

8/2/89

05-407303

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 44687

A 35009

DISTRICT 5th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 7/7/89

DATE SYSTEM APPROVED 8/2/89

INSPECTOR RH

Jack Fyock \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE 988-9270  
 SUBDIVISION Waterford ROAD 17220 Westmeath Lane LOT 15, Sec. 3  
 PROPERTY OWNER The Rzepkowski Company  
 ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 230 feet down the left (450') lot line from the rear lot line and 10 feet off the left lot line as seen when facing the lot from Brighton Dam Road. Run trenches on contour toward the rear 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 Sid Abel DATE 4/02/87

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

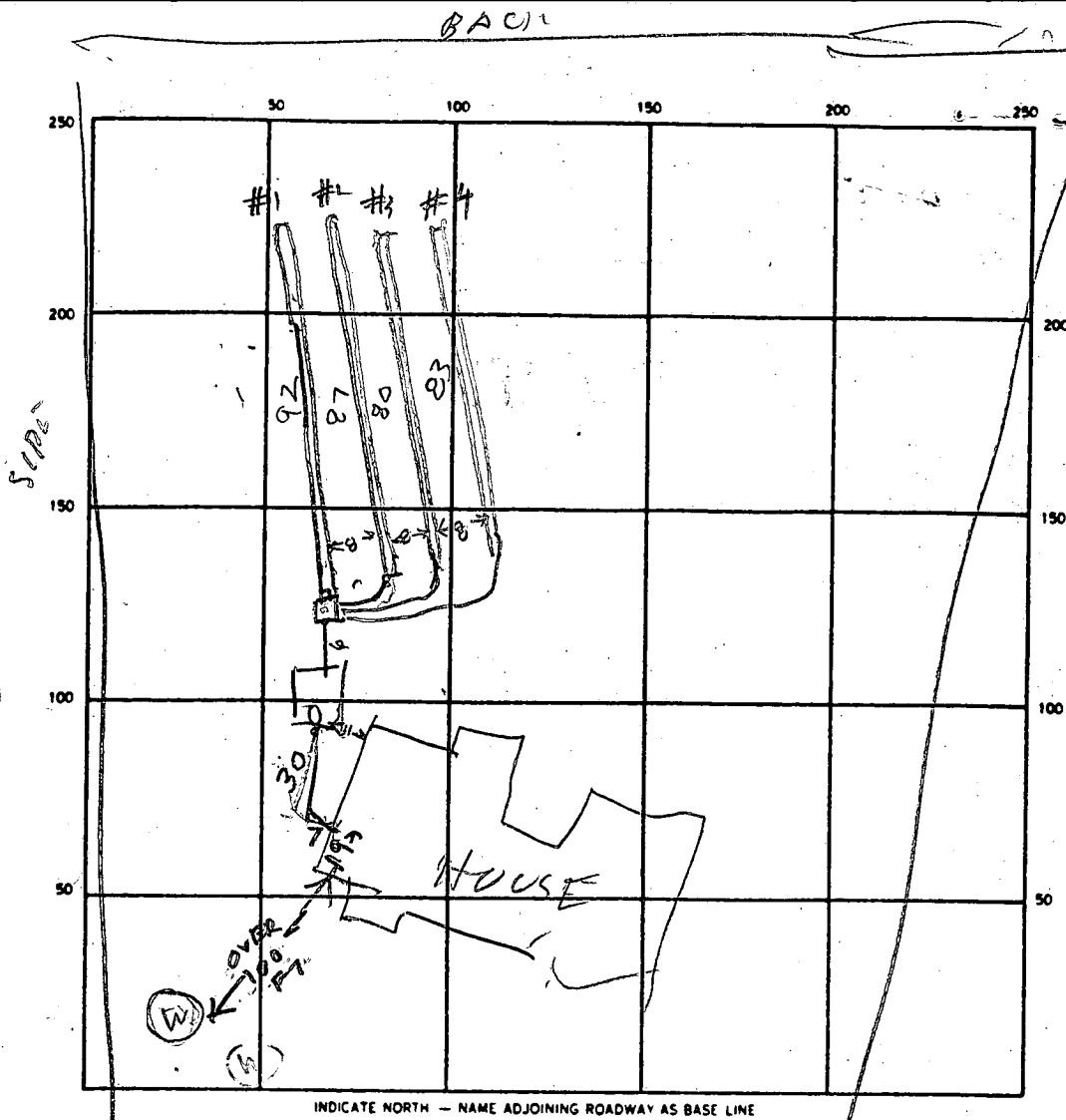
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

~~OLD PERMIT~~  
RETURNED 4/4/01  
300129368 inground  
Swimming pool

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

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

A 35009



422

SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTHS 

1	2	3	4
3	3	3	5

 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 

1	2	3	4
7	7	8	8

 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1266 SQ. FT.

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

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

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED 8/2/89 INSPECTOR Raymond Hodger



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

November 8, 2001

Mr. and Mrs. Stone  
13220 Westmeath Lane  
Clarksville, MD 21029

RE: **Replacement Well Sampling**  
Waterford – Lot 15  
Repl. Well Permit #: HO-94-3103

Dear Mr. and Mrs. Stone:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable sampling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss this matter further, please call (410) 313-1773. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg, Registered Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File

Atta: Steve

Tax# 410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: \_\_\_\_\_  
Address: 9265 BROWN CHURCH RD  
MT AIRY MD 21771  
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Lester C. Simmons Jr. License# AWD1611  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Holly Stone Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 15 Well Tag #: HO-94-3103  
Site Address: 1357 West Heath Drive  
Clarksville, MD 21029

Submersible Pump Data

Make: Goulds  
Model #: 256520412  
Pump Capacity: 25 GPM  
Well Yield: 60 GPM

Pitless Adapter

Make: Campbell  
Model#: B-10X  
Depth: 42 (36" min)  
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 200 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: Crossin  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 3  
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 9/9/01  
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/7/01 Date Insp. Approved: 9/7/01 (MR) SB  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

C 1 4243  
 SEQUENCE NO. (MDE USE ONLY)  
 01-11-01

STATE OF MARYLAND  
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 35009

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 8/7/01

Depth of Well  
 22 200 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 OK MR 9/5/01  
 HO 94-3103  
 28 29 30 31 32 33 34 35 36 37

OWNER STONE, GEORGE & HOLLY  
 STREET OR RFD WESTMEATH LN  
 SUBDIVISION WATERFORD SECTION TOWN HIGHLAND LOT 15

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	25	
Sand	25	35	
Brown Mica	35	50	✓
sand Stone	50	88	✓
Brown Mica	88	90	✓
Gray Mica	90	100	
Brown Mica	100	121	✓
Gray Mica	121	200	

GROUTING RECORD yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 45 NO. OF POUNDS 4500  
 GALLONS OF WATER 270  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  Y  N  
 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

DEPTH (nearest ft.)  
 1 Ho 58 200  
 2  
 3  
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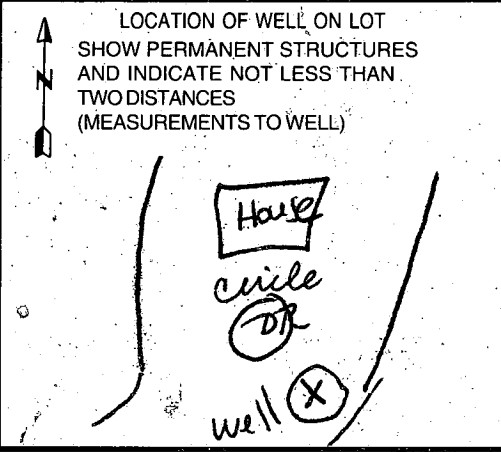
PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 60  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 50 ft.  
 WHEN PUMPING 200 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

PUMP INSTALLED  
 DRILLER INSTALLED PUMP YES NO  
 (CIRCLE) (YES OR NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A, C, J, P, R, S, T) IN BOX 29.  
 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)

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 LIC. NO. MWD 040  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. JS D 038  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.  
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



<b>B</b> 1 2 3	0991 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W515222 please print or type	STATE PERMIT NUMBER <b>HO-94-3103</b> fill in this form completely
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Date Received (APA) **04 30 01** **8573**  
 OWNER INFORMATION  
 8 MM DD YY 13  
**STONE GEORGE & HOLLY**  
 15 Last Name Owner First Name 34  
**13220 WESTMEATH LANE**  
 36 Street or RFD 55  
**CLARKSVILLE, MD 21029**  
 57 Town 70 State 72 Zip 76

**B** 3 LOCATION OF WELL  
**Howard** CC# 21  
 8 COUNTY  
**Waterford**  
 23 SUBDIVISION 42  
 SECTION **3** LOT **15**  
 44 46 48 50  
**Highland**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** M 1  
 73 76 77 78

DRILLER INFORMATION  
**George F. Easterday** M W D **040**  
 Driller's Name 76 License No. 81  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., MT. Airy, Md. 21771**  
 Address  
*George F. Easterday* **4/26/2001**  
 Signature Date

**Westmeath Lane**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 **400** 37  
 DISTANCE FROM ROAD Ft.  
 ENTER FT OR MI 38 39  
 TAX MAP: BLK: PARCEL:

**B** 2 WELL INFORMATION  
 APPROX. PUMPING RATE **5**  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED **500**  
 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
**Howard** **35009**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED **051601** *Steven R. Krieger* **051602**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **499** 000 EAST GRID **808** 000  
 50 55 57 63

