

4/10/95
✓
SYSTEMS

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50634

A 50433

DISTRICT 5th

DATE 4-6-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 4/10/95

INSPECTOR C. Bo

353947

C. C. Cissel IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Bushrod W. Hopkins, et al LOT Existing Barn ROAD 6761 Haviland Mill Road

PROPERTY OWNER Bushrod W. Hopkins

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3 = 1 Barn

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 40 feet (more or less) from the barn and run trenches on contour. Trenches are running away from right side of barn toward private driveway when facing barn from Haviland Mill Road. Run trenches on contour.

NOTES - KEEP TRENCHES 100 FEET OR MORE FROM ANY WATER WELL. 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. B. Streaker DATE 03/15/95

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

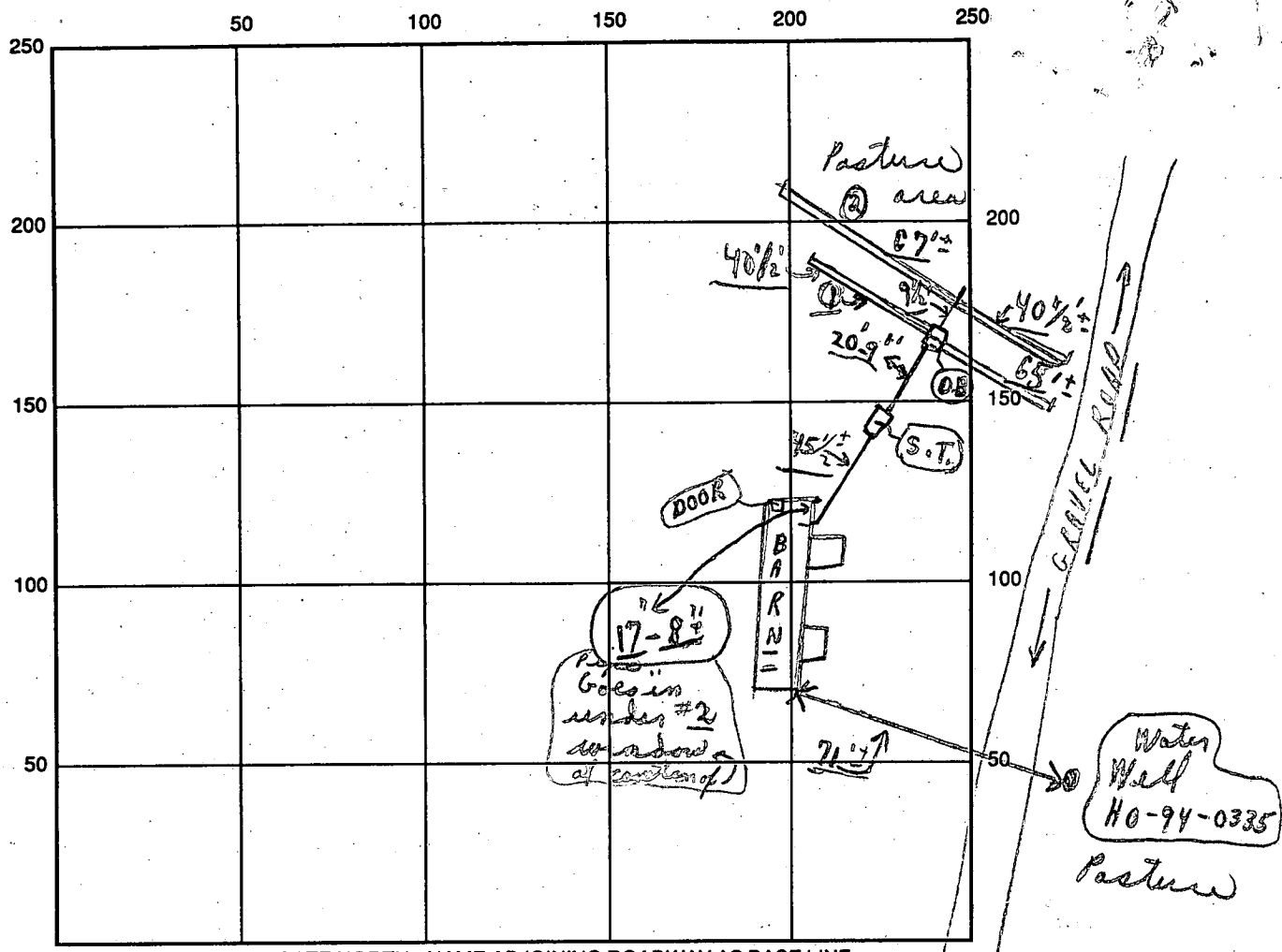
PERMIT VOID AFTER TWO YEARS

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
50433



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS (Manholes) OK *← Haviland Mill →*

DISTRIBUTION BOX LEVEL OK (Baffle's m)

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. { TOTAL LENGTH 210 FT.
 @ 40% @ 65' @ 108' @ 9 1/2' 3+

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 630 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS: 4/10/95 Final all work - done - at stop; cbs

4/10 W.P.I. 1 1/2 @ water well - only - seen - Final cbs

DATE SYSTEM APPROVED 4/10/95 INSPECTOR Charles Bryan Stecker

APPLICATION

12/27
10:00 (A.S.H.P.)

PERCOLATION TESTING

A 50433

P _____

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

DISTRICT 5th

DATE Dec 6th

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 Bushrod W. and Mary S. HOPKINS

ADDRESS 6761 Haviland Mill Road Clarksville Md 21029 PHONE 301-596-9158

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 21029
6761 Haviland Mill Road Clarksville Maryland 21029

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 37 acres TYPE BLDG. Farm Shop and Recreation Building
(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 12/27/94 for certified plat & water well site. C.H.S. D.S.

