

10/2/97
2:00 C.A.

PERMIT

#413559

SEWAGE DISPOSAL SYSTEM

P 58999D

A 40802

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 9/30/97

BUREAU OF ENVIRONMENTAL HEALTH
~~XX440988~~ 410-313-2640

DATE SYSTEM APPROVED 10/2/97

INDEXED

INSPECTOR ALM

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13775 Triadelphia Road Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION The Warfields LOT 36 ROAD 14830 Chestnut Court

PROPERTY OWNER Jim Larson

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe. 3 1/2 - 4

LOCATION - Place the distribution box 85 feet from the left property line (446.12') and 180 feet from the front property line as viewed from Chestnut Court. Install trenches on contour toward the rear property line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/31/97 DCS

10/1/97 SPECS REVISED MR

PLANS APPROVED BY Ronald J. Pinkley/Glen Savage REVISED DATE 07/29/97

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

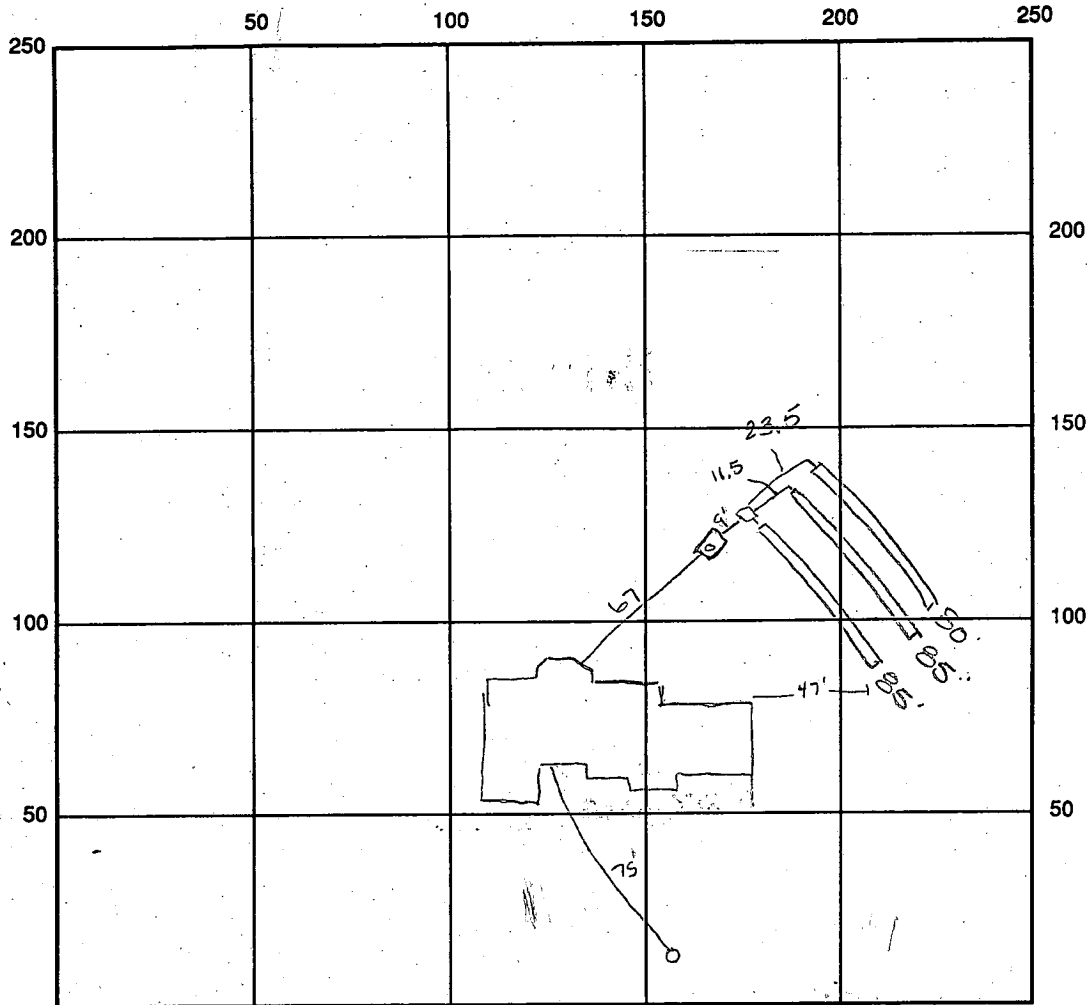
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

OG. PERMIT SIGNED
AND RETURNED 12-3-97
Serial # B10108942
your own tank

OG. PERMIT SIGNED
AND RETURNED 7-8-99
Serial # B00119182
3 1/2 - 4
dec.

