

1 2 3 6
 70528
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A-36577

DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED 07/18/86

Depth of Well
 22 [] [] [] [] 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
49-81-1477

OWNER RAMONA
 STREET OR RFD UNDERWOOD/DAY RD. last name first name TOWN SYKESVILLE
 SUBDIVISION DAY ROAD SECTION [] [] LOT 2

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	60	✓
Sand Stone	60	65	
Micka	65	80	
Sand Stone	80	85	✓
Micka	85	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to [] [] [] [] ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO
 STEEL CONCRETE
PL OT
 PLASTIC OTHER

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO
 STEEL BRASS OPEN HOLE
PL OT
 PLASTIC OTHER

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO
 STEEL BRASS OPEN HOLE
PL OT
 PLASTIC OTHER

SCREEN RECORD
 DEPTH (nearest ft.)
 1 HO []
 2 []
 3 []
 SLOT SIZE 1 [] [] 2 [] [] 3 [] []
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60

CIRCLE APPROPRIATE LETTER
 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.

DRILLERS IDENT. NO. 213

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ruth M. Wayne

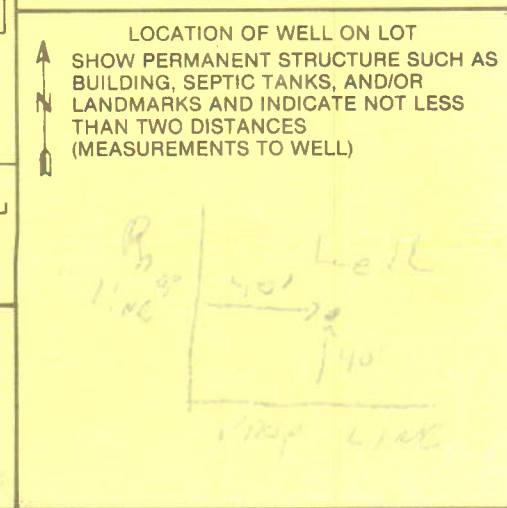
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) []
 WQ []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) []
 PUMPING RATE (gal. per min. to nearest gal.) []
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING []
 WHEN PUMPING []
 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 WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) []
 PUMP HORSE POWER []
 PUMP COLUMN LENGTH (nearest ft.) []
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot) []
 - below }



B 1 1726

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

07-01-1417

please print or type

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received

7/18/86 - 9:30 AM

OWNER INFORMATION

Owner information fields: Last Name, First Name, Street or RFD, Town, State, Zip

B 3

LOCATION OF WELL

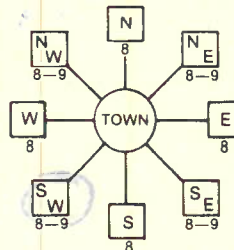
Location of well fields: County, Subdivision, Section, Lot, Nearest Town, Miles from Town

DRILLER INFORMATION

Driller information fields: Driller's Name, Firm Name, Address, Signature, Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD



DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

Well information fields: Approx. Pumping Rate, Average Daily Quantity Needed

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home, Farming, Industrial/Commercial, Public/Private Water Company, Test/Observation/monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Approval fields: County Name, OEP Signature, Date Issued, CO Signature, Exp. Date, North Grid, East Grid

APPROXIMATE DEPTH OF WELL

Depth of well field: 1500 FEET

APPROXIMATE DIAMETER OF WELL

Diameter of well field: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- Bored, Jetted, Driven, Air-Rotary, Air-Per percussion, Rotary, Cable, Reverse-Rotary, Drive-Point

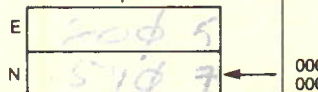
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- Replace existing well, Replace abandoned well, Replace as standby, Deepen existing well

