

3/25/94
3/28/94
A.M.
3/30/94
ASAP

PERMIT

04-349296 (3/25/94 2 P.C.O.)

SEWAGE DISPOSAL SYSTEM

P 49886
A 41143

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 2/15/94

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 3/30/94

INSPECTOR 8 K.S.

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

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

SUBDIVISION Wellington LOT 7 ROAD 3148 Longfield Road

PROPERTY OWNER Williamsburg Builders, Inc. Amy Gough

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

Note A.M. - Plumbing Not as Per Plan (3/25/94 @ site plumbing) lower. CSD

5' CSD 3/25

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

LOCATION - Place distribution box 130 feet from front (146.17') lot line and 85 feet from right (259.68') lot line as viewed from Longfield Road. Install trenches on contour in both directions from distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK MR 1/26/94*

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin REVISED DATE 11/30/93

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

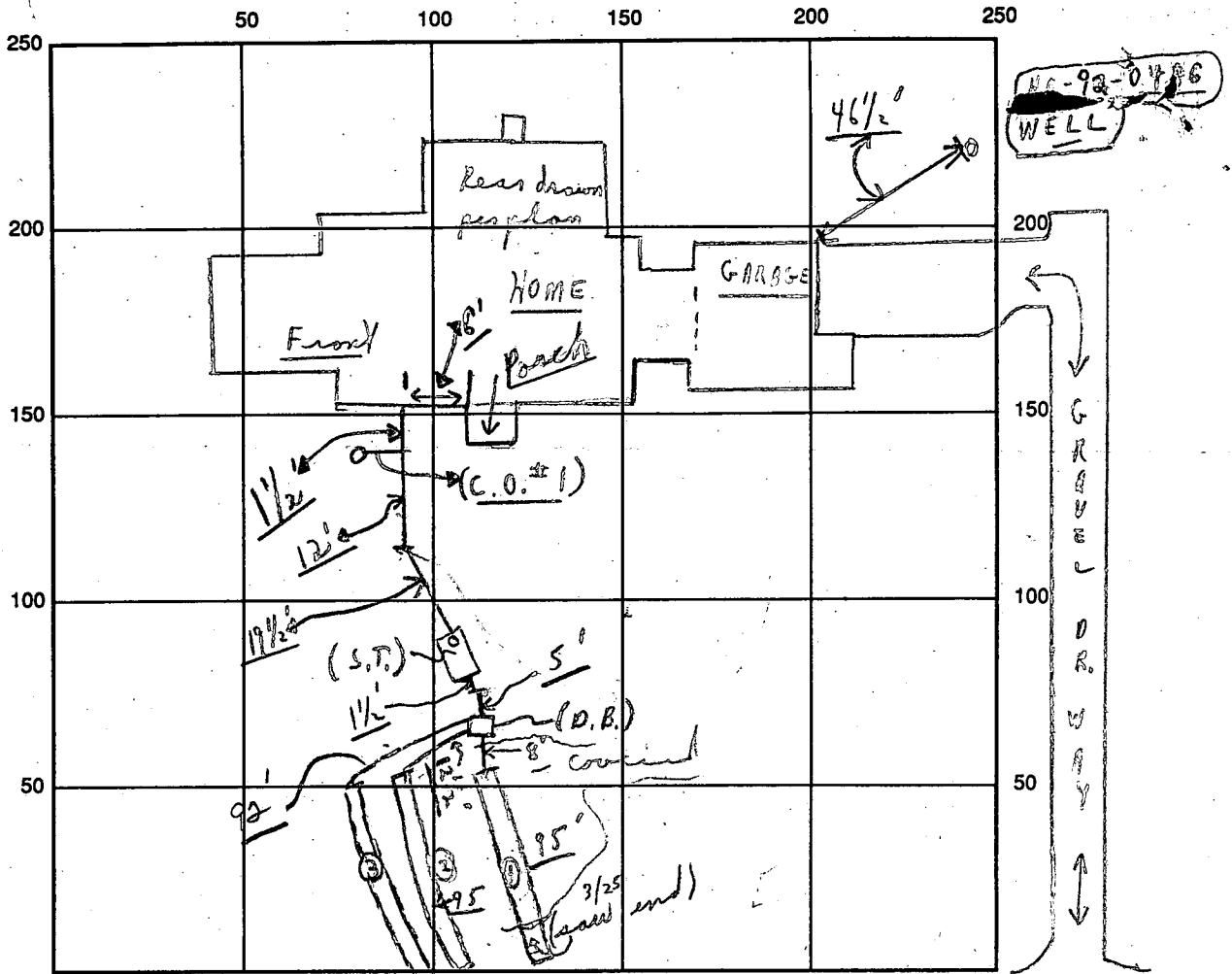
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
41143



