

3-80  
7/10/95

04-355202

# PERMIT

P 50735C  
A 41985  
DISTRICT 4th

SEWAGE DISPOSAL SYSTEM  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 6-13-95

DATE SYSTEM APPROVED 7/10/95

INSPECTOR DKS

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER       

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

SUBDIVISION Choi Property LOT 22 ROAD 3324 Danmark Drive

PROPERTY OWNER Jacobsen Homes, Inc. SAID DAN KERAUICH

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

BLDG. PERMIT SIGNED  
AND RETURNED 10/6/96  
Serial # Bro 102891  
Englund pmh

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 190' down the left lot line and 135' off this same lot line as seen when facing the lot from Danmark Drive. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/9/95 DKS

PLANS APPROVED BY Donna K. Soe DATE 5/11/95

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

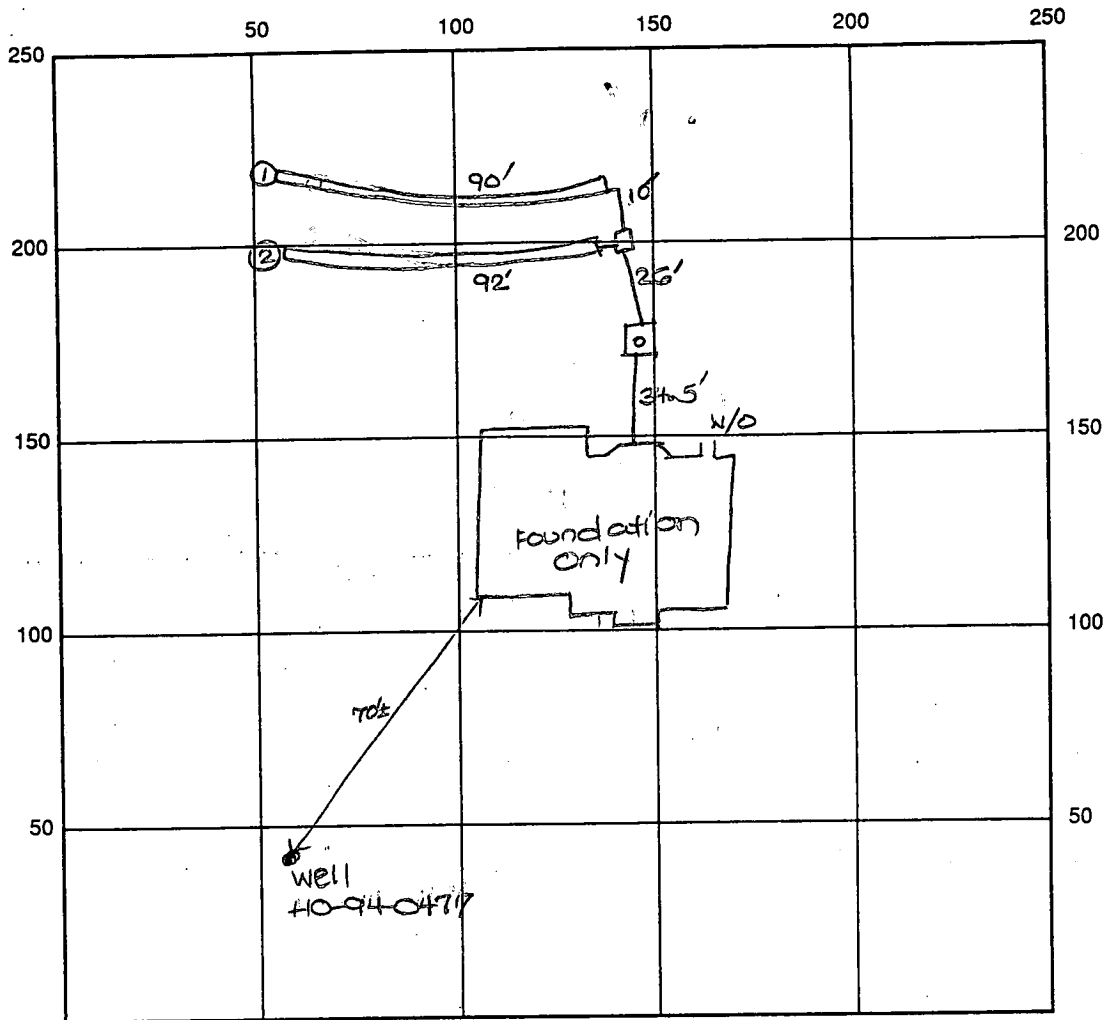
PERMIT VOID AFTER TWO YEARS

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. duh

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 41985



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Danmark Drive

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK-baffle in

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

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ① 90' ② 92' → 182'

