

05-41181

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49111

A 37063

DISTRICT 5th

DATE 4-7-93

DATE SYSTEM APPROVED 6/4/93

INSPECTOR RH

**HOWARD COUNTY HEALTH DEPARTMENT**

**BUREAU OF ENVIRONMENTAL HEALTH**

~~461-9933~~ 313-2640

# INDEXED

Tom Lawson IS PERMITTED TO INSTALL  ALTER

ADDRESS 13067 Twelve Hills Road, Clarksville, Maryland PHONE 531-6270

SUBDIVISION Highland Meadows LOT 4 ROAD 13324 Long Leaf Drive

PROPERTY OWNER Tommy & Irene Lawson

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP SYSTEM

NUMBER OF BEDROOMS 4

Install: 1-1000 Gal. Pump Chamber  
Dual Effluent Pumps with  
Controls and Alarms.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 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 300 feet from the front lot line and 10 feet from the right side of the lot as seen when facing the lot from Long Leaf Court. Run the trenches on contour within the platted sewage disposal easement.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/10/93 RH

BOX 250 TO 300 FT FROM FRONT REVERSE BOX LOCATION

AFTER FIELD VISIT 4/13/93 RH

PLANS APPROVED BY Raymond Hodges DATE 5/16/89

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, 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

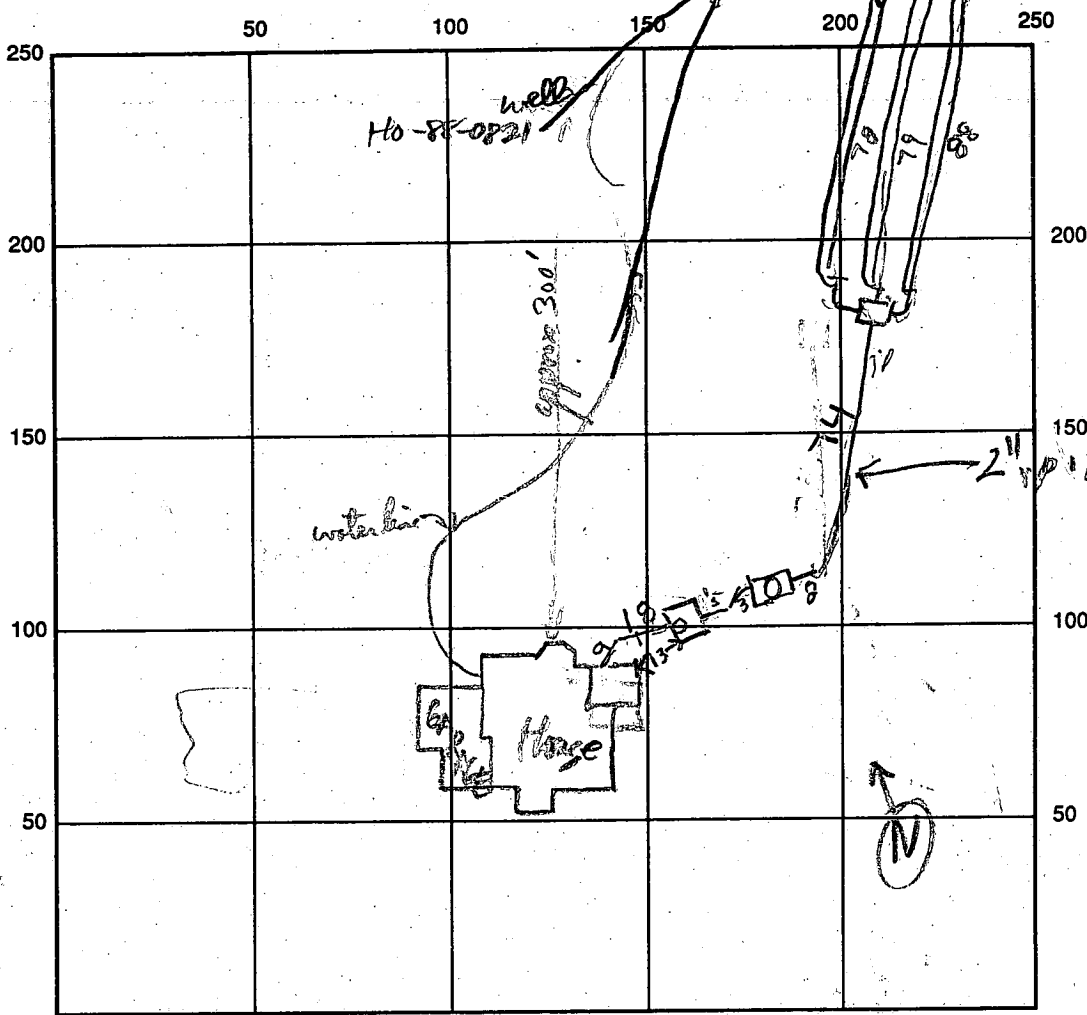
PERMIT VOID AFTER TWO YEARS

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  
37063



JF  
75  
77

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Long Leaf Drive

SEPTIC TANK LEVEL OK 1500 CLEANOUTS ST OK PUMP PIT MANHOLD

