

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

P 5/3328

A 49860-J

DISTRICT

DATE 3/16/2000

5/4/00

S.R.K.

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5670

SUBDIVISION Springdale Estates

LOT 4

ROAD 13716 Springdale Drive

PROPERTY OWNER

Dale Thompson Builders

ADDRESS

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

7-17-03 800143087-BASEMENT

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 120 feet off the front lot line and 15 feet off the left lot line as seen when facing the lot from Springdale Drive. Run trenches exactly as shown on the approved building permit plan.

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

- Request to use 3 Trenches 80 ft long each is acceptable. PR 4/3/00

PLANS APPROVED BY Amy McMillen

DATE 11-17-1999

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

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**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

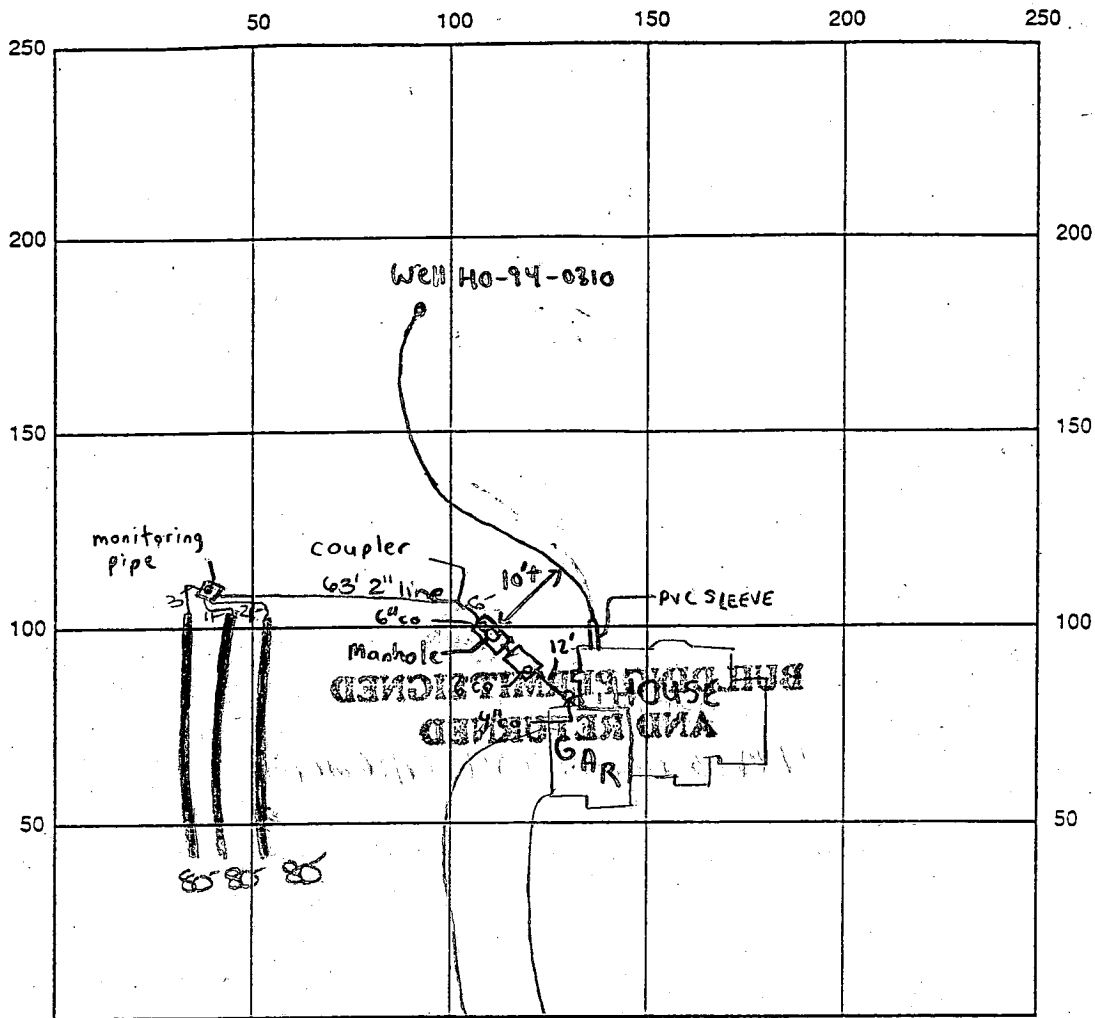
PERMIT SIGNED

11-17-99

800121282 SFB

49860J

NOT TO SCALE



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK-1250 gal ts septic tank CLEANOUTS Manhole on pump tank, 6\" on pump tank

DISTRIBUTION BOX LEVEL OK Monitoring pipe on DBox

DRAIN FIELD/TILE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 3/23/00 septic tank and pump chamber installed - No other work done. TYS

