

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 511934

A 39242

DISTRICT \_\_\_\_\_

DATE 6/8/99

DATE SYSTEM APPROVED 8/25/99

INSPECTOR S.R.H.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Westside LOT 8 ROAD 5943 Clifton Oaks Drive

PROPERTY OWNER Richard Tinker

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet off the 535.68' lot line and 190 feet off the 575.75' lot line as seen from Clifton Oaks Drive. Run trenches along contour towards the 466.68' 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. OKMR

PLANS APPROVED BY Donna K. Soe DATE 11-12-98

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

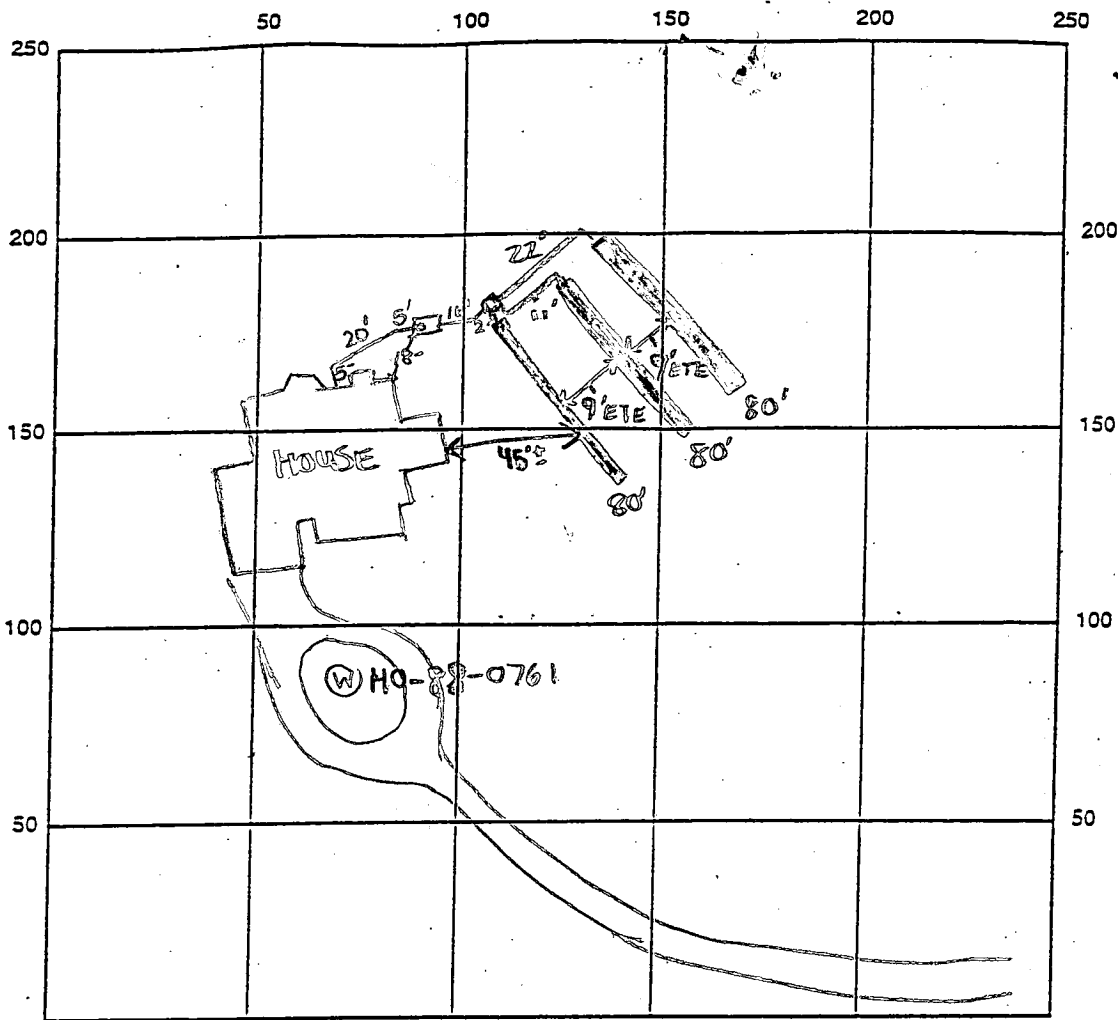
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLDG. PERMIT SIGNED  
AND RETURNED 6/28/2000  
300125189  
DECK W/STEPS

139242



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on s.t.  
 DISTRIBUTION BOX LEVEL OK Baffle is in  
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 8/23/99 a.m. Trench depths and layout confirmed - OK  
to start installation. DKS  
8/23/99 a.m. OK to install trenches and proceed DKS  
8/25/99 - OK TO COVER ALL WORK, WPI OK (SRK)

DATE SYSTEM APPROVED 8/25/99 INSPECTOR Steven R. Krieg

# APPLICATION

PERCOLATION TESTING

A 39242

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5

DATE 4-16-87

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 RAO GROUP Inc Richard Tinker

ADDRESS 6570 Rt 32, CLARKSVILLE, MD 21029 PHONE 854-0809

PROSPECTIVE BUYER RAO GROUP Inc

ADDRESS 6570 Rt 32 CLARKSVILLE, MD PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOVENGER PROPERTY LOT NO. B

ROAD AND DESCRIPTION C 5909 TEN OAKS Rd, CLARKSVILLE  
(5943 Clifton Oaks Drive)

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3.10 AC

**BLDG. PERMIT SIGNED**  
**AND RETURNED 11-12-98**  
*Serial # 300114184*  
Single Family - 4 Bed  
(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.

