

6/10/92 ASAP

PERMIT

03-313158

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48206

A 38706

DISTRICT 3rd

DATE 6/8/92

DATE SYSTEM APPROVED 6/10/92

INSPECTOR RJA

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland

PHONE 854-2006

SUBDIVISION Triadelphia Ridge Estates LOT 12 ROAD 13080 Triadelphia Road

PROPERTY OWNER Kottapallia Rao Pawitowski

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 160

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet up the left (372.33') lot line and 150 feet off the same lot line as seen when facing the lot from Triadelphia Road. Run trenches on contour toward the left and right 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 5/18/92 RJA

PLANS APPROVED BY Raymond Hodges

REVISED

DATE 4/22/92

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

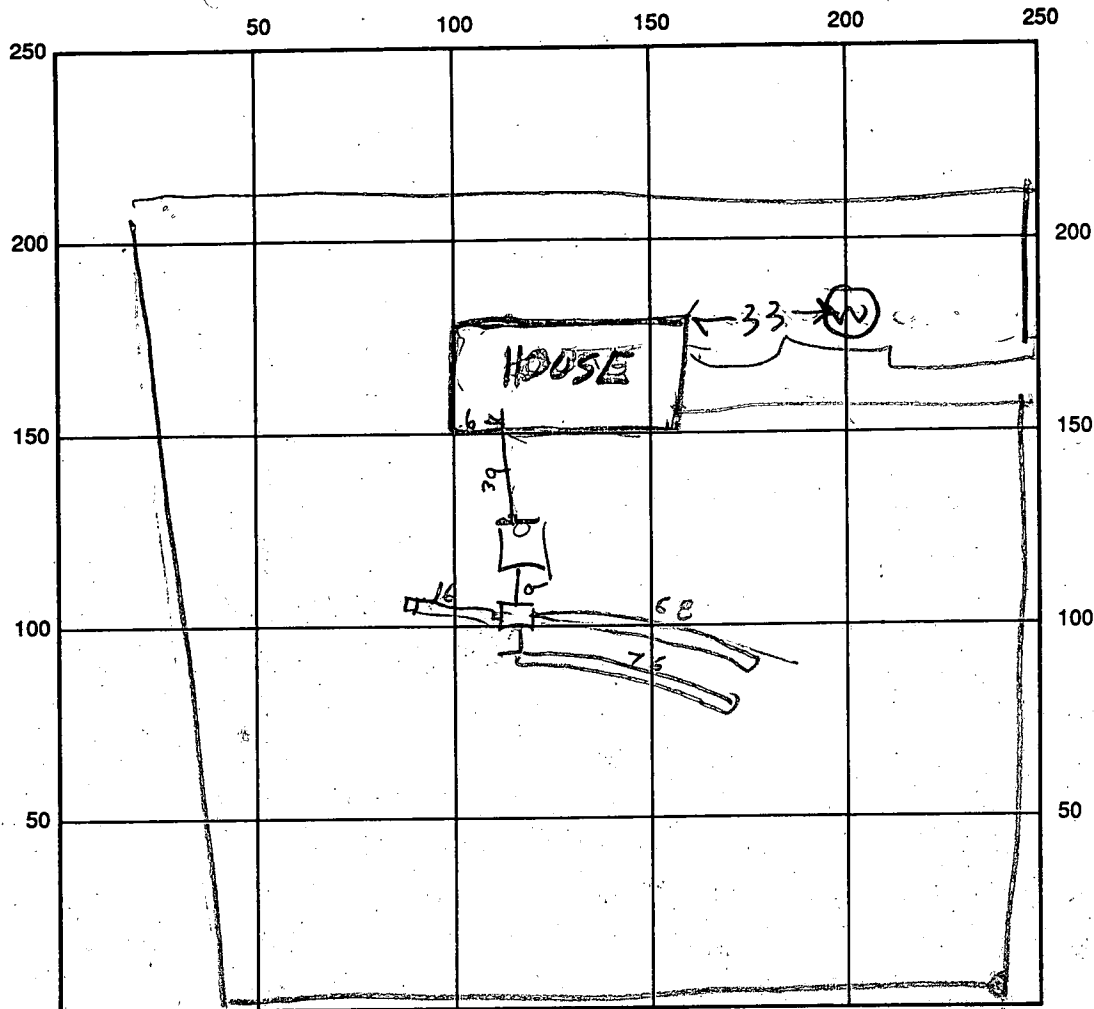
PERMIT VOID AFTER TWO YEARS

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 38706



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
TRIDELPHIA RD

SEPTIC TANK LEVEL 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 116 FT. 3 TOTAL 160