4/5/00 AM. - OK to cover all septic work. Needs pump performance test for final. DCS 5/4/00 - PUMP AND ALARM OPERATIONAL

(SRK)

DATE SYSTEM APPROVED 5/4/00 INSPECTOR Steven R. Krug

APPLICATION

PERCOLATION TESTING

A 49860 J

P _____

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

DISTRICT _____

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 DALE Thompson Builders

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. \$ 4 on percent

ROAD AND DESCRIPTION (13716 Springdale Drive)

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD-4Brm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~SEE~~ PERMIT SIGNATURE

AND RETURNED 11-17-98

Serial # B01 21282

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A49860 J

Lot 5

Ⓐ Ⓑ

SOIL PROFILE

brn
sa cl
lm

brn
tan,
sa micc
lm

11 1/2

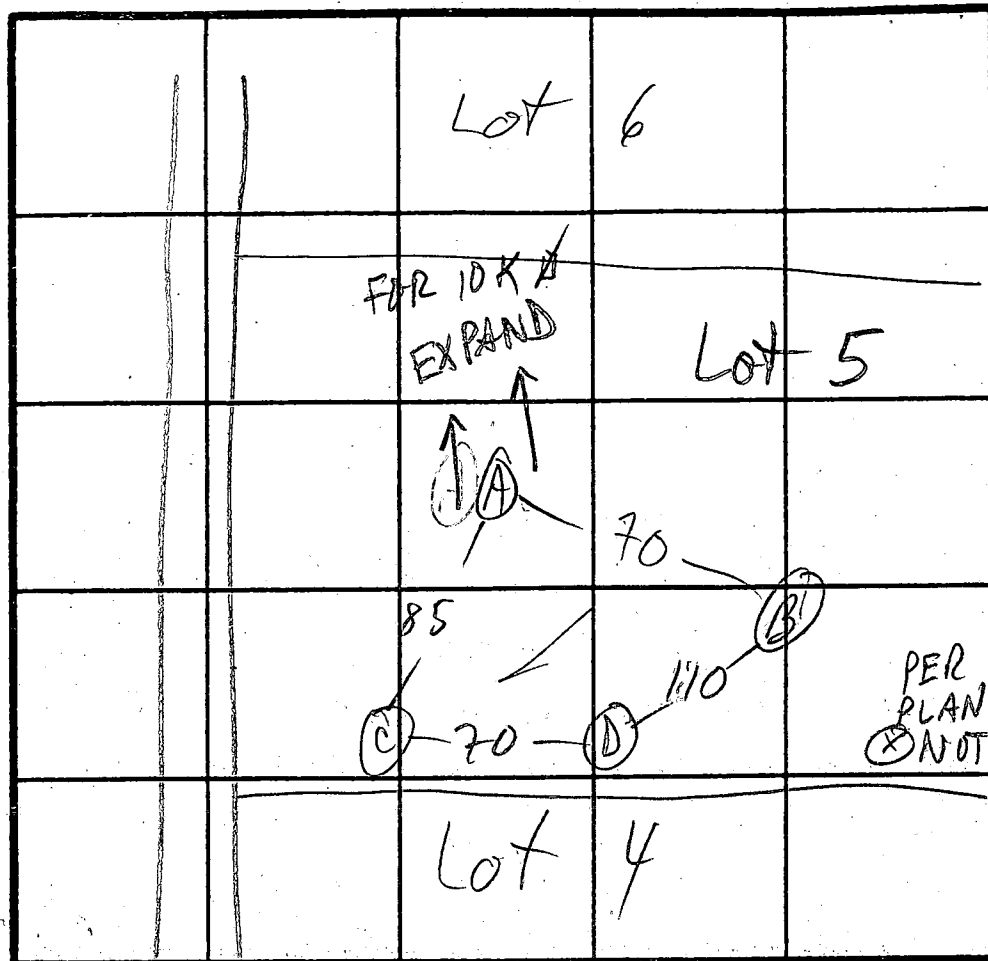
Ⓒ Ⓓ

org brn
cl lm

5

brn
yel red
silty
sa lm
10-15%
frags

10 1/2



$\bar{x} = 3$
180 BR
Inlet 3 1/2
Bot 5 1/2

DUG

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/7/94	A S	3 1/2	11:15	11:18	11:18	11:21	3 EST
	A M	6 1/2	11:15	11:17	11:17	11:20	3 EST
	A V	11 1/2					
	B S	4	11:28	11:31	11:31	11:34	3
	B V	12					
	C S	6	11:21	11:24	11:24	11:28	4
	C V	10 1/2					
	D S	4	11:49	11:50	11:50	11:51	1
	D M	7	11:54	11:58	11:58	12:02	4
	D V	11	sim to Ⓒ wh. quartz sand @ 6'-9'				
			cave-in from 6' to 10' ±, but dry				

