

10/5/00
AM

03-322033
PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514252

A 510132-R

ISSUE DATE 9/14/2000

APPROVAL DATE 9/11/2000

10/6/00

INDEXED

S K Backhoe & Septic Service IS PERMITTED TO INSTALL x ALTER

ADDRESS 1220 FSK Hwy, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Hodapp LOT NUMBER 1 ADDRESS 327 Fox Valley Drive

PROPERTY OWNER Hamilton Reed LLC PROPERTY OWNER'S ADDRESS 8000 Main Street
Ellicott City, MD 21043

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth
6.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 120 feet down the rear lot line and 10 feet off that same lot line as
seen when facing the lot from Fox Valley Drive. Run trenches on contour toward Fox Valley Drive.
OK/MR

PLANS APPROVED Amy McMillen DATE 3-24-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

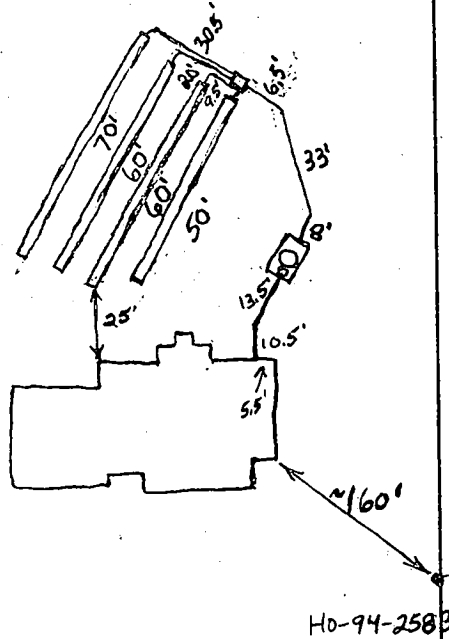
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A510132 B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 4.5'
 TRENCH BOTTOM DEPTH 6.5'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq ft
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes
~~PUMP CHAMBER DATA~~ N/A
~~PUMP CHAMBER GALLONS~~ _____
~~MANHOLE RISER~~ _____
~~ALARM~~ _____
~~PUMP PERFORMANCE TEST~~ _____

Fox Valley Drive

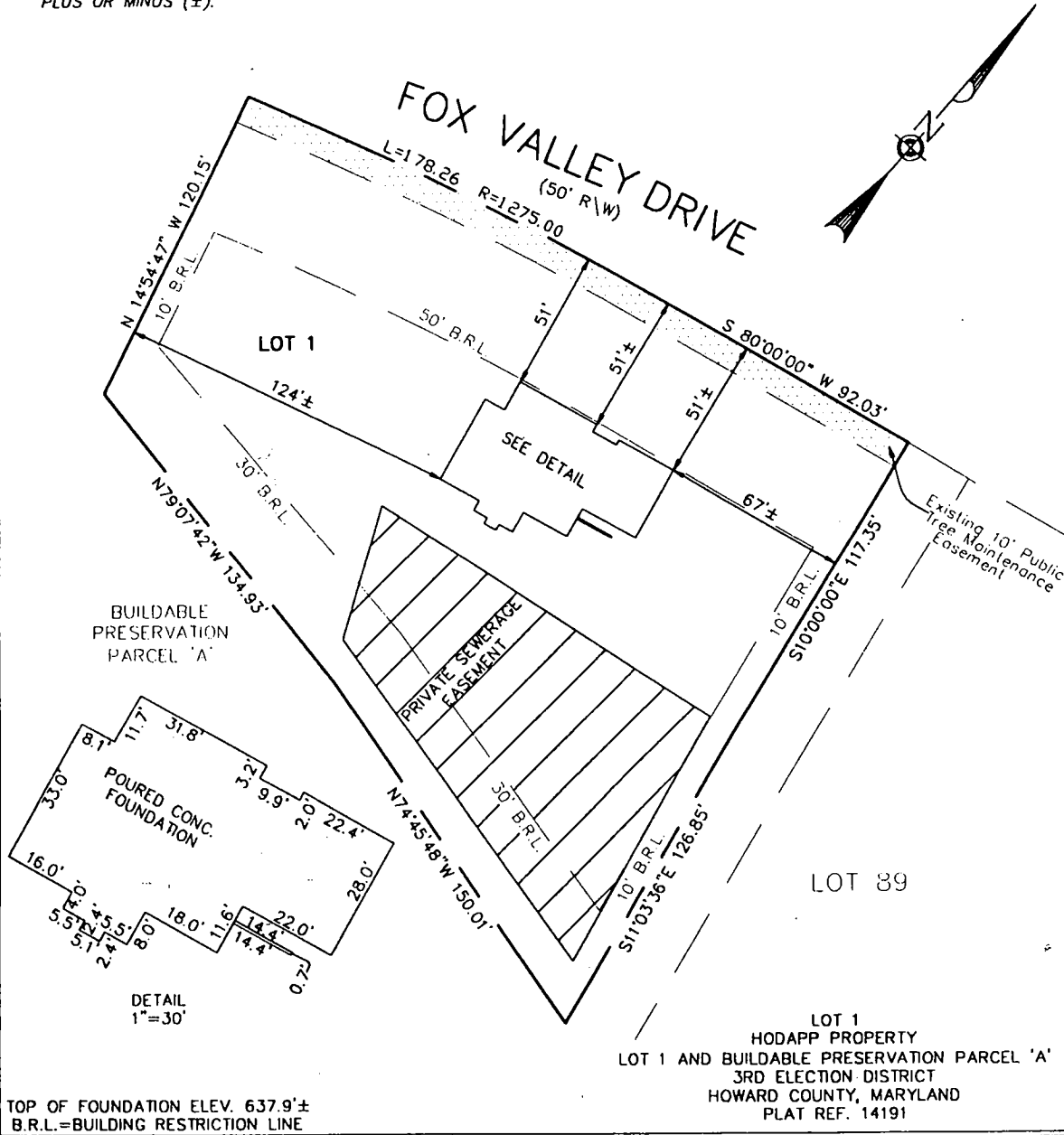
PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 10/4/00, House connection made. O.K. to cover. Septic tank needs baffles. (BB) 10/5/00 Baffles installed. Everything satisfactory. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 10/5/00

