

8/19/93
(1) P.M.
8/20/93 10-11
P.M.
1000

8/19/93 P.C.O. CLK

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49535

A 48626

DISTRICT 4th

DATE 8/17/93

DATE SYSTEM APPROVED 8/20/93

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

Collins Company IS PERMITTED TO INSTALL ALTER

ADDRESS 7702 Gaither Road, Sykesville, Maryland 21784 PHONE 442-2235

SUBDIVISION Colvin Property LOT 1 ROAD 3700 Shady Lane

PROPERTY OWNER Dr. Ernest J. Colvin
4413 1/2 Park Heights Avenue

ADDRESS Baltimore, Maryland 21215

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe. 4

LOCATION - Place the distribution box 60 feet from the East front line and 20 feet from the North side line. Run the trenches toward the South side line along contours.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/24/93 RH

PLANS APPROVED BY Raymond Hodges DATE 5/17/93

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

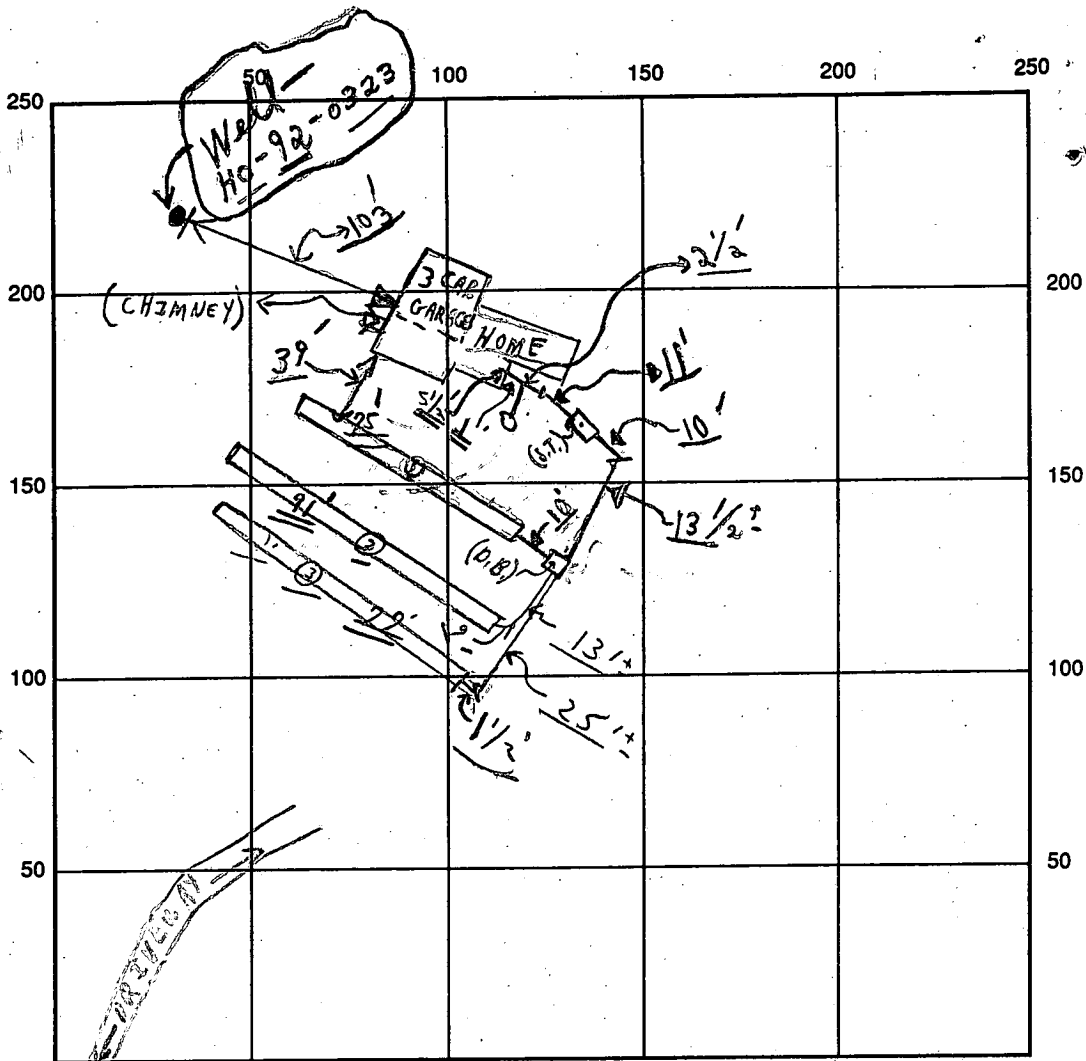
PERMIT VOID AFTER TWO YEARS

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**

A 48626



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK SHADY LANE CLEANOUTS (S.T. Washhole Type) (C.O.#1) OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 6⁺ FT. TRENCH WIDTH 3 FT. INLET DEPTH 4⁺ FT.

EFFECTIVE GRAVEL DEPTH 2⁺ FT. TOTAL LENGTH ① 75; ② 91; ③ 77 FT. = 243

NUMBER OF TRENCHES 3 ONE ~~SIDE~~/BOTTOM AREA 729 SQ. FT.