REMARKS HOLE Ⓒ NOT PER PLAT; OTHERS PER PLAT

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

J. Allen, R. Demmitt

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

2 3/4'

5'

12 1/2'

FILL

red brn
clayey
silt
15-20%
FragStan
silt
1mbr sa
cl 1msoft
fine

tan

sa
mica

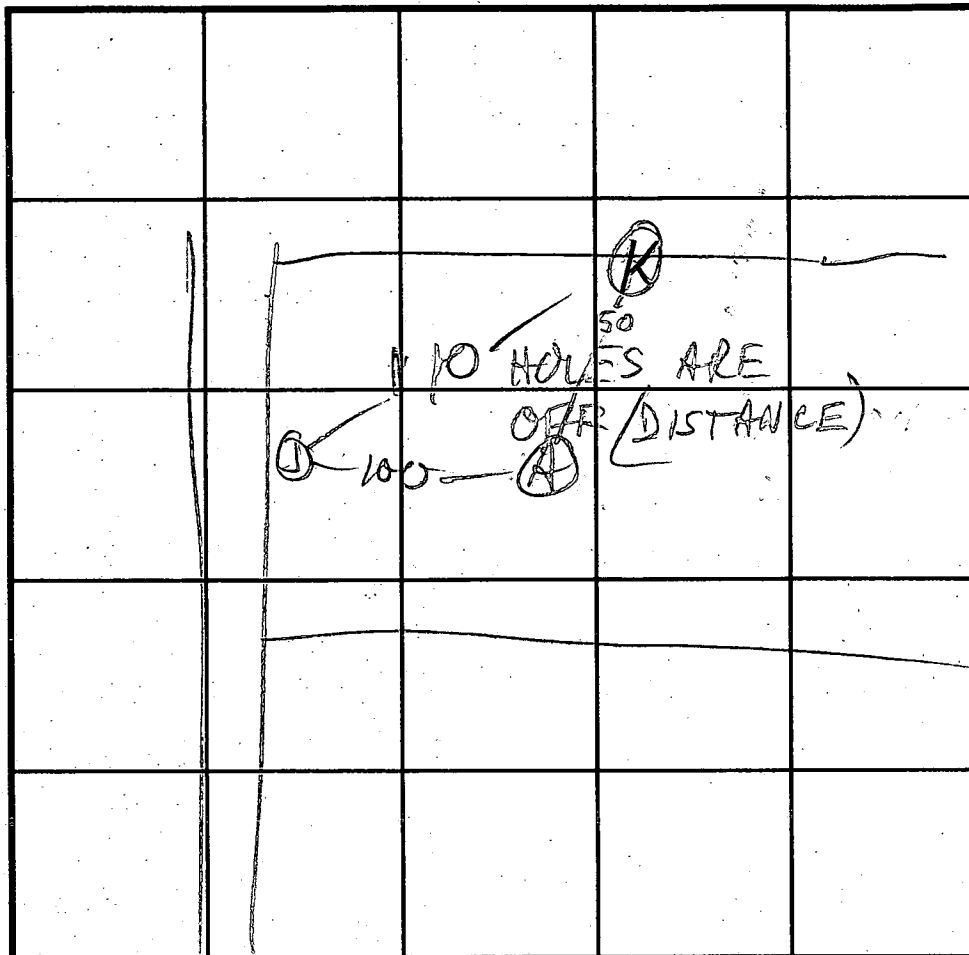
loam

5-10%
FragS

13 1/2'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/94	J S	3 1/2	3:23	3:30	3:30	3:40	10
11/2/94	J V	12 1/2"					
	K S	3	3:26	3:27	3:27	3:29	2
	K V	13 1/2					

REMARKS

TYPE OF SOIL

TESTED BY

M. Ripkin

ALSO PRESENT

J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

4/21/00
WPI AM

Bureau of Environmental Health
3525-H Elliott Mills Drive
Elliott City, MD 21043
461-0033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒ Replacement ☐
Name of Installer Willoughby PLUMB. Svc. Telephone 410-781-7057
License Number #6992
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒
Name of Property Owner Dale Thompson Bldgs Telephone 410-925-6736
Subdivision Springdale Estates Well Tag # ND-94-0310
Site Address 13716 Springdale Dr
CLARKSBURG, MD 21029

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible ☒
2. Make LOCUST
3. Model #
4. Capacity 7 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 guides ☒ Other TAPE

Water
1. Horsepower 3/4 HP
2. RPM
3. Voltage
a. 110
b. 220
Pitless Adapter
1. Make NORWARD
2. Model #
3. Depth 4 FT

Tank
1. Capacity 40 gal
2. Pressure relief valve? YES

Piping CRESTLINE
1. Type
2. Size 1"
3. NSF and/or DCA Code approved YES
4. Depth of supply line 4 FT
Well data 365
1. Depth 365 ft.
2. Yield 5 GPM
3. Static water level ft.
4. Will water supply be disconnected by installer? NO

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.

