

05 - 407214

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 42762

A 38566

DISTRICT 5th

DATE 10/11/88

DATE SYSTEM APPROVED 10/21/88

INSPECTOR Cwiller

Stately Homes, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS

PHONE 442-2153

SUBDIVISION Twelve Hills ROAD 13037 Twelve Hills Ct LOT 18, Section 2

PROPERTY OWNER Stately Homes, Inc.

ADDRESS

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

GARBAGE GRINDER? YES NO X

240' TRENCH REQUIRED
3) 720
6
120

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the first trench 130 feet up the left (685.18') lot line and 75 feet off the same lot line as seen when facing the lot from Twelve Hills Road. Run trench on contour toward front and rear of lot.

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

PLANS APPROVED BY Sid Abel

DATE 8/17/88

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(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 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.

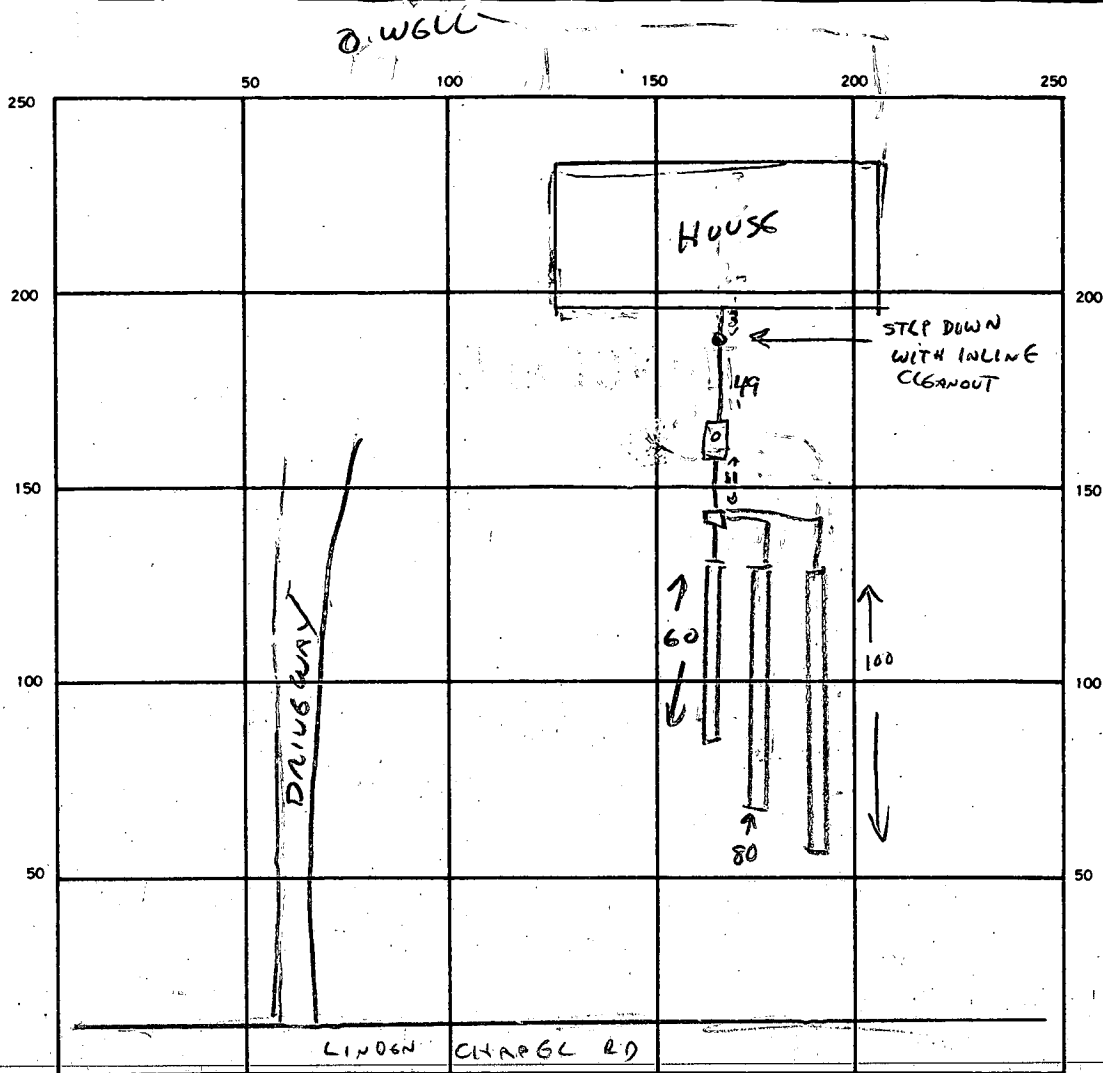
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 38566



