11/9/94 AS-AD

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50927E

A 49282

DISTRICT 5th

DATE 12/5/94

DATE SYSTEM APPROVED 11/9/94

INSPECTOR C.B.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS ____ PHONE 988-9270

SUBDIVISION Buck Haven Manor LOT 1 ROAD 12519 Scaggsville Road

PROPERTY OWNER ~~Cornerstone Homes, Inc.~~ Frank Duffy

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - From the driveway in-common, place the distribution box 140 feet down the right (408') lot line and 40 feet off that lot line. Run trenches along contour toward back lot line, being certain to maintain at least 100 feet separation from wells on adjoining parcels.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK Amd 11-7-94

PLANS APROVED BY C. Williams DATE 01/14/94

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

BLDG. PERMIT SIGNED AND RETURNED 12/12/94
Serial #57547 - deck

PERMIT VOID AFTER TWO YEARS

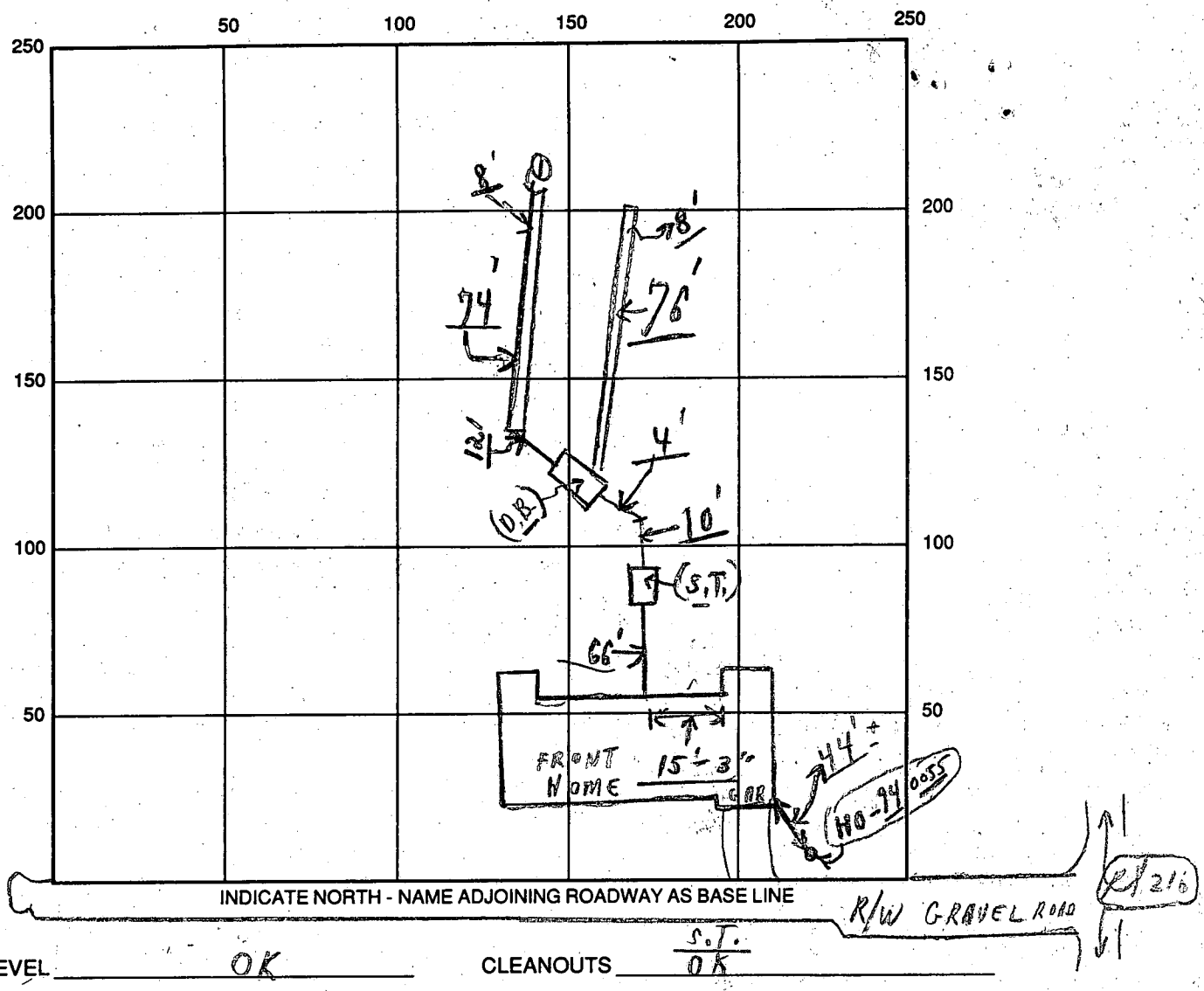
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 49282



SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 (to end) FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. {TOTAL LENGTH ① 74' ② 76' = 150 FT.}

NUMBER OF TRENCHES 2 ONE SIDEWALL/~~BOTTOM~~ AREA 750+ SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 750 SQ. FT.

REMARKS: 11/9/94 Pretrial; 1st check - ok to finish ends of 2 trenches, + Fan 2 - ok to cover as finish - last trench, material on site; cpl.

11/9 No. W.P.I. CRS

DATE SYSTEM APPROVED 11/9/94 INSPECTOR Charles Bryan Threatt

JUNE 14-17, 1993

APPLICATION

PERCOLATION TESTING

A 49282

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT Fifth

DATE May 26, 1993

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Catherine Clevenger~~ Cornerstone Homes, Inc

ADDRESS 12459 Scaggsville Road PHONE ~~531-5991~~ 379-0157

AGENT OR PROSPECTIVE BUYER Same As Above

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clevenger Property LOT NO. 1

ROAD AND DESCRIPTION 1400'± Northwest From Intersection Of Brown's Bridge Road And Maryland Route 216.
(12579 Scaggsville Road

TAX MAP 40 PARCEL # 138

BLDG. PERMIT SIGNED AND RETURNED 9/13/94 Permit #53971

SIZE OF LOT 46,000 Sq. Ft. TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SFD- 4Bdrm

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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 6/16/93 PERC OK HOLD FOR PLAT PH

