

Building Address 85 ... Property Owner's Name ...  
 Address ...  
 Suite/Apt. #: ... SDP/WP/Petition #: ... City ... State ... Zip Code ...  
 Home Phone ... Work Phone ...  
 Census Tract ... Subdivision ... Applicant's Name & Mailing Address, (if other than stated herein):  
 Section ... Area ... Lot ...  
 Tax Map ... Parcel ... Grid ... Phone ... Fax ...  
 Zoning ... Map Coordinates ... Lot Size ...

Existing Use ... Contractor Company ...  
 Proposed Use ... Contact Person ...  
 Estimated Construction Cost \$ ... Address ...  
 City ... State ... Zip Code ...  
 Description of Work ... License No. ...  
 Phone ... Fax ...  
 Occupant or Tenant ... Engineer or Architect Company ...  
 Contact Name ... Contact Person ...  
 Address ... Address ...  
 City ... State ... Zip Code ... City ... State ... Zip Code ...  
 Phone ... Fax ... Phone ... Fax ...

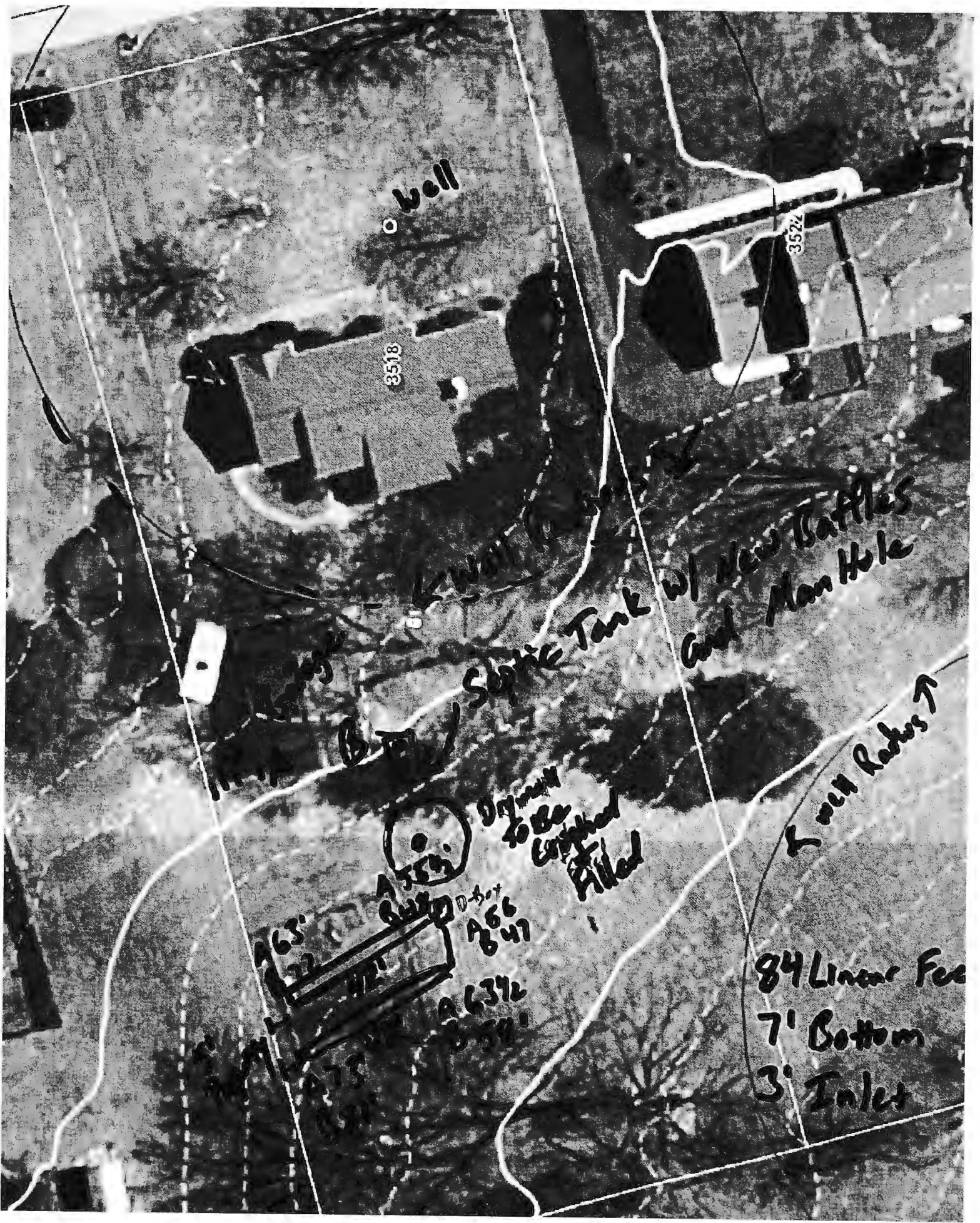
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_ Print Name ...  
 Title/Company \_\_\_\_\_ Date ...

