

05-466124

7-28-94
1 pm
BP
7/27/94
1:00 pm
53620

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49927E
A 41373B

DISTRICT _____
DATE 3/18/94

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 7/27/94
INSPECTOR ALM

INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 North Avenue, Mt. Airy, Maryland 21771 PHONE (410) 795-6566

SUBDIVISION Ashleigh Knolls LOT 14 ROAD Chilton Court 7111 BROOKSHIRE
LANE

PROPERTY OWNER Winchester Homes, Inc. STEVE LAGANA

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

219
840
318
2

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION - Place distribution box 40' from left lot line and 40' from rear lot line as seen when facing the property from Chilton Ct. Run trenches along contour toward rear lot line.

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

PLANS APPROVED BY C. Williams OK/cw DATE 3/15/94

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

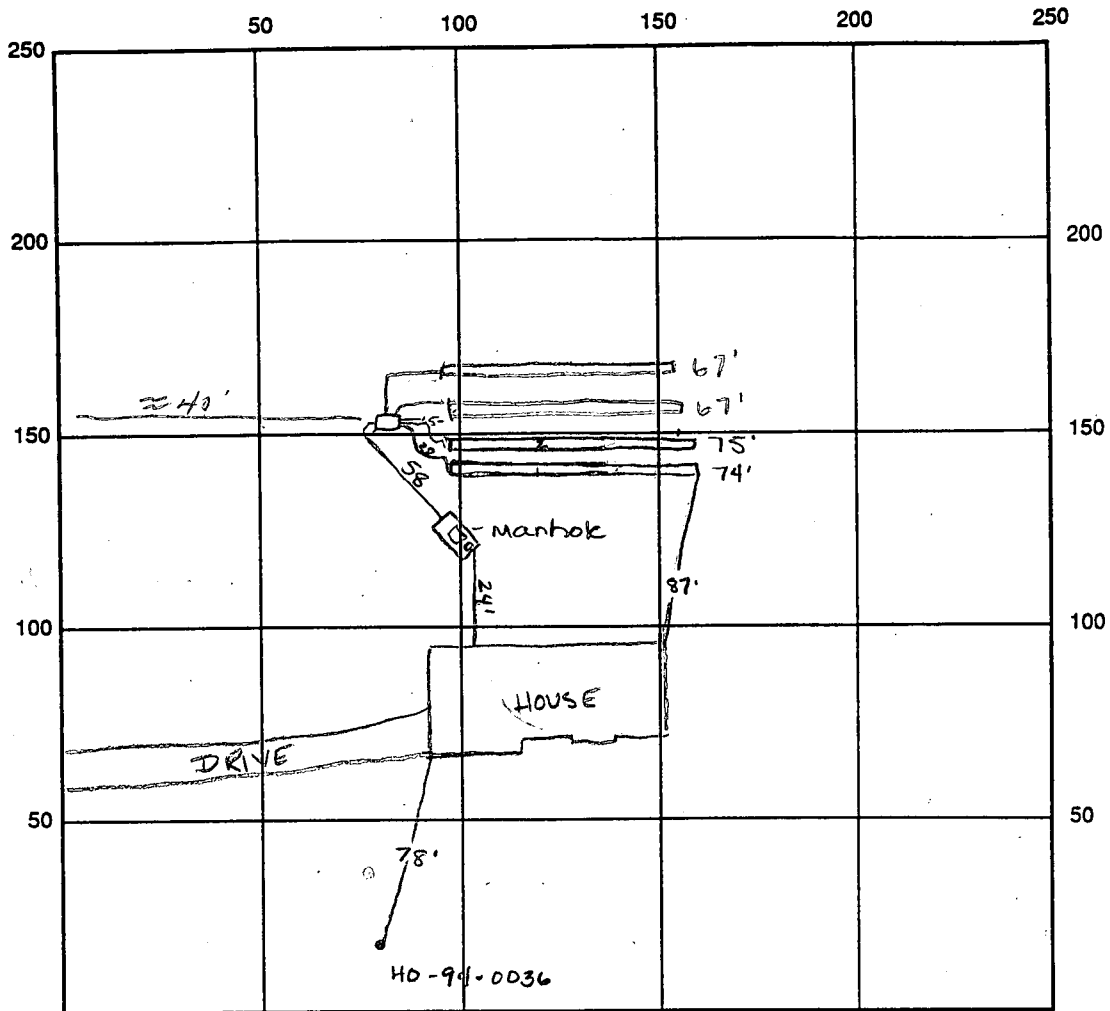
BUDG. PERMIT SIGNED
AND RETURNED 4-9-94
Serial # BR110856
ALM

