

APPLICATION

SEWAGE DISPOSAL TESTING

A 34978

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 2/13/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 759 LONG CORNER RD. MT. AIRY, MD. 21441 PHONE 831-5555

PROPERTY LOCATION:

SUBDIVISION HAINES PROPERTY LOT NO. 3 LOT 3 ON FINAL PLAT

ROAD AND DESCRIPTION CORNER OF LONG CORNER RD. & HARDY RD.

SIZE OF LOT 3.341 TYPE BLDG. HOME 3
(NUMBER OF BEDROOMS)

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.

Kenneth L. Haines
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

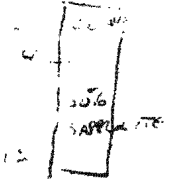
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

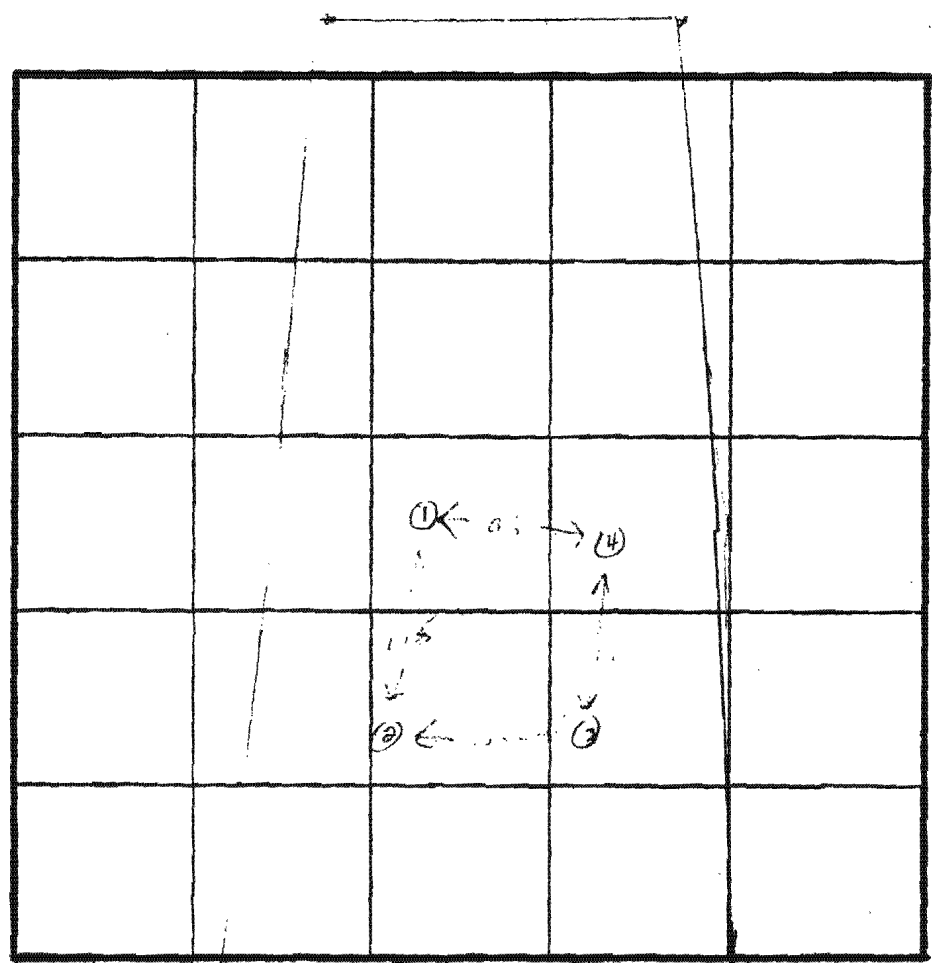
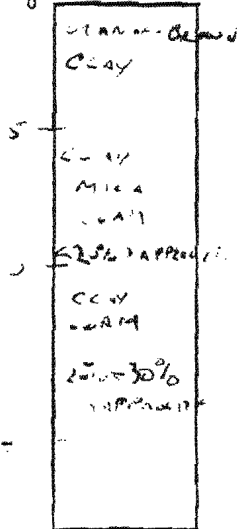
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

1478



344 SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3-17-85	1	4					X
		8					
		12	L 50% SAPPHIRE NO TESTED				
	2	4					X
		8					
		12					
	3	5	4:38	4:46	4:46	5:01	15 MIN
		9	4:38	4:41	4:41	4:55	4 MIN
		14					
	4	9	4:40	5:03	5:03	NO MOVEMENT	X

EH-12-1079

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT RICH (ARNO), HANKS

1/14/85
1:30 P.M.

APPLICATION

A 34977
A 34977

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 952-2330

DISTRICT _____

DATE 2/13/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 757 LONG CORNER RD. MT. AIRY, MD. 21471 PHONE 831-5555

PROPERTY LOCATION:

SUBDIVISION HAINES PROPERTY LOT NO. 2 3

ROAD AND DESCRIPTION CORNER LONG CORNER RD. & HARDY RD.

SIZE OF LOT 3.398 TYPE BLDG HOME 3
(NUMBER OF BEDROOMS)

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.

Kenneth L. Haines
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

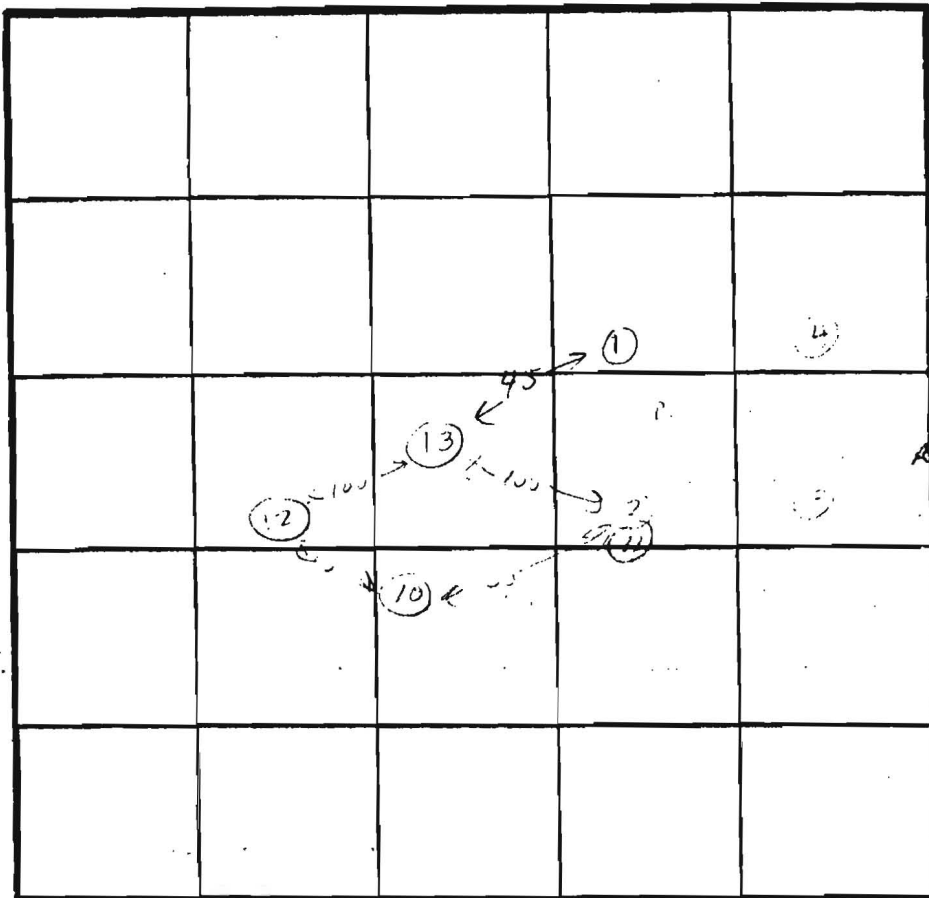
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-10-55	10	4/8	7 min	-	N 14 min		
			12 min	-	N 24 min		
3-10-55	11 (2)						
6-10-55	12	4/8	4 min	2ND INCH			
			12 min	1ST INCH	N 24 min		
6-10-55	13	4/8	15 min	1 INCH			
			5 min	2ND INCH	N 30 min		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

SUBDIVISION: Haines Property

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon		_____
4 bedroom	1250 gallon		_____
5 bedroom	1500 gallon		_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 115 FEET FROM THE FRONT (303.65')

LOT LINE AND 145 FEET FROM THE LEFT LOT LINE AS SEEN WHEN

FACING THE LOT FROM HAYDEN RD. RUN TRENCHES ON CONTOUR TOWARD

THE FRONT LOT LINE. 11/17/80 S. AGI

LONG CORNER ROAD

SCALE 1" = 100'

