

*6/16/78
afternoon please*

PERMIT

P 28210

A 26383

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

*6/20/78
afternoon please*

DISTRICT 5th

DATE 6/14/78

Mitchell-Wiley IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Hallmark ROAD Hallmark Road LOT 40, Sec.2

PROPERTY OWNER Mikolosko

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom, total 388 sq. ft.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 10 FT. FROM left LOT LINE AND 130 FT. FROM XXXXXXXXXXXXXXXXXXXX LOT LINE AS SEEN WHEN

~~XXXXXXXXXXXX~~ Hallmark Road.

TRENCH-to be 50 ft. long, inlet 4 ft. and maximum depth 10 ft. Run trench towards

Hallmark Road, 10-15 ft. from left lot line.

PLANS APPROVED BY David J. O'Neill DATE 22/1/77

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.

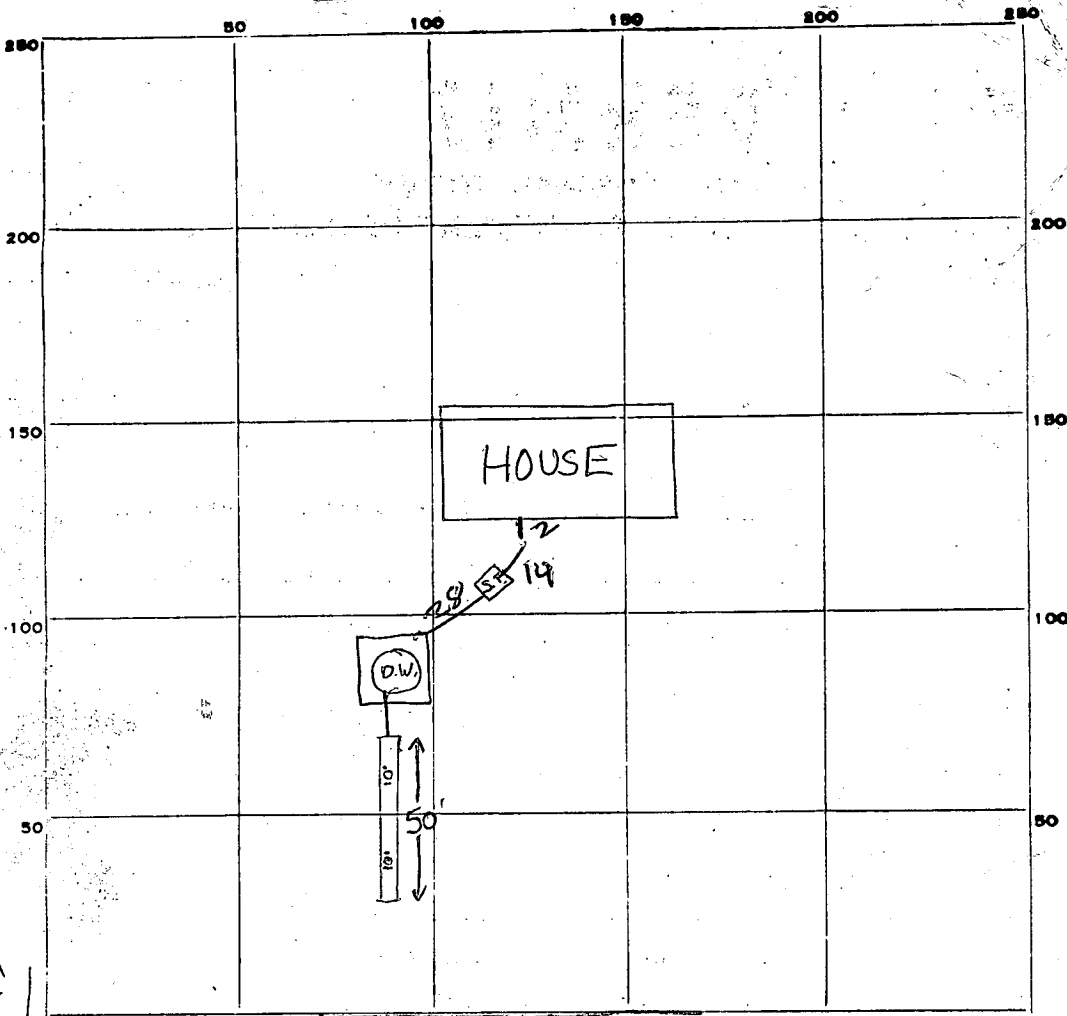
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

