

12/7/01 - 1pm Layout

12/12/01 AM

12/10/01 Final

PM

ISSUE DATE: 12/4/2001

P 516433 - E

APPROVAL DATE: 12/26/01

A 59915-V

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, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 20

ADDRESS: 1753 Oakdale Drive PROPERTY OWNER: D.R. Horton Builders

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

TRENCHES:	Trench to be 3.0 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. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the left rear lot corner, place the distribution box 80' up the left lot line and 45' off the left lot line. Run (4) trenches on contour to right side of lot.
NOTES:	

PLANS APPROVED: MER 9/4/01 O.K. (BB) DATE: 8/21/01

- 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

BUILDING PERMIT SIGNED AND RETURNED

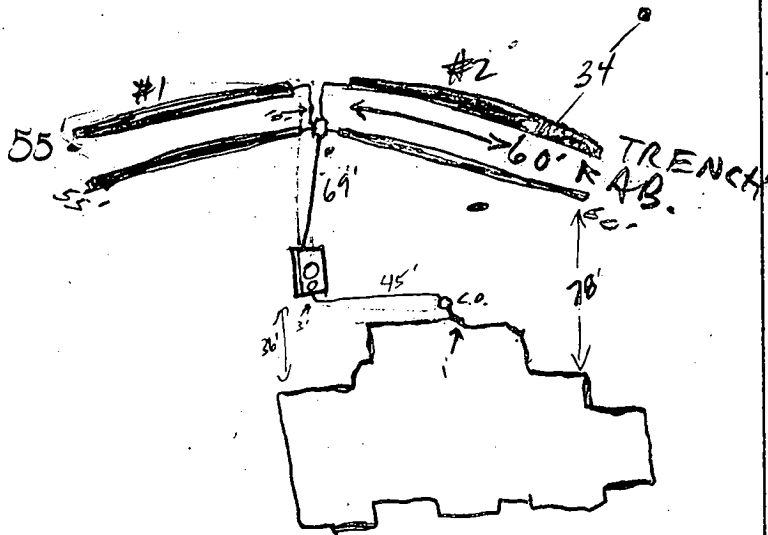
AND RETURNED

9-11-03 606 144 049 - DEKRS

A59915-V

NOT TO SCALE

ORIGINAL



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 230
 ABSORBENT AREA 690 AD
 DISTRIBUTION BOX LEVEL yes
 BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER center 2' hi
 6 INCH INSPECTION PORT Present 2'

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: 12/7/01 SRA Not staked properly, needs to be resurveyed, job shut down. Need to check contours. (S)

INSPECTION COMMENTS: 12/10/01 INSTALLER RE-STARTED w/o PERMISSION, AND STAKED SRA ALLEGEDLY CONFIRMED BY ENG'R, BUT STILL NOT CORRECT-STOP WORK, GAVE OK TO MAINTAIN TRENCH (1) AS IS, BACKFILL LAST 20' OF TRENCH (2), FINISH TRENCH (2) & COVER MR/RG 12/12/01. Discussed w/ contractor moving D.B. towards the ST. & placing 2 more trenches on house side of current trenches. Re-staked by surveyor (S) 12/12/01 DB moved, 3rd trench in (S) 12/23/01 lead house corner. OK to cover all work (S) 12/26/01. House conn. made. (S) 12/26/01

