

05-362148

11/4/87

PERMIT

P 40270

A 37342

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/15/87

DATE SYSTEM APPROVED 11/4/87

INSPECTOR S. Abel

Wayde Souder/Wesmar Corporation IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13990 Triadelphia Mill Road, Clarksville, Maryland PHONE 531-2166

SUBDIVISION O'Keefe Property ROAD 6950 Haviland Mill Road LOT (NEW TENANT HOUSE)

PROPERTY OWNER Donald O'Keefe - # 854-0801 Daymet

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 160 sq.ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION = Unable to establish location without scaled drawing.

CALL AHEAD TO VERIFY LOCATION OF TRENCHES BEFORE OK/SK ANY WORK IS DONE

SID ABEL TO DO INSPECTION -

PLANS APPROVED BY S. Abel DATE _____

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

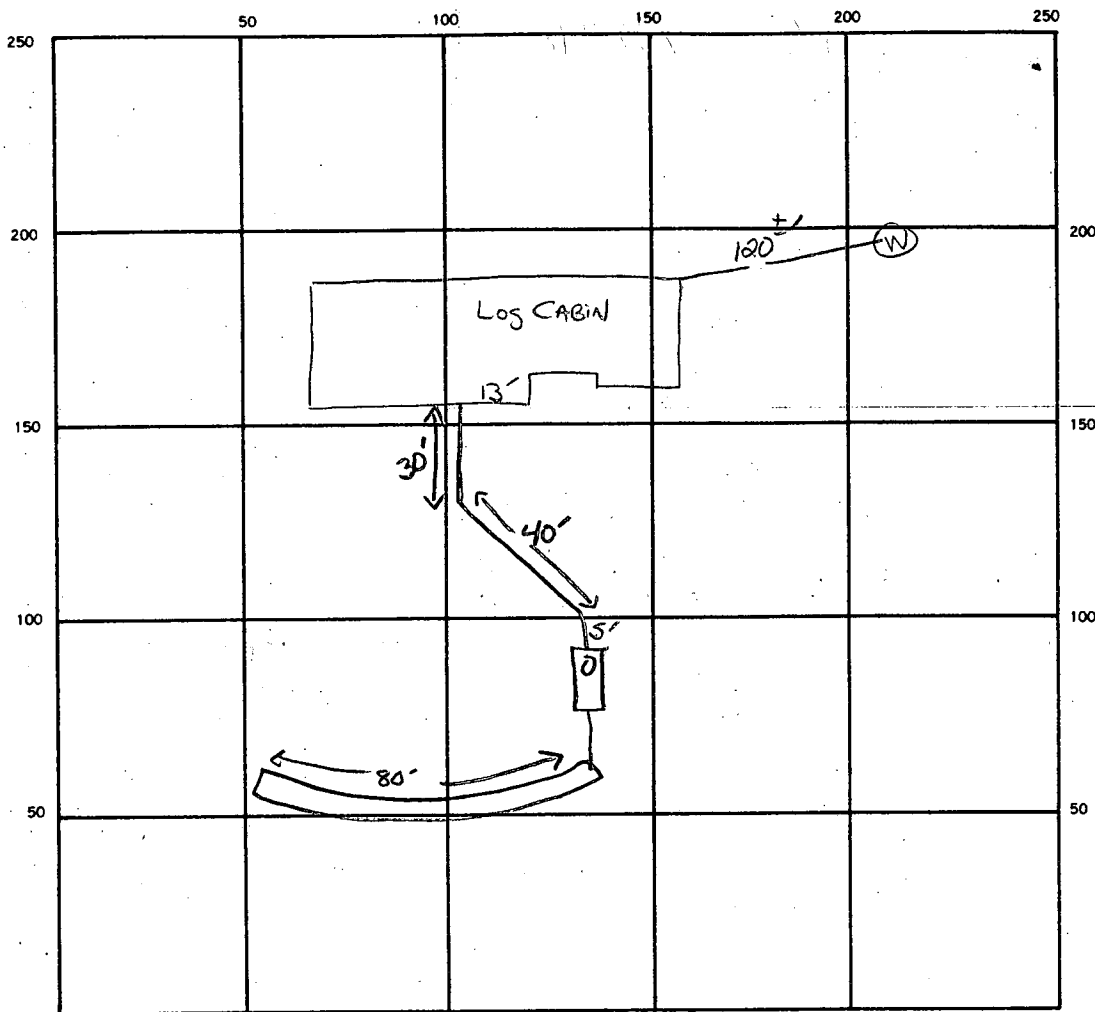
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37342