OG. PERMIT SIGNED
AND RETURNED 11-4-97
Serial # B10108582
addition - 1 Slog

A
40802



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffel 15 in

DRAIN FIELD/TITLE DEPTH 5.0-5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0-3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 250 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 750 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 10/2/97 OK to cover all work final ALM

10/2/97

10/2/97 WPI OK to cover ALM

DATE SYSTEM APPROVED 10/2/97 INSPECTOR Amy McMullen

APPLICATION

PERCOLATION TESTING

A 40802

P _____

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

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr. Jim Larson

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sapling Range THE WARFIELDS LOT NO. 37 LOT 36 inclm.

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
14830 Chestnut Court

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED
AND RETURNED 7-29-97**
Serial # 6140 7170
SFD - 4 Bm

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.

Myard Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

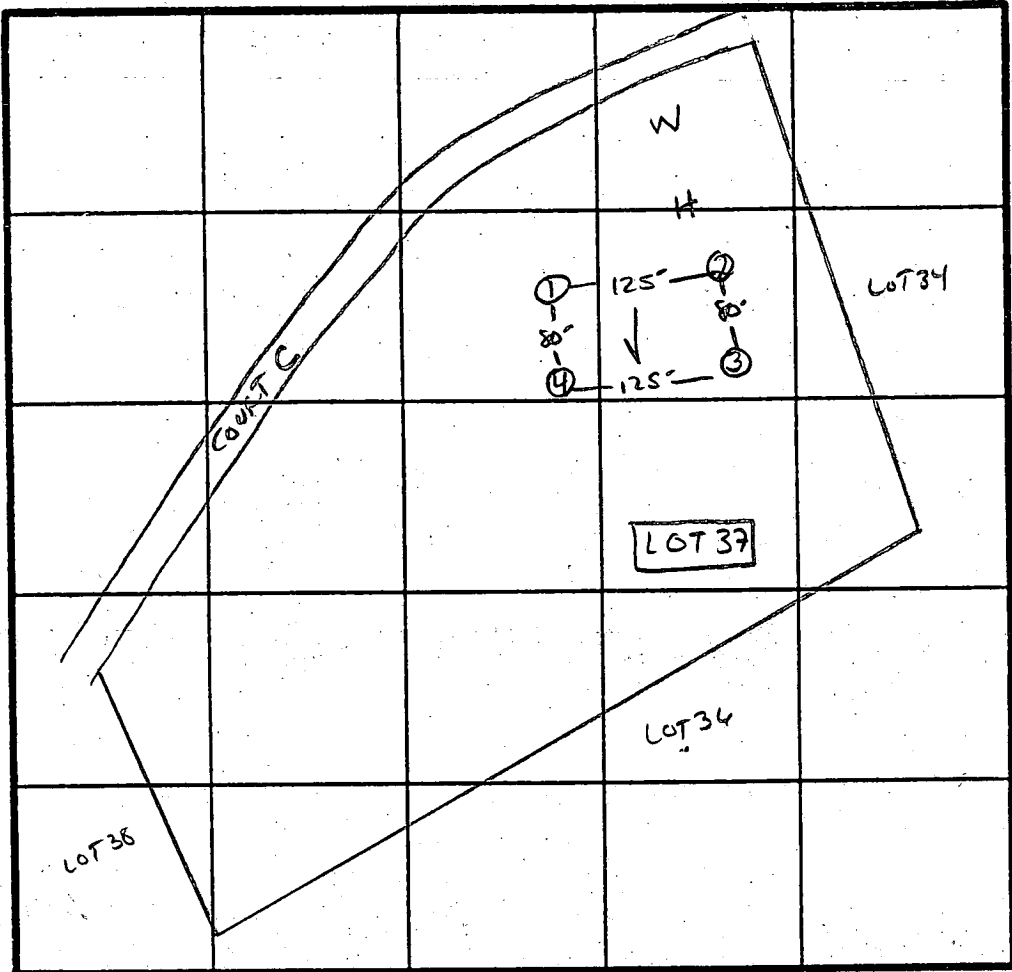
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-3-88 Perc Satisfactory, Hold for Subdivision Plat. SAH

THIS IS NOT A PERMIT

②①③④
SOIL PROFILE

0	AP
6"	Yell. BR Silt CLAY LOAM 10-15% FRAGS
3'	Yell BR micaceous Silt LOAM 20-30% FRAGS
12'	



X Perc 7min
180 @ 1BR
7ULET 3'
Bottom 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ TO TRIADelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/3/88	1V	12'- uniform soil below 3.0'					
	2S	3'	10:04	10:05	10:05	10:10	5 min
	2M	7'	10:04	10:05	10:05	10:07	2 min
	2V	12'- uniform soil below 3.0'					
	3S	3'	10:03	10:04	10:04	10:07	3min
	3V	12'- same as above					
	4S	3'	10:02	10:13	10:13	10:30	17min
	4V	12'- same as above					

REMARKS Holes APPROX TO PLAT

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT O. KETTERMAN + CO MARK R.

