

10/8
2:00

#350022

PERMIT ✓

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49605

A 40856

DISTRICT 4th

DATE 9/10/93

DATE SYSTEM APPROVED 10/12/93

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

INDEXED

Fogle's Septic Clean Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Foxmoor LOT 18 ROAD 17700 Huntmaster Court

PROPERTY OWNER Bob Ransom

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED TANK

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 105 feet off the front lot line and 115 feet off the right lot line as seen when facing the lot from Huntmaster Court. Run trenches on contour toward the right lot line. NOTE: Septic tank top to be maximum 2 feet below original grade. Otherwise top seam tank required.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 9/14/93

PLANS APPROVED BY Sid Abel/Mark Rifkin DATE 09/10/93

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

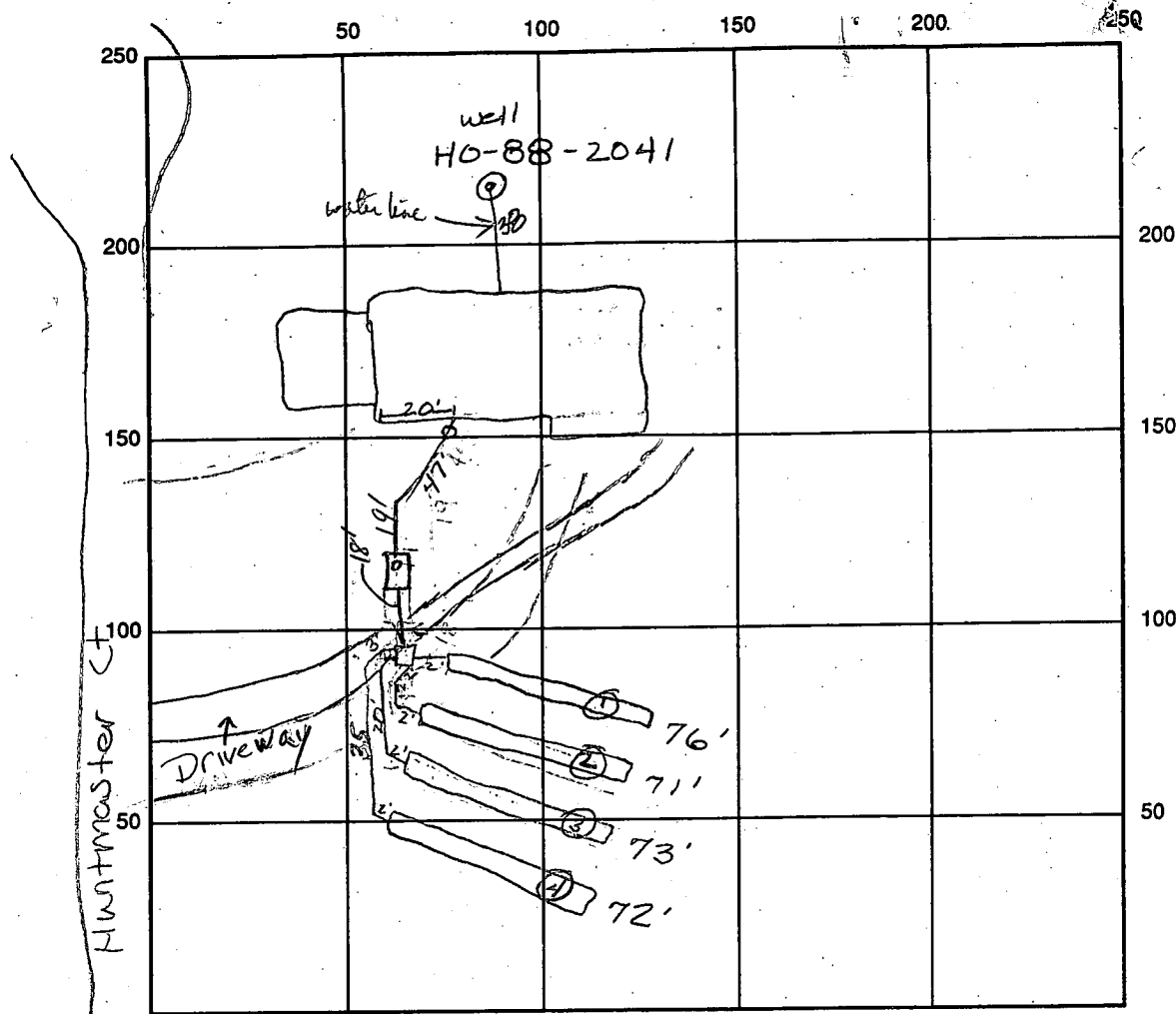
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

PERMIT SIGNED
AND RETURNED 6-3-99
Serial # 200118144
deck

A
40856



SEPTIC TANK LEVEL OK CLEANOUTS OK 1:2

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH ≈ 5' FT. TRENCH WIDTH 3' FT. INLET DEPTH ≈ 3' FT.

