

9/5/01 Layout 3:00
Following Holly Crest
ISSUE DATE: _____
APPROVAL DATE: 1/8/02 - 3pm pump test
PERMIT INDEXED 05-405939
P - CREDIT
A 37268
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Whitworth Excavating IS PERMITTED TO INSTALL ☒ ALTER ☐
ADDRESS: 12680 Clarksville Pike, Clarksville PHONE NUMBER: 410-531-5033
SUBDIVISION: Lilienfield LOT NUMBER: 1
ADDRESS: 8665 Reservoir Road PROPERTY OWNER: Catoctin Homes
SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)
PUMP CHAMBER CAPACITY (GALLONS): N/A
NUMBER OF BEDROOMS: 4
SQUARE FEET PER BEDROOM: 180
LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 285' down the left lot line and 125' off this same lot line. Run (2) trenches on contour in either direction.
NOTES:	

PLANS APPROVED: MER OHSRU 6/25/01 DATE: 6/20/01

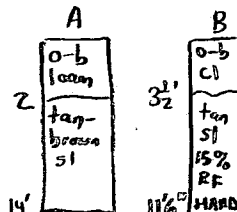
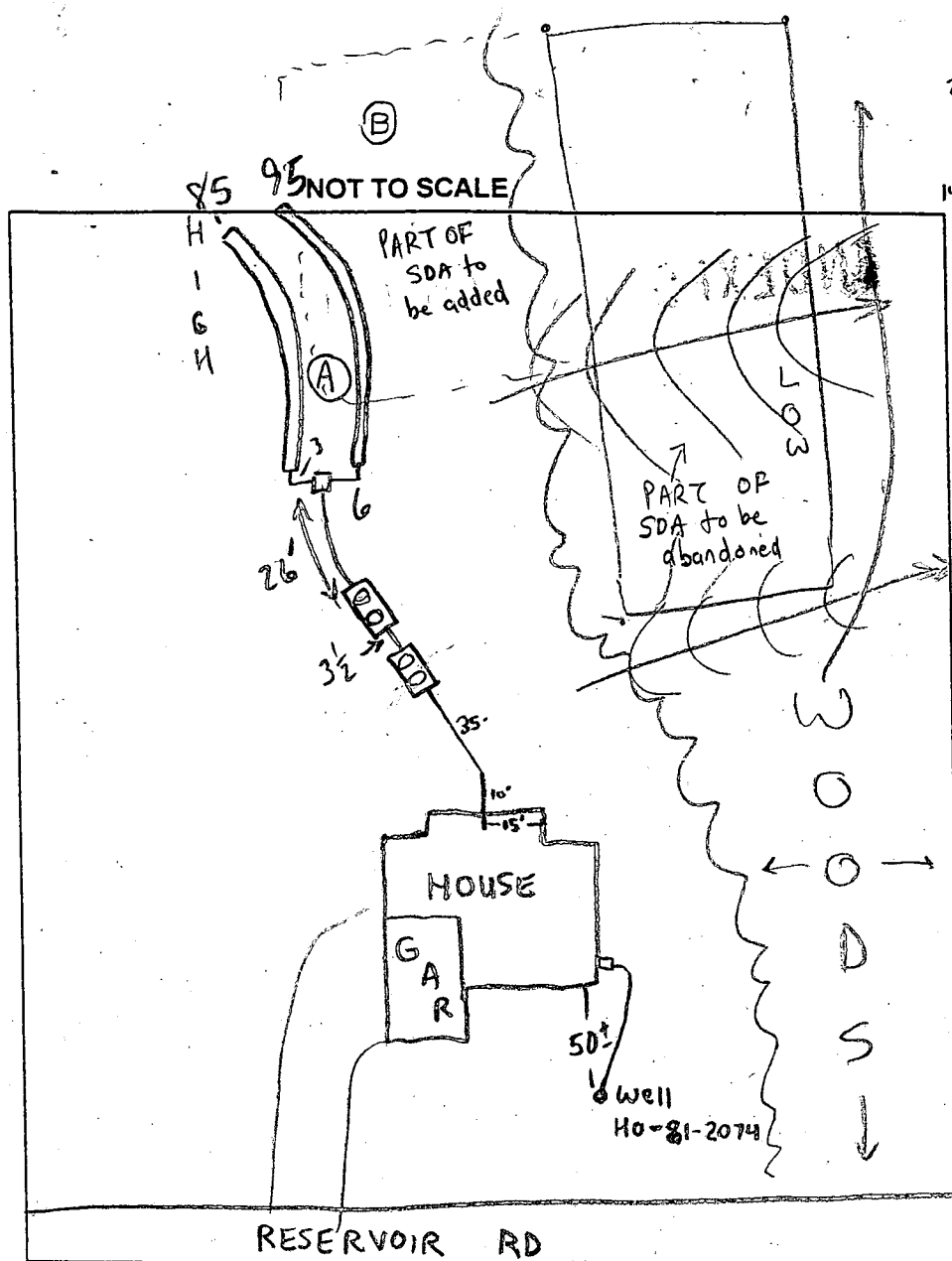
NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED**

8/7/2002 800137857 DECK

A37268



TRENCH DATA

TRENCH WIDTH 2
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 7
 DEPTH OF STONE 4
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 180'
 ABSORBENT AREA 720 ft²
 DISTRIBUTION BOX LEVEL ✓
 BAFFLE IN DISTRIBUTION BOX TURN DOWN

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER -2 F&B
 6 INCH INSPECTION PORT N/A

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
 MANHOLE RISER -2 - F&B
 ALARM Functioning
 PUMP PERFORMANCE TEST yes

PRE-CONSTRUCTION INSPECTION: 9/5/01 Periment staked. Contractor to call for another layout when area is cleared and transit available. May not

INSPECTION COMMENTS: be able to make gravity to dist. box. Moderate swale running through middle of easement (BR) 9/13/01 - SITE HAS SEVERAL

COMPLICATIONS, OFFICE REVIEW REQUIRED (CONTOUR ISSUES, USUABLE SDA, GRAVITY VS. FUTURE PUMP, SDA STAKES) MET W/ BUILDER & CONTRACTOR (ALAN WHITWORTH) FURTHER REVIEW REQUIRED (SRW/SO

