

LAYOUT 10/14/03 11AM INSP 4 _____
INSP 2 10/15/03 2:30 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/20/2003

APPROVAL DATE: 10/15/03

PERMIT 04-367251
INDEXED

P 519091-08
A 510610-P

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

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Maple Ridge LOT NUMBER: 16

ADDRESS: 16180 Carr's Mill Road PROPERTY OWNER: NVR, Inc.

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: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 135' down the left lot line and 10' off this same lot line. Run (3) trenches on contour as shown on plan.
NOTES:	

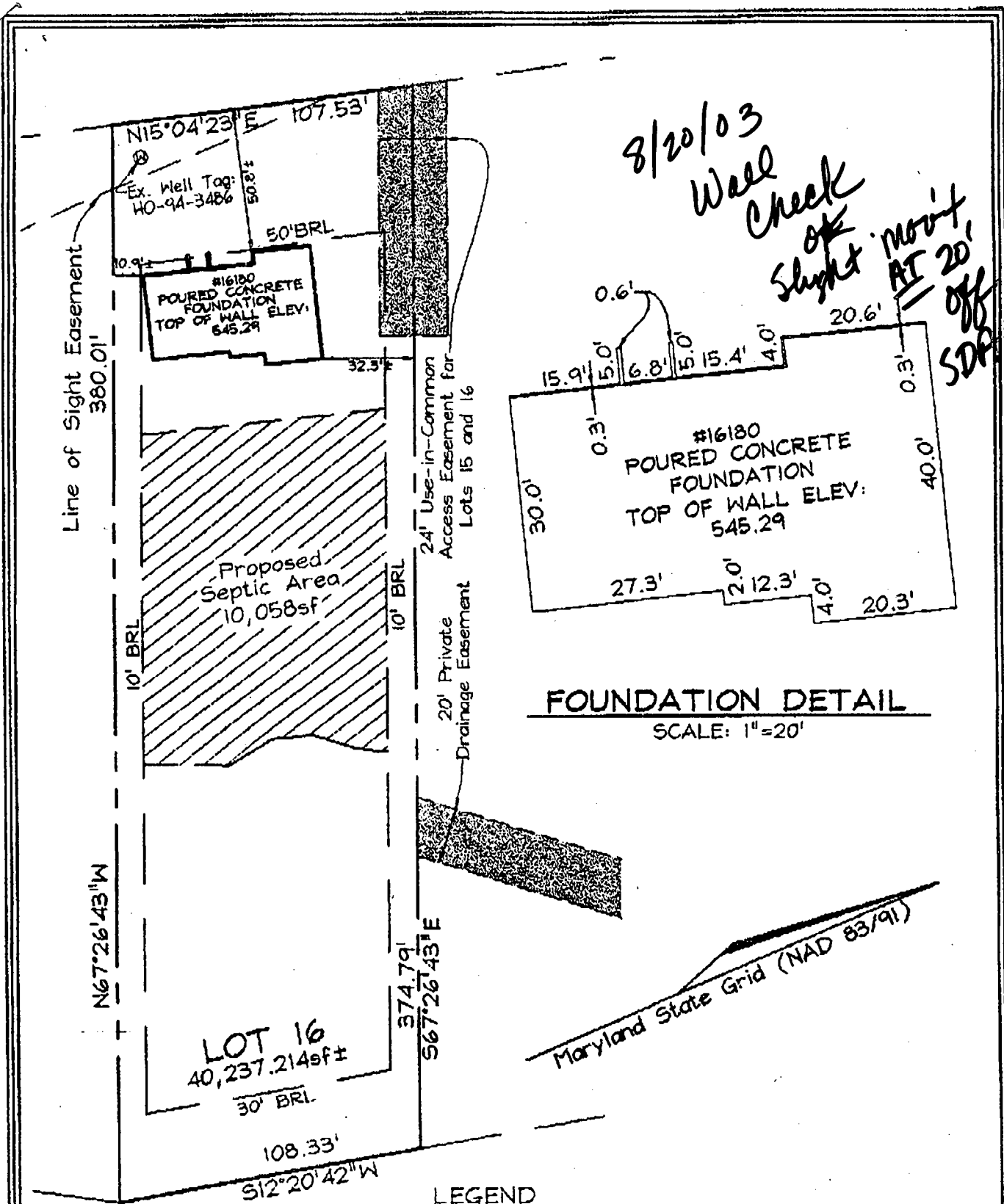
PLANS APPROVED: MER OK SRK 8/20/03 DATE: 8/1/03

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 BUILDING PERMIT SIGNED 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM AND RETURNED NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

8-29-03 800143780-UG PROPANE TANK

A 510610-P



FOUNDATION DETAIL
SCALE: 1"=20'

PLAN VIEW
SCALE: 1"=50'

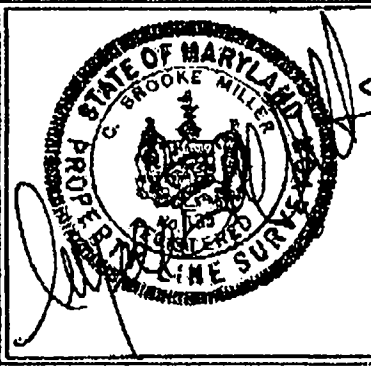
LEGEND

- F/P = FIREPLACE
 - B/W = BAY WINDOW
 - D/W = DRIVENWAY
 - CONC = CONCRETE
 - O/H = OVERHANG
 - H/P = HEAT PUMP/AIR COND.
 - G/M = GAS METER
 - E/M = ELECTRIC METER
- DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

