10/26/87 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

A 31159

A 31139

HOWARD COUNTY 14-344731

DATE 7/28/87

DISTRICT

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

DATE SYSTEM APPROVED-

VED 10/27/8

INDEXED

C. R. Giddings & Son		IS PERMITTED TO I	NSTALL X	ALTER
ADDRESS 9442 Old Scaggsville Road, La	urel, MD 20707	PHONE _	776-	-7.523
SUBDIVISION Patapsco Overlook II	ROAD <u>619 Well</u>	ler Drive	LOT	15, Sec.2
PROPERTY OWNERE	ugene Germann			
ADDRESS	· · · · · · · · · · · · · · · · · · ·			
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK C	APACITY BY 50% AND A	BSORPTION AREA BY	22%.	
GARBAGE GRINDER? YES NO _X		T e		:
SEPTIC TANK CAPACITY GALLONS				
TRENCHES - 200 sq. ft. per bedroom. grade. Bottom maximum de begins at 3 feet below or	epth 7 feet below riginal grade. 4	v original grad 4 feet of stond	de. Effe e below o	ective area Histribution p
LOCATION - Start first trench 125 fe lot line as seen when fac	eet from the back	k lot line and v from Weller i	140 tee: Drive. 1	t rrom the rig Run trench(s)
along contour toward righ	nt side of proper	rty.		1
NOTE - No trench to exceed 100 f	eet in length.	Provide 6" -	8" diame	ter cleanout a
cap to grade or above on	septic tank.ok/	CW	. 1	
PLANS APPROVED BY	C. Williams		DATE	12/29/86
COVER NO WORK UNTIL INSPECTED AND APPROVED.				
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTM	ENT IS RESPONSIBLE FOR THE	E SUCCESSFUL OPERATION	N OF ANY SYSTE	[M
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/O	R AT 90° SWEEPS IN LINES FR	ROM HOUSE TO DRAIN FIEL	.DS.	
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX.)	TRENCHES) TO BE 100 FEET FR	OM WELL (UNLESS OTHER)	WISE SPECIFICA	LLY AUTHORIZED)
· · · · · · · · · · · · · · · · · · ·				

PERMIT VOID AFTER TWO YEARS.

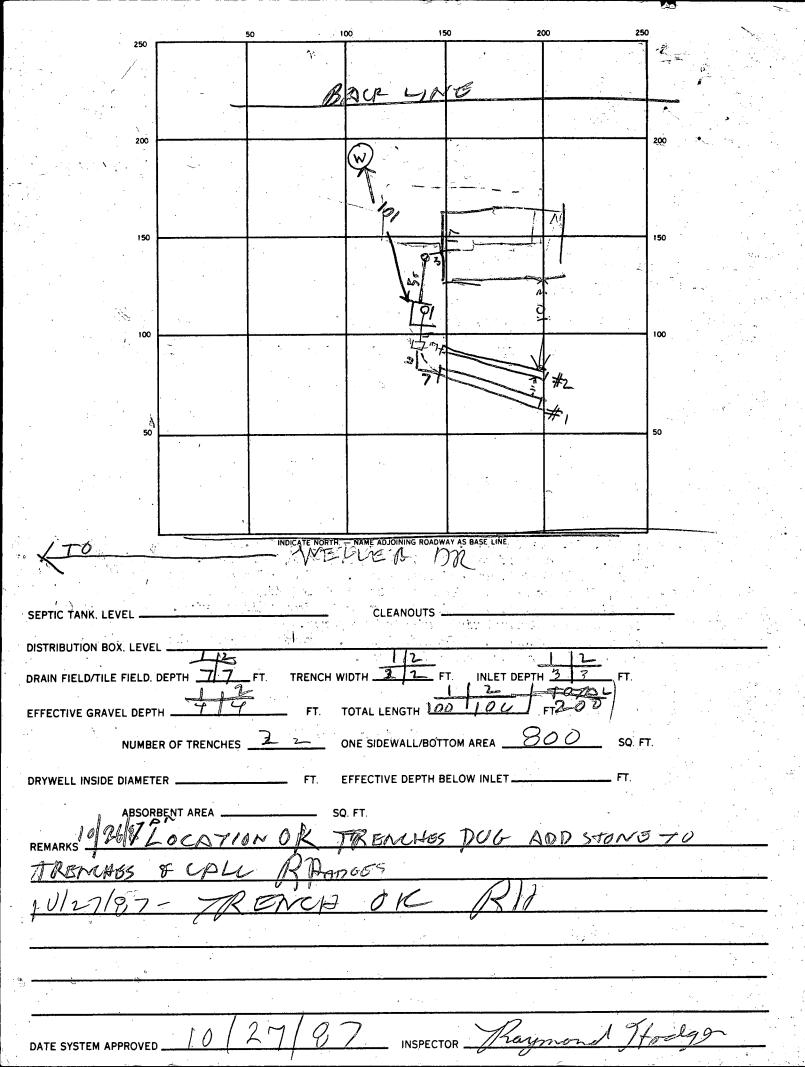
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON. CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: 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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.





