

LAYOUT 10/16/03 INSP 4 _____
INSP 2 11/4/03 INSP 5 _____
INSP 3 11/12/03 - 2PM INSP 6 _____

ISSUE DATE: 10/8/03

APPROVAL DATE: 11/12/03

PERMIT INDEXED

P 519608

A 513359-4B

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

03-339610

Maticic Construction IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandy Ridge Rd PHONE NUMBER: 410-379-6463
SUBDIVISION: Fox Chase Estate LOT NUMBER: 2
ADDRESS: 12909 Vistaview Drive PROPERTY OWNER: Williamsburg Group
SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐
PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐
NUMBER OF BEDROOMS: 4
SQUARE FEET PER BEDROOM: 180
LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 120' from the rear lot line and 10' from the left lot line. Run (3) trenches on contour to rear of lot as shown on plan. Trenches are best installed as shown (40', 85', 115').
NOTES:	All septic tanks to be at least 100' from well.

PLANS APPROVED: MER [Signature] DATE: 6/27/03

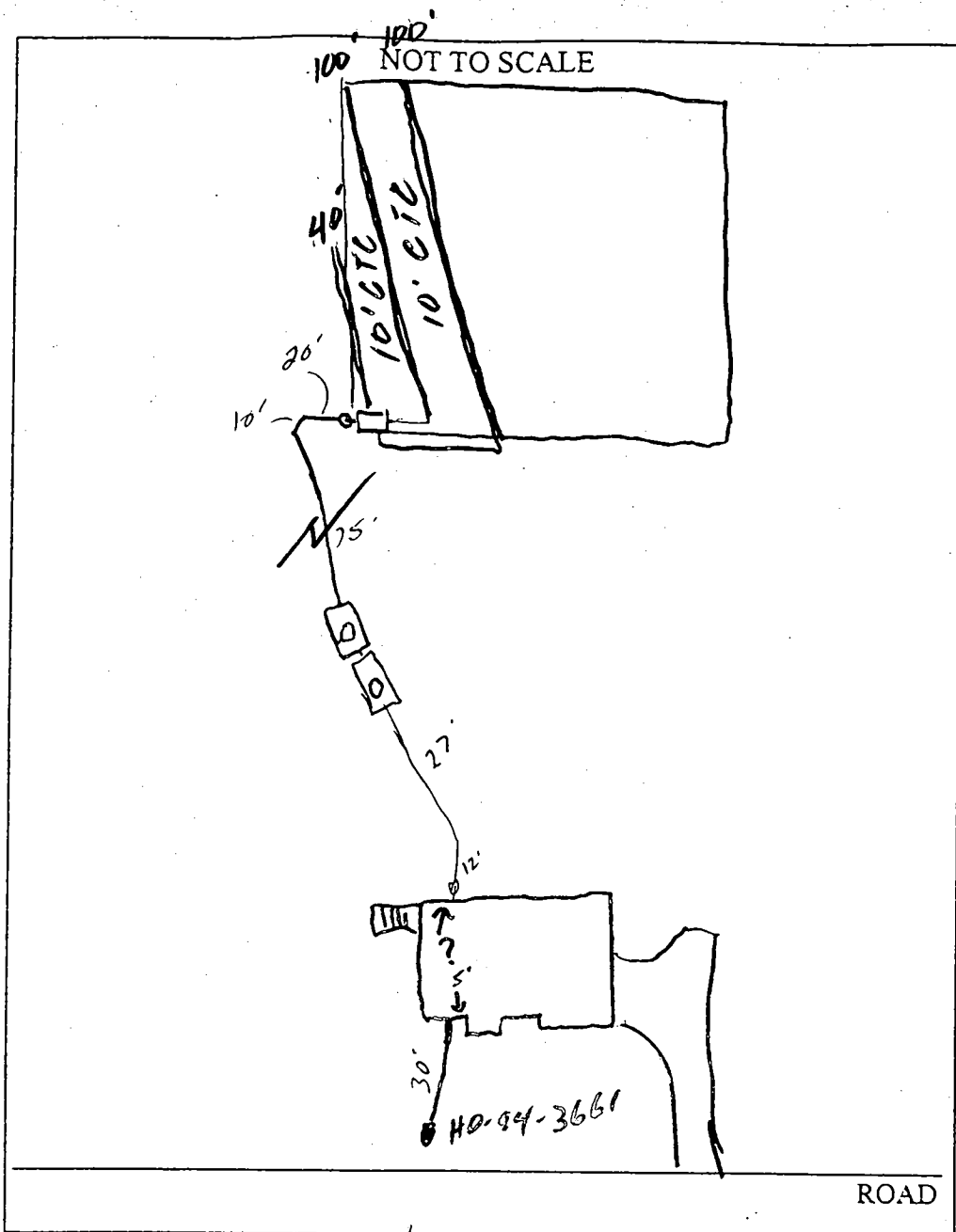
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

BUILDING PERMIT SIGNED CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
AND RETURNED DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

8-23-05 800/55543-2 STORY GARAGE ADDITION
12-10-05 800/57247-46 POOL

513359-B



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		7204
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 10/16/03 - SRA staked, contour appears accurate, install per B.P. (SO)

INSTALLATION 11/4/03 = OK to cover all work. Pump & Alarm test needed (SO) 11/12/03 pump + alarm test OK (SO/KB)

AND RETURNED
BUILDING PERMIT SIGNED

FINAL INSPECTOR

Kenny Bell

DATE OF APPROVAL

11/12/03

B00142325

12909 VISTAVIEW DR.

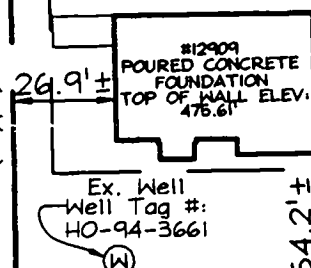
7/31/03
Wall Check
O.K. JS

S 67°54'37" E 127.07'

