

2/16/93 (1:00 P.M.)
7/23 (No change all covered)

8/23
House
Connection

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Needs house connection

O.P.C.O
7/16 CW

P 49301

A 43410

DISTRICT _____

DATE 4/1/93

DATE SYSTEM APPROVED 8/23/93

INSPECTOR C.B.A.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 3132640

INDEXED

Masonry Contractors, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 239-8330

SUBDIVISION Cabin Branch Farm LOT 31 ROAD 3247 Starting Gate Court

PROPERTY OWNER Cabin Branch Ltd Partnership Joseph Santilli

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 ✓

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 95 feet from front (272.00') lot line and 100 feet from right (500.18') lot line as viewed from Starting Gate Court. Install trenches on contour toward left lot line. MAINTAIN 30 ft separation distance between end of trenches and road cut along Starting Gate Court.

NOTES - No trench to exceed 100 feet in length. Provide 6" 8" diameter cleanout and cap to grade or above on septic tank. OK 6/14/93 RH

PLANS APPROVED BY Ronald J. Pinkley DATE 11/10/92

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

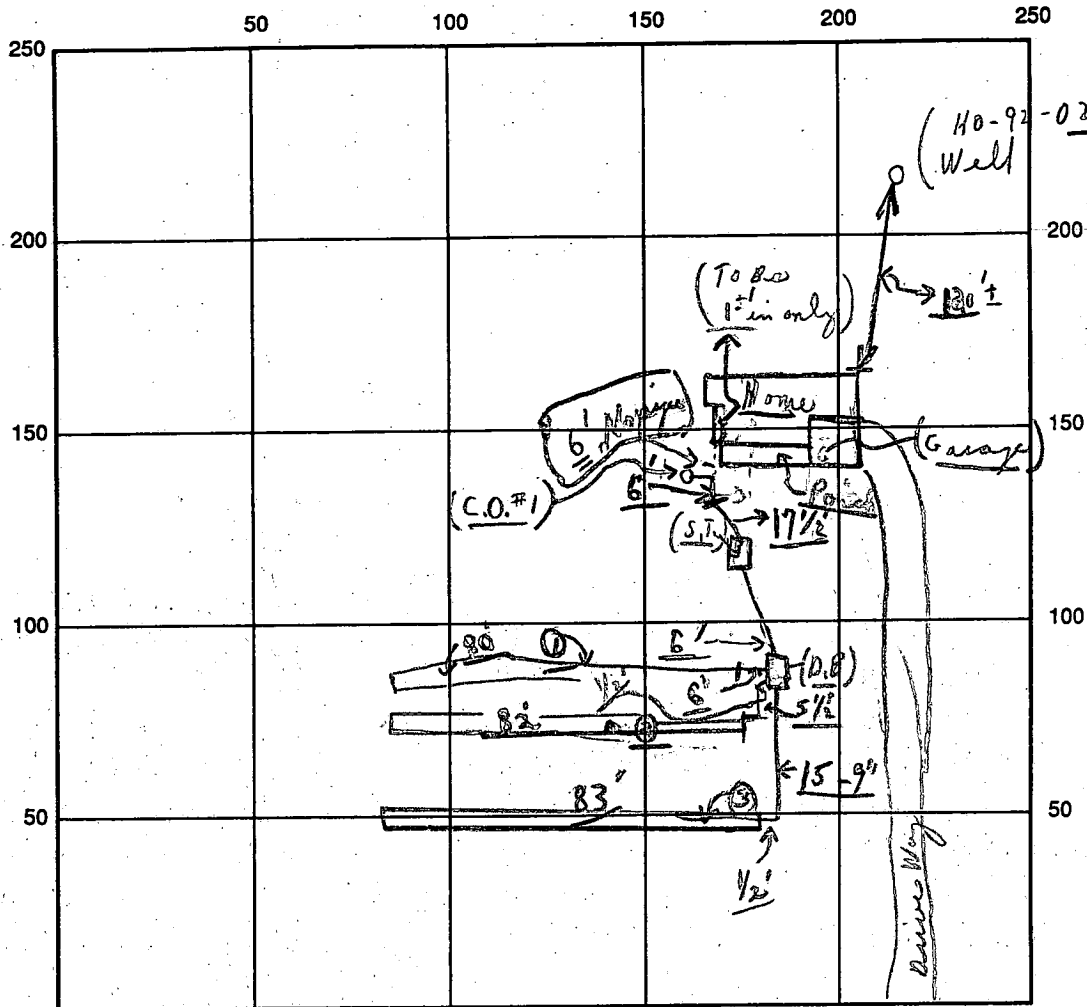
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

PERMIT SIGNED AND RETURNED 10-28-99
Serial # B11 21866
Howard P.H.

