

348200
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48274

A 40062

DISTRICT 4th

DATE 4/23/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

INDEX - TIME EXPIRED
FOR F.C.O.P. COMPLIANCE 5/6/93
C. WILSON / C.R.H.

DATE SYSTEM APPROVED 9/28/92

INSPECTOR R. Smith

Huff Excavating

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS _____ PHONE 717-225-5039

SUBDIVISION White Woods Estates LOT 6 ROAD 17416 White Dogwood Court

PROPERTY OWNER Richard B. Petit/Daniel and Star L. Marconi

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 320 feet up the right (574.97') lot line and 75 feet off the same lot line as seen when facing the lot from White Dogwood Court. Run trenches on contour toward the right lot line.

NORES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/21/92 RH

PLANS APPROVED BY Sid Abel DATE 8/11/88

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, 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

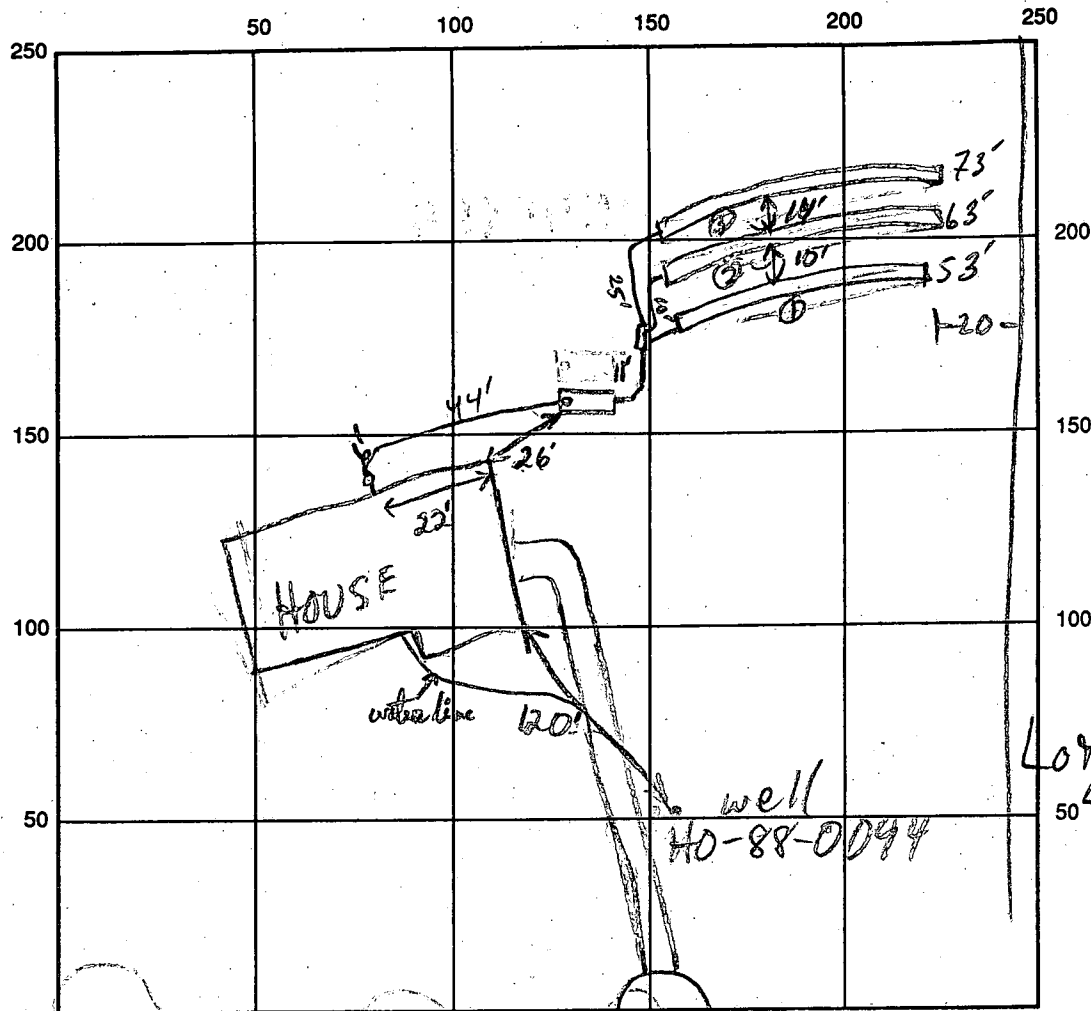
PERMIT VOID AFTER TWO YEARS

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**

A 40062



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 WHITE DOGWOOD CT

SEPTIC TANK LEVEL 1250 GAL

CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1/2/3}{3.5/2.5/7.5}$ FT.