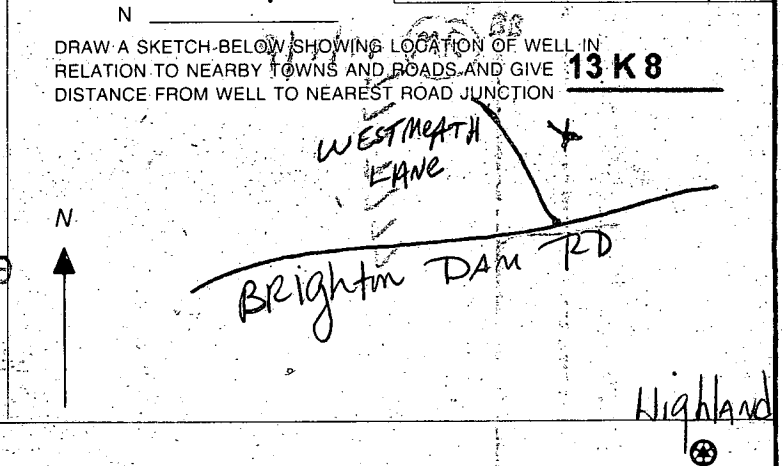
USE FOR WATER. (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL **SRK**  
 IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 22  INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'  
 SOURCES OF DRILLING WATER  
 1. **wells**  
 2. **8/7/01 Grout 2:00**  
 3. **8/7/01 No Insp. BB**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **800-808**  
 N **490-499**  
 000  
 000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL FOR SRK  
 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-CONTACT LOCAL-APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 **HO-81500235** 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER **G**  
 PERMIT No. **HO-94-3103**  
 70 71 72 73 74 75 76 77 78 79

7/13/89

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 \_\_\_\_\_

Receipt # 40147  
Date 9/3/87

Name of Installer EASTENDAY

Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller  Registered Plumber \_\_\_\_\_

Name of Property Owner RZEPKOWSKI Telephone \_\_\_\_\_  
Subdivision WATERFORD III Lot # 15 Well Tag # HO-81-2351  
Site Address WESTMOUTH LANE

- |   |                     |                        |
|---|---------------------|------------------------|
| <b>Pump</b>   | <b>Motor</b>        | <b>Pitless Adapter</b> |
| 1. Type   | 1. Horsepower _____ | 1. Make _____          |
| a. Deep well jet _____  | 2. RPM _____        | 2. Model # _____       |
| b. Shallow well jet _____   | 3. Voltage _____    | 3. Depth _____         |
| c. Submersible _____  | a. 110 _____        |                        |
| 2. Make _____   | b. 220 _____        |                        |
| 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 _____ |                     |                        |

- |                                 |  |   |
|---------------------------------|--|---|
| <b>Tank</b>                     | <b>Piping</b>                          | <b>Well data</b>  |
| 1. Capacity _____               | 1. Type _____                          | 1. Depth _____ ft.                                      |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 2. Yield _____ GPM                                      |
|                                 | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft.                         |
|                                 | 4. Depth of supply line _____          | 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 8/2/89 - OK WPF

**C1** 1956  
 (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 3477035009

DATE Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: 030988  
 Depth of Well: 260 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": HC-81-2357

OWNER: VAN RY last name BARRY - Rzepkowski first name  
 STREET OR RFD: WESTMERTH LANE TOWN: CLARKSVILLE  
 SUBDIVISION: WATERFORD SECTION: 3 LOT: 14 IS

**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	
Topsoil	0	2	
Br. Mica	2	48	✓
Tan mica	48	54	
Sea Shale	54	56	
Gray Mica	56	65	
Tan mica	65	80	
Gray Mica	80	90	
Tan Mica	90	96	✓
Gray Mica	96	145	
White Accy Schist	145	152	✓
Gray mica	152	260	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS 52 NO. OF POUNDS 5200  
 GALLONS OF WATER 360  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**(ST)** **(CO)** STEEL CONCRETE  
**(PL)** **(OT)** PLASTIC OTHER

**MAIN CASING** Nominal diameter top (main) casing TYPE **(ST)** **(C)** **(60)**  
 Total depth of main casing (nearest foot) 60

**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.)  
 1 **(H)** 59 260  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH)

**GRAVEL PACK** from [ ] to [ ]  
 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 [ ] [ ] [ ] [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 6  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35  
 WHEN PUMPING 154  
 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:  29  
 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)  
 House  
 60'  
 40' Well  
 L. lot line

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. 40  
 DRILLERS SIGNATURE George J. Pinterday  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Walter K. Blaylock



B 1- **8327** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER  
**MC-81-2351**  
 fill in this form completely

Date Received **09/23/87**  
 OWNER INFORMATION  
 VAN RY BARRY  
 1300 N 17th ST  
 ARLINGTON VA 22209

B 3 LOCATION OF WELL **R-40147**  
**HOWARD** COUNTY  
**WATERFORD** SUBDIVISION  
 SECTION **003** LOT **15**  
**CLARKSVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
 George F. Easterday  
 L. Franklin Easterday, Inc.  
 9265 Br. Ch. Rd., Mt. Airy, Md. 21771  
 9/8/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 WESTMEATH LANE NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **250** FT  
 ENTER FT or MI

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  
**10/19/87** DATE ISSUED  
**499000** NORTH GRID **0808000** EAST GRID

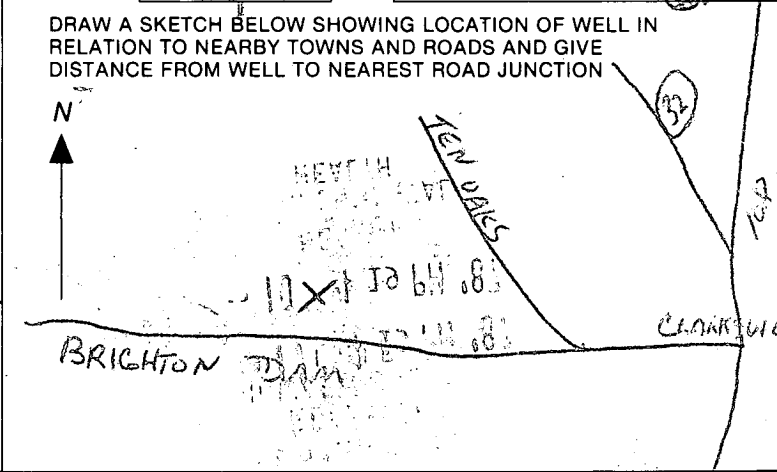
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

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  
**807**  
**500 499**

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)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **100** INITIALS **10-81-2351** PERMIT No. **10-81-2351**

SPECIAL CONDITIONS

Need only 1 application with the below checked items completed

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35709  
P \_\_\_\_\_

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

DISTRICT 5th  
DATE 2-13-85

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.

647-2256

PROPERTY OWNER: Teral International, % Mrs. Gabriela M. Arroyo THE RZEPKOWSKI Co. INC  
ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION: WATERFORD SECTION 3  
SUBDIVISION Huntington Estates Section 2 LOT NO. 18 ~~LOT 14~~ 5th

LOT IS AFTER  
Change to new Plat

ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400  
feet west of Ten Oaks Road 13220 Westmeath Lane

SIZE OF LOT 3+ acres TYPE BLDG. Residence  
(NUMBER OF 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. I ALSO AGREE TO COMPLY  
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Charles Conrad  
(SIGNATURE OF APPLICANT)

APPROVED BY Shallowale Sickel FOR Shallowale, fields DATE 4-2-87

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

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

REASONS FOR REJECTION OR HOLDING 3-20-85 PERC Filed changed from DESIGNATED - WATER  
in 3 of 5 holes HOLD FOR REVIEW, CERTIFIED HOLE LOCATION, HOUSE  
AND well SITE. SAVED

BLDG. PERMIT SIGNED  
AND RETURNED 10/25/88  
SMC-22045

# THIS IS NOT A PERMIT

① ② ⑤  
SOIL PROFILE

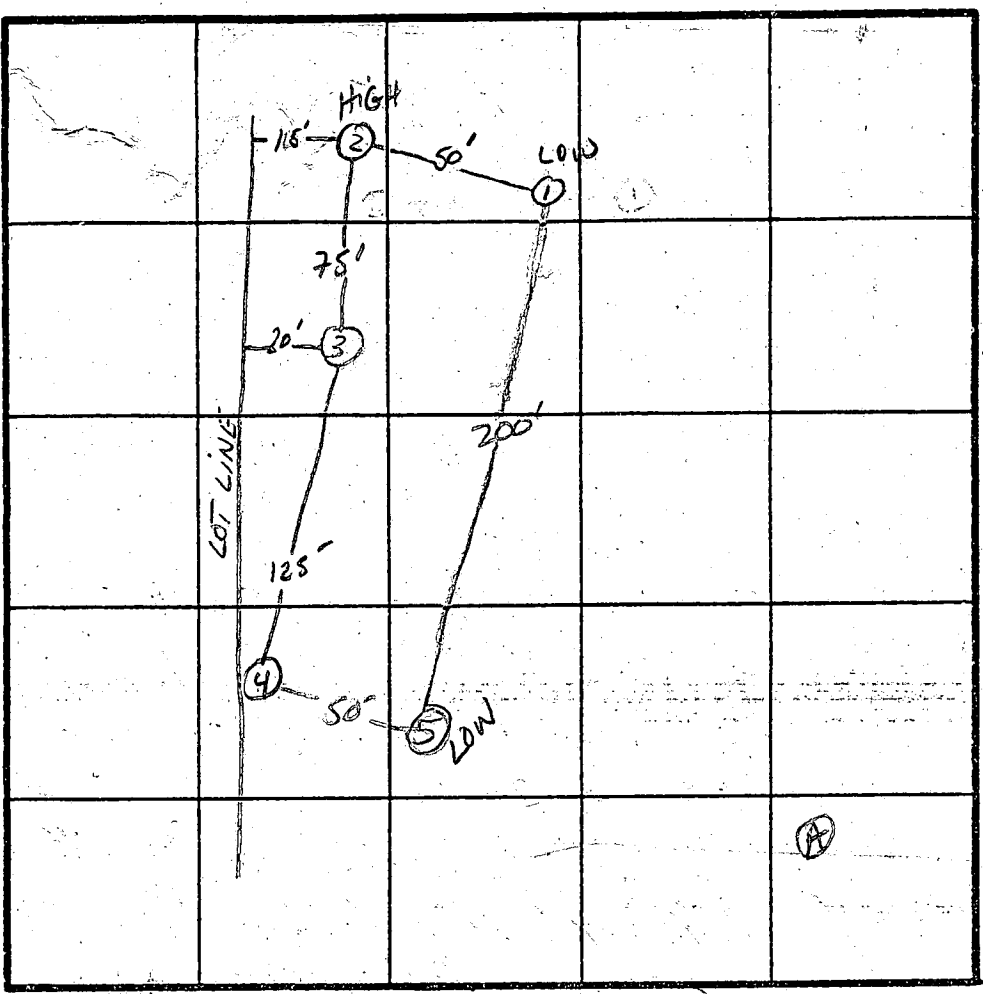
6"	A1-3
2.5'	BROWN CLAY LOAM <10% SAPROLITE
6'	Yellow Brown Silty SAND <10% SAPROLITE
11'	BROWN Silty SAND <10% SAPROLITE
12'	MOTTLED

