

5/18/00
112

03-313425

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P 513565
A 38643
ISSUE DATE 4/27/00
APPROVAL DATE 5/18/00

410-313-2640
INDEXED

Bernard Brothers Construction IS PERMITTED TO INSTALL x ALTER

ADDRESS 1612 Brittle Branch Way, Woodbine, MD 21797 PHONE 410-489-7621

SUBDIVISION Willow Highlands LOT NUMBER 19 ADDRESS 13337 Pipes Lane

PROPERTY OWNER Albert Mezzanotte PROPERTY OWNER'S ADDRESS 10203 Maple Glen Court
Ellicott City, MD 21042

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

**BUILDING PERMIT SIGNED
AND RETURNED**
12-2804 BOD 151610 - FINISHED BASEMENT

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 270 feet from the front (168') lot line and 60 feet
from the right (531') lot line as seen when facing the property from the right-of-way.
Run first trench along contour towards the right lot line; run all other trenches along
contour in both directions.

PLANS APPROVED Donna K. Soe OK SRN 3/3/00 DATE 2-15-00

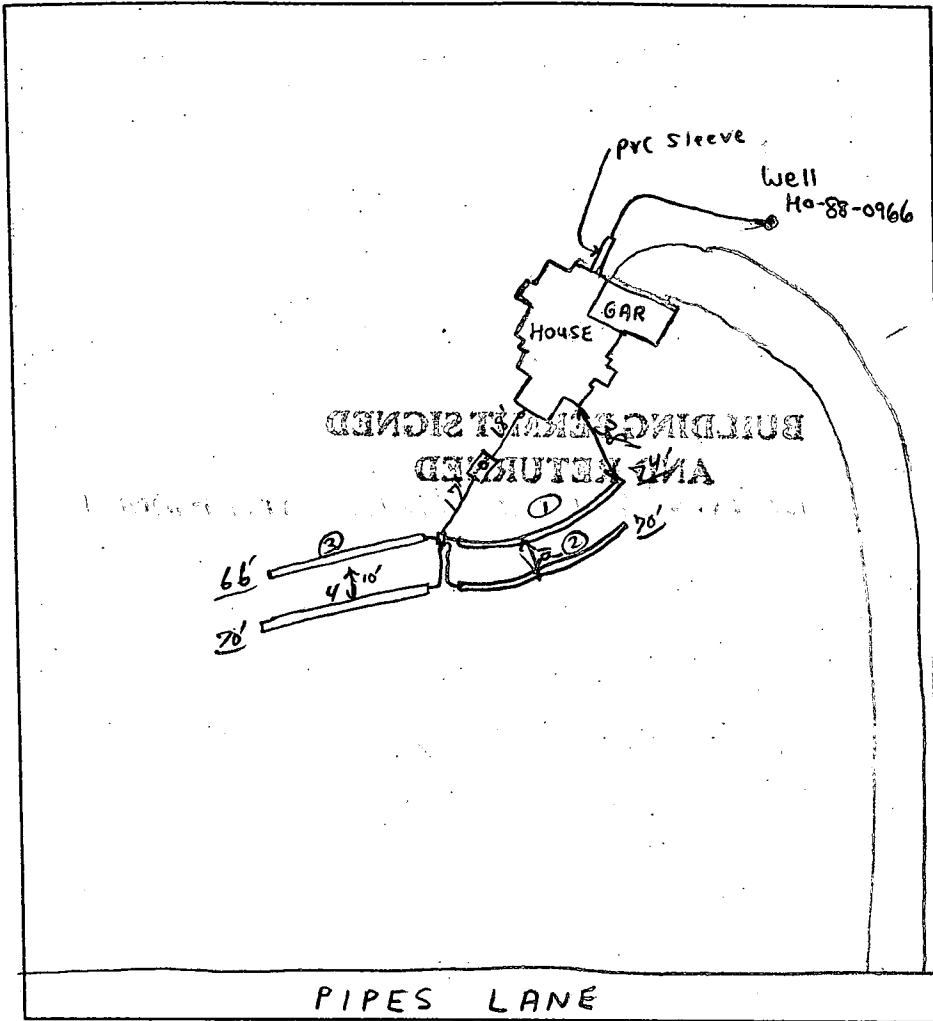
PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 38643

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 840
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 ^{Top Second} GALLONS
 MANHOLE RISER _____
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: Use Connection, S.T. Trenches all OK to Cover RJP 5/18/00

INSPECTOR RJP DATE SYSTEM APPROVED 5/18/00

5/10/00
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement _____
Receipt # _____ Date _____
Name of Installer Keith Hundertmark Telephone _____
License Number 8300
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner ALBERT Mezzanotte Telephone _____
Subdivision Willow Springs Lot # 19 Well Tag # HO-88-0966
Site Address 13337 Pipes Lane

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ 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 _____

Tank Piping Well data
1. Capacity _____ 1. Type No psi 1. Depth _____ ft.
2. Pressure relief valve? yes 2. Size 1/2" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line 48" 4. Will water supply be disinfected by installer? _____

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.

