

12-28-93
1:00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49683

A 43399

DISTRICT 4

DATE 11/22/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

04-353900

DATE SYSTEM APPROVED 12/29/93

INSPECTOR Arm

INDEXED

Masonry Contractors, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 21 ROAD 3201 Landcaster Court

PROPERTY OWNER ~~Martin II, Inc.~~ LAURA MCKEE

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet from front lot line (475.00') and 155 feet from right lot line (270.00') as viewed from Landcaster Court. Install trenches on contour toward rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 11/22/93

PLANS APPROVED BY Ronald Pinkley DATE 4/26/93

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

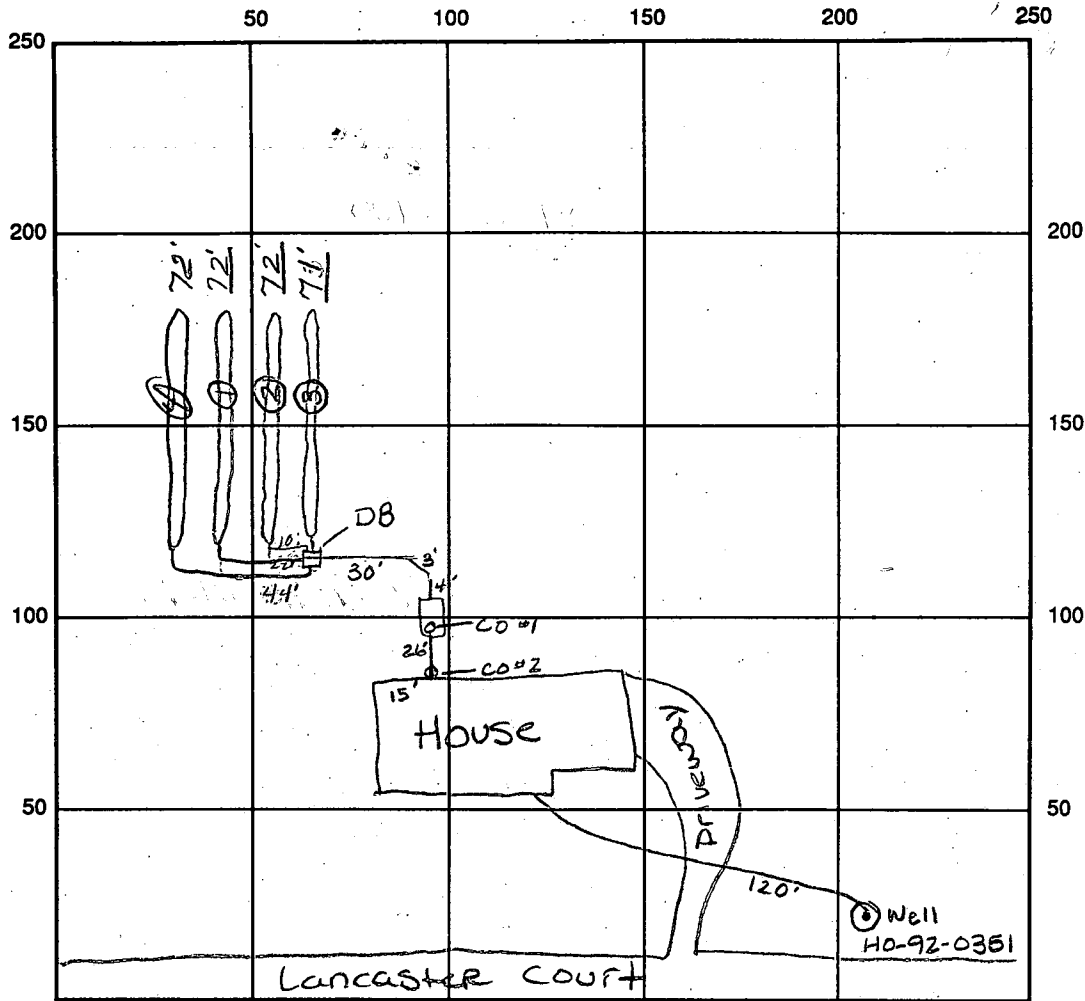
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 4/6/95
Serial # 58909 - deck

