11/4/03 3pm

LAYOUT ~~11/3/03 3:30~~ INSP 4 12/17/03 - 1PM

INSP 2 11/14/03-1PM INSP 5 _____

INSP 3 11/18/03-2:30 INSP 6 _____

ISSUE DATE: 10/8/03 P 519608

APPROVAL DATE: 12/17/03 A 513359-C

PERMIT

INDEXED

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

Matici Construction IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandy Ridge Road PHONE NUMBER: 410-379-6463

SUBDIVISION: Fox Chase Estate LOT NUMBER: 3

ADDRESS: 12905 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 ☐

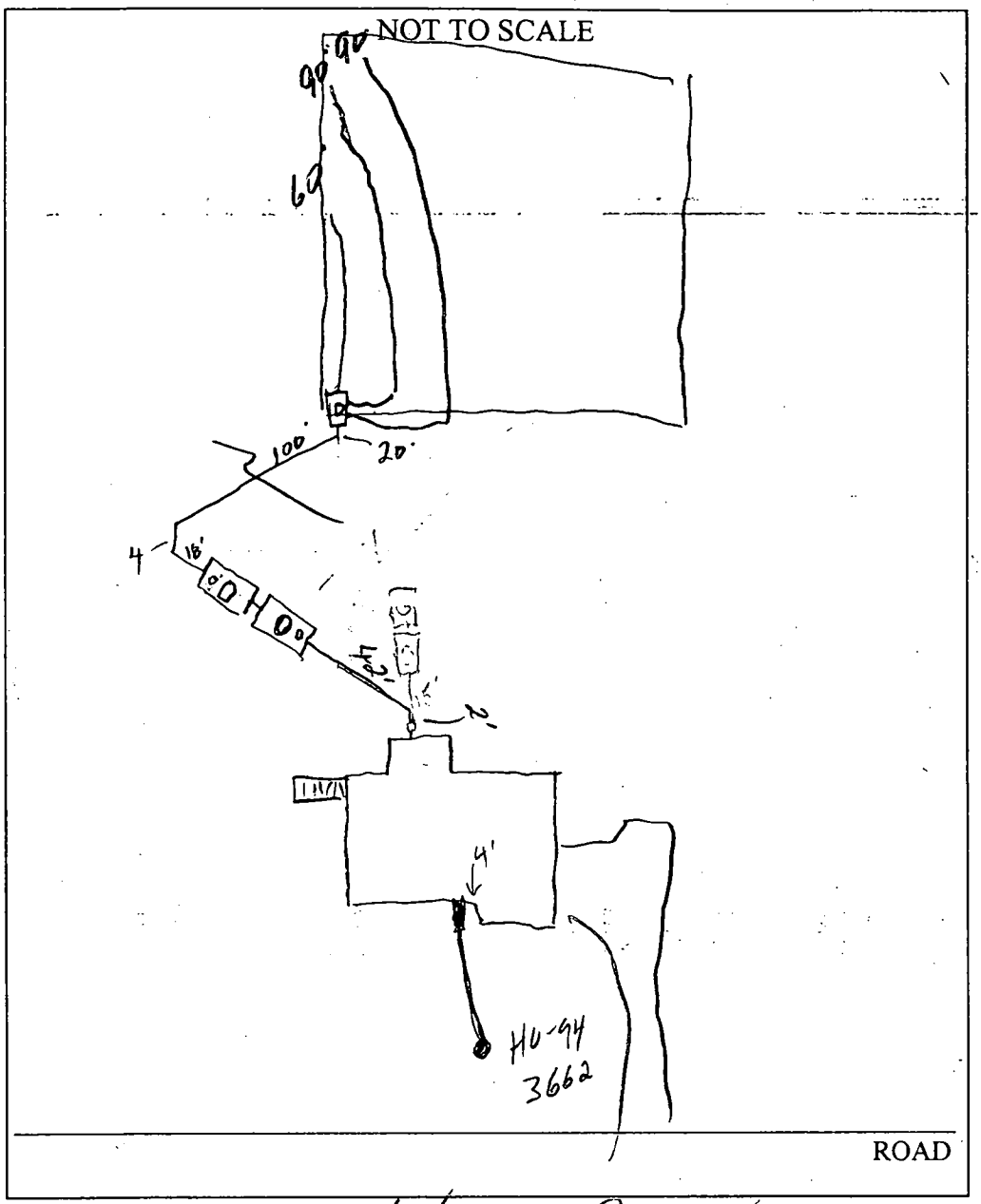
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 110' from the rear lot line and 10' from the left lot line. Run (3) trenches on contour to rear of lot as shown on plan. Trenches are best installed as shown (60', 90', 90').
NOTES:	

PLANS APPROVED: MER 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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

A 513359-C



TRENCH/DRAINFIELD DATA

	WIDTH	INLET	BOTTOM
	3'	3'	5'

NUMBER OF TRENCHES 3

TOTAL LENGTH 240'

ABSORPTION AREA 720 ft

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 Front

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 Back

WATERTIGHT TEST ✓

PRE-CONSTRUCTION 11/4/03 - SRA stake, contour accurate. Install per S.P. Tanks set, ok to cover (SU)

