

PERMIT

File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50205X
A 24681
A REPAIR

DISTRICT 5th

DATE 8/10/94

DATE SYSTEM APPROVED 8/8/94

INSPECTOR C. Bed.

05-37987

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

~~XX-51-2003~~

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Allnutt Farm Estates LOT 9, Sec. 1 ROAD 13416 Allnutt Lane

PROPERTY OWNER Putman

ADDRESS 13416 Allnutt Lane
Highland, Maryland 20777

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. (?) *Septic moved for a new pool.*
Call for inspection when ground is opened so/sanitarian can recommend repair. 08/02/94

8/8/94 (Please see back)
also thanks C. Bed.

PLANS APPROVED BY C. Bed in field for C. No DATE 8/8/94

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

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**

BLDG. PERMIT SIGNED
AND RETURNED 8/10/94
Serial # 53587
admission family room
BLDG. PERMIT SIGNED
AND RETURNED 8/8/94
Serial # 536174
ground pool

P 50205X

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

File

P 29896
A 24681

~~6/18/79~~
6/20/79 if possible
6-22-79

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 6/7/79

INDEXED

Mike Kastner

IS PERMITTED TO INSTALL ALTER

ADDRESS 13556 Argo Drive, Dayton, Md 21036 PHONE 725-5000

SUBDIVISION Allnutt Farm Estates ROAD Allnutt Lane LOT 9, Sec. 1

PROPERTY OWNER C & M Builders

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

TRENCH - To be 100 ft. long. Locate 125 ft. from Allnutt Lane and 10 ft. from Lot 10. Trench to run with contour parallel with Allnutt Lane.

PLANS APPROVED BY David J. O'Neill

DATE 9/28/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

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

24681

APPLICATION

A 24681

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT Fifth

DATE 9/9/76

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 Mr. and Mrs. Smith W. Allnutt, Jr.
13288 Highland Road
ADDRESS Highland, Maryland 20777 PHONE 988-9303

PROPERTY LOCATION:
SUBDIVISION Allnutt ~~Highland Farm Estates~~ LOT NO. 18 New 9
ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 0.95 Ac. TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Margaret G. Allnutt

APPROVED BY DJO New FOR DW + YK co DATE 9/25/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 10/4/78
serial # 37087

THIS IS NOT A PERMIT

1000-300		1000-300	1000-300	1000-300

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TESTING		DROPS	STOP	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: 465-5000, EXT. 356

A _____
P _____
DISTRICT Fifth

DATE 9/9/76

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 Mr. and Mrs. Smith W. Allnut, Jr.

ADDRESS 13288 Highland Road
Highland, Maryland 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hi - Land Farm Estates LOT NO. 10 - 9

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT 0.95 Ac. TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Margaret G. Allnut