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 

1	2	3	TOTAL
88	79	78	245

 FT.

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

DRYWALL INSIDE DIAMETER 3 FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

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

REMARKS: well line says 4/8/93 RH 4/13/93 TANK SET SPECS REVISED AS TO BOX

LOCATION SEE OTHER SIDE RH

4/15/93 TRENCHES OK TO COVER. CALL FOR INSPECTION OF PUMPS IN OPERATION LATER RH

6/4/93 PUMPS OK

DATE SYSTEM APPROVED 6/4/93

INSPECTOR Raymond Hodges

# APPLICATION

PERCOLATION TESTING

A 37063

P \_\_\_\_\_

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

*5/6/87*  
*reperc OK'd*  
*pending approval*  
*CS*

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Brighton Dam Limited Partnership *Tommy & Irene Lawson*  
6228 Clearwood Road  
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838

PROSPECTIVE BUYER Celta Corporation  
101 Chestnut ST. STE 125  
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION: LOT 4 on Prelim plan  
SUBDIVISION Highland Meadows LOT NO. 4  
ROAD AND DESCRIPTION Highland Road at Brighton Dam Road *13324* LONG LEAF DR

TAX MAP 34 PARCEL # 169  
SIZE OF LOT 3 AC + TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

(SIGNATURE OF APPLICANT)

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

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

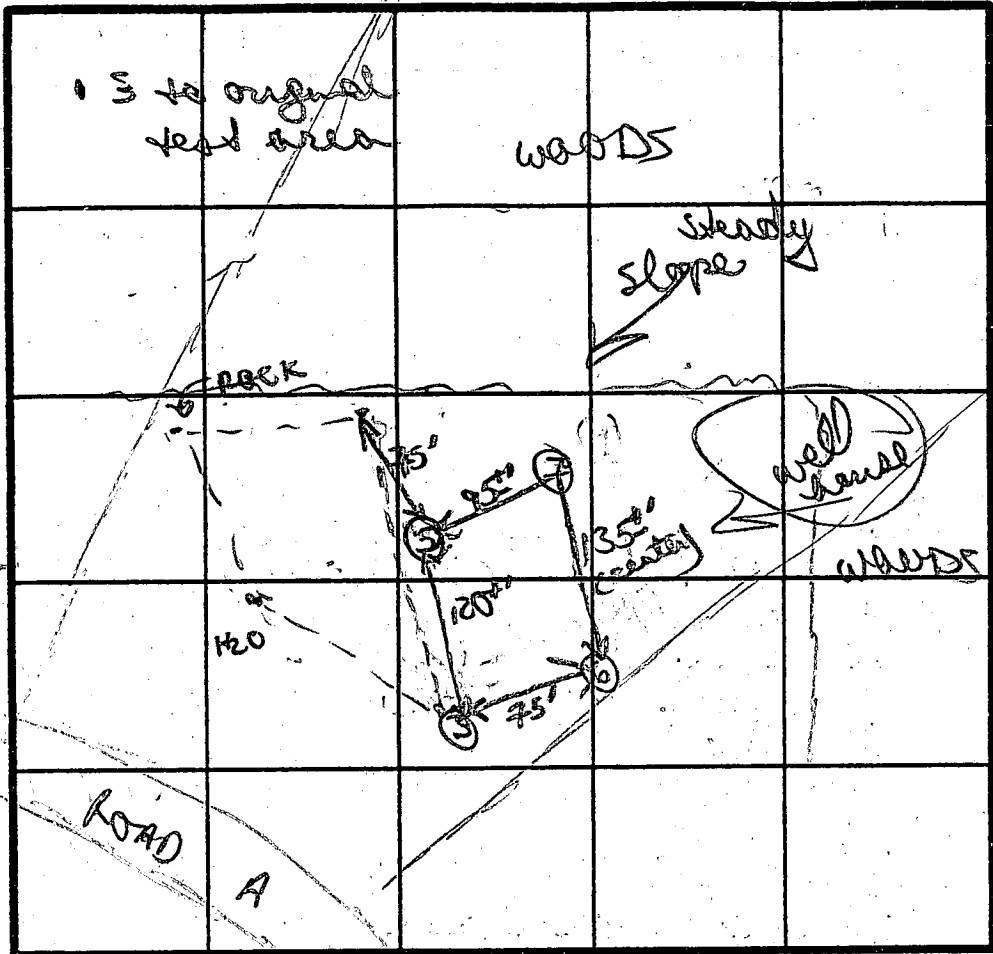
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6/3/86 Hold for Wet Season R/H