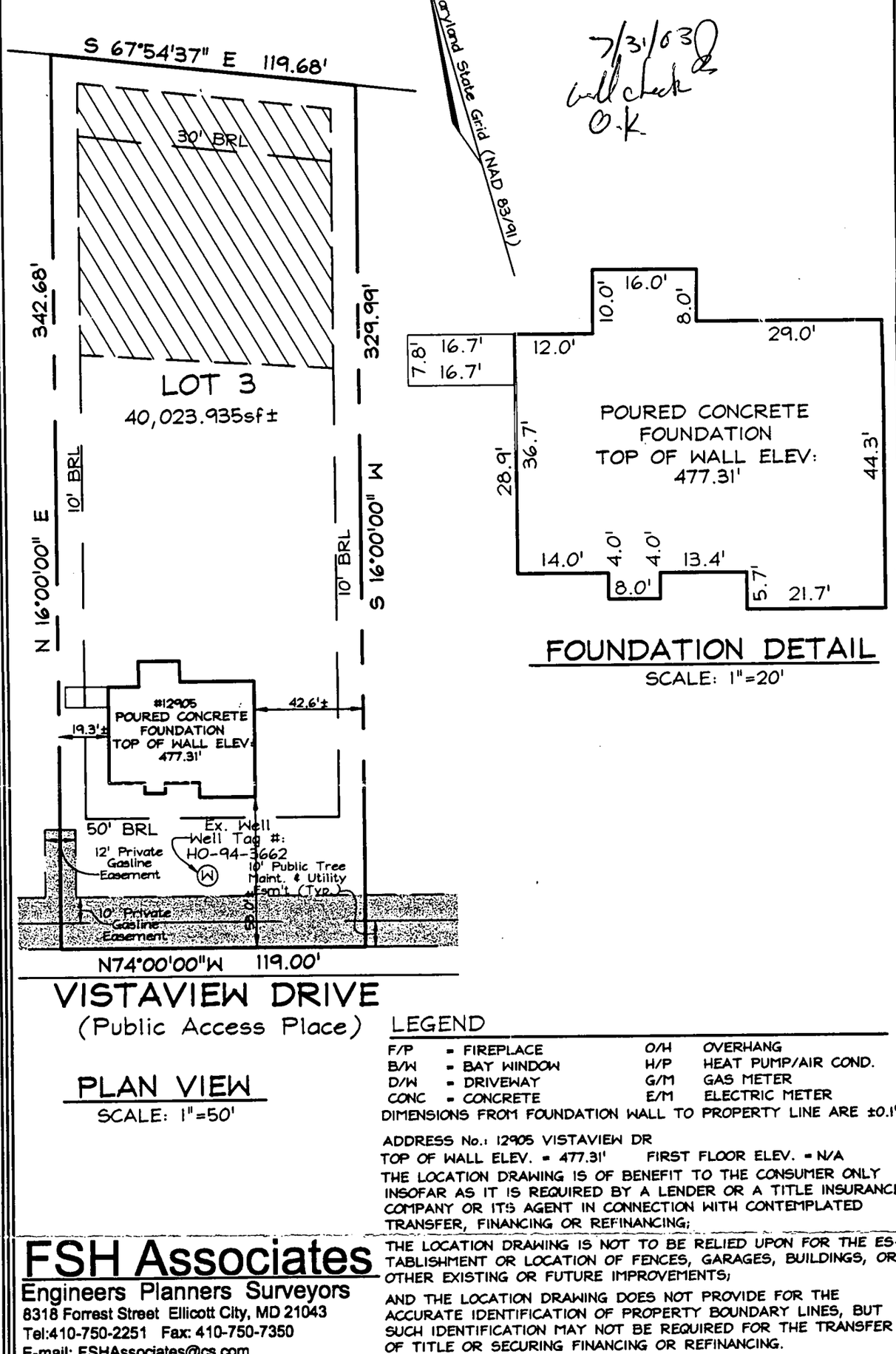
INSTALLATION 11/14/03 Trench installed, OK to cover. Tank are getting moved further towards prof line to make room for a pool. Pump & Alarm tests needed (SU) 11/18/03 - Tanks & Lines relocated OK to cover Pump & Alarm tests still needed (SU) 12/17/03 - Pump & Alarm tests OK (SU)

FINAL INSPECTOR [signature] DATE OF APPROVAL 12/17/03

B00142326

12905 VISTAVIEW DR.

7/31/03
Will check
O.K.



PLAN VIEW
SCALE: 1"=50'

FOUNDATION DETAIL
SCALE: 1"=20'

LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 12905 VISTAVIEW DR
TOP OF WALL ELEV. = 477.31' 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 ESTABLISHMENT 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.

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

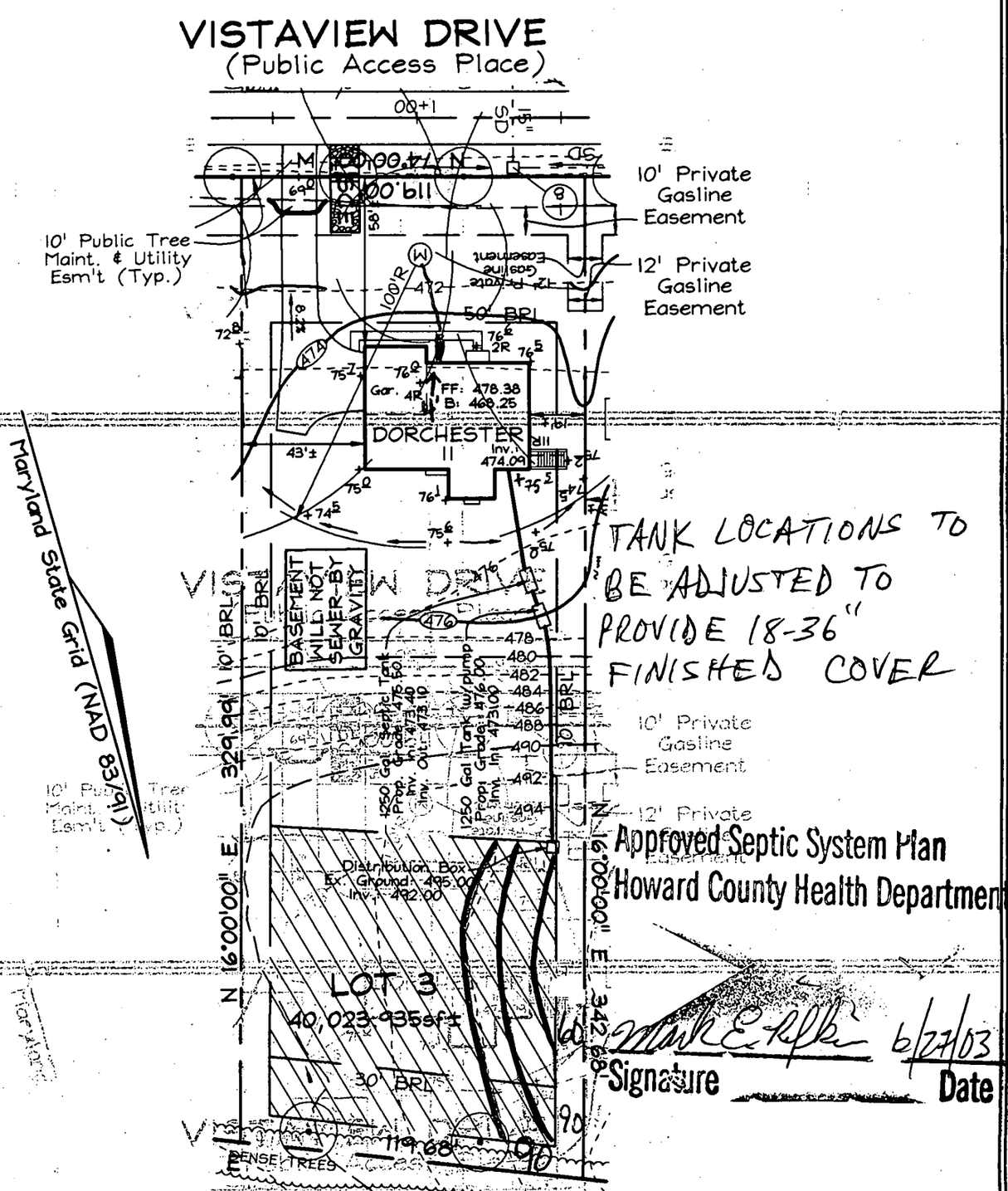
LOCATION DRAWING	
FOUNDATION	Date: 07/22/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3003

