

7/7/98
2:00
cancelled
Final
1200
7-9-98

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-358708

P 510238

A 50563-G

DISTRICT _____

DATE 7-2-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 7-9-98

INSPECTOR Hank Oswald

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Rd, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Bridlewood LOT 7 ROAD 16836 Hardy Road

PROPERTY OWNER Thomas A. Reigle

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

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

LOCATION - Place the distribution box 50 feet down the right lot line and 110 feet off this same lot line. Run trenches on contour to right side of lot.

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

PLANS APPROVED BY Mark Rifkin DATE 03/17/98

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

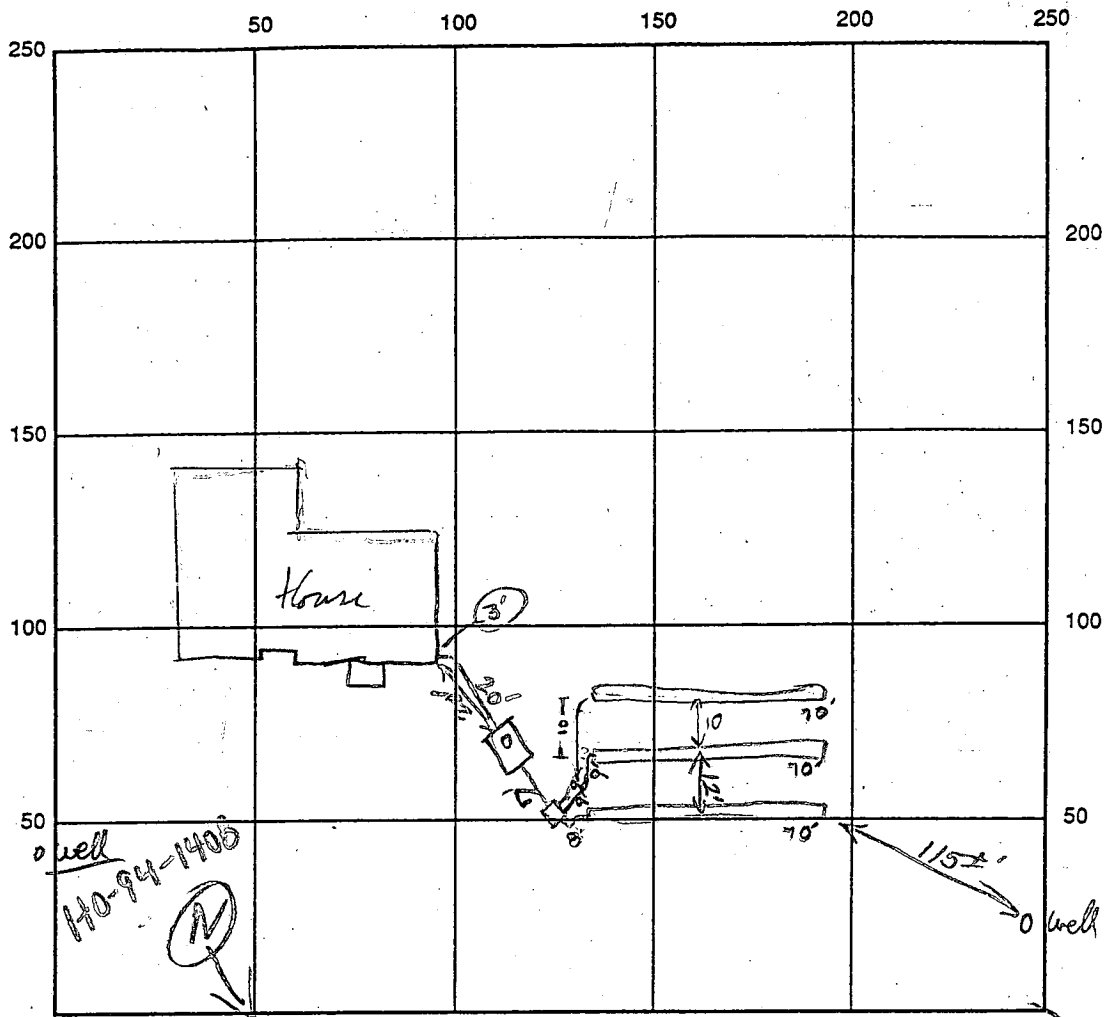
PERMIT VOID AFTER TWO YEARS

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 50563G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal Top Seam CLEANOUTS 1; at septic tank
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 70/70/70 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 210 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: OK to cover 1st trench, gravel fill second trench, OK to cover ST. & supply line.
Need hose connection, dirt box & 3rd trench inspected 7/7/98 RHP
7.8.98 has house conn. pipe from house to tank not connected
no work done today (RM)
7.9.98 septic system has passed final inspection. OK to cover entire
system.