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

A
26383



2
 24
 5

 220
 300
 410

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HALLMARK ROAD

PERMIT CARD 6/16/78 W.S.C. F.S. S.T. | D.W.
 SEPTIC TANK, LEVEL 1200 gal. CLEANOUTS _____
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 8 FT. TOTAL LENGTH 50 FT.
 NUMBER OF TRENCHES 1 $\frac{1}{2}$ SIDEWALL TOTAL BOTTOM AREA 300
 SEEPAGE PITS, INSIDE DIAMETER 44 FT. DEPTH BELOW INLET 5 FT.
 ABSORBENT AREA 220 SQ. FT. 520

REMARKS 6/16/78 O.K. to put gravel in trench F.S.

DATE SYSTEM APPROVED 20 June 78 INSPECTOR Biggs

APPLICATION

A 26383

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

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

DATE JUNE 28, 1977

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.

PROPERTY OWNER JOHN MIKOLASKO

ADDRESS 2205 FOXLEY ROAD PHONE 252-3478

PROPERTY LOCATION: TIMONIUM, MD. 21093

SUBDIVISION HALL MARK SECTION 2 LOT NO. 40

ROAD AND DESCRIPTION HALL MARK ROAD

SIZE OF LOT 1 ACRE (±) TYPE BLDG. 3 OR 4
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 JOHN MIKOLASKO by James L. Neuborn

APPROVED BY David J. O'Neill FOR Dry Well + Trench DATE 12/1/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

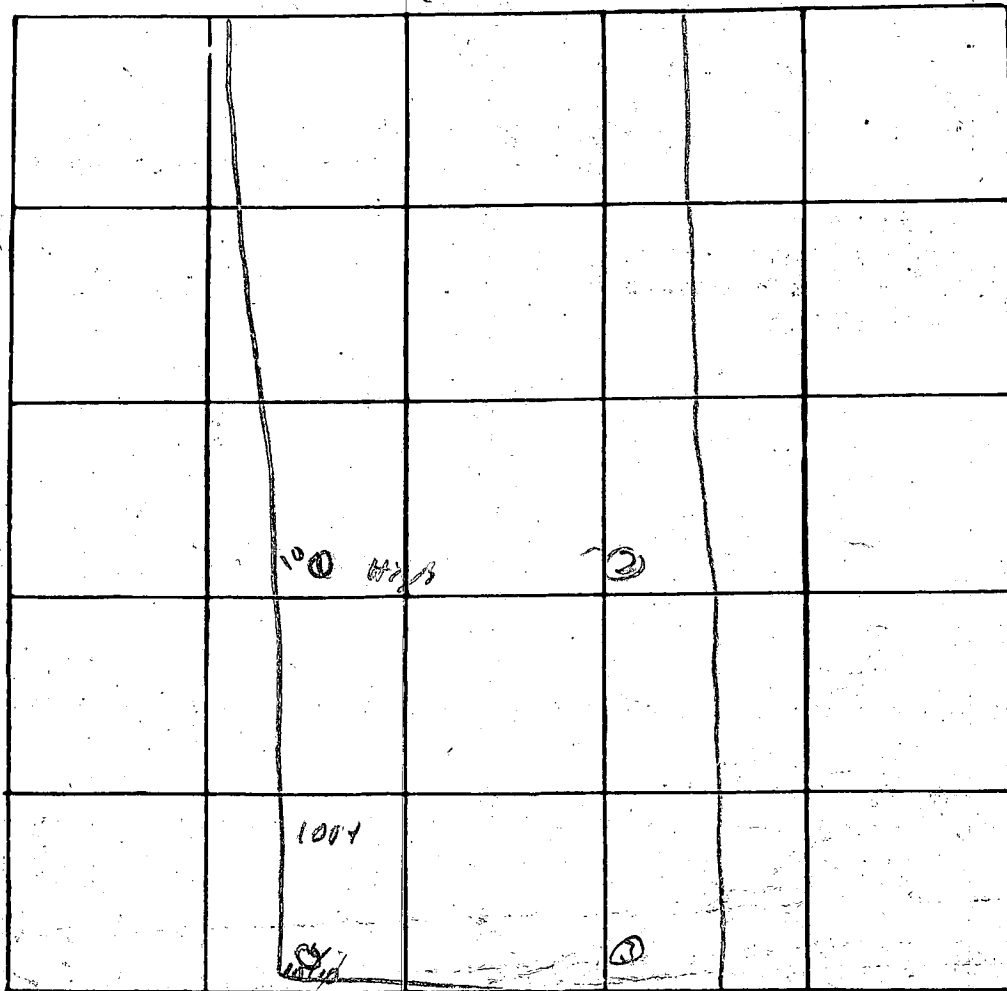
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/1/78

