

05411904

LAYOUT 4/8/02 11-12 INSP 4 _____
INSP 2 4/9/02 1pm INSP 5 _____
INSP 3 8/22/02 1:30 INSP 6 _____

Pump test

ISSUE DATE: 3/21/02

APPROVAL DATE: 8/22/02

**PERMIT
INDEXED**

P 516537-A

A 40623

11' CTC

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd., Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Hedgerow Estates LOT NUMBER: 30

ADDRESS: 13616 Gilbride Lane PROPERTY OWNER: Lorenzo Ascoli

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe.
LOCATION:	Begin trenches 120 feet up the right lot line and 110 feet off that same lot line as seen when facing the lot from Gilbride Lane. Run trenches on contour toward the right lot line.
NOTES:	

PLANS APPROVED: Amy McMillen OKSRU 3/21/02 DATE: 5/24/01
Steven R. Krieg 2/26/2002

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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

BUILDING PERMIT SIGNED

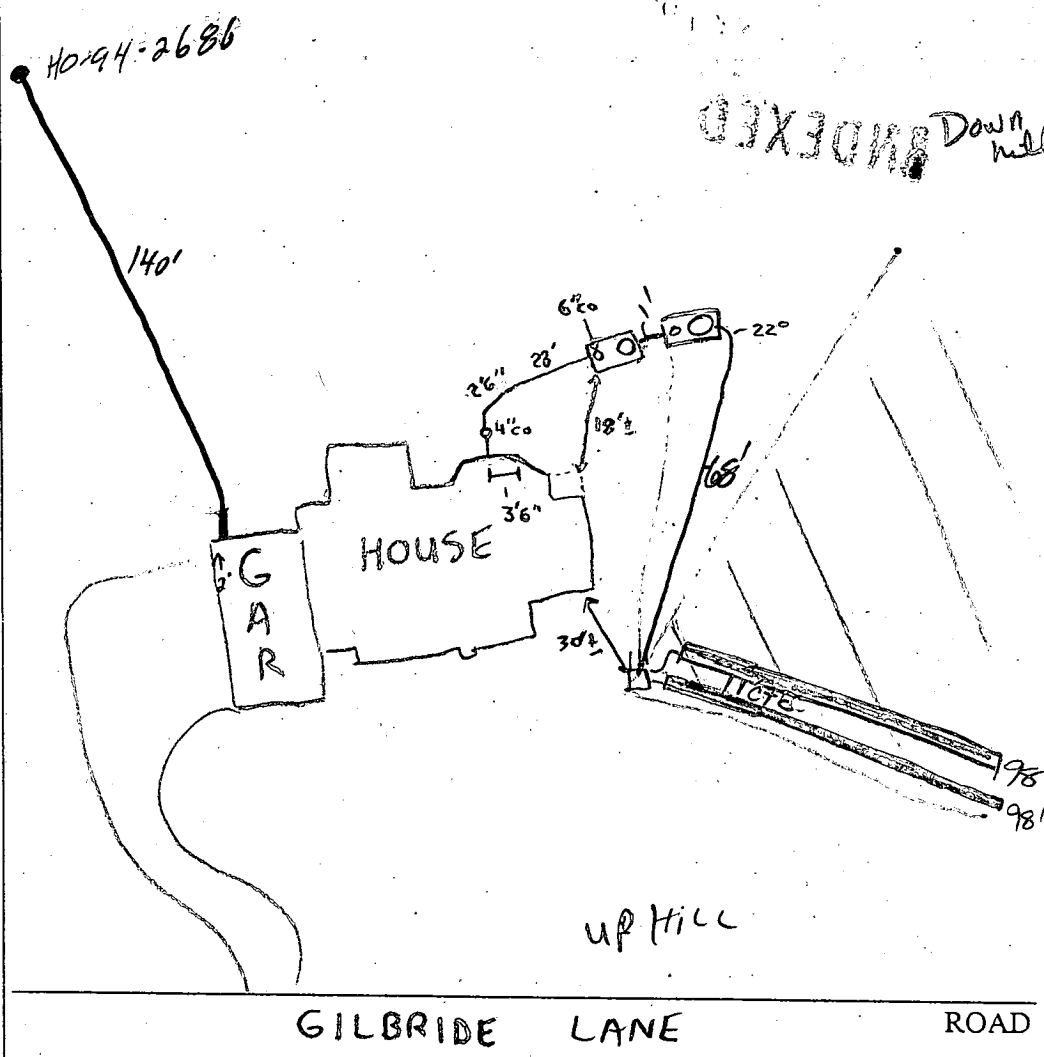
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

8-24-03 800 143737-DECK

A 40623

NOT TO SCALE



INDEXED Down Hill

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3 1/2	8
NUMBER OF TRENCHES		2
TOTAL LENGTH		196'
ABSORPTION AREA		852 ft ²
DISTRIBUTION BOX LEVEL		levelers, n.s. ok ✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

