

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512761

A 511043

10/19/99
12 L (carrier)
10/20/99 P.M.

04-330609

24 35
no tent

DISTRICT _____

DATE 10/13/99

HOWARD COUNTY HEALTH DEPARTMENT (2425 Daisy)

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

DATE SYSTEM APPROVED 10/20/99

INSPECTOR CW

INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Lewis Property LOT _____ ROAD 2425 Daisy Road

PROPERTY OWNER Lewis (TENANT HOUSE)

ADDRESS 2435 2425 Daisy Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY 1000 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box at the highest point of the septic area. Run trenches along contour towards test hole (A). SEE COPY OF APPROVED SITE PLAN.

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

PLANS APPROVED BY Donna K. Soe DATE 5-25-1999

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

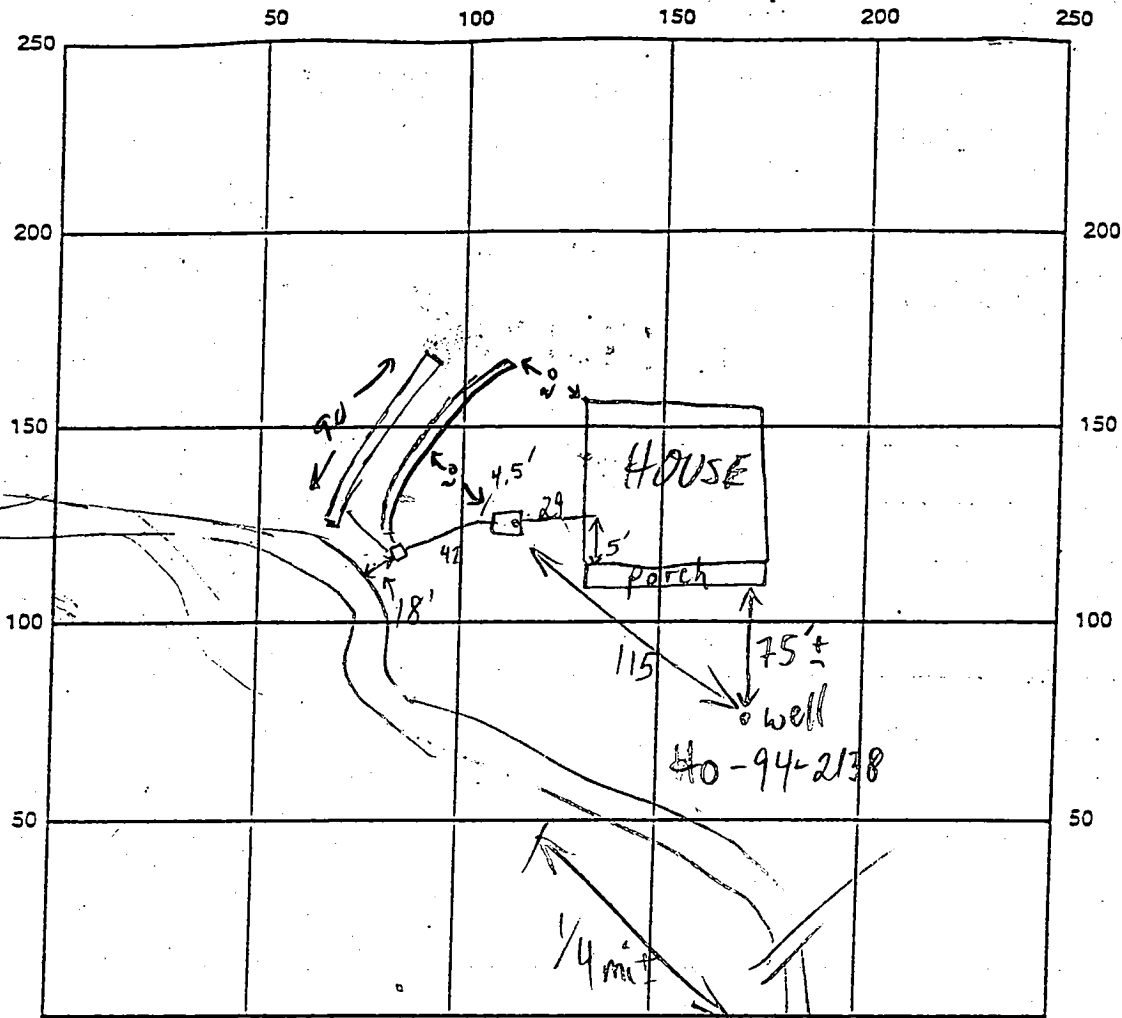
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

