

11/19/88 - AM

PERMIT

P 40751

A 29806

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED ✓

DATE 1/05/88

04-340809

DATE SYSTEM APPROVED 3-21-88

INSPECTOR S. Abel

Tom Zeboski

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 898-5375-

SUBDIVISION Woodcamp Farms ROAD 17510 Woodcamp Road LOT 5, Section 1

PROPERTY OWNER Barry Shrader DEAN WICHNER

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3.5 feet below original grade. 5.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 250 feet from the back (210') lot line and 30 feet from the right (648') lot line as seen when facing the lot from Woodcamp Road. Run trenches on contour toward left lot line.

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

PLANS APPROVED BY S. Abel (Revised) DATE 11/20/86

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 18 INCHES, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 4/5/93
Serial # 47867
Sundeck

BLDG. PERMIT SIGNED
AND RETURNED 1/16/97
Serial # 600103653 - Imperial pool

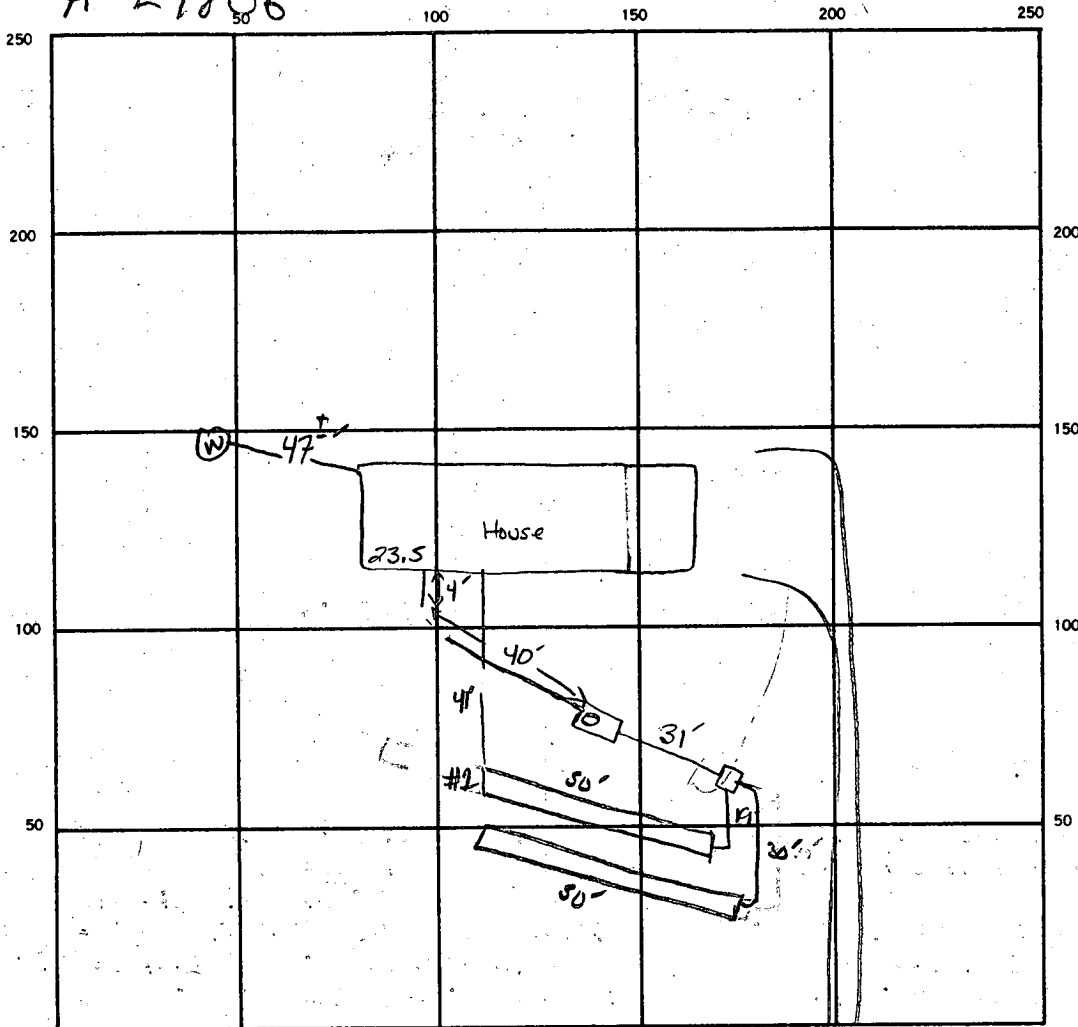
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 29806

A-29806



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

WOODCAMP Rd.