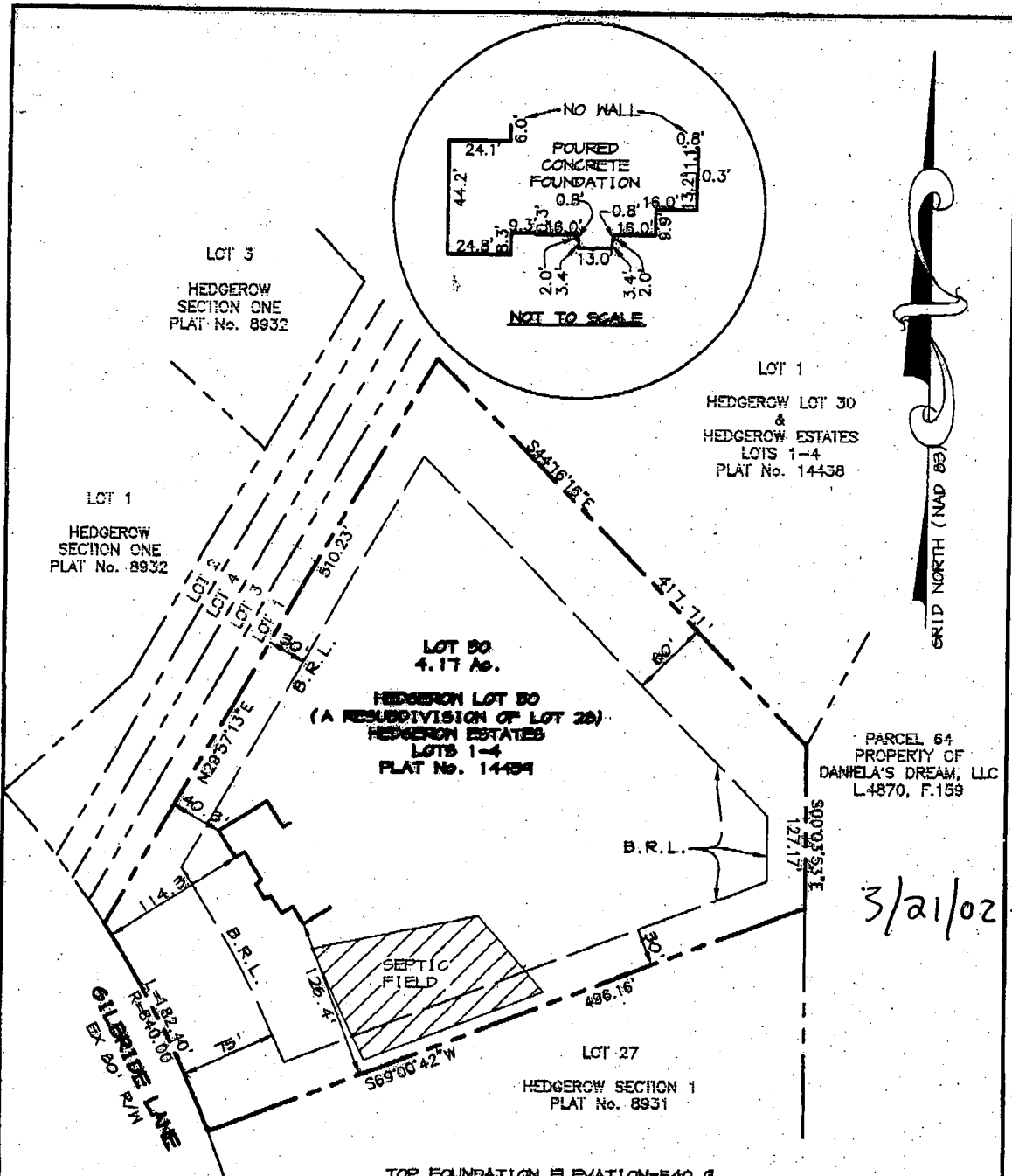
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	Front in Rear in
BAFFLE FILTER	NA
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL	15 ✓
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	3'
BAFFLES	yes
BAFFLE FILTER	yes
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	

PRE-CONSTRUCTION 4/8/02 - SDA STAKED, TANK SET, INSTALL PER PLAN, TOP TRENCH MAY BE SLIGHTLY OUT OF SDA, TRENCHES TO BE 9'ETE (11'CTC) - (SRK)

INSTALLATION 4/19/02, OK TO COVER ALL WORK, Need pump test (K6)
 8/22/02 Pump & Alarm tests OK (SC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 8/22/02

BUILDING DEPARTMENT
 AND RETURNED



NOTE.

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

TOP FOUNDATION ELEVATION=540.9
 B.R.L.-BUILDING RESTRICTION LINE



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0026B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.

Jeffrey Lynn Cooper
 JEFFREY L. COOPER #418

Patton Harris Rust & Associates, pc
 SUITE 200
 8818 CENTRE PARK DRIVE
 COLUMBIA, MARYLAND 21045
 TELEPHONE (410) 997-8900
 FAX (410) 997-9282

LOCATION DRAWING
LOT 30
 HEDGEROW LOT 30
 5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 PLAT Nos. 14438 THRU 14439
 SCALE: 1"=100' PROJ. No. 01152 DRAWN BY: D. D. K. DATE: 09-25-01



RIEMER MUEGGE

a division of:

