

5/2/95
2 gasp...
1 at 11:00
7:20 at 2:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-351952

P 50637

A REPAIR

DISTRICT _____

DATE 04/07/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 313-2640

DATE SYSTEM APPROVED 5/10/95

INSPECTOR DKS

INDEXED

Arnolds Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION _____ LOT _____ ROAD 12192 Hall Shop Road

PROPERTY OWNER George Hall ERIC M. SCHWELLING

ADDRESS 12192 Hall Shop Road Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 108'

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 04/06/95

Existing system abandoned.
New septic tank and trenches installed.
Trench inlet 5', bottom 10', stone 5'

PLANS APPROVED BY [Signature] DATE 5/10/95

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

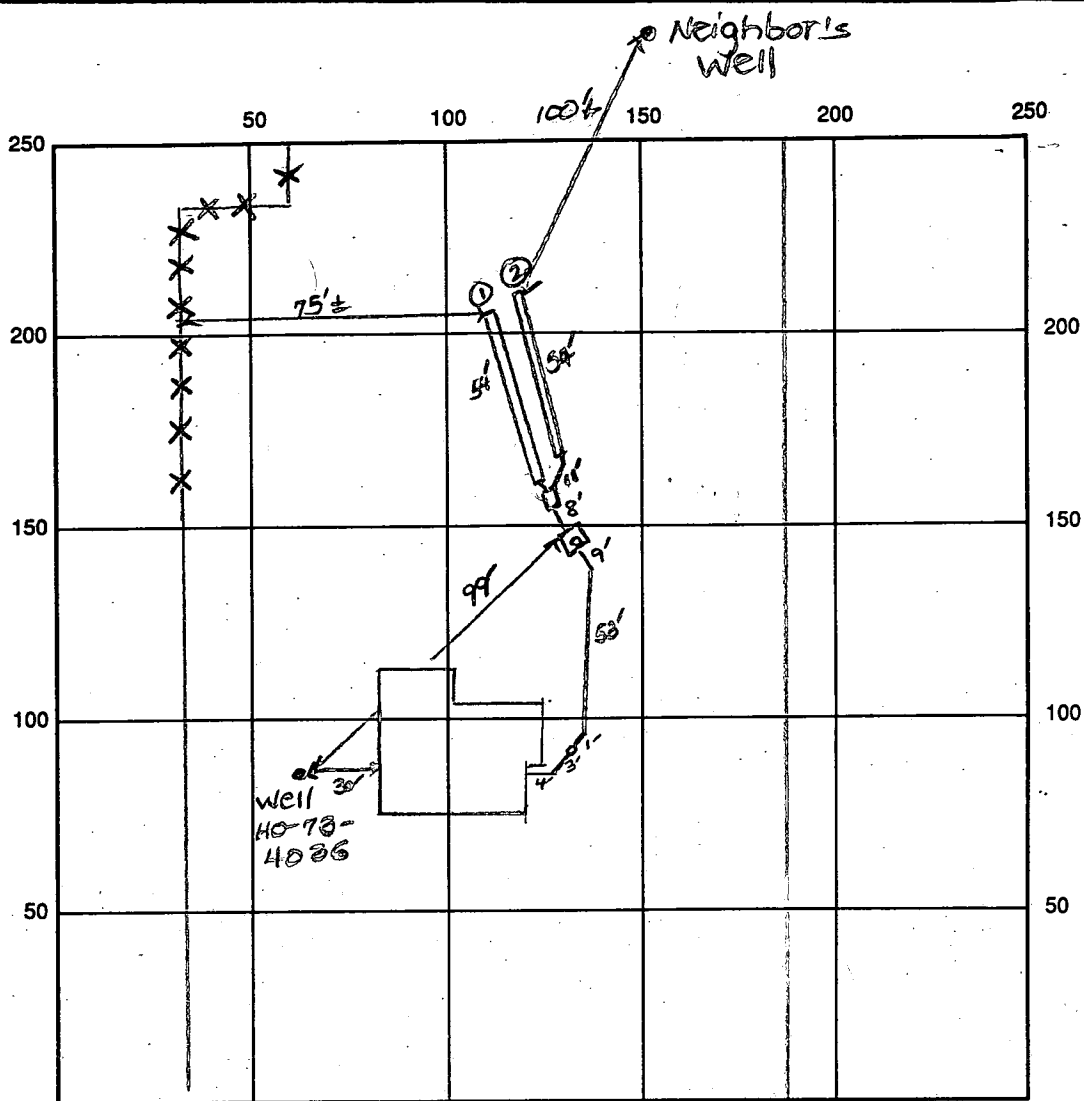
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLDG. PERMITS SIGNED
AND RETURNED 8/30/2009
BO 0126202
REPLACING EXISTING GARAGE
WITH SLIGHTLY LARGER ONE

A 50637



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hall Stop Road

SEPTIC TANK LEVEL 1000 gal CLEANOUTS one in line, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH ① 54' ② 54' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 5/10/95 a.m. OK to continue work. DKS
5/10/95 p.m. Final - OK to cover all work. DKS

DATE SYSTEM APPROVED 5/10/95 INSPECTOR Souma & Son

4/7/05
Repair
10:00
call
after 10:00
Mon/Tues

APPLICATION

PERCOLATION TESTING

A Repair

P 50637

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

DISTRICT _____

DATE _____

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 George Hall

ADDRESS 12192 Hall Shop Road PHONE # (410) 956-6788
W (410) 269-5588

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. _____

ROAD AND DESCRIPTION 12192 Hall Shop Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