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**

41373B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS #1 OK manhole OK
 DISTRIBUTION BOX LEVEL OK baffles 10
 DRAIN FIELD/TITLE DEPTH 6' per trench TRENCH WIDTH 3' FT. INLET DEPTH 4' FT.
 EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 74' 75' 67' 67' = 283 283
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 849 SQ. FT. 849
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 7/26/94 OK to cover trench #1-2 and from house to DB. Alum
7/27/94 OK to cover all work final Alum

DATE SYSTEM APPROVED 7/27/94 INSPECTOR Amy McMillan

7/1/94
anytime

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

7/1/94
Final
cb

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION
LINE

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision Ashleigh Knolls Lot # 14 Well Tag # 94-94-0036 ✓
Site Address 7111 Brookshire 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 _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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.

Signature of Applicant: _____

Date: _____

Green 7/1/94

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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

53620

#25
PK

GP-2620

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7111 Brookshire Lane
CROFTON, MD. 21114

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type: 1.5 BT Jorden
2 story full bath 2.5 BR 1.5 B
Garage 1 BR 1.5 BR 1.5 BR

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
14	174	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Arlington Knolls		RR	41	5	6051.02	

OWNER NAME AND ADDRESS: William S. & Nancy J. Inc. 3011 474 4411
6308 Ivywood Court 800
CROFTON, MD. 21114

PHONE NO.

OCCUPANT'S NAME AND ADDRESS: Same as above

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: M. J. ...
230 N. ...
ELLICOTT CITY, MD. 21043

PHONE NO. 621-5764

CONTRACTOR'S NAME AND ADDRESS: Same as above

PHONE NO.

EXISTING USE: Vacant

PROPOSED USE: Res. Single Family

EST. CONSTRUCTION COST: 169,900

LICENSE NUMBER: 154-14160

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	62'	32'	10'
	62'	32'	10'
	62'	32'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2007	20070	Asph/Flt
ROOMS	1347	13470	
BATHS			
FIREPLACES	1471		

FOOTINGS	FOUNDATION	S. WALLS
16x8	8" CONC.	Block

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
			X	HT	X

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE: [Signature]
TITLE: [Title] DATE: 4/22/94

W/S CODE

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/22/94	Craig Williams
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

