

9/29/97 Needs pump check

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO match

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXX-XXXX-XXXX

410-313-2640

INDEXED

P 58579

A 49861-J

DISTRICT 5th

DATE 7/22/97

DATE SYSTEM APPROVED 5-20-98

INSPECTOR DKS

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Springdale LOT 18 ROAD 13535 Silent Lake Drive

PROPERTY OWNER Joseph Kralowetz

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

(TOP SEAMED SEPTIC TANK)

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

PUMPED SEPTIC SYSTEM

1500 Gallon Top Seamed Compartmented Septic Tank
Set Backward To Provide 1000 Gallon Pump Pit.

Contractor To Supply Pump Detail Prior To Septic
Permit Issuance

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum
depth 4 feet below original grade. Effective area begins at 2 feet below
original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 45 feet off the left (260.00') lot line, 100 feet
from the existing well and 155 feet off the rear (240.00') lot line. Run
trenches on contour to left side of lot. Initial system trench lengths: 40 feet,
70 feet, 100 feet, 140 feet. MAINTAIN AT LEAST 100 FEET FROM WELL TO ALL
TRENCHES.

NOTES - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

OK/MR

PLANS APPROVED BY Mark Rifkin *Seal # 118941* REVISED DATE 07/16/97

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

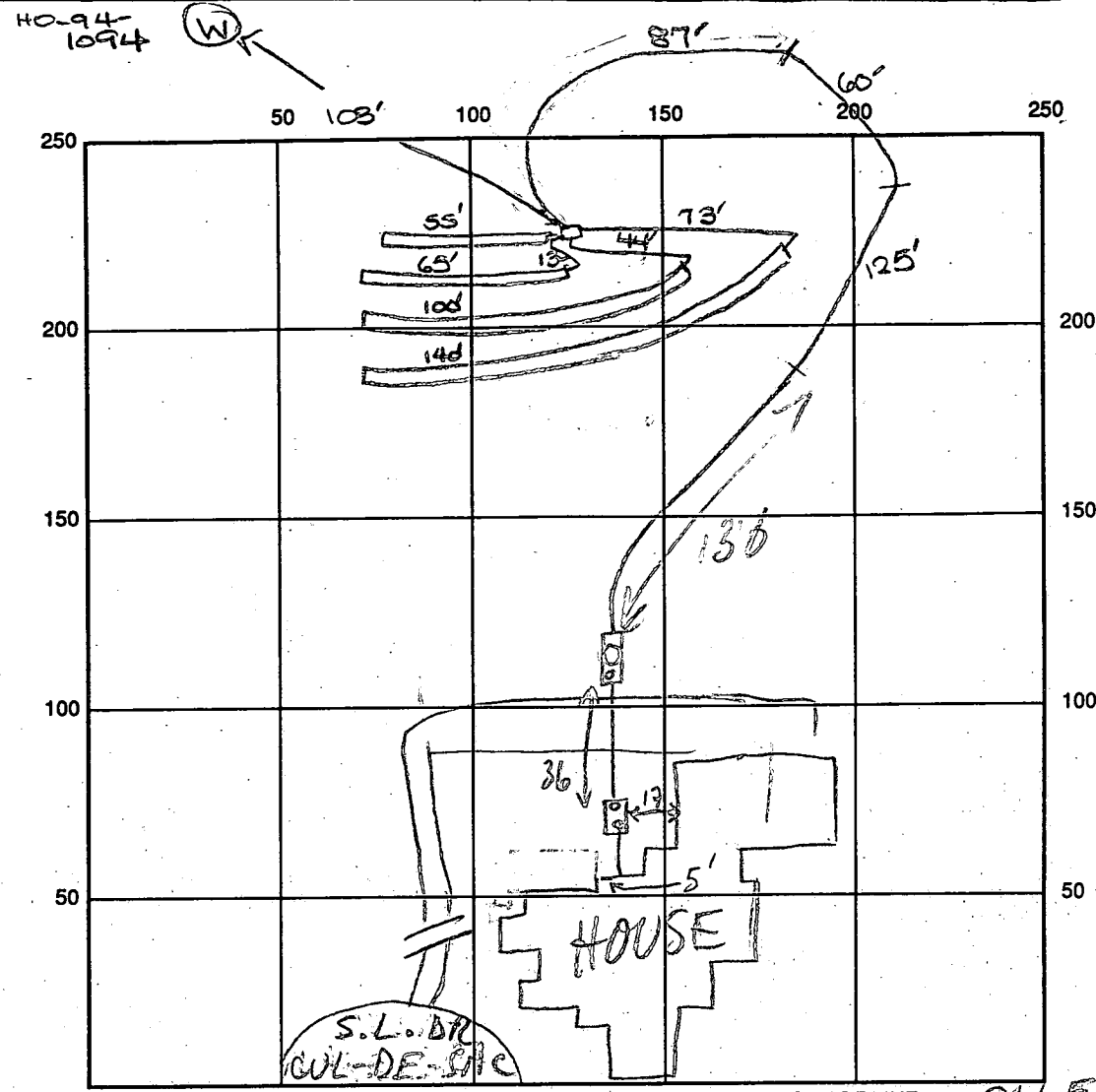
HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

PRB 00-499

A 49861-J

3
12
36"
136
1129



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PUMP CHBR: 1500 GAL TOPSEAM, BACKWARD @ INLINE - OK
SEPTIC TANK LEVEL 1500 GAL TOPSEAM CLEANOUTS 2 1/2" @ S.T.; 6" YMH ON P.C.

DISTRIBUTION BOX LEVEL OK
DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.
EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 55/65 → 380
NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 1140 SQ. FT.
DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
ABSORBENT AREA — SQ. FT.

