

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 59815-m

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

04-327772

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION The Woods @ Ridgeville^{NEW} LOT Pcl 2 ROAD 15100 Frederick Rd

PROPERTY OWNER Jeff Allen

ADDRESS _____

3 bedroom

BLDG. PERMITS SIGNED
AND RETURNED 2/2/99
B00115902 Bath

BLDG. PERMITS SIGNED
AND RETURNED 8/19/99
B00117638 Bed/Bath

PLANS APPROVED BY _____ DATE _____

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**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 11, 2001

Attn: Jeff Allen
Chambers & Deems Partnership
3716 Court Place
Ellicott City, MD 21043

RE: **Replacement Well Issues**
15100 Frederick Road
Well Permit #: HO-94-2895

Dear Mr. Allen:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from the indoor primary 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.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2643. Thank you for your attention to these important matters.



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

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: Lloyd Plumbing Corporation Telephone #: 410-202-2720
Address: 8093 Stone House Drive
5112-H City, MD 21042

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

Name (Print): Ron Lloyd License # 20800

*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: Allan Pan/TEC Telephone #: 410-487-7520
Subdivision: Woods at Ridgeview Lot #: 1 Well Tag #: HO-94-2895
Site Address: 15106 Frederick Road
Woodbine, MD Panel 2

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Mylar Make: SMY Two piece watertight cap:
Model #: 2572-5 Model #: N/A Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: GPM NSF approved: Yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 285 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one Both
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: PVC PVC sleeved to undisturbed soil at well penetration: 1 1/2" AL
PSI: 160 (160 psi min) Approximate length of sleeve: 2'
Depth of supply line: 42" (36" min) Sleeve cranked and sealed properly: Yes

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 [Signature] date 5-4-01

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

Date Insp. Requested: 4/27/01 Date Insp. Approved: 5/3/01 (BB) SRU
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 adaptor

Connected to Existing Undeveloped Line
OK.

HD-215 (Rev. 8/00)

B 1 03762

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL No FEE please print or type

STATE PERMIT NUMBER

HO-94-2895 fill in this form completely

Date Received (APA) 12/12/00

OWNER INFORMATION

Chambers & Deems Partnership 3716 Court Place Ellicott City Md 21043

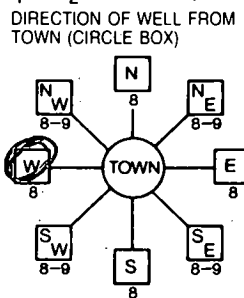
B 3 Howard LOCATION OF WELL

8 COUNTY 21 The Woods @ Ridgeview 23 SUBDIVISION 42 SECTION 44 46 Rpt 2 48 50 Cooksville 52 NEAREST TOWN 71

DRILLER INFORMATION

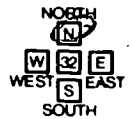
Joseph C. Mayne MSD 24 Driller's Name License No. 81 Joseph C. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy Md. 21771 Address 500 Signature Date 12/11/2000

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



15100 Frederick Rd Md 144 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 40 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL 2

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A59815-M COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 12/12/00 AIR-ROTOR 12/12/02 CO SIGNATURE EXP. DATE NORTH GRID 540 000 EAST GRID 780 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTOR AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTOR DRIVE-POINT

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 (circled)
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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

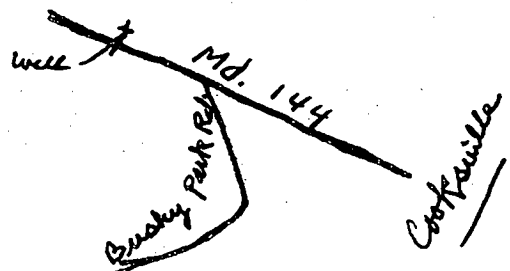
- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 540