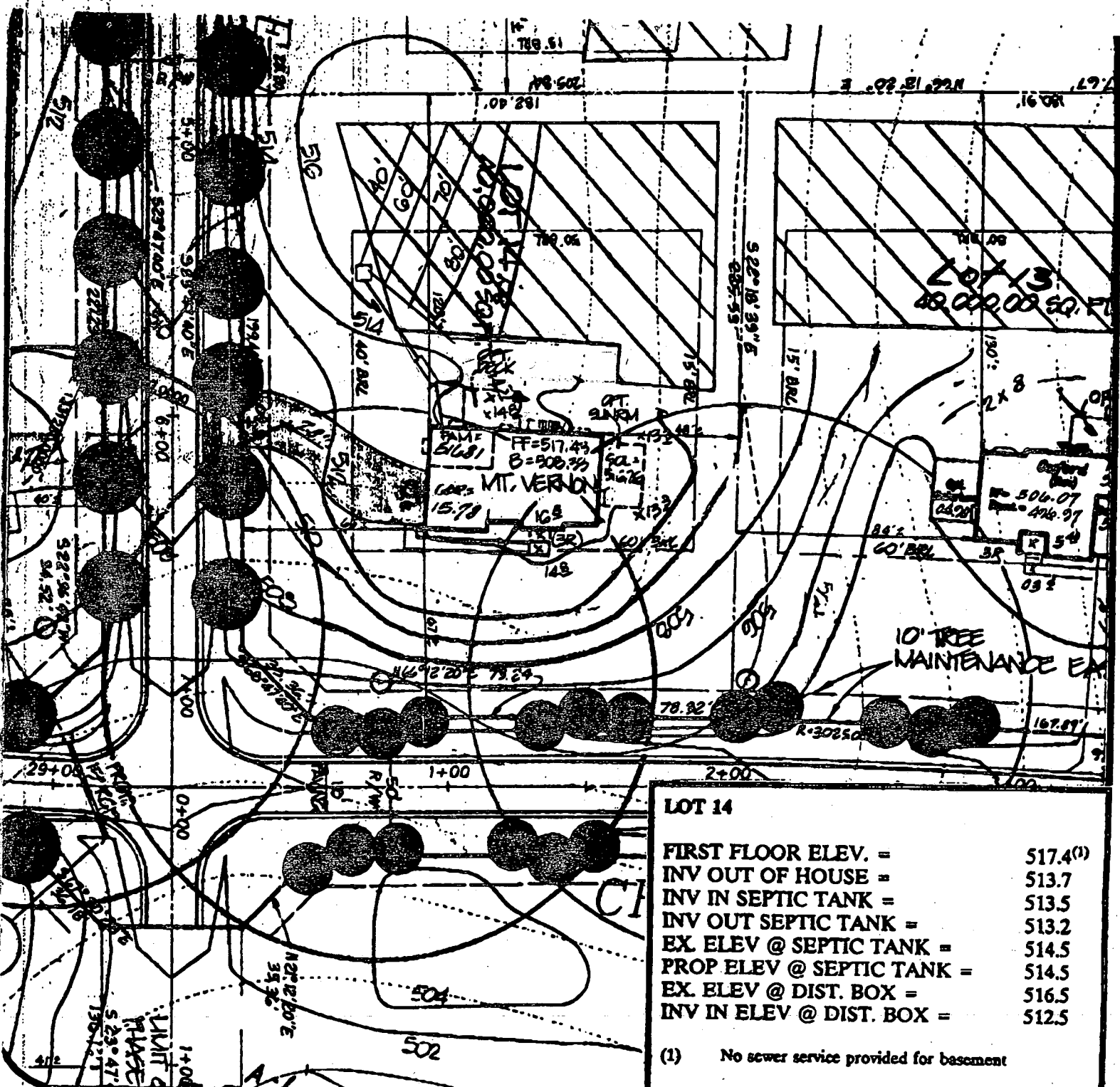
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED DATE

LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.



LOT 14

FIRST FLOOR ELEV. =	517.4 ⁽¹⁾
INV OUT OF HOUSE =	513.7
INV IN SEPTIC TANK =	513.5
INV OUT SEPTIC TANK =	513.2
EX. ELEV @ SEPTIC TANK =	514.5
PROP ELEV @ SEPTIC TANK =	514.5
EX. ELEV @ DIST. BOX =	516.5
INV IN ELEV @ DIST. BOX =	512.5

(1) No sewer service provided for basement

REVISION #1 - RAISED PERC FIELD PER
 C. WILLIAMS Ho. Co HEALTH DEPT & ADDED
 DELX - 5/25/94

Approved Septic System Plan
 Howard County Health Department MOCHI GROUP PC
 BP 54596-4BR.

Craig Willett
 Signature _____ Date 6/17/94

HOWARD COUNTY

SERIAL NUMBER

APPLICATION

A1102

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

612620

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7111 Brookshire Lane
Clarksville Md 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

12 x 20 Deck on rear of home w/ steps to road

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
14	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR	41	5	6051.02

OWNER NAME AND ADDRESS PHONE NO.

Winchester Homes Inc (301) 474-4411
6305 Juy Ln. Suite 800
Greenbelt Md 20770

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF

B. ROOMS
ROOMS
BATHS
FIREPLACES

4 BR

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R.M. Mochi, Inc
3300 N. R. Ave Rd. - Suite 225
Ellicott City Md 21043 621-5768

FOOTINGS	FOUNDATION	S. WALLS

Foundation

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Same As Above

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Signature

Paul Sec

6-3-94

TITLE

DATE

EXISTING USE	PROPOSED USE
SFD	SFD + Deck

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
2300.00	158-14160	

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK (CORNER LOT ONLY) _____ SDP # _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for 10 days before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	6/17/94	Craig Weller
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

