

5/18/90 noon

# PERMIT

P 45948  
A 31156

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-344707

DATE 05/17/90

DATE SYSTEM APPROVED 5/18/90

INSPECTOR BJH

INDEXED

Fogle's Septic Service, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Patapsco Overlook ROAD 601 Weller Drive LOT 12

PROPERTY OWNER Richard C. Tippet Mr. Don Bell

ADDRESS 601 Weller Drive  
Lisbon, MD 21765

~~IF GARAGE OR INDECK IS USED TO HOUSE SEWER TANK TRENCHES AND ABSORPTION AREA BY 22%~~

~~GARAGE OR INDECK IS USED TO HOUSE SEWER TANK TRENCHES AND ABSORPTION AREA BY 22%~~

Add-on Deck  
BLDG. PERMIT SIGNED  
AND RETURNED 8-14-95  
Serial # 61227

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 170 feet from the rear (210') lot line and 80 feet from the right (739') lot line as seen when facing the property from Weller Drive. Run trenches along contour toward right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5-9-90 JEN

PLANS APPROVED BY C. Williams DATE 12/29/86

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

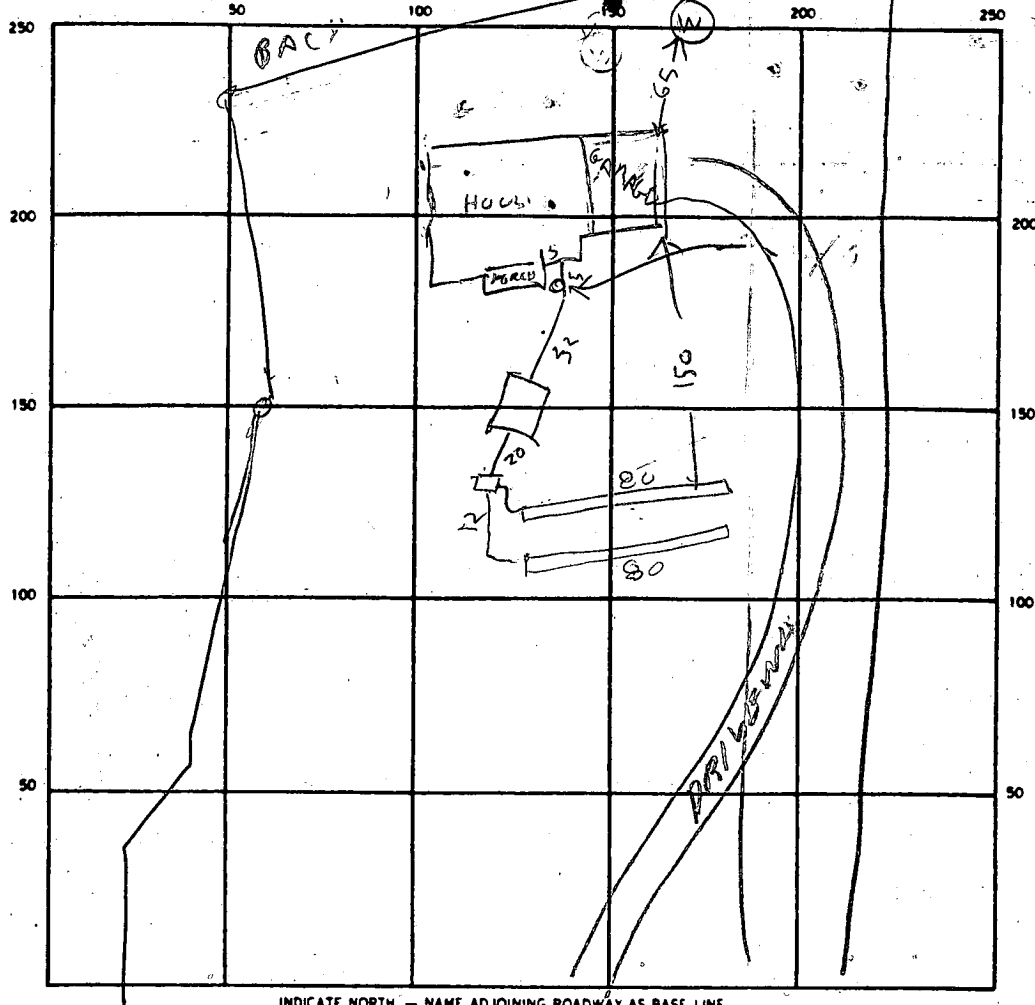
BLDG. PERMIT SIGNED  
AND RETURNED 7-29-98  
Serial # B0113281

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

*Myers and Pratt*  
2/12/03 B00140303 SUNROOM

A31156



43  
200  
2000

SEPTIC TANK. LEVEL 1000 CLEANOUTS ST | HOUSE SEWER  
OK | OK

DISTRIBUTION BOX. LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD. DEPTH 7.5 | 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 | 3 FT.