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL ✓ 1000 CLEANOUTS ✓ 1ST

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 480 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS 11/3/87 OK TO ADD STONE TO TRENCH SA

DATE SYSTEM APPROVED 11/4/87 INSPECTOR S. Abul

APPLICATION

PERCOLATION TESTING

A 37342

P _____

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

DISTRICT _____

DATE 7/10/86

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 Donald G. O'Keefe - Granville J. O'Keefe

ADDRESS 6940 Havilands Mill Road Clarksville ²¹⁰²⁹ PHONE 854-0801

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION 50 6940 Havilands Mill Rd LOT NO. N3W

ROAD AND DESCRIPTION Clarksville, Md. (Farm) Tennesse House
New house # 6950 H. mill Rd.

TAX MAP 39 PARCEL # 1

SIZE OF LOT 155 acres TYPE BLDG. Single Family Dwelling
(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.

Donald Granville O'Keefe
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

BP # 10056

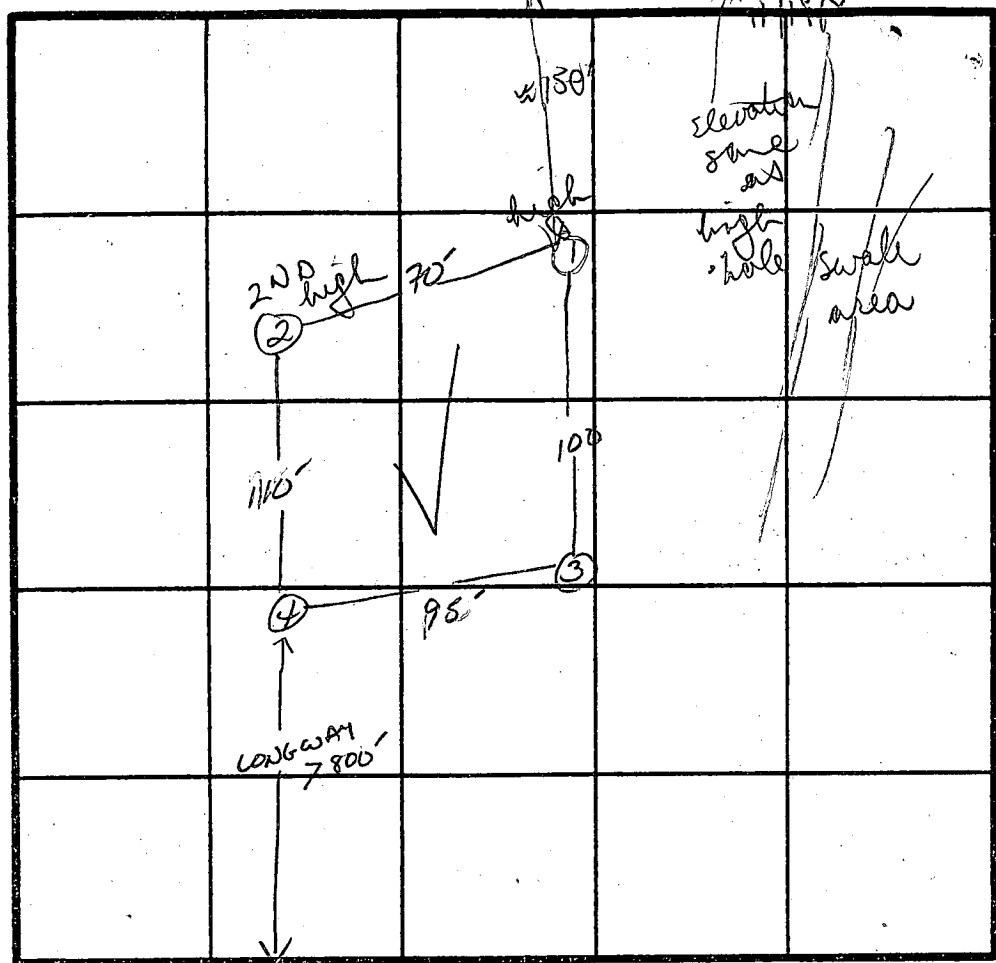
HOLD PENDING FURTHER TESTS _____ DATE 7-25-87

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

8-18-86
9/30
J. Frank

Dry hole
60' →
NEW
AITS
11/18/86



Hand-laid Mill Rd

̄ PERC 2min
INLET 3'
BOTTOM 9"
158 φ/BR

① ② ④
SOIL PROFILE

0"
6" A1-3
Light
Yellow BR.
SAND LOAM
<10%
FRAGMENTS
18"
Light BR.
SAND SILT
LOAM
<10%
FRAGMENTS
13.5"