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 800 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/10/92nd FINISH TRENCH & AD

6/10/92nd TRENCHES OK

DATE SYSTEM APPROVED 6/10/92 INSPECTOR B. J. Hodges

APPLICATION

PERCOLATION TESTING

A 38706

P _____

DISTRICT 3

DATE 1/21/87

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

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 KOTTAPALLI B RAO

ADDRESS 6570 RT 32, CLARKSVILLE PHONE 854-0809

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TRIDELPHIA RIDGE ESTATES LOT NO. X (12)

ROAD AND DESCRIPTION 13080 TRIDELPHIA ROAD

TAX MAP 22 PARCEL # 17

SIZE OF LOT 3 AC TYPE BLDG. SINGLE FAMILY DWELLING
(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. Kottapalli Rao
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-25-87 Per satisfactory hold for subdivision plat.

S. Abel

BLDG. PERMIT SIGNED

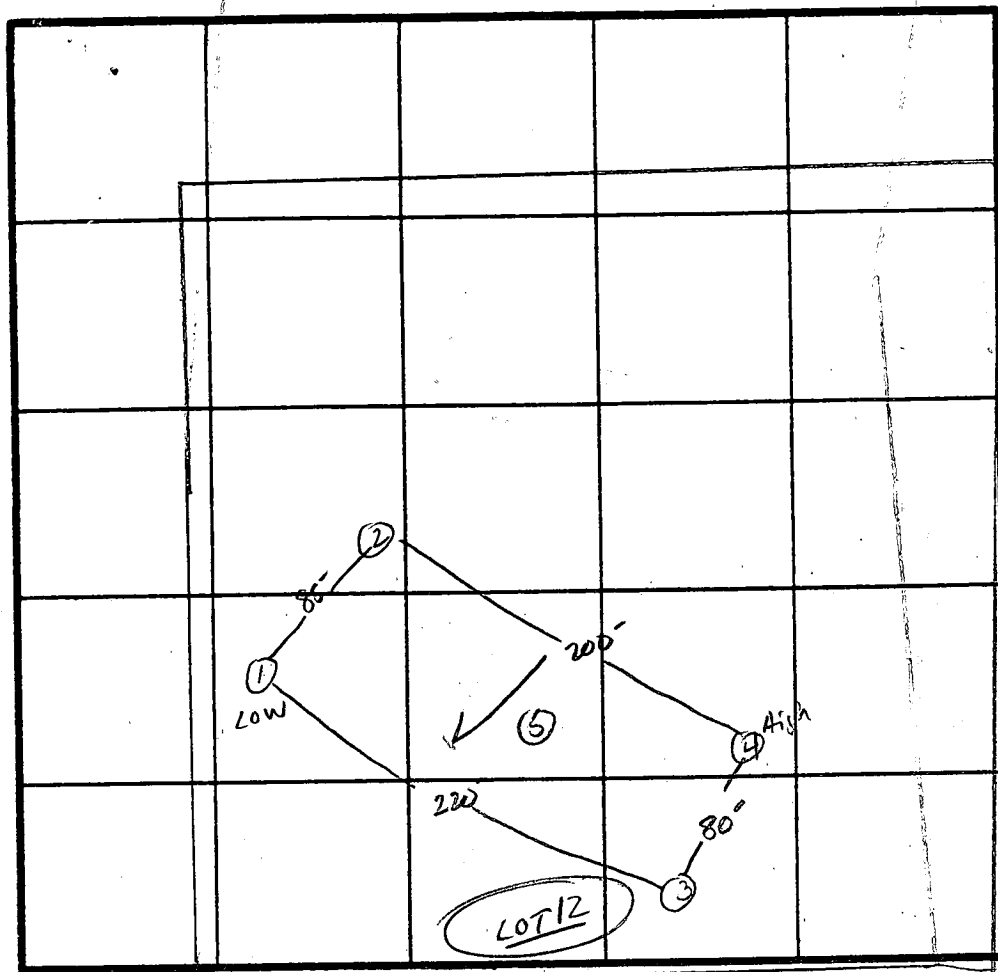
AND RETURNED 4/22/92

Serial # 41825

SFD-4 Bedrooms

THIS IS NOT A PERMIT

0°	AP
12"	Yellow Red Silt Loam 9% clay 10% frags
3'- 3.5'	Yellow Br SAND LOAM 15-20% FRAGMENTS Highly micaceous
13'	



\bar{x} Perc
8 min
170 ϕ BK
INLET 3.5"
BOTTOM 8.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/25/87	1 S V	4" 13"	10:11 UNIFORM SOIL below	10:14 3"	10:14 3"	10:22	8 min
	2 S V	4" 13"	10:13 UNIFORM SOIL below	10:14 3"	10:14 3"	10:16	2 min
	3 S V	4.5" 13"	10:28 UNIFORM SOIL below	10:32 3"	10:32 3"	10:41	9 min
	4 S M	4" 8.5"	10:18 10:18	10:25 10:19	10:25 10:19	10:40 10:22	15 min 3 min
	4 V	13"	UNIFORM SOIL below		3"		
	5 V	13"	UNIFORM SOIL below		3"		

REMARKS HOLES PER RAT

TYPE OF SOIL Glendg

TESTED BY S. Abel ALSO PRESENT SLIP, ROCKY

EH-12-1079

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">5602</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-88-1032</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">052689</div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">RAO</div>		8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">TRIADAPLPHIA RINGLES</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6570 RT32</div>		23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 44 46 LOT 12</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">CLARKSVILLE</div>		52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">CLEVELAND</div>	
