

10/3/01 Layout PM 11/28/01 = Layout 11:00 11/29/01 Follow-up PM
 11/5/01 Layout AM 04-363620

ISSUE DATE: 9/25/2001

P 516043

APPROVAL DATE: 11/29/01

A 59915-U

**PERMIT
INDEXED**

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 19

ADDRESS: 1759 Oakdale Drive PROPERTY OWNER: D.R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

J B
 Top Trench 4'-6'
 2 & 3rd " 3.5-5.5'
 (SRK)

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 155 feet up the left lot line and 75 feet off that same lot line as seen when facing the lot from Oakdale Drive. Run trenches on contour toward the rear lot line.
NOTES:	

PLANS APPROVED: Amy Mc Millen 7/12/01 OK (BB) DATE: 7-9-01

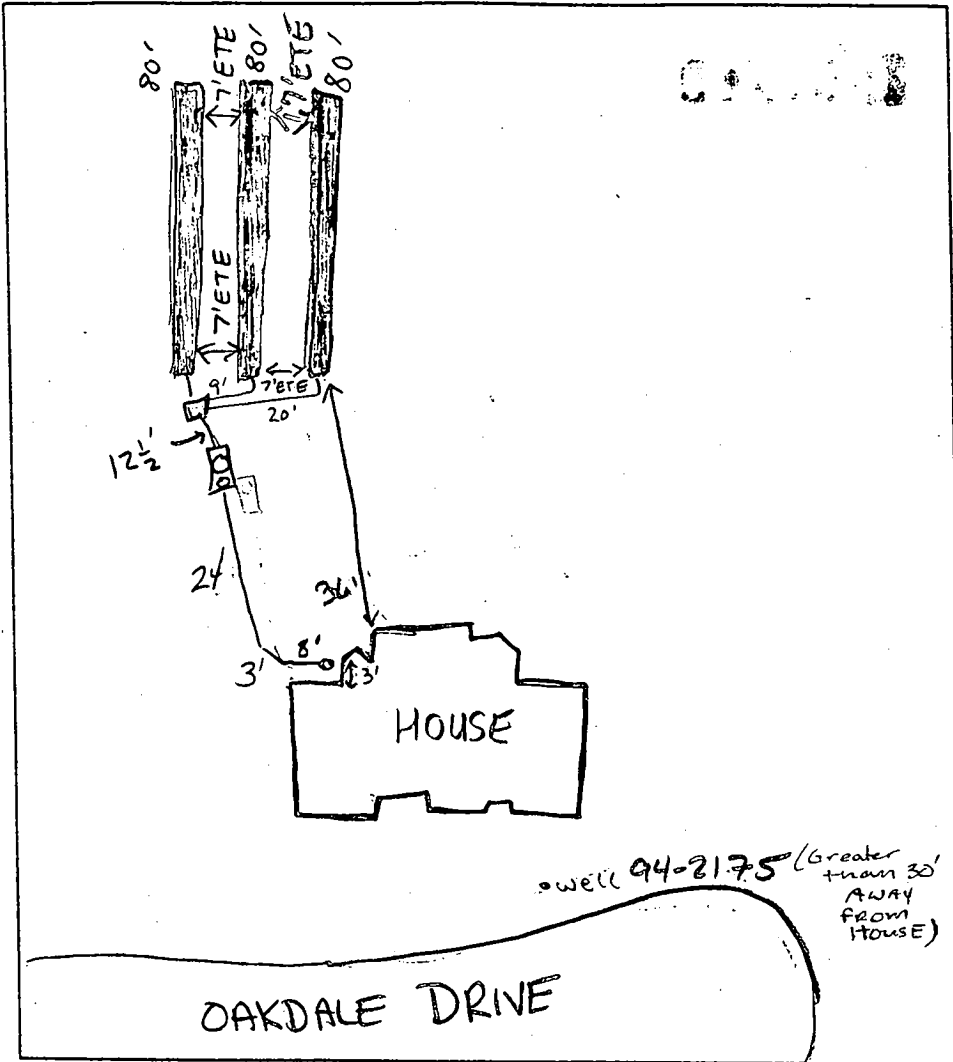
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

A59915-U

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	4
TRENCH BOTTOM DEPTH	6
DEPTH OF STONE	2
NUMBER OF TRENCHES	3 (x 80)
TOTAL TRENCH LENGTH	240'
ABSORBENT AREA	720 FT ²
DISTRIBUTION BOX LEVEL	yes w/ water
BAFFLE IN DISTRIBUTION BOX	yes