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240014 0021 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



9/18/00 -
House moved slightly. No impact to well or septic. Slightly less than 20' to easement but a few feet can be made up (here or there). **OKSRK**
Told Installer to make sure builder's get wall checks to scale

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461 - 7855

FCC #

STATE OF MARYLAND
CHARLES J. CROVINO, SR.
PROFESSIONAL LAND SURVEYOR
NO. 10763 REGISTERED

[Signature]
PROFESSIONAL LAND SURVEYOR
REG. #10763

[Signature] DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 6/7/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 6/8/00
DRAWN BY: I.P.E.
CHECKED BY: C.C.C.
PROJECT No. 61447

Approved Septic System Plan
Howard County Health Department

Signature _____ Date _____

Total linear feet of trench required _____ feet

Width of trench(es) _____ feet

Depth of trench(es) _____ feet

Depth of stone required below distribution pipe _____ feet

VELVET VA

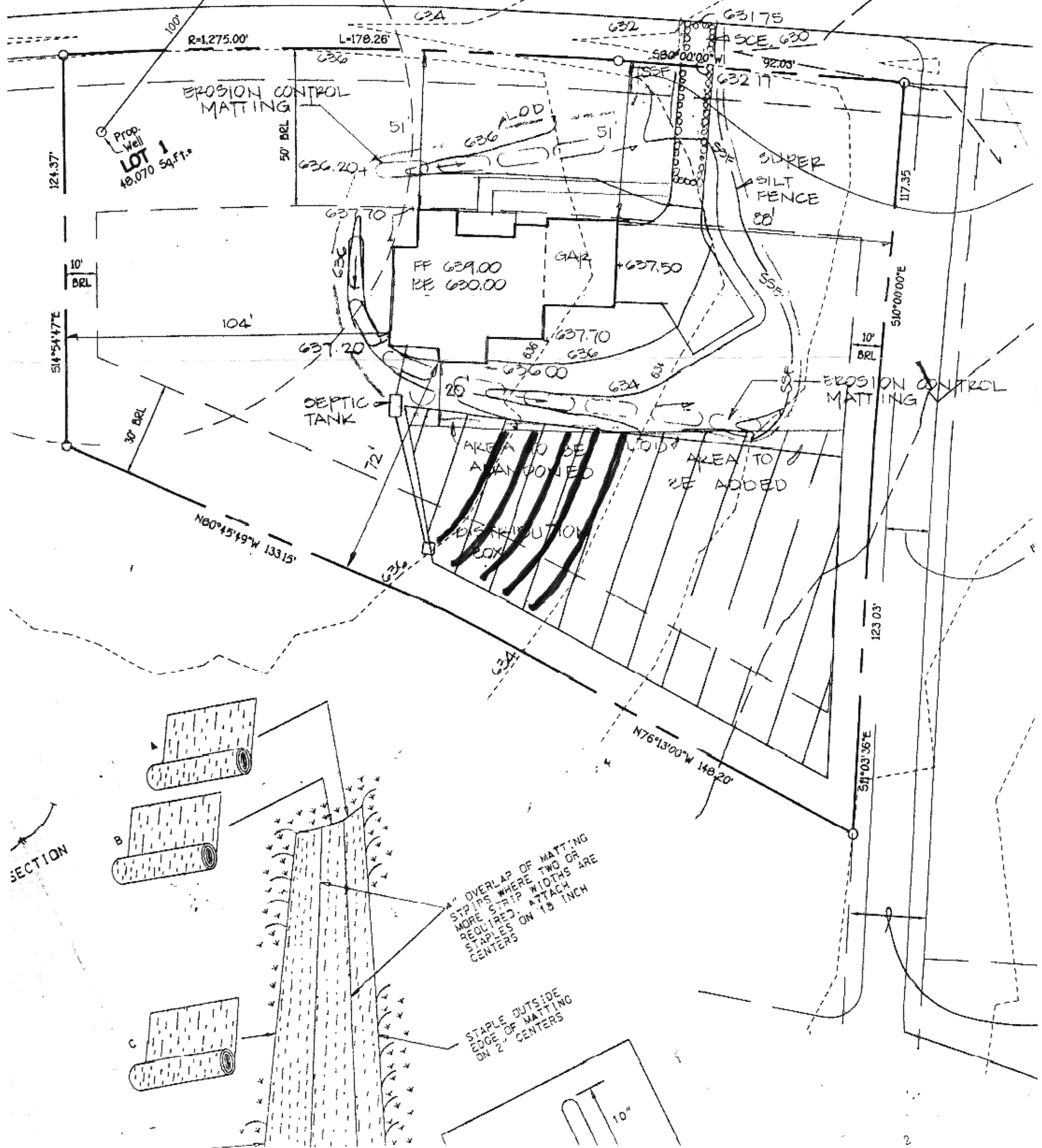
DRIVE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 481 - 2855