PRELIMINARY

PLICATION

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	2		4	-
	472	1		-

SEWAGE DISPOSAL TESTING

TATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

DISTRICT

TO: THE COUNT	TY HEALTH OFFICER	kan sa			
***	CITY, MARYLAND				guard on march a state of a finish of the first of the fi
	APPLY FOR THE NECESSARY TEST IN	OBDED TO CONSTRUCT (OR RECO	METRIJCTI A SEWAGE DISPOSAL	SVSTEM :	The state of the s
I, HEREBY.	APPLY FOR THE NECESSARY TEST IN	ORDER TO CONSTRUCT TOR RECU	MSTRUCTI A SEWAGE DISPOSAL	JISIEM.	a jose special
PROPERTY OWNER	Georgia Avenue	Properties, Inc.		<u> </u>	<u> </u>
		The state of the second		Jack Boender	e de la companya de l
ADDRESS .	13638 Georgia Aven	ue, Wheaton, Md.	20906 PHONE	465-7777	
		₹ 9 7 .			
PROPERTY LOCATI	ON:			h	
				16	
SUBDIVISION	Georgia Avenue		LOT NO	雪 / 5	•
ROAD AND DESCRI	PTION Route 94 and 01	d Frederick Road			
11.				we the second	. 7
SIZE OF LOT	3 acres m/l	e transfer de la companya de la com La companya de la co	TYPE BLDG	3 or 4 bedr	cooms
3,22 0, 20,				` (NUMBER OF	BEDROOMS)
		ting the Arman Market State (1964). The Company of the Arman State (1964).			
THE SYSTEM IN	STALLED UNDER THIS APPLICATION	ON IS ACCEPTABLE ONLY UN	TIL PUBLIC FACILITIES BECC	ME AVAILABLE. I FU	LLY UNDERSTAND TH
	All the state of the state of			(A)	
FEE CONNECTE	D WITH THE FILING OF THIS PER	C TEST APPLICATION IS NON-	REFUNDABLE UNDER ANY C	IRCUMSTANCES, I AL	SO AGREE TO COMPL
	**************************************				, <u>, , , , , , , , , , , , , , , , , , </u>
WITH ALL M.O.	S.H.A. REQUIREMENTS IN TESTIN	IG THIS LOT. /S/ Jac			Ш
	en e		(SIGNATURE OF	APPLICANT)	•
APPROVED BY	and the second second	FOR		DATE	
AFFROVED OF	And the state of t	- John -		VAIE	
REJECTED BY		FOR		DATE	
				,	
HOLD PENDING FL	IRTHER TESTS			DATE	
				•	

THIS IS NOT A PERMIT

New-4 LOT 15 100 MHOR, SKILE 110' 5 amob 8 Per de de la constitue la const 1001 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. TEST - 1" DROP TEST NO. DEPTH START STOP START STOP TIME 2 15 1:14 1:11 1:14 1:16 IM 1:11 1:18 25 2M ح 1:25 1:20 1:25 1:30 1:20 1:30 1:30 1:40 35 3 M 1:31 2:1 1:35-2:02 وو د ۱۱ 1:33 1:43 EH-12-1079 REMARKS TYPE OF SOIL ALSO PRESENT Richard Lee TESTED BY .