511043



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 DAISY RD

SEPTIC TANK LEVEL 1500 GAL TOP CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 @ 90 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/19/99 OK TO COVER HOUSE TO D.B. (MA)
10/20 BATH TRENCHES COMPLETE (LOWER TRENCH COVERED w/0 INSP) (CW)

DATE SYSTEM APPROVED 10/20/99 INSPECTOR C. [Signature]

11/6/98
10:00

APPLICATION

cc: MARK PRITCHETT
NEWBURN DEVELOPMENT CORP.
5570 STEELET PLACE
SUITE 201
COLUMBIA MO 21044

PERCOLATION TESTING

A 511043

P _____

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

SEPTIC AREA FOR
TENANT HOUSE

DISTRICT _____

DATE 10/15/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

EXISTING HOUSE ON
PROPERTY IS REMOVED FROM
THIS LOCATION.

WALK-OUT INSPECTION FOR CONDITION OF SEPTIC,
BUT PERMITS NOT NEEDED IF NO PROBLEMS ARE EVIDENT.

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

PROPERTY OWNER Robert + Lisa Lewis

ADDRESS 2425 Daisy Rd. Woodbine 21797 PHONE 410-442-4696

AGENT OR PROSPECTIVE BUYER Alan Ketterman

ADDRESS 14960 Fred. Rd. Woodbine 21797 PHONE 410-442-1536

PROPERTY LOCATION:

SUBDIVISION Same LOT NO. _____

ROAD AND DESCRIPTION Same (2435 Daisy Road)

TAX MAP 14 PARCEL # 174 MAP 7

SEPT. PERMIT SIGNED

AND RETURNED 6-8-98

Serial # B000118083

SIZE OF LOT 100 AC TYPE BLDG. SFD - 2 Bdrm
(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.