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

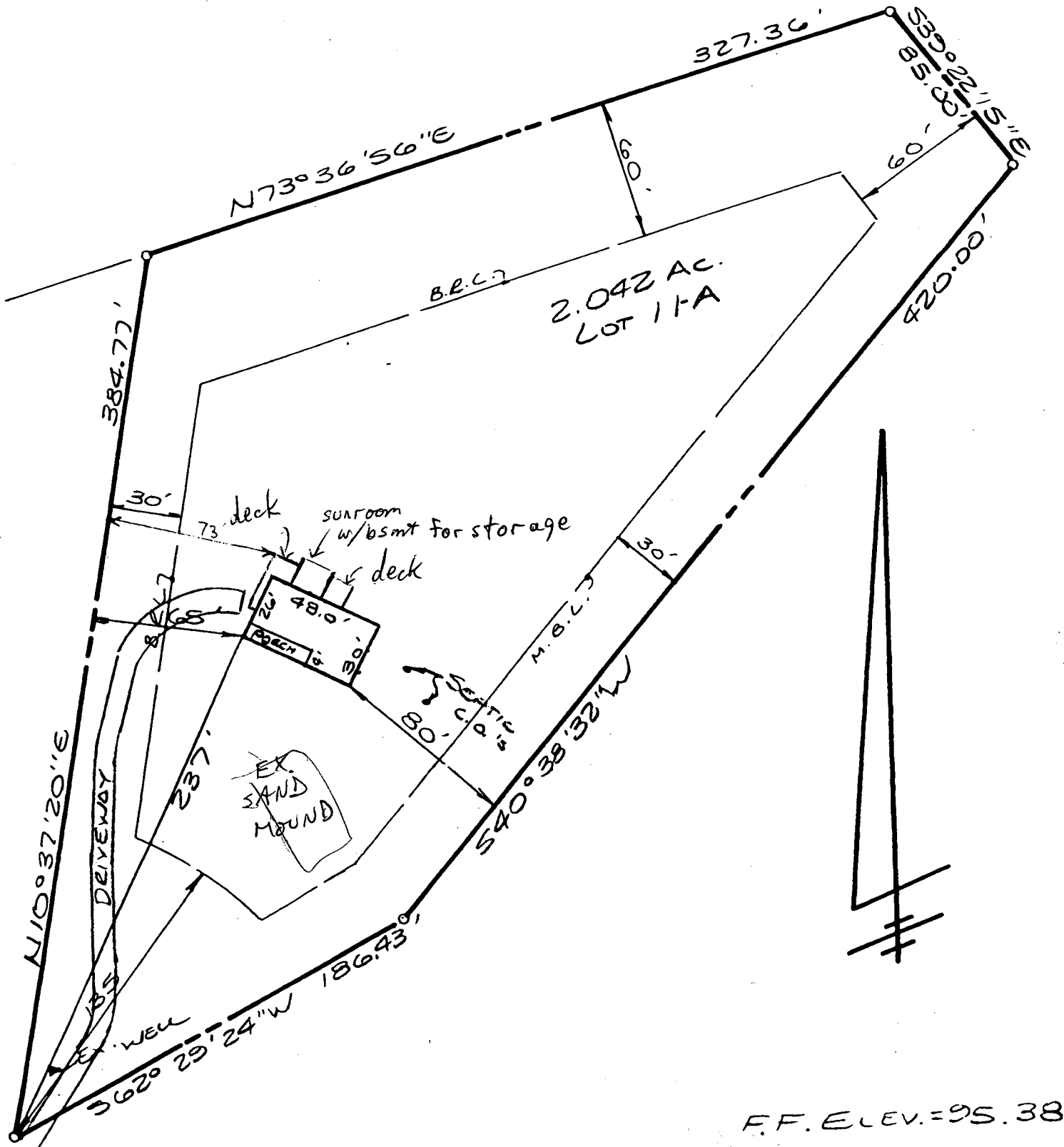
ABSORBENT AREA 729⁺ SQ. FT.

REMARKS: Partial - P.M. 8/19/93 P.M. - 2 trenches dug; ok for stone etc.; ok to cover from house to dist. box; 8/19/93 Partial ok for stone etc. in # ③ trench; HOLD FOR A CALL ON FINAL - NEED TO SEE ENDS OF TRENCHES AND MIDDLE ONLY; C. Red
8/20/93 TRENCHES COMPLETE. (L)

DATE SYSTEM APPROVED 8/20/93 INSPECTOR C. Willman

BPR INC.

359 MANCHESTER ROAD
WESTMINSTER, MARYLAND 21157
301-876-0333, 857-9030



LOCATION SURVEY

15 Nov

48628

Building Address 14618 Monticello Drive
Cooksville MD 21723

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 600 Subdivision FORSYTHE ESTATES

Section 1 Area _____ Lot 11-A

Tax Map 8 Parcel 335 Grid 24

Zoning RC Map Coordinates _____ Lot size 2,2042

Property Owner's Name Sam & Laura Spicknall

Address 14618 MONTICELLO DRIVE

City COOKSVILLE State MD Zip Code 21723

Home Phone 301 854 4908 Work Phone 301 498 6030

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use RESIDENCE SFD

Proposed Use RESIDENCE SFD w/ Addl

Estimated Construction Cost \$14,000

Description of Work TWO STORY addition, decks

Contractor Company Sam & Laura Spicknall

Contact Person Sam Spicknall

Address 14618 Monticello Drive

City Cooksville State MD Zip Code 21723

License No. _____ Phone 301 854 4908 Fax _____

Occupant or Tenant Sam & Laura Spicknall

Contact Name Sam

Address 14618 MONTICELLO DRIVE

City COOKSVILLE State MD Zip Code 21723

Phone 301 854 4908 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL | **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq ft per floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Reinforced Concrete _____	Sprinkler system: <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Structural Steel _____	Full _____
Masonry _____	Partial _____
Wood Frame _____	Other Suppression _____
State Certified Modular _____	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>14ft</u> Width <u>14ft</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric: _____
Basement: <u>14ft</u> _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Full _____
No. of Bedrooms: _____	Partial _____
Multi-family dwellings: _____	Other Suppression _____
No. of efficiency units: _____	# of Heads _____
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>EXISTING</u>	
Dimensions: <u>27' x 27'</u>	
Footings: _____	
No. of _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED I/WE HEREBY CERTIFY AND AGREE AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant: _____
 Title/Company: _____

Samuel G. Spicknall
 Print Name: _____
 Date: _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 FOR OFFICE USE ONLY

