

8-29-94  
2:00 PM  
8-30-94  
12 PM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX469333~~ 313-2640

05-405122

INDEXED

P 50191

A 36989

DISTRICT 5th

DATE 8-30-94

DATE SYSTEM APPROVED 8-30-94

INSPECTOR Ann

Whitworth Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 531-5033

SUBDIVISION The Chase LOT 13 ROAD 11625 MASTERS RUN  
11602 Vixens Path

PROPERTY OWNER Brian & Helen Ann McCormick Albert Wong

ADDRESS Lois Carani

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 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right rear lot corner, place the distribution box 195 feet down the rear (390') lot line and 75 feet off the rear (390') lot line as seen when facing the lot from Vixen's Path. Run trenches on contour toward the rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/20/94 DKS

PLANS APPROVED BY Side Abel/Mark Rifkin REVISED DATE 02/03/94

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

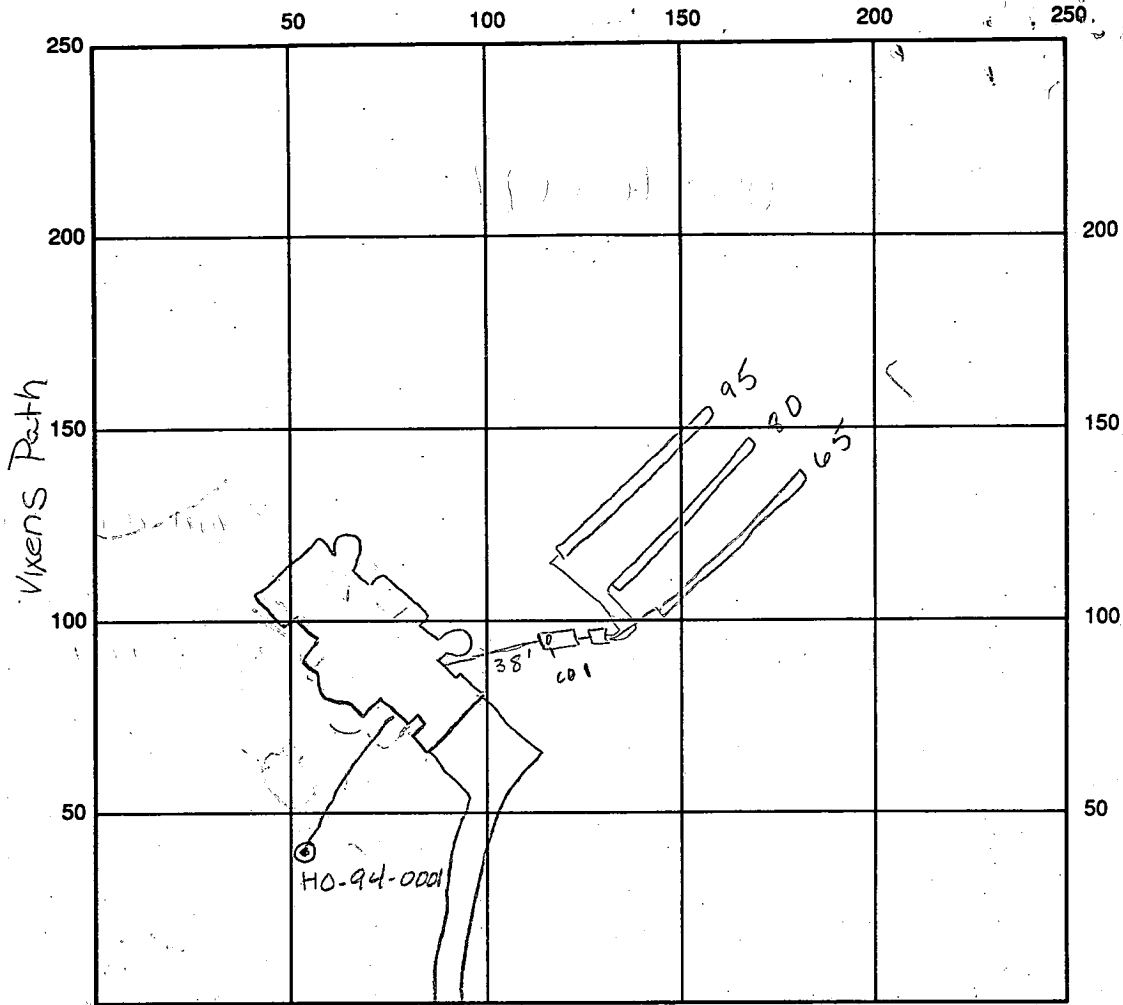
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMITS SIGNED  
AND RETURNED 11-25-98  
Specialty Bldg/15-218  
Upper City/pt. emb.

A  
36989



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 MASTERS RUN

SEPTIC TANK LEVEL OK 1500gal CLEANOUTS CO#1 OK

DISTRIBUTION BOX LEVEL OK baffle in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3' FT. INLET DEPTH 3 1/2' FT.

EFFECTIVE GRAVEL DEPTH 2'-2 1/2' TOTAL LENGTH ① 95 ② 80 ③ 65 FT. = 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 8/30/94 OK to fill trenches w/ stone - OK to cover final Ann

8-30-94 WPI OK Ann

DATE SYSTEM APPROVED 8-30-94 INSPECTOR Amy McMiller

Howard County Health Department

To: File

The Chase Lot 13

Agent in for prelim discussion  
on proposed add'n for indoor  
pool

- Advised him septic adjustment  
no impact to ex. well & s. system  
but adj. to esmt. likely requires  
add'l testing w/site plan

From: \_\_\_\_\_ \$ 225  
test fee

Date: MR

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

52347

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Two Story, 3-car garage, 4 bedroom,  
4 full baths, 2-1/2 baths, 1 fireplace

| LOT NO. | PARCEL NO. | SEC. | AREA | BLOCK NO. | LIBER | FOLIO |
|---------|------------|------|------|-----------|-------|-------|
| 13      | 24         | -    | -    | 2         | -     | -     |

| SUB DIVISION | ZONE | ZONE MAP | ELEC. DIST. | CENSUS TR. |
|--------------|------|----------|-------------|------------|
| THE CHASE    | PC   | 29       | 5           | 6051.01    |

OWNER NAME AND ADDRESS PHONE NO.

BRIAN & HELEN ANN MCCORMICK 730-5459  
5748 APRIL JOURNEY  
COLUMBIA, MD 21045 work 740-3331

OCCUPANT'S NAME AND ADDRESS PHONE NO.

N/A

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

N/A

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

RCM CORPORATION 995-0133  
5520 Cedar Lane  
Columbia, MD 21044

EXISTING USE PROPOSED USE  
vacant lot s.f. home

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE  
\$500,000

| SIZE OF BLDG. | FRONT | DEPTH | HEIGHT |
|---------------|-------|-------|--------|
|               |       |       |        |
|               |       |       |        |
|               |       |       |        |

| TYPE OF BLDG. | AREA | VOLUME | ROOF |
|---------------|------|--------|------|
| B. ROOMS      |      |        |      |
| ROOMS         |      |        |      |
| BATHS         |      |        |      |
| FIREPLACES    |      |        |      |

| FOOTINGS | FOUNDATION | S. WALLS |
|----------|------------|----------|
|          |            |          |
|          |            |          |

| UTILITIES  |              |     |             |              |    |
|------------|--------------|-----|-------------|--------------|----|
| WATER/WELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT | AC |
|            |              |     |             |              |    |

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE DATE  
President 1/14/94  
TITLE DATE

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

| FUNCTION          | DATE   | SIGNATURE APPROVAL |
|-------------------|--------|--------------------|
| ZONING/PLANNING   |        |                    |
| SHA               |        |                    |
| SEDIMENT/GRADING  |        |                    |
| BUILDING OFFICIAL |        |                    |
| WATER & SEWER     |        |                    |
| HEALTH DEPT.      | 2/7/94 | Mark R. K...       |
| FIRE PROTECTION   |        |                    |
| STORM WATER MGM   |        |                    |

**CAUTION**  
To be in compliance, the permit placard has been posted and displayed on the job site in violation of the law. Use and occupancy permit must be applied for two weeks before it will be re-issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.



8-24-86  
1:30

# APPLICATION

N

PERCOLATION TESTING

A 36989

P \_\_\_\_\_

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

DISTRICT 5

DATE 5/15/86

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.

PROPERTY OWNER Wayback Corporation Brian & Helen Ann McCormick

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800 730-5459

PROSPECTIVE BUYER NONE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 13

ROAD AND DESCRIPTION Homewood Road 11602 Vixens Path

TAX MAP 29 PARCEL # 24

BLDG. PERMIT SUBMITTED  
AND RETURNED 2/7/94  
Serial # 52347 - 4 Bcm  
S.F.D.

SIZE OF LOT 3 acres TYPE BLDG. \_\_\_\_\_  
(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.

*[Signature]*  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 1-6-87

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

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

REASONS FOR REJECTION OR HOLDING 4/26/86 PERC SATISFACTORY; HOLD FOR Subdivision PLAT. S/ALLOW SYST.

