

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-307174

P 43070

A 35751

DATE 11/22/88

DATE SYSTEM APPROVED 12/5/88

INSPECTOR C. Williams

mead
11/25/88
INDEXED

William E. Pittinger

IS PERMITTED TO INSTALL ALTER

ADDRESS 329 N. Springdage Road, Westminster, Maryland PHONE 848-7368

SUBDIVISION Farside ROAD 11898 Farside Road LOT 40

PROPERTY OWNER David Diferdinando

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 9

2 Separate Systems - each to have minimum 1500 gal. septic tank and 880 sq. ft. single sidewall area. (2000 gal tanks preferred)

Trenches - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start first trench system 100 feet from the rear lot line and 110 feet from the right lot line. Run trenches along contour toward right lot line.

Second trench system - 100 feet from the rear lot line and 115 feet from the left lot line. Run trenches along contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK LGW

PLANS APPROVED BY C. Williams DATE 11/16/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BY OG. PERMIT SIGNER
AND RETURNED 12/27/88

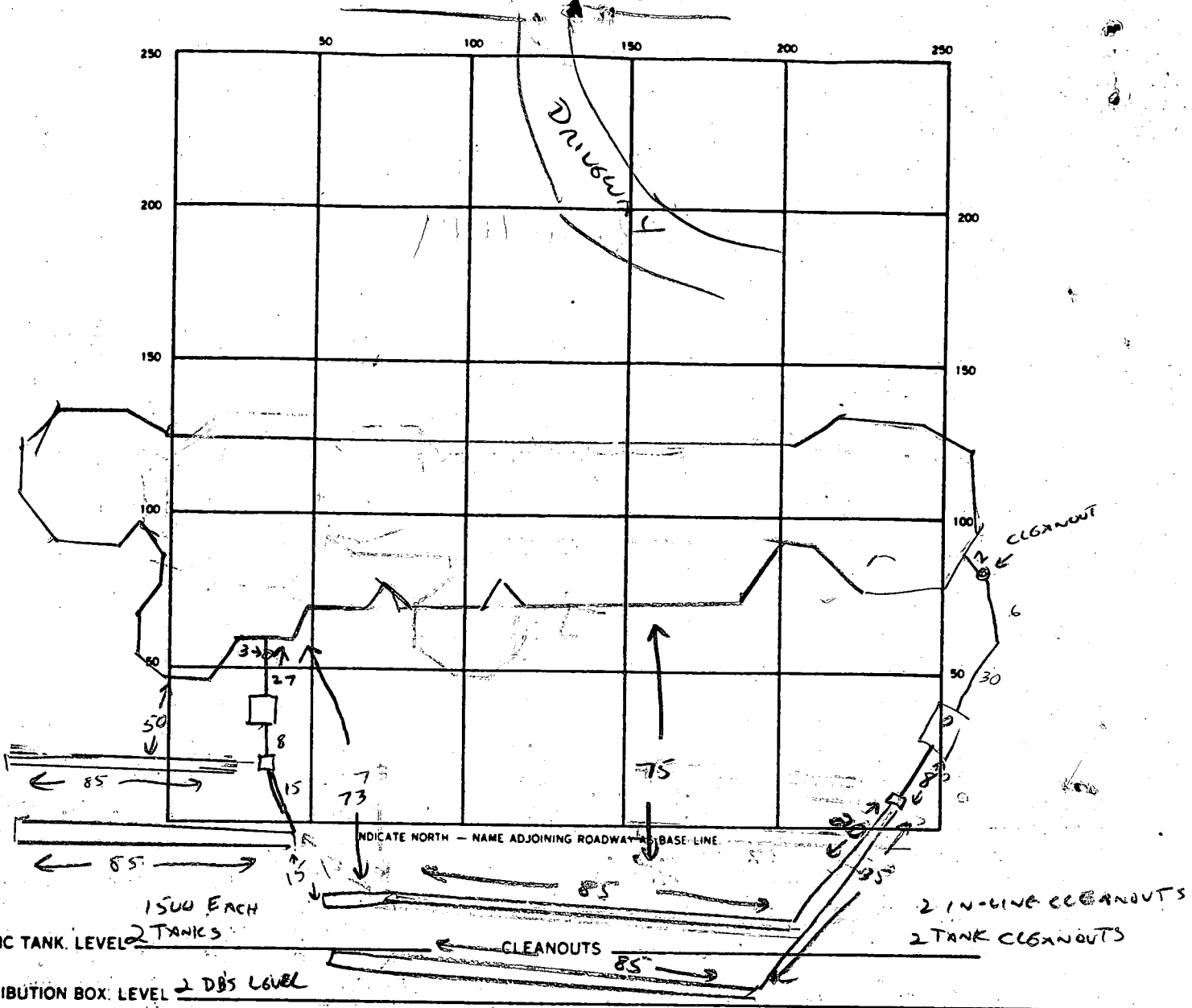
Serial # 30717 - print

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35751

FARMSIDE RD



SEPTIC TANK LEVEL 2 TANKS

DISTRIBUTION BOX LEVEL 2 DBS LEVEL

DRAIN FIELD/TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 340 FT.

NUMBER OF TRENCHES 4 (80' each) ONE SIDEWALL/BOTTOM AREA 1700 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