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL ✓

CLEANOUTS ✓ ST INLINE ✓

DISTRIBUTION BOX, LEVEL ✓

DRAIN FIELD/TILE FIELD, DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 (60+80+100) ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 10/21/88 SYSTEM COMPLETE. OK TO COVER, C.W.

DATE SYSTEM APPROVED 10/21/88

INSPECTOR C. Willan

38588
A ~~38588~~

SUBDIVISION: Twelve Hills
Sec. 2

LOT NUMBER: 18

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 3 wide.
Inlet 4.0 feet below original grade.
Bottom maximum depth 5.5 feet below original grade.
Effective area begins at 4.0 feet below original grade.
1.5 feet of stone below distribution pipe.

4BL/BP - 4-NO

- 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 absorbent sidewall area by 22%.

LOCATION: PLACE THE FIRST TRENCH 130 FT UP THE LEFT (185-18) LOT
LINE AND 75 FT OFF THE SAME LOT LINE AS SHOWN WHEN FACING
THE LOT FROM TWELVE HILLS Rd. RUN TRENCH ON CONTOUR TOWARD
FRONT AND REAR OF LOT. SAWP 8-17-88

APPLICATION

38588

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

System First

DISTRICT

P

DATE

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

ADDRESS

PHONE

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

TAX MAP

PARCEL #

SIZE OF LOT

TYPE BLDG.

(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

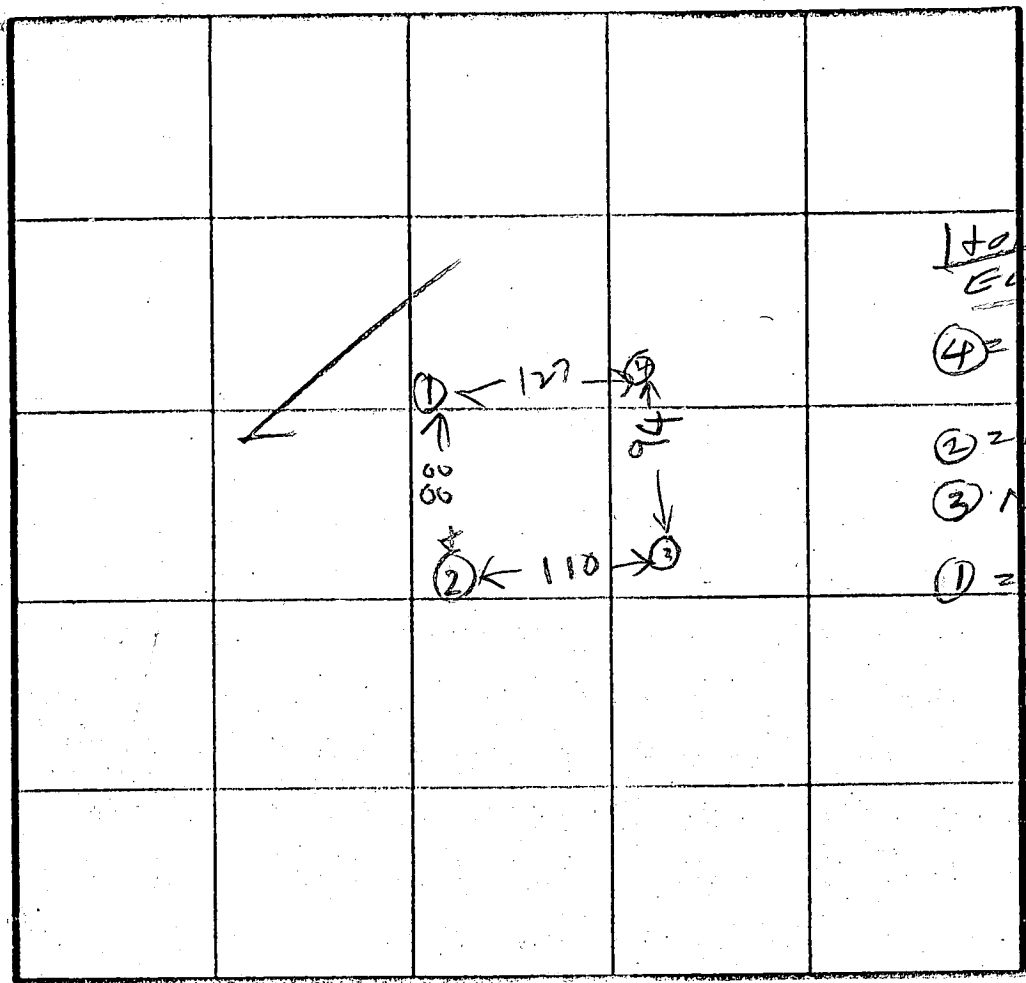
REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

