03-312038

PERMIT

MARYLAND STATE DEPARTMENT OF HEALTH'

39507

3rd

INDEXED HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

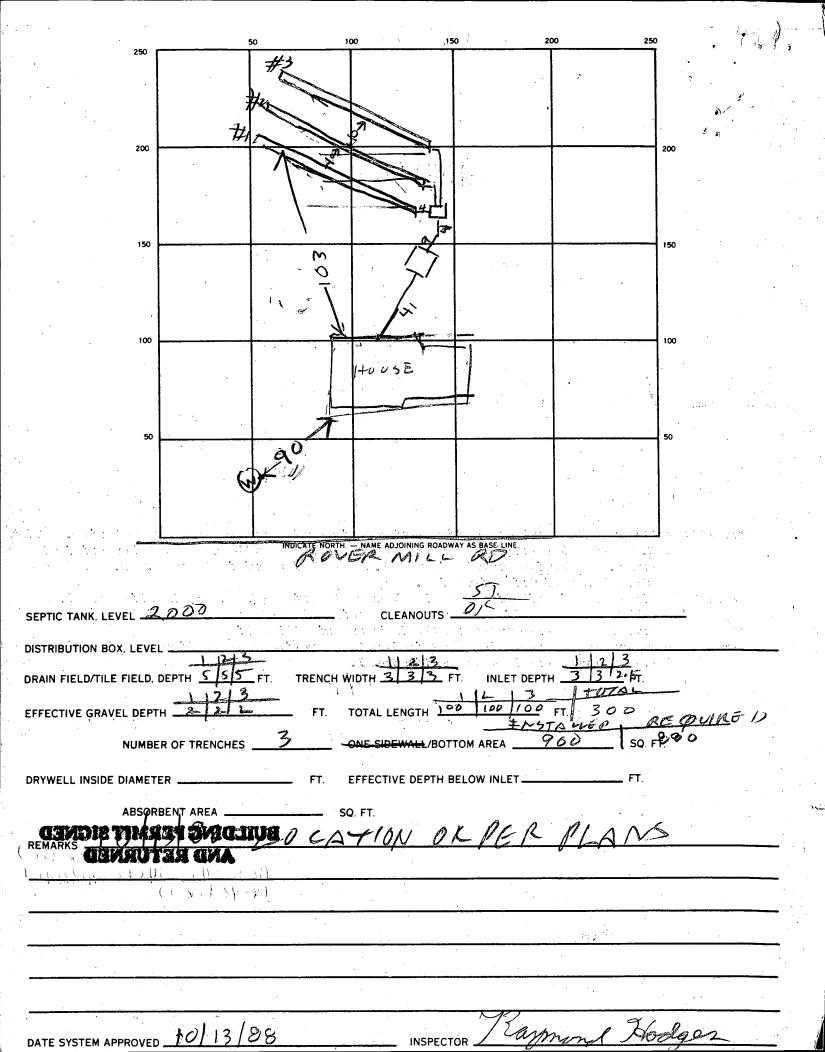
PERMIT VOID AFTER TWO YEARS.