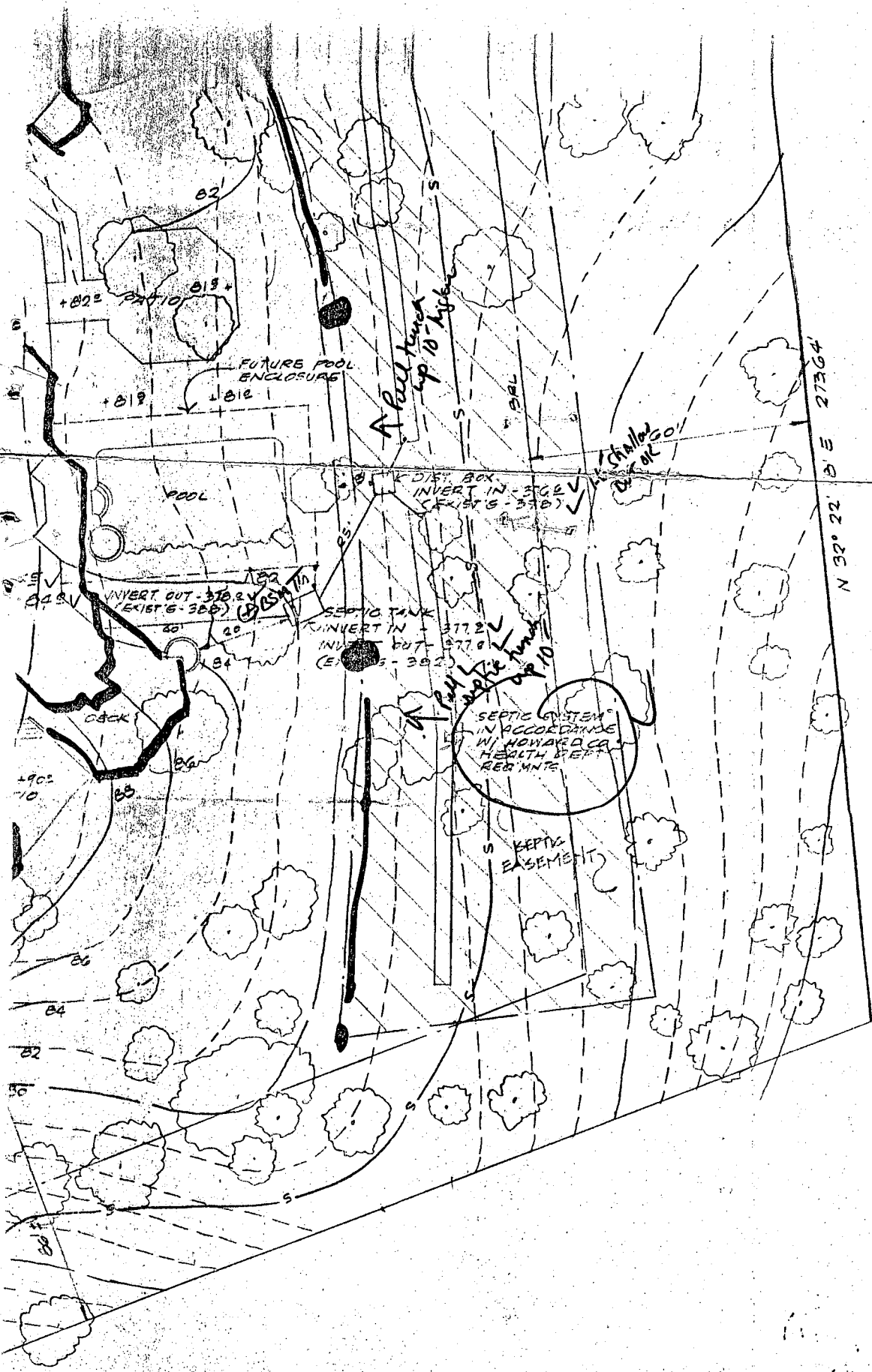
ABSORBENT AREA 1700 SQ. FT.

REMARKS

12/2/88 TRENCHES OK TO ADD GRAVEL AND COVER. CW

12/5/88 SYSTEM COMPLETE. CW

DATE SYSTEM APPROVED 12/5/88 INSPECTOR Craig Wilbur



7/21/88
 elevations ok
 full septic trench uphill
 approx. 10'. For SBR house
 assuming G.D. require 352LF of
 Trench
 Sal