serial # 35393

THIS IS NOT A PERMIT

40



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hellman St

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14	1 s	4'	10 ⁰¹	10 ⁰⁵	10 ⁰⁵	10 ¹⁰	5
	d	13'	10 ⁰⁵	10 ⁰⁹	10 ⁰⁹	10 ¹⁵	6
	4 s	3-13' 04"					
	2 s	5	10 ³²			10 ⁴⁰	5
	d	13	10 ³²			10 ⁴⁰	5
	3 s	3	10 ³⁰			10 ⁴⁰	6
	a	13	10 ³⁰			10 ⁴⁰	6

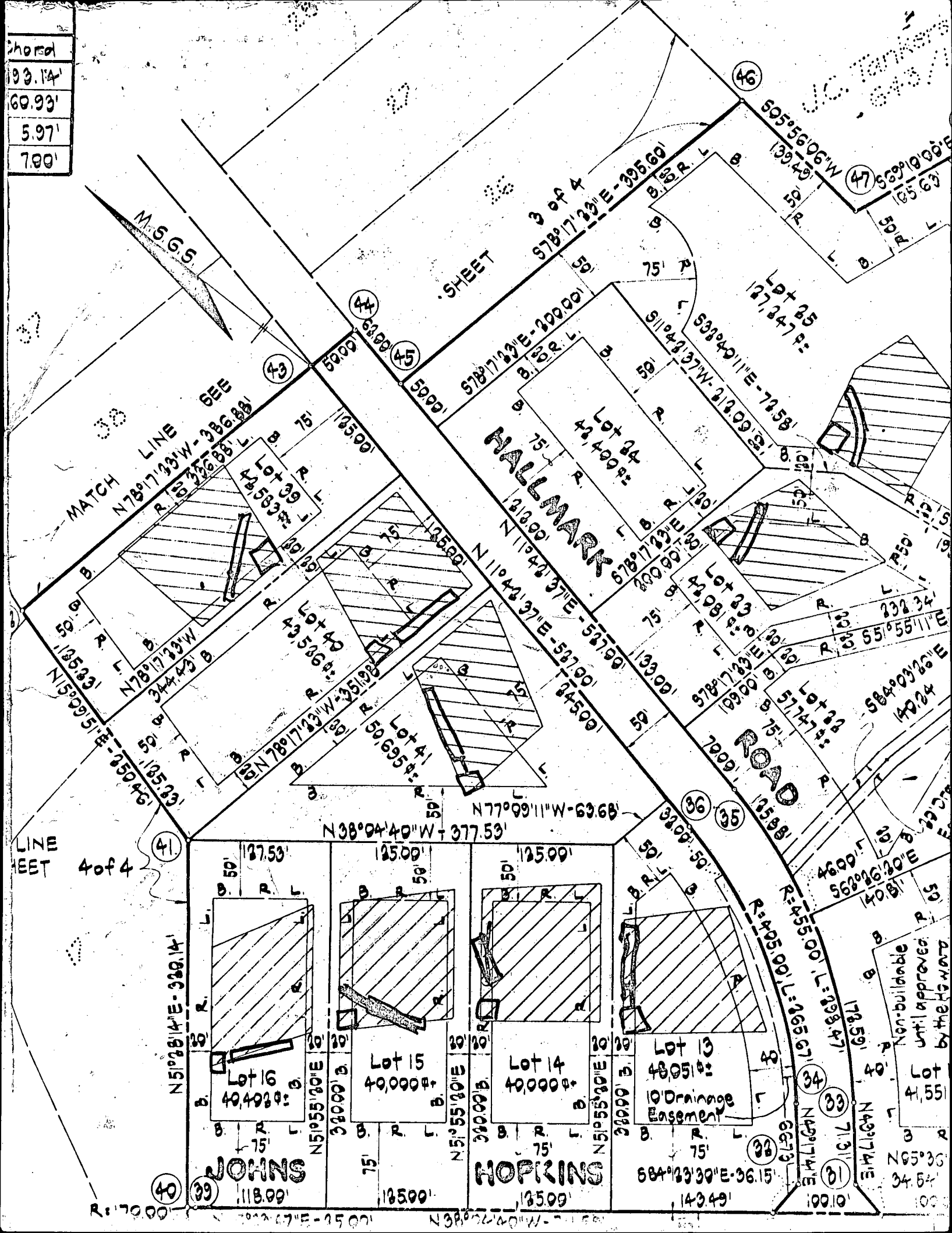
4'
8X

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. J. W. S. ALSO PRESENT: _____

Shored
93.14'
60.93'
5.97'
7.00'



LINE FEET 4 of 4

JOHNS

HOPKINS

Lot 16
40,492±

Lot 15
40,000±

Lot 14
40,000±

Lot 13
48,051±
10' Drainage Easement

Non-buildable until approved by the City

Lot 4,551

(38)

(39)

(40)

(41)

(42)

(43)

(44)

(45)

(46)

(47)

(48)

(49)

(50)

(51)

(52)

(53)

(54)

(55)

(56)

(57)

(58)

R: 70.00'

N 51° 28' 14" E - 320.14'

N 51° 55' 30" E - 320.00'

N 51° 55' 30" E - 320.00'

N 51° 55' 30" E - 320.00'

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R: 70.00'