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 629.00
B. BASEMENT ELEVATION: 620.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 624.30
D. INVERT IN AT SEPTIC TANK: 623.90
E. INVERT OUT AT SEPTIC TANK: 623.60
F. PROPOSED GRADE OVER SEPTIC TANK: 626.70
G. INVERT AT DISTRIBUTION BOX: 623.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 626.00
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.

DRIVE



10/5/00
AM

Leave Sticker
After Inspection

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525 N Ellicott Mills Drive
Ellicott City, MD 21043
410-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer CLARKE P+H Inc

Telephone 410-489-9029

License Number 3808

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner Hamilton Reed

Telephone 410-480-9146

Subdivision Hodapp Property Lot # 1

Well Tag # HO-99-2583

Site Address 3296 Fox Valley Dr

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make APC 422
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

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

Pitless Adapter

- 1. Make _____
- 2. Model # PT-800
- 3. Depth 42"

Tank

- 1. Capacity 42
- 2. Pressure relief valve? YES

10/5/00
WPI OK
BB

Piping

- 1. Type PLASTIC
- 2. Size 1"
- 3. NSF and/or BODC Code approved _____
- 4. Depth of supply line 42"

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? NO

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: Bennett C. Clarke

Date: 8-24-00

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

HD-216



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

March 24, 2000

TO: Hamilton Reed, LLC
8000 Main Street
Ellicott City, Maryland 21043

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program

RE: B00123040
3275 Fox Valley Drive

COMMENTS

The above referenced building permit was approved by the Health Department with the following caution:

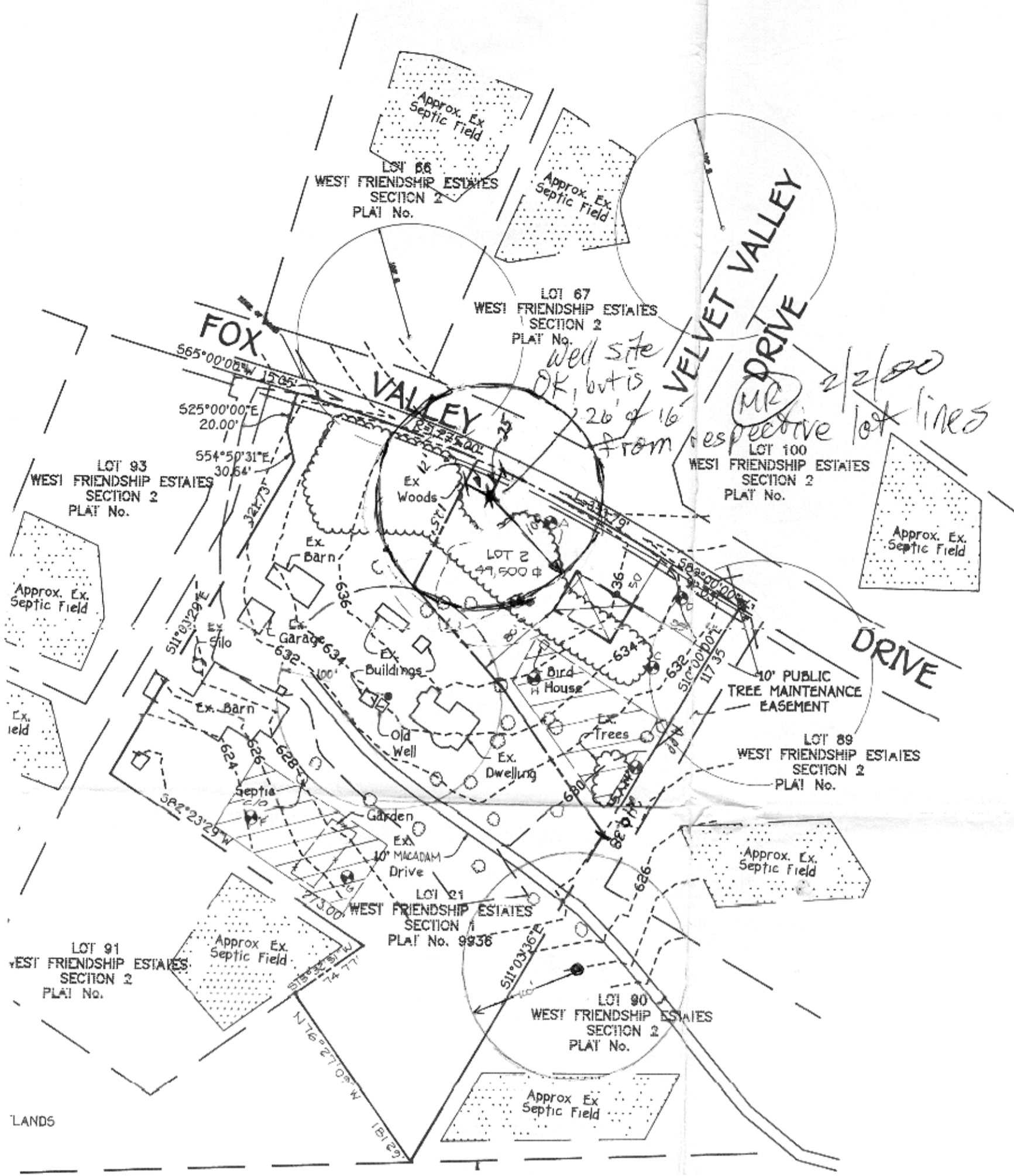
- Please advise the future owners that there is limited area for a deck (see enclosed).