| | · | | | |
|---------------------|---|---|--------------------------------|---|
| | Jack Fyock | · . | _ IS PERMITTED TO INSTAL | LX ALTER |
| | | | * | |
| ADDRESS | | , ' | PHONE98 | 8-9270 |
| SUBDIVISION | Rover Meadows | | ver Mill Road LOT | 4 |
| PROPERTY OWNE | R | In Kopler | MR + MR | 1/30/90 1/30/90 |
| ADDRESS | | | | 730/90 |
| IF GARBAGE GRIN | NDER IS USED INCREASE SEPTIC | TANK CAPACITY BY 50% AND AB | SORPTION AREA BY 22%. | |
| | ** | | • | |
| GARBAGE GRINDE | ER? YES X NO _ | · | 1 | |
| | | · \ . | | |
| SEPTIC TANK CAP | PACITY 2000 GALLONS | NUMBER OF BEDROOMS | <u>4</u> | |
| | 220 | , | | |
| TRENCHES | | droom with garbage dis | | |
| | | ginal grade. Bottom m | - | - |
| | | <u>rea begins at 3.0 fee</u> | <u>t below original g</u> | rade. 2.0 feet of |
| | stone below distrib | | | 7 |
| LOCATION | | ion box 215 feet up t | | |
| • | • | ne as seen when facin | - | er Mili Road. Run |
| | | toward the left and | | 7 |
| NOTE | No trench to exceed cap to grade or abo | l 100 feet in length. ove on septic tank!. | Provide 6" - 8" d | lameter cleanout and |
| | | 01451 | \ | |
| PLANS APPROVED BY | | Sid Abel | DA | те <u>12/14/87</u> |
| COVER NO WORK IIN | TIL INSPECTED AND APPROVED. | • | | |
| | | | | |
| NEITHER THE HOWAR | RD COUNTY COUNCIL NOR THE HEALTH | DEPARTMENT IS RESPONSIBLE FOR THE | SUCCESSFUL OPERATION OF AN | Y SYSTEM. |
| NOTE: CLEANOUT R | EQUIRED EVERY 70 FEET OF SEWER LIF | NE AND/OR AT 90° SWEEPS IN LINES FR | OM HOUSE TO DRAIN FIELDS. | • |
| NOTE: ALL PARTS OF | F SEPTIC SYSTEMS (I.E., TANK, DISTRIBUT | TION BOX, TRENCHES) TO BE 100 FEET FR | OM WELL. (UNLESS OTHERWISE SPE | CIFICALLY AUTHORIZED) |
| NOTE: IF DEEP TREM | NCH(ES) ARE USED CALL FOR INSPECTION | ON BEFORE AND AFTER PLACING GRAVE | L IN TRENCHBUILDING | PERMIT SIGNED |
| NOTE: NO DRY WELL | L SHALL EXCEED 15 FOOT IN DIAMETER | R. NO ABSORPTION TRENCH TO EXCEED | 100 FEET IN LENGTH. | RETURNEDS-23-02 |
| NOTE: ALL PIPE FRO | OM HOUSE TO SEPTIC TANK MUST BE CA | AST IRON OR SCHEDULE 40 PVC OR ABS | BUD13645 | 8-14XI8 SUIRAAM & |
| DEPMIT VOID AFTER 1 | TWO YEARS | | DECK 18X | (22 |

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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 PVC OR ABS

ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.



APPLICATION

39507 SEWAGE DISPOSAL TESTING STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES** P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 April 20, 1987 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. John A Boender PROPERTY LOCATION: POUR MRADOWS 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.