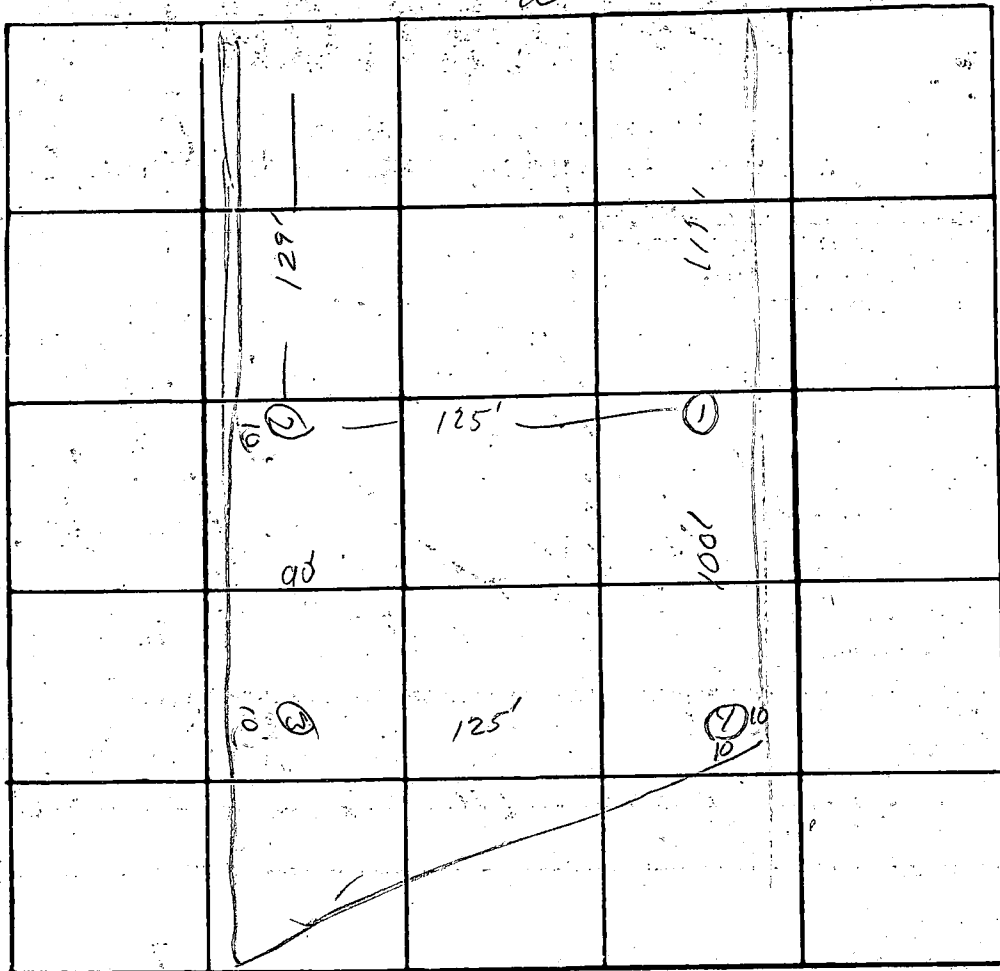
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/21	3 s	3 1/2'	10 ¹⁸			10 ²²	1
	d	12'	10 ³³	10 ⁴¹	10 ⁴¹	10 ⁴⁹	6
	1	4'-12'	Dissect	good	so. l.		
	4 s	3'	10 ⁴⁰	10 ⁵⁵	10 ⁵⁵	11 ¹⁴	19
	d	12'	10 ⁴⁰	10 ⁴²	10 ⁴²	10 ⁴⁵	3
	2 s	4'	11 ⁵⁸	Fail			
	9	12' (15')	11 ⁵⁰			11 ⁵⁵	~3 min
	2 s	5'	12 ⁰⁶	12 ⁰⁷	12 ⁰⁹	12 ¹⁰	3

dog to 13'

REMARKS _____

TYPE OF SOIL Sandy loz

TESTED BY O. McMill

ALSO PRESENT: _____

K. Heuman - Alar H

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

SEQUENCE NO. (WRA USE ONLY) **8022**

WRA PERMIT NUMBER **HC-74-2616**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **4/28/78**

OWNER **McCown Assocs of Md.**

COL 15 LAST NAME **McCown** FIRST NAME **Assocs** COL. 34

STREET OR RFD **6145 Oakland Mill Rd.**

COL 36 **Columbia** COL. 55

POST OFFICE **Columbia** COL. 57

COL. 76

DRILLER INFORMATION

DATE **March 16, 1978** LICENSE NUMBER **293**

FIRST NAME **Robert** DRILLER LAST NAME **Moyle**

SIGNATURE *Robert Moyle*

LOCATION OF WELL

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION **Allnut Farms**

SECTION **I** LOT **9**

NEAREST TOWN **Highland**

MILES FROM TOWN (ENTER 0 IF IN TOWN) **3**

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **500**

DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD **Allnut Lane**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **50**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