Lt 26

LINDEN CHURCH RD

SOIL PROFILE
① 2
CLAY
3
BROWN
BLACK
GRAY
SAND
LOAM



HOLE
ELEVATION
④ = HIGHEST
② = LOWEST
③ = NEXT
HIGHER
① = NEXT
LOWER

ROAD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②
CLAY
BROWN
SAND
LOAM
③
CLAY
PINK
BROWN
SAND
LOAM
④
CLAY
PINK
BROWN
SAND
LOAM
EH 12/20/79

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/07	1S	5	329	337	332	336	4
	1V	11	OK				19
2/1/07	2S	4	331	334	334	337	3
	2V	12	OK				1
	3S	4	334	336	336	340	7
	3V	12	OK				
	4S	5	343	344	344	345	1
	4V	8.5	343	347	347	355	8
2/1/07	4V	12.5	OK				

av
Time
5 min
max
depth
3 ft

REMARKS: Hole dug Per survey Plot A/H
TYPE OF SOIL: R HORTGES
TESTED BY: R HORTGES
ALSO PRESENT: HAVE
CLINT
OLEN

LAND DESIGN & DEVELOPMENT, INC.

8307 Main Street • Ellicott City, MD 21043 • 301-461-4600

Donald R. Reuwer, Jr.
PRESIDENT

July 20, 1988

Mr. Ralph Mayne
9120 Brown Church Road
Mt. Airy, Maryland 21171

RE: Twelve Hills, Lot 18

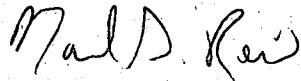
Dear Ralph:

Please make application to drill a well on Lot 18 of Twelve Hills by the first week of August. The well stake is already in.

Enclosed is a check in the amount of \$30.00 and a plat of the above referenced subdivision.

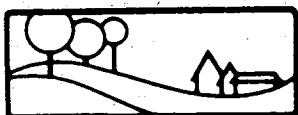
If you have any questions, do not hesitate to contact me.