INSPECTOR John Otto DATE SYSTEM APPROVED 12/26/01

total linear feet of trench required 240 feet

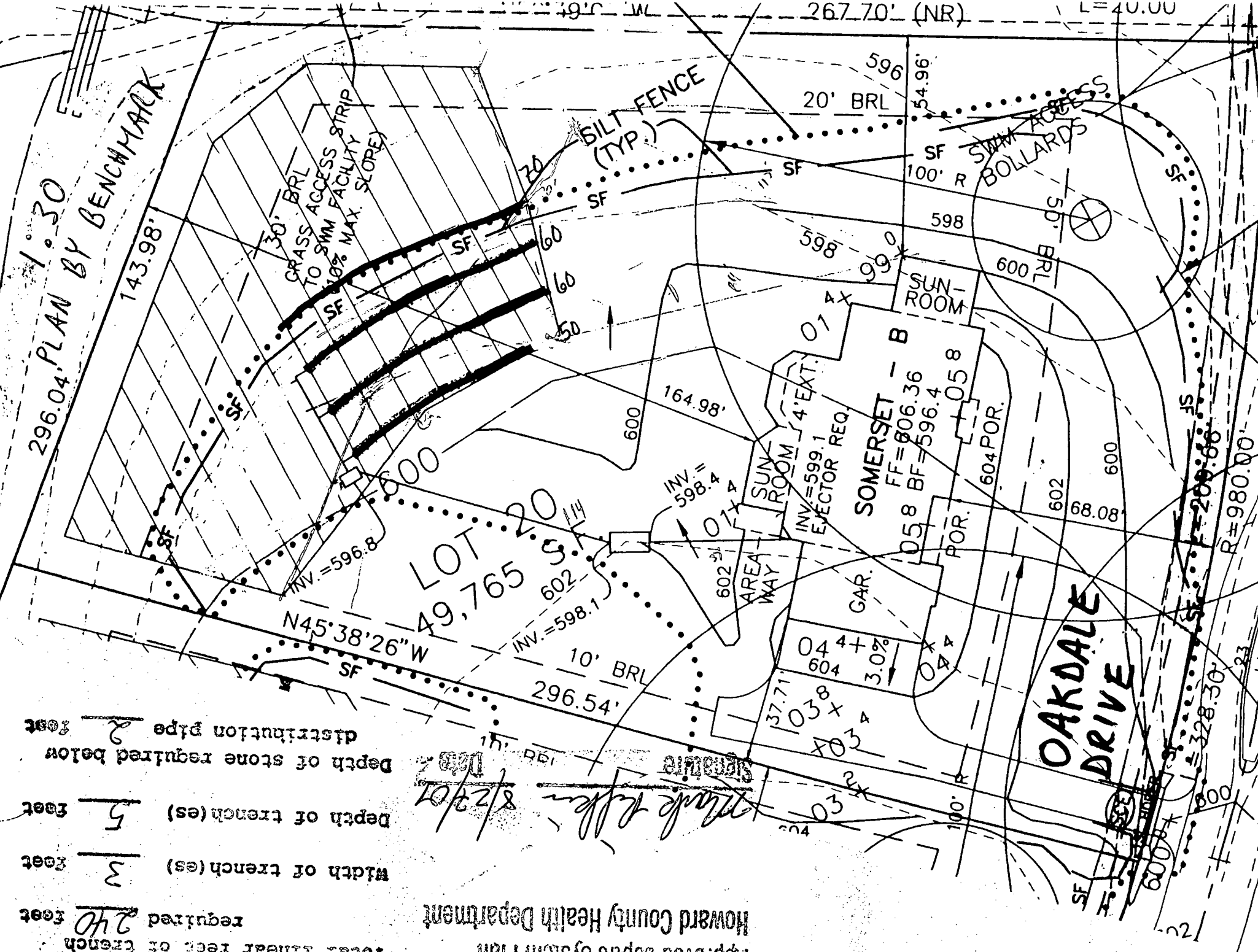
width of trench(es) 3 feet

depth of trench(es) 5 feet

depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Frank R. Allen
8/22/01
Signature



Building Address 1753 Oakdale Dr.
Cooksville, MD 21723

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

Census Tract 100012 Subdivision Monticello

Section N/A Area N/A Lot 20

Tax Map PC-W Parcel 1 Grid 1

Zoning PC-W Map Coordinates 4E12 Lot size

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 301-701-1144

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

Phone 410-465-6105 Fax _____

Existing Use vacant lot
 Proposed Use new single fam. dwelling

Estimated Construction Cost \$ 200,000

Description of Work Removal Somerset w/Sunrm. rear & Side
14' x 20' Sunrm., 4' Fam. Rm. Ext. 3 car Garage
2 stories, full porch, 11R, 2 FR, 11R, FF,
sunrm 3 car 14' porch

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

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____

License No. 205
 Phone 301-701-1144 Fax _____

Occupant or Tenant see owner

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Benchmark Engineer

Contact Person _____
8480 Balt. Nat'l Pk.
Elliott City, MD 21043

Address _____
 City _____ State _____ Zip Code _____

Phone 410-465-6105 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

SF Dwelling SF Townhouse
Depth Width

1st floor: _____
 2nd floor: _____
 Basement: _____

Finished Basement Unfinished Basement
 Crawl space Slab on grade
 No. of Bedrooms 4

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

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

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 HERETO; (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 Victoria Meyer
Agent