EFFECTIVE GRAVEL DEPTH ≈ 2' FT. TOTAL LENGTH 292 FT. ① 76' ② 73' ③ 71' ④ 72'

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 876 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/8/93 Tank location OK from 10/5/93^{7m} OK to cover tank to house and trench 1:2 A/LM 10/12/93 OK to cover final. No permit card on site. Couldn't see at site but contractor said lines running under driveway would be skewed A/LM - Note distribution box is at edge of gravel driveway. Unless driveway is moved d.b. could be crushed by heavy vehicle traffic 10/11/93

90/10/13 No WPT A/LM - w PI OK 10/14/93

DATE SYSTEM APPROVED 10/12/93 INSPECTOR Amy L. McMiller

APPLICATION

PERCOLATION TESTING

A 40856
P _____

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

DISTRICT Fourth
DATE 12-15-87

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 Long Meadow Venturers RANSOM

ADDRESS 7050 Oakland Mills Road Suite 100 PHONE 301-290-9494

PROSPECTIVE BUYER Columbia, MD 21045

ADDRESS Attention: Mr. Earl Armiger PHONE _____

PROPERTY LOCATION:

SUBDIVISION Foxmoor LOT NO. 3 / Lot 18 Preliminary

ROAD AND DESCRIPTION 17700 Huntmaster Court
End of Timberleigh Way

TAX MAP 12 PARCEL # 16

BLDG. PERMIT SIGNED
AND RETURNED 8/26/88

SIZE OF LOT 3.3 Acres TYPE BLDG Single Family - 4 Bed
(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.

Jeffrey E. Howard
(SIGNATURE OF APPLICANT)

APPROVED BY Sidell FOR Standard Trenches DATE 2-21-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-3-88 Perc Satisfactory - Hold For Perf. Sewer

SHALLOW SYST. BANK TOP SEAM ONLY PLACE AT HIGH HOLE OF
PERC Field. (SA)

HD-216

THIS IS NOT A PERMIT

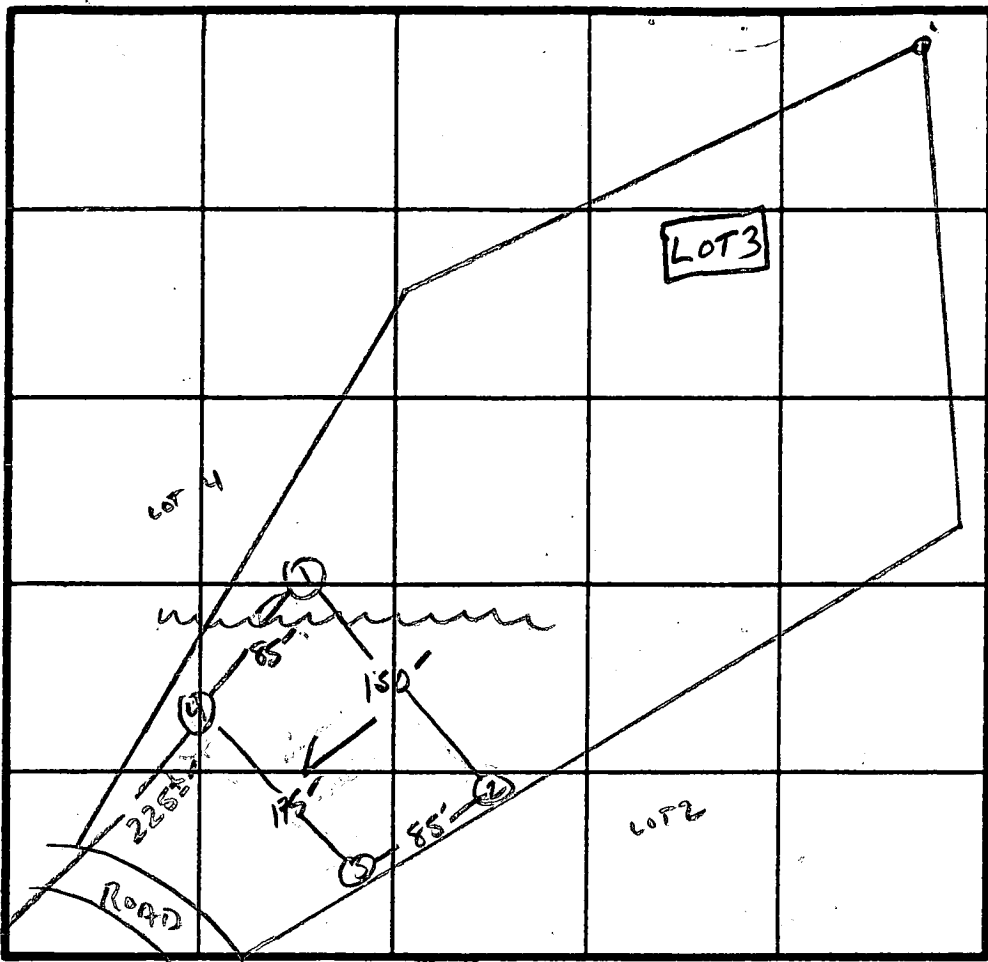
DO NOT CHANGE
 SACS. 8A
 2 PER C 8 MIN
 185 P 1 BR
 INLET 3.0
 BOTTOM 5.5

