

5/26/98
Anytime
5-27-98
AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

04-359127

P 510153

A 49644F

DISTRICT _____

DATE 5-18-98

DATE SYSTEM APPROVED 5-27-98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 550 Obrecht Rd, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Cattail Woods LOT Sec 2, Lot 11 ROAD 1723 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation

ADDRESS 1501 S. Edgewood St. #K, Baltimore, MD 21227

SEPTIC TANK CAPACITY 1250 GALLONS Manhole Cleanout required on the septic tank.

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION - Start trenches 145' up the right (327.74) lot line and 100' off that same lot line as seen when facing the lot from Cattail Meadows Drive. Run first trench along contour towards the rear of the lot; run all other trenches in both directions.

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

OK KM 5.15.98

PLANS APPROVED BY Donna K. Soe DATE 5/13/98

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**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

~~BLDG PERMITS~~
~~AND RETURNED~~ 4/9/01
B00130081 Deck

A 490444E

APPLICATION

PERCOLATION TESTING

A 49644F

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-27-93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. 11

ROAD AND DESCRIPTION Rt 97 sid

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49644F

COUNTY #

SOIL PROFILE

89

1' 0" topsoil

6" orange brn C

4 1/2" red w/ some shale very decayed OK

12'

88

orange brn CL

3'

orange brn S

Pockets of questionable shale >50% times too fast for amt of rock

12'

