

4/7/00
Septic C.O.
11:00

05-429897

INDEXED

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513346

A 57659-B

ISSUE DATE 3-27-2000

APPROVAL DATE 4/7/00

Hatfields Equipment & Dedication Services IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Hunterbrooke LOT NUMBER 2 ADDRESS 8065 Hunterbrooke Lane

PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800

SEPTIC TANK CAPACITY 1250 GALLONS Greenbelt, MD 20770

PUMP CHAMBER CAPACITY N/A GALLONS *WATERTIGHT, COMPARTMENTED TANK WITH WASTE WATER

NUMBER OF BEDROOMS 4 EFFLUENT FILTER-MANHOLE CLEANOUT REQUIRED*

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box. (217.13')

LOCATION: Place the distribution box 95' down the left lot line and 80' off this same lot line. Run trenches on contour to left side of lot. Other trench layouts may be possible, as determined after inspection. (toward (217.13') lot line)

BUILDING PERMIT SIGNED AND RETURNED

5-11-05 800 53536-16 PDC

PLANS APPROVED Mark E. Rifkin OK SRK 3/2/00 DATE 1-21-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

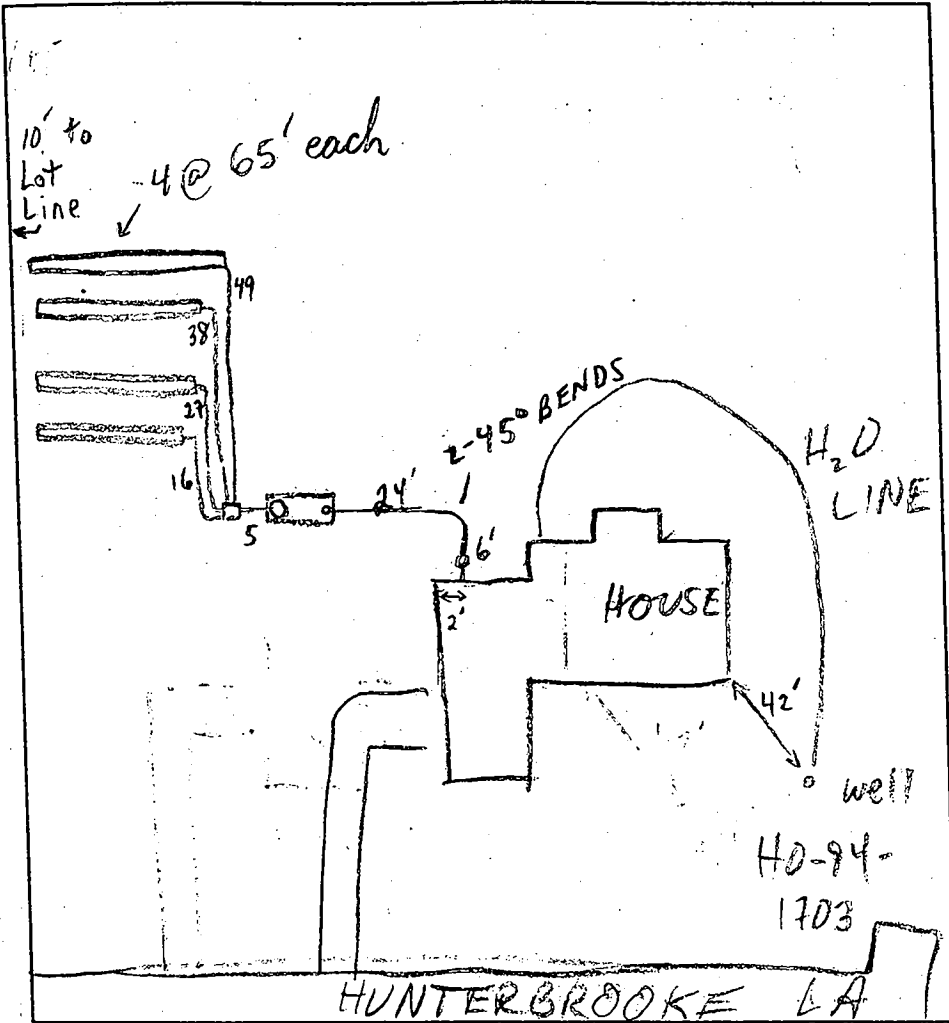
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

57659 B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4
 TRENCH BOTTOM DEPTH 6
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 260
 ABSORBENT AREA 780
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{TOP-SEALED W/} GALLONS ^{FILTER}
 MANHOLE RISER OK
 6 INCH INSPECTION PORT OK

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 4/7/00 OK TO FINISH + COVER

INSPECTOR M. Rifkin DATE SYSTEM APPROVED 4/7/00

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 EDWARD ROOF PRINCE Winchester Homes, Inc.

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt MD 20770 PHONE 301-489-1144

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROS Hunterbrooke LOT NO. 2

ROAD AND DESCRIPTION R/W OFF LAC KILL AT 216
8065 Hunterbrooke Lane

TAX MAP 46 PARCEL # 360 + P/O 344

SIZE OF LOT 1 AC TYPE BLDG. SFD 4 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

ORIGINAL PERMIT SIGNED AND RETURNED 1-24-2000
Serial # 800122077 SFD-4 BRMS

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

A57659

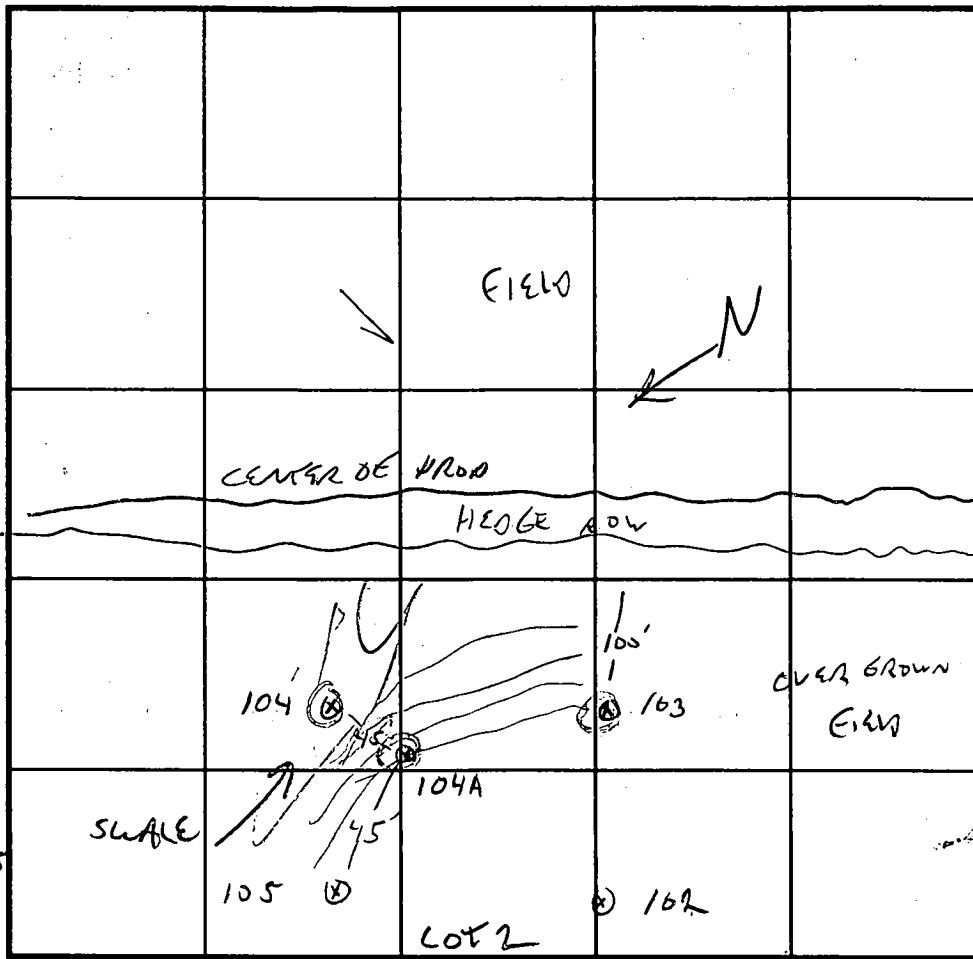
COUNTY #

SOIL PROFILE

104A
 0'
 YELLOW
 BROWN
 SCL
 3.5'
 PINK
 YELLOW
 TAN
 MIXED
 SS:L
 RED/
 ORANGE
 SCL
 12'

104
 LIGHT
 TAN
 CL
 2.5'
 ORANGE
 CL
 5'
 DULL TAN
 S M:L
 IRON
 OXIDATION
 BENCH
 STREAKS
 GREY
 ROCKS

10
 102
 ORANGE
 CL
 4'
 DARK
 ORANGE/
 GREY
 S:L
 20-50%
 FINE
 MICA
 FLAKES
 ORANGE
 MOTTLED
 BOTTOM OF ROCK
 12'



SOIL PROFILE

103
 0'
 BRIGHT
 ORANGE
 SCL
 5'
 BRIGHT
 ORANGE
 S L
 SOG
 GRANULAR
 MICA
 108
 ROCK
 162'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/16/97	103	5.5/10.5V	12:27	12:54	1/4 INCH		F
		6/	3:03	3:23	3:55		32 MIN
	104	5.5/10V	12:37	12:48	NO MOVEMENT		F
	102	6/12V	2:50	2:52		2:54	2 MIN OK
	105	0 DUNE	PREVIOUSLY				
	104A	6/12V	3:47	3:56 ± 1/2 INCH	TEST STOPPED - SIMILAR TO 103		

REMARKS 104 HAS H₂O INDICATORS, NORTH SIDE OF 104A ROCK 3-5, HIGHER CLAY
 TYPE OF SOIL COARSER THAN OTHER END
 TESTED BY G. SAUSAGE ALSO PRESENT ATELLO'S CREW
 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: 313-2840

DISTRICT 5th
DATE 1-31-97
1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 2

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(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. David E. Meiners
(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