SOIL PROFILE

10"
 3.5"
 185"

4AP
 Yellow Br
 Silt loam
 10-15%
 Shale frags

Yellow
 Brown
 Silt loam
 15-25%
 Frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Florence Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/88	1S	3.5"	11:44	11:47	11:47	11:59	12 MIN
		7"	11:44	11:45:30	11:45:30	11:51	5 1/2 MIN
	1V	11"	Shaly AT 8" MASSIVE AT 10"				
	2S	4"	11:18	11:21	11:21	11:26	5 MIN
		7"	11:18	11:23	11:23	11:31	8 MIN
	2V	10.5"	SAME AS #3 w/ MASSIVE SHALY AT 10.5"				
	3S	4"	11:08	11:12	11:12	11:19	7 MIN
		7.5"	11:08	11:11	11:11	11:22	11 MIN
	3V	11.5"	ME Ainy loam w/ 30-40% shale AT BOTTOM				
	4S	4.5"	11:43	11:45	11:45	11:51	6 MIN
		8.5"	11:43	11:45	11:45	11:49	4 MIN
	4V	12"	See profile				

REMARKS: Holes DIFF THAN PLAT / Shallow SYST ONLY / PLACE SEPTIC TANK AT HIGH END OF PERC FIELD. TO P SEAM ONLY

TYPE OF SOIL: ME Ainy

TESTED BY: S. Abel

ALSO PRESENT: Ken DNE

Optic System Plan
County Health Department

793.29'

30' BRL

72593

WELL 666.00'

F.E. 672.00
BASES 663.00
INV OUT 661.15

EX GR 662.00
INV IN 659.00

EX GR 663.0
INV IN 659.4
INV OUT 659.5

200 FT
LONG PER 4 BEDROOMS

DRAWN BY
FRED DICKSON

442-5865

8/12/93

HUNT MASTER COURT

8/25/93
PLANS OK
BP 50/90
RH

30' BRL

120'

350.00'

LOT 18 (3.387 AC)

1" = 40'

4 BEDROOMS

ature

380'

LIMITS 90'
DISTURBANCE

TRENCH ON CENTER
LINE

TANKS 20'

50'

