

3-26-86
Approved

03-294730

3-26-86
Approved
S. Abel

P 36696
A Repan

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

DISTRICT _____

~~832-2330~~

461-9933

DATE 3/24/86

INDEXED

Vision Builders IS PERMITTED TO INSTALL ALTER _____

ADDRESS 9200 Old Annapolis Road, PHONE 730-4653

SUBDIVISION Woodmark ROAD 12225 Carroll Mill LOT 25

PROPERTY OWNER Vision Builders

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

158 #1/BR. INLET 3.5" BOTTOM 7.5" ; 4FT OF STONE BELOW PIPE. LAYOUT AS SHOWN ON SITE DEVELOPMENT PLAN. 1250 GAL TANK.

SEPTIC REINSPECTION OK 7/18/86 C. Williams

BIDG. PERMIT SIGNED AND RETURNED 10/14/87
Serial # 14957
DATE deck

PLANS APPROVED BY _____ DATE _____

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

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

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

CALL ~~992-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 36696

8/1/74 3rd
9:30
visual
hole

APPLICATION

A 13016

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedrooms - ~~100 gal~~ 1000 gal
4 " - ~~1200 gal~~ 1200 gal

DISTRICT 3

DATE 8/10/67

Dry Well - ¹²⁰ 100 sq ft absorbent sidewalk area per bedrooms to begin
at 3 1/2 ft below inlet pipe 3' int. Max depth per mts for dry well below city grade ^{62 ft}
Place Dry Well - 65 ft from front lot line and 40 ft from left
lot line as seen when facing from Carroll Mill Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

8/11/67 12th day
P.F.

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Woodmark, Inc., Mark A. Wakefield, Jr.~~ Wm. C. Ross

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 25 Blk. B, Sec. 2

ROAD AND DESCRIPTION #12225 Carroll Mill Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 160' x 176' x 180' x 290' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

APPROVED BY [Signature] FOR Dry Well DATE 5-12-68
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

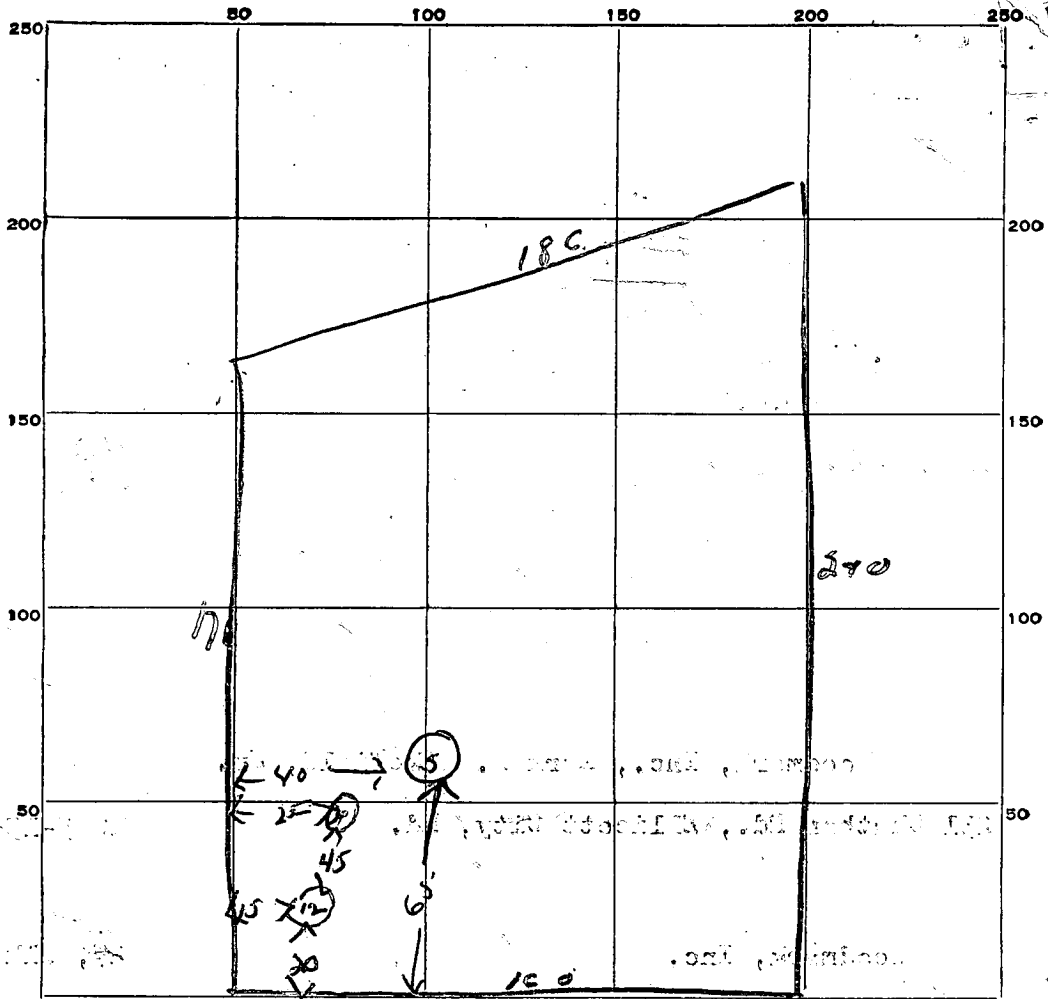
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BP 68/46

