PERMIT

34982

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

05-407605

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

-	Frall Septic Service IS PERMITTED TO INSTALL X ALTER
ADDRES	P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674
SUBDIVI	SION Waterford ROAD 12913 Wexford Park LOT 20. Sec. 2
PROPER	TY OWNER Elless Homes, Inc.
	s
IF GARB	AGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.
GARBAG	E GRINDER? YES NOX_
SEPTIC T	ANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4
LOCAT	 HES - 200 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe. ION - Place the dsitribution box 155 feet up the left (250') lot line and 120 feet off the left (250') lot line as seen when facing the lot from Waterford Parkler Run trenches on contour toward the left lot line. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ΦΚ/(ω)
PLANS APPI	ROVED BY Sid Abel DATE 4/01/87 WORK UNTIL INSPECTED AND APPROVED
	E HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
OTE CLE	ANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS
OTE: ALL	PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
OTE: IF D	EEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
OTE: NO	DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
OTE: ALL	PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS
and the second second	AFTER TWO YEARS
OTE: INST	ALL 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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

DATE SYSTEM APPROVED 5/23/89 INSPECTOR M. RIPKIN

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37/10

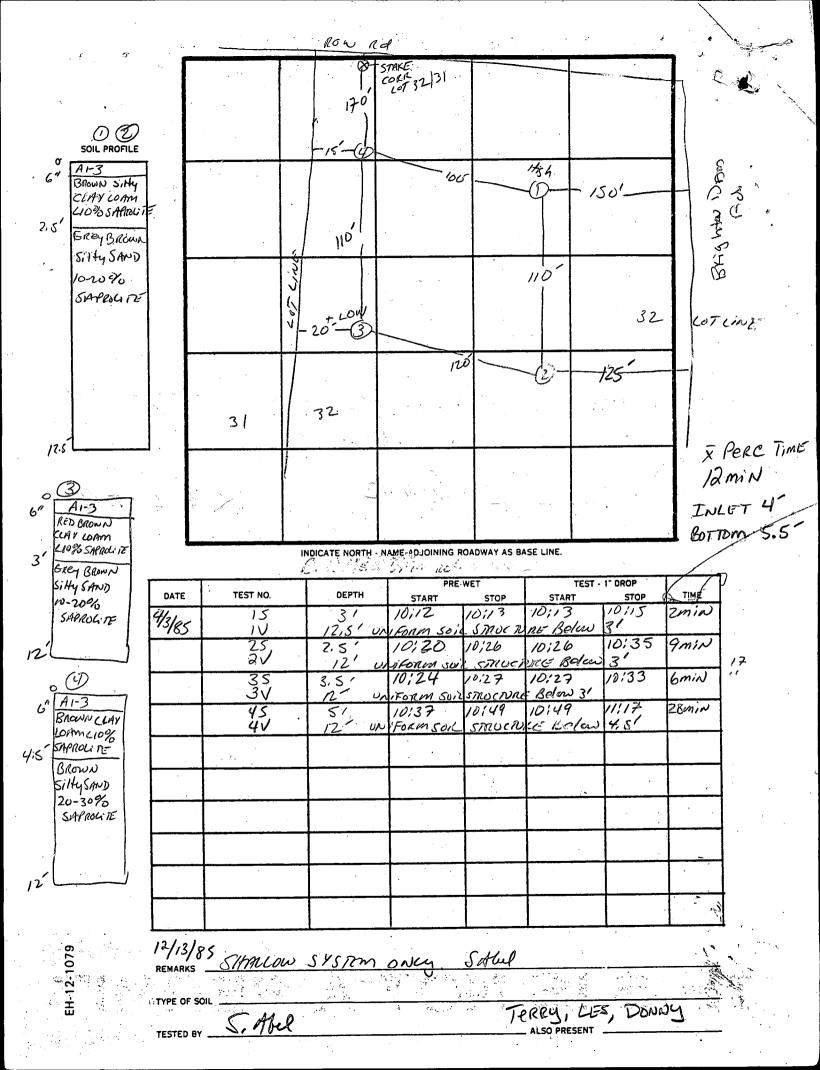
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th ELECTION