N 51° 28' 14" E - 320.14'

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N 51° 55' 30" E - 320.00'

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

1	2	3	4	5	6	7	8	9	0
SEQUENCE NO. (WRA USE ONLY)									
STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401					WRA PERMIT NUMBER HO-73-2641				
APPLICATION FOR PERMIT TO DRILL WELL									
FILL IN THIS FORM COMPLETELY									

DATE RECEIVED (WRA USE ONLY)
3/29/78
9:30 A.M.

OWNER	<u>Mikolaski</u>			FIRST NAME	<u>John</u>		
STREET OR RFD	<u>2205 Foxly Rd -</u>			COL. 34			
POST OFFICE	<u>Timonium Md.</u>			COL. 55			
COL. 15	LAST NAME			COL. 34			
COL. 36				COL. 55			
COL. 57				COL. 76			

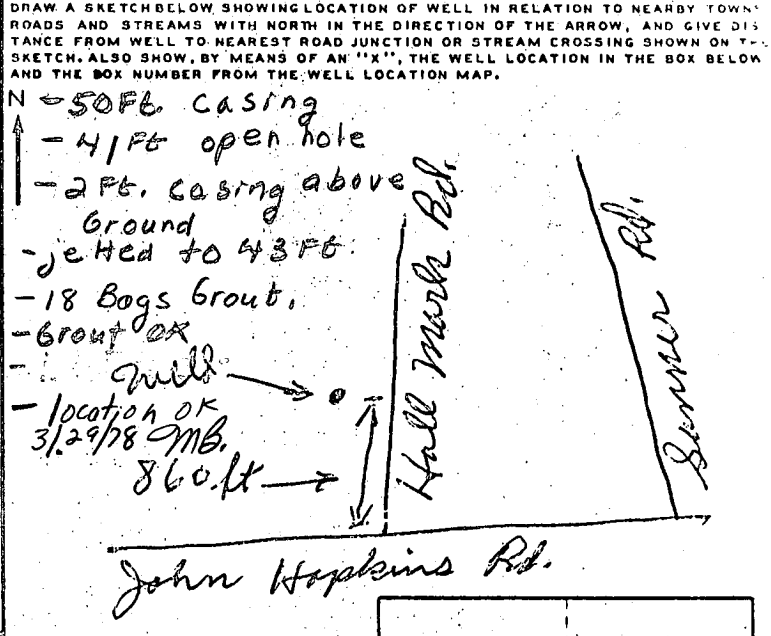
B 1 CONTINUED DRILLER INFORMATION									
1 2 3 (SEQ. NO.) 6									
DATE <u>Mar 7, 1978</u>					LICENSE NUMBER <u>238</u>				
FIRST NAME <u>Joseph L. Wayne</u>					LAST NAME <u>Wayne</u>				
SIGNATURE <u>Joseph L. Wayne</u>									

