

LAYOUT 5/24/02 ? INSP 4 _____
 INSP 2 5/30/02 PM ~~0000~~ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/23/2002
 APPROVAL DATE: 5/30/02

**PERMIT
INDEXED**

OK 363523
 P 516990
 A 59915L

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-3432

SUBDIVISION: Montecello LOT NUMBER: 10

ADDRESS: 1742 Oakdale Drive PROPERTY OWNER: D. R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box as shown per plan. Run trenches on contour in both directions.
NOTES:	Basement service by gravity is proposed.

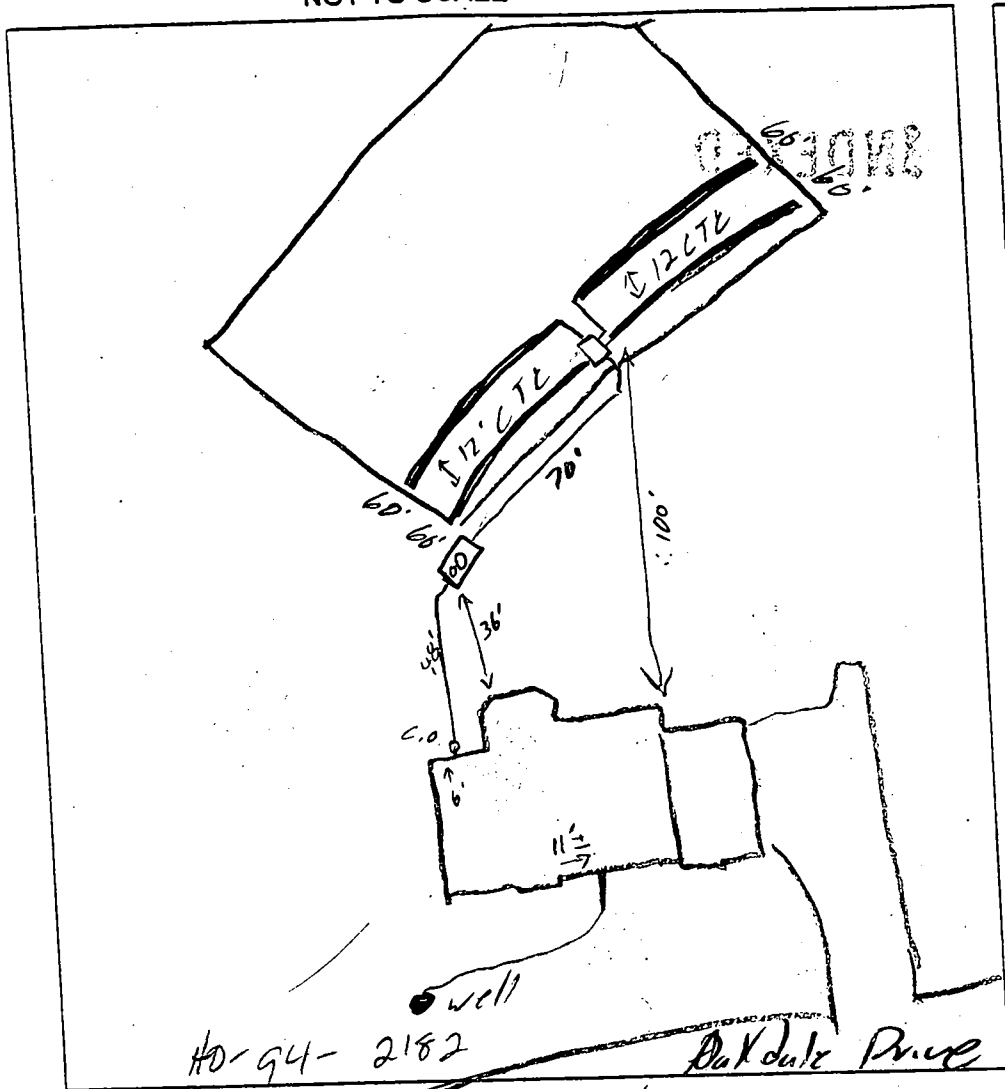
PLANS APPROVED: KG OK SRN 12/14/01 DATE: 12/13/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A59915-L

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 ϕ
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 T GALLONS
 MANHOLE RISER 10" T x 2'
 6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

