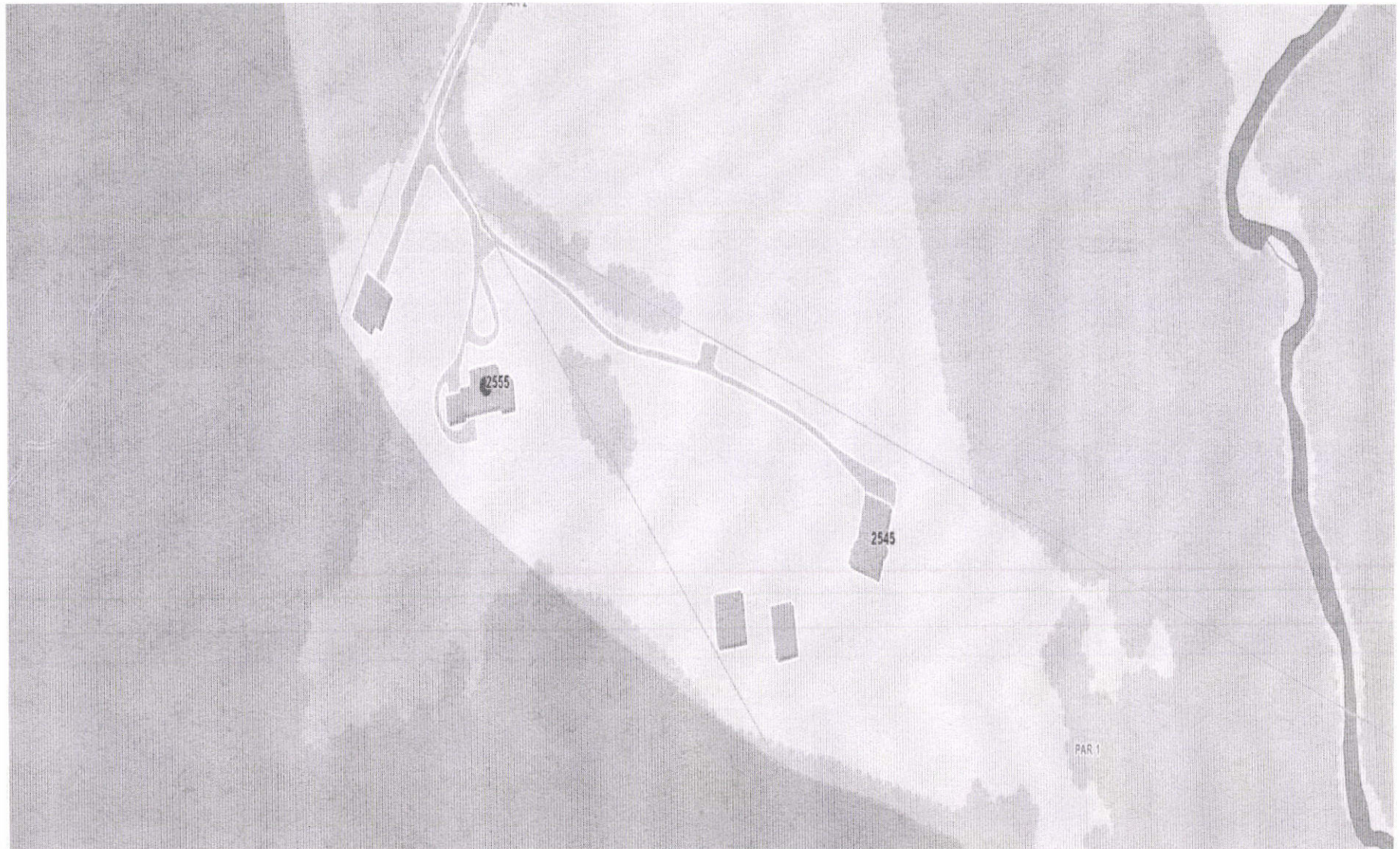


Real Property Data Search (w4)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Account Identifier:		District - 04 Account Number - 342003			
Owner Information					
Owner Name:	MCALISTER ROBERT A MCALISTER HORACE O T/C		Use:	RESIDENTIAL	
			Principal Residence:	NO	
Mailing Address:	26601 MULLINIX MILL RD MOUNT AIRY MD 21771-		Deed Reference:	/12351/ 00152	
Location & Structure Information					
Premises Address:	W MULLINIX MILL RD MT AIRY 21771-0000		Legal Description:	LOT 4 3.006 A MULLINIX MILL RD MCALISTER PROP	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section: Block: Lot: Assessment Year: Plat No: 5023
0012	0016	0072		1002	4 2020 Plat Ref:
Special Tax Areas:		Town:		NONE	
		Ad Valorem:		100	
		Tax Class:			
Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use	
			3.0000 AC		
Stories	Basement	Type	Exterior	Full/Half Bath	Garage Last Major Renovation
Value Information					
	Base Value	Value	Phase-in Assessments		
		As of	As of	As of	
		01/01/2017	07/01/2019	07/01/2020	
Land:	195,000	195,000			
Improvements	0	0			
Total:	195,000	195,000	195,000		
Preferential Land:	0				
Transfer Information					
Seller: MCALISTER ROBERT O		Date: 03/11/2010		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /12351/ 00152		Deed2:	
Seller: MCALISTER DOROTHY B		Date: 08/01/2006		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /10153/ 00291		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Exemption Information					
Partial Exempt Assessments:	Class	07/01/2019	07/01/2020		
County:	000	0.00			
State:	000	0.00			
Municipal:	000	0.00	0.00		
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Homestead Application Information					
Homestead Application Status: No Application					



6/16/76
6/15/76
Ready to install
if possible

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 9/11/75

INDEXED

James Strouth

IS PERMITTED TO INSTALL X ALTER

ADDRESS 12 S. Frederick Avenue, Apt. 202
Gaithersburg, Maryland

PHONE 831-7806
301-926-4809

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD 2555 Mullinix Mill Rd.

LOT

(see directions on application)

PROPERTY OWNER James Strouth

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER The sewage disposal area will consist of three (3) trenches, each 86 ft. long, these trenches will run in a direction so as to follow the contour of the land. They will be 9 ft. deep with 4 ft. of stone, and spaced 18 ft. apart center to center. The first trench will begin at a point 58 ft. in from the driveway and 259 ft. to the left of the point on the curve indicated on the attached plat. NOTE: CALL FOR INSPECTION OF TRENCHES BEFORE ANY GRAVEL IS INSTALLED.

PERMIT VOID AFTER THREE YEARS.

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK. STAND PIPE MUST BE 6" IN DIA., CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY R. Moorefield

DATE 4/8/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 21052

December 23, 1974

Howard County Health Department
Environmental Health Services
P. O. Box 476
Ellicott City, Maryland

Gentlemen:

Since no appropriate application blanks are available to me as of this date, I hereby authorize the bearer, Mrs. Helen J. White, to fill out and sign (3) copies of Application for Sewage Disposal Testing Permit for my property located on Mullinix Mill Road in Howard County pursuant to construction of a four-bedroom residence thereon.

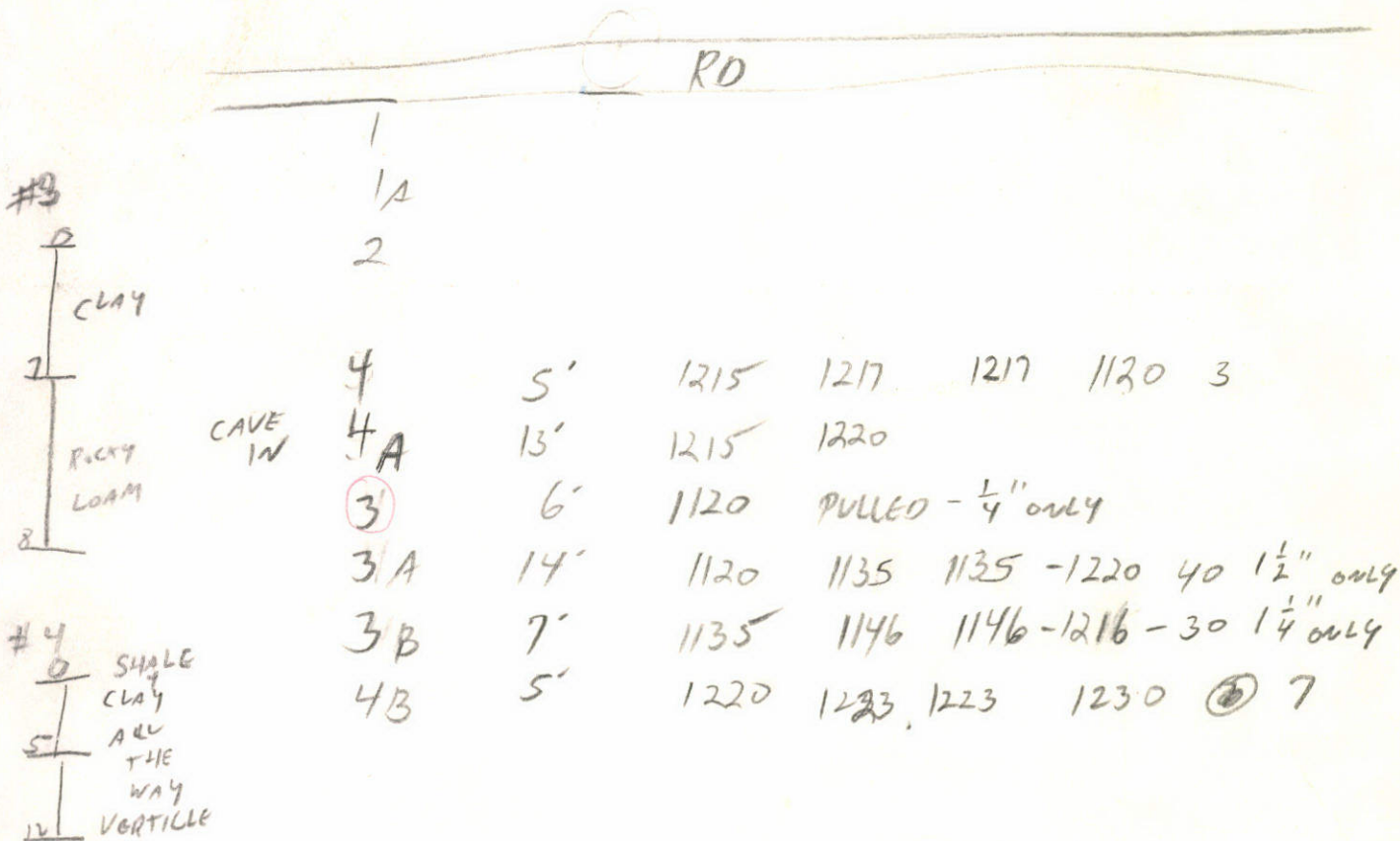
Check attached is in payment thereof.

Signed

James C. Strouth
James C. Strouth

(3)

(4)



APPLICATION

A 21052

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

S.T.

Write up for 4 Br.

DISTRICT 4thDATE 12/23/7423 trenches, each 86 ft long.

