

7/1/94  
4:00M

04-349512

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50102B

A 41130

DISTRICT 4th

DATE 6/21/94

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 7/1/94

INSPECTOR [Signature]

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Wellington LOT 27 ROAD 2803 Woodsdale Road

PROPERTY OWNER Security Development Corporation Lawrence

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right front lot corner as seen from driveway entrance at Woodsdale Road, place the distribution box 205 feet down the right (547.56') lot line and 65 feet off this same lot line. Run trenches on contour to rear of lot. The septic tank and trenches must be at least 100 feet from the well.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/20/94 DKS

PLANS APPROVED BY Raymond Hodges/Mark Rifkin REVISED DATE 01/27/94

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

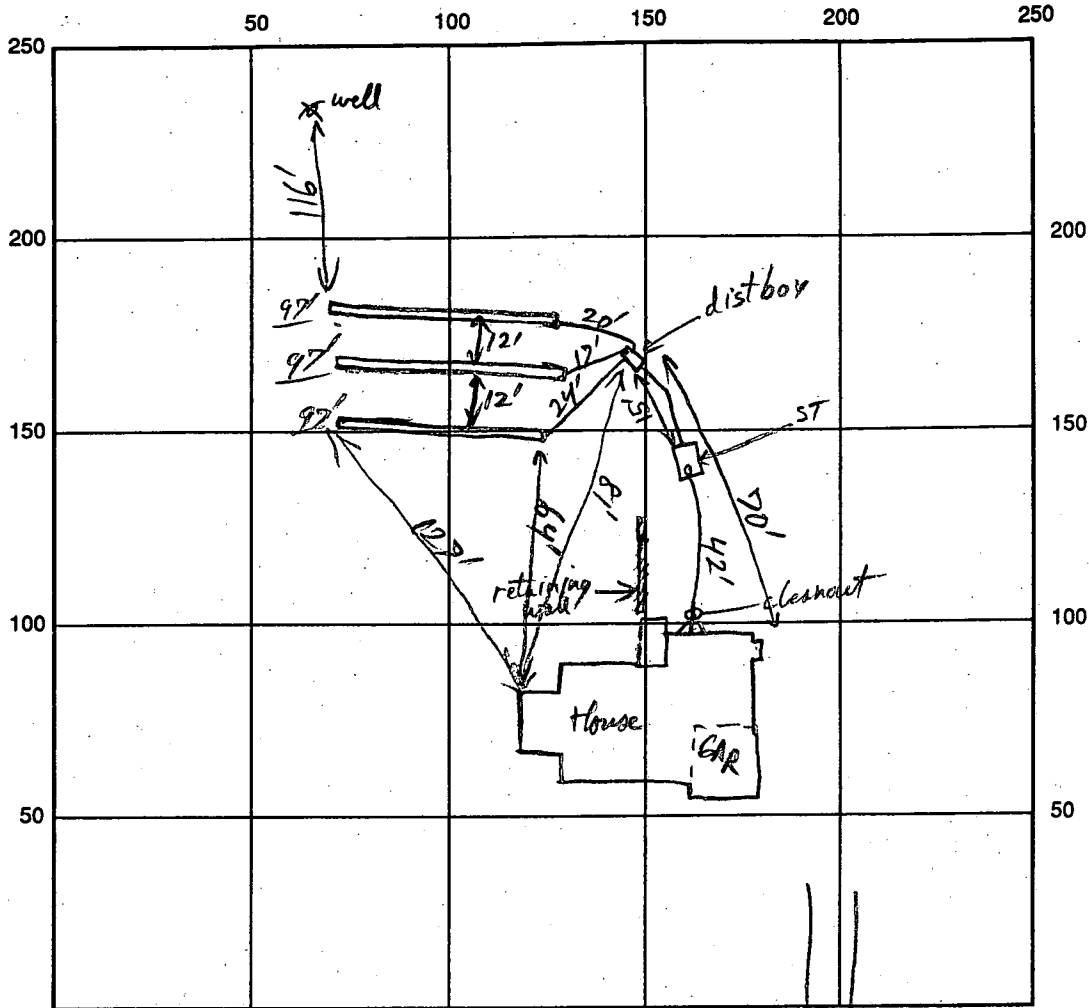
PERMIT VOID AFTER TWO YEARS

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  
41130



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

*Woodside Road*

SEPTIC TANK LEVEL 1250 CLEANOUTS ST + HSE

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH  $\frac{1 \times 2 \times 3}{97/97/92}$  FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: OK to cover system 11/11/94

