

8/26/97
1PM OPEN TRENCH
8127197
w/m c.o.

04-346254

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58937

A 38977

DISTRICT 4th

DATE 8-25-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

410-313-2640

DATE SYSTEM APPROVED 8/27/97

INSPECTOR R. P. [Signature]

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Hickory Estates LOT 2 ROAD 3206 Florence Road

PROPERTY OWNER Brian and Anne Marie Madden

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM


LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the intersection of the 345.92' and 426.98' lot lines, place the distribution box 180 feet up the 426.98' lot line and 70 feet off that same lot line. Run trenches on contour towards the 345.92' lot line.

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

OK km 7-30-97

PLANS APPROVED BY  Amy McMillen

REVISED _____ DATE)&?@*?((&

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

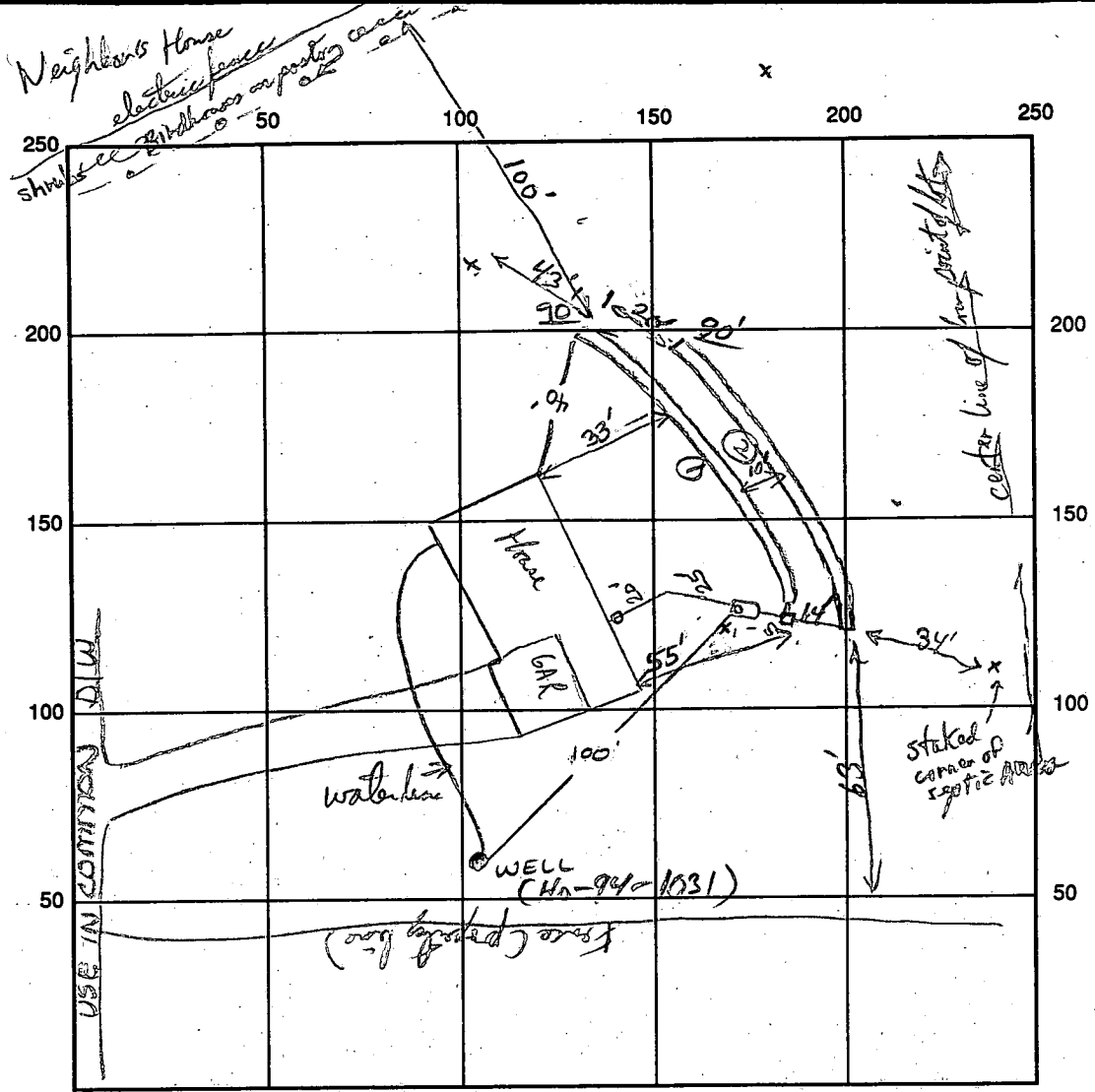
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250gal OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 90 FT. TRENCH WIDTH 2 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 8/26/97 OK to stone trenches ALM Trenches OK to cover RJP 8/29/97

