

8/15/89 1130
8/14/89 11-12 + late PM

04-395851

PERMIT

P 44595

A 35529

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/26/89

DATE SYSTEM APPROVED 8-16-89

INSPECTOR JEN

Frall Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Country View ROAD 17501 Country View Lane ^{way} LOT 12

PROPERTY OWNER John Corcoran

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

$$\begin{array}{r} 240 \\ 3 \\ \hline 720 \\ 144 \text{ ft trench} \end{array}$$

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 240 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 240 feet from the front lot line and 30 feet from the right side of the lot as seen when facing the lot from Country View Lane. Run the trench toward the front lot line.

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

PLANS APPROVED BY Ray Hodges DATE 9/08/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

BLDG. PERMIT SIGNED AND RETURNED 8/22/89

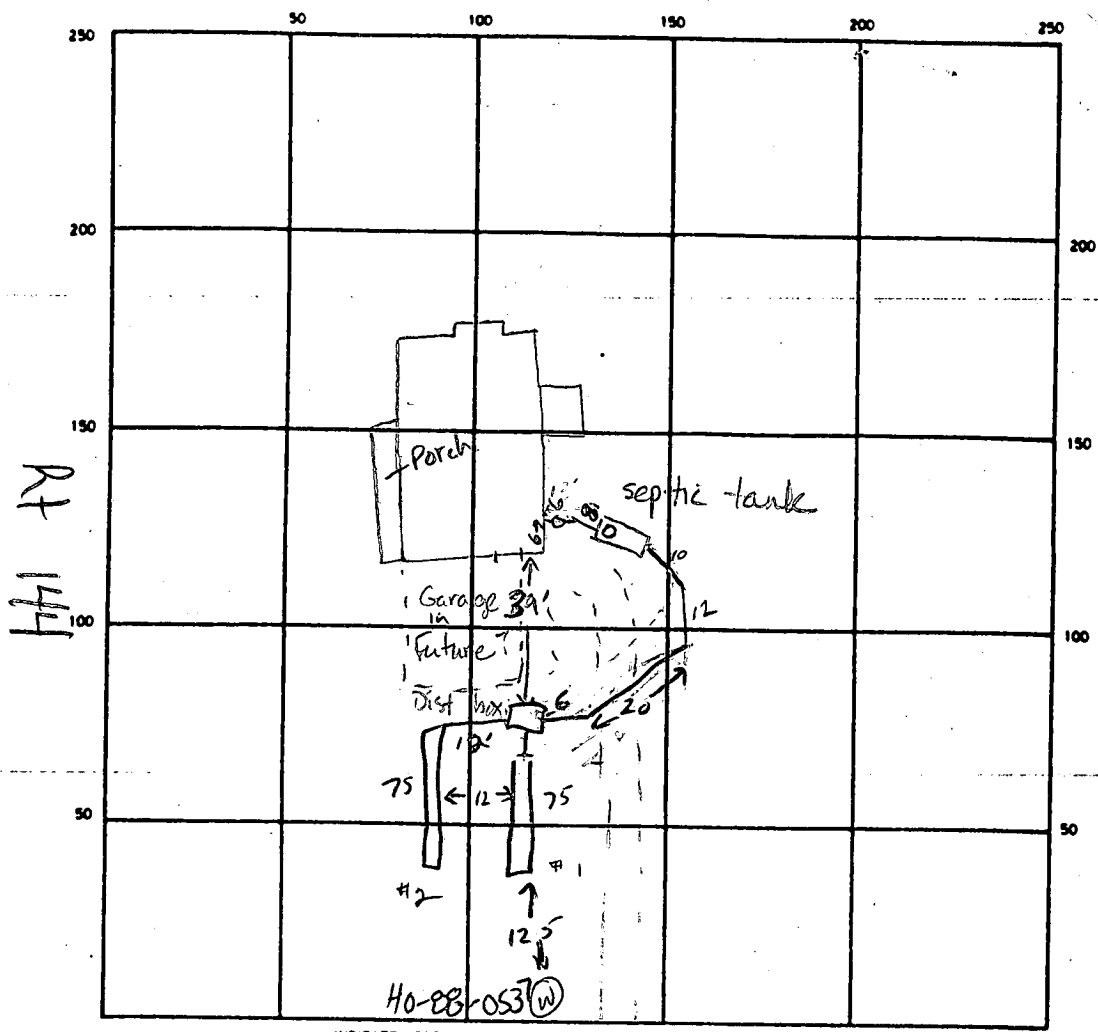
Serial # 43928

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

J-car garage

A 35529



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Countryview Way

SEPTIC TANK LEVEL 1000 gal CLEANOUTS 1 on s. tank, 1 at house

DISTRIBUTION BOX LEVEL ✓ w/baffle

DRAIN FIELD TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 5.5 FT. TOTAL LENGTH 150 FT.
NUMBER OF TRENCHES 2 (75 + 75) ONE SIDEWALL/BOTTOM AREA 412 ^① 412 ^② SQ. FT.

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

ABSORBENT AREA 824 SQ. FT.

REMARKS 8-15-89 Contractor set tank. Plumbing from house will have to be raised to meet tank. Garage planned for future will be less than 20ft from dist. box and trenches. JEN

8/16/89 OK TO ADD GRAVEL TO TRENCHES; OK TO COVER SUPPLY LINES & DIST. BOX. C.W.

8-16-89 OK to cover all work. JEN

