

7/22/87
ASAP

02-312190

PERMIT

P 39741

A 34645

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 2nd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 7/28/87

INDEXED

DATE SYSTEM APPROVED 7/22/87

INSPECTOR S. Abel

{ I.C.O.P.
Time expired }

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 8404 Old Frederick Rd LOT _____

PROPERTY OWNER Doug Duvall
8404 Old Frederick Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 3 1/2 feet below original grade. Effective area begins at 2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place distribution box at highest perc hole which is 220 feet from the front lot line and 40 feet from the left lot line as seen when facing the property from Old Frederick Road. Run trenches along contour toward right side of property coming no closer than 100 feet to the well. NOTE: Owner may wish to consider narrow trenching or alternate system to preserve natural fauna.

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

PLANS APPROVED BY C. Williams DATE 3/12/87

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.

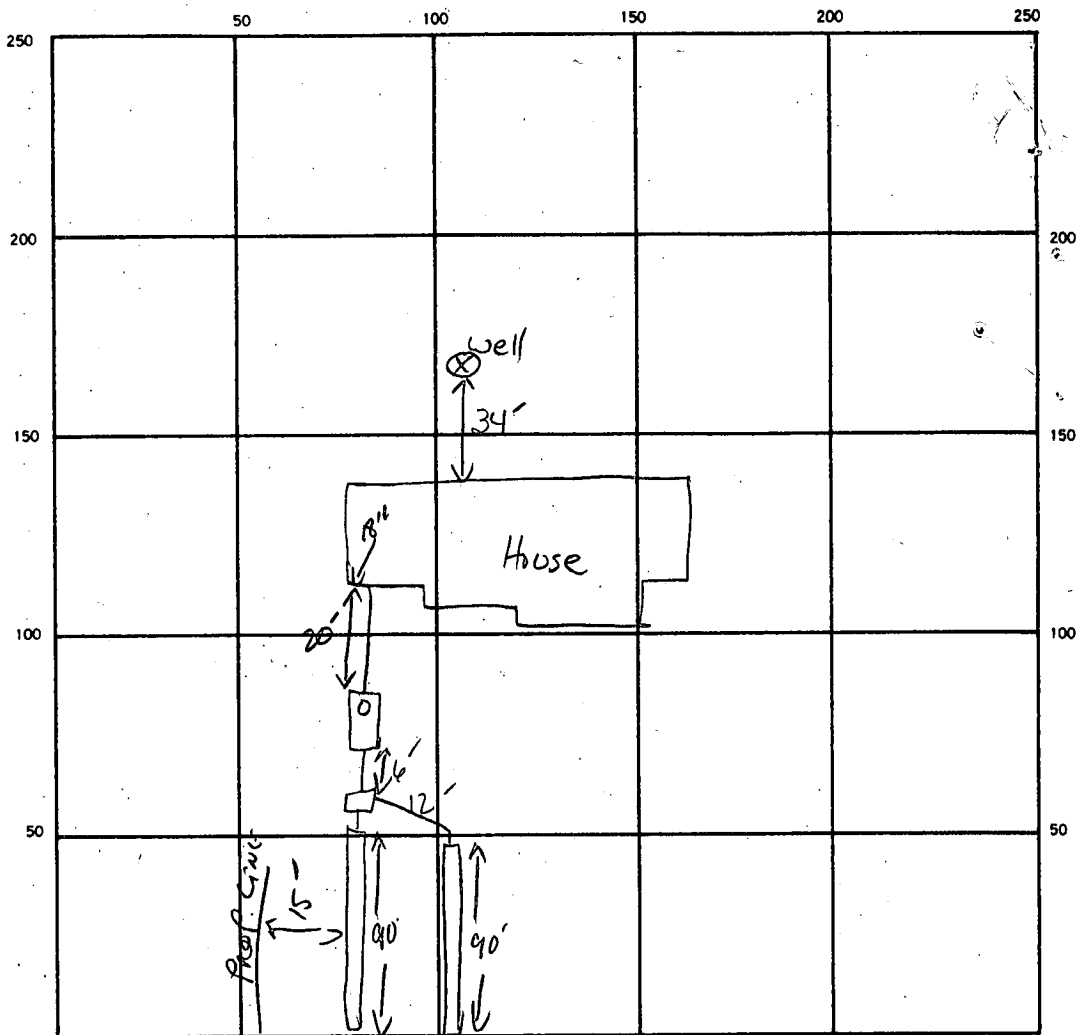
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37645



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1000 GAL ✓ CLEANOUTS ST

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD TILE FIELD. DEPTH 3.5' FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 18" ~~FT.~~ TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 8-

DATE SYSTEM APPROVED 7-22-87 INSPECTOR S. Abel

APPLICATION

2/19/85
2/20/85
11 A.M.

A 34645
P _____

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 12/7/84

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 J. Edward Hamel (Douglas T. DuVall)

ADDRESS 10311 Nightmist Ct. Columbia, Md. 21044 PHONE 992-0286 (Duvall)

PROPERTY LOCATION: 8400 Old Frederick Rd. Ellicott City, Md.

