

8/2/94  
clo 12:00: pm

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50142A

A 41019

DISTRICT 5th

DATE 7/11/94

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX4512073~~ 313-2640

### INDEXED

DATE SYSTEM APPROVED 7/2/94

INSPECTOR [Signature]

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Foxview Manor LOT 6 ROAD 5613 Foxview Court

PROPERTY OWNER Altieri Homes Dan Sunday

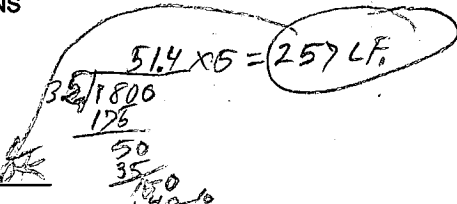
ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 258



TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3.5 feet below original grade. 3.5 feet of stone below distribution pipe.

LOCATION - Beginning at the right front lot corner as seen from Foxview Court, place the first trench 60 feet down the right lot line (251.61') and 110 feet off the right lot line (251.61'). Run trenches on contour toward the right lot line (251.61').

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/2/94 DKS

PLANS APPROVED BY Jane Nadeau/Donna Soe REVISED DATE 05/06/94

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, AND RETURNED 12/3/94

PERMIT VOID AFTER TWO YEARS

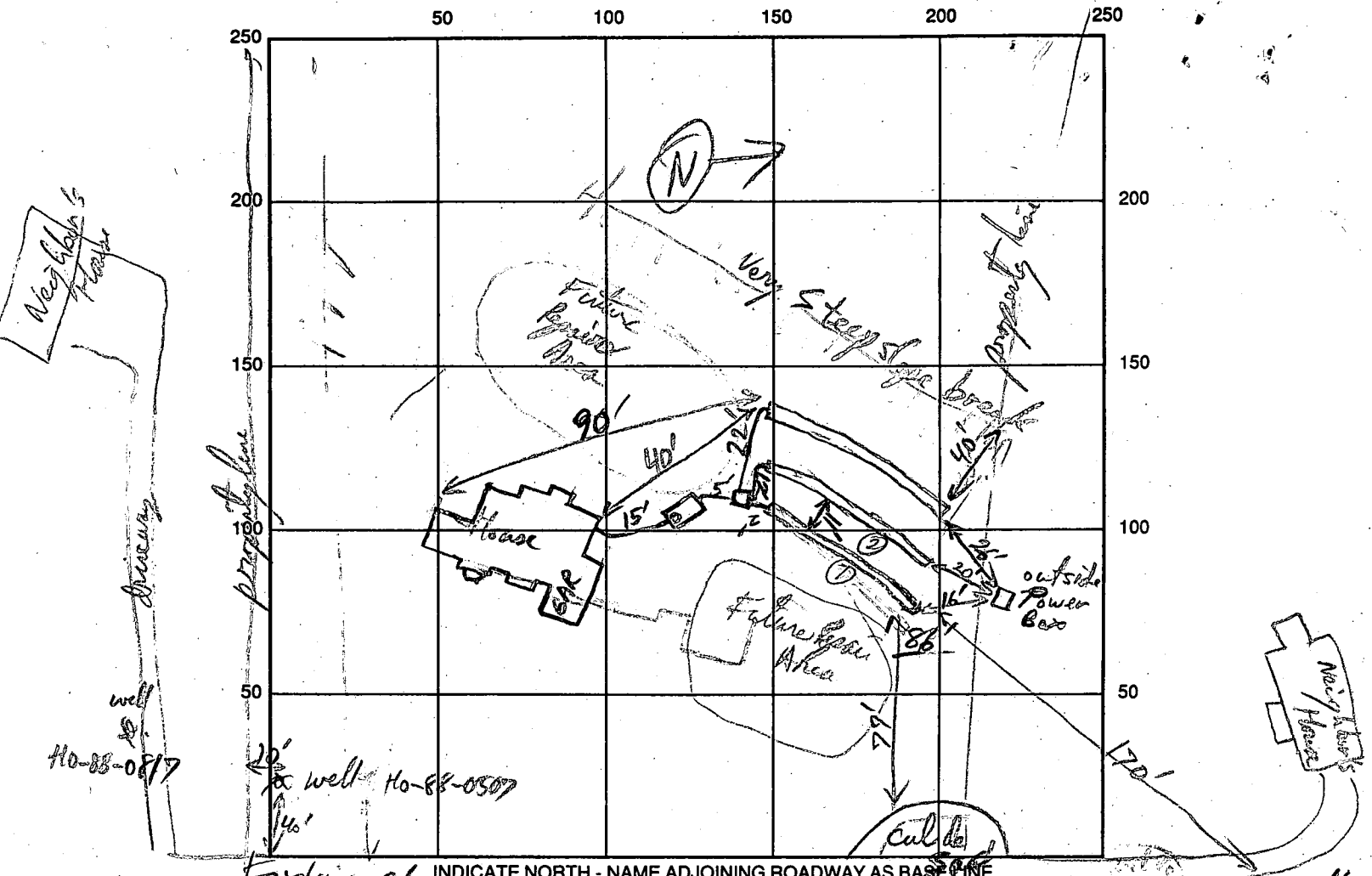
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED  
Serial # BM 103535 - deck