BLDG. PERMIT, SIGNED AND RETURNED 12/21/87 5/4/87 *reperc OK'd* initial system deep  
Serial # 46462 - SFD 4 Bedrooms future repairs shallow

# THIS IS NOT A PERMIT

LOT # 4



SOIL PROFILE

⑤  
 0  
 brown / orange clay silt lean  
 3'  
 to powdery white / tan silty lean  
 lean  
 ↓

⑥  
 brown / red clay 3'  
 clay lean to silty lean silty  
 4 1/2'  
 to grey powdery  
 lean  
 12'D

13'D

③ & ②

Brown / clay silt lean

3'

No tan / brown silty lean massive

↓

13+1'D

INLET 3 1/2

MAX D 4 1/2 S

X = 2 MIN

12 1/2' D / 6 DRM

180

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/6/87	RETEST 3	4 S	1226	1227	1227	1229	2 MIN	
		13+1'D	bottom (see profile)					
	5	3 1/2 S	1223	1224	1224	1226	2 MIN	
		13'D	bottom (see profile)					
	6	2'S	1232	1233	1233	1235	2 MIN	
		8 1/2 M	1229	1230	1230	1231	2 MIN	
		12+1'D	bottom (see profile)					
	7	VISUAL ONLY	soils good by 4'					
		12'D	see profile					

REMARKS new perc field shifted up hill  
 uniform & good; brown / tan silty lean

TESTED BY B. Wilson ALSO PRESENT Rocky, J. Allen

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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6228 Clearwood Road  
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838

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ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