SUBDIVISION 8404 LOT NO. _____ BLDG. PERMIT SIGNED AND RETURNED 3-23-87

ROAD AND DESCRIPTION _____ S. Abel
BP # 10634

SIZE OF LOT 3 acres TYPE BLDG. 3 bedroom home
(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. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD, PENDING FURTHER TESTS C. Williams DATE 3/6/85

REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS REQUIRED BEING

LOT CAN BE EVALUATED PROPERLY - NO GUARANTEE OF APPROVAL. CW

JOHN BANKARD OF BOENDEL DRAWING UP. 5/17/85

12/24/86 ADDITIONAL TEST ALGA ESTABLISHED, PLAT TO BE SUBMITTED CW

THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
		2 50	2	2	2	50	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34645

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 12/7/84

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ADDRESS 10311 Nightmist Ct. Columbia, Md 21044 PHONE 992-0286

PROPERTY LOCATION: 8400 Old Frederick Rd. Ellicott City, Md.

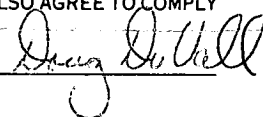
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT 2 acres TYPE BLDG. 3 bedroom home
(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)



APPROVED BY _____ FOR _____ DATE _____

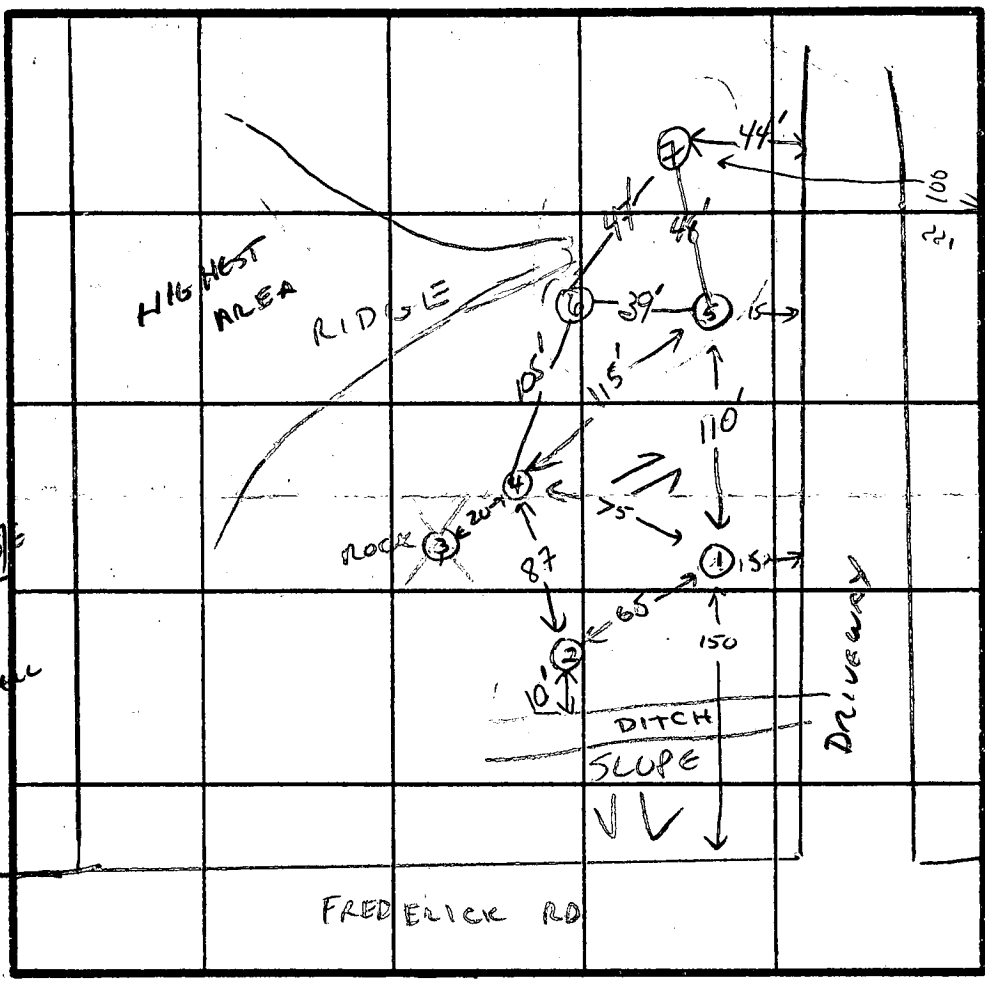
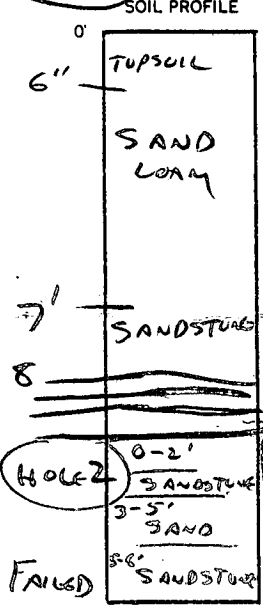
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

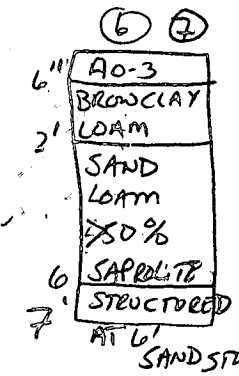
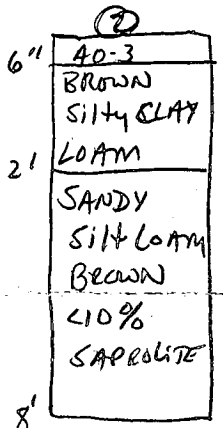
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