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

A50433

COUNTY #
(37 acres)
SOIL PROFILE
Hole ①

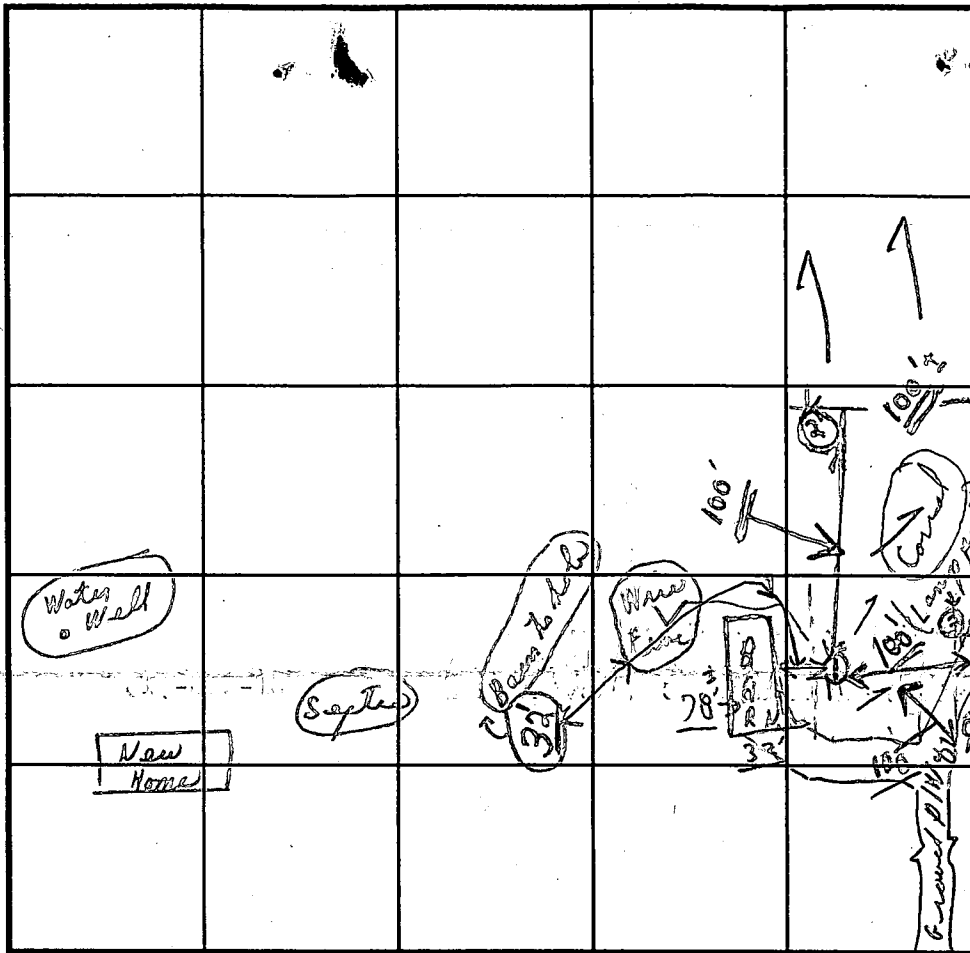
0'-4'
CLAY
5'
SANDY
LOAM
DRY
12'
Bottom

Hole ②

0'-5'
Clay
5'
LOAM
12'
Bottom

Hole ③

0'-5'9"
Clay
5'-9" to
Loam
12'
Bottom



SOIL PROFILE
Hole ④
0'-4'9"
Clay
4'-9" to
LOAM
Bottom
11 1/2'

Not needed
to

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Harland Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/27/94	①	4'	10:50	10:53	10:53	11:00	7m
	①	12'			Some Mica Loam		=
	②	5' ±	10:58	11:01	11:01	11:04	3m
	②	12'			Some Mica Loam		=
	③	5'-9"	11:20	11:23	11:23	11:28	5m
	③	12'		DRY	Loam	some small stones	
	④	4'-9"	11:05	11:07	11:07	11:11	4m
	④	11 1/2'		DRY	Some Mica Loam		=
	⑤	(Not done)					
	⑤	(Not needed)					

REMARKS 12/27 Tests in positions; tests per holes as shown
 TYPE OF SOIL near existing block water trees + fences in area of
 TESTED BY C. B. D. ALSO PRESENT (Mr. Cassel) per
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7m TRENCH WIDTH 3'
 INLET DEPTH 4 1/2' MAXIMUM BOTTOM DEPTH 6 1/2-7' SQ. FT./BEDROOM 210

B 1 **5330** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 APPLICATION FOR PERMIT TO DRILL WELL please print or type **HO-94-0335** ✓
70 fill in this form completely 78

Date Received (APA)
010595 **OWNER INFORMATION**
HOPKINS **W. B.**
 15 Last Name Owner First Name 34
676/HAVILAND MILK RD
 36 Street or RFD 55
CLARKSVILLE MD 21029
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
HOPKINS PROP
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **48** 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4** **MI**
 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
Joseph L. Mayne **24**
 77 License No. 80
Joseph L. Mayne WELL DRILLING
 Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
 Address
Joseph L. Mayne **1/5/95**
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 N W N E E S S W S
 8-9 8-9 8-9 8-9
 TOWN
 8-9 8-9
 8
NEAR WHAT ROAD
Haviland Mill Road
 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
169
 34 37
DISTANCE FROM ROAD
 ENTER FT OR MI **FF**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 **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)
 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#50433**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
DATE ISSUED **02/10/95** **Charles Bryan Steaks** **2/10/95**
 43 48 CO SIGNATURE EXP. DATE 41
NORTH GRID **493000** **EAST GRID** **0801000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

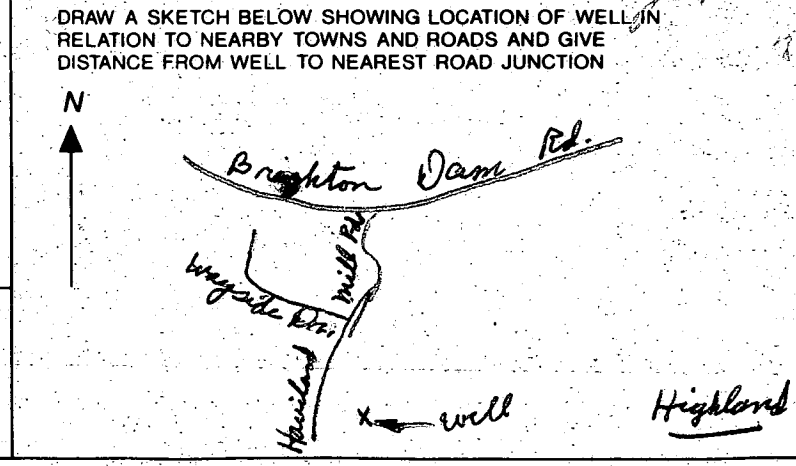
APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 30 **AIR-ROTARY** **AIR-PERCussion** **ROTARY** (Hydraulic, Rotary)
 37 **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 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)
APPROX. PERMIT NUMBER _____ **GAP** _____
 54 63
FORCE **WRITE INITIALS IN BOX** **PERMIT No.** **HO-94-0335**
 67 68 70 71 72 73 74 75 76 77 78 78

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 **800** 1
 N **490** 3
 000 000 (Von Top of art)



C1 5981

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 A 50433

ST/COUSE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 030695

Depth of Well 480

PERMIT NO. H0-94-0335

OWNER HOPKINS W. B. STREET OR RFD 6201 last name HAVILAND MELL ROAD first name TOWN HIGHLAND SUBDIVISION HOPKINS PROPERTY SECTION LOT

WELL LOG

GROUTING RECORD

C 3

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. Includes entries for SAND and GRAY Micr Rock.

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 18 NO. OF POUNDS 1692

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 320 TYPE OF PUMP USED (for test) S submersible

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

MAIN CASING TYPE S+ Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

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

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

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

WELL HYDROFRACTURED yes Y no N

- 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. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Table with columns: DEPTH (nearest ft.), SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH). Includes entries for 480, 61, 480.

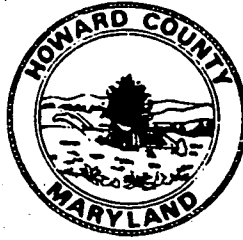
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q. TELESCOPE CASING LOG INDICATOR OTHER DATA

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) LAND SURFACE (nearest foot)

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)

See attached Well location



HOWARD COUNTY HEALTH DEPARTMENT

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

September 30, 1991

Reply to:

Mr. Thomas Y. Canby
6855 Haviland Mill Road
Clarksville, Maryland 21029

RE: Reservoir Swim Club
Haviland Mill Road

Dear Mr. Canby:

As discussed in our telephone conversation on September 11, 1991, this office has not received any plans for the proposed swim club referenced above. In response to your letter dated September 18, 1991 our office would reply to any preliminary Zoning Board action with a conditionally supportive position. Generally, we have no objection to proposed zoning changes as long as adequate well and septic capacity is provided.

If a particular project exceeded the site capacity for water use or sewage disposal, then a recommendation for disapproval of the site development plan or building permit request would be forthcoming.

