

LAYOUT 6/25/03 12pm INSP 4 \_\_\_\_\_  
INSP 2 6/25 7/2 Final INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ Noon INSP 6 \_\_\_\_\_

04-3380251

ISSUE DATE: 6/24/03

APPROVAL DATE: 7/2/03

# PERMIT INDEXED

P 519024 B

A 25945

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

Cumberland Co.

IS PERMITTED TO INSTALL  ALTER

WOODBINE, MD 21797

ADDRESS: 16391 N.E. Mullinix Rd

PHONE NUMBER: 301-854-6838

SUBDIVISION: Florence Estates

LOT NUMBER: 2

ADDRESS: 1865 Florence Road

PROPERTY OWNER: Whayne Myers

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: 240

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 175 feet from the front lot line and 75 feet from the right lot line as seen when facing the property from Florence Road. Run trench(es) along contour toward left side of property, making certain that no part of trench is closer than 100 feet to any well.
NOTES:	

PLANS APPROVED: John Boris

KB

DATE: 2/21/2003

- 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

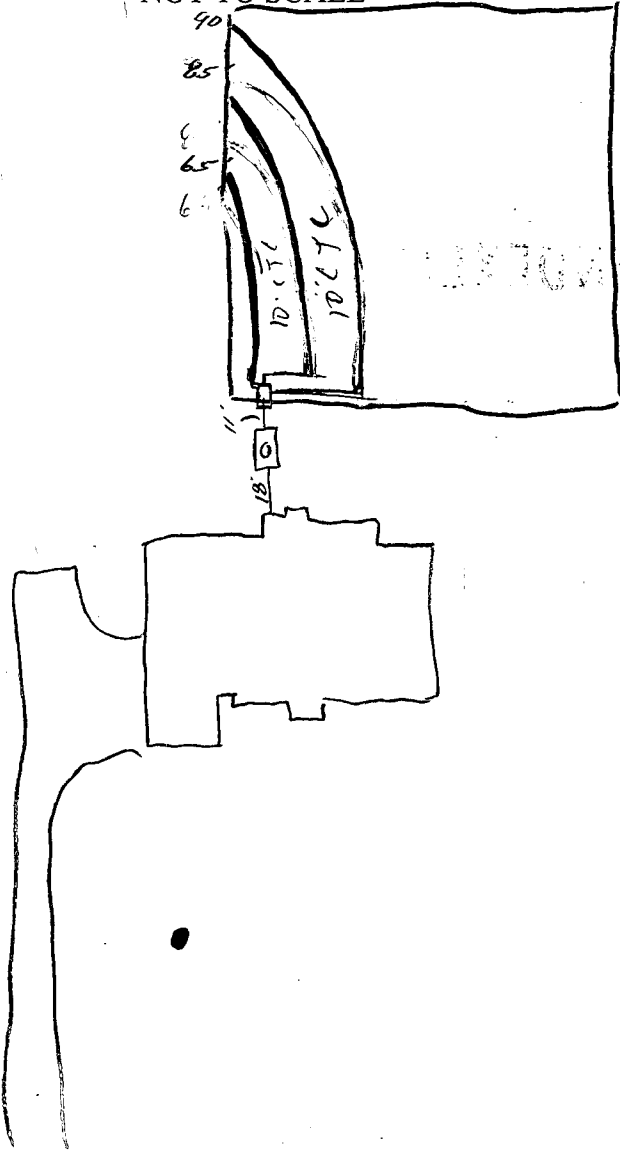
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

**BUILDING PERMITS DIVISION** IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.  
AND RETURNED TO ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

8-403 800143126-UG PRO PAVE TANK

A25945

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	7
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		2204
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

Florance Rd ROAD

PRE-CONSTRUCTION 6/25/03 SRA Staked, contour appears accurate.

Install per B.P. (50)

INSTALLATION 7/2/03 Trenches ∴ 6" too deep. OK to cover work (50)

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 7/2/03

PERMITS DIVISION



G.00008295

Building Address <u>1865 Florence Rd</u> <u>Mt. Airy MD 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604001</u> Subdivision <u>Florence Estates</u> Section _____ Area _____ Lot <u>2</u> Tax Map <u>6</u> Parcel <u>238</u> Grid <u>23</u> Zoning <u>RC</u> Map Coordinates <u>2613</u> Lot size <u>3,</u>	Property Owner's Name <u>Wayne &amp; Kim Myers</u> Address <u>1044 St. Michaels Rd</u> City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>301 854 5294</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>Lot</u> Proposed Use <u>New S.F.D.</u> Estimated Construction Cost \$ <u>250,000.</u> Description of Work <u>New S.F.D. 2 stories 4 bed</u> <u>3.5 bath 3 car garage 2 fireplaces</u> <u>Opt R.J. basement Bath, Flood punch</u>	Contractor Company <u>Cumberland Drup. Corp.</u> Contact Person <u>Curtis Cumberland</u> Address <u>16391 A.E. Mullin Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> License No. <u>02042</u> Phone <u>301 854-6838</u> Fax <u>301 854-6325</u>
Occupant or Tenant <u>Wayne Myers</u> Contact Name <u>Curtis Cumberland</u> Address <u>16391 A.E. Mullin Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>301 854-6838</u> Fax <u>301 854-6325</u>	Engineer or Architect Company <u>Ron Johnson Assoc.</u> Contact Person <u>Ron Johnson</u> Address _____ City _____ State _____ Zip Code _____ Phone <u>410 442-3667</u> Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: <u>30ft</u> No. of stories: <u>3 including basement</u> Gross area, sq. ft. per floor: <u>2100</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>56'</u> Width <u>78'</u> 2nd floor: <u>56'</u> <u>78'</u> Basement: <u>56'</u> <u>78'</u> 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 <u>4</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Curtis Cumberland</u> Applicant's Signature Title/Company _____	<u>Curtis Cumberland</u> Print Name <u>1-27-03</u> Date
--	--

