

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 3/7/2005

P 522013

APPROVAL DATE: 6/9/05

A 514227-X

**PERMIT
INDEXED**

TAX ID # 04-367

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Waterford Farms LOT NUMBER: 25

ADDRESS: 15901 Willis Way PROPERTY OWNER: Toll MDII LP

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

WITH/Effluent filter

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 186

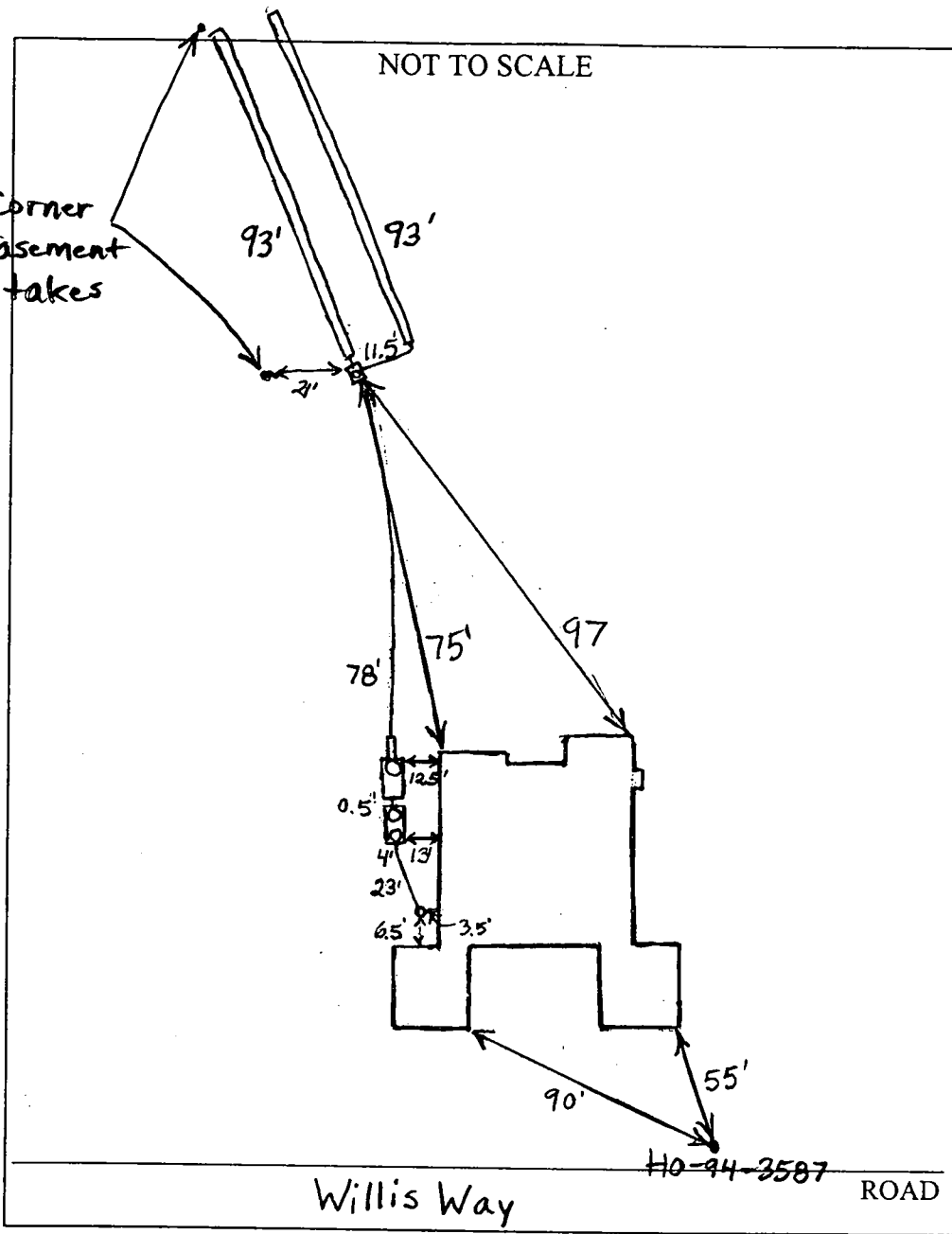
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation within the approved sewage disposal area. <u>2-90' trenches 2-93' trenches</u>
NOTES:	Effluent filter needed, no basement gravity service. Run 2-60' trenches

PLANS APPROVED: SRK/PAY  DATE: 11/18/04

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

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

A514227-X



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		186'
ABSORPTION AREA		558 + Sidewalk
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	~1'
BAFFLES	Yes
BAFFLE FILTER	Yes
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	~1'
BAFFLES	No
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	None
WATERTIGHT TEST	No

2-Comp

PRE-CONSTRUCTION _____

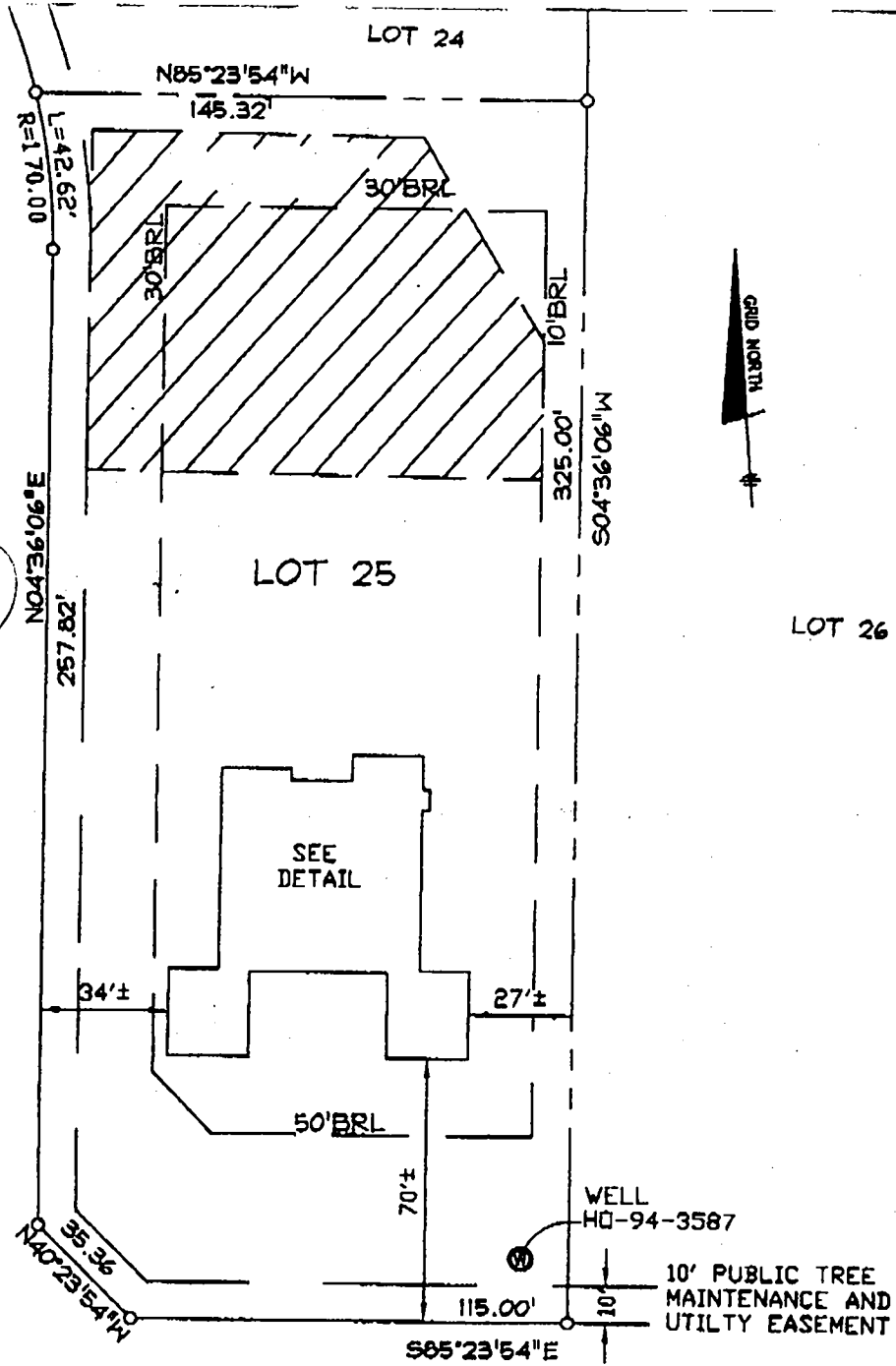
INSTALLATION layout. to install 2 93' trenches (PDA) 3/1/05
 3/14/05 Trenches done. Need house connection and pump and alarm
 test for final approval. (BB) 6/9/05 Pump and alarm working
 and house connection made. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/9/05