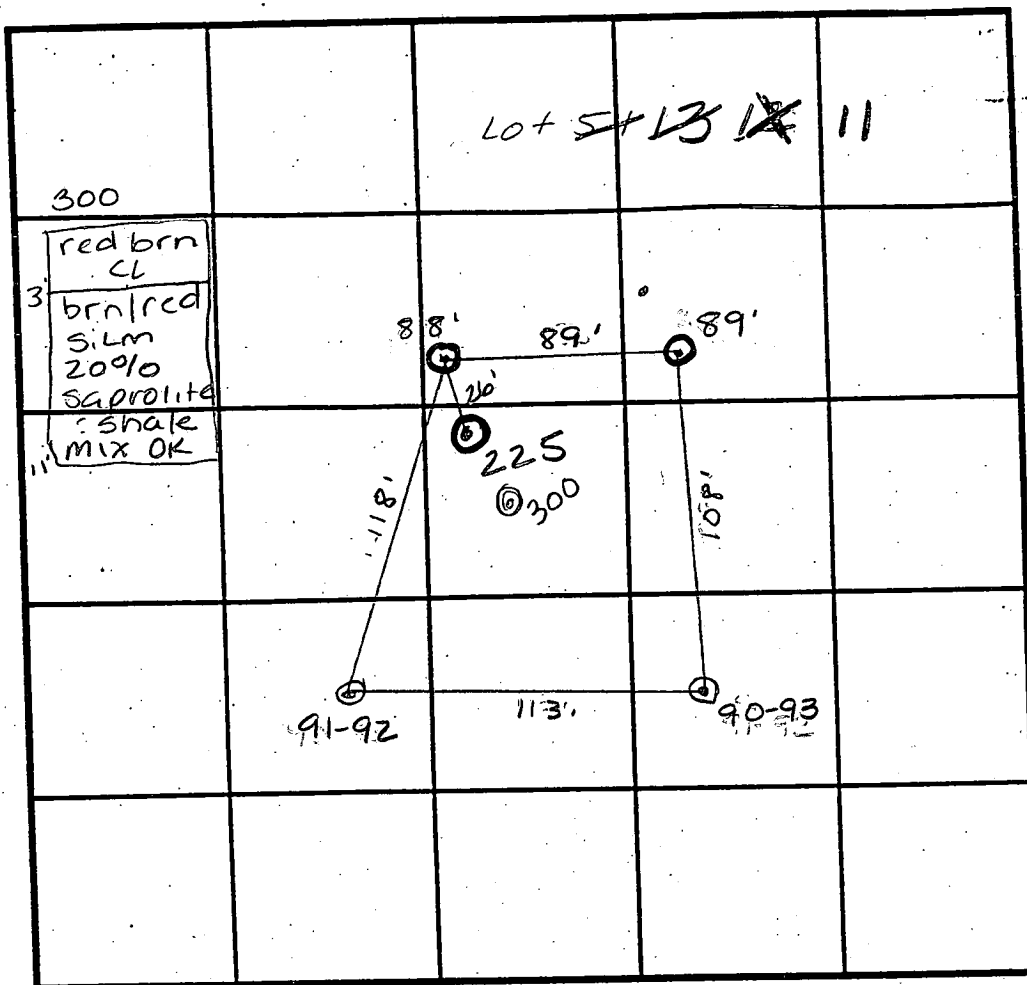
91-92

orange brn C

3'

orange brn S.I.L

16" decayed shale



SOIL PROFILE

90-93

0" topsoil

6" 1st red brn C

4' red brn S.I.L

very decayed shale at 7' horiz. bedding

12' 225

no distinct clay layer zones of >50% rock & saprolite mix

10 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/93	89	5' V12'	10:06 ³⁰	10:12	10:12	10:21	9 min
T	88	3' V12'	10:10	10:12 ³⁰	10:12 ³⁰	10:15 ¹⁵	2 3/4 min
	91-92	3' V12'	10:24	10:29	10:29	10:44	15 min
		6' V12'					
	90-93	4' V12'	10:17 ¹⁵	10:20	10:20	10:31	11 min
		OK IF 91-92 is at deep test					
3/16/94	225	Visual to 10 1/2'					F
4-26-94	300	2' VII'	10:40 ⁴⁵	10:44	10:44	10:53	9 min

REMARKS shallow only
 TYPE OF SOIL Glendy Loam
 TESTED BY Amy McMillen/Craig Williams ALSO PRESENT B SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 49644F

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4th

DATE 9/30/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Parcel 137, Inc.

PROPERTY OWNER _____

ADDRESS 15298 Union Chapel Road PHONE (410) 442-2101
Woodbine, MD 21797

Engineer: TSA Group, Inc.

AGENT OR PROSPECTIVE BUYER _____

ADDRESS 8480 Baltimore National Pike, Ste. 418 PHONE (410) 465-6105
Ellicott City, MD 21043

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 11

ROAD AND DESCRIPTION End of Brittle Branch Way

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG: Single Family Dwelling
(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. Parcel 137, Inc. Bruce B. Bandal President
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 9535 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49644-F

ST/CO USE ONLY DATE Received 0910597

DATE WELL COMPLETED 082697

Depth of Well 352 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1249

OWNER: Joint Venture last name first name TOWN Lisbon STREET OR RFD Meadow Drive SUBDIVISION Cattail Woods SECTION LOT 11

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 24 NO. OF POUNDS 2256

CASING RECORD casing types insert appropriate code below (S) (T) (P) (L) (C) (O) (J) (S)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) (S) (T) (6) (3) (1)

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

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 53 WHEN PUMPING 225 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS 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 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 DRILLERS LIC. NO. MWD256 Dana Kyker Jr II

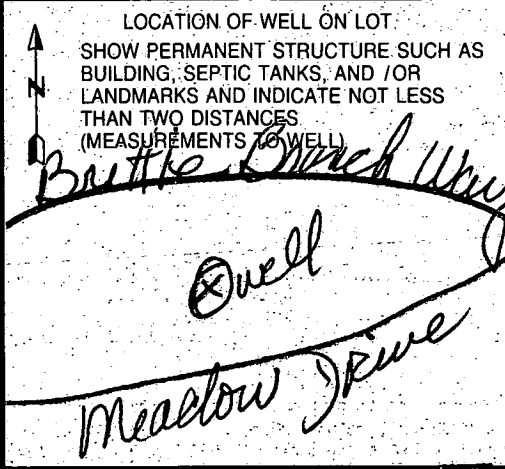
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD256

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

DEPTH (nearest ft.) 8 1 3 5 2 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA



EMERGENCY/TEMP NO. IF ANY

B 1	8791	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1249 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **0810497**

Ueltale Joint **206**
15 Last Name Owner First Name 34

15555 Union Chapel Rd
36 Street or RFD 55

Woodbine Md 21797
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard **21**
8 COUNTY

CATTAIL Woods **42**
23 SUBDIVISION

SECTION **44** **46** LOT **IV** **48** **50**

ZISBOW **71**
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** **MI**
73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

DANA KEYLER JR II **256**
Driller's Name 77 License No. 80

Westminster Rotary Well Drilling Inc
Firm Name

PO. Box 861 Westminster, Md
Address

Dana Keyler II **7-29-97**
Signature Date

Cattail Meadows Drive **30**
11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **S** 37
DISTANCE FROM ROAD
ENTER FT OR MI **17**
38 39

TAX MAP: **7** BLK: _____ PARCEL **137**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** **8** **12**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5000** **14** **20**

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 **1749644-F**
COUNTY NAME COUNTY NO.

STATE SIGNATURE **Kimberly Maibach** INSERT S- 41
DATE ISSUED **0810797** **8/7/98**

43 48 CO SIGNATURE EXP. DATE

NORTH GRID **542000** EAST GRID **0781000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **230** **24** **28** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 **1**

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____
54 63

FORCE **KM** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-94-1249**
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- CITY**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

781
542

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

Grout 8/26/97 8AM

x Well

x Well

Woodbine Chapel Way



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 28, 1998

Pulte Home Corporation
1501 South Edgewood Street, Suite K
Baltimore, Maryland 21227
Attention: Greg Mannahan

RE: Cattail Woods, Lot #11
1723 Cattail Meadows Drive
Well Permit # HO-94-1249

Dear Mr. Mannahan:

Upon inspection of the well on the above referenced property, during septic installation, it appeared that the well casing may terminate only a few inches above finished grade. According to COMAR, "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading, please make certain that the well casing meets the COMAR standard. Any necessary casing repair should be performed by a licensed well driller. Please contact the Health Department once the well is ready for reinspection.

Please be advised that no Interim Certificate of Potability will be issued for the property until this issue is resolved.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Kimberly Maiste
Kimberly Maiste, Sanitarian
Water and Sewerage Program