### PROPERTY LOCATION:

SUBDIVISION Highland Meadows LOT NO. 4

ROAD AND DESCRIPTION ~~Highland Road at Brighton Dam Road~~ LONG LEAF DR

TAX MAP 34 PARCEL # 169

SIZE OF LOT 3 AC + TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

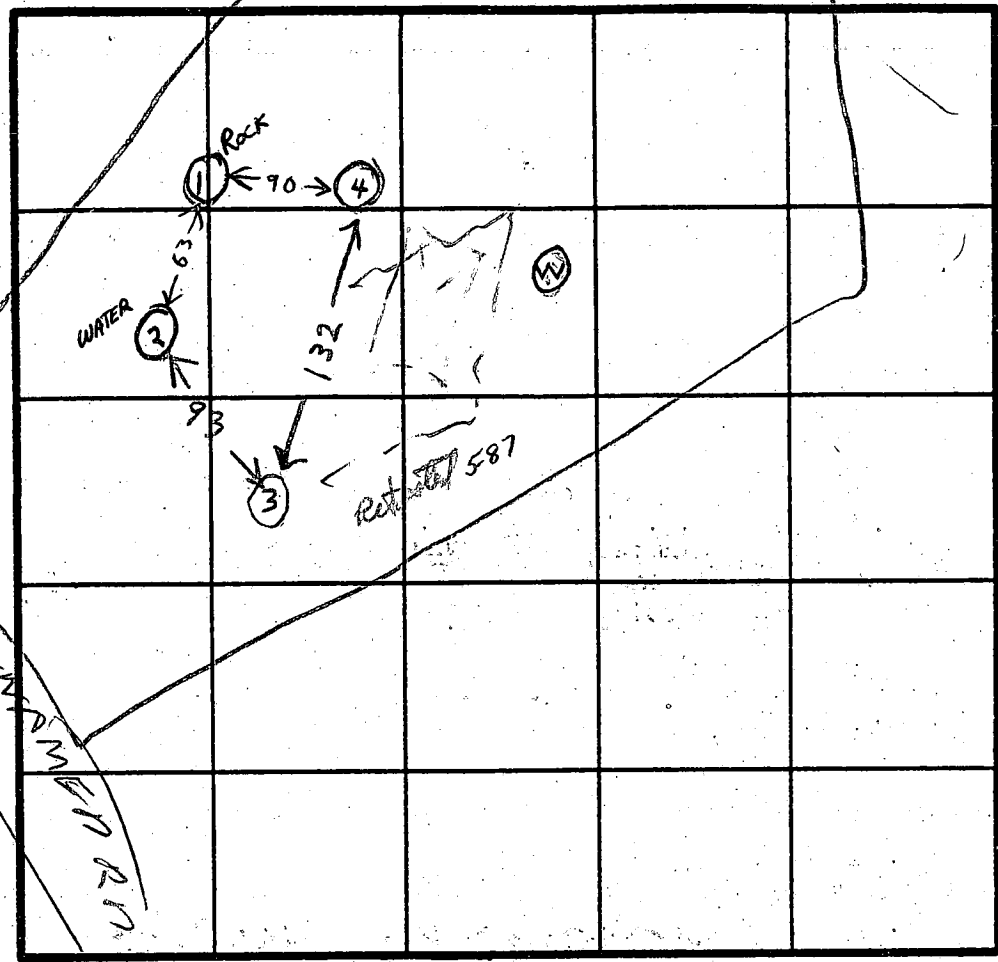
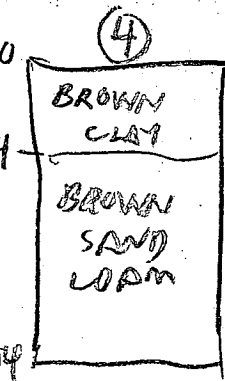
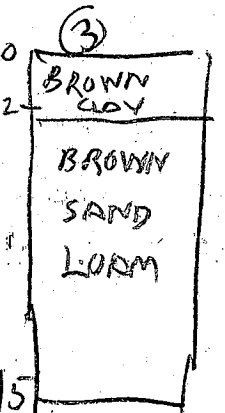
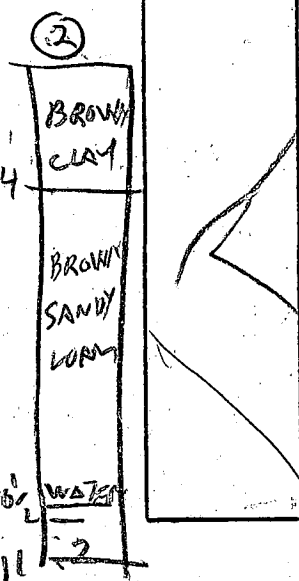
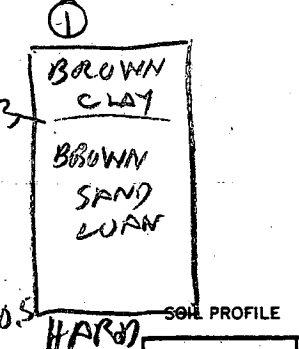
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

# THIS IS NOT A PERMIT

Lot 4



HOLE ELEVATION  
③④ = HIGH  
①② = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/86	1V	10 1/2	ROCK	10 1/2 FT			
6/13/86	2V	11	WATER	10 1/2 FT			
	3V	15	LOOKS	O/K			
	4V	14	LOOKS	O/K			
(see page 2 for notes)							

REMARKS 6/13/86 Water Hole Save for Wet Season Hole dug  
TYPE OF SOIL Per Survey on Stakes  
TESTED BY BH ALSO PRESENT BUD ARNOLD CO

A 370 63

SUBDIVISION: HIGHLAND MEADOWS

LOT NUMBER: 4

LONG LEAF DR DRY WELL OR DRY WELL AND TRENCH

SYSTEM MUST BE INSTALLED BEFORE BUILDING PERMIT ISSUED  
sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
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.

BLDG. PERMIT SIGNED  
AND RETURNED 12-21-92

SHALLOW TRENCHES

180 sq. ft./bedroom

Trench to be 3 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.

BP # 46462  
4 bedrooms  
1250 gal tank  
1000 gal pump pit  
w/ dual pumps  
& alarms.