3/7/05
Wall check
OK - ESS. NO MOV'T

ELEANORS
GARDEN WAY
PUBLIC ACCESS PLACE
(40' R/W)

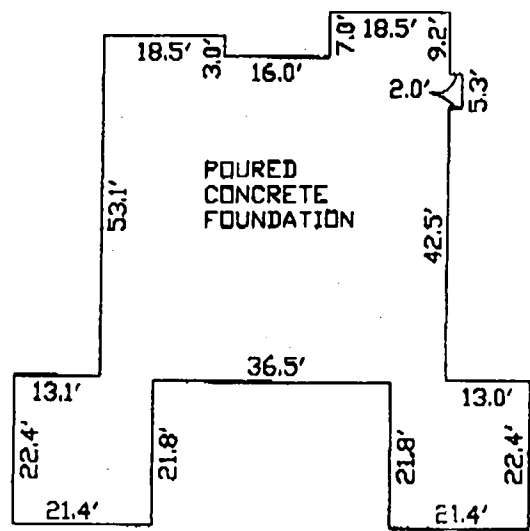


WILLIS WAY
PUBLIC ACCESS PLACE
(40' R/W)

TOP OF FOUNDATION WALL ELEVATION = 536.5'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

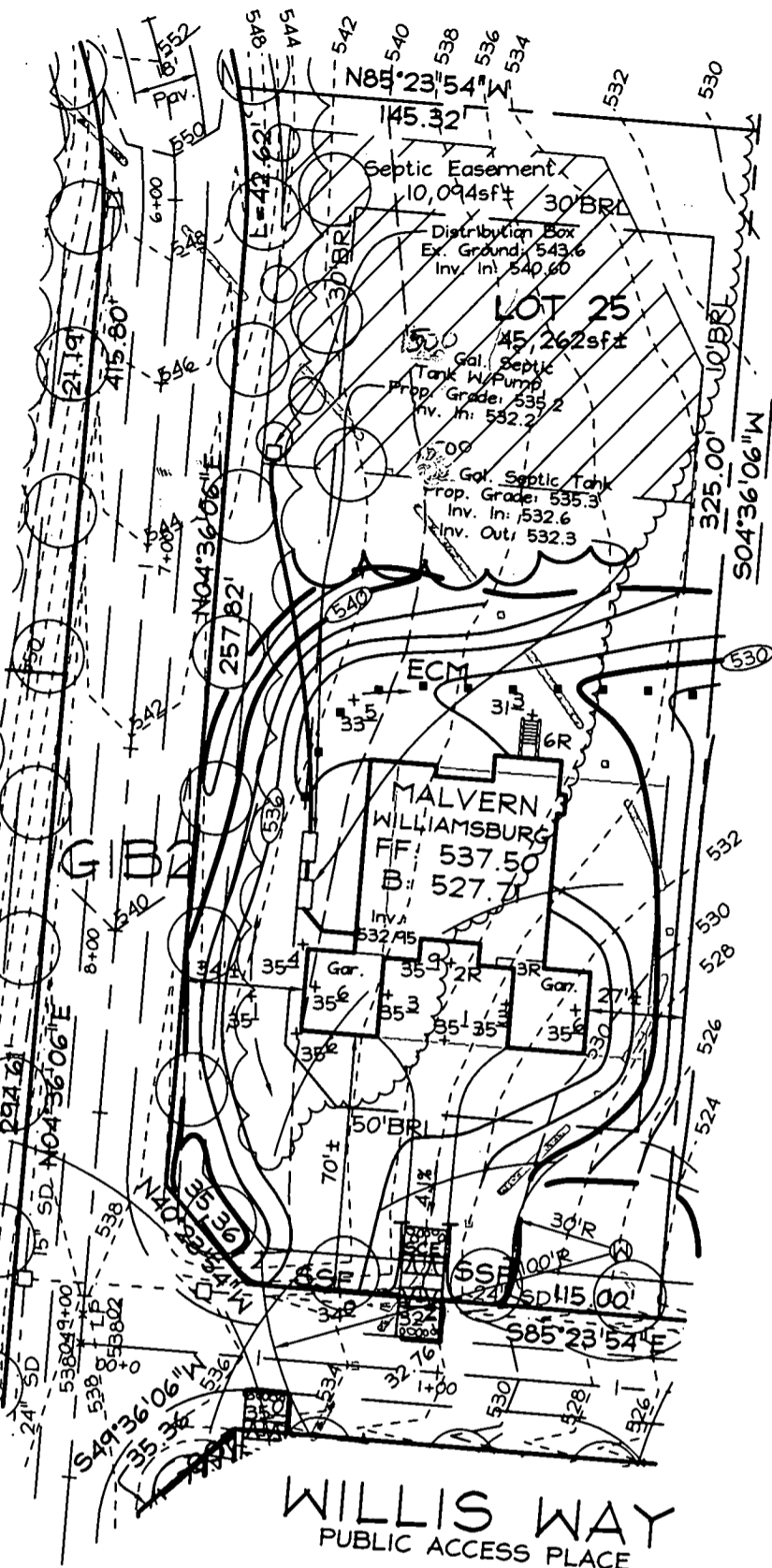
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 02/08/05; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FSH ASSOCIATES, INC. ENTITLED "WATERFORD FARMS LOTS 1 THRU 45", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.16166



FOUNDATION DETAIL

ELEANORS GARDEN WAY
 PUBLIC ACCESS PLACE
 Approved Septic System Plan
 Howard County Health Department

Maryland State Grid (NAD 83/91)



Signature

Date
 11-30-04

- Notes:
1. See Approved Grading Plan GP-04-39 for Entire Site.
 2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3587) has been field located by C. B. Miller professional surveyor and is accurately shown.

