

2-29-88
AM MYTIM

03-317501

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40995

A 37835

DISTRICT 3rd

DATE 2/18/88

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE SYSTEM APPROVED 2-29-88

INSPECTOR S. Alw

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Spring Mills ROAD 13755 Old National Pike OT 4, Section 1

PROPERTY OWNER Thomas Reigle

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet ^{3 skw} feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 130 feet from the left-front (228') lot line and 150 feet from the left (1187') lot line. Run trench(s) along contour toward front of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 9/17/86

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

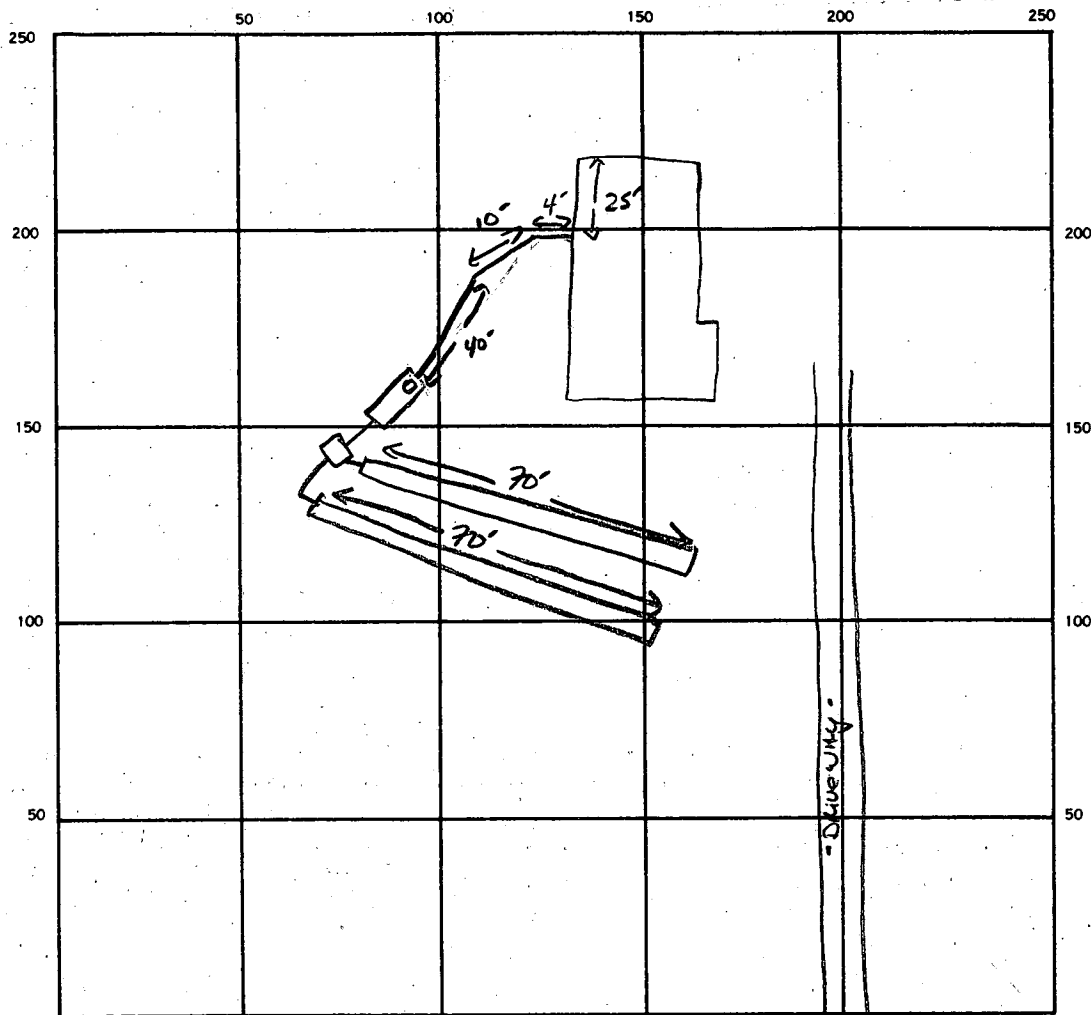
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37835



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

R+144

SEPTIC TANK. LEVEL 1500 GAL CLEANOUTS

DISTRIBUTION BOX. LEVEL

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

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 70 70 TF 140 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 840 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS 2-26-88 OK TO START AS YOU GO - TRENCHES CAVING - LEAVE ENDS OPEN SAG

2-25-88 OK TO EQUIP ALL WORK JAW

DATE SYSTEM APPROVED 2-27-88 INSPECTOR S. Abel

Spring Mills, Sec. 1
~~Ramsburg Property~~

A 37835

SUBDIVISION: ROUTE 144

LOT NUMBER: 74

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 4 feet below original grade.
5 feet of stone below distribution pipe.

