

12/1/99
3:00 c.o.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-384672

P 513/28

A 59854

DISTRICT _____

DATE 11-17-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/1/99

INDEXED

INSPECTOR [Signature]

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P.O. Box 89, Triadelphia Road, Glenelg, Maryland PHONE 410-988-9270

SUBDIVISION Allnutt Farms LOT 10 ROAD 13487 Open Space Court

PROPERTY OWNER Richard A. Donnally

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 ✓

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting at the intersection of the 214.04' and 749.95' lot lines, place the distribution box 80 feet down the 749.95' lot line and 55 feet off this same lot line as seen from Open Space Court. Run trenches along contour towards the 749.95' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK SRK 8/30/99

PLANS APPROVED BY Donna K. Soe/C. Williams DATE 8-25-1999

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

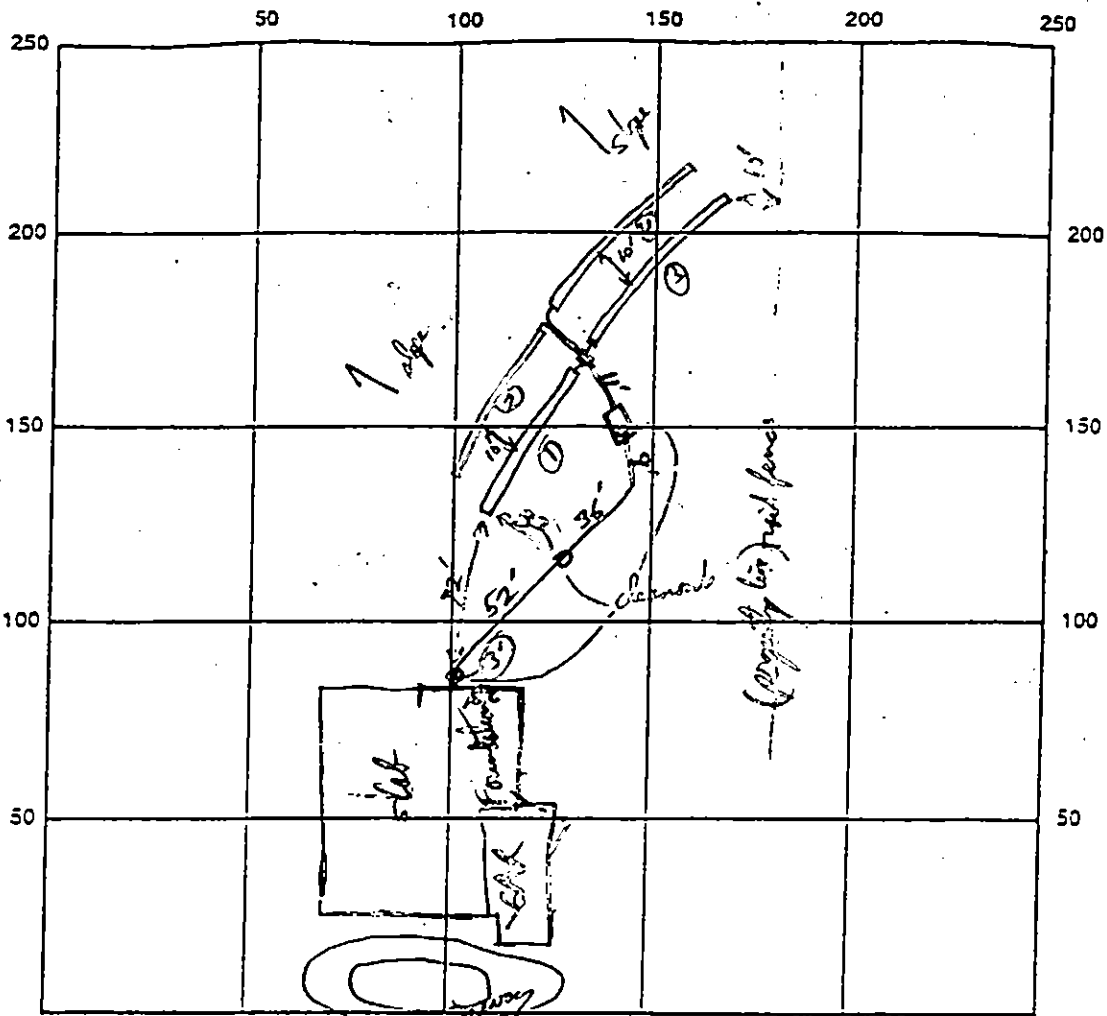
PERMIT VOID AFTER TWO YEARS

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**

59854



Ho-94-1548 INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
well

SEPTIC TANK LEVEL 1250 all Top Second CLEANOUTS ST + House

DISTRIBUTION BOX LEVEL ✓ (with auto level)

DRAIN FIELD/TITLE DEPTH 4' FT. TRENCH WIDTH 3 FT. INLET DEPTH 2' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH $\frac{1}{2} + \frac{2}{2} + \frac{3}{2} + \frac{4}{2} = 240$ LF

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Have Caution, ST. all too low OK to cover all work 12/17/99

DATE SYSTEM APPROVED 12/17/99

INSPECTOR [Signature]

1/10/2000
ANY TIME

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 #
Date

Name of Installer DENNISON PLUMBING

Telephone 301-793-4015

License Number 111PL100140
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner RICK DONNALLY Telephone
Subdivision Lot # 10 Well Tag # HO-94-1548
Site Address 13477 OPEN SPACE, HIGHLAND MD 20177

| | | |
|--|--|------------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower <u>3/4</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 <input checked="" type="checkbox"/> | a. 110 <u> </u> | |
| 2. Make <u> </u> | b. 220 <input checked="" type="checkbox"/> | |
| 3. Model # <u>56307422</u> | | |
| 4. Capacity <u>37.5</u> GPM | | |
| 5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <u> </u> | | |

| | | |
|---|--|---|
| Tank | Piping | Well data |
| 1. Capacity <u>40</u> | 1. Type <u> </u> | 1. Depth <u>41.0</u> ft. |
| 2. Pressure relief valve? <input checked="" type="checkbox"/> | 2. Size <u>1/2"</u> | 2. Yield <u> </u> GPM |
| | 3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/> | 3. Static water level <u> </u> ft. |
| | 4. Depth of supply line <u>11'</u> | 4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/> |

*2 piece cap + PVC pipe ok
Needs to uncode pitless adapter for inspection
Call when ready R. Plumb 4/10/00*

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: *Richard M. Denison*

Date: 1-7-00

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

B 1 **8453** SEQUENCE NO (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

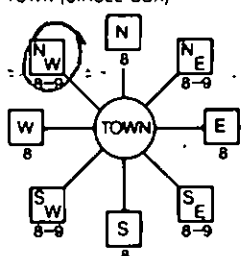
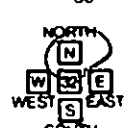
STATE PERMIT NUMBER

HO-94-1548
fill in this form completely

Date Received (APA) **4-16-98**
OWNER INFORMATION **RN 7417**
Furlow **Marsden**
15 Last Name Owner First Name 34
Pob 829
36 Street or RFD 55
Arnold, Md 21012
57 Town 70 State 72 Zip 76

LOCATION OF WELL **CC#**
Howard
8 COUNTY 21
Alnut Estates
23 SUBDIVISION 42
SECTION **44** 46 LOT **10** 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

