

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/1/2005

APPROVAL DATE: 4/18/05

TAX ID # 03-331083

PERMIT

INDEXED

P 521968

A 49877

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

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4410 Salem Bottom Road - 21157 PHONE NUMBER: 410-875-4197

SUBDIVISION: Woodfords Grant II LOT NUMBER: 13

ADDRESS: 11187 Willow Green Way PROPERTY OWNER: C. Knudsend Development

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 87 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in the approved SDA.
NOTES:	Be sure to stay 10' from house to tank. - See wall check -

PLANS APPROVED: Kevin J. Bell Reviewed by: KSA DATE: 6/18/04

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

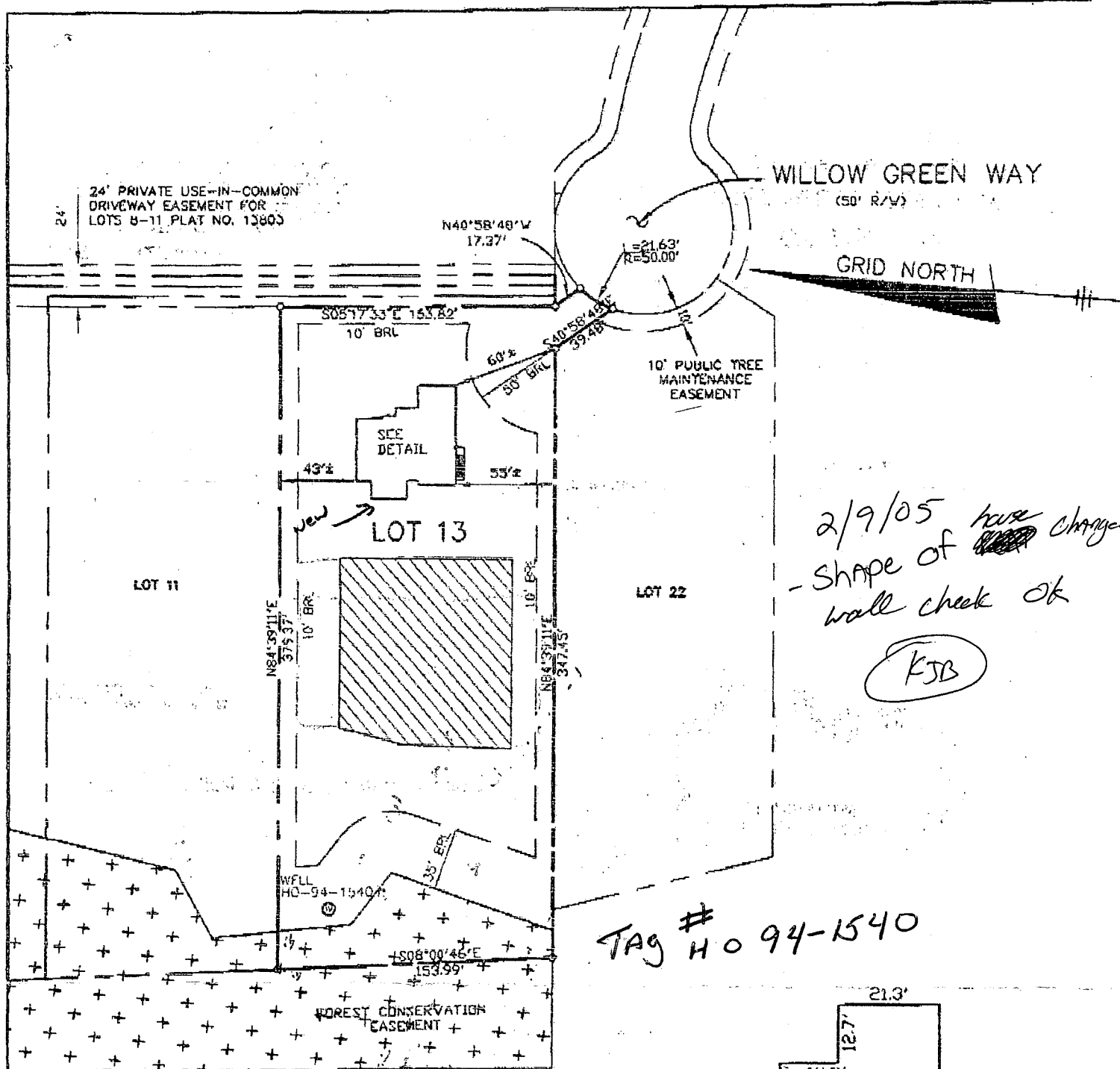
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
BUILDING PERMIT SIGNED 0-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
AND RETURNED**

2-25-05 B00152355-46 ROPANE TANK

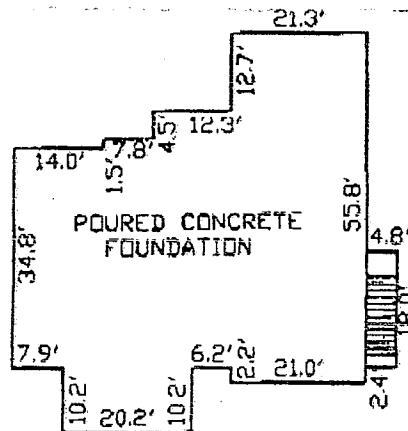
A49877



TOP OF FOUNDATION WALL ELEVATION = 500.3'

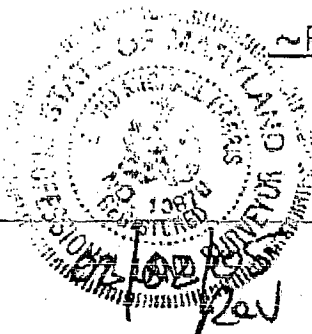
SURVEYOR'S CERTIFICATE

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 09/23/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY VOGEL & ASSOCIATES, INC. ENTITLED "WOODFORDS GRANT III, LOT 22 & WOODFORDS GRANT II SECTION 2, AREA 1, LOT 13", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14255



FOUNDATION DETAIL

SCALE: 1" = 30'



WALL CHECK
WOODFORDS GRANT III, LOT 22
AND WOODFORDS GRANT II
SECTION 2, AREA 1, LOT 13

LOT No. 13

11187 WILLOW GREEN WAY

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 80' DATE: 09/23/04

David Harris
DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 14255
FEMA FIRM No. 240044 0010 B
ZONE: "C"
DATED: 12/04/86

BENCHMARK
ENGINEERING, INC.