③

6"	A1-3
3'	BROWN CLAY LOAM <10% SAPROLITE
11'	Grey Brown SAND SILT 10-20% SAPROLITE

④

6"	A1-3
4'	Yellow Brown CLAY LOAM <10% SAPROLITE
8'	BROWN SAND LOAM <10% SAPROLITE
13'	GREY BROWN SILT SAND 10-20% SAPROLITE



7 Perc  
11min  
200 #/BL  
INLET 3'  
BOTTOM 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/20/85	15	3'	1:06	1:08	1:08	1:10	2min
	1V	12.5'	SEE PROFILE - MOTTLED AT 11' - SEASONAL HIGH H <sub>2</sub> O TABLE				
	25	3.5'	1:12	1:13	1:13	1:15	2min
	2V	12.5'	SAME AS HOLE 1 WITH NO MOTTLING				
	3V	11'	Uniform Below 3.5'				
	45	4.5'	1:57	2:12	2:12	2:41	29min
	4V	12.5'	SEE PRO FILE - VARY IN SOIL STRUCTURE				
	55	4'	2:07	2:10	2:10	2:20	10min
	5V	13'	WATER AT 13'				
A - HIGH HOLE IN DESIGNATED PERC FIELD H <sub>2</sub> O AT 7'							

REMARKS SYSTEM FIRST - BEST AVAILABLE PERC. SITE; NO HOUSE SITE AVAILABLE AS PERCED, WILL NEED REENGINEERING. SALL

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

EH:12-1079

Must only 1 application with the below checked items completed

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35710

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 2-13-85

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 Teral International, % Mrs. Gabriela M. Arroyo  
✓ ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION: WARREN FORD Sec. 3 NOW LOT M  
✓ SUBDIVISION Huntington Estates Section 2 LOT NO. 1A  
✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400  
feet west of Ten Oaks Road  
✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence  
(NUMBER OF 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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Charles Couch  
(SIGNATURE OF APPLICANT)

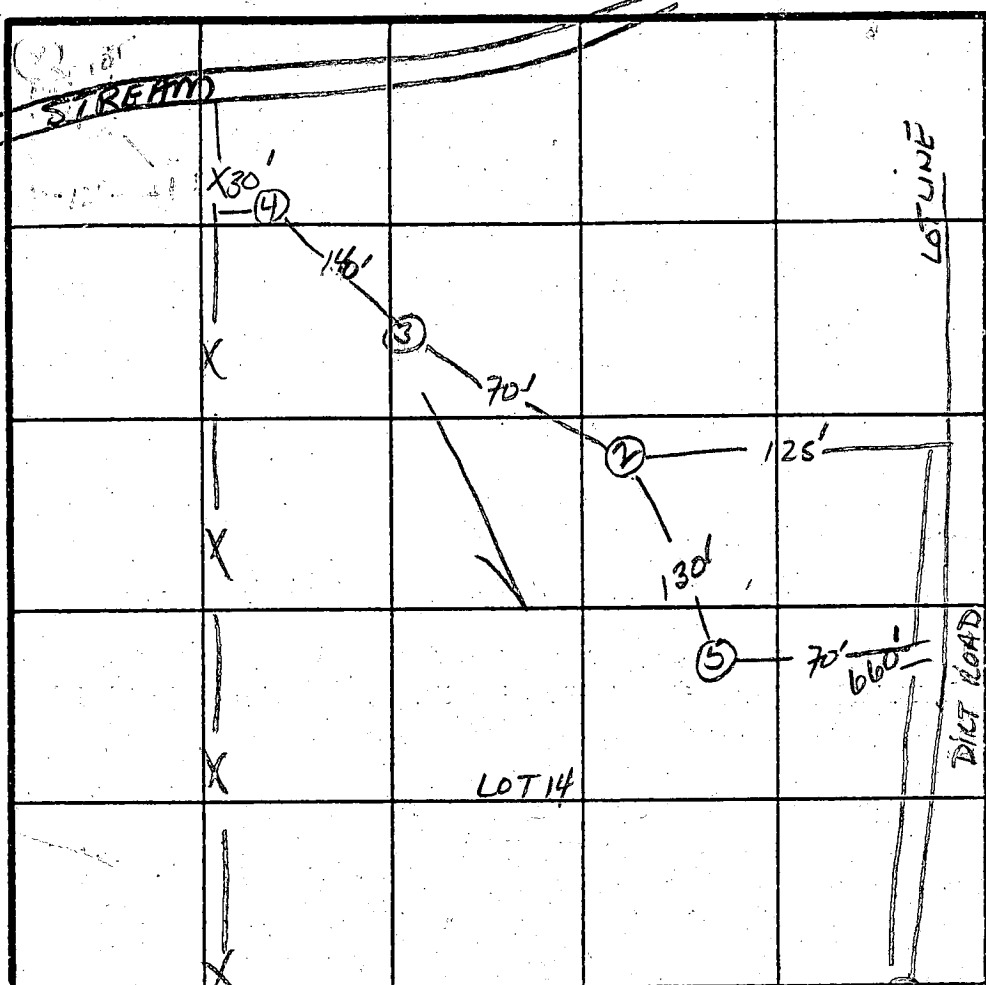
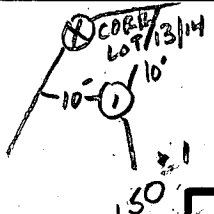
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING 3-22-85 - LOT TESTED IN ALL REASONABLE AREAS;  
WATER + ROCK + CLAY problems; insufficient perc. AREA remaining;  
hold for review; certified hole location plat. stable

# THIS IS NOT A PERMIT



②  
SOIL PROFILE

0"	A1-3
6"	BROWN CLAY LOAM 20-30% SAPROLITE
3'	SHALE SAND MIX 50+%
4'	STRUCTURED SANDSTONE
11'	

③

0"	A1-3
6"	BROWN CLAY LOAM 30-40% SAPROLITE
5'	STRUCTURED SAPROLITE SHALE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/20/85	1	WATER AT 3' MOTTLED AT 18" → HIGHEST POINT OF LOT						NOTE X
	2	HIGH HOLE DESIGNATED PERC AREA STRUCTURED SAPROLITE AT 4' → 11' SHELF AT 3.5' - SHALE STRUCTURED NO PERC ABANDONED						
	3	SAME AS HOLE 2 LEVEL OF SAPROLITE DEEPER						
3/21/85	4	WATER AT 8' MOTTLED AT 7'						
3/21/85	5	WATER AT 8' CLAY TO 6" MIDDLE OF PERC AREA						

Hole one eliminates all area above stream toward back of ~~back~~ Lot  
due hole represents highest area in back

REMARKS \_\_\_\_\_

TYPE OF SOIL Sid. Abel SKIP, LES, TERRY

Need only 1 application with the before checked items completed

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34999

P \_\_\_\_\_

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

DISTRICT 5th

DATE 2/13/85

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 Teral International, % Mrs. Gabriela M. Arroyo  
ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION: WATERBURY Sec. 3  
✓ SUBDIVISION Huntington Estates - Section 2 LOT NO. 31 14

✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road

✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence  
(NUMBER OF 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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Chad J. Cook  
(SIGNATURE OF APPLICANT)

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

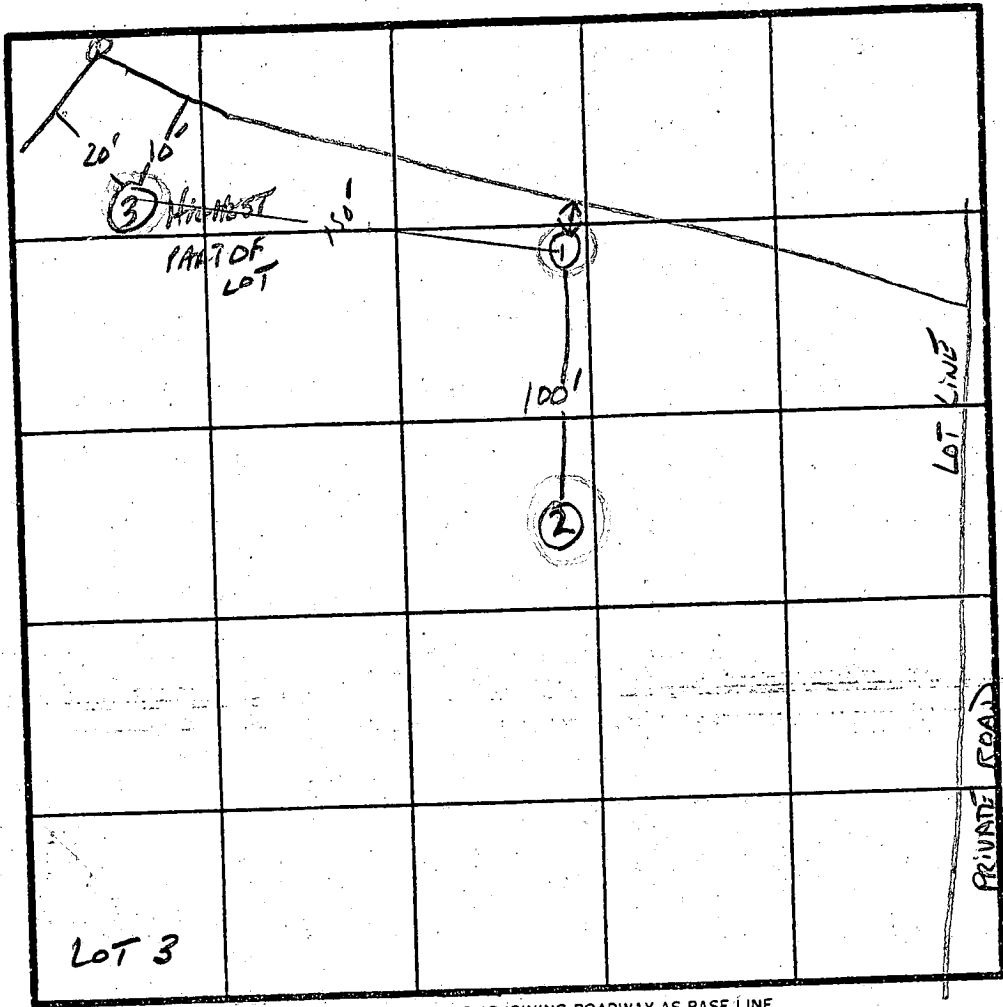
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 3-22-85 - perc UNSATISFACTORY; INSUFFICIENT AREA REMAINING; BEST AREA TESTED; LOT 70% SWAMP & BUILT