4 bed.rn
No garbage disposal

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 130' FROM THE
LEFT - FRONT (228') LOT LINE AND 150' FROM THE LEFT (1187')
LOT LINE. RUN TRENCH(S) ALONG CONTOUR TOWARD FRONT
OF PROPERTY, 9/17/86 Cullen

APPLICATION

PERCOLATION TESTING

A 37835

P _____

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

~~NO FEE~~
~~REQ'D.~~
9/5/86 CW

DISTRICT _____

DATE _____

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 SHARON RAMSBURG SMITH THOMAS Reigle

ADDRESS 14120 ROVER MILL RD. PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RAMSBURG PROPERTY LOT NO. 2/4

ROAD AND DESCRIPTION SOUTH SIDE OF ROUTE 144 EAST OF MCKENRIDGE RD
13755 Old NATIONAL PIKE

TAX MAP 15 PARCEL # 215

SIZE OF LOT 14 ACRES TYPE BLDG. SFD
(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 C. Williams FOR Demp SHARON TRONCHES DATE 9/17/86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-5-86 Perc. Results SATISFACTORY; HOLD FOR CERTIFIED IDEAL LOCATION

S. Abel

BLDG. PERMIT SIGNED
AND RETURNED 11/30/87
BL 15726 886

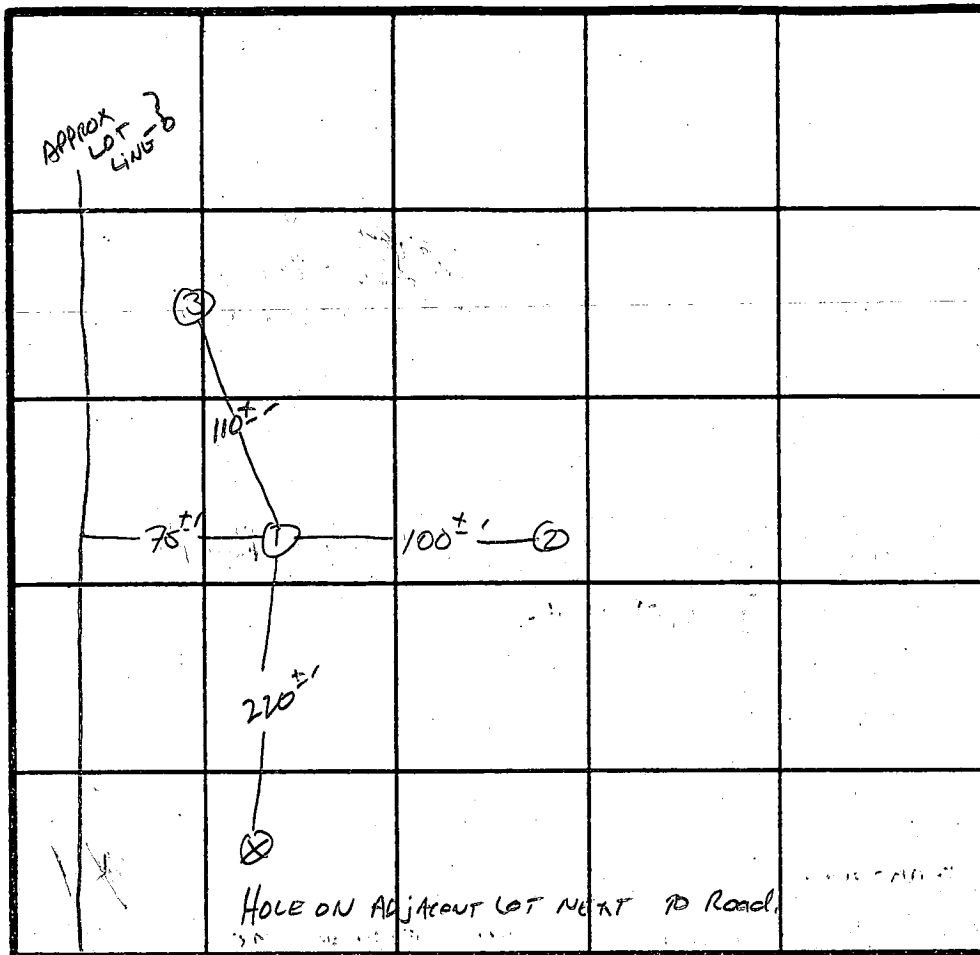
THIS IS NOT A PERMIT

①
SOIL PROFILE

0"
12"
4"
13"

AP
STRONG BR
Silt LOAM
12% CLAY
10% FRAG

YELLOW BR
Silt LOAM
10-15%
FRAGMENTS



2 PERC
7 MIN
INLET 4'
BOTTOM 9'
160#/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Kt 144

②

0"
12"
3"
5"
13"

AP
STRONG BR
Silt LOAM
9-12% CLAY
10% FRAGS

RED BR
Silt LOAM
9-12% CLAY

YELLOW BR
Silt SAND
10-15%
FRAGMENTS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/5/86	1 S	4.5" 13"	10:05	10:13	10:13	10:27	14 min	
			UNIFORM SOIL below 4.5"					
	2 S	5" 13"	10:08	10:11	10:11	10:16	5 min	
			UNIFORM SOIL below 5"					
	3 S	3.5" 9"	10:16	10:18	10:18	10:23	5 min	
			10:16	10:17	10:17	10:19	2 min	
	3 V	13"	UNIFORM SOIL Below 3"					

③

0"
13"
3"
13"

AP
YELLOW BR Silt
LOAM 9% CLAY
10% FRAGS

RED BROWN
Silt LOAM w/
PINNACLES
10-15%
FRAGMENTS

REMARKS _____

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT Fyock & Co.

EH-12-1079

Route 144 - 561°35'00"E

513.00'

