

2/11/98
WPI
01/12/98
WPI PM

12/9/97
11AM MEET
INSTRUSR
7/30 PUMP CHECK

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXXX 410-313-2640

12/10/97 330

P 59253

A 58031

DISTRICT 2nd

DATE 12/9/97

DATE SYSTEM APPROVED 7/30/98

INSPECTOR [Signature]

12/9/97 PAID
\$180. FEE #3445
BY CHECK
Glen A. [Signature]

INDEXED

Dun-Rite Septic Tank Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 10439 Frederick Road, Ellicott City, Maryland 21042 PHONE 401-461-3255

SUBDIVISION Clarkland Farm LOT _____ ROAD 10600 Clarksville Pike

PROPERTY OWNER Clarkfarm Inc. Tenant House

ADDRESS _____

SEPTIC TANK CAPACITY 1500 ~~1250~~ GALLONS GAC TOP SEAM TANKS OK - 1 TO SEAM AS PUMP CHAMBER

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

NOTE: MANHOLE CLEANOUT REQUIRED IF GRADE OVER SEPTIC TANK IS GREATER THAN 3 FEET.

TOP SEAM TANK

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 - Prior to septic installation, distribution box location and upper corners of septic easement to be staked as shown on the site plan. Run trenches along contour in both directions.

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

OK KM 7-25-97

PLANS APPROVED BY Glen Savage DATE 07/21/97

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

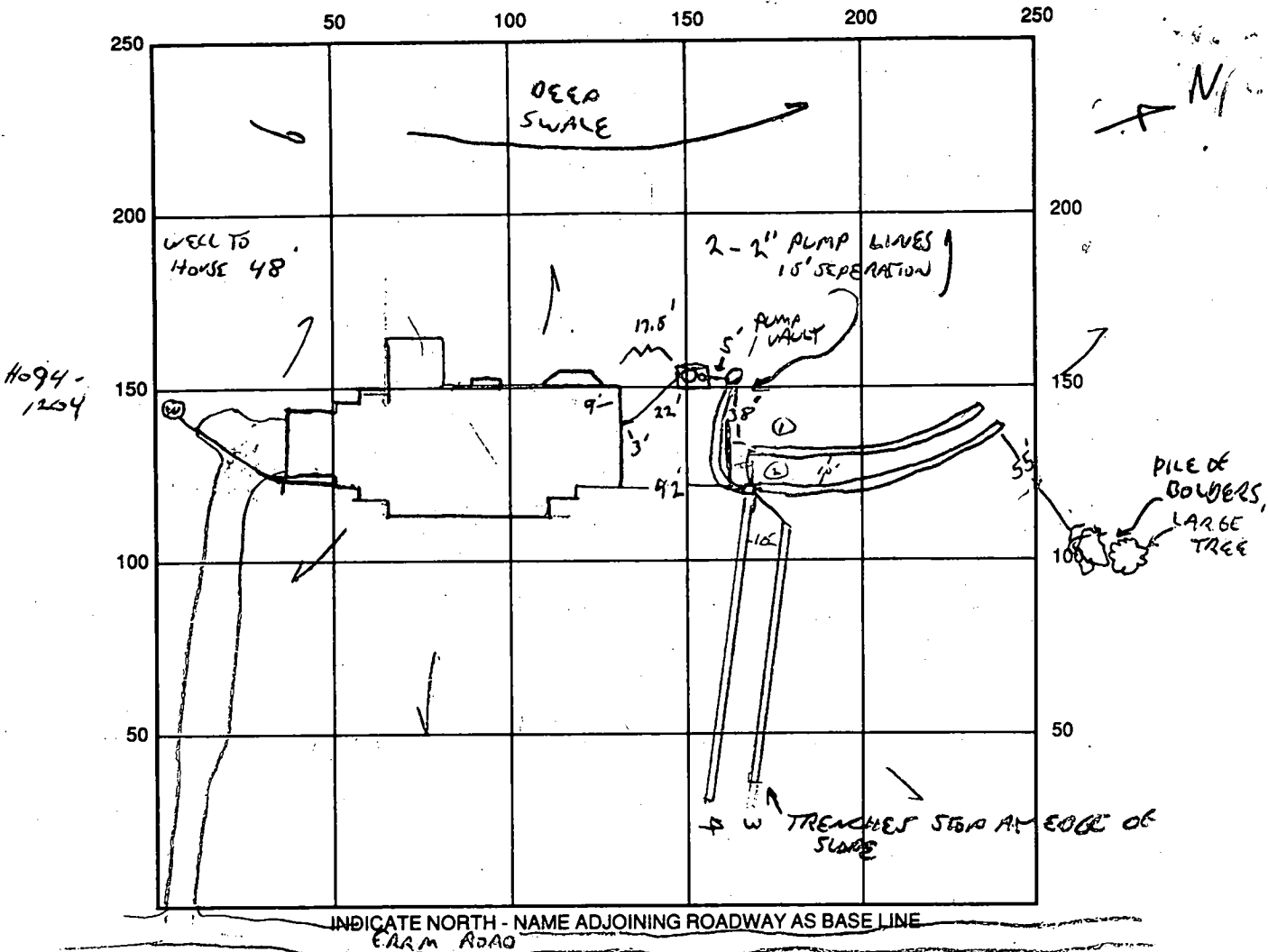
PERMIT VOID AFTER TWO YEARS

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 58031



SEPTIC TANK LEVEL OK MANHOLE REQUIRED, 1500 TOP SEAN CLEANOUTS THINK MANHOLE, PUMP CHAMBER MANHOLE

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 $\frac{1}{64} + \frac{2}{62} + \frac{3}{38}$ FT. $\frac{4}{65} = 246'$

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 12/9/97 TRENCH LAYING, TANK SET. 12/10/97 OK TO COVER UP 2 TRENCHES
12/11/97 No insp. on last two trenches - miscommunication on insp. date/time - No inspector available so contractor told to cover all work a diagram was submitted same day - Call for insp. when pump chamber is installed & for a pump performance test ALM 2/11/98 WPI NOT READY
2/13/98 WPI OK to cover ALM 7/30/98 PUMP TEST OK DUAL PUMPS INSTALLED