BLDG. PERMIT SIGNED
 AND RETURNED 7/21/88

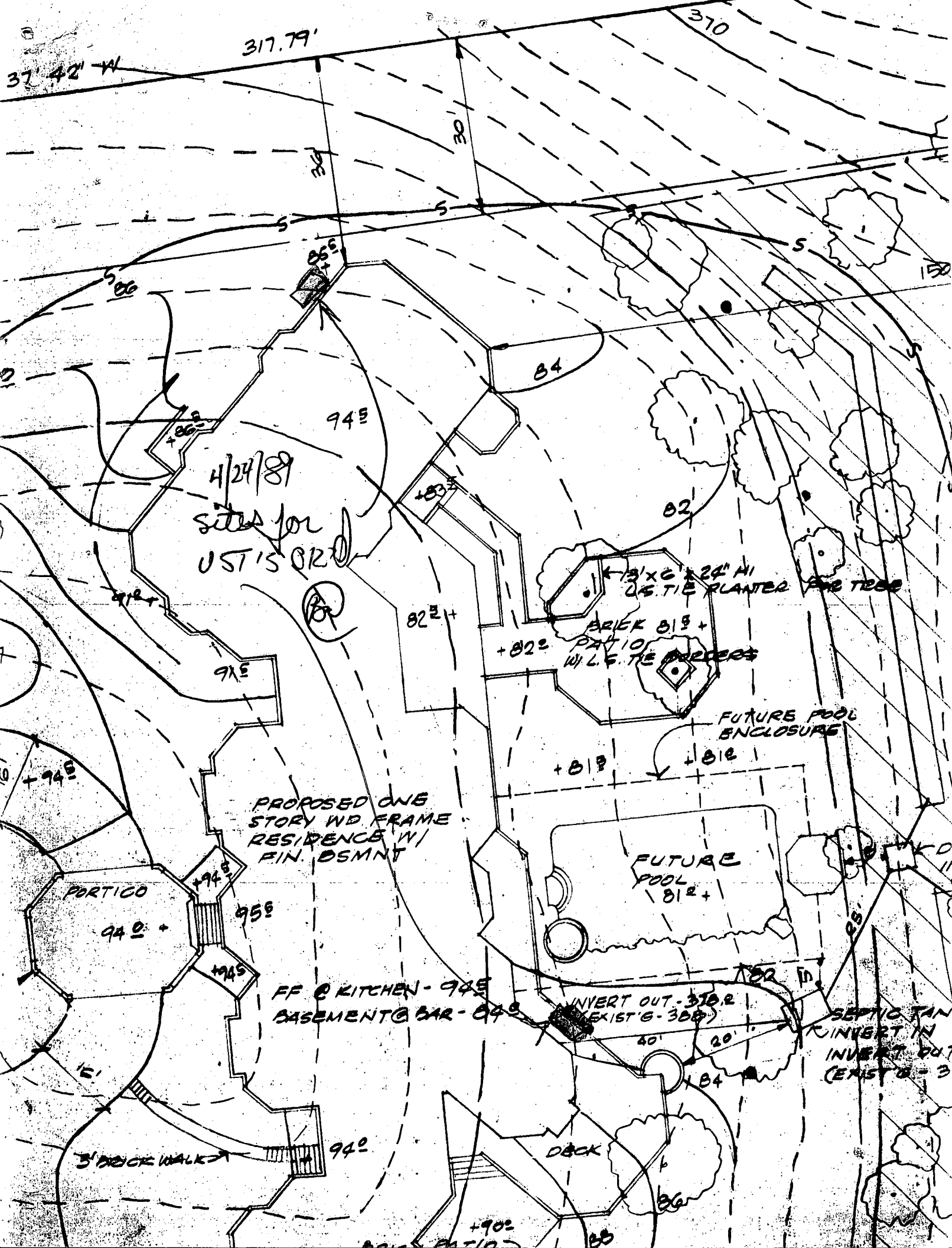
BP 10089
 Sal

NATURAL REGISTRATION

1" = 20'

REVISIONS

DATE & BY



317.79'

37' 42" W

370

4/24/89
SITE FOR
UST'S BR

PROPOSED ONE
STORY W/ FRAME
RESIDENCE W/
FIN. DSMNT

BRICK PATIO
W/ L.F. TIE PROCESS

FUTURE POOL
ENCLOSURE

FUTURE
POOL

FF @ KITCHEN - 945
BASEMENT @ BAR - 845

INVERT OUT - 310.2
(EXIST'G - 308)

SEPTIC TANK
INVERT IN
INVERT OUT
(EXIST'G - 310)

3' DECK WALK

DECK

+900

85



HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS
BUREAU OF INSPECTIONS LICENSES & PERMITS
2430 COURT HOUSE DRIVE, ELICOTT CITY, MARYLAND 21043

SERIAL NUMBER

24576

4/24/89 100.00

11111 Road
City, MD 21043

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED
Application for 2 - 500 gallon tanks
Tanks provided by Underground Laboratory
2 underground tanks of flammable liquid
copy of plans with locations highlighted

BLDG. NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
11111	sub div	farside	1794		86

ZONE	ZONE NO.	SEC. DIST.	CENSUS TR.
B	23	3	4030

OWNER NAME: Ferrinando
PHONE NO.: 301-995-1653
Address: Hill Ct. Elicott City, MD 21043

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OWNER NAME: Ferrinando
PHONE NO.: 301-995-1653
Address: Hill Ct. Elicott City, MD 21043

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

OWNER NAME: Ferrinando
PHONE NO.: 301-995-1653
Address: Hill Ct. Elicott City, MD 21043

FOOTINGS	FOUNDATION	W. WALLS

OWNER NAME: Ferrinando & Son
PHONE NO.: 301-465-1409
Address: Hill Ct. Elicott City, MD 21043

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	

I have carefully examined and read this application and know the same to be 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 Bureau of Inspections, and permit twenty-four hours in advance when I am ready for the inspection called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE: [Signature]
TITLE: [Title]

PROPOSED USE: primary residence

LICENSE NUMBER: [Blank]
FEE: \$80.00 each

FOR OFFICE USE ONLY

DISTANCE FROM S/W LINE TO FRONT BUILDING LINE _____
DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE _____
DISTANCE FROM SIDE STREET S/W LINE _____
CORNER LOT ONLY _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/24/89	B. Ferrinando
FIRE PROTECTION		
STORM WATER MGMT.		

DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION: No work shall be done before a permit placard has been issued and the job is a violation of the law. A permit must be applied for two weeks before it is needed.

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

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

7-25-89
Anytime

(S6ATIC OK 12/5/88)

Partial
7/25/89
C.B.D

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # 43071
Replacement _____ Date 11/22/89
Name of Installer William Pittinger Telephone 848-7368
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
Name of Property Owner _____ Telephone _____
Subdivision Farside Lot # 4D Well Tag # Ho - 81 - 295
Site Address 1189B Farside Road

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

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: _____

Date: _____

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

HD-215 Partial 7/25/89
Notes: No other paperwork is OK. {Need to see pump & tank} with this today C.B.D

B 1 **3609** SEQUENCE NO. (DP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN HOLES ON ALL CARDS

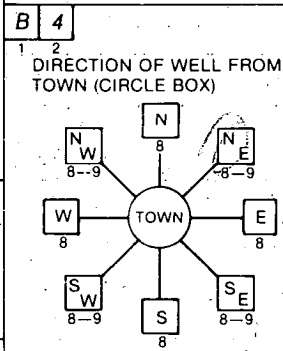
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-81-2495
 fill in this form completely

Date Received (APA) **12/10/87**
 OWNER INFORMATION
 Last Name: **EVANS** Owner: **EVANS** First Name: **ROBERT**
 Street or RFD: **17673 FARSIDE ROAD**
 Town: **CLARKSVILLE** State: **MD** Zip: **21114**

B 3 LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **FARSIDE**
 SECTION: **40** LOT: **40**
 NEAREST TOWN: **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Wayne** License No. **238**
 Firm Name: **Wayne Well Drilling**
 Address: **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature: **Joseph L. Wayne** Date: **12/10/87**



NEAR WHAT ROAD: **Farside Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD: **270** 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
 COUNTY NAME: **HOWARD** COUNTY NO. **A35751**
 STATE SIGNATURE: **J** DATE ISSUED: **12/07/88**
 NORTH GRID: **517000** EAST GRID: **022400**