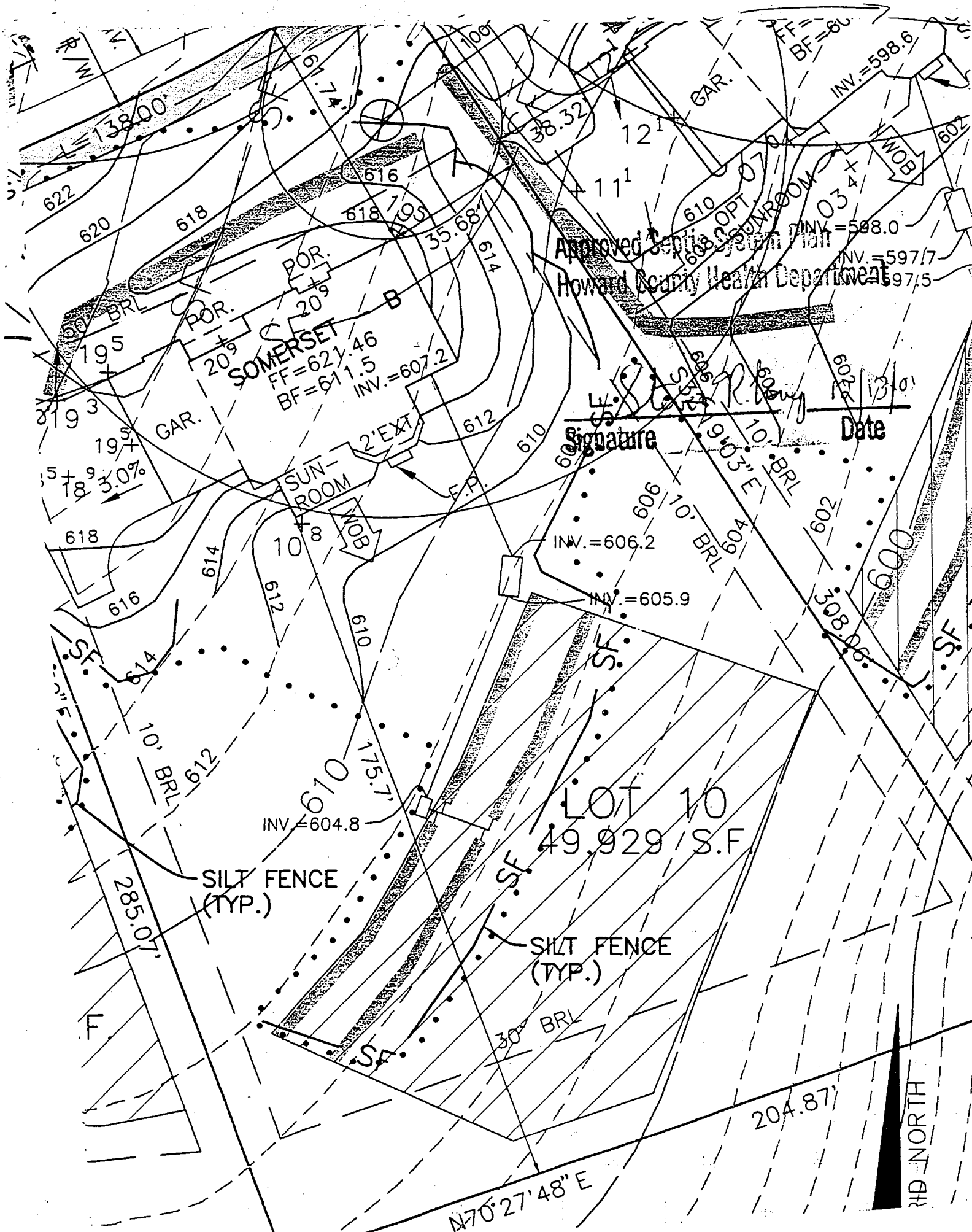
HO-94-2182 well

Red date Price

PRE-CONSTRUCTION INSPECTION: 5/24/02 layout per R.P. lot staked

INSPECTION COMMENTS: 5/30/02 OK to cover all work

INSPECTOR [Signature] DATE SYSTEM APPROVED 5/30/02



Approved Septic System Plan
 Howard County Health Department

SOMERSET
 FF=621.46
 BF=611.5
 INV.=607.2

Signature

Date

LOT 10
 49,929 S.F.

SILT FENCE
 (TYP.)

SILT FENCE
 (TYP.)

RD NORTH

N70°27'48" E

204.87'

12/13/01

[Handwritten Signature]

[Handwritten Date]

INV.=604.8

INV.=606.2

INV.=605.9

INV.=588.0

INV.=597.7

INV.=597.5

FF=60

BF=60

INV.=598.6

INV.=588.0

INV.=597.7

INV.=597.5

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Permit
6/21/02

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone # 410-795-5670
Address: 580 Obrecht Rd
Stylersville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: 301-674-4922
Subdivision: Monticello Lot #10 Lot #: 10 Well Tag #: HO-94-2182
Site Address: 1742 Oakdale Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Red Jacket Make: Campbell Two piece watertight cap: yes
Model #: 86716 Model#: N/A Screened, vented well cap: yes
Pump Capacity 8 GPM Depth: 42' (36" min) Cap secured to casing: yes
Well Yield: 1.7 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 268 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4
Torque arrestors, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 6-21-02
Signature of company representative responsible for installation Date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 6/3/02 Date Insp. Approved: 6/3/02 Inspector: KN
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 9673

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

5 21 99

22 385 26 (TO NEAREST FOOT)

HO 94 2182

OWNER HIGHLAND Development

STREET OR RFD Summit A

first name

TOWN Glenwood

SUBDIVISION KNAPP Property

SECTION

LOT 10

WELL LOG

Not required for driven wells

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 22 NO. OF POUNDS 2068

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

CASING RECORD

casing types insert appropriate code below

(ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter 6 Total depth 75

OTHER CASING (if used)

Table with columns for diameter and depth

screen type or open hole

SCREEN RECORD

(ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with columns for depth intervals

DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.7

BEFORE PUMPING 54 ft. WHEN PUMPING 270 ft.

TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

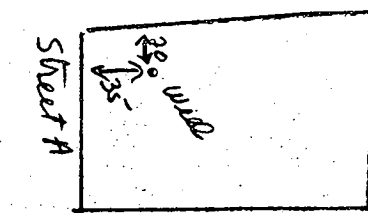
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (nearest foot)

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



NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED (Y) (N)

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

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

DRILLERS LIC. NO. 1 M SD024 DRILLERS SIGNATURE

LIC. NO. 1 D

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

B 1 7487

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-2182 fill in this form completely

Date Received (APA)

03 08 99

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

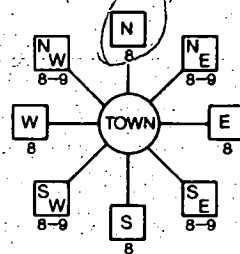
B 3 LOCATION OF WELL

Howard Knapp Property Glenwood 3 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Maype MS D024 Joseph L. Maype Well Drilling 5512 Ridge Rd. Mt. Airy 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street A NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (X)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 03/10/99 CO SIGNATURE EXP. DATE 03/09/00
NORTH GRID 543 000 EAST GRID 0797 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM 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)

APPROP. PERMIT NUMBER GAP PERMIT No. 40-94-2182

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

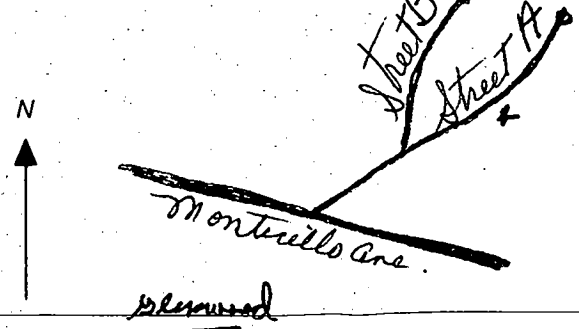
- SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7977 N 543

5-21-99-9:30 AM Noinsp SRN

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

4/21/98
5/19/98
4/28
5/22

APPLICATION

PERCOLATION TESTING

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

56 LOTS
EXISTING HOUSE(S) - W6603-5607163
TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
WILL PROMPTLY SUBMIT
FEE'S & PLAN/
IMPROVED APPLICATION (CW)

A 59914

P _____

DISTRICT _____

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

4/21 - 4/24
&
5/19 - 5/22

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

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 BELLEMEAD NOT. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION KNAPP PROP. LOT NO. _____

ROAD AND DESCRIPTION M

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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] SECURITY DIV.
(SIGNATURE OF APPLICANT)
STEVE SHIPPE - TSA

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 _____

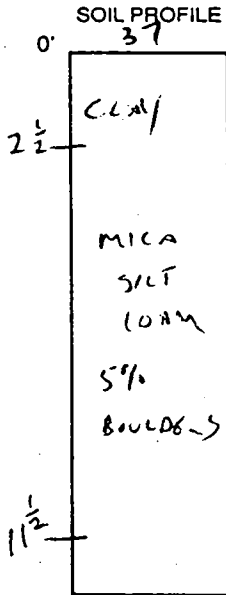
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

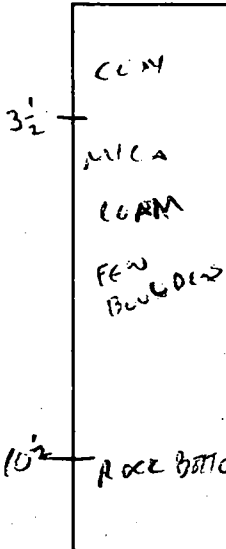
A59914/5
COUNTY #

LOT 10

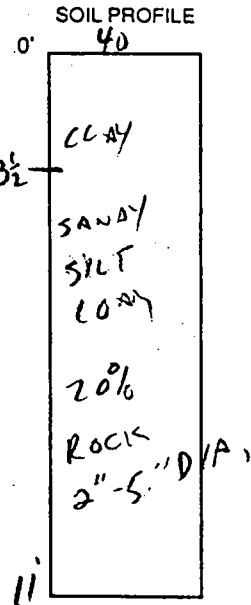
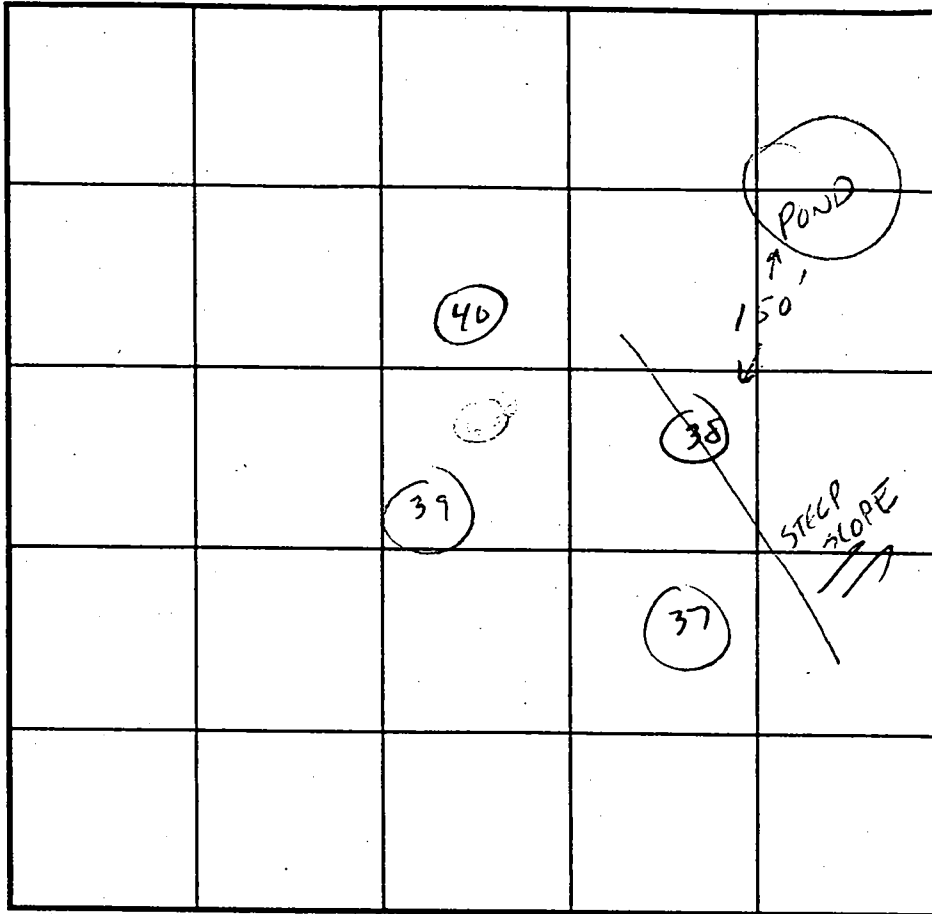
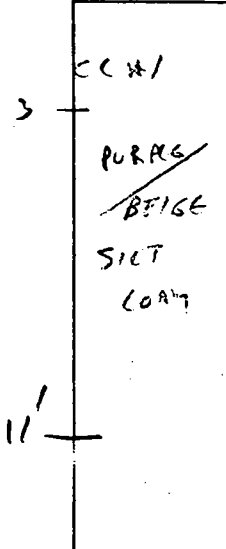
KNAPP SUBD,



