

5/31/79
be ready
around 2:30 PM
6/6/79

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 12/7/78

Paul Schesser

Jack Pyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md.

PHONE 988-9270

SUBDIVISION (Fox Haven)

ROAD 14105 Clarksville Pike LOT 14
(Route 108)

PROPERTY OWNER Bruce Gordon

ADDRESS 7825 Ivory Mount Terrace, Potomac, Md. 20854

**BUILDING PERMIT SIGNED
AND RETURNED**

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

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

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 288 SQ. FT. total sidewall area in dry well.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 100 FT. FROM 375' at a point 75 ft. from its intersection
XX

~~FACING ROAD~~ with 108 ft. lot line.

Trench to be 60 ft. long. Inlet at 4 ft. and maximum depth 10 ft. below original grade. Trench to run on contour towards 573 ft. lot line.

PLANS APPROVED BY David J. O'Neill & Donald W. Monaghan

DATE 10/26/78

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

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

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

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

PERMIT VOID AFTER THREE YEARS.

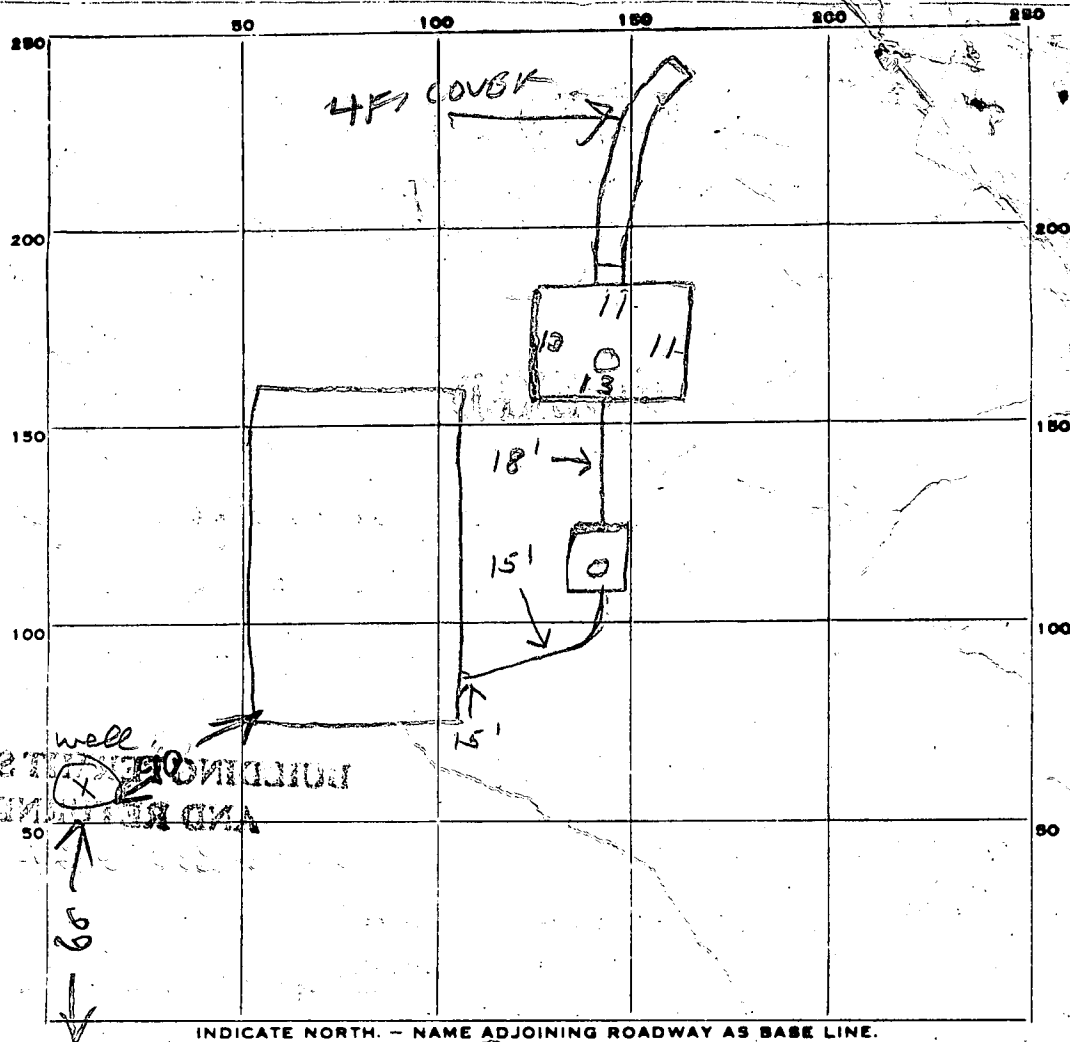
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED
AND RETURNED 3/3/82

