

2/12/02 = Grinder Pump Test

PERMIT

03-32564

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59337

A 50560

DISTRICT N/A

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

(410) 313-2646

INDEXED

GRINDER PUMP
EVALUATION
DATE SYSTEM APPROVED

DATE

2/20/02

INSPECTOR S.R.K.

Jacobsen Homes

(Freemire to Install Grinder Pump)
410-768-8500

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 9409 Elizabeth Court Fulton, MD 20759

PHONE 410-953-2083

SUBDIVISION Lyndonbrook

LOT 12

ROAD 2098 Whitman Way

St. James Rd

PROPERTY OWNER Jacobsen Homes

ADDRESS 9409 Elizabeth Court

BUILDING PERMIT SIGNED

4 Bedrooms

AND RETURNED 5-9-02
B00135895-Screened PRCR

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual house sewer line, pump chamber, connection from grinder pump to common effluent line, and shared disposal fields. Pump chamber should be set 100' from all wells.

- This permit is limited to installation of the grinder pump only as per the signed building permit site plan, copy attached.

- Jacobsen Homes to notify Matt Tudor of Howard County Bureau of Utilities and the Howard County Health Department for inspection of the installation of the grinder pump.

PLANS APPROVED BY

Amy McMillen

ON SRK 11/6/01

DATE

2/10/02

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).

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

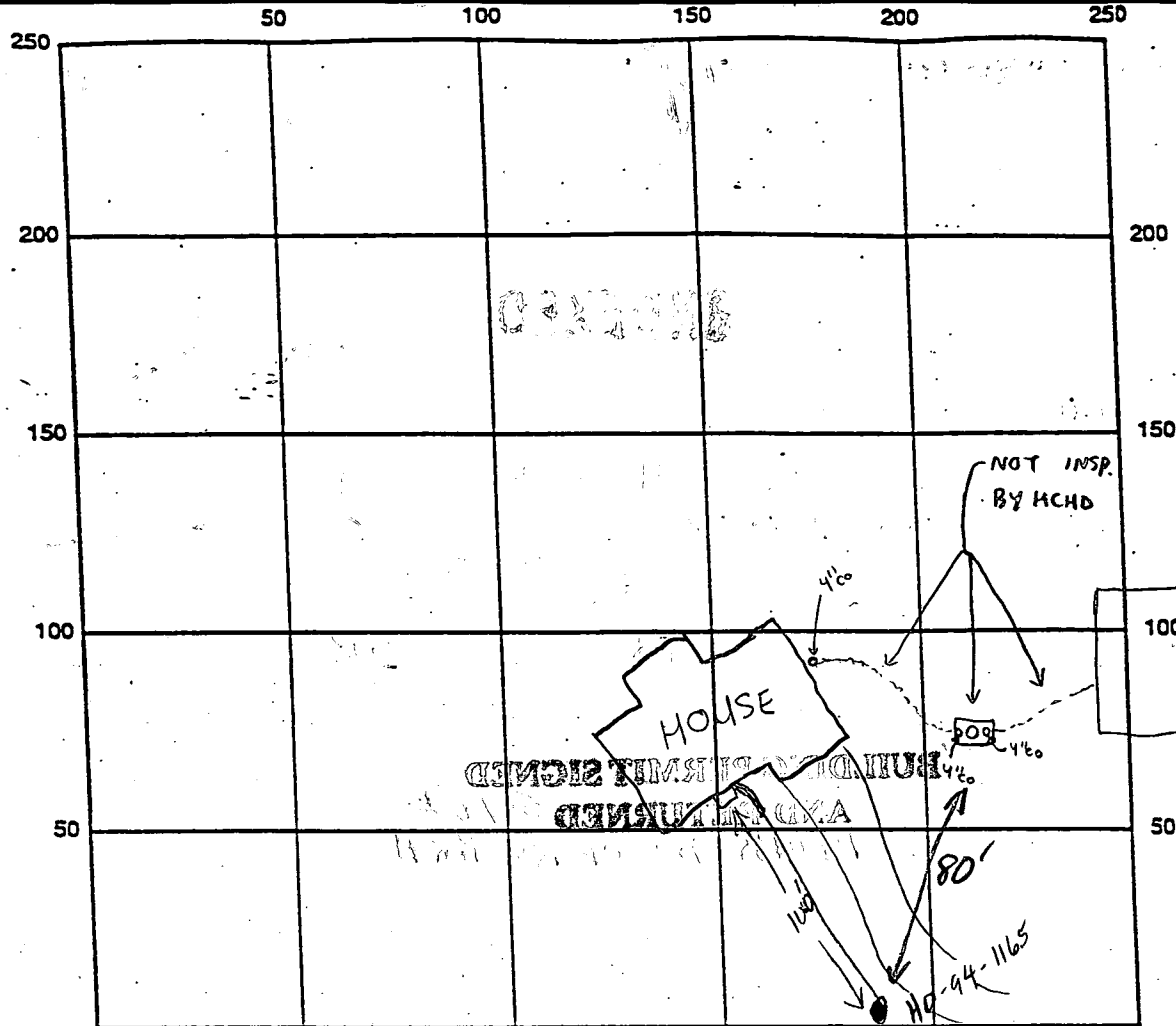
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA. 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**

