

8/1/86
10:30 AM, please

04-243735

APPROVED
1 JULY 86
RH

PERMIT

P 37304
A 34405

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X 992-2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 4th
DATE 4/27/86

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Frederick Road, Mt. Airy, MD 21771 PHONE 831-7257

SUBDIVISION Holly House Hills Estate ROAD 14260 Burntwoods Road LOT 2

PROPERTY OWNER Thomas Ferguson

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 158 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 - Place the distribution box or start the trench 320 feet from the front (200 ft.) lot line and 20 feet from the right (654.20') lot line as seen when facing the lot from Burntwoods Road. Run trench(s) on contour toward the left lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 4/22/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

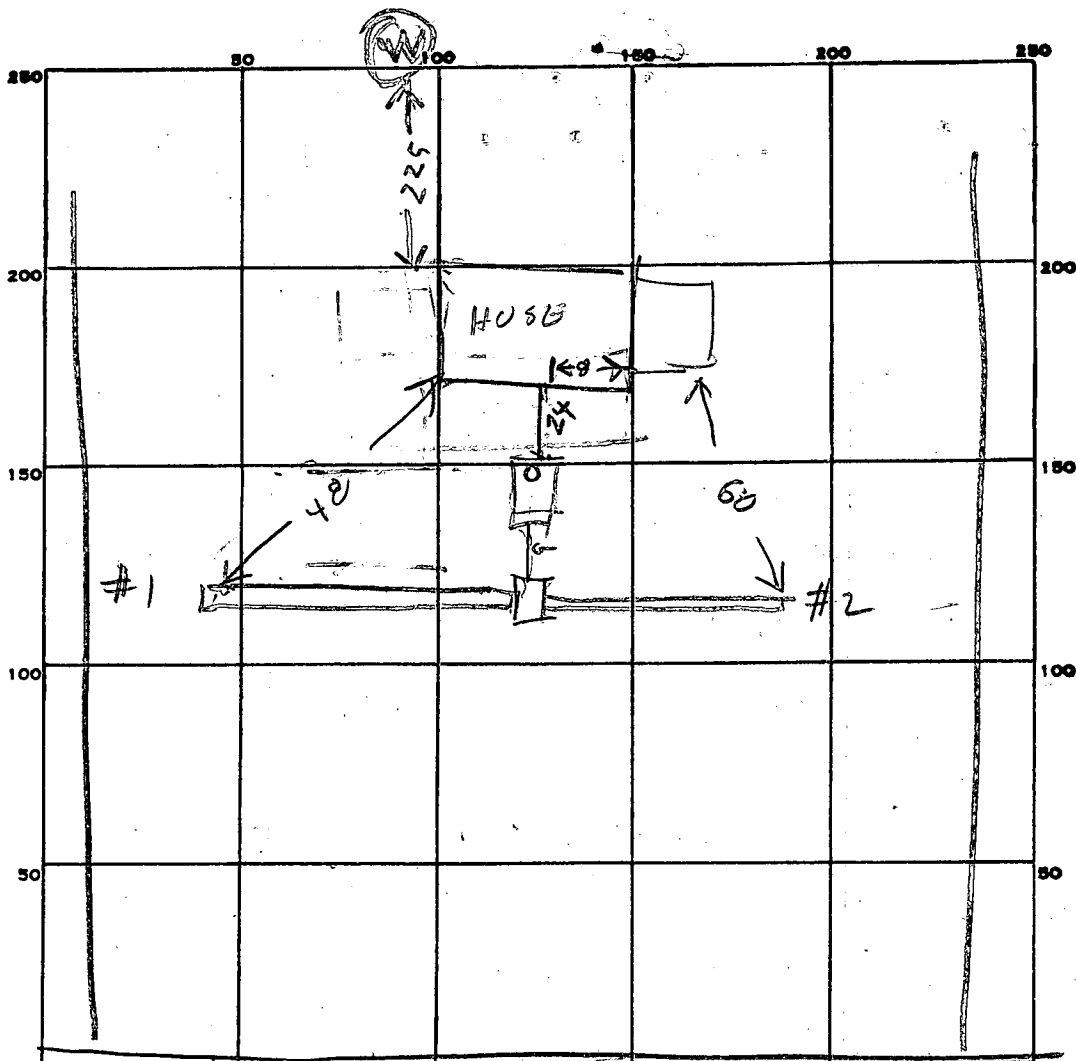
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

34405



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS ST
OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH

#1	#2
9	8

 TRENCH WIDTH

#1	#2
2	2

 FT.

