

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510172

A 57061A

DISTRICT 3rd

DATE 5/28/98

DATE SYSTEM APPROVED 6.3.98

INSPECTOR [Signature]

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

03-322564

WTC III Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 1820 Gillis Falls Rd, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Triadelphia Farms II LOT 1 ROAD 13206 Triadelphia Road

PROPERTY OWNER /Joyce Shevland

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

821-03 BOD14326-IG POOL

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - From the right rear lot corner, place the distribution box 190 feet down the 510.46' lot line and 35 feet off that same lot line as seen from the driveway. Run trenches along contour towards the left lot lines.

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

ok [Signature] 12/10/97

PLANS APPROVED BY Mark E. Rifkin DATE 12/09/97

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

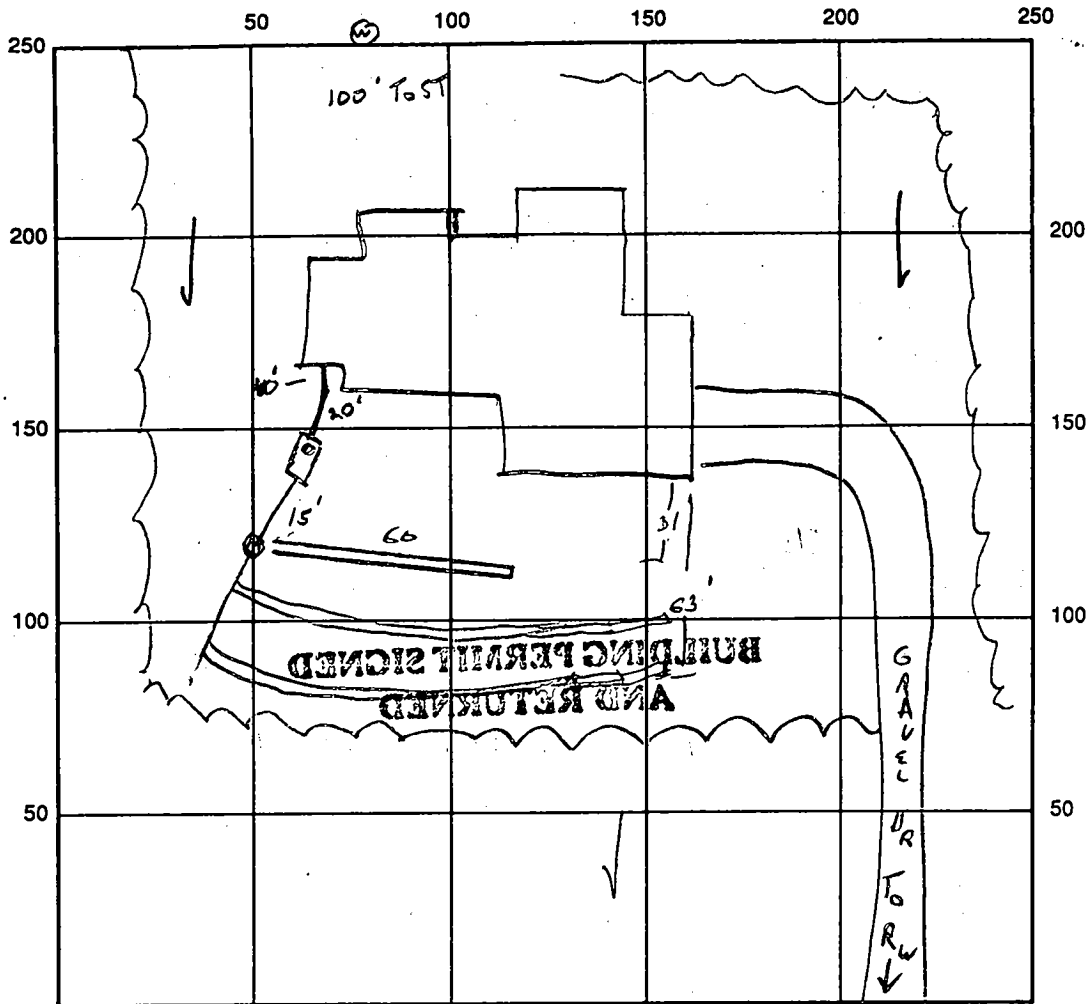
PERMIT VOID AFTER TWO YEARS

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**

A 57061A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 GAL CLEANOUTS 1 on ST

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60 $\frac{1}{2}$ $\frac{213}{90}$ FT.

