

6/16/94
after
12:20
6/17/94 12pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

03-316521
INDEXED

P 50205D

A 36243

DISTRICT 3rd

DATE 8/10/94

DATE SYSTEM APPROVED 6/17/94

INSPECTOR DKS

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION River Downs - Sec. 1 LOT 3 ROAD 912 High Stepper Trail

PROPERTY OWNER Dr. Abel Batuure

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

210
5
1050
350
3/1050

LINEAR FEET OF TRENCH REQUIRED 350

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 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning at the intersection of the 512.17 ft. property line and the 120.53 ft line, place the distribution box 60 feet up the right (512.27') lot line and 125 feet off the same lot line as seen when facing the lot from High Stepper Trail. 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. OK MR 2/22/94

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 1/30/84

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

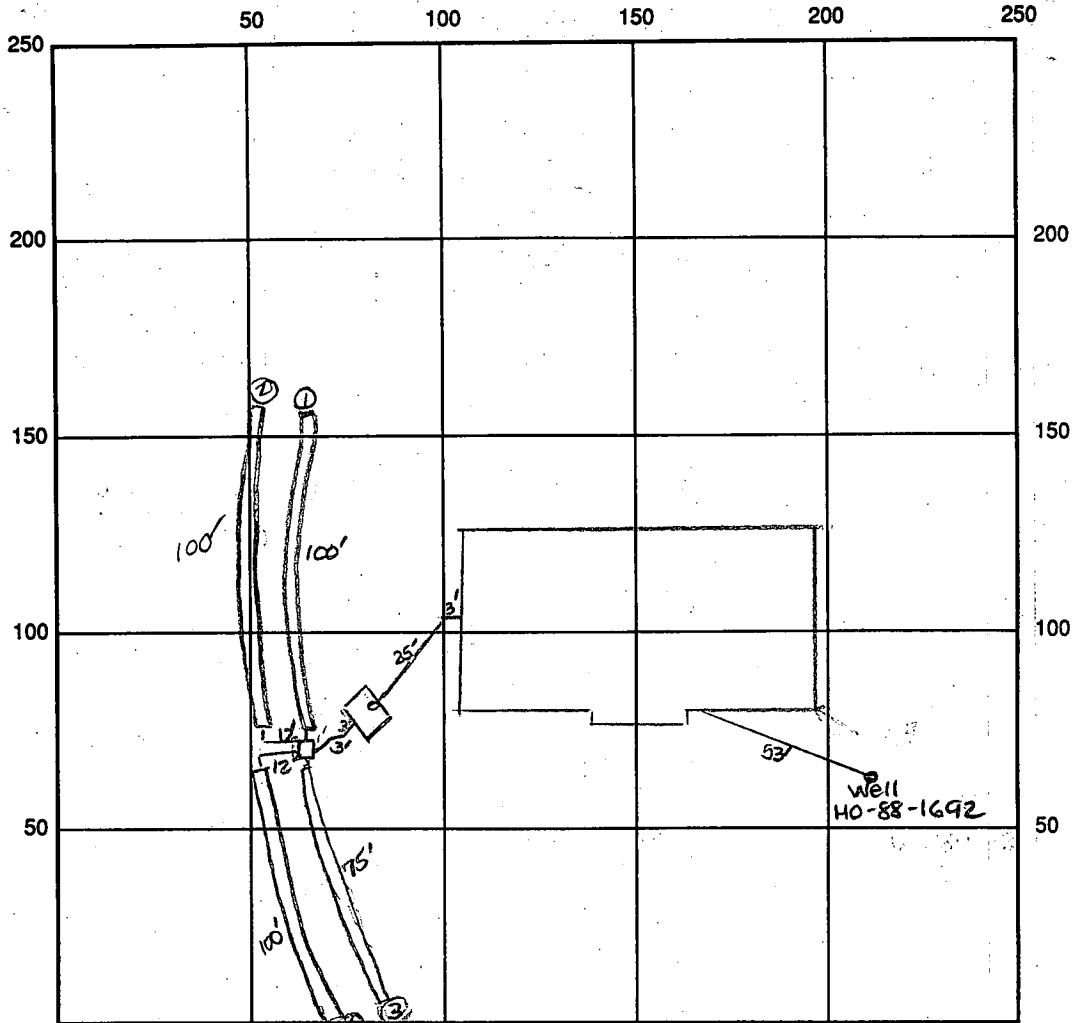
PERMIT VOID AFTER TWO YEARS

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
36243



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

High Stepper Trail

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS one on septic tank

DISTRIBUTION BOX LEVEL OK - baffle in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100' 100' 15' 10' → 375' total

NUMBER OF TRENCHES 4 ~~6~~ BOTTOM AREA 1125 SQ. FT. 1125

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1125 SQ. FT.