DATE SYSTEM APPROVED 7.9.98 INSPECTOR Hank Oswald

7-8-98
 Well line ok to cover
 P.A. 5' below grade
 casing 1' above grade
 has 2 piece cap. H₂O showed
 14m

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 _____

Name of Installer WEST WELL PUMP Syst Inc Telephone 301 607 6412

License Number PI 111
 Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner TOM REIGLE Telephone _____
 Subdivision _____ Lot # _____ Well Tag # _____
 Site Address 16836 HAROLD RD

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Couche
 3. Model # 76505
 4. Capacity 7 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 1/2
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make CAMPBELL MARTINSEN
 2. Model # 76505 BIOX
 3. Depth 148 1/2 6' 4"

Tank
 1. Capacity 32
 2. Pressure relief valve?
Piping
 1. Type 200c9
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 60"
Well data
 1. Depth 148 1/2 ft.
 2. Yield 22 GPM
 3. Static water level 17 1/2 ft.
 4. Will water supply be disinfected by installer? NO

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: Logan W. D... [Signature]
 Date: 7/8/98

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

C 1 **8555** SEQUENCE NO. (MDE 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 **A-305636**

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3, 6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM **2/23/98** DD **98**

DATE WELL COMPLETED
MM **2** DD **23** YY **98**

Depth of Well
150
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1408

OWNER: **KEGLE TOM**
STREET OR RFD: **HARDY Road**
SUBDIVISION: **BRIDLEWOOD** SECTION: _____ TOWN: **MT. AIRY** LOT: **7**

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	
Dirt & clay	0	30	
Macha	30	150	

Hit Water 80ft.

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **10** NO. OF POUNDS **940**

GALLONS OF WATER **70**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **45** ft.
(enter 0 if from surface)

CASING RECORD

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) **45**

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch	to	from	to

SCREEN RECORD

screen type or open hole

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

T E A C H S C R E E N	45		150	
	8	11	15	17
1	8	11	15	17
2	23	26	30	32
3	38	41	45	47

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 **68**

MDE 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.) **12**

METHOD USED TO MEASURE PUMPING RATE **Air Rotary**

WATER LEVEL (distance from land surface) **20** ft. **changed per driller**

BEFORE PUMPING **20** ft. **6.99**

WHEN PUMPING **150** ft. **140**

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) **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 _____

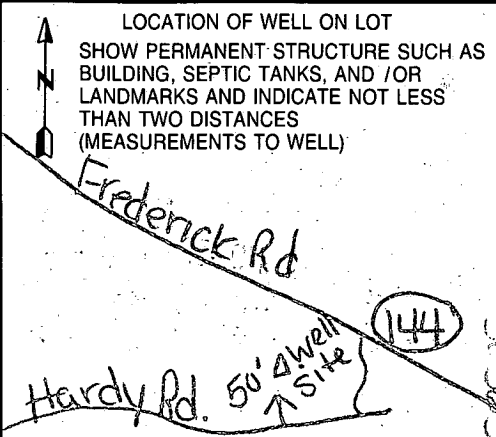
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____

PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.): 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED **Y** **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 LIC. NO. **MSD 101**
Leo R. Holland Jr
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **MD 009**
Franklin C. Smith

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-23-98 (month/day/year)

HO-94-1408

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

HO-94-1408

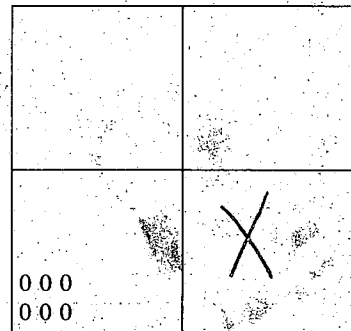
* PERSON ABANDONING WELL: Leo R. Holland Jr.

WELL DRILLERS LICENSE NUMBER: 101

* OWNER'S NAME: Tom Reigle

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Mount Airy
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Bridlewood
 SECTION: 1 LOT: 7



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 770
 BOX NUMBER N 540 ←

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 600 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 84

