

H-22-94
10:00:pm ✓
later ✓
H-23-94
11:00:later ✓
11-29-84
12:00:later ✓
12-29-84
WPI amphora

02-339706

PERMIT

Filed

IN WOODS
11/22 (2) P.C.O. *CB*
11/23 (2) P.C.O. *CB*
P 50376
11/29 (1) P.C.O. *CB*
A 38518

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 11/01/94

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 11/29/94

INSPECTOR *CB*

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Preserve at Burleigh Manor LOT 683 ROAD 10384 Kingsbridge Road

PROPERTY OWNER Richard B. Turer & Coleene G. Cooke

ADDRESS _____

SEPTIC TANK CAPACITY 2000 GALLONS

NUMBER OF BEDROOMS 6

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 315

TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from right front lot corner, start the first trench 110 feet down the right (=600') lot line and 175 feet off the line as seen when facing property from Kingsbridge Road. Run trenches along contour towards the rear and right lot lines. MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 9/6/94 JKS*

PLANS APPROVED BY Bert Nixon DATE 02/09/88

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, 90° ELBOWS NOT ACCEPTABLE.

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

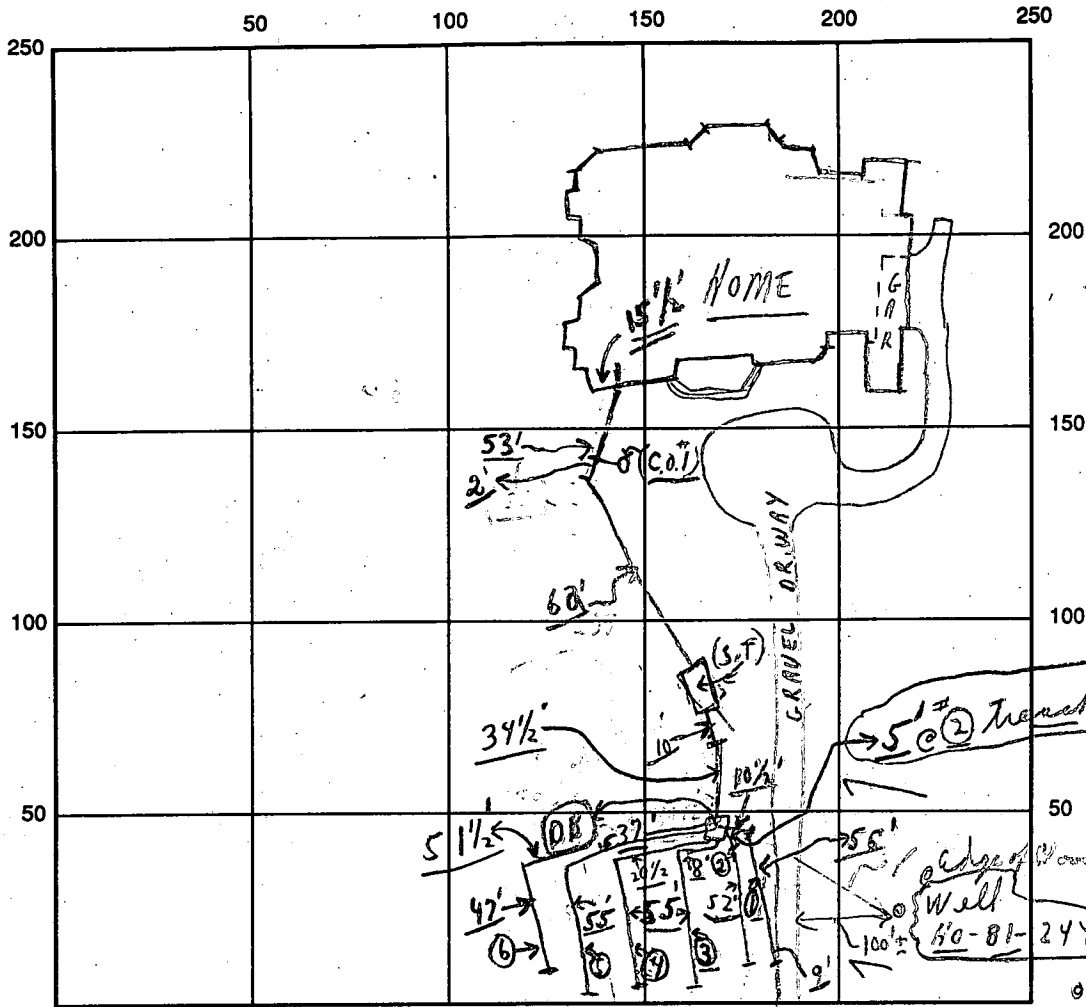
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

CALL REPAIR SERVICE AND RETURN 3-2102 BDD 135708 I6 POOL

A 38518



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

KINGSBRIDGE ROAD

SEPTIC TANK LEVEL OK CLEANOUTS S.T. / C.O.#
OK / OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. { TOTAL LENGTH 320 FT. }
 { ① 56'; ② 52'; ③ 55'; ④ 55'; ⑤ 55'; ⑥ 47' }

NUMBER OF TRENCHES 6 ONE SIDEWALL BOTTOM AREA 1280 SQ. FT.

DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 1280 SQ. FT.

REMARKS: 11/22/94 Partial oh to continue - oh to cover from 1' of home to 1' of (C.O.#) Don't chd (No other work yet) 1' chd

11/22/94 (Late P.M.) - oh to continue partial = oh to cover to 2' of S. Tank; chd. 11/23/94 (P.M.) oh to cover to 1' of Dist Box; partial chd

11/23/94 (P.M.) Partial ① Trench oh to cover. Note: 1 vertical pipe @ end to depth of stone & gravel needed only. chd. 11/29/94 Partial oh to finish ends as finish tip

11/29/94 (P.M.) Partial oh to cover as finish tip

DATE SYSTEM APPROVED 11/29/94 INSPECTOR Charles B. Thrash

Note: 1 more trench to dig chd (Late P.M.) 11/29/94 - Final - oh to cover as finish tip last trench chd material on site.

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

*5/20/88
perc OK'd pending
approved plat*

A 38518

P _____

DISTRICT _____

DATE 1-28-87

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 Gerald M. Katz, Trustee c/o Whitman, Regardt and Associates
Richard B. Turner + Coleene G. Cooke

ADDRESS 2315 Saint Paul Street, Baltimore, MD 21218 PHONE 410-465-3075 (301)-235-3450

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO. 10

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
(10384 Kingsbridge Road)

TAX MAP 23, 24 PARCEL # 290

BLDG. PERMIT SIGNED
AND RETURNED 7/28/84

SIZE OF LOT 3 Ac TYPE BLDG Single Family Dwelling

Serial # 55334 (SINGLE FAMILY DWELLING OR COMMERCIAL)
UBenn

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.

[Signature]

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

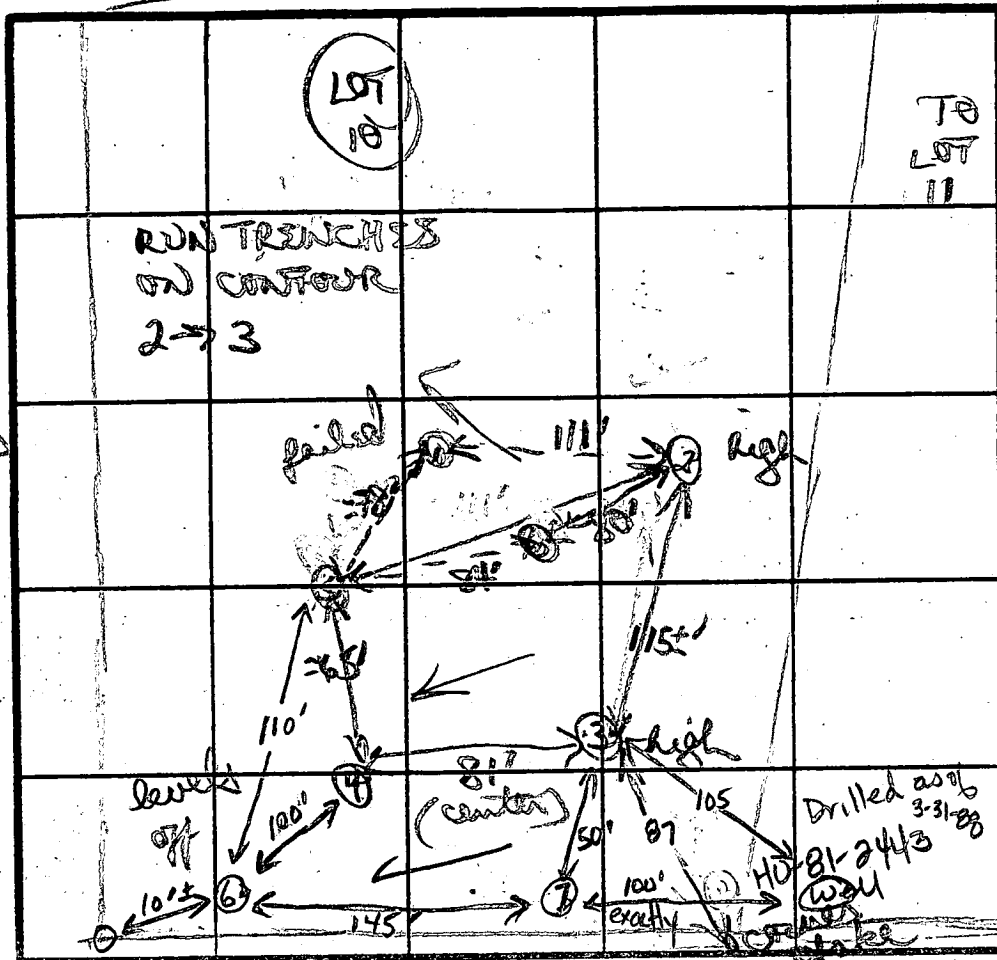
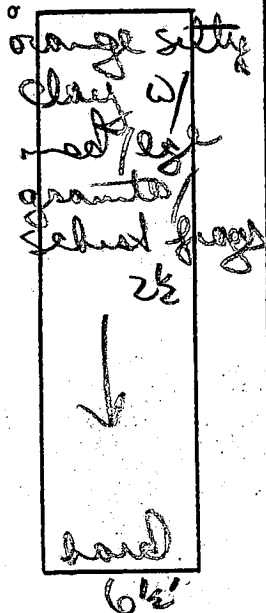
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes + proof of usable well sets

