

Between 2 new brick houses down a long gravel lane.

04-346297

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 44665

A 37628

DATE 7/3/89

DATE SYSTEM APPROVED 2/17/89

INSPECTOR RH

## INDEXED

William H. Smith, Jr., Septic, Water and Pump Systems IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Mara Meadows ROAD 3248 Jones Road LOT 3

PROPERTY OWNER Doug MacCuch

ADDRESS \_\_\_\_\_

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 - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 145 feet from the rear (380.02') lot line and 155 feet from the left (945.23') lot line as seen when facing the lot from Jones Road. Run trenches on contour toward the right side of lot.

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

PLANS APPROVED BY Sid Abel DATE 4/12/89

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

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

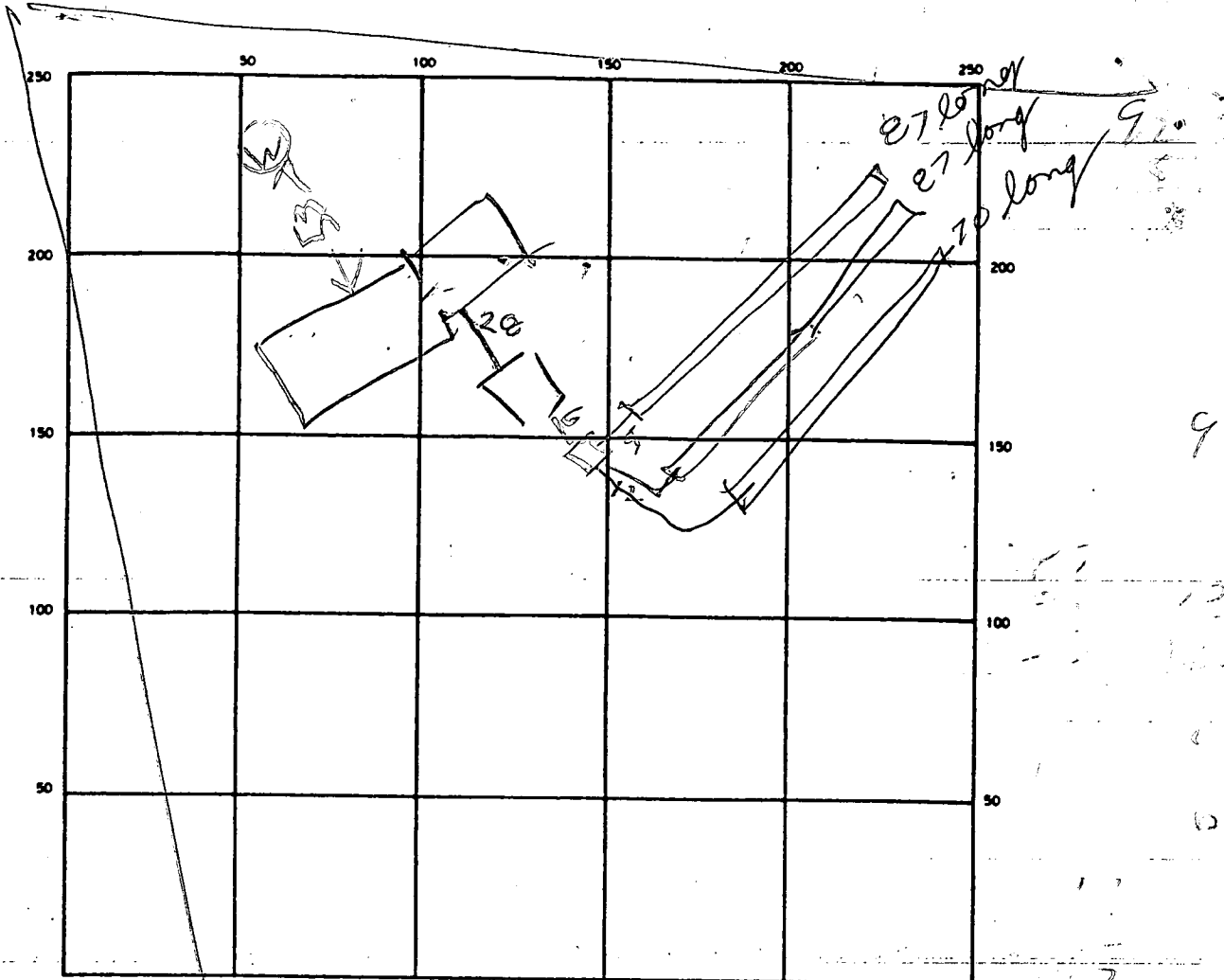
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 37628