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

FOR OFFICE USE ONLY:

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Public Development, DPZ				Front: _____	Filing fee \$ <u>100</u>
State Highways				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise tax \$ _____
City Engineering, DPZ				Side St: _____	Add'l per. fee \$ _____
Health	<u>2/21/03</u>	<u>[Signature]</u>		All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for NewTown Zone _____	Check # <u>2006</u>
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Validation # <u>15690</u>

INVERT AT FOUNDATION WALL: 702.50  
 FIRST FLOOR SERVICE ONLY) INTERIOR PUMP  
 REQUIRED FOR BASEMENT SERVICE  
 250 GALLON SEPTIC TANK (4 BEDROOMS)  
 PROVIDE MANHOLE TO FINISHED GRADE  
 A. EX. GROUND OVER TANK: 704.50  
 B. PROP. GRADE OVER TANK: 704.50  
 C. INVERT IN: 702.00  
 D. INVERT OUT: 701.70  
 DISTRIBUTION BOX: (PROVIDE 3 OUTLETS MIN.)  
 A. EX. GROUND OVER BOX: 704.50  
 B. PROP. GRADE OVER BOX: 704.50  
 C. INVERT IN: 701.50

TRENCH DESIGN: 60 LF/BEDRM. X 4 BEDRM. = 240 LF

	(A)	(B)	(C)
EX. GRND. OVER TRENCH:	704.00	703.50	703.00
INVERT TRENCH:	701.00	700.50	700.00
BOTTOM TRENCH:	697.00	696.50	696.00
TRENCH LENGTH:	65 LF	85 LF	90 LF
TRENCH WIDTH:	2 FT.	2 FT.	2 FT.

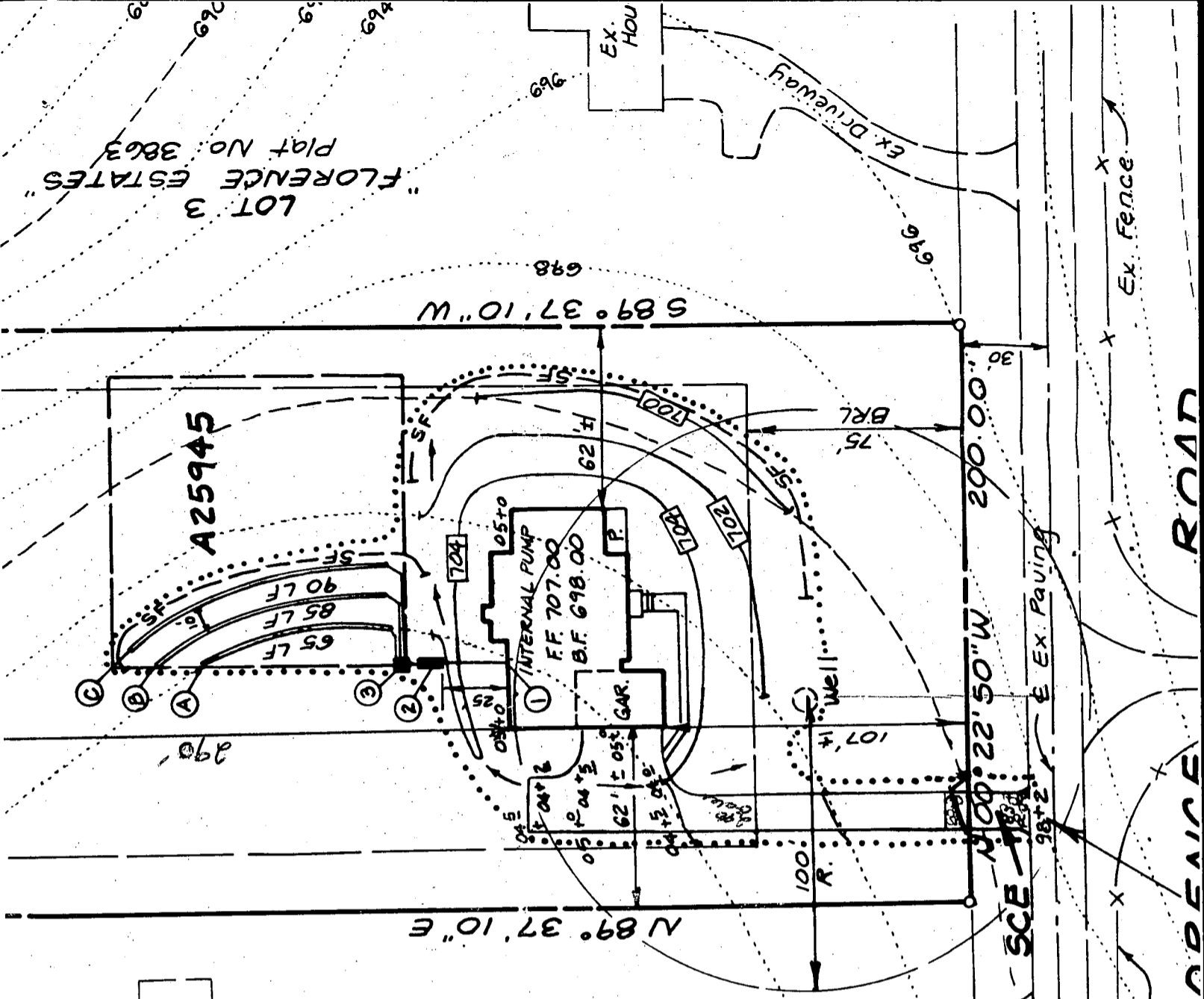
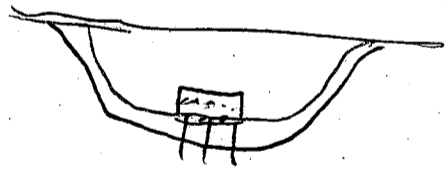
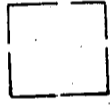
TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION  
 ON SITE CONDITIONS AND THE REVIEW OF THE HEALTH DEPARTMENT.