DATE SYSTEM APPROVED 7/30/98 INSPECTOR [Signature]

WILLIAM DONALD SCHAEFER, *Governor*

ROBERT L. WALKER, *Secretary*

LEWIS R. RILEY, *Deputy Secretary*



The Wayne A. Cawley, Jr. Building
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401

Baltimore/Annapolis (410) 841-5700

Washington (301) 261-8106

Facsimile (410) 841-5914

STATE OF MARYLAND
DEPARTMENT OF AGRICULTURE

MARYLAND AGRICULTURAL LAND PRESERVATION FOUNDATION

July 1, 1994

Mr. Mark T. Clark
10572 Route 105
Ellicott City, MD 21043

Re: MALPF File #13-02-79-01A1se; Request to Construct a Tenant House on Easement Property

Dear Mr. Clark:

On June 29, 1994, the Maryland Agricultural Land Preservation Foundation's Board of Trustees approved your request to construct a tenant house on your 114.0 acre agricultural preservation easement, to be located as you presented. This request was approved in accordance with the provisions of your Deed of Easement and the Agricultural Article, Section 2-513(b)(4) of the Annotated Code of Maryland, which states "...The owner also may construct housing for tenants fully engaged in operation of the farm, but this construction may not exceed one tenant house per 100 acres. The land on which a tenant house is constructed may not be subdivided or conveyed to any person. In addition, the tenant house may not be conveyed separately from the original parcel."

Thank you for your continuing commitment to preserving some of Maryland's finest farmland. If you have any questions, please call me at (410) 841-5860.

Sincerely,

A handwritten signature in dark ink, appearing to read "Paul W. Scheidt".

Paul W. Scheidt
Executive Director

PWS:CSC

cc: Donna Mennitto, Program Administrator
Settlement File

APPLICATION

PERCOLATION TESTING

A 58031

P _____

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

DISTRICT 2

DATE 3/14/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

ADDRESS CORRECTION:
10380 ROUTE 108

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

PROPERTY OWNER James Clark Jr & Gillian H Clark

ADDRESS 10600 RT 108 E.C. 21042 PHONE 410-730-8973

AGENT OR PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Clark Farm, Inc - ~~inc~~

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION NORTH OF 108 FARM
(10600 CLARKSVILLE PIKE)

TAX MAP 29 PARCEL # 337

SIZE OF LOT 114 ACRES TYPE BLDG. Single Family TEMAAT-4Boms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

~~AND RETURNED 7-21-97~~

~~Serial # B7106788~~

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.

APPROVED BY _____ FOR James Clark Jr DATE _____
Gillian H Clark
(SIGNATURE OF APPLICANT)

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

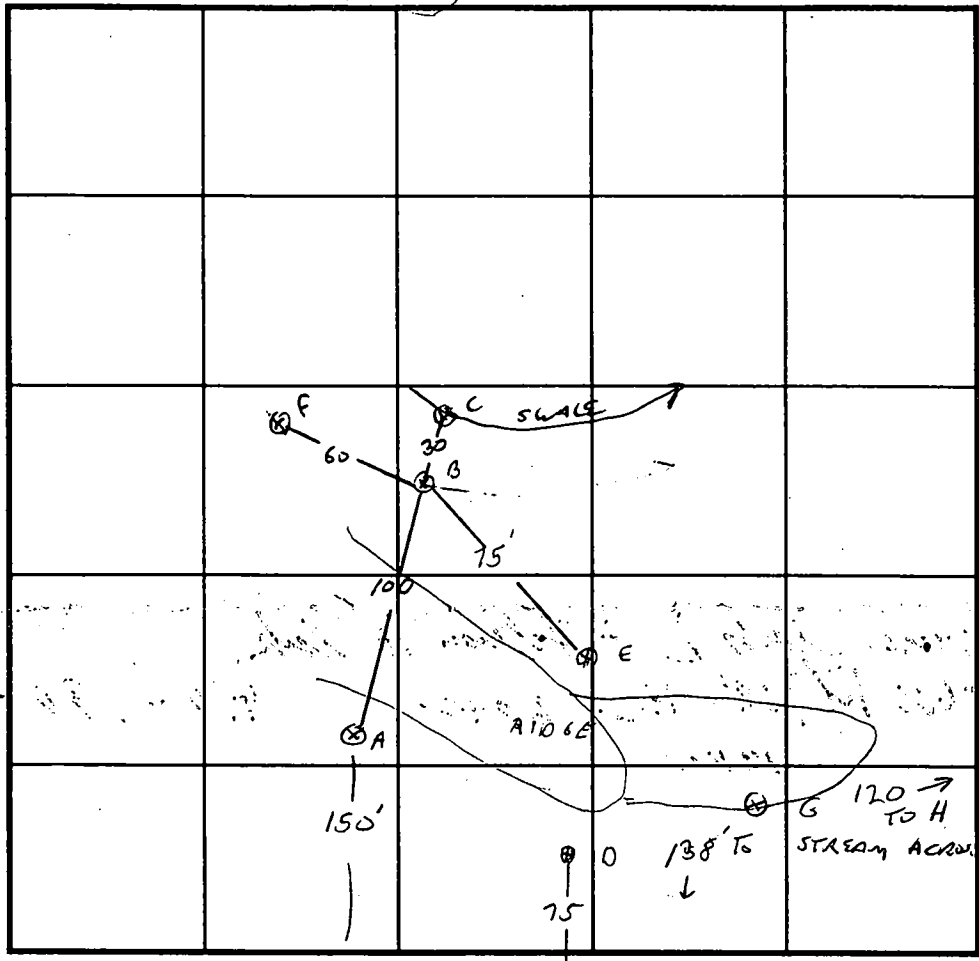
A58031
COUNTY #

SOIL PROFILE

0
2
3-5
TOPSOIL
TAN COARSE SANDY CLAY LOAM
DARK GREEN SANDY MICA LOAM

CLAY LAYER TO 6'

