

~~LAYOUT 10/11/02 11 AM~~
~~LAYOUT 10/15/02 3 PM~~
 INSP 2 ~~4/13/02~~ ~~Cancelled~~
 LAYOUT INSP 3 ~~11/27/02 12 PM~~
 INSP 4 10/2/02 12 ish - LAYOUT
 INSP 5 12/4/02 11 AM
 INSP 6 1/29/03 1 pm Pump test

ISSUE DATE: 10/9/2002

APPROVAL DATE: 4/18/03

PERMIT

INDEXED

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

P 517955

A 56539-B

FOGLES SEPTIC CLEAN INC IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 OBRECHT RD PHONE NUMBER: 410-795-5670

SUBDIVISION: Kasemeyer Property LOT NUMBER: 6

ADDRESS: 2640 Pfefferkorn Road PROPERTY OWNER: Nancy Kasemeyer

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED
 Top Seamed, Double Chambered

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED
 Top Seamed

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:	Install systems initially in highest portion of Septic Area possible (right next to existing roadway if possible). Set distribution box in top center of SDA and run trenches in both directions.
NOTES:	Reason for pump system is that house site is low in water table soils. Specifications for highest area ONLY: For lower area use 2 1/2' inlet and 5' maximum depth @ 210 square feet per bedroom. Keep trenches 10' center-to-center.

PLANS APPROVED: Ronald J Pinkley DATE: 8/28/2002

- 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

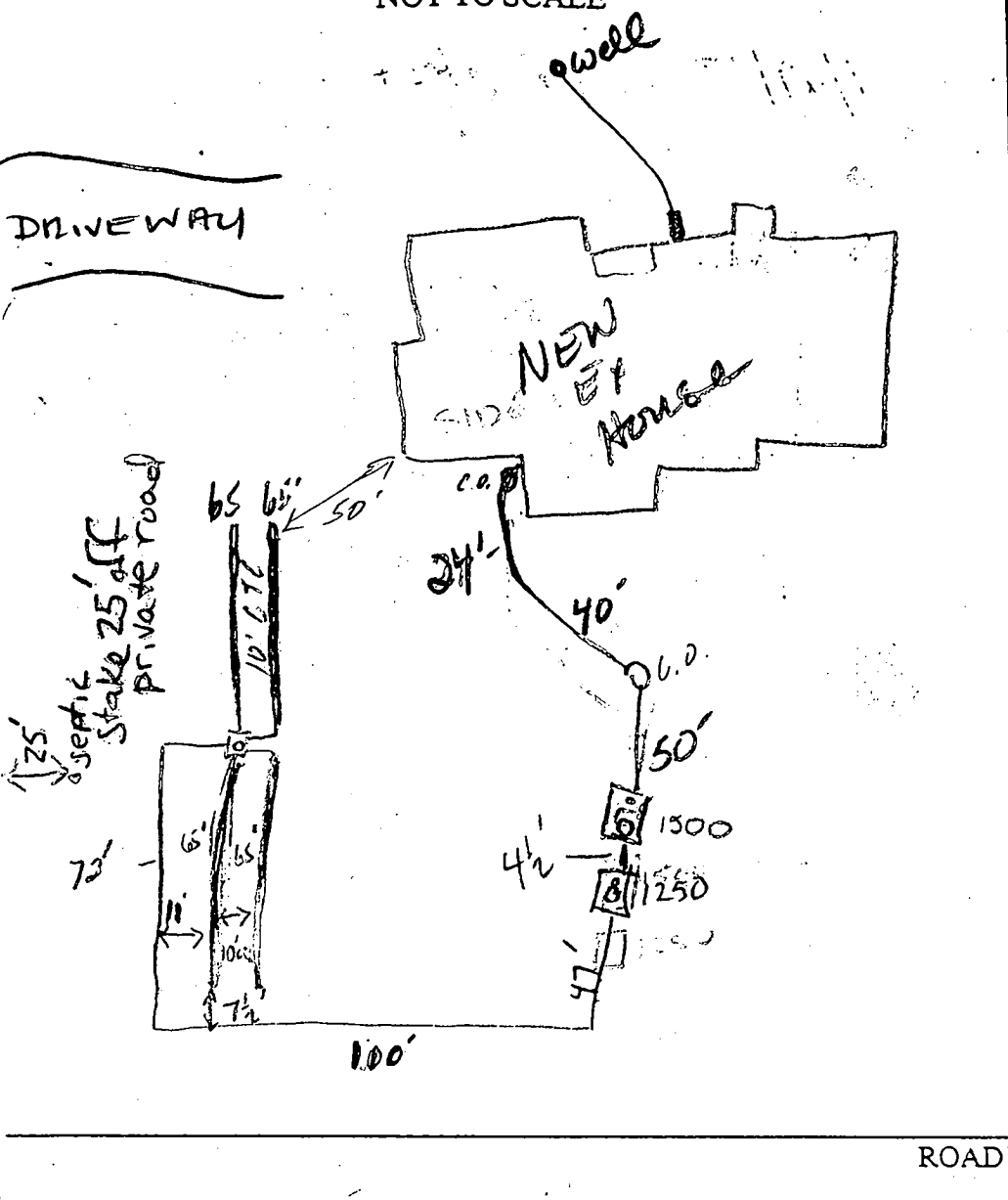
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 56539-B

Peffercorn Road

NOT TO SCALE

DRIVEWAY



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	7'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq
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	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1-1.5'	
BAFFLES	<input checked="" type="checkbox"/>	
BAFFLE FILTER	<input checked="" type="checkbox"/>	
MANHOLE LOC	Back	
6" PORT LOC	Front	
WATERTIGHT TEST	<input checked="" type="checkbox"/>	
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>		
CAPACITY	1250	GAL
SEAM LOC	Top	
TANK LID DEPTH	1-1.5'	
BAFFLES	<input checked="" type="checkbox"/>	
BAFFLE FILTER	<input checked="" type="checkbox"/>	
MANHOLE LOC	Center	
6" PORT LOC	Front	
WATERTIGHT TEST	<input checked="" type="checkbox"/>	