450560



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS 4" at house, 2-4" on pump tank

REMARKS: SETTING OF PUMP TANK NOT INSP. BY HCHD, LINE FROM HOUSE TO
TANK INSP BY DILP (PLUMBING INSP.) - (SRV) 2/12/02- spoke to builder about discharge
of tank contents. Said it was rain water he pumped out this morning & yesterday (S)
2/13/02- 12:15pm OBSERVED BUILDER DISCHARGING CONTENTS OF PUMP CHAMBER ONTO FRONT YARD
TOLD HIM TO STOP DISCHARGING & CALL SCAVENGER OR RISK FINES, BUILDER AGREES TO CALL
HATFIELDS & ARRANGE PUMPING PRIOR TO GRINDER PUMP INSTALL - (SRV) 2/13/02 Pump
not installed. Wiring to chamber incorrect (S) 2/19/02 2 barriers
installed in front of well (S) 2/20/02- RECEIVED FAX FROM MATT TUDER, PUBLIC
WORKS ISSUES RESOLVED (SRV)

DATE SYSTEM APPROVED 2/20/02 INSPECTOR Steven R. King

GRINDER
PUMP
EVALUATION

folded and stapled to prevent
 4. Silt Fence shall be inspected after each rainfall event and maintained when
 bulges occur or when sediment accumulation reached 50% of the fabric height.