B 3 LOCATION OF WELL									
1 2 3 (SEQ. NO.) 6									
COUNTY <u>Howard</u>					21				
SUBDIVISION <u>Hallmarks</u>									
SECTION <u>D</u>					LOT <u>40</u>				
NEAREST TOWN <u>Fulton</u>									
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2 1/2</u>									

B 2 WELL INFORMATION									
1 2 3 (SEQ. NO.) 6									
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>					8 12				
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u>					14 20				
USE FOR WATER (CIRCLE APPROPRIATE BOX)									
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)									
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION									
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.									
<input type="checkbox"/> MUNICIPAL WATER SUPPLY									
<input type="checkbox"/> PRIVATE WATER COMPANY									
<input type="checkbox"/> TEST									

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)									
1 2 3 (SEQ. NO.) 6									
<input type="checkbox"/> N NORTH		<input type="checkbox"/> E EAST		<input checked="" type="checkbox"/> NE NORTHEAST		<input type="checkbox"/> SE SOUTHEAST			
<input type="checkbox"/> S SOUTH		<input type="checkbox"/> W WEST		<input type="checkbox"/> NW NORTHWEST		<input type="checkbox"/> SW SOUTHWEST			
NEAR WHAT ROAD <u>Hallmarks Rd</u>									
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> W WEST									
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>2.45</u>									

APPROXIMATE DEPTH OF WELL <u>200</u> FEET									
APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)									
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)									
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN									
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)									
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT									
OTHER (DESCRIBE)									
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)									
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL									
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ADANDONED AND SEALED									
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY									
<input type="checkbox"/> THIS WELL WILL DEEPEM 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					ENGINEER REVIEW DISTRICT NO.				
FORCE									
CONDITIONS									

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL									
1 2 3 (SEQ. NO.) 6									
COUNTY NAME <u>Howard</u>					COUNTY NO. <u>W27642</u>				
DATE <u>030878</u>									
APPROVED BY <u>Donald W. Monaghan</u> Sanitarian									

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL									
1 2 3 (SEQ. NO.) 6									
COUNTY NAME <u>Howard</u>					COUNTY NO. <u>W27642</u>				
DATE <u>030878</u>									
APPROVED BY <u>Donald W. Monaghan</u> Sanitarian									

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL									
1 2 3 (SEQ. NO.) 6									
COUNTY NAME <u>Howard</u>					COUNTY NO. <u>W27642</u>				
DATE <u>030878</u>									
APPROVED BY <u>Donald W. Monaghan</u> Sanitarian									

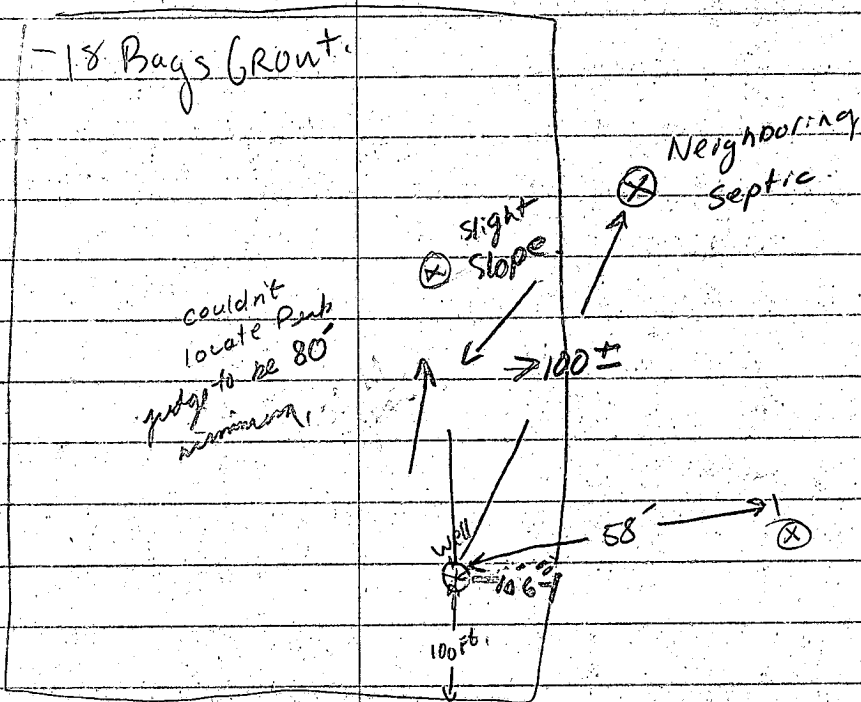
lot 40.