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

A
43399



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS 1 OK # 2 OK

DISTRIBUTION BOX LEVEL OK - did not see

DRAIN FIELD/TITLE DEPTH 6' FT. TRENCH WIDTH 3' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH $\begin{matrix} \textcircled{1} 72' \\ \textcircled{2} 72' \\ \textcircled{3} 71' \\ \textcircled{4} 72' \end{matrix} = 287 \text{ ft total}$

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 8.674 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/28/93 Did not see baffle in DB-lid frozen on. Contractor was advised to sleeve well line under driveway. Need additional trench-called contractor ARM 12/28/93 4th trench-OK to cover final ARM

12/28/93 WPI OK ARM

DATE SYSTEM APPROVED 12/29/93 INSPECTOR A. McMullen

12/28/93
WPI OK to
cover line -
AM

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 # _____
Date _____

Name of Installer Plumbing, Htg & Supplies Inc.

Telephone 410-848-5300

License Number 5165

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Frall Developers

Telephone _____

Subdivision Cabin Branch Farms Lot # 21 Well Tag # 92-03-51

Site Address 3201 Landcastle Ct

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Conolds
- Model # 7E405422
- Capacity 7 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other

Motor

- Horsepower 1/2
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Campbell
- Model # B-300K
- Depth 4

Tank

- Capacity 7
- Pressure relief valve? yes

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved NSF
- Depth of supply line 4

Well data

- Depth 165 ft.
- Yield 12 GPM
- Static water level 25 ft.
- Will water supply be disinfected by installer? No

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: Edgar E. Parry

Date: Dec. 8, 1993

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

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

51075

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3201 LANDCASTER CT. LOT 21
LISBON, MO. 21765

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

2 STORY FULL BSMNT
2 FR, 1 HB, 4 BDRMS
2 CAR GARAGE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
21						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
CARIN BRANCH				

OWNER NAME AND ADDRESS
MARTIN II INC
4219 HANOVER PIKE
MANCHESTER, MO 21102

PHONE NO.
234-8330

OCCUPANT'S NAME AND ADDRESS
SAME AS CONTRACTOR

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
SAME AS CONTRACTOR

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
MASONRY CONT. INC.
4219 HANOVER PIKE
MANCHESTER, MO 21102

PHONE NO.
410-239-8330

EXISTING USE	PROPOSED USE
VACANT LOT	S.F.D.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
82,000		

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES				
WATER/WELL/SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
		YES	HP	YES

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

Robert Evans
SIGNATURE
TITLE
DATE 10-15-93

W/S CODE FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY)

SDP # _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 11/3/93	Mark E. Ripstein
FIRE PROTECTION		
STORM WATER MGM.	X	

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

APPLICATION

PERCOLATION TESTING

A 43399

P _____

DISTRICT R

DATE 12/19/88

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

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 Oakton Associates, Inc.

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 24.21

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. Single Family
(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.

James Hanna

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/26/89 - Perc OK but House set @