Additionally, all Zoning Board actions present an opportunity for anyone affected by those actions to present their views for consideration. It is recommended that you look for Zoning Board postings on the property in question and respond with the concerns expressed in the above referenced letter.

Please understand that our involvement with this project would be triggered if someone presented the Department of Planning and Zoning with a proposal for development. Otherwise we would not be involved.

If you have any further questions, please contact this office at 461-9933.

Very truly yours,

Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:jr

THOMAS Y. CANBY

6855 Haviland Mill Road
Clarksville, Maryland 21029

18 September 1991

Ms. Jane Nadeau
Howard County Health Department
Bureau of Environmental Health
Suite H
3525 Ellicott Mills Drive
Ellicott City, MD 21043

Dear Ms. Nadeau:

I was grateful for the chance to talk with you on the phone. I will outline here my concerns about the environmental health aspect of the swimming and tennis facility proposed by the Reservoir Swim Club.

As described by the club chairman, Ms. Judy Simmons, the facility would occupy some five acres of the Bushrod Hopkins tract on the Howard County segment of Haviland Mill Road. According to Ms. Simmons, a contingency contract with the seller permits a delay in determining the exact location of the facility on the tract pending, among other things, the acquisition of 200 membership applications by September 30, 1991. The planned membership could rise to 400 families. According to Ms. Simmons, the facility would be open during the three summer months.

My environmental concern, and that of numerous neighbors, relates to the inevitable impact of the facility on the supply of groundwater. For most of us here in western Howard County, as well as for numerous households in neighboring eastern Montgomery, well water is scarce--often acutely so. This stems from the unfortunate fact that we live atop a hydrologically impoverished schist formation that characterizes this section of Patuxent River drainage.

Our own well yields an adequate 3.5 gallons a minute, but only after we drilled down 350 feet and picked up two thin aquifers. Before striking water we drilled two dry holes, each 350 feet deep, and experienced a real fear of having to abandon our 3.2 acres.

Our next door neighbors, the Anderson family at 6805, draw one gallon a minute. They are immediately adjacent to the Hopkins tract. Virtually every other family with whom I have spoken shares the water problem, drawing between one and three gallons a minute.

THOMAS Y. CANBY

6855 Haviland Mill Road
Clarksville, Maryland 21029

On the Montgomery side of the Patuxent, where I lived until 10 years ago, the situation is equally bad. At my former home at 211 Haviland Mill, the well went dry and I drilled four holes to find water. Residents of the Brinkwood subdivision frequently find their wells temporarily drying completely when a neighbor draws too much.

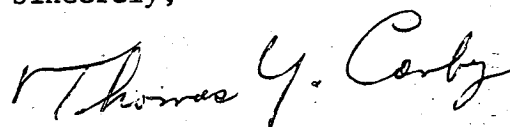
In summary, the neighborhood lives under a threat of water shortage, and in some instances there is competition for water, with its resulting divisiveness. About two years ago, long before the Reservoir proposal, the severity of the problem prompted me to contact one of the state offices--whether geology or environment I cannot recall--where I unsuccessfully requested a moratorium on residential development because of groundwater scarcity and depletion.

The residential development permissible under our current zoning poses a miniscule threat compared to that of the 400 member families of the proposed facility. Looking at a worst-case scenario, which one must in this case, a thousand persons could be flushing toilets on a summer weekend. The strain on the groundwater supply would be catastrophic, for club members and for those of us already here. I have not referred to the massive problem of sewage drainage fields, which must lie virtually on the banks of Dorsey Creek only a quarter-mile upstream of its discharge into the Patuxent.

I think the county would be well served not only to reject the proposed facility but to undertake a careful study of the groundwater situation and its significance regarding future development. A small effort today could save enormous grief in the foreseeable future.

Thank you again for your cooperation. Please feel free to contact me at home, 854-2772, or at my office, 202/857-7257.

Sincerely,



cc: Ms. Simmons

County ~~City~~ Council Representative
A few involved neighbors

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 6001 ± Haviland Mill Road, Bushrod Hopkins^{W.} ZIP _____

OWNER Tax Map 34 Parcel 129 Grid 19
OCCUPANT ADDRESS A 34881 PHONE _____

COMPLAINANT Tom / Susan Canby ADDRESS 6855 Haviland Mill Rd PHONE H 854-2772
TOM W: 202-857-725
Susan W: 202-857-772

REASON FOR INVESTIGATION Mr. Canby is concerned about

a proposed swim and Tennis Club to be built on 5 acres off of
a ~~50~~^{56.0} to 60 acre parcel. Mr. Canby is concerned CODES _____

RECEIVED BY Jane Nadeau DATE 9-10-91 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT about ground water quality and quantity in the area.
His well has a 3.5 gpm yield with another neighbor adjacent to
proposed club, having a well yield of 1.5 gpm. Many dry holes and
deep wells have been drilled in the area.

9-11-91 Discussed attached comments with Tom Canby.
No zoning Board signs have been posted yet. I suggested
he look for a public hearing date and respond if he
desires. Referred to Plan Review Director, JEN

9-12-91 No information received from zoning Board according
to Plan Review Director, JEN

DATE SUBMITTED _____ SANITARIAN _____

9-11-91

JUNE

a) HAVEN'T HEARD OF IT YET,
BUT THAT'S AN INFORMAL RESPONSE.

b) EXPLAIN WE RESPOND TO
ANY PROPOSED ZONING ACTIONS,

~~IF HE CAN LOG~~

ASK: "HAVE THERE BEEN Z.B. POSTINGS
ON THE PROPERTY?" "WHAT WAS #?"

IF SO - WE CAN SEARCH FOR OUR
RESPONSE

IF NOT - THEN THE PROJECT
HAS ^{NOT} BEEN PRESENTED FOR REVIEW YET.

ADVISE: "THE ZONING PROCESS
ALSO PRESENTS AN OPPORTUNITY
FOR ANYONE AFFECTED TO PRESENT
THEIR VIEWS"

ALSO EXPLAIN: OUR FIRST RESPONSE
WILL BE MOST CERTAINLY ^{CONDITIONALLY} SUPPORTIVE?

"WE HAVE NO OBJECTION TO ANY
ZONING CHANGE AS LONG AS
ADEQUATE WELL AND SEPTIC CAPACITY IS
PROVIDED."

YES TO ZONING ACTION CAN BE
FOLLOWED BY NO TO SDP OR BP
IF THE PARTICULAR PROJECT IS

Discussed these
comments with
Mr. Tom Canby -
JENadeau

HAVILAND

MILL

RD

LOT 1
HOPKINS SUBDIVISION
PLAT No. 9289

S54°11'14"E 208.54'

N77°47'08"E
145.00'

S61°59'14"E
75.00'

300.00'

N28°00'16"E

UTILITY
POLE

100'

PROPOSED
WELL

EX.
BARN

HOWARD COUNTY
DEPARTMENT NO.