BASEMENT WILL NOT SEWER BY GRAVITY

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

OWNER/DEVELOPER

Toll MD II, LP
 7164 Columbia Gateway Drive
 Suite 230
 Columbia, Maryland 21046
 410.872.9185

DESIGN BY: PS
 DRAWN BY: AY
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Nov. 1, 2004
 W.O. No.: 3217
 SHEET No.: 1 OF 1

LOT RESITE LOT 25 CATTAIL TRACE

TAX MAPS 13, 14, 20 & 21
 GRIDS 7, 12, 19 & 24
 4TH ELECTION DISTRICT
 PARCEL 20, 67, & 312
 HOWARD COUNTY, MARYLAND

Also
Lot #
Willis Way

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: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: Cattail Trace Lot #: 25 Well Tag #: HO-94-3587
Site Address: 15901 Willis Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 6/9/05 Date Insp. Approved: 6/14/05 GC
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 ✓

6/14/05 conduit + now attached & grouted. GC

6/9/05
Conduit Not Attached to Cap, Dig Up and Reconnect BB

5/1/05
Rebooked
6/23/05

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

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Dorset Rd
Sylesville Md 21154

(Must circle one) Licensed Plumber _____ Licensed Well Driller _____ Licensed Well Pump Installer _____
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Cat Tail Trace Lot #: 25 Well Tag #: HO 94-3587
Site Address: 15901 Willisway

Submersible Pump Data
Make: Goulds Pitless Adapter Make: Campbell Well Cap and Electric Conduit
Model #: 75B07422 Model #: N/A Two piece watertight cap: yes
Pump Capacity: 7 GPM Depth: 36 (36" min) Screened, vented well cap: yes
Well Yield: 10 GPM NSF approved: yes Cap secured to casing: yes
Depth of well encountered at time of pump installation: 285 (feet) Conduit min 18" B.G.: 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 Conduit secured to well cap: yes

Piping to house
Type: 1" Black Plastic House Connection
PSI: 160 (160 psi min) PVC sleeved to undisturbed soil at wall penetration: yes
Depth of supply line: 42 (36" min) 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 Compton date: 5-2-05

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 14345

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A515227-X

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 12 9 02

Depth of Well 285 (TO NEAREST FOOT)

OK SRU 12/20/02

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3587

OWNER GST TRUST + SISTER TRUST STREET OR RFD ROAD D WILLIS WAY TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 25

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD form including fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, and Total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form including fields for screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y) NO (N).

DEPTH (nearest ft.) table with rows for casing height and slot size. Includes fields for DIAMETER OF SCREEN and GRAVEL PACK.

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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...

DRILLERS LIC. NO. MS DO 24. DRILLERS SIGNATURE (Must match signature on application). LIC. NO. D.

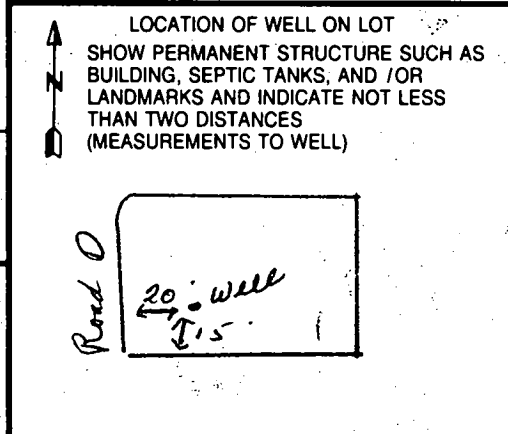
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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 form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, and TYPE OF PUMP USED.

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, and PUMP COLUMN LENGTH.



B 1 6754

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434

STATE PERMIT NUMBER

HO-94-3587 fill in this form completely

Date Received (APA) 08/22/02

OWNER INFORMATION

GST Trust & Sister Trust 3 Wyndam Ct Sutherfield Md 21093

B 3

LOCATION OF WELL

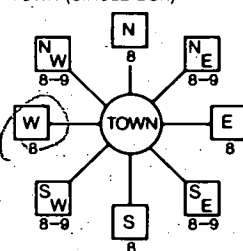
Howard Waterford Farms Glenwood 4 1/2 miles from town

DRILLER INFORMATION

Joseph L. Mayne M.S.D. 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road 'D' NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI. 13 24 13

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 A515227-X COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 11/22/02 CO SIGNATURE EXP. DATE NORTH GRID 520 EAST GRID 780

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

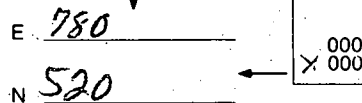
APPROX. PERMIT NUMBER G PERMIT No. HO-94-3587

