Approved
11/2/2021

Save **Reset** **Cancel** **Help**

Record Detail * *(This section is required.)*

Permit Type: Building/Residential/Misc/Pool Spa
Permit Number: B21003496
Opened Date: 09/16/2021
Description of Work: SFD/ INSTALL A 45' X 24' INGROUND FREE FORM SWIMMING POOL, DEPTH 3' 6" TO 7', WITH FENCE TO CODE (PREVIOUSLY INSTALLED) & 1,275 SQ FT PATIO

check spelling

Address * *(This section is required.)*

Search **Reset** **Clear** **Get Parcel & Owner**

Street #: 4875
Street Name: TEN OAKS
Street Type: RD
Unit Type: --Select--
Unit #:
X Coordinate: -76.98284
Y Coordinate: 39.23902
City: DAYTON
State: MD
Zip Code: 21036
Primary: Yes

Parcel * *(This section is required.)*

Search **Reset** **Clear** **Get Address & Owner**

GIS ID *: 886948
Parcel: 42
Parcel Area: 3.88
Land Value: 264100
Improved Value: 553200
Exemption Value: 289100
Plan Area: RURAL
Legal Description: IMPSLOT 2 3.880 A[ ]4875 TEN OAKS RD[ ]ORNDORFF PROPERTY

check spelling

Block:
Lot: 2
Census Tract: 605101
Council Dist: 5
Inspection Dist:
Supervisor Dist:
Map #:
DAP Zone:
Plan Area:
State Tax Id: 1405411483
Subdivision Name: ORNDORFF PROP
Section:
Area:
Tax Map: 28
Grid: 28-8
Zoning District: RR-DEO
ADC Map: 4933-C2
SDP No.:
Final Plan No.:
WP File No.:
Primary: Yes
Record Plat No.: 8829
WS Contract No.:
FDP No.:
Owner Occupied: ○ Yes ○ No
Year Built: 1994
Historic District: ○ Yes ● No
Historic District Registry No.:
Stat Area: 5-02A
Flood Plain: ○ Yes ● No
Building No:

Owner * *(This section is required.)*

Search **Reset** **Clear**

Name *: KUFEL JEFFREY
Address Line 1: 4875 TEN OAKS RD
Address Line 2:
Address Line 3:
Mail City: DAYTON
Mail State: MD
Mail Zip Code: 21036
Phone: 410-827-0888
Primary: Yes
E-mail: chris.conley@coastalpoolbuilders.net
Cell Number:
Fax Number:

Professionals *(This section is not required.)*

Search **Reset** **Clear**

License # *: 08010097873
Business Name: COASTAL POOLS LLC
License Type *: MHIC Ind
First Name: BRADLEY
Middle Name:
Last Name: HULL
Primary: Yes
Address Line 1: 6608 OCEAN GATEWAY
Address Line 2:
City: QUEENSTOWN
State: MD
ZIP Code: 21658-0000
Phone 1: 4439266945
Phone 2:
Fax:
E-mail: BRAD@COASTALPOOLBUILDERS.NET

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type *: Applicant
First Name: Chris
MI:
Last Name: Conley
Relationship: Applicant
Full Name: CHRIS CONLEY
Primary: Yes
Organization Name: Coastal Pools
Street Address: 6608 Ocean Gateway
Address Line 2:
City: Queenstown
State: MD
Zip Code: 21658
Phone: 410-827-0888
Cell:
Fax:
E-mail *: chris.conley@coastalpoolbuilders.net

Addtl Info

Est Construction Cost *: 70000
Housing Units *: 0
Number of Buildings *: 0
Public Owned: No
Construction Type: 329 - Structures Other Than Buildings (Retaining Walls/Tents)

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *: ○ Yes ● No
Capital Project Number:
Fee Exempt *: ○ Yes ● No
Water Supply *: Private
Sewage Disposal *: Private
Existing Use: SFD
Type of Pool or Spa *: In Ground Pool
Electrical Permit Number:
Expiration Date: 3/16/2022

PAYMENT INFORMATION

Check 1:
Payee 1:
SAP Doc No:
SAP Entered:

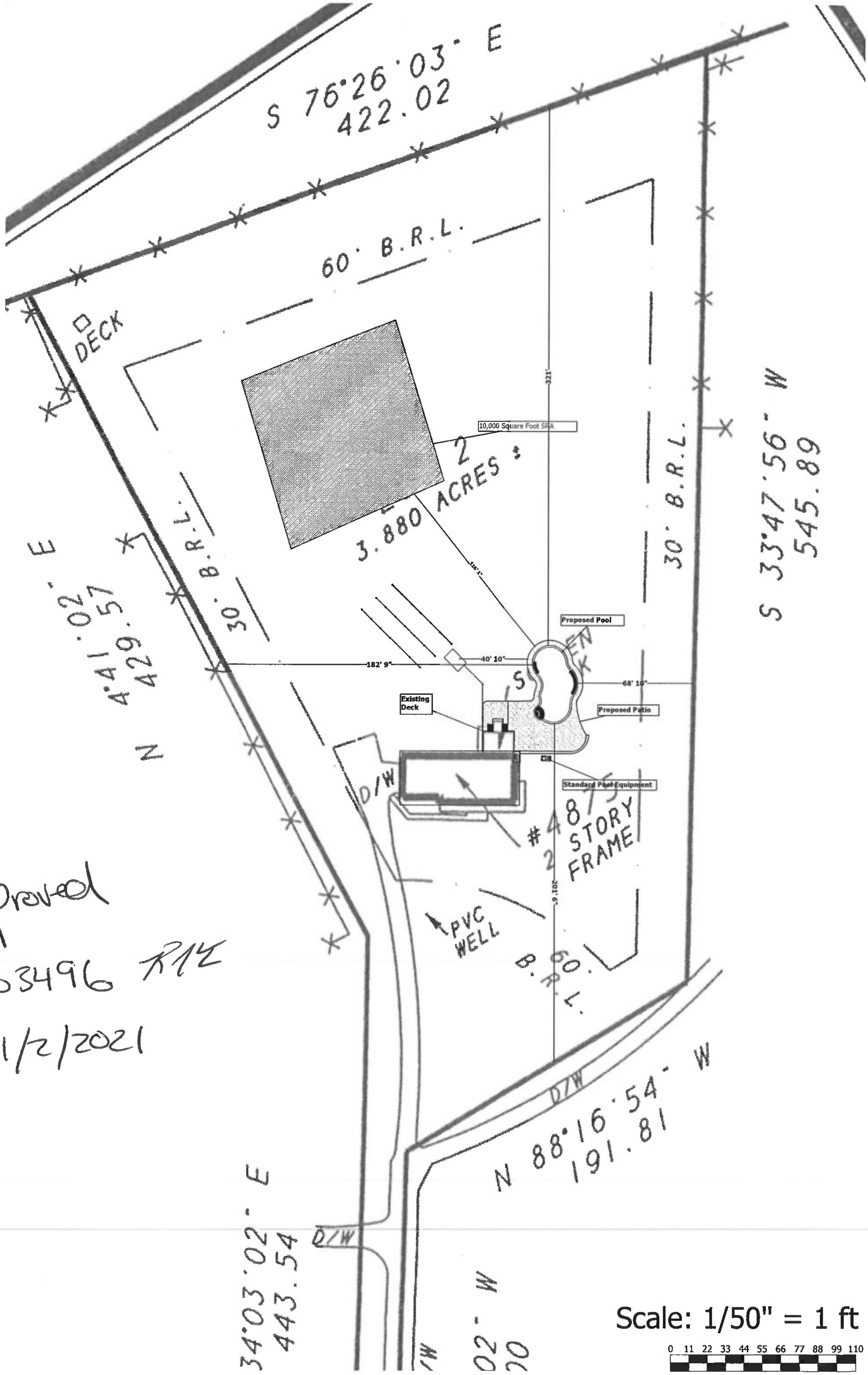
Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B21003496	Residential Pool or Spa Permit	Review In Process	4875	TEN OAKS	09/16/2021	SFD/ INSTALL A 45' X 24' INGROUND FREE FORM S
E21004699	Residential Electrical Addition Alteration Permit	Issued	4875	TEN OAKS	09/16/2021	Wire inground swimming pool & (2) bonding 410827647

