

PUB. SEWER STATUS VERIFIED BY _____

03-286088

ISSUE DATE: _____

PERMIT

P RE-INDEX _____

APPROVAL DATE: 11/30/59

INDEXED

A 49951

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Earl M. Gray LOT NUMBER: 1

ADDRESS: 3000 Pfefferkorn Road PROPERTY OWNER: Stephen Vynos

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

9-16-03 B00143994- DETACHED GARAGE

A49951

C1 1994 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
COUNTY NUMBER A0042

DATE RECEIVED: MM 11 DD 14 YY 99
DATE WELL COMPLETED: MM 11 DD 14 YY 99
DEPTH OF WELL: 22 200 26 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2457

OWNER: GRAY, EARL
STREET OR RFD: 3000 Pfeifferkorn Rd TOWN: W Friendship
SUBDIVISION: SECTION: LOT:

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	
Shaley clay	2	6	
Sand Stone	6	15	
Mica	15	45	
Sand Stone	45	55	✓
Mica	55	70	✓
Sand Stone	70	75	
Mica	75	85	
Sand Stone	85	88	✓
Quartz	88	200	
Mica			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
CEMENT NO. OF BAGS 45 46 6 NO. OF POUNDS 25 46 800
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE: ST 06 20
Nominal diameter top (main) casing (nearest inch): 60 61 63 64 66 70
Total depth of main casing (nearest foot): 66 70

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

SCREEN RECORD
screen type or open-hole insert appropriate code below
STEEL BRASS OPEN HOLE
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: _____
WELL HYDROFRACTURED YES NO

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.

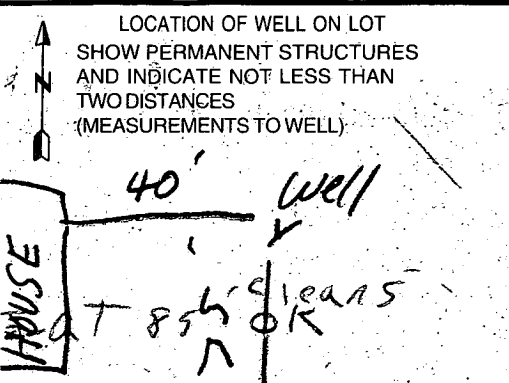
DRILLERS LIC. NO. MW040
DRILLERS SIGNATURE: [Signature]
LIC. NO. MW0501
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [Signature]

DEPTH (nearest ft.)
E A C H S C 3 R E E N
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
H0 18 200

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. SOME Q. WENT)
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 30
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 200 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 02 (nearest foot)



Pfeifferkorn Rd.

B 1 14790

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2457 fill in this form completely

Date Received (APA) 10-04-99

OWNER INFORMATION RN 8066

B 3

LOCATION OF WELL

CC#

Earl Grav Owner First Name 34 3000 Pfefferkorn Rd Street or RFD 55 W. Friendship, Md 21794 Town 70 State 72 Zip 76

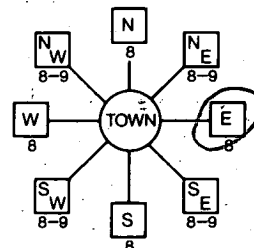
Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airv. Md. 21771 Address Signature Date 10/4/1999

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3000 Pfefferkorn 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 75 Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 1 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10-04-99 A Mc Mille 100400 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 0 0 55 EAST GRID 800 0 0 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

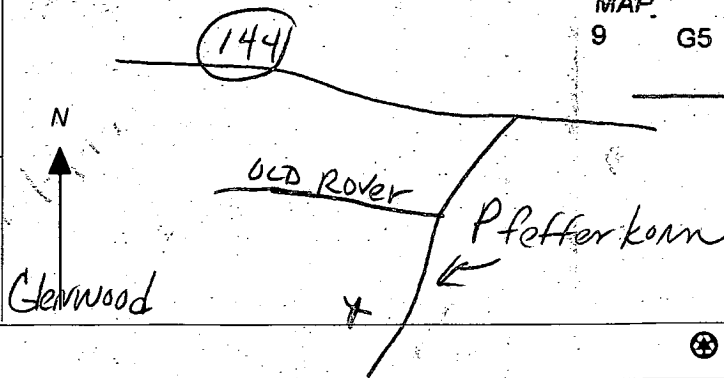
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED SPRING THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2457 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X' SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 530

