

4-5-89
11 AM F. Cohen
4-6-89
11 AM J. L. ...

03-314170

PERMIT

N

P 43764

SEWAGE DISPOSAL SYSTEM

A 40595

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 6th

HOWARD COUNTY

INDEXED

DATE 3/10/89

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 4/6/89

461-9933

INSPECTOR RIT

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Roscommon Estates ROAD 3229 Roscommon Drive LOT 19

PROPERTY OWNER S. F. Contractors, Inc. Brown, Thomas + Sandra

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the front lot line and 160 feet from the right lot line. Run trenches along contour toward front of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams/Sid Abel DATE 1/02/89 - Updated

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

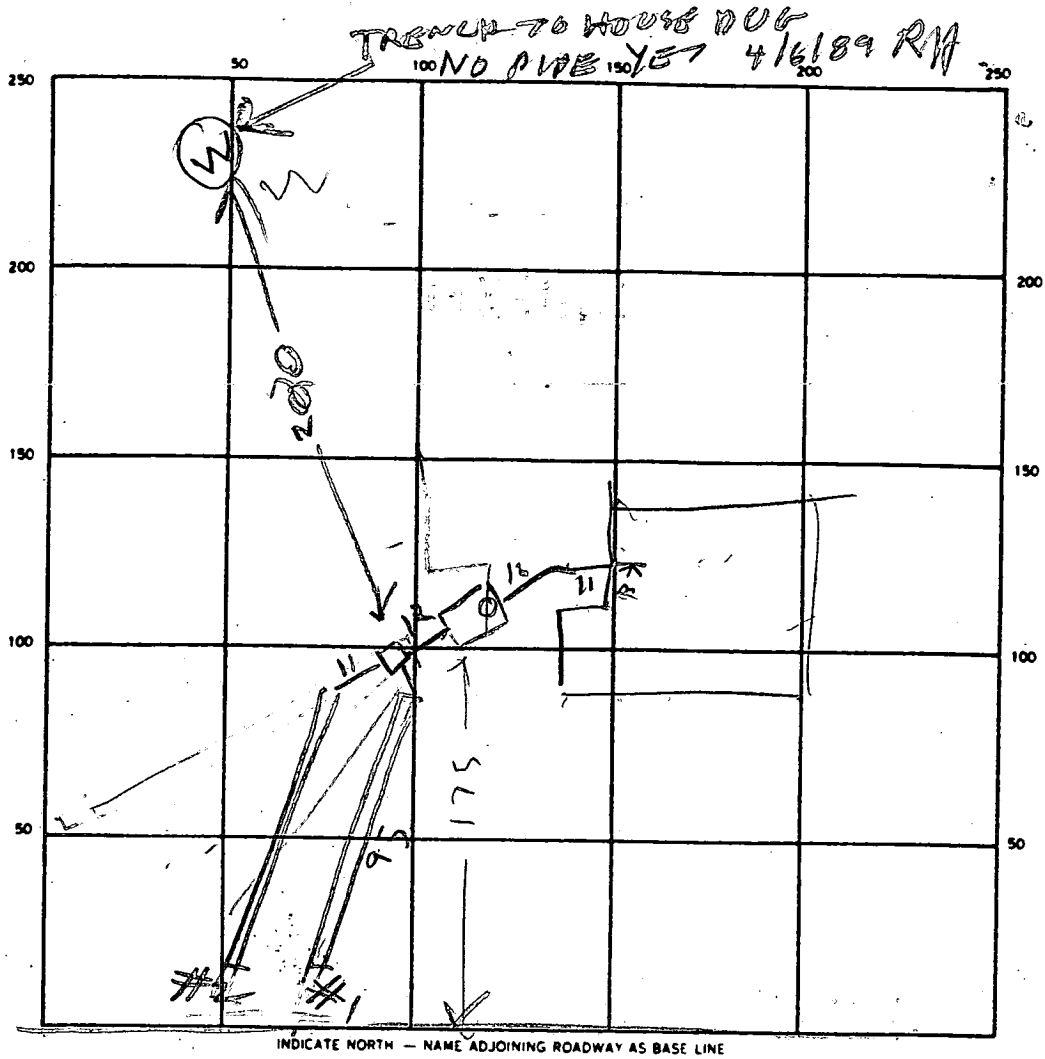
BLDG. PERMIT SIGNED AND RETURNED 8/16/91