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY\*\*  
 - FOR OFFICE USE ONLY -

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">AGENCY</th> <th style="width: 20%;">DATE</th> <th style="width: 60%;">SIGNATURE APPROVAL</th> </tr> </thead> <tbody> <tr> <td>Land Development, DPZ</td> <td></td> <td></td> </tr> <tr> <td>State Highways</td> <td></td> <td></td> </tr> <tr> <td>Building Officials</td> <td></td> <td></td> </tr> <tr> <td>Dev. Engineering, DPZ</td> <td></td> <td></td> </tr> <tr> <td>Health</td> <td>7-21-09</td> <td><i>[Signature]</i></td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> </tr> </tbody> </table> <p>Is Sediment Control approval required prior to issuance?          YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>          ONE STOP SHOP: <input type="checkbox"/></p>	AGENCY	DATE	SIGNATURE APPROVAL	Land Development, DPZ			State Highways			Building Officials			Dev. Engineering, DPZ			Health	7-21-09	<i>[Signature]</i>	Fire Protection			<p><b>DPZ SETBACK INFORMATION</b></p> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>Is Entrance Permit Required?          YES <input type="checkbox"/> NO <input type="checkbox"/></p> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<p style="text-align: right;"><b>PROPERTY ID #</b></p> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ <b>TOTAL FEES \$</b> _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>...</u> Validation # _____ <p style="text-align: right;">Accepted by <u>...</u></p>
AGENCY	DATE	SIGNATURE APPROVAL																					
Land Development, DPZ																							
State Highways																							
Building Officials																							
Dev. Engineering, DPZ																							
Health	7-21-09	<i>[Signature]</i>																					
Fire Protection																							



well

3518

3522

Some Tank w/ new Baffles  
and Man Hole

Dry man  
to be  
emptied  
&  
Filled

New Radius →

84 Linear Feet  
7' Bottom  
3' Inlet

A 63  
A 72



A 5th

D-Box  
A 66  
B 47

A 6372  
B 39



D, KENNETH GUY  
 URN, JANET LEE  
 OT 6 BK. B  
 BK.# 18 PG. 79  
 BENSON  
 P: 22 PARCEL 188  
 D REF.# 1475/7

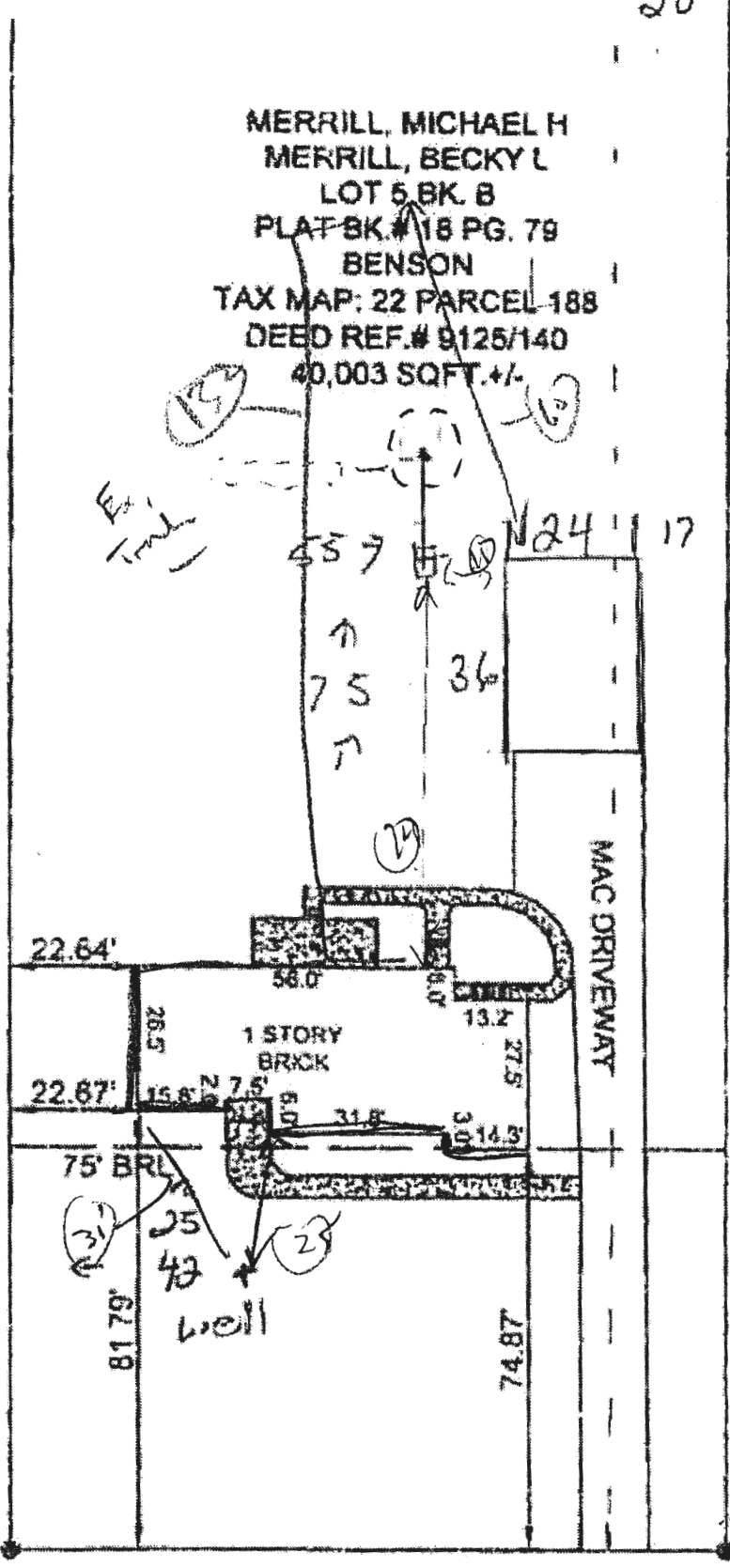
MERRILL, MICHAEL H  
 MERRILL, BECKY L  
 LOT 5 BK. 8  
 PLAT BK.# 18 PG. 79  
 BENSON  
 TAX MAP: 22 PARCEL 188  
 DEED REF.# 9125/140  
 40,003 SQFT. +/-

