

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
808001458

Building Address 1016 Bradford Lane
Mt Airy MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Stella's Choice
 Section _____ Area _____ Lot 6
 Tax Map 7 Parcel 527 Grid 1
 Zoning _____ Map Coordinates _____ Lot size 1.337Ac

Property Owner's Name Michele Biemer
 Address 1016 Bradford Ln
 City Mt Airy State MD Zip Code 21771
 Phone 443 266-1276
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 6,000
 Description of Work Build deck off
Kitchen, 2 levels to
ground 16x23

Contractor Company self
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____
_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

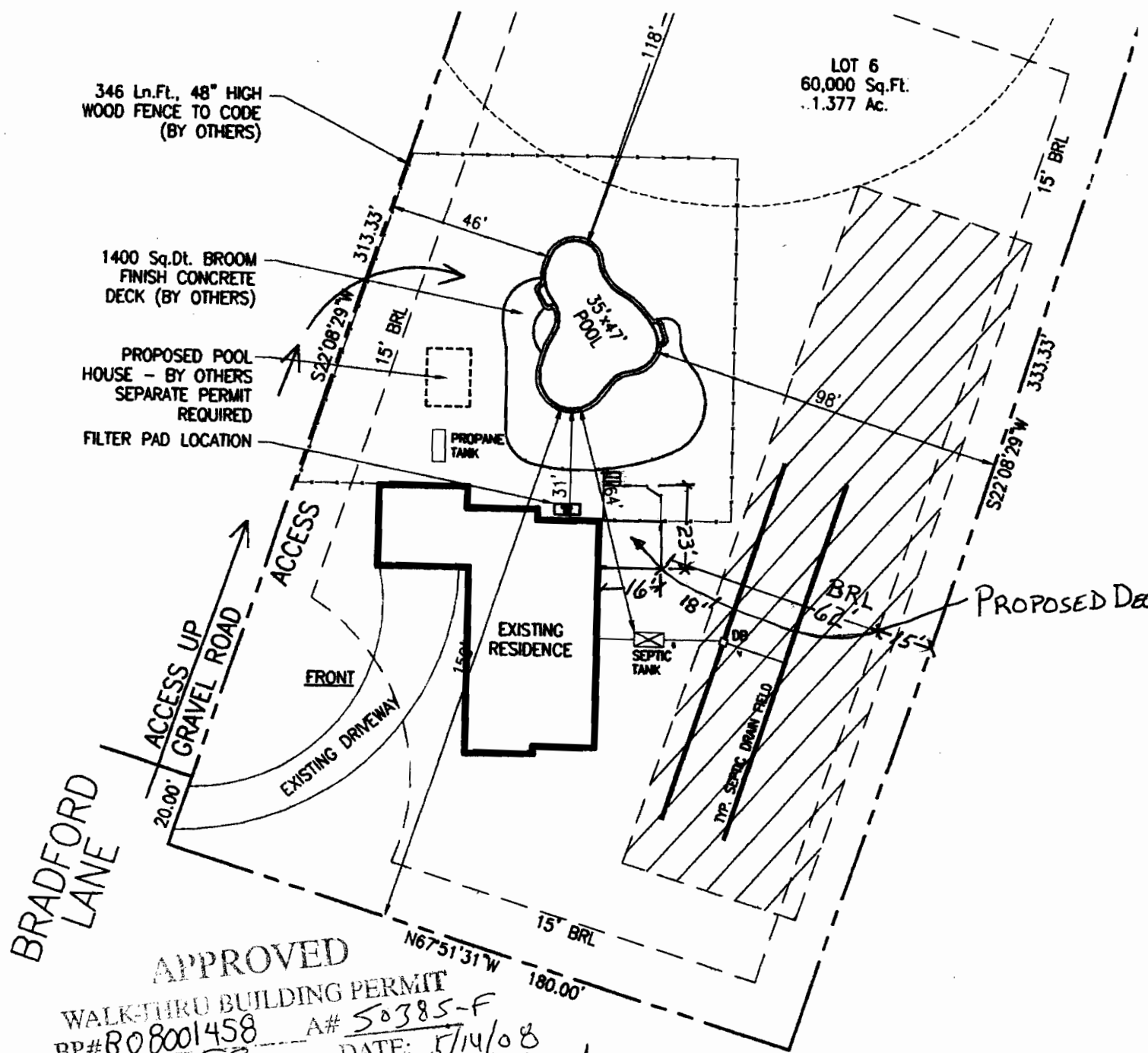
Michele Biemer
 Applicant's Signature

Michele Biemer
 Print Name
5-14-08
 Date

Title/Company _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>5/14/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2009</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for New Town Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



346 Ln.Ft., 48" HIGH
WOOD FENCE TO CODE
(BY OTHERS)

LOT 6
60,000 Sq.Ft.
.1.377 Ac.

1400 Sq.Dt. BROOM
FINISH CONCRETE
DECK (BY OTHERS)

PROPOSED POOL
HOUSE - BY OTHERS
SEPARATE PERMIT
REQUIRED

FILTER PAD LOCATION

PROPRANE
TANK

EXISTING
RESIDENCE

SEPTIC
TANK

TYP. SEPTIC DRAIN FIELD

PROPOSED DEC

BRADFORD
LANE

ACCESS UP
GRAVEL ROAD
ACCESS
FRONT
EXISTING DRIVEWAY

APPROVED

WALK-THRU BUILDING PERMIT

BP# 808001458

A# 50385-F

APP. SAN SS

DATE: 5/14/08

DESC. OF WORK: 16 X 23' elevated deck.

SITE PLAN

1" = 40'