50637

COUNTY #

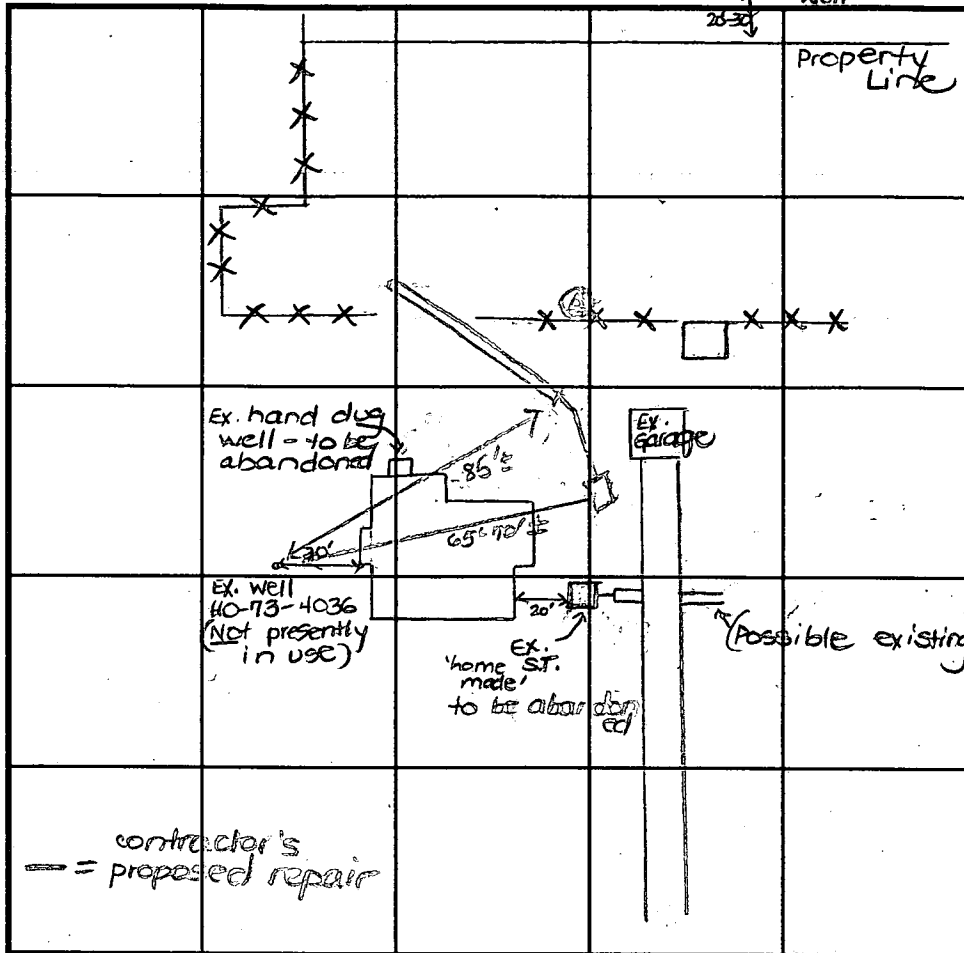
SOIL PROFILE

A

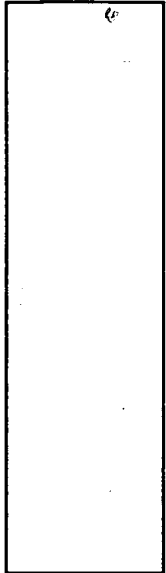
0' topsoil
1' or red br
cl 1m
w/ sm
boulders
5-5.5'
lt or br
to tan
to grey
sa si lm

16' water
(hole open
3 hours)

Neighbor's
Existing
Well



SOIL PROFILE



5.5'
10'

125 $\frac{1}{4}$ bdr \rightarrow 75'
180 \rightarrow 108'

1000 gal s.t.

*2-54' trenches

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hall Shop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-7-95	A	4' / 16' D	11:09 ₃₀	too slow			
		5.5' / 16' D	11:28 ₃₀	11:31 ₃₀	11:31 ₃₀	11:36 ₃₀	5

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT owner, Arnold's men

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 2

INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 10' SQ. FT./BEDROOM _____

4-19-95
pm

EXISTING HOUSE

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 4-19-95

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision _____ Lot # _____ Well Tag # HO-73-4036

Site Address 12192 Hall Shop Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower _____
- RPM _____
- Voltage
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

4-19-95
No insp.
Pitless Adapter
already covered
Hand dug on
Property
that was
abandoned
by G. Easterday
Amy Miller

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.

C1 1324 SEQUENCE NO. (OEP 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 31684

Date Received (OEP use only)

DATE WELL COMPLETED 1/25/71

Depth of Well 213 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-4036

OWNER Hall Lee STREET OR FRD 12192 Hall Shop Road TOWN Highland SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include TOP SOIL, CLAY, SANDSTONE, SILT, CLAY, SANDSTONE, SHALE, SILT, SANDSTONE.

GROUTING RECORD. WELL HAS BEEN GROUTED. TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 20. NO. OF POUNDS 2000. GALLONS OF WATER 100. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 70.

CASING RECORD. MAIN CASING TYPE ST. Nominal diameter 6. Total depth of main casing 207.

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

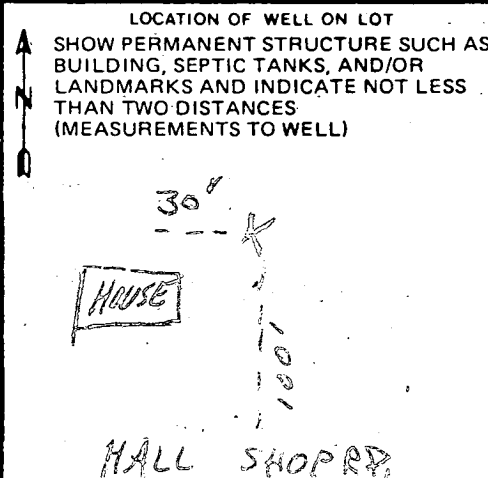
SCREEN RECORD. screen type or open hole. ST BR HO PL OT. DEPTH (nearest ft.) 40 206 213.

SLOT SIZE 2. DIAMETER OF SCREEN (NEAREST INCH) 206 to 213. GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 3. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL BEFORE PUMPING 30. WHEN PUMPING 213. TYPE OF PUMP USED Air.

PUMP INSTALLED. DRILLER WILL INSTALL PUMP YES Y NO N. TYPE OF PUMP Air. CAPACITY: GALLONS PER MINUTE. PUMP HORSE POWER. PUMP COLUMN LENGTH.



CIRCLE APPROPRIATE BOX. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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. DRILLERS IDENT. NO. 40. DRILLERS SIGNATURE George A. Carter. SITE SUPERVISOR Charles P. Fuller.

