LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/14/2004

APPROVAL DATE: 7/6/05

PERMIT

INDEXED

TAX ID # 05-350263

P 520887

A 514220

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Fyock Septic Service IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Castleberry at Ten Oaks, PP. B LOT NUMBER: TM 22, Parcel 90

ADDRESS: 13779 Triadelphia Road PROPERTY OWNER: Robert Fyock

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1000 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 110 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the middle of the high edge of the staked SDA. Run (2) 55' trenches on contour toward the well.
NOTES:	Install tanks in a suitable location to provide 18-36" finished cover. SHALLOW SYSTEM ONLY High water table

PLANS APPROVED: MER / KN DATE: 7/12/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

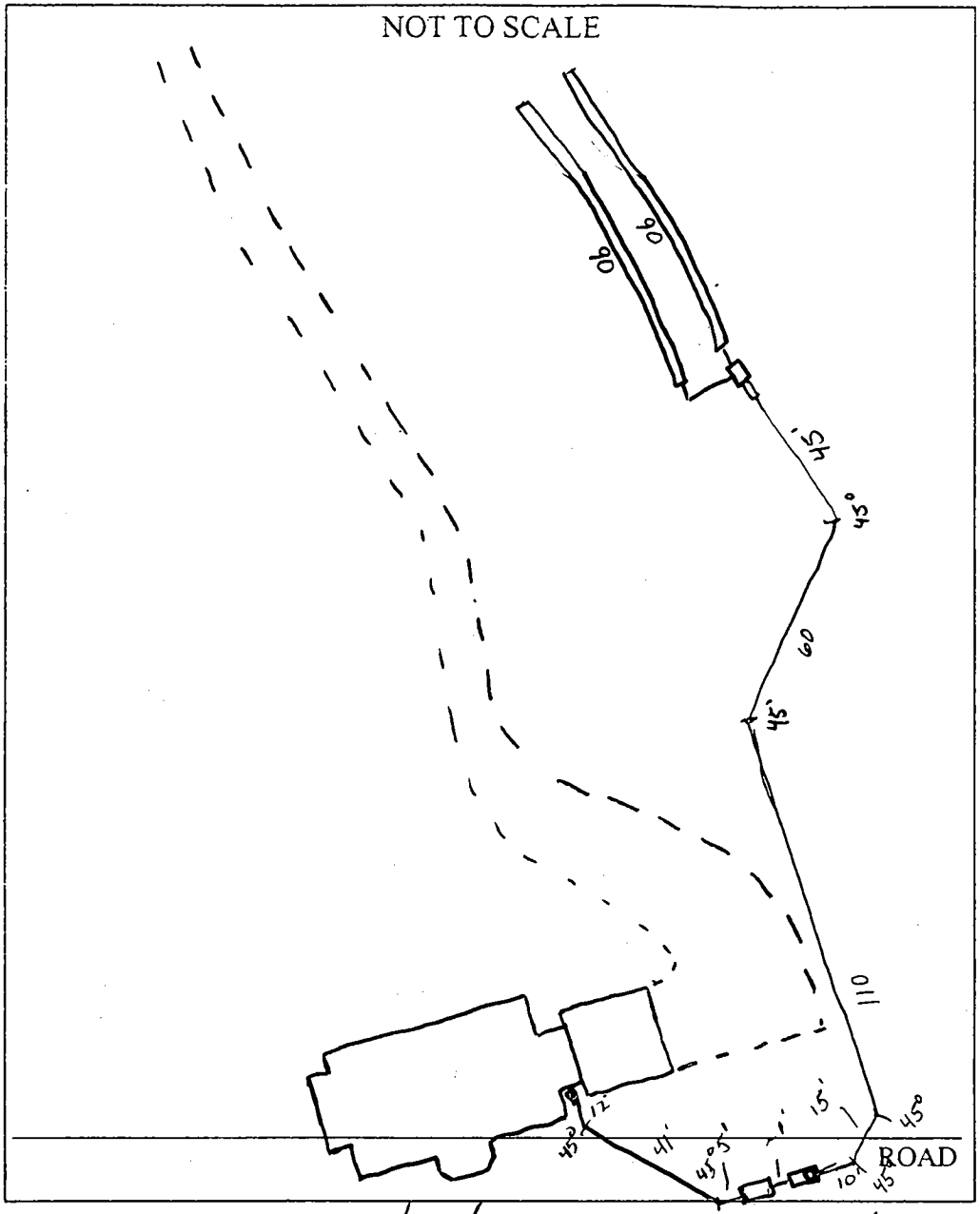
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

BUILDING PERMIT SIGNED AND RETURNED

11-18-04 B00151224 - FINISH BASEMENT

A514220

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE Elbow

DISTRIBUTION BOX PORT No

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC Top

TANK LID DEPTH 35-4'

BAFFLES _____

BAFFLE FILTER No

MANHOLE LOC _____

6" PORT LOC Front

WATERTIGHT TEST No

~~PUMP~~ TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC Top

TANK LID DEPTH 4'

BAFFLES _____

BAFFLE FILTER No

MANHOLE LOC Rear

6" PORT LOC None

WATERTIGHT TEST No

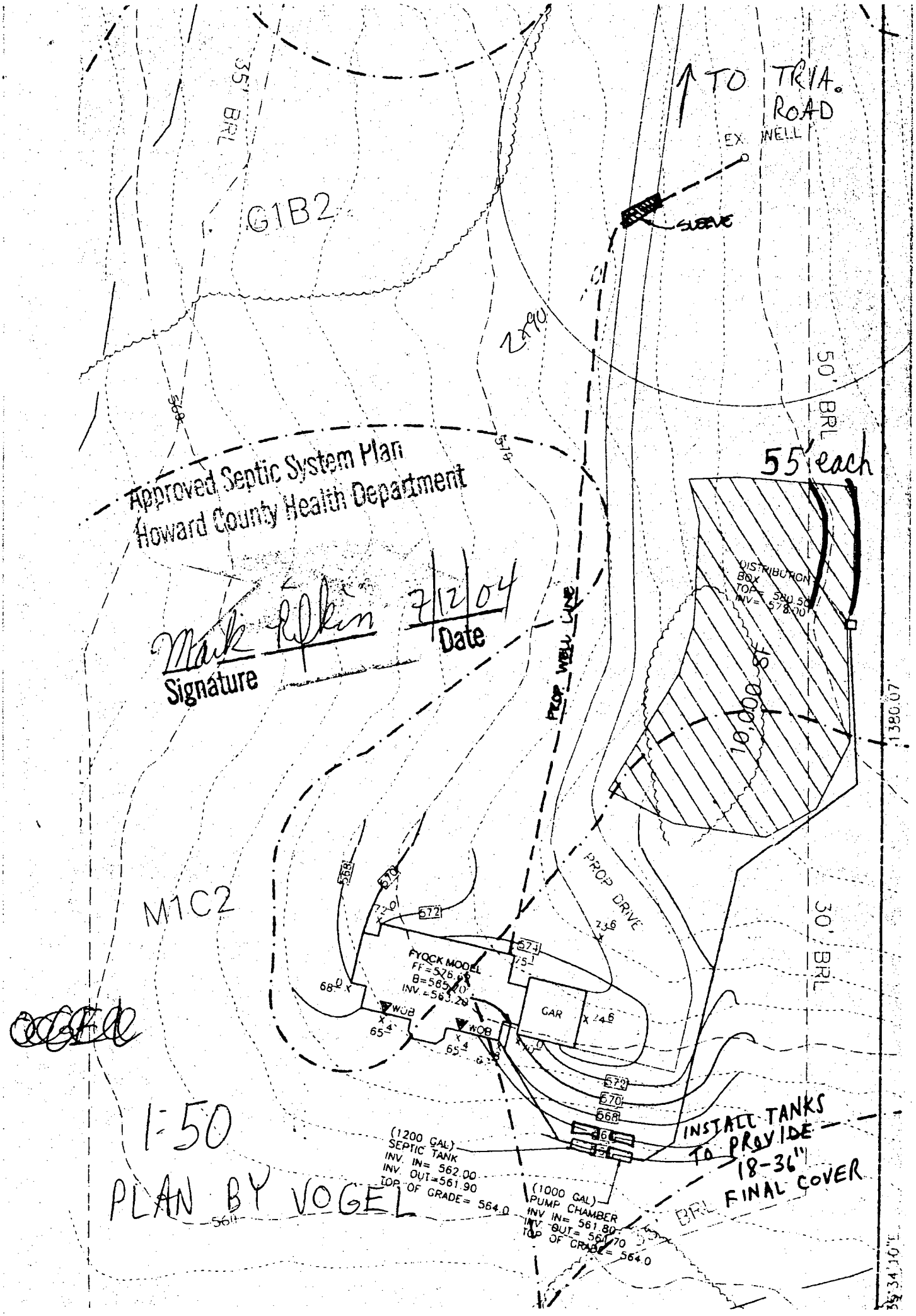
PRE-CONSTRUCTION 2/18/05 - SRA staked contour accurate Install per BP. (SO)

INSTALLATION _____

6/30/05 P&A test Box and trenches are in cornfield and are unmarked. Robert could not get pump to pump to box.

