

10/20/97
10/22/97
10/23/97
10/12
C.O. FM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59010-A

A 49952-R

DISTRICT 3rd

DATE 10/10/97

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 10/23/97

INSPECTOR JKS

05-420040

Earl E. Preston, Jr., Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 2228 Engle Road, Fallston, Maryland 21047 PHONE 410-557-8100

SUBDIVISION Brookwood Farm LOT 11 ROAD 8130 Brookwood Farm Road

PROPERTY OWNER Williamsburg Group LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210 (3-70')

TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 feet down the right lot line and 85 feet off this same lot line as seen when facing the lot from Brookwood Farm Road. Run trenches on 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. KEEP TRENCHES 100 FEET FROM WATER WELL.

OK KM 7-30-97

PLANS APPROVED BY C.B. Streaker/Donna K. Soe/Glen Savage REVISED _____ DATE 07/29/97

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

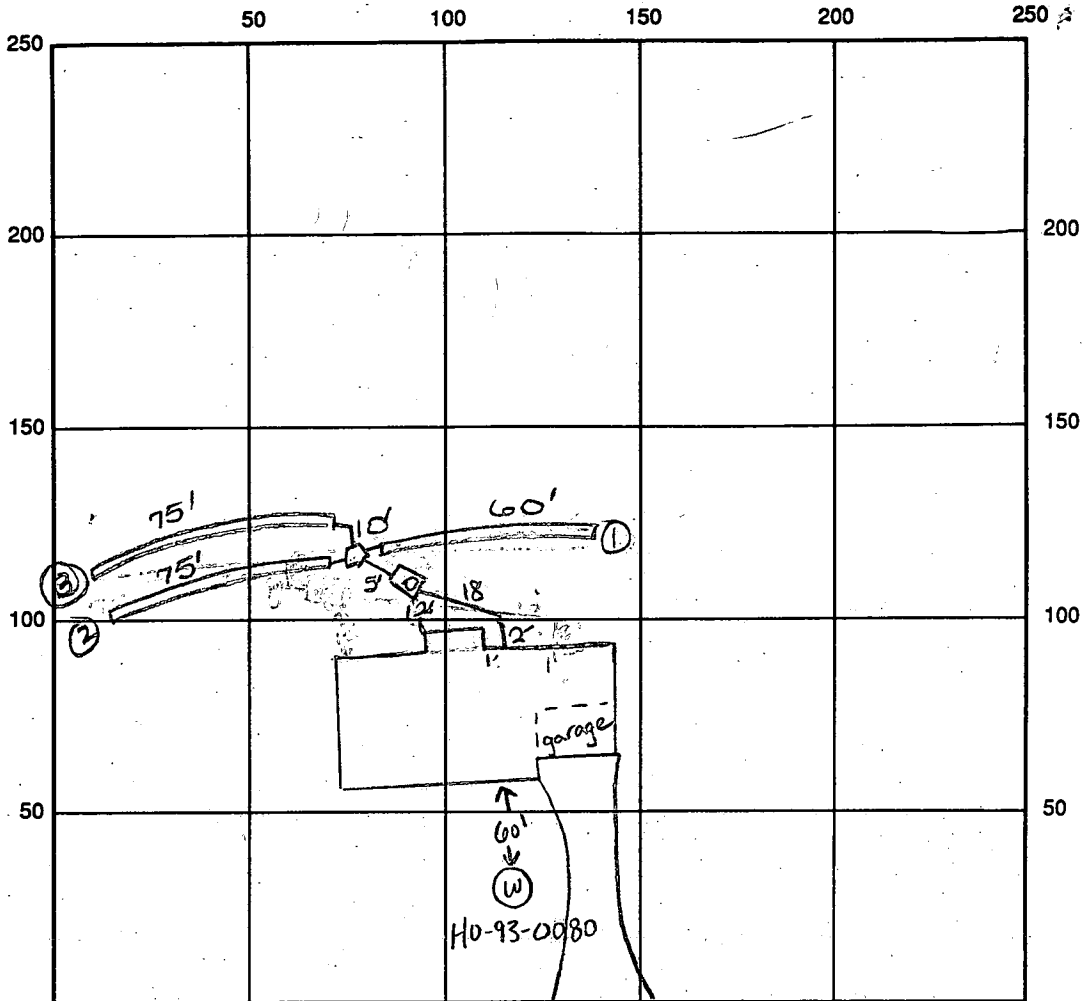
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SKIPPED
AND RETURNED 5-19-99
Serial # 118065
deck

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

A 49952R



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Brookwood Farms Rd.

