

9/22/88 LATE  
9/23/88 EARLY

9/29/88 AM

9/22/88 P.C.O.  
c.86

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-398995

### INDEXED

P 42397

A 33511

DISTRICT 5th

DATE 8/19/88

DATE SYSTEM APPROVED 9-29-88

INSPECTOR S. Abel

Andy Snow IS PERMITTED TO INSTALL  ALTER

ADDRESS 14196 Frederick Road, Cooksville, Maryland 21723 PHONE 854-6190

SUBDIVISION Brighton Pines II ROAD 13834 Lakeside Drive LOT 12

PROPERTY OWNER Bilehlavek Bilohlavek  
13834 Lakeside Drive

ADDRESS \_\_\_\_\_

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

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

180  
4  
720

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the left rear lot corner, place the 1st trench 140 feet down the left (451.77') lot line and 70 feet off the left line as seen when facing property from Lakeside Drive. Run trenches along contour towards the right (504.14') 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)

\*DIST BOX MAY BE PLACED AT OPPOSITE END OF TRENCH IF DESIRED, CW.

PLANS APPROVED BY Sid Abel Revised \_\_\_\_\_ DATE 8/19/88

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 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 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 TERRAZZ COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

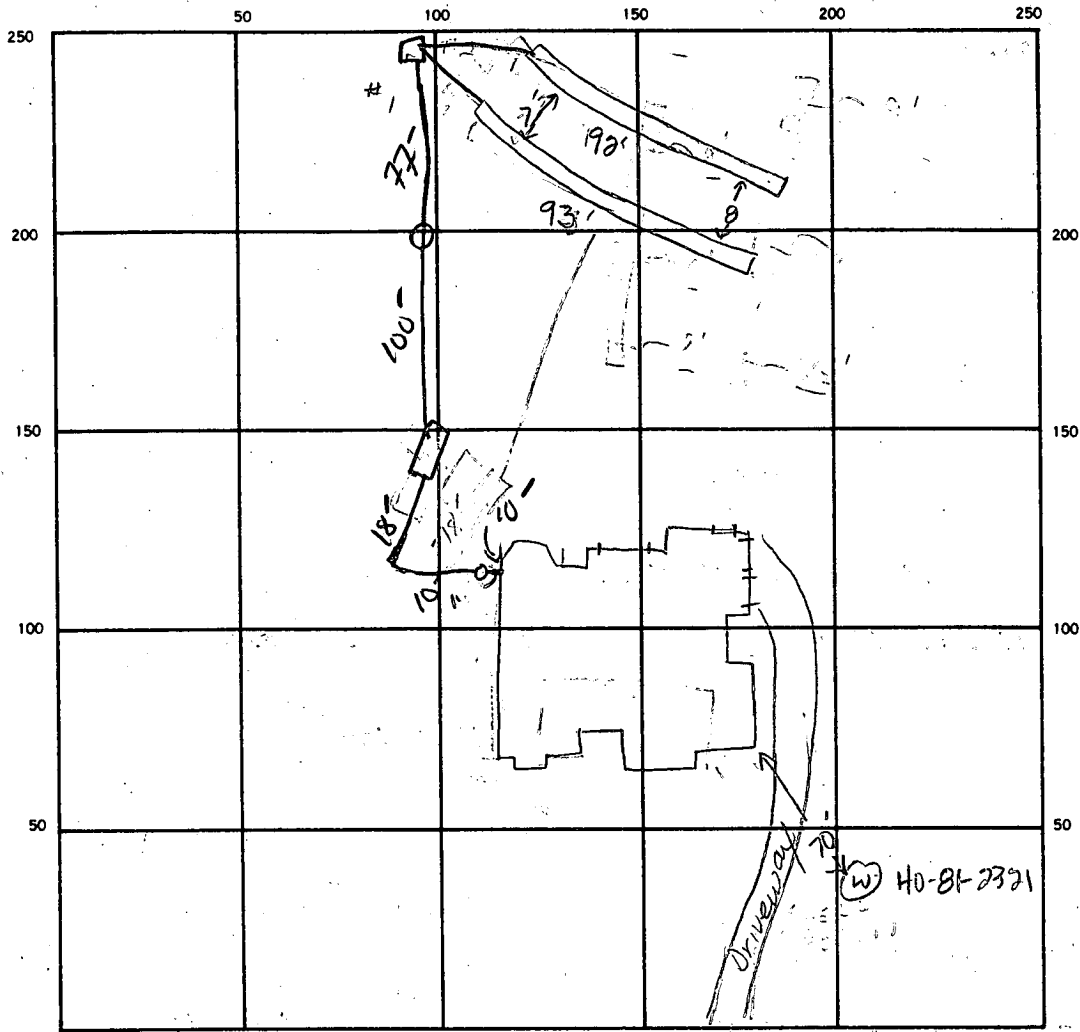
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BUDG. PERMIT SIGNED AND RETURNED 6/29/89  
Serial # 27057  
proprietor  
BUDG. PERMIT SIGNED AND RETURNED 10/20/88

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS Serial # 21999-PAH  
EH - 2-1186

A 33511



720  
Need  
5  
20  
24  
11  
59  
-----  
69.6

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Lakeside Drive

S.T.  
C.O.