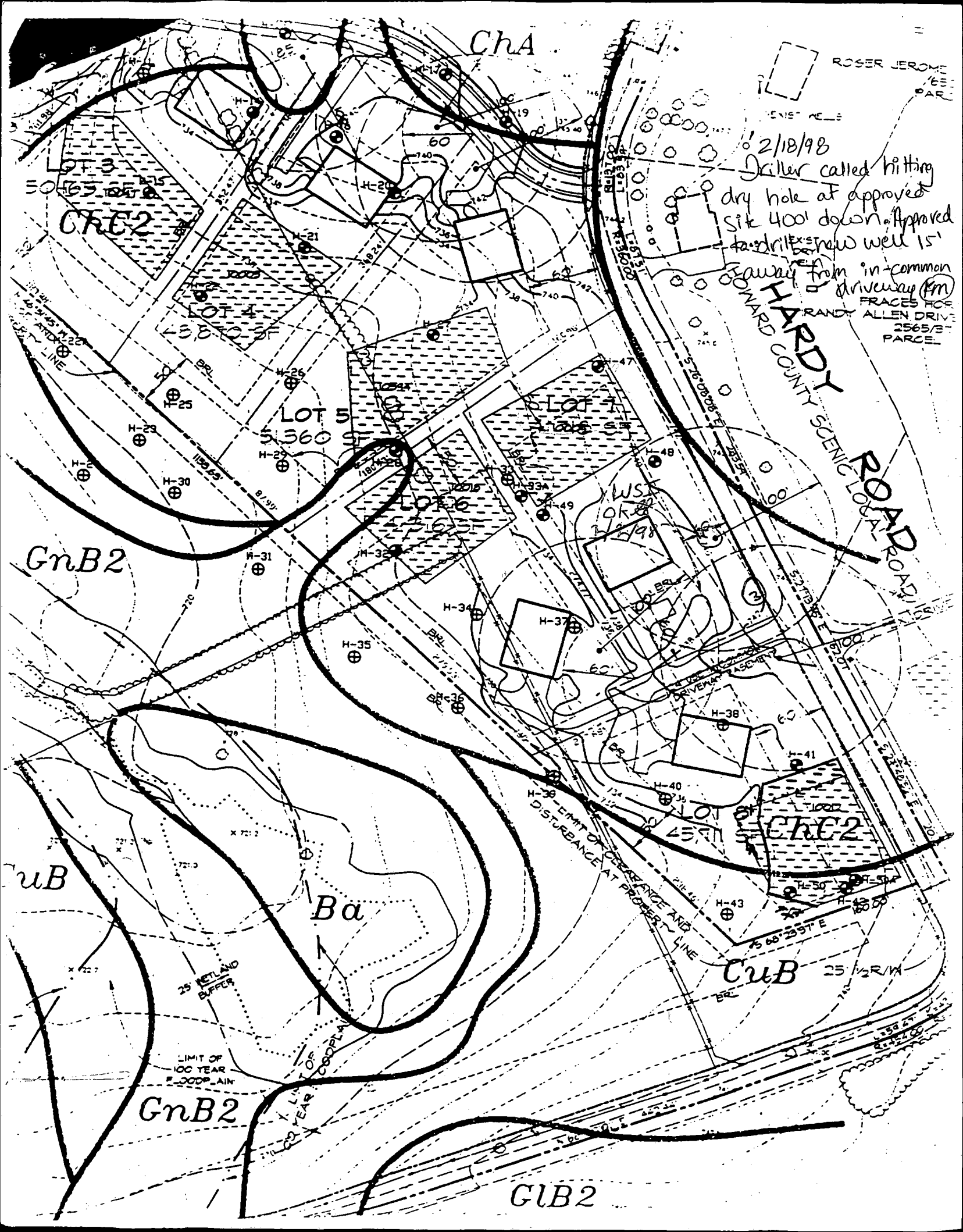
* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Leo R. Holland Jr.

LICENSE # 101 DATE 2/24/98

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Dirt & Clay	0	74
Macha	74	600



CHA

ROSER JEROME
66
PARCEL

2/18/98
Driller called hitting
dry hole at approved
site 400' down. Approved
to drill new well 15'
away from in-common
driveway (Km)
FRANCES HOE
RANDY ALLEN DRIVE
2565/37
PARCEL

