Well site insp
for lot 15 OK. (KN)



05/18/2005 15:29

4103132648

**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: Gaske P&H Inc Telephone #: 410-549-4761
Address: P.O. Box 1247
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): John M. Gaske License #: 3189

*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. Licensees may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: PATIENT HOMES Telephone #: 410-489-0833

Subdivision: Holly Hills Lot #: 15 Well Tag #: HO-94-3810

Site Address: 3326 SANGER Rd

Submersible Pump Data

Make: MEYERS

Model #: 35T152-20

Pump Capacity: 17 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: _____ (feet)

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

Pitless Adapter

Make: CAMPBELL

Model #: B-10X

Depth: 42" (36" min)

NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: SILVER LINE

PSI: 200 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 10'

Sleeve caulked and sealed properly: YES

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.

Signature of company representative responsible for installation: John Gaske

date: 5-19-05

For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 12/23/04 Inspector: (SO)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

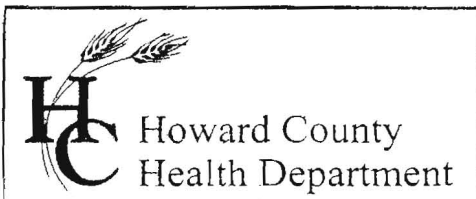
Elec. conduit extends at least 18" below grade/attached to cap properly

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(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

October 15, 2003

Patuxent Builders Inc.
2435 Duvall Road
Woodbine, MD 21797

RE: **Well Site Inspection**
Holly Hills Lot -15
Tax Map: 14 Parcel: 92

To Whom It May Concern:

On October 9, 2003 a field inspection was conducted on the above referenced property in order to approve the proposed well site location.

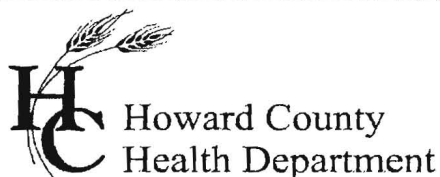
At the time of inspection, the proposed well site was presumably not staked nor clearly marked due to the density of thorn bushes and trees down in the vicinity as well as unstaked property lines. This makes it difficult for us to determine if the proposed well location is appropriate. Please have a licensed surveyor stake the proposed well site and then notify us when the site is ready for inspection.

Thank you for your cooperation in this matter.

Respectfully,

Kacie Noonan, Sanitarian
Water and Sewerage Program

KN
cc: file



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

May 19, 2005

Patuxent Builders
2435 Duvall Road
Woodbine, MD 21797

FAH 710-489-0834

RE: Holly Hills, Lot 15
3326 Sang Road
Glenwood, MD 21738
BP #: B00147094
Well Permit # HO-94-3810

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 12/21/2004. Final approval of the well line connection to the dwelling was approved on 12/23/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3810. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 05/11/2005 & 05/18/2005
Date of Well Completion: 01/19/2004

Approving Authority,

Stuart Oster
Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: May 19, 2005

County Howard

Lab Number 05-2470

Sample Iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Patuxent Builders
2435 Duvall Road
Woodbine, Maryland 21797

Property Sampled: U&O: 3326 Sang Road, Retest #1

Station Sampled: 1st floor bath tap

Tax Map #: 14

Date/Time Sampled: May 18, 2005 1:05 pm

Parcel #: 92

Owner, Telephone No.:

Sampler: 6724GP

Subdivision Name: Holly Hills

Lot Number: 15

Building Permit No.: B00147094


Well Number: HQ-94-3810

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Turbidity	1.4 NTU	EPA 180.1	*10 NTU	Pass
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE
(18 Hour Test)				

Treatment/Conditioning: None



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING

10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Patuxent Builders
2435 Duval Road
Woodbine, Maryland 21797

REPORT DATE: May 12, 2005

County Howard

Lab Number 05-2312

Sample loc Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

Property Sampled: U&O: 3326 Sang Road

Station Sampled: 1st floor bath tap

Date/Time Sampled: May 11, 2005 12:00 n

Owner, Telephone No.:

Subdivision Name: Holly Hills

Building Permit No.: B00147094

Well Number: HD-94-3810

Tax Map #: 14

Parcel #: 92

Sampler: 6724BP

Lot Number: 15

Observation: 2-Piece Cap
Cap loose

5/18/05

Cap O.K., BB

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	14.9 NTU	EPA 180.1	*10 NTU	HIGH
pH	6.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			
(18 Hour Test)				