Uttapalwa  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

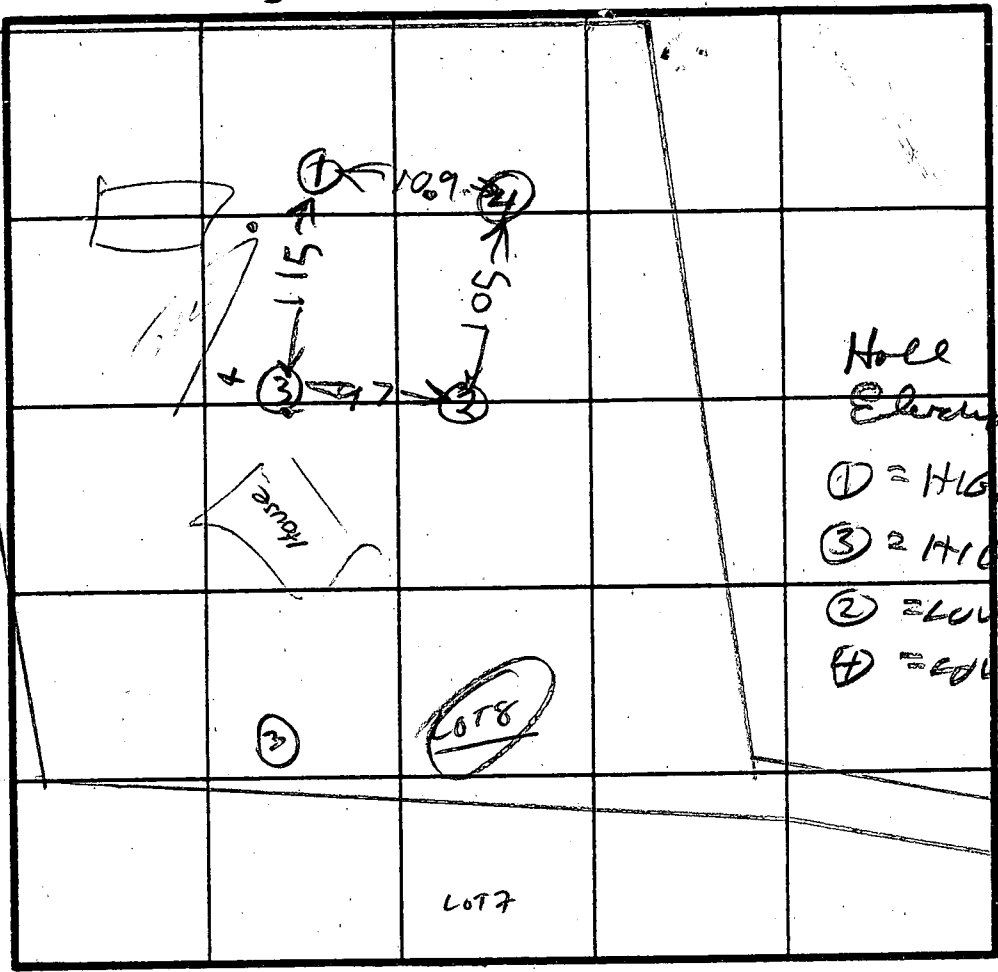
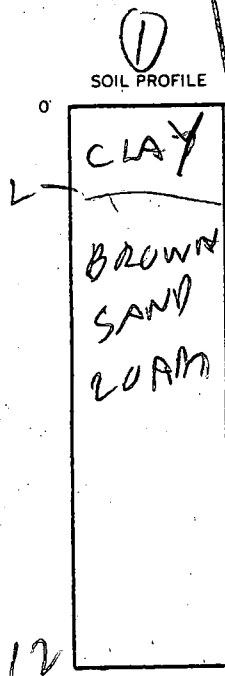
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6/29/87 PERC OK HOLD FOR PLAT R/H

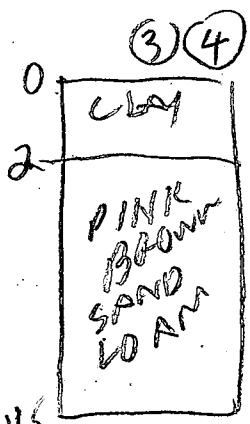
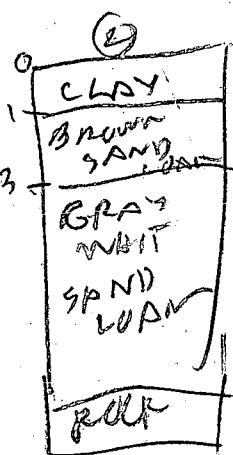
# THIS IS NOT A PERMIT

1079

̄ PERC 3min  
180 φ/BA  
INlet 3'  
BOTTOM 5'



Hole Elevation  
① = HIGHEST  
③ = 2nd HIGHEST  
② = LOWEST  
④ = EDGE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TEN OAKS Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/29/87	1 S	3	1214	1218	1216	1219	3
	1 D	6.5	1214	1216	1216	1215	3
	1 V	12	OK				
	2 S	7.5	1216	1217	1217	1218	2min
	2 V	10.5	ROCK - NOT TO				
	3 S	3	1221	1222	1222	1224	2min
	3 V	11.5	OK				
	4 V	11	OK				