Patton Harris Rust & Associates, pc

ENGINEERS • SURVEYORS • PLANNERS

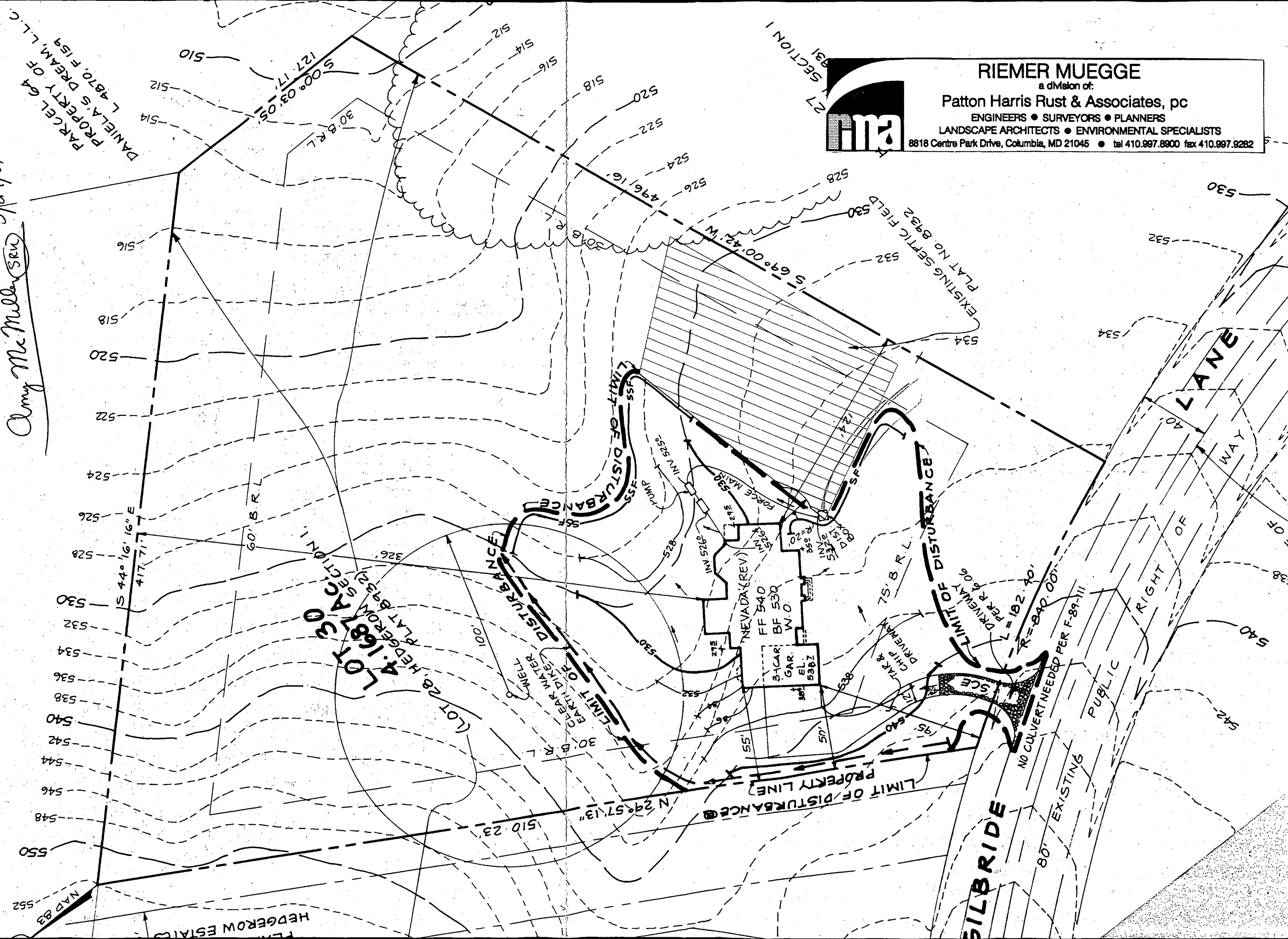
LANDSCAPE ARCHITECTS • ENVIRONMENTAL SPECIALISTS

8818 Centre Park Drive, Columbia, MD 21045 • tel 410.997.8900 fax 410.997.9282

Approved Septic
System plan
HCHD

Amy McMiller SKW
5/24/01

1. BEGIN
- 2.
3. COMPLETE
4. STABILIZE WITH PERMANENT INSPECTOR
5. UPON COMPLETE
6. INSPECTOR



PARCEL 64
PROPERTY OF
DANIELA'S DREAM, L.L.C.
L 4870 F 159

LOT 28, HEDGEROW (PLAT 8932)
LOT 30, HEDGEROW (PLAT 8932)

SEPTIC SYSTEM
LIMIT OF DISTURBANCE

EXISTING SEPTIC FIELD
PLAT NO. 8932

SECTION 1

SECTION 1

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Building Address 13016 GILBRIDE LANE
CLARKSVILLE, MD. 21029

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

Census Tract 060101 Subdivision HEMLOCK EST

Section N/A Area N/A Lot 30

Tax Map 29 Parcel 01 Grid 20

Zoning RC'DEP Map Coordinates 13H5 Lot size

Property Owner's Name LORENZO + COROLYN ASCOLI

Address 7111 CRABAPPLE CT

City CLARKSVILLE State MD Zip Code 21029

Home Phone (301)854-0499 Work Phone (301)761-1859

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use VACANT BUILDING W/

Proposed Use CONST. CUSTOM HOME

Estimated Construction Cost \$ 589,000

Description of Work 5 BR, 6.5 BATHS, 4 1/2 BR, 4 1/2 CAR, FLOOR,
REMODEL, 221, 117, NEW BRN STAINES WOOD, 6 BATHS, 3
CAR GAR. 11007 P. UNFINISHED, WILL REMOVE PARTS

Contractor Company BUSBY'S DESIGN BUILD, LLC

Contact Person BILL LUTWANS

Address 13920 BERT. ROAD

City LARIBEL State MD Zip Code 20707

License No. PH32 510

Phone (301)953-3113 Fax (301)953-9592

Occupant or Tenant OWNER

Contact Name OWNER

Address 13016 GILBRIDE LANE

City CLARKSVILLE State MD Zip Code 21029

Phone _____ Fax _____

Engineer or Architect Company JAYANT ENGINEERS

Contact Person FELIX GIBSON

Address 3154 POWELL DRIVE

City FARRAS State VA Zip Code 22033

Phone (703)219-8404 Fax (703)219-8402

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>64</u> Width <u>96</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>50</u> <u>92</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>04</u> <u>96</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>5</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company VP Business Development

Print Name Bill Lutwans
 Date 5/11/01

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/24/01</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 50637

Filing fee \$ 25

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 1054

Validation # _____

Accepted by [Signature]

C1 07767

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 40623

ST/CO USE ONLY DATE Received 7 7 00

DATE WELL COMPLETED 5/29/00

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2686

OWNER Phillips last name, Greg first name, STREET OR RFD Gilbride Lane, TOWN Clarksville, SUBDIVISION Hedgerow, SECTION, LOT 30

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, red shale, clay, brown shale, Sand stone, Mica, etc.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (30), NO. OF POUNDS (200), DEPTH OF GROUT SEAL (70).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (81).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (12), MEASURE PUMPING RATE (Bucket), WATER LEVEL (21), WHEN PUMPING (199), TYPE OF PUMP USED (S - submersible).