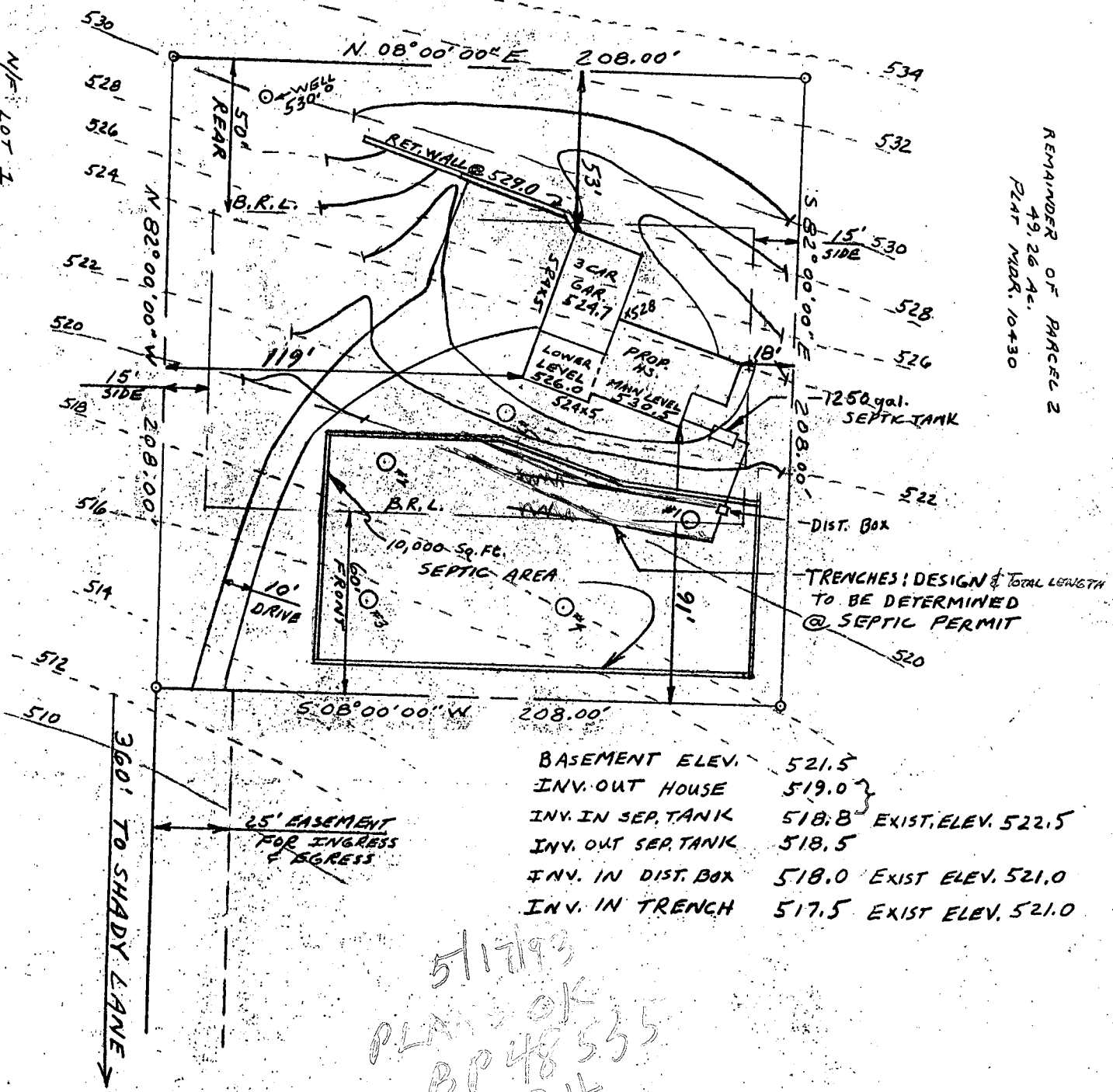
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ	8/8/00	Joe [Signature]
State Highways		
Building Official		
Dev. Engineering DPZ	8/21/00	Mark [Signature]
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID# 13579
Front: <u>125 FT</u>	Filing fee \$ <u>25.00</u>
Rear: <u>60 FT</u>	Permit fee \$ _____
Side: <u>30 FT</u>	Excise tax \$ _____
Side St.: <u>NA</u>	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>3784</u>
SDP/Red-line approval date _____	Validation # <u>35810</u>
Accepted by _____	



N/F LOT 1
COLVIN PROPERTY
PLAT M.D.R. 10430

REMAINDER OF PARCEL 2
49,26 AC.
PLAT M.D.R. 10430



BASEMENT ELEV.	521.5	
INV. OUT HOUSE	519.0	
INV. IN SEPT. TANK	518.8	EXIST. ELEV. 522.5
INV. OUT SEPT. TANK	518.5	
INV. IN DIST. BOX	518.0	EXIST. ELEV. 521.0
INV. IN TRENCH	517.5	EXIST. ELEV. 521.0

5/17/93
PLAN OK
BP 48535
RH

PROPOSED SITE PLAN
& GRADING STUDY

LOT #1 A RESUBDIVISION OF PARCEL 2
"COLVIN PROPERTY"
(1 ACRE)

TAX MAP 21 PARCEL 8
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MD

SCALE: 1" = 50'

MAY 3, 1993

New House & Garage

Can't locate file

APPLICATION

11/10/92
9:30

48754
Sew. Payment for trailer

PERCOLATION TESTING

PERGULOW OK
200' 36 DTK - TO - STABBY REQ'D.
10/29/92 CW.

A 48626
P _____

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

DISTRICT _____
DATE October 29, 1992

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 ERNEST JAMES COLVIN

ADDRESS 3698 SHADY LANE GLENWOOD, MD 21738 PHONE (410) 442-1665 664-1900

AGENT OR PROSPECTIVE BUYER ERNEST JAMES COLVIN

ADDRESS 3698 SHADY LANE GLENWOOD, MD 21738 PHONE (410) 442-1665

PROPERTY LOCATION:
SUBDIVISION OR 1/2 of CIRCLE "C" FARM LOT NO. { 2 (1 acre) }
ROAD AND DESCRIPTION SHADY LANE { of newly subdivided farm }

TAX MAP 21 PARCEL # 8 (ON OTHER - RECENT DEEDED DIVISION) BLDG. PERMIT SIGNED AND RETURNED 5/17/93
SIZE OF LOT 50 ACRES TYPE BLDG. S.F.D. Serial # 48535 SFD 3 Bedrooms
(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.