③

4"
A1-3
Yellow BR
SAND LOAM
<9% CLM
<10% frags
3"
Light Brown
SAND LOAM
<10%
FRAGMENTS
13.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
DRIVE WAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/86	1 S	2"	10:12	10:14	10:14	10:17	3min
	1 M	8"	10:17	10:18	10:18	10:19	1min
	1 V	13.5	UNIFORM	Soil below 18"			
	2 V	13"	UNIFORM	Soil below 18"			
	3 S	4"	10:21	10:22	10:22	10:23	1min
	3 V	13.5	UNIFORM	Soil below 3"			
	4 S	2"	10:23	10:24	10:24	10:25	1min
	4 V	13"	UNIFORM	Soil below 18"			

REMARKS Expand Field below hole #3+4 to make 10Kφ

TYPE OF SOIL Glendy Silt Loam

TESTED BY S. Abel ALSO PRESENT Jack Finkel

EH-12-1079

WILLIAM JOHN ARMSTRONG III
ATTORNEY AND COUNSELOR AT LAW
1804 BRIGGS CHANEY ROAD
SILVER SPRING, MARYLAND 20904

(301) 384-9233

(301) 384-6655

September 3, 1986

Craig Williams, Director
Water and Sewerage Program
Howard County Health Department
Bureau of Environmental Health
3535 Ellicott Mills Drive
Ellicott City, Maryland 21043

Re: My Client: Donald G. O'Keefe
Tax Map 39, Section 1
Tenant House

Dear Mr. Williams:

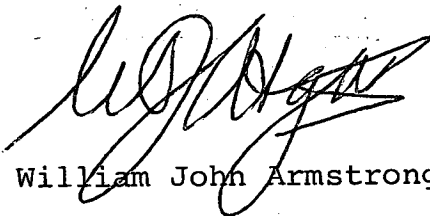
Enclosed please find a copy of a letter received by client,
Donald G. O'Keefe.

It was our understanding that in regard to a tenant house to
be located on family property, that the submission by a
registered engineer of a plat was not required.

Enclosed please find a drawing prepared by Mr. O'Keefe. Please
contact my office regarding this matter.

Thanking you in advance for your assistance.