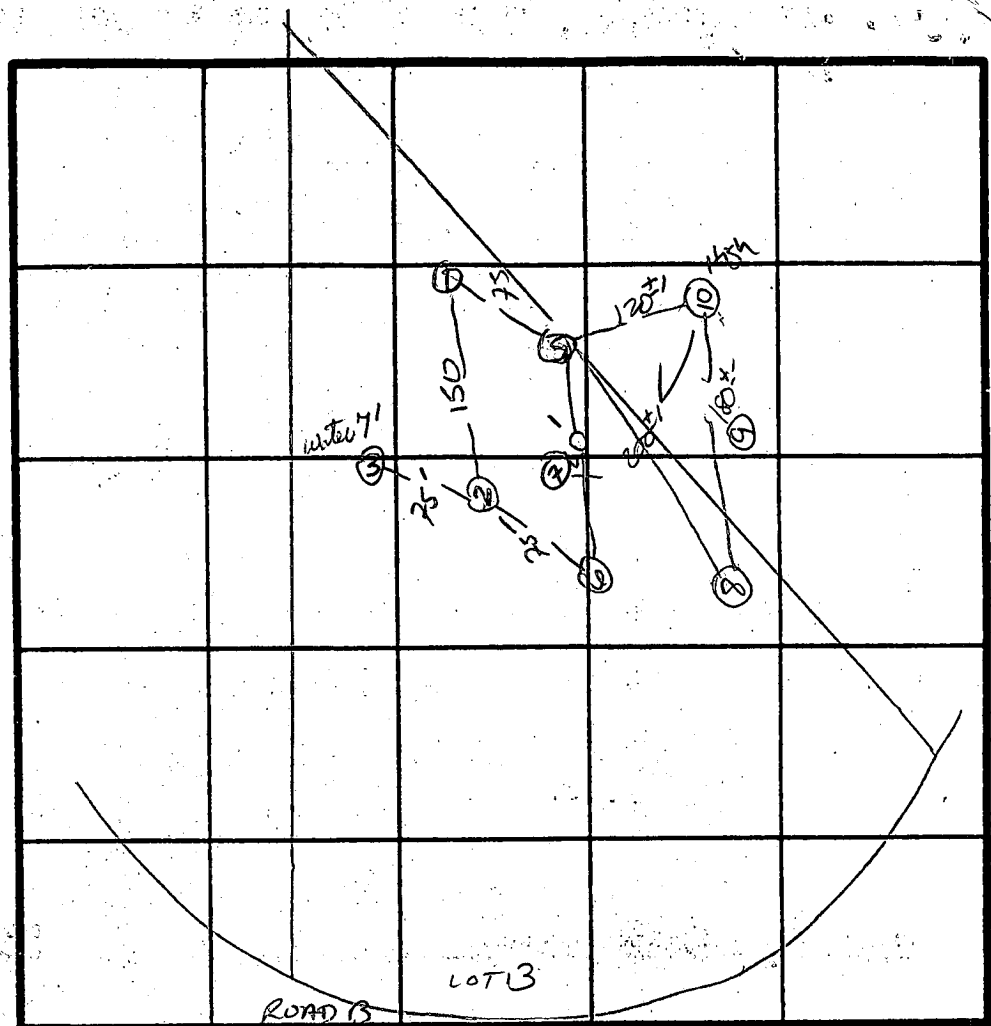
ONLY S. Abel 6/27/86 NOT SEASON VISUAL TEST LOW HOLD. S. Abel 8-29-86

PERC SATISFACTORY; HOLD FOR Subdivision PLAT. S. Abel

# THIS IS NOT A PERMIT

SOIL PROFILE

A-1-3  
 STRONG BR  
 SAND LOAM  
 90% CLAY  
 CRUMBLY  
 STRONG BR  
 SAND LOAM  
 20%  
 FRAGMENTARY



7 PERC  
 2 min  
 INLET  
 4"  
 BOTTOM  
 S.S.  
 180 PHR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

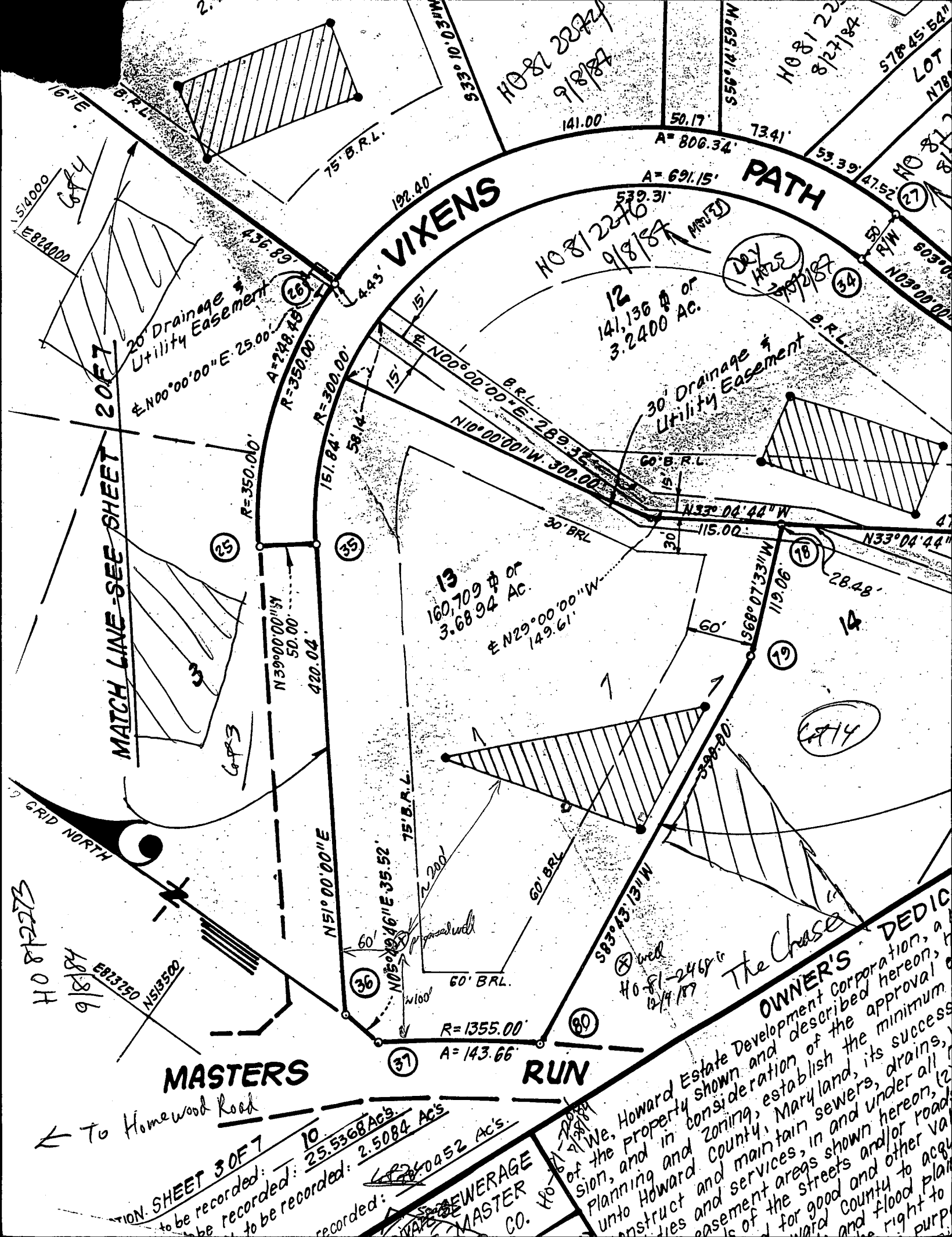
↓ Homeward Rd.

| DATE    | TEST NO. | DEPTH       | PRE-WET                 |                   | TEST - 1" DROP |       | TIME   |
|---------|----------|-------------|-------------------------|-------------------|----------------|-------|--------|
|         |          |             | START                   | STOP              | START          | STOP  |        |
| 8/24/86 | 1 S ✓    | 4.5'        | 11:06                   | 11:07             | 11:07          | 11:08 | 10 min |
|         |          | 12' →       | CAME IN                 | SIMILAR TO HOLE 5 |                |       |        |
|         | 2 S ✓    | 3.5'        | 11:13                   | 11:14             | 11:14          | 11:16 | 2 min  |
|         |          | 113'        | uniform soil below 3'   |                   |                |       |        |
|         | 3 S ✓    | WATER AT 7' |                         |                   |                |       |        |
|         | 7 S ✓    | 13'         | uniform soil below 4'   |                   | observed 1     |       |        |
|         | 6 S ✓    | 4'          | 11:11                   | 11:15             | 11:15          | 11:24 | 9 min  |
|         |          | 12'         | same as # 1+5           |                   |                |       |        |
|         | 5 S ✓    | 4.5'        | 11:03                   | 11:04             | 11:04          | 11:05 | 1 min  |
|         | 5 S ✓    | 12'         | uniform below 3.5'      |                   |                |       |        |
| 8/29/86 | 8 S ✓    | 4.5'        | 12:59                   | 1:02              | 1:02           | 1:06  | 4 min  |
|         |          | 12'         | uniform soil below 3.5' |                   |                |       |        |
|         | 9 S ✓    | 13.5'       | un. form soil below 3'  |                   |                |       |        |
|         | 10 S ✓   | 5'          | 1:07                    | 1:08              | 1:08           | 1:09  | 1 min  |
|         |          | 12'         | uniform soil below 3'   |                   |                |       |        |

REMARKS: SHALLOW SYST. ONLY  
 HOLES DIFF. THAN REAL HOLE 1 & 2 ARE HIGH HOLE ON PLAT. SA

TYPE OF SOIL \_\_\_\_\_

EH-12-1079



**VIXENS PATH**

MATCH LINE-SEE SHEET 20E7

GRID NORTH  
 H 081218  
 8/27/84  
 1514000  
 E 824000  
 60' S  
 1533500  
 N 53500

**MASTERS RUN**

← To Homewood Road

**13**  
 160,709  $\pm$  OF  
 3.68 94 Ac.  
 E N 29° 00' 00" W - 149.61'

**12**  
 141,136  $\pm$  OF  
 3.2400 Ac.  
 H 0812270  
 9/8/84

**14**

- TO BE RECORDED: 10.00 AC'S.
- TO BE RECORDED: 25.5368 AC'S.
- TO BE RECORDED: 2.5084 AC'S.
- TO BE RECORDED: 24.452 AC'S.

**OWNER'S DEDICATION**

of We. Howard Estate Development Corporation, a  
 of the property shown and described hereon, h  
 sion, and in consideration of the approval  
 Planning and Zoning, establish the minimum  
 unto Howard County, Maryland, its success  
 construct and maintain sewers, drains,  
 ties and services, in and under all  
 easement areas shown hereon, (2  
 is of the streets and/or road  
 for good and other va  
 ward County to acqu  
 and flood plain  
 the right purp

SEWERAGE  
 MASTER  
 CO.