SILT FENCE
 NOT TO SCALE

Approved [Redacted]
 Howard County Health Department

[Signature] 2/10/01
 Signature Date

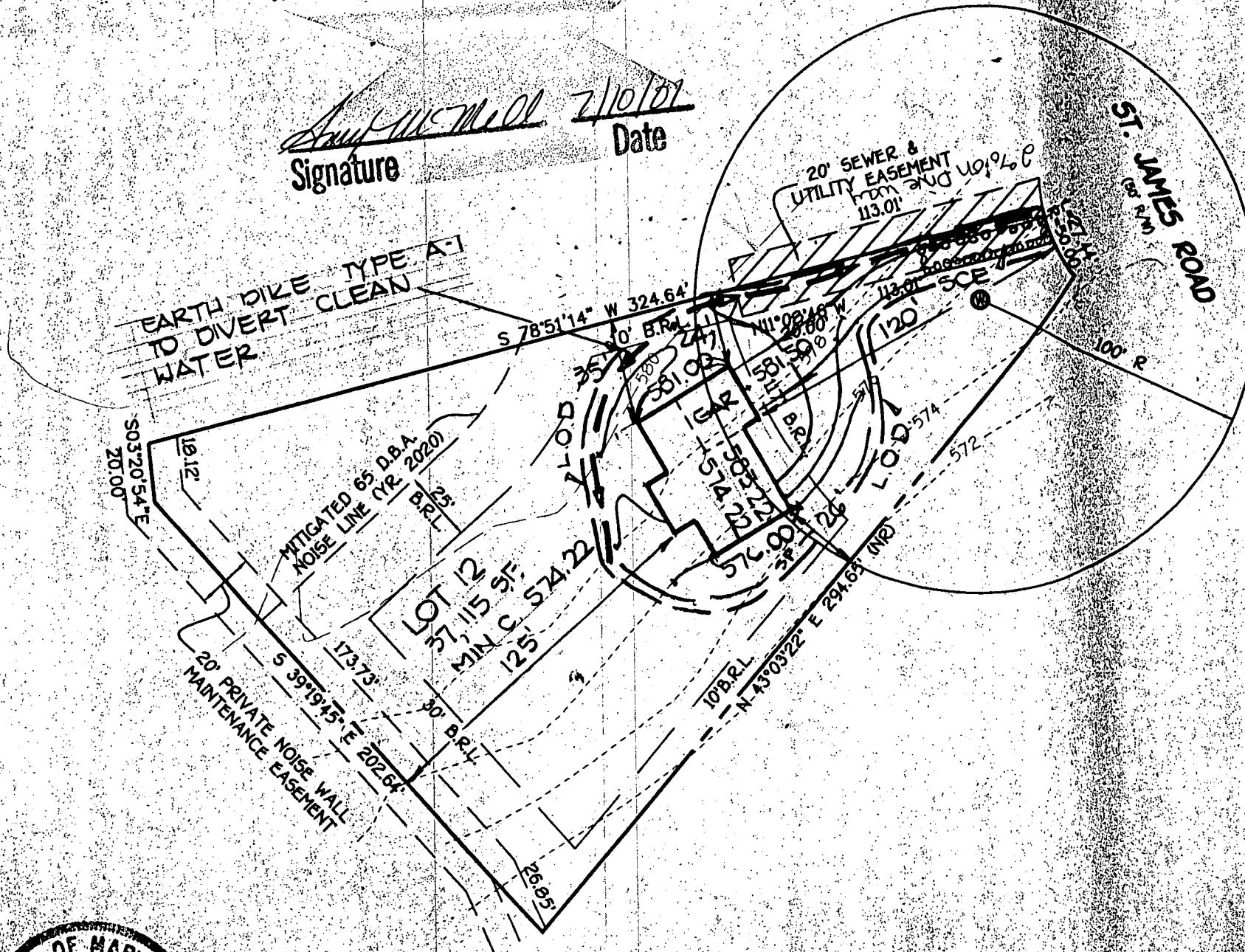
Quackgrass
 Round limestone shall be
 prior to the placement
 and worked into the soil
 procedures.
 20.0 vegetative stabilization-

EXCAVATE TO PROVIDE
 REQUIRED FLOW WIDTH
 AT DESIGN FLOW DEPTH

	DIKE A	DIKE B
DIKE HEIGHT	18"	30"
DIKE WIDTH	24"	36"
FLOW WIDTH	4'	6'
FLOW DEPTH	12"	24"

STANDARD SYMBOL
 A-2 B-3
 - - - / - - -

with sod
 info
 positive grade to
 grades less than 1%
 weaved to a
 let directly into
 locality.
 objectionable
 not to interfere
 de and cross
 herein and be
 which will impede



Building Address 2098 St James Rd
10000 FRIEDLAND RD 31714

Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10000 Subdivision Lyndonbrook
Section _____ Area _____ Lot 12
Tax Map 15 Parcel 40 Grid 5
Zoning BR-DEU Map Coordinates _____ Lot size 0.85

Existing Use Vacant lot
Proposed Use Asst Street Single Family Dwelling
Estimated Construction Cost \$ _____
Description of Work 3.25 Acre Lot 200
Will construct 2400 sq ft

