

Tax# 04312171

# PERMIT

P 45823

SEWAGE DISPOSAL SYSTEM

A 44143

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 04/23/90

DATE SYSTEM APPROVED 4/22/90

INDEXED

INSPECTOR M. Riffin

Dave Hopkins IS PERMITTED TO INSTALL  ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Kinlein Property ROAD 648 West Watersville LOT \_\_\_\_\_

PROPERTY OWNER Richard Kinlein Hogan

ADDRESS \_\_\_\_\_

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

~~GARBAGE GRINDER? YESXXXXXXXXXXXXNOXXXXXXXX~~

TOP SEAMED SEPTIC TANK REQUIRED - SHALLOW DEPTH TO ROCK

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 240 feet from the rear lot line and 10 feet (or less) from the left lot line as seen when facing the property from West Watersville Road. Run trenches along contour toward front of property.

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 C. Williams DATE 6/01/89

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

PERMIT SIGNED

AND RETURNED 11-24-99

Serial # 040121321

*[Signature]*

A 44143

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



# APPLICATION

*Preliminary  
5-22-89  
1:30 PM*

PERCOLATION TESTING

A 41143  
P \_\_\_\_\_

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

DISTRICT 4th  
DATE 5-3-89

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 Richard Kinlein

ADDRESS 587 W. Watersville Rd, Mt. Airy PHONE 795-4114

PROSPECTIVE BUYER Matthew Kinlein

ADDRESS 4830 Country Ct., Ellicott City PHONE 730-8976

PROPERTY LOCATION:

SUBDIVISION Lot Created By Deed (1951) LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 648 WEST Watersville Rd. N. of Old Frederick Rd.

ACROSS from 616 W. Watersville Rd.

TAX MAP B2 PARCEL # 37

SIZE OF LOT 1/2 A± (78 SQ RODS) TYPE BLDG. Single family  
(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.

Richard Kinlein  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TAB NCHES DATE 5/22/89