HOR  
 HORN  
 LC  
 PLATE  
 E  
 TAX MAP  
 DEED F

RR

S 81°45'20" W 314.00'

S 81°45'20" W 314.00'



B09001669  
 OK 7-21  
 H

CONCRETE

Note:  
 IPF = IRON P  
 IRF = IRON R  
 IPACF = IRON  
 IPACS = IRON

AT THE IMPROVEMENTS ARE LOCATED AS  
 TO THE BEST OF MY INFORMATION,  
 BELIEF, THERE ARE NO



Schultz

1030 AM

*Permit*  
*Tandolph Rd. Kermalee*  
*Retested needed 3/15/72 R14*

*Postpaid OK 5/8/72*

*6/8/72*

# PERMIT

SEWAGE DISPOSAL SYSTEM

P 16440

A 14106

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

## INDEXED

ELLCOTT CITY

DISTRICT 3

DATE 11/9/71

*Sutchen Mechanical*  
*White Pine Contractors*

IS PERMITTED TO INSTALL  ALTER

ADDRESS Einksbury, Maryland *Casapolis Rd.* PHONE 9-0244

A SEWAGE DISPOSAL SYSTEM LOCATED AT Casapolis Rd. Balt., Md.

SUBDIVISION Benson ROAD Lakeway Drive LOT 5, Blk. B, Sec. 1

PROPERTY OWNER Mr. and Mrs. George D. Rist

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 100 sq. ft. absorbent sidewall area per bedroom to begin below the first 3 1/2 ft. of non-porous soil. Maximum depth permitted for dry well is 9 ft. below original grade. Locate dry well 33 ft. from rear property line and 87 ft. off left side line as seen from Lakeway Drive.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.  
PERMIT VOID AFTER THREE YEARS.

