

10/30/97
a.m. hsc conn

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58973-A

A 49645-J

DISTRICT 4th

DATE 9/15/97

DATE SYSTEM APPROVED 10/30/97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

04-359305

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

ADDRESS 558 Obrecht Road Sykesville, Maryland 21784 PHONE (410) 795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 27 ROAD 1712 Cattail Woods Lane

PROPERTY OWNER Pulte Home Corp.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 80 feet up the right lot line and 15 feet off that same lot line as seen when facing the lot from Cattail Woods Lane. Run trenches on contour toward Cattail Woods Lane.

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

PLANS APPROVED BY Amy McMillen/Donna K. Soe REVISED DATE 08/19/97

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

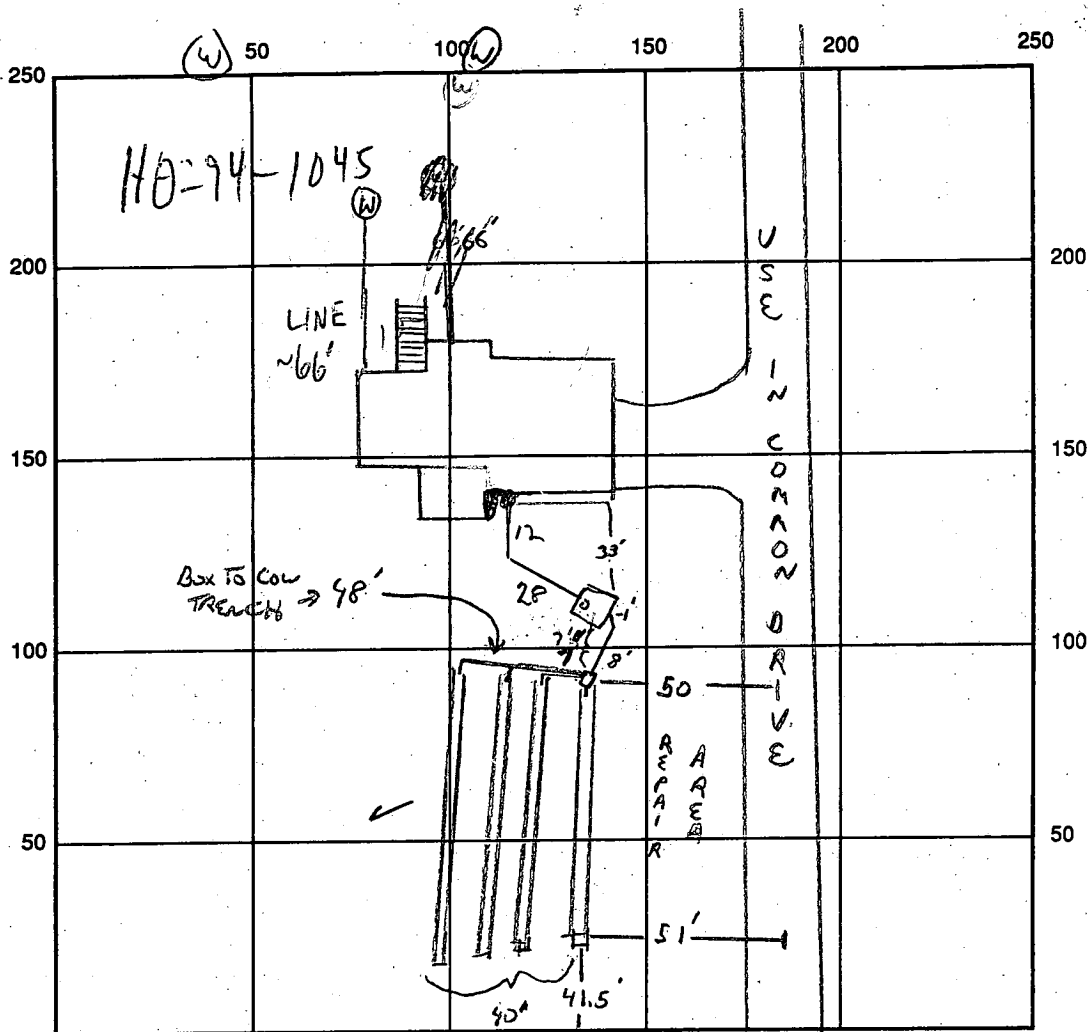
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

THIS PERMIT SHOWN
AND RETURNED 11/16/00
B00127443 Pool

A 4915 J



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 CATAL WOODS LA.

SEPTIC TANK LEVEL OK - 1250' GAL CLEANOUTS 1 on tank, 1 at wall
 DISTRIBUTION BOX LEVEL OK - LEVELERS IN
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4x72 FT. = 288'
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 864 SQ. FT.
 DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.
 ABSORBENT AREA - SQ. FT.

