

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BUCKSKIN LAKE DR. S.T.

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle in IN)

DRAIN FIELD/TILE FIELD. DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 270 270 270 270 FT.  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 210 210 210 210 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS 4/3/90 OK TO COVER ALL MR

DATE SYSTEM APPROVED 4/3/90

INSPECTOR M. Rifkin

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35557

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE MAY 6 1985

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 DALE Z. MAISEL c/o HOWARD COUNTY LAND SERVICES

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. 25

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG  
COUNTRY SCHOOL

SIZE OF LOT 3 ACRES TYPE BLDG. 4  
(NUMBER OF BEDROOMS)

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.

DALE Z. MAISEL  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

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 \_\_\_\_\_

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 35551

P \_\_\_\_\_

DISTRICT 5

DATE MAY 6 1985

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

DALE Z. MAISEL <sup>Trinity Builders / Michael Pfau</sup> c/o HOWARD COUNTY LAND SERVICES

ADDRESS

10176 BALTO NAT'L PIKE 21043

PHONE

465-4920 730-3137.

PROPERTY LOCATION:

FOLLY QUARTER

SUBDIVISION

BUCKSKIN WOODS

LOT NO.

DS <sup>NEW LOT</sup> 27

ROAD AND DESCRIPTION

FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG

COUNTRY SCHOOL 4261 Buckskin Lake Drive

SIZE OF LOT

3 ACRES

TYPE BLDG.

4

(NUMBER OF BEDROOMS)

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.

DALE Z. MAISEL

(SIGNATURE OF APPLICANT)

APPROVED BY

Sidney Abel

FOR

Shallow System

DATE

2-11-86

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

6-4-85: Perc Satisfactory; hold for review WATER ONE hold; hold

for Certified Subdivision PLAN. SERIAL 1-3-86 Shallow System only

BLDG. PERMIT SIGNED

AND RETURNED

7/17/89  
Serial # 27508 - SFD - 4 Bedrooms.

# THIS IS NOT A PERMIT



B 1 **5908** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

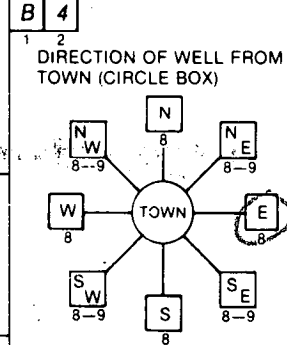
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-0508**  
 fill in this form completely

Date Received (APA) **022489**  
 OWNER INFORMATION  
 Last Name **NEWELL** Owner First Name **DONALD**  
 Street or RFD **5307 MAIN STREET**  
 Town **ELICOTT CITY** State **MD** Zip **21043**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **BUCKSKIN**  
 SECTION **1** LOT **17**  
 NEAREST TOWN **ELICOTT CITY**  
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION  
 Driller's Name **FRANK DELPH** License No. **1453**  
 Firm Name **FRANK DELPH WELL DRILLING INC**  
 Address **16234 FRIENDSHIP BLDG WILMINGTON MD**  
 Signature **Frank Delph** Date **2/22/89**



NEAR WHAT ROAD **BUCKSKIN LAKE DR**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  EAST   
 WEST  SOUTH   
 DISTANCE FROM ROAD **300** FT or MI **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  
 COUNTY NAME **HOWARD** COUNTY NO. **A 35551**  
 STATE SIGNATURE **Craig Williams** INSERT S   
 DATE ISSUED **032789** EXP. DATE **9/27/89**  
 NORTH GRID **809000** EAST GRID **0516000**