2
180
3
540
540

SEPTIC TANK LEVEL ✓ 1250 GAL CLEANOUTS ✓ 51

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD TILE FIELD. DEPTH 9 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 5.5 5.5 FT. TOTAL LENGTH 50 50 FT. TLF 100

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 550 SQ. FT.

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

ABSORBENT AREA 550 SQ. FT.

REMARKS 3-18-88 OK TO STONE #2. S. Abel 3-18 OK TO COVER #1 + STONE #2

SYSTEM APPROVED S. Abel INSPECTOR 3-21-88

SUBDIVISION: WOODCAMP FARMS
Sec. 1

LOT NUMBER: 5

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3.5 feet below original grade.

5.5 feet of stone below distribution pipe.

3 BEDROOMS
NO GARBAGE
WJL

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 250 FT FROM THE BACK (210') LOT LINE AND 30 FE FROM THE RIGHT (648') LOT LINE AS SHOWN WHEN FACING THE LOT FROM WOODCAMP Rd. RUN TRENCHES ON CONTOUR TOWARD LEFT LOT LINE. Revised 11/20/86 S. Allen

Paul
5-14-79

APPLICATION

A 29806
P _____

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

LOUISA FOSTER, REAL
7348 RICHIE HWY
GLEN BARNIE
21061
STEVE GRAVES

DISTRICT 4th.
DATE 5/8/79

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 Wayne C. Hough BARRY SITKADUR
ADDRESS 17740 Hardy Road Boender Associates -
Mt. Airy, Md. 21771 465-7777
PHONE

PROPERTY LOCATION:
SUBDIVISION Woodcamp Farms LOT NO. 5 2 Sec. 1
ROAD AND DESCRIPTION Hardy Road 17510 WOODCAMP Rd.

SIZE OF LOT 3 Acres m/1 TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Wayne C. Hough

APPROVED BY Raymond Hodges FOR DRY WELL
8 DITCH DATE 11/21/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/21/79 - Held For Review with DM Per Time OK RH
Final Plat signed 11/21/80

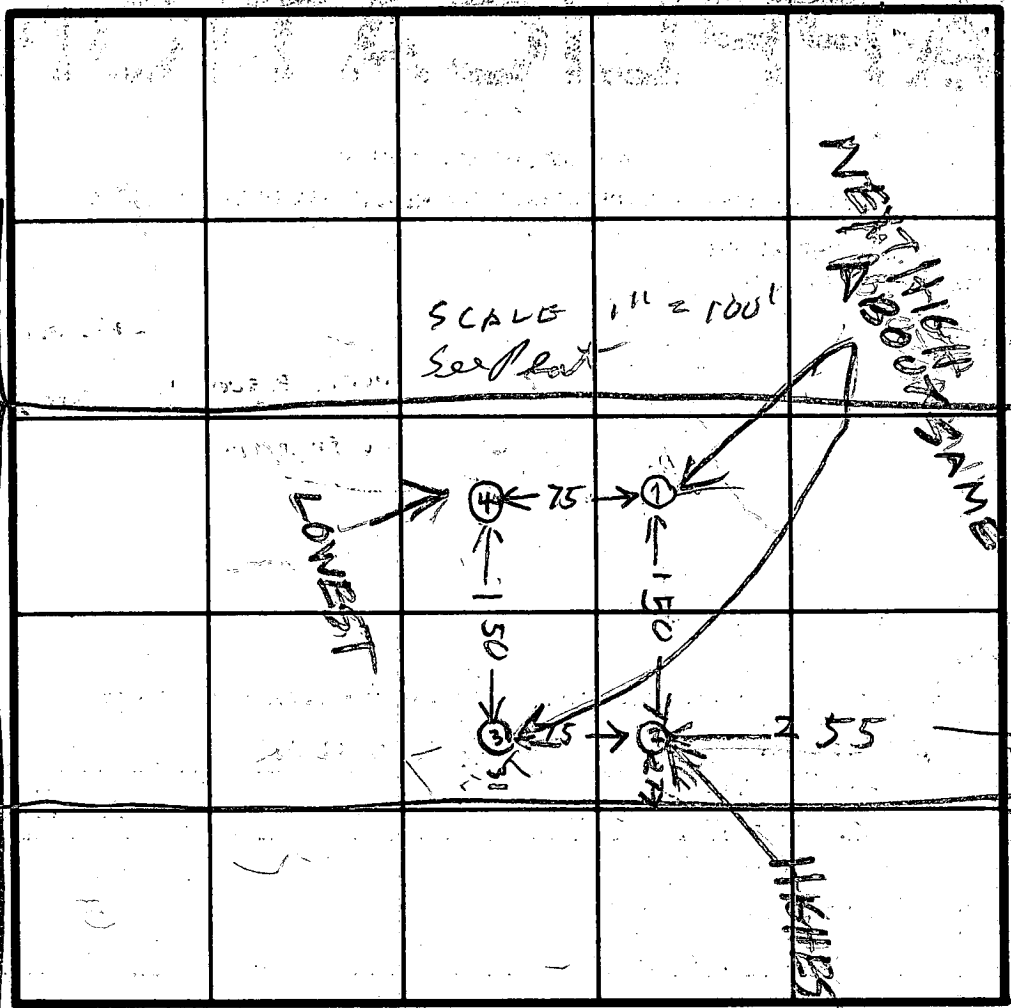
BLDG. PERMIT, SIGNED
AND RETURNED 6/8/80
S. Hill
BP 12494