STATE OF MARYLAND · C. BROOKS FISHER · No. 135 · REGISTERED PROPERTY LINE SURVEYOR

WALL CHECK.

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

M:\Fox Chase Estates 3003\dwg\Wall Checks\Lot 3\3003_3_Wc.dwg, 7/25/2003 8:42:16 AM, gabe



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

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

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

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 3
FOX CHASE ESTATES

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

S8447

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00142326 MER

Building Address 12905 VISTAVIEW DR. WEST FRIENDSHIP, MD 21794

Suite/Apt. #: — SDP/WP/Petition #: GP03-64

Census Tract [illegible] Subdivision FOX CHASE ESTATES

Section N/A Area N/A Lot 3

Tax Map 15 Parcel 25 Grid 22

Zoning RC-DEO Map Coordinates 15C8 Lot size 40,023 #

Property Owner's Name WILLIAMSBURG GROUP

Address 5425 HARPERS FARM RD. #200

City COLUMBIA State MD Zip Code 21044

Home Phone Work Phone 410 997-8800 X17

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

Phone Fax 410 997-4358

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost $ 200,000

Description of Work MODEL: DORCHESTER II 2 STORY, FULL BSMT. 10 R, 3 FB, 1 HB, 2 FP, GARAGE (4 DR) 1 ROUGH IN

Contractor Company SAME AS OWNER

Contact Person

Address

City State Zip Code

License No. 155

Phone Fax

Occupant or Tenant SAME AS OWNER

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company PLYMOUTH RD ARCH.

Contact Person TIM GRAHAM

Address 640 PLYMOUTH RD

City CATONSVILLE State MD Zip Code 21228

Phone 410 766-0221 Fax SAME

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 4

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
X Private

Sewage Disposal:
___ Public
X 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.

RECEIVED JUN 27 2003 HOWARD COUNTY HEALTH DEPT. BUREAU OF ENVIRONMENTAL HEALTH

Applicant's Signature [signature] Print Name WAYNE P. DAVIS

Title/Company AGENT Date 6/4/03

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	6/27/03	Mark Rifkin
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: [illegible]

Filing fee $ 10
Permit fee $
Excise tax $
Add'l per. fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check # [illegible]
Validation # [illegible]

Accepted by [initials]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM Rev. 5/17/00

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: Eagles Well Drilling Telephone #: 410-795-5670
Address: 580 Dorsey 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# MSD 009
*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: Foxchase Estates Lot #: 3 Well Tag # : HO 94 - 3162
Site Address: 2905 Vista View Dr

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: Campbell	Two piece watertight cap: yes
Model #: SS3I0422	Model#: N/A	Screened, vented well cap: yes
Pump Capacity 5 GPM	Depth: 36 (36" min)	Cap secured to casing: yes
Well Yield: 2 GPM	NSF approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 480 (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 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

Piping to house	House Connection
Type: 1" Black Plastic	PVC sleeved 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
Signature of company representative responsible for installation

12-12-03
date

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

Date Insp. Requested: 10/29/03 Date Insp. Approved: 10/29/03 SB

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely (2) ✓
- 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 ✓

HD-215(Rev. 8/00)

C 1 | 14152 | SEQUENCE NO. (MDE USE ONLY)

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

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 A513359-AC

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM 5 DD 9 YY 03

Depth of Well 480 (TO NEAREST FOOT)

OK MR 6/25/03

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3662

OWNER Williamsburg (last name) Group (first name)

STREET OR RFD Vistaview Dr TOWN W. Friendship

SUBDIVISION FOX CHASE EST SECTION LOT 3

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	FEET TO	check if water bearing
Sand	0	56	
Gray Mica Rock	56	480	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

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.: MSD024

Joseph L Mayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: ___ D ___

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

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 14 NO. OF POUNDS 1316

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (TOP) ft. to 56 (BOTTOM) 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	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL | BR BRASS BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	58	480
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

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

from	to

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.

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 365 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

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.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

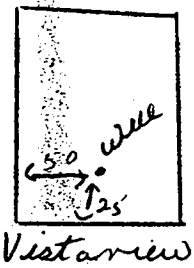
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above | (−) below LAND SURFACE

2 (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)



Vistaview Dr.

