

5/22/84

approved
5/22/86
C. Williams
P 32010

PERMIT

SEWAGE DISPOSAL SYSTEM

A 26156

MARYLAND STATE DEPARTMENT OF HEALTH*

05-371406

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

461-9933

ELLICOTT CITY

DISTRICT 5th

DATE 5/22/86

INDEXED

Robert S. Beck, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 5477 Harris Farm Road PHONE 421-9279

SUBDIVISION Ten Oaks Farm ROAD 5302 Ten Oaks Road LOT 7B

PROPERTY OWNER Patricia Patrick Minot 854-0649

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

1250

4

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the first trench 50 feet from the right (736.03 ft. long) sideline, and 120 feet from the front (285 ft. long) lot line, as seen when facing the lot from the private road. Continue to dig the trench on level ground running towards the left side line. Place the second trench parallel to, down slope of and 12 feet away from the first trench.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

olgr

PLANS APPROVED BY Frank Skinner DATE 11/24/85

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

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, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BEDG. PERMIT SIGNED

AND RETURNED 4/13/88

Serial # 17677

Prof.

A 26156

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

APPLICATION

A 26156

SEWAGE DISPOSAL TESTING

P _____

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

3 B.R.

4 B.R.

DISTRICT

5th

DATE 6/21/77

1000 gal. sept. tank / 1250 gal. sept. tank

220 SQ. FT. effective sidewall absorption area per bedroom to begin below the first 3 ft. of non-porous soil. Maximum depth permitted for drywell and trench is 9 ft. below original grade. Place the drywell 120 ft. from the front (285 ft. long) lot line and 50 ft. from the right (786.03 ft. long) side line as seen when facing the property from the 100 ft. wide common right-of-way off Ten Oaks Road. Start the trench after a 5 foot earth buffer with the drywell and proceed to dig trench on level ground. NOTE: Notch may exceed 100 ft in length. Connect trench with cast iron cross-over pipes in series, twin trench gravel depth 10 ft. 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 Allan Weintraub JAMES P. MINOT III
@ Richard Hallowell
ADDRESS Highland, Md. 20777 PHONE 286-2988

PROPERTY LOCATION: Parcel 7B
SUBDIVISION 3.120 ac LOT NO. _____
ROAD AND DESCRIPTION At end of private road off west side of intersection of Ten Oaks Rd & Highland Rd - 5th Dist.