GRAVEL DEPTH

#1	#2
6	5

 IN. TOTAL LENGTH

#1	#2
89	57

 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA

#1	#2	TOT
534	285	819

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS LOCATION OK PER PLANS. 7/1/86 11AM LENGTHEN BOTH

TRENCHES ADD STONE & FINISH JOB R.H.

7/1/86 1PM - TRENCH LENGTHENED & STONE ADDED R.H.

DATE SYSTEM APPROVED 7/1/86

INSPECTOR Raymond Hodge

SEPTIC SYSTEM

5 BEDROOM ✓

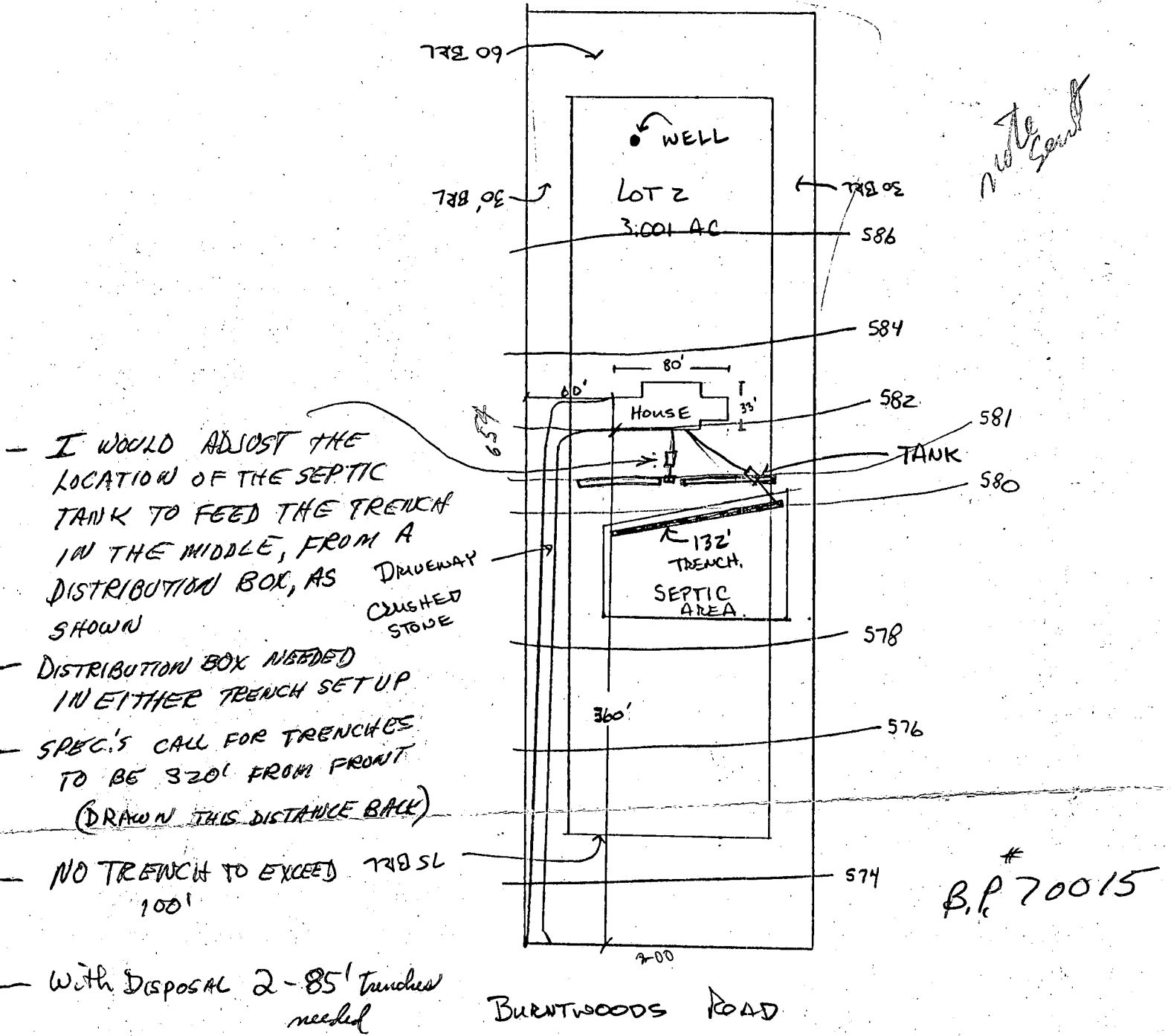
~~1250 GAL TANK~~ X 1500 GAL

2250 gal. if garbage disposal installed

ELEVATIONS

INVERT HOUSE	579 ✓	50' - 10" fall to manhole
" IN TANK	577.5	
" OUT TANK	577.25 ✓	
TRENCH INVERT	577 ✓	
GROUND TANK	581 ✓	
GROUND TRENCH	580 ✓	