8400 BALTIMORE NATIONAL PIKE • SUITE 418
ELLSWORTH CITY, MARYLAND 21043
PHONE: 410-405-0100 • FAX: 410-402-0944
WWW.BENCHMARKINC.COM

Jul 13 04 11:23

HO CO ENV HEALTH

14103132648

P. 1

**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 required 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 26.04.01.01 D Well Construction Regulations. Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Shelton P & H, Inc Telephone #: 410 775-2127
Address: 7773 Green Valley Rd.
Union Bridge, MD 21791

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

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

Name (Print): George Shelton, Jr License # 116905

*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. License may be subjected to field verification.

Name of Property Owner: Woodford East LLC Telephone #: _____
Subdivision: Woodford Grant II Lot #: _____ Well Tag #: HO-24-1540
Site Address: 1187 Wilbur Green Way
Maryland

Submersible Pump Data

Make: Grundfos
Model #: 106505422
Pump Capacity: 10 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Lampbell
Model #: PA800
Depth: 36 (36" min)
NSF approved: ✓

Well Cap and Electric Casing

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" E.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 7.8.

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: PVC
PSI: 250 (160 psi min) 48"
Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 48"
Approximate length of sleeve: 12 ft
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: Ray E. Shelton

date: 4-7-05

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

Date Insp. Requested: _____

Date Insp. Approved: 4/18/05 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 05038

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER49877 DAY
A 57555-4K

ST/CO USE ONLY

DATE RECEIVED
4.20.98

DATE WELL COMPLETED

MM DD YY
05 11 98

Depth of Well

22 145 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1540OWNER Woodfords East LLC
STREET OR RFD Willow Green Field Road TOWN Marriottsville
SUBDIVISION WOODFORDS GRANT II SECTION 7 LOT 13

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES NO
☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BCNO. OF BAGS 22 NO. OF POUNDS 220GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.
(enter "0" if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST
STEEL☐ CO
CONCRETE☒ PL
PLASTIC☐ OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 120
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ ST
STEEL☐ BR
BRASS☒ HO
OPEN HOLE☐ PL
BRONZE☐ OT
HOLE☐ PL
PLASTIC☐ OT
OTHER

C2 DEPTH (nearest ft.)

1 2 3
HO 118 145

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

R 38 39 41 45 47 51

E SLOTTED SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min.) 12METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.WHEN PUMPING 54 ft.

TYPE OF PUMP USED (for test)

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) YES ☒ NO ☐

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX 29CAPACITY:
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☐ - belowLAND 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)

No Line
Prop 30' 120' well

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET
FROM TO

check if water bearing

Top Soil 0 2
Clay Seam 2 3
Sandy 3 110
Sandstone 110 115
MICA 115 120
Sandstone 120 125
MICA 125 145NUMBER OF UNSUCCESSFUL WELLS: 0WELL HYDROFRACTURED ☒ YES ☐ NOCIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD116DRILLERS SIGNATURE Y. H. H. H.

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD116

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

COUNTY

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1540

Location of property (road)

Subdivision WOODFORDS GRANT II

Well Driller R Mayne

Lot 12 Block 1 Plat 1 Sec. 1

Owner Woodfords East LLC

Depth of well 145' ¹²

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 41 ft

I. High rate pumping -- reservoir drawdown

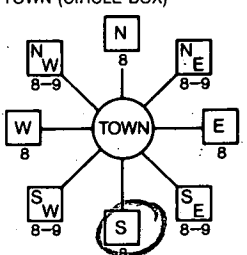
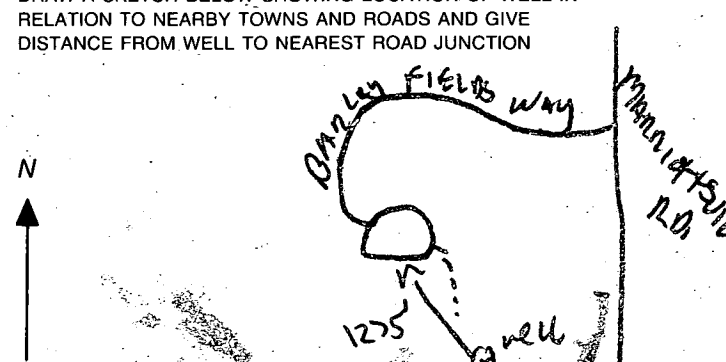
Time pump started 8:30

Pumping rate 12 GPM

Total time 15 min to reach pumping water level 54 ft. below M.P.