Treatment/Conditioning: None

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

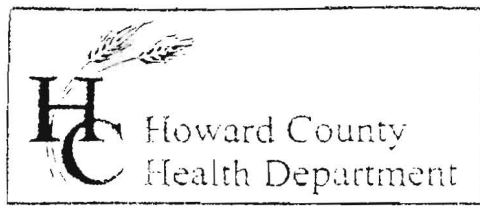
8-4-91

WELL ABANDONMENT
NOT ATTACHED TO BOND,
CALL ENGINEER AND

"REMIND" HIM THAT WORK
NEEDS TO BE COMPLETED
8-5-96 T.C. W/ JACOB HIRSHAT @
ANDERBERG BOENDER. CLIENT IS AWARE
THAT ABANDONMENT STILL NEEDS TO BE
DONE, IS OUT OF TOWN FOR A COUPLE
OF WEEKS, DEVELOPMENT NOT
COMPLETE, JACOB WILL TAKE LEAD
MATTER W/ CLIENT (WAYNE NEWSOME)
WHEN HE RETURNS.

GS

11/1/91 T.C. W/ JACOB HIRSHAT, CLIENT HAS BEEN
INFORMED, IS THINKING ABOUT INTENDING TO
COMPLETE, BUSY W/ OTHER MATTERS.
GS



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

December 17, 2003

R. Wayne Newsome
P.O. Box 39
Columbia, MD 21045

RE: Holly Hills, Section 2
Hand Dug Well

Dear Mr. Newsome:

During an inspection on December 10, 2003, a large cement lid was found near the proposed well for lot 15. Our records indicate that we submitted a request in 1996 to have a hand dug well abandoned and sealed by a licensed well driller. Our file does not indicate that this was done (such as an abandonment report from the well driller). Enclosed are copies of the letters concerning this issue.

Please call our office to schedule an appointment for us to meet with you and check that it was done. Currently, the area is covered in briar bushes and fallen trees making access to inspection impracticable. Otherwise, for your convenience, you may contact Joe Mayne, who is drilling the proposed well for lot 15.

Ideally, your past plans should have shown a field location of the hand dug well and house foundation. Although I am not sure if the hand-dug well is located on lot 15 or the conservation area (7.97 acres), the abandonment and sealing of the hand dug well is a condition of the approval of a signed plat for a subdivision. Upon agreement of the developer and/or responsible party, the intention to abandon the well may have been established but wasn't followed through.

If the abandonment and sealing of the hand dug well was done, please send us a copy of the well abandonment form. We also need a site inspection done to verify the work completed. Please contact our office to schedule an appointment in the field. You may need to bring cutters for access to the location of the hand dug well. Thank you for your time in this important matter. I look forward hearing from you soon.

Sincerely,

Kacie Noonan
Sanitarian

Cc: Mildenberg, Boender & Assoc., Inc.
Jerry Rushing
John Boris/ Supervisor
file

MILDENBERG,
BOENDER & ASSOC., INC.

Engineers

Planners

Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042 (410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Fax

September 19, 1996

Mr. Craig Williams
Howard County Health Department
3525 Ellicott Mills Drive, Suite H
Ellicott City, MD 21043

RE: Holly Hills, Section 2 (F-96-101)
Hand Dug Well

Dear Mr. Williams:

On behalf of our client, R. Wayne Newsome, we are writing to inform you that the existing hand dug well on the above referenced property will be abandoned and sealed to the satisfaction of the Health Department prior to the dedication and release of the bond of the above referenced project. We are in agreement as to this condition.

Thank you for your time and effort. Should you have any questions or comments, please feel free to call.

Very truly yours,
MILDENBERG, BOENDER & ASS

R. Jacob Hikmat, P.E.
Vice President

cc: R. Wayne Newsome.

