

6/20/89 ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-407338

INDEXED

P 43967

A 34810

DISTRICT 5th

DATE 4/13/89

DATE SYSTEM APPROVED 6-20-89

INSPECTOR S. Abel

C. C. Cissel

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Chapel Woods ROAD 11848 Linden Chapel LOT 15, Section 1

PROPERTY OWNER The Siegel Organization

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 - 207 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet up the right (492.95') lot line and 190 feet off the same lot line as seen when facing the lot from Linden Chapel Drive. Run trenches on contour toward the left front lot corner.

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

PLANS APPROVED BY Sid Abel DATE 5/04/88

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

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

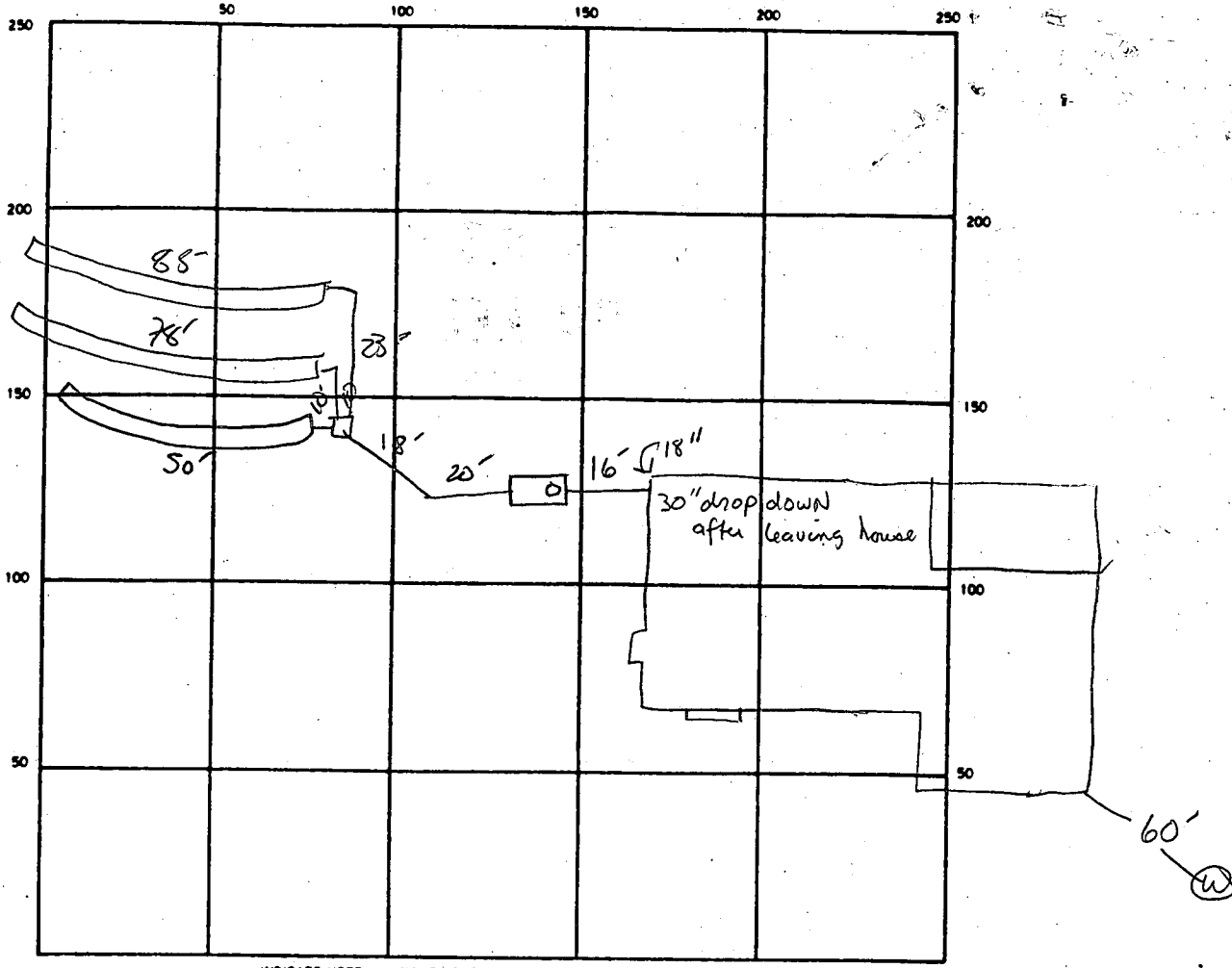
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 34810

85
50
78
213
4
828
207



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
LINDEN Chapel Rd.

SEPTIC TANK. LEVEL 2000^v GA1 CLEANOUTS

DISTRIBUTION BOX. LEVEL

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

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 50 78 85 FT. 213 LFT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 852 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 852 SQ. FT.