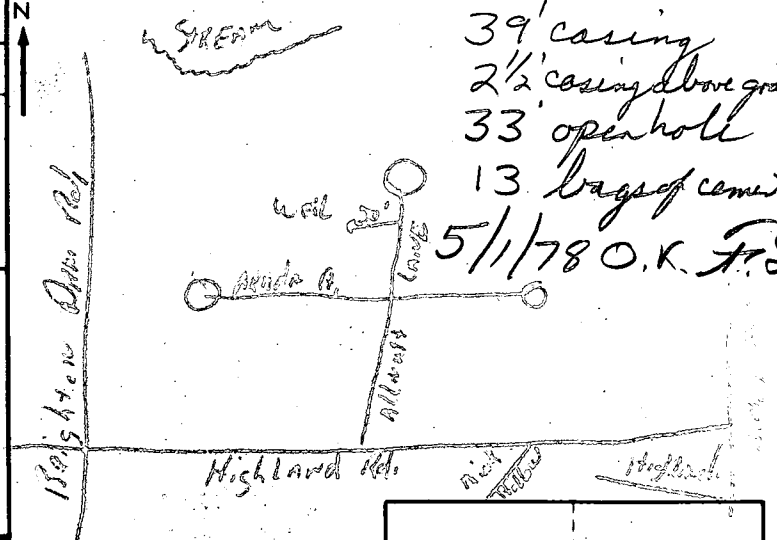
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U

BOX NUMBER **2800** **490**

NORTH COORDINATE **425** **71**

EAST COORDINATE **07** **05** **07** **07**

ELEVATION AT WELL HEAD (FEET) **0/0** **5/0**

HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **726845**

DATE **3 27 78** APPROVED BY **Ronald W. Monaghan, Sanitarian**

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 0488 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER W26-245

DATE RECEIVED (WRA USE ONLY) 11-15-97 DEPTH OF WELL 185'

DATE WELL COMPLETED 11-15-97 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-10-2076

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 273

OWNER: McCann Assoc of Maryland FIRST NAME

LAST NAME McCann STREET OR RFD 6125 - Oakland Mill Rd. POST OFFICE Columbia

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	0	
Sandy	0	25	
Sand Stone	25	40	
Micka	40	60	
Sand Stone	60	15	
Micka	15	185	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 1300 NO. OF POUNDS 1300

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 FT. TO 54 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S T 6 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 39

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT) 17 20

WHEN PUMPING 185 (NEAREST FOOT) 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) 2

- BELOW } 49 50 51

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 37 TO 185

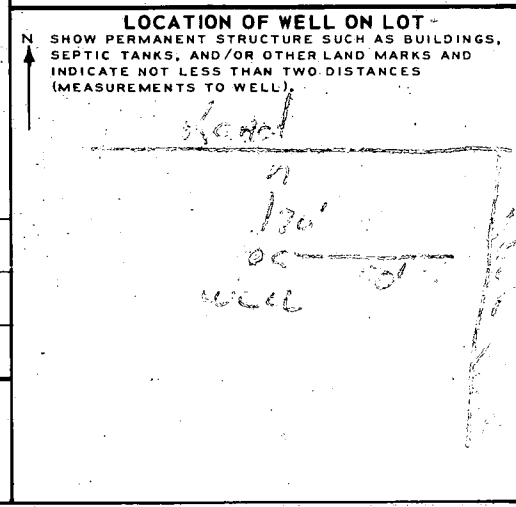
EACH SCREEN

1 110 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1, 2, 3



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Robert Williams

(PLEASE PRINT) Robert Williams

SIGNATURE Robert Williams

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 72 74 75 76

LOG INDICATOR OTHER DATA AVAILABLE

Howard County Health Department

To: Inspector:

~~Re:~~ This property may need
wet season testing for
make-up of 10,000 ft² easment.
Do not let Jack proceed w/
Repair if wet season needed.
Repair permit is for a
Pool.

From: Amy

Date: 8/5/94

HD-170

8/3/94

* Went to owners house, she is going to stake the exact location they want the pool. Advised her on:

- the encroachment into the SDA is that she must make the area up.

