

4/8/02 4/18/02 4/19/02 - PM
PM PM

ISSUE DATE: 12/4/01
APPROVAL DATE: 4/18/02

**PERMIT
INDEXED**

P 516431 A
A 58947-N

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
04-365399**

Union Paving IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandridge Rd, Elbridge, MD PHONE NUMBER: 410-379-6463

SUBDIVISION: Windridge Farm LOT NUMBER: 14

ADDRESS: 14571 Windridge Court PROPERTY OWNER: PETER LAAKE
Hamilton Reed

SEPTIC TANK CAPACITY (GALLONS): 1250
PUMP CHAMBER CAPACITY (GALLONS): N/A
NUMBER OF BEDROOMS: 4
SQUARE FEET PER BEDROOM: 180
LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the lefthand lot corner at the end of the driveway, place the distribution box 80' down the left lot line and 65'-70' off this same lot line. Run (4) trenches on contour away from house as shown on plan.
NOTES:	

PLANS APPROVED: MER OK (e) 2/20/02 DATE: 9/14/01

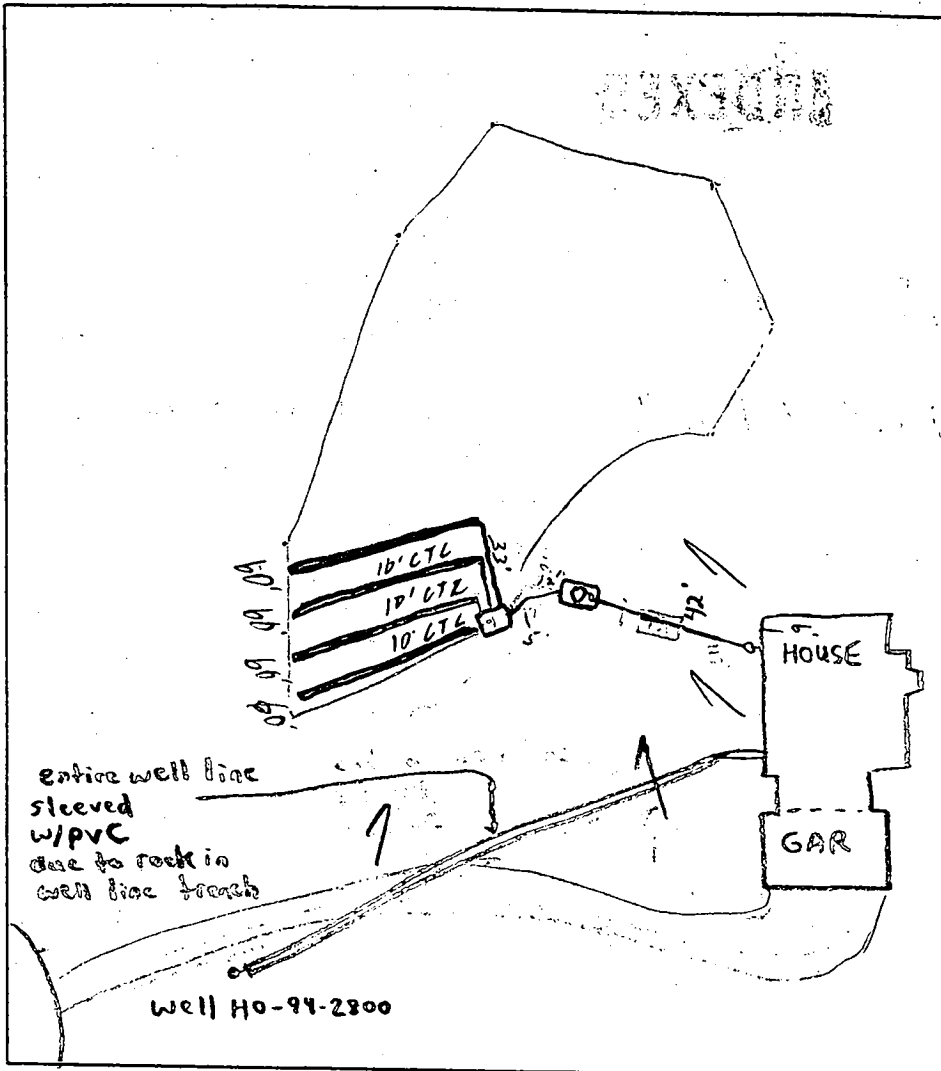
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
BUILDING PERMIT SIGNED AND RETURNED**