000 000

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



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

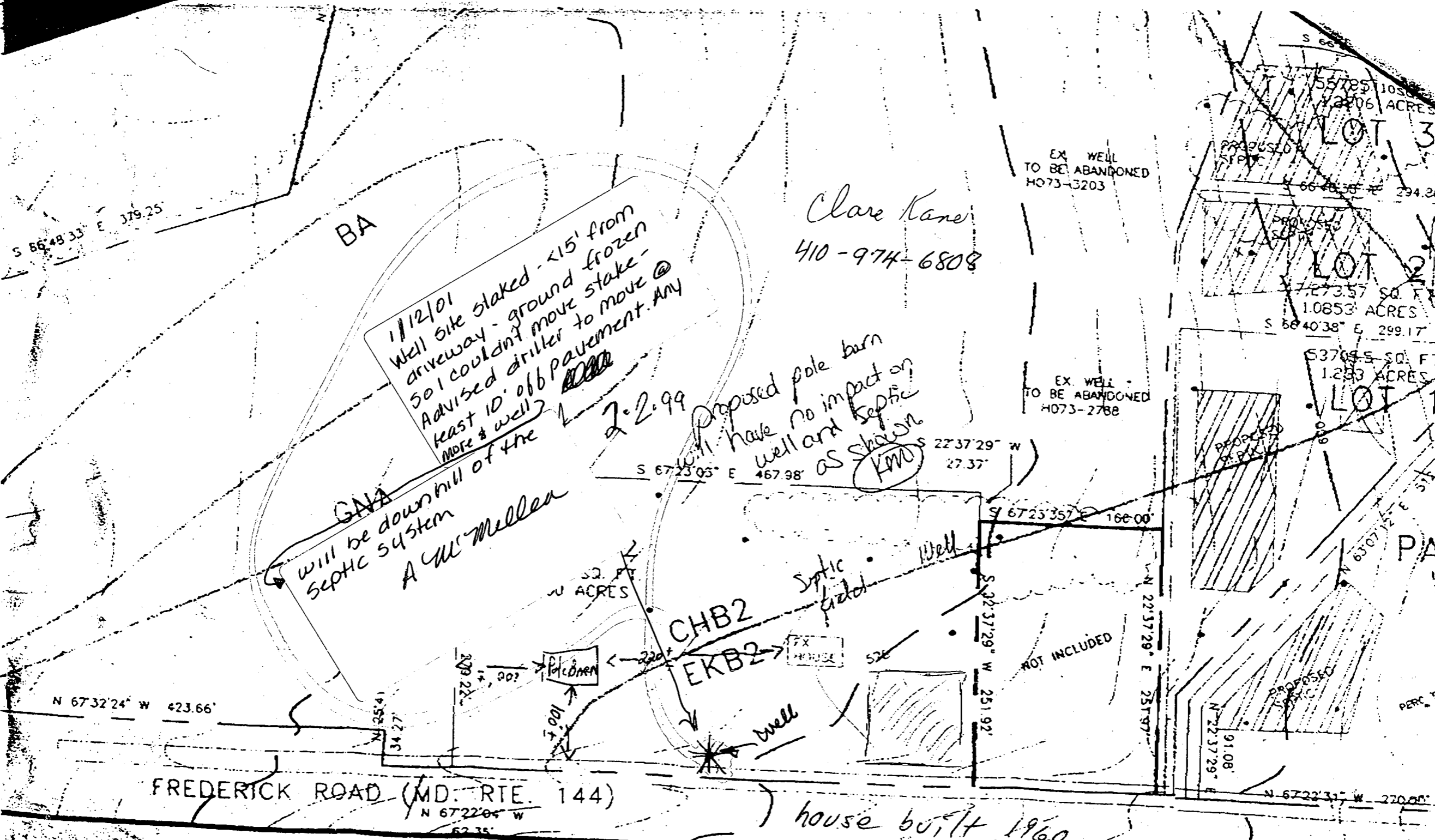
APPROX. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-2895

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

12/08/00 07:59A P.005
(410)974-6637
Clare M. Kane



1/12/01
Well site staked - <15' from
driveway - ground frozen
So I couldn't move stake -
Advised driller to move @
least 10' off pavement. ANY
MORE & well?

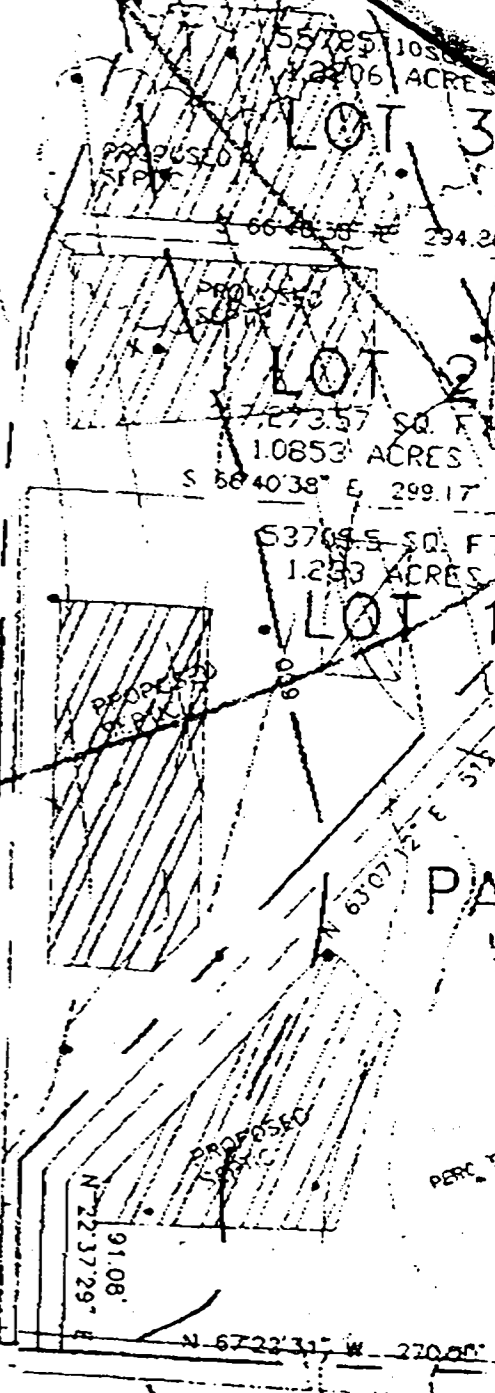
GNA
will be down hill of the
septic system
A Mc Miller