Title/Company _____

Print Name Victoria Meyer
 Date 7/24/01

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

AGENCY _____ DATE 8/27/01 SIGNATURE APPROVAL mark

Land Development DPZ
 State Highways
 Building Official
 Dev. Engineering DPZ
 Health
 Fire Protection

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St: _____

All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____ Accepted by [Signature]

PROPERTY ID# 51632

Filing fee \$ 160
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ _____
 Balance due \$ _____
 Check # 40151
 Validation # 43841

**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: 550 Obrecht Rd
Stylesville, Md

(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 #: 301-670-6144
Subdivision: Monicello Lot #: 20 Well Tag #: HO-94-2174
Site Address: 1753 Oakdale Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>50F211 8612</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>8</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6.5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>225</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 N/A

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

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: Allen Compton date: 11/26/01

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

Date Insp. Requested: _____ Date Insp. Approved: 11/12/01 Inspector: MR SRK

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 9876

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER HIGHLAND Development STREET OR RFD Street A TOWN GLENWOOD SUBDIVISION KNAPP PROPERTY SECTION LOT 20

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Coarse Granite, 0-84, 84-225.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 31 NO. OF POUNDS 2914 GALLONS OF WATER 186 DEPTH OF GROUT SEAL 0 to 80 ft.

CASING RECORD (ST, CO, PL, OT) MAIN CASING TYPE (ST) Nominal diameter 6 Total depth 89

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

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

DEPTH (nearest ft.) 1-10, 87, 225

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.5 METHOD USED TO MEASURE PUMPING RATE Buckets WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 131 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO) 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 LAND SURFACE - below 2 (nearest) foot

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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.

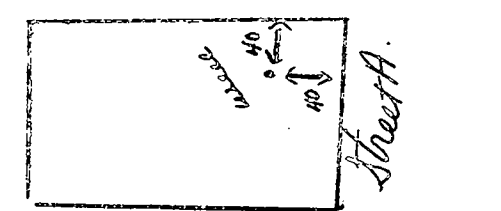
DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 7489
1 2 3 4 5 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO - 94 - 2174

70 fill in this form completely 79

Date Received (APA)

03 08 99
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34
Headland Development
36 P.O. Box 228 Street or RFD 55
Clarksville Md. 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

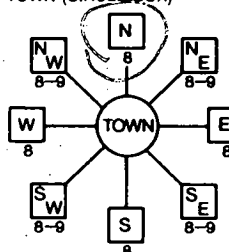
8 COUNTY 21 Howard
23 SUBDIVISION 42 Knapp Property
SECTION 44 46 LOT 20 48 50
52 NEAREST TOWN 71 Glenwood

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Joseph L. Mayne M S D 024
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy Md. 21771
Signature Date Joseph L. Mayne 3/8/99

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Street A

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 35 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
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 13 1999 03/09/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 544 000 EAST GRID 0798 000
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 Augered) AIR-ROTary
- JETTED AIR-PERCussion
- Jetted & DRIVEN 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 DEEPEN 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)

APPROP. PERMIT NUMBER 54 _____ 63
PERMIT No. HO - 94 - 2174
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

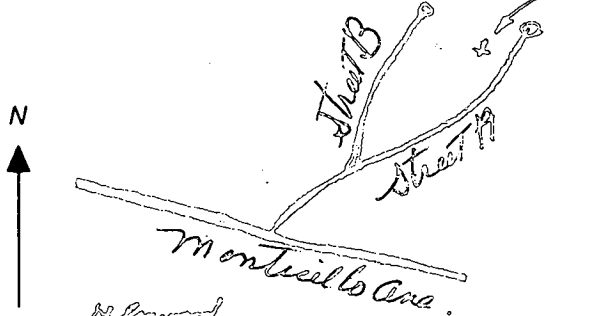
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