5/15/2003 B00141883 DECK

458947-N

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 2.5'
TRENCH BOTTOM DEPTH 4.5'
DEPTH OF STONE 2
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 240
ABSORBENT AREA 720
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
MANHOLE RISER Center - 36"
6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
MANHOLE RISER N/A
ALARM _____
PUMP PERFORMANCE TEST _____

4/5/02 = TOPO CORRECT, 4-60' TRENCHES, PERIMETER STAKES CORRECT, DISCUSSED
PRE-CONSTRUCTION INSPECTION: FAIL TO D.B. FROM S.T. D.B. ~ 2' UNDER GRADE, S.T. W/18" COVER AT OUTLET
& 16" DEEPER = 2 1/2', OK TO DROP D.B. & TRENCHES ANOTHER 6-8" (KG) SRM

INSPECTION COMMENTS: 4/18/02 Tank set. OK to cover (SO) OK to cover
all work (SO)

INSPECTOR

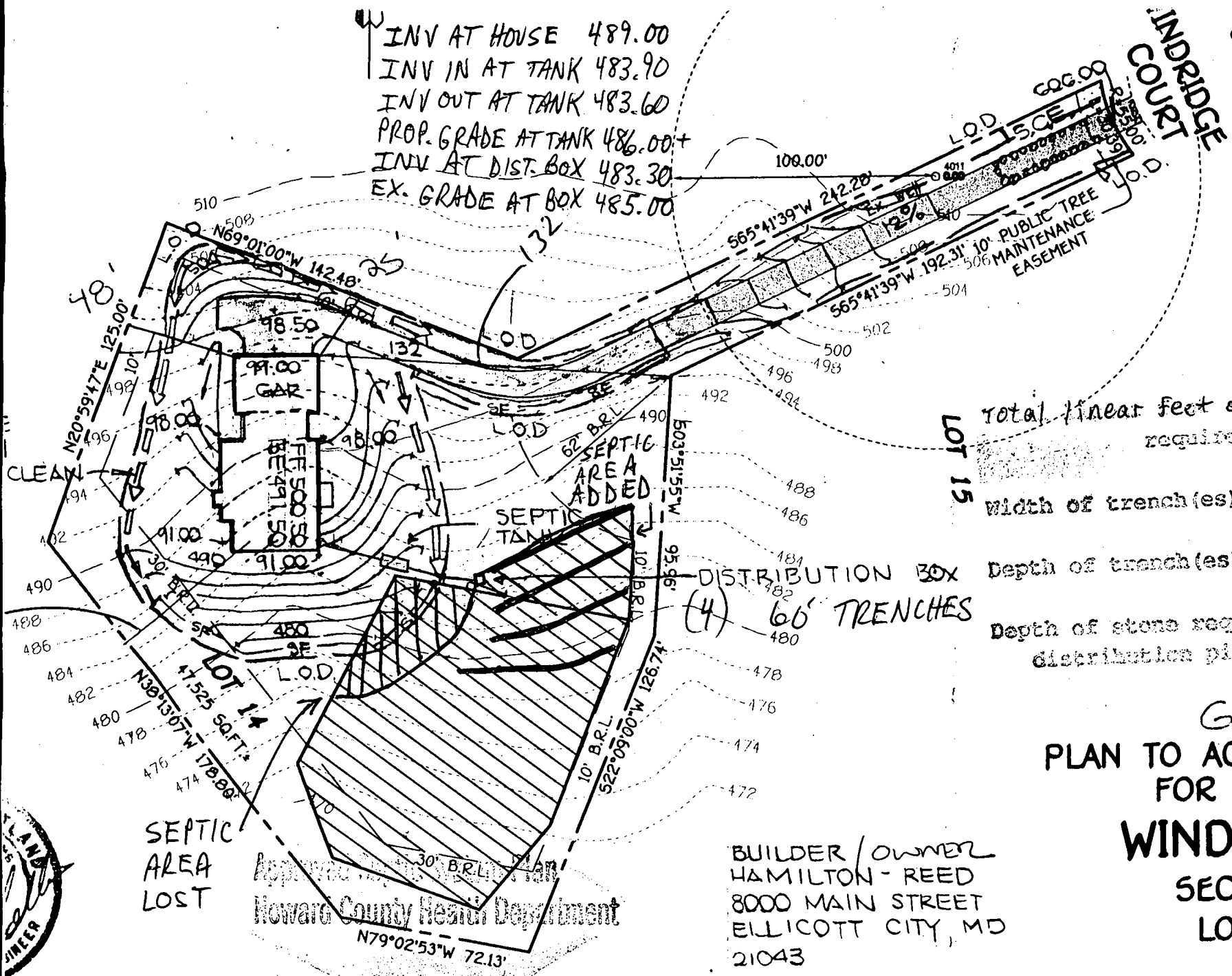
[Signature]