TRENCH WIDTH 2 FT.

INLET DEPTH $\frac{1/2/3}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1/2/3}{4/4/4}$ FT.

TOTAL LENGTH 053 063 073
 TOTAL = 189 LF.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA ① 212 ② 252 ③ 292
 SQ. FT. TOTAL = 756

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 9/23/92 INSTALLER WANTED TO ADJUST LAYOUT, AND HAD
 DUG S.T. HOLE @ WRONG LOCATION; SYSTEM RETURNED TO NEAR
 ORIG. LAYOUT; S.T. SET & OK MR 9/24/92 NO ONE PRESENT;
 CONTINUE MR 11th Trench open OK to gravel; and trench gravel filled with pipe, after which
 gravel & pipe OK to cover to 143 - OK to close 9/29/92

DATE SYSTEM APPROVED

9/29/92

INSPECTOR

[Signature]

APPLICATION

PERCOLATION TESTING

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

A 40062

P _____

DISTRICT 4TH

DATE 9-8-87

*revised
perc or'd
pending*

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 Keynard Warfield Jr PETTIT & Co. Inc. 963-2086

ADDRESS 14663 Tridelpia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 6

ROAD AND DESCRIPTION South Side of Balto National Pike (RP 144) north
side of Hardy Rd 17416 White Dogwood Ct.

TAX MAP 7 PARCEL # 1

SIZE OF LOT 3 ± acres TYPE BLDG. SFD
(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.

Mal D Klein

(SIGNATURE OF APPLICANT)

APPROVED BY Sickney Abel FOR Deep trenches DATE 8-12-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & sub-plant