SIMILAR TO A
WATER AT 12



SOIL PROFILE TYPICAL
0' TOPSOIL
BROWN COARSE SANDY MICA CLAY LOAM
2' DARK BROWNISH GREEN SANDY MICA LOAM
SOFT ROCK / QUARTZITE GRAVEL 5-35'
HARD 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← TO 108

FARM LANE LARGE BEECH TREES

N →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/2/97	42A	4'8" / 9'	10:05	10:43	3/4 inch	SLOW	F	
	42B	5.5 / 11'	10:15	NO MOVEMENT			F	
	X 42C	7.5 / 11'	NOT TESTED WATER 7.5'					
	X 42D	5.5 / 11'	10:22	10:29	10:29	10:39	LOW	
	42E							
	42G	6'5" / 12'	11:39	11:44	11:44	10:50	6 MIN	

REMARKS SHEET 1 OF 2, G WILL PERC @ 3.5'

TYPE OF SOIL _____
 TESTED BY G. SAVAGE ALSO PRESENT OWNER, BOB
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58031

P _____

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

DISTRICT 2

DATE 3/14/97

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 James Clark Jr & Lillian H Clark

ADDRESS 10600 RT 108 E.C. 21042 PHONE 410-730-8973

AGENT OR PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Clark Farm, Inc - ~~inc~~

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION North of 108 FARM

TAX MAP 29 PARCEL # 337

SIZE OF LOT 114 ACRES TYPE BLDG. SINGLE FAMILY TENANT
(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 _____

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

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

THIS IS NOT A PERMIT

B 1	8256	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1204 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	--	---

OWNER INFORMATION

Date Received (APA) **041897**

CLARK JAMES JR
Last Name Owner First Name

10380 CLARKSUILKE PK
Street or RFD

ELLICOTT CITY MD 21042
Town City State Zip

LOCATION OF WELL

HOWARD
COUNTY

DBA CLARKLAND FARMS
SUBDIVISION

SECTION **11** LOT **11**

CLARKSUI424
NEAREST TOWN

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

DRILLER INFORMATION

CIRCLE: MSD MGD MWD

Ralph MAYNE
Driller's Name License No. **116**

Ralph MAYNE Well Drilling
Firm Name

9120 Brown Church Rd Mt Airy
Address

Ralph Mayne 4/14/97
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **MD RT 108**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **1000** FT OR MI FT MI

TAX MAP: _____ BLK: _____ PARCEL: _____

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

HOWARD A-58031
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **6/17/97** INSERT S

6/17/97 CO SIGNATURE **[Signature]** EXP. DATE **6/17/98**

NORTH GRID **512000** EAST GRID **834000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

582834
836512

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)

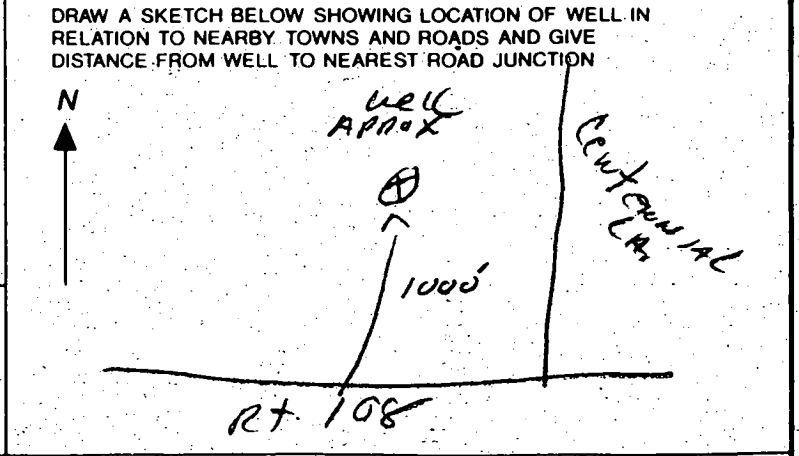
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEAN AN EXISTING WELL

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **AS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1204**

C1 6097 SEQUENCE NO. (MDE 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 A-58031

ST/CO USE ONLY DATE RECEIVED 7-8-97

DATE WELL COMPLETED 07 08 97 Depth of Well 22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1204

OWNER CLARK JAMES JR STREET OR RFD 10385 ROUTE 108 - CLARKVILLE PLATOWN C CLARKVILLE SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Blue Slate, MICKA, Sand Stone, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (C.M., BENTONITE CLAY), NO. OF BAGS (8), NO. OF POUNDS (800), DEPTH OF GROUT SEAL (0 to 30+ ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (48). Includes options for STEEL, CONCRETE, PLASTIC, OTHER.

OTHER CASING (if used): diameter, depth (feet) from to.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: (Y) (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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 LIC. NO. 1 M SD 116 DRILLERS SIGNATURE (Ruth E. Maynor)

LIC. NO. 1 M SD 112 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

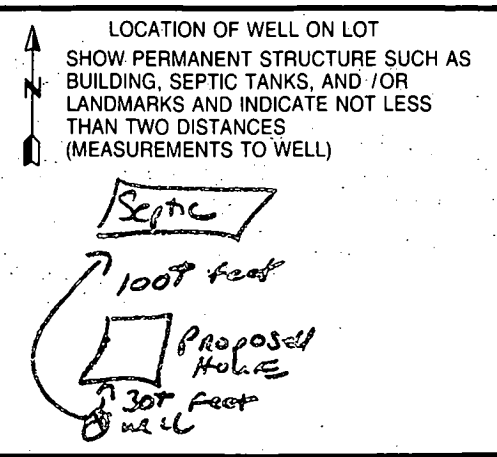
C2 DEPTH (nearest ft.) HO 46 305. Includes depth scale from 1 to 51 feet.