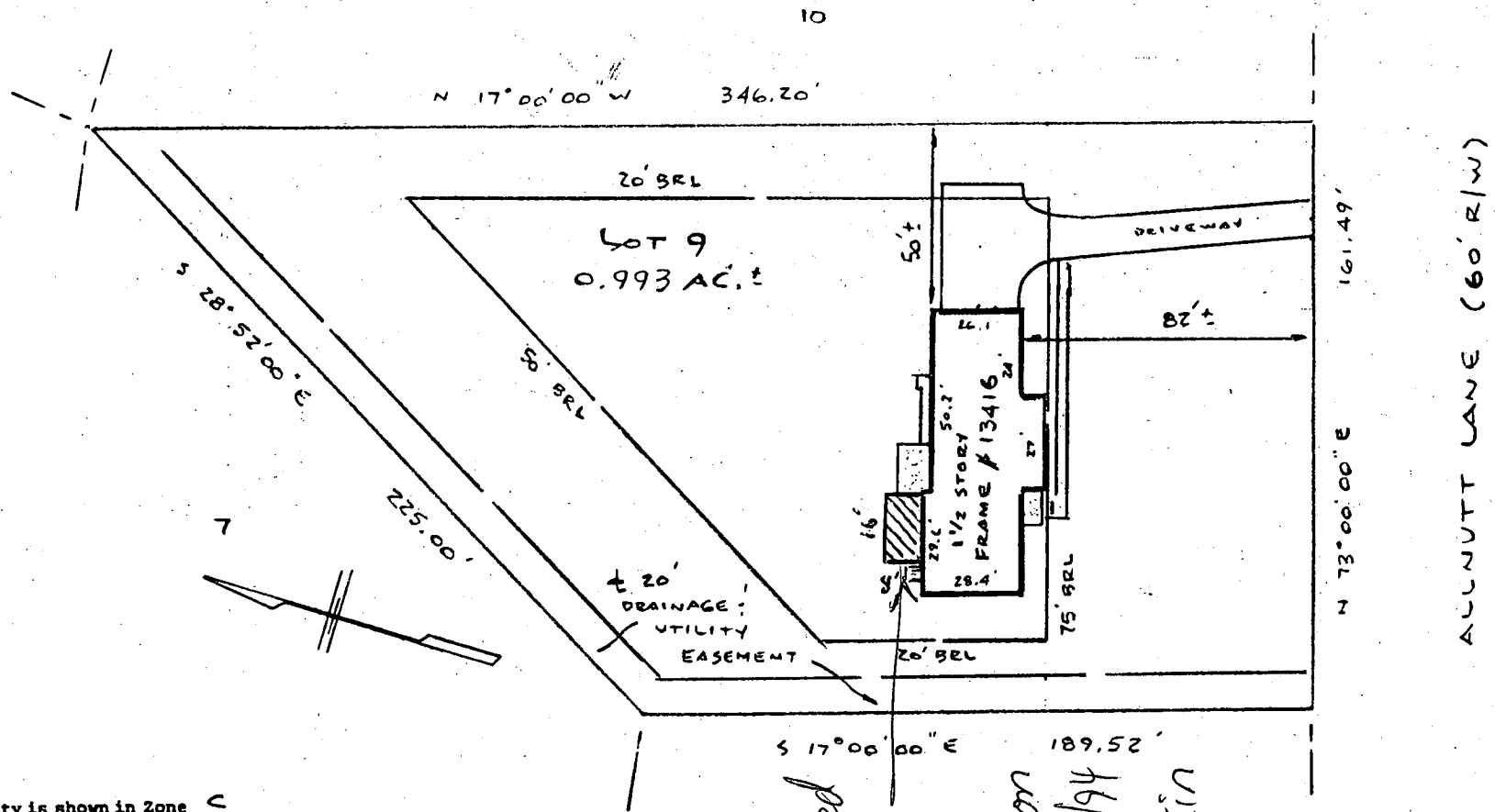
- possibility of wet season testing.

* Will visit site 8/4/94 to stake exact location of 10,000 ft² easement

8/4/94

Field - Determined how much area would be lost in putting the pool where they want it. - Told her it may require wet season testing due to the amount of area ~~to~~ to be lost. Will check on neighbors' property to see how they got their pool in. Call tomorrow.

13428 Alnut Lane - people's house lower in elevation than her's. Check on location of their septic → pump system in front of the house.



Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel# 32084A
 Community Panel# 240044-0032B
 Effective Date: DEC. 4, 1986

*proposed
 family
 room
 addition
 OK 8/10/94
 M. Liffkin*

This is to certify that I have surveyed the property known as LOT 9
13416 ALLNUTT LANE
 sheet of recorded PLAT NO. 3725 among the
 Land Records of HOWARD County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.