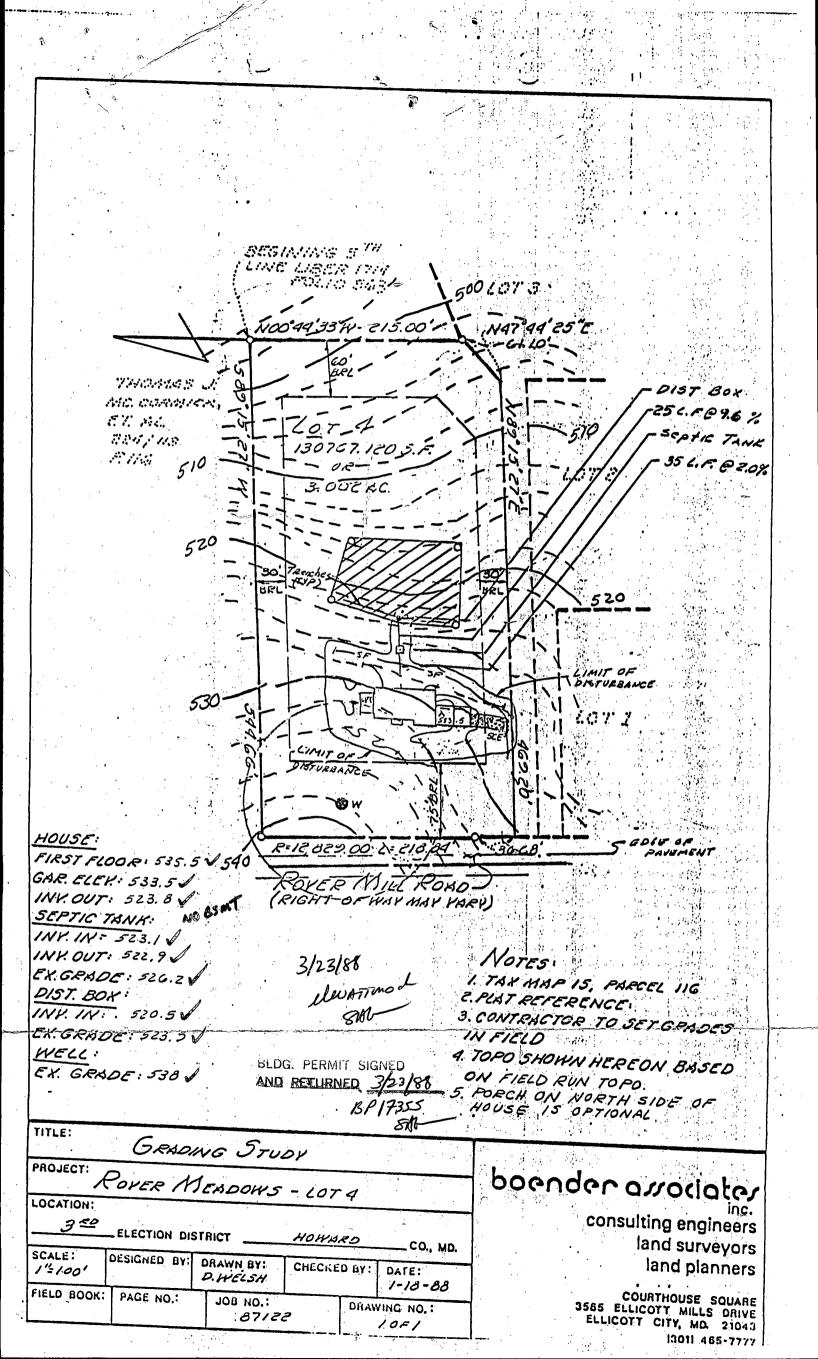
THIS IS NOT A PERMIT

LOT # 5 new 0-SOIL PROFILE AP RED YEllow Silfy CLAY WARM 10-2096 Lot 2 New I Penc 6 MIN 180 \$1BR FRAGS 3-3,5 RED BA. INLET 3 SilMonn Bomm 5' Micheous LOW 15-20% FRAGMENTS LOT4 same 1 new 12-13 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

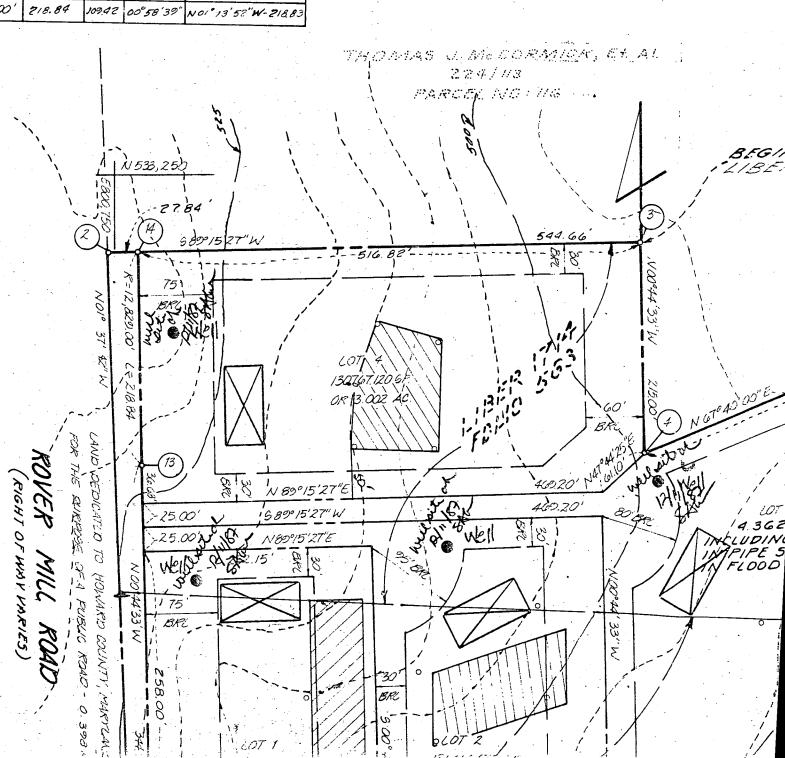
| | | | Rover M | lill Rd. | ASE LINE. | | |
|---------|----------------|-------------|---------------------------------|------------------|---------------|--------|------|
| DATE | TEST NO. | DEPTH | PRE START | -WET STOP | TEST START | I DROP | TIME |
| 5/27/87 | / S | 3,5 13 v | 11:08 WIFORM S | 11:09 | 11:09 | 11:11 | ZMIN |
| | 2^{S}_{M} | 35- | 11:10 | 11:13 | 11:13 | 11:19 | 6 Mi |
| | 2V | 12.5 | UNIFORM . | | | 11122 | O MI |
| | 35 | 105 | UNIFORM . 11:14 UNIFORM « | 1:15 01 below | 1115 | 1117 | 2 M) |
| | 45 | 3.51 | IIII6 VIFORM SOI | 11:17 | 11:17 | 11,20 | BMIN |
| | 5 5 | 4- | 11/20 RD BOTEM | | 11,26 | 11:38 | 12M) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| REMARKS | Penc As | STAKED PER | C PLUT. | | | |
|------------|------------|------------|---------|----|---------|---|
| TYPE OF SO | OIL ChesTA | | | ns | | |
| | S N. I | | | | DONALLE | 0 |