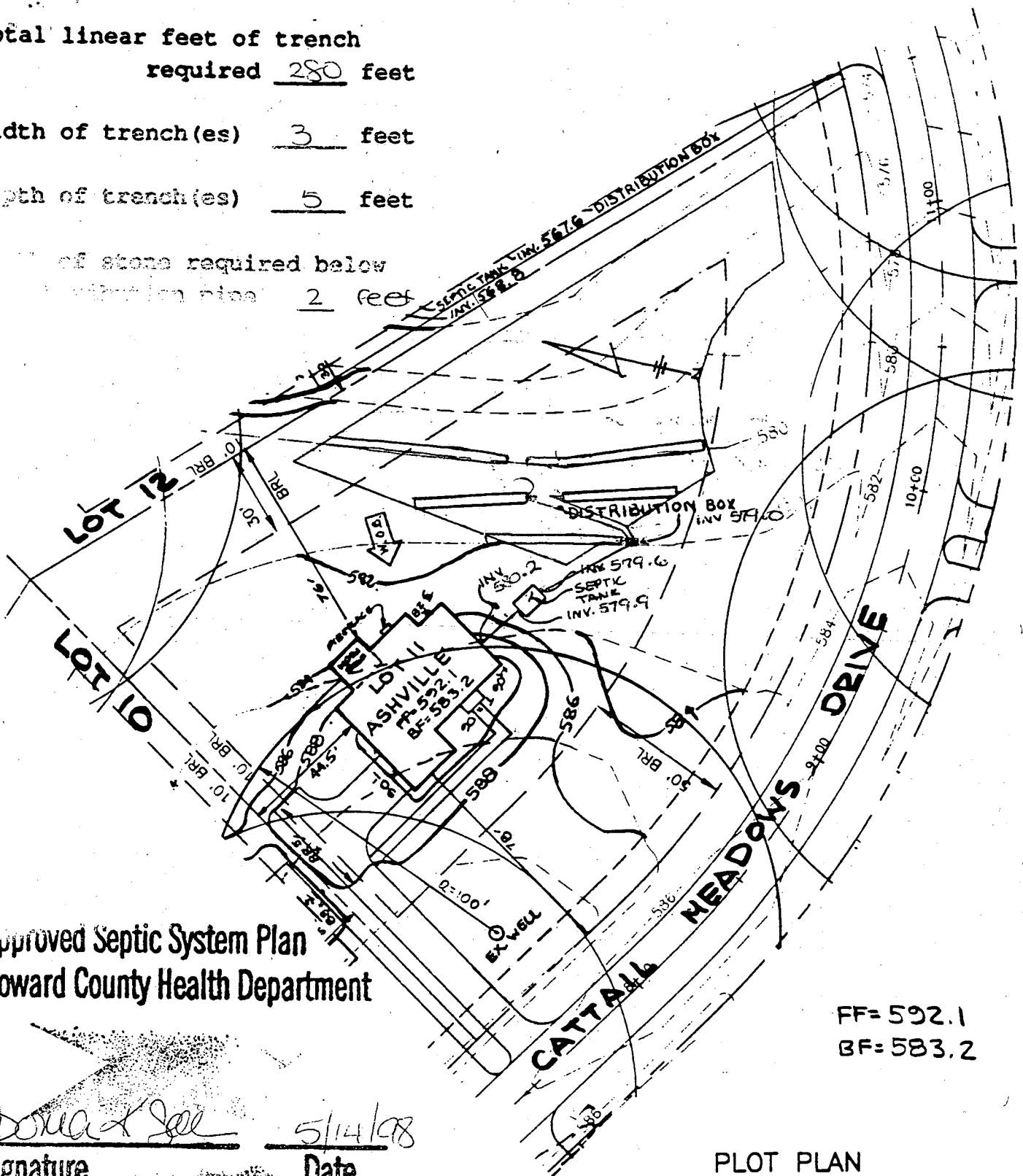
9/17/98
space to Greg -
casing 12" above finished
grade (no water collecting
area created) *(DKS)*

Total linear feet of trench
required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Amount of stone required below
distribution pipe 2 feet



Approved Septic System Plan
Howard County Health Department

FF= 592.1
BF= 583.2

Donald Lee 5/14/98
Signature Date

NOTE:

FOR SEDIMENT CONTROL FEATURES SEE APPROVED
GRADING PLAN GP-97-130.

PLOT PLAN
CATTAIL WOODS
LOT 11
SECTION TWO, PARCEL 5

TAX MAP NO.7 PARCEL 137.