10/26/81
1-1 30 PM

HO-73-4036

FILE Emergency Well Site Check DATE REPORTED 10/26/81

PROPERTY OWNER Lee Hall

P.O. ADDRESS 12192 Hall Shop Road TELEPHONE 286-2811

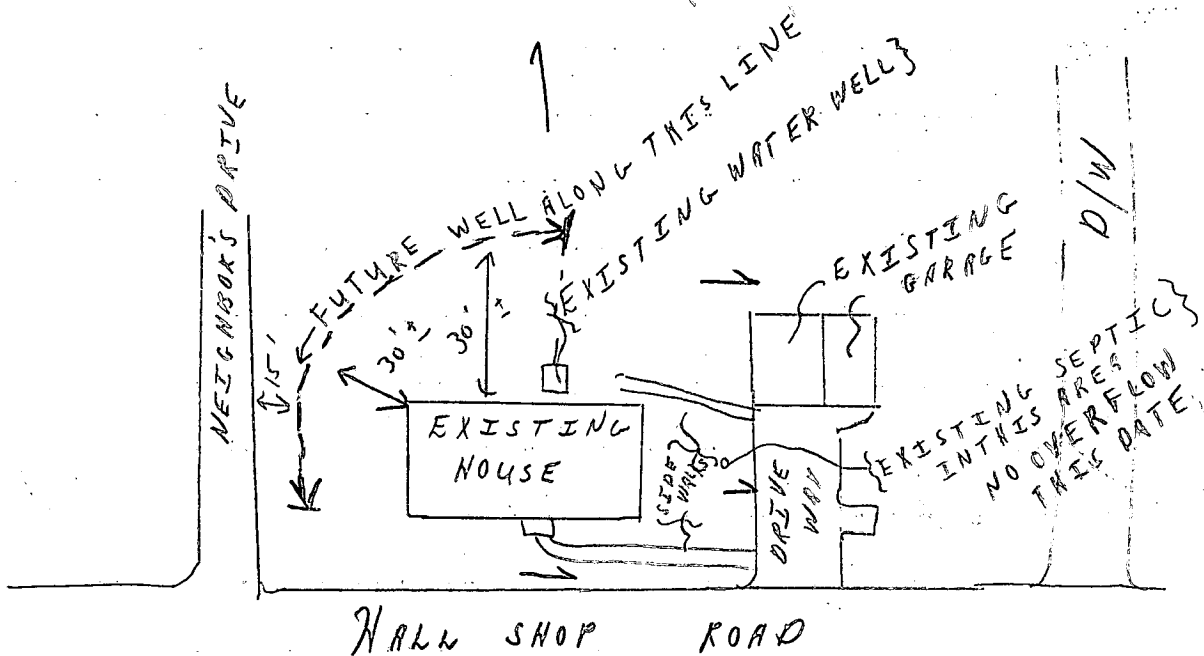
DIRECTIONS TO PROPERTY Clarksville, Md. (near intersection of Simpson & Hall Shop Rd)

INFORMANT Mr. Hall has contacted Costello's re drilling another well shallow well has been run by.

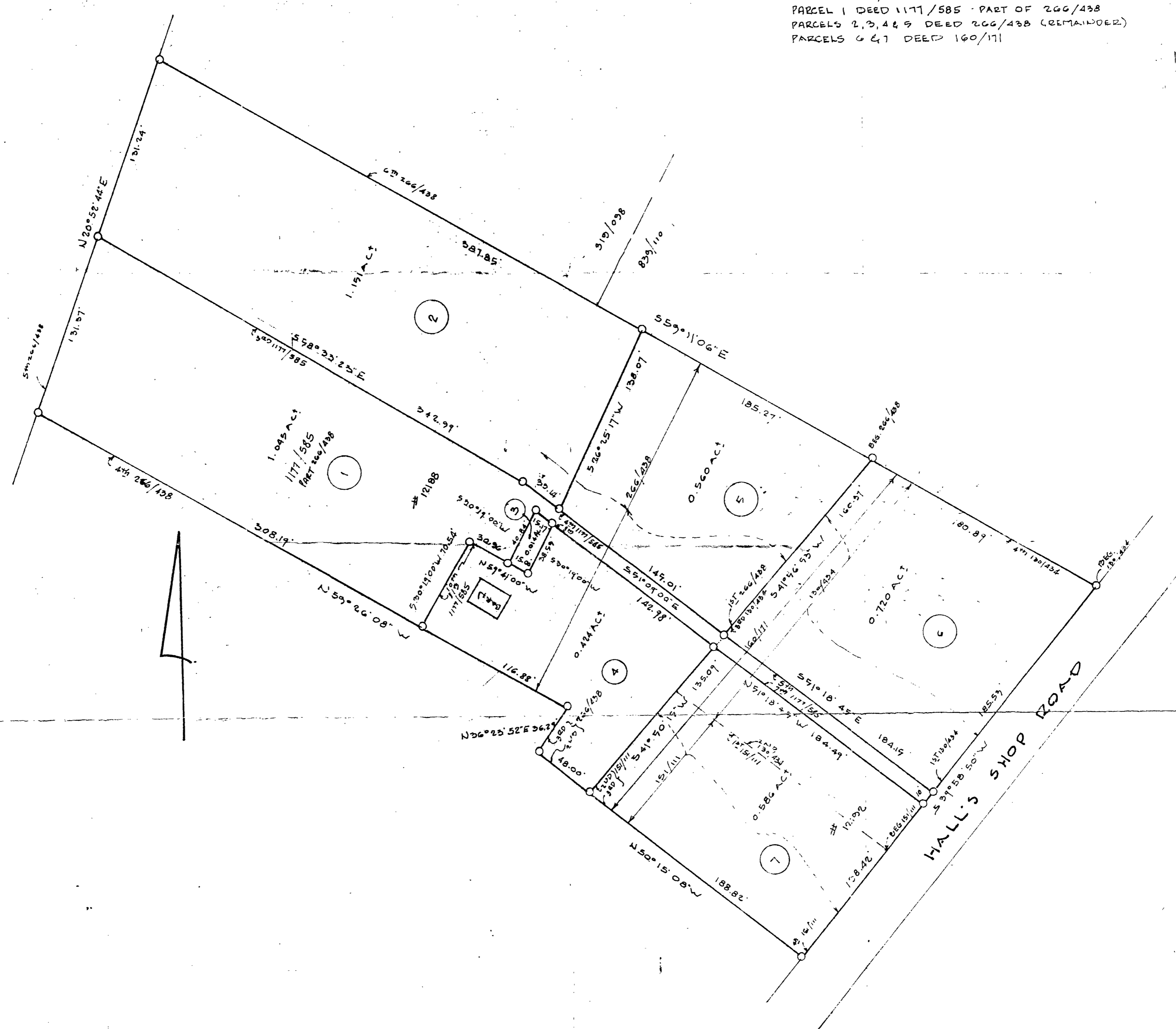
CONDITION FOUND 10/26/81 @ site - DISCUSSED ABOVE. LOCATED AREA OF POSSIBLE WATER WELL LOCATION 30' OFF HOUSE IN CIRCLE --- AS SHOWN ON BACK; [NOTE MR. + MRS. HALL + Mr Frank ERSTERDAY @ site] C.B.D.