LOT 6

STELLAS CHOICE

TAX ACCOUNT #357620

ZONED RCDEO

MAP 7, GRID 1, PARCEL 527

4TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

1016 Bradford Ln

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BC07004516

Building Address 1016 Brentwood Lane
MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Steve Gomez

Address _____

City MD State MD Zip Code 21771

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work Remove 500 Gallon LP Tank

Contractor Company Steve Gomez

Contact Person Steve Gomez

Address _____

City MD State MD Zip Code 21771

License No. 54374411

Phone 301-746-7446 Fax _____

Occupant or Tenant Steve Gomez

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Steve Gomez
 Applicant's Signature
Steve Gomez
 Title/Company

Steve Gomez
 Print Name
11/16/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ <u>100</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>11/19/2007</u>		<u>R. Buckler</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control Approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>0501168</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LOD, DPZ	Lot Coverage for New/Town Zone _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	

New location

Approved Septic System Plan
Howard County Health Department



as shown
11/19/2007
Date

Builder
Signature

ex. Dist. Trenches
from As-built 5/5/07
11/19/2007

- D₁ = 60 ← house corner
- D₂ = 82 ← house corner
- D₃ = 116 ← septic tank
- D₄ = 111 ← septic field
- D₅ = 139 ← well

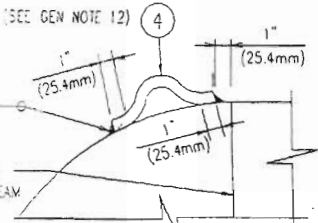
SITE PLAN
1" = 40'

