

10/3/00 10/4/00
anytime - 10/5/00
AM or later

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

P 514243
A 59914-T
ISSUE DATE 9/12/2000
APPROVAL DATE 10/5/00

04-363914

INDEXED

Fogle's Septic Clean IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE 410-795-3432
SUBDIVISION Monticello LOT NUMBER 45 ADDRESS 1717 Oakdale Drive
PROPERTY OWNER D.R. Horton Custom Homes PROPERTY OWNER'S ADDRESS 1370 Piccard Drive,
SEPTIC TANK CAPACITY 1250 GALLONS Suite 230
PUMP CHAMBER CAPACITY N/A GALLONS Rockville, MD 20850
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth
5.0 feet below original grade. 2.0 feet of stone below distribution box.
LOCATION: Begin trenches 210 feet down the left lot line and 100 feet off that
same lot line as seen when facing the lot from Oakdale Lane. Run
trenches on contour in both directions.

PLANS APPROVED Craig Williams DATE 5/19/00

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

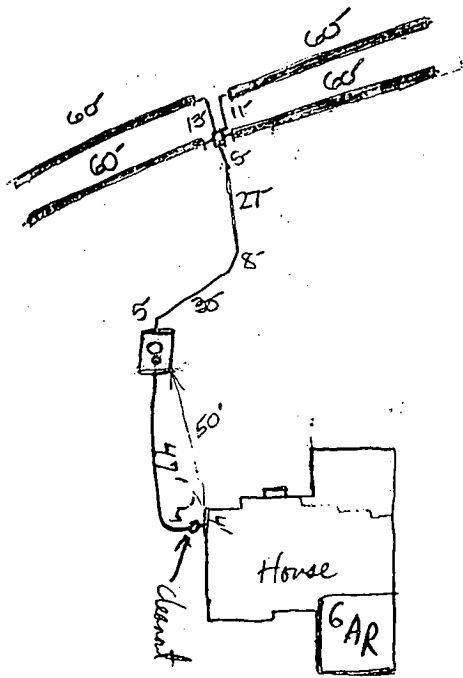
BLDG. PERMIT SIGNED
AND RETURNED 4/26/2001
BO 0129844 DECK W/STEPS

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

A59914-T

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720³
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS
 MANHOLE RISER (18" tall) polybutylene
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

Oakdale Drive
PRE-CONSTRUCTION INSPECTION: 10/2/00 LAYOUT OK (MR)

INSPECTION COMMENTS: 9/13/00 Tank set - OK. (BB) House Connection OK. RP 9/13/00
cleanout is Not over inlet Baffle (baffles are not in ST yet) ST + pipe is covered @ Mad + S.T. Flooded from last time. 10/3/00 RP
S.T. outlet Baffle OK, S.T. Manhole riser too seal leaked (Mud on to the sides of seal) Need to fix before approval. 10/4/00
1st Trench open OK, ready to gravel fill RP 10/4/00
10/9/00 FINAL INSP - OK TO COVER ALL SEPTIC WORK. DIC

INSPECTOR DIC DATE SYSTEM APPROVED 10/9/00

ATTN: DAVE

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: 580 Obrecht rd
Sykesville 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 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: D. R. Horton Telephone #: 301-670-6144
Subdivision: MONTICELLO Lot #: 45 Well Tag #: HO-94-2153
Site Address: ~~Monticello Dr~~
Timber Valley Drive

Submersible Pump Data

Make: Goulds
Model #: 55B05422
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 42" (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 205 (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: NONE

Piping to house

Type: Black Plastic 1"
PSI: 160 (160 psi min)
Depth of supply line: 46 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES Fernox

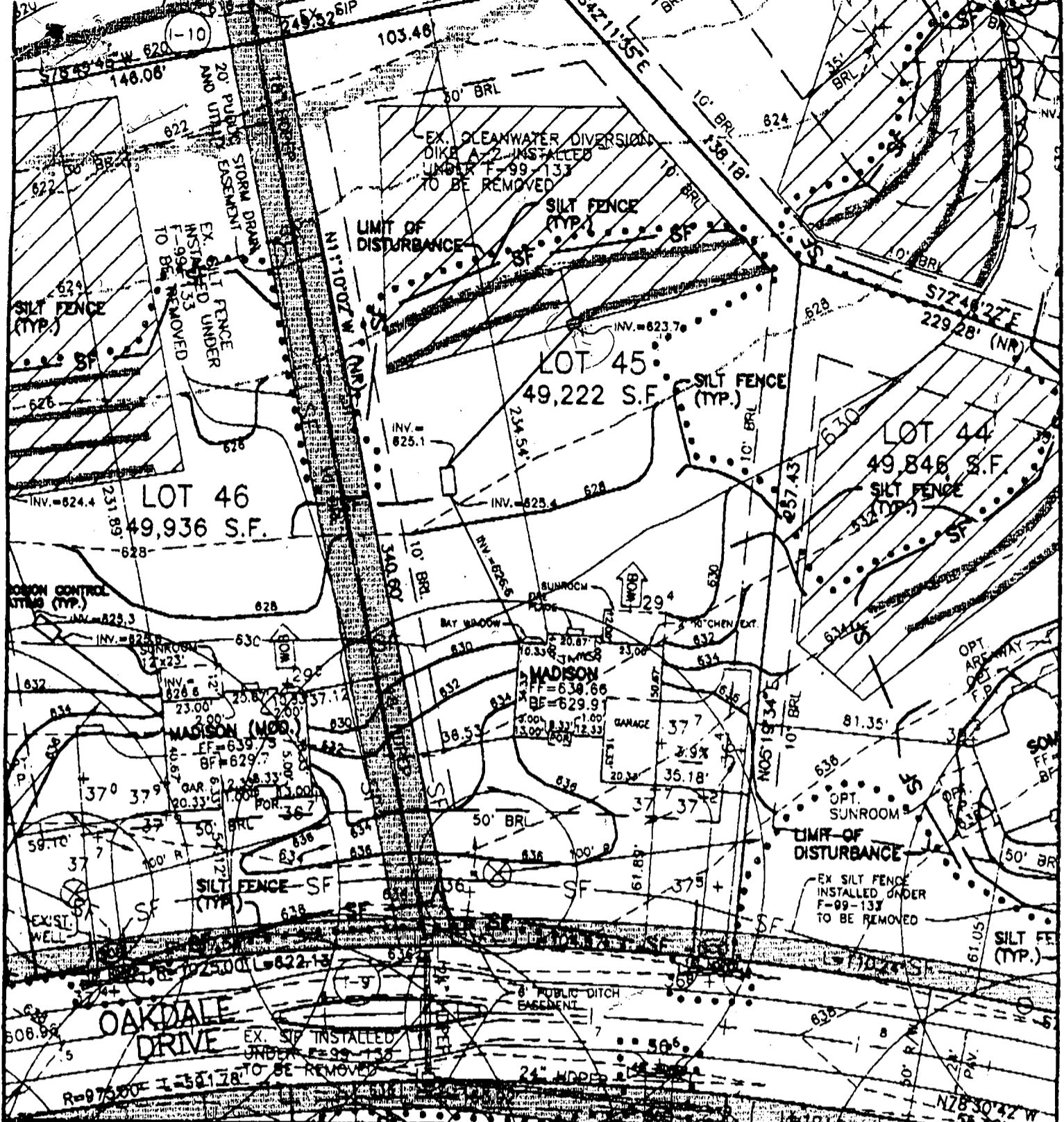
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton Signature of company representative responsible for installation
11-6-00 date