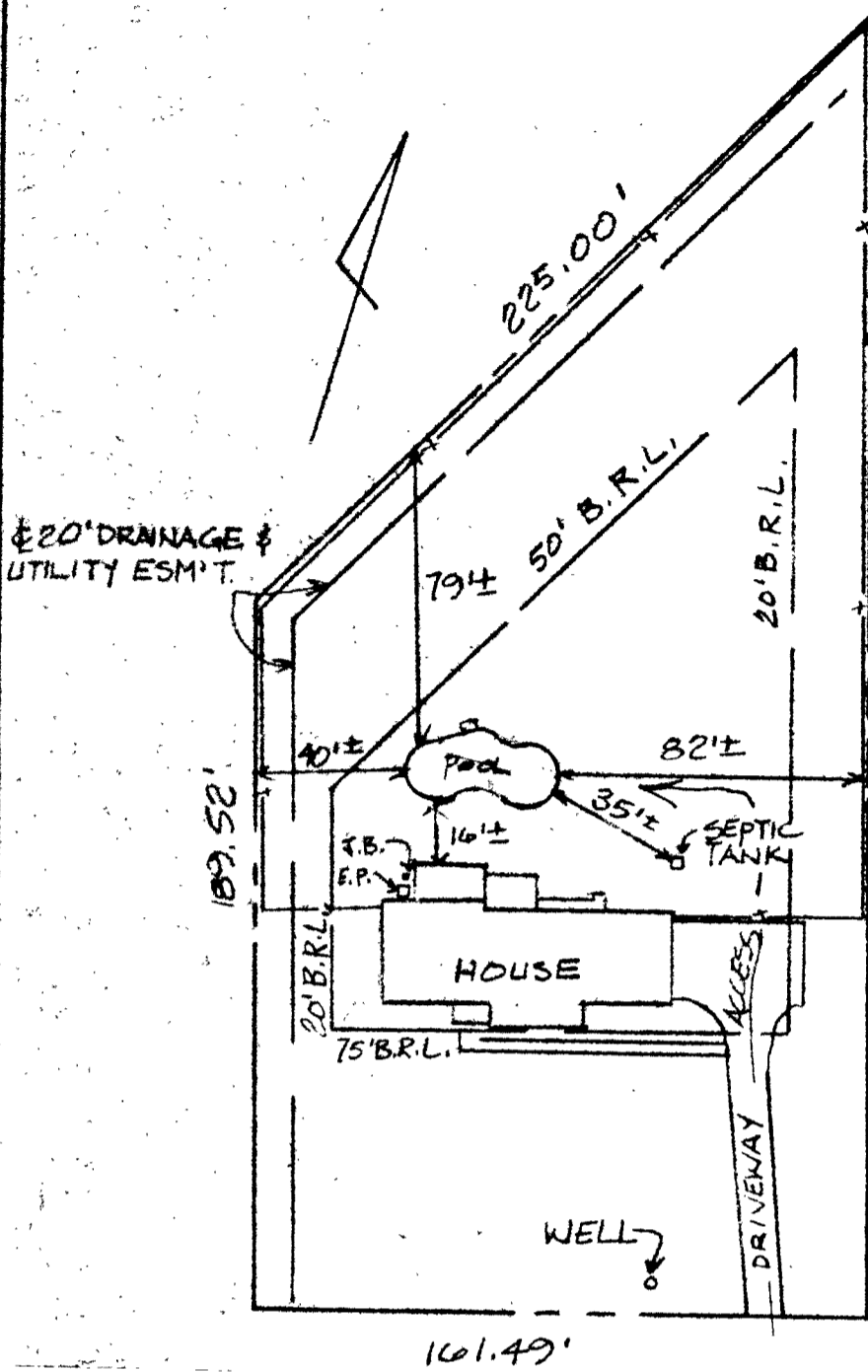


J. Carl Hudgins PLS#96

LOCATION SURVEY
 13416 ALLNUTT LANE
 ALLNUTT FARMS ESTATES
 5th ELECTION DISTRICT
 HOWARD COUNTY, MD.