100' to SW side line 144

N 31° 53' E

Part of 4th Line

SEPTIC
WATER

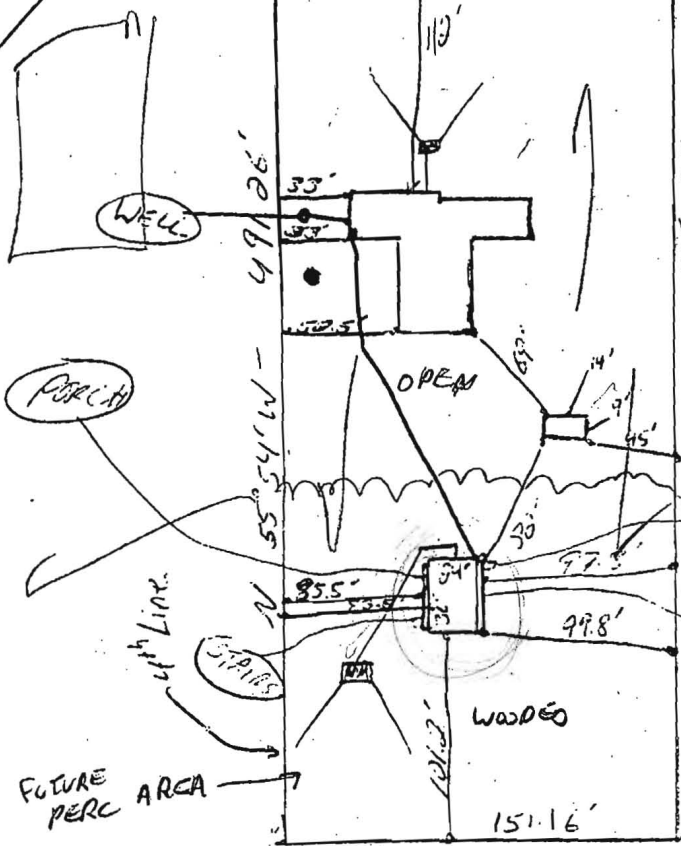
garage w/ bathroom
~~bathroom~~ living
area - no kitchen
(upstairs only)
basement will be
garage.

3/29/98

OWNER GIVEN OK
TO APPLY FOR PERC
TEST TO SUPPORT BEDROOM +
BATH FOR PROPOSED GARAGE

300.62 to

Reg. 2nd Line



S 37° 57' W

Part of 3rd line

40560'

70
58
71
35

Robert Blackford
829-1720 ans. mach.
549-6087

NEW HOME

APPLICATION

A 34478
A 54977

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 952-2330

DISTRICT _____

DATE 2/13/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 757 LONG CORNER RD. MT. AIRY, MD. 21771 PHONE 831-5555

PROPERTY LOCATION:

SUBDIVISION HAINES PROPERTY LOT NO 23

ROAD AND DESCRIPTION CORNER LONG CORNER RD. & HARDY RD.

SIZE OF LOT 3.398 TYPE BLDG HOME 3
(NUMBER OF BEDROOMS)

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.

Kenneth L. Haines
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SUBDIVISION: Haines Property

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

_____ sq. ft./bedroom

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

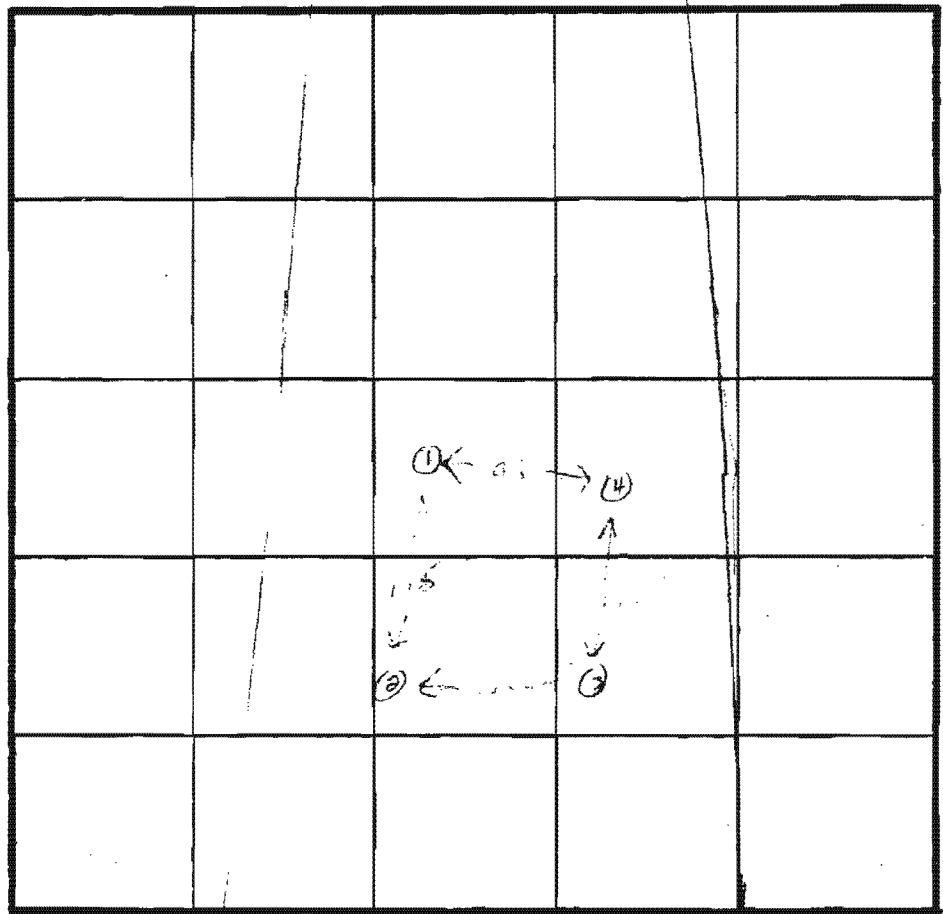
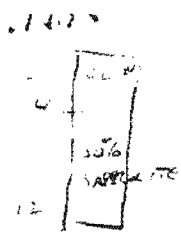
Bottom maximum depth 8 feet below original grade.

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4 feet of stone below distribution pipe.

- NOTE:
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 - (3) Trenches to be installed on level ground.
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 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 115 FT FROM THE FRONT (303.65')
LOT LINE AND 145 FT FROM THE LEFT LOT LINE AS SEEN WHEN
FACING THE LOT FROM HAYWARD. RUN TRENCHES ON CONTOUR TOWARD
THE FRONT LOT LINE. 11/17/80 S. AGI



344 SOIL PROFILE

0
 1-2 in. - 20% clay
 CLAY

5
 CLAY
 MICA
 LAM

10
 2-3% SEPARATION
 CLAY
 LAM

15
 20-30% SEPARATION

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-17-35	1	4					X
		8					
		12	< 50% SEPARATION NO TESTED				
	2 2nd	4					X
		8					
		12					
	3 LOW	5	4:38	4:46	4:46	5:01	15 MIN
		9	4:38	4:41	4:41	5:05	44 MIN
		14					
		9	4:40	5:03	5:03	NO MOVEMENT	X

EH-12-1079

REMARKS _____

TYPE OF SOIL _____

TESTED BY Cullhan

ALSO PRESENT RICH (ARAUJO), HANES

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34978

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 2/13/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 759 LONG CORNER RD. MT. AIRY, MD. 21771 PHONE 831-5555

PROPERTY LOCATION:

SUBDIVISION HAINES PROPERTY LOT NO. 3 LOT 3 ON FINAL ACAT

ROAD AND DESCRIPTION CORNER OF LONG CORNER RD. & HARDY RD.