A 43410



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK *starting Gates Court* CLEANOUTS $\frac{S.T.}{OK}$ / $\frac{C.O.\#1}{OK}$

DISTRIBUTION BOX LEVEL OK (*Baffle is in*)

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. { $\textcircled{1} 80'$, $\textcircled{2} 82'$, $\textcircled{3} 83'$ } = 245'

NUMBER OF TRENCHES 3 ONE ~~SIDEWALL~~/BOTTOM AREA 735 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 735 SQ. FT.

REMARKS: 7/16/93 Partial no house connection = 6'± out from main house; ok to cover 7'± from house to end of trench; - NEED TO SEE HOUSE CONNECTION - C.B.

7/23 all covered - no one around C.B.

8/23 House connection - ok - water test done from house to S. Tank.

7/16/93 No WPT CRD + GARY BLUCHER CRD

DATE SYSTEM APPROVED 8/23/93 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 43400

P _____

R _____

DISTRICT _____

DATE 12/19/88

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

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 ~~Oakton Associates, Inc.~~ Cabin Branch Ltd Partnership

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (202) ~~457-8637~~ 795-1866

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 35 31

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3247 Starting Gate Court)

TAX MAP 13 PARCEL # 42

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.

James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING H 12/19/89 Perc OK Hold for Plot