Serial # 39326 check

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 40595



SEPTIC TANK. LEVEL OK 1500 CLEANOUTS ST OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 7.5 | 8 FT. TRENCH WIDTH 2 | 2 FT. INLET DEPTH 3.5 | 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 | 4 FT. TOTAL LENGTH 95 | 92 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 380 | 368 SQ. FT. 748

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/5/89 - 1045 AM - TANK SET LOCATION OK R/H
4/5/89 - TRENCH #1 DUG 4/6/89 - TRENCH #1 OK
TRENCH #2 DUG 4/6/89 PM - STONE ADDED TO TRENCH #2

DATE SYSTEM APPROVED 4/6/89 INSPECTOR Raymond Hodger

APPLICATION

PERCOLATION TESTING

A 40595

P _____

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

DISTRICT 6th

DATE 11-3-87

PERC AREA APPROVED.

**NO FURTHER TESTING REQUIRED IF
ON FIELD INSPECTION AREA IS OK. CENTER
OF AREA IS STAKED.
AREA SA**

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 Barbara J. Jannas S & F. CONTRACTORS, INC. 442-1751

ADDRESS Christopher Rd, Chantler, MD 21913 PHONE 275-2233

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 main St, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 19

ROAD AND DESCRIPTION 3400 Pfefferkorn Rd. 3229 Roscommon Dr.

TAX MAP 15 PARCEL # 1708177

SIZE OF LOT 3.0+ TYPE BLDG Single family
(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.

Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR Deep trenches DATE 1-3-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING RE DRAWN TO HIGH SIDES OF STALLS

BIDD. PERMIT SIGNED
AND RETURNED 1-3-89

BP 23119

THIS IS NOT A PERMIT

HD-216

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	

REMARKS OK WITH OUT TEST BUT ROADWAY TO UPPER 2/3 OF AREA

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

Prel.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31022
P _____

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

DISTRICT 3rd Election
DATE 11/7/00

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 FARNANDIS FARMS, INC.
ADDRESS 9095 FREDERICK RD PHONE 889-0300

PROPERTY LOCATION:

SUBDIVISION Howard County, Md LOT NO. 2
ROAD AND DESCRIPTION OFF PEEPERMAN RD, 2000 ft LEFT OF RT 32

SIZE OF LOT 3 ACRES TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT LIBERTY - FARNANDIS ENTERPRISES / Curtis T. Byrd

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

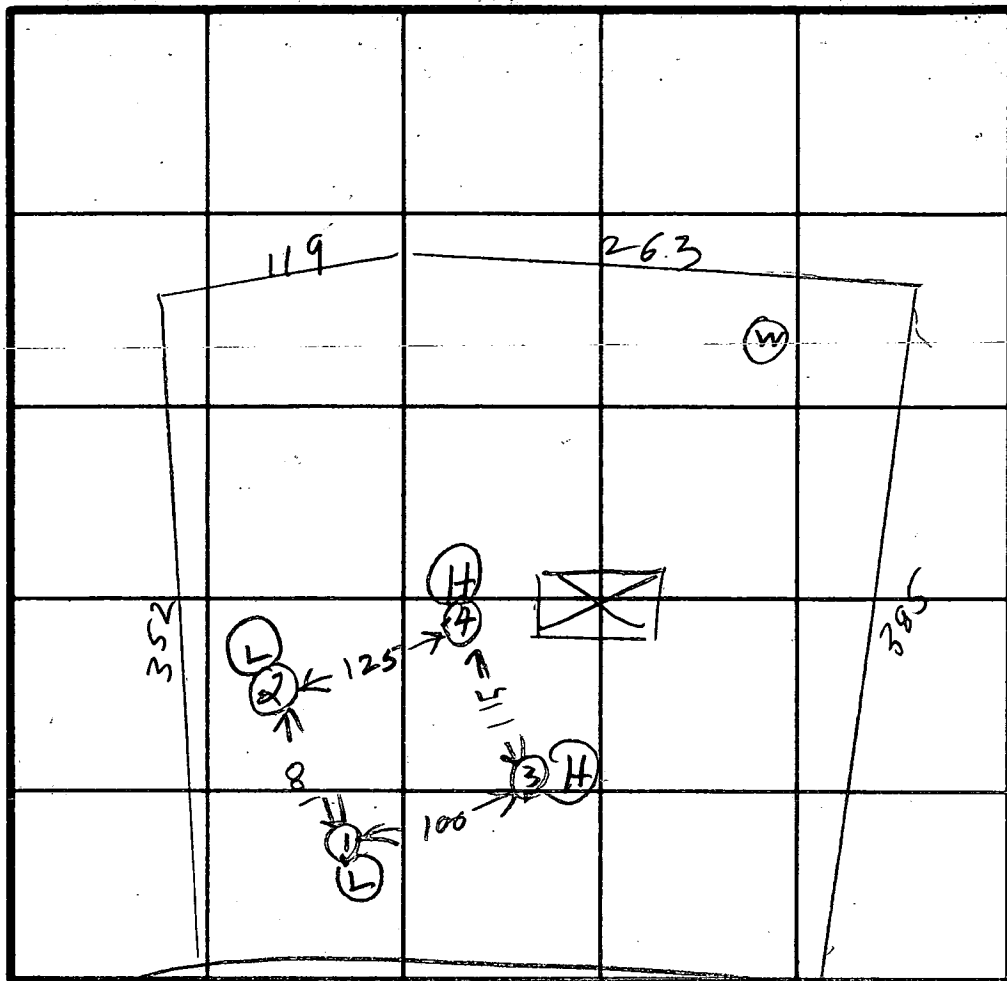
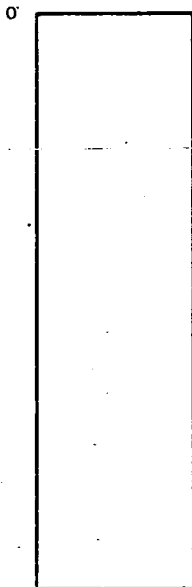
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 2