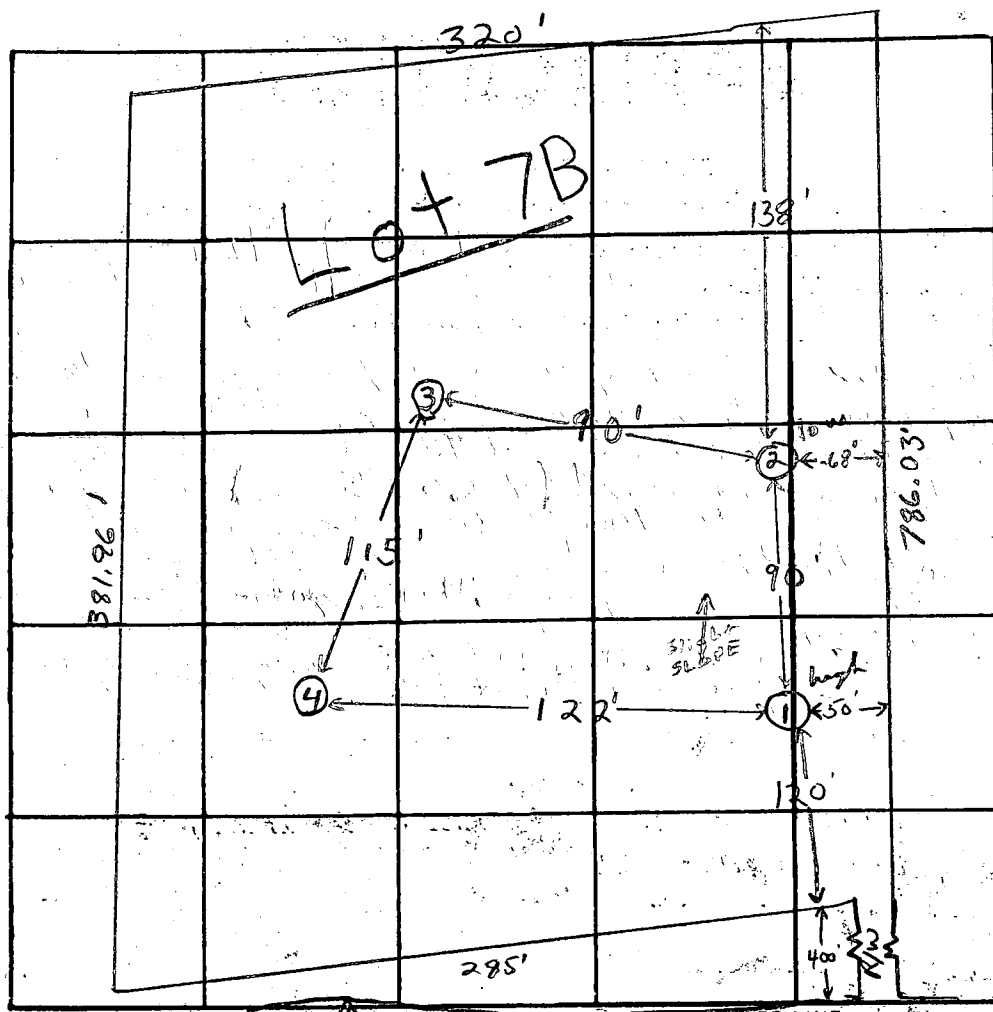
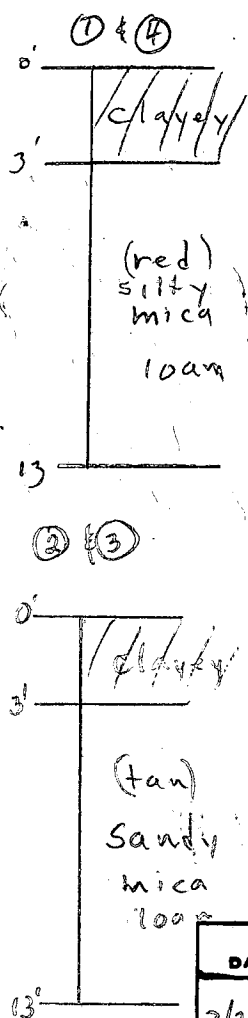
SIZE OF LOT 3.120 ac. rec 661/235 on 11/21/75 TYPE BLDG. 4 bedrm single family dwg.
NUMBER OF BEDROOMS _____
IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Richard Hallowell
APPROVED BY Frank Skinner FOR Drywell & trench DATE 2/17/78
(KIND OF SYSTEM)
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/28/77 hold for signed boundary plat, per O.K. F.S.
B.P. 67902

THIS IS NOT A PERMIT

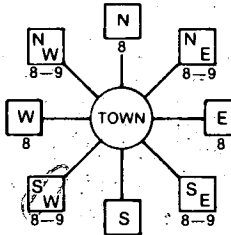
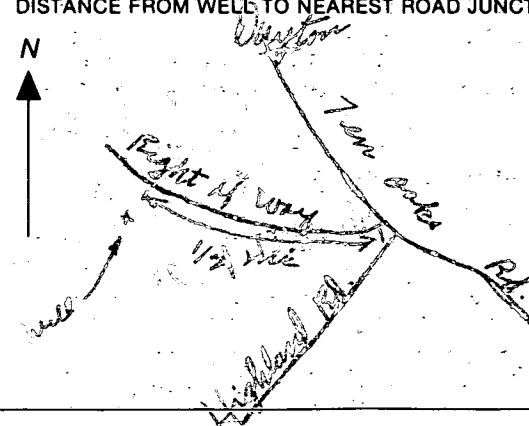