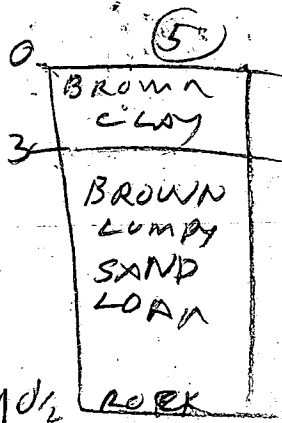
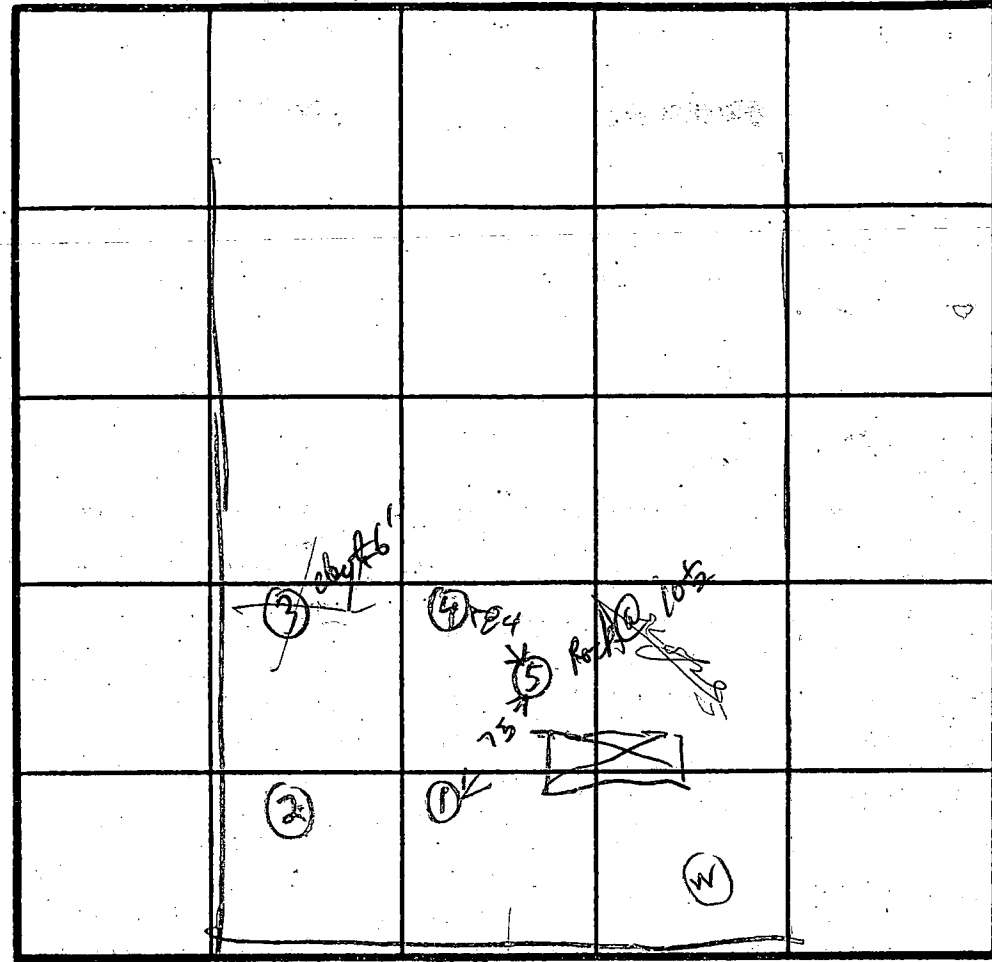
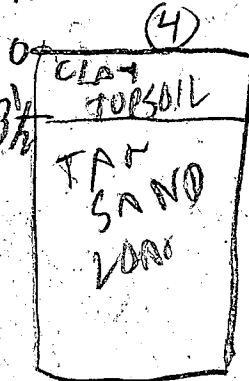
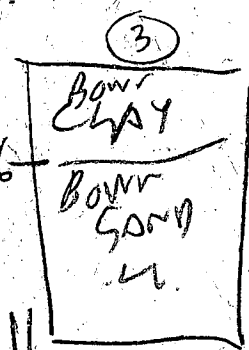
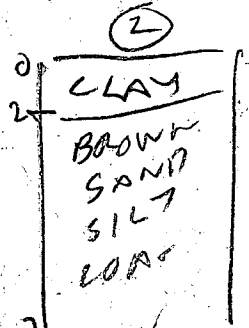
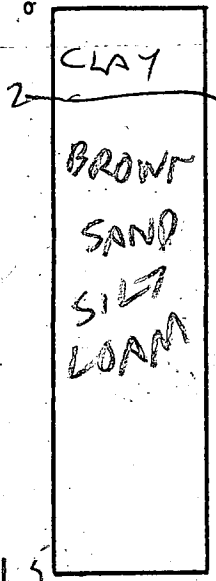
BLDG. PERMIT SIGNED
AND RETURNED 6/9/93
Serial # 48803 -
SFD - 4 bms

HD-216

THIS IS NOT A PERMIT

235
A43410

SOIL PROFILE



INLET 3' X 5 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
4/20/89	1 S	2.5	235	239	239	242	3	
	1 D	6	234	237	237	239	2	
4/10/89	1 V	11.5	OK					
	2 S	3.5	242	245	243	249	4	
	2 V	12	OK					
	3 V	11	FAIL CLAY TOP					
	4 S	4	252	256	256	302	6	
	4 D	12	OK					
	5 V	10 1/2	OK	SITING LOW SYSTEM				

REMARKS: Hole ① ② ③ ④ dug per Test Plat. Hole ⑤ different

TYPE OF SOIL: Mr. Johnson

TESTED BY: Raymond Hodges ALSO PRESENT: Jeff

B 1 **03941**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

AA-92-0229
fill in this form completely

Date Received (APA)

090392

OWNER INFORMATION

FRALL DEVELOPERS

Box 159

Mt Airy MD 21771

B 3

LOCATION OF WELL

HOWARD

CHARLES B PAUNCH FARM

SECTION **31**

Lisbon

MILES FROM TOWN (enter 0 if in town) **4 7 1**

DRILLER INFORMATION

Joseph L. Maune License No. **238**

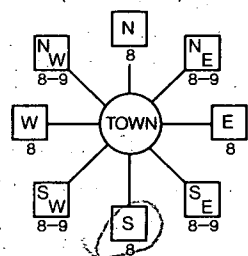
Joseph L. Maune Well Drilling

5512 Ridge Rd. Mt. Airy 21771

Joseph Maune Date **9/2/92**

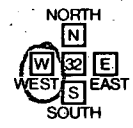
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Starting Gate Ct. (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **70**

ENTER FT or MI **FT**

B 2

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

Howard COUNTY-NAME **A43410** COUNTY NO.