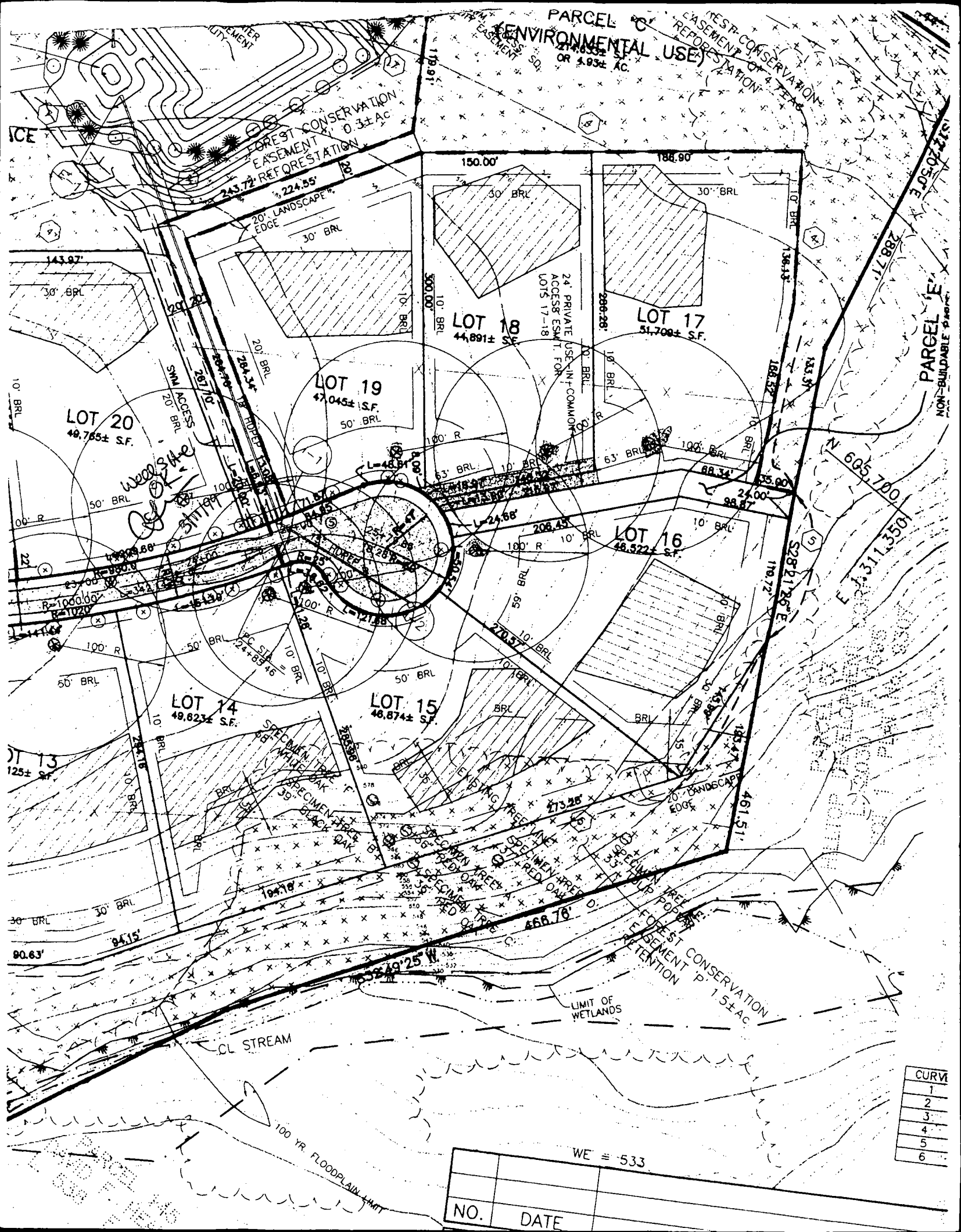
E 7988
N 5404
000
000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

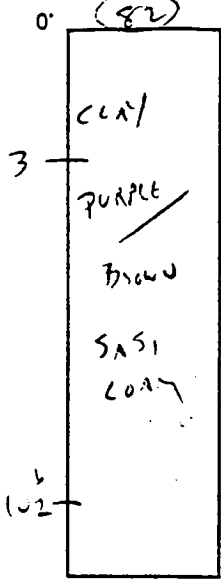


A59914/5

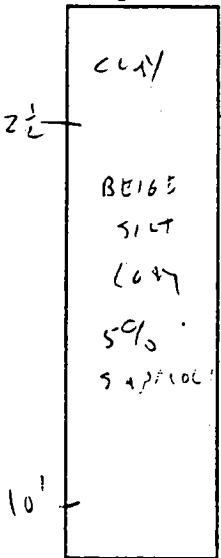
KNAPP SUBD.