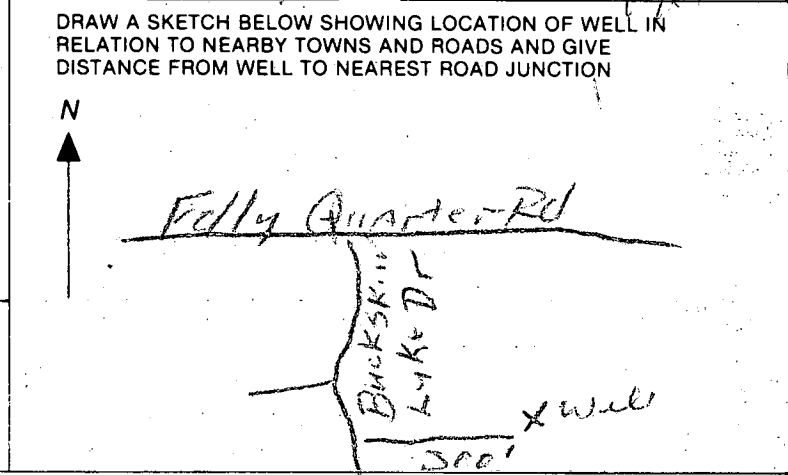
APPROXIMATE DEPTH OF WELL **200** FEET

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  
 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 **516**  
 N **809**  
 5/2/89 2/30 GROUT NOT OBS'D  
 15 BAGS  
 40' OPEN  
 105' CASING  
 2' CASING A.G.  
 MR. TAG 5/2/89

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)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **CG** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0508**

SPECIAL CONDITIONS  
 COUNTY

C1 2364

SEQUENCE NO. (DENV 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=35551

DATE RECEIVED

DATE WELL COMPLETED 050299

DEPTH OF WELL 705 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 60-88-0500

OWNER STREET OR RFD 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. Rows include Top Soil, Shale, Mica, Sandstone, Mica, Sandstone, 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 Nominal diameter Total depth CASING TYPE top (main) casing of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

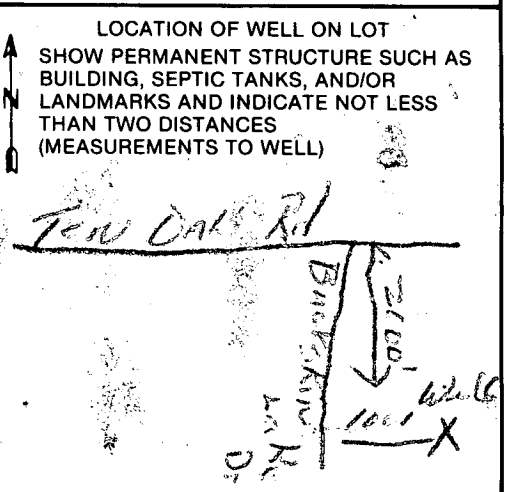
DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ 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 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) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-0508  
 Location of property (road) BUCKSKIN LAKE DR  
 Subdivision BUCKSKIN Lot 27 Block - Plat - Sec. -  
 Well Driller FRANK DELPH Owner REUWER, DONALD

Depth of well 305'  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 25 ft

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:45 Pumping rate 10 G.P.M.  
 Total time 45 min to reach pumping water level 235' ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE / time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	235'	25 sec	N/A	2 1/2 G.P.M.
9:45	235'	25 sec		2 1/2 G.P.M.
10:00	235'	25 sec		2 1/2 G.P.M.
10:15	235'	25 sec		2 1/2 G.P.M.
10:30	235'	25 sec		2 1/2 G.P.M.
10:45	235'	25 sec		2 1/2 G.P.M.
11:00	235'	25 sec		2 1/2 G.P.M.
11:15	235'	25 sec		2 1/2 G.P.M.
11:30	235'	25 sec		2 1/2 G.P.M.
11:45	235'	25 sec		2 1/2 G.P.M.
12:00	235'	25 sec		2 1/2 G.P.M.
12:15	235'	25 sec		2 1/2 G.P.M.
12:30	235'	25 sec		2 1/2 G.P.M.
12:45	235'	25 sec		2 1/2 G.P.M.
1:00	235'	25 sec		2 1/2 G.P.M.
1:15	235'	25 sec		2 1/2 G.P.M.
1:30	235'	25 sec		2 1/2 G.P.M.
1:45	235'	25 sec		2 1/2 G.P.M.
2:00	235'	25 sec		2 1/2 G.P.M.
2:15	235'	25 sec		2 1/2 G.P.M.
2:30	235'	25 sec		2 1/2 G.P.M.
2:45	235'	25 sec		2 1/2 G.P.M.
3:00	235'	25 sec		2 1/2 G.P.M.
3:15	235'	25 sec		2 1/2 G.P.M.
HD-224330	235'	25 sec		2 1/2 G.P.M.

