

7-30-86
Approved
S. Abel

P 37329

A 34831

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX9922330~~
461-9933

INDEXED
05-398258

ELLICOTT CITY
DISTRICT 5th
DATE 7/8/86

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salembottom Road Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Pheasant Landing ROAD 4415 Linthicum Road LOT 11

PROPERTY OWNER Michael Notzon

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 - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place distribution box 160 - 165 feet from the rear lot line and 110-115' feet from right lot line as seen when facing the property from Linthicum Road. Run trench(s) along contour toward Right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used a distribution box is required. Call for inspection of trench(s) before and gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 1/23/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

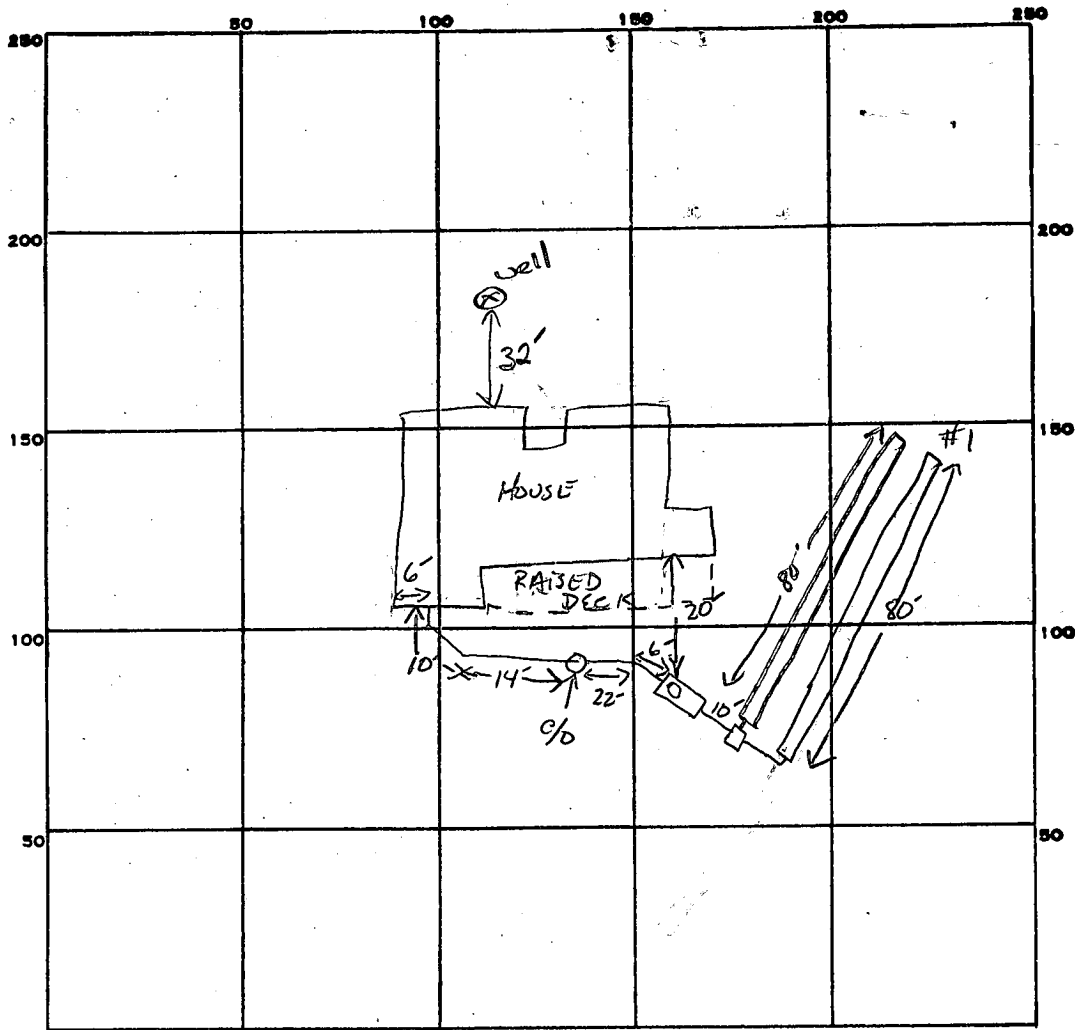
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
34831



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lithicum Rd.

3-8
200
5/30/86

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GAL

CLEANOUTS ST & INLINE

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH ^{① ②} 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH ^{① ②} 5 5 FT. TOTAL LENGTH ^{① ②} 80' 80' 160' FT.

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 800⁺

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 800 SQ. FT.