EFFECTIVE GRAVEL DEPTH 4.5 | 4.5 FT. TOTAL LENGTH 80 | 80 FT. 160

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA 360 | 360 SQ. FT. 720 TOTAL

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 5/18/90 11PM - TRENCH #1 DUG  
5/18/90 4PM - TRENCH #1 FINISHED TRENCH  
#2 ALMOST FINISHED OK TO COVER RH

DATE SYSTEM APPROVED 5/18/90 INSPECTOR Raymond Hodges

# APPLICATION

A 3/15/81

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 2/9/81

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 Georgia Ave. Properties Inc.

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Georgia Ave Properties LOT NO. 12

ROAD AND DESCRIPTION Md. Rte.94 and Old Frederick Rd.

SIZE OF LOT 3 ac + TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE NA

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]  
Agent

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

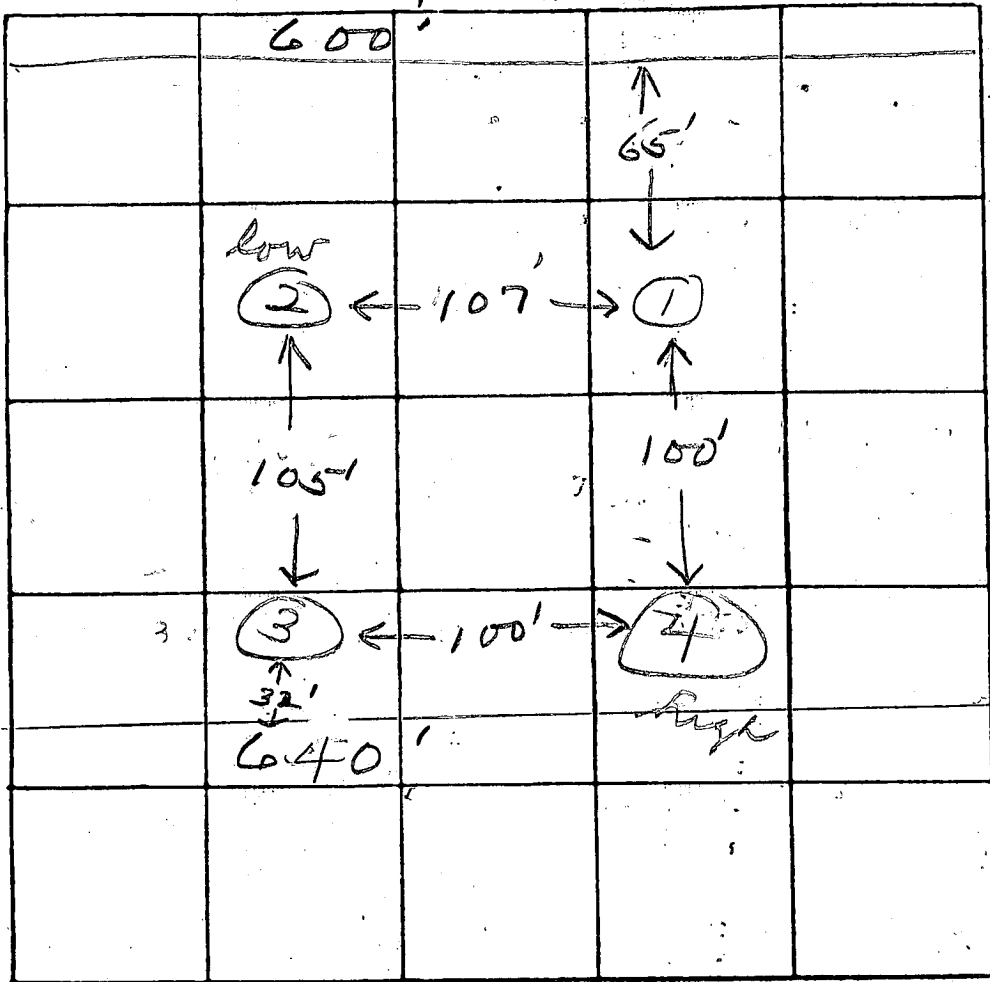
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