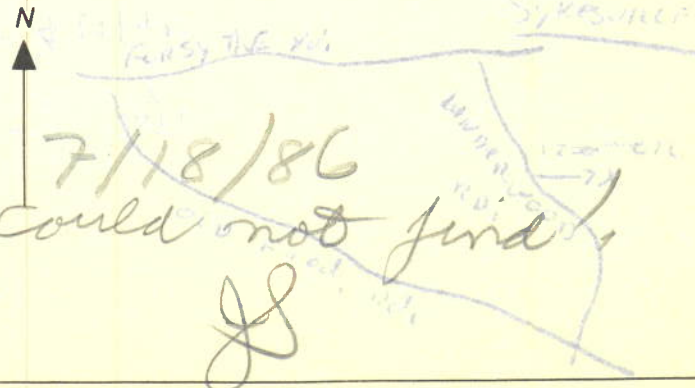
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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 (OEP USE ONLY)

APPROX. PERMIT NUMBER

FORCE INITIALS PERMIT No.

SPECIAL CONDITIONS

781 - 4933

3/5/86
1130 pm

APPLICATION

CRAIG William
Sid Abel

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 316577

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

3/5/86
perc test
done
BN

DISTRICT _____

DATE 2/26/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MICHEL M RAMINA
 ADDRESS 2823 LINWOOD AVE PHONE 301-668-1868

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. B
 ROAD AND DESCRIPTION DAY ROAD AND UNDERWOOD - BACK ON DAY ROAD 1000 FT.
 SIZE OF LOT 6 ACRES TYPE BLDG. 1STORY CONTEMPORARY (3)
(NUMBER OF BEDROOMS)

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. Michel M Ramina
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) Need certified plat for approval (LOT B)

3/5/86
BN
NOTE: ATTEMPTS TO GET SUITABLE REPAIR AREA BEHIND HOUSE FOR LOT A NOT SUCCESSFUL. EXISTING SYSTEM IN FRONT; AND AMPLE AREA AVAILABLE FOR FUTURE REPAIR SHOULD BE PRESENT.