5/10/00-WPI OK (SRU)

Signature of Applicant: Keith Hundertmark

Date: 4-4-00

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

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench
 required 280 feet

Width of trench(es) 3 feet

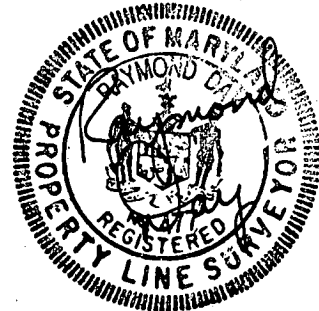
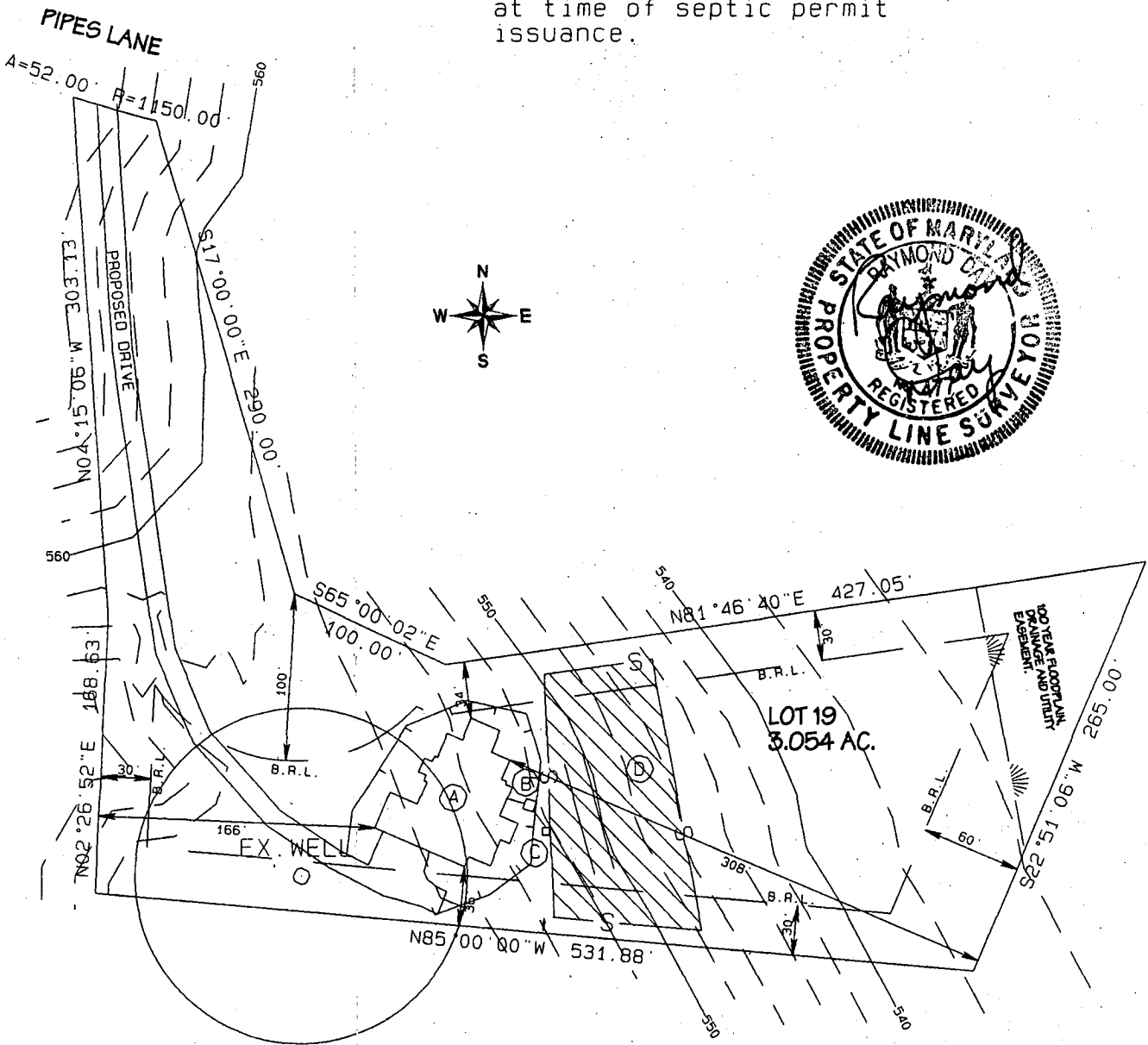
Depth of trench(es) 5 feet

Depth of stone required below
 distribution pipe 2 feet

Raymond J. Day
 Signature 3/25/00
 Date

- (A) = Prop. 4 Bedroom House
 F.F.E. = 560.0'
 B'smt. Elev. = 550.5'
 Inv. Elev. = 550.1'
- (B) = Prop. Septic Tank
 Ex. Elev. = 552.3'
 Inv. In = 550.0'
 Inv. Out = 549.7'
- (C) = Prop. Dist. Box
 Ex. Elev. = 552.2'
 Inv. Elev. = 549.5'
- (D) = Prop. Trenches
 Inv. Elev. = 549.2'
 Length to be determined
 at time of septic permit
 issuance.