Judith Albert

(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 _____

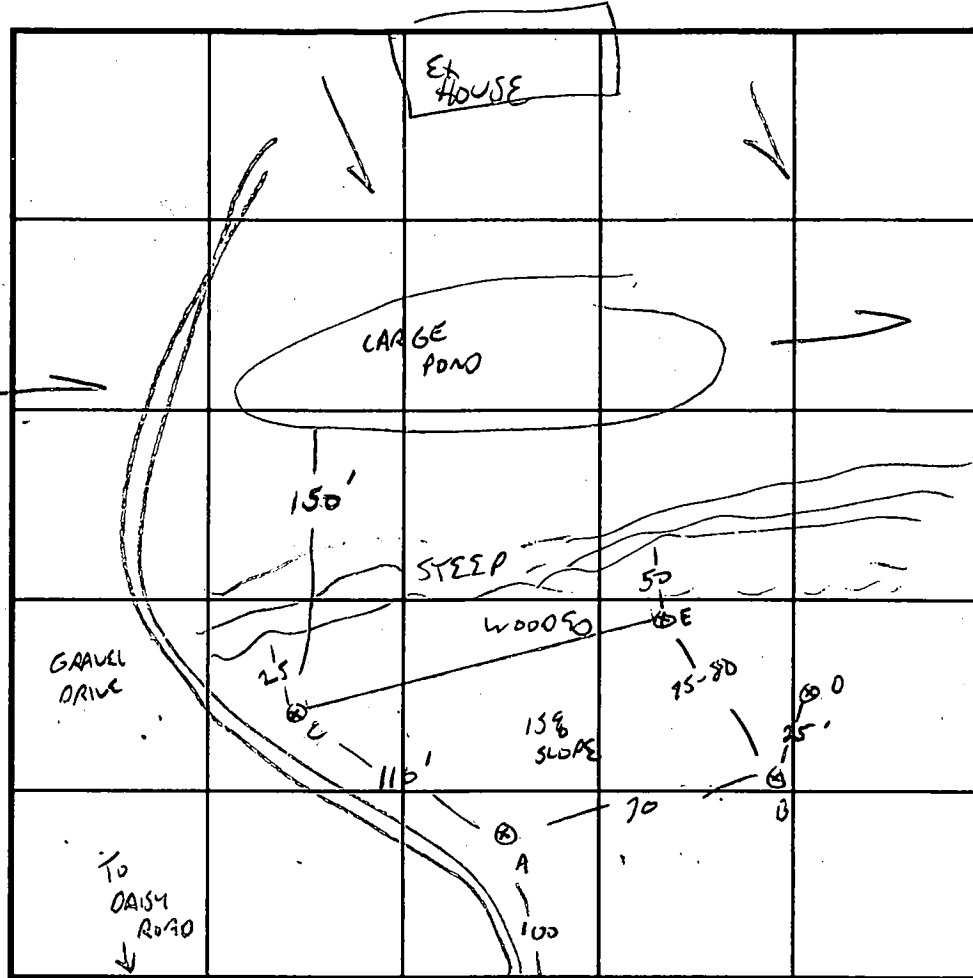
THIS IS NOT A PERMIT

A 511043

COUNTY #

SOIL PROFILE E

0'	TOPSOIL
6"	ORANGE GRAVELLY COAM
3'	BROWN SL
	5% SAPROXITE



SOIL PROFILE A

0'	TOPSOIL
6"	BROWN STONY LOAM
3'	PINK SIL 35% STONY TO 6
	PINK SIL 10% STONY

6"	TOPSOIL
3'	BROWN STONY LOAM
	CT ORANGE CS
	20% SAPROXITE

SIMILAR TO A - PINK SL w/ 30% SAPROXITE CRAGS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/6/98	A	3/11V	12:44	12:56	→	1:22	26 MIN
		7/	12:45	12:49	→	12:56	7 MIN
	C	4/11	12:58	1:01	→	1:05	4 MIN
	B	3/10	1:09	1:11	→	1:18	7 MIN
	D	50% ROCK BELOW 2'	NOT TESTED		ABANDONED BY EXAMINER		F
	E	3.5/11	1:21	1:24	→	1:30	6 MIN

