

9-24-87
AM ABAP

05-399092

Rel ck # 5986

PERMIT

P 40113

A 34899

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 9/24/87

DATE SYSTEM APPROVED 9/24/87

INSPECTOR BH

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION GreeneFields ROAD 6525 Prestwick Drive LOT 8, Sec. 1

PROPERTY OWNER Rzepkowski Construction

ADDRESS 212 Drum Avenue, Pasadena, MD 21122

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom sidewall area. Trench to be 3 feet wide.

Inlet $3\frac{1}{2}$ feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at $3\frac{1}{2}$ feet below original grade.

$1\frac{1}{2}$ feet of stone below distribution pipe. Place the distribution box 170 feet from the back (258.56') lot line and 30 feet from the right (503') lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour toward the left lot line. Maintain 100 feet from well with septic tank.

OK'd Ba

PLANS APPROVED BY Sid Abel DATE 2/14/86

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

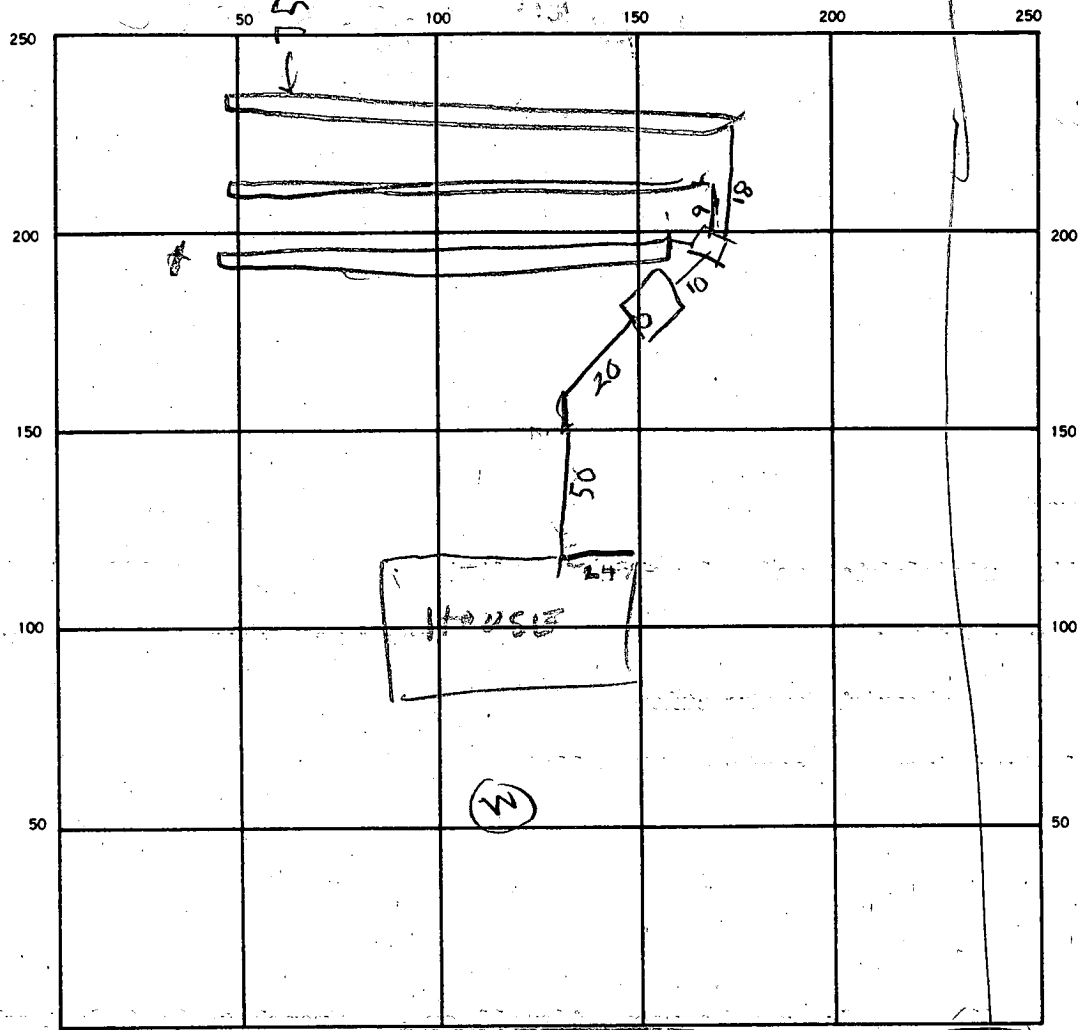
BLDG. PERMIT SIGNED
AND RETURNED 9/28/87
Sid Abel
Personal Office

