PERMIT SEWAGE DISPOSAL SYSTEM

25572

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH **992-2330**

03-306631

ELLICOTT CITY DISTRICT_3rd

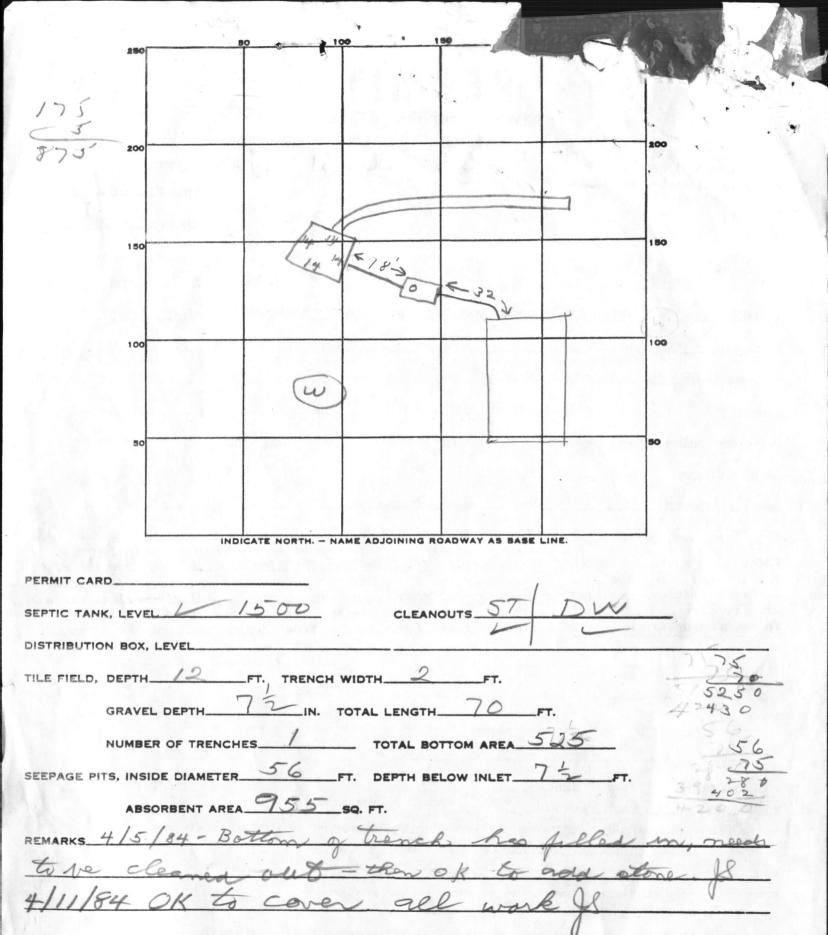
DATE 12/08/83

	-,			X ALTER
ADDRESS 2555 Jennin	gs Chapel Road, Woodbine	, MD. 21797 PHO	ONE489-	4724
SUBDIVISIONCameron	Tract . ROAL	3625 Cameron Cour	tLOT	POES PAP
	Dennis Connoly			110000111100
PROPERTY OWNER	5081 West Durham Road			
ADDRESS	Columbia, Maryland 2.			
ADDRESS				
IF GARBAGE GRINDER IS USE	D INCREASE SEPTIC TANK CAPACITY	BY 50% AND ABSORPTION ARE	A BY 22%.	1
GARBAGE GRINDER? YES	NO			
SEPTIC TANK CAPACITY	GALLONS NUMBER	OF BEDROOMS		
Dru well to have 17	5 sq. ft. of sidewall are	es per bedroom. Dru	moll inle	of to he At feet
below original grad	e. Dry well bottom (max.	imum depth) to be 12	feet belo	ow original grade.
Place the dry well	60 feet from the 466.60	ft. long rear lot li	ne and 250	of feet from the r
(251.36 ft. long) 1	ot line as seen when fac.	ing the lot from Cam	eron Cout	TDPMCH(es) with
		try one to the	CLOII COLL	· INDIVERTICAL (CO) WILLS
the same critical d	epth(s) as above drywell	may be used to comp	lete total	sidewall absorba
area requirements.	epth(s) as above drywell A 5 foot earth buffer re	equired between dryw	ell and ti	rench. Call for
area requirements.	A 5 foot earth buffer re	equired between dryw	ell and ti	rench. Call for
area requirements.	epth(s) as above drywell A 5 foot earth buffer re h before gravel is instal	equired between dryw	ell and ti	rench. Call for
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area requirements.	A 5 foot earth buffer re h before gravel is insta	equired between dryw	ell and ti	rench. Call for
area requirements.	A 5 foot earth buffer re h before gravel is insta	equired between dryw lled. NOTE: Trench	ell and ti	rench. Call for
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area requirements.	A 5 foot earth buffer re h before gravel is instal	equired between dryw lled. NOTE: Trench	ell and ti	rench. Call for
area requirements. inspection of trenc	A 5 foot earth buffer re h before gravel is instal	equired between dryw lled. NOTE: Trench	ell and ti	rench. Call for be on level groun
area requirements. inspection of trenc PLANS APPROVED BYFr	A 5 foot earth buffer re h before gravel is insta.	equired between dryw lled. NOTE: Trench	ell and ti (es) must	rench. Call for be on level groun
PLANS APPROVED BYFr	A 5 foot earth buffer re h before gravel is instal ank Skinner ED AND APPROVED.	equired between dryw lled. NOTE: Trench	ell and ti (es) must	rench. Call for be on level groun
PLANS APPROVED BYFr	A 5 foot earth buffer re h before gravel is insta.	equired between dryw lled. NOTE: Trench	ell and ti (es) must	rench. Call for be on level groun
