3/29/88 AM ASAP

04-345118

PERMIT

P 41222

A 31271

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 4th

DATE 3/17/88

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
" I.C.O.P. issued only.
TIME EXPIRED

DATE SYSTEM APPROVED 3/29/88

INSPECTOR RH

Dave Hopkins IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Patapsco Overlook ROAD 739 Weller Drive LOT 40

PROPERTY OWNER Vincent Pirro - 442-2860

ADDRESS

BUILDING PERMIT SIGNED AND RETURNED
4-28-88 B006337 POLE BARN

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

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 4 feet below original grade. 2½ feet of stone below distribution pipe

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the juncture of the 660' and 250' lot lines, place 1st trench 75 feet down the front (250') lot line and 150 feet off the front line as seen when facing property from Weller Drive. Run trenches along contour towards the rear lot line. MAINTAIN 100' DISTANCE FROM WELL TO SEPTIC. NOTE: DIAGRAM SHOWS TRENCHES REAR → FRONT, OK ONLY IF ELEVATIONS SAME.

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

PLANS APPROVED BY Bert Nixon DATE 6/08/86

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. PERMIT SIGNED AND RETURNED 4-23-88

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

Serial # Bro 111306
Inground Pool

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.

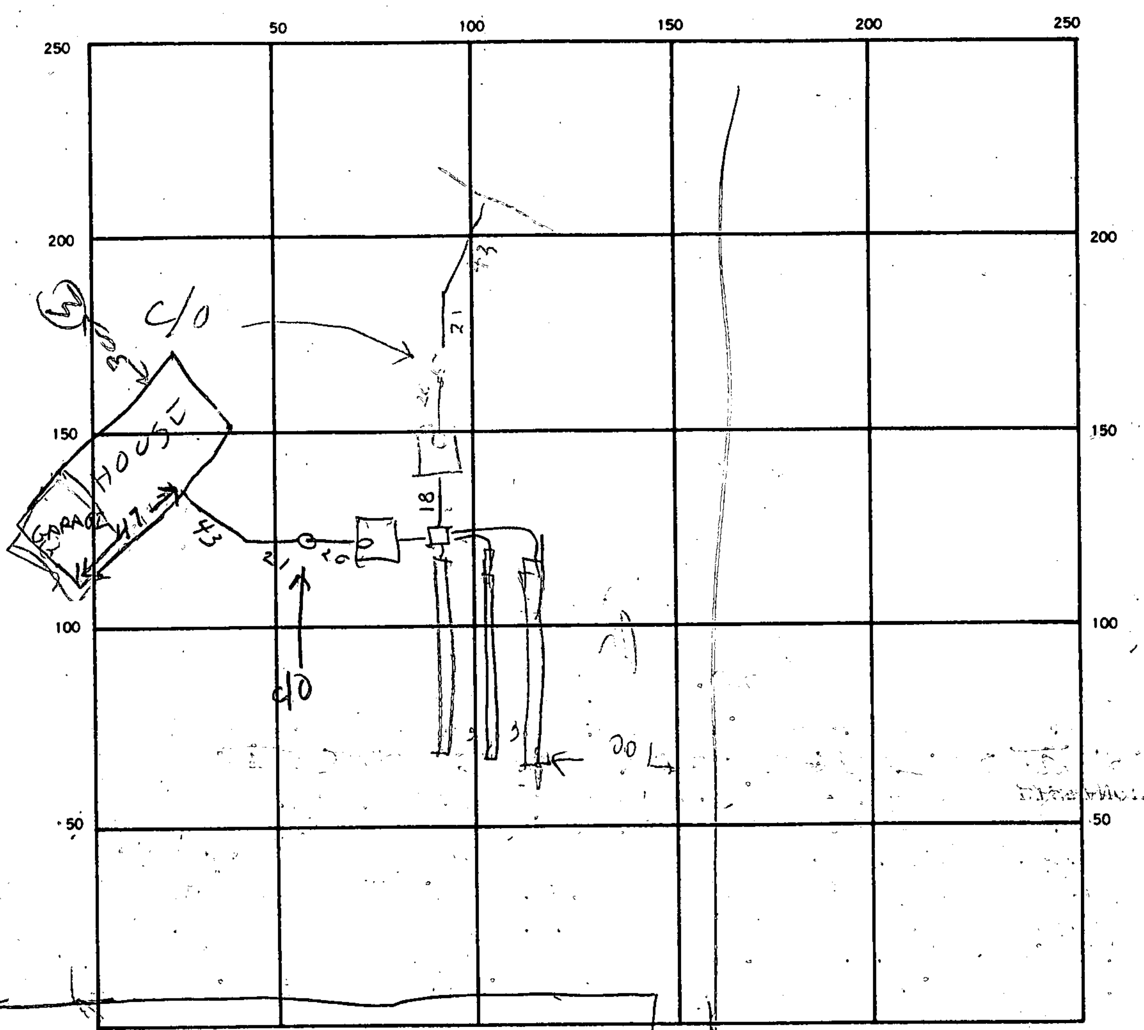
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A 31271