DATE SYSTEM APPROVED 8-16-89 INSPECTOR Jane E. Nadeau

A 35529

SUBDIVISION: COUNTRY VIEW

LOT NUMBER: 12

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<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

240 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

- 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 absorbent sidewall area by 22%.

LOCATION: 9/21/87 - PLACE THE DISTRIBUTION BOX
240 FT FROM THE FRONT LOT LINE AND 30 FT
FROM THE RIGHT SIDE OF THE LOT AS SEEN
WHEN FACING THE LOT FROM COUNTRY VIEW
LANE RUN THE TRENCH TOWARD THE FRONT
LOT LINE RH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35529

P. _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE May 3, 1985

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 Richard M. Hough John Condon - 490-1888
ADDRESS 17591 Route 144 PHONE 489-4014

PROPERTY LOCATION:

SUBDIVISION Hough Property COUNTRY VIEW LOT NO. 12
ROAD AND DESCRIPTION on Maryland Route 144, 600'± East of Long Corner Rd.
17501 Country View La.

SIZE OF LOT 3 ACRES + TYPE BLDG. 4 Bedroom
(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. Dennis M. Rusli
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Weil FOR Dry touch DATE 4-27-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/14/85 perc OK HOLD FOR PLAT R/H
9/8/87 Spec W/holder R/H

BLDG. PERMIT SIGNED
AND RETURNED 4-27-89

BP 25256
SN

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A. 35529

P. _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE May 3, 1985

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Richard M. Hough

ADDRESS 17591 Route 144 PHONE 489-4014

PROPERTY LOCATION:

SUBDIVISION Hough Property Country Club LOT NO. 12

ROAD AND DESCRIPTION On Maryland Route 144, 600'± east of Long Corner Rd.

SIZE OF LOT 3 Acres + TYPE BLDG. 4 Bedroom
(NUMBER OF BEDROOMS)