DATE SYSTEM APPROVED

4/18/02

Glenwood, m

INV AT HOUSE 489.00
INV IN AT TANK 483.90
INV OUT AT TANK 483.60
PROP. GRADE AT TANK 486.00+
INV AT DIST. BOX 483.30
EX. GRADE AT BOX 485.00



LOT 15
Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 4 feet
Depth of stone required below distribution pipe 2 feet

GP 01-11
PLAN TO ACCOMPANY AP
FOR BUILDING PER
WINDRIDGE FA
SECTION 2, AREA
LOTS 8 THRU 2
LOT 14

BUILDER / OWNER
HAMILTON - REED
8000 MAIN STREET
ELLICOTT CITY, MD
21043

Mark Rife 9/14/07
Signature Date

PLAN BY FCC

TAX MAP 21
FOURTH ELECTION DISTRICT
SCALE: 1" = 50'

PARC
HOWA
DATE:

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B300132038																			
Building Address <u>14571 Winding Creek</u> <u>Glennwood, MD 21038</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>0041002</u> Subdivision <u>Winding Creek</u> Section <u>2</u> Area <u>2</u> Lot <u>14</u> Tax Map <u>21</u> Parcel <u>31</u> Grid <u>17</u> Zoning <u>RC-D20</u> Map/Coordinates <u>91510</u> Lot size _____ Existing Use <u>Vacant lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>375,000.00</u> Description of Work <u>SFD 4 bedrooms 2.5 bath</u> <u>with rough in for the basement. 3 car</u> <u>garage. kitchen, breakfast room, FR</u> Occupant or Tenant <u>LP DP, L. B. / owner's</u> Contact Name <u>Pondy, A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Property Owner's Name <u>Hamilton Reed</u> Address <u>8000 Plains St.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Home Phone <u>480-9146</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ Contractor Company <u>Same As Above</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. <u>111</u> Phone _____ Fax _____ Engineer or Architect Company <u>FCC</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone <u>461-2855</u> Fax _____																				
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL																				
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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 AND ALL APPLICABLE ORDINANCES; (4) THAT HE/SHE WILL PERFORM NO WORK FOR THE ABOVE REFERENCED PROJECT WITHOUT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER INTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.																							
Applicant's Signature <u>Hamilton Reed / member</u> Title/Company _____			Print Name <u>Stephen Reed</u> Date <u>8/17/01</u>																				
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** FOR OFFICE USE ONLY.																							
AGENCY _____ DATE _____ SIGNATURE APPROVAL _____ Land and Development, DPZ _____ State Highways _____ Building Official _____ Dev. Engineering, DPZ <u>9/4/01 mark repl</u> Health _____ Fire Protection _____ Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St. _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____		PROPERTY ID# <u>51921</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>7126</u> Validation # _____																			
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA																							

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: CLARKE P & H INC Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): BEN CLARKE License# 3808

*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: Hamilton Reed Telephone #: 410-480-9146
Subdivision: Windridge Farms Lot #: 14 Well Tag #: HO-94-2800
Site Address: 14571 Windridge Ct

Submersible Pump Data

Make: Coulters
Model #: 75607422
Pump Capacity: 7 GPM
Well Yield: 7 GPM

Pitless Adapter

Make: Harvard
Model#: P-T-800
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: 240 (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: Plastic
PSI: ✓ (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 15'
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.

