HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

XXGOXGOXX

410-313-2640

# PERMIT

#### SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	$\underline{\mathbb{C}}$	11	12	14

A	3	7	7	4	6	

DISTRICT 1

DATE 12-11-98

DATE SYSTEM APPROVED 2-1

INSPECTOR

MAPPROVED 2-12-9

INDEXED

South Carroll Backhoe,	Inc.	1	S PERMITTED T	O INSTALL X	ALTER
ADDRESS 4410 Salem Bottom Road SUBDIVISION Pfau Property	Westminster		7811 Ro 4811 Ro D 4937 Land	YAL COACHI	-4197 WAN DRIVE
PROPERTY OWNER		rs. Greg Marti			
ADDRESS				: 	
SEPTIC TANK CAPACITY 1000 GALLONS  NUMBER OF BEDROOMS 3	and the second s				•
210 Square feet per bedroom Linear feet of trench required $210$					
IRENCHES - Trench to be 3 feet wide 6.5 feet below original grade. 2.0 feet of store	grade. Effe	ctive area beg	gins at 4.5	de. Bottom feet below	maximum depth original
LOCATION - Place the distribution to 200 feet lot line. Run NOTES - No trench to exceed 100 to grade or above on sep	oox 65 feet o trenches al feet in leng	ff the 309.12 ong contour in	lot line and both dire	ctions.	+ ·
to grade or above on se		ok km 9-1-	98		
PLANS APROVED BY Glen Savage				DATE	8-31-98

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)

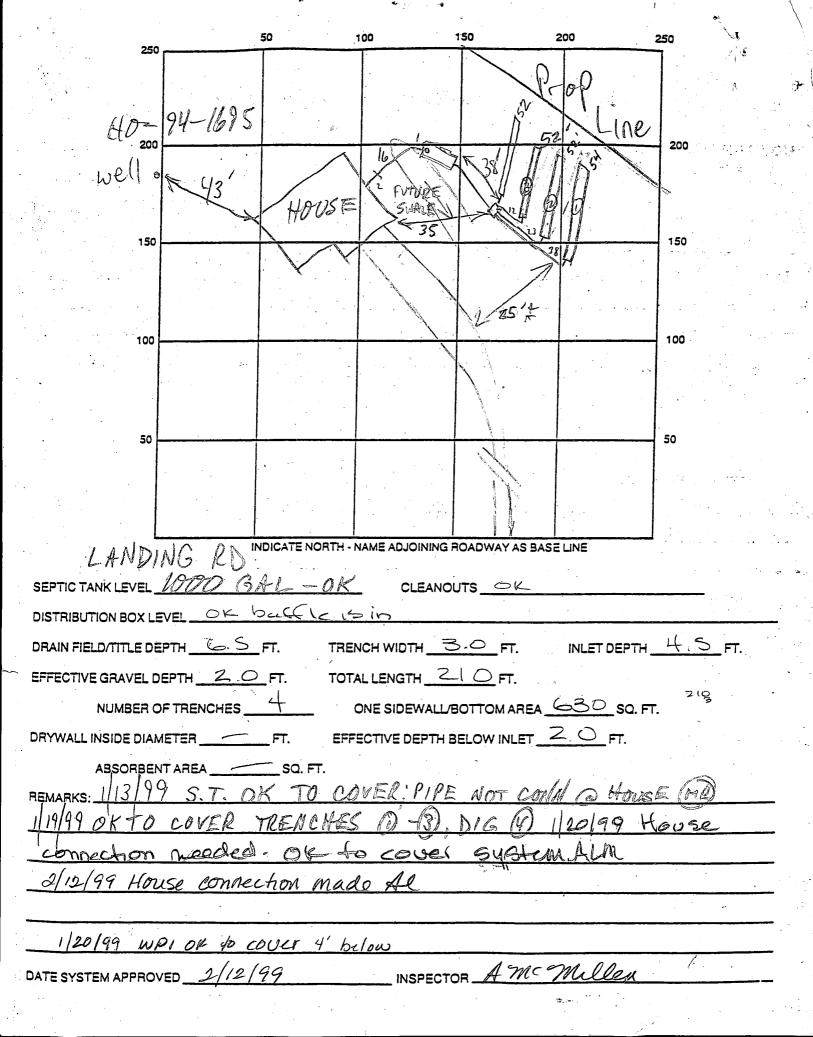
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 25/40 PVC OR ABS