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

DATE 2.14.85

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 HUNTINGTON INTERNATIONAL TOPPORATION ELLOSS Homes
ADDRESS 495/ ROCKWOOD PARKWAY NW, WASH, D.C. 20016 PHONE (202) 659-2474
PROPERTY LOCATION:
SUBDIVISION HUNTINGTON ESTATES SECTION 2 LOT NO. 38 LOT 05 19
ROAD AND DESCRIPTION ON BRIGHTON ROAD / 1800' WEST OF TEN OAKS ROAD
NTERSECTION 12913 WEXTOND PARIL
SIZE OF LOT 3.37 ACT TYPE BLOG SINGLE FAMILY DWELLIN
(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 MOSH A PROHIBENES IN TESTING THE LOT
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT)
APPROVED BY Sichray abel FOR Shallastele fields DATE 4-1-87
APPROVED BY TRANSPORT FOR SMALLEY TURNS DATE 7-1007
REJECTED BY FOR DATE
HOLD PENDING FURTHER TESTS DATE
REASONS FOR REJECTION OR HOLDING 4-3-85 SATISFACTORY PERC, HOLD FOR SUBdivision PLAT
Showing Gentified hole LOCATION, HOUSE AND WELLSITE, SAJOR
Shallow System Only S. Hal 12/13/85 BLDG. PERMIT SIGNED
AND RETURNED 9-30-88, BP2/58
territoria de la companya de la comp
THIS IS NOT A PERMIT

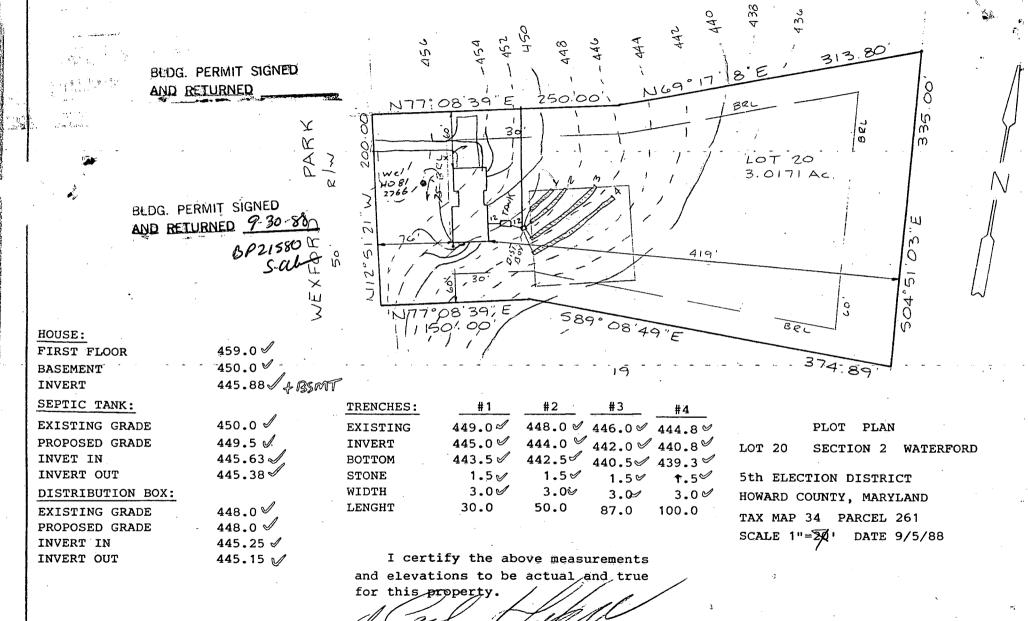


5/23/89

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

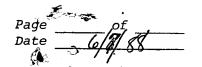
APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation	Receipt # 44247 Date
Name of Installer MARINO P+H Tuc.	Telephone <u>747-5615</u>
License Number M-3095 Certified Well Pump Installer Well Driller	Registered Plumber
Name of Property Owner Ellisse Homes Subdivision WAterford Lot # 20 Wel Site Address 12913 WEXFORD PARK Maghion Dam PM	Telephone
Pump 1. Type 2. RPM 3. Voltage 3. Voltage 3. Voltage 3. Voltage 4. Capacity 3. Model # 76507412 4. Capacity 6. If Yes, is low pressure cutoff switch installed? 7. What methods are used to protect the pump and electry vibrations? 7. Torque arrestors Cable guards	ical wiring from
Tank 1. Capacity 350 2. Pressure relief valve? YES P. A. 47 B.G. MR 5/2/89 Piping 1. Type 1"-1601b 2. Size 1" 3. NSF and/or BOCA Code approved YES 4. Depth of supply line 42"	Well data 1. Depth <u>205</u> ft. 2. Yield <u>12</u> GPM 3. Static water level <u>43</u> ft. 4. Will water supply be disinfected by installer? <u>By Builder</u>
I understand that it is my responsibility to notify to Department when the installation is ready for inspection is null and void).	
All information given above is true to the best of my k	nowledge.
Signature of Applicant:	ph. D. Marino 5-16-89
Note: A sticker indicating approval/status of the inston the well casing at the time of the inspection.	