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (YES).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

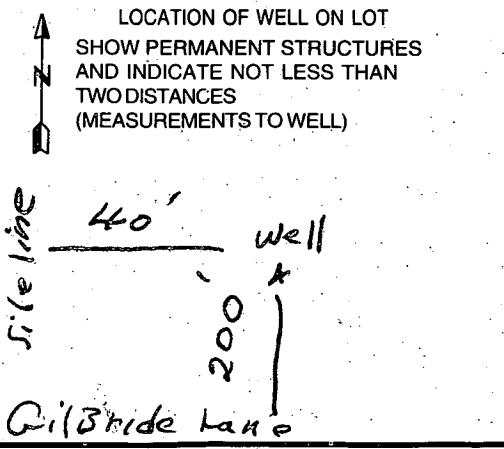
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MW D 040, GEORGE F. EASTERDAY, DRILLERS SIGNATURE, LIC. NO. 1 MW D 501, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) table with columns 1-47 and rows E, A, C, H, S, R, E, N. Includes slot size and diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (49), LAND SURFACE (2), LOCATION OF WELL ON LOT.



B 1 08925

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2686

Date Received (APA) 04/27/00

OWNER INFORMATION RN 8230

B 3 Howard

LOCATION OF WELL CC#

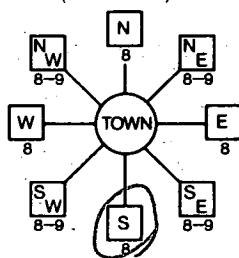
Phillips Greg 8815 Centre Park Drive Columbia, Md. 21045

8 COUNTY Hedgerow 23 SUBDIVISION Dayton 52 NEAREST TOWN

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd. MT. Airv. Md. 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Gilbride Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD 200 DISTANCE FROM ROAD



WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

HOWARD COUNTY NAME A40623 COUNTY NO. STATE SIGNATURE DATE ISSUED 05/17/00

APPROXIMATE DEPTH OF WELL 300 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 5/30/00 AM No Insp (BB)

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR-ROTary

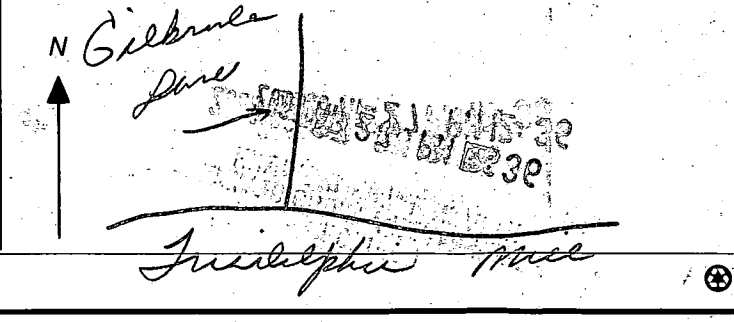
WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 500

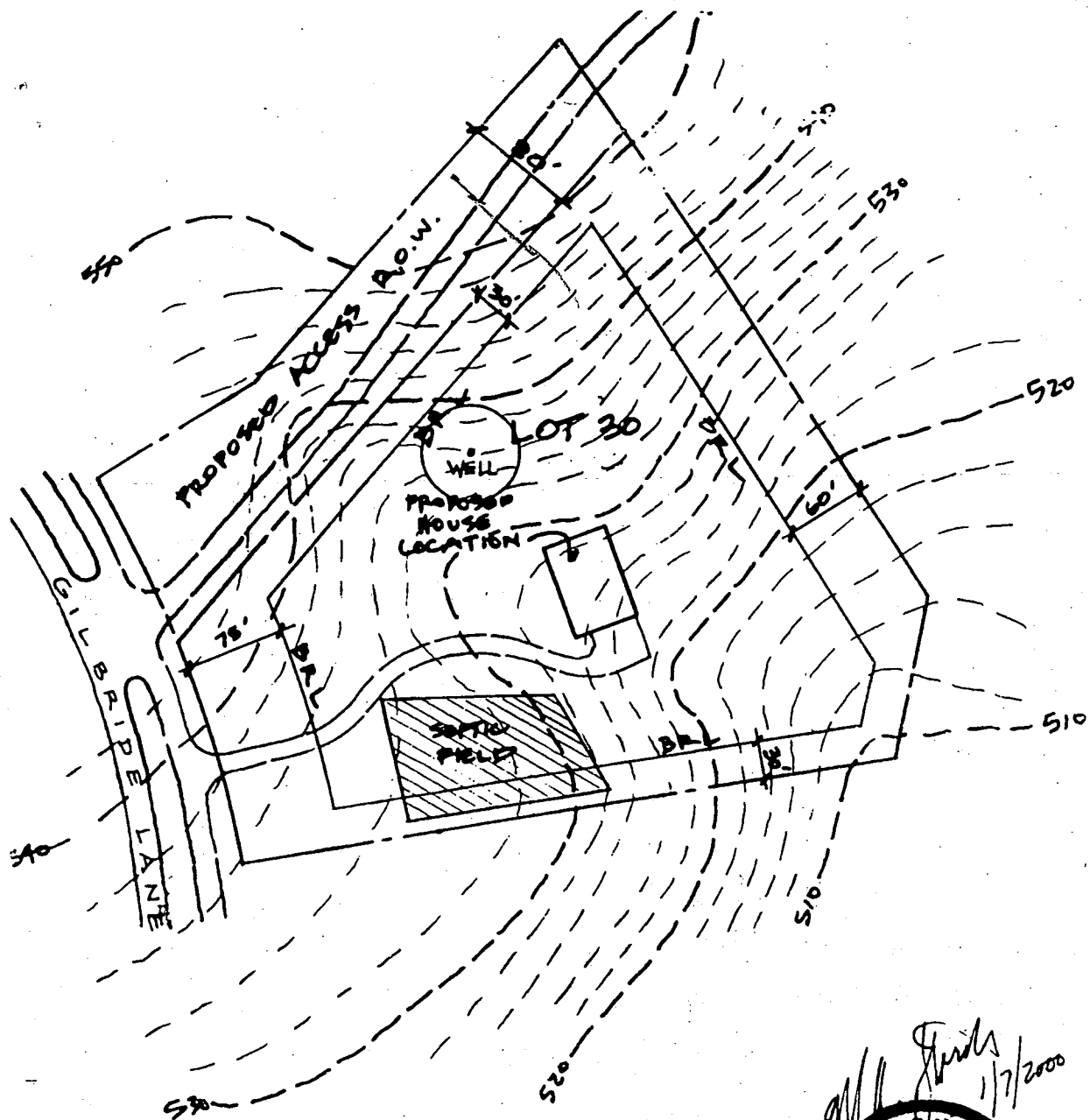
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Dayton 13K6