Serial # 10271
addition

21093



PERMIT CARD

SEPTIC TANK. LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 61 IN. TOTAL LENGTH 60 FT

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 360

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 6 FT. 288

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/31/79 OK to cover work to trench. Add gravel & pipe to trench - call 11

6/6/79 - INLET TO DITCH 4 FT BELOW GRADE

$288 + 360 = 648$ SPF7 ABSORBENT AREA TOTAL

DATE SYSTEM APPROVED

INSPECTOR

APPLICATION

A 27093

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5thDATE 10/19/77TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

~~Mildred Hallowell~~Bruce Gordon

ADDRESS

Highland, Md. 207774 Professional Drive

PHONE

286-2988448-7414

PROPERTY LOCATION:

Suite 149, Gaithersburg, Md. 207607825 Ivy Mount Terrace, Potomac, Md. 20854

SUBDIVISION

(Fox Haven)

LOT NO. 1414105 Clarksville Pike

ROAD AND DESCRIPTION

(Route 108) - east side of Route 108 on first private road approx.400 ft. north of Patuxent RiverSIZE OF LOT 3.041 acres

TYPE BLDG.

3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Structural Systems, Inc.

APPROVED BY

Paul J. [Signature]

FOR

Dev + [Signature]

(KIND OF SYSTEM)

DATE

9/19/95

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED

AND RETURNED

11/27/78serial # 37860

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT: _____

Recorded

APPLICATION

A 21592

Liber 713, Folio 359

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/2/75

3 B.R. 1000 gal. septic tank | 4 B.R. 1250 gal. septic tank
Drywell & trench system to have 35 sq. ft. effective sidewall absorption
area per bedroom, to begin below the first 4 ft. of non-porous soil. Maximum
depth permitted for system is 11 ft. below original grade. Locate the
drywell 180 ft. from the front lot line and 30 ft. from the left side line.
Start the trench after a 5 ft. earth buffer, and run it on level ground
the distance necessary (to make up required sidewall area), as seen when
facing the property from the right-of-way.

TO: THE COUNTY HEALTH OFFICER NOTE: Call for inspection of trench before
ELLICOTT CITY, MARYLAND gravel is installed.

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

PROPERTY OWNER Mildred E. Hallowell
Highland, Md. 20777
ADDRESS _____ PHONE 286-2988

PROPERTY LOCATION: Highland, Md.
SUBDIVISION (Fox Haven) LOT NO. 14
ROAD AND DESCRIPTION Off E. side of Rt 108 on first private road
approx. 400' N. of Patuxent River.

SIZE OF LOT Parcel 14, 3.041 ac. 713/359 TYPE BLDG. res. 4 bedrm
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT Richard Hallowell
Richard Hallowell