SIZE OF LOT 3.341 TYPE BLDG. HOME 3
(NUMBER OF BEDROOMS)

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. Kenneth L. Haines
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

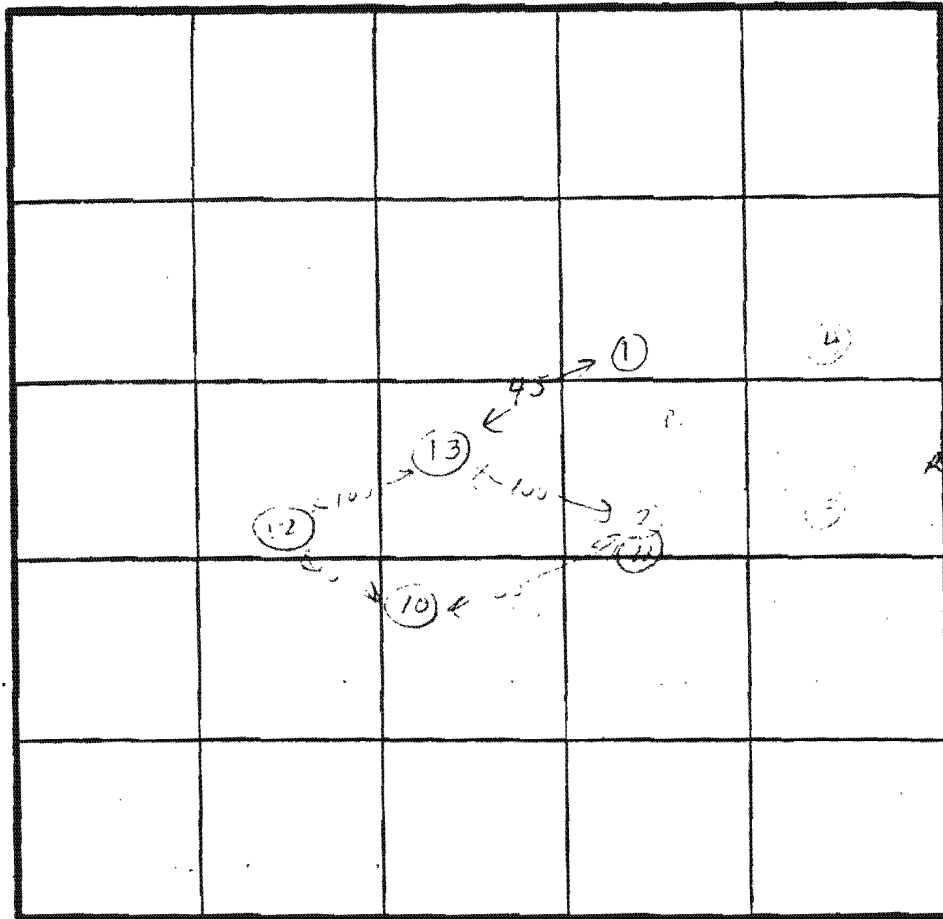
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	10	4/8	7 MIN 12 MIN	-	N 14 MIN N 24 MIN		
3-2-55	11 (2)						
6-10-55	12	4/8	4 MIN 12 MIN	2ND INCH 1ST INCH	N 24 MIN		
6-10-55	13	4/8	15 MIN 5 MIN	1 INCH 2ND INCH	N 30 MIN		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36764

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 759 LONG CORNER RD. MT. AIRY, MD. 21771 PHONE 831-5555

PROPERTY LOCATION:

SUBDIVISION HAINES PROPERTY LOT NO. 4

ROAD AND DESCRIPTION CORNER OF LONG CORNER RD. + HARDY RD.

SIZE OF LOT 5.351 TYPE BLDG. HOME 3
(NUMBER OF BEDROOMS)

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.

Kenneth L. Haines
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

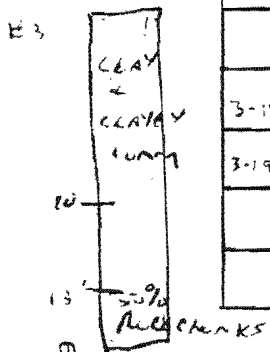
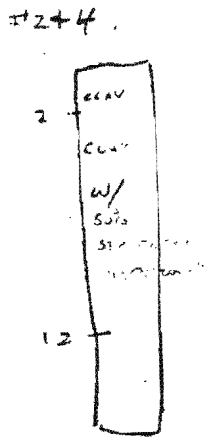
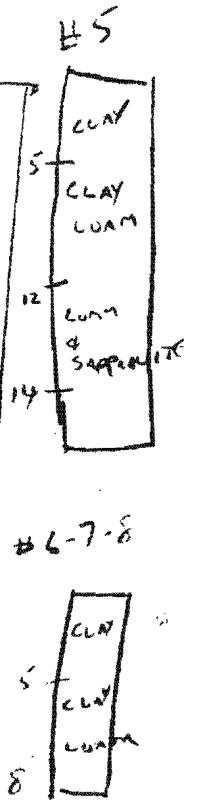
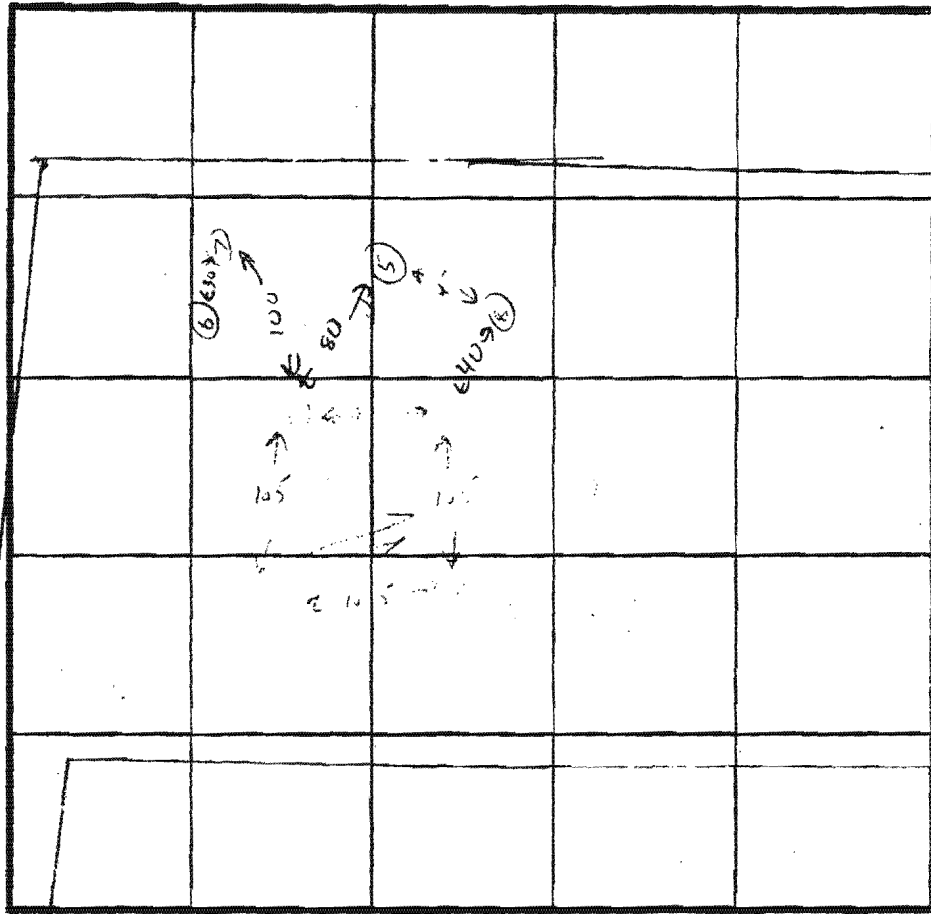
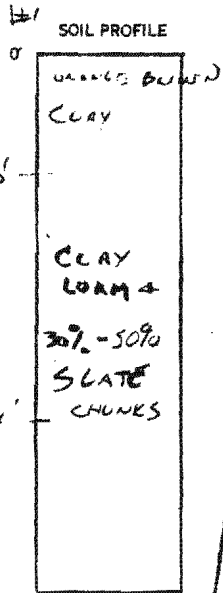
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/9/82

Serial # 13146

2-car garage

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-19-85	1	8 1/2	3:27	3:27	3:27	3:32	FAILS
		10	3:24	3:28	3:28	3:36	
3-19-85	2	4	3:20	4:10	3:30	3:45	FAILS
		8	3:20	3:30	3:30	3:45	
3-19-85	3	5	3:27	3:40	3:40	3:58	OK ✓
		10	4:12	4:22	4:22	4:48	
3-19-85	4	5	4:10	4:17	4:10	4:17	FAILS
		10	7:10	7:10	7:10	7:10	
3-19-85	5	5 1/2	3:41	3:41	3:53	4:40	FAILS SLOW
		10	3:41	3:53	3:53	4:40	
6,7,8	7	7					FAILS SLOW
		7					

TOO MUCH ROCK

SLOW TIMES & TOO MUCH ROCK

POOR TIMES & TOO MUCH ROCK

FAILS SLOW

FAILS SLOW

REMARKS CONTINUED IN NEXT PAGE

TYPE OF SOIL CLAY TOP SOIL CHANGING TO ROCK BELOW (MT AIRY)

TESTED BY C. Williams ALSO PRESENT B. RINGOLD, HAIUF S

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35764

P _____

DISTRICT 4

DATE 3/11/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 759 LONG CORNER RD. MT. AIRY, MD. 21771 PHONE 831-5555

PROPERTY LOCATION:

SUBDIVISION HAINES PROPERTY LOT NO. 4

ROAD AND DESCRIPTION CORNER LONG CORNER RD. & HARDY RD.