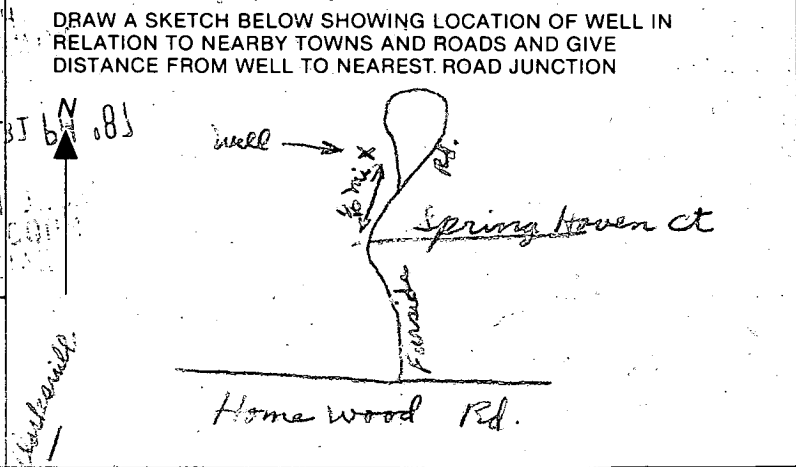
APPROXIMATE DEPTH OF WELL **300** FEET

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. **WELL GROUT**
 3. **OK WITH**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **517** E **824**
 000 000

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)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **12** INITIALS **EV** PERMIT NO. **HO-81-2495**

- ① 60 FT pipe
- ② 45 FT OPENHOLD
- ③ 15 BAGS
- ④ WELL OK

1113700 N 20

5) Arrived late Got information from
Johnny

RECEIVED
HOWARD COUNTY
HEALTH DEPT
FEB 10 4 37 PM '87
J. Hodger
ENVIRONMENTAL
HEALTH

APPLICATION

7/31/85
9:30 Retest

SEWAGE DISPOSAL TESTING

A 35751

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Third

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE July 8, 1985

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 DAVID DIFERDINANDO
~~Ron Brasier~~
c/o Columbia Design Architects, Inc.
ADDRESS 5457 Twin Knolls Road, Suite 102 PHONE (301) 995-4040
Columbia, Maryland 21045

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 40

ROAD AND DESCRIPTION 11898 Farside Road

SIZE OF LOT 3.647 Acres TYPE BLDG. S.F. (detached) 4+
(NUMBER OF BEDROOMS)

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.

Romy J. Duff THE RIEMER GROUP, INC. (AGENT)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

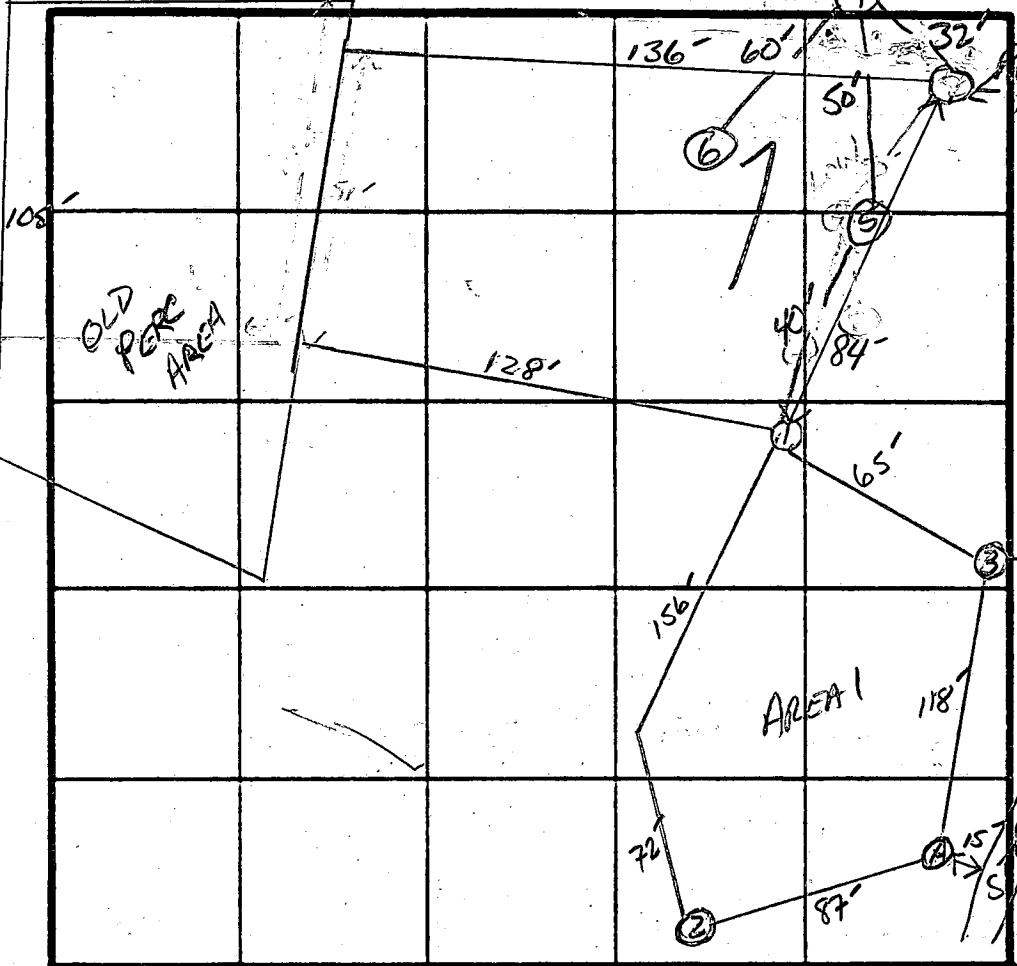
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-31-85 Additional Area Established in Red on Attached Plat - Satisfactory Perc. Results. Hold For Certified hole Location, Same

BMDG. PERMIT SIGNED AND RETURNED 4/23/85 BMDG. PERMIT SIGNED AND RETURNED 7/21/85
BP 24576 BP 20099 Sub-

THIS IS NOT A PERMIT

73'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
FAR SIDE ROAD

②
SOIL PROFILE
4" A1-3
BROWN CLAY LOAM
10% SAPROLITE
5" Yellow BR. SAND LOAM
10% SAPROLITE
11"