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION MAP 9 G5



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Earl Gray

DATE REQUESTED: 10-4-99

ADDRESS: 3000 Pfefferkorn Rd

DRILLER: George Easterday

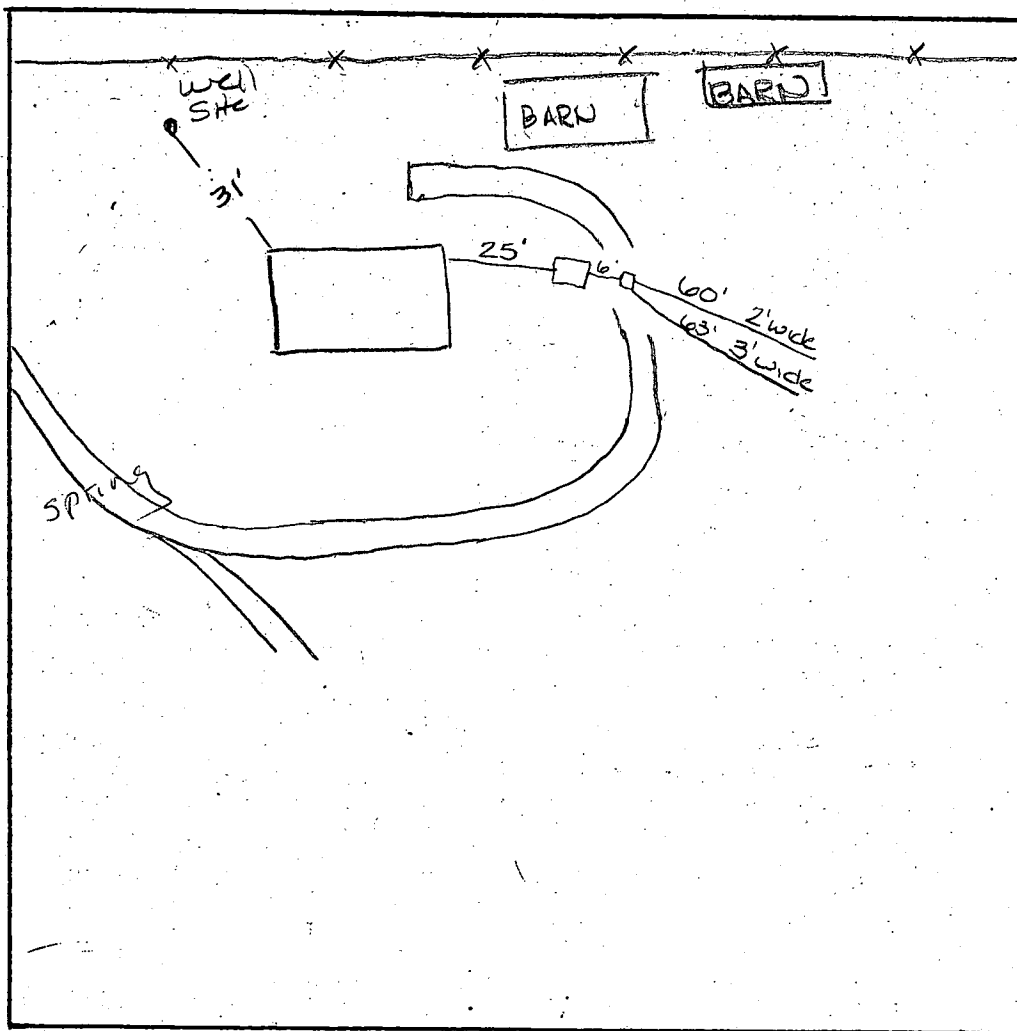
WELL TAG # _____

COUNTY # _____

PROPOSAL: Replacement well site

#A01142 - microfisch machine broke

LOCATION DIAGRAM



COMMENTS: Well site OK as stated - met George Easterday
on site

DATE: 10/4/99

INSPECTOR: A McMiller

APPLICATION

PERCOLATION TESTING

A 49951

P _____

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

DISTRICT _____

DATE 4/5/94

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 Earl M Gray

ADDRESS Pfefferkorn Road Glenol MD PHONE 442 2045

AGENT OR PROSPECTIVE BUYER Calvin Smith

ADDRESS 2836 Mont Clair Dr Ellicott City MD PHONE 461 4715

PROPERTY LOCATION:

SUBDIVISION Earl M Gray LOT NO. 1

ROAD AND DESCRIPTION Pfefferkorn Rd

1st drive way South Old Power Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 Acres 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.

Earl M Gray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49951

COUNTY #

SOIL PROFILE

0' D
dk brn SSIL throughout no distinct clay layer

7' zone of rock large chunks 25%

12'

F

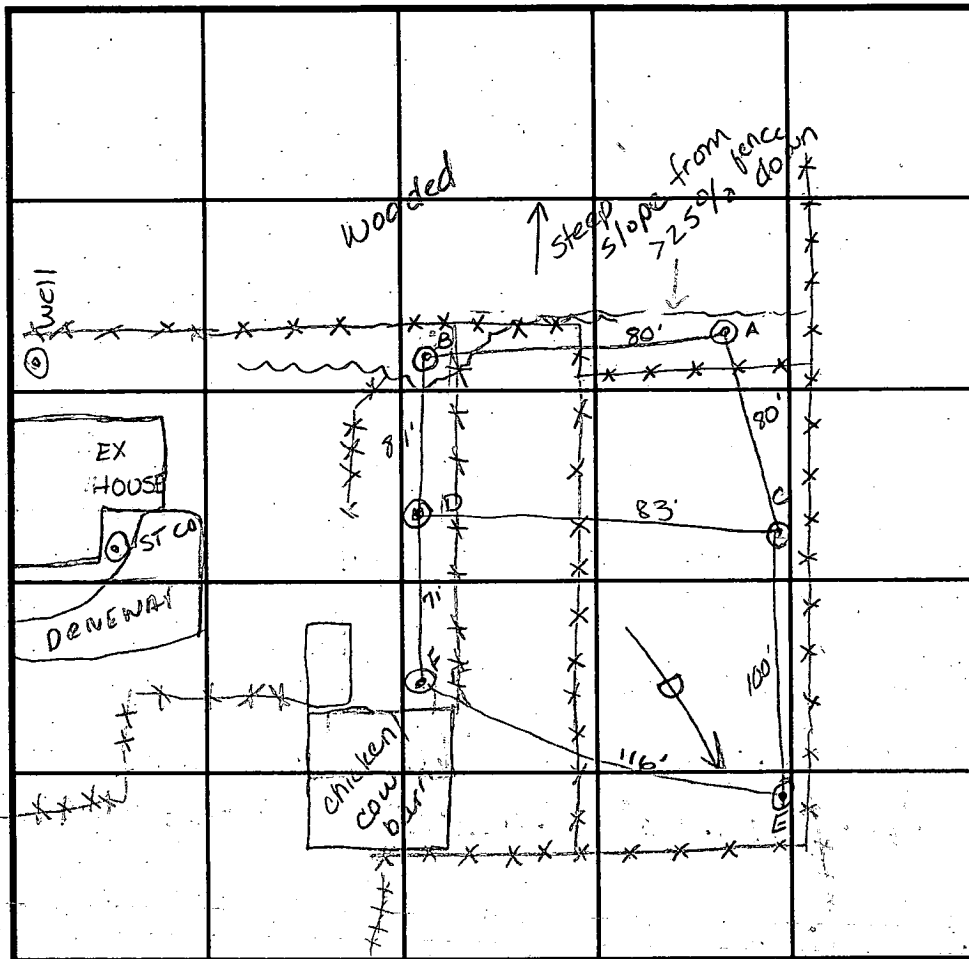
brn SL <5% small rock frags consistant throughout