LOT 2
40,077.175sf±

N 16°00'00" E 10' BRL

S 16°52'42" W

10' Public Tree
Maint. & Utility
Esm't (Typ.)10' Private
Gasline
EasementN 74°00'00" W 105.87'
L=15.64'
R=1,020.00'

VISTAVIEW DRIVE

(Public Access Place) LEGEND

PLAN VIEW

SCALE: 1"=100'

F/P = FIREPLACE
B/W = BAY WINDOW
D/W = DRIVEWAY
CONC = CONCRETE

O/H = OVERHANG
H/P = HEAT PUMP/AIR COND.
G/M = GAS METER
E/M = ELECTRIC METER

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

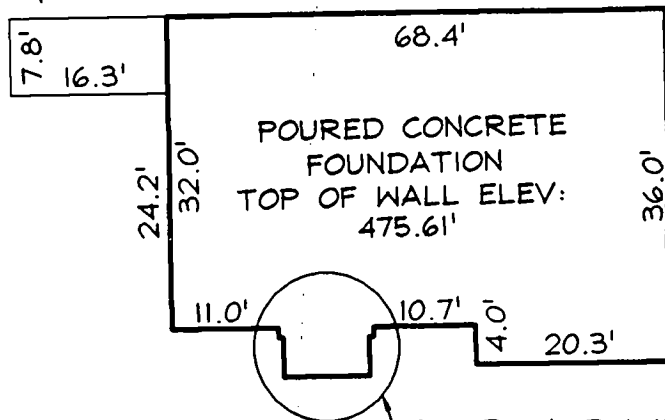
ADDRESS No. 12909 VISTAVIEW DRIVE

TOP OF WALL ELEV. = 475.61' FIRST FLOOR ELEV. = N/A

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
TRANSFER, FINANCING OR REFINANCING.

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
OTHER EXISTING OR FUTURE IMPROVEMENTS;

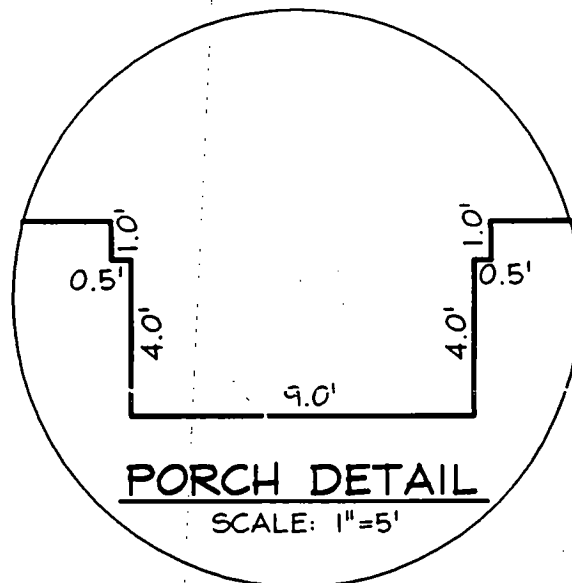
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
OF TITLE OR SECURING FINANCING OR REFINANCING.



See Porch Detail

FOUNDATION DETAIL

SCALE: 1"=20'



SCALE: 1"=5'

FSH Associates

Engineers Planners Surveyors

8318 Forrest Street Ellicott City, MD 21043

Tel: 410-750-2251 Fax: 410-750-7350

E-mail: FSHAssociates@cs.com

LOCATION
DRAWING

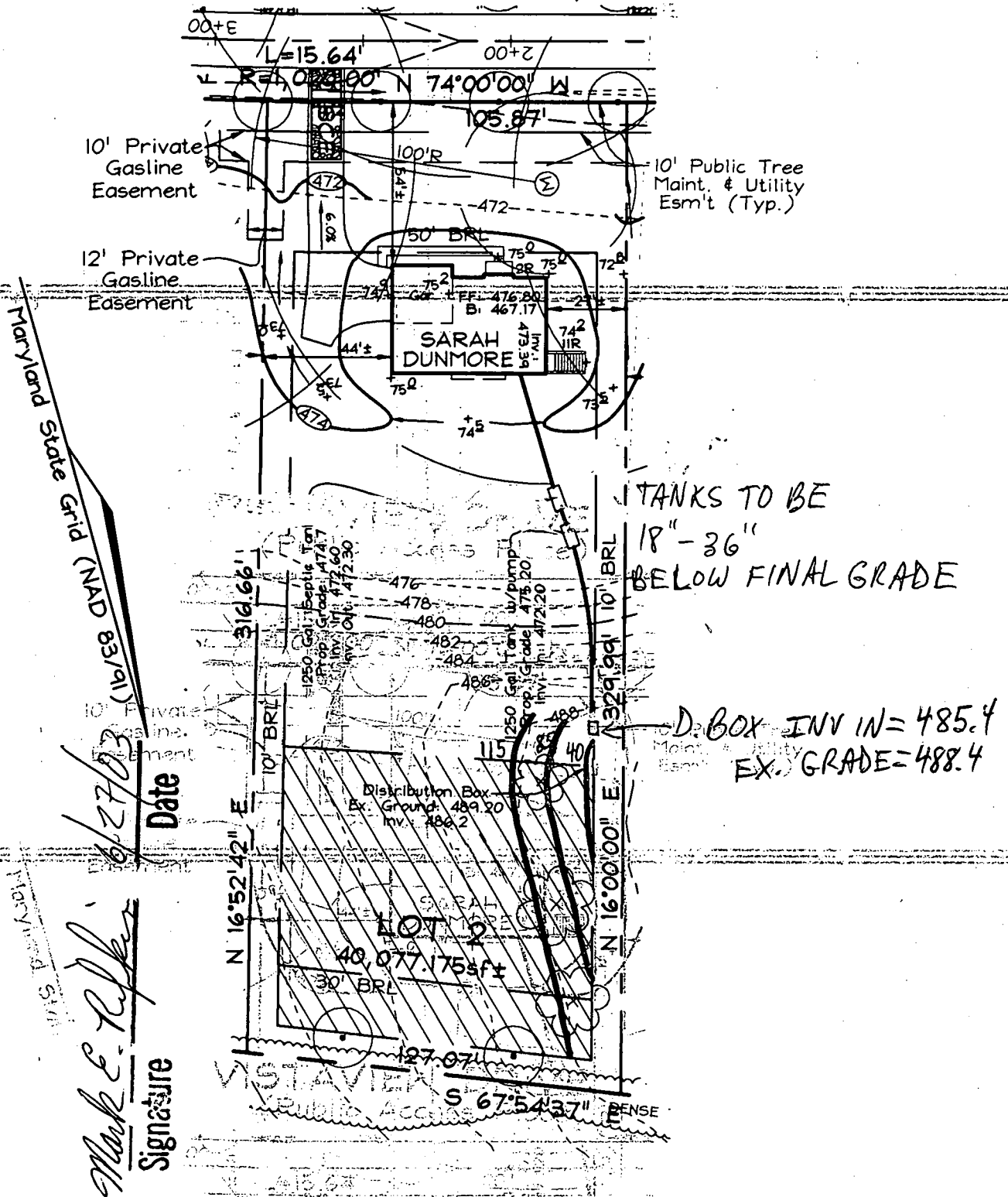
FOUNDATION	Date: 07/22/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3003