Steven Biemer
 1016 Bradford Lane
 Mt. Airy, MD 21771
 301/829-1819
 # 04-357620

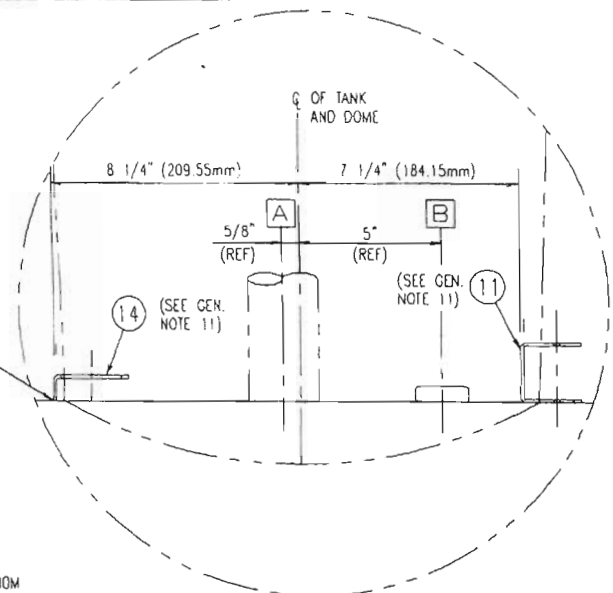
LINE	ITEM NO 6	ITEM NO 18	QUANTITY		PAINT COLOR
			lbs	kg	
99	0907003	2710018	6.01	2.73	REDOX

CONSTRUCTION NOTES

- TANK CONFORMS TO THE LATEST EDITION, LATEST REVISION OF THE ASME CODE FOR PRESSURE VESSELS, SECTION VIII DIVISION 1, NFPA 58, TRRC DOCKET 1, UL 644.
- POSTWELD HEAT TREAT: NOT REQUIRED
- RADIOGRAPH: X-RAY REQUIRED PER ASME CODE. (SEE LEGEND)
- JOINT EFFICIENCY: SHELL: LONG SEAM ----- 100%
HEADS: ONE PIECE HEMI WITH OFFSET JOINT TO SHELL ----- 80%
- CORROSION ALLOWANCE: HEADS ----- 0. SHELL ----- 0.
- MAXIMUM ALLOWABLE WORKING PRESSURE: 250 PSI (1.72 Mpa) AT 125°F (51.7°C) . EXTERNAL: 0
- MAXIMUM PRESSURE NEW: 250 PSI (1.72 Mpa) AT 125°F (51.7°C) LIMITED BY HEADS AND SHELL. MDT: -20°F (-28.8°C) AT 250 PSIG (1.72 Mpa).
- HYDROSTATIC TEST PRESSURE: 325 PSI (2.24 Mpa) (MIN).
- MAXIMUM ALLOWABLE STRESS AT 125°F (51.7°C): HEADS ----- 15,700 PSI
SHELL ----- 21,400 PSI
- WELDING AND WELDING MATERIALS SHALL BE ACCORDING TO APPROVED TRINITY INDUSTRIES PROCEDURES.
- DIMENSIONS GIVEN ON A CURVED SURFACE ARE ALONG OUTSIDE CURVATURE.
- MAXIMUM WELD REINFORCEMENT INSIDE AND OUTSIDE IS 3/32" (2.38mm).
- VESSEL SHALL BE CLEANED INSIDE AND OUTSIDE, FREE OF DIRT, GREASE, DEBRIS, LOOSE MILL SCALE, WELD SPATTER, ETC.
- FITTINGS ARE INSTALLED. INTERIOR OF VESSEL TO BE FORCE DRIED WITH FILTERED DRY AIR TO A MINIMUM OF -15°F DEWPOINT, SEALED AND LEAK TESTED WITH 190 PSI AIR.
- VESSEL TOLERANCES PER TRINITY INDUSTRIES STANDARD DRAWING 1711190015.
- VESSEL FINISH: FOR LINE 99 APPLY POWDER COATING PER CS-4001. FOR LINES 01 & 02 APPLY POWDER COATING PER CS-4005 TOP COATING IS THE RESPONSIBILITY OF THE DEALER / OWNER FOR USE AS AN UNDERGROUND VESSEL.
- THIS VESSEL IS TO BE VACUUM PURGED IN ACCORDANCE WITH APPROVED TRINITY INDUSTRIES, INC. PROCEDURES.
- ESTIMATED WEIGHT: 921 LBS. (417.77 kg)



DETAIL "C"
LIFTING LUG ATTACHMENT



DETAIL "B"