RT 94

LOT  
12

New-1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/10/81	1 S	4	3:25	3:30	3:30	3:40	10
	1 M	8	3:25	3:31	3:31	3:43	12
	2 S	4	3:31	3:34	3:34	3:40	6
	2 M	8	3:31	3:36	3:36	3:46	10
	3 S	4	3:41	3:47	3:44	3:47	3
	3 M	8	3:47	3:50	3:50	3:54	4
	4 S	4	3:50	3:54	3:54	3:56	2
	4 M	8	3:50	3:54	3:54	3:58	4

inlet  
3'  
8 min.  
51

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY JP ALSO SENT: Pickens Lee

B 1 **1065** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

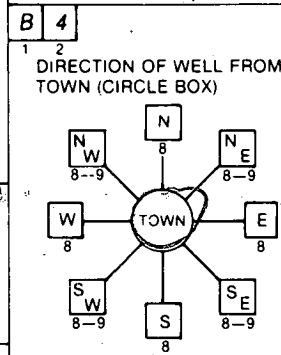
STATE OF MARYLAND  
**PERMIT TO DRILL WELL**  
 please print or type

STATE PERMIT NUMBER  
**40-88-0623**  
 fill in this form completely

Date Received (APA) **042689**  
**OWNER INFORMATION**  
 Last Name: **Harris** Owner: **Thomas** First Name: **Thomas**  
 Street or RFD: **17501 Wood Camp Rd.**  
 Town: **Mt. Airy** State: **Md** Zip: **21771**

B 3 LOCATION OF WELL **R 44088**  
 COUNTY: **Howard**  
 SUBDIVISION: **Patapsco Overlook**  
 SECTION: **2** LOT: **12**  
 NEAREST TOWN: **Woodbine**  
 MILES FROM TOWN: **0** MI

**DRILLER INFORMATION**  
 Driller's Name: **Sheldon L. Harley** License No. **321**  
 Firm Name: **Mick's Well Drilling**  
 Address: **8838 Yellow Springs Rd. Fred., Md. 21701**  
 Signature: *Sheldon L. Harley* Date: **04-24-89**



**Wheeler Drive**  
 NEAR WHAT ROAD: **Wheeler Drive**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  
  
 DISTANCE FROM ROAD: **350** FT or MI  
 ENTER FT or MI: **38 39**

B 2 **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.): **6**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME: **Howard** COUNTY NO.: **A-31656**  
 STATE SIGNATURE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
 CO SIGNATURE: *Sheldon L. Harley* EXP. DATE: **11-17-89**  
 NORTH GRID: **553000** EAST GRID: **0780000**

APPROXIMATE DEPTH OF WELL: **250** FEET

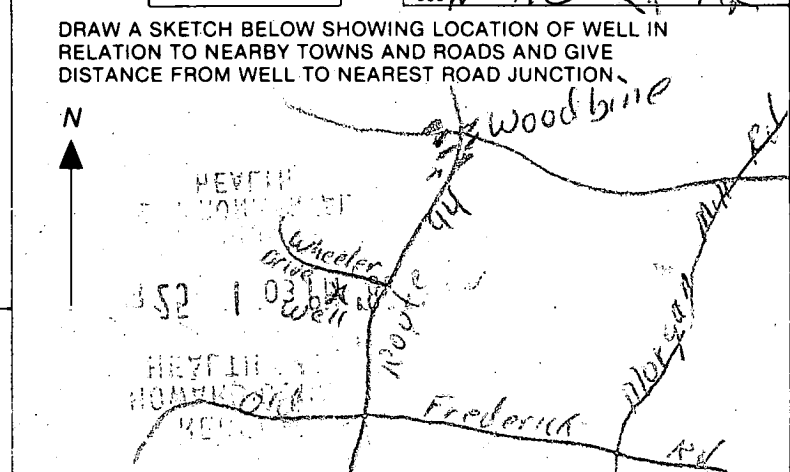
APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN   
 AIR-ROtary  AIR-PERcussion  ROTARY (Hydraulic Rotary)   
 CABLE  REVERSE-ROtary  Drive-POINT   
 other: \_\_\_\_\_

**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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER: **GAP**  
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-88-0623**

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  
  
 6/1/89 9:30  
 63' CASING GROUT  
 5' OPEN OBS'D  
 2' CASING A.G.  
 2 BAGS  
 Old Field 6/1/89  
 WTAG MR



SPECIAL CONDITIONS  
 COUNTY

**C1** **2466** SEQUENCE NO. (DENV USE ONLY)  
 1 2 3 6  
 (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-51156**

DATE RECEIVED  
 8 13

DATE WELL COMPLETED  
 15 20  
**060189**

DEPTH OF WELL  
 22 26  
**260**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-88-0623**

OWNER **MARLOS DRINKS**  
 STREET OR RFD **WELLS DR** last name first name TOWN **WICOMAKE**  
 SUBDIVISION **PATRIOT OVERLOOK** SECTION **2** LOT **12**

**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	
Brown Shale	0	55	
Green Slate	55	200	<input checked="" type="checkbox"/>

**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 **1128**  
 GALLONS OF WATER **72**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **63** ft.  
 (enter 0 if from surface)

