

Approved 12-10-86
S. Stager

12/10/86
anytime

Builder will
reimburse plumber
for Permit.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 37928
A 28787

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~
461-9933

ELLICOTT CITY
DISTRICT 4th
DATE 10/24/86

INDEXED

Custom Plumbing, Inc. Dave Hopkins IS PERMITTED TO INSTALL X ALTER
ADDRESS 307 S. Church Street, Middletown, MD 21769 PHONE _____
SUBDIVISION Jon-D Property ROAD 754 W. Watersville Rd LOT 1
PROPERTY OWNER Robert T. Parks

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

155
3
3/5856195

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 195 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION - Place the distribution box 100 feet from the left (704.48') lot line and 190 feet from the front (463.20') lot line as seen when facing the lot from Right-of-way. Run trenches on contour toward back of lot.
NOTE - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK.

PLANS APPROVED BY S. Abel DATE 5/26/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

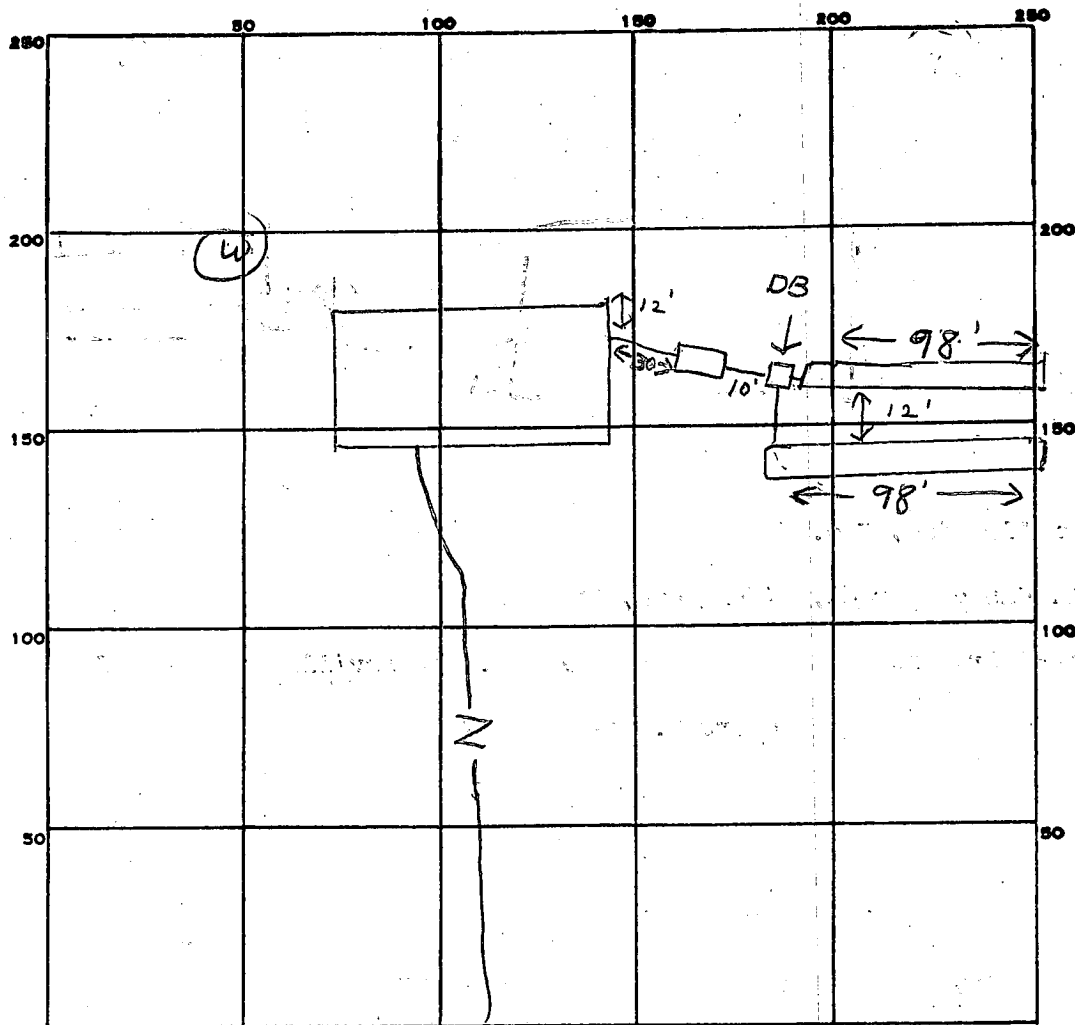
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 28787