2-2-99
Proposed pole barn
will have no impact on
well and septic
as shown
KMO

Clare Kane
410-974-6808

EX. WELL
TO BE ABANDONED
H073-3203

EX. WELL
TO BE ABANDONED
H073-2788



FREDERICK ROAD (MD. RTE. 144)
N 6722'04" W 62'35"

house built 1960

APPLICATION

PERCOLATION TESTING

A 59815M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DATE 2/10/98

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 A SHARP Jeffrey Allen

ADDRESS 3779 SHARP Rd. PHONE 410 4894630

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Old Frederick Road LOT NO. Parcel 12 + Parcel 13 + Parcel 2

ROAD AND DESCRIPTION 15710 Frederick Road. Ridgeman Estate

TAX MAP _____ PARCEL # _____

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

**BLDG. PERMIT SIGNED
AND RETURNED 2-2-1999**
Serial # B10 115902
Storage Shed

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.

Charles A Sharp
(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

59815M
COUNTY #

SOIL PROFILE

0' same as test hole #B
6.0' CAVE-IN
9.5' WATER

B

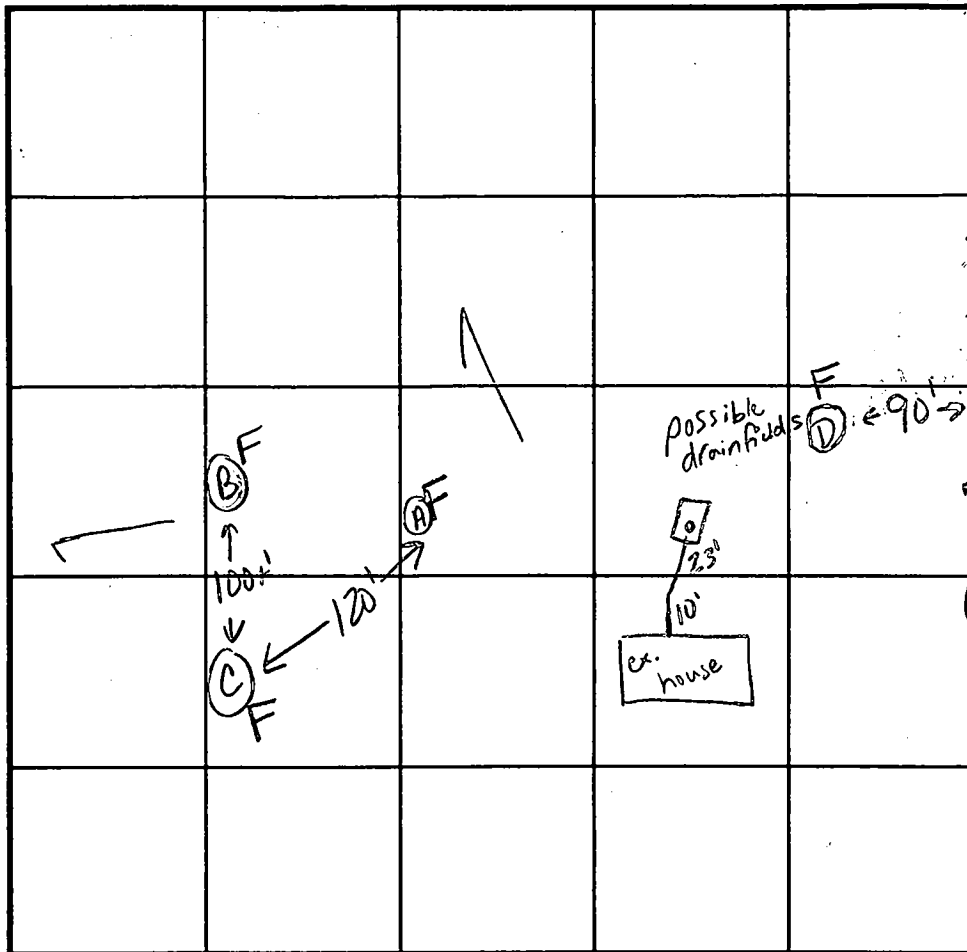
or/br clay lm
orange
green brown clay lm redox features

5.0' CAVE-IN
10.0' WATER

C

or/br clay lm
orange/brown green clay lm redox features

9.5' CAVE-IN
10.0' WATER



SOIL PROFILE

0' topsoil/fill 3.0'
or/br grey green st. clay damp clay lm redox features
11.0' WATER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt. 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2-25-98	A	FAILED	DUETO	WATER AT 8.0'	AT	3:30	F	
	B	FAILED	DUETO	WATER AT 7.0'	AT	3:40	F	
	C	FAILED	DUETO	WATER AT 8.0'	AT	3:45	F	
	D	FAILED	DUETO	WATER AT 10.0'	AT	3:50	F	
	E	12.0'D	visual only - see profile					
	F	12.0'D	visual only - see profile					
	G	11.5'D	visual only - see profile					