Page 1 of 1 ‹ ›

Submit **Cancel**



Approved

B21003496 RLE

11/2/2021

~~10AM~~
~~2/24/94~~

Final → 2/25/94 (1:[illegible] P.M)

PERMIT 05-411483

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49890
A 41666
DISTRICT 5th
DATE 2/18/94
DATE SYSTEM APPROVED 2/25/94
INSPECTOR SKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXXX 313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Orndorff Property LOT 2 ROAD 4875 Ten Oaks Road

PROPERTY OWNER Bageant Homes, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the left front lot corner (intersection of the 443.54' and 429.57' lot lines), place the distribution box 145 feet down the 429.57' lot line and 90 feet off this same lot line. Run initial trenches toward left lot line, future trenches in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 2/17/94

PLANS APROVED BY Mark Rifkin DATE 4/23/92

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)

BLDG. PERMIT SIGNED
AND RETURNED 7/26/00
B00125626 Porch

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.

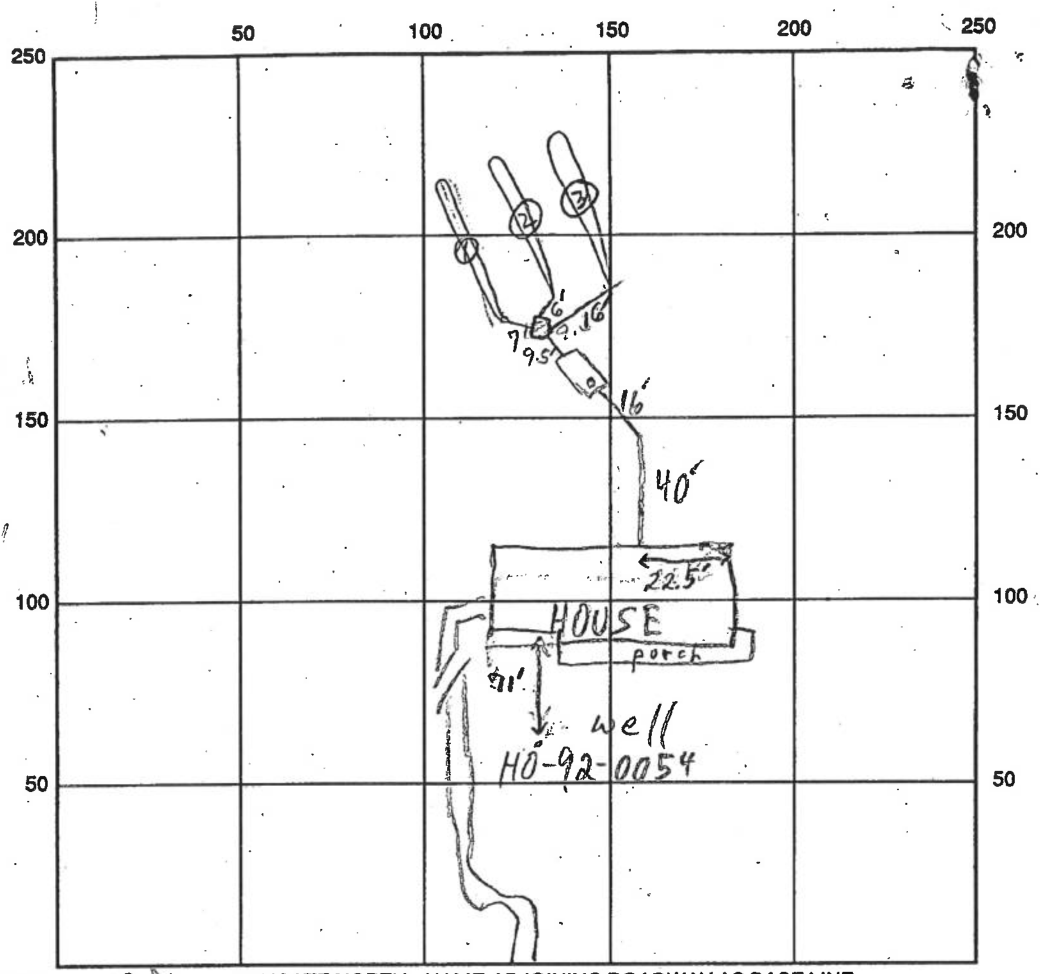
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 41666