11 linear feet of trench  
 required 240 feet  
 2 feet of trench (cs) 2 feet  
 7 feet of trench (cs) 7 feet  
 4 feet of stone required below  
 distributing pipe. 4 feet

Approved Septic System Plan  
 Howard County Health Department

*John* 2/21/03  
 Date

"FLORENCE ESTATES"  
 Plat No. 3863



AUG 25 03 10:02

HO CO ENV HEHLIN

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: Cumberland + Co. Telephone #: 301-854-6838  
Address: 116391 A.E. Mullinix Rd  
Woodbine, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Curtis Cumberland License# 601417

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: C. Jayne + Kim Myers Telephone #: 410-522-5294  
Subdivision: Florence Estates Lot #: 2 Well Tag #: HO-31-1183  
Site Address: 1965 Florence Road, Tr A19 MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>DeWittAS</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>M357</u>	Model #: <u>4120</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>8</u> GPM	Depth: <u>5Ft</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<del>Torque arrestors or Cable guards are required</del> - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" IPS</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6ft</u>
Depth of supply line: <u>4 Ft</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

Signature of company representative responsible for installation: Curtis Cumberland date: 8/25/03

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

Date Insp. Requested: 7/2/03 Date Insp. Approved: 7/2/03 (50) SRK  
Inspection Data:  
Pitless adapter and 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 installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter







B 1 4525 SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
H0-81-1183  
fill in this form completely

Date Received 10/22/85  
29/3/85  
OWNER INFORMATION  
Corcelle Mike  
104 Winterthur Ct  
Silver Spring Md 20904

B 3 LOCATION OF WELL  
Howard  
TAX MAP 6 PARCEL 238  
SECTION 44 46 LOT 48 50  
Long Corner  
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
George Easterday 40  
2 Franklin Castorday, Inc  
9265 Brown Church Rd Mt Airy  
George Easterday 9-12-85

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Florence Rd  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 50  
ENTER FT or MI FF

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)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A25945  
COUNTY NAME COUNTY NO.  
OEP SIGNATURE STATE HEALTH INSERT S  
DATE ISSUED 092385  
CO SIGNATURE Cray Wilton 3/23/86  
NORTH GRID 590000 EAST GRID 075900

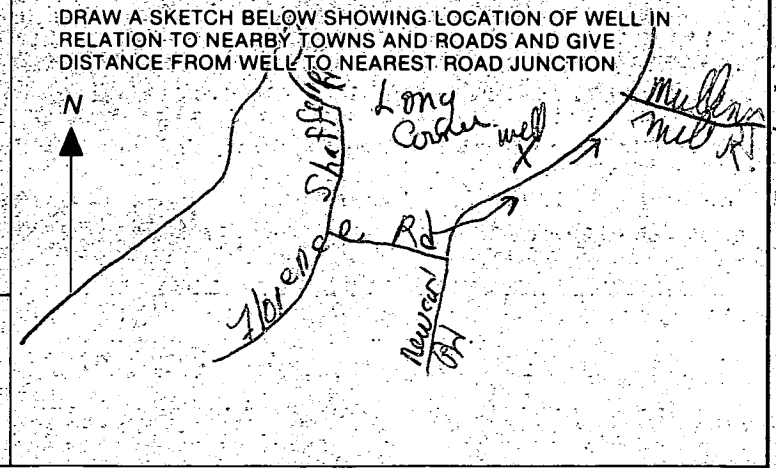
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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

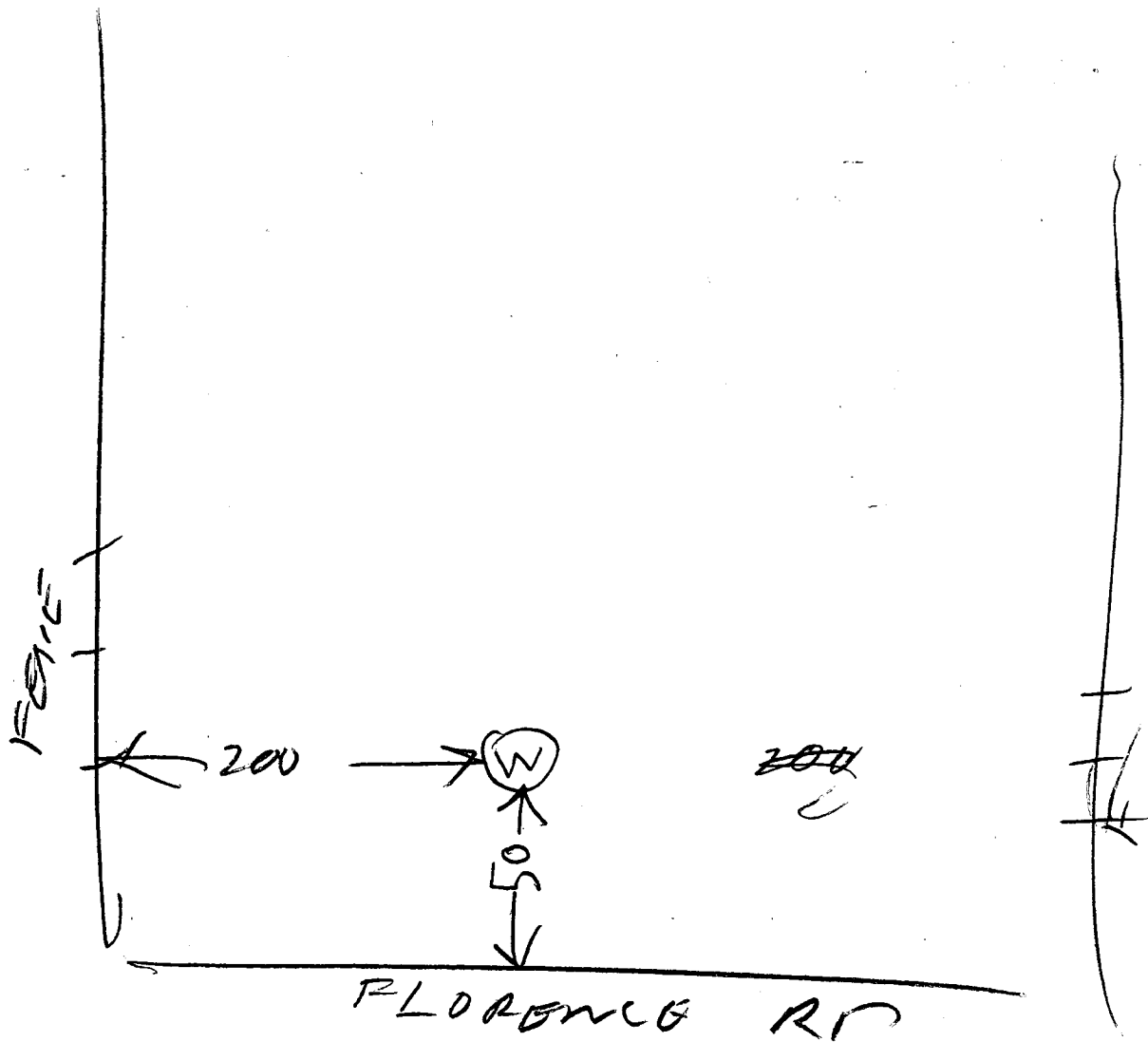
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. 10/22/85 1000 AM  
2. WELL ALREADY  
3. GROUTED  
WRITE THE BOX NUMBER FROM THE MAP HERE  
7509  
5409