REMARKS: Hole ② DUG PER SURVEY ON PLAT.  
 TYPE OF SOIL: ① ③ ④ DIFFERENT (TO AVOID SILTAGE TRENCH) RH  
 TESTED BY: R. Hodges SHALLOW SYST ONLY/8A ALSO PRESENT

EH-12-1079

# APPLICATION

PERCOLATION TESTING

A 39243

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5

DATE 4-16-87

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 RAO GROUP INC

ADDRESS 6570 RT32, CLARKSVILLE PHONE 854-0809

PROSPECTIVE BUYER RAO GROUP INC

ADDRESS 6570 RT32 CLARKSVILLE PHONE 854-0809

PROPERTY LOCATION:

SUBDIVISION CLOVENGER PROPERTY LOT NO. 9

ROAD AND DESCRIPTION @ 5909 Ten Oaks Rd, CLARKSVILLE

TAX MAP 34 PARCEL # 3

SIZE OF LOT 3.20 AC TYPE BLDG. Single Family  
(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]  
(SIGNATURE OF APPLICANT)

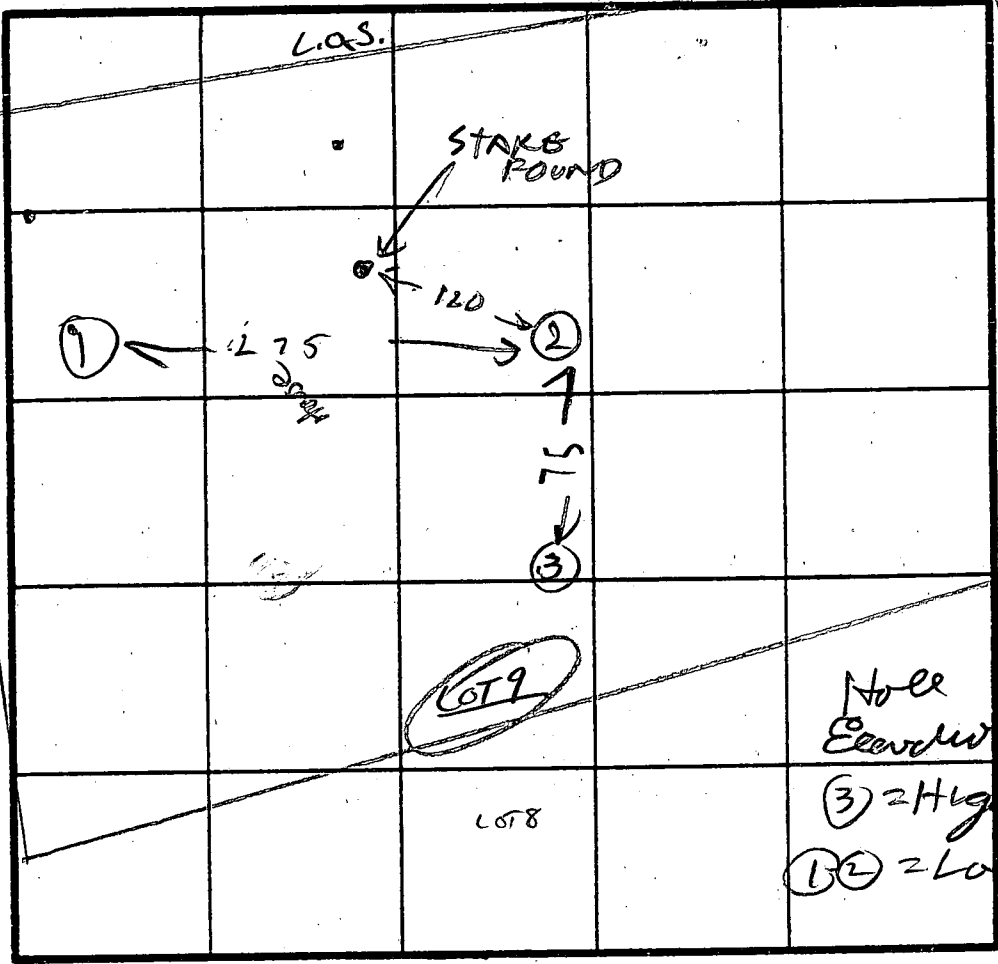
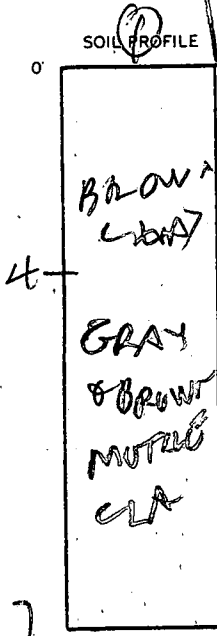
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

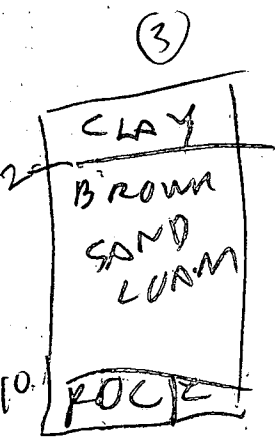
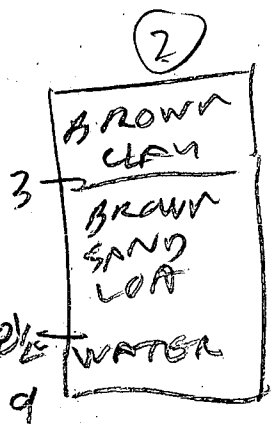
REASONS FOR REJECTION OR HOLDING 8/29/87 - UNSAT CLAY & WATER  
& NO HOUSE SITE R13