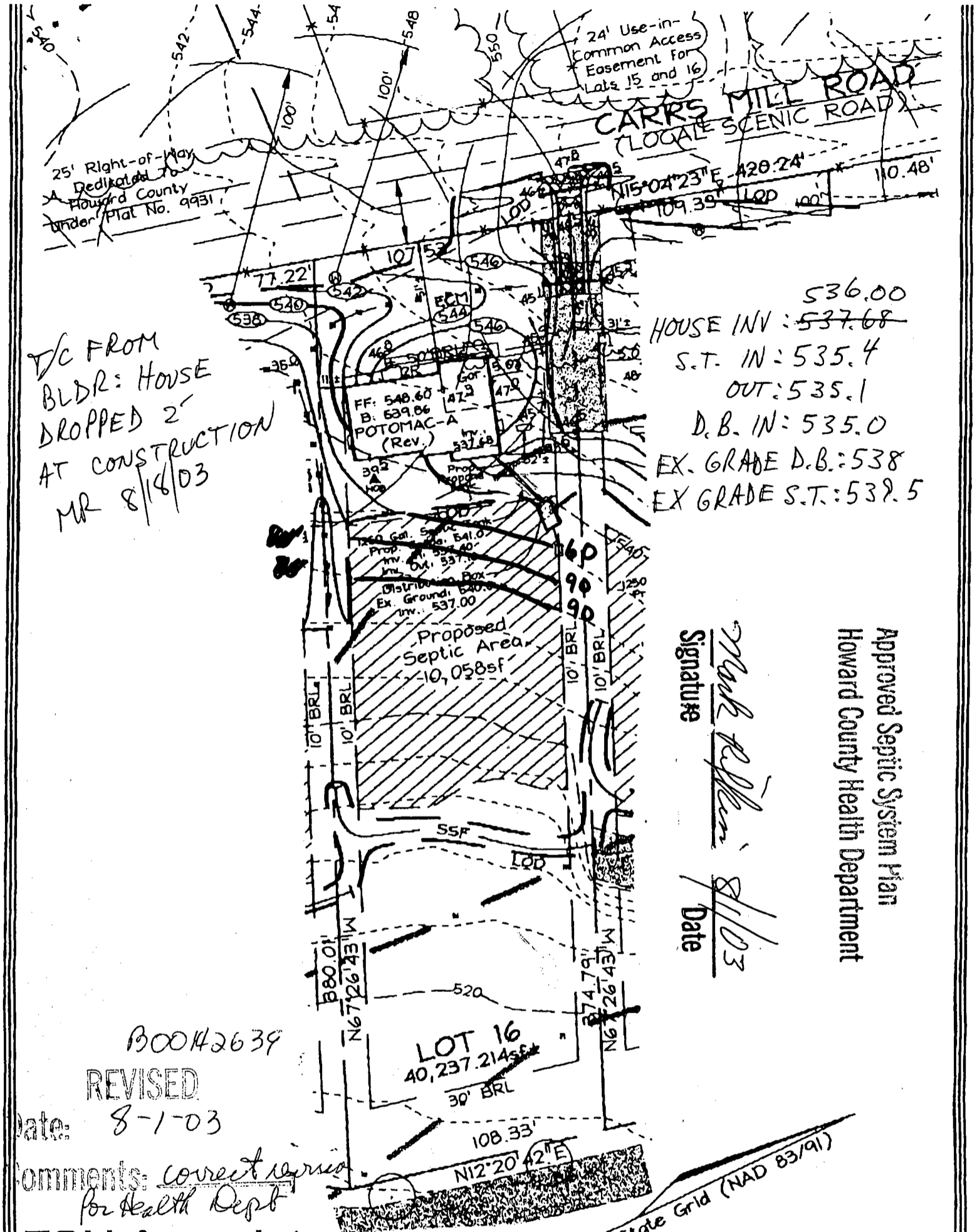
ADDRESS No.: 16180 CARRS MILL ROAD
 TOP OF WALL ELEV. = 545.29 FIRST FLOOR ELEV. - N/A
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.

FSH Associates
 Engineers Planners Surveyors
 8318 Forest Street Ellicott City, MD 21043
 Tel: 410-750-2261 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

LOCATION DRAWING	
FOUNDATION	Date: 08/14/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138



WALL CHECK
 LOT 16
 MAPLE RIDGE
 PLAT No. 15667
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



T/C FROM
BLDR: HOUSE
DROPPED 2'
AT CONSTRUCTION
MR 8/14/03

536.00
HOUSE INV: ~~537.68~~
S.T. IN: 535.4
OUT: 535.1
D.B. IN: 535.0
EX. GRADE D.B.: 538
EX GRADE S.T.: 539.5

Signature *Mark Williams*
Date 8/1/03

Approved Septic System Plan
Howard County Health Department

B00142639
REVISED
Date: 8-1-03

Comments: correct revision
for Health Dept

FSH Associates

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

Note: See Approved Grading
Plan GP-03-16 for Entire Site.

OWNER/DEVELOPER
NV HOMES
2200 Defense Highway, Suite 301
Crofton, Maryland 21114
301.858.0522

DESIGN BY: PS
DRAWN BY: SZK
CHECKED BY: ZTF
SCALE: 1"=50'
DATE: June 27, 2003
W.O. No.: 3138
SHEET No.: 1 OF 1

LOT RESITE
LOT 16
MAPLE RIDGE
TAX MAP 8 GRID 12 & 20
4TH ELECTION DISTRICT
PARCEL 51 & 378
HOWARD COUNTY, MARYLAND

GP-03-16

RECEIVED

0-0000269

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
243 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2465 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

17.00142639MER

Building Address 16180 Coopers Mill Rd
Washington, MD 21047

Suite/Apt. #: _____ SDP/WP/Permit #: 17-03-16

Census Tract 100001 Subdivision Maple Ridge

Section _____ Area _____ Lot 16

Tax Map 8 Parcel 51 Grid 17

Zoning R-10 Map Coordinates 34112 Lot size _____

Property Owner's Name NVR Inc.

Address 6085 Marshalee Dr.

City Ellicott City State MD Zip Code 21047

Home Phone _____ Work Phone 374-5456

Applicant's Name & Mailing Address, (if other than stated hereon):
Kimberly R. Taylor
1547 Coopers Mill Rd.
Ellicott City, MD 21043
Phone 443-991-4100 Fax _____

Existing Use Vacant Lot

Proposed Use SPD

Estimated Construction Cost \$ 150,000

Description of Work Patent 4/4/14
Ext. - 2nd - 3rd - 4th - 5th - 6th - 7th - 8th - 9th - 10th - 11th - 12th - 13th - 14th - 15th - 16th - 17th - 18th - 19th - 20th - 21st - 22nd - 23rd - 24th - 25th - 26th - 27th - 28th - 29th - 30th - 31st - 32nd - 33rd - 34th - 35th - 36th - 37th - 38th - 39th - 40th - 41st - 42nd - 43rd - 44th - 45th - 46th - 47th - 48th - 49th - 50th - 51st - 52nd - 53rd - 54th - 55th - 56th - 57th - 58th - 59th - 60th - 61st - 62nd - 63rd - 64th - 65th - 66th - 67th - 68th - 69th - 70th - 71st - 72nd - 73rd - 74th - 75th - 76th - 77th - 78th - 79th - 80th - 81st - 82nd - 83rd - 84th - 85th - 86th - 87th - 88th - 89th - 90th - 91st - 92nd - 93rd - 94th - 95th - 96th - 97th - 98th - 99th - 100th

Contractor Company NVR Inc.

Contact Person Kimberly R. Taylor

Address 11042 Leawoodville Rd.

City Michael State VA Zip Code 22102

License No. 36

Phone 443-991-4100 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: Depth <u>36</u> Width <u>60</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: Depth <u>32</u> Width <u>60</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Depth <u>12</u> Width <u>60</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (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 Kimberly R. Taylor

Title/Company NVR Inc.

Print Name NVR Inc.

