

6/29/94
10:00
6/28/94
6/28/94
6/30/94 2:30
WPX

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50035

A 43414

DISTRICT 4th

DATE 05/20/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX619933X~~ 313-2640

DATE SYSTEM APPROVED 6/28/94

INSPECTOR DKS

INDEXED

Masonry Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 239-8330

SUBDIVISION Cabin Branch Farm LOT 35 ROAD 3209 Brighton Court

PROPERTY OWNER Martin II, Inc. Johnson & Day

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

3180
4
720
240
3720

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 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. 3 feet of stone below distribution pipe.

LOCATION - Beginning at the intersection of the front lot line (Clu-de-Sac) and the right (499.74') lot line, place the distribution box 260 feet down the right lot line and 75 feet off this same lot line. Install trenches on contour toward right 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.

***** CAUTION: MAINTAIN A MINIMUM 100' SEPARATION DISTANCE BETWEEN SEPTIC SYSTEM AND WELLS ON LOT 35 AND 36. OK 5/23/94 DKS

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin ~~ALL PERMITS SIGNED~~ REVISED DATE 11/13/92

COVER NO WORK UNTIL INSPECTED AND APPROVED

AND RETURNED 3/29/01
B00129252 Decl

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)

~~ALL PERMITS SIGNED~~
AND RETURNED 3/29/01

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

B00129252 Multi-level
irregularly shaped deck w/
steps

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

