

7/7/88 ASAP

05-405075

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

P 42523

A 36980

DISTRICT 5th

DATE 9/2/88

DATE SYSTEM APPROVED 9-8-88

INSPECTOR S. Abel

Dave Hopkins and Son

IS PERMITTED TO INSTALL X ALTER       

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION The Chase ROAD 11609 Vixen Path LOT 4

PROPERTY OWNER Ronald Stup

ADDRESS       

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

GARBAGE GRINDER? YES        NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet up the left (320') lot line and 110 feet from the left lot line as seen when facing the lot from Vixen's Path. Run trenches on contour toward the right line and left lot lines.

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

PLANS APPROVED BY Sid Abel Updated 5/25/88

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 SPECIFIED).

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

**BUILDING PERMIT SIGNED  
AND RETURNED**

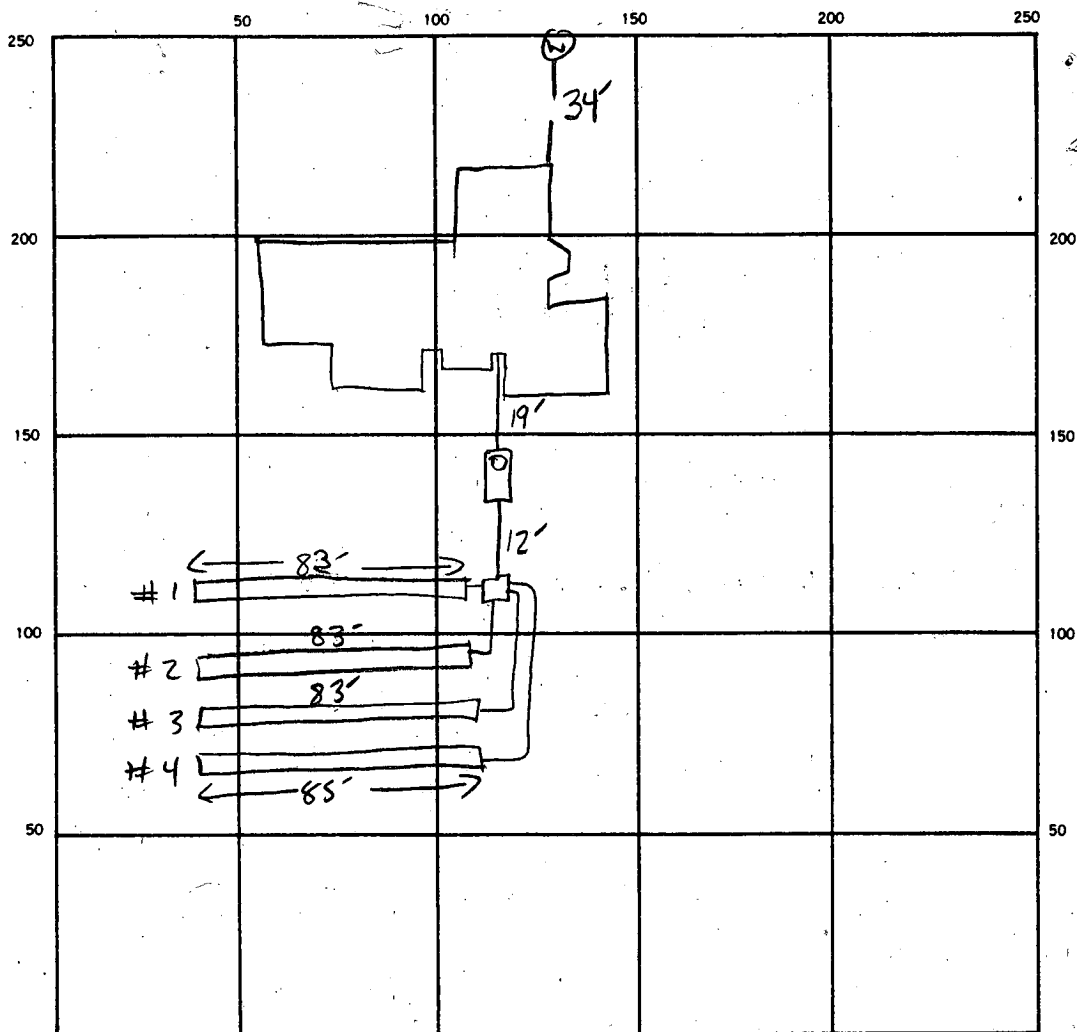
4-23-02 B00141429-FINISH basement  
4-22-05 B00153431-26 POOL  
5-12-05 B00153743-POOL HOUSE

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

36980



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL 2000 GA1 CLEANOUTS ✓ ST

DISTRIBUTION BOX, LEVEL ✓

DRAIN FIELD (TILE FIELD) DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 83' each 1-3 LAST 85' RF 334

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1002 SQ. FT.