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TEN OAKS RD

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - Baffle in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ① 80' ② 81' ③ 84' FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 2/24/94 OK TO CONTINUE MR
2/25/94 OK To cover all work SKS

DATE SYSTEM APPROVED 2/25/94 INSPECTOR

APPLICATION

A 41666

PERCOLATION TESTING

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 5-6-88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER ~~P.A. ORNDORFF~~ Bageant Homes Inc

ADDRESS 4901 TEN OAKS ROAD, Dayton, Md 21036 PHONE ~~(301) 531-2288~~ 531-6474

PROSPECTIVE BUYER

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION ORNDORFF PROPERTY LOT NO. Lot 2 on perc cert. 10/11/88

ROAD AND DESCRIPTION EAST SIDE OF TEN OAKS ROAD; WEST OF Md. Rte 32.
(4875 Ten Oaks Road)

TAX MAP 28 PARCEL # 42

SIZE OF LOT 3.8 ACRES 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. Peggy A. Orndorff
(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

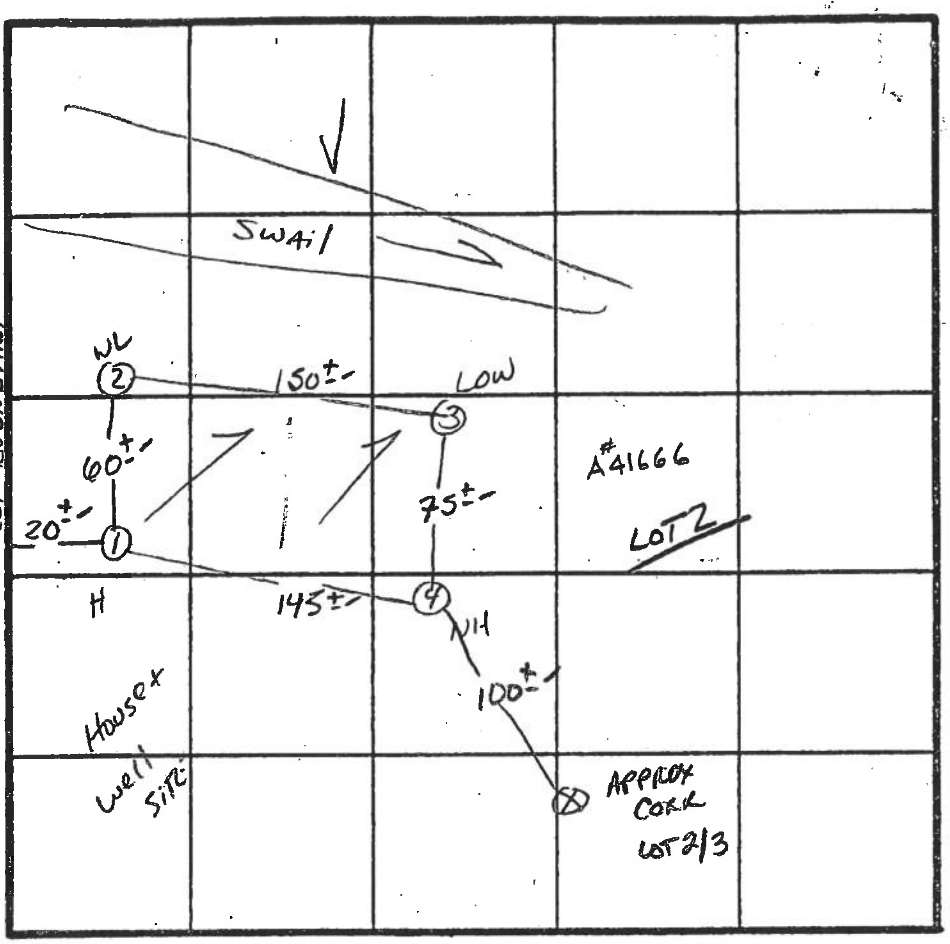
REASONS FOR REJECTION OR HOLDING 6-27-88 Perc Satisfactory - Hold for Plat. S. Abel

BLDG. PERMIT SIGNED
AND RETURNED 11/15/93
Serial # 57307.