BEN CLARKE
Signature of company representative responsible for installation

4-24-02
date

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

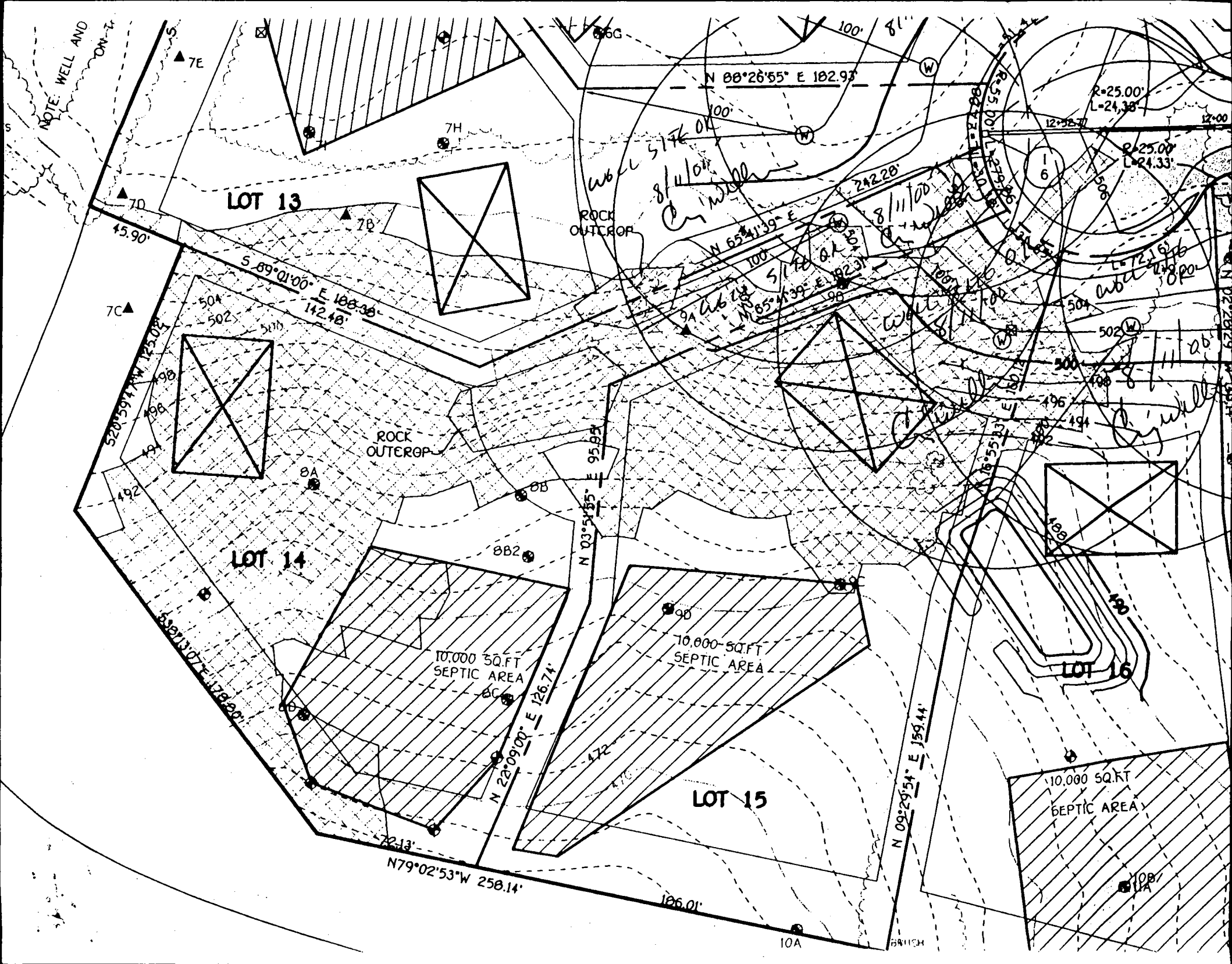
Date Insp. Requested: 2/27/02

Date Insp. Approved: 2/27/02 (SRK)

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 ✓

Well still needs barrier (1' from driveway)