A  
41019



Foxview Ct. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS S.T.

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 1/2 FT. TOTAL LENGTH 1 1/2 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: S.T. + First Trench OK to cover, 2nd trench OK to fill 9/2/94 RJP  
OK to cover system 9/2/94

DATE SYSTEM APPROVED 9/2/94 INSPECTOR RJP

# APPLICATION

PERCOLATION TESTING

A 41019

P \_\_\_\_\_

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

DISTRICT 5th

DATE 2-14-88

TO: THE COUNTY HEALTH OFFICER  
ELLCOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J. E. Hinneath Construction ALTEKI

ADDRESS 8401 Murphy Rd. Laurel, MD 20707 PHONE 796-5504  
490-3666

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Foxview Manor LOT NO. new A6

ROAD AND DESCRIPTION Foxview Ct. off Chandely drive adjacent to  
Broadwater Lane (5613 FOXVIEW COURT)

TAX MAP 28 PARCEL # 69

SIZE OF LOT 3.0 acres TYPE BLDG SFD  
(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.

Christine A. Richards  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING Pending perc hole locations and subdivision plat approval. JEN

BLDG. PERMIT SIGNED  
AND RETURNED 5/6/94 5 Bm  
Serial # 53757-SFD

HD-216

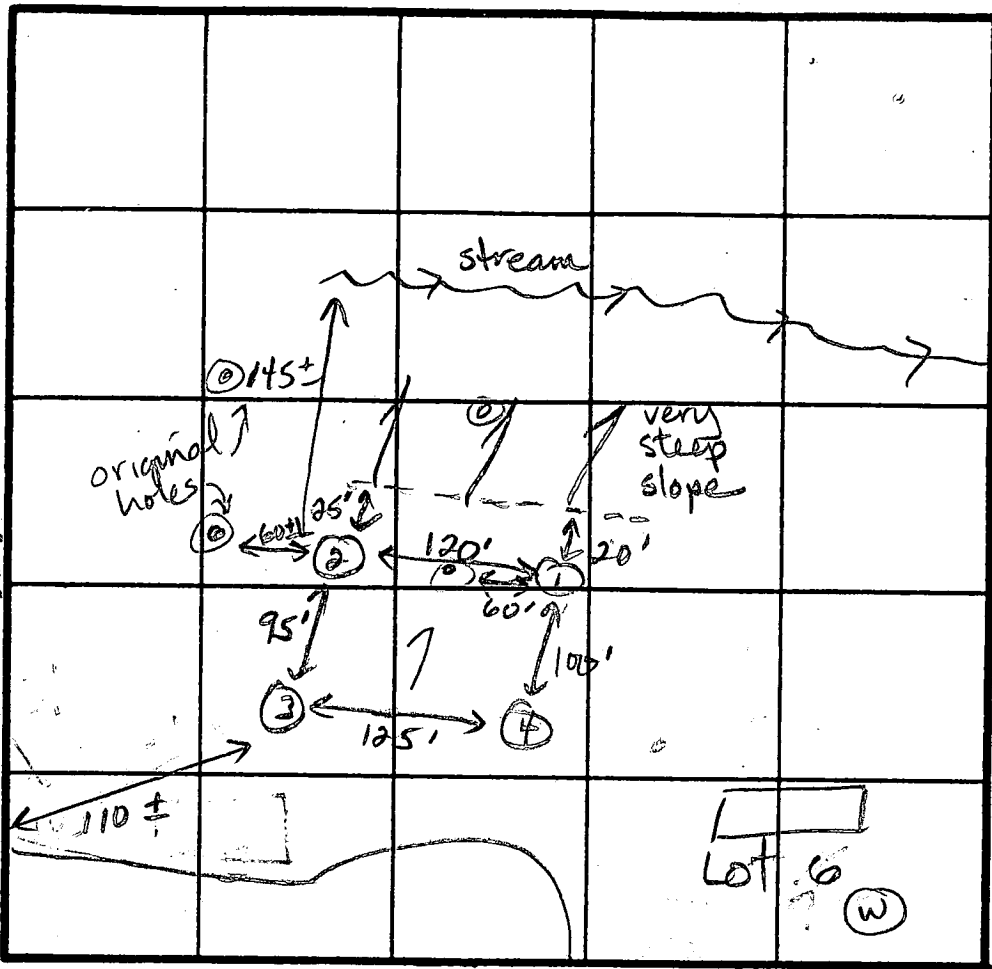
# THIS IS NOT A PERMIT

High 4  
3  
Low 2  
1

A41019

①  
SOIL PROFILE

0-2.5 Rd-br sil cl lm  
2.5-10.0 Rd-br mica, sa si loam, < 20% decomposed rock  
10.0 Bottom



②  
