

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513266

A 50249

DISTRICT _____

DATE 2/16/00

DATE SYSTEM APPROVED 6/30/00

INSPECTOR S.R.N.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

05-341760

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670

SUBDIVISION Aldin & Sarah Payne LOT 6 ROAD 8465 Murphy Road

PROPERTY OWNER Walter W. Fountain

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting at the junction of the 488.13' and 491.88' property lines, place the distribution box 258' down the 488.13' property line and 80 feet off the 488.13' property line. Run trenches on contour toward the 488.13' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OC 8/20/99*

PLANS APPROVED BY Amy McMillen DATE 8-10-1999

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**

*REG. PERMIT SIGN'D
AND RETURNED 1-12-2000
Serial # B 10 122056
propene carb*

50249

C1 4591

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A50249

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 10 26 94

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. 40-94-0237

OWNER American Engineering last name first name STREET OR RFD Murphy Rd TOWN FULTON SUBDIVISION PAYNE PROP SECTION LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: TOP Soil, Sand Silt, Shale, Sand Stone, brown Mica, Sand Stone Mixed, gray Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 14, NO. OF POUNDS 1400, GALLONS OF WATER 70, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39 ft.

CASING RECORD

Case types insert appropriate code below: ST CO STEEL CONCRETE, PL OT PLASTIC OTHER. MAIN CASING TYPE ST, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 42.

OTHER CASING (if used)

Table for OTHER CASING with columns: 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

DEPTH (nearest ft.) grid with handwritten values: 8, 10, 200. 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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), WQ (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

C3

PUMPING TEST

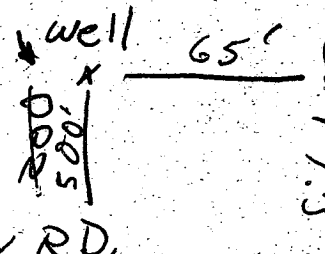
HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 10, METHOD USED TO MEASURE PUMPING RATE Budget, WATER LEVEL (distance from land surface) BEFORE PUMPING 36, WHEN PUMPING 41, TYPE OF PUMP USED (for test) S submersible.

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: 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, 35. PUMP HORSE POWER 37, 41. PUMP COLUMN LENGTH (nearest ft.) 43, 47. CASING HEIGHT (circle appropriate box and enter casing height) + above, - below. LAND SURFACE (nearest foot) 2.

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)



IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED yes Y, no N

- 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. 40, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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 # _____
 Date 4-12-00

Name of Installer Mark Brew

Telephone 3018540609

License Number 16761

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Walter Fountain Telephone 3018543609

Subdivision Aldin F & Sarah Paydot # 6 Well Tag # HO-94-0237

Site Address 8465 Murphy Rd Highland MD 20777

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make _____
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 _____

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 42"

Tank

1. Capacity WX203
2. Pressure relief valve? YES

Piping

1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 3'-6"

Well data

1. Depth 200 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

4/12/00 WPI O.K.
 HO-94-0237 (BB)