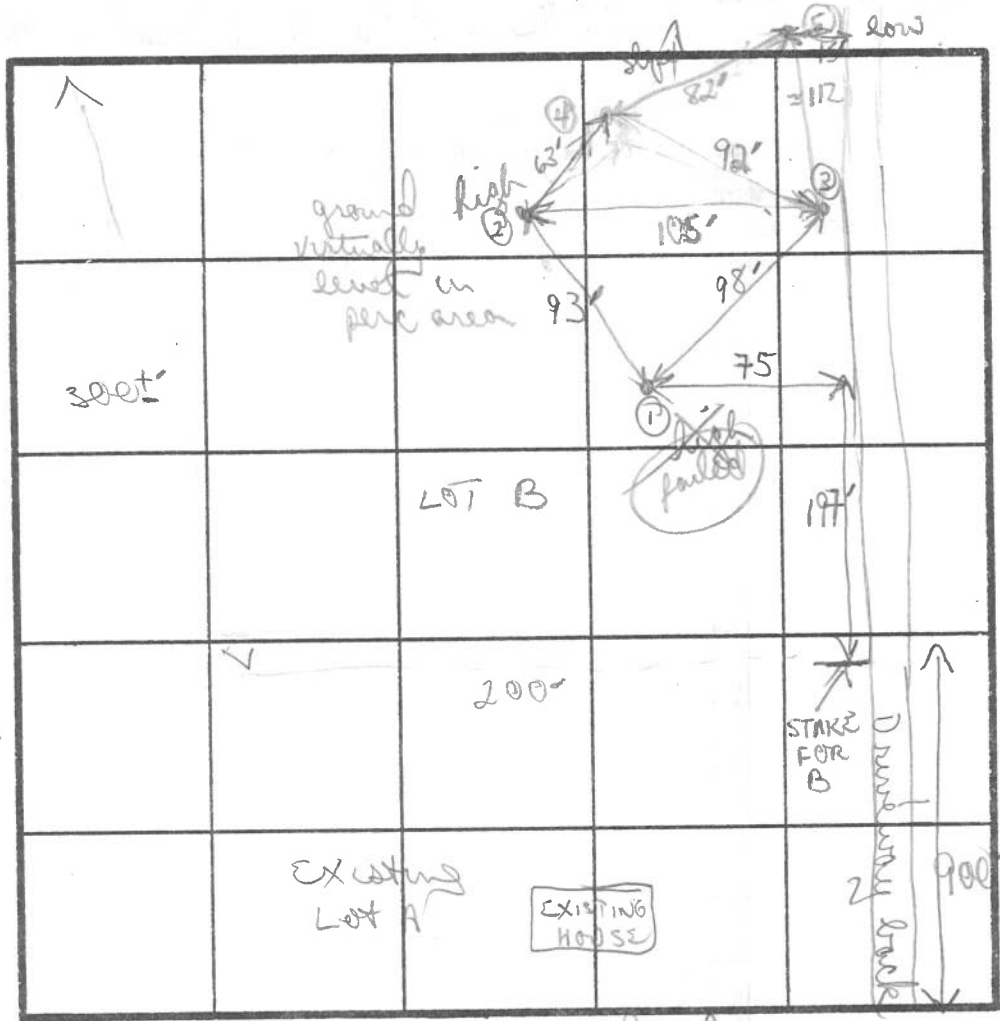
THIS IS NOT A PERMIT

① SOIL PROFILE

0' Red/brown Clay loam (heavy from 3-5 ft) changing to red yellow clay loam

7' fine/coarse grain yellow brown sandy clay loam

12 1/2' D



⑤

Red/brown clay loam changing to yellow red sandy clay loam

Red brown fine/med grain sandy/clay loam

12 1/2' D

③

heavy red/brown clay loam

5' tan/purple fine/med grain sandy loam to bottom

12 1/2' D

② + ④

heavy red clay

4' red clay loam turning to fine/med grain sandy clay loam to bottom

12 1/2' D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/5/86	①	4 1/2 S	135	stopped at	32 min		
		8 M	DIDNT TEST				
		12 1/2 D	bottom (see profile)				
	②	4 1/2 S	224	235	235	258	14 min
		13 D	bottom (see profile)				
	③	4 1/2 S	136	144	144	158	14 min
		8 M	200	205	205	214	9 min
		12 1/2 D	bottom (see profile)				
	④	4 S	208	213	213	221	8 min
		8 M	216	228	228	242	14 min