TRENCH 2' X 9' X 132' - NEED TWO TRENCHES, 66' EACH



- I would adjust the location of the septic tank to feed the trench in the middle, from a distribution box, as shown
- DISTRIBUTION BOX NEEDED IN EITHER TRENCH SETUP
- SPEC'S CALL FOR TRENCHES TO BE 320' FROM FRONT (DRAWN THIS DISTANCE BACK)
- NO TRENCH TO EXCEED 100'
- With Disposal 2 - 85' trenches needed

CONSOLIDATED HOMES
8950 RT108 COL MD
995-0065
LOT 2
HOLLY HILLS ESTATES
4TH ELECT. DIST.
TAX MAP # 21

well ok/SA.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 114 ELLICOTT CITY MARYLAND 21041
TELEPHONE 792-1710

A 34405
DISTRICT 4th
DATE 9/26/64

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 Wayne Newsome

ADDRESS P.O. Box 39, Columbia, Maryland 21045 PHONE 792-2100

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Burntwoods Road

SIZE OF LOT 3 ac TYPE BLDG. single family dwelling
(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.

Sylvia Beard, Agent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

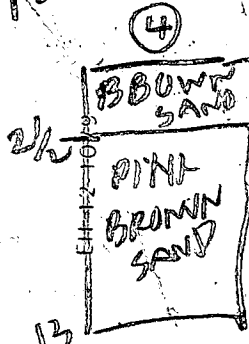
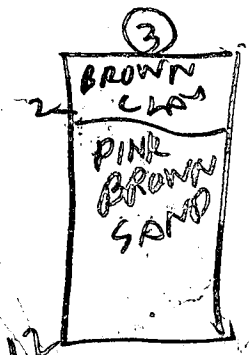
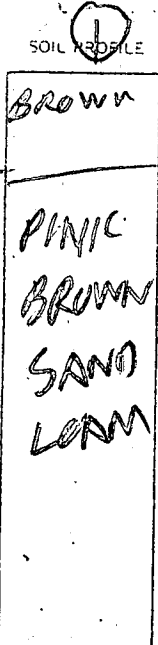
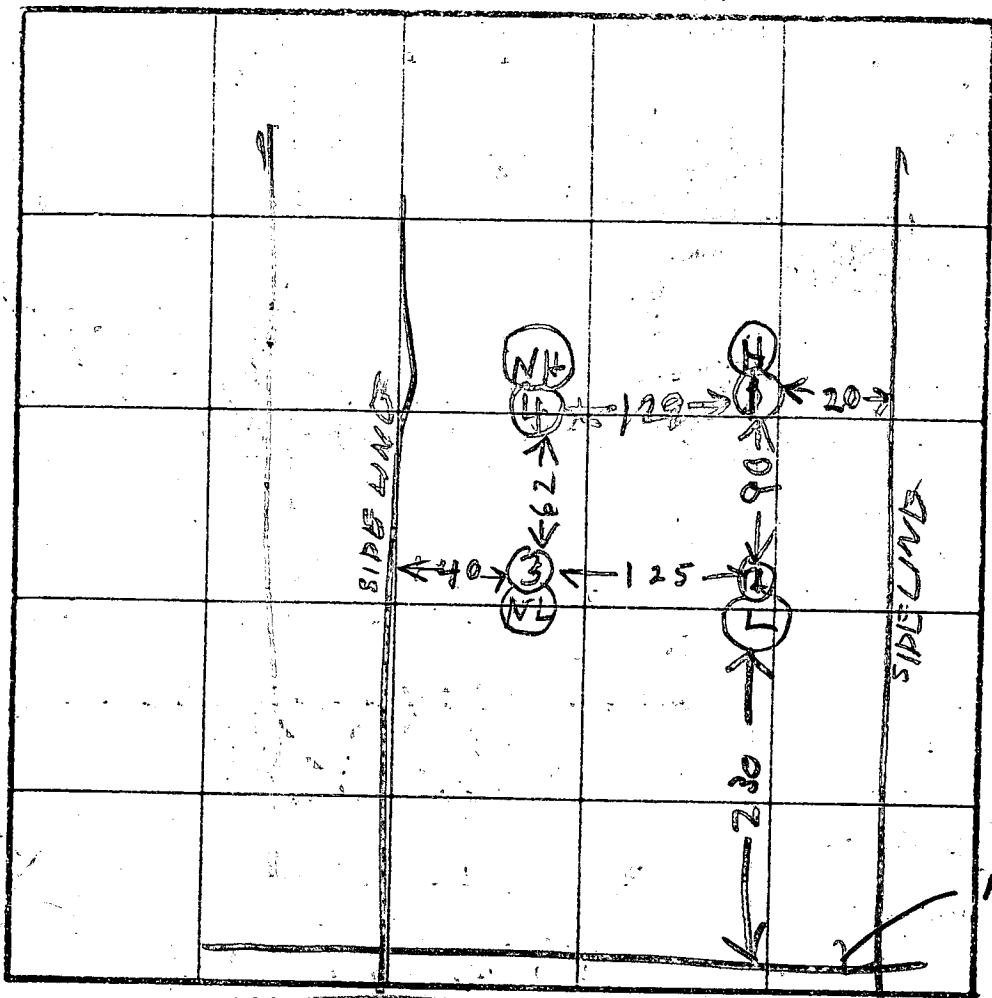
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