E

1' lgt brn SIL

lgt brn SL consistant all the way down no rock

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' C
red brn SIL

4' lgt brn SL

8'

11
116
100
83
71
370

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/94	A	4'	4:05	4:09	4:09	4:15	6min
	B	4'	4:10	4:12	4:12	4:18	6min
	C	3' 8'	4:21	4:23 ³⁰	4:23 ³⁰	4:30	6 1/2 min
	D	2' 1/2'	4:37	4:39 ³⁰	4:39 ³⁰	4:32	2 1/2 min
	E	3' 1/2'	4:45	5:51	5:51	6:00	9min
	F	3' 1/2'	5:12 ³⁰	5:16 ³⁰	5:16 ³⁰	5:22	5 1/2 min

REMARKS: not 25' off >25% slope A: B mt used - wants to put house there

TYPE OF SOIL _____

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT Calun Smith

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH 2'

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

APPLICATION

A 25927

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4TH

DATE 5/23/77

Free

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 EARL M. GRAY

ADDRESS WOODBINE RD SHADY GLENN PHONE 795-4166

PROPERTY LOCATION:

SUBDIVISION PROPERTY OF EARL M. GRAY LOT NO. 4

*NEW PART
OF NEW ONE*

ROAD AND DESCRIPTION 1200'± SOUTH OLD ROVER RD & PEEPERCORN RD.

SIZE OF LOT 3 Ac.± TYPE BLDG. 30R4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Charles J. Conrad

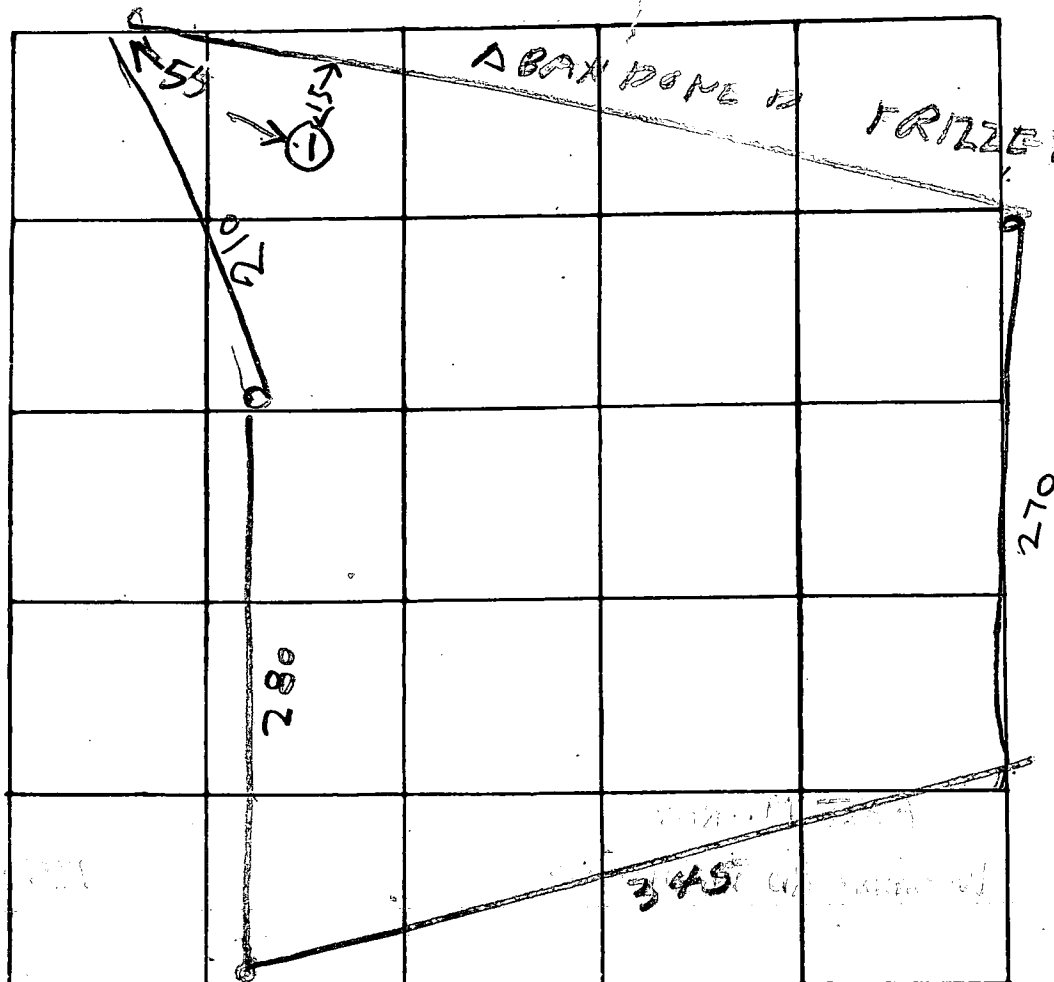
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/21/77 - Water Not OK

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/21/77	(14)	9	TOP	3 FT	CLAY		
			ROCK		BOTTOM		

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. Hodge ALSO PRESENT: C. Smith

LOT 4

Prep.

APPLICATION

A 25926

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4TH

DATE 5/23/77

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 EARL M. GRAY

ADDRESS WEEPBIKE RO. SHAOY GLENN PHONE 795-4166

PROPERTY LOCATION:

*NOW PART OF
NEW ONE*

SUBDIVISION PROPERTY OF EARL M. GRAY LOT NO. 3

ROAD AND DESCRIPTION 1200'± SOUTH FROM OLD ROVER RD & PFEFFERCORN RD.