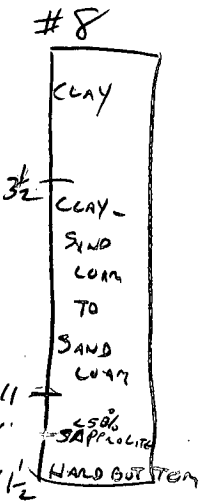
HOLE 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/19/85	1	2	2:49	2:51	2:51	2:53	2 MIN	
		6	2:48	2:50	2:50	2:52		
	2	2	2:41	2:43	2:43	2:45	2 MIN	
		6	2:42	2:44	2:44	2:46		
	3	50% SANDSTONE AT 2'; MORE SANDSTONE AT 5'						
	4	2	2:55	2:57	2:57	2:59	2 MIN	
		6	2:55	2:57	2:57	2:59		
		8	SANDSTONE AT 7'					
	5							
	6	7'	SAPROLITE - SANDSTONE AT 7'					
	7	7'	SAME AS #6					
	8	3 1/2	3-4' CLAY SANDY TO 11', HARD BOTTOM					1 1/2
		8						



REMARKS _____

TYPE OF SOIL SAND CHANGING TO SANDSTONE

TESTED BY C. Williams ALSO PRESENT BALPH

EH-12-1079

APPLICATION

Permit
7/6/83
1:30 p.m.

SEWAGE DISPOSAL TESTING

A. 32892

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P. _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 6/27/83

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 Edna B. Martin

ADDRESS 8406 Old Frederick Rd. PHONE 465-7024-H

Ellicott City, Md. 21043 992-0500 ext-120W

PROPERTY LOCATION: _____

SUBDIVISION North of and next to above residence LOT NO. _____

ROAD AND DESCRIPTION Old Frederick Rd, Ellicott City, Md. 21043

SIZE OF LOT 3 acres TYPE BLDG. NA
(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. Edna B. Martin
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

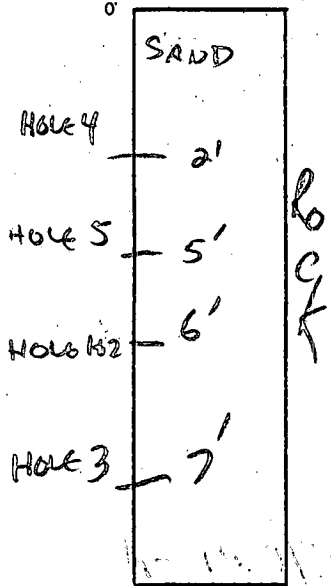
REJECTED BY C. Williams FOR ANY DATE 7-6-83

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Rock 2-7' ALL LOCATIONS

THIS IS NOT A PERMIT

SOIL PROFILE



TEST HOLES NOT LOCATED
NO PLAT AVAILABLE

TEST AREA APPROXIMATELY
300-350' FROM FRASDENCK RD
AND
80-150' TO LEFT OF
EXISTING DRIVEWAY.

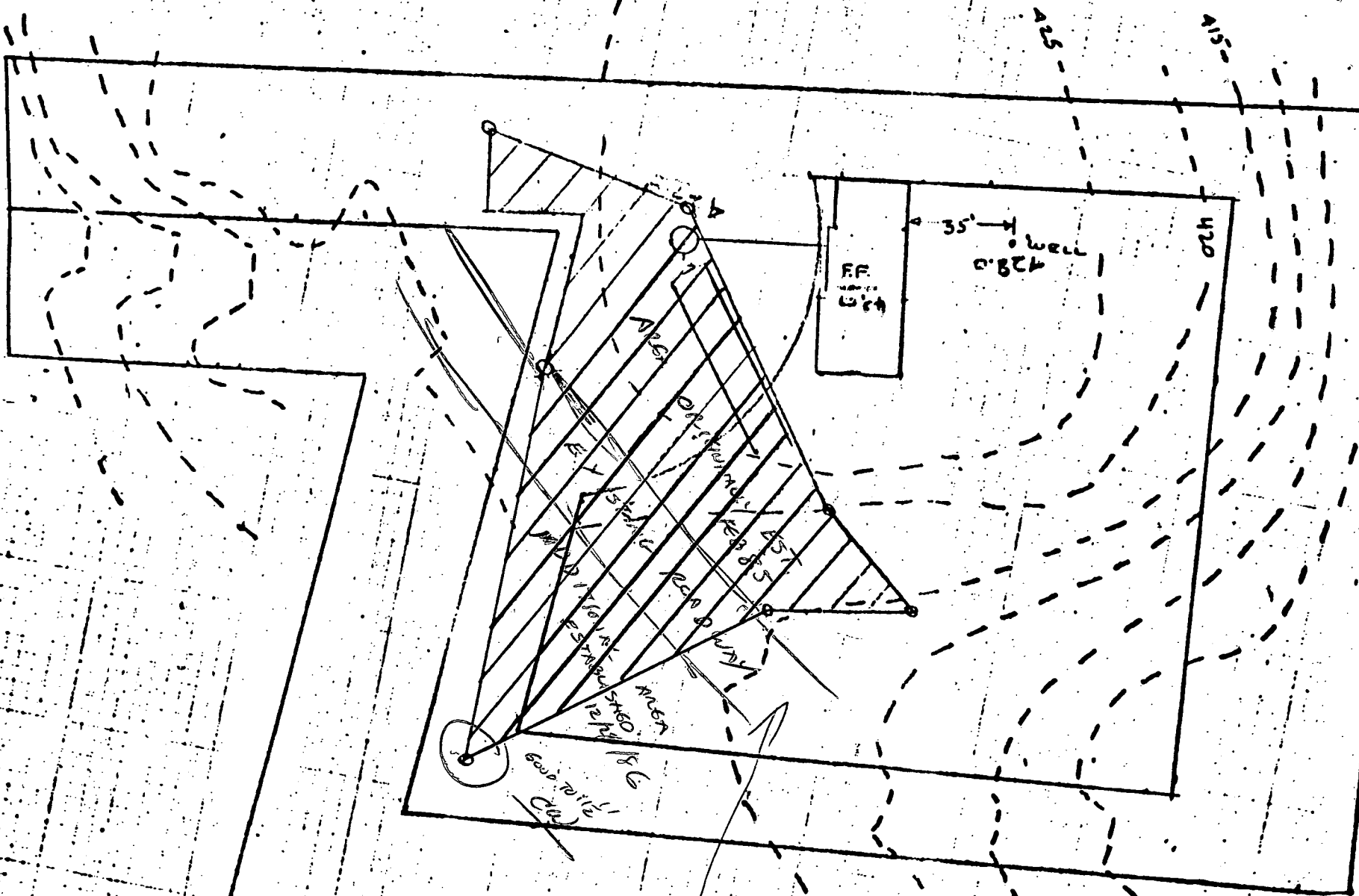
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	6	SAND	ROCK AT 6			
	2	6	SAND	ROCK AT 6			
	3	7	SAND	ROCK 7			
	4	2	SAND	ROCK AT 2			
	5	5	SAND	ROCK AT 5			