ACTION TAKEN 11/25/81 well granted. JS

FINAL DISPOSITION _____

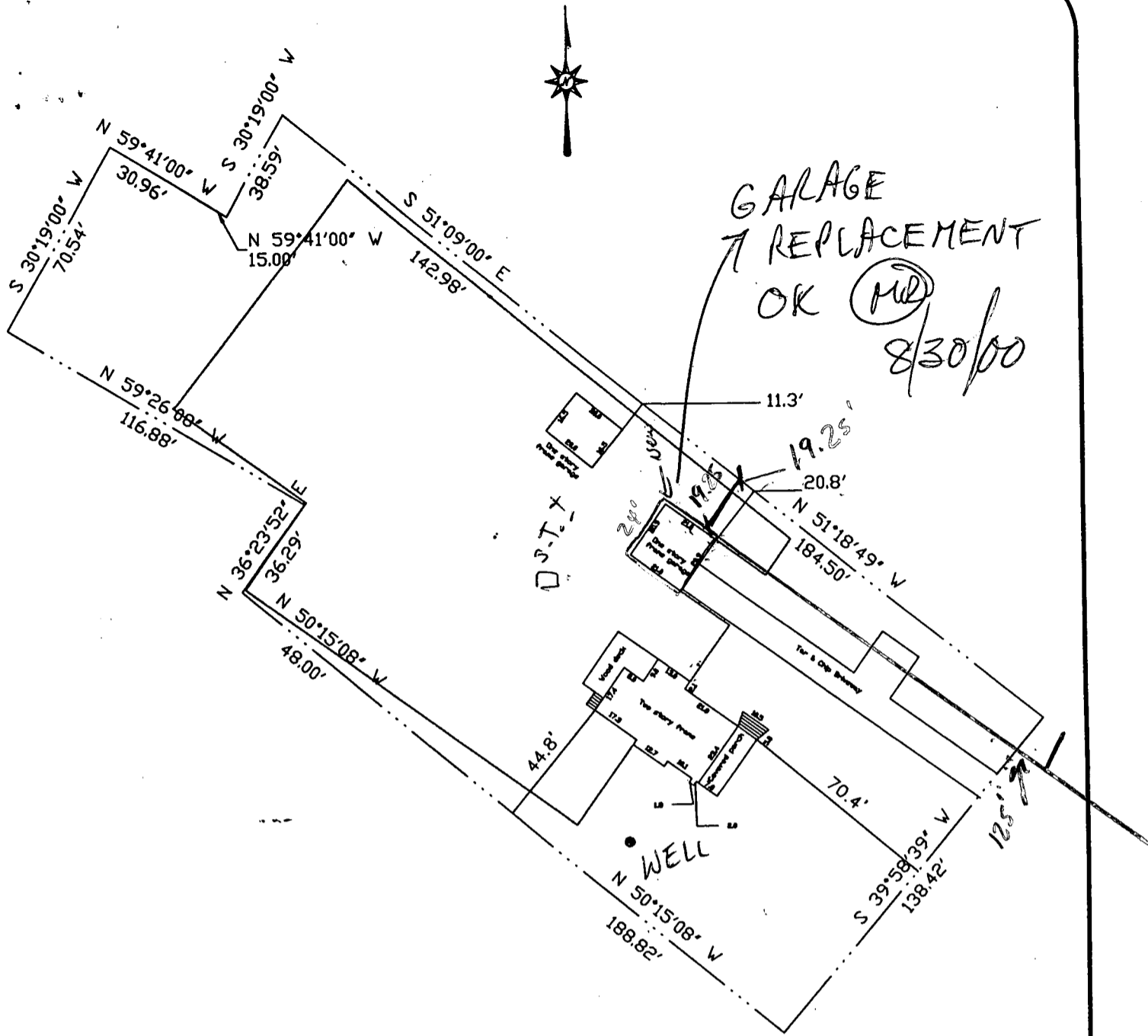


ORIGINAL 2:40 OR 1 AC - PRESENTING 2 OR 3 ACT
 PARCEL 2 & 3 TO BE DEEDED TO PARCEL 1
 PARCELS 5 & 6 TO BE DEEDED AS ONE PARCEL
 PARCELS 4 & 7 TO BE DEEDED AS ONE PARCEL
 5 & 6 - 1 AC CAN NOT BE LESS THAN ONE ACRE
 RULING FROM OFFICE OF PLANNING & ZONING, NOV. 25, 1983
 PARCEL 1 DEED 1177/585 PART 266/438
 PARCELS 2, 3, 4 & 5 DEED 266/438 (REMAINDER)
 PARCELS 6 & 7 DEED 160/171



HUCKINS ASSOCIATES, INC.
 SUITE 231, JOSEPH SQUARE
 5485 HARPERS FARM ROAD
 COLLEGE PARK, MD 21046

PLAT PART JESSIE LEE HALL PROPERTY
 PARCELS 2 THRU 7 ONLY
 9th ELECTION DISTRICT HOWARD CO. MD
 SCALE 1"=50' JAN. 10, 1984



LEGEND

- | | |
|------------------|---------------------------|
| F/P = FIREPLACE | O/H = OVERHANG |
| B/W = BAY WINDOW | H/P = HEAT PUMP/AIR COND. |
| D/W = DRIVEWAY | G/M = GAS METER |
| CONC = CONCRETE | E/M = ELECTRIC METER |

ADDRESS No# 12192 HALL'S SHOP ROAD
 TOP OF WALL ELEV. = N/A FIRST FLOOR ELEV. = N/A
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE 'C'

PER COMMUNITY PANEL NUMBER 240044 0038B
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

12192 HALL'S SHOP ROAD
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE:
FINAL	DATE: 7/30/00
DRAWN BY: MBH	SCALE: 1"=50'

PROJECT No.:



C.B. Miller and Associates, Inc.
 Registered Land Surveyors



13054 Tarragon Road
 Reisterstown, Maryland 21136
 (410) 833-5905
 FAX(410) 833-0690

Building Address 12192 Hill Shop Rd
Chesapeake Md

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 41 Parcel 135 Grid 1

Zoning RR-DEQ Map Coordinates 14F12 Lot size _____

Property Owner's Name ERIC M. Schwelling

Address 12192 Hill Shop Rd

City Chesapeake State Md Zip Code 20771

Home Phone 301-254-1634 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD @ garage

Estimated Construction Cost \$ 15,000

Description of Work
Replacing existing garage with
Building a garage 24x21 1 story
detached

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant SHA

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression: _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>GARAGE</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company _____

Print Name ERIC M. SCHWELLING

Date 8/30/00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways	<u>8/30/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>8/30/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____ Accepted by [Signature]

PROPERTY ID#	45274
Filing fee	\$ 25
Permit fee	\$ 67
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$ 92
Balance due	\$
Check	# 426
Validation	# 35159

4/19/95
9:30

APPLICATION

PERCOLATION TESTING

A 50645

P _____

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

PREVIEW OK
PERC FOR
COMBINED LOTS 5+6

DISTRICT _____

DATE 4-12-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

(CW)

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

PROPERTY OWNER George E. HALL KATHryn A. HALL

ADDRESS 387 Yorkshire Lane River Md PHONE 410-956-6788

AGENT OR PROSPECTIVE BUYER Same

ADDRESS Same PHONE _____

PROPERTY LOCATION:

SUBDIVISION NA LOT NO. _____

ROAD AND DESCRIPTION Hall Shop Rd North Side 10ft Strip
Deed 1177 - Folio 585

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.280 Acres TYPE BLDG. None Currently
(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.