REMARKS 7/30/86. OK TO STONE TRENCH #1 AND COVER PART WHILE DIGGING #2 S. Abel

DATE SYSTEM APPROVED 7-30-86

INSPECTOR S. Abel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34831

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 6-21-85

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 ~~Kenneth Warfield, Sr~~ MICHAEL NOTZON

ADDRESS 14663 Triandolphys Rd. Glenely md. PHONE Don Reumer 465-4920

PROPERTY LOCATION: PHEASANT LANDING 21737

SUBDIVISION WARFIELD PROPERTY LOT NO. LOT 11 - TESTED

ROAD AND DESCRIPTION Linthicum Rd. 6-21-85

SIZE OF LOT _____ 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-21-85 perc. SATISFACTORY, Hold for certified Subdivision Plat. Atol
B.P. # 69479 app. 4-14-86

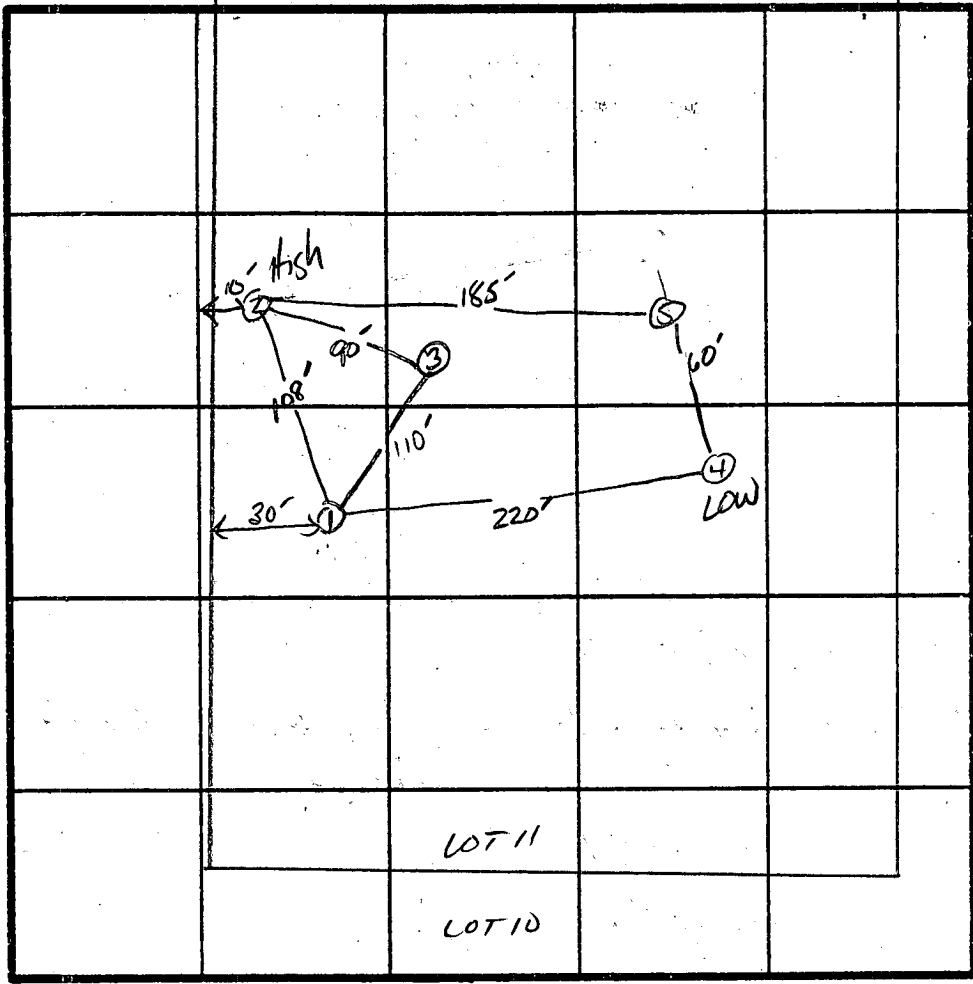
BLDG. PERMIT SIGNED
AND RETURNED 7/7/85
Serial # 71479

THIS IS NOT A PERMIT

① ③

SOIL PROFILE

0
9" AP
Yellow BR
CLAY LOAM
L10%
SAPROLITE
4'
BROWN
micaceous
SAND LOAM
L10%
SAPROLITE
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LINTHICUM Rd.