REMARKS NOT ENOUGH SOIL DEPTH

TYPE OF SOIL SAND / SOLID BEDROCK

TESTED BY C. Williams ALSO PRESENT SKIPP EDNA MARTIN



no objection to
 driveway in this
 area

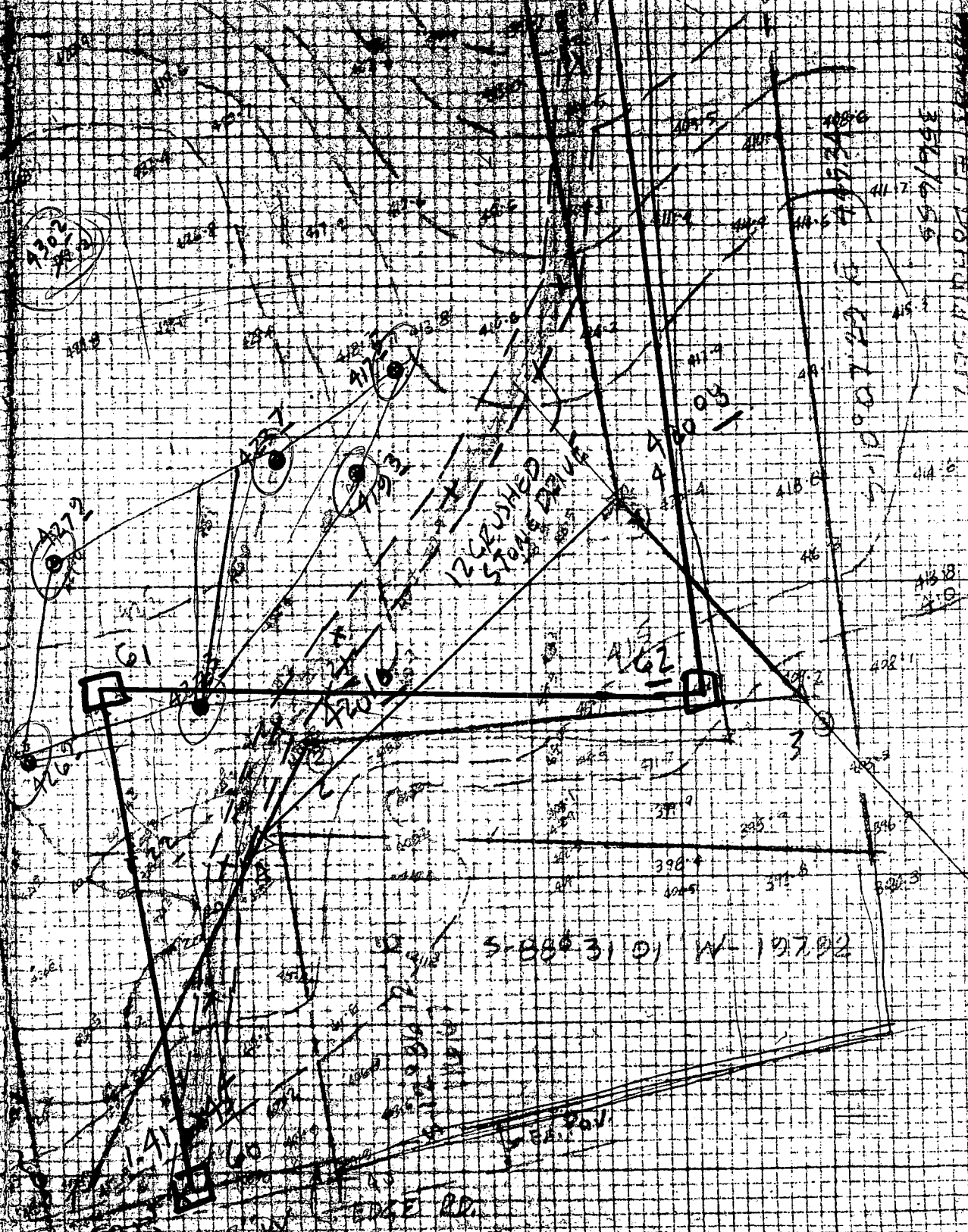
1" = 50'