Date 6/25/14

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	<u>6/10/14</u>	<u>Mark R. [Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY INFO: 58704

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ 114644

Check # 27753

Validation # _____

Accepted by _____

10/14/03
11am

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett H. AUO
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*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: NV Homes Telephone #: 410-379-5456
Subdivision: Maple Ridge Lot #: 16 Well Tag #: HO-94-3486 ✓
Site Address: 16180 Carrs Mill Rd
Woodbine, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta-Rite Make: Campbell Two piece watertight cap: ✓
Model #: TP4002HL-04 Model #: PT 800 Screened, vented well cap: ✓
Pump Capacity: 7 GPM Depth: 40" (36" min) Cap secured to casing: ✓
Well Yield: 15 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: ✓
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 House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly: ✓

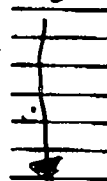
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 10/14/03

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

Date Insp. Requested: 10/14/03 11am Date Insp. Approved: KN 10/14/03

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 **14235** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE RECEIVED MM DD YY
 8 13

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **AS10610**
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3486
 28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED **9/03/02** Depth of Well **300** (TO NEAREST FOOT)
 OWNER **LANDSCAPE DEVELOPMENT**
 STREET OR RFD **CARRS MILL ROAD** TOWN _____
 SUBDIVISION **MAPLE RIDGE** SECTION _____ LOT **16**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Topsoil	0	1	
Red rocky clay	1	34	
Brown shale	34	40	
reddish brown slate	40	56	
Brown slate	56	82	✓
Greenish/gray slate	82	90	✓
Bluish/gray slate	90	300	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **19** NO. OF POUNDS **1900**
 GALLONS OF WATER **114**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **55** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

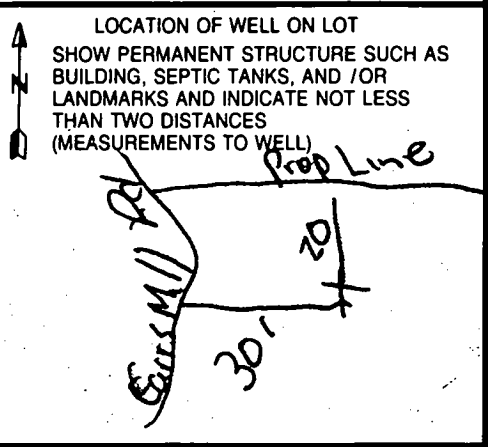
C 2 DEPTH (nearest ft.)
HO 58 300
 E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 S
 R
 E
 N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 72 _____ 74 75 76
 TELESCOPE LOG INDICATOR OTHER DATA
 CASING

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **47** ft.
 WHEN PUMPING **290.57** ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35
 PUMP HORSE POWER 37 _____ 41
 PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. **MWD 040**
George F. Funderburg
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **JWD 227**
156pm
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2177

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO-94-3486 fill in this form completely

Date Received (APA) 09-16-02

OWNER INFORMATION 9122

15 Last Name Owner First Name 34
16307 Carrs Mill Road
Woodbine, Md 21797

B 3 LOCATION OF WELL

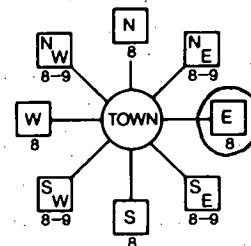
8 COUNTY Howard
23 SUBDIVISION Maple Ridge
SECTION 44 46 LOT 16 48 50
Lisbon
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name License No. 76 81
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
George F. Easterday 7/12/2002

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carrs Mill Road

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 35 37
ENTER FT OR MI 38 39
TAX MAP: 8 BLK: 14 PARCEL 51/378

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
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 AS10610
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 08/15/02 Mark E. Rifkin 8/15/03
CO SIGNATURE EXP. DATE
NORTH GRID 543 000 EAST GRID 785 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

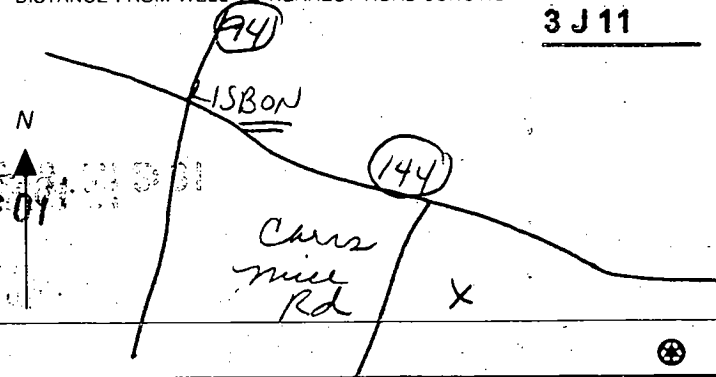
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