BLDG. PERMIT SIGNED

AND RETURNED

3/4/92
Smith 42369 - SFD
Y. Behrooz

BLDG. PERMIT SIGNED

AND RETURNED

1/22/92
SP 229128A

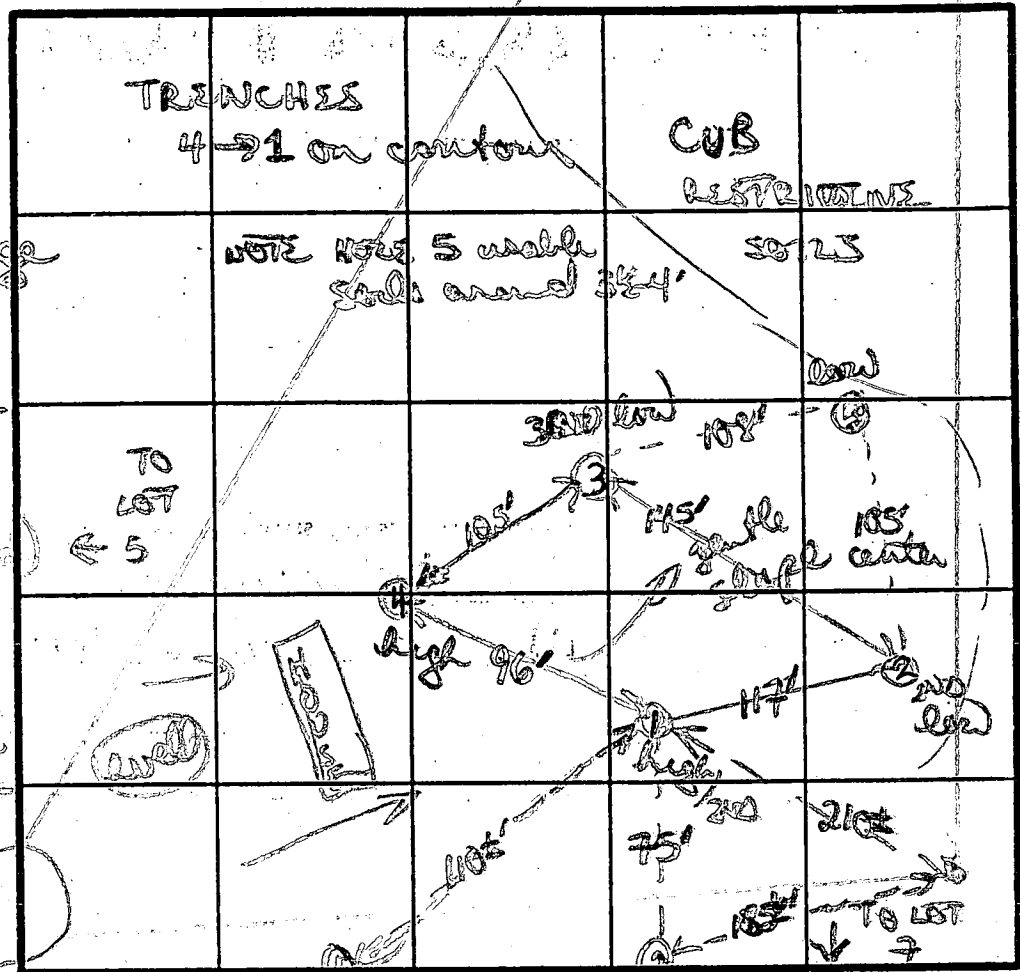
THIS IS NOT A PERMIT

190 B/32 room
 $\bar{x} = 8 \text{ min}$

INLET 3.5
 MAX 7.5

③ ④
 SOIL PROFILE

yellow/orange
 brown
 clay/gully
 clay
 w/ patches of
 chalk like
 salty material
 4'
 to mostly
 orange to
 tan orange
 sandy clay
 w/ 10%
 weathered
 frags 3'



③ + ④
 orange/tan
 clay salt
 2k'
 mostly
 orange
 sandy clay
 w/ few lge
 rock frags
 (5-10%)
 35' ↓
 11'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑤
 orange/tan
 clay 3'
 to orange
 to brown
 red orange
 gully salty
 clay
 w/ large
 black weathered
 frags 2-10"
 HO 12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/2/87	③	4' S	325	328	328	335	7 MIN	
		12' D	bottom (see profile)					
	④	2 1/2' S	328	330	330	335	5 MIN	
		12' D	bottom (see profile)					
	⑤	HO	12'	DID NOT TEST (DO NOT USE)				
		13' D	bottom (see profile)					
10/2/87	⑥	VISUAL ONLY	good soils 3' ↓					
		11' D	bottom (see profile)					
	⑦	3' S	1257	109	109	112	11 MIN	
		7' M	1257	100	100	109	8 MIN	
		11 1/2' D	bottom (see profile)					

perc adjusted uphill due to HO on low hole

REMARKS: mostly orange clays/leams 4'; orange & tan salty
 TYPE OF SOIL: clay & tan
 TESTED BY: B. Wilson ALSO PRESENT: Mark; Kethmann