If there are any questions regarding this matter, I may be contacted at the address below or by calling (410)313-2640.

Cc:file



HOWARD CONTROL No 32340



GENERAL NOTES

1. OF 10.0 DEPART DISPOS RESTRI EASEME TO A F SHALL MENT I OF A M
2. THE L WIDT DEPT
3. ALL HAVE
4. DE
5. DE
6. DE
7. OWNE
- 8.
9. TOPOC AND C

ROUTE 32

Lot 2 Hodapp Property

WEST FRIENDSHIP ESTATES

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
 HOWARD COUNTY HEALTH DEPARTMENT
Joyce M. Boyd M.P. S.S.
 COUNTY HEALTH OFFICER *Am* 1-20-99
 D&L

PLAN SCALE 1" = 100'

7/1/98
10:00

APPLICATION

PERCOLATION TESTING

A 5/10/32

P _____

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

5/7/98
Preview OK - can not
locate records that
the existing house
was perced - so
reconfirm soil condit.
for the house - no fee

DISTRICT _____

DATE 5-7-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

ALM

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

PROPERTY OWNER STEPHEN & MARY HODAPP

ADDRESS 3340 Route 32, WESTFRIENDSHIP PHONE (410) 489-7308

AGENT OR PROSPECTIVE BUYER MIKE LAURENO

ADDRESS 10805 HICKORY RIDGE RD #215 PHONE (410) 740-2100 EXT 207
COLUMBIA, MD. 21044

PROPERTY LOCATION: WESTFRIENDSHIP

SUBDIVISION FOX VALLEY LOT NO. _____

ROAD AND DESCRIPTION PAVED "OPEN SECTION" COUNTY DEDICATED

TAX MAP 22 PARCEL # "H" PLAT 12455

SIZE OF LOT 50,000 SQ FT. TYPE BLDG. SFD.
(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 _____