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

Date Insp. Requested: 10/17/00 Date Insp. Approved: 10/17/00
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 ✓

BB SRK



FIRST FLOOR ELEVATION = 639.66
 BASEMENT ELEVATION = 629.91
 SPOT ELEVATION AT GARAGE = 637.7

SLOPE OF DRIVEWAY = 3.9% @ GARAGE
 NUMBER OF RISERS IN GAR. = 3
 NUMBER OF RISERS ON LEAD WALK = 3

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

MONTICELLO
LOT 45 - REVISED

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

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 3/28/00

Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below 4" dia pipe 2.0 feet

Craig Williams for 5/19/00
 Date

4/21/98 - 4/28
5/19/98 - 5/22

APPLICATION

PERCOLATION TESTING

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

56 LOTS HOUSE(S) - 06-03-5607/CS
EXISTING TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY TEST FOLLOW-UP TESTING
will provide submit FEES & IMPROVED PLAN/APPLICATION (CW)
DATE 4/3/98
A 59915
P _____
DISTRICT _____

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE. / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 3480 BELLEMEAD NE. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. _____

ROAD AND DESCRIPTION M

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] SECURITY DIV.
(SIGNATURE OF APPLICANT)
STEVE SHIPLE - TSA

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 _____

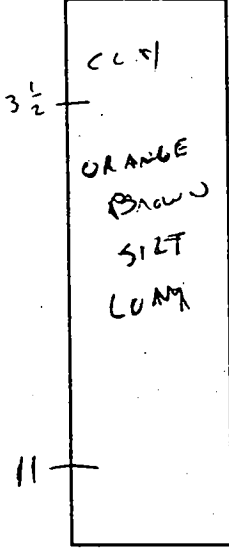
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

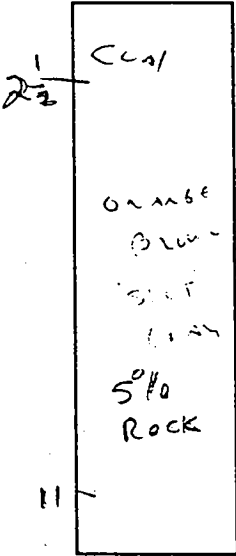
A59914/5
COUNTY#

KNAPP SUBD.

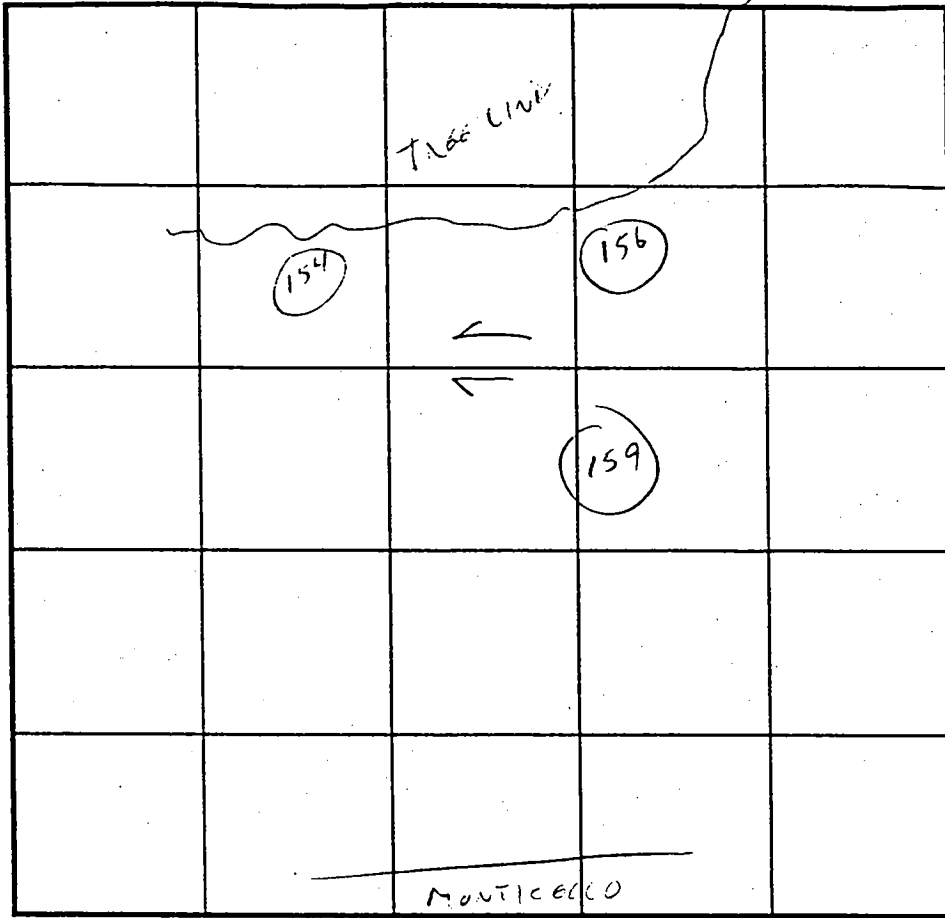
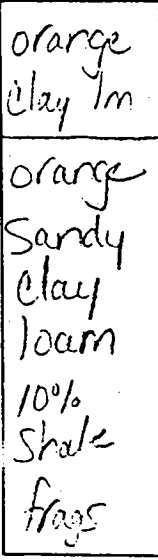
SOIL PROFILE
156