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/26/77	1 high	4'	11:21	11:36	11:36	11:56	20 min
	1A	13'	11:21	11:36	11:36	12:00	24 min
	2 low	4'	11:36	puller	12:00	15" drop	FAILS
	2A	13'	11:36	11:41	11:41	11:49	8 min
	3	3'	11:37	11:42	11:42	11:56	14 min
	3A	12'	11:37	11:53	11:53	12:12	19 min
	4	11'	Clayey to 3', mica loam below				
	2B	5'	12:03	12:13	12:13	12:39	26 min

REMARKS digested and nearly level

TYPE OF SOIL clayey to 3-4', mica loam below

TESTED BY F.S. ALSO PRESENT: Eyock & Co., Holliswell

B 1 8591 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-1092 <small>fill in this form completely</small>
Date Received <u>7/19/85</u> <u>11:30 AM</u> OWNER INFORMATION 15 Last Name <u>MAHONEY</u> Owner <u>MAHONEY</u> First Name <u>JOHN</u> 36 Street or RFD <u>5512 Ridge Rd. Md. (Living with 207)</u> 57 Town <u>LAUREL</u> 70 State 72 <u>MD</u> Zip 76 <u>20701</u>		B 3 LOCATION OF WELL 8 COUNTY <u>ANNE ARUNDEL</u> 21 23 SUBDIVISION <u>LAUREL</u> 42 SECTION <u>44</u> 46 LOT <u>7B</u> 48 50 52 NEAREST TOWN <u>LAUREL</u> 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> 73 <u>MI</u> 76 77 78	
DRILLER INFORMATION Driller's Name <u>John F. Mahoney</u> 77 License No. 80 <u>237</u> Firm Name <u>John F. Mahoney Well Drilling</u> Address <u>5512 Ridge Rd. Md. (Living with 207)</u> Signature <u>John F. Mahoney</u> Date <u>6/12/85</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 <u>1/2</u> 37 DISTANCE FROM ROAD ENTER FT or MI <u>MI</u> 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HANCOCK</u> COUNTY NO. <u>A 26156</u> OEP SIGNATURE <u>John F. Mahoney</u> STATE HEALTH INSERT S <u>41</u> DATE ISSUED <u>1/3/86</u> CO SIGNATURE <u>John F. Mahoney</u> EXP. DATE <u>1/3/86</u> NORTH GRID <u>506000</u> 50 55 EAST GRID <u>0804000</u> 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 <u>800</u> 4 N <u>500</u> 6	
APPROXIMATE DEPTH OF WELL <u>260</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		LOCATIONS OK 84' CASING 11 BAGS GR 50' OPEN 15 BAGS CEMENT 7-12-85 Cured 1 DRY HOLE FILLED	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED 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 _____ 54 GAP _____ 63 FORCE <u>C6</u> WRITE INITIALS IN BOX PERMIT NO. <u>40-81-1092</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

C1 2347 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY A 26156
NUMBER

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

1	2	3	4	5	6
8					13

07/19/85

22 265 26
(TO NEAREST FOOT)80-81-1092
28 29 30 31 32 33 34 35 36 37

OWNER MINOT PATRICIA

STREET OR RFD last name TEN OAKS RD

first name

TOWN DAYTON

SUBDIVISION ALLEN WEINTRAUB PROPERTY

SECTION

LOT 78

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

Top Soil

0 2

Sand

2 79

Gray Mica Rock

79 265

Drywell 325

Filled in with cement
& drilling materials

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

5 7

6

82

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C 2

EACH
SCREEN

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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL INSERT