REMARKS test holes staked

TYPE OF SOIL _____
 TESTED BY Kim Maiste ALSO PRESENT Chuck Sharp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

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

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

59815M

COUNTY #

SOIL PROFILE

E

0'
or/br
Clay 1m

4.0'
br/red
sic 1m
some
redox
features
pale grey
sic 1m (damp)
at bottom
of hole
15%
shale
frags

F

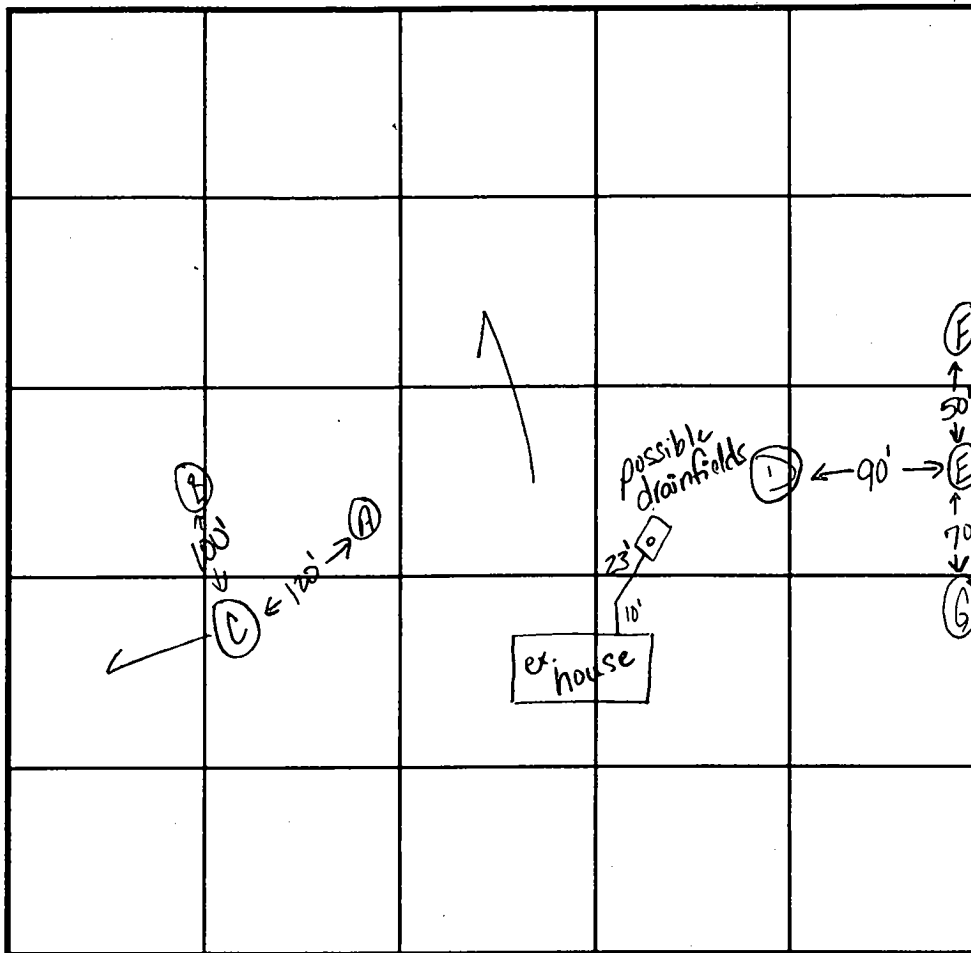
Same
as
test
hole

E

G

3.0'
or/br
Cl 1m

or/br
green
sic 1m
some
redox
features
15%
shale
frags

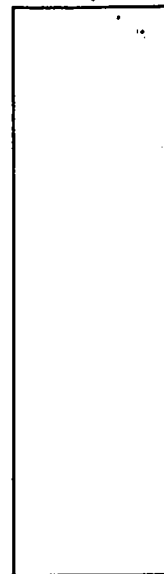


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 144

SOIL PROFILE

0'



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-25-98	E	12.0'D	visual	only	- see profile		
	F	12.0'D	visual	only	- see profile		
	G	11.5'D	visual	only	- see profile		

REMARKS test holes staked, opened at 4:00 no water in test holes at 4:30

TYPE OF SOIL _____

TESTED BY Kim Maiste ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

11.5'

