

11/15/94

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50369

A REPAIR

DISTRICT _____

DATE 11/02/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX457-9933X~~ 313-2640

320302
INDEXED

DATE SYSTEM APPROVED 11/15/94

INSPECTOR DKS

Arnold's Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION _____ LOT _____ ROAD 3650 Daisy Road

PROPERTY OWNER Millie Dunn PHONE: 854-6951

ADDRESS 3650 Daisy Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 72'

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 11/02/94

Install one trench off existing drywell.
Trench to be 2' wide, inlet 4', bottom 11', stone 7'.

PLANS APPROVED BY [Signature] DATE 11/15/94

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

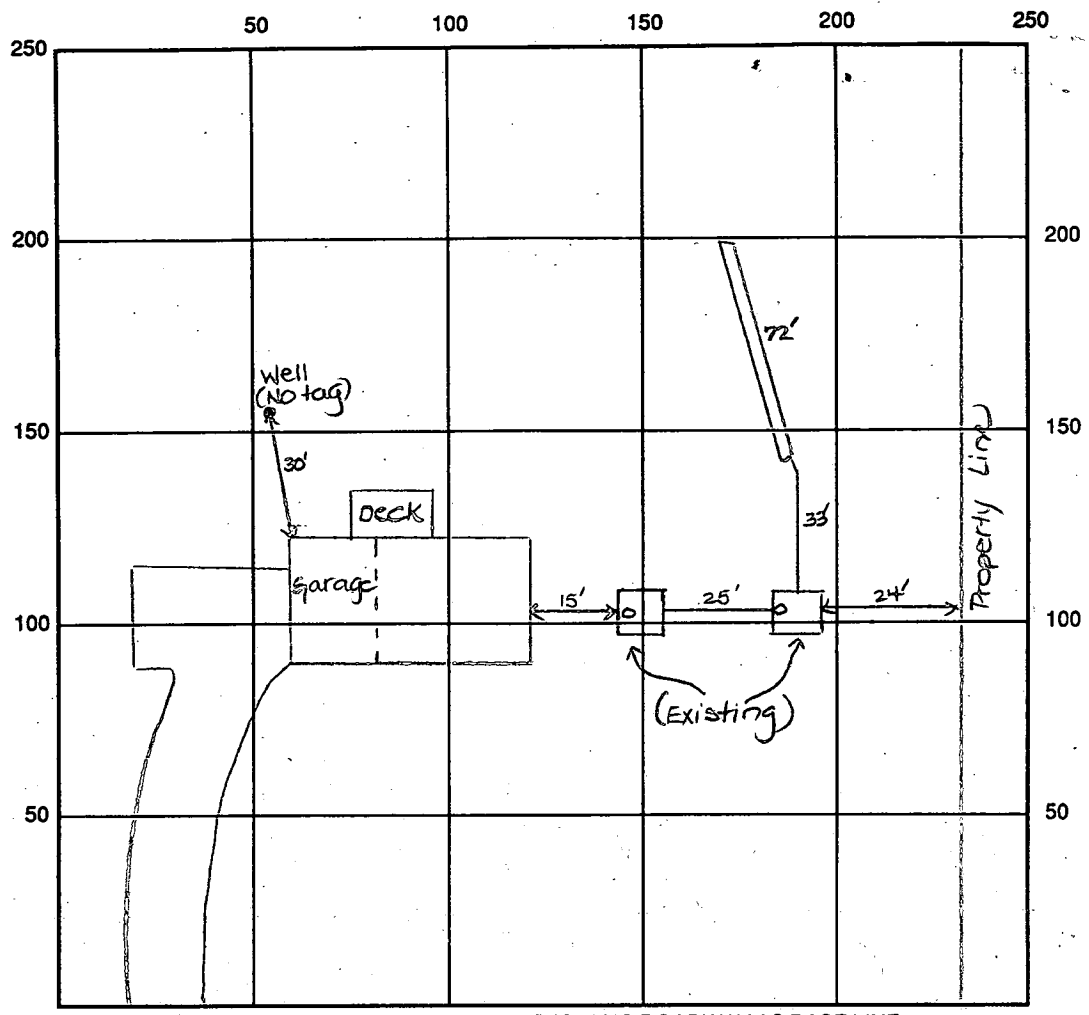
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 50369

