

LAYOUT 1/20/05 - 11 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 11/12/2004

APPROVAL DATE: 1/20/05

**PERMIT**  
**INDEXED**  
**03339726**

P 5 21572

A 513359-K

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

Hatfield's Equipment IS PERMITTED TO INSTALL  ALTER

ADDRESS: 13785 Burntwoods Rd., Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Fox Chase Estates LOT NUMBER: 11

ADDRESS: 12908 Vistaview Drive PROPERTY OWNER: Williamsburg Group

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER

|           |                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box at the high easement corner stake on the right side. Run two 100' trenches on contour to opposite side of lot.                                                                               |
| NOTES:    | Place septic tank as far downhill as possible while still maintaining 18-36" finished cover over tank lid and 1-2% fall on the ten feet of pipe immediately upstream of tank.                                           |

PLANS APPROVED: MER DATE: 6/28/04

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

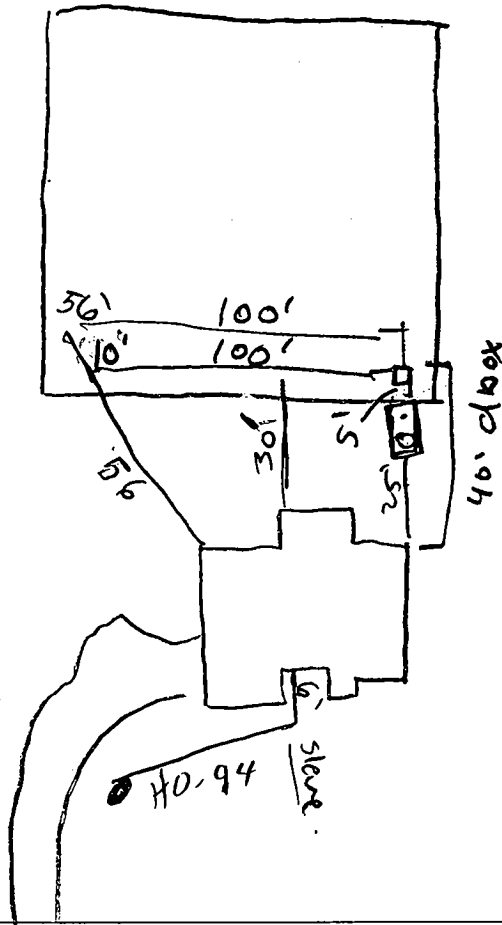
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM**  
**PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**  
**CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**  
**DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED AND RETURNED**

2/17/2005 B00152310 DECK + SCREENED PORCH

A 513359-K

NOT TO SCALE



Vista view

| TRENCH/DRAINFIELD DATA  |       |                |
|-------------------------|-------|----------------|
| WIDTH                   | INLET | BOTTOM         |
| 3                       | 2 1/2 | 4.5            |
| NUMBER OF TRENCHES      |       | 2' 100'        |
| TOTAL LENGTH            |       | 200'           |
| ABSORPTION AREA         |       | 600'+ Sidewalk |
| DISTRIBUTION BOX LEVEL  |       | ✓              |
| DISTRIBUTION BOX BAFFLE |       | ✓              |
| DISTRIBUTION BOX PORT   |       | No             |

| SEPTIC TANK DATA    |            |
|---------------------|------------|
| SEPTIC TANK 1 LEVEL | ✓          |
| CAPACITY            | 1500 GAL   |
| SEAM LOC            | ✓          |
| TANK LID DEPTH      | 2 1/2 - 3' |
| BAFFLES             | ✓          |
| BAFFLE FILTER       | ✓          |
| MANHOLE LOC         | Front      |
| 6" PORT LOC         | Back       |
| WATERTIGHT TEST     | No         |
| SEPTIC TANK 2 LEVEL | N/A        |
| CAPACITY            | _____ GAL  |
| SEAM LOC            | _____      |
| TANK LID DEPTH      | _____      |
| BAFFLES             | _____      |
| BAFFLE FILTER       | _____      |
| MANHOLE LOC         | _____      |
| 6" PORT LOC         | _____      |
| WATERTIGHT TEST     | _____      |

PRE-CONSTRUCTION 1/20/05 - SRA stake, fill on upper portion of SRA needs to be removed. Install (2) 100' trenches (50' each)

INSTALLATION 4/21/05 trenches 10' center to center, due to fill inlet at 2 1/2 to 3. due to fill removal on SRA, trenches ok. OK to cover.

FINAL INSPECTOR py (KN)