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TALLEY HO DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/24/80	1 S (LOW)	4	10:53	10:56	10:56	11:04	8
	1 M	8 1/2	10:53	10:56	10:56	11:03	7
	2 S	3 1/2	11:00	11:10	11:10	11:23	13
	2 M	8 2	11:00	11:08	11:08	11:15	7
	3 S	4	11:06	11:09	11:09	11:11	2
	3 M	7	11:09	11:09	11:09	11:11	2
	(HIGH) 4 S	3 1/2	11:15	11:17	11:17	11:20	3
	4 M	8	11:15	11:16	11:16	11:18	2
	1 V	12 1/2					

air
Time
6
Max
Depth
3 1/2

0'-9'
clay, sand
3'-12 1/2'
sandy loam

REMARKS _____

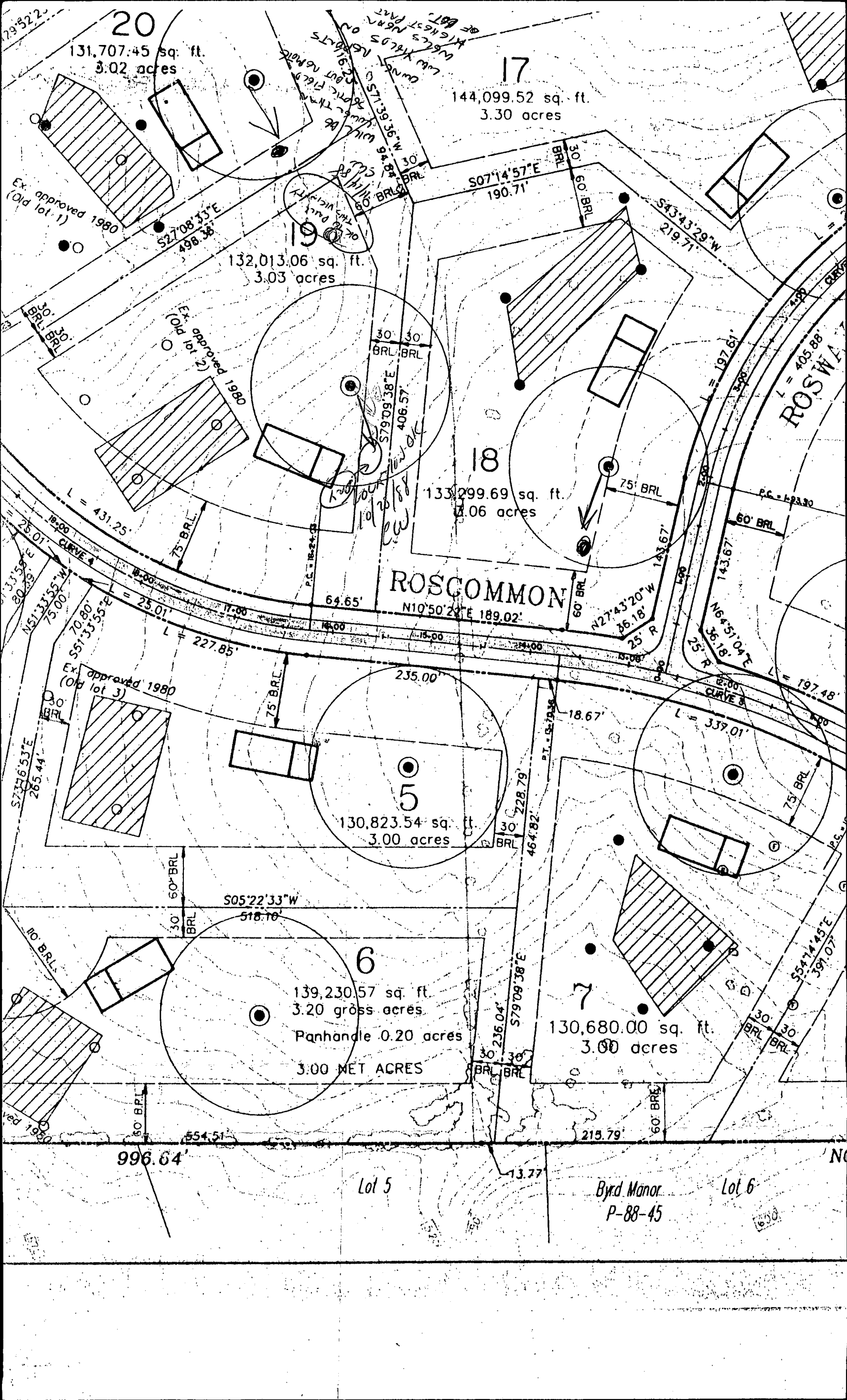
TYPE OF SOIL _____

TESTED BY

RH & [Signature]

ALSO PRESENT

Ketterman
L. [Signature]