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 PERMIT No. HO-94-2686

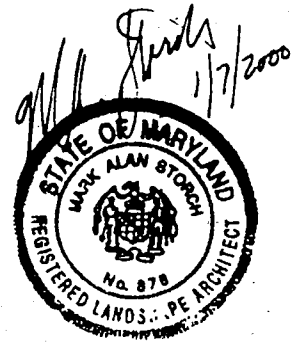
SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





**SITE PLAN
LOT 30 - HEDGEROW**

Scale: 1" = 100'
January 7, 2000



5/16/00
well site OK
as stated
(DJS)

APPLICATION

PERCOLATION TESTING

A 40623

P _____

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

*1/12/88
perc test
and plat
approved*

DISTRICT 5TH

DATE 12-07-87

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 LOWRIE SARGENT

ADDRESS 13243 WESTHEATH LANE PHONE 301-498-4334
CLARKSVILLE MARYLAND 21029

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TEW OAKS Hedgerow LOT NO. LOT 30 *New lot 30*
Don Prelim

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADDELPHIA
ROAD

TAX MAP 28+34 PARCEL # 59,60,30,64

SIZE OF LOT 3-0 ACRES 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.

L. Sargent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

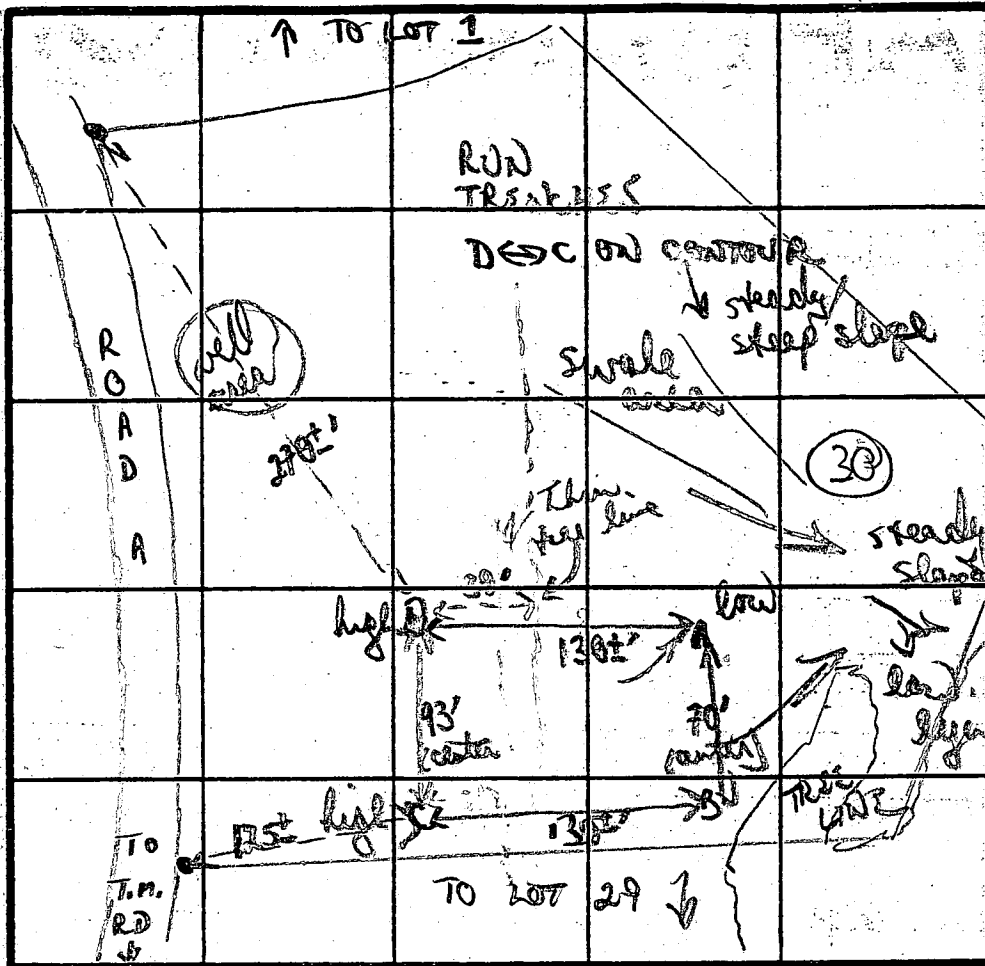
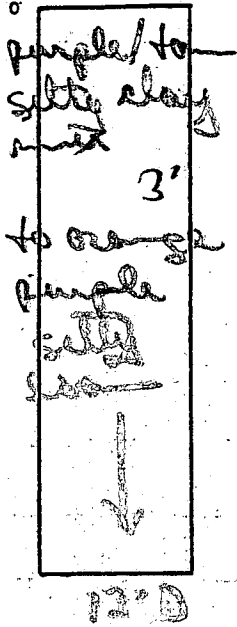
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & sub-plat