Owner's Name Jacobson, Kim, LLC
Address 0409 ELIZABETH CT
City FULTON State MD Zip Code: 20759
Home Phone 301-932-2022 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Contractor Company Jacobson, Kim, LLC
Contact Person Kim Jacobson
Address 0409 ELIZABETH CT
City FULTON State MD Zip Code 20759
License No. _____
Phone 301-932-2022 Fax 301-932-1717

Occupant or Tenant Jacobson, Kim, LLC
Contact Name Kim Jacobson
Address 0409 ELIZABETH CT
City FULTON State MD Zip Code 20759
Phone 301-932-2022 Fax 301-932-1717

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 ☐
☐ NFPA #13
☐ Full
☐ Partial
☐ Other Suppression

Building Characteristics
SF Dwelling ☐ SF Townhouse ☐
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: _____
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 THERE TO; (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 _____
Title/Company _____

Print Name _____
Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

AGENCY
Land Development, DPZ
State Highways
Building Official
Dev. Engineering, DPZ
Health
Fire Protection

DATE
7/10/01

SIGNATURE APPROVAL
[Signature]

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#: 51314
Filing Fee \$ 100.00
Permit Fee \$ _____
(10 sq. ft. ☐ (15 sq. ft. ☐
Excise Tax \$ _____
(40 sq. ft. ☐ (80 sq. ft. ☐
TOTAL FEES _____
Check # 831
Validation # 1051
Accepted by: [Signature]

**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: Ben Lewis & Co. Telephone #: 301 428 3900
Address: 23407 Frederick Rd
Clarksburg Md 20821

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Frank Dink License# 17867

*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: Jacobson Blanes Telephone #: 410 792 9122
Subdivision: Wendover Lot #: 12 Well Tag #: HO-94-1165
Site Address: 2098 St. James Way
West Friendship Md

Submersible Pump Data

Make: Dynalco
Model #:
Pump Capacity 1/3 GPM
Well Yield: 7 GPM

Pitless Adapter

Make: Corpus
Model #:
Depth: 42 (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: 300 (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: Black 1"
PSI: 200 (160 psi min)
Depth of supply line: 30 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 36"
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 Ben Lewis

date 11/8/01

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

Date Insp. Requested: 11/9/01 Anytime

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 ✓

No bolts (se) 11/8/01

→ under footer (no sleeve thru wall)
2/12/02 - 2 bolts on cap (needs 4)
Rope thru cap (se)

C 1	6064	SEQUENCE NO. (MDE USE ONLY)	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	50560-L
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 6 4 97		Depth of Well 22 220 26 (TO NEAREST FOOT)		
OWNER <u>SDC</u> STREET OR RFD <u>St. James Road</u> SUBDIVISION <u>Steger Property</u>		TOWN <u>West Friendship</u> SECTION <u>12</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-1165</u>		

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 TO	check if water bearing
Sand	0 15	
Gray Mica Rock	15 220	✓

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <u>(CM)</u>	BENTONITE CLAY <u>BC</u>
NO. OF BAGS <u>7</u>	NO. OF POUNDS <u>658</u>
GALLONS OF WATER <u>42</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u>	ft to <u>23</u> ft
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<u>ST</u> <u>CO</u>	
	STEEL CONCRETE	
	<u>PL</u> <u>OT</u>	
	PLASTIC OTHER	
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
<u>ST</u>	<u>6</u>	<u>26</u>
60 61	63 64	66 70

E A C H C A S I N G	OTHER CASING (if used)	
	diameter	depth (feet)
	inch	from to

SCREEN RECORD	
screen type or open hole	
(insert appropriate code below)	
<u>ST</u> <u>BR</u> <u>HO</u>	
STEEL BRASS OPEN HOLE	
<u>PL</u> <u>OT</u>	
PLASTIC OTHER	

C 2	
DEPTH (nearest ft.)	
1 2	24 220
8 9 11	15 17 21
23 24 26	30 32 36
38 39 41	45 47 51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
68	