30ft casing

41ft open hole.

- 2ft casing above ground
jitted to 43ft.

Hallmark Rd.



REAR.

- talked to Mr. Frommelt on Phone - Neighboring

Septic 15'-18" High Location OK

GROUT OK 3/29/78 OMB.

talked to Mr. Frommelt told him Neighboring
Septic was higher than lot 40 well
though greater 100 ft away. MR. Frommelt Said OKay to GROUT.

3/30/78 OMB.

B 1 **2403** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-7322641
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER
 COL 15 LAST NAME: *Mikolaski*
 FIRST NAME: *John* COL. 34
 STREET OR RFD: *2205 Foxg Rd -* COL. 55
 POST OFFICE: *Timonium Md.* COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6
 DATE: *Mar 7, 1978* LICENSE NUMBER: *238*
 FIRST NAME: *Joseph L. Wayne* DRILLER LAST NAME: *Wayne*
 SIGNATURE: *Joseph L. Wayne*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
 COUNTY: *Howard* (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: *Hallmarks* 23 42
 SECTION: *D* 44 LOT: *40* 48 50
 NEAREST TOWN: *Fulton* 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): *2 1/2* 79 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): *5* 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): *750* 14 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
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: *Hall Mark Rd*
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): *245* 34 37 38 39

APPROXIMATE DEPTH OF WELL: *300* FEET
 APPROXIMATE DIAMETER OF WELL: *6* (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):

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

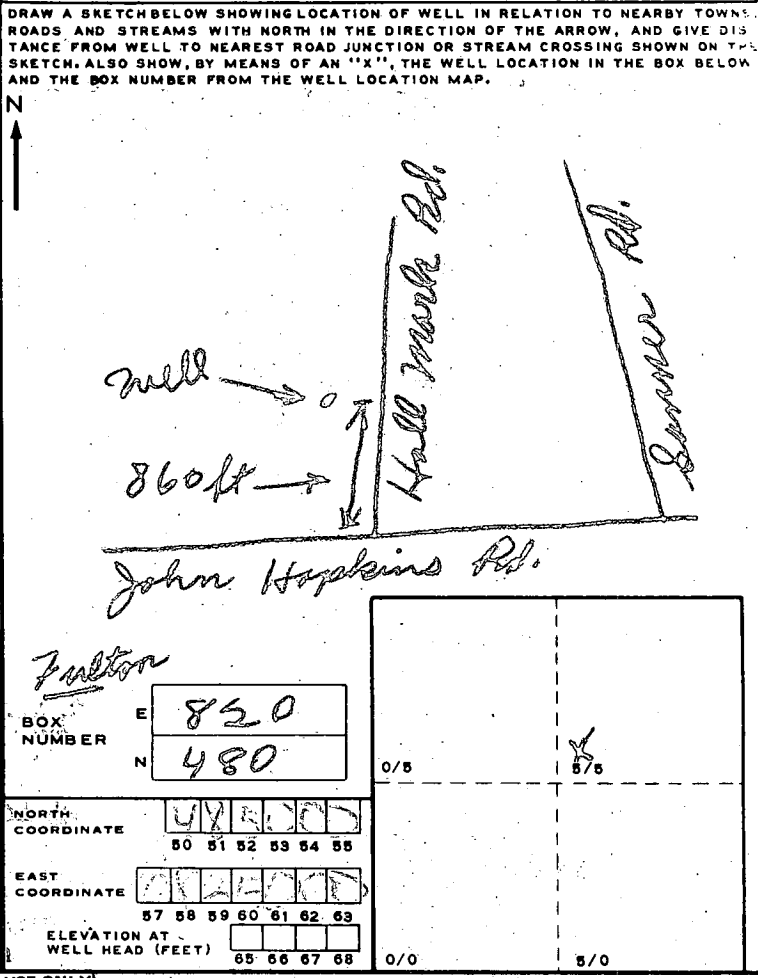
THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER: *54* ENGINEER REVIEW DISTRICT NO.: *63*
 FORCE: *67* WRITE INITIALS IN BOX: *68* CONDITIONS: *70 71 72 73 74 75 76 77 78 79*