Very truly yours,



William John Armstrong III

WJA:mea

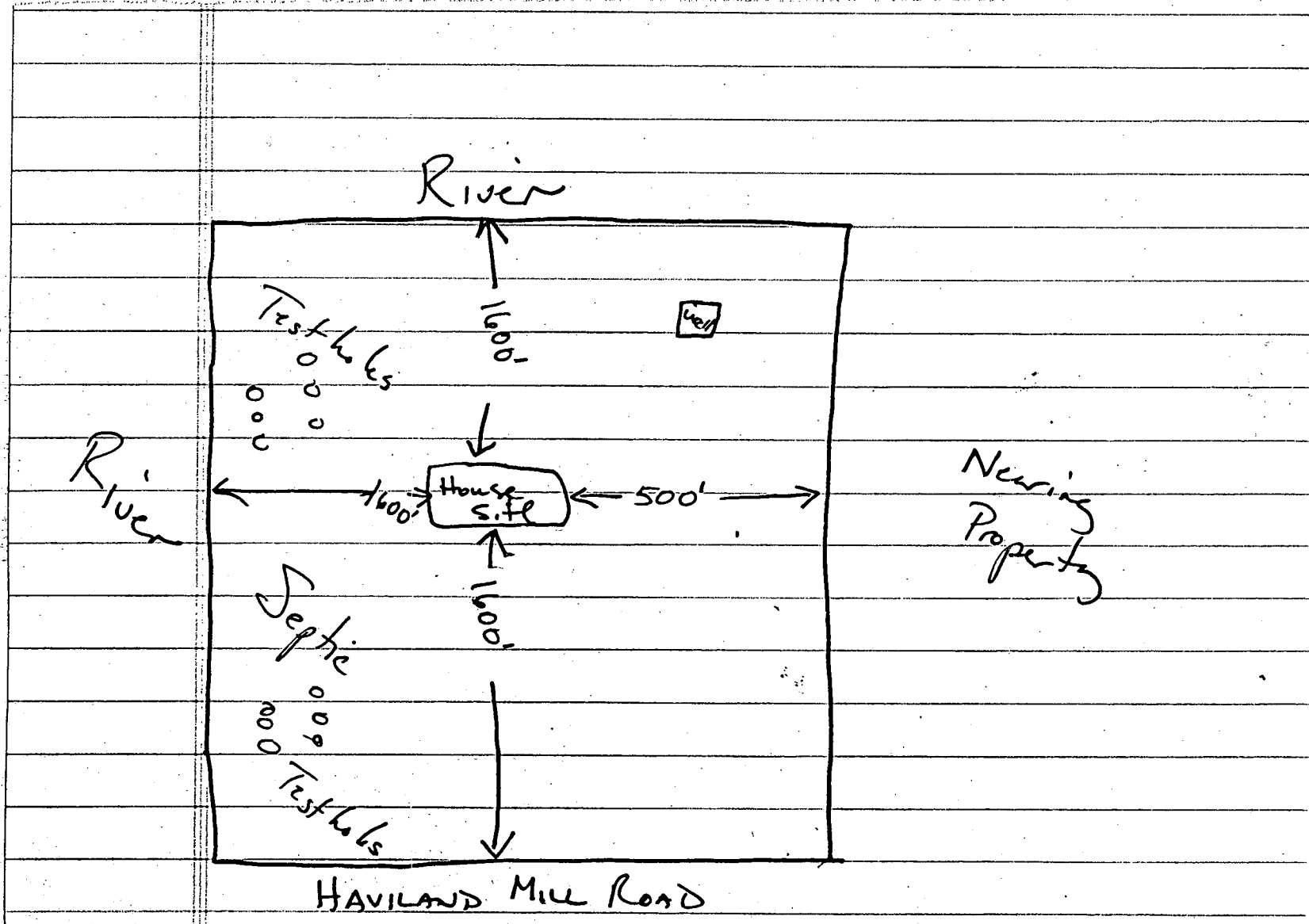
Enclosures

cc: Donald G. O'Keefe

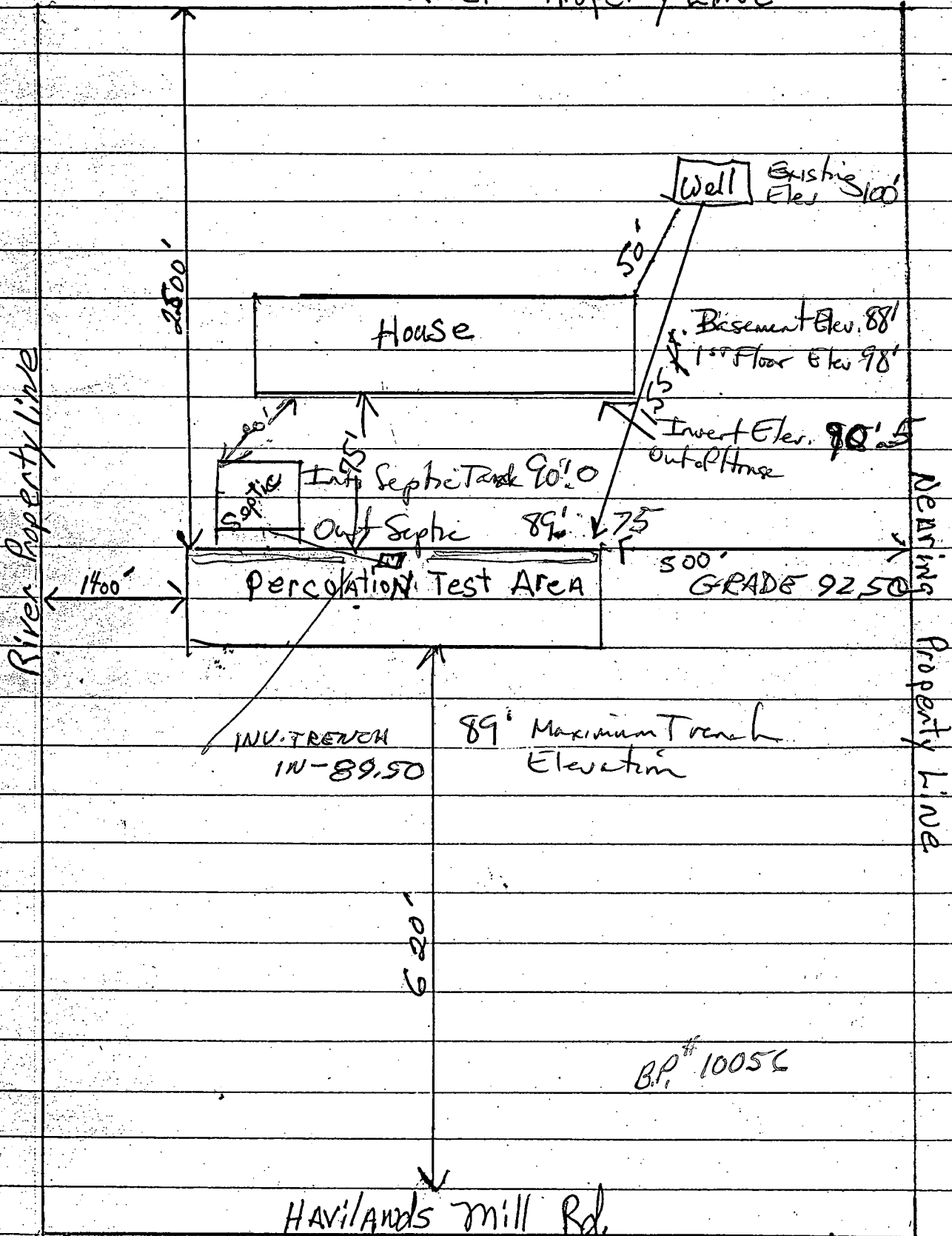
PHONED RESPONSE -
ENGINEERED DIAGRAM
NOT NECESSARY,
BUT A DIAGRAM OF
GREATER ACCURACY
THAN THIS IS REQUIRED
IN ORDER TO DESIGN
SYSTEM.
MR. ARMSTRONG AGREED.