THIS IS NOT A PERMIT

②-④
SOIL PROFILE

0'
AP Hx
7-9"
Yell. BR
SiltLOAM
w/ PINK
CAST OF
SANDLOAM
10-15%
FRAGS
3-3.5'
Yellow BR
w/ PINK
CASTS
Highly
MICACEOUS
Silty SAND
LM. <10% FRAGS



x̄ PERC
4 MIN
180 Ø 1BR
INLET 3.5'
BOTTOM 5.5'

①
0
AP Hx
7"
YellowBR
SiltLOAM
<10% FRAGS
SMALL BAND
OF Lg. QUARTZITE
AT 3-3.5'
3.5'
Yellow BR
w/ PINK CASTS
SiltLOAM
Highly
MICACEOUS
15-20%
FRAGS
12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/27/88	1 S M	4" 8"	10:45 10:45	10:47 10:46	10:47 10:46	10:51 10:49	4 min 3 min
	1 V	12.5	UNIFORM Soil below 3.0'-3.5' SMALL LAYER OF QUARTZITE				
	2 S V	4" 12"	10:44 UNIFORM Soil below 3.0'	10:45:30	10:45:30	10:49	3.5 min
	3 S V	5' 12'	10:42 UNIFORM Soil (Rock Profile) below 3.5'	10:43	10:43	10:45	2 min
	4 V	12"	UNIFORM Soil below 3.0'				

REMARKS Shallow SYST DUE TO LANDSCAPE POSITION

TYPE OF SOIL Glenelg - Chester Gravelly Loam

TESTED BY S. Abel ALSO PRESENT ORNDORFF & Co.

EMERGENCY/TEMP NO. IF ANY

B 1 3901 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

STATE PERMIT NUMBER
HO-92-0054
fill in this form completely

Date Received (APA) 031792

OWNER INFORMATION

Last Name Owner First Name: PAGEANT HOMES
Street or RFD: 4714 LINTHICUM RD
Town: DAYTON State: MD Zip: 21036

DRILLER INFORMATION

Driller's Name: George F. Easterday &x0
License No.: 40
Firm Name: L. Franklin Easterday, Inc.
Address: 9265 Brown Church Rd.,Mt. Airy, Md. 21771
Signature: George F. Easterday
Date: 3-13-92

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

[✓ D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

ORNDORFF

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
[✓ AIR-ROTary] AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR 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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP
FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-92-0054

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY: HOWARD
SUBDIVISION: ~~TEN OAKS FARMS~~
SECTION
LOT 2 ORNDORFF PROP.
NEAREST TOWN: DAYTON
MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N NE E SE S SW W NW TOWN

NEAR WHAT ROAD: TEN OAKS RD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 32 [✓ EAST] SOUTH
DISTANCE FROM ROAD 900
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard
COUNTY NO.: A 41666
STATE SIGNATURE
INSERT S
DATE ISSUED 042292
CO SIGNATURE: Mark E. Rollen
EXP. DATE 10/22/92
NORTH GRID 512000
EAST GRID 0805000

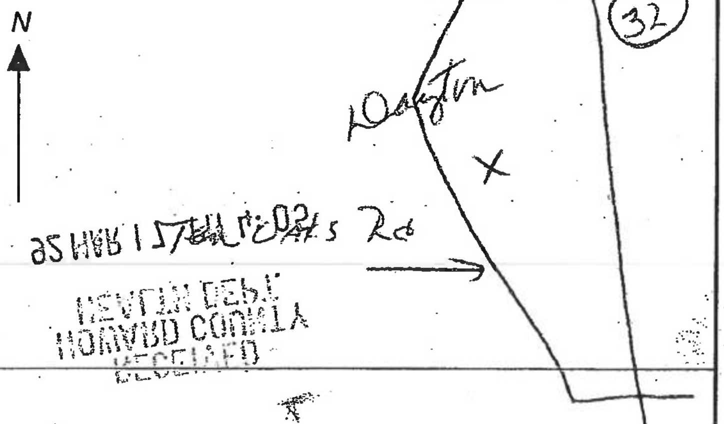
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 80~~6~~5
N 51~~0~~2