DENV-CR00

COUNTY

Page ___ of ___ Review ___

Date 5-7-03

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3662
Location of property (road) Vistaview Drive
Subdivision Fox Chase Estates Lot 3 Block ___ Plat ___ Sec. ___
Well Driller Joseph Mayne Owner Williamsburg Group

Depth of well 480'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
Total time 45 min to reach pumping water level ___ ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 8l gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	175'	3 sec		20 gpm
7:30	281	4		15 "
7:45	365	5		12
8:00	365	30		2
8:15	365	30		2
8:30	365	30		2
8:45	365	30		2
9:00	365	30		2
9:15	365	30		2
9:30	365	30		2
9:45	365	30		2
10:00	365	30		2
10:15	365	30		2
10:30	365	30		2
10:45	365	30		2
11:00	365	30		2
11:15	365	30		2
11:30	365	30		2
11:45	365	30		2
12:00	364	30		2
12:15	364	30		2
12:30	364	30		2
12:45	364	30		2
1:00	364	30		2
RD #2 2:15	364	30		2
1:30	364	30		2
1:45	364	30		2

EMERGENCY/TEMP NO. IF ANY

B 1 2 3 · 7713 6 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

516923 please print or type

STATE PERMIT NUMBER 70 H0-94-3662 79

fill in this form completely

Date Received (APA) 8 04 11 02 13 MM DD YY

OWNER INFORMATION

15 Williamsburg Group 34 Last Name Owner First Name

36 5485 Harpers Farm Rd 55 Street or RFD

57 Columbia 70 Md 72 21044 76 Town State Zip

DRILLER INFORMATION

Joseph E Mayne 76 MSD024 81 Driller's Name License No.

Firm Name Joseph E. Mayne Well Drilling

Address 5512 Ridge Rd Mt. Airy 21771

Signature Joseph E Mayne Date 4/10/02

B 2 1 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION

22 [I] INDUSTRIAL, COMMERICIAL, DEWATERING

[P] PUBLIC WATER SUPPLY WELL

[T] TEST, OBSERVATION, MONITORING

[G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-BOTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL

[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

[D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 ___ - ___ - ___ 52

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

APPROP. PERMIT NUMBER ------G---

PERMIT No. 70 H0-94-3662 79

B 3 LOCATION OF WELL

8 Howard 21 COUNTY

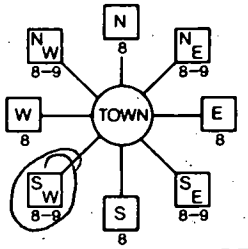
23 Fox Chase Estates 42 SUBDIVISION

SECTION 44 46 LOT 48 3 50

52 West Friendship 71 NEAREST TOWN

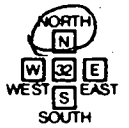
MILES FROM TOWN (enter 0 if in town) 73 1 76 M 77 I 78

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Vistaview Dr. 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 15 37 DISTANCE FROM ROAD Ft

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 22 PARCEL 25

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A513359-C

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 43 04 0803 48 MM DD YY Mark E. Kifka CO SIGNATURE 4/8/04 EXP. DATE

NORTH GRID 50 531 000 55

EAST GRID 57 0812 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

5-7-03 9:30 / Grout

SOURCES OF DRILLING WATER
1. Well
2.
3.

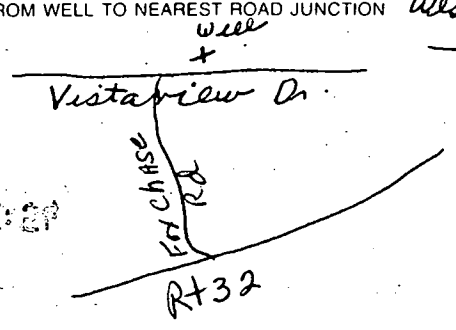
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8122