REC'D. PERM.
1-3-86

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY, AS BASE LINE.

Carroll Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/15/57	1	4 ft	11 17	11 19	11 19	11 27	4 min	
	2	11 ft	11 18	11 19	11 19	11 21	2 min	
	3	4 ft	11 20	11 24	11 24	11 30	6 min	
	4	11 ft	11 20	11 23	11 23	11 28	5 min	
8/15/57	(5) 12 ft	Sandy soil	Dry - Sand for 3 ft					

SOIL AUGER FINDING

TESTED BY DUN

REMARKS

25B

Preliminary

APPLICATION

A 13016

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 8/10/67

*I - 3
off - 3 1/2
ml. 6 1/2*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Woodmark, Inc., Mark A. Wakefield, Jr.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 2, ~~21~~ Blk. B, Sec. 2

ROAD AND DESCRIPTION Carroll Mill Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 160' x 176' x 180' x 290' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

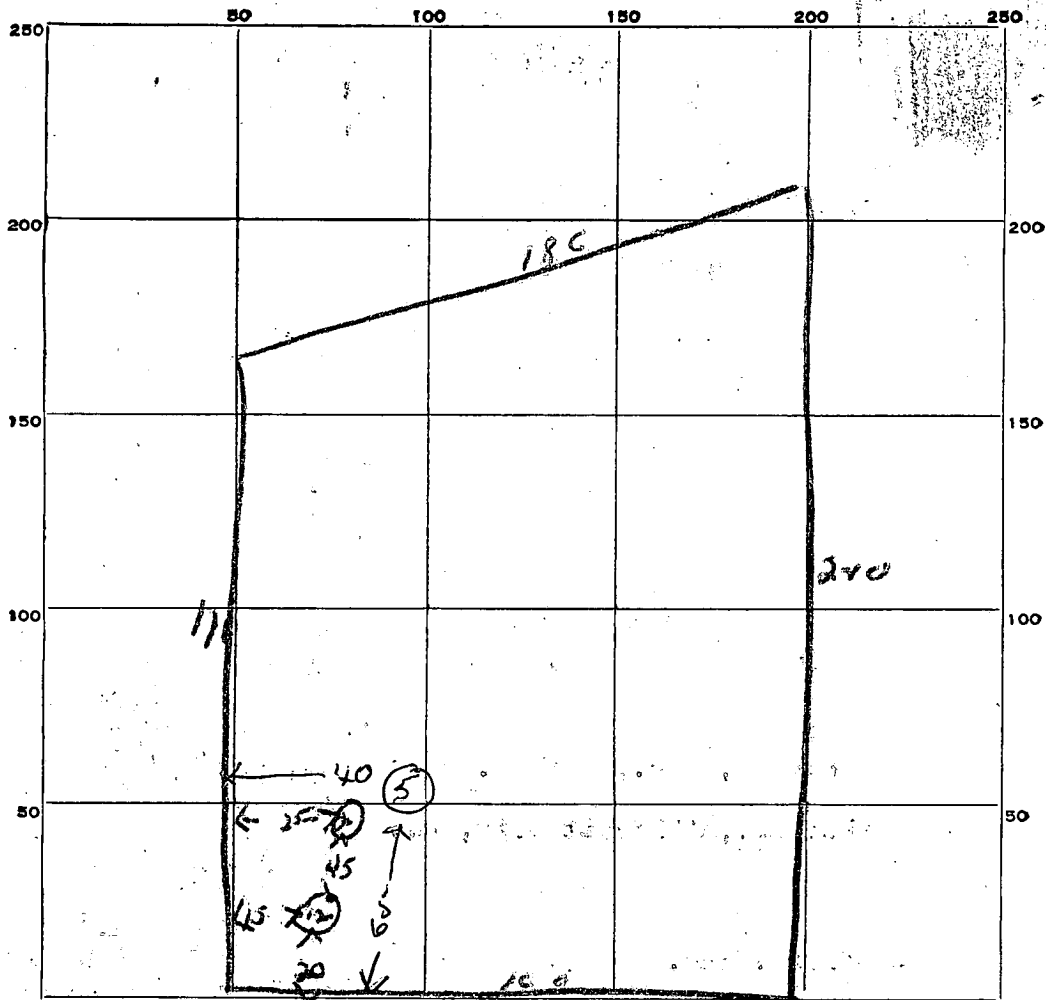
APPROVED BY *Dev M.* FOR *Dev Well* DATE 5-12-68
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Carroll Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/15/67	1	4 ft	11 17	11 19	11 19	11 27	4 min	
	2	11 ft	11 18	11 19	11 19	11 21	2 min	
	3	4 ft	11 20	11 24	11 24	11 30	6 min	
	4	1 ft	11 20	11 23	11 23	11 28	5 min	
8/15/64	5	12 ft	Orig - Sand from 3 ft.					

SOIL AUGER FINDING _____

TESTED BY DUM

REMARKS _____

25B

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

July 18, 1986