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

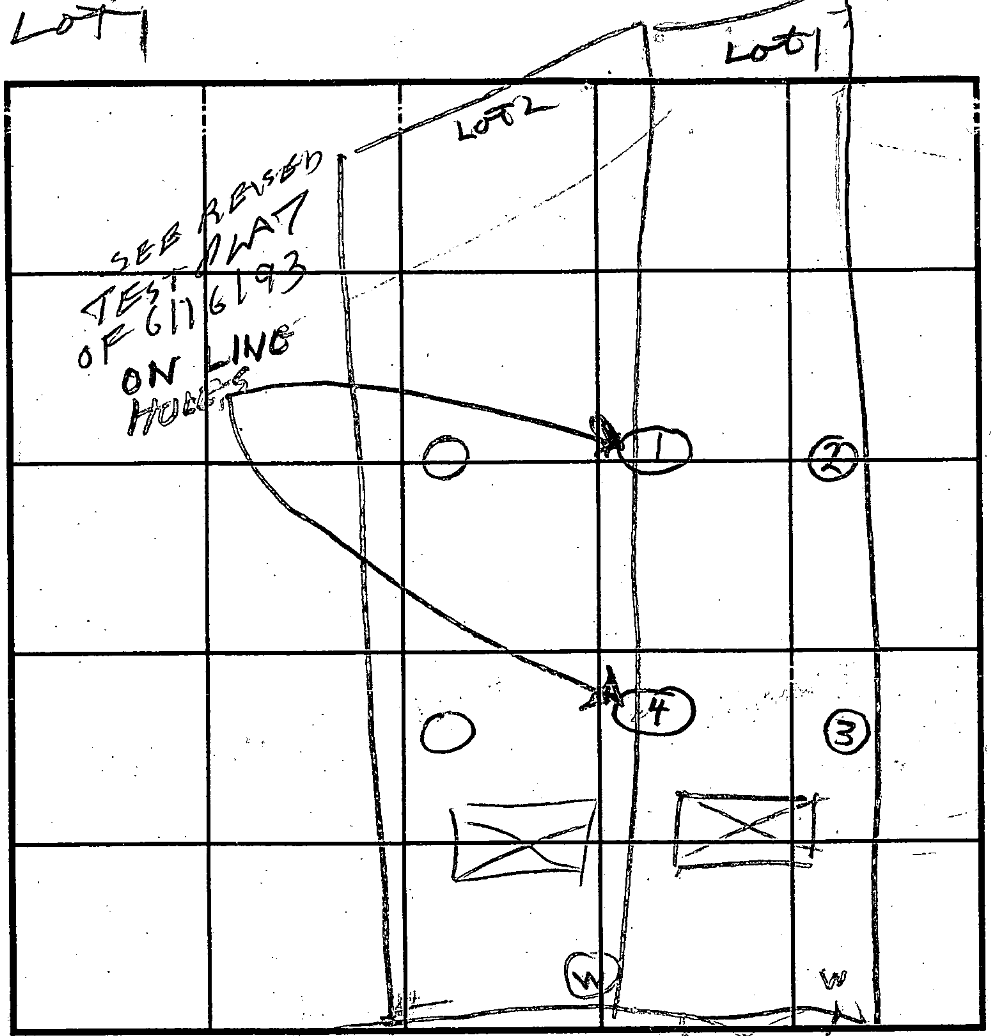
49282
COUNTY #

ONLINE SOIL PROFILE (1)

0'
TOPSOIL BROWN CLAY
3
BROWN SAND LOAM
11

(2)
TOPSOIL REDDISH CLAY
3
DULL BROWN & WHITE SAND LOAM
11

(3)
TOPSOIL RED CLAY
4
PINK WHITE BROWN SAND LOAM
12 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

ONLINE SOIL PROFILE (4)

0'
TOPSOIL RED CLAY
3
PINK BROWN & WHITE SAND LOAM
11.5

HOLE ELEVATION
(3) = HIGH
(1)(2)(4) = LOW

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/15/93	1S 1V	4.5 11	239 OK	240	240	244	4
	2S 2V	4.5 11	247 OK	249	249	252	3
	3V	12.5	OK				
	4S 4D	4.5 7.5	300 300	302 301	302 301	305 302	3 1
	4V	11.5	OK				

ON LINE HOLE LOT 1&2

IN COMMON HOLE ON LINE LOT 1&2

3
9|1
avtime 3MIN
maxdepth 3 ft

REMARKS Holes Dug per REVISED TESTPLAT OF 6/16/93

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT C CROVO / O KETTERMAN JR

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 2

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 8 SQ. FT/BEDROOM 180

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 1211 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0055
fill in this form completely

Date Received (APA): 03/21/94

OWNER INFORMATION
Last Name: BUCKS | Owner: HAUED | First Name: FARM
Street or RFD: 12455 RT 216
Town: HIGHLAND | State: MD | Zip: 20777

DRILLER INFORMATION
Driller's Name: Ralph MAYNE | MSD/MGD/MWD: 116 | License No.
Firm Name: Ralph Mayne well Drilling
Address: 9120 Brown Church Rd. Mt. Airy
Signature: Ralph Mayne | Date: 3/15/94

LOCATION OF WELL
8 COUNTY: HOWARD
23 SUBDIVISION: CLEVENGER PROP
SECTION | LOT: 1
52 NEAREST TOWN: HIGHLAND
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4 — DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD: MD Rt. 216
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH | WEST | EAST | SOUTH
DISTANCE FROM ROAD: 200
ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Howard | COUNTY NO.: W49933C
STATE SIGNATURE _____ | INSERT S
DATE ISSUED: 04/05/94 | CO SIGNATURE | EXP. DATE: 04/05/95
NORTH GRID: 4860000 | EAST GRID: 0814000

APPROXIMATE DEPTH OF WELL: 150 FEET
APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

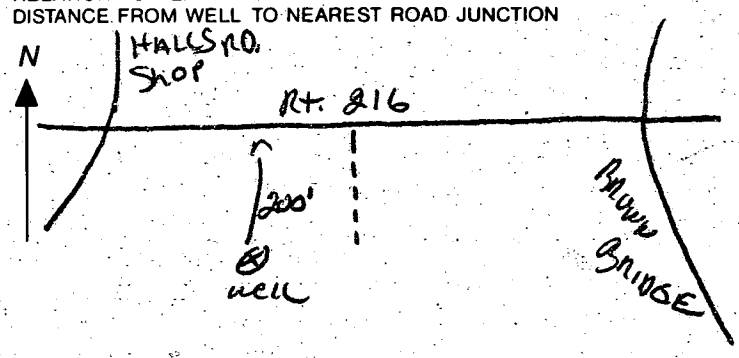
METHOD OF DRILLING (circle one)
BORED (or Augered) | JETTED | Jetted & DRIVEN
(AIR-ROTary) | AIR-PERcussion | ROTARY (Hydraulic Rotary)
CABLE | REVerse-ROTary | DRive-POINT
other _____