**No basement sewer
 by gravity*



PLOT PLAN
LOT 19
WILLOW HIGHLANDS AT
WILLOW SPRINGS GOLF COURSE
SITUATED ON PIPES LANE
ELECTION DISTRICT No. 3
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' FEBRUARY 2000

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.

RAYMOND J. DAY
LAND SURVEYOR
 3020 BUFFALO ROAD
 NEW WINDSOR, MARYLAND 21776
 410-875-2784

REFERENCE PLAT No. <u>7918</u>	JOB NO.
-----------------------------------	---------

A 38643

SUBDIVISION: Willow Highlands

LOT NUMBER: 19

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</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

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 5.0 feet below original grade.

Effective area begins at 3.5 feet below original grade.

1.5 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 absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 290 FEET OFF THE FRONT LOT LINE AND 85 FEET OFF THE RIGHT LOT LINE AS SEEN WHEN FACING THE LOT FROM EXISTING R.O.W. OFF PIPES LANE. RUN TRENCHES ON CONTOUR IN BOTH DIRECTIONS. 8-7-89 Salve

APPLICATION

PERCOLATION TESTING

A 386⁴³

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 12-16-1986

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 WILLOW SPRINGS LIMITED PARTNERSHIP ALBERT & MARY MEZZANOTTE
16801 WESLEY CHAPEL ROAD
ADDRESS MONKTON, MARYLAND 21111 PHONE 347-8700

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION: Highlands
SUBDIVISION WILLOW SPRINGS GOLF COURSE LOT NO. 19

ROAD AND DESCRIPTION (N/S U.S. RTE 70 N AT LIVE STOCK ROAD)
13337 PIPES LANE

TAX MAP 9 § 15 PARCEL # 151 § 11

~~NOG. PERMIT SIGNED~~
~~AND RETURNED 2/25/2000~~
Serial # B00122382

SIZE OF LOT 3.0 Ac. ± TYPE BLDG. S.F.D. - 4 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. WILLOW SPRINGS INC. in Partner
By Thomas C. B. Pres
(SIGNATURE OF APPLICANT)

APPROVED BY Sobey Abel FOR Standard Touch DATE 8-7-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-15-87 Perc Unsatisfactory; High H₂O table; NO room for movement & Abel
4-22-87 Perc Satisfactory; Hold for subdivision plat showing house & well site. S. Abel