9/5/86

CW



River Property Line



River Property Line

River Property Line

Havilands Mill Rd.

Donald A. O'Keefe
2/25/87

ok
2-25-87

River Property Line

Site OK
10-16-86

Well

House

Septic

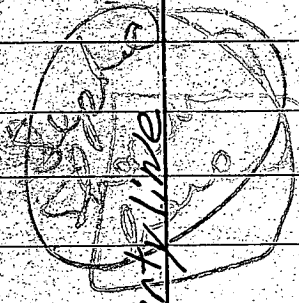
Percolation Test Area

Rearranging
Property Line

10/22/86

quest con
orientation
of well vs house
Also septic field
shown here
different line
re field
gravel

Havilands Mill Rd.



River Property Line

2500'

1400'

75'

50'

125'

500'

620'

B 1 5297

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1714

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type 0950

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34 6948 HAVILAND Mill 36 Street or RFD 55 70 State 72 Zip 76 CLARKSVILLE 7071009

B 3

Haviland

LOCATION OF WELL

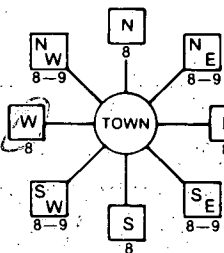
8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 50 SECTION 44 46 LOT 48 50 WELL #1 73 76 77 78 MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

Driller's Name 77 License No. 80 238 Firm Name 5512 Ridge Rd. Mt. Airy Md 208 Address Signature Date 10/10/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Haviland Mill Rd 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

B 2

WELL INFORMATION

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

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

COUNTY NAME Howard COUNTY NO. A37342 OEP SIGNATURE DATE ISSUED 10/17/86 CO SIGNATURE EXP. DATE 4-17-88 NORTH GRID 43 48 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET 200

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)

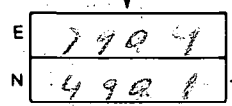
N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

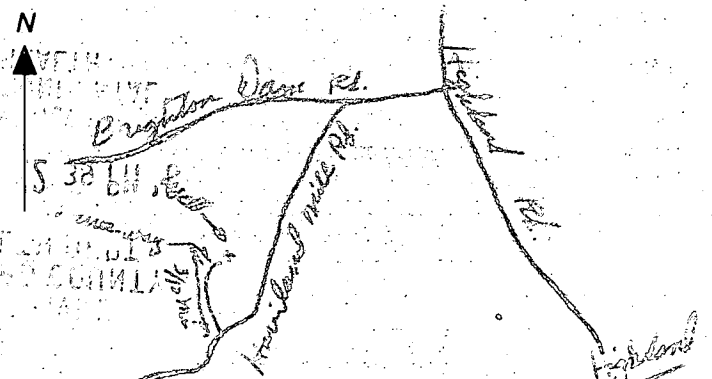
APPROP. PERMIT NUMBER 54 GAP 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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



FOR FUTURE/ NEW TOWNHOUSE

C1 5348

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 37342

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 11/24/86

Depth of Well grid: 145

PERMIT NO. grid: 40-81-1714

OWNER: O'KEEFE DONALD; STREET OR RFD: 6740 NAVIGAND MILL; TOWN: HIGHLAND

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICHA ROCK, Dry well 320', filled with cement + Drilling materials.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 10, NO. OF POUNDS: 940

CASING RECORD: MAIN CASING TYPE: SH, Nominal diameter: 6, Total depth of main casing: 54