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: Mark Brew

Date: 4-11-00

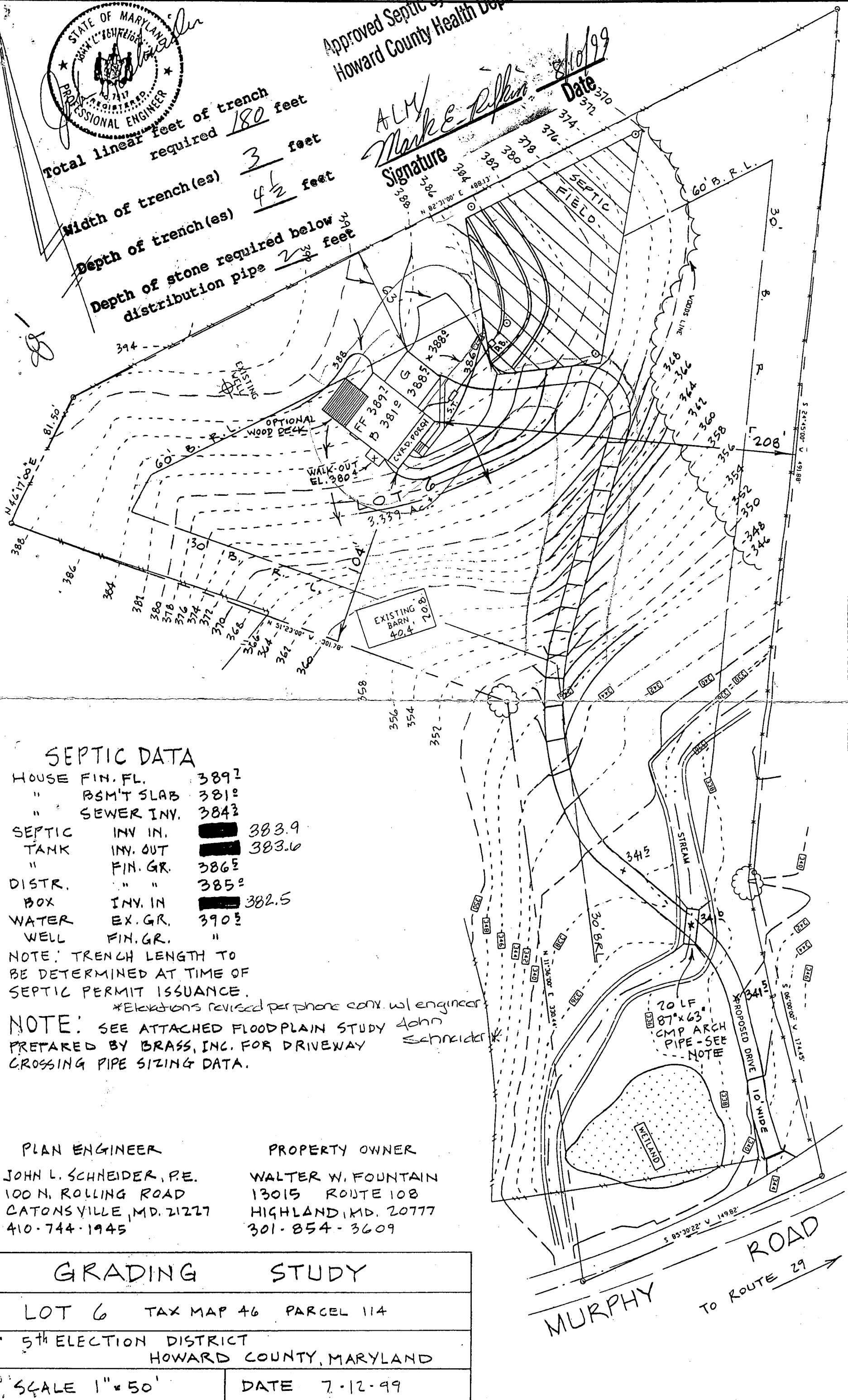
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



Approved Septic System Plan
Howard County Health Department

Signature: *ALM Mark E. Pflum*
Date: 8/10/99

Total linear feet of trench required 180 feet
Width of trench(es) 3 feet
Depth of trench(es) 4 1/2 feet
Depth of stone required below distribution pipe 2 3/8 feet



SEPTIC DATA

HOUSE FIN. FL.	389.7
" BSM'T SLAB	381.9
" SEWER INV.	384.2
SEPTIC INV. IN.	383.9
TANK INV. OUT	383.6
" FIN. GR.	386.5
DISTR. BOX INV. IN.	382.5
WATER EX. GR.	390.5
WELL FIN. GR.	"

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

*Elevations revised per phone conv. w/ engineer

NOTE: SEE ATTACHED FLOODPLAIN STUDY PREPARED BY BRASS, INC. FOR DRIVEWAY CROSSING PIPE SIZING DATA.

PLAN ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING ROAD
CATONSVILLE, MD. 21227
410-744-1945

PROPERTY OWNER
WALTER W. FOUNTAIN
13015 ROUTE 108
HIGHLAND, MD. 20777
301-854-3609

GRADING STUDY

LOT 6 TAX MAP 46 PARCEL 114

5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1" = 50'

DATE 7-12-99

MURPHY ROAD
TO ROUTE 29

9/12/94
10500

APPLICATION

PERCOLATION TESTING

A 50249

P _____

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

PERCOLATION OK
DEC 06.0 WOR
NO KNOWN TEST HISTORY

DISTRICT _____

DATE 9/2/94

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 WALTER FOUNTAIN

ADDRESS TRIANGLE PACIFIC 10500 PHONE 953-1221
EWING RD GREENBELT MD. 20705

AGENT OR PROSPECTIVE BUYER DAVID WRESSNER

ADDRESS 671 A MAIN ST. LAUREL PHONE 953 1221
MD. 20707

PROPERTY LOCATION:
SUBDIVISION ALDIN F. & SARAH E. PAYNE LOT NO. 6
SUBDIVISION SUBDIVISION OF

ROAD AND DESCRIPTION PRIVATE DRIVE OFF MURPHY RD.

