


C1 23411		SEQUENCE NO. (MDE USE ONLY) 1351		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM 10 DD 08 YY 13		DATE WELL COMPLETED MM 09 DD 10 YY 13		DEPTH OF WELL 22 360 44 (TO NEAREST FOOT)	
ST/CO USE ONLY		OWNER Phillips, Greg		TOWN Glenelg		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2518	
WELL SITE ADDRESS		SUBDIVISION		SECTION		LOT	
WELL LOG Not required for driven wells				GROUTING RECORD yes no			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>			
DESCRIPTION (Use additional sheets if needed)				NO. OF BAGS 18 NO. OF POUNDS 1800			
				GALLONS OF WATER 408			
FEET FROM TO				DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 360 ft. (enter 0 if from surface)			
				Casing types insert appropriate code below			
check if water bearing				MAIN CASING TYPE St			
				Nominal diameter top (main) casing (nearest inch)! 6			
45 70				Total depth of main casing (nearest foot) 600			
				OTHER CASING (if used) diameter inch depth (feet) from to			
NUMBER OF UNSUCCESSFUL WELLS: 0				SCREEN RECORD			
				screen type or open hole (insert appropriate code below)			
WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N				ST STEEL BR BRASS HO OPEN HOLE			
				PL PLASTIC OT OTHER			
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				DEPTH (nearest ft.) HO 58 360			
				SLOT SIZE 1 2 3			
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.				Diameter of screen (nearest inch) 56 60			
				from to			
DRILLERS LIC. NO. 1 MWD 040 George J. Kistenberg DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WR0046 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			
TELESCOPE CASING				LOG INDICATOR			
				OTHER DATA			
PUMPING TEST HOURS PUMPED (nearest hour) 8 9				PUMPING RATE (gal. per min.) 11 15			
				METHOD USED TO MEASURE PUMPING RATE			
WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft.				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 INSTALLED PUMP YES NO (CIRCLE) (YES or NO) 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 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot) 49 50 51			
LATITUDE 39.260091 LONGITUDE 77.009868 (DEFAULT COORD. WGS 84) NOTES: Church Start				01 04 02 03			

EMERGENCY/TEMP NO. IF ANY

B 1		15047	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>54514</i> please type		STATE PERMIT NUMBER HO - 95 - 2578 <small>fill in this form completely</small>	
				12471			
OWNER INFORMATION				LOCATION OF WELL CC#			
Date Received (APA) 07/31/13 <small>8 MM DD YY 13</small>				B 3 Howard <small>8 COUNTY 21</small>			
PHILLIPS <small>15 Last Name</small>				GREG <small>34 First Name</small>			
14059 HIGHLAND ROAD <small>36 Street or RFD 55</small>				23 SUBDIVISION <small>42</small>			
CLARKSVILLE MD 21029 <small>57 Town 70 State 72 Zip 76</small>				SECTION <small>44 46</small> LOT <small>46 50</small> Glenelg <small>52 NEAREST TOWN 71</small>			
DRILLER INFORMATION				B 4			
George F. Easterday <small>Driller's Name 76 License No. 81</small>				SOURCES OF DRILLING WATER wells			
L. Franklin Easterday, Inc. <small>Firm Name</small>				1. 14280 Triadelphia Road <small>11 STREET ADDRESS 30</small>			
9265 Brown Church Rd., Mt. Airy, Md. 21771 <small>Address</small>				2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
George F. Easterday <small>Signature</small>				<div style="text-align: center;"><div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; padding: 2px;">N</div><div style="border: 1px solid black; padding: 2px;">W</div><div style="border: 1px solid black; padding: 2px;">E</div><div style="border: 1px solid black; padding: 2px;">S</div></div><div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; padding: 2px;">NORTH</div><div style="border: 1px solid black; padding: 2px;">WEST</div><div style="border: 1px solid black; padding: 2px;">EAST</div><div style="border: 1px solid black; padding: 2px;">SOUTH</div></div></div>			
7/30/2013 <small>Date</small>				34 75 37 <small>DISTANCE FROM ROAD Ft.</small>			
B 2				ENTER FT OR MI <small>38 39</small>			
WELL INFORMATION				TAX MAP: 21 BLK: 18 PARCEL 135			
APPROX. PUMPING RATE <small>(GAL. PER MIN.)</small> 5 <small>8 12</small>							
AVERAGE DAILY QUANTITY NEEDED <small>(GAL. PER DAY)</small> 500 <small>14 20</small>							
USE FOR WATER (CIRCLE APPROPRIATE BOX)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
<input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				Howard (13) <small>COUNTY NAME COUNTY NO.</small>			
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				STATE SIGNATURE INSERT S 41			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				DATE ISSUED 8/16/13 3/16/14 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>			
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL							
<input type="checkbox"/> TEST, OBSERVATION, MONITORING							
<input type="checkbox"/> OPEN LOOP GEOTHERMAL							
<input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL							
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small>				PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL			
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH							
METHOD OF DRILLING (circle one)							
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN							
<input checked="" type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)							
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT							
<input type="checkbox"/> other							
REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL							
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52							
Not to be filled in by driller (MDE OR COUNTY USE ONLY)							
APPROX. PERMIT NUMBER G							
PERMIT No. HO - 95 - 2578 <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>							