- (A)
- 2' topsoil
 - 3-4' red br cl lm
 - or br to 4' or br silty lm
 - 13' 10% rock frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Daisy Road

SEPTIC TANK LEVEL Existing CLEANOUTS Existing
 DISTRIBUTION BOX LEVEL N/A
 DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 72 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL ~~AREA~~ AREA 504 SQ. FT.
 DRYWALL INSIDE DIAMETER Existing FT. EFFECTIVE DEPTH BELOW INLET Existing FT.
 ABSORBENT AREA 504 SQ. FT. + Existing

REMARKS: 11/15/94 A.M. OK to continue. DKS
11/15/94 P.M. Final-OK to cover trench when completed.
Materials on site to finish. DKS

DATE SYSTEM APPROVED 11/15/94 INSPECTOR Sandra J. See

11/9/94
2:00-4:05
11/10/95
12:00
House
connection

up 1/10/95
No house connection

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50370B

A 24094

DISTRICT 3rd

DATE 11/2/94

DATE SYSTEM APPROVED 1/10/95

INSPECTOR C.B. D.

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

INDEXED

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

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

SUBDIVISION Shiple Property LOT 2 ROAD 12265 OldwFrederick Road

PROPERTY OWNER Mark Descripiano

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 95 feet down the right (196') lot line and 130 feet off the same lot line as seen when facing the lot from Route 99. Run trenches along contour towards the right (196') 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. OK 10/26/94 DKS

PLANS APPROVED BY Donna K. Soe DATE 07/06/94

COVER NO WORK UNTIL INSPECTED AND APPROVED

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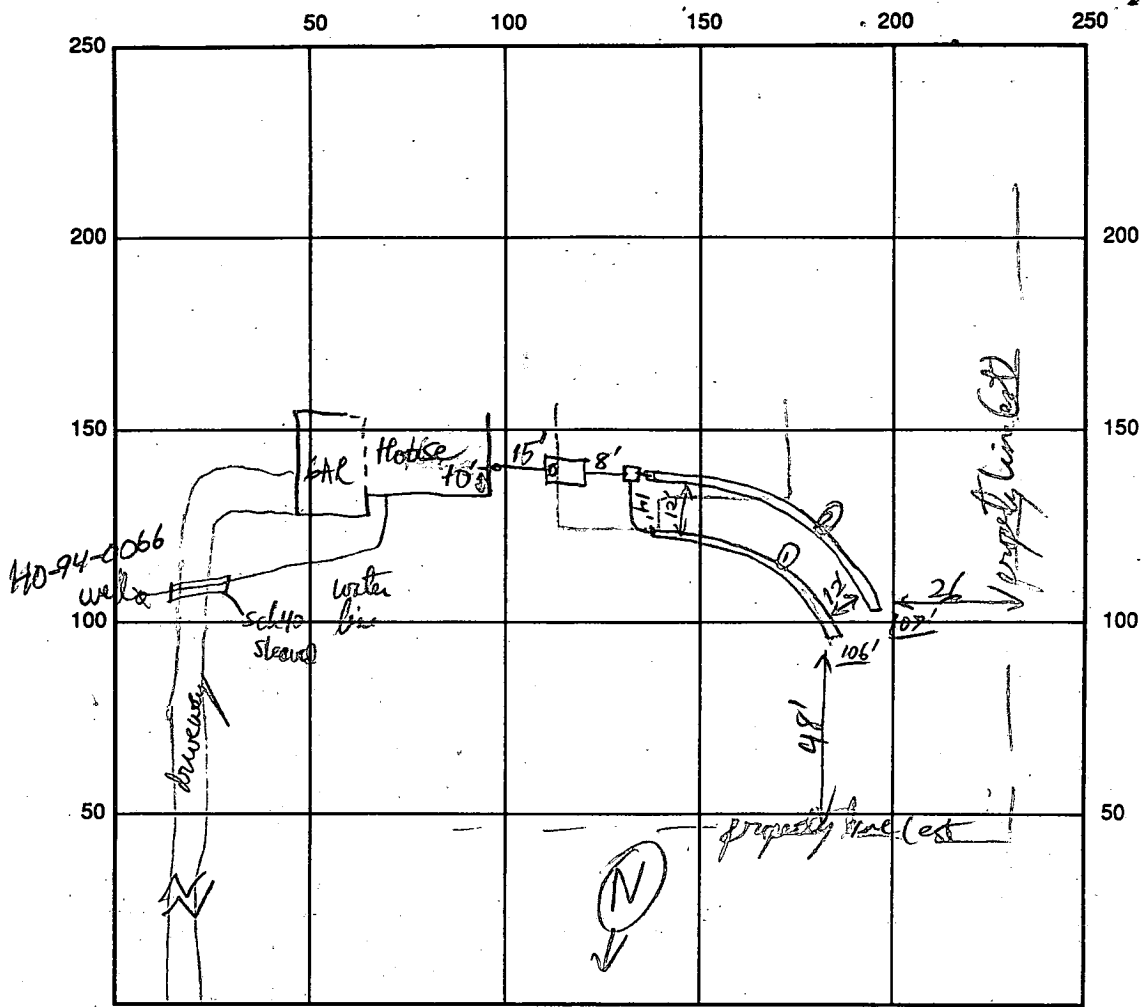
PERMIT VOID AFTER TWO YEARS