NUMBER OF TRENCHES 2 ONE SIDEWALL ~~BOTTOM~~ AREA 728 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 728 SQ. FT.

REMARKS: 7/11/95 Final- OK to cover all work. Materials to finish at site. DKS

DATE SYSTEM APPROVED 7/11/95 INSPECTOR S. J. ...

# APPLICATION

PERCOLATION TESTING

A 41985  
P \_\_\_\_\_  
DISTRICT 4TH  
DATE March 10, 1988

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

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 Sang Ho Company, Inc. Jacobsen Homes, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7641

PROSPECTIVE BUYER Unknown 953-2083

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

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 22

ROAD AND DESCRIPTION North side of Barkswood Rd., 1890+ East of Hedges Road.  
(3324 DANMARK DRIVE)

TAX MAP 14 PARCEL # 106

BLDG. PERMIT SIGNED  
AND RETURNED 5/31/85  
Serial # 59743

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O. - 4Bm  
(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.

Dennis M. Bush  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 8/31/88 - Diagram lot sketched wrong R/H  
9/9/88 - Two Extra holes dug to replace two  
holes dug on wrong lot. Perc O.K. / Hold for Plat

HD-216

# THIS IS NOT A PERMIT

SOIL PROFILE

0


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

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

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 41985  
P \_\_\_\_\_

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

DISTRICT 4TH  
DATE March 10, 1988

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 Sang Ho Company, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

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

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 22

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1890' East of Hobbs Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.  
(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.

Dennis M. Buel  
(SIGNATURE OF APPLICANT)

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

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

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

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

HD-216

# THIS IS NOT A PERMIT



**B 1** **2461** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-94-0477**  
**APPLICATION FOR PERMIT TO DRILL WELL**  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type **fill in this form completely**

**OWNER INFORMATION**  
 Date Received (APA) **042595**  
**JACOBSEN HOMES**  
 15 Last Name 13 Owner 34 First Name  
**9409 ELIZABETH CT.**  
 36 Street or RFD 55  
**FULTON** **MD 20759**  
 57 Town 70 State 72 Zip 76

**DRILLER INFORMATION** MSD/MGD/MWD  
**Joseph L. MAYNE** 27 License No. 80  
**Joseph L. Mayne Well Drilling**  
 Firm Name  
**5512 Ridge Rd. Mt. Airy Md. 21771**  
 Address  
**Joseph L. Mayne** 4/24/95  
 Signature Date

**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)

APPROXIMATE DEPTH OF WELL **200** 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 \_\_\_\_\_

**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 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)*  
 APPROX. PERMIT NUMBER **GAP**  
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-0477**

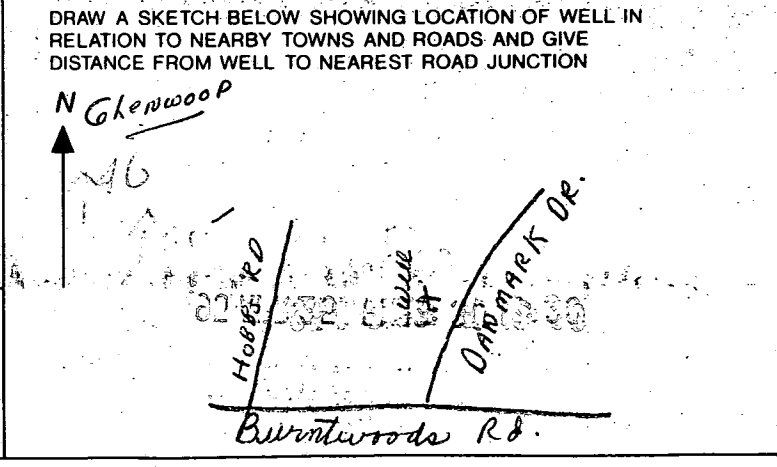
SPECIAL CONDITIONS

**B 3 LOCATION OF WELL**  
**HOWARD** COUNTY  
**CHOI PROPERTY** SUBDIVISION  
 SECTION **22** LOT **22**  
**GLENDWOOD** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** M.I.