		12 1/2 D	bottom (see profile)				

failed

ties on separate sheet

REMARKS: 1 hole failed due to clay content red + yellow brown clays predominate 4-5' below red/brown sandy/clay loams

TYPE OF SOIL: B. Nibon

M. Ramina/digger

EH-12-1079

APPLICATION

3/5/86
1130 PM

CRAIG William
Sid Abel

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36577
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 2/26/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MICHAEL M RAMINA
ADDRESS 2853 LINWOOD AVE PHONE 301-668-1868

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. B
ROAD AND DESCRIPTION DAY ROAD AND UNDERWOOD - BACK ON DAY ROAD 1000 FT.
SIZE OF LOT 6 ACRES TYPE BLDG. 1 STORY CONTEMPORARY (3)
(NUMBER OF BEDROOMS)

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.

Michael M Ramina
(SIGNATURE OF APPLICANT)

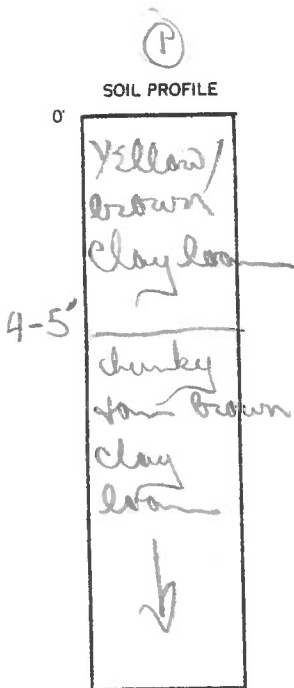
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

