

7-14-87
12-1 PM

03-310760

PERMIT

P 39739

A 35702

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

DATE 1/28/89

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 7-14-87

INSPECTOR JEN

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Gaither Farm Estates ROAD 11019 Gaither Farm Rd LOT 5

PROPERTY OWNER Mr. & Mrs. Stephen Bupp

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

4 188.00
3.51600
35
310
300

TRENCHES - 220 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 3.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet from the front (346.70') lot line and 230 feet from the right (284.84) lot line as seen when facing the lot from Gaither Farm Road. Run trenches on contour toward back left corner.

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

Handwritten initials

PLANS APPROVED BY S. Abel DATE 12/23/86

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.

BLDG. PERMIT SIGNED
AND RETURNED 3-18-88
Serial # 20110524
Signature

A 35702

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

3/9/98
1:00

APPLICATION

PERCOLATION TESTING

A 59851

P _____

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

ATTEMPT IS TO
ADJUST
SEPTIC AREA
TO ACCOMMODATE
PROPOSED SWIMMING POOL

DISTRICT _____

DATE 3/6/98

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 Stephen Bupp

ADDRESS 11019 Gaither Farm Rd. PHONE 301-596-4419

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gaither Farm Estates LOT NO. 5

ROAD AND DESCRIPTION Gaither Farm Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.2503 ac. TYPE BLDG. Single Family
(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.

Robert Szock
(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

STREAM

COUNTY #

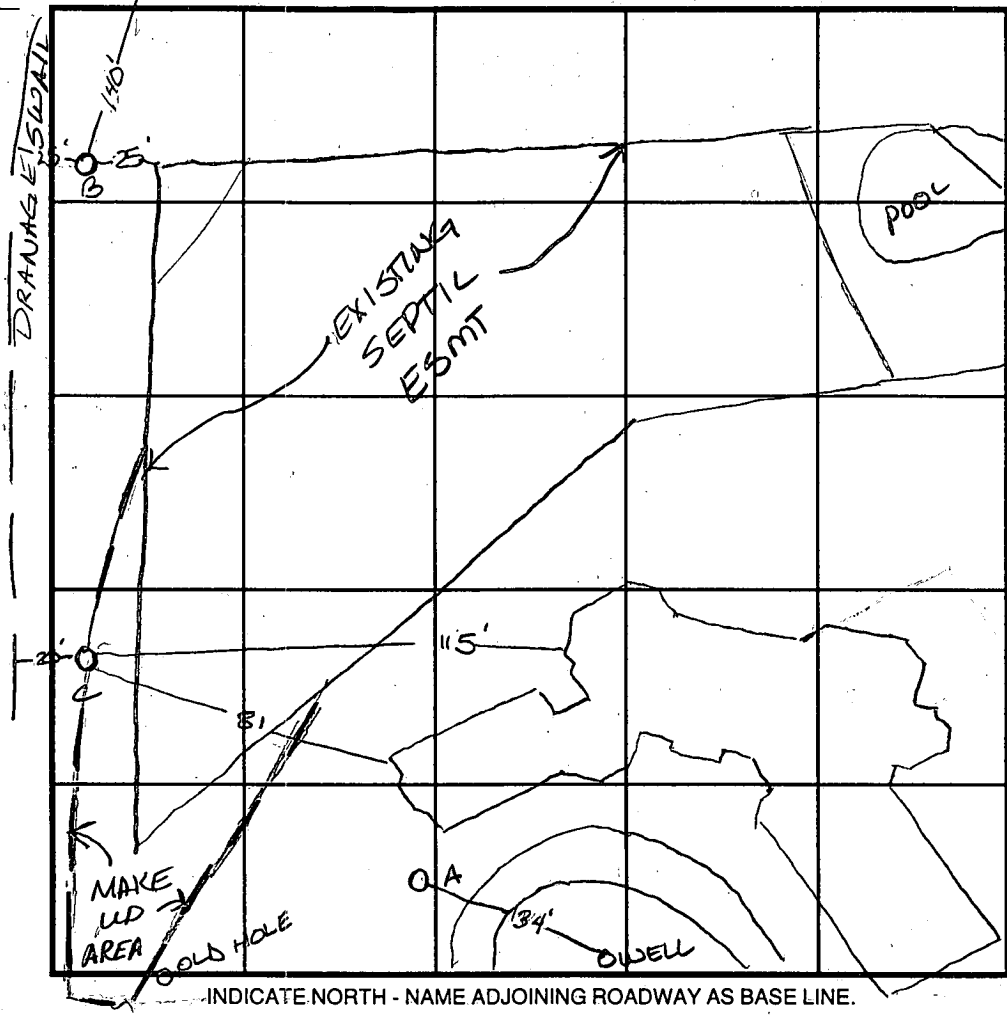
SOIL PROFILE

0'
orange brown silty m
2.0
brn dull silty mottled at 6.0 water at 7.0

C
orange brn silty m
2.0
lgt brn w/ decayed quartzite not to related silty m
10.0
brown silty m very dry
11.0