**B 4**  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
**DANMARK DR.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **40** ENTER FT OR MI **FF**  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** COUNTY NAME. **A41985** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **051195** **Sanjay Joo** 5/10/96  
 NORTH GRID **529000** EAST GRID **0797000**

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  
  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 **2975** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 5, 6 ON ALL CARDS)  
 ST/CO USE ONLY DATE RECEIVED

**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 41985**  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-94-0477**

OWNER **Jacobsen Homes**  
 STREET OR RFD **Danmark Drive** TOWN **Glenwood**  
 SUBDIVISION **Choi Property** SECTION \_\_\_\_\_ LOT **22**

**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	
SAND	0	94	
GRAY MICACIOUS ROCK	94	190	✓

**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 **17** NO. OF POUNDS **1598**  
 GALLONS OF WATER **102**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **60** 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  G  78  
 Nominal diameter (nearest inch)  6  78  
 Total depth of main casing (nearest foot)  6  78

**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 BRONZE  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

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.

TYPE: MWD/MSD/MD  
 DRILLERS LIC. NO. **24**  
 DRILLERS SIGNATURE **Joseph P. Mayne**  
 LIC. NO. \_\_\_\_\_

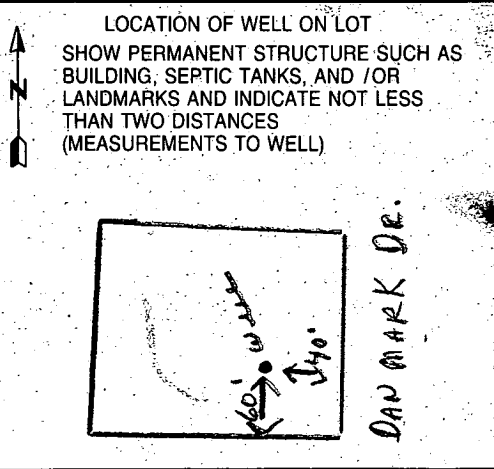
**C 2**  
 DEPTH (nearest ft.)  
 1 **H0** **79** **190**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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 Q \_\_\_\_\_  
 TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min.) **20**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface):  
 BEFORE PUMPING **35** ft.  
 WHEN PUMPING **39** 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   
 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  - below  
 LAND SURFACE \_\_\_\_\_ (nearest foot)



7/13/95  
AM

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3826-N Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement

Receipt # 0  
Date 7/13/95

Name of Installer Ben Lewis Inc Telephone 301-428-3900

License Number 11202  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Speckman Const Co Telephone ~~301-428-3900~~  
Subdivision Budget Lot # 22 Well Tag # HD-94-0477  
Site Address 3324 Wauwara Dr, Beltsville, MD

Pump

1. Type  
 a. Deep well jet   
 b. Shallow well jet   
 c. Submersible

2. Make Grundfos 505422

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 \_\_\_\_\_

Motor

1. Horsepower 1/3

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth 42"

Tank

1. Capacity 180

2. Pressure relief valve? yes

Piping

1. Type Blk 1600

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line \_\_\_\_\_

Well data

1. Depth 240 ft.

2. Yield \_\_\_\_\_ GPM

3. Static water level 30' ft.

4. Will water supply be disinfected by installer?

Well Line/Pitless Ad.  
@ 3 1/2 - 4' B.G. MR 7/14/95

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).