Vision Builders
9200 Old Annapolis Road
Ellicott City, MD 21043

RE: 12225 Carroll Mill

To Whom It May Concern,

An inspection of the property located at 12225 Carroll Mill Rd. was made on July 18, 1986. The inspection did not reveal any evidence of a visible discharge of sewage. The only manner in which the system can be more accurately assessed is by excavation. Then the septic system, its fixtures, and the soil profile can be properly examined. This report is not an indication of future septic system functioning.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water & Sewerage Program

CW:rp

B 1 3235 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1257 fill in this form completely

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

12-23-85

please print or type

Date Received

PT- 8:00 AM

B 3

LOCATION OF WELL

20/8/85

OWNER INFORMATION GROUT 10 AM

ROSS C. WILLIAM

401 DARLGOME DR.

LINTHICUM MD 21090

HOWARD COUNTY

WOODMARK SUBDIVISION

SECTION 25 LOT 25

MAYFIELD NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Joseph L. MAUNE 238

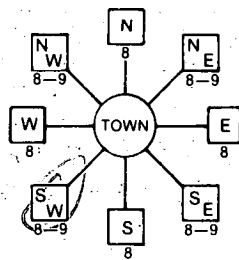
Joseph L. MAUNE WELL DRILLING

5512 RIDGE RD. MT. AIRY MD. 21771

Signature Date 11/12/85

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carroll Mill Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



45 DISTANCE FROM ROAD

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 R 13016 COUNTY NO.