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Dennis M. Rush

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

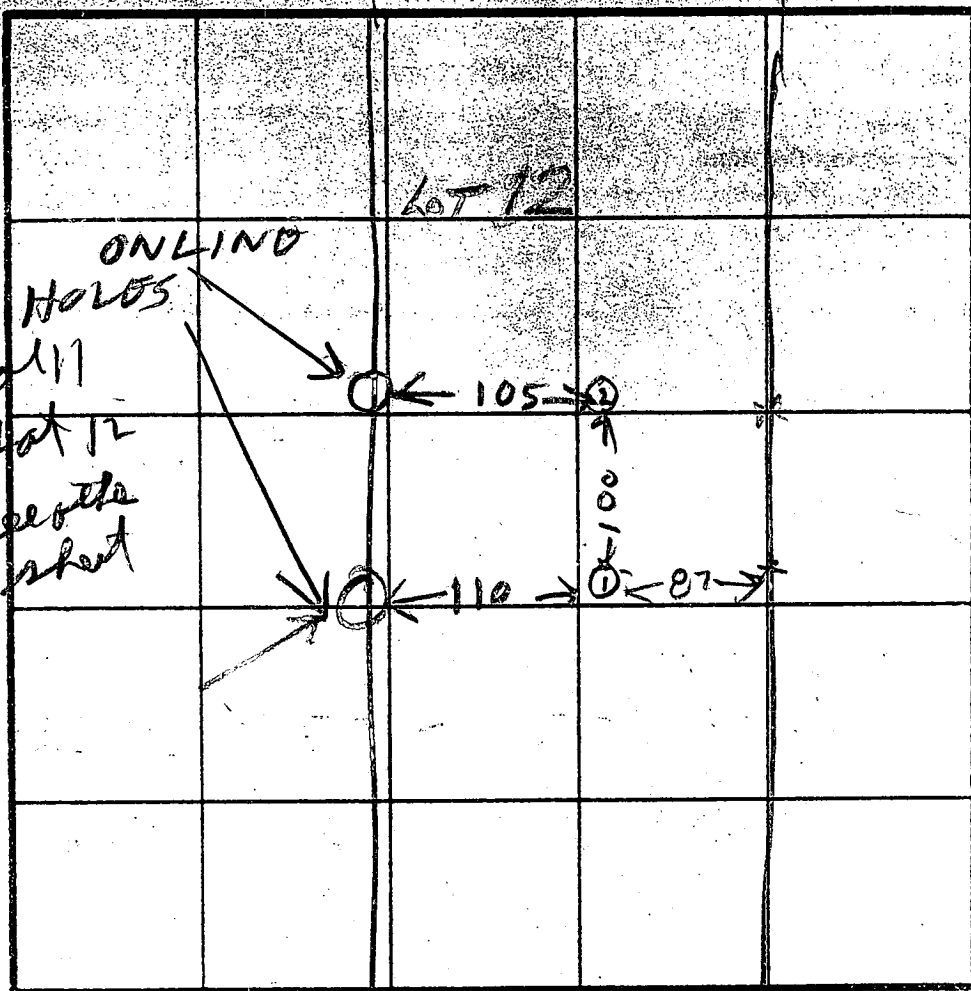
THIS IS NOT A PERMIT

A 35529

SOIL PROFILE

GRAY
BROWN
SAND
LOAM

RED
BROWN
SAND
LOAM
&
SOME
SHALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4-10-86
Perc. area
location of

~~8 min~~

INLET 3'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/19/85	1 S	1.5	1250	1252	1254	1255	3
	1 V	12	LOOKS OK				
7/19/85	2 S	5	1237	100	100	125	25
	2 S	1.0	107	110	110	117	7
7/19/85	2 V	11	LOOKS OK				