785
5403

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

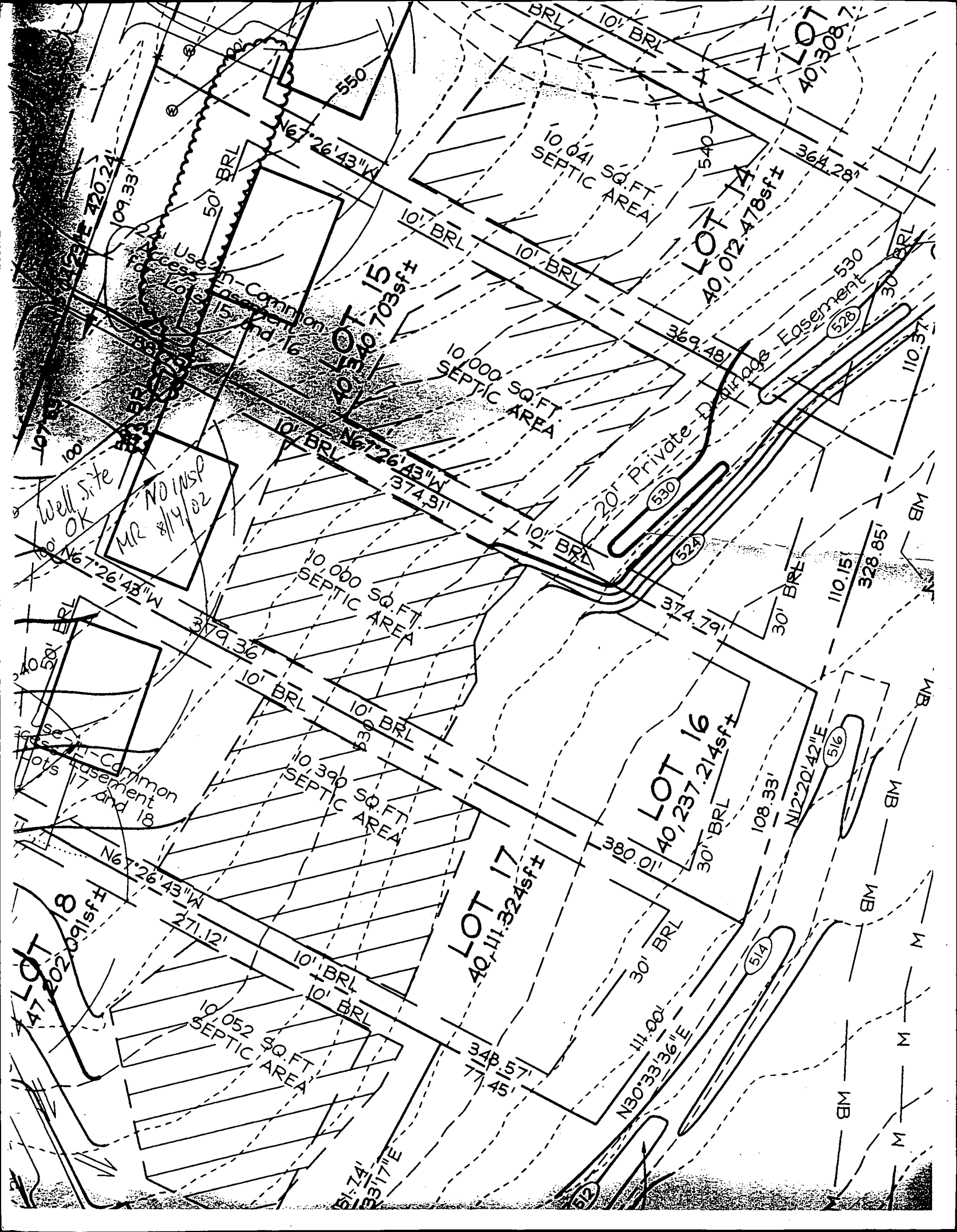


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO-94-3486
PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Well site
OK
MR NO INSP
8/14/02

Common Easement
15'

Common Easement
and 18'

Common Easement
and 18'

Common Easement
and 18'

Common Easement
and 18'

Common Easement
and 18'

Common Easement
and 18'

Common Easement
and 18'

Common Easement
and 18'

LOT 14
40,012.478sf±

LOT 15
40,540.703sf±

LOT 16
40,237.214sf±

LOT 17
40,111.324sf±

LOT 18
47,202.091sf±

LOT 19
40,308.7sf±

LOT 20
40,308.7sf±

LOT 21
40,308.7sf±

LOT 22
40,308.7sf±

LOT 23
40,308.7sf±

10,041 SQ.FT. SEPTIC AREA

10,000 SQ.FT. SEPTIC AREA

10,000 SQ.FT. SEPTIC AREA

10,000 SQ.FT. SEPTIC AREA

10,390 SQ.FT. SEPTIC AREA

10,052 SQ.FT. SEPTIC AREA

10,052 SQ.FT. SEPTIC AREA

10,052 SQ.FT. SEPTIC AREA

10,052 SQ.FT. SEPTIC AREA

10,052 SQ.FT. SEPTIC AREA

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

20' Private Dr

20' Private Dr

20' Private Dr

20' Private Dr

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APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER James Ward

ADDRESS 16307 Carrs Mill Road PHONE (410) 442-2033
WOODBIKE MD. 21797

AGENT OR PROSPECTIVE BUYER do Zacharia Fisch FISHER COLLINS & CARTER

ADDRESS 10272 Baltimore National Pike PHONE (410) 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION Ward prop. LOT NO. 37 14, 15, 16

ROAD AND DESCRIPTION Carrs Mill Road.

TAX MAP 8 PARCEL # 51 378

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 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 Y. 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
2408

dark orange red clay to 6.0

mottled siltm water @ 8.5

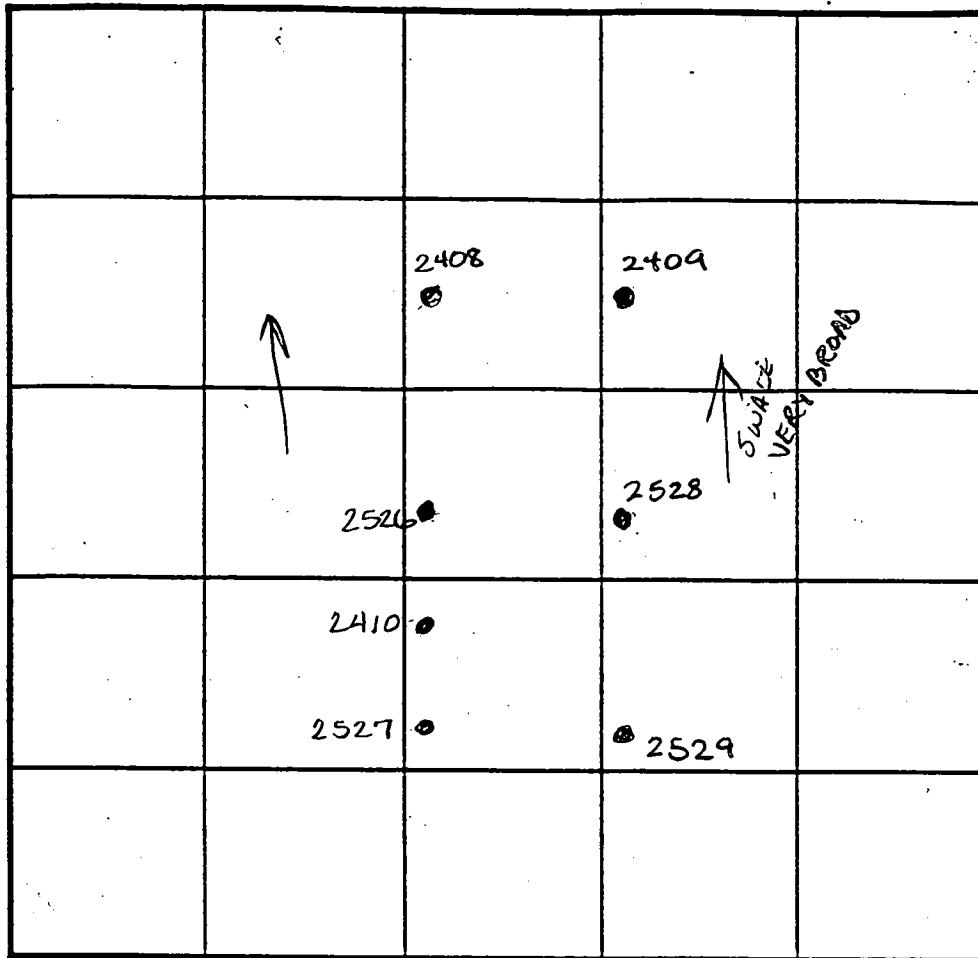
2526

dark orange red siltm

lgt orange brown siltm

2527 2529

No distn clay layer lgt pink siltm <5% Rx



SOIL PROFILE
2528

lgt tan siltm

lgt or pink siltm

possible high h2o dull brn siltm no mottling

2409

like 2408 but evidence of h2o @ 6.5' visual to 11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-17-98	2408	Visual to 8.5	insufficient depth to h2o				F
	2409	Visual to 10.0	hold for wet				Hold
	2401	Visual to 11.5	see profile				OK
	2527	Visual to 12.0	see profile				OK
	2529	5.0 V12.0	1:25	1:29	1:29	1:34	5min
		8.0 V12.0	1:23	1:27	1:27	1:33	6min
	2528	5.5 V11.0	1:27	1:28	1:28	1:30	2min
	2526	4.5 V10.0	1:17	1:20	1:20	1:25	5min

REMARKS Wet season on 2528

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

12.0

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER James Ward

ADDRESS 16307 Carrs Mill Road PHONE (410) 442-2033
WOODBINE MD. 21797

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER

ADDRESS c/o Zacharia Fisch PHONE (410) 461-2855
10272 Baltimore national pike
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION Ward prop. LOT NO. 38 16, 17, 18

ROAD AND DESCRIPTION Carrs Mill Road.