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

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/3/98 COVER ALL WORK BY

DATE SYSTEM APPROVED 6/13/98 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 57061

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

PREVIEW OK
SUBDIVISION
OF AN EXISTING LOT

DISTRICT _____

DATE 8/5/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

(NO TEST DATE
LOTTER SORT)

(CW)

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

PROPERTY OWNER JAMES H. SELFRIDGE Tom Kostro / Joyce Shevlard
c/o JAMES H. SELFRIDGE BUILDERS

ADDRESS 19095 GARZD DR GENWOOD MD 21738 PHONE 410 992-8282

AGENT OR PROSPECTIVE BUYER MILDENBERG BOENDER & ASSOC.

ADDRESS 5072 ~~W~~ HAWK HAVEN #22 ELLICOTT CITY MD 21092 PHONE (410) 997-0296

PROPERTY LOCATION:

SUBDIVISION TRIADERTHA TOWNS LOT 2 LOT NO. LOT 1

ROAD AND DESCRIPTION LONG PRIVATE DRIVE ON TRIADERTHA ROAD APPROX 9300' NE OF THE INTERSECTION OF TRIADERTHA RD & TOLLEY QUARTER RD (NW SIDE OF TRIADERTHA)

TAX MAP 22 PARCEL # 291

SIZE OF LOT 1.91 AC± TYPE BLDG. SFD - 4 Bedroom
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 12-4-97
Serial # 200108907

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 _____

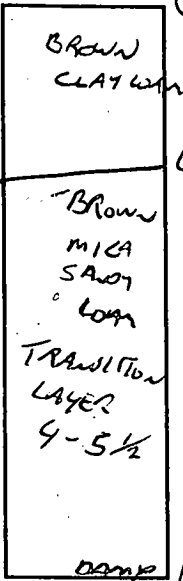
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

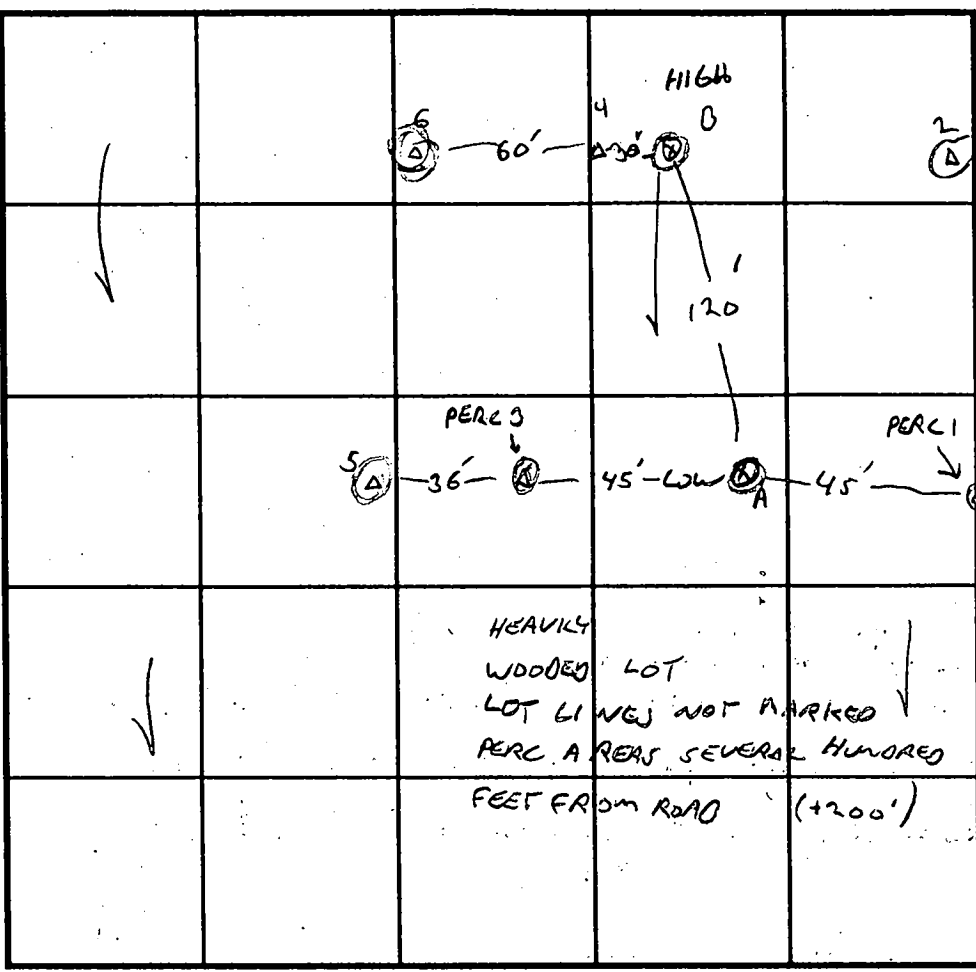
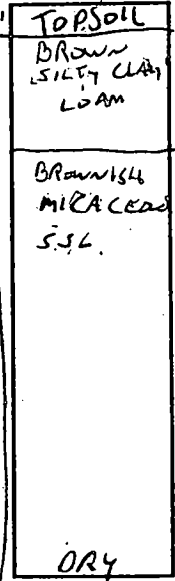
8/6/96
10:00