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

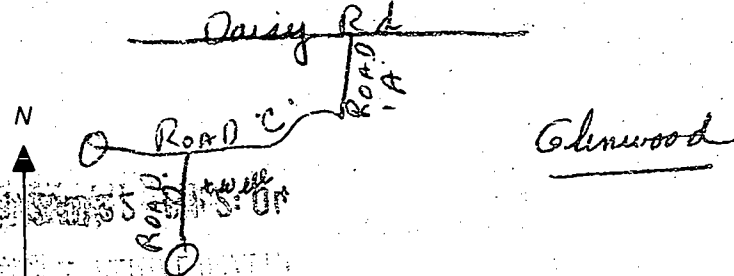
SOURCES OF DRILLING WATER

- Well

WRITE THE BOX NUMBER FROM THE MAP HERE

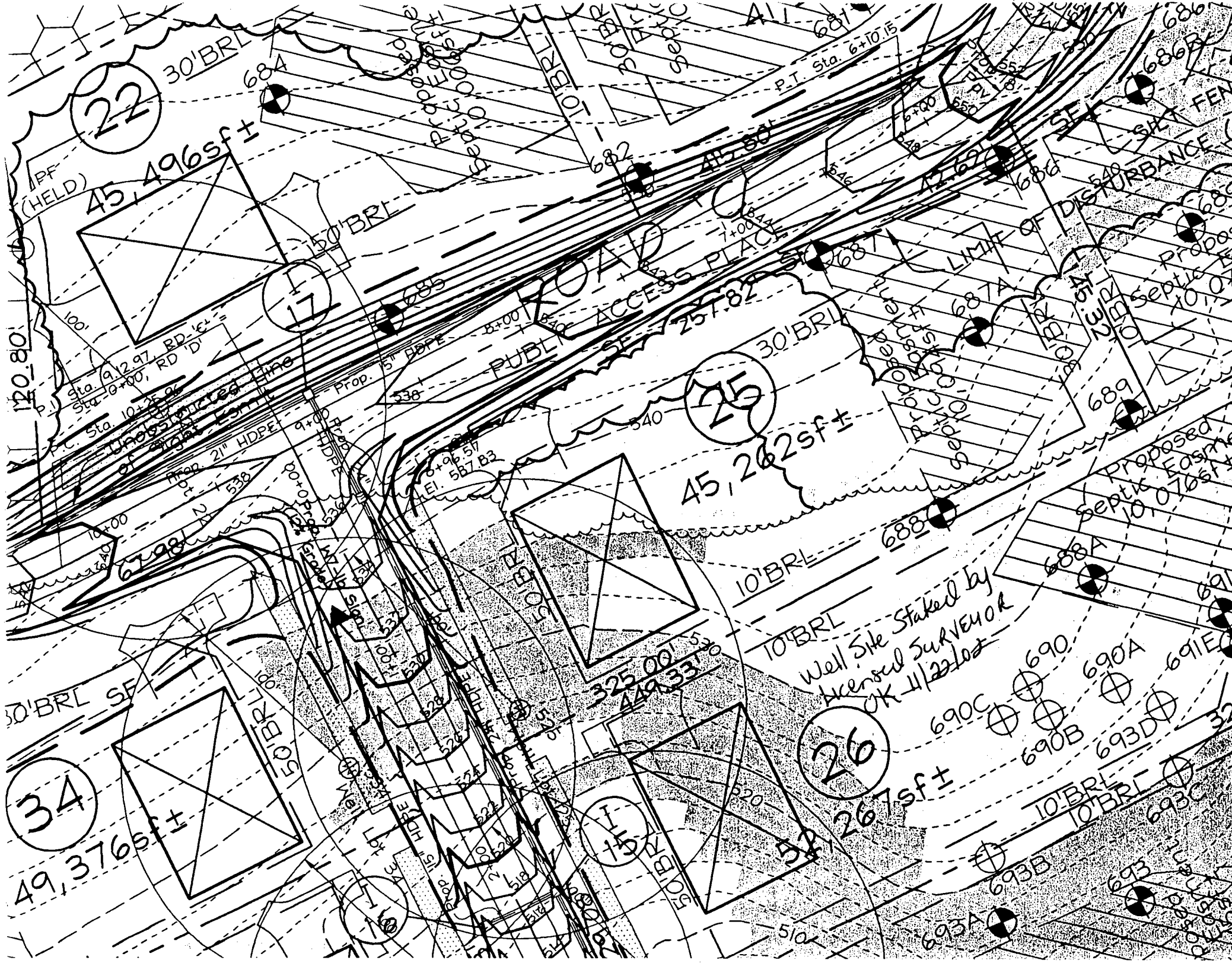


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



22

17

25

26

34

15

45,496sf±

45,262sf±

49,376sf±

325,001sf±
449,331sf±

267sf±

PF (HELD)

PUBLIC ACCESS PLACE

LIMIT OF DISTURBANCE

Well Site Staked by
Licensed Surveyor
OK 4/22/02

Proposed Eastman
septic tank
10,076sf±

30' BRL

150' BRL

30' BRL

10' BRL

10' BRL

50' BRL SF

50' BRL

10' BRL

50' BRL

10' BRL

10' BRL

120.80'

Sta. 9+2.97, RD. 'E'
Sta. 8+00, RD. 'D'

Prop. 2" HDPE
Prop. 5" HDPE

Prop. 5" HDPE
E.I. 537 B3

P.T. Sta. 6+10.15

Proposed
septic tank
10,076sf±

690C
690B
693D

690A

691E

693A
693B

693C

693D

684

682

681

687

687A

689

688

688A

691

32

20

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Waterford Farm LOT NO. 25

ROAD AND DESCRIPTION Daisy Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE 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

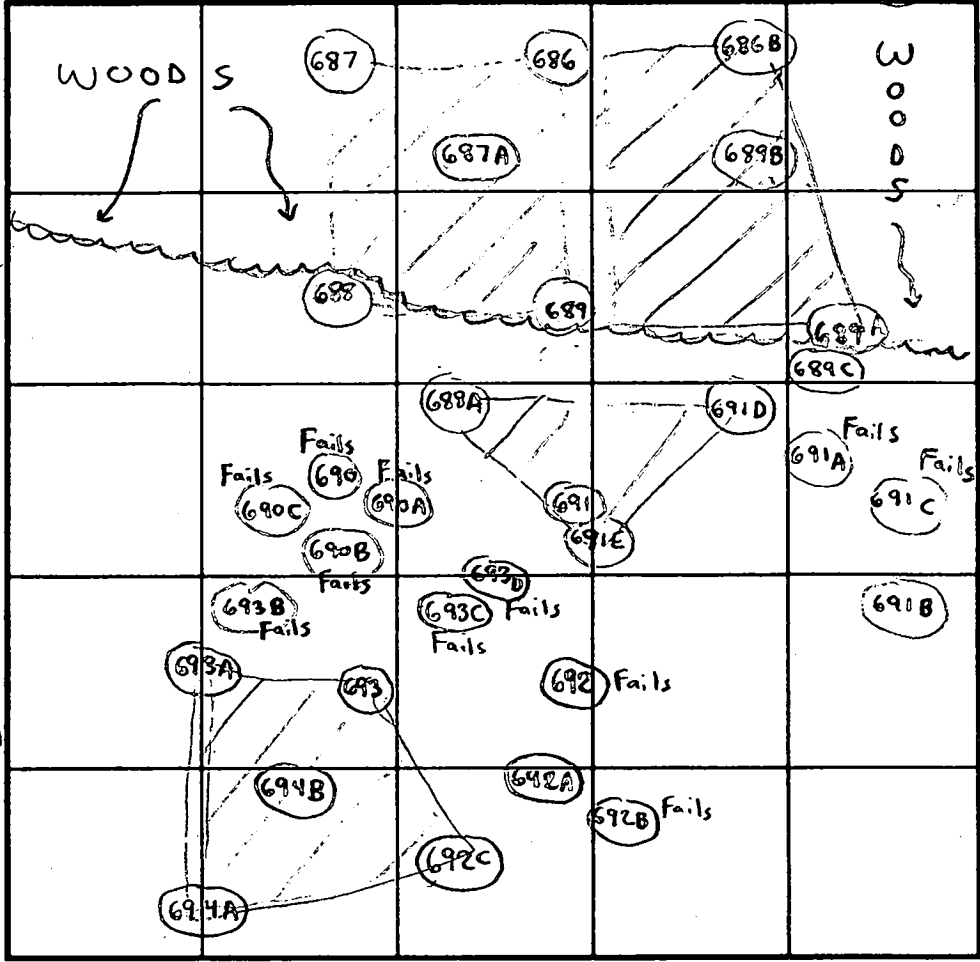
A515227-X
COUNTY #

NOT TO SCALE

(686A)

LOT 25

SOIL PROFILE
0: 686/686A
6"-1' topsoil
tan-silty clay 1m
4'5" tan-sandy 1m to 1m
40-50% ROCK FRAGS
tan-sandy 1m
13'



SOIL PROFILE
0: 689B
6" topsoil
orange-brn clay-1m
3' tan-fine sandy 1m
10-20%
14'