159 + 158



42-B



SOIL PROFILE
43-H

Same as test hole # 42-B

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/	156	4	4:30	4:32	4:32	4:35	3 MIN
	159	4	4:37	4:35	4:35	4:37	2 MIN
	158	3 1/2	4:35	4:36	4:36	4:37	2 MIN
7-21-93	Lt 42-B	11.5'0	visual only - ok see profile				
	Lt 43-A	11.5'0	visual only - ok see profile				

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

4/21/98
5/19/98
4/28
5/22

APPLICATION

PERCOLATION TESTING

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

5.6 LOTS
EXISTING HOUSE(S) - W6-05-5607165
TO BE PERMITTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
WILL PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)
DATE 4/13/98

A 59915
P _____

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYLVESVILLE PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 Ballman Not. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. _____

ROAD AND DESCRIPTION M

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] SECURITY DIV.
(SIGNATURE OF APPLICANT)
STEVE SHIPLE - TSA

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 _____

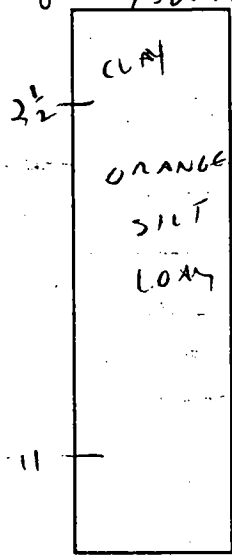
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

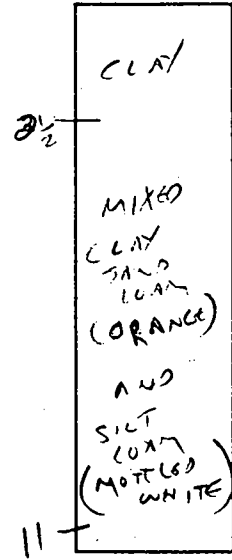
A59914/5
COUNTY#

KNAPP SUBD.

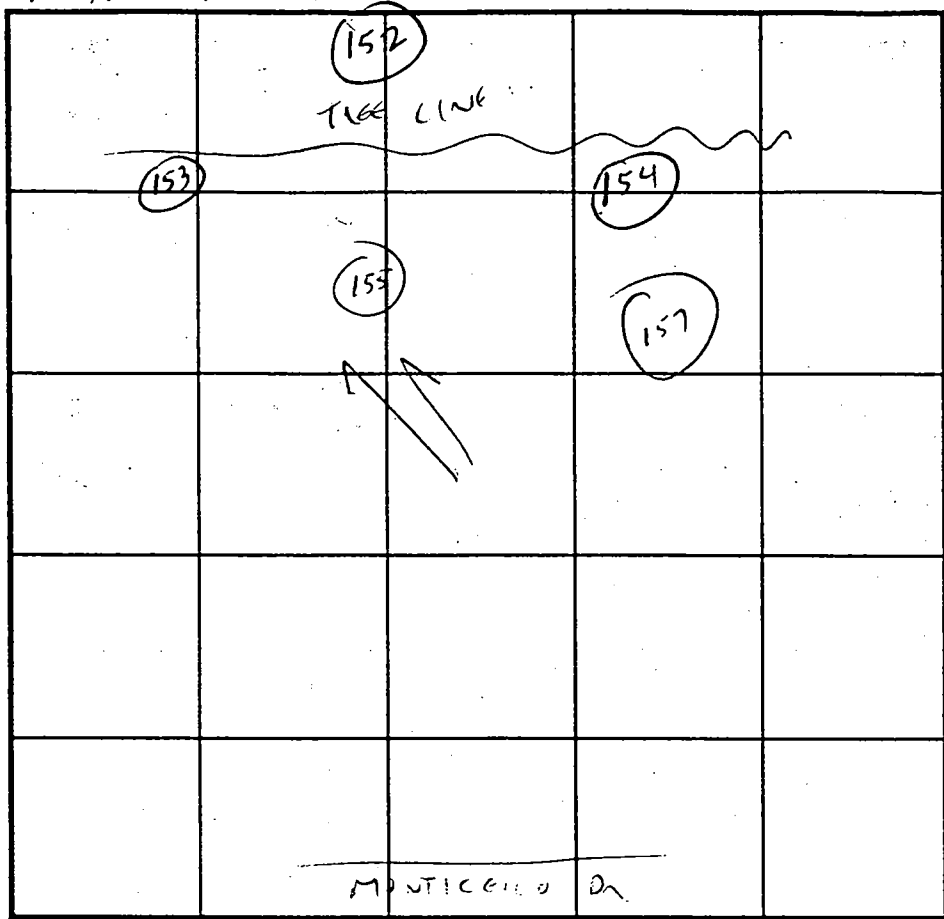
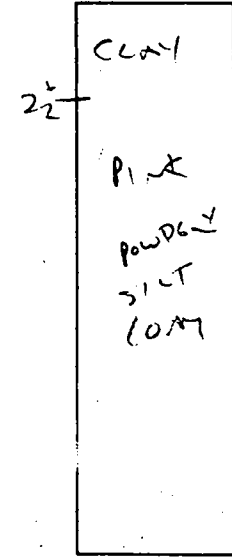
SOIL PROFILE
152+157



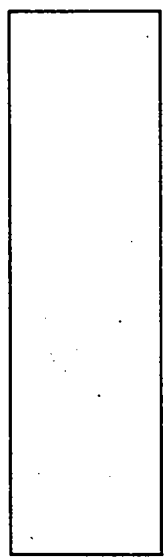
153+155



154



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/98	155	3	4:11	4:12	4:12	4:14	2 MIN
	153	3 1/2	4:13	4:15	4:15	4:17	2 MIN
	152	3 1/2	4:25	4:27	4:27	4:30	3 MIN
	154	3 1/2	4:27	4:29	4:29	4:32	3 MIN
	157	3	4:28	4:31	4:31	4:36	5 MIN

REMARKS #153+155 - RE-EVALUATE -- IRREGULAR CLAY LENSES

TYPE OF SOIL _____

TESTED BY William ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

4/21/98 - 4/28
5/19/98 - 5/22

APPLICATION

PERCOLATION TESTING

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

56 LOTS
EXISTING HOUSE(S) - WBS-5607163
TO BE RECONSTRUCTED
4 DAYS FOR PERCOLATION TESTING
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
WILL PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)

A 59915
P _____

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 BALLEWES NOT. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. _____