B 1 18646 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W513672</i> please print or type	STATE PERMIT NUMBER 40 - 94 - 2800 <small>70 fill in this form completely 79</small>
Date Received (APA) 8 MM DD YY 13 BNS Developers LLC 15 Last Name Owner First Name 34 8808 Center Park Dr. Suite 209 36 Street or RFD 55 Columbia MD 21045 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 WINDRIDGE FARMS 23 SUBDIVISION 42 SECTION 2 44 46 LOT 14 48 50 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I 73 M 76 77 78	
DRILLER INFORMATION Ralph Mayne M S D 116 Driller's Name 76 License No. 81 Ralph Mayne Well Drilling Firm Name 9120 Brown Church Rd Mt Airy Address Ralph Mayne 7-5-00 Signature Date		B 4 WINDRIDGE Ct 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 34 100 37 DISTANCE FROM ROAD 1 ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20		B 4 WINDRIDGE Ct 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 34 100 37 DISTANCE FROM ROAD 1 ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 080800 C. Williams 8/7/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 0 0 0 EAST GRID 0790 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		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 790 N 520 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other _____		10/18/00 Grout 10am 22' casing } per 6 Bags } driller 20' open hole } on 10/19 grout observed a foot + down on 10/19 by SRK (X)	
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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 54 _____ G A P 63 PERMIT NO. 40 - 94 - 2800 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			



APPLICATION

PERCOLATION TESTING

A 58947H

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 04

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER RAY & JANE CUBBAGE

ADDRESS 14564 Dorsey Mill Rd Glenela MD 21738 PHONE 410 489 7017

AGENT OR PROSPECTIVE BUYER SUSQUEHANNA LAND HOLDING CO.

ADDRESS 1814 Hyman LN Crofton MD 21114 PHONE 410 451 3910

PROPERTY LOCATION:

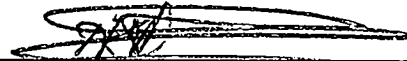
SUBDIVISION Cubbage Sub LOT NO. 8 @

ROAD AND DESCRIPTION _____

TAX MAP 21 PARCEL # 31

SIZE OF LOT 1 ± AC. 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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

58947H

COUNTY #

SOIL PROFILE

(8A)

or / br
Clay lm

2.5'

tan / br /
orange
Silty
Sand
loam
10%
Shale
frags

10.0'

(8B)

Same
as
hole

8A

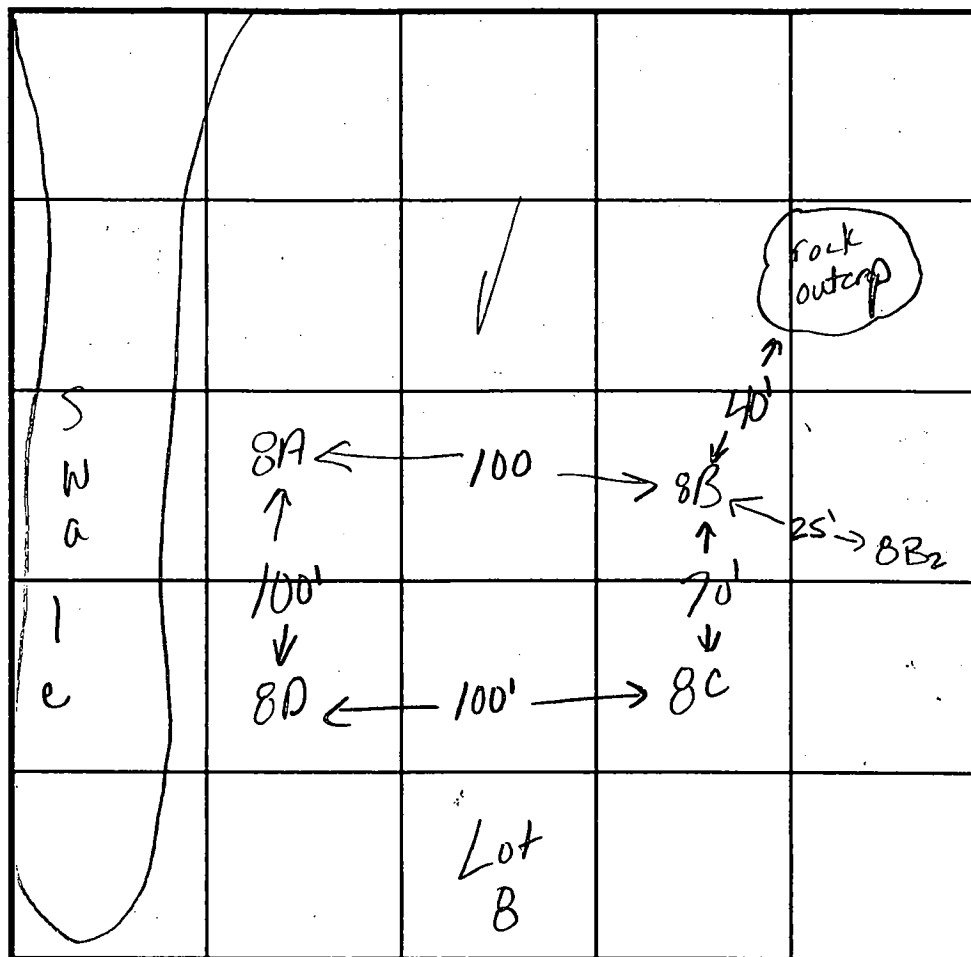
(8C)