Sincerely,



Mark S. Reich
Project Manager

MSR/bc



A Land Development Company

SPECIALIZING IN RESIDENTIAL & COMMERCIAL LAND DEVELOPMENT

B 1	7104	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0114 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 080988 OWNER INFORMATION REICH MARK (Last Name, Owner, First Name) 8302 MAIN STREET (Street or RFD) ELLICOTT CITY MD 21071013 (Town, State, Zip)			B 3 LOCATION OF WELL HOWARD (COUNTY) TWELVE HILLS (SUBDIVISION) SECTION 2 LOT 18 DAYTON (NEAREST TOWN) 2 MILES FROM TOWN (enter 0 if in town)	
DRILLER INFORMATION Ralph Mayne (Driller's Name) Ralph Mayne (Well Drilling) (Firm Name) 9120 Brown Church Rd. Mt Airy (Address) Ralph Mayne (Signature) 7/30/88 (Date) 253 (License No.)			B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) TWELVE HILLS Rd. (NEAR WHAT ROAD) 300 (DISTANCE FROM ROAD) ENTER FT or MI FT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (COUNTY NAME) A-38566 (COUNTY NO.) DATE ISSUED 081188 CO SIGNATURE Sid. A. L. 02-10-89 (EXP. DATE) NORTH GRID 509000 EAST GRID 0809000	
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)			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 8049 5049	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH			8/13/88 no 125P	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN ☒ AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 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 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____			Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0114	
SPECIAL CONDITIONS				

Page 1 of 1
Date 8/13/88

Review OK 8/25/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0114
Location of property (road) OKA Twelve Hills Rd.
Subdivision Twelve Hills Lot 18 Block Plat Sec. 2
Well Driller Ralph Mayne Owner Mark Reich

Depth of well 325 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 30 ft

I. High rate pumping -- reservoir drawdown

Time pump started 5:15 Pumping rate 96 P.M
Total time 45 min to reach pumping water level 190 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)
6:00	190 ft	30 sec		26 P.M
6:15	190	30		2
6:30	190	30		2
6:45	190 ft	30 sec		26 P.M
7:00	190	30		2
7:15	190	30		2
7:30	190 ft	30 sec		26 P.M
7:45	190	30		2
8:00	190	30		2
8:15	190 ft	30 sec		26 P.M
8:30	190	30		2
8:45	190	30		2
9:00	190 ft	30 sec		26 P.M
9:15	190	30		2
9:30	190	30		2
9:45	190 ft	30 sec		26 P.M
10:00	190	30		2
10:15	190	30		2
10:30	190 ft	30 sec		26 P.M
10:45	190	30		2
11:00	190	30		2
11:15	190 ft	30		26 P.M
11:30	190	30		2
11:45	190	30		2

HD-224

12:00 190 ft 30 sec 26 P.M

15' bore
82' PL 5'5" open

C1 8413 SEQUENCE NO. (DENY USE ONLY)
1 2 3 4 5 6
(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-38566

DATE Received

8 13

DATE WELL COMPLETED

081308

Depth of Well

22 325 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

AC-88-C119
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD last name 8307 Main St. first name TOWN Elk Linn City

SUBDIVISION Twelve Hills SECTION 2 LOT 18

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
FROM TO

Check
if water
bearing

Top Soil 0 2
Sandy 2 20 ✓
Sand Stone 20 25
MICKA 25 30
Sand Stone 30 35 ✓
MICKA 35 325

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 5 ft. ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

PL 4 89
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING
[] [] [] [] [] [] [] [] [] []

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

1 2
DEPTH (nearest ft.)
EACH SCREEN
1 HO 10 325
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 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.) WQ
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 190

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

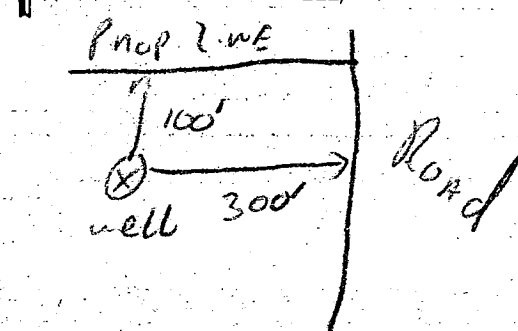
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } (nearest foot) 2

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)



A CIRCLE APPROPRIATE LETTER
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

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Review

Well Permit No. HO - 88-0114
Location of property (road) Twelve Hills Rd.
Subdivision Twelve Hills Lot 18 Block _____ Plat _____ Sec. 2
Well Driller R. MAYAR Owner MARK Reich