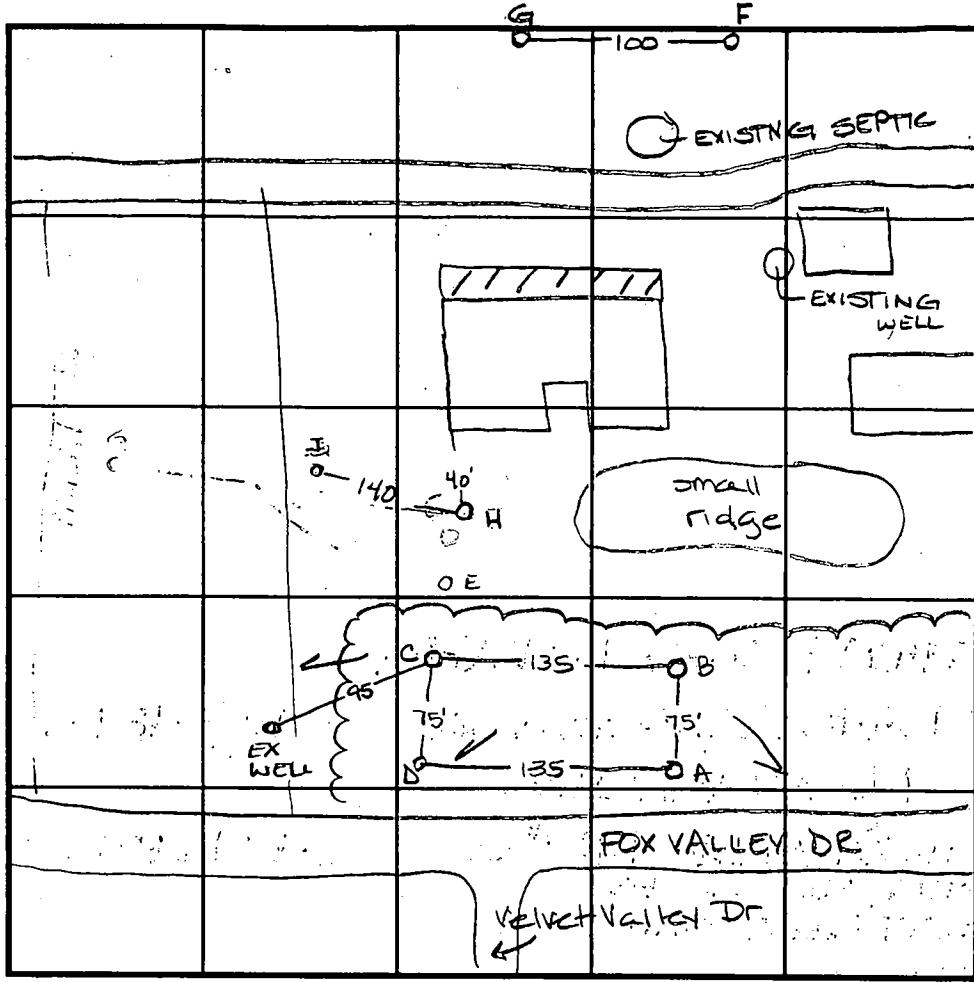
REASONS FOR REJECTION OR HOLDING _____

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

510132
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' A
Red
silm
3.0
pink
silm
25%
Rx
pink
or
very
decayed
saprolite
12.0

B D J

red brn
silm
3.0
lg
orange
tan
silm
20%
Rx
12.0

C F

dark
red
silm
3.0
dark
pink
silm
10%
Rx
12.0

SOIL PROFILE

0' E G
red
brown
silm
3.0
red
brown
silm
30%
Rx
11.0

H

dark red
silm
25%
shale
dark red
silm
25%
shale
12.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-1-98	A	4.0 v12.0	10:35	10:41	10:41	10:50	9min	
	B	3.0 v12.0	10:39	10:41	10:41	10:44	3min	
	C	5.0 v12.0	11:12	11:25	11:25	11:37	12min	
	D	Visual	to 12.0' - see profile - OK					
	E	3.5 v11.0	12:07	12:10	12:12	12:14	2min	
	F	3.5 v11.0	11:41	11:46	11:46	12:00	14min	
	G	Visual	to 11.5 - see profile - OK					
10-16-98	H	6.0 v12.5	10:50	10:57	10:57	10:11	14min	
	J	5.0 v12.5	10:48	10:50	10:50	10:52	2min	

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Mike Johnson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 13 min TRENCH WIDTH 3.0

INLET DEPTH 4.5 MAXIMUM BOTTOM DEPTH 6.5 SQ. FT./BEDROOM 210

C1 19 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
 022800

Depth of Well
 22 185 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-94-2583

OWNER Hamelton Reed
 last name FOX VALLEY DR. first name TOWN W. FRIENDSHIP
 SUBDIVISION W. FRIENDSHIP EST SECTION PRESERVATION LOT PARCEL #2

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	90	✓
SANDSTONE	90	95	
MICKA	95	115	
SANDSTONE	115	120	✓
MICKA	120	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 22 NO. OF POUNDS 2200
 GALLONS OF WATER 132
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 307 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 102
 80 61 63 64 66 65 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H I N G

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED YES NO

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 IDENT. NO. MSD 116
 DRILLERS SIGNATURE Ralph E. Meyer
 (MUST MATCH SIGNATURE ON APPLICATION)
MSD 117 Ralph E. Meyer
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2

E A C H I N G	DEPTH (nearest ft.)	
	1	2
1	HO 100	185
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

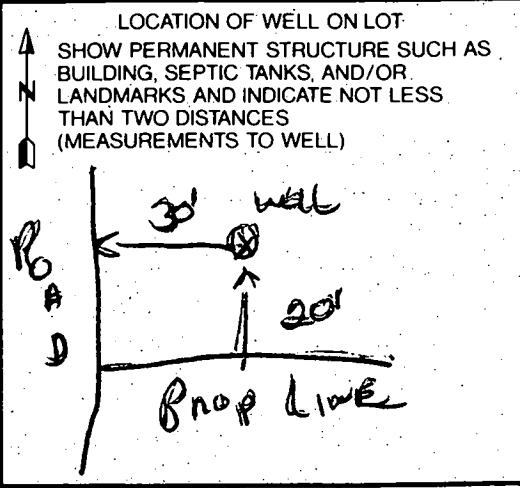
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F. IN BOX 68

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 52
 WHEN PUMPING 90
 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)
 (+) above } LAND SURFACE (nearest foot)
 (-) below } 2



Howard

Date 3-1-00

WELL YIELD TEST DATA SHEET - ~~Prince George's~~ County

Reviewed By _____

Maryland Well Permit No. HO-94-2583

Owner or Applicant HAMELTON REED

Location of Property (Road) FOX VALLEY DR.