PRE-CONSTRUCTION 12-2-02 Staked per plan. House conn made under footer. Running 2" pvc pressure line on outside of wall. NOT INSTALLATION Per site plan, okay. S.T. location moved further from house. House location per lot lines are not verified; lot lines not clear. Well cap not ready (KN) 12/4/02 OK to cover all work. Pump & Absorp tests needed (SO) 1/29/03 Cap not secure on well. Pump test not ready (KN) 4/18/03 Pump & Absorp tests OK (SO)

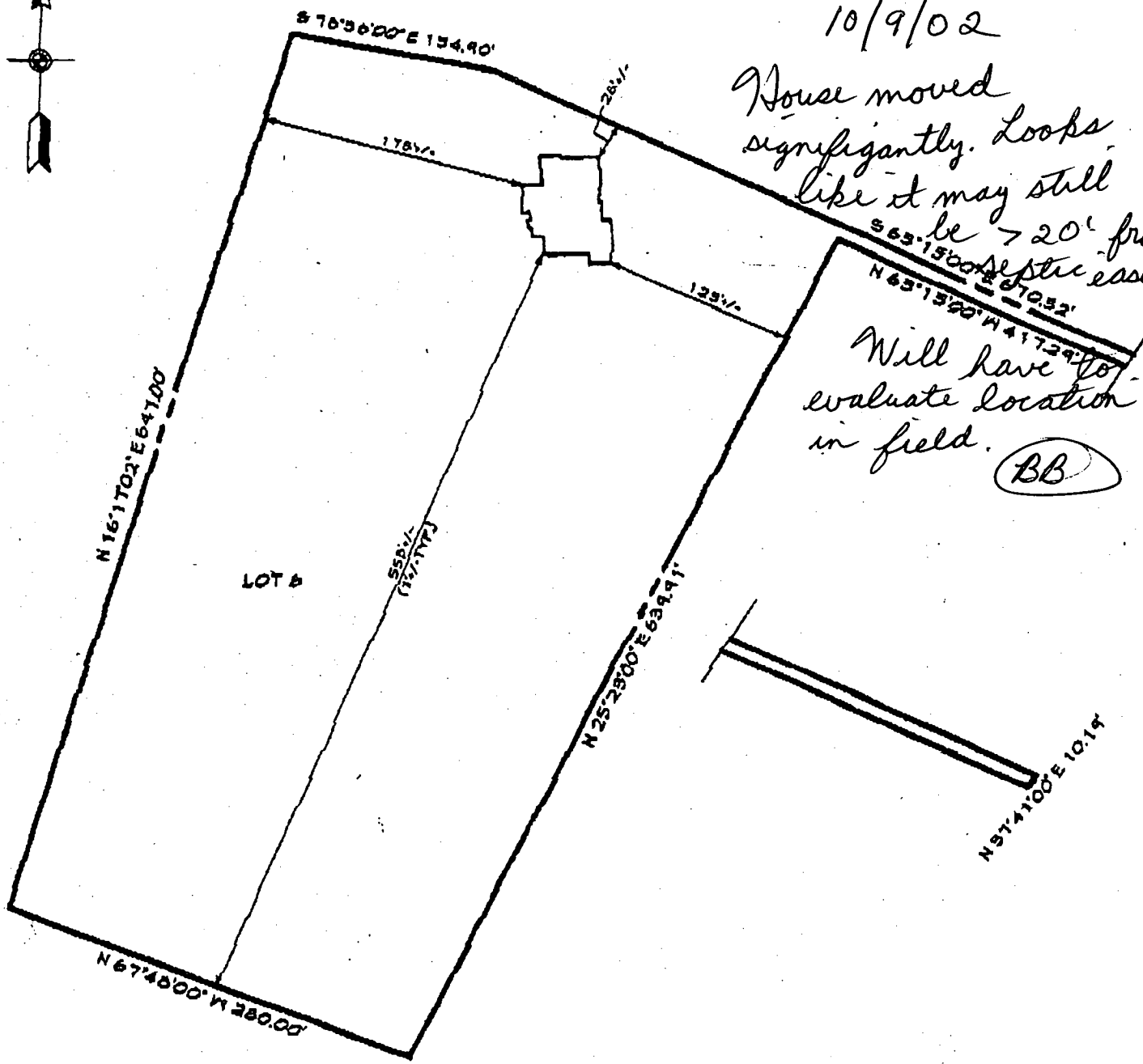
FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/18/03



10/9/02

House moved significantly. Looks like it may still be $> 20'$ from septic easement.

Will have to evaluate location in field. **BB**



PFEFFERKORN
LOT 6

AM IF POSSIBLE

3/14/03 1PM

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 Standards 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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 549-6760
Address: 5220 KLEIN MILL ROAD
SPRINGVILLE, 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) CHARLES A. KLEIN, JR. License # 6521

*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: CATONSVILLE BUILDERS Telephone #: (410) 750-1200
Subdivision: PFEFFERKORN Lot #: 6 Well Tag #: HO-94-3393 ✓
Site Address: 2640 PFEFFERKORN RD
WEST FRIENDSHIP, MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: HARWARD Two piece watertight cap: ✓
Model #: S-545-13P-52 Model #: PF-800 Screened, vented well cap: ✓
Pump Capacity: 3 GPM Depth: 40" (36" min) Cap secured to casing: ✓
Well Yield: 6 GPM NSF approved: ✓ Conduit min 18" R.G.: ✓
Depth of well encountered at time of pump installation: 50 (feet) Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8A
Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house House Connection
Type: POUR IN PLACE PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 1" (160 psi min) Approximate length of sleeve: _____
Depth of supply line: (36" min) Sleeve caulked and sealed properly: ✓

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.

Charles A. Klein, Jr.
Signature of company representative responsible for installation _____ date _____
CHARLES A. KLEIN, JR.