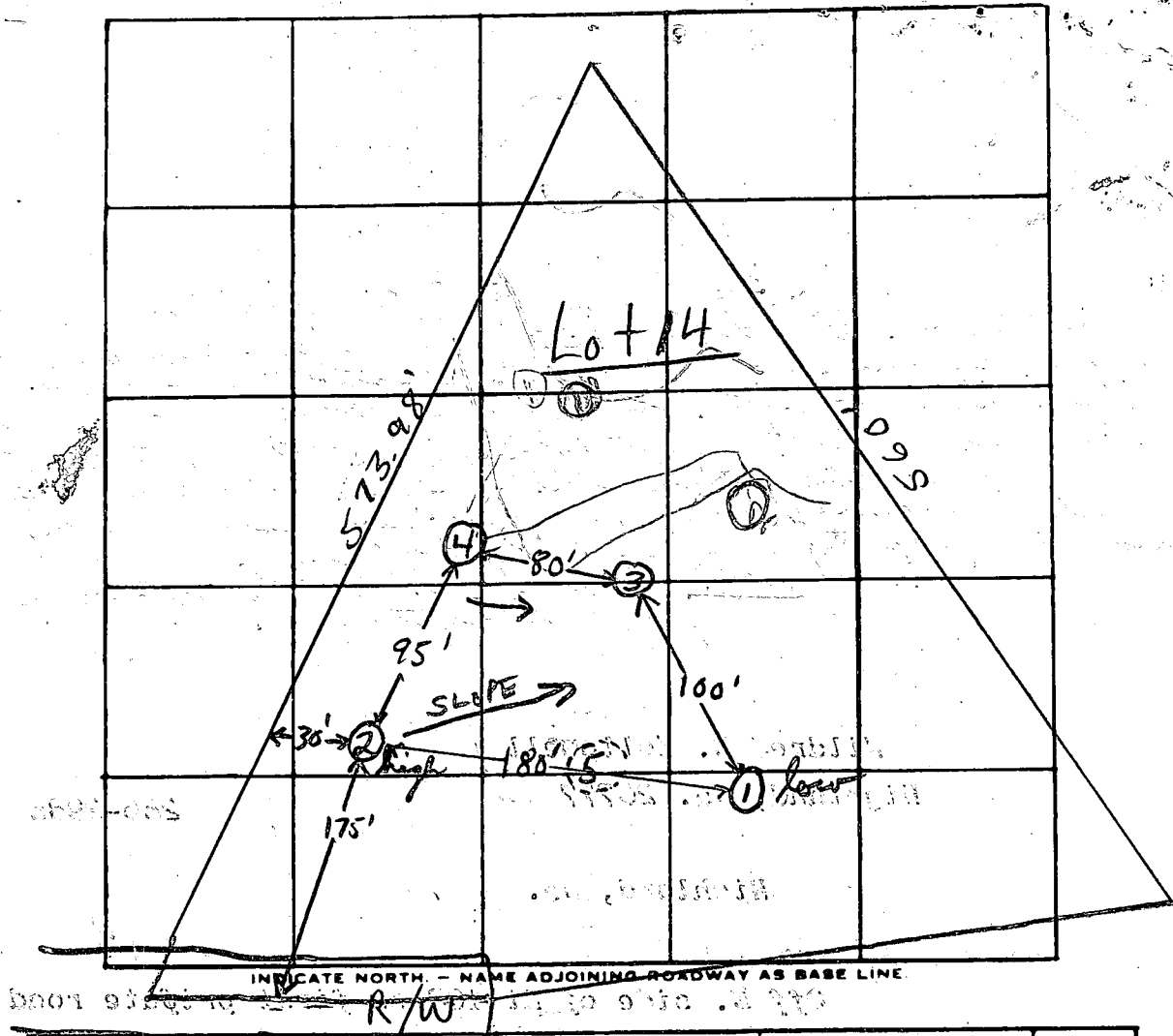
✓ APPROVED BY Frank Sheiner FOR Drywell & trench DATE 1/22/76
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/6/75 Certify all holes 5.6.

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/4/75	1	4'	2:42	→	2:50	→	~7 min
	1A	12'	2:42	→	2:59	→	~12 min
	2 high	4½'	2:44	→	2:49	→	~4 min
	2A	12½'	2:44	2:58	2:58	3:20	22 min
	3	4'	2:46	→	2:52	→	~4 min
	3A	12'	2:46	→	2:55	→	~6 min
✓	4	11½'	Visual clay to 2' mica below				
?	5	?	hole covered up & not seen				

135 SQ. FT. / B.R.
invest 4 ft.

REMARKS Certify all holes

TYPE OF SOIL mica below top 3-4' clay soil

TESTED BY F.S. ALSO PRESENT: Fyock & Co.