B 1	3616	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type		
Date Received (APA)		LOCATION OF WELL		
080488		HOWARD		
OWNER INFORMATION		8 COUNTY		
WARFIELD KEN		WHITE WOODS EST		
14663 TRI DELPHIA RD		23 SUBDIVISION		
GLENELG		SECTION 44 46 LOT 6		
MD21232		POPULAR SPRINGS		
Town State Zip		52 NEAREST TOWN		
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town)		
Ralph MAYNE		1 MI		
Ralph MAYNE WELL DRILLERS		77 License No: 80		
9120 Brown Church Rd Mt Airy		WHITE OAKWOOD CT.		
Slaph Mayne		NEAR WHAT ROAD		
Date 7/30/88		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
WELL INFORMATION		TOWN		
APPROX. PUMPING RATE (GAL. PER MIN.)		N W N E E S S W S		
5		TOWN		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		DISTANCE FROM ROAD		
500		140		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ENTER FT or MI		
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		4		
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		Howard		
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)		A-40062		
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		COUNTY NAME		
APPROXIMATE DEPTH OF WELL		STATE SIGNATURE		
150		DATE ISSUED		
APPROXIMATE DIAMETER OF WELL		081788		
6"		CO SIGNATURE		
METHOD OF DRILLING (Circle one)		NORTH GRID		
BORED (or Augered) JETTED Jettied & DRIVEN		550000		
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		EAST GRID		
CABLE REVERSE-ROTARY DRIVE-POINT		0766000		
other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		SOURCES OF DRILLING WATER		
N THIS WELL WILL NOT REPLACE AN EXISTING WELL		1. well		
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		2.		
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		3.		
D THIS WELL WILL DEEPEN AN EXISTING WELL		WRITE THE BOX NUMBER FROM THE MAP HERE		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		2666		
41		54850		
Not to be filled in by driller (OEP USE ONLY)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
APPROX. PERMIT NUMBER		N		
54		Rd. 144		
FORCE SA		St Michaels Rd		
WRITE INITIALS IN BOX		HARRY RD		
PERMIT NO.		well		
40-88-0094		140'		
SPECIAL CONDITIONS		COUNTY		

C10584

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
NUMBER70062

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

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

082988

2220526
(TO NEAREST FOOT)

FROM "PERMIT TO DRILL WELL"
H0-88-0094

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

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

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

TOP

BOTTOM

ENTER 0 IF FROM SURFACE

CASING RECORD

casings types
insert
appropriate
code
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)

diameter
inch

depth (feet)
from

to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEEL

BRASS

OPEN
HOLE

PLASTIC

OTHER

DEPTH (nearest ft.)

EACH SCREEN

CIRCLE APPROPRIATE LETTER
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.

DRILLERS SIGNATURE

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

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.
to nearest gal.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