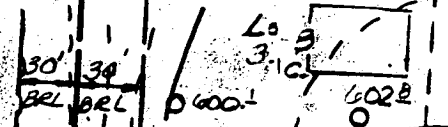
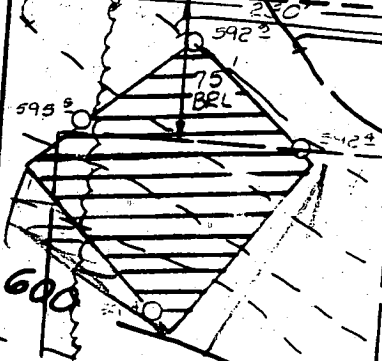
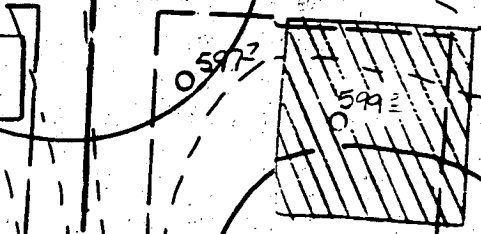
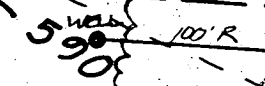
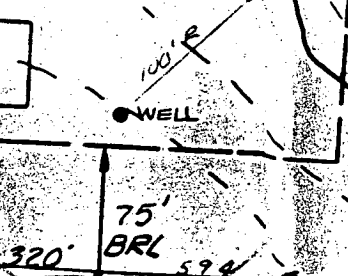
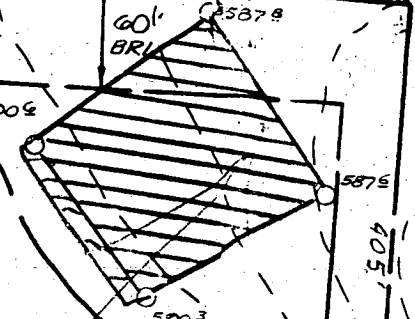
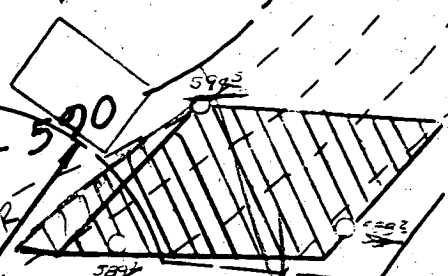
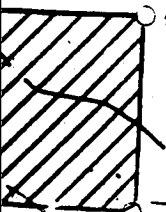
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]  
Date: 7/13/95

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

LOT 19  
3.67 AC.

PIPESTEM  
0.264 AC.