THIS IS NOT A PERMIT

INLET 4 1/2'
 MAY D 8 1/2'
 194 18 / 10 RM
 X = 10' MIN

SOIL PROFILE



orange / light tan blend clay loam 4' to mostly light silty med loam w/ 10% shell frags

12 1/2' D

brown / tan clay silty loam 4 1/2' to mostly silty loam

orange / red heavy clay checker gravelly (med frags) 5' to mostly orange silty med loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

10 LOT 35

DATE	TEST NO.	DEPTH	SPERMET START	STOP	TEST - 1" DROP START	STOP	REMARKS
3/20/27	①	hard rock	bottom	6 1/2'	fail		
	②	3 1/2 S	400	403	403	409	6MM
		7 M	358	400	400	402	2MM
		12' D	bottom	(see profile)			
	③	5 + 1/2	329	338	338	352	14MM
		12 1/2 D	bottom	(see profile)			
	④	4' S	335	341	341	348	7MM
		12 1/2 D	bottom	(see profile)			
	⑤	4' S	352	405	405	427	22MM
		12' D	bottom	(see profile)			

orange clay silty loam w/ 15% med eye granitic shell frags 4 1/2'

to gray / white gravelly silty loam w/ 15% med shell

REMARKS: perc field adjusted due to rock. Area may not slight enlarging outside of 3-4 line would be OK. Lot lines may need adjusting for well sets.

TESTED BY: B. Nylan

ALSO PRESENT: Rocky, Bill, Eugene

APPLICATION

PERCOLATION TESTING

A 41165
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 3-7-88

2 Holes Required

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 Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates

ADDRESS 2315 Saint Paul Street, Balt., MD 21218 PHONE 301-235-3450

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO. 683 (OLD LOT # 10)

ROAD AND DESCRIPTION West of the intersection of Centennial Lane & Old Annapolis Rd.

TAX MAP 23, 24 PARCEL # 290

SIZE OF LOT 3 acre TYPE BLDG single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