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 814
N 4860
000 000

5/4/94 Grout 9:30 - missed insp. ⊗

REPLACEMENT OR DEEPENED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP

FORCE CS (WRITE INITIALS IN BOX) PERMIT No. HO-94-0055

SPECIAL CONDITIONS: CATHERINE CLEVENGER 854-2048 — 531-5591
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

C 1 | 8804 | SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER WW197B3C

ST/CO USE ONLY, DATE Received

DATE WELL COMPLETED 05 04 94

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" WW-94-0055

OWNER [illegible] first name TOWN Highland
last name
STREET OR RFD Rt. 216
SUBDIVISION Clearfield Property SECTION LOT 1

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	40	✓
Sand Stone	40	45	
MICKA	45	65	
Sand Stone	65	70	
MICKA	70	205	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 11 NO. OF POUNDS 100
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP, enter 0 if from surface) to 20+ ft. (BOTTOM)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	12"	50

OTHER CASING (if used) (EACH CASING)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

		DEPTH (nearest ft.)	
1	HO	48	205
2			
3			

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 12
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34
WHEN PUMPING 46

TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

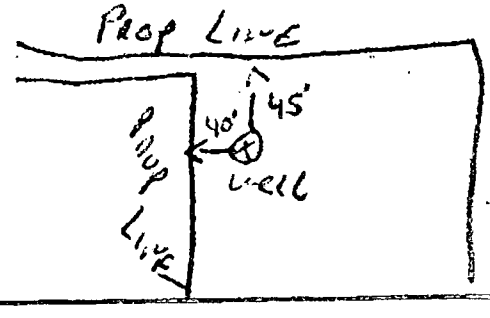
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) (+) above (−) below LAND SURFACE 2 (nearest foot)

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 'WELL CONSTRUCTION' AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Mark Magner
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)



OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W Q ____
TELESCOPE CASING LOG INDICATOR OTHER DATA

11/10/94

WELL permit only!

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

OK Final 11/10 CKB

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

- -

New Installation ✓
Replacement ____

Receipt # -0-
Date ~~September 22~~, 1994

Name of Installer CHARLES A. KLEIN & SONS, INC. Telephone (410) 549-6960

License Number 6521
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ____

Name of Property Owner CORNERSTONE HOMES Telephone (410) 379-0157
Subdivision BUCKS HAVEN MANOR Lot # 1 Well Tag # NO - 94 - 0055
Site Address 12519 SCAGGSVILLE RD. HIGHLAND, MD 20777

- -

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make ____
3. Model # ____
4. Capacity ____ GPM
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 ____