SEPTIC TANK LEVEL  1500 Gal CLEANOUTS  2 Inlines 1 TANK

DISTRIBUTION BOX LEVEL

DRAIN FIELD TILE FIELD DEPTH  $\textcircled{1}$  8 1/2' avg.  $\textcircled{2}$  8 1/2' FT. TRENCH WIDTH 2 FT. INLET DEPTH  $\textcircled{1}$  4' FT.

EFFECTIVE GRAVEL DEPTH  $\textcircled{1}$  4.5' FT. TOTAL LENGTH  $\textcircled{1}$  93'  $\textcircled{2}$  92' 318.5 FT. 185

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA  $\textcircled{1}$  418.5  $\textcircled{2}$  414.0 SQ. FT.

1	92
93	4.5
4.5	400
46.5	318
37.2	4140
418.5	

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

ABSORBENT AREA 832.5 SQ. FT.

REMARKS 9-20-88 - OK TO STONE TRENCH AS DUG - cave-in problems S.O.C. 1/22 on ONE TRENCH #1 - 78' LONG ; 8 1/2' AVG.; C.B.S. PERMIT ON TREE;  $\textcircled{2}$  2 TRENCHES - OK - FOR STONE, C.B.S. 9-23-88 OK to add stone, pipe & paper to trench #2. OK to cover trench #1. JEN

DATE SYSTEM APPROVED 9-29-88 INSPECTOR S. Hall

*Prep*

# 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 33511

P \_\_\_\_\_

DISTRICT 5

DATE 1-30-84

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 ANNA Mac Carthy Biloh Lovell

ADDRESS 4100 Cathedral Ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION: BRIGHTON PINES II LOT 12

SUBDIVISION Puppet prop LOT NO. 22

ROAD AND DESCRIPTION Nicholas Dr  
13834 LANESIDE DR.

SIZE OF LOT 3A TYPE BLDG. S.F.D.  
(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.

Richard J. Demmitt 445-0042  
(SIGNATURE OF APPLICANT)

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

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

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

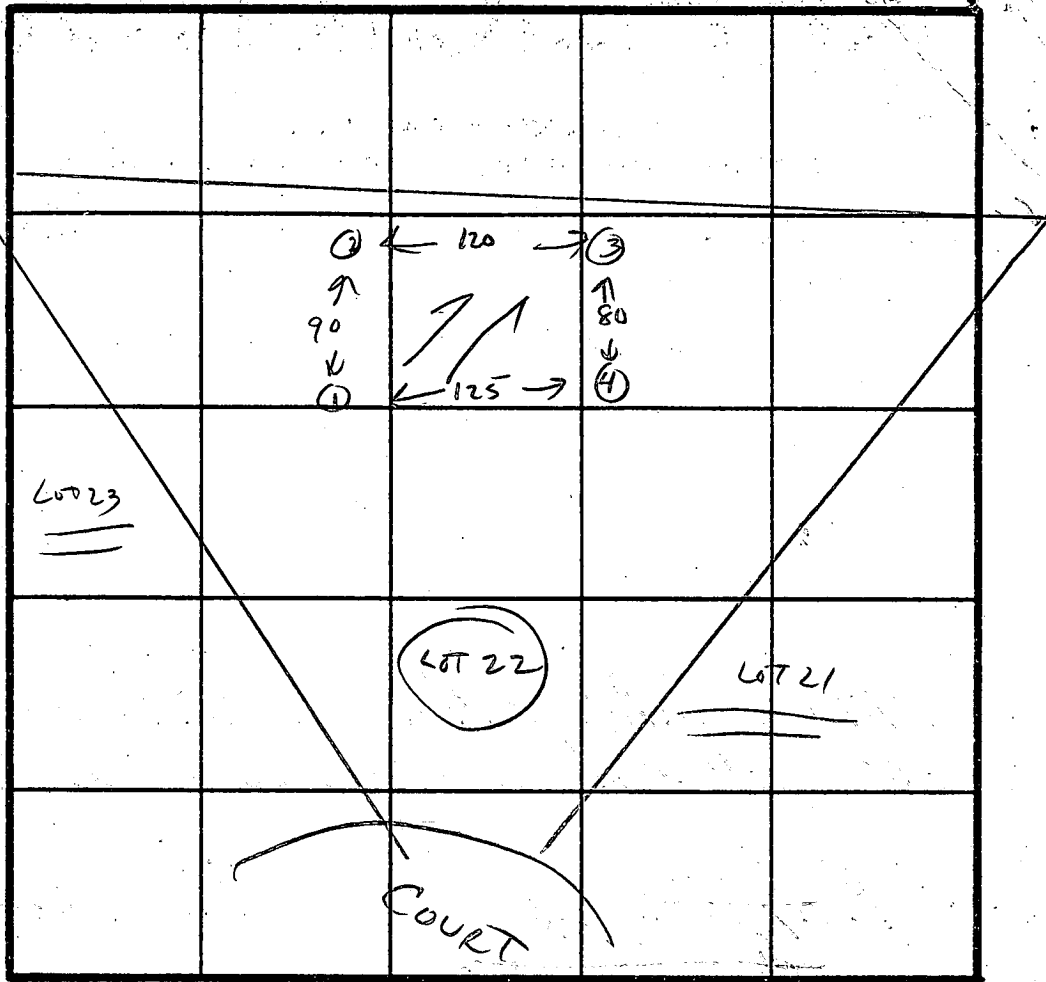
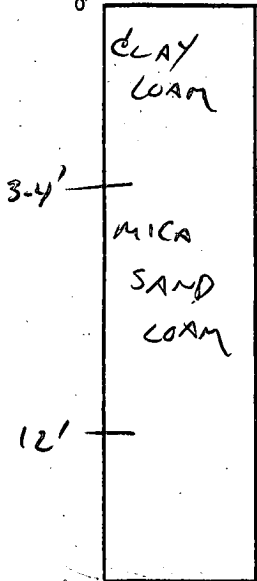
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 11/14/82