THIS IS NOT A PERMIT

D+C
SOIL PROFILE



purple/orange silty clay of few scattered frags 3'
to brown tan orange powdery silty mica loam
12' D
INLET 3' MAX D 9 X = 5 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brown/orange clay 3' to orange tan silty loam w/ 5% small weathered frags 7'
13' D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/12/88	D	2 1/2' S	1250	1253	1253	1257	4 MIN	
		12' D	bottom (see profile)					
	C	3' S	1258	102	102	106	4 MIN	
		7 1/2' M	1258	104	104	113	9 MIN	
		13' D	bottom (see profile)					
	B	4 1/2' S	115	121	121	128	7 MIN	
		13' D	bottom (see profile)					
	A	3 1/2' S	117	119	119	121	2 MIN	
		7' M	119	122	122	125	3 MIN	
		12 1/2' D	bottom (see profile)					

DUG + tested as stakes

REMARKS

soils fairly uniform; silty clays - 3'; silt loams below

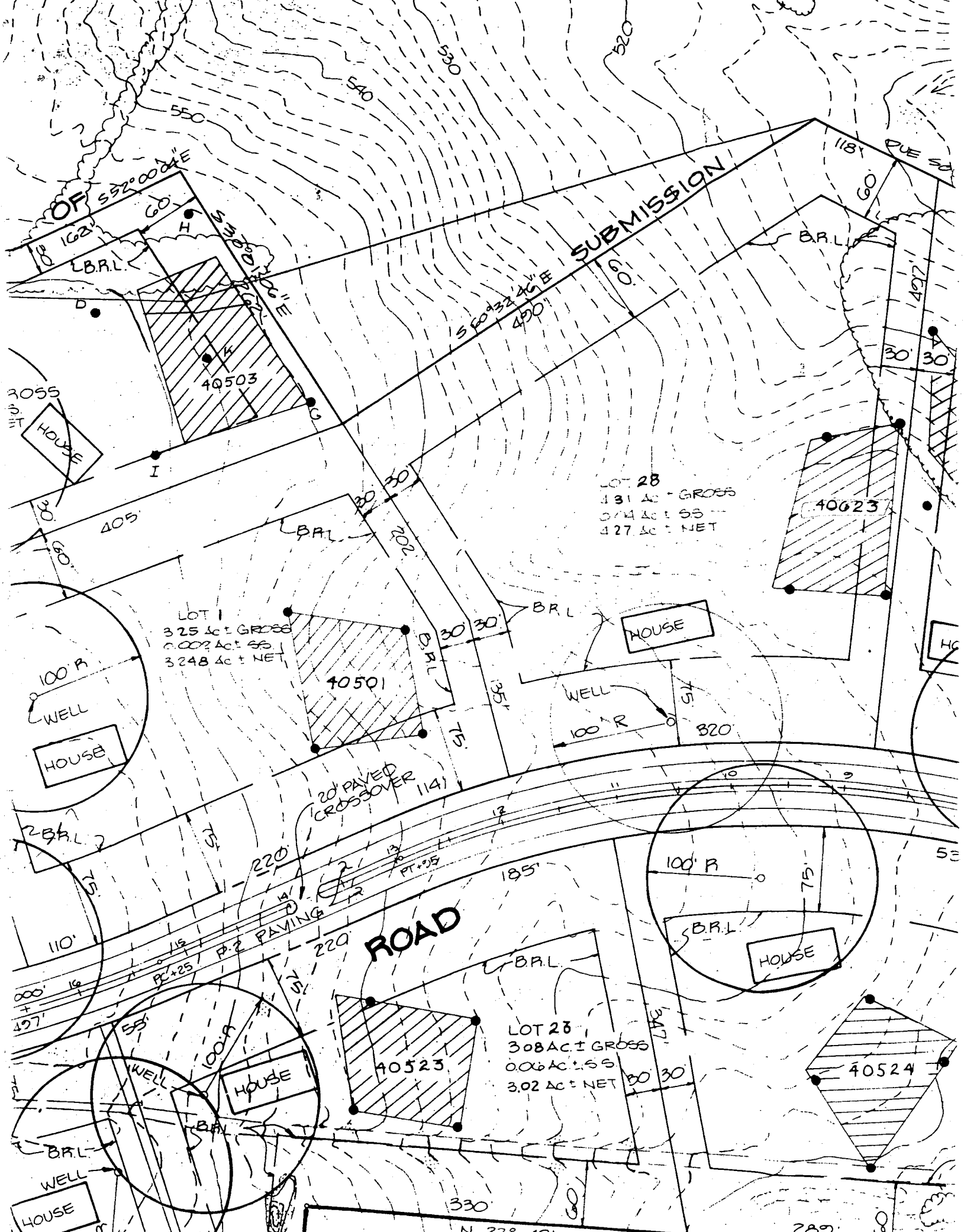
TYPE OF SOIL

TESTED BY

B Nipen

ALSO PRESENT

Keith Johns



SUBMISSION

OF 552°00'4"E
162'

ROSS
SET
HOUSE

100' R
WELL
HOUSE

2 B.R.L.
110'

WELL
HOUSE
B.R.L.
WELL
HOUSE

LOT 1
3.25 AC ± GROSS
0.002 AC ± SS
3.248 AC ± NET

40501
20' PAVED
CROSSOVER
114'

