

C1 3470

(MDE USE ONLY)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A519071

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

DATE WELL COMPLETED
MM DO YY
05 07 2004

Depth of Well
280 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
ED 94 - 3928
28 29 30 31 32 33 34 35 36 37

OWNER THOMAS FIORE CONTRACTING CO
STREET OR RFD BRIGHTON DAM ROAD TOWN CLARKSVILLE
SUBDIVISION CLARKSVILLE OVERLOOK SECTION 1 LOT 2

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	
Dirt	0	1	
Red Clay	1	5	
Soft Br. Mica	5	50	X
Soft & Hard Br. Mica	50	70	
Hard Blk. Sandstone	70	85	
Hard Br. Sandstone	85	87	X
Hard Blue & Br. Sandstone	87	110	X
Hard Blue Mica	110	125	
Hard Br. & Blue Sandstone	125	150	X
Hard Blue Sandstone	150	231	
Hard Blue/Br. Sandstone	231	235	X
Hard Blue Sandstone	235	271	
Hard Blue Mica	271	273	
Hard Blue Sandstone	273	280	

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 39 NO. OF POUNDS 366
GALLONS OF WATER 234
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 52 ft. to 80 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 6 82
80 61 63 64 66 70

OTHER CASING (if used)

E A C H C A S I N G	diameter inch	depth (feet)	
		from	to
<u>PL</u>	<u>4</u>	<u>0</u>	<u>70</u>
<u>PL</u>	<u>4</u>	<u>170</u>	<u>250</u>
<u>PL</u>	<u>4</u>	<u>260</u>	<u>280</u>

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

C 2 DEPTH (nearest ft.)

E A C H C A S I N G	1	2	DEPTH (nearest ft.)	
			70	80
<u>PL</u>	<u>8</u>	<u>9</u>	<u>11</u>	<u>15</u>
<u>PL</u>	<u>23</u>	<u>24</u>	<u>26</u>	<u>30</u>
<u>PL</u>	<u>36</u>	<u>39</u>	<u>41</u>	<u>45</u>
<u>PL</u>	<u>36</u>	<u>39</u>	<u>41</u>	<u>45</u>
<u>PL</u>	<u>36</u>	<u>39</u>	<u>41</u>	<u>45</u>

SLOT SIZE 1 .010 2 .010 3 .010
DIAMETER OF SCREEN 4 (NEAREST INCH)
56 60
from to

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 10
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 23 ft.
WHEN PUMPING 140 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 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. 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: 2
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. M D 2961
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. JWD 334
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 21 280 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 STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Brighton Dam Road
good well

B 1 5749

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3928

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

FIORE THOMAS CONTRACTING CO

327 SOUTH DRIVE

SEVERNA PARK MARYLAND 21146

LOCATION OF WELL

HOWARD 8 COUNTY 21

CLARKSVILLE OVERLOOK

SECTION 44 46 LOT 2 48 50

CLARKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

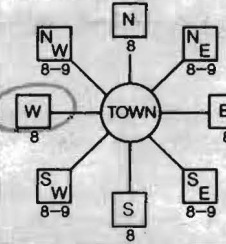
RONALD KYKER M W D 296

WESTMINSTER WELL DRILL INC

P.O. BOX 861 WESTMINSTER MD. 21157

Ronald Kyker FEB 24-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BRIGHTON DAM RD 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 362

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A519671 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/8/04 CO SIGNATURE EXP. DATE 4/8/05
NORTH GRID 500 000 EAST GRID 811 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

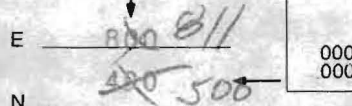
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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

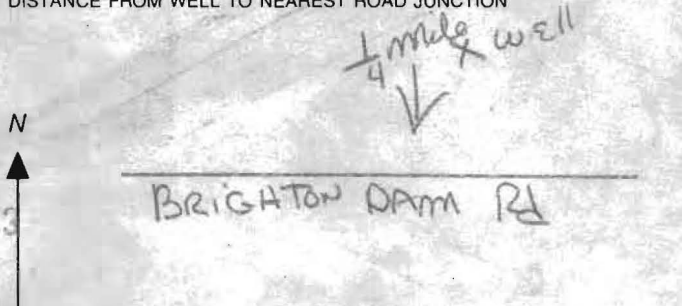
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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

APPROP. PERMIT NUMBER G PERMIT No. HO - 94 - 3928

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

New well attempt #.2 cave in

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 05/07/2004 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Ronald Kyker