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

10/2/88

68-21237

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 X
Replacement _____

Receipt # _____

Date _____

Name of Installer Carroll Bauer

Telephone _____

License Number 3486

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber X

Name of Property Owner Statley Home

Telephone 442 2153

Subdivision Twelve Hill

Lot # 18

Well Tag # 40-88-0114

Site Address 13037 Twelve Hill Rd

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible X

2. Make Meyers

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes X No ~~X~~

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

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

Motor

1. Horsepower 3/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 X

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth _____

Tank

1. Capacity 40 302

2. Pressure relief valve? yes

Piping

1. Type Photo 160 lb

2. Size 1"

3. NSF and/or BOCA

Code approved _____

4. Depth of supply line _____

Well data

1. Depth 325 ft.

2. Yield 2 GPM

3. Static water level 30 ft.

4. Will water supply be disinfected by installer? yes

PITLESS ADAPTER 3 1/2' BELOW G.W. DE
LINE PARTIALLY IN PLACE.
OK TO FINISH AND COVER 10/21/88 CWB

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: Carroll Bauer

Date: 10-17-88

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

COORDINATE TABLE		
NO.	NORTH	EAST
1	510555.32	809277.93
2	510233.81	810000.03
3	510148.74	809962.16
4	510115.73	809974.83
5	509999.81	810235.19
6	510383.50	810406.02
7	510245.55	810764.66
8	510067.72	811083.41
9	510370.06	811252.08
10	510234.16	811405.56
11	509301.91	811172.39
12	509279.70	810694.11
13	509450.72	810459.91
14	509398.09	810374.88
15	509179.30	810351.80
16	509282.49	810126.68
17	509028.21	809894.84
18	508605.56	809850.24
19	508680.38	809075.01
20	509207.24	809075.21