SEPTIC TANK LEVEL OK

CLEANOUTS 1 on tank, manhole on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH

1.2	3
8.5	6.5
1.2	3

 FT.

TRENCH WIDTH 2.0 FT.

INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 | 2 FT.

TOTAL LENGTH $\frac{2 \times 75}{1 + 60}$ FT. \rightarrow 210

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 690 SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/20/97 layout as specified confirmed w/contractor -

OK to proceed. DKS

10/22/97 has house connection, OK to continue (KM) 10/23/97 Trenches

1 and 2 OK - depth of trench 3 changed due to soil conditions. DKS

10/22/97 WPI - OK to cover, PA 3.5' below grade, casing 1.0' above grade, has

2 piece cap, gasket needs to be inside cap (KM)

DATE SYSTEM APPROVED 10/23/97 INSPECTOR [Signature]

10/23/97 P.M. Final insp - OK to cover all work. DKS

APPLICATION

PERCOLATION TESTING

A 49952R

P _____

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

DISTRICT 5

DATE 4/4/94

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 FIRST AMERICAN PROPERTIES OF MD, INC *Williamsburg Group*

ADDRESS 1751 PINNACLE DRIVE
McLEAN, VA 22102 PHONE (410) 442-1045

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES

ADDRESS P.O. BOX 122
ELLICOTT CITY, MD 21041 PHONE (410) 442-1045

PROPERTY LOCATION:
SUBDIVISION BROOKWOOD FARMS LOT NO. *NEW LOT 11*
12

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD

(8130 Brookwood Farm Rd)

TAX MAP 40&45 PARCEL # P-1

**BLDG. PERMIT SIGNED
AND RETURNED 7-22-97
*Serial # B0107093***

SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DWLG. *4 Brms*
(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 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 _____

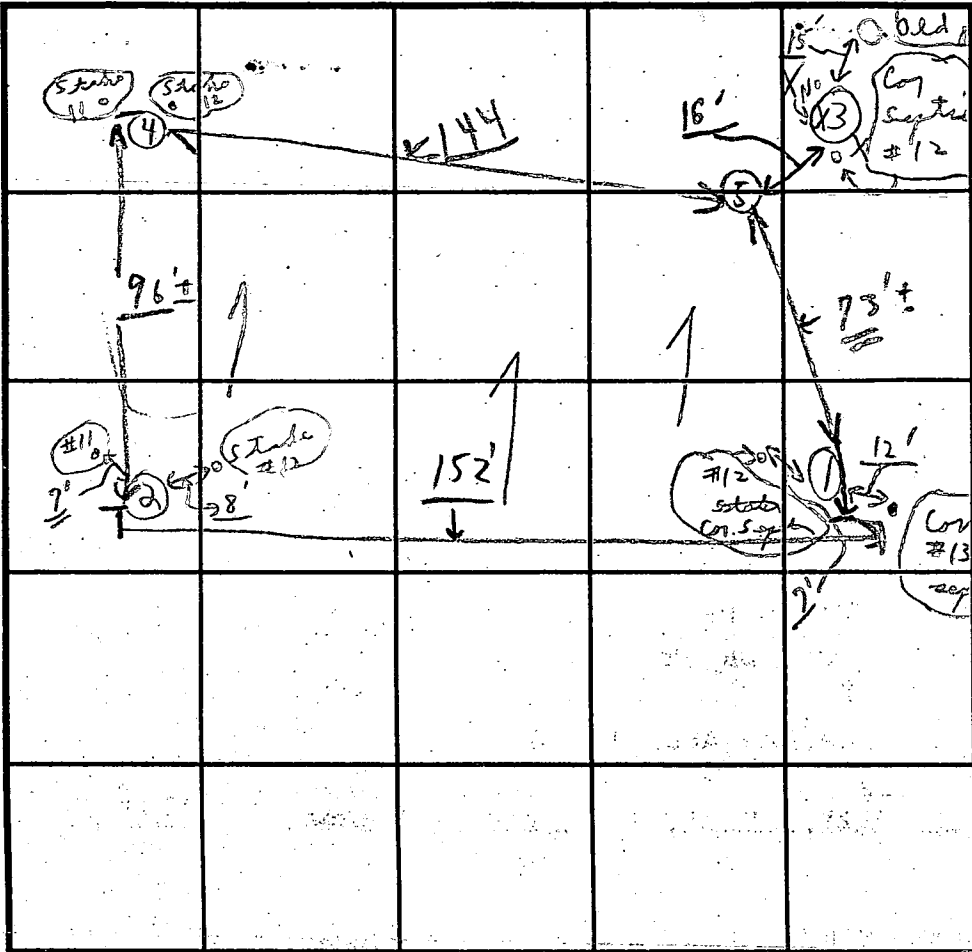
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