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

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

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

BUDG. PERMIT SIGNED  
AND RETURNED 4/25/90  
Serial # 30764  
SFO - 3 Bedson

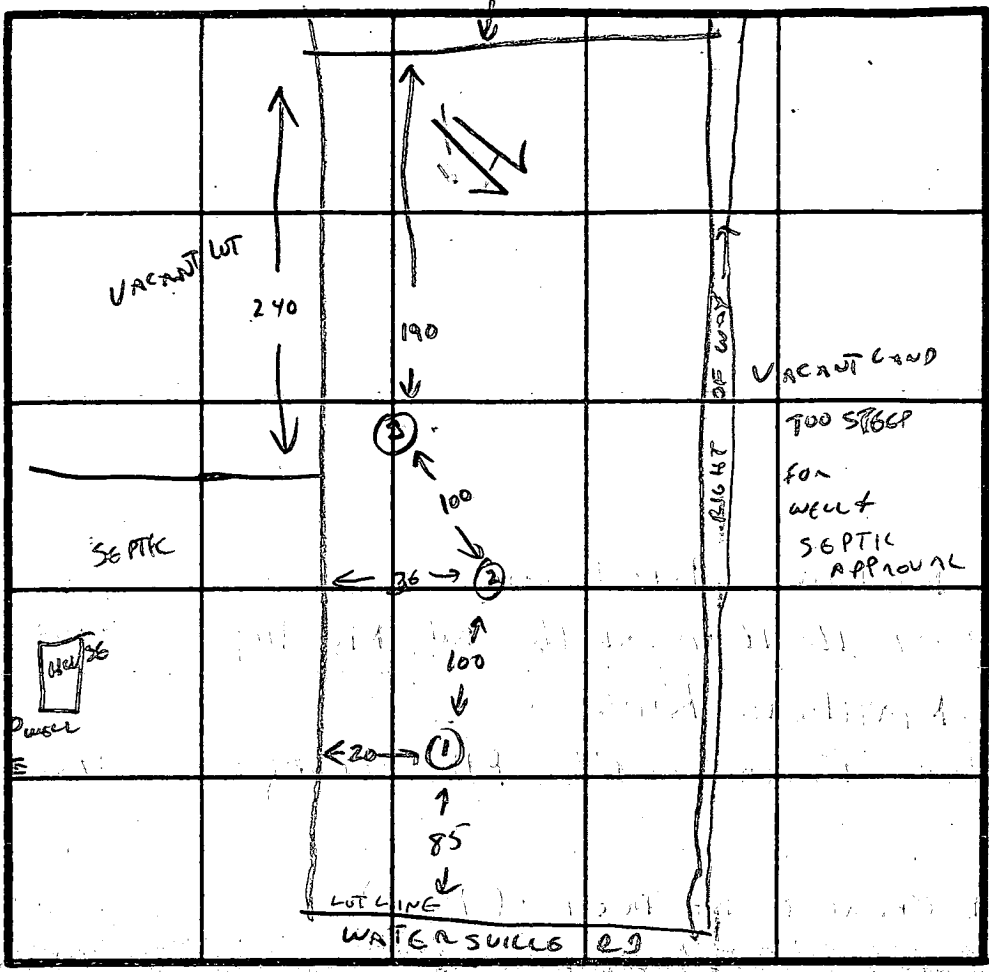
HD-216

# THIS IS NOT A PERMIT

SEPTIC ON HIGHER LOT  
66

#1 + #2  
SOIL PROFILE

0  
CLAY LOAM  
3  
CLAY  
SILT LOAM  
10% - 30% SAPROLITE  
6'-7'  
POCKETS OF  
>50% SAPROLITE  
9  
30% - 40% SAPROLITE  
11 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#3  
MORE ROCK THAN #1+2  
REFUSAL AT 10'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/22/89	1	3 1/2	2:37 2:38	2:52 2:58	2:52 2:38	3:15 2:59	11:41 AM TOO FAST	
	2	3 1/2	2:44 2:42:30	2:54	2:52	3:15 2:43:30	TOO FAST	
	3	FAILED	>50% ROCK BELOW 4'					

REMARKS WELL TO BE 120' FROM REAR LOT LINE.  
TYPE OF SOIL SHALBY LOAM // START SYSTEM 250' FROM LGFT CORN 5' FROM LGFT LOT LINE  
TESTED BY [Signature] ALSO PRESENT SARK, KINLEW

B 1 **4710** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

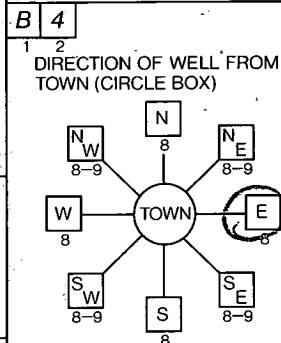
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-1044**  
 fill in this form completely

Date Received (APA) **081789**  
 OWNER INFORMATION  
 Last Name **KIVIEW** Owner **RICHARD T** First Name  
 Street or RFD **8255 COURT AVE**  
 Town **BELLCOURT** City **MD** State **21043** Zip

B 3 LOCATION OF WELL  
 HOWARD COUNTY  
 MAP 2 PARCEL 37  
 SECTION 44 46 LOT 48 50  
 MT AIRY  
 52 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
 Driller's Name **George F. Easterday** License No. **40**  
 Firm Name **L. Franklin Easterday, Inc.**  
 Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Signature **George F. Easterday** Date **8/15/89**



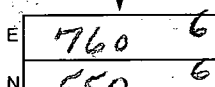
W. Watersville Rd  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 DISTANCE FROM ROAD **400** FT  
 ENTER FT or MI **FT**

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)  
 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)

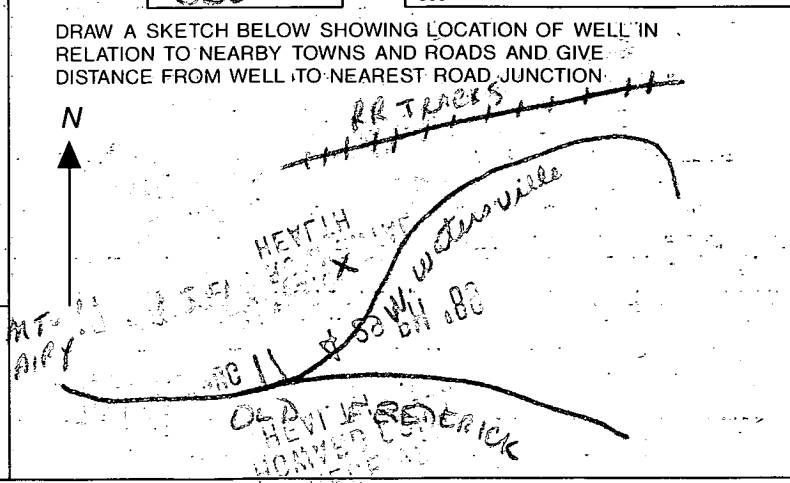
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD COUNTY NAME COUNTY NO. **A44143**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **09/28/89** INSERT S  
 CO SIGNATURE **C. E. Williams** EXP. DATE **3/12/90**  
 NORTH GRID **556000** EAST GRID **0766000**

APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1 well  
 WRITE THE BOX-NUMBER FROM THE MAP HERE  


11/21/89 2PM  
 37 ft open hole X  
 42 ft casing  
 10 bags cement  
 3 ft above grade  
 HENADEAN

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTARY DRIVE-POINT  
 other \_\_\_\_\_



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM 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 **6W** WRITE INITIALS IN BOX PERMIT No. **40-88-1044**

SPECIAL CONDITIONS

1-2-3-4-5-6  
 C1 1408 SEQUENCE NO. (DENY 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 A94449

ST/CO USE ONLY  
 DATE Received [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED 11/21/99

Depth of Well 22 400 26  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 40-88-7099

OWNER: [ ] last name [ ] first name TOWN [ ]  
 SUBDIVISION [ ] SECTION [ ] LOT [ ]

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	
Clay	2	5	
Shale	5	12	
Brown slate	12	40	
Blue & Brown Slate Mixed	40	55	✓
Grey slate & flat mixed	55	75	
Grey slate	75		

NOTE: 1.4 GPM

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)  
 TYPE OF GROUTING MATERIAL  
 CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 10 NO. OF POUNDS 1000  
 GALLONS OF WATER 50  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 4 ft. to 37 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 (S) (A) (6) (42) (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

DEPTH (nearest ft.)  
 110 90 400  
 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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.)  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 75  
 WHEN PUMPING 199  
 TYPE OF PUMP USED (for test)  
 (A) air (P) piston (T) turbine  
 (C) centrifugal (R) rotary (O) other (describe below)  
 (J) jet (S) submersible

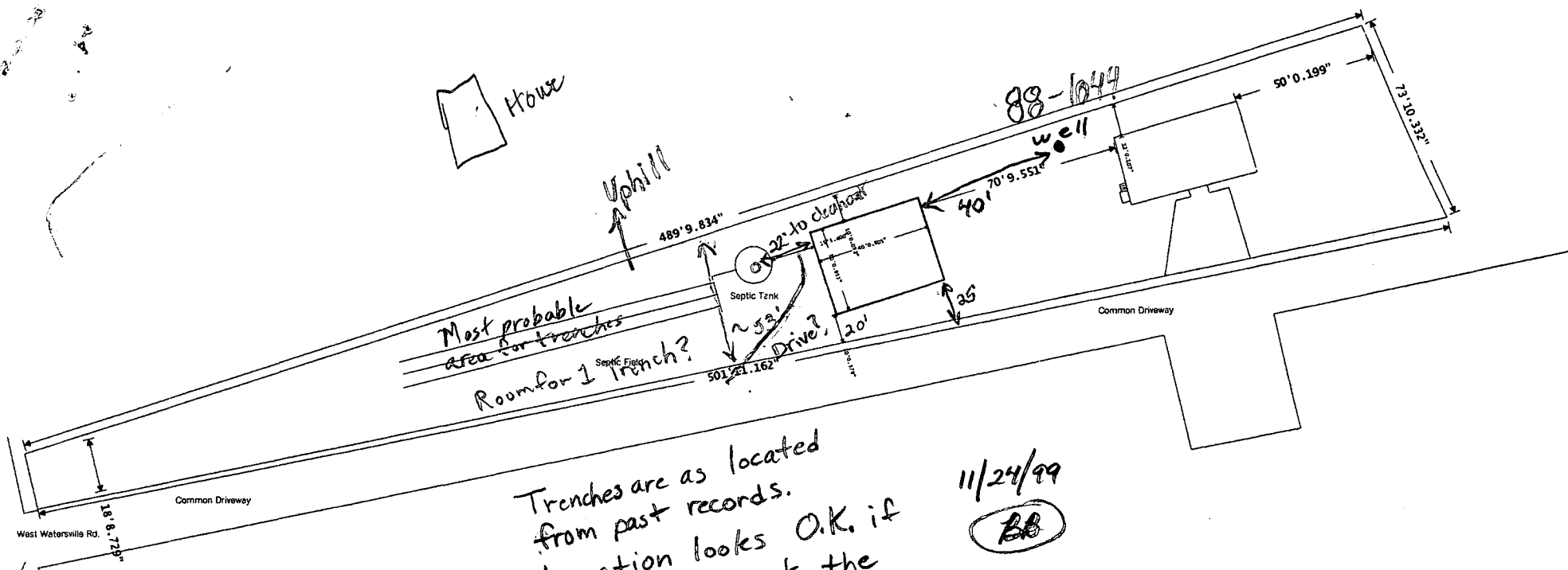
PUMP INSTALLED  
 DRILLER WILL INSTALL PUMP YES (NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)  
 PUMP HORSE POWER  
 PUMP COLUMN LENGTH (nearest ft.)  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 (+) above 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)  
 15' well  
 left lot line  
 W. Watersville Rd.