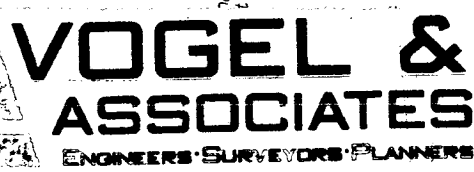
Signature of Applicant: Chris J. Willoughby
Date: 3/28/00

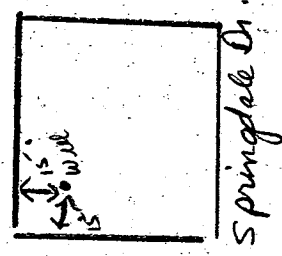
Notes: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

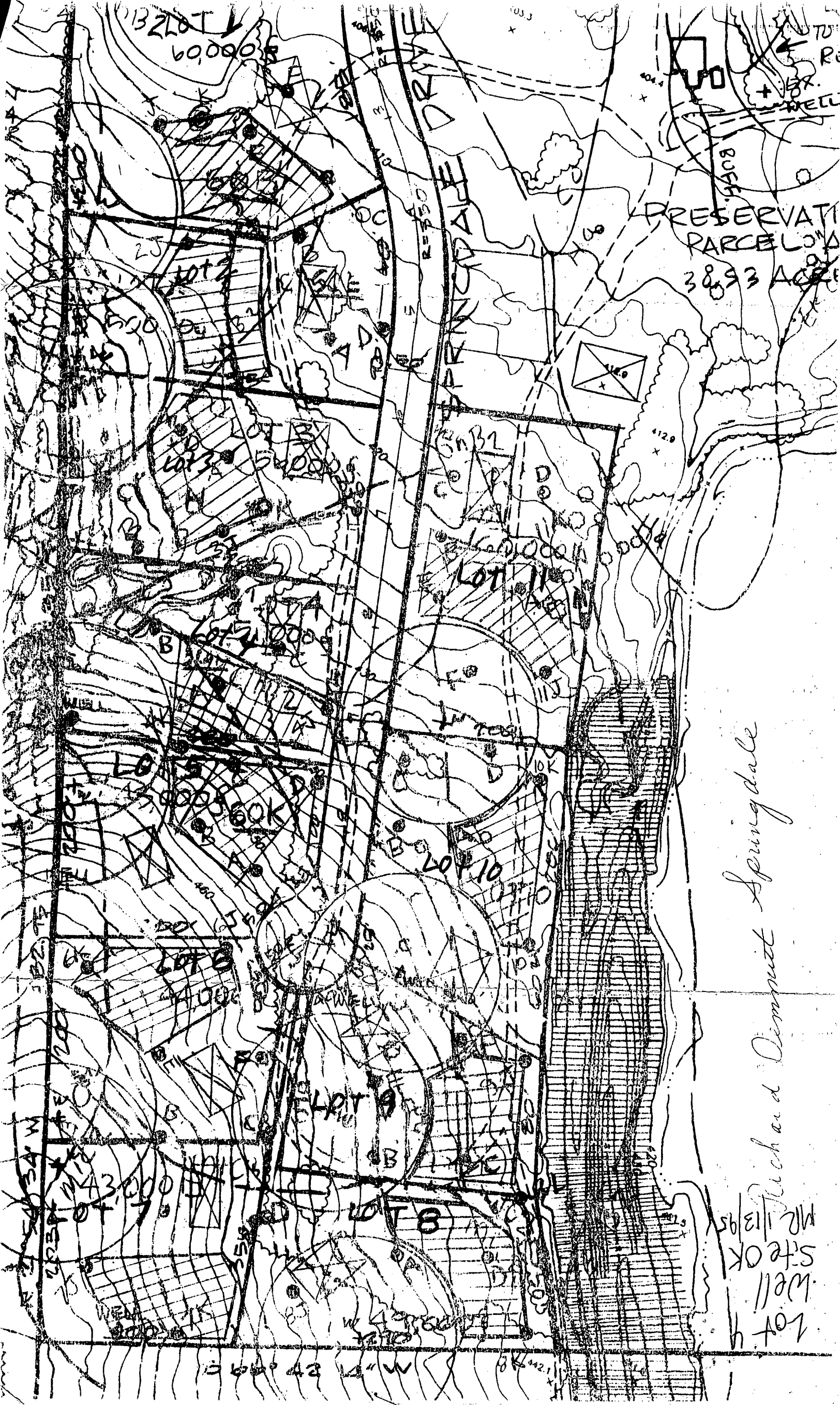
4/21/00 - WPI ON

(SRN)