8-17-89  
2:30 pm  
RBD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 CLEANOUTS SI OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 12/3 FT 5 TRENCH WIDTH 3/3/3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2/2/3 FT. TOTAL LENGTH 27/27/30 FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA 23/26/2 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 8/17/89 COVER TRENCH #1 & FINISH TRENCH #3 R A  
8/17/89 400 AM TRENCH #3 OK

DATE SYSTEM APPROVED 8/17/89 INSPECTOR Raymond J. Fudge

SUBDIVISION: MAKA MEADOWS

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
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

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

4B14BP

Bottom maximum depth 4.5 feet below original grade.

Effective area begins at 3 feet below original grade.

1.5 feet of stone below distribution pipe.

- 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: START THE FIRST TRENCH 145 FEET FROM THE REAR (380.02')  
LOT LINE AND 155 FEET FROM THE LEFT (945.23') LOT LINE AS  
SEEN WHEN FACING THE LOT FROM JONES RD. RUN  
TRENCHES ON CONTOUR TOWARD THE RIGHT SIDE OF LOT.  
4-12-89 S. Aul

# APPLICATION

PERCOLATION TESTING

A 37628

P \_\_\_\_\_

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

*all right  
perc. ok  
pending approval  
[initials]*

DISTRICT \_\_\_\_\_

DATE 9/8/86

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.

948-4320

PROPERTY OWNER Petty, Wilson E. and Barbara M. DOUG MACOCH

ADDRESS 3908 Bruce Lane, Annandale, VA 22003 PHONE (703) 256-2977

PROSPECTIVE BUYER Chaconas, Ted P. and Teresa M.

ADDRESS 19210 New Hampshire Ave., Brinklow, MD 20862 PHONE (301) 924-5192

PROPERTY LOCATION:

SUBDIVISION Mara Meadow LOT NO. 3

ROAD AND DESCRIPTION 3248 Jones Road, between Jennings Chapel and Hipsley Mill Rds.

open field on north side of road

TAX MAP 20 PARCEL # 43

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. Teresa Chaconas 9-8-86  
(SIGNATURE OF APPLICANT)

APPROVED BY SID AWL FOR Standard fees DATE 4-12-89

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING for roughed hole locations