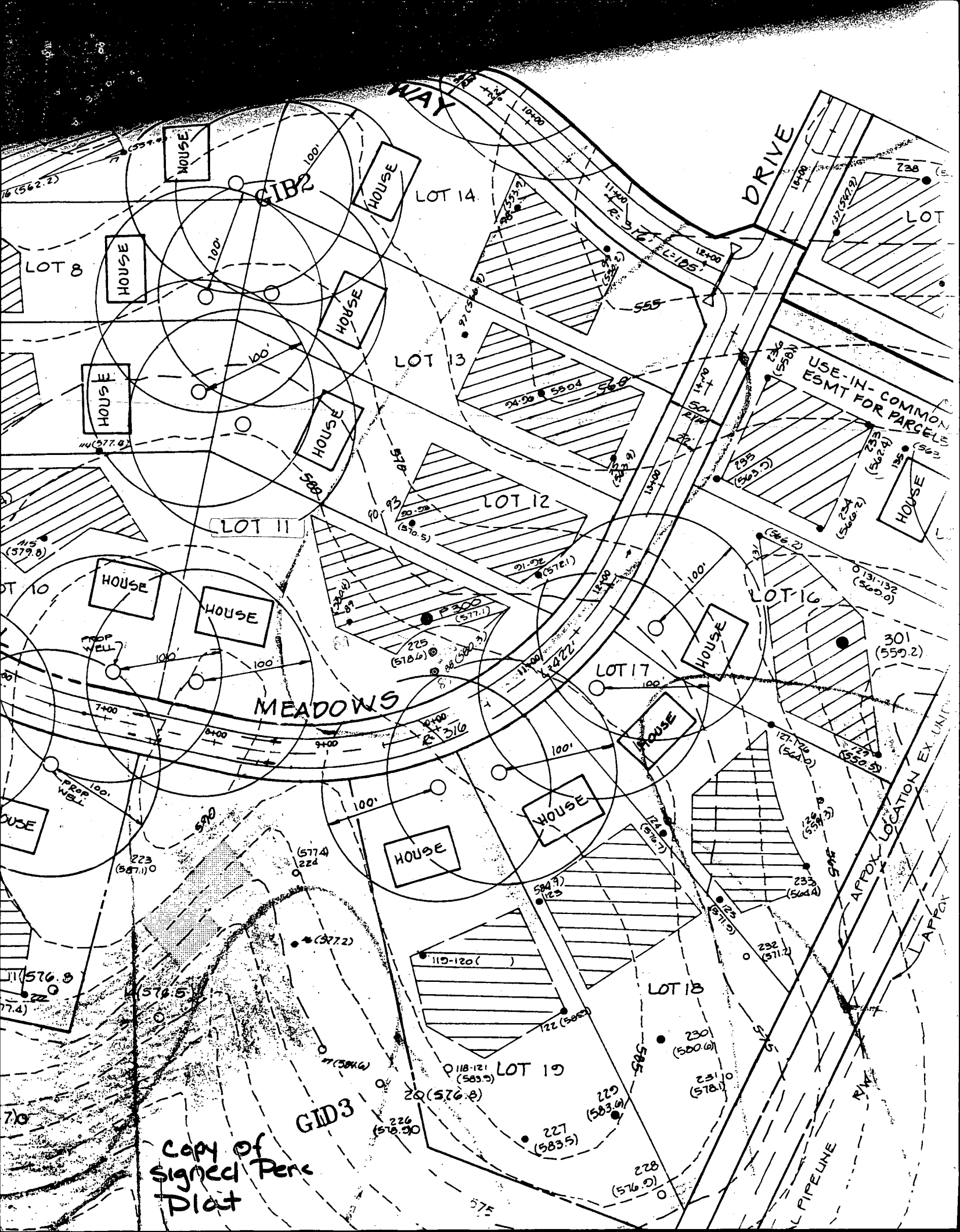
PLAT NOS. 12500-12502

4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND.

SCALE: 1"=50' DATE: APRIL 9, 1998

T S A GROUP INC.