450

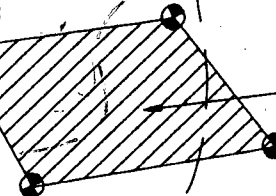
445

440

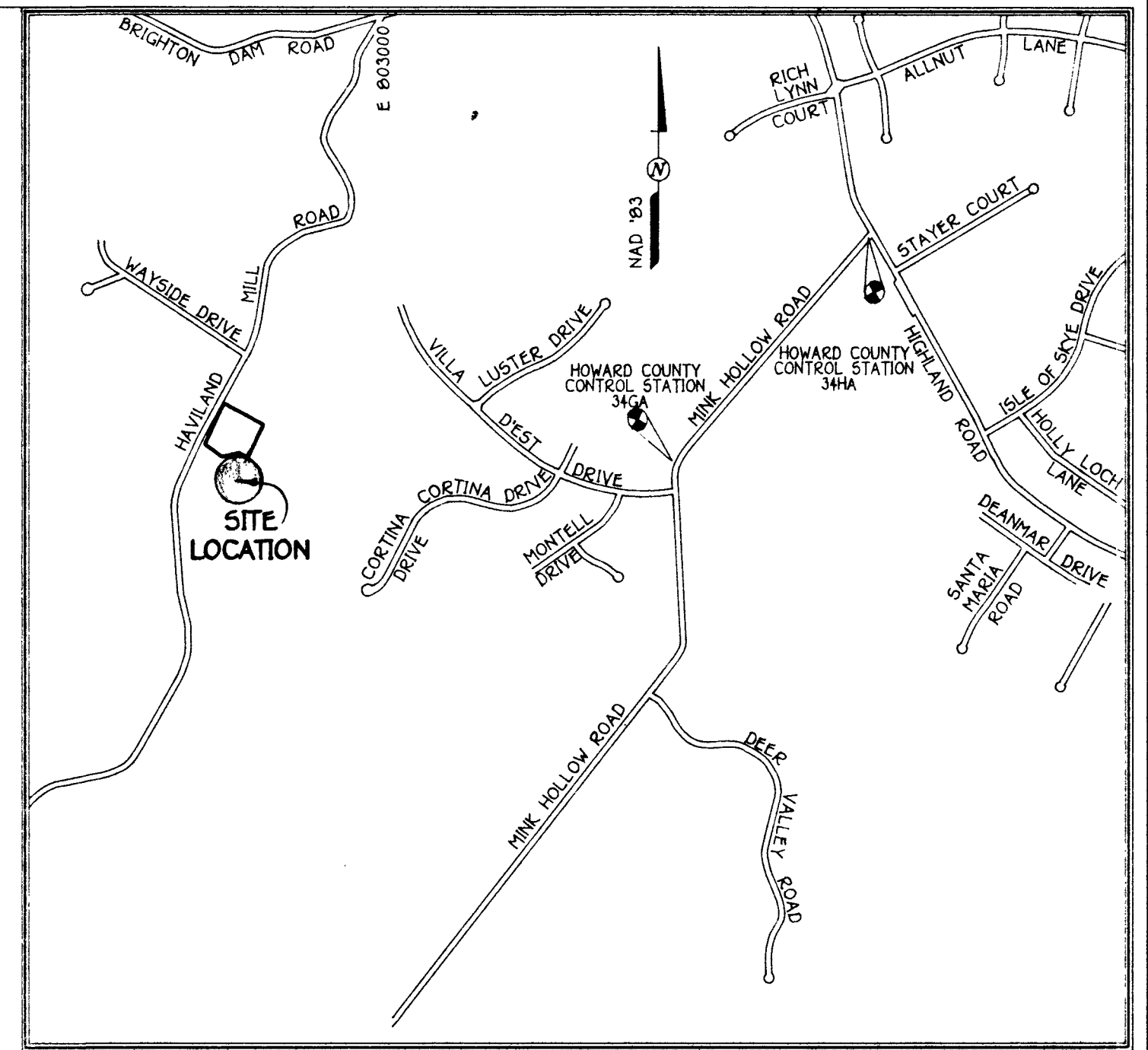
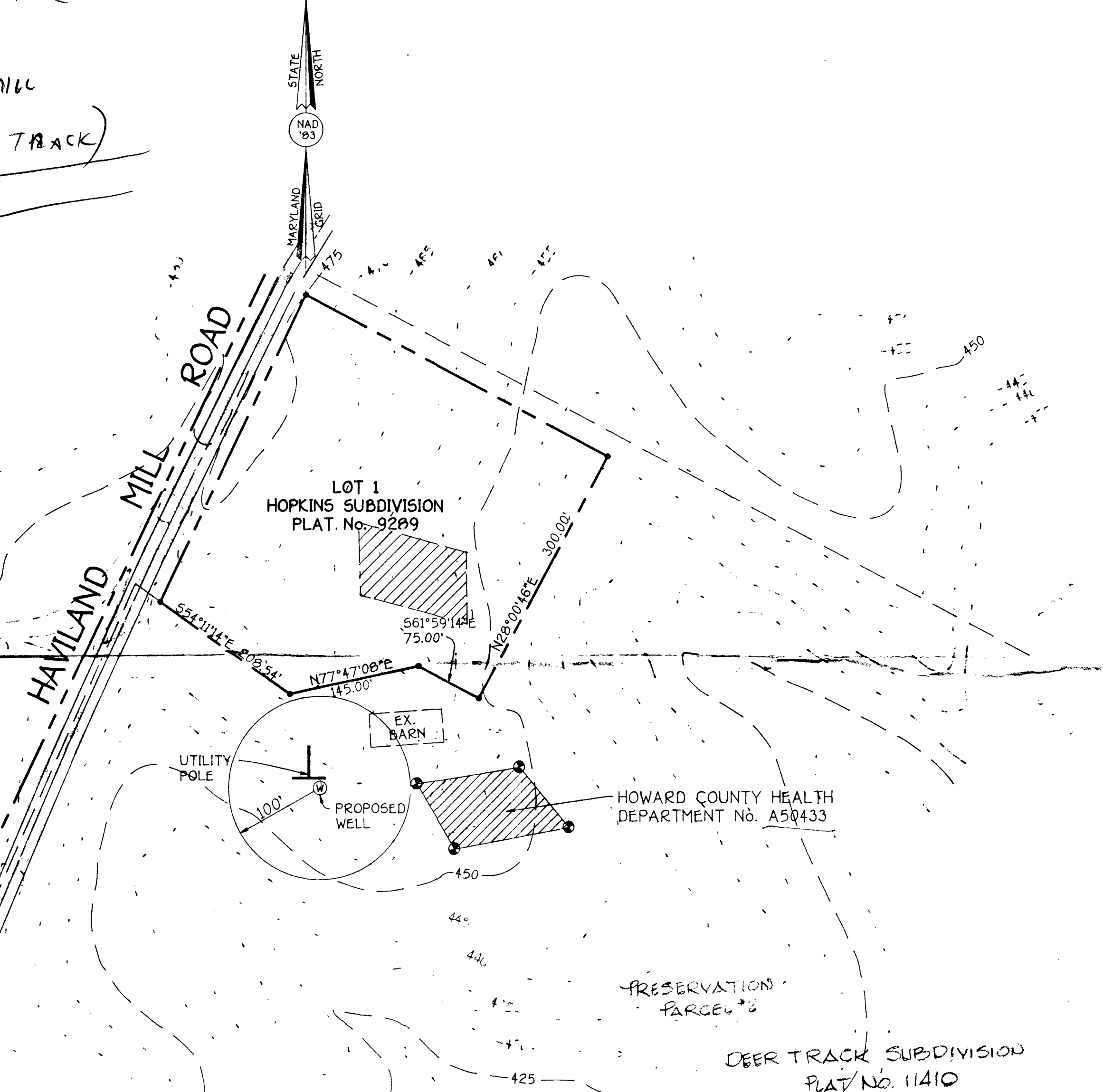
*Notes
See
at [unclear]
2/10/95*

*2/10/95
9 1/2'*

Survey CR



HOPKINS REQUEST
SEPTIC PERMIT FOR
BARN
6761 HAVILAND MILL
(SEE ALSO DEER TRACK)



VICINITY MAP
SCALE: 1" = 1200'

#LOT NUMBER	PREVIOUS LOT NUMBER	AVERAGE PERC TIME IN MINUTES PER SECOND INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEVATION WITH REFERENCE TO EXISTING GRADE AT TIME OF PERCOLATION TEST.	
			INLET DEPTH (FT.)	COUNTY NUMBER
--	--	7 MINUTES	4.5 FEET	A-50433

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

County Health Officer: *Joseph Zedler* DATE: 2-8-95

NOTES

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQ. FT. 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. ALL WATER WELLS ARE SHOWN WITHIN 100 FT. OF SEPTIC AREA.

