

LAYOUT 5/18/04-1PM INSP 4 _____
INSP 2 6/17/04 Con44A INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/14/2004

APPROVAL DATE: 6/24/04

PERMIT INDEXED

P 520362

A 513359-L

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

03-339734

Maticic Construction Services, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandy Ridge Court, Elkridge PHONE NUMBER: 410-379-6463

SUBDIVISION: Fox Chase Estates LOT NUMBER: 12

ADDRESS: 12912 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: 170 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 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 in middle of high edge of staked SDA. Run (3) 56' trenches to right side of property.
NOTES:	Adjust tank location out of fill as much as possible to provide best location and suitable cover.

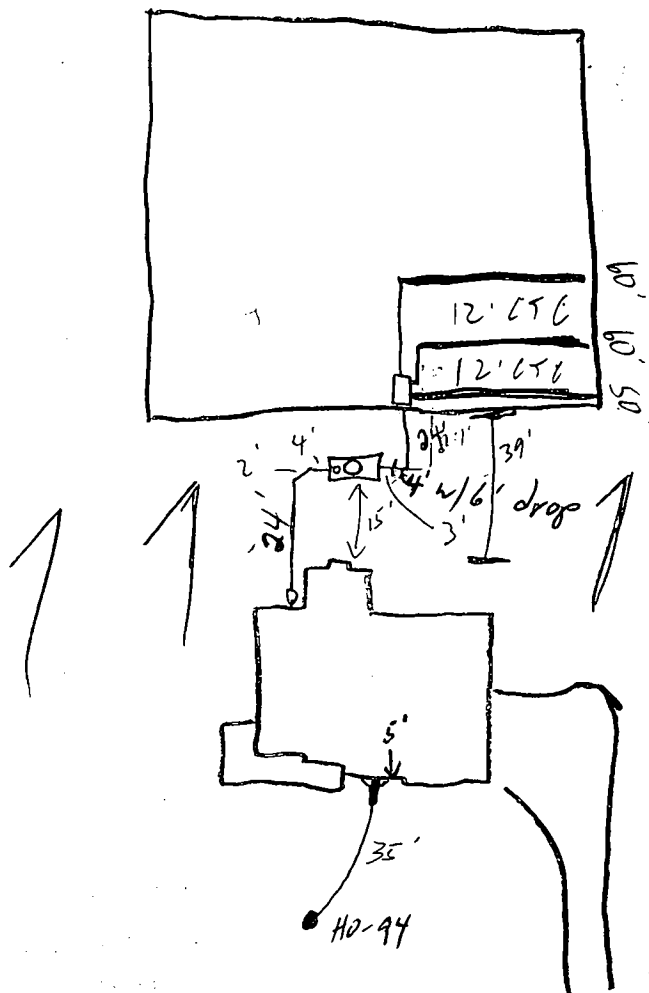
PLANS APPROVED: MER OK/MR DATE: 12/4/03

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**

A513359-L

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2.5'	4.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		170'
ABSORPTION AREA		510 4
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