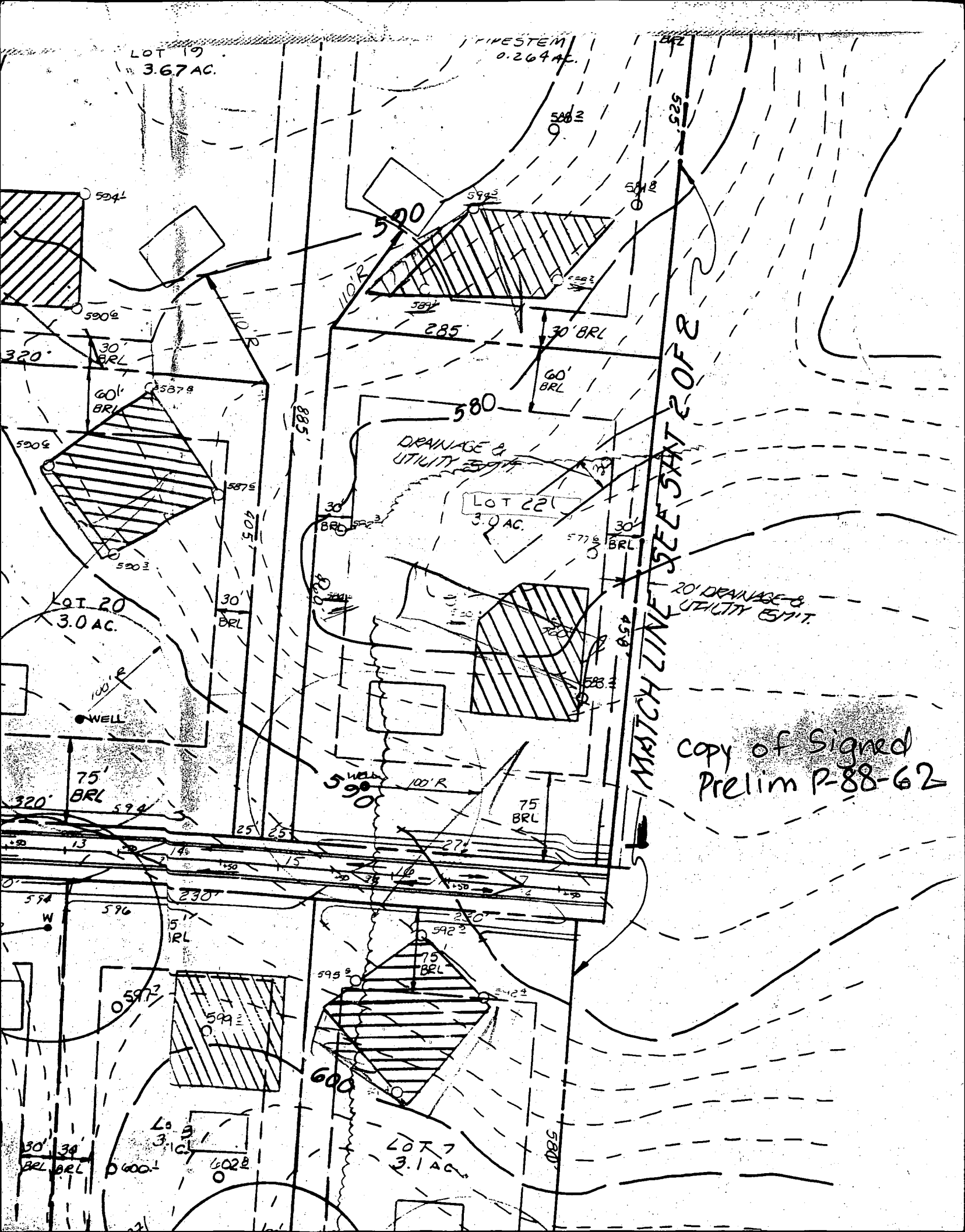
LOT 7  
3.1 AC.

MATCH LINE SEE SHEET 2 OF 2

DRAINAGE & UTILITY EMIT.

20' DRAINAGE & UTILITY EMIT.

Copy of Signed  
Prelim P-88-62



LOT 23

MATCH LINE SEE SHEET 3 OF 4

LOT 24

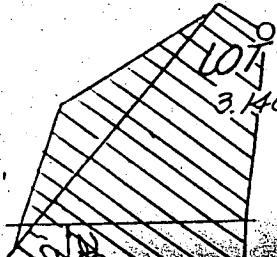