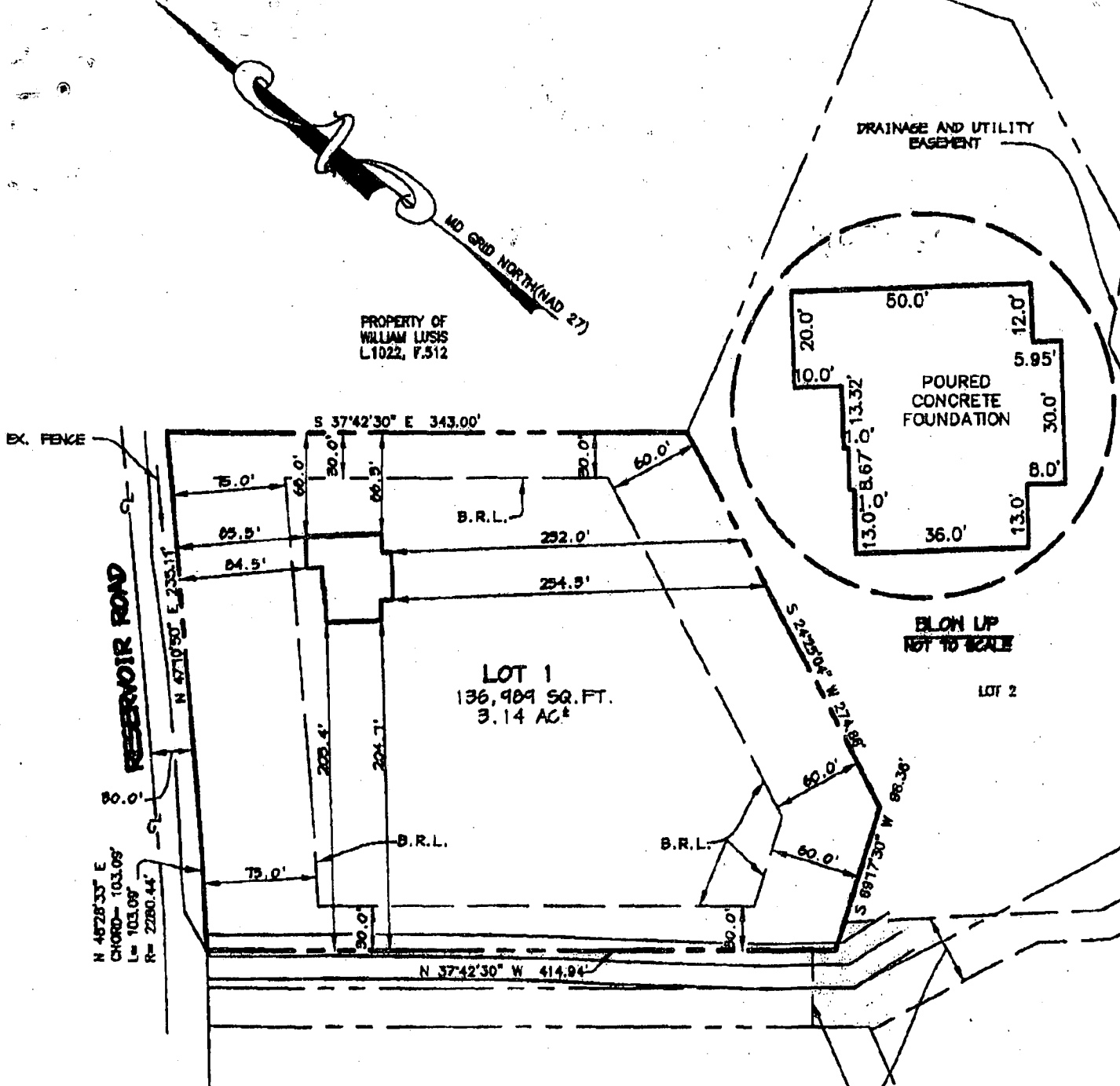
9/24/01 - PERC HOLES DUG IN LOCATION (A) & (B) (SEE SOIL PROFILE) (INLET CAN NOT BE BELOW 4', SET TANK & SHOOT GRADES & CALL FOR REINSPECTION (SRW) 9/28/01 - PUMP SYSTEM REQUIRED, CALL FOR REINSPECTION (SRW)

10/4/01 OK TO COVER WORK. HOLD FOR PUMP/ALARM (MR) 1/2/02 Pump & Alarm OK

INSPECTOR [Signature]

DATE SYSTEM APPROVED 9/28/01

9/28/01 SDA OK except at house
 receive issues (SRW)



WALL CHECK OK LOT 4
W/ BP PLAN, ALTHO HOUSE SLID 10'
TO THE REAR AND TO RIGHT

TOP FOUNDATION ELEVATION = 221.24
B.R.L. = BUILDING RESTRICTION LINE

MR 8/2/01

NOTE:

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0041 B, DATED DEC. 4, 1986 FOR HOWARD COUNTY, MARYLAND.

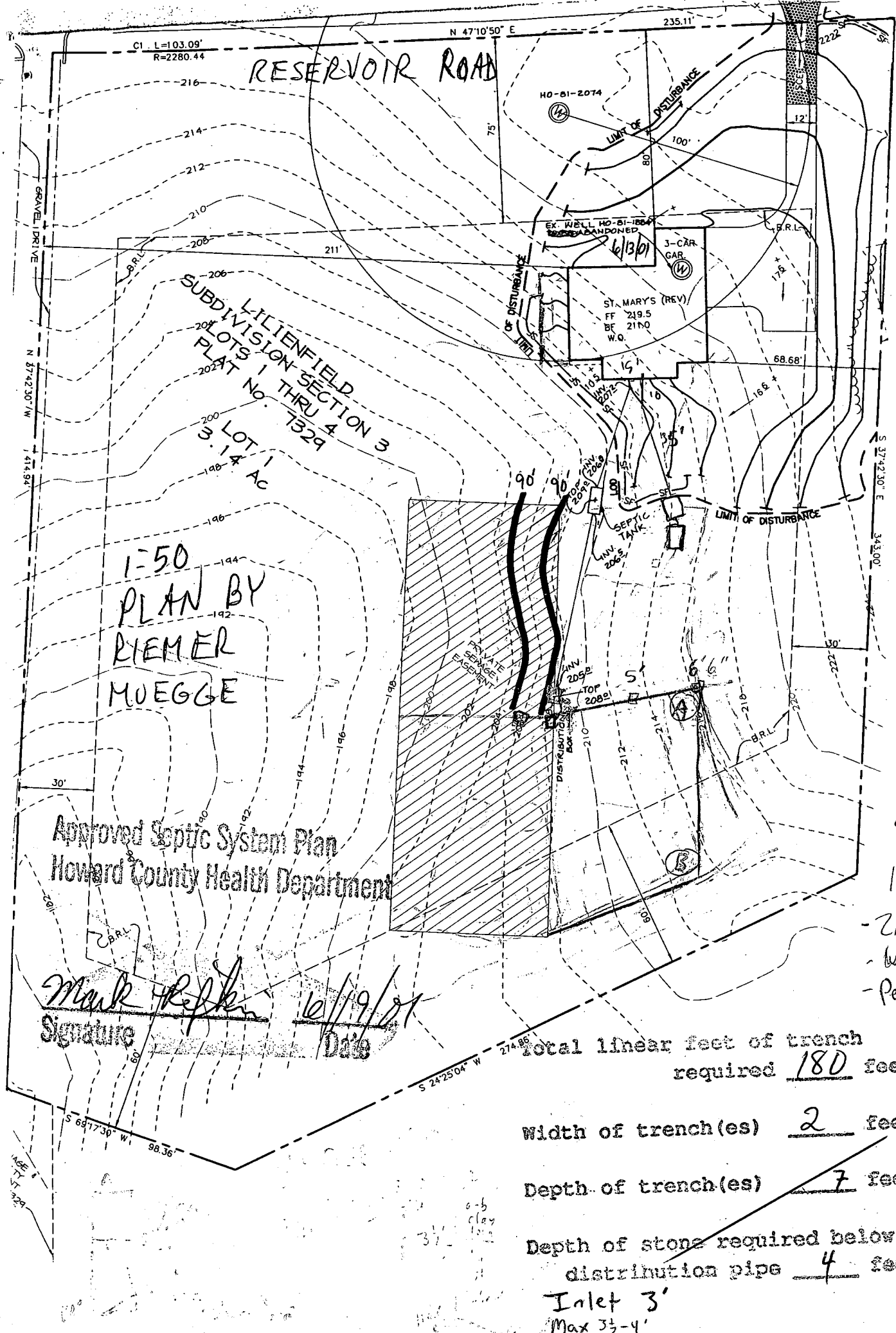


Jeffery L. Cooper
JEFFERY L. COOPER #418

6/21/01
DATE

RIEMER MUEGGE
A division of:
Patton Harris Rust & Associates, PC
SUITE 200
8818 CENTRE PARK DRIVE
COLUMBIA, MARYLAND 21045
TELEPHONE (410) 997-8900
FAX (410) 997-9232

LOCATION DRAWING		
LOT 1		
LILIENFIELD SECTION 3		
PLAT No. 7329		
5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		
SCALE: 1"=100'	PROJ. No. 01110	DRAWN BY: H.J.M. DATE: 08-14-01



1:50
PLAN BY
RIEMER
MUEGGE

Approved Septic System Plan
Howard County Health Department

Mark Reppin
Signature
6/19/01
Date

- 5' in
- 45'
- 9'
- 180'
- 2nd tank
- Wells
- Perc cert.