REMARKS: 9/22/97 SEPTIC TANK ADJUSTMENT FOR CONTAINER VARIATION OK,
CHANGE IN DEPTH OF INSTALLED SYSTEM WORKS BUT SOILS ARE GOOD SANDY LOAM
AT BOTTOM (INSTALLER DIDN'T READ ALL SPECS FOR THIS LOT)
OK TO COVER ALL WORK, NEED HOUSE CONNECTION
FOR FINAL.

10/30/97 has house conn, ok to color (KM)
 DATE SYSTEM APPROVED 10/30/97 INSPECTOR Kimberly Meints

APPLICATION

PERCOLATION TESTING

A 49645J

P _____

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

DISTRICT _____

DATE 9-27-95

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.

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. 27

ROAD AND DESCRIPTION Rt 97 sld

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 _____

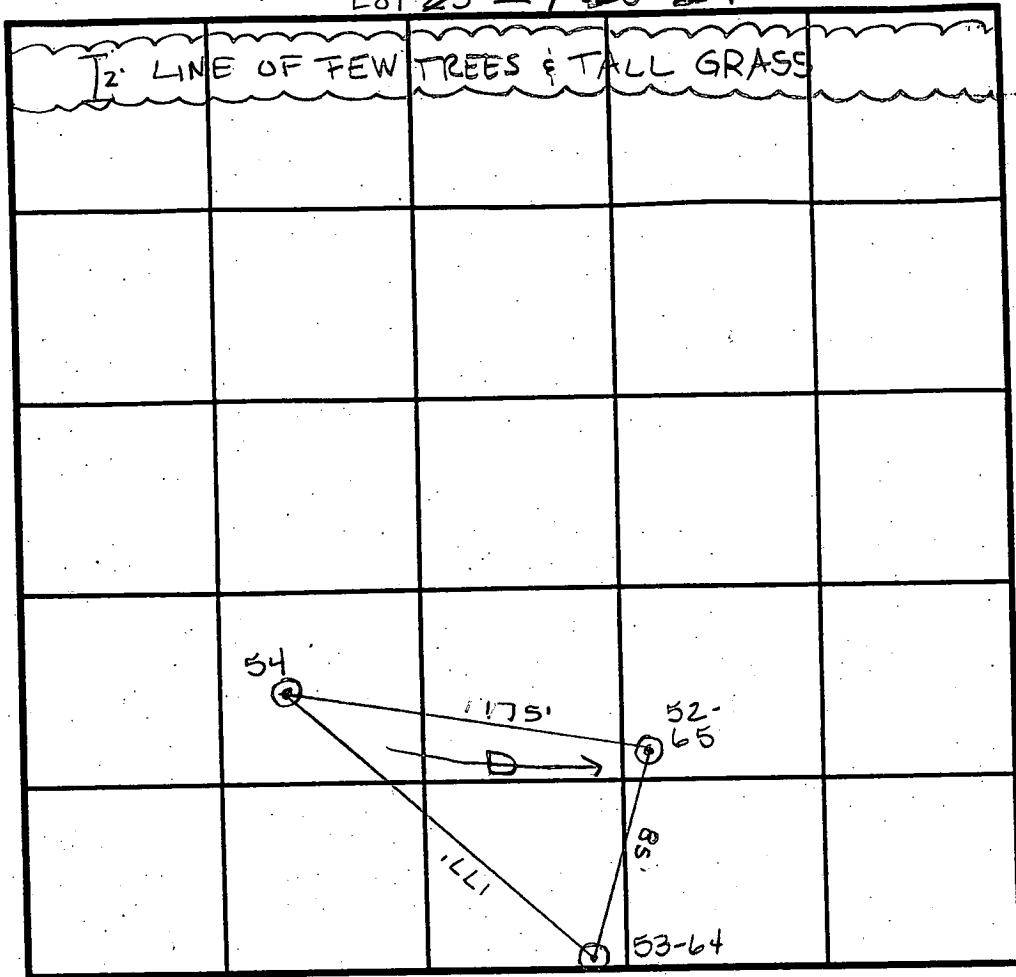
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