SCREEN RECORD: screen type: ST (STEEL), SLOT SIZE: 1, DIAMETER OF SCREEN: 60

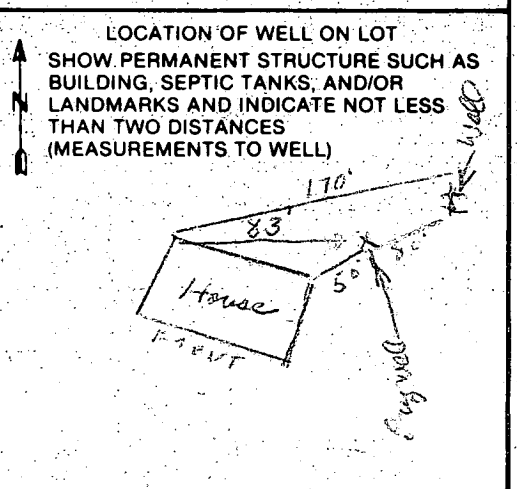
DEPTH (nearest ft.) grid: 145

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 9, TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; DRILLERS IDENT. NO. 235; DRILLERS SIGNATURE; SITE SUPERVISOR

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 40262
Date 10/13/87
Telephone 531-3311

Name of Installer Crouse P+H

License number 2356
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Granville J. O'Keefe Telephone 854-0801
Subdivision _____ Lot # _____ Well tag # 40-81-1714
Site Address 6950 Hariland Mill Rd
Clarksville, md 21029

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
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 _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity 100 gal
2. Pressure relief valve? yes

Piping
1. Type plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 40'

Well data
1. Depth 145' ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

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).

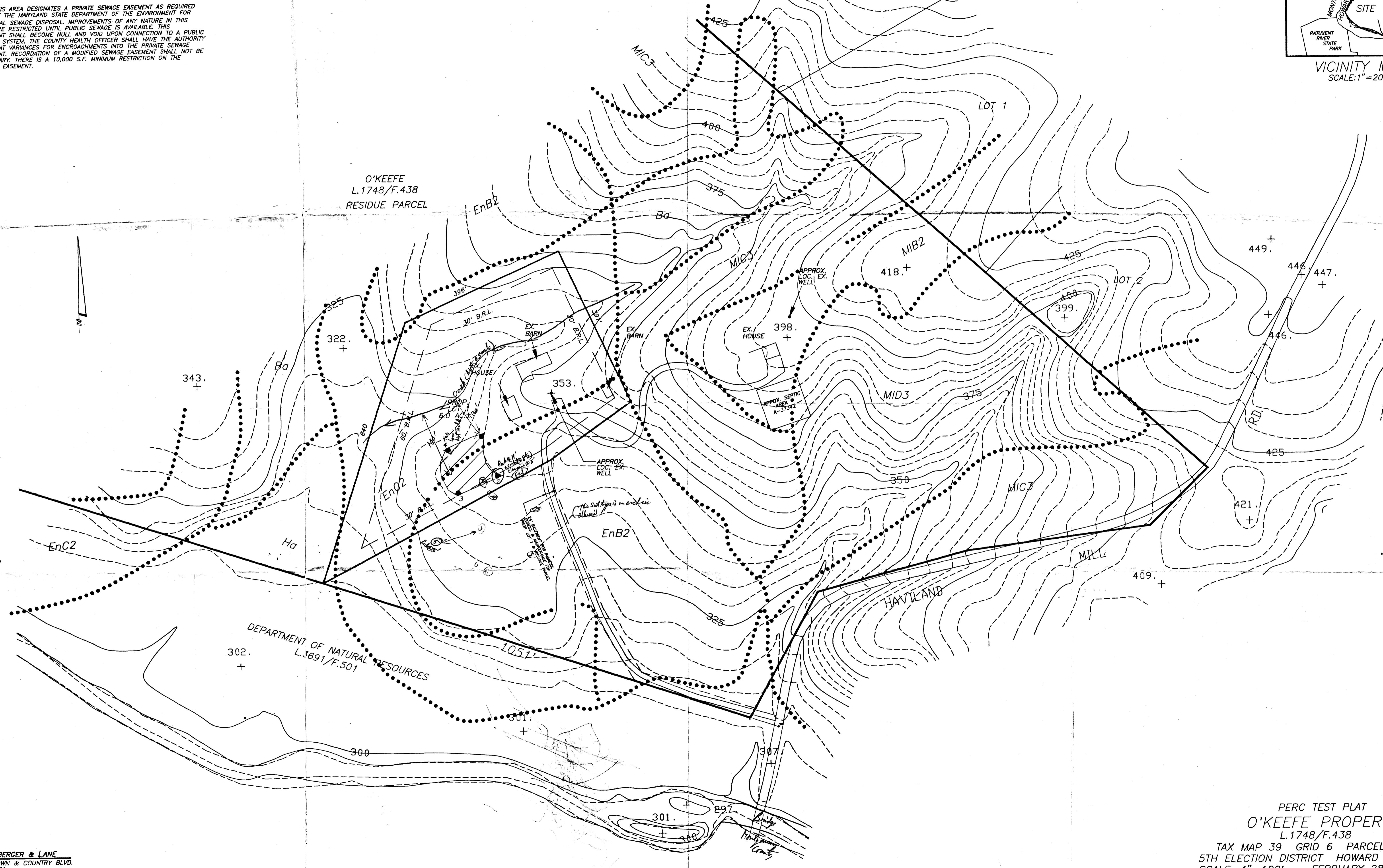
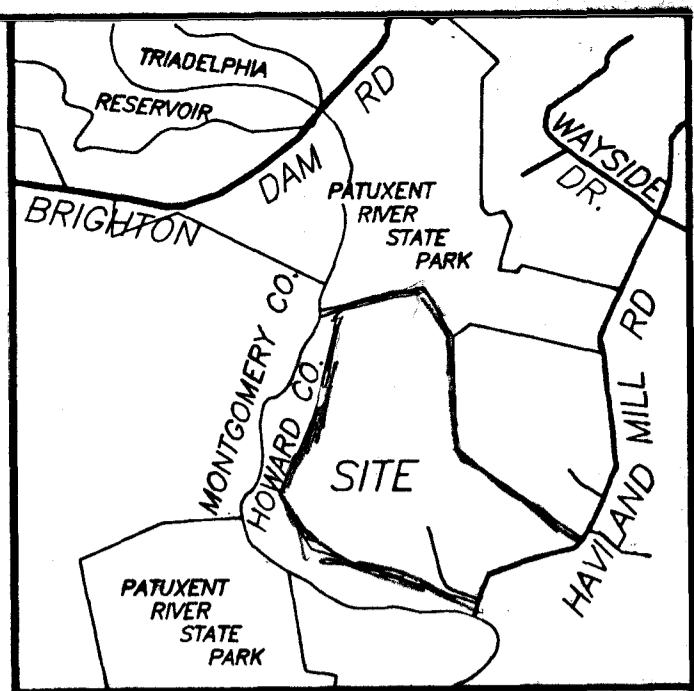
All information given above is true to the best of my knowledge.