REMARKS: 6/16/94 OK to cover from house to septic tank
and trench ①. OK to continue. DKS
6/17/94 OK to cover all work. DKS

DATE SYSTEM APPROVED 6/17/94 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 49835

P _____

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

DISTRICT _____

DATE 1/18/94

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 ABER + MARY BATURE

ADDRESS 3731 EDWARD WAY BOWIE MD. 20716 PHONE 301 249 0560

AGENT OR PROSPECTIVE BUYER SAME CONTRACTOR: SCOTT GAPP 531 3047

ADDRESS _____ PHONE 11368 Fred. Rd EC 21042

PROPERTY LOCATION:

SUBDIVISION RIVER DOWNS
912 HIGH STEPPER TRAIL LOT NO. 3

ROAD AND DESCRIPTION 912 HIGH STEPPER TRAIL NOTE: 1 HOLE PERC TO ADJUST
EXISTING PERC FIELD

TAX MAP _____ PARCEL # _____

SIZE OF LOT 6.16 AC 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. Scott Gapp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR SDA ADJUSTMENT PLAT MR 1/25/94

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

A49835

COUNTY #

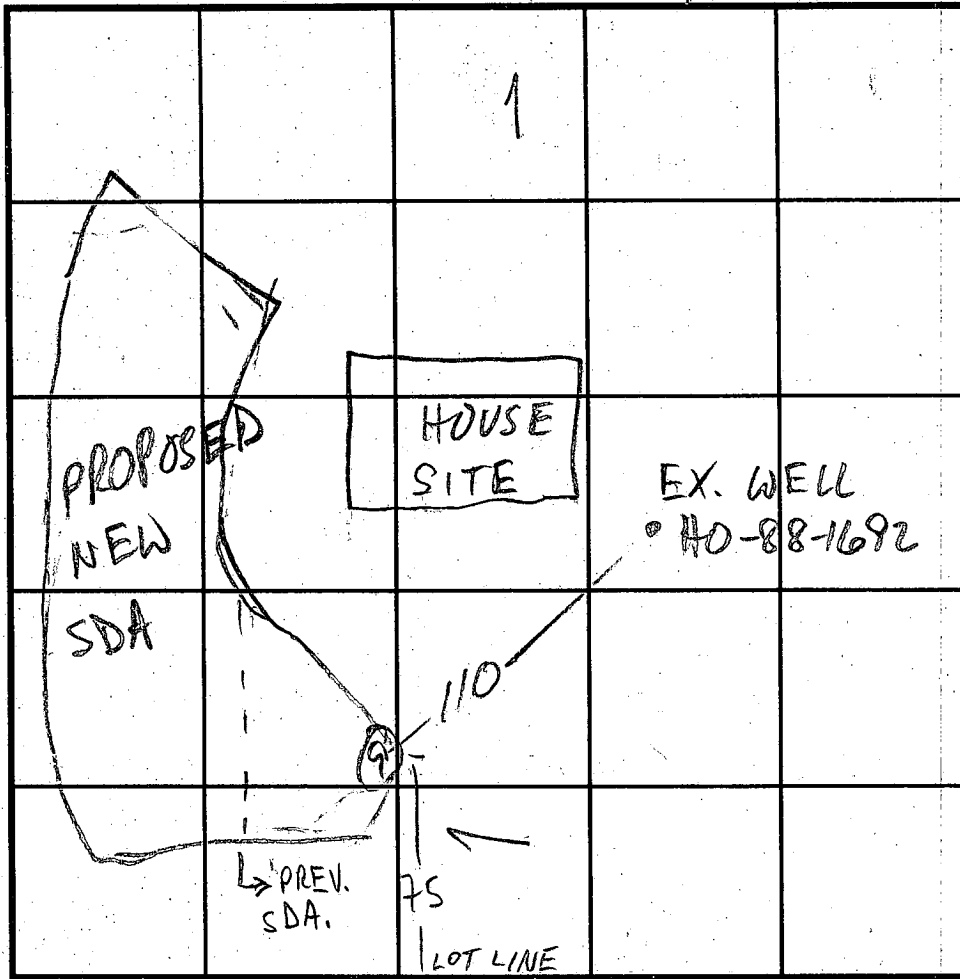
SOIL PROFILE

0' (1)
brn org
sil cl
lm

4' br gray
sa lm
<5%
frags
↓

SOIL PROFILE

0'



