

3:22 PM
6/6/91
W.P.I.

PERMIT

File

SEWAGE DISPOSAL SYSTEM

P 46921
A 34997

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-402220

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 3/5/91

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 6/6/91

461-9933

INSPECTOR C.B.D.

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Waterford LOT 2 ROAD 13150 Brighton Dam Road

PROPERTY OWNER Behk Construction

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES - 180 sq.ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet off the front (402.00') lot line and 80 ft. off the left lot line as seen when facing the lot from Brighton Dam Road. Run trenches on contour toward the left 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 3/15/91 R.H.

PLANS APPROVED BY Sid Abel cm DATE 04/02/87

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, 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 34997

Need only 1 application with the below checked items completed

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34997

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5TH

DATE 2/13/85

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 Teral International, % Mrs. Gabriela M. Arroyo Behk Const.

✓ ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION: WATERFORD Section 3 LOT 2 FINAL PLOT

✓ SUBDIVISION Huntington Estates - Section 2 LOT NO. ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~

✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road

✓ SIZE OF LOT 3+ acres 13150 Brighton Dam Rd. TYPE BLDG. Residence
(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. ✓ Cheryl Condo
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallms tele fields DATE 4-2-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

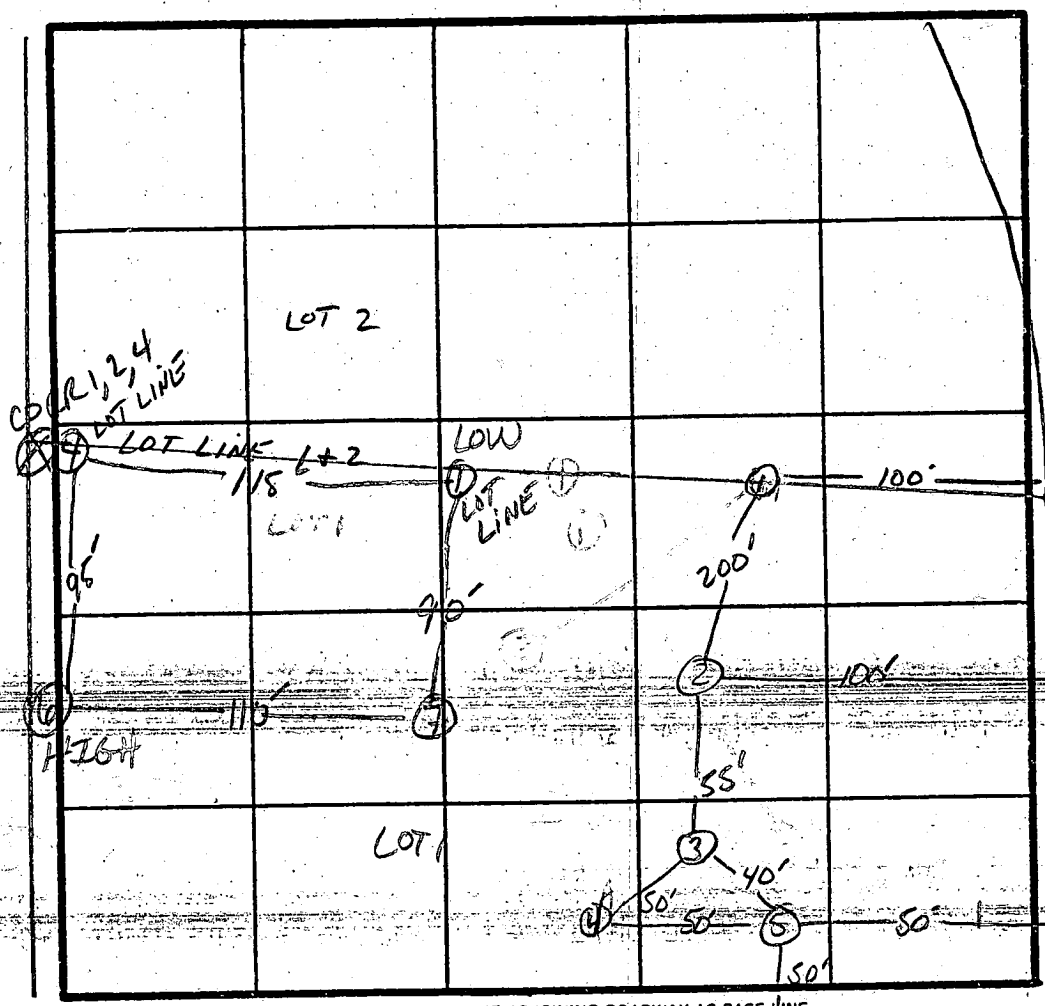
REASONS FOR REJECTION OR HOLDING 3-22-85 Perc. SATISFACTORY, hold for certified hole location, house & well size, system first. SHAL

BLDG. PERMIT SIGNED AND RETURNED _____

THIS IS NOT A PERMIT

②
SOIL PROFILE

0"	A1-3
6"	ORANGE BROWN CLAY LOAM C10% SAPROLITE
6"	GREY BROWN LOAM 20-30% SAPROLITE
11"	▽
12"	



⑥ ⑦
SOIL PROFILE

0"	A1-3
6"	BROWN CLAY LOAM C10% SAPROLITE
2'	YELLOW BROWN SILTY SAND 10-20% SAPROLITE
12"	

⑧
SOIL PROFILE

0"	A1-3
6"	RED BROWN CLAY LOAM C10% SAPROLITE
4"	BROWN SILTY SAND 10-20% SAPROLITE
10"	GREY BROWN SILTY SAND 20-30% SAPROLITE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/1/86	A IV	WATER AT 7', CLAY TO 5-6'					
3/22	2V	WATER AT 11' CLAY TO 6'					
	3V	WATER AT 12' CLAY TO 6-7'					
	A IV	CLAY TO 7'					
	5V	CLAY TO 7-8'					
	1 LOT LINE	5' 12.5'	10:37 see profile	10:41 VARYING	10:41 SOIL	10:58 STRUCTURE	17min
	4 LOT LINE	4.5' 13'	11:20 see profile	11:23 VARYING	11:23 SOIL	11:28 STRUCTURE	5min
3/22/86	6	3.5' 12'	11:08 UNIFORM	11:09 SOIL STR	11:09 STRUCTURE	11:11 Below 3.5'	2min
	7	4' 12'	11:13 UNIFORM	11:14 SOIL STR	11:14 STRUCTURE	11:16 Below 3'	2min

REMARKS: Core Area different than Plat System First Core
AREA ON HIGH AREA OF LOT
 TYPE OF SOIL: S. Abel
 SKIP, LES, TERRY
 ALSO PRESENT

Need only 1 application with the below "checked" items completed

APPLICATION

SEWAGE DISPOSAL TESTING

A 3499P

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 5th

DATE 2/13/85

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 Teral International, % Mrs. Gabriela M. Arroyo

✓ ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION:

✓ SUBDIVISION Huntington Estates - Section 2 LOT NO. ~~_____~~ ^{NEW LOT 11} 10-16-85

✓ ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road

✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence
(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.

Cheli J. Couch
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-22-85 Perc. Satisfactory WATER in 2 low HOLES
HOLD FOR Review: certified hole PERC + house + well SITE
System First 8 AM

THIS IS NOT A PERMIT

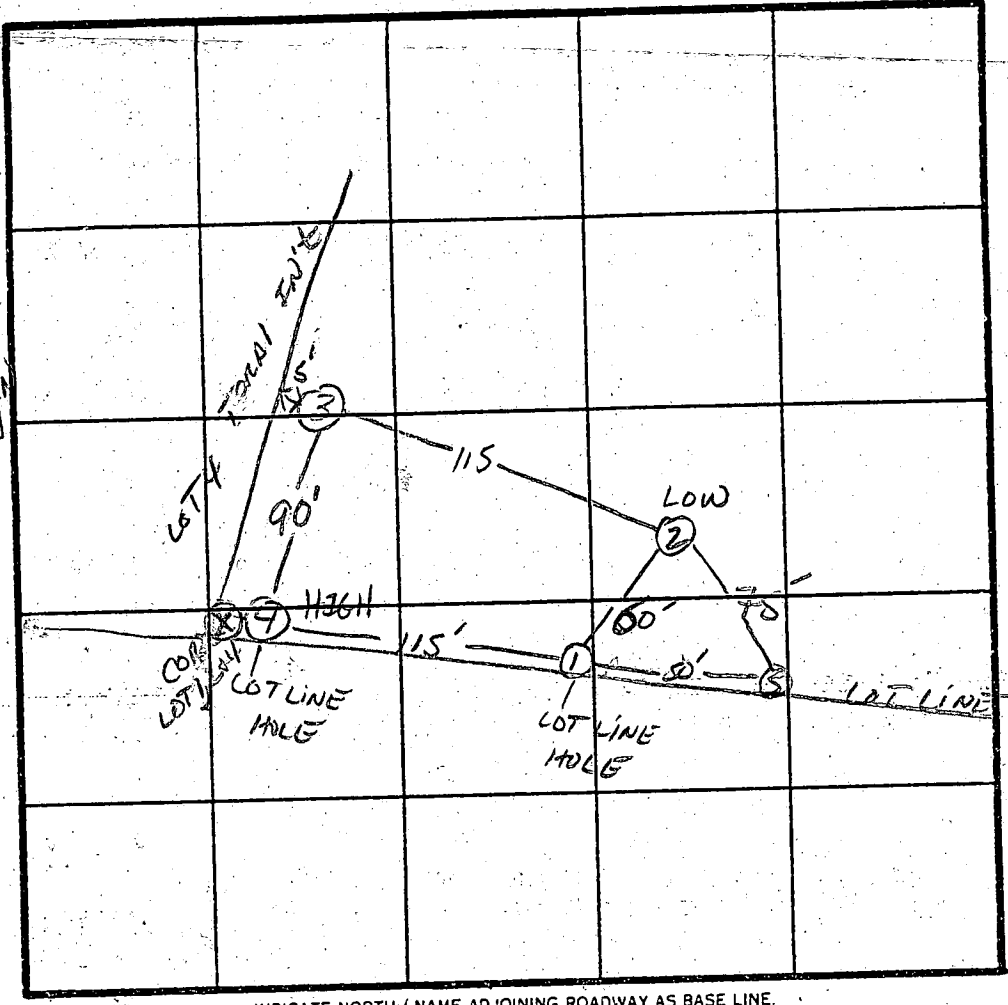
15
185
3

① ④ ③
SOIL PROFILE

0"	A1-3
6"	RED BROWN CLAYLOAM 10% SAPROLITE
4'	BROWN SILTY SAND 10-20% SAPROLITE
10'	GREY BROWN SILTY SAND 20-30% SAPROLITE
12.5'	

② ⑥

0"	A1-3
6"	RED BROWN CLAYLOAM 10% SAPROLITE
4'	GREY BROWN SILTY SAND 10-20% SAPROLITE
12'	



INDICATE NORTH / NAME ADJOINING ROADWAY AS BASE LINE.
BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/22/85	1S LOT	5'	10:37	10:41	10:41	10:58	17min
	1V LINE	12.5'	SEE PROFILE VARYING SOIL STRUCTURE				
	2S	4.5'	10:35	10:37	10:37	11:05	28min
	2V	13'	WATER AT 12' UNIFORM SOIL STRUCTURE Below 4'				
	3S	4'	11:01	11:03	11:03	11:06	3min
	3V	13'	SEE PROFILE VARYING SOIL STRUCTURE				
	4S LOT	4.0'	11:03				
	4V LINE	13'	SEE PROFILE VARYING SOIL STRUCTURE				
	5V	WATER AT 12'	SAME STRUCTURE AS HOLE 2				
	4M LOT LINE	4.5	11:20	11:23	11:23	11:28	5min
	OPPOSITE END OF TRENCH						

REMARKS: Shallow DRAIN Field only SYSTEM FIRST; Different PAC AREA THAN PLAT.

TYPE OF SOIL: Sand
TESTED BY: SKIP, LES, TERRY
ALSO PRESENT

EH-12-1079

B 1 2261

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-0573

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

please print or type

fill in this form completely

Date Received (APA)

04 21 89

OWNER INFORMATION

R-H-K CONSTRUCTION CO

17791 SHAFERS MILL

MD 21771

B 3

LOCATION OF WELL

HOWARD COUNTY

WATERFORD SUBDIVISION

SECTION 3 LOT 2

CLARKSVILLE

1 3/4 MILES FROM TOWN

DRILLER INFORMATION

C. Magee License No. 238

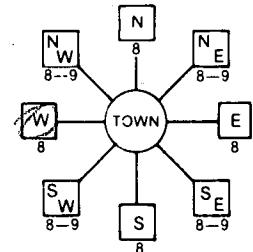
C. Magee Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

C. Magee 4/20/89

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brighton Dam Road

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

80 DISTANCE FROM ROAD

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 34997 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

042689 Signature 10-25-89

NORTH GRID 498000 EAST GRID 0808000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

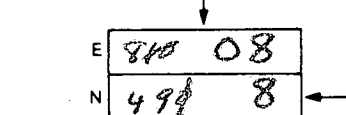
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

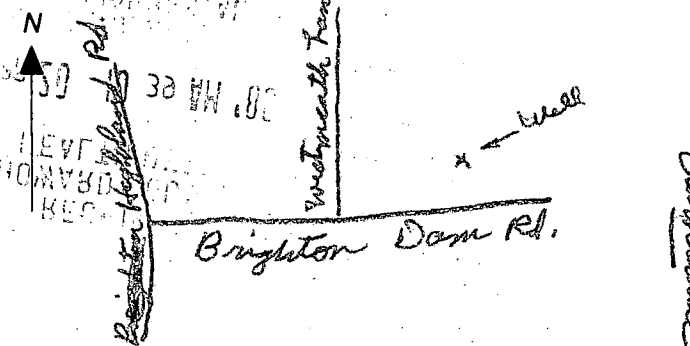
- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



5-3-89
grout 9:30
2 ft above ground
32 ft casing
28 ft open hole
7 bags cement
location ok
tenadeau

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)

- 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP

FORCE SA WRITE INITIALS PERMIT NO. HO-88-0573

SPECIAL CONDITIONS

C1 **2432** 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 **A-34997**

DATE Received [] DATE WELL COMPLETED **050389** Depth of Well **145** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-0573**

OWNER **BEAK CONSTRUCTION COMPANY**
 STREET OR RFD last name **BRIGHTON DAM RD.** first name TOWN **PLUMKVILLE**
 SUBDIVISION **WATER FORD** SECTION **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	
BRND SLT	0	26	
GRAY MICK	26	145	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **658**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **28** 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) **6** Total depth of main casing (nearest foot) **32**

OTHER CASING (if used)
 diameter inch from to

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO	30
2		145
3		

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

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.

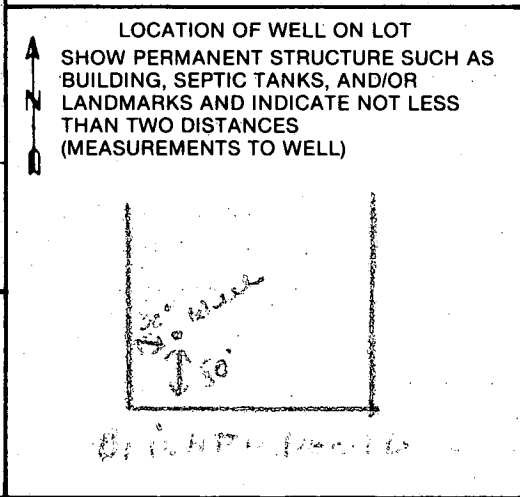
DRILLERS IDENT. NO. **229**
 DRILLERS SIGNATURE **Michael C. May**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Perfor**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **27** 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: **29**
 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) **50**



COUNTY

3/27/91
RM ✓

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

Final 3/27/91
OK - C.B.W.
Please see below

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
LINE

New Installation
Replacement

Receipt # 46939
Date 3-27-91

Name of Installer GARY EIKENBERG

Telephone 301-379-0226

License Number 3260

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Shelton Cooke

Telephone 236-4006

Subdivision WATERFORD Lot # 2

Well Tag # HO-88-0573

Site Address 13150 Brighton Dam Rd.

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 <input checked="" type="checkbox"/>	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.

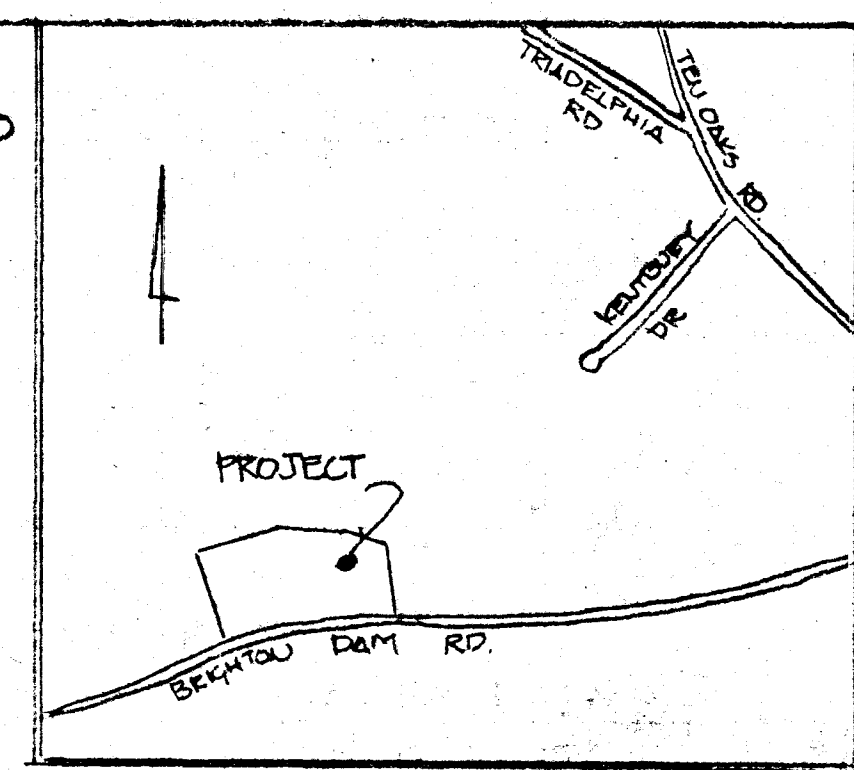
Signature of Applicant: [Signature]

Date: 3-27-91

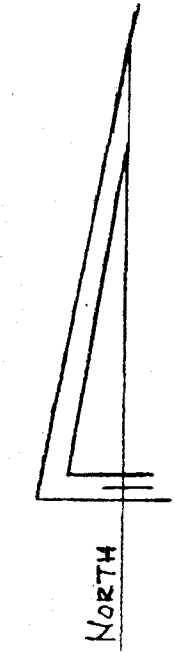
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Note: { Water line @ house wall seen only; water around outside of casing to surface. Cap off at well for inspection; pitless adapter area; C.B.W.

HOUSE PLAN REF. : HOWARD COUNTY PERMIT # 15640



VICINITY MAP
SCALE : 1" = 2000'



LOT 7

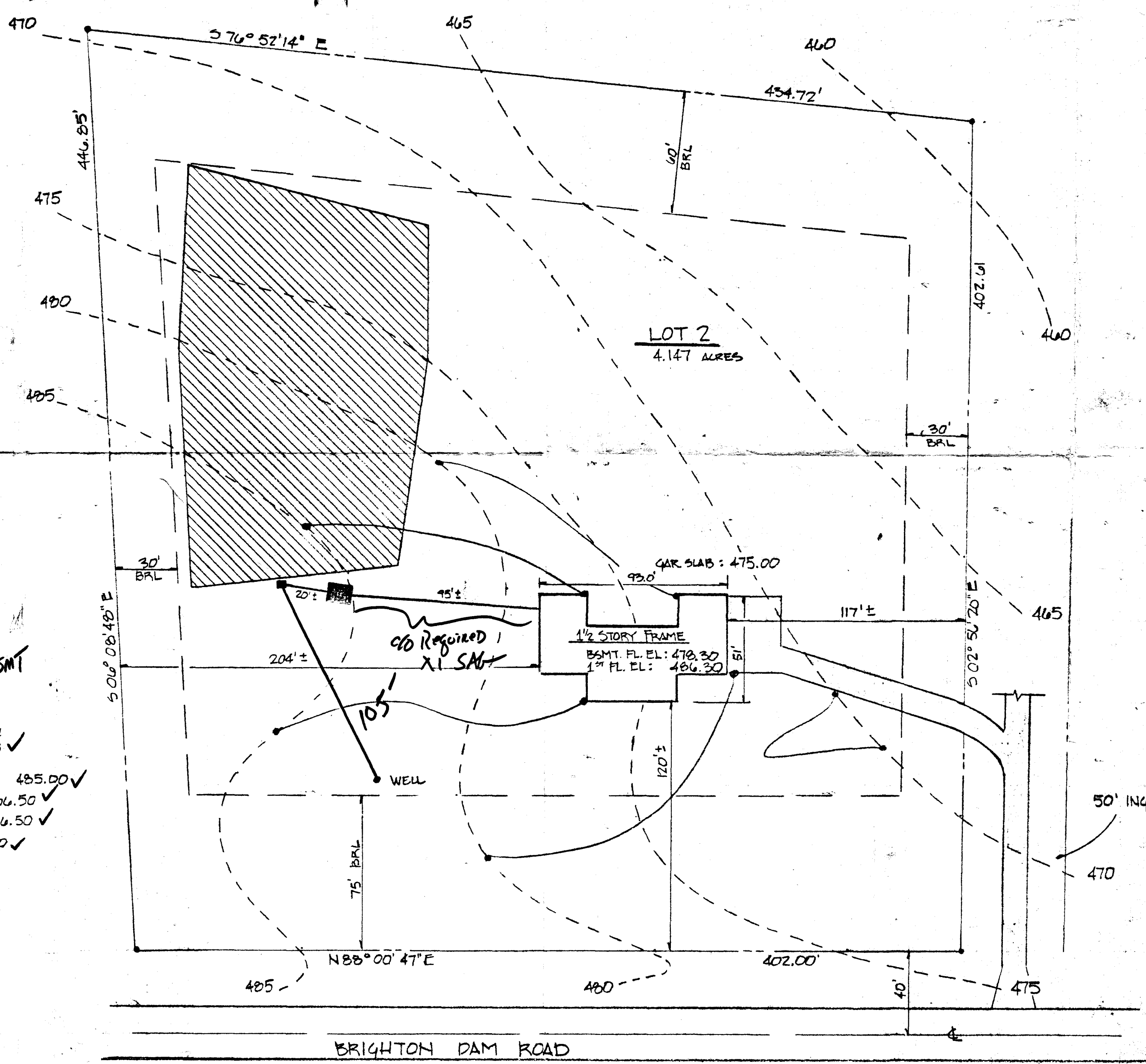
LOT 2
4.147 ACRES

LOT 3

- UTILITIES : WELL & SEPTIC
- BSMT FL. ELEV: 478.30 ✓
 - 1ST FL. ELEV: 486.30 ✓
 - INV. OUT OF HOUSE: 484.80 ✓ *BSMT*
 - INV. INTO TANK: 483.60 ✓
 - INV. OUT OF TANK: 483.30 ✓
 - INV. INTO DIST. BOX: 483.00 ✓
 - 1ST TRENCH ELEV: 482.50 ✓ *483.00*
 - EXISTING GRADE AT SEPTIC TANK: 485.00 ✓
 - EXISTING GRADE AT DIST. BOX: 486.50 ✓
 - EXISTING GRADE AT TRENCH: 486.50 ✓
 - ELEV. OF WELL AT GRADE: 483.00 ✓

SITE PLAN

SCALE : 1" = 40'



50' INGRESS EASEMENT

SINGLE FAMILY RESIDENCE

LOT 2 - WATERFORD, SECT. 3
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
JUNE, 1989

BEHK CONSTRUCTION COMPANY, INC.
17791 SHAFFERS MILL RD.
MT. AIRY, MD 21771

BMDG. PERMIT SIGNED
AND RETURNED 6-14-89

BP24001 *shcd*