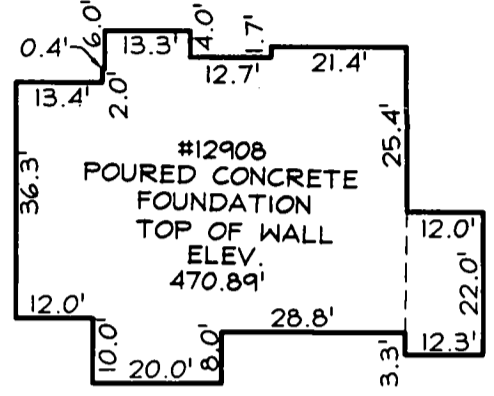
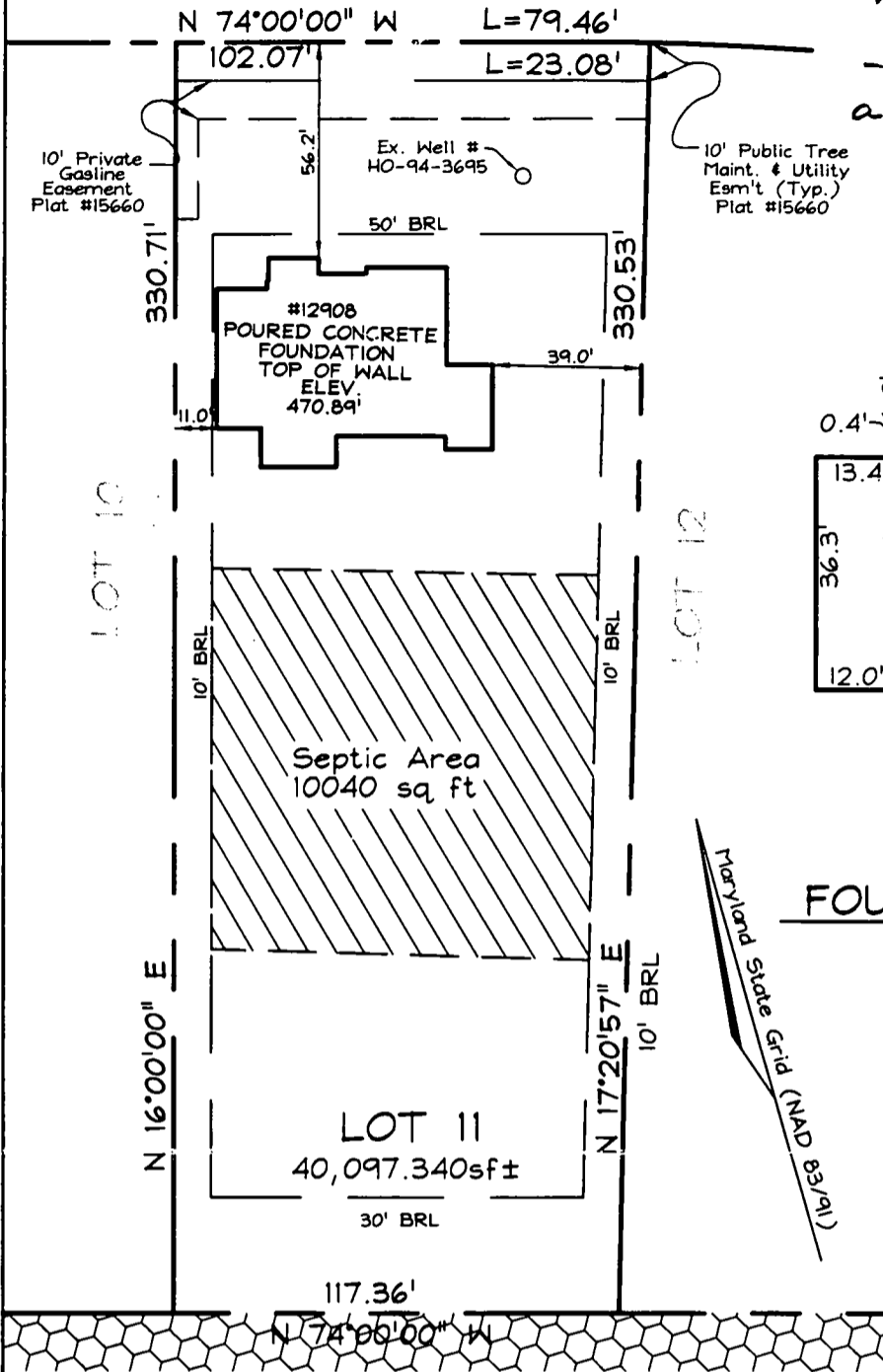
DATE OF APPROVAL 1/21/05

VISTAVIEW DRIVE  
(Public Access Place)

10/21/04

- wall check ok -  
a 12x22 area added on  
SE side of home.

1538



FOUNDATION DETAIL  
SCALE: 1"=30'

PLAN VIEW  
SCALE: 1"=50'

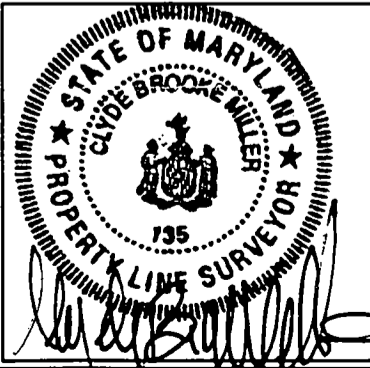
LEGEND

- 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.: 12908 VISTAVIEW DR.  
TOP OF WALL ELEV. = 470.89' 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.

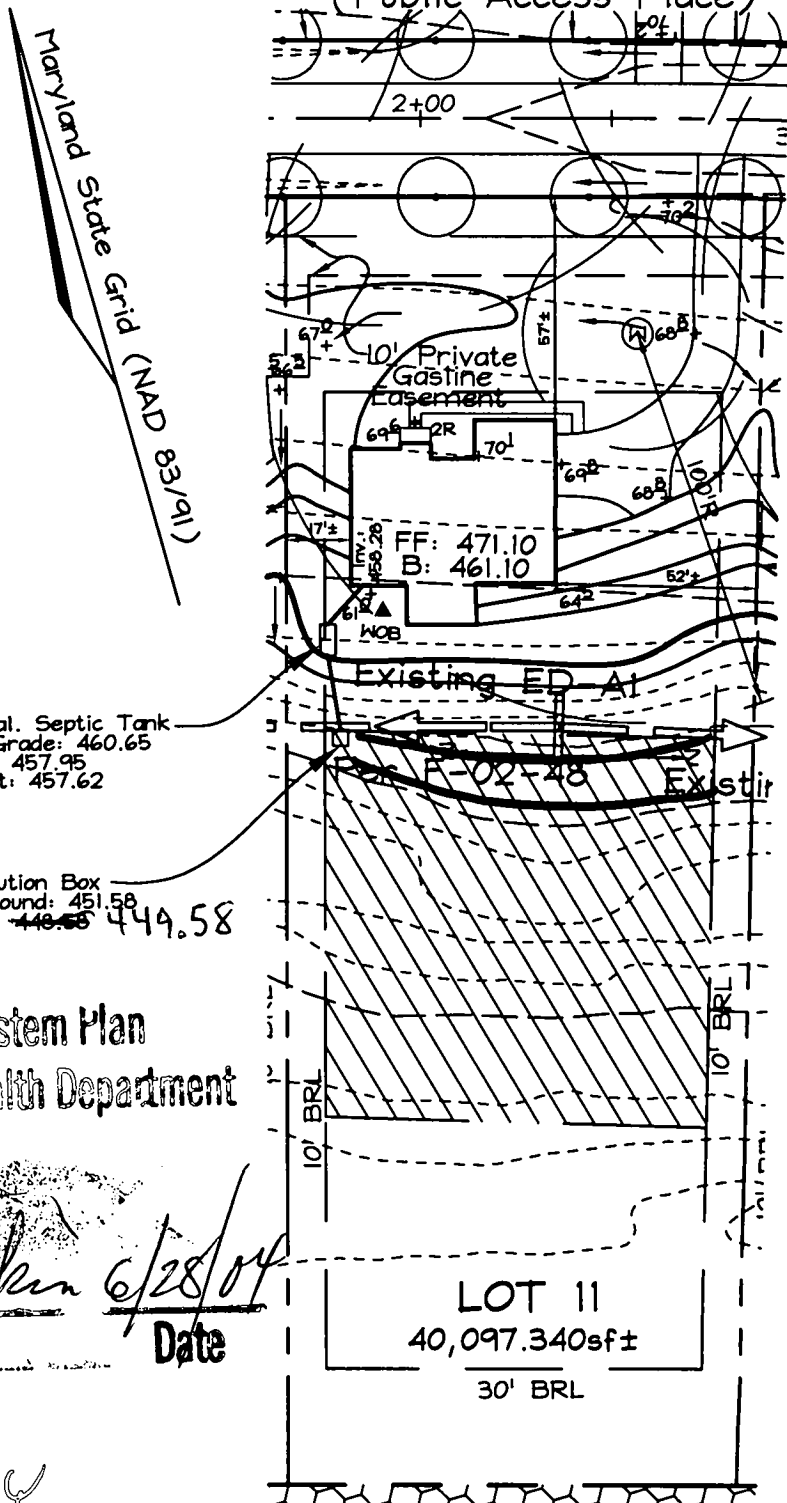
**FSH Associates**  
Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: FSHAssociates@cs.com