HIGH STEPPER TRAIL
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/94	9 S	4 1/2	2:03:30	2:04:30	2:04:30	2:06:30	2
	9 V	12 1/2	see profile				

REMARKS HOLE OK; PREVIOUS HOLE LOCATIONS UNKNOWN DUE TO SNOW

TYPE OF SOIL _____

TESTED BY M. Riffin ALSO PRESENT Fyock crew, S. Gapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 TRENCH WIDTH: 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

APPLICATION

SEWAGE DISPOSAL TESTING

A 36243

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/24/85

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 Chase Development Corporation Dr. Abel Batuure

ADDRESS P.O. Box 5780 Pikesville, Maryland 21203 PHONE (301) 484-3100

PROPERTY LOCATION:

BLDG. PERMIT SIGNED
AND RETURNED 8/12/94

LOT 3 ON Prelim. 11/86

SUBDIVISION River Downs

Serial # 5383 - purpose land

LOT NO. ~~CONSIDERED WITH # 7~~

ROAD AND DESCRIPTION River Road - 2800' Northeastly From Route 32 (912 High Stepper Trail)

(912 High Stepper Trail)

BLDG. PERMIT SIGNED

AND RETURNED 2/3/94

Serial # 51933 - SFD - 5 Bedrm

SIZE OF LOT 3 Ac.

TYPE BLDG. Not Known

(NUMBER OF BEDROOMS)

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.

William G. Rando Rando & Scoble
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow tile fields DATE 1-2-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 Wet Season Rerest + Redesign Required, S. Abel

7-9-84 Unacceptable Perc; High water table low hole, Redesign of Perc not possible

AS LOT SHOWN. S. Abel 4-24-86 Perc Satisfactory if Hous & AND well site Appropriate