206.5

100

206.5

RAMSBURG

PLAT SENT FOR SIGNATURE 9/18/86 CW

LOT 1
30 AC

LOT 3
30 AC

MIECZY

560

575

550

550

575

570

HOUSE

HOUSE

WELL

WELL

228

228

560

580

570

JULY 1980

RENFRO 1/434

N 28°24'00"E

S 29°10'52"W

HOUSE

HOUSE

WELL

LOT 2
14.0 AC

HOWARD W AND W OBT 10

570

Thomas Reigle
 LOT 2 Spring Mills
 Permit # 15726

Inv. elev. into Trench
~~100.5~~
 99.5

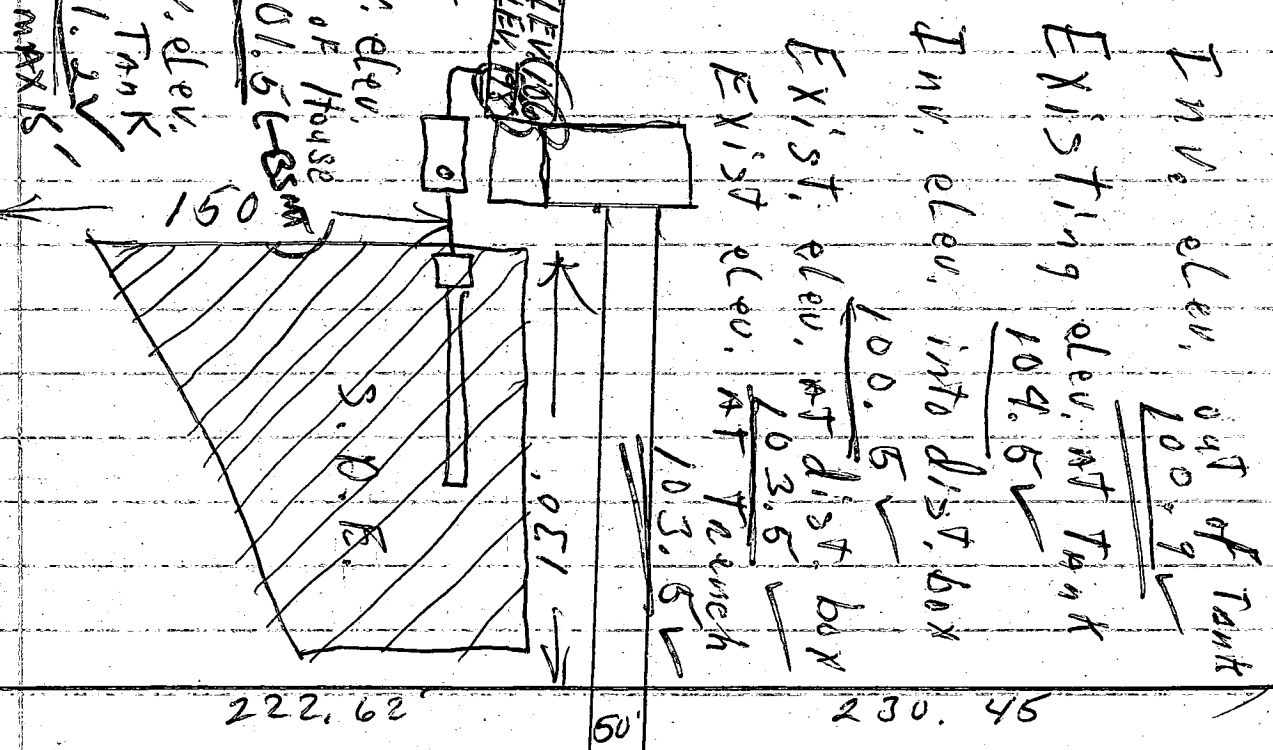
1156.16

BLDG. PERMIT SIGNED
 AND RETURNED

WELL
 O
 ELEV. 109.

Inv. elev. out of House
 101.5 (BSM)
 Inv. elev. into Tank
 101.25
 BPS 15726
 SMC

1126.12



RT. 144

B 7 5730 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

70 79 70-81-2377 fill in this form completely

Date Received

093087

OWNER INFORMATION

A R I G L E T O M

2129 P O L A R R I D G E R D

P A S A D E N A M D 21122

DRILLER INFORMATION

Ralph Mayne 273

Ralph Mayne (well drilled)

9120 Brown Church Rd. Mt. Airy

Ralph Mayne 9/30/87

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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 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 SA WRITE INITIALS IN BOX PERMIT No. 70-81-2377

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

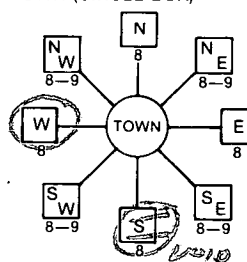
SPRING MILLS

SECTION 1 LOT 2

West FRIENDSHIP

MILES FROM TOWN (enter 0 if in town) 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rt. 144

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

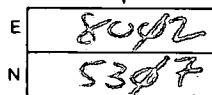


34 37 300 DISTANCE FROM ROAD ENTER FT or MI FT

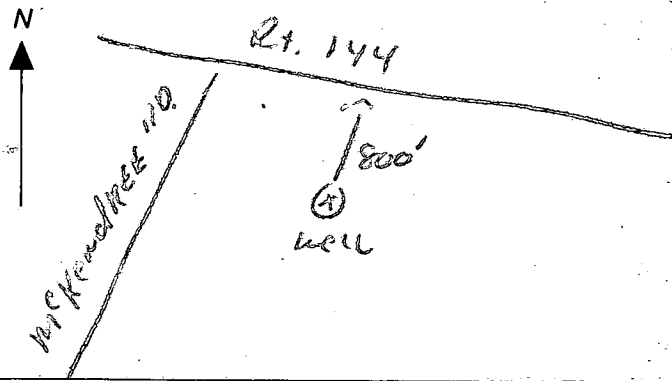
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A-37835 COUNTY NO.
OEP SIGNATURE DATE ISSUED 102787
NORTH GRID 537000 EAST GRID 0802000

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 1983 PERMIT NO. (OEP USE ONLY)

STA MARYLAND WELL REGISTRATION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-27835