F IN BOX 68

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32

WHEN PUMPING 84

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

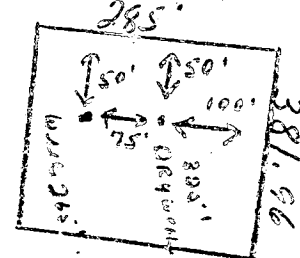
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above LAND SURFACE (nearest foot)
- below 1

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)CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 238

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

HEALTH

Well Permit No. HO - 81-1092
Location of property (road) Ten Oaks Rd.
Subdivision Weintank Prop. Lot 7B Block Plat Sec.
Well Driller Joseph Mayne Owner Patricia Menot

Depth of well 265'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 32'

Time pump started 9:30 Pumping rate 9
Total time 30 min. to reach pumping water level 84 ft. below M.P.

[illegible]

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H9463 Name: PAT MINT County: Harford

Source of Sample: LOT 75 WEST ARB PARKWAY TOWNE CREEK
Street Town or City Collector: C. Willson

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: NO-8-1092

County: 13 Plant No. Sampling Station Date Collected 7 Time 12:25 P M Acid ☐ Iced ☒
Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>10.6</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Patricia B. Hunt
(Name)

607 Eldred Dr
(Address)
Silver Spring Md 20904

HO-81-1092
(OEP Well Permit Number)

June 11, 1985
(Date)

~~622 4731~~
384-5891

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 36917
Date 5/9/86
Telephone 4219279

Name of Installer ROBERT S. BECK INC

License number 2163
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner JAMES MINOT III Telephone 384-5891
Subdivision TEN OAKS FARM Lot # 7B Well tag # HO-81-1092
Site Address 5380 TEN OAKS RD
DAYTON, MD 20136

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make GOULDS
3. Model # 7EH 65412
4. Capacity 70 GPM

Motor

1. Horsepower 1/2
2. RPM 1750
3. Voltage ☐
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make MARTINSON
2. Model # BP 10X
3. Depth 42"

5. Pump exceeds well capacity Yes ☐ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other ☐

Tank

1. Capacity 40
2. Pressure relief valve? YES

Piping

1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42"