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

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

WQ

TELESCOPE CASING

LOG INDICATOR

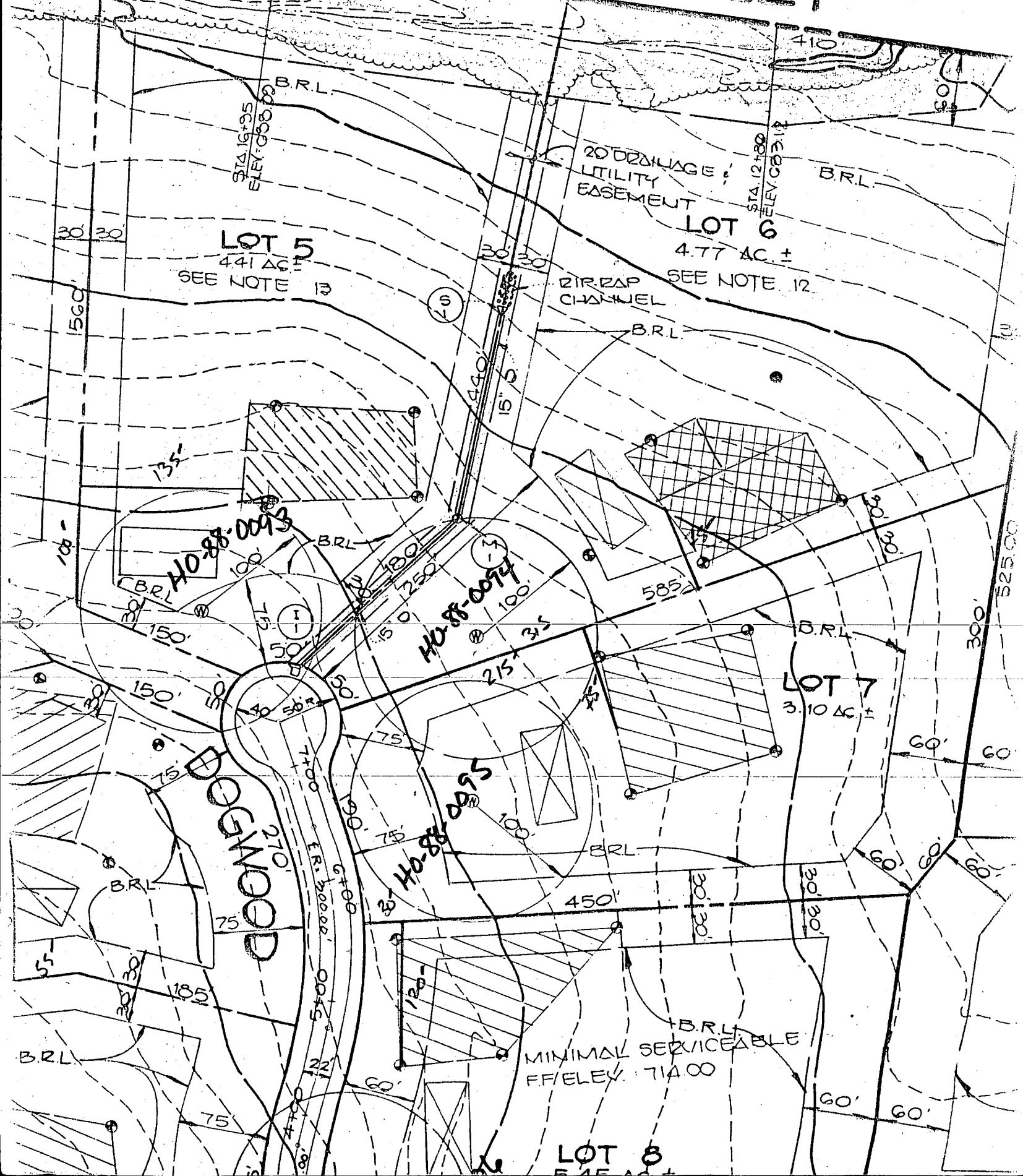
OTHER DATA

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

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

FLOOD PLAIN
UTILITY BASEMENT



WHITE DOGWOOD COURT

SCALE: 1" = 50'

Design of Septic System

- ① Inv. @ House = 607.2 Ground @ House = 600.7
- ② Inv. In @ Septic Tank = 606.30 Ground @ Septic Tank = 700.0
- ③ Inv. In @ Distribution Box = 606.5 Ground @ Distribution Box = 700.0