REMARKS 6/20/89 OK TO STONE. 81x

DATE SYSTEM APPROVED 6-20-89 INSPECTOR Sabel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34810

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE Jan. 8 1985

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 Newburn Development Corporation
Suite 201, 5570 Sterrett Place
ADDRESS Columbia, Maryland 21044 PHONE 997-3815

PROPERTY LOCATION _____
SUBDIVISION Chapel Woods, Section 2 LOT NO. 9

ROAD AND DESCRIPTION Linden Chapel Road

SIZE OF LOT 3-acre TYPE BLDG. single family residence

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.

SIGNATURE OF APPLICANT James L. Newburn

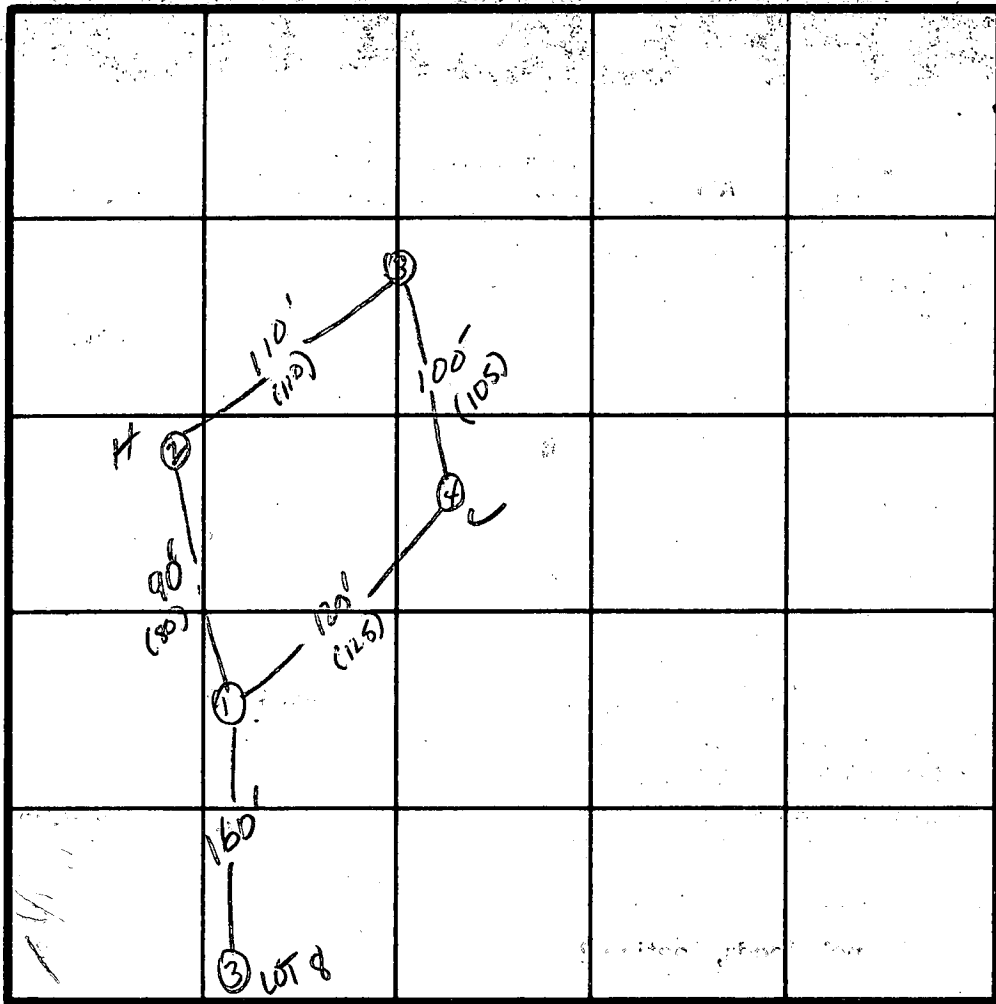
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-14-85 PERC OK, hold for certified hole PLAT, 180USE
AND WELL SITE S. Abel

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO Rt 108

① SOIL PROFILE

0"
6" A0-3
CLAY LOAM
RED BROWN
210% SAPROLITE

4'
BROWN
SAND
210%
SAPROLITE

13'

②

0"
6" A0-3
RED BROWN
CLAY
210%
SAPROLITE

4'
BROWN
SAND LOAM
10-20%
SAPROLITE

12'