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

A
50370B



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
 Old Frederic Rd

SEPTIC TANK LEVEL 1250 gM ✓ CLEANOUTS HSE + ST ✓
 DISTRIBUTION BOX LEVEL ✓ CO C.O.
 DRAIN FIELD/TITLE DEPTH 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 106 / 107 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 852 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: alt cover system 4/11/10/94 - No House connection yet
(ONLY) 1/10/95 -> Houses connection - checked by water test, Final
(House to septic tank) ←

DATE SYSTEM APPROVED 1/10/95 INSPECTOR Charles B. Streaker

APPLICATION

PRELIMINARY

A 24094

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 3rd

DATE 9/29/76

11/24/76
9:30 A.M.

$\bar{t} = 11 \text{ min}$

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 Russell M. Shipley property MARK DECRISPIANO
Phone: 328-2414 Any questions call Boender:

ADDRESS _____ PHONE 465-7777
461-6631

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Proposed Lot 2

ROAD AND DESCRIPTION Route 99 - between Sand Hill Road and Mt. View Road - third place
on left after Sand Hill Road (12265 Old Frederick Road)

SIZE OF LOT 40,000 sq. ft. more or less TYPE BLDG. 3 or 4 bedrooms
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/ Russell M. Shipley

APPROVED BY William H. Zapp FOR Septic Trench DATE 5/21/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS WNZ DATE 11/24/76