SIZE OF LOT 3Ac.± TYPE BLDG. 3OR4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Charles J. Crowe

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

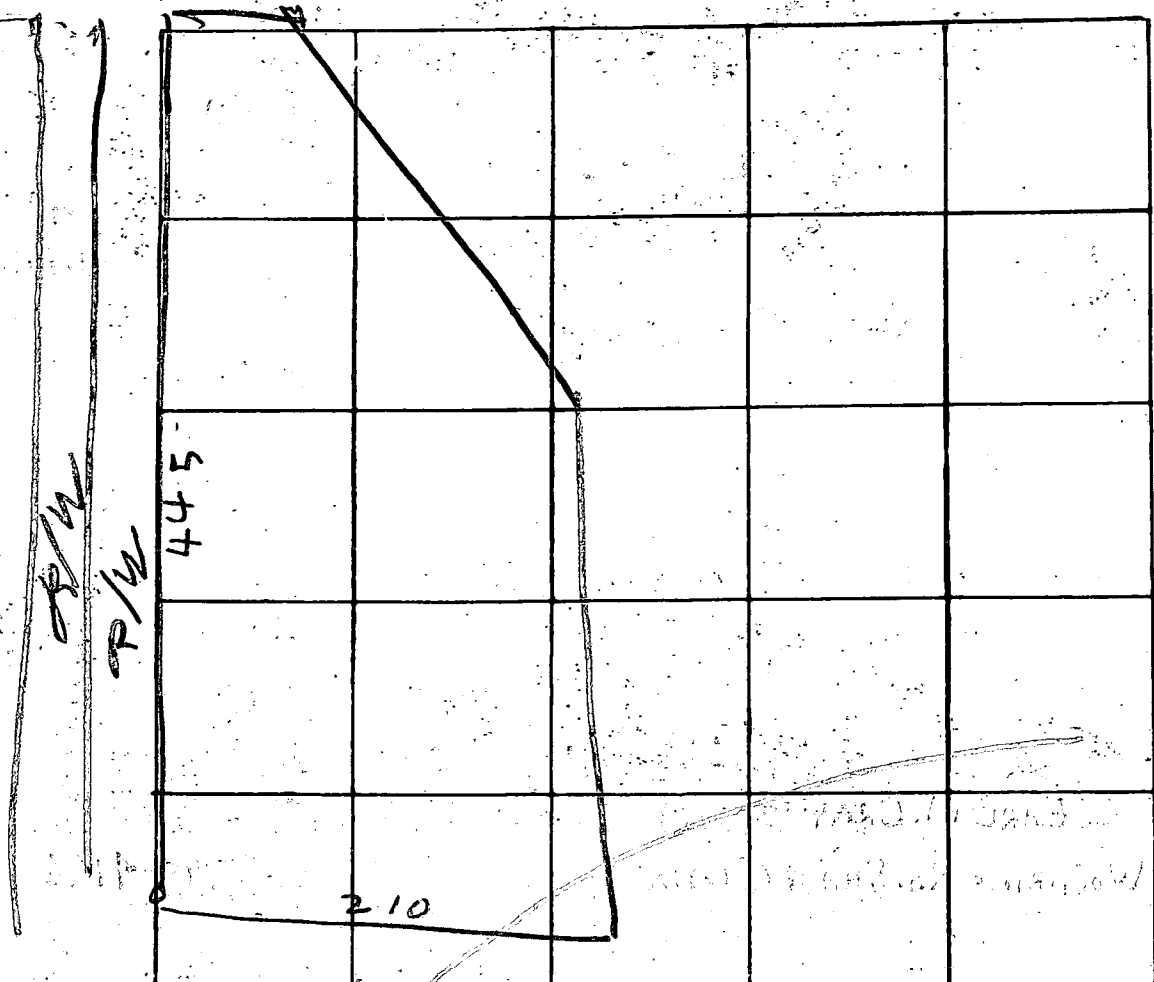
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/29/77 - water not O.K. R/H

THIS IS NOT A PERMIT

PETER KORN RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
6/21/77	(1)	12 1/2	TOP	7 FT	CLAY		
	(2)	8 1/2	WATER	12 FT			
			ALL		CLAY		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT: R HODGES
Lot 3

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

INDEXED

DISTRICT 9

DATE 11/23/59

Carl Willms

IS PERMITTED TO INSTALL E ALTER

ADDRESS West Friendship PHONE SYRBY, 360 W. I.

A SEWAGE DISPOSAL SYSTEM LOCATED AT Staffordtown Md.

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER C. T. Gray

ADDRESS Glenzig

SPECIFICATIONS

DRAIN FIELD B SIZE _____ FEET, BOTTOM AREA 330 SQ. FT.

SEWAGE PITS C ABSORBENT SIDE WALL, _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 20%.

