

12-1-89
AM ASAP
PM

file

PERMIT

P 45255

A 31728

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-392969

DATE 11/20/89

DATE SYSTEM APPROVED 12/1/89

INDEXED

INSPECTOR C. B. d.

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Dunfretten Estates ROAD 13735 Triadelphia Mill LOT 15

PROPERTY OWNER S. F. Contractors

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the first trench 160 feet from the front lot line and 50 feet from the left lot line as seen when facing the lot from Triadelphia Mill Road. Run trenches on contour toward the left 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 1/27/89

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

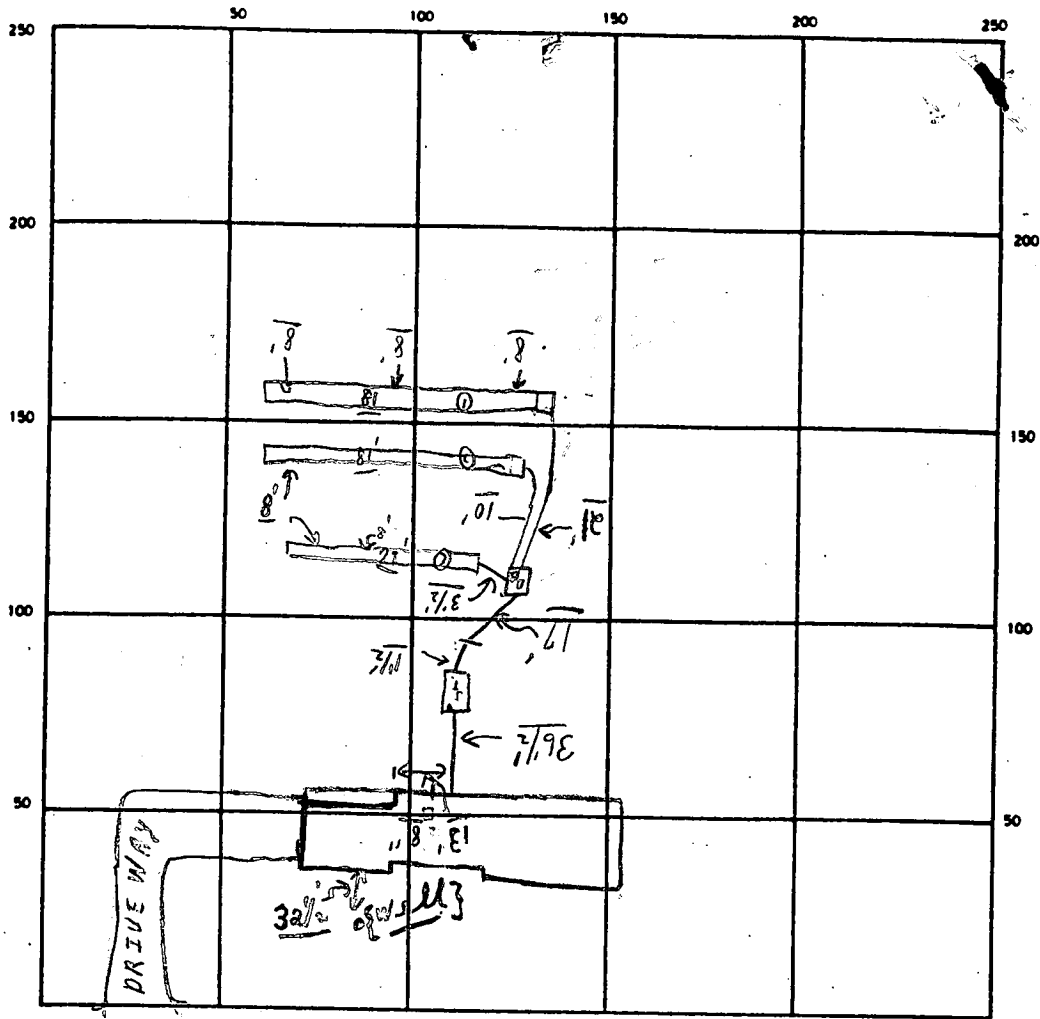
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 5/3/91
Serial # 37651

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. *2 deck*

A
31728



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← TRIA. MILL ROAD →

SEPTIC TANK LEVEL OK CLEANOUTS S.O.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TILE FIELD DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 3.5 FT. TOTAL LENGTH 81 } 241 FT
81
79

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 843.5 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 843.5 SQ. FT.