A-57061A
COUNTY #

SOIL PROFILE



SOIL PROFILE



GRAVEL DRIVE

Δ = PREVIOUS PERCS STAKED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ACCESS DRIVE

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|------------------------------|------------|---------|-----------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 8/19/96 | A <small>OK TO 8'</small> | 5.5 / 12.5 | 11:20 | 11:22 | 11:22 | 11:24 | 2 MW |
| | + | 3.5 / | 11:24 | 11:27 | 11:27 | 11:31 | 4 MW |
| | B <small>OK TO 8'</small> | / 12.5 | VISUAL | -OK TO 8' | | | |
| | C <small>OK TO 8'</small> | 8 / 12 | 11:54 | 11:56 | 11:56 | 11:58 | 2 MW |
| | J | → LOT 2 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS LOT 1, DISTANCES APPROXIMATE - HEAVY COVER DUG PER PLAT
 TYPE OF SOIL _____
 TESTED BY G. SAVAGE ALSO PRESENT CHIP SELLERIDGE K+K EXCAVATING
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MW TRENCH WIDTH 2
 INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

C1 09401

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-57601A

ST/CO USE ONLY DATE Received, MM DD YY

DATE WELL COMPLETED MM DD YY 11 13 92

Depth of Well 22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK MR WZ1/87 HO-94-1321

OWNER WEYMOUTH PAT STREET OR RFD TRIADOLPHIA TOWN GLEVELG SUBDIVISION TRIADOLPHIA FARMS SECTION 2 LOT 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED. THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 84 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD

types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

diameter, depth (feet) inch from to

SCREEN RECORD

screen type or open hole [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Values: 170, 50, 305.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 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

C3

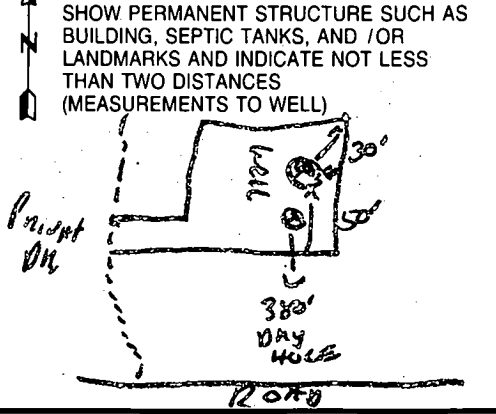
PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 5. PUMPING RATE (gal. per min.) 5. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 90 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (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 [] below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 1

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 M S D 116 [Signature]

LIC. NO. 1 M S D 112 [Signature]

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

EMERGENCY/TEMP NO. IF ANY

B 1 **8758** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

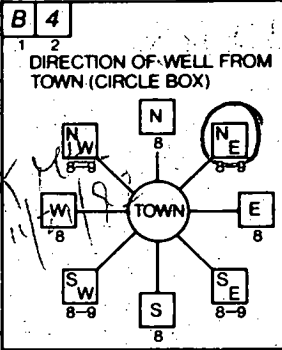
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-1321
 70 fill in this form completely 79

Date Received (APA) **10/28/97**
OWNER INFORMATION
 WEYMOUTH PAT
 JOSEPH HICKORY RIDGE
 COLUMBIA MD 21044

B 3 LOCATION OF WELL
 HOWARD
 TRIDELPHIA FARMS 2
 SECTION **H** LOT **221**
 GLEMELG
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 RALPH MAYNE
 RALPH MAYNE Well Drilling
 9120 Brown Church Rd Mt. Airy MD
 Signature Date **Oct 27 1997**



Tri Delphia RD.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
2000
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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
 HOWARD A-57601A
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED **11/07/97** INSERT S
 CO SIGNATURE **Ralph Mayne** 11/7/98 EXP. DATE
 NORTH GRID **524000** EAST GRID **808000**

APPROXIMATE DEPTH OF WELL **150** FEET

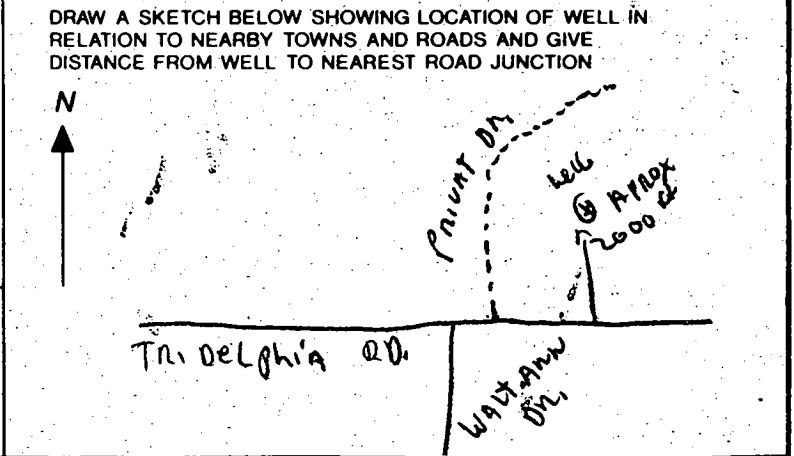
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