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

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

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' *A₁/B₂*

dark red silclm

3.0

dark bluish brown silclm 20% Rx

Dry

11.0

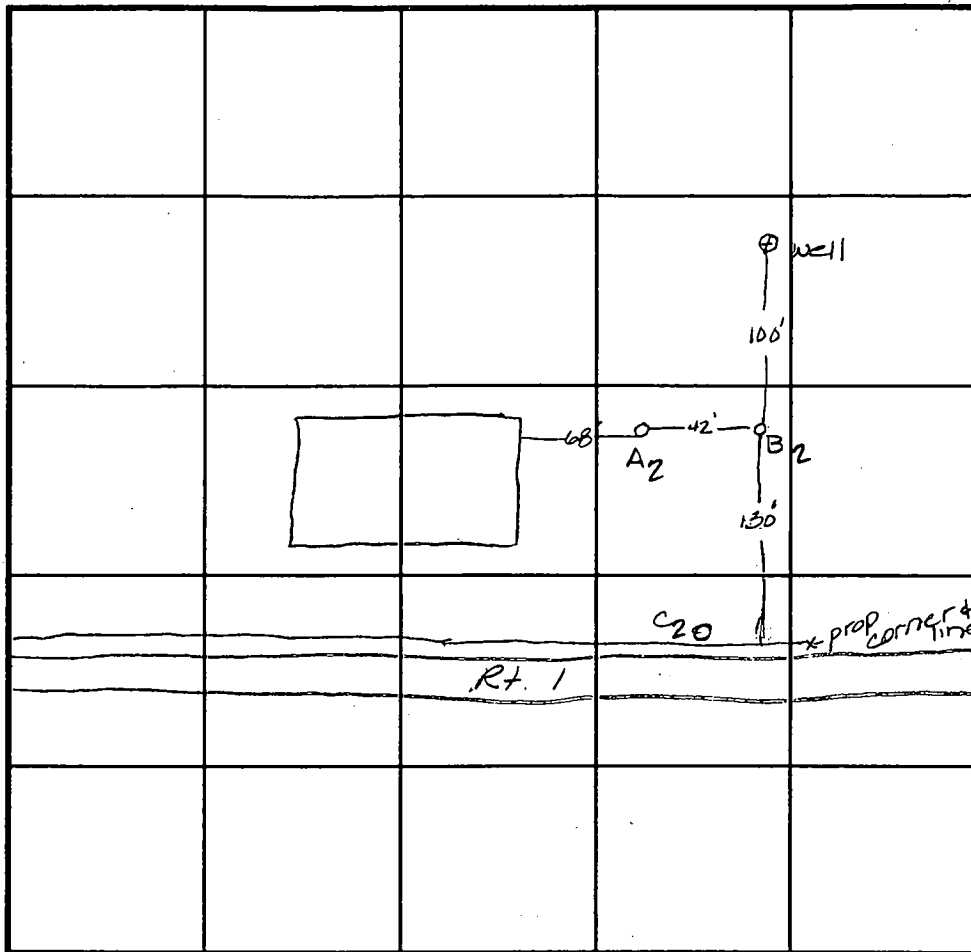
C₂ dark brn silclm

dark red silclm 100% Rx

12.0

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	
4-27-98	A ₂	Visual to 10.0	—	—	—	—	OK
	B ₂	Visual to 10.0	—	—	—	—	OK
	C ₂	Visual to 10.0	—	—	—	—	OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY *Amy McMullen* ALSO PRESENT *Jeff Allen*

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

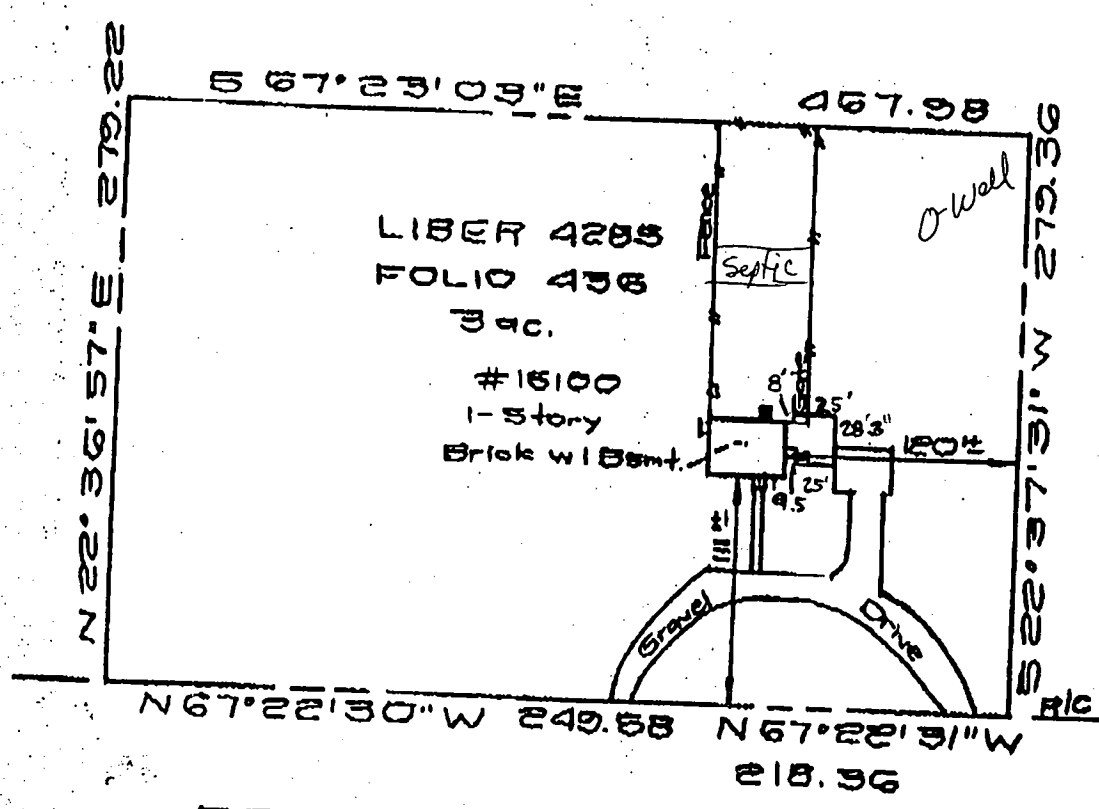
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

is required by a lender or a title insurance 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. 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 or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No.
 Date of Map: 12/4/86
 Flood Zone: A-1

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 3 Ft. 2.