smmartin@howardcountymd.gov

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: EASTERDAY WELL & PUMP Telephone #: _____
Address: 9265 BROWN CHURCH RD
MT AIRY, MD 21771
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer X

License # and name of individual responsible for the field installation:

Name (Print): Darren E. Wilson License# MSP188

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Stacia Smith Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-81-1848

Site Address: 14290 Trindell Rd.

Greenleaf, MD. 21787

Submersible Pump Data

Make: Goulds

Model #: 136307

Pump Capacity: 40 GPM

Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 190 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ✓

Pitless Adapter

Make: Port-a-pipe

Model#: B-IDX

Depth: 3 1/2 (36" min)

NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: ✓

Cap secured to casing: Y

Conduit min 18" B.G.: Y

Conduit secured to well cap: Y

Piping to house

Type: PE

PSI: 500 (160 psi min)

Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve(s' minimum from foundation): 5ft.

Sleeve sealed properly: yes

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: Darren E. Wilson

date: 11-12-13

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 _____

HOWARD COUNTY HEALTH DEPARTMENT
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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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO -81 - 1848
Site Address: 14290 Triadelphia Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____

Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve 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.

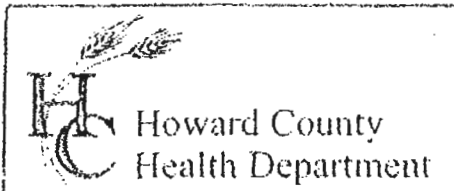
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 11/19/13 Date Insp. Approved: 11/20/2013 Inspector: BB

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection OIS
Adequate grout observed below pitless adapter ✓

Not finished
RW



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Easterdays,
(professional land surveyor or company employing professional land surveyors)
on 7-30-13 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

14290 TRIADDELPHIA ROAD



WELL SEALANTS

TD-16

TD-16 is a one step coated granular bentonite grouting material designed to achieve low permeability seals in water wells, geotechnical borings, and heat pump holes. It achieves a range of solids contents, 16% to 20% solids by weight. TD-16's granular nature reduces dusty conditions during mixing operations.

Placement of the TD-16 is done using a gear, diaphragm, positive displacement or progressive cavity pump. Once in place, the particles continue to swell, sealing off cracks and crevices while gelling to form a caulk-like consistency.

Provided local regulations allow, it is always recommended that the tremie line be withdrawn as the grout is being pumped. This permits the grout to continue its "set" undisturbed, reduces pump pressure, and minimizes unnecessary migration into surrounding formations.

Permeability: 1×10^{-8} cm/sec
 Slurry Density: 9.2 - 9.5 lbs/gal
 pH Range: 7.0-8.9
 Dry Bulk Density: 65 lbs/cu ft

	16.7% Solids	17.7% Solids	20.0% Solids
TD-16	50 lbs	50 lbs	50 lbs
Water	30 Gallons	28 Gallons	24 Gallons
Usable Slurry	33 Gallons	31 Gallons	27 Gallons

TYPICAL CHEMICAL COMPOSITION (Major Constituents)

	Dry Weight %
SiO ₂	63.54
Al ₂ O ₂	19.28
Fe ₂ O ₂	3.48
Ti O ₂	0.22
CaO	0.38
Na ₂ O	2.34
MgO	1.67
K ₂ O	0.10
MnO	0.02
H ₂ O	4.50
Loss on Ignition	4.37

METALS (E. P. Toxicity Method) Typical Analysis For

	Standard (ppm)	Set Grout (ppm)
Arsenic	5.0	<0.1
Barium	100.0	0.5
Cadmium	1.0	<0.05
Chromium	5.0	<0.1
Lead	5.0	<0.1
Mercury	0.2	<0.02
Selenium	1.0	<0.05
Silver	5.0	<0.1

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/2/2013 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-73-0250

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Richard Crummitt WELL DRILLER'S LICENSE NUMBER: WR6014

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Greg Phillips

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN:

TAX MAP BLOCK PARCEL

SUBDIVISION:

SECTION: LOT:

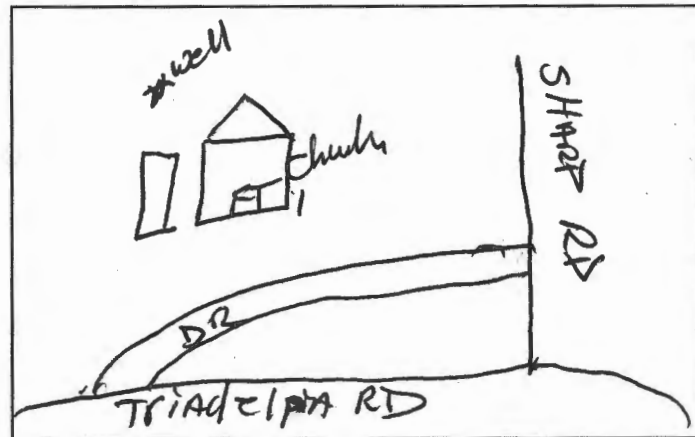
STREET ADDRESS: 14290 TRIADAPHA RD

LATITUDE 39.260295

LONGITUDE 77.010198

LAT: 39.260295
LONG 77.010198

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify)

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 200 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

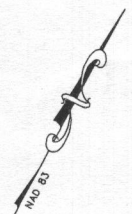
George F. Karsen
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 040

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite AN DIRT	200 1	1 0
VOLUME OF MATERIAL USED		
10 bags Bentonite		

MWD / MSD / MGS
CIRCLE ONE

8/30/13
DATE



LOT 1
CLARKS WOOD II
PLAT No. 13064

LOT 2
CLARKS WOOD II
PLAT No. 13064

NON BUILDABLE PRESERVATION
PARCEL "E"
TRIADDELPHIA CROSSING
PHASE 1
PLAT No. 17234

NON BUILDABLE PRESERVATION
PARCEL "E"
TRIADDELPHIA CROSSING
PHASE 1
PLAT No. 17234

PARCEL 104
TAX MAP 21, GRID 18
THE CEMETERY PARCEL
RESIDUE OF THE
PROPERTY, N/F OF
PROVIDENCE METHODIST
EPISCOPAL CHURCH, SOUTH
AND L. 55, F. 8, 10
43,554 SF. OR 0.9999 Ac.±

PARCEL 135
TAX MAP 21, GRID 18
THE PROPERTY OF
JOHN F. McMAHON
L. 10940, F. 530
42,449 SF. OR 0.9745 Ac.±


THE BOARD OF SCHOOL
COMMISSION OF HOWARD COUNTY
GLENEIG SCHOOL HOUSE LOT
LIBER 50, FOLIO 572
22,444 SF. OR 0.5152 Ac.±

LOT 27
TRIADDELPHIA CROSSING
PHASE 2
PLAT No. 18191

8/16/13
Geo bores OK
(KW)

Geo bores

SURVEYOR'S CERTIFICATE
I HEREBY CERTIFY THAT THIS PLAT IS BASED
UPON AN ACTUAL FIELD RUN SURVEY AND TO THE BEST
OF MY INFORMATION, PROFESSIONAL KNOWLEDGE
AND BELIEF, IT IS CORRECT AND IS A TRUE
REPRESENTATION OF THE FIELD CONDITIONS.


M. H. J. R. ROSSMAN
MD REG. No. 11049
DATE 02/11/13

- LEGEND**
- ROAD SIGN
 - POWER POLE
 - GUY ANCHOR
 - POST
 - WELL

PLAN VIEW
SCALE: 1" = 20'

NOTE:
THE PROPERTIES SHOWN HEREON ARE SUBJECT TO AN ACCESS RIGHT OF WAY
FROM TRIADDELPHIA ROAD AS PER LIBER 35 AT FOLIO 610, (NOT PLOTTABLE).

BOUNDARY AND TOPOGRAPHIC SURVEY
PARCELS 104 AND 135
TAX MAP 21
GRID 18

L. 55, F. 8, L. 55, F. 10 & L. 10940, F. 530
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

PLAN PREPARED BY:
NJR & ASSOCIATES, LLC.
LAND SURVEYING AND PLANNING
JESSUP, MARYLAND 20794
TEL (410) 508-3200
FAX (410) 788-8093

REVISIONS
1- BOUNDARY LINES
ADJUSTED, 02/11/2013.

GRAPHIC SCALE 1"=20'
15' 0' 20'

DATE: JAN. 28, 2013
JOB NUMBER: 3139
FILE NUMBER: 3139TOPO
PLOTTED: FEB. 11, 2013
DRAWN BY: NR
BOUNDARY AND TOPOGRAPHIC SURVEY