DRILLER INFORMATION
George F. Easterday M **WV 040**
Driller's Name 76 License No 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **4/3/98**
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Open Space Court
11 NEAR WHAT ROAD 30
34 **50** 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP BLK PARCEL

WELL INFORMATION
APPROX PUMPING RATE **5**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD **A 50854**
COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED **5/10/00** **5/17/09**
43 MM 05 YY 48 CO SIGNATURE EXP DATE
NORTH GRID **477** 0.00 EAST GRID **0809** 0.00
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

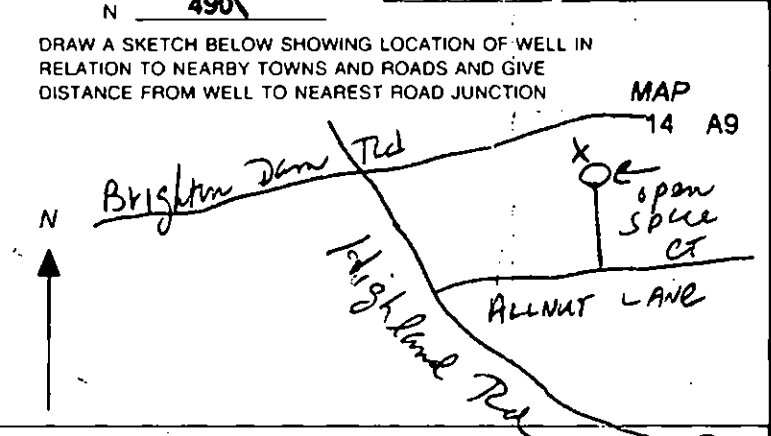
APPROXIMATE DEPTH OF WELL **300** FEET
24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
6-10-98
Growth X
SOURCES OF DRILLING WATER
1. **wells**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **809**
N **490**
000
000

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

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROTARY** AIR-PERCussion ROTARY (Hydraulic Rotary)
37 **GABLE** 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
39 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) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER **54** G A P 63
WRITE INITIALS IN BOX **DS** PERMIT No **HO-94-1548**
FORCE 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 05002

SEQUENCE NO. (MDE USE ONLY) 18-46

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)

COUNTY NUMBER A59854

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 06 10 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" HO-94-1548

OWNER Furrow STREET OR RFD open space court TOWN Highland SUBDIVISION Alton Farms SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like top soil, Shiley, Gray mch, Brown mch, Marble, Sued stone, Quartz, Gray mch, Marble, Gray mch.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1500), GALLONS OF WATER (75), DEPTH OF GROUT SEAL (0 to 37 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) form with columns for diameter and depth.

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (38, 400).

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (22 ft before, 85 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft).

NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y).

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

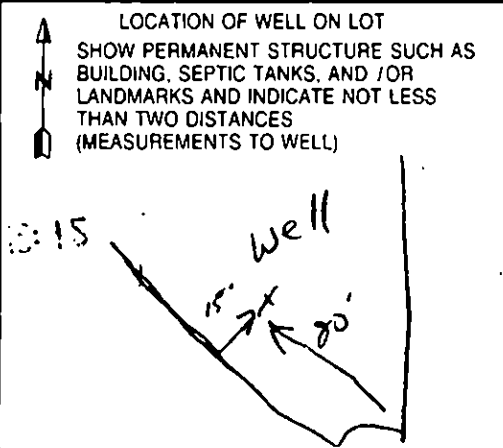
DRILLERS LIC. NO. MW040, GEORGE F. EASTERDAY, DRILLERS SIGNATURE.

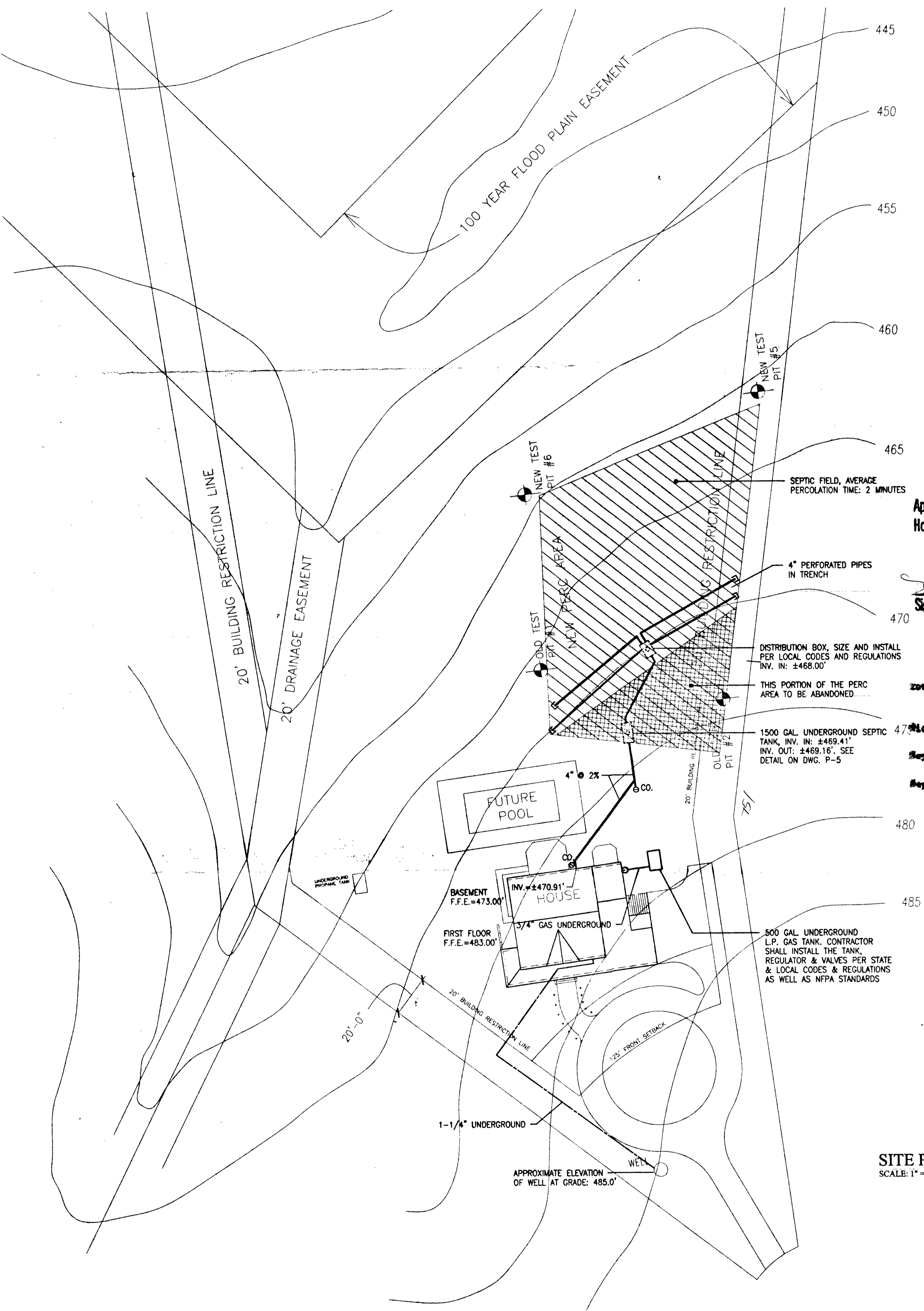
LIC. NO. MW0481, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) table with rows for casing diameters (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51) and slot sizes (1, 2, 3).

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 O.