4/28/92 AM
15 BAGS GROUT OK
63' CASING NOT OBS'D
50' OPEN
2' CASING A.G.
LOC. OK 4/28/92
000 000 ✓TAG OK MR

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



92 MAR 17
RECEIVED
HOWARD COUNTY
HEALTH DEPT.

COUNTY

C 1 - 9296 SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER A41666

ST/CO USE ONLY DATE Received ☐☐☐☐☐☐

DATE WELL COMPLETED 042892

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0054

OWNER Bagrant Homes (last name) (first name)

STREET OR RFD Ten Oaks Rd TOWN Dayton

SUBDIVISION Ten Oaks Farms SECTION ____ LOT 2

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
Topsoil	0	1	
Clay	1	4	
Br. Mica	4	35	
Sandstone	35	45	
Tan Mica	45	52	
Granite	52	75	
Gray Mica	75	165	
Sandstone	165	185	
Granite	185	205	
Sandstone	205	215	✓
Granite	215	300	

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

George F. [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) [✓ Y] yes N no

TYPE OF GROUTING MATERIAL

[✓ CM] CEMENT BC BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 49 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST

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

Total depth of main casing (nearest foot) 15

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

DEPTH (nearest ft.)

1	HO	18	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ☐☐☐☐☐ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ☐

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

T ☐ TELESCOPE CASING (E.R.O.S.) ☐ LOG INDICATOR W Q ☐☐☐ OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 130

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet [✓ S submersible]

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES [✓ NO]