Well data

1. Depth 240 ft.
2. Yield 9 GPM
3. Static water level 140 ft.
4. Will water supply be disinfected by installer? YES

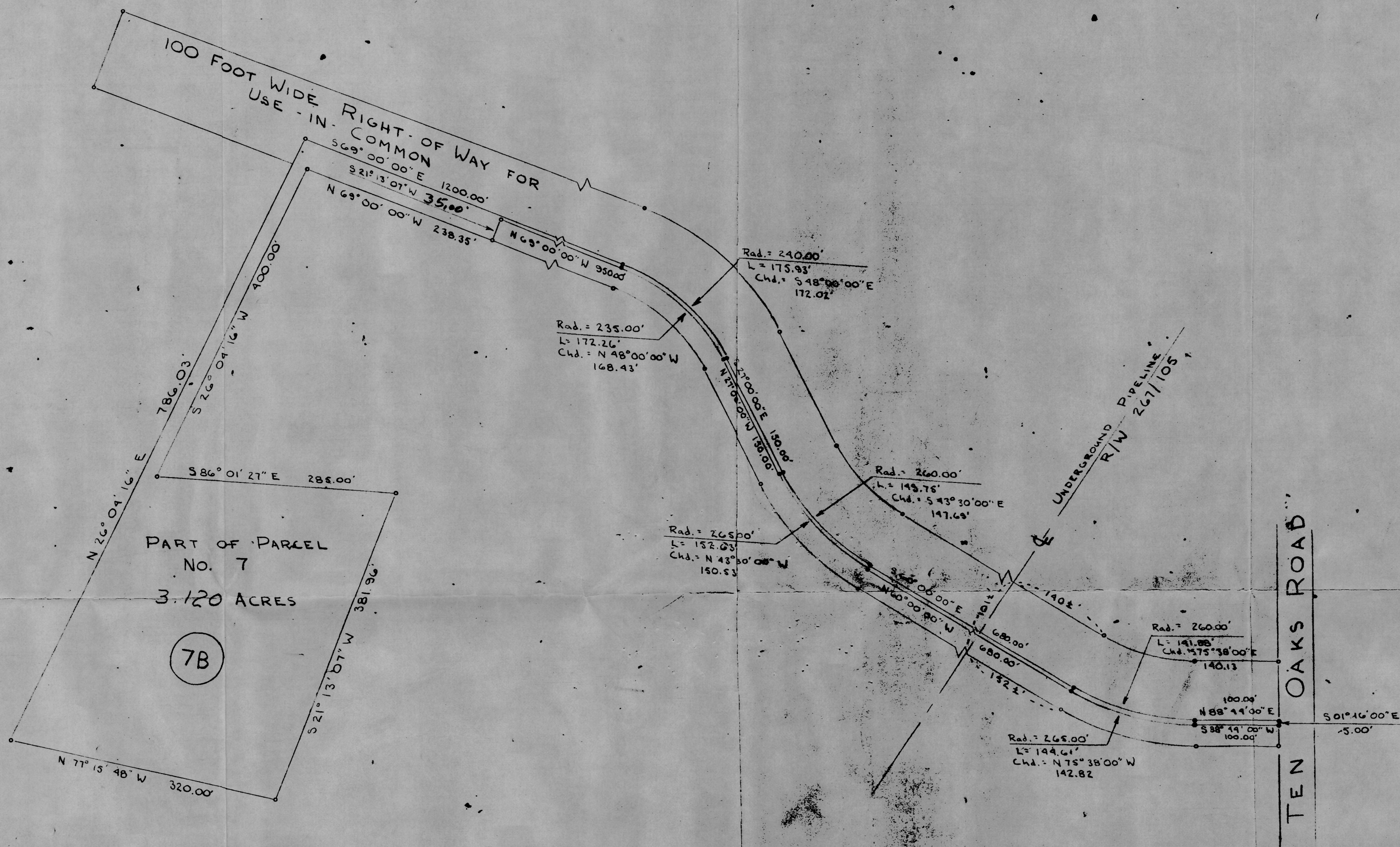
5/16/86 Outside work complete - line 42 ft below grade

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

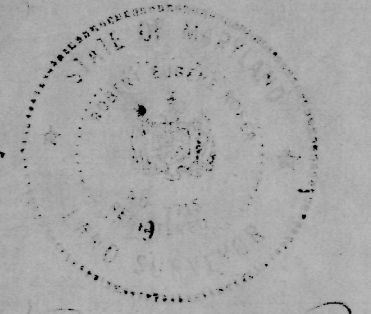
Signature of Applicant: Robert S Beck
Date: 5/9/86