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 40801

P _____

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

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr.

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sapping Range THE WARPIELDS LOT NO. 36 Preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD
(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. Myard Reed
(SIGNATURE OF APPLICANT)

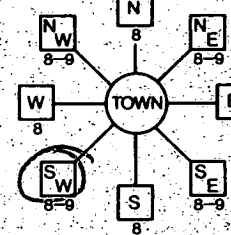
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-3-88 PERC SATISFACTORY - HOLD FOR SUBDIVISION PLAT. S. All

THIS IS NOT A PERMIT

B 1 0804 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HC-93-0225 <small>70 fill in this form completely 78</small>
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
Date Received (APA) 112995 OWNER INFORMATION LAWSON JAMES 3921 BLACKBERRY LN. ELLICOTT C1 + YM921043	B 3 LOCATION OF WELL HOWARD COUNTY THE WARFIELD SUBDIVISION SECTION 44 46 LOT 36 48 50 ELLICOTT NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION RALPH MAYNE DRILLER'S NAME RALPH MAYNE (well DRILLING) FIRM NAME 4720 Brown Church Rd. Mt Army ADDRESS RALPH MAYNE 11/27/95 SIGNATURE DATE	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Chestnut Ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 50 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 1/4 TAX MAP _____ BLK. _____ PARCEL _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		
USE FOR WATER (CIRCLE APPROPRIATE BOX): <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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. (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ FORCE _____ PERMIT No. HC-93-0225 SPECIAL CONDITIONS: 410-796-4931		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A-40802 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/15/96 CO SIGNATURE EXP. DATE NORTH GRID 513000 EAST GRID 0194000 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 7524 N 5123 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION TRIDELPHIA RD well 200' Chestnut Ct. Michele Dr. SALLYWAY		

C1 0166 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 40802

ST/CG USE ONLY DATE RECEIVED

DATE WELL COMPLETED 012096

Depth of Well 226 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-93-0225

OWNER LAWSON, JAMES STREET OR RFD CHESTNUT COURT TOWN GLENELG SUBDIVISION THE WARFIELDS SECTION LOT 310

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Rock, Brown Slat, Blue Rock, Flint Rock, Blue Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 800

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 410

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 96 WHEN PUMPING 58 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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)

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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.

TYPE (MWD/MSD/MGD) 116 DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (Ruth Maye)

DRILLERS SIGNATURE (Ruth S. Maye)