Signature

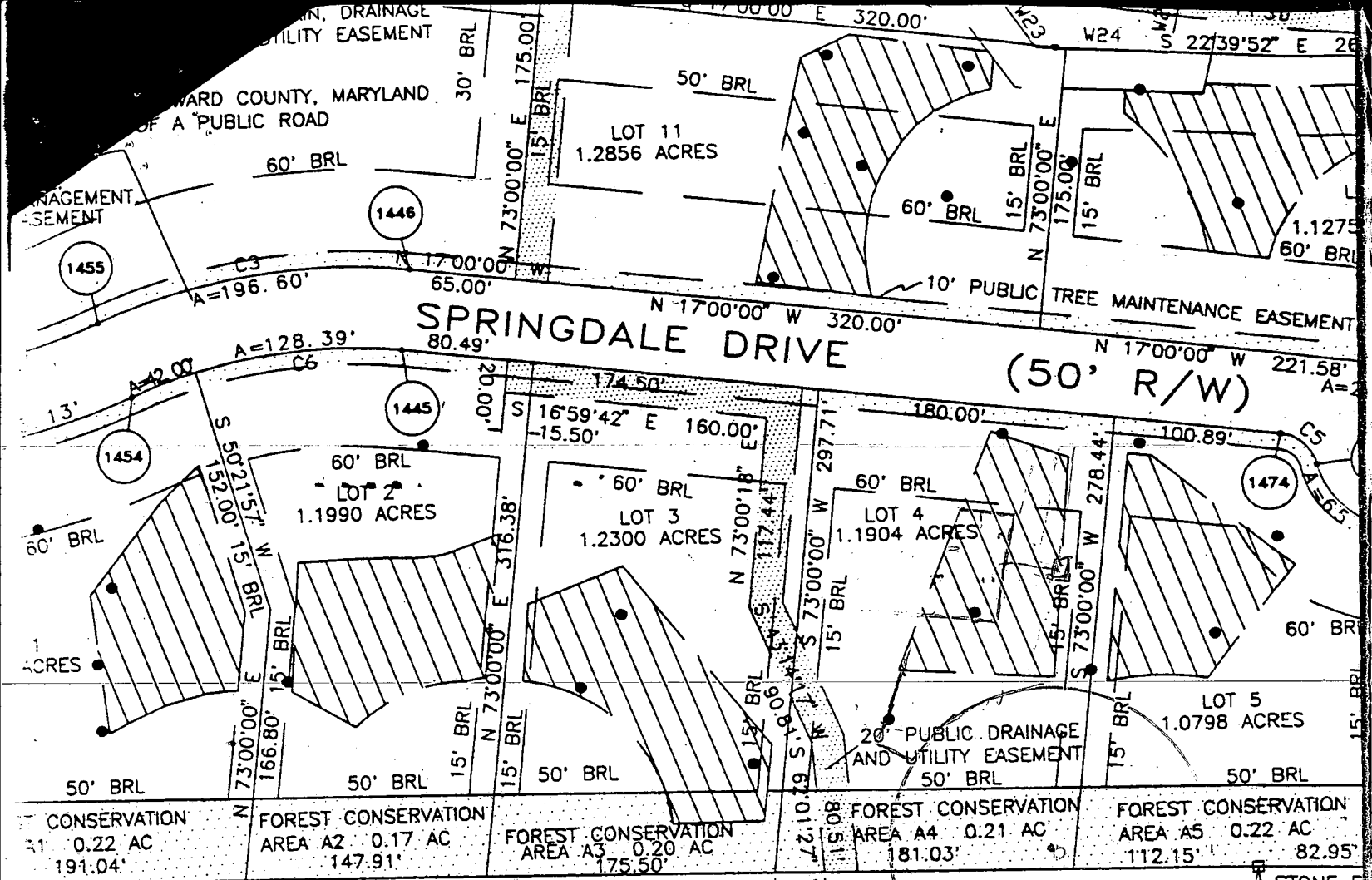
Date

C 1 3514 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		SEQUENCE NO. <small>(DENV USE ONLY)</small>		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.																					
ST/CO USE ONLY. DATE Received 03 23 95		DATE WELL COMPLETED 03 17 95		Depth of Well 22 365 26 <small>(TO NEAREST FOOT)</small>				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-0310																					
OWNER last name Demmitt first name Richard				TOWN Clarksville																									
STREET OR RFD Springdale Dr				SECTION				LOT 4																					
SUBDIVISION SPRINGDALE																													
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				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 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 105 ft. <small>48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)</small>				C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 57 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 207 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible																					
<table border="1"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">Check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>SAND</td><td>0</td><td>108</td><td></td></tr><tr><td>GRAVEL</td><td>108</td><td>178</td><td>✓</td></tr><tr><td>GRAY MICR ROCK</td><td>178</td><td>365</td><td>✓</td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	SAND	0	108		GRAVEL	108	178	✓	GRAY MICR ROCK	178	365	✓	CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 182 OTHER CASING (if used) diameter inch depth (feet) from to screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL PLASTIC OT OTHER				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: 29 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 - below LAND SURFACE 1 (nearest foot)			
DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing																										
	FROM	TO																											
SAND	0	108																											
GRAVEL	108	178	✓																										
GRAY MICR ROCK	178	365	✓																										
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.				C 2 DEPTH (nearest ft.) 181 365 EACH SCREEN 1 HO 2 3 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA				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) 																					
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. 24 DRILLERS SIGNATURE Ralph E. Mayne SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																									