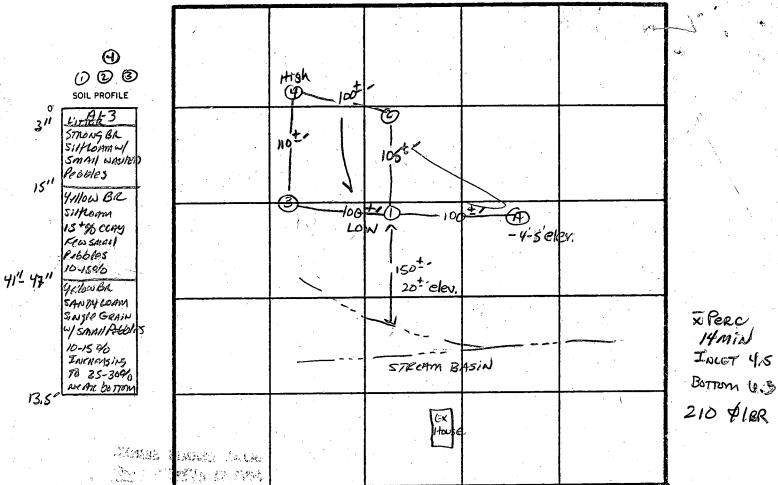
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 5 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



3 1,30 pm	SEWAGE DISPOSAL TESTING	A 37746
STATE OF N	IARYLAND - DEPARTMENT OF HEALTH AND MENT	AL HYGIENE P
HOWARD COUNTY HEALTH DEPARTI		DISTRICT
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21 TELEPHONE: 992-2330	043	DATE 10/0/86
C		DATE
	Reviewed 10/186	28000
	Photewood 10/186 ok for 1607 + No repair on existing Records of 18th	
	existing Records of	present
	/8/4	
TO: THE COUNTY HEALTH OFFICER		
ELLICOTT CITY, MARYLAND  1, HEREBY, APPLY FOR THE NECESSARY TEST	IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISP	OSAL SYSTEM
		55AL 5151EM.
PROPERTY OWNER Wayne Pfa	H GREG + KAREN MARTIN	
ADDRESS 4949 Landing R		ONE 7 0 4 3 5
PROPERTY LOCATION:	marfure News	Use -
	1 DRE	R
SUBDIVISION Pfau Property	LOT NO	o. <u>1</u>
		·
ROAD AND DESCRIPTION Landing Road	d off of Illchester Road	MI DO PERME SIGNED
ROAD AND DESCRIPTION Landing Road	d off of Illchester Road	AND REPUBLED 5-91-98
ROAD AND DESCRIPTION Landing Road	d off of Illchester Road	Senat # 614112944
ROAD AND DESCRIPTION Landing Road  SIZE OF LOT l acre	d off of Illchester Road	Single family dwelling
1 0000		Single family dwelling
SIZE OF LOT 1 acre		single family dwelling (NUMBER OF BEDROOMS)
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICA	TYPE BLDG TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B	single family dwellin (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICA	TYPE BLDG	single family dwellin (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICA	TYPE BLDG  TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B  RC TEST APPLICATION IS NON-REFUNDABLE UNDER AR	single family dwellin (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE NY CIRCUMSTANCES I ALSO AGREE TO COMPLY
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICATED CONNECTED WITH THE FILING OF THIS PE	TYPE BLDG  TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B  RC TEST APPLICATION IS NON-REFUNDABLE UNDER AR	single family dwellin (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICATED CONNECTED WITH THE FILING OF THIS PE	TYPE BLDG  TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B  RC TEST APPLICATION IS NON-REFUNDABLE UNDER AR	single family dwelling (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE NY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICATE CONNECTED WITH THE FILING OF THIS PERMITH ALL M.O.S.H.A. REQUIREMENTS IN TEST	TYPE BLDG TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B RC TEST APPLICATION IS NON-REFUNDABLE IJNDER AF ING THIS LOT. (SIGNATURE	single family dwellin (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE NY CIRCUMSTANCES I ALSO AGREE TO COMPLY
SIZE OF LOT	TYPE BLDG TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B RC TEST APPLICATION IS NON-REFUNDABLE IJNDER AF ING THIS LOT. (SIGNATURE	single family dwellin (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE NY CIRCUMSTANCES I ALSO AGREE TO COMPLY  OF APPLICANT)  DATE  DATE
SIZE OF LOT	TYPE BLDG  TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B  RC TEST APPLICATION IS NON-REFUNDABLE IJNDER AN  ING THIS LOT.  (SIGNATURE)  FOR  FOR	single family dwelling (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE MY CIRCUMSTANCES. I ALSO AGREE TO COMPLY  OF APPLICANT)  DATE
SIZE OF LOT	TYPE BLDG TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B RC TEST APPLICATION IS NON-REFUNDABLE IJNDER AF ING THIS LOT. (SIGNATURE	single family dwelling (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE MY CIRCUMSTANCES I ALSO AGREE TO COMPLY  OF APPLICANT)  DATE  DATE
SIZE OF LOT 1 acre  THE SYSTEM INSTALLED UNDER THIS APPLICATION FEE CONNECTED WITH THE FILING OF THIS PE WITH ALL M.O.S.H.A. REQUIREMENTS IN TEST  APPROVED BY  REJECTED BY  HOLD PENDING FURTHER TESTS  REASONS FOR REJECTION OR HOLDING 118	TYPE BLDG  TION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES B  RC TEST APPLICATION IS NON-REFUNDABLE IJNDER AN  ING THIS LOT.  (SIGNATURE)  FOR  FOR	single family dwelling (NUMBER OF BEDROOMS)  ECOME AVAILABLE I FULLY UNDERSTAND THE MY CIRCUMSTANCES I ALSO AGREE TO COMPLY  OF APPLICANT)  DATE  DATE