0-4.0 Rd-br sil cl lm  
4.0-11.0 Br sa si loam, little decomposed rock < 10%  
11.0 Bottom

Lot 5  
X = 6 min  
Inlet = 3.5 ft  
Bot = 7.0 ft  
180 sq ft / bedrim

④  
0-6 Rd br si cl loam, tra broken rock, < 10%  
6-12.5 Br mica sa si loam, little decomposed rock, < 20%  
12.5 Bottom

③  
0-5 Br sil loam  
5-10.5 Rd-br mica sa si lm, < 10% decomposed rock  
10.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
Proposed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-23-88	1	3.5 S	2:02	2:04	2:04	2:06	2
		10.0 D	Bottom (see profile)				ok
	4	4.5 S	2:15	2:18	2:18	2:27	9
		8.0 M	2:13	2:16	2:16	2:20	4
		12.5 D	Bottom (see profile)				ok
	3	10.5 V	Bottom (see profile)				ok
	2	3.5 S	2:31	2:35	2:35	2:43	8
		11.0 D	Bottom (see profile)				ok

REMARKS All holes moved from plat location.

TYPE OF SOIL 0-5 Br sil loam, 5-12 Br mica sa si lm, < 20% decomp rock

TESTED BY Jane E. Naderu ALSO PRESENT Glen K. Mark (eng)

B-1 1132 SEQUENCE NO. (DP USE ONLY)  
1 2 3 4 5 6  
(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-88-0507  
70 fill in this form completely 79

Date Received (APA) 02/16/89  
OWNER INFORMATION  
TALCOTT JAMES  
9238 PERFECT HOUR  
COLUMBIA MD 21045

B-3 LOCATION OF WELL R 43813  
HOWARD  
FOXVIEW MANOR  
CLARKSVILLE  
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
George F. Easterday  
L. Franklin Easterday, Inc.  
9205 Brown Church Rd., Mt. Airy, Md. 21771  
Signature: George F. Easterday Date: 2-17-89