# THIS IS NOT A PERMIT



110  
25  
25  
110  
250  
25  
75

ROADWAY



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/67	1 V	7	ALL	CLAY	UNSAT		
6/27/67	2 V	9	WATER	OK	UNSAT		
6/27/67	3 V	10	OK	BUT	TOO NEAR HOUSE SITE		

REMARKS: Hole 1 dug per survey on plat

TYPE OF SOIL: \_\_\_\_\_

TESTED BY: B. Hodges

Boyer JACK & SKIP  
ALSO PRESENT

C1 **0216** 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 **A-39242**

ST/CO USE ONLY DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **072889** Depth of Well **345** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-0761**

OWNER **Roc Bob** last name first name STREET OR RFD **CLIFF HUNTERS DR.** TOWN **CLIFFSIDE** SUBDIVISION **Westside** SECTION **8** LOT **8**

**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	
<b>SANDSTONE</b>	<b>0</b>	<b>49</b>	
<b>Cherty shale</b>	<b>49</b>	<b>345</b>	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **10** NO. OF POUNDS **940**  
 GALLONS OF WATER **60**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **42** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **55**

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

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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN 1 **H0** 2 **54** 3 **345**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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. **238**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP 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.) **505**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **25**  
 WHEN PUMPING **195**  
 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

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



B 1 **5617** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

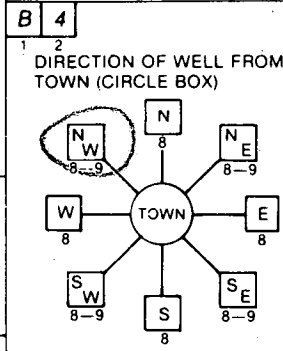
STATE OF MARYLAND  
**PERMIT TO DRILL WELL**  
 please print or type

STATE PERMIT NUMBER  
**HO-99-0761**  
 fill in this form completely

Date Received (APA) **052199**  
**OWNER INFORMATION**  
 Last Name **RAO** Owner First Name **BOB**  
 Street or RFD **6520 Rt 32**  
 Town **CLARKSVILLE** State **MD** Zip **21029**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **Westside**  
 SECTION **9** LOT **2**  
 NEAREST TOWN **CLARKSVILLE**  
 MILES FROM TOWN (enter 0 if in town) **1.3** MI

**DRILLER INFORMATION**  
 Driller's Name **Joseph L. Mayne** License No. **238**  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5512 Ribco Rd. Mt Airy 21771**  
 Signature **Joseph L. Mayne** Date **5/24/89**



**CLIFTON OAKS DR.**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **500**  
 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **A-39247**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **061689** CO SIGNATURE **Craig Williams** EXP. DATE **12/16/89**  
 NORTH GRID **501000** EAST GRID **0812000**

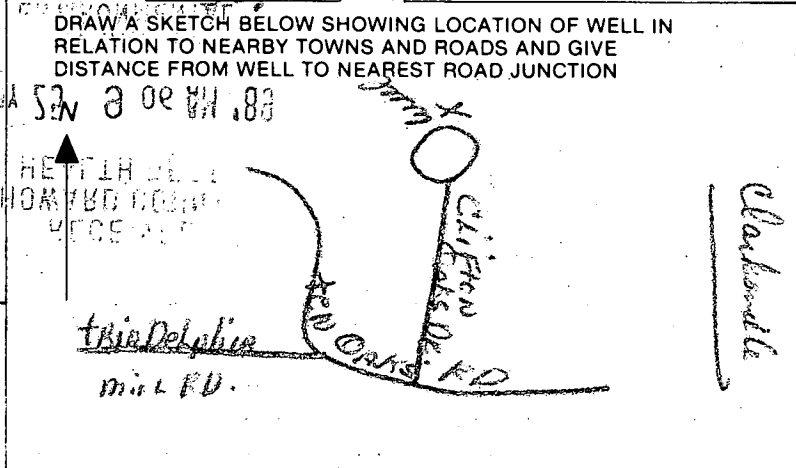
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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. **well**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE

**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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-99-0761**



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 11-15-99

Name of Installer ASSOCIATED PLUMBING SERVICES

Telephone 410 242-2600

License Number 1787

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner RICHARD TINKER

Telephone 410-884-0950

Subdivision WESTSIDE Lot # 8

Well Tag # \_\_\_\_\_

Site Address 5943 CLIFTON OAKS DR 21029

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible

Motor

- 1. Horsepower 3/4 HP
- 2. RPM 3350
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make CAMPBELL
- 2. Model # \_\_\_\_\_
- 3. Depth 48"

2. Make Goulds

3. Model # 5150742

4. Capacity \_\_\_\_\_ GPM

5. Pump exceeds well capacity Yes  No  *DEPENDS ON STATIC LEVEL OF WATER*

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

- 1. Capacity XX251
- 2. Pressure relief valve? yes

Piping

- 1. Type Crosslink HD100
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 48"

Well data

- 1. Depth 345 ft.
- 2. Yield 5.5 GPM
- 3. Static water level 25 ft.
- 4. Will water supply be disinfected by installer? yes

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).