② ⑤
9" AP
Yellow Red
CLAY LOAM
L10%
SAPROLITE
3'
BROWN
micaceous
SAND LOAM
10-20%
SAPROLITE
12'

④
9" AP
Yellow BR,
CLAY LOAM
L10%
SAPROLITE
BROWN
SAND LOAM
micaceous
L10%
SAPROLITE
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/21/85	1 S ✓	4.5" 13" see profile	2:32	2:35	2:35	2:41	6min
	2 S ✓	3.5" 12" see profile	2:36	2:38	2:38	2:43	5min
	3 V	12" see profile	same as hole #1				
	4 S ✓	2.5" 12" see profile	2:41	2:44	2:44	2:48	4min
	5 S ✓	3" 12" see profile	2:46	2:48	2:48	2:51	3min

REMARKS _____

TYPE OF SOIL _____

TESTED BY SAW ALSO PRESENT KETTERMAN

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34831
P _____

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

DISTRICT 5th
DATE 1/17/85

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 Kennard Warfield, Jr.
14663 Triadelphia Road
ADDRESS Glenelg, Maryland 21737 PHONE Don Reuver - 465-4920

PROPERTY LOCATION:
SUBDIVISION Warfield Property LOT NO. LOT 11 Resubdivision
1A OF LOT 4

ROAD AND DESCRIPTION Linthicum Road

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(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/ Kennard Warfield, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

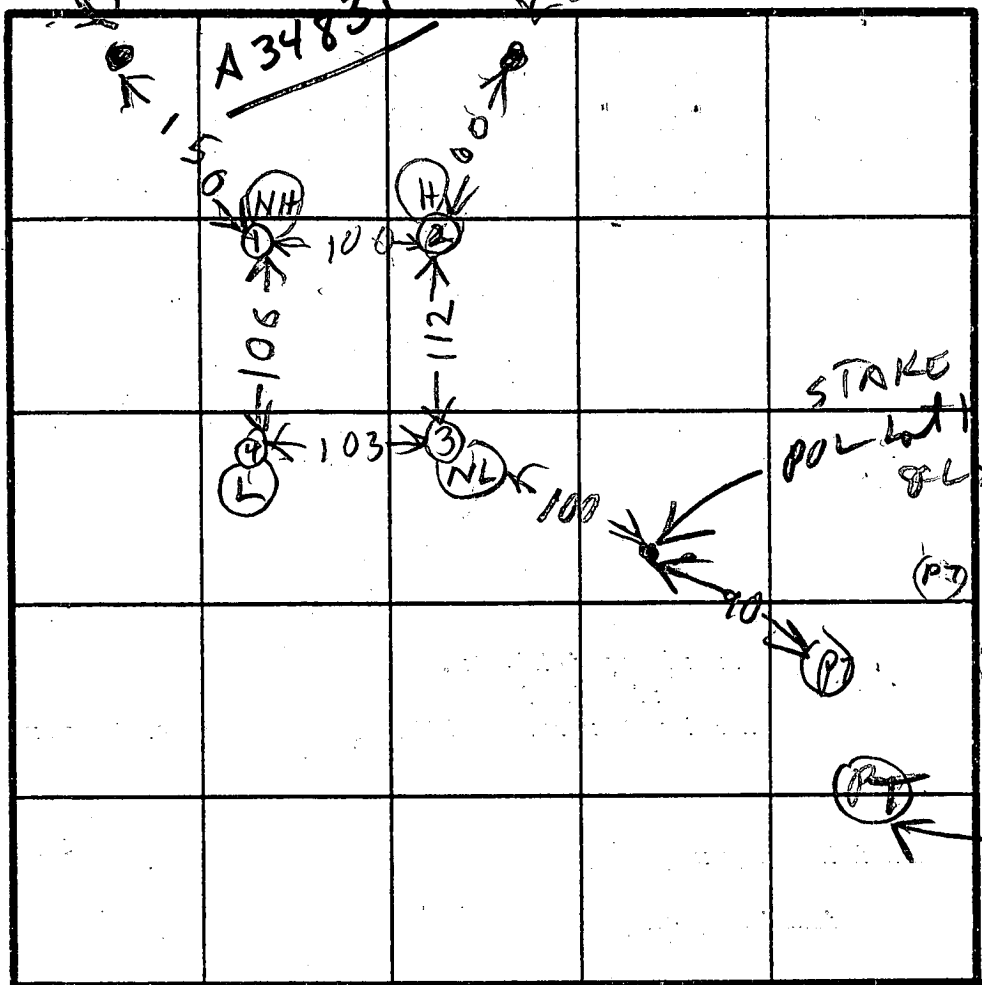
HOLD PENDING FURTHER TESTS 1/17 DATE _____

REASONS FOR REJECTION OR HOLDING 1-28-85 1 hole showing water at 12' may require re-inspection during wet season testing, hold for certified hole plat 5' x 6' 2' x 6' 2'
Hold for Review Water Pt 2' x 6' 2'