TAX MAP 8 PARCEL # 51 3378

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
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Zacharia Y. 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

901

Orange
brown
silt loam

3.0

1qt
pink
salm

7-9'

20%
R_x

10%
R_x
below

13.5

902 900

like

901

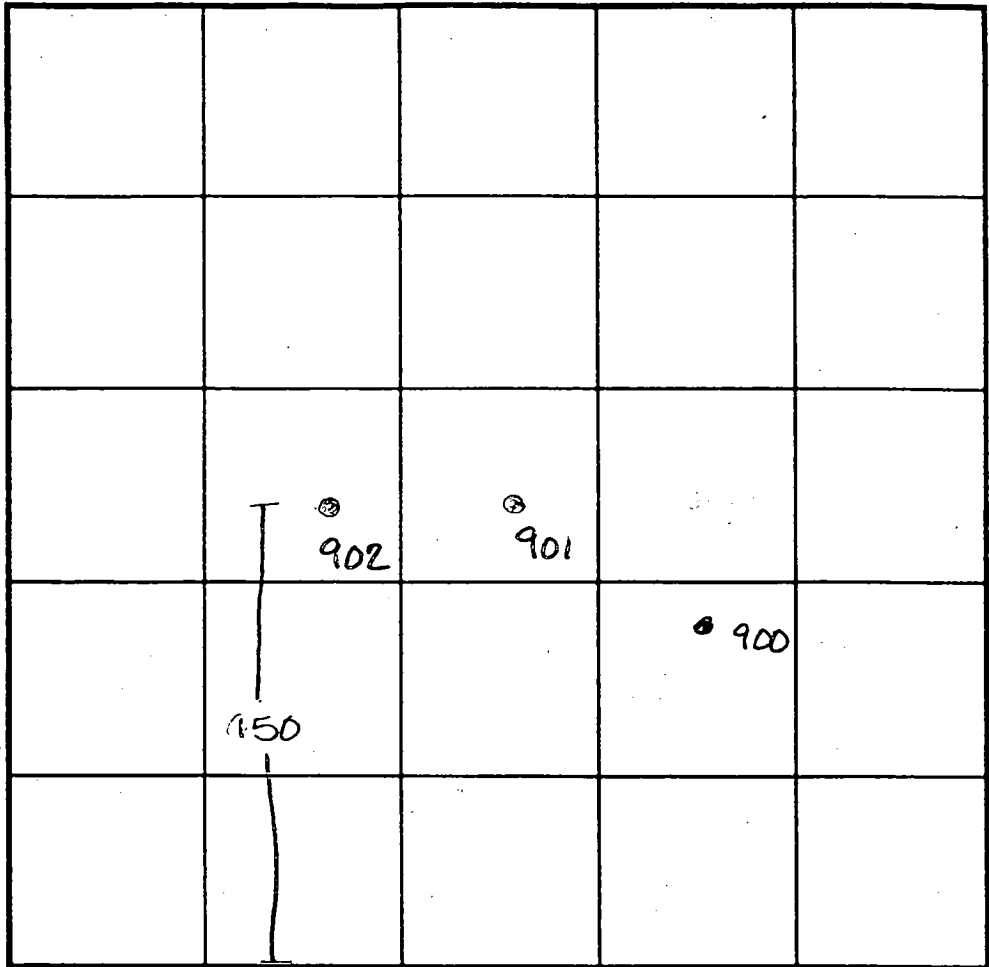
but

30%

R_x

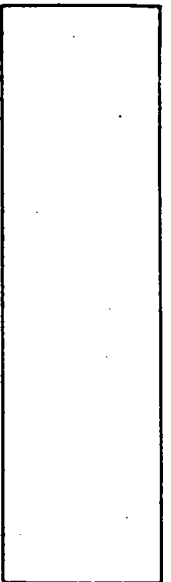
packet
from
7-9'

13.0



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Carrs Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-00	901	Visual	to 13.5	—	—	—	OK
	902	Visual	to 13.0	—	—	—	OK
	900	Visual	to 13.0	—	—	—	OK