105

bright
red
siltlm

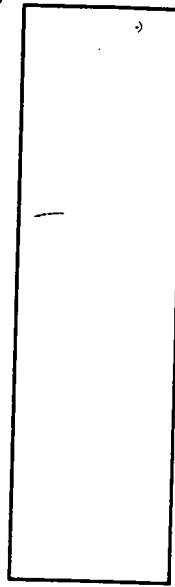
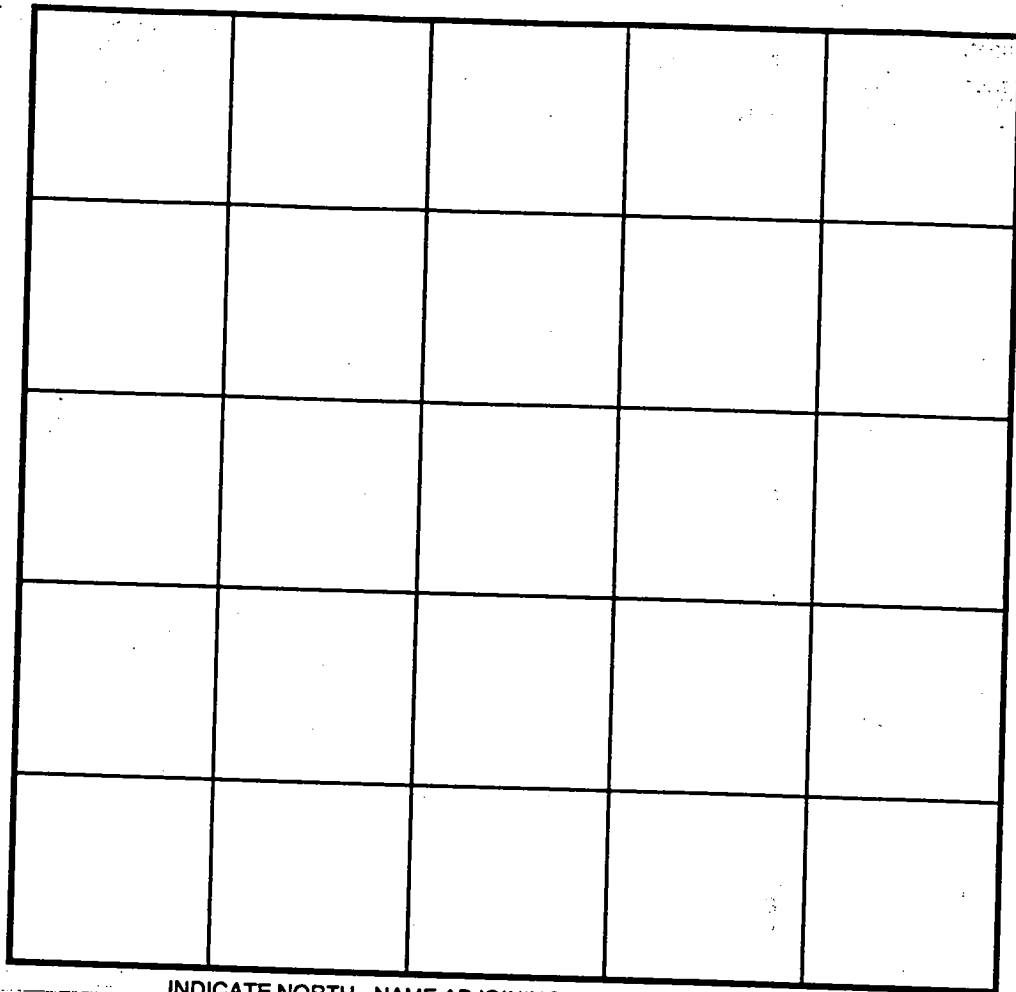
4.5

lgt
yellow
tan
silm
mixed
w/ pink
orange
silm
evidence
of H₂O
at 11.0
feet

11.0

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	
9-11-97	105	5.0 v 11.0	2:37	2:40	2:40	2:44	4min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 57659

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 5th

DATE 1-31-97
1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meinem

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-499-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 1262

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & p/o 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(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. David E. Meinem
(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

H4

orange red
SiCLM

lgt orange to pink
SiLM
micaceous 5%
Saprolite

5.0

11.0

H3

orange red
SiCLM

lgt orange to pink
SiLM
micaceous 10%
Saprolite

3.0

11.5

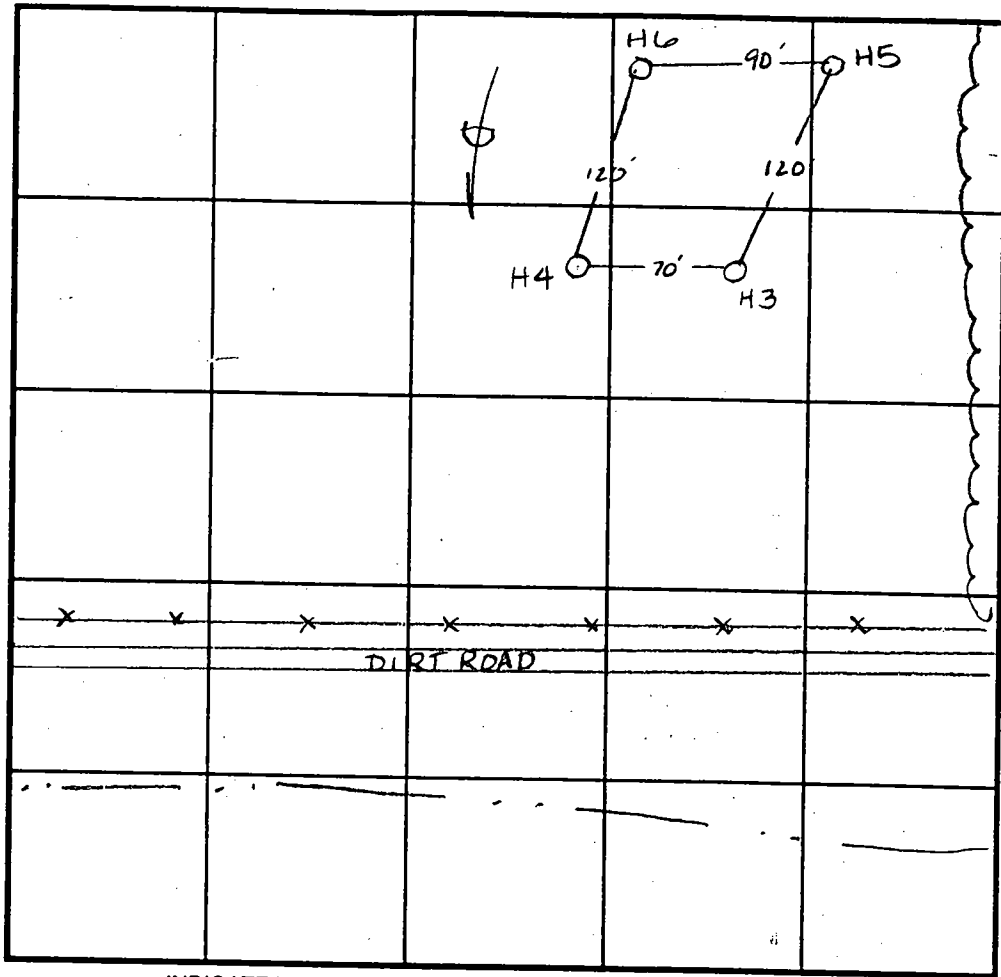
H5

red orange
SiCLM

lgt pink tan
powdery
SiLM
micaceous 5%
Saprolite

4.0

11.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

H6

bright red
SiCLM

red brown
SiLM
5-10%
micaceous
Shale

6.0

12.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-5-97	H3	5.5 / V11.0	12:29	12:31	12:31	12:34	3min
	H4	5.5 / V11.5	12:28	12:31	12:31	12:37	6min
	H5	6.0 / V11.0	12:45	12:48	12:48	12:54	6min
	H6	6.0 / V12.5	12:40	12:43	12:43	12:46	3min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY AMY McMillen ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

HOUSE CONSTRUCTION TEST

A _____

P _____

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

DISTRICT _____

DATE 11/9/97

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 JAY PAREKH

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROW LOT NO. 32

ROAD AND DESCRIPTION LIAS KILW

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1 AC TYPE BLDG. SEO
(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

COUNTY #

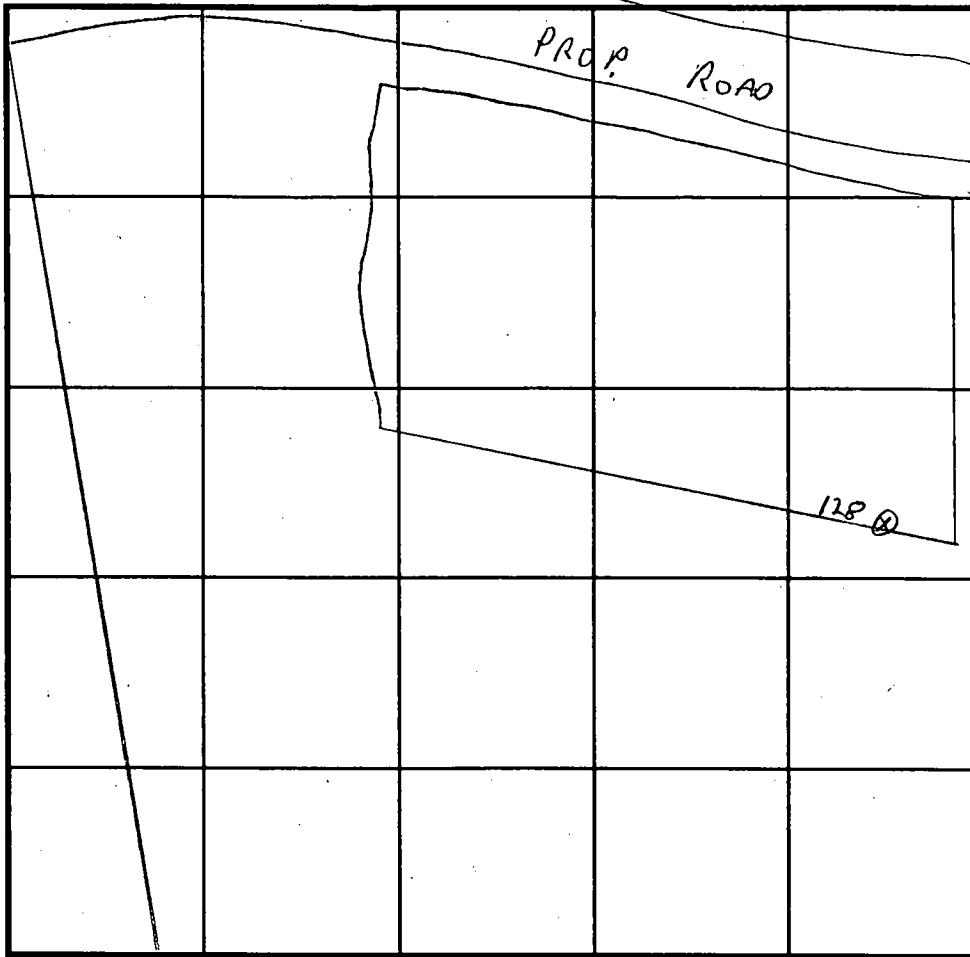
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

