

File
05-408938

4/28/89

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44506

A 37590

DISTRICT 5th

DATE 4/14/89

DATE SYSTEM APPROVED 6/28/89

INSPECTOR C. B. O.

INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Koandah Gardens ROAD 13123 Isle of Mann Way LOT 4

PROPERTY OWNER Jim Boretos
HCHP-I Ltd. Partnership

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom. 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 - Starting from right corner at end of flagstem, start first trench 215 feet down the right lot line (592.15') and 110 feet off this same lot line. Run trenches along contours left side of lot.

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

PLANS APPROVED BY Mark Rifkin/Sid Abel DATE 1/19/89-2/16/89

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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

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

BLDG. PERMIT SIGNED

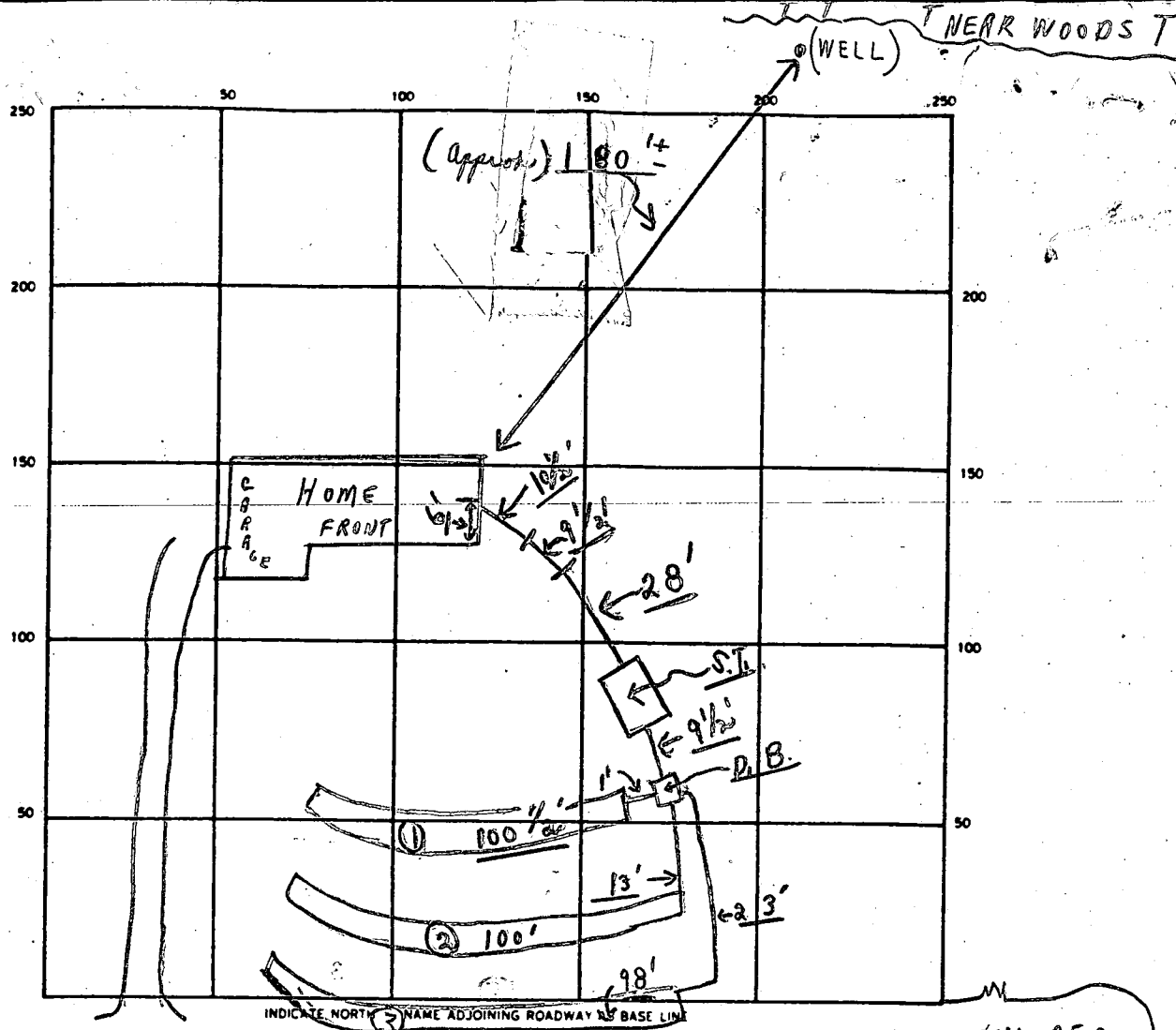
AND RETURNED 2/18/92

Serial # 41199 - addition

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 37590



ISLE OF MANN WAY S.T.

CUL DESQC

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD. DEPTH 6 ± FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 298 ± FT.
 (1) 100 1/2' }
 (2) 100' }
 (3) 98' }

NUMBER OF TRENCHES 3 ONE ~~AREA~~/BOTTOM AREA 894 ± SQ. FT.

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

ABSORBENT AREA 894 ± SQ. FT.

REMARKS 6/28/89 OK TO COVER ALL WORK, FINAL
C.B.

DATE SYSTEM APPROVED 6/28/89 INSPECTOR Charles Bryan Streaker

A 37590

SUBDIVISION: Koandah Gardens

LOT NUMBER: 4

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

Trench to be 3 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.