DATE SYSTEM APPROVED 11/11/94 INSPECTOR [Signature]

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41136  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 992-2330

DISTRICT 474

DATE December 18, 1987  
FEB 26 1988

*4/2/88  
wet season  
perc OK 10/ pending  
approved [initials]*

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 G. Oliver Goldsmith, et ux Security Development Corp  
465-9244  
ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: Wellington Sect 1 Area LOT NO. 16  
SUBDIVISION Longwood Farm LOT 27 Preliminary Sec. 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and Union Chapel Road (2803 Wordsdale Road)

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential  
(NUMBER OF BEDROOMS) \*  
\* Undetermined at this time

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. St. A. Bendler, Jr.  
Security Development Corp.  
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR [Signature] DATE 1/12

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for field located holes (good + bad) + S/D plan

1/25/90 Spec. in return  
BLDG. PERMIT SIGNED AND RETURNED 3/29/94  
Serial # 52990  
SFD-4 (Cms)

# THIS IS NOT A PERMIT



# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

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 Wellington Sect 1 Area 1 LOT NO. Lot 27  
16 on 2

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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

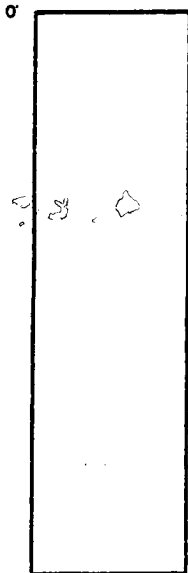
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

WET 4 1/2  
 MAX D 6 1/2  
 T = 8 MIN  
 1908

SOIL PROFILE




INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/7/8	⑧	3 1/2' S	120	128	128	144	16 MIN	
		1 1/2' D	Gravel (see profile)					
	⑨	clay	to ≈ 7'	stopped digging				

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

B 1 01114

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 10-92-0397 fill in this form completely

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

Date Received (APA)

062893

OWNER INFORMATION

CLARK ASSOCIATES

BOX 1710

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

WPLINGTON

SECTION 44 46 LOT 48 50 27

GLEWOOD

MILES FROM TOWN (enter 0 if in town) 1/2 MI

DRILLER INFORMATION

Joseph L. Mayne 0024

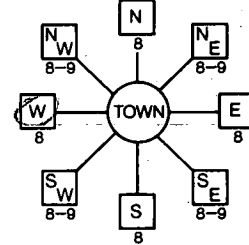
Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph L. Mayne 6/28/93

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

WOODSTAKE RD

DISTANCE FROM ROAD 367 FT

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 COUNTY NAME
A41130 COUNTY NO.
DATE ISSUED 070193
CO SIGNATURE B. Hodges 07/01/94
NORTH GRID 530000 EAST GRID 0740000

APPROXIMATE DEPTH OF WELL 240 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

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)

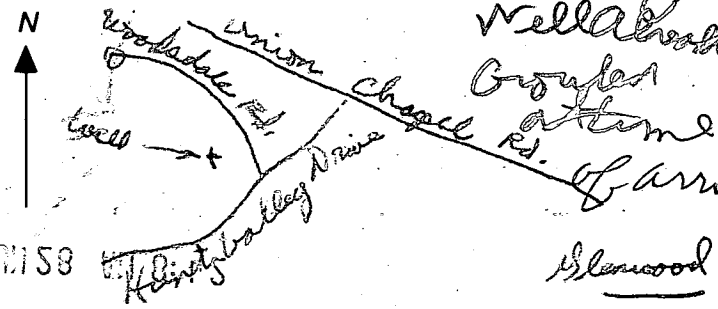
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP
FORCE 11 WRITE INITIALS IN BOX PERMIT No. 10-92-0397

SPECIAL CONDITIONS

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 790
N 530

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



C1 **0470** SEQUENCE NO. (DENV 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 41 130**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**070792**

Depth of Well  
**145**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**MD-90-0397**

OWNER **CLARK & ASSOCIATES**  
 last name first name TOWN **CLAYTON**  
 STREET OR RFD  
 SUBDIVISION **WILLINGDALE** SECTION LOT **27**

**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	
<b>SAND Stone</b>	<b>0</b>	<b>15</b>	
<b>GARY Mica Rock</b>	<b>15</b>	<b>145</b>	

**GROUTING RECORD**  
 WELL HAS BEEN GROUDED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **5** NO. OF POUNDS **420**  
 GALLONS OF WATER **30**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **0** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)  
**ST** **4** **00**