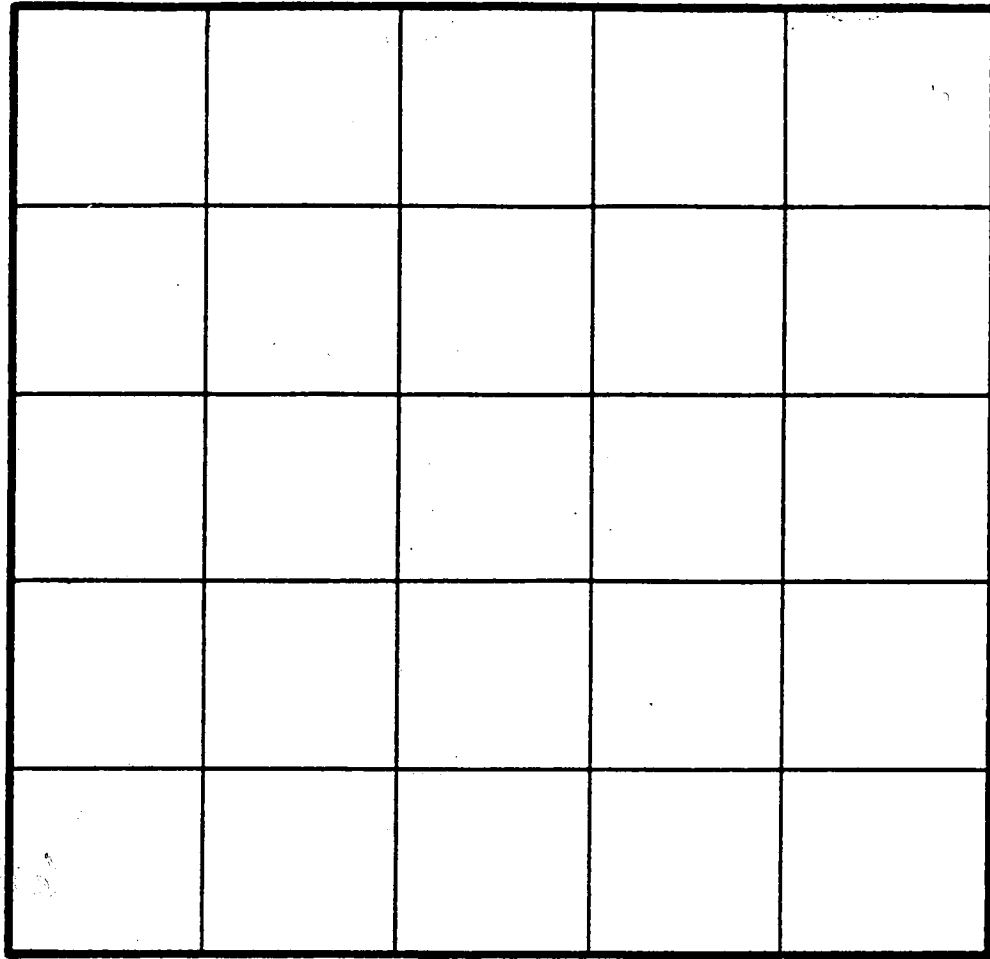
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

⑥
SOIL PROFILE

0-3.5 Rd-br
si clay
loam.
3.5-11.0 Brown
sa si
loam
11.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

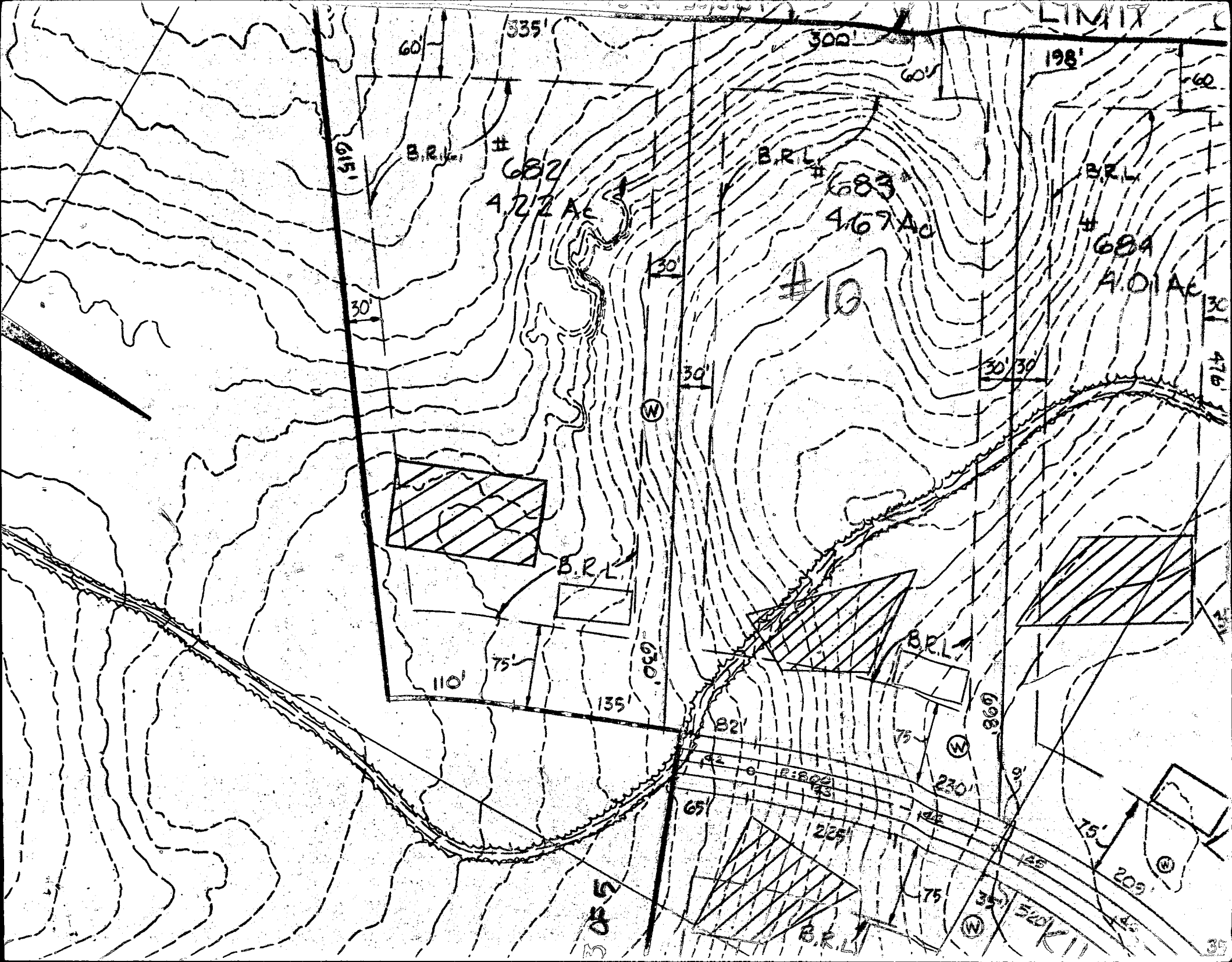
⑦
0-6 Rd-br
si cl
6-13 Red-tan
sa si
loamy
frc
gtz frag
< 10%
at 4.0 ft.
13.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-31-98	6	4.0 S	2:30	2:33	2:33	2:41	8
		11.0 D	Bottom (see profile)				
	7	4.0 S	2:52	2:52	2:52	2:53	gtz pieces below
		6.0 M	2:57	3:08	1/2 inch		
		6.5	3:12	3:18	3:18	3:33	25
		13.0 D	Bottom (see profile)				OK