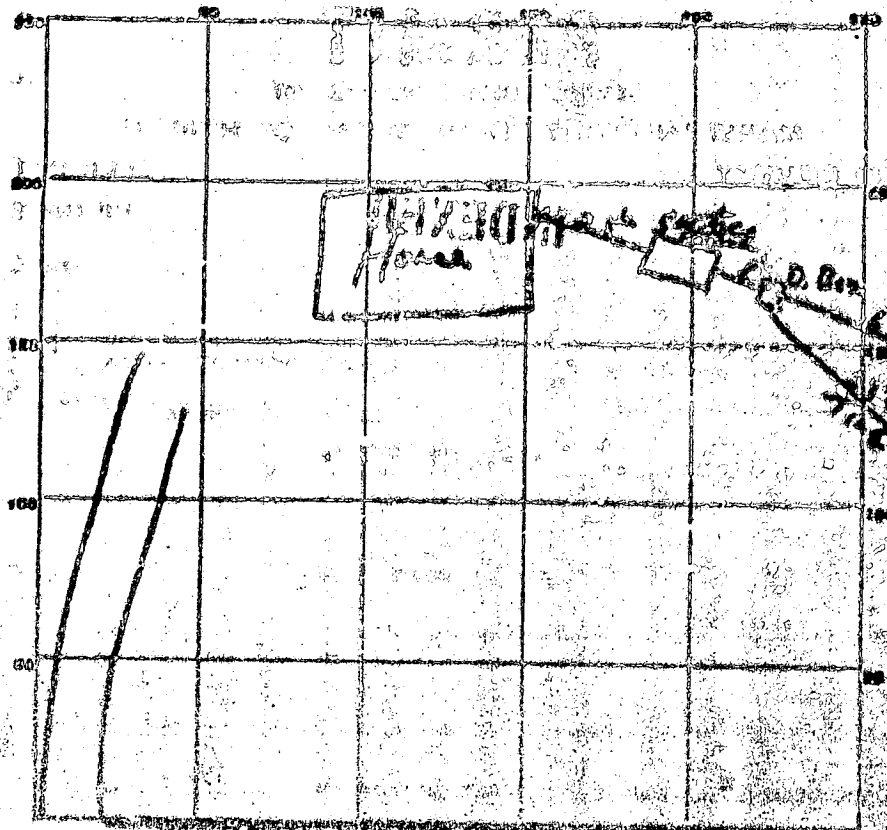
OTHER System must be installed in area that passed perc. tests.

PLANS APPROVED BY Palmer Wise DATE 6/23/59

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

11/23



PERMIT CARD you PERFECT ROAD

SEPTIC TANK LEVEL OK CLEANOUT to the top

DISTRIBUTION BOX LEVEL OK

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 150 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 369

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

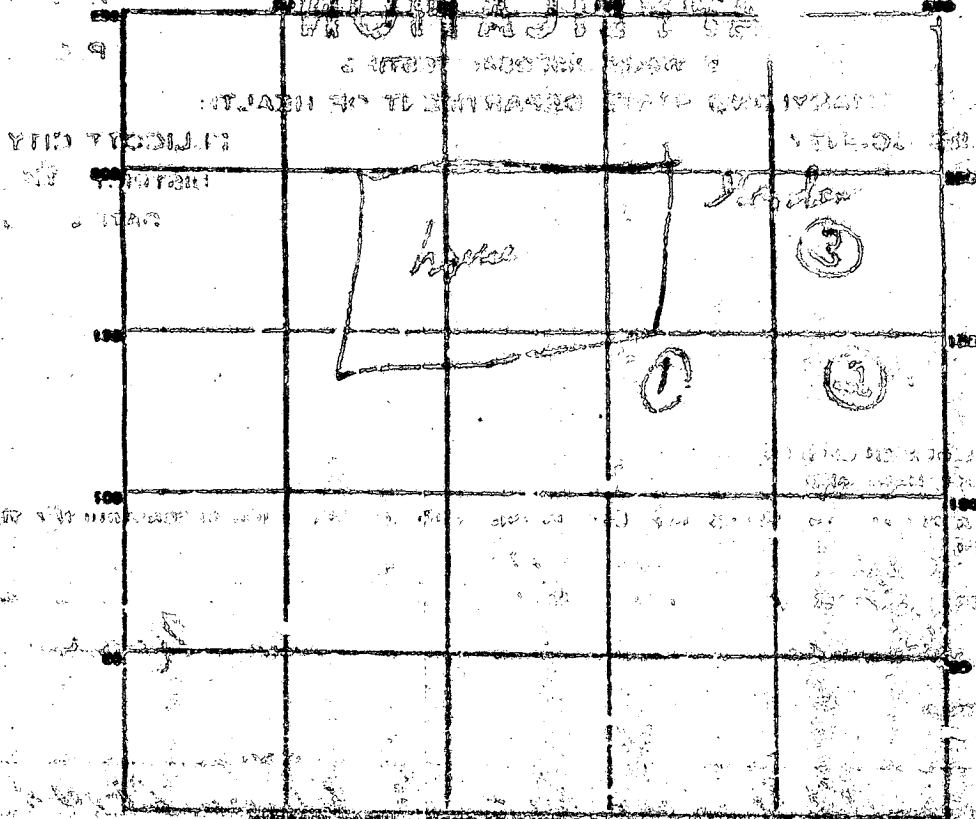
ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11-30-59

INSPECTOR J.H.

MOHAWK 1142



INCREASE NORTH - NAME / BEGINNING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-KEY		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/9	1	3'	10:40	10:45	10:43	10:46	3
	2	3'	10:41	10:48	10:48	11:01	14
	3	3'	10:42	10:43	10:43	10:49	2

COIL AUGER FINDING Large amount

TESTED BY P.W.

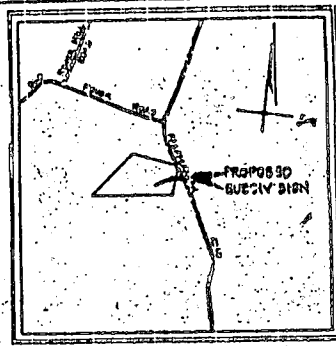
REMARKS SEE A TOWER LOT NO. 25A

PLAT-C.M.P. NO. 4130

COORDINATES		
No.	North	East
1	1008.43	9,781.93
2	8,175.10	16,413.33
3	6,133.44	10,463.33
4	9,783.43	10,463.33
5	9,715.67	16,413.33
6	8,412.33	10,418.86
7	8,445.88	3,339.83
8	9,443.41	3,101.11
9	8,292.28	8,659.70