BLDG. PERMIT SIGNED

AND RETURNED 9/25/92

Serial # 45352 - SFD - 2 Bedrm

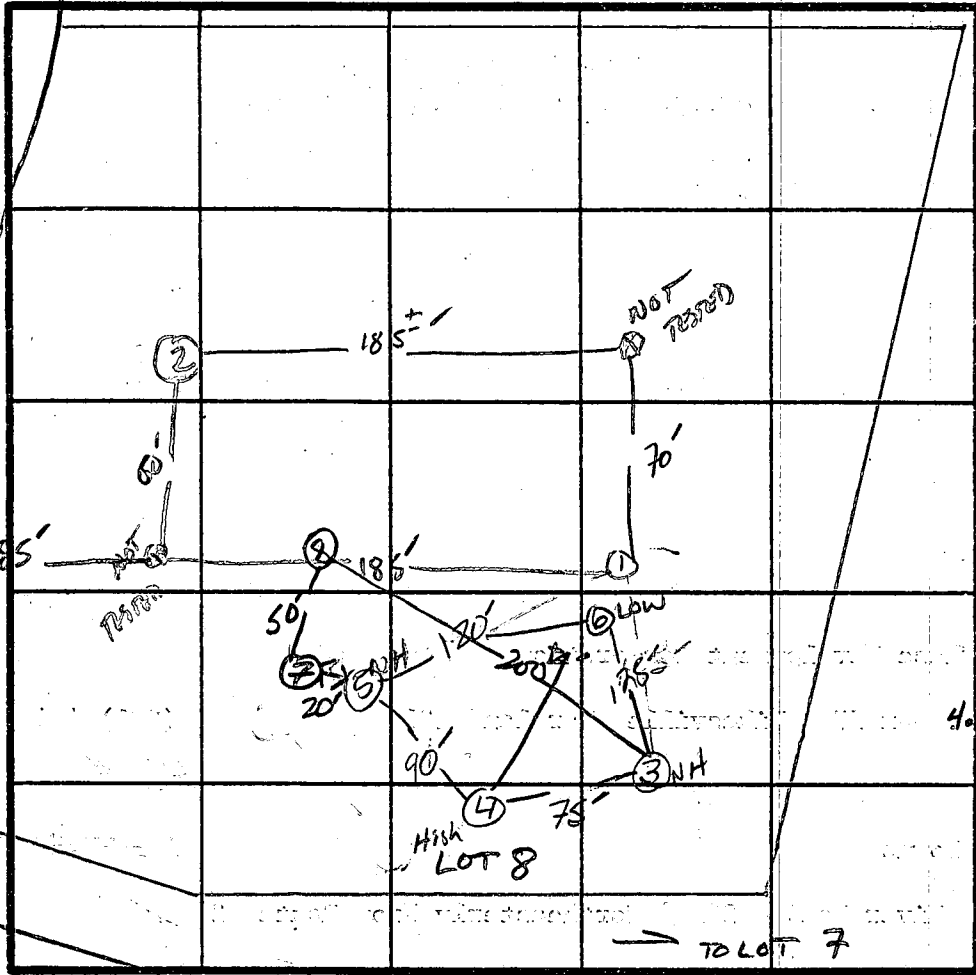
S. Abel

THIS IS NOT A PERMIT

LOT 18

SOIL PROFILE
 0" A1-3
 9" Yellow-Red SANDY CLAY LOAM 210% SAPROLITE
 5' Yellow Br. olive w/ grey mottles 210%
 LOT 9 9" saprolite wet soil AT 10"
 11"
 13"

MS4 STORM TRAIL



④
 ④ ⑤
 A1-3
 4" Yellow BR CLAY LOAM 210% FRAGMENTS
 4.5" Brown Yellow SAND LOAM 210% FRAGMENTS
 12-14.5'

⑥
 A1-3
 4" Yellow BR Silty CLAY LOAM 210% FRAGMENTS
 4.5" Yellow BR SANDY CLAY LOAM 210% FRAGMENTS
 8" Yellow BR SANDY LOAM w/ some clay
 13"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑦
 A1-3
 Grey-yellow Brown silt CLAY LOAM
 Small FRAGMENT 20-30% WATER AT 5"

③
 A1-3
 Yellow BR clay LOAM 10% FRAGMENTS LARGE STONES
 4"
 6"

X Perc
 9 min
 INLET 4'
 BOTTOM 6'
 200 P/BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/3/85	1V	13'	mix Glenora / Glenville soils -					
	2V	WATER AT 5"						
4/1/86	✓ 3 S	6'	10:29	10:41	10:41	11:06	25 min	
	✓ 4 S	4.0'	10:31	10:56	1" MOVEMENT → DEEPEN			
	✓ 4 M	7.5'	10:56:30	10:57:30	10:57:30	10:59	1.5 min	
	✓ 4 V	14.5'	UNIFORM SOIL STRUCTURE Below 4.5'					
	✓ 5 S	5.0'	10:59:30	11:01:30	11:01:30	11:05	3.5 min	
	✓ 5 V	13'	UNIFORM SOIL STRUCTURE Below 4'					
	✗ 6 S	6'	11:52	12:00	12:00	12:20	20 min	
	✓ 6 V	13'	WATER ENTERING HOLES AT 10' - SOIL WET AT 9" AFTER 24 HRS.					
	✓ 4 S ₁	5'	11:34	11:35	11:35	11:37	2 min	
4/24/86	✓ 7 V	12'	SAME AS HOLE #5 NOT TESTED					
	✓ 8 S	5'	11:05	11:08	11:08	11:14	6 min	
	✓ 8 V	5'	SOIL WET AT 13' H ₂ O AT 14'					

REMARKS: Glenville / Glenora mix - inclusion zone / 1 hole 2 Baire Soil
WET SEASON Inspection + Redesign uphill
 TYPE OF SOIL: _____
 TESTED BY: S. Abel
 ALSO PRESENT: Jeff, Curtis, John

APPLICATION

SEWAGE DISPOSAL TESTING

A 36242

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/26/85

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 Chase Development Corporation

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

SUBDIVISION River Downs LOT NO. 7

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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.

William J. Rasch, Partner & Jeschke
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