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

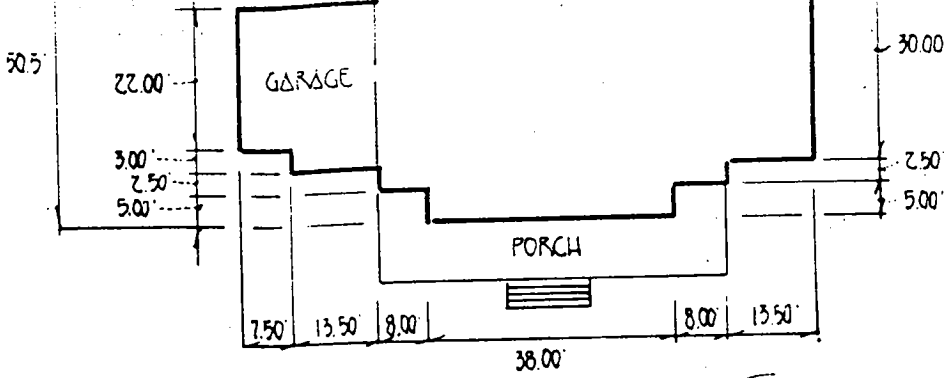
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

C3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (25 ft. before, 130 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES) (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 feet below land surface).



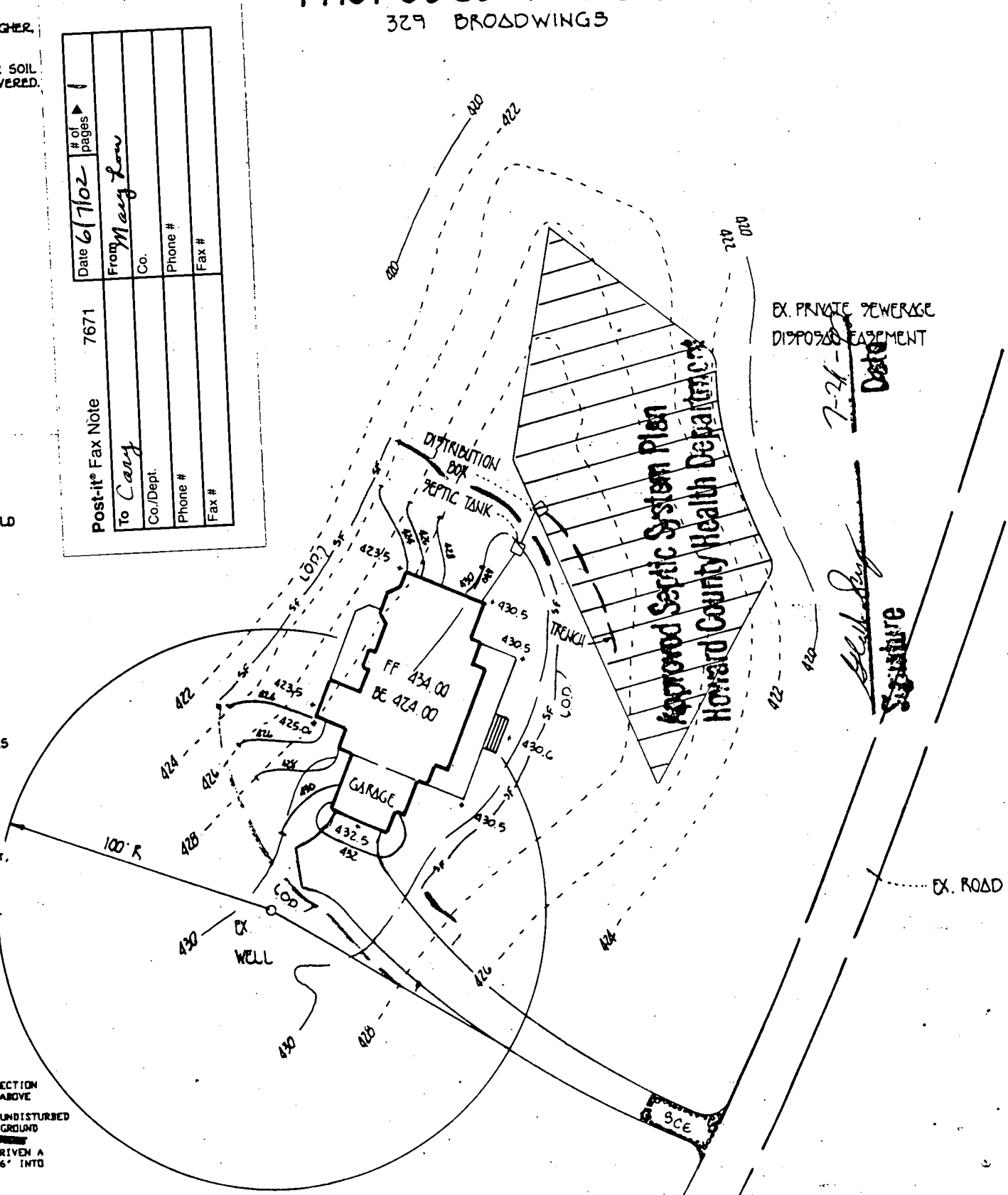
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 HEIGHT OF CLASS F
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 E POST SECTION PLUM 20" ABOVE
 UNDISTURBED GROUND
 POST DRIVEN A IM OF 16" INTO GROUND