APPROVED BY C.B. [Signature] FOR (shallow trenches) only - see back DATE 11/10/92

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 1 for "1" acre, not plat, show 2 water 3 Well + drilled

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # None part of farm DATE 11/10/92 C.B.

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # None part of farm DATE 11/10/92 C.B.

THIS IS NOT A PERMIT

HD-216 (3/92) 12/15/92 Plat reviewed - OK. C.B.

A 48626

old Barn

Mobile Home Barn

COUNTY #

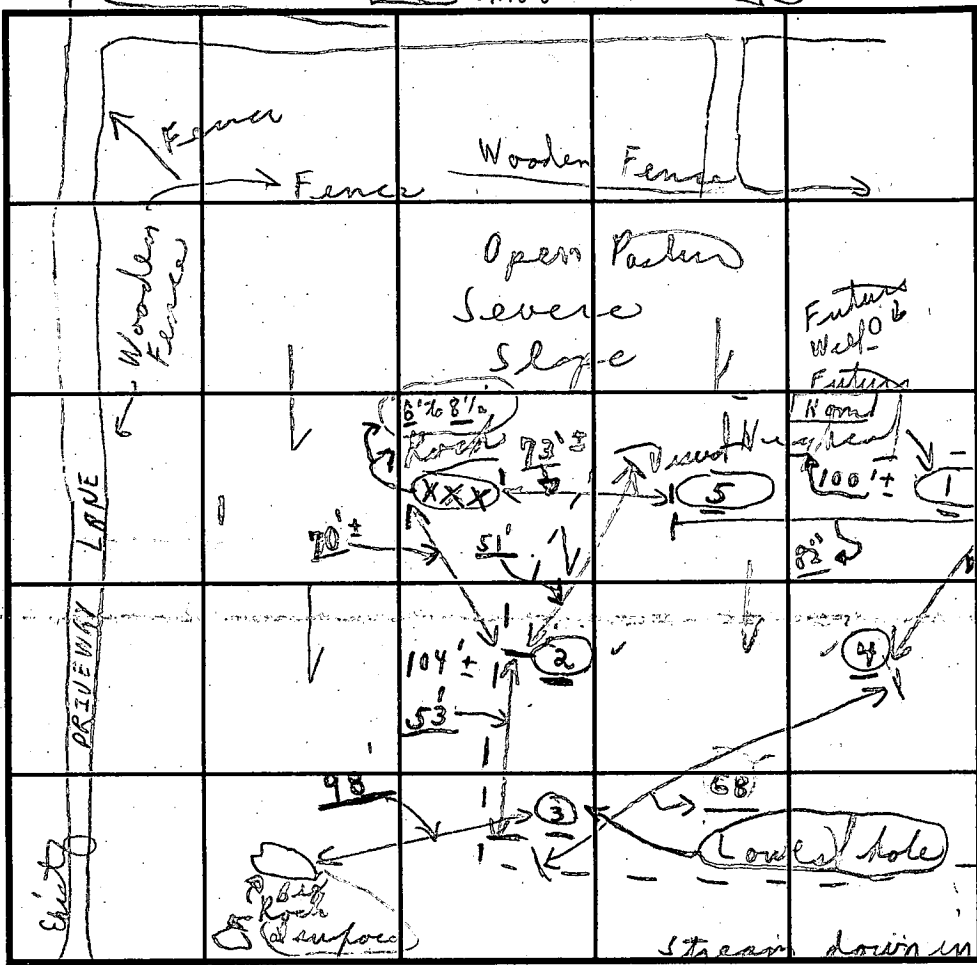
SOIL PROFILE

0' to 5 1/2' Clay
5 1/2' to 13 1/2' LOAM
--- DRY ---
NO ROCK

3 HOLES # 2, 3, 4

0'-4' Clay
--- DRY ---
NO ROCK

#5
0' to 4 1/2' 5' Clay
Visual 5' ± LOAM
to 11' ±
--- DRY ---
NO ROCK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHADY LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/10/92	①	4' to 5 1/2'	10:28	10:50	10:50	11:00	8 min
		13 1/2'	10:55	11:00	11:00	11:08	DRY
	②	4' to 13 1/2'	10:05	10:10	10:10	10:13	5 min
	③	4' to 13'-10"	10:09	10:19	10:19	10:45	26 min
	④	4 1/2' to 13'	10:14	10:24	10:24	10:37	13 min
	⑤	Visual 10'-10"					DRY

REMARKS: Tests in open field near shady lane.
 TYPE OF SOIL: LOAM BELOW CLAY IN GOOD HOLES
 TESTED BY: C. Bell ALSO PRESENT: (2) Mr. Collins & young
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 26 min TRENCH WIDTH 3'
 INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 280

(Sta. 26th -) 111

held for C.W. & Larry Bell

C1 7822

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

A# 48626

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 040893

Depth of Well grid: 177

PERMIT NO. grid: 10-12-0323

OWNER COLVIN, ERUST J. last name COLVIN first name ERUST J. STREET OR RFD SADDY LAVE TOWN CLEWING SUBDIVISION COLVIN FARM SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check, if water bearing. Rows include Dirt, Soft Br. Mica, Blue Schist, Br. Mica & Clay, Blue & Br. Schist, Blue Schist, Br. Mica, Blue Schist, Br. Mica, Blue Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 22 NO. OF BOUNDS 2068

GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 28 ft.

CASING RECORD

Diagram showing casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). Includes instructions to insert appropriate code below.

MAIN CASING TYPE: S T. Nominal diameter top (main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 29.

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

SCREEN RECORD

Diagram showing screen types: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER). Includes instructions to insert appropriate code below.