SOIL PROFILE

0'



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-10-98	A	Refusal at 4.0			insufficient depth to bedrock		F
	B	Insufficient depth to h ₂ O - see profile					F
	C	Visual to 11.0 - see profile					OK

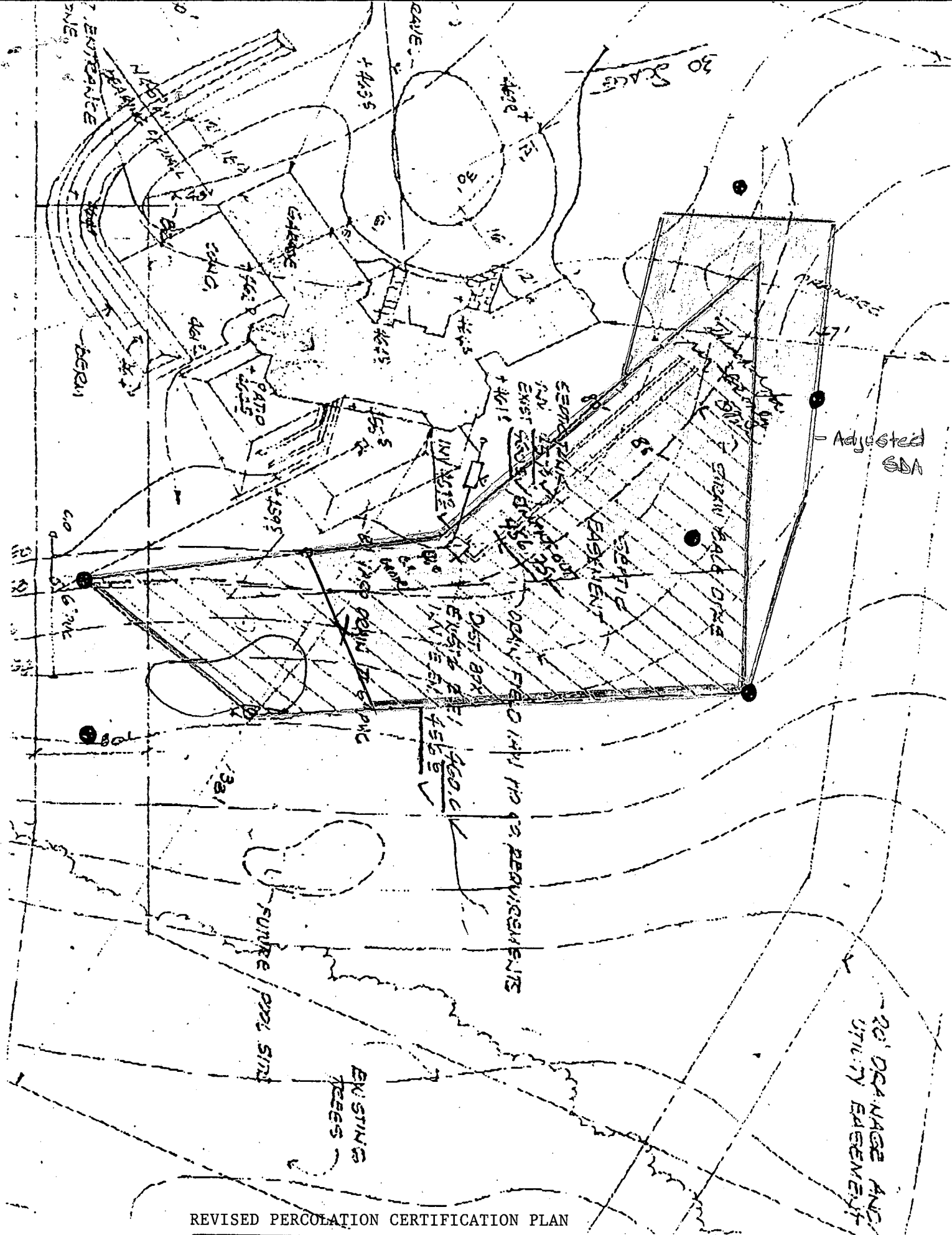
REMARKS _____

TYPE OF SOIL _____


TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3.0

INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 4.0 / SQ. FT./BEDROOM 180



REVISED PERCOLATION CERTIFICATION PLAN

 This area designates a private sewage easement of 10,000 square feet 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. 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 shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of The Environment

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Joseph B. [Signature]
County Health Officer

3-15-88
DATE

Stephen Bupp

11019 Gaither Farm Road - Ellicott City, MD 21042

3-11-98

Amy,

I MOVED THE POOL TO THE BRL SO MORE
OF IT IS OUT OF RESERVE FIELD.