# THIS IS NOT A PERMIT

*813  
82 15463*

ALL HOLE >  
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-21-84	1 HIGH	4 8 12	12:35	12:37	12:37	12:39	2 MW
			SANDY				
2-21-84	2	4 8 12	12:36	12:42	12:42	12:50	3 MW 2 MW
			SANDY				
2-21-84	3 LOW	4 8 12	12:36	12:38	12:38	12:41	3 MW
			SANDY				
2-21-84	4 2ND HIGH	4 8 12	12:37	12:39	12:39	12:41	2 MW
			SANDY				

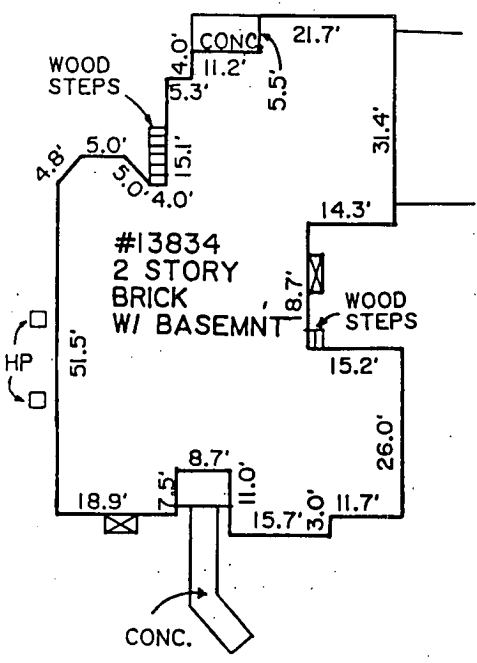
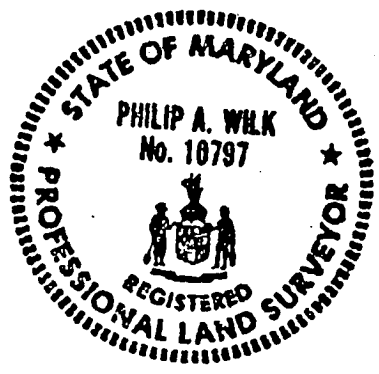
REMARKS \_\_\_\_\_

TYPE OF SOIL MICA SAND LOAM

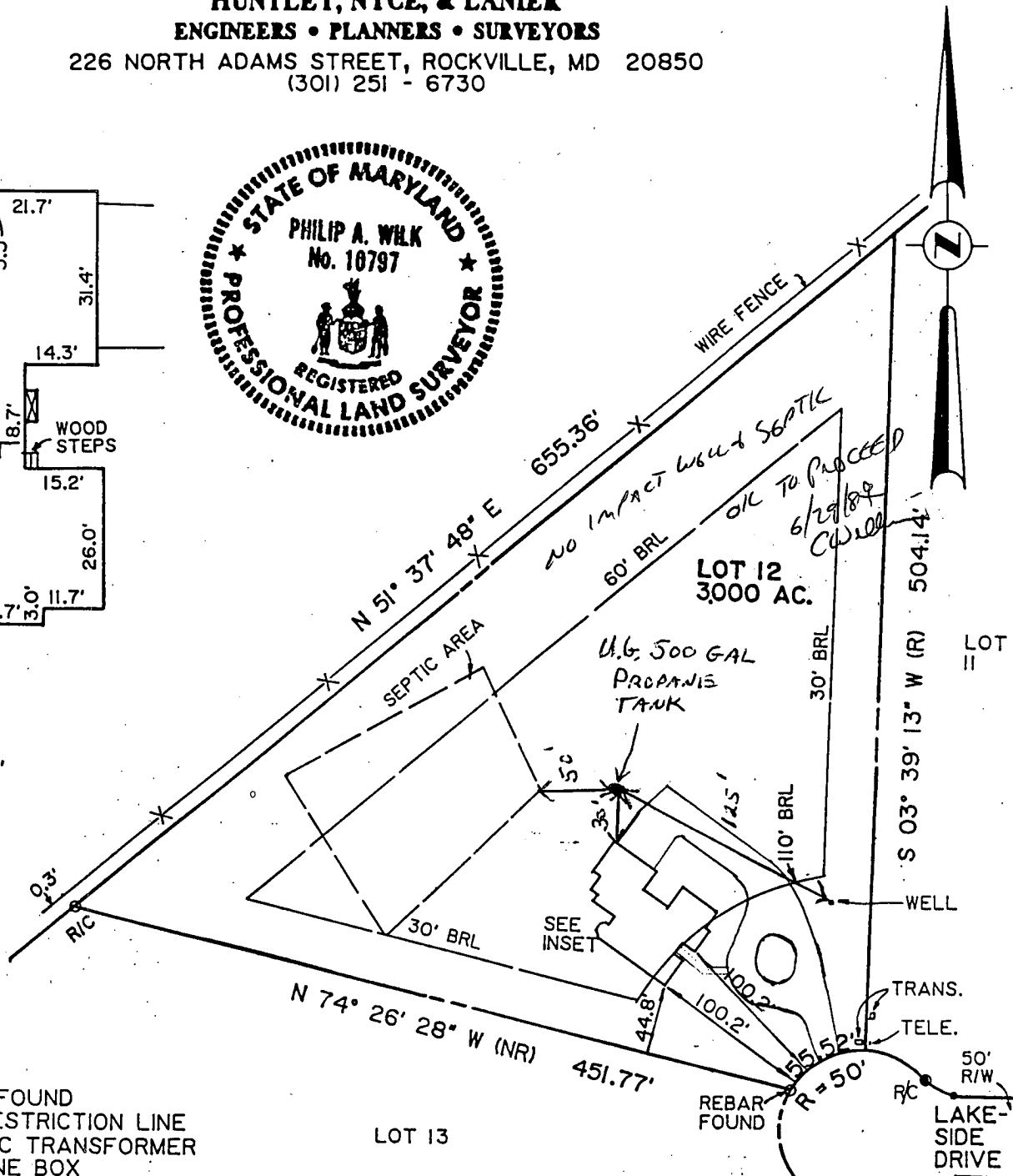
TESTED BY CWILSON ALSO PRESENT DB-MIT PW/K