445

450

455

460

465

470

480

485

REVISED
Approved Septic System Plan
Howard County Health Department

[Signature] 11/29/99
Signature **Date**

SEPTIC FIELD, AVERAGE PERCOLATION TIME: 2 MINUTES

4" PERFORATED PIPES IN TRENCH

DISTRIBUTION BOX, SIZE AND INSTALL PER LOCAL CODES AND REGULATIONS
 INV. IN: ±468.00'

THIS PORTION OF THE PERC AREA TO BE ABANDONED

1500 GAL. UNDERGROUND SEPTIC TANK, INV. IN: ±469.41'
 INV. OUT: ±469.16'. SEE DETAIL ON DWG. P-5

Total linear feet of trench required 240 **feet**

Width of trenches 3 **feet**

Depth of trenches 4 **feet**

Depth of stone required below distribution pipe 2 **feet**

500 GAL. UNDERGROUND L.P. GAS TANK. CONTRACTOR SHALL INSTALL THE TANK, REGULATOR & VALVES PER STATE & LOCAL CODES & REGULATIONS AS WELL AS NFPA STANDARDS

APPROXIMATE ELEVATION OF WELL AT GRADE: 485.0'

SITE PLAN - PLUMBING
 SCALE: 1" = 30'-0"

B 1 07153

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER Ho-94-2678 2678

DATE RECEIVED (APA) 1/12/09 OWNER INFORMATION DONNALLY RICK 1500 RESEARCH BLVD. SUITE 304 ROCKVILLE MD. 20850

LOCATION OF WELL HOWARD ALWITT FARMS ESTATES CLARKSVILLE

DRILLER INFORMATION MICHAEL BARLOW MWD 355 522 UNDERWOOD LINK BEL AIR 21014

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 13487 OPEN SPACE CT. DISTANCE FROM ROAD 125 FT TAX MAP: 34 BLK: 16 PARCEL 375

WELL INFORMATION APPROX. PUMPING RATE 0 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 000 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD W 513228 COUNTY NAME STATE SIGNATURE DATE ISSUED 5/3/00 CO SIGNATURE EXP DATE 5/3/01

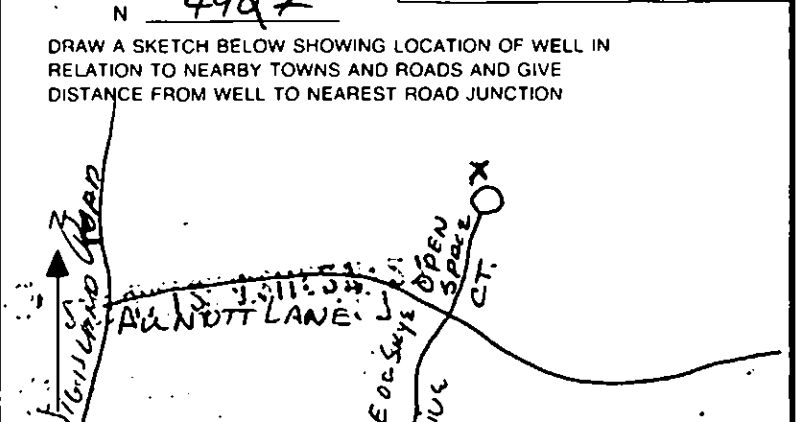
USE FOR WATER (CIRCLE APPROPRIATE BOX) GEO-THERMAL 5-300' BORES

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE E 8009 N 4907

METHOD OF DRILLING (circle one) AIR-ROTARY AIR-PERCUSSION

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 PERMIT No. Ho-94-2678

SPECIAL CONDITIONS NOTE: APPROX. NO. AUTHORITY IS SHOWN IN SEPARATE SHEET IF NEEDED

C1 6314
 1 2 3 6
 6/27/00 ← OK SRK

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

THIS REPORT MUST BE SUBMITTED AFTER
 WELL IS COMPLETED. ~~002~~
 COUNTY NUMBER W513228

ST/CO USE ONLY
 DATE RECEIVED
6/5/00

DATE WELL COMPLETED
05-17-00

Depth of Well
300
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-2678

OWNER Dannally Rick
 STREET OR RFD 13487 OPEN SPACE CT. TOWN CLARKSVILLE
 SUBDIVISION ALLIOTT FARMS EST. SECTION _____ LOT 10

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 | |
| Brown Sandstone | 0 | 40 | |
| White Sandstone | 40 | 100 | |
| GRAY GRANITE | 100 | 300 | |
| GeoThermal Bore #1 | | | 25 ✓ 45 ✓ 90 ✓ |

RECEIVED
 MAY 6 2000
 WELL AND SEPTIC

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 75 NO. OF POUNDS 2,350
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (to nearest foot)
 from 4 TOP 52 ft. to 300 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below N
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) _____ Total depth of main casing (nearest foot) _____
 60 61 63 64 66 70

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

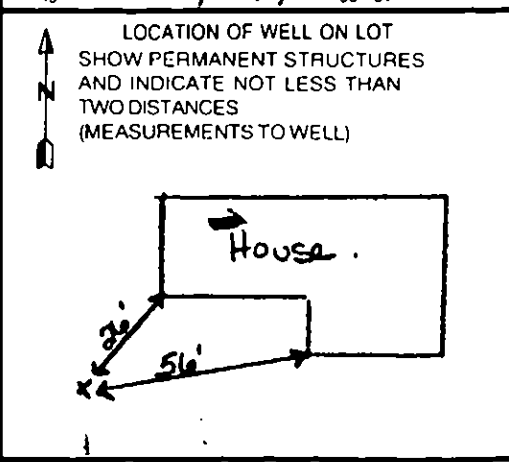
DEPTH (nearest ft.)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

DIAMETER OF SCREEN A (NEAREST INCH)
 from _____ to _____

PUMPING TEST
 HOURS PUMPED (nearest hour) _____
 PUMPING RATE (gall. per min.) _____
 METHOD USED TO MEASURE PUMPING RATE _____
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING _____ ft.
 WHEN PUMPING _____ ft.
 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 A
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 37 35
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) 4' - 300'
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above N/A LAND SURFACE (nearest foot)
- below N/A (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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 26 04 04 "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 LIC. NO. MWD 355
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MWD 549
Max B. Jones

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 4-2 11:17

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.P.O.S.) _____ W O _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C1 6588

SEQUENCE NO. (MDE USE ONLY) LOCATION'S ON SRU

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER W513228

ST/CO USE ONLY DATE Received 6/15/00

DATE WELL COMPLETED 05-17-00 Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-2678

OWNER Donnelly Rick STREET OR RFD 13487 Open Space Ct. TOWN Clarksville SUBDIVISION ALLIANT FARMS Estates SECTION LOT 10

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Sandstone, Hard Gray Granite, and Geothermal Bore #2.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 27 NO. OF POUNDS 2,538

CASING RECORD casing types insert appropriate code below (N) MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

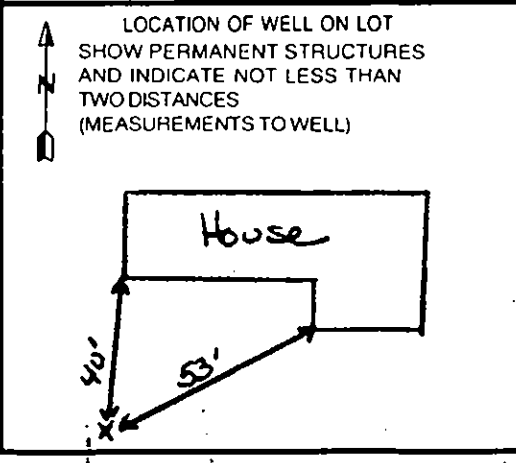
OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (S, B, H, P, O, PL, OT) insert appropriate code below

DEPTH (nearest ft.) E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, A O other, J jet, S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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, - below LAND SURFACE (nearest foot) 49 51



RECEIVED MAY 16 2000 WELL AND SEPTIC

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

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 LIC. NO. 1 MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 549 Max B. Jones

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

6587

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

COUNTY NUMBER W 51 3228

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 05-17-00

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2678

OWNER Bonnally Rick STREET OR RFD 13487 OPEN SPACE CT. TOWN CLARKSVILLE SUBDIVISION AWARD Farms Estates SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Sandstone, Hard Brown Soil, Gray Granite, and Geothermal Bore #4.