APPLICATION

Pret

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. 0. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356 DISTRICT 4th
DATE 2/9/81

TO: THE COUNTY HEALTH OFFICER	
and the same of th	
ELLICOTT CITY MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER	TO CONSTRUCT (OR RECONSTRUCT) A SEWAGI
DISPOSAL SYSTEM.	The state of the s
Georgia Ave. Properties Inc.	
PROPERTY OWNER	33
ADDRESS <u>c/o E. Brook Lee III, 13838 Ga. A</u>	vo Whoston Md
ADDRESS CTO L. BIOOR LEE 111, 13030 Gd. A	ve, wile a colfine ind.
PROPERTY LOCATION	
PROPERTY LOCATION:	
subdivision Georgia Ave Properties	
	LOT NO.
ROAD AND DESCRIPTION Md. Rte.94 and Old Frede	rick Rd.
	2.
SIZE OF LOT 3 342C1+4511 TO THE STATE OF THE STATE OF	TYPE BLOG.
A second second	NUMBER OF BEDROOMS
IF NOT SINGLE RESIDENCE DESCRIBE NA	C. V.
THE SYSTEM INSTALLED UNDER THIS APPLICATION	ON IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.	
SIGNATURE OF APPLICANT Jahn A	
Agent	
APPROVED BY	
	IND OF SYSTEM)
REJECTED BY	DATE
The state of the s	IND OF SYSTEM
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING	

THIS IS NOT A PERMIT

ob 15 Plan 4/18 1155 1 83 1115 3 35 65 130 93 Cor 14/20 6 5 100 D con 15/16 NAME ADJOINING ROADWAY AS INDICATE NORTH. -

DATE	TEST NO.	DEPTH	PRE-	WET	TEST - I	" DROP	TIME
2/28/80	/	10	Heaven	1	Roles de	not se	ra
- 4 3 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	12	40		d not		
	-3	12	water		101		
* •	7 0 7				" Selle Made	KW USA	45.4%
e a poblace de la proposition			en e e e e e e e e e e e e e e e e e e	Sand and Law	y istoyens ings still still still still	. Me conj	gar Tarry
T Ma the				ار در	a and a har age that the action	a response in the property of	and the same
2/27/81	7	8	3,29	3.33	X X X 3:33	3:45	FAIL
		1		e umaninanaman	and the second of	19.19.19.13.13.13.13.13.13.13.13.13.13.13.13.13.	
						egr in its	. 5, 50 ₁₀ - 6
	grand Agenty V			- Carrier of the Control		14 14 14 14 14 14 14 14 14 14 14 14 14 1	Carpotal sa

The Dogward

1 4 4 M M M

17 - 1 6 4 4 A

and Arthurst

REMARKS	·				
TYPE OF SOIL		,A	SEED ALIEN A		well the last of the
TESTED BY				ALSO PRESENT	
	SK 2 belen				