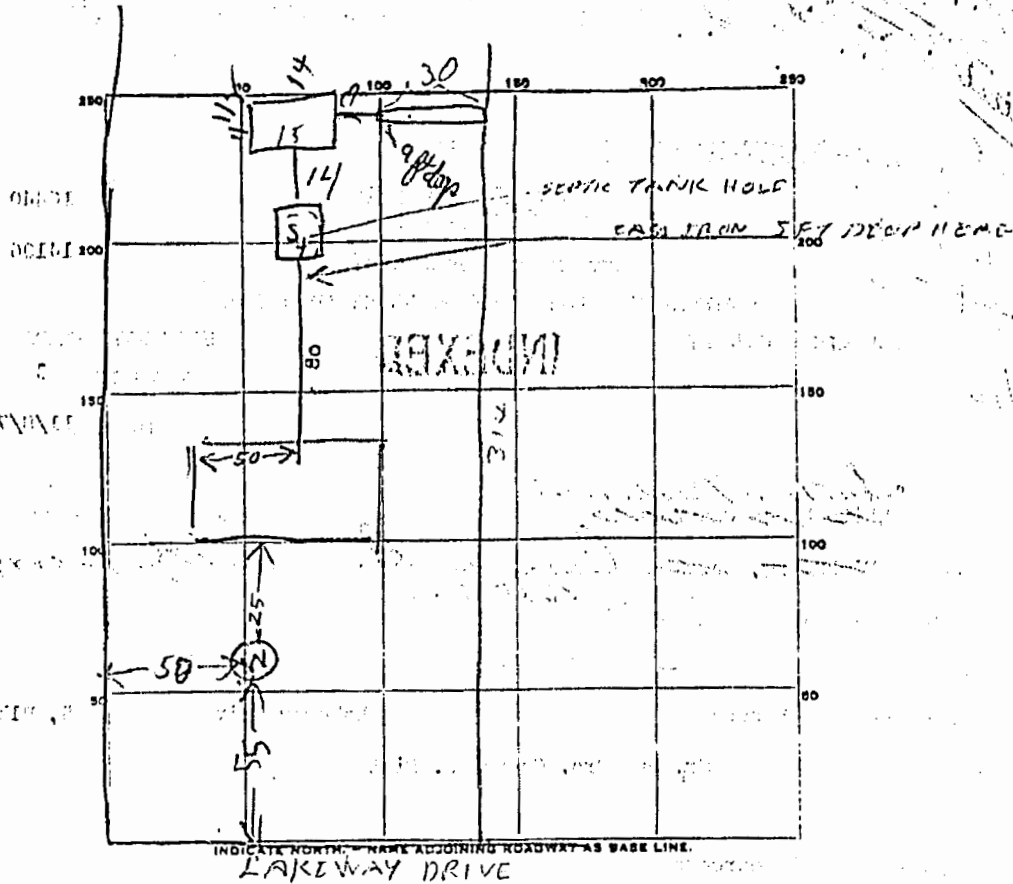
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.  
PLANS APPROVED BY James T. Wright DATE 1/15/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*Re-tested on 4/5/72*

*A 14106*



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_ 60

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT. 7

GRAVEL-DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT. 420

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 265 SQ. FT.

REMARKS 2/3/72 HOUSE SEWER OK  
3/15/71 Talked to Best Underground Water 7 FT from Base  
in dry well had Recommended Petest P.H.  
5-8-72 OK to put gravel in trench  
6/8/72 7 FT stone added to trench Sidewall areas  
is 420 sq ft

DATE SYSTEM APPROVED 6/8/72 INSPECTOR Thompson

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

*Septic Tank - 1250 gal*  
*4 bedrooms*  
*- 3 bedrooms - 1000 gal*

ELLICOTT CITY

DISTRICT 3

DATE 11/15/68

*Dry Well - 100 sq ft absorbent sidewall area per  
bedroom to begin below the first 3 1/2 ft of  
non-porous soil maximum depth permitted  
for dry well is 9 ft below original grade. Locate  
dry well 33 ft from rear property line and 87 ft  
off left side line as seen from Parkway Dr.*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Carl C. Hall

ADDRESS Chatham Road, Ellicott City, Maryland PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Benson LOT NO. 5, Blk. B, Sec. 1

ROAD AND DESCRIPTION Unnamed road

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 127' x 314' x 127' x 314' TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Carl C. Hall

APPROVED BY James T. Wright FOR Dry well DATE 11/15/71  
(KIND OF SYSTEM)