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: ☐

CAPACITY: GALLONS PER MINUTE (to nearest gallon) ☐☐☐☐☐

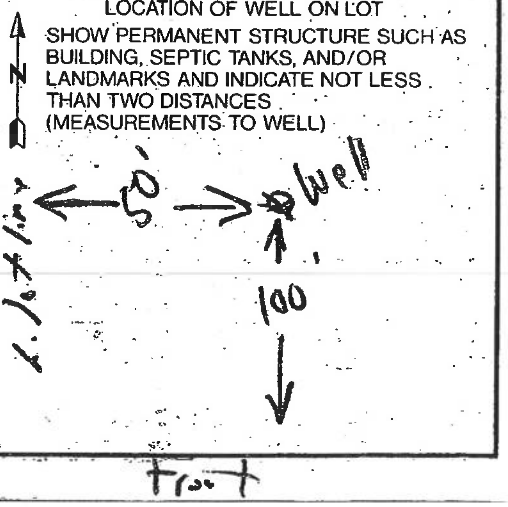
PUMP HORSE POWER ☐☐☐☐☐

PUMP COLUMN LENGTH (nearest ft.) ☐☐☐☐☐

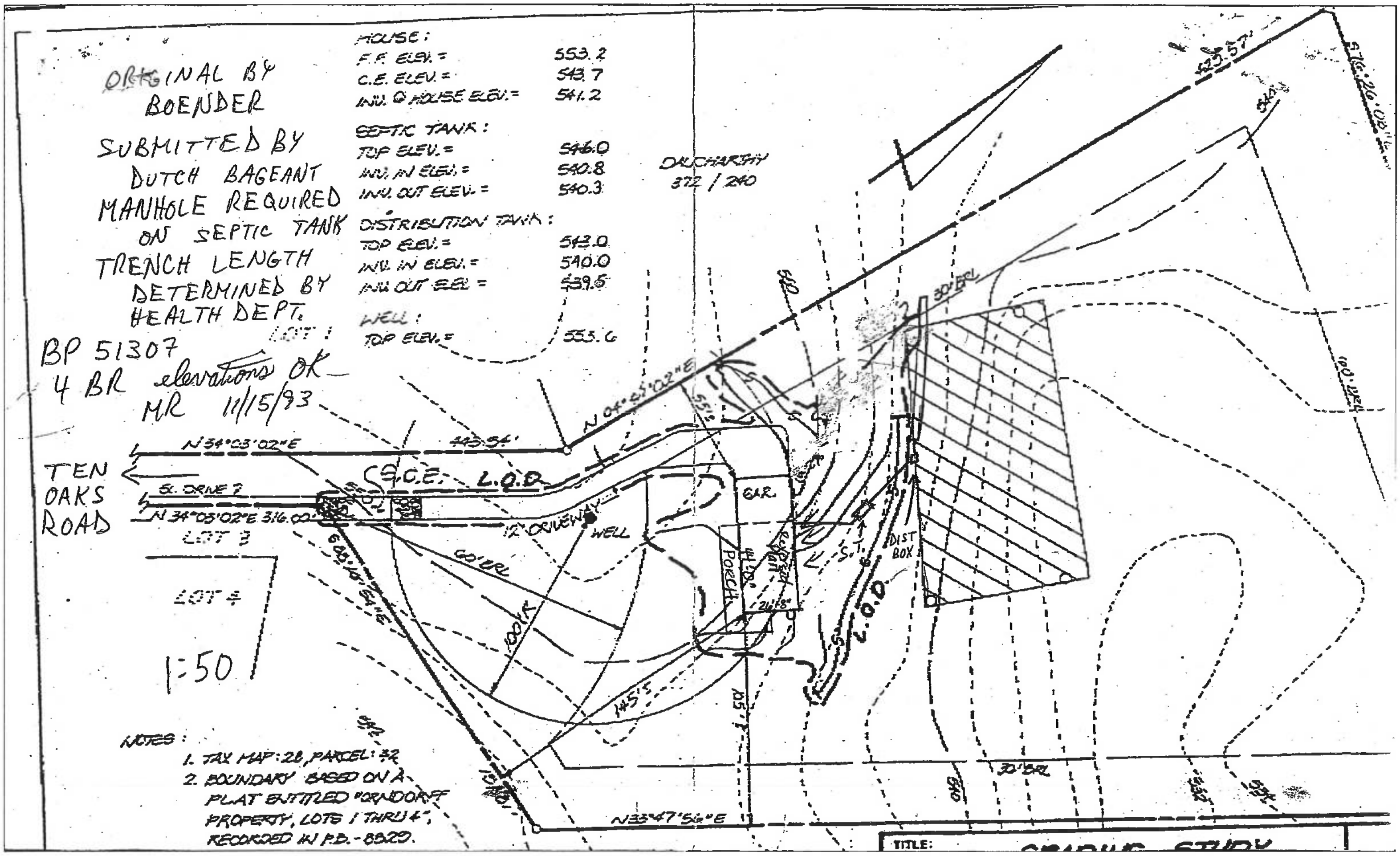
CASING HEIGHT (circle appropriate box and enter casing height) [✓ + above] − below LAND SURFACE 2 (nearest foot)

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)



COUNTY



~~ORIG~~INAL BY
BOENDER

SUBMITTED BY
DUTCH BAGEANT
MANHOLE REQUIRED
ON SEPTIC TANK
TRENCH LENGTH
DETERMINED BY
HEALTH DEPT.

BP 51307
4 BR elevations OK
MR 11/15/93

HOUSE:
F.F. ELEV. = 553.2
C.E. ELEV. = 543.7
INV. @ HOUSE ELEV. = 541.2

SEPTIC TANK:
TOP ELEV. = 546.0
INV. IN ELEV. = 540.8
INV. OUT ELEV. = 540.3

DISTRIBUTION TANK:
TOP ELEV. = 543.0
INV. IN ELEV. = 540.0
INV. OUT ELEV. = 539.5

WELL:
TOP ELEV. = 553.6

NOTES:
1. TAX MAP: 28, PARCEL: 32
2. BOUNDARY BASED ON A PLAT ENTITLED "ORNDORFF PROPERTY, LOTS 1 THRU 4", RECORDED IN P.B. - 85.29.

1:50