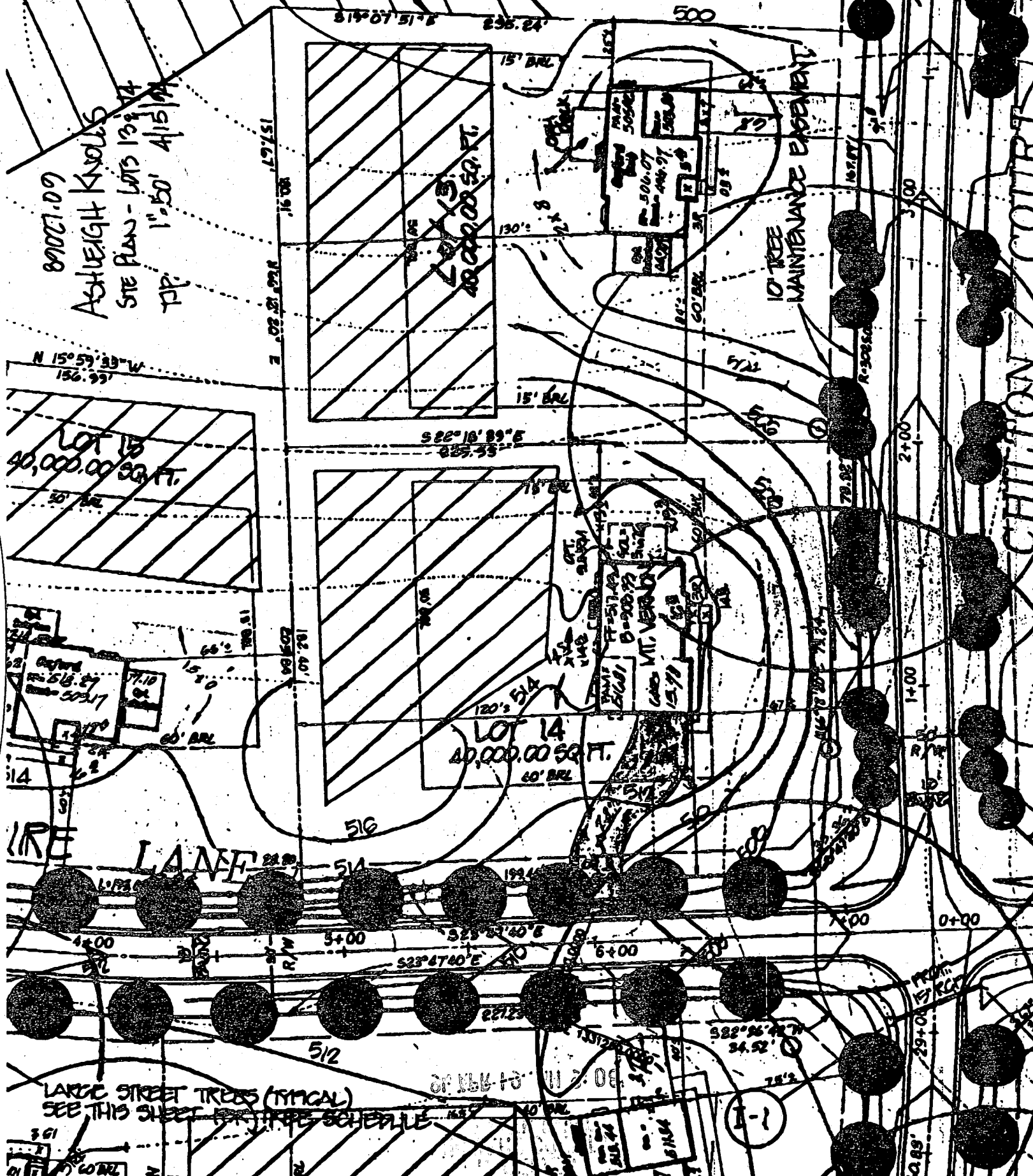
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

LP-69-591

Department MOCHI GROUP PC
BP 54596-4BR
Signature: Craig Weller
Date: 6/17/94

N. PERC AREA
BE DISTURBED)

89007.09
ASHLEIGH KNOWLES
SITE PLAN - LOTS 13 & 14
TP: 1"=50' 4/15/94



CHILTON COURT

LARGE STREET TREES (TYPICAL)
SEE THIS SHEET FOR TREE SCHEDULE

CT 8702

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

A41373B

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN SUBDIVISION SECTION LOT

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. Includes handwritten entries like 'TOP soil', 'red clay', 'brown shale', 'Sand stone', 'gray Mica', 'Sand stone', 'gray Mica', 'Flint mica', 'gray Mica', 'Flint mica', 'Quartz mixed', 'gray Mica'.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing of nearest inch Total depth of main casing of nearest foot