REMARKS

TYPE OF SOIL

TESTED BY A McMillen & Kerr & Wally ALSO PRESENT 2 Fish

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE:
904

0' dark red SiltM

3.0 pink Salm
20-30% Rx



903

like 904

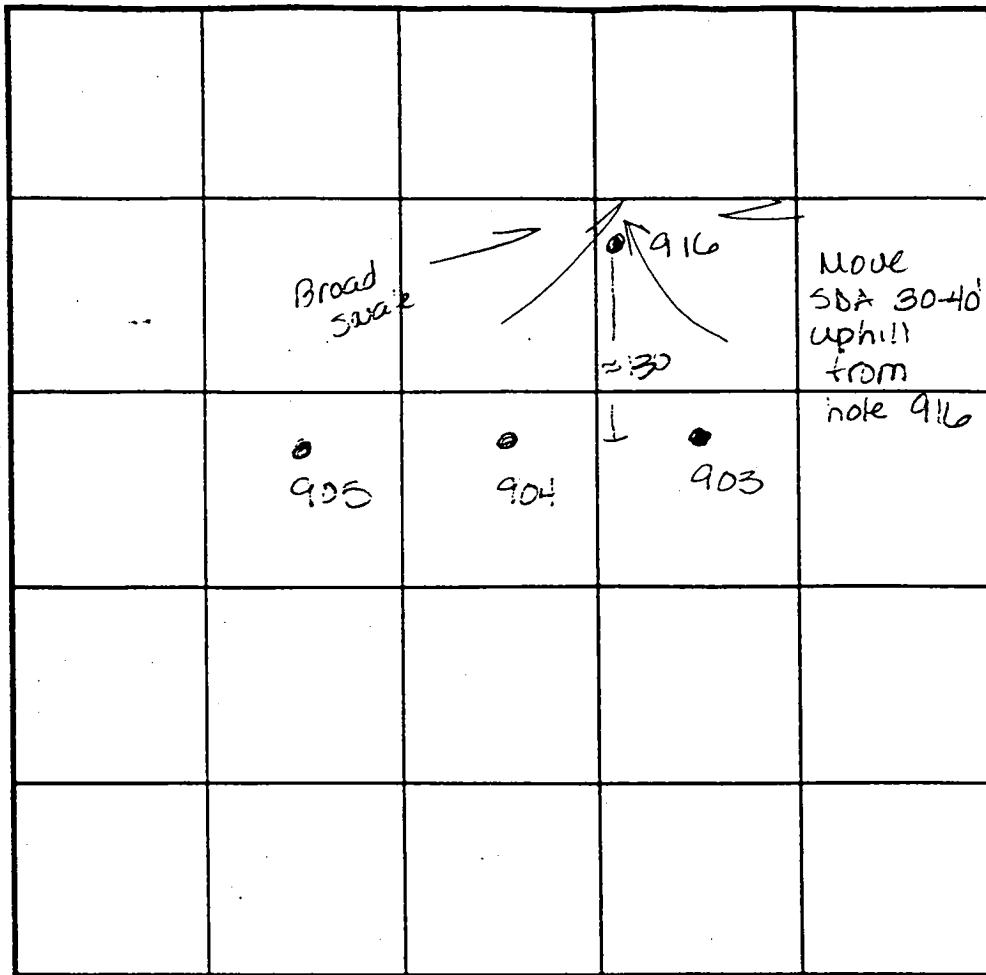
916

2.5 dark brown CILM

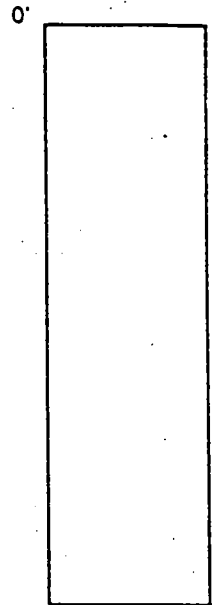
orange brn Salm

4.0 Saprophytic Salm
100% R
very decayed

13.0 no H2O indications



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-00	904	Visual	to 12.0	- see	profile	—	OK
	903	Visual	to 13.0	- see	profile	—	OK
	916	Visual	to 12.0	- see	profile	—	OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY A McMillen D Kerr A Welch ALSO PRESENT 2 Fish

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SO FT/BEDROOM _____

16

COUNTY #

SOIL PROFILE

2530

red
brown
silt
some
pink

4.0

lgt
pink
silt
at an
indeterminable
point
soil begins
to become
dull
brown

5

2532

dark
orange
brn
silt

4.0

lgt
orange
silt

1.5

>50%
Rx

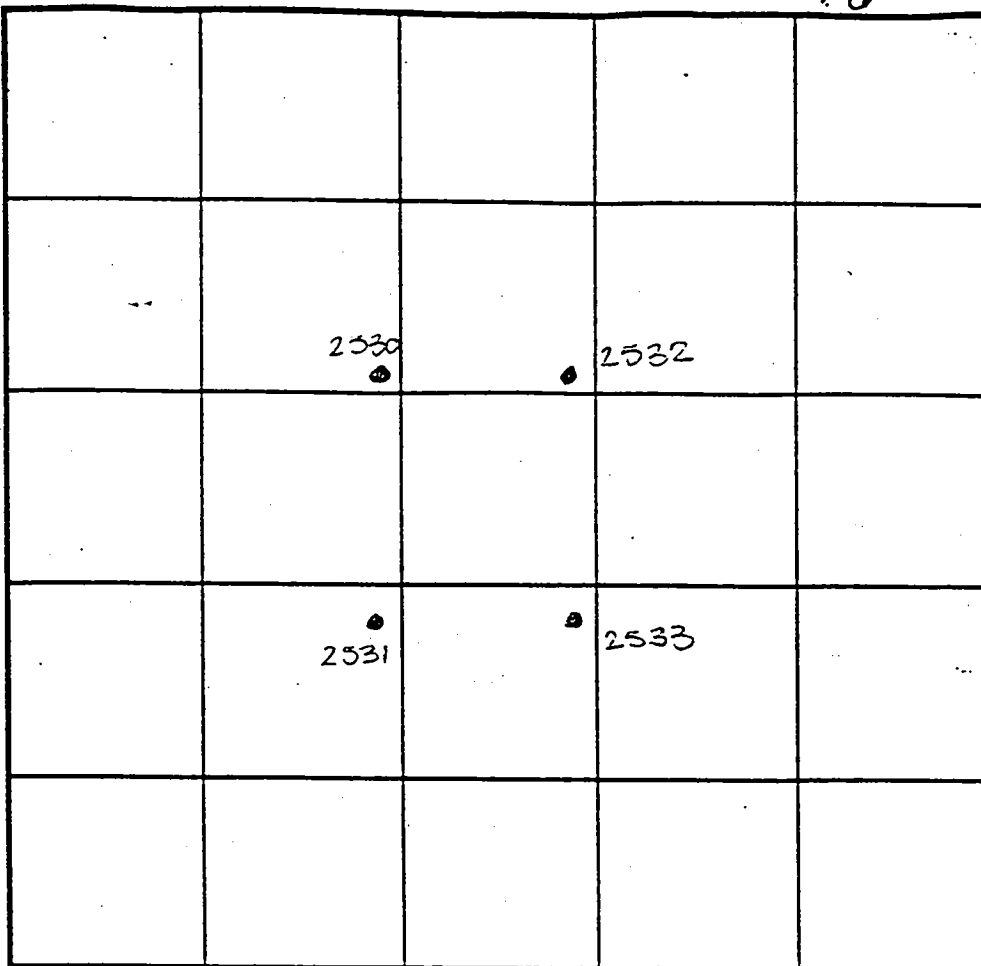
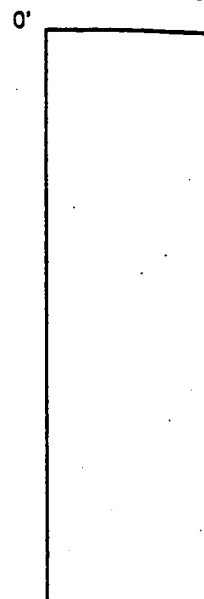
0.0

2533 2531

no
distinct
clay
layer
lgt
pink
silt
<5%
Rx

12.0

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9-17-98	2530	4.5 V11.5	1:45	1:46	1:46	1:51	5min	
	2532	Insufficient depth to bedrock -						
		see profile						F
	2533	4.5 V12.0	1:39	1:41	1:41	1:45	4min	
		7.5 V13.0	1:38	1:42	1:42	1:47	5min	
	2531	Visual to 11.5 - see profile						OK ✓