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

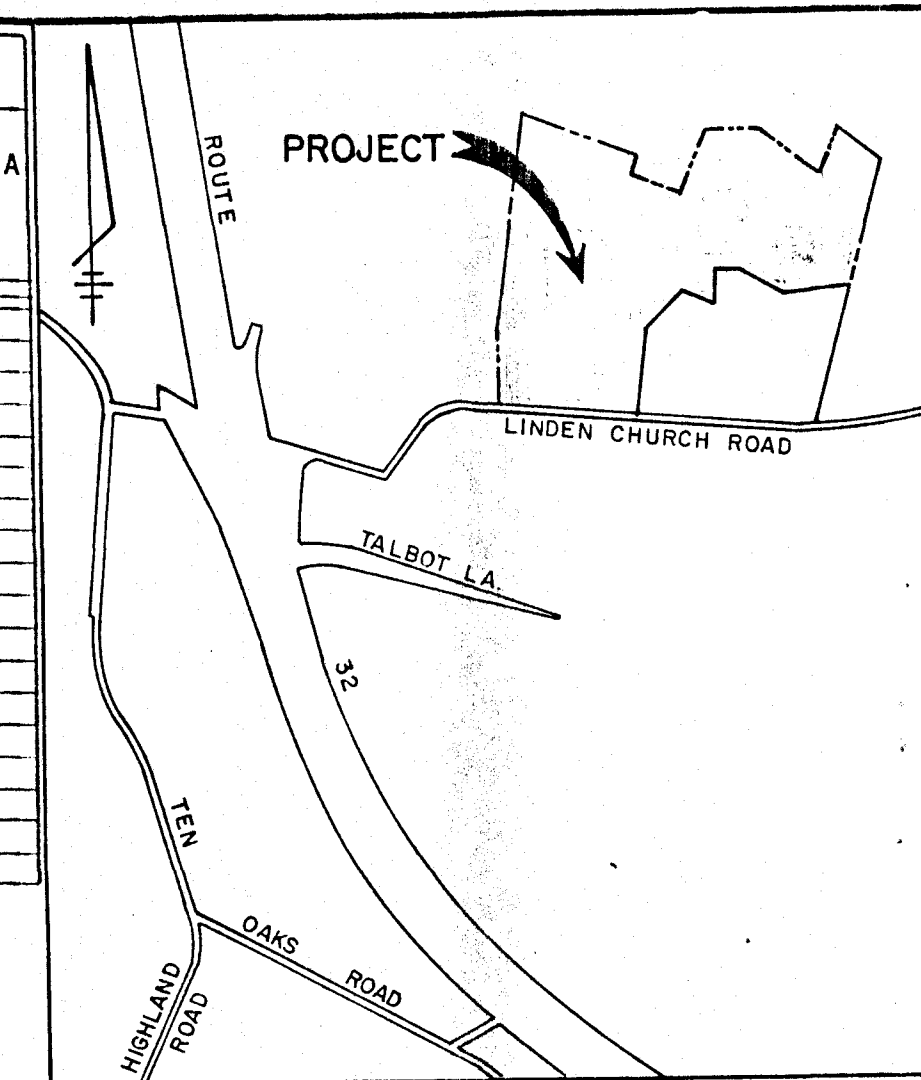
COUNTY HEALTH OFFICER _____ DATE _____

LEGEND

- ⊗ DENOTES LOCATION OF DWELLING
- ⊙ DENOTES PROPOSED WELL
- ⊙ DENOTES FIELD LOCATION OF PERC HOLES

CONVERSION CHART	
NEW LOT NO.	OLD LOT NO.
1	32
2	31
3	30
4	29
5	28
6	27
7	26
8	17
9	16
10	15
11	14
12	13
13	12
14	11
15	10
16	9
17	8
18	7

PERCOLATION TEST DATA			
LOT NO.	PREVIOUS LOT NO.	AVERAGE PERC. TIME IN MINUTES PER SECOND INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEVATION WITH REFERENCE TO EXISTING GRADE AT TIME OF PERCOLATION TEST
1	32	3 MIN	3 FEET
2	31	14 MIN	3 FEET
3	30	16 MIN	3 FEET
4	29	7 MIN	3 FEET
5	28	6 MIN	4 FEET
6	27	5 MIN	3 FEET
7	26	4 MIN	3 FEET
8	17	5 MIN	3 FEET
9	16	6 MIN	4 FEET
10	15	7 MIN	4 FEET
11	14	11 MIN	3 FEET
12	13	2 MIN	3 FEET
13	12	4 MIN	3 FEET
14	11	4 MIN	3 FEET
15	10	5 MIN	4 FEET
16	9	5 MIN	3.5 FEET
17	8	6 MIN	4 FEET
18	7	6 MIN	4 FEET