VIXE

A 36988 (12) 3.24 AC

(14) 2.85 AC

A 36990

(13) 3.68 AC  
A 36989

NEW SDAT

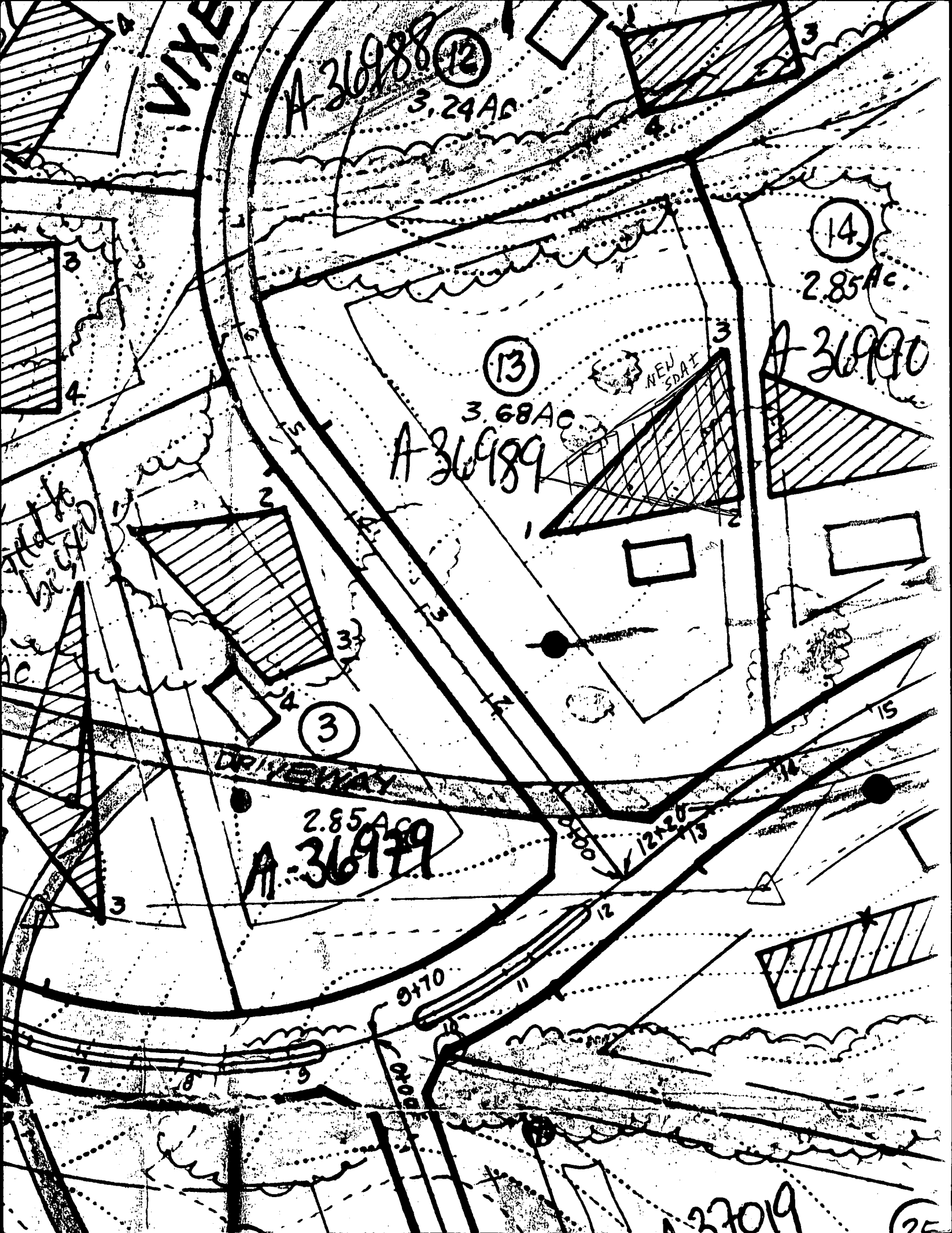
DELIVERY WAY  
(3)  
2.85 AC  
A 36979

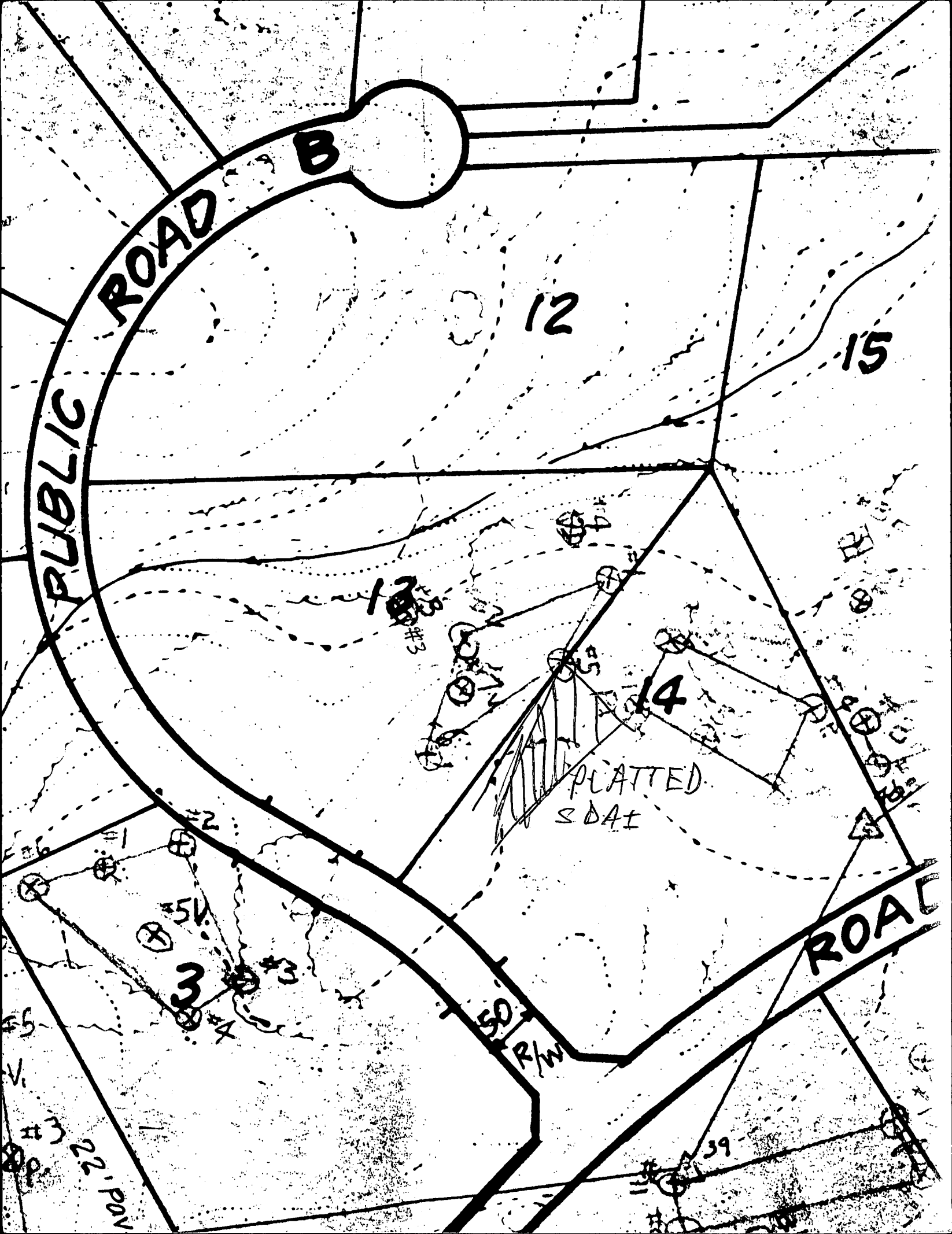
9470

12x20  
13

A 37019

(25)





PUBLIC ROAD B

12

15

13

14

PLATTED  
SDAT

ROAD

50'  
R/W

3

39

22.1 POW

1 2 3 4 5 6  
8797

SEQUENCE NO. (DENV USE ONLY)

# 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 **A36929**

ST/CO USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED  
**030274**

Depth of Well  
**240**  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
**40-94-0001**

OWNER: **RCH Development**  
last name: **Wilson** first name: **Path** TOWN: **...**  
STREET OR RFD: **The Chase** SUBDIVISION: **The Chase** SECTION: **...** LOT: **12**

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 Clay                                    | 2    | 7   |                        |
| Sand Stone                                    | 7    | 15  |                        |
| Mica                                          | 15   | 20  |                        |
| Sand Stone                                    | 20   | 40  |                        |
| Mica                                          | 40   | 52  |                        |
| Sand Stone                                    | 52   | 54  |                        |
| Mica                                          | 54   | 65  |                        |
| Sand Stone                                    | 65   | 66  | ✓                      |
| Mica                                          | 66   | 70  |                        |
| Sand Stone                                    | 70   | 72  |                        |
| Mica                                          | 72   | 100 |                        |
| Sand Stone                                    | 100  | 101 | ✓                      |
| Mica                                          | 101  | 240 |                        |

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **11** NO. OF POUNDS **1100**  
GALLONS OF WATER **55**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **36** 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  
**ST** **6** **45**  
Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **45**

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

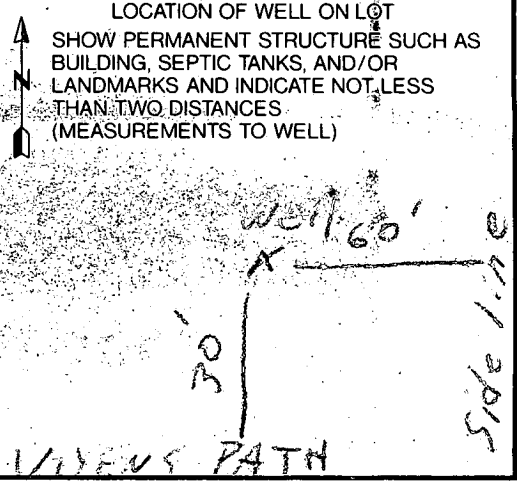
SCREEN RECORD  
screen type or open hole insert appropriate code below  
**ST** **BR** **HO** **PL** **OT**  
STEEL BRASS OPEN HOLE BRONZE PLASTIC OTHER

DEPTH (nearest ft.)  
**HO** **75** **240**  
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.) WQ  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3  
PUMPING TEST  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min. to nearest gal.) **8**  
METHOD USED TO MEASURE PUMPING RATE **...**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **1**  
WHEN PUMPING **3**  
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 **...**  
**-** below **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 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. **43**  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
*Charles R. Teller*  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

2-2-94  
8:15

Review OK 2/3/94 (CW)

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-8001  
Location of property (road) Vixens Path  
Subdivision The Chase Lot 13 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller G. Easterday Owner RCR Development  
Depth of well 240 89m  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 10 G.P.M.  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|-----------------------------------------|------------------------------|--------------------------------------|
| 9:15                          | 53'                    | 6 sec                                   |                              | 10                                   |
| 9:30                          | 60                     | 6                                       | Pump 230'                    | 10                                   |
| 9:45                          | 61                     | 6                                       | DE                           | 10                                   |
| 10:00                         | 62                     | 6                                       |                              | 10                                   |
| 10:15                         | 62                     | 6                                       |                              | 10                                   |
| 10:30                         | 62                     | 6                                       |                              | 10                                   |
| 10:45                         | 62                     | 6                                       |                              | 10                                   |
| 11:00                         | 63                     | 6                                       |                              | 10                                   |
| 11:15                         | 63                     | 6                                       |                              | 10                                   |
| 11:30                         | 63                     | 6                                       |                              | 10                                   |
| 11:45                         | 63                     | 6                                       |                              | 10                                   |
| 12:00                         | 63                     | 6                                       |                              | 10                                   |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |
|                               |                        |                                         |                              |                                      |