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← LONGFIELD ROAD → S.T. ROAD C.O. #1

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 95 FT. } = (282')

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 846 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: (A.M.) 3/25/94 OK to cover from house to S.T. tank; partial work
 No trenches dug A.M. - inlet lowered due to plumbing out
 of house different from plan; C.O. #1 3/25 P.M. 2 Trenches ok
 to finish and cover; call 3/25 P.M. material on site; - last trench not
 dug yet; to call for Monday 3/28/94

3/25 No W.P.I. in A.M. call 3/25 WPI OK. DICS

DATE SYSTEM APPROVED 3/30/94 INSPECTOR James L. See

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 41148

P _____

DISTRICT S. 4th

DATE ~~December 18, 1987~~
FEB 26 1988

*5/12/88
perc OK'd
and is approved
pld @*

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 C. Oliver Goldsmith, et ux - Williamsburg Builders, Inc
ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121
410-992-8801

PROPERTY LOCATION:
SUBDIVISION Longwood Farm LOT NO. ~~7~~
LOT 7 Preliminary Ser. 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and Union Chapel Road (3148 Longfield Road)

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

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. SECURITY DEVELOPMENT CORP
By: [Signature] V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes + etc. pld

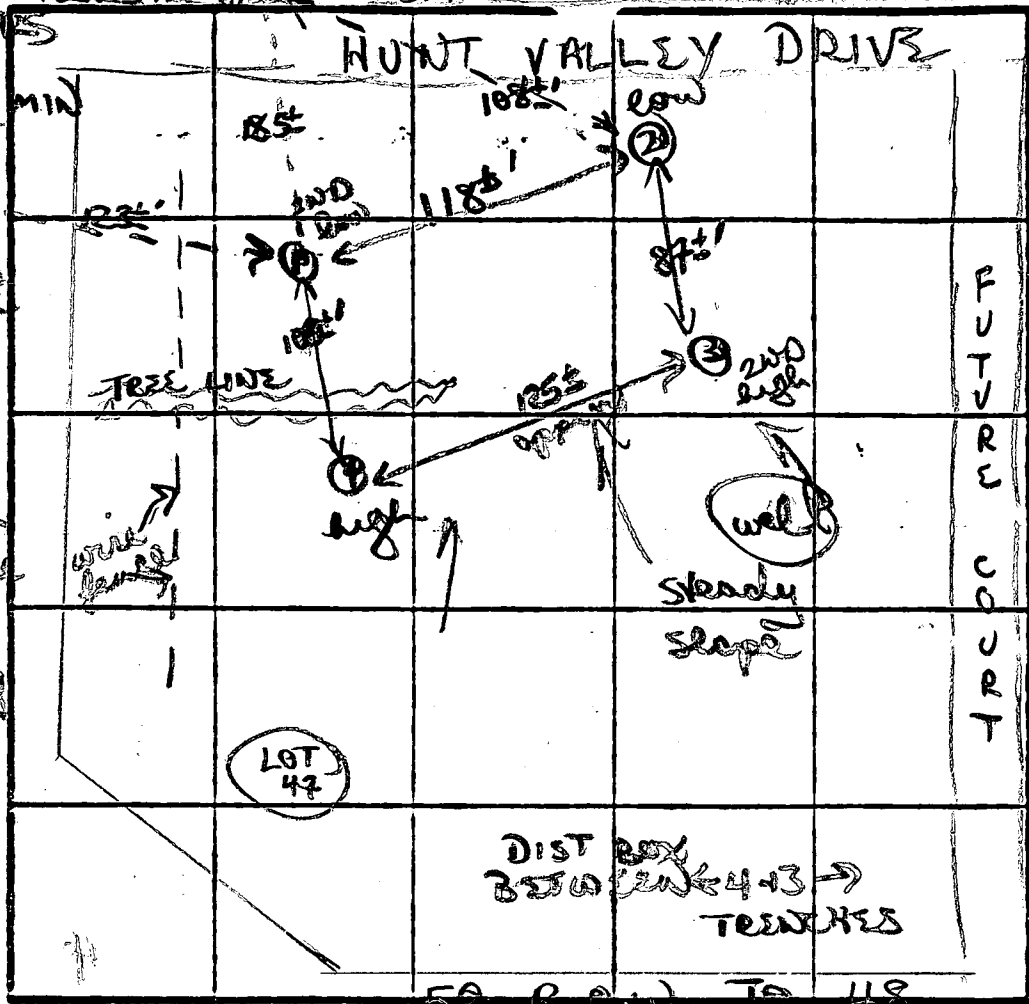
BLDG. PERMIT SIGNED
AND RETURNED 1/24/88
Serial # 57094
SFD-4Bom