OEP SIGNATURE DATE ISSUED B. Nilon 06/10/86 STATE HEALTH INSERT S

CO SIGNATURE EXP. DATE

NORTH GRID 524000 EAST GRID 0817000

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
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

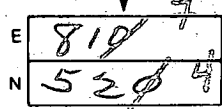
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

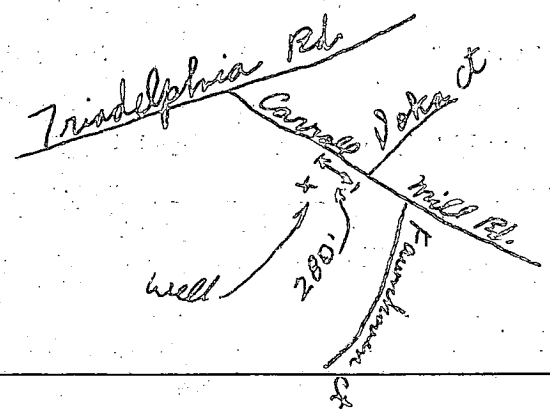
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

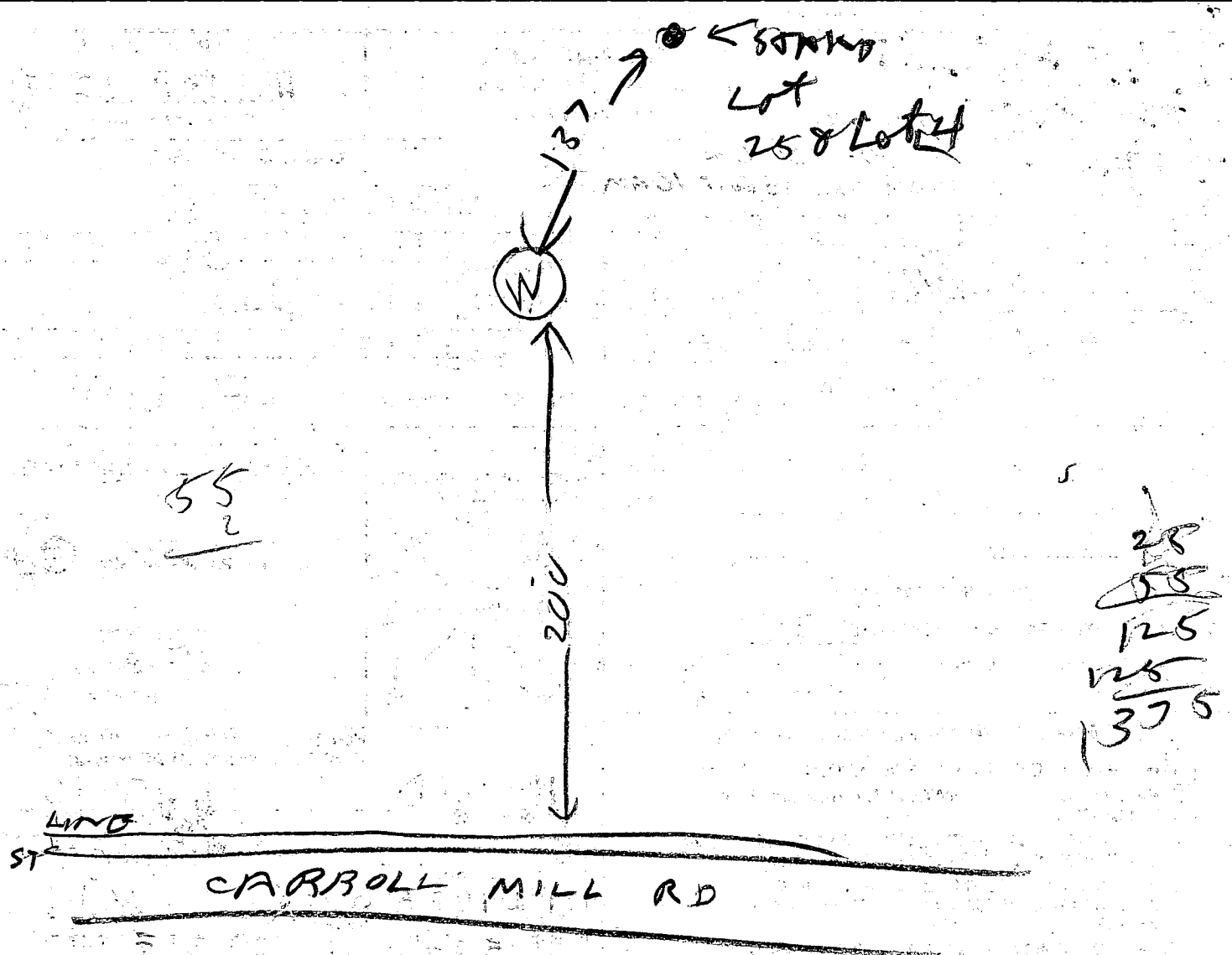


Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT No. 40-81-1257

SPECIAL CONDITIONS



12/23/85

- ① 32 FT PIPE
- ② 30 FT OPEN HOLE PER WELL GRATER (WELL GROUT ALREADY STARTED 950 AM)
- ③ LOCATION OK
- ④ BAGS
- ⑤ WELL O.K.

B J Fodge

C1 **2506** (OEP 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 **A-13016**

DATE Received
[] [] [] [] [] []

DATE WELL COMPLETED
12 23 85

Depth of Well
300
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-81-1257

OWNER **ROSS WILLIAM C**
STREET OR RFD **CARROLL MILL RD** first name TOWN **MAYFIELD**
SUBDIVISION **WOODMARK** SECTION **2** LOT **25**

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	
CLAY	0	18	
SAND	18	27	
GRAY GRANITE	27	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **8** NO. OF BOUNDS **732**
GALLONS OF WATER **48**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **30** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **32**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	110	300
2		
3		

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