THIS IS NOT A PERMIT

25

SOIL PROFILE

WOOD CAMP RD
 TERRY RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

avg 10"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/15/79	1S	3 1/2	242	248	248	254	6	HIGHEST
	1D	1 2 1/2	242	250	250	306	16	
	2D	3	244	254	254	304	10	NEXT LOWEST
	2S	4 1/2	245	254	254	259	5	LOWEST
	3S	4 1/2	250	254	254	300	6	LOWEST
	3D	13	250	255	255	309	14	
	4V	1 1/2	TOP	2 FT CLAY				NEXT HIGHEST
			BOT	9 1/2 FT SANDY		DRY		

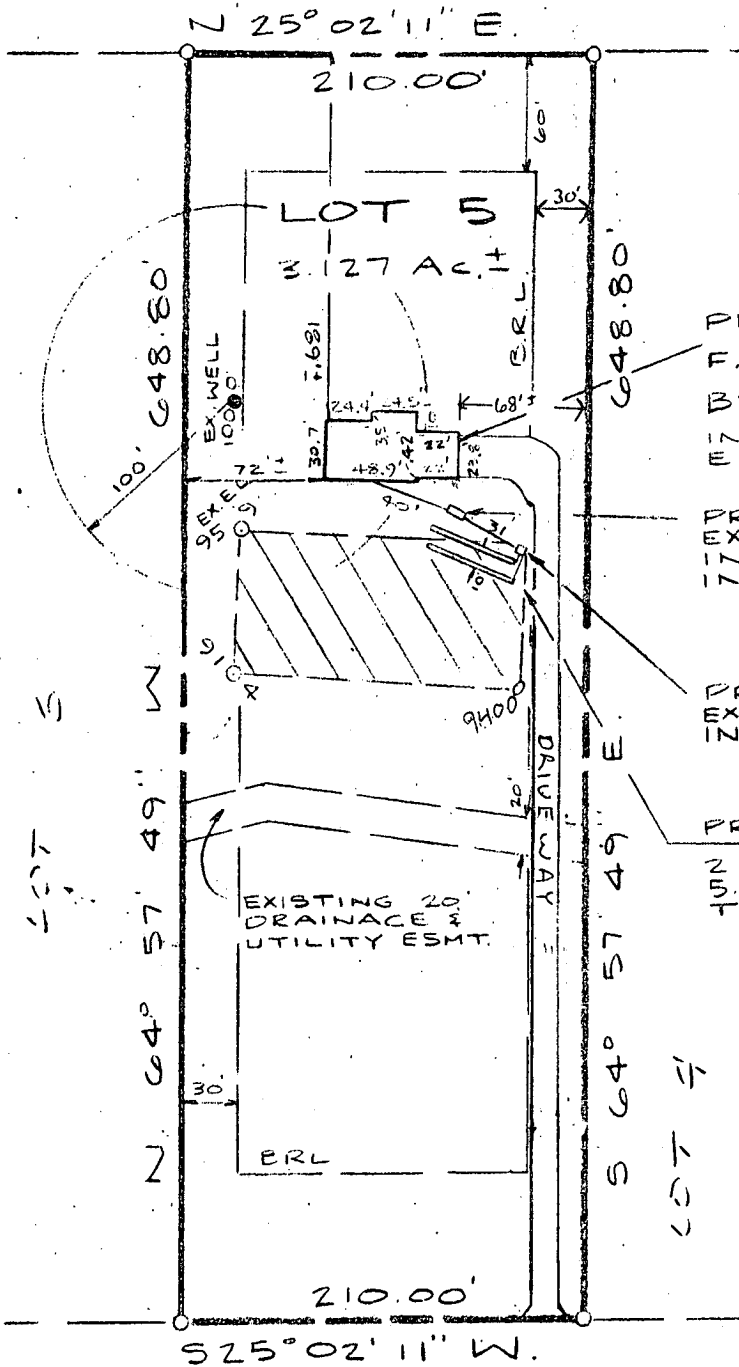
8/13/80 - MET WITH BOENDER & HOUGH CONTOUR MAP ABOUT RIGHT
 REMARKS Average Time 10 Max Depth 3