LIC. NO. 117

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

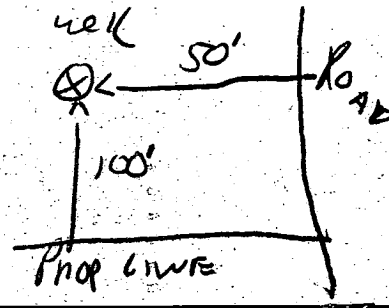
DEPTH (nearest ft.) HO 38 265

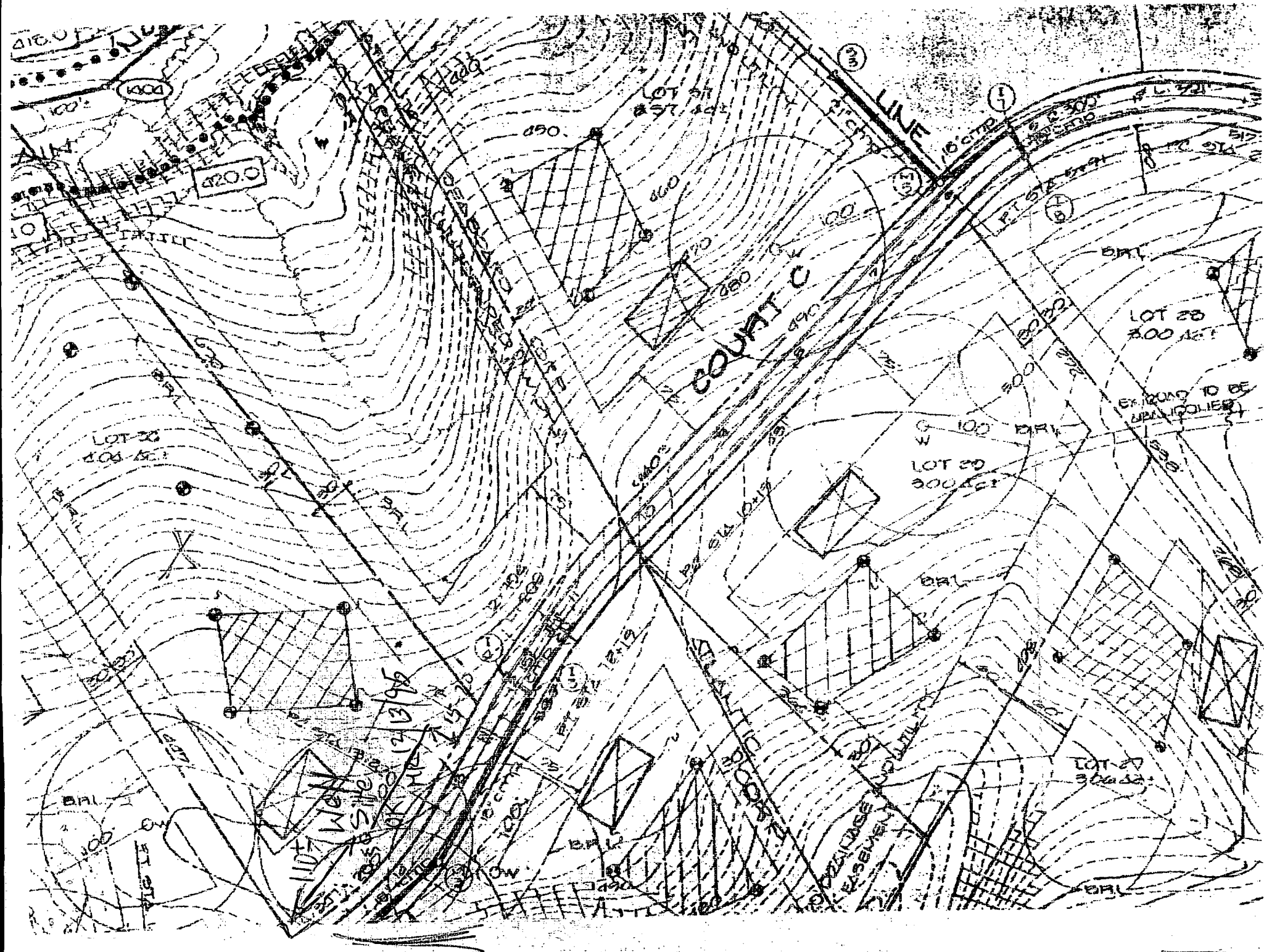
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

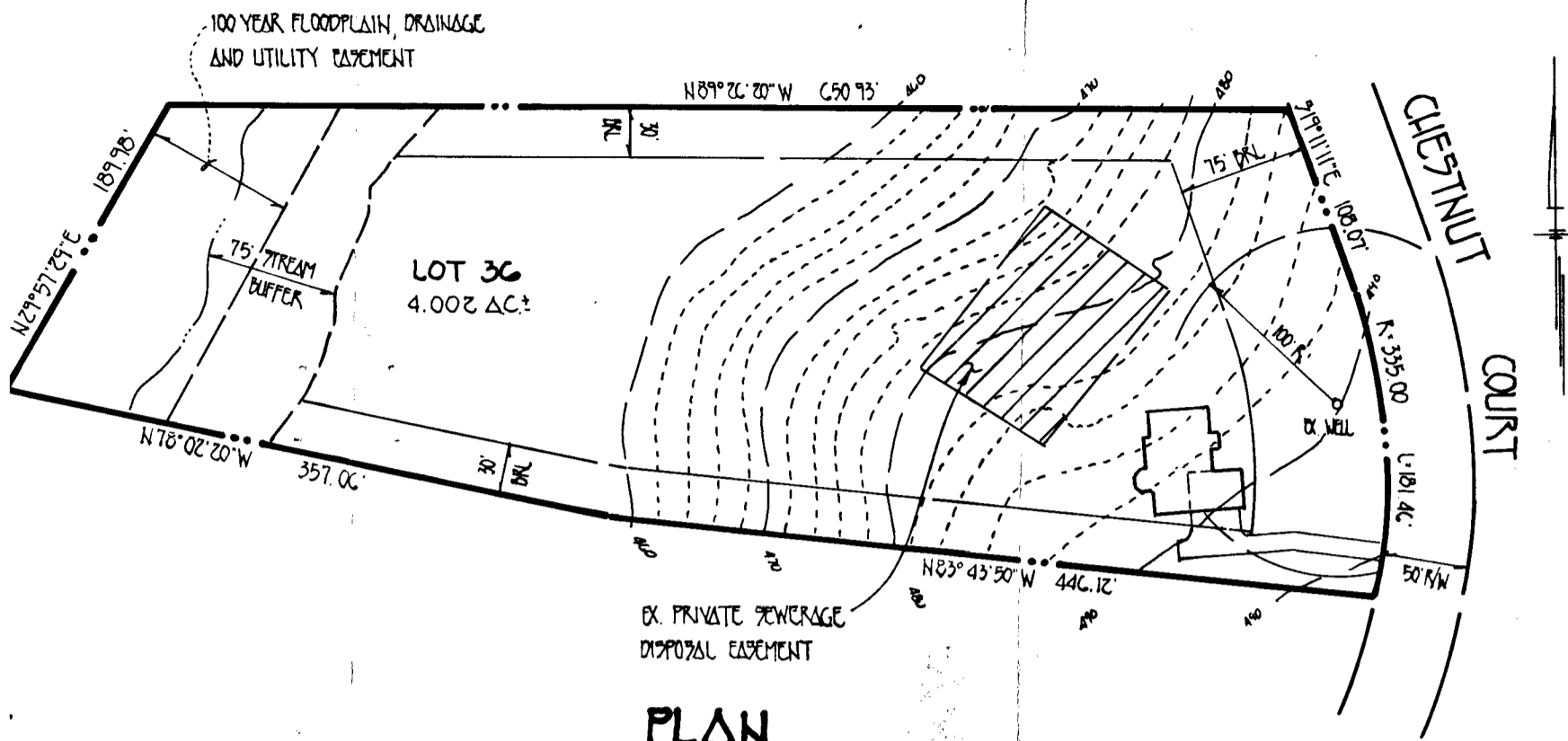
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

