

10/3/01
PM

10/4/01
FINAL
PM

ISSUE DATE: 9/25/2001

P 516043

APPROVAL DATE: 10/4/01

A 59914-M

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

04-363825

Fogles Septic Clean, Inc

IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road

PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello

LOT NUMBER: 37

ADDRESS: 14345 Fox Creek Court

PROPERTY OWNER: D.R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 TOPSEAM

PUMP CHAMBER CAPACITY (GALLONS): ~~300~~

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: ~~300~~ 257'

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 210 feet up the right lot line and 30 feet off that same lot line as seen when facing the lot from the use in common drive. Run trenches on contour in both directions.
NOTES:	

6.5' ←

PLANS APPROVED: Amy Mc Millen OKSRK 6/28/01 DATE: 4-26-01

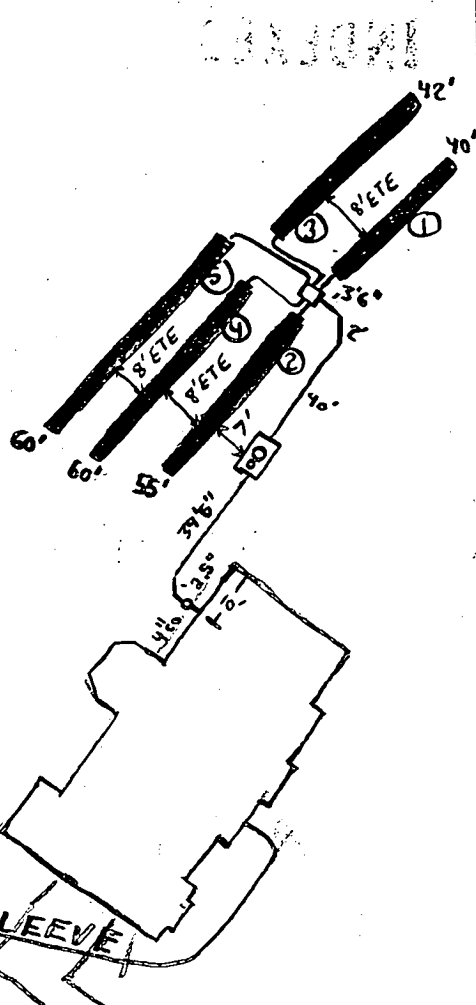
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

**BUILDING PERMIT SIGNED
AND RETURNED 5/02/02
B00135925-FG P00 L**

A59914-M

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 3.5-4'
 TRENCH BOTTOM DEPTH 6.5-7.5'
 DEPTH OF STONE 3-4'
 NUMBER OF TRENCHES 5
 TOTAL TRENCH LENGTH 257'
 ABSORBENT AREA 77L ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500TS GALLONS
 MANHOLE RISER on center
 6 INCH INSPECTION PORT on front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

To Fox Creek Court →

PRE-CONSTRUCTION INSPECTION: 10/2/01 O.K. to install trenches to 6.5' with 3.5' of gravel to best use area. Top trenches may be 7' in depth
 INSPECTION COMMENTS: to facilitate use of gravity. (BB) 10/3/01 No work done (BB) 10/4/01 OK TO COVER ALL WORK (SRK)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 10/11/01

BUILDING PERMIT SIGNED

AND RECORDED

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 570 Obrecht Rd
Sylesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD 009
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: _____
Subdivision: Monticello Lot #: 37 Well Tag #: HO-94-261
Site Address: Foxcreek Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: yes
Model #: 75005422 Model#: _____ Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 10 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 125 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeve caulked 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.