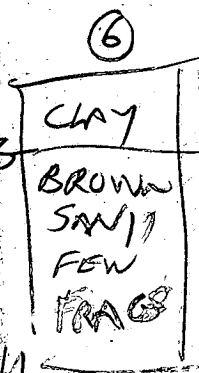
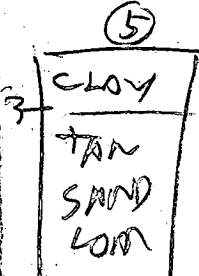
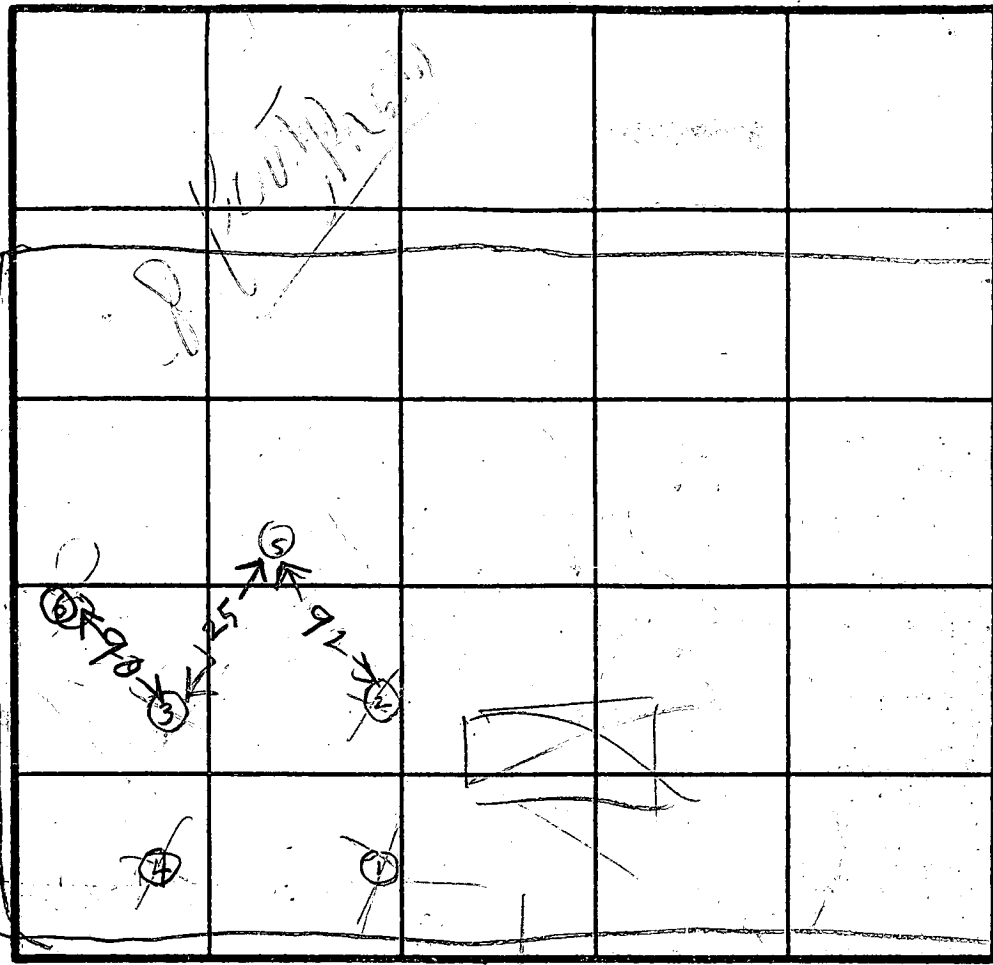
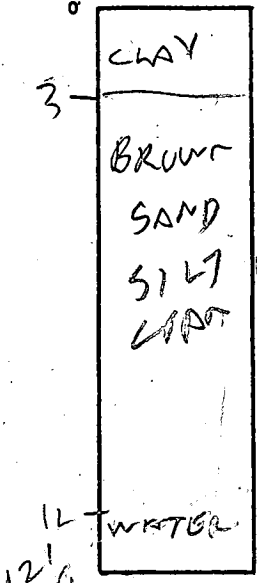
Well site must be changed RH

HD-216

THIS IS NOT A PERMIT

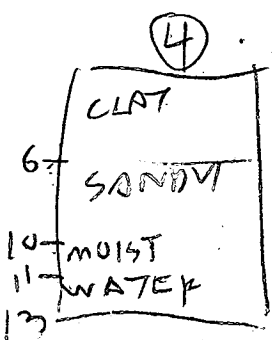
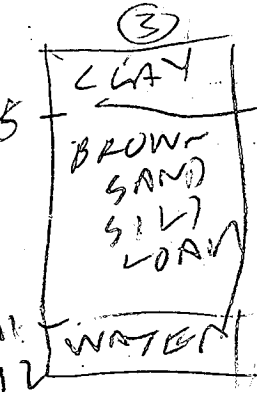
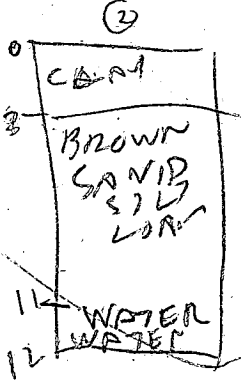
43399