REMARKS 12/1/89 P.M. Partial, ok to continue, 12/1 P.M. 2 Trenches
are ok, partial, 12/1 P.M. - OK TO COVER ALL WORK - FINAL
C.B.E.

12/1 P.M. Partial - W.P.I. - Pitless adapter and well ok to cover from home to well
12/1/89 INSPECTOR Charles Bryan Stecker

SUBDIVISION: DONFRANTZEN GST

LOT NUMBER: 15

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4.5 feet below original grade.

Bottom maximum depth 7.5 feet below original grade.

Effective area begins at 4.5 feet below original grade.

3 feet of stone below distribution pipe.

4BR/6P

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE FIRST TRENCH 160 FEET FROM THE FRONT LOT LINE
AND 50 FEET FROM THE LEFT LOT LINE AS SEEN WHEN FACING
THE LOT FROM TRIADOLPHIA MILL Rd. RUN TRENCHES ON CONTOUR
TOWARD THE LEFT LOT LINE. 1-27-89 S. ALMA

Dpe

APPLICATION

A 31728

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/24/81

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 S. Turner Nichols and James S. Nichols J.F. CONTRACTORS

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993

PROPERTY LOCATION:
SUBDIVISION Dunfretten Estates - Triadelphia Mill Rd LOT NO. #15
ROAD AND DESCRIPTION 13735 Triadelphia Mill Road (Macadam)

SIZE OF LOT 3 Acres TYPE BLDG. _____ (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.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR OR DRIVER DATE 5/23/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/23/83 Special Written App

LOG. PERMIT. SIGNED AND RETURNED 6-89
Bp26689 SA

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

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 # 45048
Date 10/11/89

Name of Installer CLARKE P+H Inc

Telephone 489-9029

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc

Telephone 442-1133

Subdivision _____ Lot # 15

Well Tag # _____

Site Address 13735 Tridelphia Mill Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # _____
- Capacity _____ 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 _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # PT-800
- Depth 42"

Tank

- Capacity 66gal
- Pressure relief valve? 7516

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke

Date: 10-2-89

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

C1 **9571** SEQUENCE NO. (OEP 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 31728**

DATE Received DATE WELL COMPLETED **040485** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-0918**

OWNER **NICHOLS JAMES S.**
 STREET OR RFD **TRINDELPHIA MILL RD** TOWN **DAYTON**
 SUBDIVISION **DUNFRETEN** SECTION 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	
Brown Shal.	0	11	
Sand	41	83	
Gray Mica Rock	83	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1316**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **100** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **87**

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

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

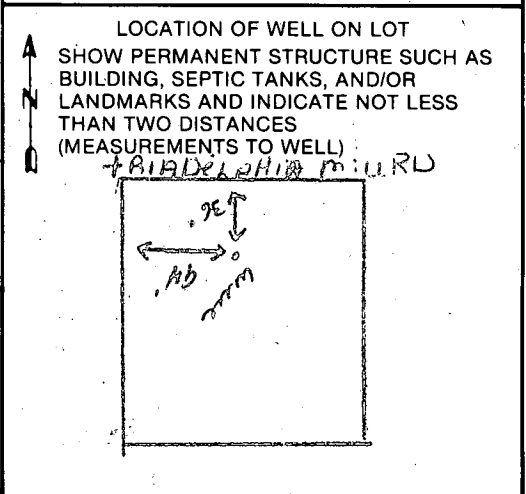
C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **86** **300**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **28** WHEN PUMPING **173**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above **-** below
 LAND SURFACE (nearest foot)



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. **238**
Joseph T. Maye
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31728

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/24/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ROAD AND DESCRIPTION Triadelphia Mill Road (Macadam)