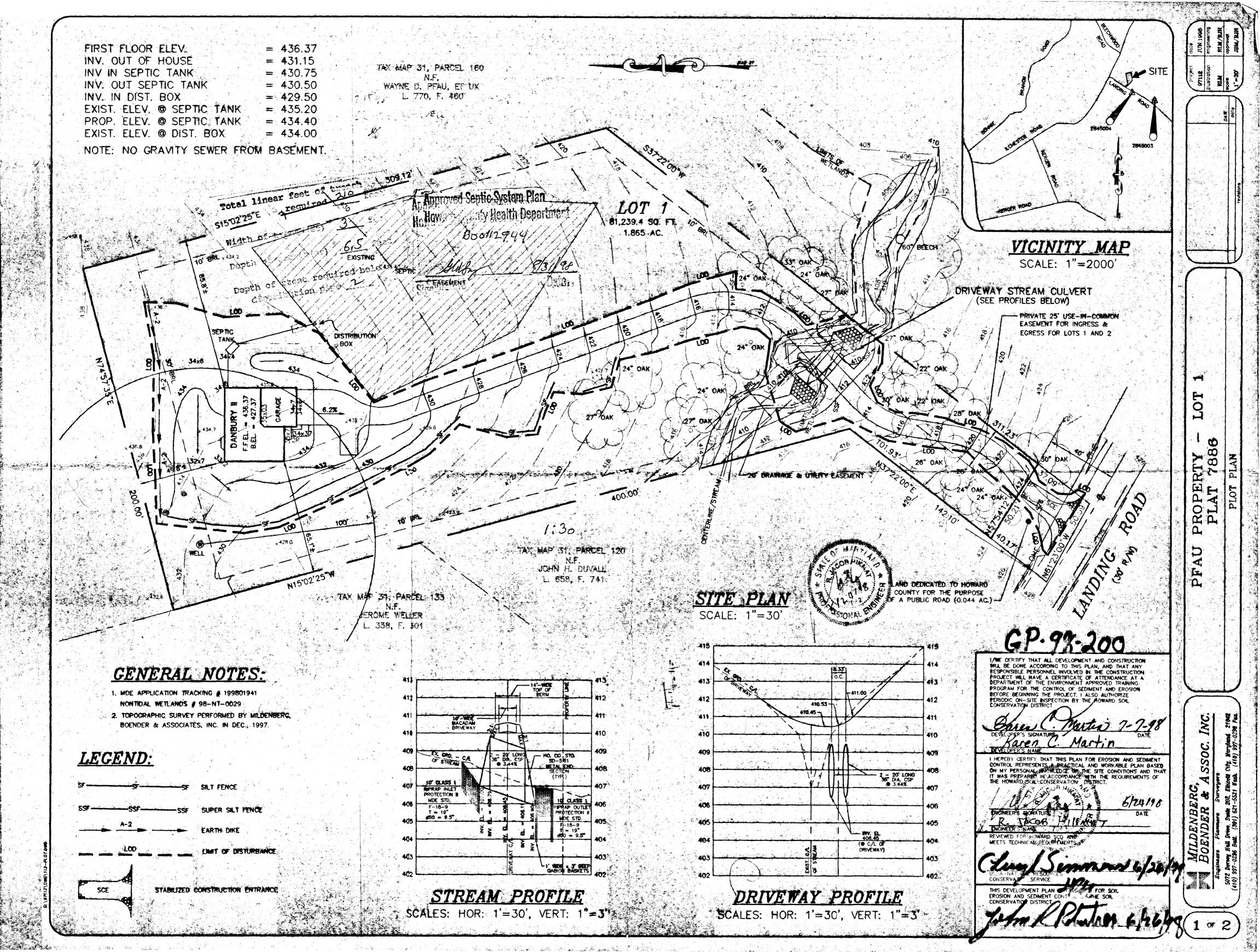


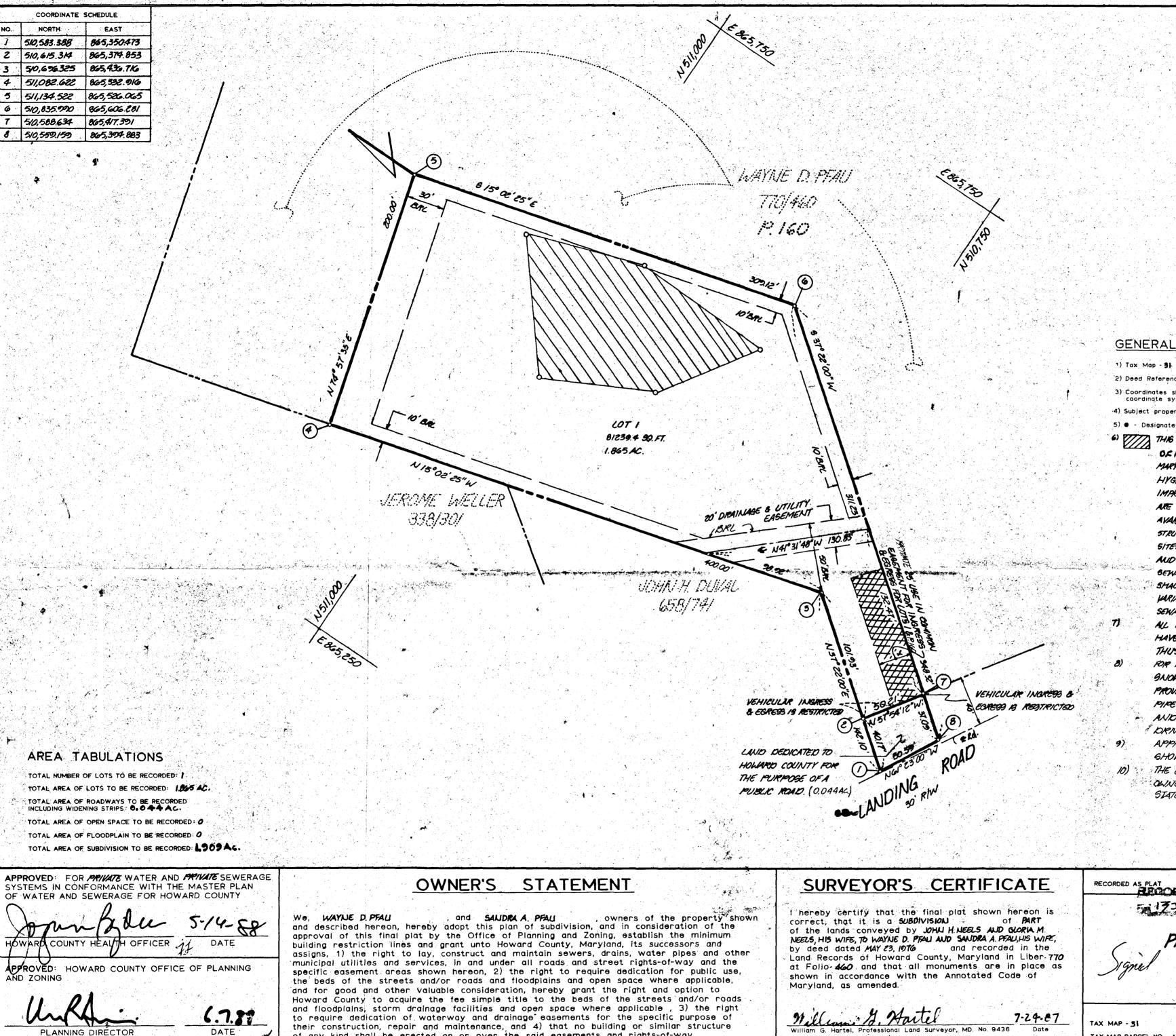
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PR	E-WET	TES	T - 1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
3/18/87	, S	1500	1:58	2113	2/13	12:36	23 MIN
187		13,5-	NIFORM S	sail below	4.5		4.4.
•	25	4'10"	1:13	1:19	1119	1.36	17miN
	Z M	7'10"	1.07	1:12	1:12	1124	12min
	21	13"	NIFORM S	ol below	4-		
		4.5	1:26	1:32	1:32	1:44	12 Min
	3 ¾	7.5-	1,28	1:32	1:32	1:40	8 Min
	3٧	13" UA	VIFOKM SU	1 below 9	1		
· ·	115	4.51	1:44	1154	1,54	2:15	2/ MIN
	TM	8′	1:36	1:39	1:39	1143	4. min
	4	12.5	NiFORM S	ol below	15-		
					<u> </u>		
·	,	** ,				1	
				+			<del></del>
ļ	A 420	AT 86"	MOTTIES	AT 3'0%		•	1