128

0'
6"
4'
12'

0+AD:
 7.5 YR 4/6
 ELEM SBK: C
 2.5 YR 4/6
 SL
 IRREGULAR
 DISCONTINUOUS
 ROCKS
 OF
 SUBSTRATE
 MICA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/97	128	5/12V	2:40		2:42	2:45	3min

REMARKS LOT 3

TYPE OF SOIL _____

TESTED BY G. SAWAGE ALSO PRESENT HATEFLOV, JAY PAREKH

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

HUNTER BROOK / PRINCE

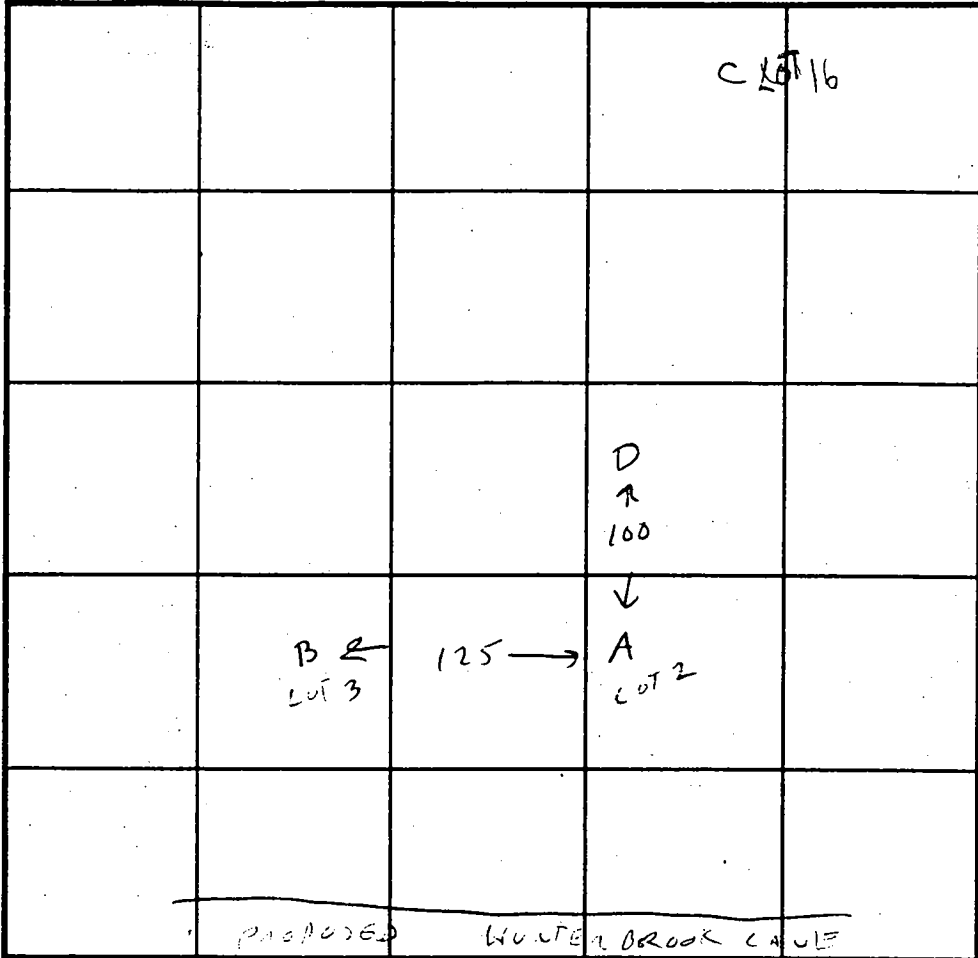
COUNTY # _____

SOIL PROFILE

0' **B**
 BROWN CLAY LOAM 2
 PURPLE BROWN SILT LOAM 4

A
 ORANGE BROWN CLAY LOAM 3 1/2
 BROWN SILT LOAM

D
 ORANGE BROWN CLAY
 ORANGE SILT LOAM 3 1/2



SOIL PROFILE

0' **C**
 TOPSOIL 1'
 BROWN SILT LOAM 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/18/98	B	3 1/2	2:28	2:30	2:30	2:34	4 MIN
	A	4	2:38	2:41	2:41	2:46	5 MIN
	D	5 1/2	2:48	2:54	2:54	3:17	17 MIN
	C	4	3:04	3:06	3:06	3:09	3 MIN

REMARKS HUNTER BROOK / PRINCE FOLLOW-UP EVALUATIONS LOTS 2, 3, 16

TYPE OF SOIL _____

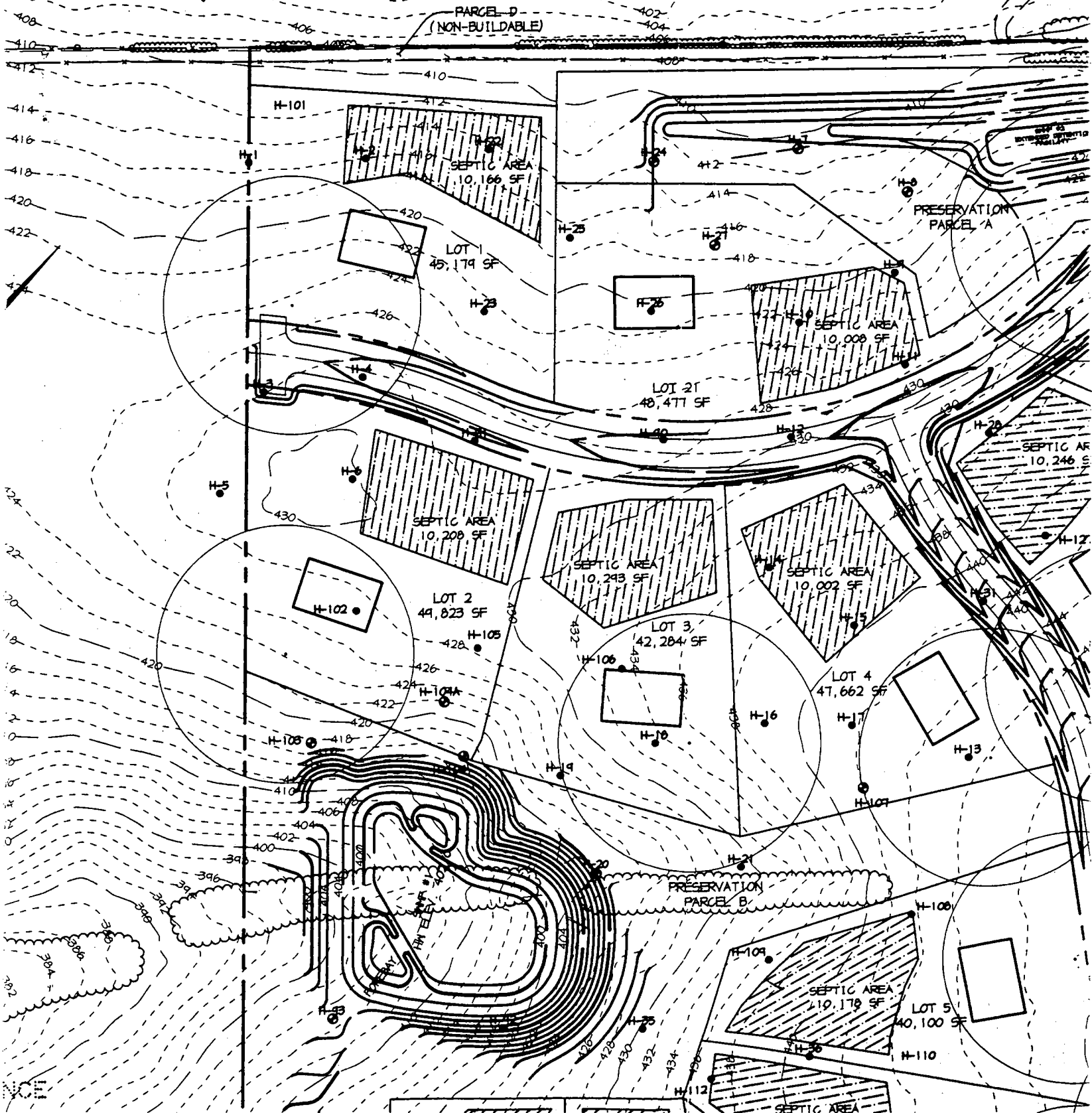
TESTED BY C. Willa ALSO PRESENT DAVID MARK