⑥
4" A1-3
BROWN CLAY LOAM
10% SAPROLITE
3" Yellow BR. SAND LOAM
10% SAPROLITE
Few Lg. ROCKS

①
4" A1-3
BROWN SAND CLAY LOAM
30% SAPROLITE
2" STRUCTURED micaceous SAPROLITE SAND LOAM AT 3' AND Below

④
4" A1-3
REBROWN CLAY LOAM
10% SAPROLITE
3.5" Yellow BR. micaceous silty SAND LOAM
10-20% SAPROLITE

③
4" A1-3
BROWN SAND CLAY LOAM
10% SAPROLITE
3" Yellow BR. SAND LOAM
10% SAPROLITE
10"

①
3" A1-3
CLAY LOAM
10% SAPROLITE
2" ROCK AT 4" - VERY 1 1/2" THICK MOTTLES AT 5' - GREY - BLACK SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/31/85	1 S ()	NOT TESTED			STRUCTURED	SAPROLITE		
	2 S (11)	SEE PROFILE			NOT TESTED	DUE TO BERS		
	3 -	NOT USED			ELIMINATED	DUE TO SURROUNDING HOLES		
	4 S	4"	1117	1119	1119	1122	3min	
		12"	UNIFORM SOIL STRUCTURE Below 3.5					
	5 S	ROCK - STRUCTURED AT 3-4'			SIMILAR TO HOLE 1			
	6 S	4"	1154	1156	1156	1159	3min	
		10"	UNIFORM SOIL STRUCTURE Below 3.5					
7/31/85	A	HOLE TOO CLOSE TO STREAM			MOTTLES AT 5'			
	C							

REMARKS

TYPE OF SOIL

TESTED BY Sid Abel

DATE MEDAIRY

ALSO PRESENT

BTS CONTRACTING
BACKHOE

APPLICATION

A 28416

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank { *1-3 Bedrooms 1000 gallons*
4 Bedrooms 1250 gallons

DISTRICT 3

DATE May 12, 1978

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 Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 40

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 114, left on Folly Quarter, left on Homewood, 1 mile to property on left

SIZE OF LOT 3 plus acres TYPE BLDG. 1
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *[Signature]*

APPROVED BY _____ FOR _____ DATE 11/1
(KIND OF SYSTEM)

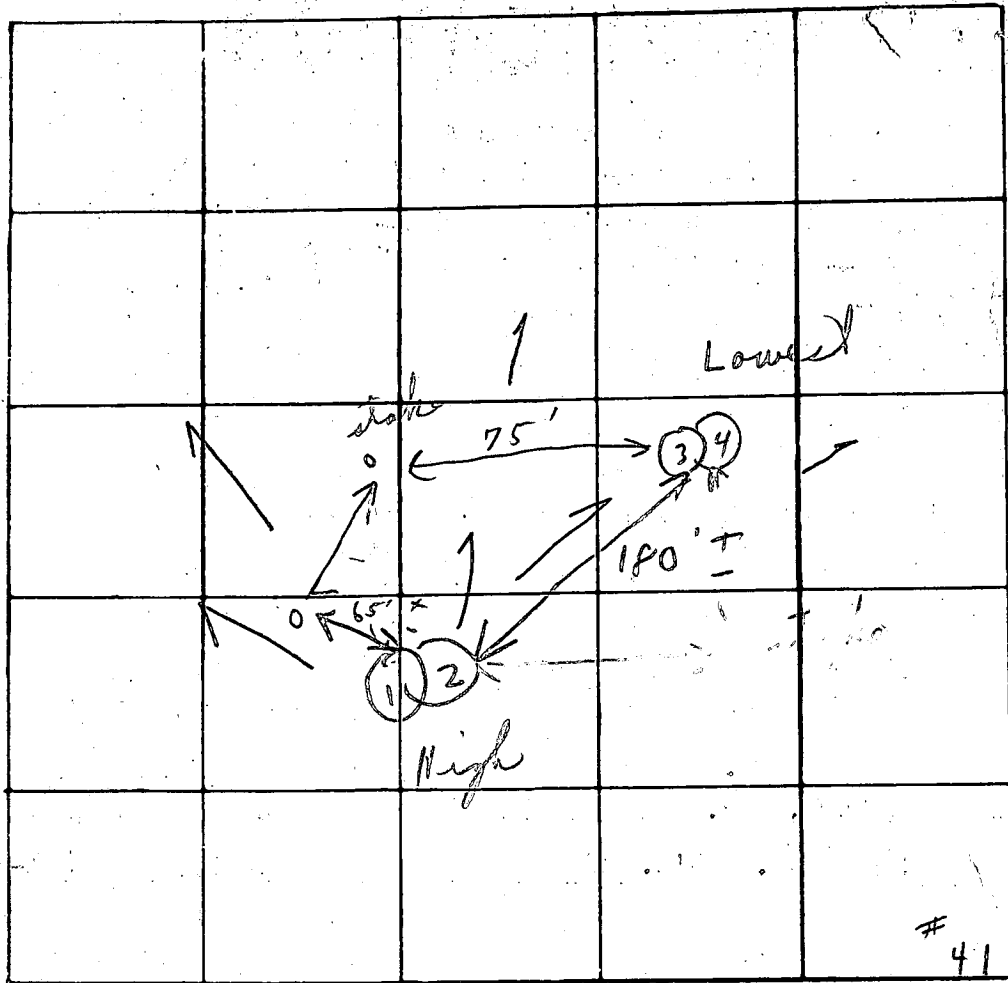
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

40



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Unnamed Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/78	1	3 1/2'	1:40	1:41	1:41	1:42	1 in
	① 2	11'	1:39	1:42	1:42	1:46	4 in
	3	4'	1:48	1:49	1:49	1:51	2 in
	② 4	11 1/2'	1:48	1:50	1:50	1:52	2 in
		2 hole per			P.F.W.	49	3 in
							avg
							Depth 3 1/2
							150 sq ft.
							per bedroom

