

4/25/88 ASAP

File

11/25/88⁰ P.C.O. C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 42994

A 31923

DISTRICT 5th

DATE 11/15/88

DATE SYSTEM APPROVED 11/25/88

INSPECTOR C.B.D.

INDEXED
05-398215

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-2006

SUBDIVISION Haviland Mill Overlook ROAD 6481 Haviland Mill Rd LOT 3

PROPERTY OWNER Allied Construction Company

ADDRESS Jamez Miller

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the 593.46' lot line that borders Lot 4, and 365 feet from the 514' lot line that borders Lot 2. Run trench(s) along contour towards left rear part of the property.

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 C. Williams DATE 8/14/86

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(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 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

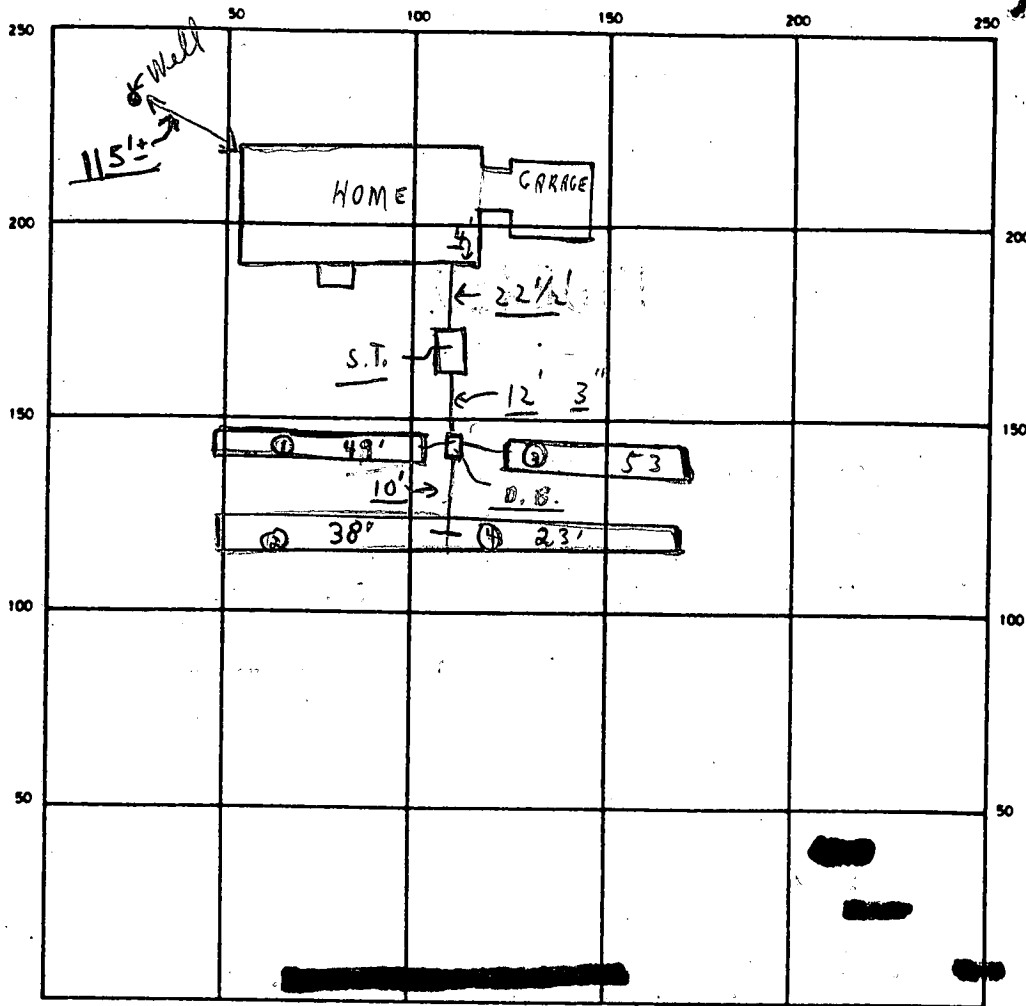
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 31923

WOODS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

K/W

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Balls in)

DRAIN FIELD/TILE FIELD DEPTH 8' TRENCH WIDTH 2' INLET DEPTH 3 1/2'

EFFECTIVE GRAVEL DEPTH 4 1/2' TOTAL LENGTH 163'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 733 SQ. FT.

DRYWELL INSIDE DIAMETER FT EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 733 SQ. FT.

REMARKS 11/25/88 Partial - ok to cover from houses to D. Bot.
all trenches ok for rest of gravel. 2 Final - ok to
cover all work. Finished.
C.B.E.

DATE SYSTEM APPROVED 11/25/88 INSPECTOR Charles Bryan Stricker

HAVLAND MILL OVERLOOK

SUBDIVISION:

LOT NUMBER: 3

(A 36276 ON WELL SHEET)

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<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

180 sq. ft./bedroom

Trench to be 2 wide.

4- yes
Claude Cissel.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

4 1/2 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 absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 140' FROM THE
R. 5193.46' LOT LINE THAT BORDERS LOT 4, AND 365'
FROM THE '514' LOT LINE THAT BORDERS LOT 2.
RUN TRENCH(S) ALONG CONTOUR TOWARDS
LEFT-REAR PART OF THE PROPERTY.
8/14/86 CWL/ra-

PRELIMINARY

APPLICATION

A 31923

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 5/7/82

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 Sabrina 99 Allied Construction Co.

ADDRESS _____ PHONE Carl Hudgins - 321-0307

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

6481
ROAD AND DESCRIPTION Havilland Mill Road

SIZE OF LOT 10.9 acres TYPE BLDG. 3 or 4 bedrooms
(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. Carl Hudgins for Sabrina 99

(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR dup trenches DATE 2-3-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3-3-88

BP16975
SAB

THIS IS NOT A PERMIT

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31923

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

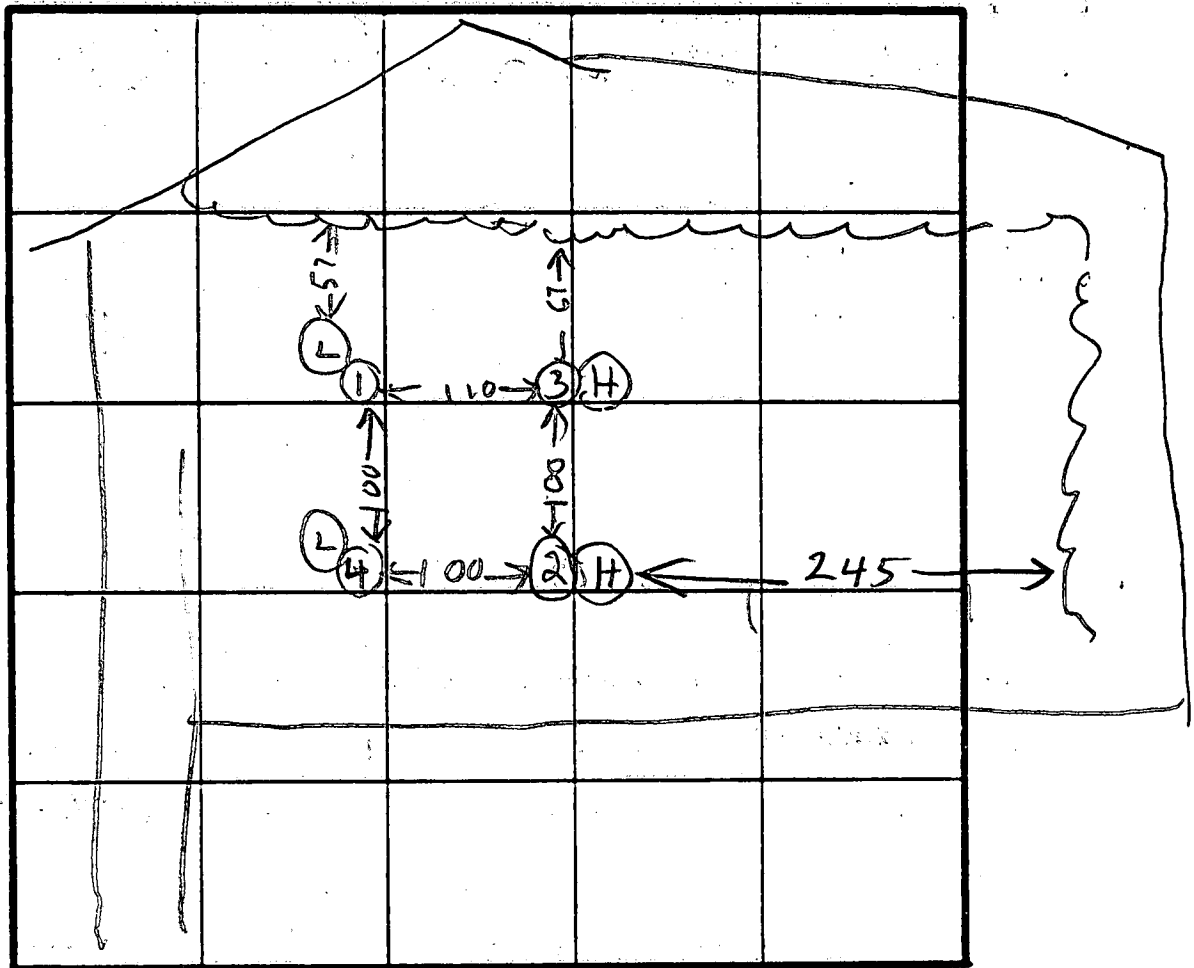
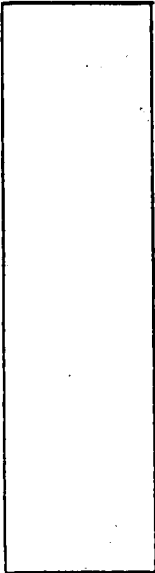
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

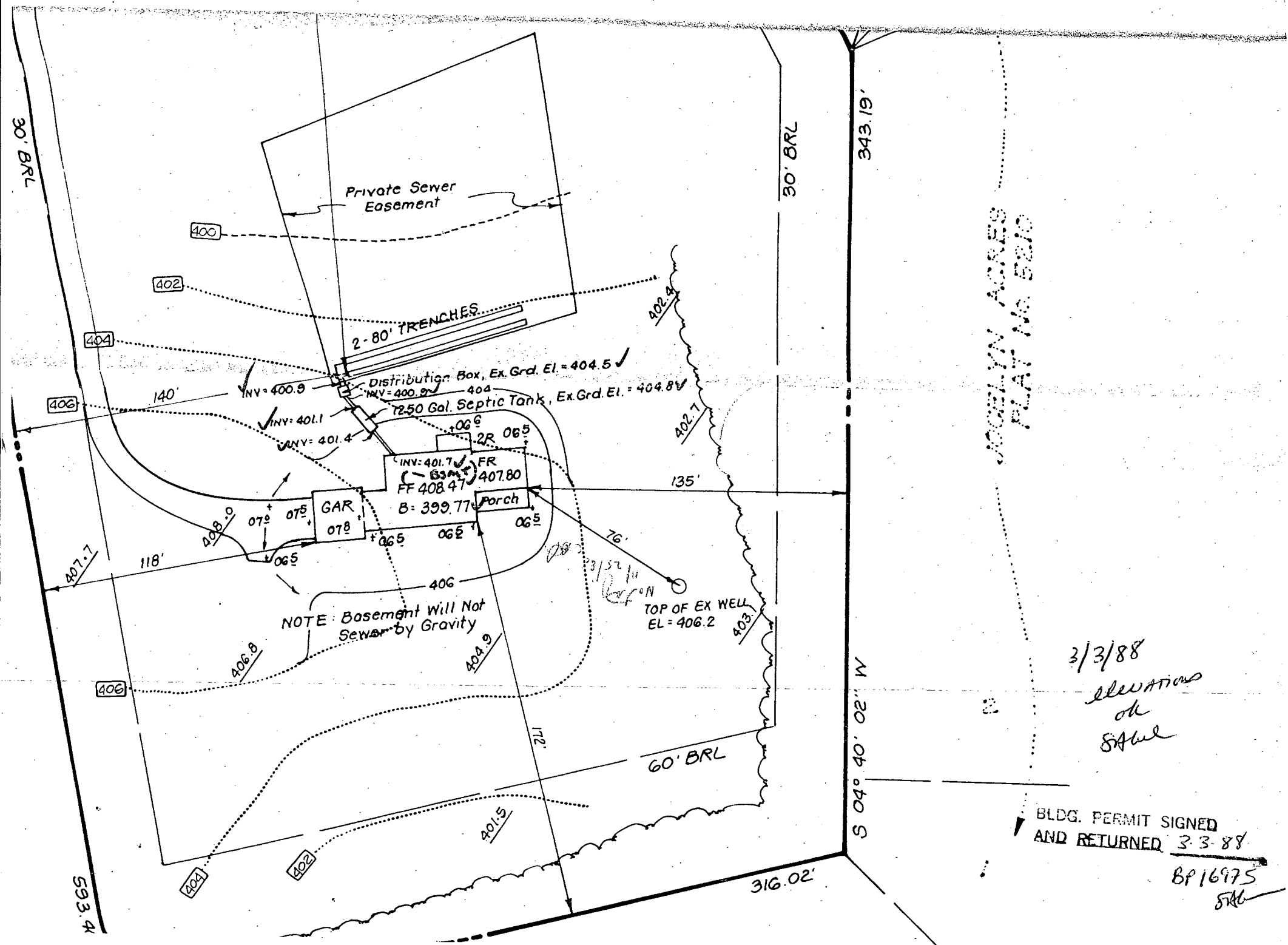
HAVILAND MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/82	1 S	4	135	136	136	137	1
	1 D	7	135	143	143	147	4
	IV	13	ALL BROWN SANDY MICA		DRY		
	2 S	3	150	151	151	153	2
	2 D	6 1/2	150	153	153	156	3
	2 V	13 1/2	ALL PINK SANDY DRY				
5/13/82	3 S	4 1/2	155	157	157	200	3
	3 D	8 1/2	155	206	206	216	10
	4 S	3	203	204	204	206	2
	4 D	8	203	205	205	210	5
	5						

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGES ALSO PRESENT KESTERMAN FAMILY



30.6171 ACRES
 PLAT No. 5210

3/3/88
 elevations
 ok
 SAH

BLDG. PERMIT SIGNED
 AND RETURNED 3-3-88

BP 16975
 SAH

B 1 2277

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

60-81-1255

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

please print or type

fill in this form completely

Date Received

1/13/85

OWNER INFORMATION

15 Last Name: McGuire, Owner: Donald, First Name: Donald, Street or RFD: 10176 Oak Hill Drive, Pike, Town: Hillside, State: MD, Zip: 21047

B 3

LOCATION OF WELL

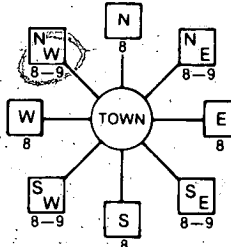
18 COUNTY: Harford, 21: Harford, 23 SUBDIVISION: Hillside Mill Cusado, SECTION: 44-46, LOT: 48-50, 52 NEAREST TOWN: Hillside, MILES FROM TOWN: 5 MI

DRILLER INFORMATION

Driller's Name: Bob McGuire, 77 License No. 80, Firm Name: McGuire Well Drilling, Address: 920 River Road, Mt. Airy, Signature: Bob McGuire, Date: 1/13/85

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Harford Mill Rd, CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, 34 DISTANCE FROM ROAD: 300 FT, ENTER FT or MI: 300

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)

- [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

COUNTY NAME: Harford, COUNTY NO.: 21, OEP SIGNATURE: [Signature], STATE HEALTH INSERT S: [Box], DATE ISSUED: 1/13/85, CO SIGNATURE: [Signature], EXP. DATE: 08/03/00, NORTH GRID: 494000, EAST GRID: 0803000

APPROXIMATE DEPTH OF WELL: 150 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

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): [Box]

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

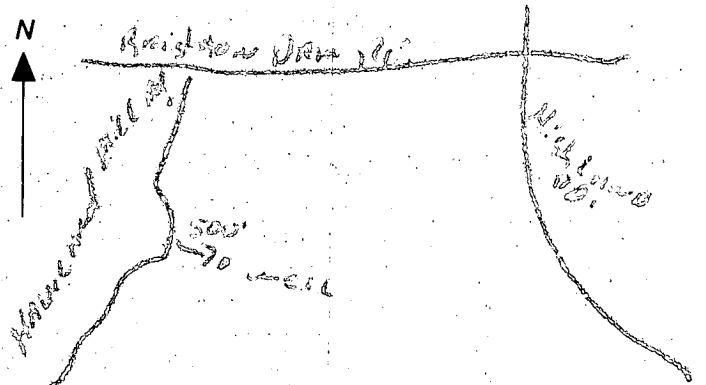
SOURCES OF DRILLING WATER

- 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 500, N 490

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



Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: GAP

FORCE: [Box], PERMIT No.: 60-81-1255

SPECIAL CONDITIONS

12/18/85

(Baw)

grouting just finishing
when I arrived

45 annular space (their measurement)

55 casing

12 bags cement

location verified on plot

sufficient vol. (50 gal / 2hr)

H₂O sample taken (H9579) 1145 am

C1 **2515** (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-36276-W**

DATE RECEIVED: [] [] [] [] [] [] [] []
DATE WELL COMPLETED: **12/8/85**
DEPTH OF WELL: **200** (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-1258**

OWNER: **REWER DON**
STREET OR RFD: **HAVILAND MILL RD** TOWN: **HIGHLAND**
SUBDIVISION: **HAVILAND MILL OVERLOOK** SECTION: **MAP 34 PARCELS 55** LOT: **3**

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	45	
Sand Stone	45	50	
Micka	50	60	
Sand Stone	60	65	✓
Micka	65	200	

GROUTING RECORD
WELL HAS BEEN GROUTED: YES (Y) NO (N)
TYPE OF GROUTING MATERIAL:
CEMENT: **CM** BENTONITE CLAY: **BC**
NO. OF BAGS: **12** NO. OF POUNDS: **1200**
GALLONS OF WATER: **32**
DEPTH OF GROUT SEAL (to nearest foot):
from [] [] [] [] [] [] ft. to **45** 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: **PL** Nominal diameter: **4** Total depth of main casing: **54**
Casing top (nearest inch): **60** Casing bottom (nearest foot): **66**

OTHER CASING (if used)
EACH CASING: 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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 54	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. **253**
Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph S. Wayne

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

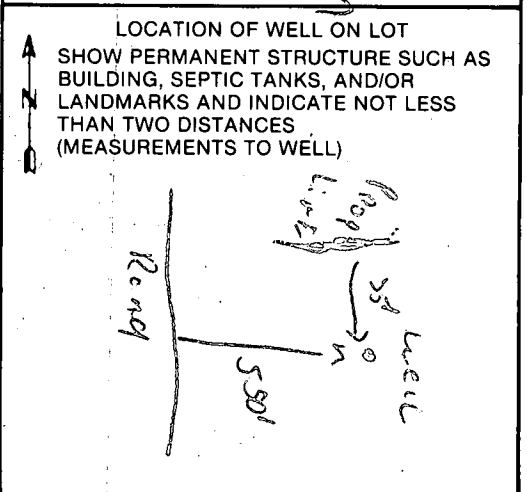
SLOT SIZE 1 [] 2 [] 3 []
DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
GRAVEL PACK: from [] to []
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68:

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour): **3**
PUMPING RATE (gal. per min. to nearest gal.): **10**
METHOD USED TO MEASURE PUMPING RATE: **Bucket**
WATER LEVEL (distance from land surface):
BEFORE PUMPING: **60**
WHEN PUMPING: **60**
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 below } LAND SURFACE: **2** (nearest foot)



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.)

Donald R. [Signature]
(Name)

10176 Baltimore Nat'l Pike
Ellicott City, Md. 21043
(Address)

HO 81 1258
(OEP Well Permit Number)

11-13-85
(Date)

Lot 3 - Navelland Mill

12/6/88
DM/ASMP

12/6 Partial
C. B. B.

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 43164
Date 12/3/88

Name of Installer G. Edgar Hays Co

Telephone 252-4588

License Number 120

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner James Miller

Telephone 465-6663

Subdivision Haviland Mill Lot # 3

Well Tag # *Notes*
Ho 81 1258 *on well*
12/6/88

Site Address 6481 Haviland Mill Rd

- Pump
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make Morris
 - Model # 550 FM2-
 - Capacity 7 GPM
 - Pump exceeds well capacity Yes No
 - If Yes, is low pressure cutoff switch installed? Yes No
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

- Motor *Be Aug*
- Horsepower 1/2
 - RPM 3450
 - Voltage 9
 - 110
 - 220

- Pitless Adapter
- Make Haviland
 - Model # PT 800
 - Depth 42"

- Tank
- Capacity
 - Pressure relief valve? yes

- Piping *160 psi*
- Type Flexible
 - Size 1"
 - NSF and/or BOCA Code approved yes
 - Depth of supply line 42"

- Well data
- Depth 200 ft.
 - Yield 10 GPM
 - Static water level 40 ft.
 - Will water supply be disinfected by installer? yes

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.

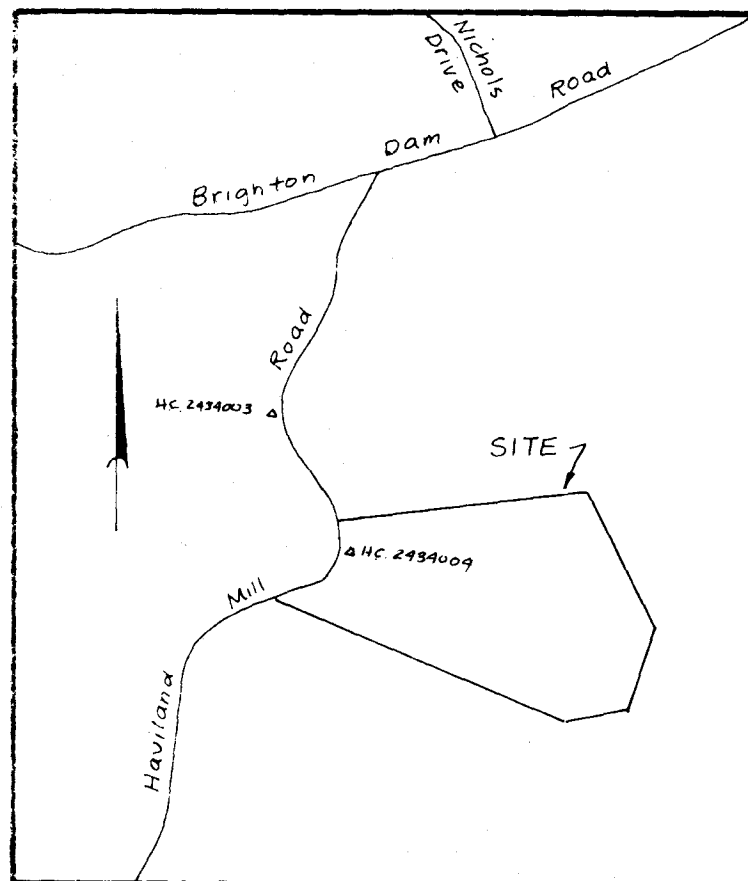
Signature of Applicant: Andy Collins

Date: 12/2/88

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

HD-215

*Partial 12/6 { Well line + pitless adapter on }
from house to well - ok } at 1.
Need to see pump + tank at house yet. C.B.B.*



P 54
W.R. Harris
522/585

P 60
T.O. Nichols, Et Al
708/743

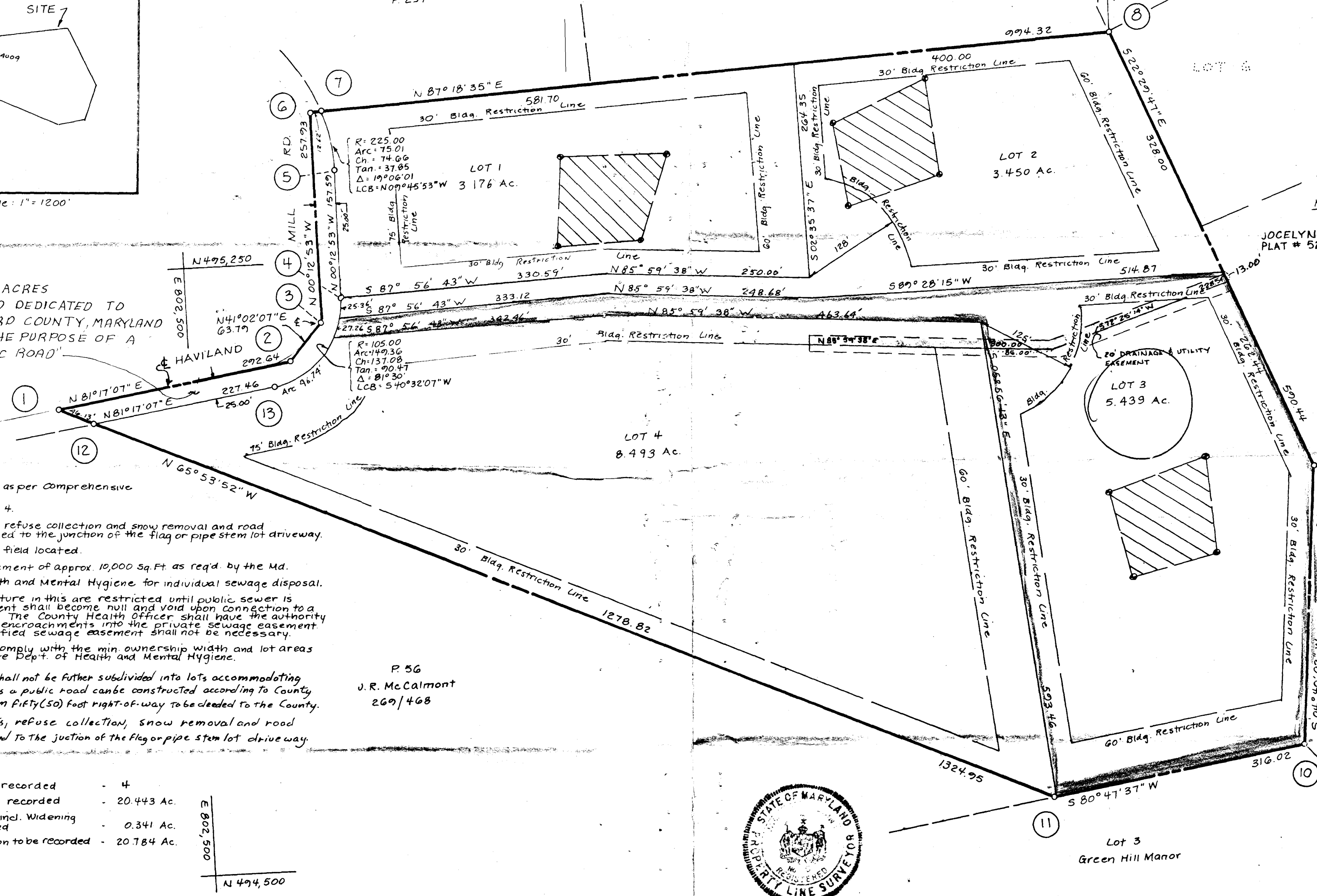
P 257

No.	COORDINATE SCHEDULE	
	North	East
1	475,084.20	802,337.31
2	475,128.54	802,626.57
3	475,176.66	802,668.45
4	475,204.01	802,673.34
5	475,361.60	802,672.75
6	475,434.58	802,667.48
7	475,435.17	802,680.09
8	475,481.25	803,660.71
9	474,735.75	803,886.62
10	474,573.69	803,858.70
11	474,543.13	803,546.75
12	475,065.36	802,379.42
13	475,079.82	802,604.25

Md. State Grid System, based on Control Stations 2434004 and 2434003

VICINITY MAP Scale: 1"=1200'

0.341 ACRES
"LAND DEDICATED TO
HOWARD COUNTY, MARYLAND
FOR THE PURPOSE OF A
PUBLIC ROAD"



JOCELYN ACRES
PLAT # 5210

Prepared by
NTT Associates
16205 Old Frederick rd.
Mt Airy Md. 21771
442-2031

OWNER: Howard-Montgomery
Crushed Stone Inc.
Mr Erwin Gudelsky
11900 Tech Road
Silver Spring Md. 20904

NOTES:

- Subject property zoned R as per Comprehensive Zoning Plan.
- Existing structure on Lot 4.
- For flag or pipe stem lots, refuse collection and snow removal and road maintenance are provided to the junction of the flag or pipe stem lot driveway.
- Percolation test hole, field located.
- Private Sewer Easement of approx. 10,000 Sq. Ft. as req'd. by the Md. State Dept. of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this are restricted until public sewer is available. This easement 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 sewer easement. Recordation of a modified sewer easement shall not be necessary.
- The lots shown hereon comply with the min. ownership width and lot areas as req'd. by the Md. State Dept. of Health and Mental Hygiene.
- Flag or pipe stem lots shall not be further subdivided into lots accommodating additional residences unless a public road can be constructed according to County standards on a minimum fifty (50) foot right-of-way to be deeded to the County.
- For flag or pipe stem lots, refuse collection, snow removal and road maintenance are provided to the junction of the flag or pipe stem lot driveway.

TABULATION:

Total No. of Lots to be recorded	- 4
Total Area of Lots to be recorded	- 20.443 Ac.
Total Area of Roadway incl. Widening Strips to be recorded	- 0.341 Ac.
Total Area of Subdivision to be recorded	- 20.784 Ac.



APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS, HOWARD CO. DEPT. OF HEALTH & MENTAL HYGIENE

Co. Health Officer _____ Date _____

APPROVED: HOWARD CO. OFFICE OF PLANNING AND ZONING.

Director _____ Date _____

APPROVED: FOR STORM DRAINAGE SYSTEMS, & PUBLIC ROADS, HOWARD CO. DEPT. OF PUBLIC WORKS.

Director _____ Date _____

OWNER'S DEDICATION

I, (We) ERWIN GUDELSKY PRES. HOWARD MONT. CRUSHED STONE INC. owner(s) 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 min. Bldg. Restriction Lines and grant unto Howard Co., Md., 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, Md., 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 bldg. or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

Owner Erwin Gudelsky PRES. Date 3/1/85
Witness Joseph P. Pann Date 3/1/85

SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of all the lands conveyed by Elmer D. & Edna E. Wheeler to Howard-Montgomery Crushed Stone, Inc. deed dated July 24, 1964 and recorded in the Land Records of Howard County in Liber 421 Folio 702, and that all monuments are in place, or will be in place prior to the acceptance of the streets in the subdivision by Howard Co. as shown, in accordance with the Annotated Code of Maryland, as amended.

Surveyor James Carl Hudgins PLS #96 Date 1-9-85

HAVILAND MILL OVERLOOK

LOTS 1, 2, 3 & 4

Tax Map 34
Tax Map Parcel No. 55
Deed Ref. 421/702
Zoning R

5th Election District, Howard Co., Md.
Scale: 1"=100' Date: Jan. 9, 1985