MATERIAL SPECIFICATIONS

- HEADS: ----- SA285C OR SA414C
- SHELL: ----- SA455
- STRUCTURAL: ----- P-1, SA36 OR EQUAL
- COUPLINGS: ----- SA105 OR EQUAL
- INTERNAL PIPE: ----- A120, P-1 OR EQUAL
- RISER PIPE: ----- SA53B SMLS OR SA106B

GENERAL NOTES

- OPENING "A": PROVIDE WITH A FIXED DIP TUBE FOR 89% LIQUID LEVEL WHEN FILLED.
- OPENING "A": INSTALL PIPE (ITEM 9) IN MULTIVALVE FOR LIQUID Baffle TO PREVENT LIQUID ENTERING SERVICE VALVE WHEN FILLING.
- OPENING "B": PROVIDED WITH WITHDRAWAL TUBE PER 1711220003 (ITEM 10).
- INSTALL FLOAT GAUGE WITH ARM SET 22.5' OFF AXIS OF TANK AS INDICATED IN SECTION A-A.
- OUTSIDE SURFACE AREA IS 98 SQ. FT. (9.1 SQ. M.). MINIMUM RELIEF REQUIRED FOR LPG IS 691 SCFM.
- TAG KIT (ITEM 6) MUST BE WIRED TO MULTIVALVE PRIOR TO SHIPMENT SERIAL NUMBER TAG (ONLY) TO BE REMOVED BEFORE SHIPPING.
- VALVE MANUFACTURER INSTRUCTIONS ARE TO BE SENT WITH TANK TO CUSTOMER.
- TWO NAMEPLATES ARE REQUIRED. ONE WELD-ON TYPE WELDS TO TANK, ONE CABLE-ON TYPE, STAMPED "DUPLICATE", WILL BE SUPPLIED WITH THE TANK. DUPLICATE NAMEPLATE TO BE INSTALLED PER DRAWING 1711220019.
- NAMEPLATES:
- 1711290022 AND 1711290023 WILL BE USED IF VESSEL IS FABRICATED IN THE USA.
- 1711290062 AND 1711290063 WILL BE USED IF VESSEL IS FABRICATED IN MEXICO
- ANODE BOLT TO BE INSTALLED WITH TWO NUTS.
- SHOP TO SEAL WELD ITEMS 11 & 14 TO THE VESSEL. THIS WILL INCLUDE THE HOLE IN THE HINGE THAT IS NEXT TO THE TANK.
- SHOP TO VERIFY THAT AT LEAST 1" OF EACH LEG OF THE LIFTING LUG IS IN CONTACT WITH THE VESSEL BEFORE SEAL WELDING TO THE VESSEL.
- ALL OUTGATE TUBES TO BE INSTALLED WITH AN APPLICATION OF LOC-TITE 495 ON THREADS OF OUTGATE TUBE. UN-INSTALLED LENGTH OF OUTGATE TUBE IS 28.5" + 1/8" -0".
- THIS DRAWING WILL SUPERSEDE DT-4-500
- OPENING "A": MULTI-VALVE G8475RV IS TO BE INSTALLED IN ACCORDANCE WITH THE TRINITY INDUSTRIES, INC. QUALITY ASSURANCE PROCEDURE QS-LP-8.