94029.39

rjh

HOLD PERMIT, ~~UNTIL~~ AFTER
RELEASE OF BONDS WAS METHOD DISCUSSED

Howard County Health Department

To: ~~Bill M17266~~

GLEN
- HOLLY HILLS

IF THIS IS THE KEY, ACCEPT IT
AND SIGN THE PLAT, ON OLD
YOU?
- SIGNED 9-20-96
THEN FIGURE OUT HOW
WE ARE GOING TO
ENFORCE THE CONDITION
(DISCUSSION OK)

From: _____

Date: _____

HD-170

CO 9/24/96

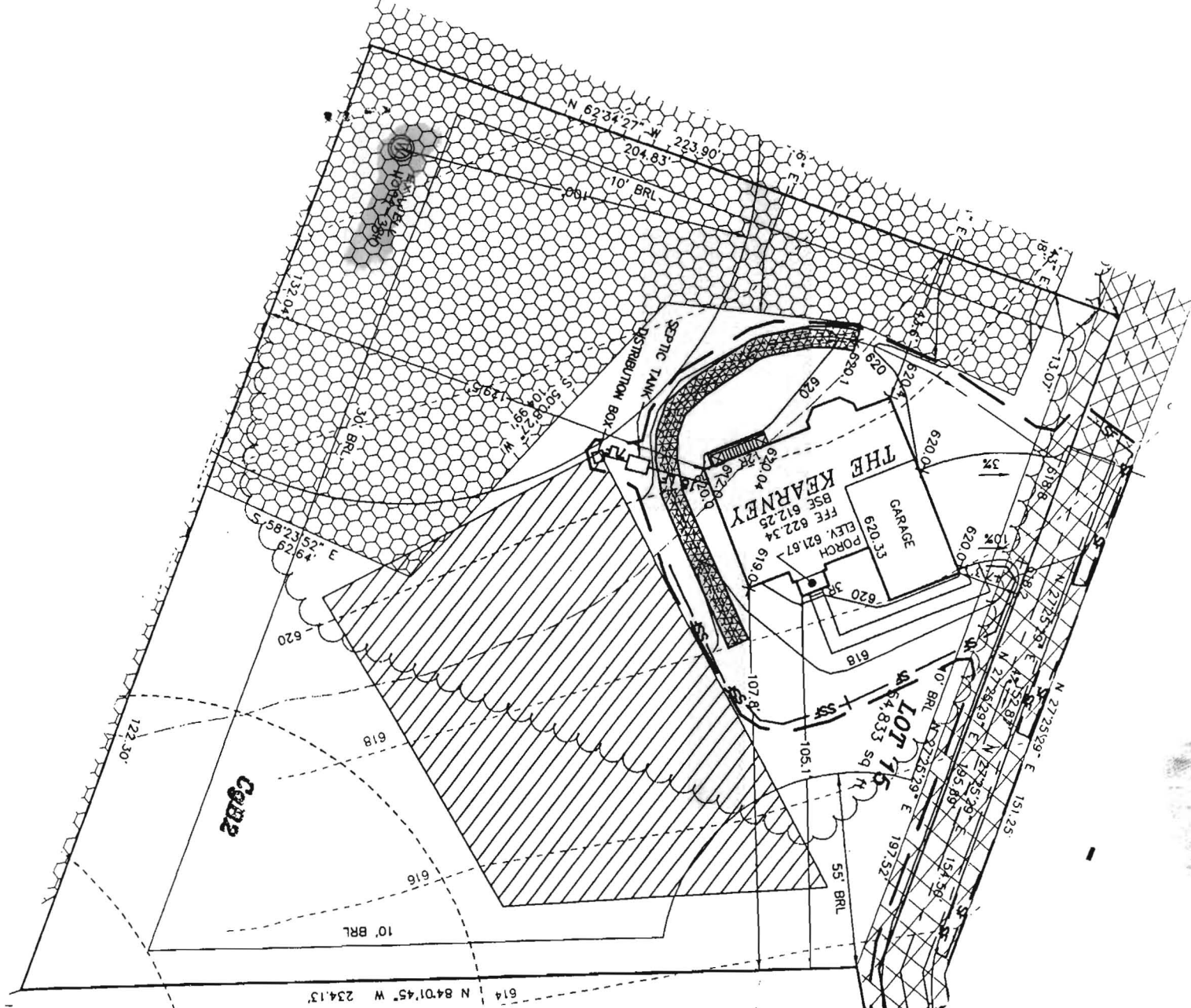
6/2/05 KN

called
ELM

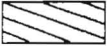
about

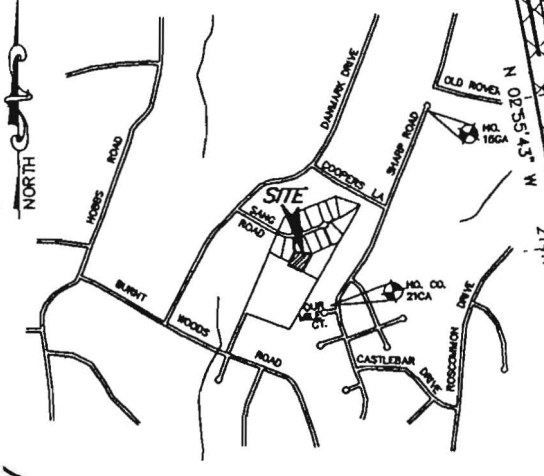
well abandon...

called
again
AT 6/19/05



GENERAL NOTES

- EXISTING DRIVEWAY ENTRANCES CONSTRUCTED AS PER F-96-74.
- THIS PLAN IS BASED ON A FIELD RUN MONUMENTED BOUNDARY SURVEY PERFORMED ON OR ABOUT NOVEMBER 28, 1995 BY MILDENBERG, BOENDER & ASSOCIATES, INC. TOPOGRAPHIC DATA IS BASED ON A SURVEY BY MILDENBERG, BOENDER & ASSOCIATES, INC. PERFORMED IN MARCH 1996.
-  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, & RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
- DRIVEWAY(S) SHALL BE PROVIDED PRIOR TO RESIDENTIAL OCCUPANCY TO INSURE SAFE ACCESS FOR FIRE AND EMERGENCY VEHICLES PER THE FOLLOWING MINIMUM REQUIREMENTS:
 - WIDTH-12 FEET (14 FEET IF SERVING MORE THAN ONE RESIDENCE).
 - SURFACE-STANDARD P-1 PAVING SECTION.
 - GEOMETRY-MAXIMUM 15% GRADE, MAXIMUM 10% GRADE CHANGE AND MINIMUM OF 45 FOOT TURNING RADIUS.