DATE Received, DATE WELL COMPLETED, Depth of Well, PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD: casing types insert appropriate code below, MAIN CASING Nominal diameter, Total depth

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

SCREEN RECORD: screen type or open hole, insert appropriate code below

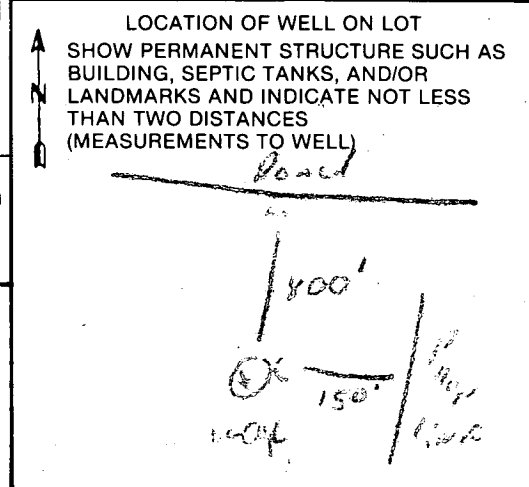
DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

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.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

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



- 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 10.17.13 "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., DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller RM, Registered Plumber _____

Name of Property Owner TOM REIGLE

Telephone _____

Subdivision SPRING MILL Lot # 2

Well Tag # HO-81-2377

Site Address FREDERICK RD AT MCKENDASS

Pump

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

Motor

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

Pitless Adapter

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

2. Make _____

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 _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