WPI - 1st floor depth OK to 4ft to cover - RJP 8/29/97

DATE SYSTEM APPROVED 8/29/97 INSPECTOR RJP

APPLICATION

SEWAGE DISPOSAL TESTING

A 38977

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4TH

DATE 3-26-87

HICKORY ESTATES

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 Joseph Connolly *BRIAN & ANNE MARIE MADDEN*

ADDRESS 7535 Montevideo Road PHONE 799.5988

PROPERTY LOCATION:

SUBDIVISION 3210 Florence Road LOT NO. 2

ROAD AND DESCRIPTION 1000+ ft. northwest of Ed Warfiend Road
(3206 FLORENCE ROAD)

**BLDG. PERMIT SIGNED
AND RETURNED 7-22-97**

Serial # B70100720

SIZE OF LOT 3+ acres TYPE BLDG. SFD - 4 Bm

(NUMBER OF BEDROOMS)

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. *Sylvia Bal*
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

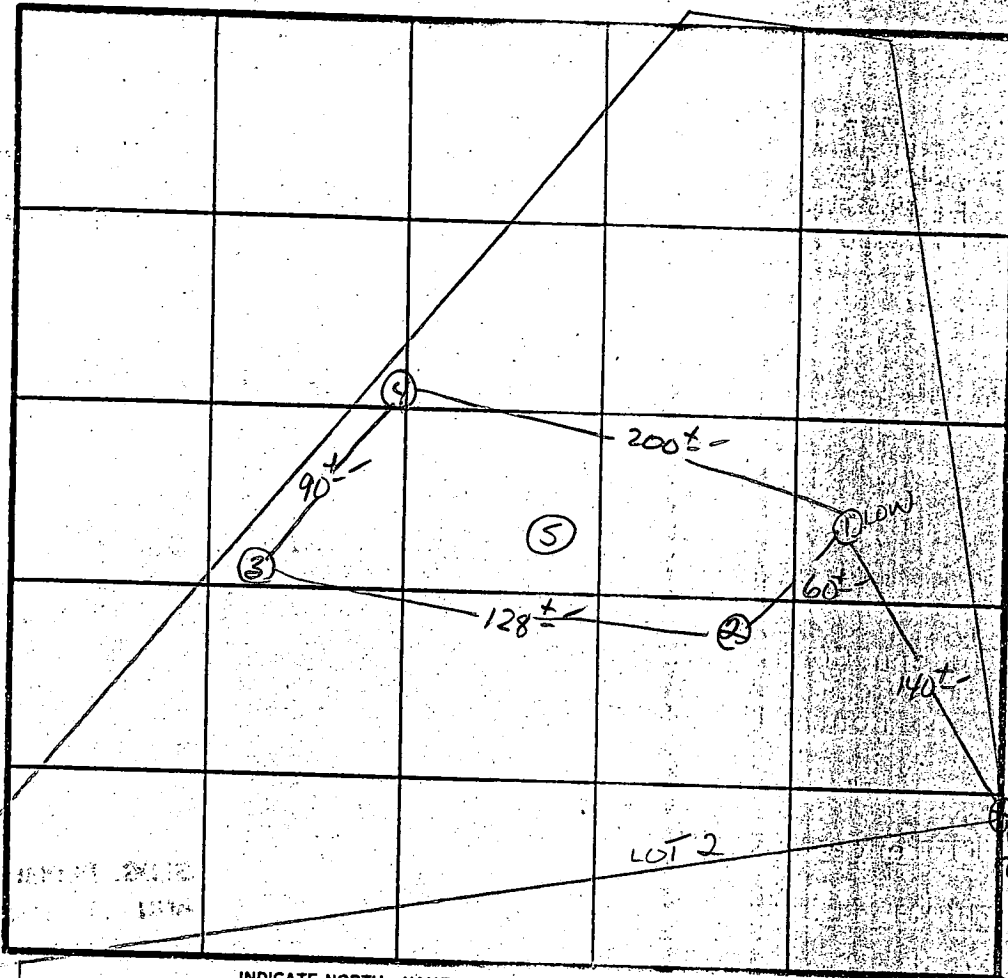
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING *4-3-87 Perc test satisfactory; hold for final. S.A.H.*