STATE SIGNATURE **Paul Kelly** DATE ISSUED **5/14/93**

110492 CO SIGNATURE **Paul Kelly** EXP. DATE **5/14/93**

NORTH GRID **530 000** EAST GRID **6767000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

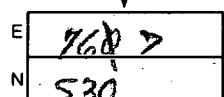
- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- DRive-POINT

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



11/10/92 10:30 location casing 84' open 60' great 18' legs RMD 11/10/92

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)

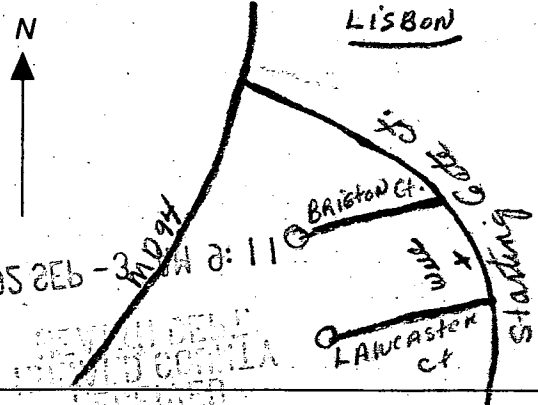
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **PD** WRITE INITIALS IN BOX PERMIT No. **AA-92-0229**

SPECIAL CONDITIONS

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



ST/CO USE ONLY DATE Received [] DATE WELL COMPLETED **11 10 92** Depth of Well **145** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-92-0229**

OWNER **Full Developers** last name **Stallings Gate CC** first name **Lisbon** TOWN **Lisbon** SUBDIVISION **Cabin Road Park** SECTION **LOT 31**

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	
Brown Shale	0	79	
Blue Rock	79	145	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **18** NO. OF POUNDS **1692**
GALLONS OF WATER **108**
DEPTH OF GROUT SEAL (to nearest foot):
from **1** ft. to **50** ft.

CASING RECORD
casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **84**

OTHER CASING (if used)
diameter inch depth (feet) from to

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

C 2
DEPTH (nearest ft.)
E A C H S C R E E N
1 **HO 92** **145**
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) from to

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **12**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **35** WHEN PUMPING **48**
TYPE OF PUMP USED (for test) **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: **29**
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 **2** (nearest foot) LAND SURFACE

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

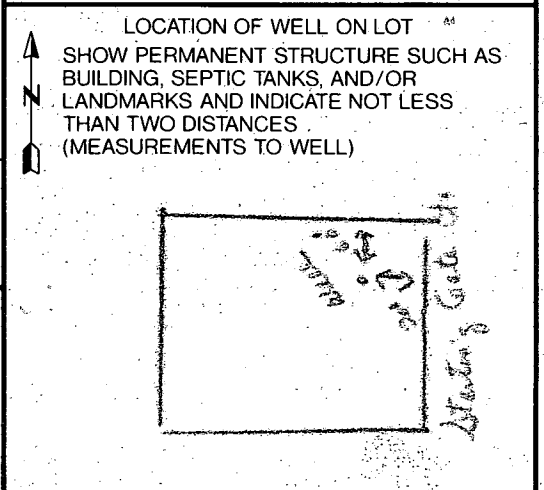
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **728**
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) **70** **72** **74** **75** **76** W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA



CB288
7/23/93

Final
OK
CB2
7/23

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # -0-
Date 5/28/93

Name of Installer Plumbing, Heating & Supplies Inc.