EH-12-1079



| ORDINATE | SCHEDULE | l L | CUR | VE L | DATA | Annual Control of the | | |
|-----------------|-------------|-------|------------|--|-------------------------|--|---------------------|---------------------------------------|
| DRTH . | EAST | 1/0. | RADIUS | LENGTH | TAN | Δ | CHO BEARING & DIST. | |
| 400.888 | 800,768.39/ | 11-12 | 1,680.00' | 207.72' | 103.99 | 070503 | NO2°47'58"E-207.58 | , |
| 169.905 | 800746.530 | 13-14 | 12,829.00' | 218.84 | 109.42 | 00°58'39" | NOI 13'58"W-21883 | |
| 176963 | 801,201.146 | | | | | * . | | |
| 261.981 | 801,293.932 | | | | 1 | | | THOMAS U. M. CORMICK, C |
| 176.500 | 801,816.121 | | | - | - | | | 224/1/3 |
| 176.441 | 801,661.222 | | | | | • | · · | PARCEK NOTHE |
| 783.259 | 801,505.4/3 | | | • | | | 8 | |
| 702.471 | 801,488.692 | | • | 1 | | \(\sigma\) | 41 | |
| 190.595 | 801,304.876 | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <u> </u> -> | 1 | | " " " " " " " " " " " " " " " " " " " |
| 3 <i>H</i> :522 | 801,079.9xP | | | `\ | 1/2 | N 533,25 | } / \ | |
| 399.499 | 800,773.403 | | | \ | 122 | | | |
| 06.836 | 800,783.542 | | | , | - 72 | 7-27 | 84 | |
| D51.483 | 800,779.075 | | | (| 2)8 | (4) | 689°1527"W | 544.66 |
| 0.265 | 800,774.373 | • | | <u> </u> | $\checkmark \downarrow$ | | 007/5KIN | T-516 82 |
| | | | | | NO1° 37 | K=12,820.00 | | |
| | | | | 7 | W. W. W. | 0° C= 2/8.84 | | 130767,1206F 08 13.002 AC |