CHC2

GnB2

CuB

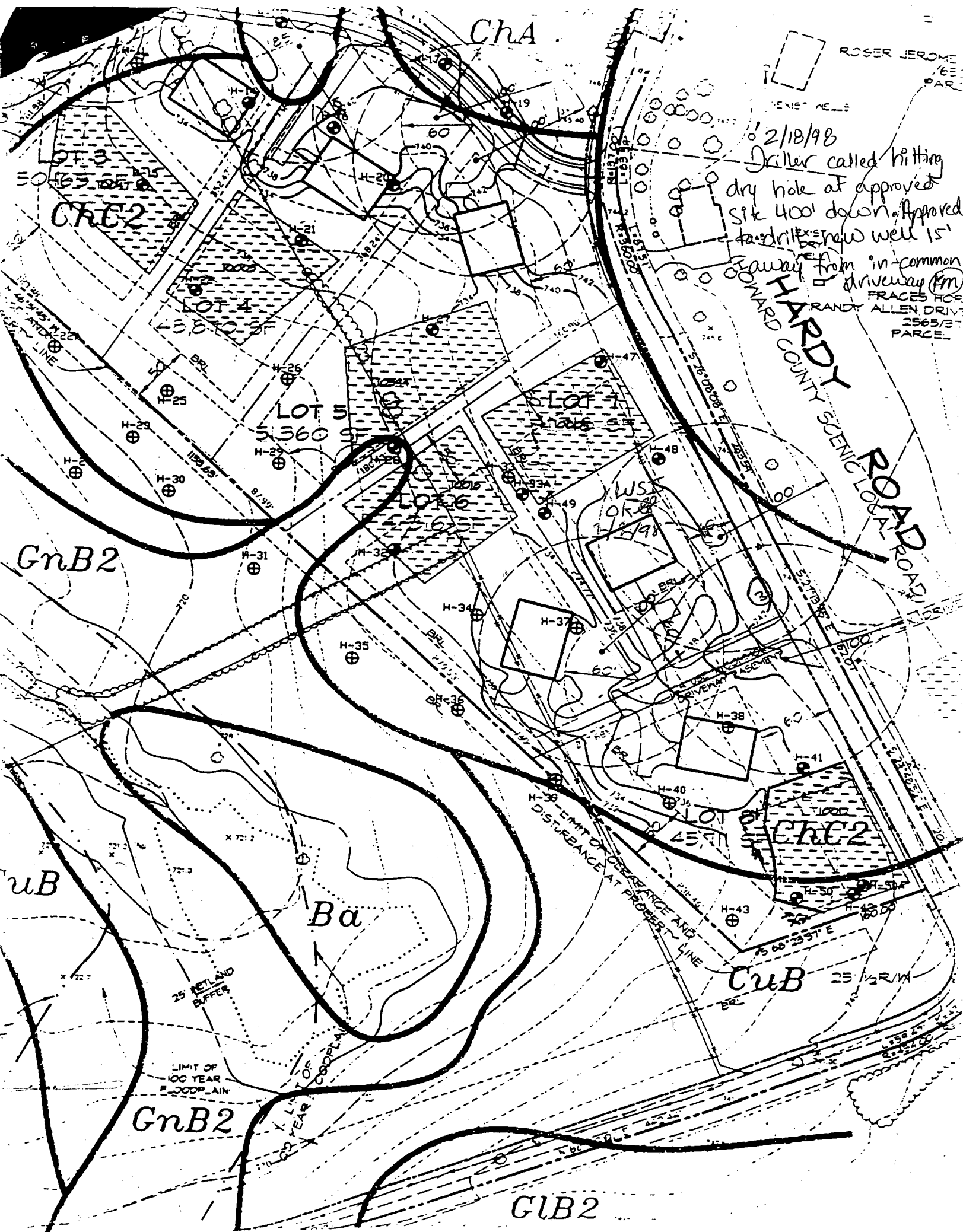