Subdivision West Friendship EST Lot _____ Block _____ Plat _____ Sec. _____

Depth of Well 185 ft Height of Measuring Point Above Ground 2 ft

Static Water Level Below Measuring Point 52 ft TEST STARTED AT 8:00, Pumping Rate 12 GPM
TOTAL TIME 15 min TO REACH 90 ft

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRONOLOGICAL)	WATER LEVEL Below M.P.	PUMPING RATE Time to Fill I Gal. Bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	90 ft	6 Sec		10 GPM
8:30	90 ft	6 Sec		10 GPM
8:45	90 ft	6 Sec		10 GPM
9:00	90 "	6 "		10 "
9:15	90 "	6 "		10 "
9:30	90 "	6 "		10 "
9:45	90 ft	6 Sec		10 GPM
10:00	90 ft	6 Sec		10 GPM
10:15	90 ft	6 Sec		10 GPM
10:30	90 "	6 "		10 "
10:45	90 "	6 "		10 "
11:00	90 ft	6 Sec		10 GPM
11:15	90 ft	6 Sec		10 GPM

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.
102 ft casing 30t open 223495

Signature of Well Driller _____

PROPERTY ARTICLE, ANNOTATED
 VOLUME, (AS SUPPLEMENTED)
 OF THIS PLAT AND THE
 LIED WITH

DATE 2/19/00
 DATE 2/20/00
 DATE 2/20/00

LOT 66
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

LOT 67
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

VELVET VALLEY DRIVE

DRIVE

FOX VALLEY DRIVE
 (Local Roadway)
 R=1,275.00'

STATE
 NAD 27
 Maryland
 Plat Meridian

526500
 E 804000

LOT 83
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

BUILDABLE PRESERVATION PARCEL 'A'
 3.209 Ac.*

LOT 81
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

LOT 82
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

LOT 81
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

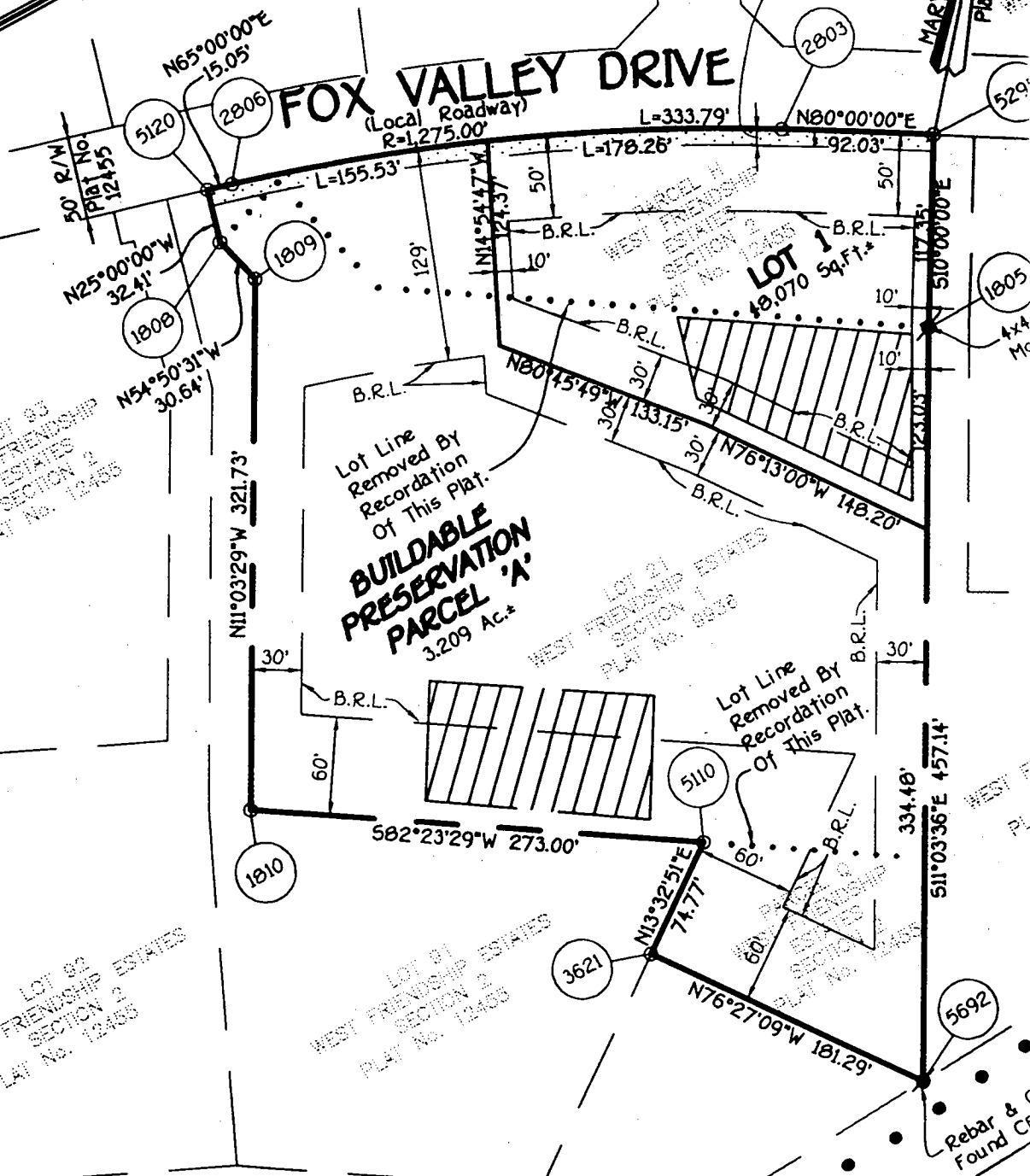
ENVIRONMENTAL PRESERVATION PARCEL 'C'
 WEST FRIENDSHIP ESTATES
 SECTION 2
 PLAT No. 12453