PROPOSED RESIDENCE

329 BROADWINGS

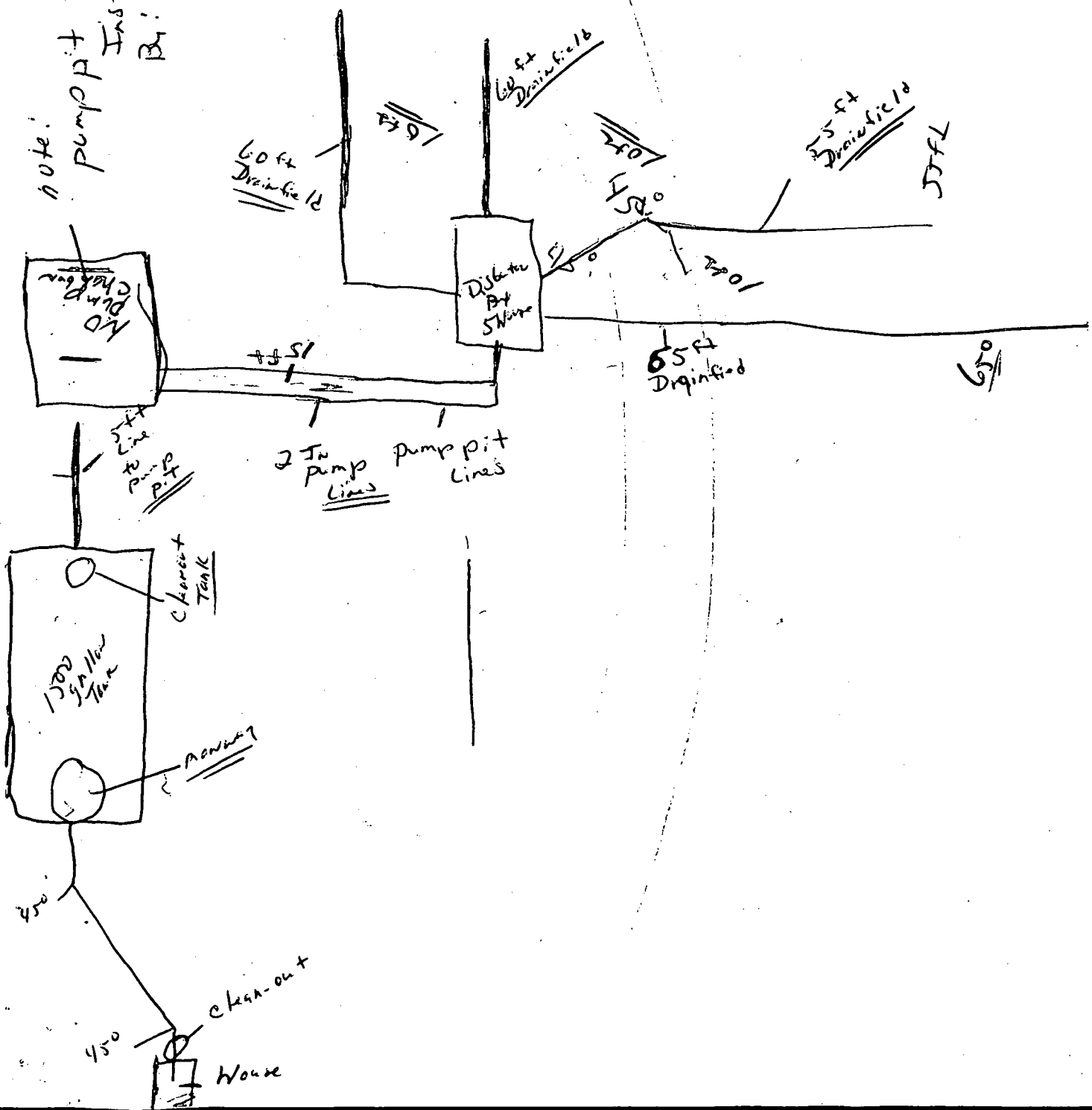
Date	6/7/02	# of pages	1
From	Mary Lou	Co.	
Phone #		Fax #	
Post-it® Fax Note	7671	To	Carry
		Co./Dept.	
		Phone #	
		Fax #	



EX. PRIVATE SEWERAGE DISPOSAL EASEMENT
 Date 7-24-02
 Signature
 [Signature]

By: Mr. Clark's Brothers

note: pump pit to be installed



FROM
ROLS

EDISTURBED

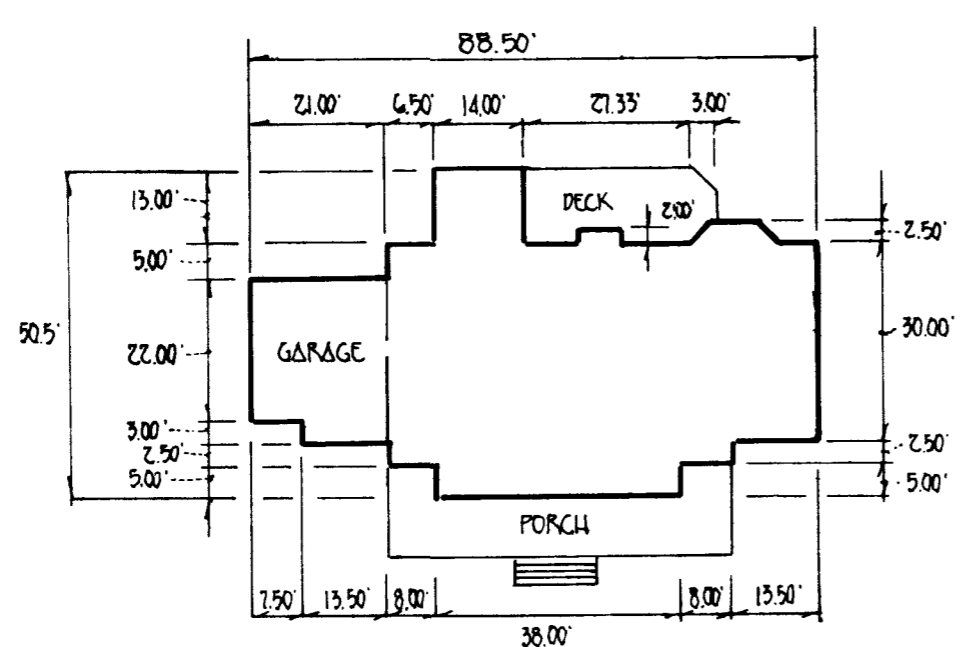
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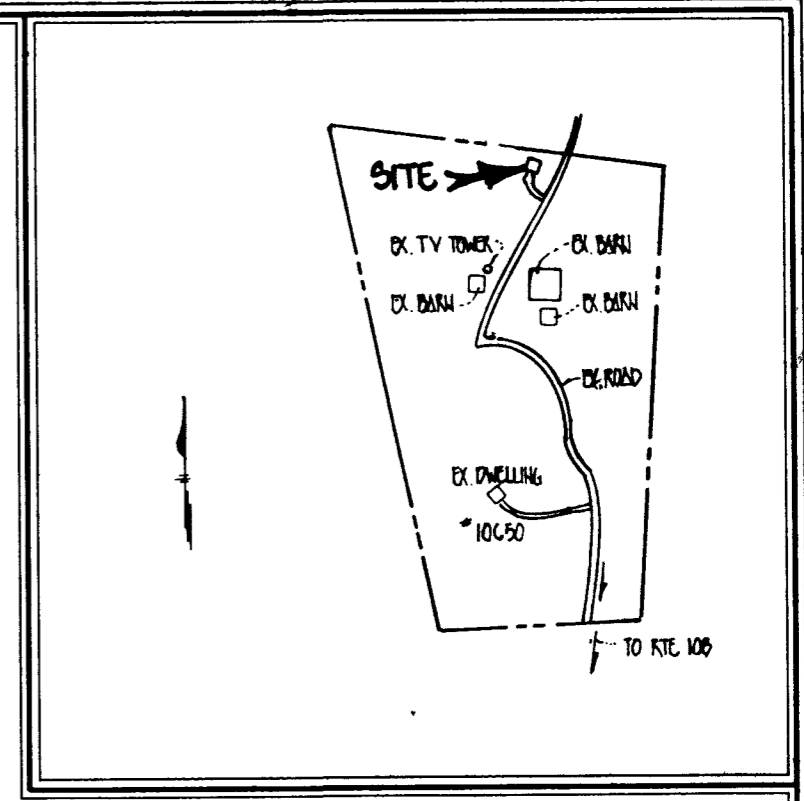
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B FEET OR HIGHER,
R ANCHORING.