REASONS FOR REJECTION OR HOLDING final plat

BLDG. PERMIT SIGNED

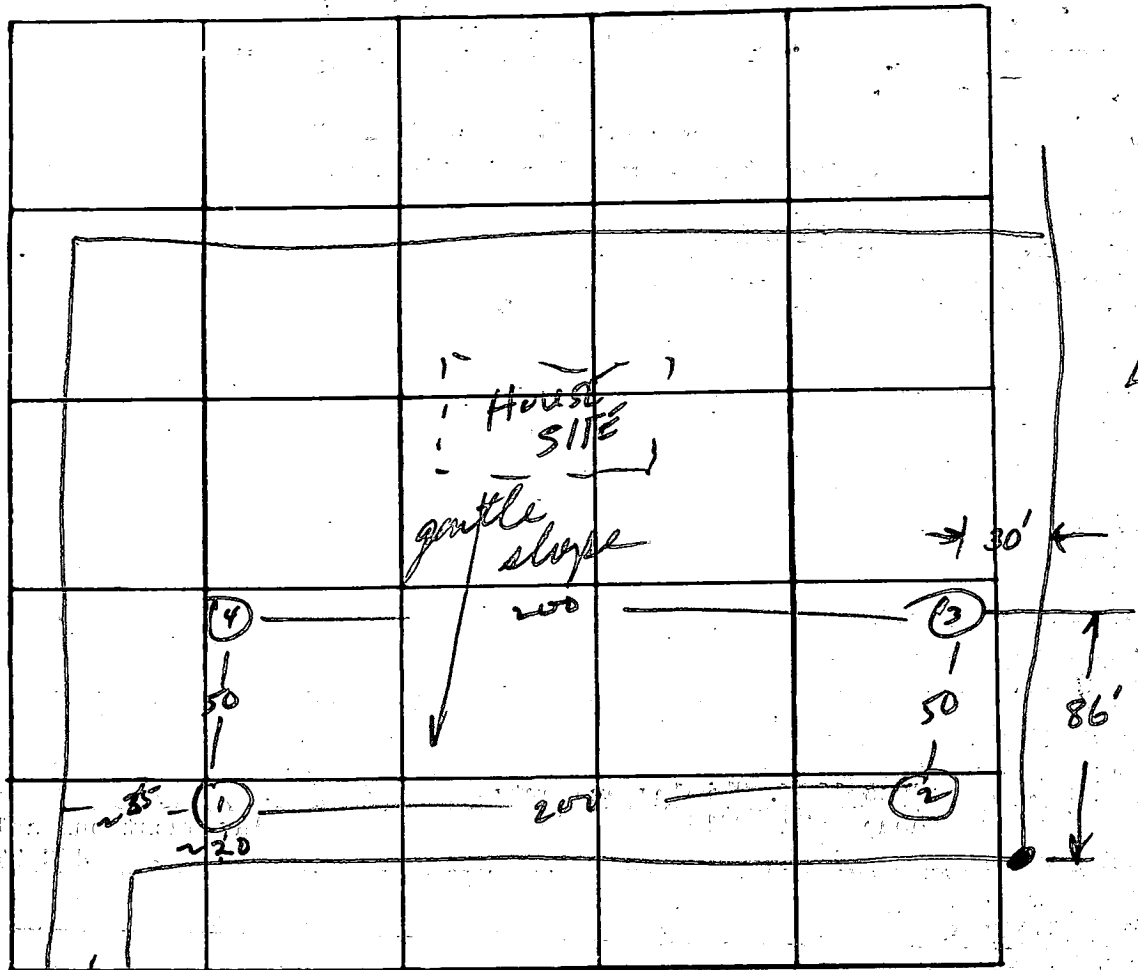
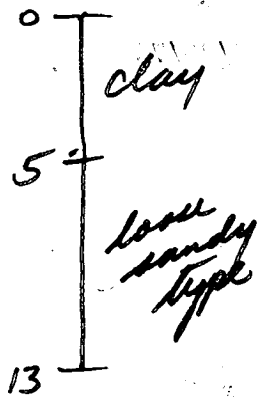
AND RETURNED 9/1/76