The sewage disposal area will consist of 2 trenches. These trenches will ~~run~~ run in a direction so as to follow the contour of the land. They will be 9 ft deep with 4 ft of stone, and spaced 18 ft apart center-to-center. The first trench will begin at a point 58 ft in from the driveway and 259 ft. to the left of the point on the curve indicated on the attached plat.

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

James C. StrouthRm. 8/28/75

ADDRESS

8515 Emory Grove Rd

PHONE

301-926-4809Gaithersburg, Md 20760

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

Mullin's Mill Rd. From Damascus Cross Pauteront RGo to top of Hill turn Right directly across from Mc Allister job.Follow driveway to 4th telephone pole - Pile of bricks near location

SIZE OF LOT

8.563 acres

TYPE BLDG.

House - 4 bedrm.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

BLDG. PERMIT SIGNED

AND RETURNED 8/28/75

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

SIGNATURE OF APPLICANT

James C. Strouth by Helen J. White

APPROVED BY

R. M. M. M.

FOR

D.W. 7 Trench

DATE

4/8/75

(KIND OF SYSTEM)

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

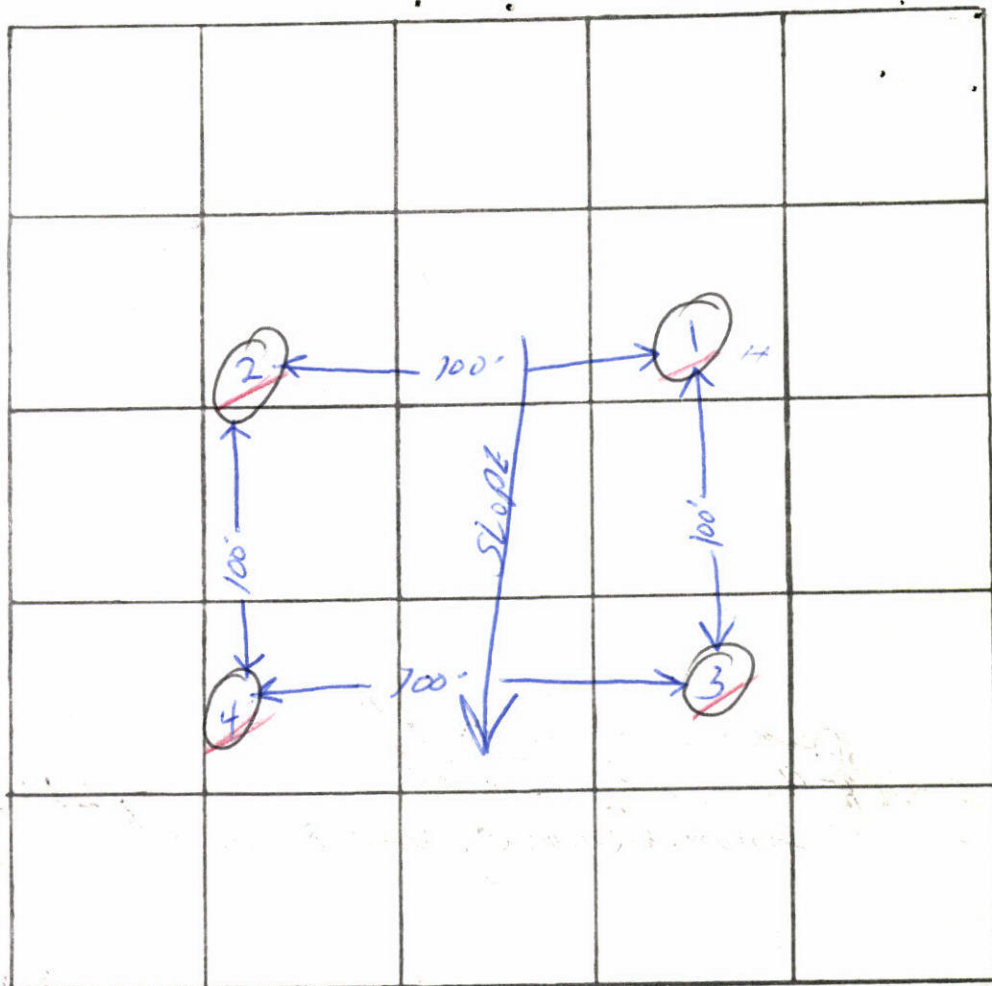
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

Certify test holes and pour area4/9/75 - mailed return as certified holes

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12.31.74	HIGH 1	3	1112	1130	(18)	NO MOVEMENT	-
"	1A	12	1112	1113	2 TESTS	TOO FAST	1
"	(2)	12'	Rock	AND	CLAY	ALL THE WAY	
"							
"	(3)	3'	1115	1140	25	NO MOVEMENT	
"	(3A)	12'	1115	1139	(24)	1" MOVEMENT	
"	(4)	3'	1125	0		MOVEMENT	-
12.31.74	(4A)	12'	1125	0		MOVEMENT	-

REMARKS Sheet + Snow while testing

TYPE OF SOIL Rock + Clay all the way

TESTED BY H. 2 ALSO PRESENT: R. M

10/28/76 T.C. & Mrs. Strouth
informed her that the pipe between
S. tank and trencher still
has to be seen before
final approval is given. She will
call when given. J. Skinner

734

T

APPLICATION

A 21052

SEWAGE DISPOSAL TESTING

P 4th

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 12/23/74

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE _____

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 James C Strouth
8515 Emory Grove Rd 301-926-4809
ADDRESS Baltimore, Md 20762 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Mulling Mill Rd. From Somerset Cross Pointe Rd.
ROAD AND DESTINATION Go to top of Hill turn Right directly across from Mc Allister job.
Follow driveway to 4th telephone pole - Pile of bricks near location
8.563 acres House - 4 bedrooms.

SIZE OF LOT _____ TYPE BLDG. _____
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 James C. Strouth by Helen J. White

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

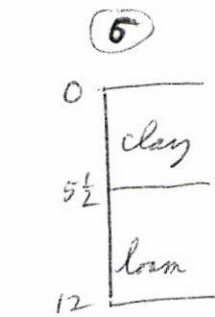
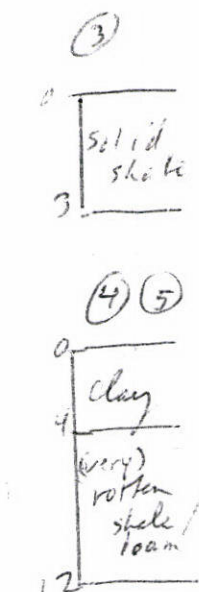
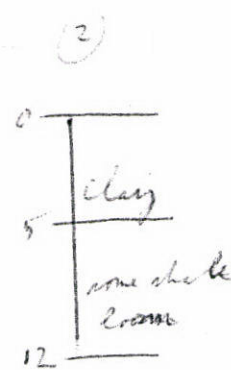
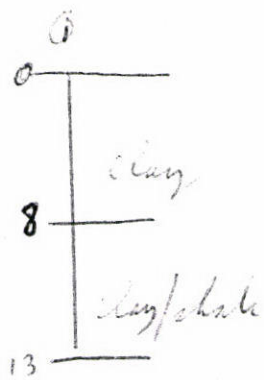
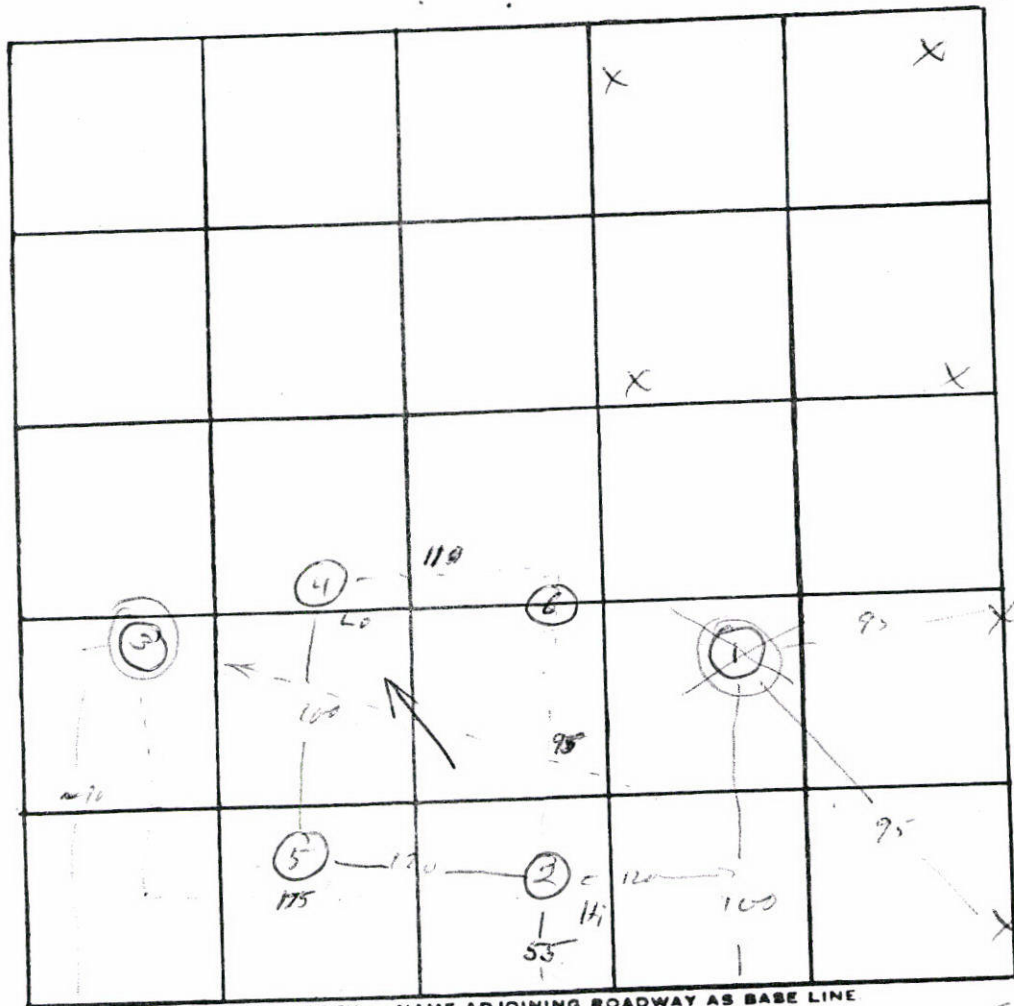
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

X = old test



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8	1	7	too much		clay		
	1A	13	"	"	"		
	2	5	10 12	10 21	10 21	10 45	24
	2A	12	10 13 1/2	10 14	10 14	10 14 1/2	1/2
	2A repoured		10:17:5	10:19:5	10:19:5	10:21:40	2 1/2
	3	3	100 K				
	4	4	10 50	10 55	10 55	10 15	20
	4A	12	10 45	10 57	10 57	10 18	22
	5	4	11 09	11 20	11 20	11 42	22
	5A	12	11 07	11 34	11 34	no perc	
	6	12	11 32	11 44	11 44	12 04	20
	6A	5 1/2	11 35	11 50	11 50	12 15	25
	6B	11 1/2	11 35	11 50	11 50	12 10	20