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

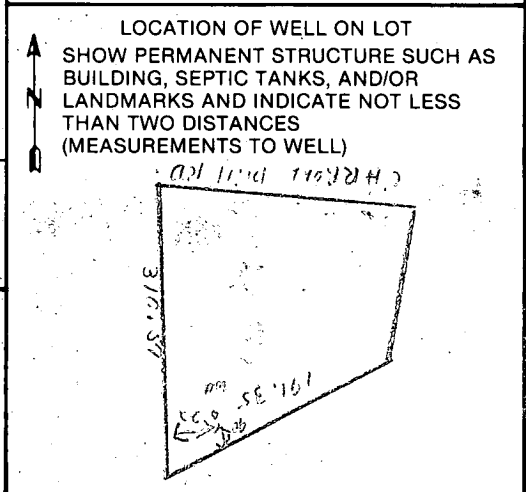
GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) **6**
PUMPING RATE (gal. per min. to nearest gal.) **27**
METHOD USED TO MEASURE PUMPING RATE **bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **37**
WHEN PUMPING **70**
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: **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 } LAND SURFACE **7** (nearest foot)
- below }



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1257
 Location of property (road) CARROLL Mill RD.
 Subdivision WOODMARK Lot 25 Block Plat Sec. 2
 Well Driller Joseph Mayne Owner William Ross

Depth of well 300
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 34'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12
 Total time 30 min. to reach pumping water level 170 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 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	110'	5 sec.		12
8:45	170	5		12
9:00	170	27		2 1/4
9:15	170	27		2 1/4
9:30	170	27		2 1/4
9:45	170	27		2 1/4
10:00	170	27		2 1/4
10:15	170	27		2 1/4
10:30	170	27		2 1/4
10:45	170	27		2 1/4
11:00	170	27		2 1/4
11:15	170	27		2 1/4
11:30	170	27		2 1/4
11:45	170	27		2 1/4
12:00	170	27		2 1/4
12:15	170	27		2 1/4
12:30	170	27		2 1/4
12:45	170	27		2 1/4
1:00	170	27		2 1/4
1:15	170	27		2 1/4
1:30	170	27		2 1/4
1:45	170	27		2 1/4
2:00	170	27		2 1/4
2:15	170	27		2 1/4
2:30	170	27		2 1/4
2:45	170	27		2 1/4