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

Date Insp. Requested: 11/22/02 AM Date Insp. Approved: 3/14/03 (50)
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 _____

C1 14500 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY AS6537-B NUMBER W516508/2

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 05 29 82 Depth of Well 226 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-3393

OWNER Catonville Road Homes STREET OR RFD Pfefferkorn Rd TOWN Glenely SUBDIVISION Kase Meyer Prop. SECTION LOT 6

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

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

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"

DRILLERS LIC NO. M S... DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC No. D...

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

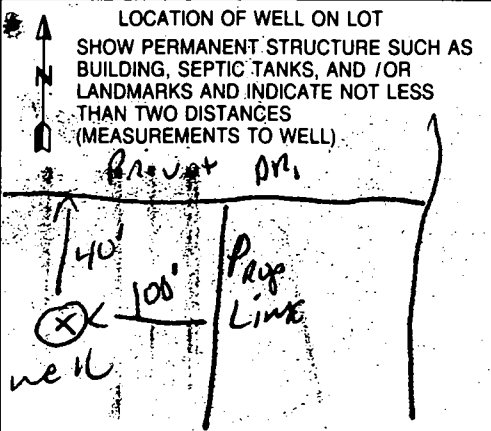
Table with columns: DEPTH (nearest ft.), A-C, S-C, R-E, E-N, SLOT SIZE, DIAMETER OF SCREEN

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 LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 25 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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3393
 Location of property (road) Pfefferkorn Rd
 Subdivision Kasemeyer Property Lot 6 Block _____ Plat _____ Sec. _____
 Well Driller R. Payne Owner Catonville Homes

Depth of well 260
 Distance of measuring point (M.P.) above ground 2 1/2
 Static water level (S.W.L.) below M.P. 25

I. High rate pumping -- reservoir drawdown

Time pump started 18:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 75 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

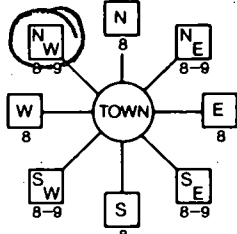
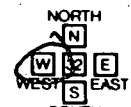
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>18:00</u>	<u>35 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
8:15			<u>Test Started</u>	
<u>8:15</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>8:30</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>8:45</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>9:00</u>	<u>75 "</u>	<u>10 "</u>		<u>6 "</u>
<u>9:15</u>	<u>75 "</u>	<u>10 "</u>		<u>6 "</u>
<u>9:30</u>	<u>75 "</u>	<u>10 "</u>		<u>6 "</u>
<u>9:45</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>10:00</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>10:15</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>10:30</u>	<u>75 "</u>	<u>10 "</u>		<u>6 "</u>
<u>10:45</u>	<u>75 "</u>	<u>10 "</u>		<u>6 "</u>
<u>11:00</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>11:15</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>
<u>11:30</u>	<u>75</u>	<u>10</u>		<u>6 GPM</u>
<u>11:45</u>	<u>75 ft</u>	<u>10 Sec</u>		<u>6 GPM</u>

B.1 **8922** SEQUENCE NO. (MBE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3393**
 1 2 3 6
 W516508 please print or type. fill in this form completely

Date Received (APA) **2/11/02**
 OWNER INFORMATION
 8 MM DD YY 13
CATONSVILLE **Howes**
 15 Last Name Owner First Name 34
10753 Birmingham way
 36 Street or RFD 55
Wood Stack MD. 21163
 57 Town 70 State 72 Zip 76

B.3 LOCATION OF WELL
 8 COUNTY **Howard** 21
KASE MEYER Prop
 23 SUBDIVISION 42
 SECTION **-** LOT **6**
 44 46 48 50
GLENELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M. I. I.
 73 76 77 78

DRILLER INFORMATION
Ralph E. MAYNE M S D 117
 76 License No. 81
Ralph E. MAYNE well DRILLING
 Firm Name
17024 Handy Rd Mt Airy MD. 21771
 Address
Ralph E. Wayne **2-7-02**
 Signature Date

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

PEPPERKORN Rd.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **1400** 37
 DISTANCE FROM ROAD **44**
 ENTER FT OR MI 38 39
 TAX MAP: **15** BLK. _____ PARCEL **197**

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

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

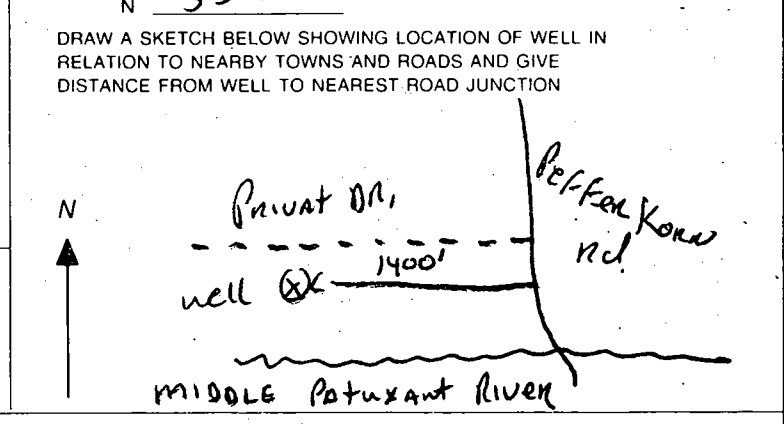
NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
Howard **W516508/2**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT \$ _____
 DATE ISSUED **4/23/02** **Ronald W. Kelly** **4/23/03**
 43 MM DD YY 48 CO SIGNATURE EXP DATE
 NORTH GRID **534** 0 0 0 EAST GRID **802** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