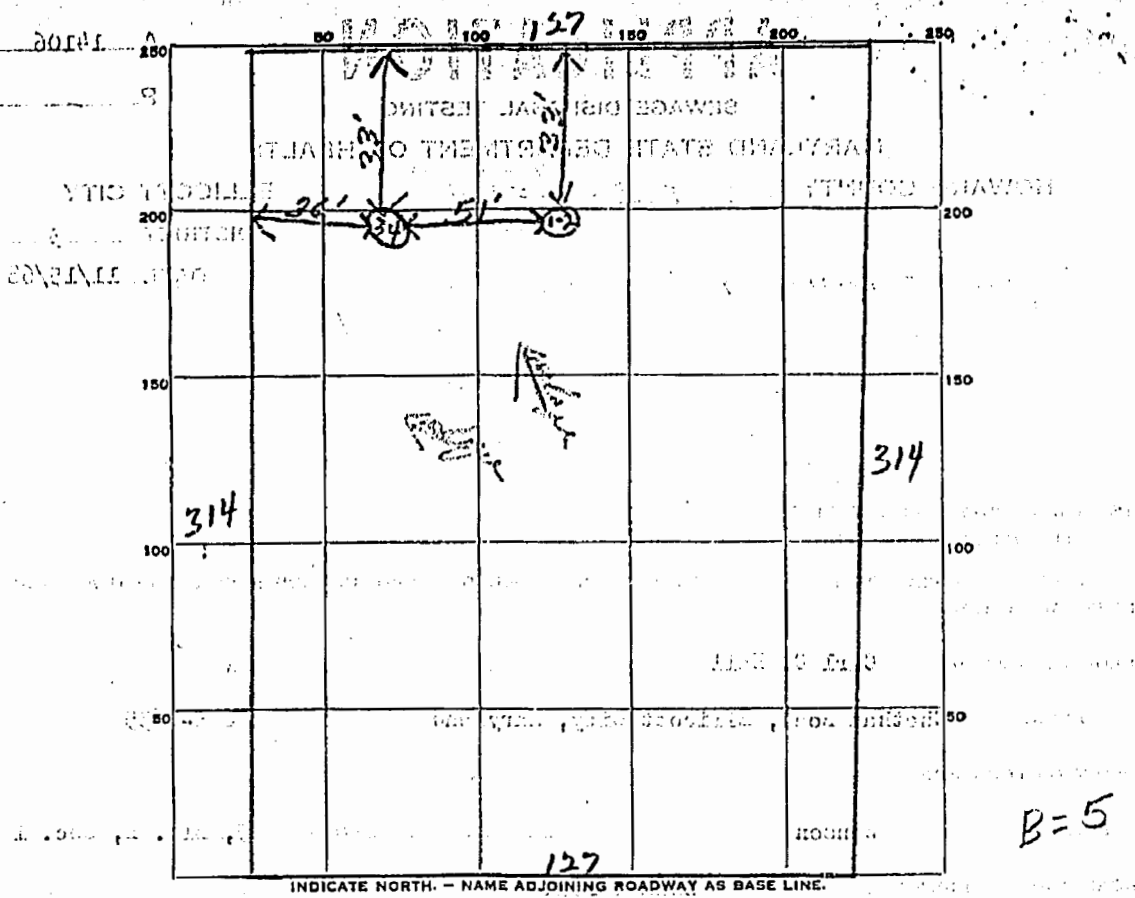
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

## THIS IS NOT A PERMIT

13/21



B=5

New Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8/29	1	9'	11 23	11 26	11 25	11 33	7 in
	2	4'	11 24	11 29	11 29	11 35	6 in
	3	9'	11 22	11 31	11 31	11 45	14 in
	4	4'	11 28	11 30	11 30	11 33	3 in

8  
30 in  
8 min. AV.

(1-2)

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY \_\_\_\_\_

REMARKS \_\_\_\_\_

ALSO PRESENT \_\_\_\_\_ LOT NO. \_\_\_\_\_

4/5/72  
9:30

# APPLICATION

A 16891

SEWAGE DISPOSAL TESTING

P

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 3/29/72

Dry Dry Well pit 13 ft sq. - set block + tap for 13 ft diameter + fill in rest of pit with gravel. Dry Well to be 19 ft deep below orig. grade. Socket pipe to be 3 1/2 ft up below orig. grade.

Trench to begin 5 ft. to left of dry well - trench to be 9 ft deep

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

with 5 ft gravel under pipe. Call for inspection of trench before gravel is installed

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

locate dry well about 10 ft behind S. of this land

PROPERTY OWNER Mr. and Mrs. George D. Rist

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Benson LOT NO. 5, Blk. B, Sec. 1

ROAD AND DESCRIPTION Lakeway Drive

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 127' x 314' x 127' x 314' TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ George D. Rist

APPROVED BY *Don Morgan* FOR *Dry Well + Trench* DATE 4-5-72

(KIND OF SYSTEM)

REJECTED BY FOR DATE

(KIND OF SYSTEM)