J. Carl Hudgin's

c 1 9549 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER 13-10 BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 34982
DATE RECeived DATE WELL COMPLETE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 15 20	(10 NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER MAKOTASK STREET OR BED last names X FOTE	O A A . firet name	0.803/5.4.13.1.5
OTTLE OTTING	TOWN	LOT 20
SUBDIVISION WELL LOG	SECTION GROUTING RECORD	
Not required for driven wells	WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST/
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEFT Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water additional sheets if needed) FROM TO bearing	45 46 45	PUMPING RATE (gal. per min. 11)
0 35	GALLONS OF WATER	METHOD USED TO
SINUD Stone	DEPTH OF GROUT SEAL (fo nearest foot)	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
	from ft. to 55 BOTTOM 58	BEFORE PUMPING / BOTTOM
3 36	(enter 0 if from surface) _casing CASING RECORD	17 20
Cale 1 35 25 V	types	WHEN PUMPING
Permy Mish	(insert appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
Hock I be	code below PL OT	A air P piston T turbine
	PLASTIC OTHER	27 27 27
	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
	CASING top (main) casing of main casing TYPE (nearest inch) /(nearest foot)	27 27 below)
		S submersible
	60 61 63 64 66 70	el meladi
	E OTHER CASING (if used) A diameter depth (feet)	
	inch from to	PUMP INSTALLED
·	CAS	DRILLER WILL INSTALL PUMP YES (NO (CIRCLE) (YES or NO)
	N G	IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	Appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
	code BHONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35
No. of State	C 2 /	PUMP HORSE POWER 37 41
	DEPTH (ngarest ft)	PUMP COLUMN LENGTH (nearest ft.)
the second secon		CASING HEIGHT (circle appropriate box
	E 4 3 15 17 21 15 17 21	+ above
	1 2	helow (nearest
CIRCLE APPROPRIATE LETTER	Ř []	49 foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 3 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
D TEST WELL CONVERTED TO PRODUCTION	DIAMETER (NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN L INCH)	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS	So
OF MY KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68 68	so de la
DRILLERS IDENT. NO.	OEP USE ONLY	07
DRILLERS SIGNATURE	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q	0 10.
(MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	The same of the sa
	70 72 72	英
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	



		FIELD DATA S HOWARD COUNTY WELL		
Location of pro	HO - 81- 22 perty (road) WMTR FOR	WEXFORD PA) Block Plat	
Static w	of measuring po	oint (M.P.) above gr L.) below M.P.	ound 3' 30'	territoria de la constanta de
Time pump Total tim		25 reach pumping water	Pumping rate 1500 level 43 fell recorded every 15 minu	below M.P.
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill \$1	(if used)	(gallons per
tervals		gallon bucket		minute)
7:40	43	4 sec.		15
7:55	43	5		12
8:10	43	5		12
8.25	43	~		12
8:40	43	5	· · · · · · · · · · · · · · · · · · ·	12
8:55	42	<u></u>		12
9:10	42	5		12
9.25	42			10
9:40	42	<u> </u>		12
9:55	42	<u></u>		12
10:10	45	=		12
	42	5		12
10:25	1/2	<u> </u>		10
10, 10.	72		A CONTRACTOR OF THE PROPERTY O	12.
	····			
		1		

Dian with File

HARR WELL DRILLING

12047 FALLS ROAD COCKEYSVILLE, MD 21030 410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 03-04-10

Address: 12913 Wexford Park

Owner: Brian Craig

Well Depth:

Permit Number: HO-81-2766

Subdivision:

Election District:

Static Water Level: 31 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 Gallon bucket	Calculated Flow-Gallons Per Minute
0930	31 ft	28psi	30 sec	10.00
0945	36	28	30	10.00
1000	38	28	30	10.00
1015	38	28	30	10.00
1030	38	28	30	10.00
1045	38	28	30	10.00
1100	38	28	30	10.00
1115	38	28	30	10.00
1130	38	28	30	10.00
1145	38	28	30	10.00
1200	38	28	30	10.00
1215	38	28	30	10.00
1230	38	28	30	10.00

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration
201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

C	0	5	6	5	*	60'8	
	N						

WATER ANALYSIS

Bottle Number: H 1521 Na	me: MAKOWSKI	DAVID co	unty: HOWARD
Source of Sample: WATER	2 FORD LOT Street	20 58472 Collect	or: HODGES
, Sample Type Community (Circle): Source	Non-Community Priva	Emergency	Routine
•		H0812	
Remarks: WEX FOR D			160
	0607	788 MAM	
•	impling Date Colle itation	ected Time	Acid Iced
Field Data:	<u>Chlorine</u>		
<u> </u>	Residual	Free Total	Specific Conductance
/ P	1		
ANALYSIS	CODE RESULTS	- ANALYSIS	CODE RESULTS
<i>▶</i> pH*	00403	Arsenic	01002
Alkalinity (Total)	00410	Barium	01007
pH*, Ca CO₃ SAT.	70311	Cadmium	01027
Alkalinity, Ca CO ₃ SAT.	74023	Chromium	01034
Hardness	00900	Lead	01051
Ammonia-N	00608	Mercury	71900
Nitrate-Nitrate N	00630	Selenium	01147
Nitrite N	00615	Silver	01077
MBAS	38260		
Chioride S	00940	Aluminum	01105
Fluoride:	00951	Calcium	00916
Color	00081	Copper	01042
Turbidity*	00076	Iron	01045
Conductance, SPEC	00095	Magnesium	00927
Sulfate Sulfate	00945	Manganese	01055
Total Solids	00500	Nickel	01067
Dissolved Solids	70300	Potassium	00937
		Sodium	00929
		Zinc	01092
		7.	

*Results reported in units, all others in milligrams per liter (pp.)

Date Received JUN 8 1988 Date Reported

DHMH 90-A (10-87)

Chemist

Page of	
Well Permit No. HO - 89-2700 MRK Location of property (road) Lot 10 Block Plat Sec Well Driller Owner MAKOWSKI, DAVID Depth of well	
Well Permit No. HO - 89-2700 MRK Location of property (road) Lot 10 Block Plat Sec Well Driller Owner MAKOWSKI, DAVID Depth of well	
Well Permit No. HO - 89-2766 Location of property (road) (NEXFOR) PARK Subdivision (NEXFOR) Lot 10 Block Plat Sec Well Driller (NAXION) Owner MAKOWSKI, DAVID Depth of well	
Well Permit No. HO - 89-2766 Location of property (road) (NEXFOR) PARK Subdivision (NTILL FOR) Lot 20 Block Plat Sec Well Driller (NAKOWSKI, DAVID) Depth of well	
Location of property (road) SXFORD MRK Subdivision WRILL FORD Lot 30 Block Plat Sec Well Driller Owner MAKOWSKI, DAVID Depth of well	
Location of property (road) SXFORD MRK Subdivision WRILL FORD Lot 30 Block Plat Sec Well Driller Owner MAKOWSKI, DAVID Depth of well	
Well Driller Depth of well	
Depth of well	. 2
Depth of well	
The state of the s	
Static water level (S.W.L.) below M.P.	
I. High rate pumping reservoir drawdown	
Time pump started Pumping rate	
Total time to reach pumping water level ft. below M.P.	.
II. Recovery pump test data - observations to be recorded every 15 minutes	
	TED FLOW
minute in- below M.P. time to fill 5 (if used) (gallon	s per
tervals gallon bucket minute)
6 10 10 10	P
Color of face	
1/2/8/)_)_
6/19/1 Sumple wallen 19	11
	