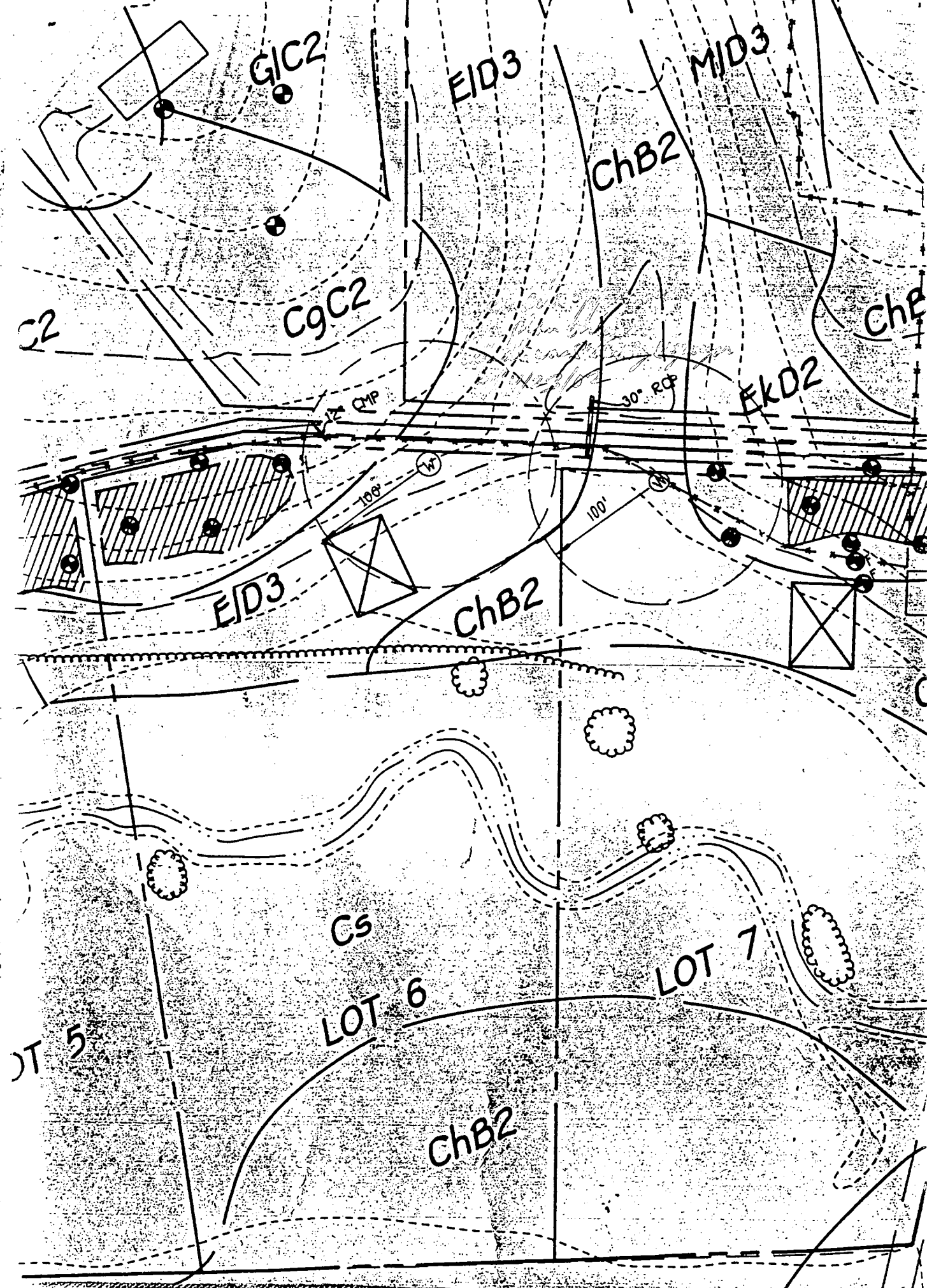
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
5/29/02 11:00+
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **802**
 N **534**
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 30
 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
 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 DEEPEMED AN EXISTING WELL
 39
 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)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-94-3393**
 70 71 72 73 74 75 76 77 78 79



4/2/96
10/00

APPLICATION

PERCOLATION TESTING

A 56539-B

P _____

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

DISTRICT _____

DATE 4-3-96

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 NANCY J. KASEMEYER

ADDRESS 2590 PFEFFERKORN RD PHONE (410) 442-2775
WEST FRIENDSHIP 21794

AGENT OR PROSPECTIVE BUYER _____

ADDRESS N/A (EARL COVINS - F.C.C.) PHONE _____

PROPERTY LOCATION:

SUBDIVISION Kasemeyer Property LOT NO. 5, 6, +7

ROAD AND DESCRIPTION _____
parcel 192, 197, 194

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. S.F.D - 3 RECORDED LOT
(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.