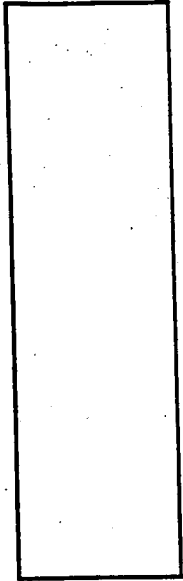
THIS IS NOT A PERMIT

A496451
COUNTY #

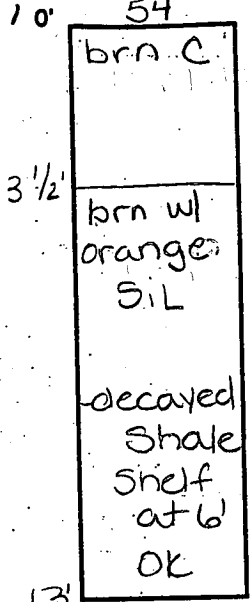
Lot 25 29 28 27



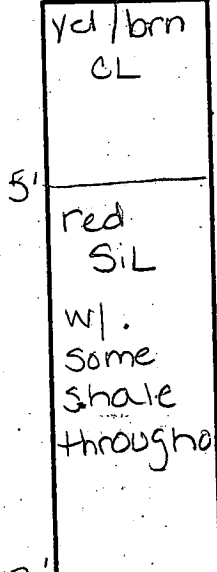
SOIL PROFILE



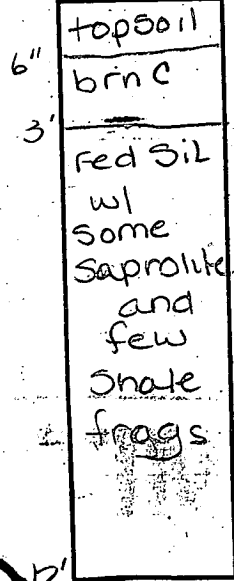
SOIL PROFILE



53-64



52-65



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1' DROP | | TIME |
|---------|----------|--------------|--------------------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 12/1/93 | (54) | 3 1/2' v 13' | 2:22 | 2:27 | 2:27 | 2:35 | 8min |
| | (53-64) | 5 1/2' v 13' | 2:31 ⁴⁵ | 2:36 | 2:36 | 2:40 | 4min |
| | (52-65) | 3' v 12' | 2:26 ³⁰ | 2:32 | 2:32 | 2:38 | 6min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____
 TYPE OF SOIL General Loam
 TESTED BY Amy McMillen = CRAIG WILLIAMS ALSO PRESENT B SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH 3'
 INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 7' SQ. FT/BEDROOM 210 ft²

B 1 **7095** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-1045**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

OWNER INFORMATION
 Date Received (APA) **7/1/597**
OLD JOINT VENTURE
 Last Name Owner First Name
WEST UNION CHADEL LAKE
 Street or RFD
WOODBRINE Town **MSB11797** Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
CRITTELL WOODS SUBDIVISION
 SECTION **27** LOT **27**
LIBBON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION MSD/MGD/MWD
DANA KYLES Driller's Name License No. **2576**
Westminster Rotary Well Drilling Firm Name
PO Box 86, Westminster, Md. 21158 Address
Dana Kyles (EDSB) 1/11/97 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
200 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 TAX MAP **7** BLK: _____ PARCEL **137**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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 CO COUNTY NAME **A49645J** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **012997** **A. McMillen** CO SIGNATURE **1-29-98** EXP. DATE
 NORTH GRID **542000** EAST GRID **0781000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. City
 2. **8.30 Grout**
 WRITE THE BOX NUMBER FROM THE MAP HERE **781**
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
CRITTELL WOODS LAKE
well
Brittle Branch Way

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 GABLE REVerse-ROTary Drive-POINT
 other _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1045**

C1 **8538** 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 **A 49645-J**

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
02/20/97
15 20

Depth of Well
22 **377** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1045
28 29 30 31 32 33 34 35 36 37

OWNER **206 JOINT VENTURE**
STREET OR RFD **CATAIL WOODS LN** TOWN **LISBON**
SUBDIVISION **CATAIL WOODS** SECTION **1** LOT **27**

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 | |
| Dirt | 0 | 1 | |
| Clay | 1 | 4 | |
| Soft Br. Shale | 4 | 42 | |
| Soft Blue Shale | 42 | 43 | X |
| Soft Br. Shale | 43 | 74 | |
| Soft Brn. Shale | 74 | 87 | |
| Soft Blue & Br. Shale | 87 | 99 | |
| Hard Blue Shale | 99 | 170 | |
| Hard grey Shale | 170 | 171 | X |
| Hard Blue Shale | 171 | 286 | |
| Hard Grey Shale | 286 | 310 | |
| Hard Br. Shale | 310 | 370 | |
| Soft Br. Shale | 370 | 373 | X |
| Hard Blue Shale | 373 | 377 | |

GROUTING RECORD (yes no)
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **28** NO. OF POUNDS **2632**
GALLONS OF WATER **168**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **88** ft.
48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST **6** **90**
60 61 63 64 66 70

OTHER CASING (if used)
diameter inch depth (feet) from to
E A C H C A S I N G

SCREEN RECORD
screen type or open hole
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

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.