7/6/05 Pump and alarm working (BB.)

FINAL INSPECTOR B Baber DATE OF APPROVAL 7/6/05



Approved Septic System Plan
Howard County Health Department

Mark Wilkin 7/12/04
Signature Date

WATER AND SEWER PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: [illegible] Telephone #: 410 [illegible]
Address: [illegible]

(Must circle one) Licensed Plumber / Licensed Well [illegible] / Licensed Well Pump Installer
License # and name of individual responsible for the [illegible]
Name (Print): [illegible] License# [illegible]
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Ralph Fiore Telephone #:
Subdivision: Lot #: Well Tag # MO-94-3622
Site Address: 13229 Michaelsville Rd
Columbia

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: [illegible]	Two piece watertight cap: Yes
Model #: 7GS07412	Model#	Screened vent well cap: Yes
Pump Capacity 7 GPM	Depth [illegible]	Cap secured to casing: Yes
Well Yield GPM	NSF approved	Conduit min 18" B.G. Yes
Depth of well encountered at time of pump installation 225 (feet)		Conduit secured to well cap: Yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must check one
Safety rope, if used, attached to inside of well casing with eye bolt ___

Piping to house	House Connection
Type: [illegible]	PVC sleeved to undisturbed soil at wall penetration: Yes
PSI 60 (160 psi min)	Approximate length of sleeve:
Depth of supply line [illegible] (36" min)	Sleeve sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[signature] [illegible]
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Date Insp. Approved:
Inspection Data:
Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: [illegible] Telephone #: [illegible]
Address: 5205 [illegible]
[illegible]

Must circle one: (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): [illegible] Feaga License# 6318
A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Robert Flock Telephone #:
Subdivision: Lot #: Well Tag #: HO-94-3622
Site Address: 13729 Triadelphia RD
Glenelg

Submersible Pump Data
Make: Goulds
Model #: 7GS014[illegible]
Pump Capacity: 7 GPM
Well Yield: ___ GPM
Depth of well encountered at time of pump installation: 225 (feet)

Pitless Adapter
Make: [illegible]
Model#:
Depth: [illegible]
NSF approved

Well Cap and Electric Conduit
Two piece watertight cap: [illegible]
Screened, vented well cap: [illegible]
Cap secured to casing: [illegible]
Conduit min. 18" B.G.: [illegible]
Conduit secured to well cap: [illegible]

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ___

Piping to house
Type: [illegible]
PSI: [illegible] (160 psi min)
Depth of supply line: [illegible] (30" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: [illegible]
Approximate length of sleeve: ___
Sleeve caulked and sealed properly: [illegible]

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[signature]
Signature of company representative responsible for installation date [illegible]

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: ___ Insp. Approved: 11/10/04 (50) [initials]
Inspection Data: Pitless adapter and water supply line at least 30" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter

JUN-30-05 07:49 AM FEAGA PLBG.& HTG.CO. 4104651402 P.01

C 1 **14387** SEQUENCE NO. (MDE 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 TYPE

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

COUNTY NUMBER A514220

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 10 - 1 - 03

Depth of Well: 140 (TO NEAREST FOOT)

OK SRK 10/17/03

PERMIT NO. FROM "PERMIT TO DRILL WELL": AO-94-3622

OWNER FYOCK ROBERT (last name, first name)

STREET OR RFD TRIADELPHIA ROAD TOWN GLENELG

SUBDIVISION CASTLEBERRY @ TEN OAKS SECTION LOT

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 FROM	FEET TO	check if water bearing
Sand	0	56	
Gray Mica Rock	56	140	W

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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. MSD024

Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. ___ D ___

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft. to 56 BOTTOM ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
- [S T] STEEL
- [C O] CONCRETE
- [P L] PLASTIC
- [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below:
- [S T] STEEL
- [B R] BRASS BRONZE
- [H O] OPEN HOLE
- [P L] PLASTIC
- [O T] OTHER

C 2 DEPTH (nearest ft.)

EACH SCREEN		from	to
1	NO	58	140
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: from ___ to ___

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

T ___ (E.R.O.S.) ___ W Q ___

TELESCOPE CASING ___ LOG INDICATOR ___ OTHER DATA ___

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 10

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 11 ft.

WHEN PUMPING: 80 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO): YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

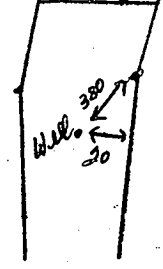
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
- [+] above LAND SURFACE
- [−] below

2 (nearest foot)

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 WELL)



DENV-CR00

COUNTY

Page ... of
Date 10-9-03

Review OVC SRK
10/17/03

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3622
Location of property (road) Triadelphia Rd
Subdivision Castleberry & Ten Oaks Lot ___ Block ___ Plat ___ Sec. ___
Well Driller Joseph Maupe Owner Robert Fysock

Depth of well 140'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 11'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 20 gpm
Total time 15 MIN to reach pumping water level 59 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	80	3 sec		20 gpm
8:15	80	6		10
8:30	80	6		10
8:45	80	6		10
9:00	80	6		10
9:15	80	6		10
9:30	80	6		10
9:45	80	6		10
10:00	80	6		10
10:15	80	6		10
10:30	80	6		10
10:45	80	6		10
11:00	80	6		10

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 5141 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

512038 please type

STATE PERMIT NUMBER: HO -94 -3622 (70 79) fill in this form completely

Date Received (APA): 12 23 02 (8 MM DD YY 13)

OWNER INFORMATION

Fysock (15 Last Name) Robert (Owner First Name 34)

P.O. Box 56 (36 Street or RFD 55)

Glenelg (57 Town) Md (70 State) 21737 (72 Zip 76)

DRILLER INFORMATION

Joseph L. Mayne (Driller's Name) MSD24 (76 License No. 81)

Joseph L. Mayne Well Drilling (Firm Name)

5512 Ridge Rd Mt Airy Md 21771 (Address)

Joseph L. Mayne (Signature) 12/21/02 (Date)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Castleberry at Ten Oaks (23 SUBDIVISION) PPB (42)

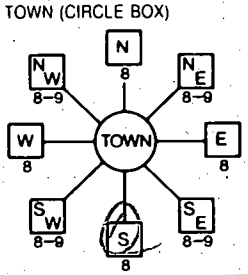
SECTION (44 46) LOT ~~567~~ (48 50)

Glenelg (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 1/2 M I (73 76 77 78)

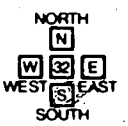
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Triadelphia Road (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1100 37 DISTANCE FROM ROAD: FT (ENTER FT OR MI 38 39)

TAX MAP: 22 BLK: 13 PARCEL: 90

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING (22)
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) 514220 (COUNTY NO.)

STATE SIGNATURE _____ INSERT S → (41)

DATE ISSUED: 1 8 03 (43 MM DD YY 48) Steven R. Kries (CO SIGNATURE) 1 8 04 (EXP. DATE)

NORTH GRID: 520 000 (50 55) EAST GRID: 802 000 (57 63)

APPROXIMATE DEPTH OF WELL: 300 (24 28) FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPENED 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
- 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 _ _ - _ _ - _ _ _ _ (52)

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

10/9/03 - Grout 9:30 AM

NO INSP

SOURCES OF DRILLING WATER

1. well
2.
3.