REPLACEMENT OR DEEPEINED 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  
D THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER: GAP  
FORCE CW WRITE INITIALS IN BOX PERMIT NO. H0-81-1183

SPECIAL CONDITIONS



- 10/21/85 10:00 AM
- ① LOCATION OF
  - ② WELL ALREADY GROUTED  
NOT SURE OF WHEN GROUT SCHEDULED
  - ③ 7 BAGS USED

R. J. Dodge



# APPLICATION

A 25945

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 B.R. DISTRICT 4th  
ENVIRONMENTAL HEALTH SERVICES 1000 gal. septical tank 1250 gal. septical tank  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 DATE 5/27/77  
TELEPHONE: 465-5000, EXT. 358

*effectiveness of wall absorption or covered room to begin below the first 3 ft. of non-porous soil. Maximum depth permitted for drywell or trench is 9 ft. below original grade. Place the drywell 195 ft. from the front lot line and 80 ft. from the left side line as seen when facing the property from Florence Road. Start the trench after a 5 foot earth buffer with the drywell and proceed to dig it on level ground the necessary distance. NOTE: Call for inspection of trench before gravel is installed. NOTE: No trench may exceed 100 ft. in length. Space trenches parallel twice their gravel depth apart and connect the trenches in series.*

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 Hubert E. Snapp, Inc.

ADDRESS 25641 Ridge Road, Damascus, Md. 20750 PHONE 253-2857

PROPERTY LOCATION:

SUBDIVISION Florence Estates LOT NO. 2

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 2 acres more or less TYPE BLDG. 3 or 4  
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/ Hubert E. Snapp

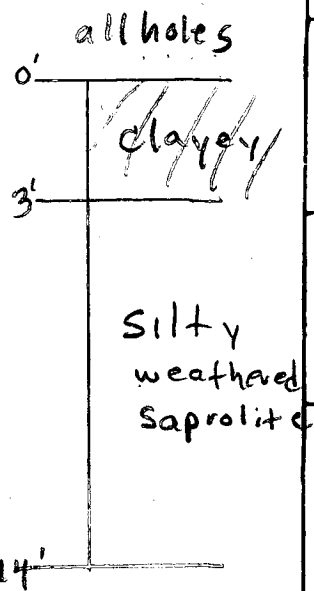
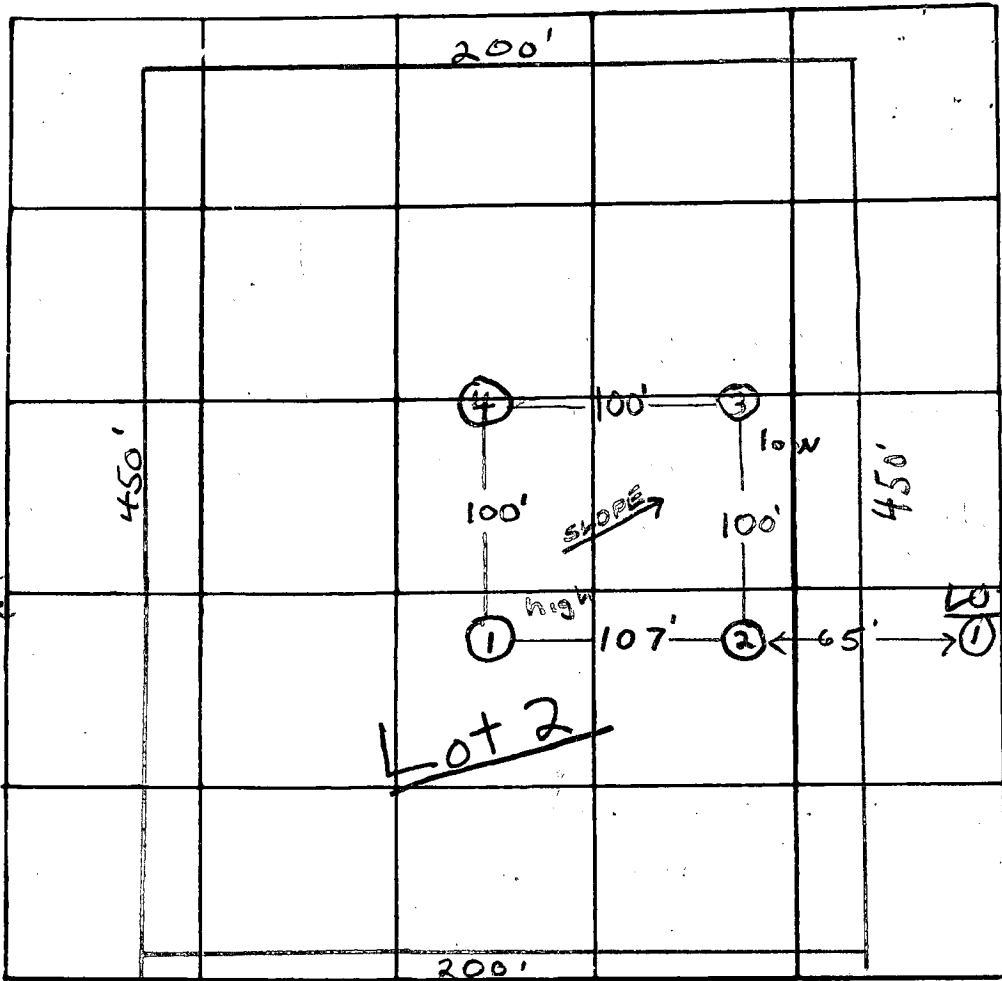
APPROVED BY Frank Skinner FOR Drywell and trench DATE 1/17/78  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