REMARKS: 9/22/97 OK TO COVER TANKS (MR)
9/29/97 OK to cover all septic work - Needs pump check. DKS
5-20-98 Pump test OK - FINAL INSP. OKS

10/2/97 WPI ok to cover well line, P.A. 4.0' below grade, casing 8" above grade, has 2 piece cap (RM)

DATE SYSTEM APPROVED 5/20/98 INSPECTOR DONALD JOE

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
5825-N Ellicott Millin Drive
Ellicott City, MD 21043
461-8949

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Willoughby Plumb
6992

Telephone 40-781-7051

Licence Number _____

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber ☒

Name of Property Owner Dave Thompson Bldg

Subdivision SPRINGDALE ESTATES

Lot # 18

Telephone 410-995-6734

Site Address 13525 SILENT LAKE

Well Tag # _____

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet ☒
c. Submersible ☒

2. Make JOHN DEERE

3. Model # _____

4. Capacity 3 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 arresters ☒ Cable guards ☒ Other TAPE

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter

1. Make JOHN DEERE
2. Model # _____
3. Depth 4 ft

Tank

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

Piping

1. Type CROSSLINE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 ft.

Well data

1. Depth 345 ft.
2. Yield 45 GPM
3. Static water level < ft.
4. Will water supply be disinfected 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: [Signature]

Date: 10/10/97

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

5/9/97
1230

APPLICATION

PERCOLATION TESTING

A 58132

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE 5-6-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PROBLEM OK
PROPOSED SEPTIC TANK
EXPANSION TO
ACCOMMODATE
6 OR MORE
AND TO ENHANCE
OPPORTUNITY FOR FUTURE
LOT RECONFIGURATION

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

PROPERTY OWNER Joe & Nora Kralowetz

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Dale Thompson Builders, Inc.

ADDRESS 10005 Old Columbia Rd. PHONE 410 995-6736

PROPERTY LOCATION: Columbia, Md. 21029 21046

SUBDIVISION Springdale LOT NO. 18

ROAD AND DESCRIPTION 13525 Silent Lake Drive

Clarksville, Md. 21029

TAX MAP 3A PARCEL # 60 BP # B00104696

SIZE OF LOT 3+ acres TYPE BLDG. SFD
(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

Dale N. Thompson
(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'

brn
sac l
lm

3'

red brn
sa si lm
15-20%
Frag

7'

brn red
sa lm
38-40% Frags

9'

brn red sa lm
10% Frags

10'4"

HARD BOT

②

red
brn
c

5 1/2'

beige
tan
sand15% Frags
NO

HARD BOT

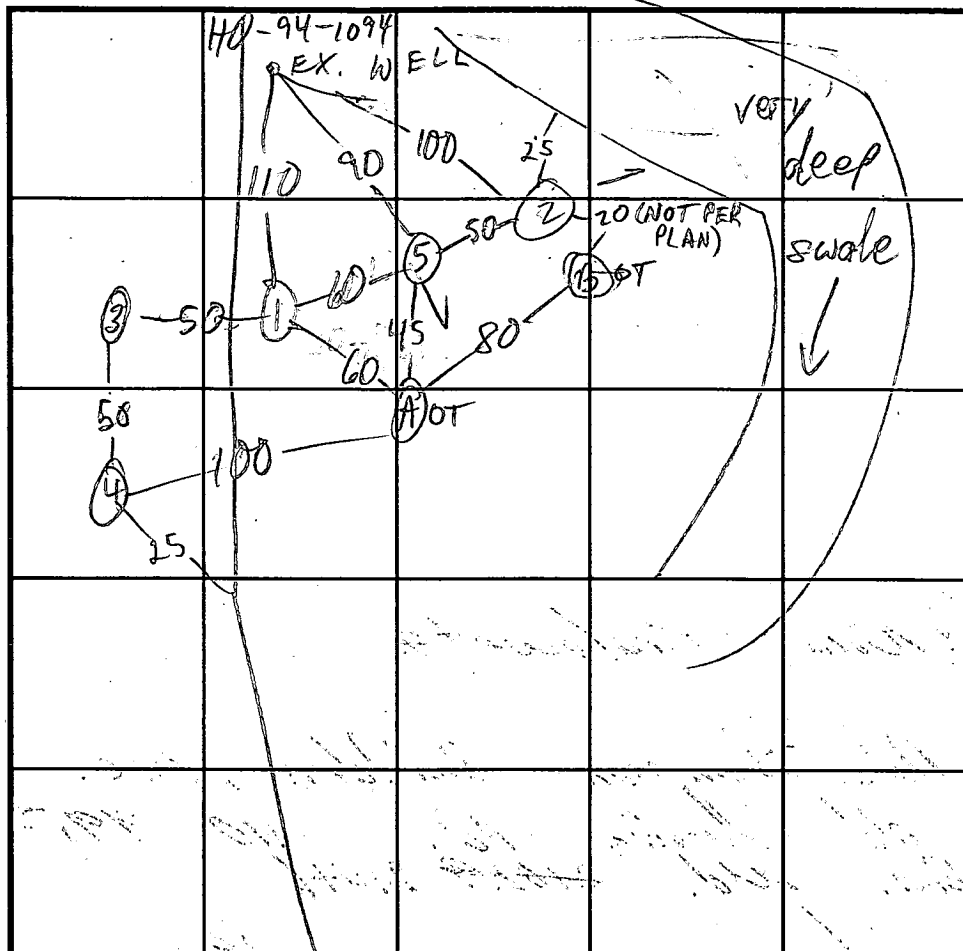
③

brn
orge
sacl lmbrn mica
sa lm
30-40%
mica

saprolite

9'

HARD BOT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

brn
sacl lm

3-3 1/2'

red
brn
sa mica
lm

4 1/2'

orge. tan
sand
w/ 15-25%
quartz
Frags

11 1/2'

HARD BOT

⑤

orge brn
sacl lm
red brn sa mica lm
15% Frags
40% Frags3 1/2'
6
8 1/2'tan brn 10%
sa lm Frags
HARD BOT

11'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/97	1 S	5 1/2'	9:42	9:52	9:52	10:16	24
	1 V	10'4"					
	2 S	5'	9:51	10:05	2 1/2"		
	2 V	11'					
	3 S	3'	10:35	10:39	10:39	10:45	6
	3 V	9'	HARD	BOT			
	4 V	11 1/2'					
	5 S	3'9"	11:04	11:15	2 1/2"	REDIG	
	5 S	3'9"	11:25	11:33	11:33	12:03	30
	5 V	11'	HARD	BOT			