ROAD AND DESCRIPTION M

TAX MAP _____ PARCEL # _____

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

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[Signature] SECURITY DAN.
(SIGNATURE OF APPLICANT)
STEVE SHIPLE - TSD

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 _____

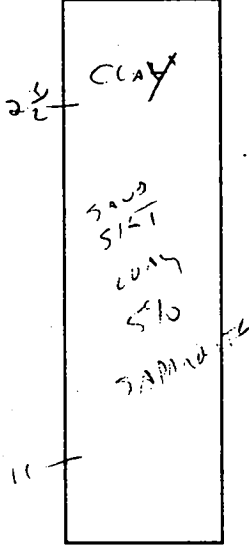
THIS IS NOT A PERMIT

A 59914/5
COUNTY#

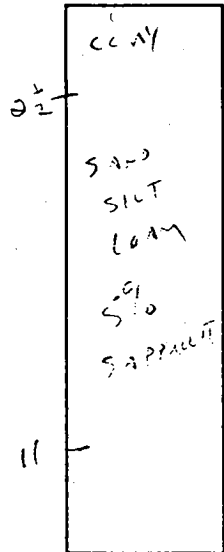
TREE LINE

KNAPP SUBD.

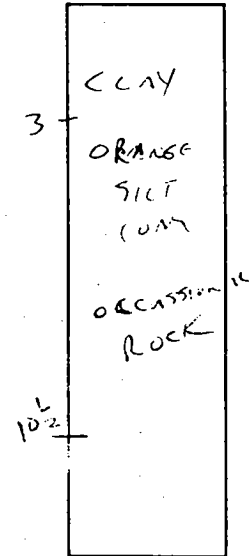
SOIL PROFILE
164+162



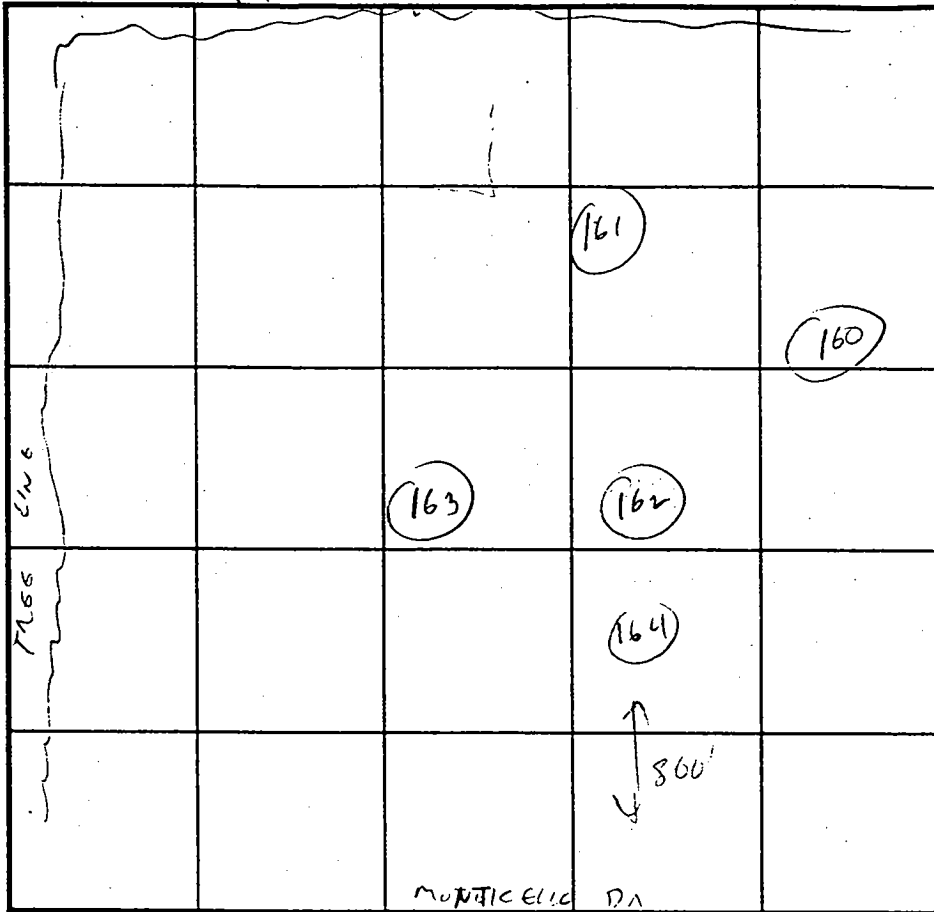
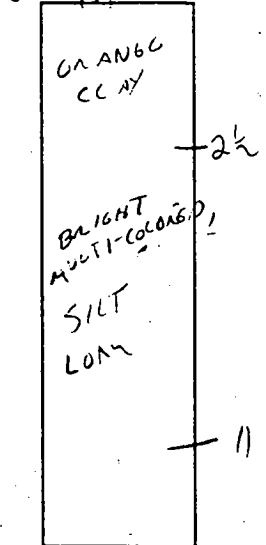
163



160



SOIL PROFILE
161



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	164	3 1/2	3:58	4:00	4:00	4:02	2 MIN
	162	3 1/2	4:02	4:07	4:03	4:05	2 MIN
	163	3	4:03	4:05	4:05	4:07	2 MIN
	160	3	4:08	4:09	4:09	4:11	2 MIN
	161	3	4:09	4:10	4:10	4:12	2 MIN