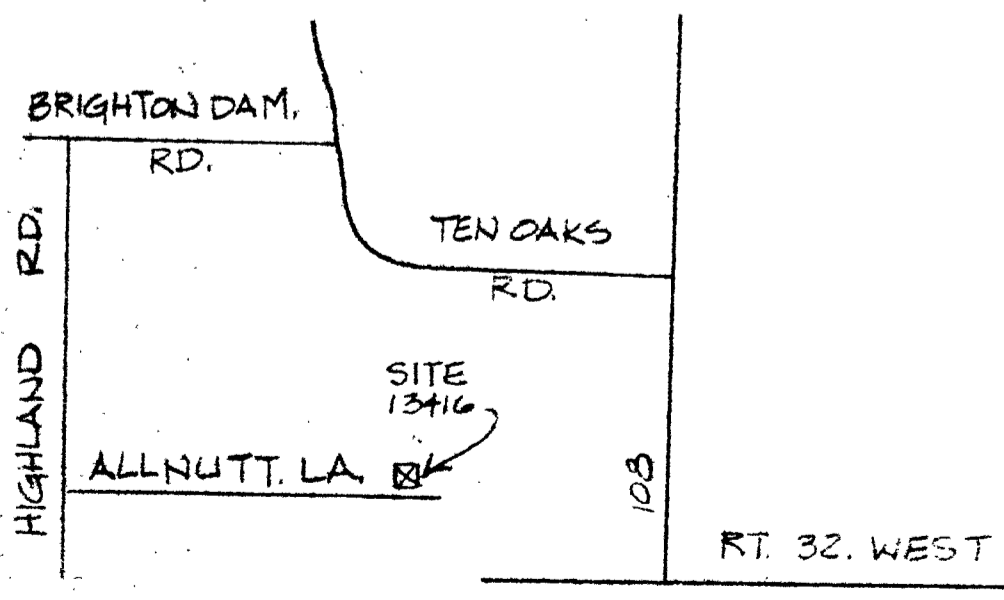
NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale	1" = 50'
Date	AVG. 11, 1992
Field By	JLM
Drawn By	JLM
Drawing #	X/3488