180 sq. ft./bedroom
220 sq. ft./bedroom well
4BA/BP 6-10

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: STARTING FROM RIGHT CORNER AT END OF FLAGSTEM, START FIRST TRENCH 215' DOWN THE RIGHT LOT LINE (592.15) AND 110' OFF THIS SAME LOT LINE. RUN TRENCHES ALONG CONTOURS LEFT SIDE OF LOT.

MR 1/19/89
SA 2/16/89

APPLICATION

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

PERCOLATION TESTING

*7 lots
(2 days)*

*8/29/86
perc of 2nd
percolation
plan
BN*

A 37590

P _____

DISTRICT 5

DATE 7/10/86

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 JAMES & EMILY SANBORN HCHRI LTD PESH - 384-8847

ADDRESS 4967 TEN OAKS RD., DAYTON, MD. 21036 PHONE 531-544

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION KOANDAH GARDENS ESTATES (LOT 17 ON PRELIM) LOT NO. 7-3 Lot 4 Prelim

ROAD AND DESCRIPTION S' EAST SIDE HIGHLAND RD., S' WEST END OF ISLE OF MANN WAY
13123 Isle of Mann Way

TAX MAP 3A PARCEL # 378

SIZE OF LOT 3 AC. 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.

Kroth Sandberger for James P. Sanborn
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Standard trenches DATE 2-16-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

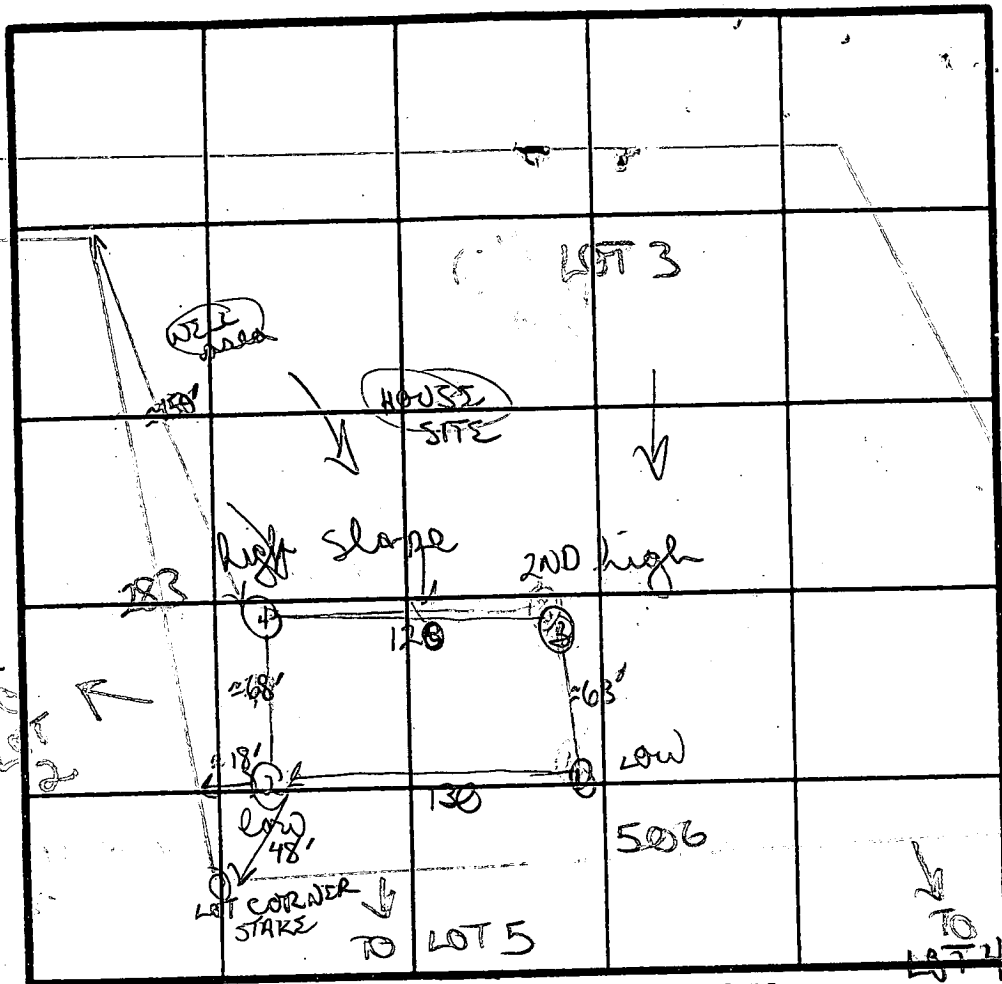
REASONS FOR REJECTION OR HOLDING for certified plan

BMOG PERMIT SIGNED
AND RETURNED 2-16-89

BP23599 872

THIS IS NOT A PERMIT

LOT 4
A 37590



282.64

28

orange/brown clay loam

changing to tan powdery silty mica loam

11 1/2' D

X PERC

6 MIN

160 #/BR

INLET 4'

BOTTOM 6'

SOIL PROFILE

3" AP TOP
orange brown silty/clay loam
3' changing into fine tan powdery silty mica loam
12' D.