2/7/86
Volume based on this draw down only 774 gal per hour would appear that sufficient volume exists to reach 200 gal per hour

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Wm. C. Ross

(Name)

401 DARLENE DR.

(Address)

LINTHICUM, MD. 21090

HO 81 1257

(OEP Well Permit Number)

Lot 25 Sec II

WOODMARK

(Date)

Agent for W.C. Ross - Vision
Builders, Inc., F.C. Cummings

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

01 MAR 12 15 037
 HEALTH DEPT
 ELICOTT CITY

New Installation Replacement Receipt # 316570
 Date 2/25/86

Name of Installer CROUSE P+H INC Telephone 997-4164

License number 2356
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mr + Mrs William C. Ross Telephone 859-1807
 Subdivision Woodmark Apt # 25 Well tag # - - -
 Site Address 12225 Cornell Mill Road

<p>Pump</p> <p>1. Type a. Deep well jet <input type="checkbox"/> b. Shallow well jet <input type="checkbox"/> c. Submersible <input checked="" type="checkbox"/></p> <p>2. Make <u>GOULDS</u></p> <p>3. Model # _____</p> <p>4. Capacity _____ GPM</p> <p>5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input checked="" type="checkbox"/></p>	<p>Motor</p> <p>1. Horsepower _____</p> <p>2. RPM _____</p> <p>3. Voltage _____ a. 110 _____ b. 220 <input checked="" type="checkbox"/></p>	<p>Pitless Adapter</p> <p>1. Make _____</p> <p>2. Model # _____</p> <p>3. Depth _____</p>
<p>Tank</p> <p>1. Capacity _____</p> <p>2. Pressure relief valve? <input type="checkbox"/></p>	<p>Piping</p> <p>1. Type _____</p> <p>2. Size <u>1"</u></p> <p>3. NSF and/or BOCA Code approved <input type="checkbox"/></p> <p>4. Depth of supply line _____</p>	<p>Well data</p> <p>1. Depth _____ ft.</p> <p>2. Yield _____ GPM</p> <p>3. Static water level _____ ft.</p> <p>4. Will water supply be disinfected by installer? <u>yes</u></p>