REMARKS

Tests deep in woods

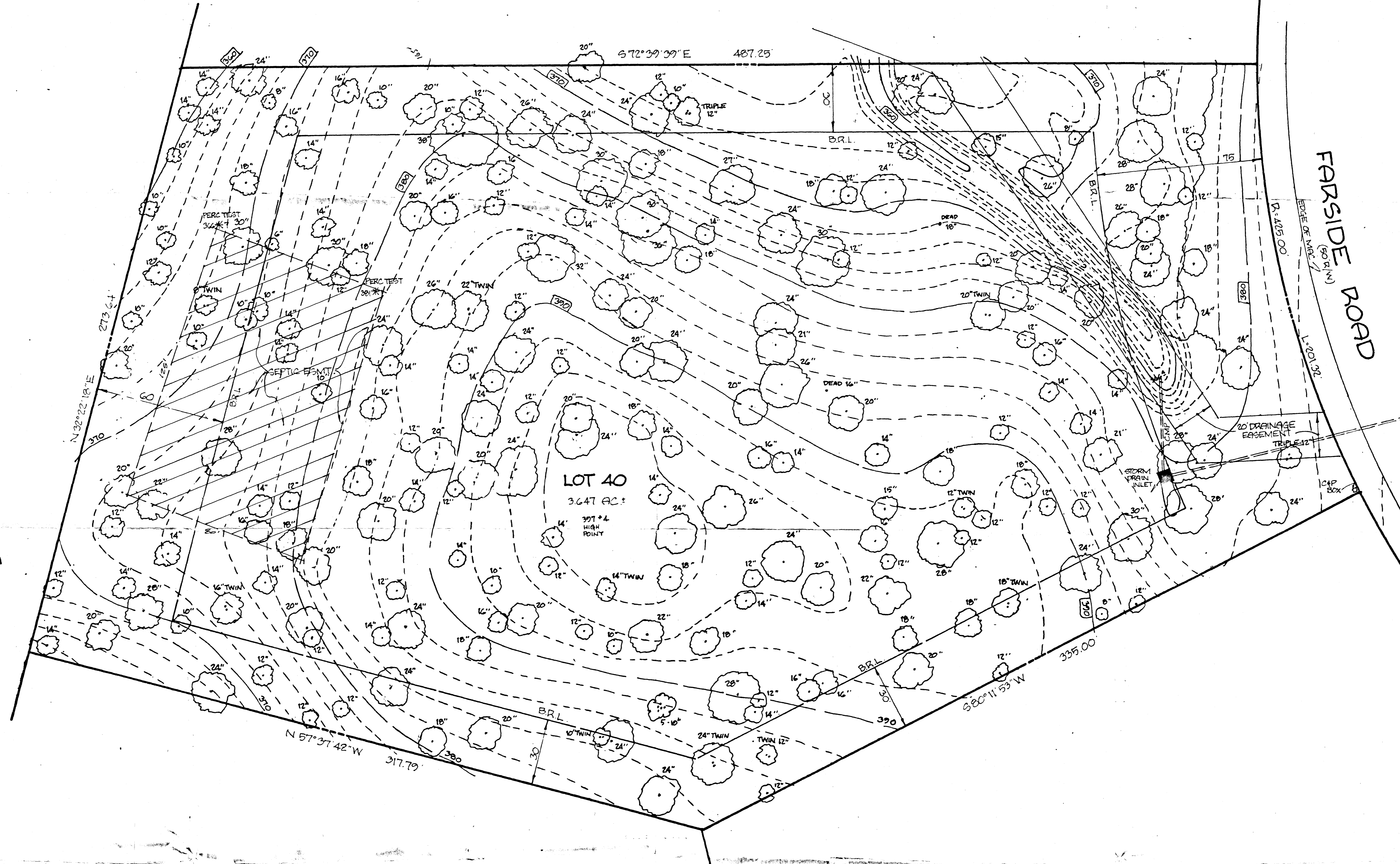
TYPE OF SOIL

TESTED BY

C. B. D.

ALSO PRESENT:

Stew +
James Stanger 1:55 on site J. B. D.



FARMSIDE ROAD
 (50' R/W)
 R-425.00'
 L-201.92'

HUDKINS ASSOCIATES, INC.
 SUITE 231, JOSEPH SQUARE
 5485 HARPERS FARM ROAD
 COLUMBIA, MD 21044

APPROVED: RR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM

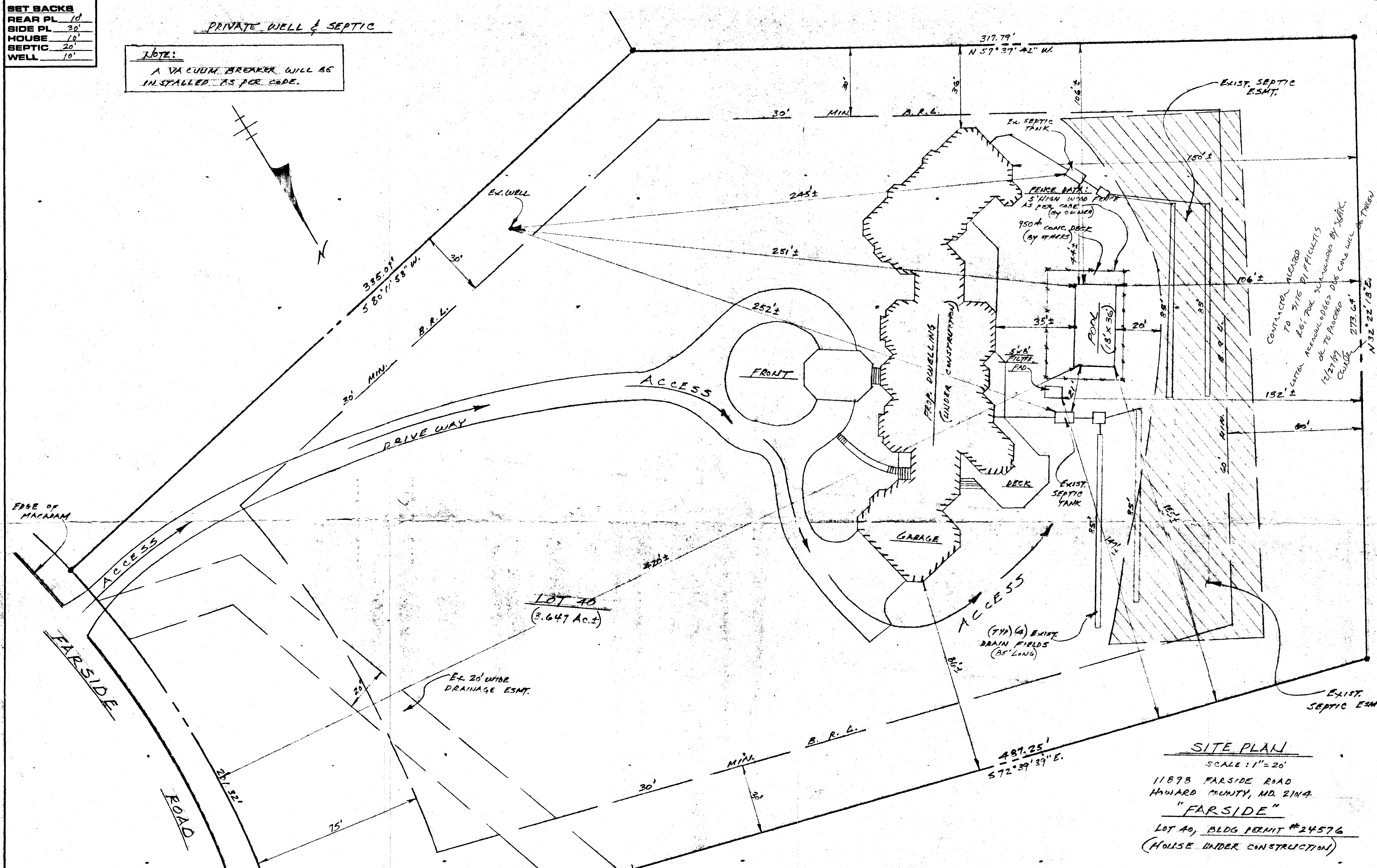
[Signature]
 COUNTY HEALTH OFFICER 2-11-88
 DATE