PLANS APPROVED BY Fr. COVER NO WORK UNTIL INSPECT NEITHER THE HOWARD COUNTY	A 5 foot earth buffer re h before gravel is instal ank Skinner ED AND APPROVED.	equired between dryw lled. NOTE: Trench s responsible for the success	ell and ti (es) must	rench. Call for be on level groun
PLANS APPROVED BY Fr. COVER NO WORK UNTIL INSPECT NEITHER THE HOWARD COUNTY NOTE: IF TRENCH IS USED CAL	ank Skinner ED AND APPROVED. COUNCIL NOR THE HEALTH DEPARTMENT IS	S RESPONSIBLE FOR THE SUCCESS ACING GRAVEL IN TRENCH.	ell and ti (es) must DATE FUL OPERATION	rench. Call for be on level groun
PLANS APPROVED BY Fr COVER NO WORK UNTIL INSPECT NEITHER THE HOWARD COUNTY NOTE: IF TRENCH IS USED CAL NOTE: NO DRY WELL SHALL EX	A 5 foot earth buffer re h before gravel is instal ank Skinner ED AND APPROVED. COUNCIL NOR THE HEALTH DEPARTMENT IS L FOR INSPECTION BEFORE AND AFTER PLA KCEED 15 FOOT IN DIAMETER. NO ABSORPT	S RESPONSIBLE FOR THE SUCCESS ACING GRAVEL IN TRENCH. FION TRENCH TO EXCEED 100 FEET	ell and ti (es) must DATE FUL OPERATION	rench. Call for be on level groun
PLANS APPROVED BY Fr. COVER NO WORK UNTIL INSPECT NEITHER THE HOWARD COUNTY NOTE: IF TRENCH IS USED CAL NOTE: NO DRY WELL SHALL EX NOTE: ALL PIPE FROM HOUSE	A 5 foot earth buffer re h before gravel is instal ank Skinner ED AND APPROVED. COUNCIL NOR THE HEALTH DEPARTMENT IS L FOR INSPECTION BEFORE AND AFTER PLA CCEED 15 FOOT IN DIAMETER. NO ABSORPT TO SEPTIC TANK MUST BE CAST IRON OR SERVICE OF THE PLANT OF THE PLANT OF SERVICE OF THE PLANT OF THE	S RESPONSIBLE FOR THE SUCCESS ACING GRAVEL IN TRENCH. FION TRENCH TO EXCEED 100 FEET	ell and ti (es) must DATE FUL OPERATION	rench. Call for be on level groun
PLANS APPROVED BY Fr COVER NO WORK UNTIL INSPECT NEITHER THE HOWARD COUNTY NOTE: IF TRENCH IS USED CAL NOTE: NO DRY WELL SHALL EX NOTE: ALL PIPE FROM HOUSE PERMIT VOID AFTER THREE YEAR	A 5 foot earth buffer re h before gravel is instal ank Skinner ED AND APPROVED. COUNCIL NOR THE HEALTH DEPARTMENT IS L FOR INSPECTION BEFORE AND AFTER PLA KCEED 15 FOOT IN DIAMETER. NO ABSORPT TO SEPTIC TANK MUST BE CAST IRON OR SES.	S RESPONSIBLE FOR THE SUCCESS ACING GRAVEL IN TRENCH. FION TRENCH TO EXCEED 100 FEET SCHEDULE 40 PVC OR ABS.	ell and ti (es) must DATE FUL OPERATION IN LENGTH:	ench. Call for be on level groun
PLANS APPROVED BY	A 5 foot earth buffer re h before gravel is instal ank Skinner ED AND APPROVED. COUNCIL NOR THE HEALTH DEPARTMENT IS L FOR INSPECTION BEFORE AND AFTER PLA CCEED 15 FOOT IN DIAMETER. NO ABSORPT TO SEPTIC TANK MUST BE CAST IRON OR SERVICE OF THE PLANT OF THE PLANT OF SERVICE OF THE PLANT OF THE	S RESPONSIBLE FOR THE SUCCESS ACING GRAVEL IN TRENCH. FION TRENCH TO EXCEED 100 FEET SCHEDULE 40 PVC OR ABS. S MUST BE 6 INCHES IN DIAMETER	ell and to (es) must DATE — FUL OPERATION IN LENGTH:	ench. Call for be on level groun