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

[illegible]

B 1 <u>5451</u> 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-1540</u> 70 fill in this form completely 79
Date Received (APA) <u>04 20 98</u> 8 MM DD YY 13 OWNER INFORMATION 15 <u>Woodforns EAST LLC</u> 34 Last Name Owner First Name 36 <u>6212 Devon DR.</u> 55 Street or RFD 57 <u>Columbia MD. 21044</u> 76 Town State Zip		B 3 LOCATION OF WELL 8 <u>Howard</u> 21 COUNTY 23 <u>WOODFORD'S GRANT II</u> 42 SUBDIVISION SECTION <u>II</u> LOT <u>1213</u> 44 46 48 50 <u>MARRIOTTSVILLE</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION 46 <u>Ralph MAYNE</u> 81 Driller's Name License No. 46 <u>Ralph MAYNE well Drilling</u> Firm Name 46 <u>9120 Brown Church Rd Mt Airy</u> Address 46 <u>Ralph Mayne 4/15/98</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Wallow Green</u> 30 Bentley Fields way NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 <u>1275</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>10</u> BLK: <u>16</u> PARCEL <u>317</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>49877D</u> <u>Howard</u> COUNTY NAME STATE SIGNATURE DATE ISSUED <u>04 30 98</u> <u>Mark E. Riffin</u> <u>4/30/99</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>543</u> 000 EAST GRID <u>0827</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>827</u> N <u>543</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-ROINT other	
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 DEEPEN 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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> G A P <u>63</u> WRITE INITIALS IN BOX FORCE <u>M R</u> PERMIT No. <u>HO-94-1540</u> 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-15~~11~~40
Location of property (road) Willow Green Way
Subdivision WOODFORD'S GRANT II Lot 12 Block 7 Plat 1 Sec. 1
Well Driller R Mayne Owner Woodfords Grant LLC

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

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]

3/22/94
3/17/94
10/20

APPLICATION

PERCOLATION TESTING

A 49877
P _____

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

DISTRICT _____
DATE 2-10-94

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 Fred Wolpert
7363 Old Columbia Road
ADDRESS Columbia, Maryland 21046 PHONE (301) 596-7387

AGENT OR PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____ 13

PROPERTY LOCATION: _____
SUBDIVISION _____ LOT NO. ORIG KENNEL Lot 12
3074

ROAD AND DESCRIPTION Marriottsville Road 800 +/- North of Maryland Route 99

TAX MAP 10 PARCEL # P.O. 30

SIZE OF LOT 24.58 Ac +/- TYPE BLDG. Kennel and Manager's Residence
(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. Ed Wolpert
(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 #

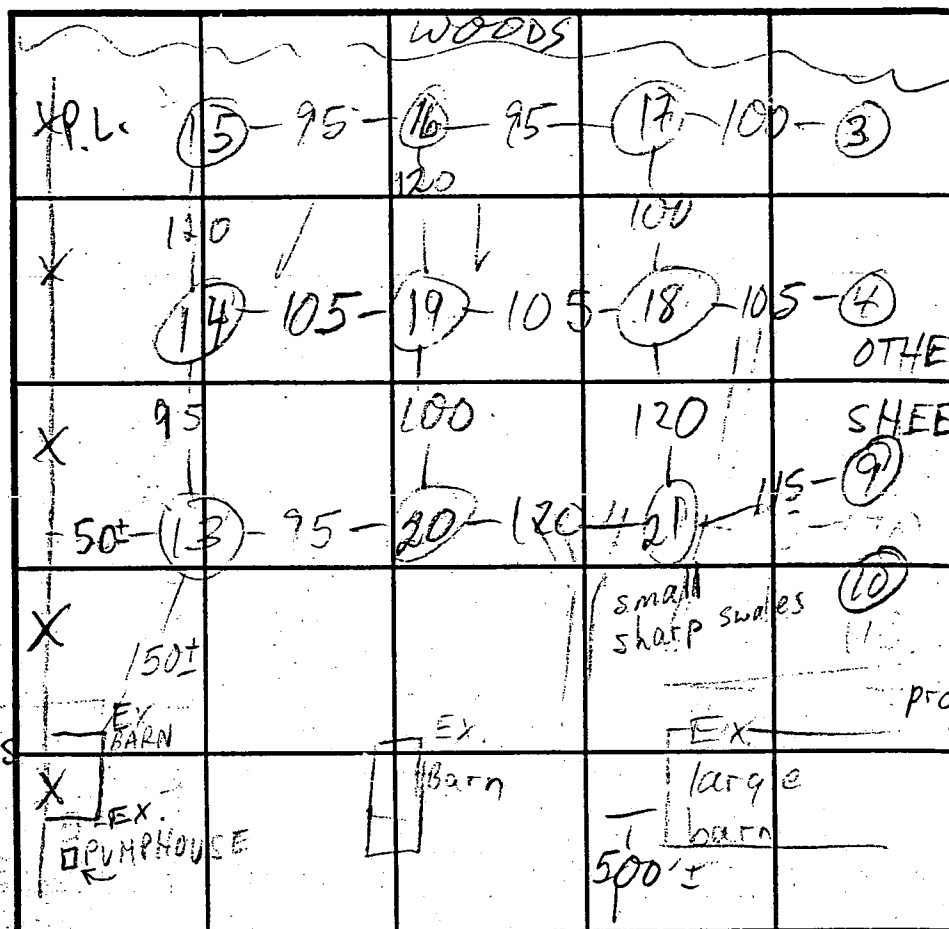
SOIL PROFILE

0'

OTG ORN
sa mica
clay
brn sa
mica lm
red yel
purple
silt
90% sand lm

ALL OTHER
HOLES
brn sa
cl lm

brn
sa mica
lm
15%
frags
↓



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MARRIOTTSVILLE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/94	13S	4	10:17			10:18	FAST
	13M	8 1/2	10:18	10:19	10:19	10:20	1
	13V	13	10:22	10:32	10:32	10:42	15
	14S	4 1/2	10:47			10:47	FAST
	14V	12	10:50	10:51	10:51	10:53	2
	15S	4	10:59	11:05	11:00	11:03	3
	15V	11 1/2	rocky	at 1 1/2 - 3'			
	16V	12 1/2	see	profile			
	17S	4	11:12	11:14	11:14	11:16	2
	17V	12	see	profile			
	18S	3 1/2	11:21	11:22	11:22	11:24	2