- 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: 5/16/89-PLACE THE DISTRIBUTION BOX 300 FT

FROM THE FRONT LOT LINE AND 50 FT FROM

THE RIGHT SIDE OF THE LOT AS SEEN WHEN FACING

THE LOT FROM LONG LEAF COURT

ON CONTOUR WITHIN THE PLATTED SEWAGE DISPOSAL ENCLOSURE,  
TRENCHES TOWARD THE EAST LOT LINE

SEPTIC AREA ALREADY  
IMPACTED BY  
LOT LINE SHIFT

DRIVEWAY CROSSING OF  
SEPTIC AREA SHOULD  
BE DISCOURAGED,

HOUSE SITE NEAR FRONT  
OF PROPERTY WITH  
PUMPED SEPTIC WOULD  
BE PREFERABLE  
10/26/22 CDW

1 **3448** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A37063**

DATE Received        
 DATE WELL COMPLETED **070789** Depth of Well **360** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-88-0821**

OWNER **KERWIN HUNTER INC** last name first name  
 STREET OR RFD **BRIGHTON DR RD** TOWN **CLARKSVILLE**  
 SUBDIVISION **WILLIAM MC ADAMS** SECTION **1** LOT **4**

**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	
Clay	2	6	
Shale	6	26	
Clay-Gravel Ban. layers	26	34	
Sand Brown Mica	34	57	
Int. mica	57	68	
Sand Brown Mica	68	114	
Sand-Gravel	114	118	
Thin Mica	118	135	
Tan Mica	135	255	
Brown Mica	255	264	
Grey Mica	264	300	
White Mica	300	321	
Grey Mica	306	321	
White Mica	321	345	
Grey Mica	345	360	

**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 **1700**  
 GALLONS OF WATER **75**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from     ft. to     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 **6** inch top (main) casing (nearest inch) Total depth of main casing **145** (nearest foot)

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

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

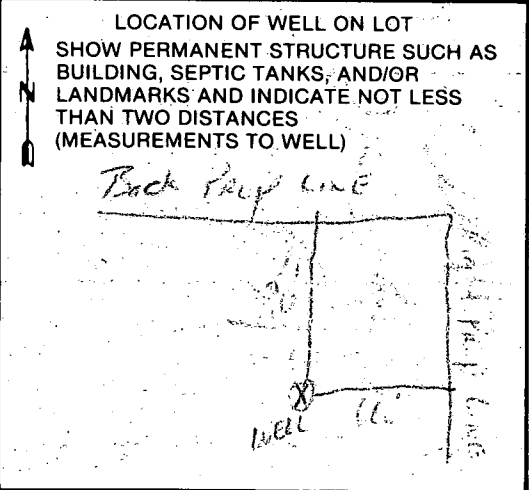
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN **HO** **193** **360**  
 SLOT SIZE 1  2  3   
 DIAMETER OF SCREEN    (NEAREST INCH)  
 from  to

**GRAVEL PACK**   
 IF WELL DRAKED 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.) **12**  
 METHOD USED TO MEASURE PUMPING RATE   
 WATER LEVEL (distance from land surface) BEFORE PUMPING **71** WHEN PUMPING **111**  
 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) **A** above } LAND SURFACE  (nearest foot) **B** below }



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. **46**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



4/18/93  
anytime

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 4/5/93

Name of Installer B.W.T. Inc

Telephone 301 498 6138

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

Name of Property Owner Tom Lawson Telephone 410 531-6270  
Subdivision Highland Meadows Lot # 4 Well Tag # 40-88-0821  
Site Address 1332 4 Long Leaf Dr

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Grundfos
- Model # \_\_\_\_\_
- Capacity 5 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Motor

- Horsepower 3/4
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Harvard
- Model # \_\_\_\_\_
- Depth 42"

Tank

- Capacity \_\_\_\_\_
- Pressure relief valve? yes

Pitless adapter & water line to RO 3 1/2" R/P 4/18/93

Piping

- Type Galvanized
- 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? \_\_\_\_\_

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: 4/5/93

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

HOWARD COUNTY

SERIAL NUMBER

APPLICATION

# PERMIT APPLICATION

416462

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Two Story Three Car Garage  
Four Bedrooms  
One Fireplace  
3 1/2 bathrooms  
Brick Front, siding on 3 sides  
Screen Porch

13334 LONG LEAF DRIVE  
Clarksville, MD 21029

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
4	169	N/A	N/A	9		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Highland Meadows	RR	34	5	05101

OWNER'S NAME AND ADDRESS PHONE NO.  
 Tommy & Irene Cecelia Lawson 410-531-6270  
 13067 Twelve Hills Road  
 Clarksville, MD 21029