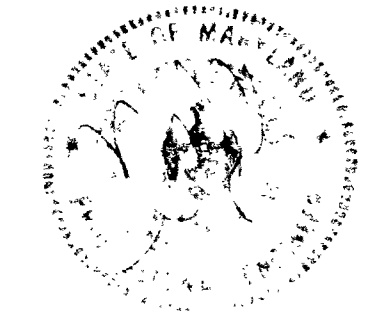
PERC CERTIFICATION PLAN
PROPERTY OF
BUSHROD AND MARY HOPKINS

TAX MAP 34 PARCEL 129
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Scale: 1" = 100'

DATE: FEBRUARY 1, 1994
SHEET 1 OF 1

OWNERS
BUSHROD AND MARY HOPKINS
6761 HAVILAND MILL ROAD
CLARKSVILLE, MARYLAND 21029



FISHER, COLLINS & CARTER, INC.
977 BALTIMORE NATIONAL PIKE, SUITE 100
ELLCOTT CITY, MARYLAND 21042
(410) 461-2255

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

APPROVED
10/22/85
RH P 36104
A 34881

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330 461-4933

05-353947

ELLICOTT CITY
DISTRICT 5th
DATE 10/17/85

INDEXED

Rawcon Construction IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 465-2771

SUBDIVISION _____ ROAD 6701 Haviland Mill LOT _____

PROPERTY OWNER Bushrod Hopkins Property

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the first trench 225 feet from the front lot line and 225 feet from the right lot line as seen when facing the property from Haviland Mill Road. Run trench(s) along level ground toward right lot line.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above

BUILDING PERMIT SIGNED AND RETURNED

3118104 600146878-5DRM + MUD ROOM

PLANS APPROVED BY C. Williams DATE 4/17/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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. **BUDG. PERMIT SIGNED AND RETURNED**

PERMIT VOID AFTER THREE YEARS.

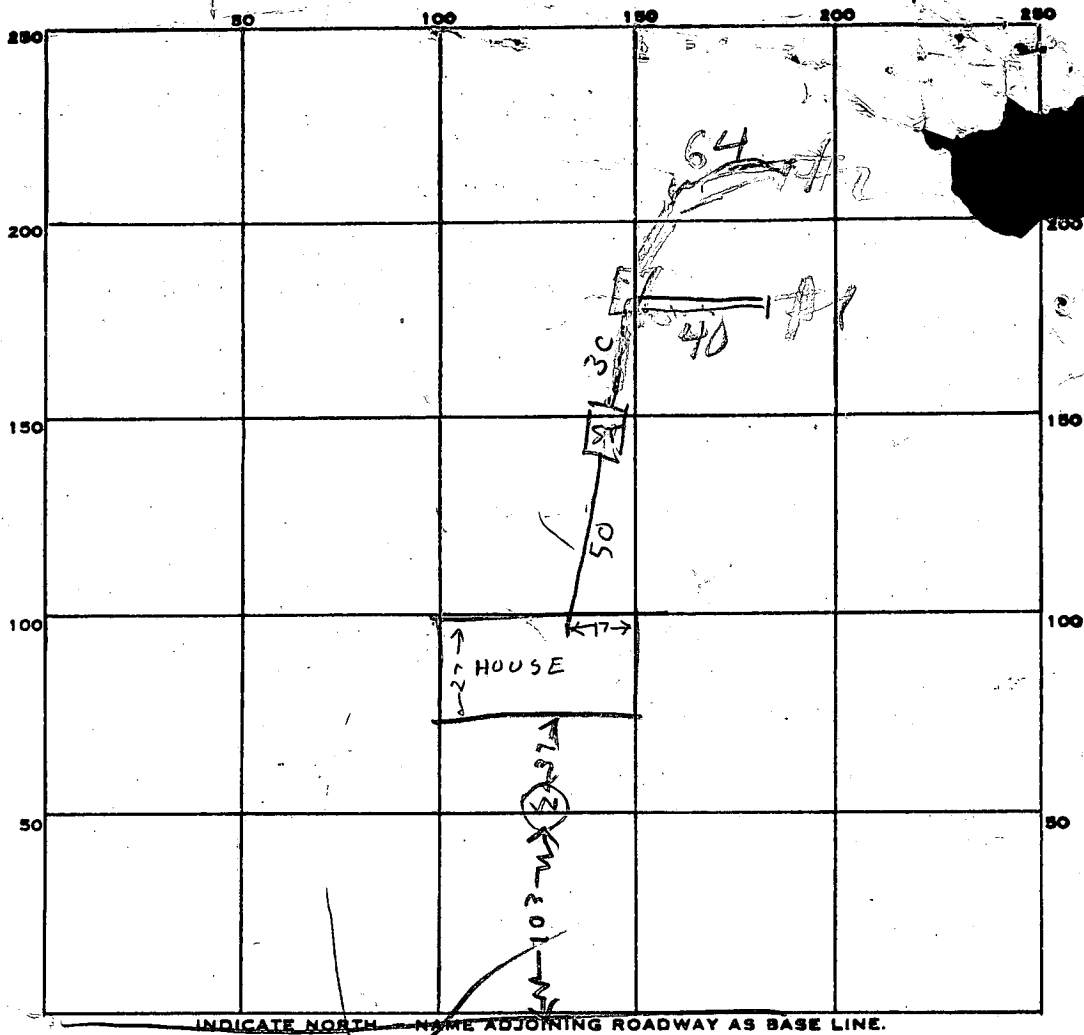
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED. 1 Story addition

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34881



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

ST
N^o OK

SEPTIC TANK, LEVEL OK 1000 TOP 2 1/2 FT
BELOW GRADE

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 | 9 FT. TRENCH WIDTH 2 | 2 FT.

GRAVEL DEPTH 8 | 8 IN. TOTAL LENGTH 36 | 37 FT.

NUMBER OF TRENCHES 2

ONESIDE TOTAL BOTTOM AREA 600

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/18/85 - LOCATION OK DIG TRENCH & INSTALL CLEANOUT RH

10/10/85 - TRENCH PARTLY DUG DIG TRENCH LONGER

& ADD STONE COVER HOUSE SEWER RH

10/22/85 TRENCHES FINISHED 600 SQ FT INSTALLED

540 SQ FT REQUIRED. TWO TRENCHES BECAUSE

HIT ROCK ON TRENCH #1

DATE SYSTEM APPROVED 10/23/85

INSPECTOR Raymond Hoag

64
36
0

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.)