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

W. Waterville Rd

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1000 gal

CLEANOUTS ✓ ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1 1/2 IN. TOTAL LENGTH 196 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 588

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12-10-86 OK to cover all work JS

DATE SYSTEM APPROVED 12-10-86 INSPECTOR Stayed

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, MARYLAND 21043
TELEPHONE: 992-2330

Septic Tank { *1-3 Bedrooms - 1000 gallons*
4 Bedrooms - 1250 gallons

Di Trenches

DISTRICT

DATE

A 28787

P _____

9/1/78

For specs see attached front sheet

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

~~JAMES W. DICKEY~~ *Robert E. Parks*

ADDRESS

Forsythe Road

PHONE

489-7148

PROPERTY LOCATION:

SUBDIVISION

TON-O-W. WATERSVILLE

LOT NO.

1

ROAD AND DESCRIPTION

754 W. WATERSVILLE Rd.

SIZE OF LOT

5.126

TYPE BLDG.

3

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.

SIGNATURE OF APPLICANT

("C. CLARK per original")

APPROVED BY

C. B. Stueker

FOR

Shallow Trenches only

DATE

11/29/79

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

for certified holes, not man + carbon

on 7/18/79 via secretaries

C.B.S.

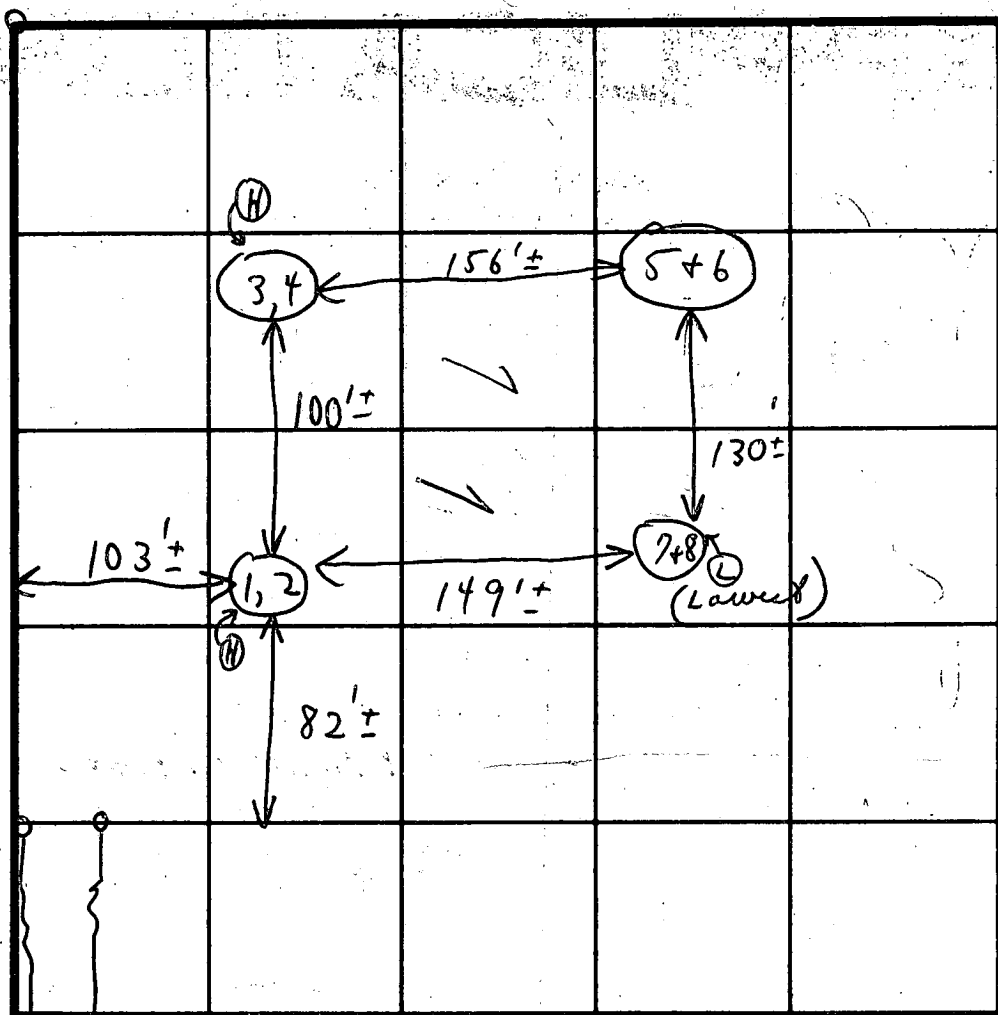
B.P. # 72013

THIS IS NOT A PERMIT

#1

Reaccomplished
Field sheet

SOIL PROFILE

Below
clay
loam
+
weathered
shale
to
hard
pan

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← W. Watersville Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/17/79	1	2 1/2'	9:48	9:51	10:03	:	12 min
	(H) 2	10 1/2'	9:52	9:56	9:56	10:10	14 min
	3	3'-4'	{ Visual similar }				
	(H) 4	-11'	{ To others }				
	5 A	2'	10:27	10:47	3/4" at most		
	6	11'	10:26	10:32	10:32	10:39	7 min
	7	2 1/2'	10:20	10:28	10:28	10:48	20 min
	(L) 8	10'	10:14	10:15	10:15	10:16	1 min
	5 B	3'	10:50	10:52	10:52	11:06	14 min

REMARKS

TYPE OF SOIL

TESTED BY

Tests in heavy woods
Reaccomplished top yellow card

C. B. S.

ALSO PRESENT

5' mark shallow
trenches
C. B. S. & D. W. M.
Mrs. K. Allen
Mrs. Carol Clark
Mr. Mellen3/31/86
Shallow
system
onlyDug to
10'-10"