HD-224

B 1 01338

SEQUENCE NO. (DP USE ONLY)

STATE OF PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD-94-0001

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

please print or type

Date Received (APA)

122393

AL TRELIS OWNER INFORMATION

RCM DEVELOPMENT

5520 CEDAR LANE

COLUMBIA MD 21044

DRILLER INFORMATION

George F. Easterday, I

Driller's Name

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday

12/22/93

Signature

Date

B 3

LOCATION OF WELL

HOWARD

8 COUNTY THE CHASE

EASTERDAY

23 SUBDIVISION

SECTION

LOT 13

CLARKSVILLE

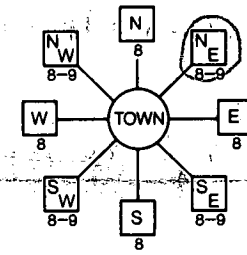
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

3 MI

B 4

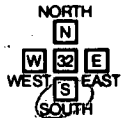
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



VIVENS PATH

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

30 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME

STATE

SIGNATURE

DATE ISSUED

CO SIGNATURE

NORTH GRID

50

55

EAST GRID

57

63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

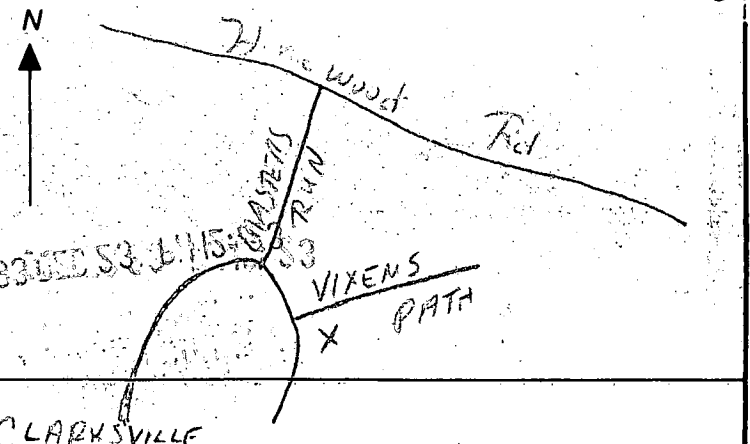
SOURCES OF DRILLING WATER

1 well

WRITE THE BOX NUMBER FROM THE MAP HERE

823, 513

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



WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

REPLACEMENT OR DEEPEMED WELLS

(CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEN 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 PERMIT No.

SPECIAL CONDITIONS

COUNTY

Lot 13  
"The Chase"

Well  
Vixen Path  
Masters Run

Homewood Rd.

±  
:60:  
|

SEPTIC POND

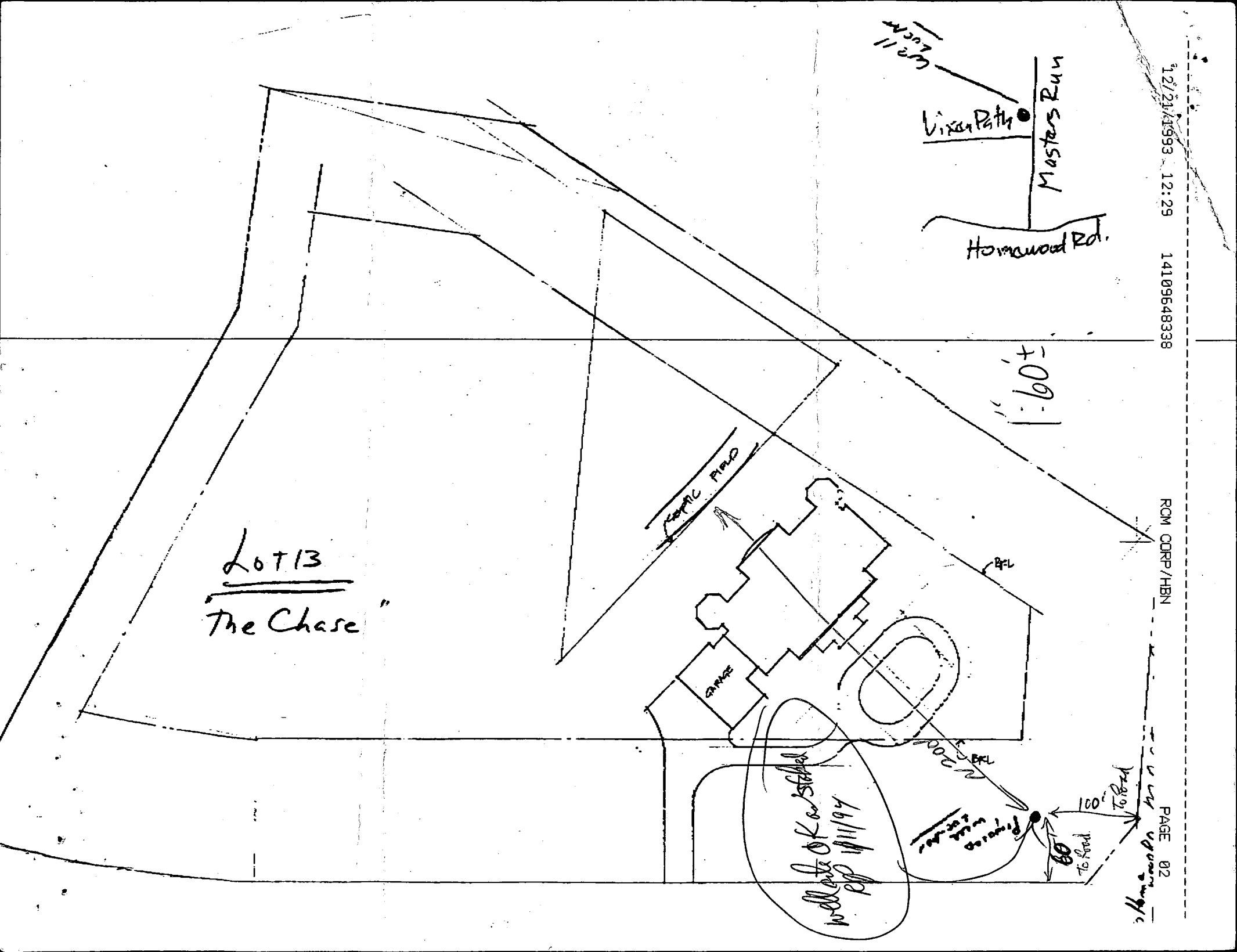
GARAGE

well site of Karsstad  
4/11/11  
ppp

Proposed  
well  
site

60'  
100'  
to road

Proposed  
road  
up  
down  
away



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

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 0  
Date 3/28/94

Name of Installer FREDERICK PLUMBING-HIC INC.

Telephone 301-667-4175

8109  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Brian McCormick Telephone 410-740-3331  
Subdivision THE CHASE Lot # 13 Well Tag # 110-94-0001  
Site Address 11602 VICENT PATH File # A36989

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Grundfos
- Model # SE507422
- Capacity 5 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 3/4
- RPM 3500
- Voltage 220
  - 110
  - 220

Pitless Adapter

- Make Martinsen
- Model # 010X
- Depth 4'

Tank

- Capacity 75 GPM
- Pressure relief valve? yes

WPE + Pelton OK  
ACM 8/30/94  
Closely Covered 8/31/94 AP

Piping

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

Well data

- Depth 240 ft.
- Yield 8 GPM
- Static water level 63 ft.
- Will water supply be disinfected by installer? No

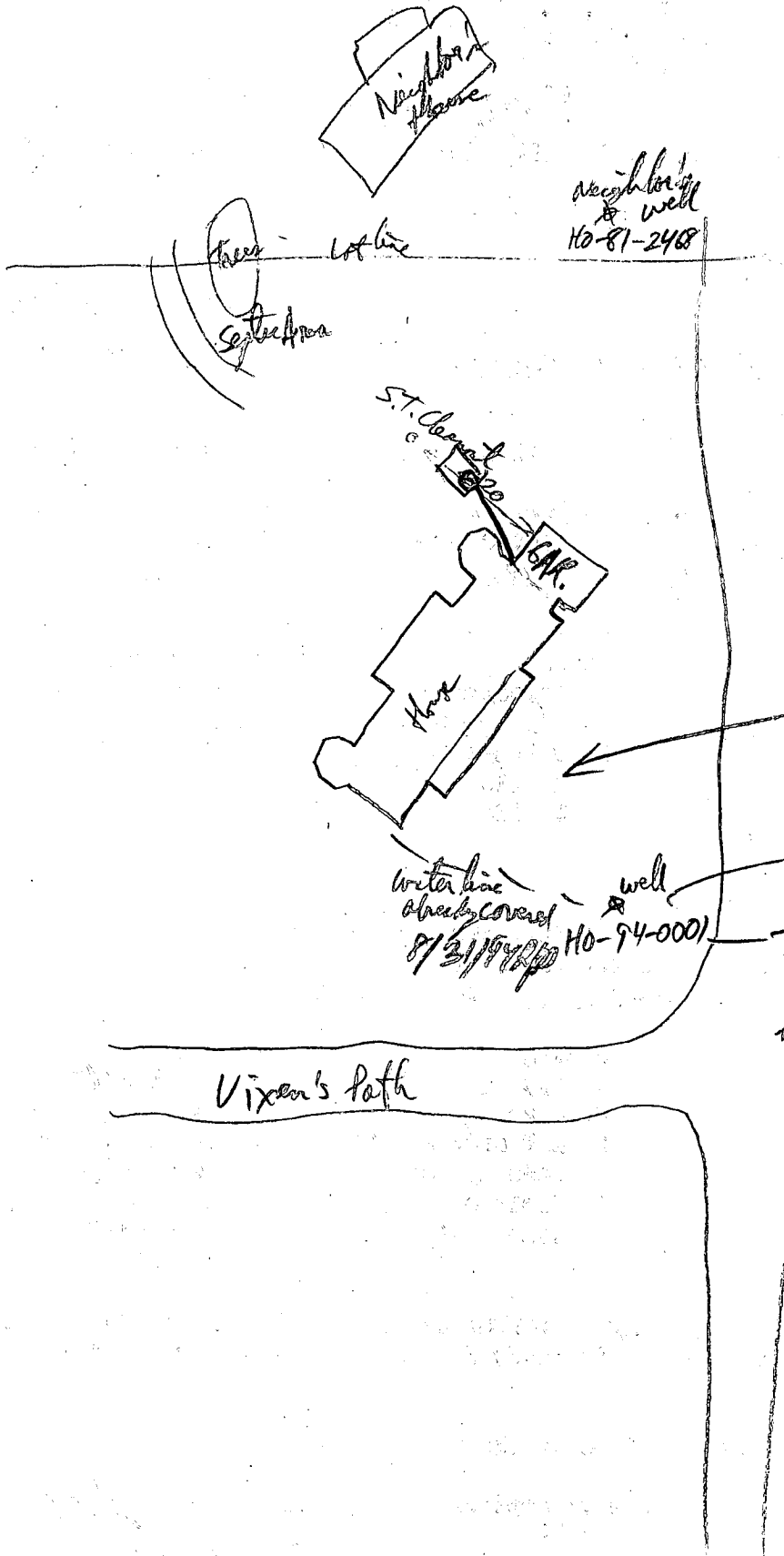
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: James E. Graf