Nancy J. Kasemeyer
(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

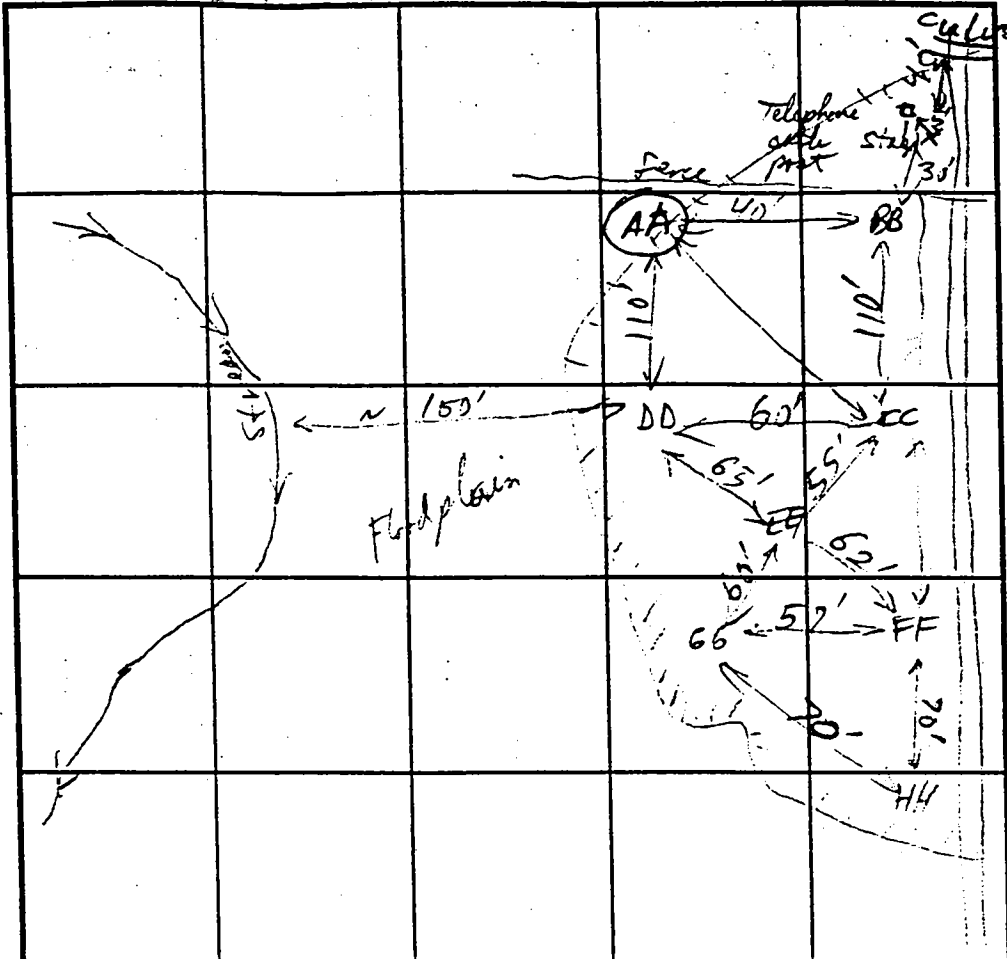
AT 5539C
COUNTY #

LOT 6 / LOT 5

SOIL PROFILE
AA
0'
Red Brn
CL-hL
2 1/2'
Harder Red Brn
hL-L
Mixed color
Some black matter
50'
Neutral
Brn
SS
Small
Holes
11 1/2'

BB
4'
Red - Red Brn
hL-CL
4'
Red Brn
- yellow
Loam-SL
7'
Neutral Brn
(mixed color)
SS
5-10%
stones
12'

FF, CC
2'
Str Br
- hL
4 1/2'
Red Brn Red
CL-hL
Red - Red Brn
L
11'