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

Dale T. Metcalfe crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 49861

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 Springdale LOT NO. 18

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 #

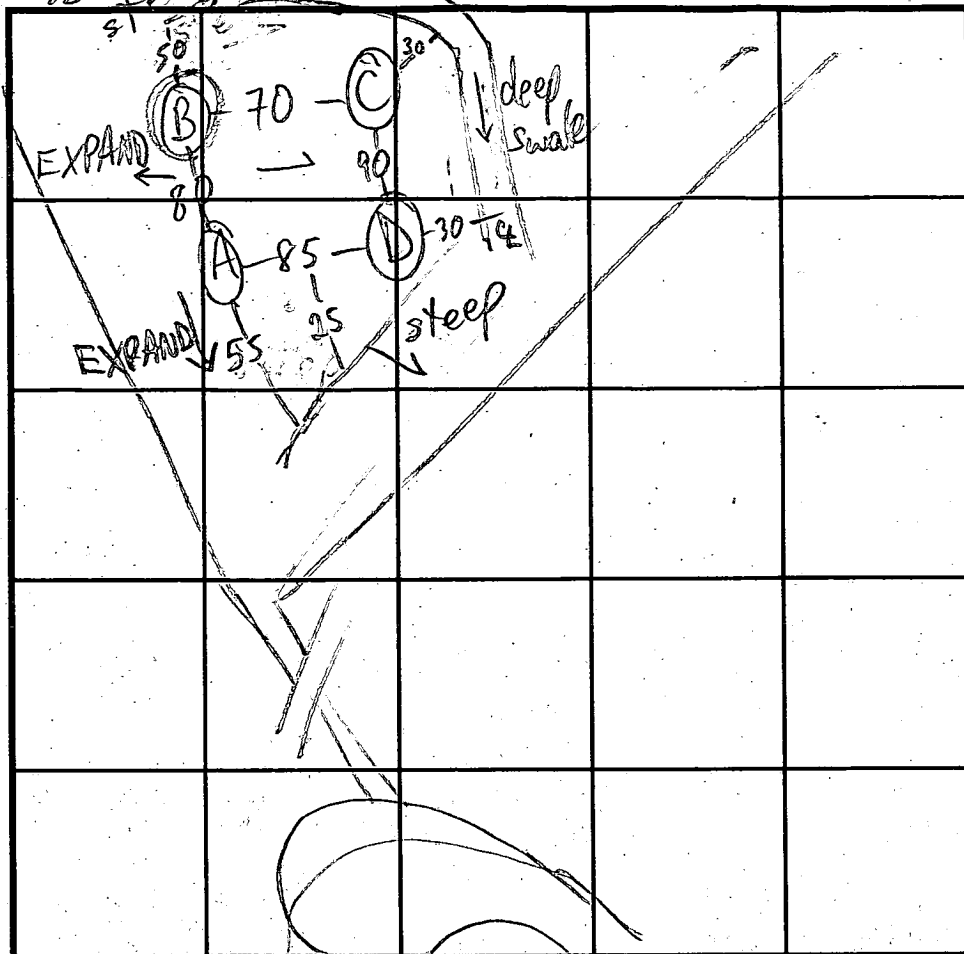
SOIL PROFILE

079 br
sa ex

Org Pink
br
sa. m

203
Flag

HARD



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	
3/11/94	AS	3 5 1/2	1:40 1:39	1:42 1:41	1:42 1:41	1:45 1:43	3 (2)
3/8/94	AV	1 1/2					
3/11/94	ADS	3' 3"	1:45	1:48	1:47	1:49	(2)
3/8/94	BSV	9	3' clay				
3/11/94	CS	3 1/2	1:52	1:54	1:54	1:56	(2)
3/8/94	CV	9 1/2	3' clay				
3/11/94	BS	3 1/2	1:56 1:58:15	1:58:45	1:58:45	1:57 1:59:15	FAST 50 sec
3/11/94 3/8/94	BV	3 1/2 9 1/2	1:59:30 2:00:00	2:00:00	2:00:00	2:01:00	1

