

4/3/96
11:00 clo
4/4/96 Insp. Request
W. K. H.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-285731

P 56487
A16038
A REPAIR

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~X

313-2640

INDEXED

DISTRICT _____

DATE 3-12-96

DATE SYSTEM APPROVED 4/4/96

INSPECTOR [Signature]

Edward Geisler (Roland Barth)

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2611 Thompson Drive, Marriottsville, Maryland 21104 PHONE 442-1480

SUBDIVISION Thompson LOT 8 ROAD 2611 Thompson Drive

PROPERTY OWNER Edward Geisler

ADDRESS 2611 Thompson Drive
Marriottsville, Maryland 21104

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 125

REPAIR - PURPOSE - SEPTIC SYSTEM IS FAILING.

Call for inspection when ground is opened so sanitarian can recommend repair. 03/12/96

Install 125 feet long Trench. 3ft wide, bottom at 5ft, two ft stone fill
(1 1/2 ft is permissible), inlet 3ft (or wherever you can get gravity fall). Check Baffle
on existing ST. It is OK to connect failed septic line to rest of system via same dist box
as long as new trenches are favored). [Signature] 4/3/96

PLANS APPROVED BY [Signature] DATE 4/4/96

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 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**

56487

APPLICATION

SEWAGE DISPOSAL TESTING

A 16038

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank - 3 bedroom - 1000 gal.
4 " - 1250 gal.

ELLICOTT CITY

DISTRICT 3

DATE 6/16/71

Dry Wells - Two (2) dry wells to begin below the

first 1/2 ft. of non porous soil. maximum depth

as permitted for dry wells is 8 1/2 ft. below original
grade. Each dry well should consist of 250 ft. Locate
dry wells 45 ft. from front property line and 45 ft. and

TO: THE COUNTY HEALTH OFFICER *30 ft. from right side line.*
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER CHARLES R MOLLIN

ADDRESS 8717 FREDERICK ROAD

PHONE 465-3554

PROPERTY LOCATION:

SUBDIVISION THOMPSON

LOT NO. 6

ROAD AND DESCRIPTION THOMPSON DRIVE between Rt. 144 & Rt. 40

OCCUPANT none

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 137 feet wide by 639 feet long

TYPE BLDG. none

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Charles R Mollin

APPROVED BY Robert V. Torne

FOR Dry Well
(KIND OF SYSTEM)

DATE 6/25/71

REJECTED BY _____

FOR _____
(KIND OF SYSTEM)

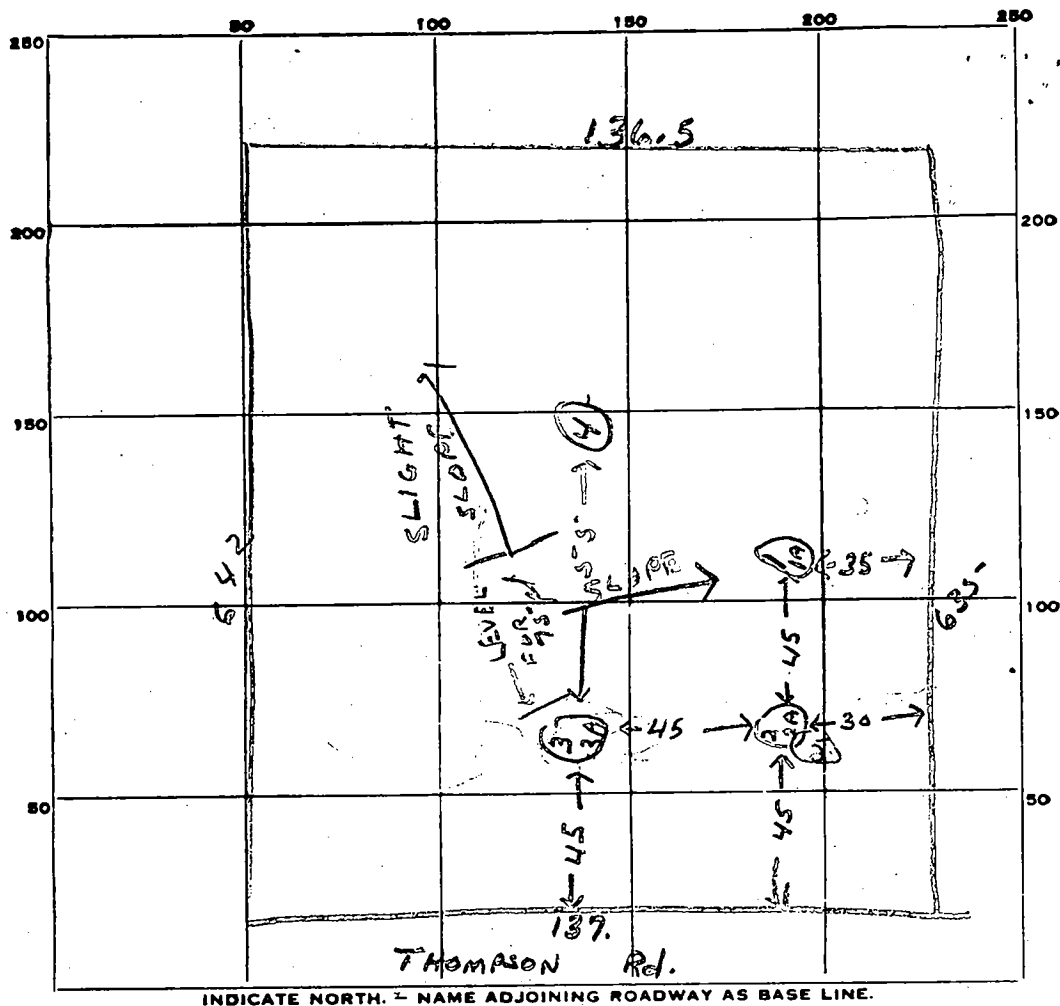
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/71	1	8 1/2 ft.	9 53	9 56	9 56	10 02	6 min
	1A	4 ft.	9 56	10 03	10 03	10 12	9 min
	2	9 ft.	10 14	10 16	10 16	10 20	4 min
	2A	2 1/2 ft.	10 21	Flow Rate - Better Rate at 4 ft.			
	3	9 ft.	10 35	10 38	10 34	10 42	6 min
	3A	2 1/2 ft.	10 39				
	4	11 1/2 ft.	Water				
	5	pit dug 12 ft in area of pit 2-2A - no water - sand after 3 1/2 ft.					