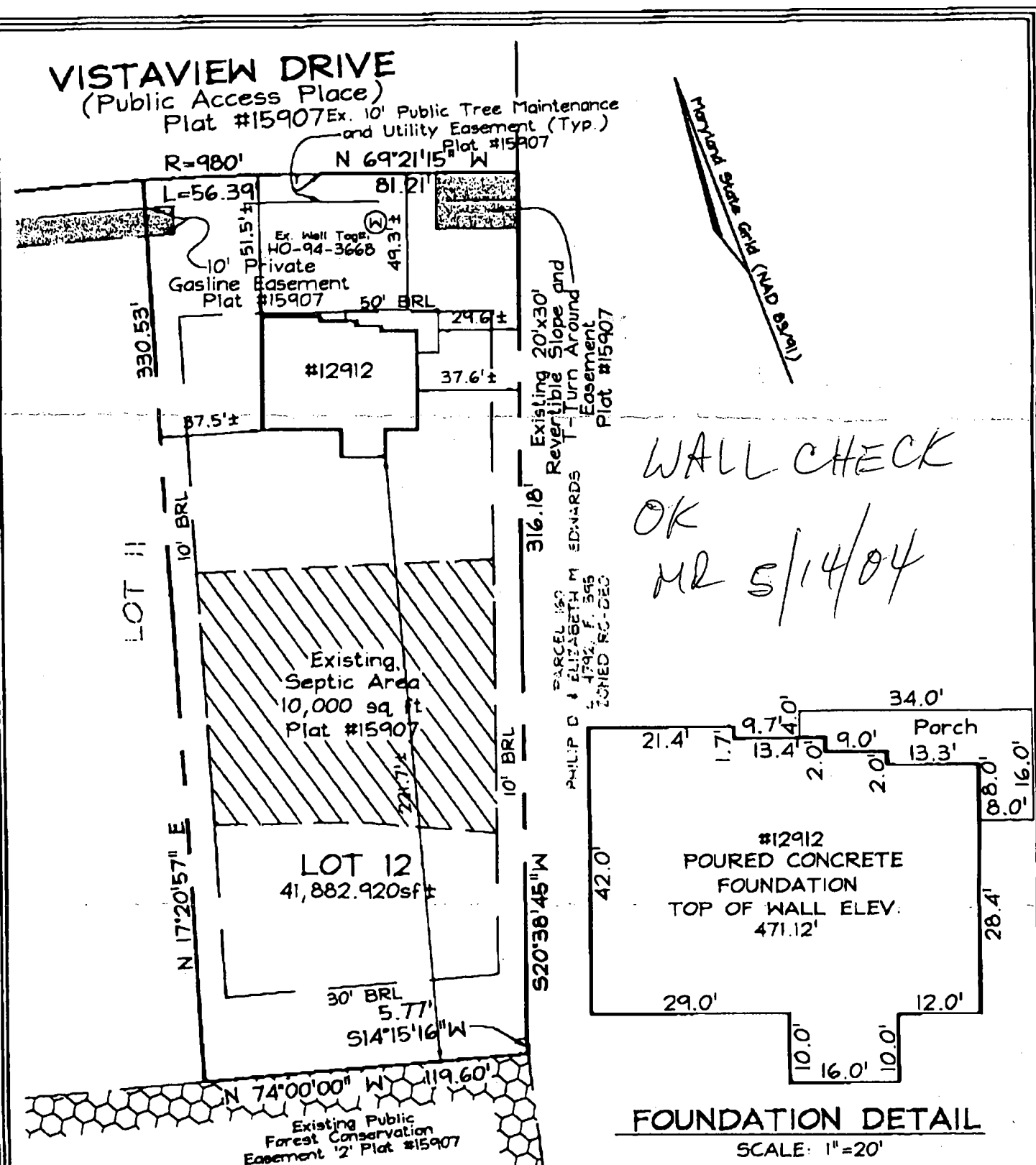
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	✓
TANK LID DEPTH	1-3'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	N/A
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 5/18/04 - SRA staked, contours accurate. Install trenches per B.P. Told contractor to get with the builder for
 INSTALLATION tank placement w/ no more than 3' of cover (50)
 6/23/04 - Tank set, place C.S. after 6' drop. OK to
 cover work complete. 6/24/04 - Trenches installed
 OK to cover (50)

FINAL INSPECTOR

DATE OF APPROVAL

6/24/04



PLAN VIEW

SCALE: 1"=50'

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 LABELED ± ARE WITHIN 0.1"

ADDRESS No.: 12912 VISTAVIEW DRIVE

TOP OF WALL ELEV. = 471.12' 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

WALL CHECK	
FOUNDATION	Date: 01/12/04
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3003



LOT 12
FOX CHASE ESTATES
PLAT No. 15907
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