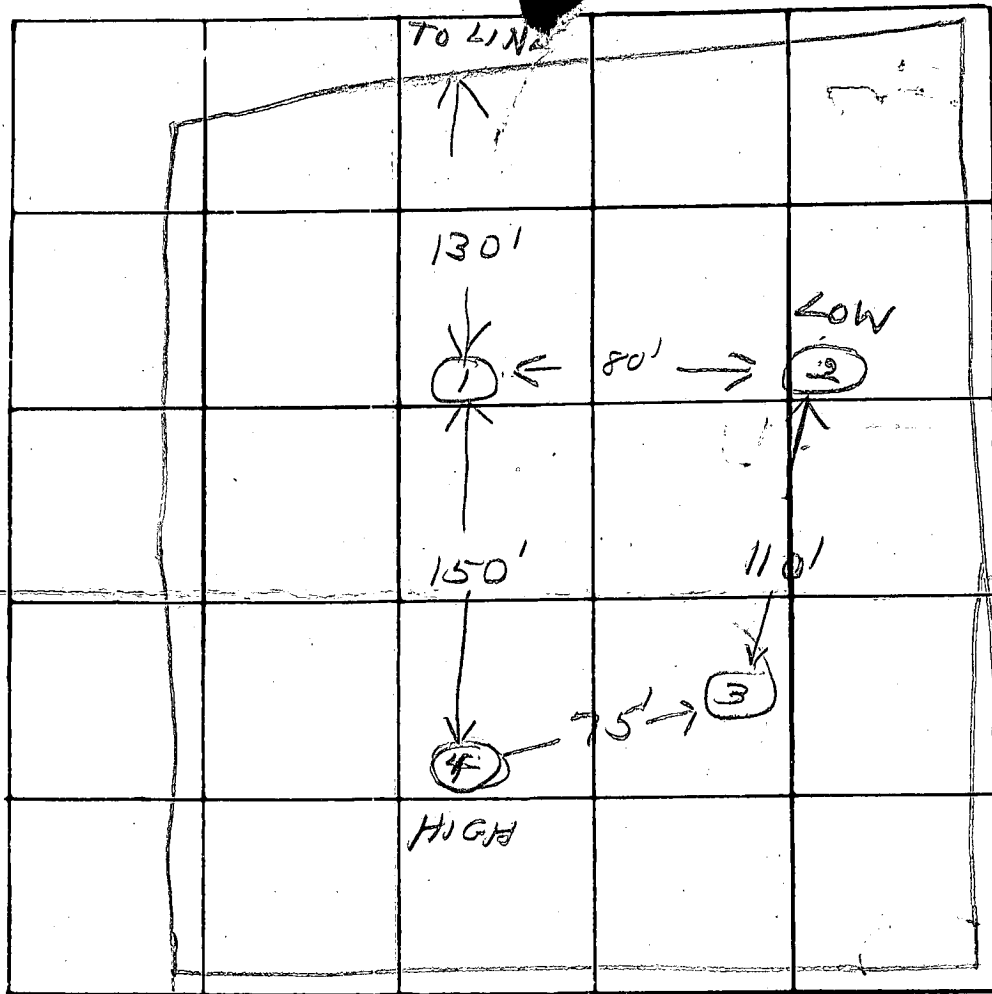
6' 68" depth

PROFILE

0-3 FT
CLAY - LITTLE
SHALE

3-12 FT

SHALE - LITTLE
CLAY BAND



LOT 1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

UNNAMED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/19/88	1 S	13	1:30	1:32	1:32	1:34	2
	1 D	12	1:29	1:31	1:31	1:34	3
	2 S	3	1:35	1:36	1:36	1:38	2
	2 D	12	1:36	1:37	1:37	1:38	1
	3 S	3	VISUAL				
	3 D	12					
	4 S	3	1:41	1:42	1:42	1:43	1
	4 D	11	1:42	1:43	1:43	1:44	1

REMARKS

LOT IN PINE WOODS - COULD NOT LOCATE
ANY LOT STAKES

TYPE OF SOIL

TESTED BY

[Signature]

ALSO PRESENT:

KEN ALLEN
C. CLARK

APPLICATION

A 28787

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 4thDATE 9/1/78TO: 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 James W. DickeyADDRESS Forsythe Road, PHONE 489-7148

PROPERTY LOCATION:

SUBDIVISION JOH - D - W. Watersville LOT NO. 1

ROAD AND DESCRIPTION _____

SIZE OF LOT 5.126 TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

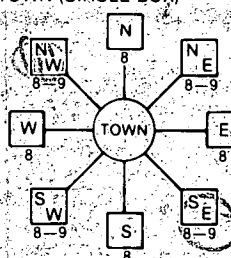
SIGNATURE OF APPLICANT C. ClarkAPPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY JS FOR _____ DATE 9/19/78
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING SHALE - 3 TO 12 FT7/17/79 Tests in different areas - hold for certified
holes.
C. B. D.
C. B. D.

THIS IS NOT A PERMIT

Holt for supervisor { No test plate
Send memo
+ copy

B 1 1109 (THIS NUMBER IS TO BE PUNCHED IN COLS 36 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 10-81-1421 fill in this form completely