Brown/orange brown clay silt loam
changing into tan brown silty mica clay
11' D

top soil orange/tan brown silty clay loam
fine med gran tan silty mica clay loam
5% frags of hard rock
12' D

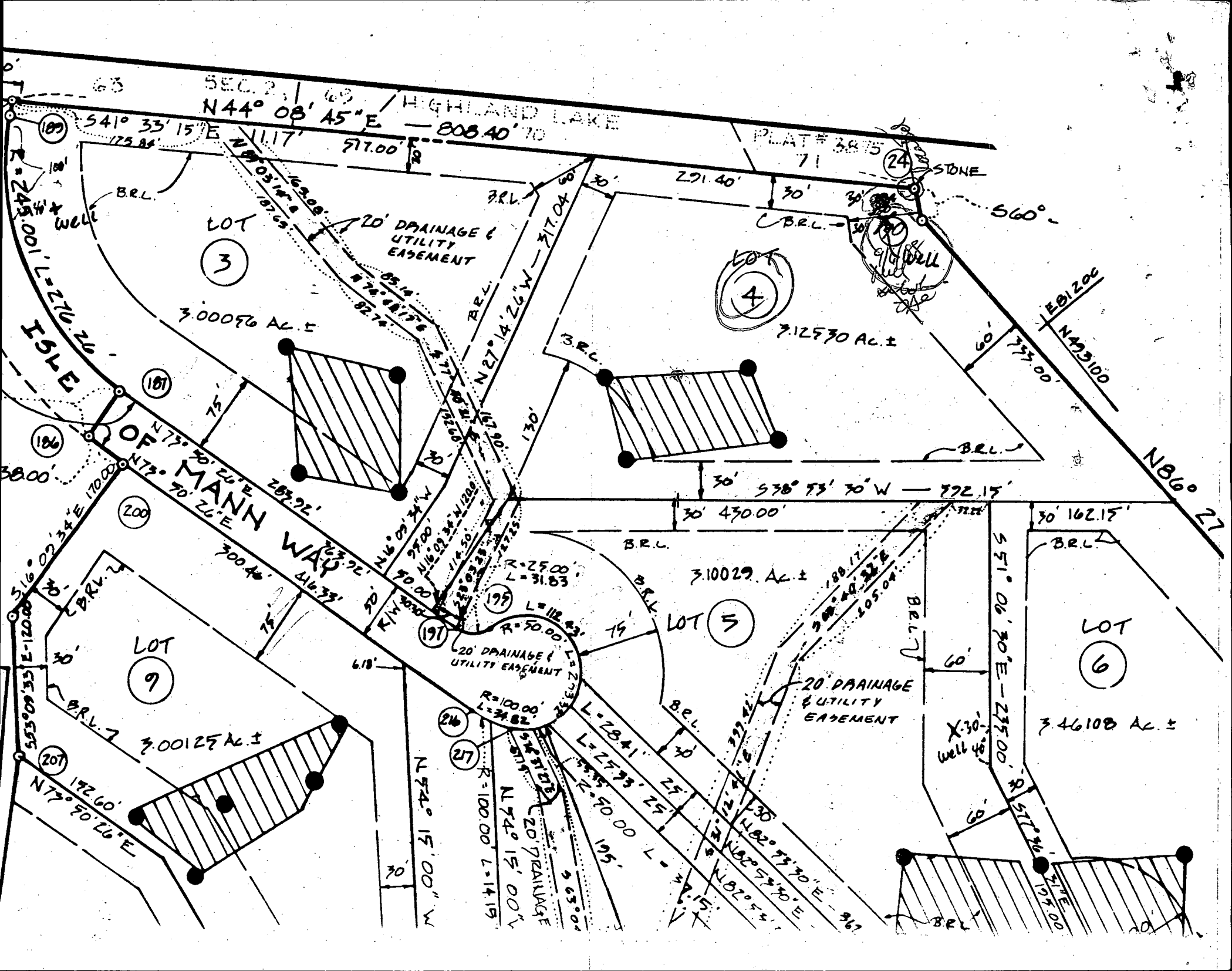
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/29/86	1	3' S	1044	1046	1046	1051	5 MIN
		12' bottom (see profile)					
	2	4 1/2' S	1052	1055	1055	1100	5 MIN
		11' D bottom (see profile)					
	3	3' S	1105	1112	1112	1126	14 MIN
		12' D bottom (see profile)					
	4	4 1/2' S	110	111	111	113	2 MIN
		8 m	106	107	107	109	2 MIN
		11 1/2' D bottom (see profile)					

perc field - as per plot, good soils

REMARKS clay/clay loams 3-4'; below predominately tan silty mica loam

TYPE OF SOIL TESTED BY R Nylen ALSO PRESENT owner/son



SEC. 2
N44° 08' 45" E — 808.40' 70
HIGHLAND LAKE

PLAT # 3875
71

ISLE OF MANN WAY

LOT 3

3.00096 Ac ±

LOT 4

3.12530 Ac ±

LOT 5

3.10029 Ac ±

LOT 6

3.46108 Ac ±

LOT 9

3.00125 Ac ±

199

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186

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10/25/89

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 RH MOWL 22 S MAIN ST BOONES BORO MD
License Number 301 293 7925 MD 8535 Telephone _____

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner _____ Telephone _____
Subdivision KOANNAH GARDENS Lot # 4 Well Tag # MD-80-1078
Site Address 13123 ISLE OF MANNA WAY 0178

- | | | |
|---|---------------------|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ 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 _____ | | |

- | | | |
|---------------------------------|--|---|
| Tank | Piping | Well data |
| 1. Capacity _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? _____ |

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.