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

88
89
87
264
3
792

SEPTIC TANK, LEVEL 125.0 CLEANOUTS ST O/K

DISTRIBUTION BOX, LEVEL ____

DRAIN FIELD/TILE FIELD, DEPTH (1) 6.5 (2) 6.5 (3) 6.5 FT. TRENCH WIDTH (1) 3 (2) 3 (3) 3 FT. INLET DEPTH 4 4 4 FT.

EFFECTIVE GRAVEL DEPTH (1) 2.5 (2) 2.5 (3) 2.5 FT. TOTAL LENGTH (1) 88 (2) 89 (3) 87 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA INSTALLED 792 | REQUIRE 800 SQ. FT.

DRYWELL INSIDE DIAMETER ____ FT. EFFECTIVE DEPTH BELOW INLET ____ FT.

ABSORBENT AREA ____ SQ. FT.

REMARKS 3/29/88 - LOCATION OK - TRENCHES OK
COVER WORK RH

DATE SYSTEM APPROVED 3/29/88 INSPECTOR Raymond Hodge

PRELIMINARY

APPLICATION

A 31271

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 3/27/81

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 Avenue Properties, Inc.~~ VINCENT PIRRO

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE Jack Boender 465-7777

PROPERTY LOCATION:

SUBDIVISION ~~Georgia Avenue~~ PATAPSCO OVERLOOK III LOT NO. ~~Lot 9~~ 37 NEW LOT 40 FINAL PLAT

ROAD AND DESCRIPTION ~~Route 94 and Old Frederick Road~~ 739 WELLER DR.

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms (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. /s/ Jack Boender for E. Brooke Lee, III (SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 7/8/87

BP/3099

THIS IS NOT A PERMIT

New 9

LOT 37

(1) (2) (7)