George E. Hall
(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 #

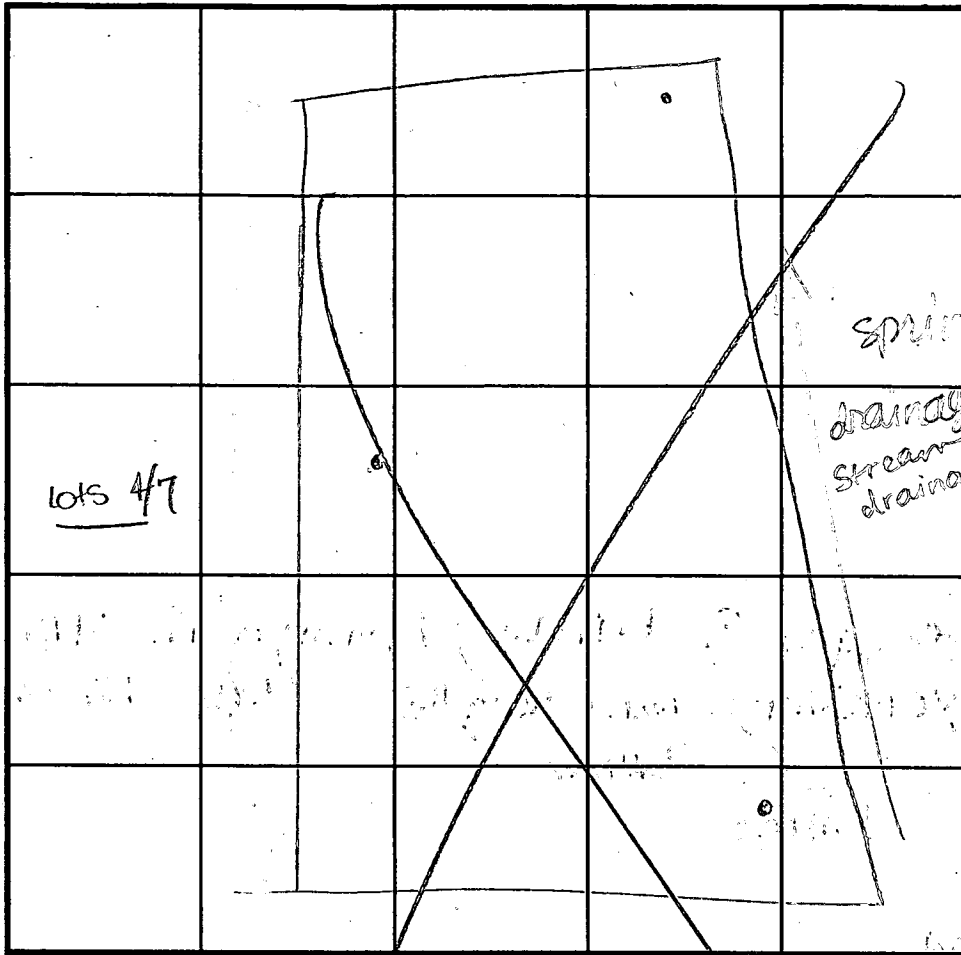
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

0'

Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hill Shop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-19-95	1						

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 50645

P _____

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

DISTRICT _____

DATE _____

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 George Hall

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Hall Shop Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

50645

COUNTY #

SOIL PROFILE

①

0' topsoil

red or br cl lm

14 or br to beige to grey si cl lm

7' 88" seepage

12'

②

0' topsoil

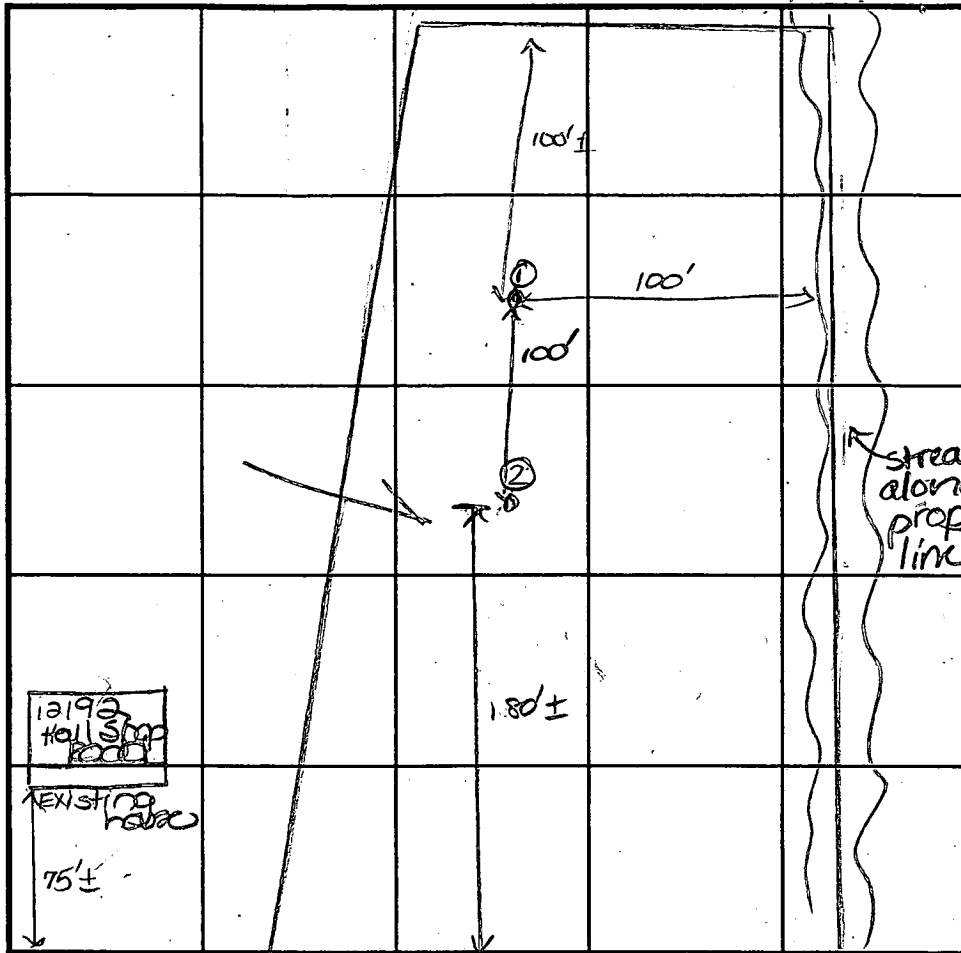
red br cl lm

or red br to red br to maj si cl th

6' seepage

11.5' water

15' water



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Hall Shop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-10-95	1	4'4" S 12' D	2:46.30	less than 1" @ 3:16	→	→	F
	2	12.0' D	WATER		→	→	F

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT owner, Arnold's men

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
May 26, 1995

Mr. George Hall
387 Yorkshire Lane
Riva, Maryland 21140

RE: Percolation Test Results
Application Number: A50645
Proposed Use: Recorded Lot
Property ID: Hall Shop Road
Tax Map: 41 Parcel: #133

Dear Mr. George Hall:

Percolation testing conducted May 10, 1995 on the referenced property indicated unsatisfactory soil conditions. Shallow depth to groundwater and slow percolation rates in the rates in the upper 4 feet precluded any reasonable expectation for approval. Copies of the percolation test results are enclosed.