SEPTIC TANK DATA	
SEPTIC TANK	1250 ^{T.S.} GALLONS
MANHOLE RISER	back
6 INCH INSPECTION PORT	front
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 10/3/01 Most of equipment stakes missing. Will have to re-stake. (BB) 11/28/01 - Install per plan 10' CTC (KG/SRK)

INSPECTION COMMENTS: 11/29/01 7'ETE, HOUSE CONN MADE, OK TO COVER. ALSO NOTED GROUT ISSUE (LACK OF) ON WPI. (KG) 11/30/02 Grout still not corrected. (KG)

INSPECTOR [Signature] BUILDING PERMITS AND RETURNED DATE SYSTEM APPROVED 11/29/01

574
BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE & SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 FAX: 410-465-6644
 EMAIL: benchmrk@ccais.com

Total linear feet of trench required 240 feet
 Width of trench (es) 3.0 feet
 FOREST CONSERVATION EASEMENT 0.33 AC.
 REFORESTATION trench(es) 5.5 feet
 Depth of stone required below distribution pipe 2.0 feet

N30°20'51" E
 Approved Septic System Plan
 Howard County Health Department

224.55' F-99
 (SILT FENCE)
 EX. CLEANWATER DIVERSION DIKE INSTALLED UNDER 153 TO BE REMOVED
 582 SF

590
 LIMIT OF DISTURBANCE

Date 7/9/07

20' PUBLIC DRAIN AND STORM EASEMENT
 UTILITY EASEMENT
 S59.39.09" E

EROSION CONTROL MATTING (TYP.)
 4.042 S.F.

DRAINS CALLED FOR
 NORTH

20' BRL EX. SILT FENCE UNDER F-99-133 TO BE REMOVED
 264.50'
 18" HDPEP
 284.76'