Telephone 410-239-8300
~~410-239-9350~~

License Number 5165

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Masonry Contractors Inc

Telephone 410-239-8330

Subdivision Cabin Branch Lot # 31

Well Tag # HD-92-0229

Site Address 258 Starry Gate Court
3247

- Pump**
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make Goolds
 - Model # TEH05422
 - Capacity 7 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 1/2
 - RPM 3450
 - Voltage
 - 110
 - 220

- Pitless Adapter**
- Make Campbell
 - Model # B-300R
 - Depth 4'

- Tank**
- Capacity
 - Pressure relief valve? yes

- Piping**
- Type Plastic
 - Size 1
 - NSF and/or BOCA Code approved NSF
 - Depth of supply line 4'

- Well data**
- Depth 145 ft.
 - Yield 12 GPM
 - Static water level 35 ft.
 - Will water supply be disinfected by installer? NO

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: Edgar E. Parry

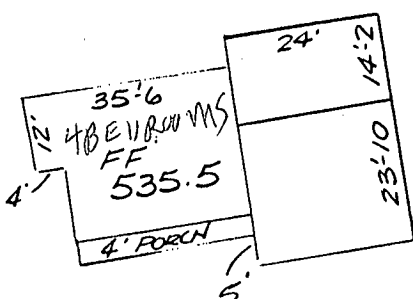
Date: May 27, 1993

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

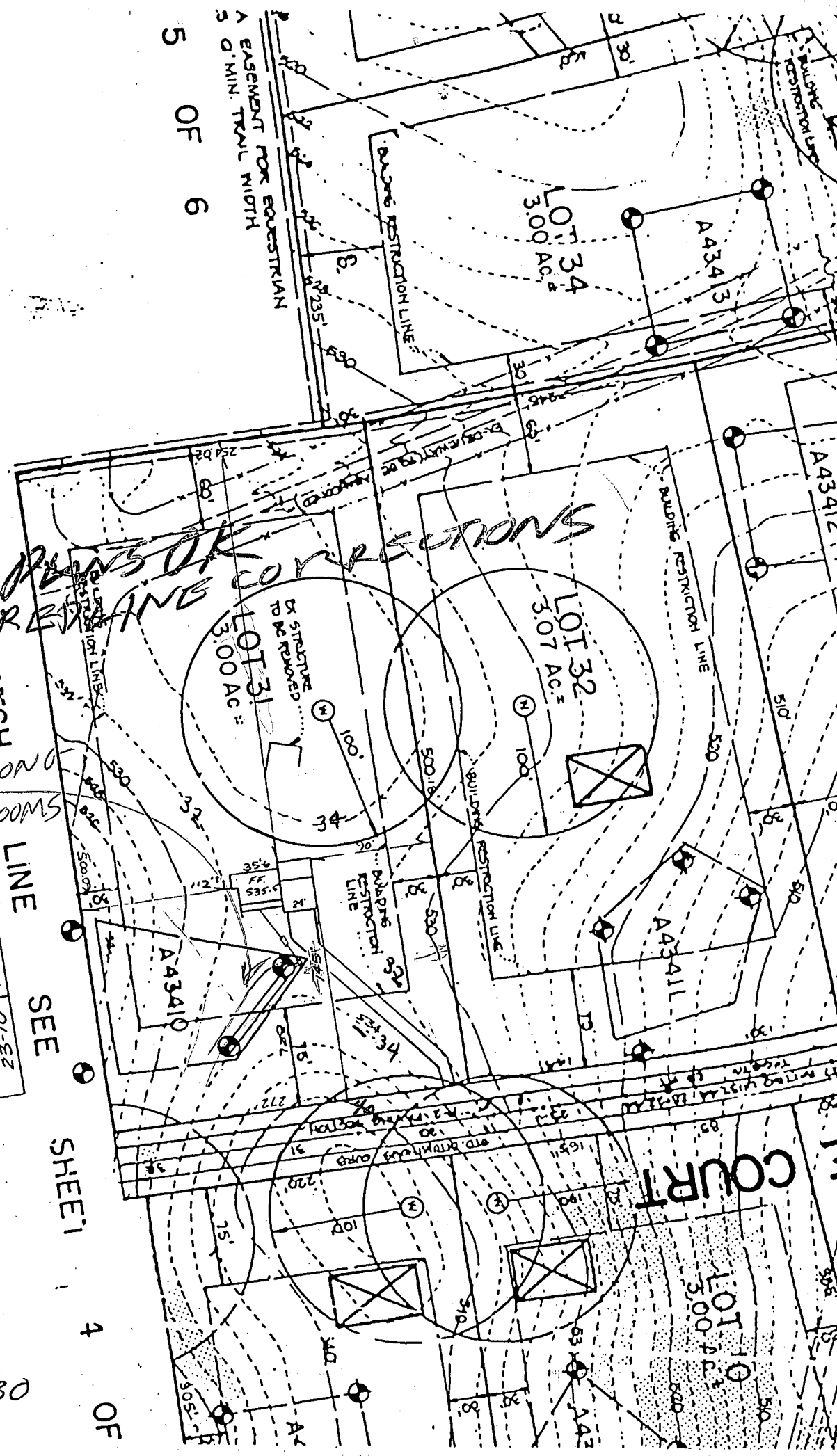
Note: I'll leave area of water well casing & house - only! C.B.S.