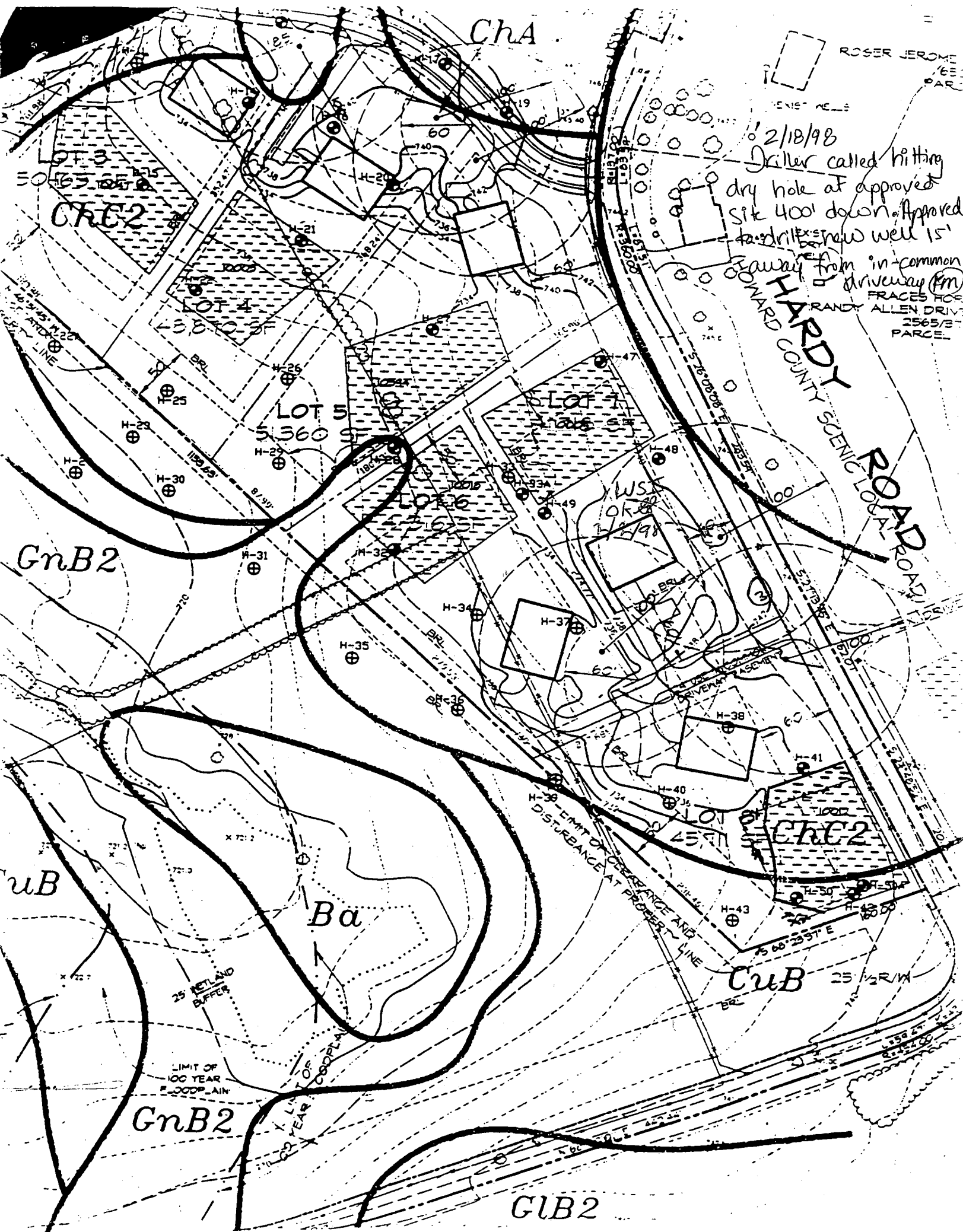
Ba