Total linear feet of trench
required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below
distribution pipe 4 feet

Inlet 3'
Max 3 1/2 - 4'

130 059

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B000130059
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Building Address <u>8665 RESERVOIR ROAD</u> <u>FULTON, MD 20759</u>	Property Owner's Name <u>CATCTIN HOMES, Inc.</u>
Suite/Apt. #: _____ SDP/WP/Petition # <u>GP-01-178</u>	Address <u>P.O. BOX 512</u>
Census Tract <u>10051.02</u> Subdivision <u>LILLENFIELD</u>	City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21041</u>
Section _____ Area _____ Lot <u>1</u>	Home Phone _____ Work Phone _____
Tax Map <u>45</u> Parcel <u>7</u> Grid <u>17</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Same</u>
Zoning <u>RR DFC</u> Map Coordinates <u>1507</u> Lot size <u>136,778 SF</u>	Phone <u>410 772 5804</u> Fax <u>410 772 5805</u>
Existing Use <u>VACANT LOT</u>	Contractor Company _____
Proposed Use <u>SINGLE FAMILY HOUSE</u>	Contact Person <u>Same AS</u>
Estimated Construction Cost \$ <u>100,000.</u>	Address _____
Description of Work <u>2 STORY, FULL BASEMENT,</u> <u>8R, 3 FB, 1 HB, 1 FP, 4 BR</u> <u>3 CAR GARAGE</u>	City _____ State _____ Zip Code _____
Occupant or Tenant _____	License No. <u>577</u> Phone _____ Fax _____
Contact Name <u>N/A</u>	Engineer or Architect Company <u>RIEMER MUEGGEL INC</u>
Address _____	Contact Person <u>CHRIS REED</u>
City _____ State _____ Zip Code _____	Address <u>8818 CENTRE PARK DRIVE</u>
Phone _____ Fax _____	City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21045</u>
	Phone <u>410-997-8900</u> Fax <u>410 997 9282</u>

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
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: <u>55'</u>	1st floor: <u>55'</u>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>55'</u>	2nd floor: <u>55'</u>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>55'</u>	Basement: <u>55'</u>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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: <u>8" x 16"</u> Roof: <u>ASP SHINGLES</u>	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
		State Certified Modular _____ Manufactured Home _____	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 THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>PHILLIP G. PARADIS</u>	Print Name <u>PHILLIP G. PARADIS</u>
Title/Company <u>VICED PRESIDENT, CATCTIN HOMES INC.</u>	Date <u>5/8/01</u>

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	50610
<input checked="" type="checkbox"/> State Highways			Rear: _____	
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St: _____	
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	
			Accepted by <u>DZ</u>	

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gartland Plumbing Inc Telephone #: 410-875-5303
Address: 1420 W. Old Liberty Rd
Sylkesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joseph Gartland License# 6352

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Catechin Homes Inc Telephone #: 410-722-5807
Subdivision: Liberty Field Lot #: 1 Well Tag #: HO-81-2024
Site Address: RL65 Reservoir Rd
Fulton, MD 20759

Submersible Pump Data

Make: Goulds
Model #: 20510
Pump Capacity 2 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: AT
Model#: P-100-L
Depth: 48 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: X
Screened, vented well cap: X
Cap secured to casing: X
Conduit min 18" B.G.: X
Conduit secured to well cap: X

Depth of well encountered at time of pump installation: 57 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors on Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house

Type: Poly
PSI 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: X
Approximate length of sleeve: 4'
Sleeve caulked and sealed properly: X

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

Oct 3, 2001

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/1/01

Date Insp. Approved: 10/1/01

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

1 of 2
May 13, 1987FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST*2nd Well*Well Permit No. HO - 81-2074
Location of property (road) Reservoir Road Lot 1 Block Plat Sec.
Subdivision Lilienfield Property Owner Dr. Lawrence Lilienfield
Well Driller Westm. Rotary Well Drilling, Inc.Depth of well 453'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 32

High rate pumping -- reservoir drawdown

Time pump started 10:50 Am Pumping rate 15
Total time 60 to reach pumping water level 11:50 ft. below M.P.

1. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:50	32	4 Sec.		15
11:05	122	4 Sec.	5 1.9	15
11:20	226	5 Sec.	60	12
11:35	302	6 Sec.	114.0	10
11:50	369	7 Sec.	228	8.4
12:05	400	31 Sec.	339	1.9
12:20	398	31 Sec.	371	1.9
12:35	396	31 Sec.	32	1.9
12:50	395	31 Sec.	339	1.9
1:05	394	31 Sec.	228	1.9
1:20	393	31 Sec.	636.5 gal	1.9
1:35	392	31 Sec.		1.9
1:50	391	31 Sec.		1.9
2:05	390	31 Sec.		1.9
2:20	388	31 Sec.		1.9
2:35	387	31 Sec.		1.9
2:50	385	31 Sec.		1.9
3:05	384	31 Sec.		1.9
3:20	383	31 Sec.		1.9
3:35	381	31 Sec.		1.9
3:50	380	31 Sec.		1.9
4:05	379	31 Sec.		1.9
4:20	378	31 Sec.		1.9
4:35	377	31 Sec.		1.9

Permit No. HO - 81-2074

Division of property (road) _____ Lot _____ Block _____ Plat _____ Sec. _____
 Subdivision _____ Owner _____
 Well Driller _____

Depth of well

Distance of measuring point (M.P.) above ground _____

Static water level (S.W.L.) below M.P. _____

High rate pumping -- reservoir drawdown

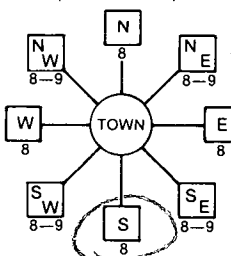

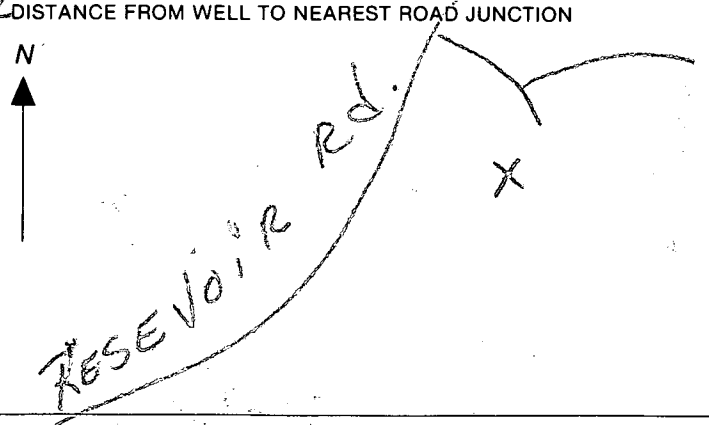
Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

1. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

well ~~the~~ 2

[illegible]

B 1 9562 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HC-81-2074 <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		B 3 LOCATION OF WELL HOWARD <small>8 COUNTY</small> CILLENFIELD <small>23 SUBDIVISION</small> SECTION <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> LOT <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> WELL #2 FULTON <small>52 NEAREST TOWN</small>	
OWNER INFORMATION LILLENFIELD LAWRENCE <small>15 Last Name Owner First Name</small> 3915 GEORGETOWN CH <small>36 Street or RFD</small> WASHINGTON DC 20007 <small>57 Town 79 State 72 Zip 76</small>		MILES FROM TOWN (enter 0 if in town) 1.5 MI <small>73 76 77 78</small>	
DRILLER INFORMATION Dana Kyker, Jr. II 256 <small>Driller's Name 77 License No. 80</small> Westminster Rotary Well Drilling, Inc. <small>Firm Name</small> P.O. Box #861., Westminster, Md. 21157 <small>Address</small> Dana Kyker, Jr. II TR 5/12/87 <small>Signature Date</small>		B 4 RESEVOIR Rd. <small>11 30</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 115 <small>34 37</small> ENTER FT or MI 47 <small>38 39</small>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED 550 <small>(GAL. PER DAY) 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A37268 <small>COUNTY NAME COUNTY NO.</small> OEP SIGNATURE G. Wilson 11/13/87 <small>DATE ISSUED</small> NORTH GRID 474 0 0 0 EAST GRID 0814 0 0 0 <small>50 55 57 63</small>	
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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. CITY 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; width: 100px; height: 40px; display: inline-block; text-align: center; vertical-align: middle;"> 8104 4704 </div> <div style="margin-left: 20px;"> <small>000</small> <small>000</small> </div>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____	
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 <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 _____ G A P _____ <small>54 63</small> FORCE BA HC-81-2074 <small>WRITE INITIALS IN BOX 67 68 PERMIT NO. 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS			

5/13/87

Location as approved

73' casing

1' above

50' / open

did not stay for
gravel

H₂O sample taken

H1044

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/13/01 (month/day/year)

OKSRK
6/25/01

* PERMIT NUMBER OF ABANDONED WELL (if any) 140 - 81 - 1884

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: DICK CRUMMIT

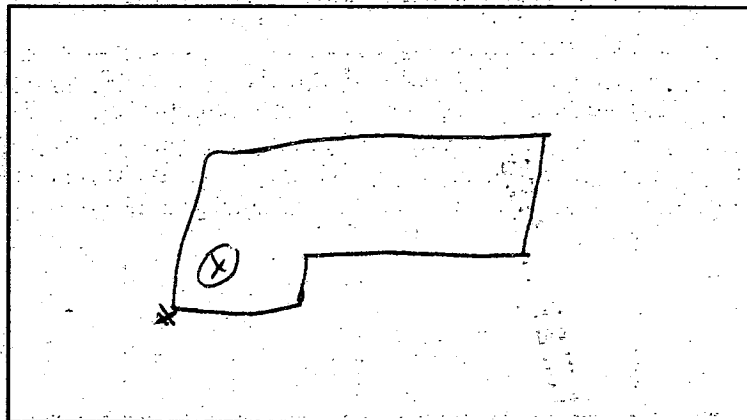
WELL DRILLERS LICENSE NUMBER: 585

* OWNER'S NAME: CATCTIN HOMES

AWD CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: FULTON
TAX MAP BLOCK PARCEL
SUBDIVISION:
SECTION: LOT:
NEAREST ROAD: 8665 Reservoir Rd



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify)

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 438 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 8

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	438	43
Cement	43	8
Dug out for Foundation	8	0
VOLUME OF MATERIAL USED		
11 Bags		

SIGNATURE: George F. Easterling SUPERVISING SANITARIAN

LICENSE # 040

MWD/MSD/MGD
CIRCLE ONE

6/20/01
DATE

C1 3847

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY A37268
NUMBER

DATE RECEIVED

8 13

DATE WELL COMPLETED

15 20 051487

Depth of Well

22 26 438
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"28 29 30 31 32 33 34 35 36 37
40-71-1884OWNER LILLIENFIELD LAWRENCE
STREET OR RFD last name ROSEVOIR RD. first name TOWN FULTON Well 1
SUBDIVISION LILLIENFIELD SECTION LOT

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		Check if water bearing
	FROM	TO	
Dirt	0	10	
Soft Brown Mica	10	39	
Blue Mica Schist	39	60	
Brown Mica	60	61	X
Blue Mica	61	125	
Brown Mica	125	126	X
Blue Mica	126	325	
Opening	325	326	X
Blue Mica	326	438	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 1598

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 41 ft.
48 52 54 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING Nominal diameter Total depth
TYPE top (main) casing of main casing
(nearest inch) (nearest foot)ST 5 43.6
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

DEPTH (nearest ft.)
EACH SCREEN
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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

WQ

TELESCOPE CASING LOG INDICATOR

74 75 76
OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 388

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 YES NO

(CIRCLE) YES or 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)

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)

DRILLERS IDENT. NO. 256

Dana Kyker, Jr. II

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1884
Location of property (road) RESERVOIR RD Well 1
Subdivision LILLIENFIELD Lot 1 Block Plat Sec.
Well Driller KYKER Owner LAWRENCE LILLIENFIELD

Depth of well 438'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 35

I. High rate pumping -- reservoir drawdown

Time pump started 8:25 Am Pumping rate 15
Total time to reach pumping water level ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \times 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:25	35	4 Sec.		15
8:40	138	4 Sec.	0.9	15
8:55	243	5 Sec.	$\frac{60}{20}$	12
9:10	330	7 Sec.	$\frac{54}{2}$	8.4
9:25	400	65 Sec.	$\frac{54.0}{2}$.9
9:40	399	65 Sec.	108	.9
9:55	399	65 Sec.	$\frac{108}{2}$.9
10:10	398	65 Sec.	300	.9
10:25	398	65 Sec.	$\frac{353}{2}$.9
10:40	397	65 Sec.	2	.9
10:55	397	65 Sec.	$\frac{353}{2}$.9
11:10	396	65 Sec.	17.65	.9
11:25	396	65 Sec.	$\frac{353}{2}$.9
11:40	395	65 Sec.	529.5	.9
11:55	395	65 Sec.		.9
12:10	394	65 Sec.		.9
12:25	394	65 Sec.		.9
12:40	393	65 Sec.		.9
12:55	393	65 Sec.		.9
1:10	392	65 Sec.		.9
1:25	392	65 Sec.		.9
1:40	391	65 Sec.		.9
1:55	391	65 Sec.		.9
2:10	390	65 Sec.		.9

Permit No. HO -

ation of property (cont)

Abrechnung

let

Block

Plat

Sec.

OWNER

...11 Driller

Depth of well

Distance of measurement point (M.P.) above ground _____

static water level (S.W.L.) below M.P.