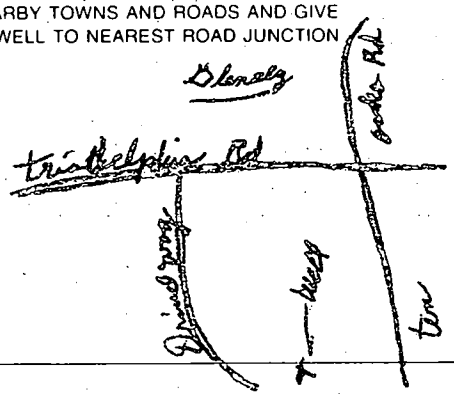
WRITE THE BOX NUMBER FROM THE MAP HERE

E 80 2

N 520

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



N

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _ _ _ _ _ G _ _ _

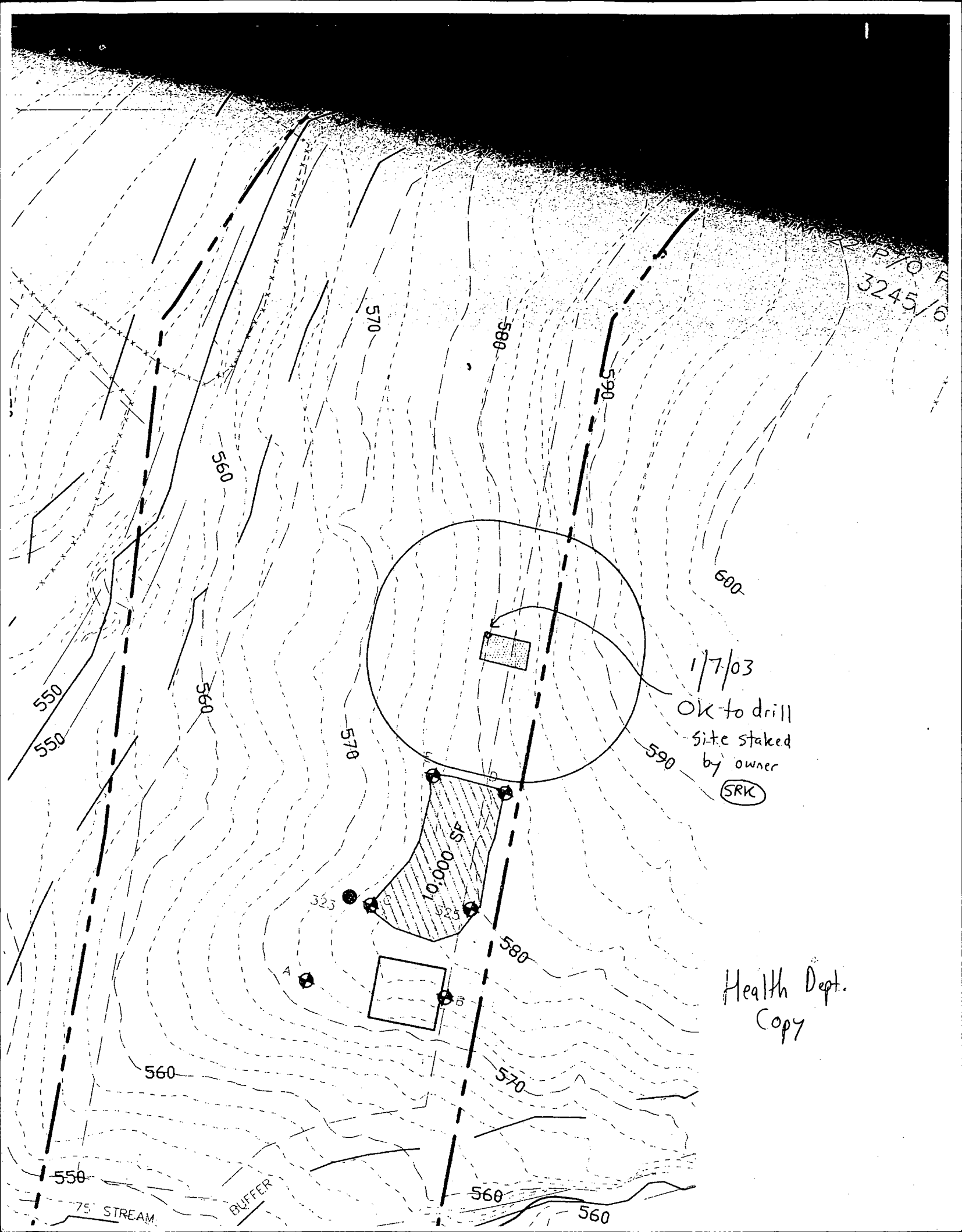
PERMIT No. HO-94-3622 (70 71 72 73 74 75 76 77 78 79)

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY


570
580
590
560
600
550
550
560
570
590
1/7/03
OK to drill
site staked
by owner
SRK
10,000 SF
580
560
570
550
560
560
75' STREAM BUFFER
Health Dept.
Copy

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: _____ A 514220

STREET NAME: _____ LOT NUMBER: PP B on P.C.

AVERAGE PERCOLATION RATE: ____ SQUARE FEET PER BEDROOM: 180 X 0.62

NUMBER OF BEDROOMS: ____ LINEAR FEET OF TRENCH PER BEDROOM: ____

TOTAL LINEAR FEET OF TRENCH: 110 SEPTIC TANK CAPACITY: ____

TOP SEAMED TANK REQUIRED? (YES) NO

COMPARTMENTED TANK REQUIRED? (YES) NO
w/effluent filter

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

==========

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

==========

LOCATION: _____

ADDITIONAL NOTES: Shallow System only. High Water table

Reviewer: _____ Date: _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 8/17/00

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 CASTLEBERRY, FYOCK LILLY AND BRUDE
C/O TRINITY QUALITY HOMES INC

ADDRESS 7320 GROCE DRIVE PHONE (410) 977-3082
COLUMBIA MD 21044

AGENT OR PROSPECTIVE BUYER TRINITY QUALITY HOMES, INC.

ADDRESS 7320 GROCE DRIVE PHONE (410) 977 3082
COLUMBIA MD 21044

PROPERTY LOCATION:

SUBDIVISION CASTLEBERRY AT TEN OAKS LOT NO. 39

ROAD AND DESCRIPTION TEN OAKS ROAD

TAX MAP 28 PARCEL # 551, 90, 60

SIZE OF LOT 40,000 - 60,000 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. Michael P Fyock (Pres)
(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 _____

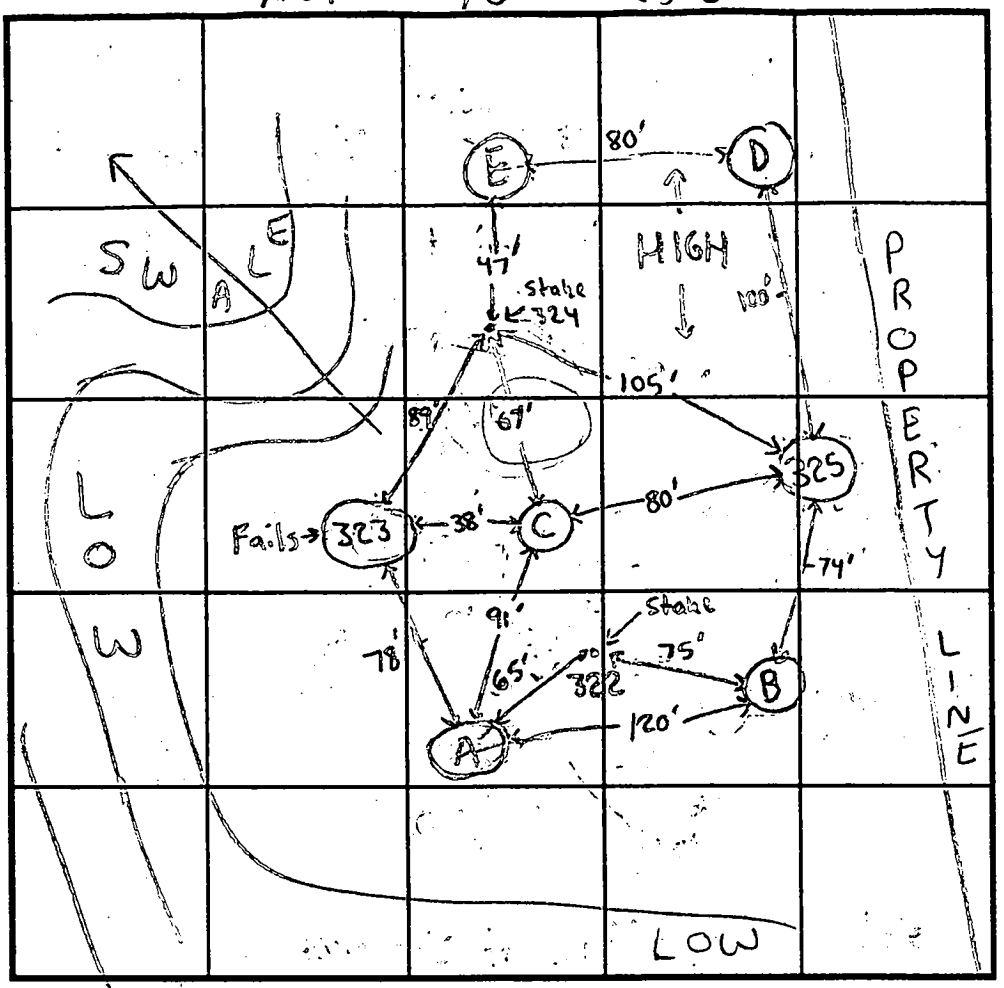
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE A/B

0'
2" Topsoil
tan - brown silty clay loam [fine sandy lm]
5% Saprolite
13'

323

orange-brown clay
3'
tan-brown sandy clay loam
11' CAVE IN
12' WATER
13'

C/325

2'5" orange-brown clay
tan sandy loam [fine sandy lm]
0-5% MICA SCHIST
13'

SOIL PROFILE D

0'
2" Topsoil
tan brown clay loam
2'
tan-brown sandy loam
0-5% MICA SCHIST
13'