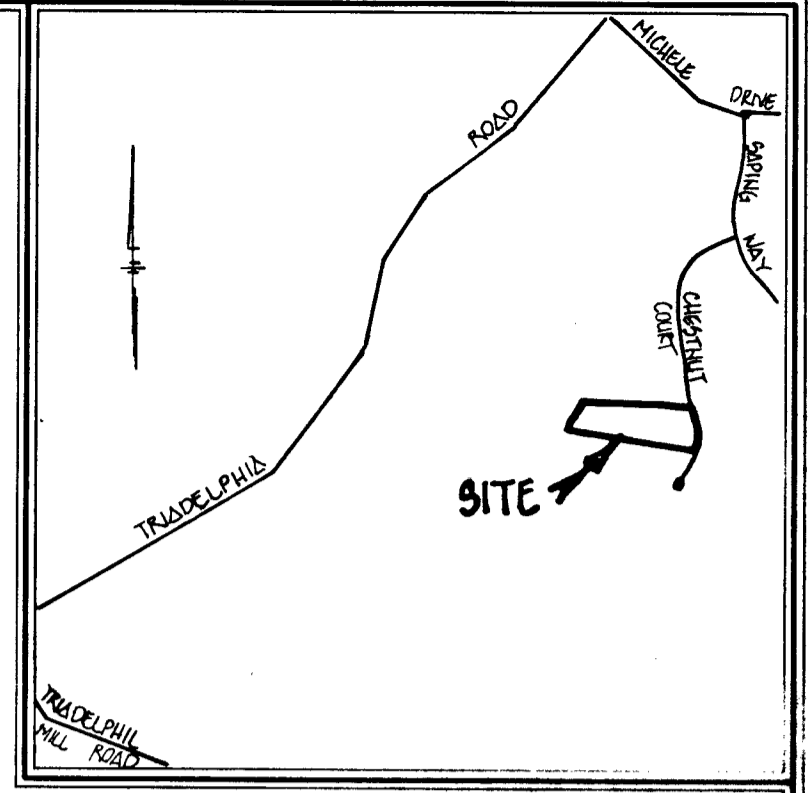
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