G 8447

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00145235</u>
Building Address <u>12912 VISTAVIEW DR.</u> <u>WEST FRIENDSHIP, MD 21794</u>		Property Owner's Name <u>WILLIAMSBURG GROUP LLC</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>GPO3-64</u>		Address <u>5425 HARPERS FARM RD, #200</u>
Census Tract <u>6030</u> Subdivision <u>FOXCHASE ESTATE</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>12</u>		Home Phone <u>---</u> Work Phone <u>410/997-8800 X18</u>
Tax Map <u>15</u> Parcel <u>215</u> Grid <u>23</u>		Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RLD</u> Map Coordinates <u>15C12</u> Lot size <u>41,883 sq ft</u>		Phone <u>---</u> Fax <u>410/997-4357</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: DORCHESTER II</u> <u>W/ VICTORIAN PORCH (WRAP AROUND) 2 STORY</u> <u>FULL BENT, 10R, 3FB, 1HB, FP + GARAGE</u>		City <u>---</u> State <u>---</u> Zip Code <u>---</u>
Occupant or Tenant <u>SAME AS OWNER</u> (HBR)		License No. <u>155</u>
Contact Name <u>---</u>		Phone <u>---</u> Fax <u>---</u>
Address <u>---</u>		Engineer or Architect Company <u>PLYMOUTH RD. ARCHS.</u>
City <u>---</u> State <u>---</u> Zip Code <u>---</u>		Contact Person <u>TIM GRAHAM</u>
Phone <u>---</u> Fax <u>---</u>		Address <u>640 PLYMOUTH RD.</u>
		City <u>CATONSVILLE</u> State <u>MD</u> Zip Code <u>21228</u>
		Phone <u>410-788-0281</u> Fax <u>SAME</u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 THE 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 <u>Suzanne P. Davis</u> Title/Company <u>AGENT/WGLLC</u>	Print Name <u>SUZANNE P. DAVIS</u> Date <u>11/28/03</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY																																																
<table style="width: 100%;"><tr><th>AGENCY</th><th>DATE</th><th>SIGNATURE APPROVAL</th></tr><tr><td><input checked="" type="checkbox"/> Land Development, DPZ</td><td><u>11-25-03</u></td><td><u>[Signature]</u></td></tr><tr><td><input type="checkbox"/> State Highways</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Building Official</td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Dev. Engineering, DPZ</td><td><u>12/4/03</u></td><td><u>Mark R. [Signature]</u></td></tr><tr><td><input type="checkbox"/> Health</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Fire Protection</td><td></td><td></td></tr></table> <p>Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/></p>	AGENCY	DATE	SIGNATURE APPROVAL	<input checked="" type="checkbox"/> Land Development, DPZ	<u>11-25-03</u>	<u>[Signature]</u>	<input type="checkbox"/> State Highways			<input type="checkbox"/> Building Official			<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>12/4/03</u>	<u>Mark R. [Signature]</u>	<input type="checkbox"/> Health			<input type="checkbox"/> Fire Protection			<table style="width: 100%;"><tr><th>DPZ SETBACK INFORMATION</th><th>PROPERTY ID#:</th></tr><tr><td>Front: <u>50</u></td><td><u>11-25-03</u></td></tr><tr><td>Rear: <u>30</u></td><td>Filing fee \$ <u>---</u></td></tr><tr><td>Side: <u>10</u></td><td>Permit fee \$ <u>---</u></td></tr><tr><td>Side St: <u>N/A</u></td><td>Excise tax \$ <u>---</u></td></tr><tr><td>All minimum setbacks met?</td><td>Add'l per. fee \$ <u>---</u></td></tr><tr><td>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td><td>TOTAL FEES \$ <u>---</u></td></tr><tr><td>Is Entrance Permit required?</td><td>Sub-total paid \$ <u>---</u></td></tr><tr><td>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td><td>Balance due \$ <u>---</u></td></tr><tr><td>Historic District?</td><td>Check # <u>9413</u></td></tr><tr><td>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td><td>Validation # <u>9413</u></td></tr><tr><td>Lot Coverage for New/Town Zone</td><td></td></tr><tr><td>SDP/Red-line approval date</td><td>Accepted by <u>[Signature]</u></td></tr></table>	DPZ SETBACK INFORMATION	PROPERTY ID#:	Front: <u>50</u>	<u>11-25-03</u>	Rear: <u>30</u>	Filing fee \$ <u>---</u>	Side: <u>10</u>	Permit fee \$ <u>---</u>	Side St: <u>N/A</u>	Excise tax \$ <u>---</u>	All minimum setbacks met?	Add'l per. fee \$ <u>---</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>---</u>	Is Entrance Permit required?	Sub-total paid \$ <u>---</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ <u>---</u>	Historic District?	Check # <u>9413</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Validation # <u>9413</u>	Lot Coverage for New/Town Zone		SDP/Red-line approval date	Accepted by <u>[Signature]</u>
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**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: 588 Obercht Rd.
Sylasville, Md 20644