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) H O 40 260

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED 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 IDENT. NO. DRILLERS SIGNATURE SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR 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

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)

B 1 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

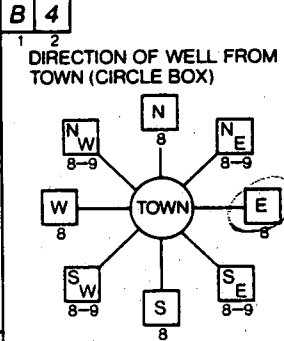
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 40-94-0036
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 011194
 WINCHESTER HOMES
 4505 IVY LAKE
 GREENBELT MD 20770

B 3 LOCATION OF WELL
 HOWARD
 8 COUNTY
 ASHLEIGH MOULDS
 23 SUBDIVISION
 SECTION 44 46 LOT 14 48 50
 HIGHLAND
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 2 MI
 73 76 77 78

DRILLER INFORMATION
 George F. Easterday
 Driller's Name L. Franklin Easterday, Inc.
 Firm Name 9265 Brown Church Rd., MT. Airy, MD. 21771
 Address
 Signature Date 1-11-94



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

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.)
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S
 CO SIGNATURE EXP. DATE
 NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

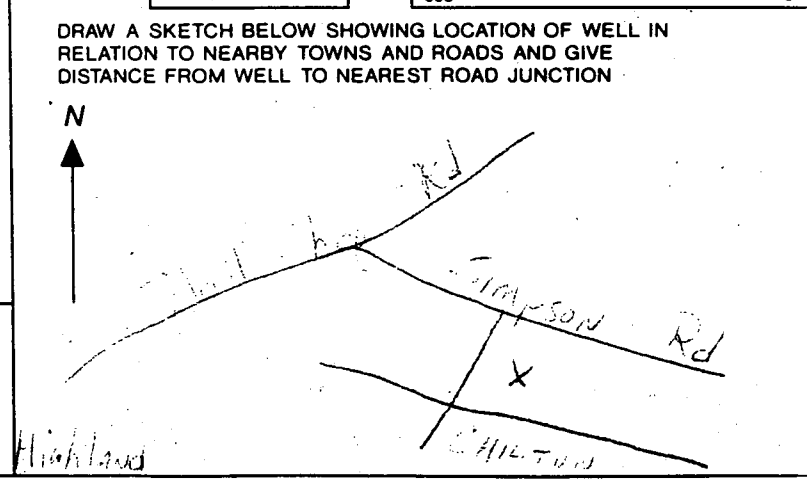
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other

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 216
 N 780
 000 000
 Tag Checked 3/22/94 DKS

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)