687/689A/691/691B/692A

690A,B,C, 691A,C
692, 693B

6" topsoil
red-brn clay 1m
3-5' tan-sandy 1m
30-40% ROCK FRAGS
13-14'

>50% ROCK FRAGS
SURFACE ROCK REFUSAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

3-9'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/25/01 →	686	4'5"/13'V	9:52am	9:56am	9:56am	10:06am	10min	OK
8/6/01 →	686A	13'V	(VISUAL)	OK	SEE	SOIL PROFILE)		OK
7/25/01 →	687	3'5"J 14'V	10:16am	10:17am	10:17am	10:19am	2min	OK
" →	688	4'J 13'V	10:34am	10:35am	10:35am	10:37am	2min	OK
" →	689	5'J/13'V	10:42am	10:44am	10:44am	10:46am	2min	OK
8/6/01 →	689A	13-14'V	(VISUAL)	OK	SEE	SOIL PROFILE)		OK
2/1/02 →	689B	"	"	"	"	"	"	OK
7/25/01 →	690A,B,C	3-8'V	CBACKHOE	REFUSAL	>50%)			Fails
" →	691	5'5"J 13'V	10:53am	10:55am	10:55am	10:57am	2min	OK
8/6/01 →	691A	9'V	(BACKHOE)	REFUSAL	>50%)			Fails
8/8/01 →	691C	"	"	"	"	"	"	Fails
7/25/01 →	692 693B	4'V	"	"	"	"	"	Fails
"	693 693A	13'V	(VISUAL)	OK	SEE	SOIL PROFILE)		OK
8/8/01 →	692A 691B	14'V	"	"	"	"	"	OK

688/687/693/693A

light-brn clay
2'5" tan-sandy 1m
20-30% ROCK FRAGS
13'

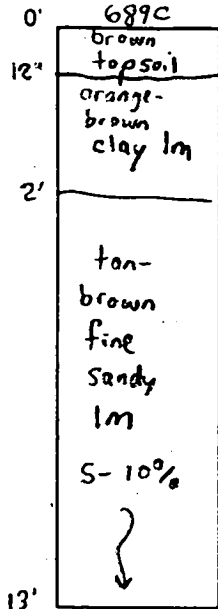
REMARKS: Shallow System only!
TYPE OF SOIL: Glenelg & Manor
TESTED BY: SRK Barry Glotfelty on 2/8/02
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4min TRENCH WIDTH 3'
INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT/BEDROOM 180

He concurs w/ my decision
ALSO PRESENT Chuck Sharp

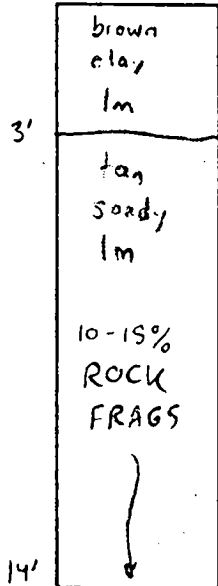
~~A515224X~~
COUNTY #

Lot 25

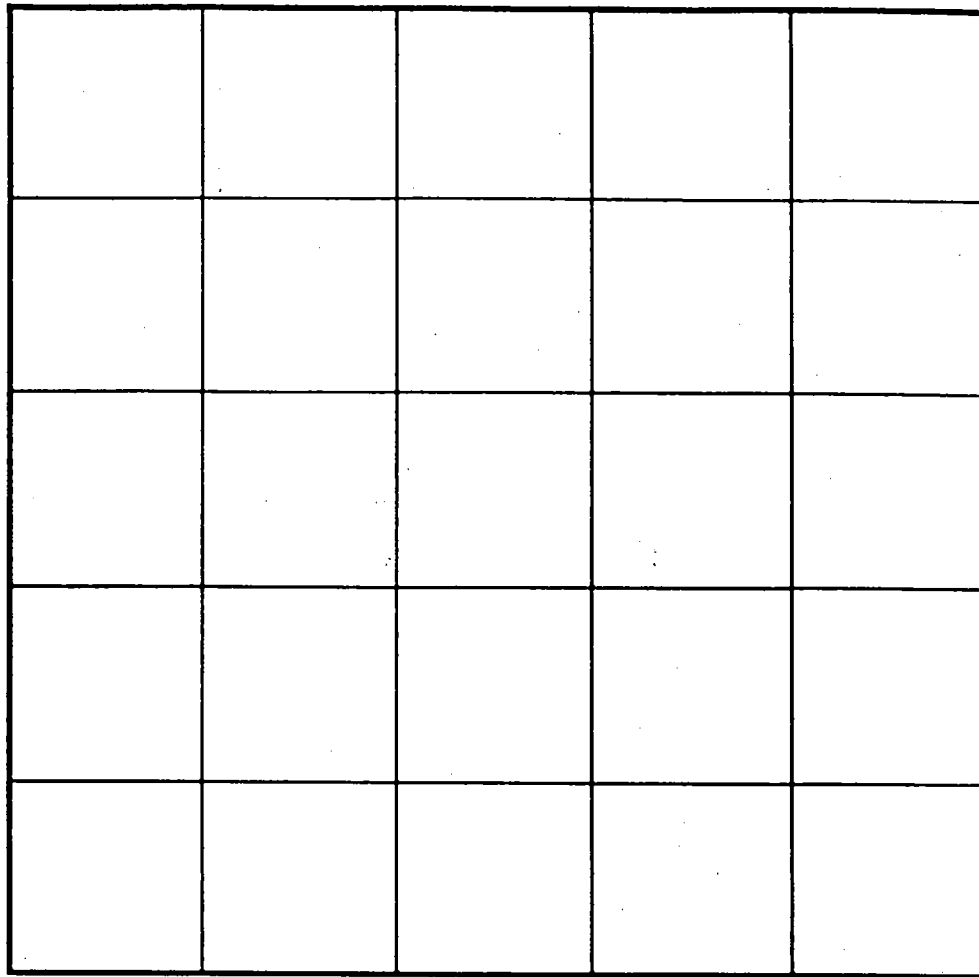
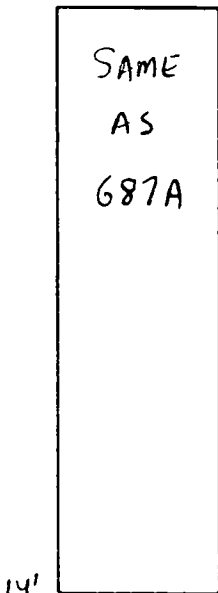
SOIL PROFILE



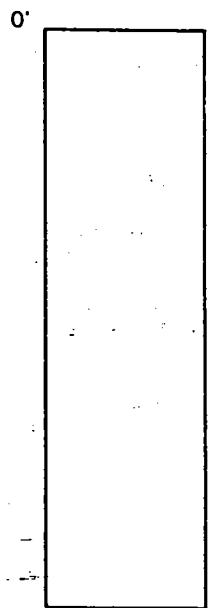
687A



686B



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/4/02	689C	7' T 13' V	11:25am	11:27am	11:27am	11:39am	3min	OK
	687A	14' V	(VISUAL OK)		SEE	SOIL	PRF)	OK
	686B	14' V	(" "		"	"	"	OK

REMARKS Shallow System only!