EH-12-1079

**HUNTLEY, NYCE, & LANIER**  
**ENGINEERS • PLANNERS • SURVEYORS**  
 226 NORTH ADAMS STREET, ROCKVILLE, MD 20850  
 (301) 251 - 6730



SCALE: 1"=30'



**LEGEND**

- R/C= REBAR & CAP FOUND
- BRL= BUILDING RESTRICTION LINE
- TRANS.= ELECTRIC TRANSFORMER
- TELE.= TELEPHONE BOX

**SURVEYOR'S CERTIFICATE**

I hereby certify that this plan shown hereon is correct, that the property is as shown on the said plat of subdivision, that improvements were located on January 10, 1989 by acceptable survey practices, and that unless otherwise shown there are no visible encroachments, and that this property does not lie within a flood hazard area in accordance with the document entitled "Department of Housing and Urban Development, Federal Insurance Administration - Special Flood Hazard Area Map."

JAN. 12, 1989  
 Date

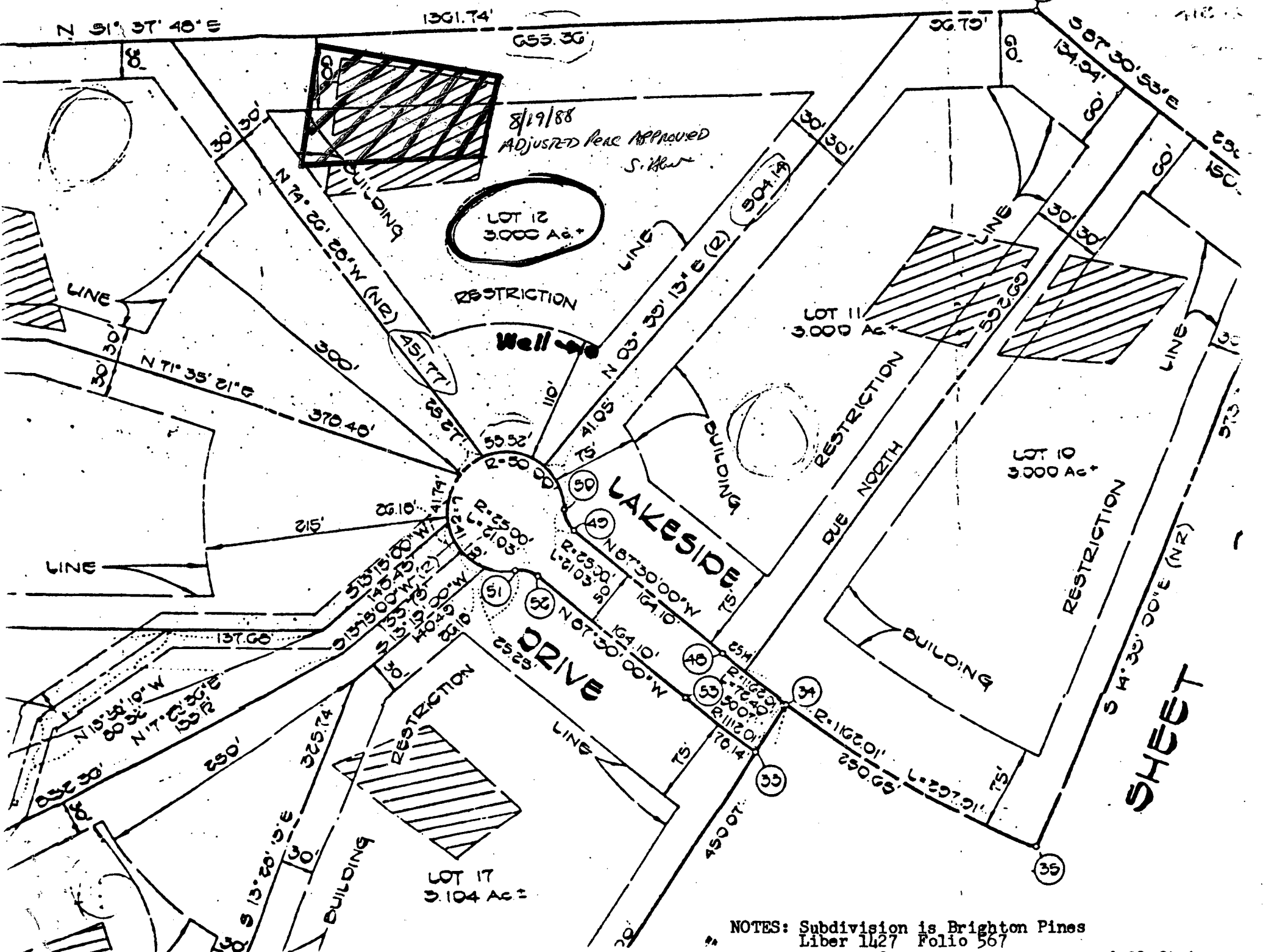
Philip A. Wilk  
 Philip A. Wilk, PLS MD #10797