588
 586 F.P.
 SNRM.
 2' EXT.
 AREAWAY INV.=587.6
 EJECTOR REQ.
SOMERSET
 FF=591.46
 BF=581.5
 90°
 POR.
 50' BRL
 588

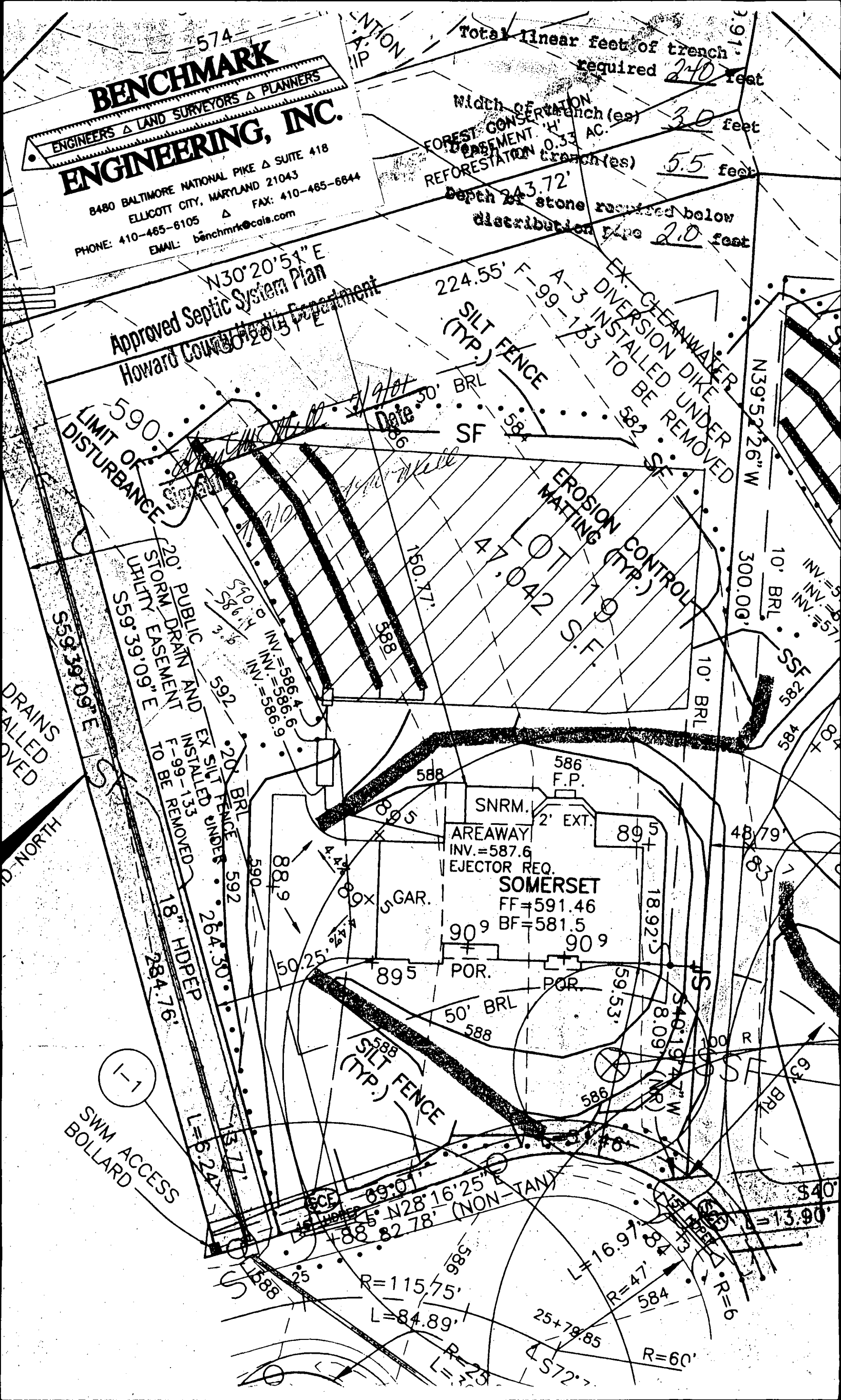
(SILT FENCE)
 588

1-1
 SWM ACCESS BOLLARD

69.01'
 N28°16'25" E
 88.82.78' (NON-TAN)

R=115.75'
 L=84.89'

L=16.97'
 R=47'
 584
 R=60'
 25+78.85
 4 S72°



B00131249

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00131249
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	-----------------------------------

Building Address: 1725 Oakdale Dr. 1759
Cocksville, MD 21163

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 60416-02 Subdivision Monticello

Section _____ Area _____ Lot 19

Tax Map 8 Parcel 110 Grid FB

Zoning RC Map Coordinates 4E12 Lot size 4714

Property Owner's Name: D. R. Horton, Inc.
 Address: 1370 Piccard Dr., St. 230
Rockville, MD 20850

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 301-670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.

Phone 410-602-8779 Fax _____

Existing Use: vacant lot

Proposed Use: single fam. dwelling

Estimated Construction Cost: \$ 200,000

Description of Work: Concrete w/ 3 car Garage SUPPLY
2 stories full BSMT HR, 3FB, 1MB, 1FP
Finished lower level w/full bath (4BR)

Contractor Company: D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 535

Phone 301-670-6144 Fax _____

Occupant or Tenant: see owner

Contact Name: AT'L Bk.

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company: Benchmark Engineer

Contact Person: John Canoy

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>80</u> Depth <u>52'</u> Width <u>52'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>80</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>60</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/> <input type="checkbox"/> NFPA #13D <input checked="" type="checkbox"/> NFPA #13R <input type="checkbox"/> Other _____
No. of Bedrooms: <u>4</u>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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: V. Meyer
 Title/Company: Agent

Print Name: Victoria Meyer
 Date: 6/29/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>7/9/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>401449</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

C 1 **9677** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

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

DATE WELL COMPLETED
MM DD YY
6 2 99

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL"
Ho 94-2175

28 29 30 31 32 33 34 35 36 37

OWNER **HIGHLAND DEVELOPMENT** last name first name TOWN **GLENWOOD**

STREET OR RFD SUBDIVISION **KNAPP PROPERTY** SECTION LOT **19**

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	0	88	
Gray Granite	88	285	

Additional 8 Bags added per driller 2/26/02 SRW

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 **23** NO. OF POUNDS **2162**

GALLONS OF WATER **138**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **70** 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) **92**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

E A C H C A S I N G

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 **Y** (yes) **N** (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. **MSD024**

DRILLERS SIGNATURE **Joseph F. Mayne**

LIC. NO. **D**

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

C 2 DEPTH (nearest ft.)