Signature of Applicant: Charles J. Crouse
Date: Oct. 8, 1987

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

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY.
2. B.R.L. DESIGNATES BUILDING RESTRICTION LINE
 DESIGNATES LIMIT OF DISTURBANCE
 ● DESIGNATES PERC TEST
3. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT 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. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.



O'KEEFE
L.1748/F.438
RESIDUE PARCEL

DEPARTMENT OF NATURAL RESOURCES
L.3691/F.501

PERC TEST PLAT
O'KEEFE PROPERTY
L.1748/F.438
TAX MAP 39 GRID 6 PARCEL 1
5TH ELECTION DISTRICT HOWARD CO.,MD.
SCALE: 1"=100' FEBRUARY 28, 2001

SHANBERGER & LANE
8728 TOWN & COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

10/27/01
10/28/01
10/29/01
10/30/01
10/31/01

APPLICATION

PERCOLATION TESTING

A 5/4948

P _____

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

Proposal to create 6 acre
lot encompassing existing
farm house
(no septic records)
needs ID KIA etc

DATE 2/27/2001

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 GRANVILLE O'KEEFE

ADDRESS 6950 HAVILAND MILL RD. PHONE 301-854-3854

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION O'KEEFE PROP. LOT NO. PROP. LOT 1

ROAD AND DESCRIPTION HAVILAND MILL RD @ MONTGOMERY COUNTY LINE

TAX MAP 39 PARCEL # 1

SIZE OF LOT 6.0 AC TYPE BLDG. SINGLE FARM (EXISTING)
(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] SHIMMELBERGER & LAUE
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