Allen Compton 3-12-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/20/01 Date Insp. Approved: 11/20/01 Inspector: MR
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade BB
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

B 1 6720

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2161 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

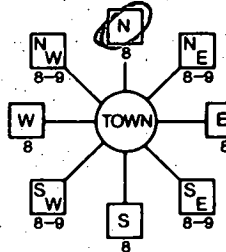
B 3 LOCATION OF WELL

Howard Knapp Property Glenwood

DRILLER INFORMATION

Joseph L. Mayne M S D 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 850 FT

B 2 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 COUNTY NAME HOWARD COUNTY NO. 13 DATE ISSUED 03/23/99 CO SIGNATURE EXP. DATE 03/22/00

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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)

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

APPROP. PERMIT NUMBER GAP

PERMIT No HO-94-2161

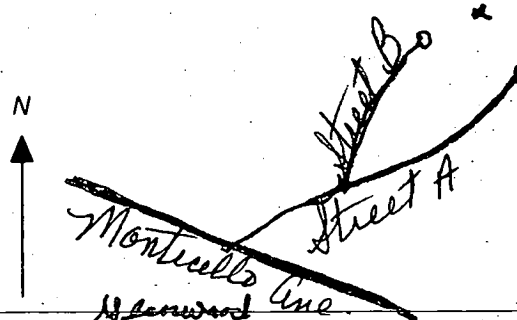
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE

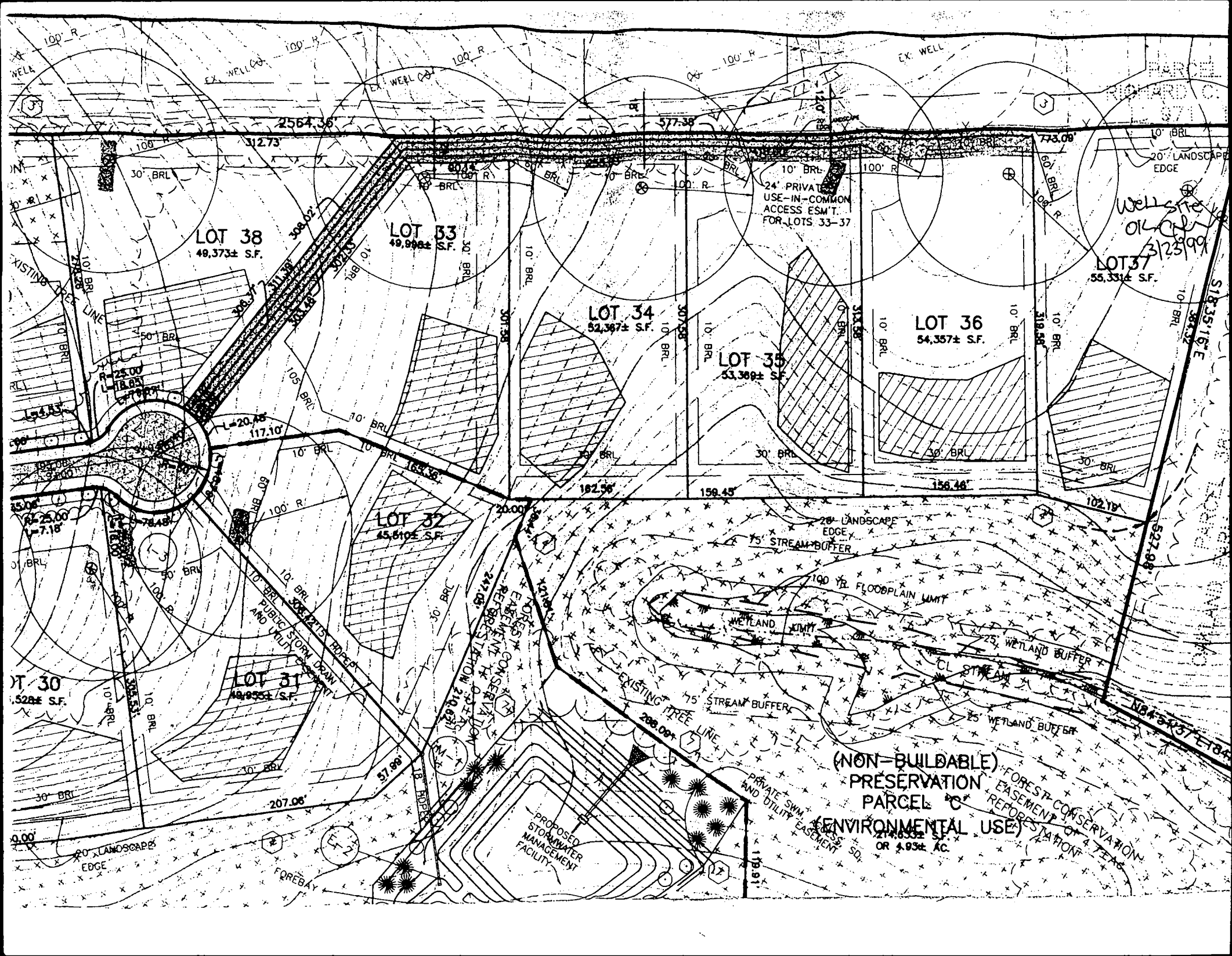
E 798 N 5485

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



(NON-BUILDABLE)
PRESERVATION
PARCEL C
(ENVIRONMENTAL USE)
FOREST CONSERVATION
EASEMENT OF A TERM
REFUGIUM
OR 4.93± AC.
21,463± S.F.

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Monticello

TAX MAP: _____

A 59914M

STREET NAME: Fox Creek Ct

PARCEL #: _____

LOT NUMBER 37

AVERAGE PERCOLATION RATE: 2 min

SQUARE FEET PER BEDROOM 180

NUMBER OF BEDROOMS: _____