38



39



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/98	37	3'	2:23	2:26	2:26	2:31	5 MIN
	38	3 1/2'	2:26	2:29	2:29	2:32	3 MIN
	* PULL SCATH - AILG, BACK 25 TO AVOID STEEP SLOPE / SURFACE BOULDER						
	39	3	2:32	2:34	2:34	2:37	3 MIN
	40	4	2:28	2:30	2:30	2:32	2 MIN

REMARKS OCCASIONAL BOULDERS - ABOUT SURFACE - SCATTERED, NO CONCENTRATION

TYPE OF SOIL _____
 TESTED BY C. Williams ALSO PRESENT SPERRY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

A59914/5

KNAPP SUBD.

COUNTY#

SOIL PROFILE

0'
 3 1/2'
 CLAY
 MICA
 SILT
 LOAM
 FEW
 POCKETS
 20%
 ROCK

42 & 44

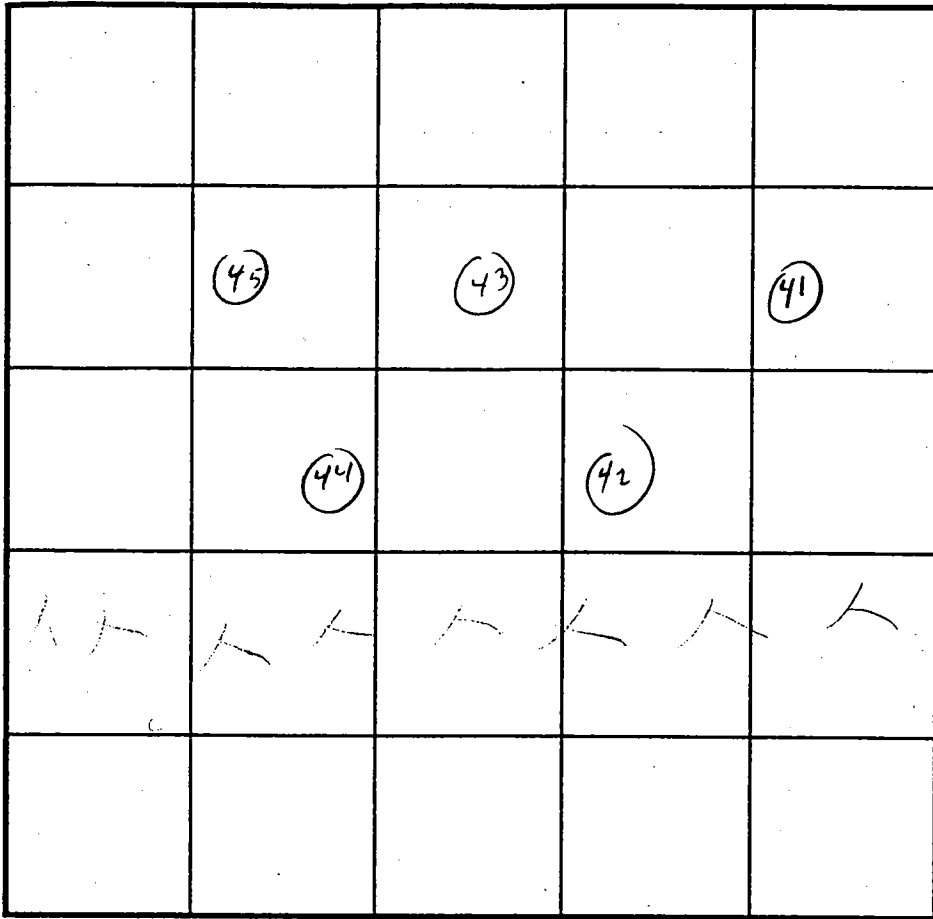
3'
 10 1/2'
 CLAY
 SANDY
 SILT
 LOAM
 10%
 SAND