TAX MAP 46 PARCEL # 8114

SIZE OF LOT 3.33 TYPE BLDG. SFD
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR A PLAT MR 9/12/94

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

A 50249

COUNTY #

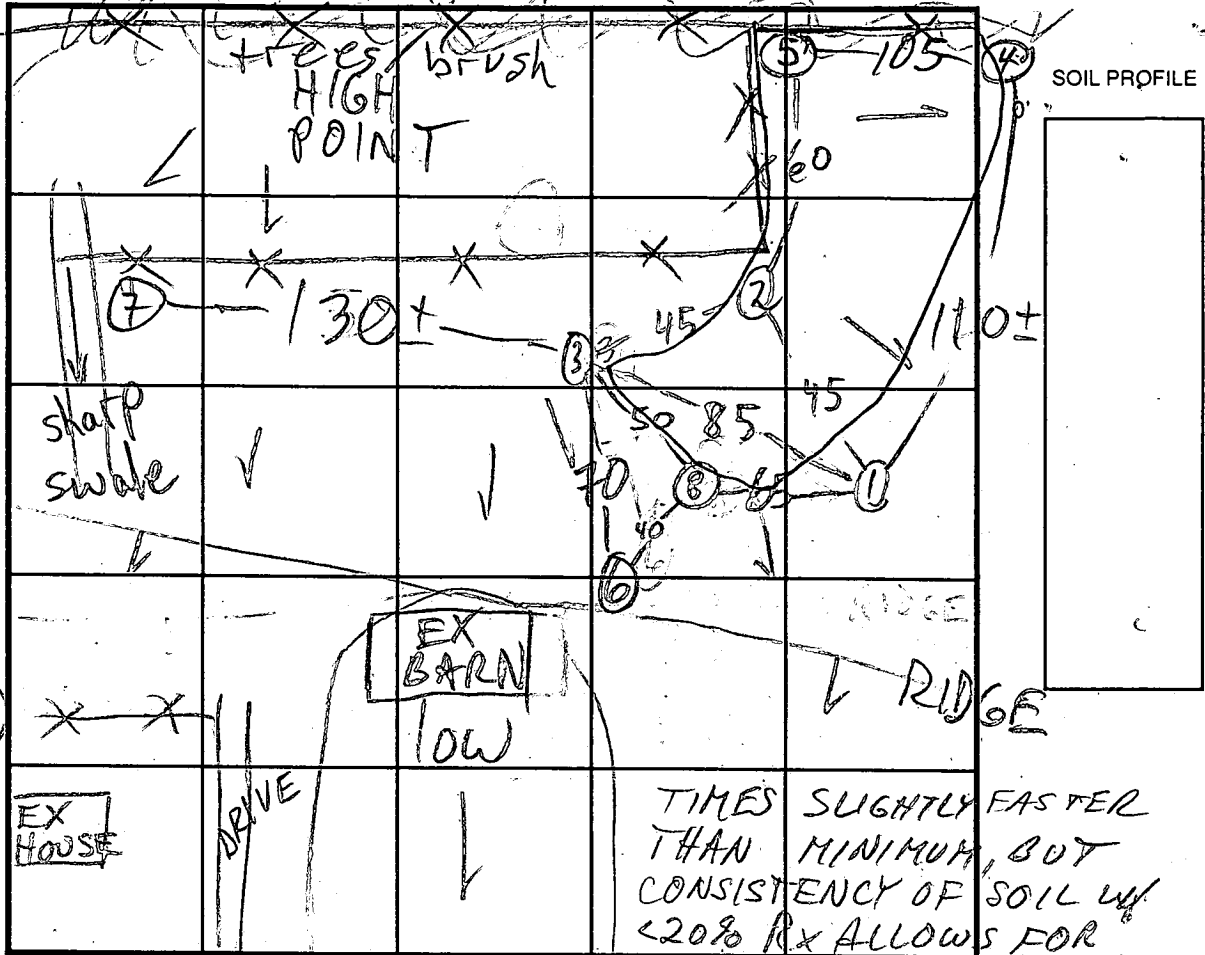
SOIL PROFILE

0' (1)
brn sa cl
1m

2
tan gray
sa mica
1m
15-20% mica
sapro lite
8 1/2
HARD BOT

2 1/2
3 1/2
tan gray
brn sa mica
1m
10-20% mica
sapro lite
11 1/2
13
HARD BOT

3
4
red sa cl
1m
10% frags
tan sa
1m
30-40% Rx
tan gray
sa mica
1m
25-30% frags
10