SIZE OF LOT 3 Acres TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

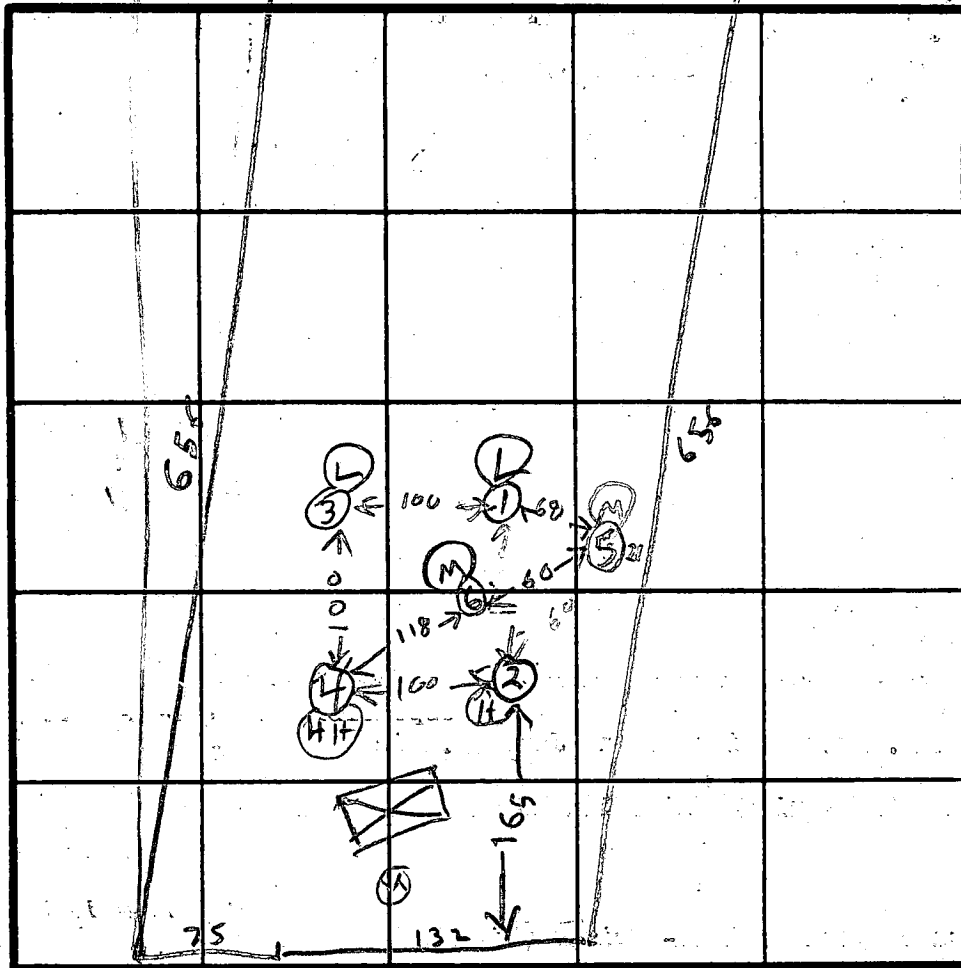
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#15

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TRIDELPHIA MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/1/81	1S	4 1/2	1101	1102	1102	1104	2
	1V	11	TOP	3 FT	CLAY		
			BOT	2 FT	SANDY	DRY	
	2S	4 1/2	1106	1134	little more SLOW		
	2V	14 1/2	TOP	6 FT	CLAY		
			BOT	30 1/2 FT	F?	SANDY	
	3S	5	1111	1113	1117	1116	3
	3V	13	TOP	4 1/2 C	CLAY		
			BOT	2 1/2	SANDY	DRY	
	4S	5 1/2	1239	1242	1244	1248	6
	4V	12 1/2	TOP	4 1/2	CLAYISH		
			BOT	2 FT	SANDY	DRY	
	2M	5 1/2	1053	1207	little more SLOW		
	2EM	16 1/2	1211	1245	little more SLOW		
	5S	5	135	136	136	138	2
REMARKS	5V	13 1/2	TOP?	2 1/2 FT	CLAY	BOT	11 FT SANDY
TYPE OF SOIL	6V	13 1/2	TOP	4 1/2	CLAY		
			BOT	9 ft	SANDY		