If you wish reconsideration of this finding, further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100 feet of property boundaries have been shown.

If you have any questions regarding this matter, please feel free to contact me at the below address or by calling 313-2640.

Very truly yours,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS:jr

Enclosures

File ✓

266/438

585/117

266/438

1.049 ACT
1177/585
PART 266/438

1.191 ACT

S 88.11

1

2

N 59.26.08 W

12188

910/098

829/110

S 20.19.22 W 70.54

585/117

3

1177/585

1177/585

S 59.11.02 E

0.424 ACT

266/438

0.560 ACT

4

5

S 41.50.15 W 135.09

151/266/138

20.100/434

S 41.56.95 W 160.97

266/438

151/111

150/434

N 50.15.08 W

1177/585

0.586 ACT

0.720 ACT

7

6

12192

S 99.58.50 W

HALL'S 4400 PART

27/70
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 7/20/70

Jesse Bradford IS PERMITTED TO INSTALL E ALTER

ADDRESS 3708 Lotts Vista Rd., Mitchellville, Md. PHONE 577-6464

SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Hall Shop (see application for better directions) LOT _____

PROPERTY OWNER J. Lee Hall

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 400 sq. ft. absorbent sidewall area to begin below the first

3 1/2 ft. of non-porous soil. Maximum depth permitted for dry well is 10 ft. below original grade. Locate dry well 130 ft. from rear property line and 30 ft. from right side line as seen from Hall Shop Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

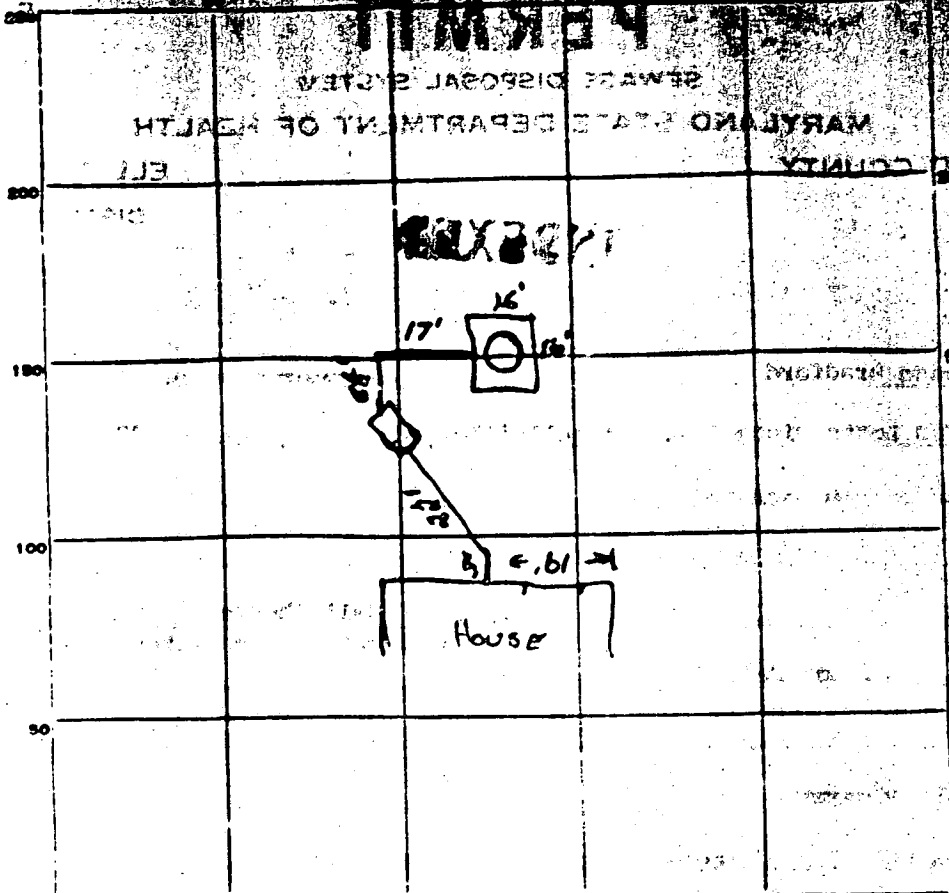
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Robert V. Torres DATE 5/6/70

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

167
7
498



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 16 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 400+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 8-27-70

INSPECTOR [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 9

DATE 5/6/70

*Septic Tank - 1000 gal.
Dry Well - 400 sq ft absorbent sidewall area*

to begin below the first 4 ft of non-porous soil. Maximum depth permitted for dry well is 10 ft. below original grade. Locate dry well 2-30 ft from rear property line and 30 ft from right side line as seen from Hall Shop Rd

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J. Leo Hall

ADDRESS Starkville, Maryland

PHONE 286-2811

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

Hall Shop Rd. at Simpson Rd. - near Hall's Garage

(same on mail box - go to Mr. Hall's - lot in back)

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

1 ACRES

TYPE BLDG.

1

NUMBER OF BEDROOMS

(Single Fmly. Dblg.)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

J. Leo Hall

APPROVED BY

Robert V. Tare

FOR

Dry Well
(KIND OF SYSTEM)

