









LEGEND

-  DENOTES SET DRILL HOLE IN STONE WALL.
 DENOTES MONUMENT NOT FOUND PER REFERENCE PLAN #1.
 DENOTES FOUND IRON PIPE.
 DENOTES GRANITE BOUND FOUND.
 DENOTES EXISTING UTILITY POLE.
 DENOTES STONEMALL.
 DENOTES EDGE WOODS.
 DENOTES SOIL TYPE.

FOR REGISTRY USE ONLY

NOTES:

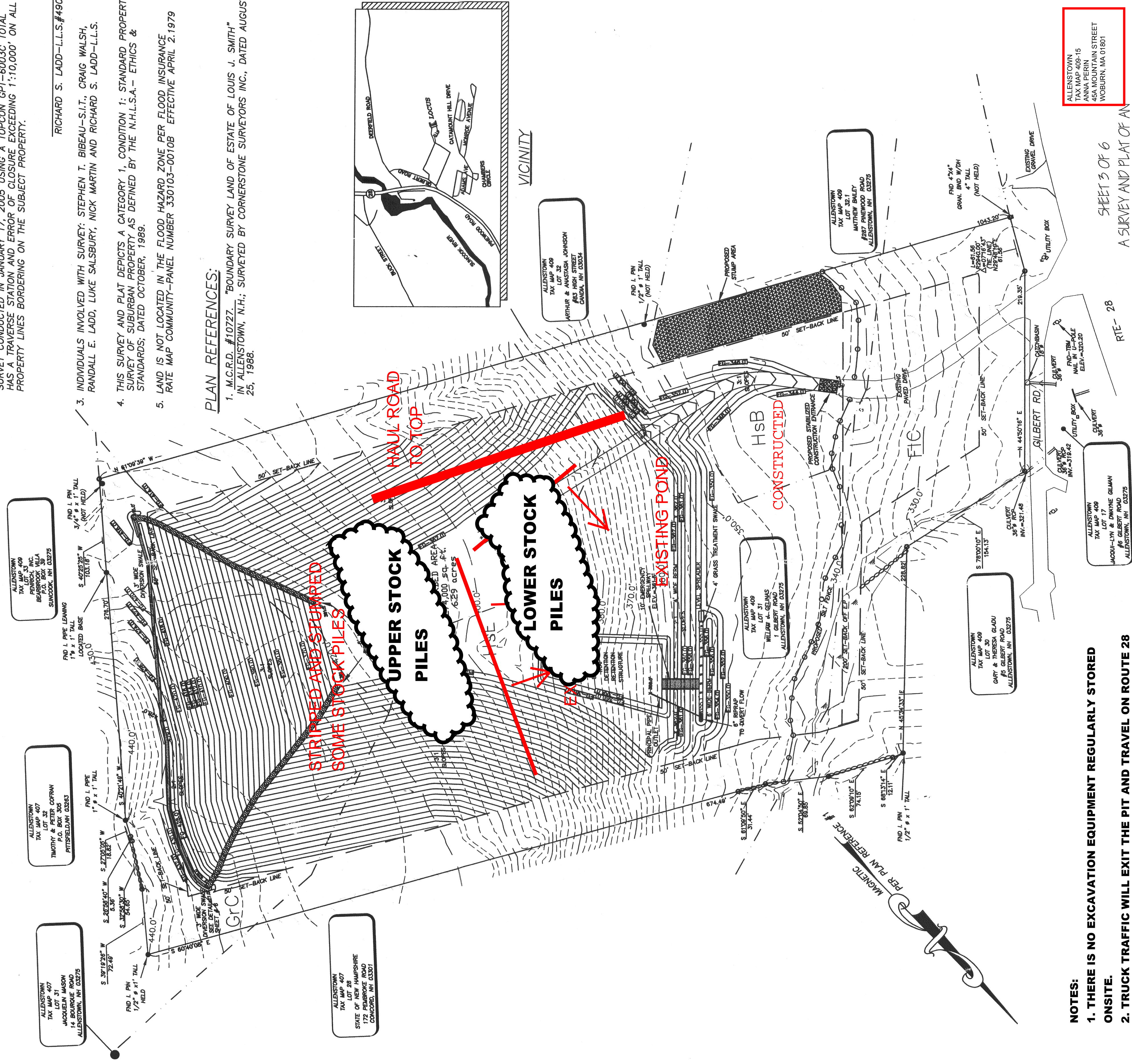
1. LAND IS DESCRIBED BY DEED OF WILLIAM J. GELINAS OF 185 RIVER ROAD, FARMVILLE, NC 27334, AND IS RECORDED AT THE MERRIMACK COUNTY REGISTRY OF DEEDS (M.C.R.D.), CUMMINGS, N.H. IN BOOK 2889 PAGE 550--551 ON AUGUST 9TH, 2004.
2. I HEREBY CERTIFY THAT THIS SURVEY AND PLAT WAS PREPARED BY ME OR THOSE UNDER MY DIRECT SUPERVISION AND IS THE RESULT OF AN ACTUAL FIELD SURVEY CONDUCTED IN JANUARY 17, 2005 USING A TOPCON GPT--6003C TOTAL STATION. THIS SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE SURVEYING ACT, WHICH HAS A TRAVERSE STATION AND ERROR OF CLOSURE EXCEEDING 1:10,000, ON ALL PROPERTY LINES BORDERING ON THE SUBJECT PROPERTY.