TYPE OF SOIL

TESTED BY R.H.

ALSO PRESENT DENNY GARY

LOT 1 WOODCAMP FARM
PLAT 4243



PROPOSED HOUSE
F.F. ELEV. 103.7 ✓
BSMT ELEV. 95.7 ✓
INV. OUT ELEV. 97.50 (-BSMT)

PROPOSED SEPTIC TANK
EX. ELEV. 99.9 ✓
INV. IN ELEV. 97.00 ✓
INV. OUT ELEV. 96.20

PROPOSED DISTRIBUTION BOX
EX. ELEV. 99.7 ✓
INV. IN ELEV. 96.23 ✓

PROPOSED TRENCHES
2 ~ 50' 9' BOTTOM MAX
5.5' STONE
TRENCH INV. IN ELEV. 96.23

6/8/87
Merrinsch
after changes
S.M.

BLDG. PERMIT SIGNED
AND RETURNED 6/8/87

BP12494

S.M.

WOODCAMP
ROAD
(50' R/W)

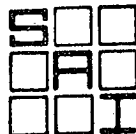
PLOT PLAN
LOT 5,
WOODCAMP
FARM

SITUATED ON WOODCAMP ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1"=100' JUNE 1987



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT
OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG
THE LAND RECORDS OF HOWARD COUNTY,
MARYLAND, AS REFERENCED HEREON.



SHELADIA Associates, Inc.
CONSULTING ENGINEERS
310 A South Main Street, Mt. Airy MD. 21771
(301) 829-2890

REFERENCE	JOB NO.
PLAT No. 4703	87-1520

B 1 7226

SEQUENCE NO. (OEP USE ONLY)

8/26/83
9:30 Shut

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER

H0-81-0225
fill in this form completely

Date Received

07/27/83

OWNER INFORMATION

HARRISON DOUGLAS

093 KEITH LA

JESSUP MD 20797

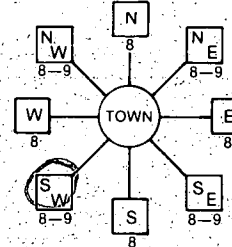
B 3

LOCATION OF WELL

TOWNSHIP WOODCAMP FARMS
SECTION 5 LOT 5
LISBON
MILES FROM TOWN 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOODCAMP Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 500 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)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A29806
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 08/15/83 Frank Skinner 2/15/84
NORTH GRID 549000 EAST GRID 0764000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

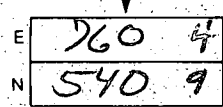
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

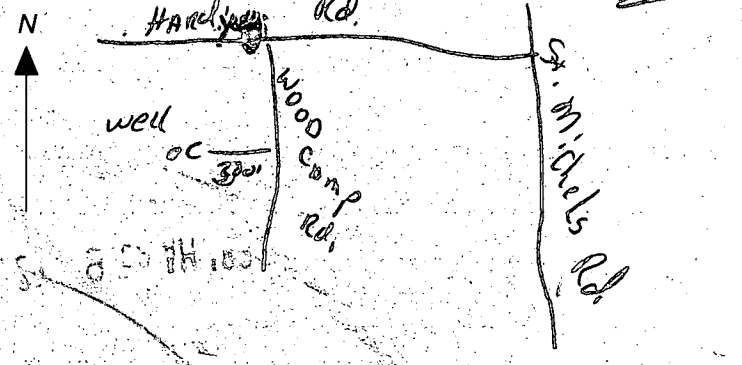
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL

APPROX. PERMIT NUMBER GAP

FORCE FS PERMIT NO. H0-81-0225

SPECIAL CONDITIONS

C 1 **4397**
 STATE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 29806**

DATE RECEIVED **DATE WELL COMPLETED** **Depth of Well** **PERMIT NO.**
 FROM "PERMIT TO DRILL WELL"
 082683 185 10-81-0225

OWNER **Harrison** **Douglas**
 last name first name
STREET OR RFD **Woodcamp Road** **TOWN** **Lisbon**
SUBDIVISION **Woodcamp Farms** **SECTION** **LOT** **5**

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	
Top Soil	0	2	
Brown Shale	2	37	
Brown Slate	37	45	✓
Blue Slate	45	48	
Brown Slate	48	52	✓
Blue Slate	52	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **32**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PL** **6** **48**
 Nominal diameter (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

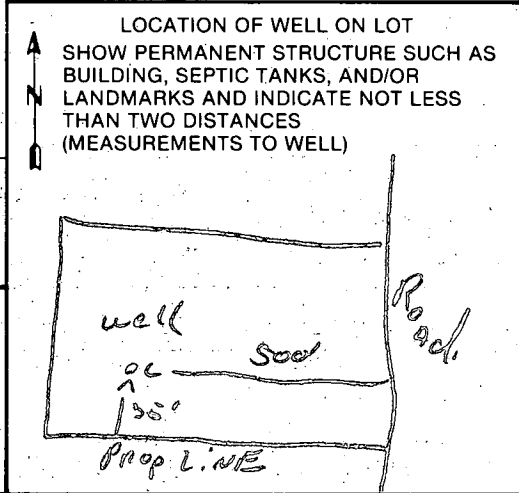
C 2
 DEPTH (nearest ft.)
 H 0 46 185
 S L O T S I Z E 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **41**
 WHEN PUMPING **185**
 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 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) **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 **2** (nearest foot)
- below }



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 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.

DRILLERS IDENT. NO. **273**
Ralph Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 220

Receipt # _____
 Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner SCHRAEDER

Telephone _____

Subdivision WOODCAMP FARM Lot # 5

Well Tag # _____

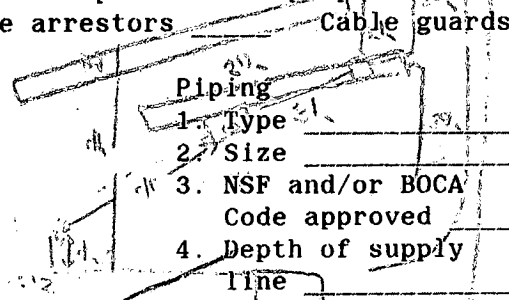
Site Address 2217510 WOODCAMP RD

- Pump NEW
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? _____



- 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: _____

Date: _____

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

1/20/88 - COULD NOT INSPECT TRENCH FILLED WITH MUD & WATER RH
 HD-215

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 13, 1988

Mr. Barry Shrader
P. O. Box 373
Damascus, Maryland 20872

RE: Woodcamp Farms - Lot 5
Section 2
17510 Woodcamp Road

Dear Mr. Shrader:

This is to advise you that the septic system was installed, inspected and approved on March 21, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0225. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

June 3, 1988
Date of Water Sample

August 26, 1983
Date Well Approved:

Jane E. Nadeau
Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

March 23, 1989

Mr. Barry Shrader
17510 Woodcamp Road
Mt. Airy, Maryland 21771

RE: Woodcamp Farms, Lot 5, Sec. 2
17510 Woodcamp Road
Well Permit #HO-81-0225

Dear Mr. Shrader:

This is to advise you that the septic system was installed, inspected and approved on March 21, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0225.