REMARKS HOLES PER PLAT ±

TYPE OF SOIL

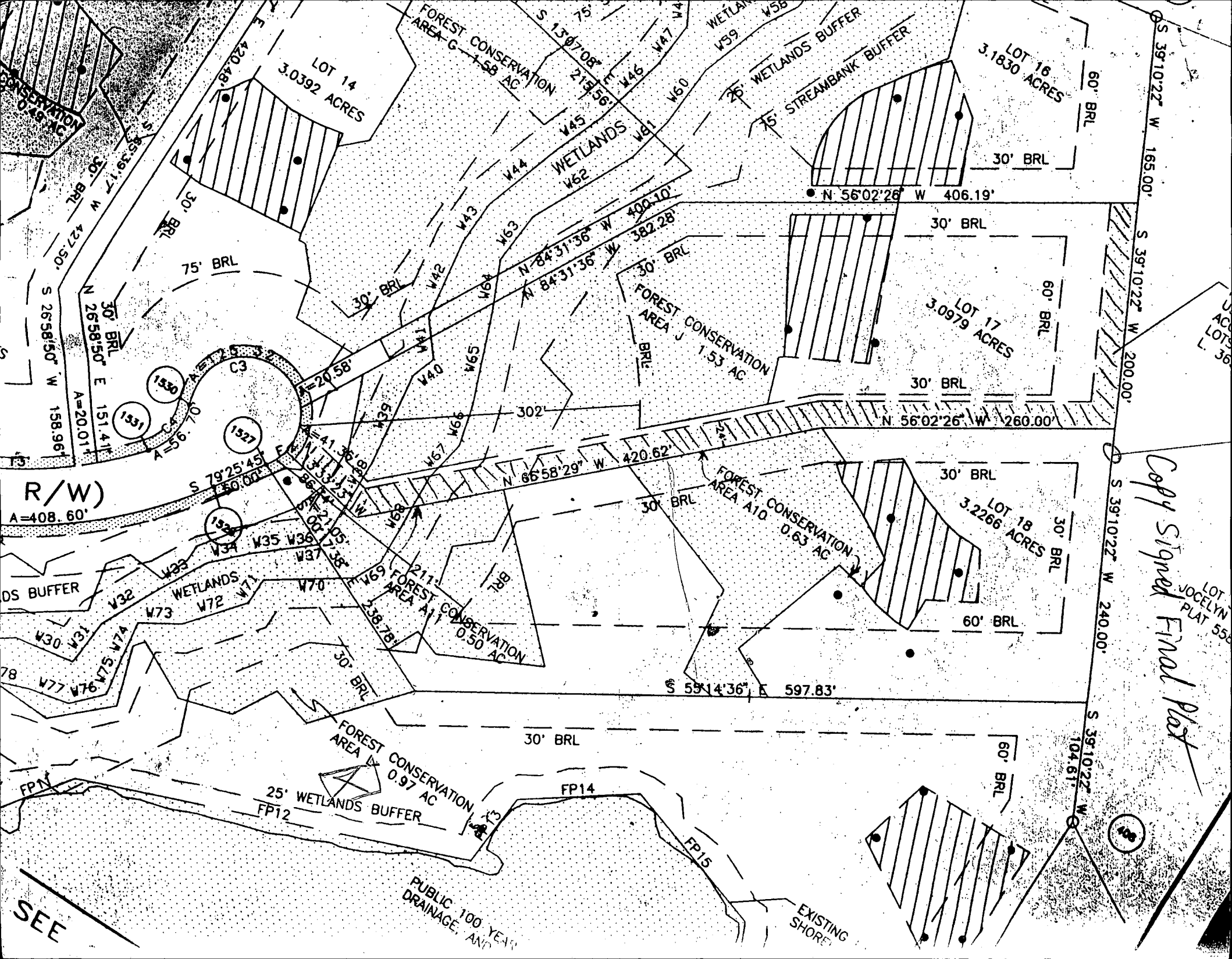
TESTED BY M. Rifkin

ALSO PRESENT Allen, Dennis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180





C 1	6006	SEQUENCE NO. (MDE USE ONLY)	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.	
		(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	A 49861 J	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 4 2 97		Depth of Well 22 345' 26 (TO NEAREST FOOT)		
OWNER Dale Thompson Builders last name first name		STREET OR RFD Silent Lake Dr		TOWN Clarksville		
SUBDIVISION SPRINGDALE		SECTION		LOT 18		

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 TO	check if water bearing
Sand Gray Mica Rock	0 46 46 345	

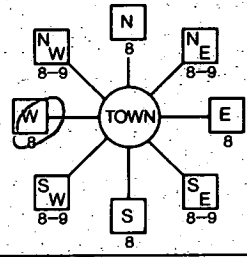
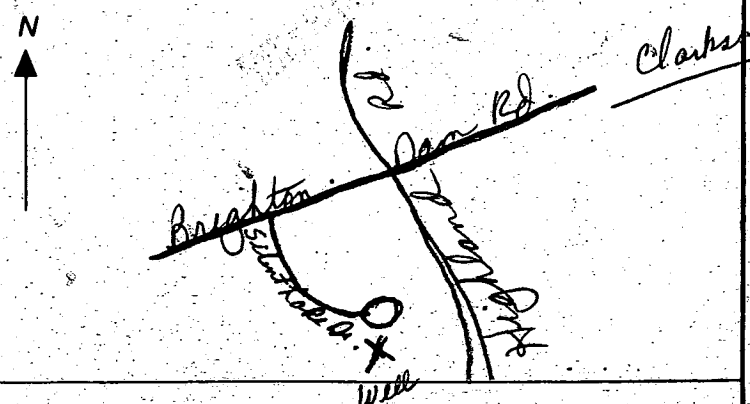
GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft. (enter 0 if from surface)	
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) 49 OTHER CASING (if used) diameter depth (feet) inch from to	
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL PLASTIC OT OTHER	

C 3	
PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft. WHEN PUMPING 315 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible	

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED yes Y no N
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 LIC. NO. 1 MS D O 24 DRILLERS SIGNATURE Joseph Morgan (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2	
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76	
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to	
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.) W Q	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 LAND SURFACE - below (nearest foot) 49 50 51 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) SILENT LAKE DR.	
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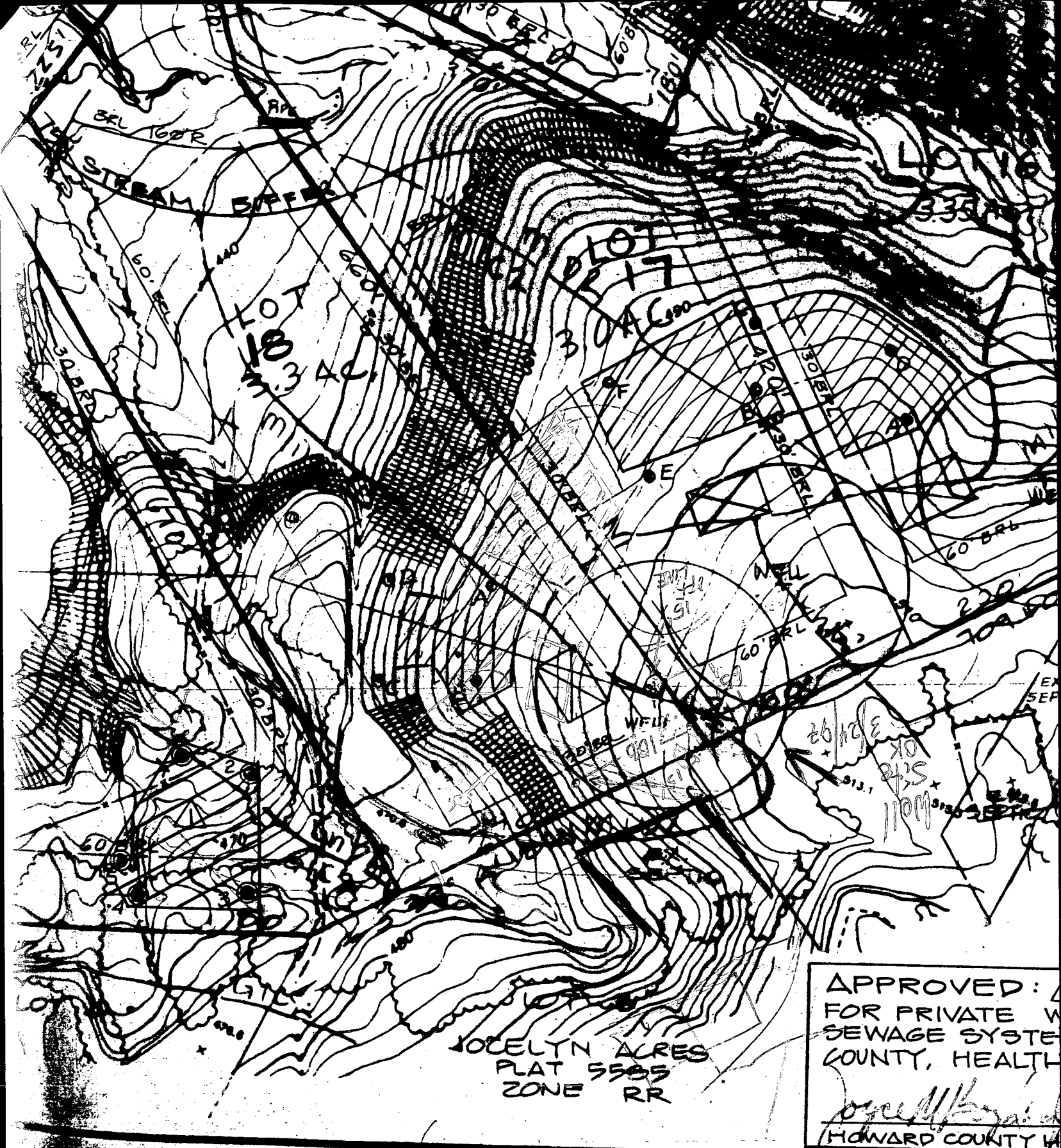
B 1 3025 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type.	STATE PERMIT NUMBER HO-94-1094 <small>fill in this form completely</small>
Date Received (APA) 042296		B 3 LOCATION OF WELL	
OWNER INFORMATION 15 Last Name: THOMPSON Owner: DALE 36 Street or RFD: 10005010 COLUMBIA RD 57 Town: COLUMBIA 70 State 72: MD 21046 Zip 76: 21046		8 COUNTY: HOWARD 21 SUBDIVISION: SPRINGDALE ESTATES 23 SECTION: 18 LOT: 18 44 46 48 50 52 NEAREST TOWN: CLARKSVILLE 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78	
DRILLER INFORMATION Driller's Name: Joseph L. Mayne Firm Name: Joseph L. Mayne Well Drilling Address: 5512 Ridge Rd. Mt. Airy, 21771 Signature: Joseph L. Mayne Date: 4/22/96 CIRCLE: MSD/MGD/MWD 77 License No. 80: 24		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD: Silent Lake Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): 690 34 37 DISTANCE FROM ROAD: 690 ENTER FT OR MI: F 38 39 TAX MAP: 34 BLK: 14 PARCEL: 60	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20		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 checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL: 480 FEET 24 28		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A49861 J COUNTY NO. STATE SIGNATURE: Mark E. Rifkin DATE ISSUED: 3/31/98 43 48 CO SIGNATURE: Mark E. Rifkin EXP. DATE: NORTH GRID: 496000 EAST GRID: 0806000 50 55 57 63	
APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST INCH		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: 8086 N: 4986 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN 30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other:		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER: GAP 54 63 FORCE: MR WRITE INITIALS IN BOX: MR PERMIT NO.: HO-94-1094 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