DATE 5/6/70

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

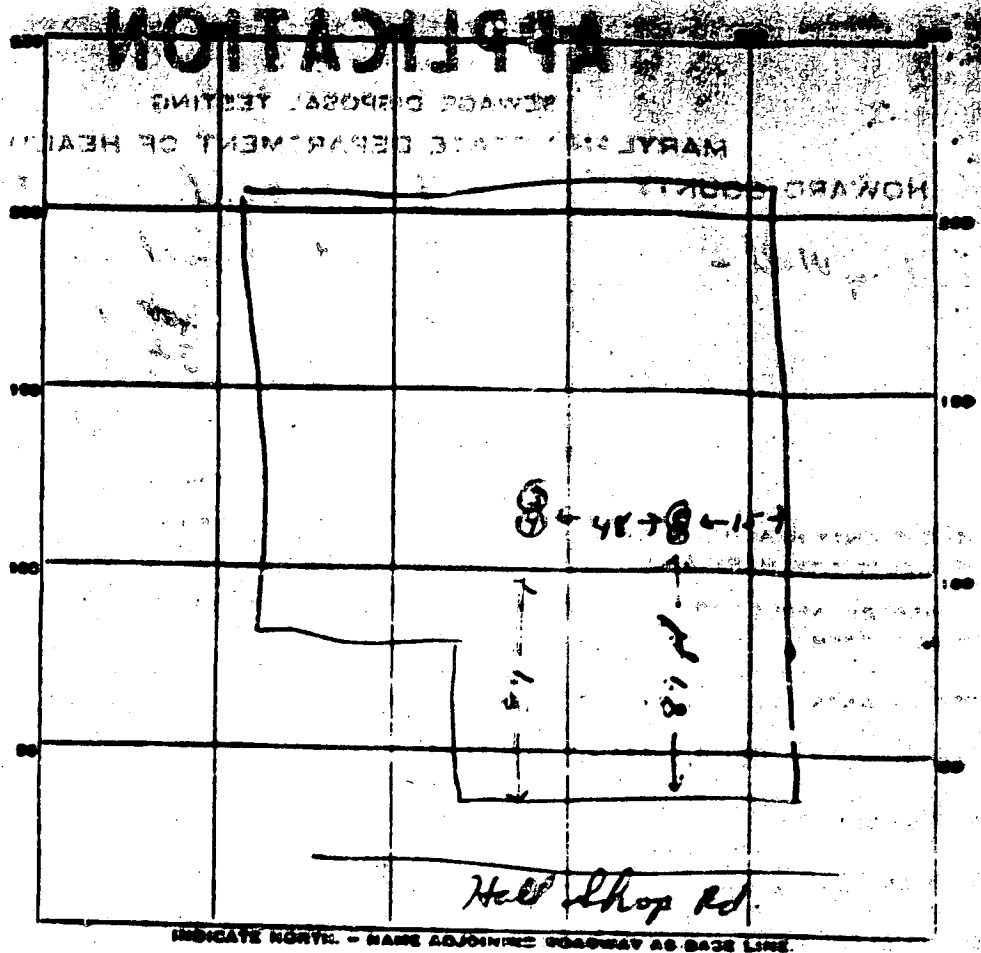
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A DENIAL

5/15/70
 noted to
 daughter



DATE	TEST NO.	DEPTH	PRE-TEST		TEST - 1 st DROP		TIME
			START	STOP	START	STOP	
5/15/70	1	9 1/2 ft.	9 52	9 57	9 57	9 57	3 min
	2	4 ft.	10 01	10 04	10 04	10 08	4 min
hardly visible from 5 ft to 9 ft.	3	10 1/2 ft.	10 07	10 16	10 16	10 31	15 min
	4	4 1/2 ft.	10 09	10 19	10 19	2 in. water flow	

SOIL AUGER FINDING _____
 TESTED BY R. Tame
 PREPARED BY _____

5980-
 REG. NO. 1
 THIS NUMBER IS TO BE PUNCHED
 ON ALL CARDS

DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG. ANNAPOLIS, MARYLAND

PERMIT NO. TO BE ENTERED
 AFTER COMPLETION
 OF THE WELL

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY

DATE RECEIVED
 10-10-70

DEPTH OF WELL
 DATE WELL COMPLETED Sept 10-70
 100 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL
66-71-0031
 00 20 30 40 50 60 70 80 90 00

DRILLER'S IDENTIFICATION NO. 42

OWNER
 LAST NAME Caddie House
 FIRST NAME
 STREET OR RFD Box 14 A Rd

POST OFFICE Bel Air Md.

WELL LOG

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

DESCRIPTION OF ADDITIONAL IF NECESSARY	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	3	
Clay	3	70	
Sand	70	70	
Very hard	70	100	

GROUTING RECORD
 WELL HAS BEEN GROUTED
 (CIRCLE APPROPRIATE BOX)

NO. YES NO

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 60 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE
 NOMINAL DIAMETER TOP (MAIN CASING) (NEAREST INCH) 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 84

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) _____

SCREEN RECORD
 (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OTHER
 PLASTIC OTHER

SCREEN TYPE OR OPEN HOLE

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66

PUMPING TEST

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)
 WHILE PUMPING 100 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A B C D E F G H I J K

PUMP INSTALLED

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

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

WELL WAS ABANDONED AND SEALED WHEN THIS LOG WAS COMPLETED

ELECTRIC LOG OBTAINED

COPIES OF ELECTRIC LOG ATTACHED

BY CERTAIN THAT I HAVE COMPLIED WITH ALL REGULATIONS ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL", AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

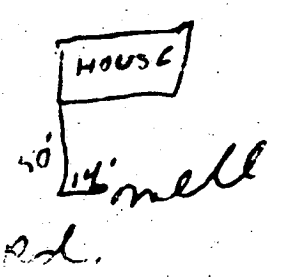
NAME J.D. ...

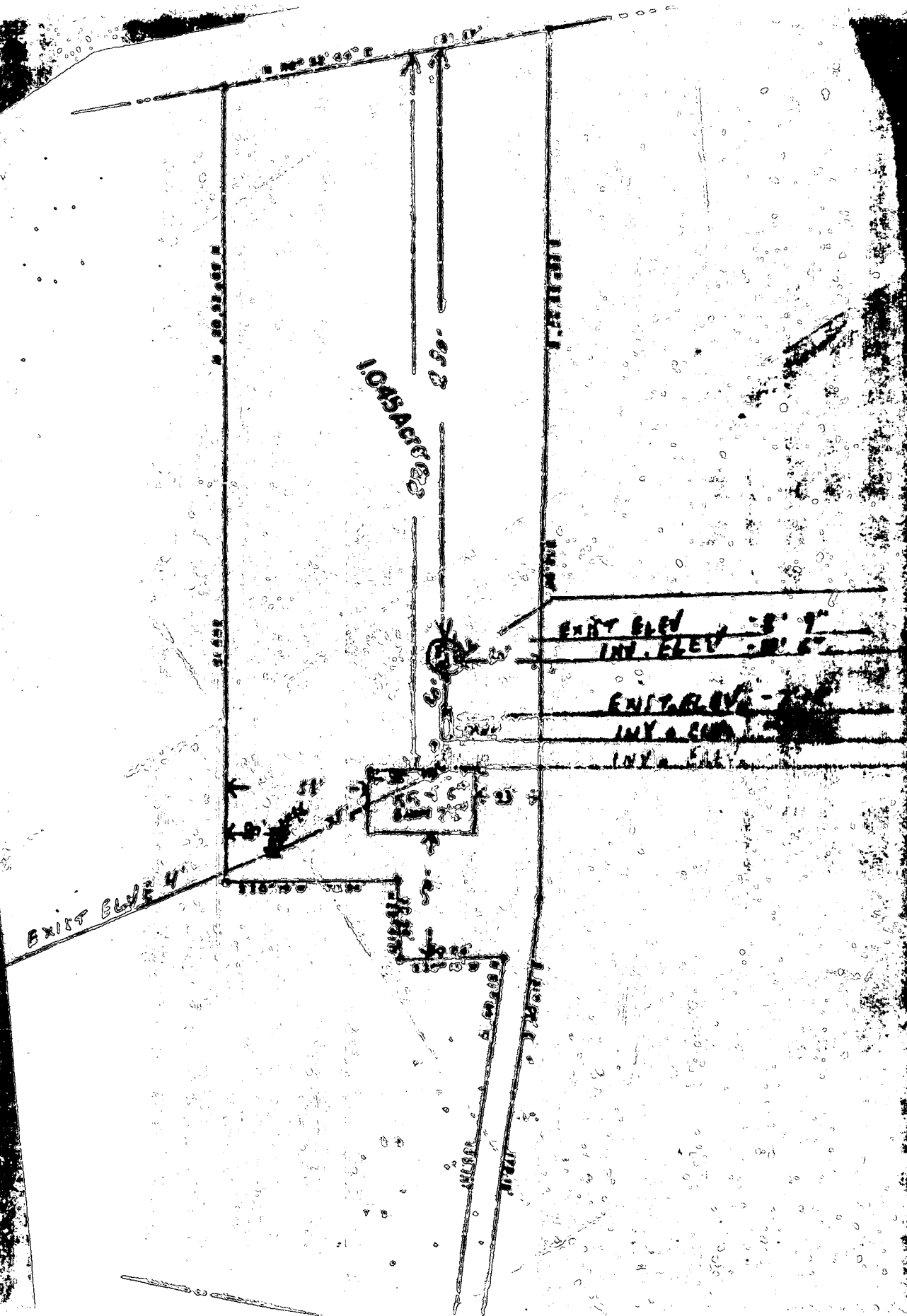
IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX YES NO