SIZE OF LOT 5.351 TYPE BLDG. 3
(NUMBER OF BEDROOMS)

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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

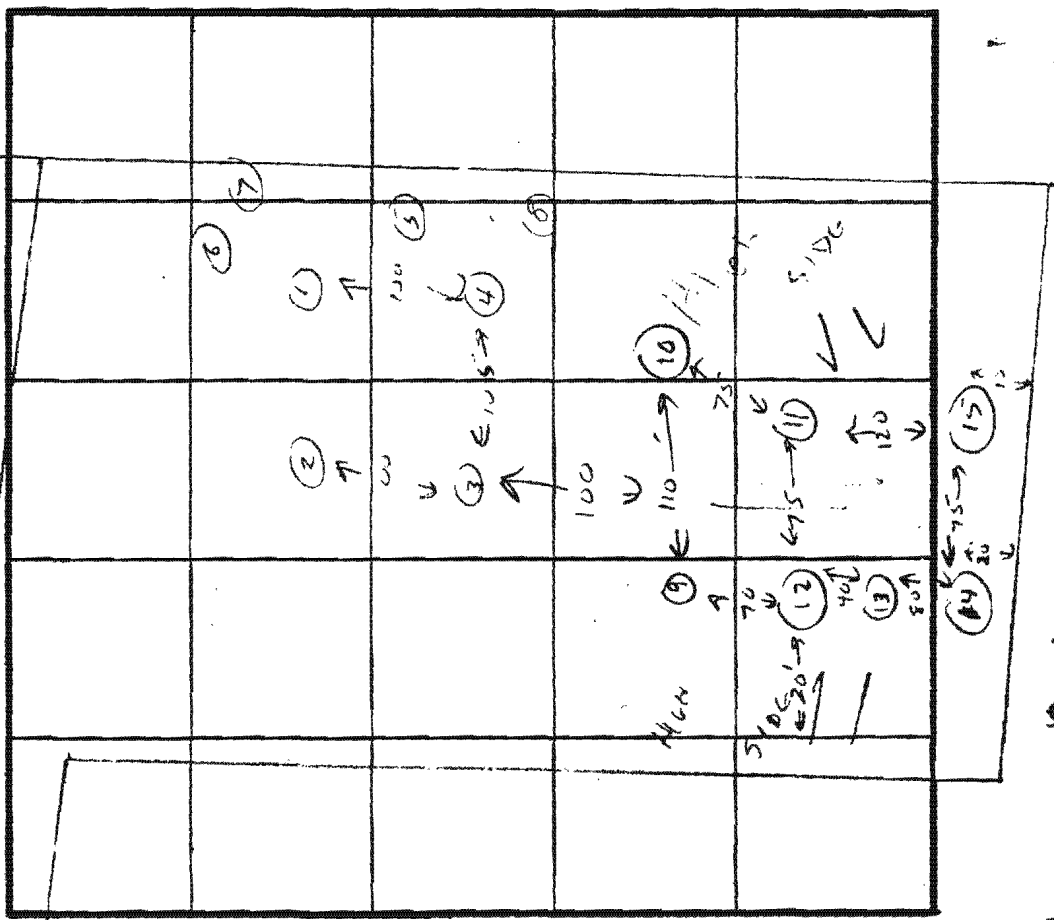
THIS IS NOT A PERMIT

9 & 10

CLAY & ROCK MIXED

#11
SOIL PROFILE

0
CLAY
3
CLAY & 38% SAPROLITE
6
LOAM & 38% SAPROLITE
7
25% SAPROLITE
12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

12
4
CLAY & 38% SAPROLITE
5
25% SAPROLITE
12

#12

CLAY & SAPROLITE
CLAY LOAM 20-30% SAPROLITE
50% SAPROLITE
13

15
3
CLAY
LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-19-35	9	7'	CLAY & ROCK	CHUNKS			X
3-19-35	10	7'	CLAY & ROCK	CHUNKS			X
3-19-35	11	12	CLAY & SAPROLITE				X
3-19-35	12	4					
		8					
		13					
3-19-35	13	12	LIS OK	2 3/4" SAPROLITE			
3-19-35	14	12	4' CLAY THEN	25% SAPROLITE	BELOW		X
3-19-35	15	12	5' CLAY	20-30% SAPROLITE TO 8'			X
				TOO MUCH SAPROLITE	BELOWS		X

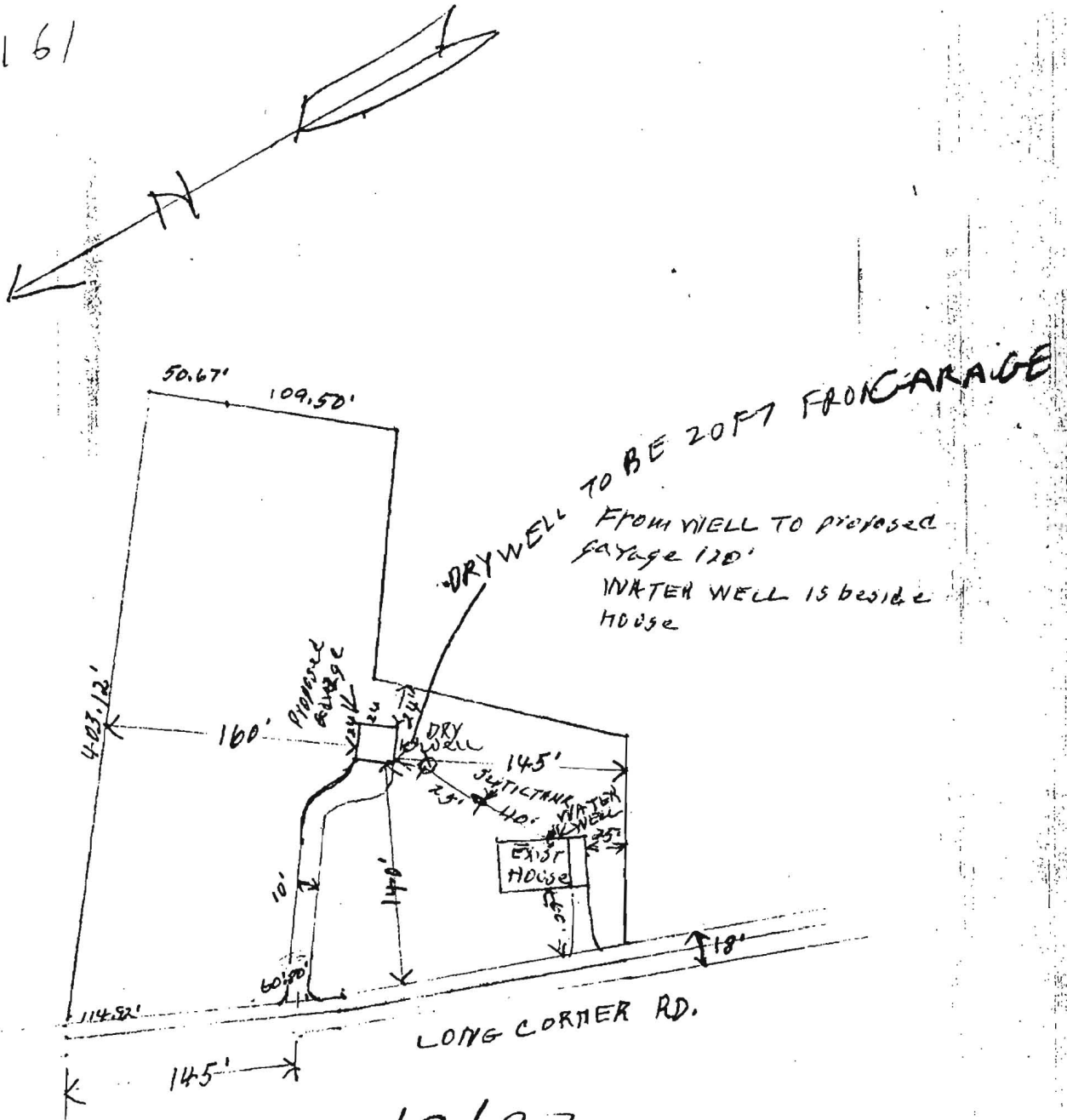
#13
2'
CLAY & SAPROLITE
4'
CLAY & SAPROLITE
EH-12-1079

REMARKS FALLS - ROCK
TYPE OF SOIL SHALE
TESTED BY C. Williams
ALSO PRESENT COWART/MANOLO

RENEATH L HAINES
759 LONG CORNER RD.
MT AIRY, MD. 21771
829-7161

PERMIT # 13146

8291161



7/19/87
VISITED SITE TALKED
TO OWNER REVISIT PLANS
NEW PLANS OIL

R. Hodges

January 27, 1983

Mr. Kenneth L. Haines
759 Long Corner Rd.
Mt. Airy, N.C. 21771

RE: Perc Test and Field Location
of test pits.