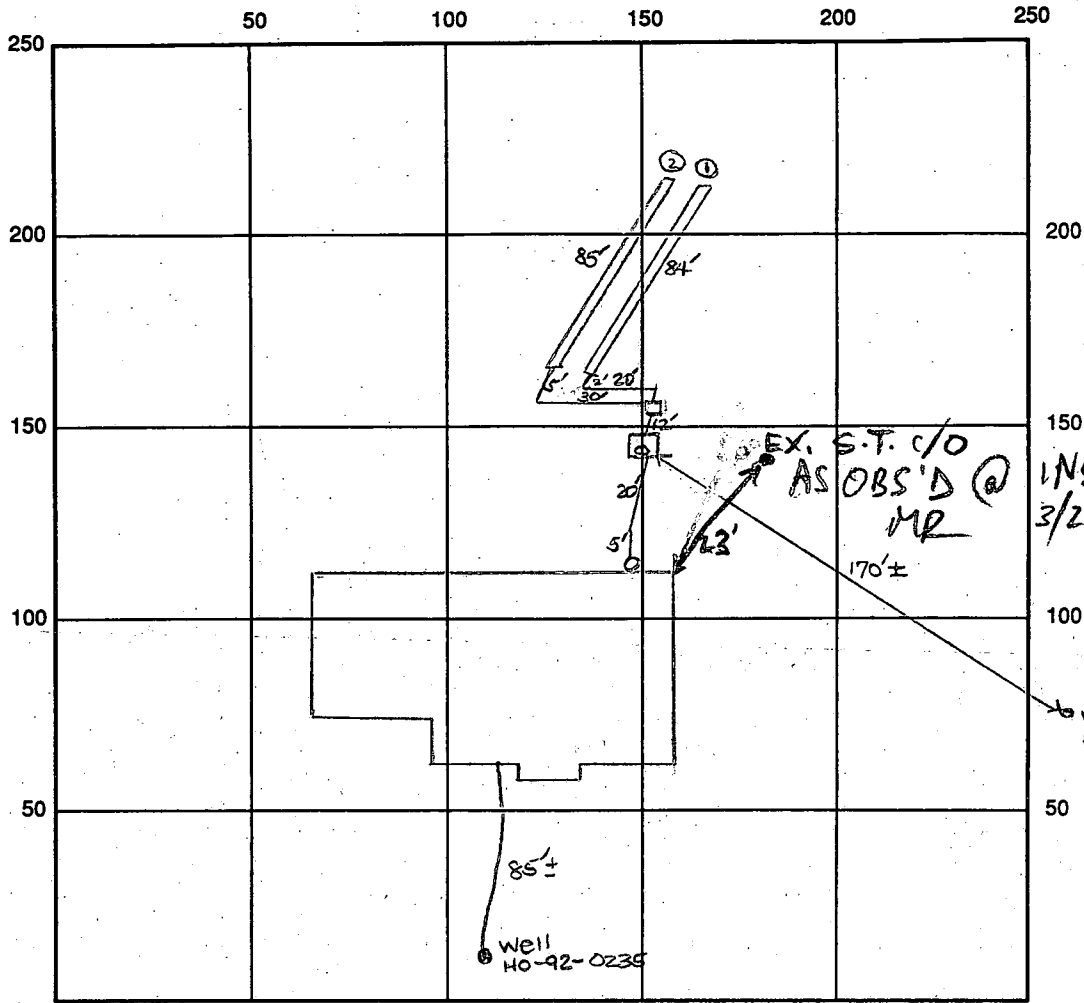
PERMIT VOID AFTER TWO YEARS

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

A
43414



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Brighton Ct.

SEPTIC TANK LEVEL OK CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 84', 85', 82' FT. → 251' total

NUMBER OF TRENCHES 3 ONE SIDEWALL/AREA 753 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 6/27/94 OK to cover trench ①, house to db. No house connection. OK to continue. DKS

6/28/94 OK to finish trench ③, and cover all work. House connection made. DKS

NO INSP SHEET

6/30/91 W.P.I. OK to cover A.M.

DATE SYSTEM APPROVED 6/28/94

INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 4344

P _____

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

DISTRICT R

DATE 12/19/88

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 Oakton Associates, Inc. Martin II, Inc

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 339-8330 (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 39 35

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3209 Brighton Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 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. James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/21/89 - perc OK Hold for Plat R/H

BLDG. PERMIT SIGNED

DATE RETURNED 5/19/89

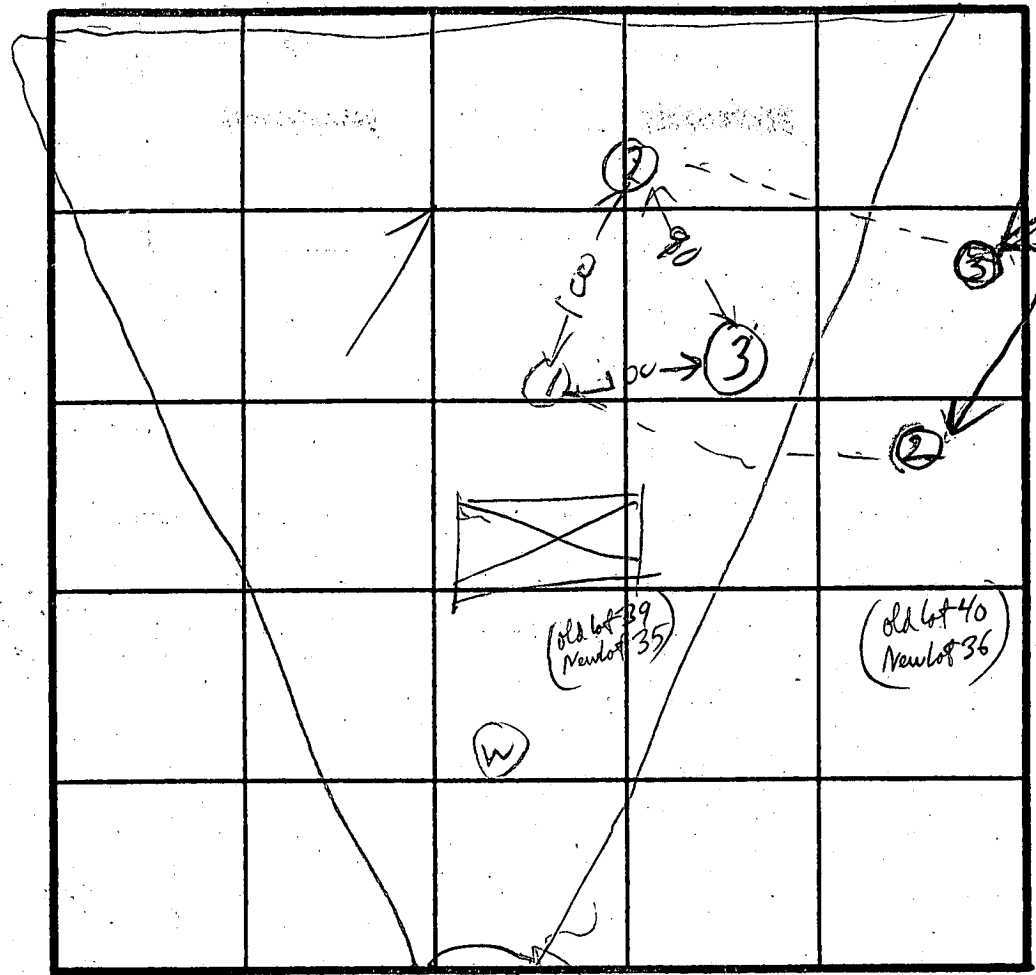
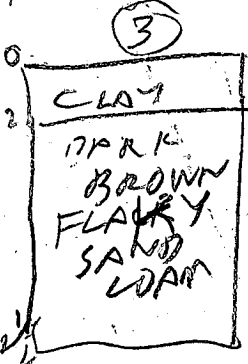
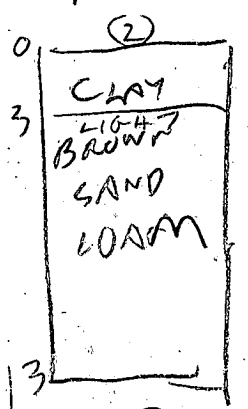
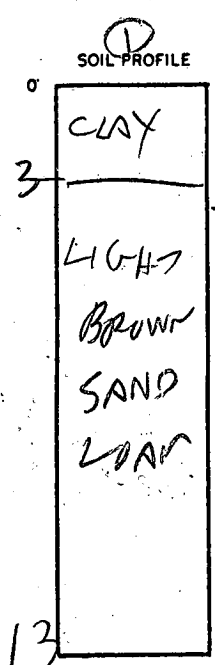
Serial # 5446