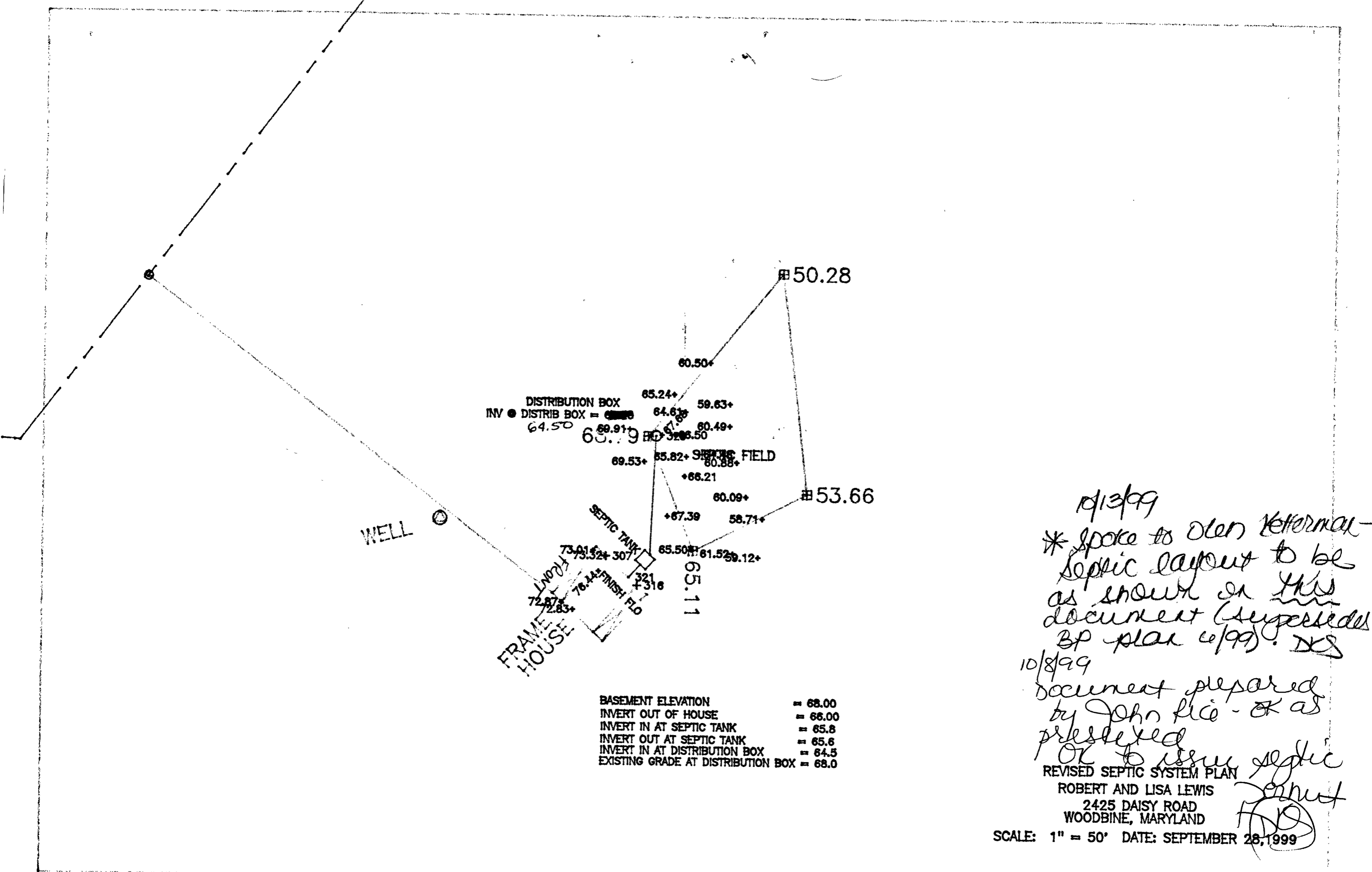
REMARKS: PROPOSED WELL SITE 100' ABOVE A IS OK (25' OFC DRIVE, 35' BELOW ELECT. POLE # 481504)