Dear Mr. Haines,

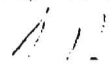
It is necessary that the test pits for the property of Kenneth Haines, Hardy road, near Long Corner road to be fieldlocated.

The following three conditions apply to the perc test and field location of the test pits.

1. Approval for lot or lots will not be granted until all perc pits are field located;
2. Field location of pits must be received by this office within two (2) months after perc tests are completed; and
3. If necessary information is not received within the prescribed time frame this department may require re-perc of the the property.

If you have any further questions concerning this matter please feel free to call between the hours of 8:30 a.m. to 4:30 p.m. at 992-2330.

Very truly yours,


Raymond W. Hodges, Sanitarian
Water and Sewerage Program

RWH:ag

APPLICATION

A 35164

A ~~34978~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 2/13/85

*This perc area not separated
into its own lot - it is a
lot # 2.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH L. HAINES

ADDRESS 759 LONG CORNER RD. MT. AIRY, MD. 21771 PHONE 831-5555

PROPERTY LOCATION:

NEW LOT # 1

SUBDIVISION HAINES PROPERTY LOT NO. ~~1~~ *ON FINAL PLAT*

ROAD AND DESCRIPTION CORNER OF LONG CORNER RD. & HARDY RD.

SIZE OF LOT 3.341 TYPE BLDG. HOME 3
(NUMBER OF BEDROOMS)

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.

Kenneth L. Haines

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

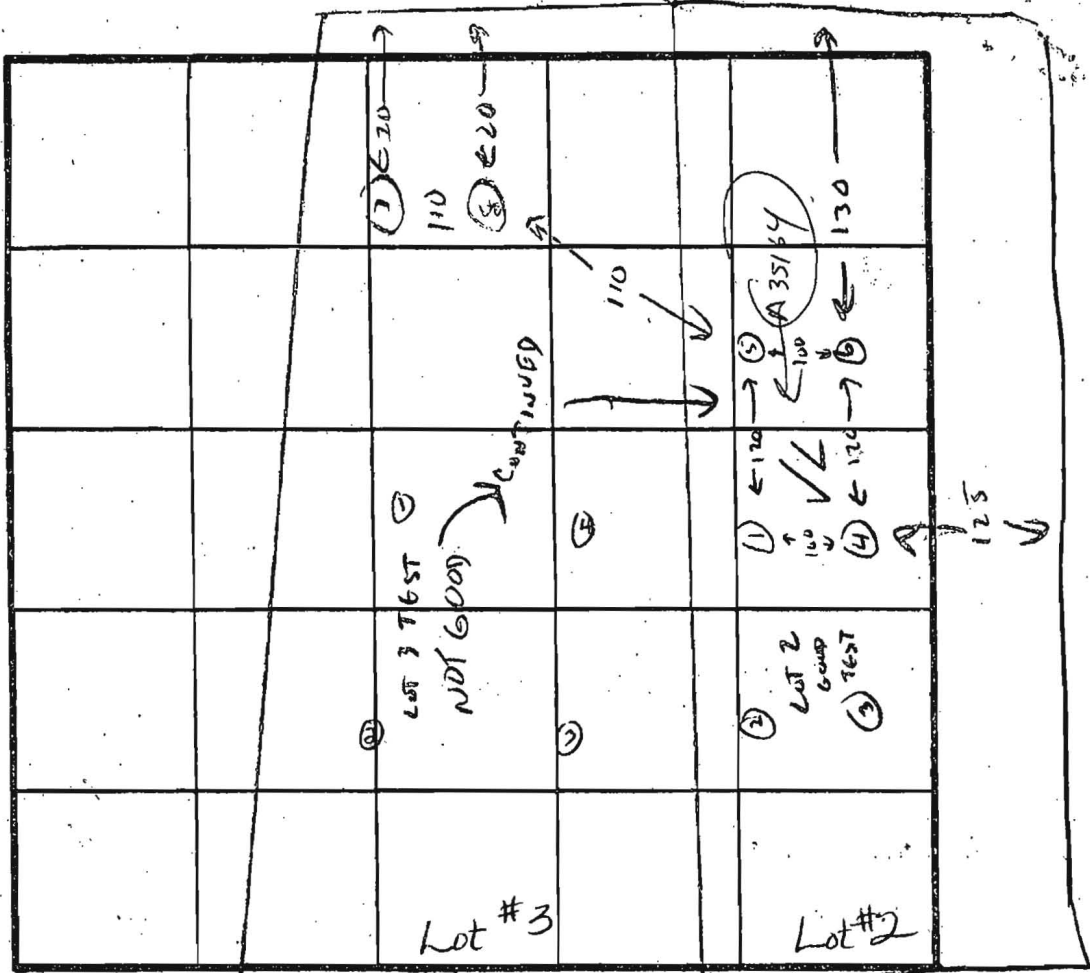
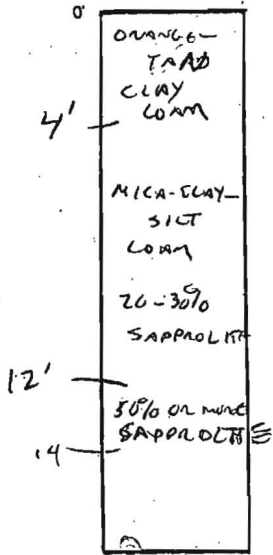
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING SUBDIVISION PLAT REQUIRED. 6/10/85 CW

THIS IS NOT A PERMIT

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-19-85	17							
	OK FROM 4 LOT 2							
	5	6 10 12	4:00 4:15	4:06 OK 5:10	4:06 5:10	4:17 MIN SOIL	11 MIN	
	6	6 10 14	4:17 4:17	4:20 4:20	4:20 4:20	4:25 4:32	6 MIN 12 MIN	
	7	12	TOO SUNNY BELOW 12'					
	8	8	CLAY TO 7' THEN LOAM, HARD AT 10'					
			TOO SUNNY 3-8'					

REMARKS

TYPE OF SOIL

TESTED BY

Cundler

ALSO PRESENT

RICHARDSON, HANES

EMF-12-1079

B 7 7680

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

NO-81-2059

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received

Grid for date received

OWNER INFORMATION

Owner Name: NEWITT JAMES, Street: 15310 LAURELTON DR, Town: LAUREL, State: MD, Zip: 20707

B 3

LOCATION OF WELL

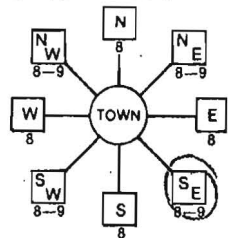
Location: HOWARD COUNTY, MAINS PROPERTY, SECTION 44, LOT 2, MT AIRY, 3 MILES FROM TOWN

DRILLER INFORMATION

Driller: GEORGE F. EASTDAY, License No. 40, Firm: G.F. EASTDAY, INC., Address: 125 Spring Church Rd. Mt Airy, MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Hardy Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 1260 FT

ENTER FT or MI: FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE: 5 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED: 500 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) - circled, Farming, Industrial, Public or private water company, Test/observation/monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Approval section with County Name (Howard), County No. (434977), Date Issued (10/23/87), and Grid coordinates (North 551000, East 0763000)

APPROXIMATE DEPTH OF WELL: 260 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

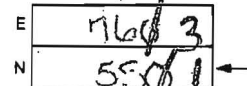
METHOD OF DRILLING (circle one)

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

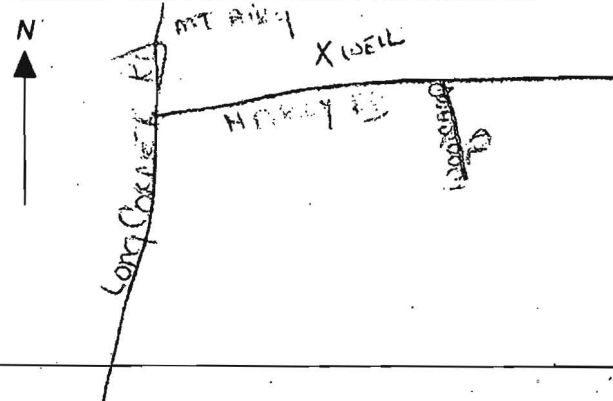
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- Replacement options: N (Not replace), Y (Replace and seal), S (Standby), D (Deepen), Permit number of well to be replaced: 41

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. WELL, 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 (OEP USE ONLY)