76



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

BURNT WOODS RD

EDGED

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/2/04	1S	3 1/2	959	1001	1001	1003	2
	1V	12 1/2	LOOKS OK				
10/16/04	2S	3 1/2	1008	1009	1009	1010	1
	2V	12 1/2	LOOKS OK				
	3S	3 1/2	1014	1015	1015	1016	1
	3V	12 1/2	LOOKS OK				
	4V	13	LOOKS OK				

TRENCH INLET 3 FT

BOTTOM MAX. DEPTH 9'

X PERC TIME 2 MIN

158 #/BR

REMARKS

TYPE OF SOIL

TESTED BY **R HODGES**

ALSO PRESENT **J FYOCK**

C1 00438 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 A34405

DATE RECEIVED: [] [] [] [] [] [] DATE WELL COMPLETED: 041086
 DEPTH OF WELL: 22 260 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-81-1380

OWNER: FERGUSON THOMAS
 last name first name
 STREET OR RFD: BARNWOOD RD TOWN: GLENELG
 SUBDIVISION: HOLLY HILLS SECTION: LOT: 2

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	
Top Soil	0	2	
Sandy	2	80	✓
Sand Stone	80	85	
MICKA	85	150	
Sand Stone	150	155	✓
MICKA	155	260	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS: 18 NO. OF POUNDS: 1800
 GALLONS OF WATER: 108
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 ft.

CASING RECORD
 casing types insert appropriate code below
 MAIN CASING TYPE: PL 6 98
 Nominal diameter (nearest inch): 6 Total depth of main casing (nearest foot): 98

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS PLASTIC OPEN HOLE OTHER

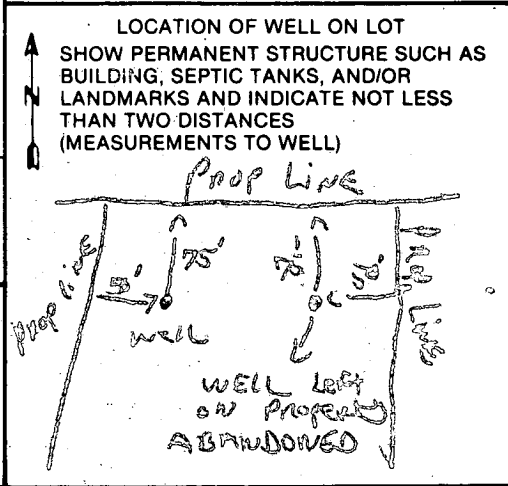
DEPTH (nearest ft.)
 H0 96 260
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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 (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 50 WHEN PUMPING: 110
 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 (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 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