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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

110 **90** **285**

DIAMETER OF SCREEN (NEAREST INCH)
from **56** to **60**

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W O

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.) **10**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
BEFORE PUMPING **46** ft.
WHEN PUMPING **110** 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) (NO) **NO**

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

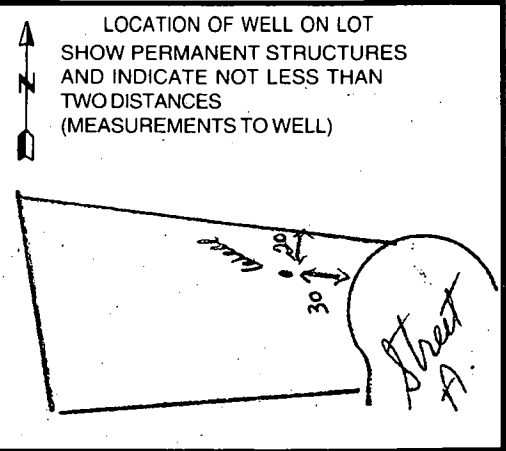
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

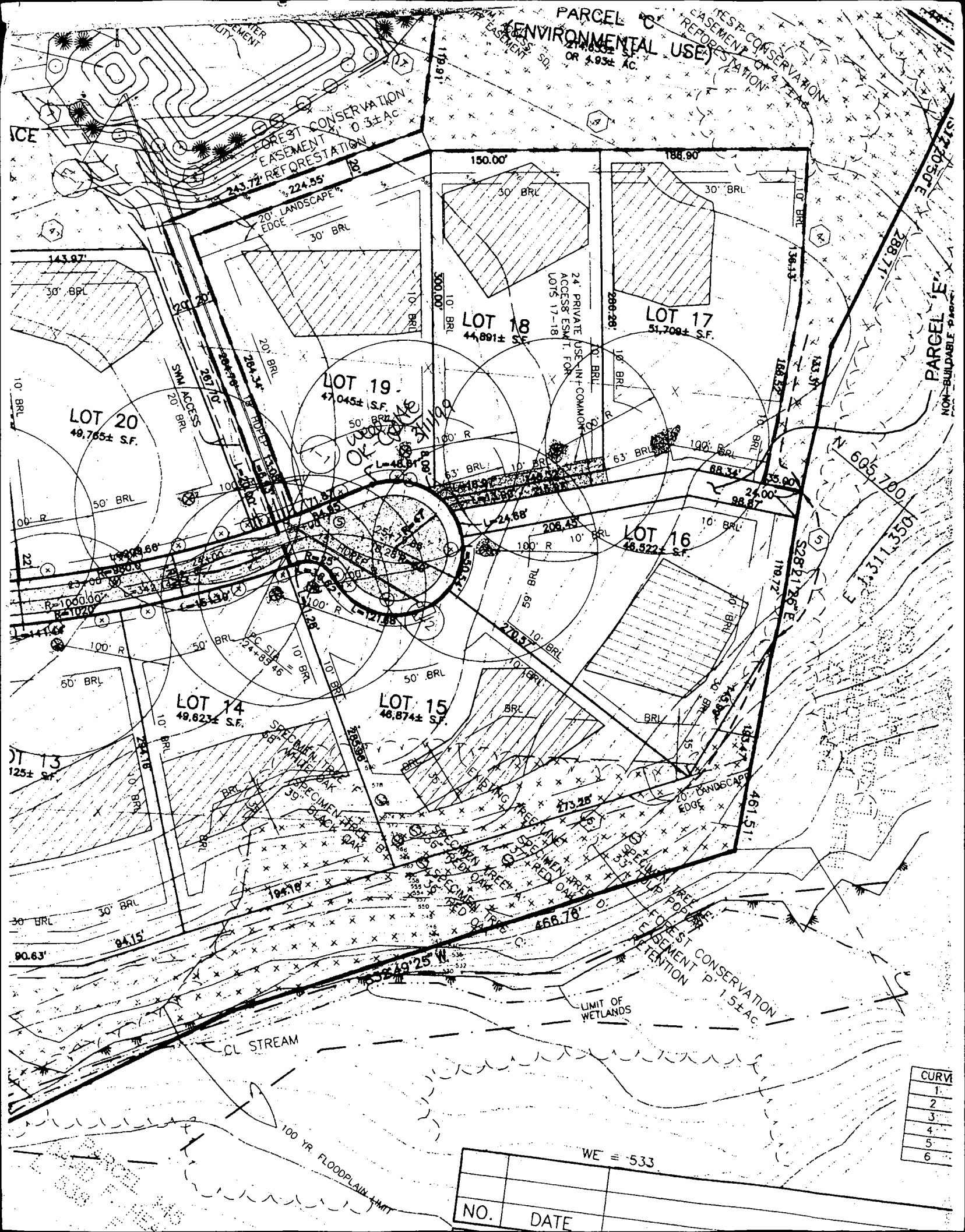
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)
+ above **LAND SURFACE**
- below **2** (nearest foot)





CURV
1.
2.
3.
4.
5.
6.