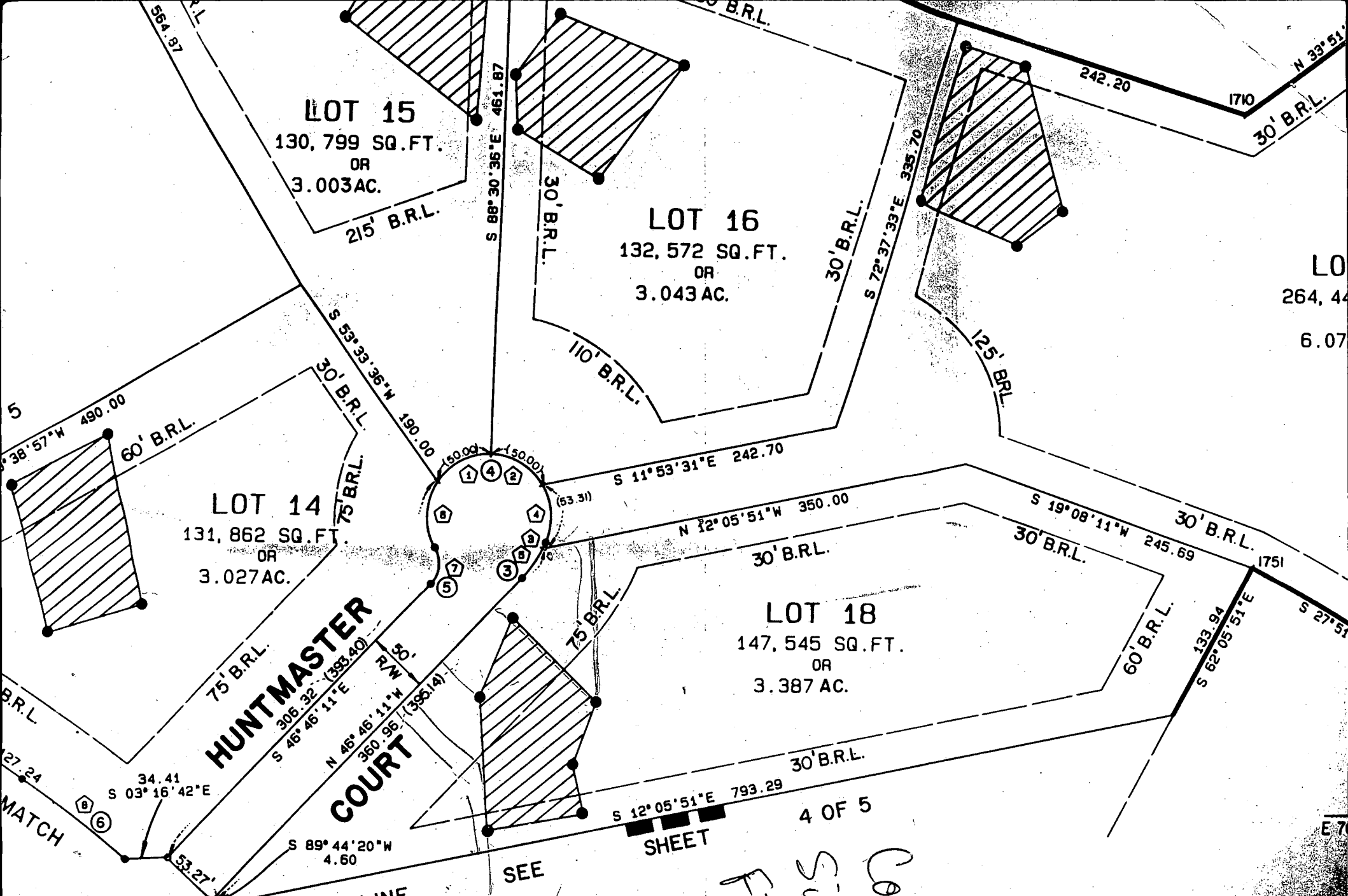
30' BRL

115'

140'

105'

260.96'



FLOODPLAIN COORDINATE

POINT	NORTHING	EASTING
1228	535484.16198	7628
1251	535298.18030	7628
3379		

B 1 5362

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD-88-2041 fill in this form completely

Date Received (APA)

01/14/92

OWNER INFORMATION

Chesapeake Holding

POB 1596

Baltimore MD 21203

B 3

LOCATION OF WELL

Howard

Foxmoor

SECTION 18

Florence

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

George F. Easterday

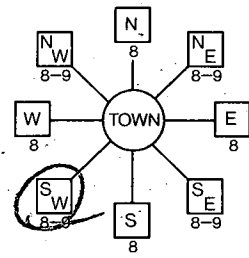
L. Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md. 21771

Signature: George F. Easterday Date: 1/8/92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Huntmaster Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 40856 COUNTY NO.