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armed too lute to observe	- A A
Ruma Tost read or over to	2//
January Control of the state of	Y 1
- Appeared to be growten	
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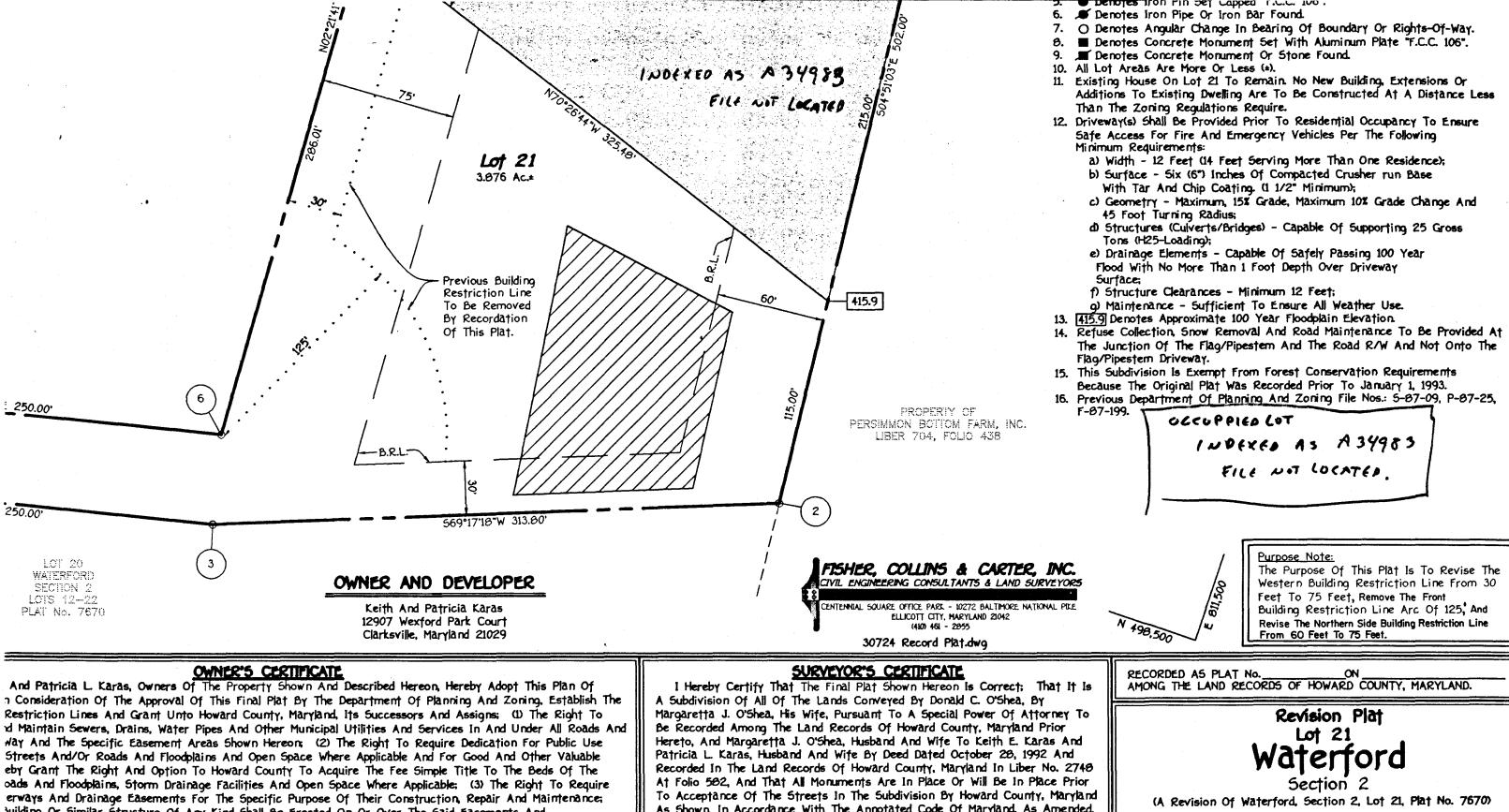
	B 1 5622 SEQUENCE NO. STATE O	F MARYLAND	STATE PERMIT NUMBER
	THIS NUMBER IS TO BE PUNCHED	O DRILL WELL print or type	#0 - 81 - 2766 70 fill in this form completely 79
, 4 , 4	Date Received (APA)	B 3	LOCATION OF WELL
	Q42788 OWNER INFORMATION		
	Mikowski VHUI	8 COUNTY	21
	15 Last Name Owner First Name 34	23 SUBDIVISION	42
	36 Street or RFD 55 55	SECTION 44 46	LOT 2// 50
	57 Town 70State72 Zip 76 DRILLER INFORMATION	52 NEAREST TOWN	74
	ディスタン/ 1 / パンタ/ 2 3 8 1 1 1 1 1 1 1 1 1	MILES FROM TOWN (en	ter 0 if in town) 2
	JOSE AL MANNE CONTRACTOR	B 4 1 2 DIRECTION OF WELL FROM	Wexton PARX
	Address	TOWN (CIRCLE BOX)	11 // NEAR WHAT ROAD 30.
	Signature. Date	N W 8 R 8 R	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
	B 2 WELL INFORMATION	(W) (TOWN) E	WES![S]EAS
13. A 1 1 4 1 1 6	ÂPPROX, PUMPING RATE (GAL. PER MIN.)		34 # O 37
	AVERAGE DAILY QUANTITY NEEDED. (GAL. PER DAY) 14 20	S S 8-9	DISTANCE FROM ROAD ENTER FT or MI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
1	D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL)	HOWARD	A34982
	INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV	COUNTY NAME STATE SIGNATURE	COUNTY NO.
	PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	DATE ISSUED	R 11:15 17118
	P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE	43 48 C NORTH 4 9 8 0 0	O SIGNATURE EXPLOATE O EAST O 0 0 0
	APPROPRIATION PERMIT)	GHID 11/131 1	55 57 63
	APPROXIMATE DEPTH OF WELL 28 FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL . WITH AN X	Α
	APPROXIMATE DIAMETER OF WELL	SOURCES OF DRILLING	1618181
	METHOD OF DRILLING (circle one)	3.	Growter but A)
	BORED (or Augered) JETTED Jetted & DRIVEN AIR PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUME FROM THE MAP HERE	SER MISSELLAN J
	CABLE REVerse-ROTary. DRive-POINT	E	9.6
	other _	N 1/10	1
	REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		OW SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE.
	THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE		TO NEAREST ROAD JUNCTION
	L ABANDONED AND SEACED	No.	
	39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEN AN EXISTING WELL		18
	PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 41 52	2 8 mg	to star of E
	Not to be filled in by driller (QEP USE ONLY)		
	APPROP. PERMIT NUMBER G A' P		
	FORCE WRITE INITIALS PERMIT NO. W. 70 71 72 73 74 75 76 77 78 79		1 Xwile
	SPECIAL CONDITIONS		
er grade Salas Alba	CO	UNTY	and a second control of the second control of the second control of the second control of the second control o

