

12/12/01
a me
12/26/01
F/14 PM

04-363728

ISSUE DATE:

12/12/01

PERMIT
INDEXED

P 516447B

APPROVAL DATE:

12/26/01

A 59914-C

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 27

ADDRESS: 14300 Fox Creek Court PROPERTY OWNER: D.R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 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. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 240 feet up the left lot line and 45 feet off that same lot line as seen when facing the lot from Fox Creek Court. Run trenches on contour in both directions. Place d.box as shown on approved site plan
NOTES:	BASEMENT SERVICE BY GRAVITY IS NOT PROPOSED. LAYOUT INSP. IS CRITICAL

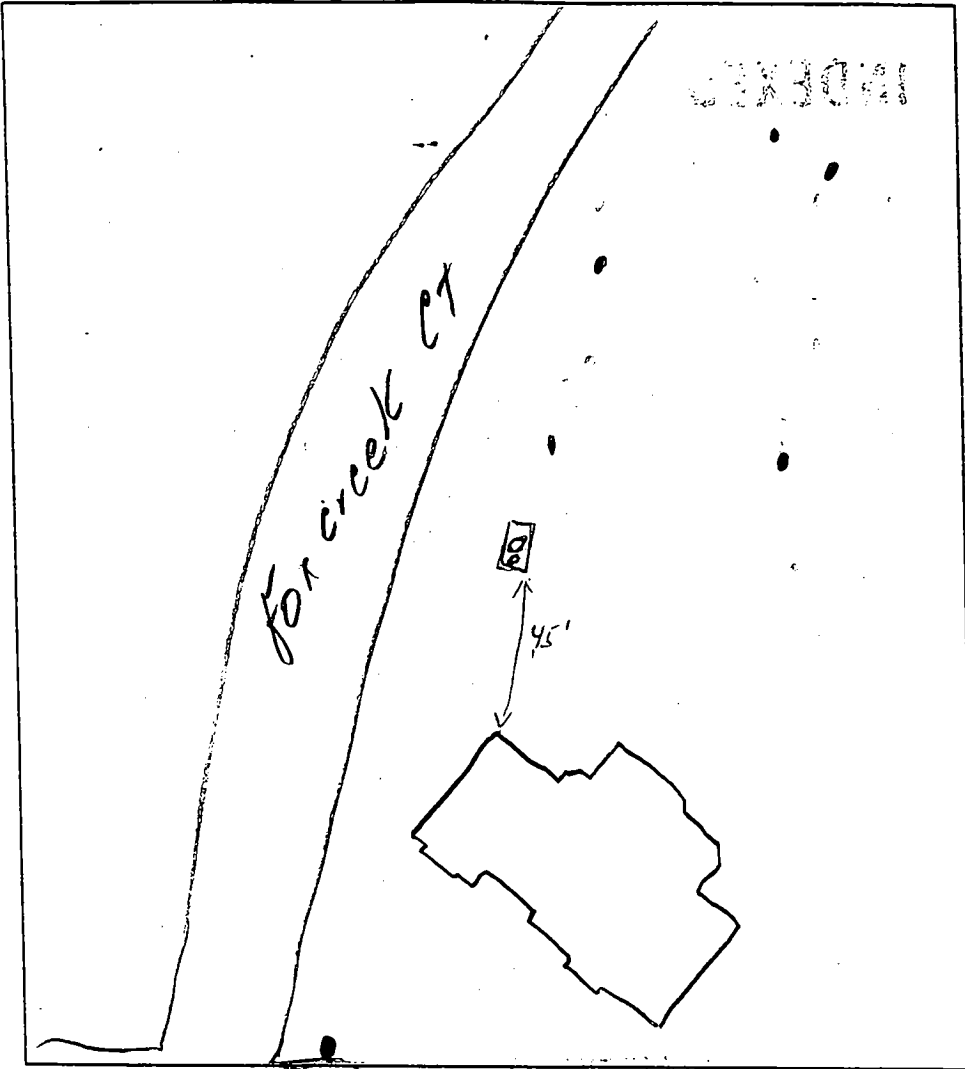
PLANS APPROVED: Amy Mc Millen OK SRK 7/13/01 DATE: 7-9-01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A59914-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____
 TRENCH INLET DEPTH _____
 TRENCH BOTTOM DEPTH _____
 DEPTH OF STONE _____
 NUMBER OF TRENCHES _____
 TOTAL TRENCH LENGTH _____
 ABSORBENT AREA _____
 DISTRIBUTION BOX LEVEL _____
 BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Conete - 2' hi
 6 INCH INSPECTION PORT Front - 2'