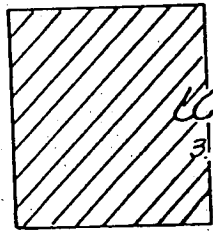
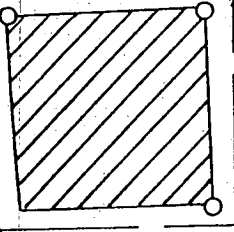
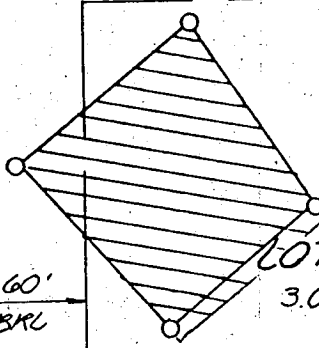
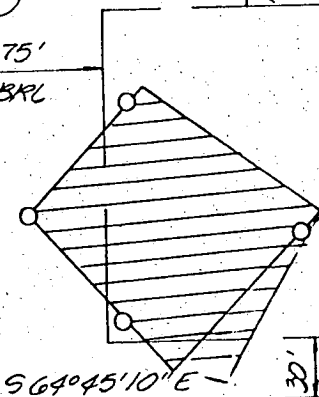
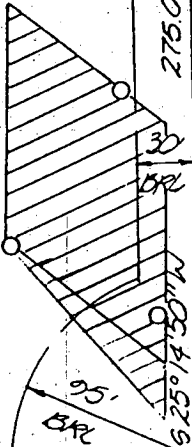
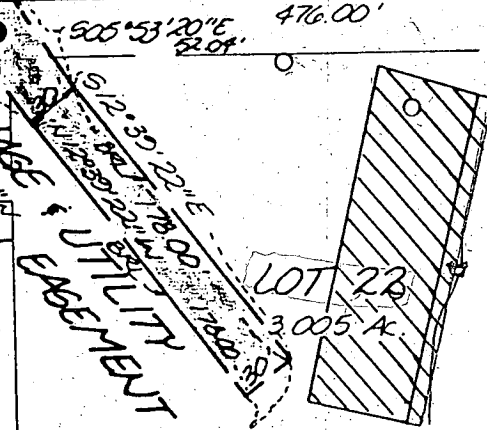
MATCH LINE SEE SHEET 4 OF 4