Date of Final Sampling
March 6, 1989

Date of Acceptance
March 23, 1989

Charles B. Streaker

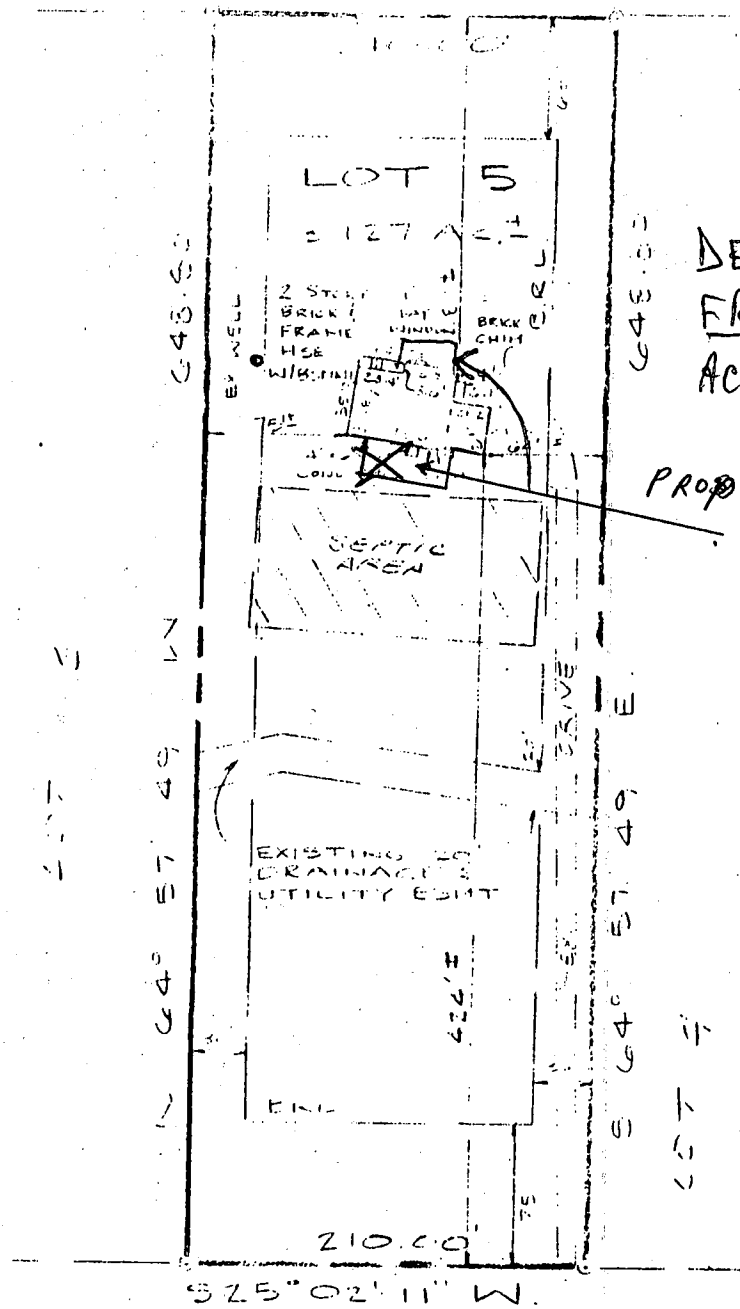
Charles B. Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates: 6/3/88
3/6/89

CBS:hs

LOT 5 WOODCAMP FARM
PLAT # 11-3

17510 WOODCAMP ROAD



TAXED #

04-340809

DECK INCORRECTLY SHOWN ON
FRONT OF HOUSE; DECK
ACTUALLY PROPOSED FOR REAR
OF HOUSE

NO IMPACT
Proposed Deck 20x48 REC BP
APPROVAL
MR 4/5/93

WOODCAMP
ROAD
(55' R/W)

HOUSE LOCATION SURVEY

LOT 5

WOODCAMP
FARM

17510 WOODCAMP ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

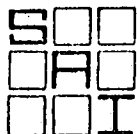
SCALE 1"=100' DATE 1/88

MT Aery MD 21771



6/15/88

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT
OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG
THE LAND RECORDS OF HOWARD COUNTY,
MARYLAND, AS REFERENCED HEREON.