REMARKS _____

TYPE OF SOIL _____

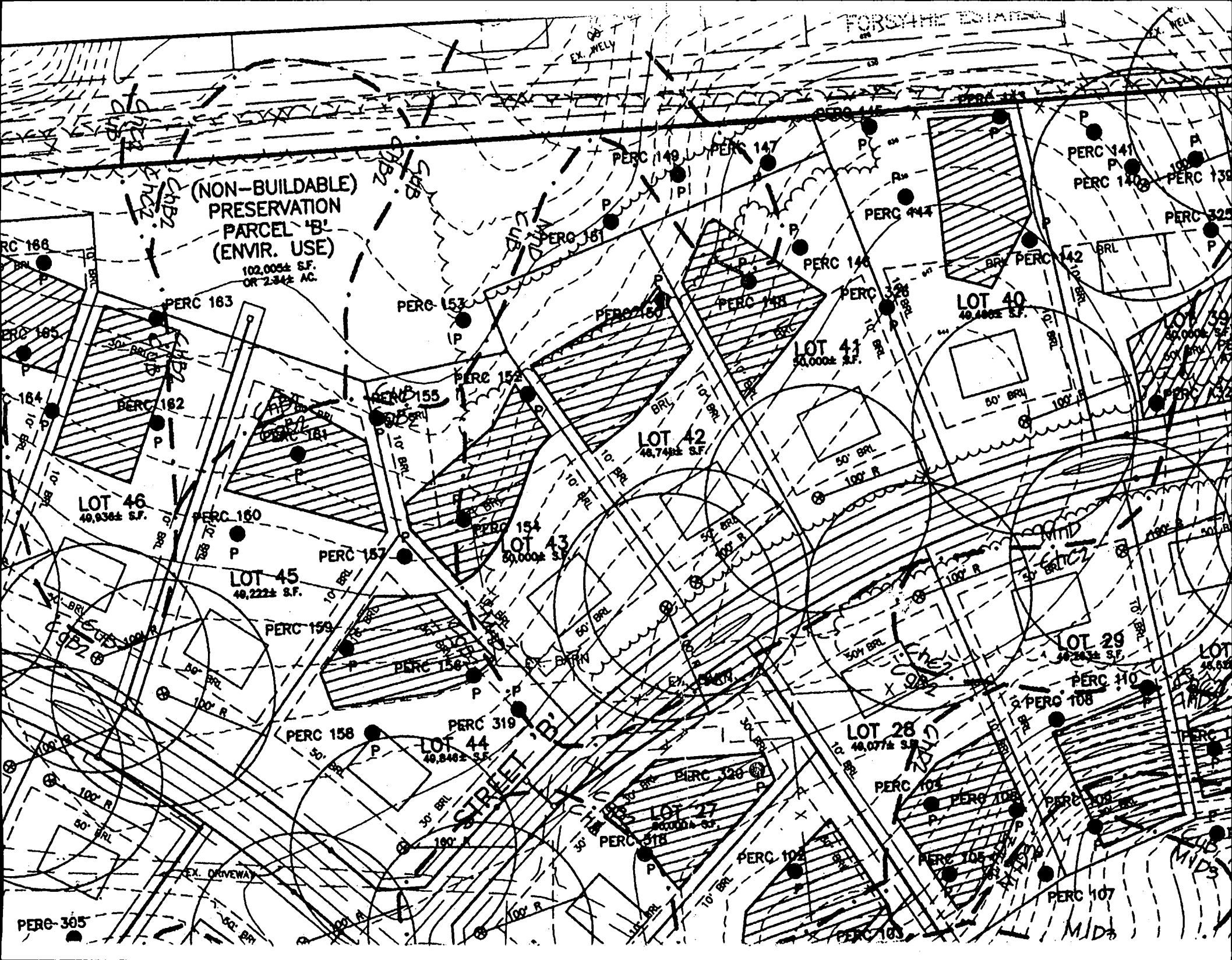
TESTED BY C. Wilton ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'
(ENVR. USE)
102,005± S.F.
OR 2.34± AC.

STREET 'B'



PERC 166

PERC 165

PERC 164

LOT 46
49,936± S.F.

LOT 45
49,222± S.F.

LOT 44
49,848± S.F.

LOT 42
48,748± S.F.

LOT 41
50,000± S.F.

LOT 40
49,488± S.F.

LOT 43
50,000± S.F.

LOT 28
49,077± S.F.

LOT 29
49,243± S.F.

LOT 27
50,000± S.F.

LOT 30
50,000± S.F.