DRILLERS LIC. NO. **M W D 256**
Dana Kyker Jr II
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **M W D 334**
Dana Kyker Jr II

C 2 DEPTH (nearest ft.)

| | | | | | | | | | |
|---|----|-----|----|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| E | HO | 377 | 90 | | | | | | |
| A | | | | | | | | | |
| C | | | | | | | | | |
| H | | | | | | | | | |
| S | | | | | | | | | |
| C | | | | | | | | | |
| 3 | | | | | | | | | |
| R | | | | | | | | | |
| E | | | | | | | | | |
| N | | | | | | | | | |

DIAMETER OF SCREEN (NEAREST INCH)
56 **60**
from to

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

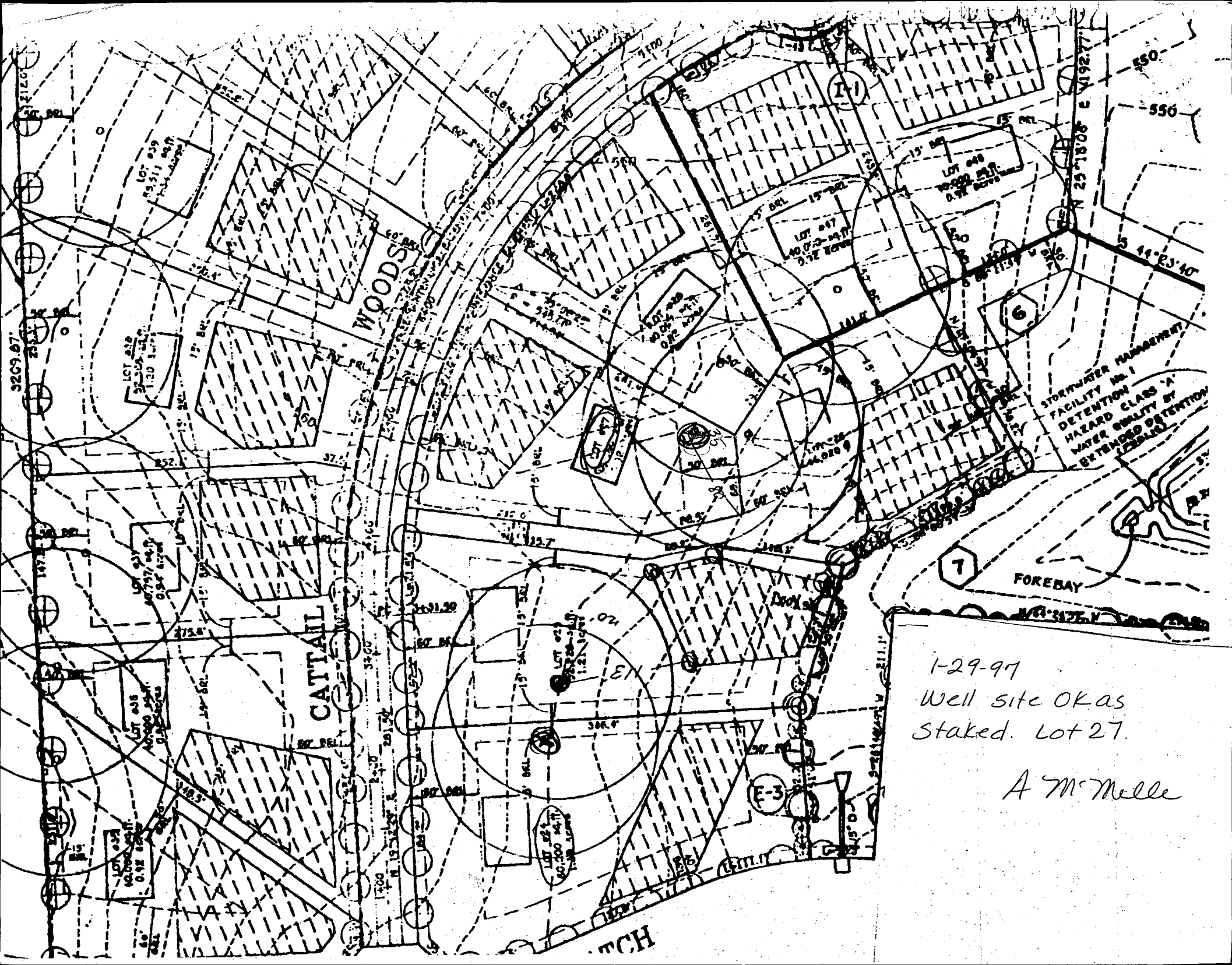
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) **3**
8 9
PUMPING RATE (gal. per min.) **8.5**
11 15
METHOD USED TO MEASURE PUMPING RATE **submersible**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **18** ft.
17 20
WHEN PUMPING **214** ft.
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **YES** **NO**
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED **29**
PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
PUMP HORSE POWER **37** **41**
PUMP COLUMN LENGTH (nearest ft.) **43** **47**
CASING HEIGHT (circle appropriate box and enter casing height)
+ above **LAND SURFACE**
- below **2** (nearest foot)
49 50 51

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 WELLS)

Catail Woods Lane
Butler Street Way
497



1-29-97
 Well site OK as
 Staked. Lot 27.