E

2'5" orange-tan clay
tan-brown loam decomposed
13' WATER

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
5/17/01	A	2'7" / 13'V	2:00 pm	2:04 pm	2:04 pm	2:10 pm	6 min	OK
	323	13'V	(Insufficient	soil	buffer)		Fails	Fails
	C	13'V	(Visual	OK	SEE SOIL PROFILE)			OK
	B	13'V	(Visual	OK	SEE SOIL PROFILE FOR A)			OK
	C							
	325	13'V	(Visual	OK	SEE SOIL PROFILE)			OK
	D	13'V	(Visual	OK	SEE SOIL PROFILE)			OK
	E	13'V	(Visual	OK	SEE SOIL PROFILE)			OK

REMARKS Additional 4' wet season buffer added to this perc test in addition to req. 4' COMAR Buffer (2001 Testing)

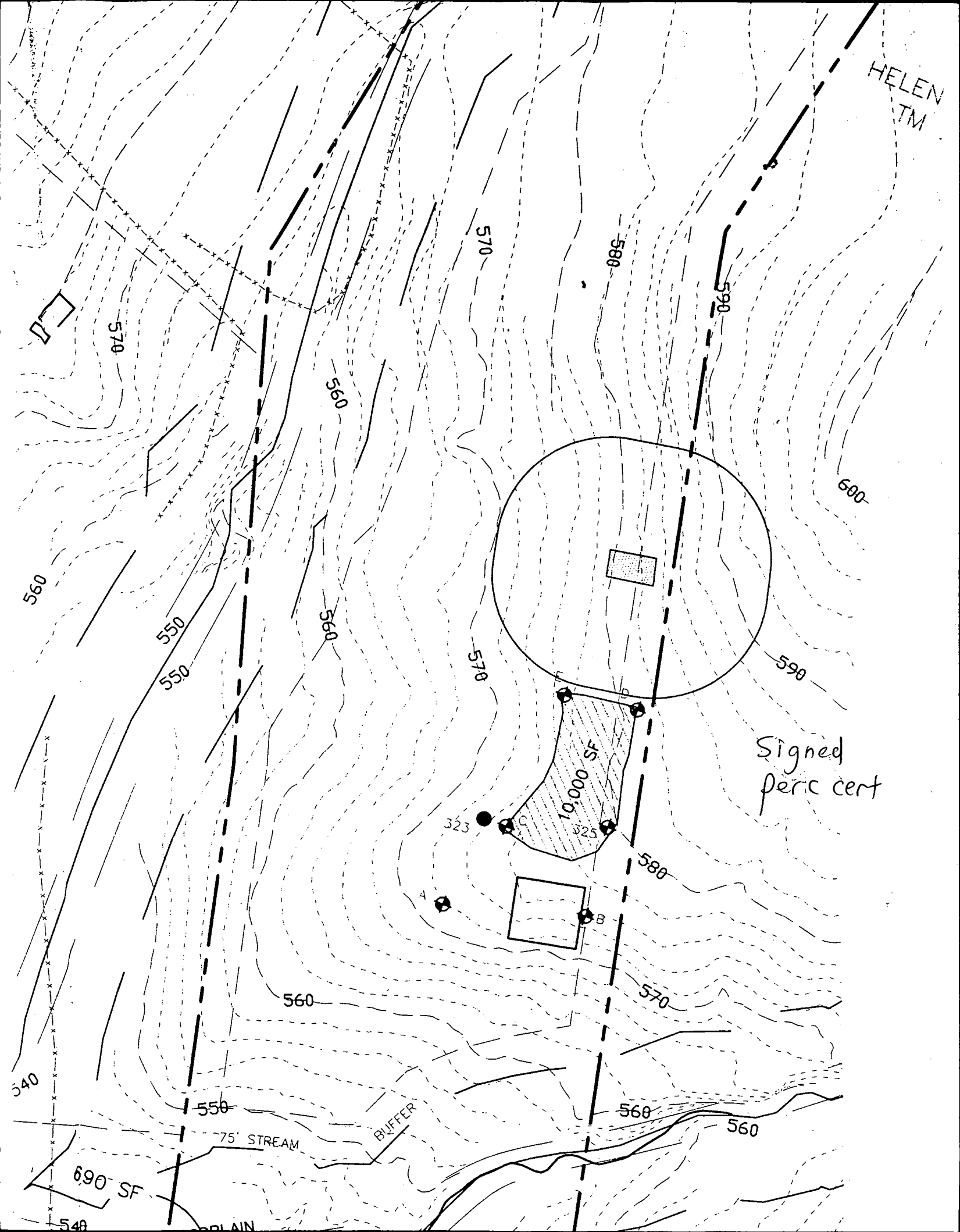
TYPE OF SOIL → Glenelg

TESTED BY SRK, Robert Fyock = Backhoe, Donald = Post hole ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT/BEDROOM 180

Preferred 2'-4' or 2½' to 4½' (Shallow System for best treatment)


HELEN
TM
570
580
590
560
600
550
540
10,000 SF
323
325
A
B
C
D
E
75' STREAM
BUFFER
690 SF
Signed
perc cert

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1880
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00151224

Building Address 13779 Triadelphia Rd. Glenelg Md.

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

Census Tract 6051.01 Subdivision —

Section _____ Area _____ Lot _____

Tax Map _____ Parcel 90 Grid BLK 19

Zoning Map Coordinates Lot size

Property Owner's Name Robert Fyock

Address P.O. Box 56

City Glenelg State Md. Zip Code 21737

Home Phone (240) 549-4761 Work Phone 410-988-9270

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

Phone Fax

Existing Use _____

Proposed Use _____

Estimated Construction Cost $ _____

Description of Work Frame Basement Rec Rm & Exercise Rm & 1½ Bath

Amend Bld Permit #148730

Contractor Company Future Builders Const Co Inc.

Contact Person Norm Lennon

Address 10235 Shirley Meadow Ct

City Ellicott State Md. Zip Code 21042

License No. MHIC 03424

Phone 410-313-8828 Fax 410-313-8828

Occupant or Tenant OWNER

Contact Name Norm Lennon

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☑ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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 — *Print Name* Norman Lennon

Future Builders Const Co. Inc. Pres. — *Title/Company*

Date 11/17/04

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	11-18-04	Kacee Moran
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: _____

PROPERTY ID#: _____

Filing fee:	$	
Permit fee	$	
Excise tax	$	
Add'l per. fee	$	
TOTAL FEES	$	
Sub-total paid	$	
Balance due	$	
Check	#	
Validation	#	

Accepted by: _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T: forms/PERMIT.FRM Rev 5/17/00

No ↑ in bedrooms OK

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B-145730MER

Building Address 13779 Triadelphia RD
Glenelg MD 21737

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

Census Tract 6051.01 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 22 Parcel 90 Grid 19

Zoning RC(DEO) Map Coordinates _____ Lot size 38.26

Property Owner's Name Robert Fyock

Address Po Box 56

City Glenelg State MD Zip Code 21737

Home Phone 240-882-4025 Work Phone 410 988-9270

Applicant's Name & Mailing Address, (if other than stated hereon):
240-882-4025

Phone _____ Fax 410 531-1256

Existing Use Vacant Lot

Proposed Use New Single Family Home

Estimated Construction Cost $ 319,000

Description of Work Building New Residence Home
2-fireplaces 2½ bath, Kit, Laundry, 3 B.R.
Living R. Dining R. Two car garage
Unfinished Basement, finished Deck

Contractor Company J.M.G Builders Inc

Contact Person John Gaskell

Address P.O. Box 1231

City Ellicott State MD Zip Code 21043

License No. MHIC 1315

Phone 410-531-4761 Fax 410-531-4762

Occupant or Tenant _____

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 Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor	35'-2"	57'-8"
2nd floor		
Basement	35'-2"	70'-4"

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
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 _____
Dimensions _____
Footings _____
Roof _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
☒ Private

Sewage Disposal:
____ Public
☒ Private

Electric Yes ☒ No ☐
Gas Yes ☒ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☒

Sprinkler system: N/A ☒
____ NFPA #13D
____ NFPA #13R
____ Other

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.