PERC 365

EX. DRIVEWAY

EX. WELLY

EX. DRIVEWAY

EX. WELLY

PERC 141

PERC 142

PERC 139

PERC 325

PERC 444

PERC 140

PERC 142

PERC 153

PERC 161

PERC 160

PERC 158

PERC 163

PERC 162

PERC 161

PERC 155

PERC 152

PERC 154

PERC 157

PERC 159

PERC 156

PERC 158

PERC 319

PERC 320

PERC 318

PERC 104

PERC 105

PERC 106

PERC 107

PERC 103

PERC 102

PERC 101

PERC 110

PERC 108

PERC 109

PERC 107

PERC 106

PERC 105

PERC 104

PERC 103

PERC 102

PERC 101

PERC 100

PERC 99

PERC 98

PERC 97

PERC 96

PERC 95

PERC 141

PERC 142

PERC 139

PERC 325

PERC 444

PERC 140

PERC 142

PERC 153

PERC 161

PERC 160

PERC 158

PERC 163

PERC 162

PERC 161

PERC 155

PERC 152

PERC 154

PERC 157

PERC 159

PERC 156

PERC 158

PERC 319

PERC 320

PERC 318

PERC 104

PERC 105

PERC 106

PERC 107

PERC 103

PERC 102

PERC 101

PERC 110

PERC 108

PERC 109

PERC 107

PERC 106

PERC 105

PERC 104

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PERC 99

PERC 98

PERC 97

PERC 96

PERC 95

PERC 141

PERC 142

PERC 139

PERC 325

PERC 444

PERC 140

PERC 142

PERC 153

PERC 161

PERC 160

PERC 158

PERC 163

PERC 162

PERC 161

PERC 155

PERC 152

PERC 154

PERC 157

PERC 159

PERC 156

PERC 158

PERC 319

PERC 320

PERC 318

PERC 104

PERC 105

PERC 106

PERC 107

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PERC 102

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PERC 108

PERC 109

PERC 107

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PERC 96

PERC 95

PERC 141

PERC 142

PERC 139

PERC 325

PERC 444

PERC 140

PERC 142

PERC 153

PERC 161

PERC 160

PERC 158

PERC 163

PERC 162

PERC 161

PERC 155

PERC 152

PERC 154

PERC 157

PERC 159

PERC 156

PERC 158

PERC 319

PERC 320

PERC 318

PERC 104

PERC 105

PERC 106

PERC 107

PERC 103

PERC 102

PERC 101

PERC 110

PERC 108

PERC 109

PERC 107

PERC 106

PERC 105

PERC 104

PERC 103

PERC 102

PERC 101

PERC 99

PERC 98

PERC 97

PERC 96

PERC 95

PERC 141

PERC 142

PERC 139

PERC 325

PERC 444

PERC 140

PERC 142

PERC 153

PERC 161

PERC 160

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PERC 96

PERC 95

PERC 141

PERC 142

PERC 139

PERC 325

PERC 444

PERC 140

PERC 142

PERC 153

PERC 161

PERC 160

PERC 158

PERC 163

PERC 162

PERC 161

PERC 155

PERC 152

PERC 154

PERC 157

PERC 159

PERC 156

PERC 158

PERC 319

PERC 320

PERC 318

PERC 104

PERC 105

PERC 106

PERC 107

PERC 103

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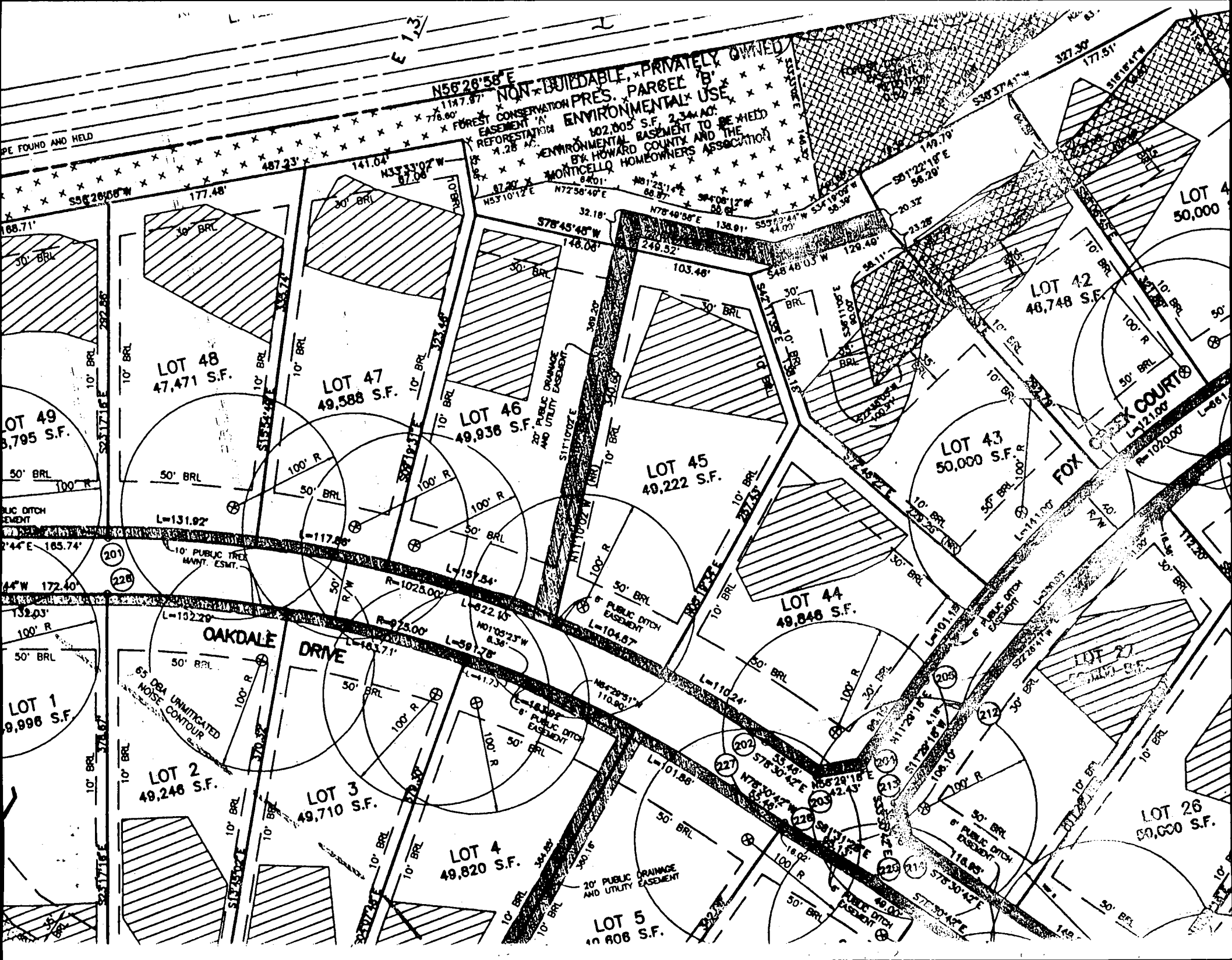
PERC 97

PERC 96

PERC 95

PERC 141

PERC 142



N56°26'58"E
NON-BUILDABLE, PRIVATELY OWNED

ENVIRONMENTAL USE
102,005 S.F. 2.34 AC.
ENVIRONMENTAL BASEMENT TO BE HEED
BY HOWARD COUNTY AND THE
MONTICELLO HOMEOWNERS ASSOCIATION

LOT 48
47,471 S.F.

LOT 47
49,588 S.F.

LOT 46
49,938 S.F.

LOT 45
49,222 S.F.

LOT 44
49,848 S.F.

LOT 43
50,000 S.F.

LOT 12
48,748 S.F.

LOT 4
50,000

LOT 49
48,795 S.F.

LOT 1
49,998 S.F.

LOT 2
49,248 S.F.

LOT 3
49,710 S.F.

LOT 4
49,820 S.F.

LOT 5
49,808 S.F.

LOT 26
50,000 S.F.

OAKDALE DRIVE

FOX CREEK COURT

65 DBA UNMITIGATED NOISE CONTOUR

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

5' PUBLIC DITCH EASEMENT

5' PUBLIC DITCH EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

5' PUBLIC DITCH EASEMENT

10' PUBLIC TREE MAINT. ESMT.

PUBLIC DITCH EASEMENT

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C1 9650 (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER (13)

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 4 20 99

Depth of Well 22 205 26 (TO NEAREST FOOT) OK/CW 10/30/00

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2153

OWNER HIGHLAND Development STREET OR RFD Timber Valley Dr OAKDALE Dr. TOWN Glenwood SUBDIVISION MONTICELLO SECTION LOT 45

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 FROM TO check if water bearing. Sand 0 62. Gray Granite 62 205.