Table for screen depth: E A C H S C R E E N. Columns for depth (nearest ft.) from 8 to 51.

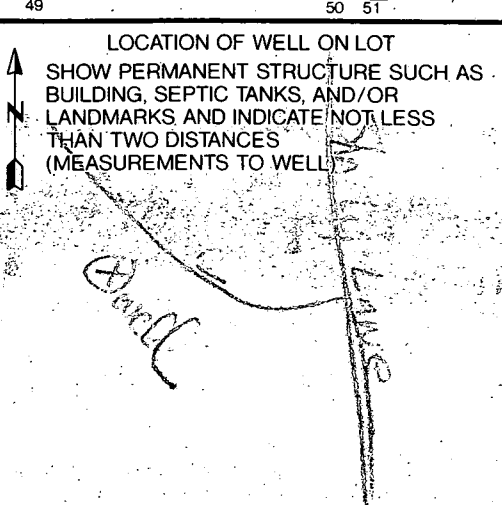
SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) grid.

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 (74 75 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 85. METHOD USED TO MEASURE PUMPING RATE submersible. WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 94. TYPE OF PUMP USED (for test) 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) grid. PUMP HORSE POWER grid. PUMP COLUMN LENGTH (nearest ft.) grid. CASING HEIGHT (circle appropriate box and enter casing height) + above, - below. LAND SURFACE grid.



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. 256 Dana Ryker Jr.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Dana Ryker Jr.

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

B 1 02206 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-92-0323
fill in this form completely

Date Received (APA) 030593
OWNER INFORMATION
COLVIN J BENNETT
3678 SHADY LAVE
GLENWOOD MD 21738

B 3 LOCATION OF WELL
ACQUAZZ
COLVIN PROPERTY
GLENWOOD
MILES FROM TOWN 1.5 MI

DRILLER INFORMATION
JANA K. LEE
Washminster Rotary Well Drilling
1001 86 Washminster, Md
Jana K Lee
3/13

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
SHADY LAVE
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 300 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 700

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
COUNTY NAME
A 48626
COUNTY NO.
STATE SIGNATURE
DATE ISSUED 032293
CO SIGNATURE Charles E. ...
EXP. DATE 7/22/93
NORTH GRID 524000
EAST GRID 0794000

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)

APPROXIMATE DEPTH OF WELL 350 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. City
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 190
N 510
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.

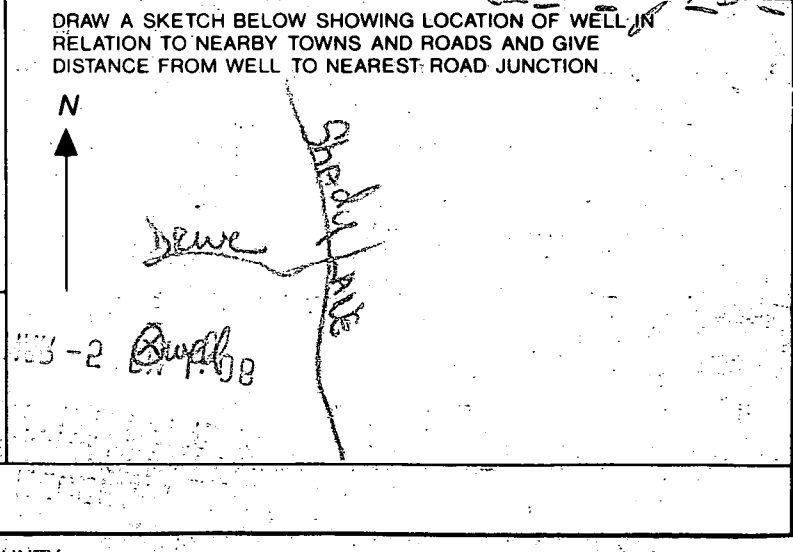
APPROXIMATE DIAMETER OF WELL 6 INCH

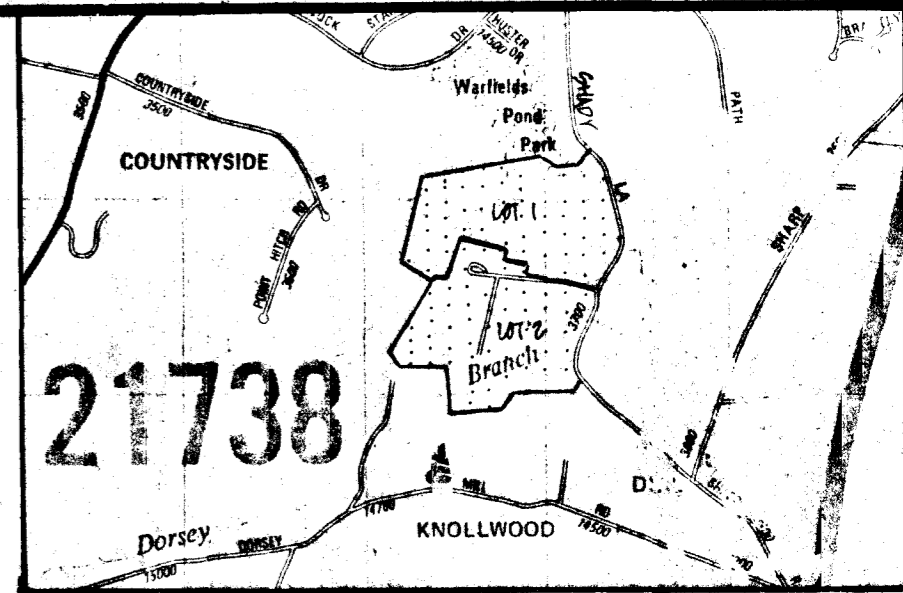
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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)