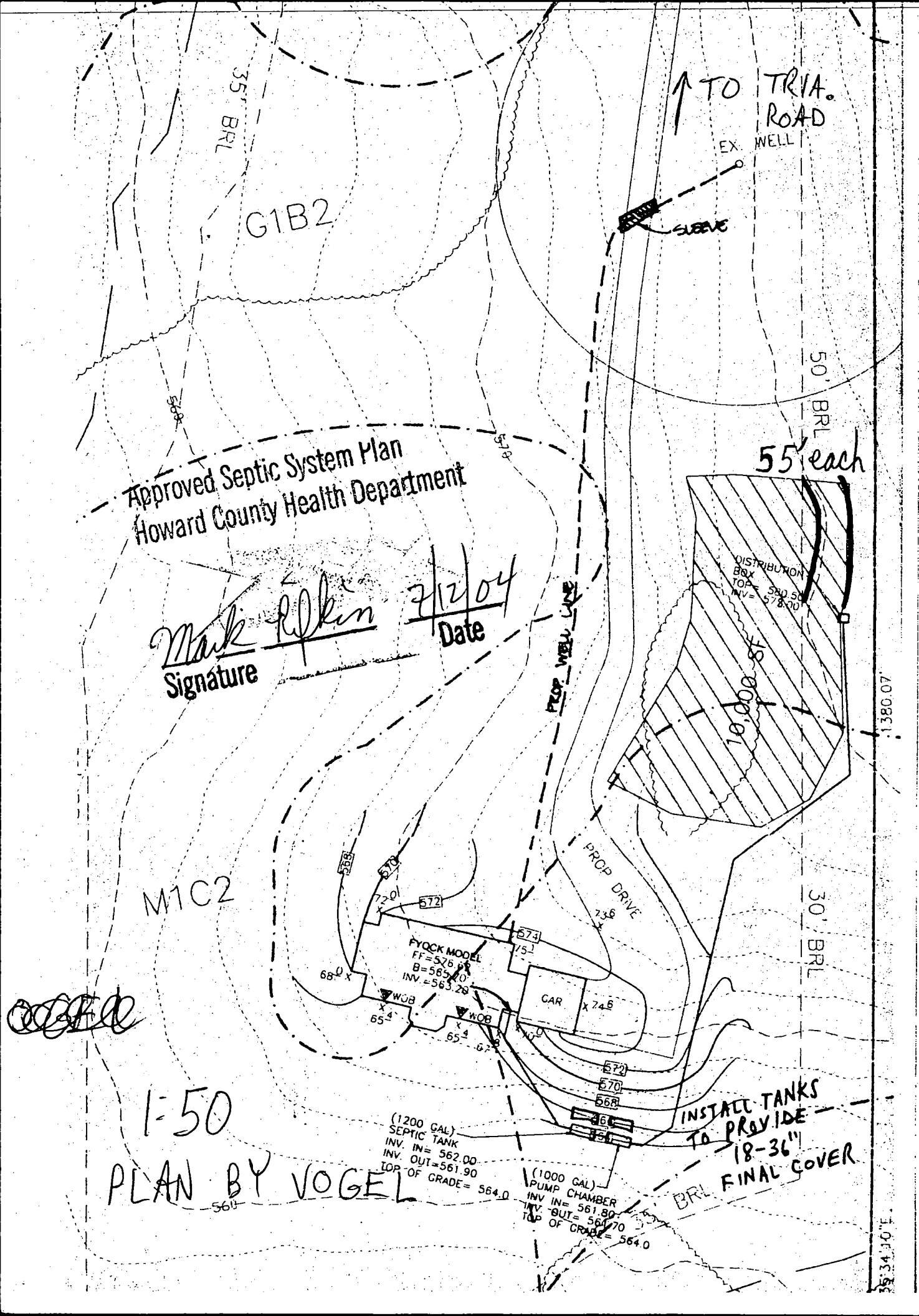
Robert Fyock — 11-18-04 — Robert Fyock
Applicant's Signature — *Date* — *Print Name*

Title/Company MR 7/7/04 — Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY* — 6/7/04

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#: 62359


TO TRIA. ROAD
EX. WELL
SLEEVE
35' BRL
G1B2
50' BRL
55' each
Approved Septic System Plan
Howard County Health Department
Mark Elkin 7/12/04
Signature
Date
PROP WELL LINE
DISTRIBUTION BOX
TOP = 580.50
INV = 578.00
10,000 SF
1380.07'
PROP DRIVE
30' BRL
M1C2
PYOCK MODEL
FF=576.00
B=565.20
INV.=563.28
CAR
WOB
WOB
(1200 GAL) SEPTIC TANK
INV. IN= 562.00
INV. OUT=561.90
TOP OF GRADE= 564.0
(1000 GAL) PUMP CHAMBER
INV IN= 561.80
INV. OUT= 561.70
TOP OF GRADE= 564.0
INSTALL TANKS TO PROVIDE 18-36" BRL FINAL COVER
1"=50'
PLAN BY VOGEL
S34°30'E

KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION
100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

REPORT OF EXAMINATION OF A WATER SAMPLE

MD Cert. #102 PA Cert. #68-189

TO: Excello West
709 Lake Drive
Westminster, MD 21158

Sample Ident. No.:	504-2846
Type of Water:	Drinking Water
Date (Time) Collected:	05-18-05 (1600)
Date (Time) Received:	05-19-05 (1042)
Date (Time) Examined:	05-19-05 (1230)

Nature of Submission:	Routine	Sample Preservation Method:	Refrigeration
Name of Sample Source:	Kitchen Tap, Raw Water Sample	Source Type:	Well
Mun.,Inst.,Co.,Owner:	Fyock - Future Builders	pH (pH Units)(Field) = 6.5	
Address:	13779 Tridelphia Road	Chlorine Residual:	<0.1 mg/L
City,County:	Glenelg	Turbidity (NTU's) = 0.8	
State,Zip Code:	MD 21037	Disinfection:	None
		Sand (as mg TSS/L) = 1	
Well Tag# HO-94-3622		Building Permit# ~~B00151224~~ 143736	
Collector's Name:	P. Kouvaris 0715-PK	Affiliation:	Excello West

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		7.2 mg/L
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	
THIOSULFATE IN SAMPLE:	Present	SAMPLE HOLDING TIME:		Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR		10^{1}	10^{0}	10^{-1}	10^{-2}	10^{-3}	10^{-4}	10^{-5}
STANDARD PORTION (mL)		10	1	1	1	1	1	1
PRESUMPTIVE	24HR							
TEST *	48HR							
COLIFORM CONFIRMED TEST	Total 48HR #							
	FECAL 24HR ##							

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION	**This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE	BACTERIOLOGIST'S NAME	DATE
Julia M. Patel	Julia M. Patel	05/23/05

Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein. M.D.. M.P.H.. Health Officer

July 8, 2005

Robert Fyock
PO Box 56
Glenelg, MD 21737

SENT VIA FACSIMILE 410-531-1256

RE: 13779 Triadelphia Road
Glenelg, MD 21737
BP #: B00148730
Well Permit # HO-94-3622

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/06/2005. Final approval of the well line connection to the dwelling was approved on 11/10/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3622. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/18/2005
Date of Well Completion: 10/09/2003

Approving Authority,
Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

MDR PLAT NO. 19109
RECEIVED FOR RECORD MAY 0 8 2007

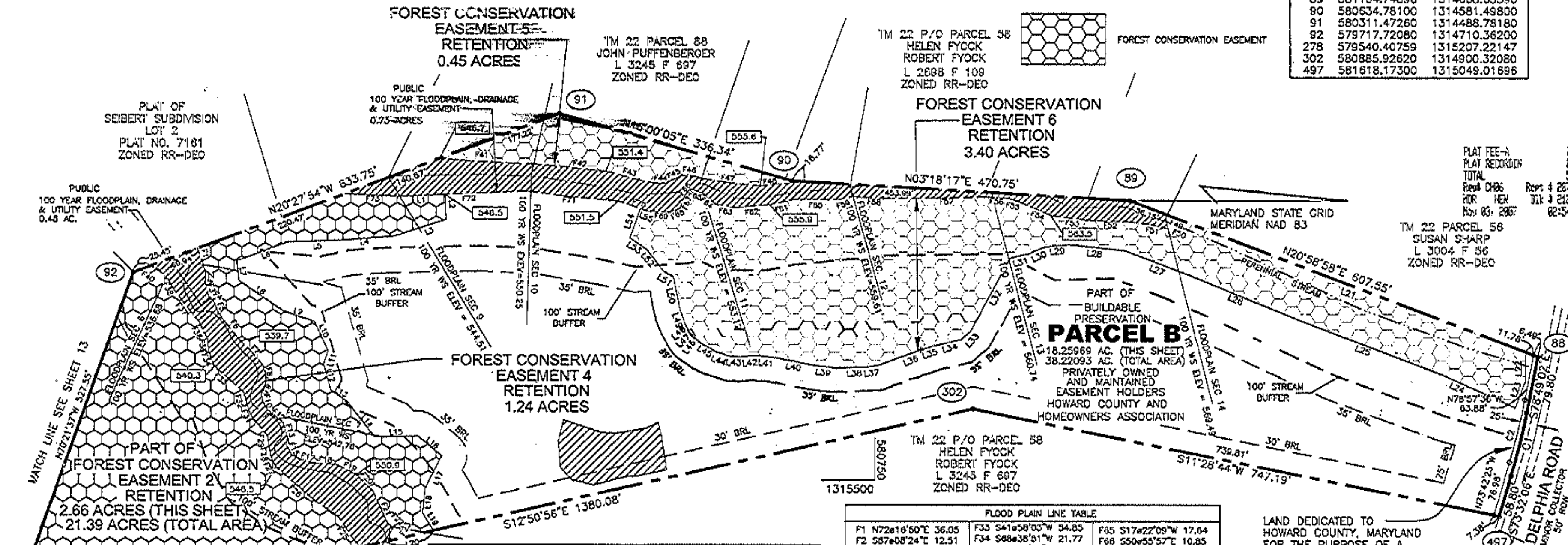
#13779 Triadelphia Rd.