105 ft PL 40 gpm  
 B1 Base

# HOWARD COUNTY HEALTH DEPARTMENT



*Well permit  
repaired  
8/1*

Receipt

Date July 31 19 86

Name Timothy W. Fraga

Telephone No. \_\_\_\_\_

DETAILED LOCATION OF SITE, DEVELOPMENT, SECTION, ROAD,  
LOT NO. & ELECTION DISTRICT

Patrick Creasman  
Buckskin Lake Lot 27  
Folly Quarter Rd

Well Permit Application

\$ 31 | 10

Received  
Payment

in Ch # 221

ORIGINAL

W- 37432

THIS RECEIPT IS NOT  
A PERMIT AND IT IS  
NOT A WARRANTY OF  
PERFORMANCE OF  
THE SYSTEM THAT  
IS INSTALLED

B 1 6326

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

70 - - - - - 79 fill in this form completely

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

please print or type

Date Received (APA)

OWNER INFORMATION

T E WIMSATT CONST CO 8401 MURPHY ROAD LAUREL MDR 0707

B 3

LOCATION OF WELL

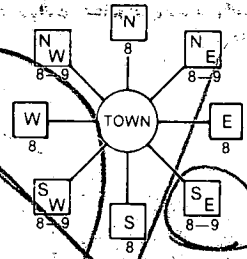
HOWARD BUCKSKIN LAKE SECTION 44 LOT 27 GLENALG MILES FROM TOWN 2.5 MI

DRILLER INFORMATION

Ronald L. Kyker Westminster Rotary Well Drilling, Inc. P.O. Box #361, Westminster, Md. 21157

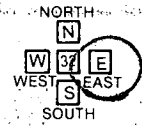
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Lake Dr NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 30 ENTER FT OR MI FT

WELL INFORMATION

APPROX. PUMPING RATE 6 AVERAGE DAILY QUANTITY NEEDED 600

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER P PUBLIC OR PRIVATE WATER COMPANY T TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

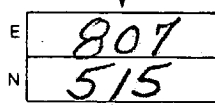
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINt

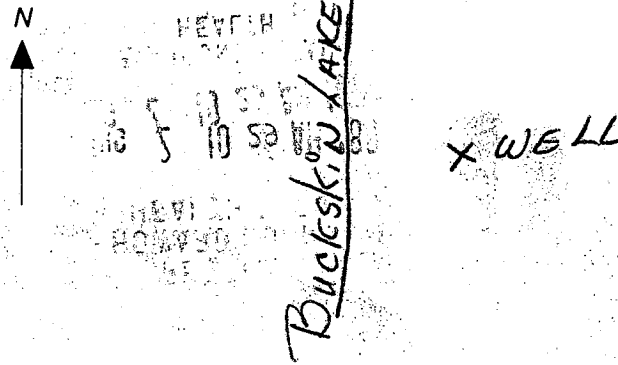
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

- SOURCES OF DRILLING WATER 1. CITY 2. 3.

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



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 DEEPEAN AN EXISTING WELL

APPROP. PERMIT NUMBER FORCE PERMIT No.

SPECIAL CONDITIONS

DRILLER

4/6/90

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

Final 4/6/90  
C.B.V.

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 45769  
Date 4-4-90

Name of Installer Gary Eisenberg

Telephone 796 8583

License Number 3260  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Trinity Bldgs Telephone 796-8583  
Subdivision Buckskin Lot # 27 Well Tag # HO-88-0508  
Site Address 4261 Buckskin Lake Dr.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
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).