N 5321

x 000 000

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

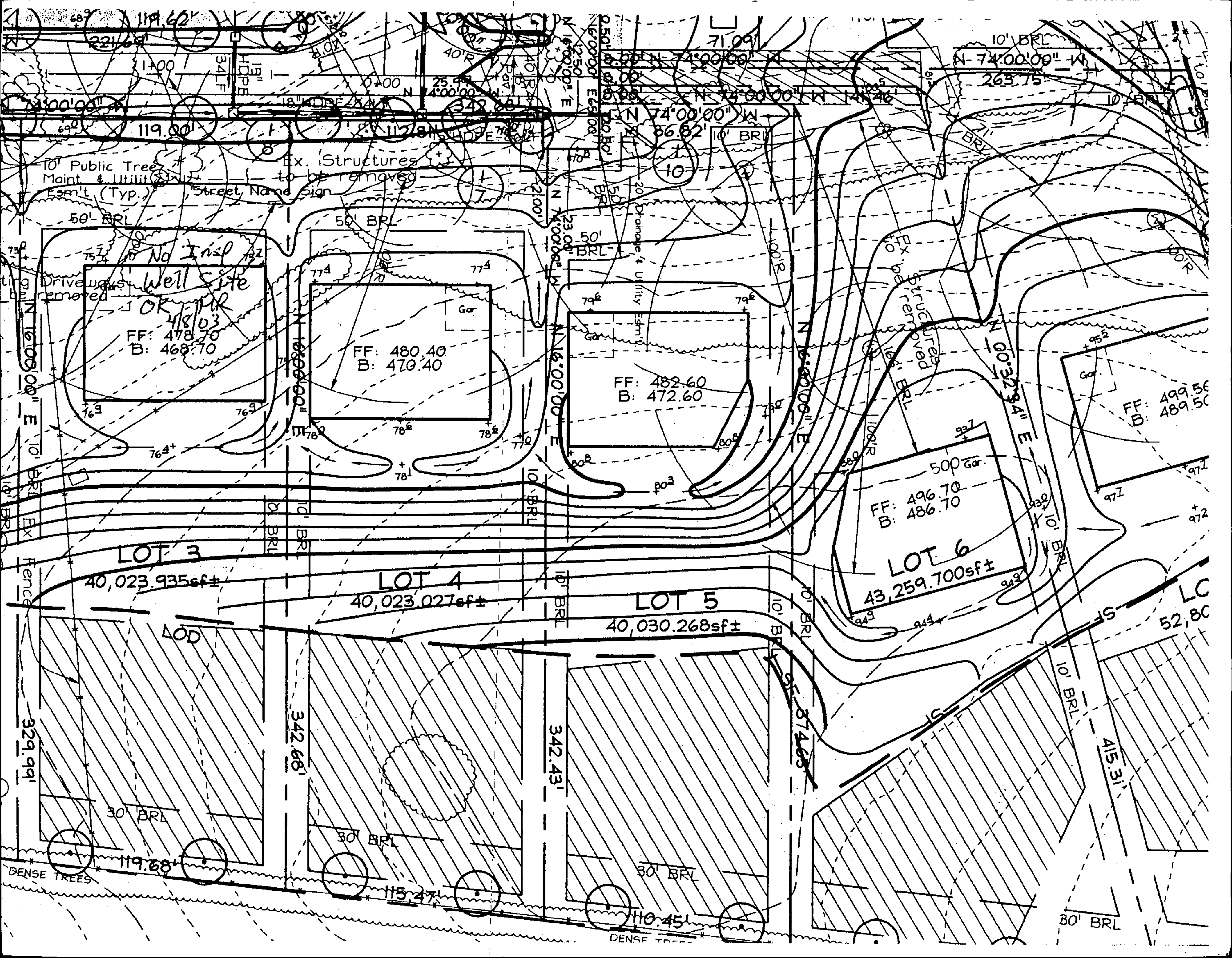


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

② COUNTY

DENV-Permit 97


N 74°00'00" W 263.75'
N 74°00'00" W 86.82'
N 74°00'00" W 141.46'
10' BRL
119.00'
119.62'
221.69'
10' Public Tree Maint. & Utility Esm't (Typ.)
Ex. Structures to be removed
Street Name Sign
50' BRL
20' Drainage & Utility Esm't
No Insp
Well Site OK
4/18/03
Existing Driveways to be removed
Ex. Structures to be removed
Gar.
FF: 478.70
B: 468.70
FF: 480.40
B: 470.40
FF: 482.60
B: 472.60
FF: 496.70
B: 486.70
FF: 499.56
B: 489.50
N 16°00'00" E
N 10°32'34" E
LOT 3
40,023.935sf±
LOT 4
40,023.027sf±
LOT 5
40,030.268sf±
LOT 6
43,259.700sf±
52,80
Ex. Fence
LOD
SF
329.99'
342.68'
342.43'
374.65'
415.31'
30' BRL
119.68'
115.47'
110.45'
DENSE TREES

APPLICATION

A30988

PERCOLATION TESTING

A 5/3359

P _____

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

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
BURTONSVILLE MD. 20866

PHONE (301) 476-7715
301 775-2881 cell

PROPERTY LOCATION:

SUBDIVISION CAMPBELL PROPERTY LOT NO. # 3

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. Zacharia A. Fisch (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

HD-216 (3/92)

COUNTY #

SOIL PROFILE

6028 29

0'