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

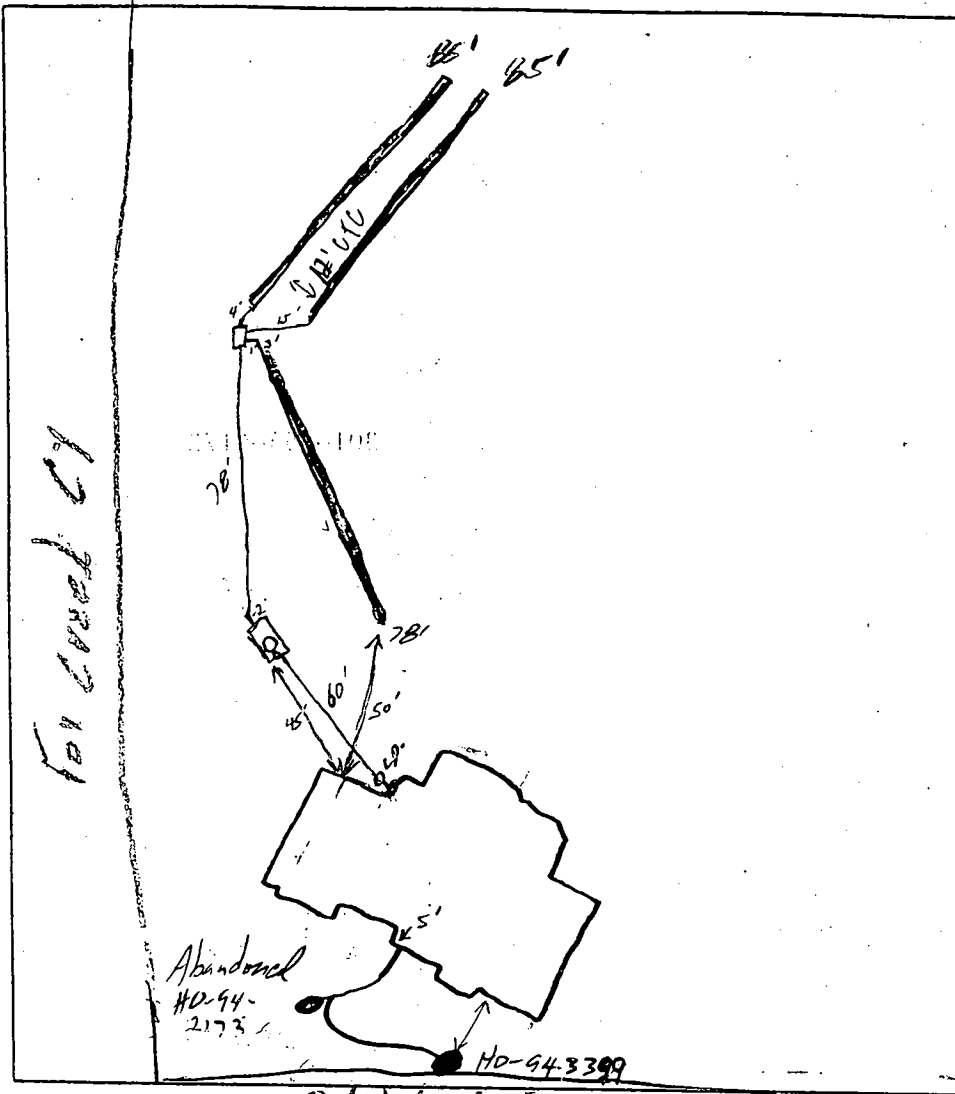
Outdate Drive
 PRE-CONSTRUCTION INSPECTION: 12/12/01 Layout for 80' w/ one 20' & two 85' trenches. Assumed 100' off well for tank placement (80)

INSPECTION COMMENTS: 12/13/01 Tank set, all to cover (80)
12/21/01 File could not be located, new sheet started (80)

INSPECTOR _____ DATE SYSTEM APPROVED _____

Oakdale Lot 27

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	3.5'
TRENCH BOTTOM DEPTH	5.5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	240'
ABSORBENT AREA	1 220 ϕ
DISTRIBUTION BOX LEVEL	Yes
BAFFLE IN DISTRIBUTION BOX	Yes

SEPTIC TANK DATA	
SEPTIC TANK	125073 GALLONS
MANHOLE RISER	Center - 2' h'
6 INCH INSPECTION PORT	Front - 2'
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: Oakdale D 12/13/01 Layout per BP. Instructed contractor to move ^{end of} 70' trench, closer to S.T. (EC)

INSPECTION COMMENTS: 12/13/01 Tank set, ok to cover S.T. (SQ)

12/21/01 1st trench (70') installed, ok to cover (SQ)

12/26/01 All trenches complete & house conn. made. OK to cover all work (EC)

INSPECTOR Steve Davis DATE SYSTEM APPROVED 12/26/01

1- FOX CREEK COURT
R=980.00 L=380.08
SILT FENCE (TYP.)
R=1000.00

1-A

511'29"18" W 106'10" S
R/W
18' AV.

35' 30" W
35' 30" W

S63°27'59"E
16.82
112/20'

S63°27'59"E
153.91'

BRL PUBLIC STORM DRAIN AND UTILITY EASEMENT

SILT FENCE (TYP.)

6' PUBLIC DITCH EASEMENT

LIMIT OF DISTURBANCE

Approved Septic System Plan
Howard County Health Department

50,000 S.F.

Amy
Signature

SRU
INV. = 632.6
7/9/01
Date

LOT 26
50,000 S.F.

INV. = 638.6

INV. = 638.9

3' REAR AREAWAY

EX SILT FENCE INSTALLED UNDER F-99-133 TO BE REMOVED

SOMERSET
FF=645.50
BF=635.54
GAR.
POR.
EX 449

BALMORAL
ELEV. E
FF=641.6
BF=631.64
OPT. 2' EXT
POR.

50' BRL

50' BRL

6' PUBLIC DITCH EASEMENT

EX WELL TO REMAIN

S78°30'42"E 343.46'

S78°30'42"E

193.00'

Total linear feet of trench required 240 feet

Approved Septic System Plan

Howard County Health Department

Width of trench (es) 3.0 feet

Length of trench (es) 55 feet

Depth of stone 55 below distribution pipe 25 feet

Armed M. M. M.
Signature 7/9/01
Date

DRAIN BASEMENT

SILT FENCE (TYP.)