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

TELESCOPE CASING LCC INDICATOR

OTHER DATA AVAILABLE





Building Address: 12192 Hill Chapel Rd
Chesapeake MD 21029

Property Owner's Name: ERIC M. SCHWELLING
 Address: 12192 Hill Chapel Rd
 City: Chesapeake State: MD Zip Code: 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates 141F12 Lot size _____

Home Phone: 301-824-1439 Work Phone: 301-474-5752
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use: Residential 1-Single Family Dwelling
 Proposed Use: Deck
 Estimated Construction Cost: \$ 2500.00

Description of Work: Add Deck to rear of house 24x18

Contractor Company: Edward P
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. _____ Phone _____ Fax _____

Occupant or Tenant: ERIC M. SCHWELLING
 Contact Name: ERIC M. SCHWELLING
 Address: 12192 Hill Chapel Rd
 City: Chesapeake State: MD Zip Code: 21029
 Phone: 301-824-1439 Fax _____

Engineer or Architect Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression: _____ # of Heads: _____	Other Structure: _____ Dimensions: <u>Post & Beam</u> Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: ERIC SCHWELLING
 Title/Company: _____ Date: 8/15/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY.
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	415274
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>8/15/00</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>200</u>
Dev. Engineering DPZ	<u>8/8/00</u>	<u>[Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>200</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for Newtown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>602</u>
			Accepted by _____	Validation # _____

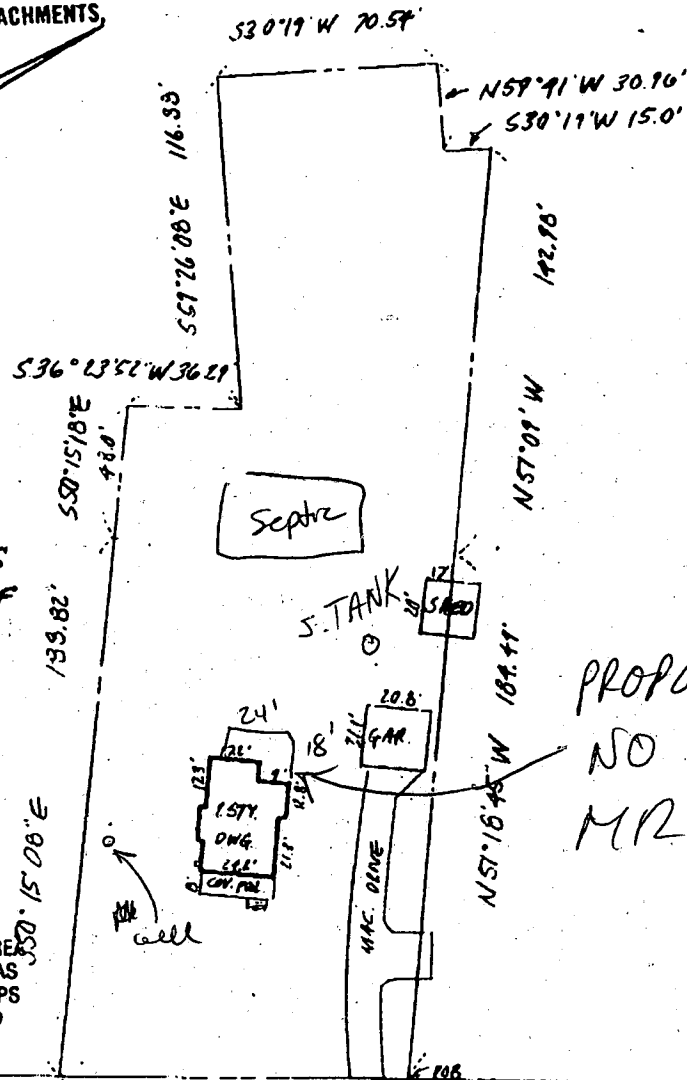
LANDTECH ASSOCIATES, INC.

1410 KAIN HIGHWAY N.W. SUITE 70 GLEN BURIE, MD 21061
410-667-2824 FAX 410-553-9081

PROPERTY LINE SURVEY RECOMMENDED TO DETERMINE THE EXACT LOCATION OF IMPROVEMENTS AND/OR ENCROACHMENTS, IF ANY.

LOT DESCRIPTION CONTAINS AN ERROR OF CLOSURE OF 20'±

THIS PROPERTY LIES IN FLOOD ZONE C. AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM



PROPOSED DECK OK
NO IMPACT
MR 3/8/00



- Notes:
- 1) This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
 - 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
 - 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
 - 4) No title report furnished.

Certification: This is to certify that the improvements indicated hereon are located as shown.

Braden A. Rogers
GRADEN A. ROGERS - Prop. L.S. MD. Lic. No. 119

LIBER 3486 FOLIO 429
 LOT _____ BLOCK _____ SECT. _____ PLAT _____
 PLAT ENTITLED _____
 RECORDED IN HOWARD COUNTY _____ MD.
 PLAT BOOK _____ FOLIO _____

12192 HALL SHOP ROAD
 SCALE 1" = 60' CASE NO. 2984917R
 DATE 12-16-1998 JOB NO. TW98300