| B 7 9366 SEQUENCE NO. (OEP USE ONLY) | STATE OF | MARYLAND | OEP PERMIT NUMBER |
|--|---|---|---|
| 1 2 3 6, | PERMIT TO | DRILL WELL | 40-811-0474 |
| ③ ¶THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL-CARDS) | please pr | int or type | fill in this form completely 79 |
| Date Received | +toni | B 3 | LOCATION OF WELL |
| OWNER INFORMA | A I I QN | B COUNTY | 21 |
| BOCMDER HSSOC TS Last Name Owner | First Name 34 | ROVERS | -alcus |
| 3 S G S F A A I G A A A Street or RED | WIALOR | 23 SUBDIVISION SECTION | 42 |
| ELLIGOTH CIAN | m09/643 | SECTION 44 46 | LOT [65] 48 50 |
| | Statë 72 Zip 76 | 52 NEAREST TOWN | 1/8/1/5/H// |
| DRILLER INFORMATIO |)N [2]3[7] | MILES FROM TOWN (ent | er 0 if in town) $\begin{bmatrix} \mathbb{Z} & \mathbb{Z} \\ \mathbb{Z} \end{bmatrix} = \begin{bmatrix} \mathbb{M} & \mathbb{I} \\ \mathbb{Z} & \mathbb{Z} \end{bmatrix}$ |
| Driller's Name | 77 License No. 80 | B 4 | |
| Firm'Name W | A = 1074 | DIRECTION OF WELL FROM TOWN (CIRCLE BOX) | 11 NEAR WHAT ROAD 30 |
| Address Red Ped. Mate. Waine | 4 my 2 1971 | N N | NORTH |
| Signature Signat | 10/8/87 Bate | NW 8-9 8-9 | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SEAST |
| B 2 WELL INFORMATION | | TOWN E | SOUTH |
| ÄPPROX. PUMPING RATE (GAL. PER MIN.) | 12 | 8 8 | 34 🔰 🔊 37 |
| AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) | 20 | $\begin{bmatrix} S \\ W \\ 8 \end{bmatrix} \begin{bmatrix} S \\ S \end{bmatrix} \begin{bmatrix} S_E \\ 8-9 \end{bmatrix}$ | DISTANCE FROM ROAD ENTER FT OF MI |
| USE FOR WATER (CIRCLE APPRO | OPRIATE BOX) | | NOT TO BE FILLED IN BY DRILLER |
| HOME (SINGLE OR DOUBLE HOUSEH) | ' | 1.187.100 | HEALTH DEPARTMENT APPROVAL |
| FARMING (LIVESTOCK WATERING & A | · ' | COUNTY NAME | COUNTYNO |
| 22 INDUSTRIAL, COMMERCIAL, STATE AI OTHER (REQUIRES APPROPRIATION F | | OEP SIGNATURE | STATE HEALTH INSERT S |
| PUBLIC OR PRIVATE WATER COMPAN P APPROPRIATION PERMIT AND STATE H | | DATE ISSUED | 8 Nilon 06/16/58 |
| APPROVAL) TEST, OBSERVATION, MONITORING (N | MAY REQUIRE | NORTH 2200 | O SIGNATURE/ EXP. DATE O EAST A C O O O |
| APPROPRIATION PERMIT) | The Golffe | GRID 50 | 55 57 63 |
| APPROXIMATE DEPTH OF WELL 20 C | FEET | SHOW MAJOR FEATUR BOX & LOCATE WELL _ WITH AN X | ES OF 1/4/88 12730 |
| 24 | 28 NEAREST | SOURCES OF DRILLING | WATER 49' PIPE |
| APPROXIMATE DIAMETER OF WELL | INCH , | 1. WE &C | 44 OREN |
| METHOD OF DRILLING (| | 3. | BAGS CEMENT-LEFT Botone |
| BORED (or Augered) JETTED 30 AIR=ROTary AIR-PERcussion RO | Jetted & <u>DRIVEN</u> TARY (Hydraulic Rotary) | WRITE THE BOX NUMB | ER COMPLETE |
| CABLE REVerse-ROTary | DRive-POINT | ↓ | HUSAM/- |
| other | | E god | S.Alex |
| REPLACEMENT OR DEEPENE | D WELLS | N 53 | 3 |
| (CIRCLE APPROPRIATE BO | OX) | | W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE |
| THIS WELL WILL NOT REPLACE AN E | | 4 | TO NEAREST ROAD JUNCTION west & recorder |
| ABANDONED AND SEALED | | N | |
| 39 S THIS WELL WILL REPLACE A WELL THE | | | 18 - weer |
| D THIS WELL WILL DEEPEN AN EXISTIN | | S S | |
| PERMIT NUMBER OF WELL TO BE REPLAC | CED OR DEEPENDED | | M2- |
| Not to be filled in by driller (OEP L | JSE ONLY) | | Roman Will RI |
| l | AP | راب. به | 13 |
| 54 SOROE A WRITE SERVICE AND | 63 | | 3 |
| FORCE NITIALS PERMIT NO. | 73 74 75 76 77 78 799 | | sell four of |
| SPECIAL CONDITIONS | | | mill P.S. |