SOIL PROFILE

MURPHY INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/12/94	1 S	3 1/2	11:15:30	11:15:45	11:15:45	11:16:20	35 sec
	1 V	8 1/2	HARD	BOT - OK			
	2 S	4 1/2	10:44:00	10:46:30	10:46	10:52	6
	2 M	8 1/2	10:43:00	10:44:20	10:44:20	10:46:00	1 min 40 sec
	2 V	12	HARD	BOT - OK			
	3 S	4 1/2	10:53	10:59	10:59	11:18	19
	3 M	8 1/2	10:49:20	10:50:20	10:50:20	10:52:20	2
	3 V	11 1/2	HARD	BOT - OK			
	4 S	4 1/2	11:06:50	11:07:10	11:07:10	11:07:50	40 sec
	4 V	11 1/2	11:08:40	11:09:35	11:09:35	11:10:50	1 min 15 sec
	4 V	11 1/2	HARD	BOT - OK			
	5 S	3 1/2	11:16:45	11:17:25	11:17:25	11:18:25	1 min
	5 V	13	OK - NO HARD BOT				
	6 V	4 1/2	HARD - REFUSAL	FALL			

PER PLAN

PER PLAN

REMARKS 7 V 11 1/2 OK - NOT USED
 TYPE OF SOIL 8 V 10 OK NO HARD BOT
 TESTED BY M. Rifkin ALSO PRESENT D. Woessner, Arnold Crew
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3
 INLET DEPTH 2 1/2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 180

TOP SEAMED SEPTIC TANK

EMERGENCY/TEMP NO. IF ANY

B 1 **4075** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND**
APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-0237**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type *fill in this form completely*

OWNER INFORMATION
 Date Received (APA) **10/3/94**
AMERICAN ENGINEERING
 15 Last Name 34 Owner First Name
671-A MAIN STREET
 36 Street or RFD 55
LAUREL **MD 20707**
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
George F. Easterday **40**
 Driller's Name 77 License No. 80
L. Franklin Easterday INC.
 Firm Name
9265 Brown Church Rd Mt. Airy, MD 21711
 Address
George F. Easterday **10-10-94**
 Signature Date

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 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)

APPROXIMATE DEPTH OF WELL **250** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (for 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. CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM 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 _____ **G A P** _____
 54 63
 FORCE **MIL** WRITE INITIALS IN BOX PERMIT No. **HO-94-0237**
 67 68 70 71 72 73 74 75 76 77 78 79

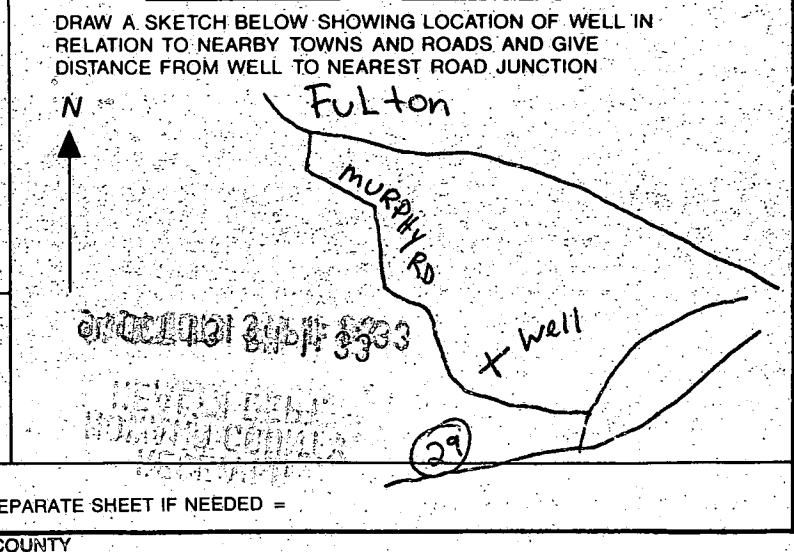
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
 COUNTY