IFICATION FOR SOIL
ODS NOT COVERED.



PROPOSED RESIDENCE
329 BROADWINGS



VICINITY MAP
SCALE: 1"=1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 434.00
B. BASEMENT ELEVATION: 424.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 426.90
D. INVERT IN AT SEPTIC TANK: 426.5
E. INVERT OUT AT SEPTIC TANK: 426.2
F. PROPOSED GRADE OVER SEPTIC TANK: 430.00
G. INVERT AT DISTRIBUTION BOX: 426.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 429.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

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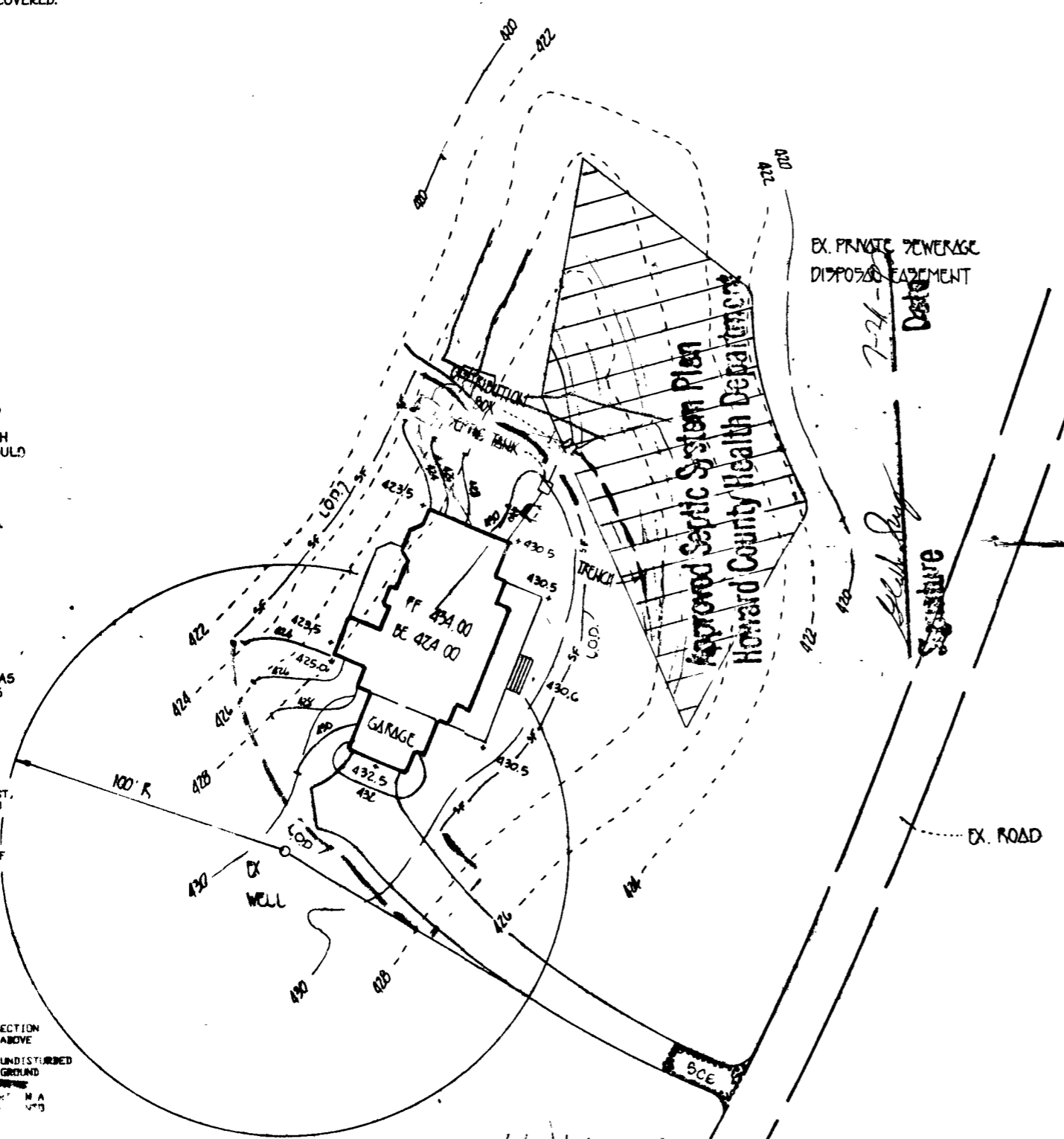
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FENCE POST,
16" INTO