THIS IS NOT A PERMIT

SHALLOW REPORT

INLET 3 1/2
 MAX D 7 1/2
 1875/1925
 X=6 MIN

SOIL PROFILE
 ②
 1ST 4' OF
 chunky gritty
 brown orange
 clay/sand
 3'
 to orange
 purple then
 mostly purple
 6 1/2
 powdery silty
 med tan
 ↓
 11'D



①
 gritty orange tan
 clay clay
 sand sand
 4'
 silty clay
 w/ tan
 orange
 gritty
 sandy
 silty tan
 6 1/2
 10% ↑ to
 20% med
 TO eye
 frags
 ↓ 8"
 Refusal
 10'

orange tan
 gritty clay
 sandy silty
 med tan
 4'
 changing to
 mostly tan
 powdery silty
 med tan
 w/ 5% small
 gravelly shell
 frags 6' ↓

12'D
 ④
 similar
 soils to ③
 w/ orange/brown
 silty tan
 3 1/2
 tan 6 1/2 ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/12/79	②	3 1/2 S	116	119	119	124	5 MIN	
		7' M	116	117	117	119	2 MIN	
		11' D	bottom (see profile)					
	①	4' S	120	123	123	131	8 MIN	
		10' D	hard bottom (see profile)					
	③	4 1/2 S	117	126	126	137	11 MIN	
		12' D	bottom (see profile)					
	④	3 S	118	120	120	123	3 MIN	
		12 1/2' D	bottom (see profile)					

REMARKS: open field; dug + stacked as stacked

TYPE OF SOIL: mostly gritty orange/brown clay/sands w/ silty lens
 actual: 3' w/ hard bottom

TESTED BY: B. N. [unclear]

ALSO PRESENT: chip

EH-12-1079

APPLICATION

PERCOLATION TESTING

Revised 11/10/93
A 41143

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION wellington LOT NO. 7

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Rear of lot too rocky to use - retain originally approved SDA for septic system and keep system shallow to protect well to be located down slope of this SDA