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 **808**
 N **54024**

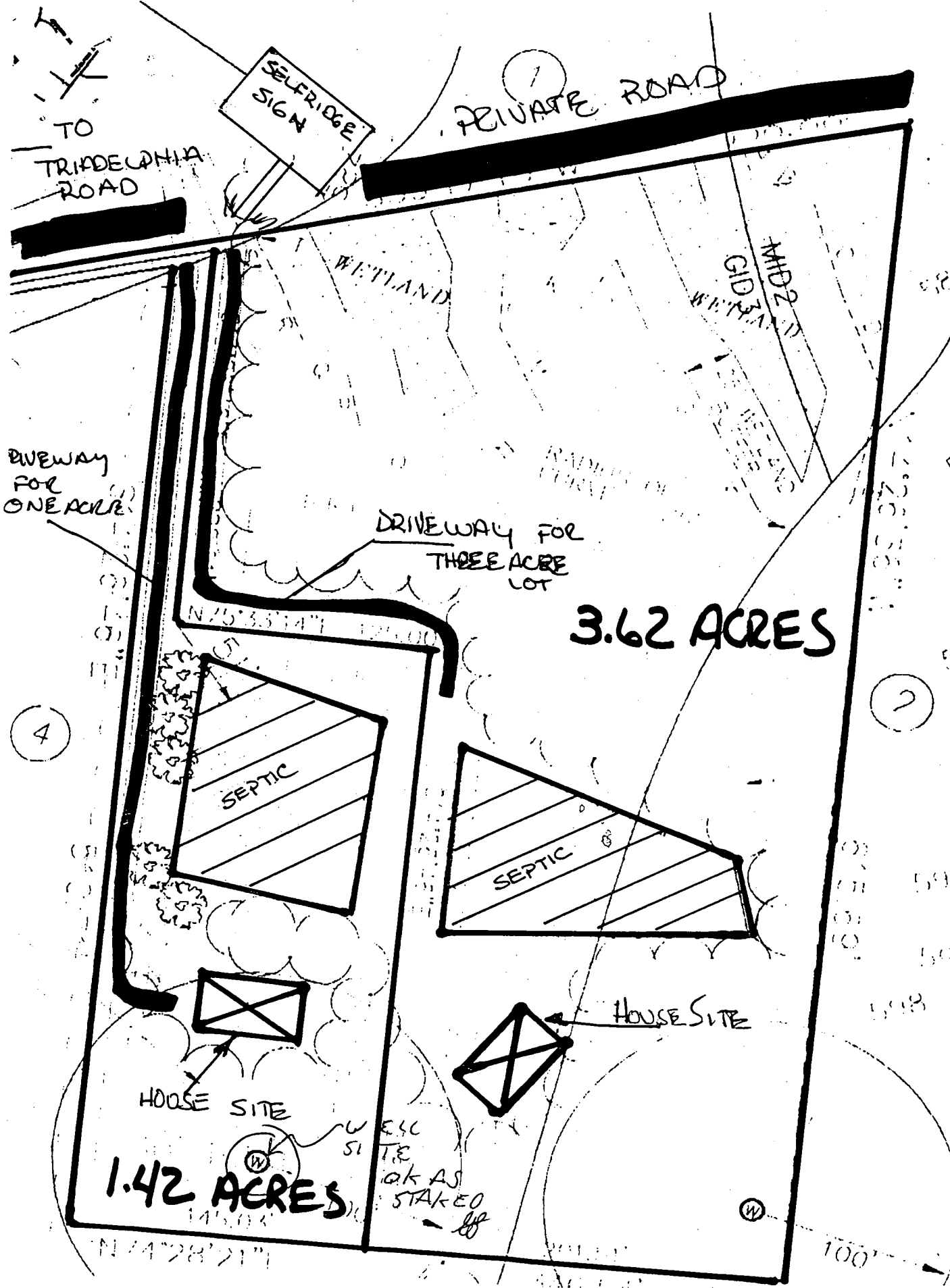
11/13/97
 No insp (10m)
 Grout

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HD-94-1321**

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



TRIDELPHIA FARM II TWO NEW LOTS! 3.4 ACRES OFFERED AT \$129,900 HAS WELL. 1 ACRE LOT OFFERED AT \$119,000. BOTH ARE 100% WOODED IN A PRIVATE COMMUNITY. WON'T LAST LONG!

