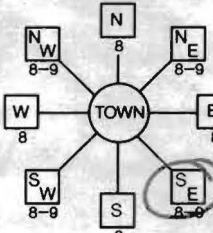
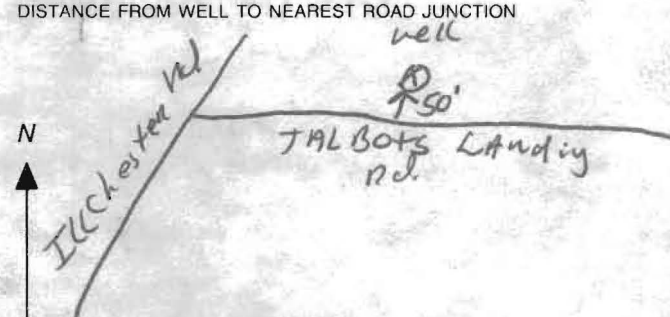




OK 1/29/02

B 1 8926 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <u>HO-94-3304</u> <small>fill in this form completely</small>
Date Received (APA) <u>1/10/02</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 Last Name <u>NICHOLS</u> Owner First Name <u>MALCOLM E NANCY</u> 36 <u>5117 TALBOTS LANDING</u> Street or RFD 55 57 <u>ELLICOTT CITY MD.</u> Town 70 State 72 Zip 21043-6830 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <u>HOWARD</u> 21 23 SUBDIVISION <u>TALBOTS LAST SHIP</u> 42 SECTION <u>5117 TALBOTS LANDING</u> LOT <u>19A</u> 44 46 48 50 52 <u>ELLICOTT CITY</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <u>RALPH E. MAYNE</u> M S D <u>117</u> 76 License No. 81 Firm Name <u>Ralph E. Mayne well drilling</u> Address <u>17024 Handy Rd. Mt Airy MD. 21771</u> Signature <u>Ralph E. Mayne</u> Date <u>1-5-02</u>		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> 11 NEAR WHAT ROAD <u>TALBOTS LANDING</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>50</u> 37 DISTANCE FROM ROAD <u>50</u> ft. ENTER FT OR MI 38 39 TAX MAP: <u>31</u> BLK: <u>16</u> PARCEL <u>732</u>	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>13</u> COUNTY NO. STATE SIGNATURE <u>Brian Baker</u> INSERT S → 41 DATE ISSUED <u>1/10/2002</u> CO SIGNATURE <u>1/10/2003</u> EXP. DATE 43 MM DD YY 48 NORTH GRID <u>508</u> 0 0 0 EAST GRID <u>864</u> 0 0 0 50 55 57 63	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>864</u> N <u>508</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		1/18/02 8:30 OK (X) 1:15 (S) 180 well 60' casing 30' open 18 bags	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY (Hydraulic Rotary)</u> Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>HO-73-4136</u> 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HO-94-3304</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			



WATER WELL ABANDONMENT-SEALING REPORT FORM

OK SRK  
11/5/03

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Oct 23 2003 (month/day/year)

Tag Returned & Destroyed

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Ralph E. Mayne

\* OWNER'S NAME: MALCOLM E. NANCY NICHOLS

\* WELL LOCATION: 5117 TALBOT LANDING RD.

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

COUNTY: Howard  
NEAREST TOWN: ELLICOTT CITY  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: TALBOTS LAST SCHIFF  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

	(X)
000	
000	

SHOW WELL LOCATION  
BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER  
E 510  
N 860

TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☒ JETTED  
☐ BORED/AUGURED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION

TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

DEPTH OF WELL: 130 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	130	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 117

MWD/MSD/MGD Oct 23 2003

CIRCLE ONE

DATE

DENV 828 JULY 1993

3/29/02  
AM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: TALBOTS LAST SHIFT Lot #: \_\_\_\_\_ Well Tag #: HO-94-3304  
Site Address: 5117 Talbotts Landing

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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 of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/29/02 (50)  
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 Conn. to old line  
Adequate grout observed below pitless adapter \_\_\_\_\_