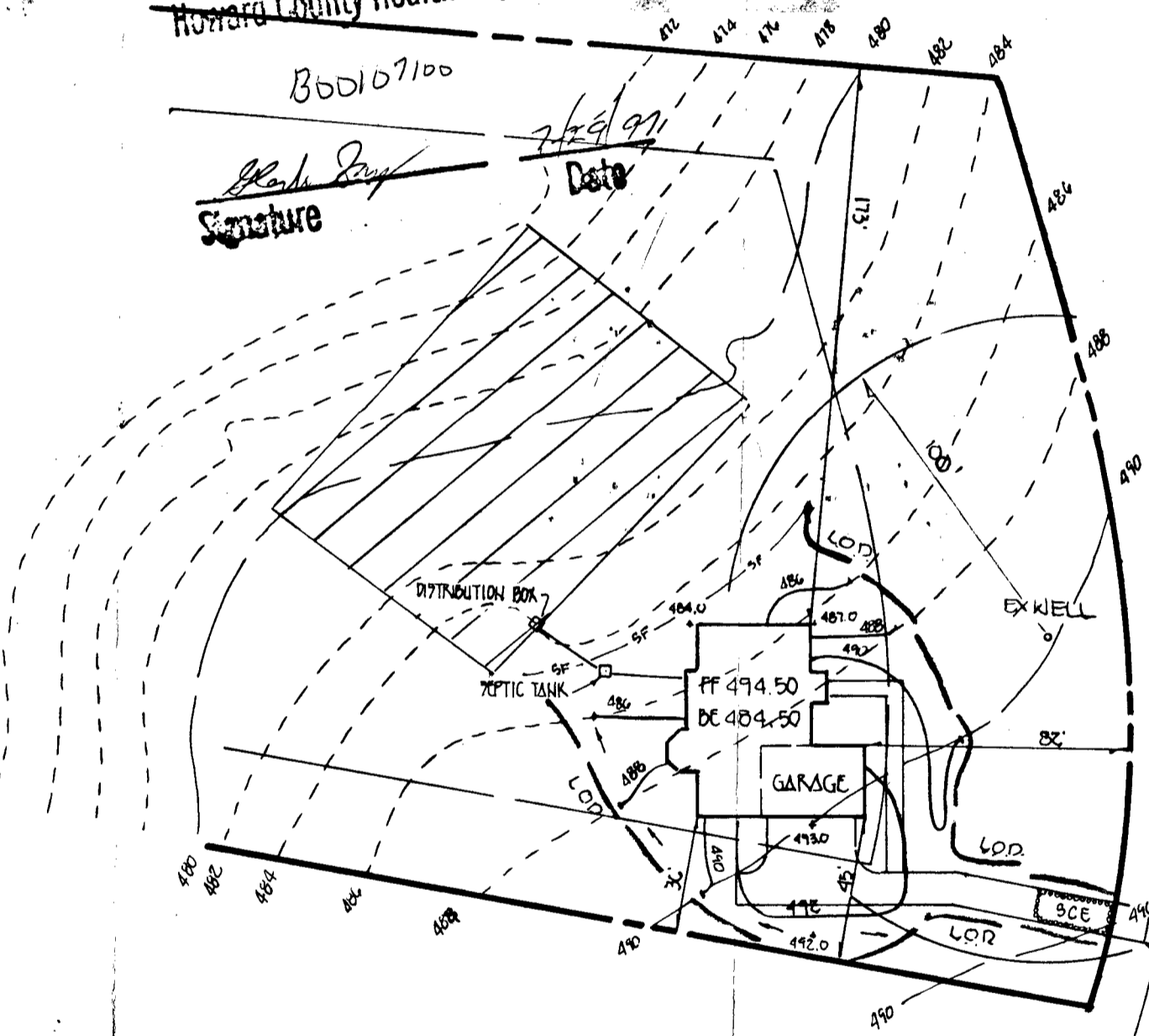


PLAN
SCALE: 1" = 100'



VICINITY MAP
SCALE: 1" = 2200'

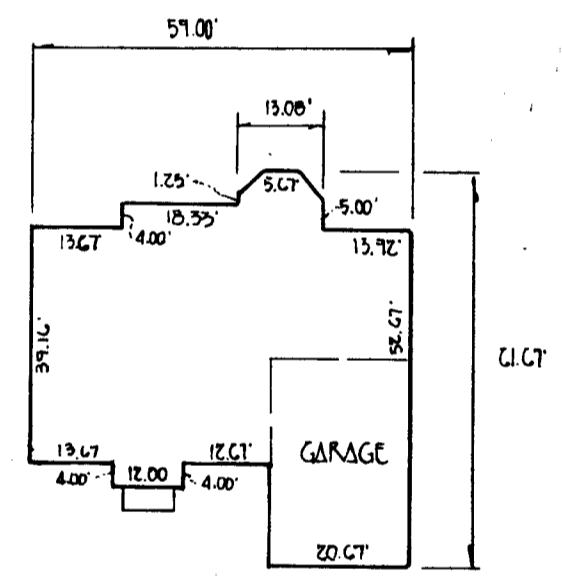
Approved Septic System Plan
Howard County Health Department



PLAN
SCALE: 1" = 50'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 494.50
B. BASEMENT ELEVATION: 484.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 482.3
D. INVERT IN AT SEPTIC TANK: 481.5
E. INVERT OUT AT SEPTIC TANK: 481.5
F. PROPOSED GRADE OVER SEPTIC TANK: 485.0
G. INVERT AT DISTRIBUTION BOX: 481.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 484.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



LAWSON RESIDENCE

GAVE VERBAL OK TO DROP 1/2' CONTINGENT UPON RCPT. OF AMENDED SITE PLAN

4-6 NEW SPECS
4-2-7 1/2

MR 9/18/97

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

LOT 36

THE WARFIELDS

TAX MAP 27

PARCEL 56 AND 114

FIFTH ELECTION DIST.