LOT 21  
5.15 AC.

LOT 22  
3.130 AC.

LOT 23  
3.101 AC.

LOT 24  
3.140 AC.



copy of signed  
Final  
F-89-167

LOT 19  
3.719 AC.

LOT 20  
3.012 AC.

DRIVE

30' BRL

30' BRL

30.00'

275.00'

30' BRL

60' BRL

30' BRL

60' BRL

30' BRL

60' BRL

30' BRL

60' BRL

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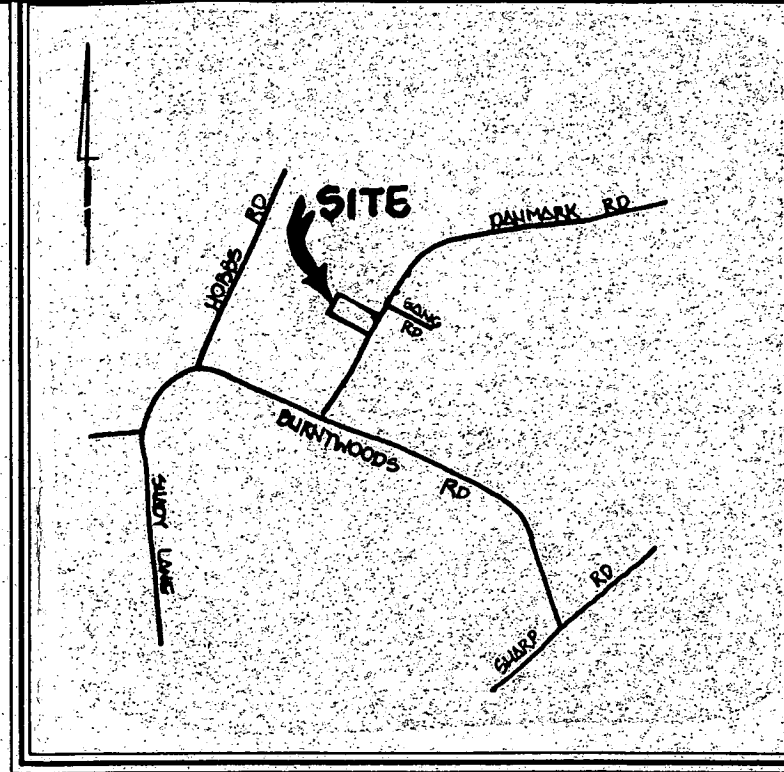
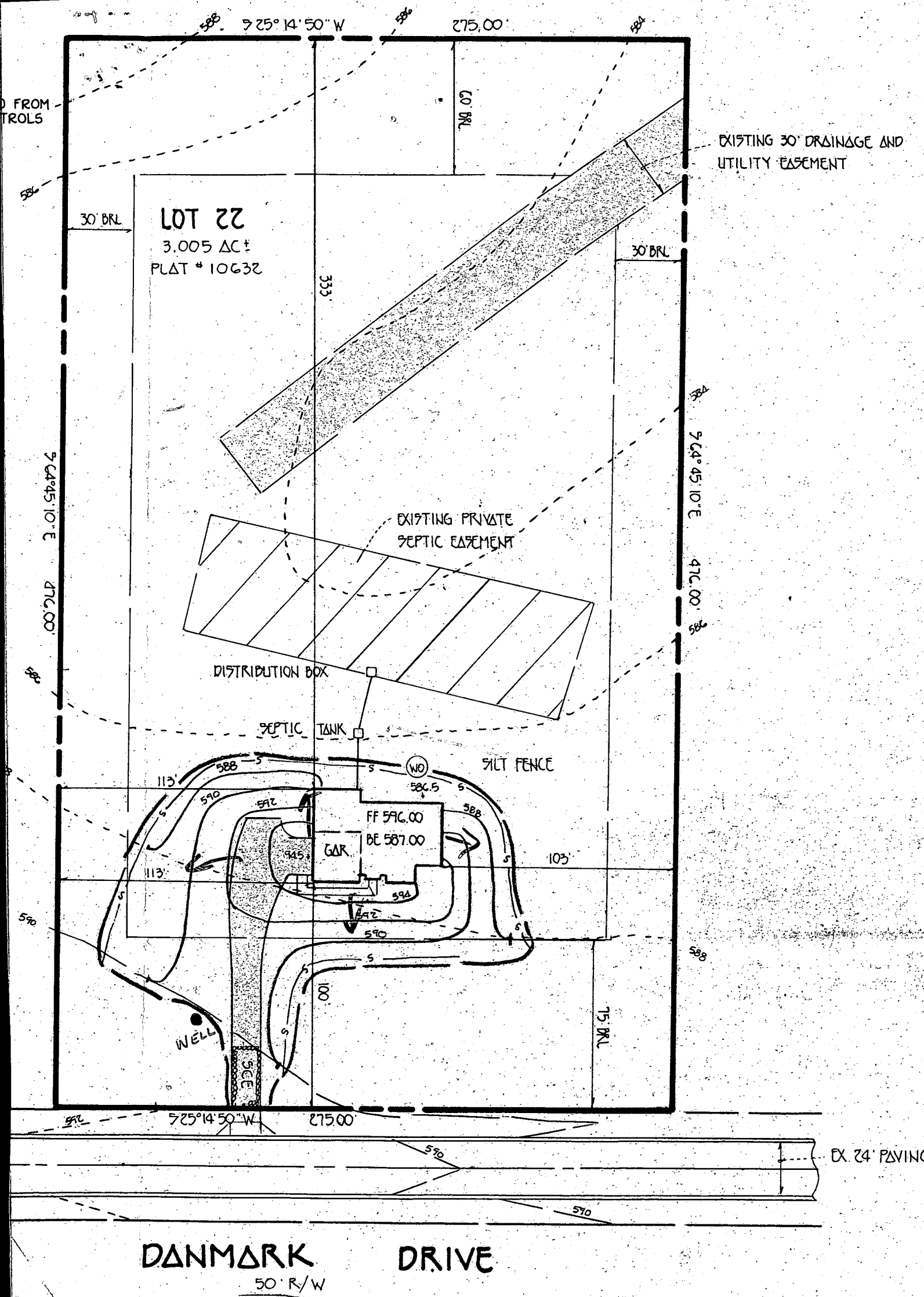
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**VICINITY MAP**  
SCALE: 1"=200'