REMARKS

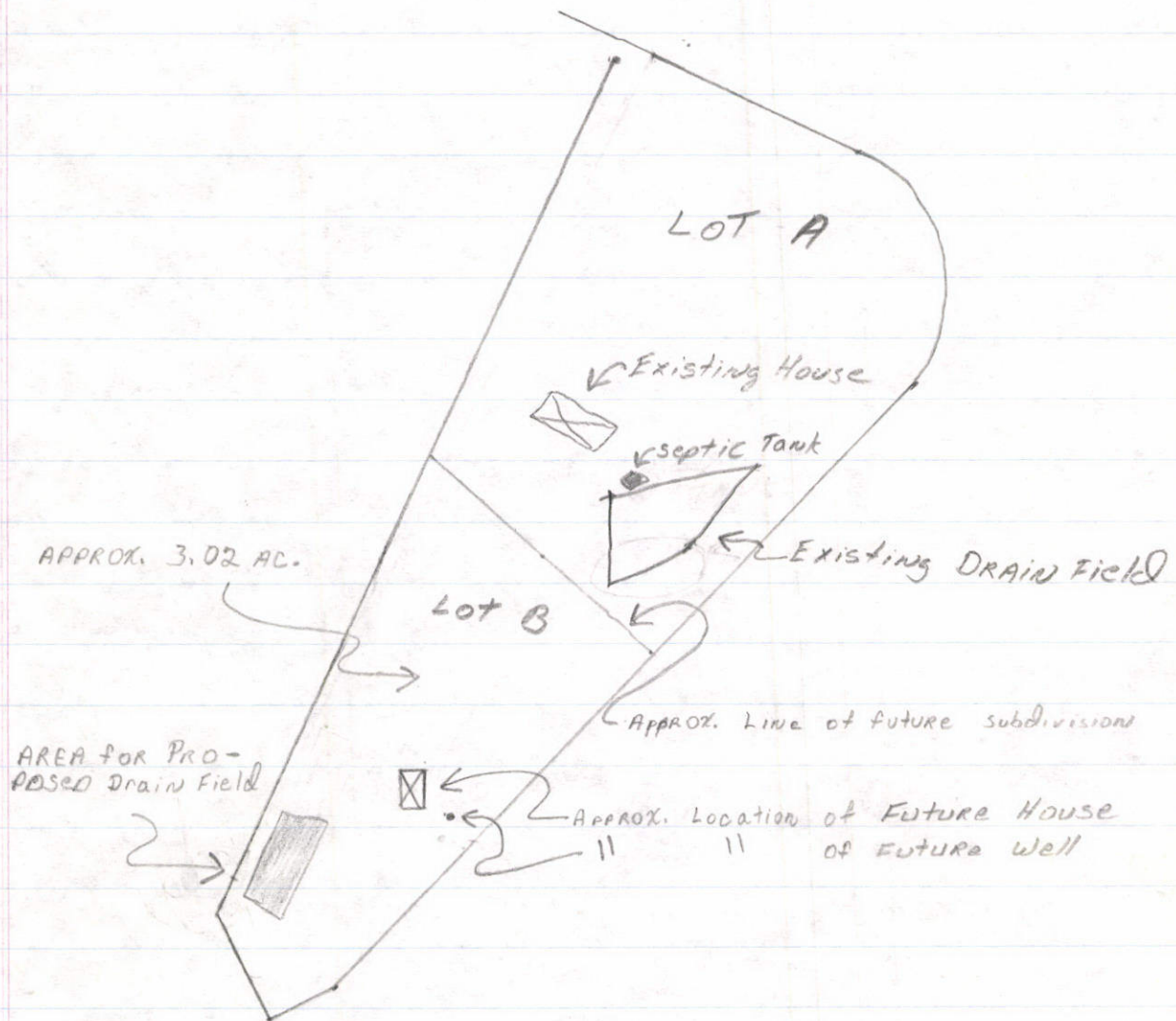
TYPE OF SOIL

TESTED BY

RM. 10.00 ALSO PRESENT: H. Link

$\bar{t} = 30$

Property of James C. & Thelma J. Strouth
2551 Mullinix Mill Rd.
MT. AIRY, MD 21771

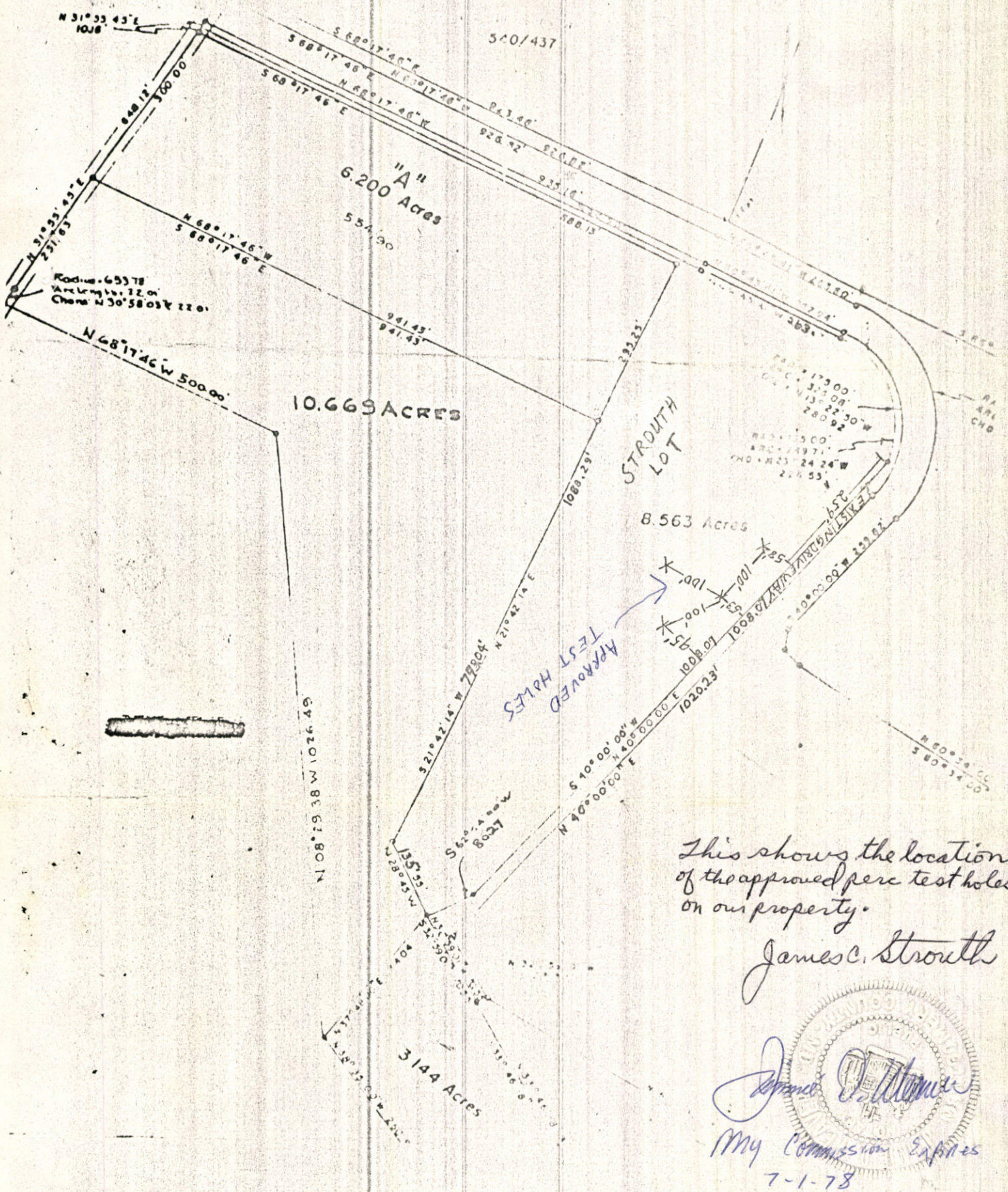


SCALE: 1 in. = 200 FT.

3 Bdrm.

2 Full Baths

2 Half Baths



This shows the location of the approved perc test holes on our property.

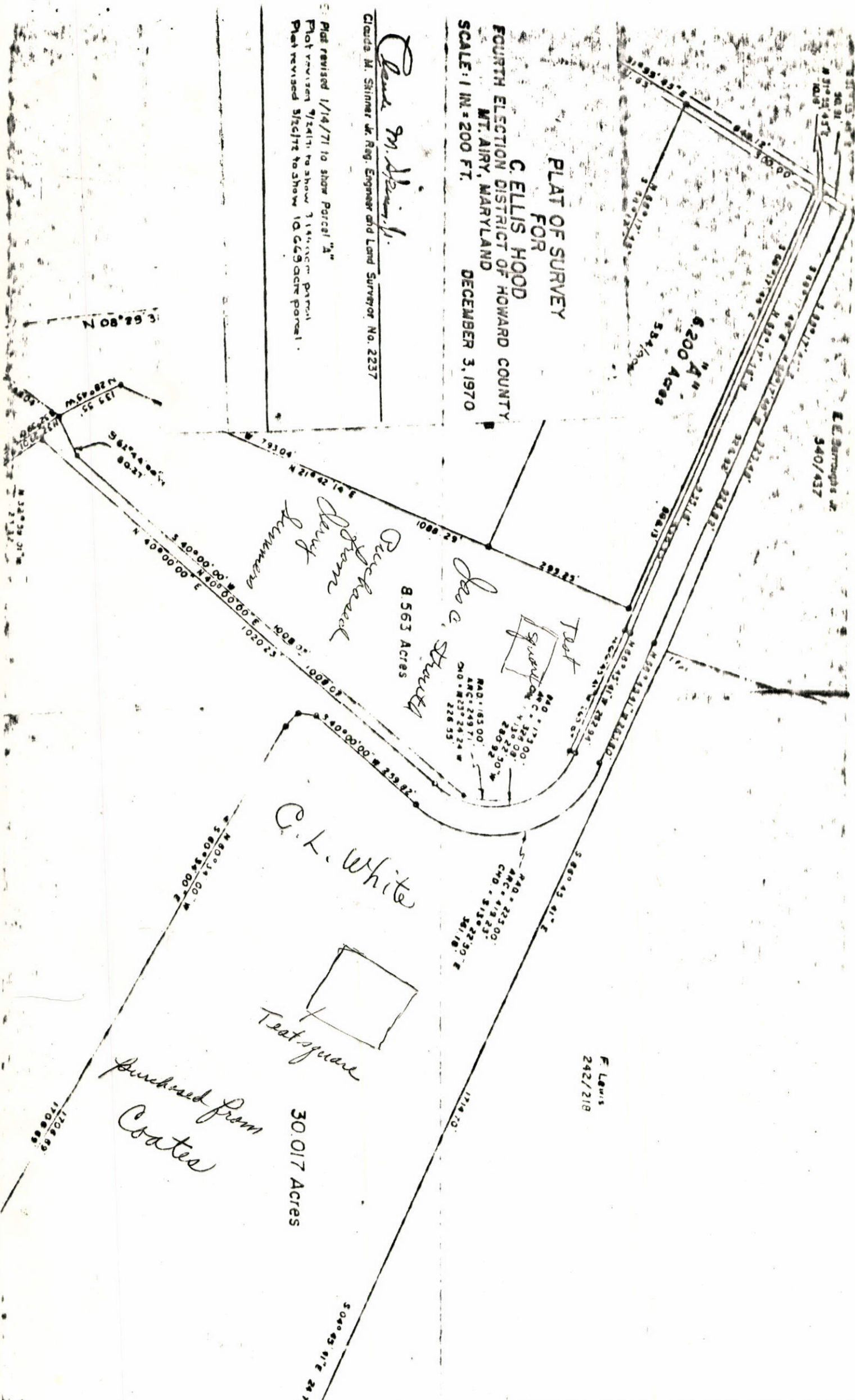
James C. Strouth

James C. Strouth
My Commission Expires 7-1-78

PLAT OF SURVEY
FOR
C. ELLIS HOOD
FOURTH ELECTION DISTRICT OF HOWARD COUNTY
MT. AIRY, MARYLAND
SCALE: 1 IN. = 200 FT.
DECEMBER 3, 1970

Clarence M. Shinner Jr.
Clarence M. Shinner Jr., Reg. Engineer and Land Surveyor No. 2237

Plat revised 1/14/71 to show Parcel "A"
Plat revised 7/24/71 to show 1.14 acre parcel
Plat revised 5/12/72 to show 10.669 acre parcel.