| WALL CHECK |                |
|------------|----------------|
| FOUNDATION | Date: 10/14/04 |
| FINAL      | Date:          |
| DRAWN BY:  | BB             |
| SCALE:     | As Shown       |
| W.O. No.:  | 3003           |



LOT 11  
FOX CHASE ESTATES  
PLAT No. 15907  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

VISTAVIEW DRIVE  
(Public Access Place)



1250 Gal. Septic Tank  
Prop. Grade: 460.65  
Inv. In: 457.95  
Inv. Out: 457.62

Distribution Box  
Ex. Ground: 451.58  
Inv. In: ~~448.58~~ 449.58

Approved Septic System Plan  
Howard County Health Department

*Mark R. Spier* 6/28/04  
Signature Date

FILE  
COPY

**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: PS  
DRAWN BY: KO  
CHECKED BY: ZYF  
SCALE: 1"=50'  
DATE: June 27, 2003  
W.O. No.: 3003  
SHEET No.: 1 OF 1

LOT RESITE  
LOT 11  
**FOX CHASE ESTATES**

TAX MAP 15 GRID 23  
3RD ELECTION DISTRICT

PARCEL 25  
HOWARD COUNTY, MARYLAND

98103

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3600 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21113  
PERMITS (410) 313-2435 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3600

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00145478

Building Address 12907 VICTORVIEW DR.  
WEST FRIENDSHIP, MD 21774  
Suite/Apt. #: TAYLOR 03-339774 SDP/WFP/Petition #: GPO3-64  
Census Tract 6030 Subdivision FOX CHASE ESTATES  
Section N/A Area N/A Lot 11  
Tax Map 15 Parcel 25 Grid 23  
Zoning RUEO Map Coordinates 15C12 Lot size 40,097 sq ft

Property Owner's Name WILLIAM BURG GROUP  
Address 5185 HARPERS FARM RD, #200  
City COLUMBIA State MD Zip Code 21044  
Home Phone \_\_\_\_\_ Work Phone 410997-8700X18  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410997-4358

Existing Use VACANT LOT  
Proposed Use SFD  
Estimated Construction Cost \$ 250,000  
Description of Work MODEL: THOMAS GODWIN  
2 STORY FULL FINISH, 10R, 3 FB, OUB, 2 FP  
GARAGE (4 BR)

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 ROAD  
Contact Person TIM GRAHAM  
Address 640 PLYMOUTH RD.  
City CATONSVILLE State MD Zip Code 21027  
Phone 410726-0281 Fax SAME

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics             | Utilities                                                         |
|--------------------------------------|-------------------------------------------------------------------|
| Height: _____                        | Water Supply: _____                                               |
| No. of stories: _____                | Public _____                                                      |
| Gross area, sq. ft. per floor: _____ | Private _____                                                     |
| Use group: _____                     | Sewage Disposal: _____                                            |
| Construction type: _____             | Public _____                                                      |
| Reinforced Concrete _____            | Private _____                                                     |
| Structural Steel _____               | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Masonry _____                        | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| Wood Frame _____                     | Heating System: _____                                             |
| State Certified Modular _____        | 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"/>              | Water Supply: _____                                                          |
| Depth _____ Width _____                                                                            | Public _____                                                                 |
| 1st floor: _____                                                                                   | Private <input checked="" type="checkbox"/>                                  |
| 2nd floor: _____                                                                                   | Sewage Disposal: _____                                                       |
| Basement: _____                                                                                    | Public _____                                                                 |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Private <input checked="" type="checkbox"/>                                  |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                        | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| No. of Bedrooms <u>4</u>                                                                           | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                 |
| Multi-family dwellings: _____                                                                      | Heating System: _____                                                        |
| No. of efficiency units: _____                                                                     | Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>    |
| No. of 1 BR units: _____                                                                           | Natural Gas <input type="checkbox"/>                                         |
| No. of 2 BR units: _____                                                                           | Propane Gas <input checked="" type="checkbox"/>                              |
| No. of 3 BR units: _____                                                                           | Sprinkler system: N/A <input checked="" type="checkbox"/>                    |
| Other Structure: _____                                                                             | NFPA #13D _____                                                              |
| Dimensions: _____                                                                                  | NFPA #13R _____                                                              |
| Footings: _____                                                                                    | Other: _____                                                                 |
| 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 FULLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name JOHANNE P. DAVIS  
Date JUN 25 2004

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

| AGENCY                                                                                                                          | DATE           | SIGNATURE APPROVAL |
|---------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ                                                                       |                |                    |
| <input checked="" type="checkbox"/> Building Official                                                                           |                |                    |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ                                                                       | <u>6/28/04</u> | <u>Mark Laffer</u> |
| <input checked="" type="checkbox"/> Health                                                                                      |                |                    |
| <input checked="" type="checkbox"/> Fire Protection                                                                             |                |                    |
| Is Sediment Control approval required prior to issuance?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                                                                        |                |                    |
| ONE STOP SHOP: <input type="checkbox"/>                                                                                         |                |                    |

DPZ SETBACK INFORMATION

Front: 50' HEALTH

Rear: 30'

Side: 70'

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#: 67222

Filing fee \$ 100

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 591

Validation # 207216

7/05

**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 (1) (D) Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Telephone #: 410-795-5670  
Address: 530 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: License # MSD 009

Name (Print): Allen Compton  
\*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 Telephone #: \_\_\_\_\_  
Subdivision: Fox Chase Estates Lot #: 11 Well Tag #: HO 94-2695  
Site Address: \_\_\_\_\_

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Crowley      Make: Campbell      Two piece watertight cap: UC  
Model #: 25007422      Model #: NA      Screened, vented well cap: 4 2  
Pump Capacity 7 GPM      Depth: 42 (36" min)      Cap secured to casing: UCS  
Well Yield: 8.5 GPM      NSF approved: yes      Conduit min 18" B.G.: UC  
Depth of well encountered at time of pump installation: 300 (feet)      Conduit secured to well cap: UCS  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NA

**Piping to house**      **House Connection**  
Type: 1" Black Plastic      PVC sleeved to undisturbed soil at wall penetration: UC 2  
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.