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

ABSORBENT AREA 1002 SQ. FT.

REMARKS 1-8-88 OK TO COVER

9-8-88 Pitless AT 106" = well line - electric IN A 40-66" Pressure TANK Installed S.A.

DATE SYSTEM APPROVED 9-8-88 INSPECTOR S. Abel

SUBDIVISION: *The Chase*

LOT NUMBER: 4

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u>
3 bedroom	1000 gallon	<u>Minimum Total square Feet</u>
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench.  
No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES200 sq. ft./bedroomTrench to be 3 wide.

5BR/BA 18754

Inlet 4 feet below original grade.Bottom maximum depth 5.5 feet below original grade.Effective area begins at 4.0 feet below original grade.1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 19.5 FT. UP THE LEFT (320 FT) LOT  
LINE AND 110 FT FROM THE LEFT LOT LINE AS SEEN WHEN FACING THE  
LOT FROM VIXEN'S PATH. RUN TRENCHES ON CONTOUR TOWARD THE  
RIGHT LINE AND LEFT LOT LINES. UPDATED 5-25-88 SA

# APPLICATION

PERCOLATION TESTING

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

A 36980

P \_\_\_\_\_

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~~ RONALD STUP

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

PROSPECTIVE BUYER NONE

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

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 4

ROAD AND DESCRIPTION ~~Homewood Road~~ 11609 Vixens PATH

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.  
(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.

*Wayback*  
(SIGNATURE OF APPLICANT)

APPROVED BY *Sid Abel* FOR *Shallow test fields* DATE *1-2-87*

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

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

REASONS FOR REJECTION OR HOLDING *6/11/86 Perc OK Hold for Plant RTH*

*C/24/84 Shallow Sys. only Sabel*

BIDD. PERMIT SIGNED  
AND RETURNED *BP18754, 5-25-88*

*Sabel*

## THIS IS NOT A PERMIT

SOIL PROFILE


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

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

# APPLICATION

PERCOLATION TESTING

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

A 36980

P \_\_\_\_\_

DISTRICT 5

DATE 5/15/86

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PROPERTY OWNER Wayback Corporation

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PROSPECTIVE BUYER NONE

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

PROPERTY LOCATION:

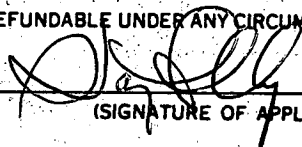
SUBDIVISION The Chase - formerly The Paddock LOT NO. 4

ROAD AND DESCRIPTION Homewood Road

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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