A McMelle

11/18/97
WPI a.m.

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 11/18/97

Name of Installer _____

Telephone _____

License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner _____ Telephone _____
Subdivision Cattail Woods Lot # 27 Well Tag # HO-94-1045
Site Address _____

| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input type="checkbox"/> | | |

| Tank | Piping | Well data |
|--|---|--|
| 1. Capacity _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? <input type="checkbox"/> | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved <input type="checkbox"/> | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? <input type="checkbox"/> |

WPI OK 3-4' B.G.
2-PC CAP OK MR 11/18/97
BOLT THRU CASING NEAR CAP (FOR PUMP LINE?)

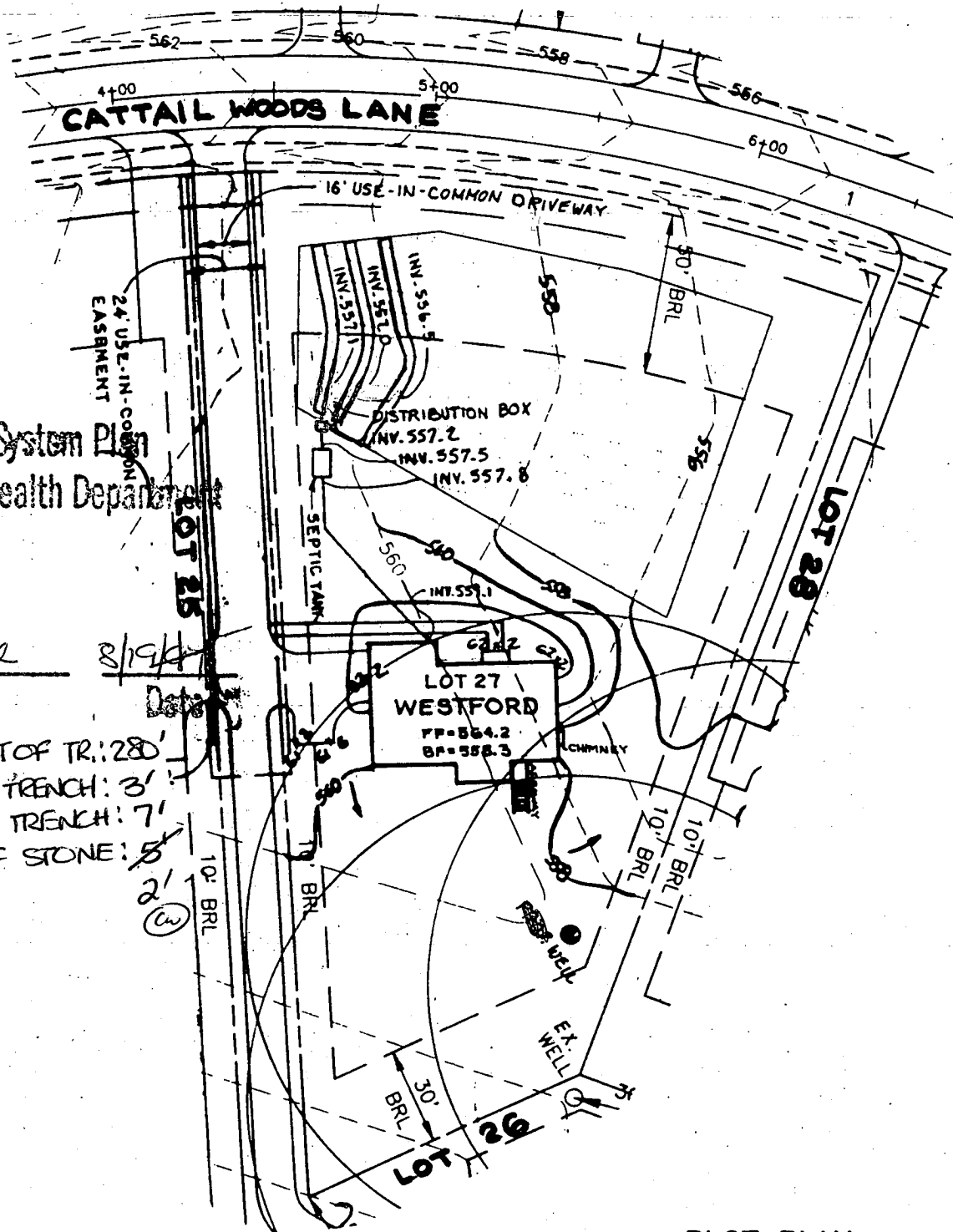
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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