5/29/98 pm

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~XXXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement _____

Receipt # _____
Date _____

Name of Installer WTC III PHH

Telephone 410 489-4457

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Tom Kostro Telephone 410 379 8014

Subdivision William Property Lot # 1 Well Tag # HO-94-1321

Site Address 13206 TRIADOLPHIA A.D.
TRIADOLPHIA Farms SECTION I

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet
 - Submersible _____
 - Make _____
 - Model # _____
 - Capacity 5 GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

- Motor**
- Horsepower 1/2
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth _____

- Tank**
- Capacity _____
 - Pressure relief valve? _____
- 5/29/98 WP I OK 4 1/2 B.G.
MR 2 PC CAP OK

- Piping**
- Type _____
 - Size _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data**
- Depth 305 ft.
 - Yield 5 GPM
 - Static water level 40 ft.
 - Will water supply be disinfected by installer? _____

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: 5/28/98

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

11/97

NORTH

1:30

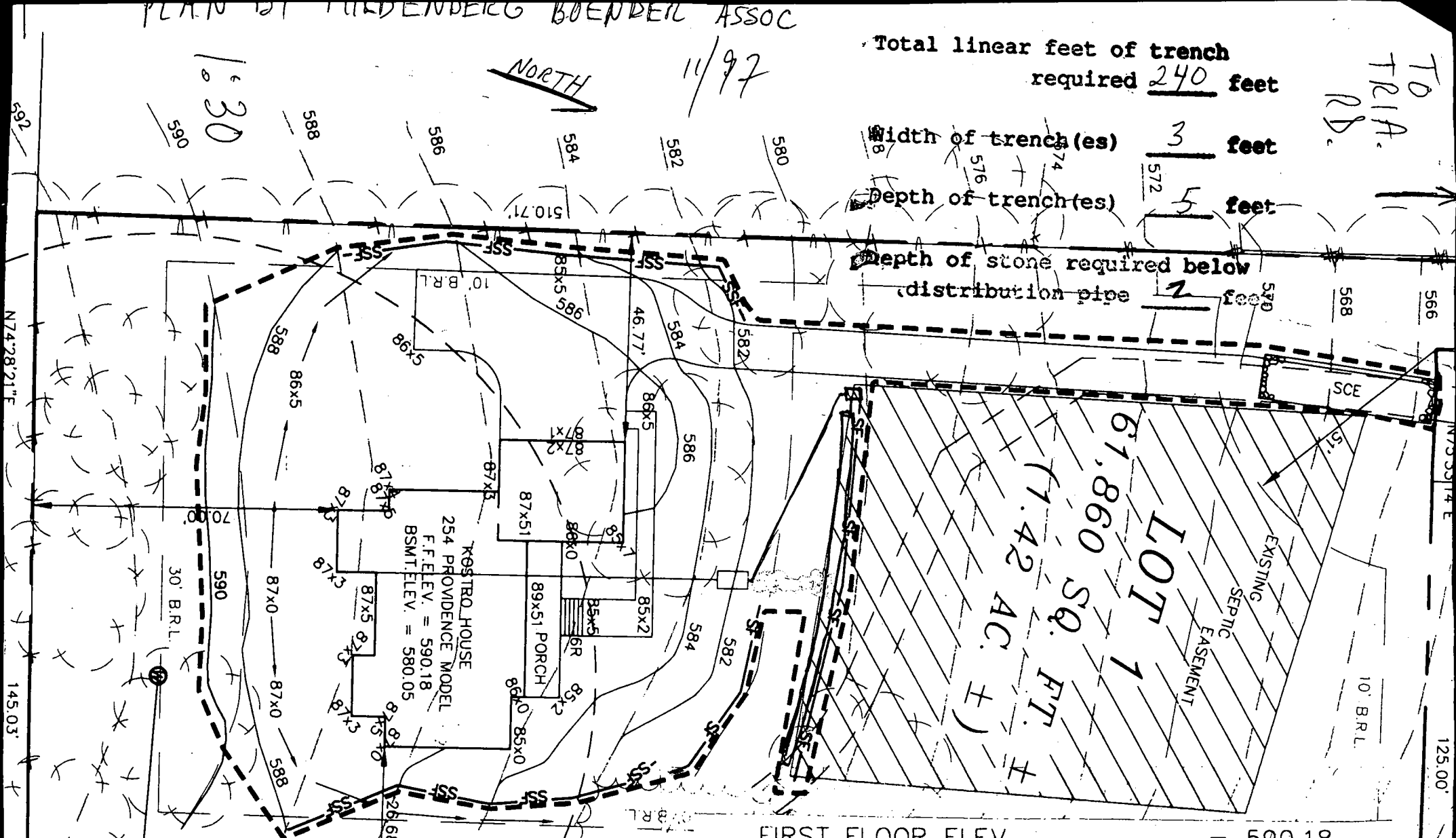
Total linear feet of trench required 240 feet