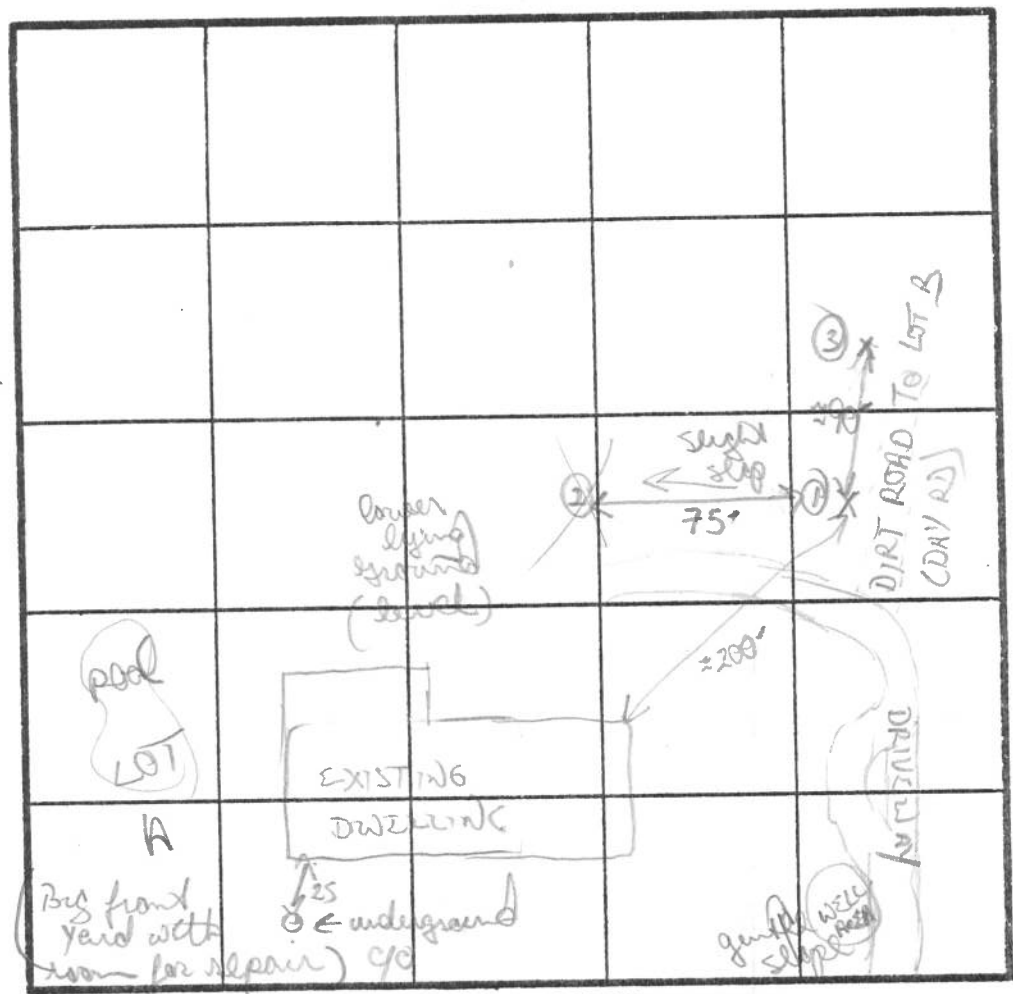
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

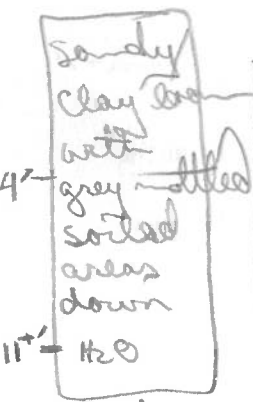
THIS IS NOT A PERMIT



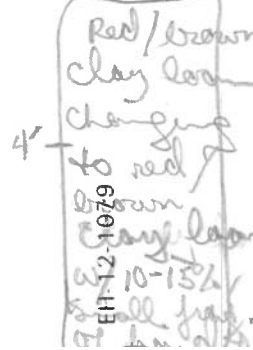
12"
no H₂O



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



12'
H₂O level
↑ = 6" after
2 hours
3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/5/86	(5)	4 5	243	247	247	255	8 min
		12' D	bottom (see profile)				
			test hole for Lot B				
3/5/86	(1)	4 1/2	314				Stopped after 30 min
		12' D	bottom (see profile)				
			TEST HERE				
	(3)	4 1/2	330				Stopped at
		12'	bottom (see profile)				

REMARKS: Hole 2 no good, hole #1 questionable
See other page for comments on Lot B perc
Red/brown clays & clay loams

TYPE OF SOIL: B. Urban

M. Ramina/digger

PERMIT

P 36578

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~
461-9933

ELLICOTT CITY

DISTRICT _____

DATE 2/26/86

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT A - Existing House

PROPERTY OWNER Michael M. Ramina

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

PERCOLATION TEST TO ESTABLISH SUFFICIENT AREA TO ALLOW FOR FUTURE SEPTIC REPAIRS.