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE in lot 8

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE 1/29/93

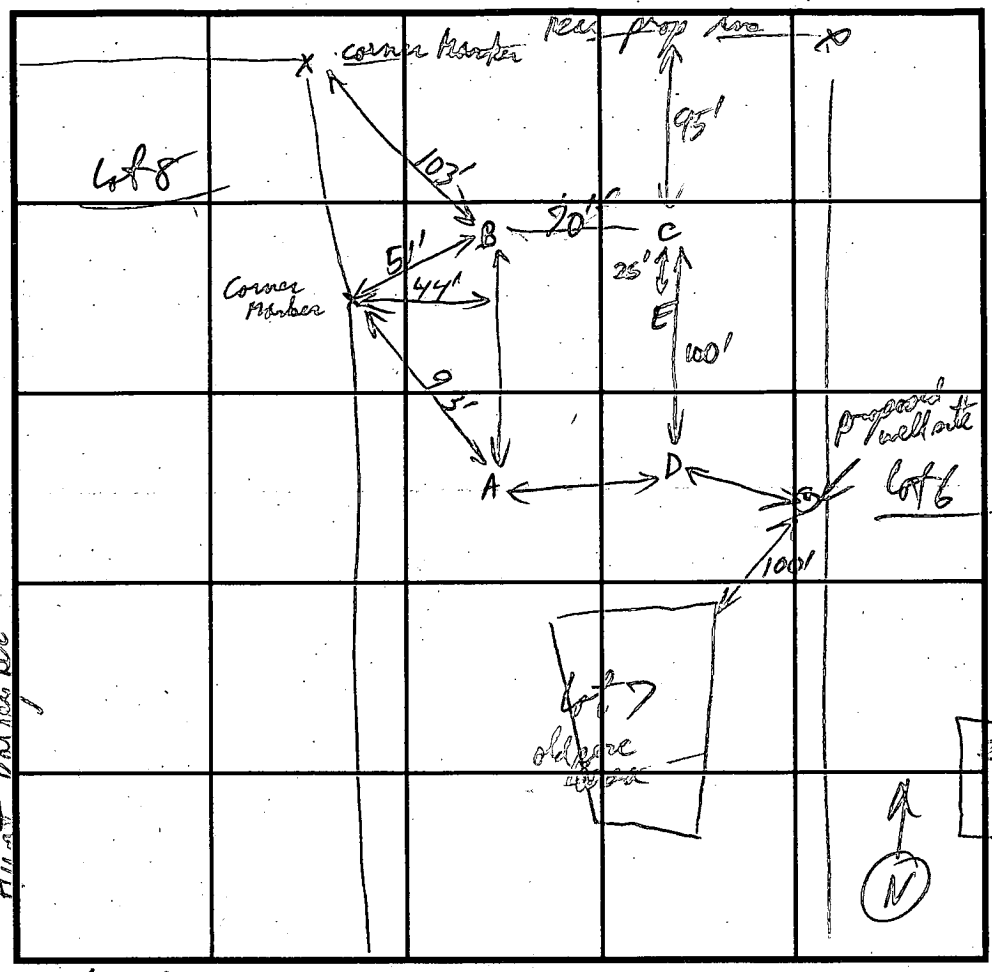
THIS IS NOT A PERMIT

Wellington lot 7
 Spunk A 41143
 COUNTY #

SOIL PROFILE A
 0' 3rd Brn
 yd Brn (10R 4/4)
 silt
 2-2 1/2' Red Brn
 CL-silt
 3-3' mixed silty
 + silty Brn SL
 5' Med Brn
 + Red Brn
 SL
 12' grey Brn SL

B
 3-3 1/2' Red Brn
 -CL
 4-6' Med Brn
 -Sandy Brn
 SL
 10 1/2' 35-50%
 Gravel
 + boulders

C
 3-3' Red Brn
 CL
 6' Med Brn
 -Sandy Brn
 SL
 10 1/2' 50%
 stones
 + boulders
 of Gravel



SOIL PROFILE D
 0' Red Brn
 CL
 3 1/2' orange/yellow
 Red Brn
 10SL gravelly
 1 to 1 1/2' CL
 9.5' Red Brn
 SL
 12' existing
 floor

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11-10-93	A	4 1/2'	12:46:00	12:54:00	12:54:00	1:05:40	12 min	OK
		V12	OK below 3 1/2'					
	(B)	4 1/2'	12:57:30	1:15:00	pulled / water present		Too slow	Fail
		10 1/2' V	Too rocky				Rocky	
	(C)	5 1/2'	1:07:00	1:09:30	1:09:30	1:13:00	2 1/2 min	OK
		V10 1/2	Too rocky				Rocky	Fail
		D 12' 5 1/2'	1:09:30	1:11:00	1:11:00	1:14:00	3 min	OK
	(E)	10'	Too rocky. Some on C				Rocky	Fail
	(F)	10'	Rocky / few rocks in Brn SL but rocky @ 10'				Too slow	Fail

REMARKS: Some additional usable perc Area, but Too Rocky in least 150' of lot.
 TYPE OF SOIL: Chester Masson CL; with present house site location existing SDA is as good as possible revised one would be.
 TESTED BY: R.J. Pinkley ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH: 3 1/2' MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

B 1 02697

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD-92-0486 fill in this form completely

Date Received (APA)