APPLICATION

A 21592

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 5thP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 6/2/75TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

SIGNATURE OF APPLICANT Richard Hallowell
Richard HallowellAPPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/8/77	15	5	10 ⁰⁰	10 ⁰³	10 ⁰⁹	10 ⁰⁸	3
	1	15	10 ⁰⁰				
	25	1 1/2 (3)	10 ²²	10 ²⁴	10 ²⁴	10 ³⁰	6
	9	13'	10 ²²	10 ³²	10 ³²	10 ⁴²	10

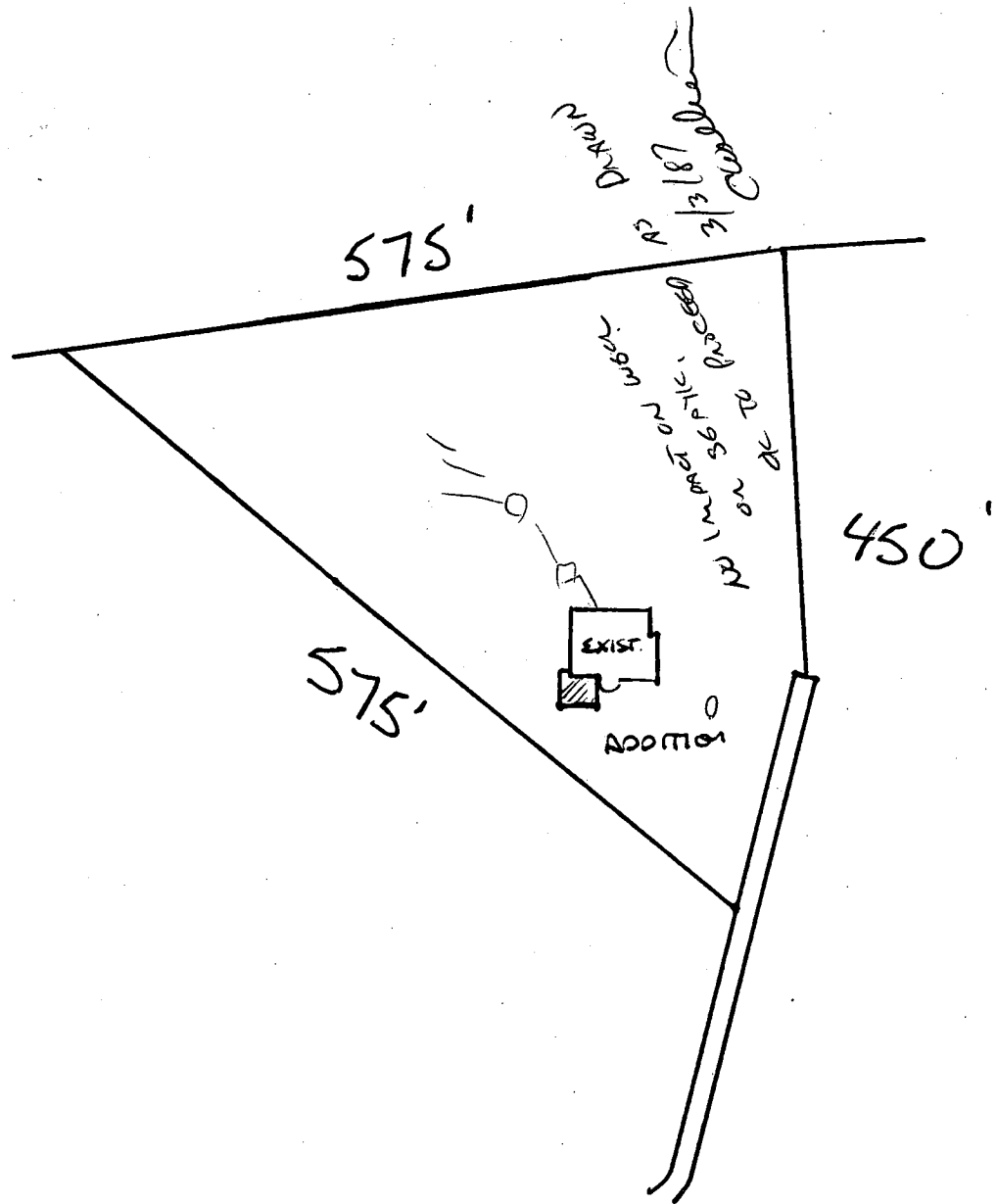
REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