WALL CHECK

LOT 2
FOX CHASE ESTATES
PLAT No. 15907
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

VISTAVIEW DRIVE
(Public Access Place)



Approved Septic System Plan
Howard County Health Department

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

Williamsburg Group L.L.C.
P.O. Box 1018
Columbia, Maryland 21044

Note: See Approved Grading Plan GP-03-64 for Entire Site.

DESIGN BY: Slim
DRAWN BY: Slim
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: May 07, 2003
W.O. No.: 3138
SHEET No.: 1 OF 1

LOT RESITE
LOT 2 LOT 2
FOX CHASE ESTATES

TAX MAP 15 GRID 23 PARCEL 25
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

G 8447

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3630 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-3000 INSPECTIONS (410) 313-3010 AUTOMATED INFORMATION (410) 313-3000		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00142325 <i>mer</i>	
Building Address <u>12909 VISTAVIEW DR.</u> <u>WEST FRIENDSHIP, MD 21794</u>			Property Owner's Name <u>WILLIAMSBURG GROUP</u>		
Suite/Apt. #: <u>---</u> SDP/Permit # <u>03-64</u>			Address <u>5485 HARRERS FARM RD, #200</u>		
Census Tract <u>---</u> Subdivision <u>FOXCHASE ESTATES</u>			City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21044</u>		
Section <u>N/A</u> Area <u>N/A</u> Lot <u>2</u>			Home Phone <u>---</u> Work Phone <u>410/997-8800X16</u>		
Tax Map <u>15</u> Parcel <u>25</u> Grid <u>23</u>			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning <u>RC1</u> Map Coordinates <u>15 CR</u> Lot size <u>40,077 sq ft</u>			Phone <u>---</u> Fax <u>410-997-4358</u>		
Existing Use <u>VACANT LOT</u>			Contractor Company <u>Same as owner</u>		
Proposed Use <u>SFD</u>			Contact Person <u>---</u>		
Estimated Construction Cost \$ <u>200,000</u>			Address <u>---</u>		
Description of Work <u>MODEL SARAH DUNMORE</u>			City <u>---</u> State <u>---</u> Zip Code <u>---</u>		
<u>SDRY, FULL BMT, 9R, 2FB, 1HB, FP</u>			License No. <u>155</u>		
<u>GARAGE (4 BR)</u>			Phone <u>---</u> Fax <u>---</u>		
Occupant or Tenant <u>Same as owner</u>			Engineer or Architect Company <u>---</u>		
Contact Name <u>---</u>			Contact Person <u>---</u>		
Address <u>---</u>			Address <u>---</u>		
City <u>---</u> State <u>---</u> Zip Code <u>---</u>			City <u>---</u> State <u>---</u> Zip Code <u>---</u>		
Phone <u>---</u> Fax <u>---</u>			Phone <u>---</u> Fax <u>---</u>		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>---</u>	Water Supply: <u>---</u>	SF Dwelling ☒ SF Townhouse ☐	Water Supply: <u>---</u>
No. of stories: <u>---</u>	Public ☐ Private ☐	Depth <u>34'</u> Width <u>50'</u>	Public ☐ Private ☒
Gross area, sq. ft. per floor: <u>---</u>	Sewage Disposal: <u>---</u>	1st floor: <u>34'</u> <u>50'</u>	Sewage Disposal: <u>---</u>
Use group: <u>---</u>	Public ☐ Private ☐	2nd floor: <u>34'</u> <u>50'</u>	Public ☐ Private ☒
Construction type: <u>---</u>	Electric Yes ☐ No ☐	Basement: <u>34'</u> <u>50'</u>	Electric Yes ☒ No ☐
Reinforced Concrete ☐	Gas Yes ☐ No ☐	Finished Basement ☐ Unfinished Basement ☒	Gas Yes ☐ No ☐
Structural Steel ☐	Heating System: <u>---</u>	Crawl space ☐ Slab on Grade ☐	Heating System: <u>---</u>
Masonry ☐	Electric ☐ Oil ☐	No. of Bedrooms <u>4</u>	Electric ☒ Oil ☐
Wood Frame ☐	Natural Gas ☐	Multi-family dwellings: <u>---</u>	Natural Gas ☐
State Certified Modular ☐	Propane Gas ☐	No. of 1 BR units: <u>---</u>	Propane Gas ☒
	Sprinkler system: <u>N/A</u> ☐	No. of 2 BR units: <u>---</u>	Other Structure: <u>---</u>
	Full ☐	No. of 3 BR units: <u>---</u>	Dimensions: <u>---</u>
	Partial ☐	Other: <u>---</u>	Footings: <u>---</u>
	Other Suppression ☐	Roof: <u>---</u>	Sprinkler system: <u>N/A</u> ☒
	# of Heads <u>---</u>	State Certified Modular ☐	NFPA #13D ☐
		Manufactured Home ☐	NFPA #13R ☐
			Other: <u>---</u>