bright red orge sic lm

3-3½

red sa si lm

5½

tan orge Fine sa lm 10-15% frags

13

6026 25

brn tan sic lm

3

red sa sa lm

5

tan fine sa lm 5-10% frags

6027 24

red orge tan sic lm

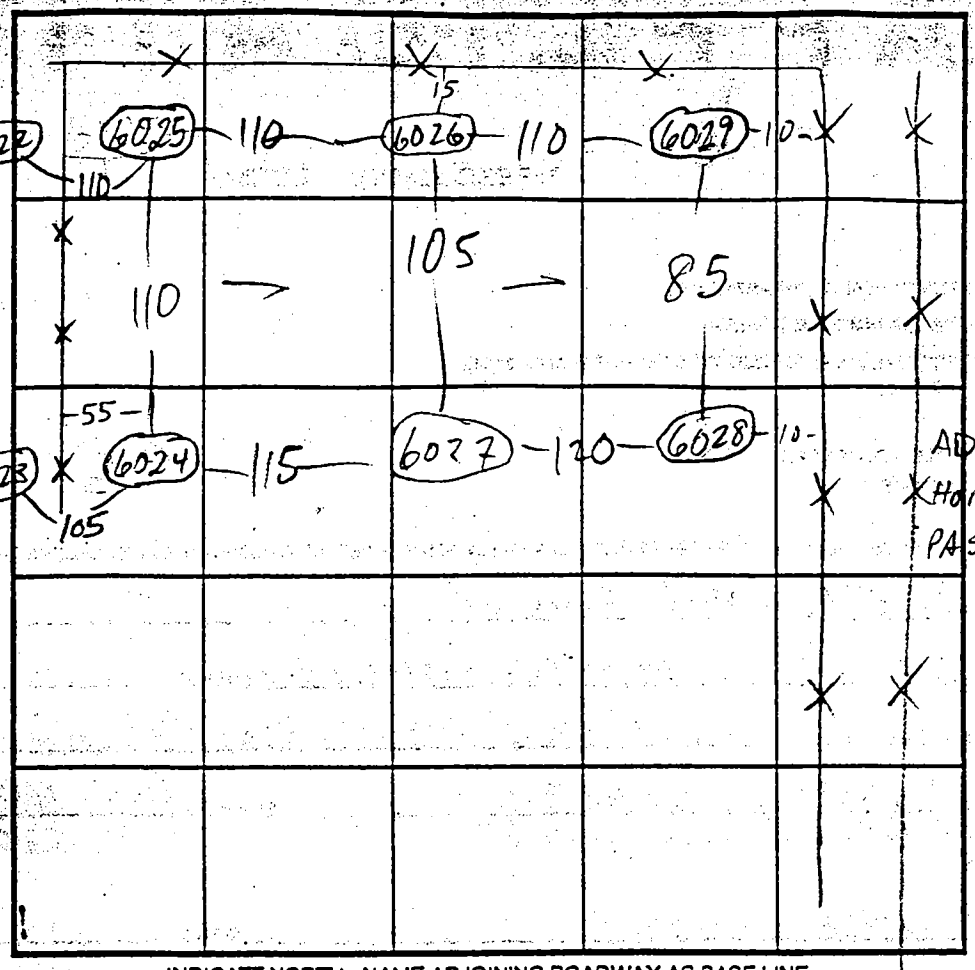
3

orge tan gray sa lm

6

gray mica sa lm 15-20% frags

11½



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/16/00	6028 ✓	13	OK see pro				
	6028S	3'8"	10:27	10:30	10:30	10:33	3
	✓	12½	OK see pro				
	6026S	4'	10:30	10:31	10:31	10:33	2
	✓	12	OK see pro				
	6025S	4'	10:32	10:34	10:34	10:37	3 ✓
	✓	12'9"	OK see pro w/some		ye! to	bot.	✓
	6027S	4	10:41	10:44	10:44	10:50	6
	M	7½	10:39	10:40	10:40	10:42	2
	✓	11½	OK see pro				

REMARKS 6024 ✓ 13½ OK see pro ✓

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT OK Jr-4 crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

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

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.

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

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 UNDERSTA

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. Zacharia H. Fisch (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

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0' 6022 21

tan pink sicl lm

23

3

pink tan mica sa lm 10-15% frags

17

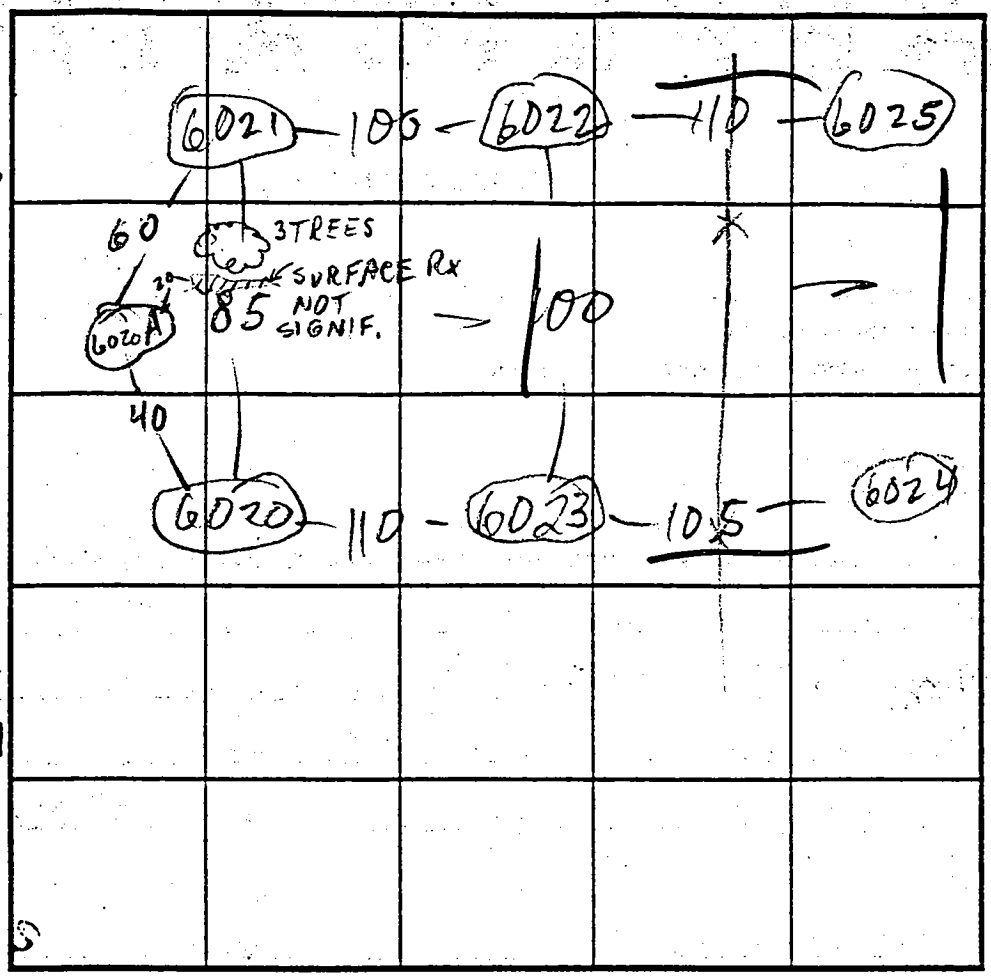
6020 6020A

tan sicl lm

4

tan mica sa lm 5% frags

13½



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/16/00	6022s	4	11:02	11:04	11:04	11:07	3
	v	12	OK see pro				
	6021s	4	11:04	11:05	11:05	11:07	2
	v	12½	OK see pro				
	6023s	4'3"	11:13	11:14	11:14	11:16	2
	H	7½	11:15	11:16	11:16	11:19	3
	V	12½	OK see pro				
	6020v	12½	OK see pro				
	6020Av	11½	OK see pro				