or / br
clay
loam

2.0'

lt tan
powdery
Silt / sand
loam
10%-15%
shale
frags

11.0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

(8D)

or / br
Clay
loam

3.0'

isolated
15% shale
outcrop

4.5'

lt tan
powdery
Silt
loam

11.5'

8B2

Same
as
hole
8C

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-7-97	8A	2.5'S	10:15	10:1640	10:1640	10:1840	2min ✓
		6.0'S	10:1420	10:1620	10:1620	10:2020	4min
		10.0'D	Visual	ok - see profile			
	8B	3.5'S	10:3020	10:3320	10:3320	10:38	440 ✓
		11.0'D	Visual	ok - see profile			
	8C	3.0'S	10:2330	10:24	10:24	10:25	1min ✓
		11.0'D	Visual	ok - see profile			
	8D	11.5'D	Visual	only - ok see profile			✓
4.28.98	8B2	11.0'D	Visual	only - ok see profile			✓

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Kim Maiste / Kim Soe

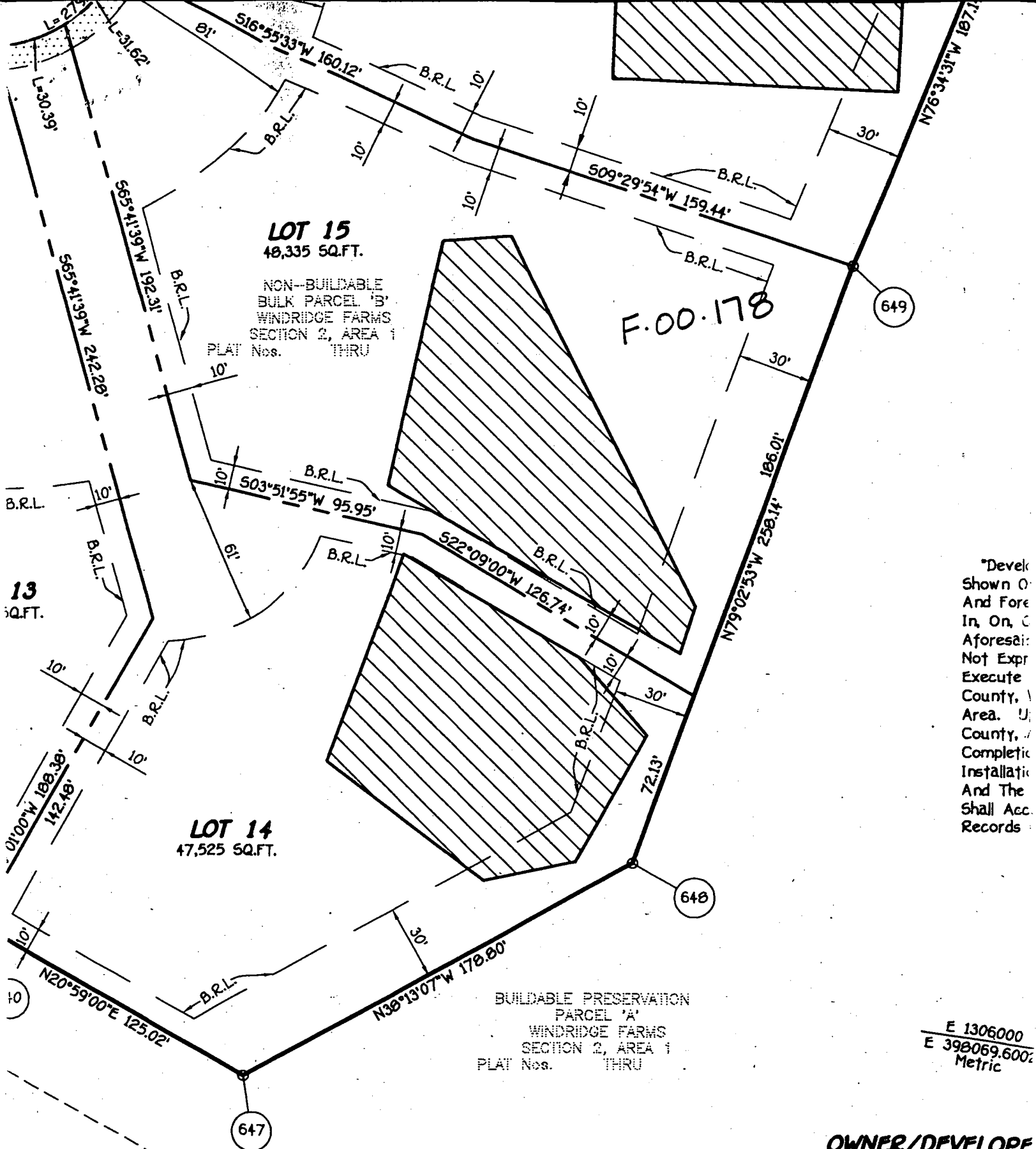
ALSO PRESENT Hugo + Jeff

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 minutes TRENCH WIDTH 3

INLET DEPTH 2.5

MAXIMUM BOTTOM DEPTH 4.5

SQ. FT./BEDROOM 180



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OWNER/DEVELOPER

CUBBAGE, LLC.
c/o MR. J. THOMAS SCRIVEN
8808 CENTRE PARK DRIVE
SUITE 209
COLUMBIA, MARYLAND 2104

NOTE

Of The Property Shown And Described Hereon, Hereby
Of This Final Plat By The Department Of Planning And

SURVEYOR'S CERTIFICATE