- * OPTION 1 EXTENDED FIELD USING NEW
PERIL HOLE AND CONTAINS FROM EXISTING FIELD
- * OPTION 2 WIDENED FIELD, BUT NOT AS LONG
- * 1/30 SCALE & 1/100 SCALE ENCLOSED
- * ORIGINAL SKETCH SUBMITTED SHOWING POOL LOCATION
SO YOU CAN SEE WE MOVED MORE OF IT OUT OF FIELD

I GUESS I NEED TO KNOW WHAT I SHOULD DO NEXT.

1. HAVE SYLVAN POOL SUBMIT FOR A PERMIT
BASED ON REVISED LOCATION?
2. WAIT TILL HEALTH DEPT. SAYS OK THEN SUBMIT?

I APPRECIATE YOUR HELP. PLEASE LET ME KNOW.

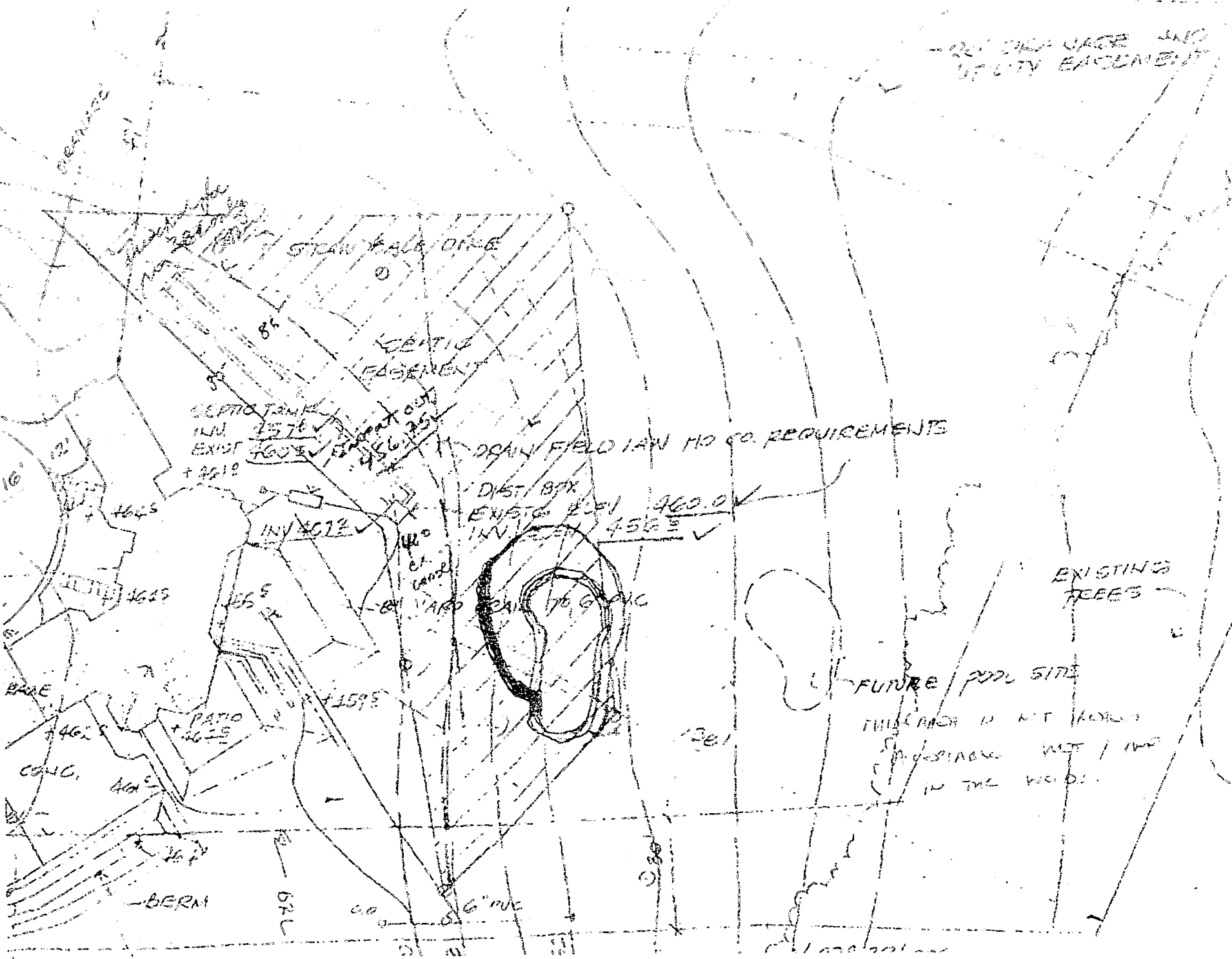
OFFICE 301-441-1394 EXT. 20

HOME 301-596-4419

FEB 11 1998 4 50 PM PHO ANH MON 7231 VAN POOL

10.16107922618

20' SIDE YARD AND
UTILITY EASEMENT

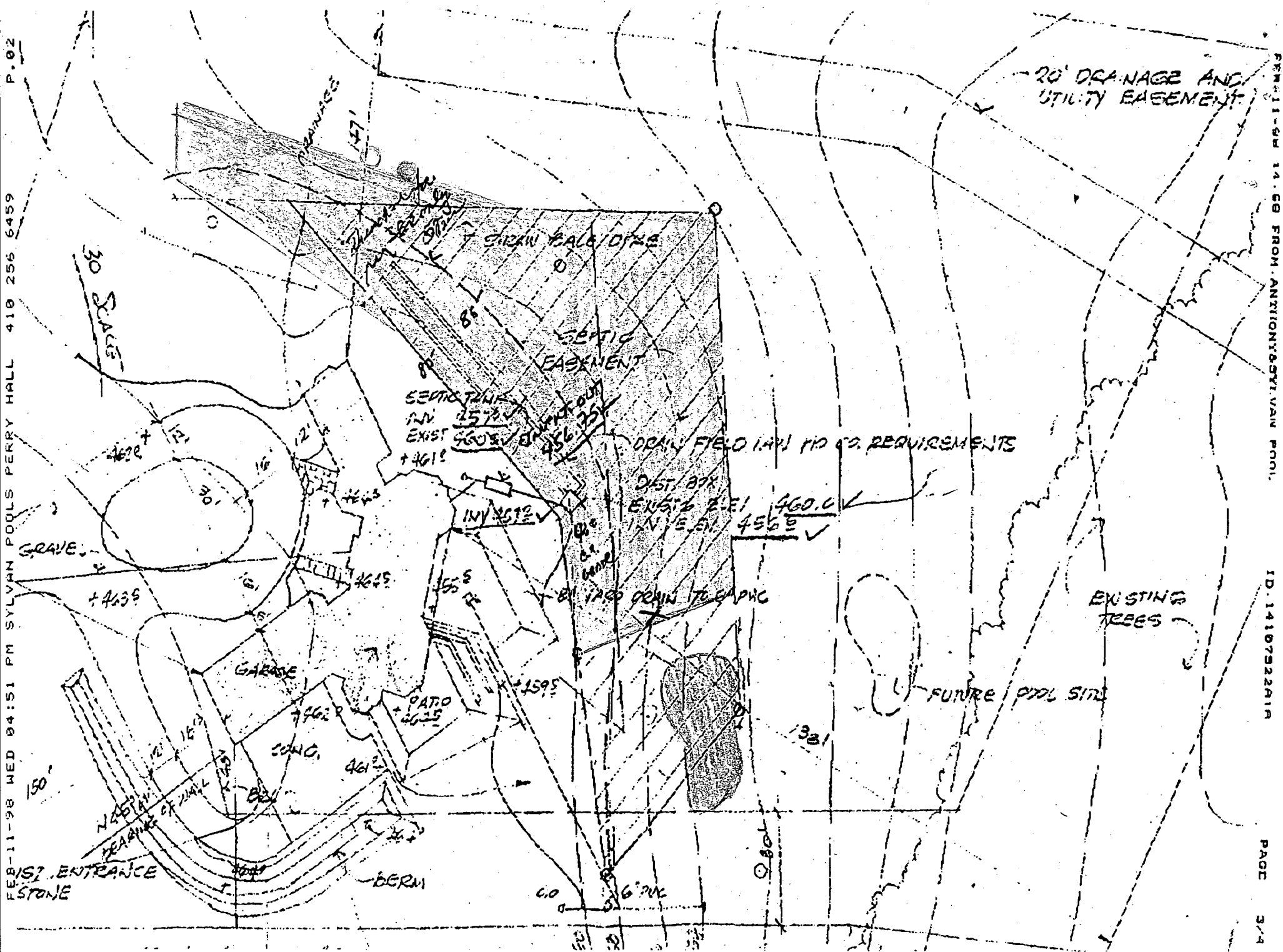


LOT 5 GAITHER FARM

ORIGINAL

POOL LOCAT ROW

AN 1st SUBMITTER



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35702

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3

DATE 4/20/85

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.