LINEAR FEET OF TRENCH PER BEDROOM _____

TOTAL LINEAR FEET OF TRENCH _____

SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DESIGN: Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber

YES NO top seamed pump chamber required?

LOCATION: _____

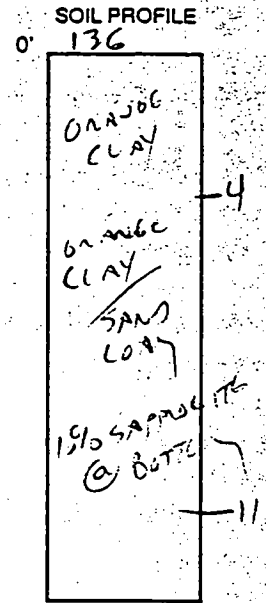
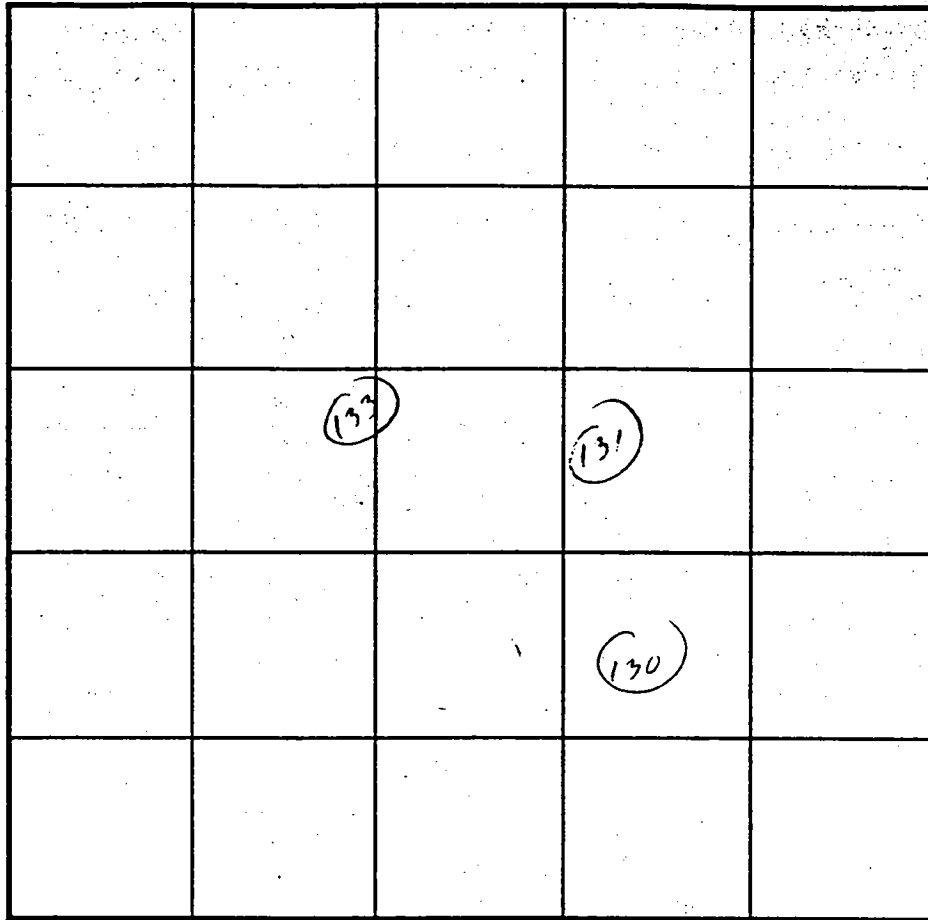
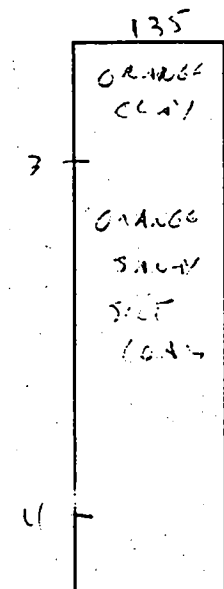
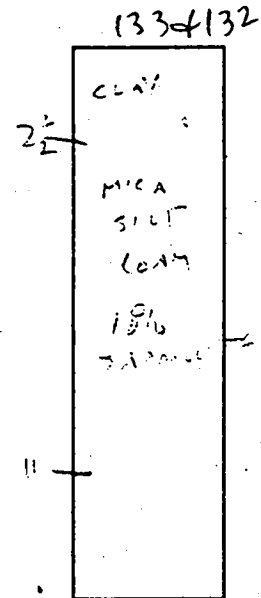
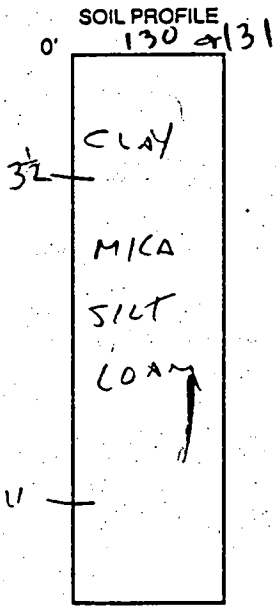
ADDITIONAL NOTES: _____