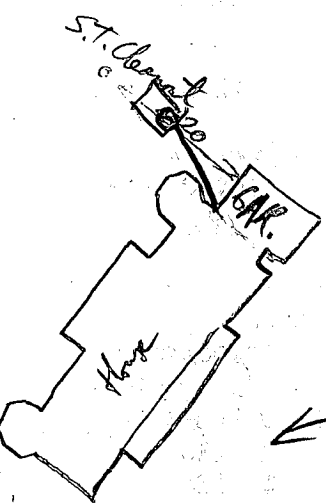
Date: 3-24-94

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



neighbor's well  
HO-81-2468

septic tank



site graded down

6 new stickers  
provided w/PI + PA  
OK 8/30/94 ALM

water line  
already covered  
8/31/94 ALM

well  
HO-94-0001

tag is loose Needs to be  
secured again (found broken)  
like grant - suggest casing was  
cut down to fit final grading

Vixen's Path



APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

56378

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

11602 Vixens Path  
Ellicott City, MD 21042

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Install 1000 gallon  
underground propane tank

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

13 2

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

The Chase

OWNER NAME AND ADDRESS PHONE NO.

Brian & Helen Ann McCormick  
5798 April Journey Columbia, MD 21049  
730 5459

OCCUPANT'S NAME AND ADDRESS PHONE NO.

Same

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

None

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Ram Corporation / Petrolane  
5520 Cedar Ln Columbia, MD 21044  
945 0133

EXISTING USE PROPOSED USE

Single Fam. Dwelling Propane Tank

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

\$500

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS  
ROOMS  
BATHS  
FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES

WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE

TITLE DATE

Sept 7, 1994

W/S CODE FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

### CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT. 9/25/94

FIRE PROTECTION

STORM WATER MGM.

APPROVED

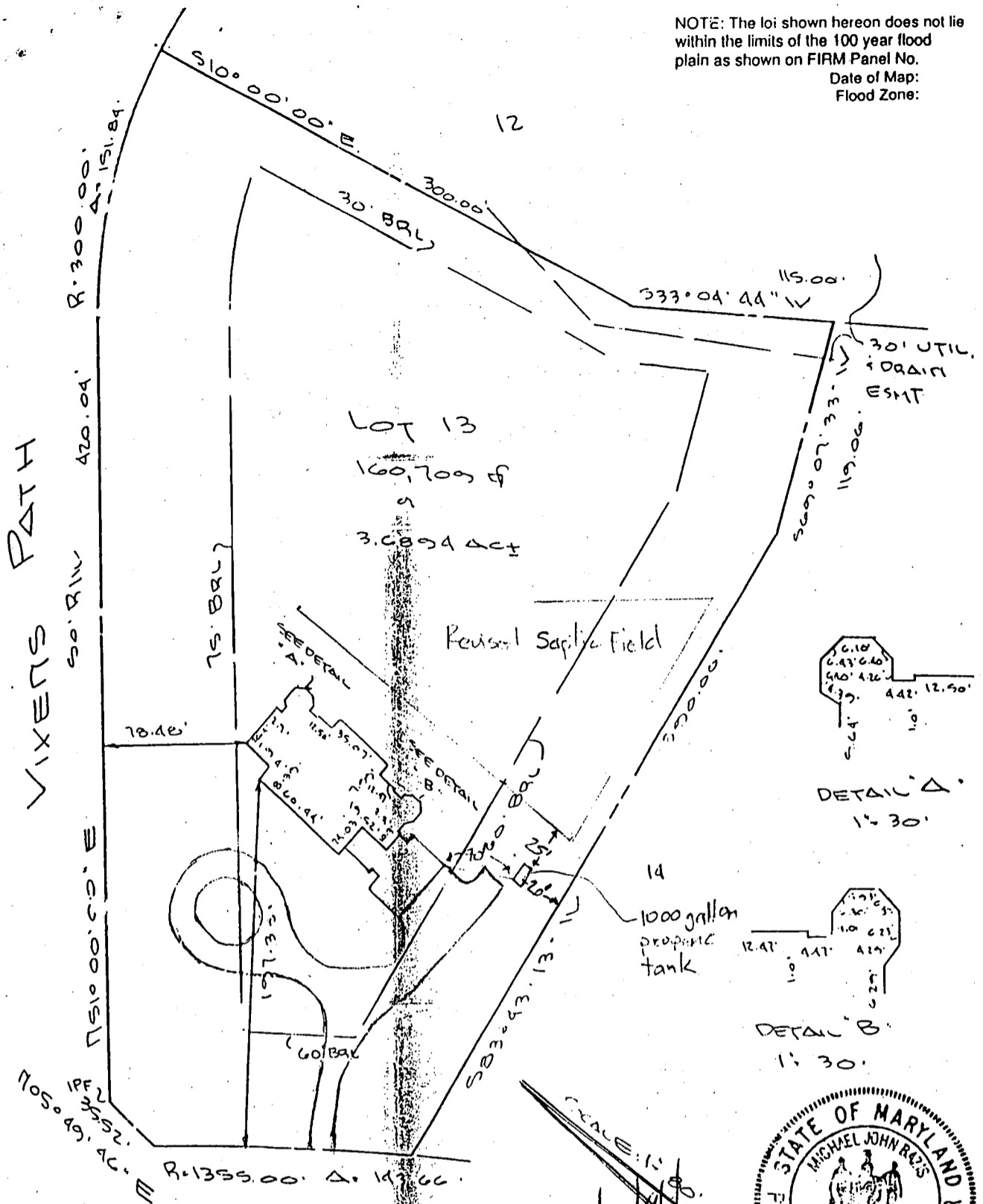
DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

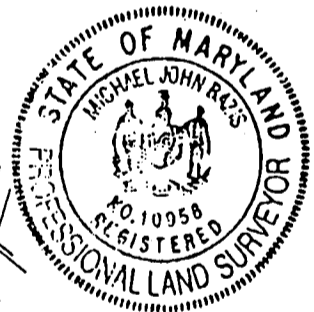
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

SEE RESULTS  
COLATION  
08 9/22/94

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No.  
 Date of Map:  
 Flood Zone:



MASTERS RUN OF 9/22/94



WALL CHECK SURVEY

SURVEYOR'S CERTIFICATE

LOT 13  
 THE CHASE  
 SHEET 3 OF 7  
 HOWARD COURT

**REVISED**  
 Date: 9-20-94  
 Comments: Change locate of propane tank  
 11602 Vixens Pk  
 56328

Thereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

Michael J. Bazis  
 Michael J. Bazis RPLS #10958

|                 |                 |
|-----------------|-----------------|
| JOB # 94.0126.H | DATE 3.30.94    |
| FIELD J.S.      | DRAFT KAHN      |
|                 | P.B. P# 7258    |
|                 | SCALE: 1" = 80' |

**R. C. KELLY**  
**LAND SURVEYORS**  
 10111 COLESVILLE ROAD, SUITE 3  
 SILVER SPRING, MD 20901  
 301-593-8005  
**& ASSOC., INC.**

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
000115218

Building Address 11625 Masters Run  
Ellicott City MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision The Chase

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Owner's Name Albert Wong & Lois Carani

Address 11625 Masters Run

City Ellicott City State MD Zip Code 21042

Home Phone 410-884-9014 Work Phone 410-636-6886

Applicant's Name & Mailing Address, (if other than stated hereon):  
DANA KRAWCZYK  
MD PERLS INC.  
9515 GERMING LA. SUITE 119  
COLUMBIA, MD 21046

Phone 410-995-6660 Fax 301-621-3331

Existing Use SFD

Proposed Use SFD w/ POOL ENCLOSURE

Estimated Construction Cost \$ 60,000

Description of Work CONSTRUCT 25'-6" x 58'-6"  
HIPPED ROOF POOL ENCLOSURE. ON  
12" W.P. PIERS 30" DEEP @ 98" o/c

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant OWNER

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: _____<br>Public _____<br><input checked="" type="checkbox"/> Private                                                                                                         |
| No. of stories: <u>1</u>                                                                                                                                                                         | Sewage Disposal: _____<br>Public _____<br><input checked="" type="checkbox"/> Private                                                                                                      |
| Gross area, sq. ft. per floor: _____                                                                                                                                                             | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                                          |
| Use group: _____                                                                                                                                                                                 | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>                    |
| Construction type: _____<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>_____ NFPA #13<br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression |
| <input type="checkbox"/> State Certified Modular                                                                                                                                                 |                                                                                                                                                                                            |

| Building Characteristics                                                                                                                                                                        | Utilities                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth Width                                                                                            | Water Supply: _____<br>Public _____<br><input checked="" type="checkbox"/> Private                                                                                      |
| 1st floor: _____                                                                                                                                                                                | Sewage Disposal: _____<br>Public _____<br><input checked="" type="checkbox"/> Private                                                                                   |
| 2nd floor: _____                                                                                                                                                                                | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Basement: _____                                                                                                                                                                                 | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>_____ NFPA #13D<br><input type="checkbox"/> NFPA #13R<br>Other: _____                                          |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                                                   |                                                                                                                                                                         |
| Other: <u>POOL ENCLOSURE</u><br>Dimensions: <u>25'-6" x 58'-6"</u><br>Footings: <u>12" x 30" DEEP PIERS @</u><br>Roof: <u>HIPPED SHLK 98" o/c</u>                                               |                                                                                                                                                                         |
| <input type="checkbox"/> State Certified Modular<br><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.