REMARKS

18V 13 1/2 see profile

TYPE OF SOIL

TESTED BY

M. Ripkin

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/94	19 V	11	see	profile			
	20 V	11 1/2	top 3	25%	Frag		
	21 S	4	11:29	11:32	11:32	11:35	3
	21 V	11'9"	beige	gray	sa lm	15-21%	Frag

REMARKS _____

TYPE OF SOIL _____

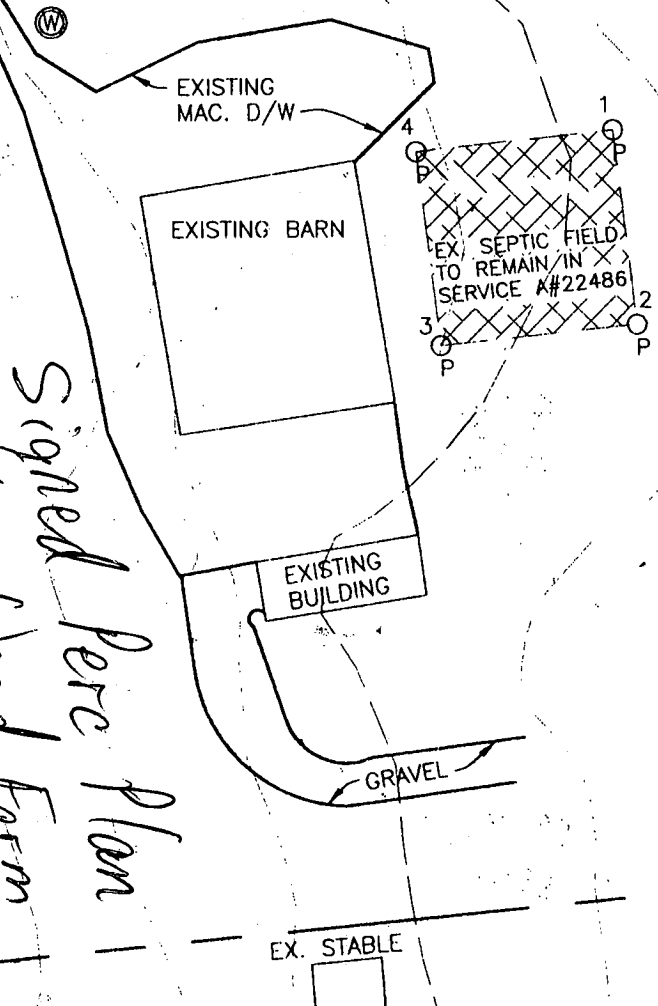
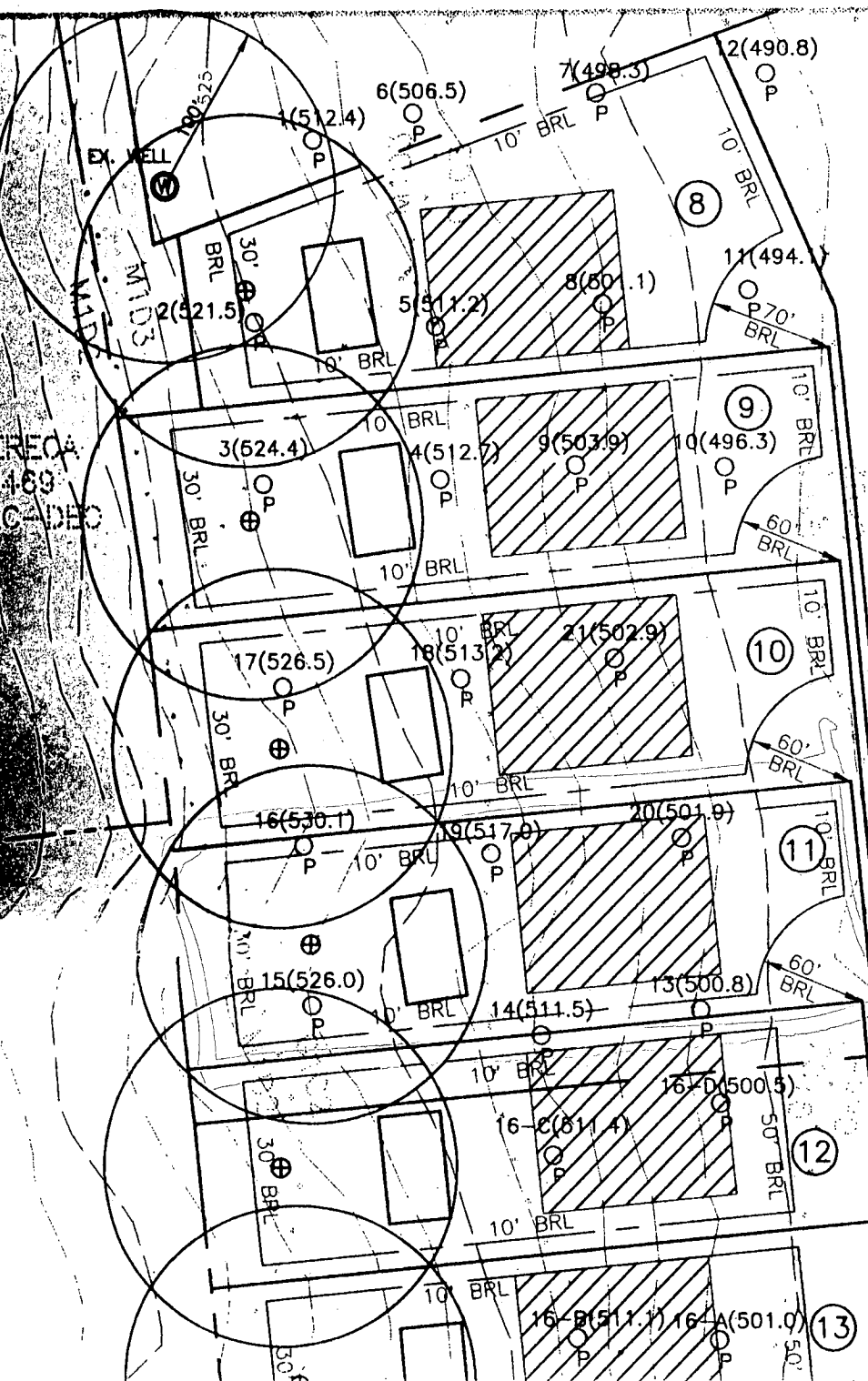
TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