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

**MAIN CASING**  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**S T** **6** **63**  
 60 61 63 64 66 70

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

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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
**HO** **63** **200**  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51

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

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. **321**

DRILLERS SIGNATURE  
**Malden L. Harber**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
**56** **60**

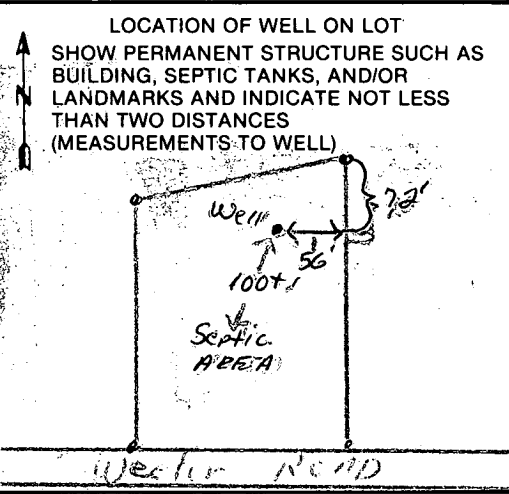
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **8**  
 METHOD USED TO MEASURE PUMPING RATE **Time**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **42**  
 WHEN PUMPING **85**  
 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: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot)  
**-** below } **50** **51**





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 X Replacement \_\_\_\_\_ Receipt # 45430  
 Date 1-8-89  
 Name of Installer Gartland Plumbing Telephone 829-9238  
 License Number 6352  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X  
 Name of Property Owner Richard Tippett Telephone \_\_\_\_\_  
 Subdivision Patapsco Overlook Lot # 12 Well Tag # HD-88-0623  
 Site Address 699 Waller Drive Mt Airy, MD 21771

Pump Motor Pitless Adapter  
 1. Type 1. Horsepower 3/4 1. Make Herward  
 a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth 9/2"  
 c. Submersible X a. 110 \_\_\_\_\_  
 2. Make Goulds b. 220 X  
 3. Model # \_\_\_\_\_  
 4. Capacity 7 GPM  
 5. Pump exceeds well capacity Yes \_\_\_\_\_ No X  
 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other X

Tank Piping Well data  
 1. Capacity 40 1. Type 1601b 1. Depth \_\_\_\_\_ ft.  
 2. Pressure relief valve? Yes 2. Size 1" 2. Yield \_\_\_\_\_ GPM  
 3. NSF and/or BOCA Code approved Yes 3. Static water level \_\_\_\_\_ ft.  
 4. Depth of supply line 200 ft 4. Will water supply be disinfected by installer? \_\_\_\_\_

P.A. 4.5' B-G.  
 MR 2/8/90

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_  
 Date: 1-8-89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.  
SIGNED: *Thomas [unclear]*

WELL ELEV. 625'

*Part of Sewer at no bottom*  
35' ±  
56' ±  
60'

Elevation Plan - Septic System

*No statement about length of Trench*

TRENCH SYSTEM USED INSTEAD OF DW

EXIST'G ELEV. 605'

HOUSE  
1<sup>ST</sup> FLR. ELEV. 623'  
BASEM'T ELEV. 615'

INVERT. ELEV. AT HOUSE 620.25'

INVERT ELEV. (INTO) SEPTIC 620'

SEPTIC TANK

EXIST'G ELEV. AT SEPTIC 622'

DRYWELL

INVERT. ELEV. (OUT OF) SEPTIC 619.75'

ORIG'L ELEV. AT TIME PERC TEST 620'