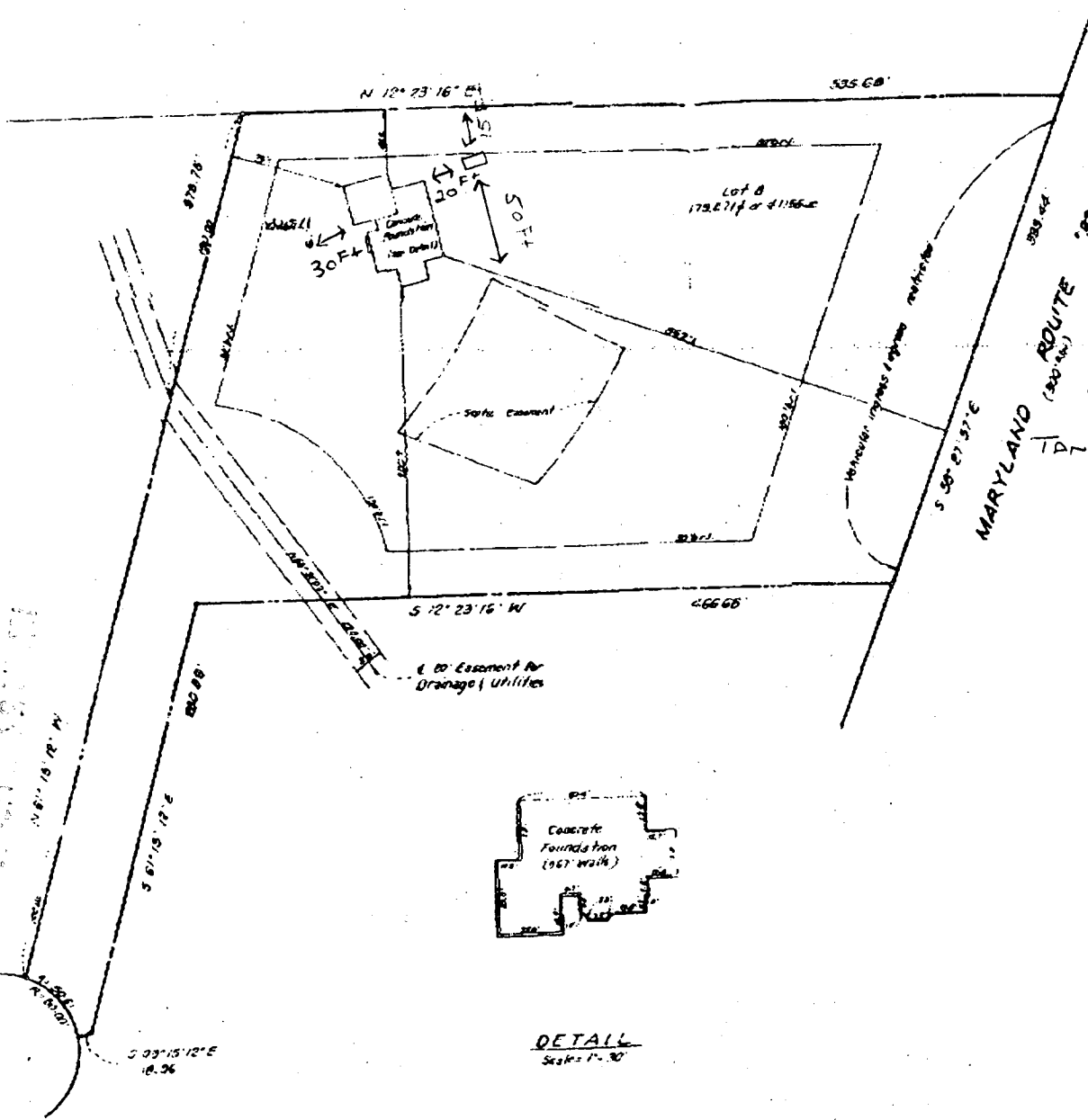
All information given above is true to the best of my knowledge.

Signature of Applicant: Lawrence J. Kappas

Date: 11/15/99

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

CLIFTON OAKS DRIVE



DETAIL  
Scale = 1" = 30'



• Hub of Tank set as indicated. Cut/Fill as to finished best elevation and finished driveway surface 4-10-00  
 - Wall check 6-1-00

Install (1) 1000 Gallon ASME UNDER GROUND LP TANK PER NFPA 58

*[Redacted text]*



**SURVEYORS CERTIFICATE**  
 I hereby certify that the location of all the existing improvements on the above described property and those hereby proposed are as shown on this plan and as indicated on the original survey of this tract in 1987.  
 DATE: 4-19-99  
 [Signature]  
 [Name]  
 [Title]

House Location Plot  
 Clifton Oaks Drive  
 Lot 8

**WESTSIDE**  
 5<sup>th</sup> Election District  
 Howard County, Maryland

<b>SURVEYS, INC.</b> CONSULTING • SURVEYING • LAND PLANNING FIELD SERVICES 14000 Greenleaf Road Laurel, Maryland 20646 301 771 0800	Date: 4-19-99	Sheet: 1 of 2
	Drawn by: [Name]	Scale: 1" = 30'
	File No: [Number]	Plot No: [Number]
	Title: [Text]	Block: [Text]