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 34899



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PRESTWICK DRIVE

SEPTIC TANK LEVEL 1500 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH #1 5.3 #2 4.5 #3 4.5 FT. TRENCH WIDTH 1 3 2 3 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 1 1/2 1 1/2 FT. TOTAL LENGTH 106 98 103 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 300 294 309 SQ. FT. TOTAL 1003 REQUIRED 900

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

ABSORBENT AREA 1003 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED

9/24/87

INSPECTOR

Raymond Hoel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 34899

P _____

DISTRICT 5

DATE 3-29-85

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~~ DEVELOPER Prestwick Drive Joint Venture RZPKOWSKI

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / GREENE FIELDS SEC. 1 LOT NO. NEW LOT 8 ON
FINAL

ROAD AND DESCRIPTION End of Prestwick Drive 6525 Preswick Dr.

SIZE OF LOT 3 acres TYPE BLDG. single family
(NUMBER OF BEDROOMS)

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.

Philip Moughty
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 2-14-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4885, Perc. SATISFACTORY, hold for Certified plat, hole
location, house and well size SATISF B.P. # 10960 4-24-87

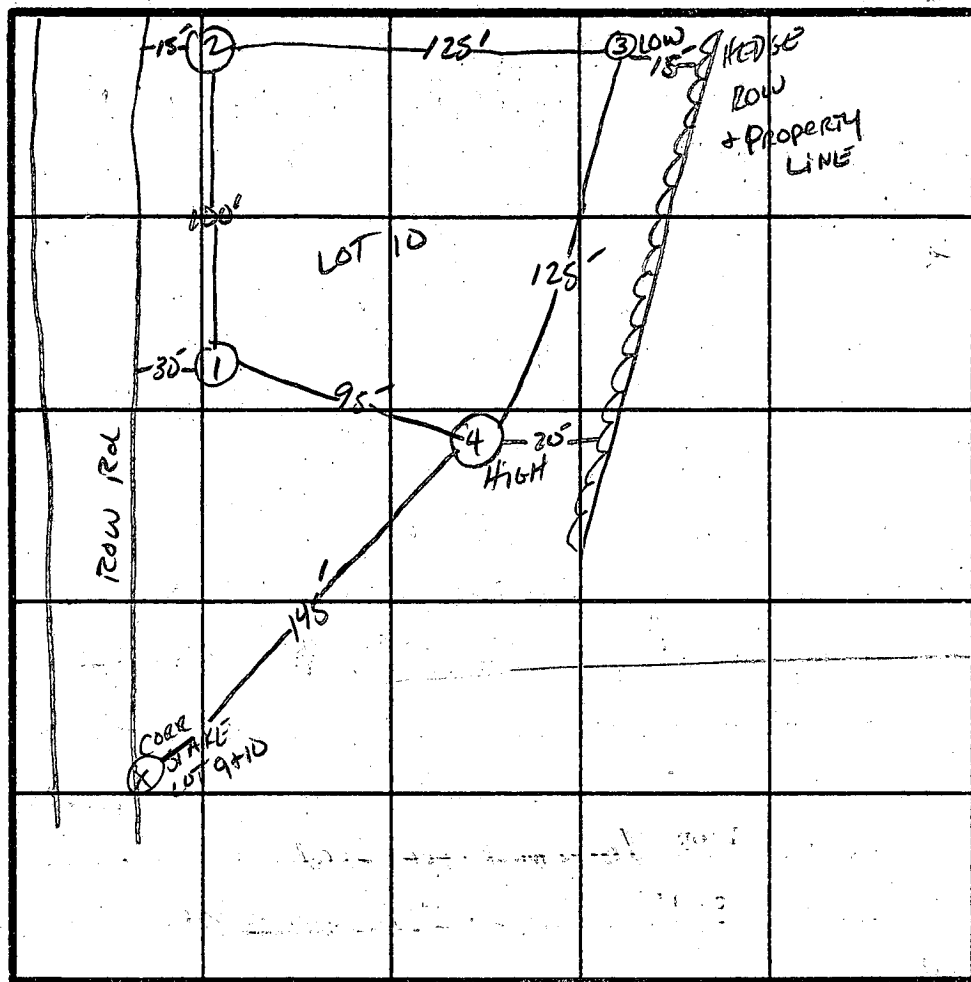
BLDG. PERMIT SIGNED
AND RETURNED 4-10-87

THIS IS NOT A PERMIT

③ ④
① ②

SOIL PROFILE

0"	AP
9"	BROWN CLAY LOAM <10% SAPROLITE
3"	SAND SILTY BROWN 10-20% SAPROLITE
12"	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X PERC TIME
4 min
INLET 3.5'
BOTTOM MAX
5'