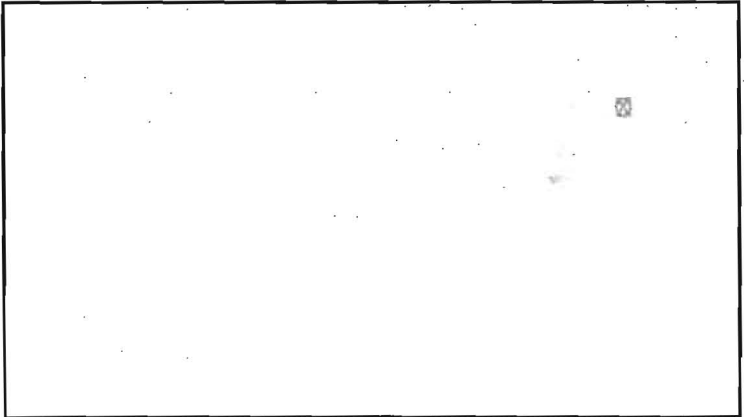
WELL DRILLERS LICENSE NUMBER: MWD296

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Thomas Fiore Contracting Co

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 34 BLOCK 10 PARCEL 362
 SUBDIVISION: Clarksville Overlook
 SECTION: _____ LOT: 2
 NEAREST ROAD: Brighton Dam Road



Dry well #1

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- _____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify)
 None

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 105 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Concrete	10	105
VOLUME OF MATERIAL USED		
4 yards concrete		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD296
LICENSE #

MWD/MSD/MGD
CIRCLE ONE

5-14-04
DATE



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 Water Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L FEEZER CO INC Telephone #: 410-781-4655
Address: 16321 BARNETT AVENUE
SUKESVILLE, 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): _____ License# _____
*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: FLOVE CONTRACTING Telephone #: 410-431-7057
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3978
Site Address: 12840 BULLHORN DAM ROAD
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STANLEY Make: GAMPAK Two piece watertight cap:
Model #: TP4102HL Model#: PT80D Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 280 (feet) Conduit secured to well cap:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: POLY PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeves caulked and sealed properly:

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

Signature of company representative responsible for installation: Robert L. Feezer date: 1/18/05

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

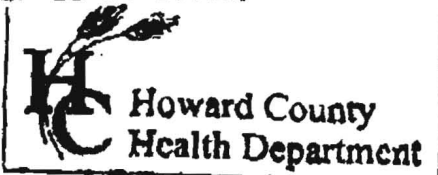
Date Insp. Requested: _____ Date Insp. Approved: 1/19/05 BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well 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

MAR 28 04 04:31P

HO CO ENV HEALTH

1410313264M

P. 1



3525 W Ellicott Mills Drive • Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

AK Bill
 N
 Why
 Ron

- The well site has been staked by KALADON SURVEYS INC. on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

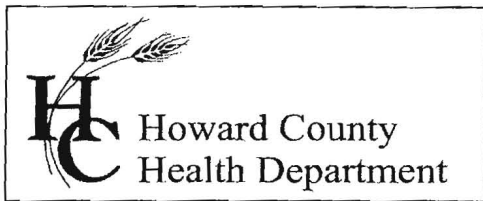
Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

ATT Stursett

Thomas Fiore Contracting

Brighton Dam Rd



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

May 31, 2005

U.S. Financial Capitol
11628 Long Jump Trail
Ellicott City, MD 21042

RE: Clarksville Overlook, Lot 2
12840 Brighton Dam Road
Clarksville, MD 21029
BP #: B00148727
Well Permit # HO-94-3928

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/31/2005. Final approval of the well line connection to the dwelling was approved on 01/19/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

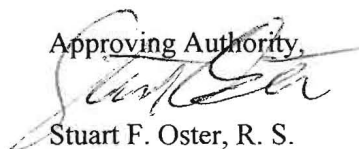
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3928. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/06/2005
Date of Well Completion: 05/07/2004

Approving Authority,


Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

<input type="checkbox"/>	P.O. Box 696, Bel Air, MD 21014	(410) 893-6257
<input type="checkbox"/>	P.O. Box 861, Finksburg, MD 21048	(410) 876-2035
<input type="checkbox"/>	406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090	(410) 691-2229
<input type="checkbox"/>	113 High St., Salisbury, MD 21801	(410) 548-1318
<input type="checkbox"/>	P.O. Box 712, Stevensville, MD 21866	(410) 643-7711
<input type="checkbox"/>	P.O. Box 463, Timonium, MD 21093	(410) 628-2655
<input type="checkbox"/>	P.O. Box 10691, Burke, VA 22009-0691	(703) 250-7711