SOIL AUGER FINDING Maximum depth 9 ft.

TESTED BY R. Toner

REMARKS _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 3/22/73

Barth Contracting Co.

IS PERMITTED TO INSTALL X ALTER

ADDRESS Clarksville Pike, Ellicott City, Md.

PHONE 730-8495

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Thompson

ROAD Thompson Drive

LOT 8

PROPERTY OWNER Edward Geisler

ADDRESS _____

SPECIFICATIONS - 3bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER 448 Sq. Ft. max. depth 7 ft. inlet 2 ft. 1 ft.
Dry well - dig pit 14 ft. sq. - set block and top for 12 ft. diameter and

fill in rest of pit with gravel. Dry well to have 8 ft. effective depth below the first

4 ft. of original grade. Place dry well 45 ft. from front lot line and 60 ft. from right

side line as seen when facing lot from Thompson Drive. If septic tank top is deeper than

2 1/2 ft. below grade a manhole type cleanout must be installed to grade level.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PLANS APPROVED BY Donald W. Monaghan

DATE 3/20/73

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL CLEAN OUTS ON SEPTIC TANK AND DRY WELL.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

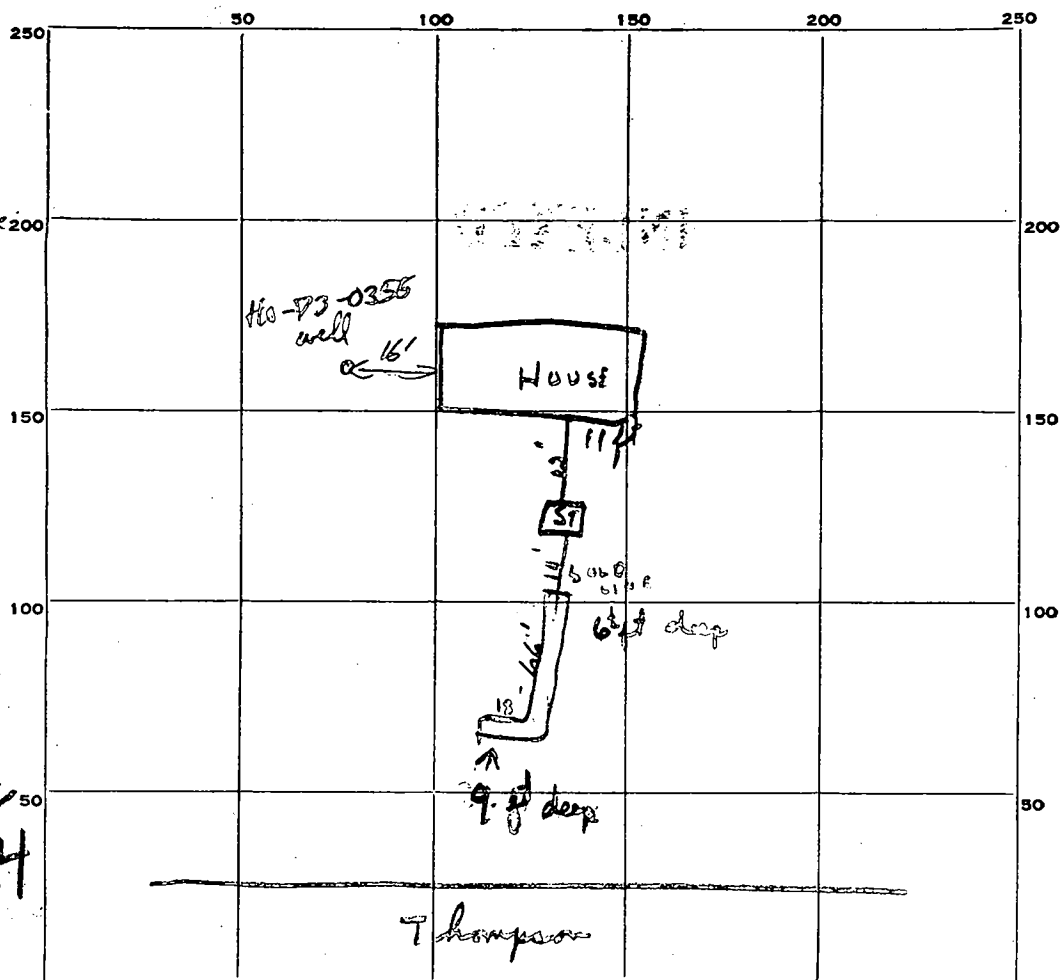
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

5-6-73. Water at 1 1/2 ft. seeping in, water level at 8 ft., max. depth for trench to be 6 1/2 ft., 75 ft long with 5 1/2 ft. gravel. Trench to be inspected before gravel installed. Y.F.

A 16038

$6\frac{1}{2}$ ft.
 $5\frac{1}{2}$ ft.
50
 280

84
16
 504



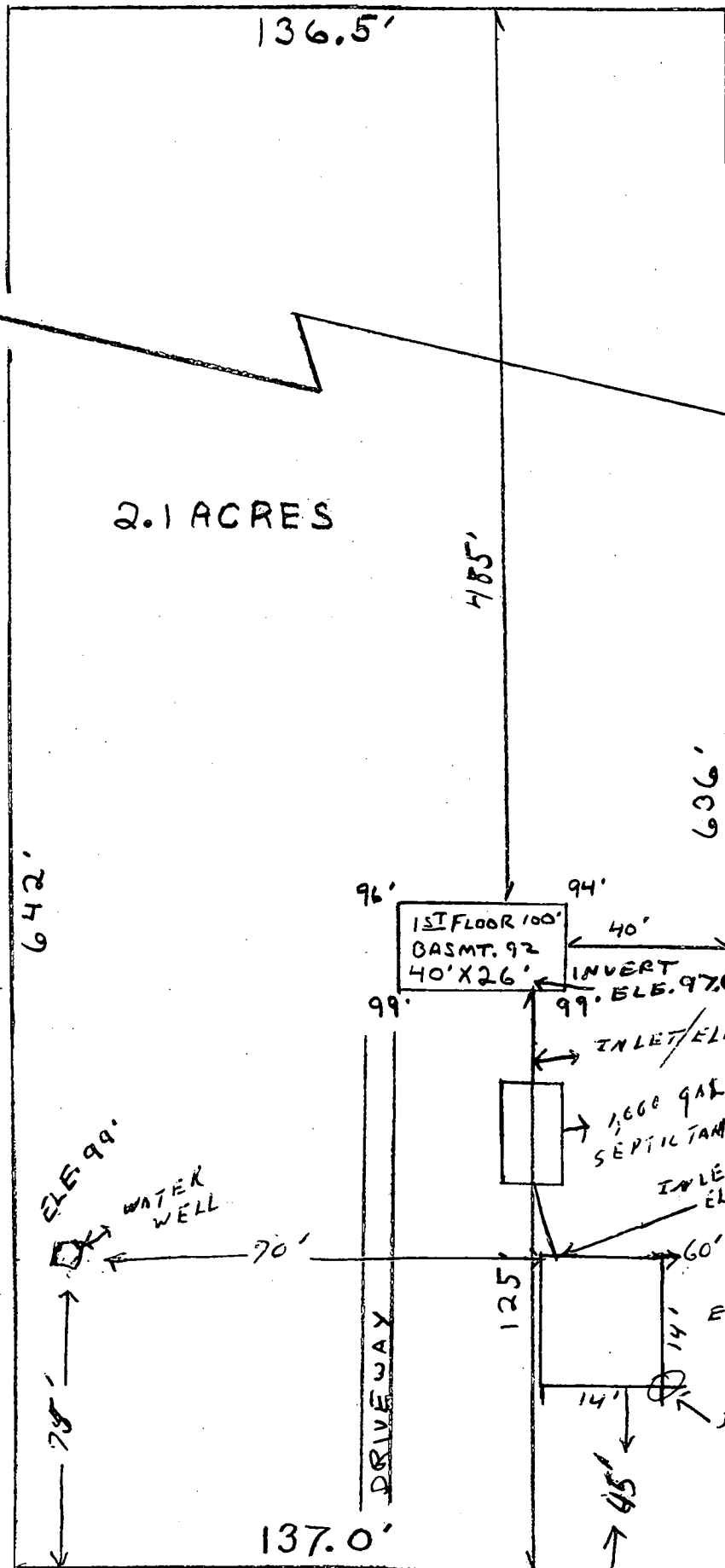
INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Revised
 SEPTIC TANK, LEVEL 1000 gal. CLEANOUTS ok
 DISTRIBUTION BOX, LEVEL _____
~~FIELD FIELD~~ DEPTH $6\frac{1}{2}$ - $8\frac{1}{2}$ FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH $5\frac{1}{2}$ - $7\frac{1}{2}$ IN. TOTAL LENGTH 84 FT.
 NUMBER OF TRENCHES 1 Sidewall TOTAL BOTTOM AREA one side 504 sq. ft.
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