owner: Philip Horch
Purchaser: Patrick Mc Cuam
PROPERTY OWNER _____
ADDRESS 1070 Equitable Bank Center PHONE 730-9091
Columbia, MD 21044

PROPERTY LOCATION
SUBDIVISION Gaither Farm LOT NO. 5
ROAD AND DESCRIPTION Homewood Road and Route 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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. Christine Richards
(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

NOT-BUILDABLE UNTIL APPROVED BY HOWARD COUNTY HEALTH OFFICER.

EN 72° 15' 00" W 62.00'
EN 55° 57' 02" W 172.03'

20' DRAINAGE AND UTILITY EASEMENT

LOT 5
3.2503 AC.

EN 13° 15' 43" E 157.64'
EN 105° 48' 44" W 169.54'

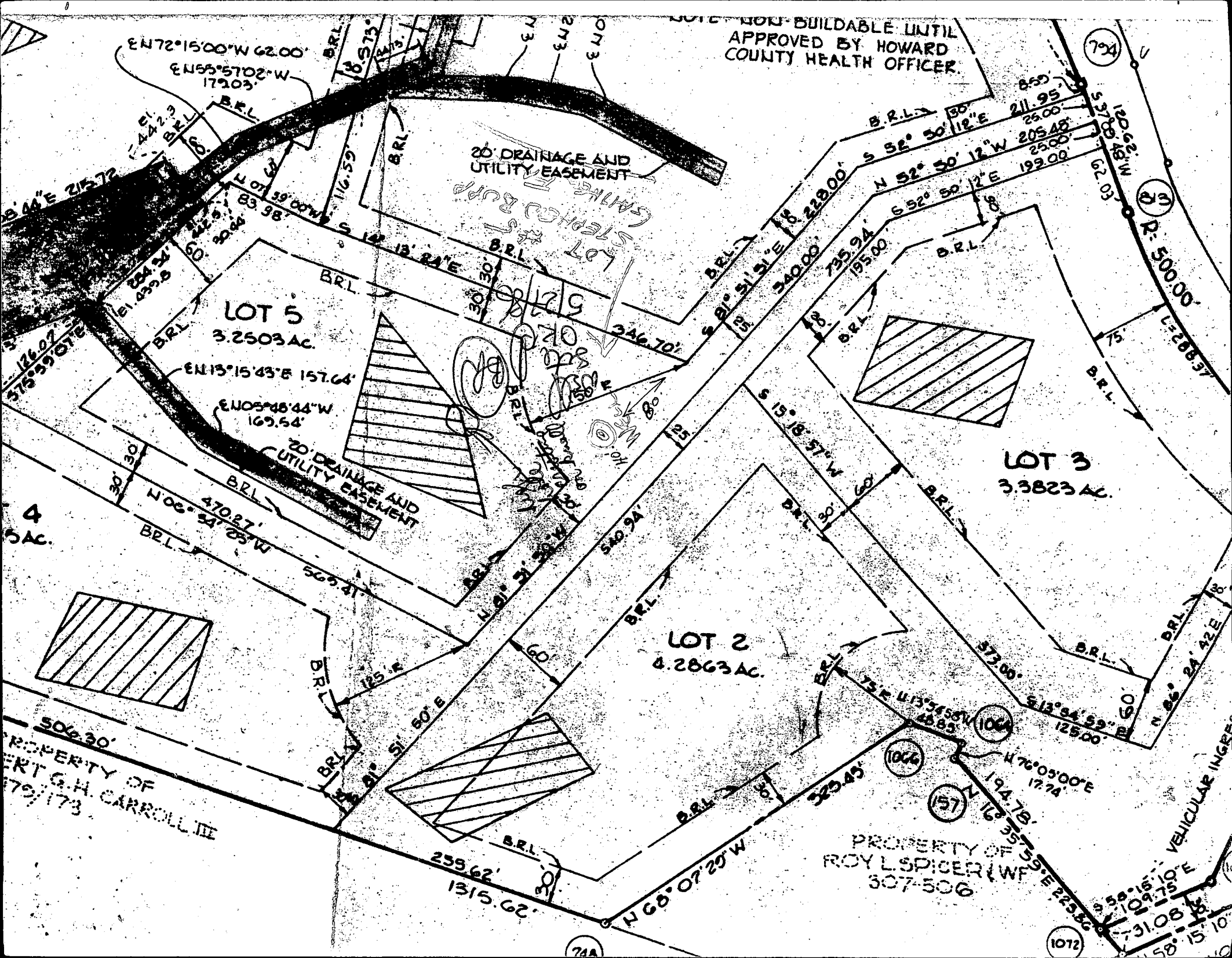
20' DRAINAGE AND UTILITY EASEMENT

LOT 3
3.3823 AC.

LOT 2
4.2863 AC.

PROPERTY OF ROY L SPICER & WIFE
307-506

PROPERTY OF FERT G.H. CARROLL III
79/173



July 29 1:30

APPLICATION

PERCOLATION TESTING

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

A _____
P _____
DISTRICT 3
DATE 16 JULY 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 MR AND MRS STEPHEN BUYP
ADDRESS 5444 NEW GRANGE GARTH PHONE 596-4419
PROSPECTIVE BUYER NA
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION GATHER FARM ESTATES LOT NO. 5
ROAD AND DESCRIPTION NEAR RT 108 AND HOMEWOOD RD
11019 GATHER Fm. Rd.

TAX MAP _____ PARCEL # _____
SIZE OF LOT 3 AC TYPE BLDG. RESIDENCE (SINGLE FAMILY DWELLING OR COMMERCIAL)
BLDG. PERMIT SIGNED AND RETURNED 12/23/8
S. Abert
CP# 9499

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.

CRAIG STEWART (ARCHITECT FOR)
(SIGNATURE OF APPLICANT) OWNER
CRAIG STEWART 596-5003

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC. SATISFACTORY HOLD FOR CERTIFIED HOLES; SHALLOW
SYST. ONLY S. ABERT