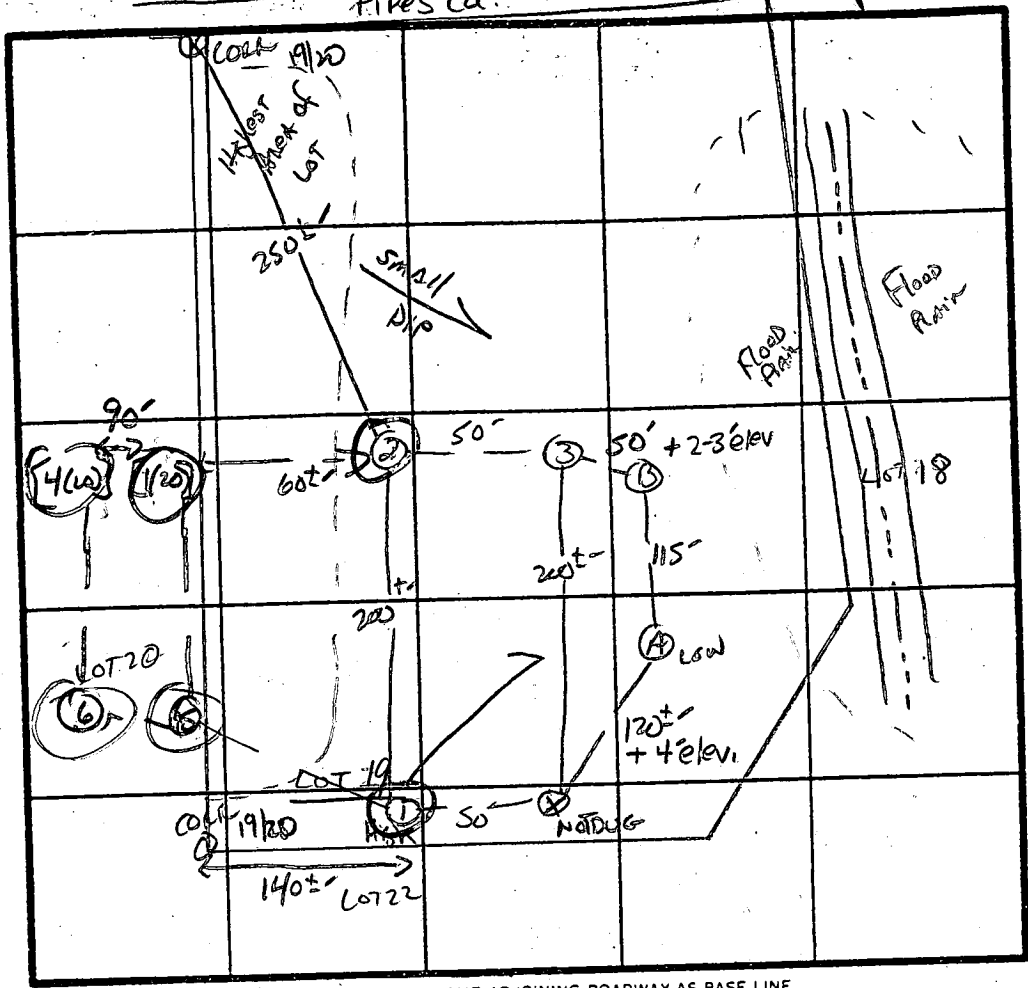
THIS IS NOT A PERMIT

PIPES CA.

N

①-③ A+B
SOIL PROFILE

0	AP
10-12"	Yellow Red Silt Lom 9-12% clay 10-15% frags
3.5-4	Yellow Bt Silt Lom 15-25% Frags
7-9'	A+B+3



PERC. SMIN
180 φ 1BR
INLET 3/5
BOTTOM S.S

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/87	✓ 1 S	4.5"	11:44	11:45	11:45	11:48	3 min
		7.5"	11:44	11:48	11:48	11:5	MIN
	✓ 1 V	12.5"	DRY TO 12.5"		UNIFORM SOIL below		3.8"
	✓ 2 V	11"	DRY TO 11"		UNIFORM SOIL below		3-3.5"
	✗ 3 V		WATER AT 9" NO MOTTLES		CLAY TO ~4"		
4/15/87	✓ LOT 20 S	4"	3 MIN TEST				
		13"	UNIFORM below		3.5"		
	✓ 4 LOT 20 S	4"	3 MIN TEST				
		7"	3 MIN TEST				
	✓ 4 V	13"	UNIFORM below		3.5"		
4/21/87	✓ 5 S	4"	2:26	2:27	2:27	2:32	5 min
		13"	UNIFORM SOIL below		3.5"		
4/21/87	✓ 6 S (12)	3.5"	2:16	2:18	2:18	2:24	6 min
		6.5"	2:16	2:21	2:21	2:27	6 min
	✗ A		WATER AT 7.5" NO VISABLE		MOTTLES CLAY TO 3.5"		
	✗ B		WATER AT 7'2" NO VISABLE		MOTTLES CLAY TO 4"		

(SHALLOW SYST ONLY)

REMARKS: Holes Diff Than Plat / Insufficient Area to move Higher - Prob. could not reach 18" hole from house because of DIP. 4-21-87 SHALLOW SYST ONLY - LOT LINES WILL NEED ADJUSTING MAY NOT HAVE ADEQUATE HOUSE OR WELL SITE EAGD

TYPE OF SOIL: CHESTER

TESTED BY: S. Abel

ALSO PRESENT: O. KETTERMAN DAN

EH-12-1079

Post-it® Fax Note 7671

Date 5/21 # of pages 1

To Bhrugesh Vyas

From Army

Co./Dept.

Co.