HEIGHT OF
CLASS F
DEPTH IN

E POST SECTION
1/4" 20" ABOVE
ID
UNDISTURBED
GROUND

POST 1/4" DIA
IN OF 1" DIA
GROUND



EX. PRIVATE POWERAGE
DISPOSAL

7-24-93
Date

Signature

11/14/93
AS DISCUSSED BY MR CLARK
LAYOUT INSPECTION

PROPOSED SEPTIC SYSTEM PLAN

1 1250 GALLON TANK

1 1500 GALLON TANK

(DUNE PERMIT)

BALANCE OF SYSTEM TO BE
AS PER PLAN SPECIFIED

TANKS TO BE CONCRETE

CONCRETE OF 1600' DIA TO 1000'

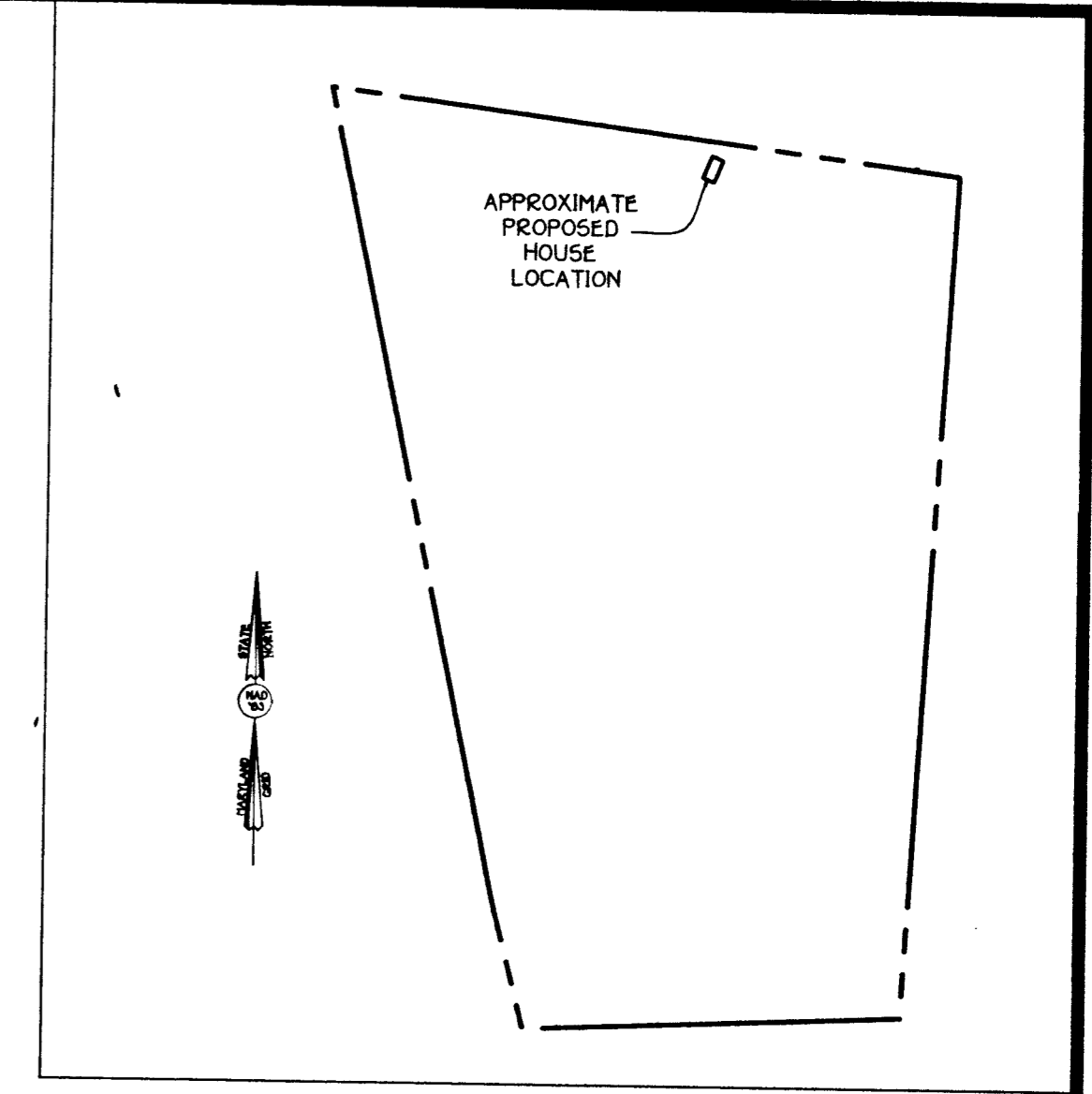
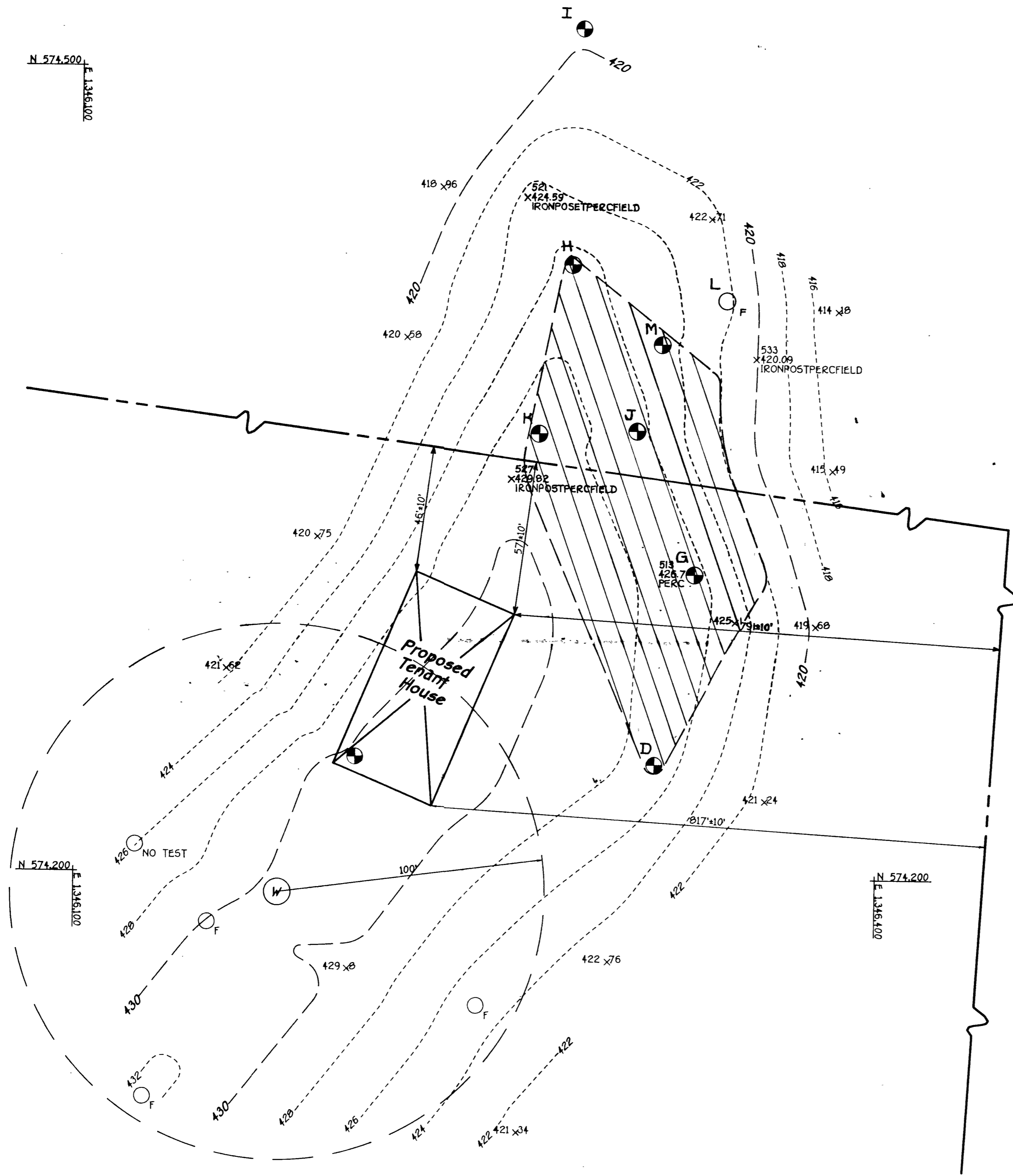
FROM HOUSE TO DISC BOX