BRICK RD

49753

FB-59
PERC (14/35)
& DRIVE
LOCATION

422
10.35



S-88°31'0" W-197.92

EDGE RD

352/655

557/799

414.0

418.8

422.1

425.3

428.5

431.7

434.9

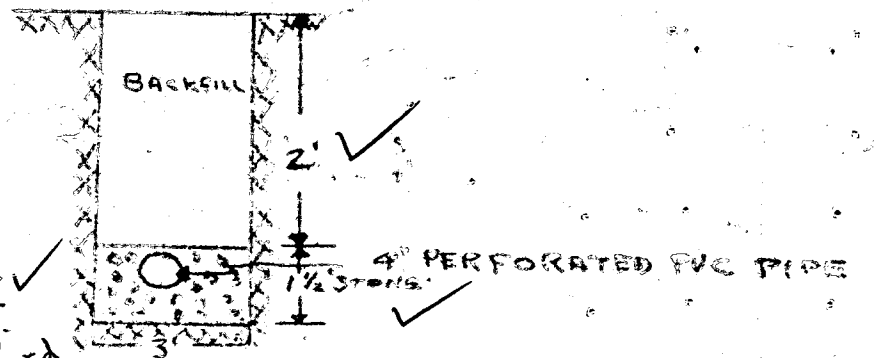
438.1

441.3

444.5

447.7

WELL 430 ✓
 SEPTIC SYSTEM
 HOUSE INVERT 426.7 ✓
 TANK INVERT 425.0 ✓
 TANK OUTLET 425.3 ✓
 EXISTING GRADE BY TANK 421.2 ✓



SEPTIC AREA IS
 12000 GALLONS TO
 COMPENSATE FOR
 EXISTING BRUSHY

*OK for P.W.
 to cross field*

TRENCH DETAIL
 TRENCH TO BE 180" PER BEDROOM

2 TRENCHES 1 APART 90' LONG RUN LEVEL
 SEPTIC TANK 1500 GALLONS

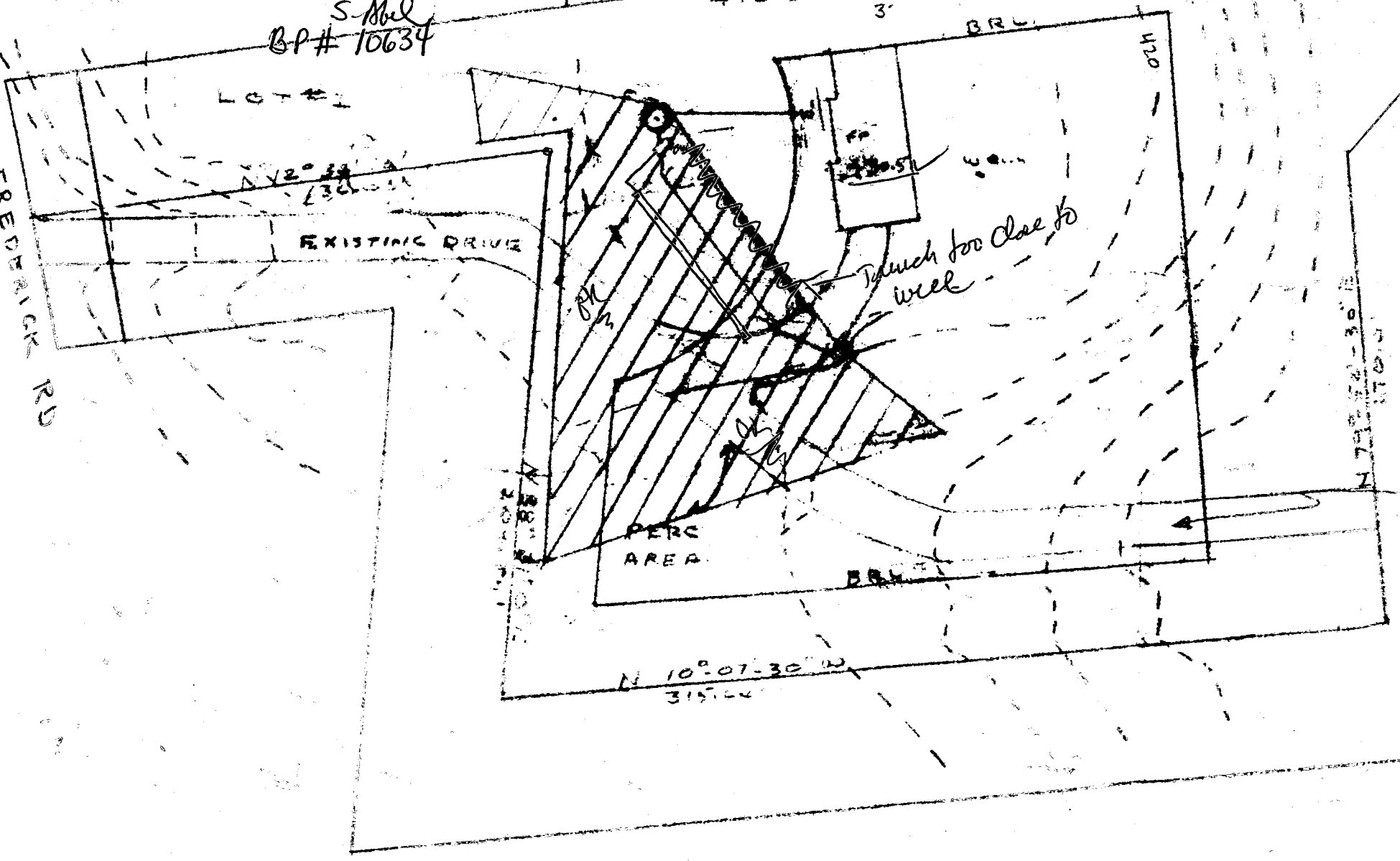
3-23-87
 elevations ok w/ change in
 trench location to avoid well
 (must maintain 100')