10/27/74



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

200¢/BR

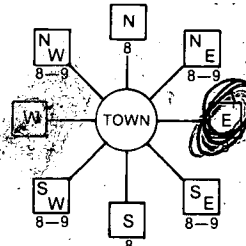

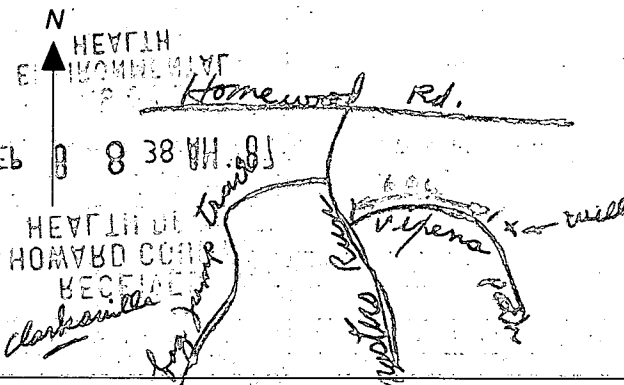
REMARKS

**TYPE OF SOIL**

Test By R. Hodges

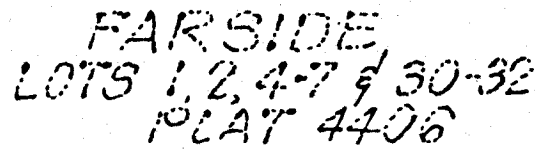
Alex Bryant Joelff  
Bob Toe

EH-12-1079

B 7 <b>9318</b> SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>40-81-2316</b> fill in this form completely
Date Received <b>090887</b> <b>OWNER INFORMATION</b> Last Name <b>STUPT</b> Owner <b>RONALD</b> First Name Street or RFD <b>533 NIG HATSHADE COURT</b> Town <b>COLUMBIA</b> State <b>MD</b> Zip <b>21045</b>	B 3 <b>LOCATION OF WELL</b> COUNTY <b>HOWARD</b> SUBDIVISION <b>THE CHASE</b> SECTION <b>44</b> LOT <b>4</b> NEAREST TOWN <b>CLARKSVILLE</b> MILES FROM TOWN (enter 0 if in town) <b>3</b> MI	
<b>DRILLER INFORMATION</b> Driller's Name <b>Joseph R. Mayne</b> License No. <b>238</b> Firm Name <b>Joseph R. Mayne Well Drilling</b> Address <b>5512 Ridge Rd. Mt. Airy Md. 21771</b> Signature <b>Joseph R. Mayne</b> Date <b>9/7/87</b>	B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>NEAR WHAT ROAD</b> <b>Vigors Path</b> <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b>  <b>DISTANCE FROM ROAD</b> <b>325</b> FT ENTER FT or MI <b>FT</b>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>	<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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 <b>5A</b> WRITE INITIALS IN BOX <b>AC-81-2316</b> SPECIAL CONDITIONS _____		
<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <b>HOWARD</b> COUNTY NO. <b>(A-36980)</b> OEP SIGNATURE _____ STATE HEALTH INSERT S _____ DATE ISSUED <b>092987</b> CO SIGNATURE _____ EXP. DATE <b>03-18-88</b> NORTH GRID <b>513000</b> EAST GRID <b>0824000</b> 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 E <b>820</b> N <b>510</b> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		







B6-078-R

F-87-108

## Review

C11917SEQUENCE NO. (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 NUMBERA-36980

DATE Received  
8 13

DATE WELL COMPLETED  
100187

Depth of Well  
22 200 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-81-2316

OWNER  
STOP last name  
VIXEN PATH first name  
TOWN CLARKSVILLE

SUBDIVISION THE CHASE SECTION LOT 4

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  
FROM TO

Check if water bearing

GROUTING RECORD  
WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 15 NO. OF POUNDS 110  
GALLONS OF WATER 70  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 48 TOP 52 ft. to 50 54 BOTTOM 58 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
S 7 4 100  
60 61 63 64 66 70

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

SCREEN RECORD  
screen type or open hole insert appropriate code below  
ST BR HO STEEL BRASS OPEN HOLE  
PL OT PLASTIC OTHER  
C2  
DEPTH (nearest ft.)  
1 H 0 9 8 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
EACH SCREEN

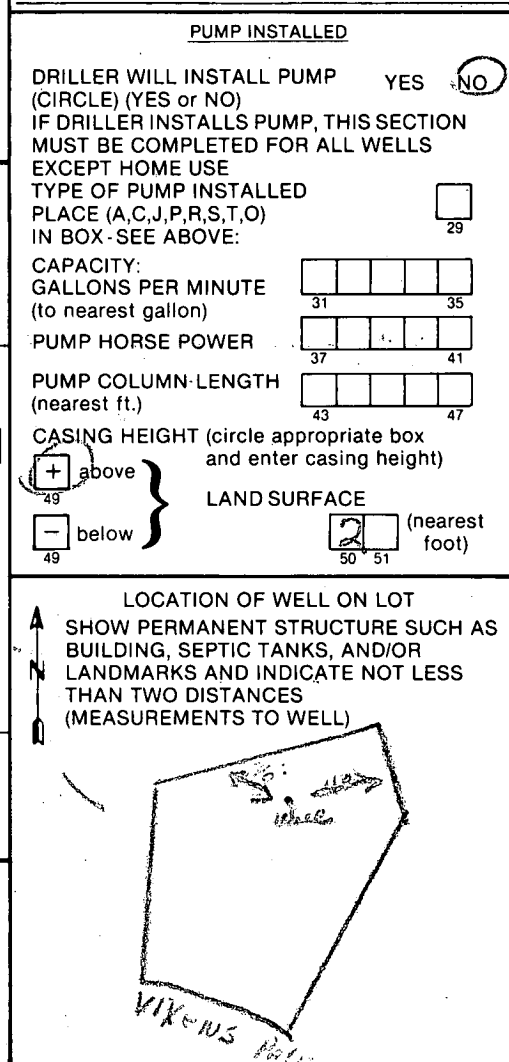
CIRCLE APPROPRIATE LETTER  
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL  
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS 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  
DRILLERS SIGNATURE Joseph L. Morgan  
(MUST MATCH SIGNATURE ON APPLICATION)  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK  
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  
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.) 5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 45  
WHEN PUMPING 80  
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  
+ above }  
- below }  
(nearest foot)