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Approved Perc. Cert
1-14-98

PROPERTY OF
WALTER C. DUSTIN
P. 103
2128/285
ZONED RR



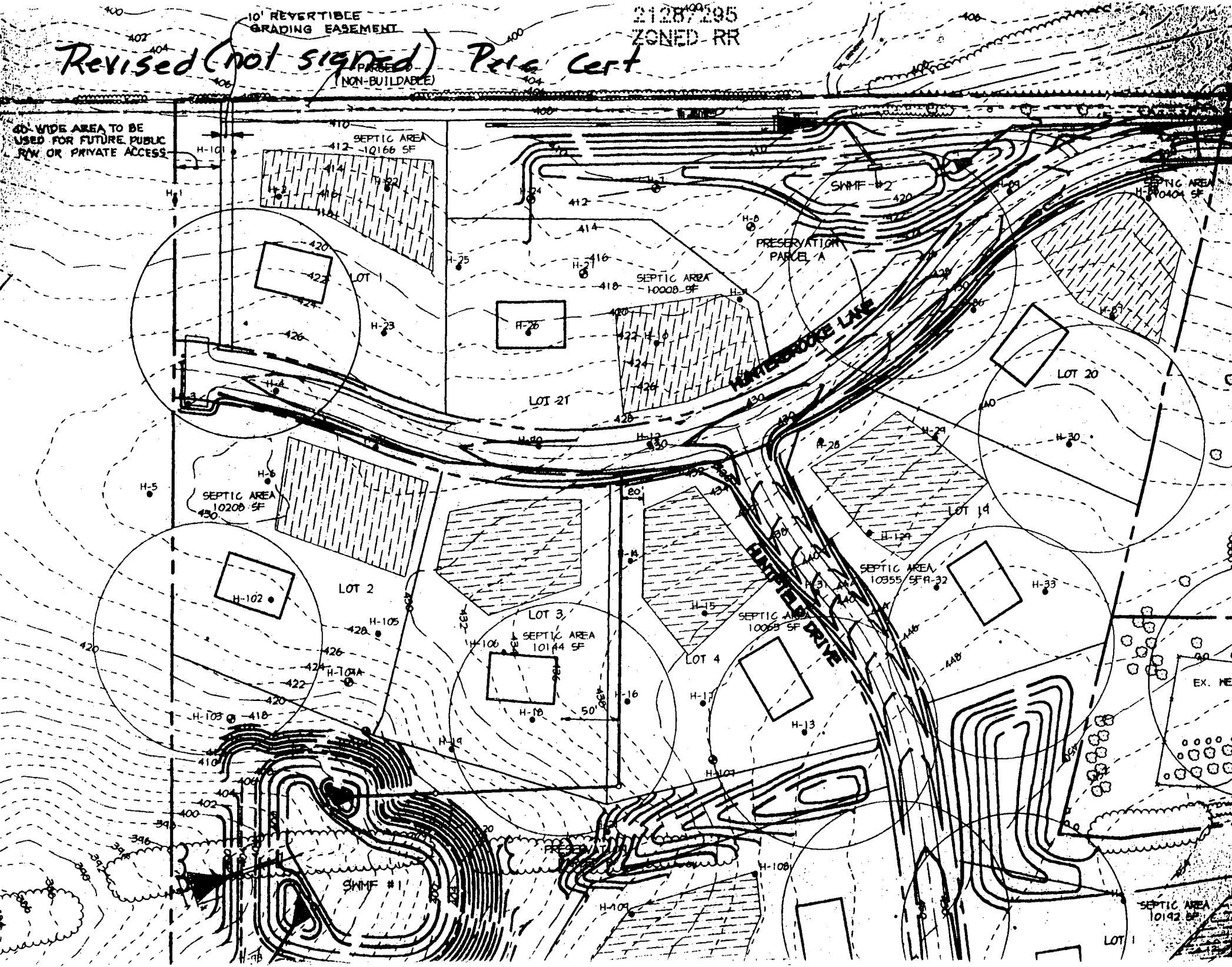
Revised (not signed) Plat Cert

21287295
ZONED RR

10' REVERTIBLE GRADING EASEMENT

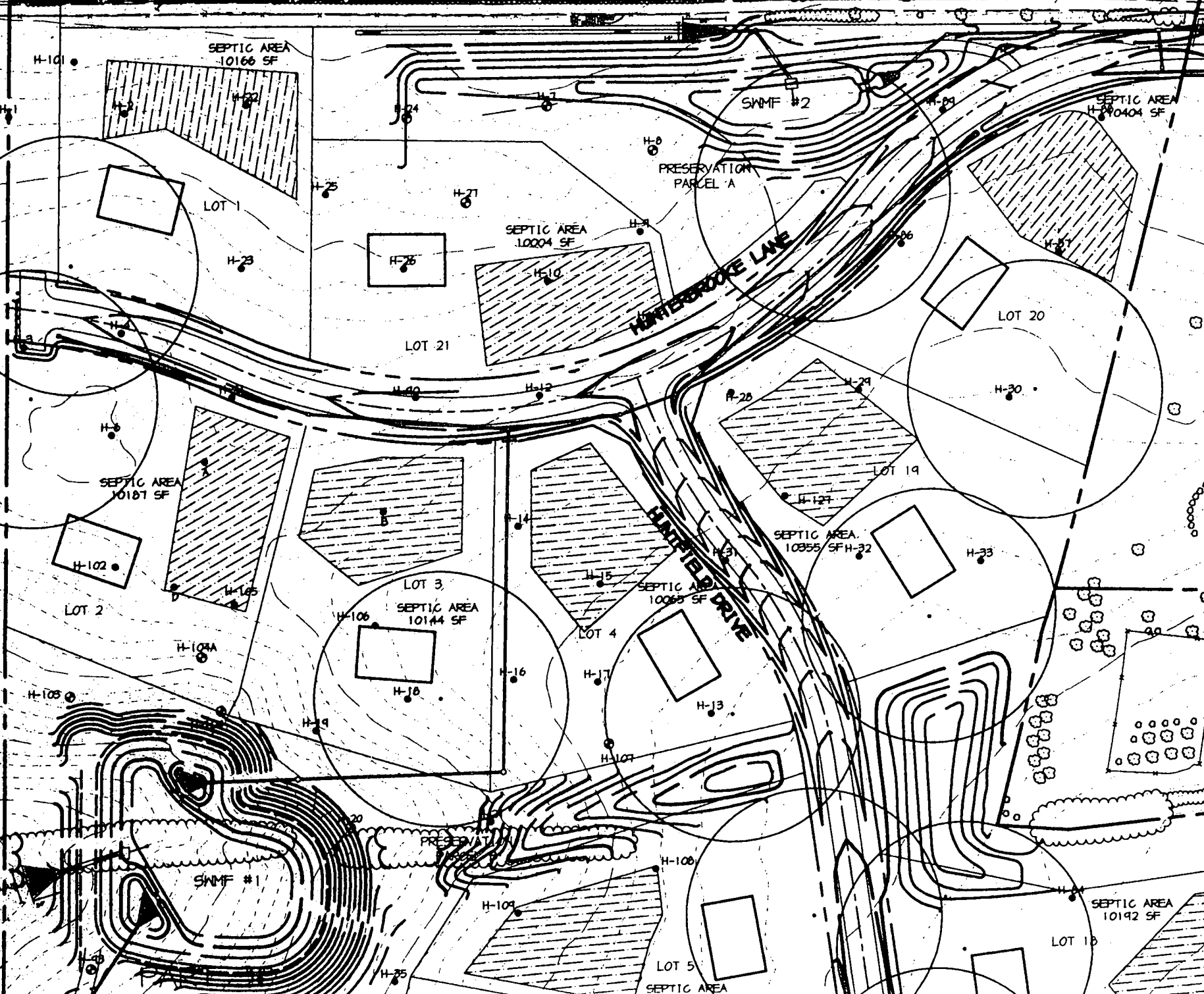
PARCEL (NON-BUILDABLE)

40' WIDE AREA TO BE USED FOR FUTURE PUBLIC R/W OR PRIVATE ACCESS



PARCEL D
(NON-BUILDABLE)

Revised Perc Cert
11-2-98



For Tuesday June 19, 01
@ 10:30 AM

Replacement well
for Tues Jun 19 @ 10:30
Meet well Driller

SITE INSPECTION SHEET

OWNER: _____

DATE REQUESTED: 6/15/01

ADDRESS: 8065 Hunter brooke Lane
(Hunterbrook lot 2)