Sheet # 53977

STD-4Bun

THIS IS NOT A PERMIT

All holes



Lot 2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

V to R-99

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST: 1" DROP | | TIME |
|----------|----------|--------|-----------------|-------|---------------|-------|----------|
| | | | START | STOP | START | STOP | |
| 11/24/76 | 1 | 5 1/2 | 11:07 | 11:10 | 11:10 | 11:20 | 10 |
| | 1-A | 13 | 11:07 | 11:10 | 11:10 | 11:17 | 7 |
| | 2 | 6 | 11:30 | 11:39 | 11:39 | 11:50 | 17 |
| | 2-A | 13 | 11:29 | 11:35 | 11:35 | 11:45 | 10 |
| | 3 | 5 1/2 | 11:53 | 11:55 | 11:55 | 12:07 | 12 |
| | 3-A | 13 1/2 | 11:53 | 11:59 | 11:59 | 12:07 | 8 |
| | 4 | 12 1/2 | VISUAL; SIMILAR | | SOIL: DR | | 64 |
| | | | | | | | X=11m in |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS System in hole #3

TYPE OF SOIL Sandy - med

TESTED BY WWE ALSO PRESENT: owner

B 1 **1203** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0066
 fill in this form completely

Date Received (APA) **022894**
 OWNER INFORMATION
DECRISPINO MARK
 10280 OLD COLUMBIA RD
 COLUMBIA MD 21046

B 3 LOCATION OF WELL
HOWARD COUNTY
SHIPLEY PROPERTY
 WESTFRIDENOSHIP
 2 MILES FROM TOWN

DRILLER INFORMATION
Ralph MAYNE
 116
 Ralph Mayne Well Drilling
 9120 Brown Church Rd. N.H. Aring
 Ralph Mayne 12/26/93

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Rt. 99**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **400**
 ENTER FT OR MI **F4**
 TAX MAP: **10** BLK: _____ PARCEL **15**

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)

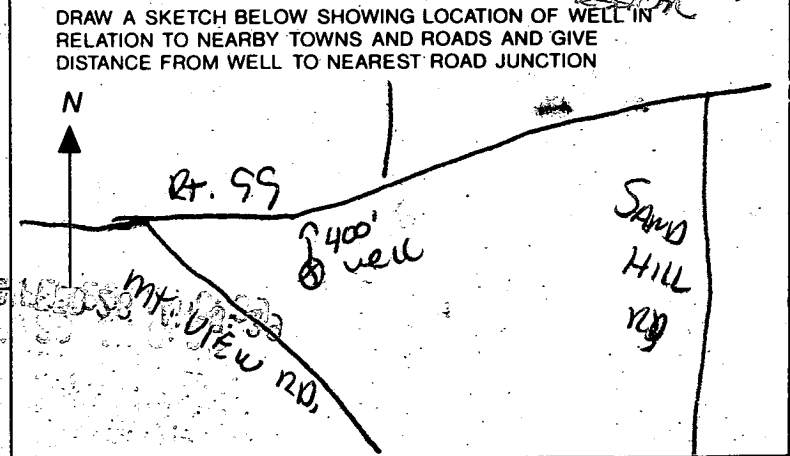
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 24094 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **042094**
 CO-SIGNATURE **Tommy See** EXP. DATE **4/20/95**
 NORTH GRID **540000** EAST GRID **0817000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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
8157
540
 Location OK tag not on casing
 7/13/94
 9:30 grout
 60' casing
 46' open hole
 15 bags
 Driller's log 7/15/94

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE 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 _____
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-0066**

SPECIAL CONDITIONS **410-250-5157**
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
 COUNTY _____

C1 8720 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A24094

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
 050514

Depth of Well
 22 45 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 7P-74-0066

OWNER *Descriptive* last name *Mark* first name
 STREET OR RFD *El. 99* TOWN *West Friendship*
 SUBDIVISION *Country Property* SECTION LOT *02*

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 | |
| Top Soil | 0 | 2 | |
| Sandy | 2 | 45 | ✓ |
| Sand Stone | 45 | 55 | ✓ |
| MICKA | 55 | 75 | |
| Sand Stone | 75 | 80 | ✓ |
| MICKA | 80 | 210 | |
| Sand Stone | 210 | 215 | ✓ |
| MICKA | 215 | 265 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS *75* NO. OF POUNDS *5250*
 GALLONS OF WATER *70*
 DEPTH OF GROUT SEAL (to nearest foot)
 from *0* ft. to *70* ft.
 (enter 0 if from surface)