# THIS IS NOT A PERMIT

①  
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/20/85	15 14	NOT TESTED 10.0 WATER AT 2'			CLAY TO 6'		
	25 24	⇒ NOT TESTED WATER AT 4'			CLAY TO 4'		
	3 U	ROCK AT 3'			CLAY TO 3' (SHALE)		

REMARKS \_\_\_\_\_

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

Sid. Abel

Skip, Les Terry  
ALSO PRESENT \_\_\_\_\_

EH-12-1079

Used only 1 application with the "before checked" items completed

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35000

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 2/13/85

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 Teral International, % Mrs. Gabriela M. Arroyo

✓ ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION:

WATERFORD Sec. 3

✓ SUBDIVISION Huntington Estates - Section 2 LOT NO. 4 14

✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road

✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence  
(NUMBER OF 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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Charles J. Carr  
(SIGNATURE OF APPLICANT)

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

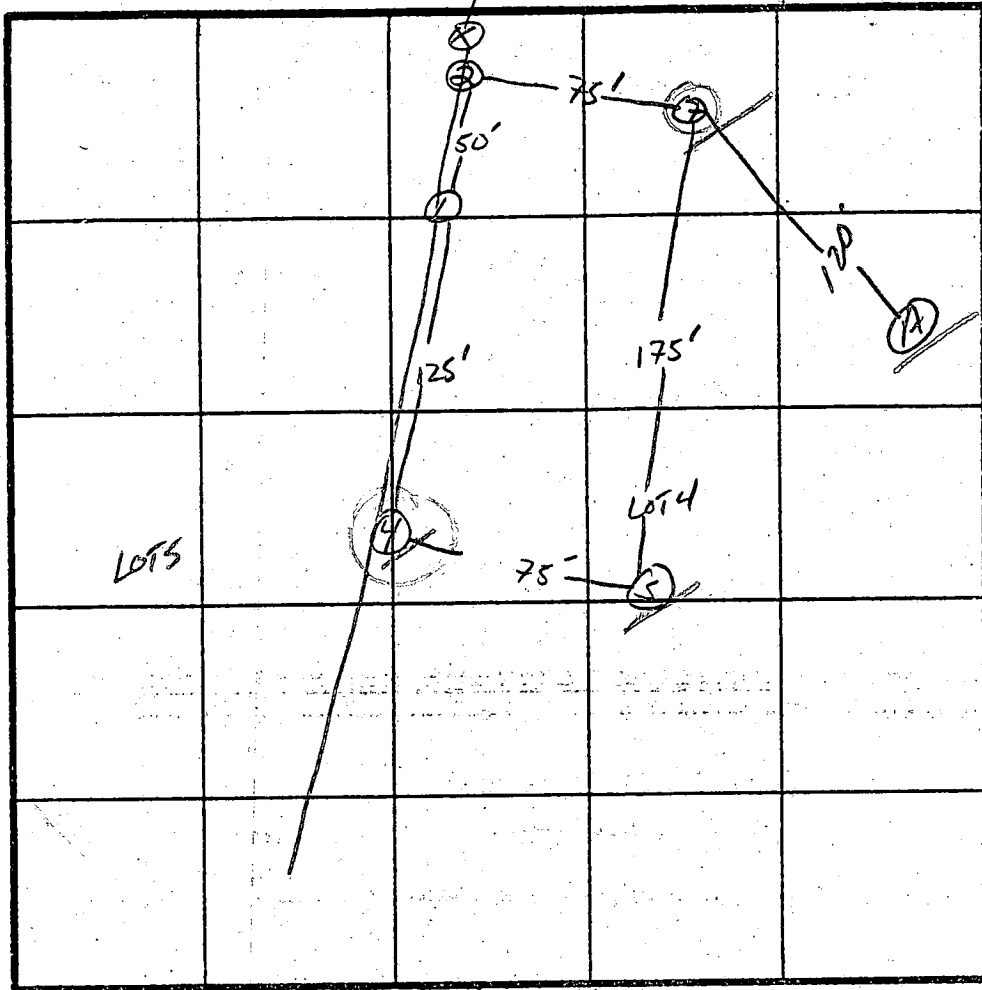
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 3-22-85 Perc UNSATISFACTORY; BEST AREAS TESTED; INSUFFICIENT AREA REMAINING; HOLD FOR REVIEW + CERTIFIED HOSE LOCATION SAME.

# THIS IS NOT A PERMIT

CORR LOT 4+5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

④ ⑤  
SOIL PROFILE

0"	A1-3
6"	BROWN CLAY LOAM 10% SAPROLITE
4'	YELLOW BROWN SILT SAND 10-30% SAPROLITE
	SAPROLITE 30-40%

0"	A1-3
6"	BROWN CLAY LOAM 10% SAPROLITE
5'	GREY BROWN SILT SAND 10-40% SAPROLITE

6"	A1-3
5'	BROWN CLAY LOAM 10% SAPROLITE
12'	GREY BROWN SAND LOAM RD=20% SAPROLITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/85	25 2V	ABANDONED	INSUFFICIENT AREA REMAINING				
	45 4V	4.5 (BT)	12:54	1:08	1:08	1:38 1/2"	MOVEMENT
	55 5V	12"	WATER AT 10'	MOTTLED AT 9.5' ABANDONED			
	65 6V	4.0	1:26	12" WATER AT 10.0' MOTTLED AT 9.5'			
	75 7V	5'	2:00	2:22	4 1/2" MOVEMENT - ABANDONED		
	A	11' H <sub>2</sub> O AT 10.5'					
		WATER AT 5.5'					

BT = BEST TEST DEPTH

REMARKS

TYPE OF SOIL

SID Abel

SKIP, LES, TERRY

Need only 1 application with the below checked items completed

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35001

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

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

DISTRICT 5th

DATE 2/13/85

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 Teral International, % Mrs. Gabriela M. Arroyo  
ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION:

WATERGARD Sec. 3

✓ SUBDIVISION Huntington Estates - Section 2 LOT NO. 5/14

✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road

✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence  
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Charles J. Cross  
(SIGNATURE OF APPLICANT)

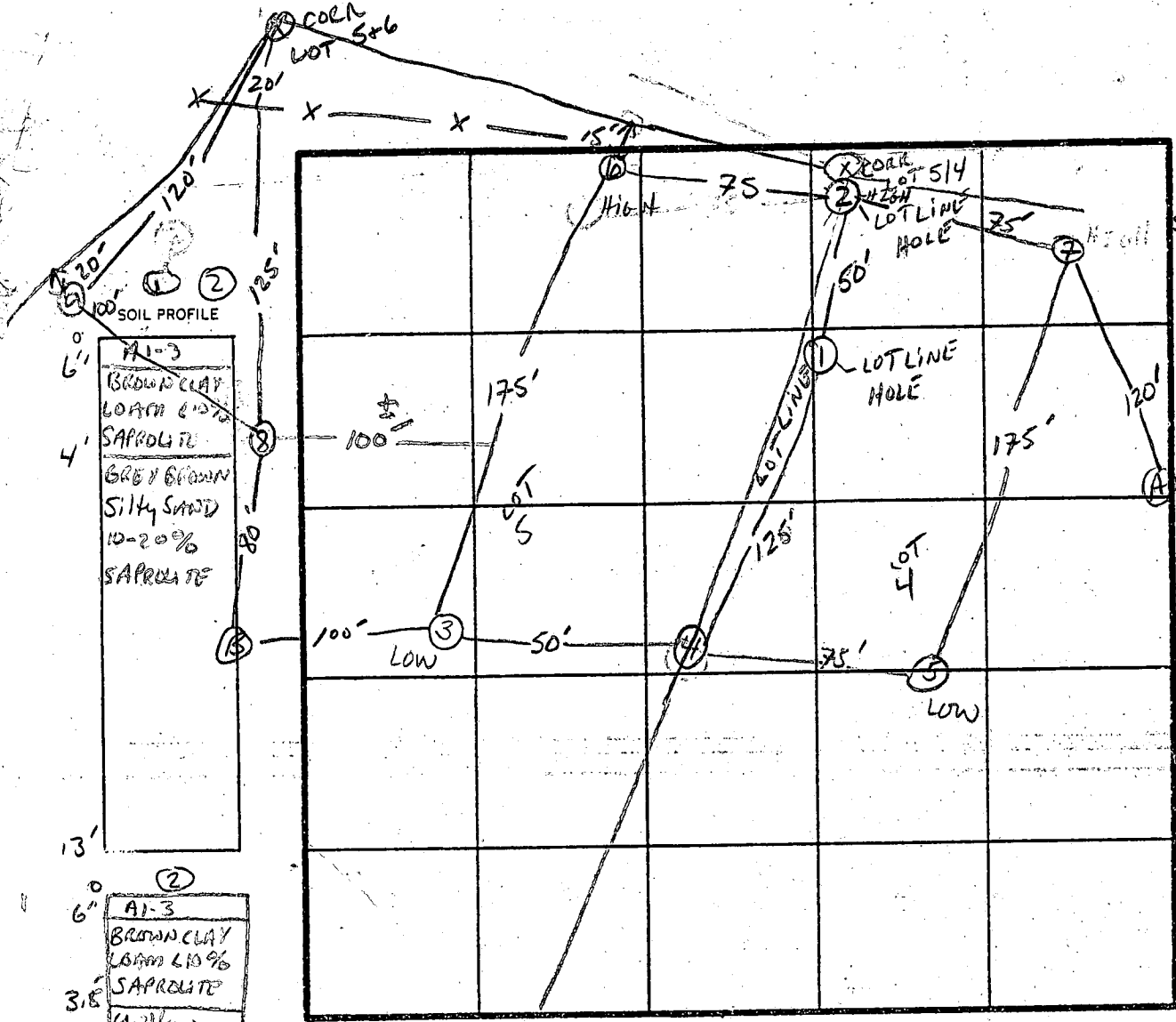
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING 3-22-85- Perc. UNSATISFACTORY; INSUFFICIENT AREA remaining for septic reserve; BEST AREAS TESTED; HOLD FOR REVIEW + hole location PLAT STAG