c 2381	SEQUENCE (OEP USE O		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE F IN COLS. 3 6 ON ALL CAR	UNCHED		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A-31159
DATE Received *	DATE WELL C	OMPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
3	0436	187	22 5 0 0 26	MO-1811-121027
OWNER	G5RM	20 A () A	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD	last name	51	first name TOWN	INIBITION GOODS
	APSCO	OVI		LOT
WELL Not required fo		·	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF PENETRATED, THEIR	R COLOR, DEP	TH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
THICKNESS AND IF DESCRIPTION (Use	FEET	Check if water	CEMENT C M BENTONITE CLAY B C	BUMPING PATE (gal par min
additional sheets if needed)	FROM TO	bearing	NO. OF BAGS 18 NO. OF POUNDS 1693 GALLONS OF WATER 4 108	to nearest gal.) 11 15 METHOD USED TO
BROWN SHALL	0 18	1	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
BLUE ROCK	110		from 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
BLUE ROCK	18 500) 🗸	casing CASING RECORD	17 20
		.,	types insert CO	WHEN PUMPING 22 25
			appropriate STEEL CONCRETE CODE	TYPE OF PUMP USED (for test) A air P piston T turbine
			below PLASTIC OTHER	27 27 27
			MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe
	• •		TYPE (nearest inch) (nearest foot)	J jet S sumersible
			63 64 68 70	27
			E OTHER CASING (if used) A diameter depth (feet)	
			diameter depth (feet) H inch from to	PUMP INSTALLED
DRY WELL SC FILLED IN WI	5 1		Ä S	DRILLER WILL INSTALL PUMP YES (CIRCLE) (YES OF NO)
Tour .	2 H Chang	ستريز إس	(G)	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
like to in wi	1.40 (8)	-	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
+ DKILLING IN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		insert appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
			code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
			PLASTIC OTHER	PUMP HORSE POWER
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			© 2	PUMP COLUMN LENGTH
			DEPTH (nearest ft.)	CASING HEIGHT (circle appropriate box
;#			C 8 9 17 15 17 21	and enter casing height) LAND SURFACE
			S ² 23 24 26 30 32 36	below (nearest foot)
CIRCLE APPRO			R ₃ 38 39 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL W		D	30 39 41 45 47 51	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
E ELECTRIC LOG OBTA		UCTION	SLOT SIZE 1 2 3 DIAMETER (NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL I HEREBY CERTIFY THAT THIS WEI			OF SCREEN 56 60 INCH)	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, AI	17.13 "WELL CONS L CONDITIONS STA	TRUCTION"	GRAVEL PACK	Marker RD.
PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.			FLOWING WELL INSERT	
Difference C	238		F IN BOX 68 68 0EP USE ONLY	
DDII I EBS SIGNATURE	· mac	fric	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	The state of the s
DRILLERS SIGNATURE (MUST MATCH SIGNATUR	E ON APPLICA	TION)	74 75 76	100 HALL 62
SITE SUPERVISOR (sign. o	of driller or jour	nevman	72 TELESCOPE LOG OTHER DATA	207 7.11
responsible for sitework if			CASING INDICATOR	and a superior of the superior
			HEALTH	

Page!	of
Date	4/30/87

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 8/- 2027	e e		
Location of property (road) Wille Rd.			
Subdivision takapses Qualook	Lot / (Block	Plat	Sec. 2
Well Driller Joseph Mayne	Owner Elegene	Dermano	
Depth of well 500		m /	
Distance of measuring point (M.P.) abo	ve ground	2	
Static water level (S.W.L.) below M.P.	38		
I. High rate pumping reservoir drawdown			
Time pump started 7:15 Total time 45 min. to reach pumping	Pumping rate water level 24	/2gal. ft. below	M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