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: *Howard* COUNTY NO.: *N27642*
 DATE: *030678* APPROVED BY: *Donald W. Monaghan*
 43 48 **Donald W. Monaghan, Sanitaria**



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1. **3726** SEQUENCE NO. (WRA USE ONLY)

2 3 (SEQ. NO.) 6 2

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

DATE RECEIVED (WRA USE ONLY) March 29, 70

DATE WELL COMPLETED

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 150001

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-113-2647

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Metolaski LAST NAME John FIRST NAME

STREET OR RFD 2205 Foxley Rd POST OFFICE Timonium Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>46</u>	
<u>gray mica rock</u>	<u>46</u>	<u>305</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CEMENT CEMENT BENTONITE

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 43 FT.

CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

FROM 10 TO 305

EACH SCREEN

1 10 8 9 11 15 17 21

2 3 23 24 26 30 32 36

3 3 38 39 41 45 47 51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX YES NO

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE all

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 65 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 _____ 35 _____

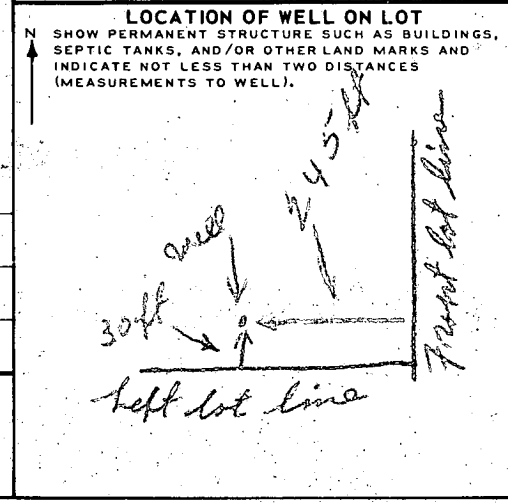
PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (NEAREST FOOT) 43 _____ 47 _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE 50 _____ 51 _____