GROUTING RECORD form with fields for material (CEMENT CM, BENTONITE CLAY BC), bags, pounds, gallons, and depth of grout seal.

CASING RECORD form with fields for casing type (STEEL ST, CONCRETE CO, PLASTIC PL, OTHER OT), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (STEEL ST, BRASS BR, BRONZE PL, OPEN HOLE OT, OTHER NO), screen depth, and slot size.

RECEIVED stamp dated MAY 10 2000 and WELL AND SEPTIC label.

NUMBER OF UNSUCCESSFUL WELLS 0 and WELL HYDROFRACTURED Y N.

CIRCLE APPROPRIATE LETTER A (abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. MWD 355 and signature of Max B. Jones.

LIC. NO. MWD 549 and SITE SUPERVISOR information.

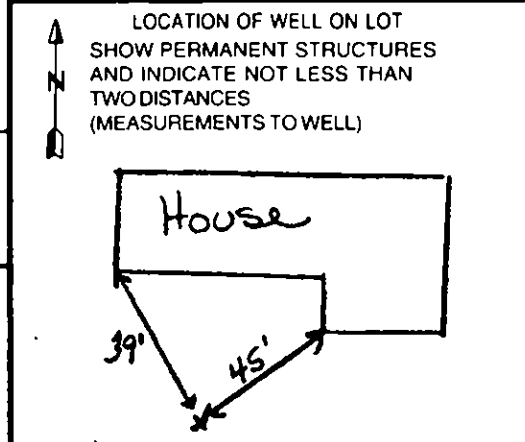
DEPTH (nearest ft.) table with columns for casing sections and depth ranges.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F.A. BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for telescope casing and log indicator.

PUMPING TEST form with fields for hours pumped, pumping rate, water level, and pump type.

PUMP INSTALLED form with fields for driller, pump type, capacity, and pump horse power.



C1 6590

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER W513228

ST/CO USE ONLY DATE RECEIVED 4/15/00

DATE WELL COMPLETED 05-17-00 Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2678

OWNER Donnelly Rick STREET OR RFD 13487 OPEN SPACE CT. TOWN CLARKSVILLE

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y)

PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Sandstone (40), Brown soil (40-60), GRAY Granite (60-300).

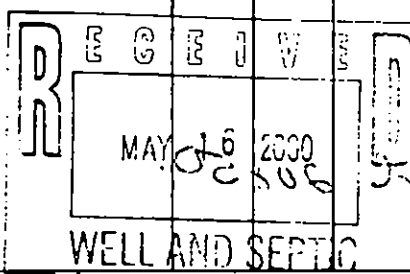
TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC). NO. OF BAGS 30, NO. OF POUNDS 2,820.

HOURS PUMPED (8), PUMPING RATE (11), METHOD USED TO MEASURE PUMPING RATE.

Geothermal Bore #5

CASING RECORD Casing types insert appropriate code below (ST, CO, PL, OT).

WATER LEVEL (distance from land surface) BEFORE PUMPING 17-20 ft.



MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot).

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO).

NUMBER OF UNSUCCESSFUL WELLS: 0

SCREEN RECORD screen type or open hole (ST, BR, PL, HO, OT).

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

DEPTH (nearest ft.) 1-21, 23-36, 38-51.

PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04.

E S L O T S I Z E 1 2 3 DIAMETER OF SCREEN A (NEAREST INCH) 56 60

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below.

DRILLERS LIC. NO. MW 355 DRILLERS SIGNATURE (Max B. Jones)

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

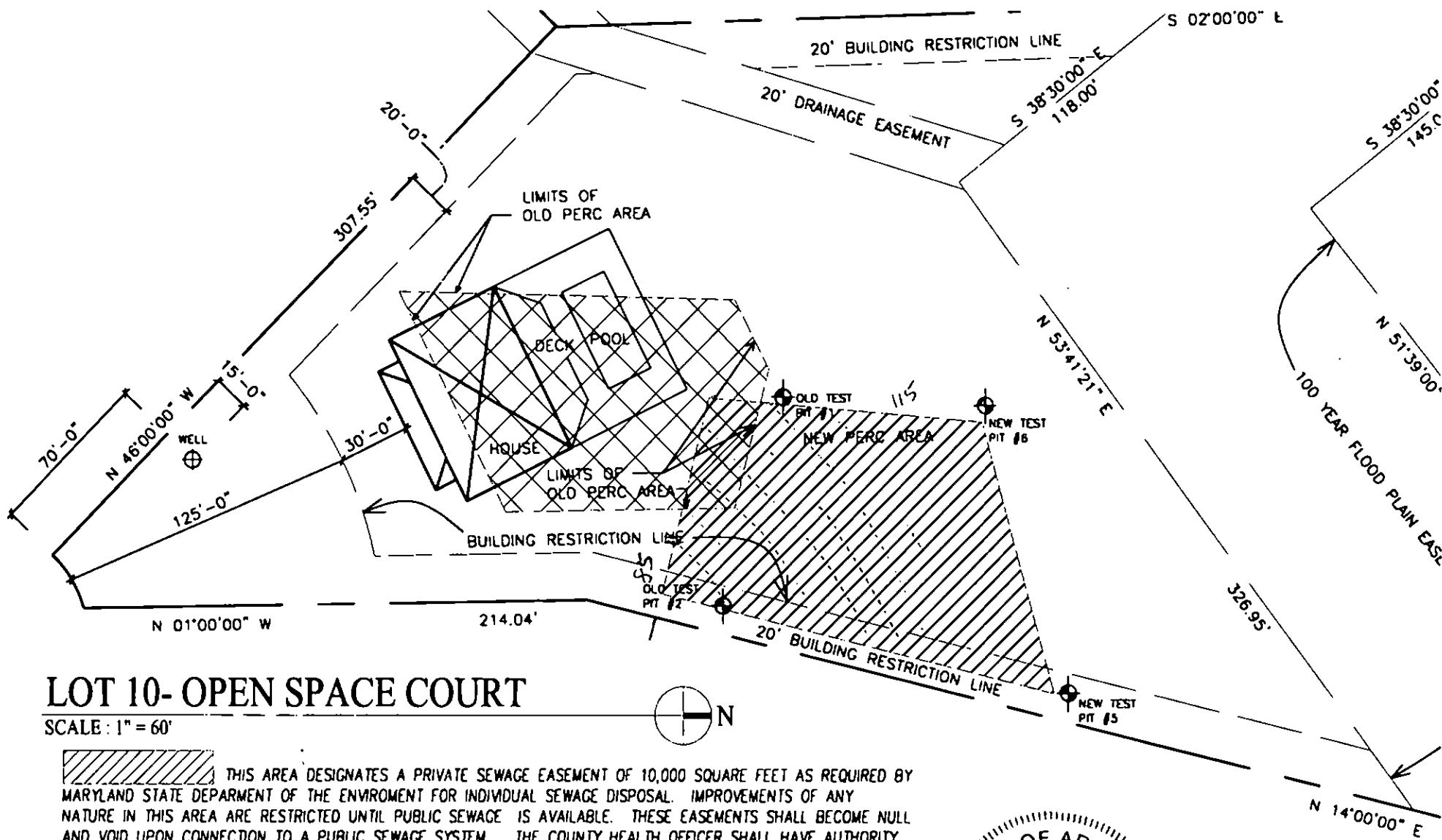
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