REMARKS _____

TYPE OF SOIL _____

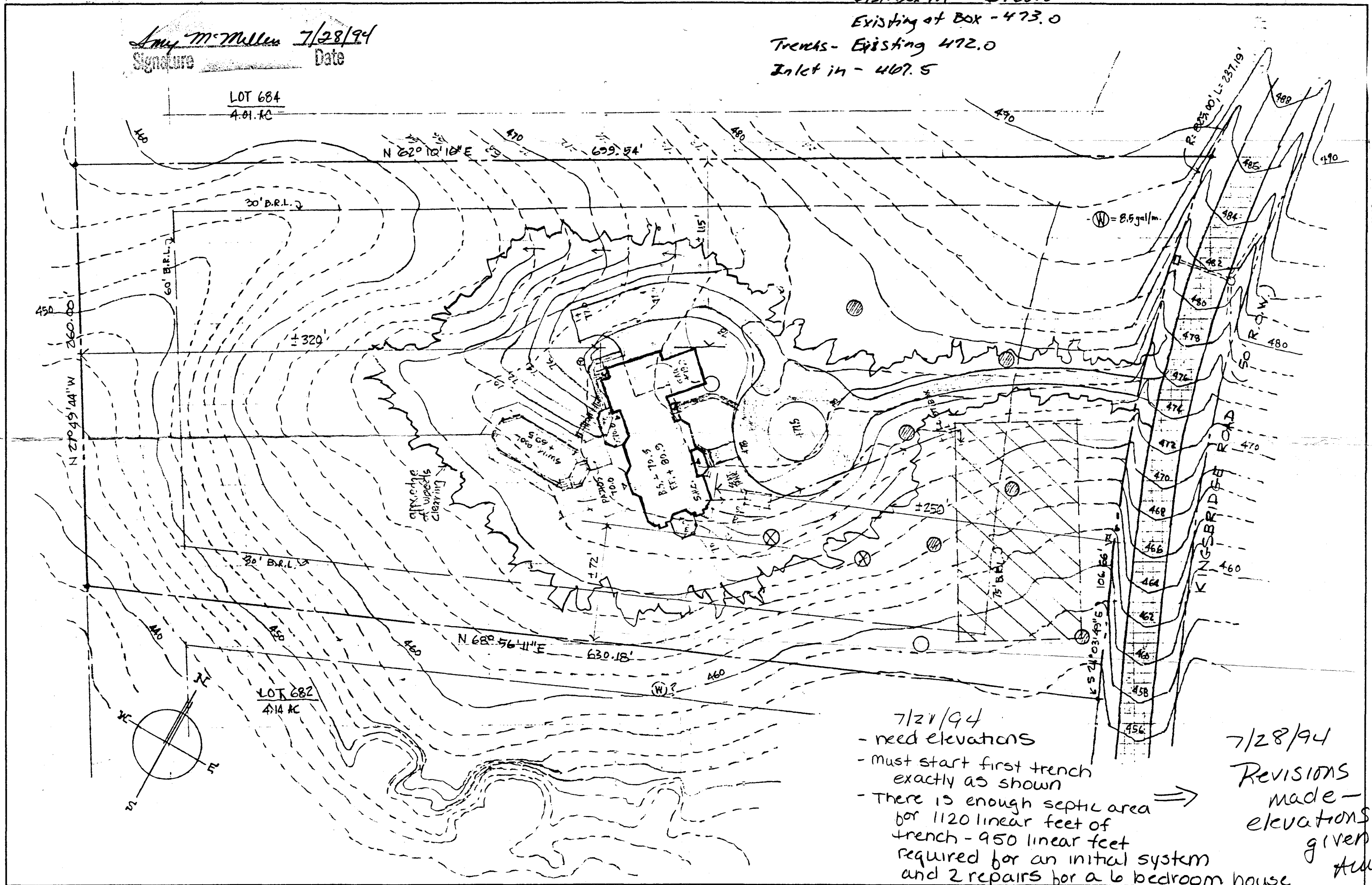
TESTED BY _____ ALSO PRESENT _____



Note: Manhole cleanout
required.

Basement Elev - 470.5
Tank in - 470.3
Tank out - 470.0
Existing Elev of Tank - 474.5
Dist. Box in - ~~468.85~~
Existing of Box - 473.0
Trenches - Existing 472.0
Inlet in - 467.5

Amy M. Mullen 7/28/94
Signature Date