NO.	DATE

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: MONTICELLO

A 59915 U

STREET NAME: Oakdale Drive

LOT NUMBER: 19

AVERAGE PERCOLATION RATE: 4 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 OR NO

COMPARTMENTED TANK REQUIRED? YES OR NO

TRENCH DIMENSIONS: Trench to be 3.0 feet wide. Inlet ~~5.0~~^{3.5} feet below original grade. Bottom maximum depth ~~3.0~~^{5.5} feet below original grade. Effective area begins at ~~3.0~~^{3.5} feet below original grade. 2.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES OR NO

Pumped Septic System Detail: _____ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

- Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.
- Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

LOCATION: _____

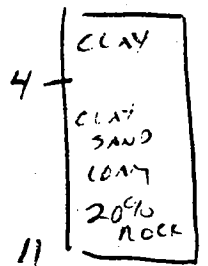
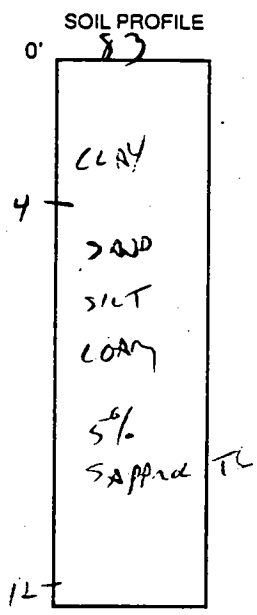
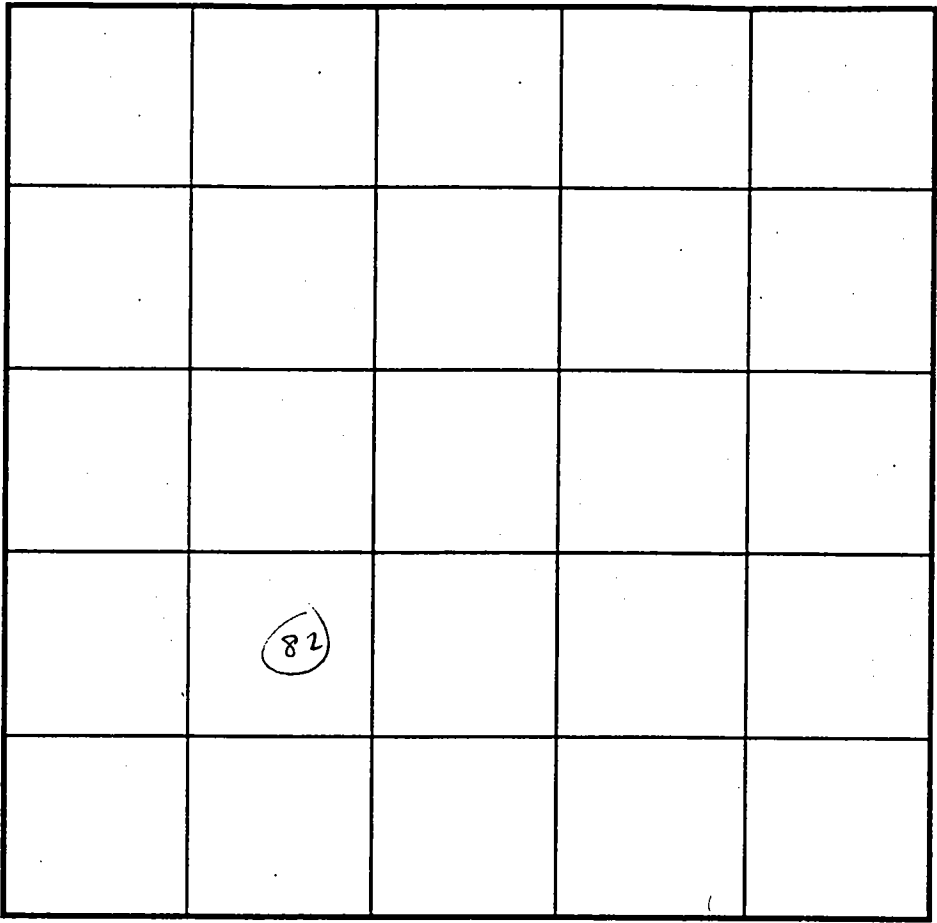
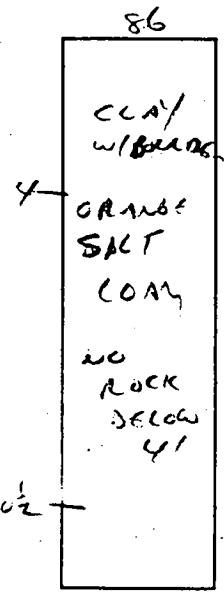
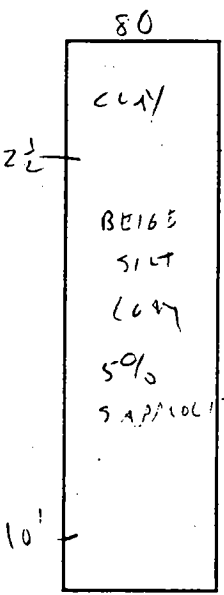
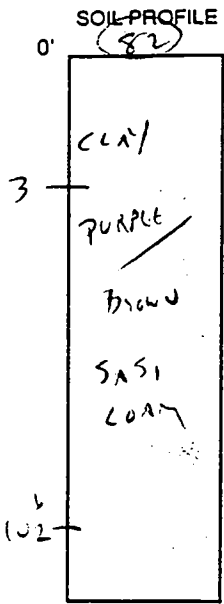
ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____