 - STRUCTURES (CULVERT/BRIDGES)-CAPABLE OF SUPPORTING 25 GROSS TONS (H25 LOADING)
 - DRAINAGE ELEMENTS-CAPABLE OF SAFELY PASSING 100-YEAR FLOOD WITH NO MORE THAN 1 FOOT DEPTH OVER DRIVEWAY SURFACE.
 - STRUCTURE CLEARANCES-MINIMUM 12 FEET.
 - MAINTENANCE-SUFFICIENT TO INSURE ALL WEATHER USE.
- THE SPOIL FROM THE TRENCHING OF THE SEPTIC SYSTEM IS TO BE PLACED ON THE UPHILL SIDE OF THE TRENCHES.
- STORMWATER MANAGEMENT PROVIDED IN ACCORDANCE WITH F-96-74.
- THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER EX: HO 91-3810) HAS BEEN FIELD LOCATED BY MILDENBERG, BOENDER & ASSOCIATES, INC., PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.








VICINITY MAP

SCALE: 1" = 2000'

Owner/Builder - Patuxent Builders Inc.
 3/29/04 - THE KEARNEY
 Lot #15 - Sang Rd. Glenwood Md.
 3326

LEGEND

- | | | |
|--|-----|----------------------------------|
|  | SSF | SUPER SILT FENCE |
|  | SF | SILT FENCE |
|  | ECM | EROSION CONTROL MATTING |
|  | | LIMIT OF DISTURBANCE |
|  | SCE | STABILIZED CONSTRUCTION ENTRANCE |

FIRST FLOOR ELEV.	= 622.34
BASEMENT ELEV.	= 612.25
INV. OUT OF HOUSE	= 617.85
INV. IN SEPTIC TANK	= 617.49
INV. OUT SEPTIC TANK	= 617.24
INV. IN DIST. BOX	= 617.1
EXIST. ELEV. @ SEPTIC TANK	= 620.4
PROP. ELEV. @ SEPTIC TANK	= 620.1
EXIST. ELEV. @ DIST. BOX	= 620.6

* BASEMENT SEWERAGE TO BE PUMPED