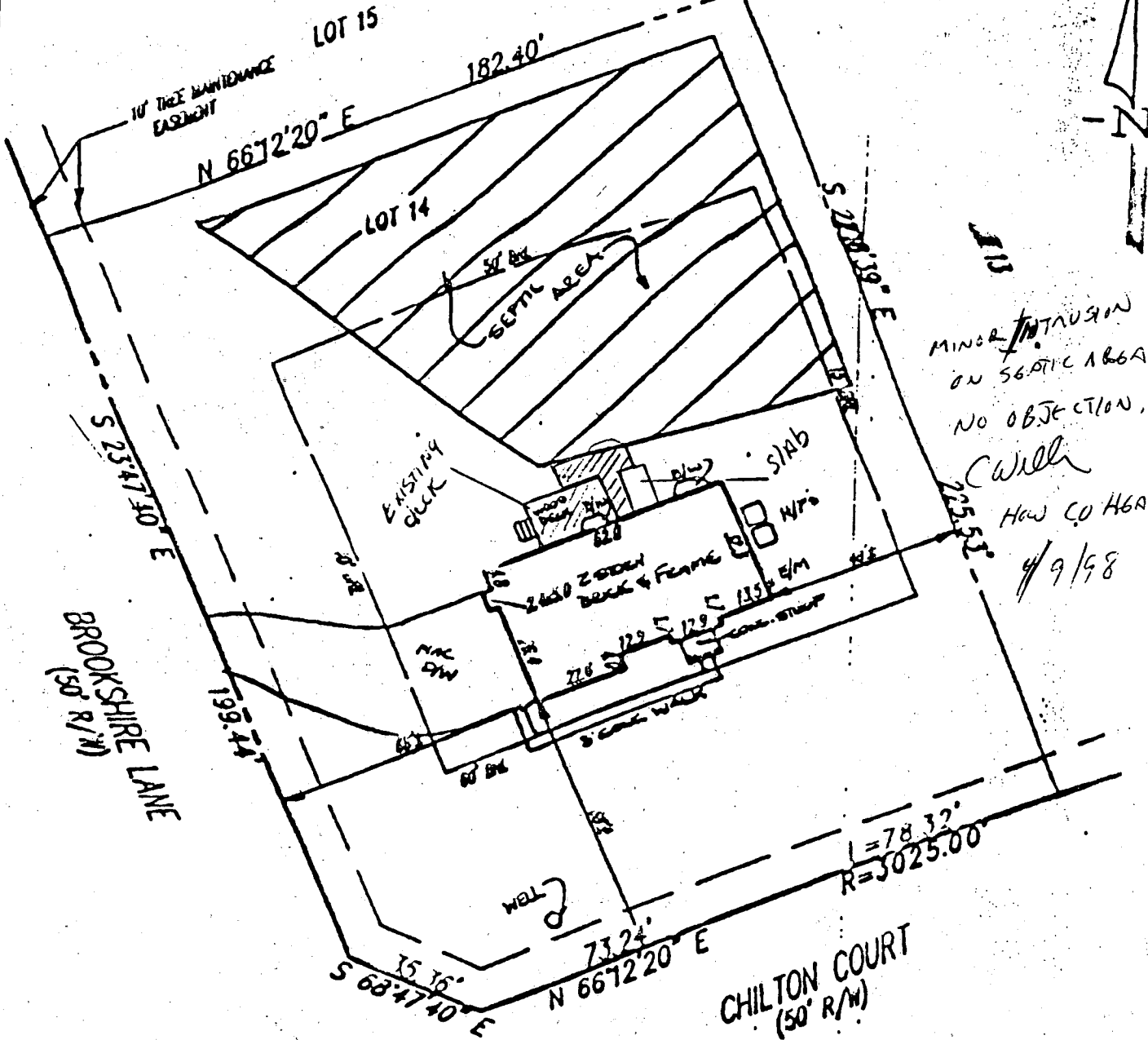


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP
 FORCE 5 WRITE INITIALS IN BOX PERMIT No. 40-94-0036

SPECIAL CONDITIONS

COUNTY



Existing
New

SMR / MGR

LOT 14

ASHLEIGH KNOLLS

PHASE ONE

PLAT No. 11120

LEGEND

- | | | | |
|------|--------------|-----|---------------------|
| F/P | = FIREPLACE | O/H | OVENHANG |
| B/W | = BAY WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | GAS METER |
| CONC | = CONCRETE | E/M | ELECTRIC METER |