Lot 4
Well
Site OK
MR 11/3/95
Richard Dimmitt
Springdale

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 1.2em; font-weight: bold;">5365</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 1.2em; font-weight: bold;">40-94-0310</div> 70 fill in this form completely 78
Date Received (APA) <div style="border: 1px solid black; padding: 2px; font-size: 1.2em; font-weight: bold;">12/29/94</div>		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name 34 </div> <div style="display: flex; justify-content: space-between;"> 36 Street or RFD 55 </div> <div style="display: flex; justify-content: space-between;"> 57 Town 70 State 72 Zip 76 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION 44 46 LOT 48 50 </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div> </div>	
DRILLER INFORMATION MSD/MGD/MWD <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Driller's Name 77 License No. 80 </div> <div style="display: flex; justify-content: space-between;"> Firm Name 79 </div> <div style="display: flex; justify-content: space-between;"> Address Date </div> </div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px;">500</div>		NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px;">Springdale Drive</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH </div> <div style="text-align: center;"> <input type="checkbox"/> NORTH </div> </div> DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px;">260</div> FT ENTER FT OR MI <div style="border: 1px solid black; padding: 2px;">FT</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Howard A49860J </div> <div style="display: flex; justify-content: space-between;"> COUNTY NAME COUNTY NO. </div> <div style="display: flex; justify-content: space-between;"> STATE SIGNATURE INSERT S </div> <div style="display: flex; justify-content: space-between;"> DATE ISSUED 41 </div> <div style="display: flex; justify-content: space-between;"> 43 NORTH GRID 48 CO SIGNATURE EXP DATE </div> <div style="display: flex; justify-content: space-between;"> 50 55 57 63 </div> </div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px;">265</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px;">6</div> INCH METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> CABLE <input type="checkbox"/> other </div> <div style="text-align: center;"> <input type="checkbox"/> JETTED <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> REVERSE-ROTARY </div> <div style="text-align: center;"> <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> Drive-POINT </div> </div>		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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> E 80X4 N 49X7 </div> <div style="border: 1px solid black; padding: 2px;"> 3/17/95 9:30 LOC OK *GROUT OK NOT OBS'D 182' CASING 105' OPEN 30 BAGS 3/17/95 1' CASING A.G. TAG OK MR </div> </div>	
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 ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px;">41</div>		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)			
APPROX. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px;">GAP</div> FORCE <div style="border: 1px solid black; padding: 2px;">MR</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px;">40-94-0310</div>			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			



7/30/90
Submit a
1"=50' scale
plan w/ contour
N/F
K. B. CAIN
994/374
Revision to approved
SDA OK pending
submitted of plan
showing the installation
of 3 systems is possible

Signed
Revised Final Plat

CERTIFICATE

I, J. Demmitt, President, owner of the land, do hereby adopt this plan of subdivision, and in accordance with the provisions of the Subdivision Control Act of 1928, as amended, and the provisions of the Department of Planning and Zoning, and grant unto Howard County, the right to lay, construct and maintain public utilities and services in and under all specific easement areas shown hereon, and to use the beds of the streets and/or roads, and for good and other valuable purposes, and for roads and floodplains, storm drainage and for any other purpose of their construction, repair or similar structure of any kind shall be the right of-way.

September, 1996

John V. Thompson
Witness

A M. SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct and that it is a subdivision of all of the land conveyed by Margaret N. Lear (George M. Lear, Personal Representative of the Estate of Margaret N. Lear, Jennie B. Nichols, Thomas O. Nichols, Jr., and The Estate of Myrtle M. Nichols (Roy A. Filbert, Personal Representative of the Estate of Myrtle M. Nichols)) to Highland Development Corporation, by deed dated February 5, 1996, recorded in Liber 3655 at Folio 232 among the Land of Howard County, Maryland and that all monuments shown hereon are in place or will be in place prior to the acceptance of the streets in the subdivision by Howard County as shown hereon in accordance with the Annotated Code of Maryland, as amended.

Jefferson D. Lawrence
Jefferson D. Lawrence
Md. Reg. Prof. Land Surveyor #5216

SCALE $\frac{1}{8}" = 1'$

ROSE

NOTES:

2X4 STUDS 16" O.C.