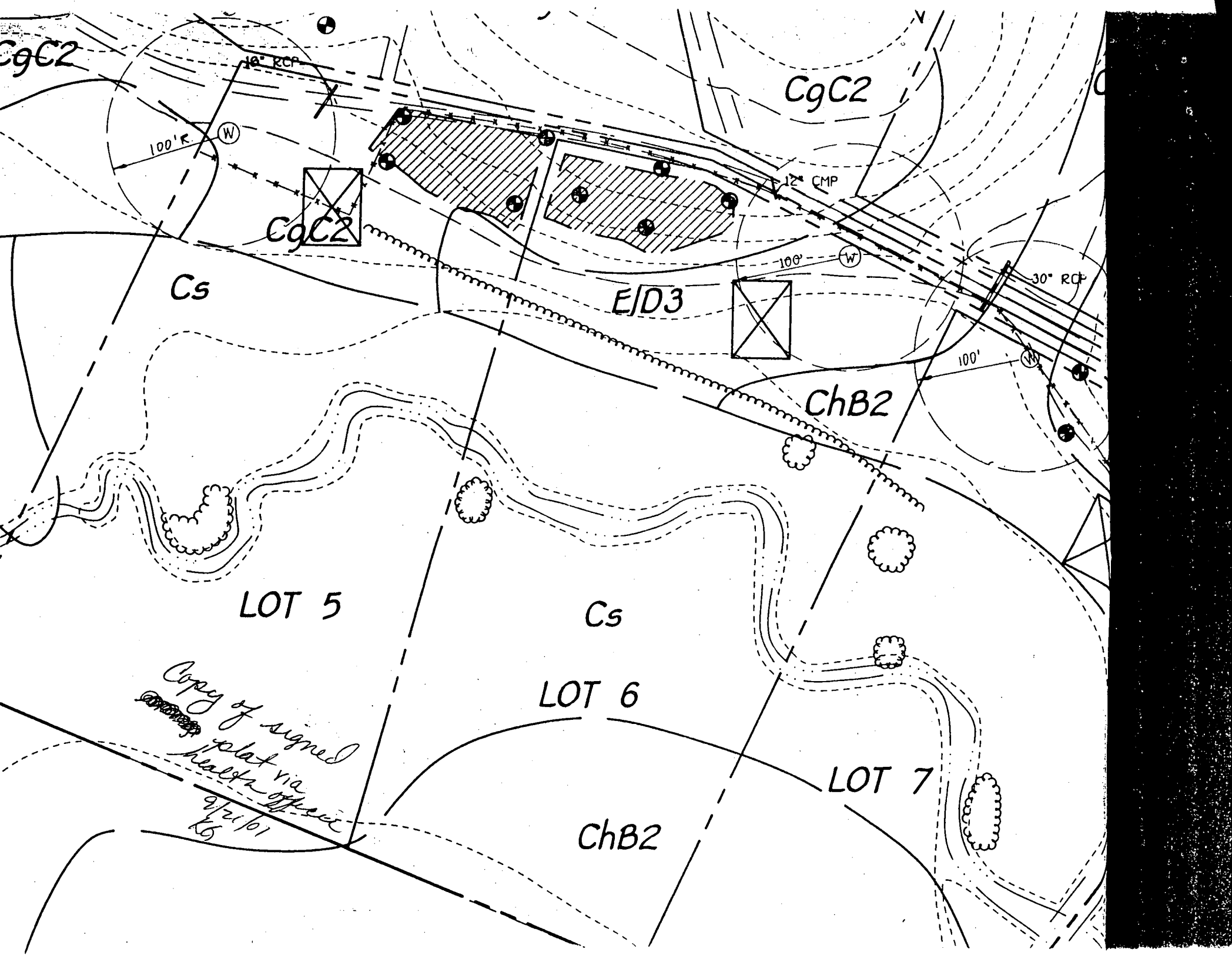


SOIL PROFILE
EE
0'
Red Brn
hL-L
2 1/2'
Red Brn
L
5'
Neutral Brn
- Brn
Fines
SL-L
11 1/2'
12' hL DD
Red - Red Brn
4'
hL
DD - Str Br + some
mud E walls in
Neutral SL some 5-10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/2/12	AA	4'	1:37	1:38	2:00	2:00	13 min
	BB	1 1/2'	Visual only				OK (shallow)
	DD	10 1/2' 3 1/2'	1:06:00	1:06:00	1:58:	1:58:	3 min OK
	EE	11 1/2'	Visual only				OK
	CC	11 1/2' 8 1/2' 5 1/2'	2:44	2:30	2:56	2:56	8 min 7.5 min
	FF	11 1/2' 4' 7'	2:13	2:20:00	2:44	2:44	24 min
	GG	10 1/2' 5'	2:13:30	2:18:00	2:18:00	2:24:00	6 min
	HH	12 1/2'	Visual only				OK

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



CgC2

CgC2

CgC2

Cs

E/D3

ChB2

LOT 5

Cs

LOT 6

LOT 7

ChB2

*Copy of signed
plat via
health officer
9/21/01
KS*

100' R

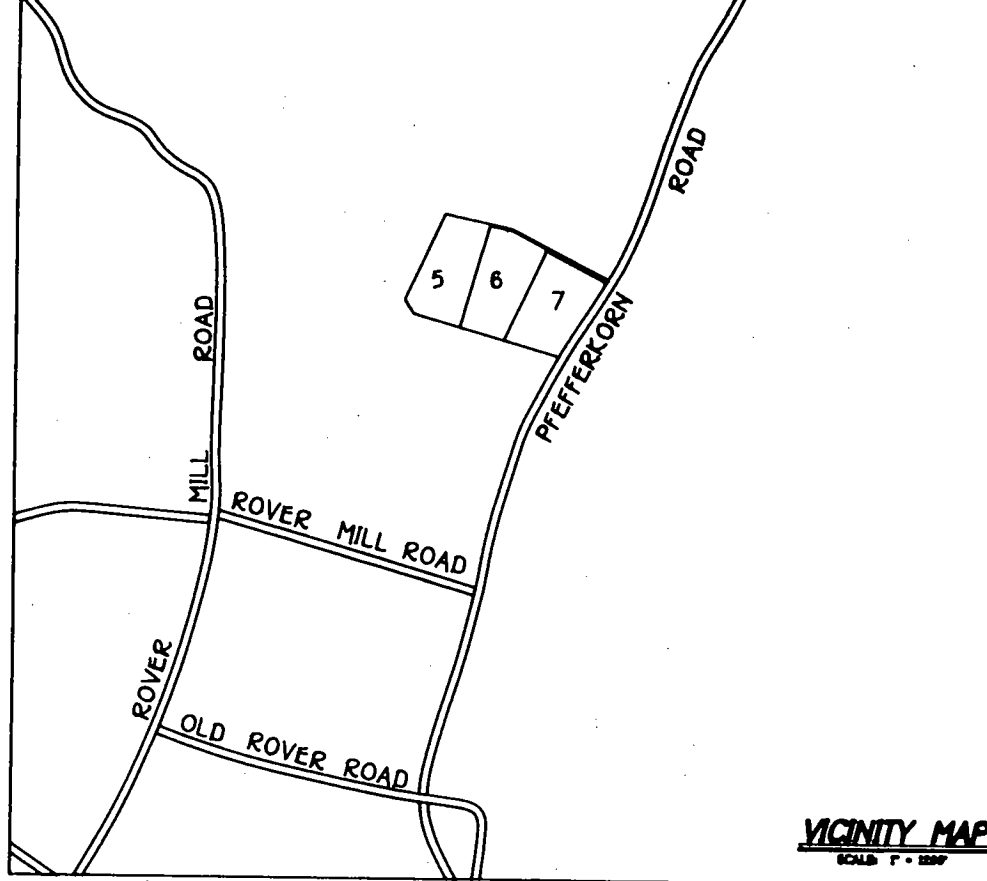
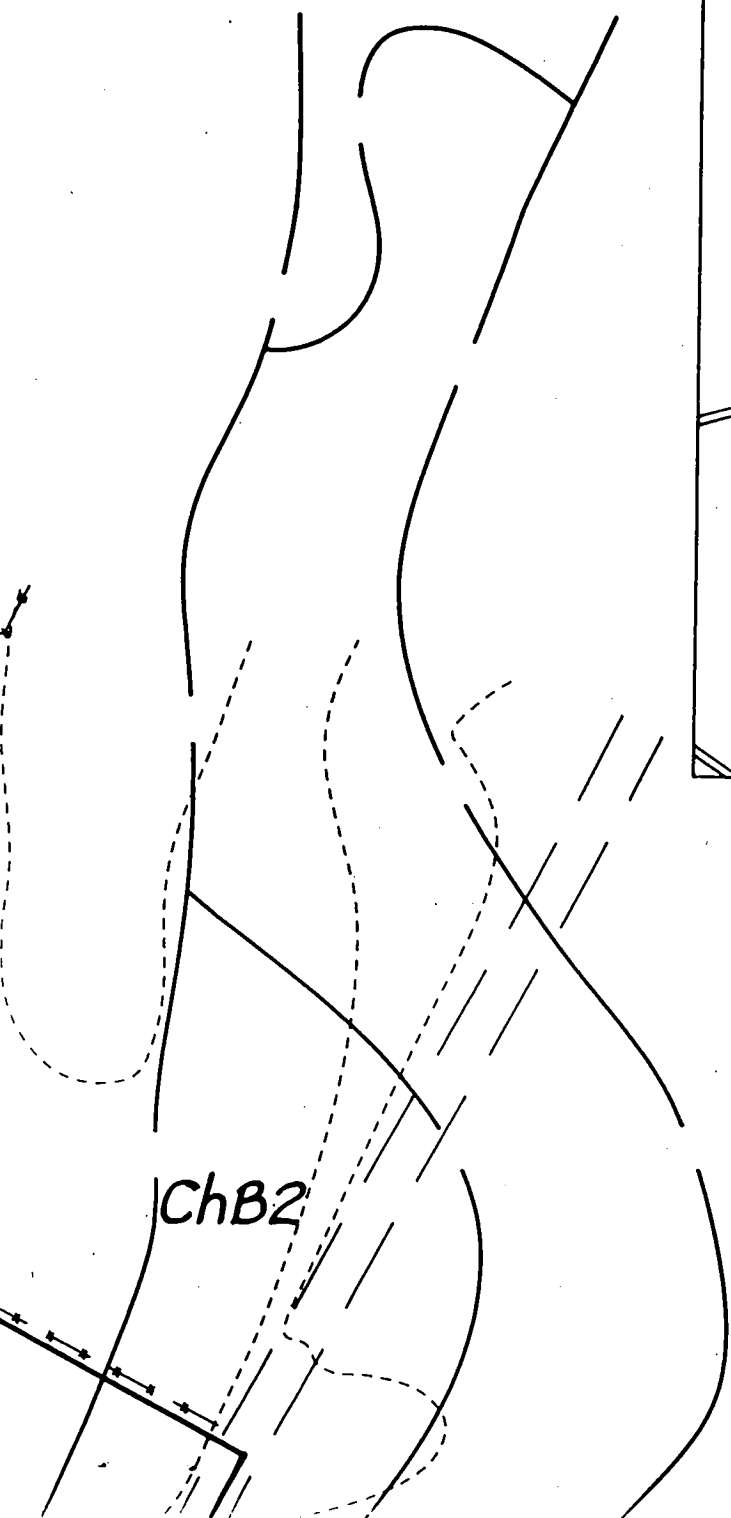
10' RCP