③

0"
6" A0-3
RED BROWN
CLAY LOAM
210% SAPROLITE

4'
BROWN
SAND
LOAM
20-30%
SAPROLITE

16'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/4/85	1S 1V	4' 13'	2:50 UNIFORM SOIL	2:53 STRUCTURE BELOW 4'	2:53	2:58	5min
	2S 2V	4' 12'	3:05 UNIFORM SOIL	3:16 STRUCTURE BELOW 4'	3:16	3:44	28min
	3S 3V	4' 13'	3:06 UNIFORM SOIL	3:07 STRUCTURE BELOW 4'	3:07	3:14	7min
	4S 4V	4' 13'	3:21 UNIFORM SOIL	3:24 STRUCTURE FROM 4-13'	3:24	3:34	10min

REMARKS _____

TYPE OF SOIL

Chester / Manor Association

TESTED BY

J. Paul

ALSO PRESENT

DEURA, FRANK, JR

New BRAN Development

4/17/88
1:30 PM

APPLICATION

PERCOLATION TESTING

A 41293
P _____

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

DISTRICT _____

DATE 3/29/88

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 CHAPER WOODS CONSTRUCTION Co. Inc.

ADDRESS 14 STRAW HAT RD OWINGS MILLS MD 21117 PHONE 301-356-4400

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CHAPER WOODS LOT NO. 15 SECTION 1 AREA 3

ROAD AND DESCRIPTION 11848 LINDEN CHAPER ROAD

TAX MAP _____ PARCEL # 41 ELECTION DIST. 5 BLOCK 14
CONSUS TRAC 6051 ZONE MAP 29

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.

Mary E. Susman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-7-88 New perc area failed due to poor soils and rocky saprolite. Use previously approved septic easement JEW.
BLDG. PERMIT SIGNED AND RETURNED 5-4-88

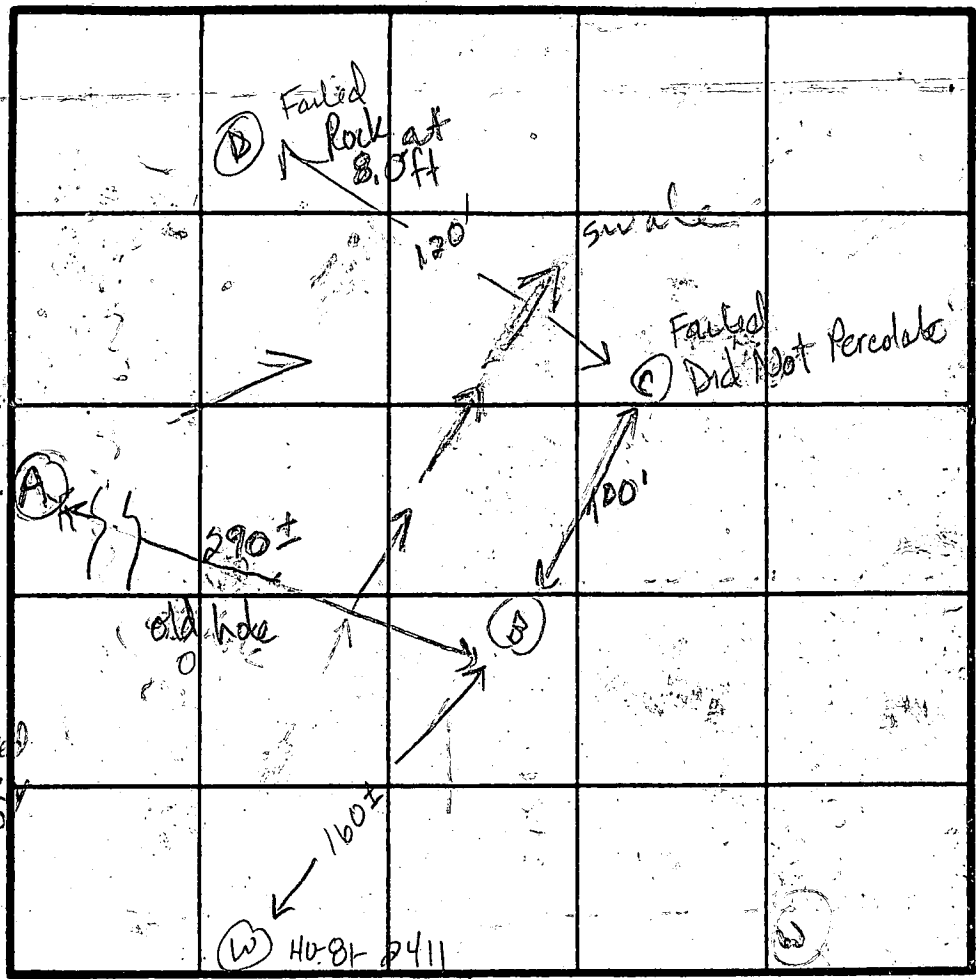
BP 17754 SA

THIS IS NOT A PERMIT

HD-216

High A
B
D
Low C

SOIL PROFILE



0-5 Red br si cl
5-14 Br sa si 1m
little sapped
ite < 40%
little
decomp
rocks < 30%
Bottom