B 2 Date Received <u>5/19/86</u> OWNER INFORMATION 15 Last Name <u>Johnson</u> 34 36 Street or RFD <u>13700</u> 55 57 Town <u>11C</u> 70 State <u>72</u> Zip <u>21257</u> 76	B 3 LOCATION OF WELL <u>R-36770</u> 8 COUNTY <u>4010</u> 21 23 SUBDIVISION <u>418/86</u> 42 SECTION <u>1</u> 44 46 LOT <u>1</u> 48 50 52 NEAREST TOWN <u>WATERVILLE (MT. AIRY)</u> 71 MILES FROM TOWN (enter 0 if in town) <u>0.5</u> 73 76 77 78		
DRILLER INFORMATION Driller's Name <u>Charles C Campbell</u> 77 License No. <u>80</u> Firm Name <u>Campbell Well Drilling & Supply Co Inc</u> Address <u>14531 Hammer Dike Upperco MD</u> Signature <u>Charles C Campbell</u> Date <u>4/18/86</u> 21155	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <u>Waterville Rd</u> 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <u>1.7</u> 34 37 ENTER FT or MI <u>1.7</u> 38 39		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20			
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)			
APPROXIMATE DEPTH OF WELL <u>200</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6</u> 30 32 INCH METHOD OF DRILLING (circle one) BORED (or Augered) ☒ JETTED ☐ Jetted & DRIVEN 30 AIR-ROTARY ☒ AIR-PERCUSION ☐ ROTARY (Hydraulic Rotary) 37 CABLE ☐ REVERSE-ROTARY ☐ Drive-POINT other _____			
REPLACEMENT OR DEEPEPENED WELLS (CIRCLE APPROPRIATE BOX) ☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEPENED (IF AVAILABLE) _____ 52			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 63 FORCE <u>AN</u> WRITE INITIALS IN BOX PERMIT No. <u>10-81-1421</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <u>1-1129-7037</u> HEALTH			