LIC. NO. MW 549 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O

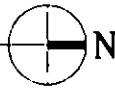


TELESCOPE CASING LOG INDICATOR OTHER DATA



LOT 10- OPEN SPACE COURT

SCALE: 1" = 60'



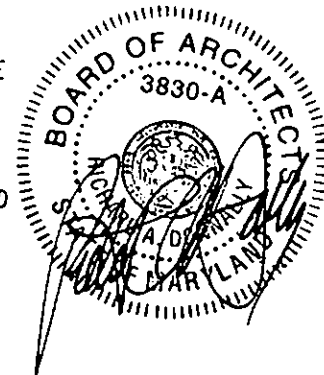
THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE SYSTEM SHALL NOT BE NECESSARY.

PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS HAVE BEEN SHOWN WHERE PERTINENT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM

George M. Boyd 5/12/98
 COUNTY HEALTH OFFICER DATE:



PERCOLATION TEST PLAT
 PROPERTY OF HILLTOP ASSOCIATION
 ALLNUT FARMS ESTATES SUBDIVISION
 PARCEL 375
 ELECTION DISTRICT 5
 HOWARD COUNTY, MARYLAND
 DATE: 4-20-98

APPLICATION

PERCOLATION TESTING

A 5-9854

P _____

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

*2/9/98
Preview OK.
purpose is to slide
existing SDA downhill
A*

DISTRICT _____

DATE 3-9-98

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 Richard A. Donnally

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER RICHARD A. DONNALLY

ADDRESS 9311 BENTRIDGE AVE PHONE 301-590-9666
POTOMAC, MD. 20854

PROPERTY LOCATION:

SUBDIVISION ALLNUTT FARMS LOT NO. 10

ROAD AND DESCRIPTION 13487 OPEN SPACE COURT

TAX MAP _____ PARCEL # 375

SIZE OF LOT 5.9 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

*added. Personal sig.
AND RETURNED 8-25-99
Serial # BPO 119687
SINGLE FAMILY DWELLING*

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 A. Donnally
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

59854

COUNTY #

SOIL PROFILE

0'

⑤

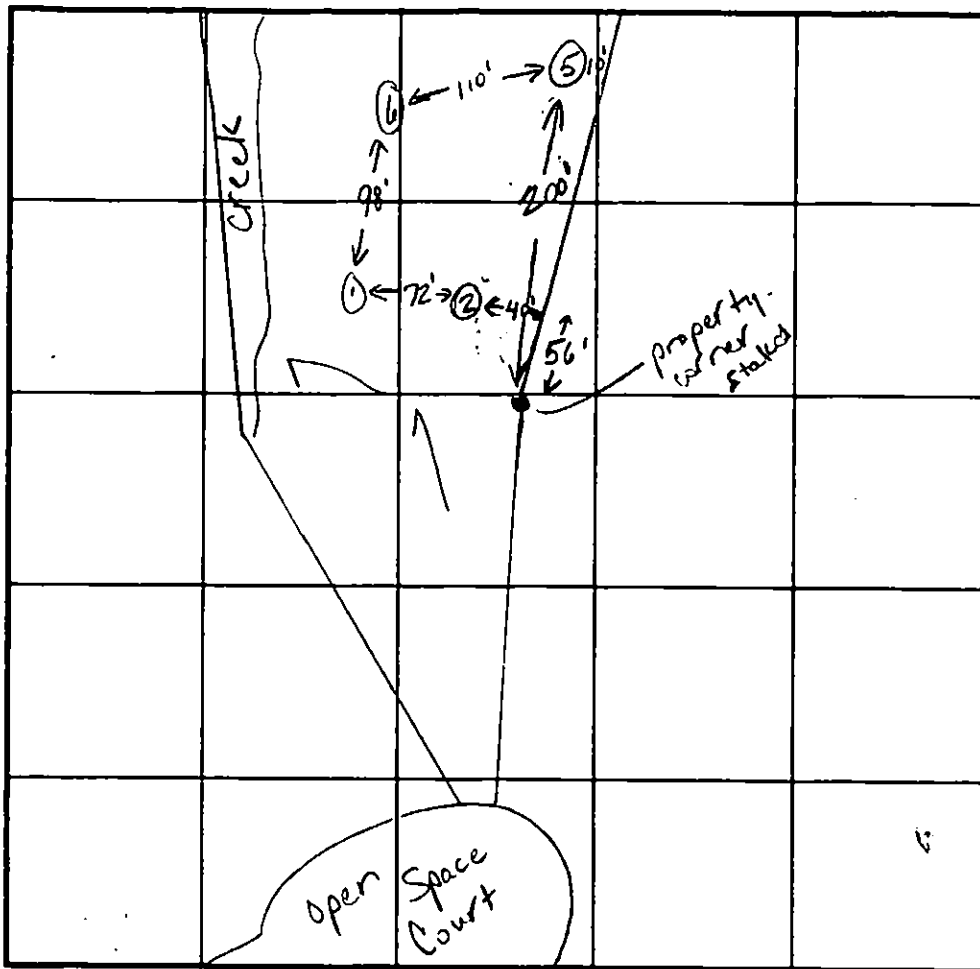
brown/orange
Clay sand
loam

beige/or
fles of
yellow and
red
Sandy
loam

13.0' WATER

⑥

Same
as
test
hole
#5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------|----------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 3:25:98 | ⑤ | 2.5'S | 10:19:30 | 10:21 | 10:21 | 10:23 | 2min |
| | | 13.0'D | WATER AT | | 13.0' | | |
| | ⑥ | 2.0'S | 10:25 | 10:26 | 10:26 | 10:28 | 2min |
| | | 11.0'D | WATER AT | | 11.0' | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS test holes staked, holes opened at 8am; tested 10:30am

TYPE OF SOIL

TESTED BY Kim Naiste

ALSO PRESENT Jack Fyock

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH 3.0'

INLET DEPTH 2.0' MAXIMUM BOTTOM DEPTH 4.0' SQ. FT./BEDROOM 180

APPLICATION

A _____

P _____

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: 465-5000, EXT. 356

DISTRICT Pfich

DATE 9/9/76

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 1 Mr. and Mrs. Smith W. Allnutt
13288 Highland Road
ADDRESS Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hi-Land Farm Estates LOT NO. 41

ROAD AND DESCRIPTION Court "P"

SIZE OF LOT 3.41 Ac TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Margaret G. Allnutt