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



DATE SYSTEM APPROVED 4/11/84 INSPECTOR Stayer

C1 4432 SEQUEN NO.	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 2 5572
DATE Received . DATE WELL COMPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 15 20	22 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
The Addition of the Control of the C	Enterprises	
7 7 1	Court first name TOWN	Mayfield
SUBDIVISION Cameron Tract WELL LOG	SECTION GROUTING RECORD WAS 100	LOT 8
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check in the state of the sta	CEMENT CH BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS 4 NO. OF POUNDS 4400	PUMPING RATE (gal. per min. 10 15 15
Tail	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE BUCKET
1005011 02	from 0 ft. to 5 0 ft.	WATER LEVEL (distance from land surface)
Se detane 2 and	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 17 20
2000 Out 83	casing types types ST CO	WHEN PUMPING 52
Deniva 85 86 /	(insert appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
9 00 00	code below PL OT	air piston turbine
Gudobne 86 Ko	PLASTIC OTHER MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
	CASING top (main) casing of main casing	centrifugal R rotary (describe below)
	TYPE (nearest inch) (nearest foot)	jet Submersible
	60 61 63 64 66 70	27 27
	OTHER CASING (if used) A diameter depth (feet)	
	H inch from to	PUMP INSTALLED
	X S	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
	G C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert ST BR HO	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
	(appropriate code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35
	C 2	PUMP HORSE POWER 37 41
100000000000000000000000000000000000000	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 1 HO 90 1 160	CASING HEIGHT (circle appropriate box
	C 8 9 17 15 17 21	LAND SURFACE
	S ² 23 24 26 30 32 36	below (nearest foot)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	R ₃	LOCATION OF WELL ON LOT
A WHEN THIS WELL WAS COMPLETED	N 30 39 41 45 47 51	SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3 (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO 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	GRAVEL PACK	Rear 181 11M7
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	2,5
OF MY KNOWLEDGE.	F IN BOX 68 68	Y = 10 - X
DRILLERS IDENT. NO.	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	3 6 13
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	Well
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	2
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	1
responsible for sitework if different from permittee)	CASING INDICATOR	

10 9 9 9 5 Jun

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 8/- 0247	3	
Location of property (road) Cameron Court		
Subdivision Cameron Tract Lot 8 Block Plat	Sec	**
Well Driller George Easterday Owner Gramkow Enterprises	7.0	
	.00	
Depth of well 160 206pm		
Distance of measuring point (M.P.) above ground		
Static water level (S.W.L.) below M.P. 45'		
I. High rate pumping reservoir drawdown		
Time pump started 6 30 Pumping rate 10,6,7, M Total time 7 15 to reach pumping water level 58 ft. below		
Motal time The reach numbing water level file ft below	M D	
Total time 1113 to leach pumping water level 500 it. Delow	A.F.	
UNITE A STATE OF THE OFFICE AND A STATE OFF		

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$' gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30	45'	6 per		10,6,P,m
6:45	50'	6 see		10,6Pim
1100	51'	6 sec		10,6,Pm
7115	52'	6 pec		10,6.P.M
7/30	52'	6 sec		10, G.P.M
7145	52'	6 pec		10,6,P,N
8:00	52'	boec.		10, 6, P.M
8:15	52'	6 sec		10,6,Pm
8130	52'	boer		10,6,P,m
8: 45	52'	base		10.6.P.m
9:00	52'	6 sec	The second of the second	10,6,P,m
9:15	52'	6 per		10,6,P,m
9,30	52'	6 pec		10,6,P,M
			Bruco Shampion	
		The second section	No. 2 Personal Control of the Contro	
a the state of				
A CONTRACTOR				

RECEIVED HOWARD COUNTY HEALTH DEPT. HEALTH DEPT. HEALTH DEPT.

SEP 13 10 09 AM '83

ENVISION OF ENVISOR HEALTH

8. HJ 25 Z E1 das

HEALTH DEPT.

APPLICATION

A25572

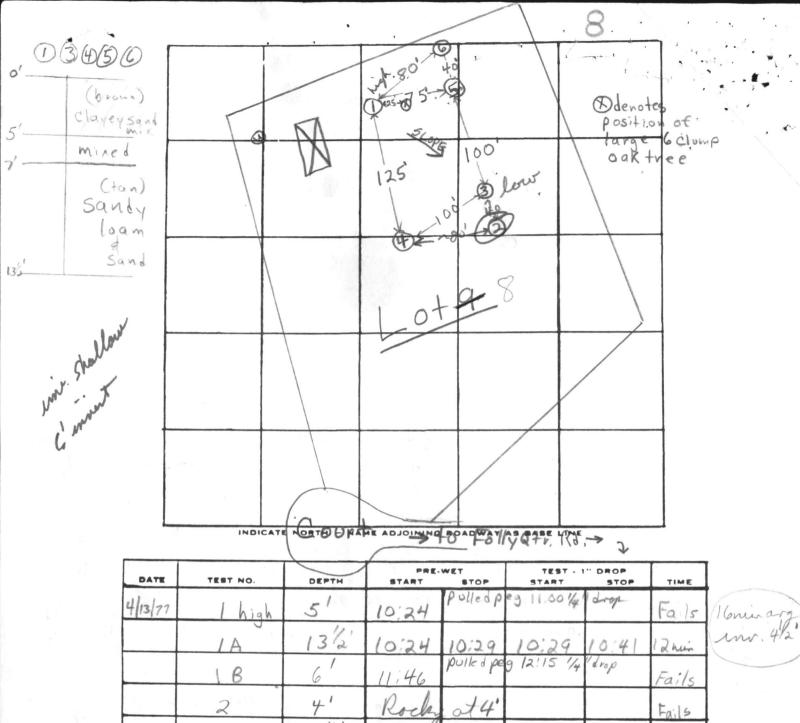
SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356 DISTRICT _____3