Custom Concepts, Inc.
(Name) per James R. Schmitt

6766 Haviland Mill Rd.
(Address)

Ho-81-0928
(OEP Well Permit Number)

3/18/85
(Date)

C1 **9582** 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 34881**

DATE Received [] DATE WELL COMPLETED **04/24/85** Depth of Well **300** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-0928**

OWNER **CUSTOM CONCEPTS**
 STREET OR RFD last name **6761 HAVILAND MILL RD** first name TOWN **HIGHLAND**
 SUBDIVISION **TAX MAP 34 PARCEL 139** 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		Check if water bearing
	FROM	TO	
topsoil	0	1	
Red shale	1	18	
brown mica schist	18	28	
SANDSTONE	28	45	
brown mica schist	45	58	
GRAY MICA SANDSTONE	58	62	<input checked="" type="checkbox"/>
SANDSTONE	62	78	
GRAY MICA SANDSTONE	78	160	
SANDSTONE	160	163	<input checked="" type="checkbox"/>
GRAY MICA	163	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **75**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **32** ft.
 (enter 0 if from surface)

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

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
5+ **6** **34**

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

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

C2
 DEPTH (nearest ft.)
 1 **40** 32 300
 2
 3
 4
 5
 6
 7
 8
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 10
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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.

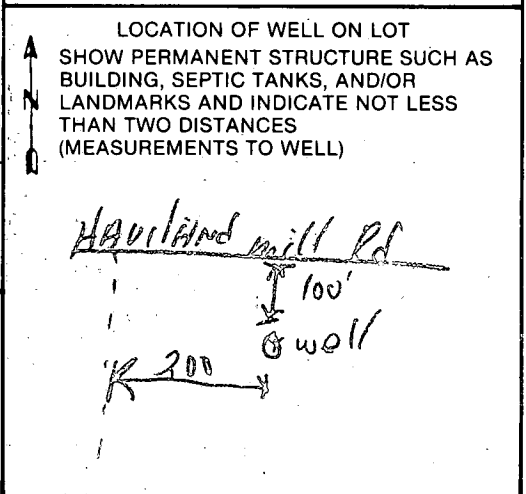
DRILLERS IDENT. NO. **41**
 DRILLERS SIGNATURE **K. Danu Easterday**
 (MUST MATCH SIGNATURE ON APPLICATION)
Robert K. Hubner
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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) **5**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **43** WHEN PUMPING **133**
 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 } LAND SURFACE (nearest foot)
 below }



B 1 7879

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0928

fill in this form completely

Date Received

02/18/85

OWNER INFORMATION

CUSTOM CONCEPTS

3001-3081 BETHANY LN

ELLIOTT CITY MD 21013

B 3

LOCATION OF WELL

ANNAPOLIS

23 SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Daniel Easterday 4/1

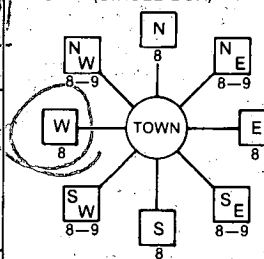
Franklin Easterday, Inc.

9205 Brown Church Rd. Mt. Airy, Md 21771

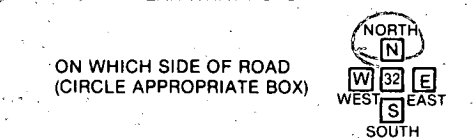
Daniel Easterday 3/18/85

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD



DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

APPROXIMATE DIAMETER OF WELL

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
Air-Rotary
Air-PerCussion
Rotary (Hydraulic Rotary)
Cable
Reverse-Rotary
Drive-Point

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 deepen an existing well

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

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

APPROP. PERMIT NUMBER

FORCE INITIALS PERMIT No. 40-81-0928

SPECIAL CONDITIONS

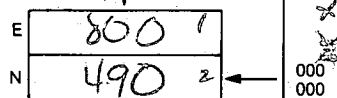
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A34881
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

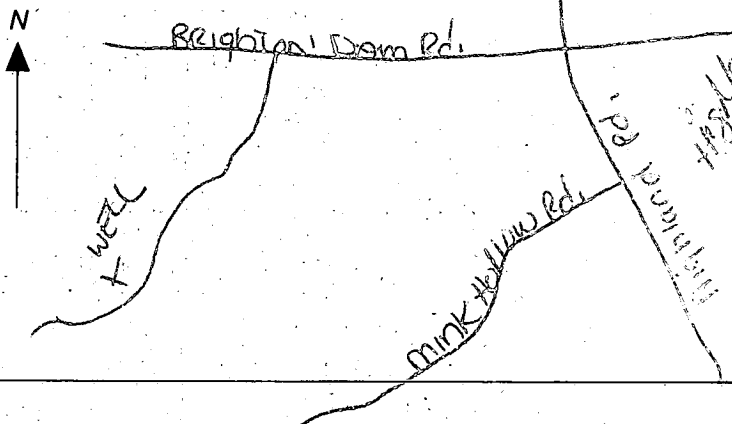
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34881
P _____

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

DISTRICT FIFTH
DATE 1/25/85

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 DALE LINTHICUM
ADDRESS 3081 BETHANY LANE, ELLICOTT CITY, MD. 21043 PHONE 461-1766

PROPERTY LOCATION
SUBDIVISION BUSHROD W. HOPKINS LOT NO. ONE (1)
ROAD AND DESCRIPTION 1200[±] SOUTHERLY FROM INTERSECTION OF HAVILAND MILL ROAD AND WAYSIDE DRIVE
SIZE OF LOT 21.695 ACRES[±] TYPE BLDG. SINGLE FAMILY DWELLING

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.

SIGNATURE OF APPLICANT Charles J. Crowl

APPROVED BY Craig Williams FOR TRENCHES DATE 4/19/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING NEED TO CONFIRM THAT THIS IS NOT A SUBDIVISION.

CHUCK CROWD WILL SUPPLY DEEDS TO CONFIRM SEPARATE PARCELS

BLDG. PERMIT SIGNED
AND RETURNED 5-14-85

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34881
P _____

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

DISTRICT FIFTH
DATE 1/25/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ADDRESS 3081 BETHANY LANE, ELLICOTT CITY, MD 21043 PHONE 461-1766

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I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Chas. C. Const.