LOCATION OF WELL
HOWARD
 8 COUNTY 21
ALDINE SARAH E. PAYNE
 23 SUBDIVISION 42
 SECTION _____ LOT **6**
 44 46 48 50
FULTON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

MURPHY
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST **EAST**
 34 **200** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A 50249**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **10/25/94** **Mark E. Kiffin** **10/25/95**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **476000** EAST GRID **0824000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELLS**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE:
 E **8204**
 N **4786**
 000 000





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 29, 1994

Mr. Walter Fountain
Triangle Pacific
10500 Ewing Road
Greenbelt, MD 20705

RE: Percolation Test Results
Application #'s: A50249
Proposed Use: Recorded Lot
Property ID: Aldin F. & Sarah E. Payne
Property, Lot 6
Murphy Road

Dear Mr. Fountain:

Percolation testing conducted September 12, 1994 on the above referenced property indicated limited satisfactory soil conditions. The primary limiting factors were fast percolation times and shallow depths to bedrock.

Copies of the percolation test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales or existing structures. A note must be included certifying that all wells and septic systems within 100' of the property boundaries have been shown.

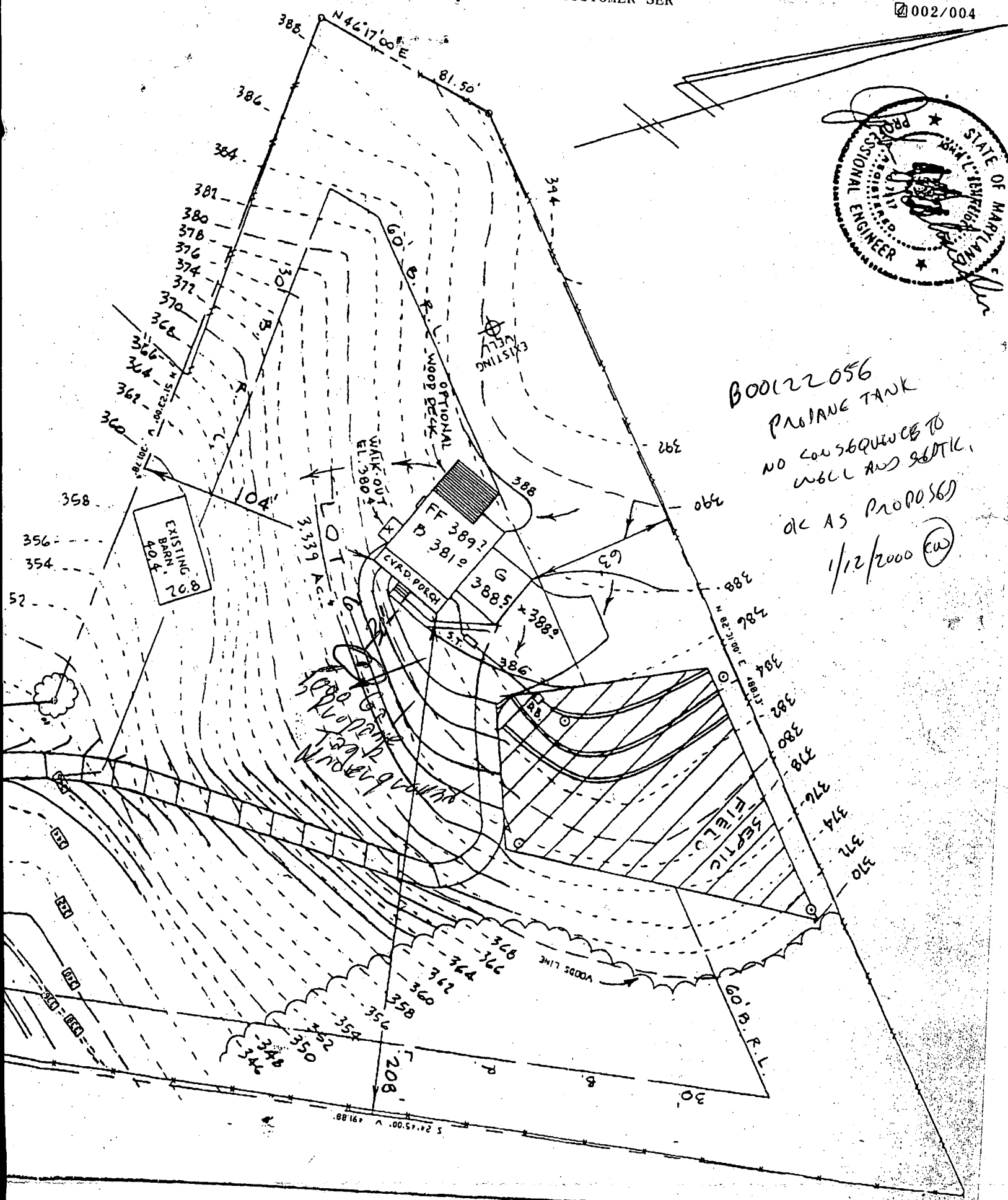
This should be submitted within sixty (60) days to allow field verification if necessary. If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 313-2640.