THIS IS NOT A PERMIT

STAKE
POL Lot 11

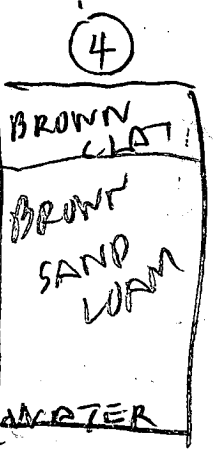
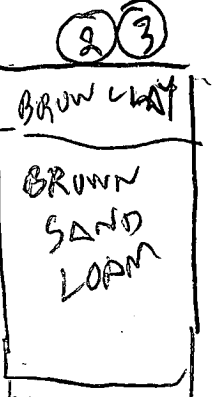
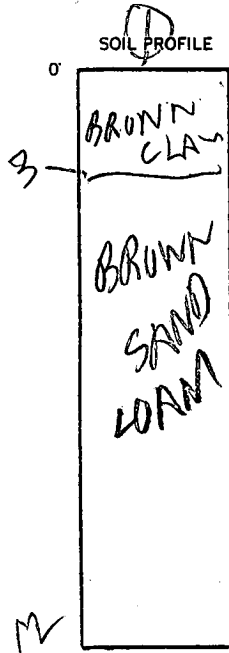
STAKE
CONEN
LOT 11 & LOT 12



H = HIGHEST
NH = NEXT HIGH
NL = NEXT LOW
L = LOWEST

Water hole on next lot

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
12/85	1S	4	114	118	118	122	4
	1V	12	LOOKS		OK		
	2S	4 1/2	118	120	120	124	4
	2V	12 1/2	LOOKS		OK		
	3S	4	127	130	130	135	5
	3V	12	LOOKS		OK		
	4S	5	128	130	130	135	3
	4V	12	WATER		12 FT		
LOT WAS RETESTED ON HIGHER PORTIONS							
6/21/85							
THESE HOLES NOT RELEVANT TO TEST PATTERN ON FINAL PLAT. Cullen							

REMARKS BE PER IN WET SEASON OR DIG HIGHER HOLES & PERC HIGHER

TYPE OF SOIL
TESTED BY R. HODGES & SABLE ALSO PRESENT OKETTER MAN

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

34831

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation X
 Replacement

Receipt # 37544
 Date 8/15/86

Name of Installer Catonville Plumbing & Heating

Telephone 747-2293

License number 3104

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Michael Notzon Telephone _____

Subdivision Pheasant Landing Lot # 11 Well tag # _____

Site Address 4415 Linthicum Road, Dayton, MD

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X

Motor

1. Horsepower _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 _____

Pitless Adapter

1. Make _____
 2. Model # _____
 3. Depth _____

2. Make Red jacket

3. Model # 75CN1CN16AD

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 _____

Tank

1. Capacity _____
 2. Pressure relief valve? _____

Piping

1. Type _____
 2. Size _____
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line _____

Well data

1. Depth 301 ft.
 2. Yield 2 GPM
 3. Static water level 90-60 ft.
 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: Smith C. Brans per M. Boag
 Date: Aug 15 - 1986

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

C1 00852 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 34831

DATE RECEIVED
 8 13

DATE WELL COMPLETED
 15 20 020486

DEPTH OF WELL
 22 26 300 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 28 29 30 31 32 33 34 35 36 37 10-81-1321

OWNER NOTZON MICHAEL
 STREET OR RFD LINTHICUM RD. first name TOWN GLENELG
 SUBDIVISION PLEASANT LANDING SECTION LOT 11

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	
Sandy	2	30	
Sand Stone	30	35	✓
Micka	35	45	
Sand Stone	45	50	✓
Micka	50	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 45 46 50 NO. OF POUNDS 45 46 90
 GALLONS OF WATER 10
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 35 ft.
 (enter 0 if from-surface)

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

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)
 PL 6 42

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

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

DEPTH (nearest ft.)
 HO 39 300

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. 273
 Ralph Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

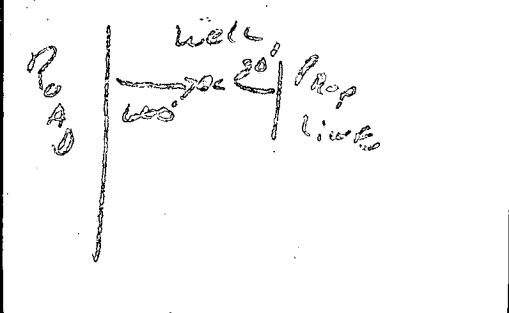
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

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 30
 WHEN PUMPING 20
 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) 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) 50 51

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)



Page 2 of 86
 Date 2/4/86

Review OK'd BA 2/21/86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 811321
 Location of property (road) LINTHICUM RD
 Subdivision PLEASANT LANDING Lot 11 Block Plat Sec.
 Well Driller RALPH MAYNE Owner NOTZON, MICHAEL

Depth of well 300
 Distance of measuring point (M.P.) above ground 3 ft.
 Static water level (S.W.L.) below M.P. 30 ft