CHECK FOR PERMIT. Signature of Applicant: _____
10/25/89 - OR TO COVER LINES RH Date: _____

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

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

KOANDAH GARDENS Lot # 4

Mr. & Mrs. JAMES SANBORN

(Name) 4867 TEN OAKS Rd
DATON Md. 21036
531-5444

(Address)

(CEP Well Permit Number)

(Date)

C1 0500 (SEQUENCE NO. (DENV 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# 37590

DATE RECEIVED

DATE WELL COMPLETED 01/10/89

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0178

OWNER SANBORN JAMES STREET OR RFD ISLE OF MANN WAY TOWN HIGHLAND SUBDIVISION KOANOH GARDENS EST. SECTION 1 LOT 4

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and Check if water bearing. Includes handwritten entries: SAND STONE, GRAY MICH. Heck.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 20, NO. OF POUNDS 1830, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 75 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6 inch, Total depth of main casing 65 feet.

OTHER CASING (if used) section with empty boxes for diameter and depth.

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes options ST, BR, HO, PL, OT.

DEPTH (nearest ft.) table with handwritten entries: H0, 63, 225.

A CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 238, DRILLERS SIGNATURE Joseph E. Morgan, SITE SUPERVISOR

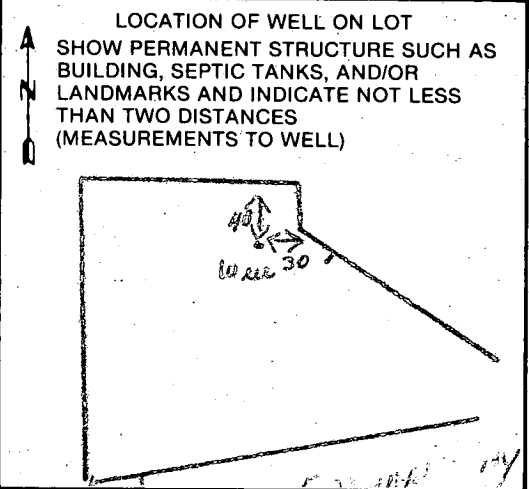
SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

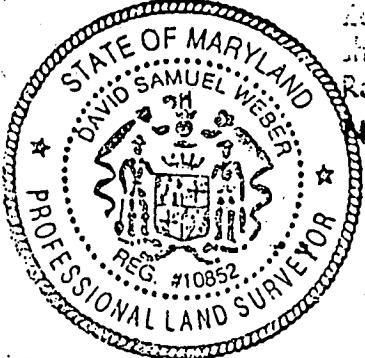
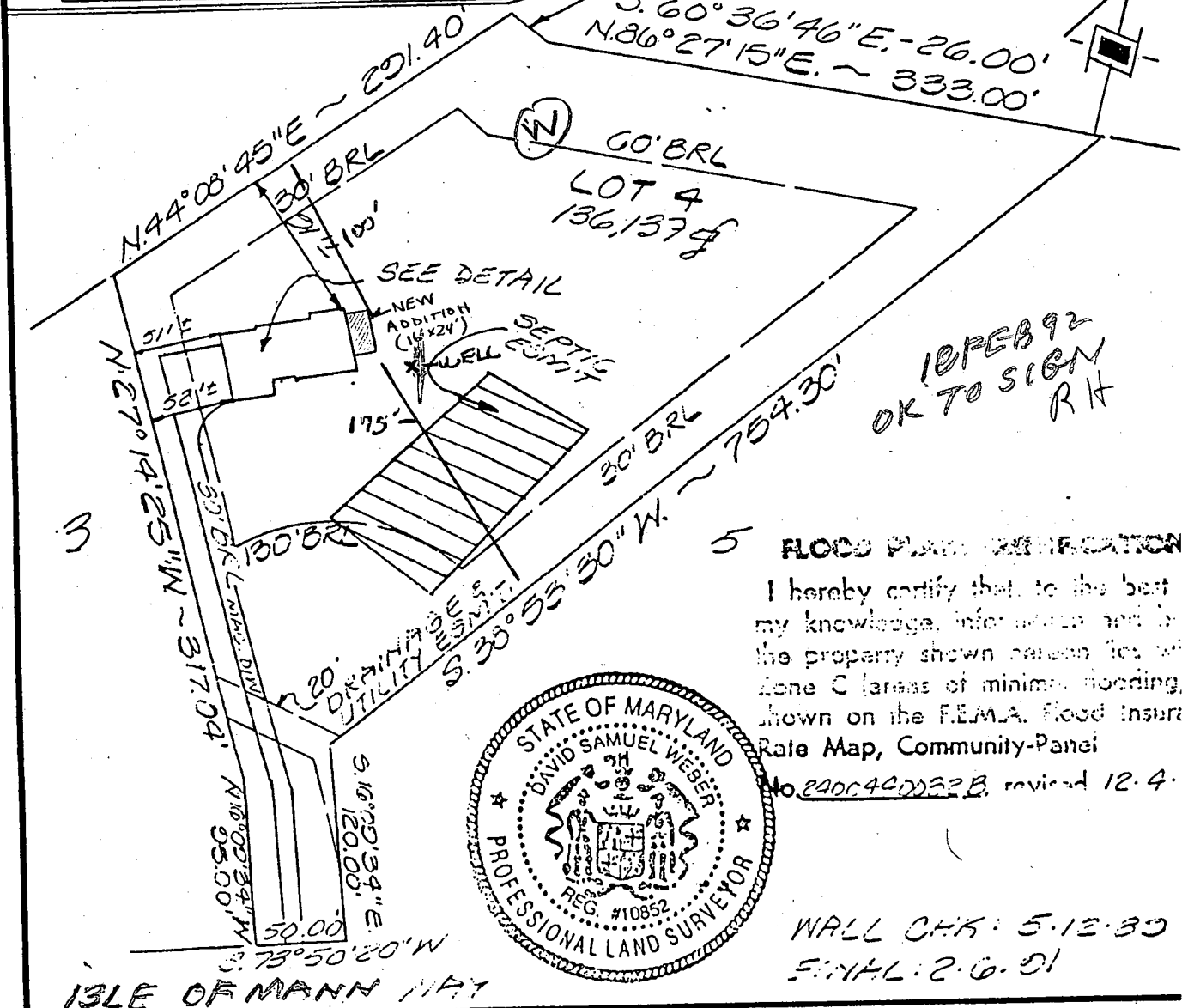
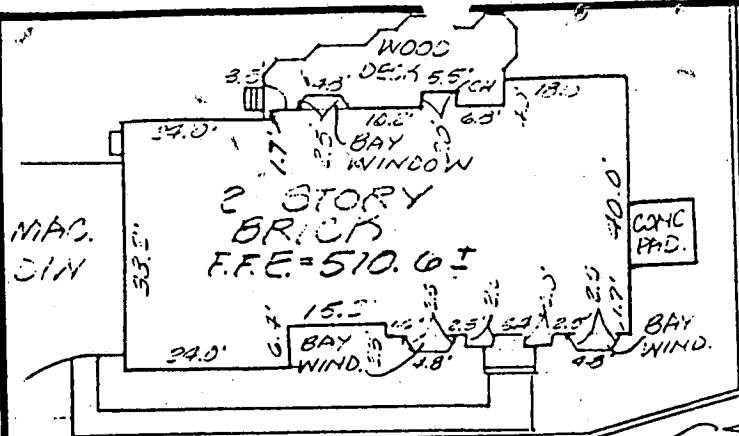
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 6 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 27, WHEN PUMPING 96, TYPE OF PUMP USED 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, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height)