(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 Compston License# MD0009

*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 Lot #: 12 Well Tag #: HO-99-3668
Site Address: _____

Submersible Pump Data

Make: Goulds

Model #: 75007422

Pump Capacity 7 GPM

Well Yield: _____ GPM

Depth of well encountered at time of pump installation: 34.5 (feet)

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

Pitless Adapter

Make: Camphall

Model#: N/A

Depth: 36 (36" min)

NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: 1" Black Plastic

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 5

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 Compston

6-16-04
date

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

Date Insp. Requested: _____

Date Insp. Approved: 5/11/04 50 RA

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

HD-215 (Rev. 8/00)

C1 5921

SEQUENCE NO.
(DENY USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER AS13359-LST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

053003

Depth of Well
22 345 26
(TO NEAREST FOOT)OK
CN
6/3/03PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3668
28 29 30 31 32 33 34 35 36 37OWNER Williamsburg Group
STREET OR RFD Vistaview Dr first name
SUBDIVISION FOX CHASE EST SECTION W. Friendship LOT 12

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed) FEET
FROM TO Check
if water
bearing

Sand 0 36
Gray Mica Rock 36 345

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes
Y 44
no
N 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 13 NO. OF BOUNDS 1222GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot)from 0 48 ft. to 36 54 ft.
TOP BOTTOM
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)ST 06 40
80 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes
Yno
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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.DRILLERS IDENT. NO. MSD 024DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