B 1 4900		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL			WRA PERMIT NUMBER HO-23-2987 FILL IN THIS FORM COMPLETELY												
DATE RECEIVED (WRA USE ONLY) 10/17/78 9:30 A.M.		OWNER COL 15 LAST-NAME <u>Gordon</u> FIRST NAME <u>Baker</u> STREET OR RFD. COL 36 <u>4 Professional Dr. Suite 140</u> COL 55 POST OFFICE COL 57 <u>Gaithersburg Md 20760</u> COL 76																	
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6 DATE <u>9/13/78</u> LICENSE NUMBER <u>40</u> <u>George Easterday</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>George Easterday</u>		B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Forest Haven</u> 42 SECTION <u>1931</u> LOT <u>14</u> 50 NEAREST TOWN <u>Forest Haven</u> 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2</u> 73 76 77 78																	
B 2 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u> 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 } MUST HAVE STATE HEALTH DEPT. APPROVAL ☐ T TEST		B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 <table border="0" style="width:100%;"><tr><td>☐ N NORTH</td><td>☐ E EAST</td><td>☐ NE NORTHEAST</td><td>☐ SE SOUTHEAST</td></tr><tr><td>☒ S SOUTH</td><td>☐ W WEST</td><td>☐ NW NORTHWEST</td><td>☐ SW SOUTHWEST</td></tr></table> NEAR WHAT ROAD <u>RT 108</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <table border="0"><tr><td>☐ N</td><td>☐ S</td><td>☒ E</td><td>☐ W</td></tr></table> DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>400</u> 34 37 38 39						☐ N NORTH	☐ E EAST	☐ NE NORTHEAST	☐ SE SOUTHEAST	☒ S SOUTH	☐ W WEST	☐ NW NORTHWEST	☐ SW SOUTHWEST	☐ N	☐ S	☒ E	☐ W
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☐ N	☐ S	☒ E	☐ W																
APPROXIMATE DEPTH OF WELL <u>150</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>10"</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) ☒ JETTED ☐ DRIVEN ☐ 30-37 <u>AIR-ROTARY</u> <u>AIR-PERCUSSION</u> <u>ROTARY (HYDRAULIC ROTARY)</u> <u>CABLE</u> <u>REVERSE-ROTARY</u> <u>DRIVE-POINT</u> OTHER (DESCRIBE) _____						DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP. N 52' - CASING 3' - ABOVE GROUND 39' - OPEN HOLE 12 - BAGS CEMENT + well OK JS 10/17/78 County line													
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 ☐ D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____						<table border="1" style="width:100%; height: 150px;"><tr><td style="width:50%; text-align: center;">BOX NUMBER E <u>800</u> N <u>480</u></td><td style="width:50%; text-align: center;">0/5 5/5</td></tr></table>		BOX NUMBER E <u>800</u> N <u>480</u>	0/5 5/5										
BOX NUMBER E <u>800</u> N <u>480</u>	0/5 5/5																		
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>																			
B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 41 <u>S</u> STATE HEALTH (CIRCLE BOX) COUNTY NAME <u>Howard</u> COUNTY NO. <u>N28856</u> DATE <u>09</u> <u>01</u> <u>5</u> <u>7</u> <u>8</u> APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>		NORTH COORDINATE <u>480000</u> 50 51 52 53 54 55 EAST COORDINATE <u>080500</u> 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u> 0/0 5/0																	
B 5 1 2 3 (SEQ. NO.) 6		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)																	