HOWARD COUNTY, MARYLAND

SCALE: AS SHOWN

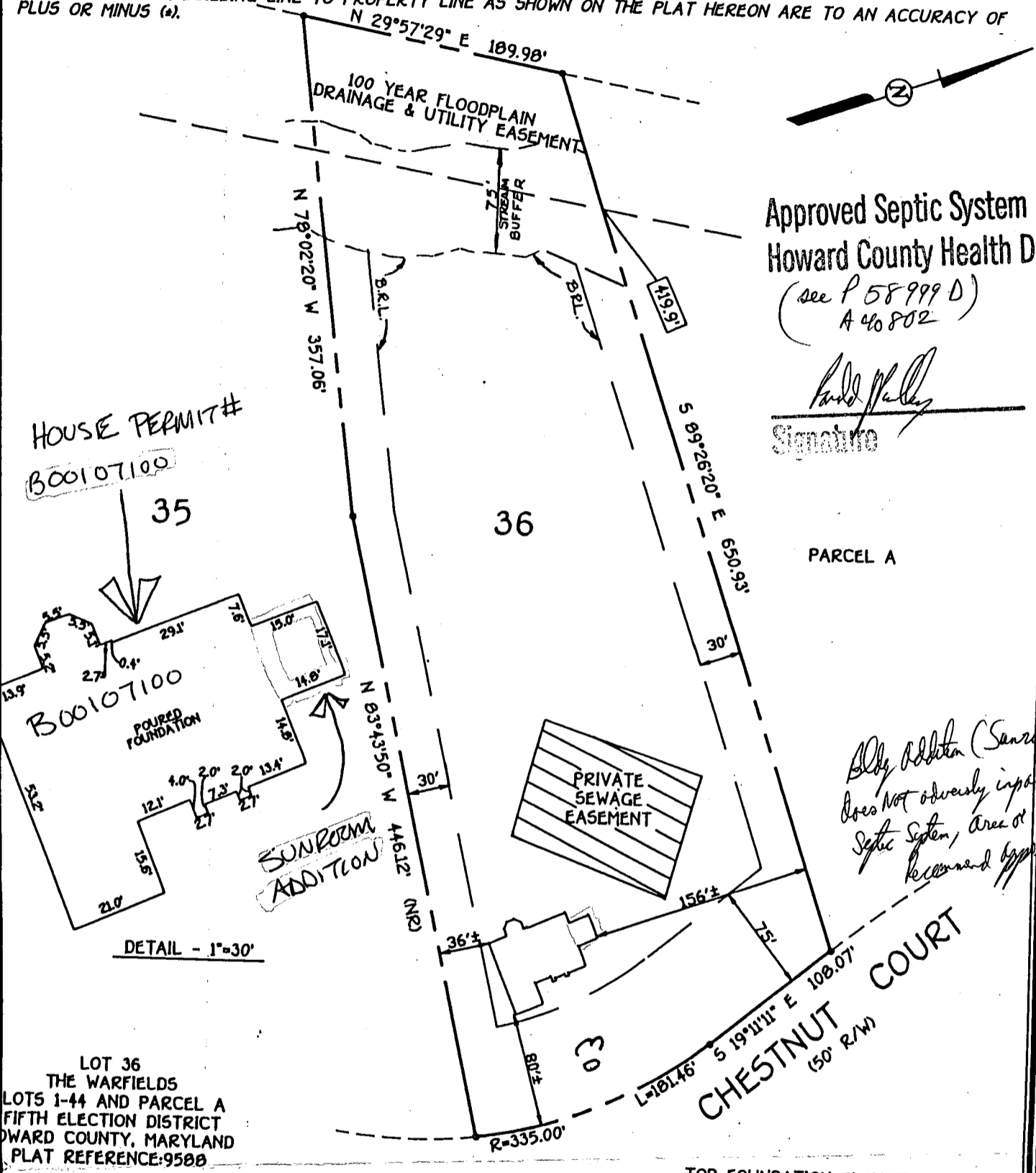
DATE: JULY 21, 1997

GENERAL NOTES:

1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar as it is required by a LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440025 B EFFECTIVE DATE: DEC. 4, 1986

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (±).