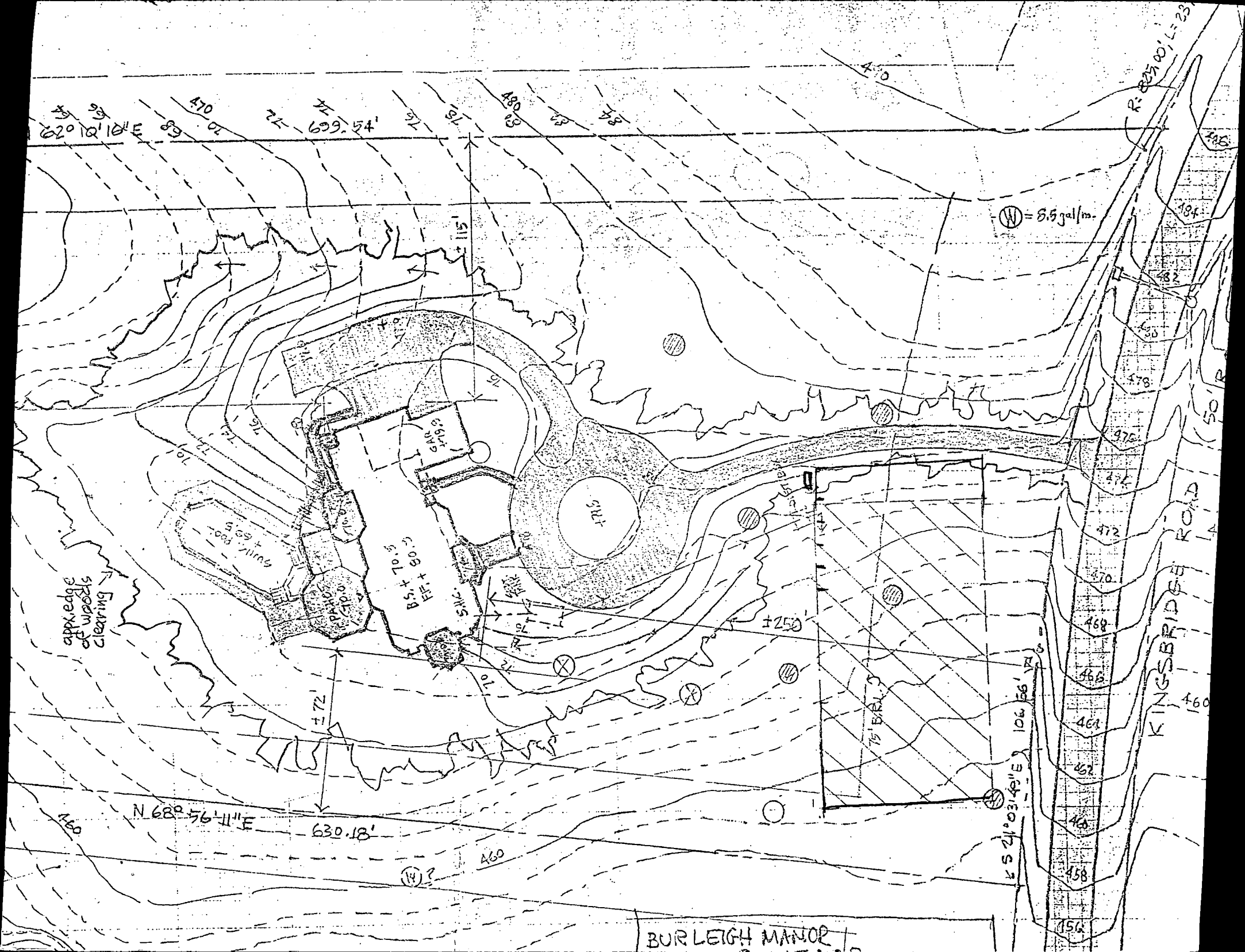


7/21/94
- need elevations
- must start first trench exactly as shown
- There is enough septic area for 1120 linear feet of trench - 950 linear feet required for an initial system and 2 repairs for a 6 bedroom house

7/28/94
Revisions made - elevations given
AMU

BURLEIGH MANOR
SECTION 2, LOT 683
HOWARD COUNTY, 2ND ELECT. DISTRICT
4.48 AC.