REVIEWER: _____

DATE: _____

AS9914/5
COUNTY #

KNAPP SUBD.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/98	130	5	5:13	5:16	5:16	5:21	5:21
	131	4	5:16	5:18	5:18	5:21	3 MIN
	133	3 1/2	5:21	5:22	5:22	5:24	2 MIN
	132	3 1/2	5:23	5:25	5:25	5:28	3 MIN
	135	4	5:25	5:27	5:27	5:30	3 MIN

REMARKS 134 4 5:27 5:33 5:33 5:40 7 MIN

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

COUNTY #

SOIL PROFILE

0'
or/red
brown
clay
loam

5'
red/
tan
sandy
clay
loam

0'
321

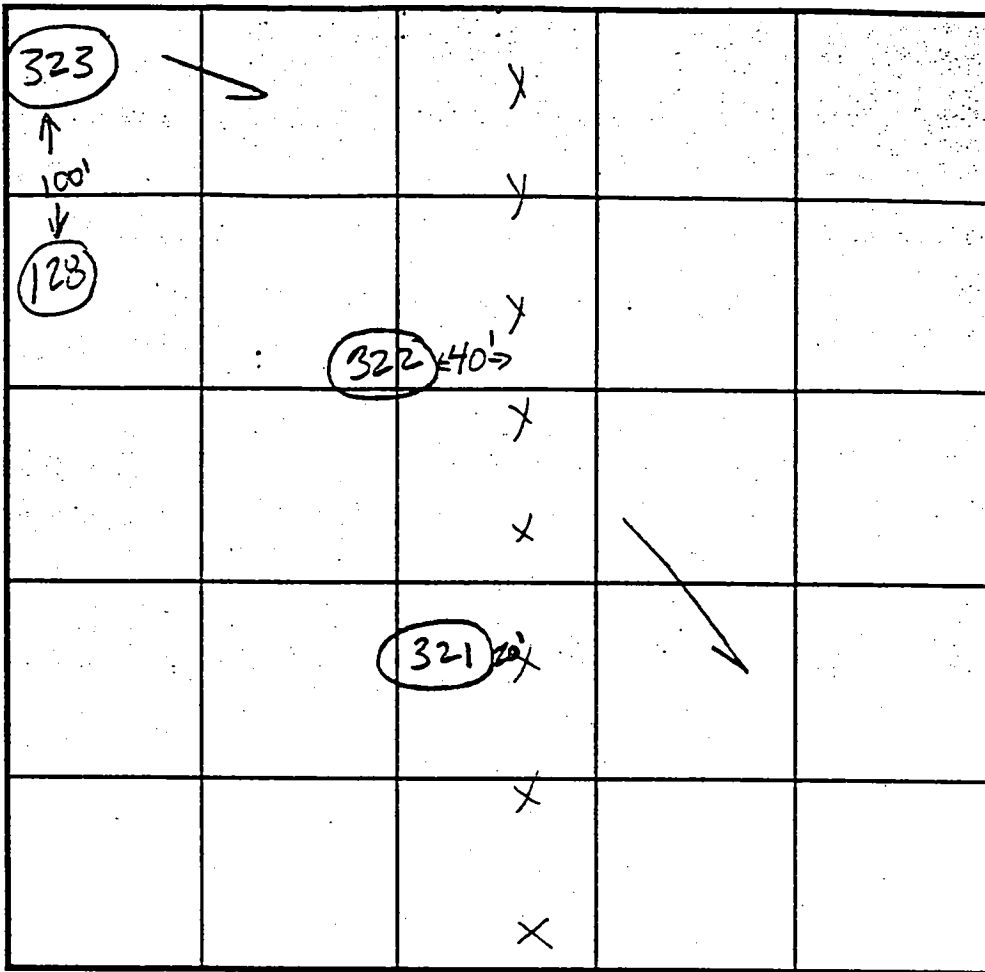
Same
as
hole

326

322

0'
or/red
clay
loam

0'
tan/
red
sandy
clay
loam
15%
shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Monticello

SOIL PROFILE

0'
red/or
clay
loam

3.0'
tan/
orange
scllm
15%
shale
frags

11.0'

311-A
orange
clay lm.

3.0'
orange/
tan
sclm
20% rock

11.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	326	12.0' D	visual	ok - see profile			
	321	11.0' D	visual	ok - see profile			
	322	10.0' D	visual	ok - see profile			
	323	11.0' D	visual	ok - see profile			
7.21.93	311-A	4.0' S	2:33 ₂₀	2:34 ₂₀	2:34 ₂₀	2:36 ₂₀	2min
		11.0' D	visual	ok - see profile			