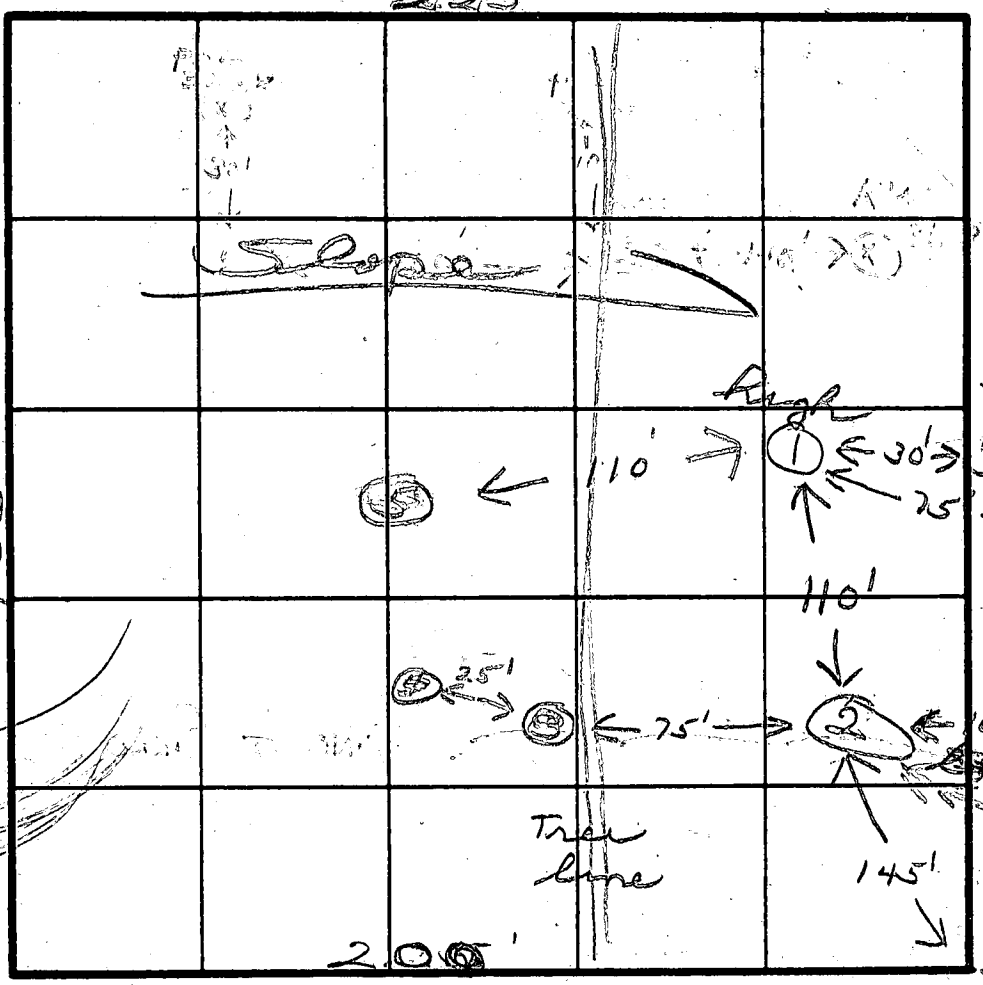
SOIL PROFILE

0'

clay
3'
loam
mixed shale
at 9'
clay
13'

(6)

clay
2½'
sandy
loam
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/15/81	1S	4	10:02	10:06	10:06	10:12	6
	1M	8	10:02	10:05	10:05	10:14	9
	2S	4	10:09	10:14	10:14	10:19	5
	2M	8	10:09	10:20	10:20	10:35	15
	3-4	5	large rock - heavy shale				
	5	9	"	"	"	"	
	6S	3½	11:50	11:55	11:55	12:02	7
	6M	7	11:52	11:55	11:55	12:03	8
	7S	3½	12:05	12:10	12:10	12:14	4
	7M	8	12:05	12:12	12:12	12:23	11

3' - inlet

8 min'

REMARKS Holes #6-7 on lot 38 - will change lot lines

TYPE OF SOIL

TESTED BY [signature] ALSO PRESENT Dave Nowa

EH-12-1079

EMERGENCY/TEMP NO. IF ANY

B 1 : 1704 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER 10-81-2105
fill in this form completely

Date Received 9 30 1 7

OWNER INFORMATION

Last Name Owner First Name
Street or RFD
Town State Zip

DRILLER INFORMATION

Driller's Name License No. 010
Firm Name
Address
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No. 10-81-2105

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

8 COUNTY HOWARD 21
23 SUBDIVISION 42
SECTION 3 LOT 27 40
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW N NE
W TOWN E
SW S SE

NEAR WHAT ROAD Wells Dr 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N / WEST W 32 E EAST / S SOUTH

DISTANCE FROM ROAD 100
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A31371
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 05/15/87 CO SIGNATURE EXP. DATE 11/15/87
NORTH GRID 556000 EAST GRID 078100

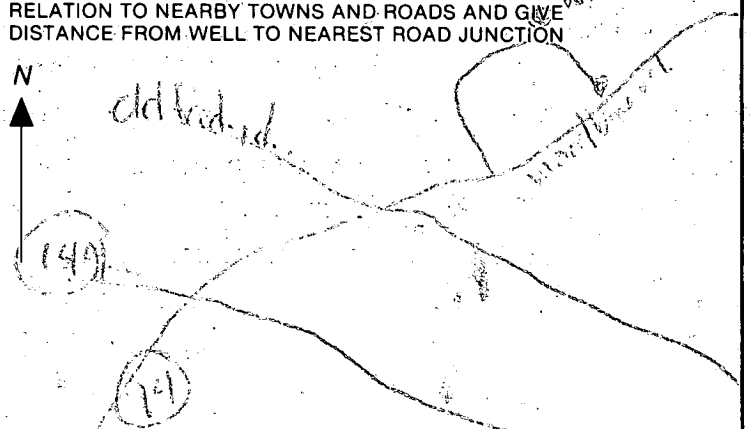
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 78X81
N 56
000
000

Location of
30' casing
2' above
25' open
10 - bags cement
6/15/87

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



HEALTH

C1 1109 SEQUENCE NO. (OEP USE ONLY)