DATA FROM FISHER COLLINS & CARTER INC.
7 JULY 1989 + ORIGINAL SUBDIVISION TOPO
KAPLAN SUTTON & ASSOC. ARCHITECTS, 10 JUNE 1994



62° 10' 10" E
470
472
474
476
478
480
482
484
486
488
490
492
494
496
498
500
502
504
506
508
510
512
514
516
518
520
522
524
526
528
530
532
534
536
538
540
542
544
546
548
550
552
554
556
558
560
562
564
566
568
570
572
574
576
578
580
582
584
586
588
590
592
594
596
598
600

W = 5.5 gal/m.

appx edge of woods or woods clearing

N 68° 56' 11" E 630.18'

S 21° 03' 49" E 106.56'

KINGSBRIDGE ROAD

BURLEIGH MANOR

C1 2058

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 38518

DATE RECEIVED

DATE WELL COMPLETED 01/15/88

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. HO-81-2443

OWNER ASSOCIATES WHITMAN REQUARDT
STREET OR RFD KINGS BRIDGE ROAD TOWN SULLY CITY
SUBDIVISION BURLINGHAM MANOR SECTION 2 LOT 10683

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICH ROCK, 0-18, 18-225.

GROUTING RECORD
WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 6 NO. OF POUNDS 564

CASING RECORD
STEEL (ST) CONCRETE (CO)
PLASTIC (PL) OTHER (OT)
MAIN CASING TYPE ST Nominal diameter 6 Total depth 23

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

SCREEN RECORD
STEEL (ST) BRASS (BR) OPEN HOLE (HO)
BRONZE (PL) PLASTIC (OT) OTHER (OT)

DEPTH (nearest ft.)
EACH SCREEN 1 HO 22 225

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"

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

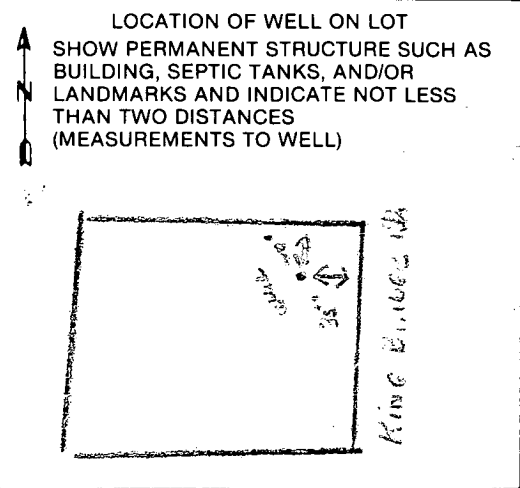
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 8.2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 4.5 WHEN PUMPING 6.5
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES (NO)
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 LAND SURFACE 1 (nearest foot)



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300135008

Building Address 10384 KINGSBRIDGE RD
ELLCOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6023.03 Subdivision BURLEIGH MANOR
Section 2 Area _____ Lot 683
Tax Map 24 Parcel 766 Grid 13
Zoning R2D Map Coordinates _____ Lot size _____

Property Owner's Name MR. RICH TURER
Address 10384 KINGSBRIDGE RD.
City ELLCOTT CITY State MD Zip Code 21042
Home Phone 410.465.3075 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
DUNCAN MCKEEVER
9 KIRKWALL CT
ROCKVILLE, MD 20854
Phone 301.299.6414 Fax _____

Existing Use SF DWELLING
Proposed Use SAME
Estimated Construction Cost \$ 10,000 -
Description of Work INGROUND RESIDENTIAL
CONCRETE SWIMMING POOL

Contractor Company CRYSTAL POOLS
Contact Person DUNCAN
Address 9 KIRKWALL CT.
City ROCKVILLE State MD Zip Code 20854
License No. 5A99
Phone 301.299.6414 Fax 301.299.6414

Occupant or Tenant MR. RICH TURER
Contact Name - SAME -
Address 10384 KINGSBRIDGE RD.
City ELLCOTT CITY State MD Zip Code 21042
Phone 410.465.3075 Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: <u>POOL</u> Dimensions: <u>20x40</u> Footings: <u>3-8.5'</u> Roof: _____	

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.