New lot II
A # 49952 R

COUNTY #
LOT 12
SOIL PROFILE

HOLE # ①
0' - 4 1/2'
CLAY
Sandy
LOAM
11'



SOIL PROFILE
HOLE # ④
0' - 4' 9"
CLAY
4' - 9"
LOAM
to
11'

HOLE # ②
0' - 5'
CLAY
5'
LOAM
11 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unimproved Road (as old)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 4" DROP		TIME
			START	STOP	START	STOP	
4/19/94 (P.M. TUESDAY)	①	4 1/2'	3:15	3:19	3:19	3:26	7 min
	②	5'					5 min
	③	11 1/2'					
	③ X	3 1/2'	3:21	3:49	3:49	4:19	XX
	③ X	12 1/2'					XX
	④	4' 9"					2 min
	④	11 ±'					
(Test 20' high New hole)	⑤	3' 9" ±	10:02	10:13	10:13	10:31	18 min
	⑤	4 1/2'	3:9" to 12'				Open Area Loam

HOLE # ③
0' - 3 9"
CLAY
3' - 9"
LOAM
12'

REMARKS: 4/19/94 Tests per state; = tests in open (New 1mow hole)
TYPE OF SOIL: 4/20 1 hole
TESTED BY: C.B.D. ALSO PRESENT: { Phil, Don }
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 18 min TRENCH WIDTH: 3'
INLET DEPTH: 4 1/2' MAXIMUM BOTTOM DEPTH: 8 1/2' SQ. FT./BEDROOM: 2 & 0

B 1 **1910** SEQUENCE NO. (MDE 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-93-0080
 70 fill in this form completely 79

Date Received (APA) **10.06.95** OWNER INFORMATION
CARMAN ASSOCIATES
 15 Last Name 34 Owner First Name
PO BOX 122
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Joseph L. Mayne 24
 Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy MD 21771
 Address
Joseph L. Mayne 10/6/95
 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 **300** FEET.
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **NS** WRITE INITIALS IN BOX PERMIT No. **HO-93-0080**

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

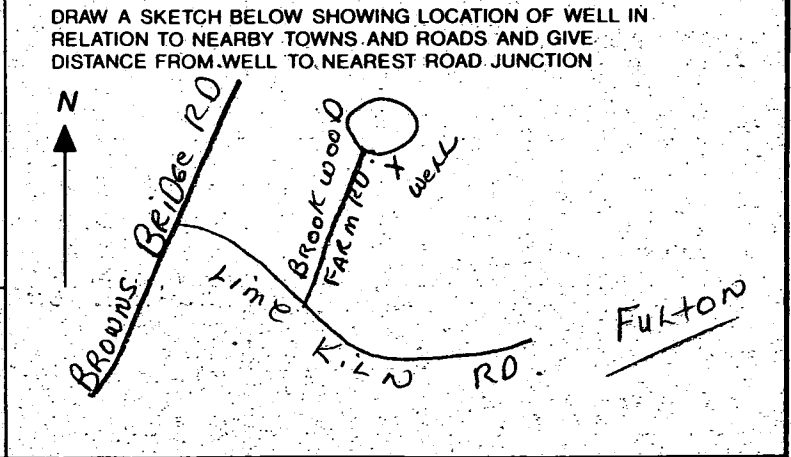
B 3 LOCATION OF WELL
HOWARD COUNTY
BROOKWOOD FARMS SUBDIVISION
 SECTION **11** LOT **11**
FULTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **BROOKWOOD FARM RD.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **20** FT
 ENTER FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A 49952 K** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **10/29/96**
DOUG K SOL CO SIGNATURE EXP. DATE
 NORTH GRID **000** EAST GRID **000**