A59914/5
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		
4/21/98	82	4	3:02	3:06	3:06	3:11	5MIN	
	80	3	2:58	3:00	3:00	3:02	2MIN	
	86	4 1/2	3:40	3:42	3:42	3:45	3MIN	
			12" - 20" QUANTZITE SAND BEANS w/ SPGR 2					
	83	4 1/2	3:44	3:47	3:47	3:50	3MIN	
	81	4	3:53	3:56	3:56	4:01	5MIN	

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

COUNTY #

SOIL PROFILE

312

or/red
Clay
loam

pink
red
mica
silty
clay
loam
foudry



313

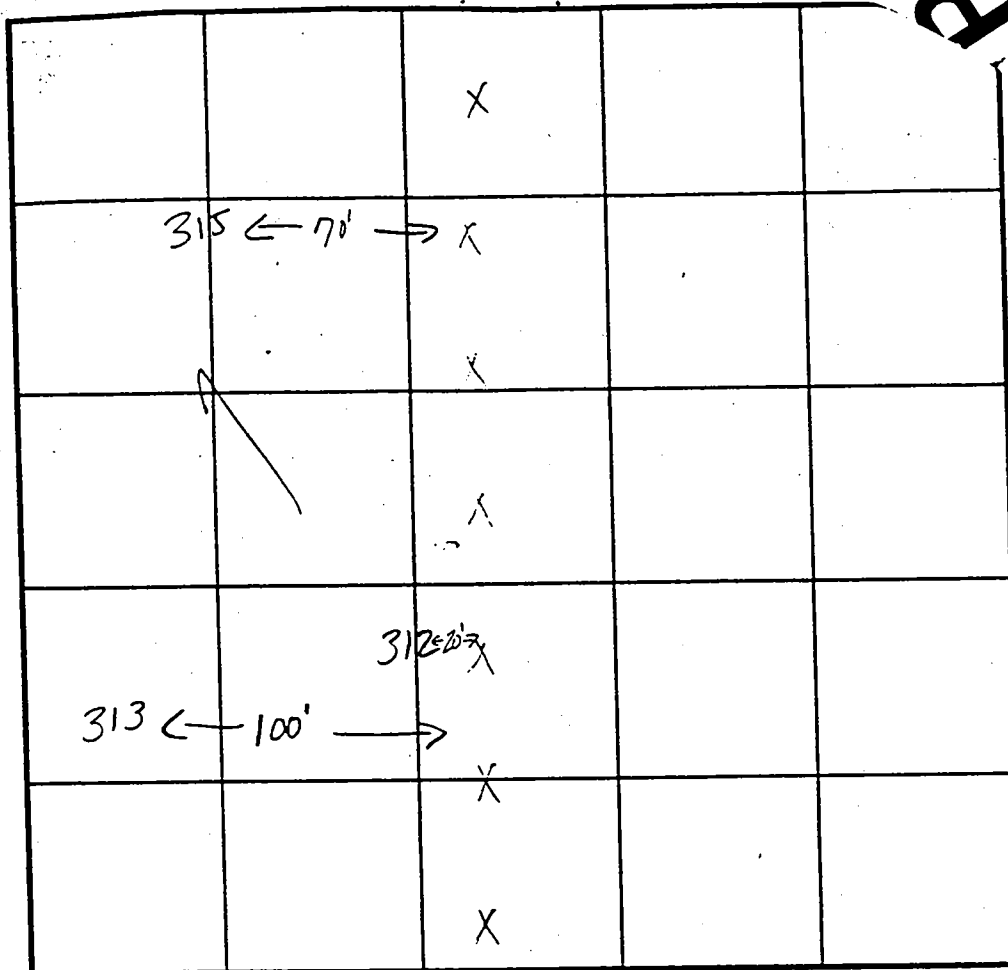
Same
as
hole

312

315

or/or
Clay
loam

pink
tan
foudry
mica
siltm
10%
rock
frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. *Monticello*