REMARKS test holes staked

TYPE OF SOIL _____

TESTED BY Jim Maiste ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

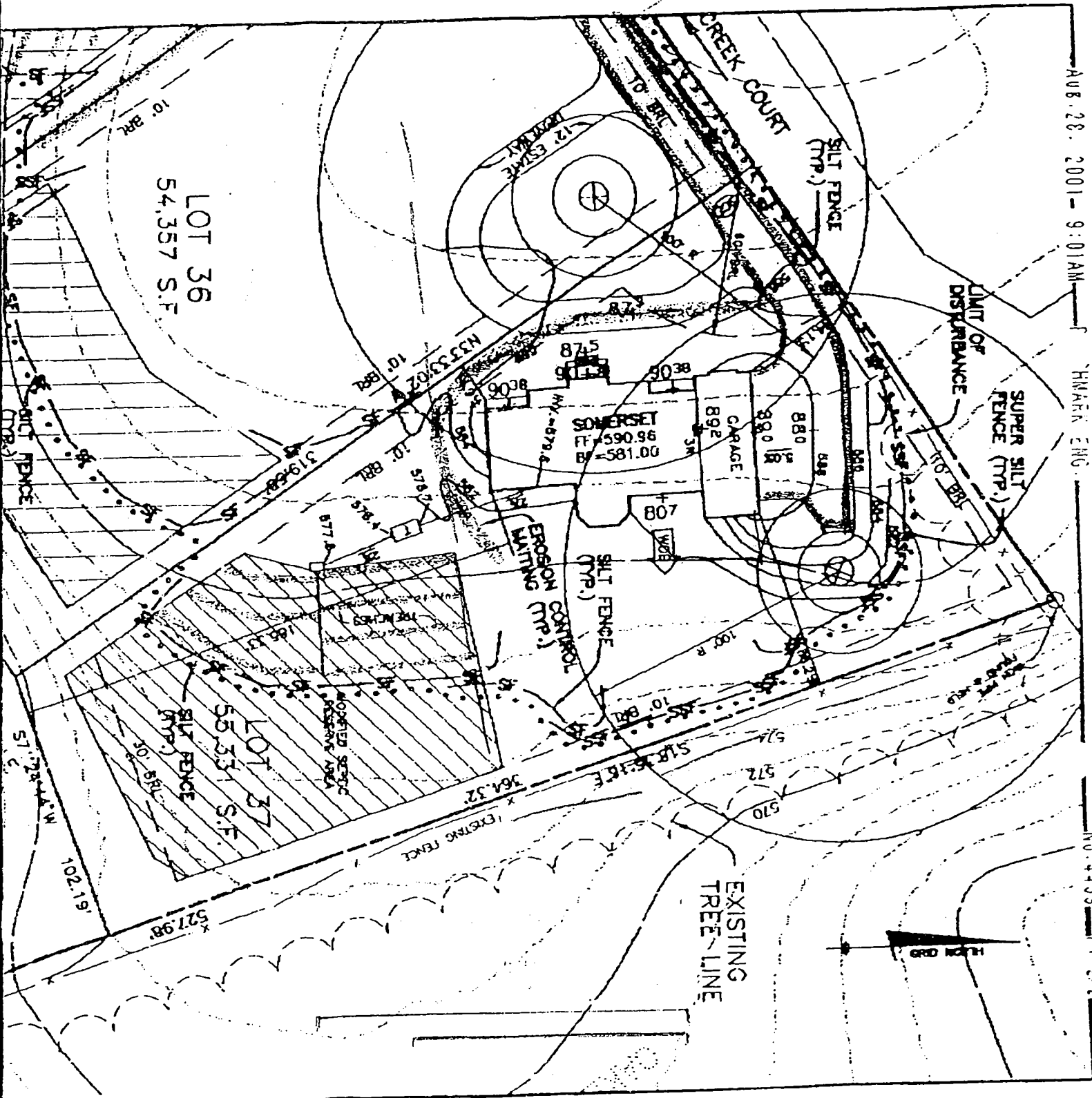
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Perc Holes That Correspond To Different Lots For Knapp Property - (Lots 29-49 and Parcels A, D)

<u>Lot# -</u>	<u>Perc Hole Numbers for Lot -</u>
29	106, 107, 108, 109, 110, 111, 112
30	110, 111, 112, 113, 114, 321
31	113, 114, 115, 116, 117, 118, 322
32	117, 118, 119, 120, 121, 122
33	121, 122, 123, 124
34	122, 124, 125, 126, 127, 127A
35	126, 127, 128, 129, 130, 131, 323
36	130, 131, 132, 133, 323
37	132, 133, 134, 135, 324
38	136, 136A, 136B, 137, 138, 138A, 325
39	138, 138A, 139, 140, 141, 325, 325A
40	142, 143, 144, 145, 326
41	146, 147, 148, 149, 150, 151, 326
42	148, 149, 150, 151, 152, 153
43	152, 153, 154, 155, 156, 157, 319
44	156, 157, 158, 159, 319
45	155, 157, 159, 160, 161
46	160, 162, 163, 164, 165
47	164, 165, 166, 167, 168, 327
48	167, 168, 169, 170, 171, 172, 327
49	171, 172, 173, 174, 175, 175A

A - 1, 2, 2A, 2B, 4, 5, 7, 7A, 7B, 9, 11, 14, 17, 19, 20, 22, 23,
25, 26, 29, 30, 31, 32, 300, 301, 302

D - 27, 28, 33, 34, 35, 38, 40, 41



LOT 36
54,357 S.F.