MATCH LINE SEE SHEET 1

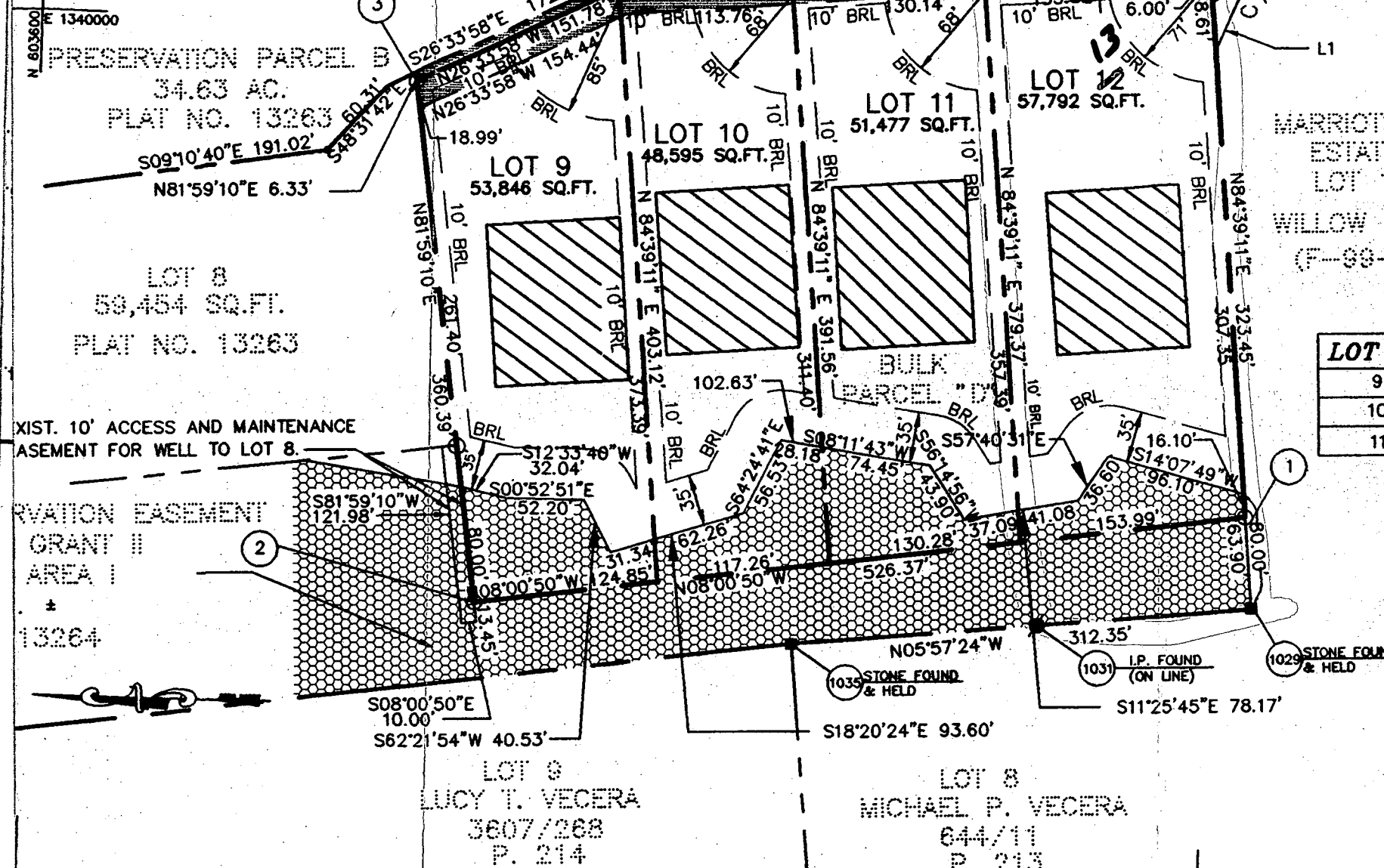
*Signed Perc Plan
Willow Wood Farm*



OK MK
4/24/9

PRIOR TO ISSUANCE OF ANY GRADING PERMIT, THE PERIMETER LANDSCAPING REQUIREMENTS IDENTIFIED ON APPROVED PLAN SP-98-04, MUST BE BONDED FOR AS PART OF THE SURETY FOR THE GRADING PERMIT IN THE AMOUNT OF \$9,000.00.

SIGNED F-99-136
6/25/99



COORDINATE TABLE		
No.	NORTHING	EASTING
1	602,774.475	1,339,673.898
2	603,295.714	1,339,600.525
3	603,345.954	1,339,957.392
4	603,210.194	1,340,025.274
5	602,810.824	1,340,062.264
1029	602,768.520	1,339,610.278
1031	602,913.896	1,339,595.128
1035	603,079.182	1,339,577.863

NOTE:
COORDINATES AND GRID TICKS SHOWN
HEREON ARE BASED ON NAD '83 AND
ARE IN FEET. TO CONVERT TO METERS
DIVIDE BY 3.28083333.

MINIMUM LOT SIZE CHART

LOT NO.	GROSS AREA	PIPESTEM AREA	MINIMUM LOT SIZE
9	53,846 SQ. FT.	2,407 SQ.FT.	51,439 SQ.FT.
10	48,595 SQ. FT.	1,704 SQ.FT.	46,891 SQ.FT.
11	51,477 SQ. FT.	923 SQ.FT.	50,554 SQ.FT.