10/18/93

OWNER INFORMATION

Gye Builders

PO BOX 1710

ELLICOTT CITY MD 21041

DRILLER INFORMATION

Joseph L. Mayne 24 License No. 80

Joseph L. Mayne Well Drilling

5512 RIDGE RD. Mt. Airy 21771

Joseph L. Mayne 10/18/93

B 3

LOCATION OF WELL

HOWARD COUNTY

WELKINGTON SUBDIVISION

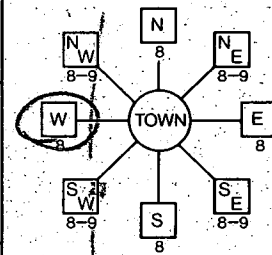
SECTION 44 46 LOT 7 48 50

GLENNWOOD NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LONGFIELD RD. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



280 DISTANCE FROM ROAD

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 4/1/38 COUNTY NO.

STATE SIGNATURE DATE ISSUED 11/10/93

CO SIGNATURE EXP. DATE 11-10-94

NORTH GRID 530000 EAST GRID 0790000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

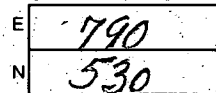
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

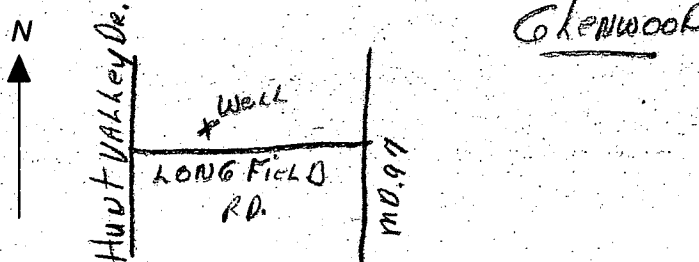
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE



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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP

FORCE RP PERMIT No. MD-92-0486

SPECIAL CONDITIONS

DRILLER

C1 8770

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A41138

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11/17/02

Depth of Well 2275 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-02-0426

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND Stone 0-39, GRAY MICH. ROCK 39-365.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.

CASING RECORD casing types insert appropriate code below. Includes codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE 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. Includes codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) 40, 41, 365

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C3 1 2

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 307 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 (CIRCLE) (YES or 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)

LOCATION OF WELL ON LOT. SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See Attached Well location

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 # 0
 Date 3/31/94
 Name of Installer Van Sant P.C. & H.C. Telephone _____
 License Number _____
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner William & Jane Bach Telephone _____
 Subdivision Wellington Lot # 7 Well Tag # _____
 Site Address 3148 Longfield Dr.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make <u>Campbell</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>48" B10x</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>GOULD</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>72407-422</u>		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

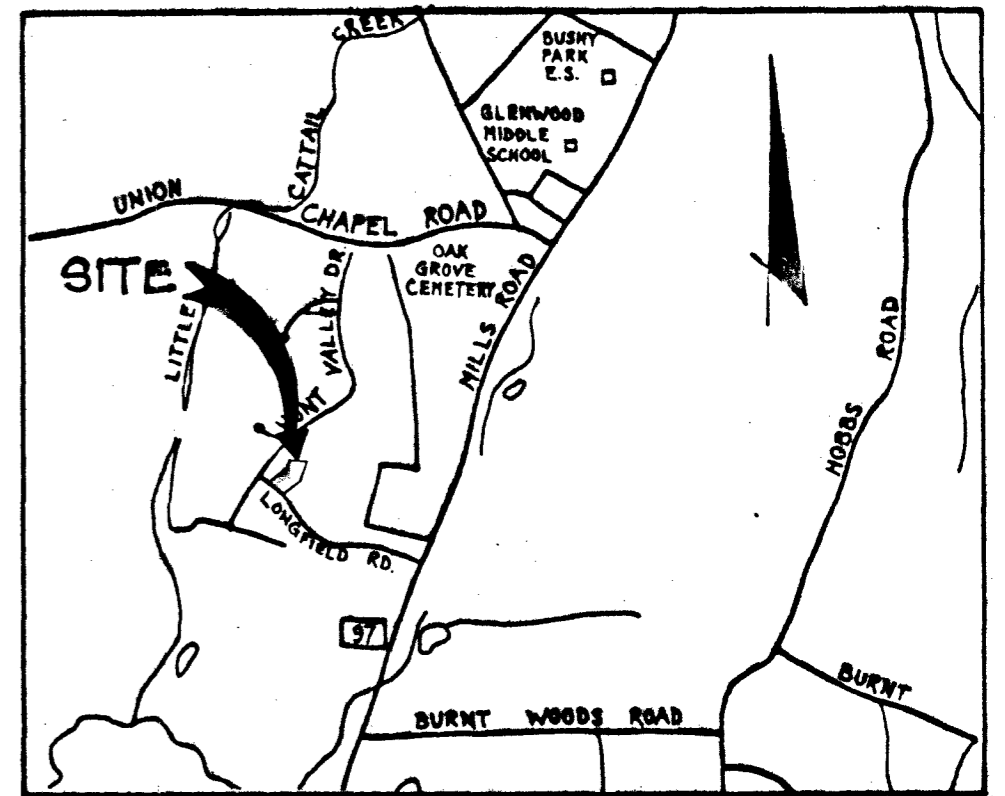
Tank	Piping	Well data
1. Capacity <u>✓ 100</u>	1. Type <u>P.S.</u>	1. Depth <u>365</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield _____ GPM
<u>3/30/94</u>	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
<u>WPI OK</u>	4. Depth of supply line <u>48"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>
<u>1.5' above grade</u>		
<u>4' below grade DKS</u>		