LOT 37
55,351 S.F.

EXISTING
TREE LINE

MARK ENG.

Building Address 14345 Fox Creek Lane
Coxsville 21723

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Mountain

Section _____ Area _____ Lot 32377

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name KEITH R. JONES

Address 14345 Fox Creek Lane

City Coxsville State MD Zip Code 21733

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
NS -

Phone _____ Fax _____

Existing Use Residential 560

Proposed Use _____

Estimated Construction Cost \$ 50,000

Description of Work Deck & Landscaping
3 6x12s
46 x 32 TALLWOOD

Contractor Company MOORE & MOORE LANDSCAPE DESIGN INC

Contact Person Peggy Lawry

Address 6712 Leadeney Blvd

City Upper Marlboro State MD Zip Code 20772

License No. 29697 Phone _____ Fax 301 549 6120

Occupant or Tenant _____

Contact Name Michael Meard Perry Lawry

Address 6712 Leadeney Blvd

City Upper Marlboro State MD Zip Code 20772

Phone 301 335-9865 Fax 301 549 6120

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company _____

Print Name Peggy Lawry

Date 3/15/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

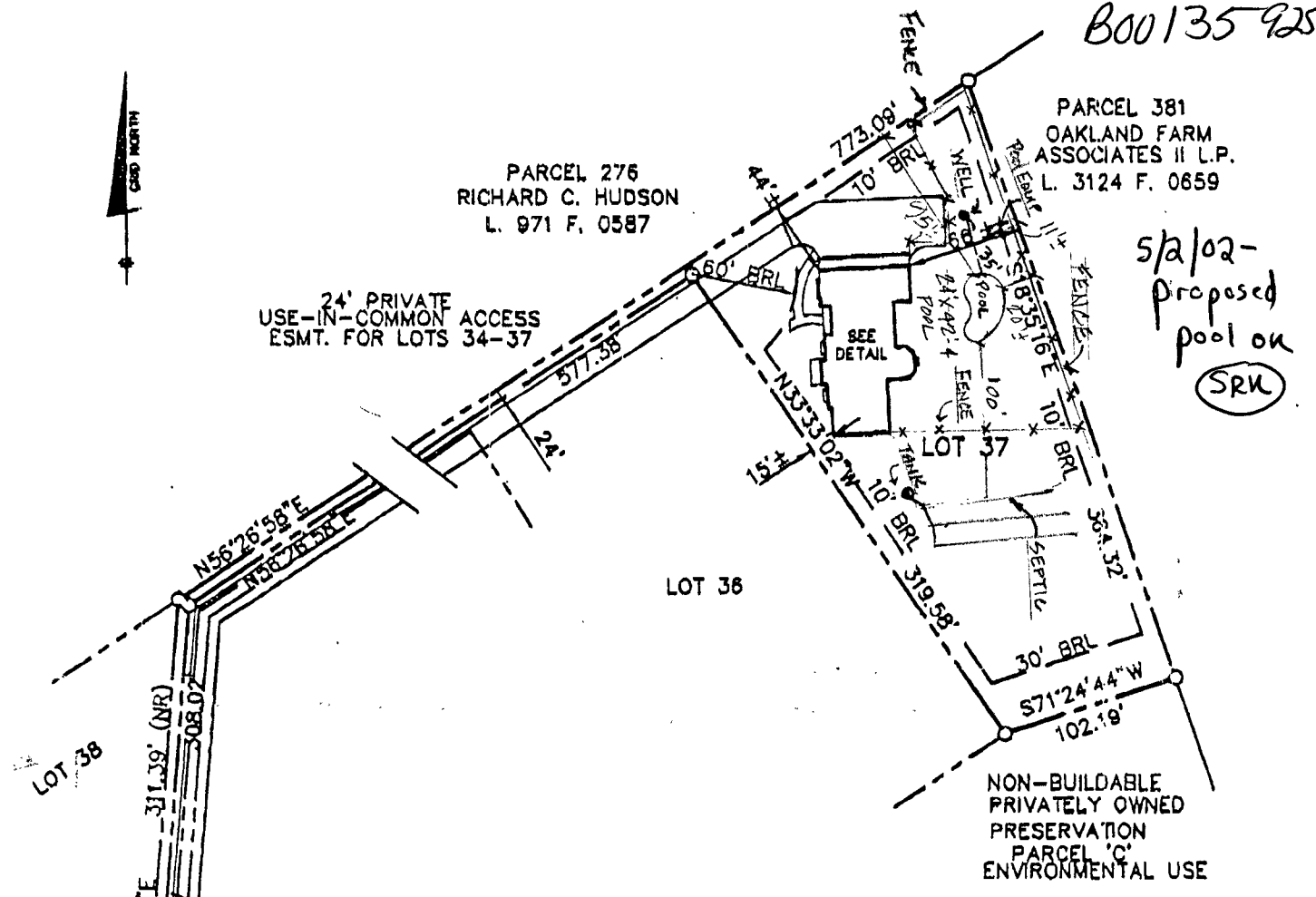
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: <u>B00135172</u>
Land Development DPZ			Front _____ Rear _____	Filing fee _____ Permit fee _____
Public Works			Side _____ Side Set _____	Exhibit fee _____ Add'l per fee _____
Building Official			All minimum setbacks met? _____	TOTAL FEES _____
Dev Engineering DPZ			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid _____
Health			Entrance Permit required? _____	Balance due _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check _____
Erosion Control approval required prior to issuance?			Historic District? _____	Validation _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies: White - Building Official, Green - LDD DPZ, Yellow - DED DPZ, Pink - Health, Gold - GSA