REMARKS		· ·	 <u> </u>	<u> </u>	
			<del></del>		
TYPE OF SOIL	4 40 1	<u> </u>		about to	<del></del> -
TESTED BY	S. Abel		 ALSO PRESENT	Courto.	<del></del>

EH-12-1079





of any kind shall be erected on or over the said easements and rights-of-way.

Witness my/our hands this 24th day of UULY, 1987

APPROVED: FOR

STORM DRAINAGE SYSTEMS AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

DIRECTOR

DATE

## GENERAL NOTES , Parcel - 160

HO.CO. STA. 2845004

VICINITY MAP Scale - 1"- 1200"

2) Deed Reference - 770 /460

3) Coordinates shown hereon are based on Maryland State Plane coordinate system, Howard County control station.

4) Subject property zoned - R-20: per 8-02-85 Comprehensive Zoning Plan

5) • - Designates iron pin set.

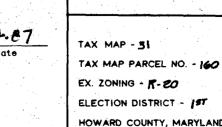
THIS AREA DESIGNATED A PRIVATE SEWAGE EXEMENT OF A MIN, 10,000 SOFT. AS REQUIRED BY THE MARKLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SOMAGE DISPOSAL. IMPROVEMENTS OF AUY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE 15 AVAKABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC BEWAGE SYSTEM THE COULTY HEACTH OFFICER SHALL HAVE THE AUTHORITY TO GRAUT VARIANCES FOR RECORDATION OF A MODIFIED SEWAGE BASEMBUT SHALL NOT BE NECESSARY. ALL PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN THUS (0).

FOR FLAG OR PIPE STEM LOTS, REFUGE COLLECTION, GNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE RAG OR PIPE STEM AND ROAD RIGHT-OF-WAY LINE AND NOT TO THE RAG OR PIPE GTEM LOT DRIVEWAY.

APPROVED VP-80-130 WAIVEG REDUIREMENT TO GHOW RESIDUE OF PARCEL NO. 160.