GnB2

GUB2

CuB

CHC2



APPLICATION

PERCOLATION TESTING

A S0563-6

P _____

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

DISTRICT _____

DATE 3-3-95

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 CHARLES STANER THOMAS A. REIGLE

ADDRESS 16920 HARDY RD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION STANER PROP LOT NO. 7

ROAD AND DESCRIPTION 16836 Hardy Road

BLDG. PERMIT SIGNED

AND RETURNED 3-17-95

Serial # B19110055

TAX MAP 7 PARCEL # 337

SIZE OF LOT 1 ACRE TYPE BLDG. SFO
(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

50563-G

COUNTY #

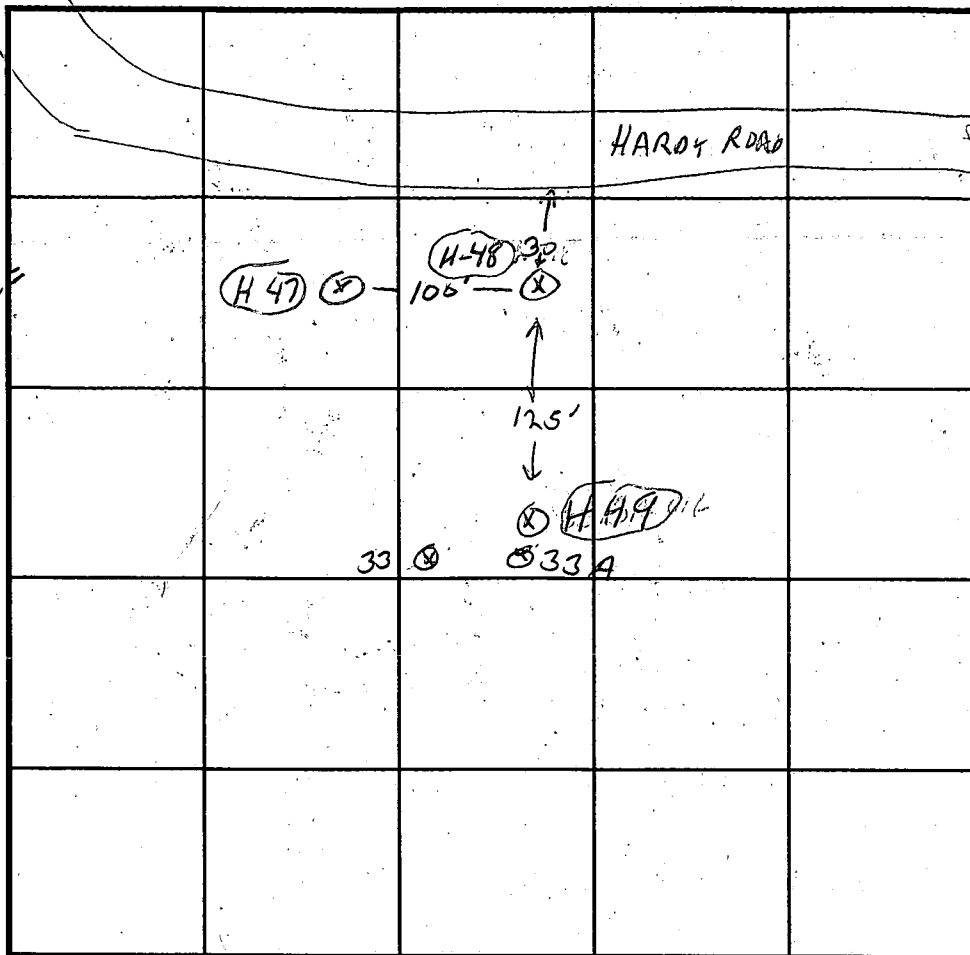
SOIL PROFILE

H 47

TOP SOIL	
ORANGE CLAY LOAM	3' 4"
TAN SANDY CLAY LOAM	5'
PINK SAPROLITE SILT CLAY	6'
ORANGE SILT CLAY	7'
Y52 SAPROLITE	11'
FRAGS - HARD	11'

H-49

PROFILE SIMILAR TO 33 A



SOIL PROFILE

H 48

TOP SOIL	
DARK RED ORANGE CLAY LOAM	3' 6"
PINK SAPROLITE SILT CLAY	
Y52 SAPROLITE PARENT MATERIAL SOFT	8'
	12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/95	H 48	3' 6"	9:57	10:25	TEST STOPPED - 1/2 INCH		
		8' 6"	10:01	10:04	10:04	10:08	4 MIN
		4'	10:03	10:14	10:14	10:47	33 MIN
		4' 6"	10:12	10:14	10:14	10:18	4 MIN
	H 47	3' 3"	10:26	10:42	10:42	10:12	30 MIN
		8'	10:40	10:41	10:41	10:43	2 MIN
	H 49	3' 6"	11:20	11:23	11:23	11:28	5 MIN
		8'	11:23	11:26	11:26	11:28	2 MIN