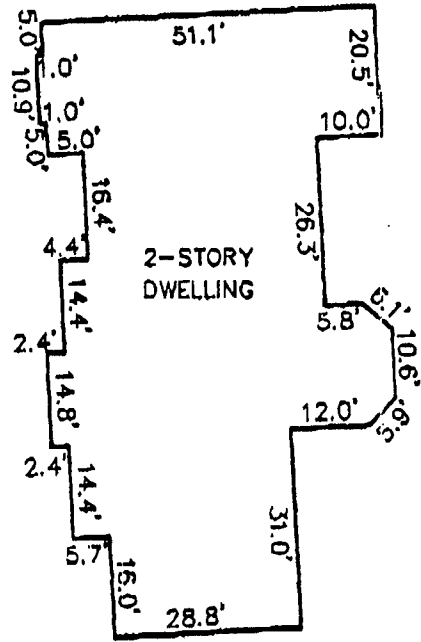
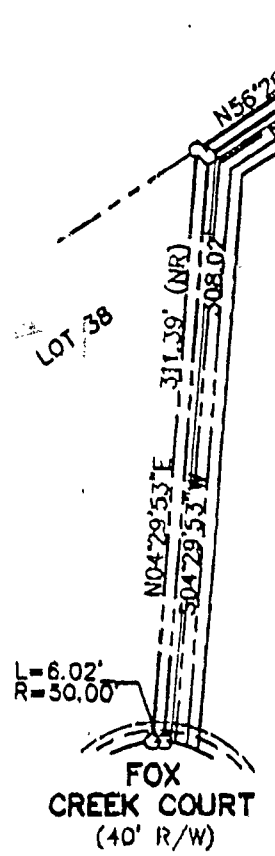
NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING 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 REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
6. DRAWING IS NOT VALID WITHOUT BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



B00135925

5/2/02-
Proposed
pool on
SRU



DETAIL
SCALE: 1" = 30'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

David M. Harris
REG. No. 10978



RECORD PLAT No. 14088
FEMA FIRM No. 240044 0009 B
ZONE: C
DATED: 12/4/86

BENCHMARK
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE A SUITE 418
ELLCOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

LOCATION DRAWING
MONTICELLO

LOT No. 37
14345 FOX CREEK COURT
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' DATE: 3/08/02

- JONES -