12' CMP


100'

30' RCP

100'



GENERAL NOTES:

1. SUBJECT PROPERTY ZONED RC-DEO
2. TOTAL NUMBER OF PROPOSED LOTS = 3
3.  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 SHALL BE RESTRICTED UNTIL PUBLIC SEWERAGE 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 SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT
5. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.
6. PRIVATE WATER AND SEWER TO BE UTILIZED.
7. SOILS MAP No. 7
8. *The 7 Lots shown herein are recognized as Lots of record which were approved for single family dwelling use prior to implementation of the more restrictive requirements of COMAR 26.04.03 and .04.*

**PERCOLATION TEST
CERTIFICATION PLAN**

Kasemeyer Property

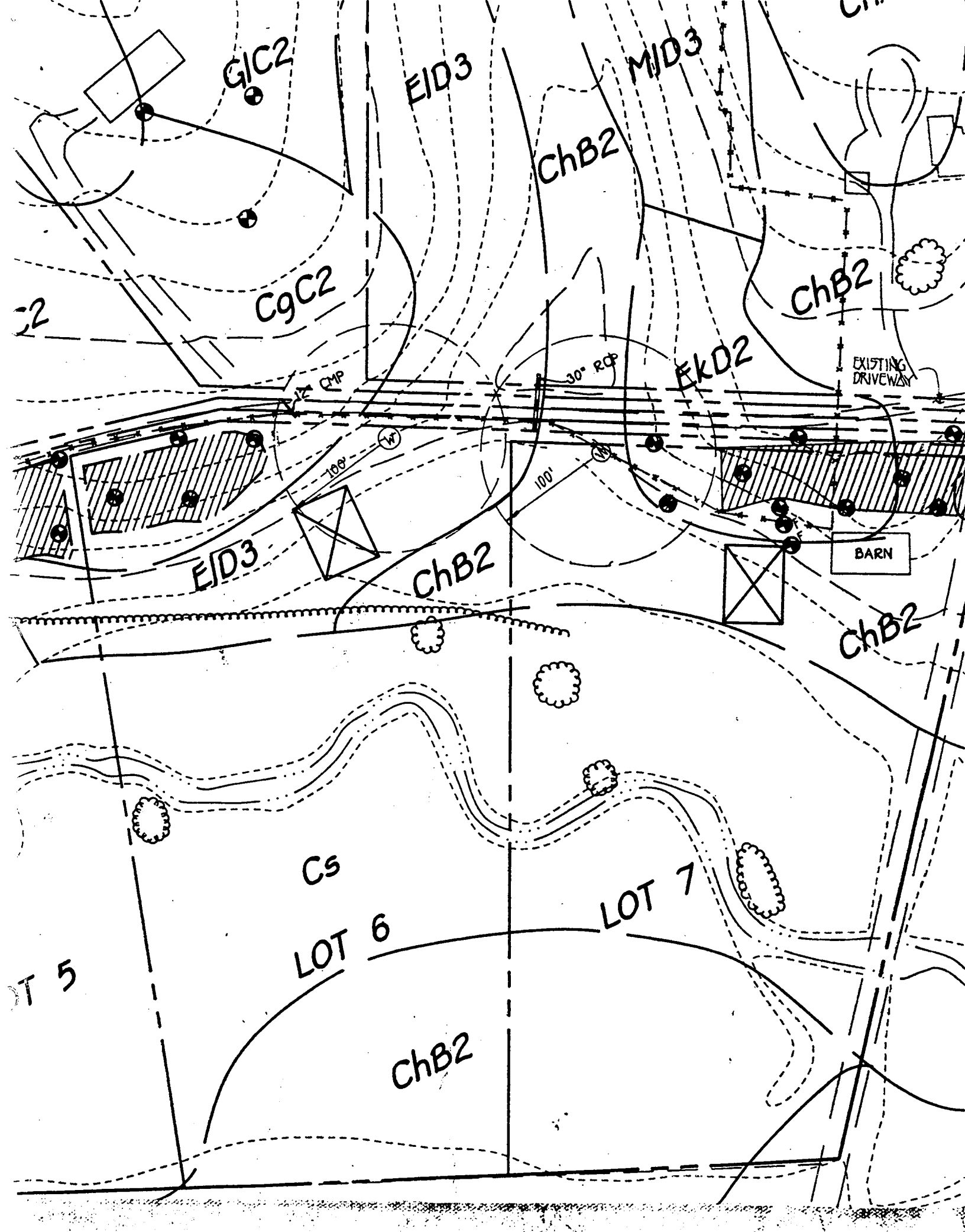
† FIRST ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 15 PARCELS 188-192, 197 AND 198