THE LOTS GHOWN HEREON COMPLY WITH THE MIN. STATE DEPT OF HEALTH AND MENTAL HYGIENE

OWNER WAYNE D. AND GANDRA A. PEAU 4949 LANDING RD. ELLICOTT CITY, MD. 21043



#### AMONG THE LAND RECORDS OF HOWARD COUNTY, MD. RECORDED AS PLAT ON RECORDED

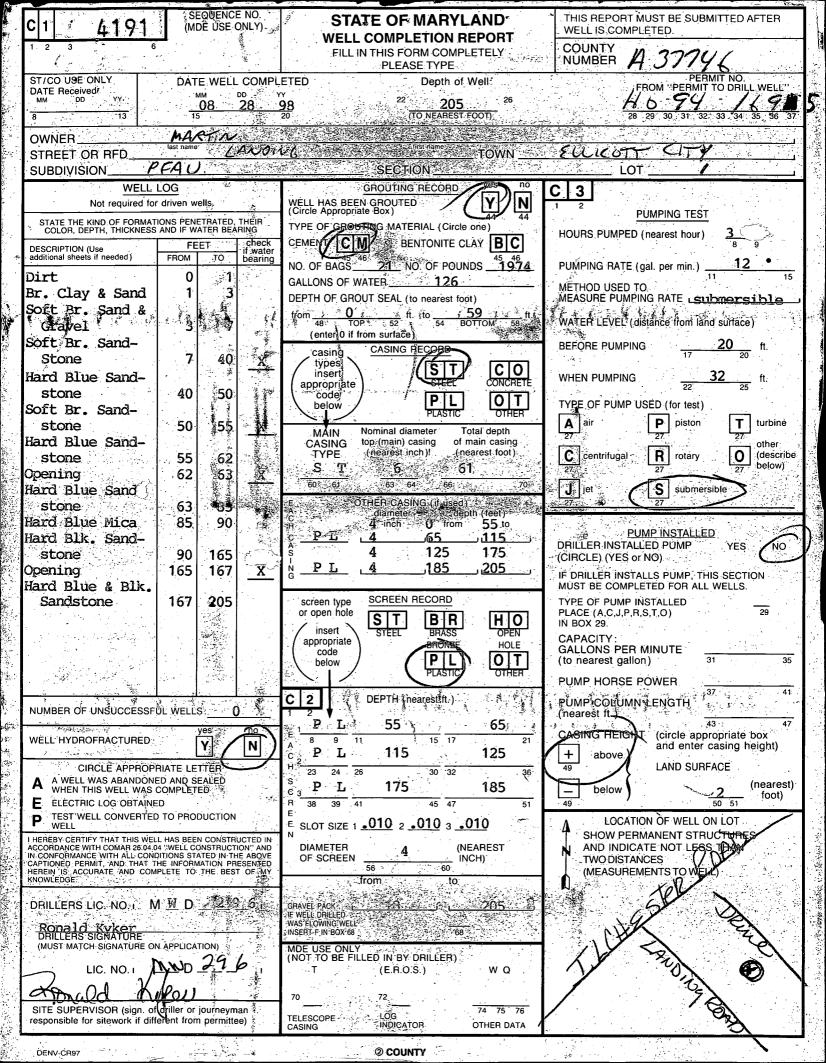
THE 17 JUNE 19 88 AND THE LAND RECORDS OF SUBDIVISION

### boender associates

consulting engineers land surveyors land planners

COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE ELLICOTT CITY, MD. 21043 [301] 465-7777