Very truly yours,
Mark E. Rifkin
Mark Rifkin, R. S.
Water and Sewerage Program

MR:at
Enclosures
cc: Tax Assessment Office
David Woessner




00122056
 PLANE TANK
 NO CONSEQUENCE TO
 WELL AND SEPTIC
 AS PROPOSED
 1/12/2000 (CW)

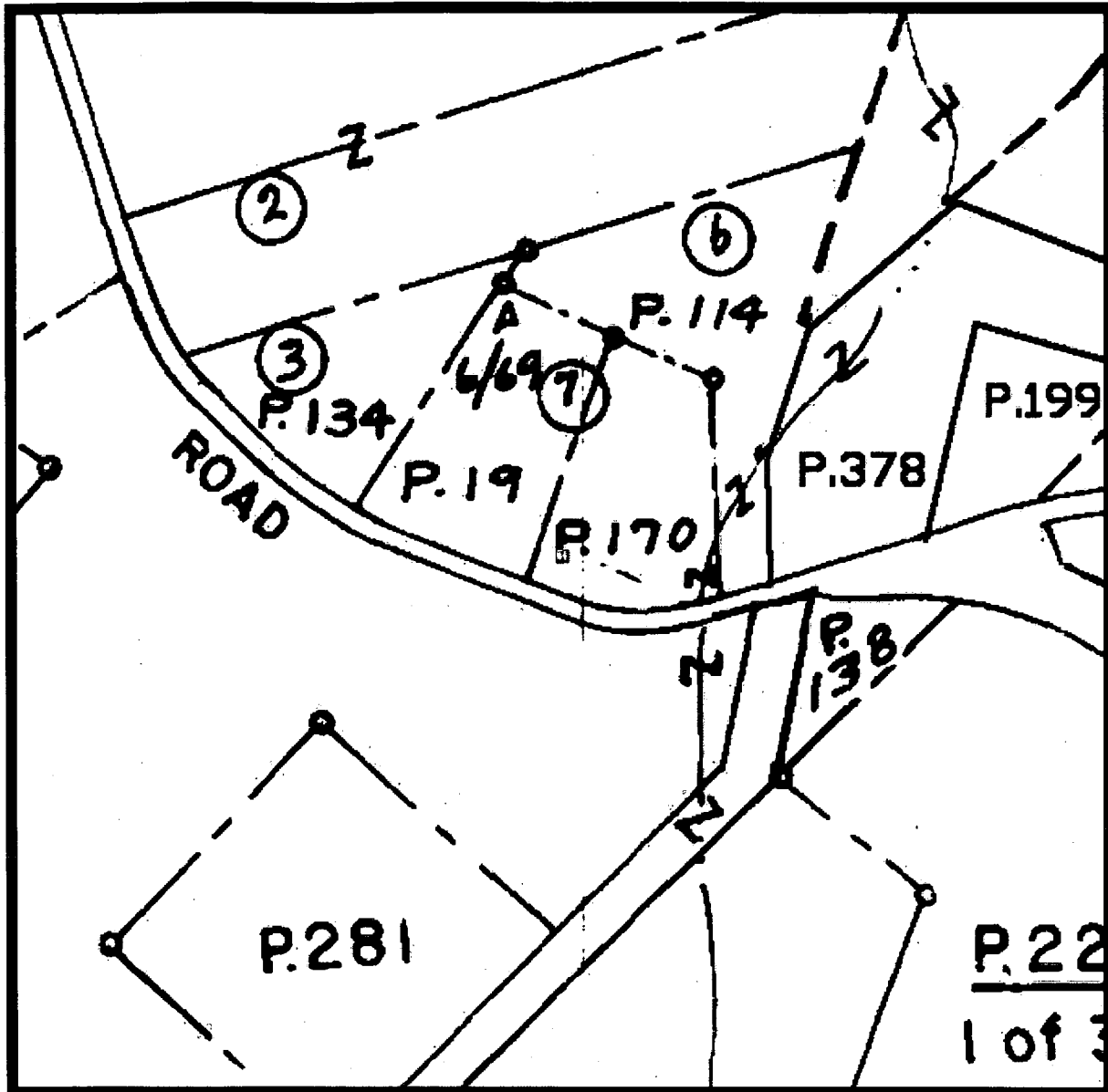


JOB: WALTER FOUNTAIN
 8465 MUR PHY R OAD.
 FULTON, MD. 20723