GROUTING RECORD yes no (Y) (N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 21 NO. OF POUNDS 1974 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 67

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 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. 1 M 5024 DRILLERS SIGNATURE Joseph R. Marjpe LIC. NO. 1 D

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

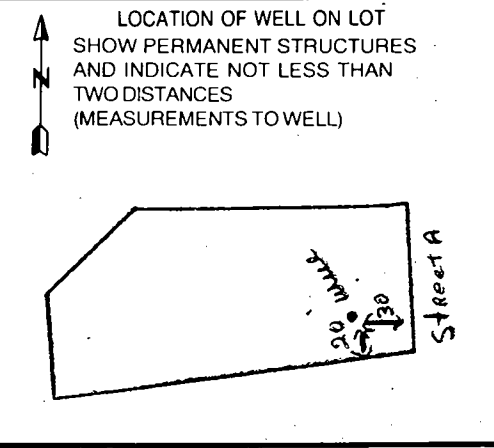
DEPTH (nearest ft.) T 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

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

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 83 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (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 () below LAND SURFACE 2 (nearest foot)



C 1 9650 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 15 30 99

Depth of Well
 22 205 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
94-2193
 CL 28 29 30 31 32 33 34 35 36 37

OWNER HIGHLAND DEVELOPMENT
 STREET OR RFD Timber Valley Dr TOWN Stemmod
 SUBDIVISION MONTICELLO SECTION LOT 45

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	
Sand	62		
Cray Granite	62	305	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 21 NO. OF POUNDS 1714
 GALLONS OF WATER 126
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 60 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 67
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED yes no

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. M-SD-24
 DRILLERS SIGNATURE Joseph E. Wagner
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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

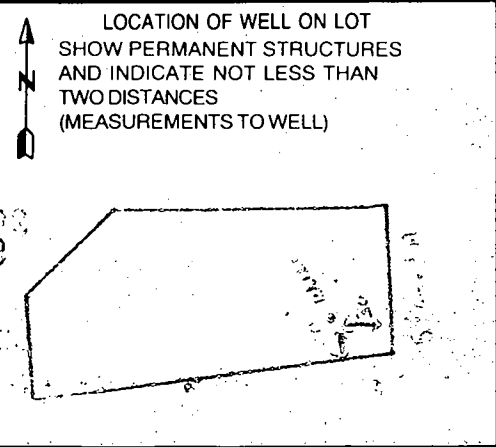
C 2 DEPTH (nearest ft.)
410 65 305
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
56 60
 from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 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.) 8.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 36 ft.
 WHEN PUMPING 83 ft.
 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (nearest foot)



B 1 **6723**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2153
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Highland Development
15 Last Name Owner First Name 34
P.O. Box 228
36 Street or RFD 55
Clarksville Md. 21029
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

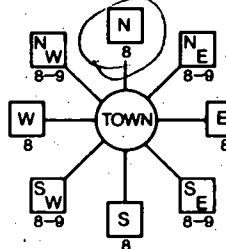
8 COUNTY **Howard** 21
Knapp Property
23 SUBDIVISION 42
SECTION **45** LOT **45**
44 46 48 50
Calenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **3** M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne **MS D024**
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne **3/1/99**
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 **Street A** 30
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **25** 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2

WELL INFORMATION

1 2
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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **13**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **03/23/99** **Col** **03/23/00**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **544** 0 0 0 EAST GRID **0796** 0 0 0
50 55 57 63

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

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

METHOD OF DRILLING (circle one)

- BORED (or-Auger) JETTED Jetted & DRIVEN
- AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTary DRIVE-POINT
- other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No. **HO-94-2153**
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

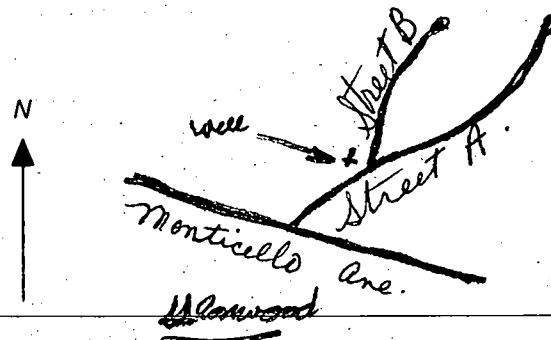
- 1. **Well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **796**

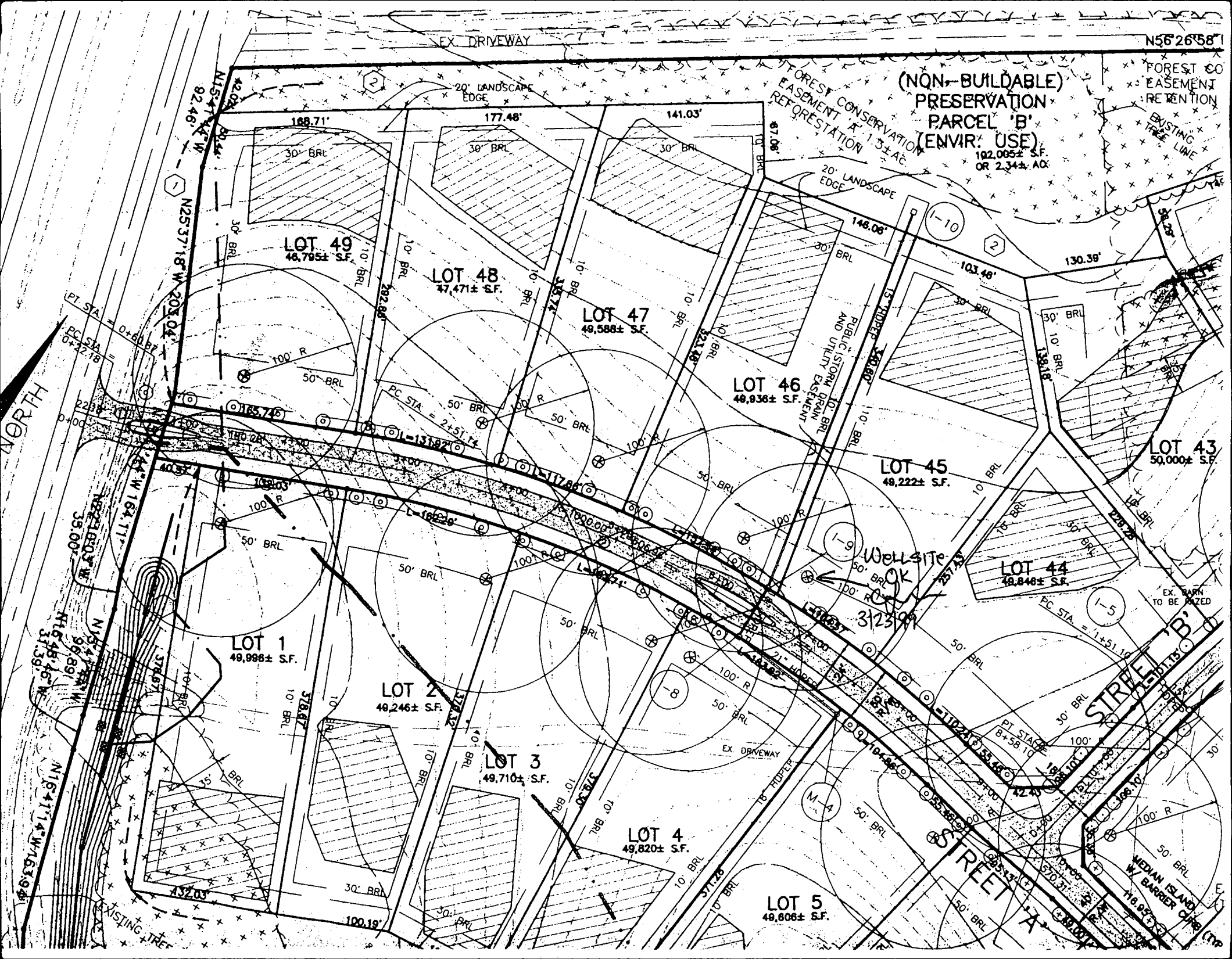
N **544**

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

NOT: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



N56°26'58"