**HOUSE LOCATION SURVEY**  
**LOT 12**  
**SECTION ONE, AREA TWO**  
**BRIGHTON PINES**  
 PLAT BOOK CMP PLAT 6570  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100'    JAN., 1989

**NOTES:**

- Property corners are not guaranteed by this survey unless shown.
- This survey is done without the benefit of a title report.
- ~~Temporary Slope Easement along street not shown.~~
- ~~Gravel base for driveway not shown.~~





NOTES: Subdivision is Brighton Pines  
 Liber 1427 Folio 567  
 Well: Approx. 108 ft. from culde sac and 30 ft. from Lot #11 sideboundary.

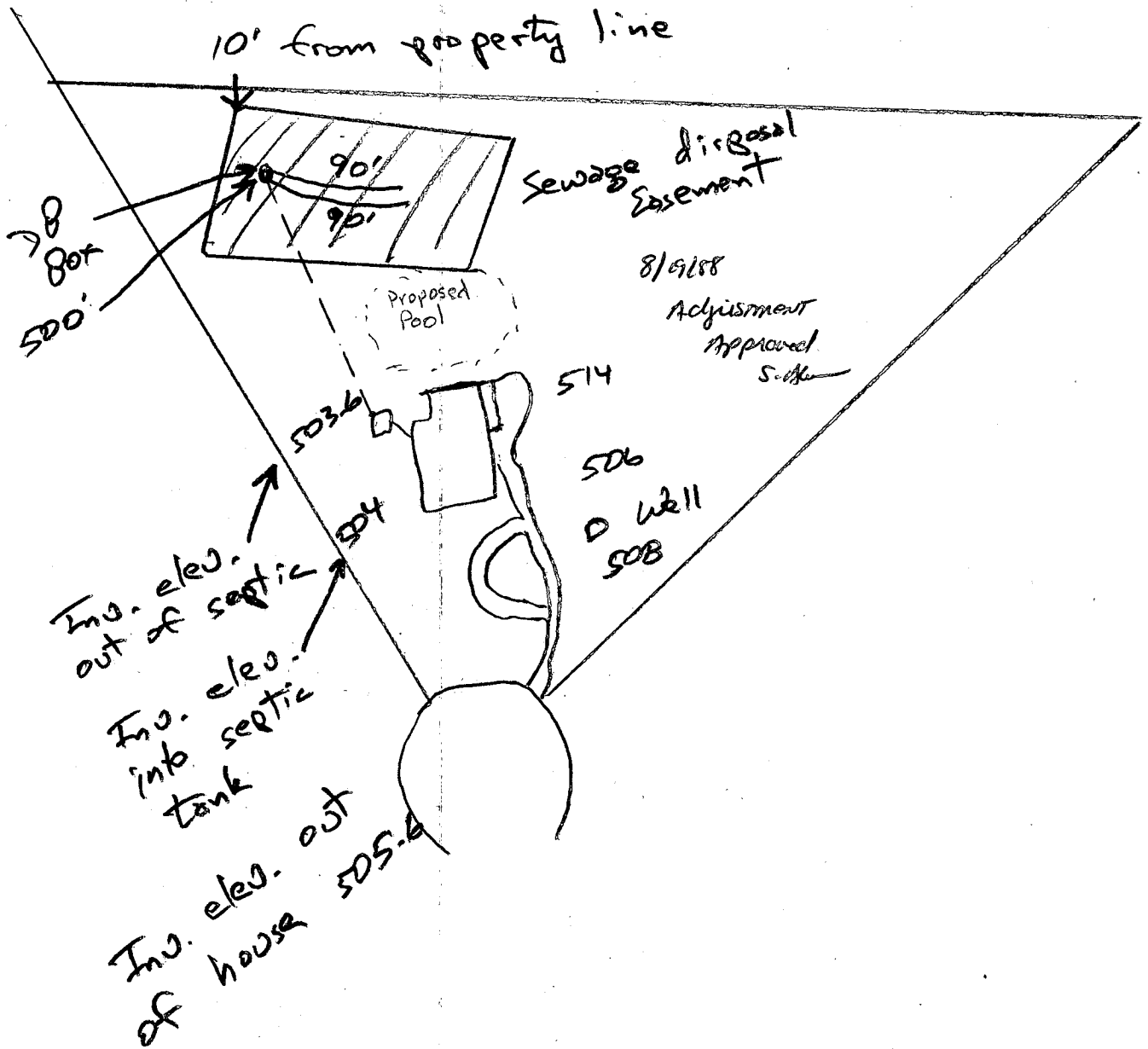
Revised 8/19/88

BP 15463

Scale 1" = 100'

2 90' Trenches

10' from property line



B 1 **9323** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

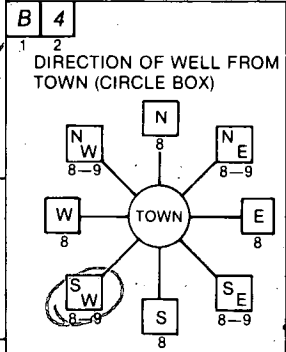
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**MD-81-2321**  
 fill in this form completely

Date Received **09 23 87**  
 OWNER INFORMATION  
 Last Name **FILOHLAVER** Owner First Name **MARK**  
 Street or RFD **7419 FLAMEWOOD DRIVE**  
 Town **CLARKSVILLE** State **MD** Zip **21029**

LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **BRIGHTON PINES**  
 SECTION **1** LOT **12 (AREA 2)**  
 NEAREST TOWN **DAVTON**  
 MILES FROM TOWN (enter 0 if in town) **2.5** MI

DRILLER INFORMATION  
 Driller's Name **Joseph L. Mayne** License No. **238**  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5570 KILBO RD. ME. HING**  
 Signature **Joseph L. Mayne** Date **9/15/87**



NEAR WHAT ROAD **LAKESIDE DR.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **108**  
 ENTER FT or MI **FT**

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. **A33511**  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S \_\_\_\_\_  
 DATE ISSUED **093087** CO SIGNATURE **B. Nylan** EXP. DATE **03/30/88**  
 NORTH GRID **501000** EAST GRID **0800000**