PLANS APPROVED BY C. Williams DATE 2/26/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

~~CALL 992-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 36578

A REPAIR

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

DISTRICT _____

~~X992X330~~
461-9933

DATE 2/26/86

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT A - Existing House

PROPERTY OWNER Michael M. Ramina

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

PERCOLATION TEST TO ESTABLISH SUFFICIENT AREA TO ALLOW FOR FUTURE SEPTIC REPAIRS.

NOTE: See back of perc application sheet for
info regarding future repair area (attempts)
3/5/86
RA

PLANS APPROVED BY C. Williams DATE 2/26/86

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.

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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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

~~CALL 892-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Michael Kamina

(Name)

*3201 Kappers Street
Baltimore MD.*

(Address)

Lot 2 Day rd. Sub -

HO 81147

(OEP Well Permit Number)

4/22/86

(Date)

SUBDIVISION: DAY FARM EST.
UNDERWOOD RD.
(RAMINA)

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

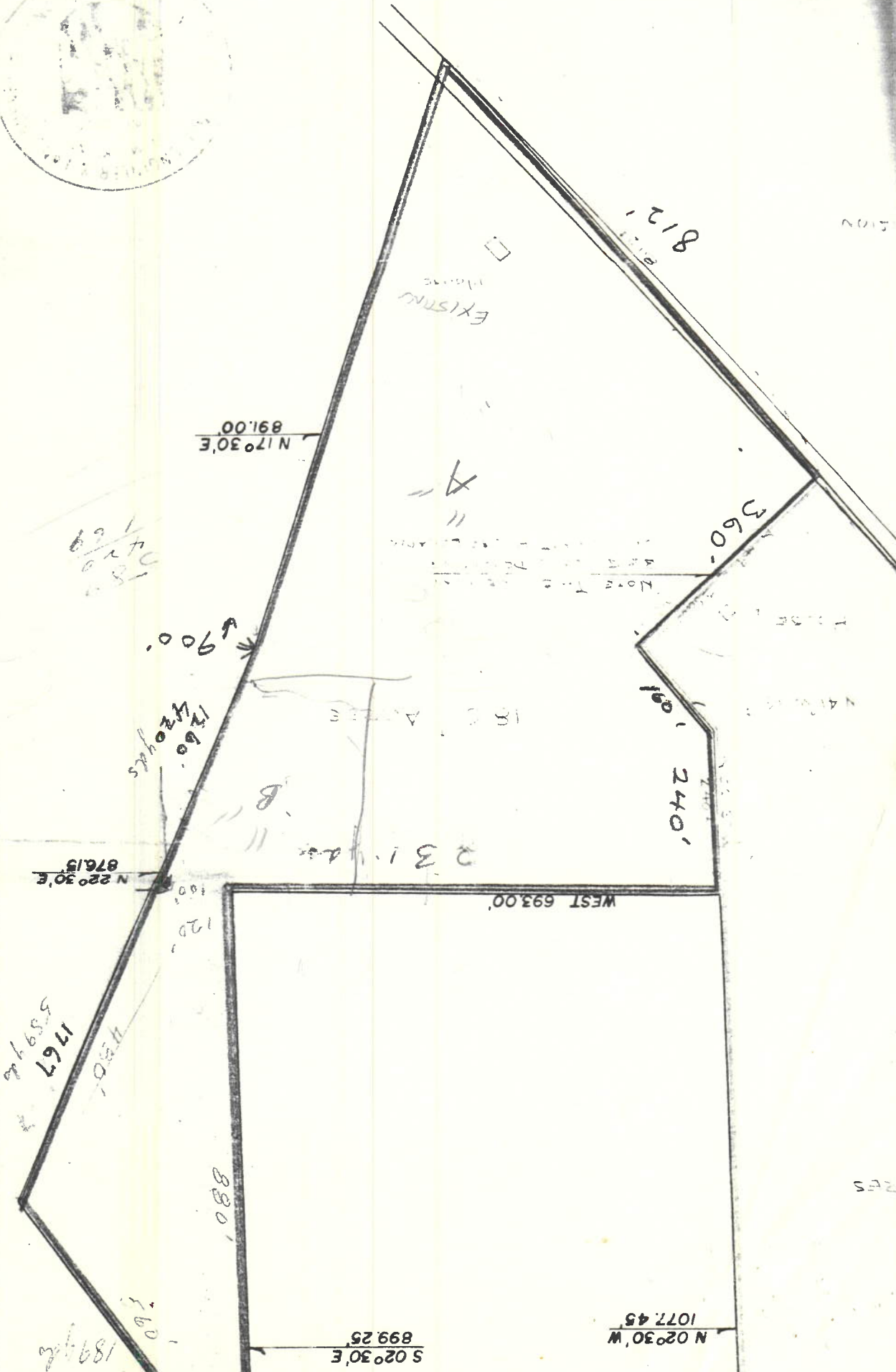
Bottom maximum depth 8 feet below original grade.

Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 520' FROM
THE REAR LOT LINE AND 10' FROM THE RIGHT LOT LINE
AS SEEN WHEN FACING THE PROPERTY FROM UNDERWOOD RD.
RUN TRENCH(S) ALONG CONTOUR TOWARD LEFT SIDE
OF PROPERTY, 8/5/86 C. Williams



March 10, 1986

Mr. Michel Ramina
2823 Linwood Avenue
Baltimore, Maryland 21234

RE: Percolation Testing
Selene Smith Property
Tax Map 9 - Parcel 75

Dear Mr. Ramina:

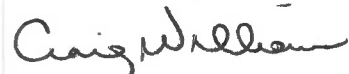
Percolation testing conducted March 5, 1986 on the above referenced property indicated satisfactory soil conditions.

Approval of the subdivision is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,



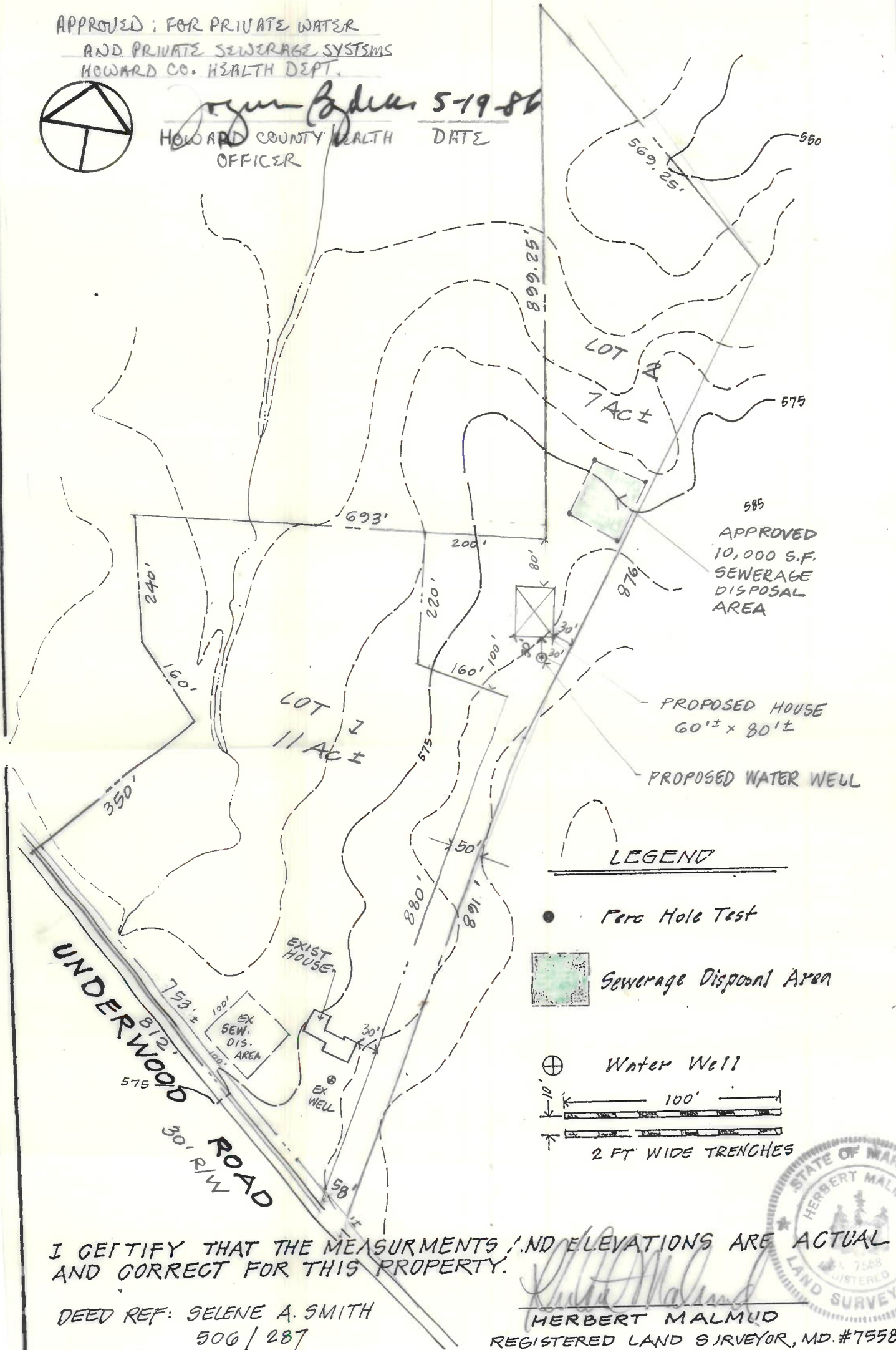
Craig Williams, Director
Water and Sewerage Program

CW:jr

APPROVED FOR PRIVATE WATER
AND PRIVATE SEWERAGE SYSTEMS
HOWARD CO. HEALTH DEPT.



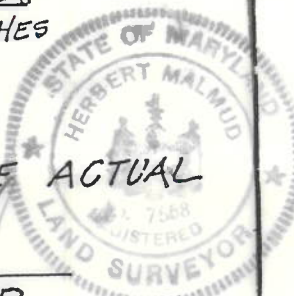
John Baker 5-19-86
HOWARD COUNTY HEALTH OFFICER DATE