Core time 3
Max Depth 4 1/2

EH-12-1079

TESTED BY B HODGES

ALSO PRESENT T MICHAELS
JERRY
ORNDORF
J. MICHAELS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

S. Turner nichel
(Name)

Lot 15 Dunfretten

13270 Truedelberg mill Rd
(Address) Clarksville MD 21029

HO-81-0918
(OEP Well Permit Number)

3-11-85
(Date)

B 1 **3284** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

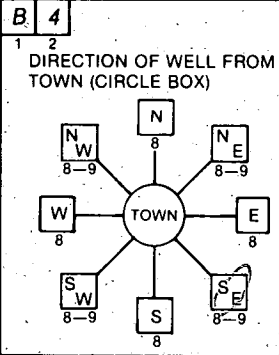
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0918
 fill in this form completely

Date Received **4/4/85 9:30 AM.**
 OWNER INFORMATION
 8 **022183**
 15 Last Name **NICHOLS** Owner **S. JAMES** First Name
 36 **13938 HIGHLAND RD** Street or RFD
 57 **CLARKSVILLE** Town **MD21029** State Zip

B 3 LOCATION OF WELL
 1 **HOWARD** COUNTY
 23 SUBDIVISION **DUNFRETTE**
 SECTION **15** LOT
 52 NEAREST TOWN **DAYTON**
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
 Driller's Name **Joseph L. Magee** License No. **238**
 Firm Name **Joseph L. Magee Well Drilling**
 Address **5512 RIDGE RD. MT. AIRY MD 21779**
 Signature **Joseph L. Magee** Date **2/1/85**



Triadelphia Mill Road
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **60** FT
 ENTER FT or MI

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
 COUNTY NAME **HOWARD** COUNTY NO. **A-1728**
 OEP SIGNATURE **J. Stanger** STATE HEALTH INSERT S
 DATE ISSUED **9/12/85** EXP. DATE
 NORTH GRID **503000** EAST GRID **0802000**

APPROXIMATE DEPTH OF WELL **200** FEET

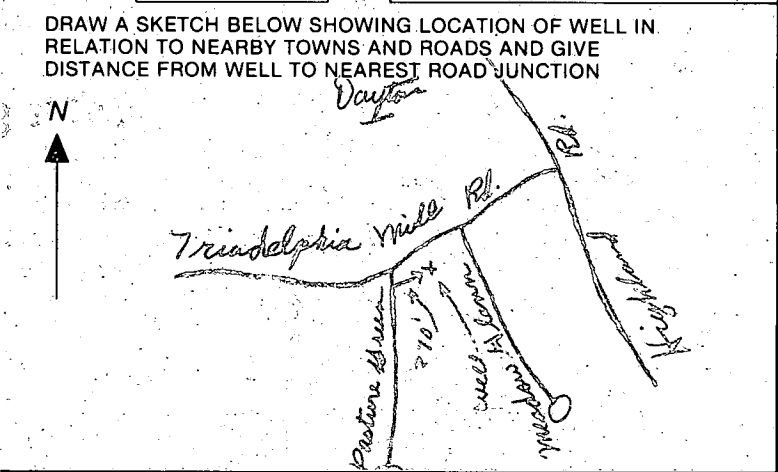
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