(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 A31271

DATE Received

DATE WELL COMPLETED 061587

Depth of Well 175 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2105

OWNER Pirro Vincent (last name, first name)

STREET OR RFD Weller dr. TOWN Lisbon

SUBDIVISION Patapsco SECTION 3 LOT 40

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 FROM	FEET TO	Check if water bearing
Topsoil	0	2	
Shell	2	15	
Brown soil	15	18	
Shell	18	27	
gray slate	27	75	✓
White/gray/Brow rock	75	100	✓
gray/white rock	100	175	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): yes **Y** (circled) / no N

TYPE OF GROUTING MATERIAL: CEMENT **CM** (circled) / BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 940

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 25 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	06	30

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

SCREEN RECORD

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

C2

EACH SCREEN	Type	DEPTH (nearest ft.) from	to
1	HO	28	175
2			
3			

SLOT SIZE 1___ 2___ 3___

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from ___ to ___

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE 1gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 63

WHEN PUMPING 105

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, **S submersible** (circled)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES **NO** (circled)

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** (circled) / − below LAND SURFACE 02 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N 350 Weller dr. 94

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. 270

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) [signature]

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T TELESCOPE CASING | (E.R.O.S.) LOG INDICATOR | WQ OTHER DATA

HEALTH

Page ____ of ____ Review 7/8/87 LBSW

Date ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2105

Location of property (road) Weller Dr.

Subdivision Patapsco Overlook Lot 40 Block ____ Plat ____ Sec. 3

Well Driller Bernard Feezer Owner Vincent Puzo

Depth of well 175'

Distance of measuring point (M.P.) above ground 2'

Static water level (S.W.L.) below M.P. 63'

I. High rate pumping -- reservoir drawdown

Time pump started 1:30 Pumping rate 10

Total time 30 min to reach pumping water level 105 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:30	63	6		10
1:45	95	6		10
2:00	100	10		6
2:15	105	12		5
2:30	105	12		5
2:45	105	12		5
3:00	105	12		5
3:15	105	12		5
3:30	105	12		5
3:45	105	12		5
4:00	105	12		5
4:15	105	12		5
4:30	105	12		5

1:00 3hrs.
Grout to follow

Page ______ of ______
Date ______

Review H 1072
JS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2105
Location of property (road) Weller Dr
Subdivision Patapsco Overlook Lot 40 Block ______ Plat ______ Sec. 3
Well Driller Bernard Feezer Owner Vincent Pirro

Depth of well 175'
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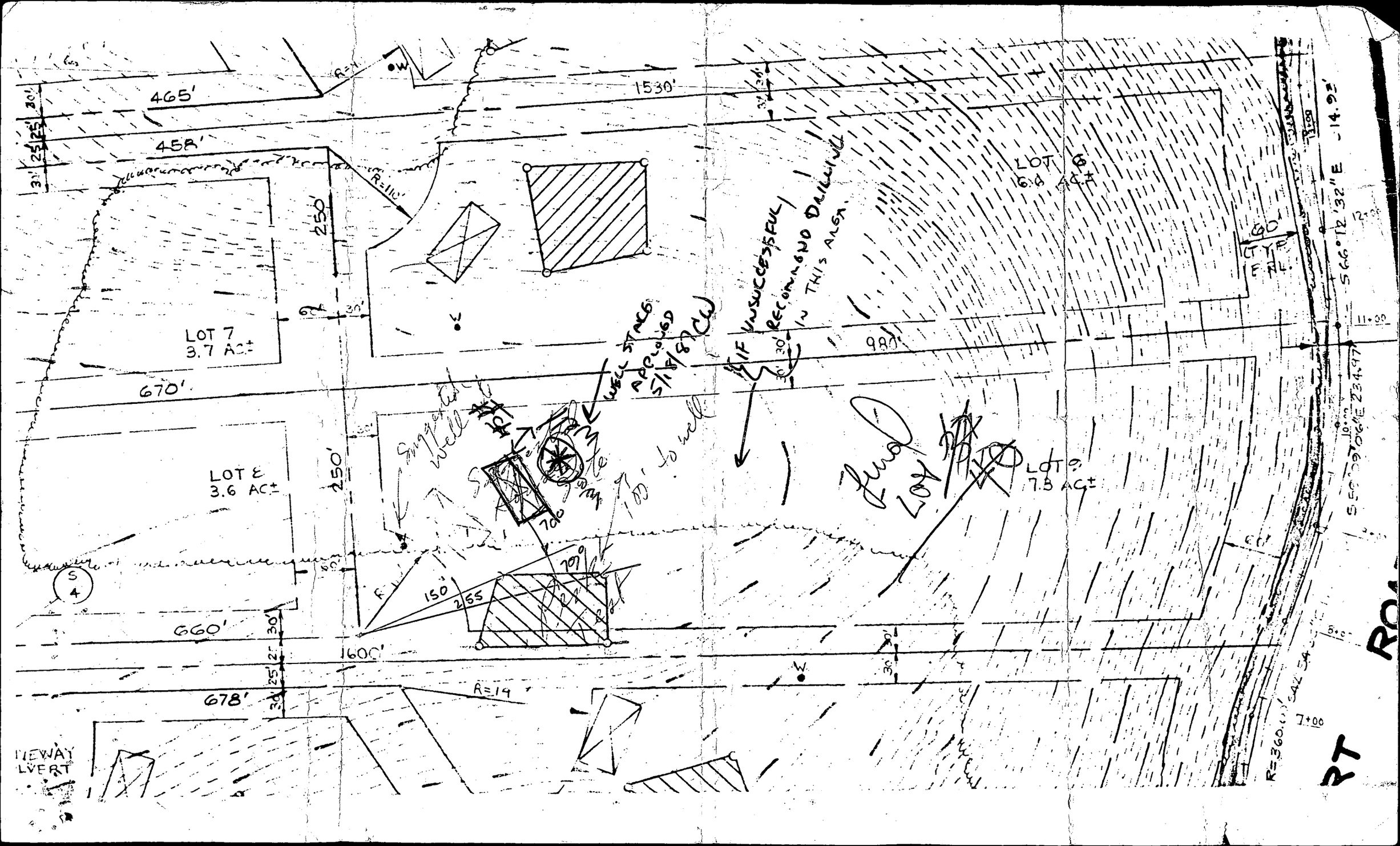
TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
2:30	105'	12		5