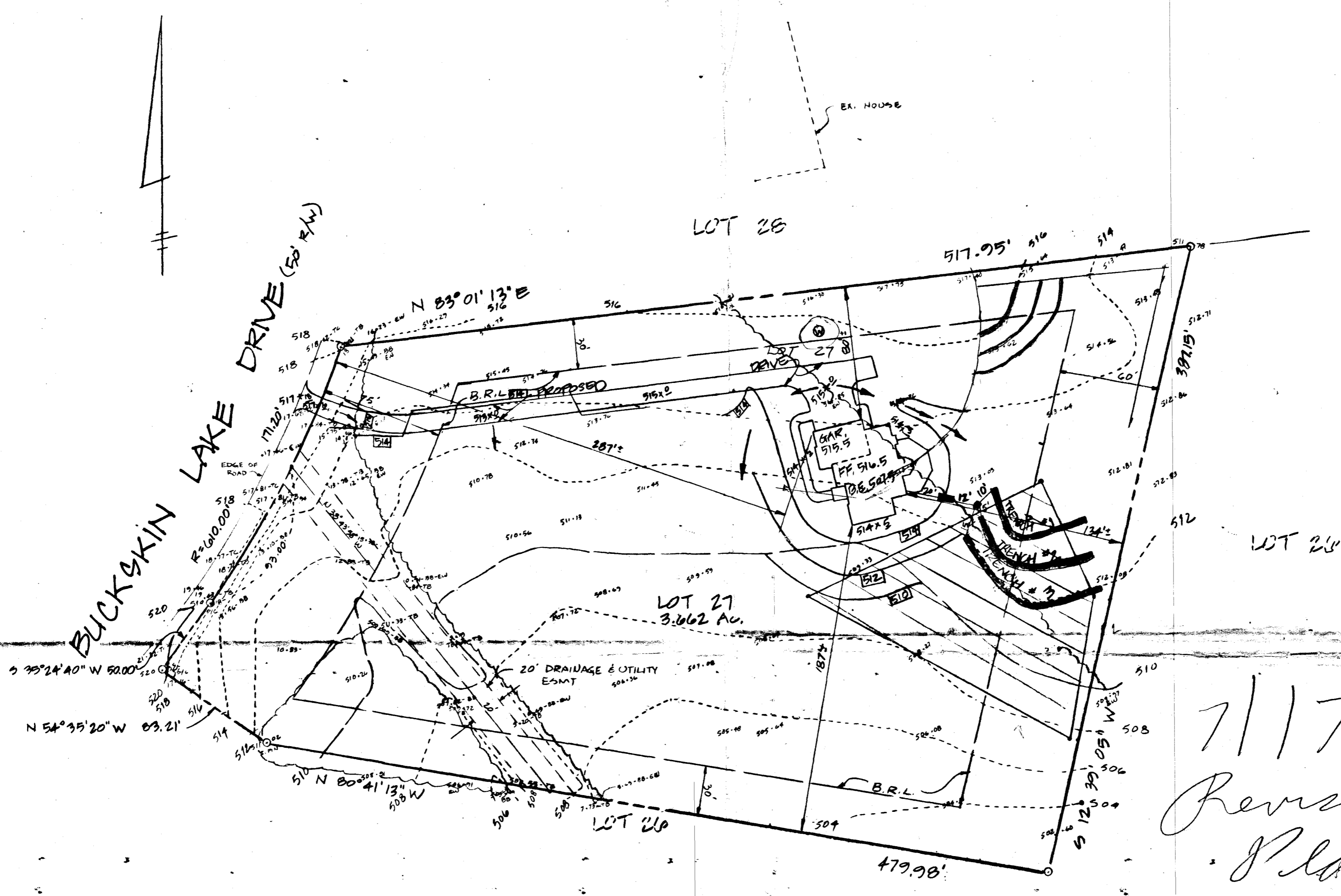
All information given above is true to the best of my knowledge.

Signature of Applicant: Gary El

Date: 4-9-90

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





7/17/89  
 Revised  
 Plans O/L  
 1911

SHANABERGER & LANE  
 8726 TOWN & COUNTRY BLVD.  
 SUITE 107  
 ELLICOTT CITY, MARYLAND 21043  
 (301) 461-9563

**SEPTIC SYSTEM DATA**

INV. @ HOUSE 509.32 @ 1.0%

**SEPTIC TANK**

EX. GRADE 512.5  
 FIN. GRADE 519.8  
 INV. IN 509.12  
 INV. OUT 508.02

**DISTRIBUTION BOX**

EX. GRADE 512.9  
 FIN. GRADE 512.3  
 INV. IN 508.7  
 INV. OUT 508.0

**TRENCHES** (LENGTH AND NUMBER TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPARTMENT)

	TRENCH #1	TRENCH #2	TRENCH #3
EX. GRADE	512.5	512.3	512.0
FIN. GRADE	512.5	512.3	512.0
INV. IN	508.5	508.3	508.0

NOTE: GRAVITY SEWER SERVICE TO BASEMENT LEVEL IS NOT PROVIDED.

**SITE PLAN**  
**LOT 27**  
**BUCKSKIN WOODS**  
 TAX MAP 22 PARCEL 526  
 PLAT NO. 6697  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 30'  
 DATE: APRIL 24, 1989