Width of trench (es) 3 feet

Depth of trench (es) 5 feet

Depth of stone required below distribution pipe 2 feet

TD
TRIA.
RD.



| | | |
|----------------------------|---|--------|
| FIRST FLOOR ELEV. | = | 590.18 |
| INV. OUT OF HOUSE | = | 577.55 |
| INV IN SEPTIC TANK | = | 576.70 |
| INV. OUT SEPTIC TANK | = | 576.40 |
| INV. IN DIST. BOX | = | 575.40 |
| EXIST. ELEV. @ SEPTIC TANK | = | 581.00 |
| PROP. ELEV. @ SEPTIC TANK | = | 582.00 |
| EXIST. ELEV. @ DIST. BOX | = | 578.40 |

Approved Septic System Plan
Howard County Health Department

000108907

Mark E. Tiffin

Signature

12/4/97

Date

318.80

100'

588

590

125.00'

N74°28'21"E

N74°28'21"E

N74°28'21"E

N74°28'21"E

N74°28'21"E

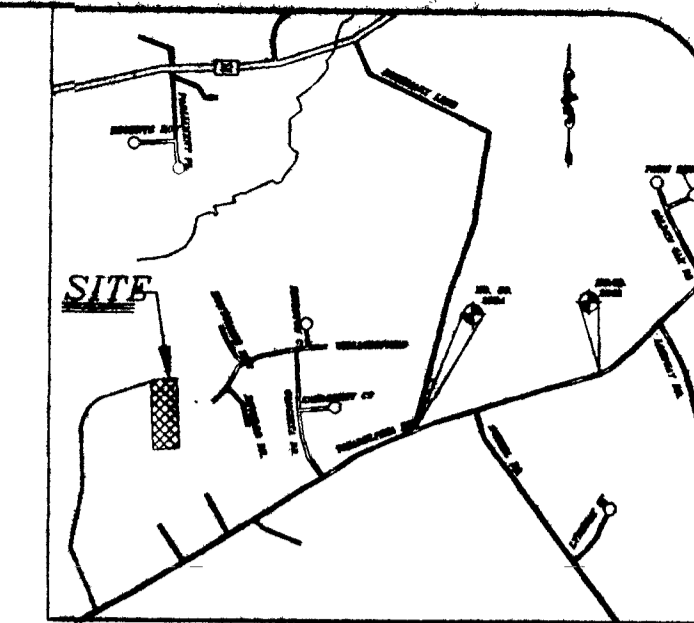


SCALE: 1" = 50'