CASING RECORD
 Casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 60
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO STEEL BRASS OPEN HOLE
 PL OT PLASTIC OTHER

DEPTH (nearest ft.)
 HO 58 265
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

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. *116*
Rash Mays

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

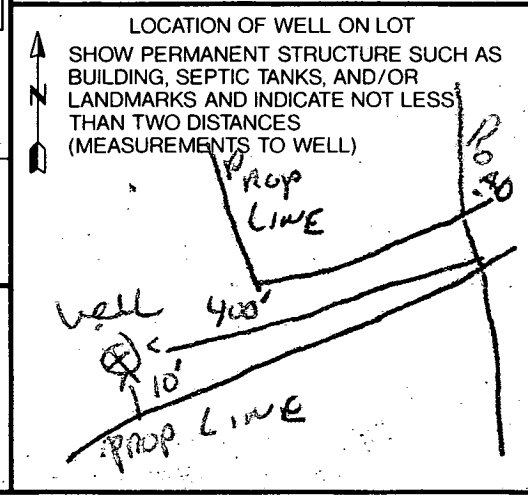
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ 74 75 76
 70 72

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) *5*
 PUMPING RATE (gal. per min. to nearest gal.) *12*
 METHOD USED TO MEASURE PUMPING RATE *Bucket*
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING *39*
 WHEN PUMPING *91*
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet 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) *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 (nearest foot)
 (-) below } *2* (nearest foot)



SEPTIC INFO.

| | |
|---------------------------------|--------|
| EXISTING ELEV. @ TRENCH | 803.75 |
| EXISTING ELEV. @ BOX | 803.75 |
| INVERT ELEV. INTO TRENCH | 798.75 |
| INVERT ELEV. INTO BOX | 799.25 |
| INVERT ELEV. OUT OF SEPTIC TANK | 799.40 |
| INVERT ELEV. INTO SEPTIC TANK. | 799.70 |
| EXISTING ELEV. @ SEPTIC TANK. | 803.0 |
| INVERT ELEV. OUT OF HOUSE | 800 |