4/12/90
10:00 ✓

APPLICATION

PERCOLATION TESTING

A 45674
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3-13-90

PERGROW OK

EXISTING HOUSE

PERC RECORDS A21052

10,000 SPT SEPTIC AREA CAN BE PLATTED
FROM TEST NOTES, C.W.

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 James C. Strouth

ADDRESS 2551 Mullinix Mill Rd. Mt. Airy, MD PHONE 301-831-7886
21771

PROSPECTIVE BUYER J. Richard Strouth

ADDRESS 47 Shell Drake Ct. Damascus, MD 20872 PHONE 301-253-3887

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. { B ✓ Behind }
1 LOT with house

ROAD AND DESCRIPTION Mullinix Mill Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 8.563 Acres TYPE BLDG. SINGLE Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

J. Richard Strouth
(SIGNATURE OF APPLICANT)

APPROVED BY Charles Bryan Theak FOR { Trunches 4' to 9' } DATE 4/12/90
{ see back }

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/12/90 Need certified holes, well site
+ house site; Hold + send letter C.W.

HD-216

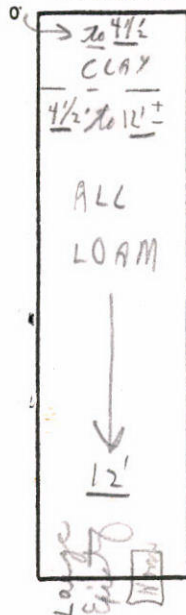
THIS IS NOT A PERMIT

R45674

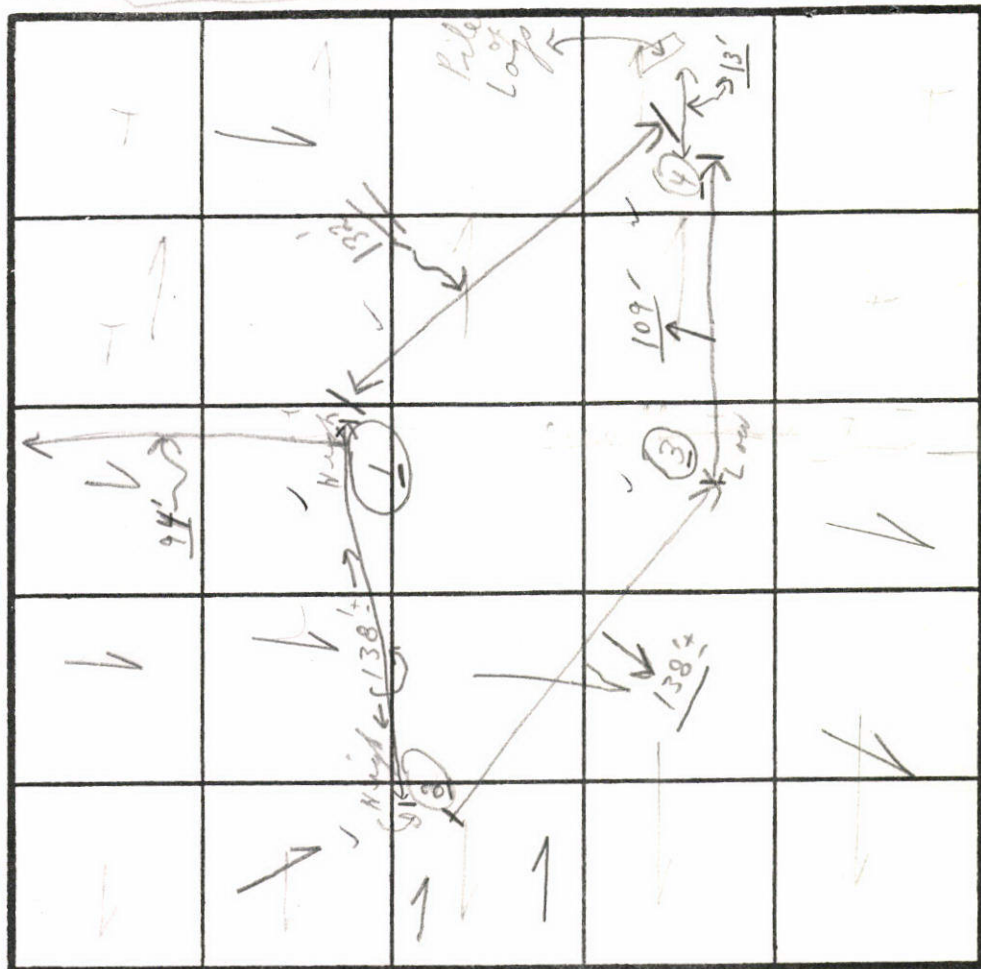
LOT B

① Hole

SOIL PROFILE

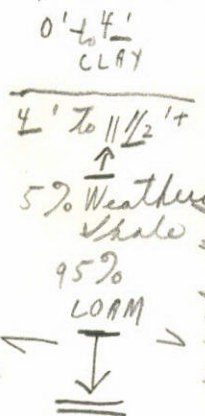


DRIVE WAY



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

② Hole



Trenches
Sized 4' to
Max Depth 1'
220' B.R.

④ Hole

0' to 4'

clay

4' to 12'-8"

5% Weathered shale

95% LOAM



③ Hole

0' to 4 1/2'

CLAY

4 1/2' to 12'

5% Weathered shale

95% LOAM

12' to 13' 8"

5% Weathered shale

95% LOAM

13' 8" to 14'

5% Weathered shale

95% LOAM

14' to 15'

5% Weathered shale

95% LOAM

15' to 16'

5% Weathered shale

95% LOAM

16' to 17'

5% Weathered shale

95% LOAM

17' to 18'

5% Weathered shale

95% LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/12/90	①	4 1/2'	10:23	10:30	10:30	10:43	13 min
	②	8 1/2'	(all loam)				
	③	12' ±	(all loam)				
	④	4'	10:39	10:42	10:42	10:45	3 min
	⑤	11 1/2' ±	10:24	10:33	10:33	10:50	17 min
	⑥	4 1/2'	10:25	10:32	10:32	10:52	20 min
	⑦	12'	10:25	10:32	10:32	10:52	20 min
	⑧	4'	10:25	10:32	10:32	10:52	20 min
	⑨	12'-8"	10:25	10:32	10:32	10:52	20 min
	⑩	No.	NOT DUG.		{ 4 HOLES ONLY }		

REMARKS

Tests in open field - hold for certified holes

TYPE OF SOIL

Tests not per state

TESTED BY

C. B. A.

ALSO PRESENT

{ OH, Sisk + Jr, + 1 man }
{ ② }
{ ③ } Richards & Smith



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 26, 1990

Reply to:

Mr. James C. Strouth
2551 Mullinix Mill Road
Mt. Airy, Maryland 21771

RE: Percolation Testing
Lot "B" Parcel
Off Mullinix Mill Road
Mt. Airy, Maryland 21771

Dear Mr. Strouth:

Percolation testing conducted April 12, 1990 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified locations and elevations of all excavated test holes and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

Craig Williams, Director
Water and Sewerage
Howard County Dept. Health

Date: May 25, 1990

James C. Strouth
2551 Mullinix Mill Rd.
Mt. Airy, MD 21771

Dear Mr. Williams,

Per your request please find a certified drawing showing the locations of the holes for the recent percolation testing performed on my property.

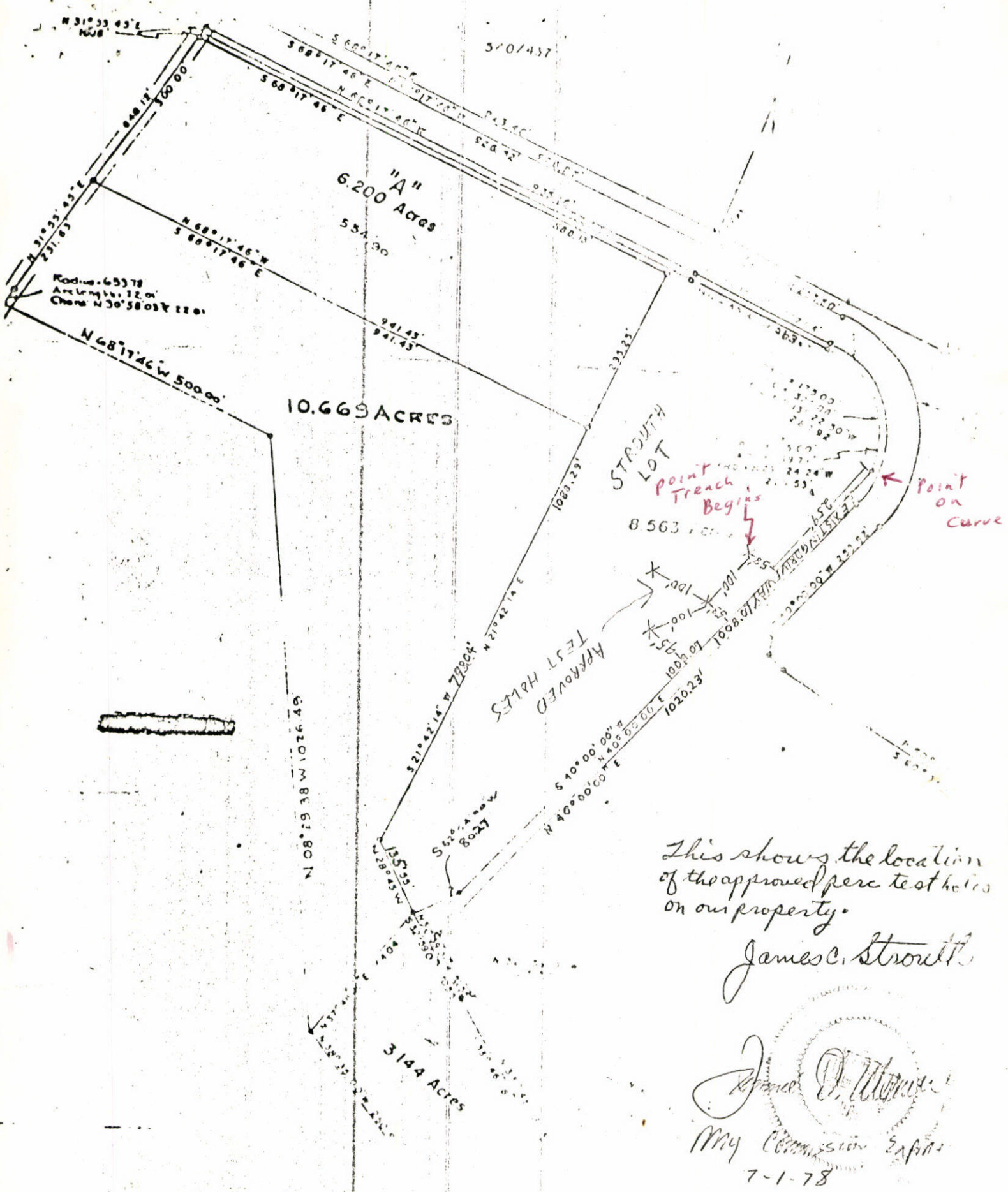
If you have any questions please feel free to contact me at 831-7886.