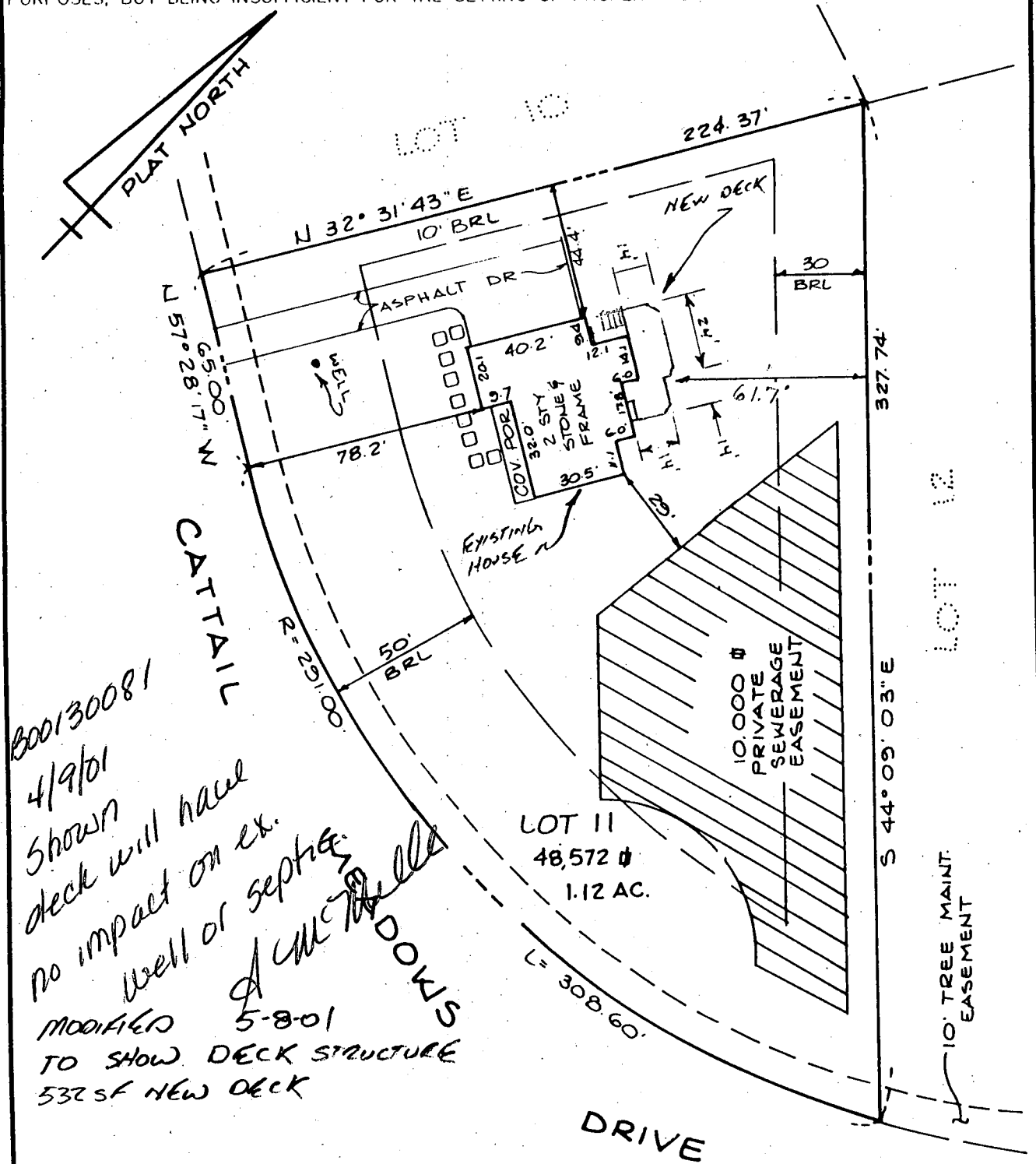
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465 - 6105



Copy of
Signed
Preliminary
Plan



THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



800130081
 4/9/01
 shown deck will have
 no impact on ex.
 well or septic
 MODIFIED 5-8-01
 TO SHOW DECK STRUCTURE
 532 SF NEW DECK

TOP OF FOUNDATION
 WALL ELEV. 591.1

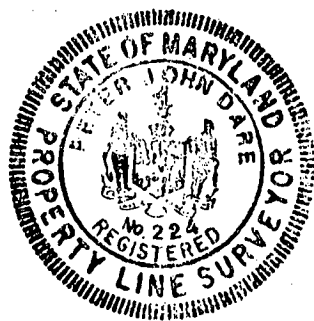
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FFMA (F.R.M.) IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare 9-9-98
 PETER J. DARE
 MD. PROPERTY LINE SURVEYOR #224
 FINAL

RECORD PLAT No. 12497
 FEMA FIRM No. 240044 0007 B
 DATED DECEMBER 4, 1986

TSA GROUP, INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465-6105



LOCATION DRAWING
 CATTAIL WOODS
 SECTION 2
 LOT 11
 1723 CATTAIL MEADOWS
 DRIVE

4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE : 1" = 50' DATE : 5-22-98