REMARKS Wet Season

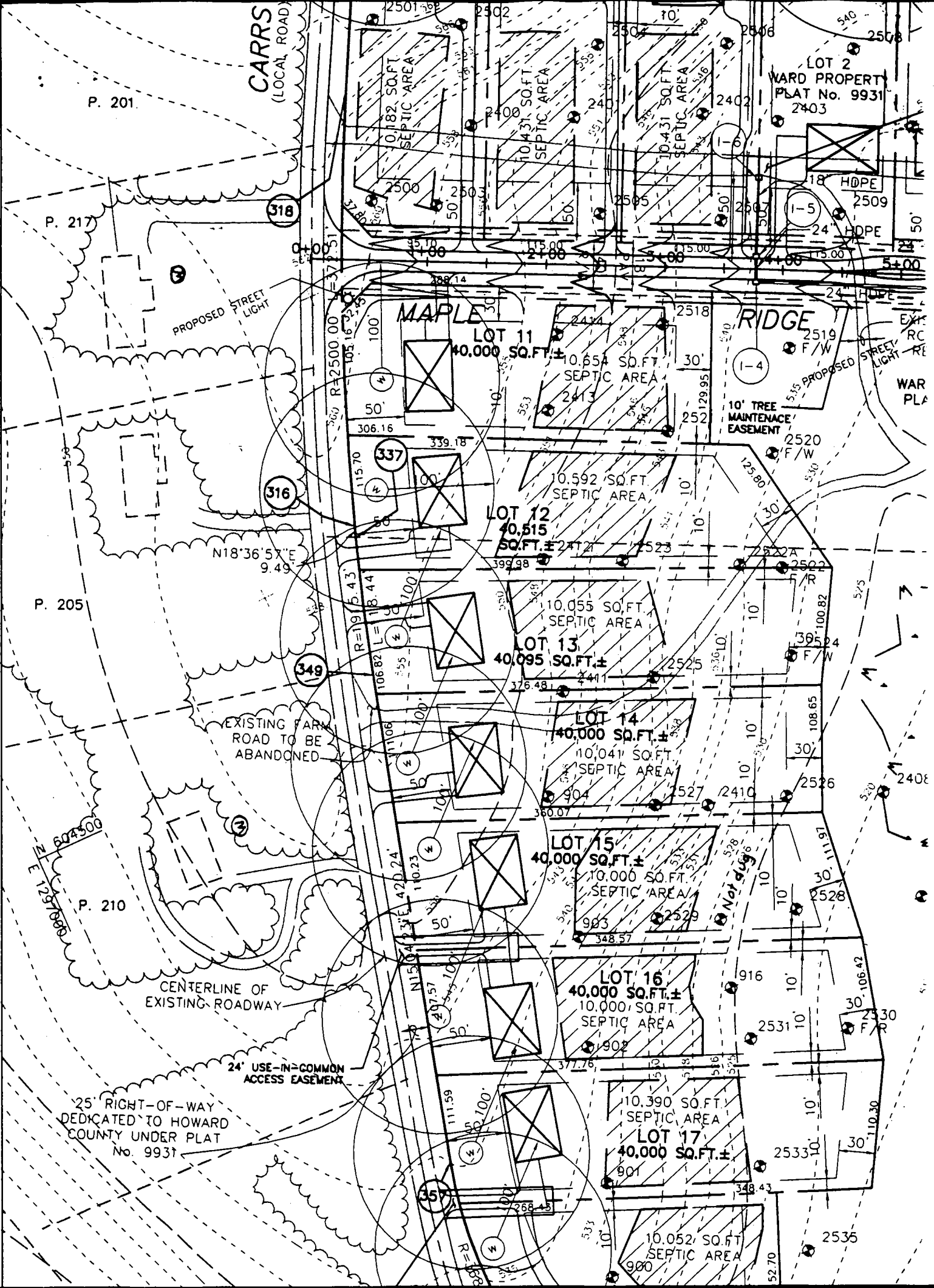
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPROVED PERC CERT 6/20/01



P. 201

P. 217

P. 205

P. 210

CARRS
(LOCAL ROAD)

LOT 2
WARD PROPERTY
PLAT No. 9931
2403

MAPLE

RIDGE

PROPOSED STREET LIGHT

EXISTING PARK ROAD TO BE ABANDONED

CENTERLINE OF EXISTING ROADWAY

24' USE-IN-COMMON ACCESS EASEMENT

25' RIGHT-OF-WAY DEDICATED TO HOWARD COUNTY UNDER PLAT No. 9931

10' TREE MAINTENANCE EASEMENT

Not a dig

318

337

316

349

357

1-6

1-5

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6/20/01

P.01.005

P. 201

P. 217

P. 205

P. 210

CARR (LOCAL RD.)

PROP. CONC. PEDESTRIAN STANDING PAD

PROPOSED STREET LIGHT

N18°36'57"E 9.49'