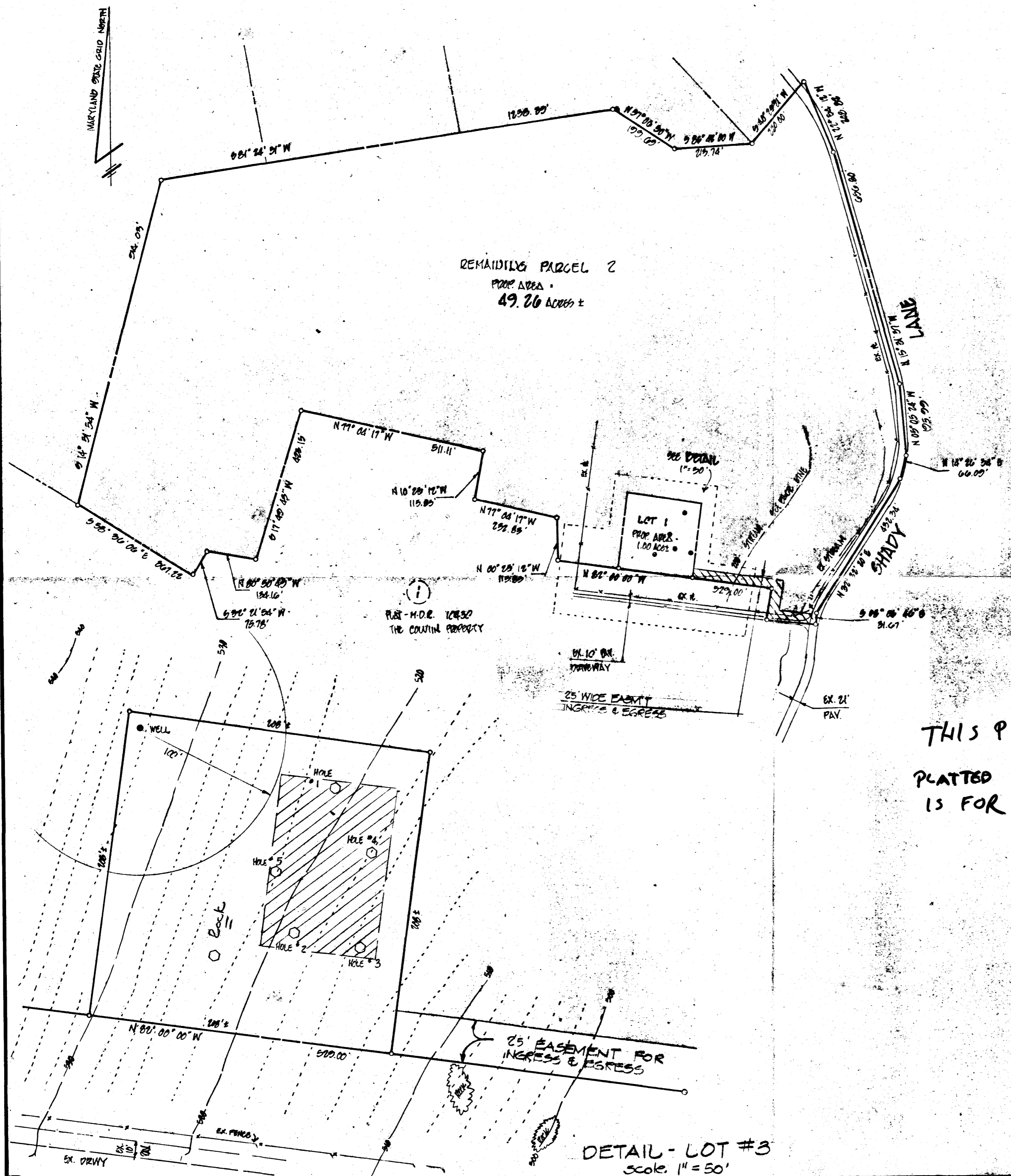
Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE WRITE INITIALS IN BOX PERMIT No. HO-92-0323

SPECIAL CONDITIONS
None. MS-8618





VICINITY MAP SCALE: 1"=1000'



GENERAL NOTES:

1. TOPOGRAPHY SHOWN HEREON IS BASED ON A FIELD RUN SURVEY 11/19/02 AND IS BASED ON UIC69 DATUM
2. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN
3. PROPERTY IS ZONED - "R" PER 8/2/05 COMPREHENSIVE ZONING PLAN.
4. THE PROPERTY SHOWN HEREON IS SUBJECT TO AN AGRICULTURAL PRESERVATION DISTRICT AGREEMENT BETWEEN ERNEST J. COLVIN AND HOWARD COUNTY, MARYLAND RECORDED IN LIBER 2424 FOLIO 790 AND DEED OF EASEMENT REGARDING AGRICULTURAL PRESERVATION AND DEVELOPMENT RIGHTS, BETWEEN ERNEST J. COLVIN AND HOWARD COUNTY, MARYLAND RECORDED IN LIBER 2424, FOLIO 795.

THIS PLAT FOR REFERENCE ONLY.
 PLATTED SEWAGE DISPOSAL EASEMENT IS FOR HOUSE TO BE BUILT.

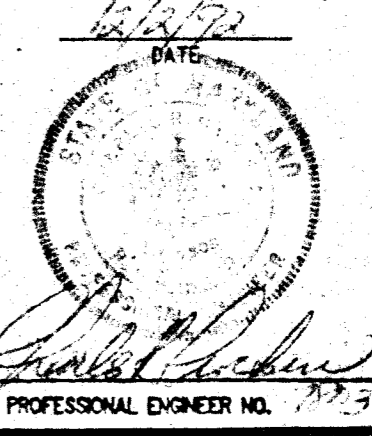
PERCOLATION CERTIFICATION PLAN FOR
 THE RESUBDIVISION OF PARCEL-1
THE COLVIN PROPERTY
 RECORDED AS PLAT M.D.R. 10430 AMONG THE LAND RECORDED
 4TH ELECTION DISTRICT. HOWARD CO., MARYLAND