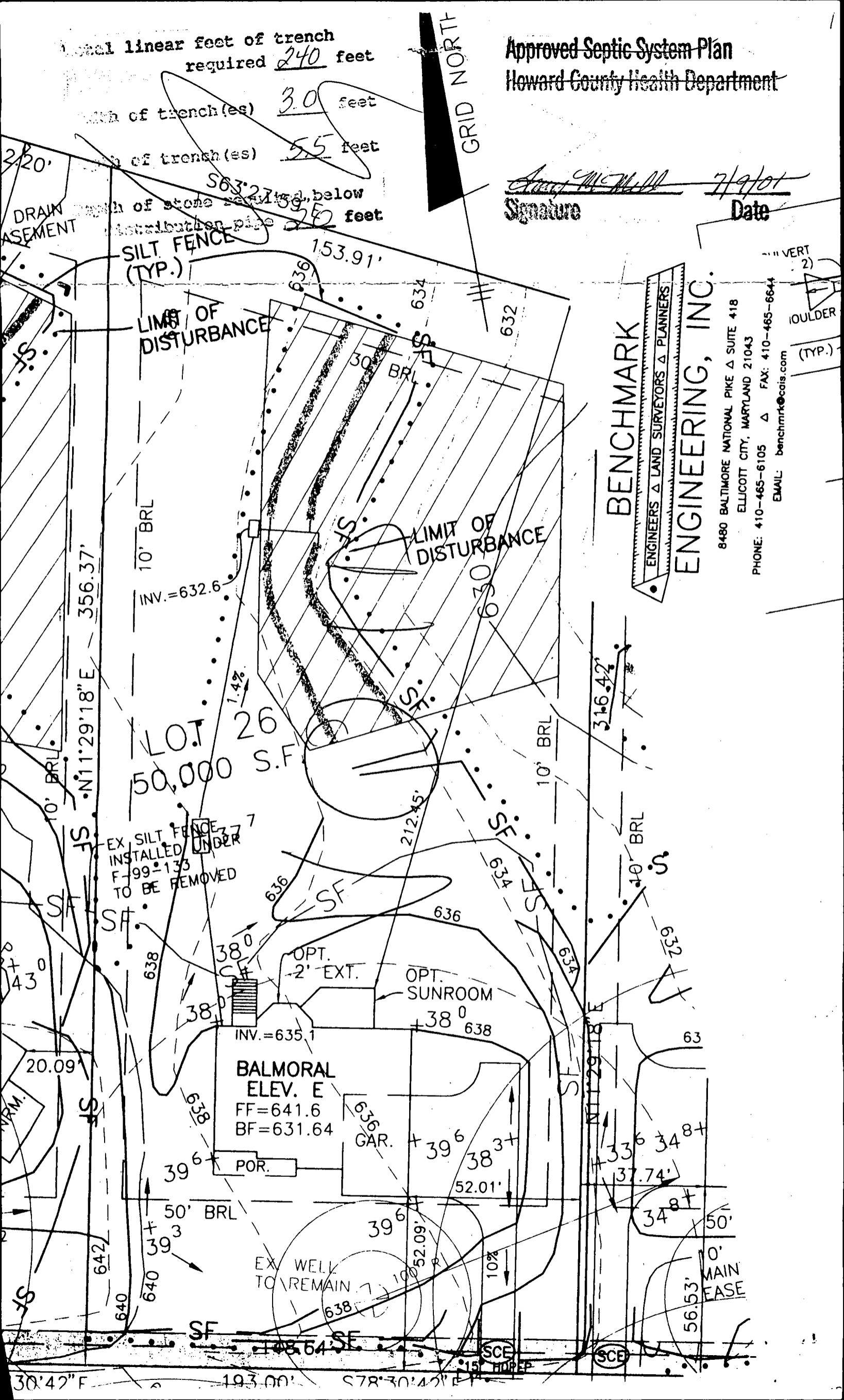
LIMIT OF DISTURBANCE

LIMIT OF DISTURBANCE

BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE Δ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 Δ FAX: 410-465-6644
EMAIL: benchmark@ccais.com

VERT (2)
BOULDER (TYP.)



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

300131250

Building Address: **14300 Fox Creek Ct**
Rockville MD 21163
 Suite/Apt. #: **N/A** SDP/WF/Petition #: **N/A 199-133**
 Census Tract: **66410.02** Subdivision: **Monticello**
 Section: **8** Area: **110** Lot: **27**
 Tax Map: **8** Parcel: **110** Grid: **18**
 Zoning: **RC, DPZ** Map Coordinates: **4612** Lot size: **4612**

Property Owner's Name: **D. R. Horton, Inc.**
 Address: **1370 Plooard Dr., St. 230**
Rockville, MD 20850
 City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: **301 670-6144**
 Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.
 Phone: **410-602-8779** Fax: _____

Existing Use: **vacant lot**
 Proposed Use: **new single fam. dwelling**
 Estimated Construction Cost: \$ **200,000**
 Description of Work: **Somerset w/rear (14'x20' sunn.)**
4' fam. rm. Ext.

Contractor Company: **D. R. Horton, Inc.**
1370 Plooard Dr., St. 230
Rockville, MD 20850
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: **535**
 Phone: **301 670-6144** Fax: _____

Occupant of Tenant: **see owner**
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: **Benchmark Eng.**
John Carney
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: 4 per DLP	
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 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: **V. Meyer**
 Title/Company: **Agent**

Print Name: **Victoria Meyer**
 Date: **6/29/01**
 Title/Company: **Maryland Bldg. Permits, Inc.**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	7/9/01	[Signature]
Fire Protection		

Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: 50 FT	51573
Rear: 30 FT	Filing fee \$ 25
Side: 10 FT	Permit fee \$ _____
Side St.: 230 FT	Excise tax \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for Newtown Zone N/A	Balance due \$ _____
SDP/Red-line approval date N/A	Check # 401456
	Validation # _____
	Accepted by _____

C
3/14/02
Referred
4/18/02
Referred
5/16/02

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fokes Well Drilling Telephone #: 410-795-5670
Address: 570 Obrecht Rd
Sykesville md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License # MSD009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: _____
Subdivision: manicello Lot #: 27 Well Tag #: HO-94-0028
Site Address: 14300 Foxcreek Ct 3399