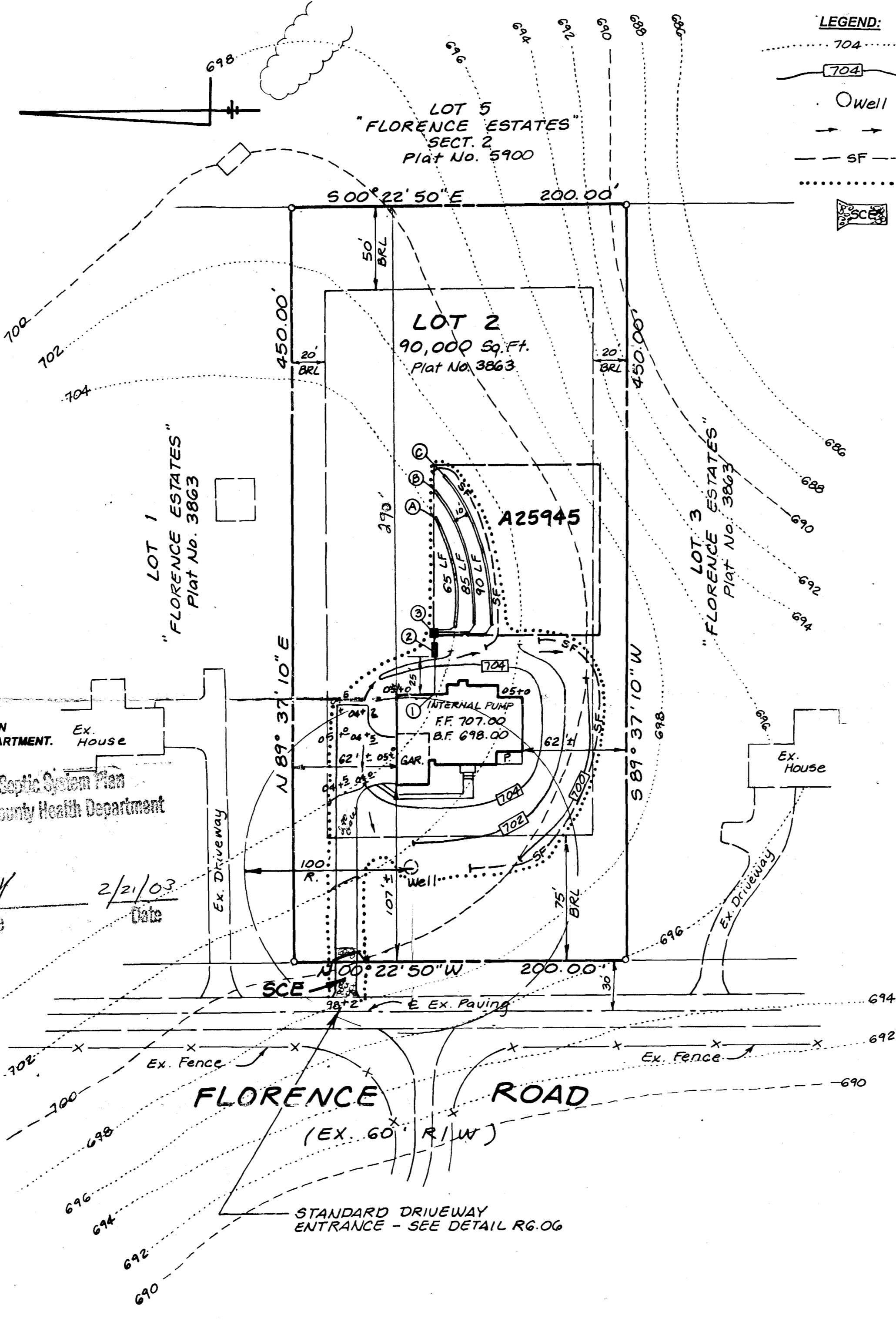


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
FLORENCE ROAD

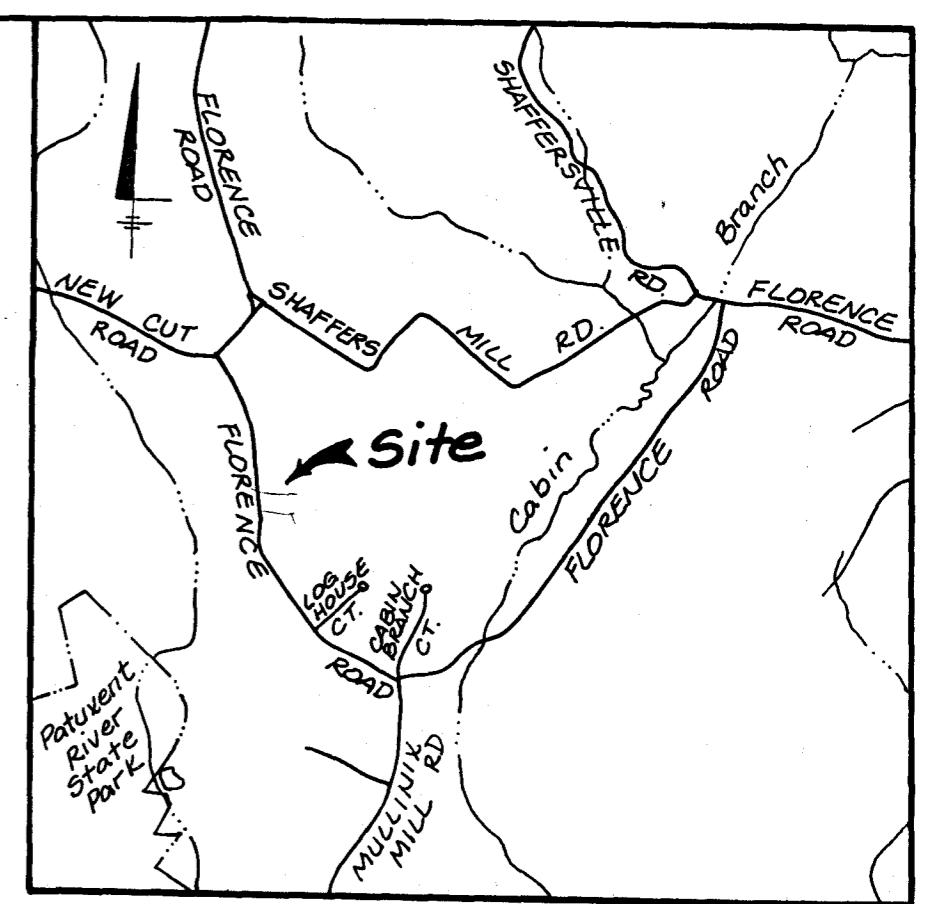
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/23/77	1A	13'	11:10	11:28	11:28	11:49	21min	
	1 high	3'	11:12	11:29	11:29	11:58	29min	
	2	3'	11:18	11:33	11:33	11:55	22min	
	2A	13'	11:19	11:41	11:41	12:03	22min	
	3 low	3'	11:57	12:09	12:09	12:37	28min	
	3A	14'	11:53	11:54	11:54	11:57	3min	
	4	14'	Clayey to 4'; silty weathered saprolite below					

REMARKS \_\_\_\_\_  
 TYPE OF SOIL clayey to 3'; silty weathered saprolite below

TESTED BY F.S. ALSO PRESENT: Mr. Snapp & Harrison Myers



- LEGEND:**
- 704 --- EXISTING GROUND
  - 704 --- PROPOSED GRADE
  - Well EXISTING WELL
  - DRAINAGE FLOW
  - - - SF - - - SILT FENCE
  - ..... LIMIT OF DISTURBANCE