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD - 2 miles



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/89	1S	4	1003	1009	1008	1014	2
	1D	6.5	1003	1014	1014	1024	10
	1V	12.5	WATER		12F7		
	2S	4	1005	1006	1006	1012	6
	2V	12	WATER		12F7		
	3S	6.5	1010	1015	1015	1019	4
	3V	12	WATER		11F7		
	3ES	4	1031	1043	1043	1109	25
	4S	4	1036	1035	VOID ROCK		
	4V	13	WATER		11F7 FAIL		
	4ES	4	1045	1059	Both are SLOW		
	5S	4	1101	1103			
	5V	12	OK				
4/26/89	6V	11	OK				

INLET 3/2 X 10 MIN

REMARKS: Handwritten notes describing test results and observations.

TYPE OF SOIL: _____

TESTED BY: R. HODGES

ALSO PRESENT: _____

APPLICATION

PERCOLATION TESTING

A 43399

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CABIN BRANCH FARM LOT NO. 21

ROAD AND DESCRIPTION LAND CASTER COURT & STARTING GATE COURT

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

43390 Lot 21

206
H-08/14/15

COUNTY #

SOIL PROFILE

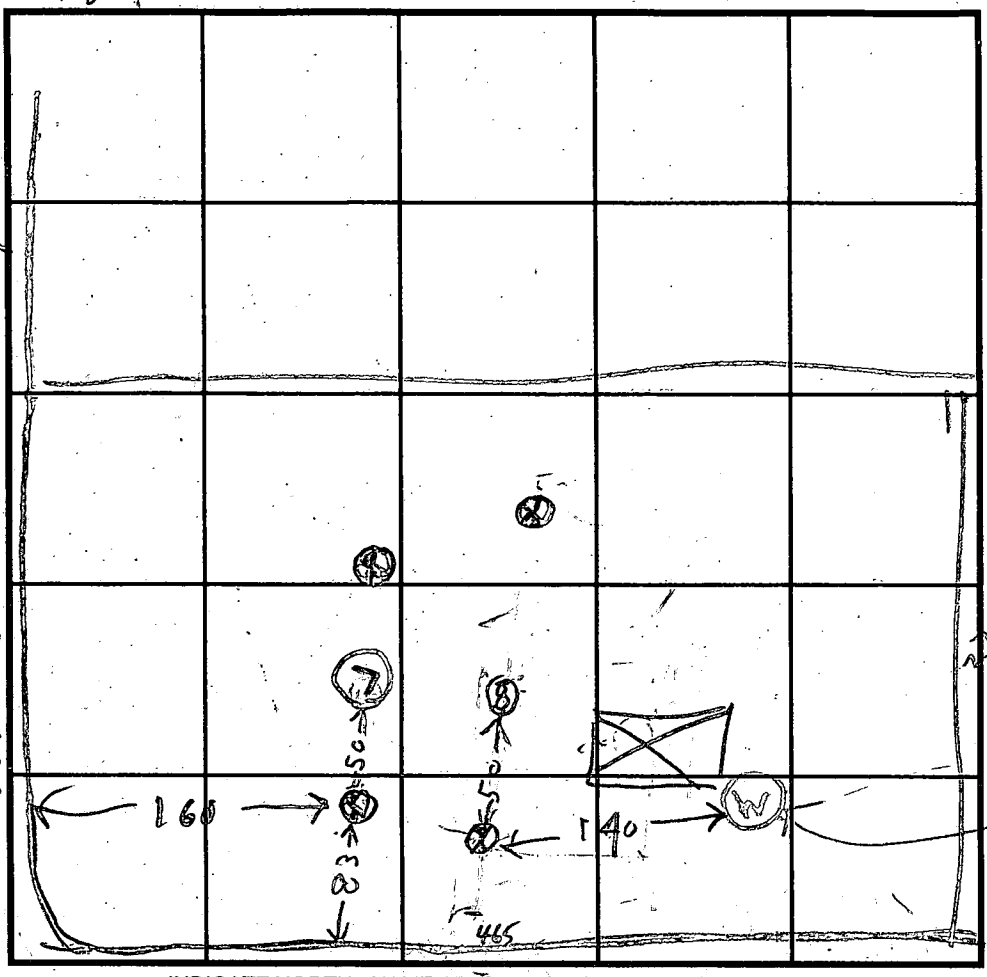
0'
TOP SOIL CLAY
4'
DULL GRAYISH BROWN SAND LOAM
11'
WATER
12'