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

Well data

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

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: _____

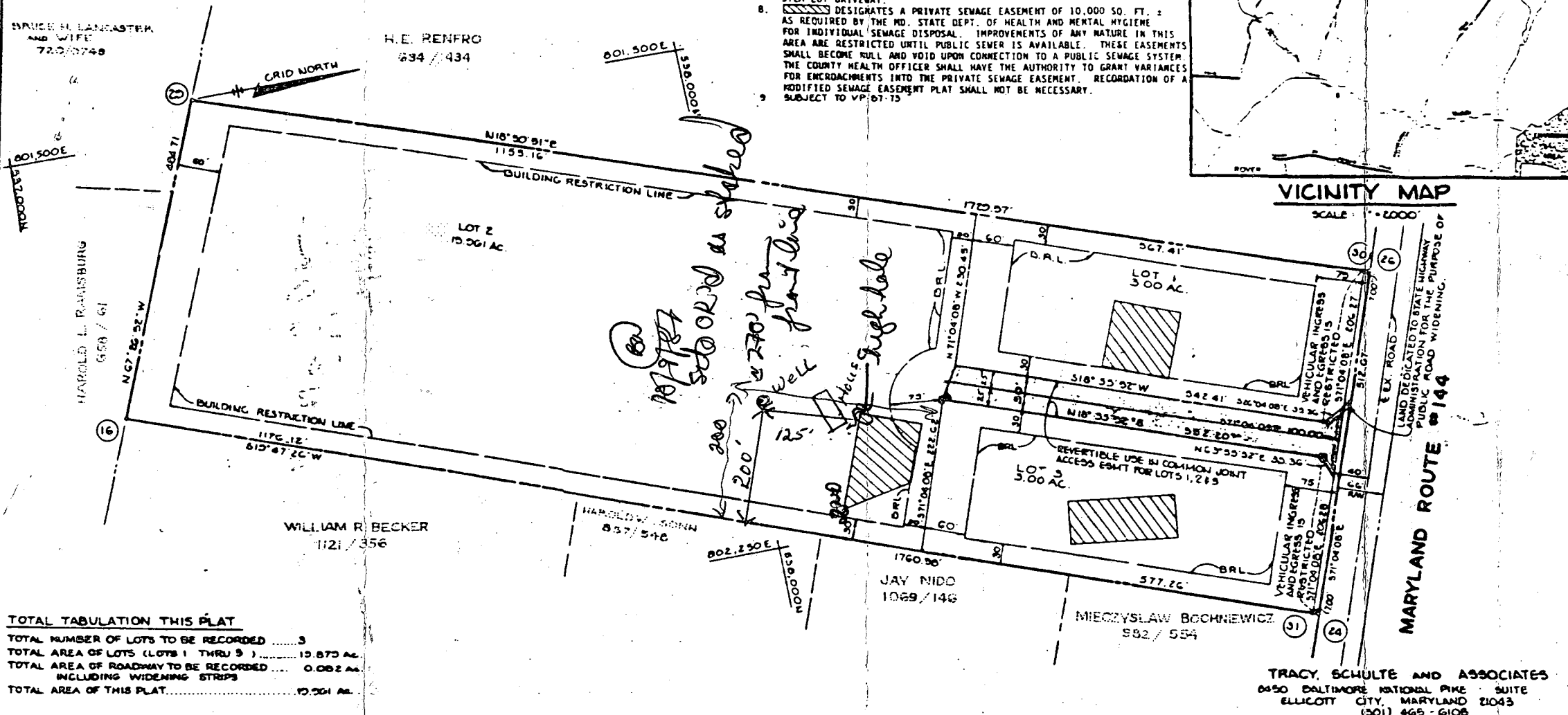
Date: _____

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

20	537282.605	801443.862
30	538012.817	802000.543
31	538746.525	802485.165

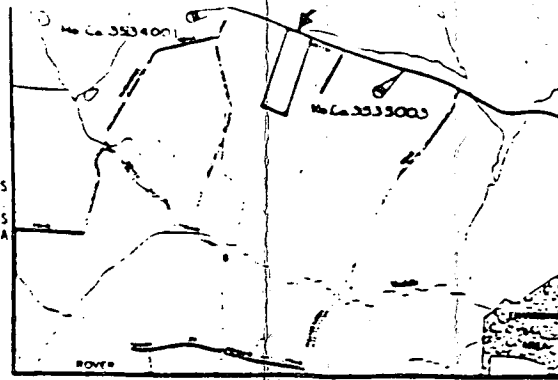
SPURCE H. LANCASTER
AND WIFE
720/2748

H.E. RENFRO
834/434



TOTAL TABULATION THIS PLAT
 TOTAL NUMBER OF LOTS TO BE RECORDED 3
 TOTAL AREA OF LOTS (LOTS 1 THRU 3) 10.873 AC.
 TOTAL AREA OF ROADWAY TO BE RECORDED 0.082 AC.
 INCLUDING WIDENING STRIPS
 TOTAL AREA OF THIS PLAT 10.955 AC.

- B.R.L. INDICATES BUILDING RESTRICTION LINE.
- FLAG OR PIPE STEM LOTS SHALL NOT BE FURTHER SUBDIVIDED INTO LOTS ACCOMMODATING ADDITIONAL RESIDENCES UNLESS A PUBLIC ROAD CAN BE CONSTRUCTED ACCORDING TO COUNTY STANDARDS ON A MINIMUM FIFTY (50) FOOT RIGHT-OF-WAY TO BE DEEDED TO THE COUNTY.
- FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM LOT DRIVEWAY.
- DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER 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 PLAT SHALL NOT BE NECESSARY. SUBJECT TO VP-87-75



VICINITY MAP
SCALE: 1" = 2000'

OLD Ramsburg Property

TRACY SCHULTE AND ASSOCIATES
8450 BALTIMORE NATIONAL PIKE SUITE
ELLCOTT CITY, MARYLAND 21043
(301) 465-6108

APPROVED: FOR PRIVATE WATER AND SEWERAGE SYSTEMS.
Sharon R. Smith 4-21-87
COUNTY HEALTH OFFICER DATE
 APPROVED: HOWARD COUNTY DEPT. OF PLANNING AND ZONING
John W. Williams 4-22-87
DIRECTOR DATE
 APPROVED: HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS
James H. Hill 1-8-87
DIRECTOR DATE

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, AND THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY BERNARD A. DUPLAN TO R. THOMAS AND SHARON R. SMITH BY DEED DATED JUNE 30, 1966 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 1503 AT FOLIO 137 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.
William R. Schulte 8/26/87
DATE
 WILLIAM R. SCHULTE
TRACY, SCHULTE AND ASSOCIATES
8450 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MD 21043