B-4  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
FOXVIEW CT  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 15 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)  
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 COUNTY NAME A41019 COUNTY NO.  
STATE SIGNATURE DATE ISSUED 032289 Mark E. Ruffin 9/22/89  
NORTH GRID 506000 EAST GRID 0811000

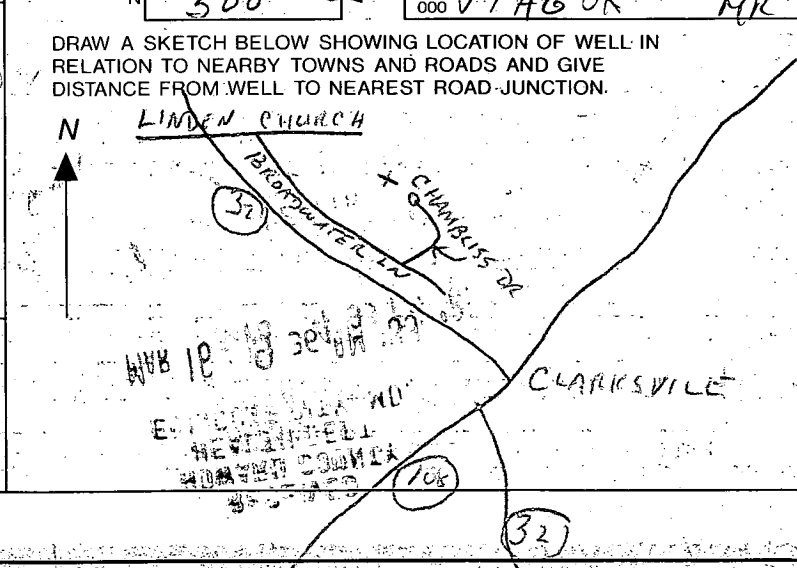
APPROXIMATE DEPTH OF WELL 300 FEET

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

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  
810  
500  
4/20/89 9:30 GROUT  
13 BAGS OBS'D  
52' CASING  
49' OPEN  
2' CASING A.G.  
VTAG OK 4/20/89 MR

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  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-88-0507



Not to be filled in by driller. (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORGE MR PERMIT No. HO-88-0507

SPECIAL CONDITIONS

1 2 3 6  
2308

SEQUENCE NO.  
(DENV USE ONLY)

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

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26

28 37

OWNER Talcraft last name James first name  
STREET OR RFD Foxview Ct TOWN Clarksville  
SUBDIVISION Foxview Manor SECTION 6 LOT 6

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	
clay	2	6	
shaley	6	13	
sand stone	13	40	
Micay	40	70	✓
sandstone			
Mixed	70	305	
Mica	305	308	✓
Quartz			
Mica	308	400	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 12 NO. OF POUNDS 144  
GALLONS OF WATER 65  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 47 ft.  
(enter 0 if from surface)

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

MAIN CASING Nominal diameter Total depth  
top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)  
ST 6 52

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

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

DEPTH (nearest ft.)  
EACH SCREEN  
40 50 400

CIRCLE APPROPRIATE LETTER  
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 10.17.13 "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. 41  
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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 12  
METHOD USED TO MEASURE PUMPING RATE Flow  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 40  
WHEN PUMPING 20  
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) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
+ above } LAND SURFACE (nearest foot)  
- below } 2 (nearest foot)

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)  
Well 60'  
15'  
10'

COUNTY

9/19/94

9/19/94  
only  
Exhibit  
C/S

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  
LINE

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 9/16/94

Name of Installer ROBERT L. FEZLER CO. INC.

Telephone 781-4655

License Number 2122

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

Name of Property Owner ALTERI HOMES

Telephone 795-1405

Subdivision FOXVIEW MANOR Lot # 6

Well Tag # HO-88-0507

Site Address 5613 FOXVIEW CT.