TYPE OF SOIL _____

TESTED BY SRK ALSO PRESENT Chuck Sharp

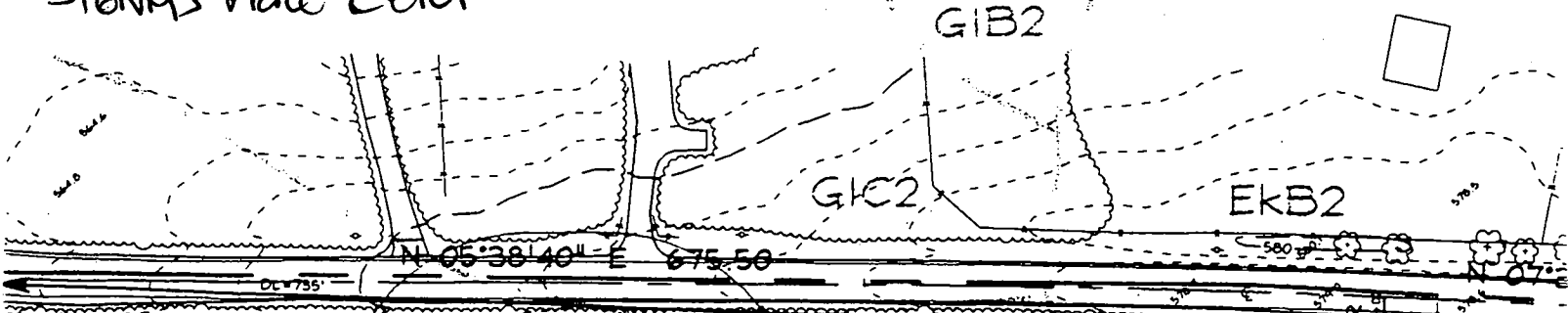
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM _____

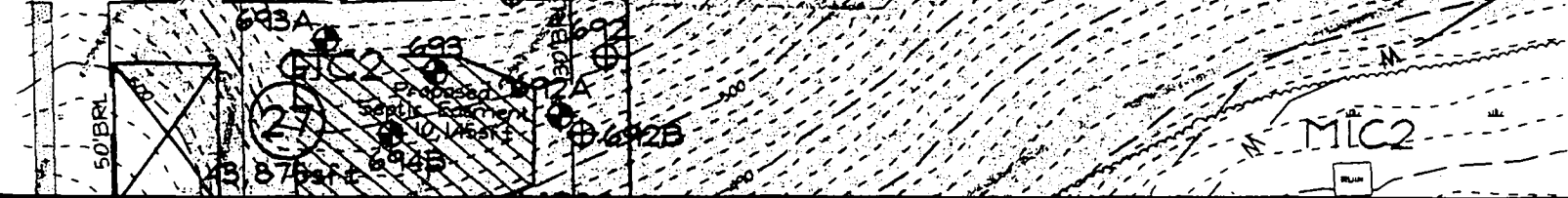
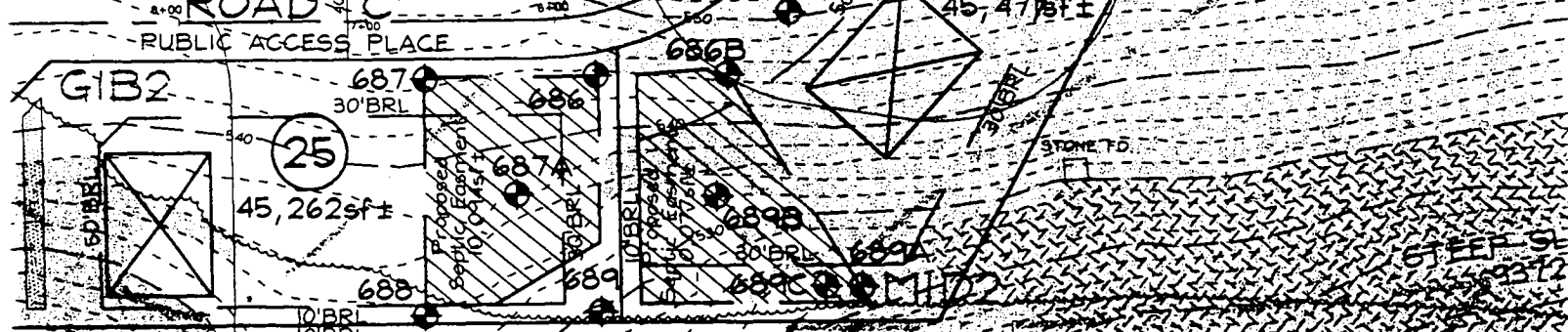
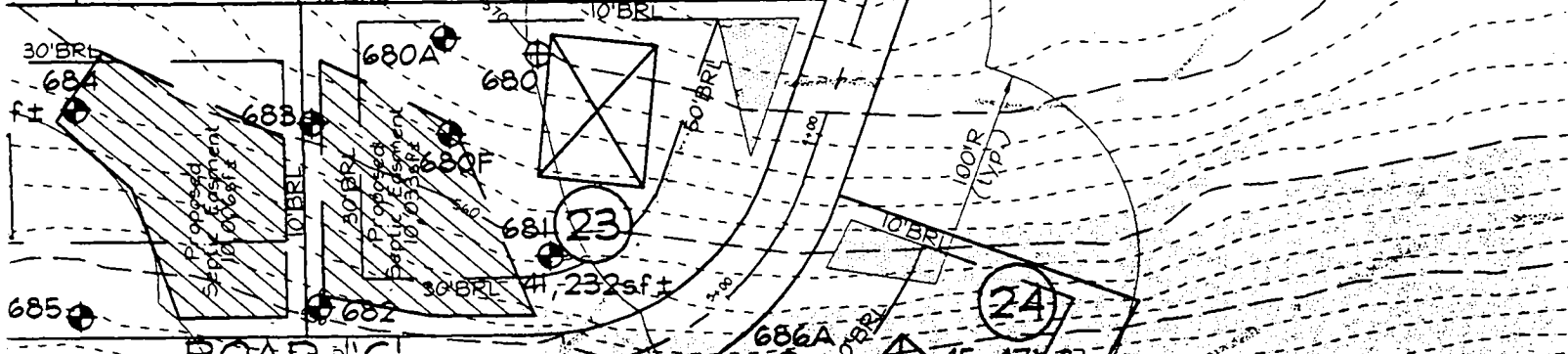
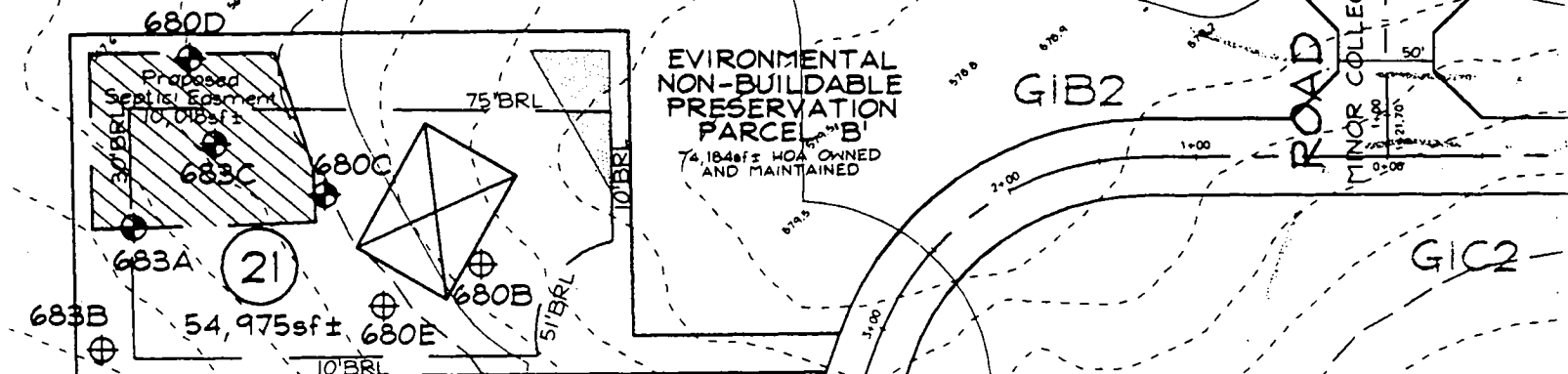
14'