REVISED PLANS OK
 AFTER REVIEWING CORRECTIONS
 6/9/93
 BP48803
 B Hodges

MATCH
 240 FT LONG
 PER 4 BEDROOMS



SCALE
 1" = 100'
 BILL COLEMAN
 410 239 8330



LOT-31 CABIN BRANCH FARM

- INV OUT OF HOUSE - 532.25 EXIST. GRADE @ TANK - 535
- INV. INTO TANK - 531.92 EXIST. GRADE @ BOX - 534.5
- INV OUT OF TANK - 531.67 EXIST. GRADE @ - 534.5
- INV. INTO DIST. BOX - 531.5 TRENCH
- INV. INTO TRENCH - 531.4 WELL ELEVATION - 534.5

3 TRENCHES EQUAL LENGTH EACH 80 FT LONG

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00120856

Building Address 3247 Starting Gate Court
Woodbine, MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Cabin Branch
 Section _____ Area _____ Lot 3/ Farm
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name SAUTILLI
 Address 3247 Starting Gate Court
 City Woodbine State MD Zip Code 21797
410 Home Phone 489-9553 Work Phone 301-622-5548
 Applicant's Name & Mailing Address, (if other than stated hereon):
TRI-COUNTY POOLS, INC.
13410 Maser Road
Thurmont MD 21788
 Phone 301-898-3030 Fax 301-271-3616

Existing Use _____
 Proposed Use INGROUND POOL
 Estimated Construction Cost \$ 18,645.00
TRUCK FILLED
 Description of Work INGROUND POOL / steel
16x36 3'-5 1/2" wall

Contractor Company TRI-COUNTY POOLS, INC.
 Contact Person RAY STANCILL
 Address 13410 Maser Road
 City Thurmont State MD Zip Code 21788
 License No. 34414-01
 Phone 301-898-3030 Fax 301-271-3616

Occupant or Tenant same as above
 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 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	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 DESCRIPTION - RESIDENTIAL

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: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERETO; (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.

Applicant's Signature Raymond J Stancill RAYMOND J. STANCILL
 Title/Company President Tri-County Pools Inc
 Print Name _____
 Date 10/13/99

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>10/28/99</u>	<u>A.M. Miller</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DEE, DPZ Pink: Health Gold: SHA



DRS & ASSOCIATES
LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 31, "Cabin Branch Farm", located at 3247 Starting Gate Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 6-th day of July, 1993.

10/28/99
shown pool location
will have no impact
to existing well
(11) SEPTIC
ANTILLI RESIDENCE
A. McNeil