THIS IS NOT A PERMIT

① ② ③ ④
⑤
SOIL PROFILE

9"
AP
Yellow Br
Silt Loam
10% TCCM
10-15% Frag
5-5.5'
Yellow Br; to
Red Brown
Silt Loam
20-25%
Fragments
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ Florence Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/87	1 S	6"	11:21:30	11:27	11:27	11:44	17 MIN
	1 V	13"	Uniform soil	below 5.5'			
	2 S	6"	11:26	11:29	11:29	11:36	7 MIN
	2 V	13"	Uniform soil	below 5.5'			
	3 S	5"	11:38	11:39	11:39	11:42	3 MIN
	3 M	8"	11:43	11:44	11:44	11:47	3 MIN
	3 V	13"	Uniform soil	below 4.5' - otherwise same as # 1 & 2			
4 S	4.5"	11:44	11:45:30	11:45:30	11:50	4.5 MIN	
4 V	13"	Uniform soil	below				
5 V	13"	Uniform soil	below 4.5' otherwise same as # 1 & 2				

REMARKS

Holes Diff than Plat

TYPE OF SOIL

MANOR - ME MRY

S. Abel

B 1 **8243** SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HO-94-1031
 fill in this form completely

Date Received (APA) **120996**
 OWNER INFORMATION
GENERATION BUILDERS
 15 Last Name Owner First Name 34
2335 MONTELUISO RD
 36 Street or RFD 55
JESSUP MD 20794
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 HOWARD
 8 COUNTY
 HICKORY EST
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 FLORENCE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/ MGD/ MWD
Ralph E. Mayne 117
 Driller's Name 77 License No. 80
Ralph Mayne Well Drilling
 Firm Name
17024 HARRY RD. MT. AIRY MD
 Address
Ralph E. Mayne 12/19/97
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 FLORENCE RD.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 200 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 47
 38 39
 TAX MAP: 13 BLK: 116 PARCEL 284

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

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)

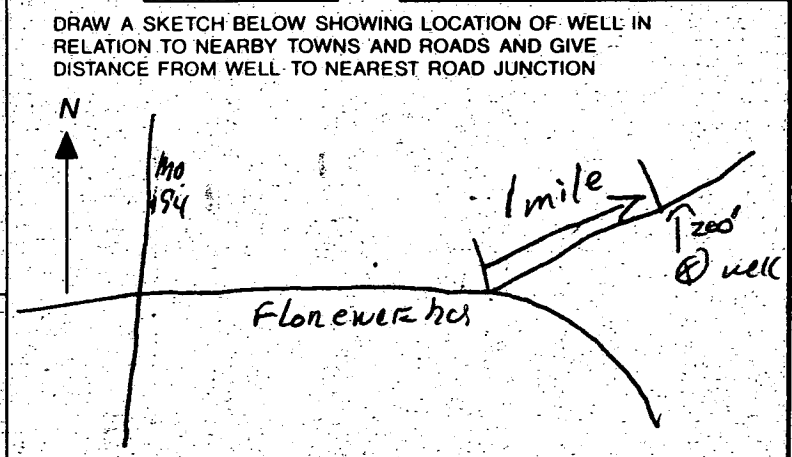
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A38977
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED
 1122996 Mark E. Rifkin 12/24/97
 43 48 CO SIGNATURE EXPI DATE
 NORTH GRID 533000 EAST GRID 0775000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 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 7705
 N 5303
 000 000
 11:30 AM 12/10 - 12/25/97
 NO REP