PARTS LIST

ITEM	PART NO.	QTY	DESCRIPTION
1	1711010002	2	HEAD, HEMI, 37.42" (950.47mm) OD x 0.185" (4.7mm) MIN. THK.
2	1711050004-01	1	SHELL RING, 0.218" (5.54mm) THK x 82 1/4" (2089.15mm) LG
3	1711230001-02	1	PIPE, 2 1/2" (63.5mm) SCH 80 x 20 1/2" (520.7mm) (T.O.E.)
4	1711150002	4	LUG, LIFTING, DOMESTIC
5	1711180002	4	LEG, SUPPORT
6	SEE LINE CHART	1	KIT, IAG (SEE GENERAL NOTE 6)
7	1711290022	1	NAMEPLATE, WELD-ON TYPE (SEE GEN. NOTE 8 & 9)
8	1711290023	1	NAMEPLATE, CABLE-ON TYPE (SEE GEN. NOTE 8 & 9)
9	1711230002-03	1	PIPE, 3/4" (19.05mm) SCH 40 x 23 5/8" (600.08mm) (T.O.E.)
10	1711220003	1	WITHDRAWAL TUBE, 37.42" (950.47mm) OD
11	1711190001	1	HINGE, TANK, HOT DIPPED GALV. G-30 STL
12	---	---	---
13	---	---	---
14	1711180019-06	1	HASP, TANK, HOT DIPPED GALV. G-30 STL
15	1711220019	1	NAMEPLATE DUPLICATE ASS'Y
16	0907010	1	VALVE KIT, RECO (SEE GEN. NOTES 1 & 2)
17	230806011	1	FLOAT GAUGE, UGLR, ROCHESTER OR TAYLOR (SEE GEN NOTE 4)
18	SEE LINE CHART	---	COATING (SEE CONSTRUCTION NOTE 16)

X-RAY LEGEND

- (F) FULL OR RADIOSCOPIC PER WRITTEN PROCEDURES
- (Sa) SPOT REQUIRED PER UW-11(a)(5)(b)
- (Sb) SPOT PER UW-11(b)

S/O

REV	BY	DATE	REVISION
B	JR	1-4-02	DEL ANODE PAD & STICKER (ITEMS 12 & 13). REV GEN NOTE 10.
A	JR	12-5-01	REV GEN NOTES 4, B & 11. DEL LINES 01 & 02. REV QTY ITEM 11 (WAS 2). ADD ITEMS 17, 18. REV ITEMS 14, 15, 16.

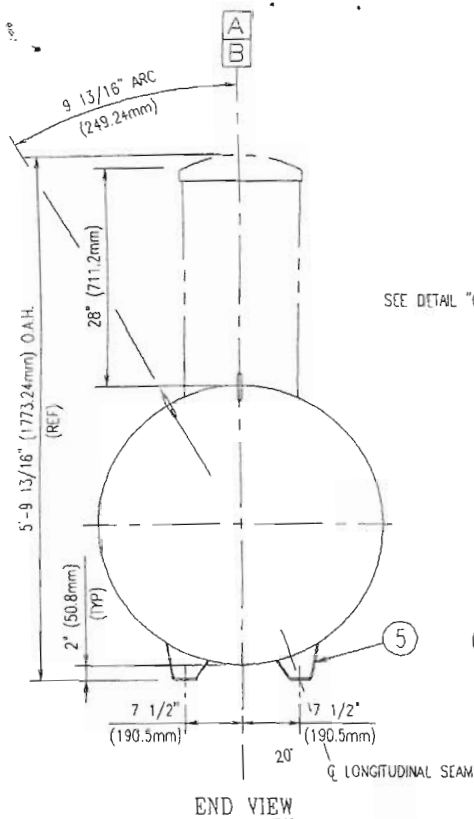
TRINITY INDUSTRIES, INC.
L.P.G. DIVISION