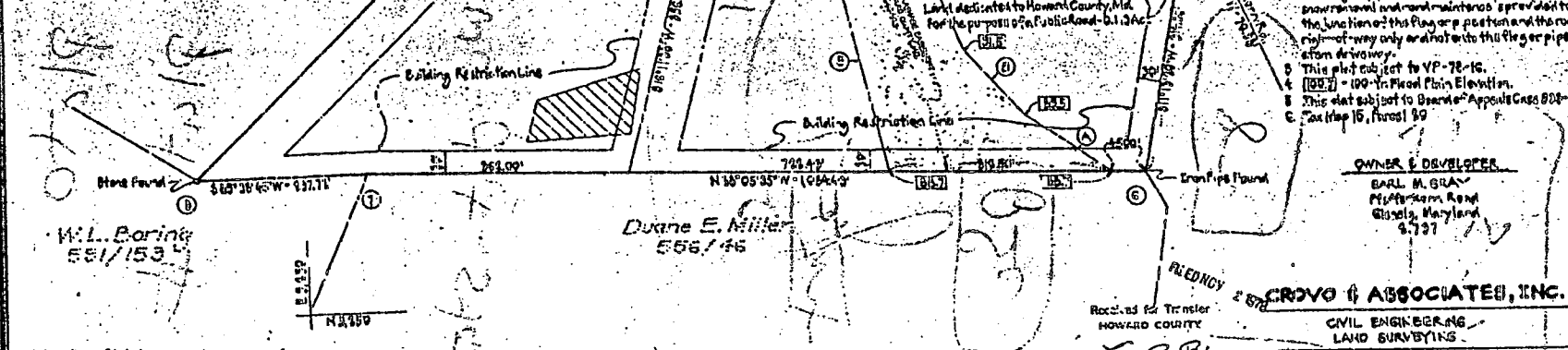
100-YEAR FLOOD PLAIN		
No.	Course	Dist.
A	N54°44'00"W	152.84'
B	N44°19'12"W	131.17'
C	N4°48'00"W	81.72'
D	N44°32'03"W	249.53'
E	N15°08'41"W	331.95'
F	N15°08'19"W	135.02'
G	S84°00'12"W	130.16'
H	N54°21'50"W	92.40'
I	N78°04'56"E	191.63'

Note: The origin of the coordinates shown herein are assumed.



VICINITY MAP
Scale 1" = 100'

This area is designated a private sewage treatment of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of every nature are required until public sewerage is available and servicing any residential structure constructed within this building area. This easement shall become null and void upon connection to a public sewerage system.



NOTES

- The lots shown herein comply with minimum ownership with the following exceptions required by the Maryland State Department of Health and Mental Hygiene.
- For flag or pipe of lots 1 Police collection, snow removal and maintenance provided to the junction of this flag or easement and the road right-of-way only and not to the flag or pipe easement driveway.
- This plat subject to VP-78-16.
- [REDACTED] - 100-Yr Flood Plain Elevation.
- This plat subject to Board of Appeals Case 802-C Case No. 15, Parcel 39.

OWNER & DEVELOPER
EARL M. GRAY
PREFERRED ROAD
GLENDA, MARYLAND
21737

Received for Transfer
HOWARD COUNTY
E. P. Baker
Treasurer Clerk
Case 4130, Plat

CRONO & ASSOCIATES, INC.
CIVIL ENGINEERING
LAND SURVEYING
8609 OAK ROAD
BALTIMORE, MARYLAND
21284

Total number of lots to be recorded - 9
Total area of lots - 11.864 Ac.
Total area of roadways to be recorded - 0.113 Ac.
Total area of 100-Yr flood plain elevation - 1.642 Ac.
Total area of public use to be recorded - 13.657 Ac.