or
Clay
loam

pink
brown
mica
sandy
Clay
loam
20%
Shale

2.0'

9.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	312	12.0'D	visual	only - ok	see profile			
	313	11.0'D	visual	only - ok	see profile			
	315	3.5'S	2:12 ²⁰	2:13 ²⁰	2:13 ²⁰	2:15	140	
		11.0'D	visual	ok - see	profile			
	319	9.0'D	visual ok - see profile (near old, existing barn)					

REMARKS test holes staked

TYPE OF SOIL _____

TESTED BY Kim Whistle

ALSO PRESENT Clark Spry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT/BEDROOM _____

COUNTY #

SOIL PROFILE

320

0' or/red brown clay loam

3.5' red/tan sandy clay loam ↓

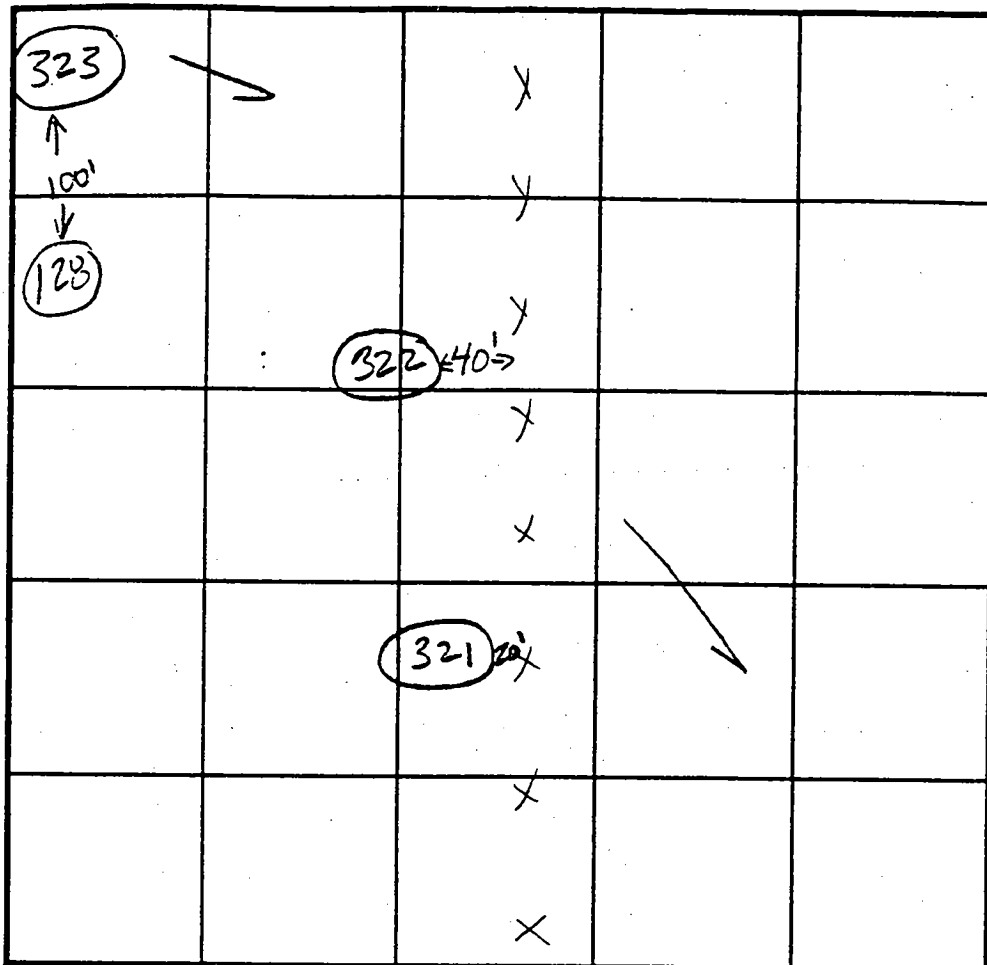
321

2.0' same as hole # 326

322

3.0' or/red clay loam

10.0' tan/red sandy clay loam 10% shale



SOIL PROFILE

323

0' red/or clay loam

3.0' tan/orange s.c.l.m. 15% shale frags

311-A

3.0' orange clay tm.