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>105307422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>12</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>N/A</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>1/2</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton Signature of company representative responsible for installation
3-14-02 date

For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: 5/8/02 Date Insp. Approved: 5/9/02 Inspector: (50) SRK
Inspection Data: Pitless adapter/watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14506 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A59914-C

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

ST/CO USE ONLY DATE RECEIVED MM DO YY 5 3 02

DATE WELL COMPLETED MM DO YY 5 3 02 Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3399

OWNER D.R. Horton Inc. & SDC STREET OR RFD 14500 Fox Creek Ct. TOWN Cooksville SUBDIVISION Monticello SECTION LOT 27

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-34), Gray Mica Rock (34-400)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 35 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (C) (O) (R) (O) (T) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 38

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

DEPTH (nearest ft.) 36 400' E A C H S C 3 R E E N

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

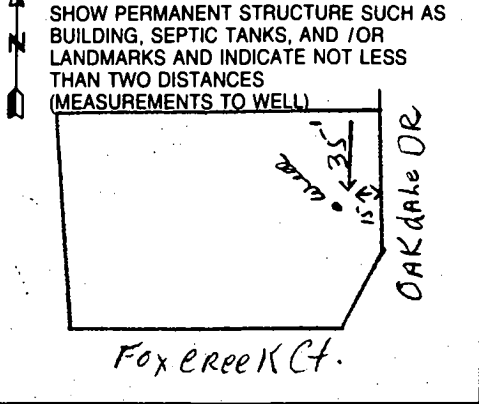
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 52 ft. WHEN PUMPING 204 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 () below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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 LIC. NO. 1 MSD 024 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

B 1	7702	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0 - 94 - 3399 <small>fill in this form completely</small>
-----	------	--------------------------------	---	---

Date Received (APA) **5/1/2002**

OWNER INFORMATION

8 MM DD YY 13

15 Last Name **SOC** Owner First Name

36 ~~14500~~ **PO Box 417** Street or RFD

57 Town **Ellicott City MD** State **MD** Zip **21041**

LOCATION OF WELL

8 COUNTY **Howard**

23 SUBDIVISION **Monticello**

SECTION **44** LOT **27**

52 NEAREST TOWN **Cooksville**

MILES FROM TOWN (enter 0 if in town) **1** M I

DRILLER INFORMATION

76 Driller's Name **Joseph L. Mayne** License No. **MS D 24**

81 Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd Mt. Airy Md. 21771**

Signature **Joseph L. Mayne** Date **5/1/02**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **14300 Fox Creek Court**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD **40** FT

TAX MAP: **8** BLK: **18** PARCEL **110**

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **5/1/2002** CO SIGNATURE **Brian Baker** EXP DATE **5/1/2003**

NORTH GRID **544** EAST GRID **797**

APPROXIMATE DEPTH OF WELL **400** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 38 casing**
- 35 Annular**
- 15 Base Grout**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **797**

N **544**

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)

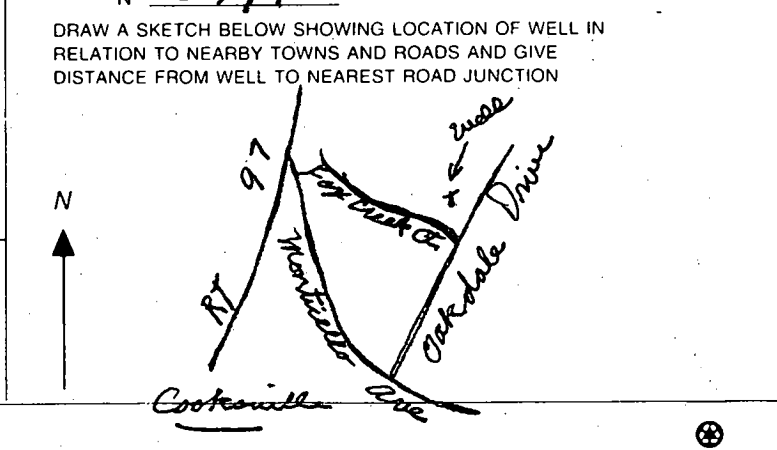
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **H0 - 94 - 2173**