CW

3/27/97

I recently inspected the well site shown in red on the attached prelim (the site schematically approved @ prelim stage). Date requested and I agreed to inspect a second site 15' off the rear lot line and 100' downhill of the common boundary betw. 17/18. This was proposed to potentially serve a re-sub lot lower on the hill. At that insp Date & I obs'd the deep swale shown on the plan & reasoned that the easement/^{serving Josephine Acres Lot 3} septic sys. ^{corner as shown} could not be in this ~~area~~ ^{area} due to the swale (slopes also likely a problem). The S.T. c/o was located ~40' behind the house & the system was presumed to be ^{also in this} ~~area~~ vicinity. However the recorded sewage easement was visually reconfirmed @ septic installation to be in the right rear corner of lot. This conflicts w/Date's proposed well site. I recommend no approval for the proposed site.

MR 3/27/97



APPROVED:
FOR PRIVATE WATER AND
SEWAGE SYSTEMS
COUNTY, HEALTH
[Signature]
HOWARD COUNTY HEALTH OFFICER

GEORGIA AVENUE # 302
MARYLAND 20832
44570

APPROVED FOR PRIVATE WATER AND PRIVATE
SEWAGE SYSTEMS FOR HOWARD COUNTY, HEALTH
DEPARTMENT
[Signature]
HOWARD COUNTY HEALTH OFFICER MR. *[Signature]* 3/10/97
DATE

Approved Septic System Plan
Howard County Health Department

Mark E. Kelkin, 7/16/97
Signature Date

DISTRIBUTION BOX

350' TRENCH
PER SYSTEM
PUMPED
SEWAGE LINE
TO GO AROUND
SEPTIC ~~PERC TEST~~
EASEMENT

NEW PERC TEST
OLD PERC TEST
EX. WELL

THE PURPOSE OF THIS PLAN IS TO
SHOW LOCATION OF NEW PERC TESTS
LOCATED ON 5/19/97
BY DALE THOMPSON BLDGS

1500 GAL
TOP SEAMED
COMPARTMENTED
SEPTIC TANK SET
BACKWARD TO PROVIDE
1000 GAL PUMP PIT
18" MIN. COVER

1500 GAL
TOP-SEAMED
SEPTIC TANK
18" MIN. COVER

TO SILENT
LAKE DRIVE

Septic Grades & Elevations

	Inv.	Grade
INVERT AT HOUSE	444.0	440.0
INVERT AT ENTRANCE TO TANK	443.75	
INVERT AT EXIT FROM TANK	443.5	
INVERT AT DISTRIBUTION BOX	474.0	476.0

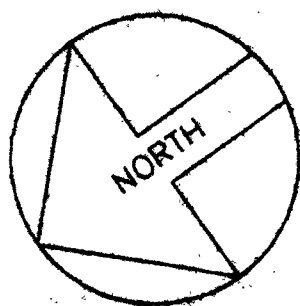
LOT 17

SETBACKS:

REAR PL. 10'
SIDE PL. 30'
HOUSE 10'
SEPTIC 20'
WELL 30'

**PRIVATE WELL
& SEPTIC**

NOTE: A VAL
WILL
ON JO
CODE



EX. WELL

LOT 17

EX. SEPTIC TANK

SILENT
LAKE
DRIVE

SITE PLAN

SCALE: 1" = 50'

13525 SILENT LAKE D
HOWARD COUNTY, MD. 20

SPRINGDALE ES

5TH ELECTION DIST
LOT 18, LOT SIZE- 3
PLAT REF. LIBER 4161, F

TAX ACCOUNT # 05-4222

(HOUSE UNDER CONSTR)

Both Customer and Salesman agree that this drawing, access, elevation & location of all equipment and appurtenances are in agreement. Any changes from this drawing must be approved in writing by the Customer and MPI.