APPROVED BY _____ FOR _____ DATE _____

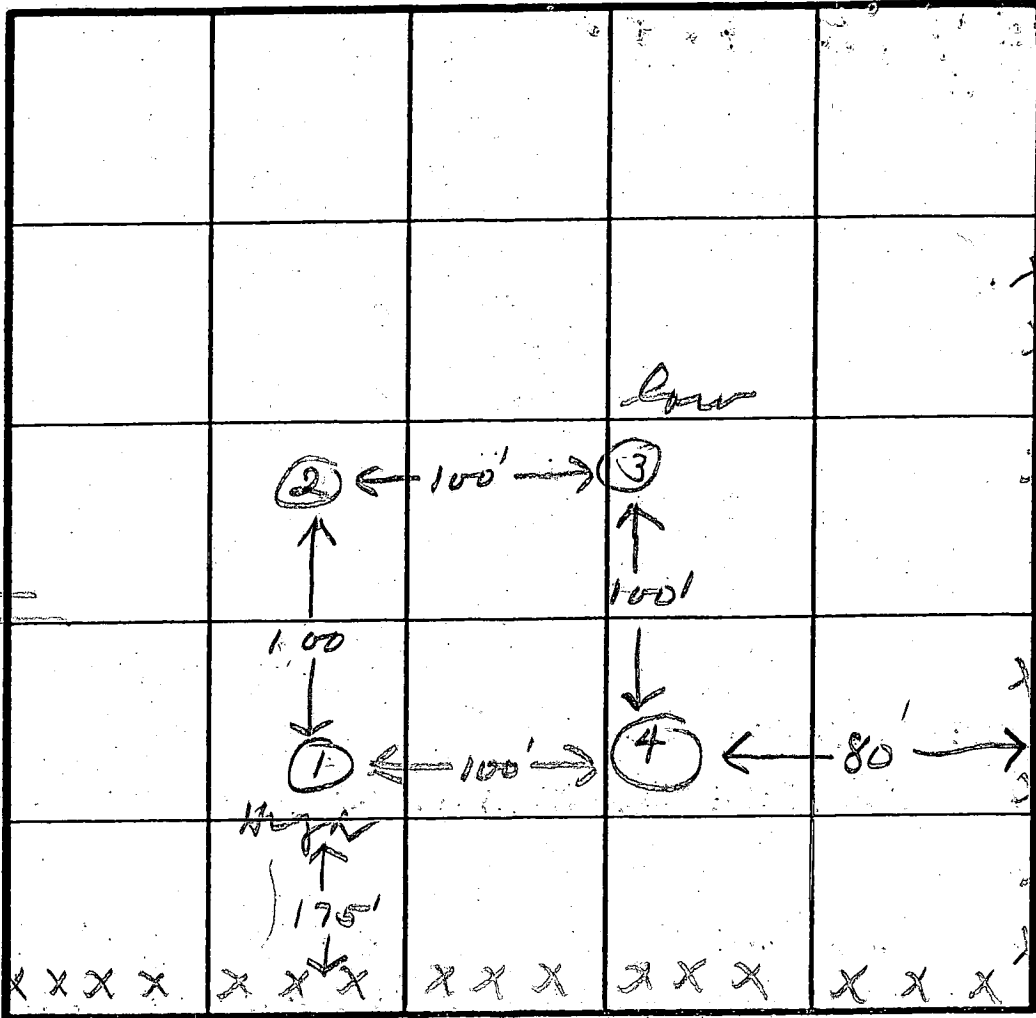
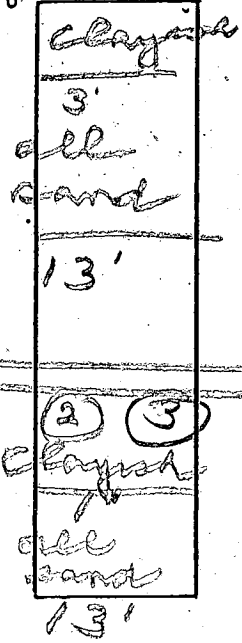
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

① ④
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

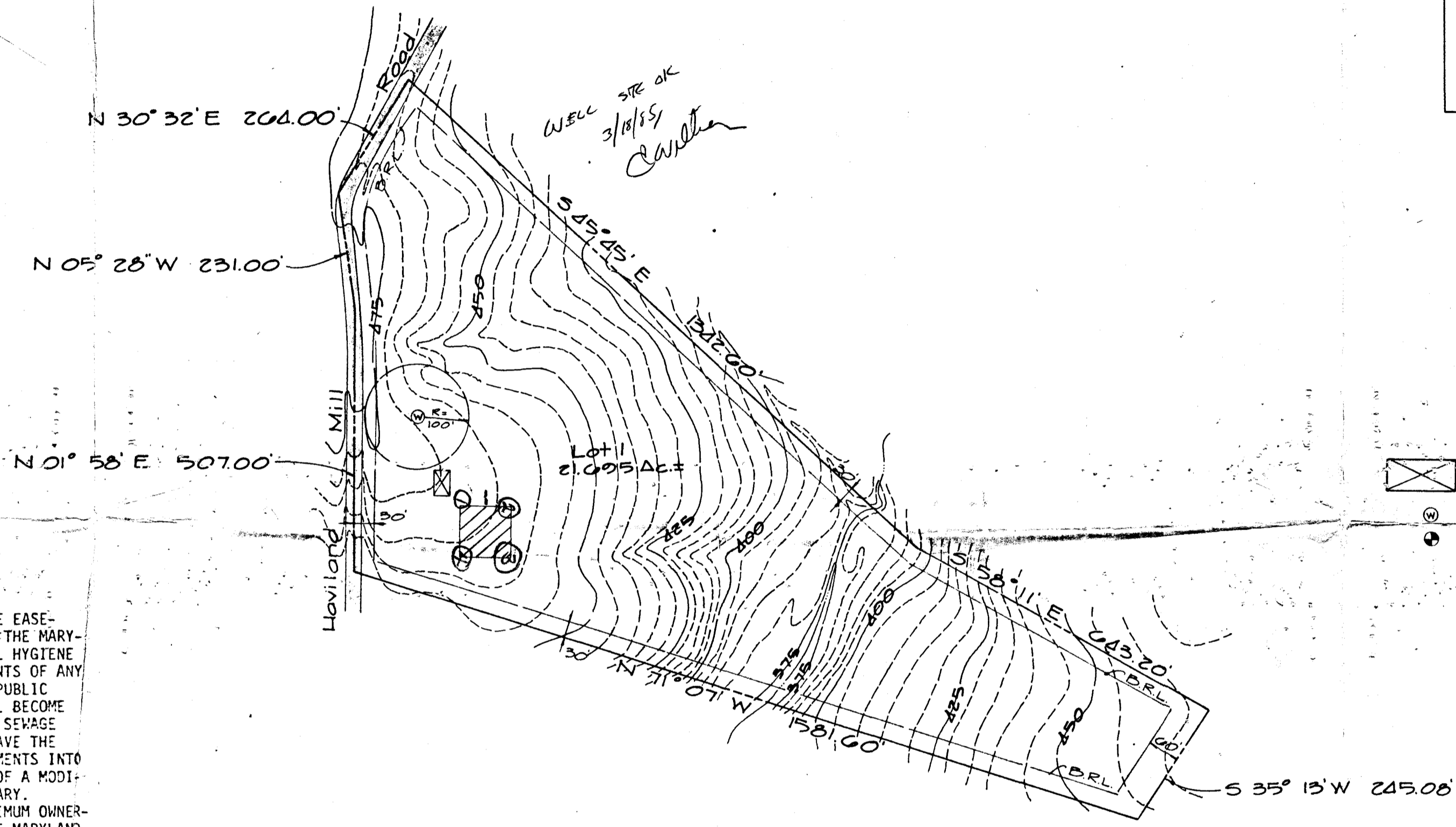
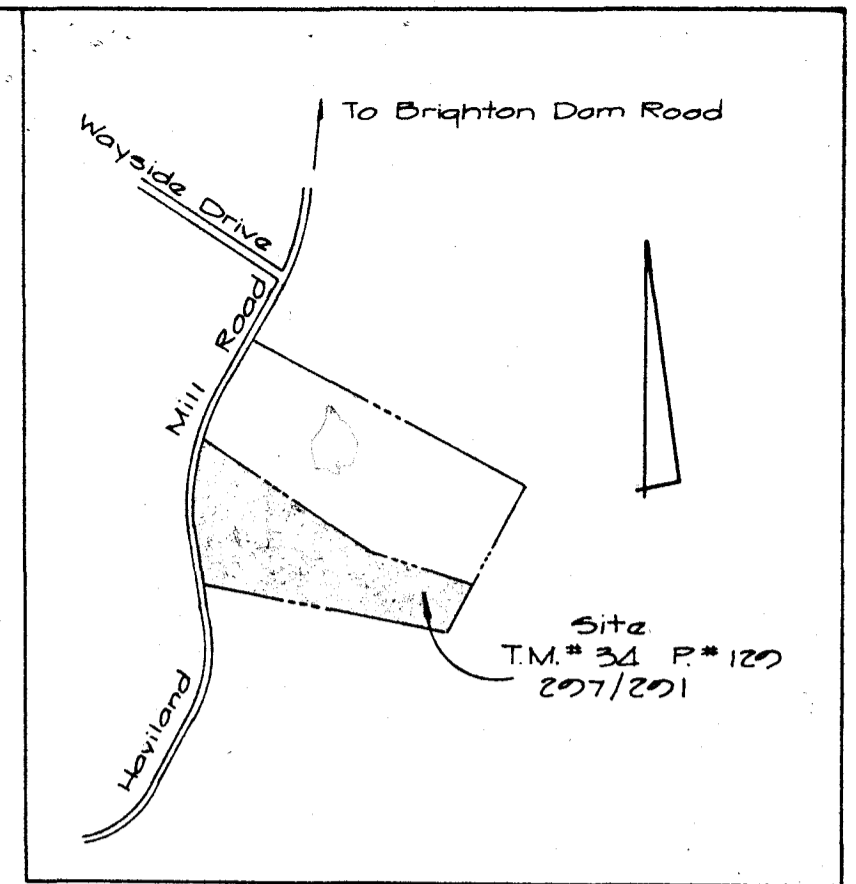
HAVILAND MILL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/14/85	1 S	4	10:45	10:48	10:48	10:57	9
	1 M 13'	8	10:45	10:46	10:46	10:48	2
	3 S	3	10:55	10:57	10:57	11:00	3
	3 M	7	10:55	10:56	10:56	10:57	1
	2 V	13	Good soil				
	4 V	13	see profile				