High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 9 G.P.M.
 Total time 45 min to reach pumping water level 220 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 6 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	220 ft	30 sec		2 G.P.M.
9:15	220 ft	30 sec		2 G.P.M.
9:30	220 ft	30 sec		2 G.P.M.
9:45	220 ft	30 sec		2 G.P.M.
10:00	220 ft	30 sec		2 G.P.M.
10:15	220 ft	30 sec		2 G.P.M.
10:30	220 ft	30 sec		2 G.P.M.
10:45	220 ft	30 sec		2 G.P.M.
11:00	220 ft	30 sec		2 G.P.M.
11:15	220 ft	30 sec		2 G.P.M.
11:30	220 ft	30 sec		2 G.P.M.
11:45	220 ft	30 sec		2 G.P.M.
12:00	220 ft	30 sec		2 G.P.M.
12:15	220 ft	30 sec		2 G.P.M.
12:30	220 ft	30 sec		2 G.P.M.
12:45	220 ft	30 sec		2 G.P.M.
1:00	220 ft	30 sec		2 G.P.M.
1:15	220 ft	30 sec		2 G.P.M.
1:30	220 ft	30 sec		2 G.P.M.
1:45	220 ft	30 sec		2 G.P.M.
2:00	220 ft	30 sec		2 G.P.M.
2:15	220 ft	30 sec		2 G.P.M.
2:30	220 ft	30 sec		2 G.P.M.
2:45	220 ft	30 sec		2 G.P.M.
3:00	220 ft	30 sec		2 G.P.M.

42 ft PL 8 days

B 1 2288 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

00-81-1221

fill in this form completely

OWNER INFORMATION

Date Received: 1-11-86

RAUL MAYNE Owner
RAUL MAYNE First Name
10549 TILLING BLDG Street or RFD
COLUMBIA Town MD State 21044 Zip

B 3 LOCATION OF WELL

HOLLARY COUNTY
INFASWAY LANE SUBDIVISION
 SECTION 44 LOT 17
ALGONA NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

RAUL MAYNE Driller's Name 273 License No. 80
RAUL MAYNE (well WILLIAMS) Firm Name
9170 KENNEDY CHASE RD. MT. AIRY Address
Raul Mayne Signature Jan 20, 1986 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

117th Cir Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

266 DISTANCE FROM ROAD
 ENTER FT or MI 1/4

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 27

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 200

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

UN. JARD COUNTY NAME A 24831 COUNTY NO.
[Signature] OEP SIGNATURE [Signature] STATE HEALTH INSERT # 41
07/23/86 DATE ISSUED 07/23/86 EXP. DATE
510000 NORTH GRID 0902000 EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

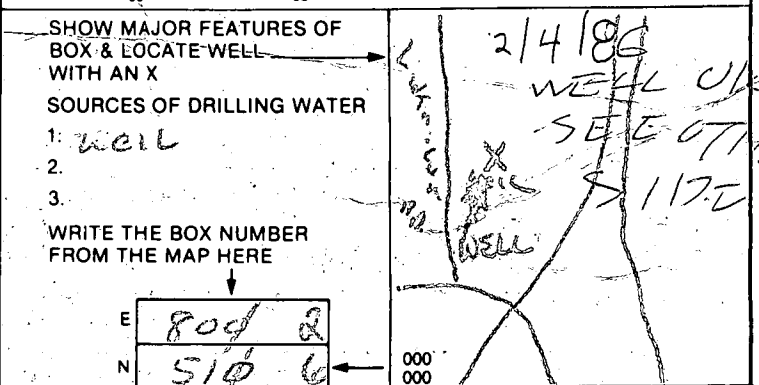
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY Drive-POINT

other _____



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

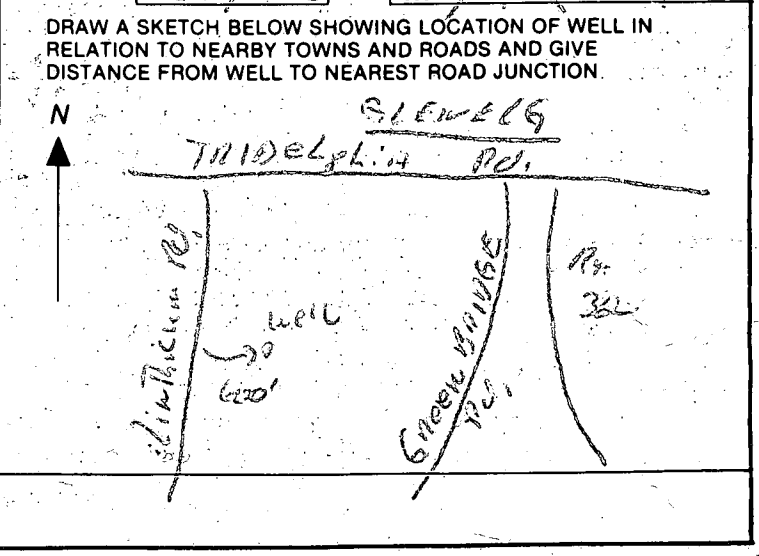
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