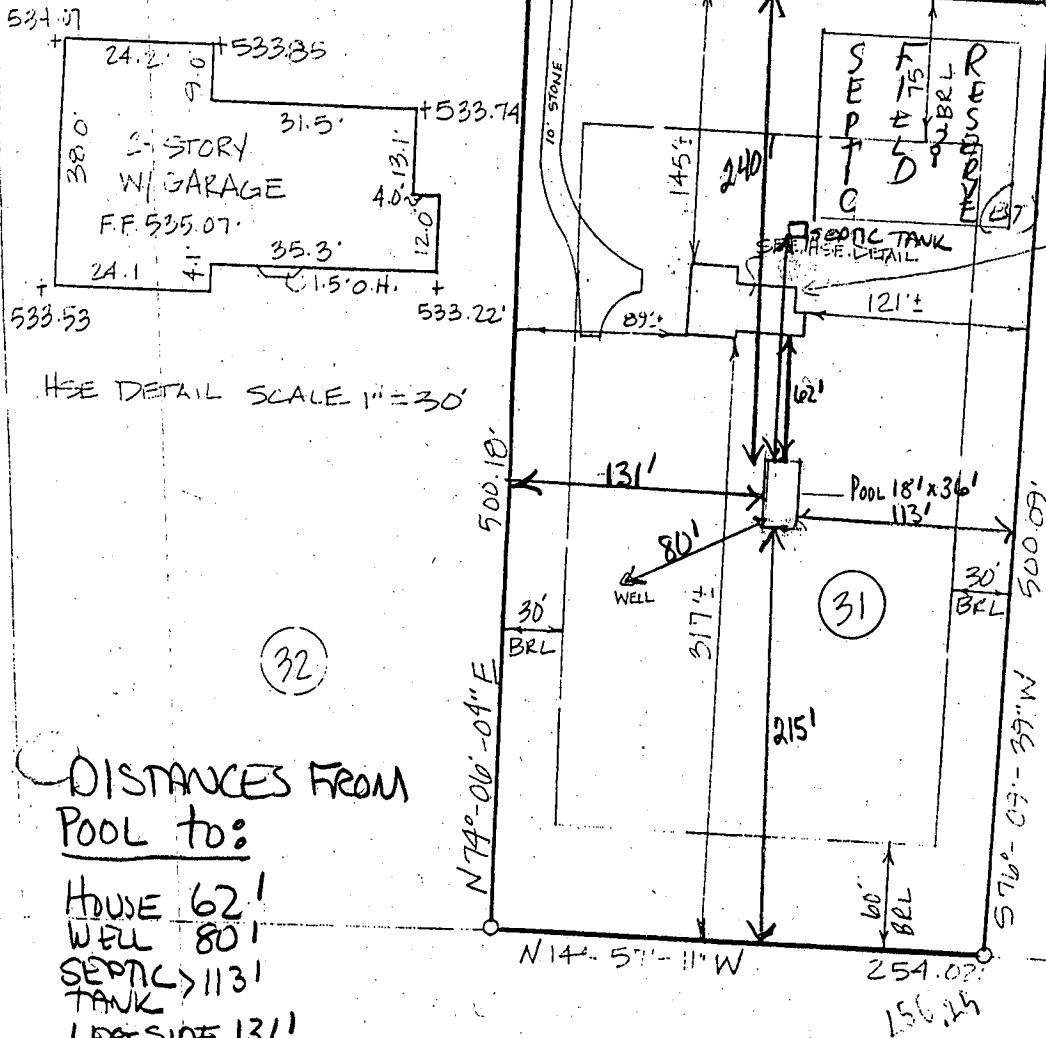
(10)

(12)

STARTING

GATED 75

COURT



126'10" from front
corner of house

(30)

HSE DETAIL SCALE 1"=30'

CABIN BRANCH FARM
LOTS 1 THRU 62
PARCELS A & B
PLAT 10476

(32)

DISTANCES FROM
POOL to:

- HOUSE 62'
- WELL 80'
- SEPTIC TANK 113'
- LEFT SIDE 131'
- RIGHT SIDE 113'
- REAR LINE 215'
- FRONT LINE 240'

10/13/99
Proposed pool location
OK as shown (35)