465'
1530'
45R'
R=110'
250'
LOT 7
3.7 AC±
670'
LOT 6
6.8 AC±
LOT E
3.6 AC±
LOT 8
7.5 AC±
660'
1600'
678'
R=19
150'
255
70'
100'
S 66°12'32" E 14.92'
R=360.00'
IF UNSUCCESSFUL RECOMMEND DRILLING IN THIS AREA.
WELL SITES APPROVED 5/18/80
Suggested well site
Spring
10' to well
LOT 8
LOT 9
HIGHWAY CULVERT

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 ✓
Replacement ____

Receipt # 4/5/14
Date 4/14/88

Name of Installer T. M. Barnard Plbg + Htg.

Telephone 461-6599

License Number #7248
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Vincent Pinno

Telephone 465-9008

Subdivision Patapsco Lot # 40 Well Tag # HO - 81 - 2105
Site Address 7391 Weller Dr

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # ____
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No ✓
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 ____

Motor
1. Horsepower 1/2
2. RPM ____
3. Voltage ____
   a. 110 ✓
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity 17gal
2. Pressure relief valve? Yes

Piping
1. Type Qest
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 155'

Well data
1. Depth 175 ft.
2. Yield 5 GPM
3. Static water level 63 ft.
4. Will water supply be disinfected by installer? Yes

WELL LINE & PITLESS ADAPTER 30" B.G. TANK OK 3/31/88 CW.

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).