20

131,707.45 sq. ft.
3.02 acres

17

144,099.52 sq. ft.
3.30 acres

19

132,013.06 sq. ft.
3.03 acres

18

133,299.69 sq. ft.
3.06 acres

ROSCOMMON

5

130,823.54 sq. ft.
3.00 acres

6

139,230.57 sq. ft.
3.20 gross acres
Panhandle 0.20 acres
3.00 NET ACRES

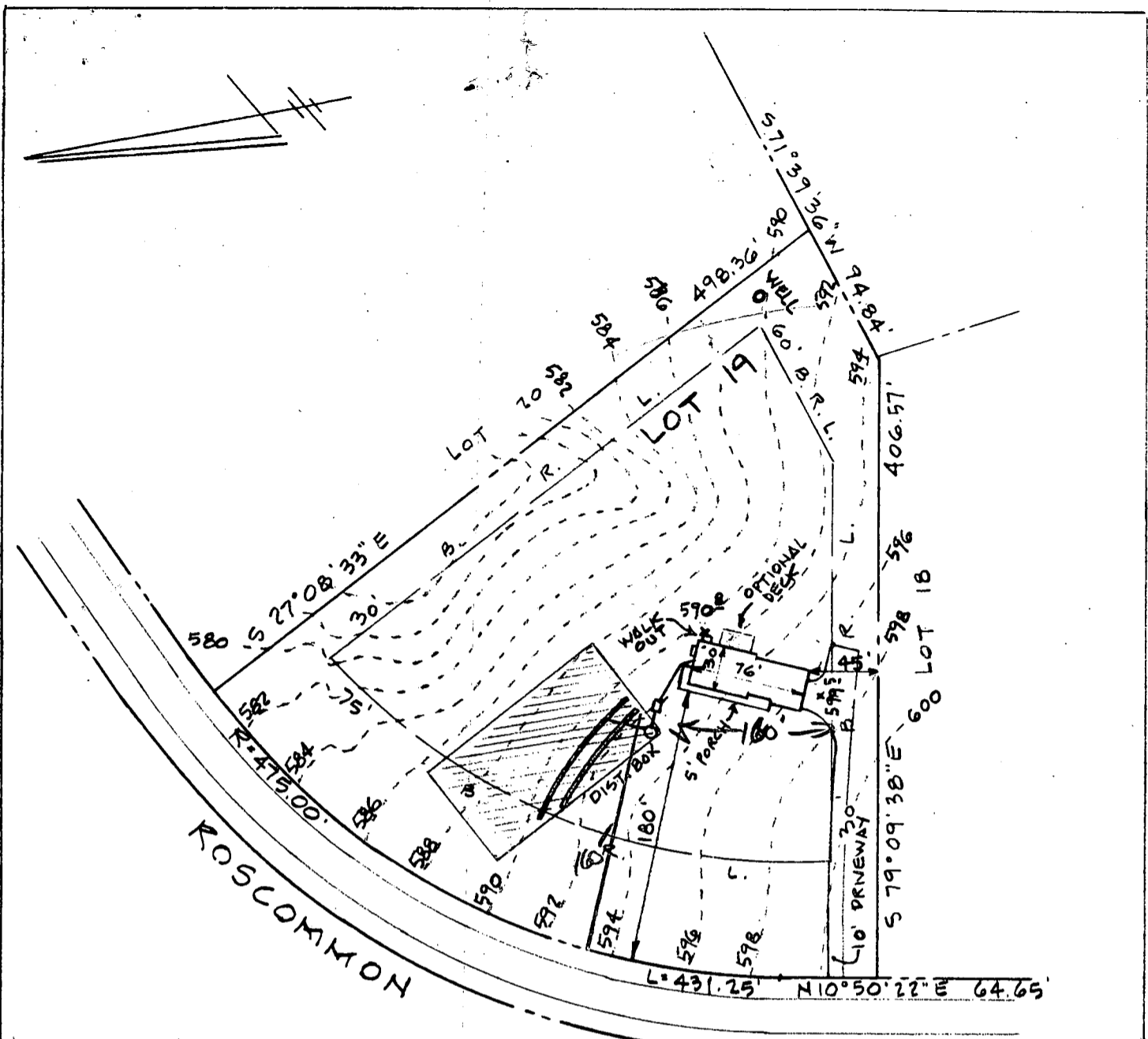
7

130,680.00 sq. ft.
3.00 acres

Lot 5

Byrd Manor
P-88-45

Lot 6



SEPTIC DATA ✓
 HOUSE FIN. FL. 6005 ✓
 " BSMT 5915 ✓
 " SEWER INV. 5905 ✓ + BSMT
 SEPTIC TANK INV. IN. 5895 ✓
 " OUT 5895 ✓
 " FIN. GR. 5925 ✓
 DISTR. BOX INV. IN. 5895 ✓
 " OUT 5885 ✓ 5875 ✓
 " FIN. GR. 5925 ✓

DRIVE

- NOTE
1. HOUSE TYPE: 2 STORY WITH FULL BSMT.
 2. ADDRESS: 3229
 3. PLAT NO 8263
 4. LOT AREA: 3.03 AC.±

BUDG. PERMIT SIGNED AND RETURNED 1/3/89

BP 23119
 S. Maul

BUILDER
 S.F. CONTRACTORS, INC.
 3368 BRANTLY CT.
 GLENWOOD, MD. 21738
 442-1133

GRADING STUDY	
LOT 19 "ROSCOMMON ESTATES"	
3 RD ELECTION DISTRICT HOWARD COUNTY - MD.	
SCALE 1" = 100'	DEC. 28, 1988

B 1 **7892** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

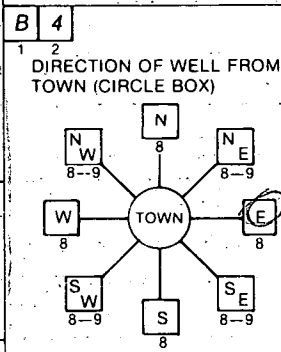
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0250
 fill in this form completely

Date Received (APA) **100588**
 OWNER INFORMATION
 S. F. O'CONNOR RAEYOKS INC
 15 Last Name Owner First Name 34
 ST. SEV. HWY 1 V. E. H. F.
 36 Street or RFD 55
 CL - NEWOOD
 57 Town 70 State 72 MD 71 73 74 75 76 77 78 Zip 76