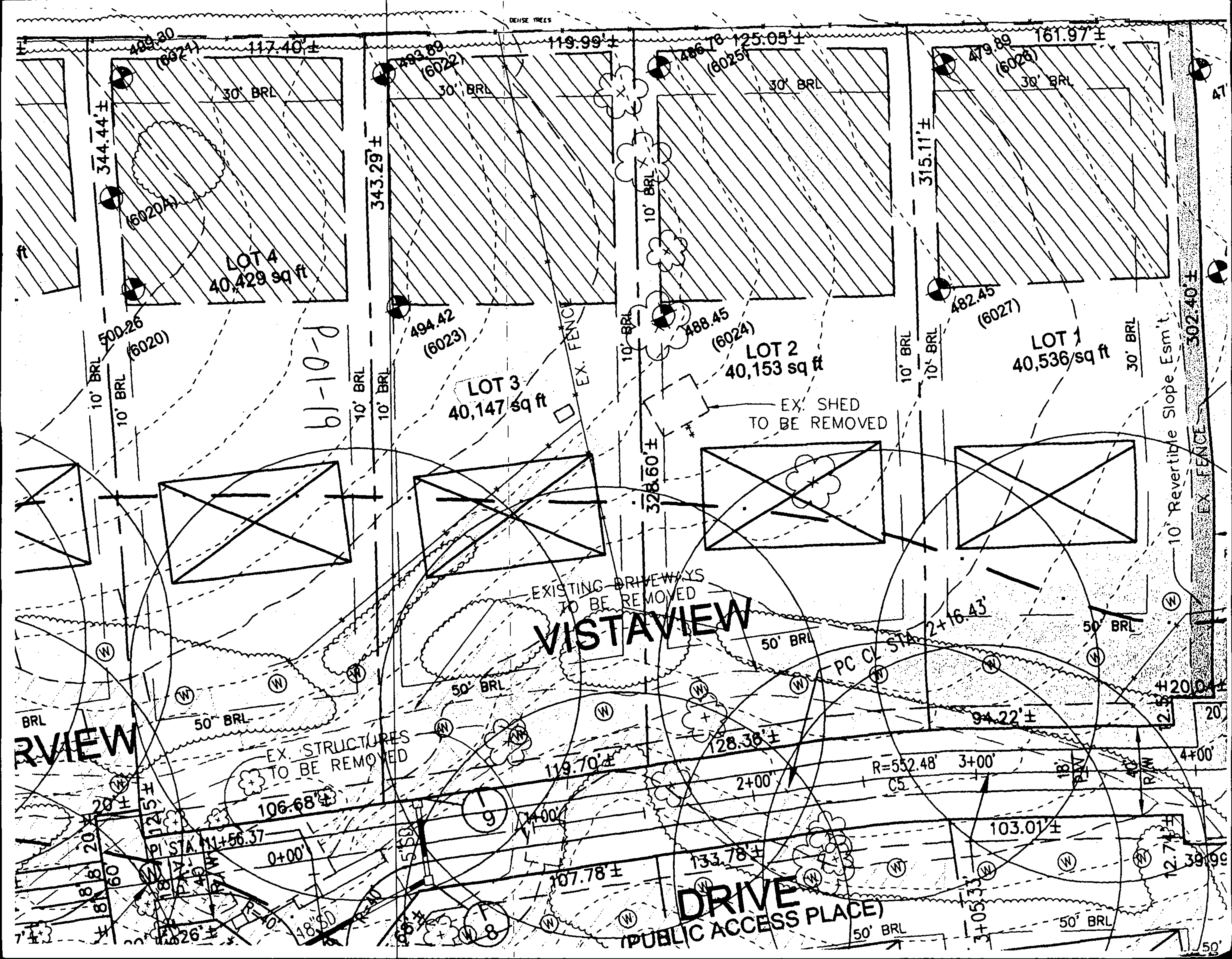
REMARKS

TYPE OF SOIL

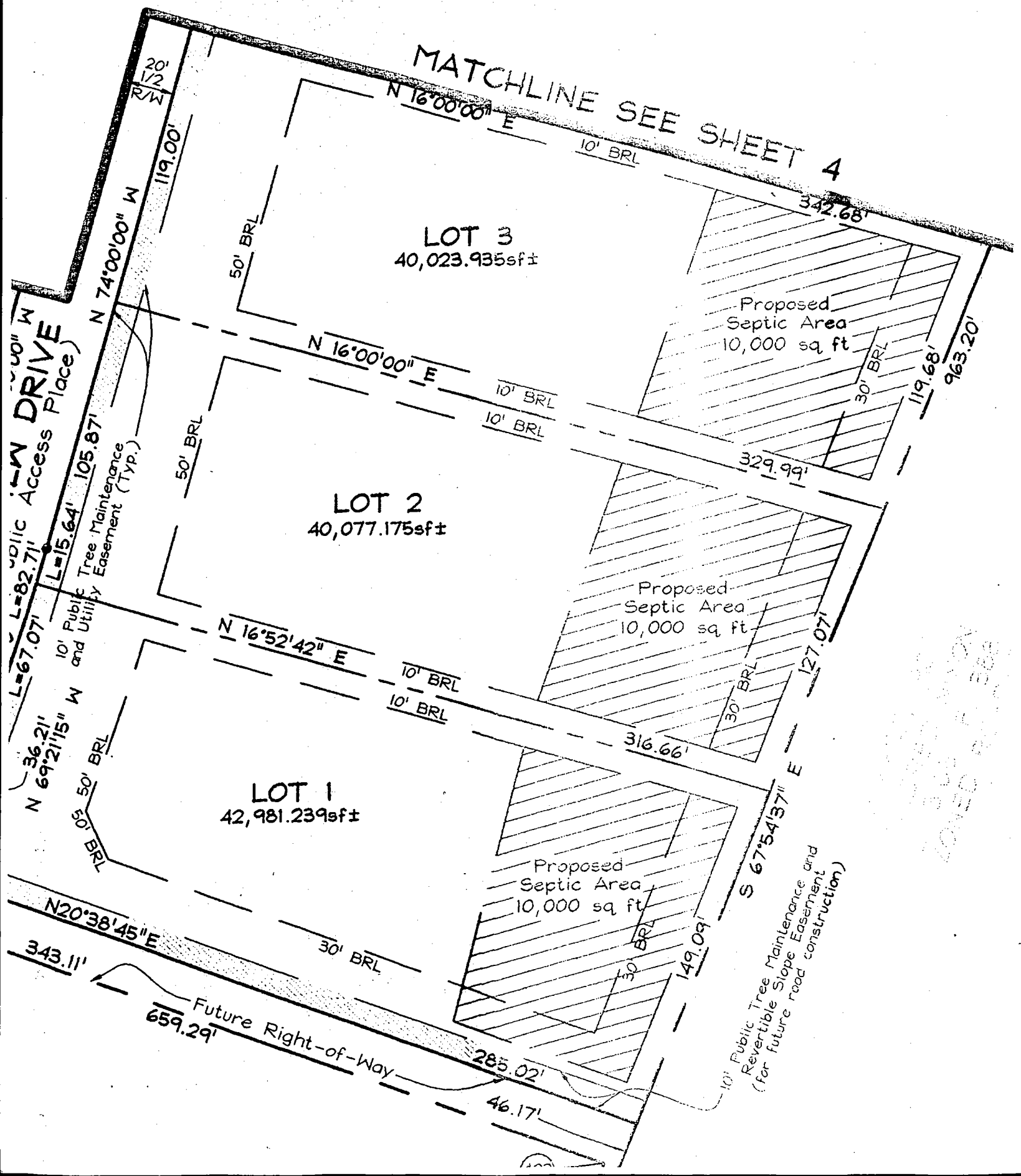
TESTED BY M. Rifkin ALSO PRESENT OK Jr & crew