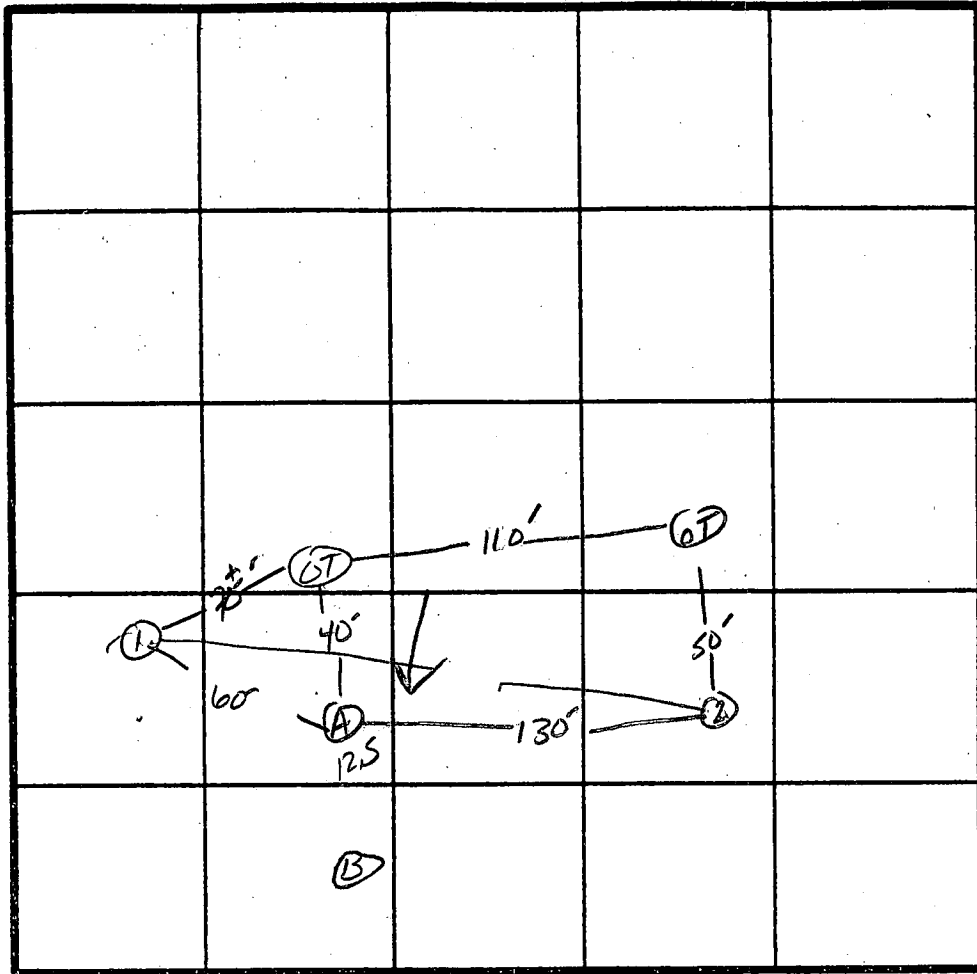
THIS IS NOT A PERMIT

①
SOIL PROFILE

0"
10"
4'
13-14"

AD
Yellow Blk
Sand Lom
9-12% CLAY
2-10% FRAGS

Yellow Blk
Sand Lom
1-10%
FRAGMENT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/84	1S 1V	4" 14"	1:28	1:29	1:29	1:30	1 min
	2S	4" 14"	1:31	1:32	1:32	1:33	1 min
	A	WATER AT 12.5" AFTER 30 MIN OPEN					
	B	WATER AT 7"					

EH-12-1079

REMARKS _____

TYPE OF SOIL _____

TESTED BY S. ALP ALSO PRESENT EYACK

B 1 **1081** SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

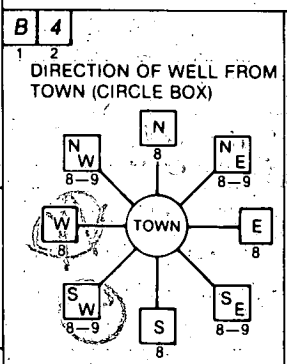
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


OEP PERMIT NUMBER
40-81-1497
 70 71 72 73 74 75 76 77 78 79
 fill in this form completely

Date Received
 8 **11/23/86**
 OWNER INFORMATION
 15 Last Name **BURR** 34 Owner First Name **STEPHEN**
 36 Street or RFD **11672 CONSIDER RD** 55
 57 Town **ELLSBERRY** 70 State **72** Zip **21036**

B 3 LOCATION OF WELL
 1 2 **HARRIS** 21
 8 COUNTY
 23 SUBDIVISION **CATONIA FARM** 42