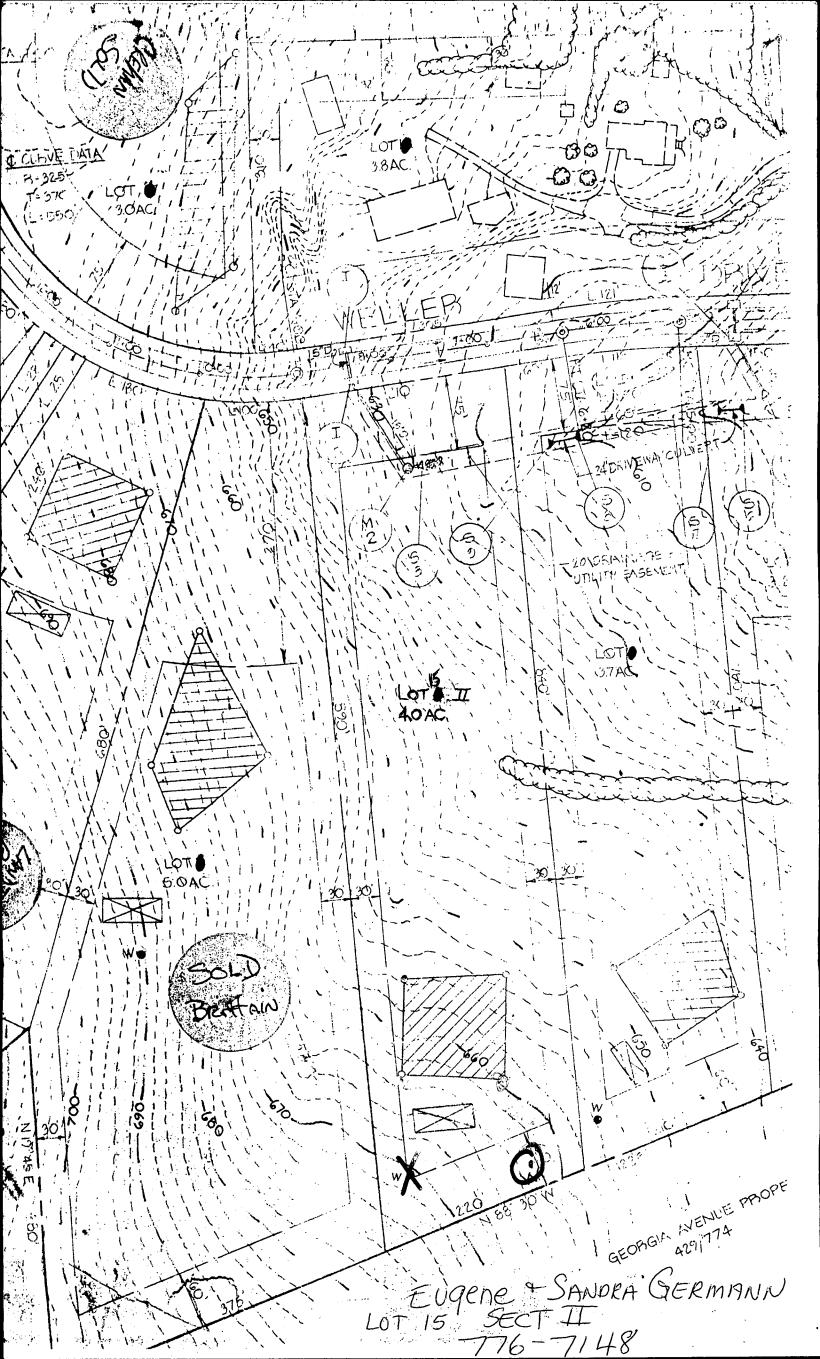
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 🎉	(if used)	(gallons per
tervals		gallon bucket		minute)
7: 30	125 /	50ec.	40	12 Gal.
7:45	193"	5	1.6 309	12
8:00	244	66	360 192	10
8:15	244	36	96.0 30'gal) lobo
8.36	244	36	2	1.6
8:45	244	36	7 1%	1.6
9:00	244	36	206	1.6
9:15	244	36	244 _1.5	. 1.6
9:30	244	36	38 1030	He
9:45	244	36	3090	1.6
10:00	244	36		1.6
10:15	244 :	36		1.6
10:30	244	36		1,6
10:45	244	36		1,6
11:00	244	. 36	·	1.6
11:15	244	36		1.6
//:30	244	36		1.6
11.45	244	36 36		1.6
/2:00	244	36		46
12:15	244 244	38 38		1,6
12:30		36		1,6
12.45	244	36		45
1:00	244	36		1.6
1.15	244	36		1.6
1:30	244	36	والمراجعة والمراجعة والمساود والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	1.6
1:45	244	36	يد مدن د د د د د د د د د د د د د د د د د	1.6