# THIS IS NOT A PERMIT



①  
A1-3  
BROWN CLAY  
LOAM 10%  
SAPROLITE  
BROWN/YELLOW  
SILTY SAND  
20-30%  
SAPROLITE  
SAPROLITE  
40-50%

HIGH HOLE  
DESIGNATED  
PERC FIELD

②  
A1-3  
BROWN CLAY  
LOAM 10%  
SAPROLITE  
GREY BROWN  
SAND LOAM  
10-20%  
SAPROLITE

①  
SOIL PROFILE  
6' A1-3  
BROWN CLAY  
LOAM 10%  
SAPROLITE  
4' GREY BROWN  
SILTY SAND  
10-20%  
SAPROLITE

②  
A1-3  
6' BROWN CLAY  
LOAM 10%  
SAPROLITE  
3.8' 4' YELLOW  
SAND SILT  
10%  
SAPROLITE  
SAPROLITE  
20%

③ ④ ⑤  
6' A1-3  
BROWN CLAY  
LOAM 10%  
SAPROLITE  
4' YELLOW BROWN  
SILTY CLAY LOAM  
10-30%  
SAPROLITE  
6' SAPROLITE  
30-40%  
SILTY SAND  
YELLOW/BROWN

⑥ ⑦  
A1-3  
6' BROWN CLAY  
LOAM 10%  
SAPROLITE  
SAND SILT  
GREY BROWN  
40-50%  
SAPROLITE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/21/85	1V	13'	UNIFORM SOIL STRUCTURE BELOW 4'					
	2S	4'	NOT TESTED INSUFFICIENT AREA REMAINING					
	2V	12'	NOT TESTED INSUFFICIENT AREA REMAINING					
	3S	4.5 (BT)	11:06	11:26	1/2" MOVEMENT - ABANDONED			
	3V	WATER AT 9'	UNIFORM SOIL STRUCTURE BELOW 4'					
	4S	4.5 (BT)	12:54	11:08	11:08	11:40	6 1/2" MOVEMENT TOO SLOW	
	4V	12' WATER AT 10.0'	MOTTLED AT 9.5'					
	5S	4'	11:26	2:00	2 1/2" MOVEMENT - ABANDONED			
	5V	12' WATER AT 10.0'	MOTTLED AT 9.5'					
	6S	5.5'	11:32	2:02	SLOW < 1" IN 30 MIN			
	6V	12'	UNIFORM SOIL BELOW 6.7'					
	7S	5'	2:00	2:22	2 1/2" MOVEMENT - ABANDONED			
	7V	11' WATER AT 10.5'						
	8V	11' CLAY TO 5' WATER AT 11'						
	9V	11' WATER AT 9' CLAY AT 4.5'						
	A-	WATER AT 5.5' MOTTLED AT 4'						
	B-	WATER AT 6' MOTTLED AT 5'						

BT = BEST TEST DEPTH

REMARKS

TYPE OF SOIL  
Sidney Abel  
SKIP, LES, TERLY  
ALSO PRESENT

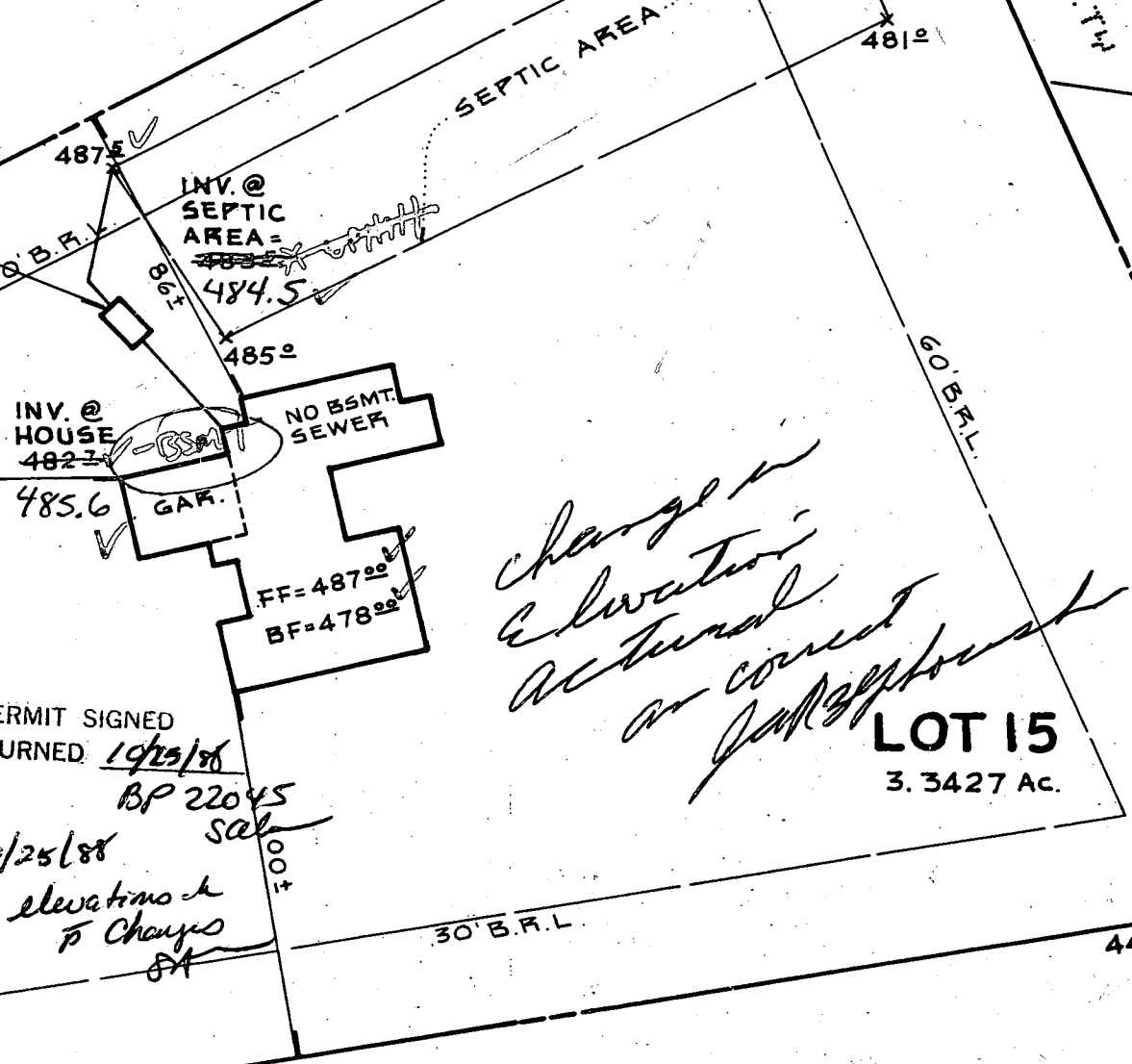
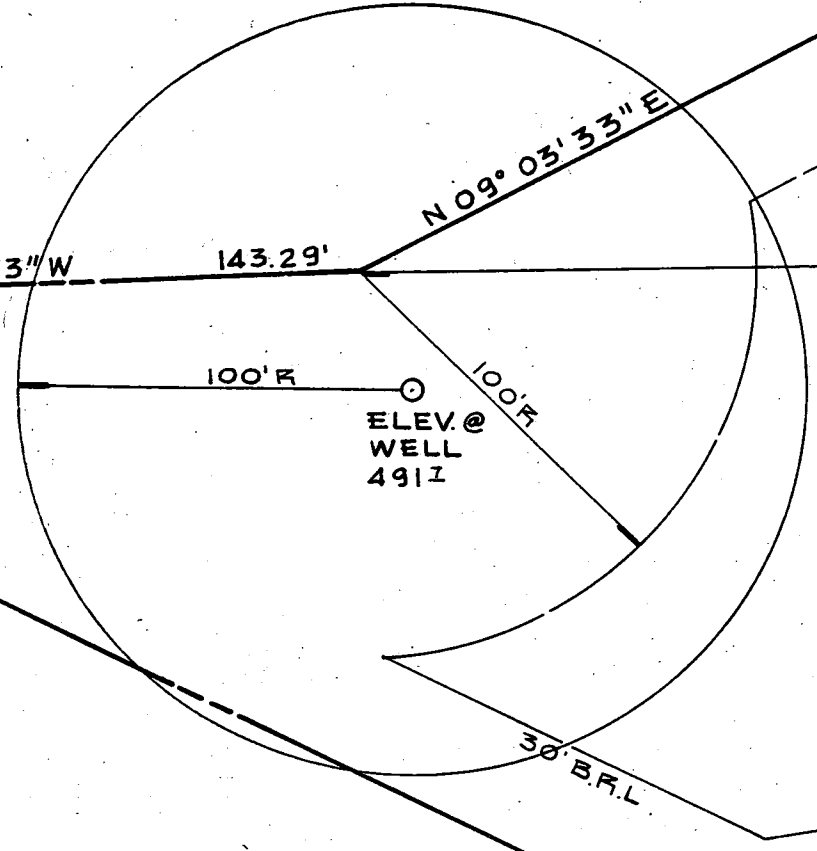
EH-12-1079

WESTMEATH LANE

WATERFORD SECTION 3  
LOT 15  
PLAT 7311

1250 GALLON SEPTIC TANK  
TOP = 486.2 ✓  
INV. IN = 482.1 ✓ 485.1 ✓  
INV. OUT = 481.2 ✓ 484.8 ✓

R = 275.00  
A = 50.28  
N 65° 44' 03" W  
115.00'  
S 63° 08' 22" W  
N 34° 44' 53" W  
143.29'



*Change in elevation actual or correct*  
*J.D.L.*  
**LOT 15**  
3.3427 Ac.