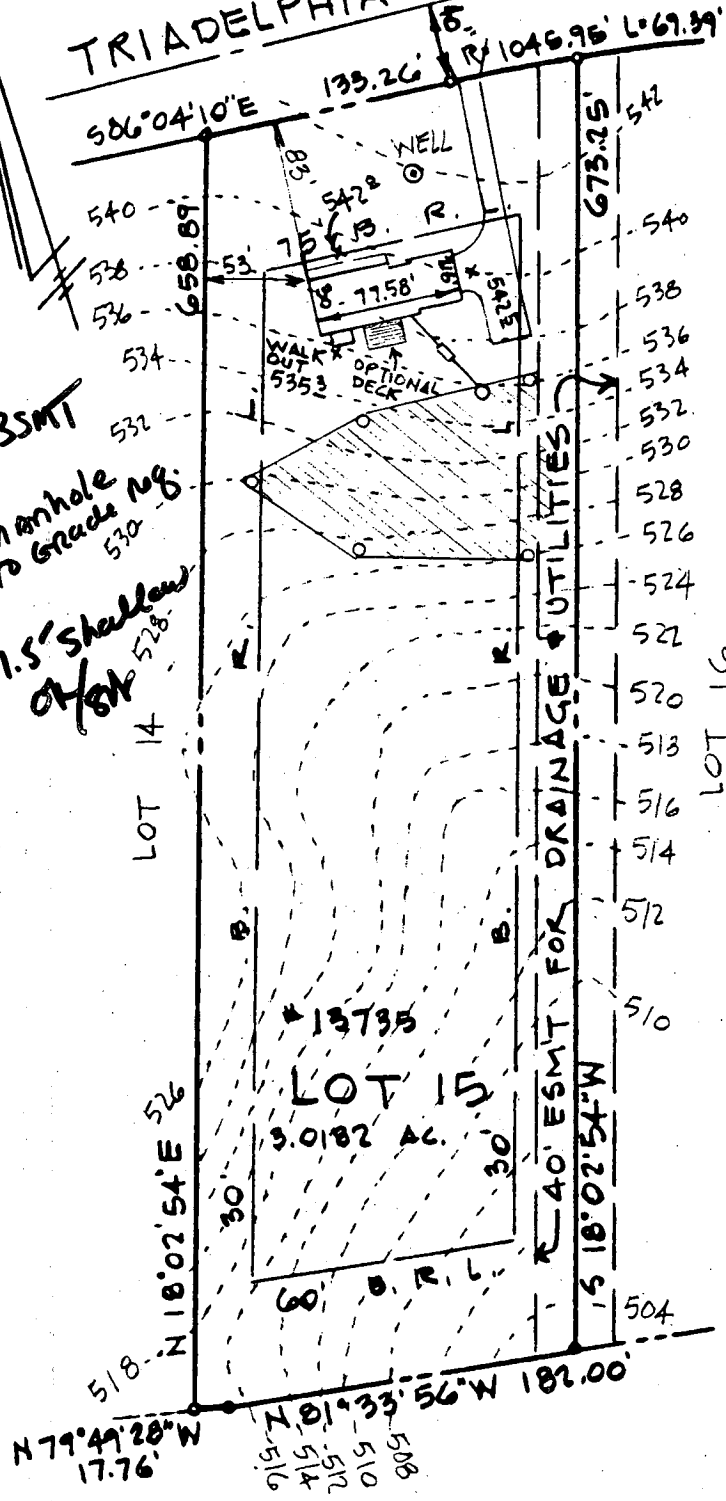
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **JS** WRITE INITIALS IN BOX PERMIT No. **40-81-0918**

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 **800 2**
 N **500 3**



TRIADELPHIA MILL ROAD



SEPTIC DATA

HOUSE FIN. FL.	545.0 ✓
" BSMT	536.0 ✓
SEWER INV.	534.0 ✓ +BSMT
SEPTIC TANK INV. IN.	533.0 ✓
" " CUT	533.0 ✓
" FIN. GR.	537.0 ✓
DISTR. BOX INV. IN.	533.0 ✓
" FIN. GR.	536.0 ✓
WATER WELL EX. GR.	542.0 ✓
" FIN. "	"

manhole to grade ng. 530
1.5' shallow of SW 528

- NOTE:
- HOUSE TYPE: 2 STY. w/ FULL BASEMENT
 - HOUSE MAY BE REVERSED TO SUIT FIELD CONDITIONS OR OWNER PREFERENCE.

— BUILDER —
S.F. CONTRACTORS, INC.
3363 BRANTLY COURT
GLENWOOD, MD. 21733
442-1133

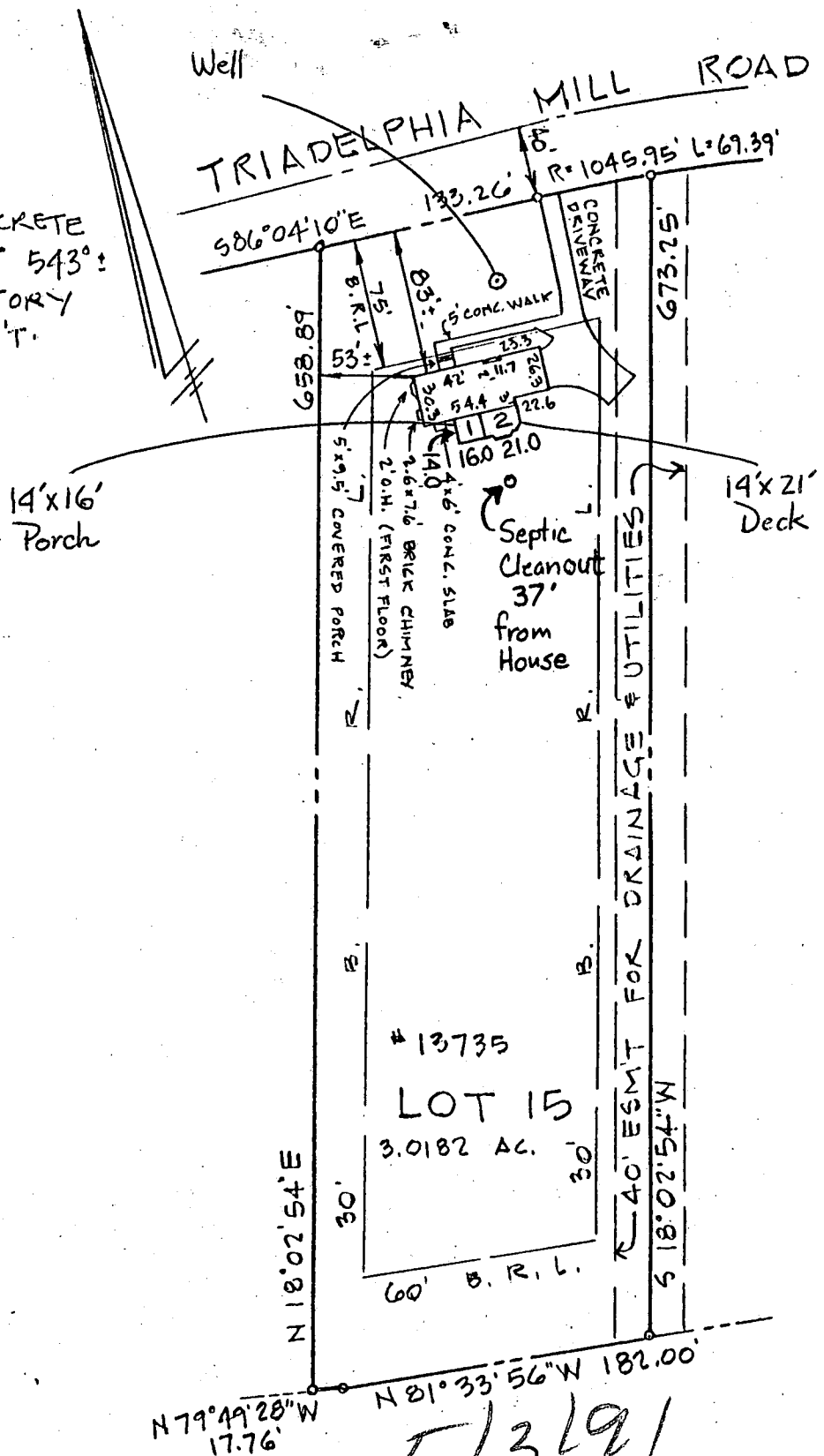
ENG. PERMIT SIGNED
AND RETURNED 6-6-89
20089
SAC

PLAT NO 5401 RECORDED 4/15/83

GRADING STUDY	
LOT 15 "DUNFRETEN ESTATES"	
5 TH ELECTION DISTRICT HOWARD COUNTY, MD.	
SCALE 1"=100'	MAY 31, 1989

NOTE:

1. FOUNDATION TYPE - CONCRETE
2. " ELEV. @ TOP 543'
3. HOUSE TYPE : 2 STORY FRAME W/ FULL BSM'T.



5/3/91
 PLANS O.K.
 R/S

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING ROAD
 CATONSVILLE, MD, 21228
 744-1945

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES -

PLAT NO 5401 RECORDED 1/15/83

FINAL CERTIFICATION	
LOT 15 "DUNFRETTE ESTATES"	
5-B ELECTION DISTRICT HOWARD COUNTY, MD.	
SCALE 1"=100'	MARCH 5, 1990