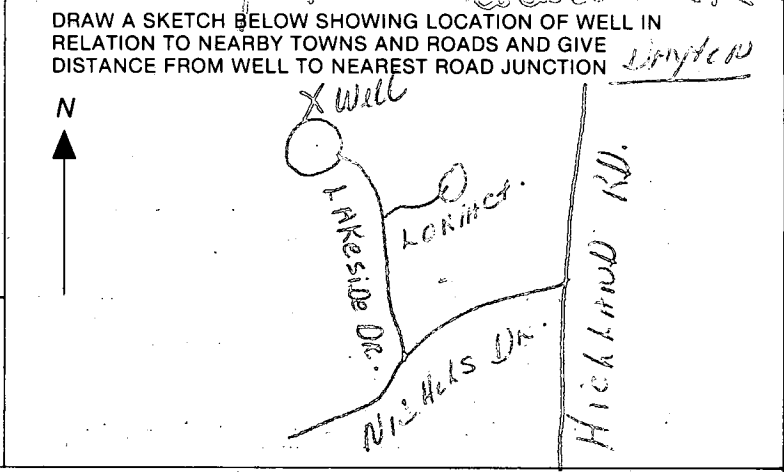
APPROXIMATE DEPTH OF WELL **300** FEET

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 \_\_\_\_\_

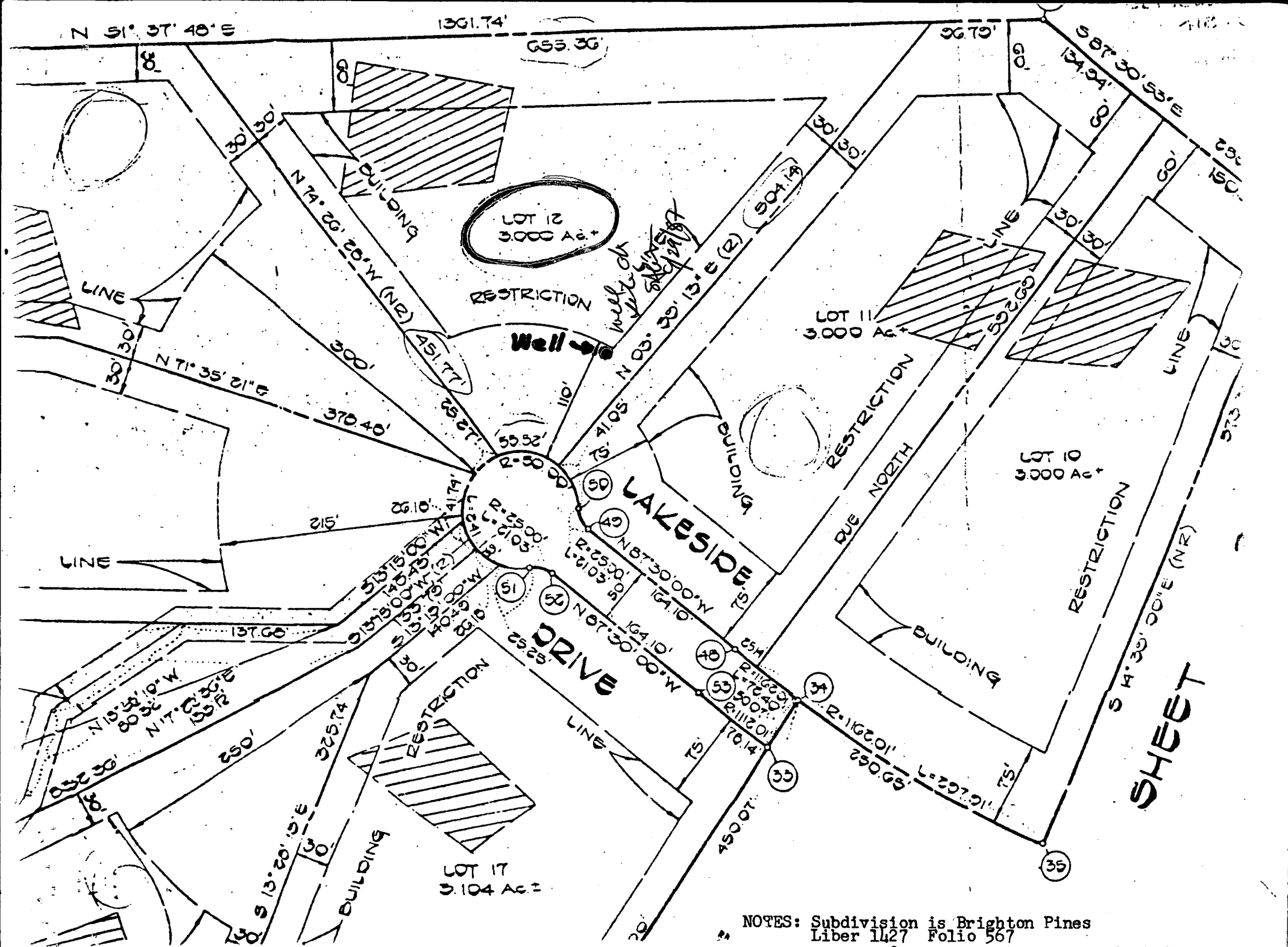
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

REPLACEMENT OR DEEPEINED 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 DEEPEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY).  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE INITIALS IN BOX **AN** PERMIT NO. **MD-81-2321**

SPECIAL CONDITIONS



NOTES: Subdivision is Brighton Pines  
 Liber 1427 Folio 567  
 Well: Approx. 108 ft. from culde sac and 30 ft. from Lot #11 sideboundary.

**C1** 1922  
 (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 33511**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **10/16/87**  
 Depth of Well **305** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-2321**

OWNER **BILOHLAVEK MARK**  
 STREET OR RFD **LAKE SIDE DRIVE** first name TOWN **DAYTON**  
 SUBDIVISION **BRIGHTON PINES** SECTION **1** AREA **2** LOT **12**

**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	
SAND	0	53	
GRAYMICA Rock	53	305	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **12** NO. OF POUNDS **1128**  
 GALLONS OF WATER **72**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **45** 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) **10**

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

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

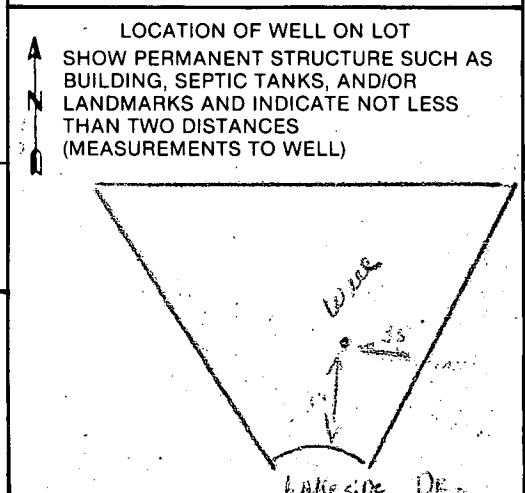
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 **40** **38** **305**  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH)

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  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **5 1/2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **42**  
 WHEN PUMPING **116**  
 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)  
 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**  
 DRILLERS SIGNATURE *Mark Dayton*  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 # 42121  
 Date 7/12/88

Name of Installer DENNISON PUMPING & HEATING

Telephone 301-473-405

License Number 10040

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner FRANK B. FLOMMEYER Telephone 925-2529

Subdivision WILMINGTON PINE Lot # 12 Well Tag # ---

Site Address 13834 LAKE SIDE DRIVE  
CLARKSVILLE, MD. 21029

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

- |  |   |  |
|--|---|--|
| <b>Tank</b>  | <b>Piping</b>   | <b>Well data</b>   |
| 1. Capacity <u>        </u>                        | 1. Type <u>        </u>                                   | 1. Depth <u>        </u> ft.   |
| 2. Pressure relief valve? <input type="checkbox"/> | 2. Size <u>        </u>                                   | 2. Yield <u>        </u> GPM   |
|  | 3. NSF and/or BOCA Code approved <input type="checkbox"/> | 3. Static water level <u>        </u> ft.                                  |
|  | 4. Depth of supply line <u>        </u>                   | 4. Will water supply be disinfected by installer? <input type="checkbox"/> |

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: Robert M. Denison Jr.