SOIL PROFILE

0'

150

STARTING GATE COURT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

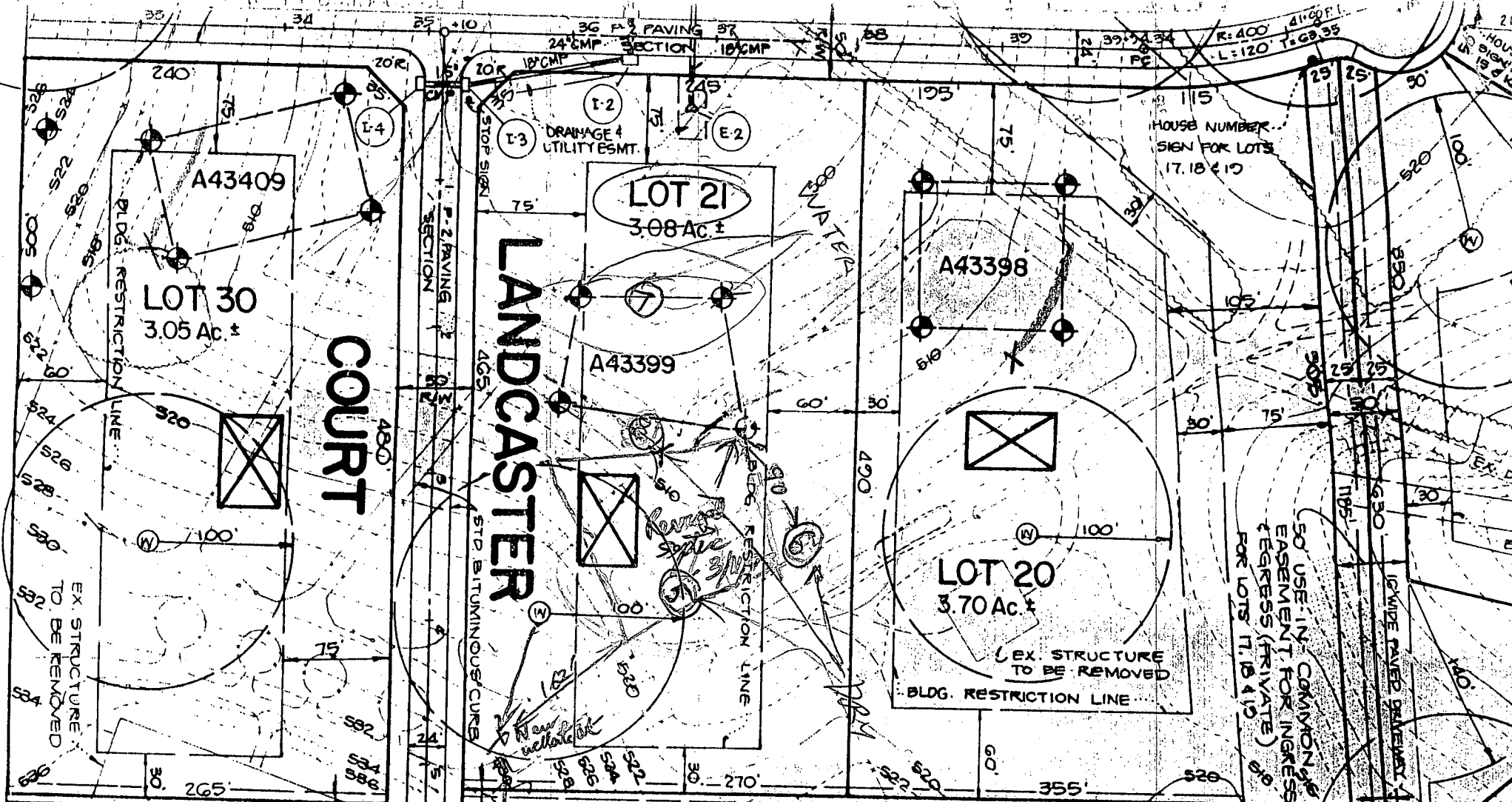
LANCASTER COURT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/18/92	7V	12	WATER	11 FT			
"	8V	12.5	21C				