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch 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.)  
 EACH SCREEN  
**HO** **20** **145**  
 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.) W Q  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **15**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **24**  
 WHEN PUMPING **24**  
 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)  
 LAND SURFACE (nearest foot)

**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)  
 see Attached Well Location

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. **214**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 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 X  
 Replacement \_\_\_\_\_

Receipt # -0-  
 Date 5/16/94

Name of Installer Van Sant Plumbing & Htg

Telephone 915-6566

License Number 1407

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Williamsburg Builders

Telephone 410-997-8800

Subdivision Wellington Lot # 27 Well Tag # \_\_\_\_\_

Site Address 2803 Woodchale  
Glenwood, Md. 21797

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Grundfos
- Model # TEKOS-422
- 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 hp
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Camobacc
- Model # B10x
- Depth 48"

Tank

- Capacity 1-100
- Pressure relief valve?

Piping

- Type P.E.
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 48"

Well data

- Depth 145 ft.
- Yield 15 GPM
- Static water level \_\_\_\_\_ 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: Stanford A. Van Sant

Date 5/12/94

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

RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPARTMENT

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

Final  
7/6/94  
C.B.J.

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 \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO - 9a - 0397  
Site Address \_\_\_\_\_

**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: \_\_\_\_\_

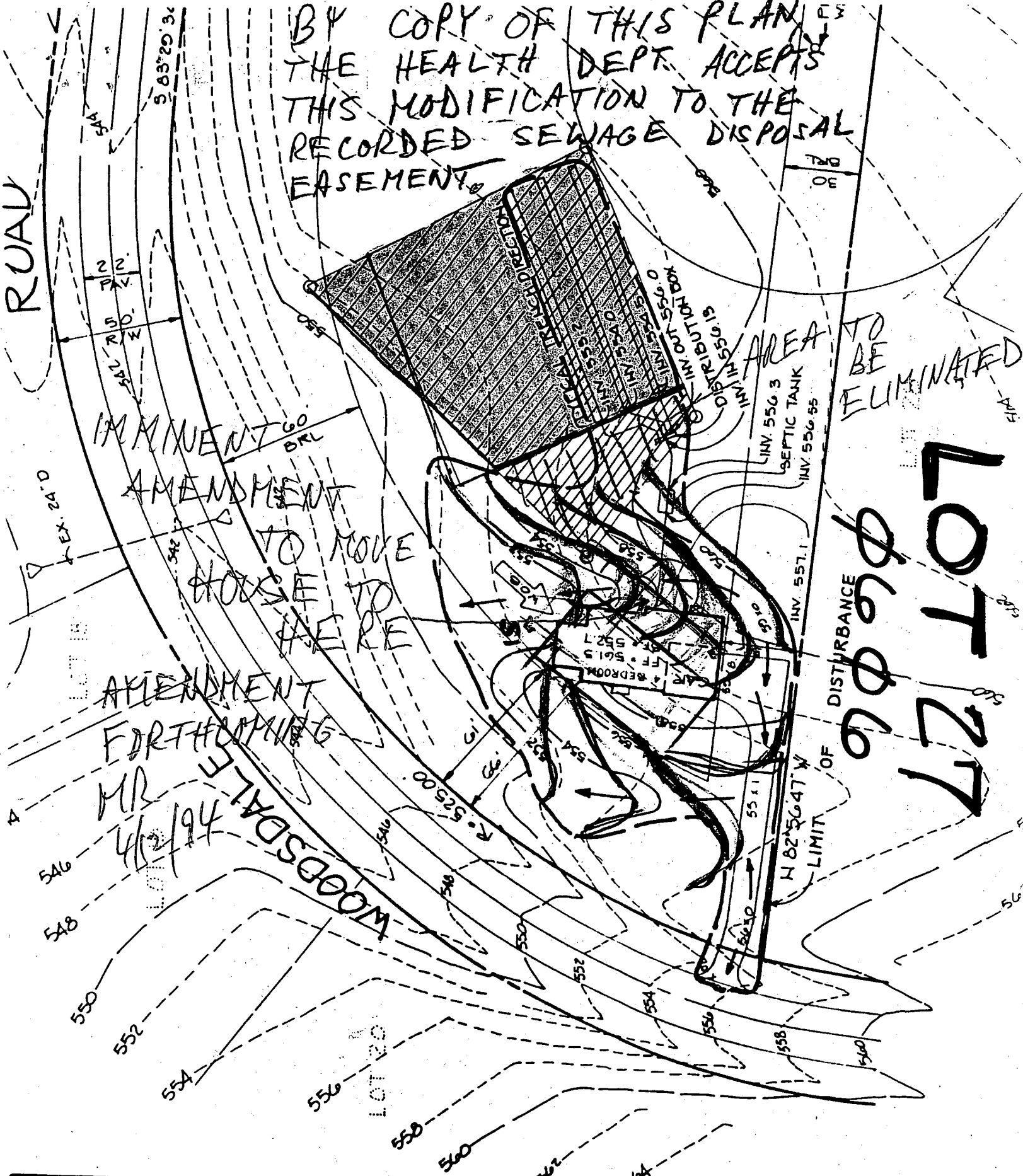
Date: \_\_\_\_\_

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



BY COPY OF THIS PLAN  
 THE HEALTH DEPT. ACCEPTS  
 THIS MODIFICATION TO THE  
 RECORDED SEWAGE DISPOSAL  
 EASEMENT.