COUNTY #

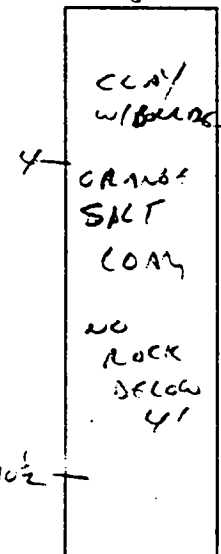
SOIL PROFILE



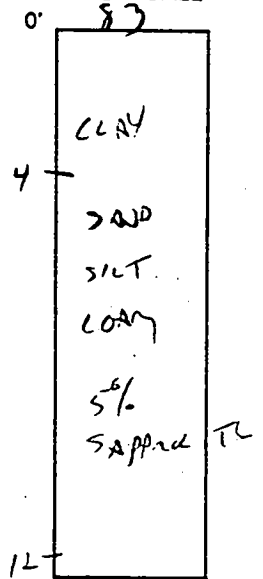
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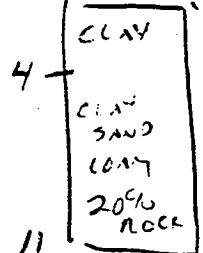
86



SOIL PROFILE



81?



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	5 MIN ✓
		10 1/2					
	80	3	2:58	3:00	3:00	3:02	2 MIN ✓
		10					
	86	4 1/2	3:40	3:42	3:42	3:45	3 MIN ✓
		12" - 20" CLAY WITH SAND BEANS					
	83	4 1/2	3:44	3:47	3:47	3:50	3 MIN ✓
		12					
	81	4	3:53	3:56	3:56	4:01	5 MIN ✓

REMARKS 11

TYPE OF SOIL

TESTED BY C. Williams ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

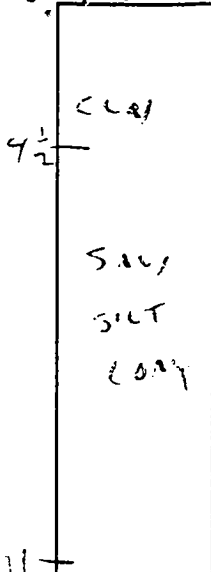
A 59914/5

COUNTY #

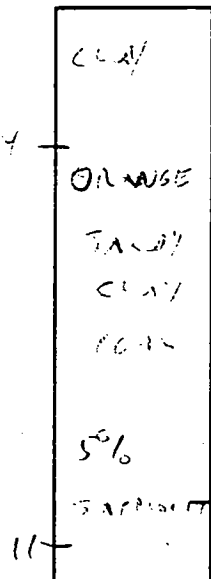
KNAPP 5030

SOIL PROFILE

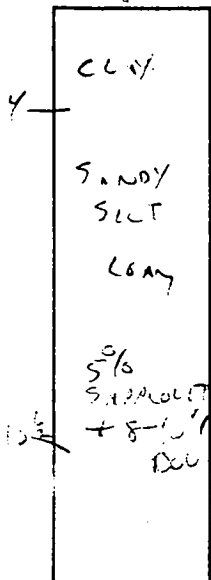
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85