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

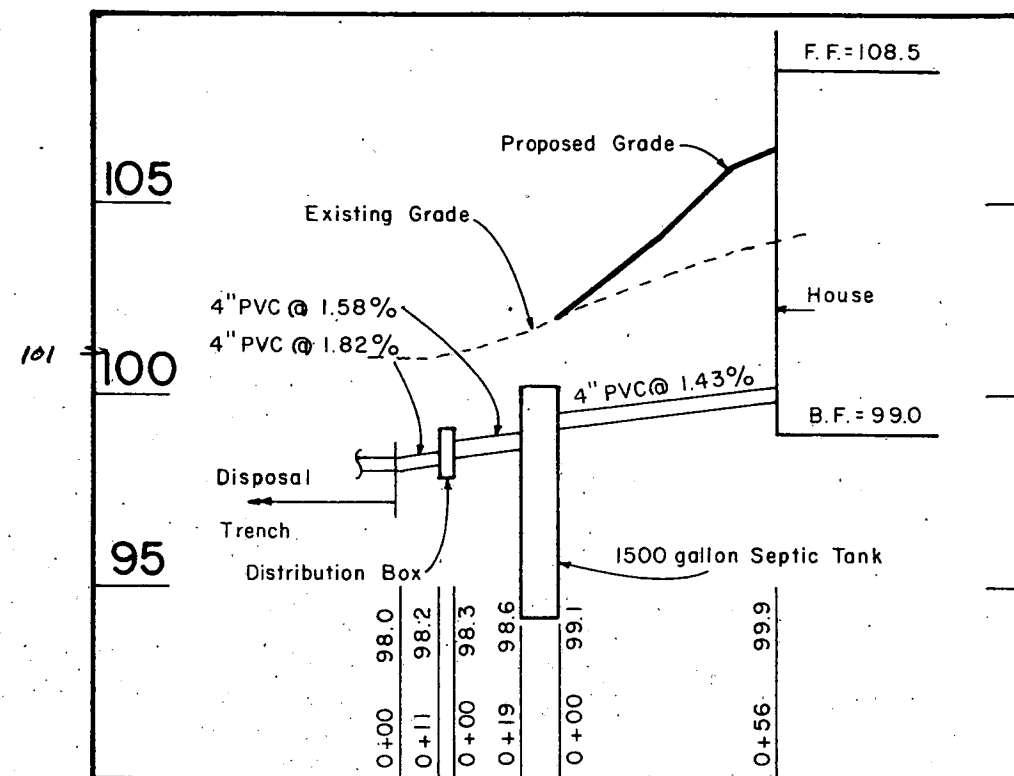


The lot shown herein complies with the
minimum lot area as required by
the Maryland State Dept. of Health & Mental Hygiene.
Private Water & Private Sewer

Joseph Boyd 10-21-77
Health Office Date



Robert E. Rosen
C-4902-7



PROFILE: SEWER LINE

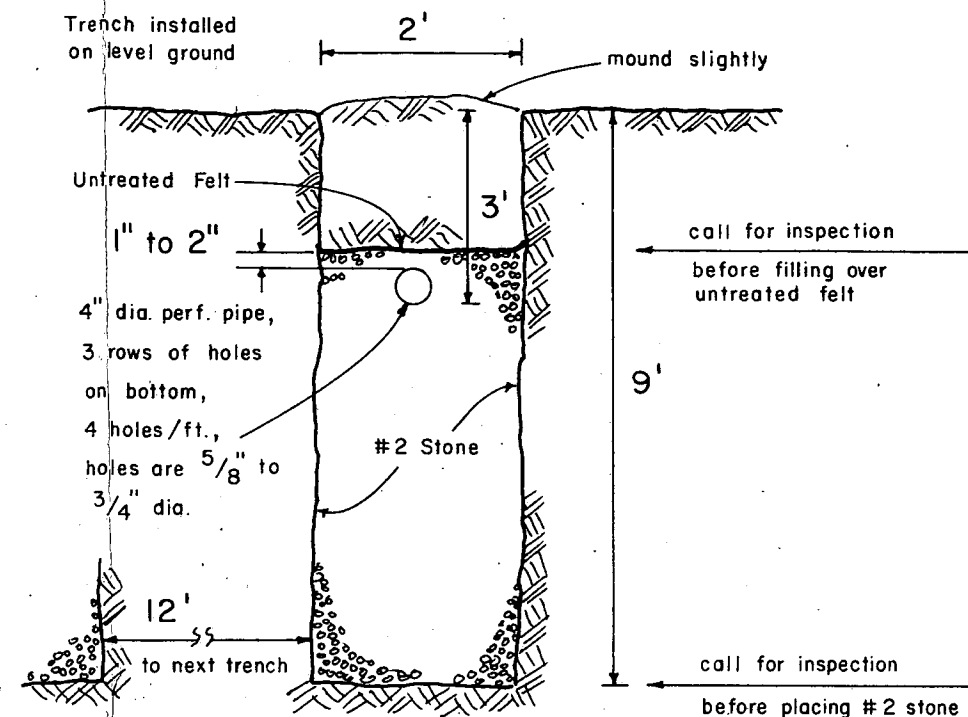
SCALE : H. 1" = 50' ; V. 1" = 5'