Motor
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

- -

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: Charles A Klein Jr

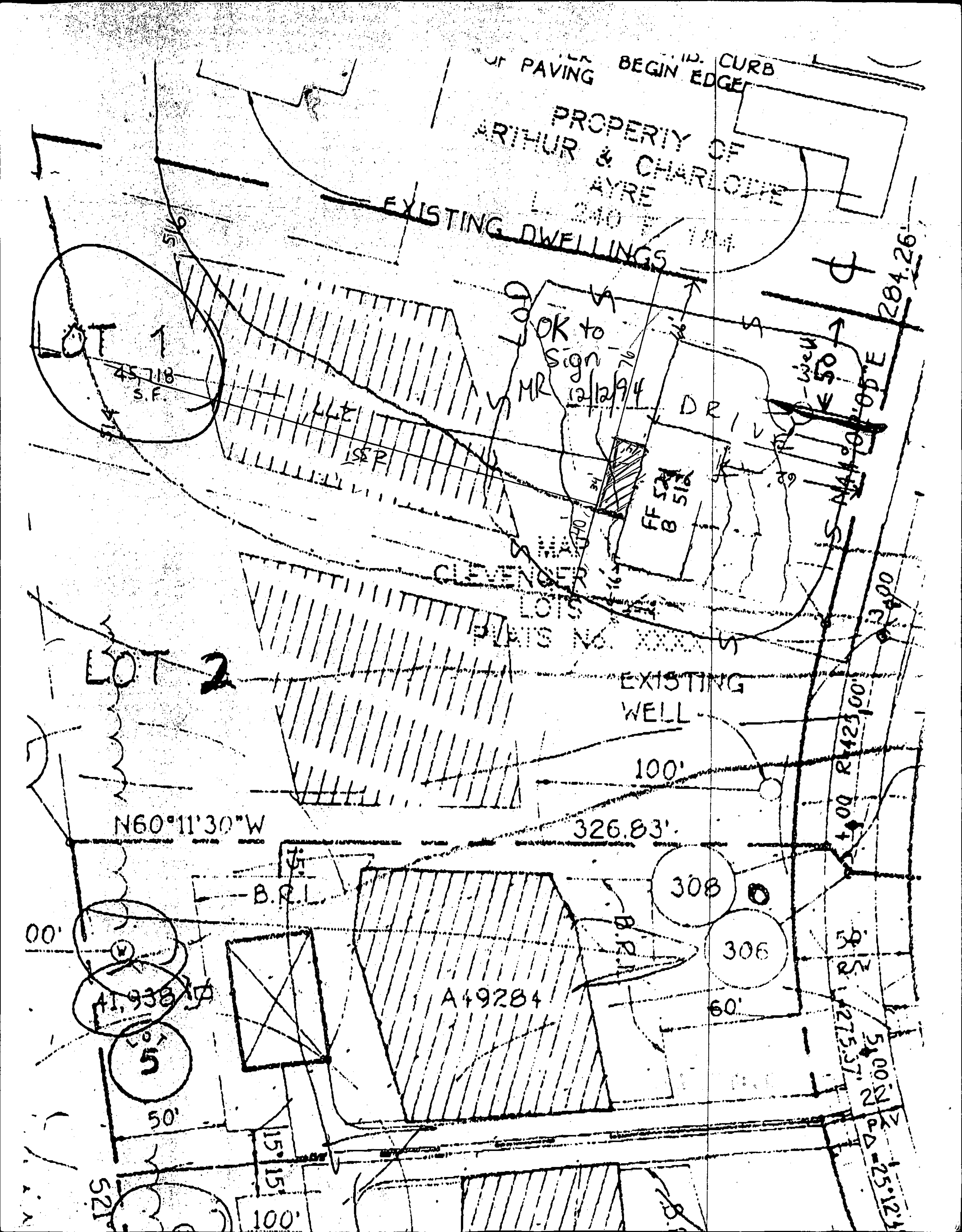
Date: September 22 1994

GREEN

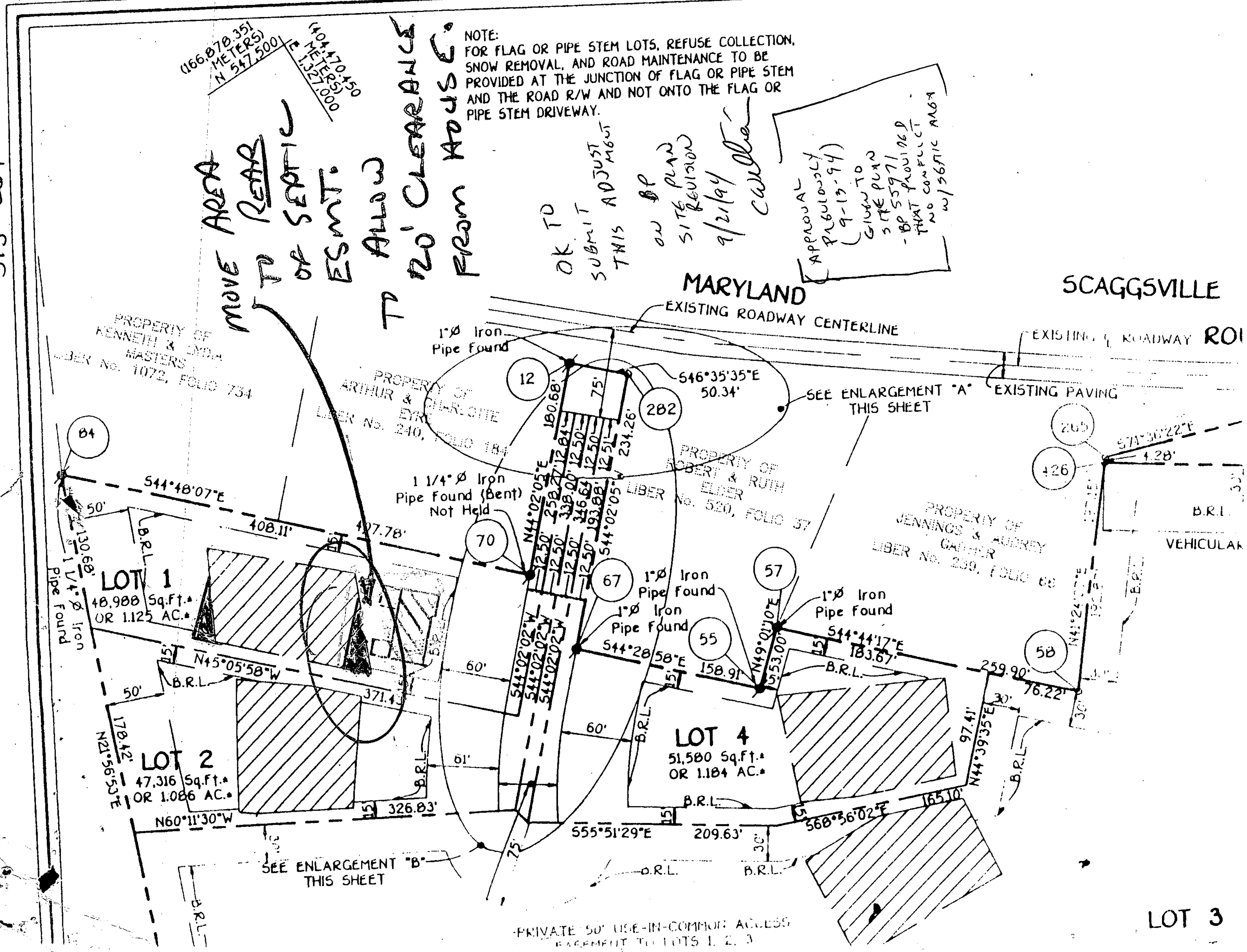
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