				050 050145 1444	
B 7 8216 SEQUENCE NO. (OEP USE ONLY)	STATE OF PERMIT TO	MARYLAND 1/9/87 DRILL WELL		OEP PERMIT NUMB	BER DJF
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pr	int or type	70	fill in this form compl	etely 79
Date Received	ATION	B 3	LOCATIO	ON OF WELL	
OWNER INFORMA	Wall James	HOWARD 8 COUNTY		21	
15 Last Name Owner	First Name 34	PATAP50	001	VERLOOF	
36 Street or RFD	RO#203	SECTION 2	LOT /	5	
57 Town 70	00 00 00 00 00 00 00 00 00 00 00 00 00	W000B1N	[e], 48	50	
DRILLER INFORMATION	ON	52 NEAREST TOWN	0161-4		71
Diller's Named Misses	77 License No. 80	MILES FROM TOWN (ent	ler on in town	73 76 77 78	3
Firm Name Ph L. Mayre 11	18/1. DKILLING	1 2 DIRECTION OF WELL FROM	well	NEAR WHAT ROAD	30
Address Address Address	(in) mf. 21771	TOWN (CIRCLE BOX)		NEAR WHAT HOAD	NORTH
Signature A. Margan	3/27/8.7 Date/	N 8 N E 8 -9		HICH SIDE OF ROAD LE APPROPRIATE BOX)	W 32 E WEST S FAST
B 2 WELL INFORMATION		TOWN E			SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	12	8 8		34 8 25 37	, ,
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	20	S/W S 8-9		DISTANCE FROM ROA ENTER FT o	
USE FOR WATER (CIRCLE APPR	OPRIATE BOX)			FILLED IN BY DRILLE	
HOME (SINGLE OR DOUBLE HOUSEHOUSEHOUSEHOUSEHOUSEHOUSEHOUSEHOUSE		Maraon	HEALTH DEI	PARTMENT APPROVA	159
FARMING (LIVESTOCK WATERING & A IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AI	•	COUNTY NAME OEP	•		ITY NO.
22 OTHER (REQUIRES APPROPRIATION F	PERMIT)	SIGNATUREDATE ISSUED		INSERT	S 41
PUBLIC OR PRIVATE WATER COMPAN APPROPRIATION PERMIT AND STATE H APPROVAL)		OUN487	BALL SIGNATURE	plan 10/1	14187
TEST, OBSERVATION, MONITORING (N	MAY REQUIRE	NORTH 5 2 0 0	0 EAS GRII		0 0
APPROXIMATE DEPTH OF WELL 300	FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL _	ES OF		
24	28	SOURCES OF DRILLING	WATER		•
APPROXIMATE DIAMETER OF WELL	NEAREST. INCH	1. WE LL		4/3078	57
METHOD OF DRILLING (3.		' ~	
BORED (or Augered) JETTED 30 AIR ROTary AIR PERcussion RC	Jetted & <u>DRIVEN</u> <u>DTARY</u> (Hydraulic Rotary)	WRITE THE BOX NUMB FROM THE MAP HERE			1
CABLE REVerse-ROTary	DRive-POINT	, •			
other	*	189		000	
REPLACEMENT OR DEEPENE (CIRCLE APPROPRIATE BO		DRAW A SKETCH BELO		000 G LOCATION OF WEL	LIN
M THIS WELL WILL NOT REPLACE AN E		RELATION TO NEARBY DISTANCE FROM WELL	TOWNS AND	D ROADS AND GIVE	<u></u>
THIS WELL WILL REPLACE A WELL THE ABANDONED AND SEALED	HAT WILL BE	N /	¥	1 g words	esok.
39 S THIS WELL WILL REPLACE A WELL THE AS A STANDBY	HAT WILL BE USED	A (§			
D THIS WELL WILL DEEPEN AN EXISTIN			€ <u>`</u> 2.	13	
PERMIT NUMBER OF WELL TO BE REPLAC	CED OR DEEPENDED		Lane Lane	/ 3	
Not to be filled in by driller (OEP L	JSE ONLY)	Just	80017	2	
APPROP. PERMIT NUMBER G	AP	sed F.	rederial))	• .
FORCE WRITE PERMIT No. A 2 - 700 717 72	63 71 - 70 77 78 79			TES.	
SPECIAL CONDITIONS		<u> </u>			