OWNER (DEVELOPER)
 DR. ERNEST J. COLVIN
 4410 1/2 PARK HEIGHTS AVE.
 BALTIMORE, MD. 21215
 410-664-1900

Unsubscribed

CHARLES R. CROCKEN & ASSOCIATES, INC.
 Civil Engineering • Land Planning
 P.O. BOX 307
 WESTMINSTER, MARYLAND 21157
 Tel. (301) 549-2708

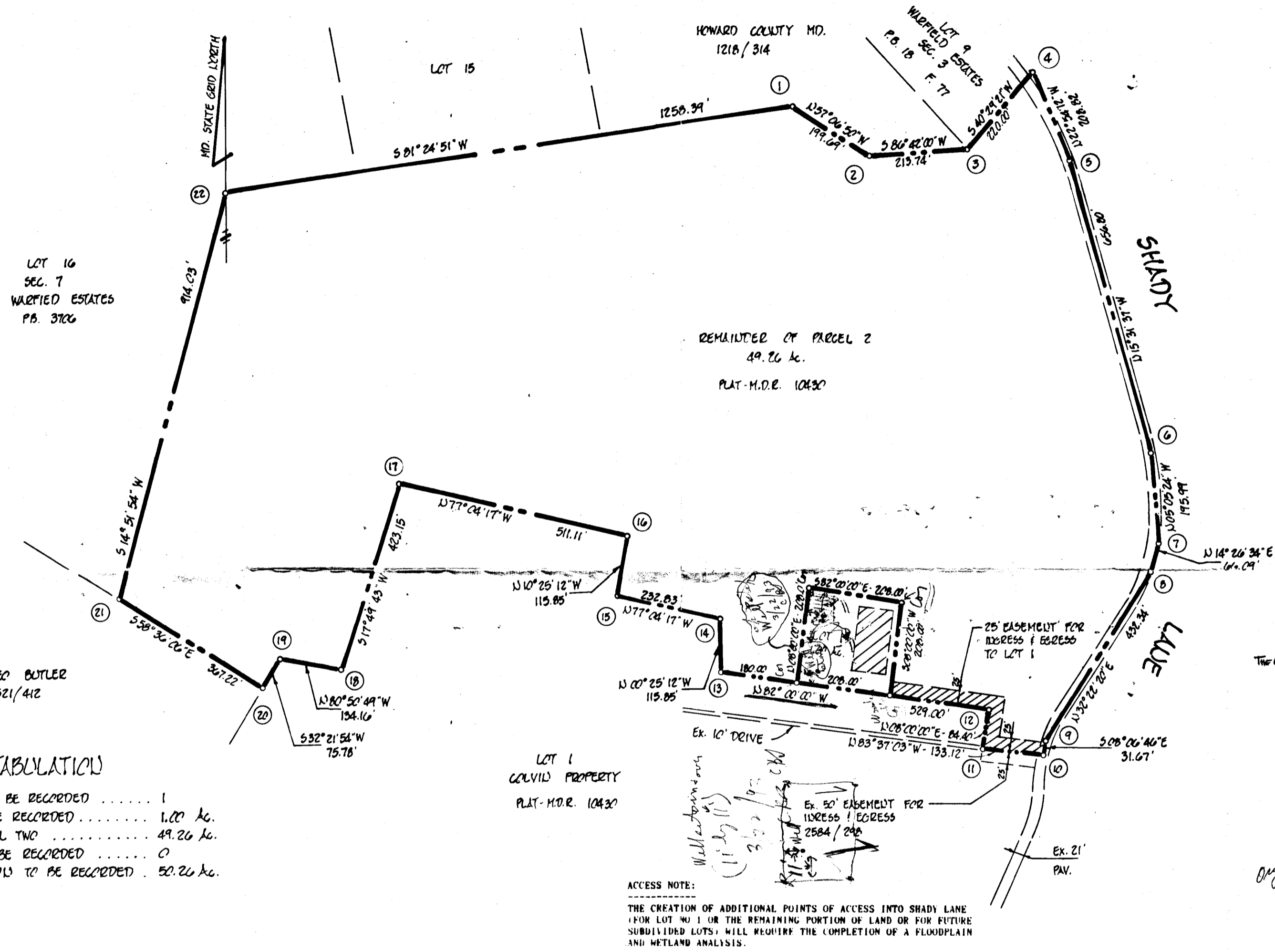
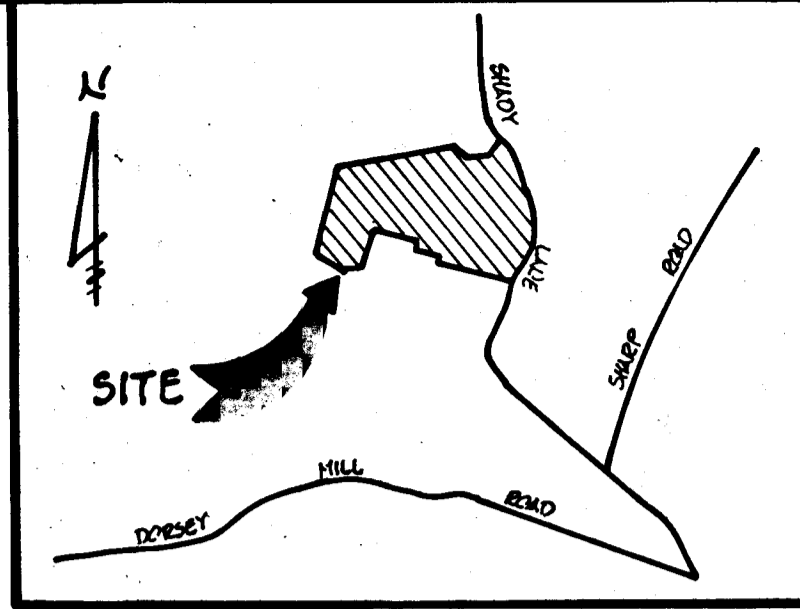
PERCOLATION TEST CERTIFICATION
 I HEREBY CERTIFY THAT THE PERCOLATION TESTS LOCATIONS ARE CORRECT AS SHOWN HEREON.
 Charles R. Crocken
 CHARLES R. CROCKEN PE 93 DATE