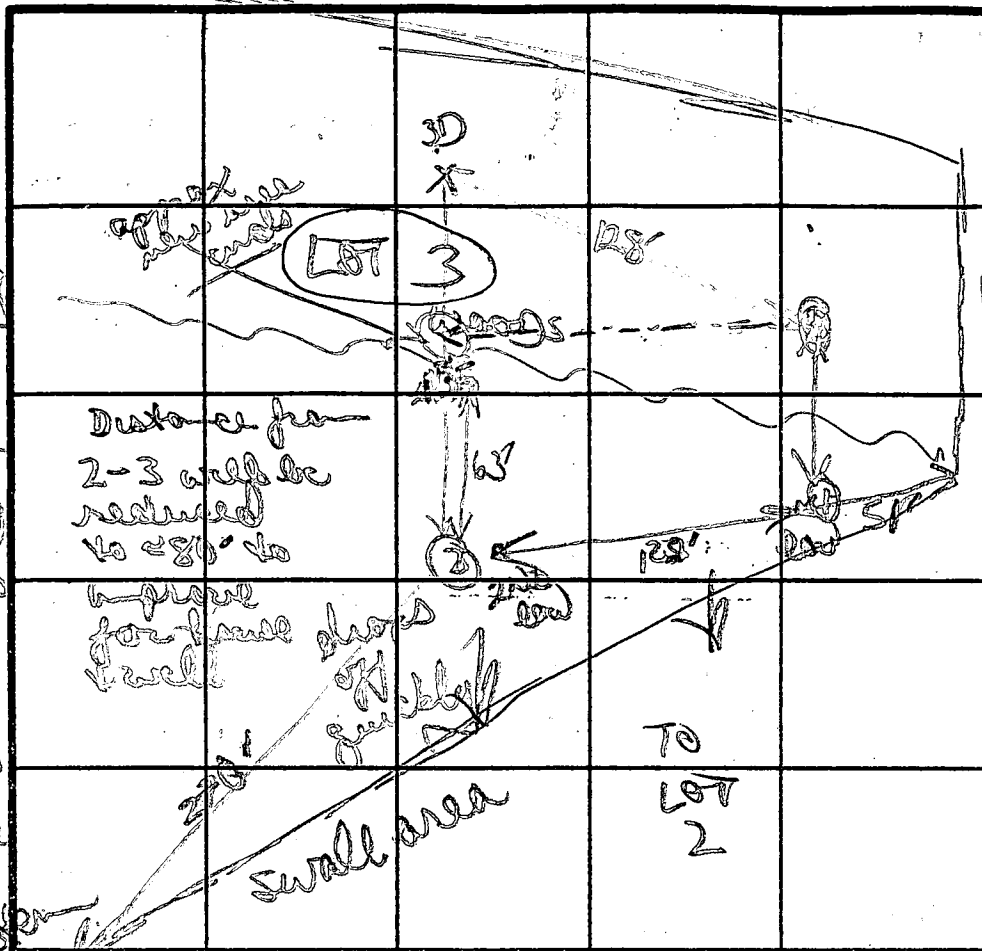
LOG. PERMIT SIGNED  
AND RETURNED 4-18-89

BP 24685 802

# THIS IS NOT A PERMIT

① SOIL PROFILE

red/orange  
gritty silty  
loam  
3" changes  
to mixture  
purple  
orange red  
silty loam  
w/ 10-15%  
pieces of  
shell to  
red clay  
sopranos  
+ manganese  
11 1/2'



TO LOT 4  
3  
purple/pink  
pebbly  
soil  
↓  
occasional  
chunks of  
shell (pink  
silty) + 5% frag  
↓  
12'D  
4

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

chunky orange  
yellow silty  
clay loam  
-3"  
quickly  
changing to  
red/orange  
gritty loam  
mix with  
black orange  
frags (clay)  
from 5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/18/76	1	3 1/2'	1052	1053	1053	1054	1 MIN	
	2	11 1/2' D	both (see profile)					
		2' S	1055	1057	1057	1108	3 MIN	
		11' D	both (see profile)					
	3	3' S	1113	1114	1114	1115	1 MIN	
		7' M	1118	1119	1119	1120	1 MIN	
		12' D	both - see					
	④	4' S	1107	1108	1108	1110	2 MIN	
		10' S	hard both (see profile)					

tan purple  
silty  
loam  
-4"  
silty  
loam w/  
5-15%  
small frag  
sep. ↑  
↓  
10 3/4' M  
rock  
bottom

11'D  
2' to 3'  
MAX 5'  
168 / 160 ROOM

REMARKS: adjustment to perc field after holes were dug. Allowing wind extra hole. Based on general soil similarities SHALLOW SYSTEM

TESTED BY: A. Wilson

ALSO PRESENT: Jack, Ted



8-17-89  
~~6:00 pm~~

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 X  
Replacement \_\_\_\_\_

Receipt # 44664  
Date 6/28/89

Name of Installer William H. Smoot

Telephone 879-7641

License Number PE58

Certified Well Pump Installer X Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Down Mac Cuch

Telephone \_\_\_\_\_

Subdivision Mara Madison Lot # 3

Well Tag # \_\_\_\_\_

Site Address 3248 Jones Rd.