FREDERICK ROAD
 MD. RTE. 144

W. H. & Allen Pamela M. Allen



LOCATION DRAWING
 DEMMITT PROPERTY
 LIBER 4285 FOLIO 436
 HOWARD COUNTY, MD.

SURVEYOR'S CERTIFICATE

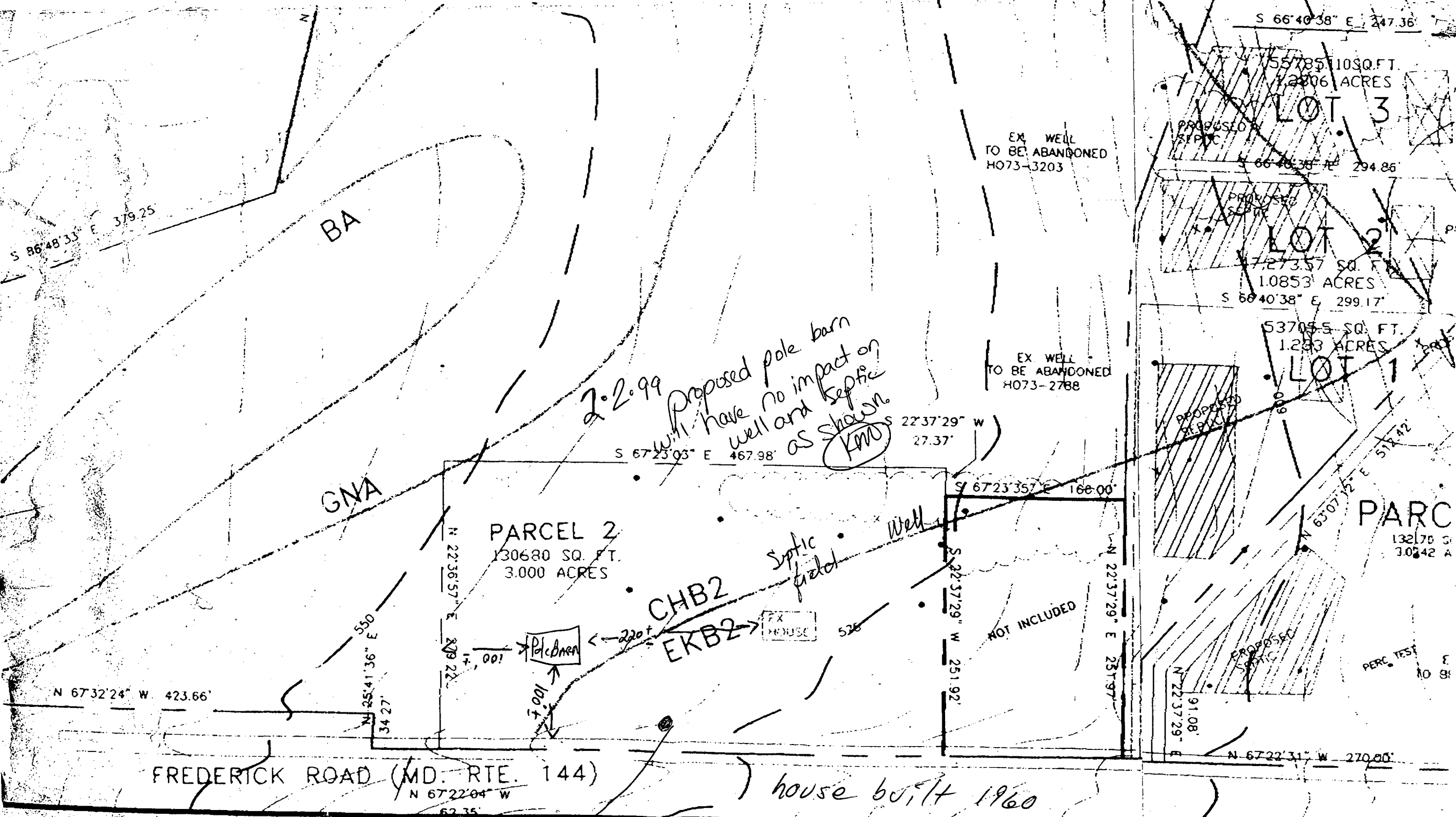
I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Bazis
 Michael J. Bazis RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 08.07434	DATE 7-2-98
FIELD DTF, PC	DRAFT DJD
P.B. P#	
SCALE: 1" = 100'	