Sincerely Yours,

James C. Strouth

James C. Strouth

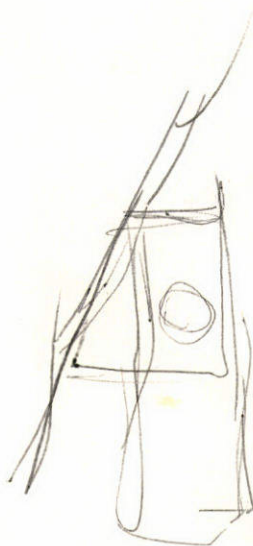
cc:file

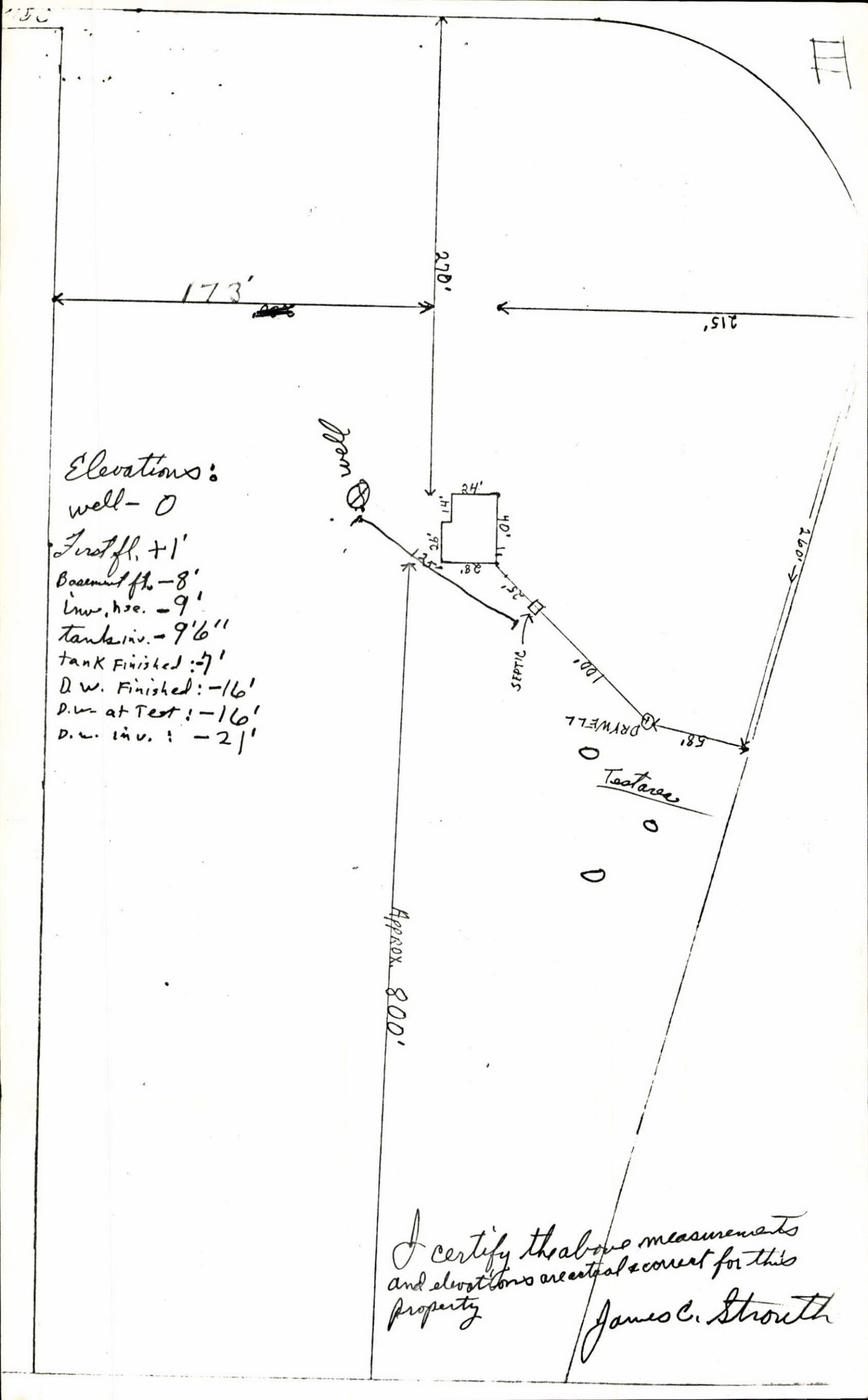


PLAT OF SURVEY
FOR
C ELLIS HOOD,
FOURTH ELECTION DISTRICT OF HOWARD COUNTY,
MT. AIRY, MARYLAND.
SCALE: 1 IN = 200 FT
DECEMBER 3, 1977

Claude M. Skinner
Claude M. Skinner, Jr. Reg. Engineer and Land Surveyor No. 2, S.

ITE Plat revised 1/10/78 to show curve
Plat revised 1/10/78 to show curve
Plat revised 1/10/78 to show curve





Elevations:

well - 0

First fl. +1'

Basement fl. -8'

Inv. hse. -9'

tank inv. -9'6"

tank finished -7'

D.W. finished -16'

D.W. at Test -16'

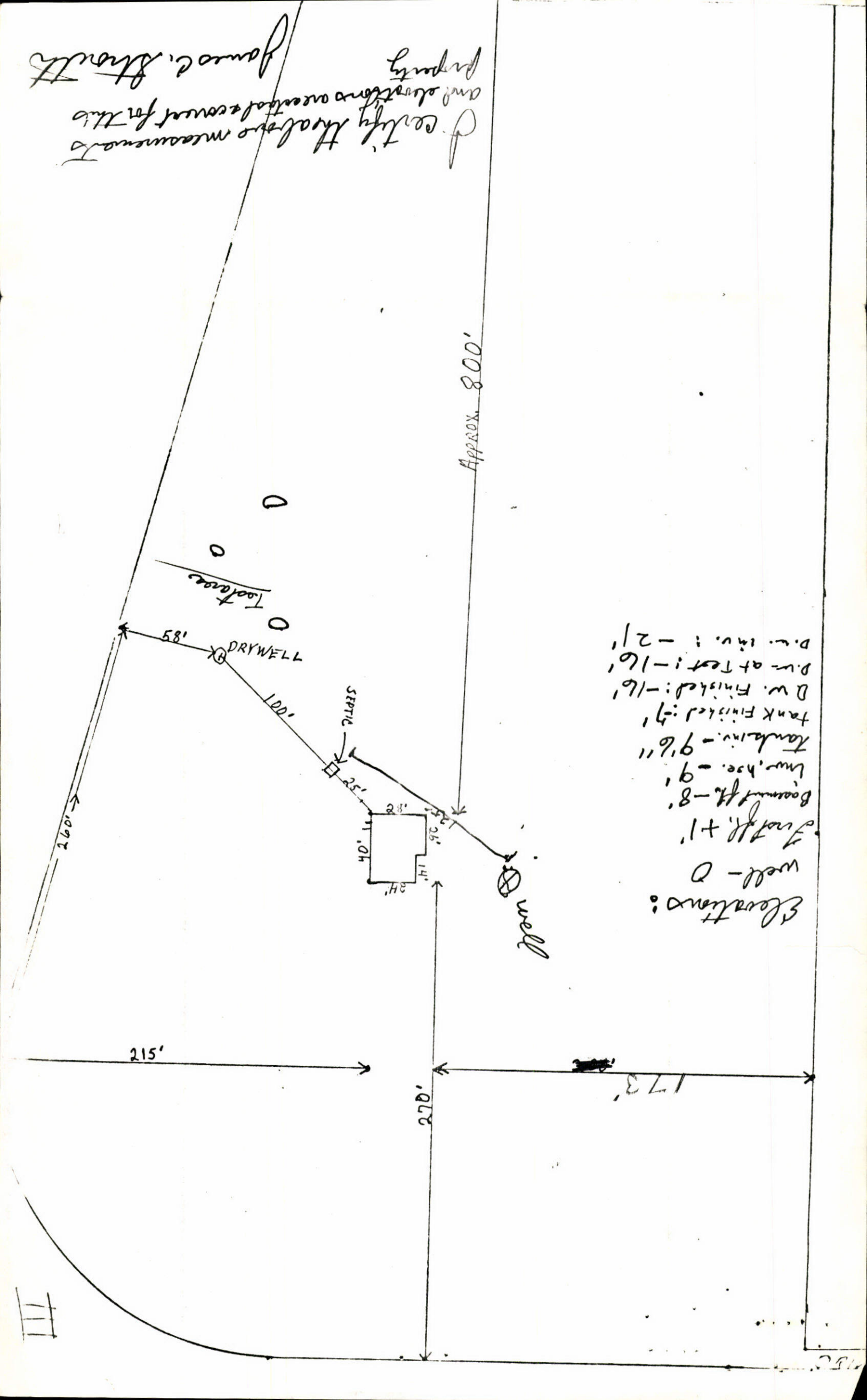
D.W. inv. -21'