Dana L. Krawczyk  
 Applicant's Signature

Dana L. Krawczyk  
 Print Name

Agent  
 Title/Company

11/24/98  
 Date

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

**- FOR OFFICE USE ONLY -**

| AGENCY                                                                                                               | DATE            | SIGNATURE APPROVAL |
|----------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <u>Land Development, DPZ</u>                                                                                         |                 |                    |
| <u>State Highways</u>                                                                                                |                 |                    |
| <u>Building Official</u>                                                                                             |                 |                    |
| <u>Dev. Engineering, DPZ</u>                                                                                         |                 |                    |
| <u>Health</u>                                                                                                        | <u>11/25/98</u> | <u>Jim Maids</u>   |
| <u>Fire Protection</u>                                                                                               |                 |                    |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                                                             |                 |                    |
| ONE STOP SHOP: <input type="checkbox"/>                                                                              |                 |                    |

**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 New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:**

Filing Fee \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

(.10 sq. ft.  (.15 sq. ft.

Excise Tax \$ \_\_\_\_\_

(.40 sq. ft.  (.80 sq. ft.

**TOTAL FEES** \_\_\_\_\_

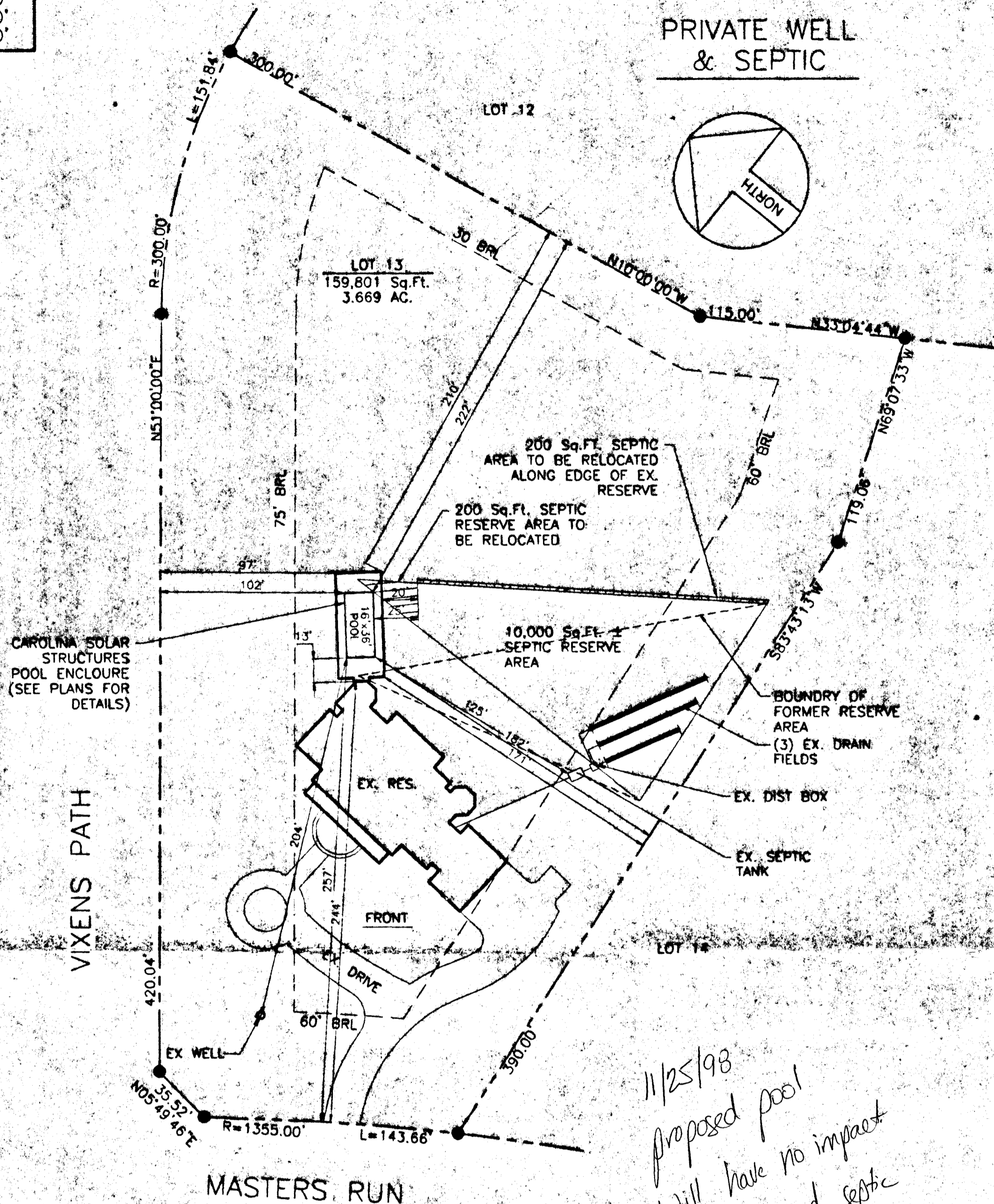
Check # \_\_\_\_\_

Validation # \_\_\_\_\_

Accepted by: \_\_\_\_\_



|                  |     |
|------------------|-----|
| <b>SETBACKS:</b> |     |
| REAR PL.         | 50' |
| SIDE PL.         | 30' |
| HOUSE            | 10' |
| SEPTIC           | 20' |
| WELL             | 30' |



*11/25/98  
proposed pool  
will have no impact  
on well and septic  
as shown.  
KMO*

**SITE PLAN**  
1"=50'

LOT 13  
**THE CHASE**  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MD

DEED REFERENCE: 3780-688  
TAX ACCT. #: 36403-57412

AUTOMATIC P  
CO  
500W 1  
UW. L  
6' LONG IN  
LOVES  
CAROLINA S  
STRUCTURES P  
NATATO  
(SEE PLANS FOR DET  
12" ROUND  
BRICK CO  
(3" OVERH  
14' UNDER  
BI  
884 Sq.Ft. STA  
CONCRETE  
(BY  
REFER TO  
STRUCTURE  
FOR EDGE OF  
DA  
EDGE DECK EXT  
2" BEYOND OUT  
EDGE OF STRUC  
PERIMETER DRAIN SY  
AT BASE OF STRUC  
DECK TO S  
1/4" PER  
TO DR

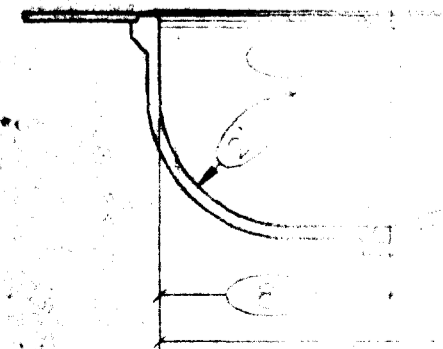
Both Customer and Salesman agree that this drawing, access, elevation & location of all equipment and appurtenances are in agreement. Any changes from this drawing must be approved in writing by the Customer and MPI.

**DIRECTIONS:** TAKE 32W TO 108E. FOLLOW TO A LEFT AT THE LIGHT AT HOMEWOOD ROAD. FOLLOW TO A LEFT ON MASTERS RUN ROAD. FOLLOW TO SITE ON THE LEFT. 11625 MASTERS RUN

**MAP BOOK:**  
Co.: HWRD  
MAP: 10  
GRID: J13

CHECKED BY - SALESMAN \_\_\_\_\_  
CHECKED BY - CUSTOMER \_\_\_\_\_

**Cross Section**



**MARYLAND POOLS**

9515 GERWIG LANE - SUITE 119  
COLUMBIA, MARYLAND 21046  
410-995-6600 BALTIMORE  
301-621-3319 WASHINGTON

*ve*  
**Maryland  
Pools, Inc.**  


January 14, 1998

Howard County  
Inspections, Licenses and Permits  
3430 Court House Drive  
Ellicott City, MD 21043-4395

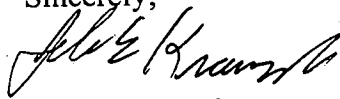
Attn: Avis Corbin

Re: Permit# B00115218 & B00115219  
Albert Wong & Lois Carani (owners)  
11625 Masters Run  
Ellicott City, MD 21042

Dear Ms. Corbin,

I am writing this letter to you to request and admendment to the permits that were issued to Maryland Pools for the pool/structure project at 11625 Masters Run. Due to unforeseen site conditions it has become nessasry to relocated the pool and structure from its original location. With this letter there are new site plans showing the new location of the pool and structure. I have also enclosed a check for fifty dollar to cover the admendment cost for two permits. If I can be of assistance in the admendment process, please feel free to contact me.

Sincerely,

  
John Krawczyk  
Agent

Encl.