REMARKS See pictures per photo

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT SKIP (Fyler)



- LEGEND
- DENOTES LOCATION OF DWELLING
 - DENOTES PROPOSED WELL
 - DENOTES FIELD LOCATION OF PERC HOLES

- NOTES:
1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET 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 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 HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 3. SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING PLAN.
 4. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.
Predominate Soil Types: MIBZ & MICB.

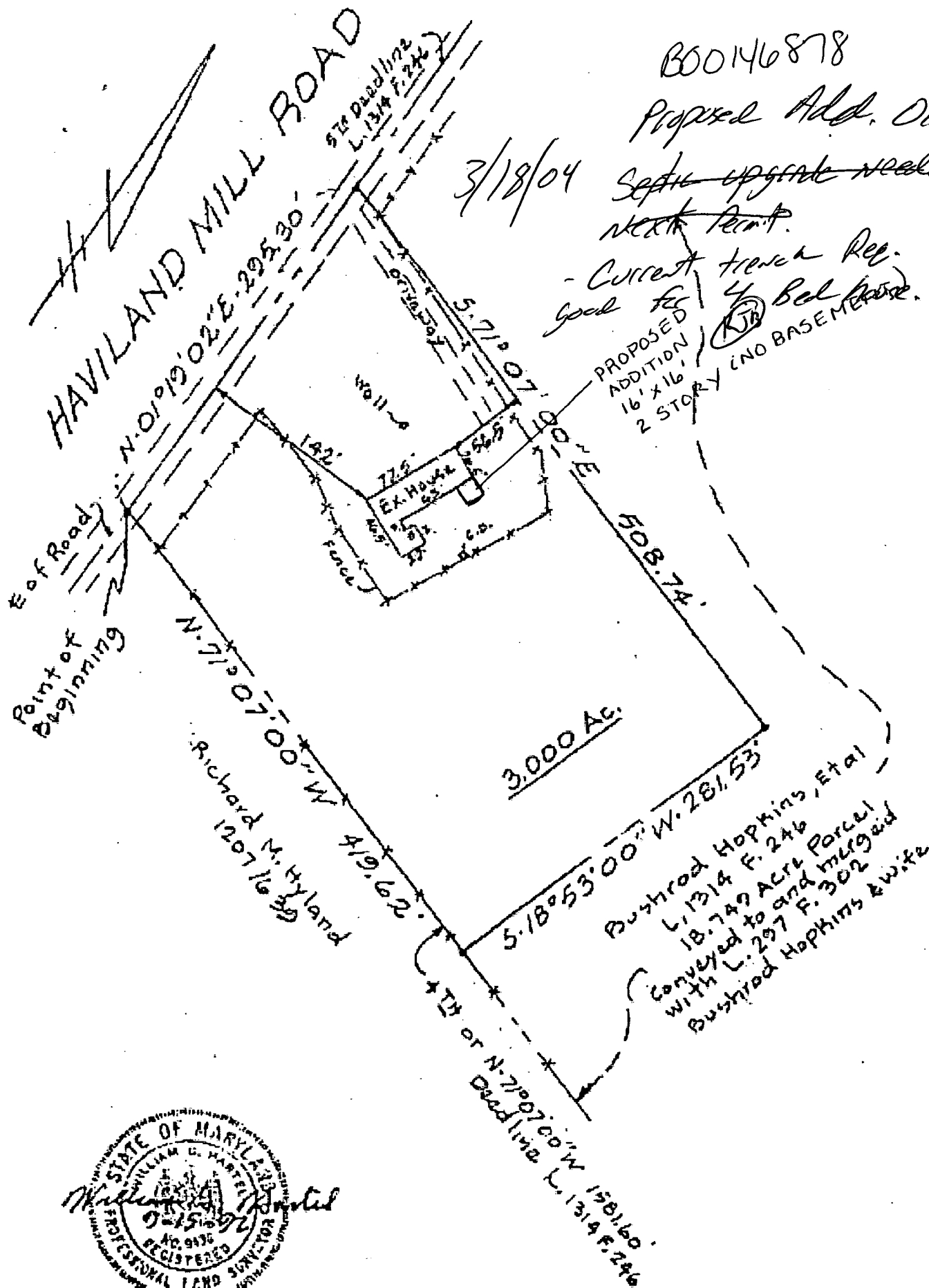
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____

Plan to Accompany Application for Percolation Test

Bushrod W. Hopkins
 5th Election District Howard County, Md.
 T.M. # 34 P* 120
 January 22, 1985 Scale: 1" = 200'

FISHER, COLLINS AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: (301) 461-2855



BOO146878

Proposed Add. OK

3/18/04

Septic upgrade needed
next permit.

- Current trench Rec.
good for 4' bel base.

PROPOSED
ADDITION
16' x 16'
2 STORY (NO BASEMENT)



TITLE: PROPERTY PLAT.				
PROJECT: HOPKINS PROPERTY				
LOCATION: 5TH ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=100'	DESIGNED BY: ~	DRAWN BY: BH	CHECKED BY: WGH	DATE: 9-14-02
FIELD BOOK: 136	PAGE NO.: 57	JOB NO.: 020B3	DRAWING NO.: 10F1	

Boender Associates

REGISTERED PROFESSIONAL SURVEYORS
3230 BETHANY LANE
ELLCOTT CITY, MD. 21043
(301) 465-7777 FAX: (301) 465-7986