BLDG. PERMIT SIGNED AND RETURNED 10/25/88  
BP 22045  
10/25/88  
elevation & P Change  
SA

**PLAN**  
SCALE: 1" = 50'

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.  
*Jefferson D. Lawrence*  
JEFFERSON D. LAWRENCE  
MD. REG. PROF. SURVEYOR #5216  
10-12-88  
DATE

RZEPKOWSKI CONST. CO  
212 DRUM AVE. N  
PASADENA, MD. 21122  
(301) 768-5434



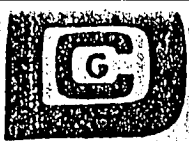
**DEVELOPMENT CONSULTANTS GROUP, INC.**

17904 GEORGIA AVENUE # 102  
OLNEY, MARYLAND 20832  
301-924-4570

SITE PLAN SECTION 3 LOT 15  
**WATERFORD**  
5<sup>TH</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

DATE OCT. 1988	Sheet 1
DRAWN E.M.	of 1
CHECKED J.D.L.	PROJECT NO 153-08
SCALE 1" = 50'	

647-2258



**DEVELOPMENT  
CONSULTANTS  
GROUP**

SURVEYORS, ENGINEERS & LAND PLANNERS  
SUITE 102  
17904 GEORGIA AVE.  
OLNEY, MD 20832

924-4570

LOT.....15..... BLOCK.....

SECTION 3

# 13220

WESTMEATH RD. **WATERFORD**

(STONE)

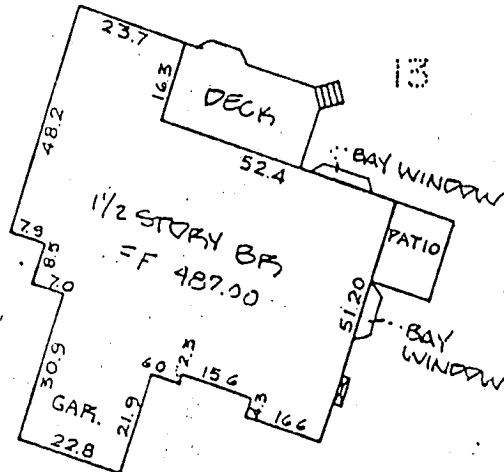
COUNTY OF... HOWARD..... PLAT BK..... PLAT NO 7594

44101

Proposed pool location  
should not adversely  
impact ex well (p) (D)

THOMPSON PROP.  
31/21

PROP. OF  
CARRIE TYLER  
72/31



**DETAIL**

SCALE: 1"=40'

**LOT 15**  
3.3427 Ac.

20'x40'  
POOL  
with  
34'x50'  
split wire  
mesh fence

*Dr. Vake*

WESTMEATH LANE

MACADALL DRIVE

R=275.00'  
A=5028'  
S65°44'03"E  
100.00'  
N65°44'03"W  
115.00'  
N43°41'53"E  
100.00'

N09°03'33"E

S77°19'27"E

345.59'

444.56'

60' B.R.L.

30' B.R.L.

195' B.R.L.

30' B.R.L.

100'

30' B.R.L.

325.00'

14



Not in flood zone. Existing records unless otherwise noted.

NOTE: Existence of property corners not guaranteed by this plat

**SURVEYOR'S CERTIFICATION**

I hereby certify to the best of my knowledge & belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat. No title report furnished.

*Jefferson D. Lawrence*  
Professional Land Surveyor No. 5216

Job No	153-08
Scale	1"=100'
DATES	
Wall Ck:	03-16-89
Final Loc:	11-3-89
Recon:	

145711

Building Address 13220 Westmeath Lane  
Clarksville Md 21029

Suite/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: \_\_\_\_\_

Census Tract 55104 Subdivision Waterford

Section 3 Area N/A Lot 15

Tax Map 34 Parcel 412 Grid 9

Zoning RD Map Coordinates K Lot size \_\_\_\_\_

Property Owner's Name George & Holly Stone  
 Address 13220 Westmeath Lane  
 City Clarksville State MD Zip Code 21029  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single family home  
 Proposed Use pool  
 Estimated Construction Cost \$ \_\_\_\_\_

Description of Work Install in-ground pool  
with deck and landscaping

Contractor Company George & Holly Stone  
 Contact Person George Stone  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 THEREIN; (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 George Stone Print Name George Stone  
 Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	<u>21709</u>
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>175</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health <u>4/4/01</u>		<u>George Stone</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # <u>32276</u>

Building Address: 13220 Westmonte Ln  
Chalksville, MD 21024

Property Owner's Name: Stone, George O. III  
 Address: 13220 Westmonte Ln  
 City: Chalksville State: MD Zip Code: 21024

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract: 6051.01 Subdivision: Waterford

Section: 3 Area: \_\_\_\_\_ Lot: 15

Tax Map: 34 Parcel: 402 Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: 13K8 Lot size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: 501-851-2000  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: SF Dwelling

Proposed Use: Same with Trawl

Estimated Construction Cost: \$ 220,000

Description of Work: Trawl for 1100 sq ft  
As per U.S. Coast Guard Per 1100 sq ft  
Trawl Pool 1100 sq ft

Contractor Company: American

Contact Person: Tom McLaughlin

Address: 10097 Baltimore Ave P.O.

City: Ellicott City State: MD Zip Code: 21030

License No.: \_\_\_\_\_ Phone: 410-423-0900 Fax: 410-423-0900

Occupant or Tenant: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer or Architect Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>2</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
<input type="checkbox"/> State Certified Modular			

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Applicant's Signature: Thomas R. McLaughlin  
 Title/Company: American

Print Name: Thomas R. McLaughlin  
 Date: Aug 22, 2001

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u> Permit fee \$ <u>100</u> Excise tax \$ <u>100</u> Sub-total paid \$ <u>300</u> Add'l permit fee \$ _____ TOTAL FEES \$ <u>300</u> Balance due \$ _____ Check # <u>1001019</u> Validation # <u>1001019</u>
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ	<u>9/5/01</u>	<u>Mark Ruffin</u>	Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	
Health				
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				



DEVELOPMENT CONSULTANTS GROUP

SURVEYORS, ENGINEERS & LAND PLANNERS  
SUITE 102  
17804 GEORGIA AVE.  
OLNEY, MD 20832 821-4870

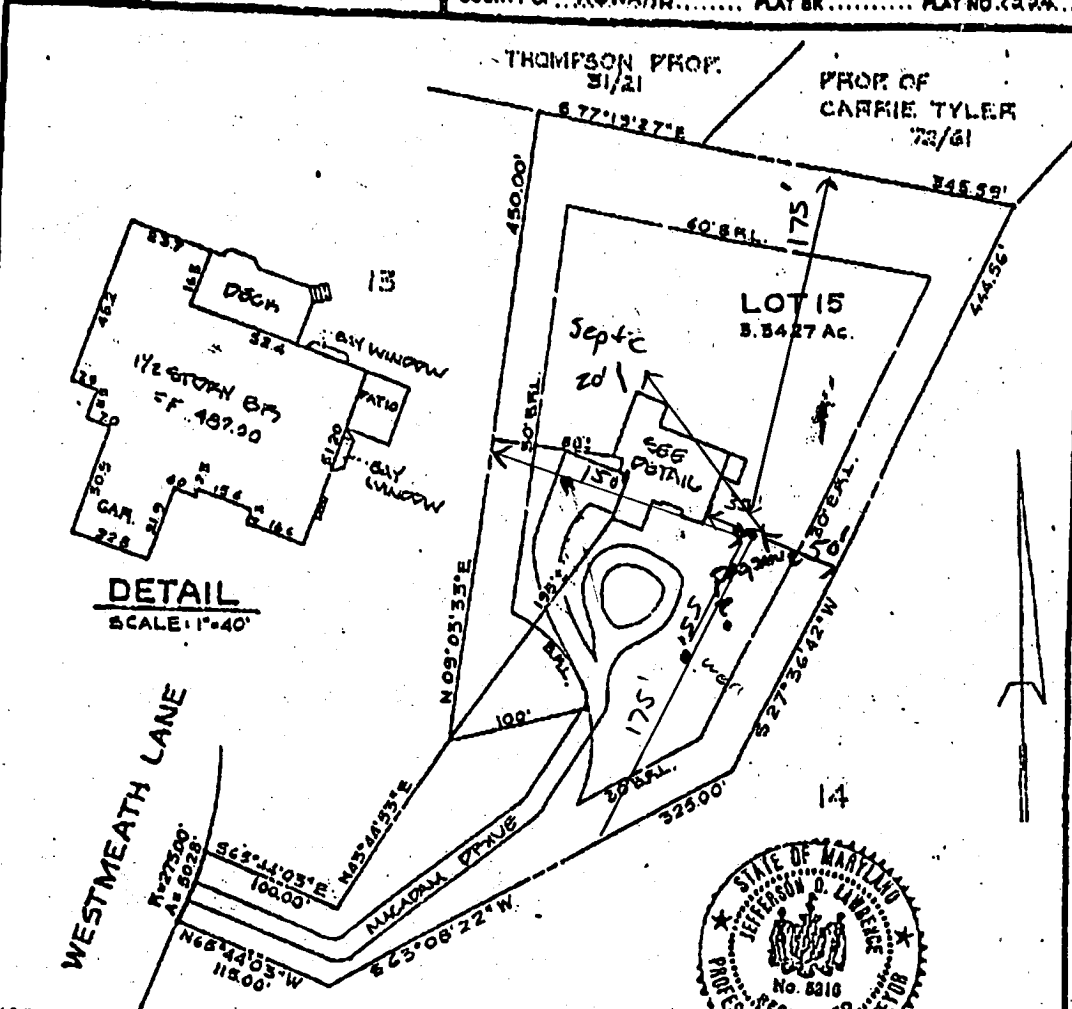
HOUSE LOCATION PLAT

LOT.....#R..... BLOCK.....