- Pump
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible \_\_\_\_\_
  - Make \_\_\_\_\_
  - Model # \_\_\_\_\_
  - Capacity \_\_\_\_\_ 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 \_\_\_\_\_
  - RPM \_\_\_\_\_
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220 \_\_\_\_\_

- Pitless Adapter
- Make \_\_\_\_\_
  - Model # \_\_\_\_\_
  - Depth \_\_\_\_\_

- Tank
- Capacity \_\_\_\_\_
  - Pressure relief valve? \_\_\_\_\_

- Piping
- Type \_\_\_\_\_
  - Size \_\_\_\_\_
  - NSF and/or BOCA Code approved \_\_\_\_\_
  - Depth of supply line \_\_\_\_\_

- Well data
- Depth \_\_\_\_\_ ft.
  - Yield \_\_\_\_\_ GPM
  - Static water level \_\_\_\_\_ ft.
  - 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).

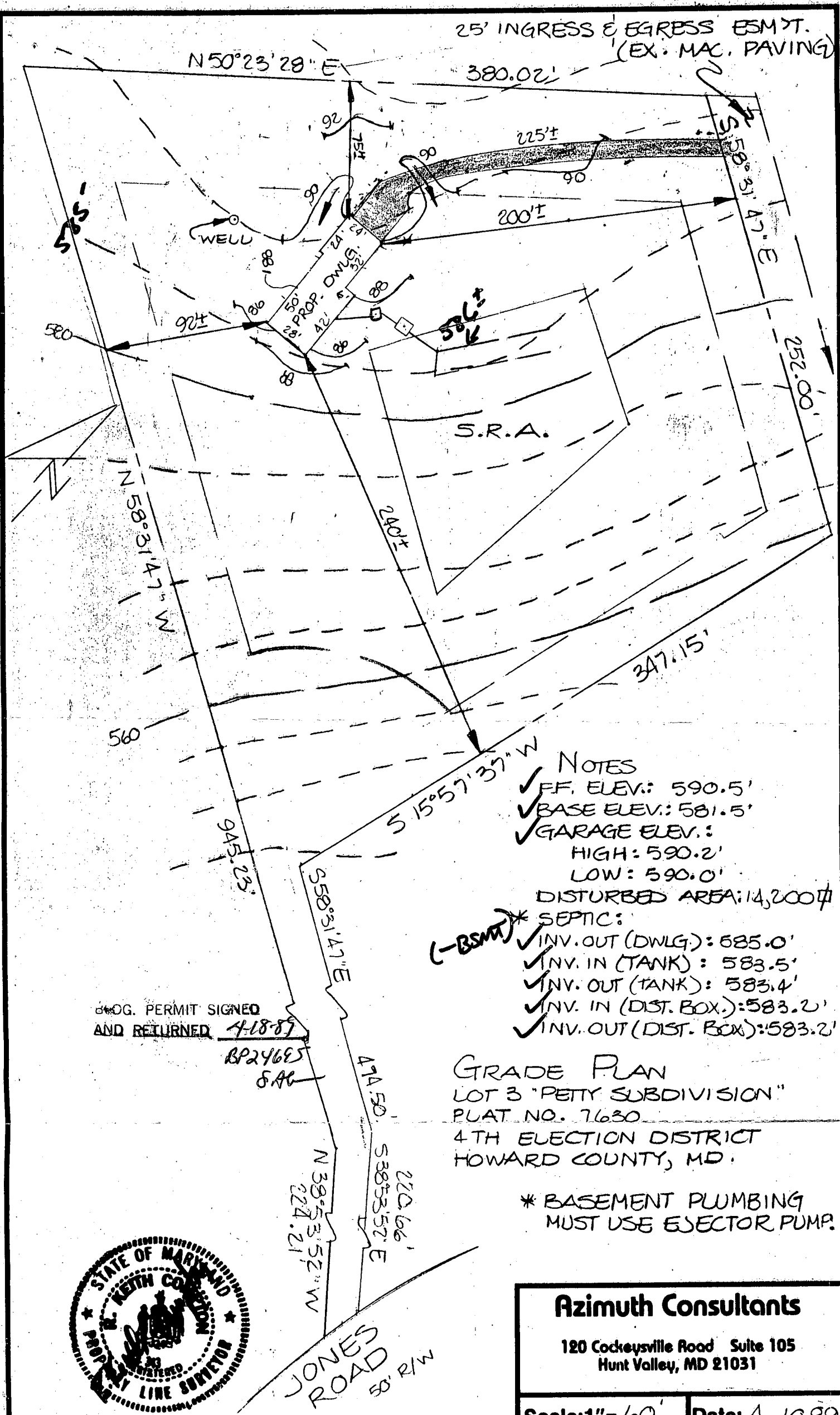
All information given above is true to the best of my knowledge.