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: [Signature]
 Date: 3/31/94

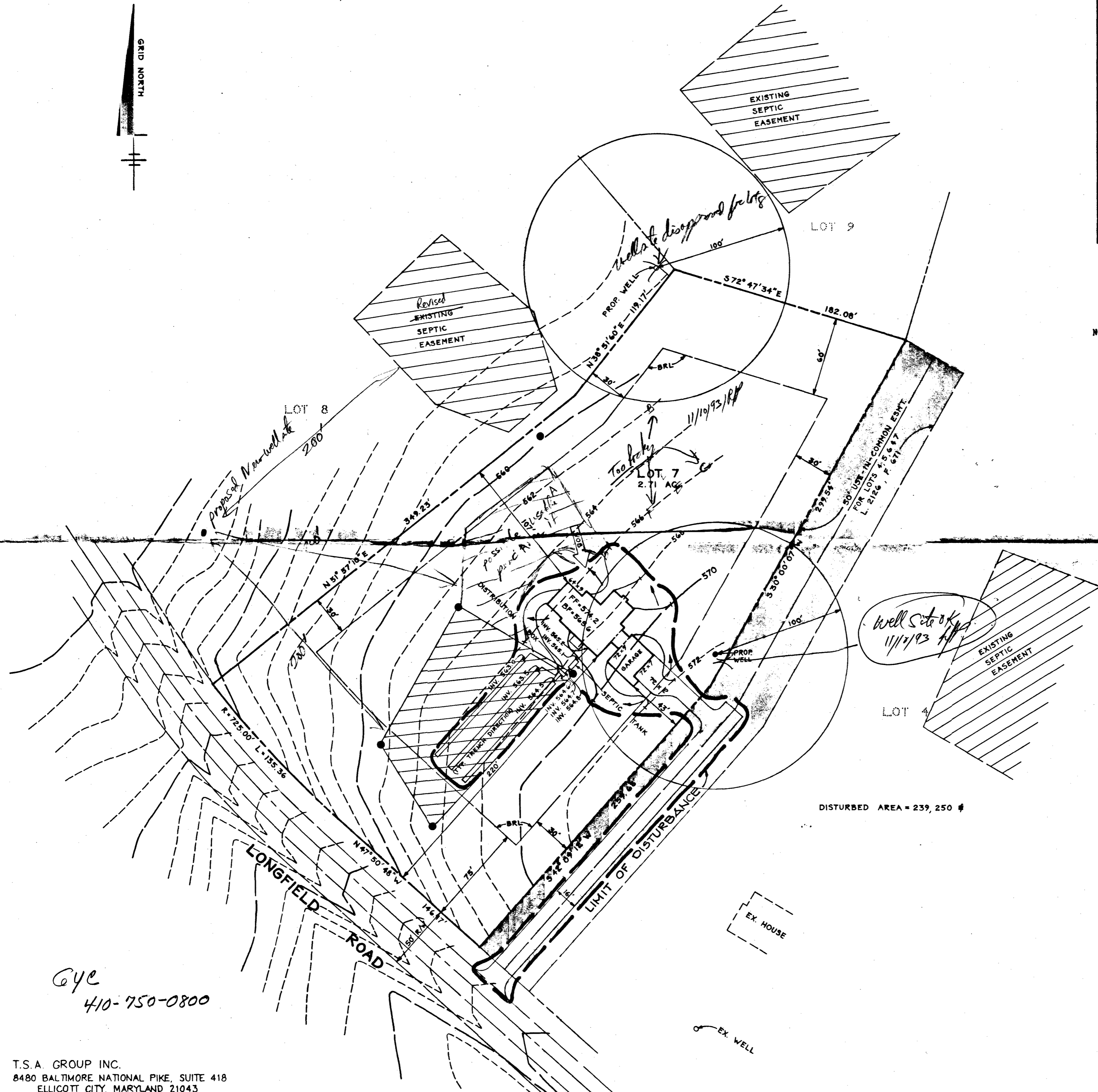
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