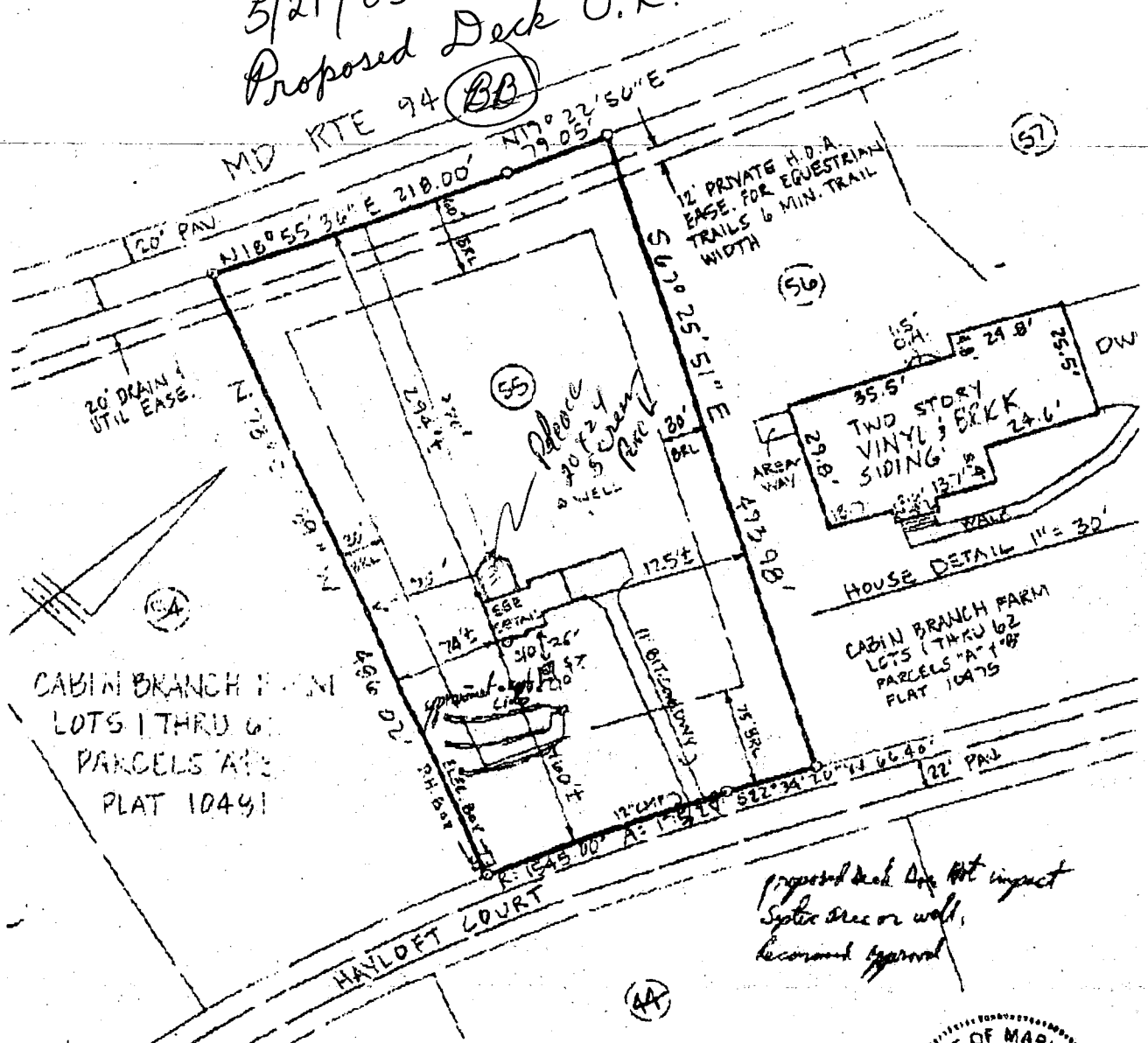
TRI-COUNTY POOLS INC.
13410 MOSER ROAD
THURMONT, MD 21788
(301) 898-3030

SCALE 1"=100'

Daniel R. Staley
DANIEL R. STALEY L.S.# 10735

5/21/03
 Proposed Deck O.K.
 MD RTE 94 (BB)

800142016



This is to certify that I have surveyed the property shown hereon, known as Lot # 55, Cabin Branch Farm, Lots 1 thru 62, Parcels "A" & "B", located at 3208 Hayloft Court, in the 4th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Daniel R. Staley 11/9/95
 Daniel R. Staley L.S. 10735 Date

HowardCo. MD
 Map Block Parcel



1" = 100'
 Scale

(A 43436)

52 WINTERS STREET · WESTMINSTER, MARYLAND 21157
 (410) 848-4060 · (410) 876-6040