MD ROUTE 99

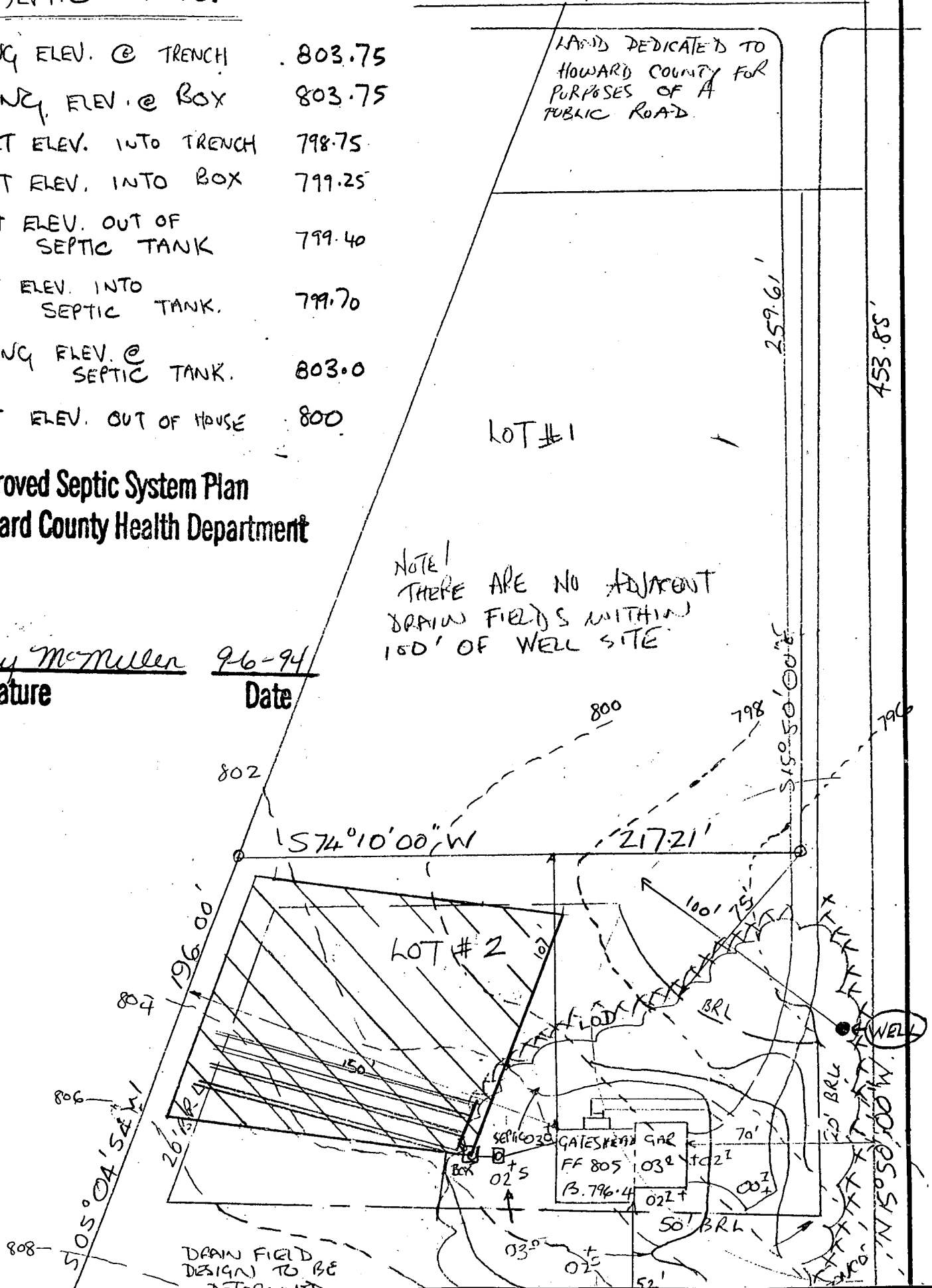
LANDS DEDICATED TO HOWARD COUNTY FOR PURPOSES OF A PUBLIC ROAD.