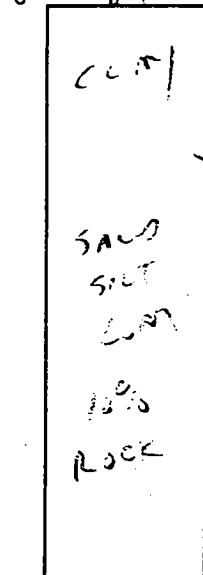


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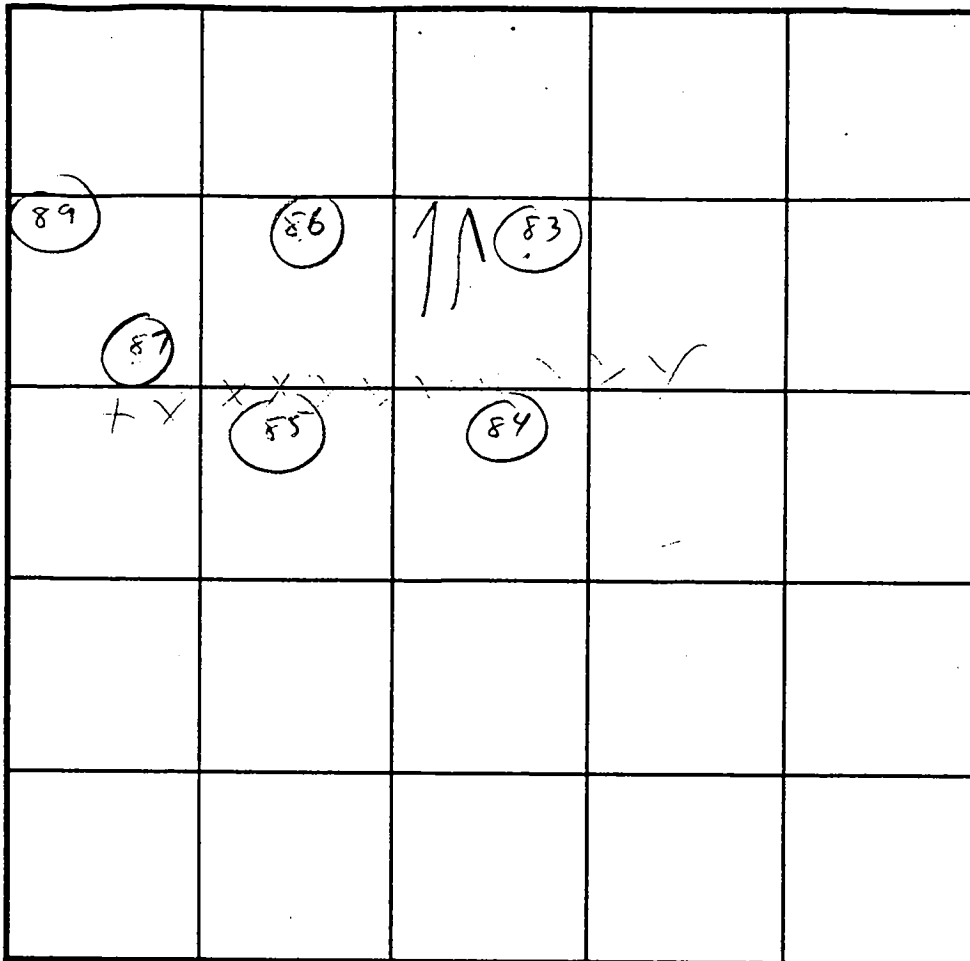
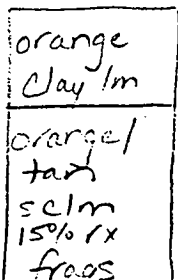


SOIL PROFILE

89



87-A



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	87	VIS	OK 4 1/2'	-11'			✓
	85	4 1/2'	2:57	2:55	2:55	2:58	3m U
	84	4'	2:57	3:00	3:00	3:07	7m W ✓
		10 1/2'					
	89	4'	3:38	slow	- VIS	OK BY 5'	
7.21.98	87-A	4.0'S	1:2830	1:2930	1:2930	1:3130	2min
		12.0'D	Visual	OK	- see profile		