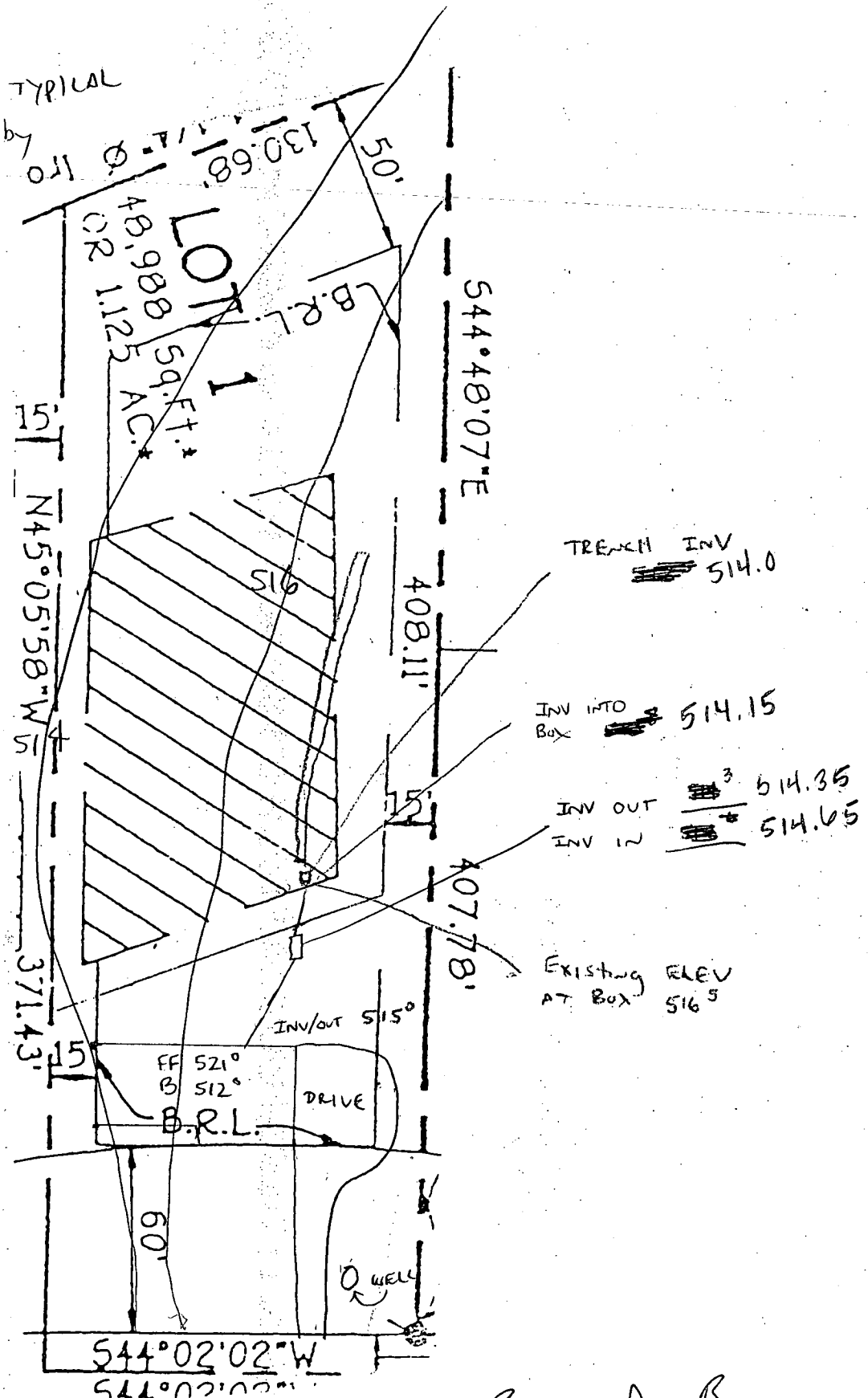
Note 11/10 → [at well casing only @ all covered except]