P.T. BOTTOM PLATE

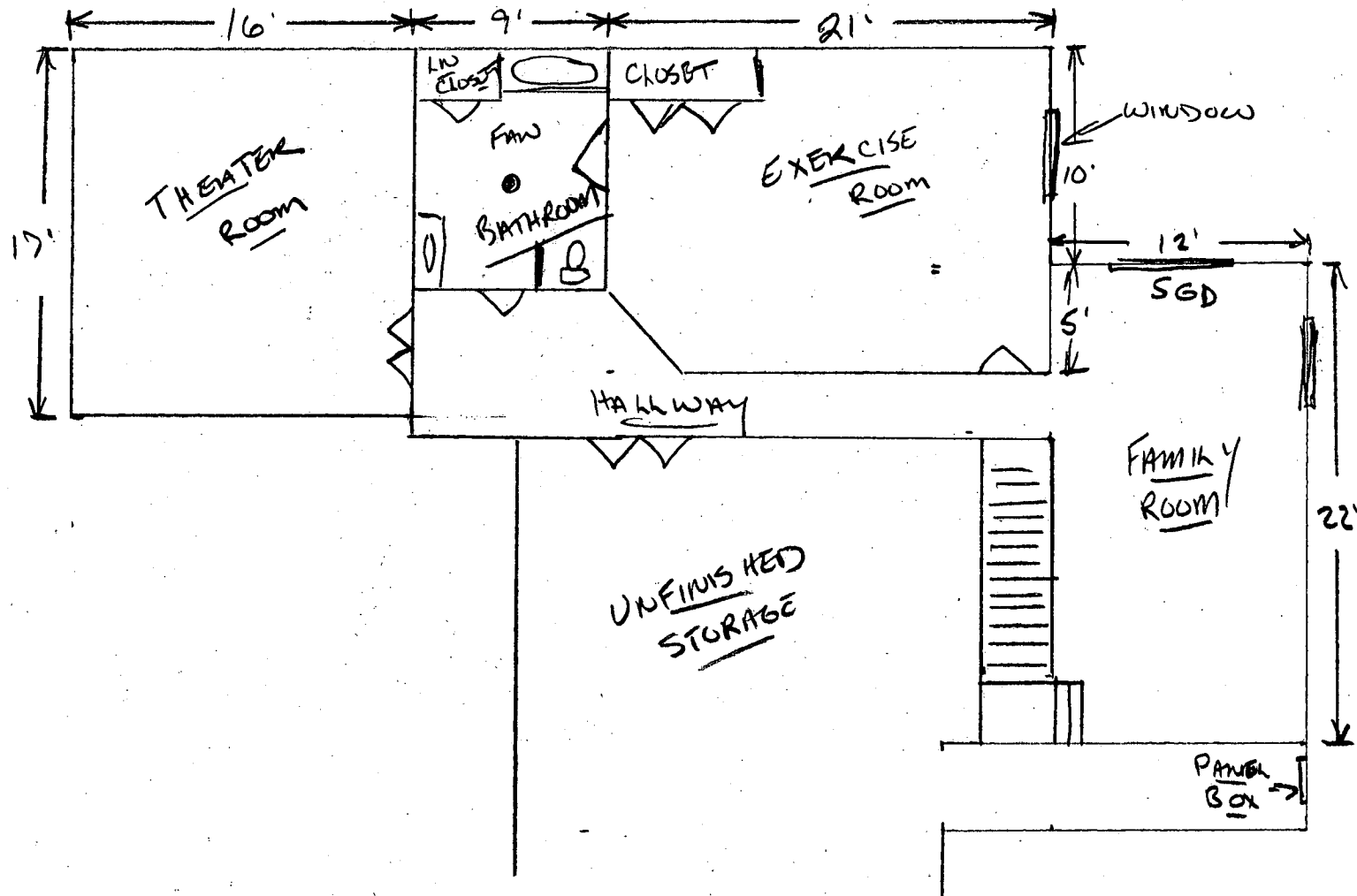
CEILING HEIGHT 9'

BULK HEAD NO
LESS 7'