1/11/02  
10:00

SITE INSPECTION SHEET

OWNER: Nichols

DATE REQUESTED: 1/11/02

ADDRESS: 5117 Talbots Landing  
Lot 19A

DRILLER/CONTRACTOR: R. Mayne

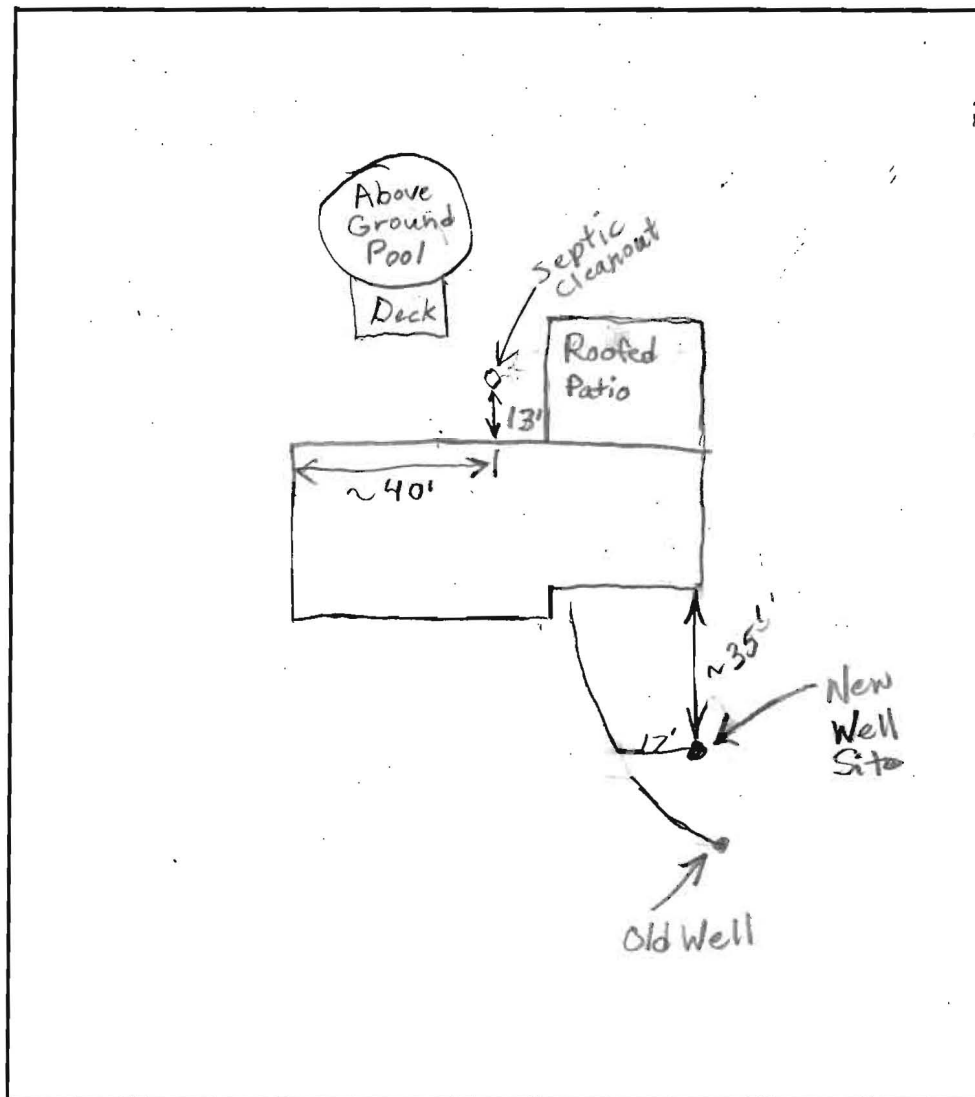
WELL TAG NUMBER: HO-94-3304

TAX & PARCEL: 31-16-732-19A

COUNTY: HOWARD

PROPOSAL: Replacement Well - Old Well to Be Sealed

LOCATION DIAGRAM



Talbots Landing

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

~~Signature~~  
Brian Baker



Date Received  
(OEP use only)