I CERTIFY THAT THE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

DEED REF: SELENE A. SMITH
506/287

Herbert Malmud
HERBERT MALMUD
REGISTERED LAND SURVEYOR, MD. #7558

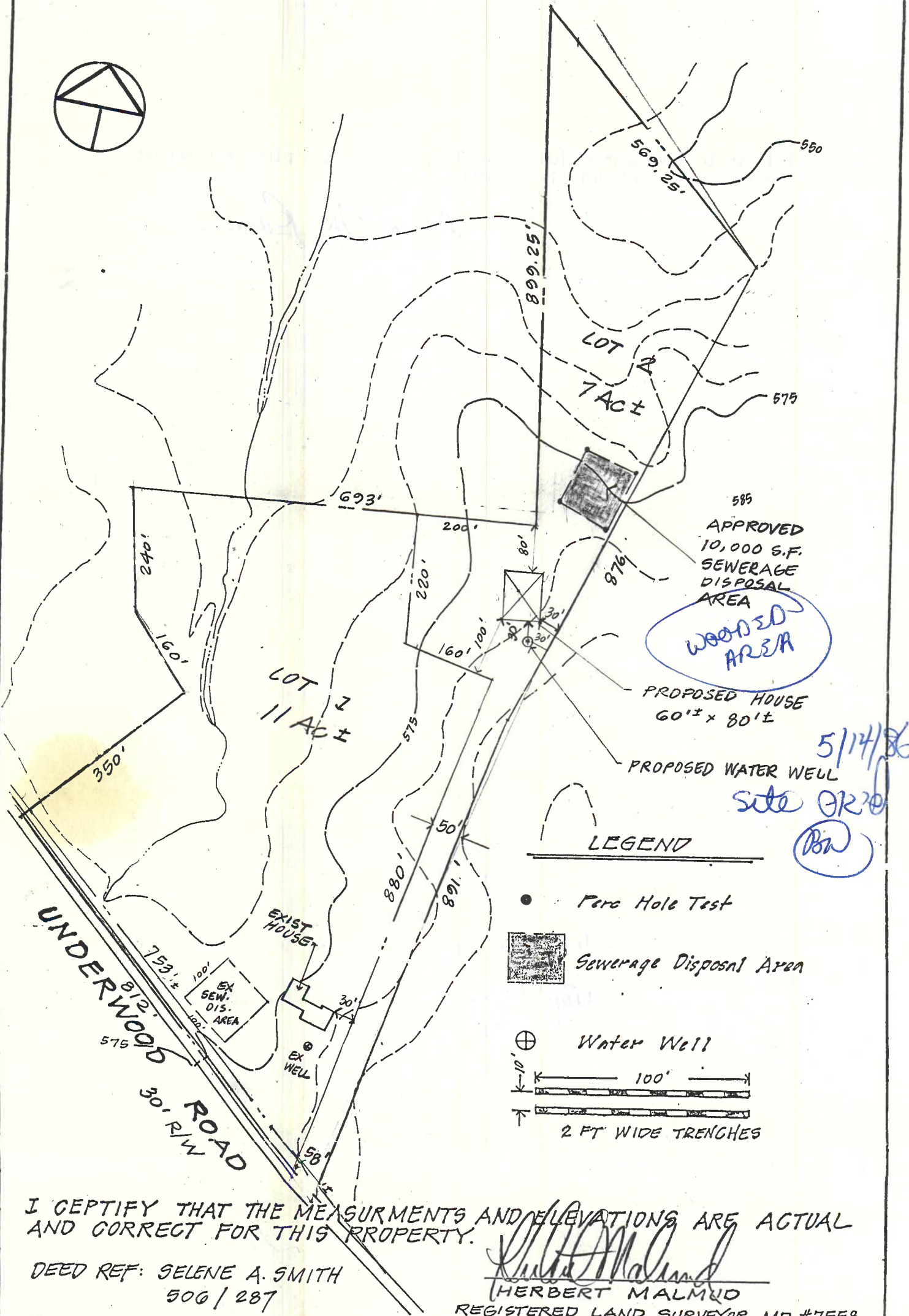


THE LOTS SHOWN HEREON COMPLY WITH MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY MARYLAND STATE HEALTH REG.

Scale: 1" = 200'
Date: April 17, 1986

PROPOSED
DAY FARM ESTATES
Election District No. 3
Howard County, Maryland

H. MALMUD & ASS'Y. INC.
8115 MEADOW HEIGHTS ROAD
RANDALLSTOWN, MD 21133
TELEPHONE: (301) 655-6435



WOODED AREA

APPROVED
10,000 S.F.
SEWERAGE
DISPOSAL
AREA

PROPOSED HOUSE
60' x 80'

PROPOSED WATER WELL

5/14/86

site OK'D

(P.W.)

LEGEND

- Perc Hole Test
- Sewerage Disposal Area
- Water Well
- 100'
- 2 FT WIDE TRENCHES

I CERTIFY THAT THE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

DEED REF: SELENE A. SMITH
506/287

Herbert Malmud
HERBERT MALMUD
REGISTERED LAND SURVEYOR, MD. #7558

THE LOTS SHOWN HEREON COMPLY WITH MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY MARYLAND STATE HEALTH REG.

Scale: 1" = 200'
Date: April 17, 1986

PROPOSED
DAY ROAD SUBDIVISION
Election District No. 3
Howard County, Maryland

H. MALMUD & ASSO. INC.
8015 MEADOW HEIGHTS ROAD
RANDALLSTOWN, MD 21133
TELEPHONE: (301) 655-6465