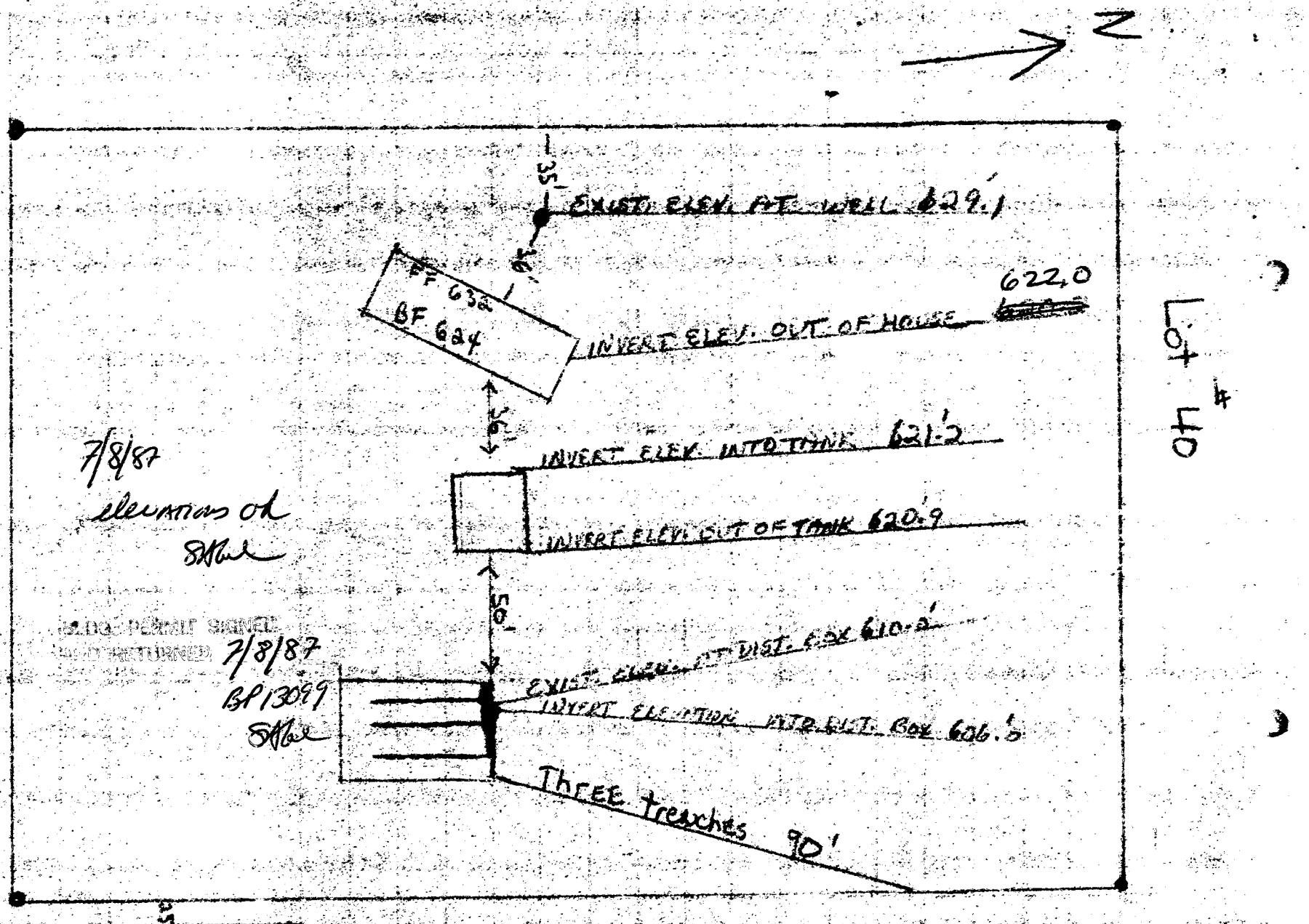
All information given above is true to the best of my knowledge.