D. MacKeever
Applicant's Signature
Pres. Crystal Pools
Title/Company

D. MacKeever
Print Name
3/20/02
Date

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

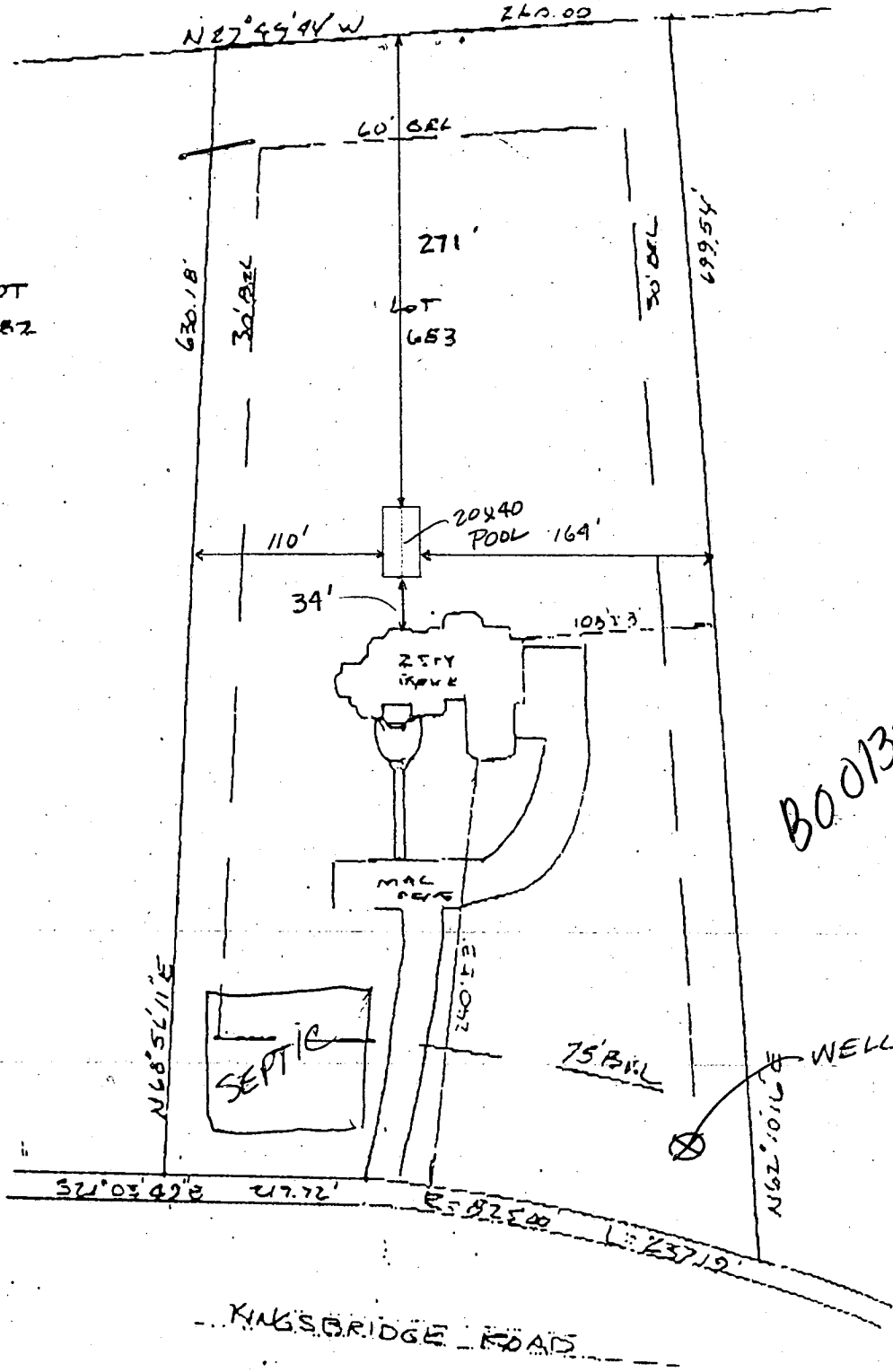
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>3/20/02</u>	<u>J. Smell</u>
Dev. Engineering, DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by _____



Multiple

B00135008



A 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 a contemplated transfer, financing or refinancing. The plat is to be relied upon for the establishment or location of fences, fences, buildings, or other existing or future improvements. 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 refinancing.

A LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.Z.M.A. FLOOD SURVIVANCE RATE MAP PANEL 1 240044 2022.13

WITZ & ASSOCIATES
SURVEYORS

COOKE RESIDENCE
LOCATION CERTIFICATION
10384 KINGSBRIDGE ROAD LOT 653