CONTRACTOR: POIST GAS COMPANY
 360 MAIN STREET
 LAUREL, MD. 20707
 (301) 725 3232

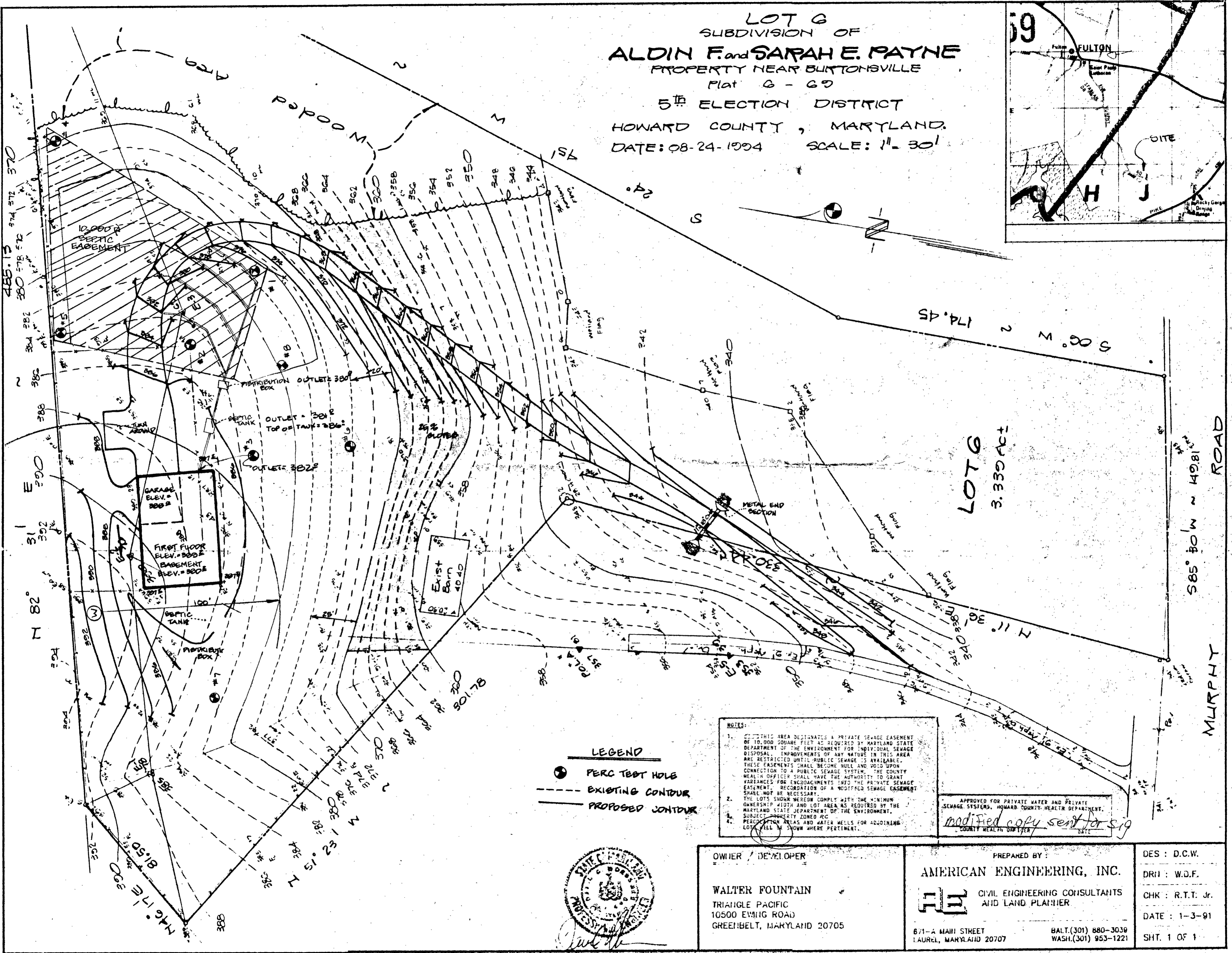
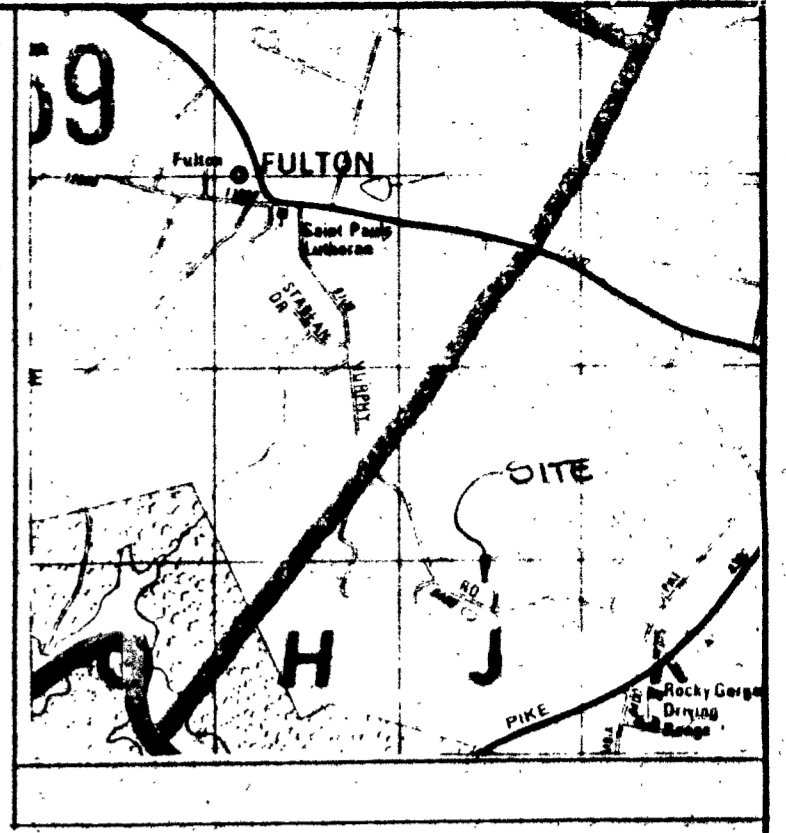
	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search
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District - 05 Account Number - 341752