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 THEREBY; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Suzanne P. Davis</u> Applicant's Signature	<u>SUZANNE P. DAVIS</u> Print Name
<u>AGENT</u> Title/Company	<u>6/9/03</u> Date

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#
State Highways			Front <u>---</u>	<u>55350</u>
Building Official			Rear <u>---</u>	Filing fee \$ <u>1000</u>
Dev. Engineering DPZ	<u>6/27/03</u>	<u>mark</u>	Side <u>---</u>	Permit fee \$ <u>---</u>
Health			Side St. <u>---</u>	Excise tax \$ <u>---</u>
Fire Protection			All dimensions in feet <u>---</u>	Add'l per. fee \$ <u>---</u>
Is Sediment Control approval required prior to issuance?			YES ☐ NO ☐	TOTAL FEES \$ <u>---</u>
YES ☒ NO ☐			Is Entrance Permit required?	Sub-total paid \$ <u>---</u>
			YES ☐ NO ☐	Balance due \$ <u>---</u>
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Check # <u>320</u>
ONE STOP SHOP: ☐			YES ☐ NO ☐	Validation # <u>---</u>
			HOWARD COUNTY HEALTH DEPT.	Accepted by <u>---</u>
			BUREAU OF ENVIRONMENTAL HEALTH	
			SDP/Red-line approval date <u>---</u>	

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylesville, MD 21794

(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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Williamsburg Group Telephone #: _____
Subdivision: Fox Chase Estates Lot #: 2 Well Tag #: HO-94-3661
Site Address: Vista View Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Coult</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55807422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>310</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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved 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>42</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.

Signature of company representative responsible for installation: Allen Compton date: 11/7/03

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

Date Insp. Requested: 10/29/03 Date Insp. Approved: 10/29/03 SD SD
Inspection Data: Pitless adapter and 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 installed inside of well 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 - 14151		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 05 28 03		Depth of Well 22 310' 26 (TO NEAREST FOOT)		COUNTY NUMBER AS13359-B	
ST/CO USE ONLY DATE Received 05 28 03		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3661					
OWNER last name first name Williamsburg Group		STREET OR RFD Vistaview Dr		TOWN D. Friendship			
SUBDIVISION FOX CHASE EST		SECTION		LOT 2			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes ☒ Y no ☐ N TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ CM BENTONITE CLAY ☐ BC NO. OF BAGS 45 48 17 NO. OF POUNDS 45 48 1368 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 46 ft. 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 190 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Sand 0 45 Gray Mica Rock 45 310		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) 49 60 61 63 64 66 70			
				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			
				SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 E 1 49 310 A 2 C 23 24 26 30 32 36 S 3 R 38 39 41 45 47 51 E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
NUMBER OF UNSUCCESSFUL WELLS: 0		C2 1 2 3 4 5 6 7 8 9 11 15 17 21 E 1 49 310 A 2 C 23 24 26 30 32 36 S 3 R 38 39 41 45 47 51 E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to					
WELL HYDROFRACTURED yes ☒ Y no ☐ 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 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D							
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					
		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					
						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) Vistaview Dr.	

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3661
Location of property (road) W. Vistaview Drive
Subdivision FOX CHASE ESTATES Lot 2 Block Plat Sec.
Well Driller J Mayne Owner Williamsburg Group

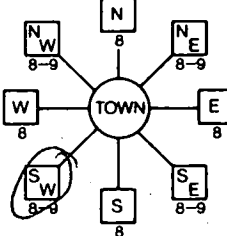
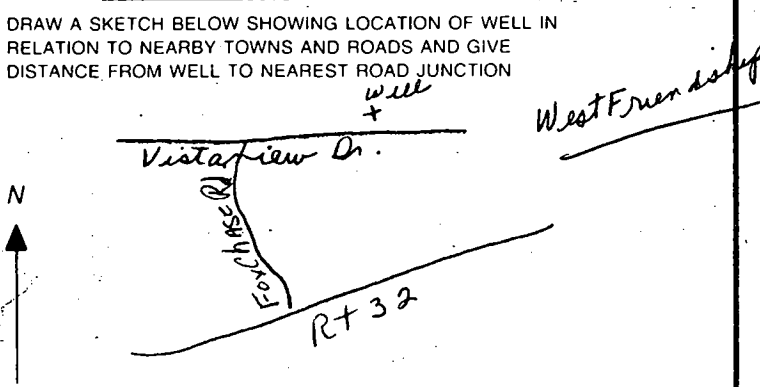
Depth of well 310
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 54