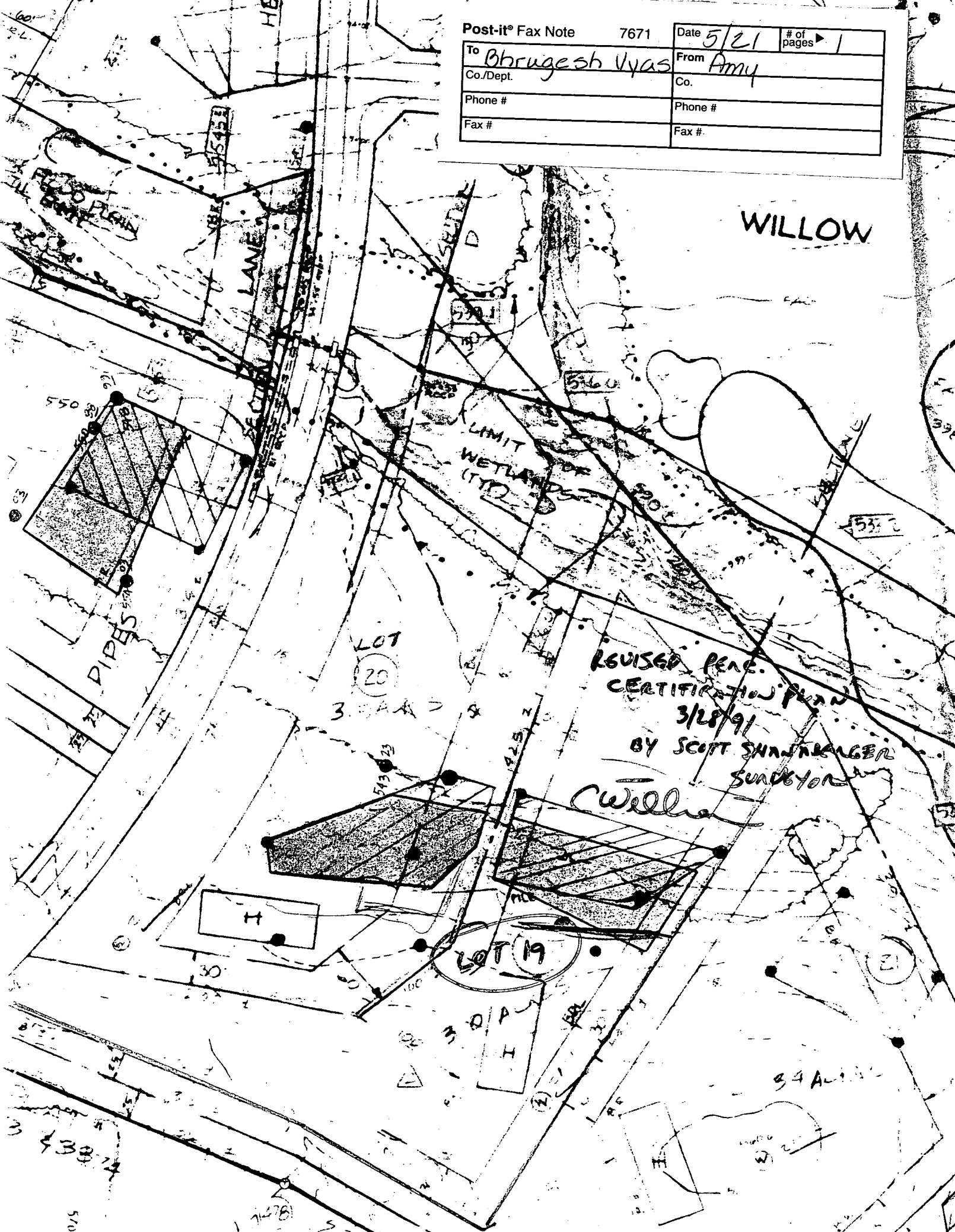
Phone #

Phone #

Fax #

Fax #

WILLOW



REVISED PERM.
 CERTIFICATION PLAN
 3/28/91
 BY SCOTT SHANNINGER
 SURVEYOR

Willow

C1 1089 SEQUENCE NO. (DENV 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-38643

ST/CO. USE ONLY DATE Received 060989 DATE WELL COMPLETED 092889 Depth of Well 125 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-25-1966

OWNER Wellco Sp. Limited last name first name TOWN Prince Georges SUBDIVISION SECTION LOT

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	
Sandy	2	50	✓
Sand Stone	50	55	
MICA	55	85	
Sand Stone	85	90	✓
MICA	90	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 CEMENT BENTONITE CLAY
 NO. OF BAGS 16 NO. OF POUNDS 1600
 GALLONS OF WATER 94
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 15 ft. ft.

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 1.0

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

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

C2 DEPTH (nearest ft.)
 1 HO 8 185
 2
 3
 4
 5
 6
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 11
 12
 13
 14
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 49
 50
 51

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 IDENT NO. 273
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

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

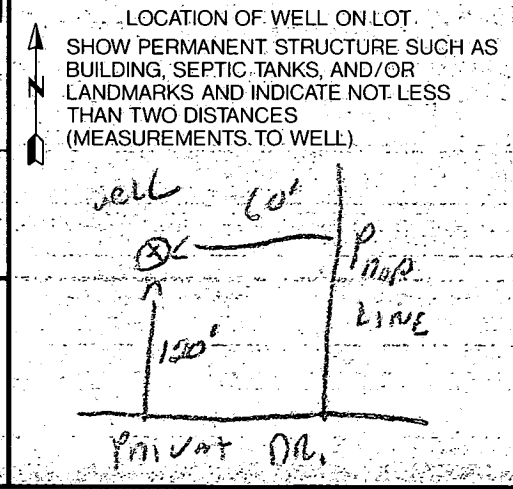
SLOT SIZE 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 60
 from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE Puck
 WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 32
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 **7968** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-88-0966
 fill in this form completely