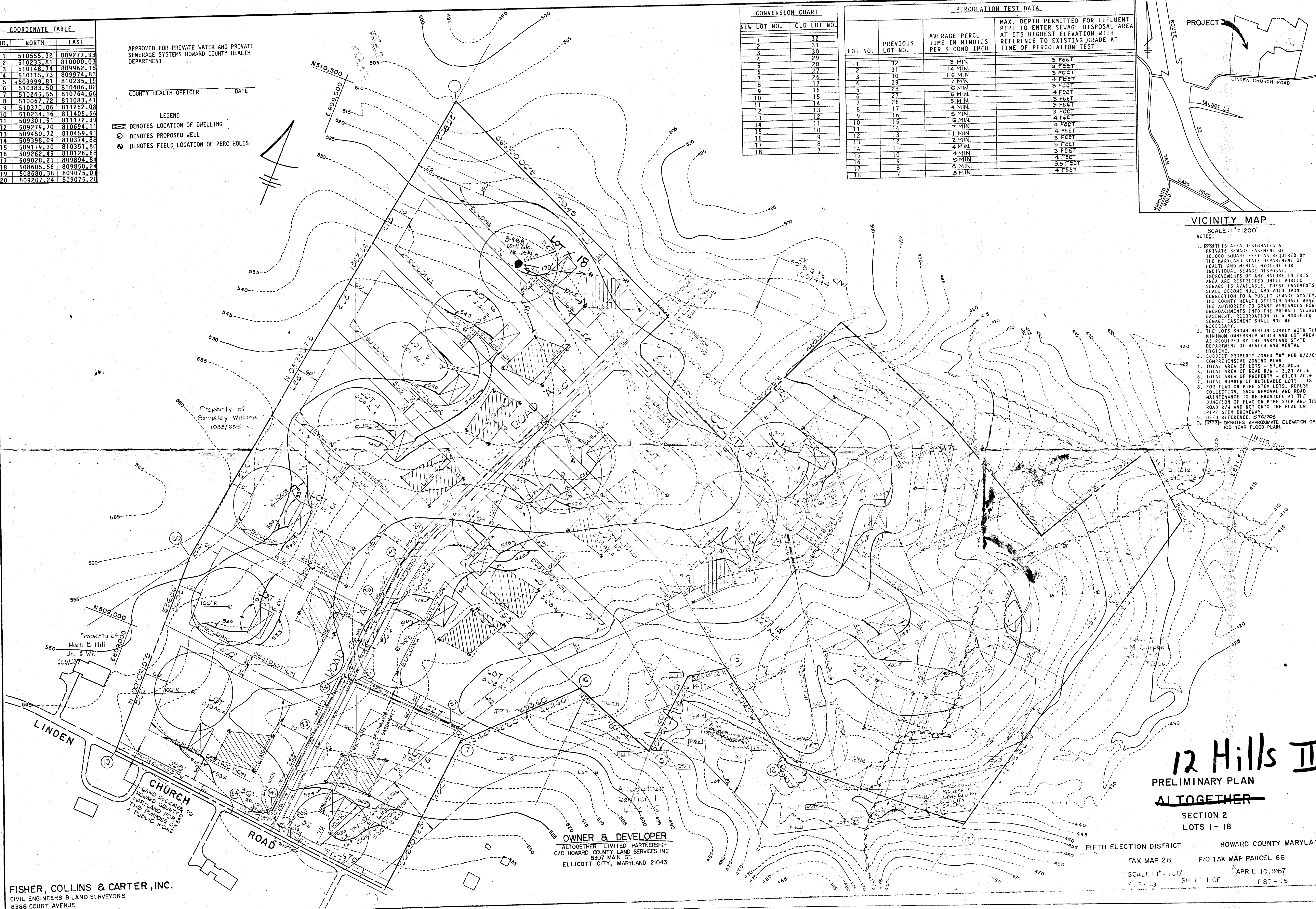


VICINITY MAP

SCALE: 1"=1200'

NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECONSTRUCTION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- SUBJECT PROPERTY ZONED "R" PER 8/2/85 COMPREHENSIVE ZONING PLAN.
- TOTAL AREA OF LOTS - 57.80 AC.±
- TOTAL AREA OF ROAD R/W - 3.21 AC.±
- TOTAL AREA OF PROPERTY - 61.01 AC.±
- TOTAL NUMBER OF BUILDABLE LOTS - 18
- FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR PIPE STEM AND THE ROAD R/W AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.
- DEED REFERENCE: 1576/705
- ⊙ DENOTES APPROXIMATE ELEVATION OF 100 YEAR FLOOD PLAIN.



12 Hills II

PRELIMINARY PLAN

~~ALTOGETHER~~

SECTION 2
LOTS 1-18

FIFTH ELECTION DISTRICT HOWARD COUNTY MARYLAND

TAX MAP 28 P/O TAX MAP PARCEL 66

SCALE: 1"=100' APRIL 10, 1987

SHEET 1 OF 1 P87-65

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERS & LAND SURVEYORS
8388 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043

OWNER & DEVELOPER
ALTOGETHER LIMITED PARTNERSHIP
C/O HOWARD COUNTY LAND SERVICES INC
8307 MAIN ST
ELLICOTT CITY, MARYLAND 21043