1.2.99  
Proposed revision to  
pool location will have  
no impact on well and  
septic as shown, on attached  
drawing Kimberly Maist  
B 4 989

E B0015218  
\$25  
CR 1973  
CR 220679

E B0015219  
\$25  
CR 1974  
CR 220679

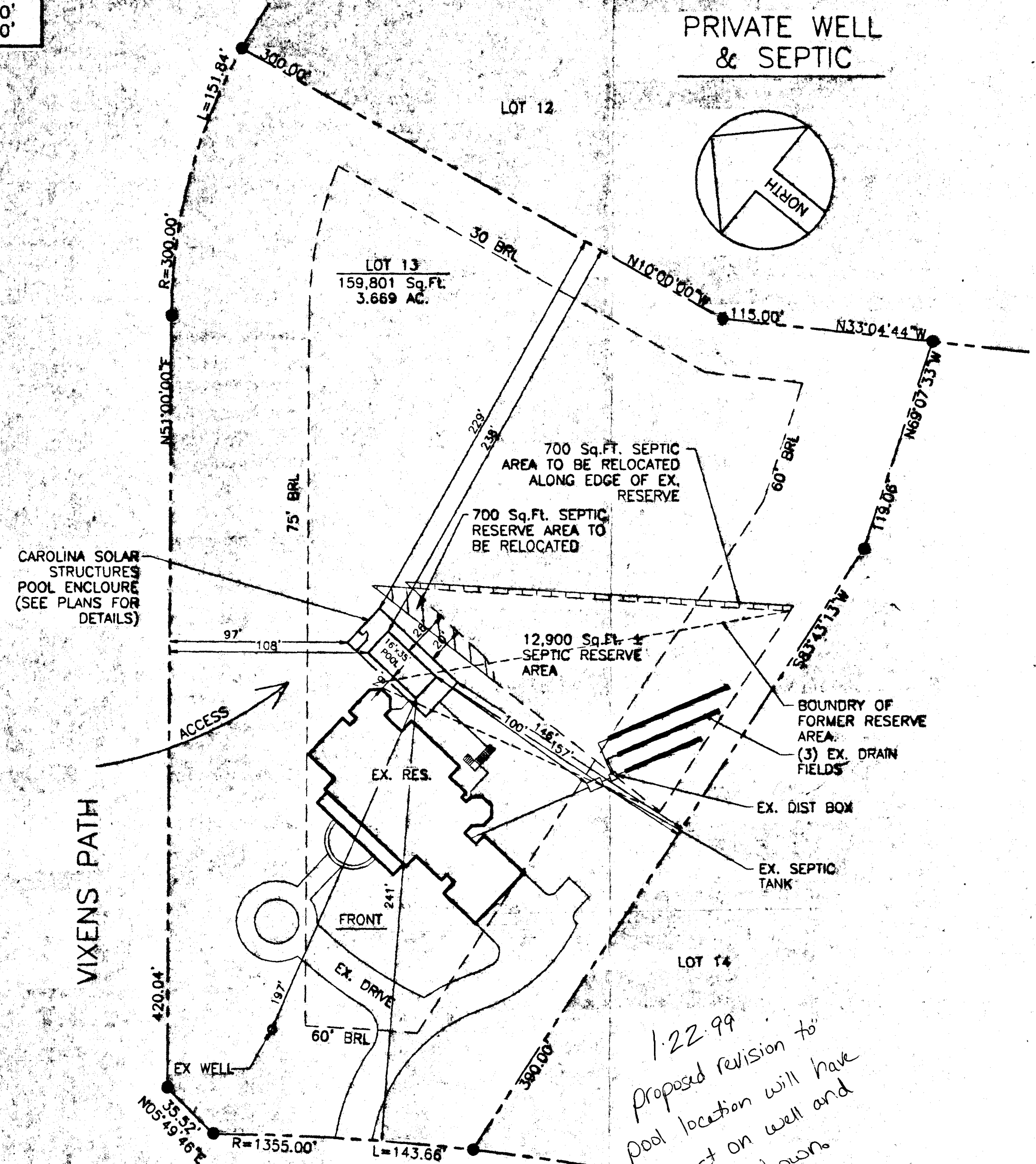
*Health Dept*

*Please review*

*ASAP*

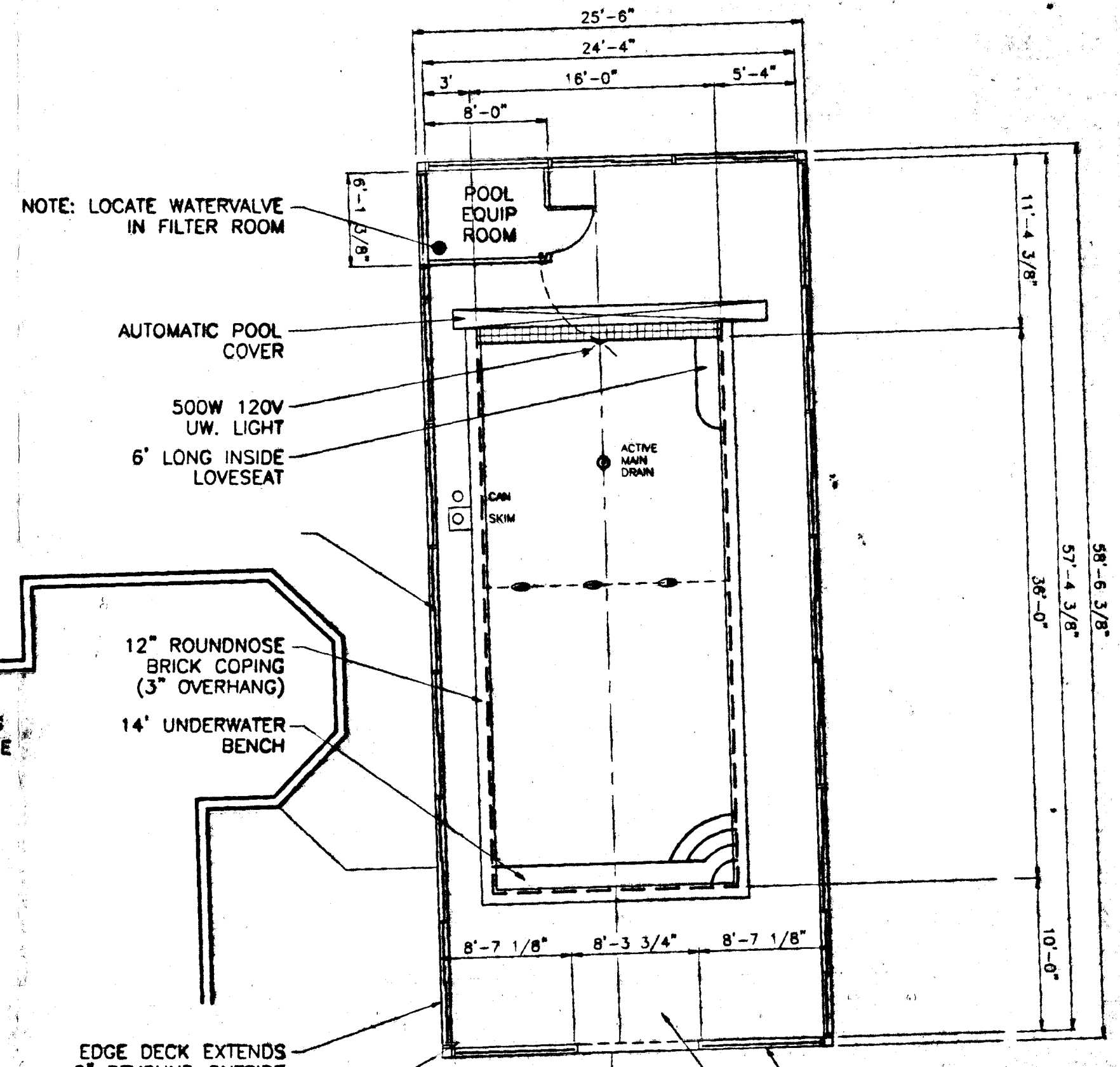
*Thank you*  
*Ann*

|          |     |
|----------|-----|
| REAR PL. | 50' |
| SIDE PL. | 30' |
| HOUSE    | 0'  |
| SEPTIC   | 20' |
| WELL     | 30' |



**SITE PLAN**  
1"=50'

LOT 13  
**THE CHASE**  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MD  
DEED REFERENCE: 3780-688  
TAX ACCT. #: 36403-57412



NOTE: LOCATE WATERVALVE IN FILTER ROOM

AUTOMATIC POOL COVER

500W 120V UW. LIGHT

6' LONG INSIDE LOVESEAT

12" ROUNDNOSE BRICK COPING (3" OVERHANG)

14' UNDERWATER BENCH

EDGE DECK EXTENDS 2" BEYOND OUTSIDE EDGE OF STRUCTURE

PERIMETER DRAIN SYSTEM AT BASE OF STRUCTURE WALL

DECK TO SLOPE 1/4" PER FOOT TO DRAINS

EXISTING WOOD DECK

CAROLINA SOLAR STRUCTURES POOL NATATORIUM (SEE PLANS FOR DETAILS)

884 Sq.Ft. STAMPED CONCRETE DECK (BY MPI)

REFER TO SOLAR STRUCTURE PLANS FOR EDGE OF DECK DETAILS

STRUCTURE BY: CAROLINA SOLAR STRUCTURES  
AIRPORT ROAD INDUSTRIAL PARK  
8 LOOP ROAD  
ARDEN, NC 28704  
(704) 684-9900  
AGENT: PAUL BIERLY  
(610) 722-9882  
(717) 836-5336

- GENERAL NOTES**
- NO ELECTRIC IN CONTRACT.
  - POOL AREA TO BE FENCED BY N/A. GATES TO BE SELF CLOSING & LATCHING PER COUNTY CODES.
  - STEPS TO HAVE 12" +/- TREADS & 8.25" RISERS, TOP TREAD TO 18".
  - DO NOT TURN POOL LIGHTS ON WHEN POOL IS EMPTY.
  - DO NOT USE BLACK RUBBER HOSE WHEN FILLING POOL, IT WILL MARK PLASTER & COPING.
  - WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS WHEN TEMP. EXCEEDS 70 DEGREES.

- SPECIAL NOTES**
- EXCAVATION CREW:
- PLUMBING CREW:
- STEEL CREW:
- GUNITE CREW:
- COPING & TILE:
- DECK CREW:
- PLASTER CREW:

- EQUIPMENT LIST**
- DIRT: ON SITE
- TILE: TBD
- COPING: 12" ROUND NOSE BRICK
- STEPS: INCLD. STYLE: STD.
- PLASTER: WHITE MARBELITE
- FILTER: MODULAR MEDIA 450 W/1.5 HP. PUMP
- SAFETY EQ: INCLD.
- CLEANING EQ: INCLD.
- VACUUM EQ: INCLD.
- DIVING EQ: N/A
- LADDERS: NONE
- GRABRAILS: NONE
- LIGHTS: ONE
- WATTS: 500 VOLTS: 120
- HEATER: TP 800-HEAT PUMP
- SPA: NONE
- LOVESEAT: 6' LONG-INSIDE
- DECKING: 884 Sq.Ft. STAMPED CONC.
- POOL COVER- WINTER: NONE
- SOLAR: NONE
- AUTO: YES-LIGHT BLUE
- FENCE: N/A
- OTHER ITEMS: P.C.C. 2000 CLEANING SYSTEM  
SAE HEALTHCARE SYSTEM  
14' LONG AQUA BENCH  
\$100 CHEMICAL ALLOWANCE

130013218  
**REVISED**  
Date: 1-15-99  
Comments: Revised location for pool

HOURS GRADING IN CONTRACT: ONE

**POOL DATA**

|                      |                  |
|----------------------|------------------|
| SIZE: 16' x 36'      | SHAPE: RECTANGLE |
| AREA- POOL: 576      | OTHER:           |
| TOTAL Sq.Ft.: 576    |                  |
| PERIMETER- POOL: 104 | OTHER:           |
| GALLONAGE: 24,000    |                  |

NAME: ALBERT WONG & LOIS CARANI

ADDRESS: 11625 MASTERS RUN

CITY: ELLICOT CITY, MARYLAND 21042

COUNTY: HOWARD ZONE: ONE

TELEPHONE - HOME: 410-884-9074

OFFICE: 410-636-6886

SCALE: 1/8"=1'-0"

DATE: OCTOBER 21, 1998

DRAWN BY: JEK

JOB NO: MS98-5309

Both Customer and Salesman agree that this drawing, access, elevation & location of all equipment and appurtenances are in agreement. Any changes from this drawing must be approved in writing by the Customer and MPI.