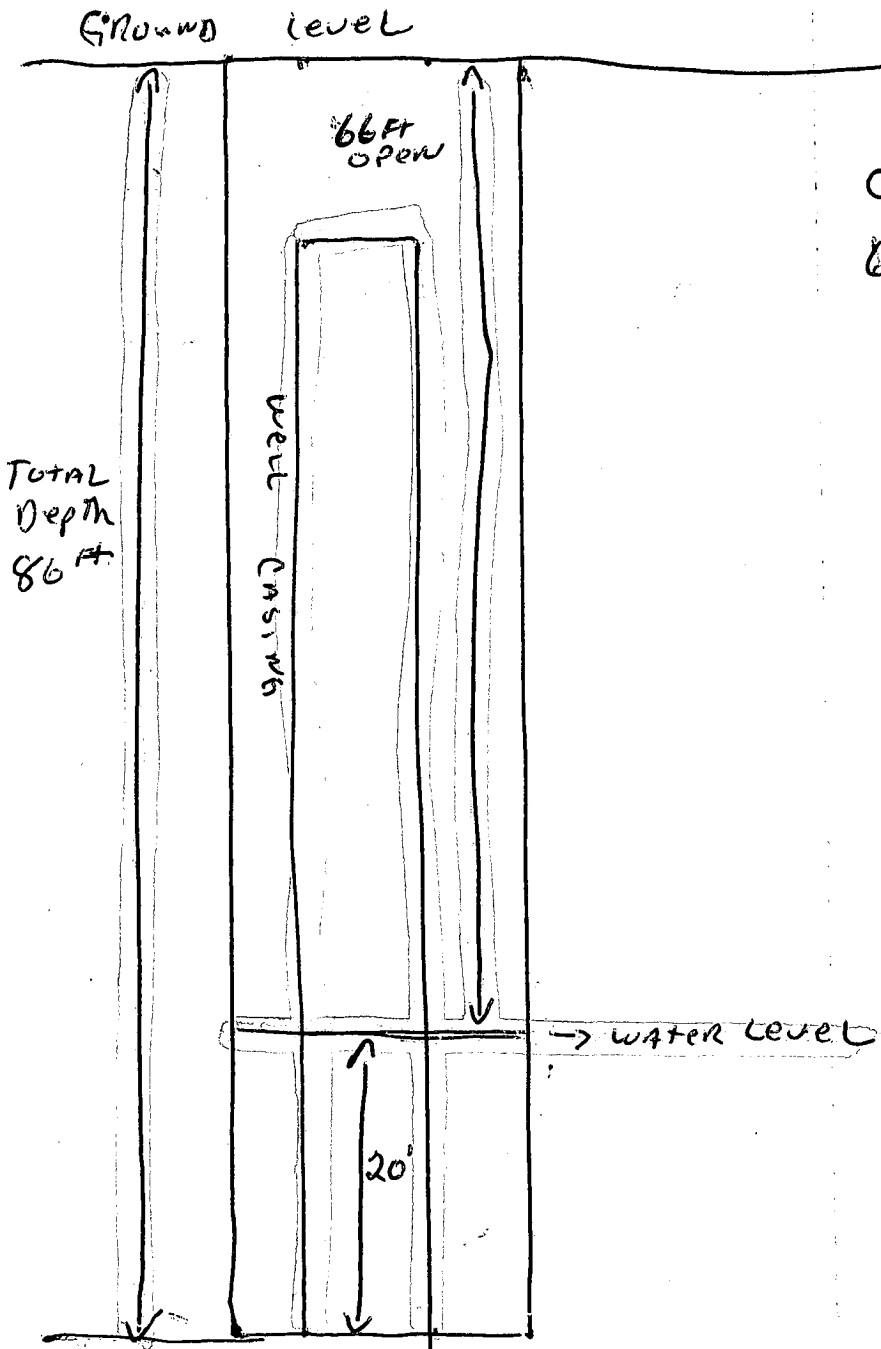
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273
 DRILLERS SIGNATURE: Ralph Mayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

WELL ABANDONED Report,

Lot 2 Sub-Itoley Hills Est,

Owner - Thomas Ferguson
3512 Reynard Dr.
Ellicott City MD 21043



0 to 66 ft Cement,
66 to 86 GRAVEL

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

(Name)

(Address)

(OEP Well Permit Number)

(Date)

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
APR 22 4 42 PM '85
BUREAU OF ENVIRONMENTAL
HEALTH

B 1 1710 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

MD-81-1580

fill in this form completely

Date Received

OWNER INFORMATION

BERGUSON THOMAS

7510 RAYWARD RD

FALLICO CITY MD 21043

B 3 LOCATION OF WELL

HOLLARY COUNTY

HOLLY HILLS EST

SECTION 44 LOT 2

GLENELE NEAREST TOWN

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

DRILLER INFORMATION

Robert Mayne 77 License No. 80

Robert Mayne (well Drilling)