STATE SIGNATURE DATE ISSUED 01/27/92

CO SIGNATURE EXP. DATE 07-27-92

NORTH GRID 539000 EAST GRID 0763000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

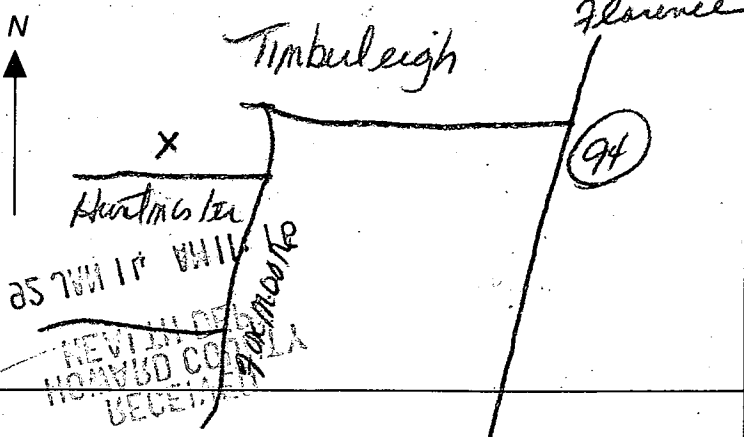
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

Map grid boxes: E 7623, N 5304

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D 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 RP PERMIT No. MD-88-2041

SPECIAL CONDITIONS

C1 5117 SEQUENCE NO. (DENV USE ONLY)

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 40856**

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED
022092

Depth of Well
400 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
110-88-2097

OWNER **Chesapeake Holding Co**
last name **Hunt** first name **Master** TOWN **Florence**
STREET OR RFD **Ct**
SUBDIVISION **Fox Moor** SECTION **18** LOT **18**

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	
Shale	4	5	
Blue slate	5	105	
Sand Stone	105	106	✓
Blue slate & Flint	106	400	

GROUTING RECORD

WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL:
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS **6** NO. OF POUNDS **600**
GALLONS OF WATER **30**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **18** ft.
(enter 0 if from surface)

CASING RECORD

main casing types insert appropriate code below

<input checked="" type="radio"/> ST	<input type="radio"/> CO
STEEL	CONCRETE
<input type="radio"/> PL	<input type="radio"/> OT
PLASTIC	OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **20**

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

<input checked="" type="radio"/> ST	<input type="radio"/> BR	<input type="radio"/> HO
STEEL	BRASS	OPEN HOLE
<input type="radio"/> PL	<input type="radio"/> OT	
PLASTIC	OTHER	

C2

DEPTH (nearest ft.)

1	40	18	400
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.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**
PUMPING RATE (gal. per min. to nearest gal.) **4**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **29**
WHEN PUMPING **115**
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 **2** (nearest foot)

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)

Sideline 30' well
20'
Huntmaster Ct.

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. **40**
DRILLERS SIGNATURE **George J. Entenbury**
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Charles H. Miller**

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00118144

Building Address 17700 Huntmaster Ct.
WOODBINE MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604 Subdivision FOXMOOR

Section N/A Area N/A Lot 18

Tax Map 12 Parcel 16 Grid 12

Zoning RC-150 Map Coordinates _____ Lotsize 3 1/2 ACRES

Existing Use Residential Single Family Home

Proposed Use ADD STAIR WITH DECK

Estimated Construction Cost \$ 23000

Description of Work DECK ATTACHED TO
BACK OF HOME - LOWER LEVEL
8 5 x 18 irregular shape w/
steps

Occupant or Tenant owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Robert + Sharon Ransom

Address 17700 Huntmaster Ct.

City WOODBINE State MD Zip Code 21797

Home Phone 489-5142 Work Phone 301-713-3138

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

Contractor Company Homeowner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

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 THERE TO, (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sharon Ransom
 Applicant's Signature

SHARON Ransom
 Print Name
5-14-99
 Date

Title/Company _____

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 6/2/99 male c. r. r. k.

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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#: 10923

Filing fee \$ 30

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ 30.00

Balance due \$ _____

Check # 994

Validation # 22216

Accepted by [Signature]

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

793.29'

30' T&RL

WELL 666.00'

F.E. 672.00
RAISE 662.00
INV OUT 661.15

EX GR 663.0'
INV IN 659.5'
INV OUT 659.5'

EX GR 662.40'
INV IN 659.20'

150' T&RL

190'

HUNT MASTER COURT

SPRINKLER AREA

TRENCH ON CENTER
MARKED BY YELLOW DOTS

DISTANCE

EX GR 662.40'

719.57'

120'

70'

350.00'

7-18 (3.387 AC)

OVERLAP LOT OUTLINE