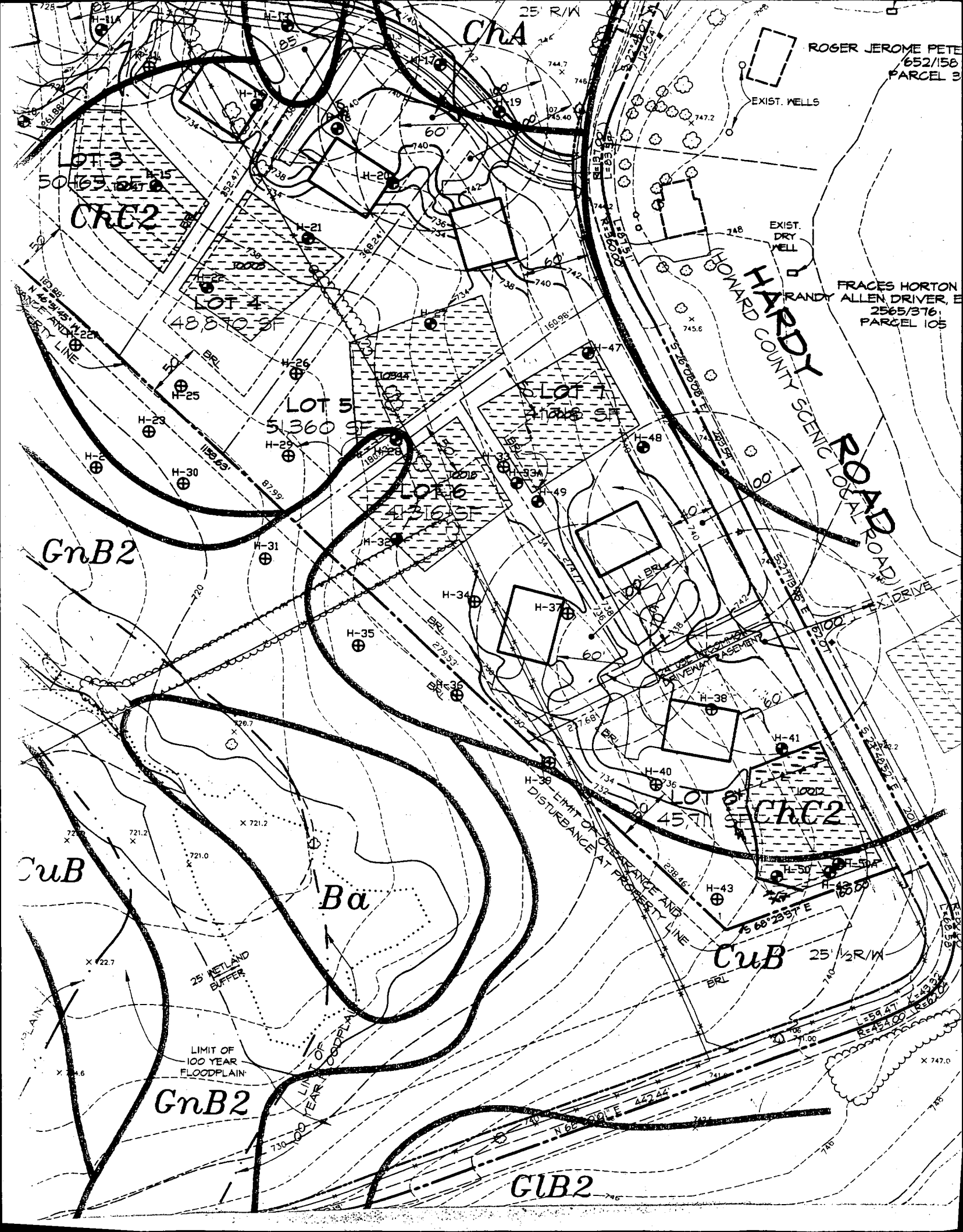
REMARKS ALL TESTS OK LOT 7

TYPE OF SOIL _____

TESTED BY GLEN SAVAGE ALSO PRESENT WIKI HOPKINS CHARLES STANCER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 MIN TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210