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
 E **810**
 N **480**
 000
 000



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

10/22/97
WPI-ok to cover
P.A. 3.5' below grade
Casing 10' above grade
has piece cap (1cm)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer

EARL E. PRESTON JR

Telephone

410-557-8100

License Number

PI 0070

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

Telephone

Subdivision

Brookwood Farms Lot # 11

Well Tag #

HO - 93 - 0080

Site Address

8130 Brookwood Farm Rd

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 48"

2. Make

STA-RITE

3. Model # _____

4. Capacity 7 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 _____

Tank

1. Capacity _____
2. Pressure relief valve? 75lbs

Piping

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

Well data

1. Depth 170 ft.
2. Yield 12 GPM
3. Static water level 43 ft.
4. Will water supply be disinfected by installer? NO

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: 10/10/97

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300118065

Building Address 8130 BROCKWOOD FARM RD
FULTON MD 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision BROCKWOOD FARMS
 Section 1 Area _____ Lot 11
 Tax Map 40 Parcel 1 Grid 24
 Zoning RP-250 Map Coordinates 1x15 Lot size 400034

Property Owner's Name MR & MRS DANIEL ROTH
 Address 8130 BROCKWOOD FARM RD
 City FULTON State MD Zip Code 20759
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SD
 Proposed Use Deck
 Estimated Construction Cost \$ 6500
 Description of Work Deck 9' x 16'
on top of yard

Contractor Company S J & H Construction Co
 Contact Person Michael L Melby
 Address 6022 Rock Ridge Place
 City New Market State MD Zip Code 21774
 License No. 46234
 Phone 301-831-0241 Fax _____

Occupant or Tenant MR & MRS DANIEL ROTH
 Contact Name Michael Melby
 Address 6022 Rock Ridge Pl
 City New Market State MD Zip Code 21774
 Phone 301-831-0241 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ 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 checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES 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 WHICH ARE APPLICABLE THERETO; (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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Michael S Melby
 Title/Company S J & H Construction Co

Print Name Michael L Melby
 Date 5/19/99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	31095
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>10</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>5/19/99</u>	<u>q.will</u>	Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>10</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>11122</u>
			Accepted by _____	Validation # _____

PLAT MAP of Howard County
 Community Panel Numbers 2400440037B
 and 2400440041B, Panels 37 and 41 of
 45, dated December 4, 1986.

NOTES:

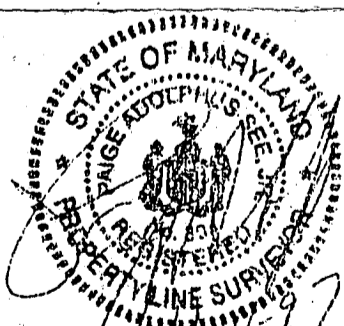
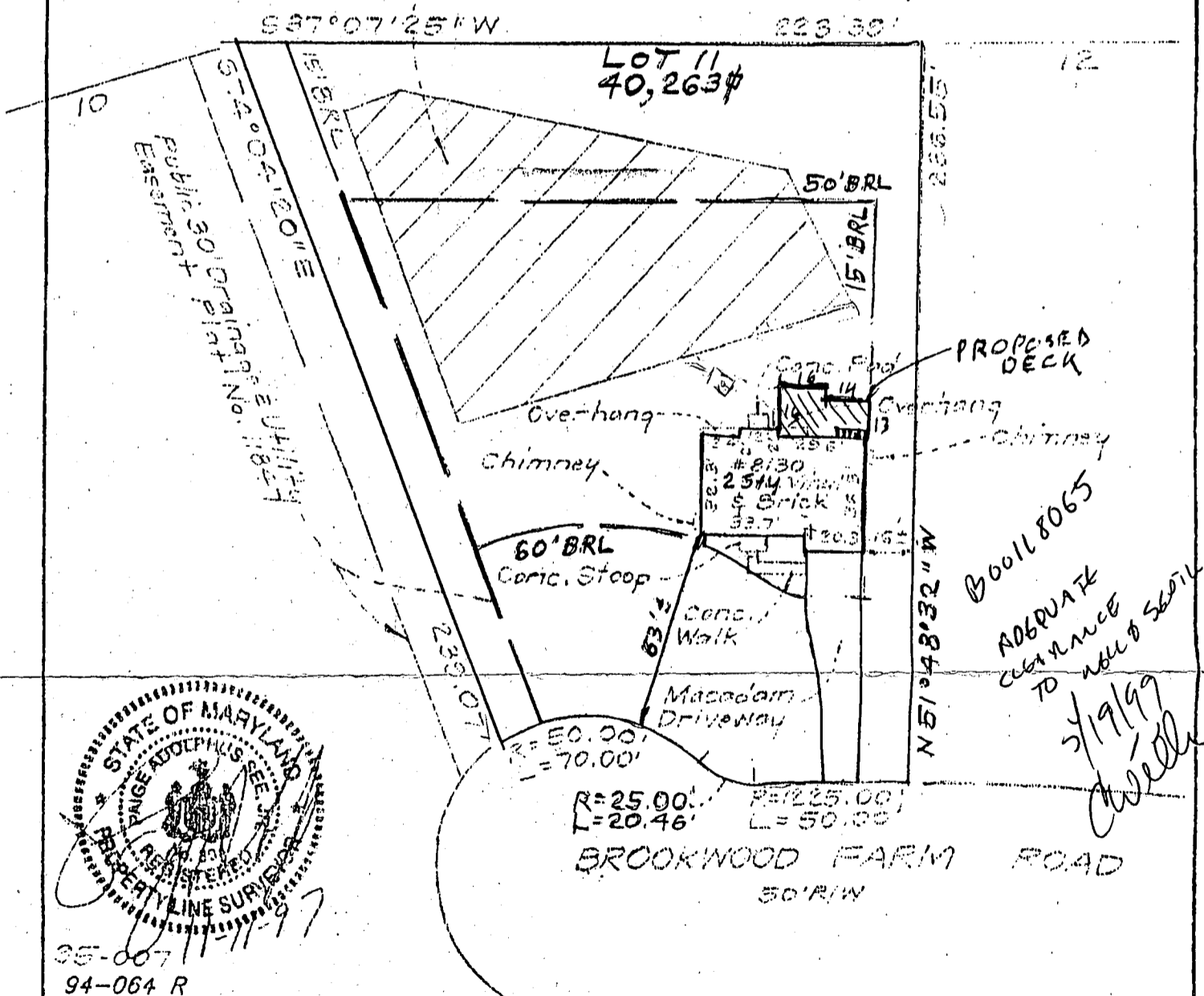
1. Setback distance accuracy = 1' ±
2. See Sheet #2 for consumer information.

LOTS 1 - 17 AND
 PRESERVATION PARCEL "A"
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

Wall Check: 8-13-97
 Top of Wall Elev. 1449.7
 Final 11-19-97

PRESERVATION PARCEL A

Private Sewage Easement, See
 General Note No. 9 Plat No. 118415



35-007
 94-064 R

PROPOSED DECK
 Chimney
 Overhang
 60118065
 ADEQUATE
 CLEARANCE
 TO HOLD SCOTL
 2/19/99
 [Signature]