AS SHOWN ON

PLAN TO ACCOMPANY APPLICATION FOR
BUILDING PERMIT
CLARK PROPERTY

TAX MAP 29 ZONED: RC-DEO PARCEL 3
SECOND ELECTION DIST. HOWARD COUNTY, MARYLAND
SCALE: AS SHOWN DATE: JULY 1997

N 574.500
E 1346.100



VICINITY MAP
SCALE: 1" = 600'

GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. DENOTES PERC HOLE LOCATION.
3. DENOTES PROPOSED WELL LOCATION.
4. OWNER & DEVELOPER:
MR. JAMES CLARK, JR.
10380 CLARKSVILLE PIKE
ELLICOTT CITY, MARYLAND 21042
5. TOPOGRAPHY SHOWN HEREON IS BASED UPON FIELD RUN TOPOGRAPHY SURVEYED BY FISHER, COLLINS AND CARTER, INC. ON OR ABOUT MAY, 1997.

PERC CERTIFICATION PLAT
CLARK PROPERTY

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
[Signature] 6-17-97
COUNTY HEALTH OFFICER DATE

TAX MAP 29 ZONED: RC-DEO PARCEL: 3
SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MAY 30, 1997

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
10000 ANTELL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
410 461 - 2855

PD00136899

Building Address: 10600 Clarksville Pike
Ellicott City, MD 21042

Suite/Apt # _____ SDP/WP/Patition # _____

Census Tract 602303 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 29 Parcel 337 Grid 12

Zoning RC Map Coordinates _____ Lot size _____

Existing Use: Single family home/backyard

Proposed Use: Inground swimming pool

Estimated Construction Cost: 20,000.00

Description of Work: 800 sq. ft. Inground, free form

pool. 10' x 20' in length; Depth = 3' to 8'

Filled with water by truck.

Occupant or Tenant: June and Allison Clark

Contact Name: Kari Rowan

Address: 10600 Clarksville Pike

City: Ellicott City State: MD Zip Code: 21042

Phone: 700-735-2258 Fax: 410-995-1791

Property Owner's Name: June and Allison Clark

Address: 10600 Clarksville, Pike

City: Ellicott City State: MD Zip Code: 21042

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Rowan Landscape Co. Inc.

8471 Reservoir Rd Fulton, MD 20759

Phone: 301-206-9150 Fax: 301-206-3260

Contractor Company: Rowan Landscape Co Inc

Contact Person: Kari Rowan

Address: 8471 Reservoir Rd

City: Fulton State: MD Zip Code: 20759

License No.: CTR-03759

Phone: 301-206-9150 Fax: 301-206-3260

Engineer or Architect Company: Rowan Landscape Co Inc.

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: _____
 Dimensions: _____
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]
 Title/Company: President

Print Name: Timothy N. Rowan
 Date: 6/13/02

Checks payable to: DIRECTOR OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY