

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

SEE BACK

10/17/94 (ALL COVERED) CBL

P 50243

A 50083

DISTRICT 5th

DATE 08/29/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

BILL INGRAM

Thomas O. Roby

FOR (EVE & NEAL) ROBY

DATE SYSTEM APPROVED 10/18/94

INSPECTOR No CBL inspection

IS PERMITTED TO INSTALL ALTER

ADDRESS 13240 Greenberry Lane, Clarksville, Maryland PHONE 410-531-2838

SUBDIVISION _____ LOT _____ ROAD 13240 Greenberry Lane

PROPERTY OWNER Thomas O & Elizabeth Roby

ADDRESS 13240 Greenberry Lane Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1000 GALLONS TENANT HOUSE

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 75 feet off the gravel road and 108 feet off the existing Wooden Barn. Run trenches on contour parallel with the existing gravel drive (away from the proposed house site) - See Diagram.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 10/14/94 DKS

PLANS APPROVED BY Amy McMillen DATE 08/22/94

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

HD-260(6-90)

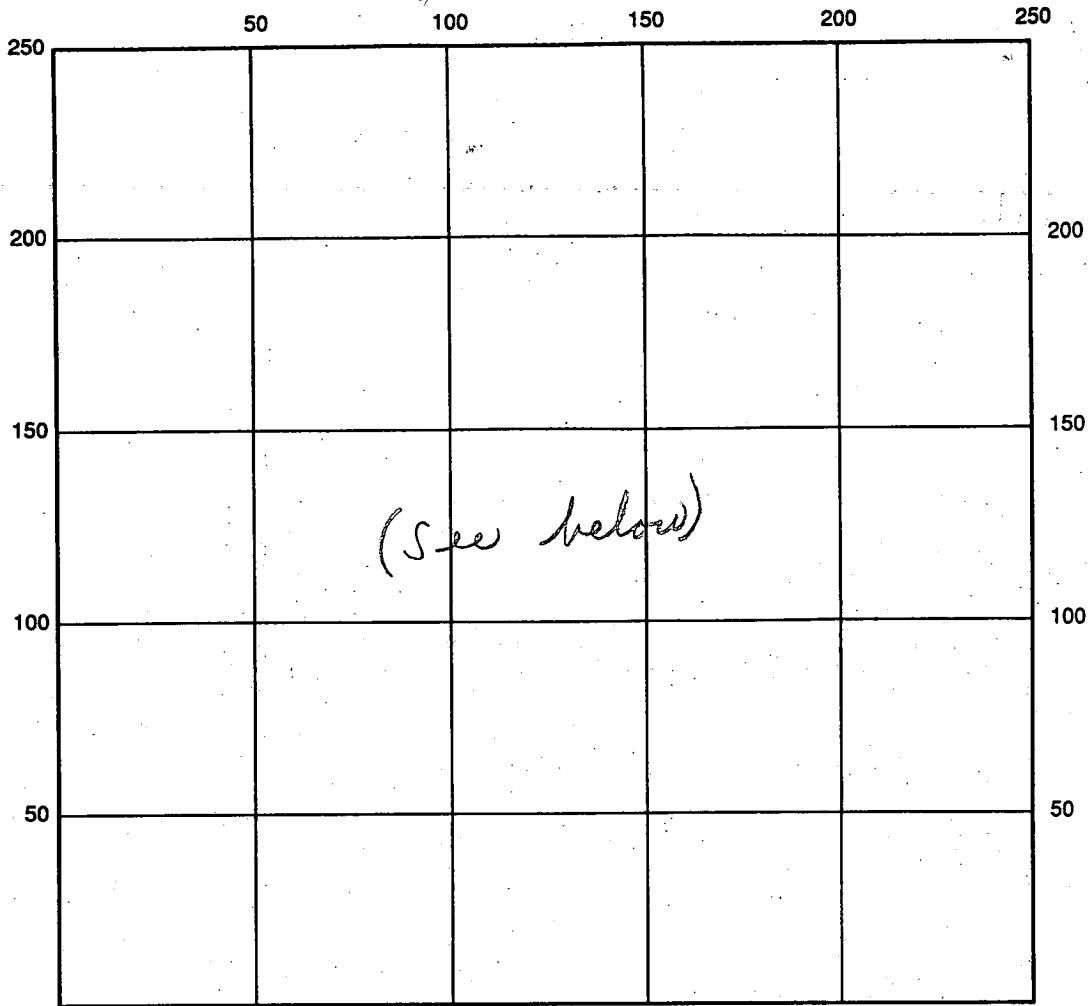
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BUILDING PERMIT SIGNED

AND RETURNED 5/11/2002

3001 35453 ATTACHED GARAGE

A 50083



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

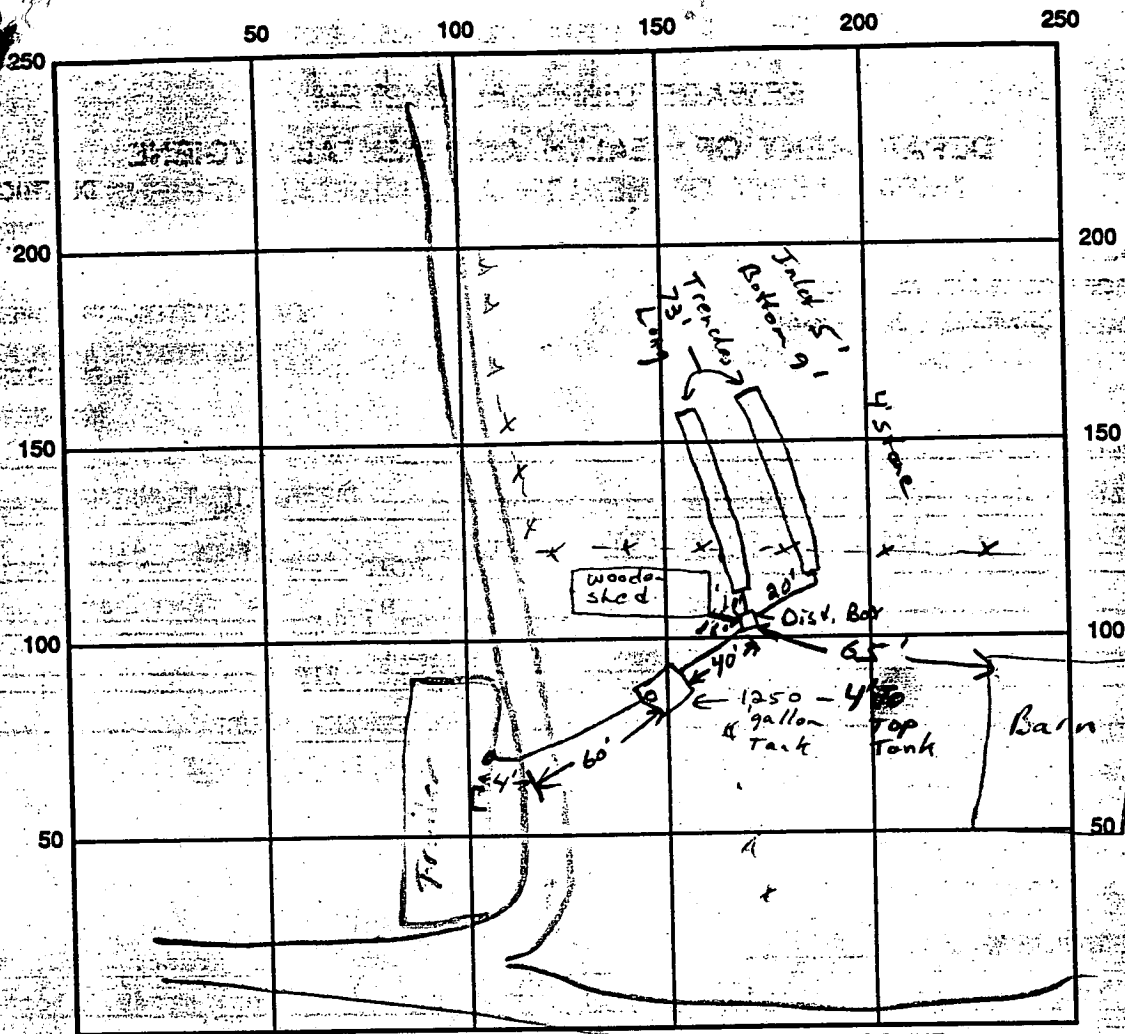
NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: (R.M.) 10/10/94 → ALL COVERED - NO INSPECTION - CONTRACTOR
 BUILT PER PLAN AND RETURNED DRAWING 1/4" ALREADY ^{EVE} CAME OUT - DISCUSSED ABOVE
 AND THEN GOT DRAWING OF SEPTIC - TO CHECK AND
 SIGN + SEND IN - PLAT OR YELLOW SPEC SHEET - HOLD FOR SAME!!
 10/18/94 See attached contractors specs and
 drawing of job C.B.D.
 DATE SYSTEM APPROVED 10/18/94 Inspector C.B.D.

per above
 + attached



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Installed according to above on 10-14-94 P.H.H.

DATE SYSTEM APPROVED 10/10/94 INSPECTOR Charles R. [Signature]

6/27/94
1130

APPLICATION

PERCOLATION TESTING

A 50083
P _____

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

DISTRICT _____
DATE _____

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 THOMAS O. & ELIZABETH B. ROBY

ADDRESS 13240 Greenberry Lane, Clarksville, Md PHONE 410-531-2838

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION FARM-TENANT HOUSE LOT NO. _____

ROAD AND DESCRIPTION From Rt 32, to East Jorden Ch. Rd., to Greenberry Lane (narrow road 1/4 mile to farm house site) passed B&E FA. (13240 Greenberry Lane)

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 9/29/94
Serial # 56104 - Tenant Hse

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.

Thomas O. Roby
(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

COUNTY #

SOIL PROFILE
A B

0'
6"
4'
12'

topsoil
deep red
C
orange tan
S.L.
mica

SOIL PROFILE

0'

EF G

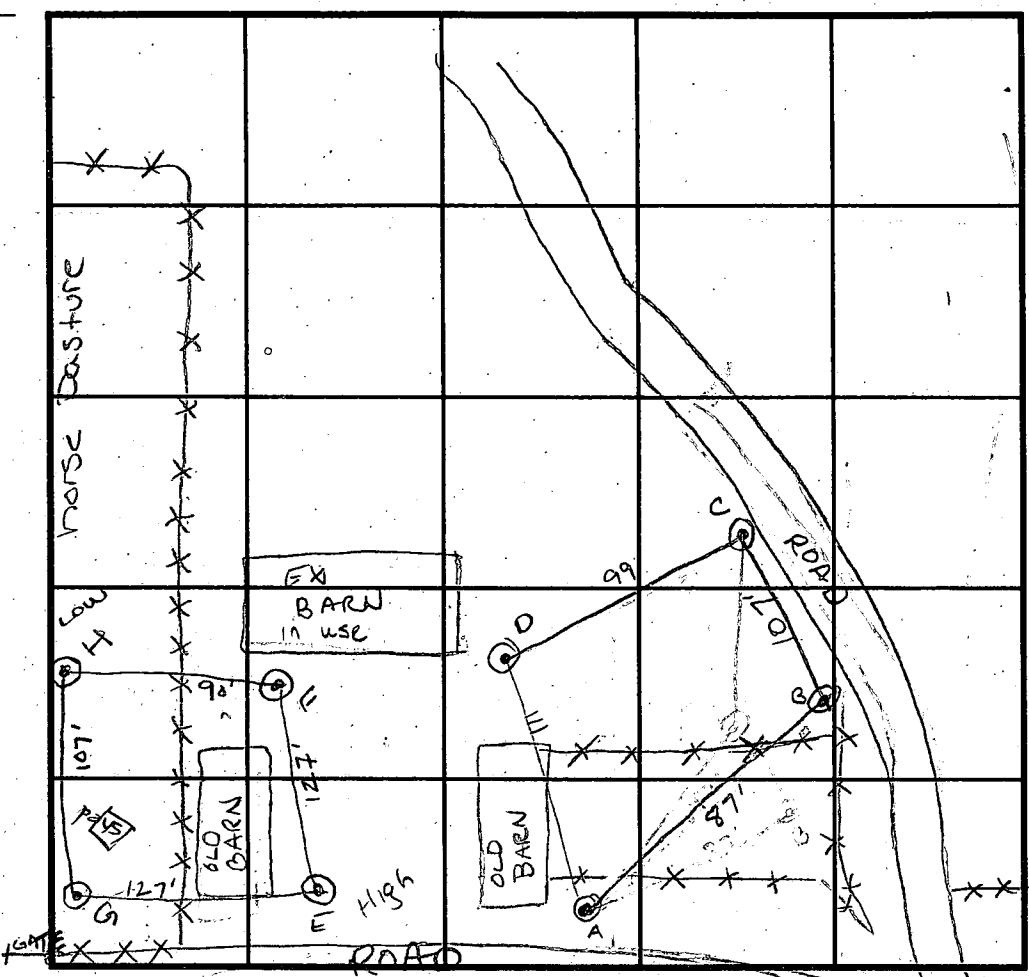
5'

red
C
lgf orange tan
S.L.
mica

H

4'

red e
brn/tan
S.L.
mica



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/23/94	A	3' V12'	2:25 ³⁰	2:41	2:41	>30	F
	B	3' V11 1/2'	2:29	>30	—	—	F
		5' V12'	3:11	>30	—	—	F
	C	4' V12'	2:48	>30	—	—	F
	D	4 1/2' V12'	3:00	3:34	3:34	>30	F
	E	5' V11 1/2'	3:35	3:39	3:39	3:47	8min
	F	5' V12'	3:50	3:51 ³⁰	3:51 ³⁰	3:54	2 1/2 min
	G	5' V	5:05	5:08	5:08	5:12	4min
	H	4' V12'	4:22 ¹⁵	4:23 ³⁰	4:23 ³⁰	4:25	1 1/2 min
	G	4 1/2' V12'	4:37 ³⁰	>30 min	—	—	F

REMARKS See page 2 for additional test notes

TYPE OF SOIL _____

TESTED BY A. McMillen ALSO PRESENT Mr. Roby

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 2'

INLET DEPTH 4" MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 180ft²

COUNTY #

SOIL PROFILE

reddish
c

1 1/2
lg+
tan/orange
SIL
mica

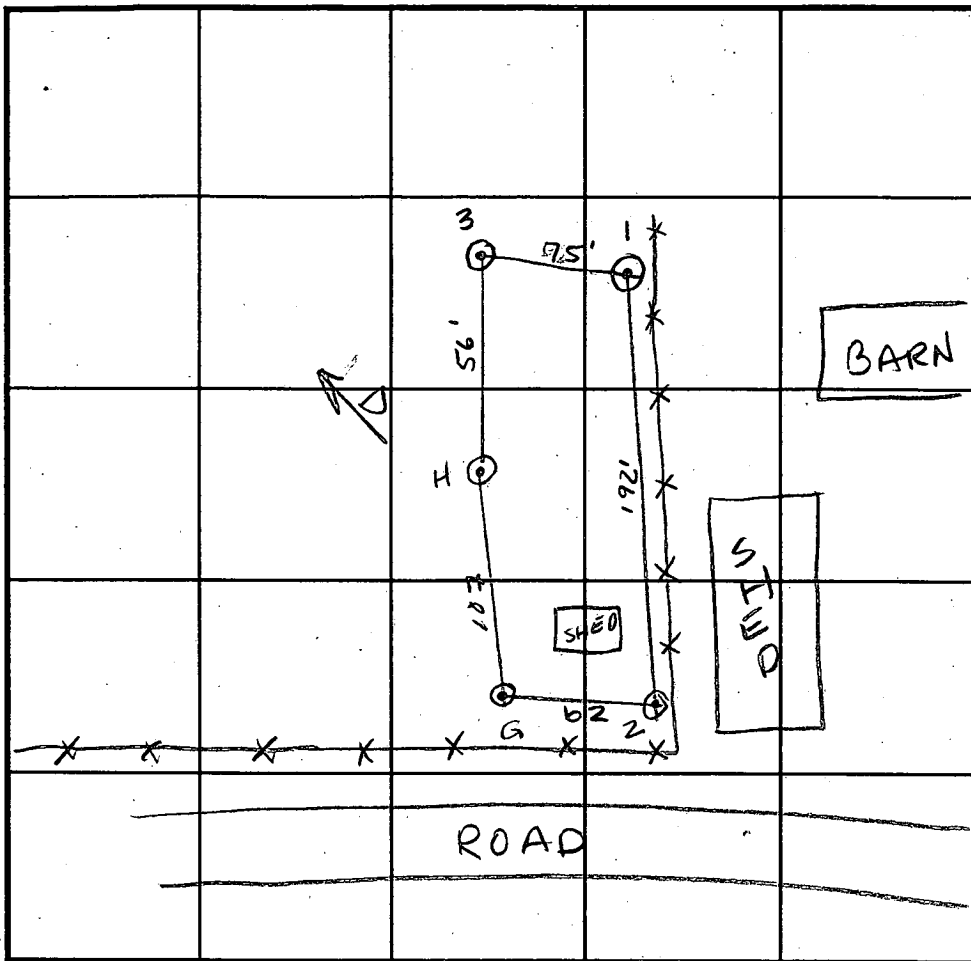
9'
tan
SIL
mica

12'
2,3
reddish
cl

1 1/2
lg+
tan/orange
SIL

2-3
6" dia
quartz
rocks
not interconnected
OK

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/29/94	1	4' / 12'	1:19 ³⁰	1:20	1:20	1:21 ⁵	1 1/4 min
7/29/94	2	Visual to	12'	OK	—	—	OK
7/29/94	3	Visual to	12'	OK	—	—	OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMiller ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

B 1 **1105**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND

STATE PERMIT NUMBER

H0-94-0179

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

APPLICATION FOR PERMIT TO DRILL WELL

please print or type

fill in this form completely

9/12/94
9/11

Date Received (APA)

071194

OWNER INFORMATION

ROBY **MEIL**

13240 GREENBERRY LANE

CLARKSVILLE MD 21029

DRILLER INFORMATION

MSD/MGD/MWD

Robert L. Cline

137

Cline & Duvall, Inc

8093 Hillmark Ct, Frederick

Robert L. Cline

21701

6-28-94

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

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)

APPROXIMATE DEPTH OF WELL **300** 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
- 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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEAN 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 **Am** PERMIT No. **H0-94-0179**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD

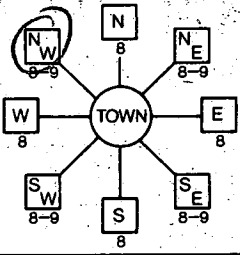
CLARKSVILLE

CLARKSVILLE

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) **3** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Greenberry Lane

13250 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



50 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A39339

COUNTY NAME COUNTY NO

STATE SIGNATURE _____ INSERT S

DATE ISSUED **082694** **Amy McMullen** **8/26/95**

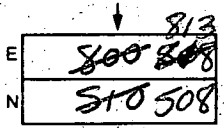
NORTH GRID: **508000** EAST GRID: **0813000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

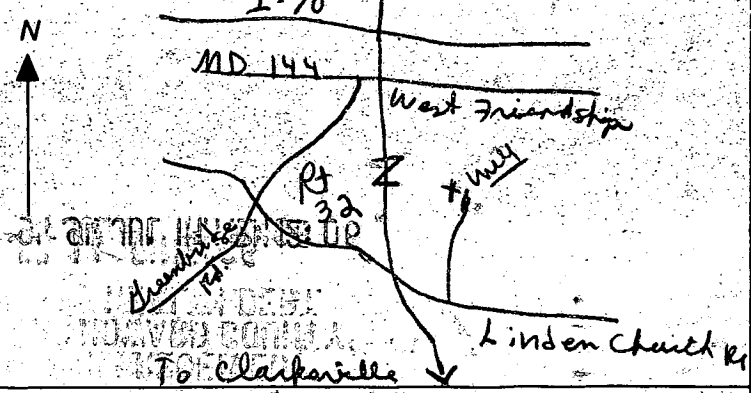
SOURCES OF DRILLING WATER

1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



9/12/94
md. 9:00
32 inches - OK
9 feet - 12 bags
HP 9/12/94

C1 8864

SEQUENCE NO. (DENV USE ONLY)

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 A39339

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

ST/GO USE ONLY

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM: PERMIT TO DRILL WELL

8 13

091494

22 275 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 H094-0179

OWNER ROBY Neil last name 13.240 GREENBERRY first name TOWN CLARKSVILLE MD

STREET OR RFD SUBDIVISION SECTION LOT

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 FROM TO

Check if water bearing

BROWN SHALE 0 20 GREY SLATE 20 275

WATER AT 85-105 245-253

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1125

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 31 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE 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

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 1 H0 31 275 2 3 4 5 6 7 8 9 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

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.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

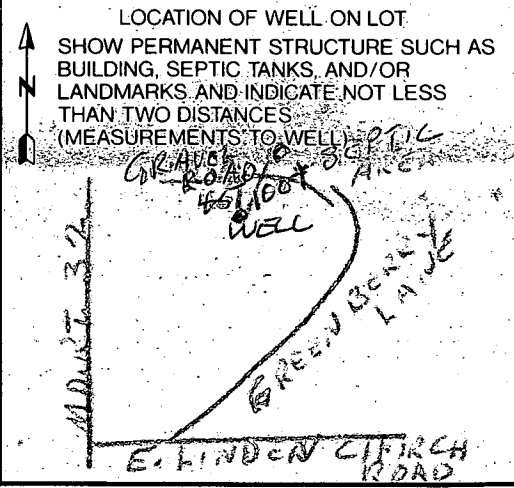
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 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

DRILLER WILL INSTALL PUMP (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,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 (nearest foot)



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

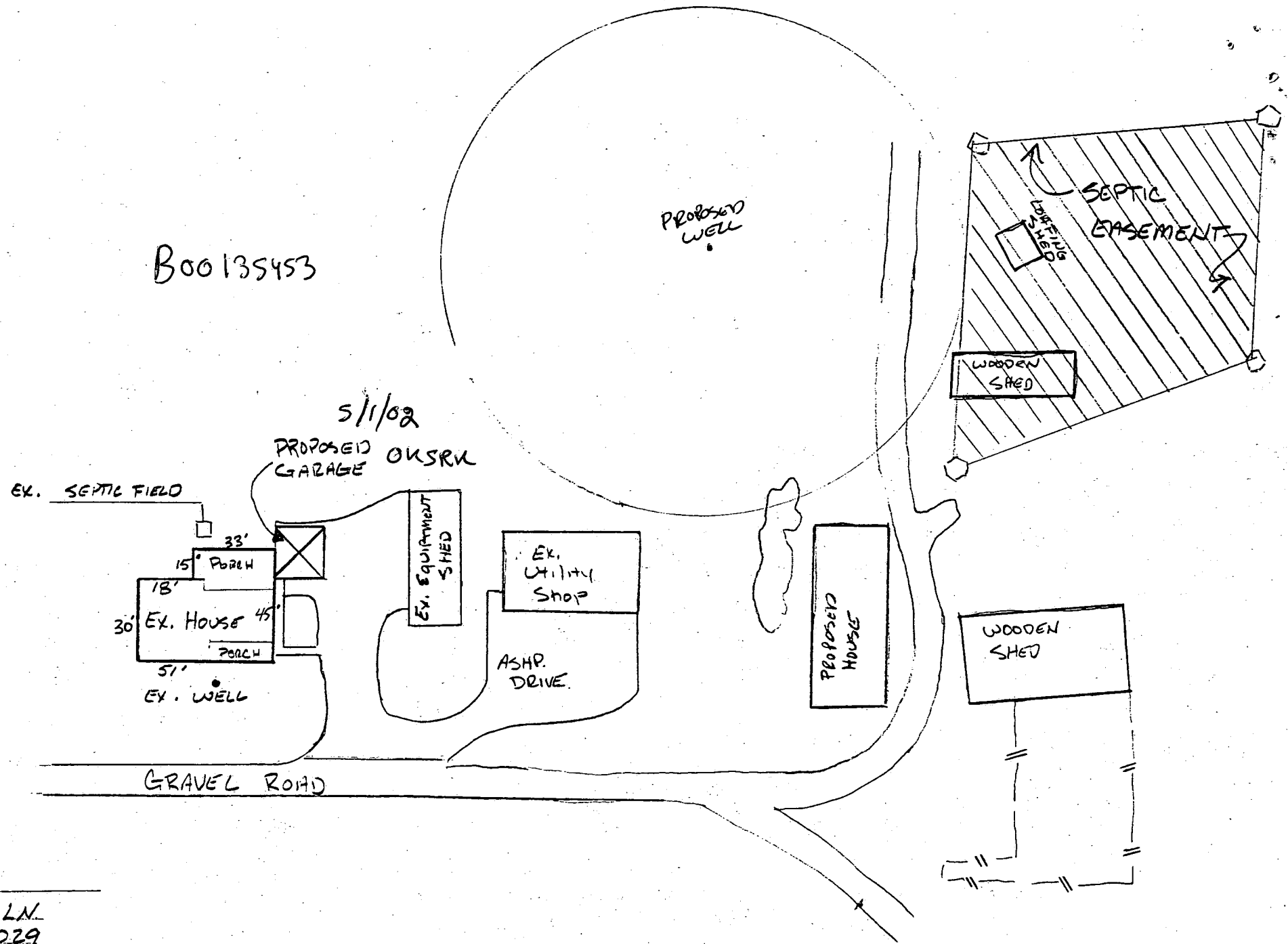
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 139 Robert Eline

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Robert Eline Jr.

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

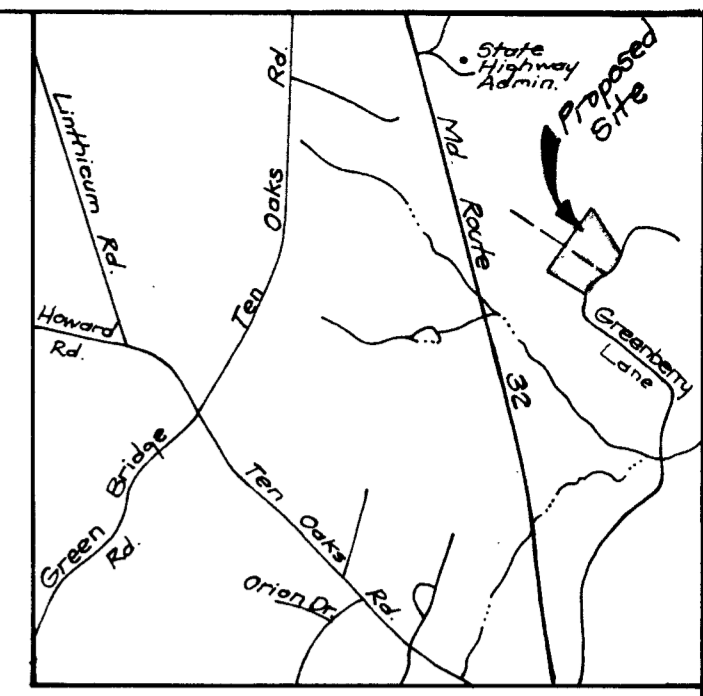
Boo 135453



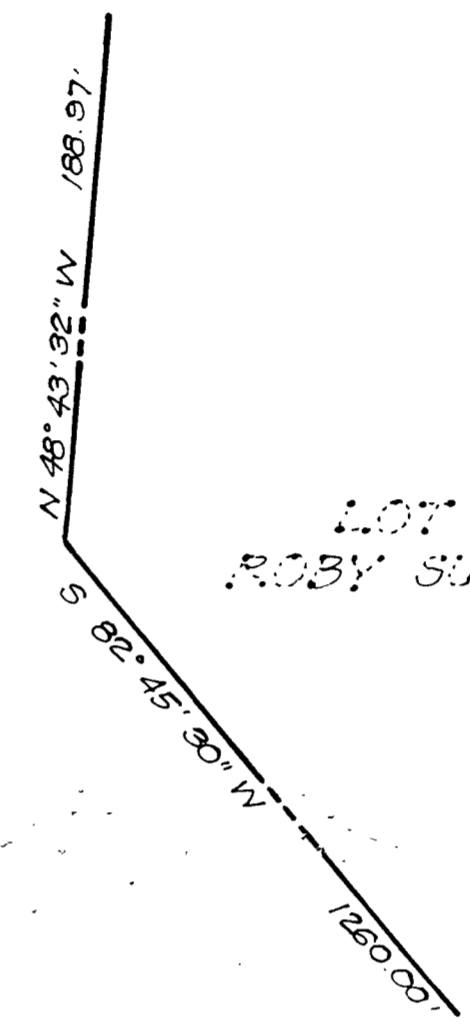
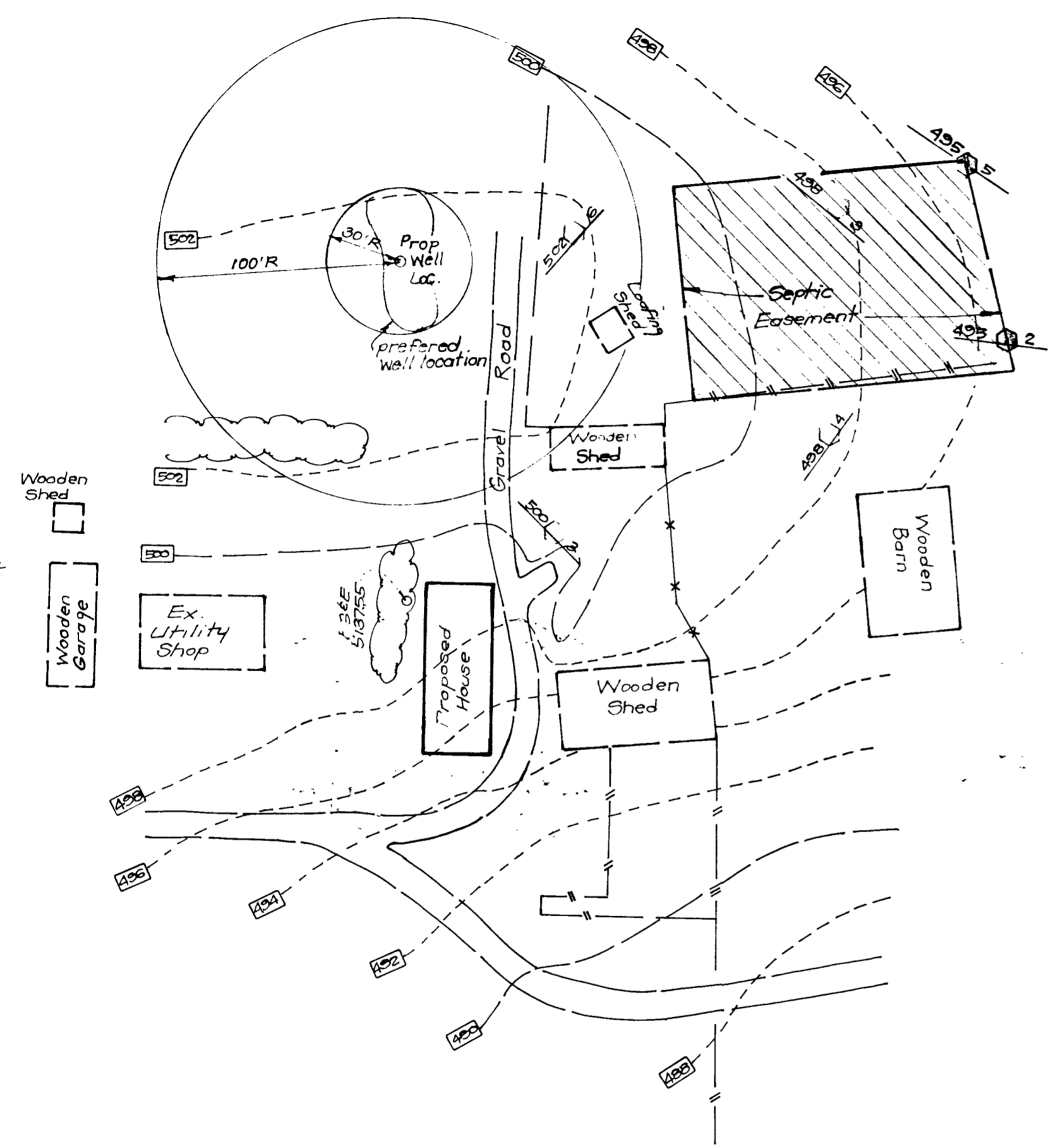
ROBY PROPERTY
13250 GREENBERRY LN.
CLARKSVILLE, MD 21029

LEGEND

- Contour Interval 2 Ft.
- Existing Contour
- Percolation Test Pit
- Existing Spot Elevation 500.3



VICINITY MAP
Scale: 1" = 2000'



**LOT 1
ROBY SUBDIVISION**



This area designates a private sewerage easement of 10,000 sq. ft., plus, as required by The Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements are null and void upon connection to a public sewerage system.

GENERAL NOTES

1. Existing topography was field run by Clark Finefrock & Sackett, Inc. dated 6-27-94.
2. Length of trenches to be determined at time of permit issuance.
3. The proposed dwelling is to be used as a Tenant House and is not intended for subdivision. All existing wells and septic systems with 100' of the property lines are shown.
4. Existing septic system was not evaluated for future repair potential.

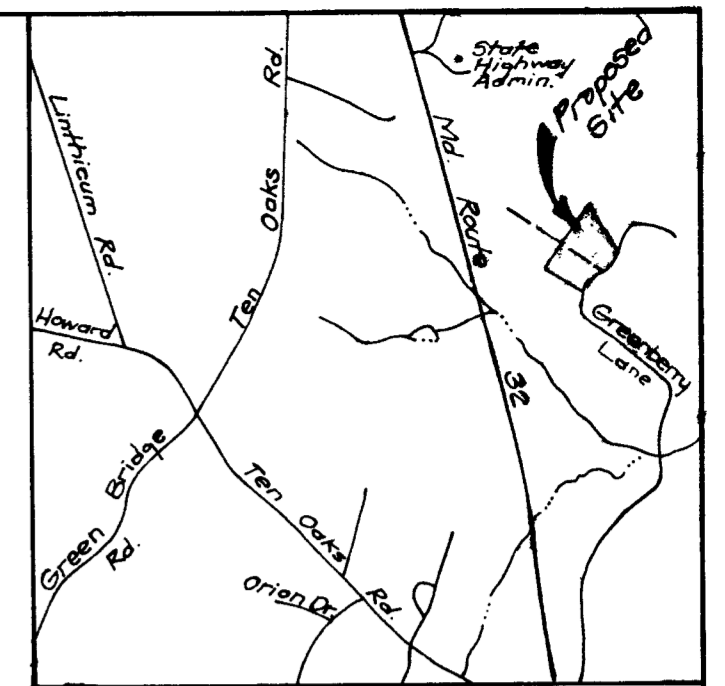
APPROVED: For private water and private sewerage systems.

Jayce M. Boydner per [Signature] 8/22/94
Howard County Health Officer [Signature] Date

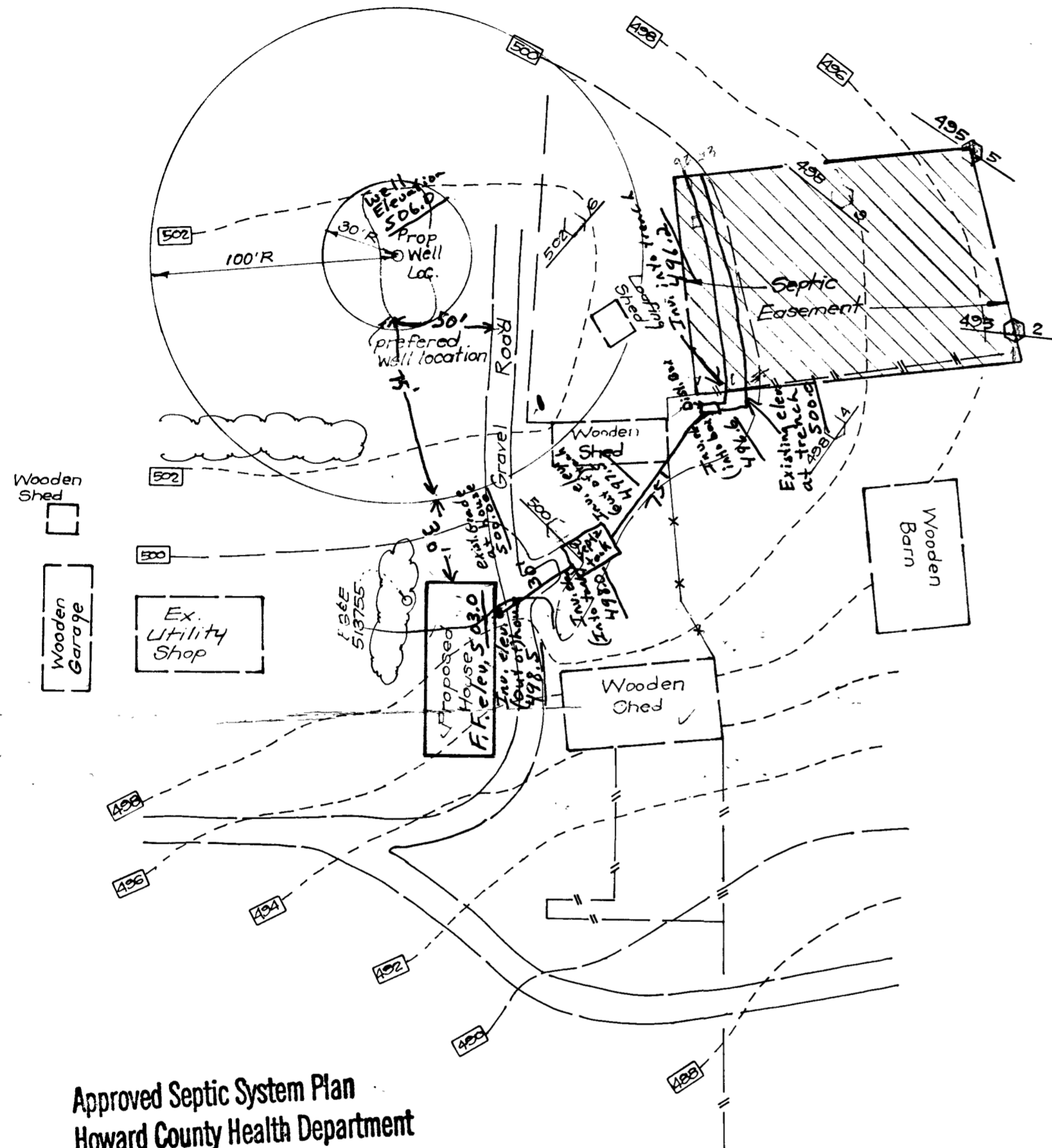
CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINISTREL WAY • COLUMBIA, MD 21045 • (410) 381 7500 BALTO • (301) 621 8100 WASH		
DESIGNED JME	PERC CERTIFICATION PLAT 13250 GREENBERRY LANE ROBY PROPERTY 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 OF 1
CHECKED JME		JOB NO. 94-125
DATE 6-30-94		FILE NO. 94-125X
For: MR. THOMAS ROBY 13240 Greenberry La. Clarksville, Md. 21029		

LEGEND

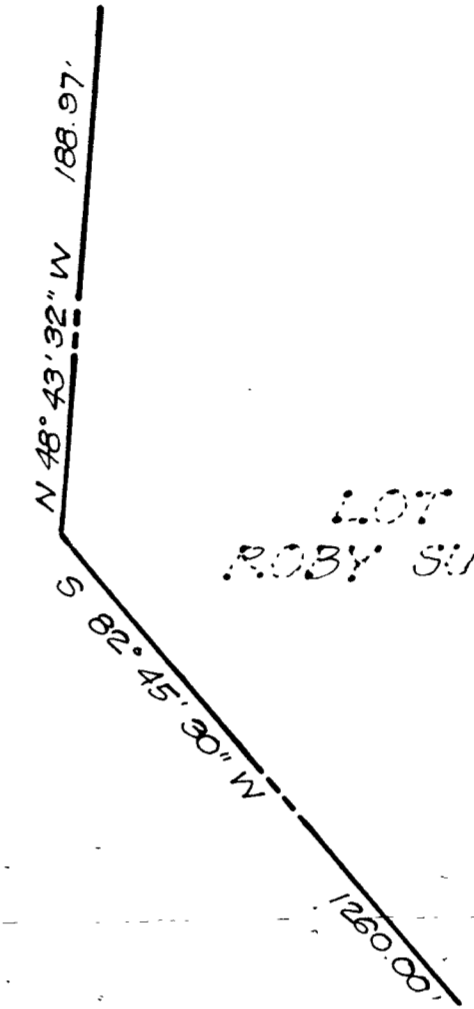
- Contour Interval 2 Ft.
- Existing Contour 500
- Percolation Test Pit
- Existing Spot Elevation 500.3



VICINITY MAP
Scale: 1" = 200'



all covered 10,000 sq. ft. (11,000)



**LOT 1
ROBY SUBDIVISION**



This area designates a private sewerage easement of 10,000 sq. ft., plus, as required by The Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements are null and void upon connection to a public sewerage system.

Approved Septic System Plan
Howard County Health Department

Amy M. Miller 9-29-94
Signature Date

GENERAL NOTES

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APPROVED: For private water and private sewerage systems.

Howard County Health Officer _____ Date _____

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS		
<small>7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381 7500 BALTO • (301) 621 8100 WASH</small>		
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