| c 1 2084 | | NCE NO. SE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED: |
|---|---|--|--|--|
| (THIS NUMBER IS TO BE FIN COLORS 6 ON ALL CAR | | | FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | COUNTY A 39506 |
| DATE Received | DATE WE | ELL COMPLE | ED Depth of Well | PERMIT NO. FROM "PERMIT TO DRILL WELL". |
| | 01 | 0488 | 22 / 44.5 26 | MIC-811-121417141 |
| 8 2 13 . OWNER 8 | 15 A<< | OC IATE | S BOSIDER | 28 29 30 31 32 33 34 35 36 437 |
| | lastname | | | WEST FRIENDSHIP |
| SUBDIVISION RTU | re | MEAT | | LOT 4 |
| WELL Not required fo | r driven w | | WELL HAS BEEN GROUTED (Circle Appropriate Box) | C 3 |
| STATE THE KIND OF | R COLOR, | , DEPTH, | (Circle Appropriate Box) TYPE OF GROUTING MATERIAL | PUMPING TEST HOURS PUMPED (nearest hour) |
| THICKNESS AND IF DESCRIPTION (Use | FEET | | CEMENT CM BENTONITE CLAY BC | 8 9 |
| additional sheets if needed) | FROM | TO bearing | NO. OF BAGSNO. OF POUNDS | PUMPING RATE (gal. per min. 15 to nearest gal.) |
| Sheli | <u></u> | 45 | GALLONS OF WATER | METHOD USED TO MEASURE PUMPING RATE Bucket |
| | | | from 6 to 4 form 5 to 6 ft. 10 ft. | WATER LEVEL (distance from land surface) |
| n/. | 45 | 145 0 | (enter 0 if from surface) casing CASING RECORD | BEFORE PUMPING 3 6 20 |
| Gray Mica Yock | | | types | WHEN PUMPING 55 |
| 1 ock | ٠ | A. A. C. | (appropriate) STEEL CONCRETE | TYPE OF PUMP USED (for test) |
| | | | code below PLASTIC OTHER | A air P piston T turbine |
| | | | MAIN Nominal diameter Total depth | C centrifugal R rotary O (describe |
| | - | | CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | 27 (de33/16c 27 below) |
| ** | | | | J jet S submersible |
| | | | 60 61 63 64 66 70 | |
| | - | | E OTHER CASING (if used) A diameter depth (feet) | PUMP INSTALLED |
| 1 . | | | inch from to | DRILLER WILL INSTALL PUMP YES (NO) |
| , | | | S | (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION |
| | | | | MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE |
| | | | screen type SCREEN RECORD or open hole | TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) |
| | | | insert appropriate STEEL BRASS OPEN | IN BOX-SEE ABOVE: CAPACITY: CAP |
| | | | code below BRONZE HOLE PL OT | GALLONS PER MINUTE (to nearest gallon) 31 35 |
| | | | PLASTIC OTHER | PUMP HORSE POWER |
| | | | C 2 7 | PUMP COLUMN LENGTH |
| | | 4- | DEPTH (nearest ft.) | (nearest ft.) CASING HEIGHT (circle appropriate box |
| | | | A 8 9 11 15 17 21 | and enter casing height) |
| - 10 miles | | | H ₂ C 23 24 26 30 32 36 | LAND SURFACE (nearest |
| CIRCLE APPRO | | | | 49 foot) |
| A A WELL WAS ABANG | | | E 38 39 41 45 47 51 | LOCATION OF WELL ON LOTA SHOW PERMANENT STRUCTURE SUCH AS |
| E ELECTRIC LOG OBTA | AINED | • | SLOT SIZE 1 2 3 | BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS |
| P TEST WELL CONVER | RTED TO P | RODUCTION | OF SCREEN 56 (NEAREST INCH) | THAN TWO DISTANCES (MEASUREMENTS TO WELL) |
| I HEREBY CERTIFY THAT THIS WEL ACCORDANCE WITH COMAR 10. | 17.13 "WELL | CONSTRUCTION | from to | |
| AND IN CONFORMANCE WITH A'L ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE | ND THAT TH | HE, INFORMATIO | IF WELL DRILLED WAS | 6 12 |
| OF MY KNOWLEDGE | 777 | | FLOWING WELL INSERT F IN BOX 68 68 | |
| | 1 2 2 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 | 710 | OEP USE ONLY (NOT TO BE FILLED IN BY DATLLER) | 0.00 |
| DRILLERS SIGNATURE | | y war form | T (E.R.O.S.) , WQ | |
| (MUST MATCH SIGNATUR | E ON APP | 'LICATION) | 70 72 74 75 76 | . 10 |
| SITE SUPERVISOR (sign. o | | | TELESCOPE LOG OTHER DATA | The second contract of |
| responsible for sitework if | aitterent fi | rom permitte | CASING INDICATOR | |