9170 Raven Church Rd. Mt. Airy

Robert Mayne 3/6/86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Rupert Woods Rd

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST

DISTANCE FROM ROAD 400 FT

ENTER FT or MI

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 A 34405

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 032086

CO SIGNATURE EXP. DATE 9/20/86

NORTH GRID 529000 EAST GRID 8198000

APPROXIMATE DEPTH OF WELL 140 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

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

N 790

E 520

000 4/10/86

Sketch: Location of well in relation to nearby towns and roads. Includes labels for 'Rupert Woods Rd', 'Stings LA', and 'Glenview'. Handwritten notes: 'Location of well', '198' casing', '2' above ground', '55' x open', '18' bags', '000 4/10/86', 'Kobis/Filled old well with 10 bag cement well', '4/10/86'.

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

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)

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

APPROP. PERMIT NUMBER GAP

FORCE 25 WRITE INITIALS IN BOX PERMIT No. MD-81-1580

SPECIAL CONDITIONS

C1 **9489** 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 A34405

DATE Received
DATE WELL COMPLETED 021185
Depth of Well 175 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-0843

OWNER Dalton last name Arthur first name Jo.
STREET OR RFD Burntwoods Rd. **TOWN** Glenely
SUBDIVISION Holly Hill Estates **SECTION** - **LOT** 2

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	
Overburden	0	12	
BRN SHALE	12	30	
Mud + Clay	30	175	DRY

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) N/A **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** **BENTONITE CLAY** **BC**
NO. OF BAGS _____ **NO. OF POUNDS** _____
GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot)
 from ft. to ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
N/A **ST** **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	8 9	11 15 17 21
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>

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

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**

C3
PUMPING TEST N/A
HOURS PUMPED (nearest hour)
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE _____
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
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 N/A
 DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,R,S,T) 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 - below
LAND SURFACE (nearest foot)

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. 120
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Teroy Brown
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

BACKFILLED

B 1 **6476** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

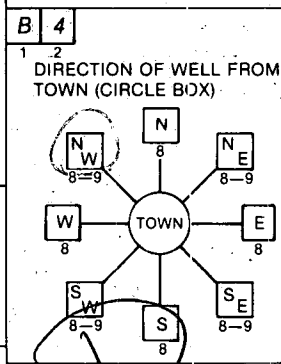
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0915
 fill in this form completely

Date Received **9/17/85**
 OWNER INFORMATION
DAITON Jr Arthur **Rath**
 Last Name Owner First Name
4245 **Ericht** **Bau** **Wau**
 Street or RFD
ELLENDALE **CITY** **MD** **21043**
 Town State Zip

B 3 LOCATION OF WELL
Howard COUNTY
Holly Hills Estates SUBDIVISION
 SECTION **2** LOT **2**
Glencely NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2.5** MI

DRILLER INFORMATION
Wm W. Reichart Driller's Name License No. **064**
Wm W. Reichart Inc Firm Name
RD #2 Box 54 Hanover PA 17331 Address
Wm W. Reichart Signature Date **2/1/85**



Burnt Woods Rd NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
575 DISTANCE FROM ROAD
 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 COUNTY NO. **A34405**
 OEP SIGNATURE **Frank Shinn** STATE HEALTH INSERT S
 DATE ISSUED **030785** EXP. DATE **9/7/85**
 NORTH GRID **527000** EAST GRID **0798000**