4/30/87

location - 2000 esto D 26 racing (2° above) 50t open hale 18 logs event 140 sople taken

Dry hole filled wy dulling natural 7 3 logs



Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

	······	
New Installation Replacement		Receipt # 39746 Date 1/08/8
Name of Installer (R GiDD)	ngs 4 Sow	Telephone <u>776-752</u> 3
License number 4245 Certified Well Pump Installer	Well Driller F	Registered Plumber
Name of Property Owner EUGE Subdivision PATAPS CO OUER Site Address 619 Weller Do	look Lot # 15 Well	tag # 110-91-202
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make MARTINSON
a. Deep well jet	2. RPM —	
b. Shallow well jet	·	2. Model # <u>BP 10 x</u>
c. Submersible	3. Voltage	3. Depth
	a. 110	
2. Make Gould	b. 220	S. 2017
3. Model # 5ES 10412		
4. Capacity 5 GPM		
5. Pump exceeds well capacity	Yes/No	•
6. If Yes, is low pressure cut	off switch installed? Yes	No.
7. What methods are used to pr	otect the numb and electr	ical wiring from
vibrations? Torque arrestors_	Cable ouards 1/ Ot	her
Tank	Piping 1/2/35	Well data
1. Capacity 80 gal	1. Type 160 Blyeth.	· · · · · · · · · · · · · · · · · · ·
2. Pressure relief		1. Depth_ <u>500</u> ft.
	2. Size /"	2. Yield <u>1.5 GPM</u>
value? <u>/cs</u>	3. NSF and/or BOCA	3. Static water
	Code approved <u>V65</u>	level <u>40</u> ft.
	4. Depth of supply	4. Will water supply
	line 42" Decp	be disenfected by
		installer?n)O
• · · · · · · · · · · · · · · · · · · ·		
I understand that it is my res Department when the installati permit is null and void).	ponsibility to notify the on is ready for inspectio	Howard County Health n (otherwise this
All information given above is	true to the best of my K	nowledge.
	Signature of Applicant:	Charle Abelly
Ť	Date: 7-27-87	

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

@ well Well is 120 Dway from Septic Systym. Existing Elevation 665 INV. AT HOUSE 658.3 Prop. Dwelling BE 660 2000 gal Trank FF 668 Exist ELEIL ATTANK 662 6 EXA FLOM TANK 657.7 Existing ELEVATION 660 Invery AT Box 657. Invery Into Ciebs 657 Existing Flew AT Box 660 3 fields 100 Long 2ft wide, 7' Deep with 4 A OFGRAVEL BLDG. PERMIT, SIGNED AND REMURNED 4/36/87 15P 1783 4 BR Building Permit # 12785 NO DISP PLUMBER - CHAS GITTINGS 2 NO HIGHEST HOLE **(** INDICATES THIS 15 HOW STOC OF PERCANSA, WHICH IS ACCEPTABLE DUE TO TERRAINI 6/30/87 CWI ELEVATIONS OR, DRAWING ACCEPTIBLE EVEN THOUGH NOT SCALED ON PLAT AFTER CONFIRMING INTEGRITY OF DRAWING From OWNER Weller DrivE PATARCO OverLoo

EUGENE S SONDED GERMANN

776-7148

LOT 15 SECTION 2 Weller Drive 40 ACRES