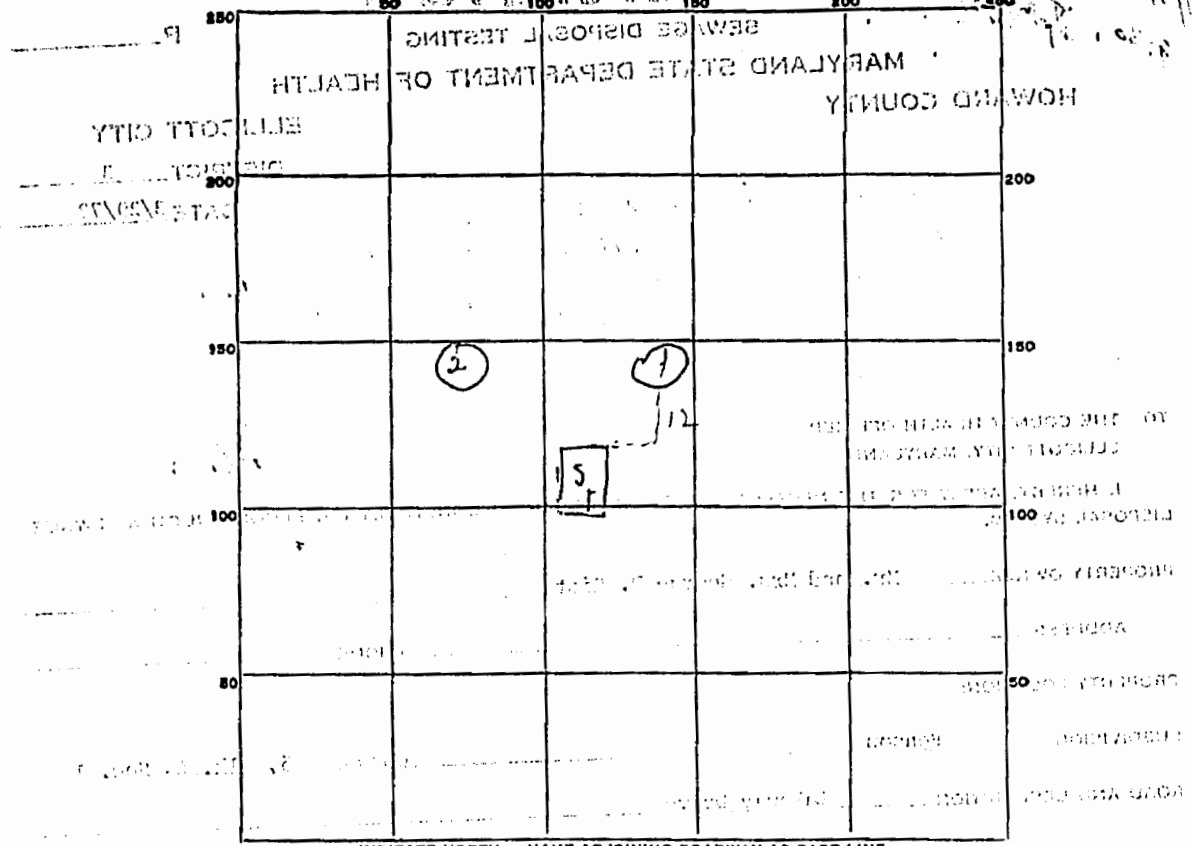
HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

## THIS IS NOT A PERMIT

Form A

# APPLICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/77	1	10ft.	9:47	9:56	9:56	10:19	23 min
	2	same	type	specimen			

SOIL AUGER FINDING

TESTED BY

REMARKS

APPROVED
TOM
JUN 12 1977

3/14/72  
10:00 AM A 14106

FILE Well grouting DATE REPORTED 3/13/72

PROPERTY OWNER Jack H. Baker

P.O. ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DIRECTIONS TO PROPERTY Bexard S/W - Lot 5-B

off Truss Rd. to Bexard S/W - last house on right

INFORMANT \_\_\_\_\_

Emergency Well # 10-72-6-5?

well right next to road can grout from case

CONDITION FOUND \_\_\_\_\_

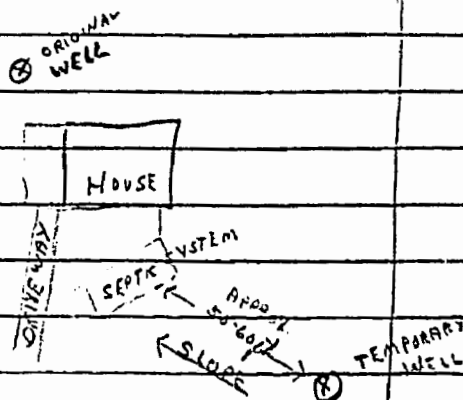
3/14/72 - Well - 510 ft.

Casing - 120 ft.

GROUT - 100 ± R.T.

CEMENT - 40 bags

ACTION TAKEN \_\_\_\_\_



FINAL DISPOSITION \_\_\_\_\_

STATE OF MARYLAND  
DEPARTMENT OF WATER RESOURCES  
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
WELL COMPLETION REPORT

SEQUENCE NO. (DWR USE ONLY) **09416**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION. FILL IN THIS FORM COMPLETELY.

COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY) **March 11, 1972**

DEPTH OF WELL **501** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **20-22-016**

DATE WELL COMPLETED

DRILLERS IDENTIFICATION NO. **256**

OWNER **Baker** LAST NAME **Paul L.**

STREET OR RFD **3518 Lake Way Dr.** POST OFFICE **Bellwood City, Md**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	TO	CHECK IF WATER BEARING
clst.	0	5	
Br shale	5	141	
Br shale & mud	141	15	
	15	55	
mud & gravel	55	58	
	58	116	
	116	130	
Hard Blue Granite Coaly	130	131	
	131	260	
Hard Blue Granite Coaly	260	261	
Blue Granite	261	501	

WELL DESCRIPTION

GROUTING RECORD (YES/NO) **Y**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **40** NO. OF POUNDS **3,760**

GALLONS OF WATER **200**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **118** FT.

CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

**ST** (STEEL) **CO** (CONCRETE)

**PL** (PLASTIC) **OT** (OTHER)

MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6"** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **120'**

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

**ST** (STEEL) **BR** (BRASS OR BRONZE) **HO** (OPEN HOLE)

**PL** (PLASTIC) **OT** (OTHER)

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 2 3 (SEQ. NO.) 6

1 8 9 11 18 17 21

2 23 24 28 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) **F**

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

(PLEASE PRINT) **DANA KYBERATI**

SIGNATURE **Dana Kyberati**

TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **74 75 76**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **9**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **1**

METHOD USED TO MEASURE PUMPING RATE **Flowmeter**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **130** (NEAREST FOOT)

WHEN PUMPING **500** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

**A** AIR **P** PISTON **T** TURBINE

**C** CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)

**J** JET **S** SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, D)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **Y**

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

**+** ABOVE **-** BELOW

LAND SURFACE (NEAREST FOOT) **2**

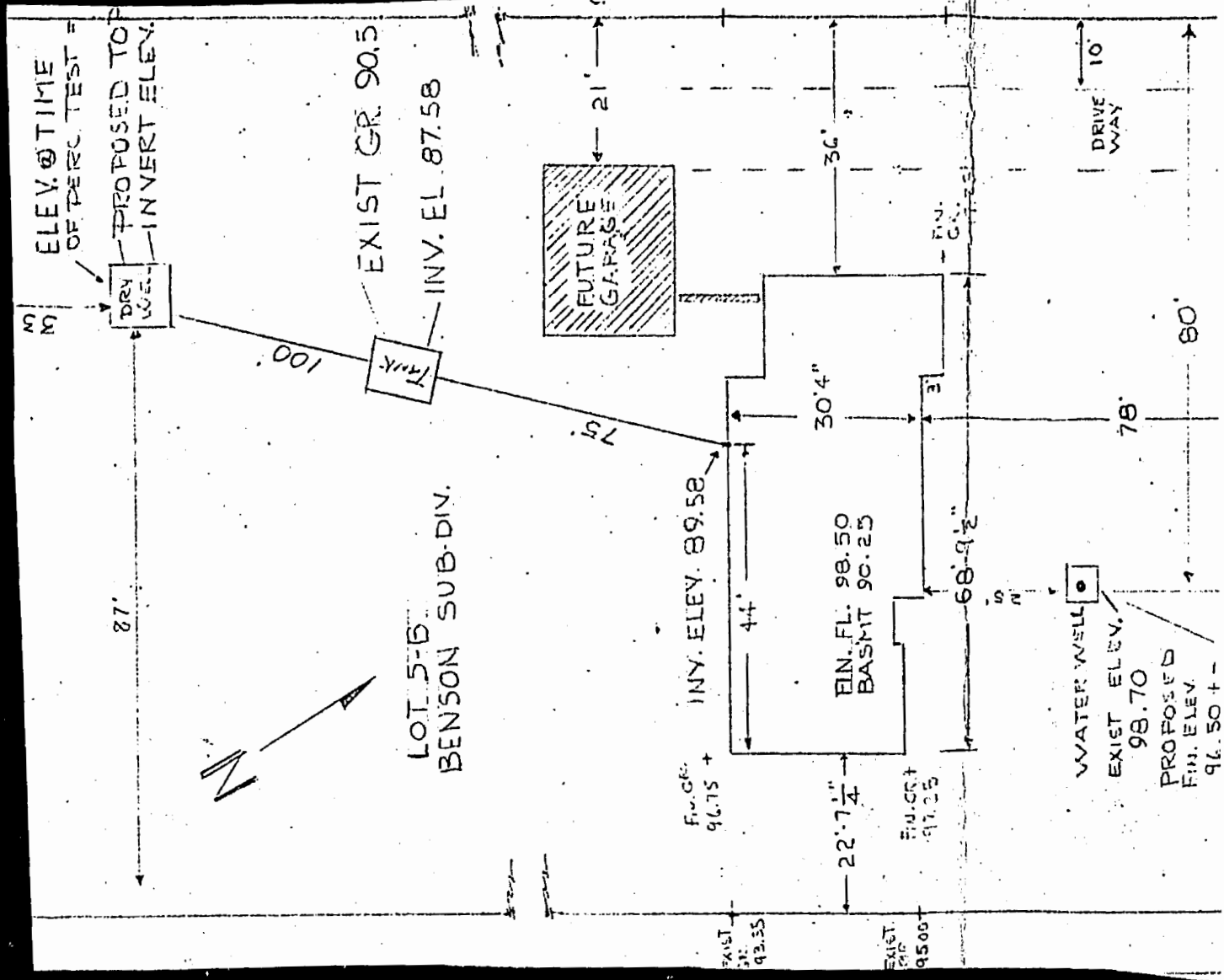
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Lake Way Dr.

well way Dr.