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7644
N 5505

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

5/19/86
WELL OK
SEE OTHER SIDE
RIT

Grout Started BEFORE Inspector
arrived

5/19/86

- ① 30 FT CASING
- ② NOT SURE LOCATION
IN MIDDLE OF WOODS
- ③ 2 DRY HOLES NEED TO BE
GROUTED.
- ④ 10 FT OPEN HOLE LEFT AFTER
GROUT STARTED.
- ⑤ GROUT PUMP BROKE HAD TO
POUR BY HAND

R. H. Hough

C1 00477

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

A 28787

DATE Received

8	9	10	11	12	13
---	---	----	----	----	----

DATE WELL COMPLETED

5 19 86

Depth of Well

22 305 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

10-81-1421

OWNER

STREET OR RFD

SUBDIVISION

JOHNSON

last name WATERSVILLE RD

WALTER

first name

TOWN

MT AIRY

SECTION

LOT 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearingOVERBORDEN
HARD Grey Rock

0

27

28

305

✓

2 DRY holes

305' Abandoned
305' + Sealed

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ B.C

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. to 28 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

☒ ST ☐ CO
STEEL CONCRETE
☒ PL ☐ OT
PLASTIC OTHERMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)☒ ST ☐ 6 ☐ 30 ☐ 4
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type or open hole
insert appropriate code below
SCREEN RECORD
☒ ST ☐ BR ☒ HO
STEEL BRASS OPEN HOLE
☐ PL ☐ OT
PLASTIC OTHERC2
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from toGRAVEL 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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE 5 gal. Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 70

WHEN PUMPING 150

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 ☐IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

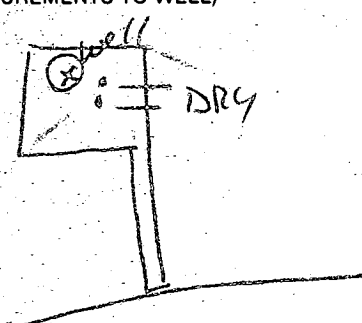
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

☒ + above } LAND SURFACE (nearest foot)
☐ - below }

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)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1421
Location of property (road) W. WATERSVILLE, RD
Subdivision JON-D PROPERTY Lot 1 Block Plat Sec.
Well Driller CHARLES CAMPBELL Owner JOHNSON, WALTER

Depth of well 305'
Distance of measuring point (M.P.) above ground 2 FEET
Static water level (S.W.L.) below M.P. 70 FEET

∴ High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 15 gpm
Total time 30 MINS to reach pumping water level 150 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	70'	20 seconds	N/A	15 gpm
10:15	123'	25 seconds		12 gpm
10:30	150'	75 seconds		4 gpm
10:45	150'	25 seconds		4 gpm
11:00	150'	75 seconds		4 gpm
11:15	150'	75 seconds		4 gpm
11:30	150'	75 seconds		4 gpm
11:45	150'	75 seconds		4 gpm
12:00	150'	75 seconds		4 gpm
12:15	150'	75 seconds		4 gpm
12:30	150'	75 seconds		4 gpm
12:45	150'	75 seconds		4 gpm
1:00	150'	75 seconds		4 gpm
1:15	150'	75 seconds		4 gpm
1:30	150'	75 seconds		4 gpm
I Certify That this Well Has 4 G.P.M. at the time pumped				
Charles C. Campbell #290				
<i>Charles C. Campbell</i>				
Campbell Well Drilling and Supply Co., Inc.				

12 BAGS
6 BAGS FOR WELL
FOR EACH
DYE DRY HOLE

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUL 11 2 34 PM '83
ENVIRONMENTAL
HEALTH

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 37927
Date 10/27/86

Name of Installer Custom Plumbing Inc.

Telephone 301-371-4468

License number 4754

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Robert Parks - Nancy Greiner Telephone 270-5907

Subdivision Don O. Lot # 1 Well tag # HO-81-1421

Site Address 754 West Watersville Rd
MT Airy Md. 21771

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒

Motor

1. Horsepower ☐
2. RPM ☐
3. Voltage ☐
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make ☐
2. Model # ☐
3. Depth ☐