158 #/BF

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8/85	15	4.5'	12:11	12:13	12:13	12:16	3 min
	1V	12' UNIFORM SOIL STRUCTURE Below 4'					
	25	4.5'	12:12	12:13	12:13	12:16	3 min
	2V	12' UNIFORM SOIL STRUCTURE Below 4'					
	35	5'	12:18	12:21	12:21	12:29	8 min
	3V	12' UNIFORM SOIL STRUCTURE Below 4'					
	45		12:21	12:22	12:22	12:24	2 min
	4V	UNIFORM SOIL STRUCTURE Below 3.5'					

REMARKS:

Shallow Sp. only

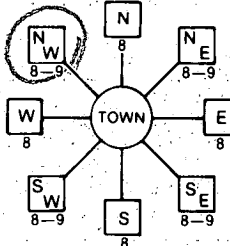

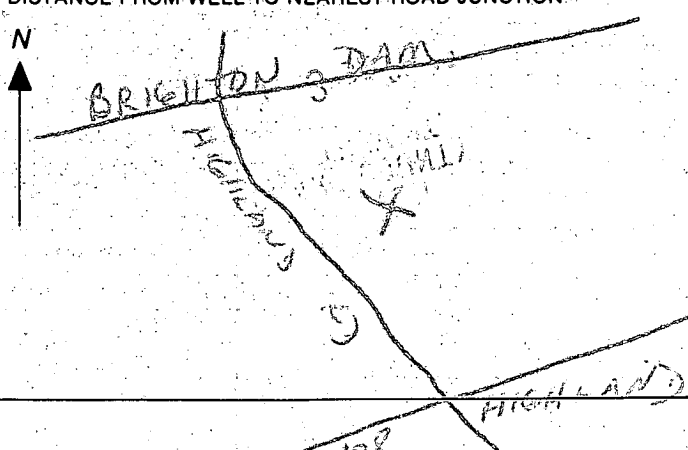
TYPE OF SOIL

TESTED BY

SPH

C. Cissil, Richard, Dimit, Phil Manglist

ALSO PRESENT

B 1	4404	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER 40-81-1564
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			please print or type	
Date Received <u>10:30 PM - 10/17/82</u> 8 13 OWNER INFORMATION 15 Last Name <u>RZAKOWSKI</u> Owner First Name <u>CONST</u> 34 36 Street or RFD <u>212 TROUM AVE</u> 55 57 Town <u>PASADENA</u> 70 State/72 <u>MD</u> Zip <u>21122</u> 76			B 3 LOCATION OF WELL 1 2 <u>HOWARD</u> 21 8 COUNTY 23 SUBDIVISION <u>GREENFIELD</u> 42 SECTION <u>44</u> 46 LOT <u>2</u> 50 52 NEAREST TOWN <u>HIGHLAND</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> 73 <u>MI</u> 76 77 78	
DRILLER INFORMATION Driller's Name <u>George P. Easterday</u> 77 License No. 80 <u>40</u> Firm Name <u>L. Franklin Easterday, Inc.</u> Address <u>9265 Brown Ch. Rd., Mt. Airy, Md. 21771</u> Signature <u>George P. Easterday</u> Date <u>6/12/86</u>			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 30 NEAR WHAT ROAD <u>PASADENA RD</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 37 DISTANCE FROM ROAD <u>210</u> ENTER FT or MI <u>FT</u> 38 39	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>A 34899</u> COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41 DATE ISSUED <u>061686</u> <u>R. Alden</u> 12/16/86 NORTH GRID <u>495000</u> 50 55 EAST GRID <u>0812000</u> 57 63	
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. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>812</u> N <u>495</u> 000 10/17/82	
APPROXIMATE DEPTH OF WELL <u>200</u> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH.			Location looks OK - no plate High weeds!! 46 casing 1' above gr. 40' open 10' bags cement 000 10/17/82	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT 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 DEEPEINED 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 <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 G A P _____ 63 FORCE <u>Pa</u> WRITE INITIALS IN BOX PERMIT No. <u>40-81-1564</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				