Date Received (APA) **062989**
 OWNER INFORMATION
WILLOW SP LIMITED
 15 Last Name Owner First Name 34
16801 Westley CH RD
 36 Street or RFD 55
MONTGOMERY **MD 21111**
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Ralph Mayne **273**
 77 License No. 80
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne **6/13/89**
 Signature Date

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** FEET

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other _____

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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HC-88-0966**

SPECIAL CONDITIONS

LOCATION OF WELL
HOWARD COUNTY
WILLOW HIGHLANDS SUBDIVISION
 SECTION **44** LOT **19**
WESTFRIEDOSHIA NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

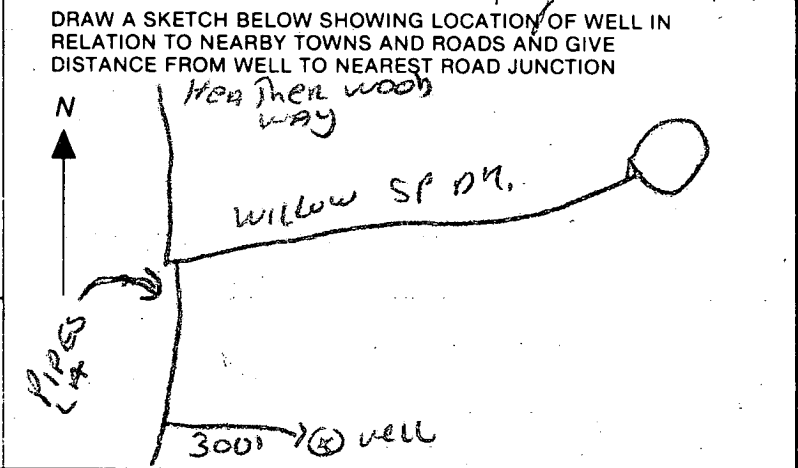
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **PIPES LA**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

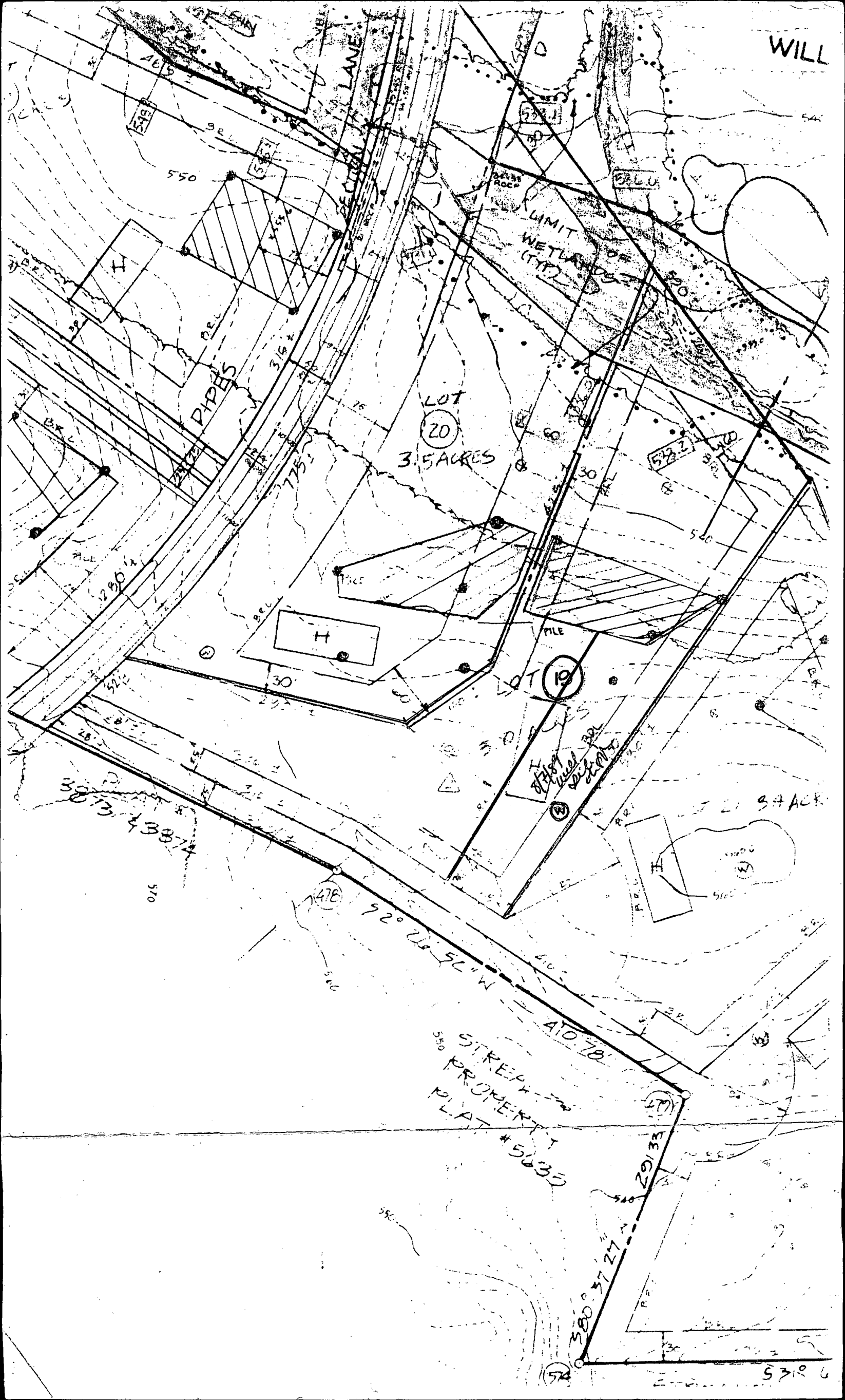
 DISTANCE FROM ROAD **300** ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A 38643** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **080489**
Chris Williams CO SIGNATURE **7/4/90** EXP. DATE
 NORTH GRID **541000** EAST GRID **0807000**