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. 40  
 DRILLERS SIGNATURE [ ]  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



Trenches are as located  
 from past records.  
 Location looks O.K. if  
 they don't break the  
 septic pipe, running from  
 the house to the tank,  
 in the building process.

11/24/99

BB

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00121321

Building Address 648 W. WATERSVILLE RD  
Mount Airy, MD 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: N/A  
 Census Tract 6040 Subdivision N/A  
 Section N/A Area N/A Lot N/A  
 Tax Map 2 Parcel 37 Grid 13  
 Zoning RC-10 Map Coordinates 255 Lot size \_\_\_\_\_

Property Owner's Name DAVID B. HOGAN  
 Address 648 W. WATERSVILLE RD.  
 City Mount Airy State MD Zip Code 21771  
 Home Phone 201-829-9357 Work Phone 240-508-4144  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Contractor Company PPB INC.  
 Contact Person Bob  
 Address 1750 West end rd  
 City Pittsville State VA Zip Code 17901  
 License No. \_\_\_\_\_  
 Phone 1-888-448-2505 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
 Proposed Use same w/ storage building  
 Estimated Construction Cost \$ 7,900.00  
 Description of Work CONSTRUCTION OF  
20x40 STORAGE POLE BUILDING  
CONSTRUCTION EQUIPMENT

Occupant or Tenant OWNER  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Multi-family dwellings:		Heating System:	
No. of efficiency units: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of 1 BR units: _____		Natural Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 3 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
Other Structure: _____		Full <input type="checkbox"/>	
Dimensions: _____		Partial <input type="checkbox"/>	
Footings: _____		Other Suppression <input type="checkbox"/>	
Roof: _____		# of Heads _____	
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature OWNER  
 Title/Company \_\_\_\_\_

David B. Hogan  
 Print Name \_\_\_\_\_  
 11/12/99  
 Date \_\_\_\_\_

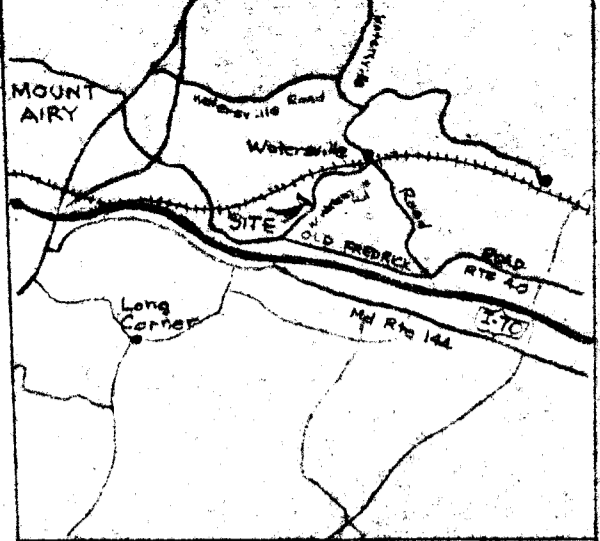
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**FOR OFFICE USE ONLY**

AGENCY DATE SIGNATURE APPROVAL  
 X Land Development, DPZ \_\_\_\_\_  
 State Highways \_\_\_\_\_  
 Building Official \_\_\_\_\_  
 X Dev. Engineering, DPZ \_\_\_\_\_  
 Health 11/24/99 Brian Baber  
 Fire Protection \_\_\_\_\_