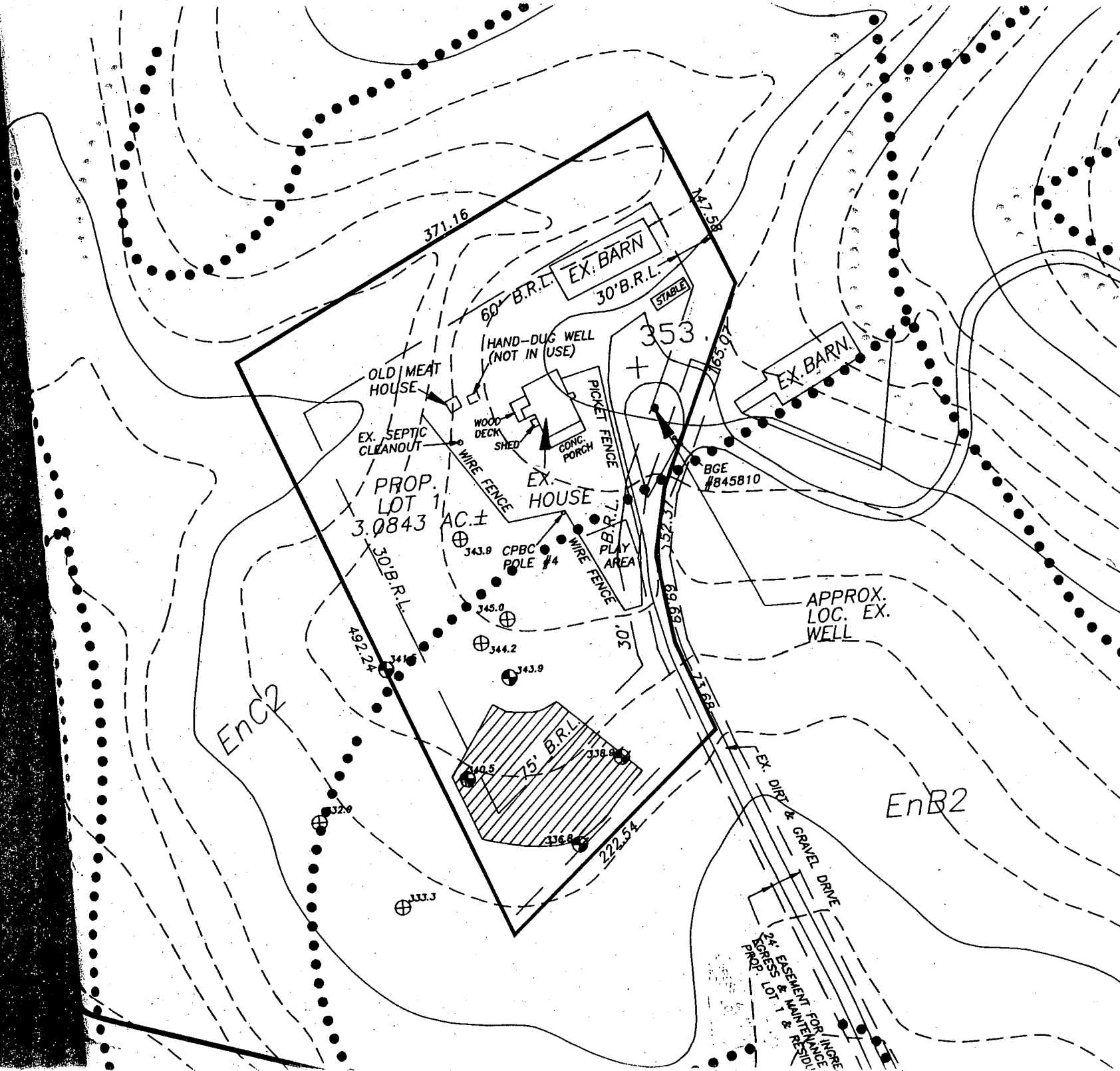
HOLD PENDING FURTHER TESTS _____

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



NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY.
2. B.R.L. DESIGNATES BUILDING RESTRICTION LINE
..... DESIGNATES LIMITS OF SOIL TYPE
⊙ DESIGNATES PASSING PERC TEST
⊕ DESIGNATES FAILING PERC TEST
3.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT 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. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
5. THE SUBJECT PROPERTY IS ZONED: R
6. AT THE PRESENT TIME THE EX. WELL ON PROPOSED LOT 1 DOES NOT MEET CURRENT YIELD REQUIREMENTS PER COMAR 26-0403. PRIOR TO THE SUBMISSION OF A FINAL PLAT FOR SIGNATURE THE APPLICANT WILL NEED TO PROVIDE POTABLE WATER SUPPLY MEETING SUBDIVISION AND WATER WELL REQUIREMENTS.
7. THE HAND-DUG WELL ON PROPOSED LOT 1 MUST BE ABANDONED AND SEALED PRIOR TO FINAL PLAT APPROVAL.

Perc Test Plan

Maplan + 2 copies
Sent for Signature
APP 4/26/01