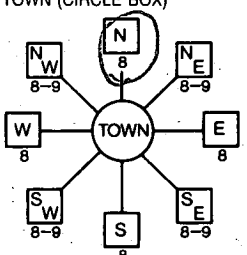
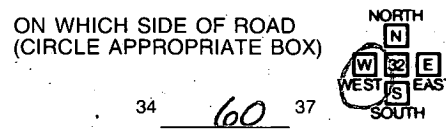
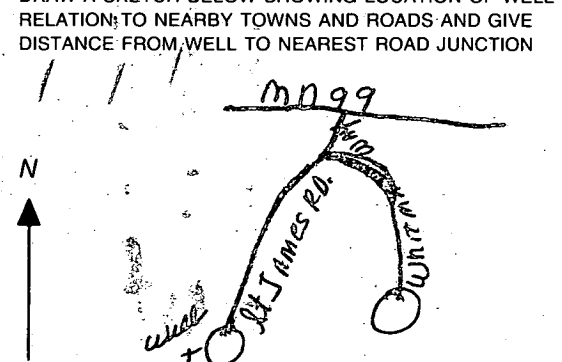
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	W Q
70 72	74 75 76
TELESCOPE CASING	LOG INDICATOR OTHER DATA

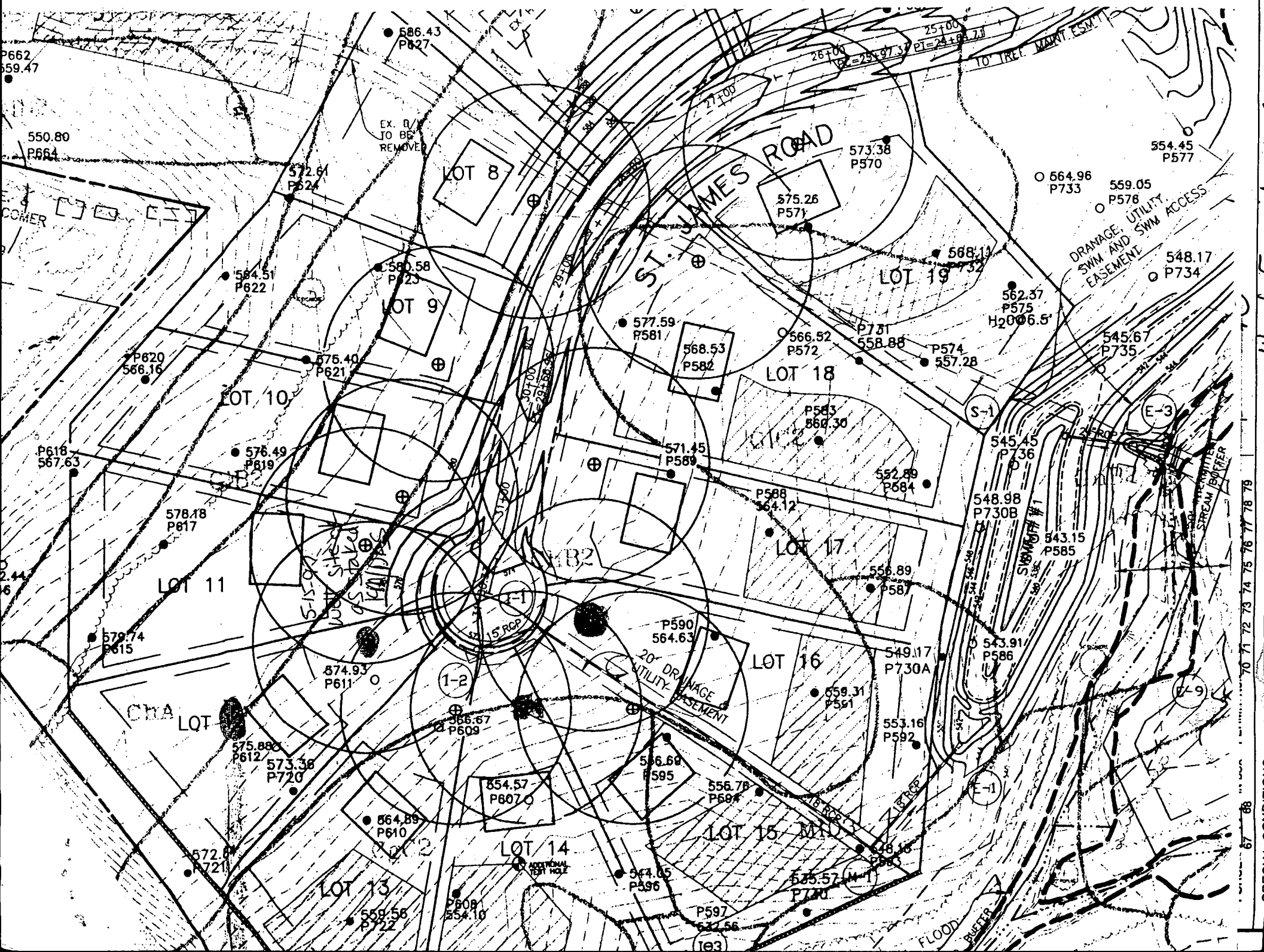
C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	10	
METHOD USED TO MEASURE PUMPING RATE	Bucket	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	32 ft.	
WHEN PUMPING	107 ft.	
TYPE OF PUMP USED (for test)		
<u>A</u> air	<u>P</u> piston	<u>T</u> turbine
<u>C</u> centrifugal	<u>R</u> rotary	<u>O</u> other (describe below)
<u>J</u> jet	<u>S</u> submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	YES <u>NO</u>
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)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	
<u>+</u> above	LAND SURFACE
<u>-</u> below	2 (nearest foot)