70 72

TELESCOPE
CASINGLOG
INDICATORWQ
74 75 76

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min. to nearest gal.) 05

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 51

WHEN PUMPING 221

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

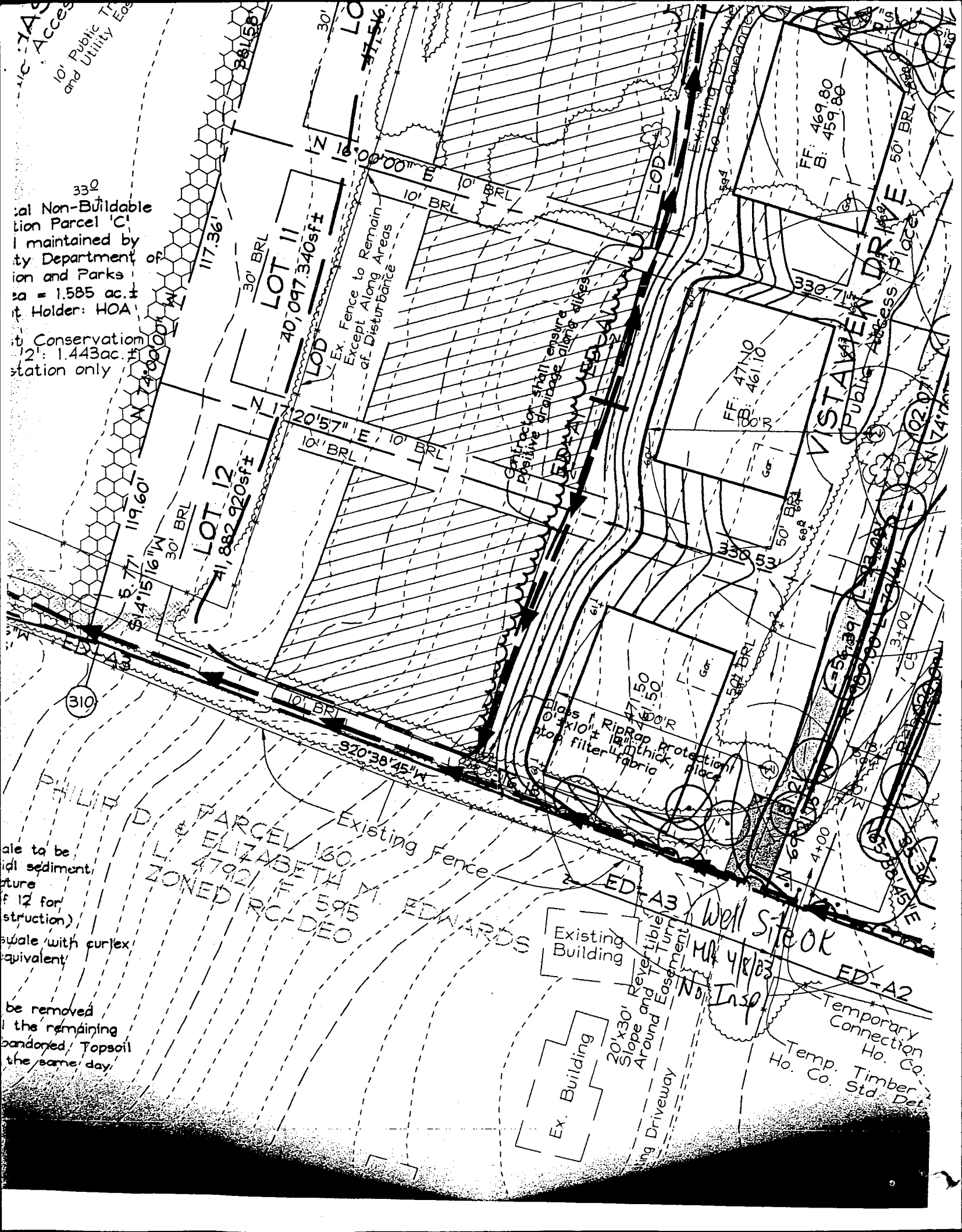
CASING HEIGHT (circle appropriate box
and enter casing height)+ above
- below
LAND SURFACE 02 (nearest foot)

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
208
Well 50

COUNTY

B 1' 7729 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516923 please print or type	STATE PERMIT NUMBER 40-94-3668 70 fill in this form completely 79
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 DRILLER INFORMATION Joseph L Mayne M S D 024 Driller's Name 76 License No. 81 Joseph L Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy 21771 Address Joseph L Mayne 4/10/02 Signature Date B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		B 3 LOCATION OF WELL 8 COUNTY Howard 21 Fox Chase Estates 23 SUBDIVISION 42 SECTION 44 46 LOT 12 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78 B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD Vista View Dr. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 25 37 DISTANCE FROM ROAD 25 FT ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 22 PARCEL 25	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A513359-6 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 04 08 03 Mark E. RPK 4/8/04 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 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		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 8182 N 5381 + 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 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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. 40-94-3668 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED			



33Q
al Non-Buildable
tion Parcel 'C'
I maintained by
ty Department of
ion and Parks
a = 1.585 ac.±
t Holder: HOA
it Conservation
2: 1.443ac.±
station only

ale to be
id sediment
ture
f 12 for
struction)
swale with curlex
equivalent

be removed
the remaining
abandoned. Topsoil
the same day.

PARCEL 130
4794 ABETH M.
ZONED RC-DEO
EDWARDS

Existing Building

Ex. Building

20'x30' Reversible
Slope and Turn
Around Easement
ing Driveway

Well Site OK
MAR 4/8/03
No Insp.

ED-A2
Temporary
Connection
Ho. Co.
Temp. Timber
Ho. Co. Std. Det.