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make FLINT WALKER
- Model # 4F07607301
- Capacity 7 GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Motor

- Horsepower 3/4
- RPM 3450
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make HANCOCK
- Model # TT-000
- Depth 42"

Tank WY203 CAPTIVE AIR

- Capacity 36 GALS.
- Pressure relief valve?

Piping

- Type POLY
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth 400 ft.
- Yield 5 GPM
- Static water level 50 ft.
- Will water supply be disinfected by installer?

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: [Signature]

Date: 9/16/94

(Green)

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

HD-215

Note: 9/19/94 3:13 P.M. well casing

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Dec 6, 1994

County Howard

Lab Number 94-5416

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Daren Altieri  
Altieri Homes  
7349 Gardenview Drive  
Baltimore, Md. 21227

Property Sampled: U&O; 5613 Foxview Court

Station Sampled: 1st floor bath tap

Date/Time Sampled: Dec 5, 1994 12:30 pm

Owner, Telephone No.: Sunday

Subdivision Name: Foxview Manor

Building Permit No.: 53757

Well Number: HO 88-0507

Tax Map #:

Parcel #:

Sampler: E. Hause #91-714

Lot Number: 6

Observation: Satisfactory

RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	5.1 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	1.8 NTU	EPA 180.1	10.0 NTU	Pass
pH	7.2 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	<b>PRESENT</b>	ONPG-MMO MUG	Absent	FAIL
Fecal Coliform	Absent			

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was UNSAFE for drinking purposes.

*Heather R. Beam*

Heather R. Beam

\* MCL = Maximum Contamination

CASELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Dec 13, 1994

### CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Daren Altieri  
Altieri Homes  
7349 Gardenview Drive  
Baltimore, Md. 21227

County **Howard**

Lab Number **94-5536**

Sample iced **Yes**  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. **Yes**

Property Sampled: U&O: **5613 Foxview Court, retest**

Station Sampled: **1st floor bath tap**

Date/Time Sampled: **Dec 12, 1994 11:10 am**

Owner, Telephone No.: **Sunday**

Subdivision Name: **Foxview Manor**

Building Permit No.: **53757**

Well Number: **HO 88-0507**

Tax Map #:

Parcel #:

Sampler: **E. Hause #91-714**

Lot Number: **6**

Observation: **Satisfactory**

### RESULTS OF ANALYSIS:

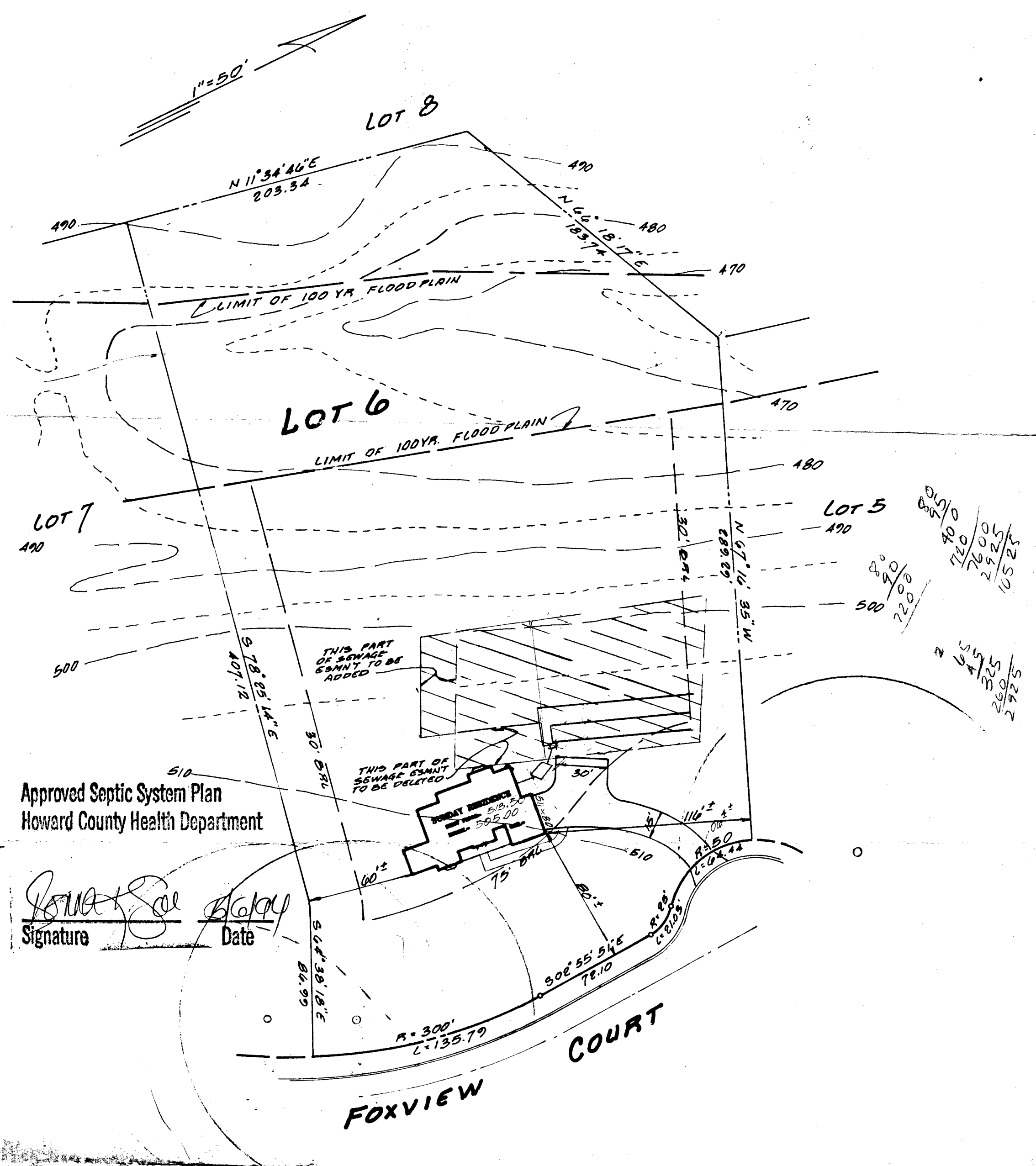
Parameter	Result	Method	MCL
Total Coliform	Absent ✓	ONPG-MMO MUG	Absent Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was **SAFE** for drinking purposes.



Heather R. Beam

\* MCL = Maximum Contamination



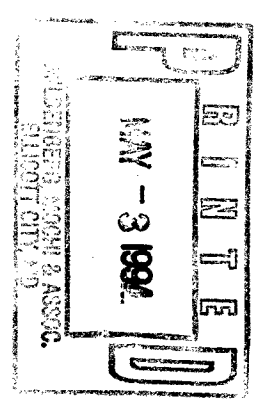
**LOT 6**  
 INV. OUT OF HOUSE = 506.73  
 INV. INTO SEPTIC TANK = 506.75  
 INV. OUT OF SEPTIC TANK = 506.4  
 EX. ELEV. AT SEPTIC TANK = 509.3  
 PROP. ELEV. AT SEPTIC TANK = 510.0  
 INV. INTO DISTR. BOX = 505.9  
 EX. ELEV. AT DISTR. BOX = 508.9

Approved Septic System Plan  
 Howard County Health Department

\* NO GRAVITY SEWER SERVICE TO BASEMENT

5 BEDROOMS x 52' / BEDROOM = 257' TRENCH

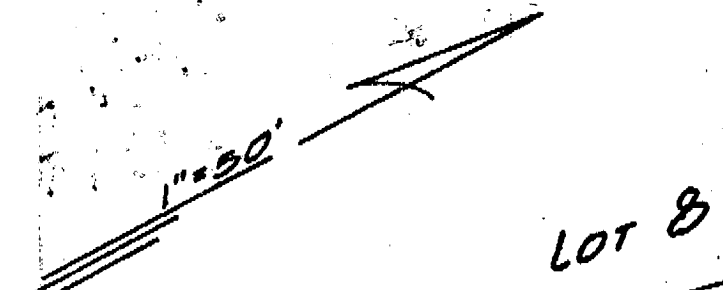
*[Signature]*  
 Signature Date



**SUBMITTED  
 FOR  
 REVIEW**

**NOTE:**  
 By copy of this plan, the Howard County Health Department accepts this modification to the recorded sewage easement.