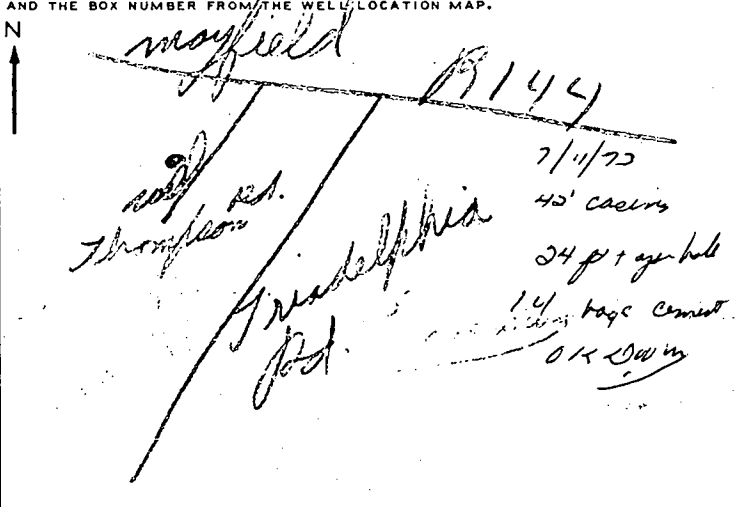
REMARKS _____

DATE SYSTEM APPROVED 6/7/13 INSPECTOR R. Turner

3-22-73.
265' & location of
for well



LOT 8 THOMPSON DR 3RD DIST. R40 ZONING
2.1 ACRES PARCEL 180

B 1 3527 SEQUENCE NO. (DWR USE ONLY) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL DWR PERMIT NUMBER H0 730 350 FILL IN THIS FORM COMPLETELY		DATE RECEIVED (DWR USE ONLY) 7/11/73 1:30 P.M. 1st	
		OWNER COL 15 LAST NAME <u>Thompson</u> COL 36 FIRST NAME <u>Joe</u> COL 34 STREET OR RFD <u>2611 Thompson Rd.</u> COL 55 POST OFFICE <u>Westminster Md.</u> COL 76	
B 2 CONTINUED DRILLER INFORMATION			
1 2 3 (SEQ. NO.) 6 DATE <u>June 8-73</u> LICENSE NUMBER <u>42</u> FIRST NAME <u>J F</u> DRILLER LAST NAME <u>Castendey</u> SIGNATURE <u>J F Castendey</u>		B 3 LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6 COUNTY <u>Howard</u> COL 21 SUBDIVISION <u>23</u> COL 42 SECTION <u>44</u> LOT <u>46</u> COL 50 NEAREST TOWN <u>mayfield</u> COL 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> COL 76		B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> COL 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u> COL 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL ☐ PRIVATE WATER COMPANY ☐ TEST		1 2 3 (SEQ. NO.) 6 N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD <u>Thompson Rd.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> COL 37	
APPROXIMATE DEPTH OF WELL <u>100</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGURED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) _____		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 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. 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>69</u> <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 HEALTH DEPARTMENT APPROVAL		BOX NUMBER E <u>810</u> N <u>530</u>	
1 2 3 (SEQ. NO.) 6 41 S STATE HEALTH (CIRCLE BOX) <u>Howard</u> COUNTY NAME <u>3292</u> COUNTY NO. MO. DAY YR. <u>06</u> <u>11</u> <u>73</u> DATE <u>06</u> <u>11</u> <u>73</u> APPROVED BY <u>Palmer F. Wine, Director</u>		NORTH COORDINATE <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> EAST COORDINATE <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u>	
B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)			