I. High rate pumping -- reservoir drawdown

Time pump started 10:05 Pumping rate 20
Total time 30 m. to reach pumping water level 190 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 1 2 3 6 7728	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516923 please print or type	STATE PERMIT NUMBER HO-94-3661 fill in this form completely
Date Received (APA) 04 11 02 8 MM DD YY 13		B 3 LOCATION OF WELL Howard 8 COUNTY 21	
OWNER INFORMATION Williamsburg Group 15 Last Name Owner First Name 34 5485 Harpers Farm Rd 36 Street or RFD 55 Columbia Md 21044 57 Town 70 State 72 Zip 76		Fox Chase Estates 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78	
DRILLER INFORMATION Joseph L Mayne MS D024 Driller Name 76 License No. 81 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy 21771 Address Joseph L Mayne 4/10/02 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD Vistaview Dr. 11 30 DISTANCE FROM ROAD 15 FT ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 22 PARCEL: 25	
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 Howard A513359-B COUNTY NAME COUNTY NO. STATE SIGNATURE Mark E. Rifkin 4/8/04 DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP DATE NORTH GRID 531 000 EAST GRID 0812 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 812 N 531	
METHOD OF DRILLING (circle one) BORED (or Augered) ☒ JETTED ☐ Jetted & DRIVEN ☐ 30 AIR-ROTARY ☒ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☐ 37 CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT ☐ other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 39 ☐ 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-94-3661 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET, IF NEEDED			

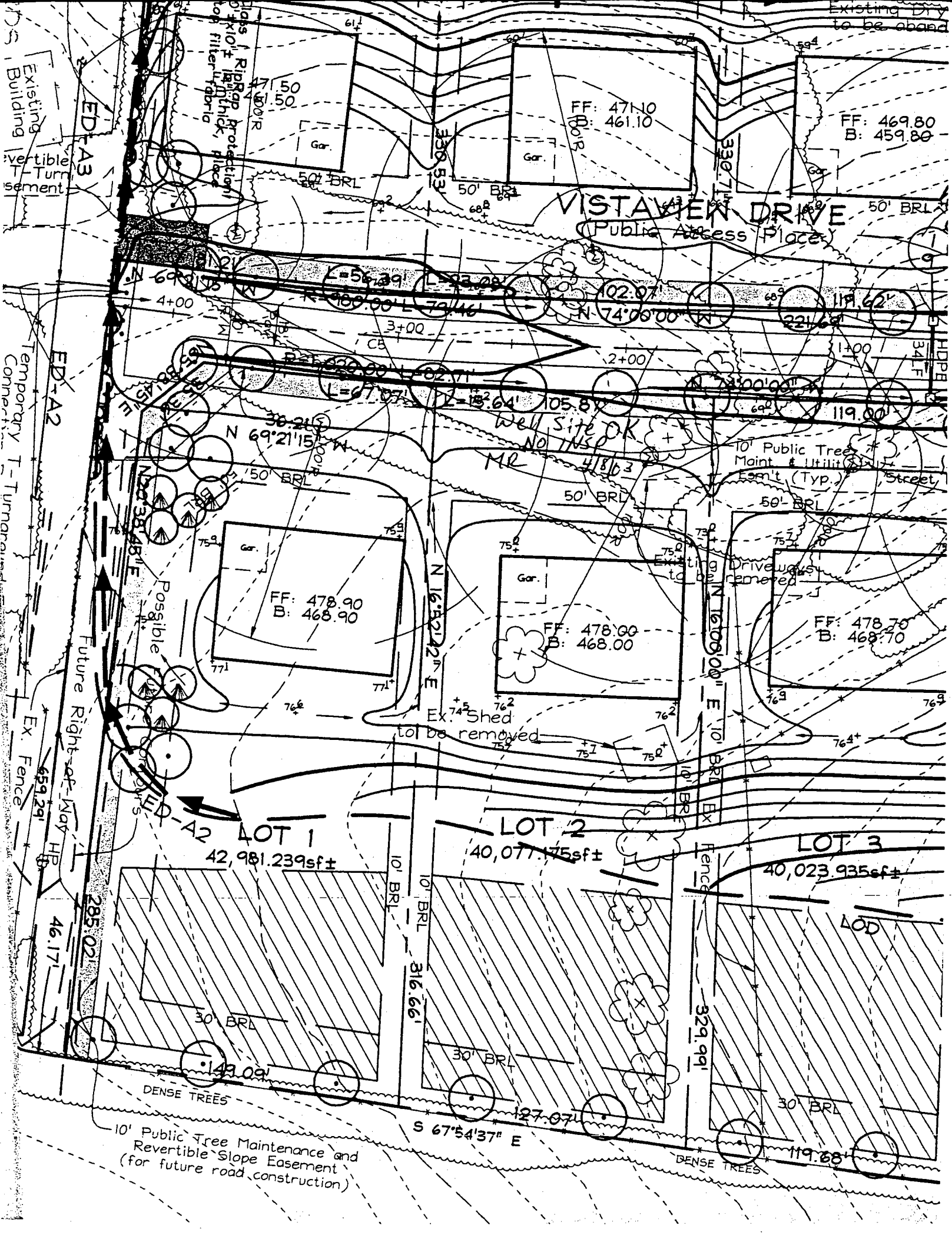
Existing Dry
to be abandoned

Existing Building
Reversible
Turn
sement

Temporary T-Turnaround
Connection

Ex. Fence

10' Public Tree Maintenance and
Reversible Slope Easement
(for future road construction)



APPLICATION

PERCOLATION TESTING

A 513359-B

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/31/2000

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Campbell Donald

ADDRESS 3000 RT 32 WEST FRIENDSHIP MD. 21794 PHONE _____

AGENT OR PROSPECTIVE BUYER Hailey Development L.C. (Rich Thomas, Peter Moore)

ADDRESS 3905 NATIONAL DRIVE, SUITE 410 PHONE (301) 476-7715
BURTONSVILLE MD. 20866 301 775-2881 cell

PROPERTY LOCATION:

SUBDIVISION CAMPBELL PROPERTY LOT NO. 2

ROAD AND DESCRIPTION 3000 MD. RT 32

TAX MAP 15 PARCEL # 25

SIZE OF LOT 1 AC. 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 UNDERST

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AG

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Facharia H. Fuchs (agent)
(SIGNATURE OF APPLICANT)

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

0' 6028 29

bright

red orge

3-3 1/2 s/c l/m

red sa

5-2 s/l m

tan orge

fine sa

l m

10-15%

frags

6026 25

brn tan

3 s/c l/m

red sa

5 sa l/m

tan fine

sa l/m

5-10%

frags

6027 24

red orge

tan

3 s/c l/m

orge tan

gray

sa l/m

6 gray mica

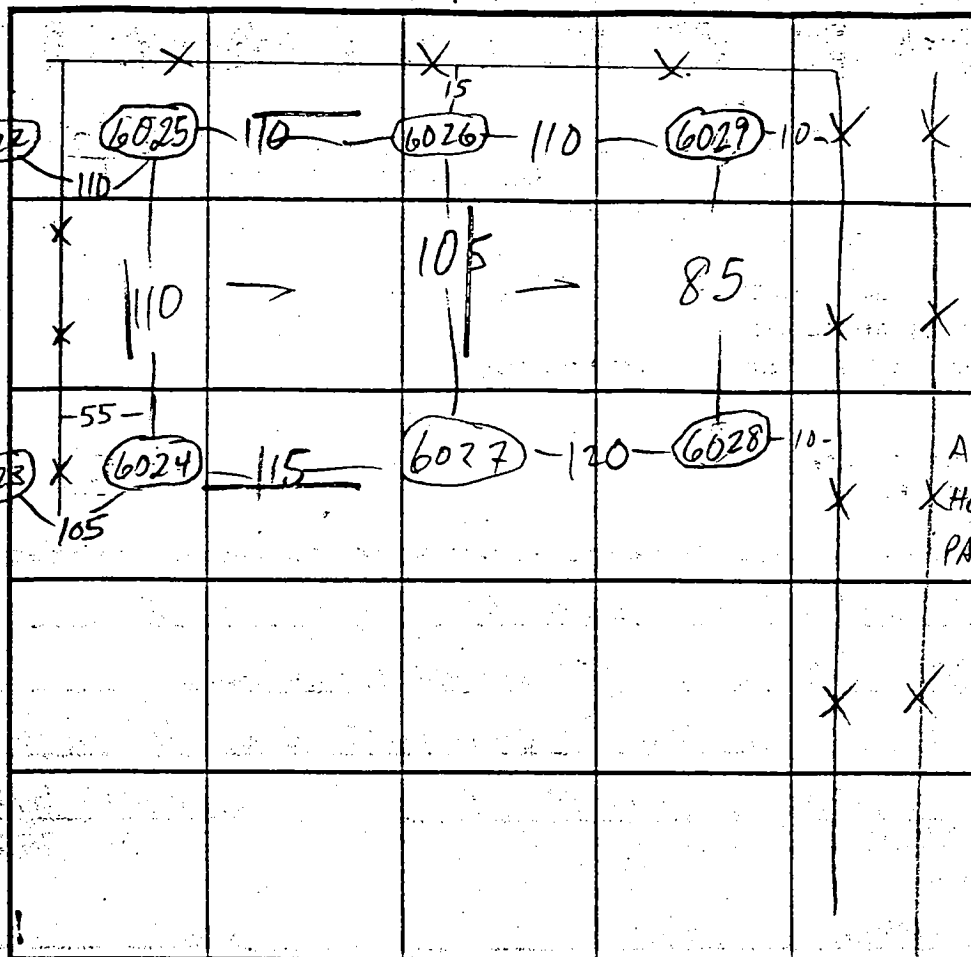
sa

l m

1 1/2 15-20 frags

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/16/00	6028 ✓	13	OK	see pro			
	6029 S	3' 2"	10:27	10:30	10:30	10:33	3
	✓	12 1/2	OK	see pro			
	6026 S	4'	10:30	10:31	10:31	10:33	2 ✓
	✓	12	OK	see pro			
	6025 S	4'	10:32	10:34	10:34	10:37	3 ✓
	✓	12' 9"	OK	see pro w/ some yel to bot.			
	6027 S	4	10:41	10:44	10:44	10:50	6 ✓
	M	7 1/2	10:39	10:40	10:40	10:42	2 ✓
	✓	11 1/2	OK	see pro			

REMARKS

6024 ✓ 13 1/2 OK see pro

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT OK Ir + crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