ROAD

40523

LOT 23
3.08 AC ± GROSS
0.06 AC ± SS
3.02 AC ± NET

LOT 28
4.31 AC ± GROSS
0.14 AC ± SS
4.17 AC ± NET

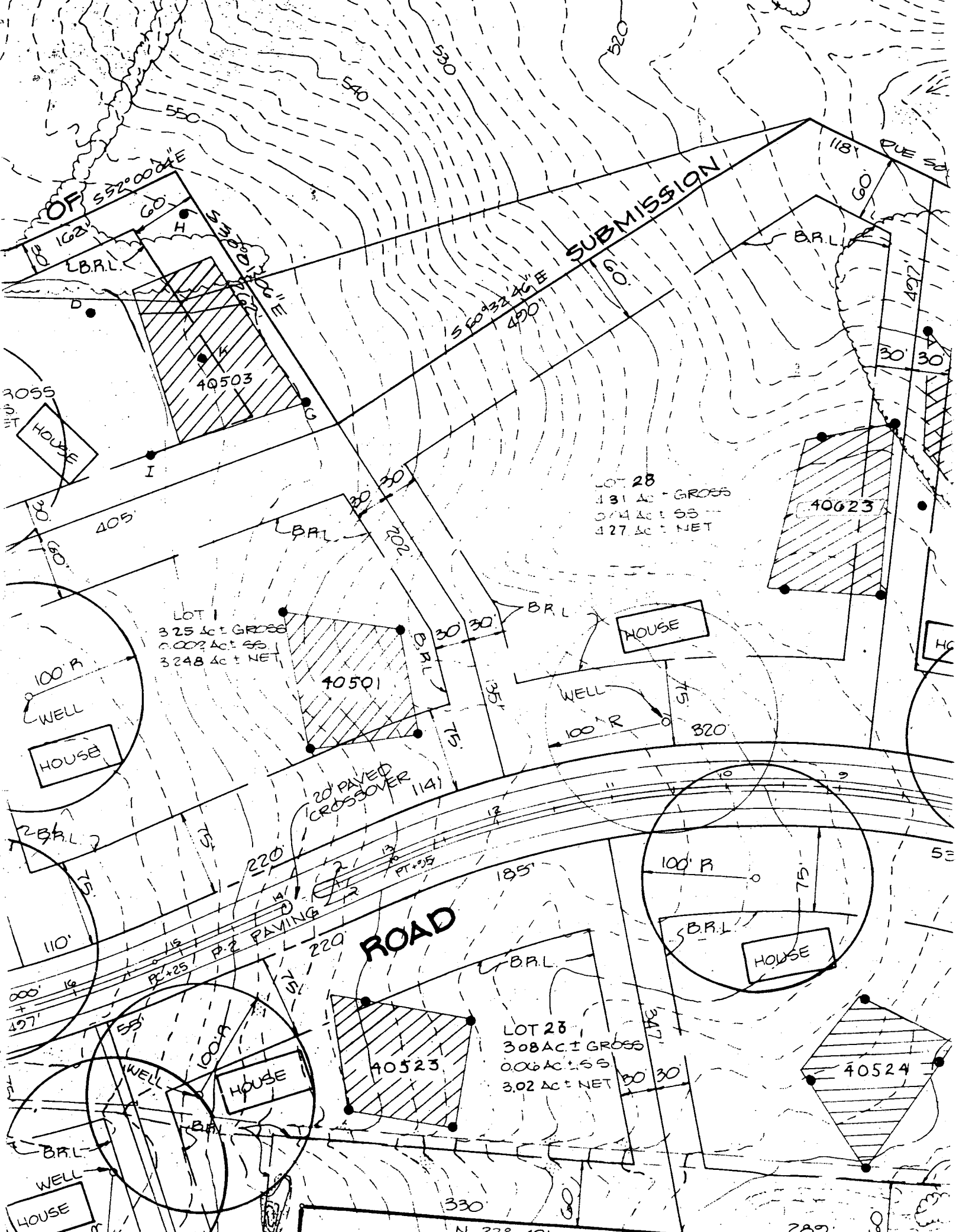
40623

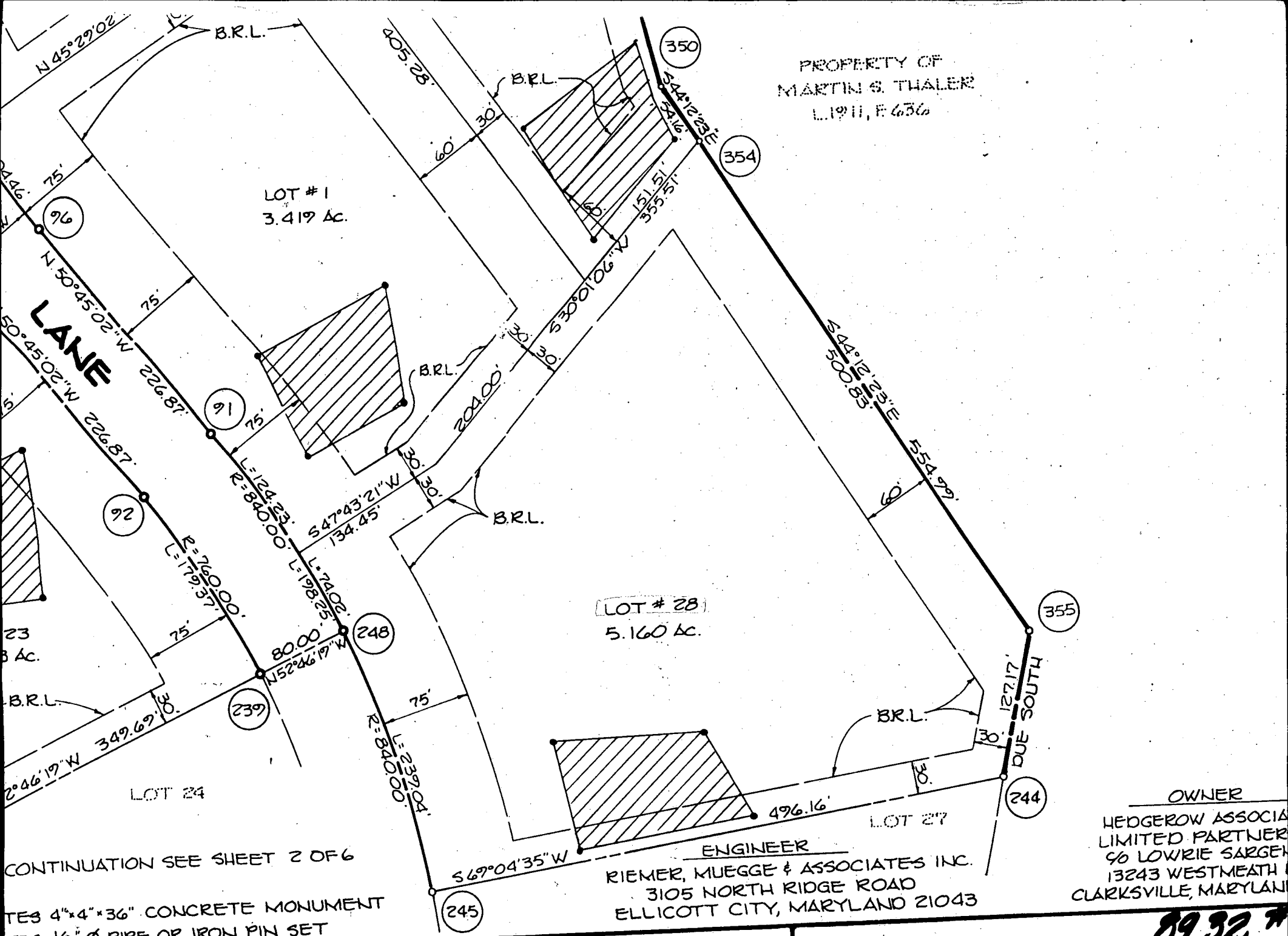
100' R
7.5'
B.R.L.
HOUSE

40524

330
N 22° 42' 03" W

289