High rate pumping --- reservoir draindown

Time pump started

Pumping rate

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

11044

B 1 5424- (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 41-81-1384 fill in this form completely
---	--------------------------------	---	---

Date Received

1	2	3	4
8	9	10	11

OWNER INFORMATION

15	16	17	18
LA	UR	EN	CE
36	37	38	39
GE	OR	GE	OR
57	58	59	60
WA	SH	ING	TON
70	71	72	73
20	21	22	23
0	0	0	7

DRILLER INFORMATION

Driller's Name Dana Kyker, Jr. II	77 License No. 80 296
Firm Name Westminster Rotary Well Drilling, Inc.	
Address P.O. Box 4061, Westminster, Md. 21157	
Signature <i>Dana Kyker, Jr.</i>	Date 7/29/86

B 3

LOCATION OF WELL

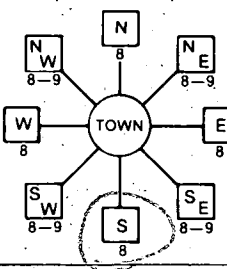
1	2	3	4
1	0	0	0
8	9	10	11
LA	UR	EN	CE
23	24	25	26
LA	UR	EN	CE
52	53	54	55
LA	UR	EN	CE
70	71	72	73
20	21	22	23
0	0	0	7

MILES FROM TOWN (enter 0 if in town)

1	2	3	4
1	0	0	0
73	74	75	76
1	0	0	0
77	78	79	80
1	0	0	0
73	74	75	76
1	0	0	0
77	78	79	80

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Reservoir Rd.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

1	2	3	4
1	0	0	0
8	9	10	11
1	0	0	0
14	15	16	17
1	0	0	0
14	15	16	17

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☐ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☒ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard	COUNTY NO. A 37268
OEP SIGNATURE <i>[Signature]</i>	STATE HEALTH INSERT S <input type="checkbox"/>
DATE ISSUED 7/29/86	
CO SIGNATURE <i>[Signature]</i>	EXP. DATE 7/29/87
NORTH GRID 4 1 0 0 0 0	EAST GRID 0 0 1 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

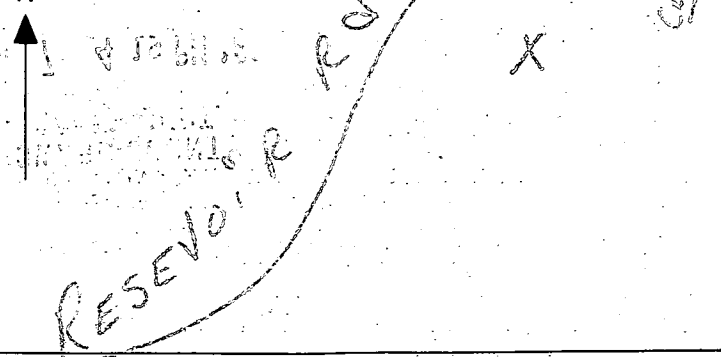
- City
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E	S	1	0
8	1	0	0
N	4	7	0
0	0	0	0

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

N



APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)	JETTED	Jettied & DRIVEN
AIR-ROTary	AIR-PERcussion	ROTARY (Hydraulic Rotary)
CABLE	REVerse-ROTary	DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE 04 WRITE INITIALS IN BOX PERMIT No. 41-81-1384

SPECIAL CONDITIONS

3/13/87

grout to be done
earlier in day - however
not

Location appears to be
approx to that shown
on plat.

5/14/87

on 41' 5/14/87

{ 43' casing
37' open hole
17 bags

H₂O sample taken

ENVIRONMENTAL
HEALTH
DIVISION OF

NOV 7 4 19 PM '86

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

APPLICATION

PERCOLATION TESTING

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

A 37268

P _____

DISTRICT 5th

DATE 5-2-86

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 Dr. Lawrence S. Lilienfield, M.D. STEPHEN SCHULTZ
(TTEE U/W H.J. Lilienfield)

ADDRESS 3915 Georgetown Court, N.W. PHONE Home-202-342-2656
Washington, D.C. 20007 Work-202-625-7545

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lilienfield Property LOT NO. 11

ROAD AND DESCRIPTION 8665 Reservoir Rd.

TAX MAP 45 PARCEL # 7

SIZE OF LOT 137,500 sq. ft. 31.16 ± TYPE BLDG. Single Family Dwelling
(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. Cerline Harchard
(SIGNATURE OF APPLICANT)

APPROVED BY See above FOR Dee Harchard DATE 5-26-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8127186 PERC OK HOLD FOR CERTIFIED PLAT

BLDG. PERMIT SIGNED

AND RETURNED 6-6-89

37268

THIS IS NOT A PERMIT

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 37268

P _____

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

DISTRICT 5th

DATE ~~5-2-86~~ 9/25/86

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 Dr. Lawrence S. Lilienfield, M.D.
(TTEE U/W H.J. Lilienfield)

ADDRESS 3915 Georgetown Court, N.W. PHONE Home-202-342-2656
Washington, D.C. 20007 Work-202-625-7545

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lilienfield Property LOT NO. 7

ROAD AND DESCRIPTION Reservoir Rd.

TAX MAP 45 PARCEL # 7

SIZE OF LOT 137,500 sq. ft. 3.16 ± TYPE BLDG. Single Family Dwelling
(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. Bellia Rasch & Pardon & Leach
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A hand-drawn stratigraphic column with three layers. The layers are labeled from top to bottom: "BROWN CLAY", "CLAY SAND", and "BROWN SAND LORM". The column is bounded by a vertical line on the left and a horizontal line on the right. The layers are separated by horizontal lines. The text is written in a simple, hand-drawn style.

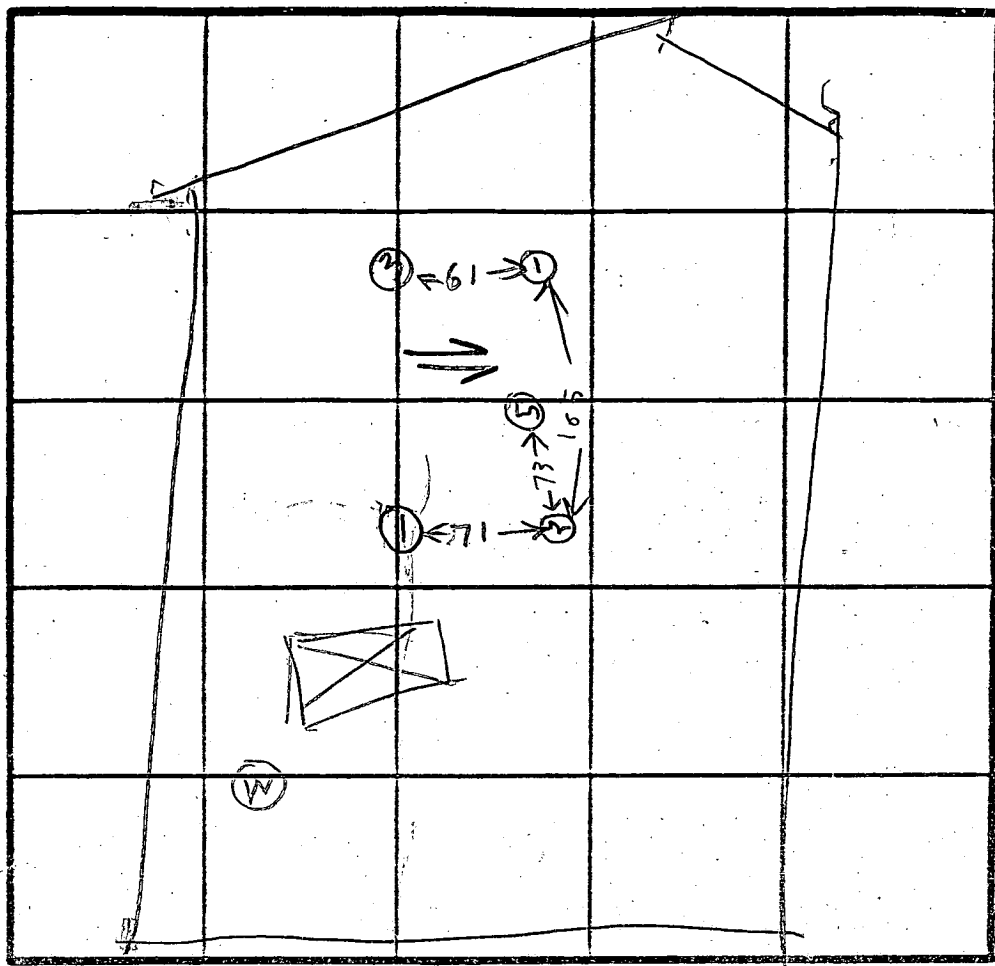
6	BROWN CLAY
4	CLAY SAND
3	BROWN SAND LORM