Approved Septic System Plan
 Howard County Health Department

Donald S. Coe
 Signature

8/19/97
 Date

TOTAL FEET OF TR.: 280'
 WIDTH OF TRENCH: 3'
 DEPTH OF TRENCH: 7'
 DEPTH OF STONE: 5'

2'
 (w)

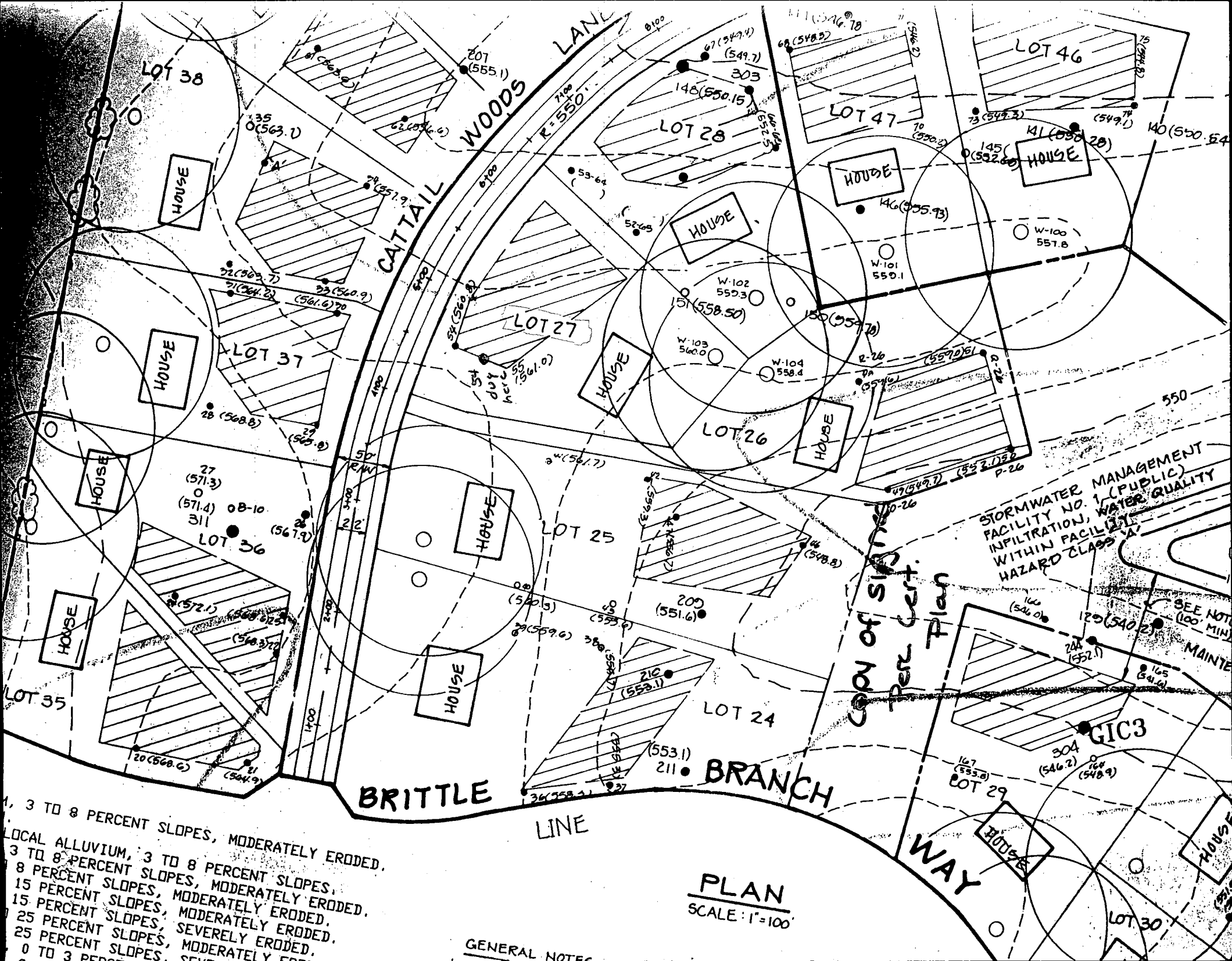
NOTE:

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

T S A GROUP INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465 - 6105

PLOT PLAN
CATTAIL WOODS
 LOT 27
 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: AUGUST 7, 1997