HEALTH

10/11/88

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

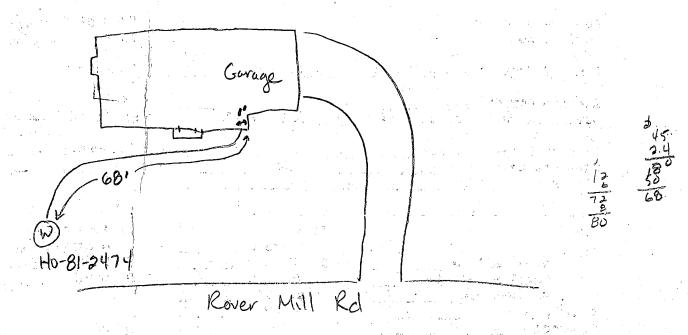
APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

| | -, | -, |
|--------------------------------|---|------------------------|
| New Installation X Replacement | | Receipt # 4/2255 Date |
| Name of Installer W.W.King Plb | g. &#Htg. Contr., Inc.</th><th>Telephone 301-662-6990</th></tr><tr><th>$\begin{array}{c} \textbf{License Number} & \underline{\text{MD.}} & 2217 \\ \textbf{Certified Well Pump Installer} \end{array}$</th><th> Well Driller R</th><th>egistered Plumber X</th></tr><tr><th>Name of Property Owner Conn Subdivision Rover Meadows Site Address 13890 Rover Mill</th><th>Lot # <u>/</u> Well</th><th>elephone 3<u>01-799-5988</u> Tag # <u>HO - 81 - 2474</u></th></tr><tr><th></th><th>Matan</th><th>Pitless Adapter</th></tr><tr><th>Pump 1. Type</th><th>Motor 1. Horsepower <u>½</u></th><th>1. Make <u>Martinson</u></th></tr><tr><th>a. Deep well jet</th><th>2. RPM3500</th><th>2. Model # RP_10K</th></tr><tr><th>b. Shallow well jet</th><th>3. Voltage</th><th>3. Depth <u>4.2°° min</u> 60° max</th></tr><tr><th>c. Submersible</th><th>a. 110</th><th>60" max</th></tr><tr><th>2. Make Goulds</th><th>b. 220 X</th><th></th></tr><tr><th>3. Model # <u>5FSO5422</u> 4. Capacity <u>5</u> GPM</th><th></th><th></th></tr><tr><th>4. Capacity GPM</th><th> v</th><th></th></tr><tr><th>5. Pump exceeds well capacity</th><th>Yes No A</th><th></th></tr><tr><th>6. If Yes, is low pressure cut</th><th>off switch installed? Ye</th><th>S NO</th></tr><tr><th>7. What methods are used to pr vibrations? Torque arrest</th><th>ore Cable quards</th><th>X Other</th></tr><tr><th>vibracions. Torque arrest</th><th>ors capic gadras _</th><th></th></tr><tr><th>Tank</th><th>Piping</th><th>Well data</th></tr><tr><th>1. Capacity 42</th><th>1. Type plastic 160#</th><th>1. Depth <u>\$45</u> ft.</th></tr><tr><th>2. Pressure relief</th><th>2. Size</th><th>2. Yield <u>15</u> GPM</th></tr><tr><th>valve? _751b</th><th>3. NSF and/or BOCA Code approved X</th><th>3. Static wäter</th></tr><tr><th></th><th>Code approved X</th><th>levelft.</th></tr><tr><th></th><th>4. Depth of supply</th><th>4. Will water supply</th></tr><tr><th></th><th>line 42" min</th><th>be disinfected by</th></tr><tr><th></th><th>60" mas</th><th>installer? yes</th></tr><tr><th>I understand that it is my r Department when the installati is null and void).</th><th>esponsibility to notify the on is ready for inspection</th><th>ne Howard County Health (otherwise this permit</th></tr><tr><th>All information given above is</th><th></th><th>owledge.</th></tr><tr><th>Signat</th><th>ure of Applicant: Wat</th><th>te w/h</th></tr><tr><th></th><th>Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</th><th>7-88 0</th></tr><tr><th>Note: A sticker indicating ap</th><th>proval/status of the insta</th><th>allation will be placed</th></tr></tbody></table> | |