CHECKED BY - SALESMAN

CHECKED BY - CUSTOMER

DIRECTIONS: RTE.29 SOUTH
TO BRIGHTON
LEFT ON SILENT
13525 SILENT

MAP BOOK:

Co.: HOWARD
MAP: 13
GRID: J9

MARYLAND POOLS

$(3 \times 360') 1080' \text{ MIN NEC.}$

FOR 6 BR HOUSE

THESE TRENCH LENGTHS
BY DATE 40 105 1200

T.

5/6/97

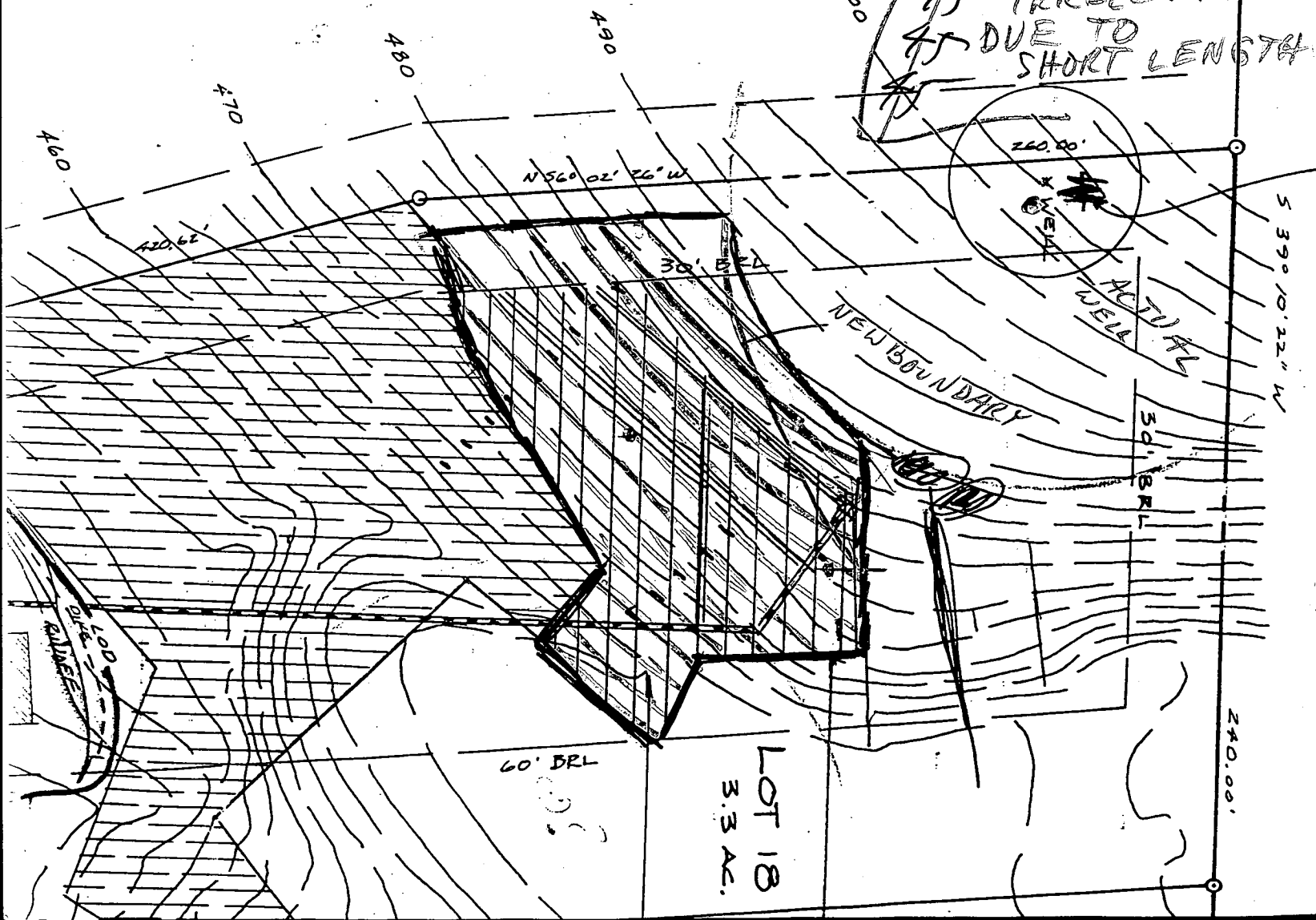
40 ~~105~~
70 ~~120~~
~~100~~ 130
~~190~~ ~~150~~
105
190

165 1200

12g

905

62
~~75~~ CONSIDERED
~~75~~ IRRELEVANT
~~75~~ DUE TO
 SHORT LENGTH





A498ul-S

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

David M. Hammerman, P.E., Director

CANCELLATION NOTICE

DATE: January 4, 1999

TO: (X) Department of Planning and Zoning
(X) Bureau of Engineering
(X) Health Department (Environmental)
() Inspectors: (Building)
() (Plumbing)
() (Electrical)
() (Fire)
(X) Licenses & Permit Division: (Building)
() (Plumbing)
() Tax Assessment Office
(X) Owner
(X) Division of Plan Review
(X) Other Contractor - Maryland Pools, Inc.

RE: Cancellation and/or Expired Permit/Application

Permit Number Building # B00110299
Date of Issue N/A Not Issued
Owner Nora and Joseph Kralowetz
Location 13525 Silent Lake Drive, Highland, MD
Description of Work To install inground concrete swimming pool
20' x 40'
Reason The BOCA National Building Code/1996-Section 107.9
Time Limitation of Application

FROM: *David M. Hammerman*

Chief, Licenses and Permit Division
Department of Inspections, Licenses and Permits
Phone Number (410) 313-2455

cancel/cw

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410)313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00118911
---	---	-----------------------------------