C 1	1054	SEQUENCE NO. (DWR USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (DWR USE ONLY) <u>7-4-73</u> DEPTH OF WELL <u>80</u> PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-72-1320</u> DATE WELL COMPLETED <u>7-4-73</u> 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37 DRILLERS IDENTIFICATION NO. <u>112</u>		
OWNER <u>Gerslender</u> LAST NAME <u>Ed.</u> FIRST NAME <u>Walter</u> STREET OR RFD _____ POST OFFICE _____				

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>loamy</td> <td>3</td> <td>35</td> <td></td> </tr> <tr> <td>limestone</td> <td>35</td> <td>50</td> <td></td> </tr> <tr> <td>area</td> <td>50</td> <td>80</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Top Soil	0	3		loamy	3	35		limestone	35	50		area	50	80		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) ☒ Y ☐ N TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT ☒ C ☐ M BENTONITE CLAY ☐ B ☐ C NO. OF BAGS <u>14</u> NO. OF POUNDS <u>1400</u> GALLONS OF WATER <u>84</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>38</u> FT. (ENTER 0 IF FROM SURFACE) CASING RECORD INSERT APPROPRIATE CODE BELOW <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STEEL</td> <td>CONCRETE</td> </tr> <tr> <td>PLASTIC</td> <td>OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>40</u> 60 61 63 64 66 70 OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____ SCREEN RECORD INSERT APPROPRIATE CODE BELOW <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STEEL</td> <td>BRASS OR BRONZE</td> <td>OPEN HOLE</td> </tr> <tr> <td>PLASTIC</td> <td>OTHER</td> <td></td> </tr> </table>	STEEL	CONCRETE	PLASTIC	OTHER	STEEL	BRASS OR BRONZE	OPEN HOLE	PLASTIC	OTHER		PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>1</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>72</u> METHOD USED TO MEASURE PUMPING RATE <u>bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>20</u> (NEAREST FOOT) WHEN PUMPING <u>80</u> (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) ☒ A AIR ☐ P PISTON ☐ T TURBINE ☐ C CENTRIFUGAL ☐ R ROTARY ☐ O OTHER (DESCRIBE BELOW) ☐ J JET ☐ S SUBMERSIBLE PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>29</u> DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☐ Y ☐ N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u> CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ☒ + ABOVE ☐ - BELOW LAND SURFACE (NEAREST FOOT) <u>50</u> <u>51</u> 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>4 ft</u> <u>140 ft</u> <u>140 ft</u>
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET			CHECK IF WATER BEARING																													
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CIRCLE APPROPRIATE BOXES ☐ 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 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>Walter Gerslender</u> (PLEASE PRINT) SIGNATURE <u>Walter Gerslender</u>	WELL DESCRIPTION 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____ 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1. _____ 2. _____ 3. _____ DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) FROM _____ TO _____ GRAVEL PACK _____ IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <u>68</u> ☐ F DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T ☐ W ☐ Q 70 ☐ 72 ☐ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE																																	

544°58'38"W - 790.00'

56 PTK AREA STILL AVAILABLE,
IMPAIRMENT OF SEPTIC AREA AS DRAWN
ADEQUATE TO PROCESS
2/11/87 *Clenden*

Lot 14
5.245 Ac.

LIMITED

Dry Well
Top 85.30
Inv. 91.80

1,250 Gallon Septic Tank
Inv. In 96.84
Inv. Out 96.51

Inv. @ Wall 97.00

Prop. Well
Top 104.20
120' 102'

Ex. Gravel Drive

To Md. Rte. 22

25' R/W for
Grass & Egress

10.00'

544°58'38"W - 1,006.78'