PAVING
BEGIN EDGE
CURB
PROPERTY OF
ARTHUR & CHARLOTTE
AYRE
EXISTING DWELLINGS
284.26'
LOT 1
45,718
S.F.
OK to
Sign
MR 12/12/94
DRIVE
EXISTING
WELL
LOT 2
100'
N60°11'30"W
326.83'
B.R.L.
308
306
A49284
60'
50'
41,938
LOT
5
15'
100'

313-2640


NOTE:
FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL, AND ROAD MAINTENANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR PIPE STEM AND THE ROAD R/W AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.
(166,078.351 METERS) N 547,500
(404,470.450 METERS) E 1,327,000
MOVE AREA TO REAR OF SEPTIC ESMNT. TO ALLOW 20' CLEARANCE FROM HOUSE.
OK TO SUBMIT THIS ADJUSTMENT ON BP SITE PLAN REVISION 9/21/94
MARYLAND
SCAGGSVILLE
ROA
EXISTING ROADWAY CENTERLINE
EXISTING ℄ ROADWAY
EXISTING PAVING
SEE ENLARGEMENT "A" THIS SHEET
SEE ENLARGEMENT "B" THIS SHEET
PROPERTY OF KENNETH & LINDA MASTERS LIBER No. 1072, FOLIO 734
PROPERTY OF ARTHUR & CHARLOTTE EYRE LIBER No. 240, FOLIO 184
PROPERTY OF ROBERT & RUTH ELDER LIBER No. 520, FOLIO 57
PROPERTY OF JENNINGS & AUDREY GAITHER LIBER No. 239, FOLIO 68
1"Ø Iron Pipe Found
1 1/4"Ø Iron Pipe Found (Bent) Not Held
1 1/4"Ø Iron Pipe Found
S46°35'35"E 50.34'
S44°48'07"E
S71°50'22"E
S44°44'17"E 183.67'
S44°28'58"E 158.91'
N45°05'58"W 371.43'
N44°02'05"E
S44°02'05"W
S44°02'02"W
N49°01'10"E 53.00'
N60°11'30"W 326.83'
S55°51'29"E 209.63'
S68°56'02"E 165.10'
N44°39'35"E 97.41'
N21°56'53"E 178.42'
408.11'
427.78'
130.68'
259.90'
76.22'
4.28'
180.68'
234.26'
258.27'
338.00'
346.64'
193.88'
12.50'
12.84'
75'
60'
61'
50'
30'
15'
84
12
282
265
426
70
67
57
55
58
LOT 1
48,988 Sq.Ft.± OR 1.125 AC.±
LOT 2
47,316 Sq.Ft.± OR 1.086 AC.±
LOT 4
51,580 Sq.Ft.± OR 1.184 AC.±
LOT 3
B.R.L.
VEHICULAR
PRIVATE 50' USE-IN-COMMON ACCESS EASEMENT TO LOTS 1, 2, 3

TRENCH LENGTH TYPICAL
ACTUAL DESIGN by
HEALTH DEPT.