Building Address <u>13525 Silent Lake Drive</u> <u>Clarksville, MD 21029</u> <u>NA</u>	Property Owner's Name <u>Joseph Krolwetz</u>
Suite/Apt. #: <u>6054</u> SDP/WP/Petition #: _____	Address <u>13525 Silent Lake Drive</u>
Census Tract <u>NA</u> Subdivision <u>Springdale</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Section <u>34</u> Area <u>4.23</u> Lot <u>NA</u>	Home Phone <u>(301) 854-2810</u> Work Phone <u>(703) 451-7706</u>
Tax Map <u>R-DEO</u> Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size <u>3.22 AC.</u>	Phone _____ Fax _____
Existing Use <u>Single Family Residential</u>	Contractor Company <u>Town and Country Pools</u>
Proposed Use <u>same</u>	Contact Person <u>Andrew Kaupert</u>
Estimated Construction Cost \$ <u>29,000</u>	Address <u>7510 Fullerton Ct</u>
Description of Work: <u>IN GROUND GUNITE POOL</u> <u>AND SPA</u>	City <u>Springfield, VA</u> State <u>VA</u> Zip Code <u>22153</u>
Occupant or Tenant _____	License No. <u>13226</u>
Contact Name _____	Phone <u>(703) 451-6660</u> Fax <u>(703) 451-6656</u>
Address _____	Engineer or Architect Company <u>NA</u>
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Applicant's Signature</u> <u>Andrew D. Kaupert</u>	<u>Print Name</u> <u>Andrew D. Kaupert</u>
<u>Title/Company</u> <u>Town and Country Pools</u>	<u>Date</u> <u>6/24/99</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u> <u>23958</u>
<input checked="" type="checkbox"/> Land Development, DPZ	<u>6/24/99</u>	<u>Mark P. K. [Signature]</u>	Front: <u>24'</u>	Filing fee \$ <u>125</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>60'</u>	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: <u>30'</u>	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>125</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

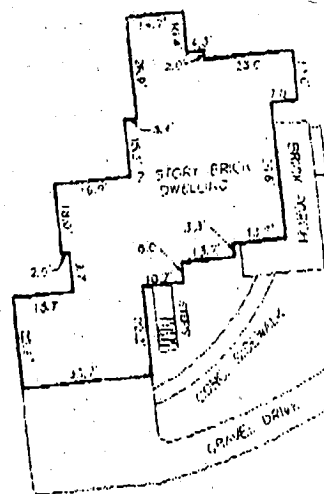
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

NO STATE GRID MERIDIAN

10' PUBLIC TREE MAINTENANCE
EASEMENT AS SHOWN ON
PLAT NO. 12113

SILENT LAKE DRIVE
(22' RIGHT-OF-WAY)

P=50.00
A=21.05'



INSET

SCALE: 1"=50'

DRIVEWAY EASEMENT
PER DESCRIPTION

PROP. POOL OK

MR 6/24/99

LOT 17
PLAT NO. 12113

7.47' DRIVEWAY ENCROACHMENT

POOL EQUIPMENT

FENCE TO MEET
COUNTY CODE

18' X 38' -
SWIMMING POOL

PRESERVATION PARCEL A
PLAT NO. 12113

24' PRIVATE USE-IN-COMMON ACCESS
EASEMENT FOR LOTS 16, 17, AND 18
L.3659 / F.231

FOREST CONSERVATION
EASEMENT AS SHOWN ON
PLAT NO. 12383
(L.4098 / F.575)

LOT 18
3.2266 Ac±
PLAT NO. 12113

WELL



LOT 3
JOCELYN ACRES
PLAT NO. 5585

TOP OF WALL

RECORD REFERENCES

LIBER/FOLIO
PLAT BOOK IN/A
PLAT NO./FOLIO 12113/12353

FINAL LOCATION
OF
LOT 18
SPRINGDALE
HOWARD COUNTY
MARYLAND

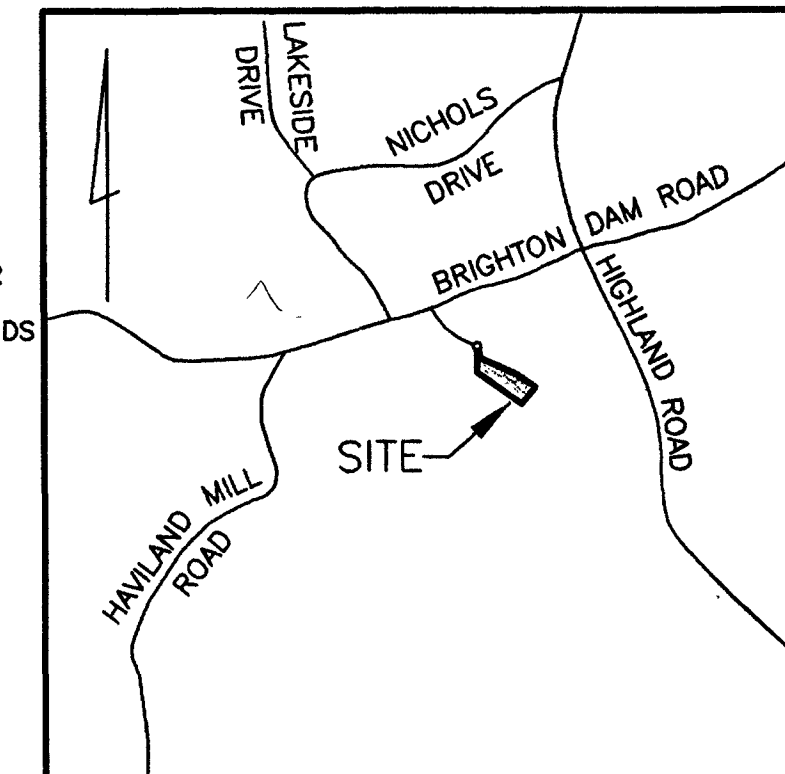
VOGEL & ASSOCIATES, INC.

CONSULTING ENGINEERS-SURVEYORS-PLANNERS
3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410)481-5828 FAX (410)481-3656

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS
SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND
BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN

Mark C. Martin 6/12/98
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

GENERAL NOTES (CONTINUED)



VICINITY MAP

SCALE 1"= 2000'

GENERAL NOTES

- SUBJECT PROPERTY IS ZONED RR-DEO IN ACCORDANCE WITH THE 10\18\93 COMPREHENSIVE ZONING PLAN.
- COORDINATES BASED ON NAD 83, MARYLAND COORDINATE SYSTEM AS PROJECTED BY HOWARD COUNTY CONTROL STATIONS:
34AE N 559441.2561 E 1320528.0050
34ES N 559538.0922 E 1322535.8220
- THIS PLAT IS BASED ON A FIELD RUN MONUMENTED BOUNDARY SURVEY PERFORMED ON OR ABOUT JUNE, 1999 BY VOGEL & ASSOCIATES, INC.
- B.R.L. DENOTES BUILDING RESTRICTION LINE
- Ø DENOTES IRON REBAR SET CAPPED CORP. 303
- DENOTES CONCRETE MONUMENT TO BE SET
- DENOTES IRON PIN OR IRON PIPE FOUND
- DENOTES STONE OR MONUMENT FOUND
- FOREST CONSERVATION REQUIREMENTS FOR LOT 18 WILL BE FULFILLED BY PAYING THE FEE IN LIEU OF PROVIDING THE EASEMENT FOR 0.13 ACRES ABANDONED IN THE AMOUNT OF \$1,698.84.
- ALL AREAS SHOWN HEREON ARE MORE OR LESS.
- THIS AREA DESIGNATES A MINIMUM 10,000 SQ. FT. PRIVATE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL AREA. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT WILL NOT BE NECESSARY.
- THERE IS AN EXISTING DWELLING ON LOT 18 TO REMAIN. NO NEW BUILDINGS, EXTENSIONS OR ADDITIONS TO THE EXISTING DWELLING ARE TO BE CONSTRUCTED AT A DISTANCE LESS THAN REQUIRED ZONING REGULATIONS.