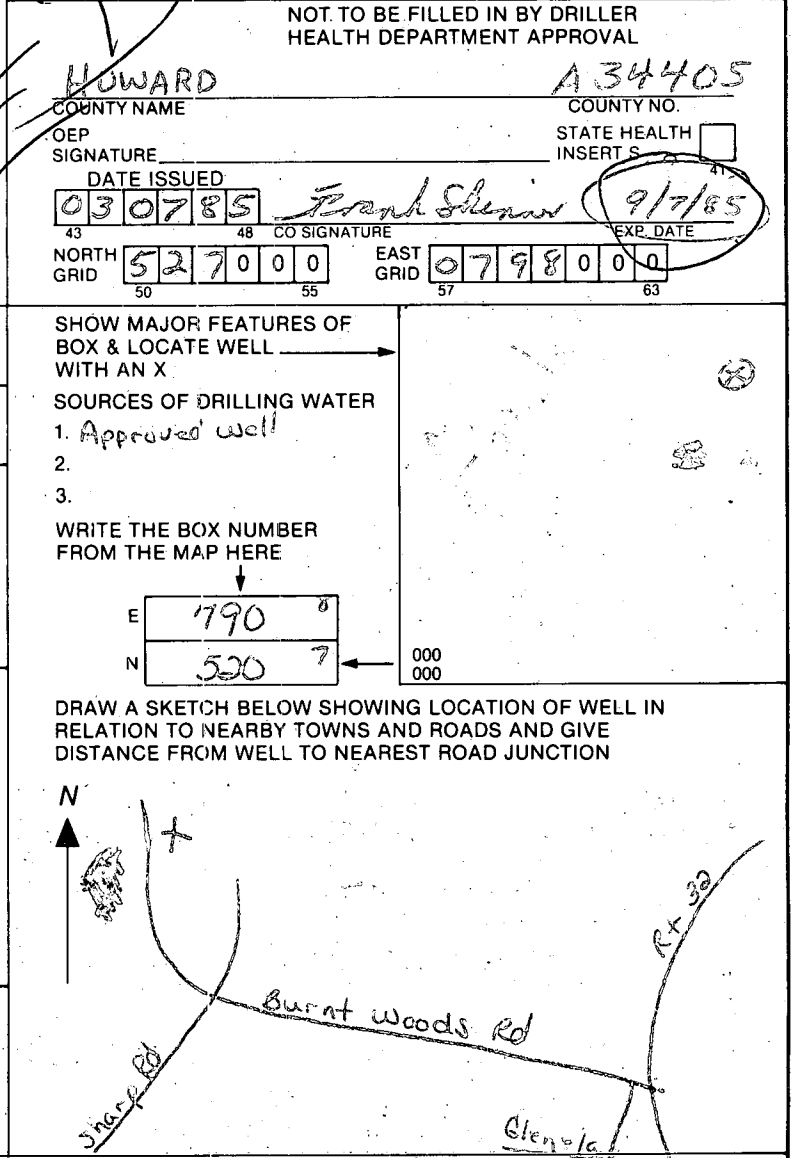
APPROXIMATE DEPTH OF WELL **250** FEET

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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0915**




SPECIAL CONDITIONS

VICINITY MAP

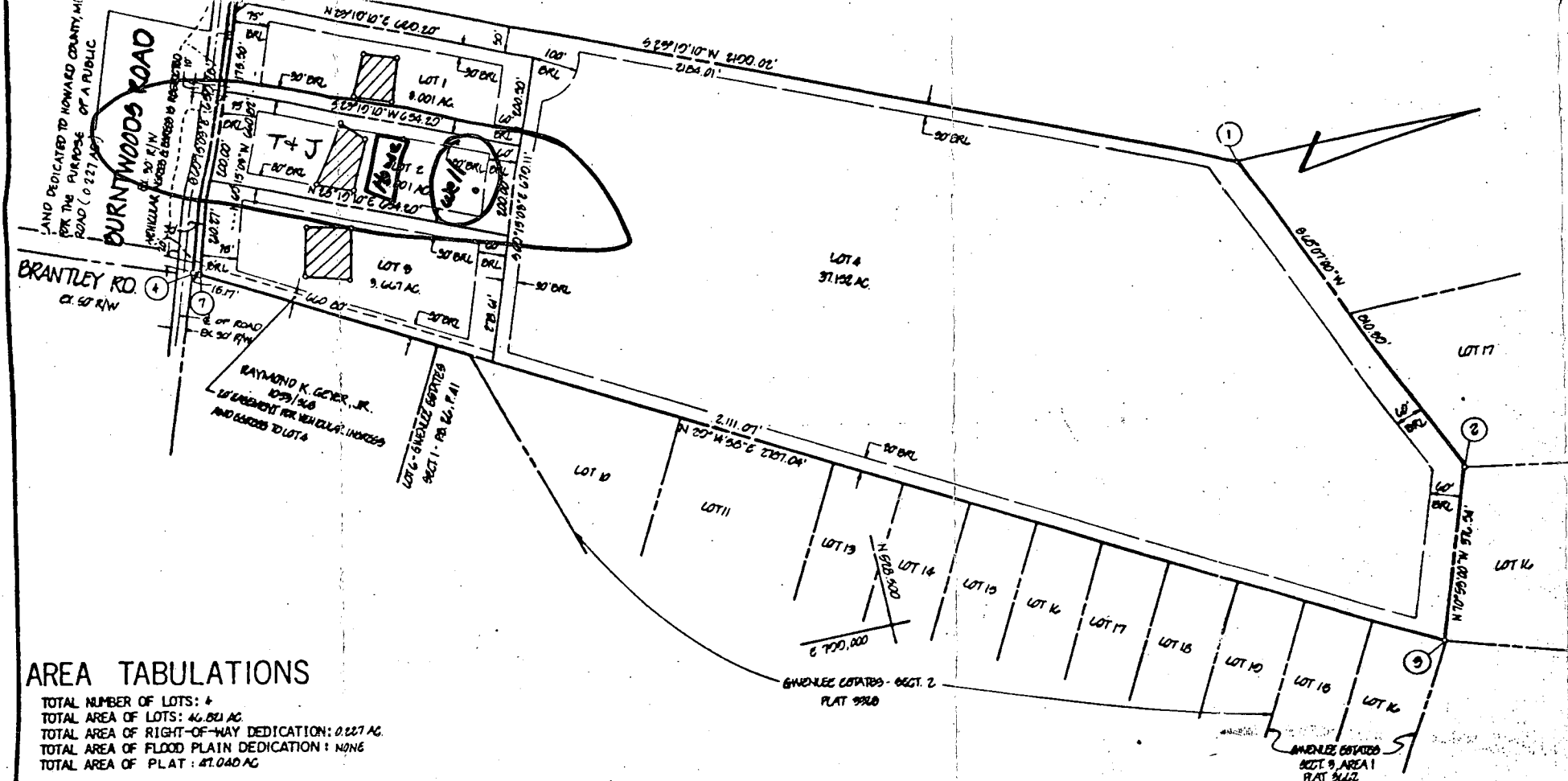
SCALE: 1"=1200'