DRILLER INFORMATION Driller's Name <i>Joseph L. Wayne</i>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> MI	
77 License No. 80 <div style="border: 1px solid black; padding: 2px; display: inline-block;">238</div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
First Name <i>Joseph L. Wayne</i>		11 NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">Triadaphia Road</div>	
Address <i>5512 Ridge Rd. Mt. Airy, Md. 21771</i>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
Signature <i>Joseph L. Wayne</i>		NORTH <input checked="" type="radio"/> NORTH <input type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH	
Date <i>5/24/89</i>		34 <div style="border: 1px solid black; padding: 2px; display: inline-block;">220</div> 37 DISTANCE FROM ROAD ENTER FT or MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">17</div>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>		COUNTY NAME <i>HOWARD</i> COUNTY NO. <i>A # 39706</i>	
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)		STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">083189</div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">300</div> FEET		CO SIGNATURE <i>Charles E. Bryan</i> EXP. DATE <i>12/30/90</i>	
APPROXIMATE DIAMETER OF WELL <i>6</i> NEAREST INCH		NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">523000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0809000</div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">E 800 9 N 520 3</div>	
REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div>		FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">C5</div> WRITE INITIALS IN BOX PERMIT NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-88-1032</div>	
SPECIAL CONDITIONS			

C1	1142	SEQUENCE NO. (DENV USE ONLY)	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A# 38706		
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED 11/29/89		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-1032
8 13		Depth of Well 22 385 26 (TO NEAREST FOOT)		28 29 30 31 32 33 34 35 36 37

OWNER	RAO ROB	first name	TOWN	GLEDJELG
STREET OR RFD	last name TRIADDELPHIA ROAD			
SUBDIVISION	TRIADDELPHIA RIDGE ES		SECTION	LOT 12

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
SAND stone	0 58	
GRAY MICH ROCK	58 385	
2 dry wells 365, 400' filled in with cement + drilling materials		