2. Make AERO MOTOR

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 ☐

Tank

1. Capacity 40 gal well x tank
2. Pressure relief valve? ☐

Piping

1. Type ☐
2. Size 1"
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? ☐

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10-24-86

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

B.P. # 72013

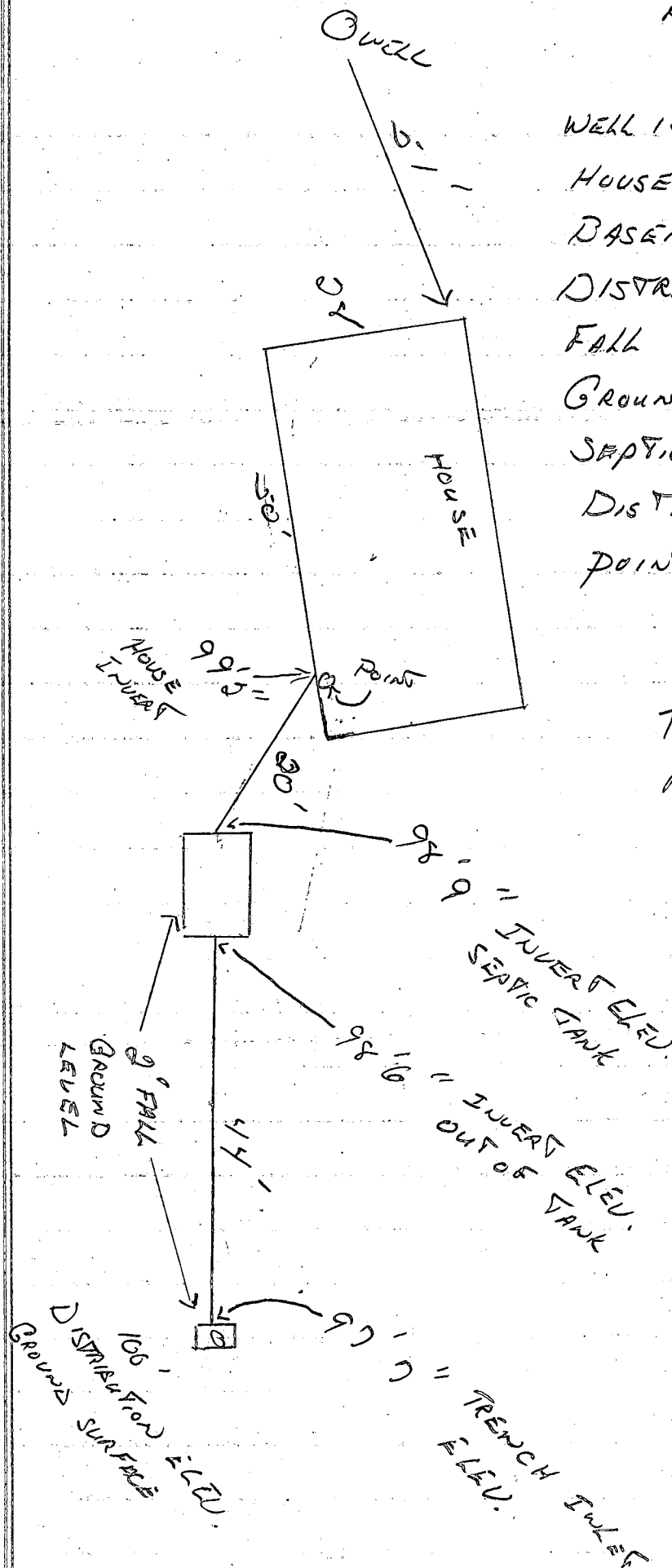
N. Greiner & Parks

WELL IS 2' 8" FALL FROM POINT
HOUSE FLOOR - 104'

BASEMENT ELEV. 96'

DISTRIBUTION BOX IS 2' 5"
FALL FROM POINT - AT
GROUND LEVEL

SEPTIC AREA IS LEVEL FROM
DISTRIBUTION BOX TO FRONT
POINT OF SEPTIC AREA



THERE WILL NOT BE
A ROUGH IN BATH
IN BASEMENT. NO
PLUMBING.

IF SCALE IS OFF

PLUMER WILL ADJUST
FOR RIGHT ELEV.
IN FALL.

Variety Builders
N. Michael Greiner

app. L.F. 8-19-86

inlet 3

map 4 1/2

COORDINATES		
NO.	NORTH	EAST
1	4367.004	10428.185
2	4347.001	10381.350
3	5050.270	9905.978
4	5542.319	9401.817
5	5874.289	9641.733
6	5410.894	10323.496
7	5257.906	10354.561
8	5000.157	10000.207