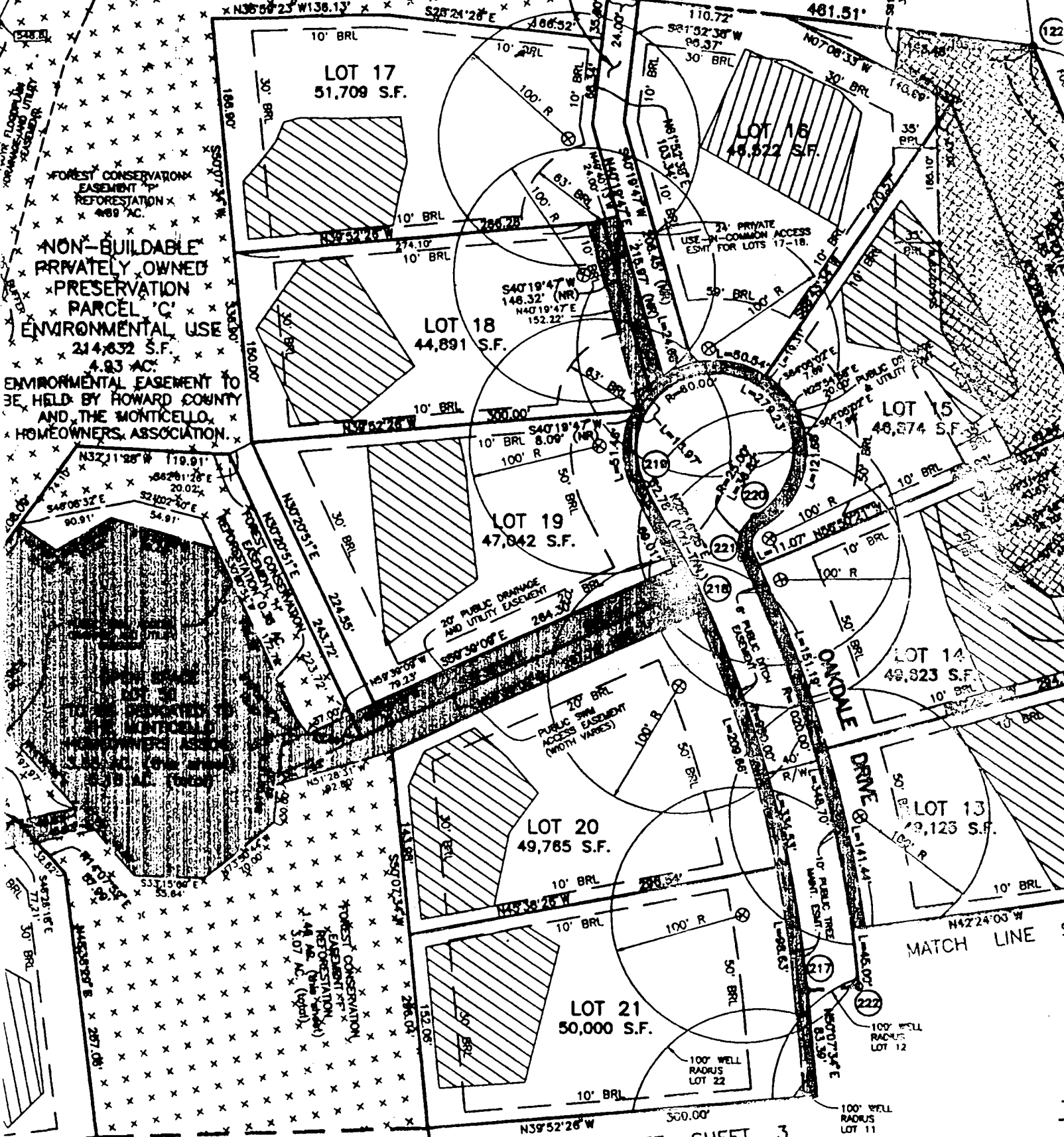
REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Wilbra ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



MATCH LINE SEE SHEET 2

MATCH LINE SEE SHEET 3

OWNER/DEVELOPER:

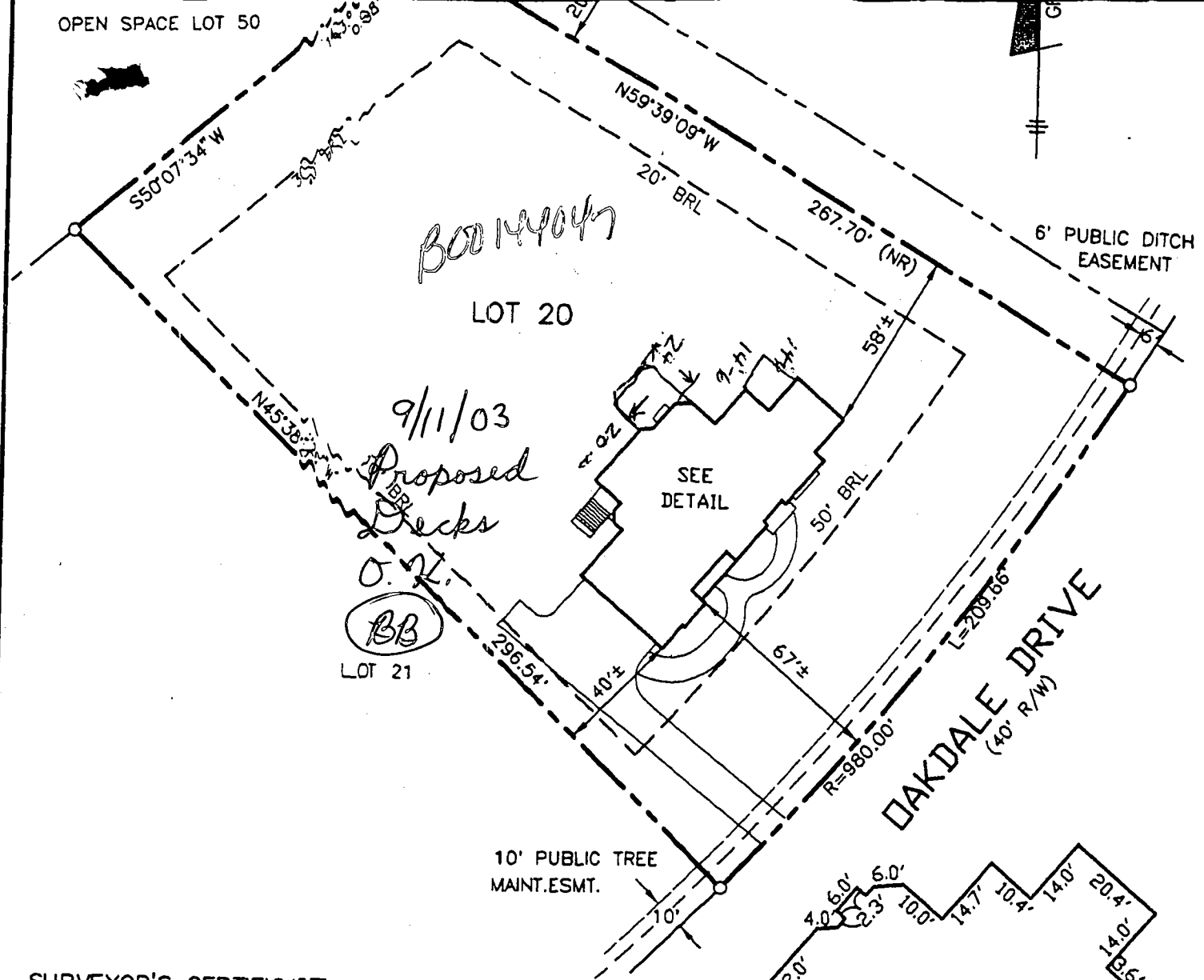
D. R. HORTON, INC.
 SUITE 230
 1370 PICCARD DRIVE
 ROCKVILLE, MARYLAND 20850
 410-465-4244