Water/Check Water Conditioning
1205 Mayo Road
Edgewater, MD 21037

Reporting Date: 4/8/2005
Report #: WCS04-03

Submitted Sample Address: 12840 Brighten Dam Rd.
Clarksville, Md
Submitted Sample Source: Holding tank
Date / Time Collected: 4/6/2005 11:00 AM
Sample Type: Drinking Water
Sampler/Company: R. Niederberger 9550RN, WaterCheck
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-94-3928

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	3.3	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.9	SU	0.1	6.5-8.5 (SMCL)	SM 2130B
Iron	ND	mg/L	0.1	0.3 (SMCL)	SM 3400D

Notes:

1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

C. Rodgers (LB)

C. Rodgers, Customer Service Representative

Reviewed by: *LB*

Water Quality Laboratories certified by the Maryland, Delaware and Virginia State Health Departments
Aardvark Labs is a registered trade name of Water Testing Labs of Maryland, Inc.



FREDERICK WARD ASSOCIATES

ARCHITECTS | ENGINEERS | PLANNERS | SURVEYORS

7126 Riverwood Drive, Suite C
Columbia, Maryland 21046
410-720-6900
410-720-6226 fax

CORPORATE OFFICE
P.O. Box 727, 5 South Main Street
Bel Air, Maryland 21014-0727
410-879-2030
410-893-1243 fax

www.frederickward.com

KEEP IN FILE

Fax Transmittal

Date: April 27, 2004

To: Brian

Fax #: 410-313-2648

Pages: 2, including cover sheet

From: Chris Ogle

Subject: 12900 Brighton Dam Road

New well location and revised septic.

4/29/04

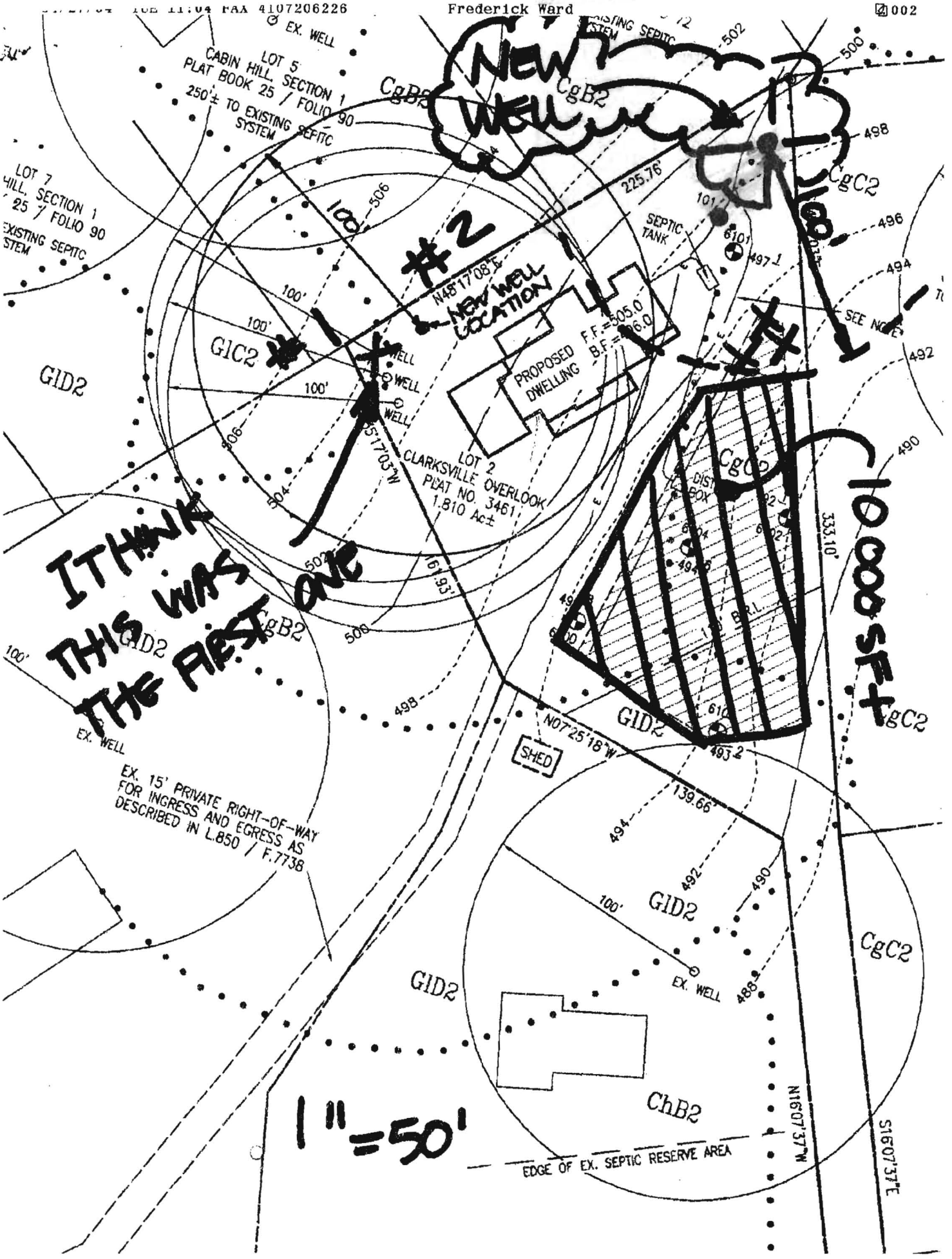
Met with builder + Westminster Rotary.