VISTAVEN DRIVE
(Public Access Place)

FF: 47.10
B: 46.10

FF: 469.80
B: 459.80

LOT 11
40,097.340sf±

LOT 12
41,882.920sf±

Ex. Fence to Remain
Except Along Areas
of Disturbance

Contractor shall ensure
positive drainage along all areas

Class 1 RipRap protection
10'x10' 1/2" thick, placed
on filter fabric

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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. 12

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. 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

COUNTY #

SOIL PROFILE

0' 34
brn
saclm

3 tan brn
si sa lm

5 tan gray
sa lm
scattered
R_x pockets
some lg frags
5-20% frags

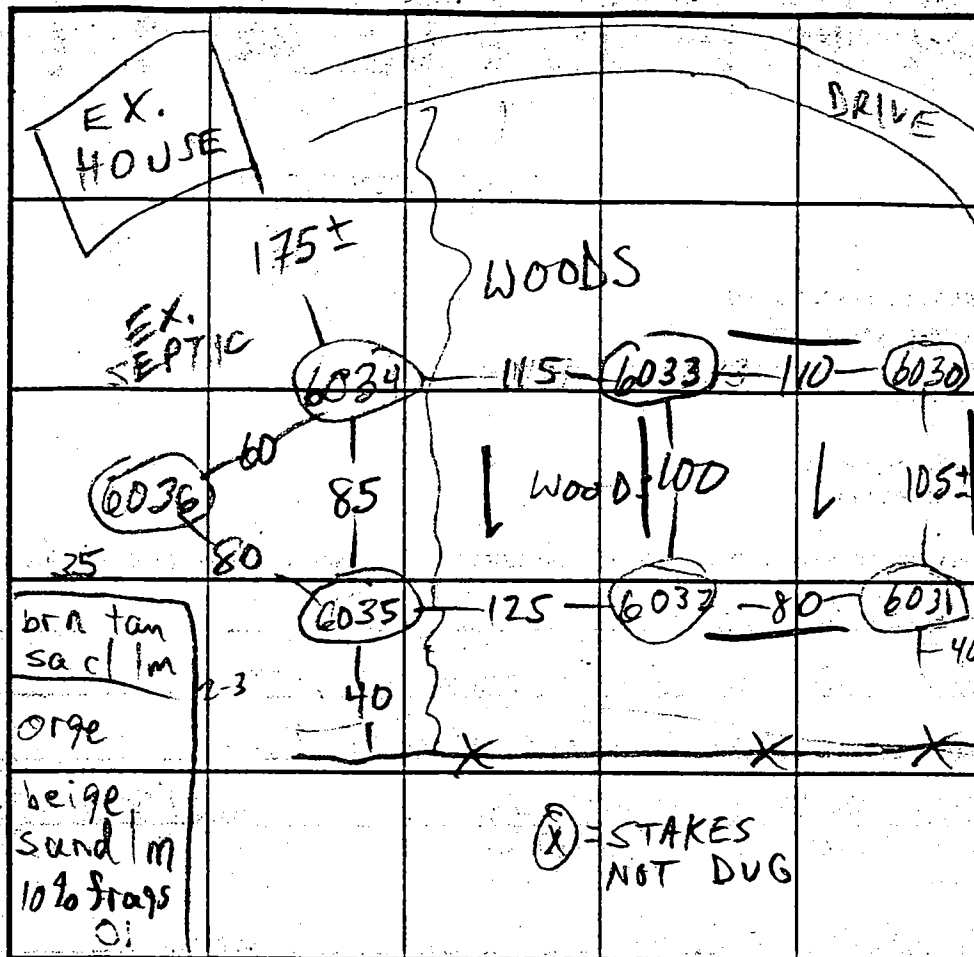
11'9" 33
brn red
saclm
15% frags

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
20% frags

10 HARD BOT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 31
tan
orgered
cl lm

3-4 orge tan
sa lm
15%
frags

32
orge tan
cl lm
orge
sa si lm
10-15% frags

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				
	31 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