Approved Septic System Plan
Howard County Health Department
(see P 58999 D)
A 40802

Paul Kelly
Signature

11/4/97
Date

*Body Addition (Sanction)
Does NOT adversely impact
Septic System, Area of well
Recommended approval
HJP 11/4/97*

LOT 36
THE WARFIELDS
LOTS 1-44 AND PARCEL A
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REFERENCE: 9500

TOP FOUNDATION ELEVATION=409.1'

HER, COLLINS & CARTER, INC.
ENGINEERING CONSULTANTS & LAND SURVEYORS

REAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
4107 481 - 2835

G:\DRAWINGS\61150\61150LOT36H.DWG



Crovo
PROFESSIONAL LAND SURVEYOR
REG. 10763
10/2/97
DATE

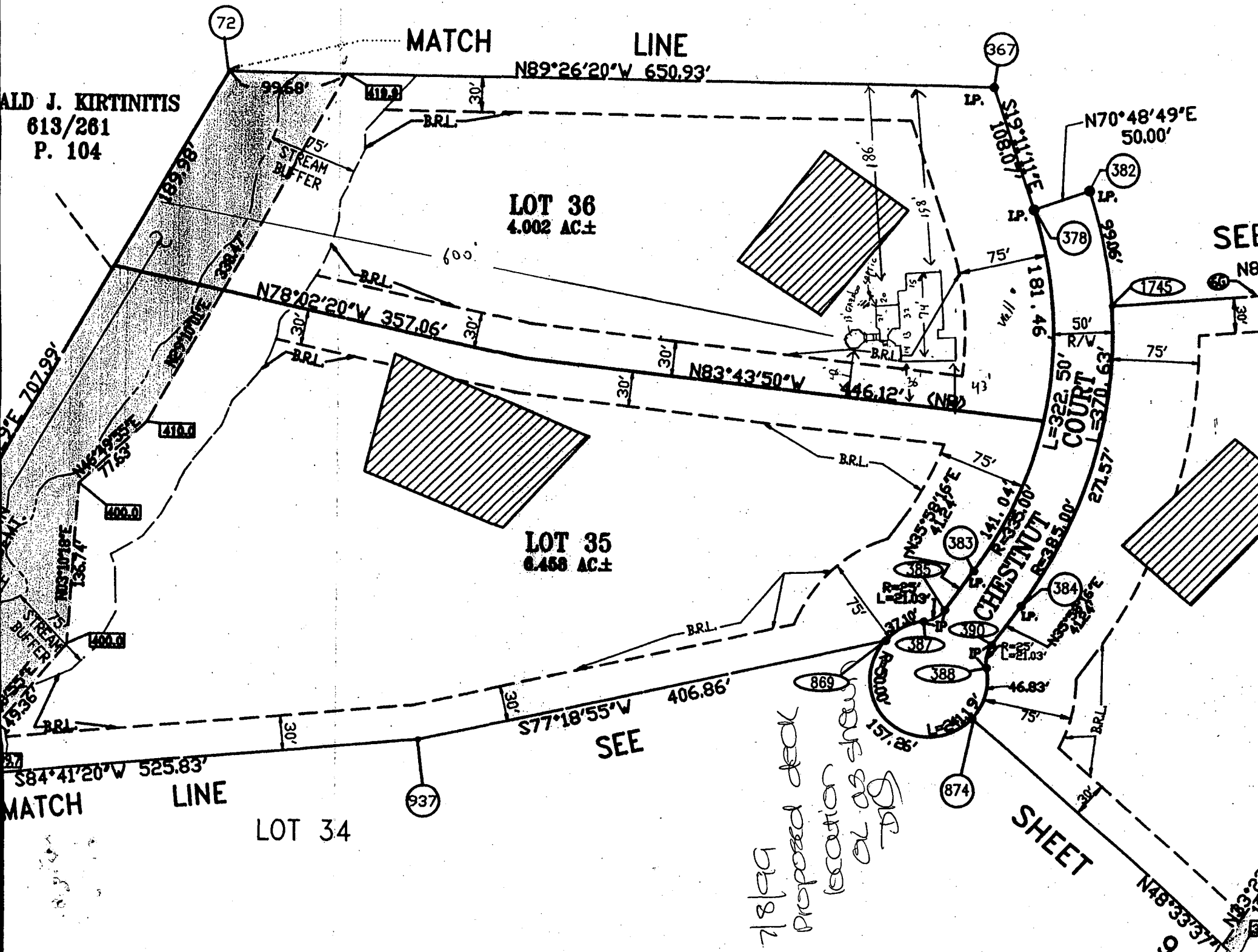
HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 10/2/97
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 10/2/97
DRAWN BY: KEL
CHECKED BY: MLR
PROJECT No.: 61150

ALD J. KIRTINITIS
613/261
P. 104

MATCH LINE



SEE SHEET 9

7/8/99
Proposed deck
(location of 20' x 20' deck)
S.D.C.

SHEET 9