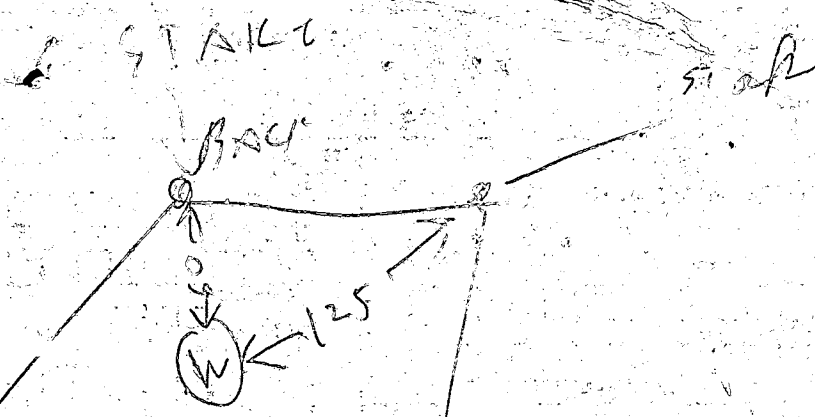
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE AA WRITE INITIALS IN BOX PERMIT No. 00-81-1221

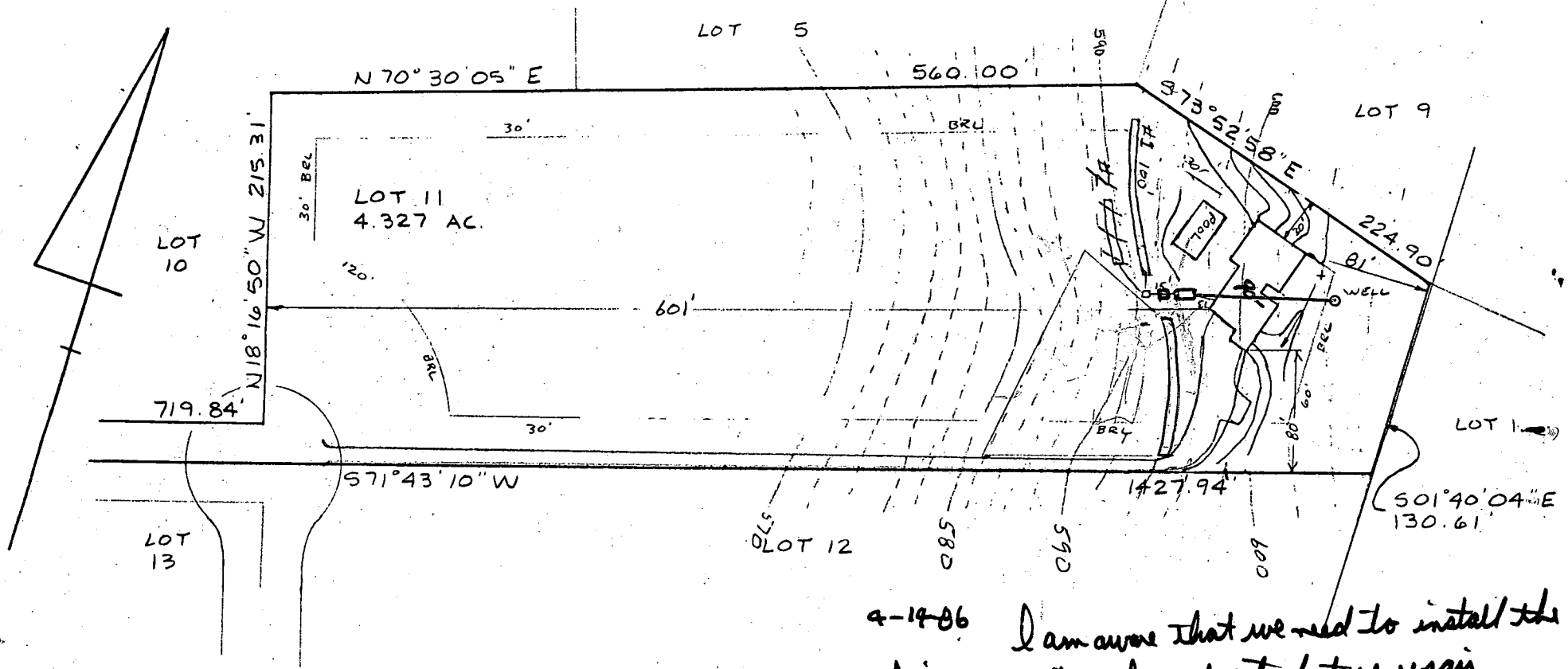
SPECIAL CONDITIONS





2/4/86

- ① 42 FT CASING PER WELL GROUTER FRANK
- ② 8 BAGS " " " " "
- ③ 36 FT OPEN HOLE " " " " "
- ④ LOCATION OK
- ⑤ WELL OK
- ⑥ Ann 1010 Well already broken
Ran today
B. Dodge