DESIGN INFORMATION

- 3 bedroom house
- garbage grinder in kitchen
- use 1500 gal. septic tank
- 317 S.F. of absorbant sidewall area per bedroom

$$\frac{317 \text{ S.F. / bedroom} \times 3 \text{ bedroom}}{6 \text{ S.F. / linear foot of trench}} = 158.5'$$

use 2 - 80' trenches



TYPICAL SECTION: DISPOSAL TRENCH

NO SCALE



SEPTIC PROFILES & DETAILS



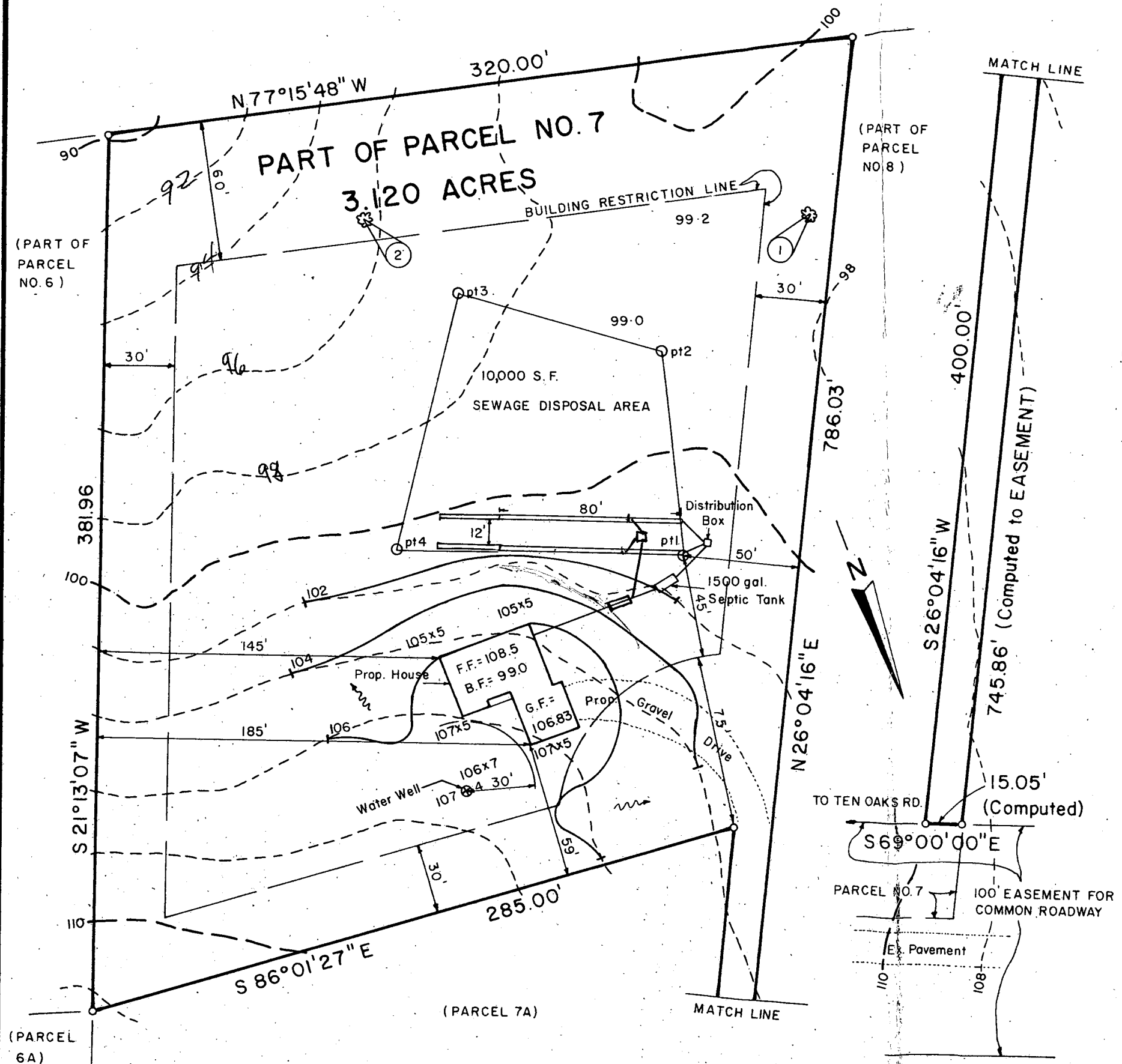
(301) 384-0355

CIVIL DESIGN SYSTEMS

CIVIL ENGINEERING & LAND SURVEYING

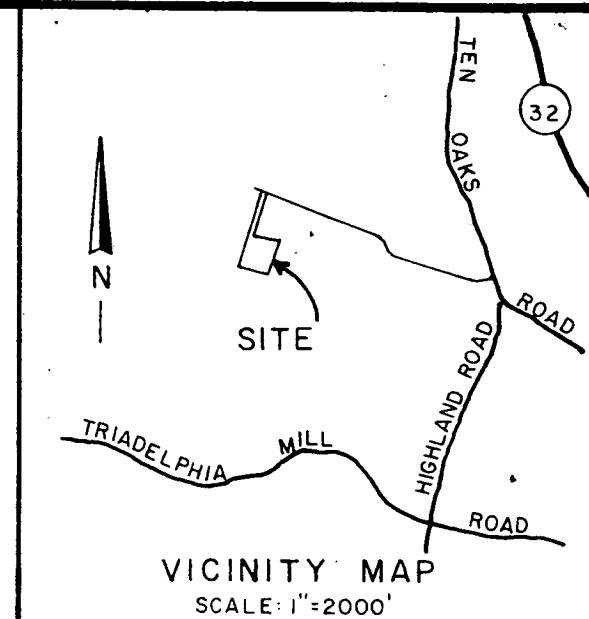
609 MARSHALL MANOR DRIVE
SILVER SPRING, MARYLAND 20904

DATE: 11/04/85
JOB: JPM85001
DWG: 851003
PAGE: 2 OF 2



NOTES

1. Perc test (Opt) results are on file at Howard County Health Department. Tests were performed on 07/26/77.
2. Topography by CDS dated 10/26/85.
3. Vertical datum is assumed.
4. Benchmarks (BM) were set:
BM1: elevation = 100.00', cut nail & washer in base of 8" Maple tree.