DATE ____4/4/77

TO: THE COUNTY HEALTH	OFFICER		
ELLICOTT CITY, MAR	YLAND		
I. HEREBY, APPLY F	OR THE NECESSARY TEST IN ORDER TO CONS	TRUCT (OR RECO	NSTRUCT) A SEWAGE
DISPOSAL SYSTEM.	Denvis Convoly Dr. Ronald Cameron / C & D Dev. Corp.		
PROPERTY OWNER	5081 West Durham Road	59	26-6949 -2495
ADDRESS	Columbia, md 21044	PHONE	2495
PROPERTY LOCATION:			
SUBDIVISION	Folly Quarter Estates	LOT NO9	- 8 (new)
	3425 Cameron Court		
POAD AND DESCRIPTION	Folly Qtr. Rd., S. of Rt. 144 on e	east side of Fo.	Ty Otr. Rd.
	between Rt. 144 and Homewood Rd.		48, R per B. P. 55405
			(4-25edrooms)
SIZE OF LOT	3.0 acres		gle family res.
		NUA	BER OF BEDROOMS
IF NOT SINGLE RESIDENCE	DESCRIBE		
THE SYSTEM INS	TALLED UNDER THIS APPLICATION IS	ACCEPTABLE CO	NUXAUNTILE PUBLIC
FACILITIES BECOME	AVAILABLE.	AND R	ETURNED 2/14/83
	11110 8811111	+1 4	55405
SIGNATURE OF APPLICA	NT	H	
5~	F.F. DeFlavis/ C & D Dev. Corp.	Almarah	uhaha
APPROVED BY	FOR CVYWELL	TYPICH DATE	11/25/27
REJECTED BY	FOR	DATE	
RESECTED BY	1 (KIND OF	SYSTEM)	
HOLD PENDING FURTHER	TESTS	DATE	
	11-1-01011	1101	+. 11
REASONS FOR REJECTION	OR HOLDING TISTIT HOLD for certific	ed hole loca	hom to
		AND RESIDENCE OF SHARE	No. of the last of

THIS IS NOT A PERMIT



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14/21

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Ilmin

2:40

2,01

2:43

2:06

2:13

1:52

2:35

2:32

2:02

1:52

2:32

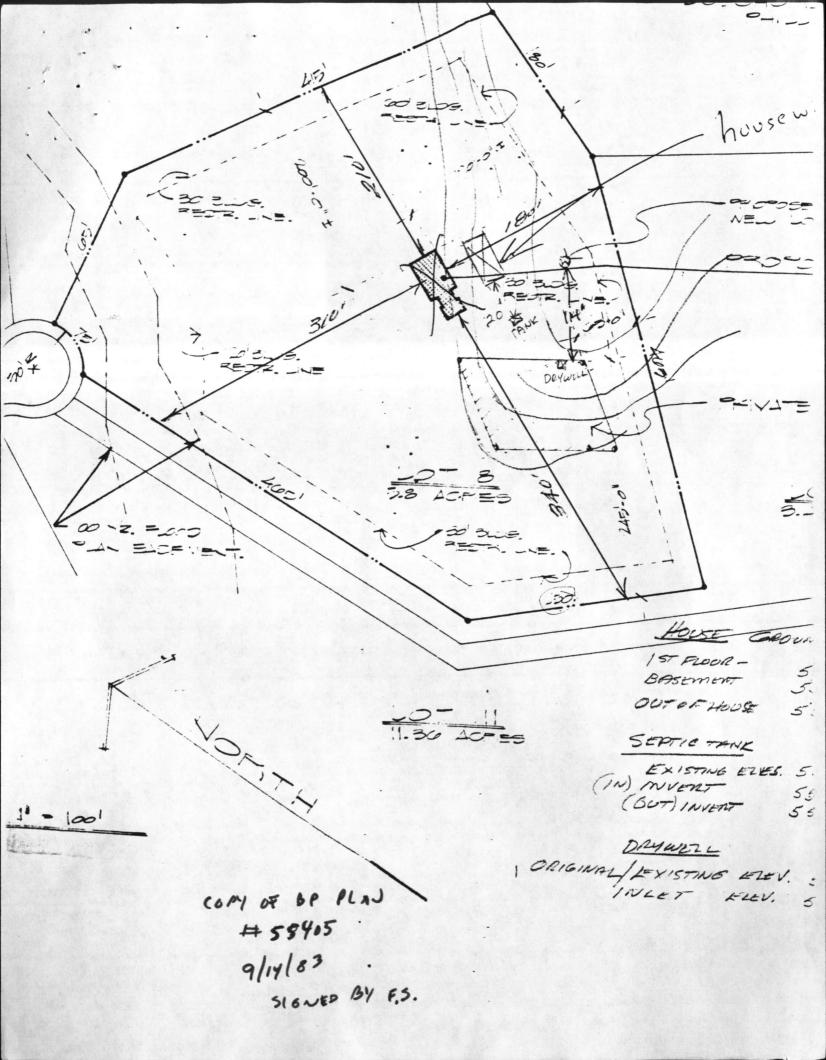
4 min dug to 14' O.K. Sand 10' > 13'