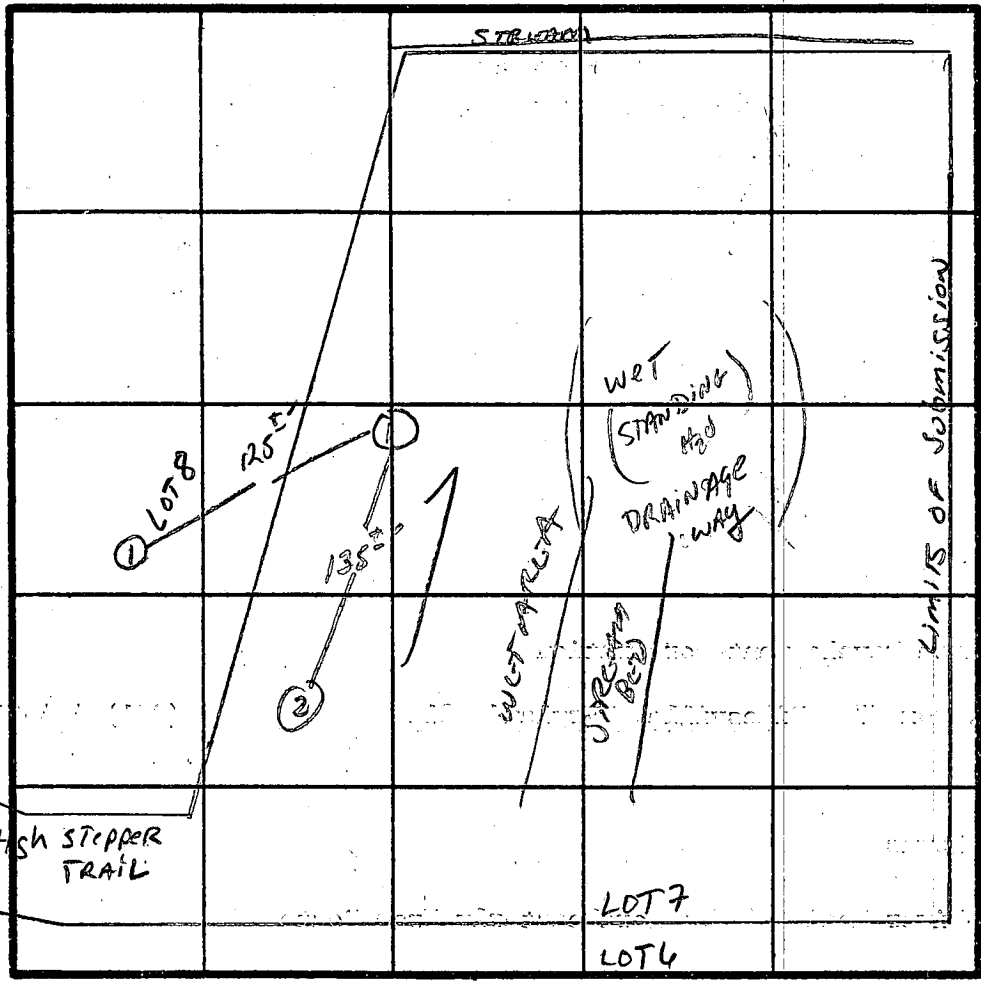
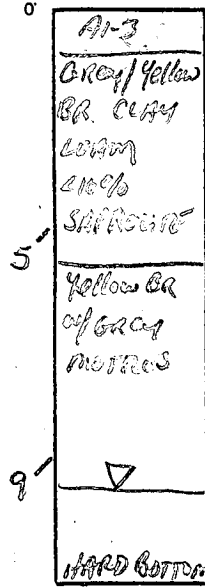
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

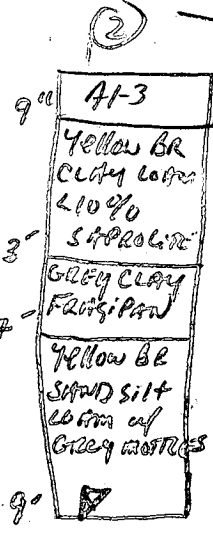
REASONS FOR REJECTION OR HOLDING 12-5-85 WET SEASON RETEST + REDESIGN REQUIRED S. Abel

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 ↓ TO RIVER Rd.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/85	1V	WATER AT 9'					
	2V	WATER AT 9'					

REMARKS WET SEASON RETEST + REDESIGN UP HILL

TYPE OF SOIL Glenville Soil

TESTED BY _____ ALSO PRESENT _____

B 1 **9143** SEQUENCE NO. (DP USE ONLY)
2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-1692
70 fill in this form completely 79

Date Received (APA) **040891**
OWNER INFORMATION
PARIS **HAROLD**
15 Last Name Owner First Name 34
PO BOX 1422
36 Street or RFD 55
ELLICOTT CITY MD 21043
57 town 70 State 72 Zip 76

B 3 LOCATION OF WELL (Baskley) 2:00
1 2
HOWARD
8 COUNTY 21
RIVER DOWNS
23 SUBDIVISION 42
SECTION **001** LOT **3**
44 46 48 50
SYKESVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** MI
73 76 77 78

DRILLER INFORMATION
Joseph L. Wagner **238**
Driller's Name 77 License No. 80
Joseph L. Wagner WELL DRILLING
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph L. Wagner **4/8/91**
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E
8-9 8-9
W TOWN E
8 8
S W S E
8-9 8-9
NORTH N
WEST W EAST E
SOUTH S
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **150** 37
DISTANCE FROM ROAD
ENTER FT or MI **FT**
38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co. **A-36243**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **040891** **D. Buags** **10-08-91**
43 48 CO SIGNATURE EAST EXP. DATE
NORTH GRID: **550000** EAST GRID: **0814000**
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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)