REMARKS: Move well area / back in move well side
 TYPE OF SOIL: From side 12/18/92 R12
 TESTED BY: _____ ALSO PRESENT: _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

12/18

TOP SOIL BROWN CLAY
4'
DULL GRAYISH BROWN SAND LOAM
12'



COURT

LANDCASTER

A43409
LOT 30
3.05 Ac ±

LOT 21
3.08 Ac ±

A43398
LOT 20
3.70 Ac ±

MATCH LINE SEE SHEET 5 OF 6

A 43400

lot 22

New well site OK
R/S 4/26/93

A 44167

Tap for 100' well to Sept.
10/12 - 21/30

HOUSE NUMBER
SIGN FOR LOTS
17, 18 & 19

50' USE IN COMMON
EASEMENT FOR INGRESS
& EGRESS (PRIVATE) OF
FOR LOTS 17, 18 & 19

12' H.O.A. EASEMENT FOR EQUESTRIAN TRAILS
6' MIN. TRAIL WIDTH

BLDG. RESTRICTION LINE

BLDG. RESTRICTION LINE

EX STRUCTURE
TO BE REMOVED
BLDG. RESTRICTION LINE

EX STRUCTURE
TO BE REMOVED

DRAINAGE &
UTILITY ESMT.

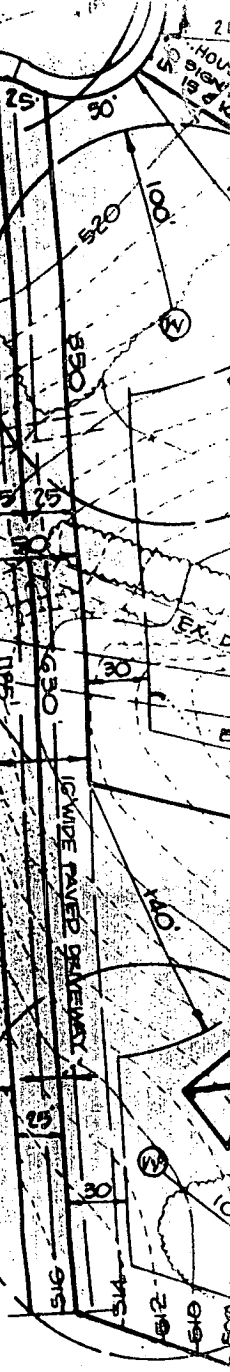
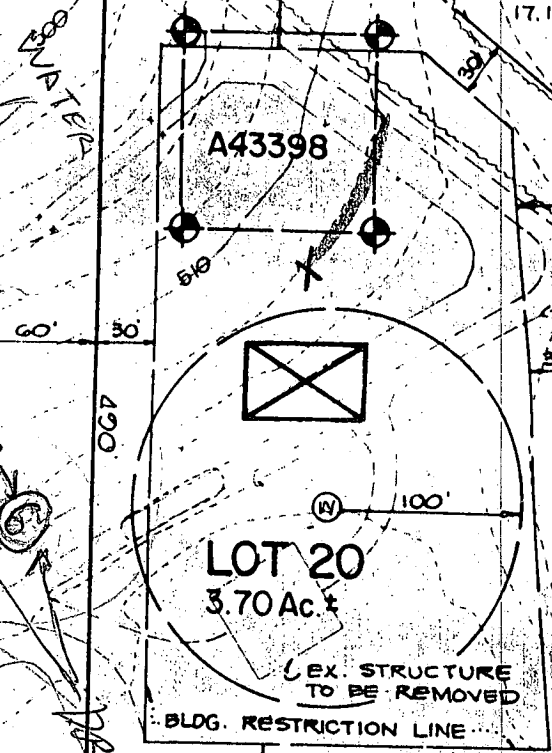
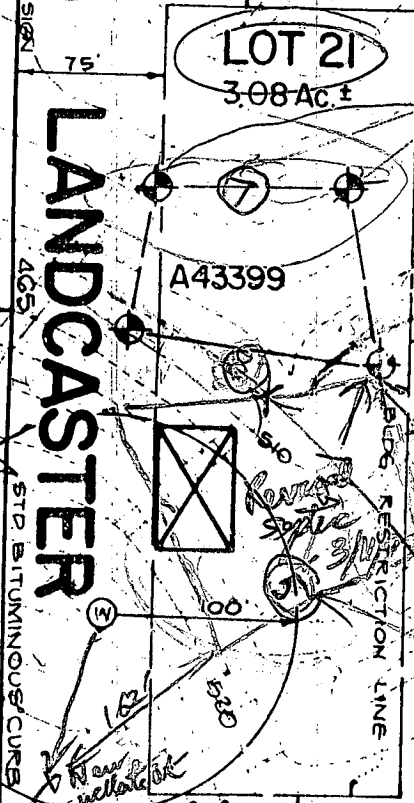
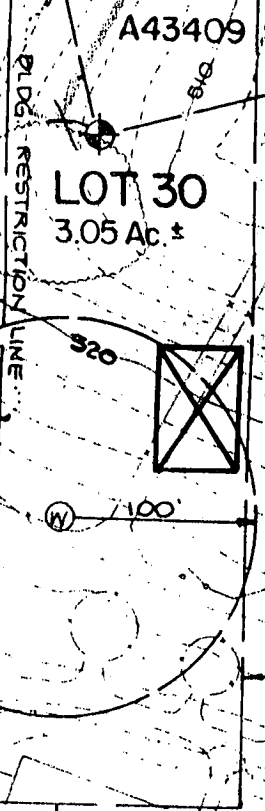
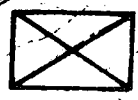
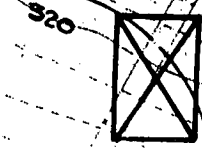
STOP SIGN

P-2 PAVING SECTION

STD. BITUMINOUS CURB

WATER

BLDG. RESTRICTION LINE



CABIN BRANCH LOT 21

Invert out of House	511.2
Invert into SEPTIC TANK	511
Invert out of septic tank	510.7
Invert into Dist. box	510.5
Invert into TRENCH	510
Ex Grade @ Tank	515
Ex Grade @ Box	514
Ex Grade @ Trench	514
Well Elev.	531