TYPE OF SOIL: POLE # 481504

TESTED BY: G. SAVAGE ALSO PRESENT LISA LEWIS

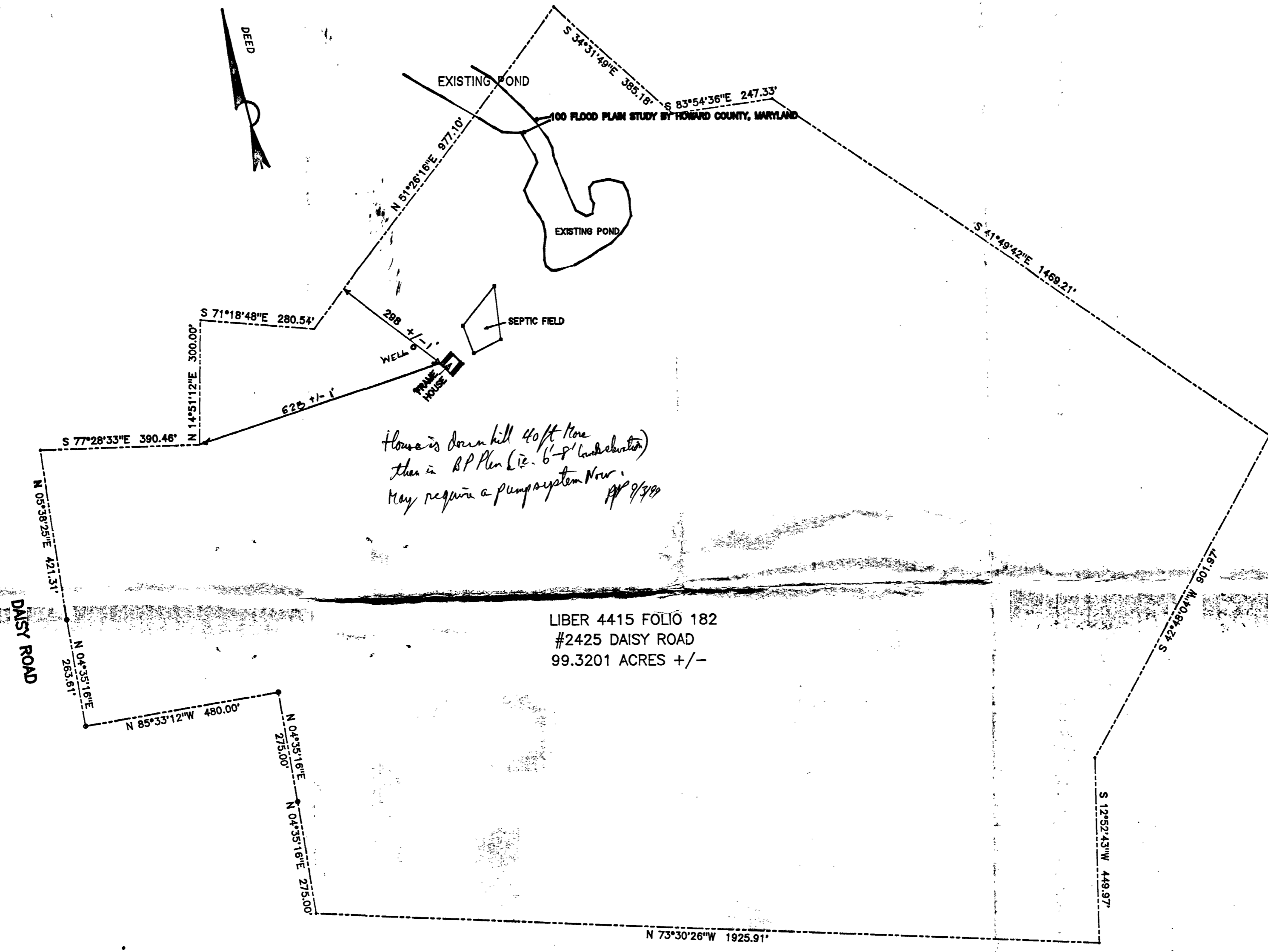
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 7 MIN TRENCH WIDTH: 3

INLET DEPTH: 3.5 MAXIMUM BOTTOM DEPTH: 5.5 SQ. FT./BEDROOM: 180



BASEMENT ELEVATION = 68.00
 INVERT OUT OF HOUSE = 66.00
 INVERT IN AT SEPTIC TANK = 65.8
 INVERT OUT AT SEPTIC TANK = 65.6
 INVERT IN AT DISTRIBUTION BOX = 64.5
 EXISTING GRADE AT DISTRIBUTION BOX = 68.0

10/13/99
 * Spoke to Olen Kefferman -
 septic layout to be
 as shown on this
 document (supersedes
 BP plan 6/99). DS
 10/8/99
 Document prepared
 by John Rice - OK as
 presented
 OK to issue septic
 REVISED SEPTIC SYSTEM PLAN
 ROBERT AND LISA LEWIS
 2425 DAISY ROAD
 WOODBINE, MARYLAND
 SCALE: 1" = 50' DATE: SEPTEMBER 28, 1999



NOTES:

- 1) This structure is in Zone C which is shown on Flood Insurance Rate Map, Howard County, Maryland Panel 14 of 45 Community—Panel Number 240044 0014 B , Map revised December 4 , 1986 The structure is above the 100 year Flood Plain.