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)
 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) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 GAP 63
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-94-1031**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
410-485-0098

C1 **6523** SEQUENCE NO. (MDE 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 **A38977**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MY - 27 - 97
 15 20
 Depth of Well
 365
 22 28
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
#0-94-1031
 20 29 30 31 32 33 34 35 36 37

OWNER **Generation Builders**
 STREET OR RFD **Florence Rd** TOWN **Florence**
 SUBDIVISION **HICKORY EST** SECTION _____ LOT **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	
Brown Shale	2	60	✓
Brown Slate	60	65	
Blue Slate	65	80	
Brown Slate	80	85	✓
Blue Slate	85	225	✓
Flint Rock	225	228	
Blue Slate	228	365	

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 **25** NO. OF POUNDS **2500**
 GALLONS OF WATER **150**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **304** ft. to **304** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER

MAIN CASING TYPE **PL**
 Nominal diameter top (main) or size (nearest inch) **6**
 Total depth of main casing (nearest foot) **70**

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

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

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **(Y)** **(N)**

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

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE MENTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD112**
Theresa E. Maynard
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MSD112**
Theresa E. Maynard
 SITE SUPERVISOR (sign. of drill or journeyman)

C 2 DEPTH (nearest ft.)
HO 68 365
 1 2
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 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) (E.R.O.S.) W Q
 70 72

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **37** ft.
 WHEN PUMPING **135** ft.
 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 (CIRCLE) (YES or NO) **(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 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **36**

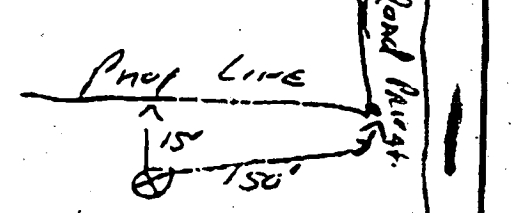
PUMP HORSE POWER: **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height) **(+)** above

LAND SURFACE **(-)** below **2** (nearest foot) **60 61**

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **9397** 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
140-81-2451
 fill in this form completely

Date Received **110283**
 OWNER INFORMATION
 Last Name **CONNOLLY** Owner First Name **JOHN**
 Street or RFD **5512 RIDGE RD**
 Town **LOCSUP** State **MD** Zip **20794**

B 3 LOCATION OF WELL
 COUNTY **HICKORY**
 SUBDIVISION **HICKORY ESTATES**
 SECTION **44** LOT **2**
 NEAREST TOWN **WOODBRINE**
 MILES FROM TOWN (enter 0 if in town) **5** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Wayne** License No. **238**
 Firm Name **Joseph L. Wayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph L. Wayne** Date **10/26/87**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Florence Rd**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **373** FT
 ENTER FT OR MI **FT**