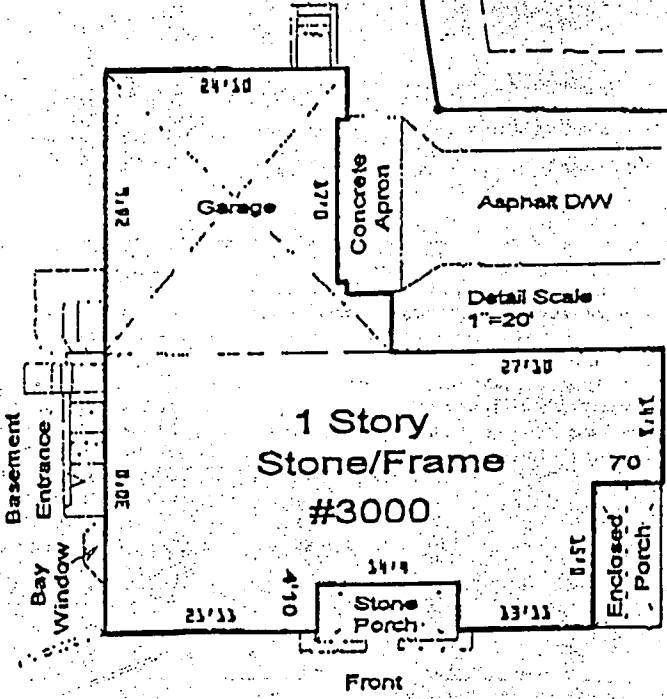
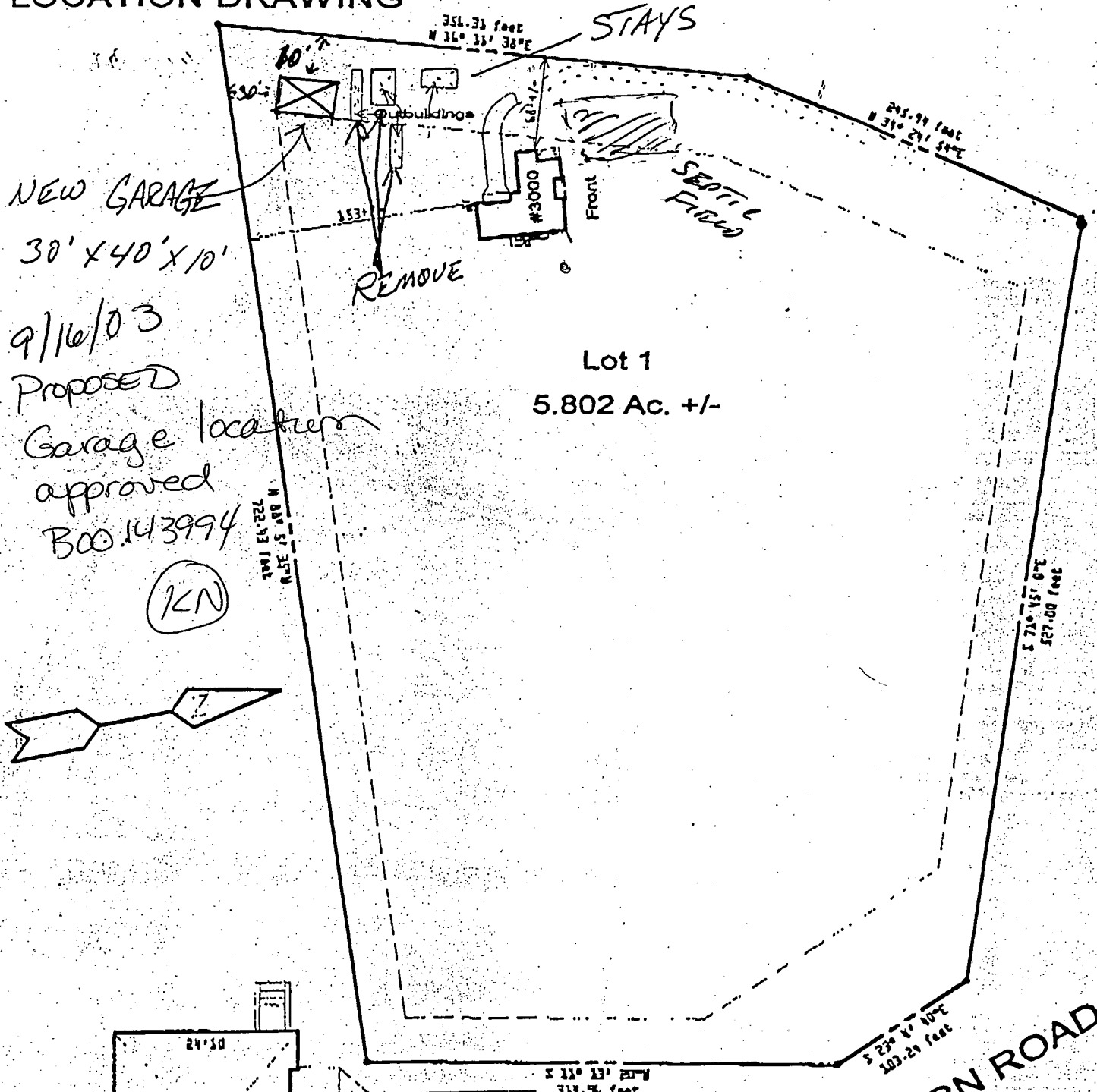
APPROVED For private water and private sewerage systems.
Howard County Health Department.
Joyce B. Jones 10-10-78
County Health Officer Date
APPROVED Howard County Office of Planning and Zoning.
James E. H. [Signature] 10-10-78
Director Date
APPROVED To permit drainage systems and public roads.
Howard County Department of Public Works.
Richard [Signature] 10/20/78
Director Date

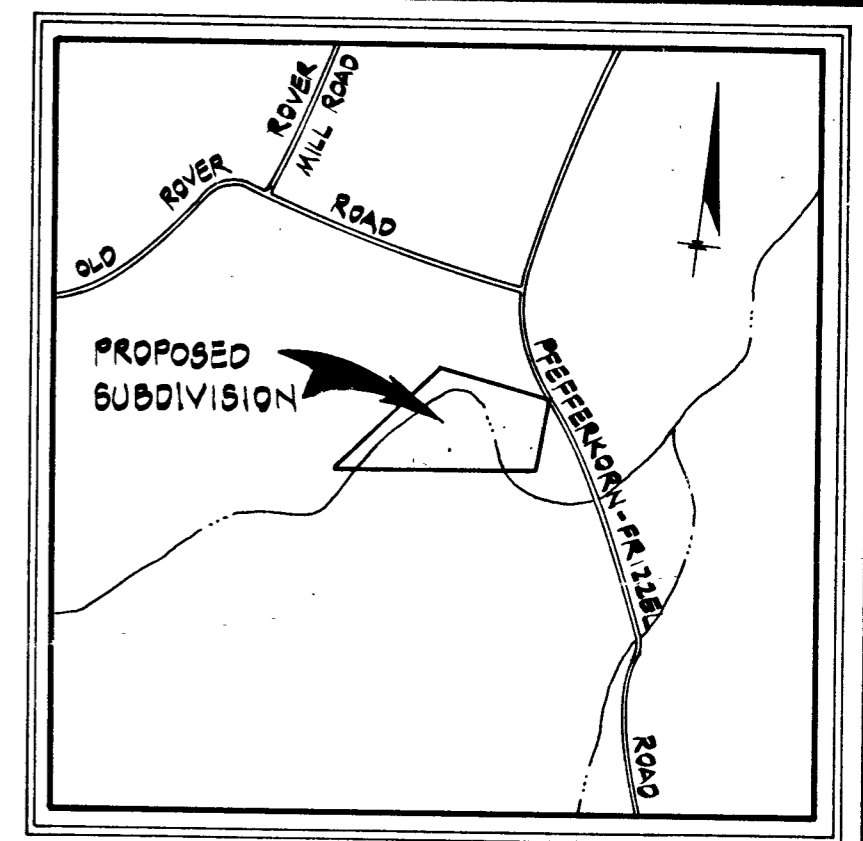
OWNER'S CERTIFICATE
We, Earl M. Gray and Gladys M. Gray, his wife, owners of the property shown and described herein, have by deed the title of public use, and in consideration of the approval of this Final Plat by the Office of Planning and Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns, the right to lay, construct and maintain covers, drains, water pipes and other municipal utility lines and service, in and under all roads and street right-of-ways and the specific easement areas shown hereon. (1) We dedicate to public use the lots of the streets and/or roads and flood plain envelopes shown where applicable, and for One Dollar (\$1.00) consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and flood plain envelopes and open space where applicable; (2) that no building or similar structure of any kind shall be erected on or over the said easements and right-of-ways; and (3) that I, Earl M. Gray, do hereby agree that maintenance of all water ways, drainage easements and/or flood plain envelopes shown hereon are the responsibility of the property owner, his successors and assigns.
Witness our hands this 24th day of October, 1977.
Earl M. Gray Gladys M. Gray
Earl M. Gray Gladys M. Gray