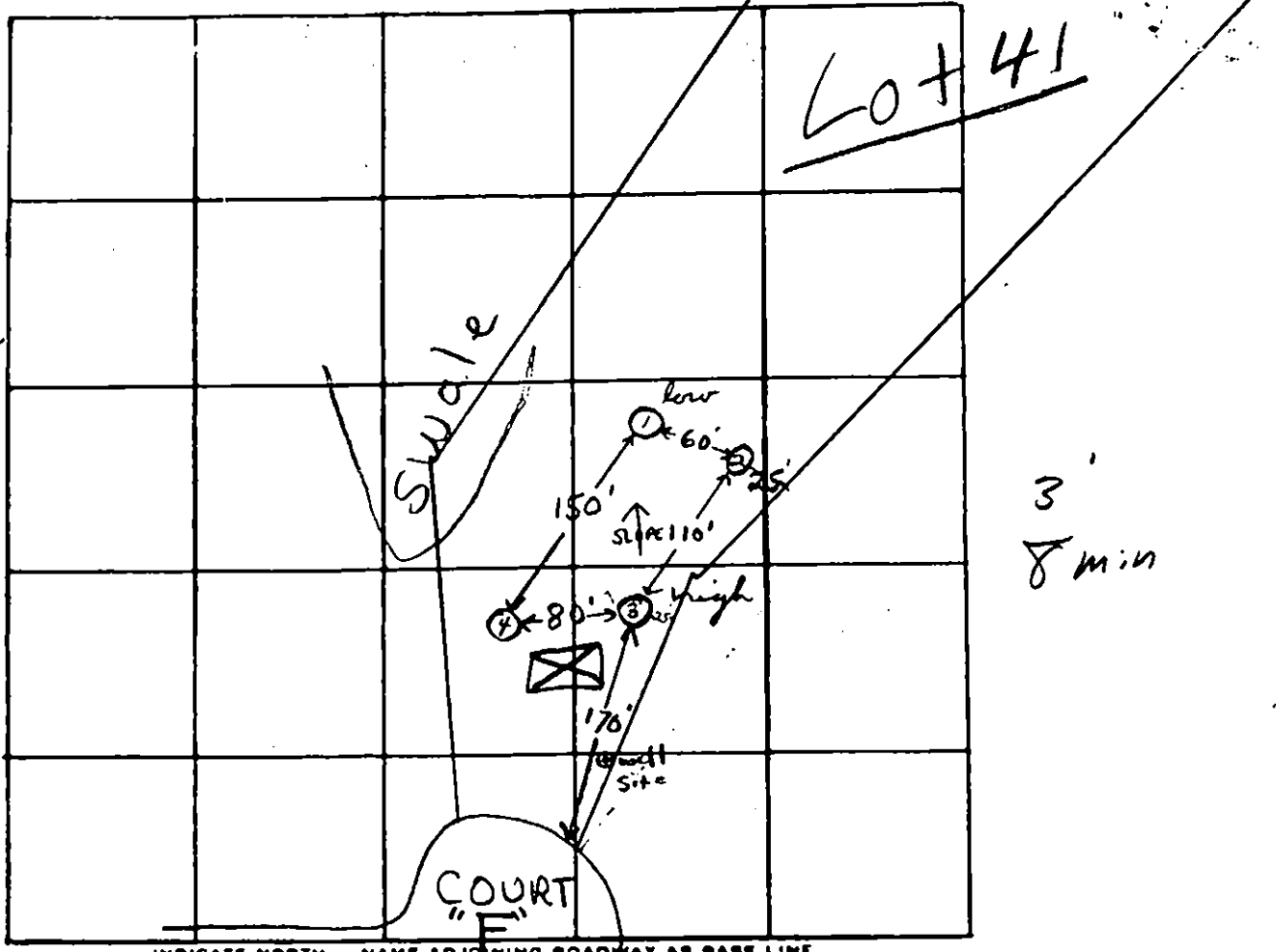
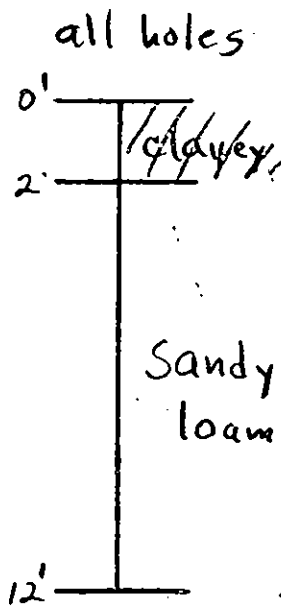
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|----------|---------|-------------------------------|------|----------------|------|--------|--|
| | | | START | STOP | START | STOP | | |
| 11/9/76 | 1 low | 2 1/2' | 3:35 | 3:37 | 3:37 | 3:39 | 2 min | |
| | 1A | 12 1/2' | 3:34 | 3:40 | 3:40 | 3:49 | 9 min | |
| | 2 | 3' | 3:42 | 3:44 | 3:44 | 3:47 | 3 min | |
| | 2A | 11 1/2' | 3:47 | 3:54 | 3:54 | 4:14 | 20 min | |
| | 3 high | 3' | 3:52 | 3:53 | 3:53 | 3:56 | 3 min | |
| | 3A | 11 1/2' | 3:57 | 4:02 | 4:02 | 4:10 | 8 min | |
| | 4 | 12 1/2' | clayey to 2' sandy loam below | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

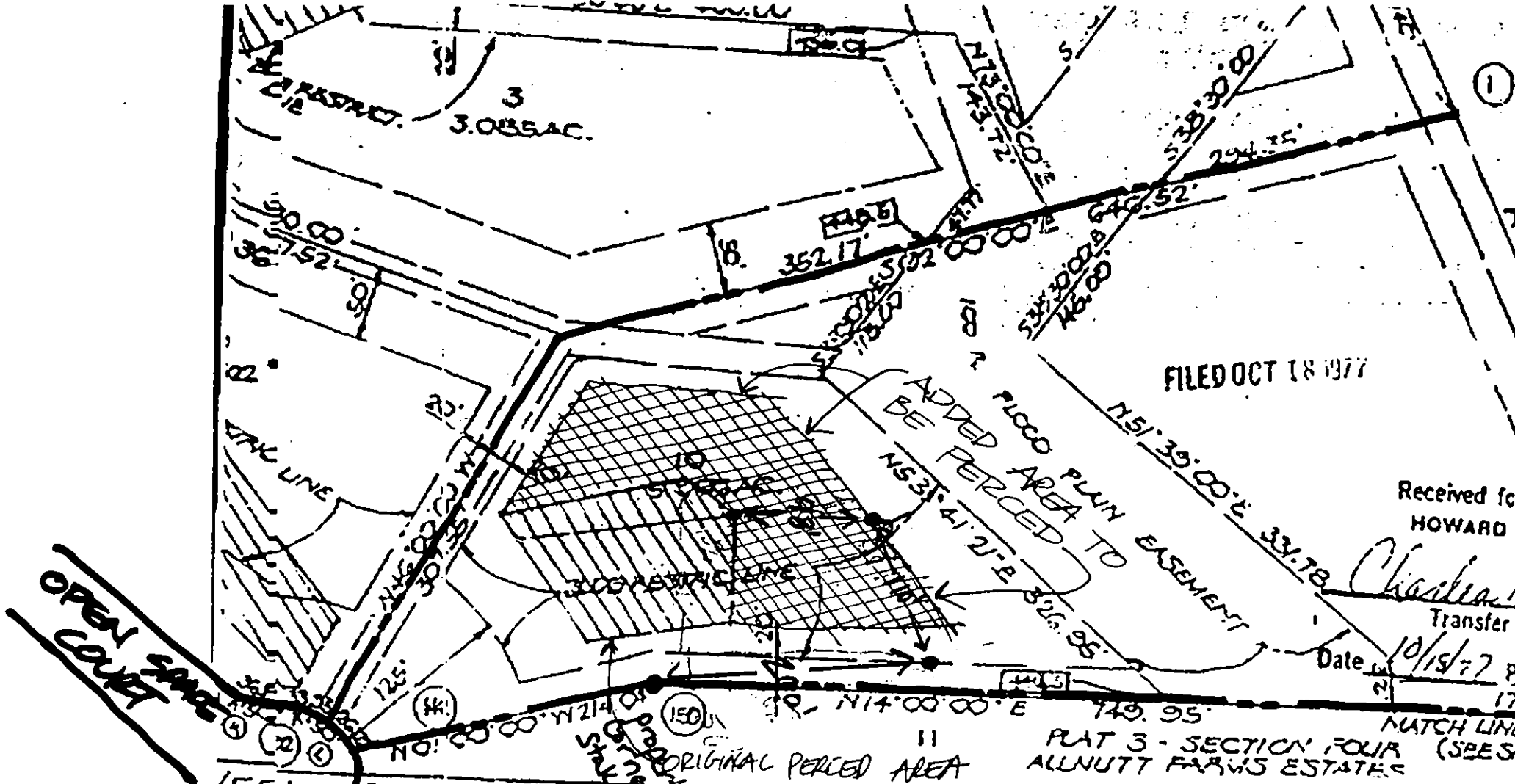
sandy at 2 1/2'