Approved Septic System Plan
Howard County Health Department

Signature _____ Date 2-13-94

5/17/94

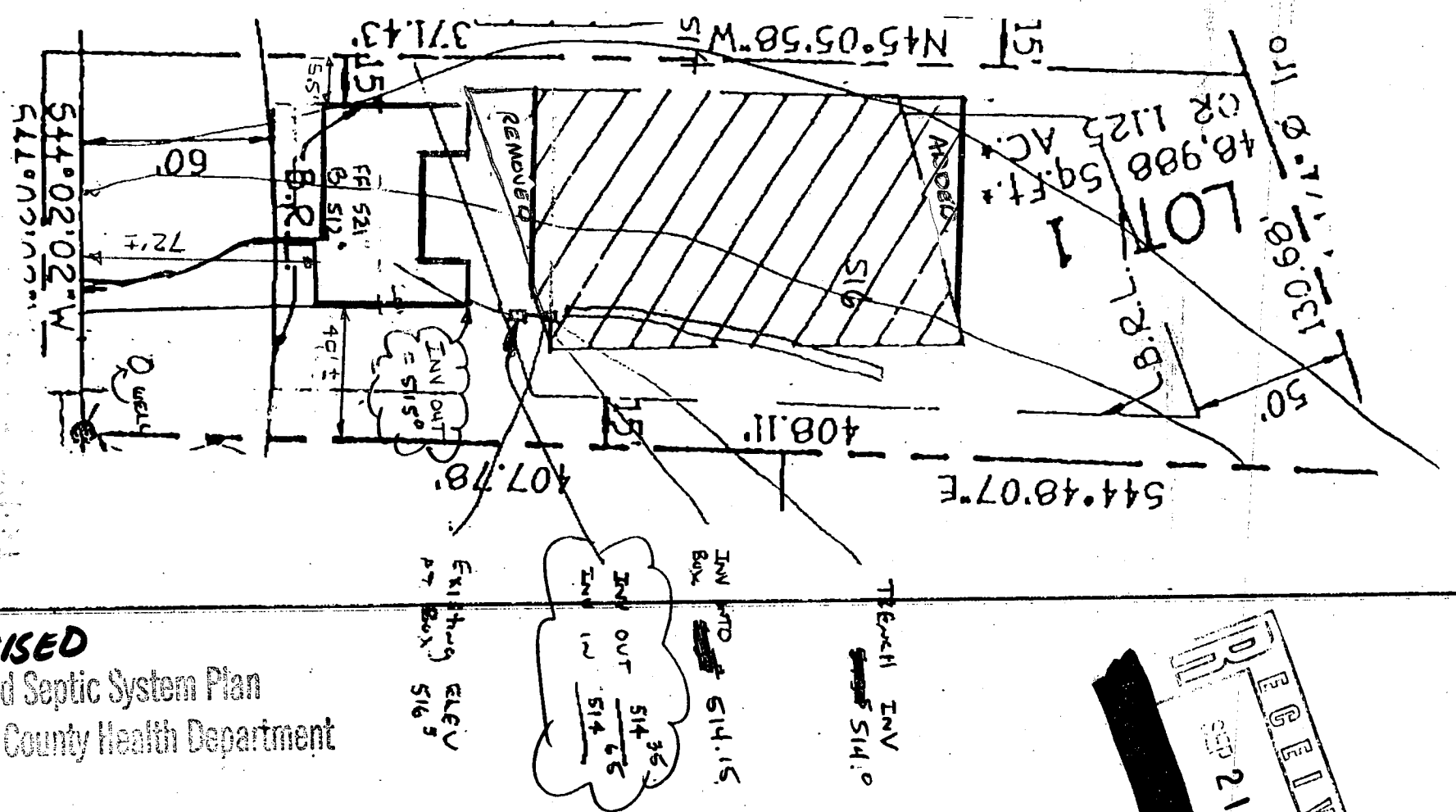
379-0157

#12519 Scaggsville Road
Lot 1 - Bucks Haven Manor
Septic Area Revision 10-31-94

EXACT LENGTH OF SEPTIC TRENCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.

BY COPY OF THIS PLAN THE HEALTH DEPARTMENT ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE DISPOSAL EASEMENT

11-3-94
Date



REVISED
Approved Septic System Plan
Howard County Health Department

Signature

11-3-94
Date