DRILLER/CONTRACTOR: Easterday

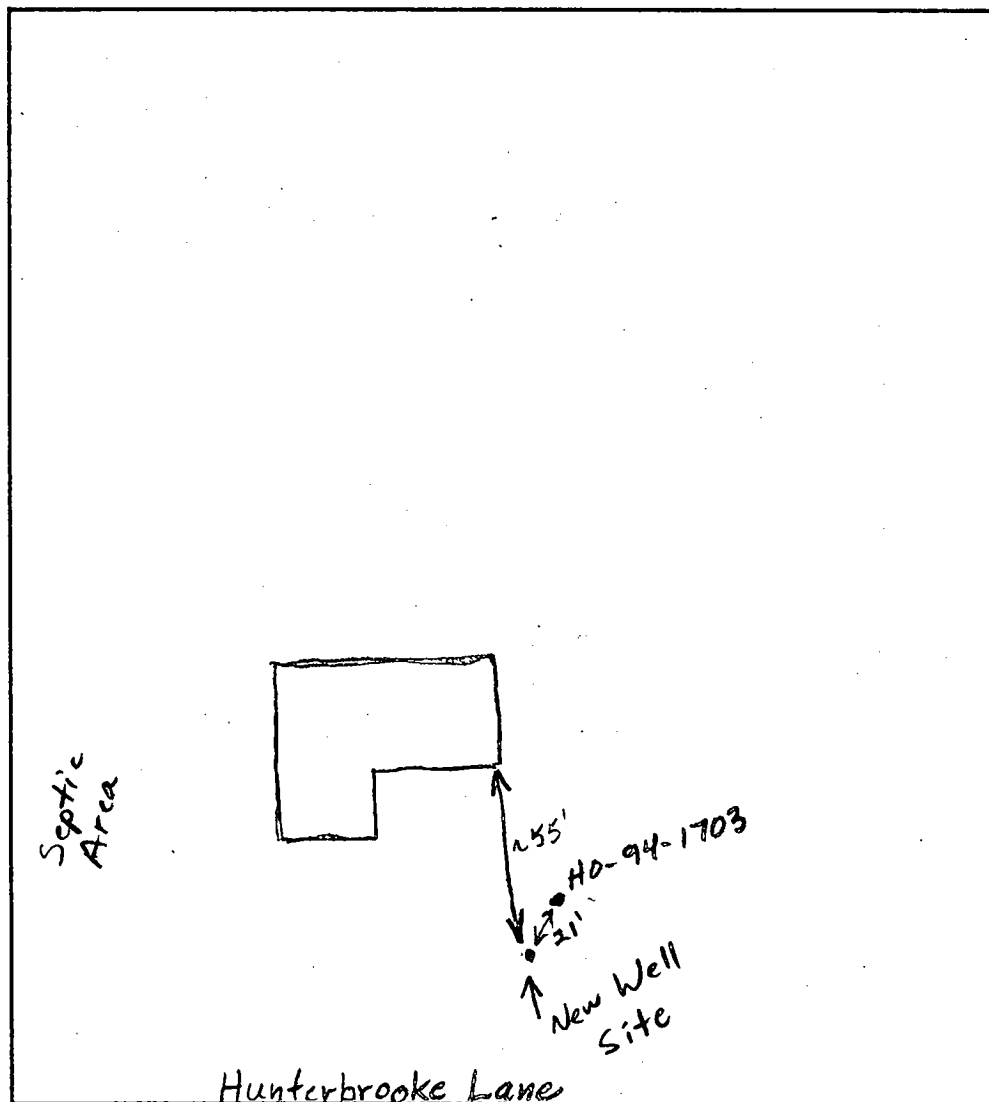
WELL TAG NUMBER: _____

TAX & PARCEL: _____

COUNTY: Howard

PROPOSAL: Sand in well water - Meet well Driller for siting of
a Replacement well

LOCATION DIAGRAM



COMMENTS: 6/19/01 Well site O.K. as staked (BB)

DATE: _____

INSPECTOR: _____

7/31/01
Anytime
No Insp

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Easterday Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: _____ Telephone #: _____
Subdivision: HUNTER BROOK Lot #: 2 Well Tag #: HO-99-3126
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 7/31/01 MR SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

June 4, 2002

Robert Rosenberry
8065 Hunterbrook Lane
Fulton, Maryland 20759

RE: **Replacement Well Sampling**
Hunterbrook, Lot # 2
8065 Hunterbrook Lane
Well Permit #: HO-94-3126

Dear Mr. Goertler:

If you have not already done so in the past, this office is requesting that you contact the Community Environmental Health Program at (410) 313-1773, to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). Currently, there is no charge for this sampling.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-2640. Thank you for your attention to these important matters.

Respectfully,


Steven R. Krieg

Registered Environmental Sanitarian
Water and Sewerage Program

cc: Community Environmental Health Program
File

C1 0770 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 A57659-B

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/27/01

Depth of Well 450 (TO NEAREST FOOT)

OK SRK 9/1/01 PERMIT NO. FROM PERMIT TO DRILL WELL HO-94-3126

OWNER Rosenherry Robert STREET OR RFD 8065 Hunterbrooke Lane TOWN Fulton SUBDIVISION Hunterbrooke SECTION LOT 2

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, opening, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 25 NO. OF POUNDS 2500

CASING RECORD MAIN CASING TYPE (S) T Nominal diameter 6 Total depth 80

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T

DEPTH (nearest ft.) 1 HO 78 400

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MWD 040 GEORGE F. ENSTEN

LIC. NO. WSD 038

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

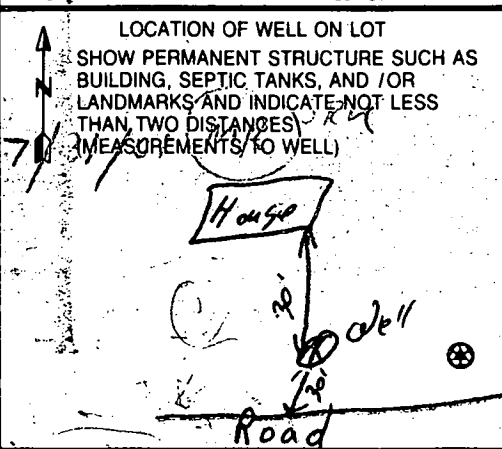
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP YES (Y) NO (N)

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



B 1 9216

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 3126 fill in this form completely

Date Received (APA) 6/19/2001

OWNER INFORMATION

8604

B 3

Howard

LOCATION OF WELL

ROBERT ROSENBERRY 8065 HUNTERBROOK LANE FULTON, MD 20759

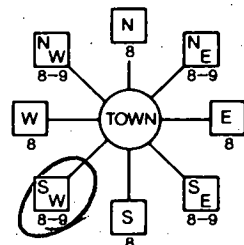
Hunterbrooke 23 SUBDIVISION SECTION 44 46 LOT 2 50 FULTON 52 NEAREST TOWN MILES FROM TOWN 0

DRILLER INFORMATION

George F. Easterday MW D 040

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunterbrooke Lane

NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD Ft. 30

L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 8/26/1998

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL

Howard 13 A57659-B COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 6/20/2001 Brian Baber 6/20/2002

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

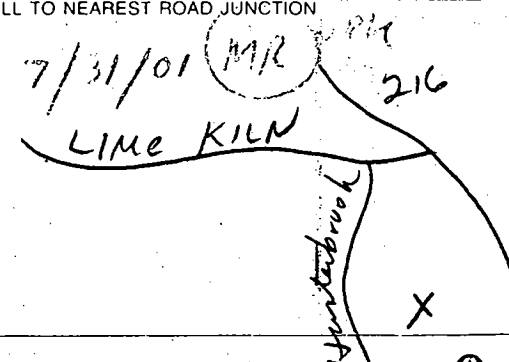
- SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 478 820 N 820 478

Handwritten notes: X 7/27/01 Grout 11:30 NO map

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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

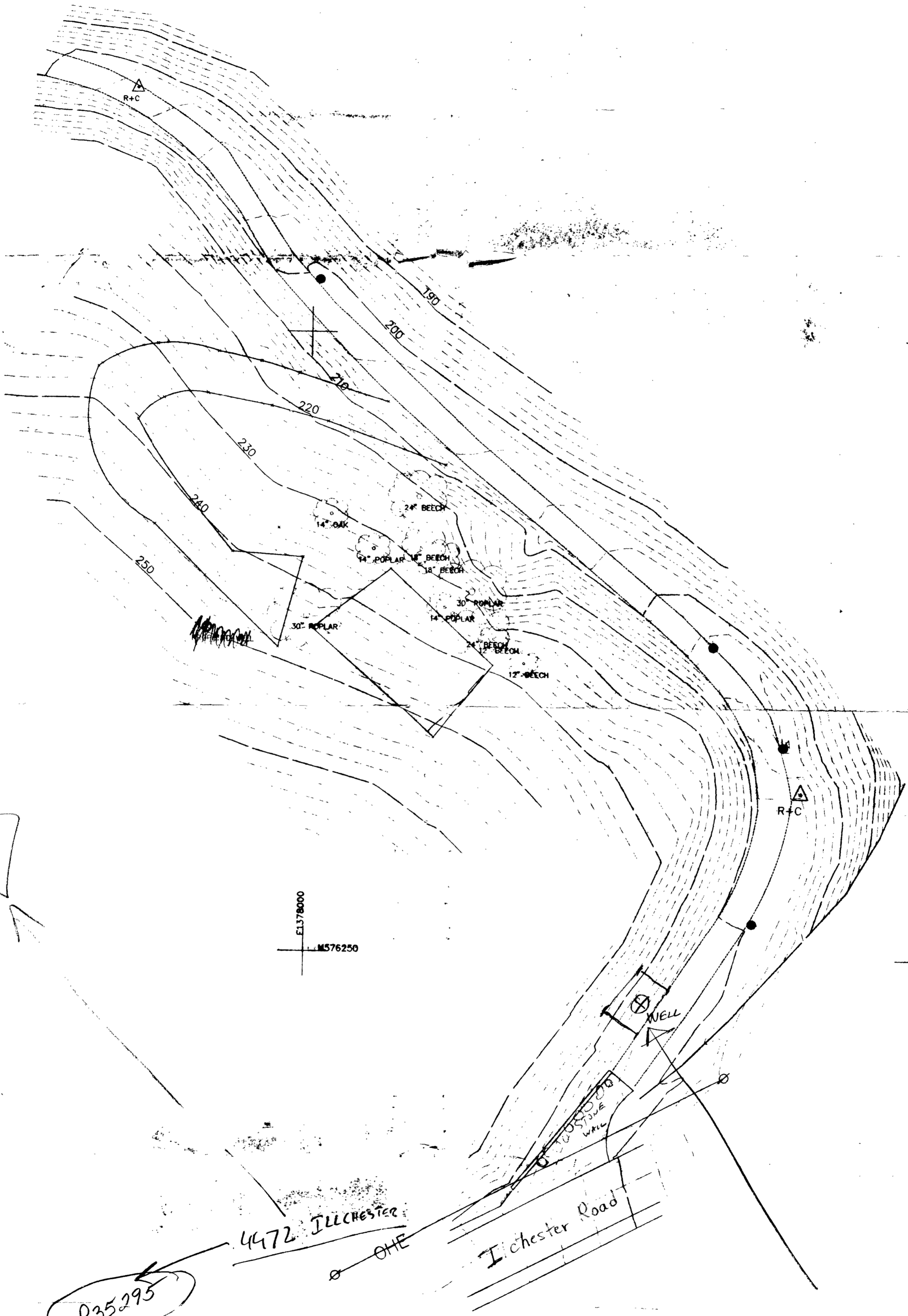
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. HO - 94 - 3126