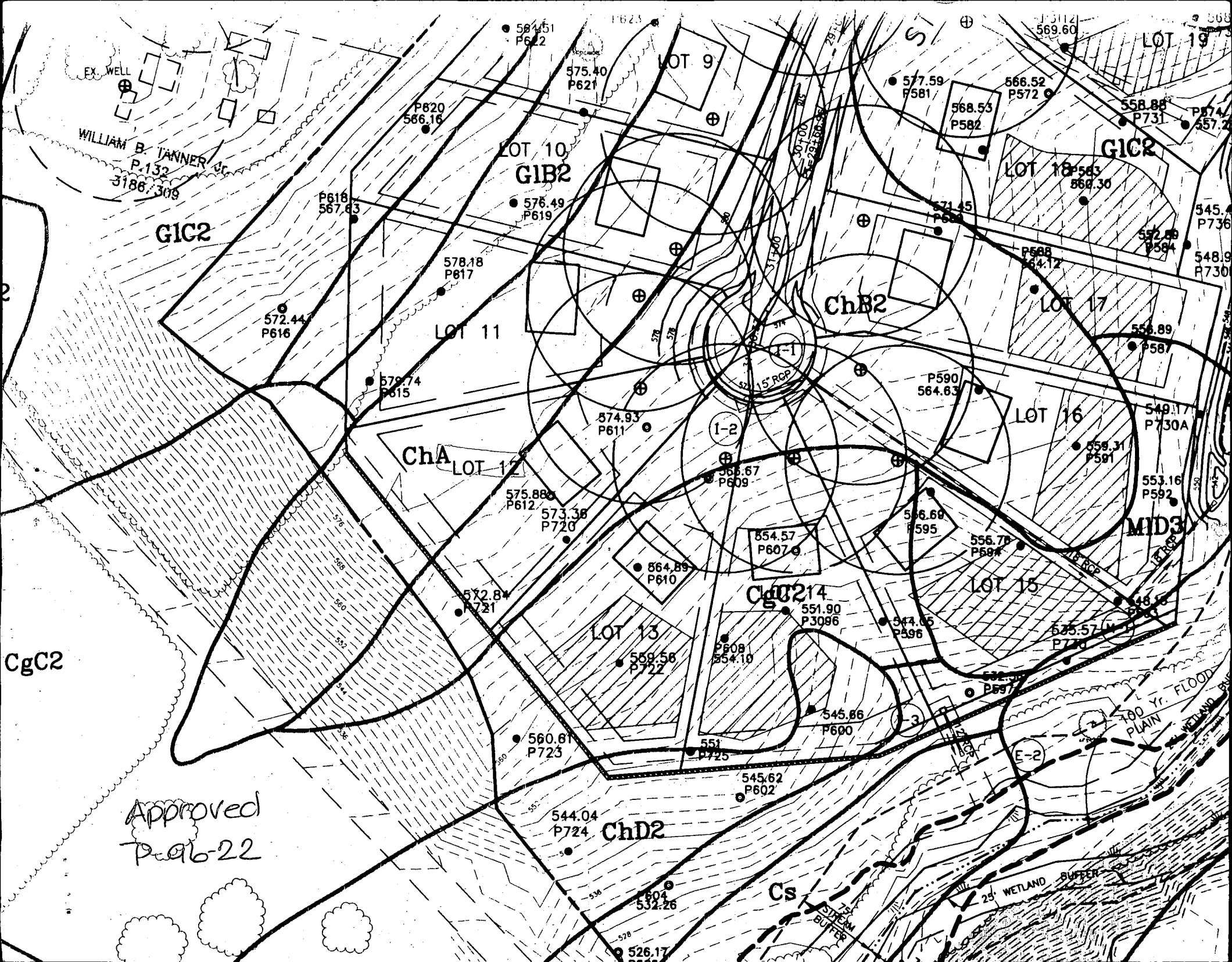
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	