LOCATION OF HOUSE
 KJANDAH GARDEN ESTA
 LOT 4 SECTION 1
 13123 ISLE OF MANN WAY
 HOWARD COUNTY, MARYL



5 FLOOD PLAIN IDENTIFICATION
 I hereby certify that, to the best of my knowledge, information and belief, the property shown herein lies within Zone C (areas of minimal flooding) shown on the FEMA Flood Insurance Rate Map, Community-Panel No. 2400440032B, revised 12-4-

WALL CHK: 5.12.39
 FINAL: 2.6.01

ISLE OF MANN WAY

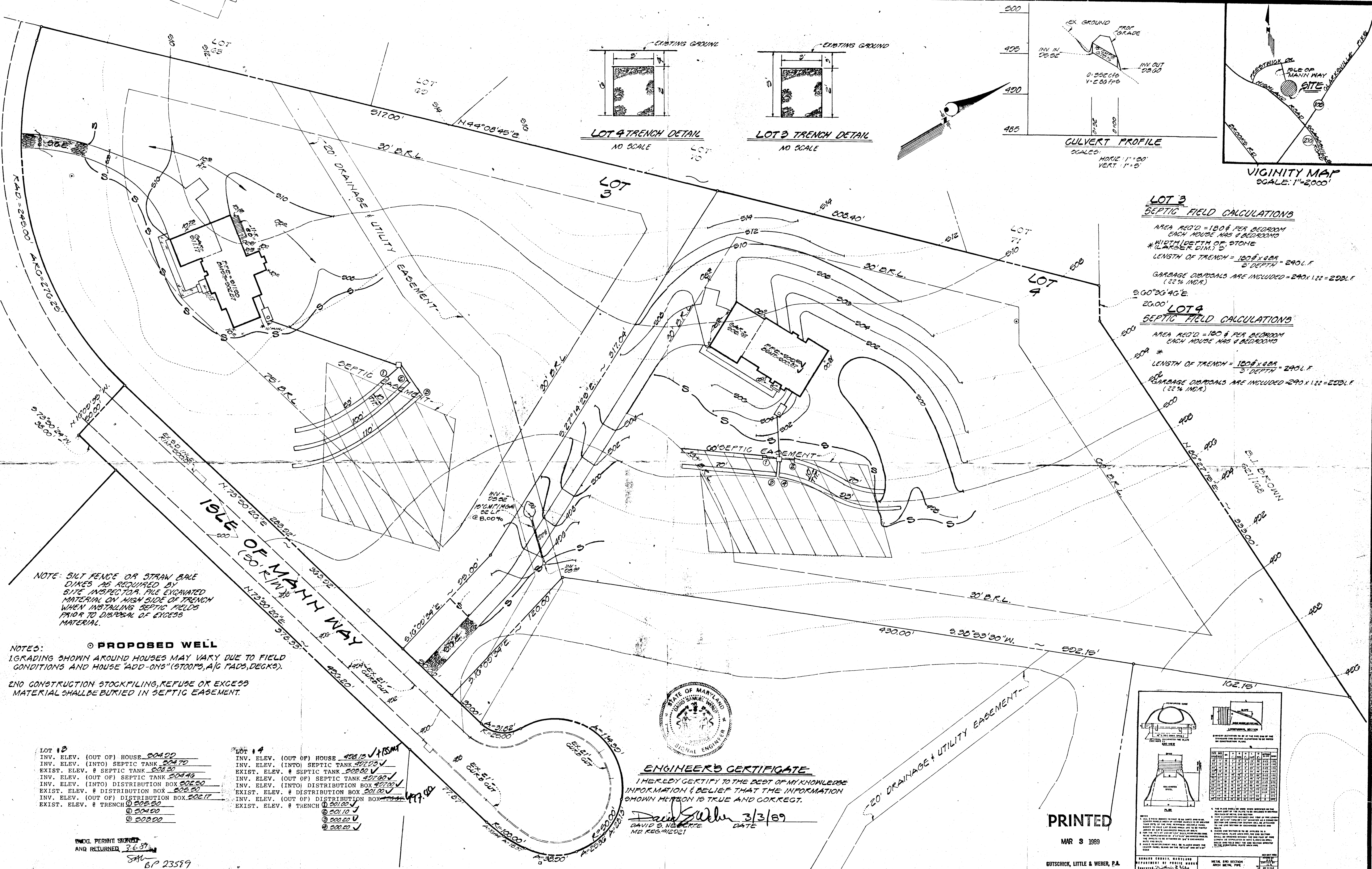
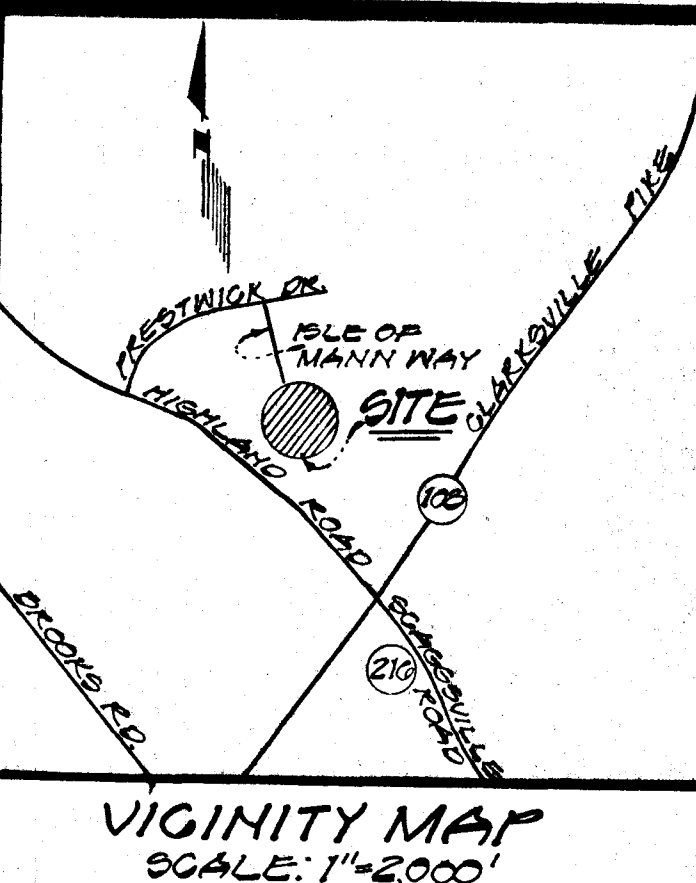
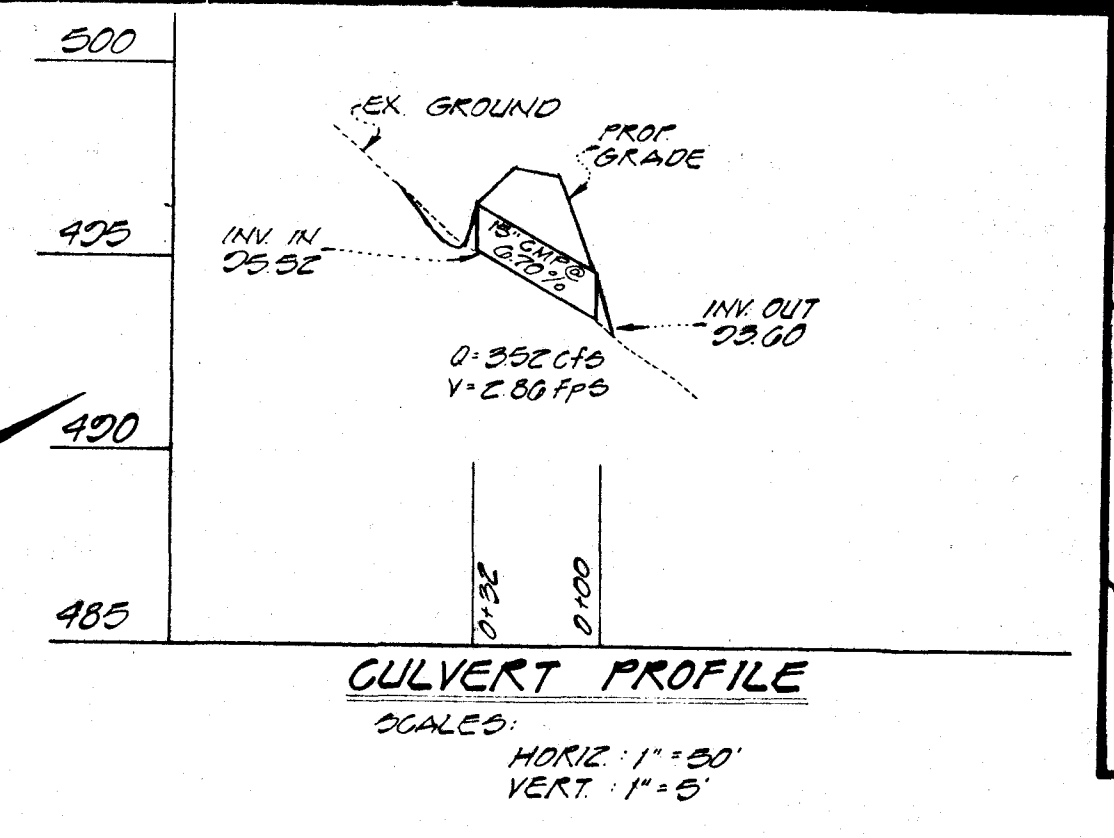
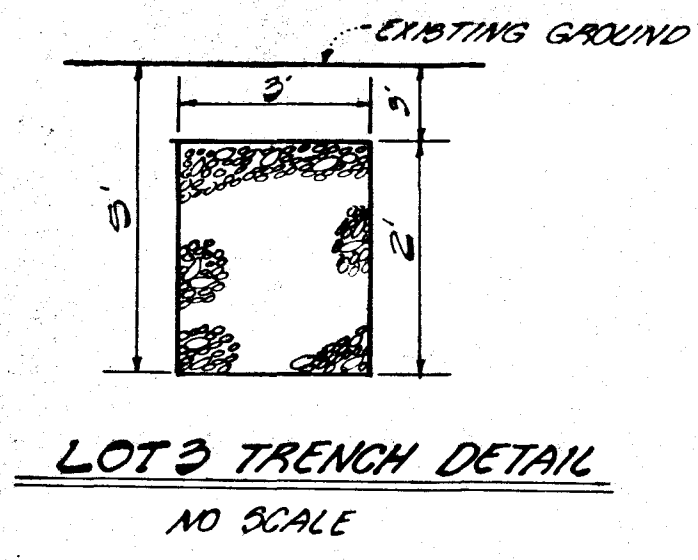
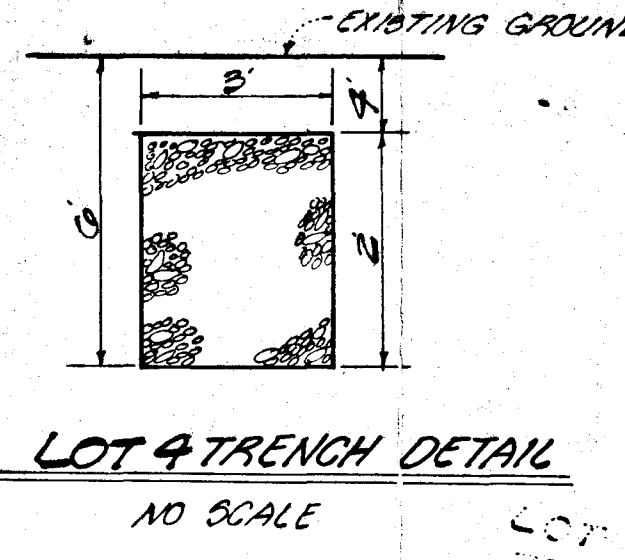
SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by accepted field practices and that unless otherwise shown, there are no encroachments.