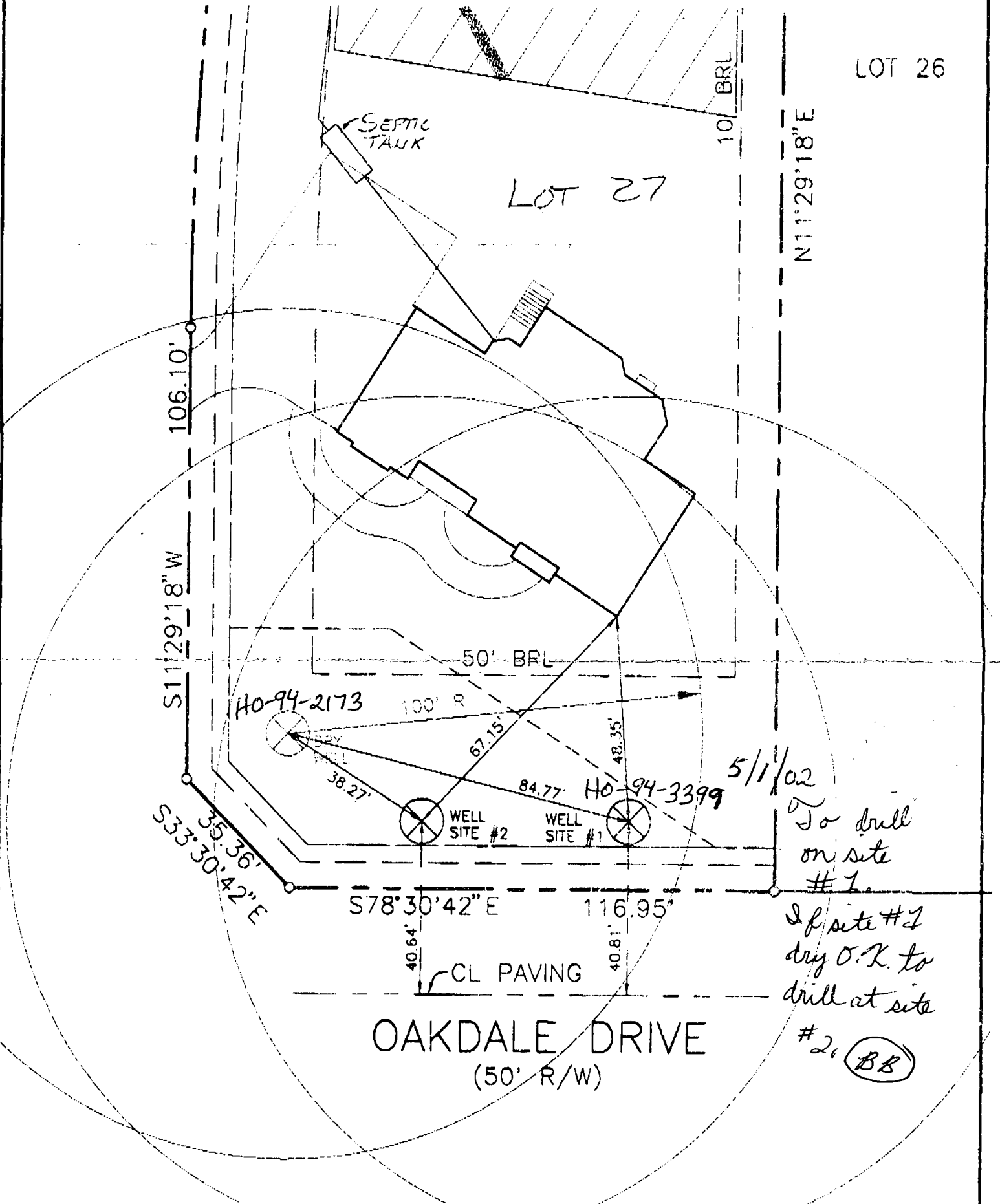
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **G**

PERMIT No. **H0 - 94 - 3399**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



ADDITIONAL WELL SITES
MONTICELLO
LOT No. 27

14300 FOX CREEK COURT
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: 04/25/02

BENCHMARK
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE & SUITE 418
BLOOMING CITY, MARYLAND 21103
phone: 410-435-8100 & fax: 410-408-9844
email: Benchmark@bcei.com

 WATER WELL ABANDONMENT-SEALING REPORT FORM

OK SRK
 5/8/02

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-3-02 (month/day/year)

→ Tag Returned & Destroyed

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 94 - 2173

* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 94 - 3399

* PERSON ABANDONING WELL: Joseph B. Mayne

WELL DRILLERS LICENSE NUMBER: 024

* OWNER'S NAME: SDC + D.R. Horton

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Cookstown
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Monticello
 SECTION: _____ LOT: 27
 NEAREST ROAD: FOX CREEK CT.

	X
0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 790
 N 540

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 3/8 INCHES IN DIAMETER

* DEPTH OF WELL: 400 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel</u>	<u>0</u>	<u>400</u>

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph B. Mayne LICENSE #: 024 CIRCLE ONE: MWD/MSD/MGD DATE: 5-6-02

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fokes Well Drilling Telephone #: 410-795-5670
Address: 570 Obrecht Rd
Sykesville md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License # 45D009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #:
Subdivision: Monticello Lot #: 27 Well Tag #: HO-94-2173
Site Address: 14300 Foxcreek Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 10S307Y22 Model #: N/A Screened, vented well cap: yes
Pump Capacity 10 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 20 GPM NSF/WSC approved: N/A Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 173.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 3-14-02
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/8/02 Date Insp. Approved: 2/8/02 Inspector: (50) BR
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 9675 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
COUNTY NUMBER

ST/CO USE ONLY
DATE Received
DATE Well Completed
MM DD YY
5 20 99

Depth of Well
22 400 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0119412173
5/8/02

OWNER: HIGHLAND DEVELOPMENT
STREET OR RFD: STREET A TOWN: GLENWOOD
SUBDIVISION: KNAPP PROPERTY SECTION: _____ LOT: 27

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	
Sand	0	47	
Gray Granite	47	400	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 18 NO. OF POUNDS 1692
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 45 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE: ST
Nominal diameter top (main) casing (nearest inch): 6
Total depth of main casing (nearest foot): 50

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

SCREEN RECORD
screen type or open hole: ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76
77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 2
WELL HYDROFRACTURED: YES NO

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

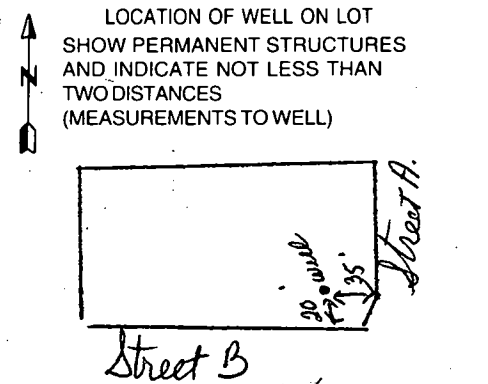
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1: MSD024
DRILLERS SIGNATURE: Joseph E. Murray
LIC. NO. 1: D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
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.) 20
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 48 ft.
WHEN PUMPING: 50 ft.
TYPE OF PUMP USED (for test):
 S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 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 49
 below 1 (nearest foot)



SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1: 7476

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

H0-94-2173

fill in this form completely

Date Received (APA)

03 16 99

OWNER INFORMATION

9

Highland Development

P.O. Box 228

Clarksville Md 21029

B 3 LOCATION OF WELL

Howard COUNTY

Knapp Property

SECTION 44 LOT 27

Colenwood

NEAREST TOWN 71

DRILLER INFORMATION

Joseph L. Mayne MS D024

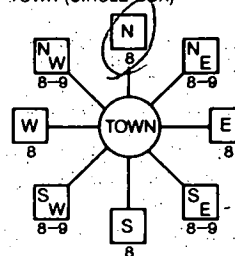
Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy Md 21771

Joseph L. Mayne 3/8/99

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street A

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37

DISTANCE FROM ROAD FT

TAX MAP: 8 BLK: 18 PARCEL: 110

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 03 10 99

CO SIGNATURE EXP. DATE 3/9/00

NORTH GRID 544 000 EAST GRID 0797 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER GAP

PERMIT No H0-94-2173

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 798 N 548

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A 59914

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

56 LOTS
EXISTING HOUSE(S) - W6665-5607165
TO BE ELIMINATED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR FOLLOW-UP TESTING
WILL PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)
DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

4/21 - 4/24
&
5/19 - 5/22

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 3480 Ballenger Not. PIKE PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. _____

ROAD AND DESCRIPTION M

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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] SECURITY DIV.
(SIGNATURE OF APPLICANT)
STEVE SHIPLE - TSA

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE 327

or/red
cl lm
↓

brown,
pink
mica
silt
loam
very fine
10% shale
frags

318

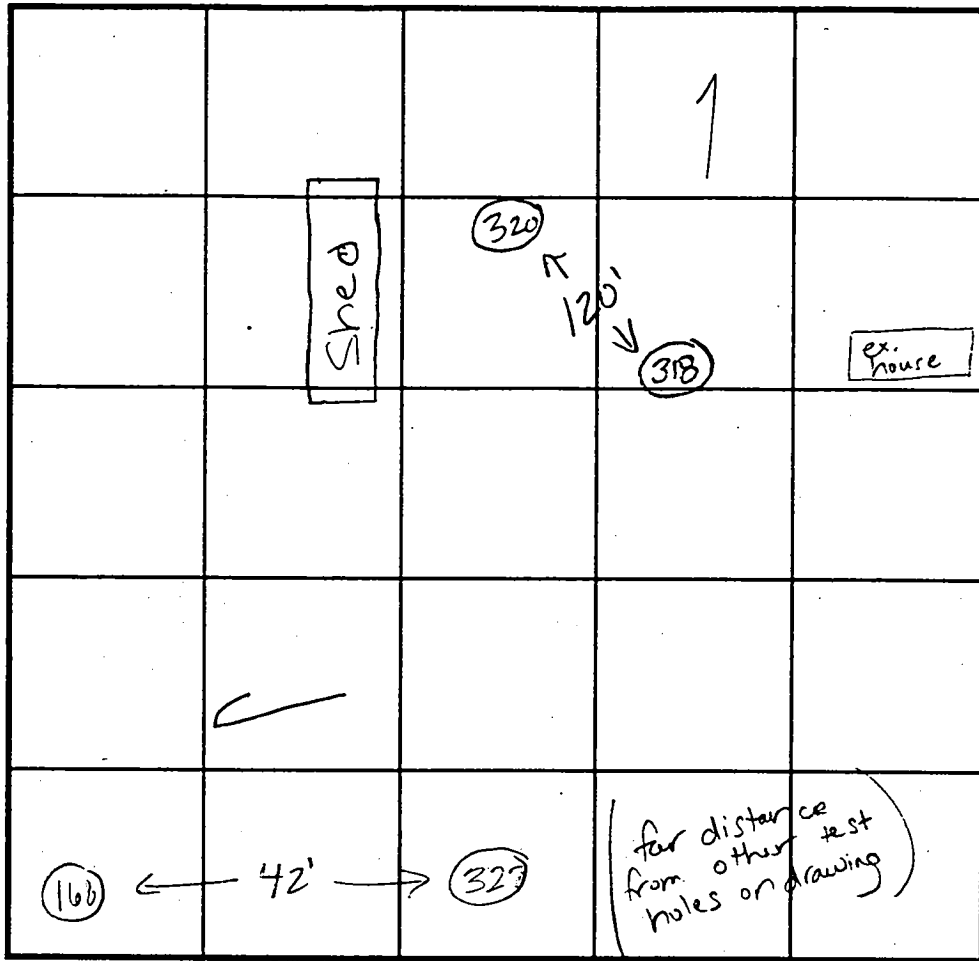
or/red
cl lm

red/br
silty
clay
loam
15%
shale
frags
↓

320

Same
as
hole

318



SOIL PROFILE 314

or/red
cl lm

tan/or
sandy
clay
loam
↓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5.19.98	327	12.0'D	visual	only	ok	see	profile
	318	3.5'S	10:35 ₃₀	10:36	10:36	10:37	1 min
		12.5'D	visual	ok	see	profile	
		(repour)	10:37 ₂₀	10:38 ₃₀	10:38 ₃₀	10:40 ₃₀	2 min
	320	3.5'S	10:43 ₃₀	10:44 ₅₀	10:44 ₅₀	10:46 ₂₀	1:30
		11.0'D	visual	ok	see	profile	