TOPOGRAPHIC SURVEY
LOT 40 FARMSIDE PLAT #4412
 3RD ELECTION DISTRICT HOWARD COUNTY, MD.
 1/29/88 SCALE: 1" = 20'

SET BACKS	
REAR PL	10'
SIDE PL	30'
HOUSE	10'
SEPTIC	20'
WELL	10'

PRIVATE WELL & SEPTIC

NOTE:
A VACUUM BREAKER WILL BE INSTALLED AS PER CODE.



SITE PLAN
SCALE: 1" = 20'
11878 FAR SIDE ROAD
HOWARD COUNTY, MD. 21044
"FAR SIDE"
LOT 40, BLDG PERMIT #24576
(HOUSE UNDER CONSTRUCTION)

SPECIAL NOTES

- 1) 2 FT. OF ELECTRIC IN CONTRACT.
- 2) POOL AREA TO BE FENCED BY OWNER. GATES TO BE SELF CLOSING & LATCHING PER COUNTY CODES.
- 3) STEPS TO HAVE 12" x TREADS 8 1/4" RISERS, TOP TREAD 18".
- 4) DO NOT TURN POOL LIGHTS ON WHEN POOL IS EMPTY.
- 5) DO NOT USE BLACK RUBBER HOSE WHEN FILLING POOL IT WILL MARK PLASTER & COPING.
- 6) WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS WHEN TEMP. EXCEEDS 70 DEGREES.

GENERAL NOTES

- EXCAVATOR:** _____
- LEAD CREW:** _____
- GUNITE CREW:** _____
- CST CREW:** _____
- PLUMBING CREW:** _____
- DECK CREW:** _____

EQUIPMENT LIST

- DIRT: ALL ON SITE
- TILE: STANDARD
- COPING: STANDARD
- STEPS: INCLUDED, STYLE AS MAIN
- FINISH: MARBLEITE
- FILTER: DECK 1 1/2 HP PUMP, TIMER, SAND TANK
- SAFETY EQ.: INCLUDED
- CLEANING EQ.: INCLUDED
- VACUUM EQ.: INCLUDED
- DIVING EQ.: NONE
- LADDERS: NONE
- GRABRAILS: NONE
- LIGHTS: TWO
- WATTS: 500 VOLTS: 110
- HEATER: NIGHT PUMP (7.65)
- SPA: NONE
- LOVESEAT: (TWO) 6' LONG
- DECKING: (BY OTHERS)
- POOL COVER: WINTER (23' x 44')

SPECIAL EQ: POLARIS AUTO CLEANER, WINTER CLEANER 1990-1992 INCLUDED, 100 CHEMICAL ALLOWANCE

POOL DATA

SIZE: 18' x 36' MODEL: RECTANGLE

AREA: 648 SQ. FT.

PERIMETER: 108 LIN. FT.