0-5.5 Red sa si clay
lm little
decomp rx < 20%
5.5-8.0 Br sa si
loamy some
broken rx < 30%
8-12.0 Brown sa
si broken
rock pieces
< 50% structure
Bottom

0-5.5
5.5-8.0
8-12.0
12.0

0-5 Red br si
cl 1m
5-14 Br sa si
lm, little
broken rock
< 30%
14 Bottom

0-6 Red br
si clay
6-13 Br sa
si lm
little
decomposed
rocks < 5%
13 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Linden Chapel Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-7-89	D	4.0	could not dig into shelf				2:56
		12.0	Bottom (Rock at 8.0')				Failed
	B	5.0	2:34	2:36	2:36	2:42	6
		14.0	(see profile)				ok
	C	6.5	2:25	2:40	no movement - slow		
		13.0	Bottom (see profile)				Failed
	A	5.5	2:52	2:54	2:54	2:57	3
		14.0	Bottom (see profile)				ok
	C	8.0	3:11	3:26	3:26	slow	Failed

2:26
2:44
2:56
3:27
3:58

REMARKS Holes C & D Failed. Hole A is away from

TYPE OF SOIL original field.

TESTED BY Jane E. Nadeau

ALSO PRESENT Cassel

4/28/89

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 # 44086 Date 4/25/89
Name of Installer ROBERT L. FEE LEE Co., INC. Telephone 781-4655
License Number 2172 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner CHAPELWOOD CONST. CO. Telephone 531-5409
Subdivision CHAPELWOODS Lot # 15 Well Tag # HO-81-2611
Site Address 11848 LINDEN CHAPEL ROAD

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make DEMING-GRISWOLD
3. Model # 3ALW
4. Capacity 8 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

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make METCAL
2. Model # MB-10
3. Depth 42" +

Tank CAPTIVE AIR
1. Capacity UX-203
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42" +

Well data
1. Depth 185 ft.
2. Yield 7.5 GPM
3. Static water level 33 ft. 48
4. Will water supply be disinfected by installer? YES

4/20/89 - Pitless 40" below grade; well line covered. See

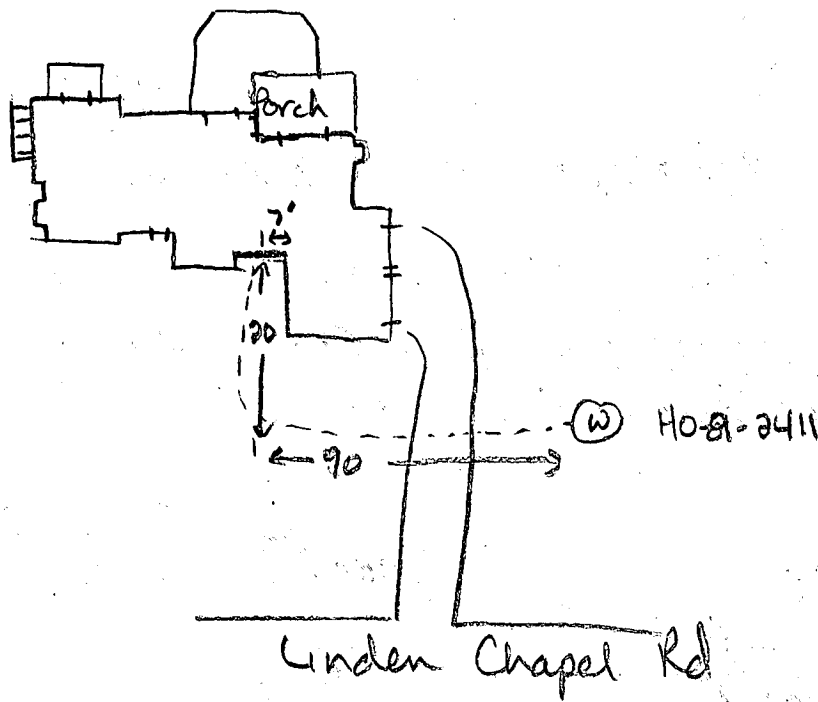
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Rickey L. Todd R.L.F.C., INC.