ENGINEER:

BENCHMARK ENGINEERING, INC.
 8480 BALT. NATL. PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 410-485-6105

FLOODPLAIN LINE TABLE					
LINE	BEARING	LENGTH	LINE	BEARING	LENGTH
FP1	S80°09'59" W	117.96'	FP7	N24°45'43" E	23.02'
FP2	S89°55'47" W	196.13'	FP8	N66°05'06" E	213.90'
FP3	S37°44'04" W	25.56'	FP9	N72°33'34" E	189.33'
FP4	N75°08'55" W	18.73'	FP10	N30°58'47" E	83.51'
FP5	S69°38'00" W	181.45'	FP11	N31°43'13" E	66.13'
FP6	N80°18'07" W	24.65'			

OPEN SPACE LOT 50

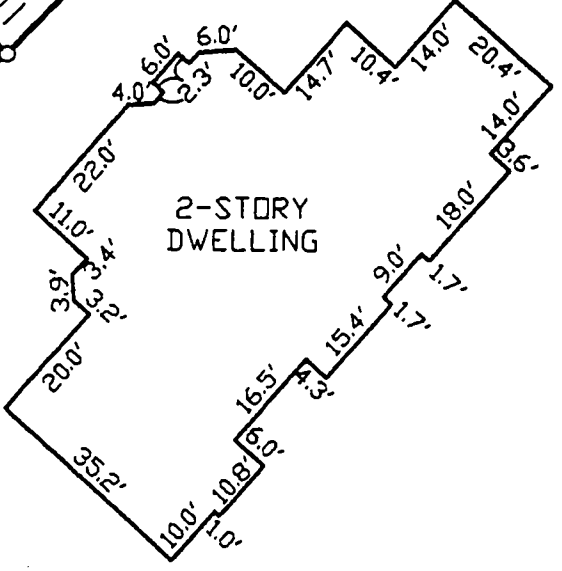


SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AND 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. Hammer
REG. No. 10978

RECORD PLAT No. 14088
FEMA FIRM No. 240044 00011 B
ZONE: C
DATED: 12/4/86



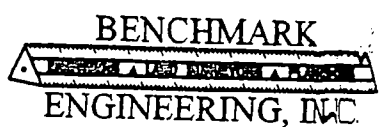
DETAIL
SCALE: 1" = 30'

LOCATION DRAWING
MONTICELLO
LOT No. 20

1753 OAKDALE DRIVE

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 02/26/02



2420 EASTHORE NATIONAL PIKE A SUITE 1741
ELLCOTT CITY, MARYLAND 21043
phone: 410-483-8106 A fax: 410-483-8281
email: Benchmark@bells.com