43 & 45

4 1/2'
 11'
 CLAY
 OCCASIONAL
 BOLD
 SILT
 LOAM
 10%
 SAND

SOIL PROFILE

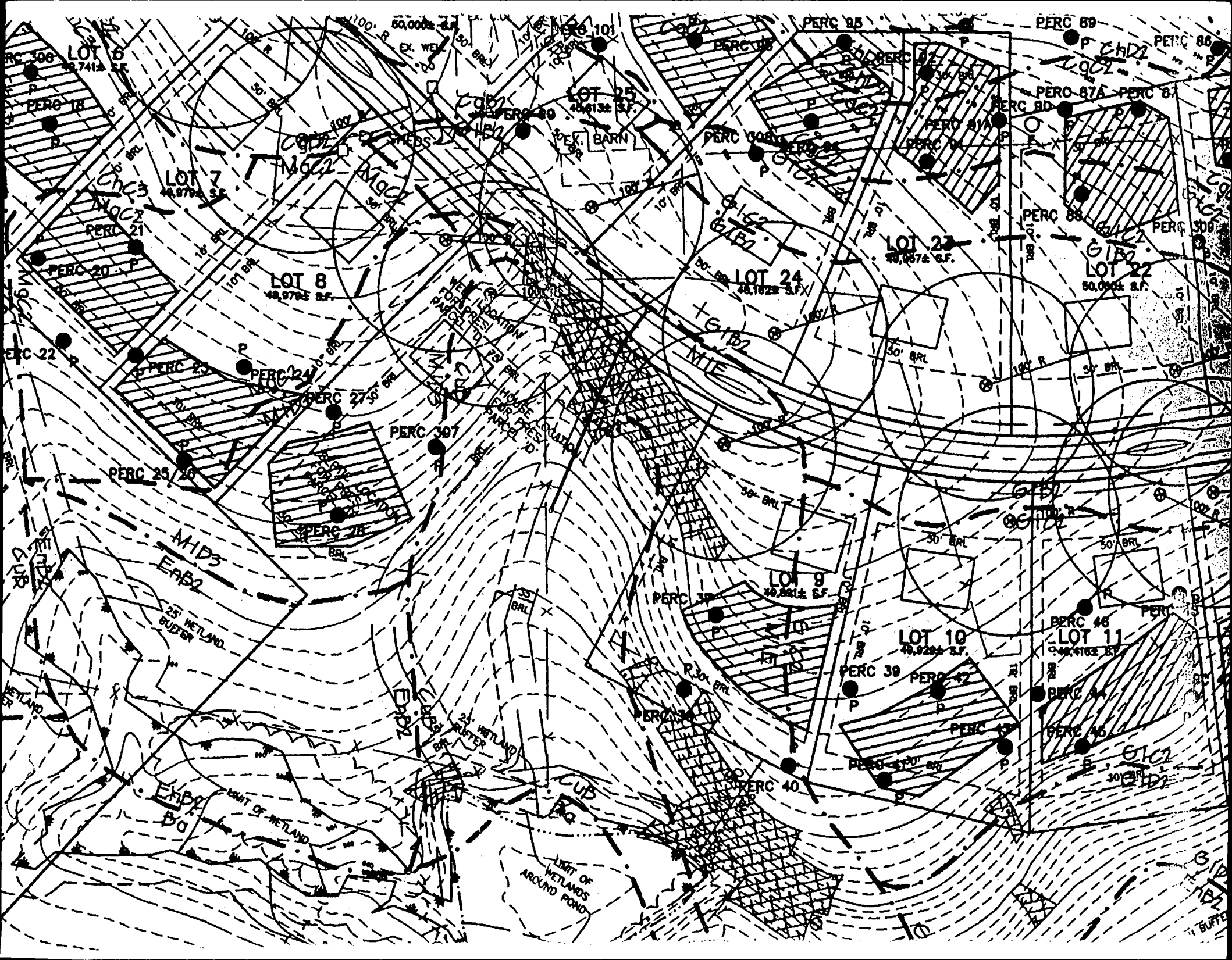
0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
7/24/98	41	4	1:56	1:59	1:59	2:03	4 MIN
	42	4	1:56	1:58	1:58	2:00	2 MIN
	43	4 1/2	1:57	2:01	2:01	2:06	5 MIN
	44	4 1/2	2:00	2:02	2:02	2:05	3 MIN
	45		2:01	2:04	2:04	2:09	5 MIN

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY CWILLIAMS ALSO PRESENT SPERRY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



LOT 6
48,741± S.F.

LOT 7
48,979± S.F.

LOT 8
48,979± S.F.

LOT 25
48,913± S.F.

LOT 24
48,102± S.F.