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS 14	NO. OF POUNDS 1316
GALLONS OF WATER 84	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 50 ft.	
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below		
ST	CO	
STEEL	CONCRETE	
PL	OT	
PLASTIC	OTHER	
MAIN CASING TYPE		
57	6	63
60 61	63 64	66 67 70
Nominal diameter top (main) casing (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
STEEL	BRASS	OPEN HOLE
PL	OT	
PLASTIC	OTHER	

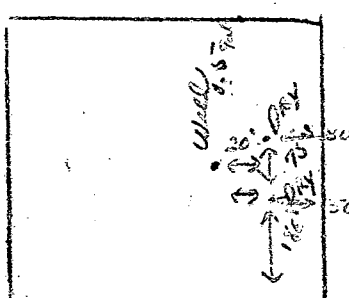
C2	
DEPTH (nearest ft.)	
H0 62 385	
8 9 11 15 17 21	
23 24 26 30 32 36	
38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T	(E.R.O.S.)	W Q
70	72	74 75 76
TELESCOPE CASING		LOG INDICATOR
OTHER DATA		

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 6		
PUMPING RATE (gal. per min. to nearest gal.) 1.5		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 38		
WHEN PUMPING 267		
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)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
+ above	
- below	
LAND SURFACE (nearest foot)	
50 51	

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)	
	

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 IDENT. NO. 238	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

Page _____ of _____
 Date 11/29/89

Review 12/11/89 CW.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1032
 Location of property (road) Philadelphia Road
 Subdivision Philadelphia Ridge Est. Lot 12 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayhe Owner Bob Rao

Depth of well 385'
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 15 gpm
 Total time 45 min to reach pumping water level 266 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)
8:00	150'	4 sec.		15
8:15	267	5		12
8:30	266	40		1.5
8:45	266	40		1.5
9:00	266	40		1.5
9:15	266	40		1.5
9:30	265	40		1.5
9:45	265	40		1.5
10:00	265	40		1.5
10:15	264	40		1.5
10:30	263	40		1.5
10:45	264	40		1.5
11:00	264	40		1.5
11:15	263	40		1.5
11:30	263	40		1.5
11:45	263	40		1.5
12:00	263	40		1.5
12:15	263	40		1.5
12:30	263	40		1.5
12:45	263	40		1.5
1:00	263	40		1.5
1:15	263	40		1.5
1:30	263	40		1.5
1:45	263	40		1.5
2:00	263	40		1.5
2:15	263	40		1.5

6/29/92
Final

6/29/92
Final
C.B. [initials]

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

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

Name of Property Owner _____ Telephone _____
Subdivision Twin Ridge Est. Lot # 12 Well Tag # H0-88-1032
Site Address 13080 Twin Road