LOT #1

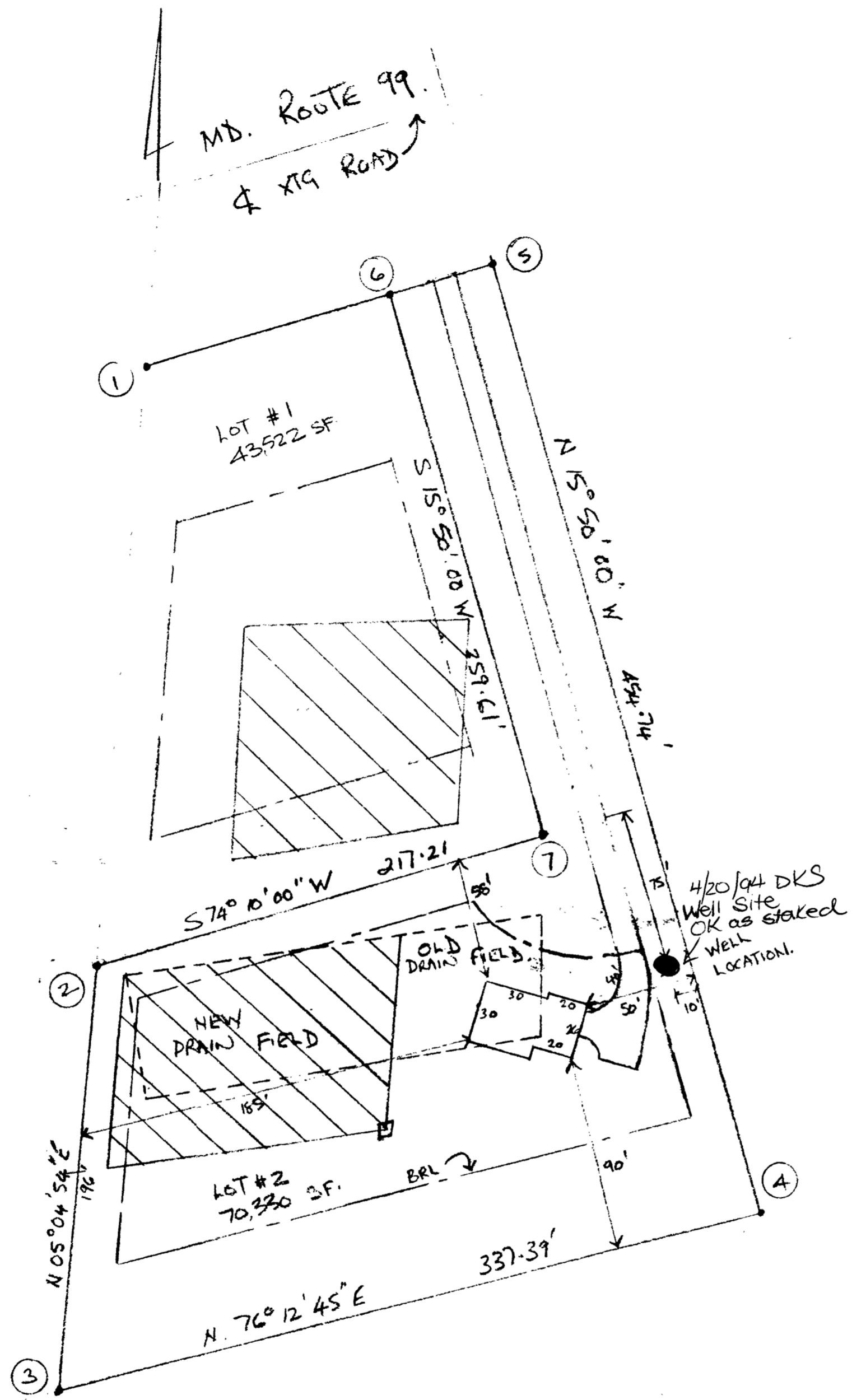
Approved Septic System Plan
Howard County Health Department

NOTE!
THERE ARE NO ADJACENT DRAIN FIELDS WITHIN 150' OF WELL SITE

Amy McMullen 9-6-94
Signature Date



DRAIN FIELD DESIGN TO BE



1. THE PURPOSE OF THIS PLAT IS TO CHANGE THE SEPTIC RESERVE AREA ON LOT # 2.
2. THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SF AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT, FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
3. ● DENOTES WELL LOCATIONS.
4. [---] DENOTES ORIGINAL SEPTIC AREA.
5. [////] DENOTES PROPOSED SEPTIC AREA

MARK DECRISPINO
090-5151

| TOLERANCES (EXCEPT AS NOTED) | REVISIONS | | | LOTS. 1. & 2. | | |
|---------------------------------|-----------|--------|-----|------------------|-------------|-------------|
| | NO. | DATE | BY | | | |
| DECIMAL | 1 | 4/5/94 | SD. | SHIPLEY PROPERTY | | |
| FRACTIONAL | 2 | | | DRAWN BY | SCALE 1:50 | MATERIAL |
| ANGULAR | 3 | | | CHK'D | DATE 4/5/94 | DRAWING NO. |
| | 4 | | | TRACED | APP'D | 1. |