REMARKS

Tested by R. Hoja

also present
J. Beck
R. Beck
SKIP
JIM

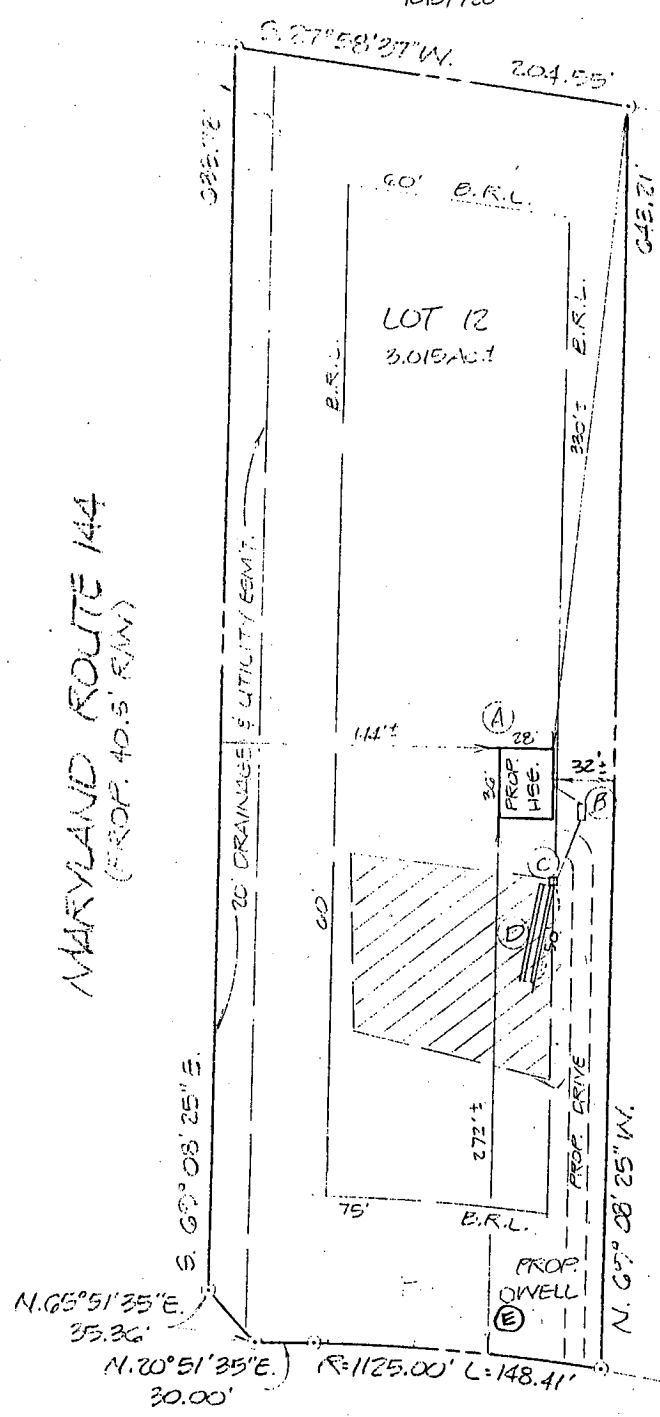
12

4

11

11 17 10/9

J.E. MILLER
10/10/780



MARYLAND ROUTE 144
(PROP. 40.5' R/W)

LOT 11

- A) Prop. House
F.F. Elev= 757.0 ✓
Bsm't. Elev= 748.5 ✓
Inv. out= 753.62 ✓ *BSM*
- B) Prop. Septic Tank
Ex. Elev= 756.4 ✓
Inv. in= 753.44 ✓
Inv. out= 753.14 ✓
- C) Prop. Dist. Box
Ex. Elev= 755.7 ✓
Inv. Elev= 752.8 ✓
- D) Prop. Trenches
Inv. Elev= 752.5 ✓
Bottom max= 8' ✓
5' of stone ✓
~~2-50'~~ 2-80'
- E) WELL ELEV
758.0'

COUNTRY VIEW WAY
(50' R/W)

8406 PERMIT SIGNED
AND RETURNED 4-27-89
CP 25256
89K

PLOT PLAN
LOT 12
COUNTRY VIEW
SITUATED ON COUNTRY VIEW WAY
ELECTION DISTRICT N° 4
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' APRIL 1989



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
PLAT N° 7320	89-2187

NI1014

B 1 2291

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-0537

fill in this form completely

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

please print or type

Date Received (APA)

032789

OWNER INFORMATION

FRANK DEVELOPERS

P.O. BOX 069

MT AIRY

B 3

LOCATION OF WELL

HOWARD

COUNTRY VIEW ESTATES

SECTION - - - LOT 12

MT AIRY

MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

Joseph L. Mayo 238

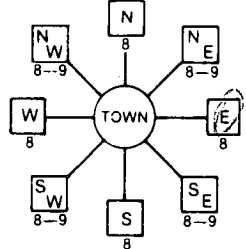
Joseph L. Mayo WELL DRILLING

5512 Ridge Rd. Mt. Airy, Md. 21771

Signature Joseph L. Mayo Date 3/27/89

B 4

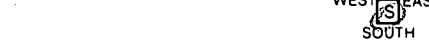
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road R

COUNTRY VIEW LN.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 50

ENTER FT or MI FT

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A# 35529 COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

041089 x C.W./C.S.O. 10/10/89

NORTH GRID 552000 EAST GRID 0764000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

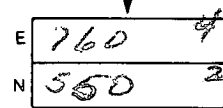
- Bored (or Augered)
JETTED
Jetted & Driven
AIR-ROTary
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVERSE-ROTary
DRIVE-POINT