CURVE TABLE						
CURVE	LENGTH	RADIUS	TANGENT	DELTA	CHORD	CHORD BEARING
C1	30.77	25.00	17.67	70°31'11"	28.86	N32°07'35"W
C2	127.23	50.00	162.50	145°47'41"	95.58	S69°45'50"E
C3	25.81	25.00	14.19	59°09'08"	24.68	S66°54'53"W
C4	116.08	300.00	58.77	22°10'10"	115.36	N72°25'28"W
C5	189.37	320.00	97.55	33°54'23"	186.62	N78°09'27"W
C6	142.13	340.00	72.12	23°57'03"	141.09	N73°03'47"W
C7	21.06	25.00	11.20	48°15'57"	20.44	S60°54'20"E
C8	30.56	50.00	15.78	35°01'24"	30.09	N54°17'03"W

OWNER

WOODFORDS EAST, L.L.C.
C/O LAND DESIGN & DEVELOPMENT INC.
10805 HICKORY RIDGE ROAD, SUITE 215
COLUMBIA, MD 21044

DEVELOPER

LAND DESIGN & DEVELOPMENT INC.
10805 HICKORY RIDGE ROAD, SUITE 215
COLUMBIA, MD 21044

THE PURPOSE OF THIS PLAT IS TO RESUBDIVIDE
"BULK PARCEL D" OF PLAT NO. 13263.

OWNER'S STATEMENT

PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, IS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, 1) THE RIGHT TO LAY, PIPELINES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS, EASEMENTS SHOWN HEREON, 2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE ON OF WATERWAY AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF AND 4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE RIGHTS-OF-WAY.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A RESUBDIVISION OF THE LAND SHOWN AS BULK PARCEL "D" ON A PLAT TITLED "WOODFORD'S GRANT II" SAID PLAT RECORDED AS PLAT NO. 13264 ON JULY 17, 1998, AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED, AND THE BOUNDARY SURVEY IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS. THE HOWARD COUNTY SUBDIVISION REGULATIONS.

RECORDED AS PLAT 13803 ON 7-20-99 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

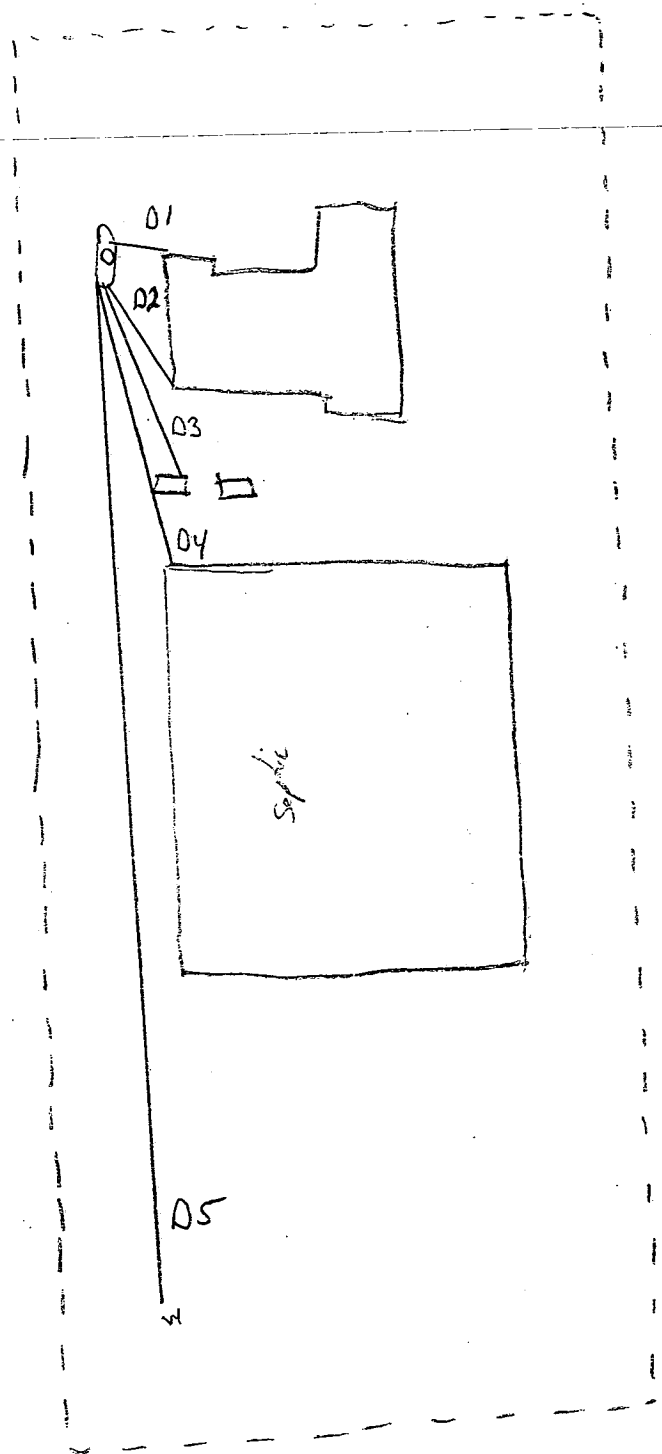
WOODFORD'S GRANT II
SECTION 2, AREA 1
LOTS 9 THRU 12
A RESUBDIVISION OF WOODFORD'S
GRANT II, SECTION 1, AREA 1, BULK PARCEL D

TAX MAP 10 ELECTION DISTRICT THIRD SCALE: 1"=100'
P/O PARCEL NO. 30 HOWARD COUNTY, MARYLAND DATE: JUNE, 1999

11187 Willow Green Way
Marriottsville, MD 21101

- D1 From tank to corner of house - 13'
- D2 " " " " " " - 30'
- D3 " " " septic tank - 50'
- D4 " " " " Area - 75'
- D5 " " " well - 265'