  - SCS STABILIZED CONSTRUCTION ENTRANCE



**VICINITY MAP**  
Scale: 1" = 2000'

**SEWAGE SYSTEM DESIGN DATA:**

- ① INVERT AT FOUNDATION WALL: 702.50 (FIRST FLOOR SERVICE ONLY) INTERIOR PUMP REQUIRED FOR BASEMENT SERVICE
- ② 1250 GALLON SEPTIC TANK (4 BEDROOMS) PROVIDE MANHOLE TO FINISHED GRADE
  - A. EX. GROUND OVER TANK: 704.50
  - B. PROP. GRADE OVER TANK: 704.50
  - C. INVERT IN: 702.00
  - D. INVERT OUT: 701.70
- ③ DISTRIBUTION BOX: (PROVIDE 3 OUTLETS MIN.)
  - A. EX. GROUND OVER BOX: 704.50
  - B. PROP. GRADE OVER BOX: 704.50
  - C. INVERT IN: 701.50
- ④ TRENCH DESIGN: 60 LF/BEDRM. X 4 BEDRM. = 240 LF

	(A)	(B)	(C)
EX. GRND. OVER TRENCH:	704.00	703.50	703.00
INVERT TRENCH:	701.00	700.50	700.00
BOTTOM TRENCH:	697.00	696.50	696.00
TRENCH LENGTH:	65 LF	85 LF	90 LF
TRENCH WIDTH:	2 FT.	2 FT.	2 FT.