4-14-86 I am aware that we need to install the driveway as it is shaw due to future repair near we area. Pascal H. Remf. Pres. Rem-Kenn Const Co
 B.P.# 69479
 OK FOR 3BR House

HOUSE:

FIRST FLOOR	605.0 ✓
BASEMENT	596.0 ✓
INVERT	593.3 ✓

SEPTIC TANK:

EXISTING GRADE	596.0 ✓
PROPOSED GRADE	596.0 ✓
INVERT IN	593.05 ✓
INVERT OUT	592.80 ✓

DISTRIBUTION BOX:

EXISTING GRADE	591.0 ✓
INVERT IN	589.3 ✓
INVERT OUT	589.2 ✓

TRENCHES:

	#1	#2
EXISTING	592.0 ✓	589.0 592.0
INVERT	589.0 ✓	586.0 589.0
BOTTOM	584.0 ✓	581.0 584.0
STONE	5.0 ✓	5.0 ✓
WIDTH	2.0 ✓	2.0 ✓
LENGTH	90.0 ✓	80.0 ✓

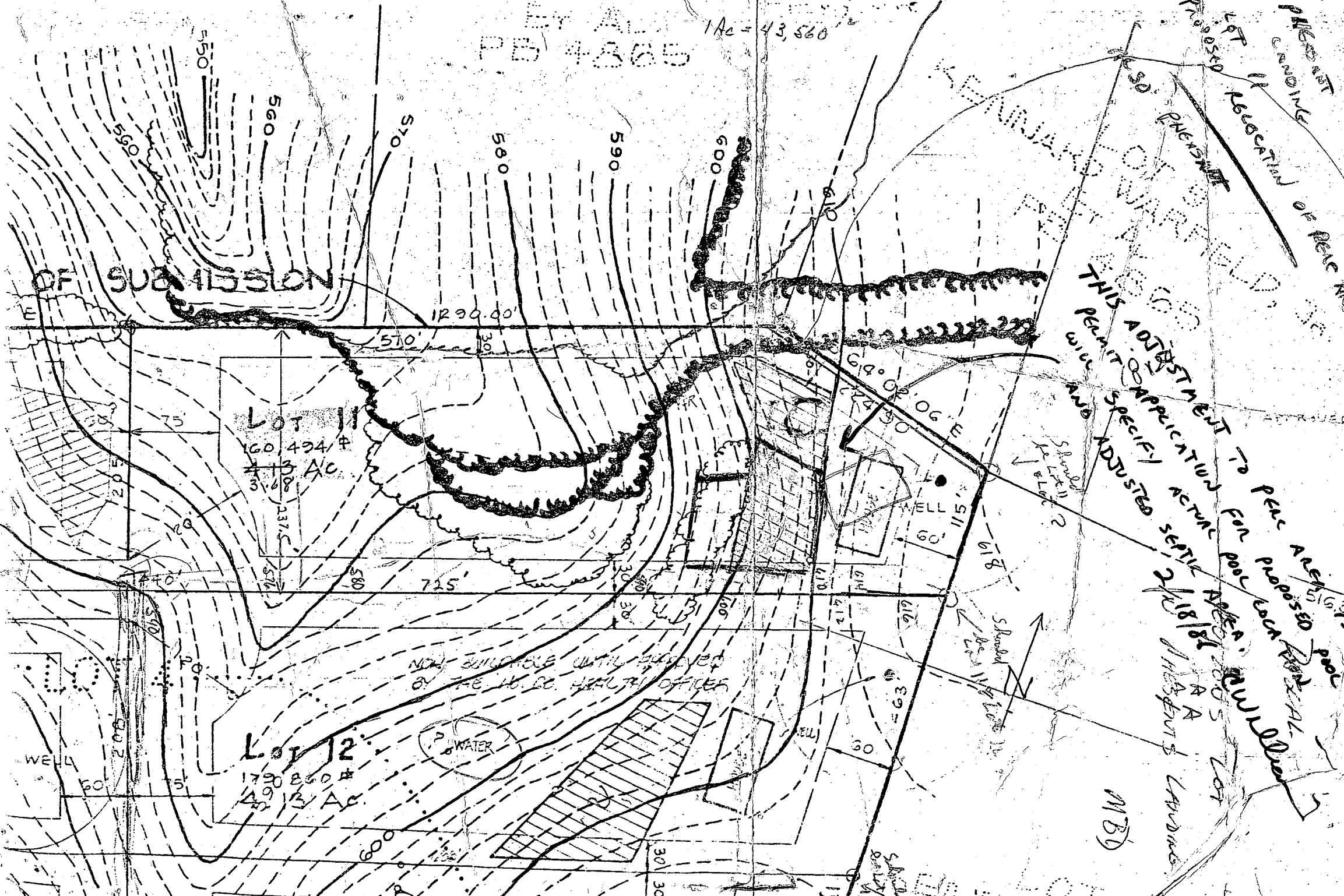
I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