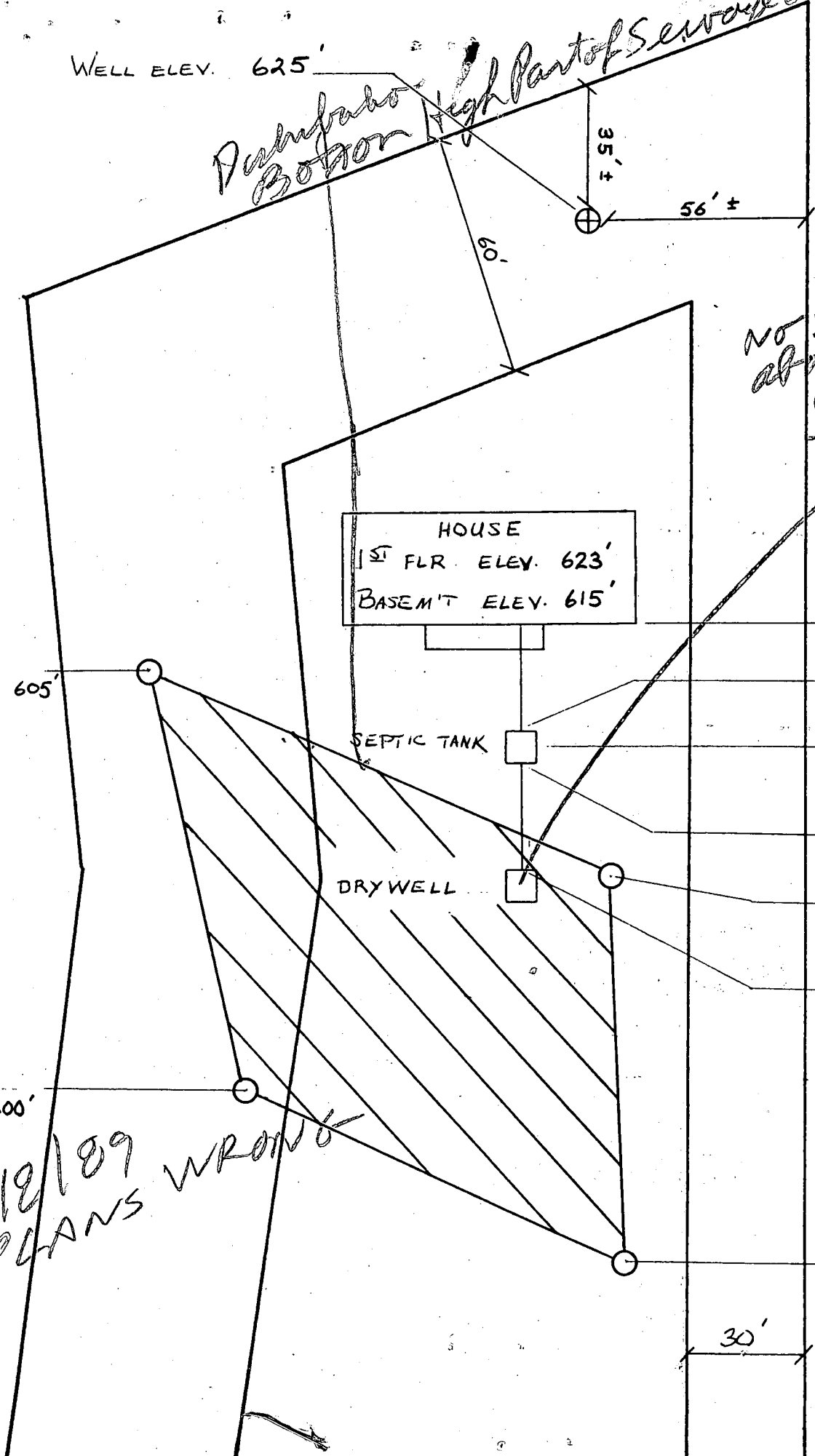
DRYWELL INLET ELEV. 619'

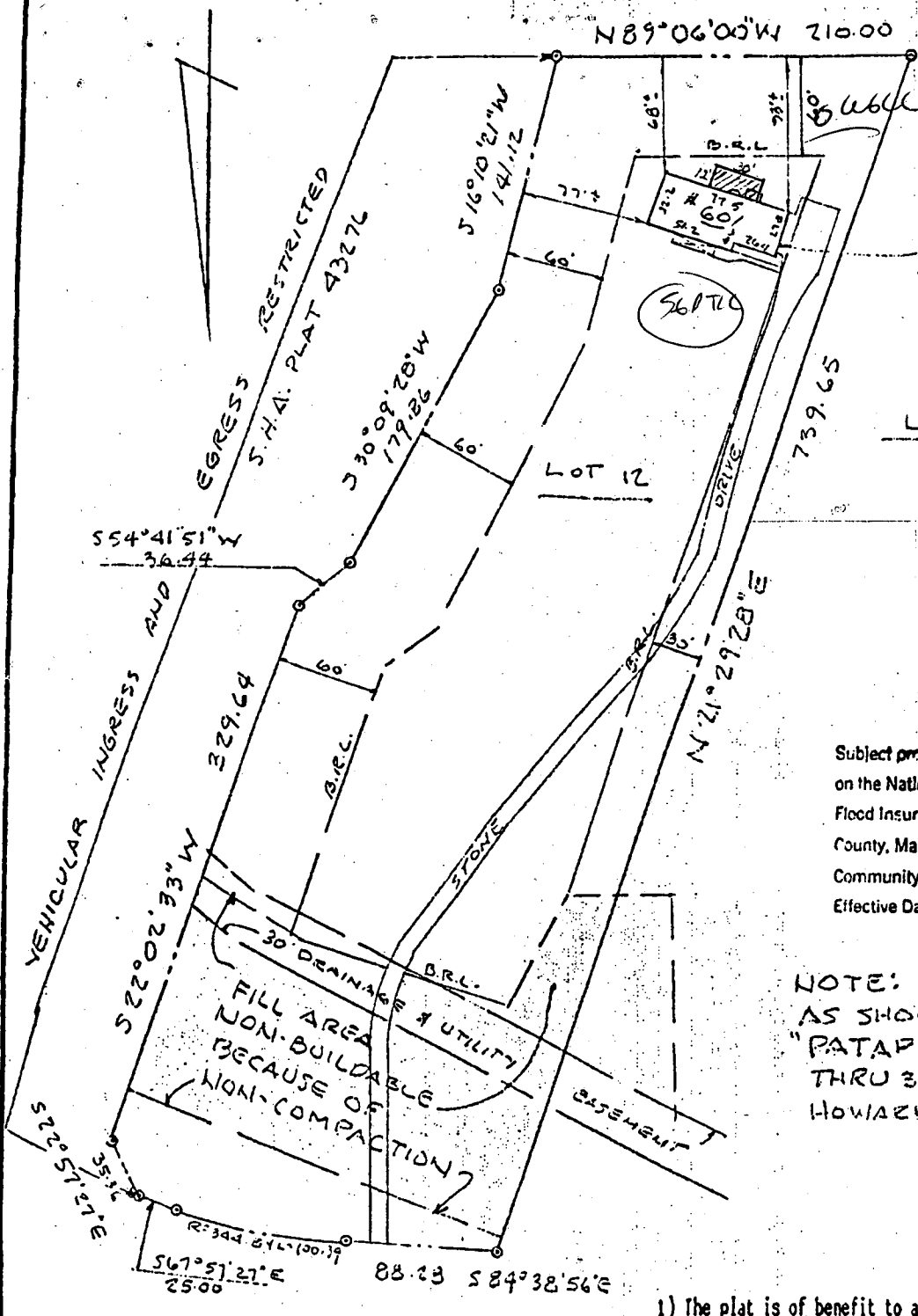
EXIST'G ELEV. 600'