CURVE DATA				
RADIUS	TANGENT	DELTA	CHORD	
[illegible]	[illegible].44'	05°18'57"	S76°10'33"E 90.78'	
[illegible]	[illegible].00'	03°15'11"	N76°20'00"W 89.63'	

COORDINATE LIST		
POINT	NORTH	EAST
88	581672.00740	1314826.18870
89	581104.74890	1314608.63390
90	580634.78100	1314581.49800
91	580311.47260	1314488.78180
92	579717.72080	1314710.36200
278	579540.40759	1315207.22147
302	580885.92620	1314900.32080
497	581618.17300	1315049.01696

PUBLIC 100 YEAR FLOODPLAIN, DRAINAGE & UTILITY EASEMENT DEDICATED TO HOWARD COUNTY

FOREST CONSERVATION EASEMENT



LINE TABLE								
L1	N02°32'50"W	60.86'	L25	S20°50'13"W	202.90'	L49	S70°56'10"W	23.39'
L2	N87°27'10"E	35.00'	L26	S22°19'35"W	171.46'	L50	S78°26'54"W	45.79'
L3	S16°01'55"E	76.64'	L27	S20°51'08"W	102.21'	L51	S31°51'33"W	17.70'
L4	S04°16'43"E	61.06'	L28	S06°12'08"W	79.37'	L52	S52°28'55"W	36.42'
L5	S01°40'37"E	67.38'	L29	S05°57'01"E	34.28'	L53	S34°53'37"W	28.37'
L6	S20°34'32"E	75.16'	L30	S22°57'24"E	23.60'	L54	N70°14'57"W	43.38'
L7	N64°01'45"E	27.88'	L31	S13°32'54"E	26.81'	L55	N18°55'15"E	9.02'
L8	N34°23'01"E	76.10'	L32	S61°46'47"E	116.59'			
L9	N18°30'02"E	44.49'	L33	S40°27'11"E	17.03'			
L10	N65°19'16"E	45.56'	L34	S13°34'33"E	40.45'			
L11	S71°53'22"E	19.27'	L35	S16°35'12"E	18.11'			
L12	N75°00'50"E	38.61'	L36	S20°22'58"E	62.08'			
L13	N32°53'39"E	25.79'	L37	S08°41'49"E	14.23'			
L14	N52°08'01"E	63.94'	L38	S01°58'47"E	44.69'			
L15	N01°11'15"W	60.82'	L39	S07°07'53"W	30.55'			
L16	N40°00'25"E	42.81'	L40	S11°22'50"W	52.70'			
L17	S63°15'12"E	51.61'	L41	S06°31'27"W	30.89'			
L18	S83°53'24"E	34.02'	L42	S08°40'47"E	21.01'			
L19	N58°56'45"E	29.12'	L43	S05°34'41"W	14.51'			
L20	S12°50'56"E	69.57'	L44	S17°55'40"E	17.69'			
L21	N20°58'58"E	533.12'	L45	S28°52'25"W	25.57'			
L22	S89°13'56"E	40.74'	L46	S41°04'49"W	14.43'			
L23	S69°35'00"E	31.77'	L47	S52°57'06"W	10.25'			
L24	S24°25'12"W	108.41'	L48	S82°00'43"W	9.53'			

FLOOD PLAIN LINE TABLE								
F1	N72°16'50"E	36.05	F33	S41°58'03"W	54.85	F65	S17°22'09"W	17.64
F2	S87°08'24"E	12.51	F34	S68°38'51"W	21.77	F66	S50°55'57"E	10.85
F3	N75°43'59"E	20.69	F35	S83°13'01"W	18.64	F67	S68°46'03"E	20.33
F4	N43°37'45"E	9.05	F36	S64°20'38"W	25.42	F68	S21°23'16"E	12.99
F5	N67°14'11"E	16.94	F37	S52°20'15"W	59.09	F69	S02°38'53"W	34.43
F6	N52°39'11"E	51.28	F38	S61°29'59"W	12.81	F70	S18°55'15"W	40.59
F7	N47°09'29"E	45.29	F39	S47°25'56"W	20.61	F71	S06°13'57"W	130.69
F8	N77°12'47"E	23.13	F40	S24°50'47"W	13.14	F72	S02°25'54"E	173.37
F9	S88°04'49"E	19.20	F41	N03°28'12"E	131.42	F73	S02°37'34"W	77.24
F10	N78°42'03"E	12.62	F42	N05°36'28"E	100.26			
F11	N57°00'02"E	11.80	F43	N14°01'05"E	68.15			
F12	N40°07'41"E	28.52	F44	N00°00'00"E	14.98			
F13	N73°11'37"E	22.52	F45	N25°20'44"W	25.60			
F14	S81°52'42"E	10.64	F46	N04°19'11"E	19.42			
F15	N62°32'52"E	14.13	F47	N08°14'40"E	91.57			
F16	N28°37'58"E	12.56	F48	N05°47'29"W	61.21			
F17	N17°00'19"E	18.88	F49	S61°29'14"E	5.69			
F18	N03°30'25"E	33.24	F50	N77°34'39"E	14.15			
F19	N26°35'09"E	31.37	F51	S10°00'52"W	53.06			
F20	N44°58'58"E	33.38	F52	S02°24'45"W	82.80			
F21	N66°17'31"E	47.38	F53	S07°14'37"W	47.47			
F22	N47°15'01"E	11.91	F54	S23°13'04"W	51.24			
F23	S58°26'03"E	21.44	F55	S15°16'07"W	17.05			
F24	S12°50'58"E	34.75	F56	S03°22'10"W	25.48			
F25	S53°52'18"W	54.10	F57	S00°54'02"E	143.21			
F26	S38°47'00"W	109.95	F58	S03°56'56"W	43.45			
F27	S63°27'22"W	14.47	F59	S13°30'28"E	19.22			
F28	S78°16'07"W	14.32	F60	S00°02'24"W	61.81			
F29	S83°01'31"W	15.36	F61	S11°30'10"E	37.57			
F30	S50°11'43"W	31.23	F62	S05°21'39"E	46.87			
F31	S63°27'23"W	17.17	F63	S09°09'16"W	27.58			
F32	S75°45'45"W	22.69	F64	S40°32'59"W	25.14			

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD
1581 SQ. FT.=0.0363 AC.

PLAT FEE 2.00
PLAT RECORDING 2.00
TOTAL 5.00

THE REQUIREMENTS OF 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

MARK C. MARTIN — DATE 3/8/07
PROFESSIONAL LAND SURVEYOR NO. 10884

ROBERT EUGENE FYOCK — DATE 3-7-07

CASTLEBERRY AT TEN OAKS, LLC — DATE 3/7/07
TRINITY QUALITY HOMES, INC., MEMBER
MICHAEL PFAU, PRESIDENT

5-3-07

THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE TAX MAP 22, PARCELS 90 AND 60 AS SHOWN AND TO RESUBDIVIDE LOTS 6 AND 7 SHOWN ON THE PLAT OF KENNARD WARFIELD, JR. ET AL RECORDED AS PLAT NO. 4865 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

ROBERT H. VOGEL ENGINEERING, INC.
8407 MAIN STREET
ELLICOTT CITY, MARYLAND 21043
410-461-7666

SHEET TABULATION
TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED — PART OF PARCEL B
TOTAL AREA OF LOTS AND/OR PARCELS — 18.25969 AC.
TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS — 0.03630
TOTAL AREA OF SUBDIVISION TO BE RECORDED — 18.29599 AC.

OWNER	OWNER	DEVELOPER
ROBERT E. FYOCK P.O. BOX 56 GLENELG, MARYLAND 21737	CASTLEBERRY AT TEN OAKS, LLC 3675 PARK AVENUE, SUITE 301 ELLICOTT CITY, MARYLAND 21043	TRINITY QUALITY HOMES, INC. 3675 PARK AVENUE, SUITE 301 ELLICOTT CITY, MARYLAND 21043

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT.

4/18/07
HOWARD COUNTY HEALTH OFFICER — DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING

3/22/07
CHIEF, DEVELOPMENT ENGINEERING DIVISION — DATE

4/27/07
DIRECTOR — DATE

OWNER'S CERTIFICATE

WE, ROBERT EUGENE FYOCK, CASTLEBERRY AT TEN OAKS, LLC, BY TRINITY QUALITY HOMES, INC., MEMBER, MICHAEL PFAU, PRESIDENT, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS FINAL PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS: (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHTS OF WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS OF WAYS.
WITNESS OUR HANDS THIS 8 DAY OF MARCH 2007.