DRILLERS LIC. NO. 1 <u>MS D 024</u>	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
<u>Larry M. M...</u>	
LIC. NO. 1 <u>MS D 027</u>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

B 1 9402 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-1165</u> <small>70 fill in this form completely 79</small>
Date Received (APA) <u>9/22/97</u> <small>8 MM DD YY 13</small> OWNER INFORMATION Last Name <u>SDC</u> Owner First Name <u>34</u> Street or RFD <u>P.O. Box 417</u> <small>36 55</small> Town <u>Ellicott City</u> MD <u>21041</u> <small>57 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL COUNTY <u>Howard</u> <small>8 21</small> SUBDIVISION <u>Stroter Property</u> <small>23 42</small> SECTION <u>44</u> LOT <u>12</u> <small>44 46 48 50</small> NEAREST TOWN <u>West Friendship</u> <small>52 71</small> MILES FROM TOWN (enter 0 if in town) <u>1</u> <small>73 76 77 78</small>	
DRILLER INFORMATION Driller's Name <u>Joseph R. Mayne</u> License No. <u>M S D 024</u> <small>76 81</small> Firm Name <u>Joseph R. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt Airy MD 21771</u> Signature <u>Joseph R. Mayne</u> Date <u>9/21/97</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD <u>St James Rd.</u> <small>11 30</small> DISTANCE FROM ROAD <u>60</u> <small>34 37</small> FT ENTER FT OR MI <u>38 39</u> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → <u>41</u> DATE ISSUED <u>5-21-97</u> <u>Kim Maisto</u> <u>5-21-98</u> <small>43 MM DD YY 48</small> CO-SIGNATURE EXP. DATE NORTH GRID <u>538 000</u> EAST GRID <u>814 000</u> <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <u>6/4/97 Ramp & Grout</u> SOURCES OF DRILLING WATER 1. <u>Well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8104</u> N <u>54038</u>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY</u> (Hydraulic Rotary) CABLE <u>REVERSE-ROTARY</u> DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <u>41</u> <small>52</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> <small>G A P 63</small> FORCE <u>KM</u> <small>67 68</small> WRITE INITIALS IN BOX <u>HO-94-1165</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