REMARKS test holes staked

TYPE OF SOIL _____

TESTED BY Kim Maiste ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

A 59914/5
COUNTY #

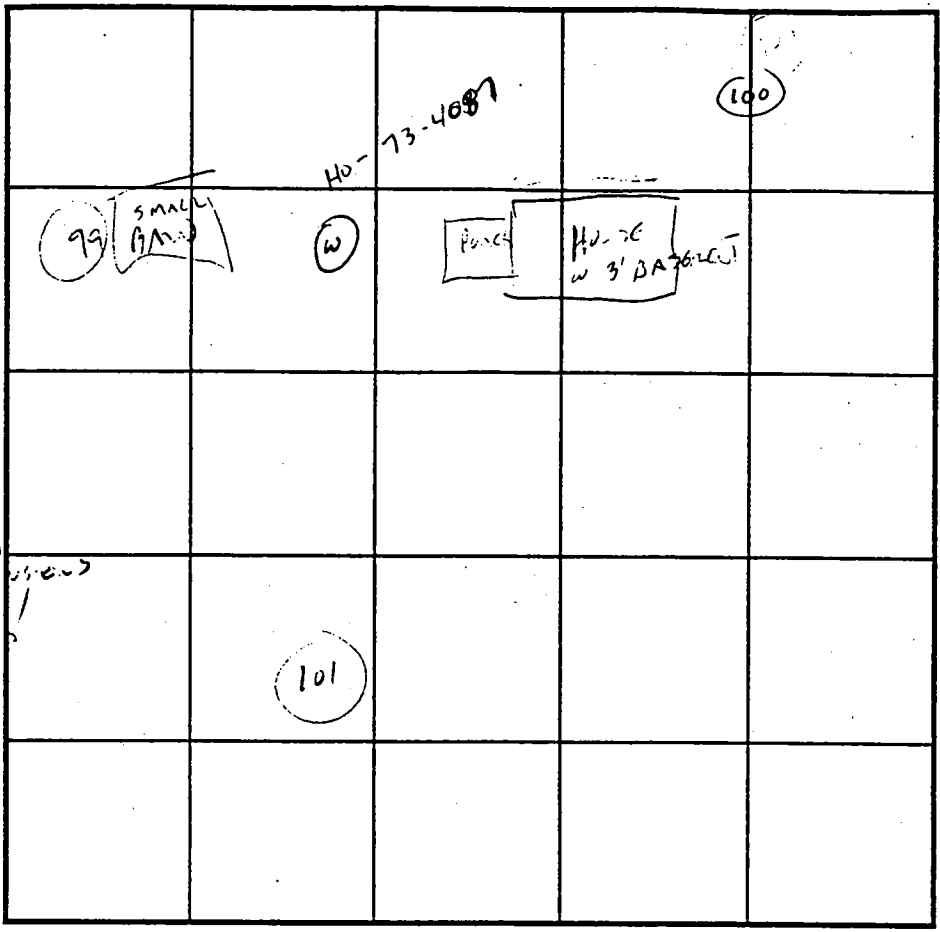
KNAPP SUBD.

(102)

SOIL PROFILE
101
0'
CLAY
4'
ORANGE
CLAY
SAND
LOAM
SOME
PLAIN
NODULES
12' DO NOT
DUE TO EFFECT
OF CLAY
NOT H₂O T_A 360

99
2'
CLAY
FIN
SAND
SILT
LOAM
13'

100
5'
ORANGE
CLAY
PURPLE
BROWN
POWDERY
SILT
LOAM
12'



SOIL PROFILE
102
0'
ORANGE
BROWN
CLAY
4'
SANDY
CLAY
LOAM
11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/98	101	5	2:30	2:32	2:32	2:35	3410
	99	3	2:30	2:38	2:38	2:40	2410
	100	5	2:41	2:45	2:45	2:52	7410
	102	5	2:41	2:43	2:43	2:45	2410

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY C. W. WILCOX ALSO PRESENT S. PENNY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Perc Holes That Correspond To Different

Lots For Knapp Property - (Lots 1-28)