**NOTE:** TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS AND THE REVIEW OF THE HEALTH DEPARTMENT.

Total linear feet of trench required 240 feet  
 Width of trench(es) 2 feet  
 Depth of trench(es) 7 feet  
 Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan  
 Howard County Health Department

*J. Williams*  
 Date: 2/21/03

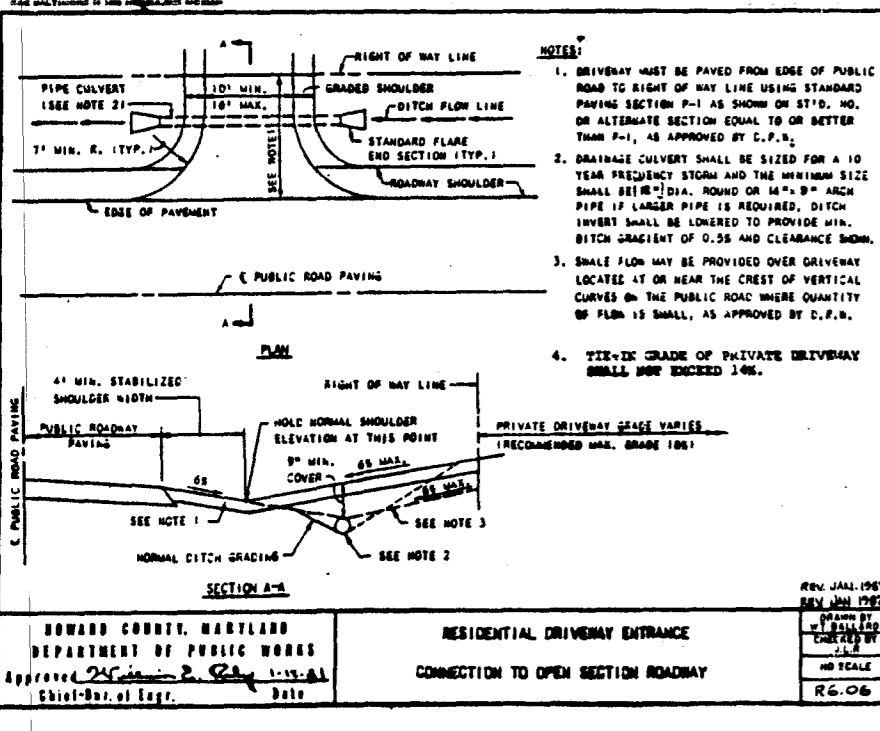
- NOTES:**
1. EXISTING ZONING: RC (RURAL CONSERVATION)
  2. PLAT REFERENCE: PLAT NO. 3863
  3. LIMIT OF DISTURBANCE: 25,575 SQ. FT. +/-
  4. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 10 FEET WIDE, 6" CRUSHER RUN WITH 2 1/2" MACADAM SURFACE.
  5. THE TOPOGRAPHY SHOWN IS TAKEN FROM THE HOWARD COUNTY AERIAL TOPOGRAPHY.
  6. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.
  7. IMPERVIOUS AREA: 7200 SQ. FT. +/- OR 0.16 AC. +/- (8%)

Whayne F. Kim Myers  
 1044 St. Michaels Rd  
 Mt Airy MD 21771

410 552-5294

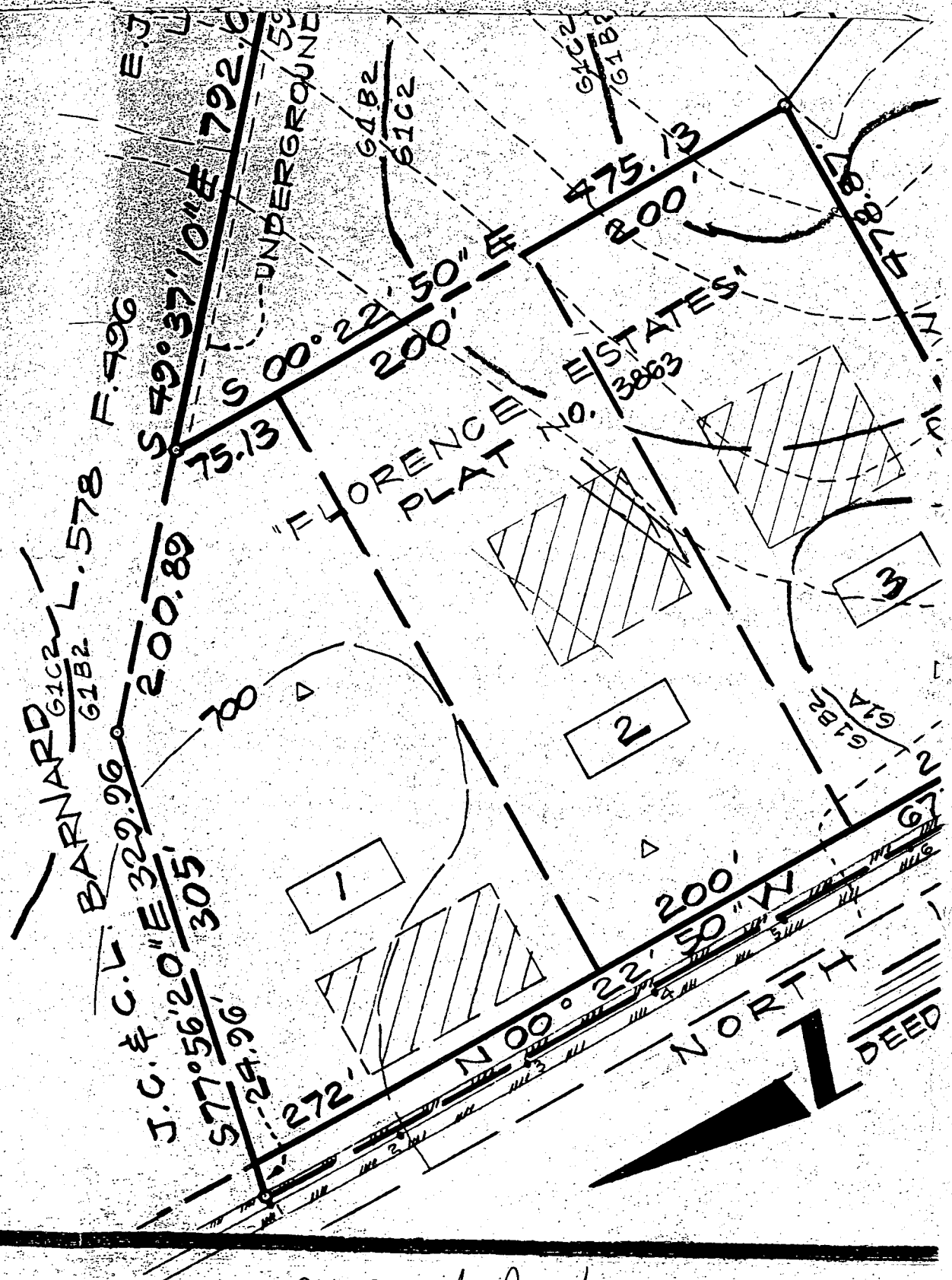
**LDE, INC.**  
 9250 Rumsey Road, Suite 106, Columbia, MD. 21045  
 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)