 SECTION **44** 46 LOT **4** 50
 52 NEAREST TOWN **ELLSBERRY CITY** 71
 MILES FROM TOWN (enter 0 if in town) **4** 73 **M** 76 **1** 78

DRILLER INFORMATION
 Driller's Name **Joseph L. Murphy** 77 License No. **80**
 Firm Name **Joseph L. Murphy Well Drilling**
 Address **4512 River Hill Rd, Ellicott City, MD**
 Signature **Joseph L. Murphy** Date **11/27/86**



11 **Catonsville Farm Rd** 30 NEAR WHAT ROAD
 CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **500** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

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

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
 COUNTY NAME **HARRIS** COUNTY NO. **A-35702**
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **11/27/86** 41
 43 **052786** 48 CO-SIGNATURE **B. Baker** EXP. DATE **11/27/86**
 NORTH GRID **519000** 50 55 EAST GRID **0818000** 57 63

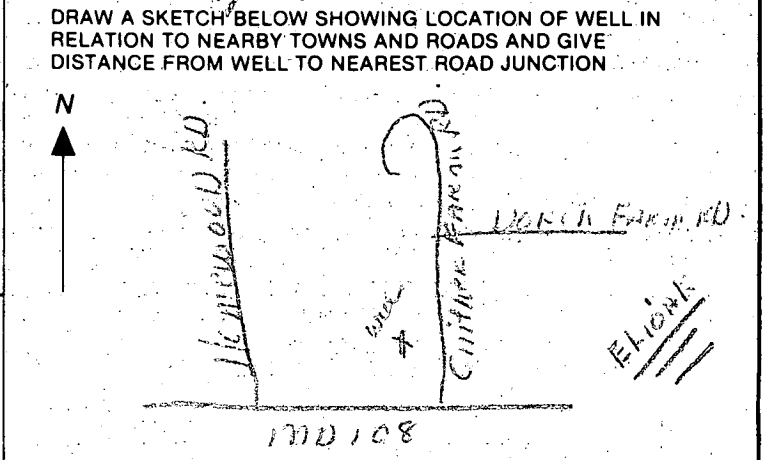
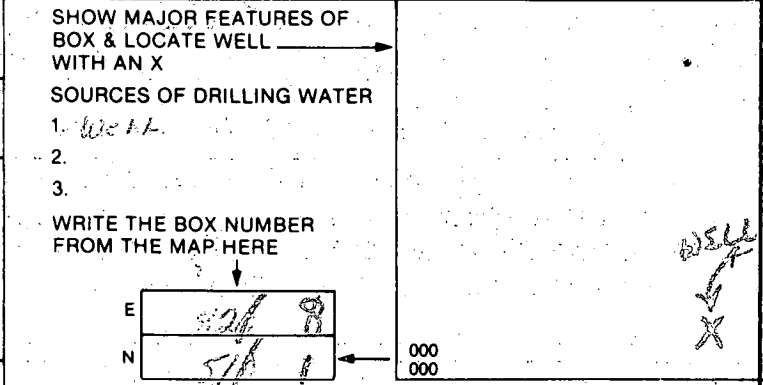
APPROXIMATE DEPTH OF WELL **300** 24 28 FEET