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)





# 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

New Installation ☒  
Replacement ☐

Receipt # 42537  
Date 9/7/88

Name of Installer MARINO P H INC.

Telephone 747-5615

License number M-3095

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner MR. AND MRS. STUP

Telephone 997-8075

Subdivision The Chase Lot # 4 Well tag # HO-81-2316

Site Address 11609 VIXENS PATH

## Pump

1. Type
  - a. Deep well jet ☐
  - b. Shallow well jet ☐
  - c. Submersible ☒
2. Make Goulds
3. Model # 5ES07412
4. Capacity 5 GPM

## Motor

1. Horsepower ☐
2. RPM ☐
3. Voltage ☐
  - a. 110 ☐
  - b. 220 ☐

## Pitless Adapter

1. Make BRASS 1"
2. Model # 1"
3. Depth 42"

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

1. Capacity WX 302
2. Pressure relief valve? YES

## Piping

1. Type 1" - 160 lb
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

## Well data

1. Depth 200 ft.
2. Yield 5.5 GPM
3. Static water level 45 ft.
4. Will water supply be disinfected by installer? NO

9/7/88 Pitless 60" - well line & elect. 40-60" - INSIDE WORK By Builder complete. SM

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: Joseph D. Marino

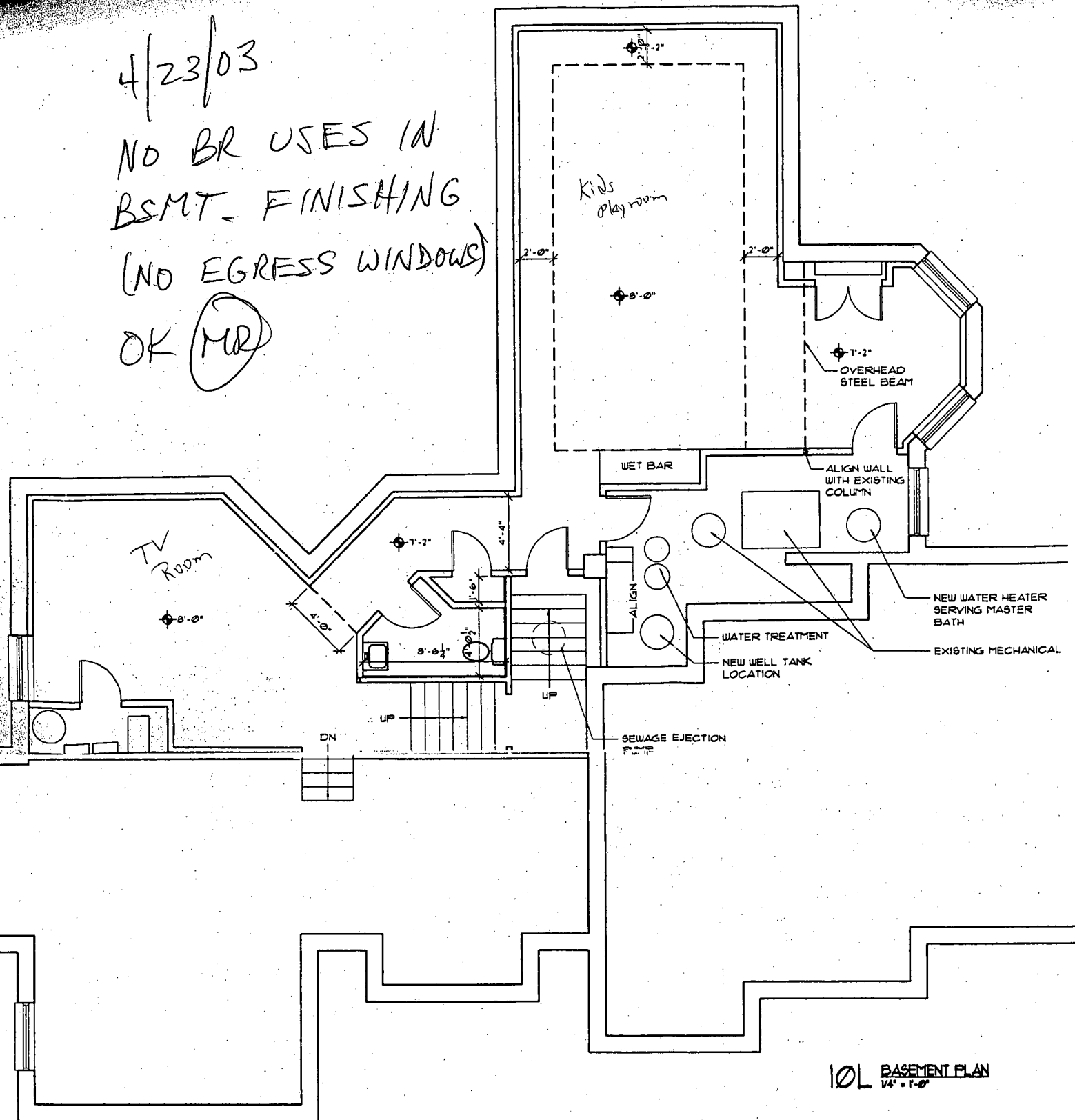
Date: 9-7-88

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

4/23/03

NO BR USES IN  
BSMT. FINISHING  
(NO EGRESS WINDOWS)

OK (MR)



10L BASEMENT PLAN  
1/4" = 1'-0"



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300141429