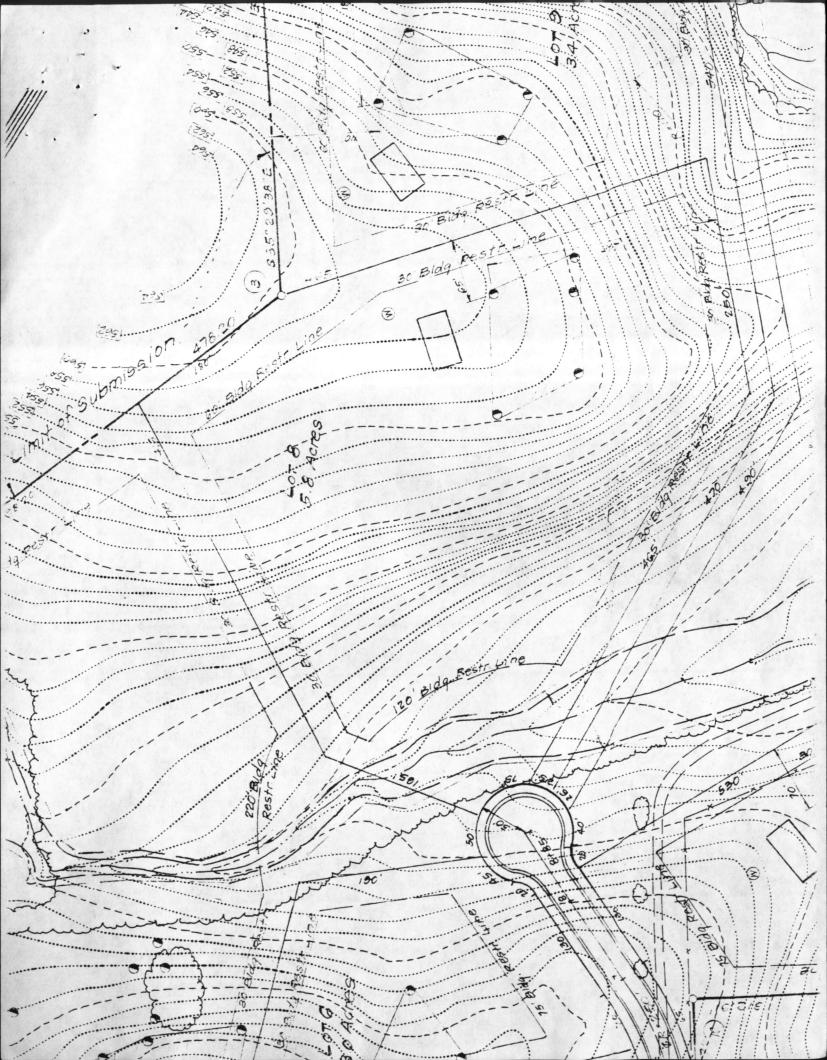
TESTED BY F.S. ALSO PRESENT: L. Graul: Al Mitchell

2:25-

1:58

B 1 7163 SEQUENCE NO. TO STATE OF	MARYLAND	OEP PERMIT NUMBER
PERMIT TO	DRILL WELL	HO1-18111-101214171
THIS NUMBER IS TO BE PUNCHED 9/2 please pr	int or type	70 fill in this form completely 79
Date Received 9.30 Capit	B 3	LOCATION OF WELL
OWNER INFORMATION	1 2 HO Wale of	
FIRAMKOW ENTERPOLISES	8 COUNTY	21
15 Last Name Owner First Name 34	23 SUBDIVISION	110007
36 Street or RFD 55	SECTION	LOT
10000001ne M321797	44 46 10 6 1 L 1 1 0 1	48 50
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	71
George Exterday HIDIT	MILES FROM TOWN (ent	er 0 if in town) 73 76 77 78
Driller's Name 77 License No. 80	B 4	[7.11.1 A d pd]
Firm Name D D D D D D	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
Address Address	TOWN (CIRCLE BOX)	NORTH
Signature Casterday 8-24-83	NW 8 NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W 32 E WEST DEAST
B 2 WELL INFORMATION	8-9	WEST SEAST SOUTH
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)	W TOWN E	1000
AVERAGE DAILY QUANTITY NEEDED	IS (S)	34 OO 37 DISTANCE FROM ROAD
(GAL. PER DAY)	S _W S _E S _E	ENTER FT or MI
USE FOR WATER (CIRCLE APPROPRIATE BOX)	8	NOT TO BE FILLED IN BY DRILLER
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	HOWARD	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.	OEP	STATE HEALTH INSERT S
22 L'J OTHER (REQUIRES APPROPRIATION PERMIT) —— PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	SIGNATURE	- / C/ - 2/- /41
P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)	43 48 00	DSIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH 5 2 3 0 0	0 EAST 826000
L'J APPROPRIATION PERMIT)	SHOW MAJOR FEATUR	ES OF free trem OK
APPROXIMATE DEPTH OF WELL 24 28 FEET	BOX & LOCATE WELL _ WITH AN X	82'- Casmir
/ /* NEAREST	SOURCES OF DRILLING	
APPROXIMATE DIAMETER OF WELL INCH	1.	50+- open
METHOD OF DRILLING (circle one)	3.	211 - bags come
BORED (or Augered) JETTED Jetted & DRIVEN	WRITE THE BOX NUMB	ER ZT
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT	FROM THE MAP HERE	well
	E 826	6 9/2/83 8
other	N 320	3 - 000
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		W SHOWING LOCATION OF WELL IN
THIS WELL WILL NOT REPLACE AN EXISTING WELL		TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE	N A	22
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED	102 A . May	
S AS A STANDBY D THIS WELL WILL DEEPEN AN EXISTING WELL	1	Rt IIII
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED		1921
(IF AVAILABLE) 41 52		182
Not to be filled in by driller (OEP USE ONLY)		Aust .
APPROP. PERMIT NUMBER G A P		Land commonon et.
54 63	/	De Marie War
FORCE INITIALS PERMIT No. 1 0 - 8 1 - 0 2 4 7 10 10 10 10 10 10 10 10 10 10 10 10 10		70
SPECIAL CONDITIONS		