N 12° 23' 16" E

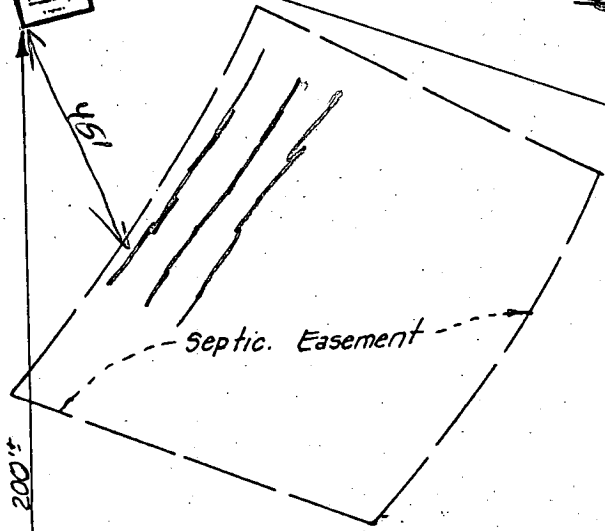
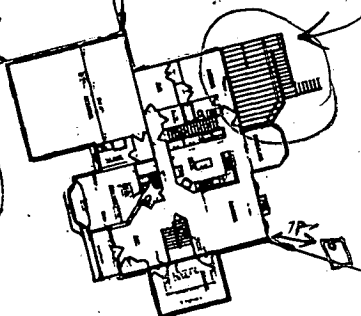
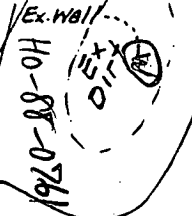
535.68'

575.75'

30' b.r.l.

Lot 8  
179.271 ± or 4.1155 ac.

Deck - 5943  
No Conflict with well  
or Septic system  
No Confirmed Septic  
B00125189  
CLIPPER oaks Driv  
352 ±



Vehicular ingress & egress restricted

30' b.r.l.

100' b.r.l.

30' b.r.l.

DRIVE

N 66° 50' 02" E  
220.00'

S 12° 23' 16" W

466.68'

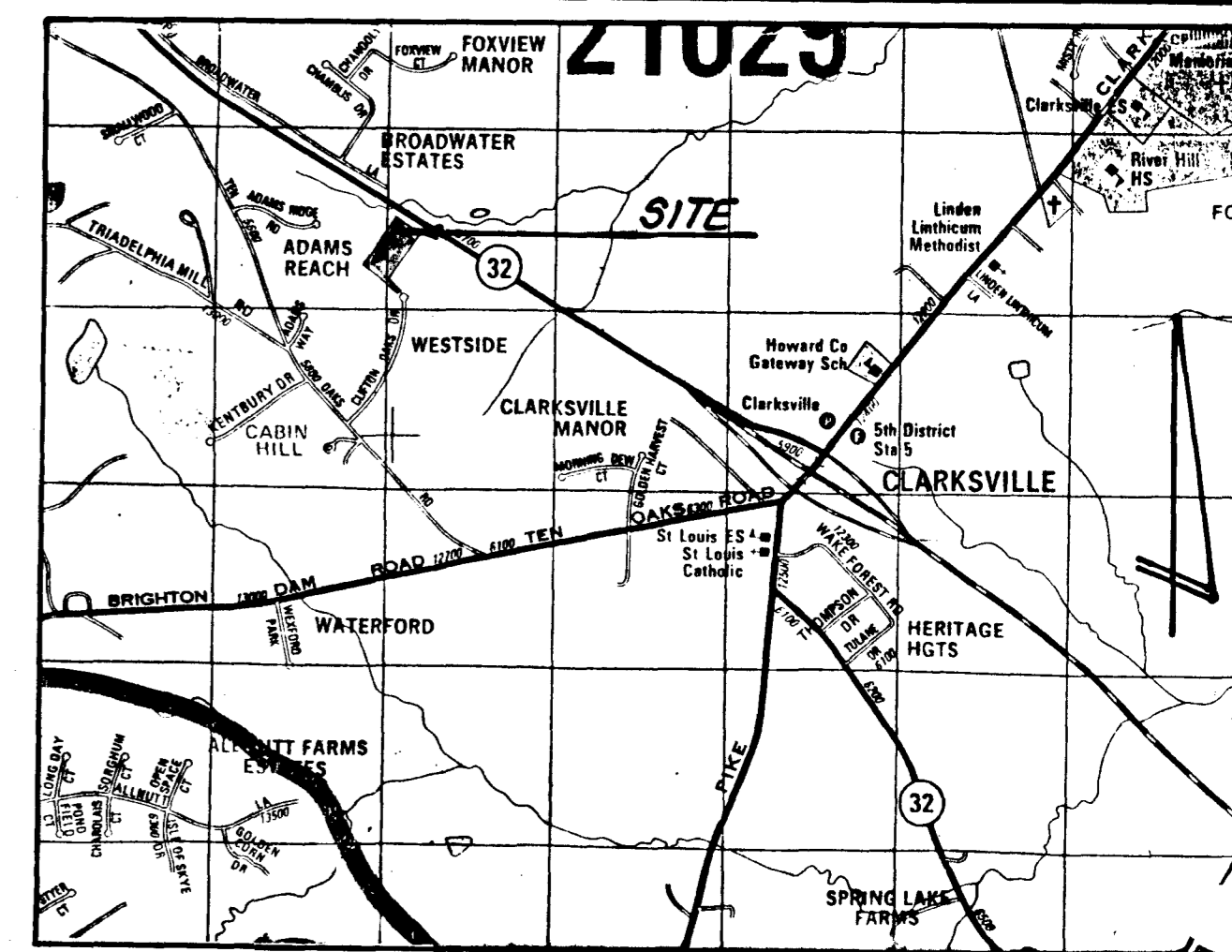
1rfd

1rfd

± 20' Easement for  
Drainage & Utilities

10.89'