CHECKED BY - SALESMAN \_\_\_\_\_

CHECKED BY - CUSTOMER \_\_\_\_\_

**DIRECTIONS:** TAKE 32W TO 108E. FOLLOW TO A LEFT AT THE LIGHT AT HOMEWOOD ROAD. FOLLOW TO A LEFT ON MASTERS RUN ROAD. FOLLOW TO SITE ON THE LEFT. 11625 MASTERS RUN

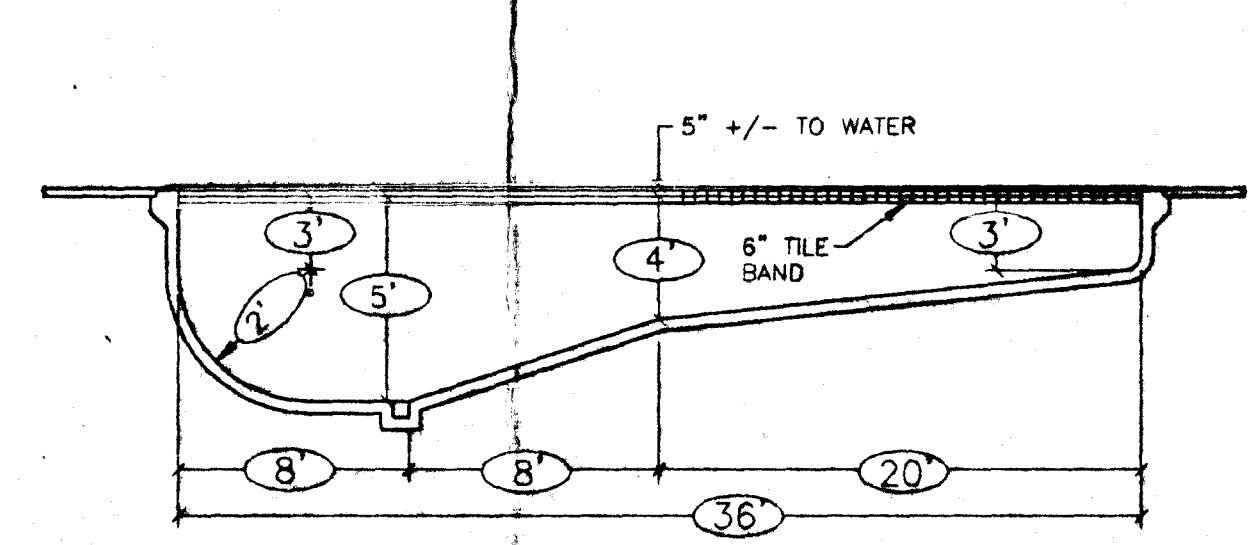
**MAP BOOK:**

C6.: HWRD

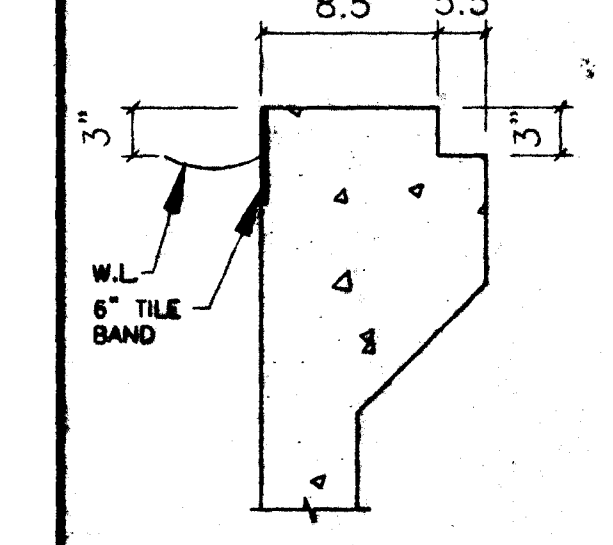
MAP: 10

GRID: J13

**Cross Section** POOL ELEVATION: TO BE SET DAY OF EXCAVATION BY MORT SPERO



**Bond Beam**



**Revisions**

1/14/98 - RELOCATE STRUCTURE

**MARYLAND POOLS**

9515 GERWIG LANE - SUITE 119  
COLUMBIA, MARYLAND 21046  
410-995-6600 BALTIMORE  
301-621-3319 WASHINGTON

*ve*

# Maryland Pools, Inc.



January 14, 1998

Howard County  
Inspections, Licenses and Permits  
3430 Court House Drive  
Ellicott City, MD 21043-4395

Attn: Avis Corbin

Re: Permit# B00115218 & B00115219  
Albert Wong & Lois Carani (owners)  
11625 Masters Run  
Ellicott City, MD 21042

Dear Ms. Corbin,

I am writing this letter to you to request admendment to the permits that were issued to Maryland Pools for the pool/structure project at 11625 Masters Run. Due to unforeseen site conditions it has become nessasry to relocated the pool and structure from its original location. With this letter there are new site plans showing the new location of the pool and structure. I have also enclosed a check for fifty dollar to cover the admendment cost for two permits. If I can be of assistance in the admendment process, please feel free to contact me.

Sincerely,

John Krawczyk  
Agent

Encl.

*1-2-99  
Proposed revision to  
pool location will have  
no impact on well and  
septic as shown, on attached  
drawing Kimberly Maist  
B 4 989*

E B0015218  
\$25  
CR 1973  
CR 220679

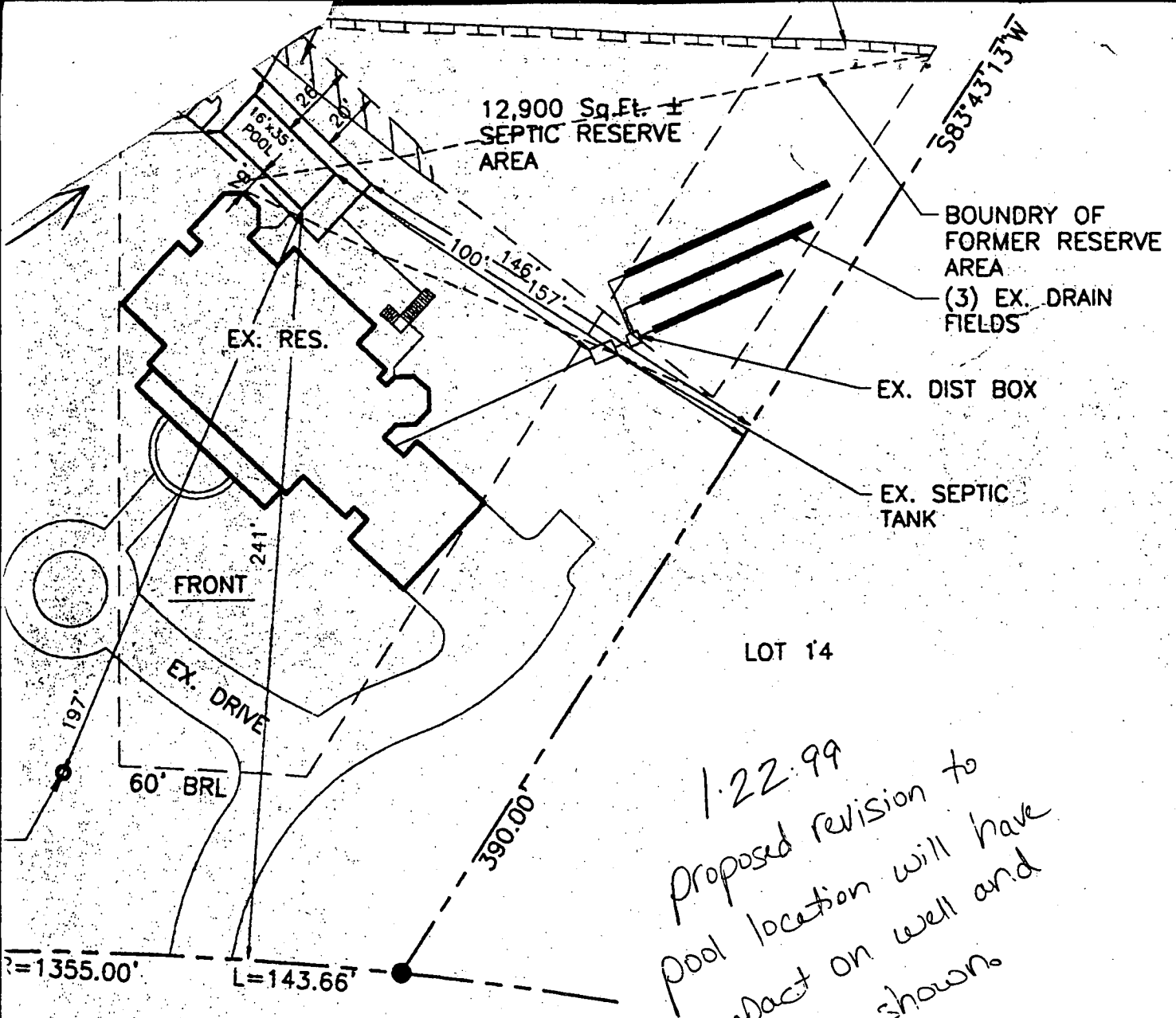
E B0015219  
\$25  
CR 1974  
CR 220679

*Health Dept*

*Please review*

*ASAP*

*Thank you  
Avis*



1.22.99  
 Proposed revision to  
 pool location will have  
 no impact on well and  
 septic as shown  
 (KM)

**SITE PLAN**

1" = 50'

LOT 13

**THE CHASE**

11TH ELECTION DISTRICT  
 HOWARD COUNTY, MD

REFERENCE: 3780-688  
 AGCT # 36403-57412