Signature of company representative responsible for installation: Allen Compton      date: 2/18/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/18/05 **BB**  
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 14195 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A513359-K

ST/CO USE ONLY DATE RECEIVED MM DD 07 24 83

DATE WELL COMPLETED MM DD 7 9 83

Depth of Well 22 300' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-74-3675

OWNER Williamsburg Group STREET OR RFD BR TOWN W. Friendship SUBDIVISION Fox Chase East SECTION LOT 111

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-44, Gray Miss Rock 44-300, Dry well backfilled, 100-110 drilling material, 110-0 Cement.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 15 NO. OF POUNDS 1910

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 49

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)

DEPTH (nearest ft.) 1 47 2 300 3 300

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

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8.5 PUMPING RATE (gal. per min.) 11 15 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 43 ft. WHEN PUMPING 22 25 104 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) See attached location.

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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 M S D O A Y 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)



|            |                                |                                |                                                                          |                                                                                        |
|------------|--------------------------------|--------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>B 1</b> | 7730<br><small>1 2 3 6</small> | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br>PERMIT TO DRILL WELL<br>516923 please print or type | STATE PERMIT NUMBER<br>HO-94-3695<br><small>70 fill in this form completely 79</small> |
|------------|--------------------------------|--------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

**OWNER INFORMATION**

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

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

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Fox Chase Estates  
23 SUBDIVISION 42

SECTION      LOT 11  
44 46 48 50

West Friendship  
52 NEAREST TOWN 71

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

**DRILLER INFORMATION**

Joseph L Mayne M S D O 24  
76 License No. 81

Joseph L. Mayne Well Drilling  
76 First Name 81

5512 Ridge Rd Mt. Airy 21711  
76 Address 81

Joseph L Mayne 4/10/02  
76 Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

Vistaview Dr.  
11 NEAR WHAT ROAD 30

DISTANCE FROM ROAD 15 34 FT OR MI 37 38 39

TAX MAP: 15 BLK: 22 PARCEL 25

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED 500  
14 GAL. PER DAY 20

**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 COUNTY NAME A513359-K COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 051603 Mark Piffen 5/16/04  
43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 531 000 EAST GRID 0810 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

- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810

N 5301

7/7/03 AM (CO)  
300' well  
49' casing  
Not grouted yet

**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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)      41 52

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

Vistaview Dr.  
Fox Chase Rd.  
Rt 32  
West Friendship

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

APPROX. PERMIT NUMBER      **G**     

PERMIT No. HO-94-3695  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

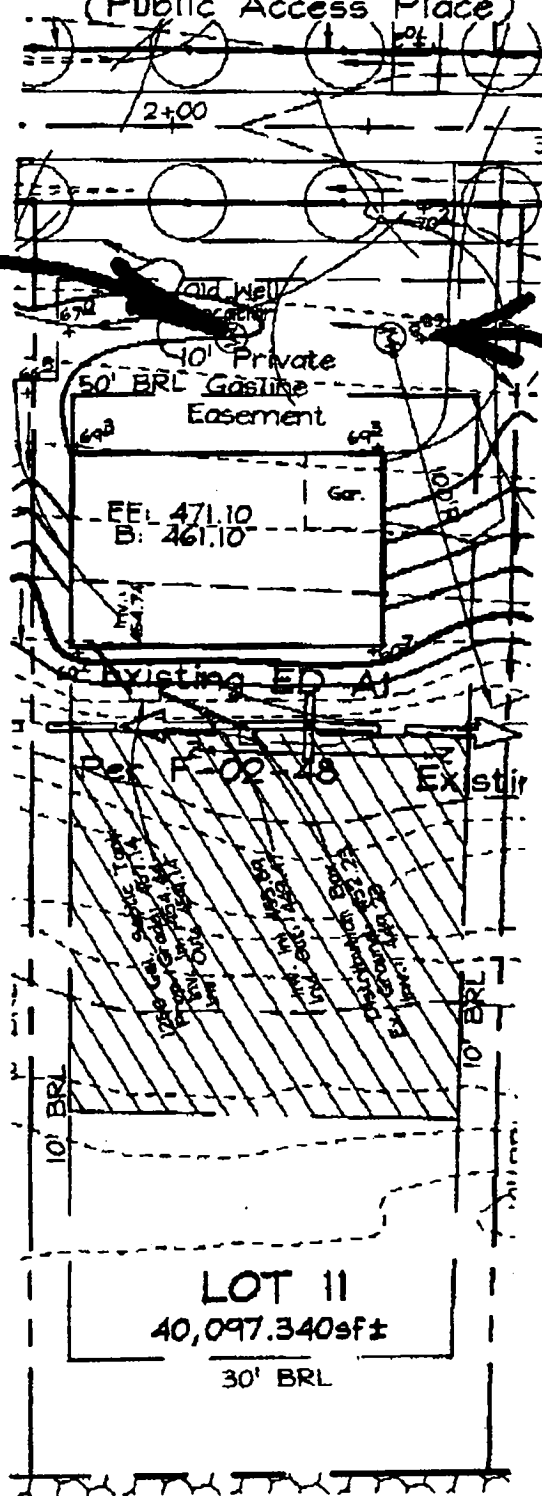
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