C 1 00588 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) DATE Received 	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A-34899																																																						
DATE WELL COMPLETED 10/17/86		Depth of Well 200 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1561																																																						
OWNER BUILDERS PZEPKOWSKI STREET OR RFD PRESTWICK DR. TOWN HIGHLAND SUBDIVISION GREENE FIELDS SECTION LOT 8																																																									
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 Y N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 1000 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <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>TOP Soil</td><td>0</td><td>2</td><td></td></tr> <tr><td>Clay</td><td>2</td><td>4</td><td></td></tr> <tr><td>Shaley</td><td>4</td><td>10</td><td></td></tr> <tr><td>Sand Stone</td><td>10</td><td>40</td><td></td></tr> <tr><td>Mica</td><td>40</td><td>50</td><td></td></tr> <tr><td>Sand Stone</td><td>50</td><td>58</td><td>✓</td></tr> <tr><td>Mica</td><td>58</td><td>170</td><td></td></tr> <tr><td>Mica + Quartz</td><td>170</td><td>171</td><td>✓</td></tr> <tr><td>Mixed</td><td>171</td><td>200</td><td></td></tr> <tr><td>Mica</td><td></td><td></td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	TOP Soil	0	2		Clay	2	4		Shaley	4	10		Sand Stone	10	40		Mica	40	50		Sand Stone	50	58	✓	Mica	58	170		Mica + Quartz	170	171	✓	Mixed	171	200		Mica				CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">ST</td> <td style="border: 1px solid black; padding: 2px;">CO</td> </tr> <tr> <td>STEEL</td> <td>CONCRETE</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">PL</td> <td style="border: 1px solid black; padding: 2px;">OT</td> </tr> <tr> <td>PLASTIC</td> <td>OTHER</td> </tr> </table> MAIN CASING TYPE ST Nominal diameter 6 Total depth of main casing (nearest foot) 46		ST	CO	STEEL	CONCRETE	PL	OT	PLASTIC	OTHER
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OTHER CASING (if used) diameter inch depth (feet) from to 		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 70 WHEN PUMPING 42 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible																																																							
SCREEN RECORD screen type or open hole insert appropriate code below <table style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">ST</td> <td style="border: 1px solid black; padding: 2px;">BR</td> <td style="border: 1px solid black; padding: 2px;">HO</td> </tr> <tr> <td>STEEL</td> <td>BRASS</td> <td>OPEN</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">PL</td> <td style="border: 1px solid black; padding: 2px;">OT</td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td>PLASTIC</td> <td>OTHER</td> <td></td> </tr> </table>		ST	BR	HO	STEEL	BRASS	OPEN	PL	OT		PLASTIC	OTHER		PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)																																											
ST	BR	HO																																																							
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CIRCLE APPROPRIATE LETTER WHEN THIS WELL WAS COMPLETED A WELL WAS ABANDONED AND SEALED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 																																																							
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.		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) <div style="text-align: center;"> </div>																																																							
DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE George J. P... 6 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Charles R. ...		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA 																																																							

Review

OK'd 11/6/86 (Poh)

Well Permit No. HO - 81-1561
Location of property (road) PRESTWICK
Subdivision GREENE FIELDS Lot 8 Block Plat Sec.
Well Driller GEORGE EASTERDAY Owner BUILDERS, PRZEPKOWSKI

Depth of well 200 60 GPM

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 40'

Pump set at 190'

High rate pumping -- reservoir drawdown

Time pump started 10:30

Pumping rate 12.65m

Total time 10:50 - 10:10 to reach pumping water level 42' 128-10 ft. below M.P.

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

[illegible]

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer EASTERDA7

Telephone 831.5170

License Number 9265 BROWN CHURCH RD

Certified Well Pump Installer _____

Well Driller MTAIREY

Registered Plumber 217 71

Name of Property Owner _____

Telephone _____

Subdivision GREENFIELD Lot # 8

Well Tag # 140-81-1561

Site Address 6525 PARSWICK DR.

Pump

1. Type

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

2. Make _____

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No _____

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

1. Horsepower _____

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 _____

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth _____

Tank

1. Capacity _____

2. Pressure relief valve? DK

Piping

1. Type _____

2. Size _____

3. NSF and/or BOCA Code approved _____

4. Depth of supply line _____

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? _____

9-16-87 PIPES AT 48" WELL LINE (COPED) - INSIDE WORK - NOT COMPLETE

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).

924/87 PRESSURE TANK OK R+)
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

PLAN
SCALE: 1" = 50'

SEPTIC INFORMATION

INV. ● HOUSE = 447.8 448.5
INV. ● TANK (IN) = 445.8 446.5
INV. ● TANK (OUT) = 446.2 447.5
INV. ● DIST. BOX (IN) = NA
INV. ● DIST. BOX (OUT) = NA
INV. ● TRENCH = 444.2 445.5
TRENCH = 2'0" WIDE, INLET 5'0" BELOW GRADE

SEPTIC TANK = 1250 GALLON (4 BEDROOMS)