Date: 7-9-88

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

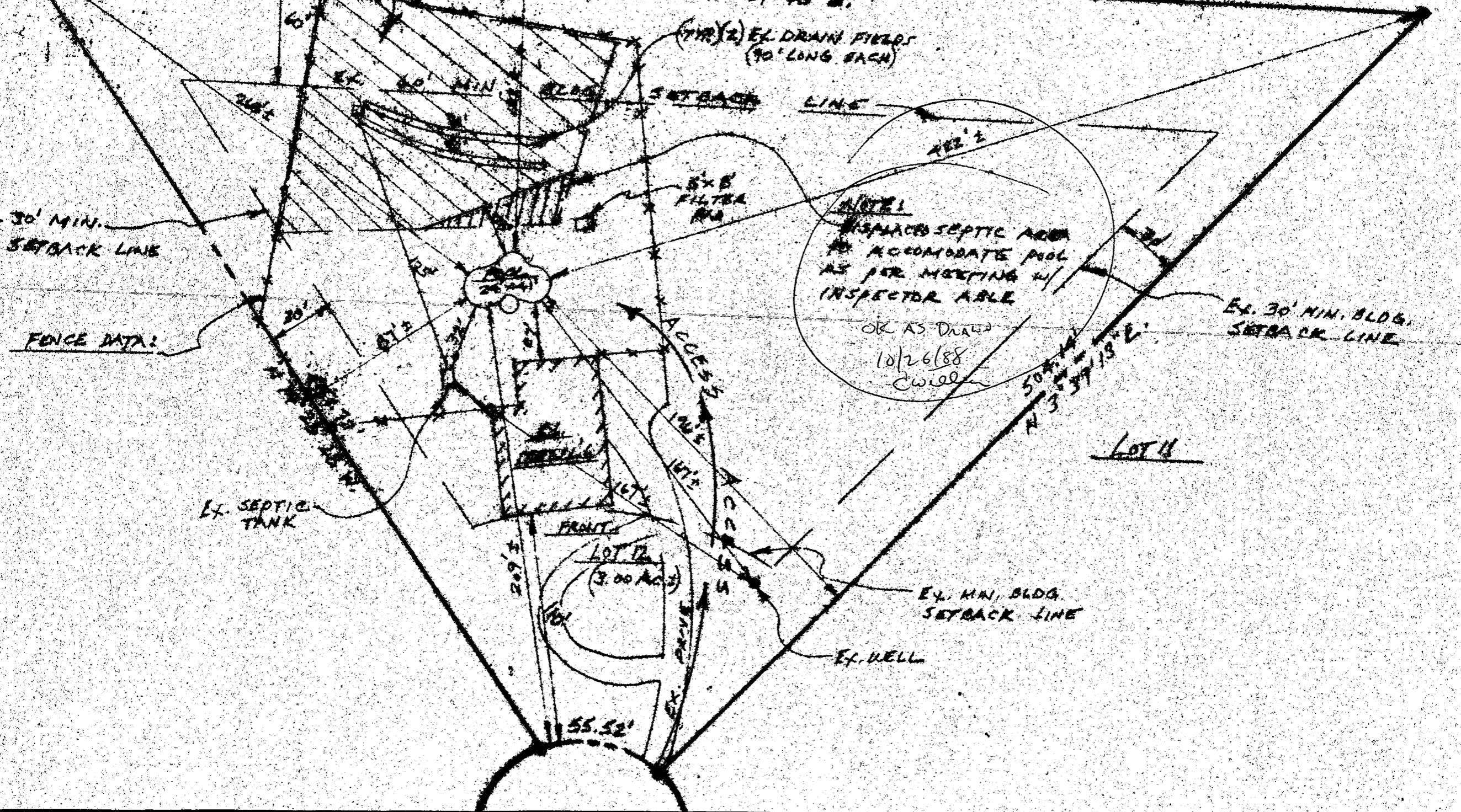


(UNDESIGNED AS PER MEETING  
W/ INSPECTOR ABLE)

655.36'

N 57° 37' 45" E

(TYP) (2) EX. DRAIN FIELDS  
(90' LONG EACH)



NOTE:  
DISPLACES SEPTIC AREA  
TO ACCOMMODATE POOL  
AS PER MEETING W/  
INSPECTOR ABLE  
OK AS DRAWN  
10/26/88  
Cwiller

LOT 11

LOT 12  
(3.00 ACRES)

30' MIN.  
SETBACK LINE

FENCE DATA:

EX. SEPTIC  
TANK

5x5  
FILTER  
PO

ACCESS  
ROAD

FRONT

EX. MIN. BLDG.  
SETBACK LINE

EX. WELL

EX. 30' MIN. BLDG.  
SETBACK LINE

55.52'

50' MIN. BLDG.  
SETBACK LINE  
N 35° 37' 15" E