DATE WELL COMPLETED  
7/15/84

Depth of Well  
205  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-73-4136

OWNER  
last nameNicholsfirst nameMalcolm & Nancy

STREET OR RFD  
Ilchester RoadTOWNEllicott City

SUBDIVISION  
Talbot's Last ShiftSECTIONLOT19A

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water bearing
	FROM	TO
Top Soil	0	2
Sandy	2	40
Sand Stone	40	60
Micka	60	65
Sand Stone	65	75
Micka	75	140
Sand Stone	140	145
Micka	145	205

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
YESYNONN

TYPE OF GROUTING MATERIAL  
CEMENTCMBENTONITE CLAYBC

NO. OF BAGS39NO. OF POUNDS5100

GALLONS OF WATER234

DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP (enter 0 if from surface) ft. to 54 BOTTOM 58 ft.

CASING RECORD

casing types  
insert appropriate code below

STEELSTCONCRETECO  
PLASTICPLOTHEROT

MAIN CASING TYPE  
ST6

Nominal diameter top(main) casing (nearest inch)6

Total depth of main casing (nearest foot)55

OTHER CASING (if used)  
diameter inch 11 1/2 depth (feet) from 103 to

SCREEN RECORD

screen type or open hole  
insert appropriate code below

STEELSTBRASSBRONZE  
PLASTICPLOTHEROT

C2

DEPTH (nearest ft.)  
4053205

SLOT SIZE123

DIAMETER OF SCREEN (NEAREST INCH)  
5660

CIRCLE APPROPRIATE BOX

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 10.17.13. "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
Ralph E. Mayne

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

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

T (E.R.O.S.)

W Q

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32

WHEN PUMPING 205

TYPE OF PUMP USED (for test)

A airP pistonT turbine  
C centrifugalR rotaryO other (describe below)  
J jetS submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YESYNONN

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY:  
GALLONS PER MINUTE (to nearest gallon) 3135

PUMP HORSE POWER 3741

PUMP COLUMN LENGTH (nearest ft.) 4347

CASING HEIGHT (circle appropriate box and enter casing height)

+ aboveLAND SURFACE2 (nearest foot)

- below

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)

well 100' 150' 100'

## STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

## APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73-4136

FILL IN THIS FORM COMPLETELY

1 5097

SEQUENCE NO.  
(WRA USE ONLY)2 3 (SEQ. NO.) 6  
THIS NUMBER IS TO BE PUNCHED  
COL. 3 ON ALL CARDSDATE RECEIVED  
(WRA USE ONLY)4/13/82  
10:00 A.M.

OWNER

COL 15 LAST NAME

FIRST NAME

COL. 34

STREET  
OR RFD

COL 35

COL. 55

POST  
OFFICE

COL 57

COL. 76

8-13

B 1 CONTINUED

1 2 3 (SEQ. NO.) 6

## DRILLER INFORMATION

DATE

LICENSE  
NUMBER

77

80

FIRST NAME

DRILLER

LAST NAME

SIGNATURE

B 2

## WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE)

8

12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

14

20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

☐ D

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐ F

FARMING, AGRICULTURE, IRRIGATION

☐ I

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

☐ M

MUNICIPAL WATER SUPPLY

☐ P

PRIVATE WATER COMPANY

☐ T

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL

24

28 FEET

APPROXIMATE DIAMETER OF WELL

(NEAREST INCH)

## METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

☐ BORED (OR AUGERED)☐ JETTED☐ DRIVEN30-37 ☐ AIR-ROTARY☐ AIR-PERCUSSION☐ ROTARY (HYDRAULIC ROTARY)☐ CABLE☐ REVERSE-ROTARY☐ DRIVE-POINT

OTHER (DESCRIBE)

## REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

☐ N

THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐ Y

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☐ S

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

☐ DTHIS WELL WILL DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

41

52

## NOT TO BE FILLED IN BY DRILLER

(WRA USE ONLY)

APPROPRIATION  
PERMIT NUMBER

54

ENGINEER REVIEW  
DISTRICT NO.