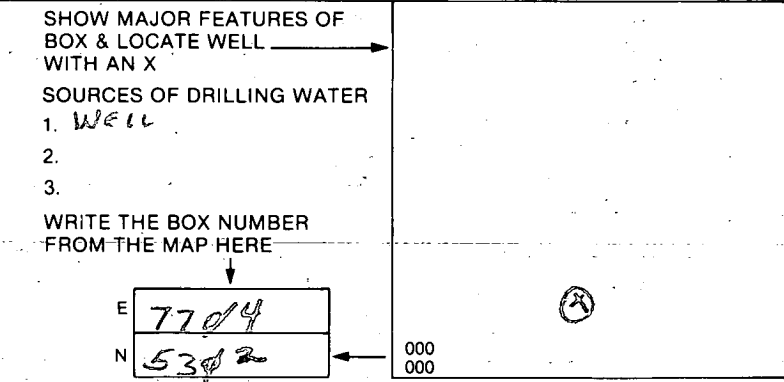
B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

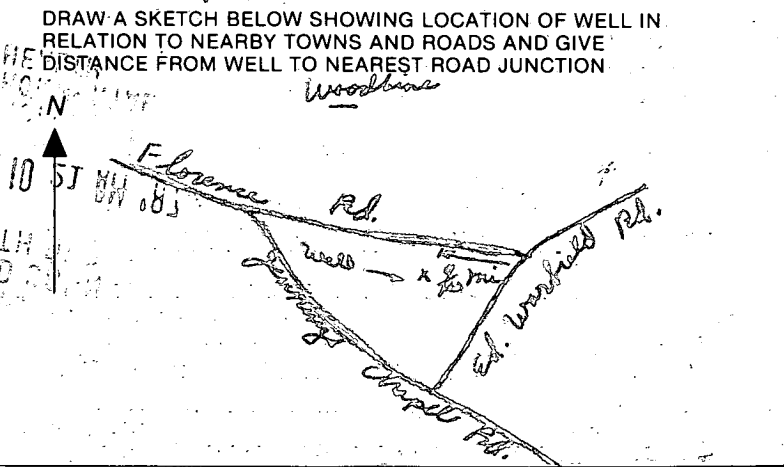
CANCELLED BY TAG
 DRIER RETURNED
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HARRIS** COUNTY NO. **A-38977**
 OEP SIGNATURE **Submittal** STATE HEALTH INSERT S
 DATE ISSUED **112487** CO SIGNATURE **05-23-88** EXP. DATE
 NORTH GRID **532000** EAST GRID **0774000**

APPROXIMATE DEPTH OF WELL **200** 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 _____



REPLACEMENT OR DEEPEINED 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
 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 **CA** WRITE INITIALS IN BOX PERMIT No. **140-81-2451**

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
~~461-0003~~

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date 8-14-97

Name of Installer Charles A Klein + Sons Inc Telephone 410-549-6960

License Number 18 21
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Gentry Homes Inc Telephone 410-795-1252
Subdivision Hickory Estate Lot # 2 Well Tag # HO-94-1031
Site Address 3206 Florence Road Woodlawn 21797

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

*8/27/97 water line OK to cover
with adapter OK @ 4 ft
AP 8/29/97*

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.