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.  
 Design Basics Inc. Plan Service  
 11112 John Galt Blvd. 402-331-9223  
 Omaha NE 68137-2384

CONTRACTOR'S NAME AND ADDRESS PHONE NO.  
 Tom Lawson 410-531-6270  
 13067 Twelve Hills Road  
 Clarksville, MD 21029

EXISTING USE	PROPOSED USE
Vacant Lot	Single Family Dwelling

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
SEE \$265,000	12965	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
10x22	70'	62'	20'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES	(4) 3 1/2 1		
FOOTINGS	FOUNDATION	S. WALLS	
8" x 12" CONCRETE	12" block	7 BRICK	

UTILITIES  
 WATER/WELL/SEWER/EPTIC GAS ELECTRICITY TYPE OF HEAT AC  
 NO NO GAS 120V HEAT PUMP AC

I have carefully examined and read this application and know the same to be true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE: [Signature]  
 TITLE: [Title]  
 DATE: 12-4-92

### FOR OFFICE USE ONLY

W/S CODE \_\_\_\_\_

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_

SIDE YARD \_\_\_\_\_  
 (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE \_\_\_\_\_

TO SIDE BUILDING LINE \_\_\_\_\_  
 DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK \_\_\_\_\_ (CORNER LOT ONLY)

CONDITIONS (IF ANY) \_\_\_\_\_ SDP # \_\_\_\_\_

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	12/21/92	[Signature]
FIRE PROTECTION		
STORM WATER MGMT.		

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
 To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
 Use and occupancy permit must be applied for two weeks before it will be issued.

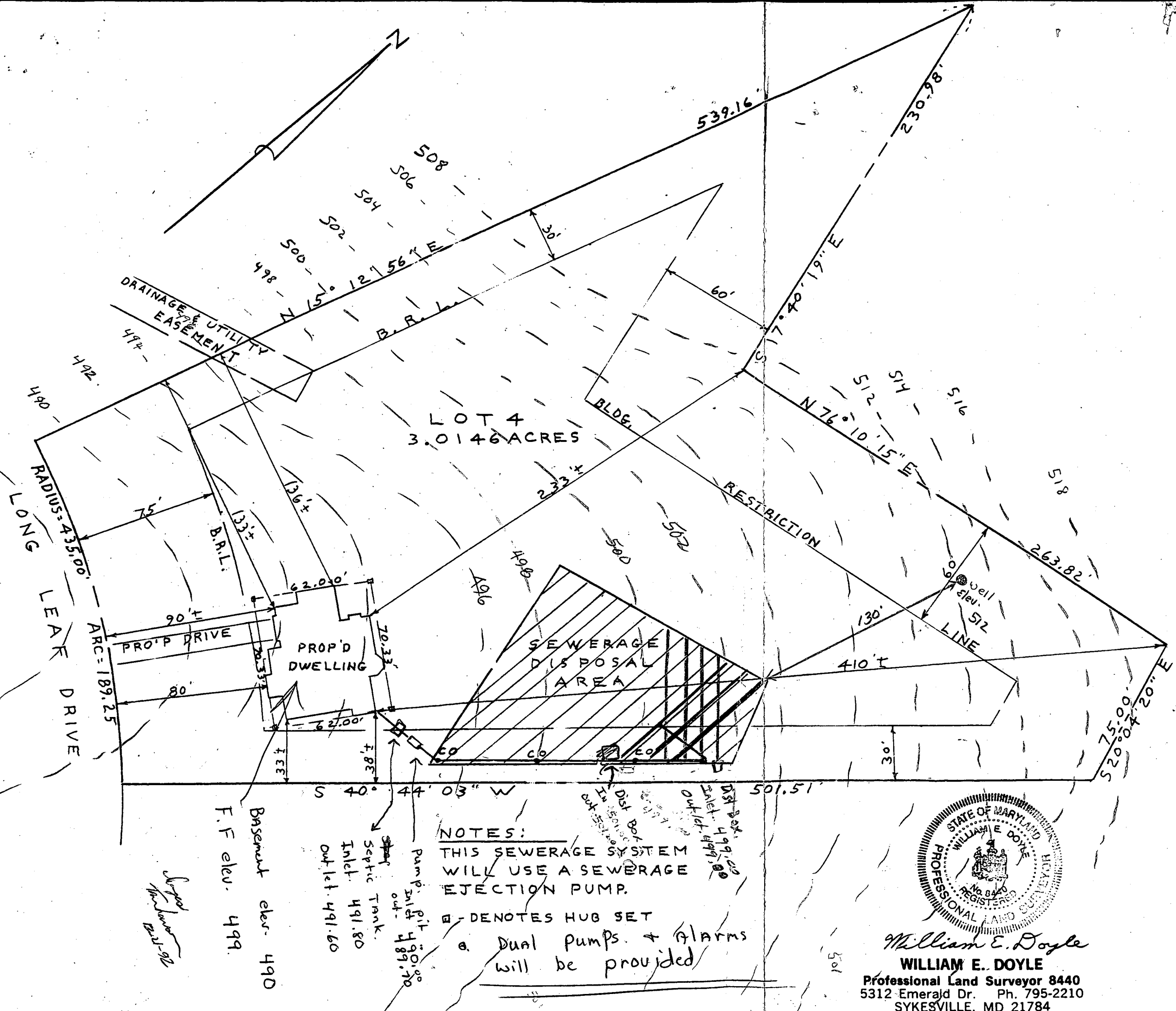
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Distribution of Copies:  
 White - Building Official  
 Green - Planning & Zoning  
 Yellow - Engineering  
 Pink - Health Dept  
 Gold - S.H.A.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69  
Revised