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Owner: JIM NELSON

EXISTING HOUSE

P35295

4472 ILLCHESTER

ILLCHESTER ROAD

E1378250
N576500

E1378000
N576250

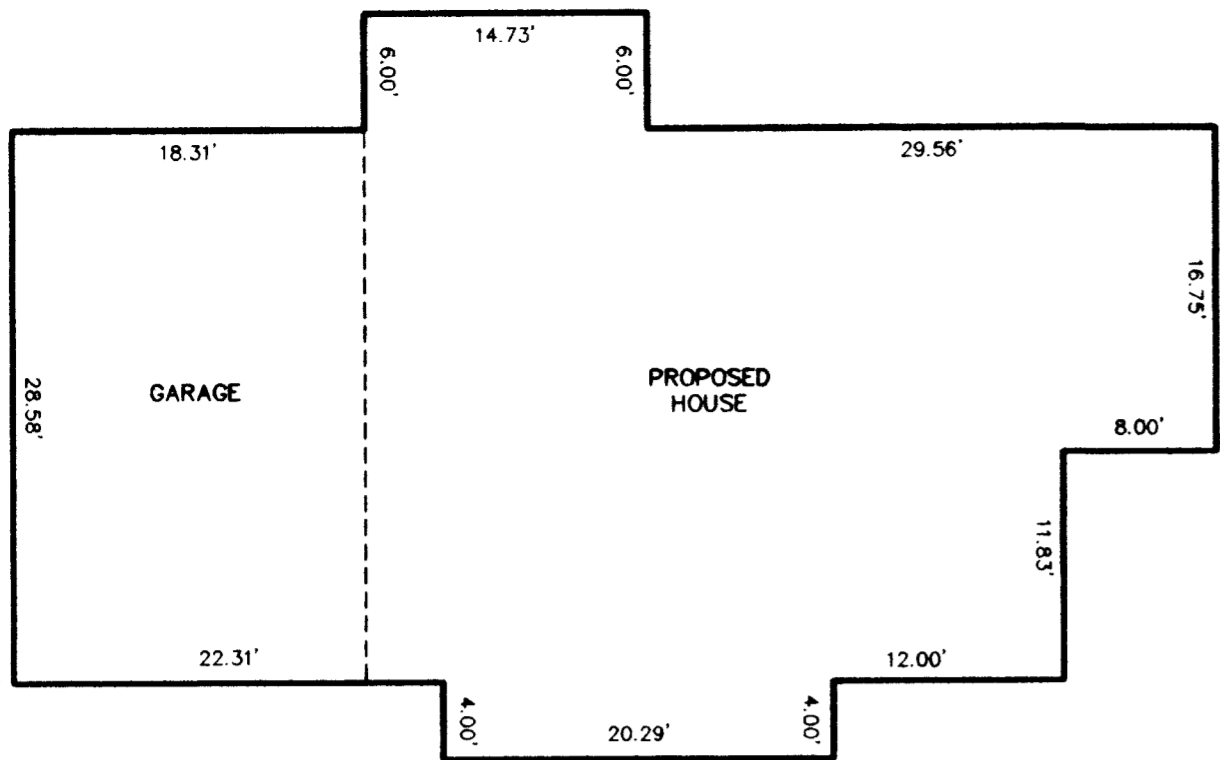
E1378250
N576250

2000 JUN 29 PM 2:44

1" = 30'

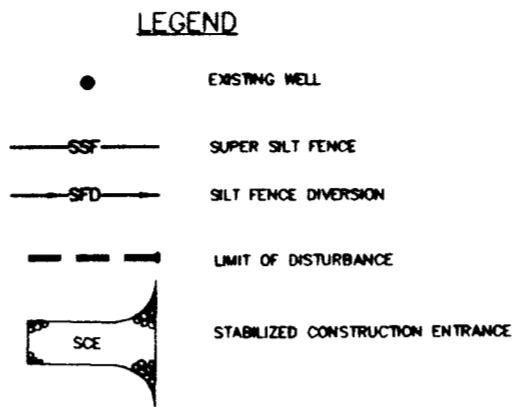
R+C

PAUL MARZIN
410 579-4322 W
410 465-1365 H
813 Charles-James Circle
ELLIOTT CITY, MD 21043

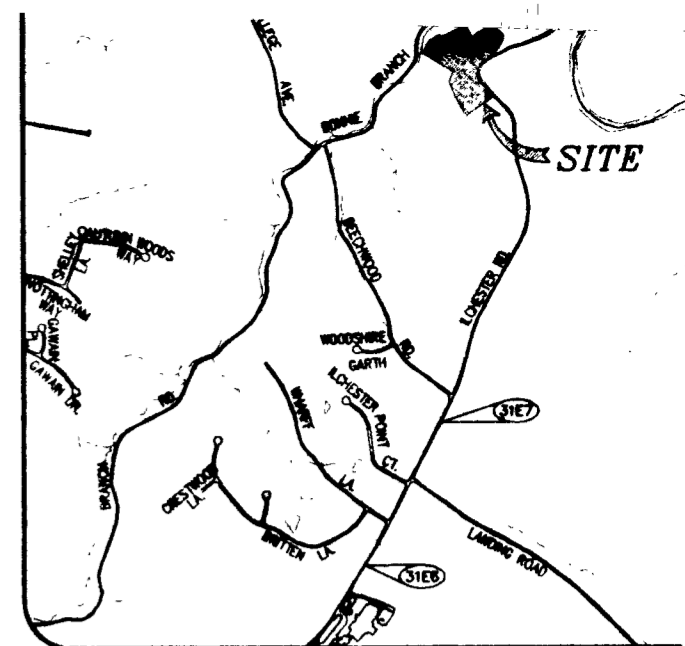


BUILDING DETAIL

SCALE 1"=10'



E 1377800
N 5765000

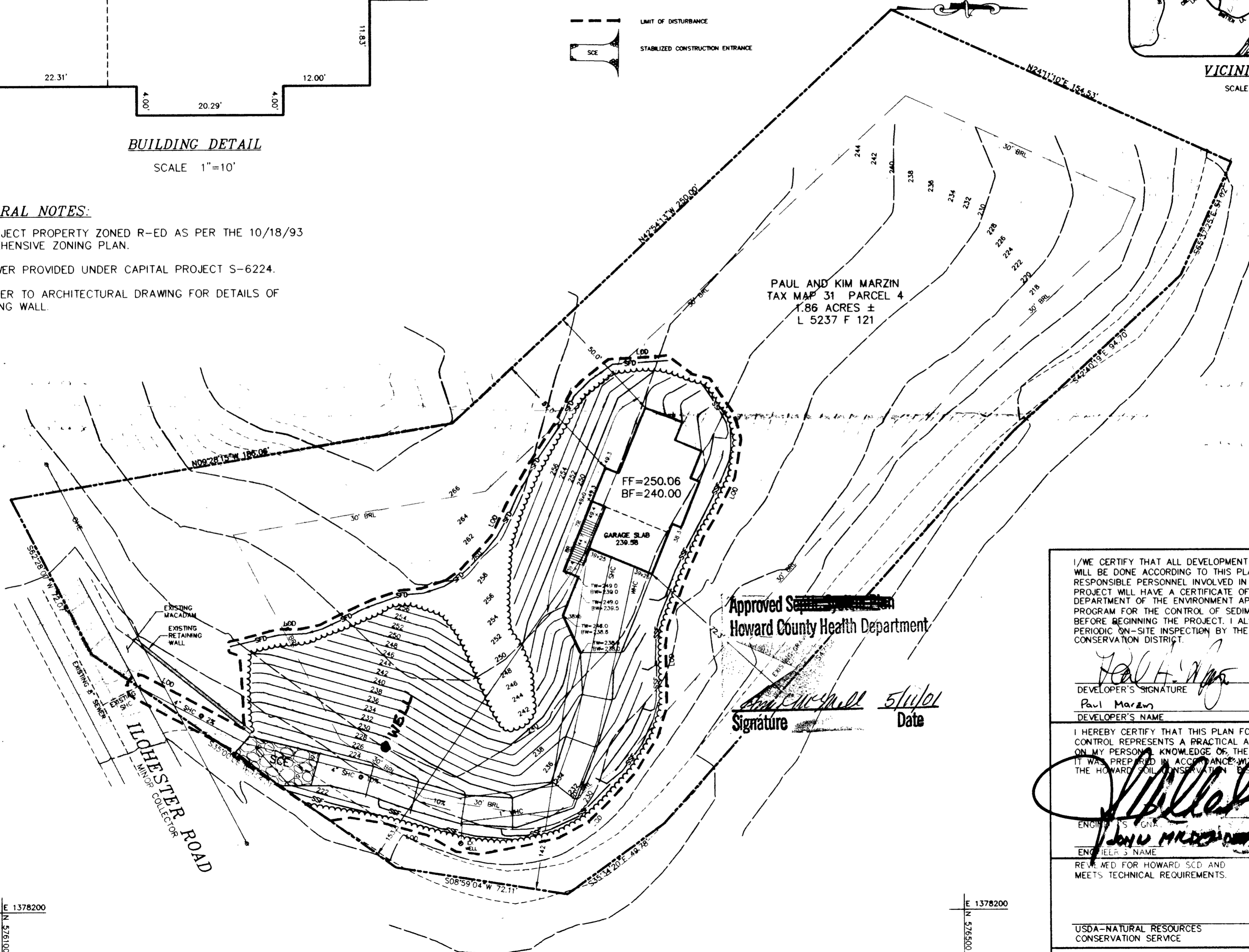


VICINITY MAP

SCALE 1"=2000'

GENERAL NOTES:

1. SUBJECT PROPERTY ZONED R-ED AS PER THE 10/18/93 COMPREHENSIVE ZONING PLAN.
2. SEWER PROVIDED UNDER CAPITAL PROJECT S-6224.
3. REFER TO ARCHITECTURAL DRAWING FOR DETAILS OF RETAINING WALL.



PAUL AND KIM MARZIN
TAX MAP 31 PARCEL 4
1.86 ACRES ±
L 5237 F 121

FF=250.06
BF=240.00

Approved Signature
Howard County Health Department

Signature *Paul Marzin* Date 5/1/01

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

Paul Marzin 4/5/01
DEVELOPER'S SIGNATURE DATE
Paul Marzin
DEVELOPER'S NAME

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

John M. [Signature] 4/5/01
ENGINEER'S SIGNATURE DATE
John M. [Signature]
ENGINEER'S NAME

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS.