EXISTING WELL

EX. DRIVEWAY

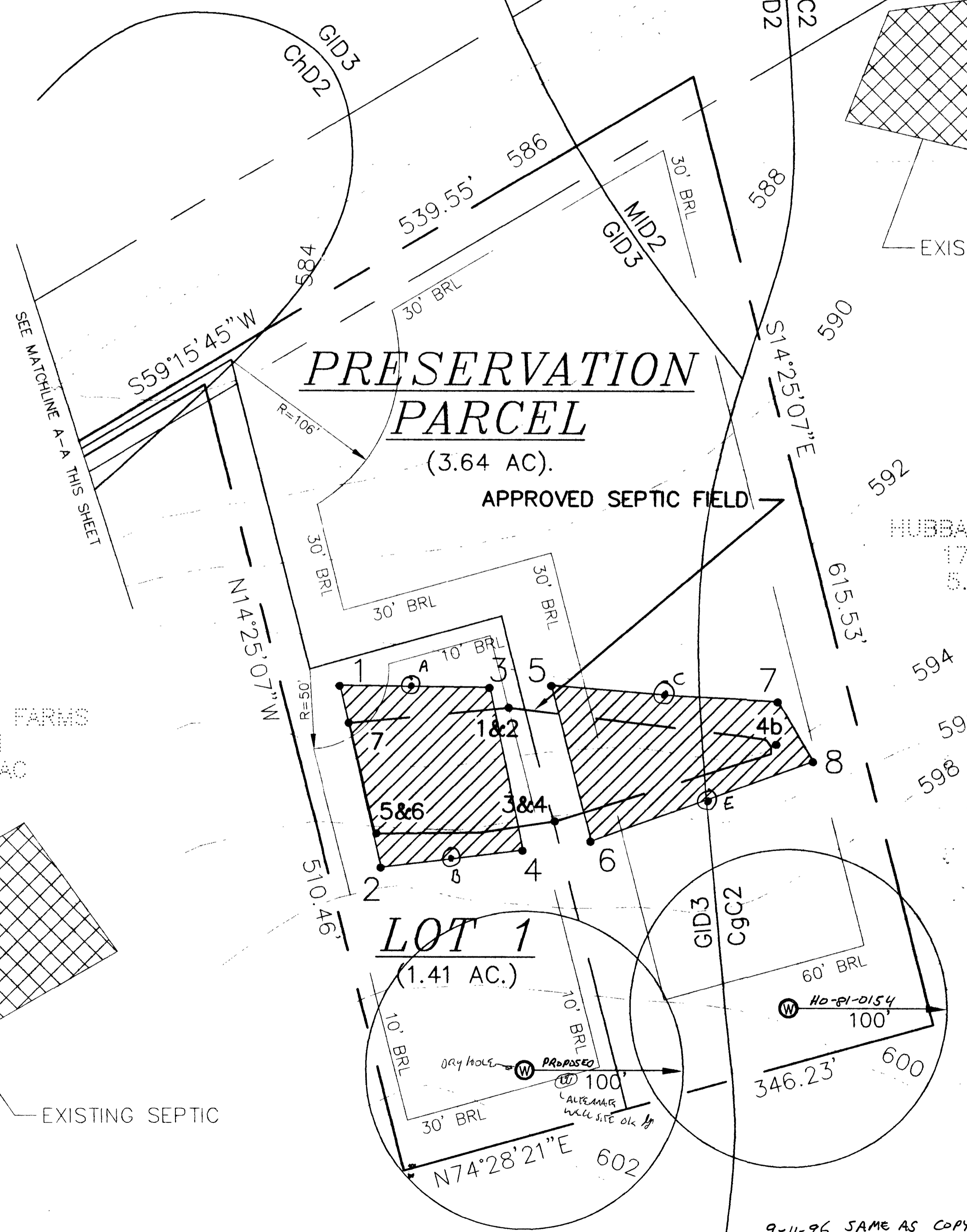
110' INGRESS/EGRESS R.O.W.



VICINITY MAP
1" = 2000'

SOIL LEGEND

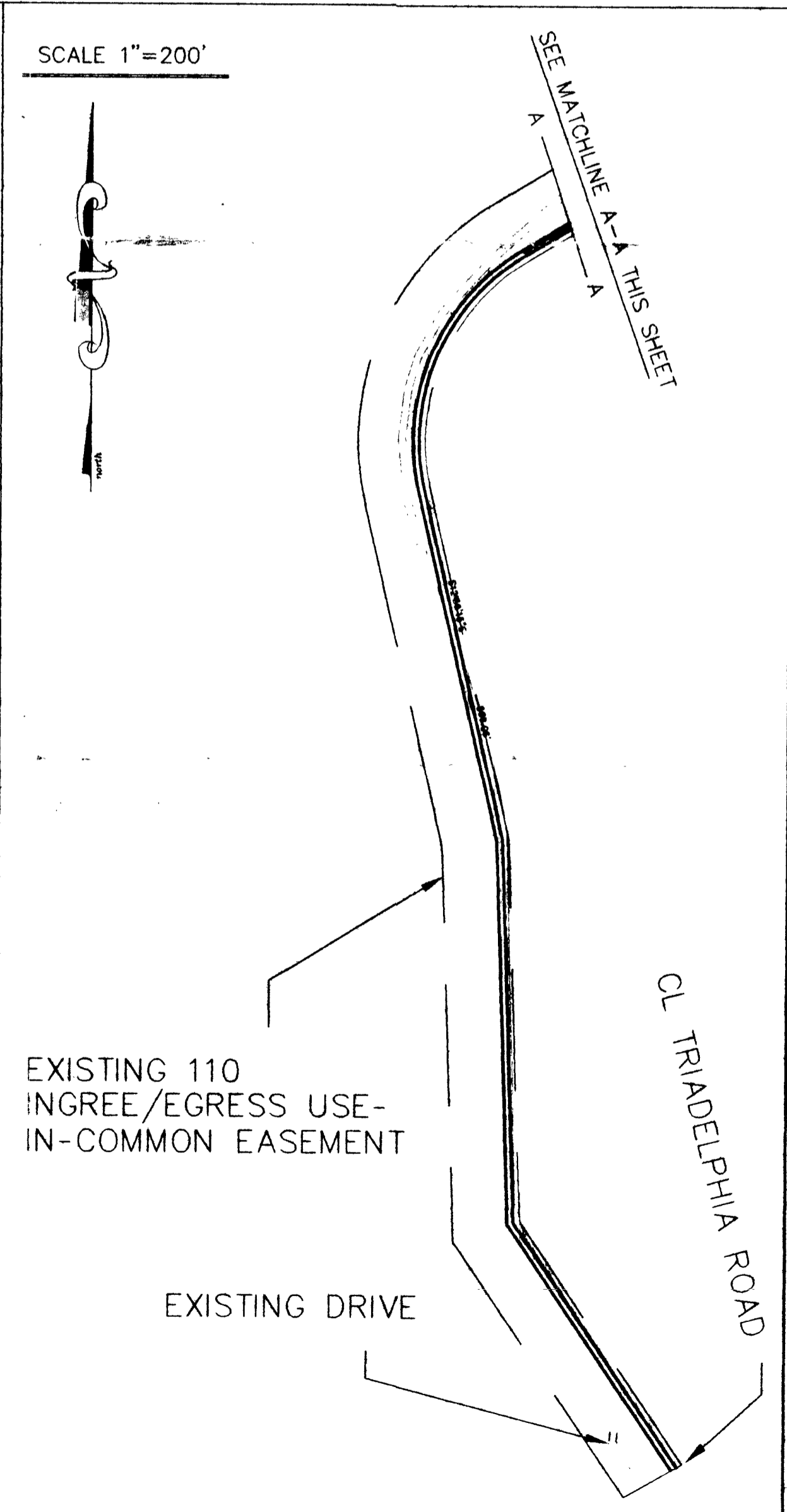
| HYDROLOGIC GROUP | NAME | DESCRIPTION |
|------------------|------|--|
| B | CgC2 | CHESTER GRAVELLY SILT LOAM, 8 TO 15% SLOPES, MODERATELY ERODED, MODERATE PROBLEMS FOR SEPTIC FIELDS. |
| B | GID3 | GLENELG LOAM, 15 TO 25 PERCENT SLOPES, SEVERLY ERODED |
| B | MID2 | MANOR LOAM, 15 TO 25% SLOPES, MODERATELY ERODED, SEVERE PROBLEMS FOR SEPTIC FIELDS. |
| B | ChD2 | CHESTER SILT LOAM, 15 TO 25% SLOPES, MODERATELY ERODED, SEVERE PROBLEMS FOR SEPTIC FIELDS. |