55

FORCE

WRITE  
INITIALS  
IN BOX

CONDITIONS

A E N S G W Q C L U

40 73 41 73

B 4 CONTINUED

1 2 3 (SEQ. NO.) 6

## HEALTH DEPARTMENT APPROVAL

41 ☐ STATE HEALTH  
(CIRCLE BOX)

COUNTY NAME

COUNTY NO.

MO. DAY YR.

DATE

43

48

APPROVED BY

B 5

SPECIAL CONDITIONS 8-63

(WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

B 3

## LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY

(DO NOT ABBREVIATE COUNTY NAME)

21

SUBDIVISION

23

42

SECTION

44

46

LOT

19

50

NEAREST TOWN

52

71

MILES FROM TOWN (ENTER 0 IF IN TOWN)

73

76 77 78

B 4

## DIRECTION FROM TOWN

(CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

☐ N

NORTH

☐ E

EAST

☐ N E

NORTHEAST

☐ S E

SOUTHEAST

☐ S

SOUTH

☐ W

WEST

☐ N W

NORTHWEST

☐ S W

SOUTHWEST

NEAR WHAT  
ROAD

11

NORTH

SOUTH

EAST

WEST

30

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)☐ N☐ S☐ E☐ W

32

DISTANCE FROM ROAD  
(ENTER DISTANCE AND CIRCLE  
APPROPRIATE BOX)

34

37

38 39

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

N

Ellicott City

4/15/82  
well  
Yield  
Test  
Measured4 FT OPEN HOLE  
Filled with  
1 bag cement

md. 103

4/13/82 Location O.K.  
52 casing  
31' open hole  
38 bags cement  
2' casing along hole39 bags cement  
used total  
J.S.BOX  
NUMBER

E

560

3

N

500

8

0/5

5/5

NORTH  
COORDINATE

50

51

52

53

54

55

EAST  
COORDINATE

57

58

59

60

61

62

63

ELEVATION AT  
WELL HEAD (FEET)

65

66

67

68

0/0

5/0



Well Permit No. HO - 73-4136  
Location of property (road) Ilchester Road  
Subdivision Talbots Last Shift Lot 19A Block — Plat — Sec. —  
Well Driller Ralph Mayne Owner Maicolm & Nancy Nichols

Depth of well 205  
Distance of measuring point (M.P.) above ground 2  
Static water level (S.W.L.) below M.P. 32

Time pump started 9:30 Pumping rate 96pm  
Total time 1 HR. 45 min. to reach pumping water level 178 ft. below M.P.

[illegible]



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 73 4136

Location of property (road)

Subdivision TALBOT 50 LAST SHIFT

Well Driller RALPH MAYNE

Lot 9 Block A Plat Sec.