B 3 LOCATION OF WELL
 1 **HOWARD**
 2 COUNTY 21
 ROSSCOMMON ESTATES
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50 **19**
 KENWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
 Joseph L. Mayne
 77 License No. 80 **738**
 Joseph L. Mayne Well Drilling
 Firm Name
 5512 Ridge Rd. Mt. Airy 21771
 Address
 Joseph L. Mayne
 Signature Date 10/4/88



Roscommon Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 **225** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 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)
 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 - **HOWARD** COUNTY NAME
 A # **40595** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED
101888 x **Craig Wilson** 4/18/89
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **528 0 0 0** EAST GRID **0 2 1 0 0 0**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 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 _____
 54 63
 FORCE WRITE INITIALS IN BOX PERMIT No. **HO-88-0250**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **W-1-H**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800 1**
 N **520 8**
 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

 11/10/88 near top 10:30
 well
 360
 Roscommon Dr.
 Burntwood Rd.

10 NOV 88 1030 A

- ① 53 FT CASING
- ② 46 FT OPEN HOLE
- ③ LOCATION ON
- ④ 12 Bags
- ⑤ Well Oil

R. Dodger

Johnny
also present

C1 **0566** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 # 40595**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **11 20 98** Depth of Well **22 285 26** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-0250**

OWNER **S.F. CONTRACTORS INC.** last name **ROSCOMMON** first name **DR.** TOWN **CLENWOOD**
 STREET OR RFD **ROSCOMMON EST** SECTION **---** LOT **19**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND	0	43	
Empty Main hole	43	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **46**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **41** 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 **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **49**

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

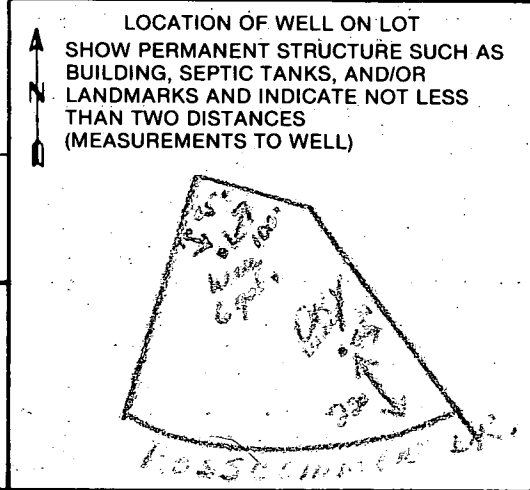
C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 **11** **46** **285**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **16**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **49** WHEN PUMPING **155**
 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**
 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) **+** above **-** below LAND SURFACE **3** (nearest foot)



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
A
 E ELECTRIC LOG OBTAINED
E
 P TEST WELL CONVERTED TO PRODUCTION WELL
P
 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. **922**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 # 43910
Date 3/30/89
Name of Installer CLARKE P & H INC Telephone 489-4029
License Number 3808
Certified Well Pump Installer Well Driller Registered Plumber 3808
Name of Property Owner S.F. Contractor Inc Telephone 442-1123
Subdivision Roscommon Estates Lot # 19 Well Tag # HO-88-0250
Site Address 3229 Roscommon Dr.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Grundfos
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
Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220
Pitless Adapter
1. Make _____
2. Model # PT 800
3. Depth _____
Tank
1. Capacity 66 gal
2. Pressure relief valve? 75/16
4/7/89 Pitless Adaptor
OK MR
Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"
Well data
1. Depth 285 ft.
2. Yield 15 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke

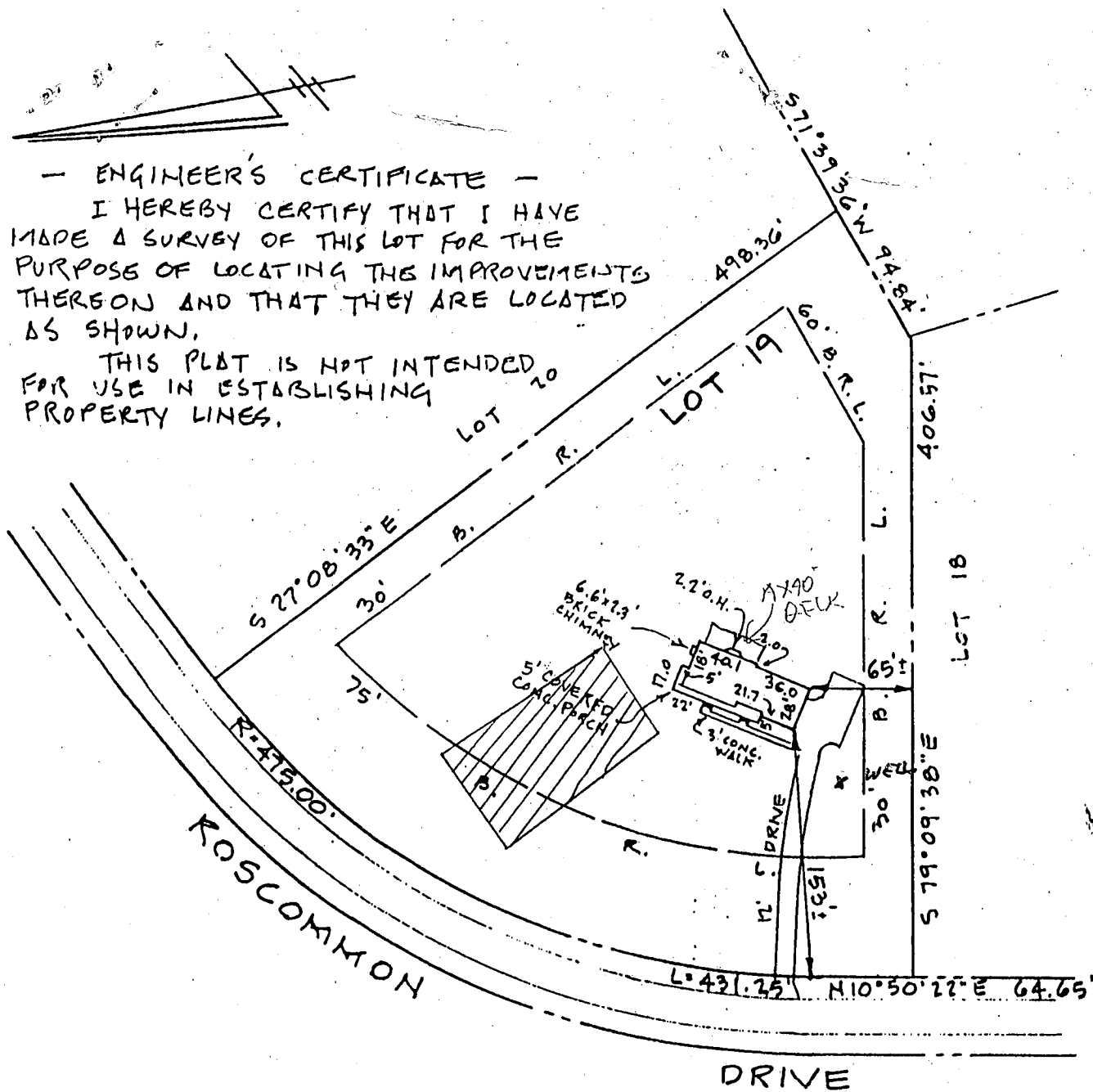
Date: 3-27-89

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

- ENGINEER'S CERTIFICATE -

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES.



NOTE

1. HOUSE TYPE: 2 STORY WITH FULL BSM'T.
2. ADDRESS: 3229
3. PLAT NR 8263
4. LOT AREA: 3.03 AC.±
5. ELEV @ TOP FNDTN: 599.5±
6. FOUNDATION TYPE: Poured Concrete.
7. THIS PROPERTY IS NOT LOCATED IN A FLOOD PLAIN AREA.

8/18/97
PLANS OK TO SIGN
RH

- BUILDER -
S.F. CONTRACTORS, INC.
3368 BRANTLY CT.
GLENWOOD, MD. 21738
442-1133

- ENGINEER -
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING ROAD
CATONSVILLE, MD. 21228
744-1945

FINAL CERTIFICATION		
LOT 19 "ROSCOMMON ESTATES"		
3 RD ELECTION DISTRICT HOWARD COUNTY - MD.		
SCALE 1" = 100'	JUNE 7, 1989	