SURVEYOR'S CERTIFICATE
I hereby certify that the Final Plat shown hereon is correct; that it is a subdivision of all of the lands conveyed by Robert C. Henry and Gladys M. Gray, his wife, deeded to Earl M. Gray and Gladys M. Gray, his wife, on the 24th day of October, 1969, and recorded in the Land Records of Howard County, in Liber 843, Folio 696, and that all requirements in respect to such recordation, in accordance with the Annotated Code of Maryland are complied with.
[Signature]
Walter Park, M.E. Reg. No. 3539
Date 11/11/77

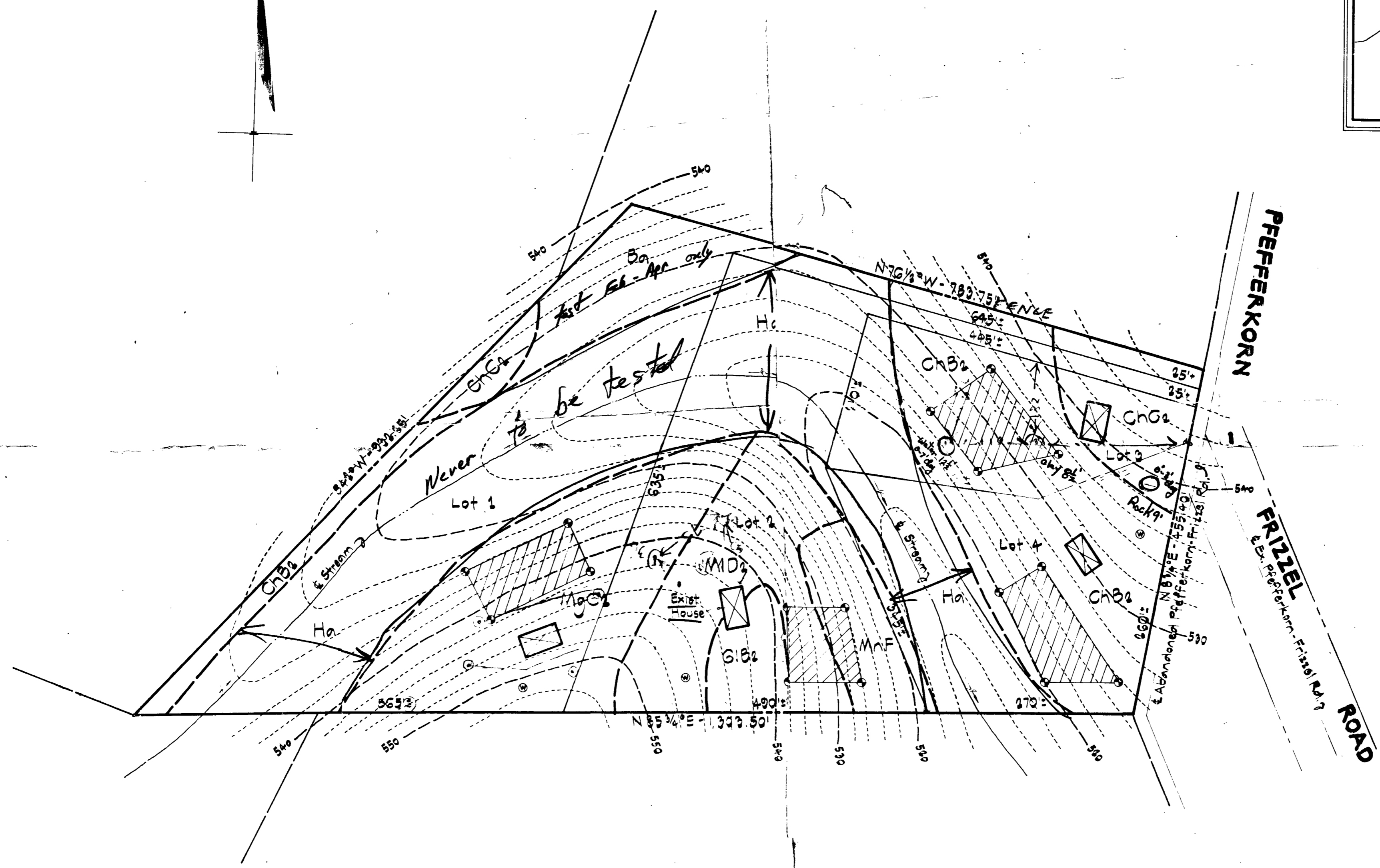
PROPERTY OF
EARL M. GRAY
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
MARCH 20, 1978
SCALE: 1" = 100'

LOCATION DRAWING





VICINITY MAP
Scale: 1"=1200'



PLAN

Scale: 1"=100'

CROVO & ASSOCIATES, INC.

CIVIL ENGINEERING
LAND SURVEYING

8669 OAK ROAD
BALTIMORE, MARYLAND
21234

PROPERTY OF
EARL M. GRAY
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
MAY 20, 1977