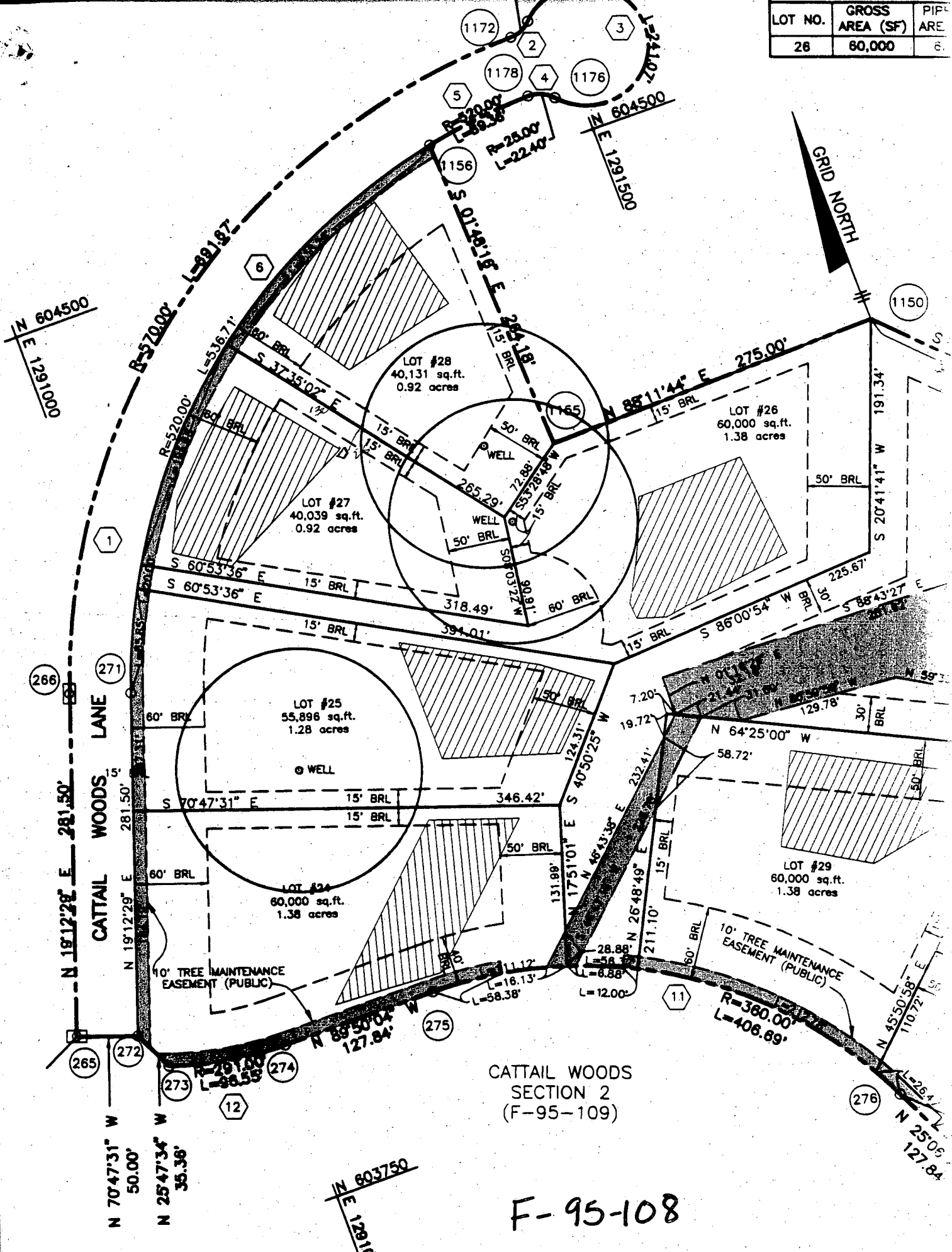


- 1, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.
- LOCAL ALLUVIUM, 3 TO 8 PERCENT SLOPES.
- 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.
- 8 PERCENT SLOPES, MODERATELY ERODED.
- 15 PERCENT SLOPES, MODERATELY ERODED.
- 15 PERCENT SLOPES, SEVERELY ERODED.
- 25 PERCENT SLOPES, MODERATELY ERODED.
- 25 PERCENT SLOPES, SEVERELY ERODED.
- 0 TO 3 PERCENT SLOPES, SEVERELY ERODED.