TAX MAP 21	PARCEL 6
DESIGNED BY:	CHC
DRAWN BY:	CHC
PROJECT NO.	-
DATE:	Nov. 1992
SCALE:	AS SHOWN
DRAWING NO.	1 OF 1

DETAIL - LOT #3
 Scale: 1"=50'

COORDINATES		
NO.	NORTH	EAST
1	524559.67	794589.64
2	524451.24	794757.33
3	524463.54	794970.72
4	524630.86	795113.56
5	524438.50	795194.83
6	523805.67	795370.65
7	523610.46	795388.04
8	523546.45	795371.36
9	523181.31	795140.07
10	523149.96	795135.00
11	523164.75	795073.31
12	523248.34	795015.06
13	523337.80	794428.34
14	523446.64	794427.49
15	523498.73	794200.57
16	523628.37	794225.15
17	523742.72	793727.00
18	523839.89	793597.45
19	523821.24	793464.99
20	523297.23	793424.42
21	523488.36	793110.87
22	524371.80	793345.36



LOT 16
SEC. 7
WARRIED ESTATES
P.B. 3726

LEO BUTLER
521/412

AREA TABULATION

TOTAL NUMBER OF LOTS TO BE RECORDED	1
TOTAL AREA OF LOTS TO BE RECORDED	1.00 Ac.
REMAINING AREA OF PARCEL TWO	49.26 Ac.
TOTAL AREA OF R/W TO BE RECORDED	0
TOTAL AREA OF SUBDIVISION TO BE RECORDED	50.26 Ac.

LOT 1
COLVIN PROPERTY
PLAT-M.D.R. 10430

ACCESS NOTE:
THE CREATION OF ADDITIONAL POINTS OF ACCESS INTO SHADY LANE (FOR LOT NO 1 OR THE REMAINING PORTION OF LAND OR FOR FUTURE SUBDIVIDED LOTS) WILL REQUIRE THE COMPLETION OF A FLOODPLAIN AND WETLAND ANALYSIS.

- GENERAL NOTES**
- TAX MAP: 21, BLOCK: 10 & 11, PARCEL: 8
 - DEED REFERENCE: LIBER 1203, FOLIO 362 10/25/83
 - COORDINATES BASED UPON MAD 27, MARYLAND COORDINATE SYSTEM AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATIONS No. 3233002 AND No. 3333001.
 - SUBJECT PROPERTY ZONED RR, PER 9-18-92 COMPREHENSIVE ZONING PLAN.
 - THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOTS REQUIRED BY THE DEPARTMENT OF ENVIRONMENT AND PLANNING, AREA 4.5
 - THIS PLAT IS BASED UPON A FIELD RUN MONUMENTED SURVEY PERFORMED ON OR ABOUT JULY 19, 1991 BY BOENDER ASSOCIATES, INC.
 - THIS PLAN IS SUBJECT TO THE FOLLOWING WAIVERS TO THE SUBDIVISION REGULATIONS AS PER _____ APPROVED.
 - SECTION 16.115 (B)(4)
 - SECTION 16.116 (A)(B)
 - SECTION 16.117 (A)(B)
 - SECTION 16.121 (B)(2)a.2
 - SECTION 16.127 (3)
 - PROPERTY SHOWN HEREON IS SUBJECT TO AN AGRICULTURAL PRESERVATION DISTRICT AGREEMENT BETWEEN ERNEST J. COLVIN AND HOWARD COUNTY, MARYLAND RECORDED IN LIBER 2424 FOLIO 730 AND DEED OF EASEMENT REGARDING AGRICULTURE PRESERVATION AND DEVELOPMENT RIGHTS, BETWEEN ERNEST J. COLVIN AND HOWARD COUNTY, MARYLAND RECORDED IN LIBER 2424 FOLIO 735.
 - //// THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE 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 SEWAGE EASEMENT RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 - ANY SUBSEQUENT SUBDIVISION OF THE PROPERTY SHOWN HEREON MUST BE IN ACCORDANCE WITH SECTION 104.D.3 OF THE HOWARD COUNTY ZONING REGULATIONS WHICH RESTRICTS DEVELOPMENT RIGHTS TO THE ORIGINAL OWNER WHO PLACED THE PROPERTY INTO THE AGRICULTURAL PRESERVATION DISTRICT (MR. ERNEST J. COLVIN).

Original Plan PC
Signed 2-16-93
f.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS;
HOWARD COUNTY HEALTH DEPARTMENT;

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

PLANNING DIRECTOR _____ DATE _____

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS;

DIRECTOR OF PUBLIC WORKS _____ DATE _____

OWNER'S STATEMENT

I, Ernest J. Colvin, owner of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the Department of Planning and Zoning, establish the minimum building restriction lines. All easements of rights-of-way affecting the property are included in this plan of subdivision.

Witness my hand this 3 day of December 1992.

Ernest J. Colvin
4413 1/2 PARK HEIGHTS AVE.
BALTIMORE, MD. 21215
410-664-1900

SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct; that it is a subdivision of part of the lands conveyed. By Ernest J. Colvin and Shirley B. Colvin to Ernest J. Colvin by deed dated October 25, 1983 and recorded in the Land Records of Howard County, Maryland in Liber 1203 at Folio 326 and that all monuments are in place as shown in accordance with the annotated Code of Maryland, as amended.

Leonard T. Bohager, R.P.L.S. No. 10859 _____ Date _____

LOT 1
A RESUBDIVISION OF PARCEL 2
COLVIN PROPERTY

TAX MAP 21 PARCEL 8
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
ZONING RR D.P.C. FILE F 92-124

SCALE: 1"=200' NOV. 1992

CHARLES R. CROCKEN & ASSOCIATES, INC.
Civil Engineering & Land Planning
P.O. BOX 307
WESTMINSTER, MARYLAND 21157
Tel. (301) 549-2708

COLVIN PROP