Scale: 1" = 100'

DATE MAY 22, 1996

30552PCL.DWG



GIC2

EID3

MID3

ChB2

C9C2

ChB2

EKD2

EXISTING DRIVEWAY

2

1/2" CMP

30° ROP

100'

100'

EID3

ChB2

BARN

ChB2

Cs

LOT 6

LOT 7

T 5

ChB2



ROAD

EKC2

~~THE RIGHT TO USE THIS PORTION OF THE~~
PRIVATE SEWAGE DISPOSAL EASEMENT TO BE
ACQUIRED FROM LOT 5 AND 6.
DRIVEWAY ACCESS ACROSS THIS EASEMENT
IS PROHIBITED
A BUILDING PERMIT FOR LOTS 5, 6 & 7
WILL NOT BE ISSUED UNTIL AN
EASEMENT FOR THE SEWAGE DISPOSAL
AREA IS RECORDED ACROSS THE PIPE STEMS
OF LOTS 5 AND 6.

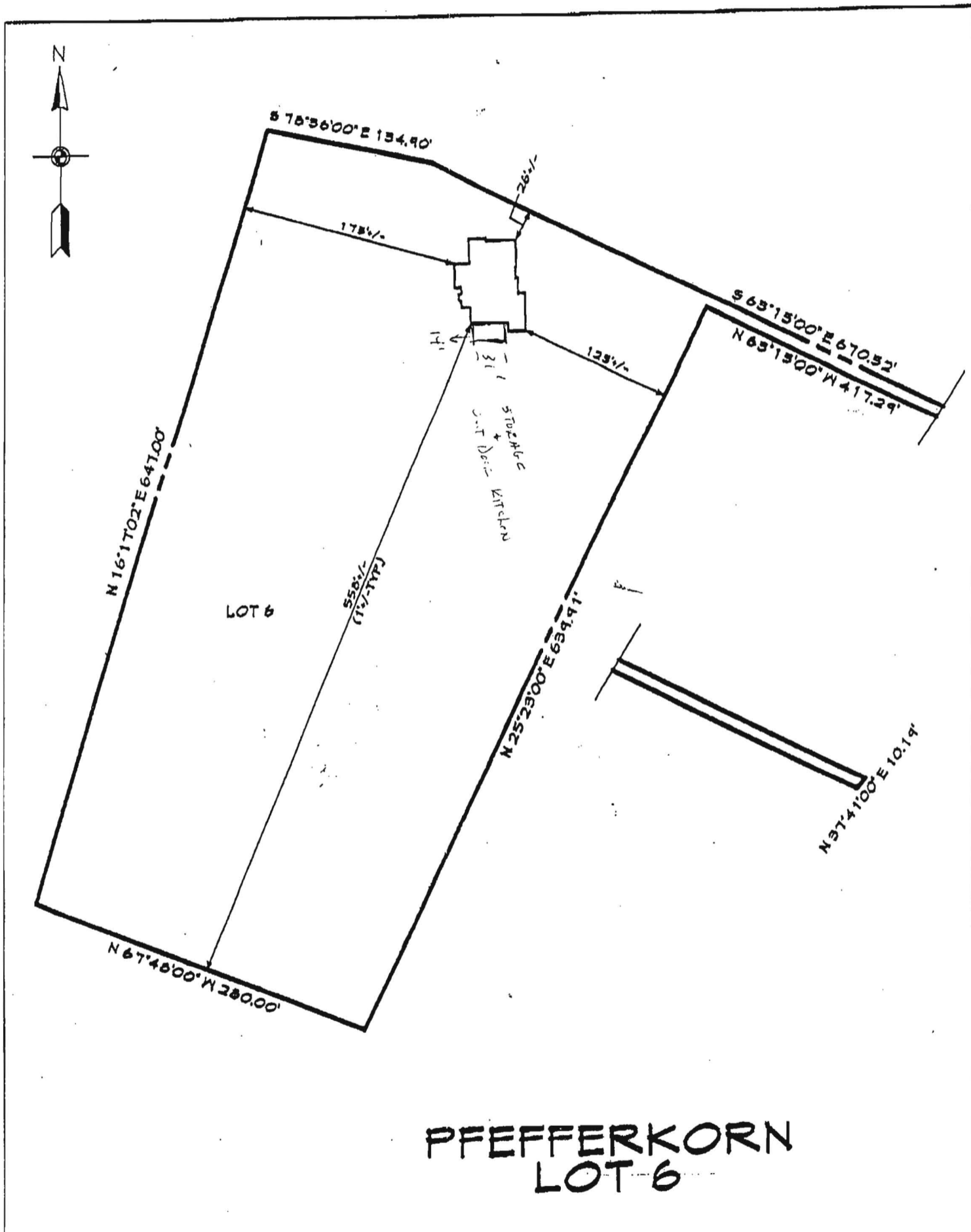


EXHIBIT E
RECORD PLAT

SEP-30-2002 01:36 PM CLSI

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P. 02




Buyers' Initials


Seller's Initials