*Trenches sufficient for
 3 Bld only. Sabel*

BLDG. PERMIT SIGNED
 AND RETURNED 3-23-87 *Sabel*

S. Sabel
 BP # 10634

OLD FREDERICK RD



20' USE
 BRUSH
 BRUSH
 BRUSH
 BRUSH

8/20/87
anytime

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement Receipt # 39889
 Date 8-19-87

Name of Installer TIMOTHY J. ROUMAN Telephone 725-2392

License number 7079
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner DOUG DUVALL Telephone _____
 Subdivision HANIMFL Lot # 1 Well tag # _____
 Site Address 8404 OLD FREDERICK RD
ELLCOTT CITY, MD. 21043

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make <u>HARVARD</u>
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>JACUZZI</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>42 equiv.</u>	1. Type <u>CRESTON</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>4'</u>	4. Will water supply be disinfected by installer? <u>YES</u>

PISS AT 40" WELL LINE SAME - NO INSIDE WORK DONE SAID

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: [Signature]
Date: 8-19-87

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

C1 3872 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-34645

DATE Received [] DATE WELL COMPLETED 031087 Depth of Well 22 200 26 (TO NEAREST FOOT)
 FROM "PERMIT TO DRILL WELL" HC-81-1923

OWNER DUVALL DOUG
 STREET OR RFD OLD FREDERICK ROAD TOWN ELLICOTT CITY
 SUBDIVISION HAMEL PROPERTY SECTION MAP 18 R.1 P.3 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	
Topsoil	0	2	
Sandstone	2	45	✓
Gray mica	85	110	
Sandstone	110	115	
Gray mica Schist	115	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL:
 CEMENT BENTONITE CLAY

NO. OF BAGS 10 NO. OF POUNDS 350
 GALLONS OF WATER 35
 DEPTH OF GROUT SEAL (to nearest foot):
 from [] ft. to [] ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) []
 Total depth of main casing (nearest foot) []

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

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

DEPTH (nearest ft.)
 EACH SCREEN 1 2 3
 1 40 18 200
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []

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. 40
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR [Signature]

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

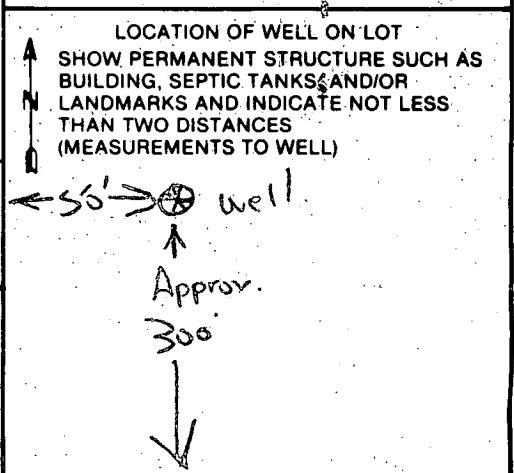
GRAVEL PACK from [] to []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] WQ [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 41 WHEN PUMPING 50
 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) + above } LAND SURFACE (nearest foot) []
 - below }



Old Fred Rd.

B 1 **6010** 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

HC-81-1923
fill in this form completely

Date Received

8 - - - 13

OWNER INFORMATION

15 Last Name **DUNN** Owner **DUNN** First Name **DAVID** 34
36 **1254 LINDEN AVE** Street or RFD 55
57 **ARBUS** Town 70 State **MD** 72 **21227** Zip 76

B 3

LOCATION OF WELL

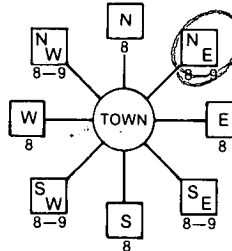
8 COUNTY **HOWARD** 21
23 SUBDIVISION **HOMEL PROPERTY** 42
SECTION **44** 46 LOT **2** 50
52 NEAREST TOWN **ELLIOTT CITY** 71
MILES FROM TOWN (enter 0 if in town) **5** 73 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION

Driller's Name **George F. Easterday** 77 License No. **40** 80
Firm Name **L. Franklin Easterday, Inc.**
Address **9265 Br. Ch. Rd., Mt. Airy, Md. 21771**
Signature **George F. Easterday** Date **1/9/87**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 **OLD FRED RD** 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) []
WEST (W) []
EAST (E) []
SOUTH (S) []
34 **450** 37
DISTANCE FROM ROAD
ENTER FT or MI **FT** 68 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 12 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **A 34645** COUNTY NO.
OEP SIGNATURE _____ STATE HEALTH INSERT S 41
DATE ISSUED **020587** **Car. Williams** 8/5/87
43 CO SIGNATURE 48 EXP. DATE
NORTH GRID **537000** 50 55 EAST GRID **0856000** 57 63

APPROXIMATE DEPTH OF WELL **500** 24 FEET 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

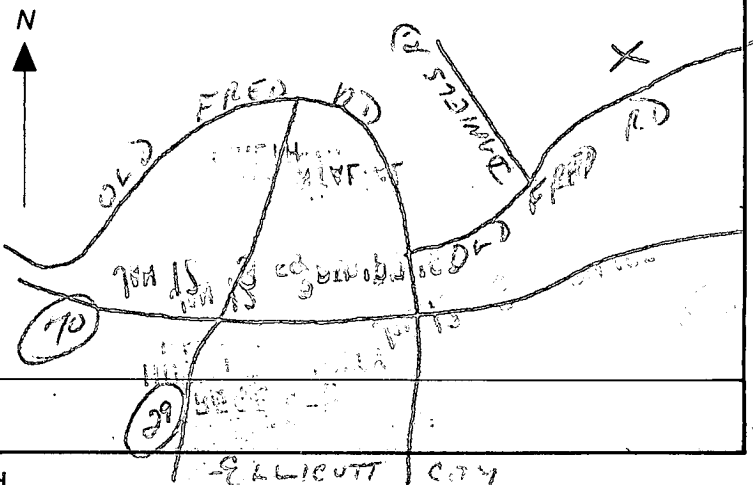
SOURCES OF DRILLING WATER

- 1. **WELL**
- 2. **2' - casing**
- 3. **2' - above**
- 18' - Open**
- 6' - large cement**
- 3/10/87**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8506**
N **537**

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



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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

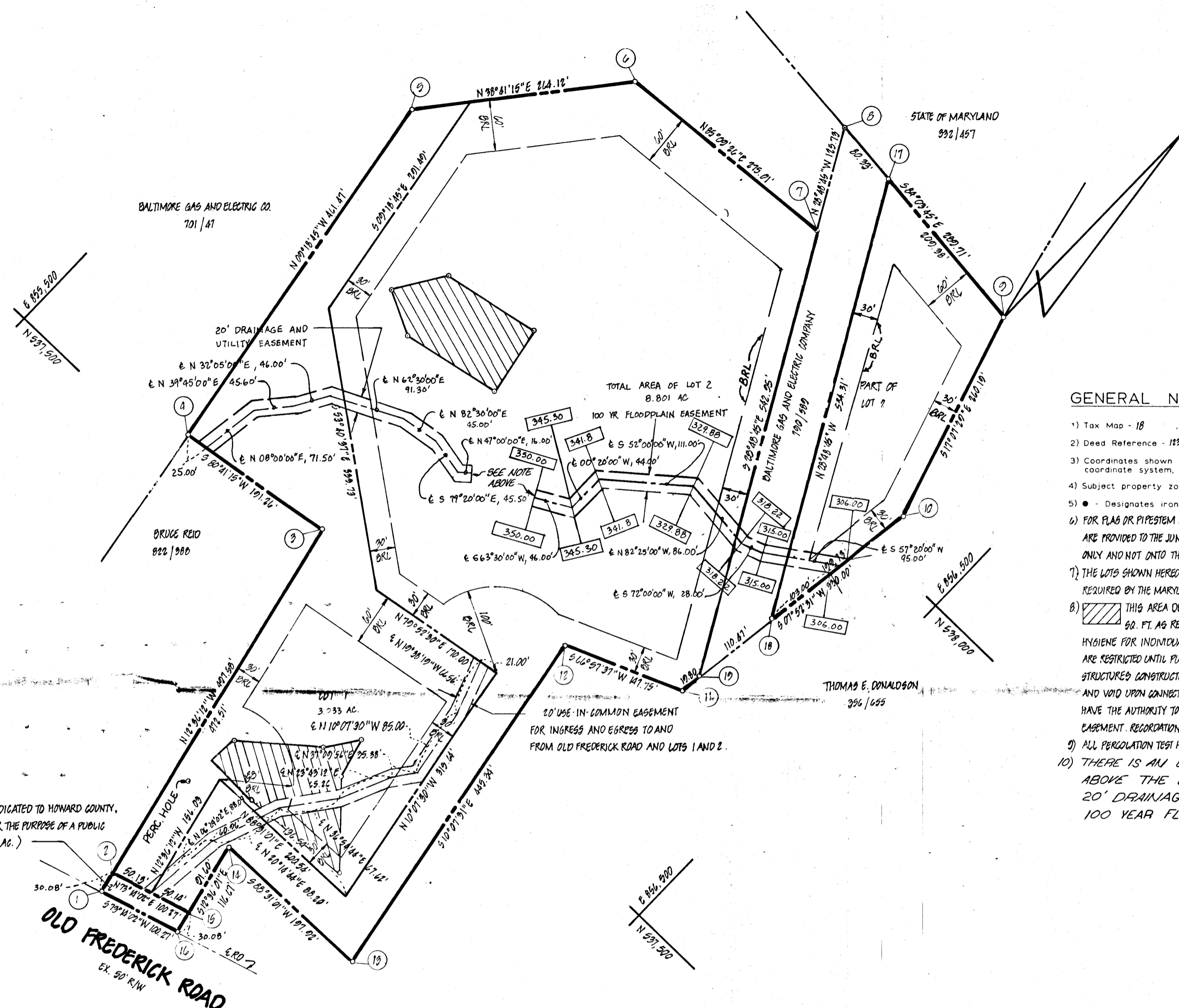
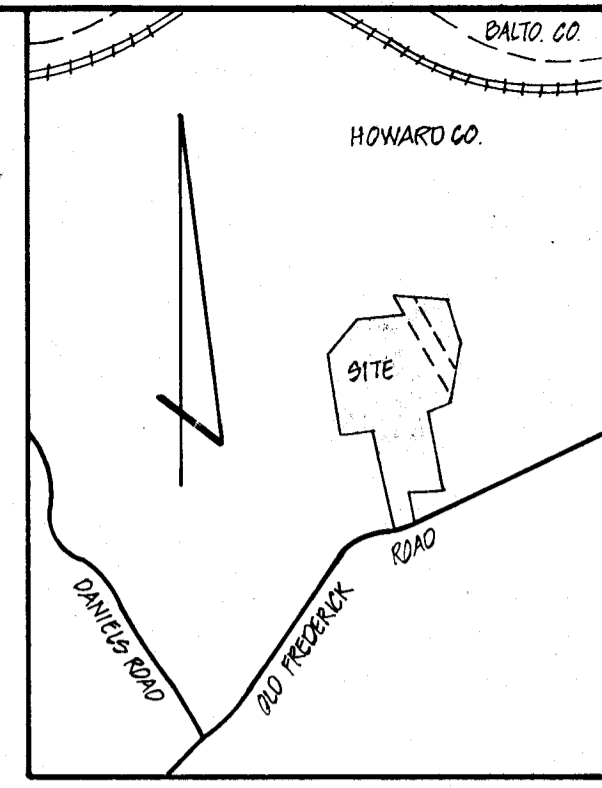
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____ 63