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? _____

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? _____

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: _____

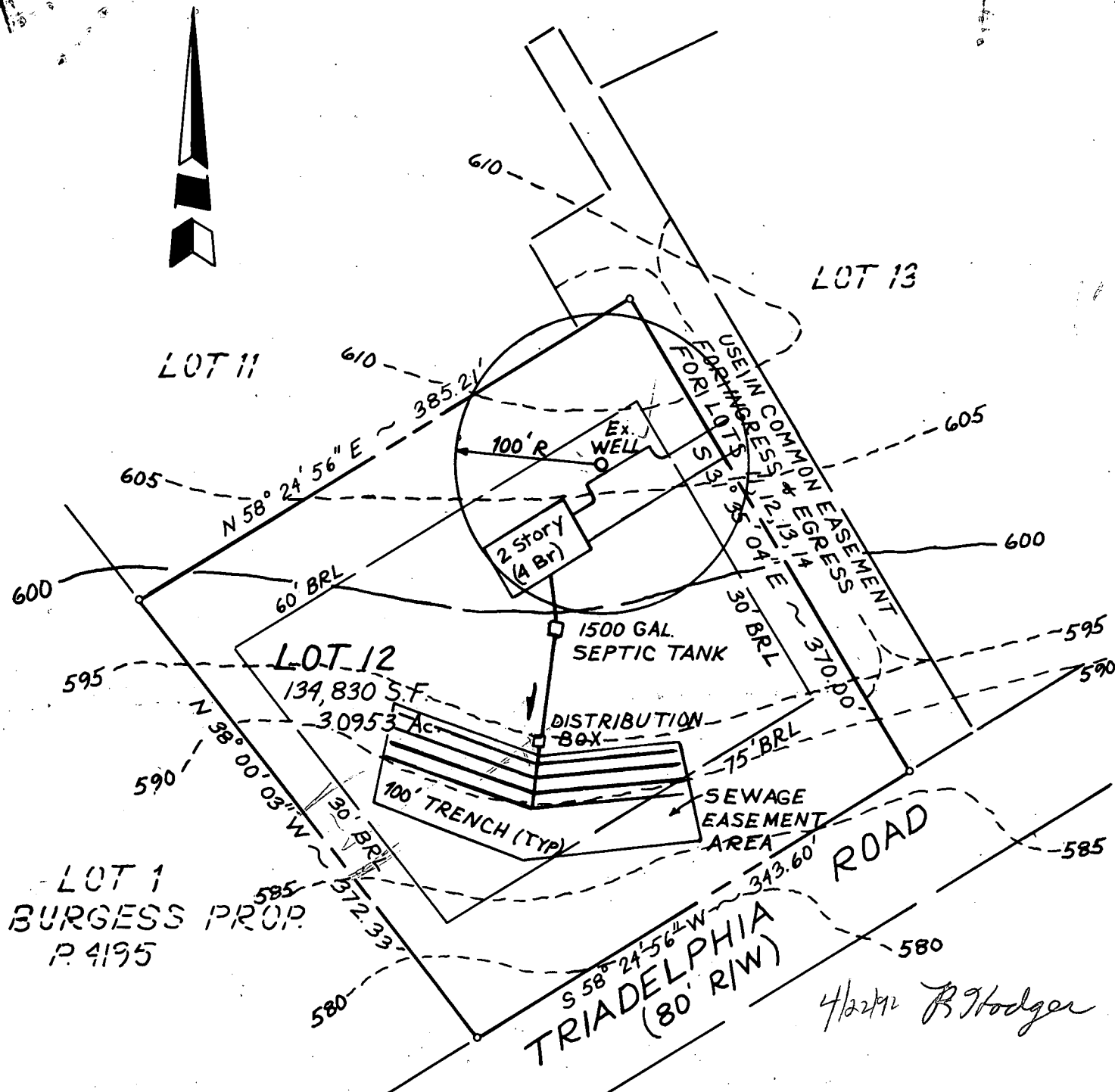
Date: _____

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

HD-215

6/29/92
Cito-Superintendent
for construction
ARROWOOD
S.I.T.A. (BOB-ROA)
Construction

OK 6/29/92



4/22/92
REVISED PLANS OK



BP 41825 po 881032
LOT 12 TRIADELPHIA RIDGE ESTATES
PLAT # 7893
SITE PLAN
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' APRIL, 1992