HUBBARD, GEORGE
1788/201
5.260 AC

GENERAL NOTES

- TAX MAP: 22, PARCEL: 241 BLOCK: 9.
 - ZONING: RR-DEO.
 - TOTAL AREA OF PROPERTY: 5.056 ACRES.
 - THE SOILS SHOWN HEREON ARE BASED ON THE HOWARD COUNTY SOIL SURVEY MAPS.
 - THIS TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY 200' SCALE TOPOGRAPHY.
 - ADJACENT WELL & SEPTIC AREA LOCATIONS ARE BASED ON AVAILABLE DATA FROM HOWARD COUNTY HEALTH DEPT.
 - TO THE BEST OF OUR KNOWLEDGE, ALL WELLS AND SEPTIC AREAS WITHIN 100' OF THE PROPERTY LINE HAVE BEEN SHOWN.
 - THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
 - THIS AREA DESIGNATES EXISTING PRIVATE SEWERAGE EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARY.
 - PROPERTY LOCATION: ENTRANCE TO THE SITE IS LOCATED APPROXIMATELY 4200 FEET NORTHEAST OF THE INTERSECTION OF FOLLY QUARTER AND TRIADELPHIA ROADS.
 - DESIGNATES A PROPOSED PERC LOCATION.
 - DESIGNATES AN EXISTING APPROVED PERC LOCATION.
 - DESIGNATES A PROPOSED WELL LOCATION.
 - DESIGNATES AN EXISTING APPROVED PERC LOCATION.
- 1-7: TESTED ON 3-23-75
4B: TESTED ON 6-10-95



TRIADELPHIA FARMS
LOT 1
5.215 AC

9-11-96 SAME AS COPY SENT FOR SIGNATURE
EXISTING WELL # AND PERC'S ADD TO THIS COPY

BERTHA MAY BURGESS PROPERTY (LOTS 1 & 2)
TAX MAP 22, BLOCK 9, PARCEL 241
11/12/91
TEL. W. RALPH MAYNE
ALTERNATE WITH SITE PLAN

| | |
|--------------|----------|
| date | JUL 1996 |
| project | 96071 |
| illustration | sjd |
| scale | AS SHOWN |
| approval | JH |

| | |
|-------------|----------|
| no. | |
| description | |
| revisions | |
| date | AUG 1996 |

TAX MAP 22 PARCEL 241
TRIADELPHIA FARMS, LOT 2
HOWARD COUNTY, MARYLAND
3rd ELECTION DISTRICT
PERCOLATION PLAN

MILDENBERG, BOENDER & ASSOC., INC.
Engineers Planners Surveyors
5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0236 Bldg. (301) 621-5521 Wash. (410) 997-0238 Fax