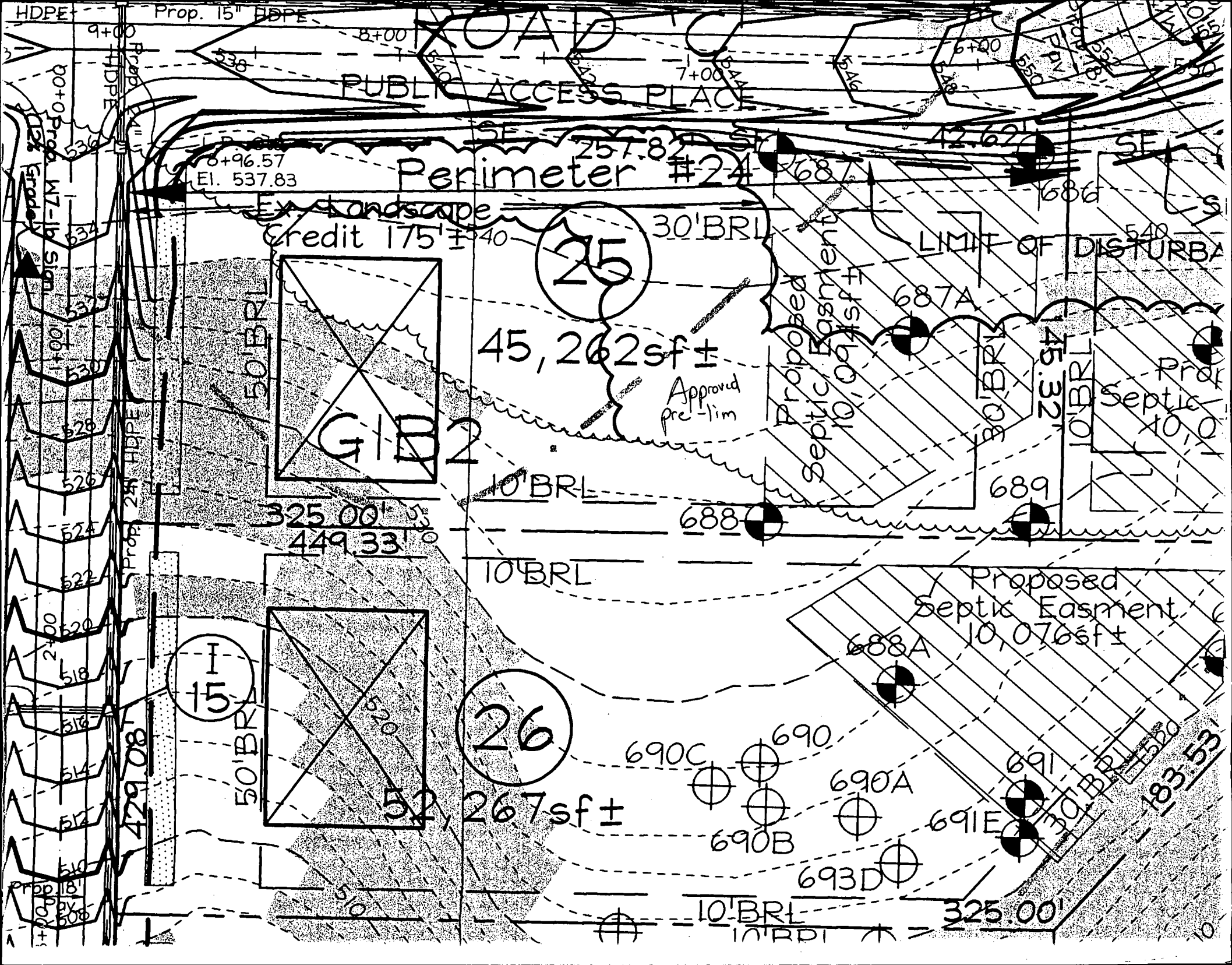
SIGNAL PERC CERT

Maryland State Gr



VEHICULAR INGRESS AND EGRESS RESTRICTED

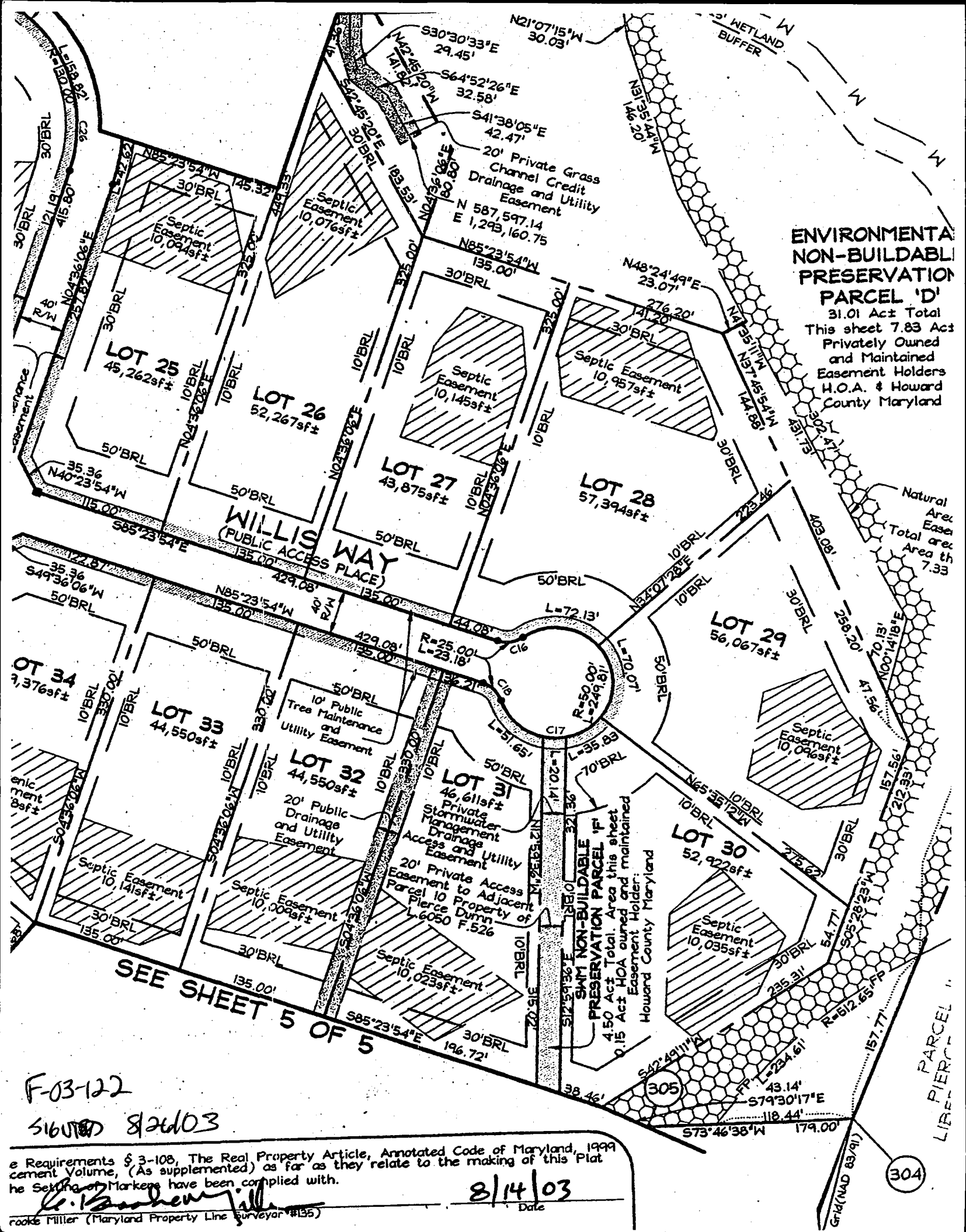




**ENVIRONMENTAL
NON-BUILDABLE
PRESERVATION
PARCEL 'D'**

31.01 Ac± Total
This sheet 7.83 Ac±
Privately Owned
and Maintained
Easement Holders
H.O.A. & Howard
County Maryland

Natural
Area
Easement
Total area
Area th
7.33



**WILLIS WAY
(PUBLIC ACCESS PLACE)**

**LOT 28
57,394sf±**

**LOT 29
56,067sf±**

**LOT 33
44,550sf±**

**LOT 32
44,550sf±**

**LOT 31
46,611sf±**

**LOT 30
52,922sf±**

SEE SHEET 5 OF 5

**ENVIRONMENTAL
NON-BUILDABLE
PRESERVATION PARCEL 'F'**
4.50 Ac± Total Area this sheet
0.15 Ac± HOA owned and maintained
Easement Holder:
Howard County Maryland

F-03-122

516010 8/26/03

Requirements § 3-108, The Real Property Article, Annotated Code of Maryland, 1999
Cement Volume, (As supplemented) as far as they relate to the making of this Plat
The Section of Markers have been complied with.
C. B. Barber
Cooke Miller (Maryland Property Line Surveyor #135)

8/14/03
Date

304

5 8713

Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3601 COURT HOUSE DRIVE
FLEX CITY, MD 21034
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3888

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30051139 PAY

Building Address 15901 Willis Way
Woodbine MD 21797
AVOID 04-367901
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision Waterford Farms
 Section _____ Area _____ Lot 25
 Tax Map 20 Parcel 139 Grid 6
R CODED
 Zoning _____ Map Coordinates 867 Lot size _____

Property Owner's Name Toll MD II, LP
 Address 7164 Columbia Gateway Dr, #230
 City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone 410-489-6292
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Residential Home
 Estimated Construction Cost \$ 325,000

Contractor Company Toll MD II, LP
 Contact Person Dan Stebbins
 Address 7164 Columbia Gateway Dr, #230
 City Columbia State MD Zip Code 21046
 License No. 678
 Phone 410-489-6292 Fax _____

Description of Work Mulvers Williamsburg with
Enhanced Central Garage, 9 ft basement
walls, Walk-Out Bay Windows

Engineer or Architect Company FSH Associates
 Contact Person Zach Fisch
 Address 8318 Forrest St.
 City Ellicott City State MD Zip Code 21043
 Phone 410-489-6292 Fax 410-489-6293

Occupant or Tenant Toll MD II, LP
 Contact Name Dan Stebbins
 Address 7164 Columbia Gateway Dr, #230
 City Columbia State MD Zip Code 21046
 Phone 410-489-6292 Fax 410-489-6293