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

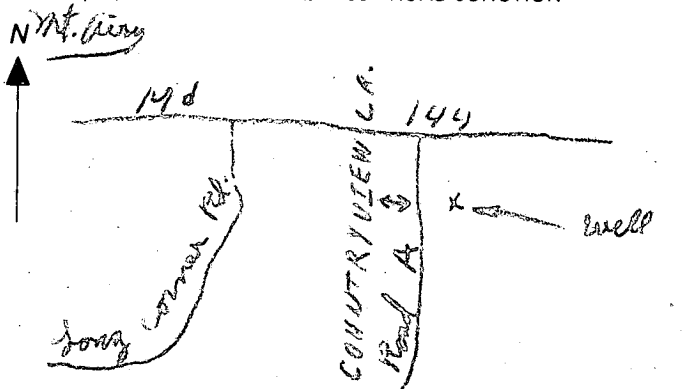


Handwritten notes: still growth / well drilled 4/25, 92' casing, open hole, Bags of cement

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

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



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 CW PERMIT NO. HO-88-0537

SPECIAL CONDITIONS

C1 2317 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER R# 35527

DATE Received

--	--	--	--	--	--

 DATE WELL COMPLETED

--	--	--	--	--	--

 Depth of Well 265 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-08-0537

OWNER FALL DEVELOPERS last name COUNTRY VIEW ESTATES first name MT. PLY
 STREET OR RFD COUNTRY VIEW ESTATES TOWN MT. PLY
 SUBDIVISION COUNTRY VIEW ESTATES SECTION LOT 12

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	
Brown Shale	0	85	
Blue Rock	85	265	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 15 NO. OF POUNDS 170
 GALLONS OF WATER 10
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER

MAIN CASING TYPE **SH** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 92

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 **OT** PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	<u>12</u>	<u>20</u>	<u>27</u>
2	<u> </u>	<u> </u>	<u> </u>
3	<u> </u>	<u> </u>	<u> </u>

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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 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. 238
 DRILLERS SIGNATURE Joseph L. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK from to
 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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

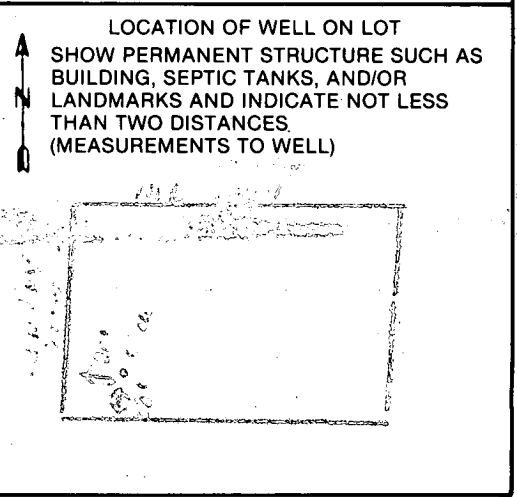
C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6.5
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 33
 WHEN PUMPING 93
 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 WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALS 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 (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }



9/14/89
NOON
2:10 PM
A.S.A.P.

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

9/14/89
(Partial)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____

Subdivision _____ Lot # 12 Well Tag # HO-88-537

Site Address 17501 COUNTRY VIEW WAY

9/14/89
{ No other
papers
today }

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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: _____