Building Address 11609 Vixens Path  
Ellicott City, MD 21042

Suite/Apt. # SDP/WP/Petition #

Census Tract 605101 Subdivision The Chase

Section Area Lot 4

Tax Map Parcel Grid

Zoning Map Coordinates 1421 Lot size

Existing Use SF3

Proposed Use SF3

Estimated Construction Cost \$ 50,000

Description of Work Renovate kitchen + bath

French basement Play room

sm Half Bath

Occupant or Tenant Paul Silber

Contact Name

Address

City State Zip Code

Phone Fax

Property Owner's Name Paul Silber

Address 11609 Vixens Path

City Ellicott City State MD Zip Code

Home Phone Work Phone 410-576-2507

Applicant's Name & Mailing Address, (if other than stated hereon):

Beth Fulton

3212 Paper Mill Rd

Phone 410-667-0800 Fax 410-667-0078

Contractor Company Gaylord Brooks Unit.

Contact Person Beth Fulton

Address 3212 Paper Mill Rd

City Phoenix State MD Zip Code 21111

License No. 100250

Phone 410-667-0800 Fax 410-667-0078

Engineer or Architect Company Robling & Associates

Contact Person Al Robling

Address 401 Jefferson Ave

City Towson State MD Zip Code 21204

Phone 410-327-2574 Fax

## BUILDING DESCRIPTION - COMMERCIAL

### Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

### Utilities

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full

☐ Partial

☐ Other Suppression

# of Heads

## BUILDING DESCRIPTION - RESIDENTIAL

### Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

Depth Width

1st floor:

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms

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

### Utilities

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D

☐ NFPA #13R

☐ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Title/Company

MR 4/23/03

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

FOR OFFICE USE ONLY

AGENCY

DATE

SIGNATURE APPROVAL

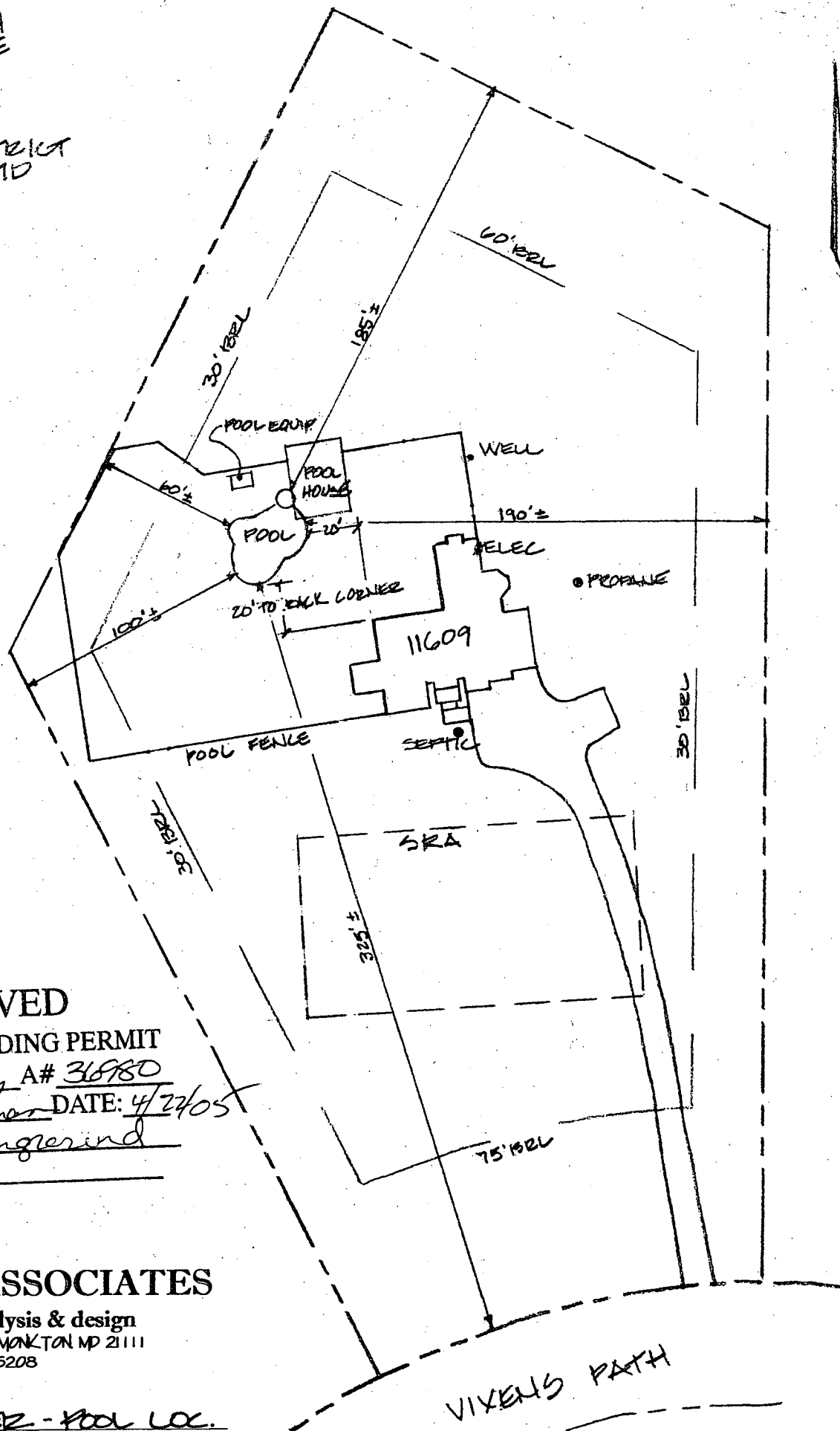
DATE SETBACK INFORMATION

PROPERTY ID#

446415



11609 VIXENS PATH  
 LOT A - THE CHASE  
 LOTS 1 THRU 48  
 SHEET 2 OF 7  
 PLAT 7259  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MD



**APPROVED**

WALK-THRU BUILDING PERMIT

BP# 600153431 A# 318180

APP. SAN James H. Hester DATE: 4/22/05

DESC. OF WORK: Ingraving

Pool

**JGL DESIGN ASSOCIATES**

Site planning, analysis & design  
 29 CHESTERFIELD CT. MONTGOMERY MD 21111  
 (410) 329-5208

SHEET TITLE SUBMIT - POOL LOC.