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>79'</u> <u>79'</u> 2nd floor: <u>57' 3/2"</u> <u>53'</u> Basement: <u>79'4"</u> <u>79'</u> 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>5</u> Multi-family dwellings: <u>Height</u> No. of efficiency units: _____ No. of 1 BR units: <u>37 1/2</u> No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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.

Dan Stebbins
 Applicant's Signature
APM/Toll Brokers, Inc.
 Title/Company

Daniel Stebbins
 Print Name
11-15-04
 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>11-30-04</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? 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: _____
 Rear: _____
 Side: _____
 Side St: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 63960

Filing fee \$ 100
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 840476
 Validation # 80929

Accepted by [Signature]

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55024 Account #: 1930
Reference: Toll Brothers Cattail Trace Lot 25 Company: Fogle's Well Drilling
Location: 15901 Willis Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 05/26/05 1130 Site: Pressure Tank
Date/Time Rec'd: 05/26/05 1337 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3587

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	4.03	NTU	<10	SM18 2130B

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND: None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy retest 55002
Building Permit # : B00151139

Date Reported: 05/27/05

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55002 Account #: 1930
Reference: Toll Brothers Cattail Trace Lot 25 Company: Fogle's Well Drilling
Location: 15901 Willis Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 05/24/05 0930 Site: Pressure Tank
Date/Time Rec'd: 05/24/05 1556 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3587

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	<1.0	mg/L	10	601
Turbidity	11.1	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

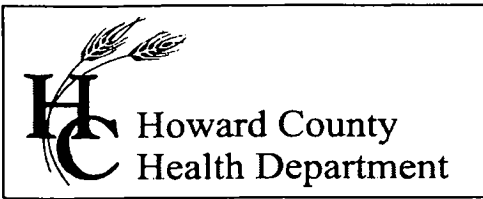
NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND: None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B00151139

Date Reported: 05/25/05



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

06/24/2005

Toll MD II, LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

FAX 410-489-6293

RE: Waterford Farms, Lot 25
15901 Willis Way
Woodbine, MD 21797
BP # B00151139
Well Permit #HO-94-3587

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 06/09/2005. Final approval of the well line connection to the dwelling was approved on 06/14/2005.**

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-94-3587. 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(s): 05/24/2005 & 05/26/2005
Date of Well Completion: 12/09/2002

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services