We located the two high property corner stakes and measured off the new well site location. This location may be off slightly because we didn't know the exact location of the property lines. Told builder he should have location surveyed before drilling. I think they went ahead and drilled without surveying. Told builder in field if location wrong he might have to drill new well.

Confidentiality Clause: This facsimile contains confidential information, which may also be legally privileged and which is intended only for the use of the Addressee(s) named above. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile, or the taking of any action in reliance on the contents of this telecopied information, may be strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the entire facsimile to us at the above address via the U.S. Postal Service. Thank You!

Will have to submit new B.P. plan showing exact location of drilled well and septic easement/tank adjustment. Chris Ogle aware of this. (BA)

Should you have any problem receiving this fax, please call 410-720-6900.



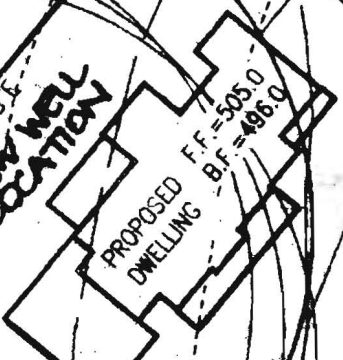
4/29/04
New Well Location O.K.

BB
LOT 3
CABIN HILL, SECTION 1
PLAT BOOK 23 / FOLIO 72

4/8/04 Well location
OK **SC**

LOT 4
CABIN HILL, SECTION 1
PLAT BOOK 23 / FOLIO 72
270'± TO EXISTING SEPTIC SYSTEM

LOT 5
HILL SECTION 1
BOOK 25 / FOLIO 90
TO EXISTING SEPTIC SYSTEM



LOT 2
CLARKSVILLE OVERLOOK
PLAT NO. 3461
1.810 Ac±

* NOTE: EXISTING ELECTRIC SERVICE TO BE RELOCATED BY OTHERS.

TAX MAP 34 PARCEL 165
L3161 / F.4

Approved location
2/26
Need form filled
CgC2

Maryland State Grid Meridian

LOT 3
CABIN HILL, SECTION 1
PLAT BOOK 23 / FOLIO 72

LOT 4
CABIN HILL, SECTION 1
PLAT BOOK 23 / FOLIO 72
270'± TO EXISTING SEPTIC SYSTEM

LOT 5
CABIN HILL, SECTION 1
PLAT BOOK 25 / FOLIO 90
250'± TO EXISTING SEPTIC SYSTEM

LOT 7
CABIN HILL, SECTION 1
PLAT BOOK 25 / FOLIO 90
280'± TO EXISTING SEPTIC SYSTEM

LOT 2
CLARKSVILLE OVERLOOK
PLAT NO. 3461
1.810 Ac±

PROPOSED HOUSE

F.F. 505.0

B.F. 496.0

SEPTIC TANK
494.00 TOP

SEPTIC SYSTEM PLAN
NOT TO SCALE

* NOTE: EXISTING ELECTRIC SERVICE TO BE RELOCATED BY OTHERS.

TAX MAP 34 PARCEL 165
L3161 / F.4

*Approved new well location by FA 2/26/04
Need field survey form to be filled out*

TAX MAP 34 PARCEL 187
L.351 / F.287

EX. 15' PRIVATE RIGHT-OF-WAY FOR INGRESS AND EGRESS AS DESCRIBED IN L.850 / F.1738