Date: 4/20/89

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



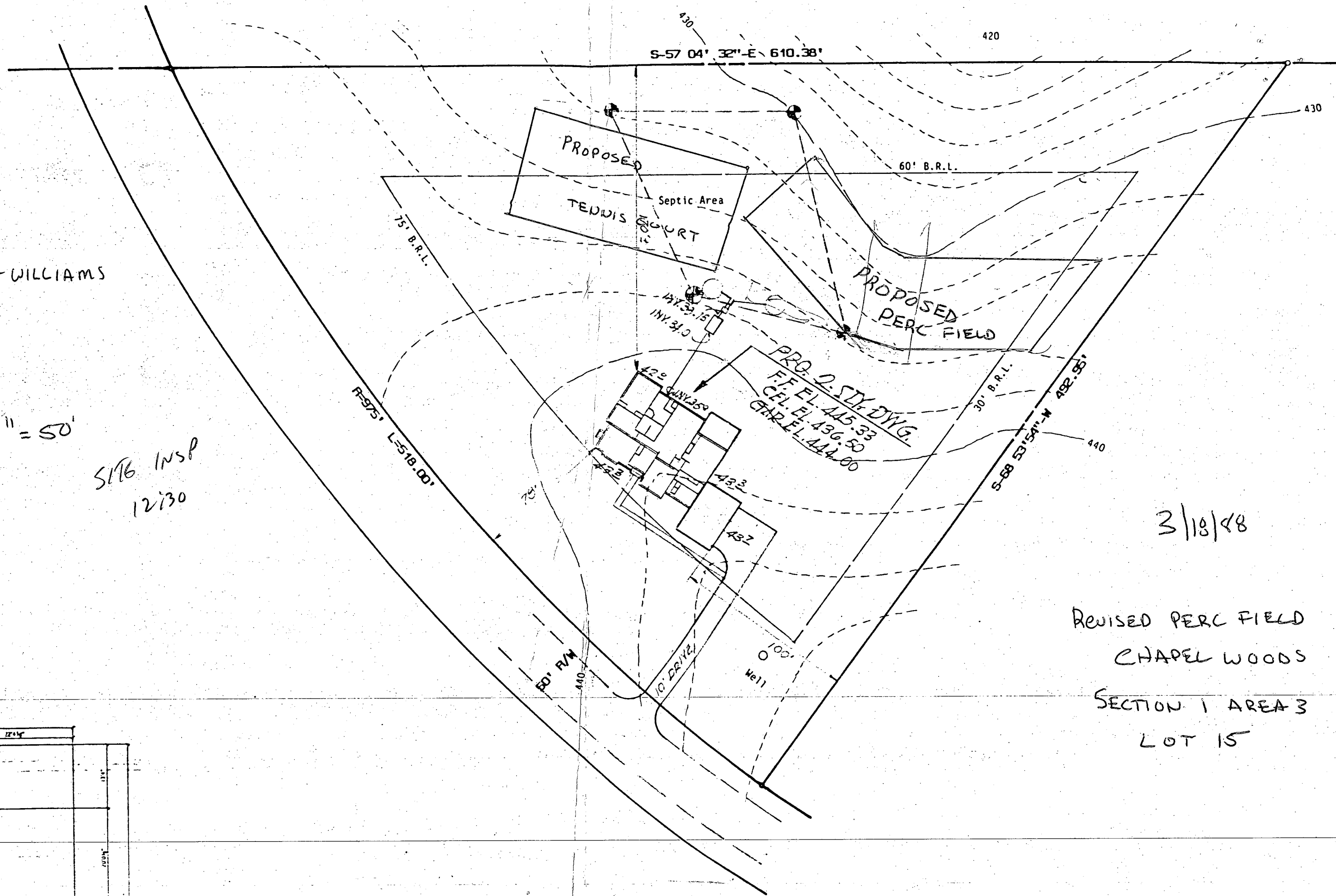
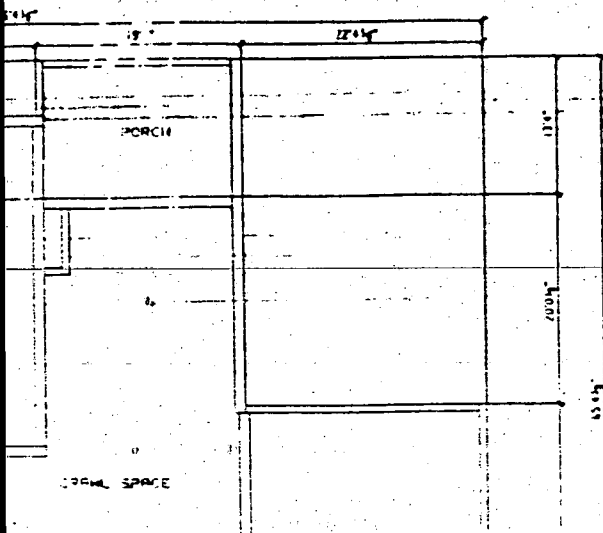
4-28-89

Pitless adaptor at 46 inches. Well line in trench buried,
 Ground line connected. Inside house connection ok.
 Pump tank installed w/ relief valve. JENadeau