SECTION 3

13220 WESTMEATH RD WATERFORD (STONE)

COUNTY OF HOWARD..... PLAT BK..... PLAT NO. 7554



NOTE: Essence of property corners not guaranteed by this plat

Not in Florida unless otherwise stated

**SURVEYOR'S CERTIFICATION**  
I hereby certify to the best of my knowledge & belief that the property delineated herein is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.

*John D. Linnick*  
Professional Land Surveyor No. 5216

Job No	153-08
Scale	1" = 100'
DATES	
Wd Cr	03-16-89
Final Loc	11-5-89
Reprint	

55' From well  
35' From House  
ATTN: TOM McLaughlin

Install 1000 Gallon UG  
LP Tank, Per NFPA 58



**DEVELOPMENT  
CONSULTANTS  
GROUP**

ENGINEERS & LAND PLANNERS

SUITE 102  
17901 GEORGIA AVE.  
OLNEY, MD 20832

924-4570

**HOUSE LOCATION PLAT**

LOT.....15.....BLOCK.....

SECTION 3

# 13220

WESTMEATH RD. **WATERFORD**

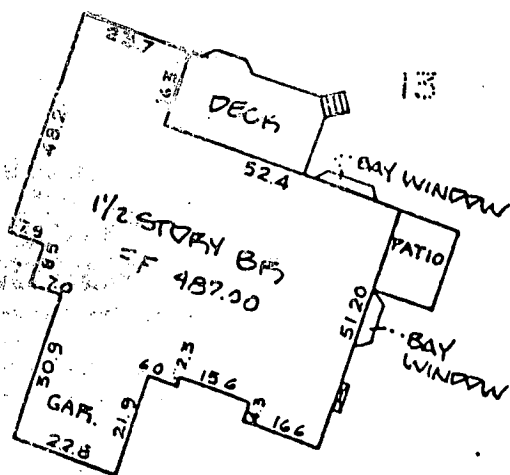
(STONE)

COUNTY OF...HOWARD..... PLAT BK..... PLAT NO.7534.

Health Dept.  
Copy

THOMPSON PROP.  
31/21

PROP. OF  
CARRIE TYLER  
72/61



**DETAIL**

SCALE: 1"=40'

WESTMEATH LANE

R=27500  
A=5028

S65°44'03"E  
100.00'  
N65°44'03"W  
115.00'

N43°44'53"E  
MACADAM DRIVE

N09°03'33"E

450.00'

577°19'27"E

60' B.R.L.

LOT 15  
3.3427 Ac.

345.59'

444.56'

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

195'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

2 kissing well

septic

SEE DETAIL

CAN  
we drill  
in this  
area?  
OK SRU  
5/16/01

No INSP  
made



NOTE: Existence of property corners not guaranteed by this plat

Not in flood zone per existing records unless otherwise noted

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Jefferson O. Lawrence  
Professional Land Surveyor No. 5216

Job No	153-08
Scale	1" = 100'
DATES	
Wall Ck:	03-16-89
Final Loc:	11-3-89
Recor:	



**DEVELOPMENT  
CONSULTANTS  
GROUP**

SURVEYORS, ENGINEERS & LAND PLANNERS

SUITE 102

17904 GEORGIA AVE.

OLNEY, MD 20832

924-4570

LOT.....15.....BLOCK.....

SECTION 3

# 13220

WESTMEATH RD. WATERFORD

(STONE)

COUNTY OF...HOWARD..... PLAT BK..... PLAT NO.7534...

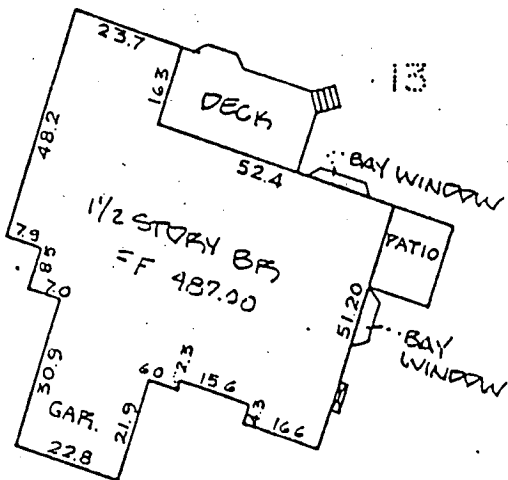
B00129368  
**REVISED**

Date: 6/19/01

Comments: Narrowed location

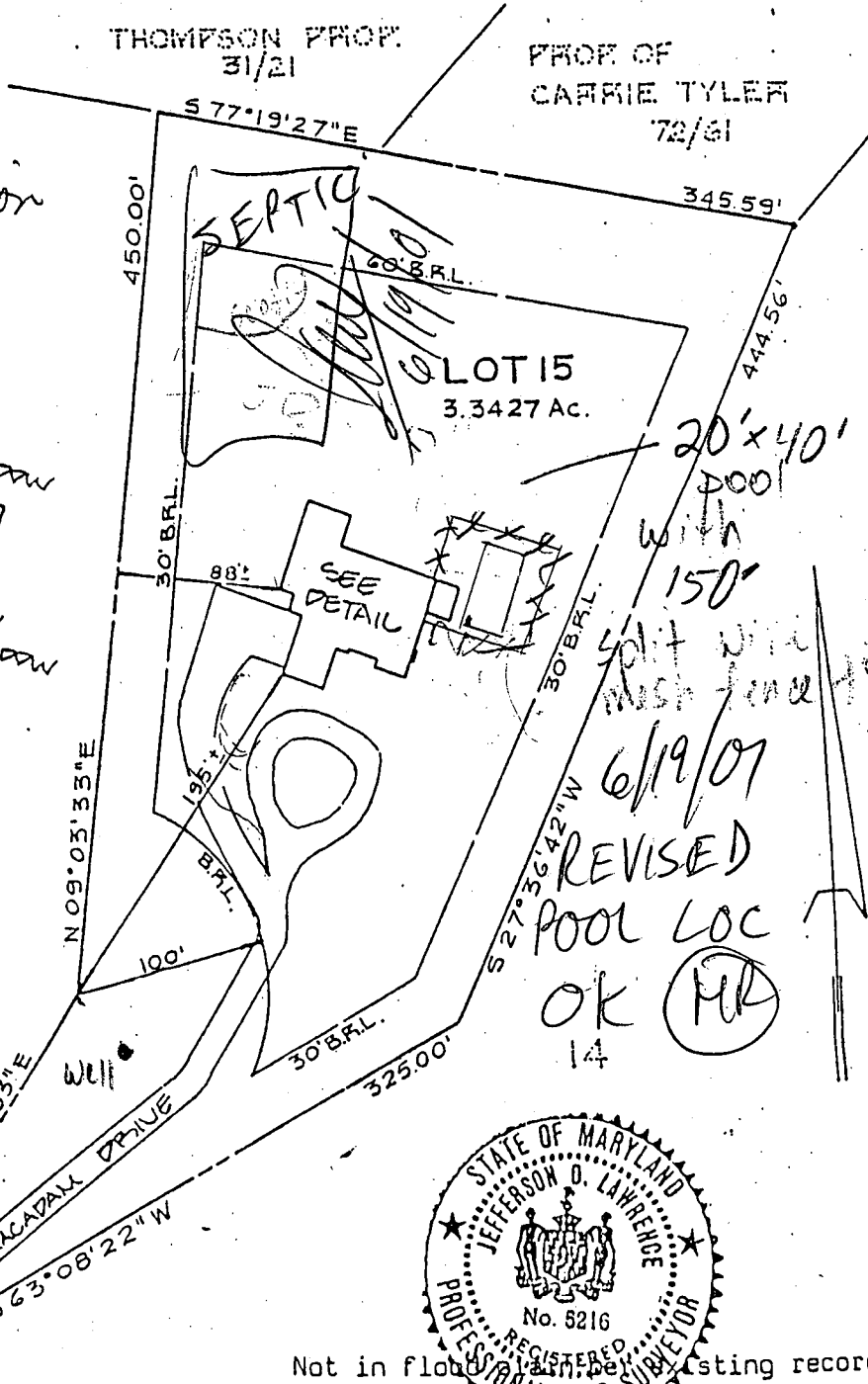
THOMPSON PROP.  
31/21

PROP. OF  
CARRIE TYLER  
72/21



**DETAIL**

SCALE: 1"=40'



20'x40'  
POOL  
with  
150'  
split with  
mesh fence  
6/19/01  
REVISED  
POOL LOC  
OK (MK)  
14