APPROX. PERMIT NUMBER: GAP, FORCE INITIALS: PA, PERMIT NO.: NO-81-2059

SPECIAL CONDITIONS

C 1 **2409** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 34977**

DATE RECEIVED [] DATE WELL COMPLETED **051787** Depth of Well **300** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2059**

OWNER **Dr. WIT JAMES**
 STREET OR RFD **WEDDY ROAD / LONG CORNER** TOWN **MT. AIRY**
 SUBDIVISION **HANES PROPERTY** SECTION [] 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	
TOP Soil	0	2	
Clay	2	4	
shaley	4	10	
brown slate	10	40	
blue slate	40	70	
brown slate	70	75	✓
blue slate	75	85	
brown slate	85	90	
blue slate	90	115	
brown slate	115	117	✓
blue slate	117	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **1000**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **39** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** **C** **42**
 Nominal diameter top (main) casing (nearest inch) **60** **61** **63** **64**
 Total depth of main casing (nearest foot) **42** **70**

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

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.)
 HOLE DEPTH **40** **200**
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN **6** (NEAREST INCH) **55** **60**

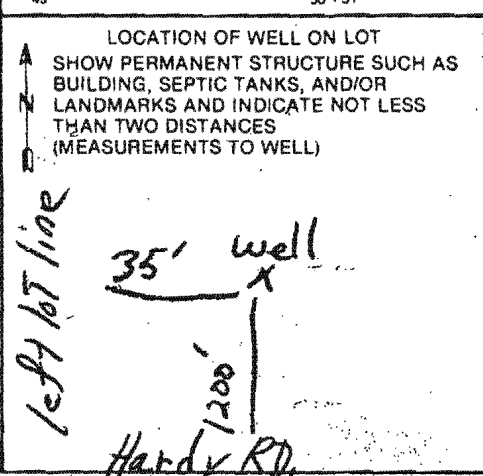
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **17**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **164** **20** *should be higher*
 WHEN PUMPING **57** **25**
 TYPE OF PUMP USED (for test):
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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** (nearest foot) **3** **50** **51**
- below

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 10.17.13 "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 IDENT. NO. **40**
 DRILLERS SIGNATURE *Charles R. Pallas*
 (MUST MATCH SIGNATURE ON APPLICATION)
 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 []
 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] **74** **75** **76**



NO
4

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

SEPTIC
WELL

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 39530
Date 6-30-87

Name of Installer TIMOTHY S. ROULMAN

Telephone 725-2392

License number 7079
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner JIM DEWITT Telephone _____

Subdivision WOODCAMP FARM Lot # 2 Well tag # _____

Site Address 17756 HARDY RD.
ELICOTT CITY

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JACOBS
3. Model # _____
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes No _____
6. If Yes, is low pressure cutoff switch installed? Yes No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards _____ Other _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make HARVARD
2. Model # _____
3. Depth 4'

Tank
1. Capacity 42 gal. equiv.
2. Pressure relief valve? yes

Piping
1. Type CRESTON
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 4'

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

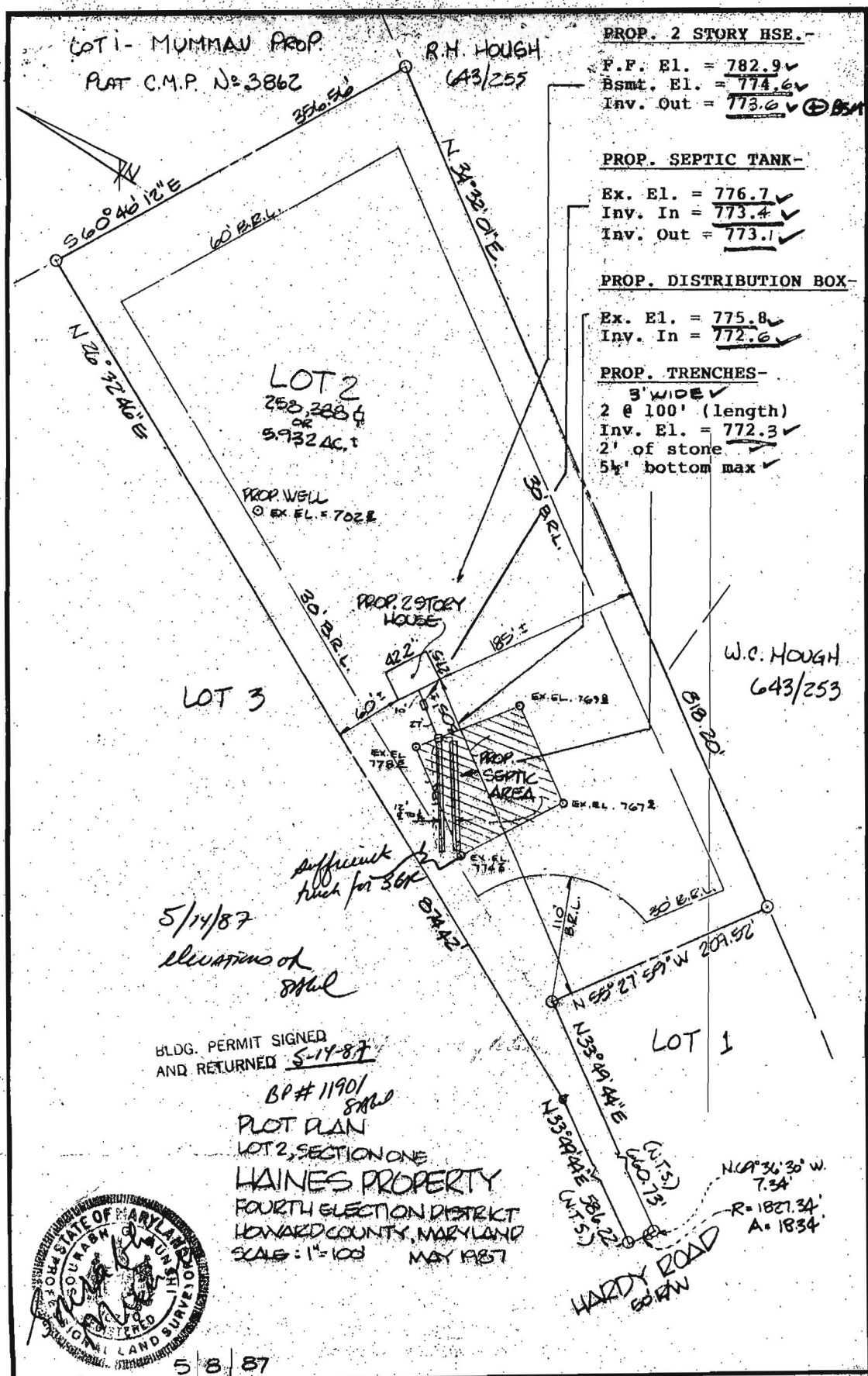
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 6-30-87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



PROP. 2 STORY HSE.-
 F.F. El. = 782.9 ✓
 Bsmt. El. = 774.6 ✓
 Inv. Out = 773.6 ✓ ⊕ BSMT

PROP. SEPTIC TANK-
 Ex. El. = 776.7 ✓
 Inv. In = 773.4 ✓
 Inv. Out = 773.1 ✓

PROP. DISTRIBUTION BOX-
 Ex. El. = 775.8 ✓
 Inv. In = 772.6 ✓

PROP. TRENCHES-
 3' WIDE ✓
 2 @ 100' (length)
 Inv. El. = 772.3 ✓
 2' of stone ✓
 5 1/2' bottom max ✓

5/14/87
 ELEVATIONS OF
 SPAL

BLDG. PERMIT SIGNED
 AND RETURNED 5-14-87
 BP # 11901
 SPAL

PLOT PLAN
 LOT 2, SECTION ONE
 HAINES PROPERTY
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' MAY 1987



5887

I CERTIFY THIS PLAT TO BE CORRECT: IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



SHELADIA Associates, Inc.
 CONSULTING ENGINEERS
 310 A South Main Street, Mt. Airy MD. 21771
 (301) 829-2800

REFERENCE	JOB NO.
PLAT N° 3056	87-1488

N7254

5	552044	875	763600	176	551656	704	763064	037
6	552161	104	762780	207	552380	729	763547	804
7	551191	576	762857	104	552696	790	763121	878
8	551208	743	762885	008	552504	848	763236	707
9	551239	162	762936	719	552604	375	763080	797
10	551178	048	762687	078				
11	551152	641	762737	148				
12	551871	282	762582	938				
13	551786	113	762824	264				
14	551244	967	762495	717				
15	551224	797	762481	490				
16	551235	638	762519	561				
17	551236	404	762543	501				