GENERAL NOTES

1. TAX MAP: 14, PARCEL NO. 02
2. DEED REFERENCE: 64425
3. COORDINATES SHOWN HEREON ARE BASED ON HOWARD COUNTY CONTROL STATION 9024003-R AND 3024006-R
4. SUBJECT PROPERTY ZONED R, PER 10-3-77 COMPREHENSIVE ZONING PLAN.
5. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
6.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE. IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCE FOR ENDOACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
7. ALL PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND ARE SHOWN THUS (O).
8. EXISTING STRUCTURE ON LOT 4.
9. PLAN SUBJECT TO UP 05-190.

OWNER / DEVELOPER

ROBERT WAYNE NEWSOME
 22 BOX 99
 COLUMBIA, MD 21045



AREA TABULATIONS

TOTAL NUMBER OF LOTS: 4
 TOTAL AREA OF LOTS: 46.821 AC
 TOTAL AREA OF RIGHT-OF-WAY DEDICATION: 0.227 AC
 TOTAL AREA OF FLOOD PLAIN DEDICATION: NONE
 TOTAL AREA OF PLAT: 47.048 AC

OWNERS STATEMENT

I, ROBERT WAYNE NEWSOME, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND 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 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 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 22TH DAY OF NOVEMBER, 1984
 [Signature]
 WITNESS

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

Joseph B. ... 3-14-85
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.

Thomas L. ... 3-21-85
 PLANNING DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

Steve ... 3-11-85
 4727 DIRECTOR DATE

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY SALLIE LEE DUBBER TO ROBERT WAYNE NEWSOME BY DEED DATED NOVEMBER 20, 1984 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1503 AT FOLIO 626 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

William G. Hartel 11-2-84
 WILLIAM G. HARTEL, P.L.S. NO. 9436 I.M.T.E.

RECORDED AS PLAT 6196 ON 9-22-85 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

HOLLY HILLS ESTATES
 LOTS 1, 2, 3, AND 4

TAX MAP: 14
 4TH ELECTION DISTRICT
 SCALE: 1"=200'
 V.P. 05-190
 ZONING: R
 HOWARD COUNTY, MARYLAND
 DATE: SEPTEMBER, 1984

boender associates engineers/surveyors/planners
 3515 ELLICOTT HILLS DRIVE
 ELLICOTT CITY, MARYLAND 21043
 BALTIMORE 301-463-7777

F-85-81

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.

It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Thomas Ferguson

(Name)

3512 Reynard Dr,
Ellicott City MD. 21043

(Address)

Lot 2 Holly Hills Est

(OEP Well Permit Number)

3/6/85

(Date)

PH- 202-447-9557 work

531-3139 - HOME