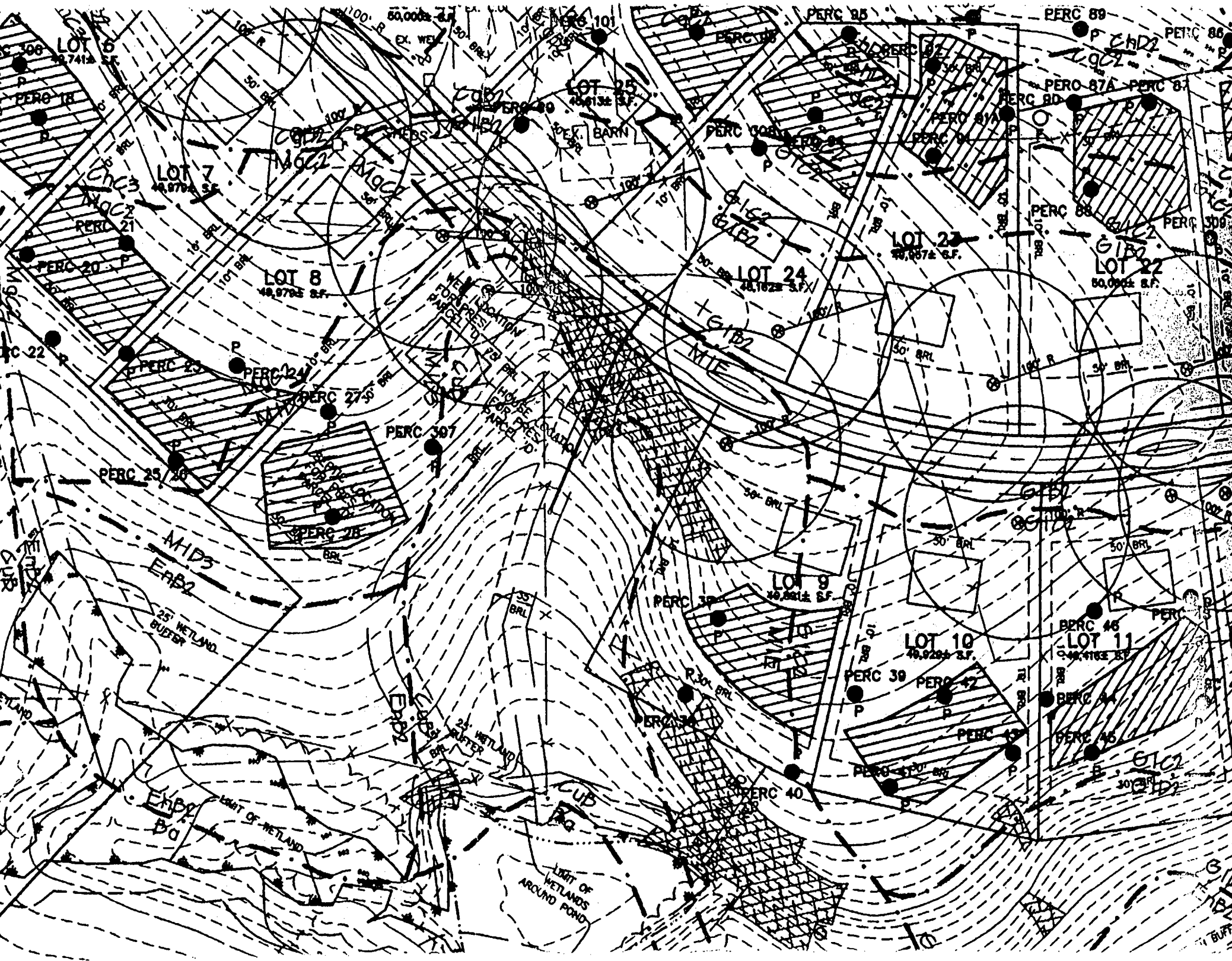
LOT 23
48,974± S.F.

LOT 22
50,000± S.F.

LOT 9
48,941± S.F.

LOT 10
48,929± S.F.

LOT 11
48,913± S.F.