Signature of Applicant: T. M. Barnard

Date: 3/30/88

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

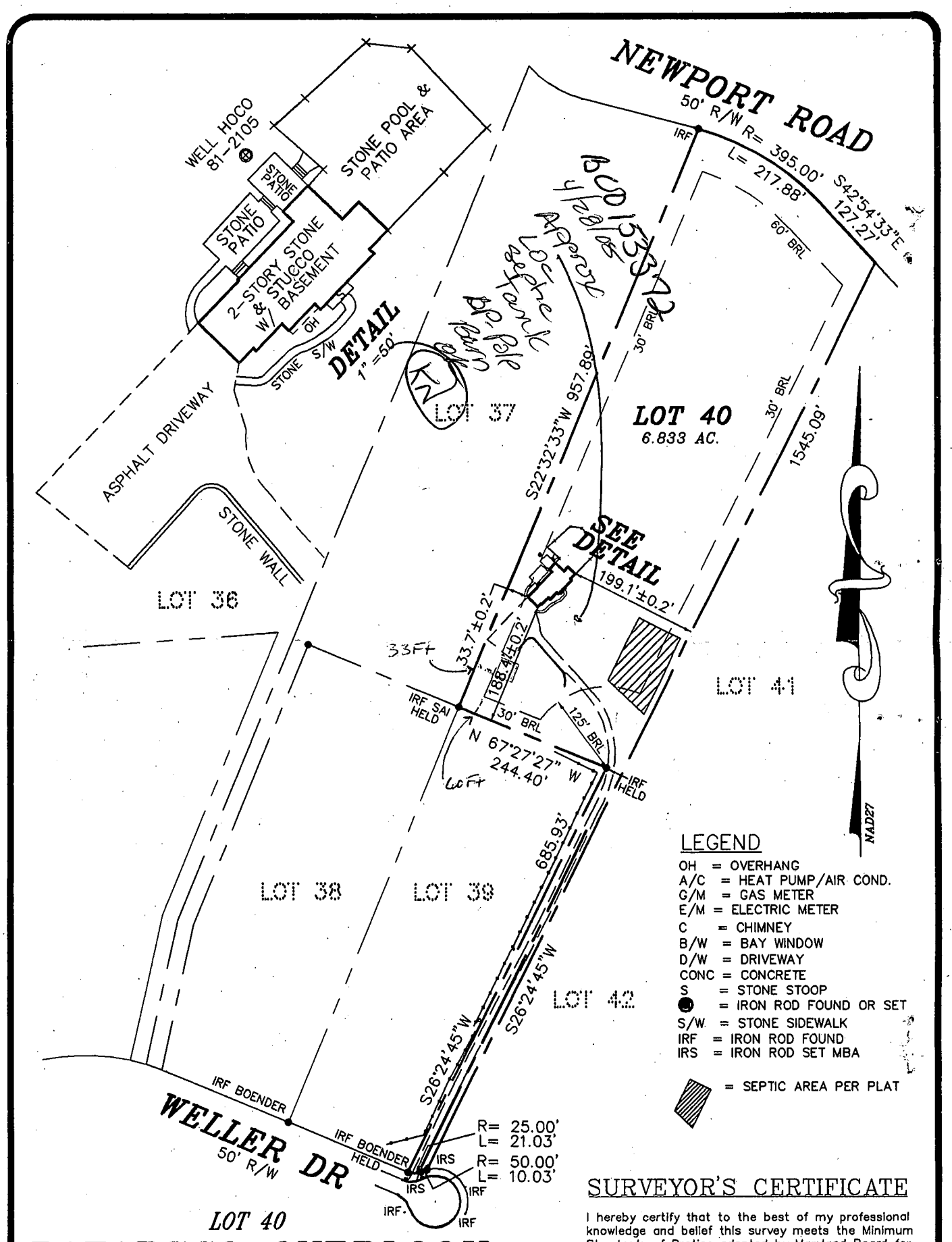
HD-215


N
EXIST. ELEV. PT. WELL 629.1
35'
PF 632
BF 624
622.0
INVERT ELEV. OUT OF HOUSE
Lot 40
6'
INVERT ELEV. INTO TANK 621.2
INVERT ELEV. OUT OF TANK 620.9
7/8/87
elevations ok
50'
BLDG. PERMIT SIGNED
AND RETURNED
7/8/87
BP13099
EXIST. ELEV. AT DIST. BOX 610.2'
INVERT ELEVATION INTO DIST. BOX 606.5
Three trenches 90'
5'

Both Customer and Salesman agree that this drawing, access, elevation & location of all equipment and appurtenances are in agreement. Any changes from this drawing must be approved in writing by the Customer and MPI

DIRECTIONS: RT-32 WE
A LEFT ON
ON LEFT.

MAP BOOK:



LOT 40

PATAPSCO OVERLOOK

SECTION 3 LOTS 32 THRU 48

PLAT No. 6898

ELECTION DISTRICT No. 4

HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE

I hereby certify that to the best of my professional knowledge and belief this survey meets the Minimum Standards of Pratice adopted by Maryland Board for Professional Land Surveyors. This survey is based on a field survey completed by Mildenberg, Boender and Assoc., Inc. on or about 03/2005 under my direct supervision.

JOHN B. MILDENBERG
Professional Land Surveyor
Maryland No. 10718

MILDENBERG BOENDER, & ASSOC., INC.

Engineers Planners Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042

(410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Fax.

FOUNDATION	**DATE:** N/A	**FINAL**	**DATE:** 03/17/05
DRAWN BY: M.E.S.		**SCALE:** 1"= 200'	
PROJECT NO.: 05-001		**BOUNDARY SURVEY**	

STATE OF MARYLAND
JOHN B. MILDENBERG
PROFESSIONAL LAND SURVEYOR
No. 10718

JOHN B. MILDENBERG
PROF. LAND SURVEYOR
MARYLAND No. 10718