2/25/05
B00152355
Proposed LP location OK
RSB



Scale 1" = 50'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 300 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313 2455 INSPECTIONS (410) 313 1810 AUTOMATED INFORMATION (410) 313 3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 62128
---	---	-------------------------------

Building Address <u>11187 Willow Green Way</u> <u>Marriottsville, MD 21104</u>	Property Owner's Name <u>C. Knudsen Development LLC</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>0732</u>	Address <u>8455 Baltimore National Pike</u>
Census Tract <u>672.02</u> Subdivision <u>Woodsford Grant II</u>	City <u>Ellicott</u> State <u>MD</u> Zip Code <u>21043</u>
Section <u>2</u> Area <u>1</u> Lot <u>13</u>	Home Phone _____ Work Phone <u>410-465-2222</u>
Tax Map <u>10</u> Parcel <u>30</u> Grid <u>16</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RCD50</u> Map Coordinates <u>SRD</u> Lot size _____	Phone _____ Fax _____

Existing Use <u>Vacant Lot</u>	Contractor Company <u>C. Knudsen Builders LLC</u>
Proposed <u>Single</u> Single Family Dwelling	Contact Person <u>Christian S. Knudsen, Jr.</u>
Estimated Construction Cost \$ <u>100,000</u>	Address <u>8455 Baltimore National Pike</u>
Description of Work <u>To construct a 12 room, 4 bedroom,</u> <u>4 bath, full unfinished basement with arway,</u> <u>with rough in. Two story, 3 car garage</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>
Occupant or Tenant _____	License No. _____
Contact Name _____	Phone <u>410-465-2222</u> Fax <u>410-465-2231</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
Building Characteristics	Building Characteristics
Height: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>
No. of stories: _____	Depth Width
Gross area, sq. ft. per floor: _____	1st floor: <u>54'6"</u> <u>60' 0"</u>
Use group: _____	2nd floor: <u>54'6"</u> <u>60' 0"</u>
Construction type:	Basement: <u>54'6"</u> <u>60' 0"</u>
<input type="checkbox"/> Reinforced Concrete	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>
<input type="checkbox"/> Structural Steel	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
<input type="checkbox"/> Masonry	No. of Bedrooms <u>4</u>
<input type="checkbox"/> Wood Frame	Multi-family dwellings:
<input type="checkbox"/> State Certified Modular	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	Utilities
Water Supply: _____	Water Supply: _____
<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Private
Sewage Disposal: _____	Sewage Disposal: _____
<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Private
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Heating System: _____	Heating System: _____
Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Natural Gas <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Propane Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
Sprinkler system: N/A <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
<input type="checkbox"/> Full	NFPA #13D
<input type="checkbox"/> Partial	NFPA #13R
<input type="checkbox"/> Other Suppression	Other: _____
# of Heads _____	

I, THE UNDERSIGNED HEREBY CERTIFY AND AGREE 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.

Applicant's Signature _____	Christian S. Knudsen, Jr.
Presiding Member, C. Knudsen Builders LLC	Print Name
Title/Company	Date <u>5/13/04</u>

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

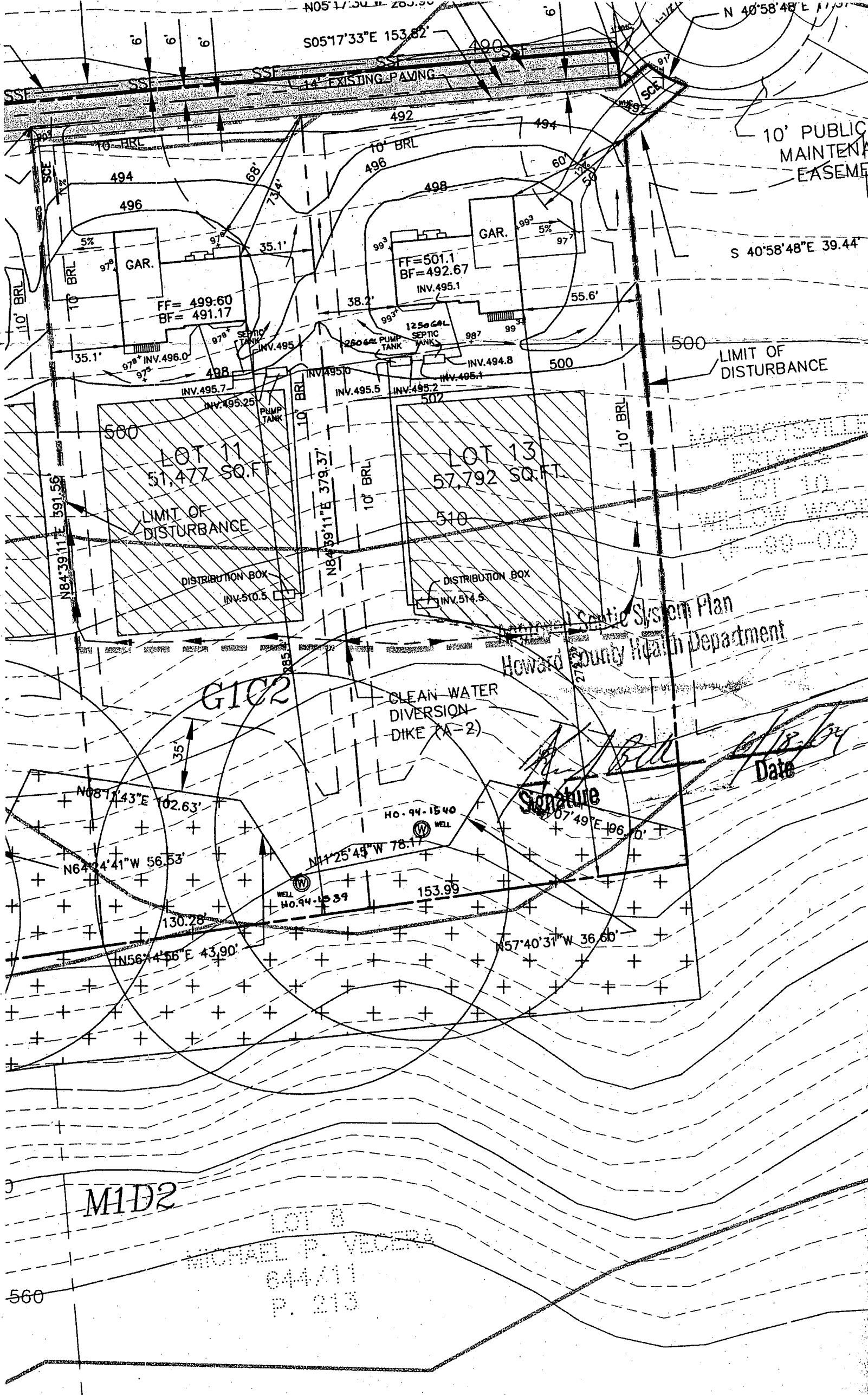
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	62128
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Public Utilities			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
Health			Is entrance Permit required? _____	Add'l per. fee \$ _____
Fire/Police			Is Entrance Permit required? _____	TOTAL FEES \$ _____
Is Statement of Costs approval required prior to issuance? _____			Historic District? _____	Sub-total paid \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>3678</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>4817</u>