CIRCLE APPROPRIATE BOXES

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 NAME Joseph D. Wayne

SIGNATURE Joseph D. Wayne

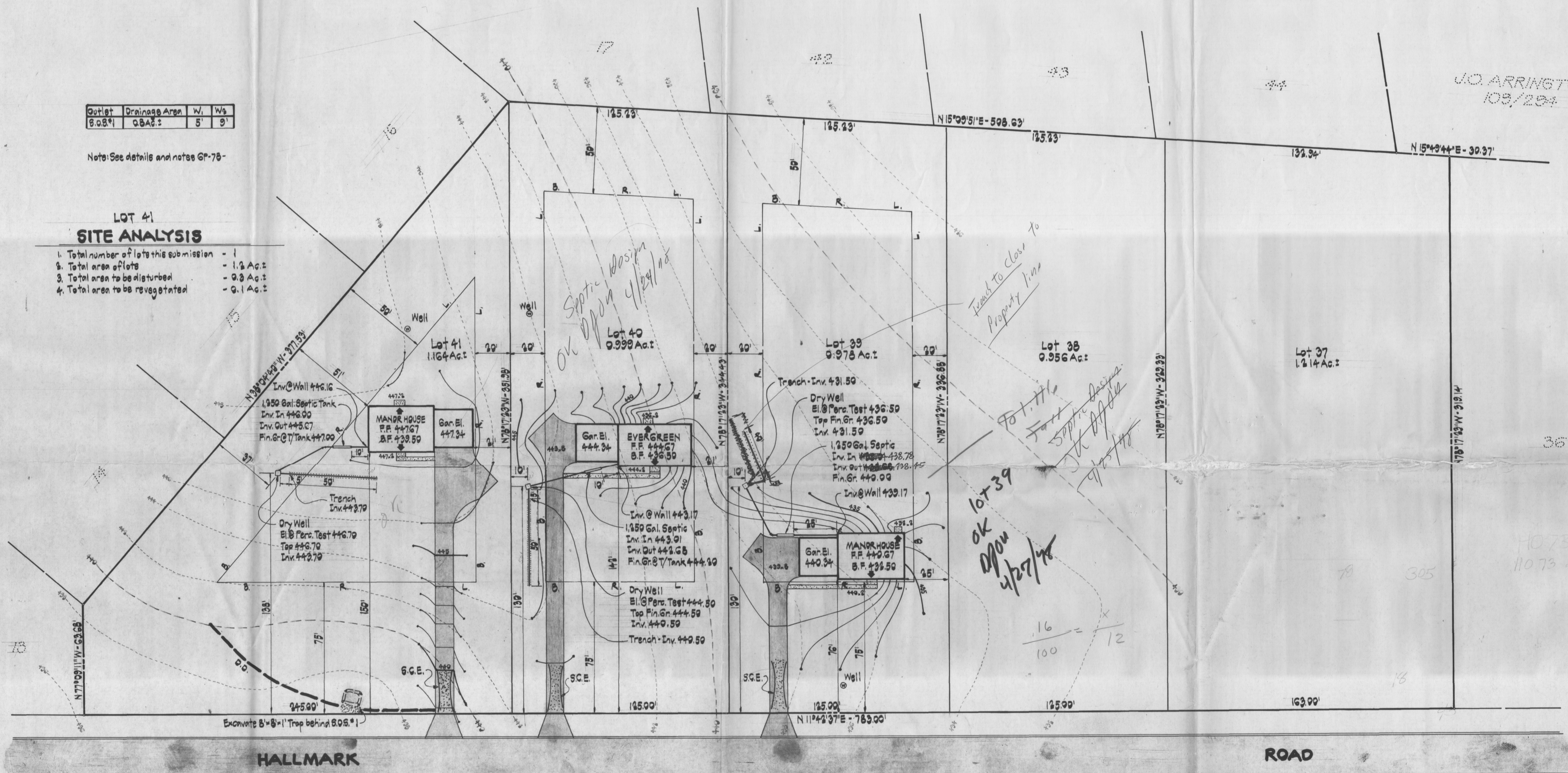
JO ARRINGTON
108/208

Outlet	Drainage Area	W.	Ws
8.08'	0.8A2.3	5'	9'

Note: See details and notes GP-78-

**LOT 41
SITE ANALYSIS**

1. Total number of lots this submission - 1
2. Total area of lots - 1.2 Ac.±
3. Total area to be disturbed - 0.8 Ac.±
4. Total area to be revegetated - 0.1 Ac.±



I certify that the above measurements and elevations are actual and correct for this property.

Signed: Bruce D. Runtor

Reviewed for Howard Soil Conservation District and meets Technical Requirements. U.S.D.A. Soil Conservation Service This development plan is approved for Soil Erosion and Sediment Control by the Howard Soil Conservation District. District Coordinator: Howard Soil Conservation District Date:	DEVELOPER'S CERTIFICATE I certify that all development and/or construction will be done according to this plan of development and plan for Erosion and Sediment Control, and I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary. Deviation from this plan will not be made unless authorized by the Howard Soil Conservation District. John F. Liparini Date:	ENGINEER'S CERTIFICATE I certify that this plan for Erosion and Sediment Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District. John F. Liparini, Md. Reg. No. 8410 Date:	GROVO & ASSOCIATES, INC. CIVIL ENGINEERING LAND SURVEYING 8609 OAK ROAD BALTIMORE, MD. 21244 301-661-3979	OWNER / DEVELOPER BRANTLY DEVELOPMENT CORP. 218 TEACHERS BLDG. COLUMBIA, MD. 21044 301-730-0810	GRADING ONLY; BUILDING PROHIBITED SEDIMENT & EROSION CONTROL PLAN HALLMARK SECTION ONE LOT 37 THRU LOT 41 5TH ELECTION DISTRICT HOWARD COUNTY, MD. APRIL 3, 1978 SCALE: 1"=30'
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