APPROXIMATE DIAMETER OF WELL _____ 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 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
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM 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 WRITE INITIALS IN BOX PERMIT No. **40-81-1497** 70 71 72 73 74 75 76 77 78 79



6/10/86

41 ft casing

33' open hole

bags cement

H₂O sample taken 12:00 p
(H9740)

grout
machine
not functioning
left prior
to grout complete

NOTE: well on one side
of knoll; high hole
of perc field = on top
to over on other side

Keep trench 150 from well
to high hole. all others
no problem

Slope is away from
well

C1. 00546 SEQUENCE NO. (OEP USE ONLY)
(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 A-3570Z

DATE Received
8 13

DATE WELL COMPLETED
15 20 061086

Depth of Well
125 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-81-1499

OWNER: BUYP (last name), STEPHEN (first name)
STREET OR RFD: GAINERS FARM RD TOWN: ELLICOTT CITY
SUBDIVISION: GAINERS FARM SECTION: LOT: 5

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	
SAND	0	35	
GRAY Granite	35	165	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 940
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 33 ft.

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

MAIN Casing TYPE: ST
Nominal diameter (nearest inch): 6
Total depth (nearest foot): 165

OTHER CASING (if used)
EACH CASING 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

DEPTH (nearest ft.)
FACTORY SCREEN DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
H 0 40 165

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

CIRCLE APPROPRIATE LETTER WHEN THIS WELL WAS COMPLETED
A A WELL WAS ABANDONED AND SEALED
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 (MUST MATCH SIGNATURE ON APPLICATION)

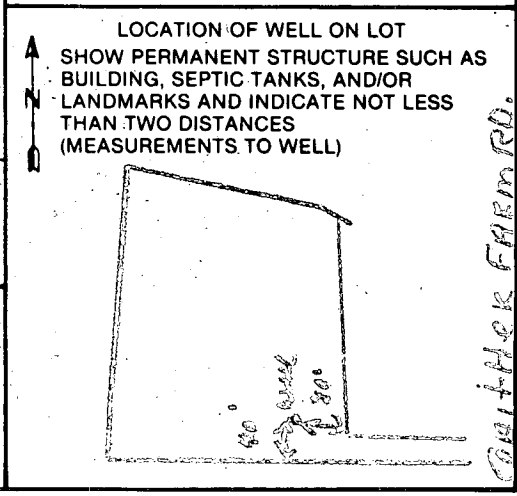
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE: bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 24
WHEN PUMPING 24
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
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 (to nearest gallon):
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 10 (nearest foot)



23' ±
Toe

GAITHER FARM
ROAD

MACADAM DRIVE
228.00'

540.00'

30' B.R.L.

WELL

STONE DRIVE

NEW LOCATION
OF SEPTIC AREA

20' DRAINAGE
& UTILITY
EASEMENT

HOUSE

SEPTIC
TANK

SEPTIC
AREA
210' ±
102' ±

88' ±

SEPTIC AREA
TO BE MOVED

30' B.R.L.

470' ±

POOL

30' B.R.L.

83.38

140' ±

50' B.R.L.

PROPOSED 48"
FENCE PER CODE

NOTE
3 HOURS OF GRADING ARE INCLUDED
ANY ADDITIONAL HOURS ARE CHARGED

SCALE: 1" = 100'
LOT 5
3.2503 AC.

NOTE: SEPTIC AREA ON
PLOT PLAN IS NOT TO SCALE.
LOCATION HAS BEEN APPROVED
BY HEALTH DEPT.
PLEASE NOTE PLOT PLAN GIVEN
BY COUNTY.

11019
SITE

FARM RD

8" ±