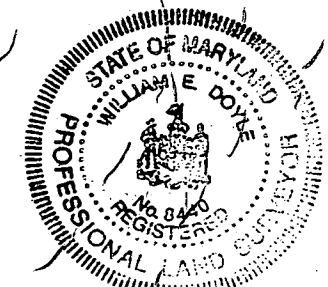
Stamp: [Illegible]



B.P.# 46462

HOUSE STAKEOUT  
 LOT 4, LONG LEAF DRIVE  
 SECTION 1, SHEET 3 OF 4  
 HIGHLAND MEADOWS  
 PLAT NO. 9665  
 ELECTION DISTRICT 5  
 HOWARD COUNTY, MD.  
 SCALE: 1" = 50'  
 DRAWN: DECEMBER 3, 1992

NOTES:  
 THIS SEWERAGE SYSTEM  
 WILL USE A SEWERAGE  
 EJECTION PUMP.  
 B - DENOTES HUG SET  
 a. Dual pumps + Alarms  
 will be provided



William E. Doyle  
**WILLIAM E. DOYLE**  
 Professional Land Surveyor 8440  
 5312 Emerald Dr. Ph. 795-2210  
 SYKESVILLE, MD 21784

DEVELOPMENT

PARCEL A  
90 AC ±

A37065

A37064

*Handwritten:*  
West Slope  
OK 5/26/89  
A.H.

N76°10'15"E  
263.82'