I Hereby Certify That The Final Plat Shown Hereon Is Correct; Th
Is A Subdivision Of Part Of The Lands Conveyed By Raymond L. Cub

LOT 13

10' Public Tree
Maintenance Easement

L=30.39'
R=55.00'

WELL

S 65°41'39" W 242.28'

GRAVEL DRIVEWAY

STONE RETAINING WALL

N69°01'00" W 142.48'

10' B.R.L.

10' B.R.L.

10' B.R.L.

N 20°59'47" E 123.00'

SEE
DETAIL

LOT 14

B.R.L.

LOT 15

S 03°51'55" W 95.96'

COVERED BRICK PORCHES
CONC. WALK & BRICK
STEPS

DETAIL:
T-6P

N 38°13'07" W 178.90'

SEPTIC AREA

30' B.R.L.

S22°09'00" W 126.74'

VINYL CHIMNEY
(2.37x5.01)

2 STORY
BRICK & VINYL
DOWELLING

BAY WINDOW

CONC. WALL
RETAINING

BUILDABLE PRESERVATION 579°02'53"E 72.13'
PARCEL "A"

5/15/03 - proposed deck
OK(SRV)

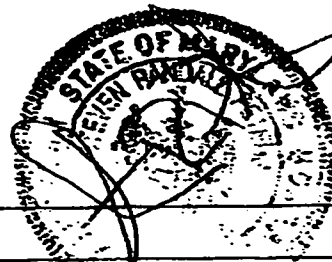
POURED CONC. FOUNDATION
TOP OF FOUNDATION 499.6'
B.R.L.=BUILDING RESTRICTION LINE

LOT 14
WINDRIDGE FARMS
SECTION 2, AREA2
LOTS 8 THRU 26
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT 14684

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
CLICOTT CITY, MARYLAND 21042
(410) 481-2855

FCC •



PROFESSIONAL LAND SURVEYOR
REG. 6077

5/03/02

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 10/01
FINAL LOCATION: 5/02/02
BOUNDARY SURVEY:

SCALE: 1"=60'
DATE: 5/03/02
DRAWN BY: D.B.
CHECKED BY:
PROJECT No.: 61380