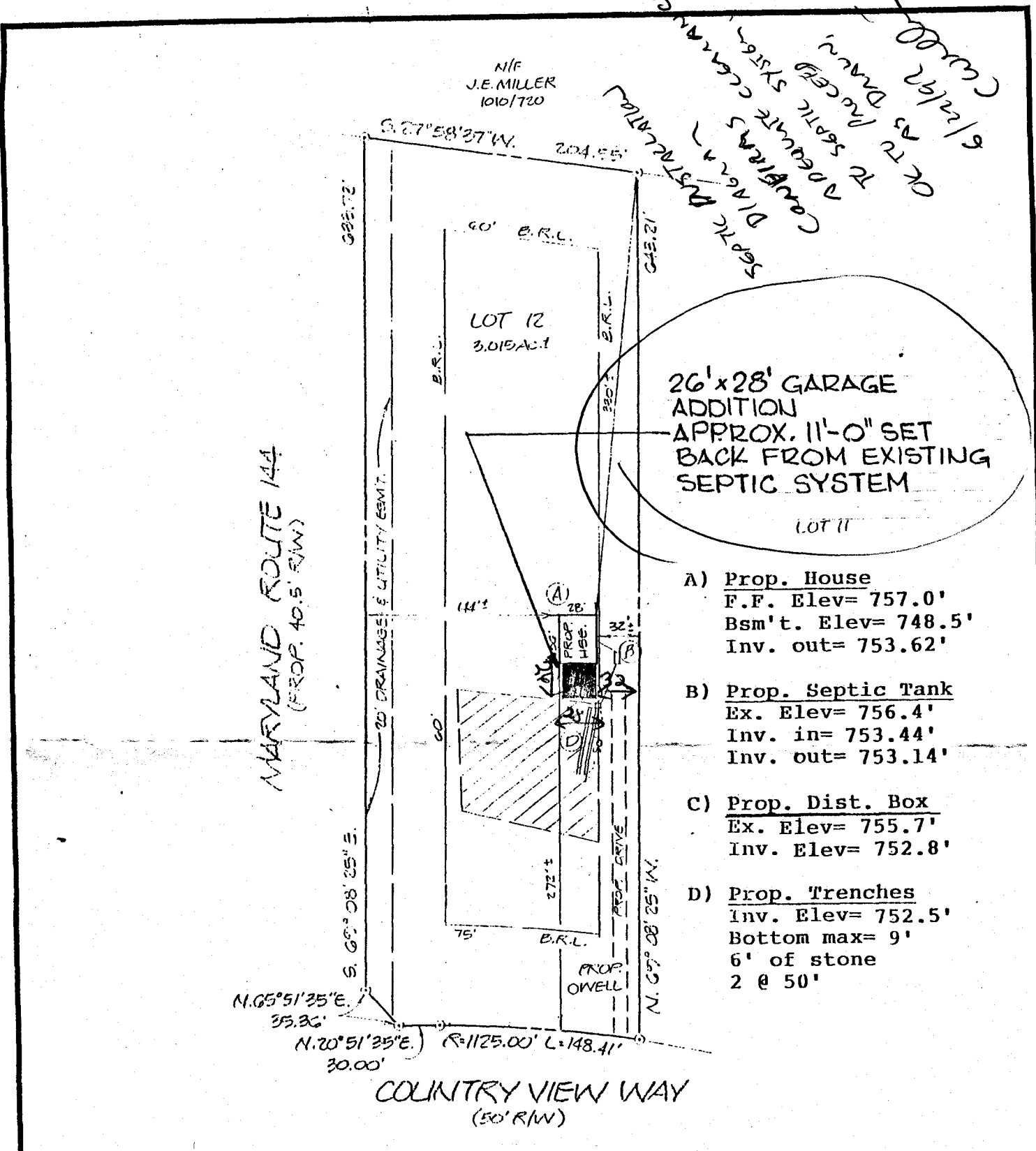
Date: _____

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

HD-215

9/14/89 Partial

NOTE: Water well logs and pitless adapter are OK. C.B.R.



- A) Prop. House
 F.F. Elev= 757.0'
 Bsm't. Elev= 748.5'
 Inv. out= 753.62'
- B) Prop. Septic Tank
 Ex. Elev= 756.4'
 Inv. in= 753.44'
 Inv. out= 753.14'
- C) Prop. Dist. Box
 Ex. Elev= 755.7'
 Inv. Elev= 752.8'
- D) Prop. Trenches
 Inv. Elev= 752.5'
 Bottom max= 9'
 6' of stone
 2 @ 50'

PLOT PLAN
 LOT 12
 COUNTRY VIEW
 SITUATED ON COUNTRY VIEW WAY
 ELECTION DISTRICT N° 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' APRIL 1989



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC
 Engineers · Surveyors · Planners
 310 South Main Street, Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015

N11014

REFERENCE
 PLAT N° 7320

JOB NO.
 89-2187