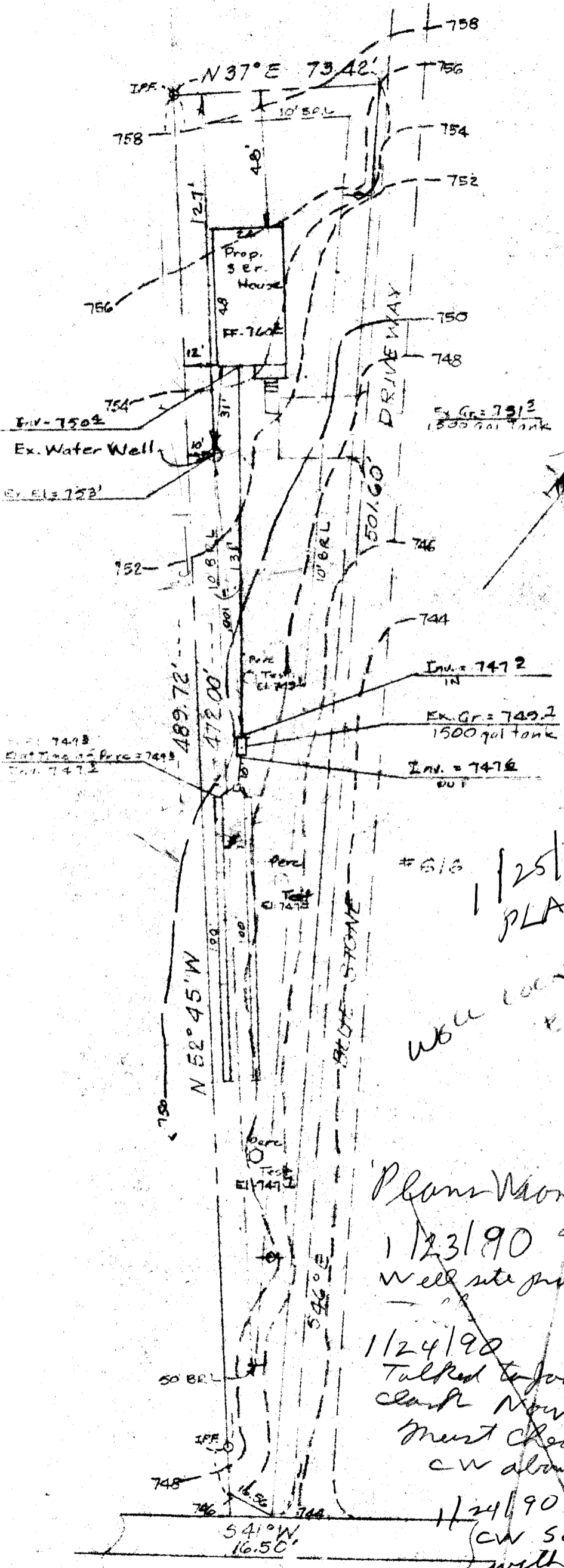
DPZ SETBACK INFORMATION  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 43934  
 Filing fee \$ 25  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 15857  
 Validation # 26776  
 Accepted by \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO   
 CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:



VICINITY MAP SCALE: 1" = 3 Miles



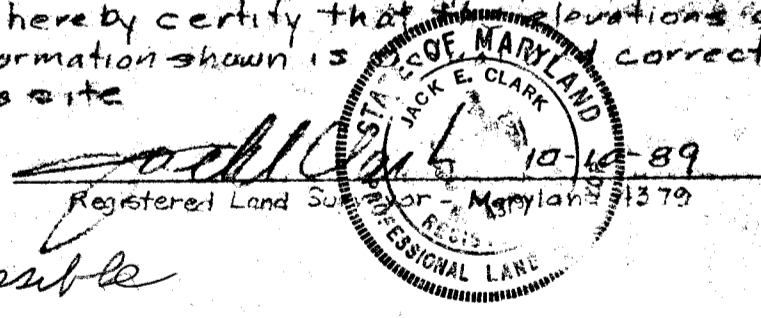
Existing Grade --- 752 ---  
 Proposed Grade --- 748 ---  
 Proposed Elevations + 746 E  
 Howard County Datum

Note: Specific design of Septic System is to be provided with application for Septic System Permit.

# 616  
 1/25/90  
 PLANS OK  
 OR H  
 Well location 17206  
 ENGINEER - [Signature]  
 RECALL 6?  
 PLANS LOCATED  
 IS FROM FIELD DATA

SURVEYOR'S CERTIFICATE

I hereby certify that the elevations and information shown is correct for this site



Plans Wrong Passable

1/23/90  
 Well site problem  
 1/24/90  
 Talked to Jack Clark  
 must check with CW about well site  
 1/24/90  
 CW said to Recheck with Mr Clark  
 Mr Clark might be right with Well Site

**SITE PLAN**

**R. KINLEIN PROPERTY**

**W. WATERSVILLE ROAD**

**WATERSVILLE**

**ELECTION DISTRICT**

HOWARD COUNTY MARYLAND

SCALE: 1" = 40' OCT, 1989

REV-12-26-89

**THE J. E. CLARK COMPANY**  
 LAND SURVEYING • ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707  
 Phone: 301-725-3442

W. WATERSVILLE ROAD 1/25/90

called Mr Clark  
 He is going to double check  
 with Field man