ROBERT EUGENE FYOCK — WITNESS
CASTLEBERRY AT TEN OAKS, LLC
TRINITY QUALITY HOMES, INC. MEMBER,
MICHAEL PFAU, PRESIDENT — WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY JACK C. FYOCK, JR., PERSONAL REPRESENTATIVE OF THE ESTATE OF HELEN L. FYOCK TO ROBERT EUGENE FYOCK BY DEED DATED FEBRUARY 22, 2007 RECORDED IN LIBER 10534 FOLIO 336 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AND ALL OF THE LANDS CONVEYED BY RONDA J. CARPENTER TO CASTLEBERRY AT TEN OAKS, L.L.C. BY DEED DATED JULY 22, 2003 RECORDED IN LIBER 7466 FOLIO 577 AND ALL OF THE LANDS CONVEYED BY DARREN A. LILLY AND TINA M. LILLY TO CASTLEBERRY AT TEN OAKS, L.L.C. BY DEED DATED JULY 23, 2003 RECORDED IN LIBER 7456 FOLIO 487 AND ALL OF THE LANDS CONVEYED BY HERMAN M. BRAUDE TO CASTLEBERRY AT TEN OAKS, L.L.C. BY DEED DATED DECEMBER 12, 2002 RECORDED IN LIBER [illegible] ALL AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.
I HEREBY CERTIFY THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED AND THAT THE BOUNDARY IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS.

MARK C. MARTIN — DATE
PROFESSIONAL LAND SURVEYOR NO. 10884

RECORDED AS PLAT No. ______ ON ______
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

CASTLEBERRY AT TEN OAKS

LOTS 1-45 & NON-BUILDABLE PRESERVATION PARCELS A, C, D, E, AND BUILDABLE PRESERVATION PARCEL B

TAX MAP 22, GRID 19, 20, PARCELS 90 & 60
AND
A RESUBDIVISION OF LOTS 6 & 7
OF THE PLAT OF KENNARD WARFIELD, JR. ET AL
RECORDED AS PLAT NO. 4865
TAX MAP 22, GRID 20, PARCEL 551

RE-05-004, P-05-04, S01-11

SCALE 1"= 100' — FEBRUARY 23, 2007

100' 0 100' 200' 300'

SHEET 14 OF 14

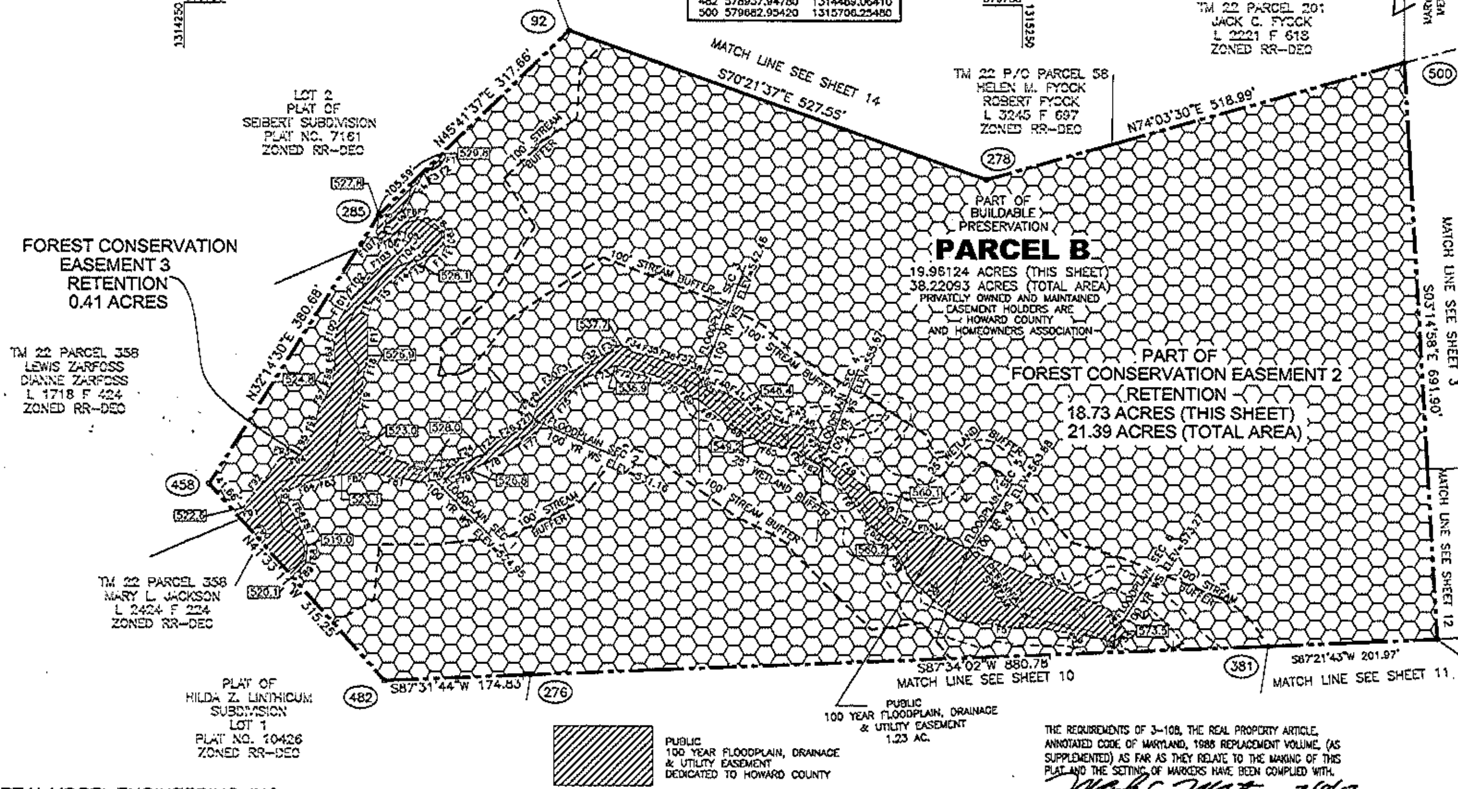
K:\PROJECTS\2017085\SURVEY\RPLAT14.DWG

P138862

F-05-130
MSA CSU 2125 3836-14

MDR PLAT NO. 19108
RECEIVED MAY 0 3 2007
FOR RECORD

COORDINATE LIST		
POINT	NORTH	EAST
92	579717.72060	1314710.36200
268	578992.16770	1315745.47390
276	578945.48550	1314663.73150
278	579540.40759	1315207.22147
285	579495.84070	1314483.04270
381	578982.87220	1315543.71770
458	579173.86240	1314279.95540
482	578937.94780	1314469.06410
500	579682.95420	1315706.25480


FOREST CONSERVATION
EASEMENT 3
RETENTION
0.41 ACRES
LOT 2
PLAT OF
SEIBERT SUBDIVISION
PLAT NO. 7161
ZONED RR-DEO
TM 22 PARCEL 358
LEWIS ZARFOSS
DIANNE ZARFOSS
L 1718 F 424
ZONED RR-DEO
TM 22 PARCEL 358
MARY L. JACKSON
L 2424 F 224
ZONED RR-DEO
PLAT OF
HILDA Z. LINTHICUM
SUBDIVISION
LOT 1
PLAT NO. 10426
ZONED RR-DEO
TM 22 P/O PARCEL 58
HELEN M. FYOCK
ROBERT FYOCK
L 3245 F 697
ZONED RR-DEO
TM 22 PARCEL 201
JACK C. FYOCK
L 2221 F 618
ZONED RR-DEO
MARYLAND STATE GRID
MERIDIAN NAD 83
MATCH LINE SEE SHEET 14
S70°21'37"E 527.55'
N45°41'37"E 317.66'
N32°14'30"E 380.68'
N74°03'30"E 518.99'
S03°14'58"E 691.90'
MATCH LINE SEE SHEET 3
MATCH LINE SEE SHEET 12
S87°21'43"W 201.97'
MATCH LINE SEE SHEET 11
S87°34'02"W 880.78
MATCH LINE SEE SHEET 10
S87°31'44"W 174.83'
PART OF
BUILDABLE
PRESERVATION
PARCEL B
19.96124 ACRES (THIS SHEET)
38.22093 ACRES (TOTAL AREA)
PRIVATELY OWNED AND MAINTAINED
EASEMENT HOLDERS ARE
HOWARD COUNTY
AND HOMEOWNERS ASSOCIATION
PART OF
FOREST CONSERVATION EASEMENT 2
RETENTION
18.73 ACRES (THIS SHEET)
21.39 ACRES (TOTAL AREA)
100' STREAM BUFFER
WETLAND BUFFER
PUBLIC
100 YEAR FLOODPLAIN, DRAINAGE
& UTILITY EASEMENT
1.23 AC.
92
268
276
278
285
381
458
482
500
579750
1314250
1315250
578750