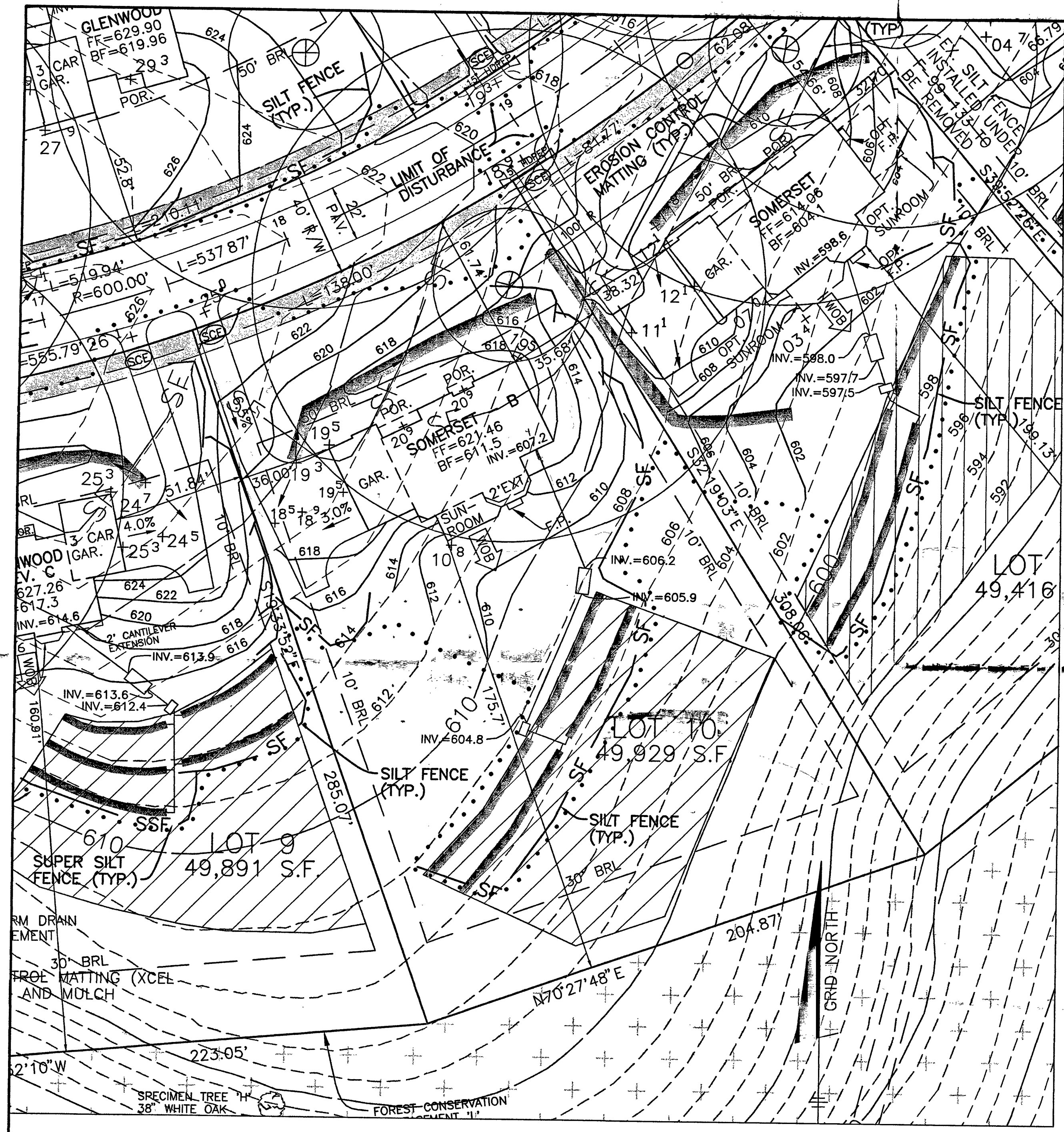
PERC 18 PERC 20 PERC 21 PERC 22 PERC 23 PERC 24 PERC 25 PERC 26 PERC 27 PERC 28 PERC 29 PERC 30 PERC 31 PERC 32 PERC 33 PERC 34 PERC 35 PERC 36 PERC 37 PERC 38 PERC 39 PERC 40 PERC 41 PERC 42 PERC 43 PERC 44 PERC 45 PERC 46 PERC 47 PERC 48 PERC 49 PERC 50 PERC 51 PERC 52 PERC 53 PERC 54 PERC 55 PERC 56 PERC 57 PERC 58 PERC 59 PERC 60 PERC 61 PERC 62 PERC 63 PERC 64 PERC 65 PERC 66 PERC 67 PERC 68 PERC 69 PERC 70 PERC 71 PERC 72 PERC 73 PERC 74 PERC 75 PERC 76 PERC 77 PERC 78 PERC 79 PERC 80 PERC 81 PERC 82 PERC 83 PERC 84 PERC 85 PERC 86 PERC 87 PERC 88 PERC 89 PERC 90