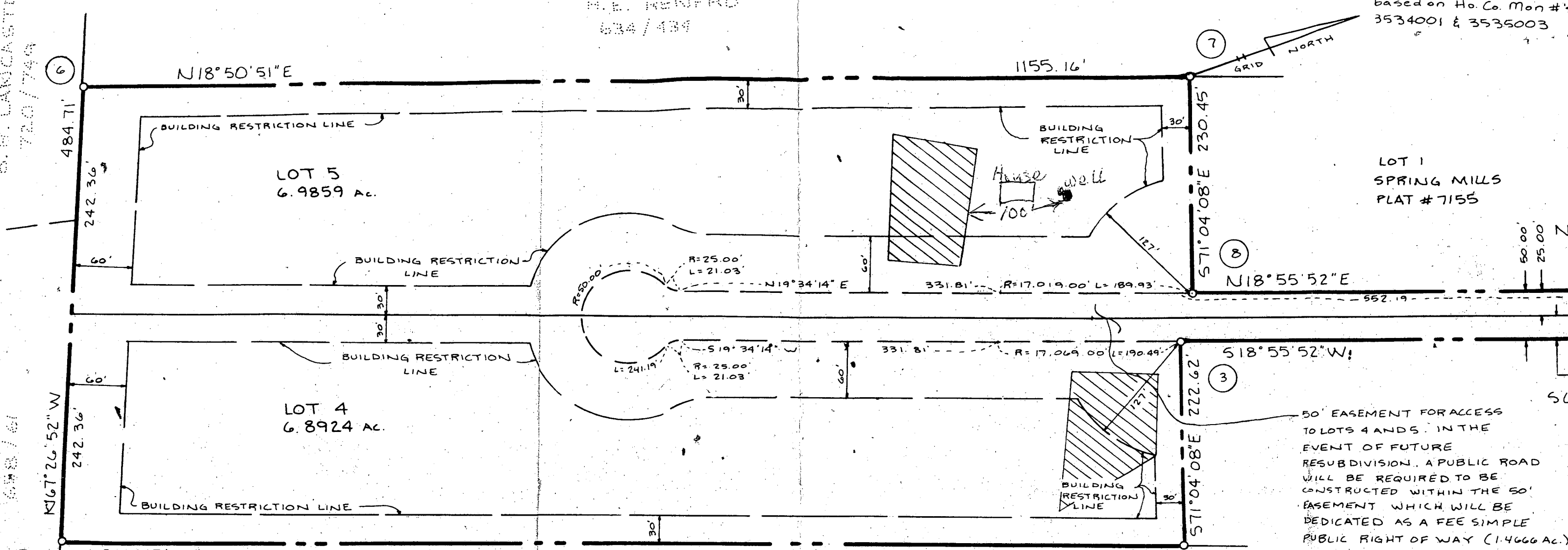
DEDICATION FOR INDIVIDUALS
 WE, R. THOMAS AND SHARON R. SMITH, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE OF THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE 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 FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE FUTURE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHT-OF-WAYS. WITNESS MY HAND THIS 6th DAY OF OCTOBER, 1988.
R. Thomas Smith 8-25-88
DATE
 R. THOMAS SMITH
Sharon R. Smith 8-25-88
DATE
 SHARON R. SMITH
 WITNESSES
St. L. Bush
St. L. Bush
 WITNESSES

RECORDED AS PLAT 7155
 ON 4-24-87 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.
SPRING MILLS
 SECTION 1, AREA 1
 LOTS 1 THRU 3
 SHEET 1 OF 1
 TAX MAP NO. 15
 3rd ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE 1" = 200' EOO
 DATE: OCT. 7, 1988
 F-87-75

B. H. LANCASTER
720/749

M. E. REINHOLD
634/434

based on Ho. Co. Mon #'s
3534001 & 3535003



5
 N/F
 W. R. BECKER
 1121/356

N/F
 H. W. SONN
 857/548

N/F
 J. NIDO
 1069/146

ABULATIONS

NUMBER OF LOTS TO BE RECORDED	2
AREA OF LOTS (LOTS 4, 5)	13.8783 AC.
AREA OF ROADWAY TO BE RECORDED INCLUDING WIDENING STRIPS	0.0000 AC.
AREA OF THIS PLAT	13.8783 AC.

ED: FOR WATER and SEWERAGE
 IN CONFORMANCE WITH THE MASTER PLAN OF WATER

OWNER'S DEDICATION

SURVEYOR'S CERTIFICATE