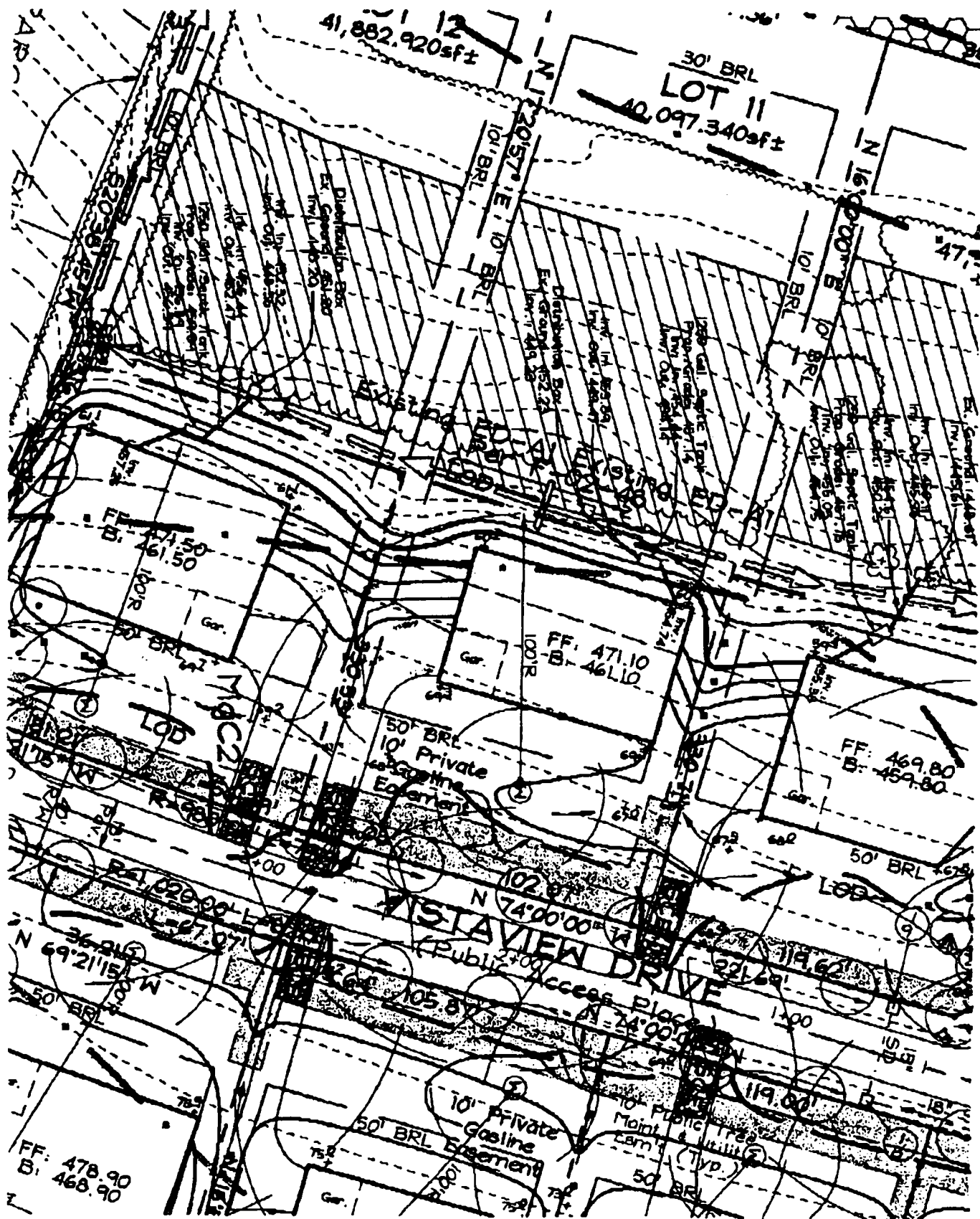
# VISTAVIEW DRIVE (Public Access Place)

Maryland State Gr A (NAD 83/01)

**OLD WELL**  
DRP



**NEW WELL**  
OK MR 6/27/03



Well site OK  
 (adequate separation to gas line esmt OK)  
 MR 5/5/03

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 SYSTEM.

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 PHONE (301) 476-7715  
BURTONSVILLE MD. 20866

PROPERTY LOCATION:

SUBDIVISION CAMPBELL PROPERTY LOT NO. 10 11

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 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. Facharia Y. Fische (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' 34

brn  
saclm

3

tan brn  
si sa lm

5

tan gray  
sa lm

scattered  
R<sub>x</sub> pockets  
some lg frags  
5-20% frags

11'9"