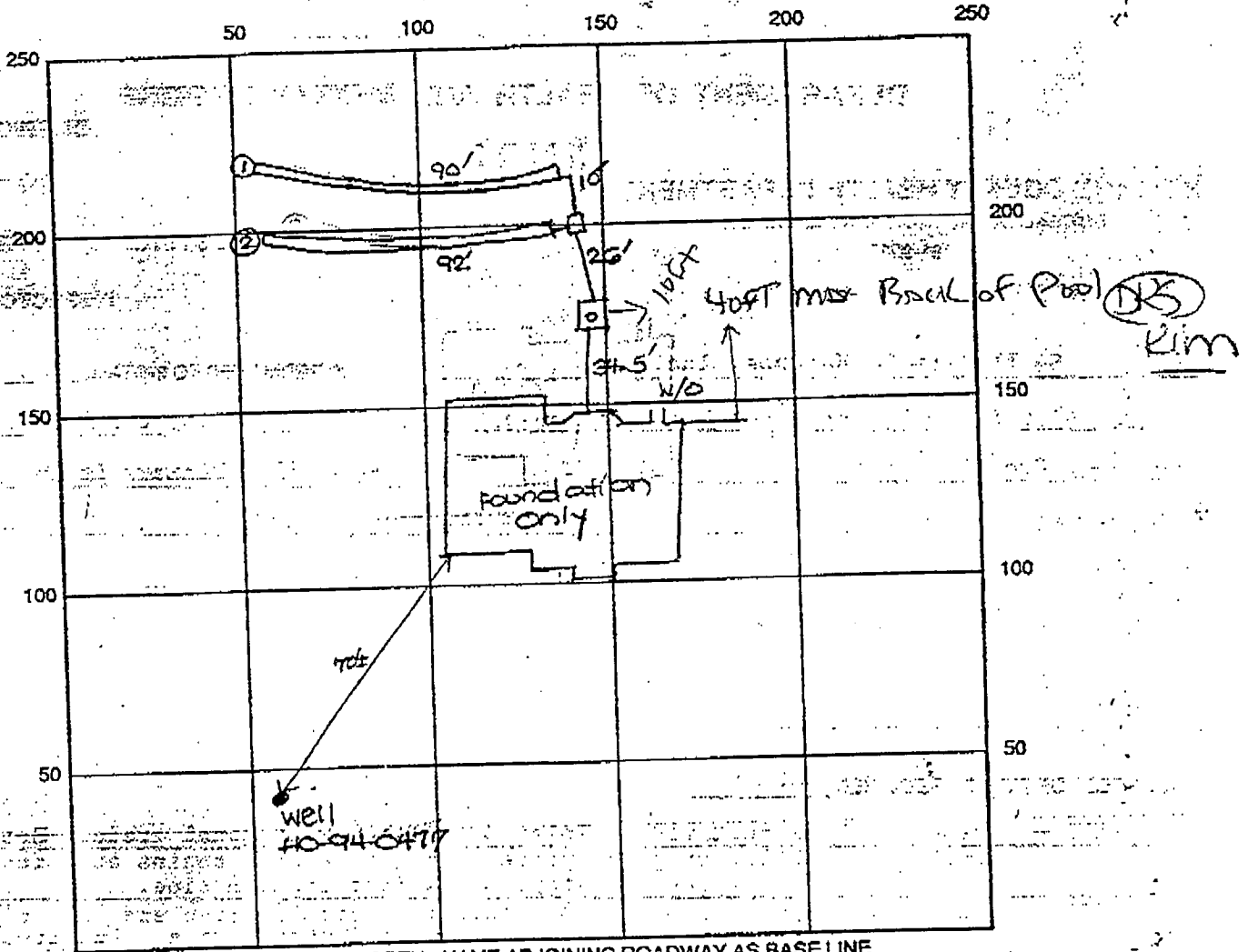
**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 596.00  
 B. BASEMENT ELEVATION: 587.00  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 584.5  
 D. INVERT IN AT SEPTIC TANK: 584.1  
 E. INVERT OUT AT SEPTIC TANK: 583.8  
 F. PROPOSED GRADE OVER SEPTIC TANK: 586  
 G. INVERT AT DISTRIBUTION BOX: 583.00  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 586.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

**Approved Septic System Plan**  
**Howard County Health Department**

*Amy McMillan* 5-31-95  
Signature Date





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Danmark Drive

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK-baffle in

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

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 90' 92' FT.  $\rightarrow 182'$

NUMBER OF TRENCHES 2 ONE SIDEWALL AREA 728 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 728 SQ. FT.

REMARKS: 7/11/95 Final- OK to cover all work. Materials to finish at site. DKS

7/11/95

INSPECTOR

*[Handwritten signature]*