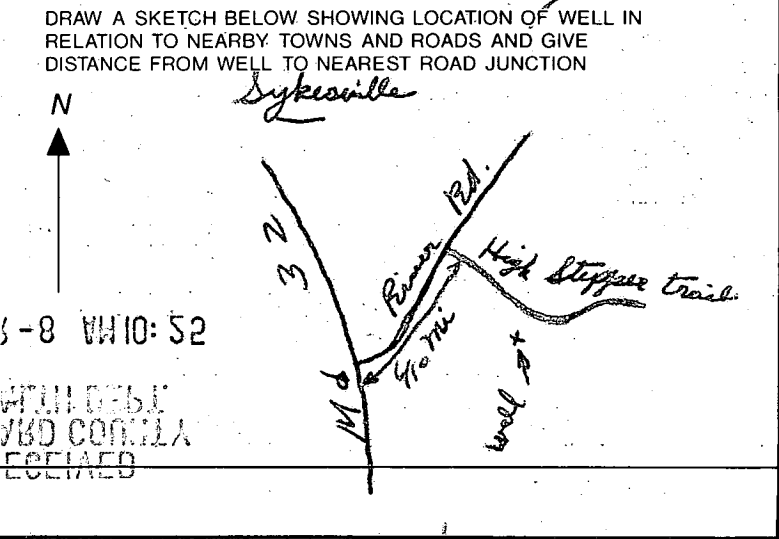
APPROXIMATE DEPTH OF WELL **240** FEET
24 28

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 **8194**
N **550**
000
000
(Tag on outside)
5/24/91 7:30 per well driller
11 bags of cement
53' casing
38' ground open
1 1/2' casing OK above ground C.B.B.
25:01MA 8-39AIE

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRIVE-POINT
other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ GAP _____
54 63

FORCE **DB** WRITE INITIALS IN BOX PERMIT No. **40-88-1692**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C 1 0153

SEQUENCE NO. (DENV 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-36243

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

052097

305

HO-88-1672

OWNER PARIS HAROLD last name first name STREET OR RFD High Stepper Lane TOWN syk. mo. SUBDIVISION River Downs SECTION LOT 3

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. Includes entries for SAND stone and GRAY MICH Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY CEMENT BENTONITE CLAY NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 53

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL BRONZE HOLE PLASTIC OTHER

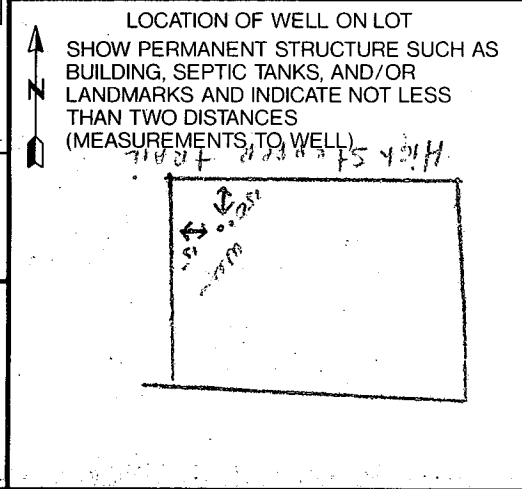
Table for SCREEN RECORD with columns for DEPTH (nearest ft.) and rows for EACH SCREEN.

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.) W Q 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 Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 87 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 PUMP HORSE POWER PUMP COLUMN LENGTH CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE



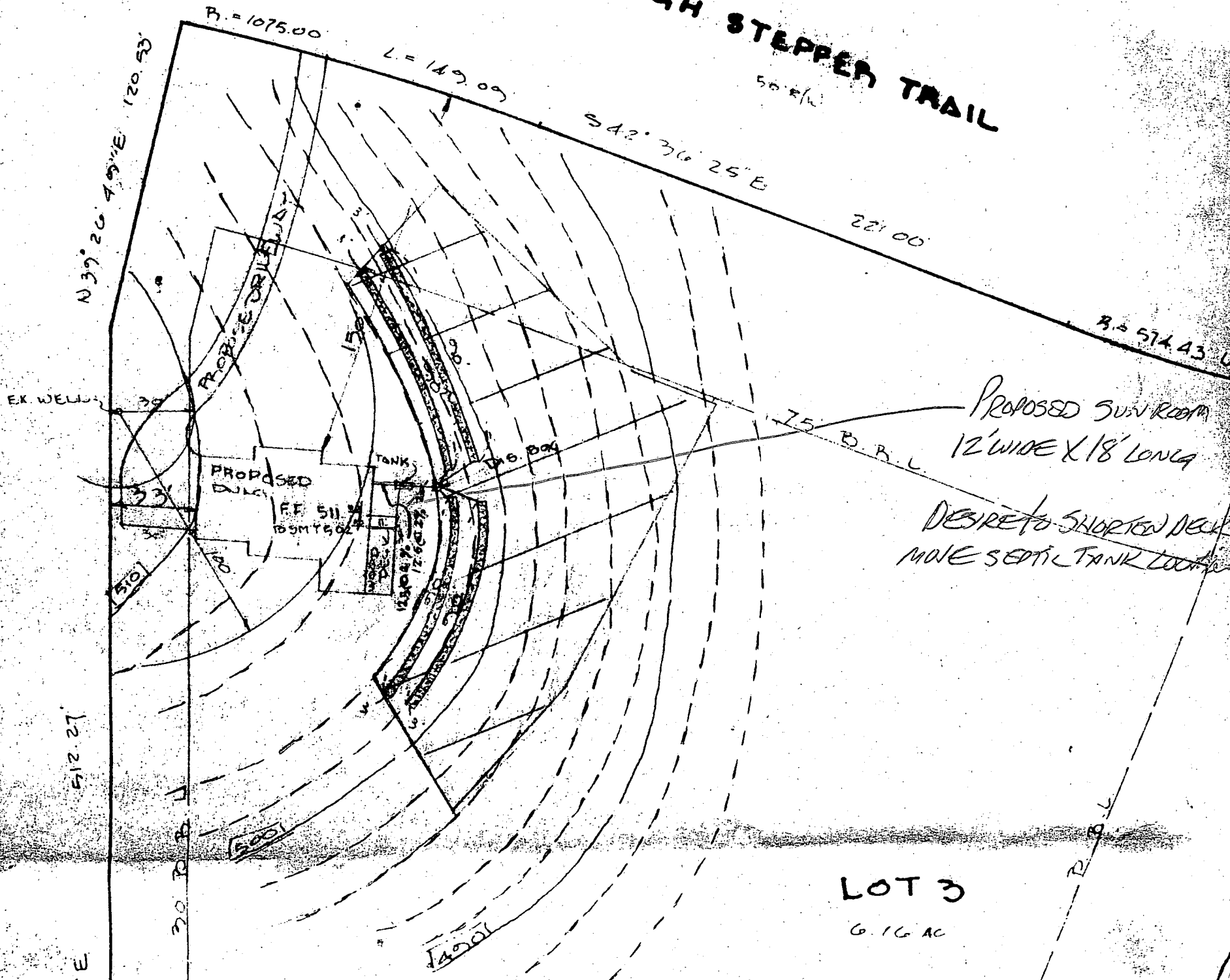
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLER County

HIGH STEPPER TRAIL



PROPOSED SUN ROOM
12' WIDE X 18' LONG
DESIRE TO SHORTEN NEW
MOVE SEPTIC TANK LOCATION

LOT 3
6.16 AC

THIS LOT COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT

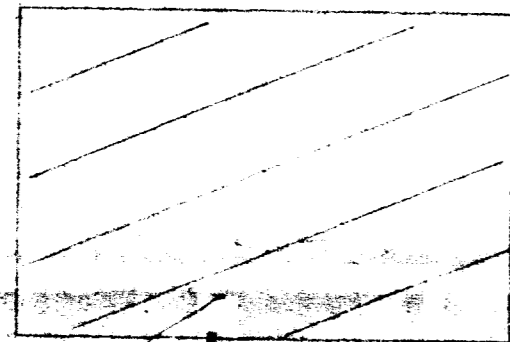
THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWER DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM.

THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

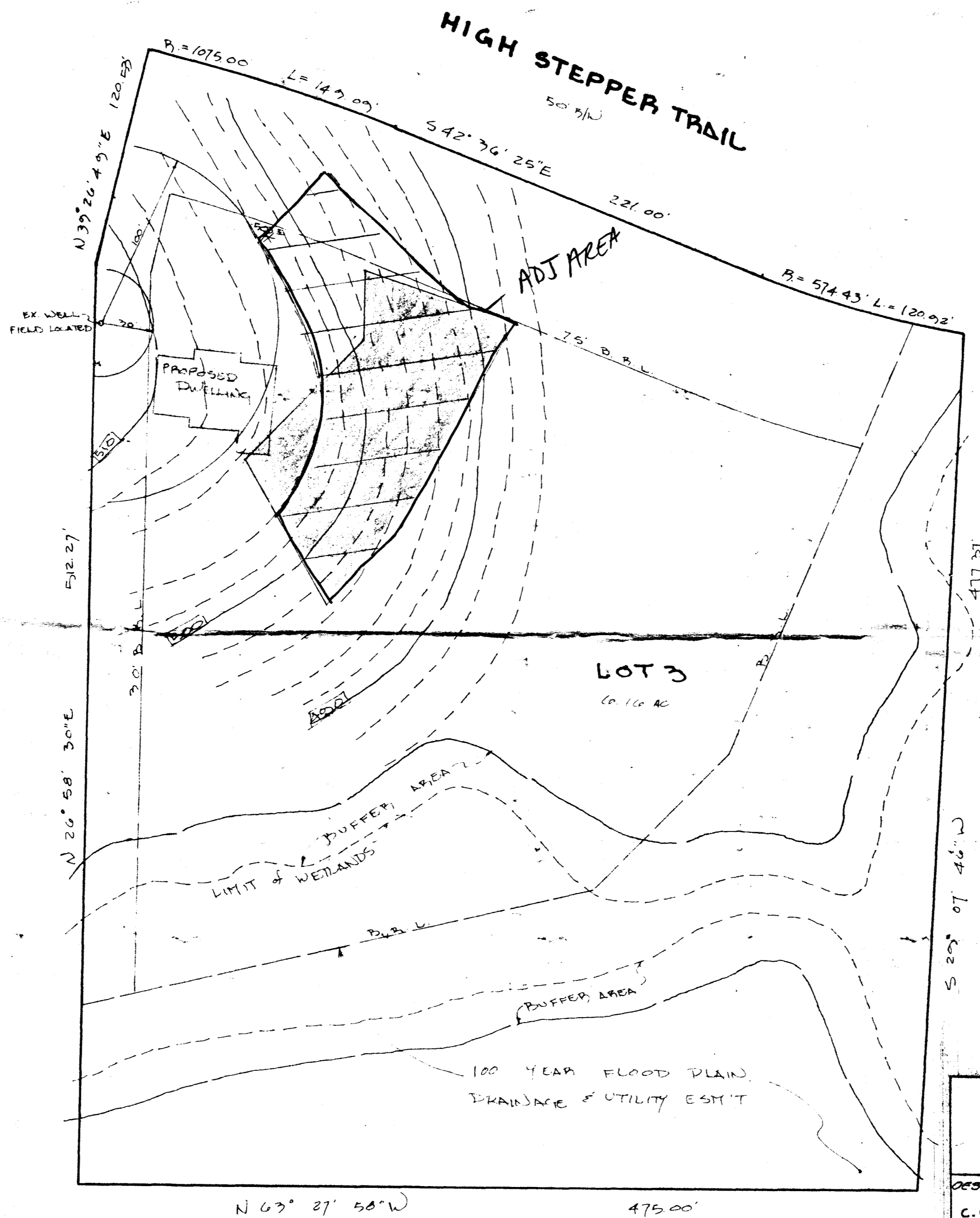
APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE.
HOWARD COUNTY HEALTH DEPARTMENT.

J. [Signature] 2-9-94
COUNTY HEALTH OFFICER DATE



SEWERAGE ESM'T AS PER RECORD PLAT # 9706 FOR ADJOINING LOT.

LOT 2



NOTES

- 1) * = DENOTES FIELD LOCATED PERC HOLE.
- 2) [Hatched Box] = DENOTES EXISTING SEWERAGE EASEMENT
[Diagonal Hatched Box] = DENOTES PROPOSED SEWERAGE EASEMENT



I HEREBY CERTIFY THAT ALL WELLS, AND SEPTIC SYSTEMS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN

D. [Signature] 1-17-1994
DATE

Signed File Copy

LAND DESIGN ENGINEERING, INC.

PLANNING • ENGINEERING • SURVEYING
8835 Columbia 100 Parkway, Unit N, Columbia, MD 21045
(410) 715-1070 (Balto.) (301) 596-3424 (Wash.) (410) 715-0681 (Fax)

DESIGNED C.W.S. III	<p>LOT 3 RIVER DOWNS</p> <p>SECTION - 1. LOTS 1-6, PLAT NO. # 9706 A RESUB. of PART of LOT 1, DIEHL PROP. 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>	SCALE 1" = 40'
DRAWN C.W.S. III		DRAWING 1 of 1
CHECKED		JOB NO. 93-807
DATE 1-17-1994		FILE NO.

REVISION: 1-27-1994

RECORDED
HOWARD COUNTY
HEALTH DEPARTMENT
94 FEB 23 11:32