Property maps provided courtesy of the Maryland Department of Planning ©2004.
For more information on electronic mapping applications, visit the Maryland Department of Planning
web site at www.mdp.state.md.us/webcom/index.html

LOT 6
 SUBDIVISION OF
ALDIN F. and SARAH E. PAYNE
 PROPERTY NEAR BURTONSVILLE
 Plat G - 69
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND.
 DATE: 08-24-1994 SCALE: 1" = 30'



LOT 6
 3.330 AC

MURPHY ROAD
 585' 80" W ~ 149' 81"

LEGEND
 ● PERC TEST HOLE
 - - - EXISTING CONTOUR
 ——— PROPOSED CONTOUR

NOTES:
 1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS 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 SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 2. THE LOTS SHOWN WERE TO COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 3. SUBJECT PROPERTY ZONED RC
 4. PERC TEST AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.
modified copy sent for sig
 COUNTY HEALTH OFFICER



OWNER / DEVELOPER
WALTER FOUNTAIN
 TRIANGLE PACIFIC
 10500 EWING ROAD
 GREENBELT, MARYLAND 20705

PREPARED BY:
AMERICAN ENGINEERING, INC.
 CIVIL ENGINEERING CONSULTANTS
 AND LAND PLANNER
 871-A MAIN STREET
 LAUREL, MARYLAND 20707
 BALT.(301) 880-3039
 WASH.(301) 953-1221

DES : D.C.W.
 DRN : W.D.F.
 CHK : R.T.T. Jr.
 DATE : 1-3-91
 SHT. 1 OF 1