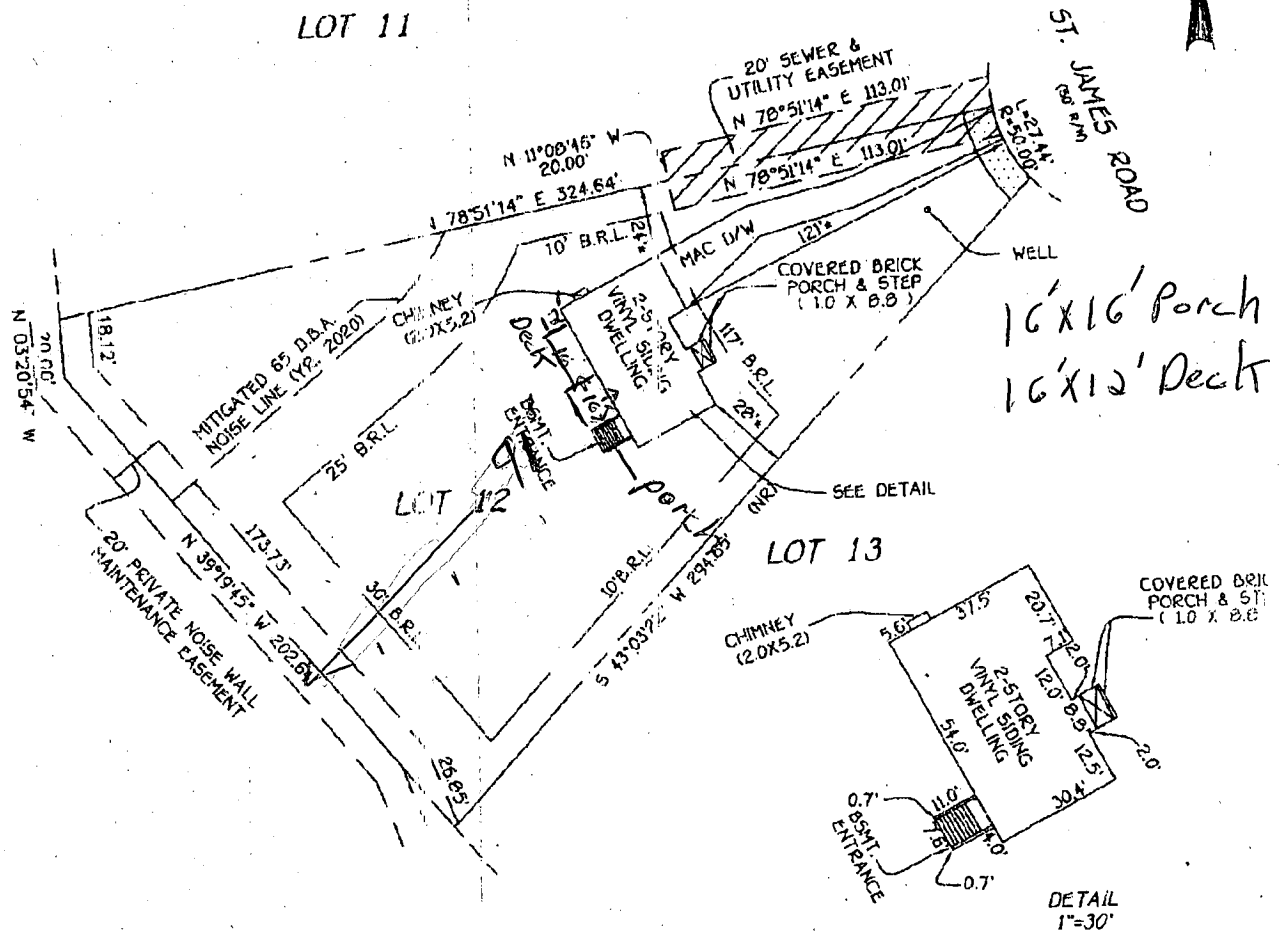


[illegible]



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar as it is required by a LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0016 B, EFFECTIVE DATE: DEC 1, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (1).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



B00135895

Deck location ok.

Well in front

SDA is a shared system - not a problem

5/9/02