ROAD



AREA  
 TO BE  
 ELIMINATED

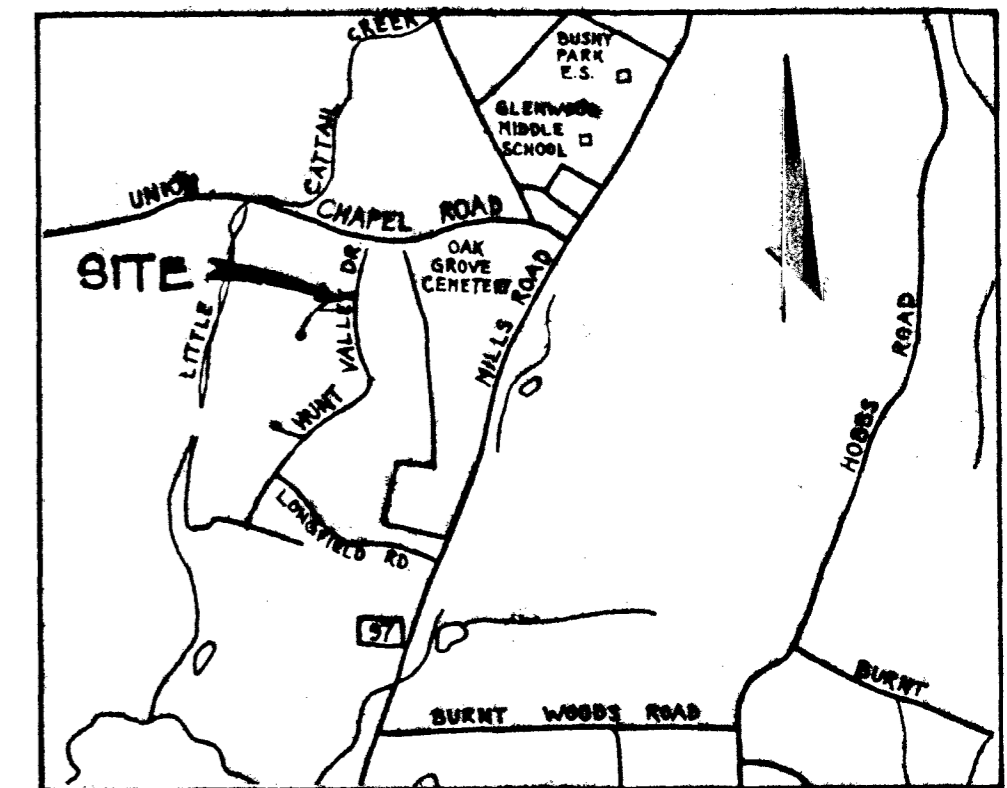
LOT 27

IMMINENT  
 AMENDMENT  
 TO MOVE  
 HOSE TO  
 HERE

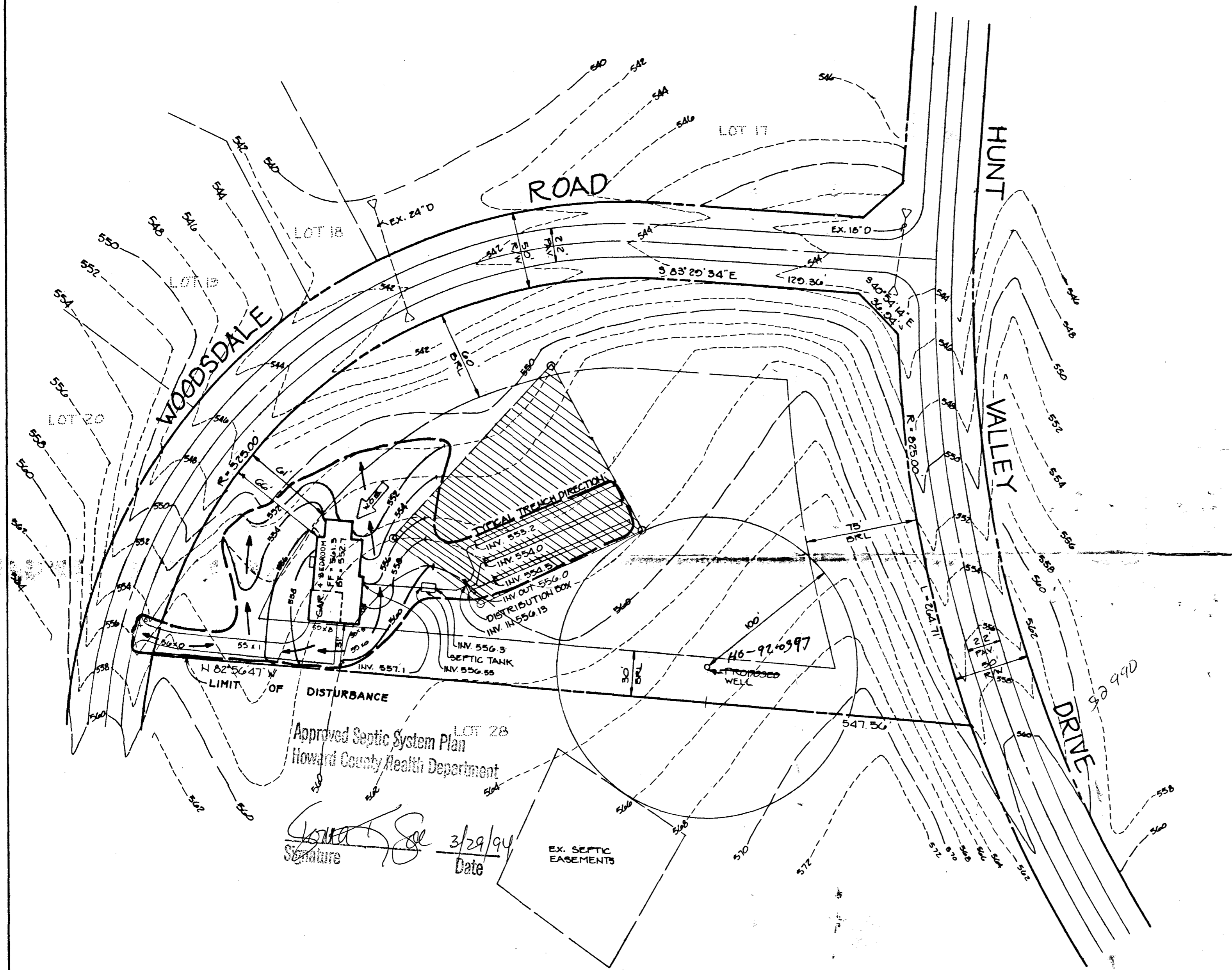
AMENDMENT  
 FORTHCOMING  
 MR 4/12/94  
 WOODS DALE

Rough Stake - Corners Only  
 4 Corners of House Lot -  
 NO OFFSETS  
 OR ELEVATIONS REQUIRED

φ6φ6



VICINITY MAP  
SCALE: 1" = 2000'



- NOTES:
- 1) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. +/- AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER 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. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAN SHALL NOT BE NECESSARY.
  - 2) SUBJECT PROPERTY ZONED "RC".
  - 3) ALL EXISTING WELL AND SEPTICS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
  - 4) EXACT LENGTH OF SEPTIC TRENCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.

Approved Septic System Plan  
Howard County Health Department

Signature: *[Signature]*  
Date: 3/29/90

EX. SEPTIC EASEMENTS

AREA OF DISTURBANCE = 23,525 SQ. FT.

PLOT PLAN  
WELLINGTON  
SECTION ONE, AREA ONE  
LOT 27

2nd HVB 12 bll 5:10  
TAX MAP NO. 21 & 14, PARCEL 73 & 74  
PLAT NO. 8047

4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: JUNE 22, 1995 REV 3/11/94

T.S.A. GROUP INC.  
8480 BALTIMORE NATIONAL PIKE, SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
(410) 465-6105