LOT 6 LOT 7 LOT 8 LOT 9 LOT 10 LOT 11 LOT 22 LOT 23 LOT 24 LOT 25

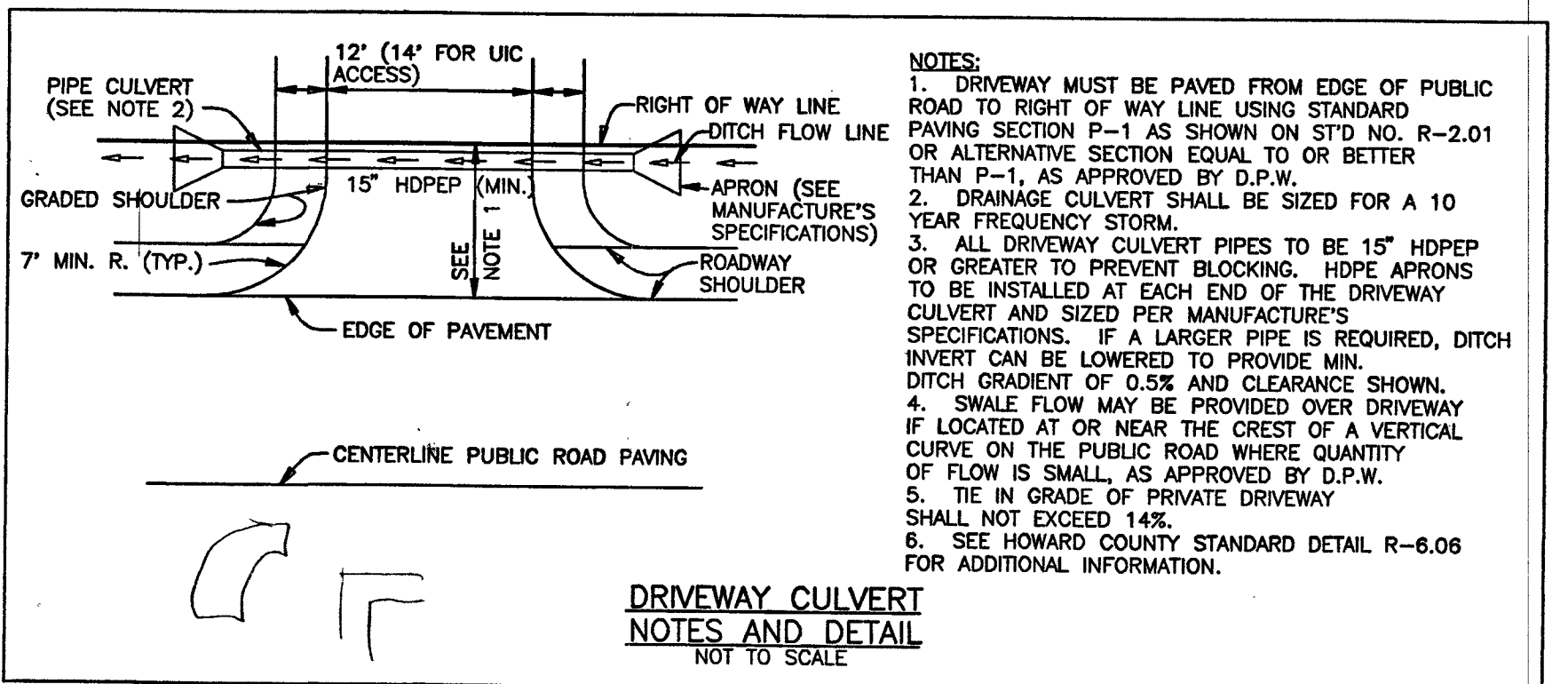
25' WETLAND BUFFER WETLAND LIMIT OF WETLANDS AROUND POND

EX. WEL. BARN HOUSE FENCE ROAD DRAINAGE

MND3 MND2 MND1 MND4 MND5 MND6 MND7 MND8 MND9 MND10 MND11 MND12 MND13 MND14 MND15 MND16 MND17 MND18 MND19 MND20 MND21 MND22 MND23 MND24 MND25 MND26 MND27 MND28 MND29 MND30 MND31 MND32 MND33 MND34 MND35 MND36 MND37 MND38 MND39 MND40 MND41 MND42 MND43 MND44 MND45 MND46 MND47 MND48 MND49 MND50 MND51 MND52 MND53 MND54 MND55 MND56 MND57 MND58 MND59 MND60 MND61 MND62 MND63 MND64 MND65 MND66 MND67 MND68 MND69 MND70 MND71 MND72 MND73 MND74 MND75 MND76 MND77 MND78 MND79 MND80 MND81 MND82 MND83 MND84 MND85 MND86 MND87 MND88 MND89 MND90 MND91 MND92 MND93 MND94 MND95 MND96 MND97 MND98 MND99 MND100



- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 14087, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
 2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT 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 PLAT SHALL NOT BE NECESSARY.
 3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-00-92 AND MODIFIED FOR THIS SPECIFIC HOUSE.
 4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
 5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
 6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
 7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 8. ALL STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.

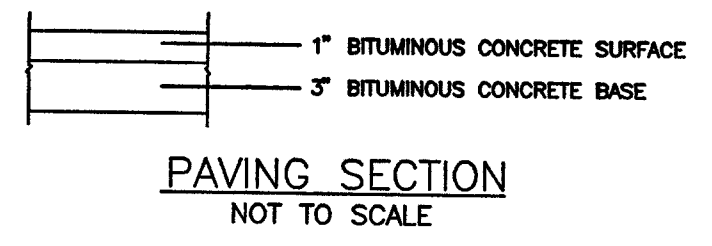


Approved Septic System Plan
Howard County Health Department

Steven R. Huey 12/3/01
Signature Date

LEGEND

LIMIT OF DISTURBANCE	---
EX. SILT FENCE	-SF-
PROP. SILT FENCE	-SF-
EX. SUPER SILT FENCE	-SSF-
PROP. SUPER SILT FENCE	-SSF-
EX. EARTH DIKE	---
PROP. EARTH DIKE	---
STABILIZED CONSTRUCTION	---
ENTRANCE	(SCE)
EXISTING CONTOUR	-598-
PROPOSED CONTOUR	-612-
EROSION CONTROL MATTING	---



NO.	DATE	REVISION
<p>BENCHMARK ENGINEERS & LAND SURVEYORS & PLANNERS ENGINEERING, INC.</p> <p>8480 BALTIMORE NATIONAL PIKE & SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6844 EMAIL: benchmark@ccis.com</p>		
OWNER/BUILDER:		PROJECT:
D.R. HORTON, INC. SUITE 230 1370 PICCARD DRIVE ROCKVILLE, MARYLAND 20850 1-301-670-6144		MONTICELLO LOT 10
LOCATION:		TITLE:
1742 OAKDALE DRIVE COOKSVILLE, MD 21723 TAX MAP 14 - BLOCK 19 - P/O PARCEL 246 4th ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND		PERMIT PLAN
HOUSE TYPE:		DATE:
SOMERSET		OCTOBER 13, 2001
DESIGN:	DRAFT:	PROJECT NO.
JMC	JMC	1304
SCALE:		DRAWING
1" = 30'		1 OF 1