Owner MALCOLM & NANCY NICHOLS

Depth of well 295

Distance of measuring point (M.P.) above ground 2 FT

Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 930 AM

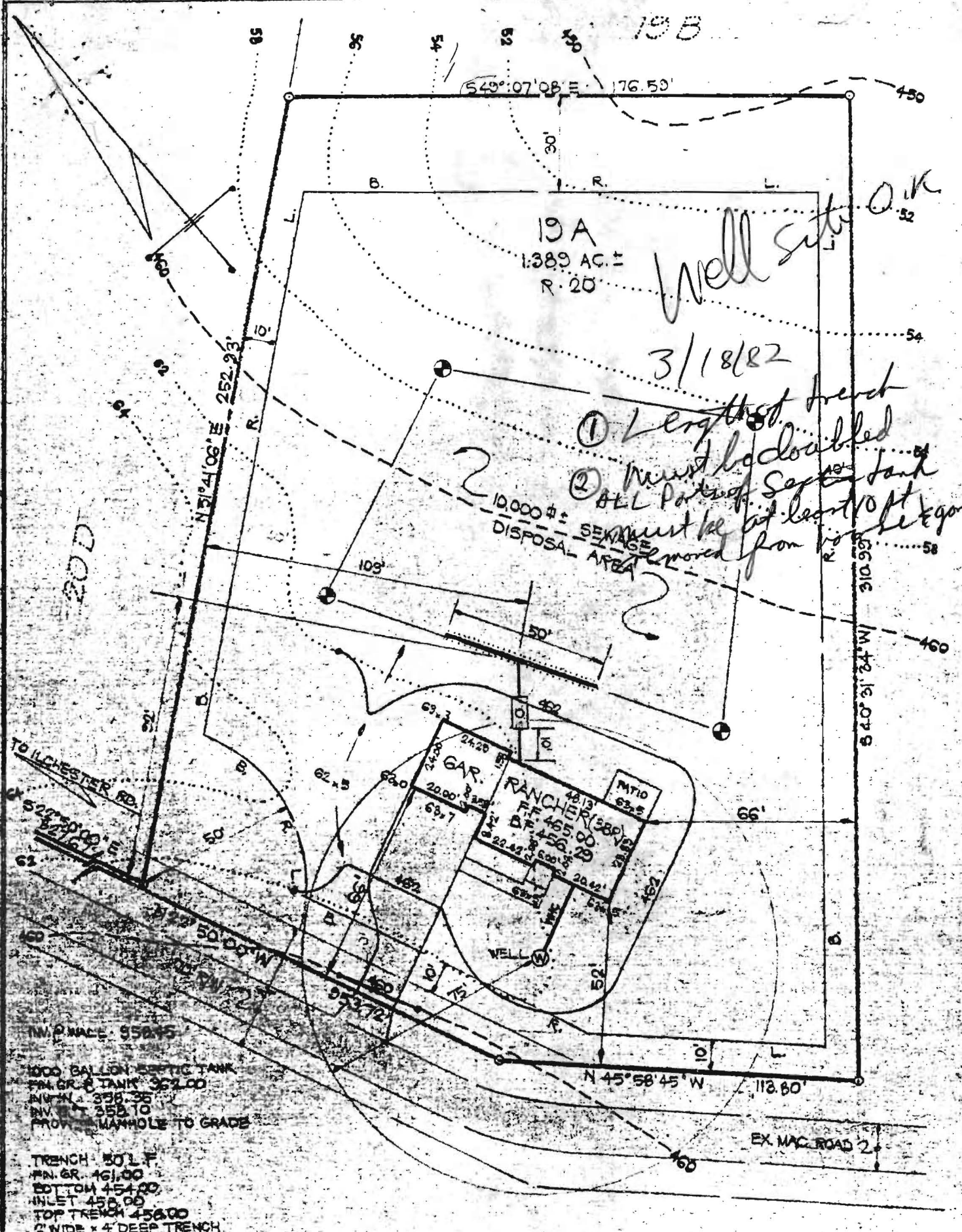
Pumping rate 9 GPM

Total time 60 min to reach pumping water level 73.5 ft. below M.P.

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

[illegible]

FINISHED GROUTING WELL TODAY. 4 FT OPEN HOLE, FILLED TO GRADE WITH ONE BAG CEMENT



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

NOTE: FIRST FLOOR SERVICE IS PROVIDED. SEWAGE PUMP REQUIRED FOR BASEMENT SERVICE.

3-2-82 *John C. Mellema* Reg. No. 107



SITE PLAN  
**TALBOTS LAST SHIFT LOT 19A**  
12<sup>th</sup> ELECTION DISTRICT HOWARD CO., MD.  
**JOHN C. MELLEMA SR. INC.**  
LAND SURVEYORS  
3704 MACTAVISH AVENUE - BALTIMORE, MARYLAND  
21229

SCALE  
1" = 40'  
DATE  
3/2/82  
JOB NO.  
#B251