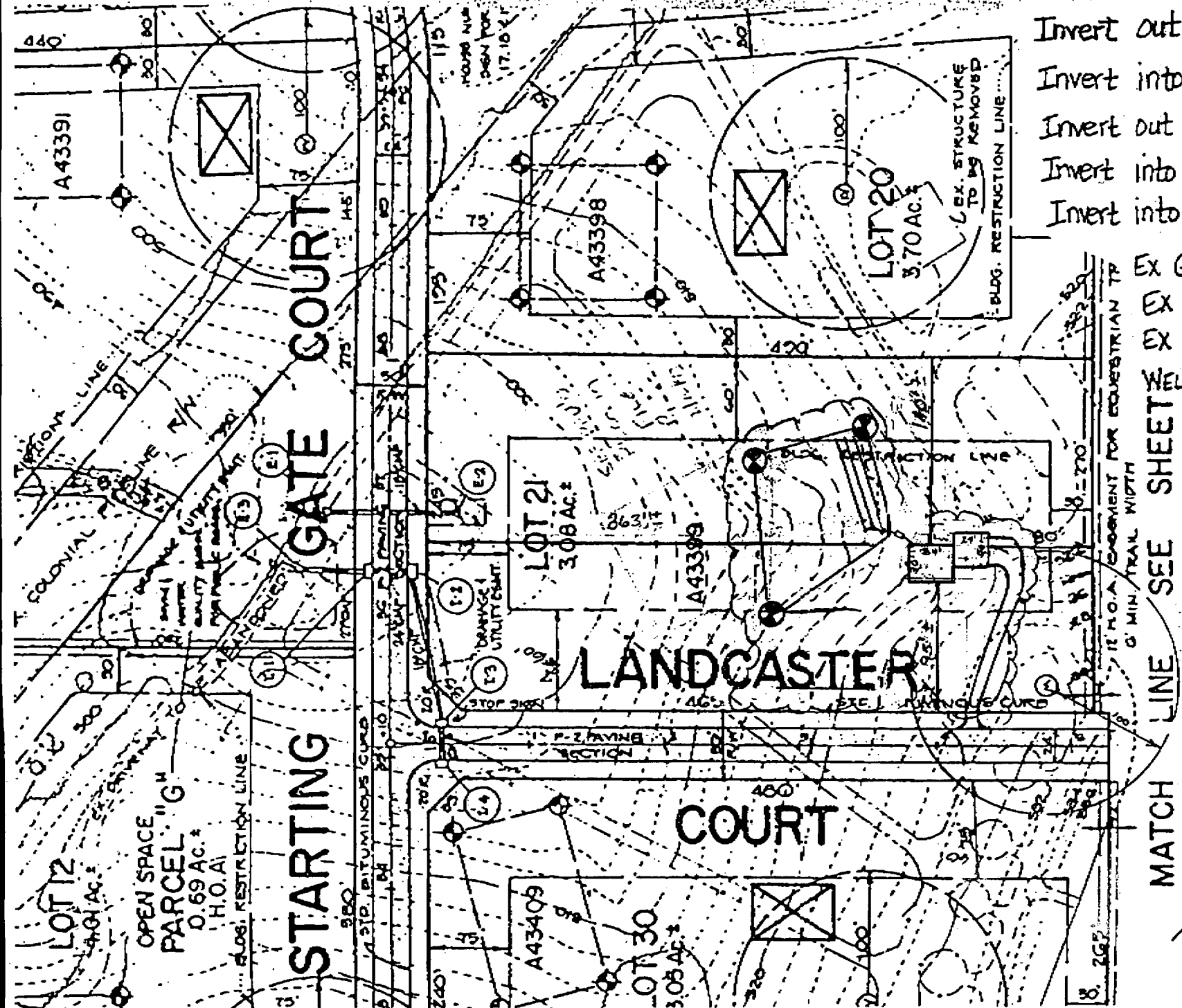
elevations OK
 BP 51095 MR
 3 TRENCHES 11/3/93
 70' LONG

4 BR

FF ELEV.: 524
 B ELEV.: 515

LIMIT OF DISTURBANCE
 DRAINAGE PATTERN

SDA modified
 slightly (top 30'
 REVISIONS 11/31/93 truncated)
 OR MR
 11/3/93



MATCH LINE SEE SHEET

C1 **7847** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 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 43399**
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
10-92-0351

ST/CO USE ONLY DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **043093**
 Depth of Well **165** (TO NEAREST FOOT)
 FROM "PERMIT TO DRILL WELL" **10-92-0351**

OWNER **Froll Developers**
 last name **Larkator Ct** first name
 TOWN **Lisbon**
 SUBDIVISION **Cabin Road Farm** SECTION **1** LOT **21**

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 Silty	0	78	
Blue Rock	78	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **17** NO. OF POUNDS **1578**
 GALLONS OF WATER **102**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **81**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **50** **165**

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 26.04.04 "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. **238**
Joseph Morgan

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Joseph Morgan 431

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

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.) W Q
 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.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **90**
 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:
 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 **-** below
 LAND SURFACE **1** (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)

See Attached Location