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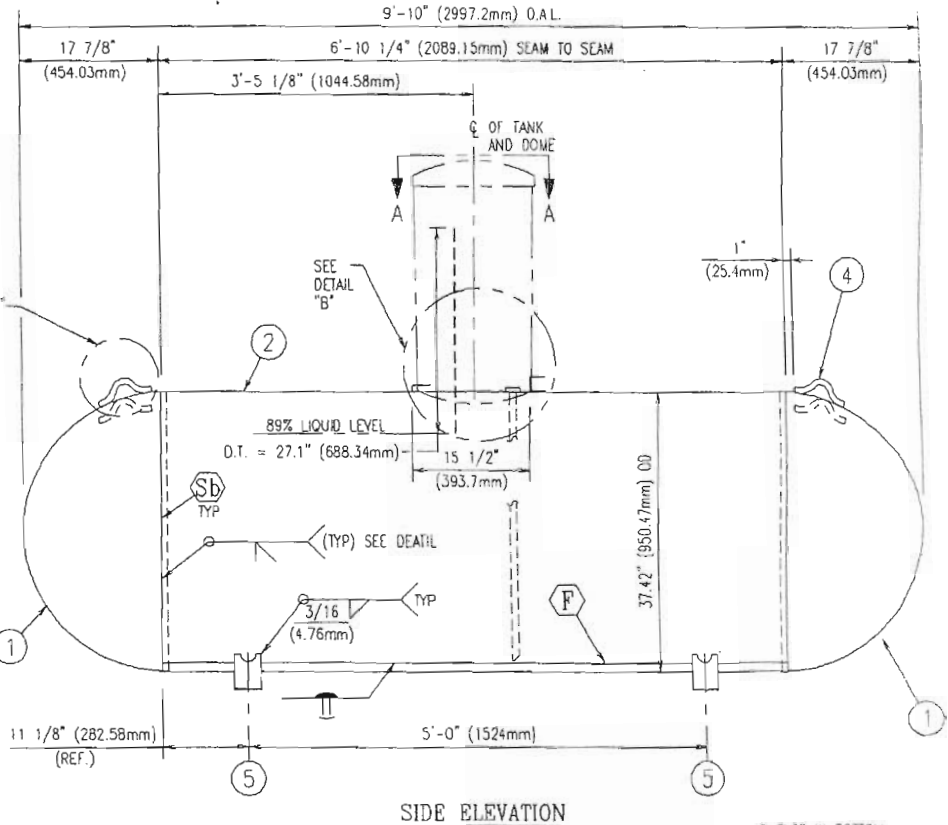
DRAWN	BBN	6-10-00
CHKD	JF	6-10-00
APPD	JCR	6-10-00
FILE NAME	TRIWCO	
LCN	01	
WEIGHT	921 LBS.	
DRAWING NO:	0074004050001	
SHEET	REV	SIZE
1	B	D

TANK, HORIZONTAL DOMESTIC
37.42" (950.47mm) OD, 500 NOW
WG (1892.5 l), 250 PSI (1.72 Mpa)
TRINITY STANDARD UGLR PROPANE
FOR NON-CORROSIVE SERVICE

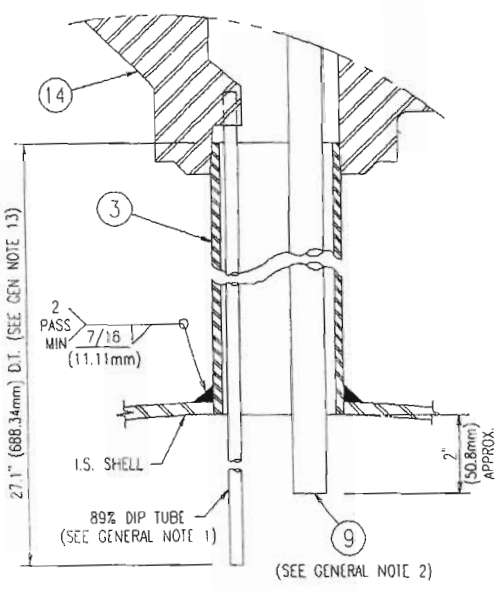
1016 Bradford Lane



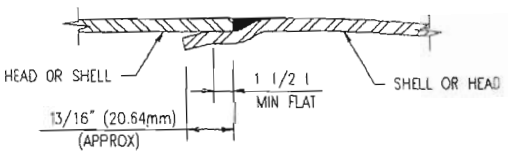
END VIEW



SIDE ELEVATION

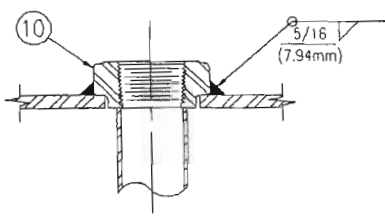


WELD ATTACHMENT DETAIL
OPENING MK "A"