ADVANCE RESOURCE CONSULTANTS, INC.
7940 AIRPARK ROAD
GAITHERSBURG, MARYLAND 20879
301-840-0746

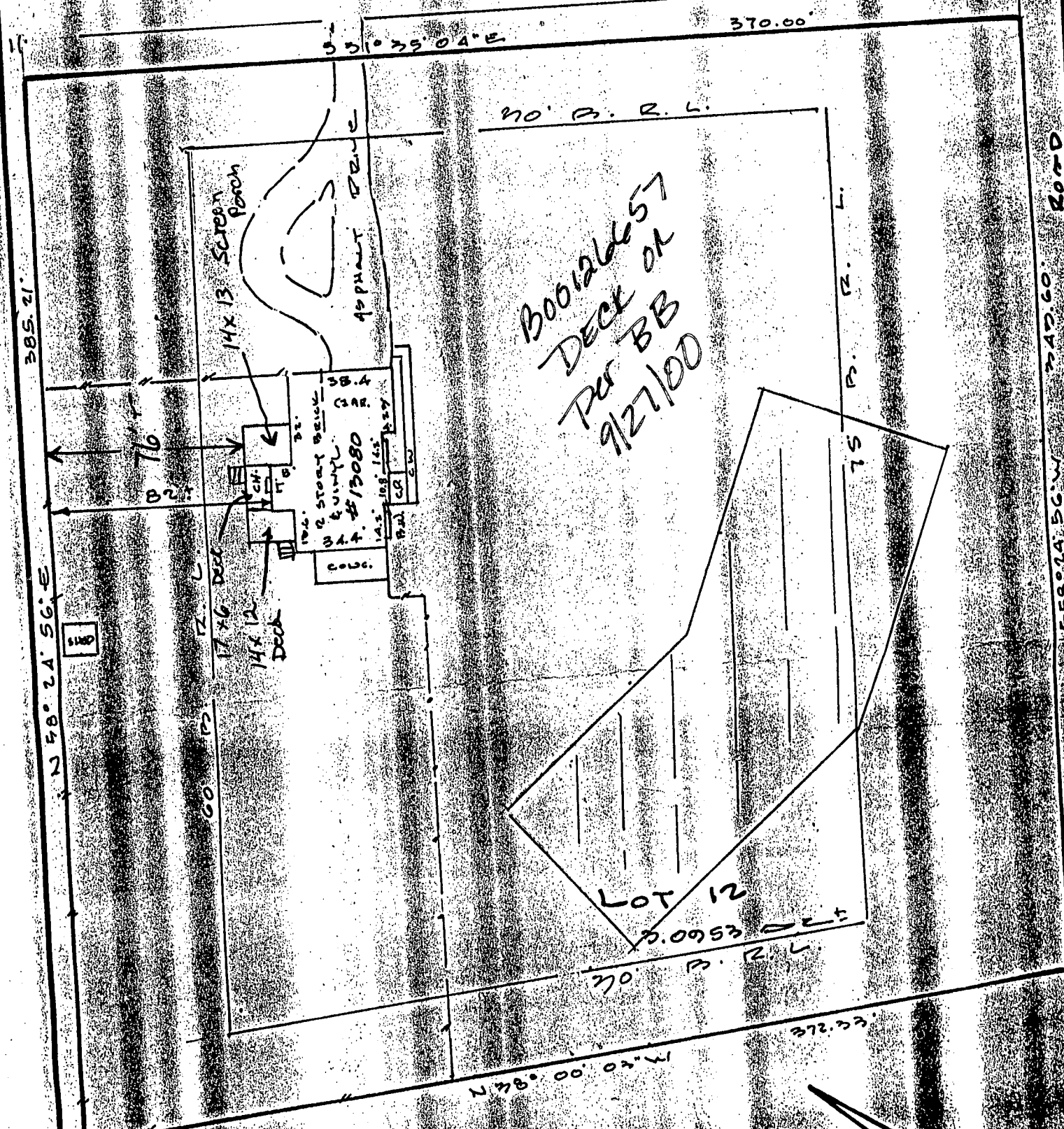
SEPTIC SYSTEM DATA - LOT 12

TWO STORY - 4 BEDROOM HOUSE

HOUSE: FIRST FLOOR	608.0
BASEMENT	598.3
INVERT OUT	596.3
SEPTIC Ex. GROUND	599.0
TANK: INVERT IN	595.3
INVERT OUT	595.1
DISTRIBUTION BOX: Ex. GROUND	594.5
INVERT IN	590.4
INVERT OUT	590.2
INITIAL Ex. GROUND	593.0
TRENCH: INVERT IN	590.0

Property known as: LOT 12
TRINACULAR RIDGE ESTATES
PLAT 7893
3RD ELECTION DISTRICT
HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH
LINES OR CORNERS.



LOCATION SURVEY PLAT
SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

SEAL	SCALE 1" = 60'
------	----------------

SCALE 1" = 60' DATE 2.25.1954

CERTIFICATION

SEAL

This is to certify that I have surveyed
the property known as: 13080

for the purpose of locating the improvements thereon, and the improvements are located as shown.



LAND DESIGN ENGINEERING, INC.
8835 Columbia 100 Parkway
Unit N
Columbia, MD 21045
(410) 715-1070
(301) 596-3424
(410) 715-0681 (Fax)