33

brn red  
saclm  
15% frags

2-3

tan  
gray  
sand  
20-25%  
mica  
saprolite  
frags

10

HARD

30

brn orge  
cl lm

3

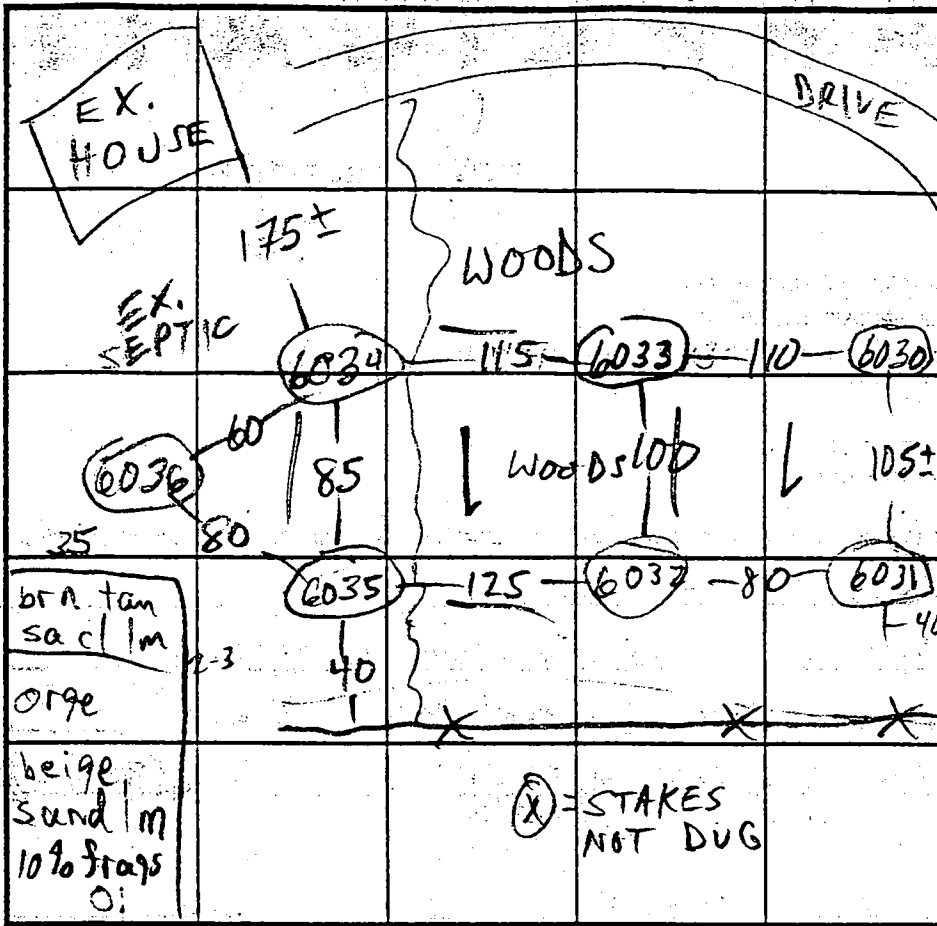
tan orge  
si sa lm

4 1/2

orge tan  
gray  
sa mica  
loam

10

HARD BOT



SOIL PROFILE

0' 31

tan  
orgered  
cl lm

3-4

orge tan  
sa lm

15%  
frags

10

32  
orge tan  
cl lm

3

orge  
sa si lm  
10-15% frags

12 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH  | PRE-WET       |       | TEST - 1" DROP |       | TIME |
|---------|----------|--------|---------------|-------|----------------|-------|------|
|         |          |        | START         | STOP  | START          | STOP  |      |
| 6/19/00 | 6034 v   | 11'9"  | OK see pro    |       |                |       |      |
|         | 6033 s   | 2 1/2  | 10:52         | 10:53 | 10:53          | 10:55 | 2    |
|         | M 6      |        | 10:52         | 10:54 | 10:54          | 10:56 | 2    |
|         | v        | 10     | HARD BOT - OK |       |                |       |      |
|         | 6030 v   | 10     | OK see pro    |       |                |       |      |
|         | 6031 s   | 3      | 11:06         | 11:07 | 11:07          | 11:09 | 2    |
|         | 31 v     | 10     | OK see pro    |       |                |       |      |
|         | 6032 s   | 3      | 11:07         | 11:11 | 11:11          | 11:17 | 6    |
|         | 32 v     | 12 1/2 | OK see pro    |       |                |       |      |
|         | 6035 s   | 3      | 11:20         | 11:23 | 11:23          | 11:26 | 3    |

REMARKS v 12 1/2 OK see pro

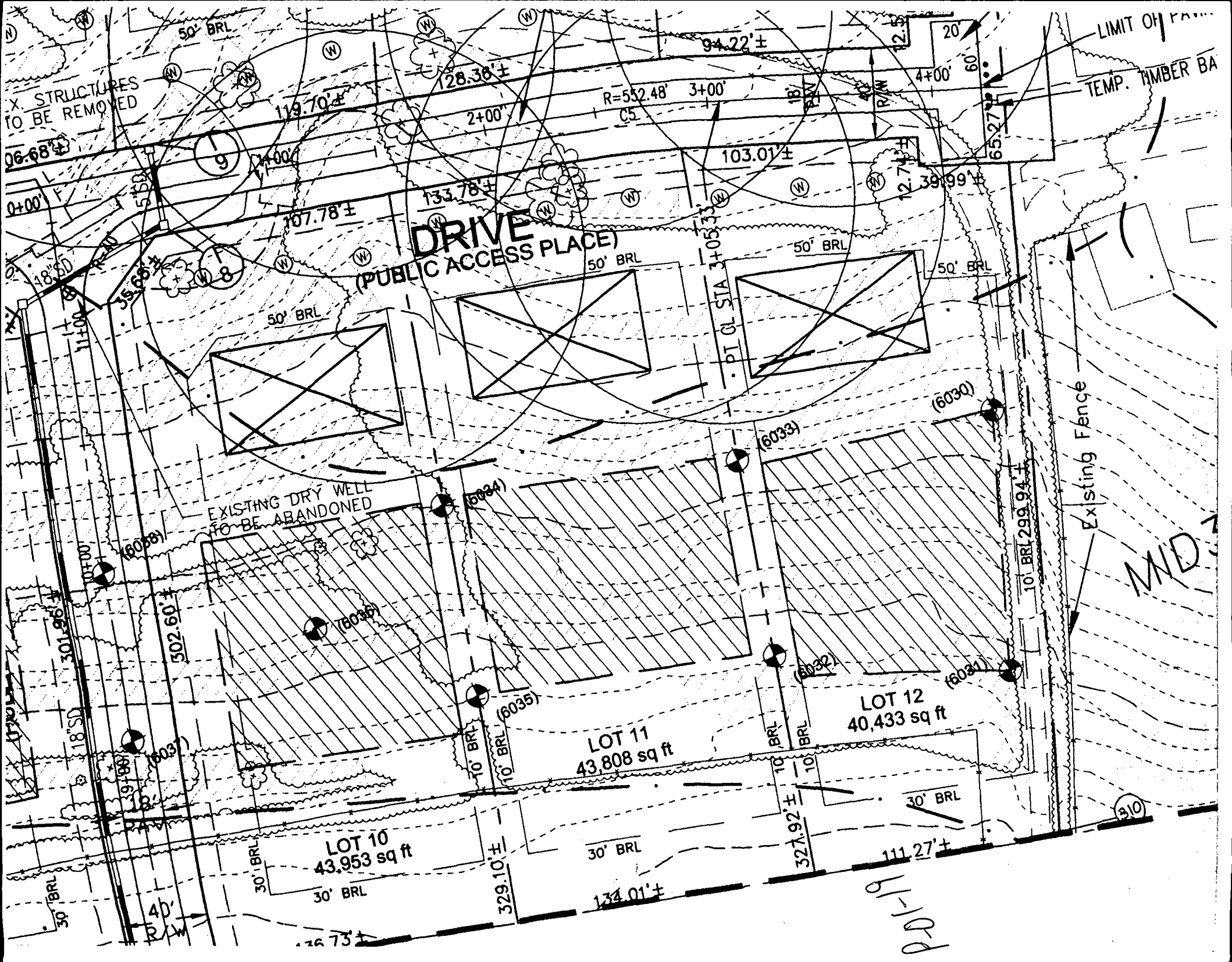
TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT OK Jr & crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT/BEDROOM 180