SURVEYOR'S CERTIFICATE
 I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

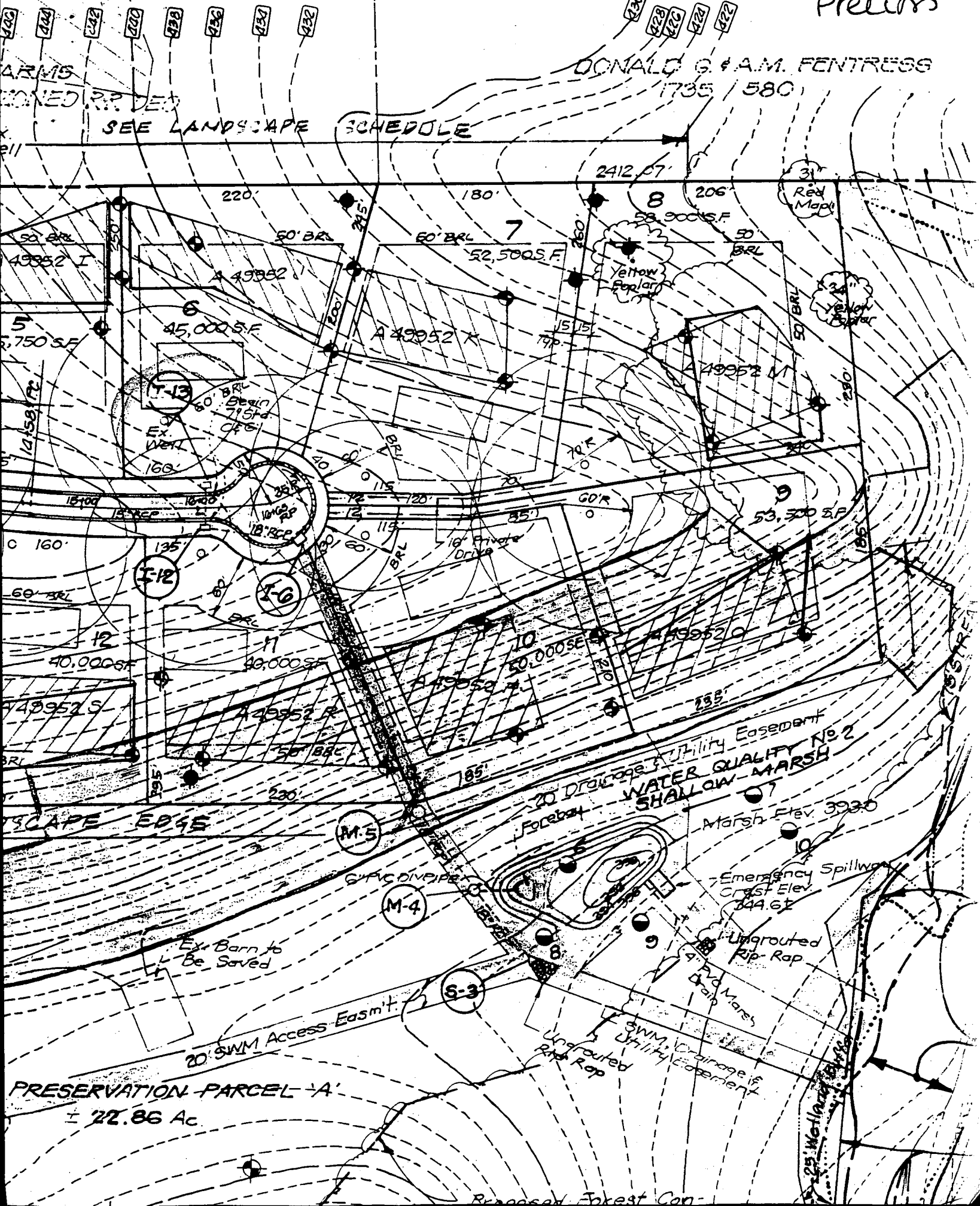
CLARK, FINEFROCK & SACKETT, INC.
 ENGINEERS • PLANNERS • SURVEYORS
 7135 WINDRELL WAY COLUMBIA, MARYLAND 21048
 TELEPHONE: BALT. (410) 331-7500 • WASH. (202) 571-5100

REFERENCE:	DRAWN BY: KWS	CHECKED BY: PAS
Plat No:	DATE: 11-11-97	FILE NO:
11847	SCALE: 1"=50'	8256-W

copy of signed Prelim

DONALD G. & A.M. FENTRESS
1735 / 580

SEE LANDSCAPE SCHEDULE



PRESERVATION PARCEL - A'
± 22.86 Ac.

20' SWM Access Easmt.