11.0' orange/tan s.c.l.m. 20% rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Monticello

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	320	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		
7.21.98	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 _____

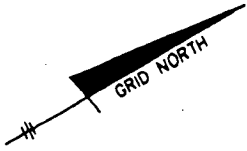
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Perc Holes That Correspond To Different
Lots For Knapp Property - (Lots 1-28)

Lot # -

Perc Hole Numbers for Lot -

1	1, 2, 2A, 3, 4, 5, 7C, 302
2	6, 7B, 7C, 8, 303
3	6, 8, 9, 10, 304
4	10, 11, 12, 13, 14, 305
5	13, 14, 15, 16, 17
6	15, 16, 18, 19, 306
7	18, 19, 20, 21, 22, 23
8	23, 24, 25, 26, 27
9	37, 38, 39, 40
10	39, 40, 41, 42, 43, 44
11	43, 44, 45, 46, 47, 48
12	47, 48, 49, 50, 51, 52
13	51, 52, 53, 54, 55, 56
14	55, 56, 57, 58
15	59, 60, 61, 62
16	62, 63, 64, 65, 317
17	69, 70, 71, 72, 314, 315, 315A, 316
18	72, 73A, 74, 312, 313, 314
19	78, 78A, 80, 311, 311A, 312, 313
20	80, 81, 82, 83, 84, 310
21	83, 84, 85, 86, 87, 309, 310
22	85, 86, 87, 87A, 88, 89, 90, 91A, 309
23	90, 91, 91A, 92, 93
24	91, 92, 94, 95, 96, 308
25	95, 96, 97, 101, 103, 308
26	100, 101, 102, 103, 105, 320
27	102, 318, 320
28	103, 104, 105, 106, 107, 108, 109



FOREST CONSERVATION
EASEMENT 'H'

NON-BUILDABLE
PRIVATELY OWNED
PRESERVATION
PARCEL 'C'
ENVIRONMENTAL USE

PUBLIC SWM ACCESS
EASEMENT
(WIDTH VARIES)

20' PUBLIC DRAINAGE
AND UTILITY EASEMENT

LOT 19

LOT 20

LOT 18

N30°20'51"E 224.55'

30' BRL

S59°39'09"E 264.30'

20' BRL

50'±

50' BRL

N39°52'26"W

10' BRL

300.00'

19'±

*will check - OK
House is off 1 1/2 ft
above to road
than on B.P. Plan
RFP*

6' PUBLIC DITCH
EASEMENT

69.01'
N28°16'25"E
(NON-TAN.)

L=51.46'
R=60.00'

S40°19'47"W
8.09' (NR)

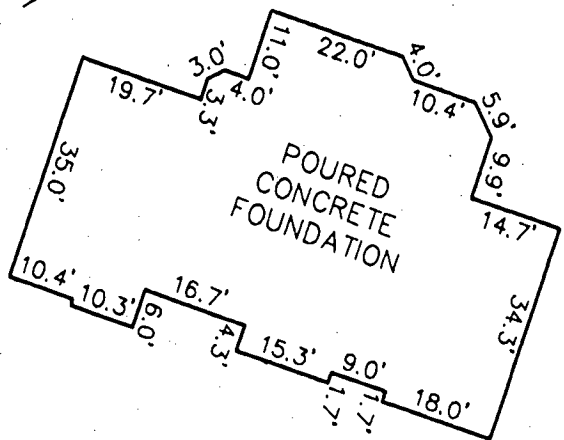
OAKDALE DRIVE
(40' R/W)

10' PUBLIC TREE
MAINT. ESMT.

TOP OF FOUNDATION WALL ELEV. = 590.4'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 9/07/01; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "MONTICELLO, LOTS 1-50, PRESERVATION PARCELS A-D AND NON-BUILDABLE PARCEL E", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14088.



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK
MONTICELLO

LOT No. 19

1759 OAKDALE DRIVE

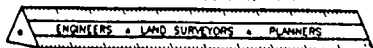
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 9/07/01

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 14088
FEMA FIRM No. 240044 0009 B
ZONE: C
DATED: 12/04/86

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE SUITE 418
ELLICOTT CITY, MD 21043

PHONE: 410-465-6105 FAX: 410-465-6644