FORCE **2** WRITE INITIALS IN BOX PERMIT No. **HC-81-1923**

SPECIAL CONDITIONS

COORDINATE SCHEDULE		
NO.	NORTH	EAST
1	537,082.071	856,028.852
2	537,111.426	856,022.289
3	537,567.661	855,920.281
4	537,536.711	855,731.541
5	537,092.099	855,656.867
6	538,198.269	855,821.261
7	538,281.480	856,095.789
8	538,991.645	856,039.304
9	538,301.676	856,323.550
10	538,093.020	856,400.164
11	537,726.193	856,254.288
12	537,668.308	856,218.784
13	537,220.075	856,297.261
14	537,224.853	856,099.408
15	537,140.351	856,124.534
16	537,110.795	856,124.800
17	538,323.336	856,115.291
18	537,855.175	856,372.797
19	537,745.746	856,337.661



- GENERAL NOTES**
- 1) Tax Map - 18 Parcel - 3
 - 2) Deed Reference - 1237/913
 - 3) Coordinates shown hereon are based on Maryland State Plane coordinate system, Howard County control station 8543009
 - 4) Subject property zoned - R per 8-02-85 Comprehensive Zoning Plan.
 - 5) ● - Designates iron pin set.
 - 6) FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY LINE ONLY AND NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.
 - 7) THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOTS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 - 8) THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 12000 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 SEWERAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS 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 SEWER EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 - 9) ALL PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN THUS (o).
 - 10) THERE IS AN EXISTING BUILDING SITUATED DIRECTLY ABOVE THE EXISTING STREAM. BETWEEN THE 20' DRAINAGE & UTILITY EASEMENT AND THE 100 YEAR FLOODPLAIN EASEMENT.

AREA TABULATIONS

TOTAL NUMBER OF LOTS TO BE RECORDED: 2
 TOTAL AREA OF LOTS TO BE RECORDED: 11.834 AC.
 TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS: 0.069 AC.
 TOTAL AREA OF OPEN SPACE TO BE RECORDED: NONE
 TOTAL AREA OF FLOODPLAIN TO BE RECORDED: 0.188 AC.
 TOTAL AREA OF SUBDIVISION TO BE RECORDED: 11.903 AC.

OWNER

EDWARD HAMEL
 8400 OLD FREDERICK ROAD
 ELLICOTT CITY, MARYLAND 21043

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
Joyce M. Byrnes 1-6-87
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING
Thomas L. Harris 2-13-87
 PLANNING DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS.
 HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS
John F. Neim 2-11-87
 DIRECTOR DATE

OWNER'S STATEMENT

I, J. EDWARD HAMEL, 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 rights-of-way 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 waterway 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 rights-of-way.

Witness my/our hands this 11 day of February 1987
Edward Hamel
 OWNER
Lynna Paul
 WITNESS

SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a SUBDIVISION of ALL of the lands conveyed by EDNA DUCKEY MARTIN TO J. EDWARD HAMEL by deed dated MARCH 27, 1986 and recorded in the Land Records of Howard County, Maryland in Liber 1237 at Folio 913 and that all monuments are in place as shown in accordance with the Annotated Code of Maryland, as amended.

William G. Hartel
 William G. Hartel, Professional Land Surveyor, MD. No. 9436
 Date

RECORDED AS PLAT #7069 ON 2/18/87 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

SIGNED
 LOTS 1 AND 2 FILE COPY
 HAMEL SUBDIVISION
 F-86-178

TAX MAP - 18
 TAX MAP PARCEL NO. - 3
 EX. ZONING - R
 ELECTION DISTRICT - 2ND
 HOWARD COUNTY, MARYLAND
 SCALE - 1"=100'
 DATE - APRIL, 1986
 O. P. & Z. FILE NOS. -

boender associates inc.
 consulting engineers
 land surveyors
 land planners

COURTHOUSE SQUARE
 3565 ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD. 21043
 (301) 465-7777