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 **8007**
 N **5401**
 000 000
 9-29-89 9:30 grad
 16 # bags of cement
 60' Well Case
 45' Grout - OPEN
 2' Case above ground
 Tag on well



WILL



LOT
20
3.5 ACRES

LIMIT OF
WETLANDS
(T1)

PIPES

LOT
19

3.4 ACRES

STREET PROPERTY
PLAT # 5635

410.70

380° 37' 27"

291.33

5712.6

290.4

521.5

307.3

510

478

92° 26' 56"

550

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315.2

775.6

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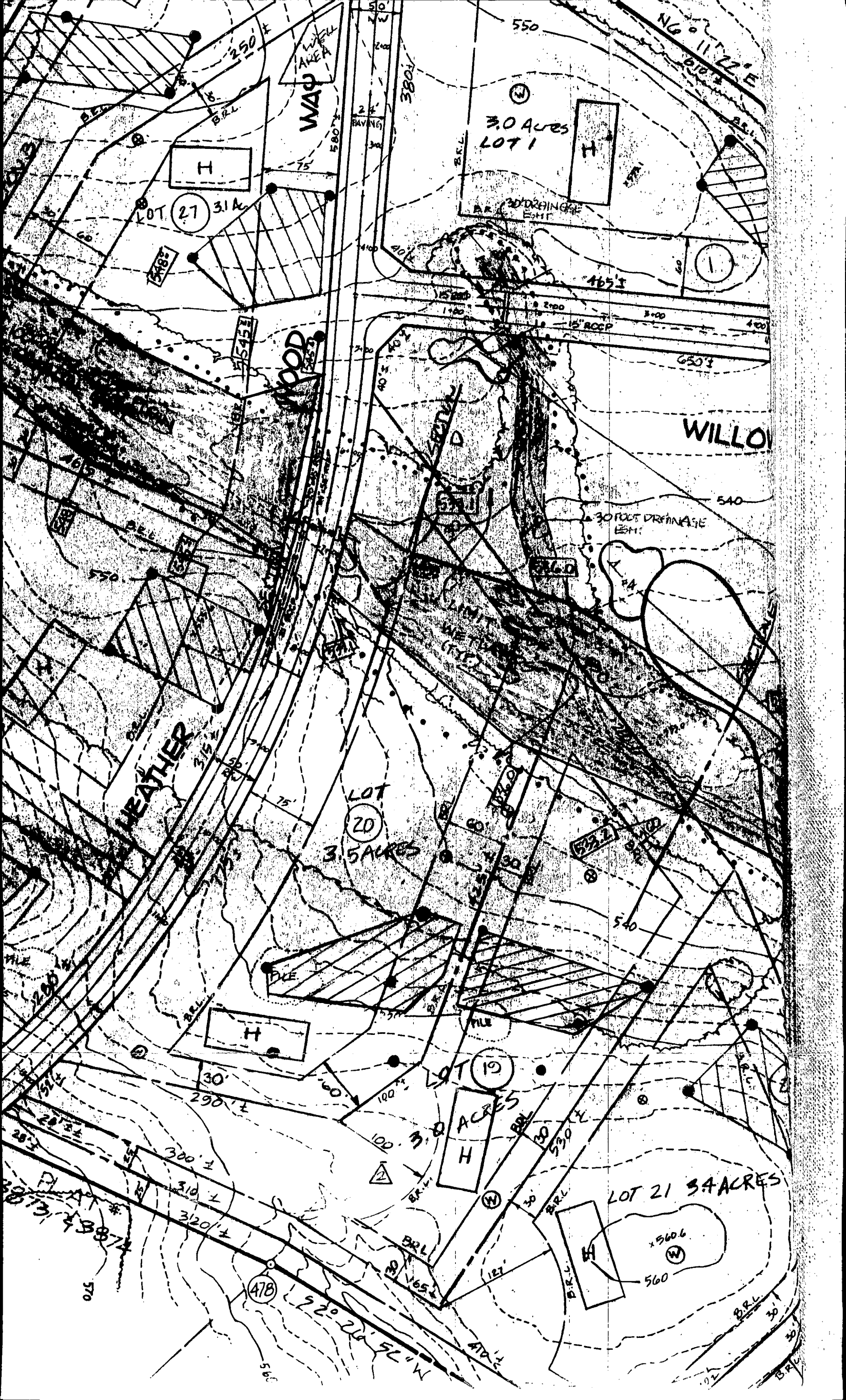
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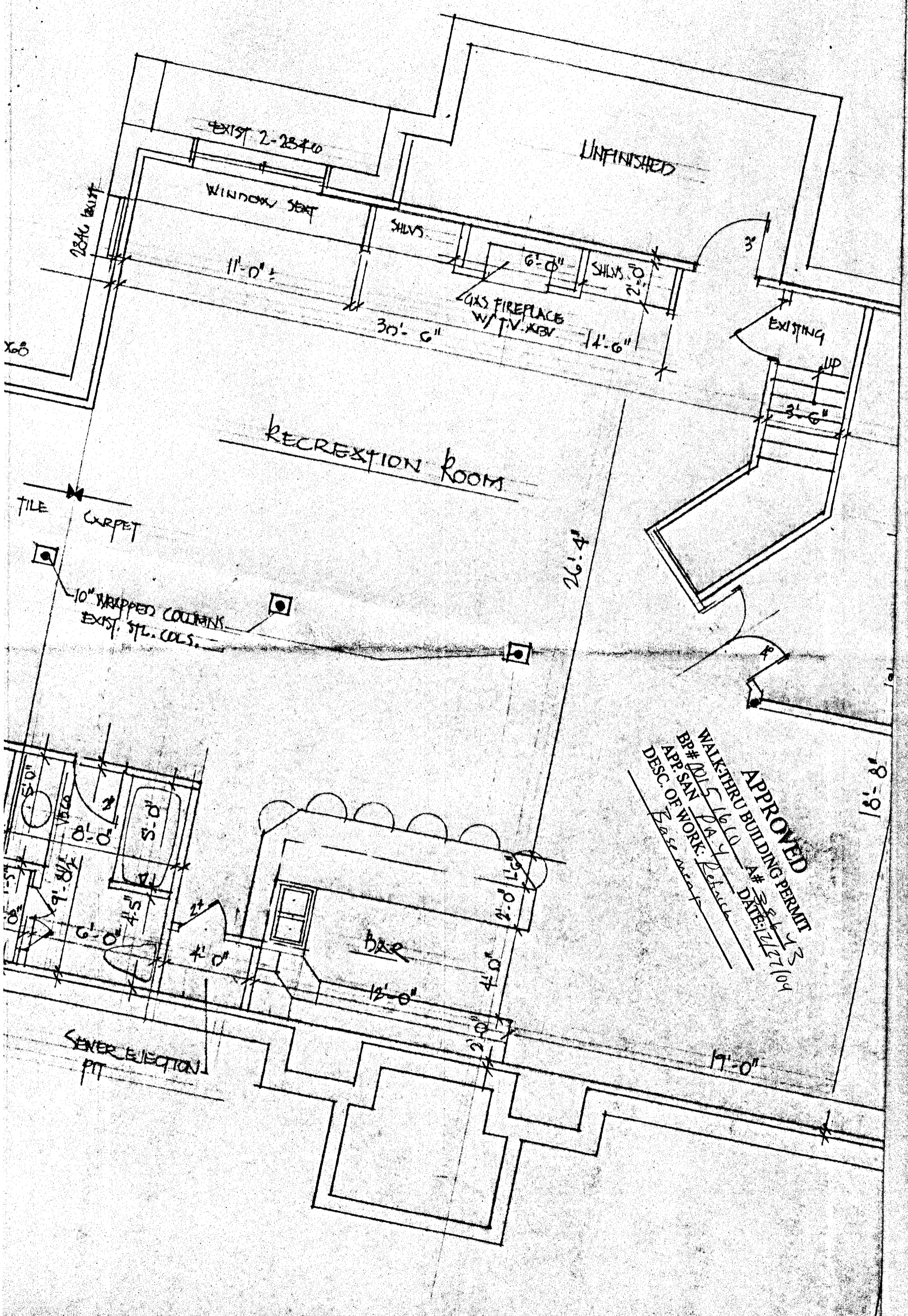
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APPROVED
 WALK-THRU BUILDING PERMIT
 BR# 2015-1660
 APP. SAN DAVID
 DESC. OF WORK: *Rehab*
 DATE: 2/27/04
 A# 227104