SHELADIA Associates, Inc.
CONSULTING ENGINEERS
310 A South Main Street, Mt. Airy MD. 21771
(301) 829-2800

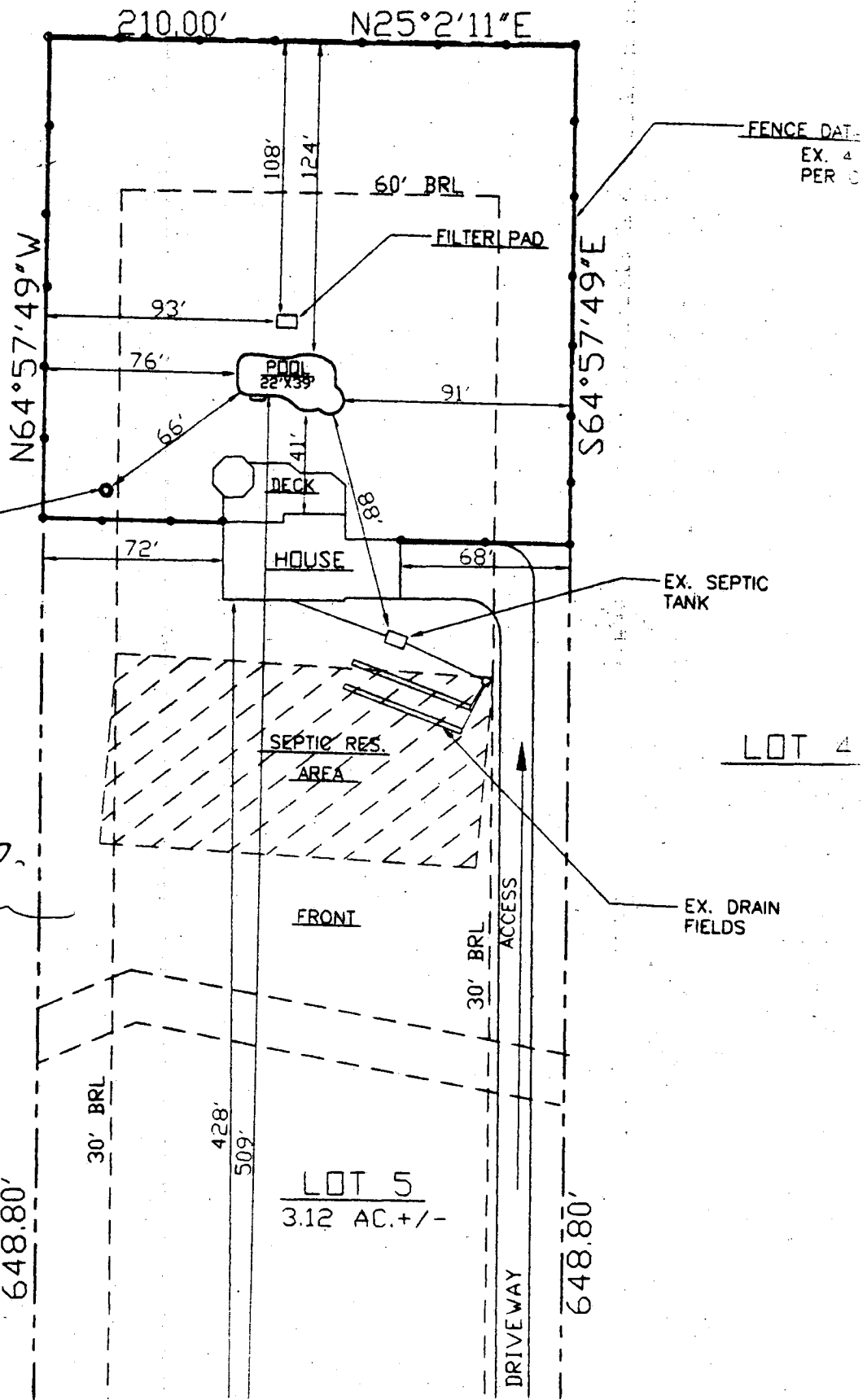
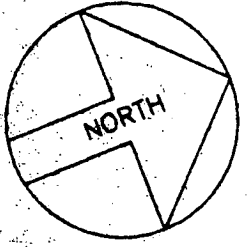
REFERENCE

JOB NO.

SEPTIC WELL 20' 30'

LOT 1

WILL BE INSTALLED ON JOB AS PER CODE.



B
 P16 WITH THRU
 POOL OK
 NO CONFLICT WITH
 WELL OR SEPTIC
 LOT 6 1/16/97.
 CW

STATE OF CALIFORNIA
 DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 1997 JUN 16 P 12:35