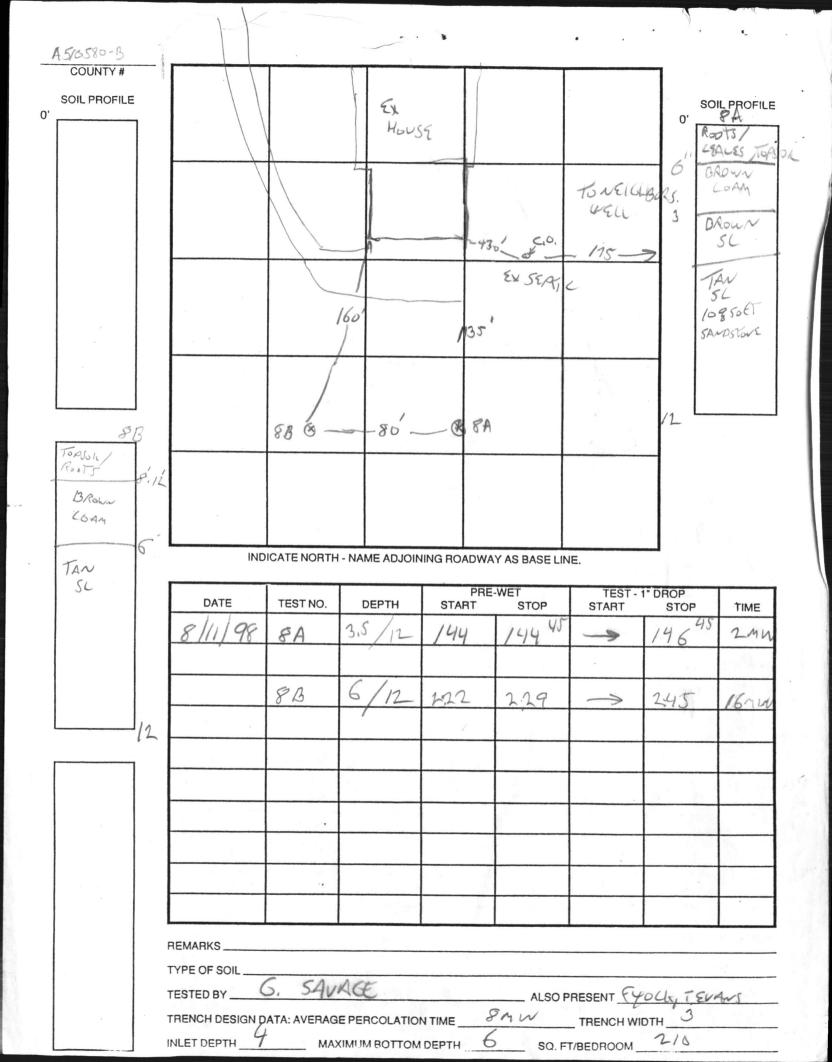


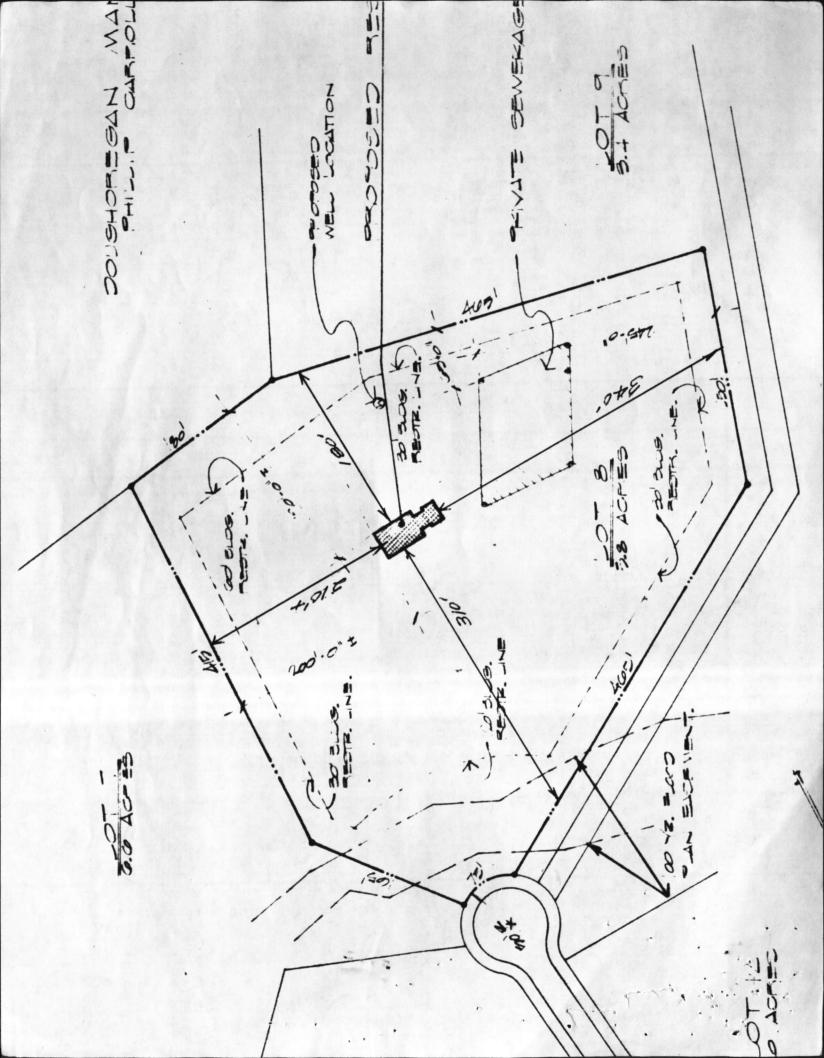


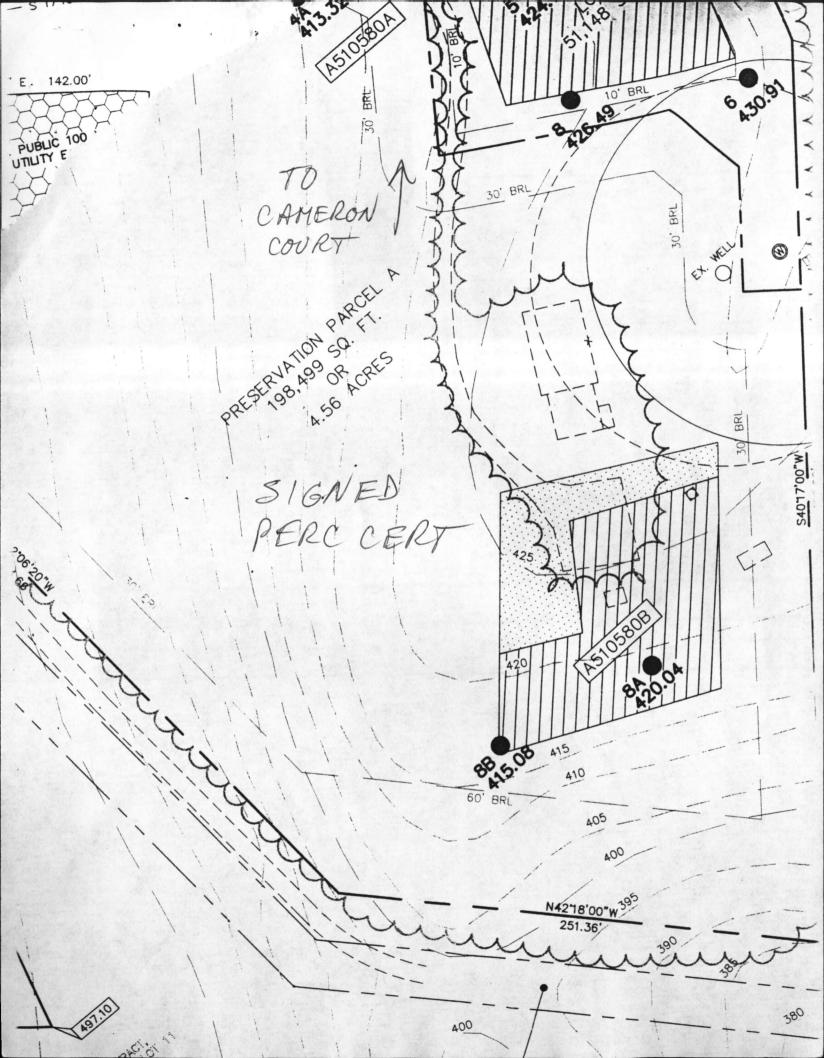
APPLICATION

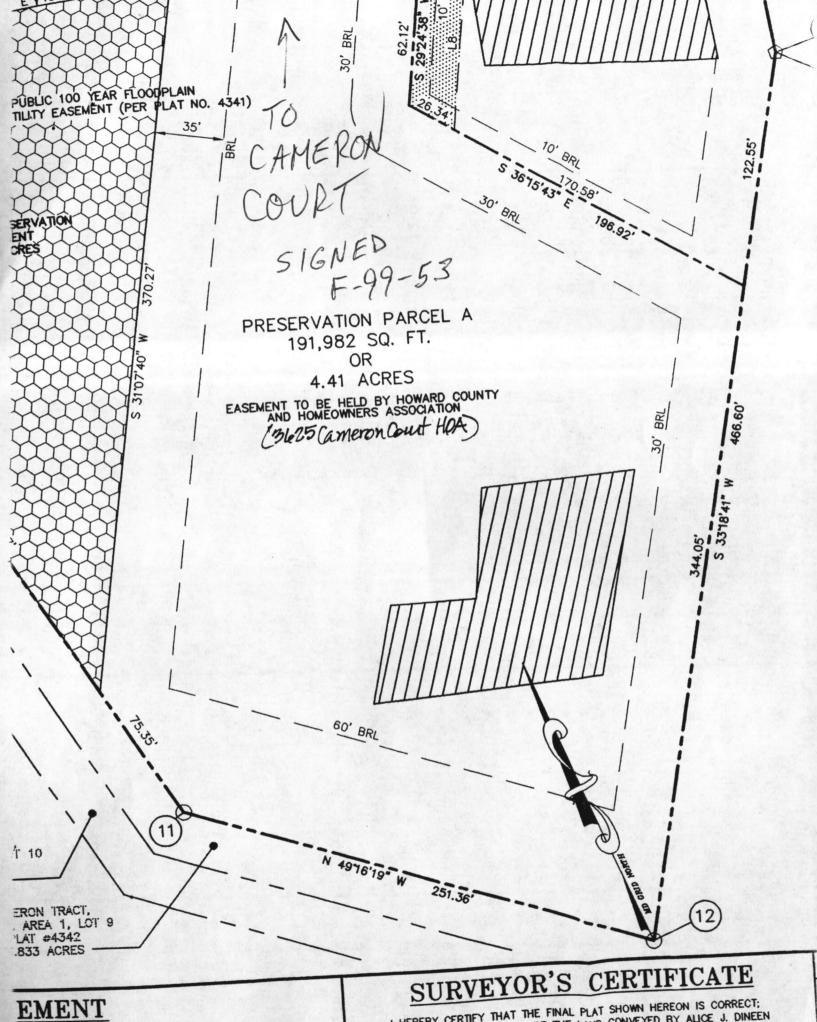
PERCO	OLATION TESTING	mus light	A \$10580-F
A CONTRACTOR OF A CONTRACTOR O	PROPOSED I LOTSUM PROPOSED I LOTSUM SEPTIL AREA LIDURE	goloro	P
	0000050	EXISTING	
HOWARD COUNTY HEALTH DEPARTMENT	AREA EX	DISTRICT_	
BUREAU OF ENVIRONMENTAL HEALTH	SEPTIC A	DATE	7-23-98
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640	Howe	DATE	, 03 .0
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICAT		OR RECONSTRUCT) A SEWAG	GE DISPOSAL SYSTEM.
PROPERTY OWNER AUCE J. DI	NEEN		