RICHARD S. LADD-L.L.S.#490

3. INDIVIDUALS INVOLVED WITH SURVEY: STEPHEN T. BIBEAU-S.I.T., CRAIG WALSH, RANDALL E. LADD, LUKE SALSBUURY, NICK MARTIN AND RICHARD S. LADD-L.L.S.
4. THIS SURVEY AND PLAT DEPICTS A CATEGORY 1, CONDITION 1; STANDARD PROPERTY SURVEY OF SUBURBAN PROPERTY AS DEFINED BY THE N.H.L.S.A.- ETHICS & STANDARDS; DATED OCTOBER, 1989.
5. LAND IS NOT LOCATED IN THE FLOOD HAZARD ZONE PER FLOOD INSURANCE RATE MAP COMMUNITY-PANEL NUMBER 330103-0010B EFFECTIVE APRIL 2,1979

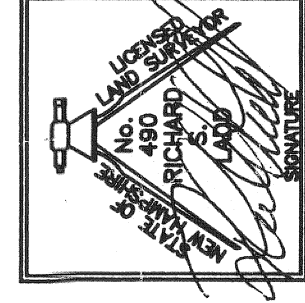
PLAN REFERENCES:

1. M.C.R.D. #10727. "BOUNDARY SURVEY LAND OF ESTATE OF LOUIS J. SMITH"
IN ALLENSTOWN, N.H.; SURVEYED BY CORNERSTONE SURVEYORS INC., DATED AUGUST
25, 1988.

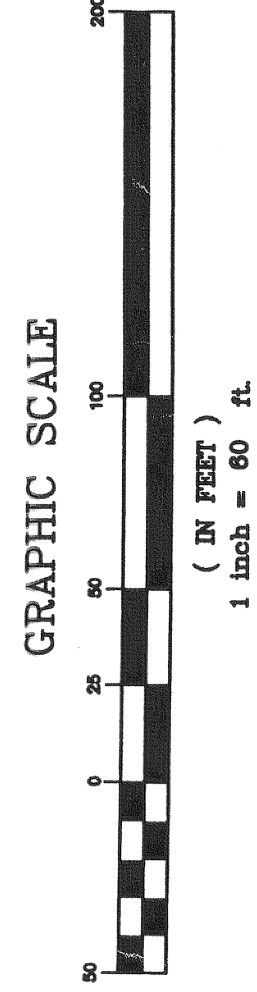


SHEET 3 OF 6

EXCAVATION PLAN
OF LAND OF
WILLIAM J. GELINAS
PREPARED FOR
ADVANCED
EXCAVATING
AND SITUATED IN THE TOWN OF
ALLENSTOWN, N. H.



DATE: 04-19-05 77 Main Street - Raymond, NH 03077 FB NO. 465
 PH: 603-895-3986 - www.raisurvey.com
 DWG. NAME: 4495-4-19-05 DRAWN BY: C.W.W. JOB NO. 4495



REVISIONS

NO.	DATE	DESCRIPTION	BY

FOR REGISTRY USE ONLY

APPROVED BY THE ????? PLANNING BOARD
ON _____ CERTIFIED BY _____

_____, CHAIRMAN, AND/OR
_____, SECRETARY, AND/OR
_____, OTHER MEMBERS

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