S 58°



VICINITY MAP

Scale: 1" = 2000'

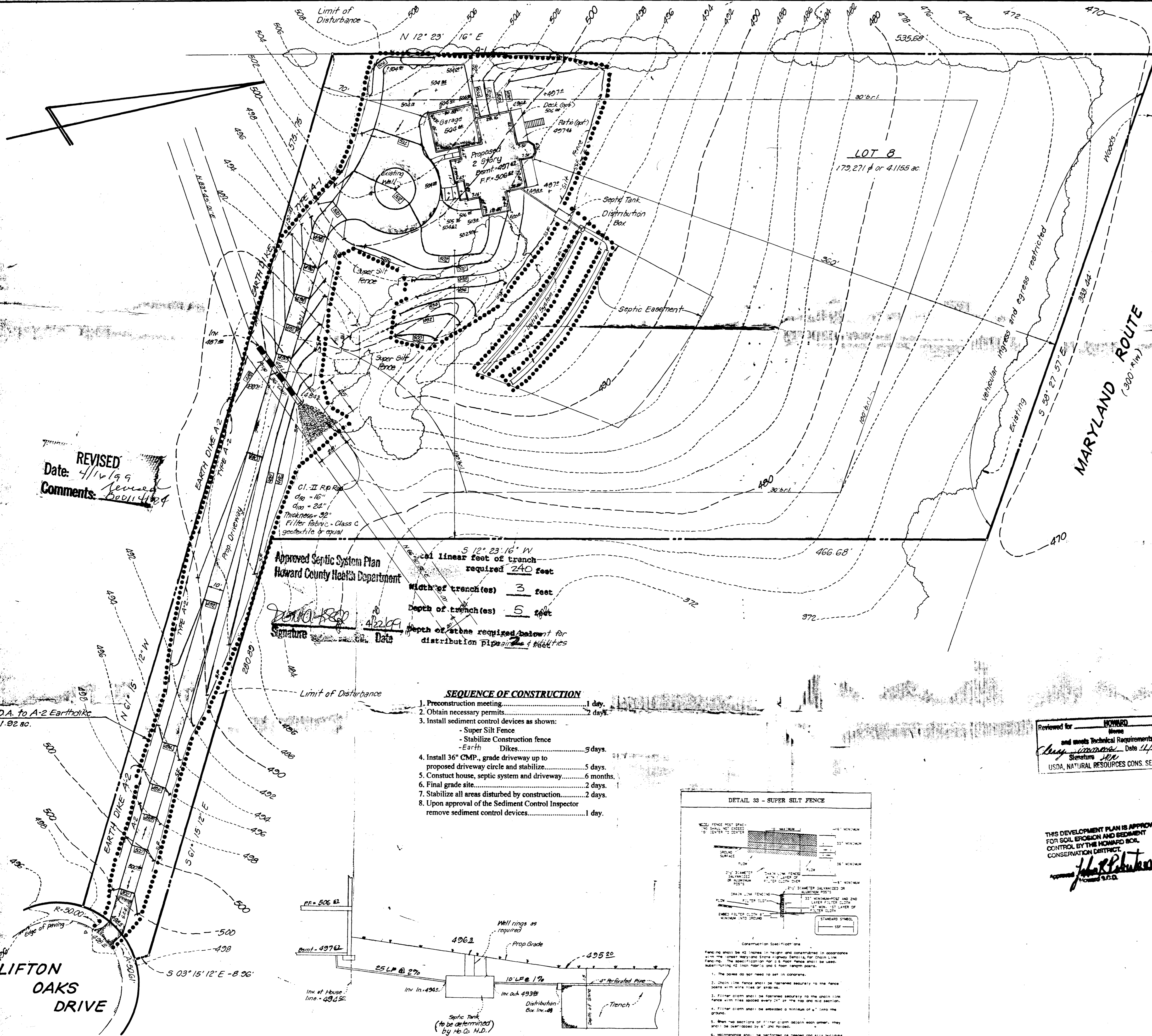
Copyright ADC "The Map People" Permitted use No. 20492158

**GENERAL NOTES:**

1. Property zoned : R, per 8-2-85 comprehensive zoning plan.
2. Property located on Tax Map 34, Parcel 3.
3. Topography taken from preliminary plan obtained from Howard county records.
4. Property shown on hereon is located with in Zone "C" as shown on F.E.M.A. Flood Insurance Rate Map Community Panel No. 240044-0032 B.
5. No title report furnished at the time of this plan, subject to all easements and Rights of ways of record.
6. ADC. Ho. Co. Locator Map 14, grid B6-C6.
7. Septic systems sizes and lengths to be determined by Ho. Co. Health Dept.
8. Water to be private, sewer to be private.
9. Driveway culvert analysis computations performed by:  
Fisher, Collins, Carter, Inc.  
10272 Baltimore National Pike  
Ellicott City, Md. 21044  
(410) 461-2855