CHA

ROGER JEROME PETE
652/158
PARCEL 3

CRK2

HOWARD COUNTY SCENIC LOCAL ROAD
REASBROOK DRIVE

FRANCES HORTON
RANDY ALLEN DRIVER, E
2565/376
PARCEL 105

GnB2

CuB

Ba

CuB

GnB2

GUB2

LIMIT OF 100 YEAR FLOODPLAIN

25' WETLAND BUFFER

LIMIT OF CLEARANCE AND DISTURBANCE AT PROPERTY LINE

25 1/2 R/W

REASBROOK DRIVE

EXIST. WELLS

EXIST. DRY WELL

X 747.0

X 722.7

X 721.2

X 721.0

X 721.2

X 720.7

X 722.7

X 721.2

X 721.0

X 721.2

X 720.7

X 746.6

X 747.0

X 747.0

X 747.0

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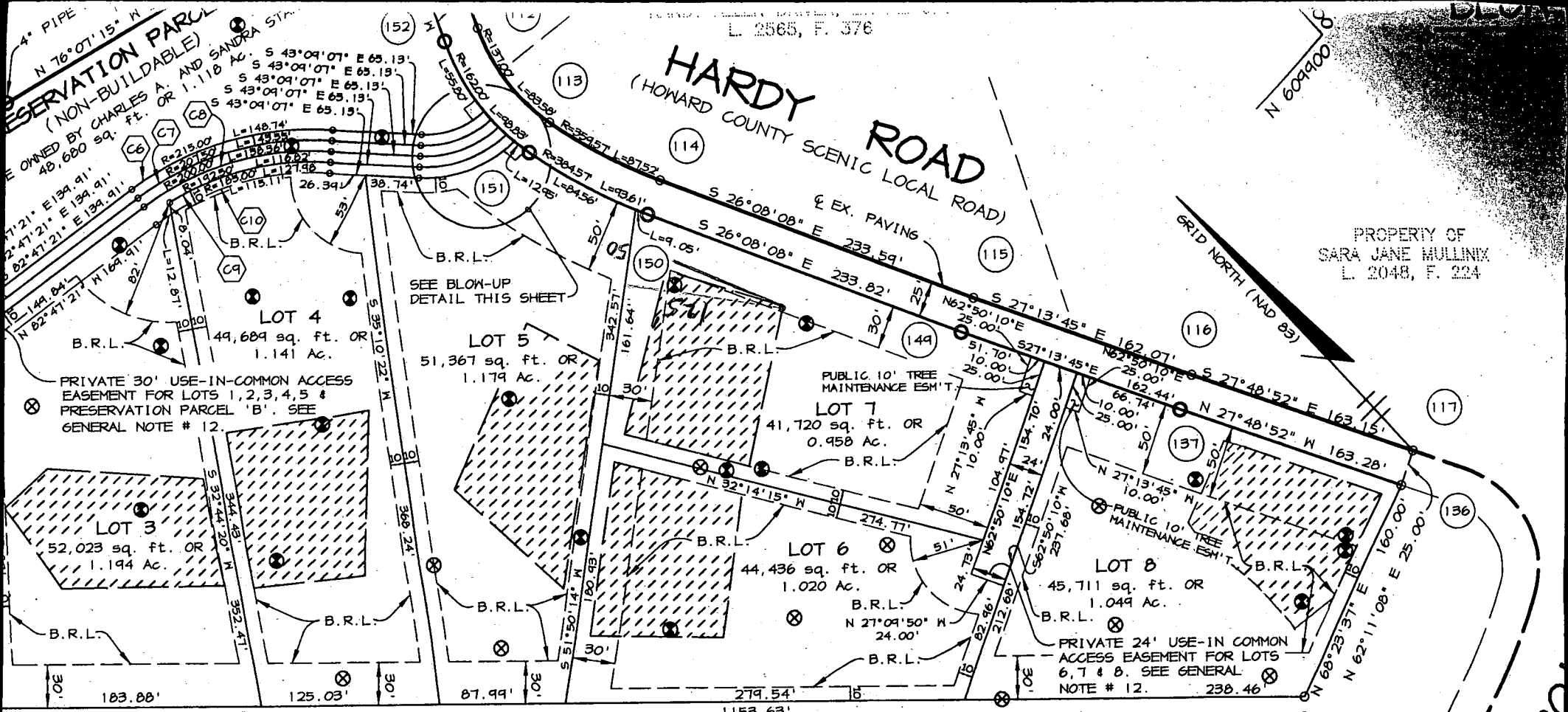
H-176

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PROPERTY OF
SARA JANE MULLINX
L. 2048, F. 224

AGRICULTURAL PRESERVATION PARCEL 'A'

FOR CONTINUATION
SEE SHEET 3 OF 4

FOR CONTINUATION
SEE SHEET 3 OF 4

*Copy
Signed
Final*

THE REQUIREMENTS OF SECTION 3-108, THE REAL PROPERTY
OF MARYLAND, 1988 REPLACEMENT VOLUME,
AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND
HAVE BEEN COMPLIED WITH.

0751	DATE
<i>6-7-96</i>	DATE
	DATE

LEGEND

- - DENOTES 4' x 4' x 36" CONCRETE MONUMENT.
- - DENOTES 5/8" Ø IRON PIPE OR PIN SET.
- ⊙ - DENOTES PASSING PERC TEST
- ⊗ - DENOTES FAILED PERC TEST

▨ - DENOTES PRIVATE SEWERAGE EASEMENT

OWNER

CHARLES A. STANCER & SANDRA STANCER
16920 HARDY ROAD
MT AIRY, MARYLAND 21771

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

16825

300110055

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

16836 HARDY ROAD 34400
111 111 / 2771

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Single Family Dwelling
ATT. 2 CAR GAR. w. Porches
3 BR 1FP
2 FB unfinished basement w/ RT

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

7 - I - 3 - 4 - 6140

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

BRIDGE WOOD RC 7 4 6140

OWNER NAME AND ADDRESS PHONE NO.

Thomas A Reigle 410 750 2490
3605 Underoak Dr.
Ellicott City, Md 21047

SIZE OF BLDG. FRONT DEPTH HEIGHT

1900 SQ. FT. 28' 100' 24'

OCCUPANT'S NAME AND ADDRESS PHONE NO.

SAME

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS 3
ROOMS 3
BATHS 2
FIREPLACES 2

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

FOOTINGS FOUNDATION S. WALLS

Concrete Concrete wood

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Thomas A Reigle 410 750 2490

UTILITIES WATER WELL SEWER SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

ELECT.

EXISTING USE PROPOSED USE

Lot Single Family Dwelling

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

120,000.00 4933

SIGNATURE

Owner 2-20-98

W/S CODE FOR OFFICE USE ONLY

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3/2/98	Mark E. Kipkin
FIRE PROTECTION		
STORM WATER MGM.		

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE (DISTANCE IN FEET, REAR YD. REQUIRING SET BACK)

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED

DATE

Distribution of Copies: White - Building Official Green - Planning & Zoning Yellow - Engineering Pink - Health Dept. Gold - S.H.A.

Total linear feet of trench required 210 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark E. Kellum 3/17/98
Signature Date

LOT 8
45,711 sq. ft.
1.049 Ac.
B.R.L. ⊗
PRIVATE 24'