BM2: elevation = 96.67', cut nail & washer in base of 8" Maple tree.
5. Deed reference LIBER 1375 Folio 267:
PARCEL NO. 7 in LIBER 0661 FOLIO 235.
PARCEL 7A in LIBER 0712 FOLIO 144.
100' common roadway in LIBER 0712 FOLIO 142.
6. Zone: R



HOWARD COUNTY, MARYLAND

Ten Oaks Farm - 7B
JAMES MINOT II

well of CW
9.9 RM.
0.6 N.N.

Septic tank & location
OK F.F.

DESIGN CERTIFICATE

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

Peter A. Gallerizzo
PETER A. GALLERIZZO
MD. P.E. # 12674

11-04-85
DATE

SITE PLAN - PROPOSED HOUSE



(301) 384-0355

CIVIL DESIGN SYSTEMS

CIVIL ENGINEERING & LAND SURVEYING

609 MARSHALL MANOR DRIVE
SILVER SPRING, MARYLAND 20904

DATE: 11/04/85
JOB: JPM85001
DWG: 851003
PAGE: 1 OF 2

SCALE: 1"=50'

4/13/88
OK TO SIGN
WELL SEPTIC
NOT NEAR POOL
BH

I CERTIFY THAT THE
ELEVATIONS ARE

Peter A. Gall
PETER A. GALL
MD. P.E. # 12674

SITE PLAN

⊕ CDS