ATTN: CRAIG WILLIAMS

1" = 50'

S176 INSP
12130



3/18/48

REVISED PERC FIELD
CHAPEL WOODS
SECTION 1 AREA 3
LOT 15

C1 2018 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT

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 34810**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **09/11/88** Depth of Well **185** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-81-2411**

OWNER **DEVELOPMENT NEWBURN** STREET OR RFD **HIDDEN CHAPEL ROAD** TOWN **CLARKSVILLE** SUBDIVISION **CHAPEL WOODS** SECTION **2** LOT **2 AREA 2**

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	
SAND	0	35	
GRAY Mich Rock	35	185	OK

OK

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **10** NO. OF POUNDS **340**
GALLONS OF WATER **60**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **32** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **40**

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

ELECTRIC LOG NUMBER	DEPTH (nearest ft.)	
	1	2
1	HO	185
2		
3		

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

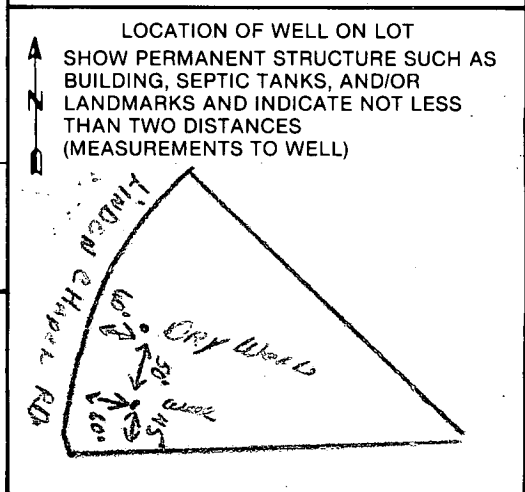
C3 **15**

PUMPING TEST
HOURS PUMPED (nearest hour) **2**
PUMPING RATE (gal. per min. to nearest gal.) **9 1/2**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **48**
WHEN PUMPING **OK** **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 **2** (nearest foot)

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. **238**
DRILLERS SIGNATURE **Joseph L. Morgan**
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK _____ from _____ to _____
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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA



B 7 **9328** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

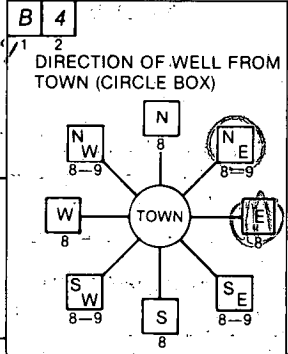
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
MO-81-2411
 fill in this form completely

OWNER INFORMATION
 Date Received **092987**
 Last Name **NEWBURN** Owner First Name **DEVELOPMENT**
 Street or RFD **5570 STERRATA PLACE**
 Town **COLUMBIA** State **MD** Zip **21044**

LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **CHAPEL WOODS**
 SECTION **2** LOT **15** (AREA 2)
 NEAREST TOWN **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** License No. **938**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md 21771**
 Signature **Joseph L. Mayne** Date **9/21/87**



LINDEN CHAPEL RD.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **60**
 ENTER FT or MI **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. **A34810**
 OEP SIGNATURE **B. W. ...** STATE HEALTH INSERT S
 DATE ISSUED **11/12/87** CO SIGNATURE **B. W. ...** EXP. DATE **05/12/88**
 NORTH GRID **508000** EAST GRID **082000**

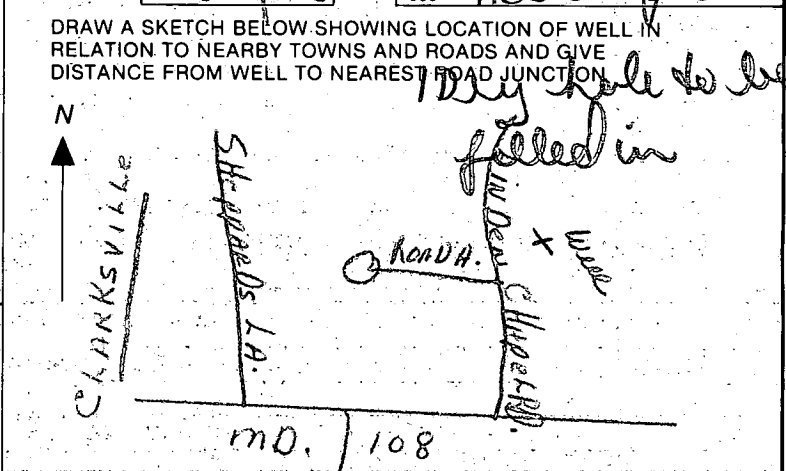
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