1/10



ALLRED, KENNETH GUY  
 BLACKBURN, JANET LEE  
 LOT 6 BK. B  
 PLAT BK.# 18 PG. 79  
 BENSON  
 TAX MAP: 22 PARCEL 188  
 DEED REF.# 14757

MERRILL, MICHAEL H  
 MERRILL, BECKY L  
 LOT 5 BK. B  
 PLAT BK.# 18 PG. 79  
 BENSON  
 TAX MAP: 22 PARCEL 188  
 DEED REF.# 9125/140  
 40,003 SQFT. +/-

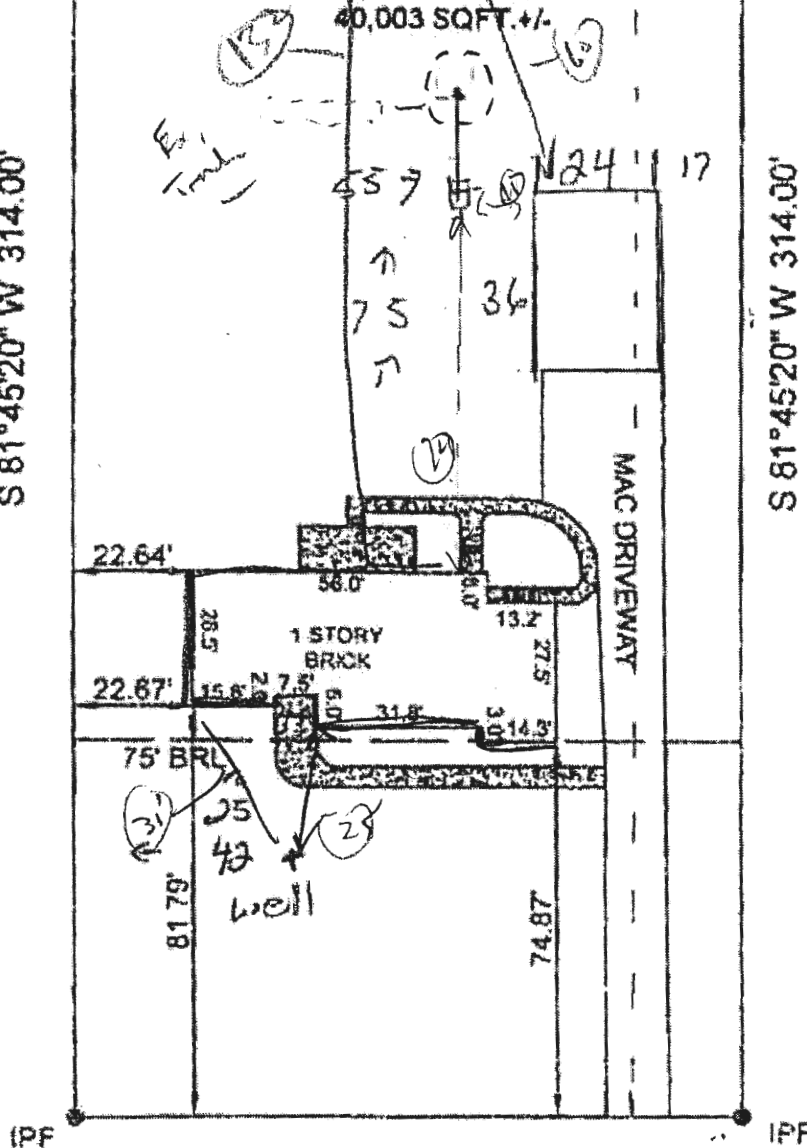
HOF  
 HORI  
 LC  
 PLAT I  
 I  
 TAX MAP  
 DEED I

Zoning RR

S 81°45'20" W 314.00'


S 81°45'20" W 314.00'

B09001669  
 OK 7-21  
 H



S 08°14'40" E 127.40'  
 LAKEWAY DRIVE (50'R/W)

Note:  
 IPF = IRON  
 IRF = IRON  
 IPACF = IR  
 IFACS = IR

 = CONCRETE

BOUNDARY SURVEY  
 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON, AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON, AND THAT THE IMPROVEMENTS APPEAR TO BE IN FLOOD ZONE C. THIS SURVEY IS TO ESTABLISH THESE ABOVE GROUND IMPROVEMENTS ONLY AND NOT INTENDED TO FIND UNDERGROUND UTILITIES OR OTHER INSTALLATIONS



Schul  
 4399 MK  
 PASADENA  
 PHON  
 FAX:  
 Address  
 3518 LAKEWAY DRIVE  
 ELLICOTT CITY, MD 21042  
 Date 05/05/09 Job # 2255

*Walter Thomas Thins* 5/5/09