1' EPA SW



X STRUCTURES TO BE REMOVED

**DRIVE**  
(PUBLIC ACCESS PLACE)

EXISTING DRY WELL TO BE ABANDONED

Existing Fence

MID

P.D. 19

06.68'±

50' BRL

119.70'±

128.36'±

94.22'±

12.5'

20'

R=552.48'

C5

103.01'±

12.7'

12.39'

99.1'

133.78'±

107.78'±

**DRIVE**  
(PUBLIC ACCESS PLACE)

50' BRL

50' BRL

50' BRL

50' BRL

PT. CL STA 3+05.3'

0+00'

18'±

11+00'

11+00'

11+00'

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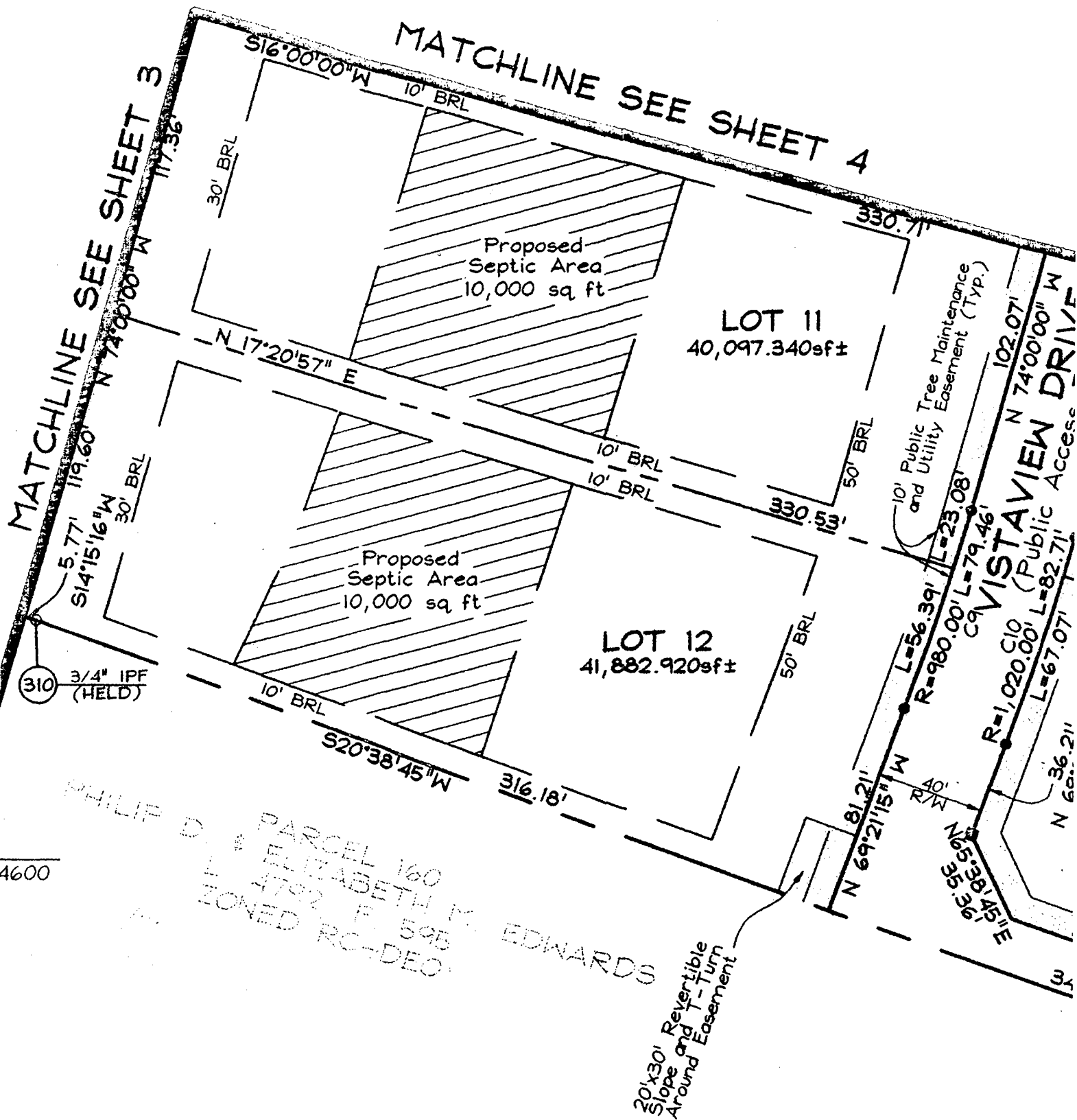
302.60'±

302.60'±



F-02-48

SIGNED 8/23/02



324600

PHILIP D. PARCEL 160  
 & ELIZABETH M. EDWARDS  
 L 4782 F. 595  
 ZONED RC-DEO

B00152310 B00152310

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLEICOTT CITY, MD 21043  
 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
~~00152310~~

Building Address 12908 VISTAVIEW DR.  
WEST FRIENDSHIP, MD 21194

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 603000 Subdivision FOX CHASE ESTATES

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11

Tax Map 15 Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Williamshury Group

Address 5485 HENRYS FARM RD #200

City Columbia State MD Zip Code 21044

Home Phone \_\_\_\_\_ Work Phone 410-977-8870

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use SFD w/ deck + screened in porch

Estimated Construction Cost \$ 14,000

Description of Work Construct a deck + screened in porch  
~~SCREENED IN PORCH WITH STAIRS TO DECK~~

Contractor Company Ed Pacylowski

Contact Person **PRO-BUILT  
 CONSTRUCTION, INC.**

Address 13453 Long Days Court  
Highland, MD 20777-9757

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. 20247

Phone 301-854-0821 Fax 301-854-9103

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics                                                                                             | Utilities                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Height: _____                                                                                                        | Water Supply: _____<br>Public _____ Private _____                                                                                                                       |
| No. of stories: _____                                                                                                | Sewage Disposal: _____<br>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: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| State Certified Modular _____                                                                                        | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                            |

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics                                                                                         | Utilities                                                                                            |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____ | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>                      |
| 1st floor: _____                                                                                                 | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>                   |
| 2nd floor: _____                                                                                                 | Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |
| Basement: _____                                                                                                  | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                              |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>                          | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/>              |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                                      | Natural Gas <input type="checkbox"/>                                                                 |
| No. of Bedrooms: _____                                                                                           | Propane Gas <input type="checkbox"/>                                                                 |
| Multi-family dwellings: _____                                                                                    | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____ |
| No. of efficiency units: _____                                                                                   |                                                                                                      |
| No. of 1 BR units: _____                                                                                         |                                                                                                      |
| No. of 2 BR units: _____                                                                                         |                                                                                                      |
| No. of 3 BR units: _____                                                                                         |                                                                                                      |
| Other Structure: <u>Deck Porch</u>                                                                               |                                                                                                      |
| Dimensions: <u>12x24x8</u>                                                                                       |                                                                                                      |
| Footings: <u>post + pier</u>                                                                                     |                                                                                                      |
| Roof: <u>shingled 12/12 pitch</u>                                                                                |                                                                                                      |
| 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.