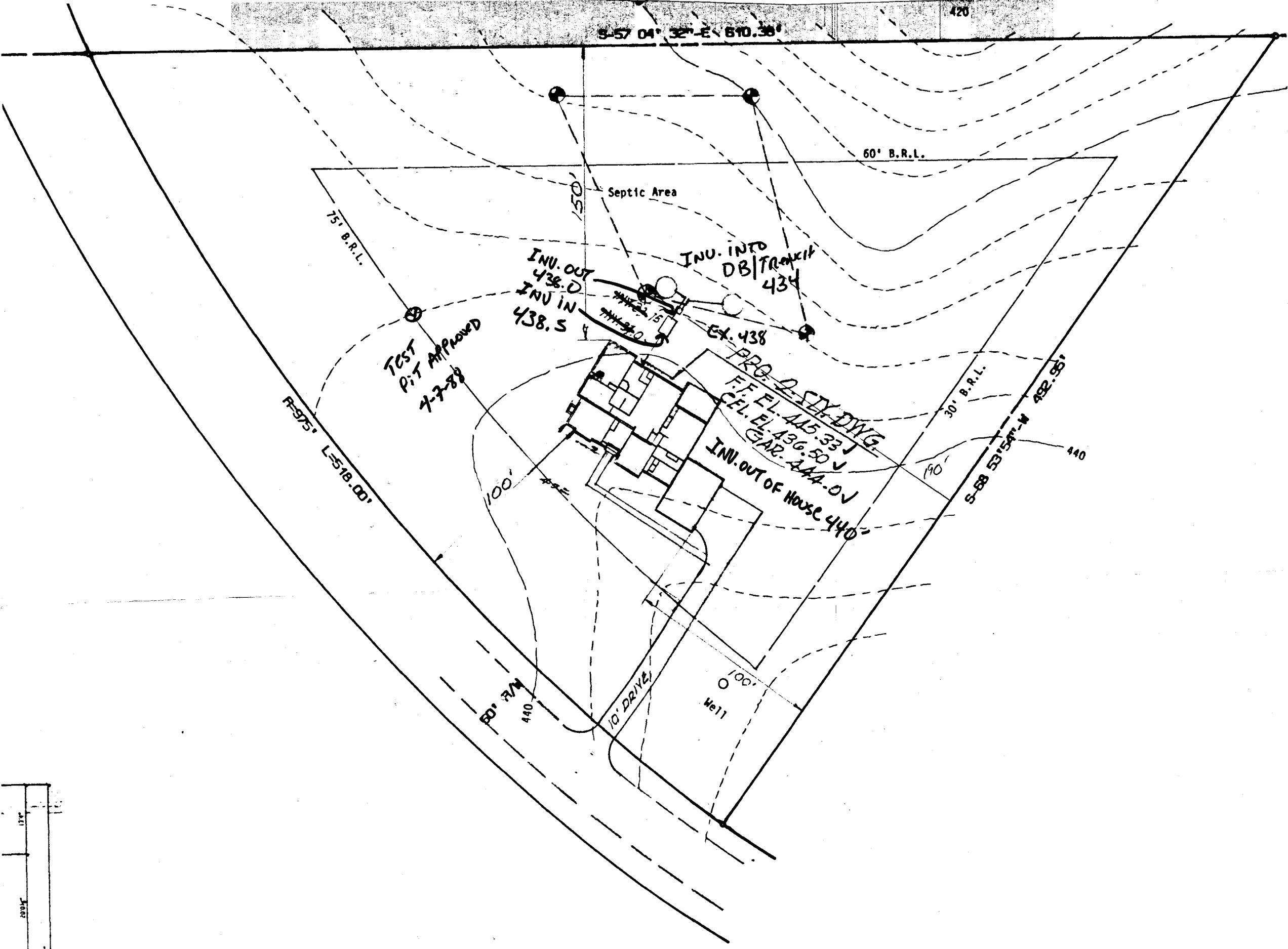
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8280**
 N **5008**

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **2A** WRITE INITIALS IN BOX **MO-81-2411**
 PERMIT NO. **MO-81-2411**

SPECIAL CONDITIONS _____



4BR = 208 LF of trench
of disposal

2- 10" FRANCHES

Changes in elevations per
builder.