*1 7/18/89  
PLANS WRONG*

EXIST'G ELEV. 610'

30'



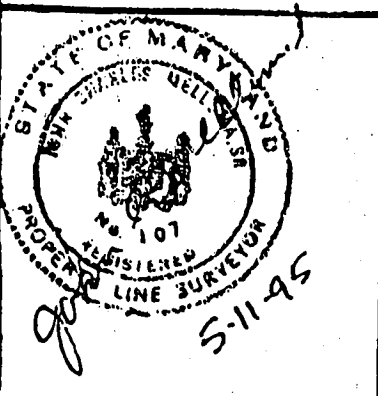


NO IMPACT TO  
 WCLL & SOPTIC  
 OK TO PROCEED  
 8/14/95  
*C. Weller*

Subject property is shown in Zone C  
 on the National Flood Insurance Program  
 Flood Insurance Rate Map of HOWARD  
 County, Maryland, Panel # 2 OF 45  
 Community Panel # 240049 0002B  
 Effective Date: DEC 4 1986

NOTE: 1. ALSO KNOWN AS LOT 12  
 AS SHOWN ON PLAT OF SEC. 2  
 "PATAPSCO OVERLOOK" LOTS 12  
 THRU 31 AND RECORDED IN  
 HOWARD CO., MD. ON PLAT C.M.P. 6782  
 2. CASE NO. 56945

- 1) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
- 2) The plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements;
- 3) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.



**LOCATION DRAWING**  
 601 WELDER DRIVE HOWARD COUNTY MARYLAND

**JOHN C. MELLEMA SR., INC.**  
**LAND SURVEYORS**

5409 EAST DRIVE · BALTIMORE, MARYLAND 21227 · (410)247-7488

SCALE: 1" = 100'
DATE: 5-11-95
JOB NO: 95123

EX. SEPTIC TANK

DRAIN FIELDS

SEPTIC

RESERVE

AREA

FRONT

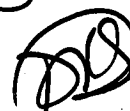
HOUSE

FILTER PAD

SWIMMING POOL  
(21'X34')