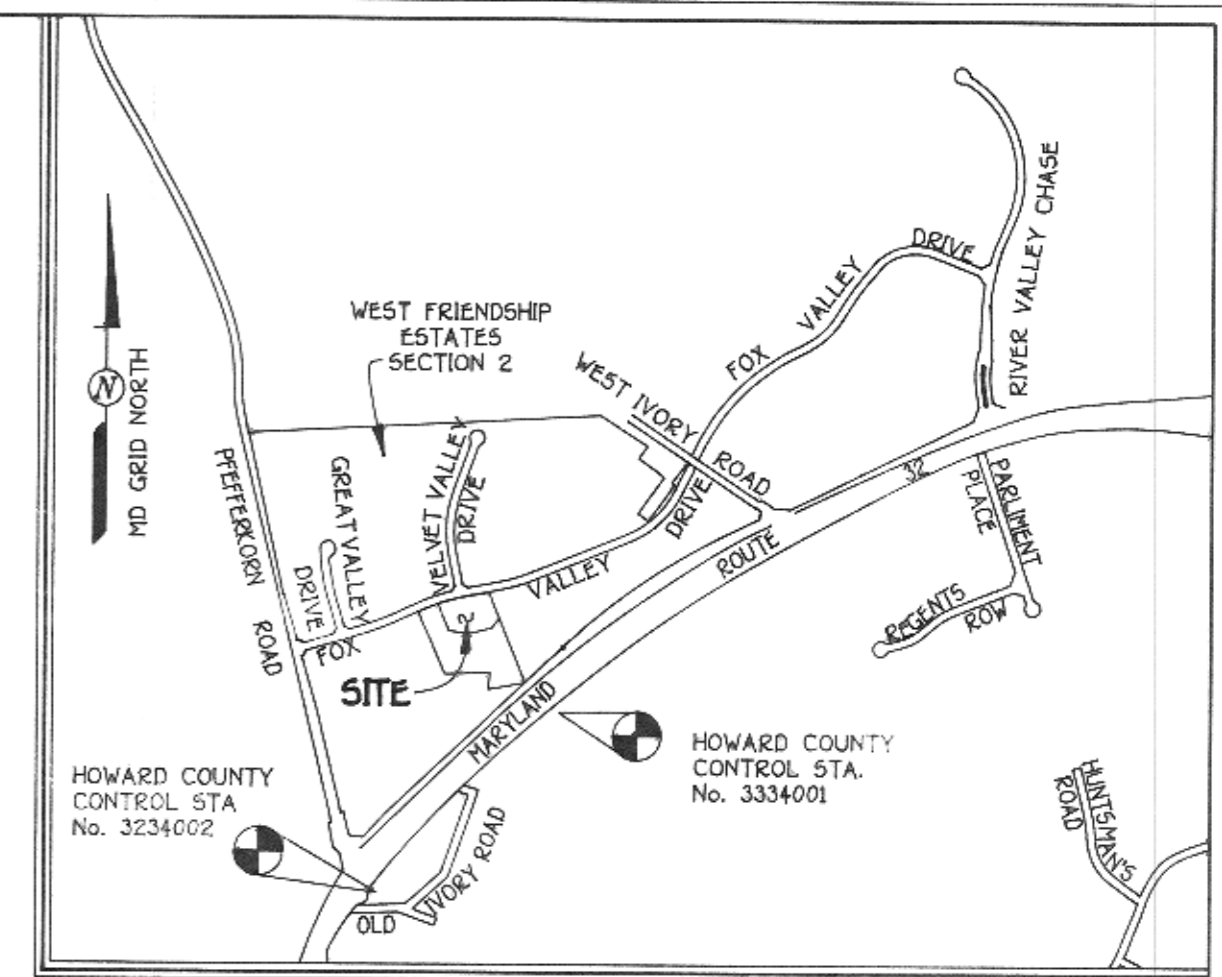
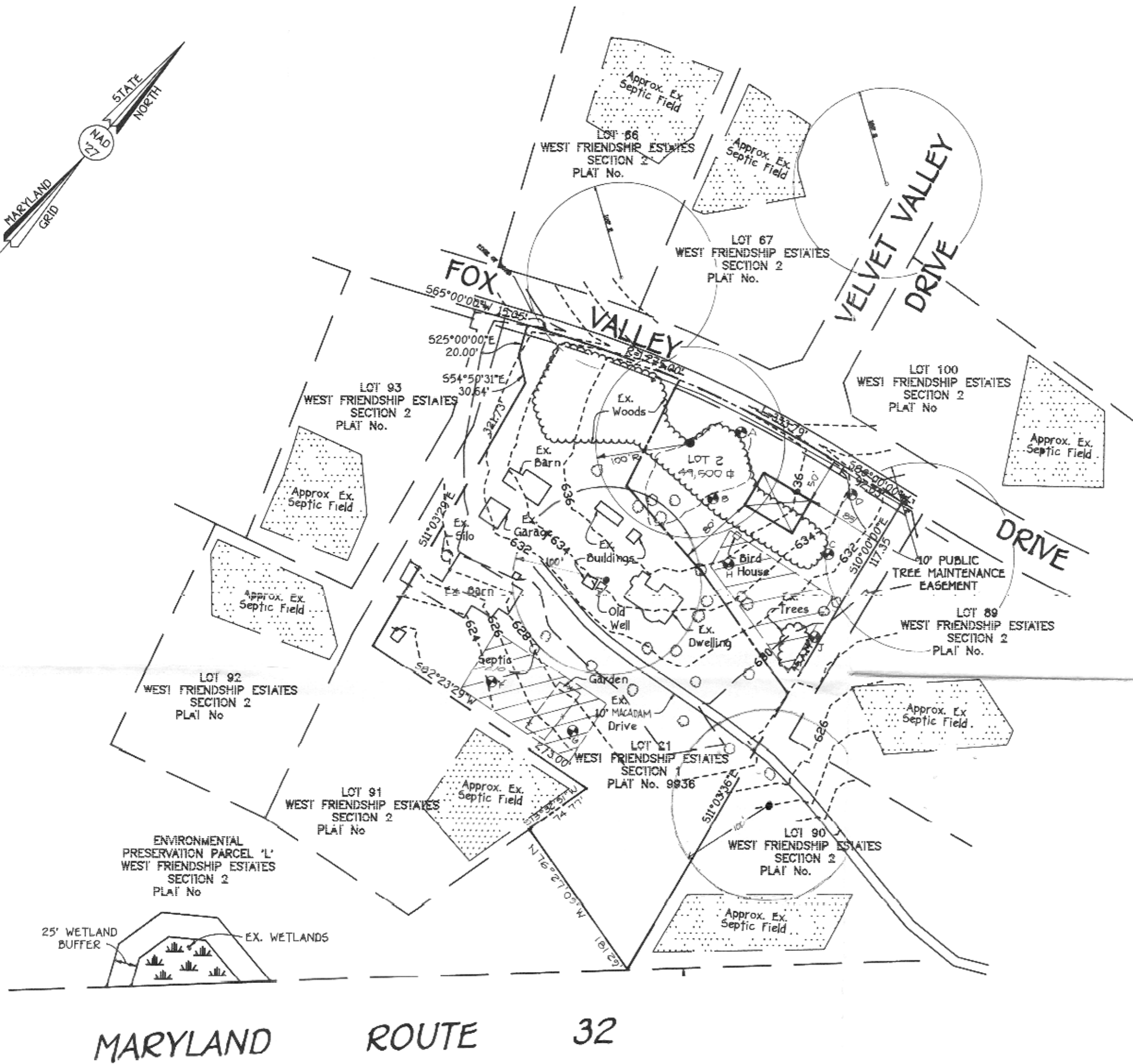
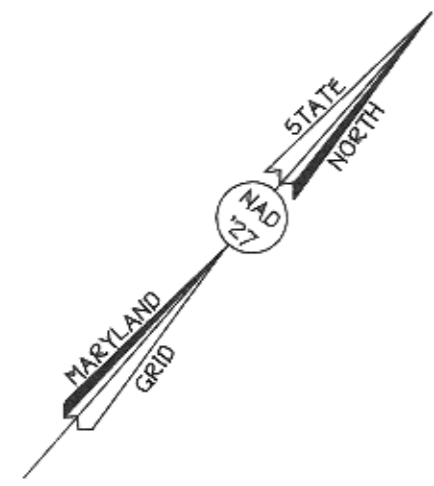
ROUTE 32
 Intermediate Arterial
 Access And Egress Is Restricted

AND DEVELOPER
 Hodapp and
 Hodapp
 37

526000

F-00-241





VICINITY MAP
SCALE: 1" = 1200'

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. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
4. DENOTES POSSIBLE WELL LOCATION.
5. DENOTES PASSED PERC HOLE LOCATION.
6. DENOTES FAILED PERC HOLE LOCATION.
7. OWNER
MR AND MRS. STEPHEN HODAPP
3340 ROUTE 32
WEST FRIENDSHIP, MARYLAND 21794
8. POSSIBLE HOUSE LOCATION.
9. TOPOGRAPHY IS BASED ON SURVEY COMPLETED BY FISHER, COLLINS AND CARTER, INC.; NOVEMBER, 1998

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 18272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21114
PH: 410-322-2222

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
Joseph M. Boyd M.D. S.S.
COUNTY HEALTH OFFICER
DATE: 1-20-99

PLAN
SCALE: 1" = 100'

SIGNED
PERC CERTIFICATION PLAT
HODAPP PROPERTY
LOT 2
ZONING: RC
TAX MAP NO. 22
PART OF PARCEL 556
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DATE: DECEMBER 28, 1998