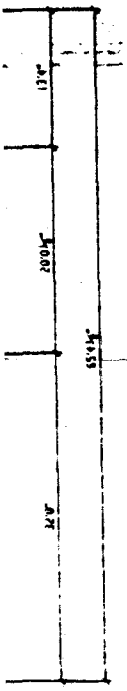
My Surman

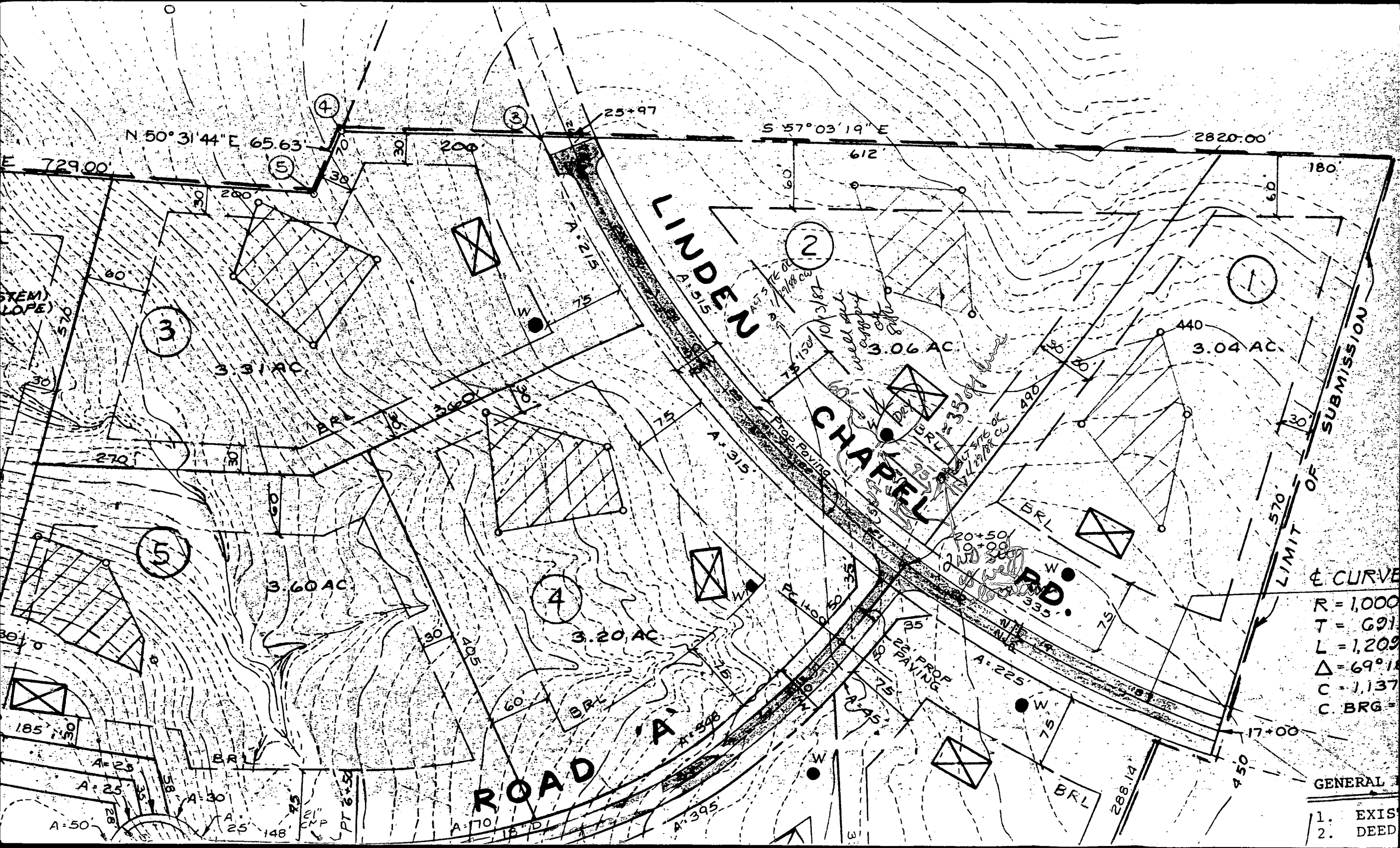
ELEVATIONS IN
8/11

BEDG. PERMIT SIGNED
AND RETURNED 5-11-88

ZONED: R(RURAL)

BP17754
8/11





LINDEN

CHAPPEL

ROAD A

RD.

E CURVE
 R = 1,000
 T = 691
 L = 1,209
 $\Delta = 69^\circ 18'$
 C = 1,137
 C. BRG =

GENERAL
 1. EXIS
 2. DEED

N 50° 31' 44" E 65.63'

S 57° 03' 19" E

2820.00'

3.31 AC

3.60 AC

3.20 AC

3.06 AC

3.04 AC

LIMIT OF SUBMISSION

E 729.00'

180'

570'

17+00

450'

288.14'

25+97

612'

60'

A = 215'

A = 315'

A = 508'

A = 395'

270'

185' 15"

A = 26'

A = 25'

A = 30'

A = 25'

A = 50'

A = 70'

148'

PT 6+50

22' PROP PAVING

A = 45'

A = 225'

535'

75'

BRL

BRL

BRL

BRL

BRL

BRL

BRL

BRL

BRL

70'

30'

200'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'

75'