USDA-NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE SOIL CONSERVATION DISTRICT.

E 1378200
N 5761000

OWNER

E 1378200
N 5765000

Mildenberg, Boender & Assoc

 WATER WELL ABANDONMENT-SEALING REPORT FORM

OK SRU
 9/14/01

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: 8/17/01 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 94 - 1703

* PERMIT NUMBER OF REPLACEMENT WELL HO - 94 - 3126

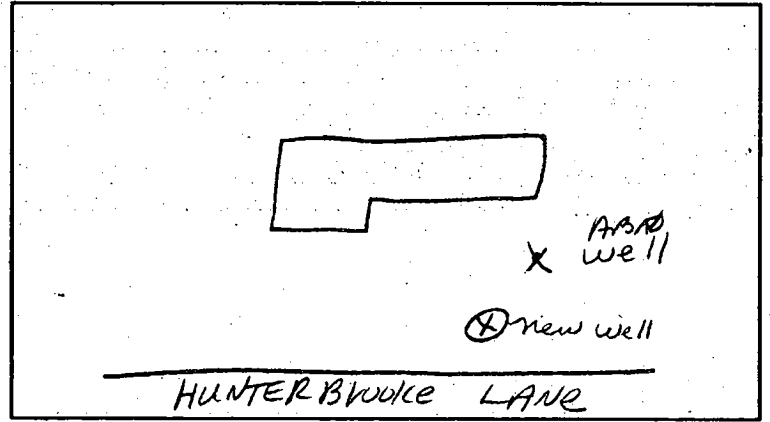
* PERSON ABANDONING WELL: DICK CRUMMIT WELL DRILLERS LICENSE NUMBER: WRO 014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Robert Rosenberry

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: HUNTER BROOK
 SECTION: _____ LOT: 2
 NEAREST ROAD: 8065 HUNTER BROOK LN

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

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

USE CODE:

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

TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
GRAVEL	300	80
Bentonite	80	0
VOLUME OF MATERIAL USED		
4 BAGS Bentonite + Gravel		

George F. Eusterman
 SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

040
 LICENSE #

(MWD) MSD/MGD
 CIRCLE ONE

8/20/01
 DATE

Steve 410-313-2648

4/7/00 11 AM
WPI

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

~~461-0033~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 4-7-00

Name of Installer Lester C Simmons Jr.

Telephone 301-831-7057

License Number AWD611

Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner Winchester Homes

Telephone _____
Subdivision Hunter brooke Lot # 2 Well Tag # No - 94 - 1703

Site Address 8065 Hunt Field Dr.

Pump

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

Motor

- 1. Horsepower _____
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Matkinson
- 2. Model # B-10X
- 3. Depth 3 1/2

- 2. Make Goulds
- 3. Model # 5G505422
- 4. Capacity 5 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 _____

Tank

- 1. Capacity 80
- 2. Pressure relief valve?

Piping

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

Well data

- 1. Depth 300 ft.
- 2. Yield 12 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer?

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.

4/7/00 - WPI OK
(MR) (SRK)

Signature of Applicant: Lester C Simmons Jr.

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.

C1 04015

SEQUENCE NO. (MDE 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 A57659B

ST/CO USE ONLY DATE Received 10 23 98

DATE WELL COMPLETED 09 30 98

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1703

OWNER Winchester Homes STREET OR RFD Hunter brooke Ln TOWN Fulton SUBDIVISION Hunter brooke SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, brown Mica, gray Mica, Sand Stone, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields for diameter, depth (feet).

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, SCREEN RECORD options (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES (Y) NO (N) CIRCLE APPROPRIATE LETTER A, E, P

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...

DRILLERS LIC. NO. MW D040 DRILLERS SIGNATURE Henry F. Eustand

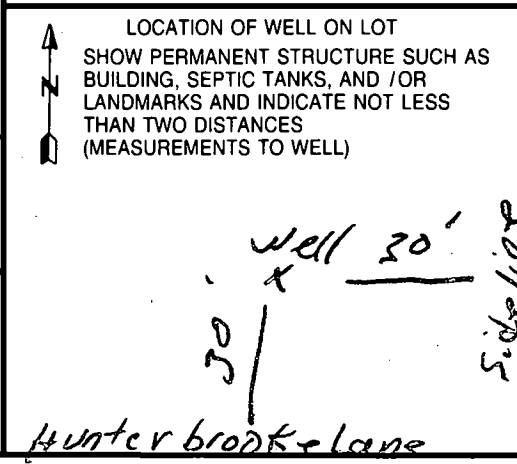
LIC. NO. MW D501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns for depth ranges and values. Includes DEPTH OF SCREEN and DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) 70, 72, 74, 75, 76

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 **6886**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1703
fill in this form completely

DATE RECEIVED (APA) **8/26/98**
OWNER INFORMATION **RN 7569**
Winchester Homes, Inc.
Last Name: **6305 Ivy Lane, Suite 700**
Street or RFD: **Greenbelt, Md. 20770**

LOCATION OF WELL
Howard COUNTY
Hunterbrooke SUBDIVISION
SECTION **44** LOT **2**
Fulton NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **0**

DRILLER INFORMATION
George F. Easterday M **WD 040**
Driller's Name: **L. Franklin Easterday, Inc.**
Firm Name: **9265 Brown Church Rd., MT. Airy, Md. 21771**
Signature: *George F. Easterday* Date: **8/26/1998**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: **Hunterbrooke Lane**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **30**
DISTANCE FROM ROAD: **30** Ft.
TAX MAP: _____ BLK: _____ PARCEL: _____

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

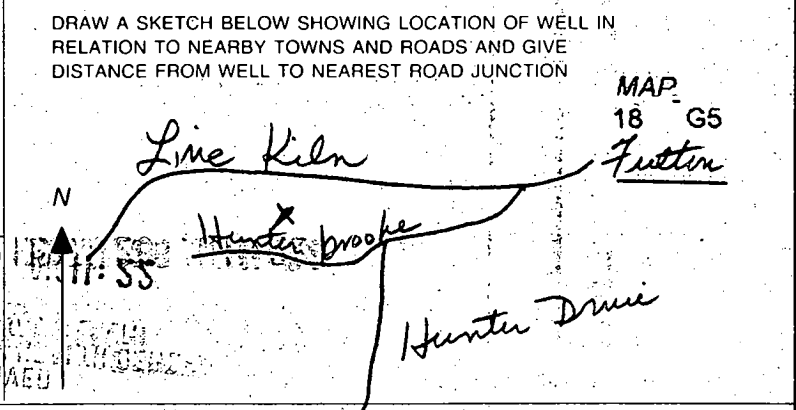
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME
A57659B COUNTY NO.
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **9/2/98** **A M C M L O C** **9/2/99**
CO SIGNATURE _____ EXP. DATE
NORTH GRID **470** EAST GRID **820**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
APPROXIMATE DIAMETER OF WELL **6** INCH

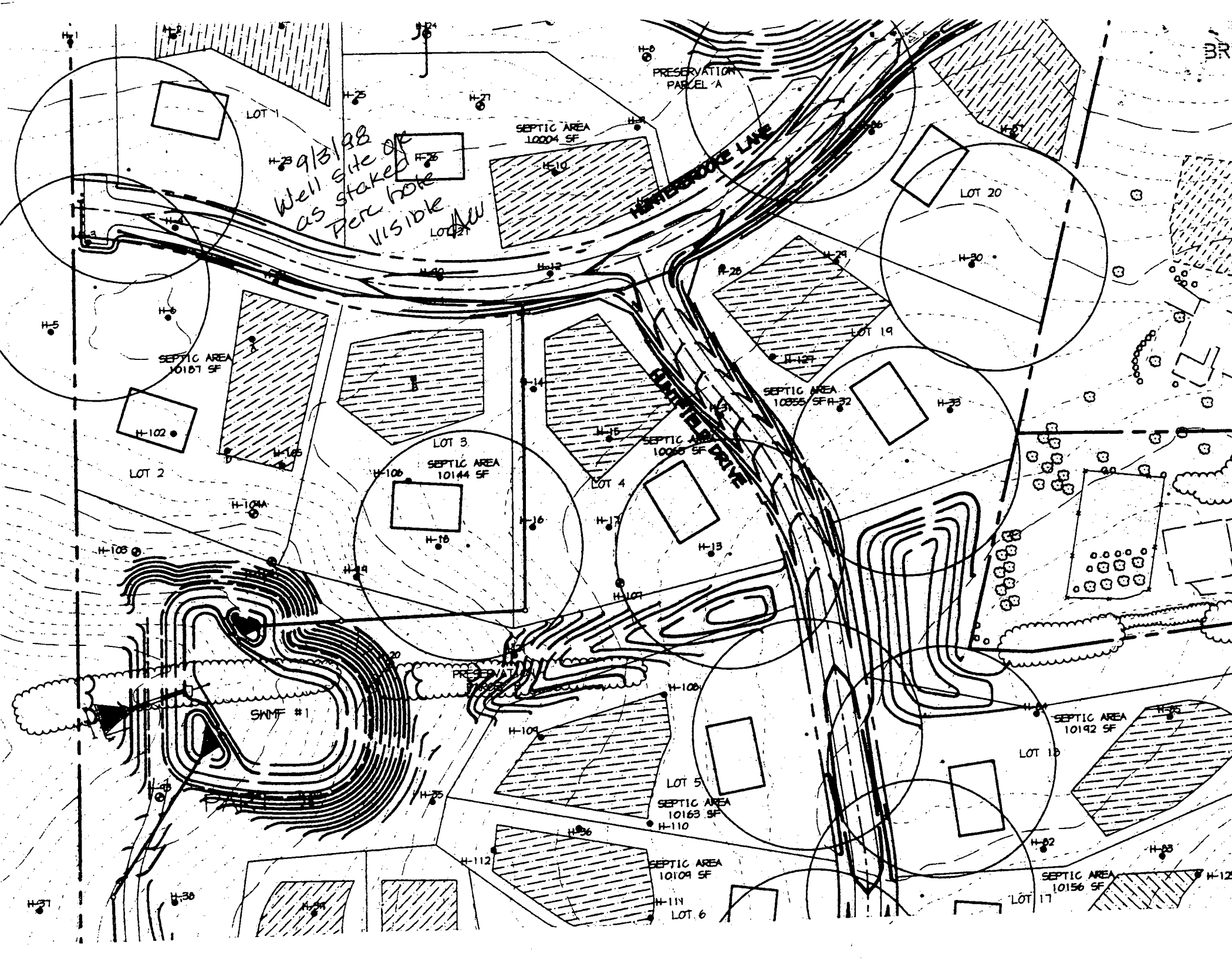
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **wells**
2. _____
3. _____
WRITE THE BOX NUMBER FROM THE MAP HERE
E **4820**
N **470**