ELECTION DISTRICT - 15T HOWARD COUNTY, MARYLAND SCALE - 1" 50" DATE - JULY, 1987 O. P. & Z. FILE NOS. - VP & 130



	SEQUENCE NO.	OTATE OF	AAADVI AAID	STATE PERMIT	NUMBER
B 1	3644 (MDE USE ONLY)		MARYLAND DRILL WELL	42-94	- 1195
. (	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		int or type	70 fill in this form	completely 79
	Date Received (APA)		B 3 1 0 1 1 0	LOCATION OF WELL	
8	OWNER INFO	RMATION	8-GOUNTY	21	
يا د ا	MARCHU KAREA	& CRAIG	17+HU	Medperty	
1!	5 Last Name Gloria Owner Aven	First Name 1 34	23 SUBDIVISION		42
3/	6 Street or RED	1 177/55	SECTION 44 46	LOT 48 50	
, L	Town MORE 70 State	$\frac{1}{72}$ $\frac{1}{Zip}$ $\frac{76}{76}$	52 NEAREST TOWN	tuty	71
	-DRILLER INFORMÁTION	201	MILES FROM TOWN (ent		M I J
L		M W D 274 76 License No. 81	B 4		77 78
J F	Destminster Kotaky	WellDeilling	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT I	Z TOACH
1	10. BOX 861, UPSTMII	ustoc, MJ21158	N N	ON WHICH SIDE OF R	
	Fonald Ryller	89/98	8-9 8-9 8-9	(CIRCLE APPROPRIATE	BOX) WIZE WEST STEAST
B B	ignature / / 2 WELL INFORMATION	Date	TOWN E	34 <u>() () (</u> DISTANCE FRO	M ROAD SOUTH
-1	2 APPROX. PUMPING RATE - (GAL. PER MIN.)	8 2/11/12		ENTER	R FT OR MI 38 39
	VERAGE DAILY QUANTITY NEEDED  ALPER DAY)  14	175 D	8=9 (5) 8=9	TAX MAP: BLK:	PARCEL
1	USE FOR WATER (CIRCLE AP			O BE FILLED IN BY DRIL TH DEPARTMENT APPRO	
<u>ا</u> (	HOME (SINGLE OR DOUBLE HOUSEHOLD FARMING (LIVESTOCK WATERING & AGRIC		Howard	A 3774	46
Į į L	IRRIGATION		COUNTY NAME	<ul> <li>Service Community (Community Community Comm</li></ul>	COUNTY NO.
22 [	INDUSTRIAL, COMMERCIAL, STATE AND POTHER (REQUIRES APPROPRIATION PERI		STATE SIGNATURE	INSE	RT S ——►
	P PUBLIC OR PRIVATE WATER COMPANY (F APPROPRIATION PERMIT AND STATE APP	REQUIRES	DATE ISSUED 98 43 MM DD YY 48	SHASTURE S	7.24 99 EXP. DATE
	TEST, OBSERVATION, MONITORING (MAY APPROPRIATION PERMIT)	REQUIRE	NORTH 5/0 C	0 0 0 GRID 57	<del>)</del> 000
A	PPROXIMATE DEPTH OF WELL L25	6 FEET	SHOW MAJOR FEATURE BOX & LOCATE WELL	WATER C.1898	3
	24	28 NEAREST	WITH AN X SOURCES OF PRILLING	WATER O	-8:00
. A	PPROXIMATE DIAMETER OF WELL	INCH INCH	1. City	Grow	
	METHOD OF DRILLING		3. 3.4	No wso	M
	ORED (or Augered)  JETTED  AIR-PERcussion	Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE		Dwell
~~~Z	ABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		· • • • • • • • • • • • • • • • • • • •
ot	ther		- 860		
1	REPLACEMENT OR DEEPLE (CIRCLE APPROPRIATE		(511)	000	
	THIS WELL WILL NOT REPLACE AN EXIST		N J / U	- CLOWING TOCATION OF WE	
L	THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED		RELATION TO NEARBY 1	W SHOWING LOCATION OF WE TOWNS AND ROADS AND GIVE	
Ī	THIS WELL WILL REPLACE A WELL THAT AS A STANDBY-CONTACT LOCAL APPROV FOR POLICY ON STANDBY WELLS	VING AUTHORITY	DISTANCE PROW WELL	TO NEAREST ROAD JUNCTION	
	THIS WELL WILL DEEPEN AN EXISTING WELL TO BE REPLACED O			000	
(II	F AVAILABLE) 41	52	N los	W RAD	
<del>sia.</del> Kana	Not to be filled in by driller (MDE OR C	COUNTY USE ONLY)	MA BANCK	J. 8	
Α	PPROP. PERMIT NUMBER	GAP	EMA SA OH S:	326	2
Fi	ORCE 5 WRITE INITIALS IN BOX PERMIT No. 70 71 7	-94 76 63 401 72 73 74 75 76 77 78 79	RECEIVED TO		
S	PECIAL CONDITIONS	/ / / / / / / / / / / / / / / / / / / /	Service of the servic	201	<b>&amp;</b>