OWNER'S CERTIFICATE

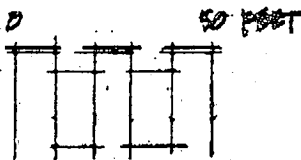
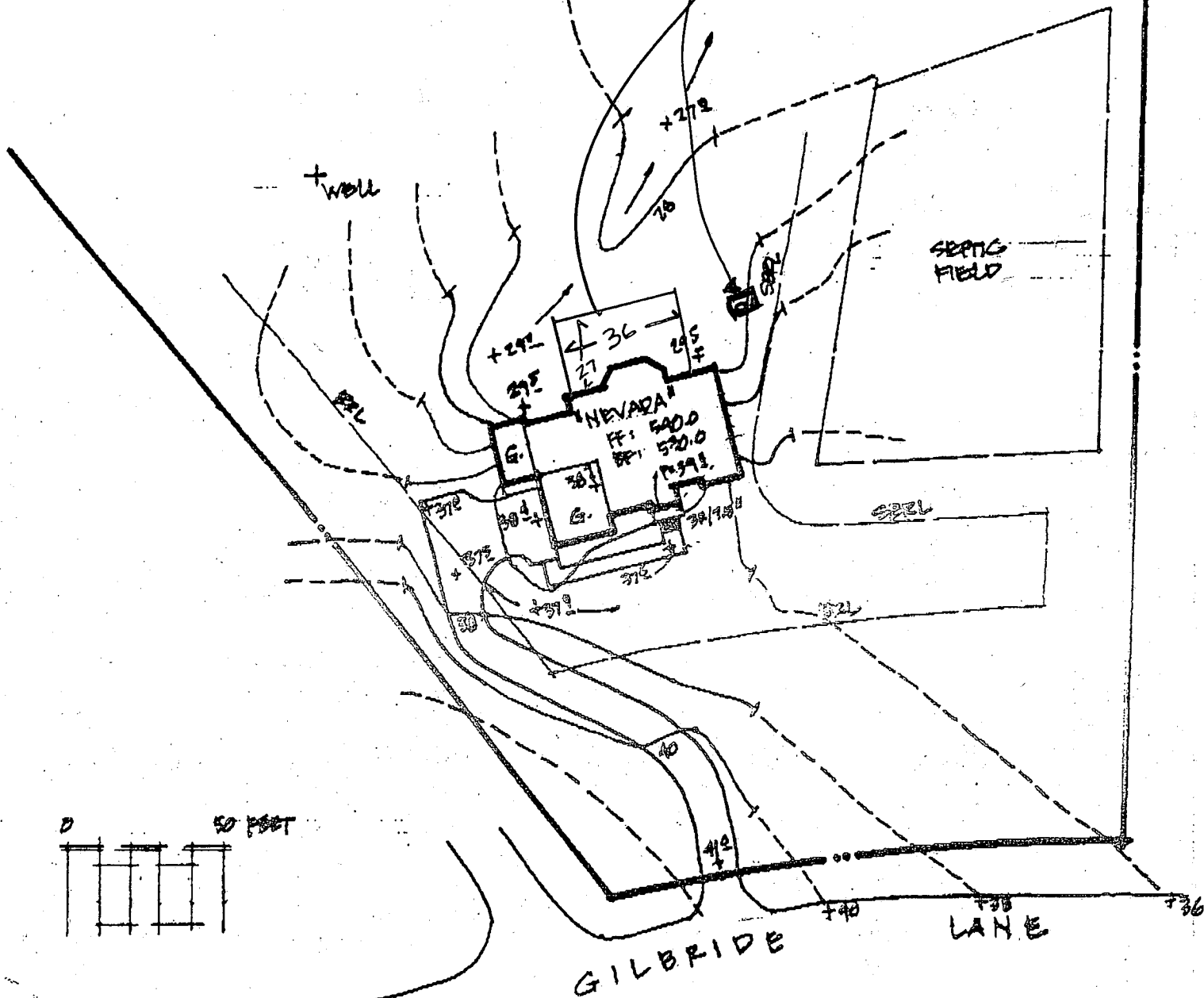
RECORDED AS PLAT NUMBER

8932
10-24-89

AMONG

BP 0043787

FEICL APPROVAL ON
8/21/03 FA) TANK ~ 18' FROM
EDGE OF DECK.



SKETCH HOUSE SITE
HEDGE ROW / LOT 30

esi
12/12/00