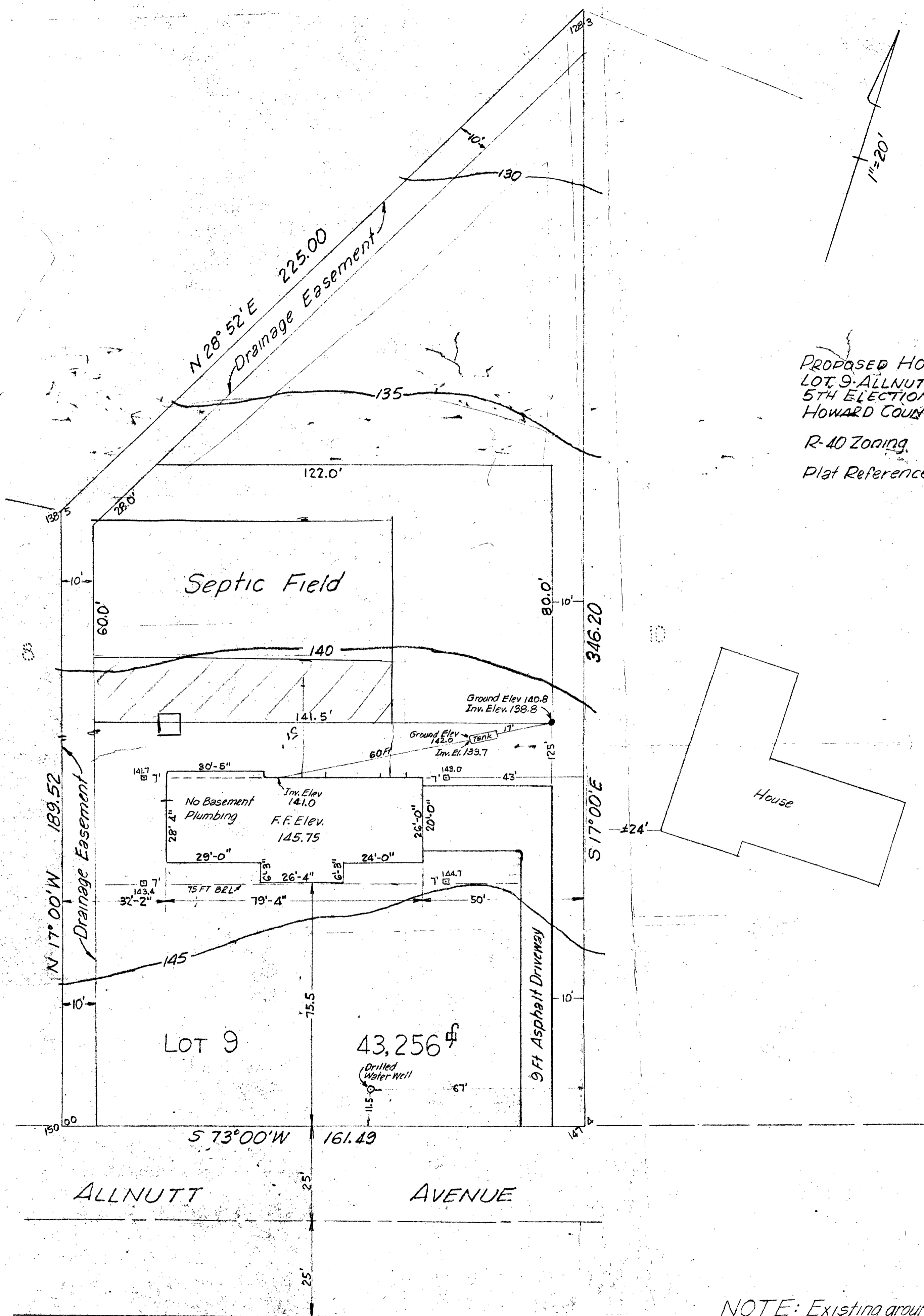


PROPOSED FE
BY OWNER

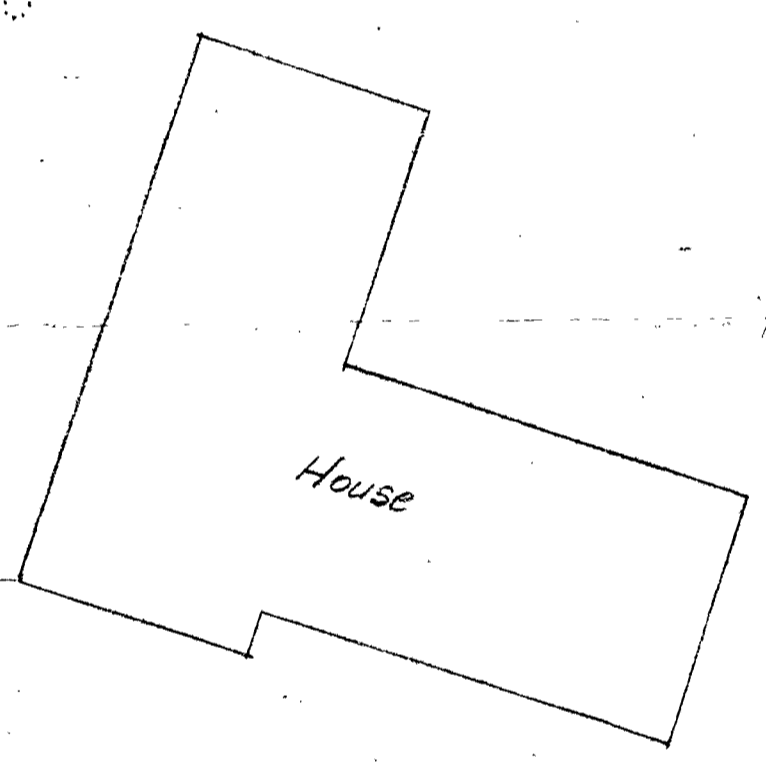
ALLNUTT LANE
(60' R/W)
SCALE: 1" = 50'



N.T.S.



PROPOSED HOUSE LOCATION
 LOT 9 ALLNUTT FARMS ESTATES
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 R-40 Zoning, 75 Ft Front Setback
 Plat Reference: No. 3725



15'
 4' 00"
 OK
 10/03/8

NOTE: Existing ground elevation at Perc Hole appears to be the same as Test Elevation.

Builder: GEM Builders, Inc.
 6726 Mink Hollow Rd.
 Highland, Md. 20777
 774-0535

I certify the above measurements and elevations are actual and correct for this property.
 8-29-78
 Cedric B. Samuel, Maryland No. 2282

TRI-STATE SURVEYS
 4117 THIRTIETH STREET
 MOUNT RAINIER, MARYLAND
 927-6395