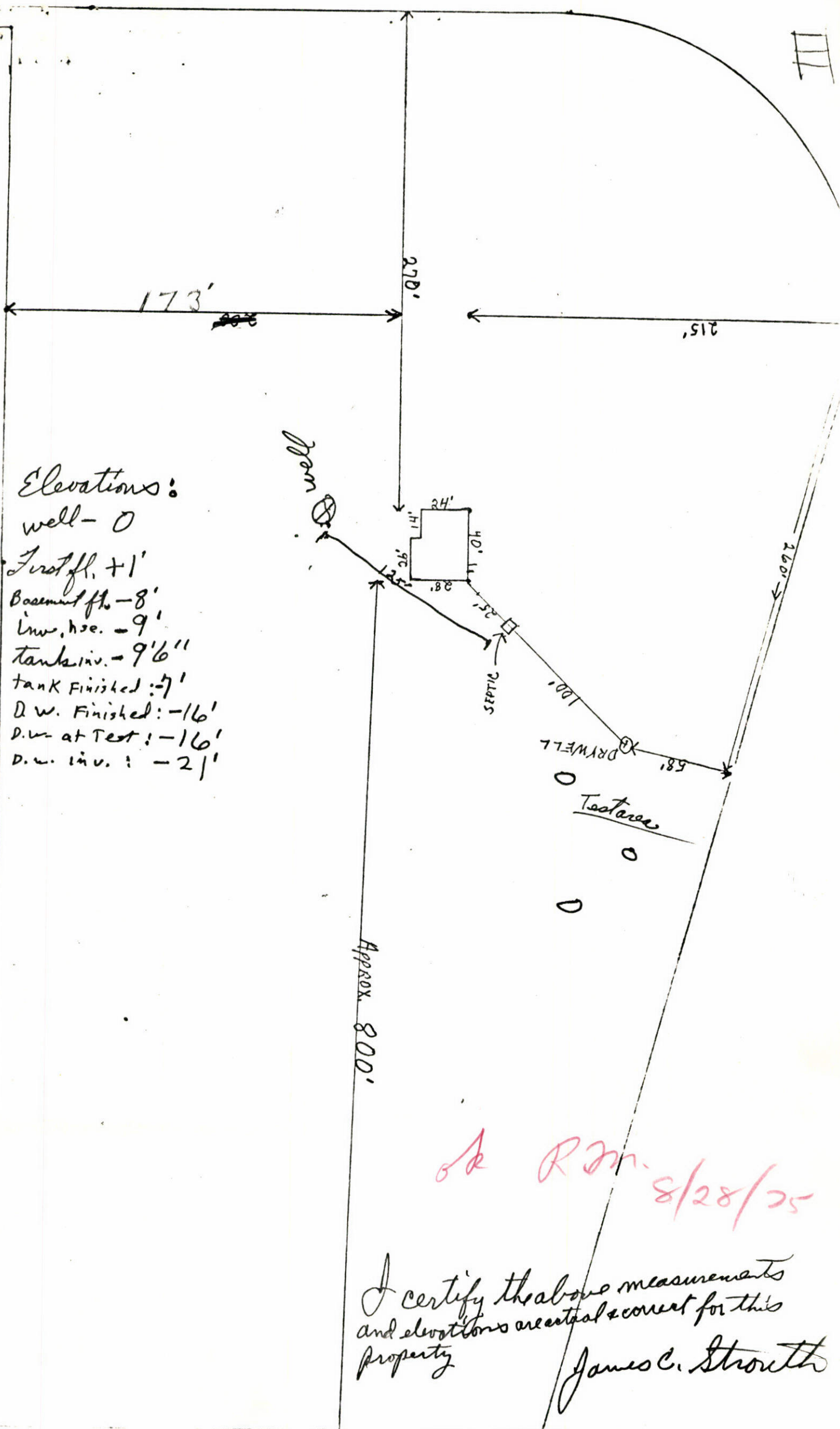
Approx. 800'

I certify the above measurements
and elevations are correct & correct for this
property

James C. Strouth

I certify these measurements
 and elevations are correct for this
 property
 James C. Strouth





Elevations:

well - 0

First fl. +1'

Basement fl. -8'

Inv. hse. -9'

tank inv. -9'6"

tank finished -7'

D.W. finished -16'

D.W. at Test -16'

D.W. inv. -21'

ok R.M. 8/28/25

I certify the above measurements
and elevations are correct for this
property
James C. Strouth

APPLICATION

A _____

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

0
0
8
13
clay
clay/shale

(2)

0

5

12

clay

some shale

loam

③

0

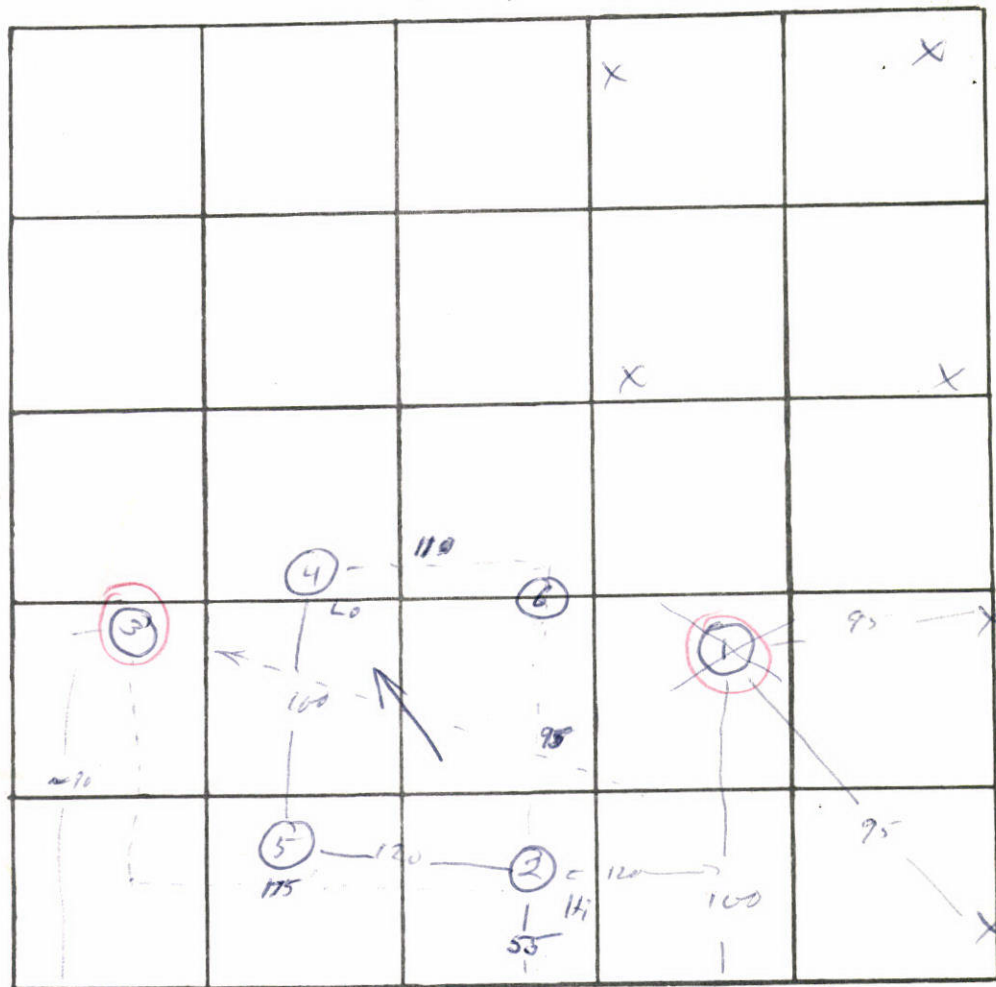
solid
shale

3

Hand-drawn stratigraphic column for Unit 4 and Unit 5. Unit 4 (top) contains 'clay'. Unit 5 (bottom) contains '(very) rotten shale / loam'. The column is marked with 0 at the top and 12 at the bottom.

5

0	clay
5 1/2	
12	loam



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8	1	7	too much		clay		
	1A	13	"	"	"		
	2	5	10 12	10 21	10 21	10 45	24
	2A	12	10 13 1/2	10 14	10 14	10 14 1/2	1/2
	2A repoured		10:17:5	10:19:5	10:19:5	10:21:40	2 1/2
	3	3	100 K				
	4	4	10 50	10 53	10 53	10 15	20
	4A	12	10 45	10 57	10 57	10 18	22
	5	4	11 09	11 20	11 20	11 42	22
	5A	12	11 07	11 34	11 34	no pers	—
	6	12	11 32	11 44	11 44	12 04	20
	6A	5 1/2	11 35	11 50	11 50	12 15	25
	5B	11 1/2	11 35	11 50	11 50	12 16	20

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

$$\bar{t} = 30$$

C 1 3312
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, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER W2 3716

DATE RECEIVED (WRA USE ONLY) 4/30/76
DATE WELL COMPLETED 125
DEPTH OF WELL 22 (TO NEAREST FOOT) 26
PERMIT NO. FROM "PERMIT TO DRILL WELL" 111
DRILLERS IDENTIFICATION NO. 111

OWNER STROUTH JAMES C.
LAST NAME FIRST NAME
STREET OR RFD 12. South Frederick Ave. POST OFFICE Gaithersburg

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	
Earth	0	17	
Brown slate	17	41	
Mica & sand	41	59	
Clay (Brown)	59	72	
Blue slate	72	79	
Mica & sand	79	91	
Blue slate	91	90	
Flint	90	97	
Blue slate	97	125	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES ☒ Y NO ☐ N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT ☒ C M BENTONITE CLAY ☐ B C

NO. OF BAGS 19 NO. OF POUNDS 1900

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 75 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ☒ S T CONCRETE ☐ C O

PLASTIC ☐ P L OTHER ☐ O T

MAIN CASING TYPE

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 88

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL ☒ S T BRASS OR BRONZE ☐ B R OPEN HOLE ☐ H O

PLASTIC ☐ P L OTHER ☐ O T

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 8 TO 125

TO 11 15 17 21

TO 23 24 26 30 32 36

TO 38 39 41 45 47 51

SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM 56 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 ☐ F

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

TELESCOPE CASING ☐ T LOG INDICATOR ☐ L

W Q 74 75 76 OTHER DATA AVAILABLE

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 31 (NEAREST FOOT)

WHEN PUMPING 111 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR ☐ A PISTON ☐ P TURBINE ☐ T

CENTRIFUGAL ☐ C ROTARY ☐ R OTHER (DESCRIBE BELOW) ☐ O

JET ☐ J SUBMERSIBLE ☐ S

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 ☐ Y NO ☐ N

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 49 50 51 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Handwritten notes: Howard Co. Md. LT 108

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 W.C. H. H. H. W. C. H. H. H.