ADDRESS No.: #7101 CHILTON COURT

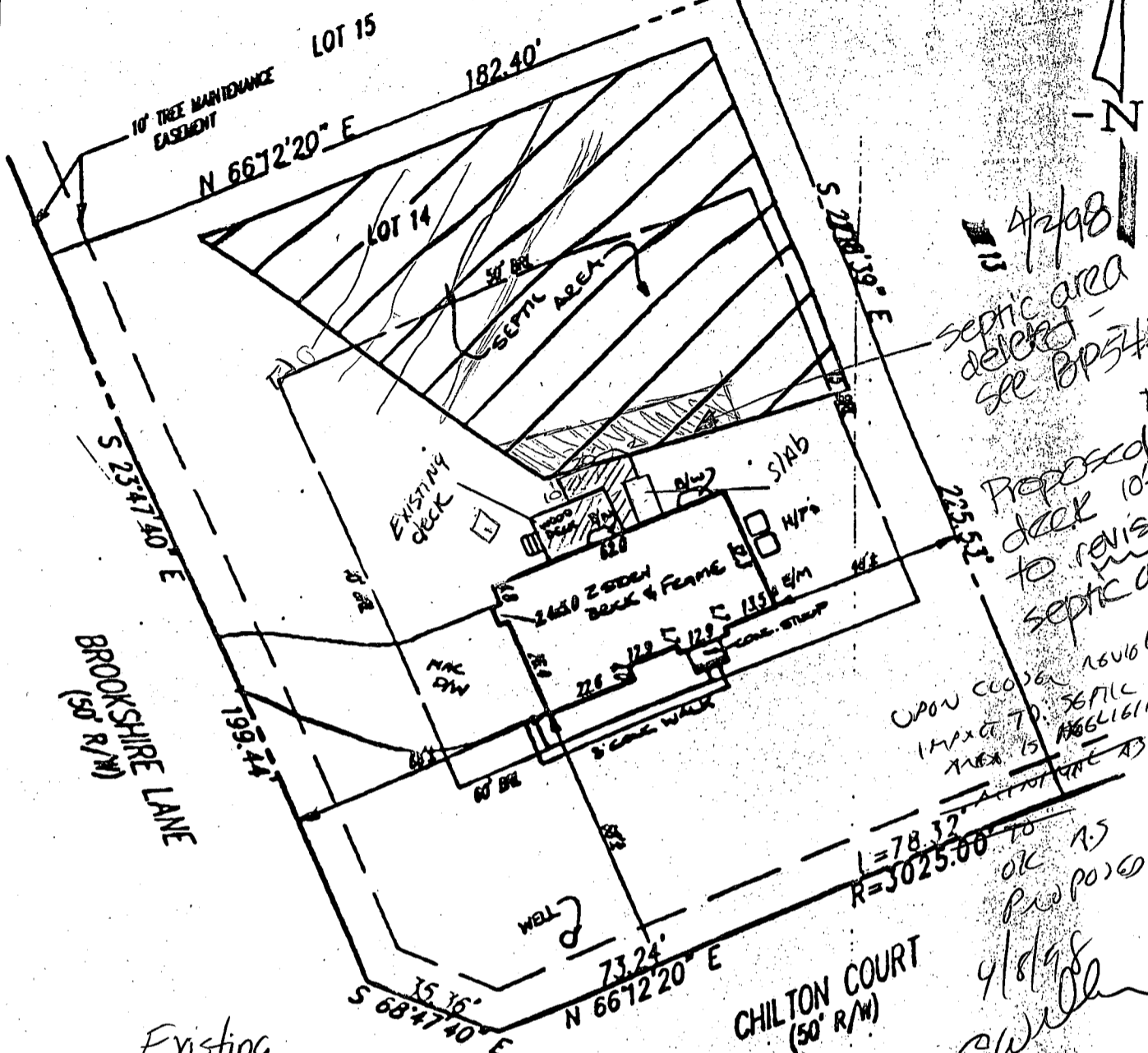
TOP OF WALL ELEV. = 518.40

FIRST FLOOR ELEV. = N/A

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS SURVEY IS TO BE USED FOR TITLE PURPOSES ONLY AND IS NOT TO BE USED FOR ESTABLISHED PROPERTY LINES.



4/2/98
 septic area
 deleted
 see OPS 4596
 DS

Proposed
 deck 104
 to revised
 septic area

UPON COMPLETION 15066W
 IMPACT TO SEPTIC
 AREA IS 1566161/166

L=78.32
 R=3025.00 TO
 OK AS
 PROPOSED

9/8/98
 CW

Existing
 New

LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: #7101 CHILTON COURT
 TOP OF WALL ELEV. = 518.40 FIRST FLOOR ELEV. = N/A

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS SURVEY IS TO BE USED FOR TITLE PURPOSES ONLY AND IS NOT TO BE USED FOR ESTABLISHED PROPERTY LINES.

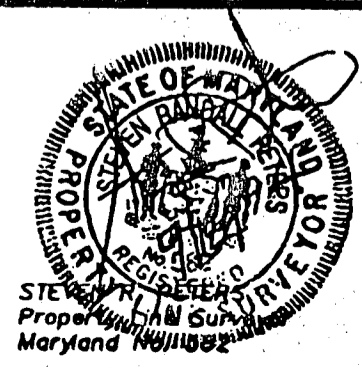
FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0038-B

SMC/MLL

LOT 14
ASHLEIGH KNOLLS
 PHASE ONE
 PLAT No. 11120
 ELECTION DISTRICT No. 8
 HOWARD COUNTY, MARYLAND

LOCATION SURVEY

FOUNDATION	DATE: SRP 07-05-94
FINAL	DATE: 9/12/98
DRAWN BY: RLC	SCALE: 1"=40'
PROJECT No.:	94517.00



R.M. MOCHI GROUP, P.C.
 3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3305
 (410) 461-0079
 Fax: (410) 750-6340