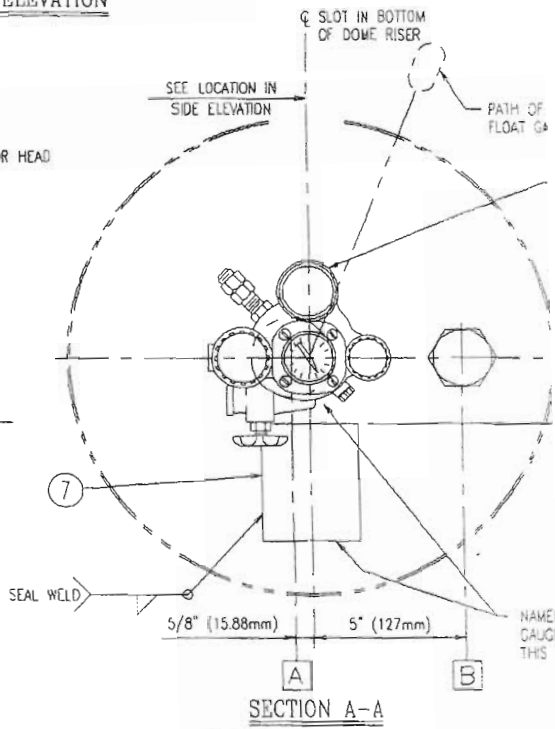


DETAIL OF HEAD TO SHELL SEAM

OFFSET JOINT CONFORMS TO ASME CODE SECTION VIII DIVISION 1, FIGURE UW-13.1(k) IF OFFSET IN SHELL, LIQUID DYE PENETRANT, WET OR DRY MAGNETIC PARTICLE METHOD AT THE LONGITUDINAL SEAM INSIDE AND OUTSIDE PER TRINITY INDUSTRIES PROCEDURE