No

AVG TIME
9 MIN,
MAX INLET
3' B.G.

180 / BDRM

42



INVESTIGATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RESERVOIR RD

[illegible]

REMARKS arrived early HOLES (1)(2)(3)(4) DUG PER SURVEY OR STAKE
 TYPE OF SOIL HOLE (5) DUG DIFFERENTLY STEVE OPPORDUM & JERRY
WATNE OF ARNOLD
 TESTED BY R HODGES ALSO PRESENT _____

53 301E

BROWN
CLAY

BROWN
SAND
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Brown
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(2)
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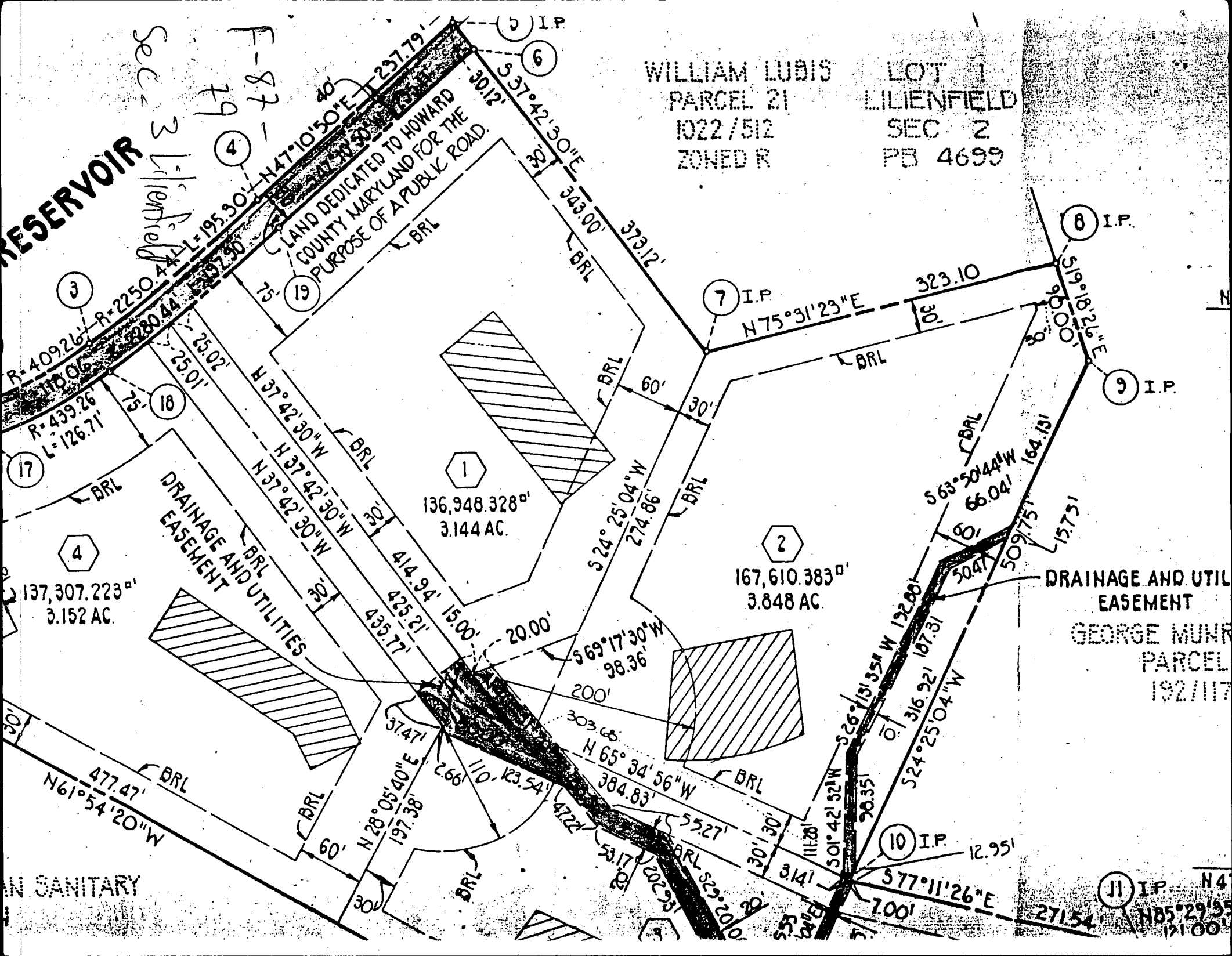
④
BROWN CHA
BROWN
MCP
SND
LOAN
EH. 12/10/20

RESERVOIR

WILLIAM LUBIS
PARCEL 21
1022/512
ZONED R

LOT 1
LILIENTFIELD
SEC 2
PB 4699

W. SANITARY



LILISNFIELD

LOT 1

RESERVOIR RD
ROAD 60' B/W

OIR

WELL #1 NO 81 20724

area for

reservoir

subject

to Hawaii

County

a public

restriction

line

60'

37.42'

3/13/87

P.T. - only

4/7/87

extended area

150' off front left

40' max off

Ex 1 STORY BRICK DWEL

MIB2

MIB2
MIC3

MIB2
MID3

MID3

MIC3
MIB2

MIE
MIC3

GNB2
MIE

MID3
GNB2

N61°54'20"W

N75°31'23"E

GNB2

30'

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237.79'