Signature of Applicant: William H. Smoot

Date: 6/28/89

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

8/17/89 - OK TO COVER WELL OK R.H.



25' INGRESS & EGRESS ESMT.  
(EX. MAC. PAVING)

S.R.A.

- NOTES**
- ✓ FF. ELEV.: 590.5'
  - ✓ BASE ELEV.: 581.5'
  - ✓ GARAGE ELEV.:  
HIGH: 590.2'  
LOW: 590.0'
  - DISTURBED AREA: 14,200 sq ft
  - \* SEPTIC:
  - (-BSMT) ✓ INV. OUT (DWLG.): 685.0'
  - ✓ INV. IN (TANK): 583.5'
  - ✓ INV. OUT (TANK): 583.4'
  - ✓ INV. IN (DIST. BOX.): 583.2'
  - ✓ INV. OUT (DIST. BOX.): 583.2'

**GRADE PLAN**  
LOT 3 "PETTY SUBDIVISION"  
PLAT NO. 7630  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MD.

\* BASEMENT PLUMBING  
MUST USE EJECTOR PUMP.

LOG. PERMIT SIGNED  
AND RETURNED 4-18-89  
BP24695  
SAB



**Azimuth Consultants**  
120 Cockeysville Road Suite 105  
Hunt Valley, MD 21031

Scale: 1" = 60'  
Date: 4-10-89  
REV: 4-13-89

REF: PERMIT NO. 24695

C1 **8539** 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 **A-37628**

DATE RECEIVED: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **032088**  
 DEPTH OF WELL: **245** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-2628**

OWNER: **NOVELLI, ROBERT**  
 STREET OR RFD: **JONES RD** TOWN: **LISBON**  
 SUBDIVISION: **MARA MEADOWS** SECTION: **1** LOT: **3**

**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	
Top Soil	0	2	
Sandy	2	70	✓
Sand Stone	70	75	
Micka	75	100	
Sand Stone	100	105	✓
Micka	105	245	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **15** NO. OF POUNDS **1500**  
 GALLONS OF WATER **90**  
 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: **PL** **G** **85**  
 Nominal diameter top (main) casing (nearest inch): **4**  
 Total depth of main casing (nearest foot): **85**

**OTHER CASING (if used)**  
 diameter inch: [ ] [ ]  
 depth (feet) from [ ] [ ] to [ ] [ ]

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

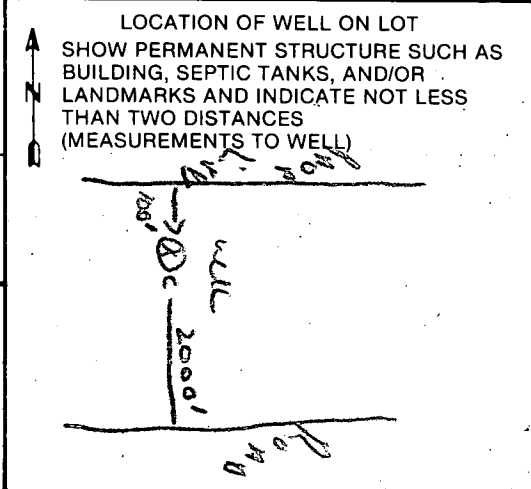
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN: **HO** **83** **245**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] to [ ]