METHOD OF DRILLING (circle one)
BORED (or Augered) AIR-ROTary
JETTED AIR-PERCussion
Jetted & DRIVEN 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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER **54**
PERMIT No. **HO-94-1703**



EX. PRIVATE ACCESS EASEMENT
L. 2110, F. 286
TO BE ABANDONED

PARCEL 'D'
NON-BUILDABLE
18,411 SQ. FT. OR 0.423 AC. PARTIAL AREA
(TOTAL AREA 30,634 SQ. FT. OR 0.704 AC.)
TO BE DEDICATED TO HOME OWNERS ASSOCIATION

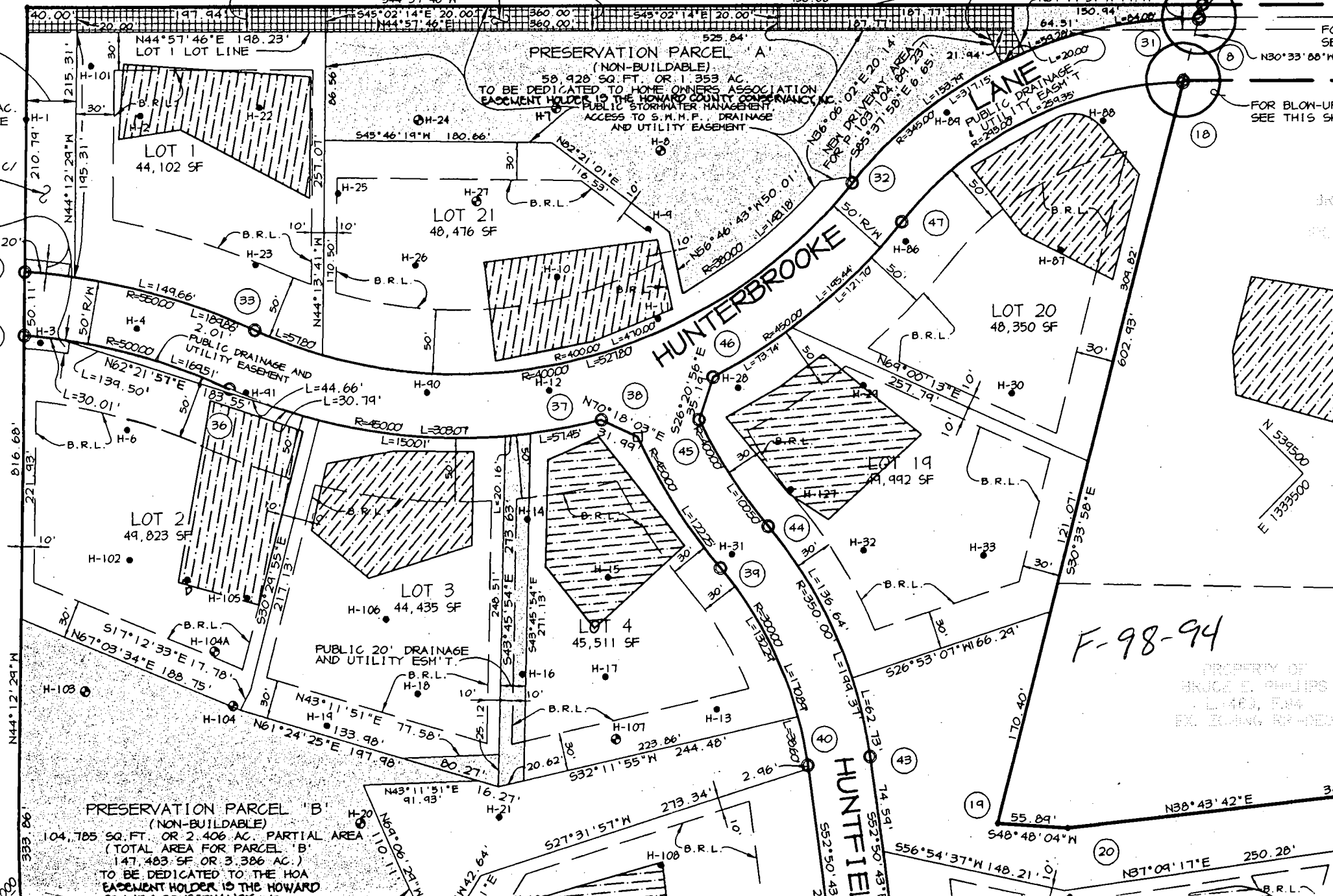
REVERTIBLE TEMPORARY ACCESS EASEMENT AREA
TO BE PROVIDED UNTIL PERMANENT CONNECTIONS
ARE MADE TO HUNTERBROOKE LANE

EX. PRIVATE ACCESS EASEMENT
L. 2110, F. 286
TO BE ABANDONED

FOR BLOW-UP
SEE THIS SHEET

5/8" I. PIN
FOUND (NOT H)

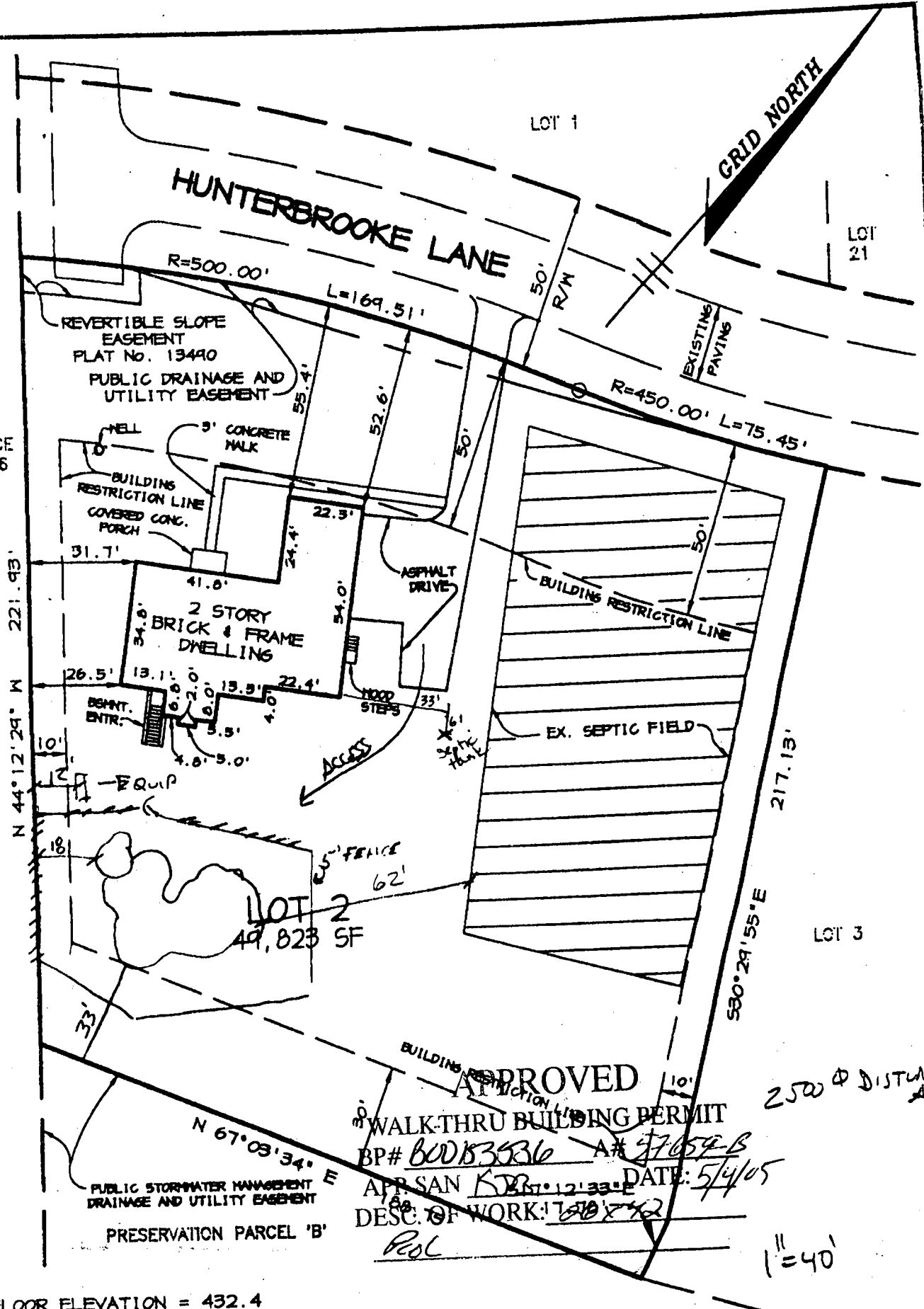
FOR BLOW-UP
SEE THIS SHEET



F-98-94

PROPERTY OF
BRUCE E. PHILLIPS
L. 463, F. 44
EX. EASEMENT BY DEED

PROPERTY OF
LORRENCE PRINCE
2140, F. 306



FIRST FLOOR ELEVATION = 432.4

- NOTE:
- THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING
 - THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0042B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.



Arthur E. Muesge
ARTHUR E. MUESGE #10751

RIEMER MUEGGE & ASSOCIATES, INC.
SUITE 200
8818 CENTRE PARK DRIVE
COLUMBIA, MARYLAND 21045

FINAL LOCATION DRAWING

LOT 2
HUNTERBROOKE
5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
13109 THRU 13491