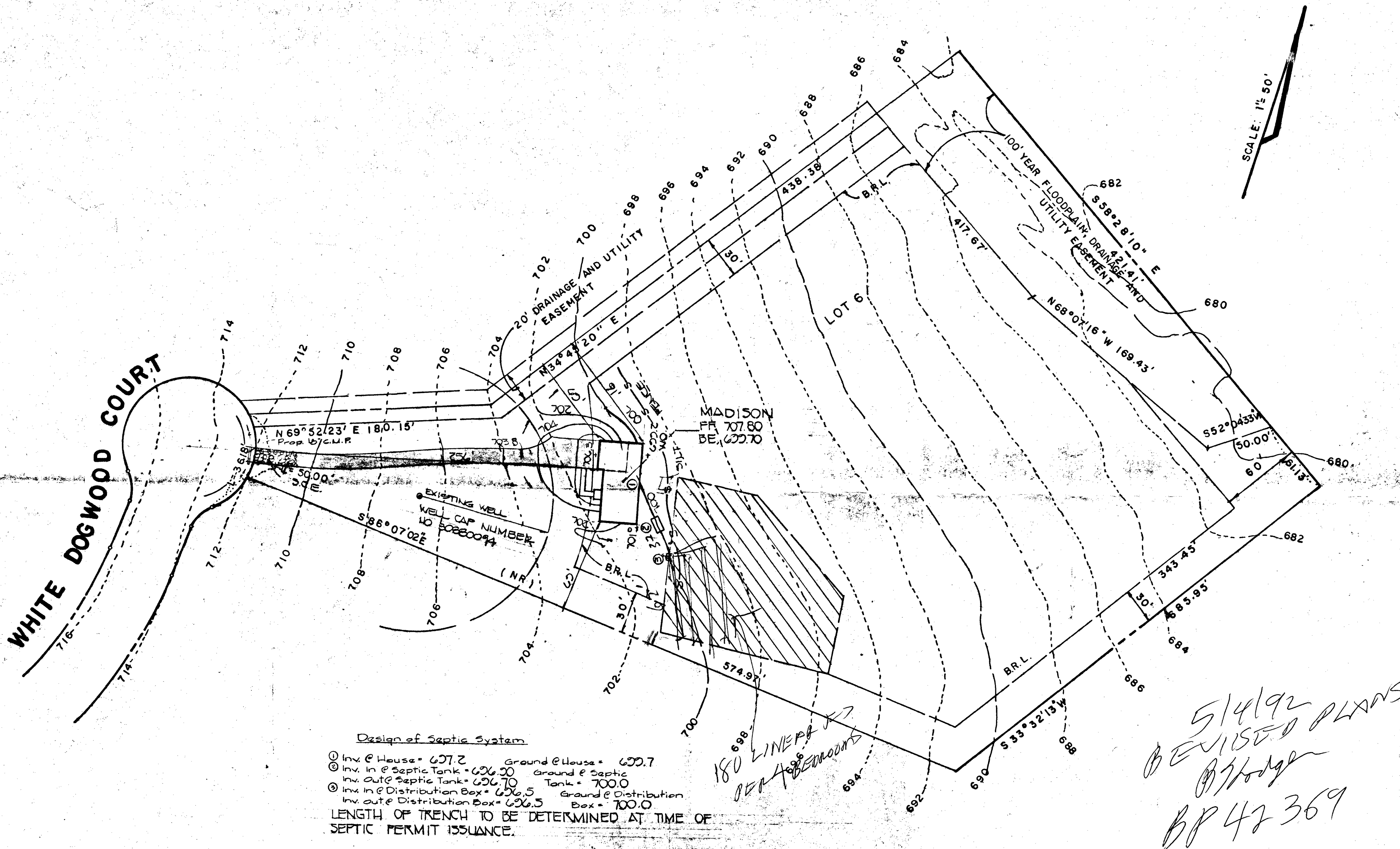
LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

Note:
Dwelling has 4 bedrooms
Size of Septic Tank = 1250 gallons

PLOT PLAN TO ACCOMPANY
APPLICATION FOR A BUILDING PERMIT
WHITE WOOD ESTATES

LOT 6
4TH ELECTION DISTRICT HOWARD COUNTY, M
SCALE: 1" = 50' APRIL 21, 1972

5/4/92
REVISED PLANS
B. J. Hodge
BP 42369



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 00 -
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Building Address 17416 White Dogwood Court MT. AIRY, MD 21771	Property Owner's Name MARCONI, Daniel
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address 17416 White Dogwood Ct.
Census Tract _____ Subdivision WHITEWOOD 6 Estates	City Mt. Airy State MD Zip Code 21771
Section _____ Area _____ Lot 6	Home Phone 301-829-2960 (her) 301-428-9657
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates 249 Lot size _____	Phone _____ Fax _____
Existing Use _____	Contractor Company TRI - COUNTY POOLS, INC.
Proposed Use _____	Contact Person Ray Stancill
Estimated Construction Cost \$ 27,500.00	Address 13410 Moser Road
TRUCK FILED	City Thurmont State MD Zip Code 21788
Description of Work INGROUND POOL	License No. 34414-01
Steel / 18x36 net ROMAN- 31-8' END	Phone 301-898-3030 Fax 301-271-3616
Occupant or Tenant same as above	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREUNTO; (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.

Raymond T. Stancill Applicant's Signature President / Tri - County Pools, Inc. Title/Company	RAYMOND T. STANCILL Print Name 3/20/00 Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	5/11/00	Daniel K. [Signature]	Side St.: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

SCALE 2" = 100'

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

MARCONI

DISTANCE FROM POOL to:

BAY WINDOW 23' 6"

HOUSE 24' 6"

REAR LOT LINE 273'

FRONT LOT LINE 311'

LEFT LOT LINE 107'

RIGHT LOT LINE 192'

WELL 1901

SEPTIC TANK 39'

CLEANOUT