REMARKS

TYPE OF SOIL sandy loam below top 2 1/2' clayey soil

TESTED BY F.S.

ALSO PRESENT: Kettermon & Allwitt



FILED OCT 18 1977

Received for
HOWARD

Charles
Transfer

Date 10/15/77

OPEN SPACE

LEE'S CERTIFICATE
SMITH WAMBEADY ALLNUTT OWNERS OF THE
AN AS DESCRIBED HEREIN, HEREBY REQUEST
APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF
ZONING, ESTABLISH THE MIN. BLDG RESTRICT.
DESIGNS, (1) THE RIGHT TO LAY, CONSTR. & MAINT.
SEWER, DRAINS, WATER PIPES & OTHER MUNICI-
ILITIES & SERVICES IN & UNDER ALL ROADS EST.
IN, (2) DEDICATE TO PUBLIC USE THE BEDS OF
APPLICABLE & FLOOD PLAINS & OPEN SPACE
W. HEREBY GRANTING TO THE
ST. TO ACQ. THE FEE SIMPLE TITLE TO THE FLO-
ODS & FLOOD PLAINS AND FLOOD PLAINS & OPEN SPACE

PLAT 3 - SECTION FOUR (SPEE)
ALLNUTT FARMS ESTATE

RECORDED AS PLAT
IN
THE LAND RECORDS OF
COUNTY, MARYLAND.

SHEET 1-SECTION FOUR
LOTS 1-10 & LOTS 41-4
ALLNUTT FARMS ES
ELECTION DISTRICT 5
HOWARD COUNTY, MARYL
SCALE 1"=100' OCTOB



DLV

DONNALLY, LEDERER, VOJIC, LLC

architects
1500 Research Blvd
301-545-0900

TRANSMITTAL

TO HOWARD COUNTY HEALTH DEPARTMENT
ATTN: CRAIG WILLIAMS
(410) 313-2775 F(410)313-2648

DATE: 08/25/99

PROJECT NAME: THE DONNALLY RESIDENCE
PERMIT #B00119687

PROJECT NO: AR723

THE FOLLOWING ARE TRANSMITTED:

- | | |
|--|---|
| <input type="checkbox"/> PRINTS | <input type="checkbox"/> ENCLOSED |
| <input type="checkbox"/> SHOP DRAWINGS | <input type="checkbox"/> SEPARATELY |
| <input type="checkbox"/> MANUFACTURER'S DATA | <input type="checkbox"/> MESSENGER |
| <input type="checkbox"/> OTHER | <input checked="" type="checkbox"/> FAX |

NO OF PAGES: 1

REMARKS: DEAR MR. WILLIAMS:

REGARDING NEW CONSTRUCTION SEPTIC PERMIT MENTIONED ABOVE

- THIS PERMIT WILL NOT INCLUDE EXTERIOR SHOWERS INDICATED ON PLANS.
THE PLUMBING CONNECTIONS WILL BE A STUB-OUT ONLY
THE HOMEOWNER WILL GET APPROVAL FROM HOWARD COUNTY HEALTH DEPARTMENT BEFORE ADDING EXTERIOR SHOWER FIXTURES AT A LATER TIME
- SEWAGE LINE WILL EXIT THE HOUSE AT CRAWLSPACE SHOWN ON PLANS RATHER THAN FULL BASEMENT.

PLEASE CONTACT OUR OFFICE IMMEDIATELY IF YOU REQUIRE MORE INFORMATION
SINCERELY,

TODD S VIRTZ
TODD S. VIRTZ

PROJECT MANAGER
DLV ARCHITECTS

CC. JAE KIM
RICHARD DONNALLY

TO DD -

OK AS SUBMITTED

- ADDITIONAL CAUTIONARY NOTE:

BE SURE OF WELL LOCATION

RE: DRIVEWAY, 15' SEPARATION

IS PREFERRED; 10' IS

A NECESSITY.

(CW)