VICINITY MAP
SCALE: 1" = 2000'

NOTES:

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



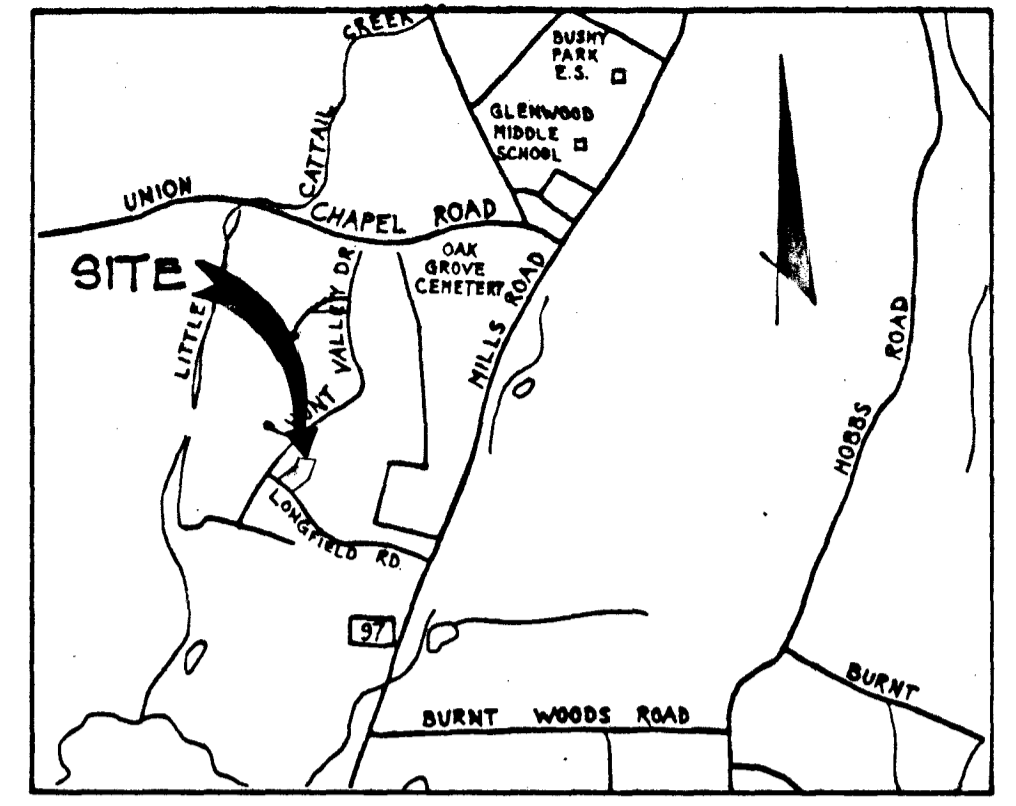
eye
410-750-0800



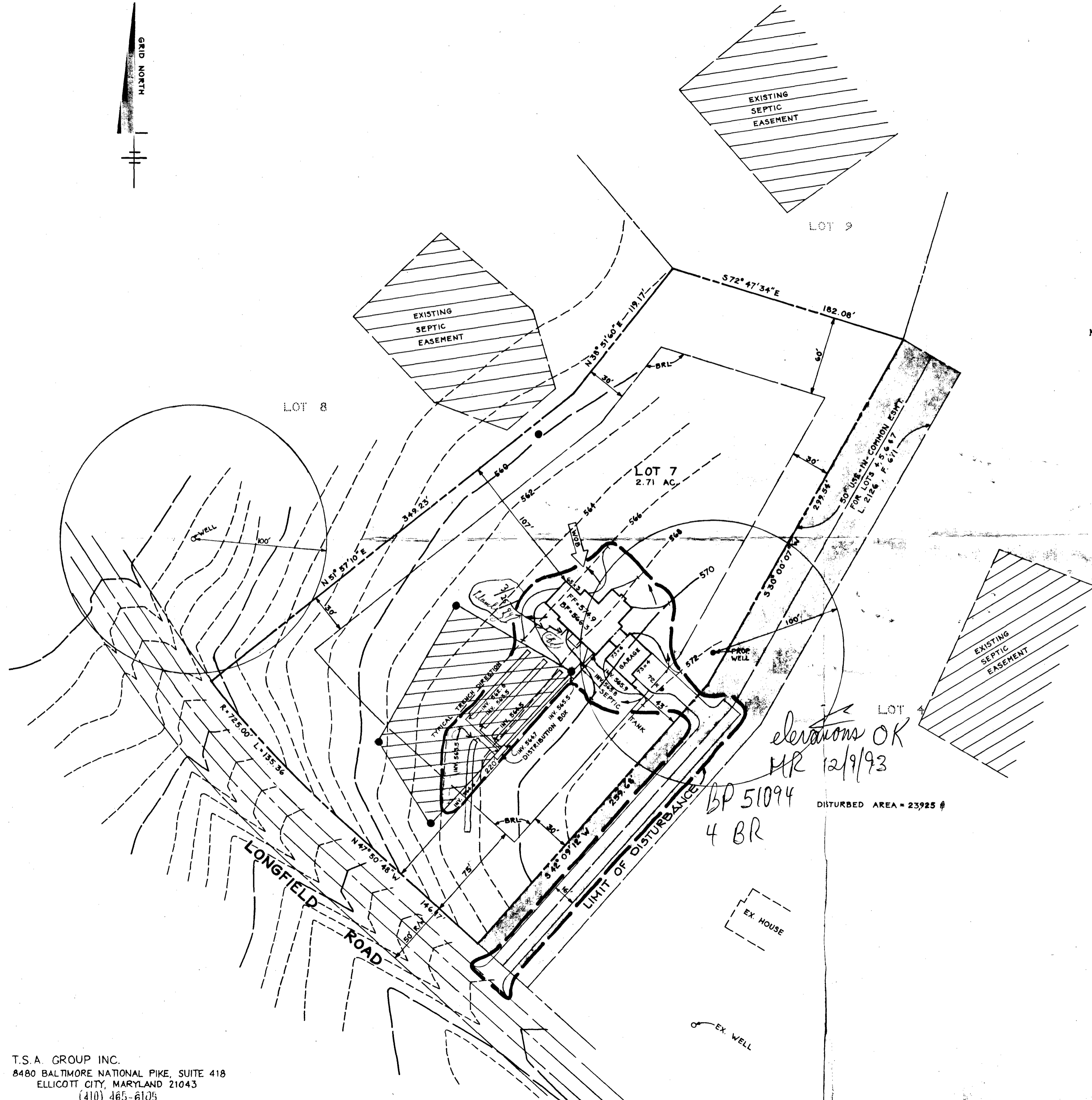
PLOT PLAN
WELLINGTON
SECTION ONE, AREA ONE
LOT 7

TAX MAP NO. 21 & 14 PARCEL 73 & 74
PLAT NO. 0045
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: OCTOBER 12, 1993

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



VICINITY MAP
SCALE: 1" = 2000'



NOTES:

- 1) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. +/- AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAN SHALL NOT BE NECESSARY.
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PLOT PLAN
WELLINGTON
SECTION ONE, AREA ONE
LOT 7

TAX MAP NO. 21 & 14 PARCEL 73 & 74
PLAT NO. 6045
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: OCTOBER 12, 1993 REV: 12-8-93

T.S.A. GROUP INC.
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