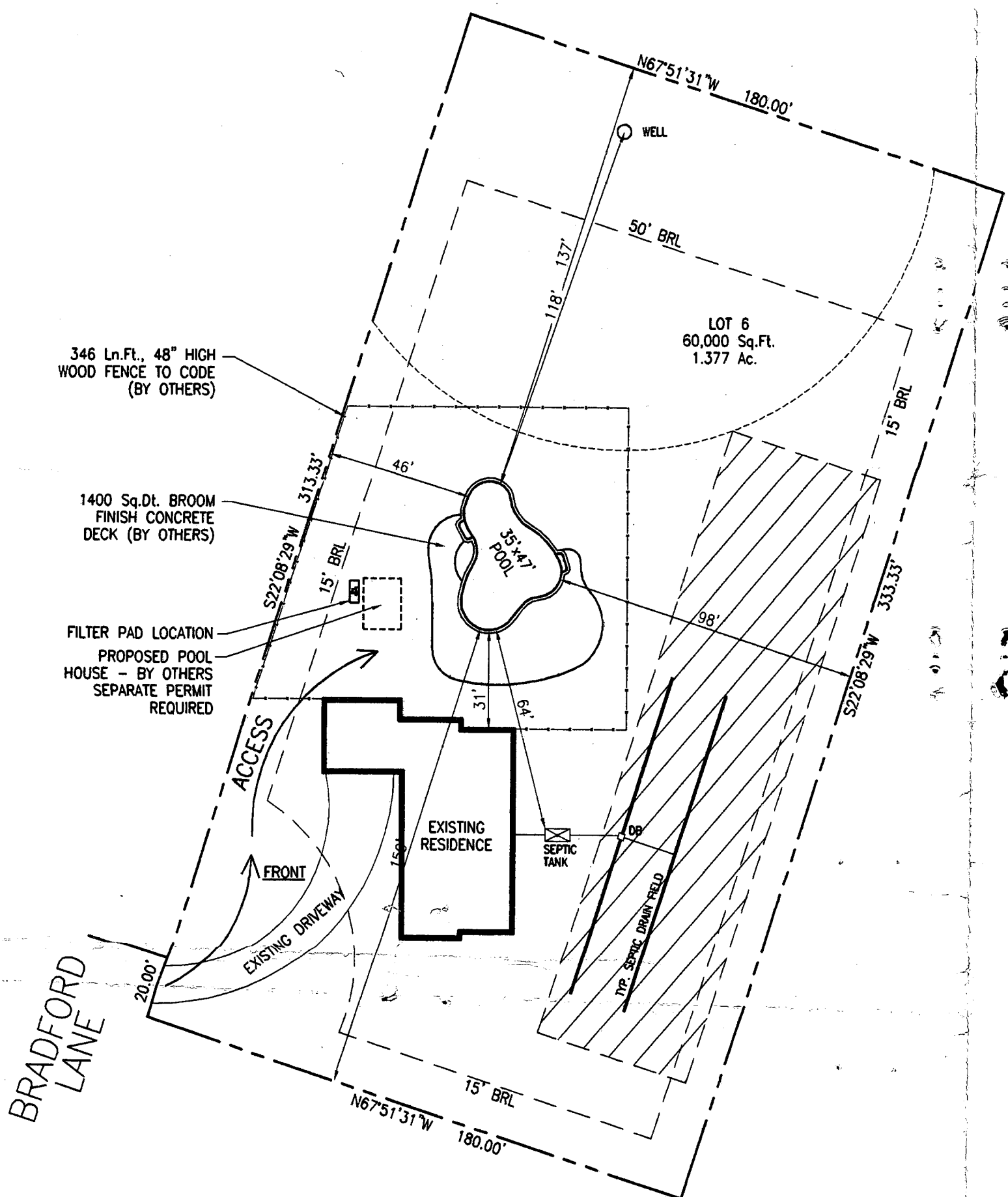


WELD ATTACHMENT DETAIL
OPENING MK "B"



SECTION A-A

MARK	QTY	SIZE	DESCRIPTION	SERVICE	ITEM	PROJ	W
1711290023			NAMEPLATE (CABLE-ON)				
1711290022			NAMEPLATE (WELD-ON)				
1711230001	B	1	7590J	LIQUID WITHDRAWAL	10,16	TO SUIT	
1711220003			TAYLOR PART NO: JB404D	W/ DIAL 2700			
1711190043			PUNCH LAYOUT				
1711190019	A	1	ROCHESTER PART NO: 6281-426				
1711190015			W/ DIAL 5-1815				
1711180002			CB475RV (SEE GEN NOTE 15)				
1711150002			REGO				
1711010002	MARK	QTY	LPC				
0908005			WARRANTY TAG				
REFERENCE DRAWING LIST			FITTINGS PARTS LIST			SHIP INSTALLED ON VESSEL	
			SCHEDULE OF OPENINGS				



346 Ln.Ft., 48" HIGH
WOOD FENCE TO CODE
(BY OTHERS)

1400 Sq.Dt. BROOM
FINISH CONCRETE
DECK (BY OTHERS)

FILTER PAD LOCATION
PROPOSED POOL
HOUSE - BY OTHERS
SEPARATE PERMIT
REQUIRED

LOT 6
60,000 Sq.Ft.
1.377 Ac.

EXISTING
RESIDENCE

SEPTIC
TANK

35'x47'
POOL

TYP. SEPTIC DRAIN FIELD

BRADFORD
LANE

SITE PLAN

1" = 40'

LOT 6

STELLAS CHOICE

TAX ACCOUNT #357620

ZONED RCDEO

MAP 7, GRID 1, PARCEL 527

4TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

3/13/03

proposed
pool

OK (SRK)