8/6/99

PAGES : 3

1 of 3

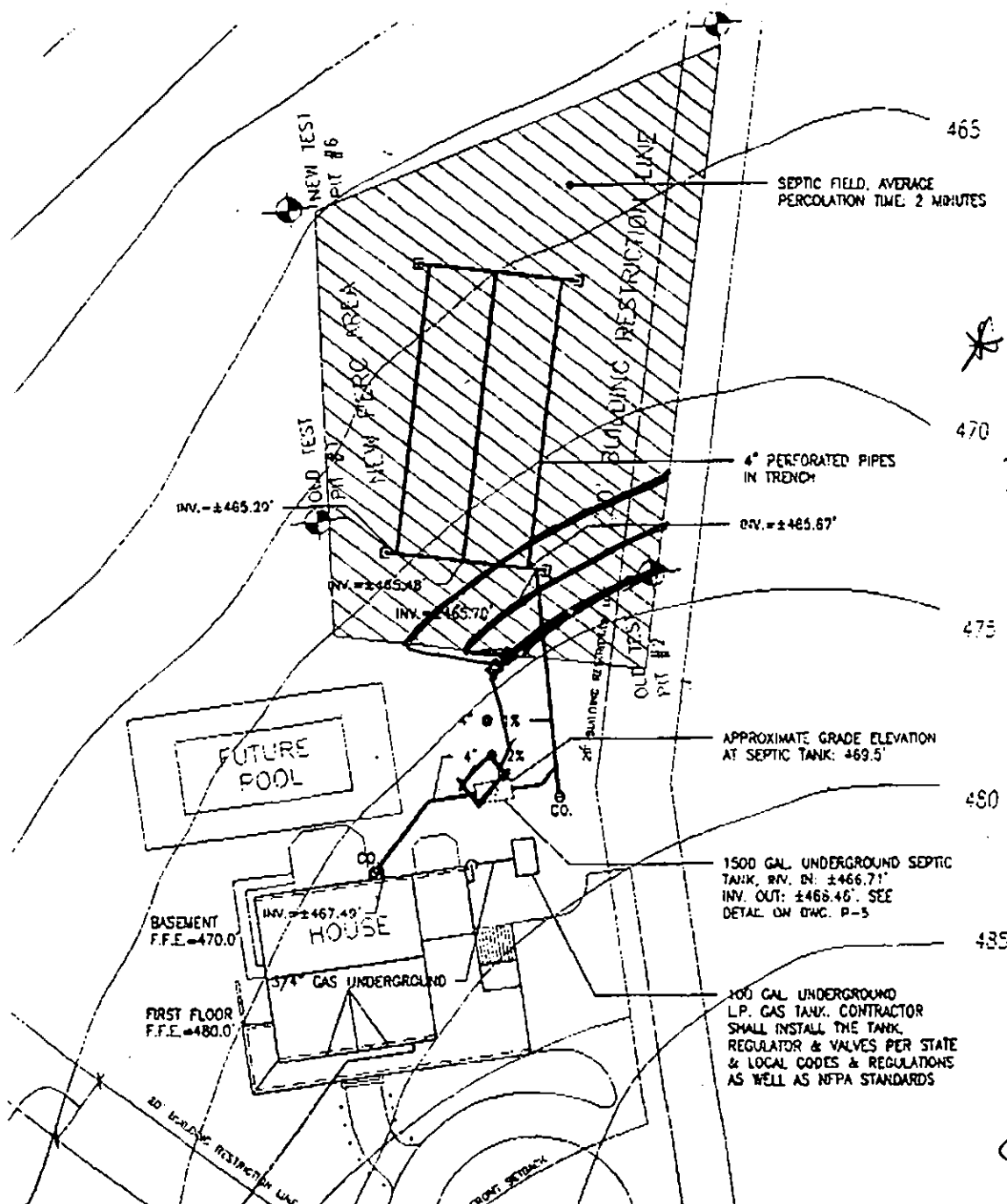
ATTN: BRIAN BAKER

(F) 410-313-2648

FROM : JAE KIM

RE: THE DONNALLY RESIDENCE.

* It is our understanding that you are acting on behalf of the applicant and that you shall notify all parties concerned of the required plumbing changes. *

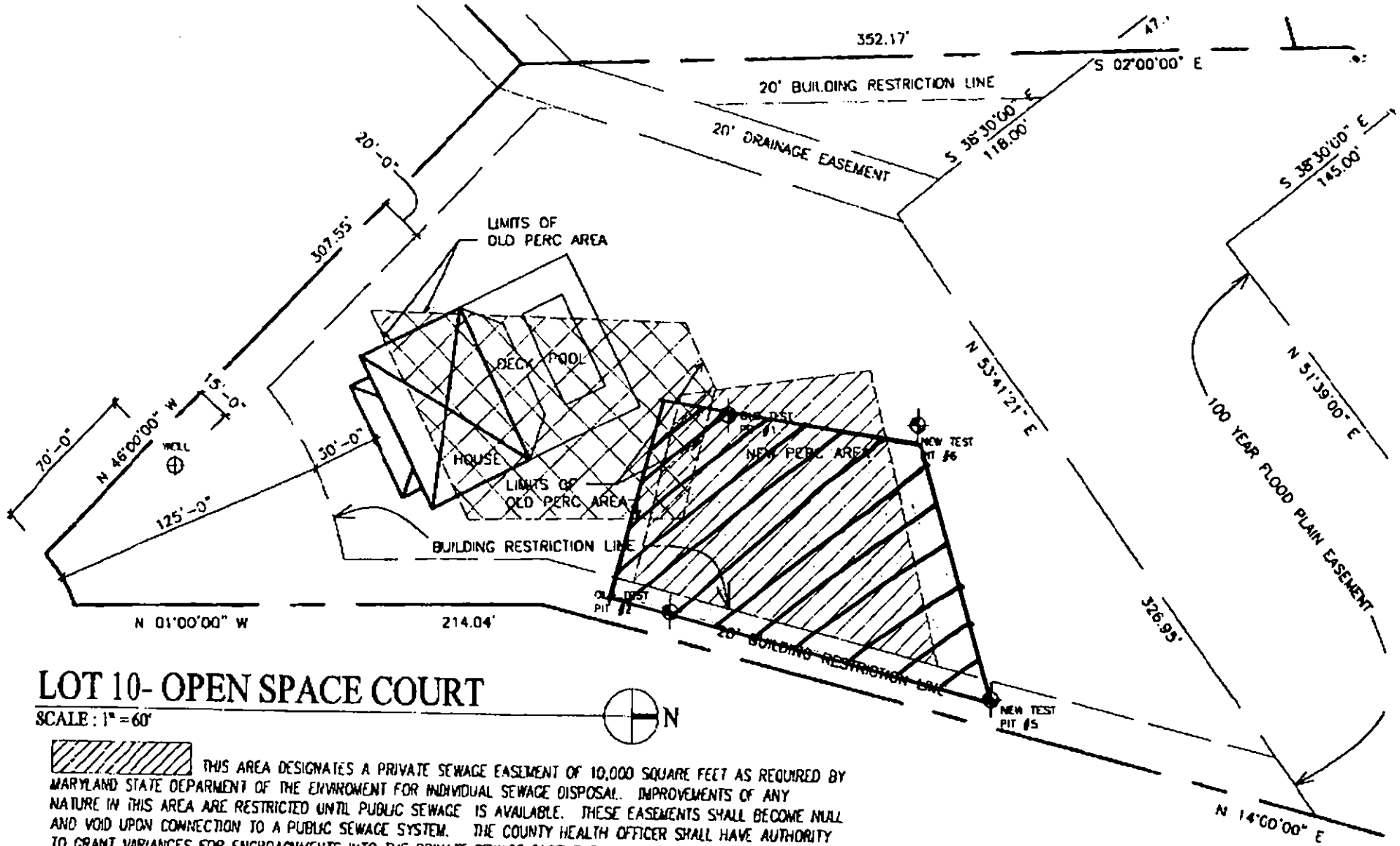


* Sample Elevations

| | |
|---------------|-------|
| Inv @ house | 473.9 |
| Inv into st. | 473.3 |
| out of st. | 473.0 |
| Inv into d.o. | 472.5 |
| ex at d.o. | 474.5 |

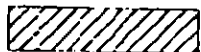
Basement does not sewer by gravity

Howard Co. Health
 [Signature] 8/11/99



LOT 10- OPEN SPACE COURT

SCALE: 1" = 60'



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE SYSTEM SHALL NOT BE NECESSARY.

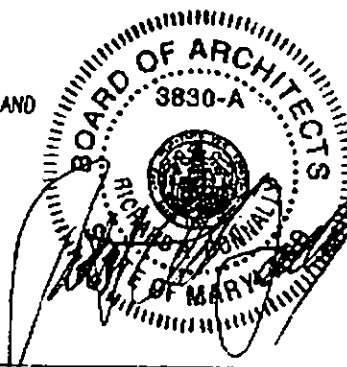
PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS HAVE BEEN SHOWN WHERE PERTINENT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM

COUNTY HEALTH OFFICER

DATE:



PERCOLATION TEST PLAT
 PROPERTY OF HILLTOP ASSOCIATION
 HILLTOP FARMS ESTATES SUBDIVISION
 PARCEL 375
 ELECTION DISTRICT 5
 HOWARD COUNTY, MARYLAND
 DATE: 4-20-98