PLOT PLAN
 LOT 11
 PHEASANT LANDING
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100' DATE 3/12/86

1 Ac = 43,560
 PB 4385

OLD LOT NO.	NEW LOT NO.	AVERAGE TIME FOR
10	10	
11	11	5
11/12	12	
10/13	13	
13	14	
12	15	
15	16	
14	17	
14/17	18	
5/19	19	
16	20	
17	21	



PRESENT COUNCIL RELOCATION OF PREC AREA

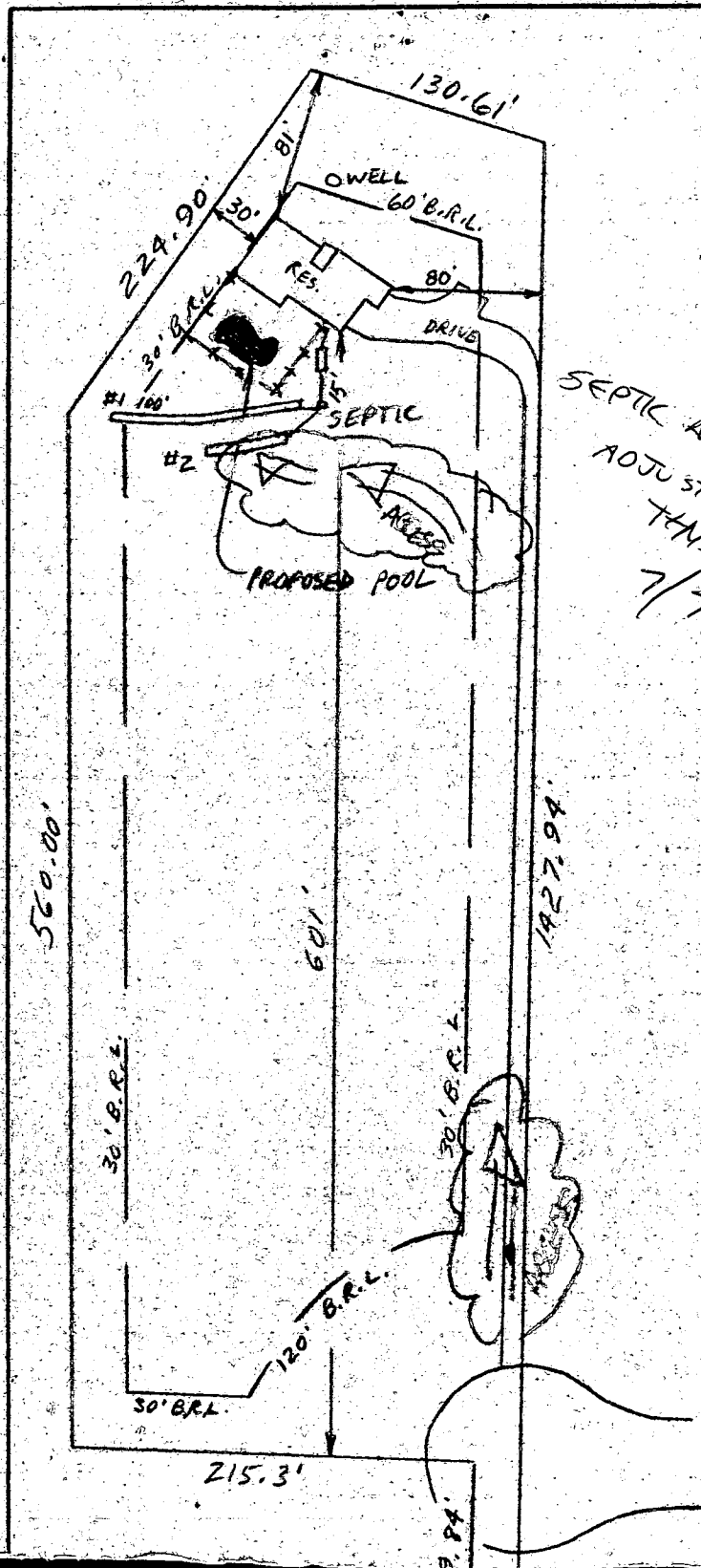
THIS ADJUSTMENT TO PREC AREA... WILL BE MADE... POSSIBLE.

APPROVED FOR PRIVATE... HOWARD... COUNTY HEALTH

8052008

805250E

SCALE 1"=100'



SEPTIC AREA PREVIOUSLY
 ADJUSTED TO ACCOMMODATE
 THIS POOL LOCATION
 7/7/86 *C. Williams*