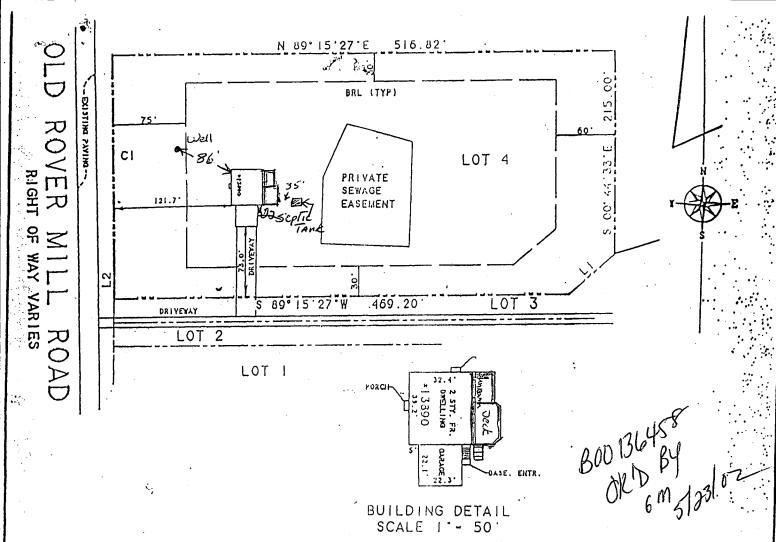
HD-215

on the well casing at the time of the inspection

X.



10-14-88 Pitless adaptor at BB inches, well line, electric and ground line at 54 inches in trench. House connection Ok. Pump tank installed w/relief valve. JENadeau.



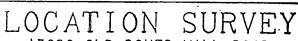
I HEREBY CERTIFY THAT THE PROPERTY DELINEATED HEREON IS IN ACCORDANCE WITH THE PLAT OF SUBDIVISION AND/OR DEED OF RECORD. THAT THE IMPROVEMENTS WERE LOCATED BY ACCEPTED FIELD PRACTICES AND INCLUDE PERMANENT VISIBLE STRUCTURES. AND ENCROACHMENTS. IF ANY THIS PLAT IS NOT FOR DETERMINING PROPERTY LINES. BUT PREPARED FOR THE EXCLUSIVE USE OF PRESENT OWNERS AND ALSO THOSE WHO. PURCHASE, MORTGAGE OR GUARANTEE THE TITLE THERETO, WITHIN SIX MONTHS FROM THE DATE HEREOF, AND AS TO THEM, I WARRANT THE ACCURACY OF THIS PLAT.

25/94

MARK C. MARTIN .

DATE

PROFESSIONAL LAND SURVEYOR NO. 10884



13890 OLD ROVER MILL ROAD LOT 4

ROVER MEADOWS

PLAT NO. 7609

HOWARD COUNTY. MARYLAND

SCALE 1 - 100' JANUARY 25. 1994

SURVEY & DESIGN, INC.

5710 EXECUTIVE DRIVE SUITE 100 CATONSVILLE. MARYLAND 21228 410-788-4445