This location drawing is for the benefit of the consumer only insofar as it is required by Howard County, Maryland in connection with the issuance for the septic permit and shall not be relied on for the establishment or location of fences, garages, buildings, or other existing or future improvements. This is not a boundary survey.



LOCATION SURVEY

ROBERT & LISA LEWIS
 2425 DAISY ROAD
 WOODBINE, MARYLAND 21797
 TAX MAP 14 PARCEL 174
 SEPTEMBER 1, 1999
 SCALE 1" = 200'

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BO0118083

Building Address 2425 DAISY ROAD
Woodbine, Md. 21797
 Suite/Apt. #: _____ SDP/WP/Partition #: _____
 Census Tract 6040 Subdivision N/A
 Section N/A Area N/A Lot _____
 Tax Map 1A Parcel 174 Grid 13
 Zoning: RC-DC Map Coordinates 562 Lot size _____

Property Owner's Name ROBERT J + M. LISA LEWIS
 Address 2425 DAISY ROAD
 City WOODBINE State MD Zip Code 21797
 Home Phone 410-442-4696 Work Phone 410-796-3232
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use FRAM
 Proposed Use TENANT HOME
 Estimated Construction Cost \$ 52,000
 Description of Work NEW TENANT 200 HOME
2 BEDROOMS + 2 BATHS
Expanding Driveway

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant CHARLES + WYNTHEN
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<u>2000 HOUSE</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> 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 THEREIN; (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.

[Signature]
 Applicant's Signature
 Title/Company _____

ROBERT J + M. LISA LEWIS
 Print Name
1999
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front: 15' Min
 Rear: 5' Min
 Side: 5' Min
 Side St: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 41235

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>104</u>
Validation	# <u>31763</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

C1 9635

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A511043

ST/CO USE ONLY DATE RECEIVED 03 11 99

DATE WELL COMPLETED 3 5 99

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2138

OWNER: Lewis Robert STREET OR RFD: Daisy Road TOWN: Lisbon SUBDIVISION: Lewis Prop. SECTION: Tenant House LOT:

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD form with fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS (30), NO. OF POUNDS (2820), DEPTH OF GROUT SEAL (0 to 95 ft).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (104).

OTHER CASING table with columns: E, A, C, H, I, N, G, diameter, depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO), diameter of screen (56 to 60).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M S D O 2 4 DRILLERS SIGNATURE: [Signature] LIC. NO. 1 D

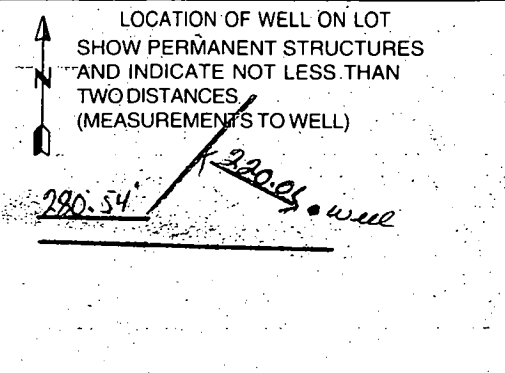
DEPTH table with columns: T, A, C, H, S, R, E, N, depth (102, 325).

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

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (69 ft), WHEN PUMPING (272 ft).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).



SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 0357 SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2138
 70 fill in this form completely 79

Date Received (APA) 110298
 8 MM DD YY 13

OWNER INFORMATION
 15 Last Name Lewis Owner Robert First Name 34
 36 2425 Daisy Rd. Street or RFD 55
 57 Woodbine Town 70 Md. State 72 21797 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY Howard 21
Robert Warfield-Quarry on the Catfish
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
Libson
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M 11
 73 76 77 78

DRILLER INFORMATION
 1 Driller's Name Joseph L. Mayne MS D 24 License No. 81
 2 Firm Name Joseph L. Mayne Well Drilling
 3 Address 5512 Ridge Rd. Mt. Airy, Md. 21771
 4 Signature Joseph L. Mayne Date 11/19/98

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 Daisy Rd. 30
 34 400 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 14 BLK: _____ PARCEL 174

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 400 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 14 BLK: _____ PARCEL 174

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME A511043 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 022599 A McMill 022590
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID: 530 000 EAST GRID: 780 000
 50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

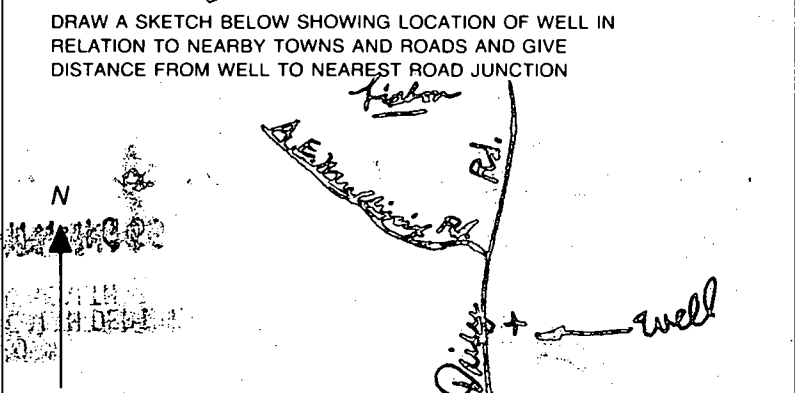
APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 780
 N 530

8-4-98 - 9:30
 No insp.
 * AM

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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
 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 GAP _____ 63
 PERMIT No. HO-94-2138
 70 71 72 73 74 75 76 77 78 79