(PLEASE PRINT)

SIGNATURE

DNR-131 (7/73)										EMERGENCY NO. (If any) -										STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL										WRA PERMIT NUMBER 40-73-1625 ✓ FILL IN THIS FORM COMPLETELY									
B 1 6392 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)										SEQUENCE NO. (WRA USE ONLY)																													
DATE RECEIVED (WRA USE ONLY) 8/30/76 9:30 A.M.										OWNER STROUT, James C. COL 15 LAST NAME 12 S. Frederick Ave COL 36 Gaithersburg Md. COL 57 POST OFFICE										FIRST NAME COL. 34 COL. 55 COL. 76																			
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6										DRILLER INFORMATION DATE July 26, 1976 LICENSE NUMBER 111 77 80 W.C. Hilton FIRST NAME DRILLER LAST NAME Signature W.C. Hilton										B 3 1 2 3 (SEQ. NO.) 6 COUNTY Howard 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION 44 46 LOT 48 50 NEAREST TOWN DAMASCUS 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) 4 73 76 77 78										LOCATION OF WELL									
B 2 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 14 20										WELL INFORMATION USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL										B 4 1 2 3 (SEQ. NO.) 6 N NORTH E EAST NE NE NORTHEAST SE SE SOUTHEAST S SOUTH W WEST NW NW NORTHWEST SW SW SOUTHWEST 8 8 8 9 8 9 NEAR WHAT Mulliken Mill ON WHICH SIDE OF ROAD NORTH SOUTH EAST WEST (CIRCLE APPROPRIATE BOX) N S E W 32 32 32 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 1085 34 37 38 39										DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)									
APPROXIMATE DEPTH OF WELL 150 24 28 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)										DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.									
REPLACEMENT OR DEEPEMED 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 DEEPEMED 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 63 65 ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U 67 68 70 71 72 73 74 75 76 77 78 79										B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 41 S STATE HEALTH (CIRCLE BOX) MO. DAY YR. DATE 8/13/76 43 48 APPROVED BY Donald W. Monaghan, Sanitarian										HEALTH DEPARTMENT APPROVAL NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 0/0									
B 5 1 2 3 (SEQ. NO.) 6										SPECIAL CONDITIONS 8-63 (WRA USE ONLY)																													

RT-27 4m

DAMASCUS

RT-127 3m

Mulliken Mill

8/30/76 RT-108

19 Bags of Cement P.W.D.

up to 48' Well about 76' possible

88' Well Case

Note: well on high side of log!

B 1		6707		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER 40-73-1200			
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY							
DATE RECEIVED (WRA USE ONLY)		OWNER <u>Shawthorne, James E</u> COL 15 LAST NAME FIRST NAME COL. 34									
STREET OR RFD		<u>12 S. Frederick Ave Apt #202</u> COL 36 COL. 55									
POST OFFICE		<u>Yantheburg, Maryland - 20760</u> COL 57 COL. 76									
B 1		CONTINUED		DRILLER INFORMATION				B 3		LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6		DATE		LICENSE NUMBER		77 80		1 2 3 (SEQ. NO.) 6		COUNTY	
FIRST NAME		DRILLER		LAST NAME		SIGNATURE		8		(DO NOT ABBREVIATE COUNTY NAME) 21	
B 2		CONTINUED		WELL INFORMATION				SUBDIVISION		23 42	
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE)		8 12		SECTION		44 46		LOT	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)		14 20		NEAREST TOWN		52 71		MILES FROM TOWN (ENTER 0 IF IN TOWN)		73 76 77 78	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		F FARMING, AGRICULTURE, IRRIGATION		I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.		B 4		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
M MUNICIPAL WATER SUPPLY		P PRIVATE WATER COMPANY		T TEST		N NORTH		E EAST		N E NORTHEAST	
S SOUTH		W WEST		N W NORTHWEST		S W SOUTHWEST		8 9		8 9	
NEAR ROAD		WHAT		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		N NORTH		S SOUTH		E EAST	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)		34 37		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DIS- TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.		N		30		F T	
APPROXIMATE DEPTH OF WELL		24 26		APPROXIMATE DIAMETER OF WELL		METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		BORED (OR AUGERED)		JETTED	
30-37		AIR-ROTARY		AIR-PERCUSSION		ROTARY (HYDRAULIC ROTARY)		CABLE		REVERSE-ROTARY	
OTHER (DESCRIBE)		REPLACEMENT OR DEEPEMED 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 DEEPEAN AN EXISTING WELL	
41 52		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		APPROPRIATION PERMIT NUMBER		ENGINEER REVIEW DISTRICT NO.		FORCE		WRITE INITIALS IN BOX	
B 4		CONTINUED		HEALTH DEPARTMENT APPROVAL				BOX NUMBER		E 760	
1 2 3 (SEQ. NO.) 6		41		STATE HEALTH (CIRCLE BOX)		COUNTY NAME		COUNTY NO.		N 530	
DATE		43 48		APPROVED BY		NORTH COORDINATE		50 51 52 53 54 55		EAST COORDINATE	
B 5		CONTINUED		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)				ELEVATION AT WELL HEAD (FEET)		57 58 59 60 61 62 63	
1 2 3 (SEQ. NO.) 6		8		HEALTH				65 66 67 68		0/0 5/0	

A 45674

SUBDIVISION: J.C. STROUTH

LOT NUMBER:

~~DRY WELL OR DRY WELL AND TRENCH~~

220 sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet ~~_____~~ feet below original grade.
Bottom maximum depth ~~_____~~ feet below original grade.
Effective area begins at ~~_____~~ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

220 sq. ft./bedroom

Trench to be 2 wide.
Inlet 4 feet below original grade.
Bottom maximum depth 9 feet below original grade.
Effective area begins at 4 feet below original grade.
5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOT B

LOCATION: per plat that first trench 100' in from left property line,
being common road R/W to rear plat; and up 166' ±
from first point of turn on left property line from
rear lot line when facing lot from rear lot
line as front of lot. c.b.d.

(Run trenches on contours)

Howard County Health Department

To: _____

5/30

PLEASE LOCATE ✓

FILE ✓

(& LOG PLAT) ✓

BALAN ✓
PLEASE REVIEW
CW.

From: _____

Date: _____

HD-170

6/4

Seen 2:15 P.M.
C.R.

BRIAN

~~7/19~~

7/19

PLEASE, RE STAPLE

THIS, IN PROPER ORDER -

ALL FACING FRONT etc -

ONE STAPLE IN TOP LEFT
CORNER —

AND REVISE LOCATION

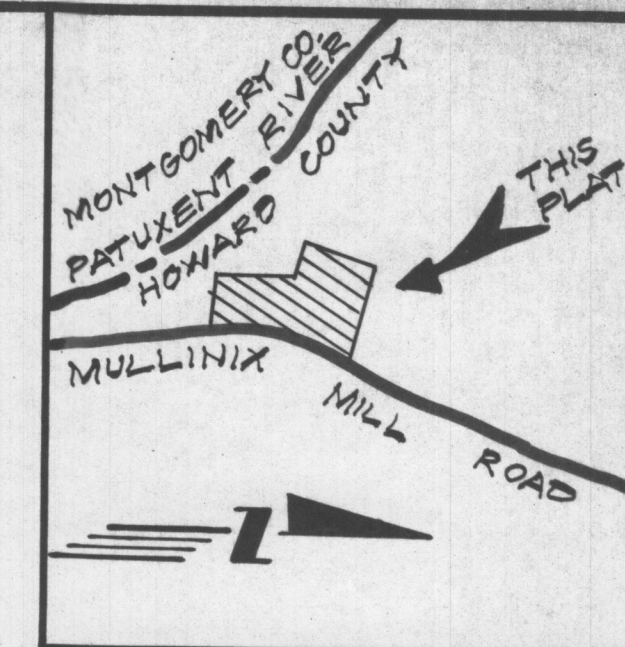
LANGUAGE TO MORE

STANDARD FORMAT OF

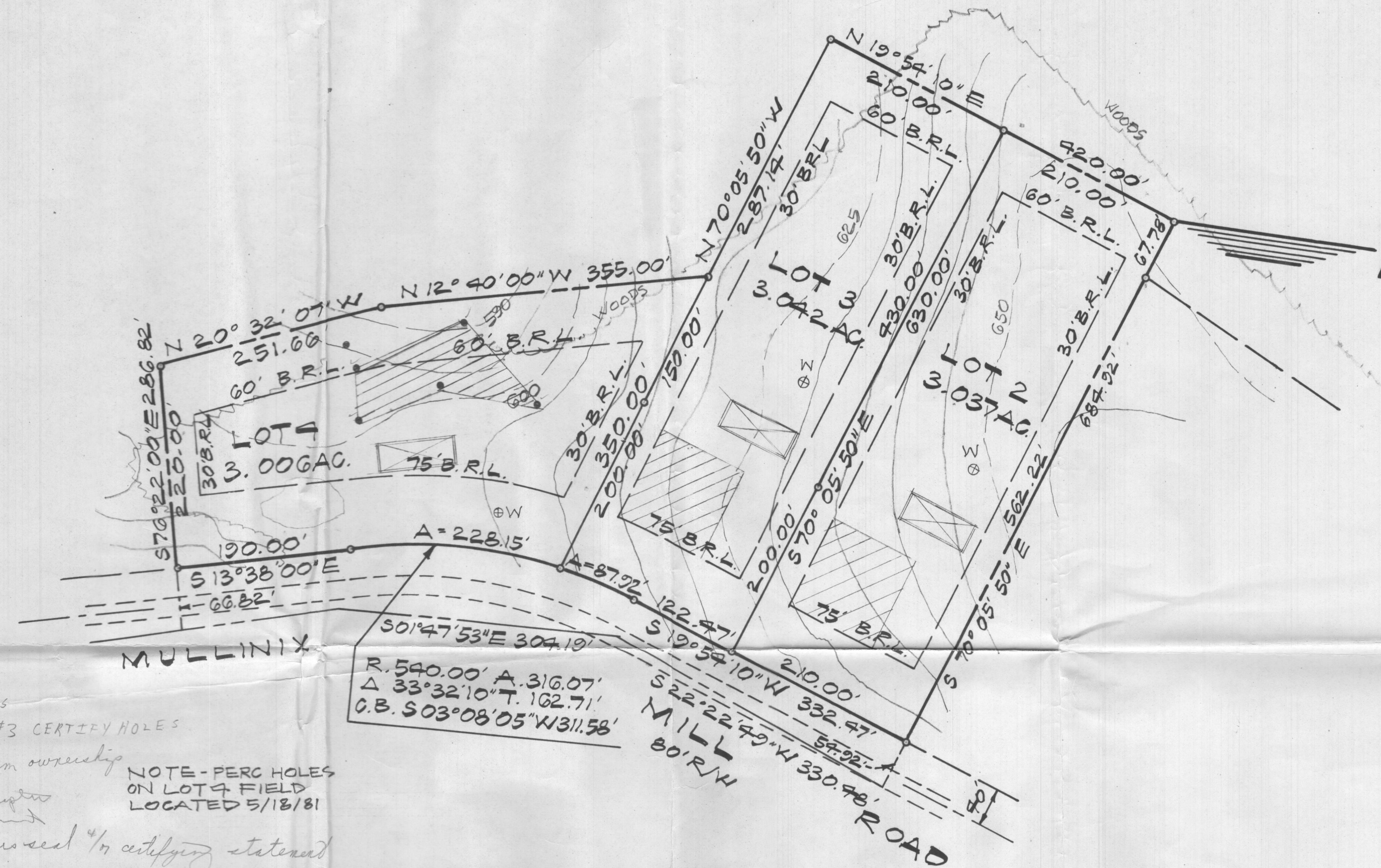
" START THE FIRST TROUGH "

" ON
PLACE THE DISTRIBUTION BOX "

etc THANKS *Gray*



VICINITY MAP
SCALE: 1"=1200'



HOLD FOR NOTES
(1) #2 + #3 CERTIFY HOLES

(2) Minimum ownership

(3) Will & executor statement

(4) Engineer seal & certifying statement

NOTE - PERC HOLES
ON LOT 4 FIELD
LOCATED 5/13/81

R. 540.00' A. 316.07'
Δ 33°32'10" T. 162.71'
C.B. S 03°08'05" W 311.58'

TRI-COUNTY SURVEYS, INC.