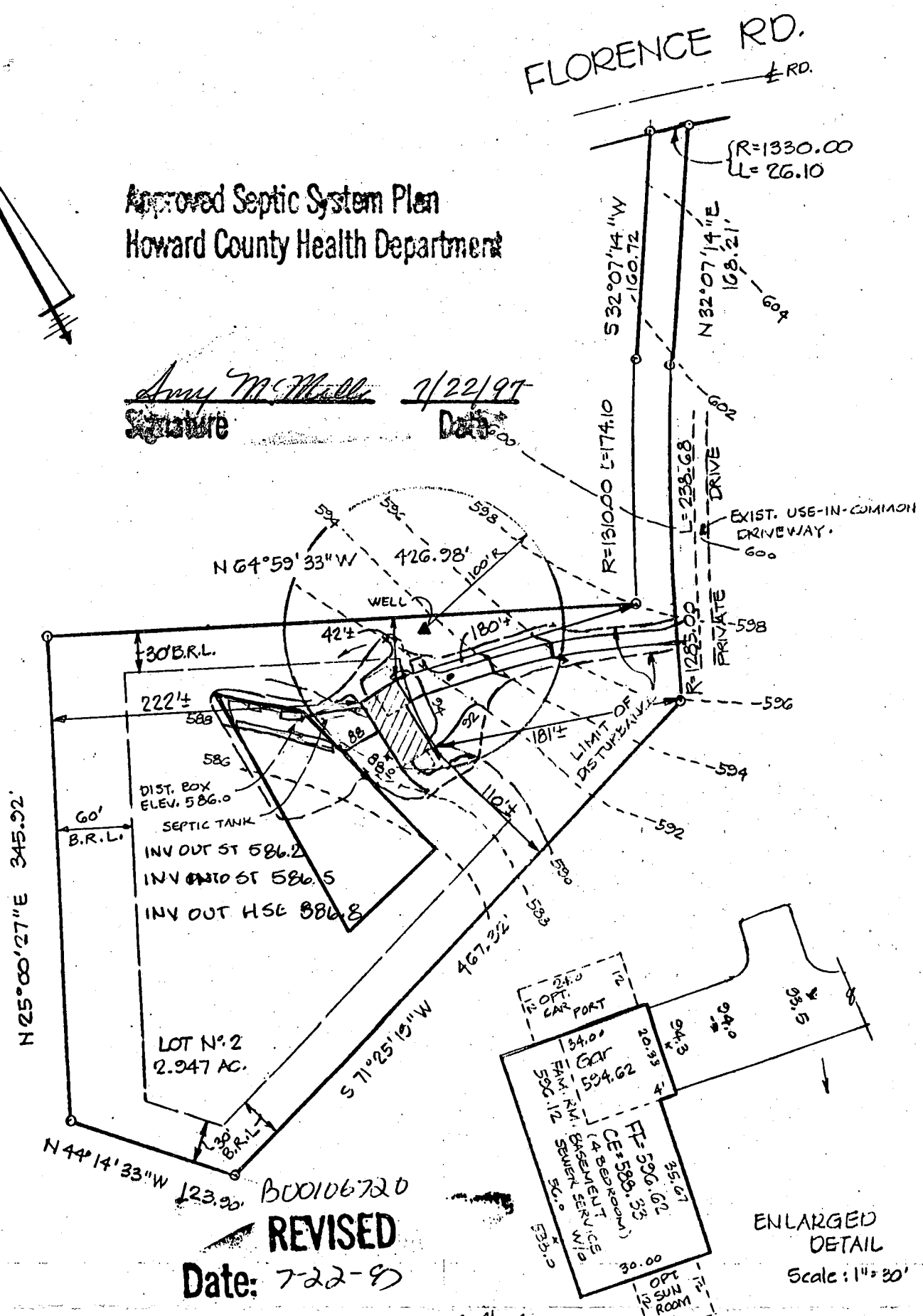
Signature of Applicant: Charles A Klein Jr

Date: _____

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

Approved Septic System Plan
Howard County Health Department

Amy M. McMillan 7/22/97
Signature Date



REVISED
Date: 7-22-97

ENLARGED
DETAIL
Scale: 1"=30'

NOTE: **Comments:** House shifted
SEPTIC TRENCH DETERMINED AT TIME OF PERMIT. *Per Health* #3206 FLORENCE RD.

SEDIMENT CONTROL DEVICES AS
REQUIRED BY THE SEDIMENT
CONTROL INSPECTOR.

PLOT PLAN
LOT No. 2
"HICKORY ESTATES"
4TH ELECT. DIST. HOWARD CO., MD.



<h1>CLSI</h1> <p>Carroll Land Services Incorporated</p> <p>Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street Westminster, MD 21157-3539 (410) 876-2017 FAX (410) 876-0009</p>	DRAWN BY: B.D.
	DESIGN BY: B.D.
	REVIEW BY:
	DATE: 4/30/97
	SCALE: 1"=100'
	JOB NO: 97032
SHEET: 1 OF 1	