LOT 4  
30 AC ±  
A37063

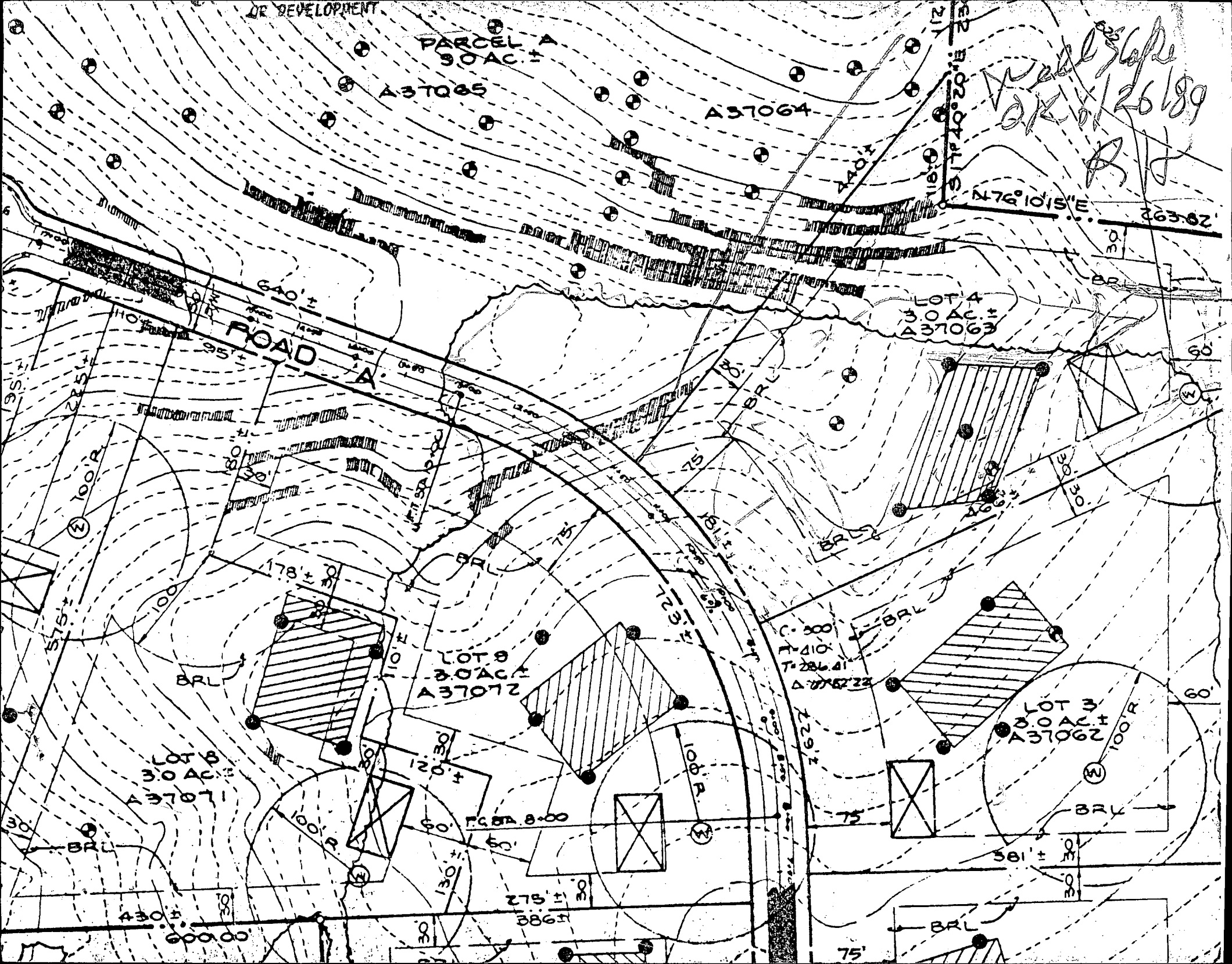
ROAD  
A

LOT 9  
30 AC ±  
A37072

LOT 8  
30 AC ±  
A37071

LOT 3  
30 AC ±  
A37062

C=300  
A=410  
T=286.41  
Δ=77°52'22"



B 1 91.51 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-88-0821 fill in this form completely

Date Received (APA) 051089 OWNER INFORMATION KERWIN HOMES, INC. 24024 FREDERICK RD CLARKSBURG MD 20871

LOCATION OF WELL HOWARD HIGHLAND MEADOWS CLARKSVILLE MILES FROM TOWN 2 MI

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) W LONG LEAF DR 450 FT DISTANCE FROM ROAD

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 A37063 DATE ISSUED 070589

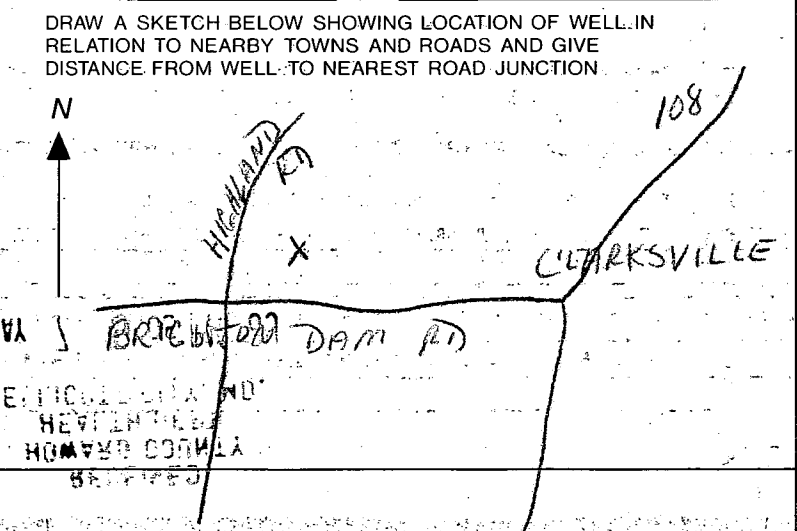
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

APPROXIMATE DEPTH OF WELL 700 FEET

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

APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) AIR-ROTARY

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 070589 FORCE CW PERMIT No. H0-88-0821 SPECIAL CONDITIONS