Lot # -

Perc Hole Numbers for Lot -

1

1, 2, 2A, 3, 4, 5, 7C, 302

2

6, 7B, 7C, 8, 303

3

6, 8, 9, 10, 304

4

10, 11, 12, 13, 14, 305

5

13, 14, 15, 16, 17

6

15, 16, 18, 19, 306

7

18, 19, 20, 21, 22, 23

8

23, 24, 25, 26, 27

9

37, 38, 39, 40

10

39, 40, 41, 42, 43, 44

11

43, 44, 45, 46, 47, 48

12

47, 48, 49, 50, 51, 52

13

51, 52, 53, 54, 55, 56

14

55, 56, 57, 58

15

59, 60, 61, 62

16

62, 63, 64, 65, 317

17

69, 70, 71, 72, 314, 315, 315A, 316

18

72, 73A, 74, 312, 313, 314

19

78, 78A, 80, 311, 311A, 312, 313

20

80, 81, 82, 83, 84, 310

21

83, 84, 85, 86, 87, 309, 310

22

85, 86, 87, 87A, 88, 89, 90, 91A, 309

23

90, 91, 91A, 92, 93

24

91, 92, 94, 95, 96, 308

25

95, 96, 97, 101, 103, 308

26

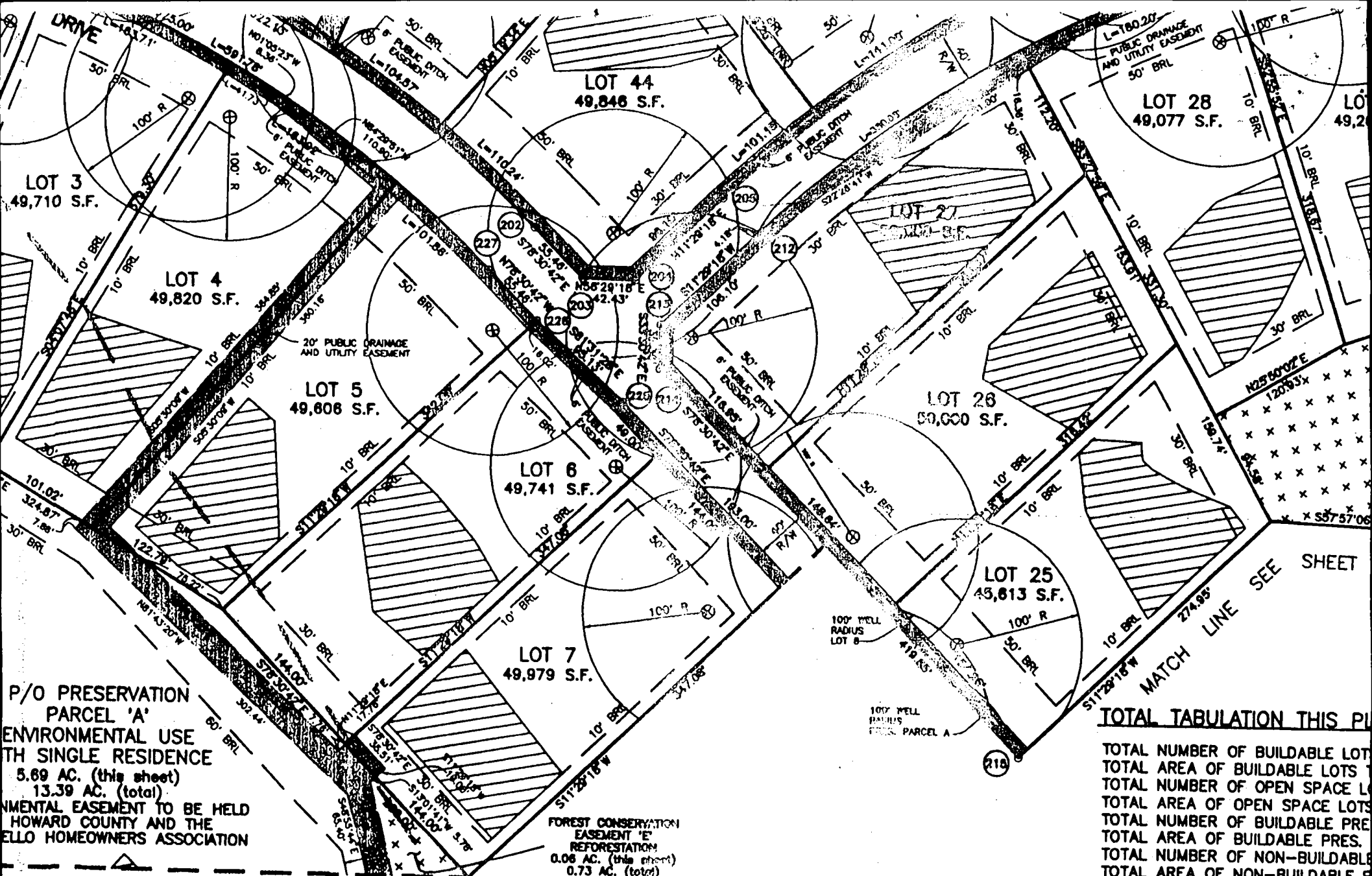
100, 101, 102, 103, 105, 320

27

102, 318, 320

28

103, 104, 105, 106, 107, 108, 109



LOT 3
49,710 S.F.

LOT 4
49,820 S.F.

LOT 5
49,608 S.F.

LOT 6
49,741 S.F.

LOT 7
49,979 S.F.

LOT 44
49,846 S.F.

LOT 26
50,000 S.F.

LOT 25
45,613 S.F.

LOT 28
49,077 S.F.

P/O PRESERVATION
PARCEL 'A'
ENVIRONMENTAL USE
WITH SINGLE RESIDENCE
5.69 AC. (this sheet)
13.39 AC. (total)
ENVIRONMENTAL EASEMENT TO BE HELD
BY HOWARD COUNTY AND THE
WELLS HOMEOWNERS ASSOCIATION

FOREST CONSERVATION
EASEMENT 'E'
REFORESTATION
0.06 AC. (this sheet)
0.73 AC. (total)

TOTAL TABULATION THIS PLAT

TOTAL NUMBER OF BUILDABLE LOTS
TOTAL AREA OF BUILDABLE LOTS
TOTAL NUMBER OF OPEN SPACE LOTS
TOTAL AREA OF OPEN SPACE LOTS
TOTAL NUMBER OF BUILDABLE PRES.
TOTAL AREA OF BUILDABLE PRES.
TOTAL NUMBER OF NON-BUILDABLE
TOTAL AREA OF NON-BUILDABLE
TOTAL AREA OF RIGHT OF WAY TO
TOTAL AREA OF 100 YR FLOODPLAIN
TOTAL AREA OF THIS PLAT TO BE

SHEET 3

CERTIFICATE

TO MY KNOWLEDGE, INFORMATION
AND BELIEF, THAT IT IS A SUBDIVISION
OF LAND OWNED BY D. R. HORTON, INC.,
A CORPORATION, AND IS BEING
RECORDED AMONG THE LAND
RECORDS OF HOWARD COUNTY,
MARYLAND, AT FOLIO 549 AND
BOOK 100, PAGE 100.

OWNER'S DEDICATION

D. R. HORTON, INC., BY JOHN M. FLAHERTY, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPTS THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPT. OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANTS UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND

RECORD
ON 1/4
RECORD