TOTAL TABULATION THIS SUBMISSION
 TOTAL NUMBER OF LOTS TO BE RECORDED 3
 TOTAL AREA OF LOTS 4 LOTS 1 THRU 3) 638,011 sq ft OR 14.647 AC
 TOTAL AREA ROADWAY TO BE RECORDED INCLUDING WIDENING STRIPS 64,590 sq ft OR 1.48 AC
 TOTAL AREA THIS SUBMISSION 644,470 sq ft OR 14.795 AC

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 DATE 12-20-81
 JOHN J. JENKINS
 COUNTY HEALTH OFFICER

APPROVED, HOWARD COUNTY OFFICE OF PLANNING AND ZONING
 DATE 1-13-86
 DIRECTOR

APPROVED FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS
 DATE 1/13/86
 DIRECTOR

OWN
 WE, KENNETH L. H. THE PROPERTY IN THIS PLAN OF THE AND SEVERAL OF THE LOTS ZONING AND LINES AND GREAT AND MAINAINS AND MUNICIPAL AND UTIL ROADS AND UTIL EASEMENT ARE REDEDICATION AND FLOOR ROADS AND FLOOR ROAD FOR OPEN A TRAIT THE RIGHT OR BE SIMPLE AND REQUIRE DESIGN EASEMENTS DEPA TION, REPAIR, PA IJO OR SIMILAR ERECTED ON OR RIGHT OF WAY
 WITNESS OUR H
 1/13/86
 DATE
 1/13/86
 DATE
 1/13/86
 DATE

- (4) INDICATES PROPOSED WELL LOCATED AND SHOWN AS 0
- (7) SUBJECT PROPERTY ZONED "R" PER 0.2 BS COMPLEMENTARY ZONING PLAN.
- (8) COORDINATES ARE IN MARYLAND STATE GRID AS PRO- JECTED BY HOWARD COUNTY GEODETIC CONTROL STA. NO 3827001 & NP 3827002
- (9) FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW RE- MOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTANCE OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY LINE ONLY AND NOT INTO THE FLAG OR PIPESTEM LOT DRIVEWAY
- (10) 0 REPRESENTS IRON BAR OR MONUMENT SET (UNLESS OTHERWISE NOTED) REFERENCE TO VP 85-66

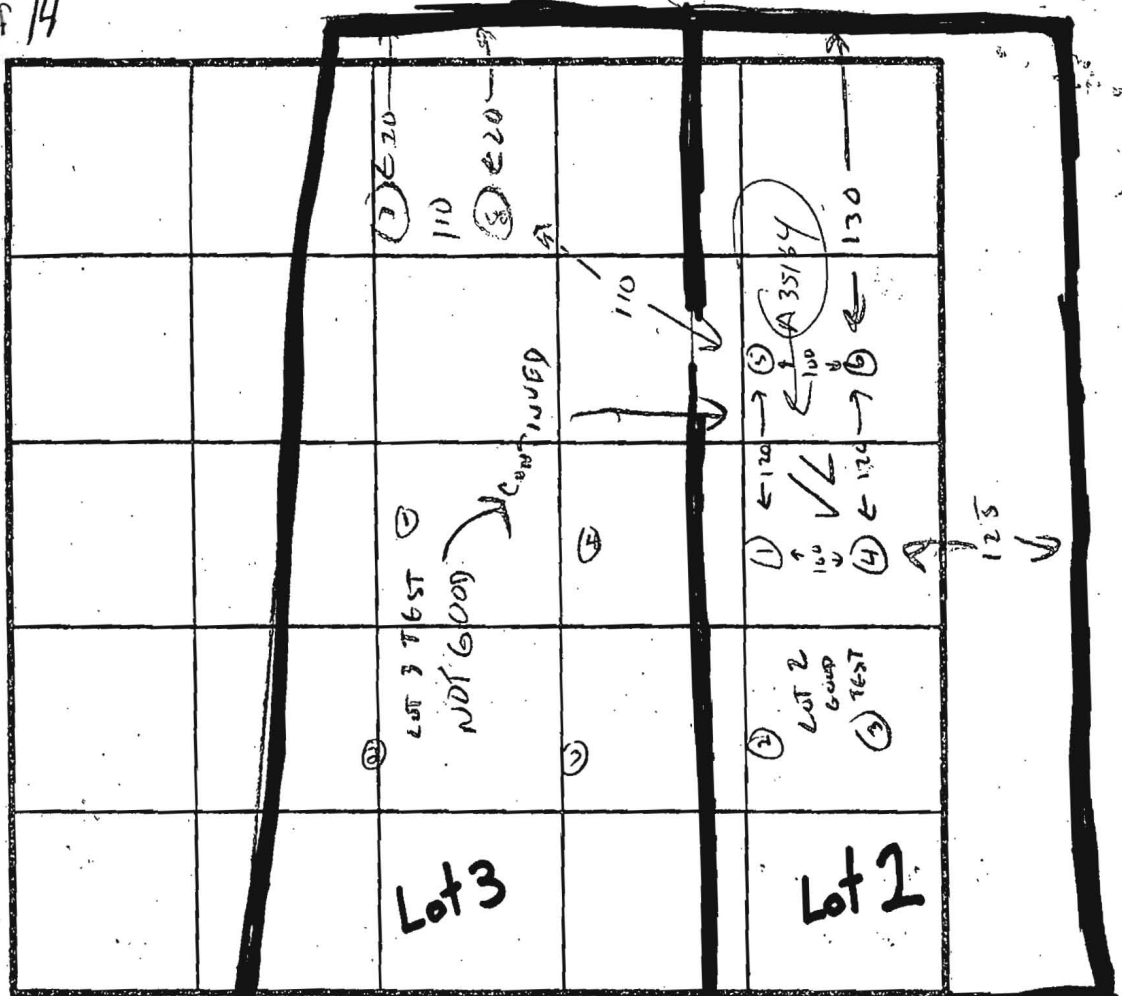
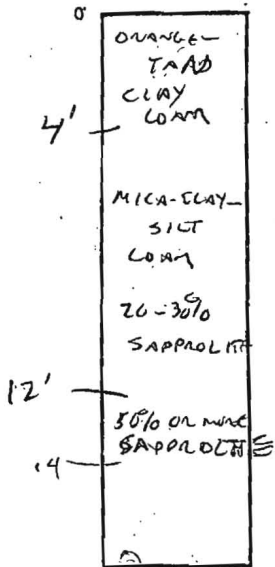
MONUMENT SET
 MONUMENT SET
 FLAT 6580
 BEARING THE LAND RECORDS OF
 HOWARD COUNTY MD

CURVE DATA	
FROM POINT 79 TO POINT 77	
RADIUS ARC, Δ TAN CHD. BRO. DIST	
1827.34' 2560' 0°48'10" 12.80' N. 68°37'56" W. 25.60'	
FROM POINT 64 TO POINT 79	
RADIUS ARC, Δ TAN CHD. BRO. DIST	
1827.34' 18.34' 0°34'30" 9.17' N. 69°19'15" W. 18.34'	
FROM POINT 58 TO POINT 78	
RADIUS ARC, Δ TAN CHD. BRO. DIST	
1852.34' 49.88' 10°32'35" 24.94' N. 68°40'13" W. 49.88'	

MINOR SUBDIVISION PLAT
 SIGNED LOTS 1-3 SECTION ONE FILE COPY
HAINES PROPERTY
 TAX MAP 1, PARCEL 2 & 3 TAX MAP 6, PARCEL 42
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SHELADIA Associates, Inc.
 CONSULTING ENGINEER
 755 WOODVILLE ROAD
 MT. AIRY, MD. 21771 (301) 821-8800
 DATE JANUARY 10, 1985

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-19-85	17						
	4						
	5	6 10 12	4:00 4:15	4:06 OK 5:10	4:06 MIN SOIL	4:17	11 MIN
	6	6 10 14	4:19	4:20	4:20	4:22	6 MIN
			4:17	4:20	4:20	4:32	12 MIN
	7	12		CLAY TO 7' THEN LOAM, HARD AT 10'			
	8	8		TOO ROUGH 3-8'			

REMARKS

TYPE OF SOIL

TESTED BY

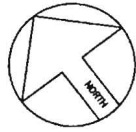
Cundler

ALSO PRESENT

RICH (SUNSHINE, HAWES)

SETBACKS:	
REAR PL.	0'
SIDE PL.	0'
HOUSE	0'
SEPTIC	0'
WELL	0'

PRIVATE WELL
& SEPTIC



ZONE ONE

SITE PLAN
1"=100'
LOT 1
HAINES PROPERTY

ACCOUNT #344286
MAP 1, GRID 24, PARCEL 21
ELECTION DISTRICT NO. 04
HOWARD COUNTY, MARYLAND

A

600 Sq.Ft., BROOM
FINISH CONCRETE DECK
(BY MPI)

SEPTIC
TANK

Lot 2

S52°35'16"E 209.52'

60' B.R.L.