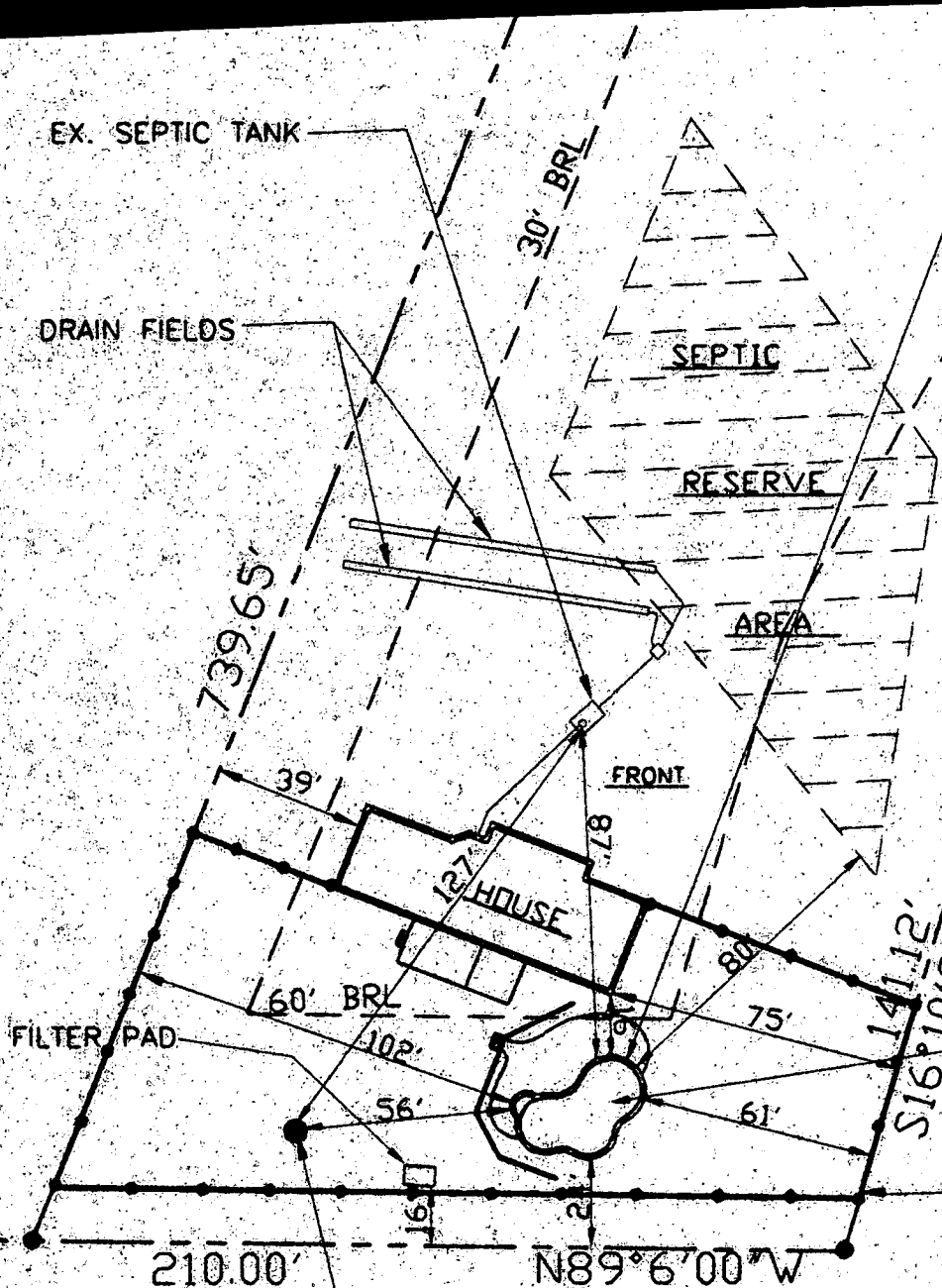
FENCE DATA:

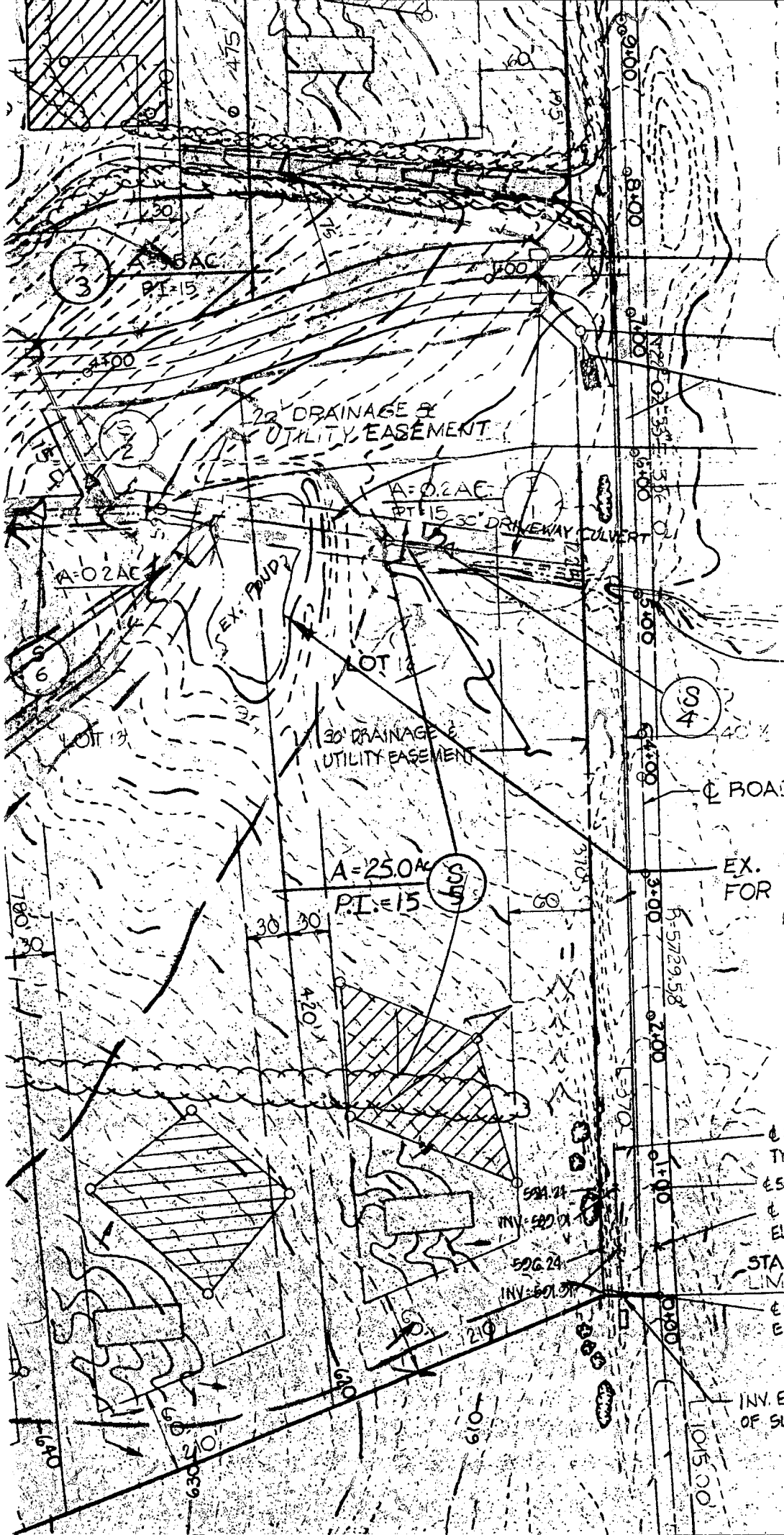
PROP. 5' HIGH WOOD FENCE AS  
PER CODE- BY OWNER (476 LIN.FT.)

7/29/98  
proposed pool  
location OK as  
shown 

WOODBINE

ROAD





# PLAT

WELER DRIVE

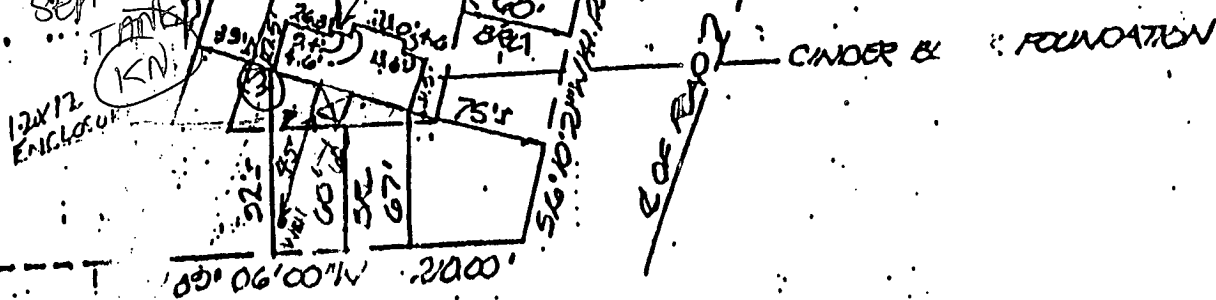
S 67° 57' 27" E 2500'  
 S 22° 52' 27" W 350'

1 NON-REMOVABLE  
 OR NON-CONSTRUCTION

ROAD

2/12/03  
 No permit  
 found  
 for  
 deck, however,  
 proposed  
 dimensions  
 allow  
 for a  
 ≥ 10'  
 SETBACK TO  
 SEPTIC  
 TANKS  
 (KN)

LOT 12  
 3.659 AC.



PLAT REFERENCE: PATARSCO OVERLOOK, SECTION 2  
 RECORDED IN PLAT 67

TITLE	LOCATION SURVEY	THIS IS A COPY AND HEREIN IS NOT TO BE USED TO CONDUCT A SURVEY OF THE IMPROVEMENTS IF THEY ARE LOCATED AS SHOWN
PROJECT	PATARSCO OVERLOOK, SECT. 2, LOT 12	
SURVEYOR: <i>William G. Hunter</i> DATE: 2-11-09		2471