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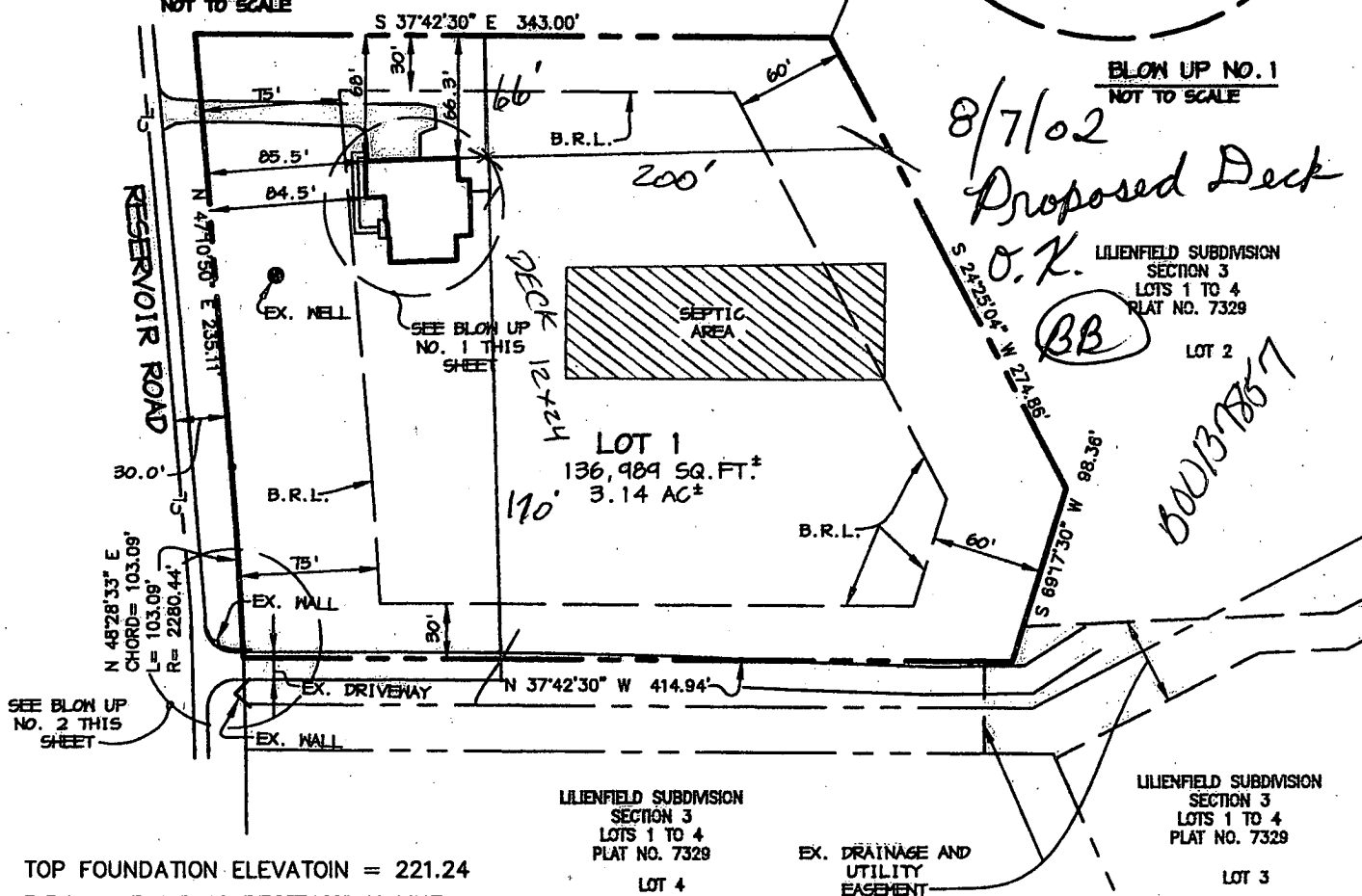
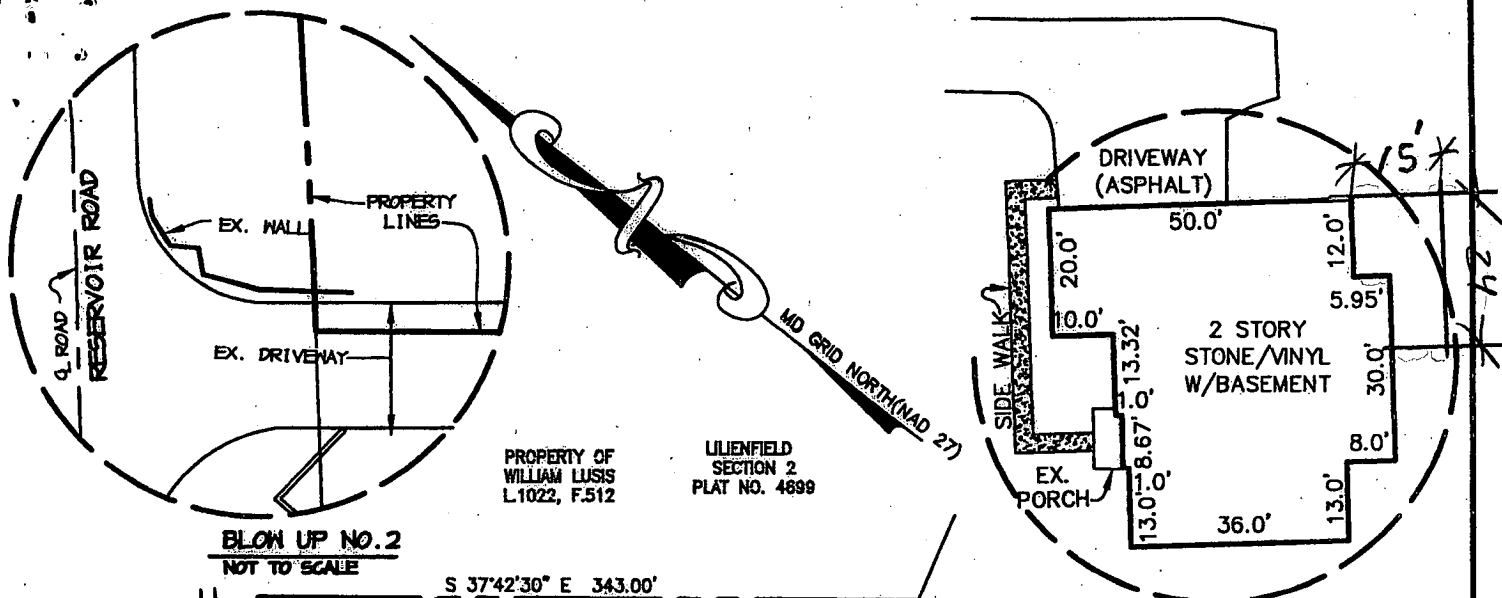
37.42'

37.42'

37.42'

37.42'

37.42'



TOP FOUNDATION ELEVATION = 221.24
 B.R.L. = BUILDING RESTRICTION LINE
 DATE OF SURVEY: 01-02-02

NOTE:

- THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0041 B, DATED DEC. 4, 1986 FOR HOWARD COUNTY, MARYLAND.

Patton Harris Rust & Associates, pc
 Engineers. Surveyors. Planners. Landscape Architects.