2/11/91
 David Weber 6/9/39

GLW GUTSCHICK LITTLE & WEBER
 ENGINEERS, PLANNERS, SURVEYORS
 3909 NATIONAL DRIVE · SUITE 250 · BURTONSVILLE OFFICE PA
 BURTONSVILLE, MD. 20866
 TEL. (301) 421-4024

REFERENCE:	PLAT BOOK _____	PLAT NO. <u>200</u>
DRAWN BY:	<u>UH</u>	DATE: <u>5.20.39</u>
CHECKED BY:	<u>DES/DES</u>	SCALE: <u>1" = 100'</u>
		G.L.W. FILE <u>58-1</u>



LOT 3 SEPTIC FIELD CALCULATIONS
 AREA REQ'D = 180 \$ PER BEDROOM
 EACH HOUSE HAS 4 BEDROOMS
 * (LARGER DIM'S)
 LENGTH OF TRENCH = $\frac{180 \times 0.88}{5 \text{ DEPTH}} = 240 \text{ L.F.}$
 GARBAGE DISPOSALS ARE INCLUDED = 240 x 1.22 = 292 L.F.
 @ 22% INCL.
 20.00' @ 46'E

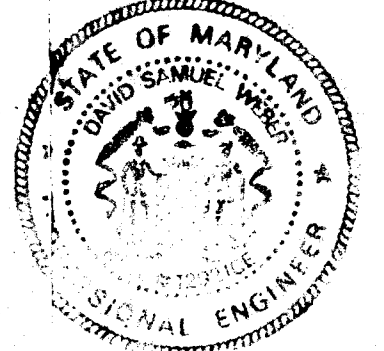
LOT 4 SEPTIC FIELD CALCULATIONS
 AREA REQ'D = 180 \$ PER BEDROOM
 EACH HOUSE HAS 4 BEDROOMS
 * (LARGER DIM'S)
 LENGTH OF TRENCH = $\frac{180 \times 0.88}{5 \text{ DEPTH}} = 240 \text{ L.F.}$
 GARBAGE DISPOSALS ARE INCLUDED = 240 x 1.22 = 292 L.F.
 @ 22% INCL.

NOTE: SILT FENCE OR STRAW BALE DIKES AS REQUIRED BY SITE INSPECTOR. PILE EXCAVATED MATERIAL ON HIGH SIDE OF TRENCH WHEN INSTALLING SEPTIC FIELDS PRIOR TO DISPOSAL OF EXCESS MATERIAL.

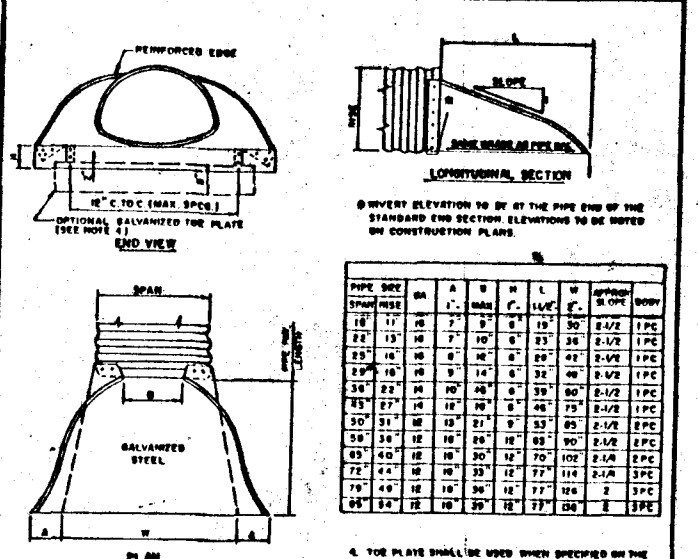
NOTES:
 1. GRADING SHOWN AROUND HOUSES MAY VARY DUE TO FIELD CONDITIONS AND HOUSE "ADD-ONS" (STOOPS, A/C PADS, DECKS).
 2. NO CONSTRUCTION STOCKPILING, REFUSE OR EXCESS MATERIAL SHALL BE BURIED IN SEPTIC EASEMENT.

LOT #3
 INV. ELEV. (OUT OF) HOUSE 504.00
 INV. ELEV. (INTO) SEPTIC TANK 504.70
 EXIST. ELEV. @ SEPTIC TANK 508.30
 INV. ELEV. (OUT OF) SEPTIC TANK 504.46
 INV. ELEV. (INTO) DISTRIBUTION BOX 505.50
 EXIST. ELEV. @ DISTRIBUTION BOX 505.50
 INV. ELEV. (OUT OF) DISTRIBUTION BOX 502.17
 EXIST. ELEV. @ TRENCH 505.50
 504.00
 503.00

LOT #4
 INV. ELEV. (OUT OF) HOUSE 498.15
 INV. ELEV. (INTO) SEPTIC TANK 497.05
 EXIST. ELEV. @ SEPTIC TANK 508.80
 INV. ELEV. (OUT OF) SEPTIC TANK 497.00
 INV. ELEV. (INTO) DISTRIBUTION BOX 497.00
 EXIST. ELEV. @ DISTRIBUTION BOX 501.50
 INV. ELEV. (OUT OF) DISTRIBUTION BOX 497.00
 EXIST. ELEV. @ TRENCH 501.00
 501.10
 500.00
 500.00



ENGINEER'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE INFORMATION & BELIEF THAT THE INFORMATION SHOWN HEREON IS TRUE AND CORRECT.
 David S. Necker 3/3/89
 DAVID S. NECKER DATE
 MD REG. #12021



PRINTED

MAR 8 1989

GUTSCHICK, LITTLE & WEBER, P.A.

GIW GUTSCHICK LITTLE & WEBER, P.A.
 ENGINEERS, PLANNERS, SURVEYORS
 3909 NATIONAL DRIVE SUITE 250 - BURTONSVILLE OFFICE PARK - BURTONSVILLE, MD. 20866
 TELEPHONE: (301) 421-4024
 DES. W.S.J. DRN. M.S.J. CHK. CMK.

DATE	REVISION	BY	APP.
3-3-89	REV SEPTIC & ADD D/W CULVERT LOT 4	CLB	DAW

PREPARED FOR:
 MR. EDWARD P. RUDEN
 9 FALLING CREEK COURT
 SILVER SPRING, MARYLAND
 20910

PLOT PLAN
 LOTS 3 & 4
KOANDAH GARDENS ESTATES
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE	ZONING	G.L.W. FILE No.
1" = 30'	R	88-006
DATE	TAX MAP No.	SHEET
JANUARY 1980	34	4 OF 4