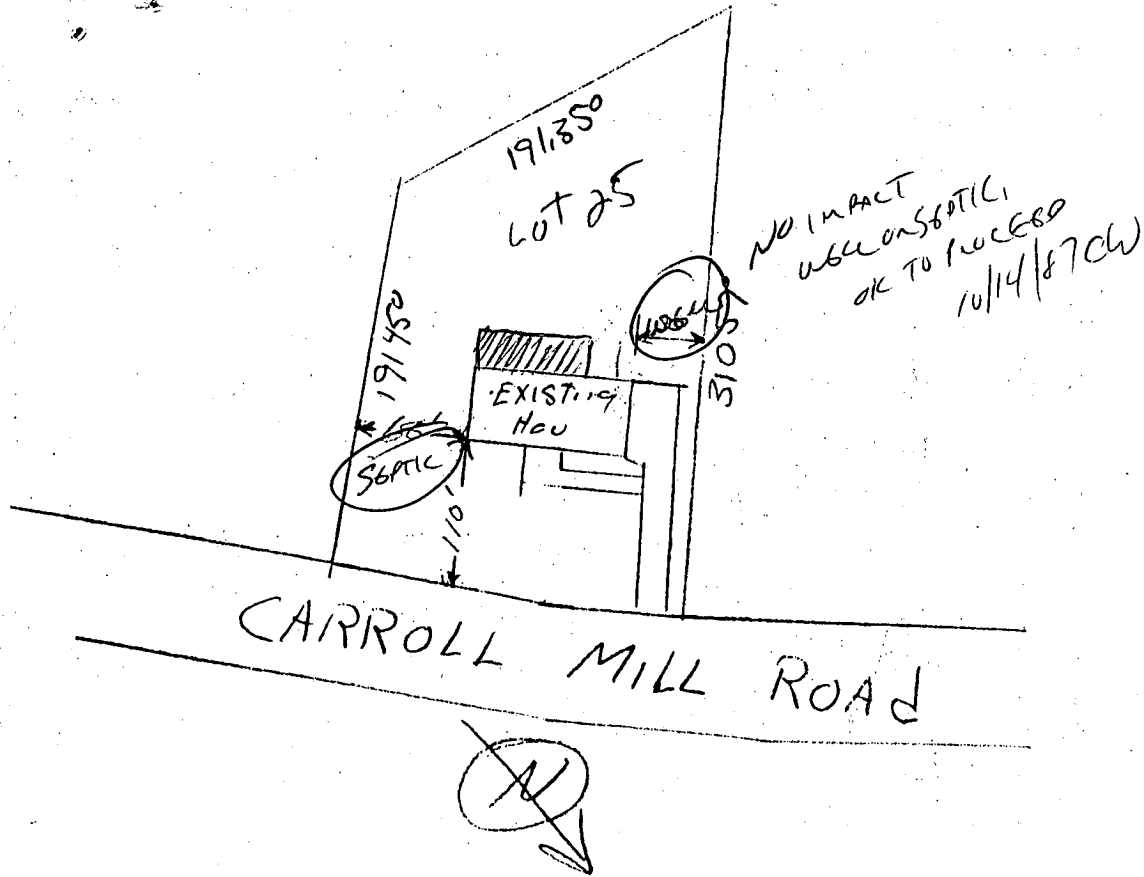
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Charles J. Crouse
 Date: 2-21-86