P.H.R.+A

8818 Centre Park Drive
 Columbia, MD 21045
 T 410.997.8900
 F 410.997.9282

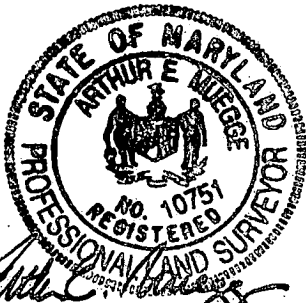
FINAL LOCATION DRAWING

LOT 1
 LILIENTFIELD SECTION 3

PLAT No. 7329

5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

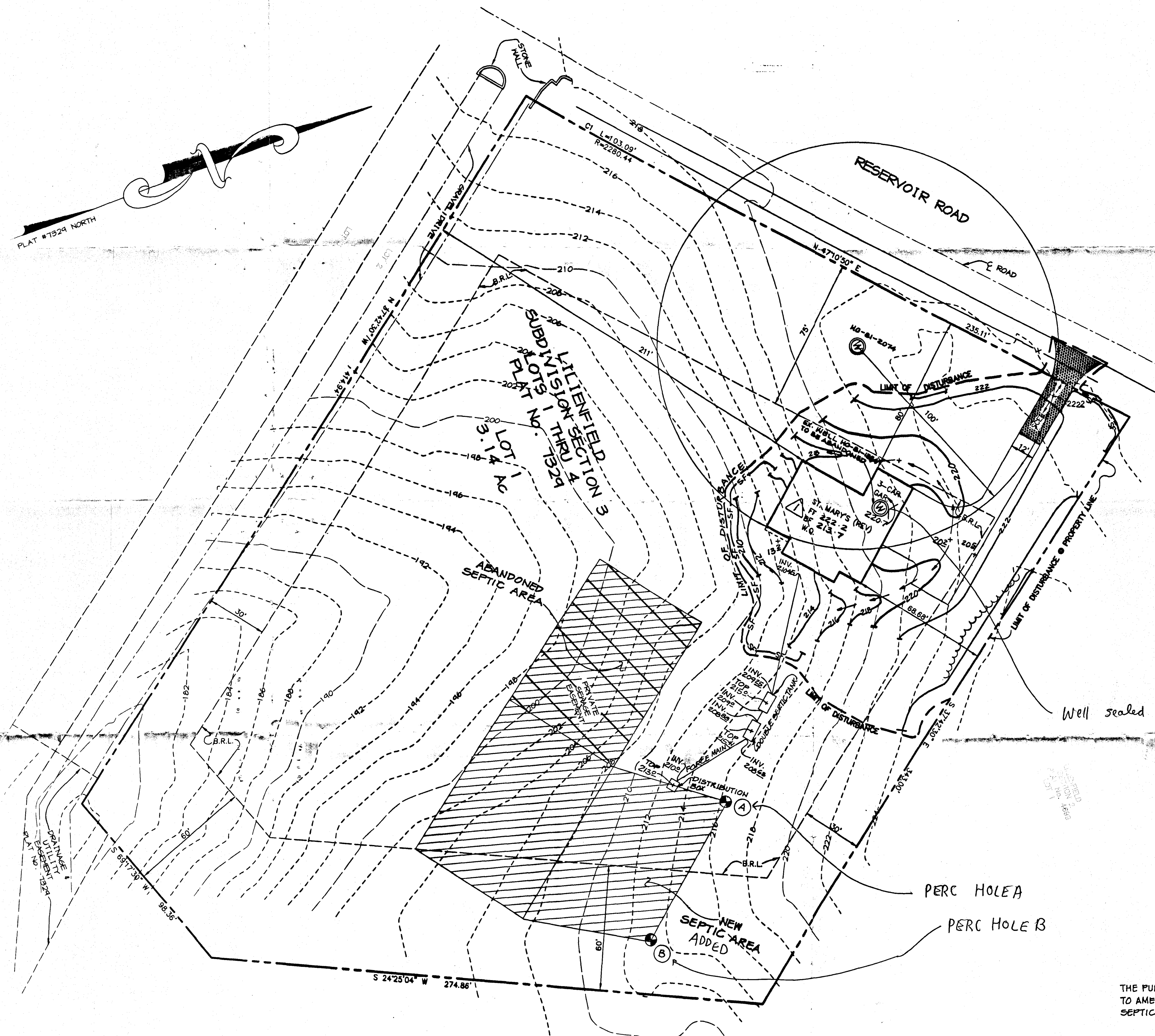
SCALE 1" = 100'



DO NOT DISCARD



VICINITY MAP
SCALE: 1" = 300'

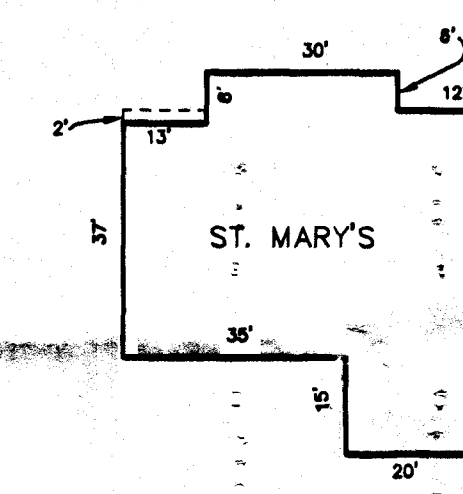


SEQUENCE OF CONSTRUCTION

1. OBTAIN A GRADING PERMIT.
2. INSTALL STABILIZED CONSTRUCTION ENTRANCE, AND SILT FENCE.
3. BEGIN HOUSE CONSTRUCTION.
4. COMPLETE GRADING AND UTILITY WORK.
5. STABILIZE DISTURBED AREAS IN ACCORDANCE WITH PERMANENT SEEDING NOTES.
6. UPON COMPLETION OF WORK AND APPROVAL OF COUNTY INSPECTOR, REMOVE SEDIMENT CONTROL DEVICES.

NOTE

CONTRACTOR TO FOLLOW DUST CONTROL SPECIFICATIONS.



PLAN
SCALE: 1" = 30'

THE PURPOSE OF THIS PLAN IS TO AMEND THE PREVIOUSLY RECORDED SEPTIC AREA. **OK SRK**

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

NA **SRK**

COUNTY HEALTH OFFICER
HOWARD COUNTY HEALTH DEPARTMENT

DATE



CHRISTOPHER J. REID #19949

BY THE DEVELOPER :

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN. ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ADEQUACY FROM A DEPARTMENT OF THE ENVIRONMENT AND NATURAL RESOURCES PROGRAM FOR THE CONTROL OF EROSION, BEFORE BEGINNING THE PROJECT. I ALSO CERTIFY THAT PERIODIC ON-SITE INSPECTIONS BY THE MD DEPARTMENT OF THE ENVIRONMENT AND NATURAL RESOURCES CONSERVATION DISTRICT.

Dev SRK
DEVELOPER

DATE

BY THE ENGINEER :

I CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND FEASIBLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD COUNTY CONSERVATION DISTRICT.

Chris J Reid
ENGINEER

DATE

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD COUNTY CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS FOR SOIL EROSION AND SEDIMENT CONTROL.

Jim M. Jones
NATURAL RESOURCES CONSERVATION DISTRICT

THIS DEVELOPMENT PLAN IS TO BE USED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD COUNTY CONSERVATION DISTRICT.

John P. Patton
HOWARD COUNTY CONSERVATION DISTRICT

DATE

6-27-01 REVISED FLOOR ELEVATIONS & GRADINGS

DATE NO. REVISION

OWNER / DEVELOPER

CATCOTIN HOMES, INC.
P. O. BOX 512
ELLICOTT CITY, MD 21041
(410) 772-5804

PROJECT

LILLENFIELD
LOT 1

AREA

HOWARD COUNTY, MARYLAND
TAX MAP NO. 47 PARCEL 7 GRID 17
5th ELECTION DISTRICT, ZONED R1 DEO

TITLE

REVISED PERC AREA
SEPTIC AREA AMENDMENT PLAN

RIEMER MURPHY
Patton Harris Reed & Associates, PC
LANDSCAPE ARCHITECTS & PLANNERS
2818 Centre Park Drive, Columbia, MD 21046 (410) 997-9600

DESIGNED BY: C.J.R.

DRAWN BY: J.N.A.

CHECKED BY: C.J.R.

PROJECT NO: 01110-1

DATE: JANUARY 17, 2002

SCALE: 1" = 30'

DRAWING NO. 1 OF 2