Designed: BDB	PLOT PLAN FOR BUILDING PERMIT <b>FLORENCE ESTATES</b> <b>LOT 2</b> TAX MAP No. 12 PLAT No. 3863 4 TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	Scale: 1" = 50'
Drawn: KBW		Drawing: 1 of 1
Checked: BDB		Job No. 03-003
Date: Jan. 2003	BUILDER: CUMBERLAND & CO., INC. 16391 A.E. Mullinix Road Woodbine, MD 21797 (301) 854-6838	File No.

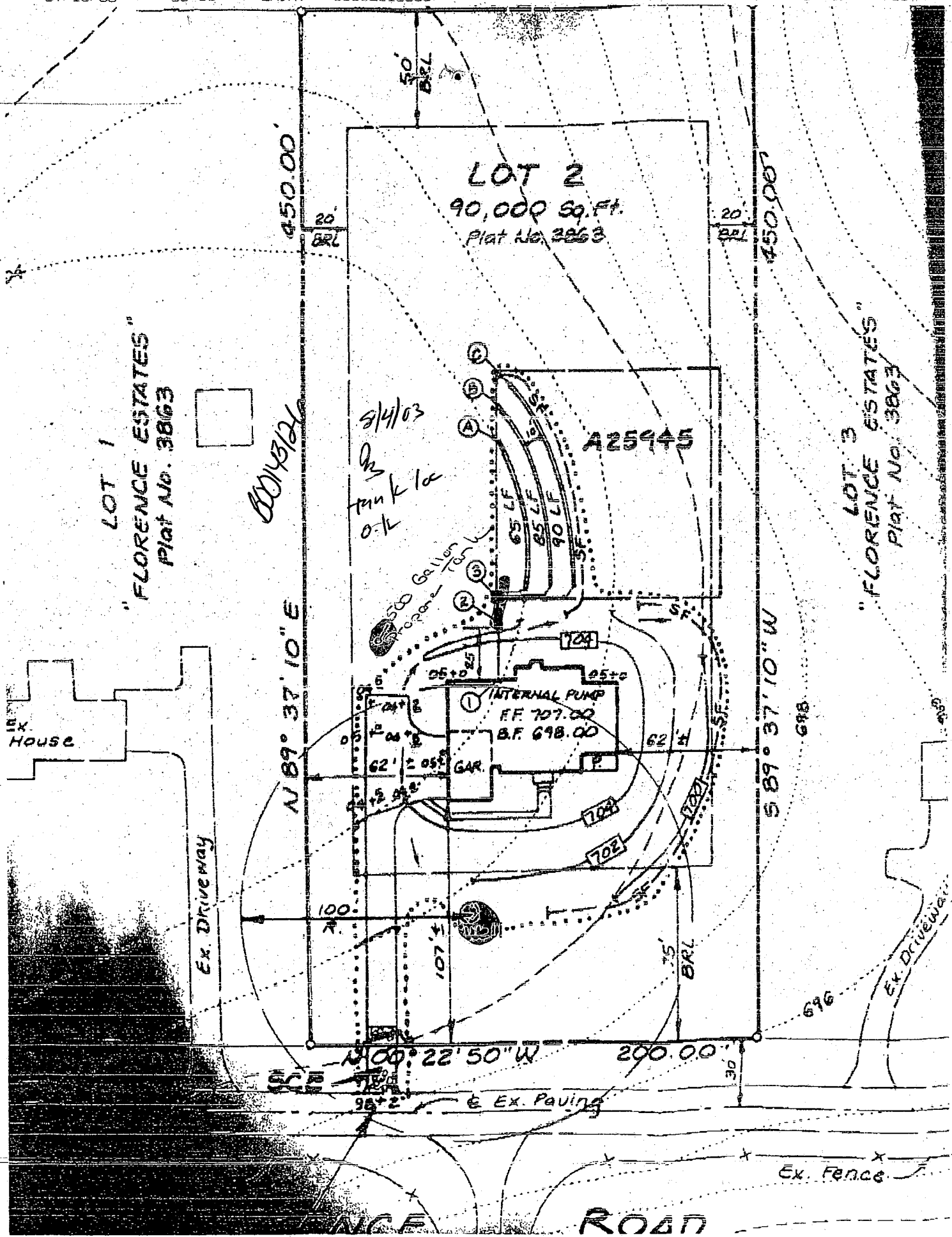


HOWARD COUNTY, MARYLAND  
 DEPARTMENT OF PUBLIC WORKS  
 APPROVED: [Signature] DATE: [Date]

RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE AND SERVING A STRUCTURE CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE LOTS SHOWN HEREON COMPLY WITH MINIMUM OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH FOR TOTAL AREA INCLUDED IN LOTS IS 98.0 ACRES, TOTAL AREA OF DEDICATION IS 10.0 ACRES. THIS PLAN IS SUBJECT TO VP-78-10. SEE OFFICE OF PLANNING & ZONING FILES S-72-05, P-72-15, VP-78-10 AND



Revised Prelim  
Unsigned



10ft - property line  
55ft - house