INV. OUT OF HOUSE	507.2
INV. INTO SEPTIC TANK	506.1
INV. OUT OF SEPTIC TANK	506.4
EX. ELEV. AT SEPTIC TANK	509.2
PROP. ELEV. AT SEPTIC TANK	509.2
INV. INTO DISTR. BOX	508.8
EX. ELEV. AT DISTR. BOX	508.8



LOT 8

N 11° 34' 46" E  
208.54

**NOTE:**  
By copy of this plan, the Howard County Health Department accepts this application to the recorded sewage treatment.

LIMIT OF 100 YR. FLOOD PLAIN

LOT 6

LIMIT OF 100 YR. FLOOD PLAIN

1/2 w/s. Mildenberg  
MR. HALL  
PROPOSED

SMA REVISION  
OK FOR BP PLAN - TO ADJUST NEW  
BORDER TO LEFT

THIS AREA  
(OR PORTION  
OF IT) TO  
BE ADDED

THIS AREA  
ELIMINATED

THIS PORTION OF  
SEWERAGE  
REQUIRED



9 78° 25' 14" S  
407.12

50' DIA

N 67° 16' 35" W  
289.29

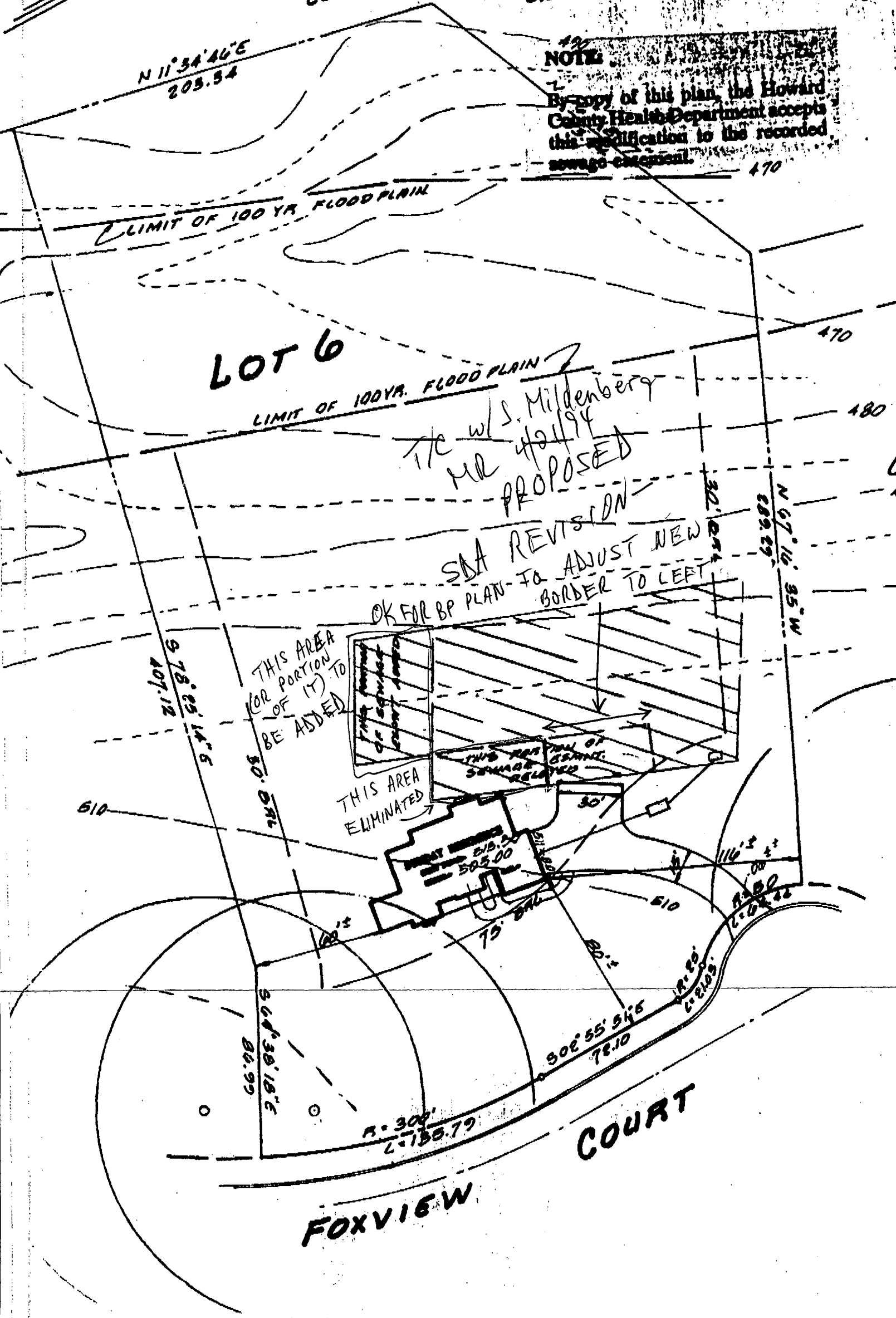
610

66.98  
56.4° 38' 18" E

R = 300'  
L = 155.79

COURT

FOXVIEW



1"=50'

LOT 8

12/3/96

The shown porch addition will have no impact to the existing well or septic. O.K. to proceed.

A. McMiller

N 11° 34' 46" E  
203.54

LIMIT OF 100 YR FLOOD PLAIN

LOT 6

LIMIT OF 100 YR FLOOD PLAIN

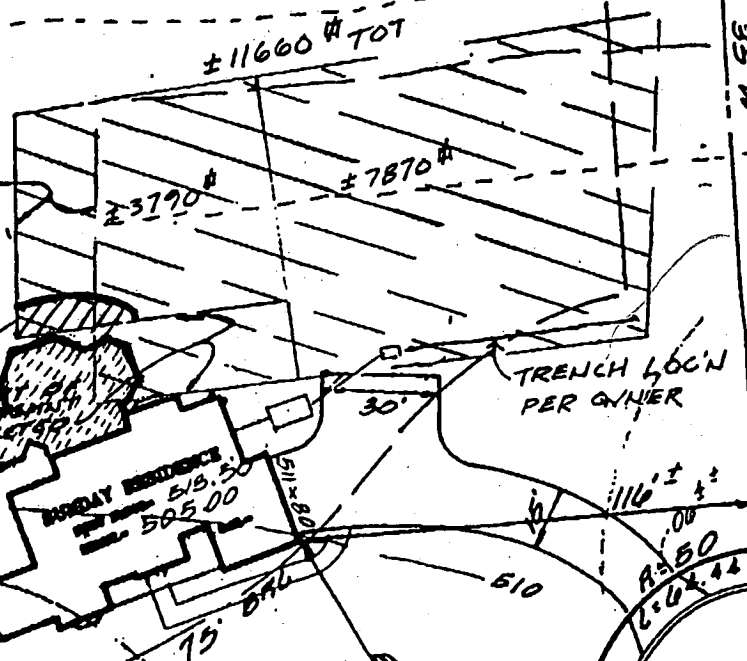
480  
18.17° E  
470  
35.74

AREA TO BE DELETED  
510

S 78° 25' 14" E  
407.12

THIS PART OF SEWAGE SYSTEM TO BE ADDED

THIS PART OF SEWAGE SYSTEM TO BE DELETED



30' BRK  
63.682  
N 67° 10' 35" W  
482.29

S 44° 38' 18" E  
84.99

URT