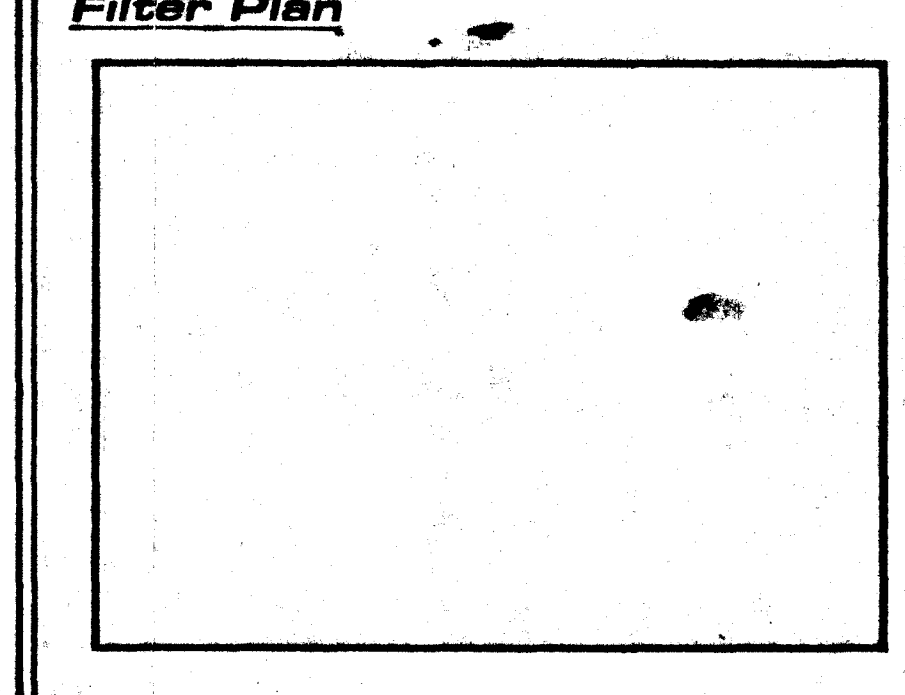
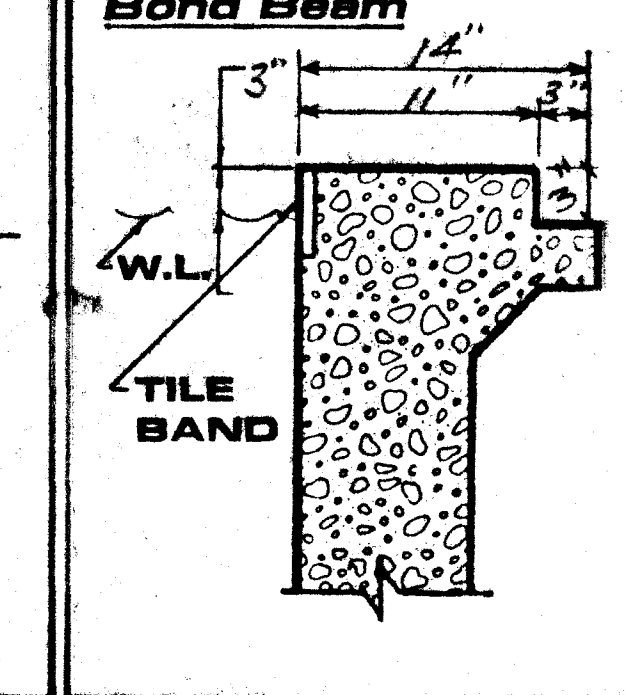
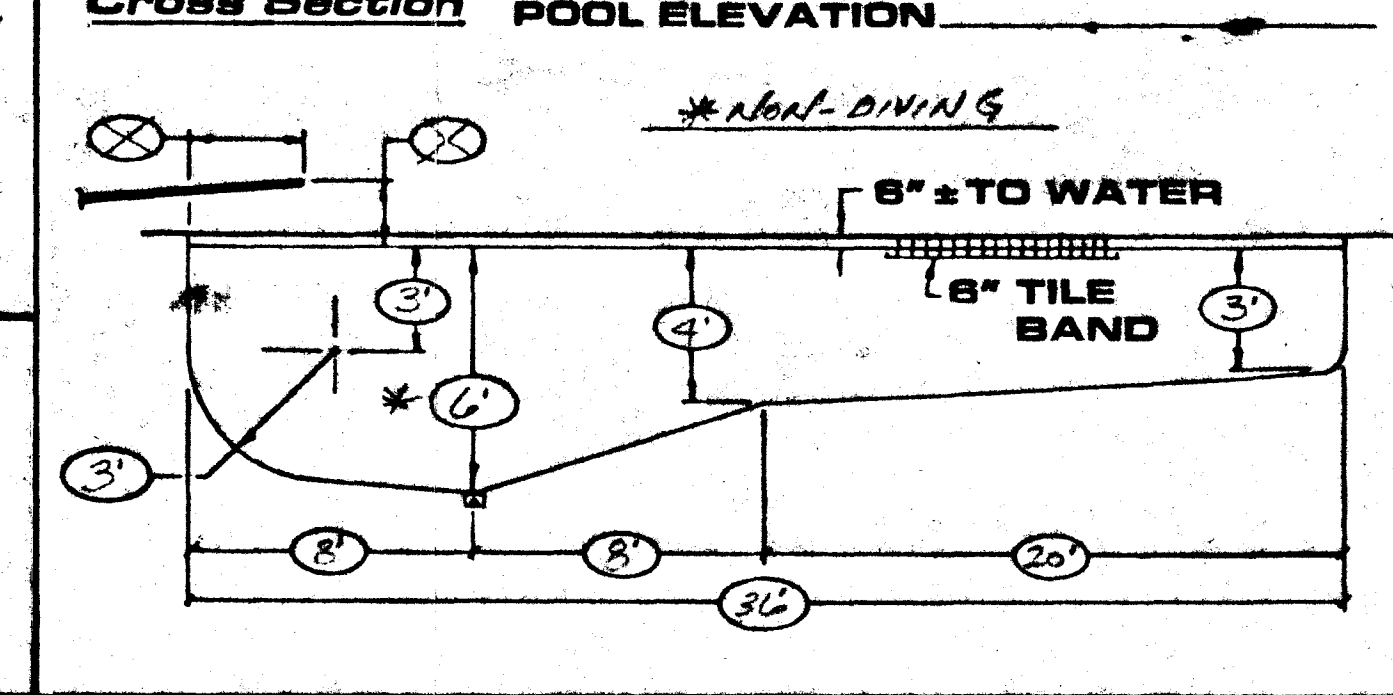
GALLONAGE: 24,940

CUSTOMER APPROVAL _____ DATE _____

CHECKED BY - SALESMAN _____

CHECKED BY - DRAFTSMAN _____

DIRECTIONS:
RTE 40 (WEST) TO I-695 (NORTH) TO E 70 (WEST) CONT. TO RTE 29 (SOUTH) FOLLOW TO RTE 108, CONT. TO RIGHT ON HOMEWOOD RD, FOLLOW TO RIGHT ON FAR SIDE RD, FOLLOW TO SITE, 11878 FAR SIDE RD.



MPM CONSTRUCTION CO. INC. BUILDERS OF

MARYLAND POOLS INC.

5617 BALTIMORE NATIONAL PIKE
BALTIMORE, MD 21228
BALTO. 744-5757 WASH. 982-1570

NAME: DAVID DIFERDINANDO

ADDRESS: 11878 FAR SIDE RD

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COUNTY: HOWARD

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SCALE: 1/4" = 1' 0" SHY 1 OF 2

DRAWN BY: D.V.T.

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