GENERAL NOTES

PLAN
SCALE: 1"=100'

| LOT NO. | GROSS AREA (SF) | PIE ARE |
|---------|-----------------|---------|
| 26 | 60,000 | 6. |



CATTAIL WOODS
SECTION 2
(F-95-109)

F-95-108

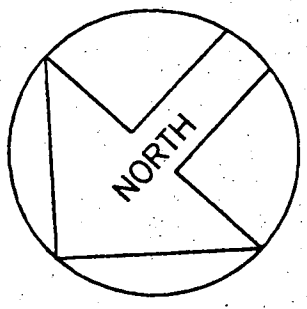
N 603750
E 1281000



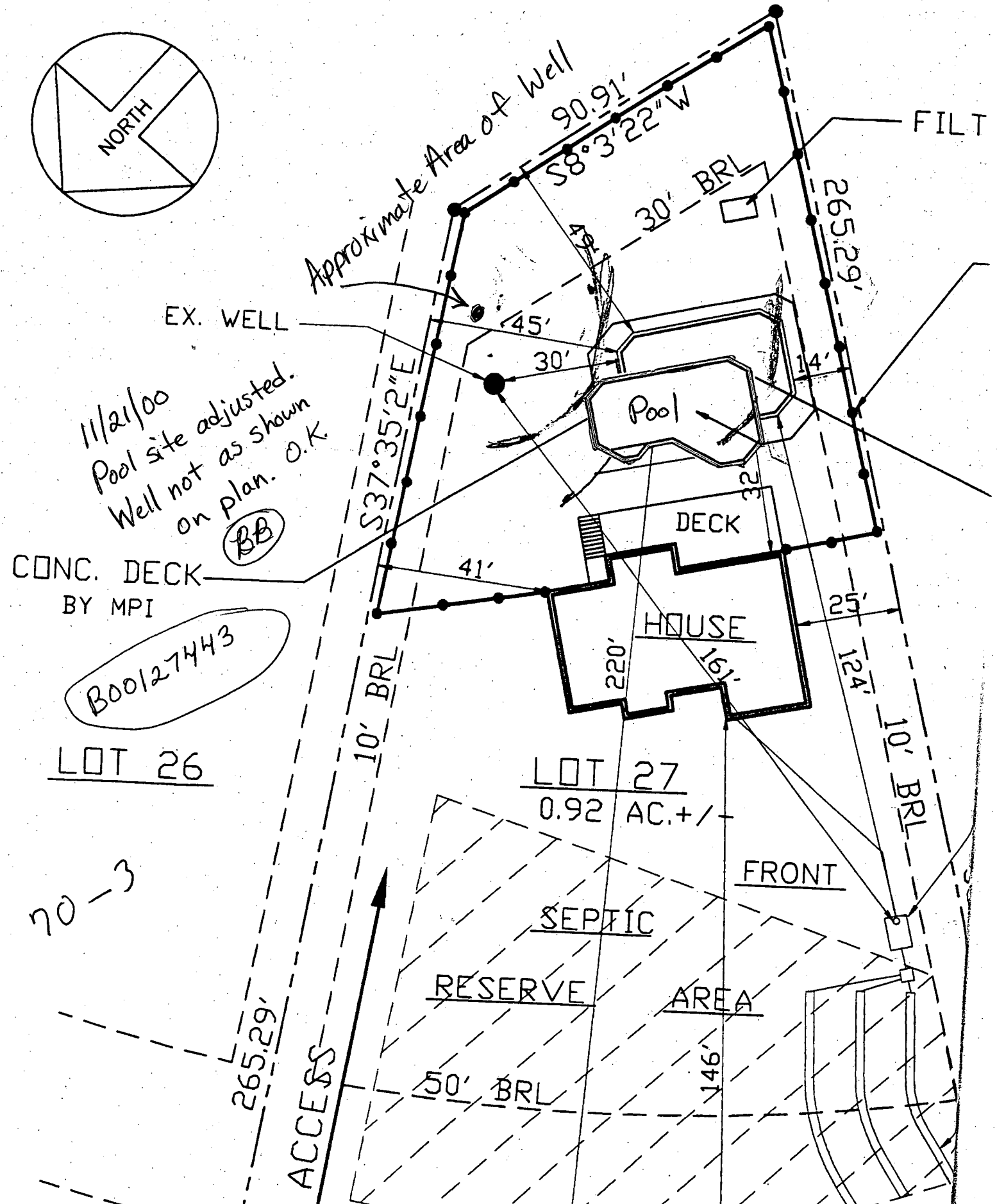
| | |
|----------|-----|
| REAR PL. | 10' |
| SIDE PL. | 10' |
| HOUSE | 0 |
| SEPTIC | 20' |
| WELL | 30' |

PRIVATE WELL
& SEPTIC

NOTE: A
W
O
C



Approximate Area of Well



*11/21/00
Pool site adjusted.
Well not as shown
on plan. O.K.*

BB

CONC. DECK
BY MPI

B00127443

LOT 26

LOT 27
0.92 AC. +/-

20-3

ACCESS
265.29'

FRONT
SEPTIC
RESERVE AREA
50' BRL
146'