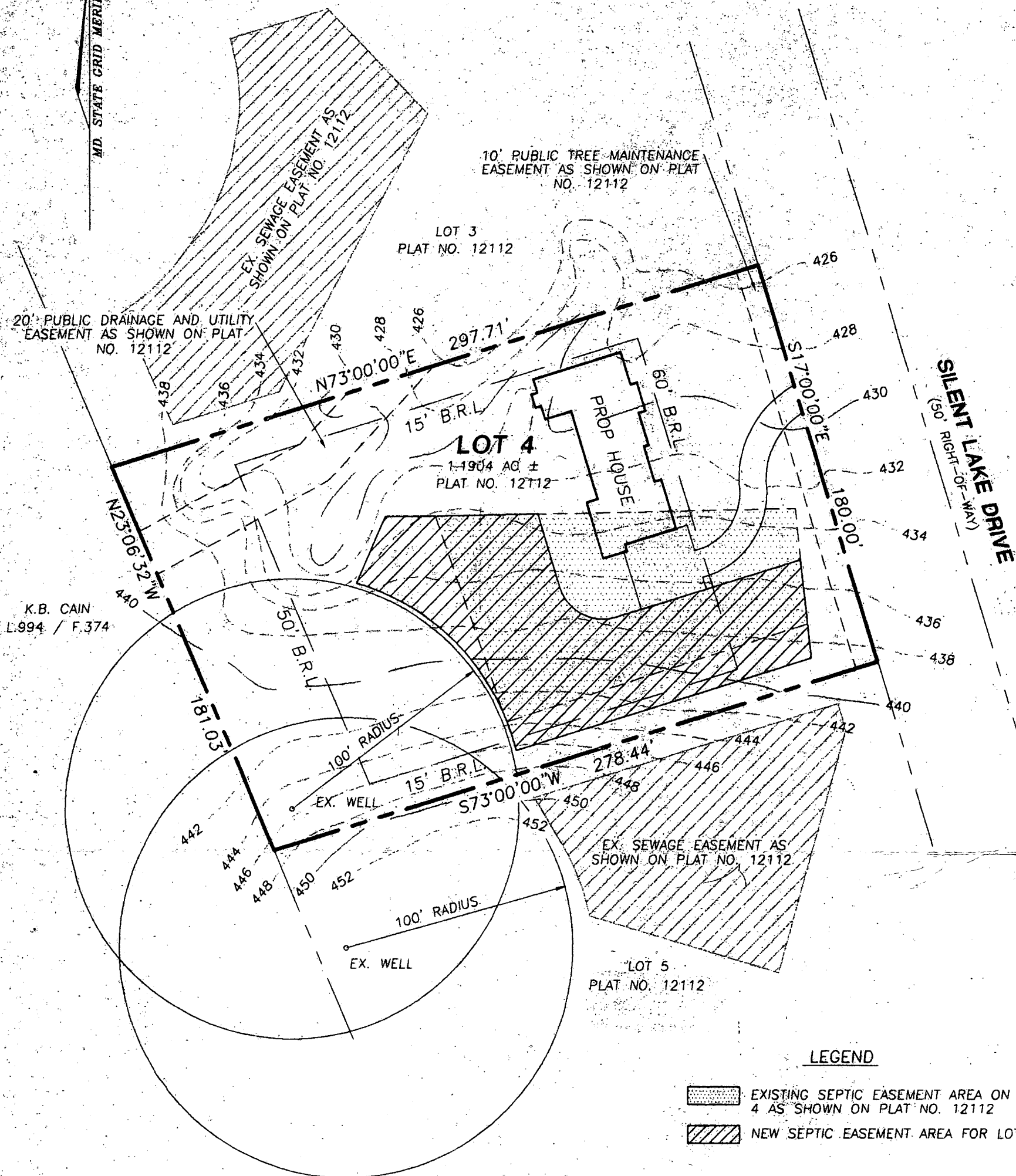
7/17/03 - proposed basement
remodeling OK.
Current system
adequately sized.

(SRK)

B00143087



MD. STATE GRID MERIDIAN



LEGEND

- EXISTING SEPTIC EASEMENT AREA ON LOT 4 AS SHOWN ON PLAT NO. 12112
- NEW SEPTIC EASEMENT AREA FOR LOT 4.

NOTE: 1. THE CONTOURS AND ELEVATIONS SHOWN HEREON ARE BASED ON CLIENT SUPPLIED TOPOGRAPHY.
2. THE PROPERTY LINES SHOWN HEREON ARE BASED ON A PLAT ENTITLED 'SPRINGDALE ESTATES LOTS 1-18 AND PRESERVATION PARCELS A&B AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND AS PLAT NO. 12112
3. ALL EXISTING WELLS AND SEPTIC EASEMENTS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.

THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS

PERCOLATION AREAS AND WATER WELLS WITHIN 100 FEET OF PROPERTY LINES ARE SHOWN ON THIS PLAT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

Joseph M. Bogal M.D. 8-26-98
COUNTY HEALTH OFFICER DATE



RECORD REFERENCES

TAX MAP : 34
PARCEL : 60
PLAT NO./FOLIO : 12112
SCALE : 1"=50'
DATE : 8-17-98

PERCOLATION TEST
PLAT
SPRINGDALE ESTATES
LOT 4
5TH ELECTION DISTRICT
HOWARD COUNTY
MARYLAND

VOGEL & ASSOCIATES
ENGINEERS SURVEYORS PLANNERS

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

1998 AU 26 PM 3:14

OK for 10' to
be truncated off
rear of septic
area if area added
to uphill side of
septic area
L. LaValley w/fix 10/6