ADDRESS 3625 CAMERON ELLICOTT CITYL	COURT PHONE MD ZIOAZ		
7.6.71	Davie 1	(41A) 465-	77.82
ADDRESS 28 24 DEERFIELD	DKIVE PHONE_	fres. Pa	F 1
ELLICOTI CITA	3MD 21013	tres. ru	I. A
PROPERTY LOCATION.	1000)	Sto EX	SED.
SUBDIVISION CAMERON TRACT			
ROAD AND DESCRIPTION END OF	CAMERON	COURT	70
THE SOUTHEAS"	T .		
TAXMAP 23 PARCEL# P/0 124			
SIZE OF LOT 46 5 119	TYPE BLDG.	SFD	
SIZE OF LOT		SINGLE FAMILY DWELLING C	R COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	BLE ONLY UNTIL PUBLIC FACILITI	ES BECOME AVAILABLE. I	FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APP	1	// 1	ES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L	OT. Attplia	(SIGNATURE OF APPLICANT)	iceux
1.2. 0		~ .	0.20.90
APPROVED BY HIS King	_ FOR EXISTING STRUC	DATE_	8.20.19
DISAPPROVED BY	FOR	DATE	100
HOLD PENDING FURTHER TESTS			
REASONS FOR REJECTION OR HOLDING			
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #		DATE	
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		DATE	7977 - 18 - 18 - 18 B
THIS IS NO	A TO	PER	MIT

HD-216 (3/92)









TY SHOWN AND DESCRIBED

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT;
THAT IT IS A SUBDIVISION OF THE LAND CONVEYED BY ALICE J. DINEEN
THAT IT IS A SUBDIVISION TO ROBIN H. EVANS AND A. TODD EVANS
AND MARJORIE A. DINEEN TO ROBIN H. EVANS AND RECORDED AMONG THE