FLOOD PLAIN LINE TABLE					
F1	S10°37'35"W	12.86	F55	S52°35'02"W	18.78
F2	S46°50'35"W	8.11	F56	N80°02'46"W	63.51
F3	S63°26'58"W	18.79	F57	N85°05'56"W	104.88
F4	S27°23'33"W	49.83	F58	N48°07'42"W	75.69
F5	S18°26'46"E	7.50	F59	N26°08'23"W	45.23
F6	N62°24'36"E	11.96	F60	N48°49'56"W	46.03
F7	S79°42'05"E	13.26	F61	N34°59'28"W	76.89
F8	S50°39'58"E	25.55	F62	N67°16'00"W	26.94
F9	S17°45'25"E	5.08	F63	N46°03'35"W	18.89
F10	S10°53'32"W	10.46	F64	S88°24'36"W	17.50
F11	S46°15'49"W	25.71	F65	N76°13'37"W	26.51
F12	S56°22'13"W	11.00	F66	N57°06'31"W	52.00
F13	S69°19'00"W	19.01	F67	N51°48'47"W	33.20
F14	S51°37'21"W	26.72	F68	N67°10'46"W	10.01
F15	S40°26'39"W	26.03	F69	N36°53'15"W	14.57
F16	S16°56'16"W	18.99	F70	N66°55'41"W	32.21
F17	S00°25'27"E	46.79	F71	N73°18'39"W	35.50
F18	S12°26'01"W	23.87	F72	N80°32'37"W	20.69
F19	S08°50'34"W	50.53	F73	S68°12'40"W	34.01
F20	S26°34'40"E	29.83	F74	S52°46'58"W	30.50
F21	S87°38'56"E	50.32	F75	S40°58'25"W	34.08
F22	S78°41'31"E	32.81	F76	S30°45'06"W	20.90
F23	N83°36'55"E	31.34	F77	S53°50'18"W	44.80
F24	N64°00'29"E	34.70	F78	S63°26'58"W	54.31
F25	N49°04'18"E	22.39	F79	S69°56'25"W	26.90
F26	N63°15'40"E	34.26	F80	S81°18'20"W	33.21
F27	N45°53'50"E	11.43	F81	N79°35'56"W	61.12
F28	N25°52'43"E	7.53	F82	S86°58'08"W	34.40
F29	N16°12'49"E	32.17	F83	S77°43'41"W	35.22
F30	N52°24'42"E	23.23	F84	S69°34'45"W	29.66
F31	N65°49'17"E	20.48	F85	S07°54'44"W	19.80
F32	N61°59'26"E	44.27	F86	S31°50'36"E	18.59
F33	N60°26'37"E	21.73	F87	S23°10'39"E	35.75
F34	S61°41'25"E	21.94	F88	S07°18'37"W	21.42
F35	S79°07'17"E	16.69	F89	S45°01'06"W	21.57
F36	S69°27'21"E	18.85	F90	N42°00'35"W	107.24
F37	S75°58'21"E	14.29	F91	N70°08'35"E	12.63
F38	S64°44'23"E	25.17	F92	N36°46'59"E	75.97
F39	S28°34'46"E	16.20	F93	S77°54'46"E	9.24
F40	S76°31'02"E	24.24	F94	N74°03'51"E	14.09
F41	S58°31'25"E	22.58	F95	N30°32'44"E	29.19
F42	S48°27'45"E	18.74	F96	N14°19'53"E	31.27
F43	S55°54'09"E	23.68	F97	N29°21'26"E	29.10
F44	S75°35'17"E	22.86	F98	N12°41'18"E	26.43
F45	N73°41'45"E	13.51	F99	N04°17'31"W	25.86
F46	S72°07'55"E	20.60	F100	N13°26'42"E	30.74
F47	S17°24'48"E	22.19	F101	N29°45'36"E	31.19
F48	S42°17'31"E	18.60	F102	N40°25'04"E	39.80
F49	S51°58'55"E	58.87	F103	N54°00'43"E	15.69
F50	S40°44'20"E	48.14	F104	N46°53'46"E	39.17
F51	S38°20'27"E	27.93	F105	N81°28'28"W	18.36
F52	S88°36'13"E	20.74	F106	S80°32'37"W	13.81
F53	S66°38'21"E	230.45	F107	N35°43'15"W	12.41
F54	S38°01'02"E	33.71	F108	N08°54'29"E	22.00

PLAT FEE-R
PLAT RECORDIN
TOTAL
Regd CH66 Rcpt # 2871
HDR HEN Blk # 211
May 03, 2007 02:53

PUBLIC 100 YEAR FLOODPLAIN, DRAINAGE & UTILITY EASEMENT DEDICATED TO HOWARD COUNTY

FOREST CONSERVATION EASEMENT

WETLANDS

ROBERT H. VOGEL ENGINEERING, INC.
8407 MAIN STREET
ELLICOTT CITY, MARYLAND 21043
410-461-7666

SHEET TABULATION
TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED ___ PART OF PARCEL B
TOTAL AREA OF LOTS AND/OR PARCELS ___ 19.96124 AC.
TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS ___ 0 AC.
TOTAL AREA OF SUBDIVISION TO BE RECORDED ___ 19.96124 AC.

THE REQUIREMENTS OF 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

Mark C. Martin 3/8/07
MARK C. MARTIN DATE
PROFESSIONAL LAND SURVEYOR NO. 10884

Robert E. Fyock April 27 07
ROBERT EUGENE FYOCK DATE

Michael Pfau 3/7/07
CASTLEBERRY AT TEN OAKS, LLC DATE
TRINITY QUALITY HOMES, INC., MEMBER
MICHAEL PFAU, PRESIDENT

OWNER
ROBERT E. FYOCK
P.O. BOX 56
GLENELG, MARYLAND
21737

OWNER
CASTLEBERRY AT TEN OAKS, LLC
3675 PARK AVENUE, SUITE 301
ELLICOTT CITY, MARYLAND
21043

DEVELOPER
TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELLICOTT CITY, MARYLAND
21043

5-3-07

THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE TAX MAP 22, PARCELS 90 AND 60 AS SHOWN AND TO RESUBDIVIDE LOTS 6 AND 7 SHOWN ON THE PLAT OF KENNARD WARFIELD, JR. ET AL. RECORDED AS PLAT NO. 4665 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT.

Robert J. Wieder 4/18/07
HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

3/22/07
CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE

4/27/07
DIRECTOR DATE

OWNER'S CERTIFICATE

WE, ROBERT EUGENE FYOCK, CASTLEBERRY AT TEN OAKS, LLC, BY TRINITY QUALITY HOMES, INC., MEMBER, MICHAEL PFAU, PRESIDENT, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS FINAL PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS: (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHTS OF WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS OF WAYS.
WITNESS OUR HANDS THIS 7 DAY OF MARCH 2007.

ROBERT EUGENE FYOCK — WITNESS

CASTLEBERRY AT TEN OAKS, LLC
TRINITY QUALITY HOMES, INC., MEMBER,
MICHAEL PFAU, PRESIDENT — WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY JACK C. FYOCK, JR., PERSONAL REPRESENTATIVE OF THE ESTATE OF HELEN L. FYOCK TO ROBERT EUGENE FYOCK BY DEED DATED FEBRUARY 22, 2007 RECORDED IN LIBER 10534 FOLIO 336 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AND ALL OF THE LANDS CONVEYED BY RONDA J. CARPENTER TO CASTLEBERRY AT TEN OAKS, L.L.C. BY DEED DATED JULY 22, 2003 RECORDED IN LIBER 7468 FOLIO 577 AND ALL OF THE LANDS CONVEYED BY DARREN A. LILLY AND TINA M. LILLY TO CASTLEBERRY AT TEN OAKS, L.L.C. BY DEED DATED JULY 23, 2003 RECORDED IN LIBER 7456 FOLIO 467 AND ALL OF THE LANDS CONVEYED BY HERMAN M. BRAUDE TO CASTLEBERRY AT TEN OAKS, L.L.C. BY DEED DATED DECEMBER 12, 2002 RECORDED IN LIBER 6[illegible] FOLIO [illegible] ALL AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND. I HEREBY CERTIFY THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED AND THAT THE BOUNDARY IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS.

MARK C. MARTIN
PROFESSIONAL LAND SURVEYOR NO. 10884

RECORDED AS PLAT No. ______ ON ______
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

CASTLEBERRY AT TEN OAKS

LOTS 1-45 & NON-BUILDABLE PRESERVATION
PARCELS A, C, D, E, AND BUILDABLE PRESERVATION
PARCEL B
TAX MAP 22, GRID 19, 20, PARCELS 90 & 60
AND
A RESUBDIVISION OF LOTS 6 & 7
OF THE PLAT OF KENNARD WARFIELD, JR. ET AL
RECORDED AS PLAT NO. 4665
TAX MAP 22, GRID 20, PARCEL 351

RE-05-004, P-05-04, S01-11

SCALE 1"= 100' FEBRUARY 23, 2007

100' 0 100' 200' 300'

SHEET 13 OF 14

K:\PROJECTS\2017085\SURVEY\RPLAT13.DWG