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

OK Jr & crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

3

TRENCH WIDTH

3

INLET DEPTH

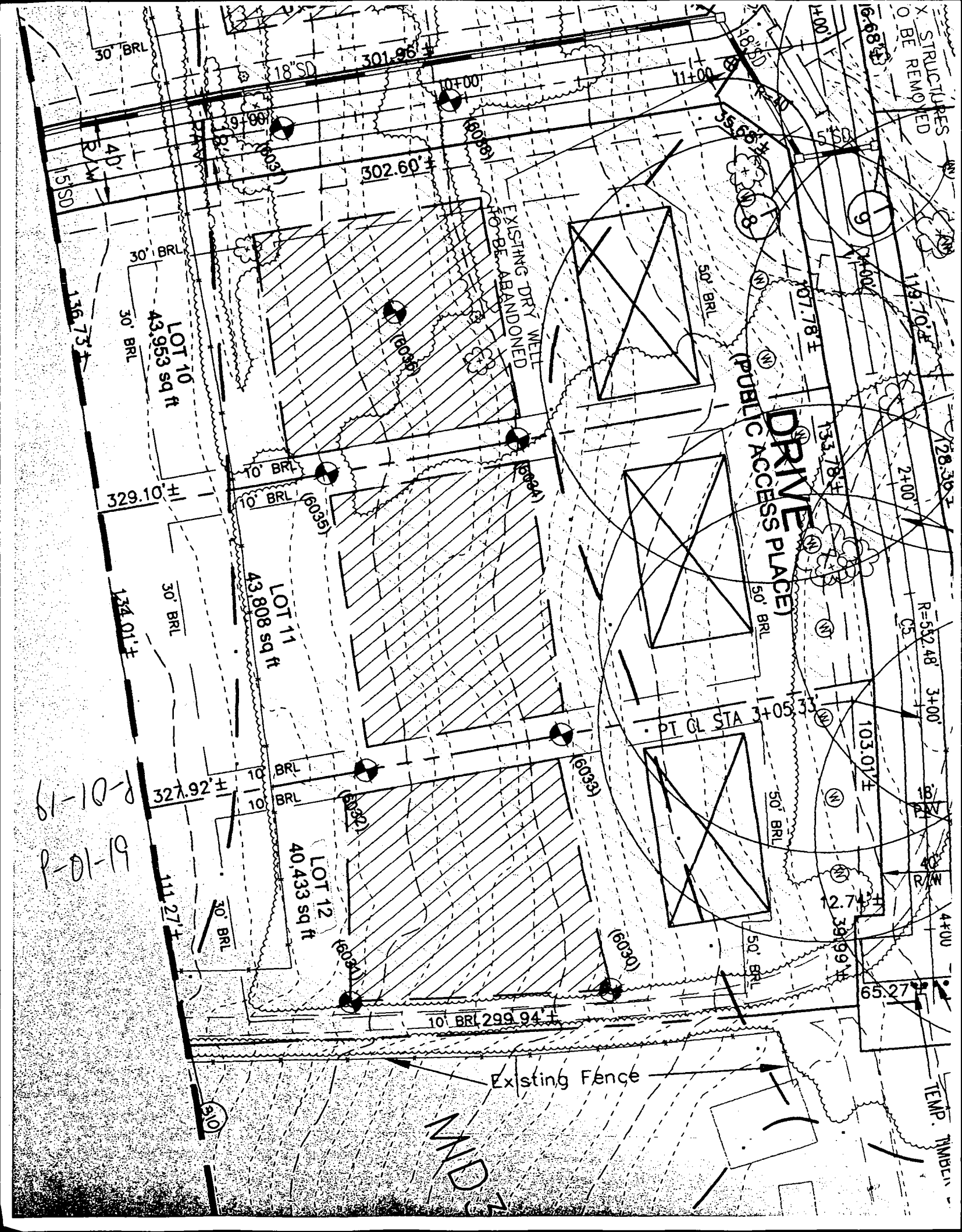
2 1/2

MAXIMUM BOTTOM DEPTH

4 1/2

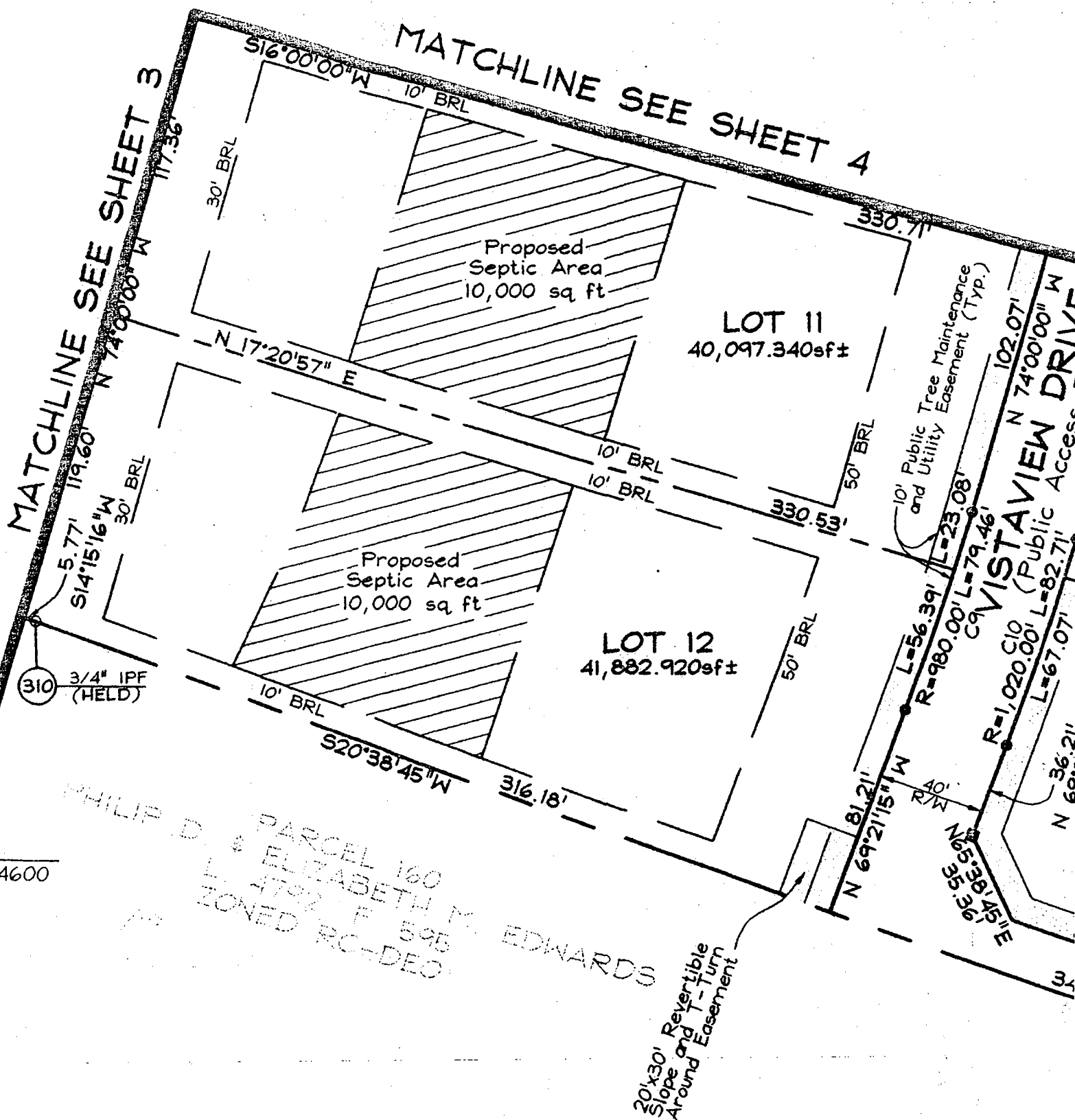
SQ. FT./BEDROOM

180 (x 0.71)



F-02-48 SIGNED 8/23/02

SIGNED 8/23/02





Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

July 27, 2004

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

SENT VIA FACSIMILE 410-997-4358

RE: Fox Chase Estates, Lot # 12
12912 Vistaview Drive
West Friendship, MD 21794
BP # B00145235
Well Permit # HO-94-3668

Dear Sirs:

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 06/24/2004. Final approval of the well line connection to the dwelling was approved on 05/11/2004.**

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-94-3668. 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 Sample: 07/20/2004
Date of Well Completion: 05/30/2003

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File