20' Drainage Utility Easement
WATER QUALITY SHALLOW-MARSH

Marsh Elev. 393.0

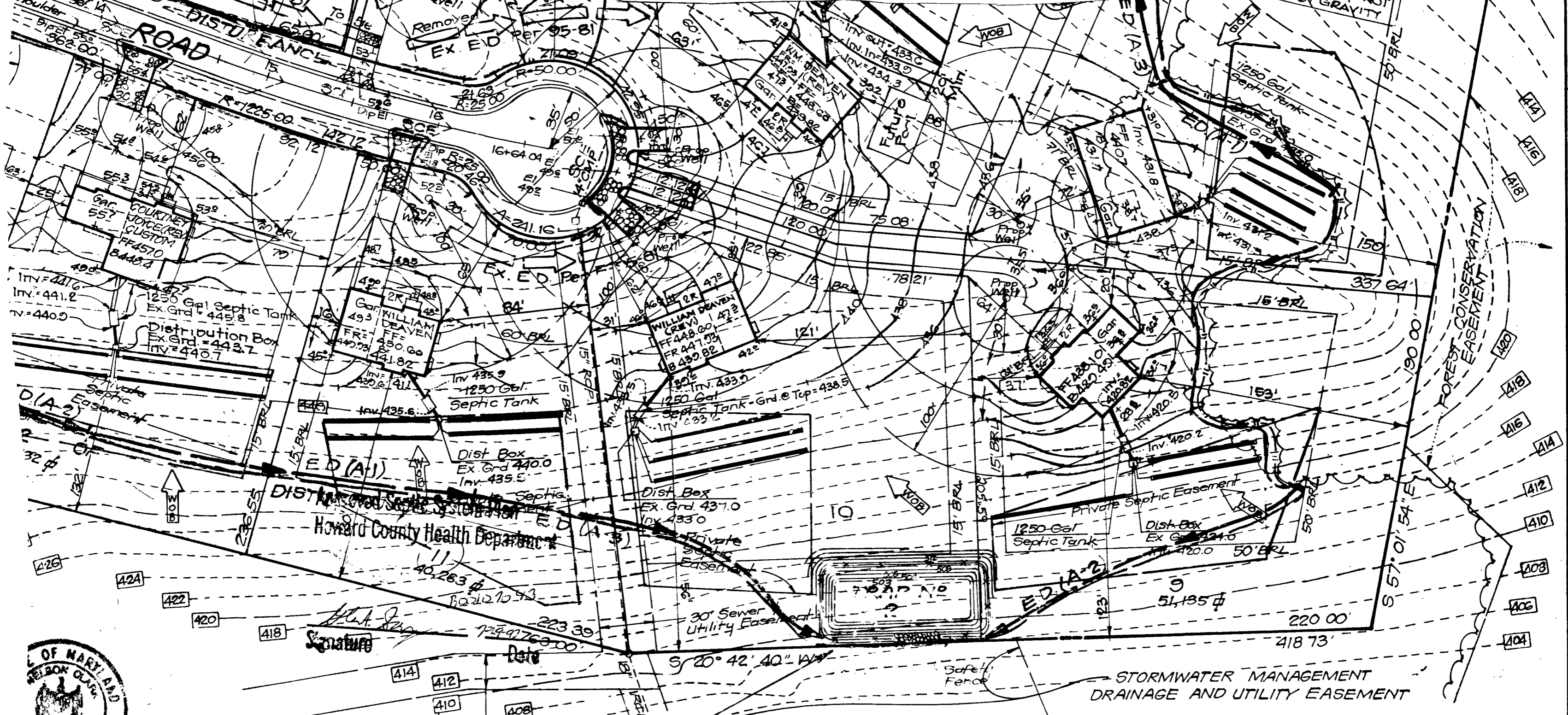
Emergency Spillway
Crest Elev. 344.62

Ungrouted Rip-Rap

SWM Utility Easement
Ungrouted Rip-Rap

25' Wetland Buffer

Preservation Forest Con-



Signature: *[Handwritten Signature]*
 Date: 2-16-95

TRAP N2 2 SOST-ST IT

Existing Drainage Area	4.9 Ac
Prop Drainage Area	4.9 Ac
Storage Required	8820 CF
Storage Provided	90% of
Top of Stone Crest	508.0
Clean Out Elev.	505.0
Bottom Elev.	503.0
Storage Depth	4'
Bottom Dimensions	80' x 23'
L=20'	
1:1 Side Slope In Out	



CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.

DESIGNED ZAL	SEDIMENT & EROSION CONTROL PLAN LOTS 1-15 BROOKWOOD FARMS 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 OF 2
CHECKED <i>[Signature]</i>		JOB NO. 95-037
DATE 2-16-95		FILE NO. 95-007X
FOR: HALLMARK BUILDERS PO Box 1018 Columbia, Maryland 21044		

STORMWATER MANAGEMENT DRAINAGE AND UTILITY EASEMENT

20' Drainage & Utility Easement