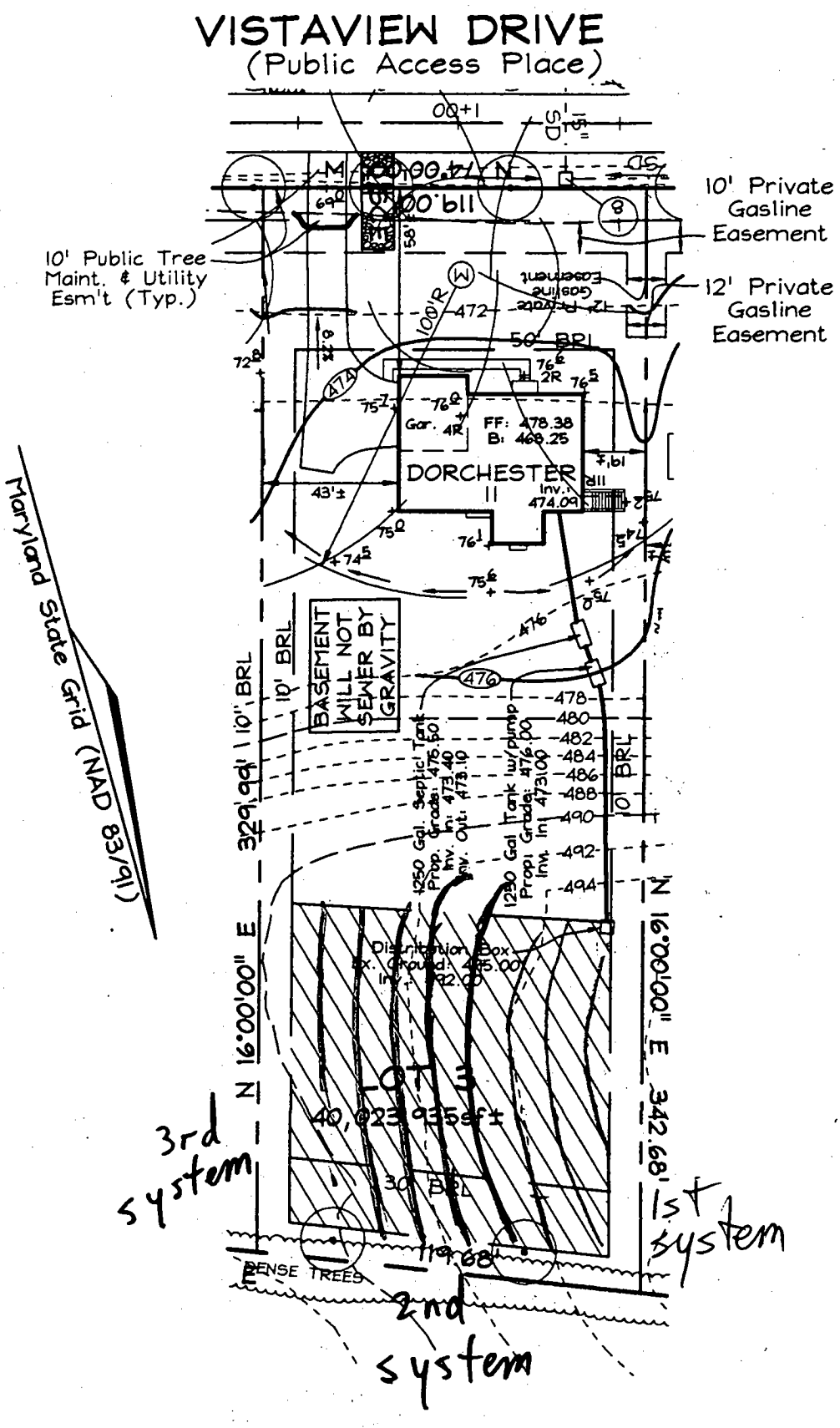
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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


DENSE TREES
117.40'±
119.99'±
125.05'±
161.97'±
499.30 (6021)
493.89 (6022)
486.76 (6025)
479.89 (6026)
30' BRL
344.44'±
343.29'±
315.11'±
302.40'±
(6020A)
LOT 4
40,429 sq ft
500.26 (6020)
494.42 (6023)
488.45 (6024)
482.45 (6027)
LOT 3
40,147 sq ft
LOT 2
40,153 sq ft
LOT 1
40,536 sq ft
10' BRL
EX. FENCE
EX. SHED
TO BE REMOVED
328.60'±
10' Revertible Slope Esm't
EXISTING DRIVEWAYS
TO BE REMOVED
VISTAVIEW
50' BRL
PC CL STA 2+16.43'
94.22'±
EX. STRUCTURES
TO BE REMOVED
128.36'±
119.70'±
106.68'±
R=552.48'
3+00'
C5
2+00'
1+00'
0+00'
PI STA. 1+56.37
103.01'±
133.78'±
107.78'±
DRIVE
(PUBLIC ACCESS PLACE)
RVIEW
BRL
R/W
18"SD

F-02-48 SIGNED 8-23-02





FSH Associates

OWNER/DEVELOPER