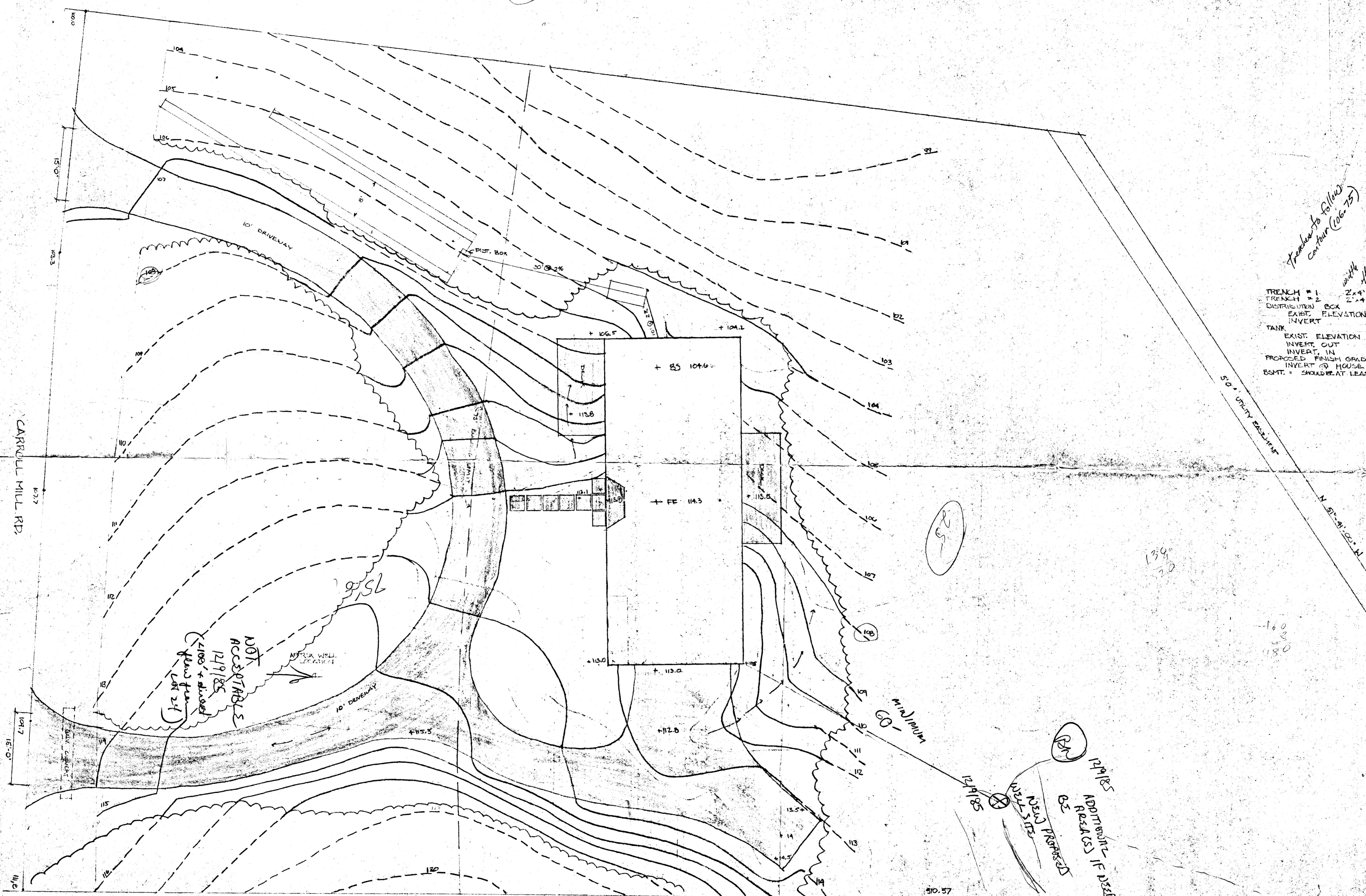
HEALTH DEPT
 ELICOTT CITY
 01 MAR 12 15 037
 5 40 PM '86

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



LOT 25
12225 CARROLL MILL RD.
ELLICOTT CITY MD 21043

98



*Headings to follow
centerline (100-75)*

*with appropriate
length each*

Total trench length 78'

*Spec. in 3-1
not 7-2*

TRENCH # 1	2'-4" x 80'
TRENCH # 2	2'-4" x 80'
DISTRIBUTION BOX	
EXIST. ELEVATION	106.00
INVERT	102.5
TANK	
EXIST. ELEVATION	104.5
INVERT, OUT	103.1
INVERT, IN	103.4
PROPOSED FINISH GRADE	108.0
INVERT OF HOUSE	103.0
BSMT. = SHOULDER AT LEAST	104.0

CARROLL MILL RD.

50' UTILITY EASEMENT
N 51° 41' 00" W

NOT ACCESSIBLE
12/9/85
(100' x 150' + adjacent
plans from
1/21/87)

25

139
70

160
180

MINIMUM
60'

12/1/85
12/1/85
ADJUSTMENTS IF PRESSD
REASONS
BS
N 33° 51' 22" W
103.25

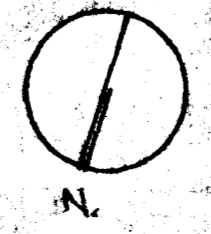
B.P. # 68146

LOT
24

PRC
FIELD

10' x 15' pool
struts

510.57
S 72° 12' 50" W



PART 'B' SECTION No 2
ATHENA WOODMARK LOT # 25
VISION BUILDERS

ROBERT KAPLAN & ASSOCIATES
ARCHITECTS
8310 STEVENS FOREST ROAD, SUITE 105
COLUMBIA, MARYLAND 21046
301/740-4100, 301/596-3344 (DC)

APPROVED
1-8-85
HEALTH DEPT.
1-8-85
RECEIVED
1-8-85
M.D.