(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'
(ENVIR. USE)

102,065± S.F.
OR 2.34± AC.

FOREST CO
EASEMENT
RETENTION

EXISTING
TREE LINE

EX. DRIVEWAY

20' LANDSCAPE
EDGE

FOREST CONSERVATION
EASEMENT FOR
REFORESTATION

20' LANDSCAPE
EDGE

LOT 49
46,795± S.F.

LOT 48
47,471± S.F.

LOT 47
49,588± S.F.

LOT 46
48,936± S.F.

LOT 45
49,222± S.F.

LOT 43
50,000± S.F.

LOT 44
49,846± S.F.

LOT 1
48,998± S.F.

LOT 2
48,246± S.F.

LOT 3
49,710± S.F.

LOT 4
49,820± S.F.

LOT 5
49,808± S.F.

NORTH

STREET 'B'

STREET 'A'

MEDIAN ISLAND
W. BARRIER CREEK (TOP)

EXISTING TREE

EX. BARN
TO BE RAZED

WELL SITE
OK
3/23/99

PC STA. = 1+51.10

PT. STA. = 8+58.10

PT. STA. = 12+00.00

PT. STA. = 15+00.00

PT. STA. = 18+00.00

PC STA. = 2+51.74

PC STA. = 1-13.82

PC STA. = 1-17.86

PC STA. = 1-22.90

PC STA. = 1-27.94

PC STA. = 1-32.98

PC STA. = 1-38.02

PC STA. = 1-43.06

PC STA. = 1-48.10

PC STA. = 1-53.14

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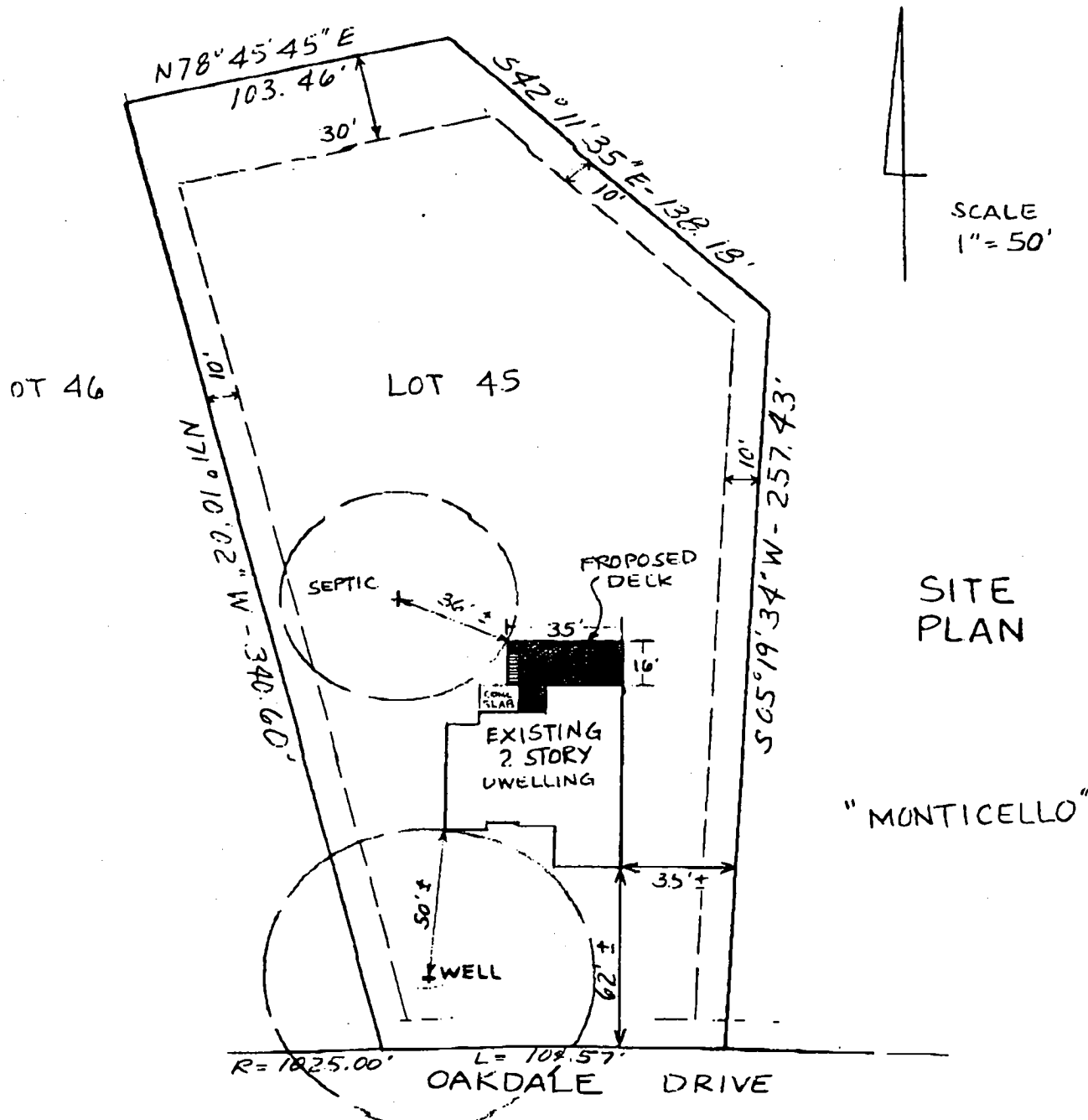
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1717 OAKDALE DRIVE, HOWARD, MD.
 4TH ELECTION DISTRICT