THE PURPOSE OF THIS PLAT IS TO ABANDON 0.13 ACRES OF THE FOREST CONSERVATION EASEMENT ON LOT 18, PLAT OF SPRINGDALE ESTATES, PLAT NO. 12113 AND 12383 AND TO MODIFY THE SETBACK LINES ON THE SOUTH AND EAST SIDES.

CURVE DATA TABLE					
CURVE	RADIUS	ARC	TANGENT	DELTA	CHORD
C1	50.00'	21.05'	10.65'	24°07'17"	N88°30'31"E 20.91'

LINE TABLE		
L1	S20°09'08"W	29.22'
L2	N40°08'35"E	28.38'
L3	S65°05'43"W	103.08'
R= 211' L= 104.14'		
L4	N49°51'25"W	9.75'
L5	N05°11'32"W	24.92'
L6	N86°47'23"W	31.36'
L7	N83°28'29"E	31.41'
L8	S01°45'32"E	37.98'
L9	S05°11'50"W	101.94'
L10	S81°42'35"W	38.77'
L11	N11°30'55"W	36.76'
L12	S84°52'02"W	114.19'
L13	S01°41'35"W	50.34'
L14	N16°36'30"W	32.64'
L15	N59°53'15"E	79.53'
L16	N04°23'33"W	138.88'
L17	S63°23'56"W	55.90'
L18	N86°57'30"W	26.48'
L19	N57°47'17"W	11.97'
L20	N65°50'01"E	40.58'

COORDINATE LIST		
POINT	NORTH	EAST
1	556989.1853	1317716.1701
2	557175.2441	1317867.7687
5	557330.0041	1317224.9998
6	557568.7810	1317223.7750
7	557569.3251	1317244.6738
8	557485.0022	1317265.0066
17	557320.4817	1317652.1166

10' PUBLIC TREE MAINTENANCE EASEMENT AS SHOWN ON PLAT NO. 12383

FOREST CONSERVATION EASEMENT A-11
0.37 AC.

FOREST CONSERVATION EASEMENT
ABANDONED BY THIS PLAT
0.13 AC.

PRESERVATION PARCEL A
PLAT NO. 12383

- LEGEND
- (513) COORDINATE POINT NUMBER
 - B.R.L. — BUILDING RESTRICTION LINE
 - EXISTING PUBLIC TREE EASEMENT
 - EXISTING SEWAGE DISPOSAL EASEMENT
 - EXISTING FOREST CONSERVATION EASEMENT TO REMAIN
 - FOREST CONSERVATION EASEMENT BEING ABANDONED BY THIS PLAT
 - EXISTING WETLANDS

OWNER
NORA KRALOWETZ
JOSEPH KRALOWETZ
13525 SILENT LAKE DRIVE
CLARKSVILLE, MARYLAND
21029

THE REQUIREMENTS OF SEC. 3-108 OF THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT HAVE BEEN COMPLIED WITH.

Mark C. Martin 7/1/99
MARK C. MARTIN DATE
PROFESSIONAL LAND SURVEYOR NO. 10884

Nora Kralowetz 7/2/99
NORA KRALOWETZ DATE

Joseph Kralowetz 7/2/99
JOSEPH KRALOWETZ DATE

TABULATIONS THIS SHEET

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED.....1
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED.....3.2266 ACRES
TOTAL AREA OF ROADWAY TO BE RECORDED.....0.000 ACRES
TOTAL AREA TO BE RECORDED.....3.2266 ACRES

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWER SYSTEMS FOR HOWARD COUNTY HEALTH DEPARTMENT

Dirk M. M... 7/14/99
HOWARD COUNTY HEALTH OFFICER DATE
NR D.K. MDE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING.

Paul R. Ruth 7/20/99
DIRECTOR DATE

Mark C. Martin 7/20/99
CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE

OWNER'S DEDICATION

WE, NORA KRALOWETZ AND JOSEPH KRALOWETZ OWNERS, 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 DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, 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 RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON;
(2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE;
(3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND
(4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHT-OF-WAYS.

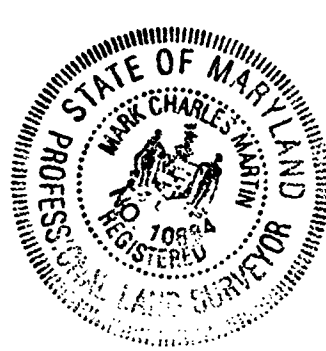
WITNESS OUR HANDS THIS 2ND DAY OF JULY, 1999.

Nora Kralowetz *Mark C. Martin*
NORA KRALOWETZ WITNESS
Joseph Kralowetz *Mark C. Martin*
JOSEPH KRALOWETZ WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS ALL OF THE LANDS CONVEYED BY HIGHLAND DEVELOPMENT CORPORATION TO NORA KRALOWETZ AND JOSEPH KRALOWETZ BY DEED DATED APRIL 14, 1997 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER 3972 FOLIO 548 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN. IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

Mark C. Martin 7/1/99
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR NO. 10884 DATE



RECORDED AS PLAT 13825 ON 7-21-99
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

PLAT OF AMENDMENT

SPRINGDALE ESTATES LOT 18

REVISIONS TO THE FOREST CONSERVATION EASEMENT ON LOT 18, PLAT NO. 12383

TAX MAP 34, GRID 14, PARCEL 423
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"= 100' JUNE 21, 1999

REFERENCES: S94-31, P95-08, F95-163, F97-47

VOGEL & ASSOCIATES, INC.
3691 PARK AVENUE, SUITE 101
ELLCOTT CITY, MARYLAND 21043
410-461-5828