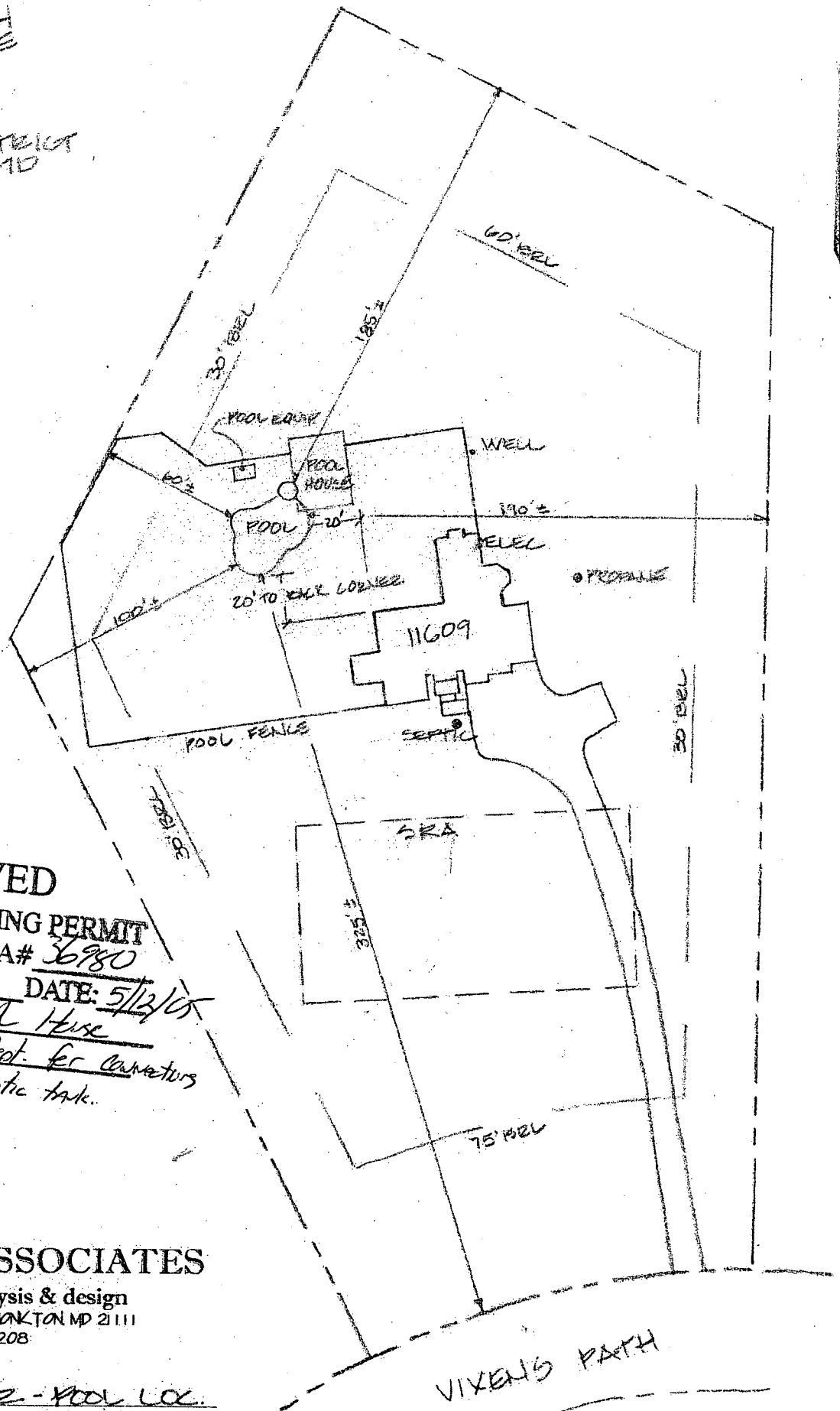
PROJECT # 600153431 SHEET 2 OF 7

SCALE 1"=60'-0" DATE 3.30.05

THIS DRAWING & ASSOCIATED WRITTEN MATERIALS MAY NOT BE USED  
 OR DUPLICATED WITHOUT THE WRITTEN CONSENT OF JGL DESIGN ASSOC.



11609 VIXEN'S PATH  
 LOT 4 - THE CHASE  
 LOTS 1 THRU 48  
 SHEET 2 OF 7  
 PLAT 7259  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MD



**APPROVED**

**WALK-THRU BUILDING PERMIT**

BP# 800153743 A# 36980

APP. SAN KJR DATE: 5/13/05

DESC. OF WORK: Pool House  
-Must call Health Dept. for connections  
from house + to septic tank.

**JGL DESIGN ASSOCIATES**

Site planning, analysis & design  
 29 CLESTERFIELD CT. MONTON MD 21111  
 (410) 329-5208

SHEET TITLE SUBMIT - POOL LOC.

PROJECT # \_\_\_\_\_ SHEET \_\_\_\_\_ OF \_\_\_\_\_

SCALE 1"=60'-0" DATE 3.30.05

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 OR DUPLICATED WITHOUT THE WRITTEN CONSENT OF JGL DESIGN ASSOC.

VIXEN'S PATH