4/24/87
RDR
Woodruff
Cheney
Specs
SAB

I CERTIFY THAT THE PERC TEST
HOLES WERE FIELD LOCATED

Jefferson D. Lawrence
JEFFERSON D. LAWRENCE
MD REG. P.L.S. #5216



APPROVED FOR PRIVATE WATER AND
PROVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

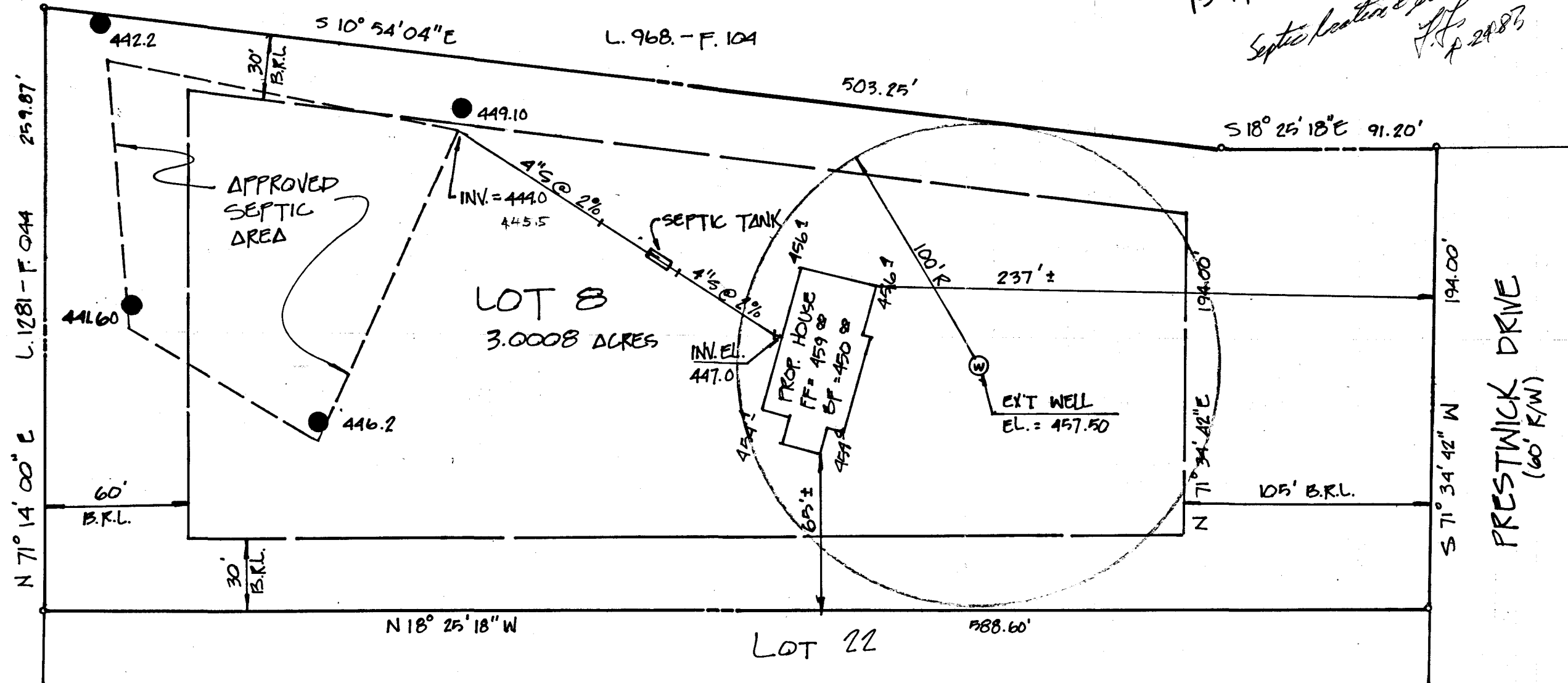
DATE

HOWARD COUNTY HEALTH OFFICER

3.5 - 5.0
150#/BR

Septic location & plan
J.D.L. 4/24/87

BP. 10960



LOT II.

LOT INFORMATION

GREENE FIELDS
PLOT 6674
TAX MAP - 34

RZEPKOWSKI
212 DRUM AVE. N.
PASADENA, MD. 21122



DEVELOPMENT
CONSULTANTS
GROUP, INC.

17904 GEORGIA AVENUE * 102
OLNEY, MARYLAND 20832
301-924-4570

SITE DEVELOPMENT PLAN
LOT 8

GREENE FIELDS

5th ELECTION DISTRICT

HOWARD COUNTY, MD.

DATE
3-13-87
DRAWN
SUE
CHECKED
BILL
SCALE
1" = 50'

Sheet
1
of 1
PROJECT NO.
15A-05