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

F: forms PERMIT FRM

Accepted by _____

Ref: 5/17/00



N05°17'33"E 153.82'

EXISTING PAVING

10' PUBLIC
MAINTENANCE
EASEMENT

S 40°58'48"E 39.44'

LIMIT OF
DISTURBANCE

LOT 11
51,477 SQ. FT.

LIMIT OF
DISTURBANCE

DISTRIBUTION BOX
INV. 510.5

LOT 13
57,792 SQ. FT.

DISTRIBUTION BOX
INV. 514.5

Sanitary System Plan
Howard County Health Department

CLEAN WATER
DIVERSION
DIKE (A-2)

Signature

Date

M1D2

LOT 8

MICHAEL P. VECERA

644/11

P. 213

560

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 #:	54715	Account #:	2647
Reference:	Shim Lot 13	Company:	Knudsen & Sons
Location:	11187 Willow Green Way	Requested By:	Dianne Zell
	Marriottsville, MD 21104	Source:	Well Water
Date/ Time Collected:	4/29/2005 0927	Site:	Outside Tap
Date/Time Rec'd:	4/29/2005 1125	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.3
Collected By:	J. Yeager 6176JY	Well #:	HO-94-1540

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	6.70	NTU	<10	SM18 2130B

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 Result is above the highest calibration standard but within the demonstrated range of the instrument.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 54702
Building Permit # : 00148259

Date Reported: 4/29/2005

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 #:	54702	Account #:	2647
Reference:	Shim Lot 13	Company:	Knudsen & Sons
Location:	11187 Willow Green Way	Requested By:	Dianna Zell
	Marriottsville, MD 21104	Source:	Well Water
Date/ Time Collected:	4/28/2005 1020	Site:	Laundry Room Utility Tap
Date/Time Rec'd:	4/28/2005 1425	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.4
Collected By:	C. Mooshian 7268CM	Well #:	HO-94-1540

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	10.7	NTU	<10	SM18 2130B
Iron	0.22	mg/L	0.3	FR, 45 (126)

NOTES:

- 1 Iron added at request of client 4/29/05
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Result is above the highest calibration standard but within the demonstrated range of the instrument.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH tested on-site

Reason for Test : Use & Occupancy retest 54649
Building Permit # : 00148259

Date Reported: 4/29/2005

MD State Certification # 133

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 #:	54649	Account #:	2647
Reference:	Shim Lot 13	Company:	Knudsen & Sons
Location:	11187 Willow Green Way	Requested By:	Dianne Zell
	Marriottsville, MD 21104	Source:	Well Water
Date/ Time Collected:	04/25/05 1124	Site:	Laundry Room Utility Tap
Date/Time Rec'd:	04/25/05 1414	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J.Yeager 6176JY	Well #:	HO-94-1540

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	44.0	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 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 54640

Building Permit # : 00148259

Date Reported: 04/26/05

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
1415 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298**REPORT OF ANALYSIS**

Laboratory ID #: 54640
Reference: Shim Lot 13
Location: 11187 Willow Green Way
Marriottsville, MD 21104
Date/ Time Collected: 04/22/05 0915
Date/Time Rec'd: 04/22/05 1309
Chlorine ppm: Free: ND Total: ND
Collected By: J. Yeager 6176JY
Account #: 2647
Company: Knudsen & Sons
Requested By: Dianne Zell
Source: Well Water
Site: Laundry Room Utility Tap
Treatment: None
pH: 7.3
Well #: HO-94-1540

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	2.61	mg/L	10	601
Turbidity	29.0	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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit # : 00148259

Date Reported: 04/25/05



Howard County
Health Department

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

April 29, 2005

C Knudsen Development LLC
8455 Baltimore National Pike
Ellicott City, MD 21043

SENT VIA FACSIMILE 410-465-2231

RE: Woodsford Grant II, Lot 13
11187 Willow Green Way
Marriottsville, MD 21104
BP #: B00148259
Well Permit # HO-94-1540

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 04/18/2005. Final approval of the well line connection to the dwelling was approved on 04/18/2005.**

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-94-1540. 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): 04/22/2005, 4/25/2005, 04/28/2005 & 04/29/2005
Date of Well Completion: 05/11/1998

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File