Ed Pacylowski  
 Applicant's Signature  
President / Pro Built + Const, Inc.  
 Title/Company

Edward Pacylowski  
 Print Name  
Feb 19, 2005  
 Date

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                | <u>2/17/05</u> | <u>Raele Thomas</u> |
| 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#:** \_\_\_\_\_

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Validation # \_\_\_\_\_

Accepted by \_\_\_\_\_

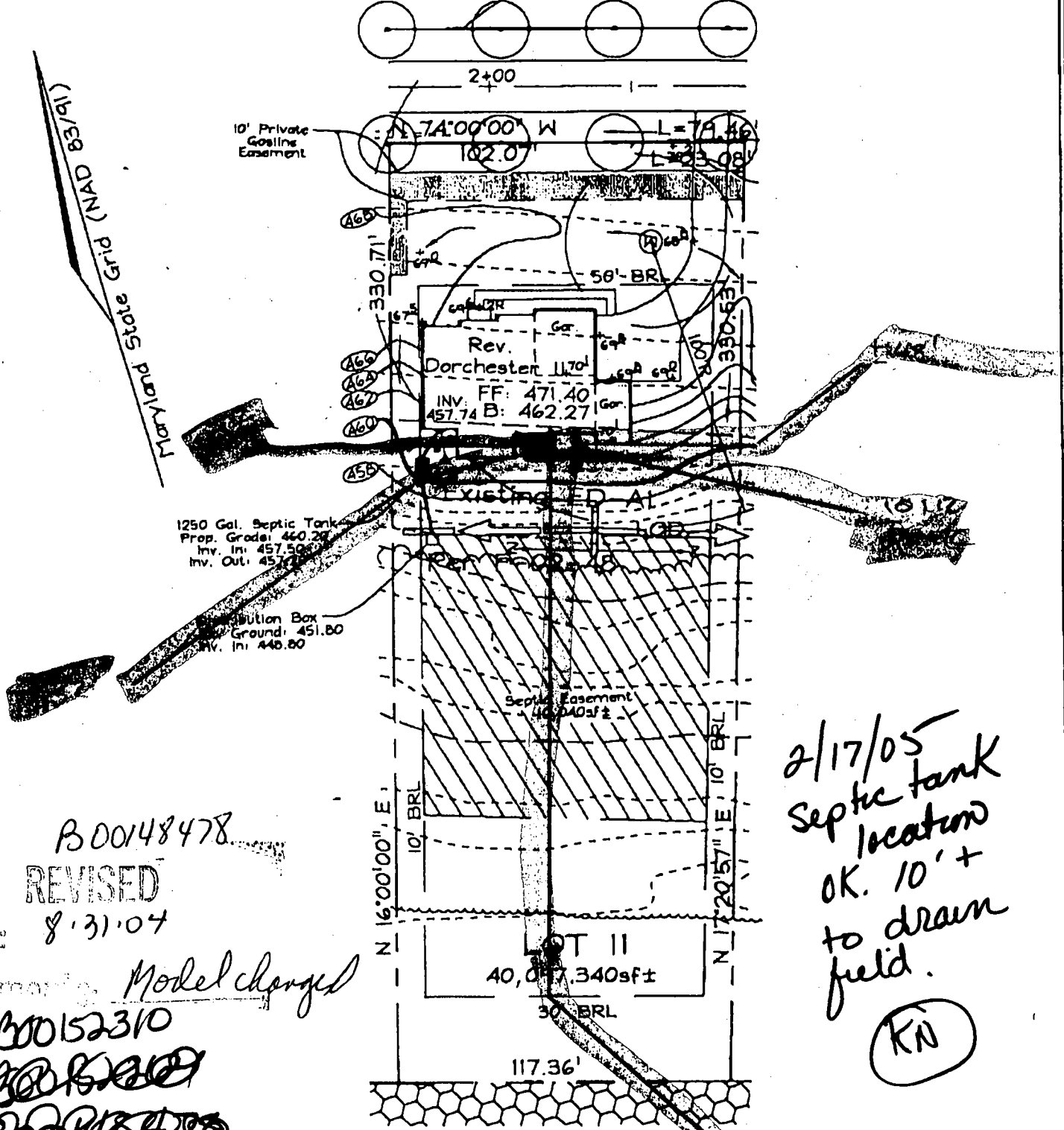
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

### GENERAL NOTES

1. The existing well shown on this plan (identified with the attached well tag number: HO-94-3695) has been field located by C. B. Miller professional surveyor and is accurately shown.
2. See Approved Grading Plan GP-03-64 for Entire Site.

# 12908

## VISTAVIEW DR (Public Access Place)



2/17/05  
 Septic tank  
 location  
 OK. 10' +  
 to drain  
 field.

KN

B00148478

REVISED

8.31.04

Model changed

B00152310

~~B00152310~~

~~B00152310~~

## 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

measurement  
 ±3' OK

DESIGN BY: PS  
 DRAWN BY: BB  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Aug 23, 2004  
 W.O. No.: 3003  
 SHEET No.: 1 OF 1

## LOT RESITE LOT II FOX CHASE ESTATES

TAX MAP 15 GRID 23  
 3RD ELECTION DISTRICT

PARCEL 25  
 HOWARD COUNTY, MARYLAND



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 21, 2005

Williamsburg Group, LLC  
5485 Harpers Farm Road, Suite 200  
Columbia, MD 21044

*SENT VIA FACSIMILE 410-997-4358*

RE: Fox Chase Estates, Lot 11  
12908 Vistaview Drive  
West Friendship, MD 21794  
BP # B00148478  
Well Permit #HO-94-3695

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/21/2005. Final approval of the well line connection to the dwelling was approved on 03/18/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3695. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 03/03/05 & 03/11/2005  
Date of Well Completion: 07/07/2003

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File