BOX 55
DAMASCUS MD., 20750
PHONE 253-3591

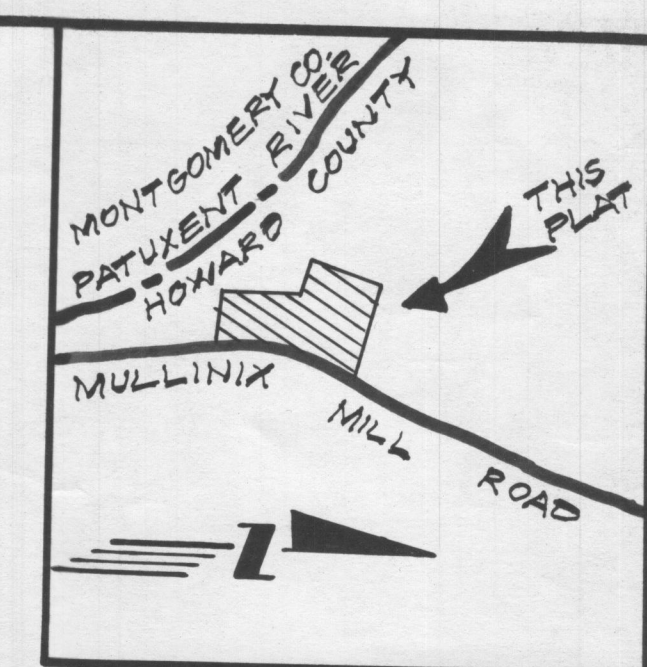
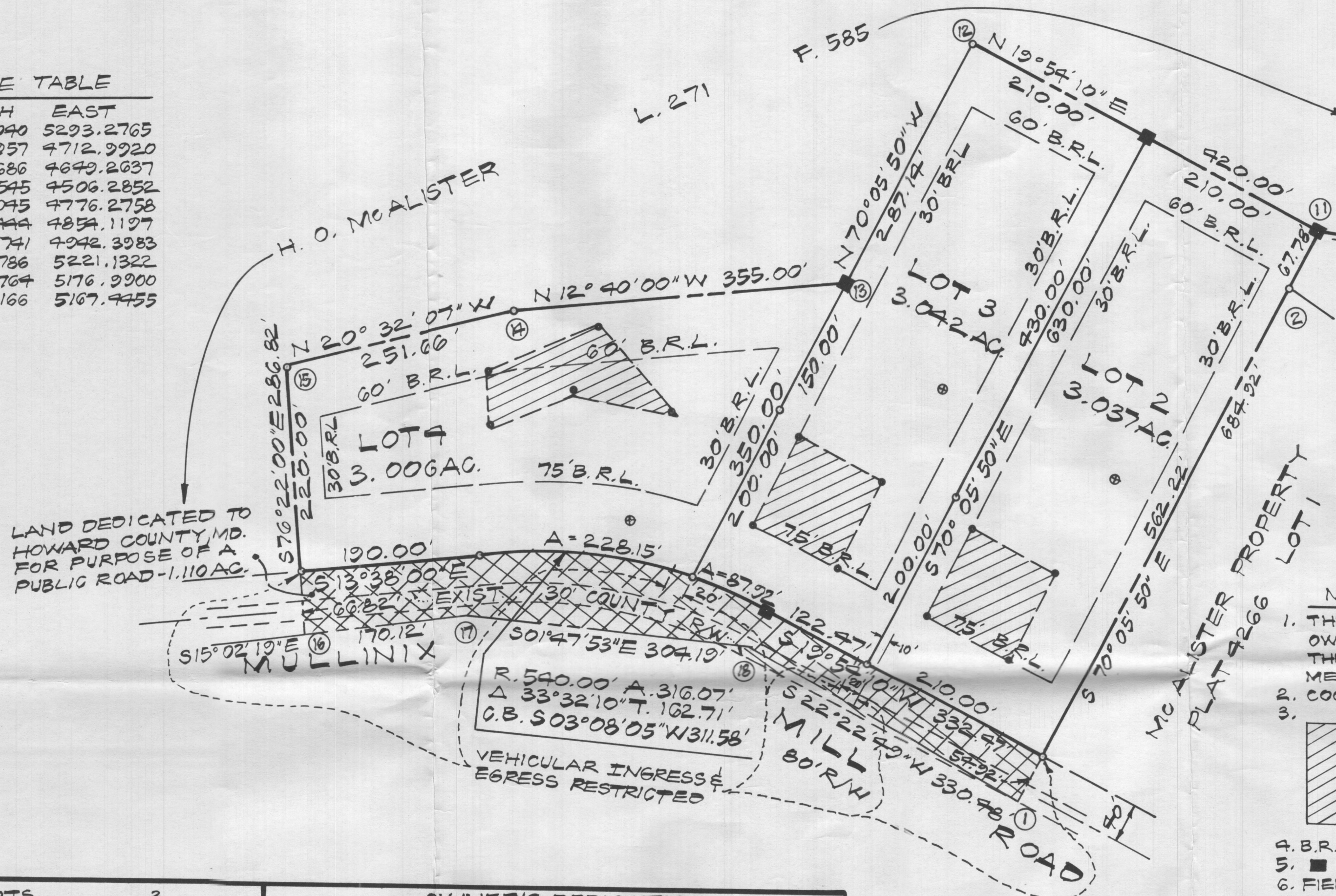
PERC PLAN
FINAL PLAT
LOTS 2 THRU 4
McALISTER PROPERTY

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE - 1"=100' JANUARY, 1981

COORDINATE TABLE

NO.	NORTH	EAST
1.	4555.5040	5293.2765
2.	4765.5957	4712.9920
11.	4788.6686	4649.2637
12.	4393.7545	4506.2852
13.	4296.0045	4776.2758
14.	3949.8444	4854.1197
15.	3713.9741	4942.3983
16.	3781.5786	5221.1322
17.	3945.8764	5176.9900
18.	4249.9166	5167.4455

LAND DEDICATED TO HOWARD COUNTY, MD. FOR PURPOSE OF A PUBLIC ROAD - 1.110 AC.



VICINITY MAP
SCALE: 1"=1200'

PLAT DATUM -
PLAT 4266

NOTES

1. THE LOTS SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE REGULATIONS.
2. COORDINATES ARE IN ASSUMED DATUM.
3. DESIGNATES A PREVIOUSLY ESTABLISHED SEPTIC RESERVE AREA OF 10,000 # OR MORE AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE.
4. B.R.L. REPRESENTS BUILDING RESTRICTION LINES.
5. REPRESENTS CONCRETE MONUMENT.
6. FIELD LOCATED PERCHES SHOWN THUS:
7. INDICATES PROPOSED WELL.
8. PLAN SUBJECT TO VP-81-59.

RECEIVED

AUG 24 1981

DIVISION OF LAND DEVELOPMENT
OF HOWARD COUNTY

TOTAL NO. OF LOTS _____ 3
TOTAL AREA OF LOTS _____ 9.085 AC.
TOTAL AREA OF ROADWAY _____ 1.110 AC.
TOTAL AREA OF SUBDIVISION _____ 10.195 AC.

APPROVED: HOWARD COUNTY OFFICE
OF PLANNING & ZONING

DATE _____ DIRECTOR _____

APPROVED: FOR PRIVATE WATER & PRIVATE
SEWERAGE SYSTEMS, HOWARD
COUNTY HEALTH DEPARTMENT

DATE _____ COUNTY HEALTH OFFICER _____

APPROVED: FOR STORM DRAINAGE
SYSTEMS & PUBLIC ROADS,
HOWARD CO. DEPT. PUBLIC WORKS

DATE _____ DIRECTOR _____

OWNER'S DEDICATION

I, DOROTHY B. McALISTER, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES, GRANT INTO HOWARD COUNTY, MD, ITS SUCCESSORS AND ASSIGNS (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND STREET RIGHT OF WAYS AND THE SPECIFIC EASEMENT ARE AS SHOWN HEREON (2) DEDICATE TO PUBLIC USE THE BEDS OF THE STREETS OR ROADS AND FLOOD PLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR ONE DOLLAR (\$1.00) CONSIDERATION HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREET OR ROADS AND FLOOD PLAINS AND OPEN SPACE WHERE APPLICABLE (3) NO BUILDINGS OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHT OF WAY (4) IT IS FURTHER AGREED THAT MAINTENANCE OF ALL STORM DRAINS, DRAINAGE EASEMENTS OR FLOOD PLAINS SHOWN HEREON ARE THE RESPONSIBILITY OF THE PROPERTY OWNERS, IT SUCCESSORS AND ASSIGNS. WITNESS OUR HANDS THIS _____ DAY OF _____ 1981.

WITNESS

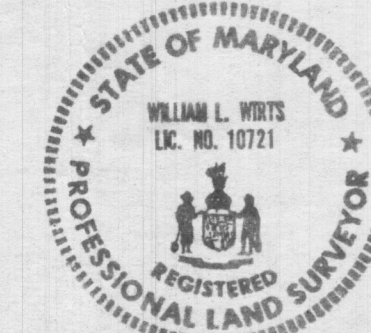
DOROTHY B. McALISTER

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF PART OF THE LAND CONVEYED BY MOLLIE E. MULLINIX, ETAL TO HORACE O. AND DOROTHY B. McALISTER BY DEED DATED 7-26-1955 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MD. IN LIBER 271, FOLIO 585, AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODES OF MARYLAND AS AMENDED.

JUNE 23, 1981

William L. Wirts
WILLIAM L. WIRTS
R.P.L.S.-MD. NO. 10721

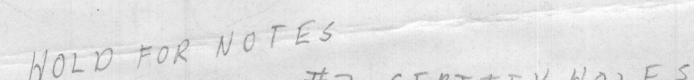


TRI-COUNTY SURVEYS, INC.

Box 55
DAMASCUS MD., 20750
PHONE 253-3591

FINAL PLAT
LOTS 2 THRU 4
McALISTER PROPERTY

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE - 1"=100' JANUARY, 1981



- (1) #2 + #3 CERTIFY HOLES
(2) Minimum ownership

(3) Will & super
statement

(4) ^{statement} Engineers seal & certify statement

NOTE - PERC HOLES
ON LOT 7 FIELD
LOCATED 5/18/81

TRI-COUNTY SURVEYS, INC.

BOX 55
DAMASCUS MD., 20750
PHONE 253-3591

PERC PLAN

FINAL PLAT
LOTS 2 THRU 4

McALISTER PROPERTY

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE-1"=100' JANUARY, 1981

EH - 24

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health

Ellicott City, Maryland 21043

Phone: 992-2330

To:

C. B. S.

Please Review

Hold & Discuss

Under General Notes #3-

not complete - The ...
officer

Statement on: Percolation area
& water wells for adjoining
lots will be shown where
pertinent (8/25/81)
C.B.S.

From:

T. S.

Date:

8/25/81

EH - 24

Re: M^cAlister Property

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health

Ellicott City, Maryland 21043

Phone: 992-2330

To: _____

Frank

{ See - comments -
Holding -

From: _____

C. B. O.

Date: _____

8/25/81