Not in flood plain per existing records unless otherwise noted

NOTE: Existence of property corners not guaranteed by this plat

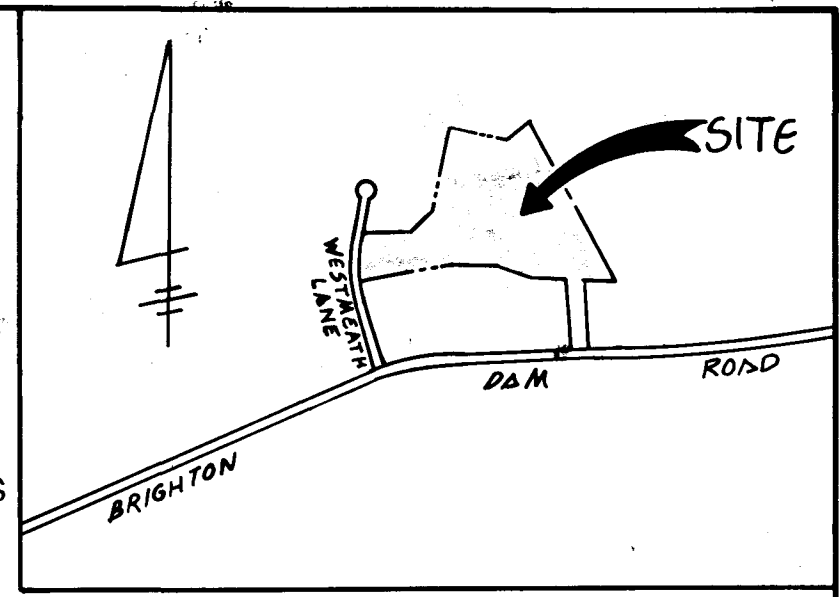
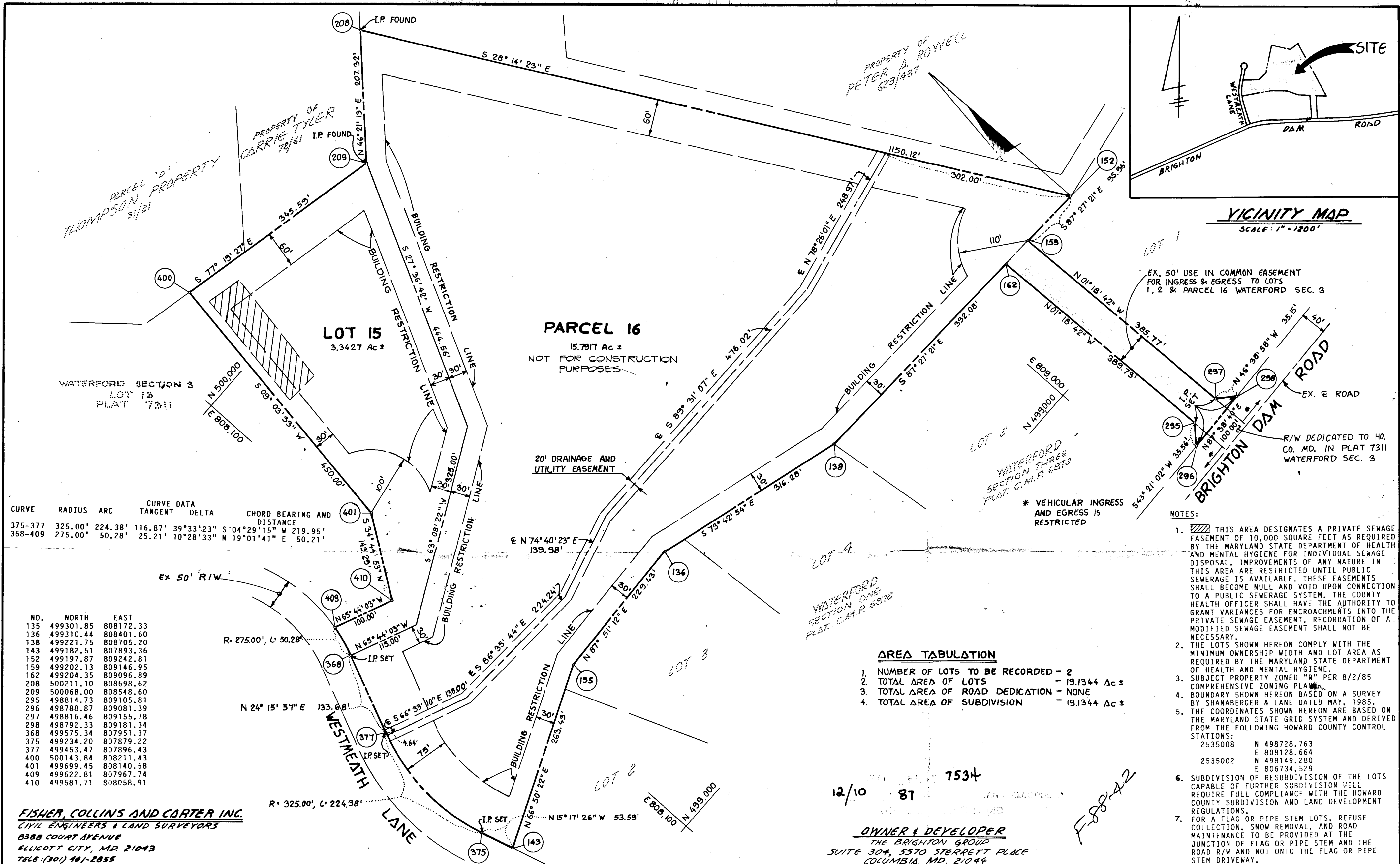
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*Jefferson D. Lawrence*  
Professional Land Surveyor No. 5216

Job No	153-08
Scale	1"=100'
DATES	
Wall Ck:	03-16-89
Final Loc:	11-3-89
Rec'd	

145711



**VICINITY MAP**  
SCALE: 1" = 1200'

EX. 50' USE IN COMMON EASEMENT FOR INGRESS & EGRESS TO LOTS 1, 2 & PARCEL 16 WATERFORD SEC. 3

R/W DEDICATED TO HO. CO. MD. IN PLAT 7311 WATERFORD SEC. 3

**NOTES:**

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE 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.
- BOUNDARY SHOWN HEREON BASED ON A SURVEY BY SHANBERGER & LANE DATED MAY, 1985.
- THE COORDINATES SHOWN HEREON ARE BASED ON THE MARYLAND STATE GRID SYSTEM AND DERIVED FROM THE FOLLOWING HOWARD COUNTY CONTROL STATIONS:  
2535008 N 498728.763  
E 808128.664  
2535002 N 498149.280  
E 806734.529
- SUBDIVISION OF RESUBDIVISION OF THE LOTS CAPABLE OF FURTHER SUBDIVISION WILL REQUIRE FULL COMPLIANCE WITH THE HOWARD COUNTY SUBDIVISION AND LAND DEVELOPMENT REGULATIONS.
- FOR A 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.

CURVE	RADIUS	ARC	CURVE DATA TANGENT	DELTA	CHORD BEARING AND DISTANCE
375-377	325.00'	224.38'	116.87'	39°33'23"	S 04°29'15" W 219.95'
368-409	275.00'	50.28'	25.21'	10°28'33"	N 19°01'41" E 50.21'

NO.	NORTH	EAST
135	499301.85	808172.33
136	499310.44	808401.60
138	499221.75	808705.20
143	499182.51	807893.36
152	499197.87	809242.81
159	499202.13	809146.95
162	499204.35	809096.89
208	500211.10	808698.62
209	500068.00	808548.60
295	498814.73	809105.81
296	498788.87	809081.39
297	498816.46	809155.78
298	498792.33	809181.34
368	499575.34	807951.37
375	499234.20	807879.22
377	499453.47	807896.43
400	500143.84	808211.43
401	499699.45	808140.58
409	499622.81	807967.74
410	499581.71	808058.91

**FISHER, COLLINS AND CARTER INC.**  
CIVIL ENGINEERS & LAND SURVEYORS  
8388 COURT AVENUE  
ELLICOTT CITY, MD 21043  
TELE: (301) 461-2855

**AREA TABULATION**

- NUMBER OF LOTS TO BE RECORDED - 2
- TOTAL AREA OF LOTS - 19.1344 Ac ±
- TOTAL AREA OF ROAD DEDICATION - NONE
- TOTAL AREA OF SUBDIVISION - 19.1344 Ac ±

12/10 87 7534

**OWNER & DEVELOPER**  
THE BRIGHTON GROUP  
SUITE 304, 5570 STERRETT PLACE  
COLUMBIA, MD. 21044

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.  
REVIEWED-PARCEL 16 NOT FOR DEVELOPMENT OR CONSTRUCTION.

*[Signature]* 11-24-87  
HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

*[Signature]* 12-4-87  
DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC ROADS.  
HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

*[Signature]*  
DIRECTOR DATE

**OWNER'S CERTIFICATE:**

WE, THE BRIGHTON GROUP, A MARYLAND GENERAL PARTNERSHIP, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS, THE FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS, THE FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY. WITNESS OUR HANDS THIS 20TH DAY OF AUGUST, 1987.

*[Signature]* LOWRIE SARGENT, GENERAL PARTNER  
*[Signature]* WITNESS

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY HUNTINGTON INTERNATIONAL CORPORATION, A MARYLAND CORPORATION TO THE BRIGHTON GROUP, A MARYLAND GENERAL PARTNERSHIP, BY DEED DATED DECEMBER 10, 1986 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1593 AT FOLIO 663 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, MARYLAND AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

*[Signature]* 12/10/87  
CHARLES J. GROVO, SR., L.S. #10763 DATE

**SIGNED WATERFORD**  
SECTION 3 LOT 15 & PARCEL 16

A RESUBDIVISION OF LOT 14

ZONED "R" FILE COPY  
5<sup>TH</sup> ELECTION DISTRICT  
HOWARD COUNTY, MD.

TAX MAP NO. 34 PARCEL 261  
SCALE: 1" = 100' AUGUST 17, 1987  
SHEET 1 of 1

F-88-42