**DEVELOPER:** Encore Communities, LLP  
9030 Redbranch Road  
Suite 100  
Columbia, Md 21045 Phone (410) 781-4844

**OWNER/APPLICANT:** Richard Tinker  
12105 Gold Ribbon Way  
Columbia, Md. 21044



**REVISED**  
Date: 4/16/99  
Comments: See 11/4/98

Approved Septic System Plan  
Howard County Health Department

Local linear feet of trench required **240 feet**

Width of trenches **3 feet**

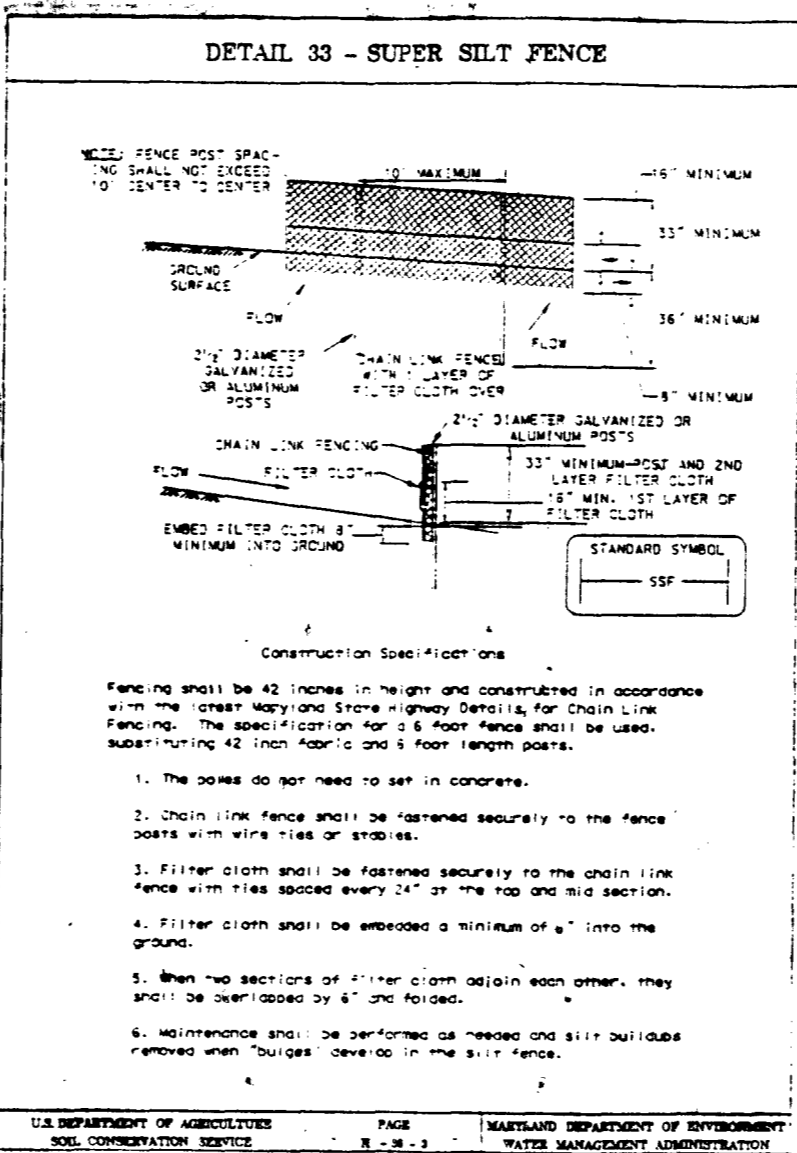
Depth of trenches **5 feet**

Depth of stone required below for distribution pipe **2 feet**

Signature: [Signature] Date: 4/22/99

**SEQUENCE OF CONSTRUCTION**

1. Preconstruction meeting..... 1 day.
2. Obtain necessary permits..... 2 days.
3. Install sediment control devices as shown:  
- Super Silt Fence  
- Stabilize Construction fence  
- Earth Dikes..... 3 days.
4. Install 36" CMP, grade driveway up to proposed driveway circle and stabilize..... 5 days.
5. Construct house, septic system and driveway..... 6 months.
6. Final grade site..... 2 days.
7. Stabilize all areas disturbed by construction..... 2 days.
8. Upon approval of the Sediment Control Inspector remove sediment control devices..... 1 day.



Reviewed for HOWARD COUNTY S.C.D. and meets Technical Requirements  
Signature: [Signature] Date: 4/16/99  
USDA, NATURAL RESOURCES CONSV. SERVICE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD COUNTY CONSERVATION DISTRICT.  
Signature: [Signature] 11/16/98

**DISTURBED AREA:**

SEPTIC HOUSE = 1,125 sq ft  
DWY = 20,117 sq ft  
TOTAL = 21,242 sq ft

STATE OF MARYLAND  
DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES

**GP-99-58** Rev. 4-5-99 House Type

SITE DEVELOPMENT SEDIMENT CONTROL PLAN  
Clifton Oaks Drive  
Lot 8

**WESTSIDE**

5th Election District  
Howard County, Maryland

**SURVEYS INC.**  
16031 Jerald Road  
Laurel, Maryland 20707 301-776-0561

1" = 30'  
REV 11-9-98  
Sheet 1 of 2

Sept. 12, 1998  
7993

98-40 L-055

HSCD# GP-99-58