SFD-4Bcm

HD-216

THIS IS NOT A PERMIT

lot 39
A 43414



GOOD
STAYLES
ON LOT 40

INLET 3
X-5 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/89	1V	4 13	1041 OK	1043	1043	1045	2
	2V	6.5 13	1051 OK	1053	1053	1059	6
	3V	12 1/2	OK				
	2 (on lot 40)		Good hole on next lot			used for area	
	3 (on lot 40)						

REMARKS: Hole (1) & (2) dug per stake Hole (3) Different

TYPE OF SOIL: Hole (2) & (3) on lot 40 new line used to separate area

TESTED BY: R. Hodges

ALSO PRESENT: [Signature]

B 1 03935

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0235

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

please print or type

fill in this form completely

Date Received (APA)

090392

OWNER INFORMATION

FRANK DEVELOPERS

PO BOX 659

MT AIRY MD 21771

B 3

LOCATION OF WELL

HOWARD

CABIN BRANCH FARM

SECTION 44 46 LOT 35 50

LISBON

MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

Joseph L. Mayne 235

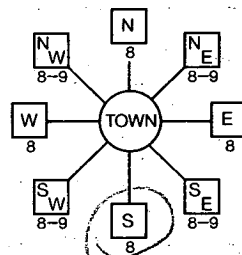
Joseph L. Mayne Well Drilling

5512 RIDGE RD. MT. AIRY 21771

Signature: Joseph L. Mayne Date: 9/2/92

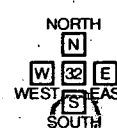
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brighton Ct.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 40 FT

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)

- 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 A43414 COUNTY NO.
STATE SIGNATURE DATE ISSUED 11/05/92
NORTH GRID 531000 EAST GRID 0966000

APPROXIMATE DEPTH OF WELL 240 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

REPLACEMENT OR DEEPEMED WELLS

- 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 deepen 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

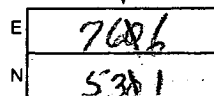
FORCE PERMIT No. 40-92-0235

SPECIAL CONDITIONS

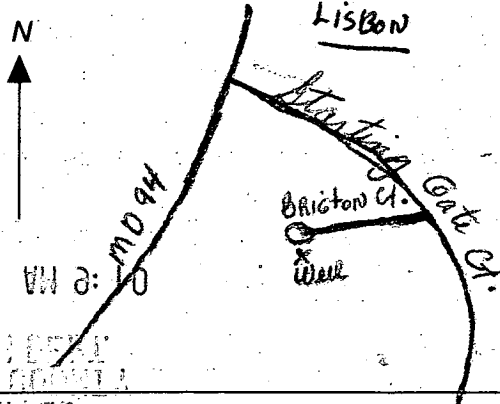
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 6626 SEQUENCE NO. (GENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 43414