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
 10111 COLEVILLE ROAD, SUITE 133
 SILVER SPRING, MARYLAND 20901
 (301) 593-8005
 FAX: (301) 681-7216



S 86°48'33" E 379.25'

BA

GMA

PARCEL 2
130680 SQ. FT.
3.000 ACRES

CHB2

EKB2

EX HOUSE

Septic field

Well

Plc/bnen

100'

2.2.99 Proposed pole barn
will have no impact on
well and septic
as shown. **KMO**

EX WELL
TO BE ABANDONED
H073-3203

EX WELL
TO BE ABANDONED
H073-2788

S 66°40'38" E 247.36'

55785.10 SQ. FT.
1.2806 ACRES

LOT 3

PROPOSED
SEPTIC

S 66°40'38" E 294.86'

LOT 2

17273.57 SQ. FT.
1.0853 ACRES

S 66°40'38" E 299.17'

53705.5 SQ. FT.
1.253 ACRES

LOT 1

PROPOSED
SEPTIC

PARC

13270.0
10242.4

NOT INCLUDED

PERC TEST

FREDERICK ROAD (MD. RTE. 144)

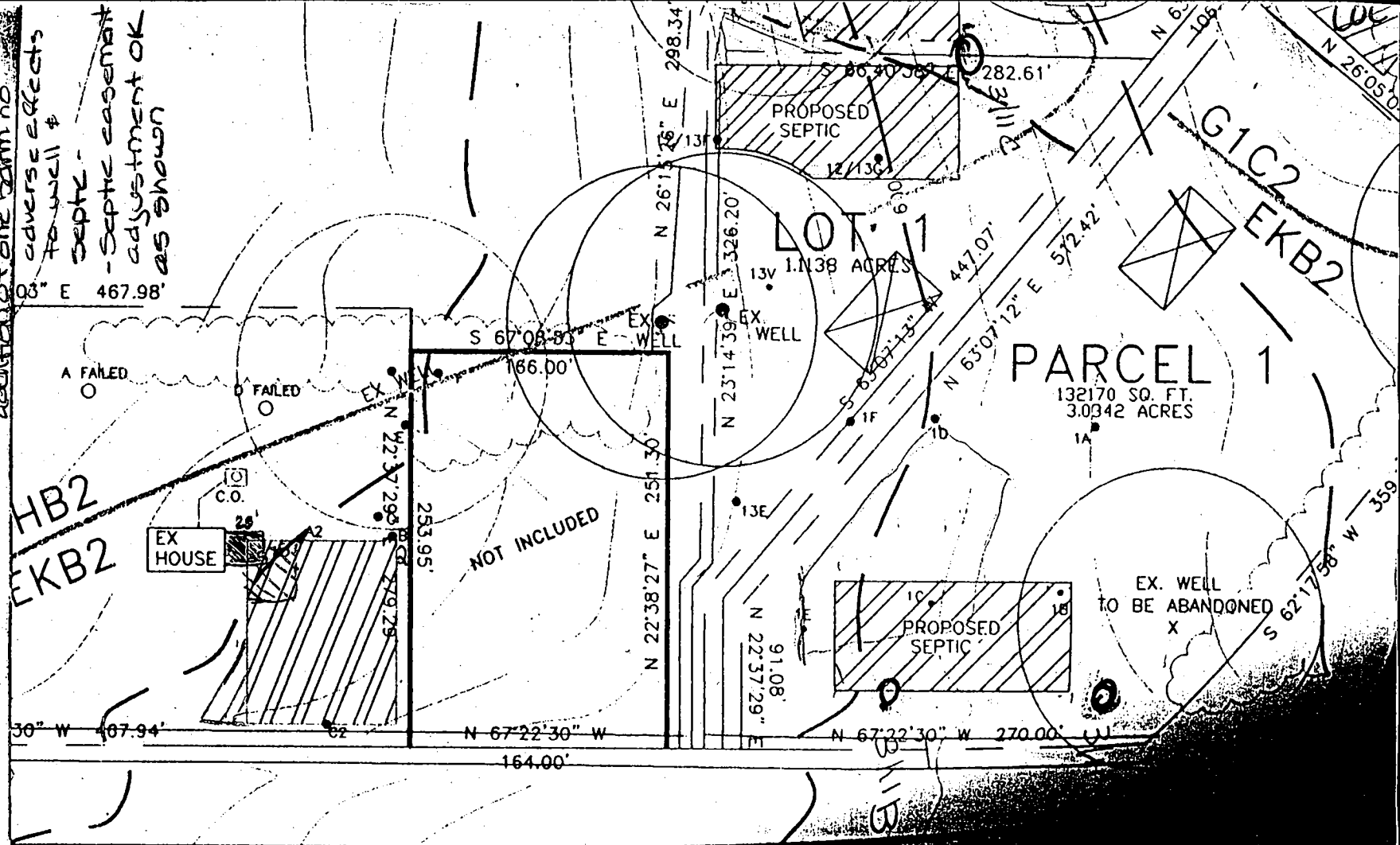
N 67°22'04" W

house built 1960

121700 Drill new well here

IN-17-98 WED 01:37 PM RICHARD DEMITT 301 854 3049 P.01

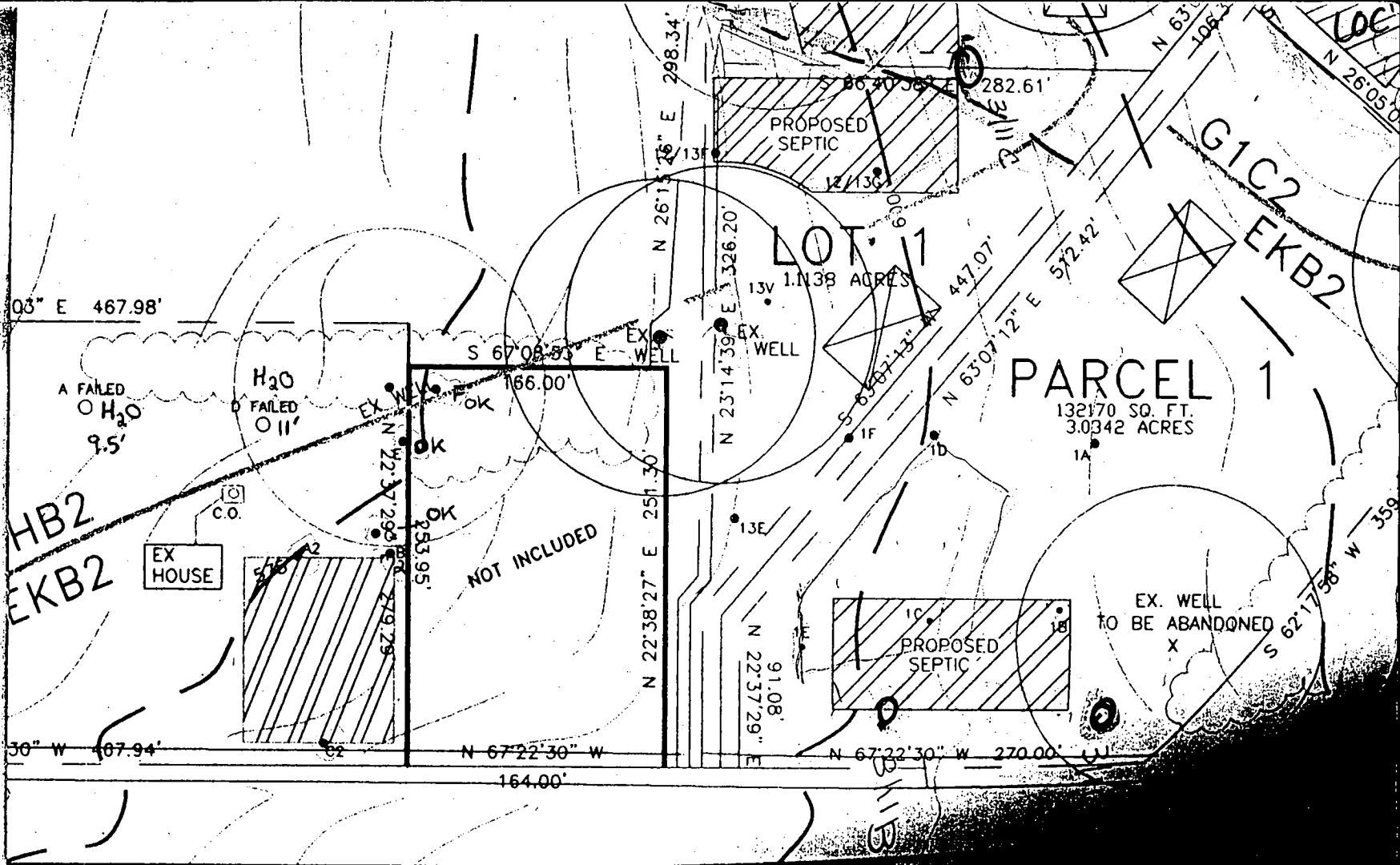
slings
Proposed addition of one
bedroom & stairs - OK
as proposed - Ex house
only has 2 bedrooms
addition of one bdrm no
adverse effects
to well &
septic
- Septic easement
adjustment OK
as shown



Approved
Perc Cert

EKB2
EKB2

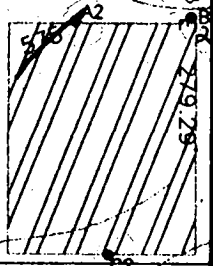
S 43°31'58"



03" E 467.98'

HB2
EKB2

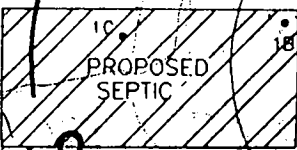
EX HOUSE



NOT INCLUDED

LOT 11
1.138 ACRES

PARCEL 1
132170 SQ. FT.
3.0342 ACRES



EX. WELL
TO BE ABANDONED
X

30" W 467.94'

N 67'22'30" W 164.00'

N 67'22'30" W 270.00'

Approved
Perc Cert

EKB2

S 42'31.52'