C 1 2685 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY) 2685	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER _____																														
DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED <u>10/17/78</u> 8-13 15 20		DEPTH OF WELL <u>300</u> 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-29707</u> 28 29 30 31 32 33 34 35 36 37																														
OWNER <u>GORDON, BRUCE</u> LAST NAME STREET OR RFD <u>4 PROFESSIONAL DRIVE</u> POST OFFICE <u>GAITHERSBURG, MD.</u>		DRILLERS IDENTIFICATION NO. <u>40</u>																																
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>3</td> <td></td> </tr> <tr> <td>Shale</td> <td>3</td> <td>40</td> <td></td> </tr> <tr> <td>SAND Stone</td> <td>40</td> <td>50</td> <td></td> </tr> <tr> <td>CLCA</td> <td>50</td> <td>55</td> <td></td> </tr> <tr> <td>SAND Stone</td> <td>55</td> <td>60</td> <td></td> </tr> <tr> <td>CLCA</td> <td>60</td> <td>300</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Top Soil	0	3		Shale	3	40		SAND Stone	40	50		CLCA	50	55		SAND Stone	55	60		CLCA	60	300		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES ☒ NO ☐ TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1200</u> GALLONS OF WATER <u>60</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) <u>39</u> FROM <u>0</u> FT. TO <u>39</u> FT. (ENTER 0 IF FROM SURFACE)		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING																															
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CLCA	60	300																																
CASING RECORD INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>52</u> 60 61 63 64 66 70		PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>3</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>1</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>40</u> (NEAREST FOOT) 17 20 WHEN PUMPING <u>300</u> (NEAREST FOOT) 22 25 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) ☒ AIR ☐ PISTON ☐ TURBINE ☐ CENTRIFUGAL ☐ ROTARY ☐ OTHER (DESCRIBE BELOW) ☐ JET ☐ SUBMERSIBLE																																
OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____		SCREEN RECORD INSERT APPROPRIATE CODE BELOW SCREEN TYPE OR OPEN HOLE ☒ STEEL ☐ BRASS OR BRONZE ☐ OPEN HOLE ☐ PLASTIC ☐ OTHER C 2 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) <u>170</u> <u>47</u> <u>300</u> 1 2 3 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1. _____ 2. _____ 3. _____																																
CIRCLE APPROPRIATE BOXES ☐ A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ☐ ELECTRIC LOG OBTAINED ☐ TEST WELL CONVERTED TO PRODUCTION WELL		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). <u>165'</u>																																
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME <u>George F. Eastern</u> (PLEASE PRINT) <u>George F. Eastern</u> SIGNATURE <u>George F. Eastern</u>		WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING ☐ LOG INDICATOR ☐ OTHER DATA AVAILABLE ☐																																



RESIDENCE OF: BIRCH + BOESSER Green
 14105 FOXHAWK ESTATE CLARKESVILLE PACE
 HIGHLAND MD 20777

LOT 14

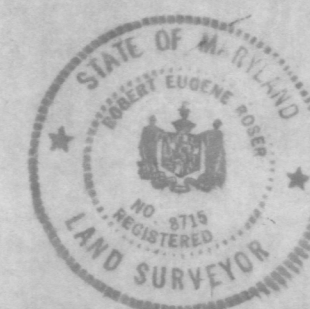
Hand-drawn survey map showing a 'Perc Test Area' with contour lines, a 'RIGHT-OF-WAY-USE-IN-COMMON' line, and various elevation points. The map includes a hatched 'Perc Test Area' with dimensions and bearings, and a 'RIGHT-OF-WAY-USE-IN-COMMON' line with a 'Reaving' line. Elevation points include 114.52 El. on top of iron pipe, 100.00 El. on top of line stake, 90.51 El., 91.267, 84.735, 81.756, 81.750, and 986°34'51"W 560.00. Contour lines are labeled 110, 100, 90, 80, and 70.

⊗ Denotes field location of perc test hole
Note: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Dept. of Health & Mental Hygiene.

Approved: Private Water & Private Server

Joyce M. Bryant 11-2-78
Howard County Health Officer Date

*) Designates Perc Test area



Robert E. Davis

C 4504