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 7/1/92

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-92-0235

OWNER: Froll Developer last name Brightford Ct first name TOWN: Lisbon SUBDIVISION: Cabin Ranch Farm SECTION: LOT: 35

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Entries: Brown Shale (0-59), Blue Rock (59-165).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 14, NO. OF POUNDS: 1316, GALLONS OF WATER: 24, DEPTH OF GROUT SEAL: 0 to 51 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: S+ (STEEL), Nominal diameter: 6 inch, Total depth of main casing: 63 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. HO (OPEN HOLE), DEPTH (nearest ft.): 165.

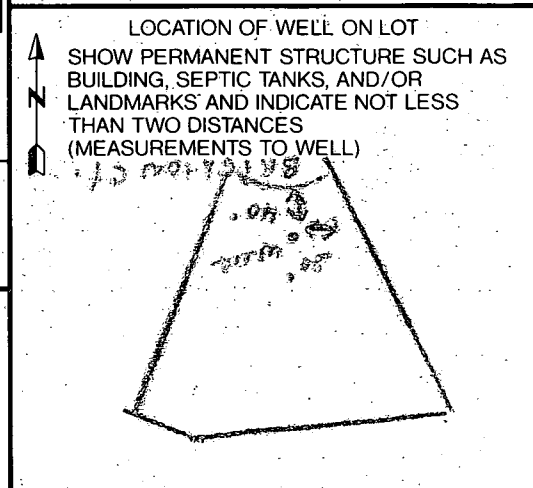
SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) from to.

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.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 12, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 34, WHEN PUMPING: 51, TYPE OF PUMP USED (for test): 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 (nearest foot).



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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

282372

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 # _____
Date _____

Name of Installer Plumbing, Heating & Supplies Inc.

Telephone 410-848-5300

License Number 5165
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner Trall Dev.

Telephone _____

Subdivision Cabin Branch Farms Lot # 36

Well Tag # 92-02-35

Site Address Brighton Court

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Campbell
- 2. Model # B-300-X
- 3. Depth 4

2. Make Conlds

3. Model # 78505-420

4. Capacity 7 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

- 1. Capacity 7
- 2. Pressure relief valve? yes

Piping

- 1. Type Plastic
- 2. Size 1
- 3. NSF and/or BOCA Code approved NSF
- 4. Depth of supply line 4

Well data

- 1. Depth 165 ft.
- 2. Yield 12 GPM
- 3. Static water level 31 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: Edgar E. Parry