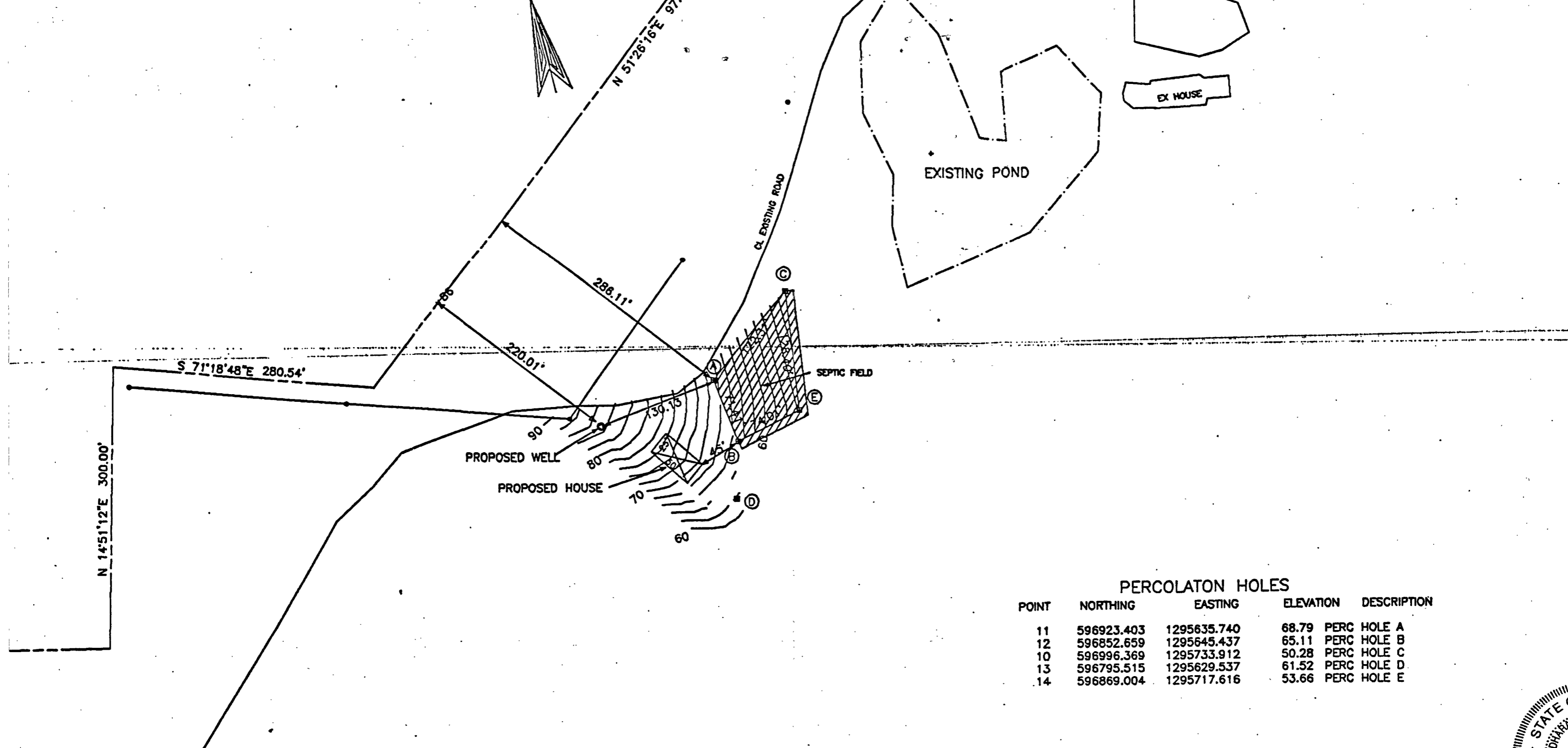
**HOWARD COUNTY
AGRICULTURAL LAND PRESERVATION ADVISORY BOARD**

November 9, 1998

- Owner:** Robert Lewis
2425 Daisy Road
Woodbine, MD 21797
- Farm Location:** East side of Daisy Road, approximately 0.75 mile south of the intersection with Bushy Park Road, known as Quarry on the Cattail, formerly owned by Robert Warfield; Tax Map #14 Parcel #174; 99.980 acres.
- Easement Designation:** Howard County Easement #HO91-26E
- Request:** Review and approval by the Howard County Advisory Board to locate one tenant house.
- Recommendation:** Recommendation to the Advisory Board for the approval of the tenant house location, subject to the applicant obtaining all appropriate County and State permits.

Summary

Mr. and Mrs. Robert Lewis recently purchased the subject property from the estate of Robert Warfield (May 28, 1998), which had been placed in the Agricultural Land Preservation Program on December 17, 1990 by the previous owner. The new owners do not have any subdivision rights for new lots, as the original deed of easement had not been amended by Mr. Warfield to exchange child's lot rights to unrestricted lot rights prior to his death. The deed does permit the construction of one tenant house per fifty acres by any owner of the land, subject to the approval of the location by the Advisory Board (Section D.). The new owners have submitted a request for the tenant house location approval.



PERCOLATION HOLES

POINT	NORTHING	EASTING	ELEVATION	DESCRIPTION
11	596923.403	1295635.740	68.79	PERC HOLE A
12	596852.659	1295645.437	65.11	PERC HOLE B
10	596996.369	1295733.912	50.28	PERC HOLE C
13	596795.515	1295629.537	61.52	PERC HOLE D
14	596869.004	1295717.616	53.66	PERC HOLE E

SIGNED PERC CERT 2-25-99

////// This area designates a private sewage easement of 10,000 square feet as required by the 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 the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown

NOTES:

- 1) HORIZONTAL DATUM = NAD 83 VERTICAL DATUM = ASSUMED
- 2) WELL AND SEPTIC AREA TO EXISTING HOUSE IS ON OTHER SIDE OF STREAM VALLEY
- 3) ENTIRE PROPERTY NOT SHOWN DUE TO LARGE TRACK
- 4) ESTABLISH 10,000 SQ.FT. SEPTIC EASEMENT FOR TENANT HOUSE



PERCO
ROBER
2425 I
WOODE
TAY