4

TRENCH WIDTH

3

INLET DEPTH

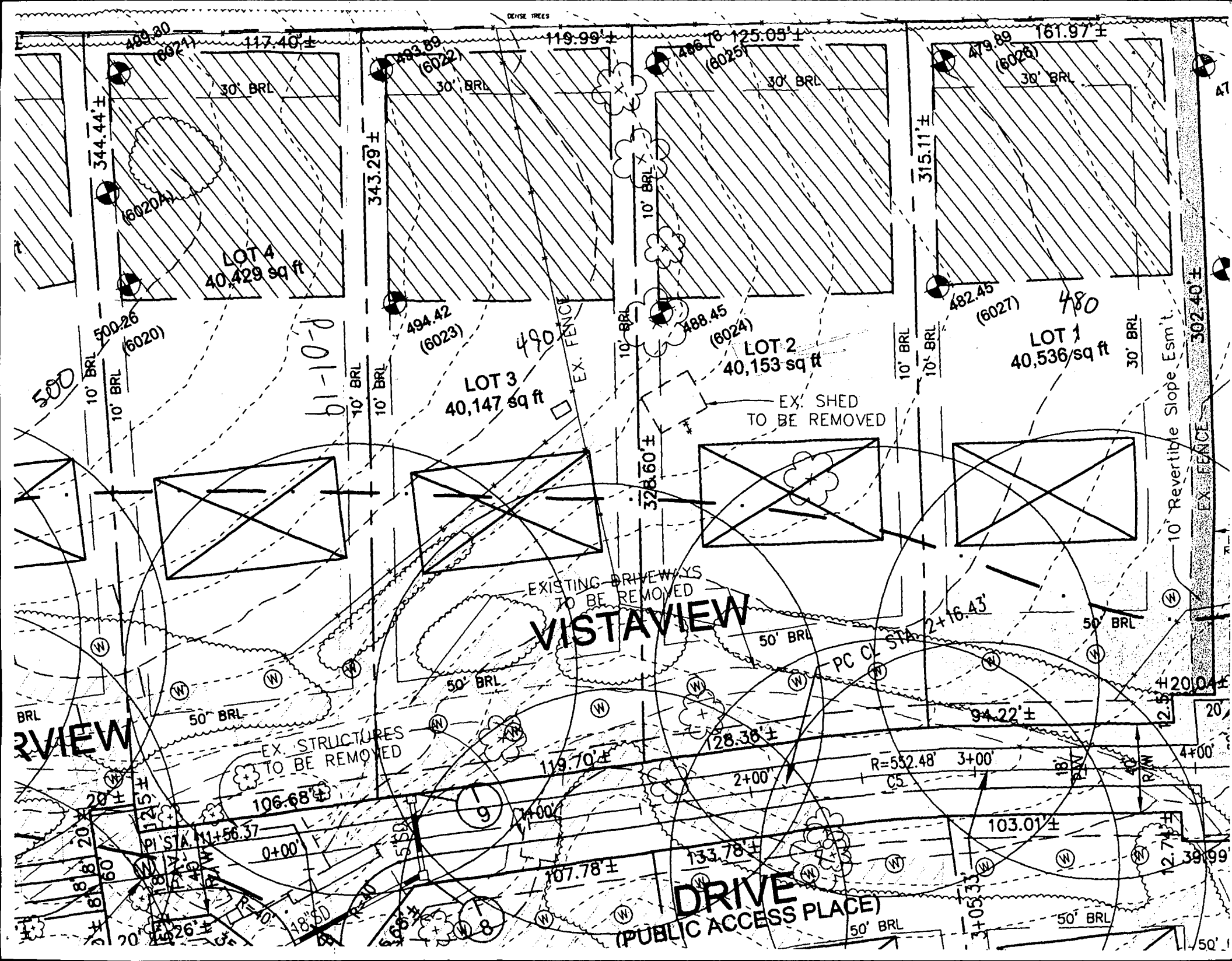
3

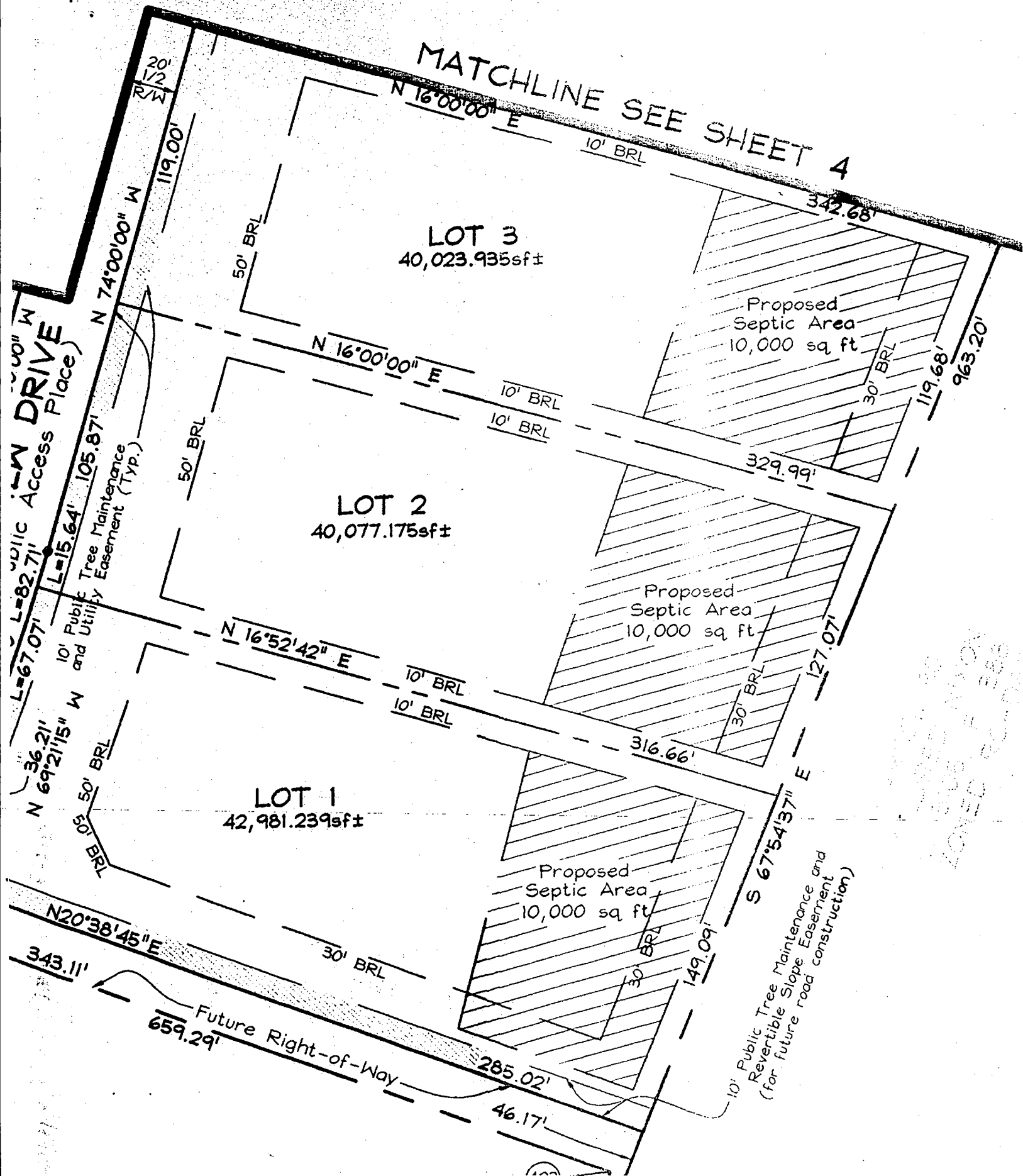
MAXIMUM BOTTOM DEPTH

5

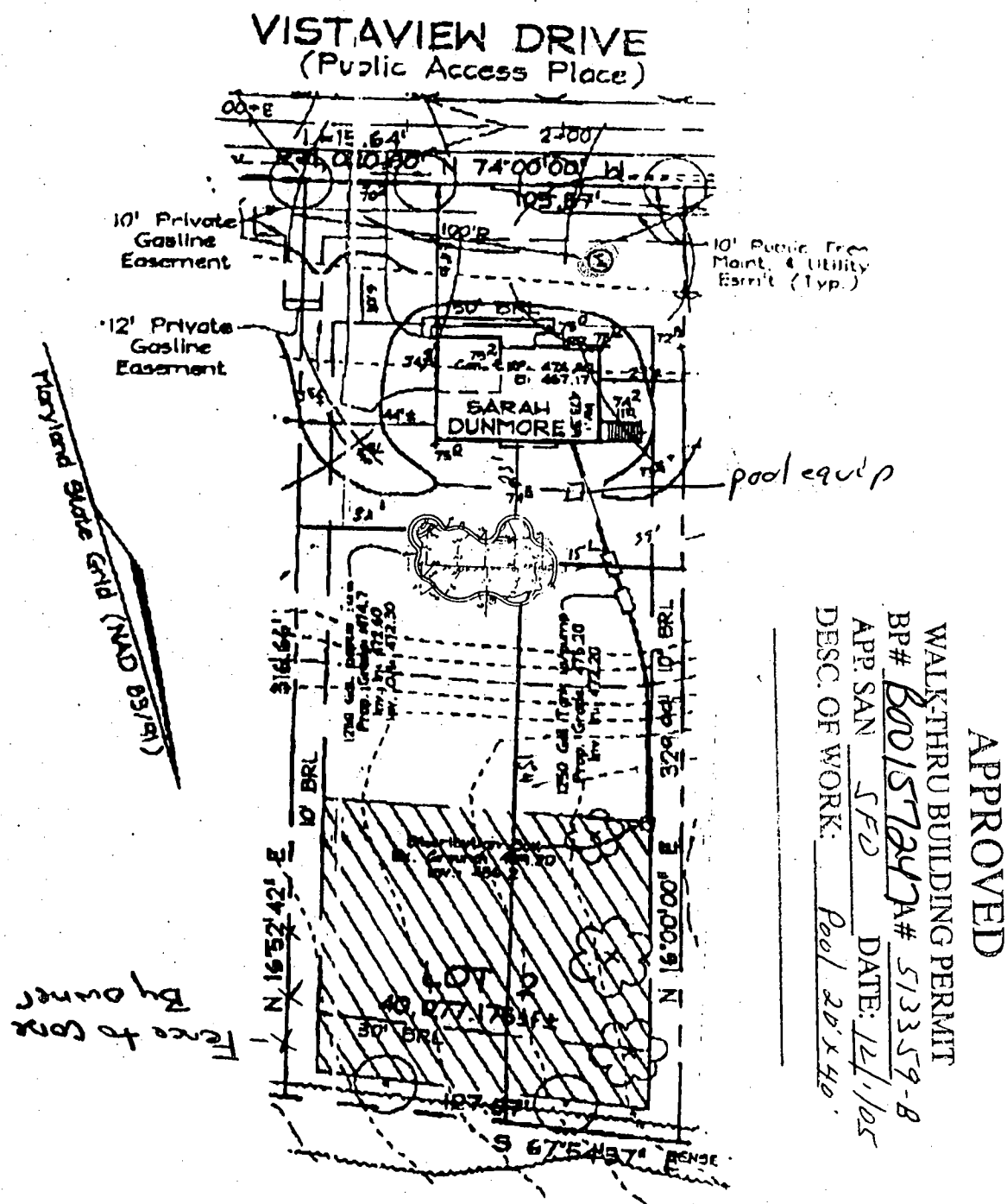
SQ. FT./BEDROOM

180





FILED IN CIVIL DIVISION 3003 BY: [redacted] ON 2/02/2003 3:24 PM



FSH Associates

Engineers Planners Surveyors
 9318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-7351 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

Williamsburg Group L.L.C.
 P.O. Box 1010
 Columbia, Maryland 21044

DESIGN BY: Slm
 DRAWN BY: Slm
 CHECKED BY: ZYP
 SCALE: 1"=50'
 DATE: May 07, 2003
 H.O. No.: 8188
 SHEET No.: 1 OF 1

LOT RESITE LOT 2 FOX CHASE ESTATES

TAX MAP 15 GRID 23
 3RD ELECTION DISTRICT

PARCEL 25
 HOWARD COUNTY, MARYLAND