File No. FOI-36 Waterfardy Lat 21

DEPARTMENT OF PLANNING AND ZONING FINAL PLAT ORIGINAL FOR SIGNATURE APPROVAL

This form is for the processing of originals for signature approvals. If corrections or additions must be made to the original, the corrections needed must be identified in the space provided and the plans must be returned unsigned to the Department of Planning and Zoning. DPZ will notify the owner of the required revisions and request that the owner's engineer make the corrections or contact the appropriate County agency with questions concerning such revisions.

9 916100						
HEALTH		Date Received		Date Forwa	arded	
Review	ving Agent		· · · · · · · · · · · · · · · · · · ·			
Rejected For:	HOWARI	COUNTY HEALTH Dompleted Septic S	EPARTMENT ystem			
DED		P 42503	A 349	183	rded	
Revie	LOCATION Water		APPLICATION HOLD APPROVED REJECTED			
	12901 Welfer	7 00010 145	REJECTED			
Rejected For:	APPLICANT Charles	2 Cros	INSTALLATIO			
	APPLICANT Thank OWNER Wayne & PERMITTEE Jack	reinfield Fyoch	INSTALLATION HOLD APPROVED /	1	rded	
Rejected For:	Charle	runfield Fyrch	HOLD	1	rded	
Chief, DLD	PERMITTEE Gach	runfield Fyrch	HOLD	1	rded	
Chief, DLD	PERMITTEE Gach	renfued Fyoch	HOLD	1	rded	
Chief, DLD	PERMITTEE Gach	runfuld Fyoch	HOLD	1	rded	



duilding Or Similar Structure Of Any Kind Shall Be Erected On Or Over The Said Easements And "it pess My Hand This 15+ Day Of September 2000.

As Shown, In Accordance With The Annotated Code Of Maryland, As Amended, And Monumentation Is In Accordance With The Howard County Subdivision

Regulations.

Terrell A. Fisher. Professional Land Surveyor No. 10692

9/1/2000

Zoning: RR-DEO

Tax Map: 34, Part Of Parcet 261, Grid: 10 Fifth Election District Howard County, Maryland