**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.)  70  72   
 WQ  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.) **19**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **61**  
 WHEN PUMPING **108**  
 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) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot) **2**  
**-** below }



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. **273**  
 DRILLERS SIGNATURE: *Robert Novelli*  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *Robert Novelli*





4928 SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

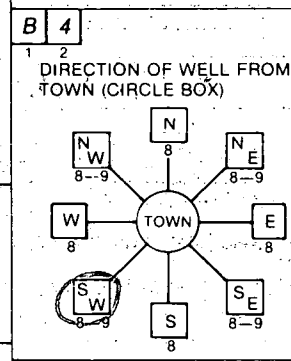
STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type.

STATE PERMIT NUMBER  
HO-81-2628  
fill in this form completely

Date Received (APA) 032388  
OWNER INFORMATION  
Last Name: ROUELLI, Owner: ROBERT, First Name: ROBERT  
Street or RFD: 12347 SHERWOOD FORES  
Town: MT AIRY, State: MD, Zip: 21071

LOCATION OF WELL  
COUNTY: HOWARD  
SUBDIVISION: MARR MEADOWS  
SECTION: 44-46, LOT: 3  
NEAREST TOWN: LISBON  
MILES FROM TOWN: 3 MI

DRILLER INFORMATION  
Driller's Name: Ralph Mayne, License No. 203  
Firm Name: Ralph Mayne Well Drilling  
Address: 9120 Brown Church Rd Mt Airy  
Signature: Ralph Mayne, Date: 3/15/88



DIRECTION OF WELL FROM TOWN (CIRCLE BOX): S  
NEAR WHAT ROAD: JONES RD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH  
DISTANCE FROM ROAD: 2000 FT

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME: Howard, COUNTY NO.: A-37628  
STATE SIGNATURE: [Signature], DATE ISSUED: 033088  
CO-SIGNATURE: [Signature], EXP. DATE: 090988  
NORTH GRID: 577000, EAST GRID: 0772000

APPROXIMATE DEPTH OF WELL: 150 FEET

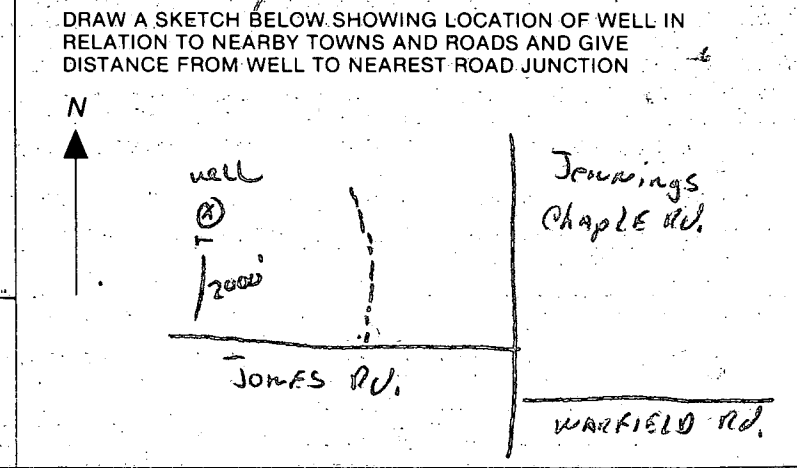
APPROXIMATE DIAMETER OF WELL: 6" INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER:  
1. well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E: 7702  
N: 5207

Handwritten notes: well 27200, 85 Rps, 8ft open, 15 Rps, local OK

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER: GAP  
FORCE INITIALS: CA, PERMIT NO.: HO-81-2628

SPECIAL CONDITIONS



DEPT OF AG

373/075  
158-504  
P. 43-504

MAP 13

4. 10 STATE PLANE  
BASED ON  
771,709.238  
771,195.238  
104,788  
4,238  
9010

LOT 3 MALA MEADOWS



THIS ADJUSTMENT OK'D.  
STARS HAS BEEN MOVED.  
3/18/88 *Chiller*

JONES ROAD  
(50' R)

SHOWN OR  
OF THE AP  
THE AP