Date: 7-5-94

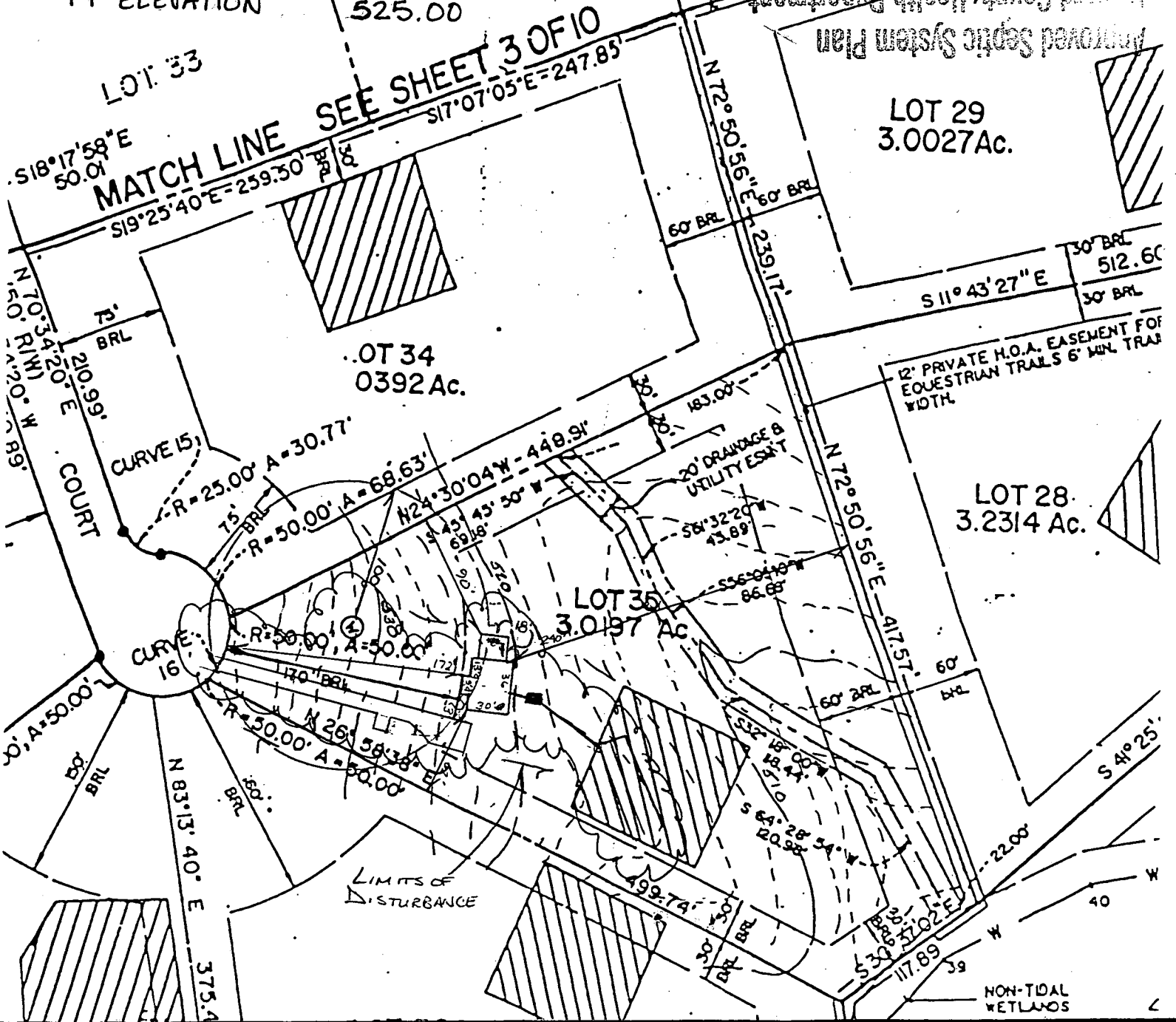
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

LOT 35 CABIN BRANCH 3209 BRIGHTON COURT

Notes

1. Trench length to be determined at time of septic system permit issuance.
2. Maintain 1-2% grade 10' prior to distribution box

INVERT OUT OF HOUSE 515.4
 INVERT INTO SEPTIC TANK 515.17
 INVERT OUT OF SEPTIC TANK 514.83
 INVERT INTO DIST. BOX 514.25
 INVERT INTO TRENCH 514.00
 EXIST'G GRADE @ Tank 518.5
 EXIST'G GRADE @ Box 517.00
 EXIST'G GRADE @ TRENCH 517.00
 WELL ELEVATION 533.5
 BSM'T ELEVATION 516.00
 FF ELEVATION 525.00



Building Address 3209 Brighton Ct
(Woodlawn MD) 21771

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

Census Tract 6010 Subdivision Cabin Branch Farm

Section _____ Area _____ Lot 35

Tax Map 1, Parcel 12 Grid 17

Zoning 1C Map Coordinates _____ Lot size _____

Property Owner's Name Robert & Chell Johnson
 Address 3209 Brighton Ct
 City Woodlawn State MD Zip Code 21771
 Home Phone 301-453-1612 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use CFO
 Proposed Use CFO w/ Deck
 Estimated Construction Cost \$ 9000.00

Description of Work Multi level, irregularly shaped deck w/ steps to ground (11' x 11' & 11' x 11')

Contractor Company Advanced Building Inc
 Contact Person Tina Cummings
 Address 209 Sun Road
 City Annapolis State MD Zip Code 21401
 License No. 44177 Phone 301-453-1711 Fax 301-453-1712

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
<input type="checkbox"/> State Certified Modular		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 CERTAIN 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: _____
 Print Name: Thomas J. Cummings Date: 2/29/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	2297
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for NewTown Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>5000</u>
				Validation # _____

LOT 35 CABIN BRANCH

NATE
GLEND
FIELD
LIBBY

SR6/9

* DOUBLE WIDE DRIVE @ END
WITH TURN AROUND EX. HOUSE

1:80

DECK OK
(MR) 3/29/01

1" = 100' +-