LOT 1
130,680 Sq.Ft.
3.000 Ac.

30' B.R.L.
N36°42'27"E 660.73'

S36°W 611.88'

30' B.R.L.

SEPTIC AREA 120'
RAIN FIELD 129'

FILTER PAD
LOCATION

252 Ln.Ft., 48" HIGH
WOOD FENCE TO CODE
(BY OTHERS)

BURIED PROPANE
TANK

7/17/03-
proposed pool ok
SRK
800143063

LAND DEDICATED TO HOWARD
COUNTY MD., FOR PURPOSE
OF PUBLIC ROAD.

HARDY ROAD
(50' R/W)

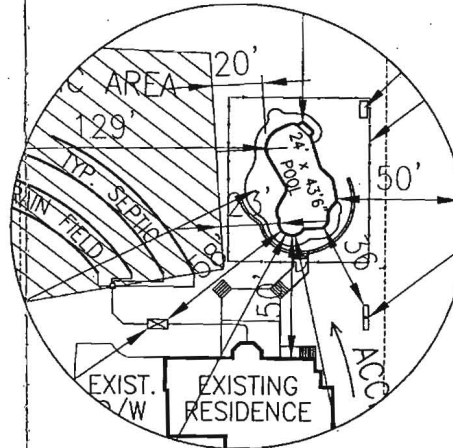
N66°43'47"W 153.70'

WELL

75' B.R.L.

280'

200'



ENLARGED PLAN
1"=50'

Maryland POOLS
Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-993-6600
11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
800-252-SWIM
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

- DIRT/GRADING: ON SITE
- SPA: NONE
- RAISED BEAM: NONE
- TILE: SURF 228
- COPING: 9" ROUNDNOSE BRICK - SUNSET RI
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
- CLEANING SYS: FITTING ONLY
- TREATMENT SYS: NONE
- CONTROL SYS: NONE
- HEATER: 400K BTU (PROPANE)
- LIGHTS: ONE WATTS: 500 VOLTS: 120
- LOVESEAT: (1) 6' - OUTSIDE
- AQUA BENCH: (2) 5'
- RAIL GOODS: NONE
- DECKING: 600 SF BROOM FINISH CONCRETE
- FENCE: BY OWNER
- POOL COVER: NONE TYPE: N/A
- CHEMICALS: \$100 CHEMICAL ALLOWANCE
- OTHER ITEMS: INITIAL WATER FILL
1.5 HP PUMP FOR JETS

ELECTRIC: 200'

POOL DATA

SIZE/SHAPE: 24' x 43'-6" - CUSTOM
POOL AREA: 762 SPA: OTHER: 12'
TOTAL AREA: 774
PERIMETER: 120 SPA:
GALLONAGE: 32,385 DEPTH: 3'-0" TO 9'-0"

DIRECTIONS TO SITE

32 WEST TO 70 WEST FOLLOW TO EXIT 73 RT 94 SOUTH
FOLLOW TO CIRCLE GO RIGHT ONTO 144 WEST FOLLOW 1.3
MILES TO LEFT ONTO HARDY RD. - FOLLOW 2.3 MILES TO
SITE ON RIGHT. (17750 HARDY ROAD)

MAP #
2
GRID
G-E

Steven & Marci Smit
17750 Hardy Road
Mt. Airy, Maryland 21771
Howard County

HOME PHONE: 301-829-2577
OFFICE PHONE 1: 443-285-7855
OFFICE PHONE 2:

SITE PLAN

LOT: 1	SUBDIVISION NAME: HAINES PROPERTY	DISTRICT: 04	FIN # 344286
SCALE: 1"=100'	BY: J.L.R.	DATE: 07/16/03	JOB NUMBER: JC03-7524
			SHEET #: S-1

REVISIONS:
00/00/00

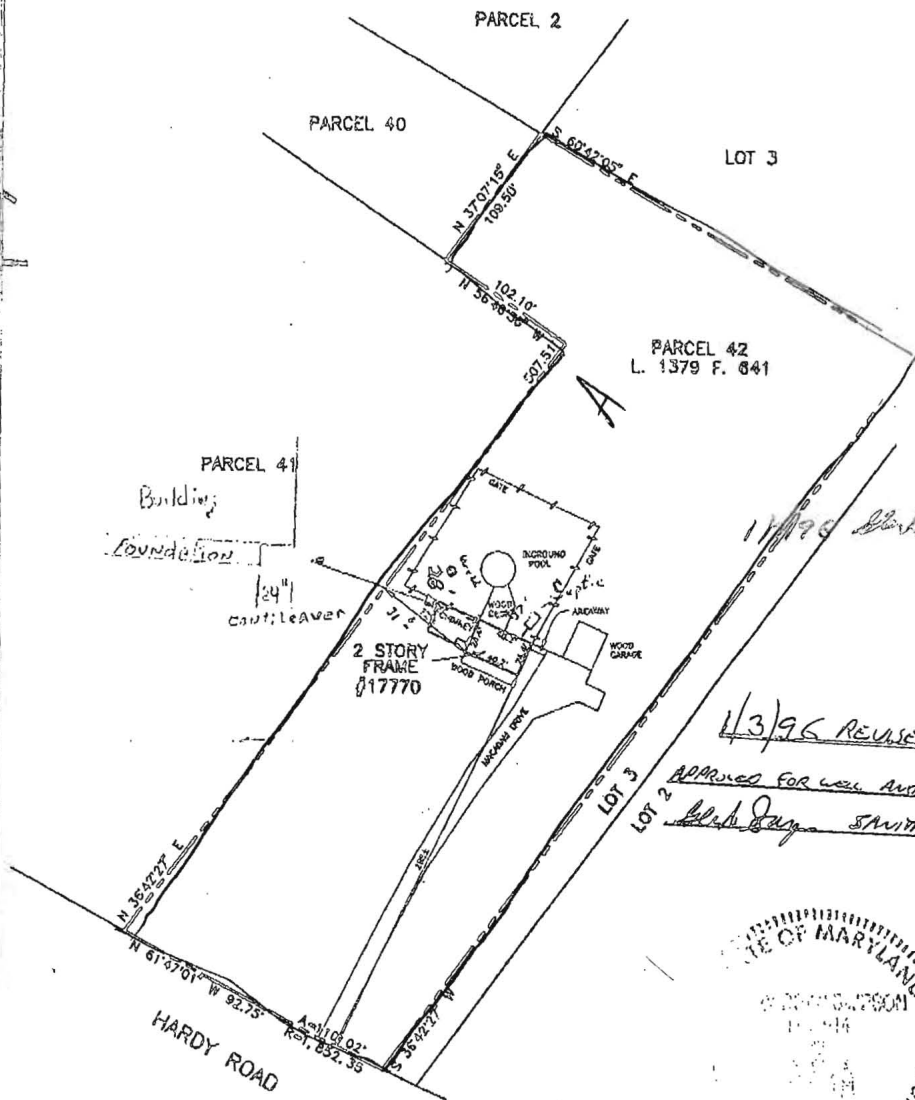
Direct to Home Garage

CASE NO. CASTO

LOCATION DRAWING

PROPERTY OF
CONSTANCE LEE HAINES CASTO & DAVID WAYNE CASTO
PARCEL 42
LIBER 1379 FOLIO 641
HOWARD COUNTY, MARYLAND

NORTH



11/7/95

1/3/96 REVISED SITE PLAN

APPROVED FOR WALL AND SPACE

1/3/96



PROPERTY ADDRESS: 17770 HARDY ROAD

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0006 B AS REVISED 12/04/1996.

CERTIFICATE
I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS.

Gary Dean Simpson

GARY DEAN SIMPSON
Reg. MARYLAND Property Line Surveyor No. 514

REFERENCES	
PLAT BK.	
PLAT NO.	
LIBER 1379	
FOLIO 641	

CMS
CENTRAL MARYLAND SURVEYORS, INC.
4312 NORTHMEN DRIVE (301) 262-2500 FAX (301) 262-8878 BOWIE, MD 20716

DATES:	SCALE: 1" = 100'
WALL CHECK:	DRAWN BY: S.D.
HSE. LOC.: 12/07/95	JOB NO.: 2580-95
BOUNDARY:	

- NOTES:
- 1) This location drawing is of benefit to a consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing.
 - 2) This location drawing is not to be relied upon for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
 - 3) B.R.L. information, if shown was obtained from existing record plot or was provided to CMS, and is not guaranteed by CMS, Inc.
 - 4) Flood Zone information is subject to the interpretation of the originator.
 - 5) CMS, Inc. does not certify to unknown or unrecorded encroachments or overlaps.
 - 6) Level of accuracy 5'±.

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