EXISTING FARM ROAD TO BE ABANDONED

CENTERLINE OF EXISTING ROADWAY

24' USE-IN-COMMON ACCESS EASEMENT

25' RIGHT-OF-WAY DEDICATED TO HOWARD COUNTY UNDER PLAT No. 9931

24' USE-IN-COMMON

LOT 2 WARD PROPERTY PLAT No. 9931 2403

MAPLE

RIDGE

LOT 11 40,000 SQ.FT. ±

LOT 12 40,515 SQ.FT. ±

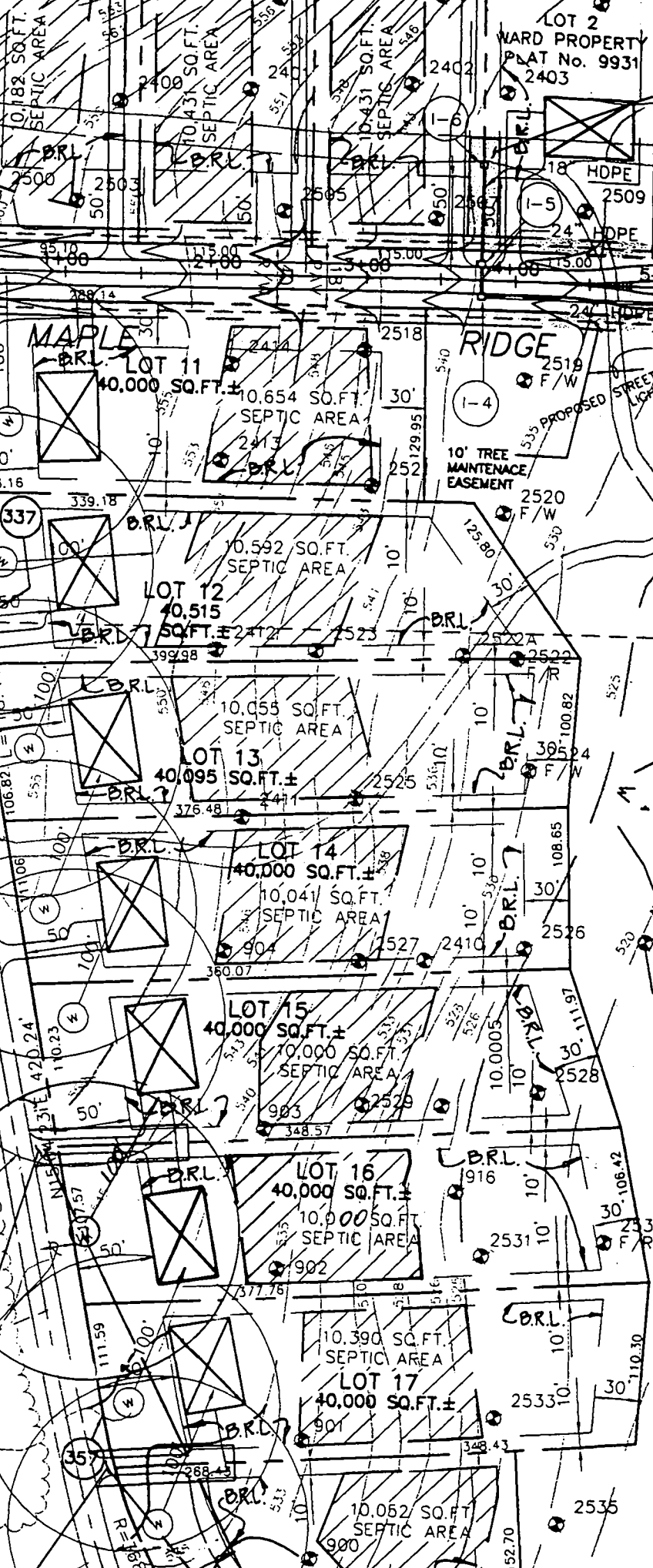
LOT 13 40,095 SQ.FT. ±

LOT 14 40,000 SQ.FT. ±

LOT 15 40,000 SQ.FT. ±

LOT 16 40,000 SQ.FT. ±

LOT 17 40,000 SQ.FT. ±



FSH ASSOCIATES TRANSMITTAL

TO: Howard County Health Department Attn: Mark Rifkin	DATE: May 14, 2003
	JOB NUMBER: 3138
	JOB NAME: Maple Ridge
FROM: Paul Sill	REGARDING: Lot 16

	X	FOR YOUR APPROVAL
FOR YOUR INFORMATION		FOR YOUR USE
AS PER YOUR REQUEST		APPROVED AS SUBMITTED
FOR REVIEW AND COMMENT		FOR BIDS DUE:
APPROVED AS NOTED		

COPIES	DATE	NO.	DESCRIPTION OF MATERIAL TRANSMITTED
1			Septic area change information
		MR	5/19/03 IN OFFICE MTG W/ENG: DOWNHILL ADJUSTMENT DENIED W/O SITE EVALUATION; ENGINEER ADVISED TO ADJUST HOUSE TO MAXIMUM POSSIBLE THEN SUBMIT SITE EVAL REQUEST

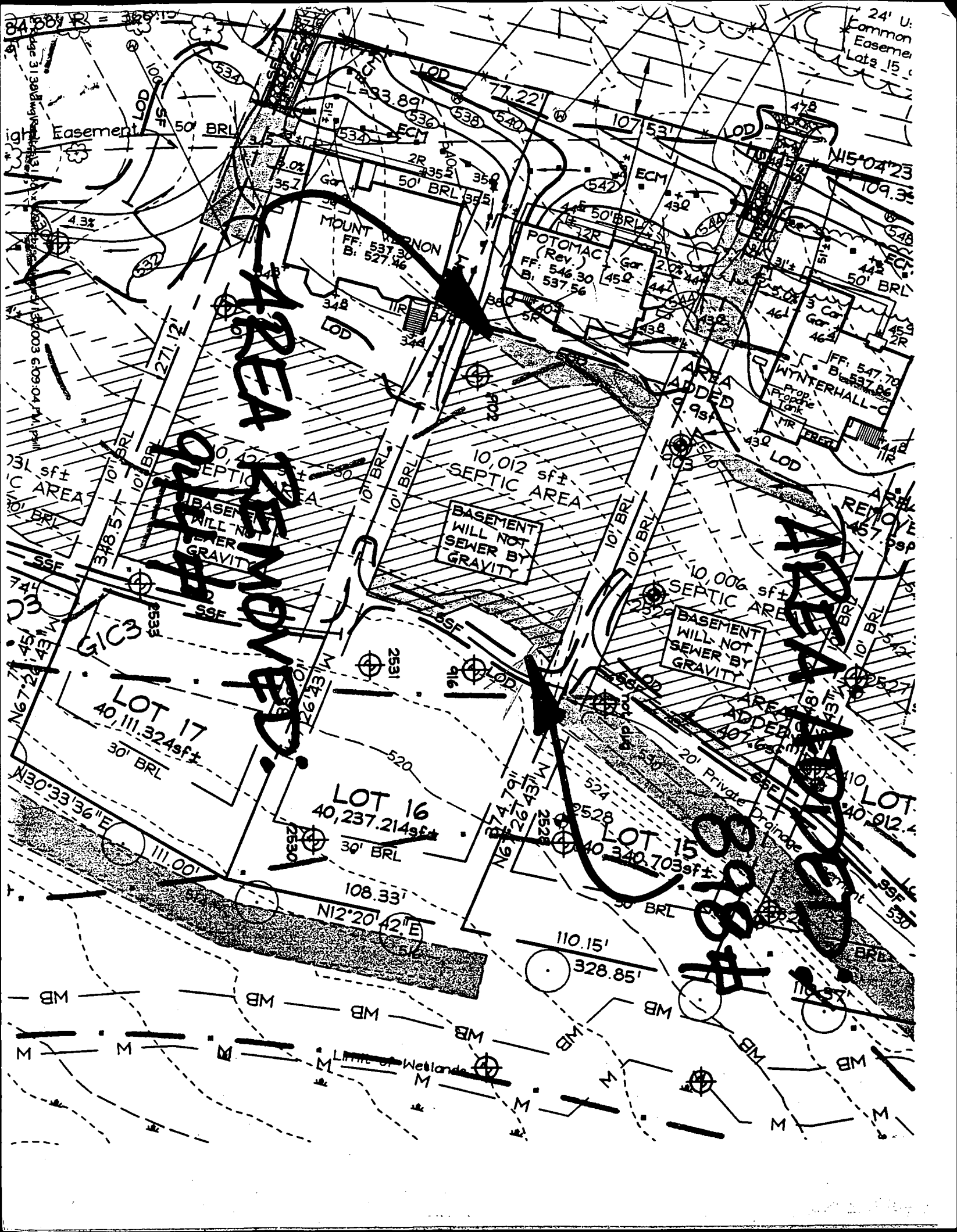
REMARKS:

Here is the proposed revision to the septic area for lot 16.

If you have any questions, please do not hesitate to call this office.

Thanks,
Paul Sill

24' U. Common Easement Lots 15 & 16



AREA ADDED

AREA ADDED

BASEMENT WILL NOT SEWER BY GRAVITY

BASEMENT WILL NOT SEWER BY GRAVITY

LOT 17
40,111.324sf±
30' BRL

LOT 16
40,237.214sf±
30' BRL

LOT 15
40,340.703sf±
30' BRL

10,012 sf± SEPTIC AREA

10,006 sf± SEPTIC AREA

Easement
50' BRL

Limit of Wetlands

N15°04'23"
109.35'

74'±
74'±
74'±

N30°33'36"E
111.00'

N12°20'42"E
108.33'

110.15'
328.85'

LOT 14
40,012.4

84'±

84'±

84'±

84'±

84'±

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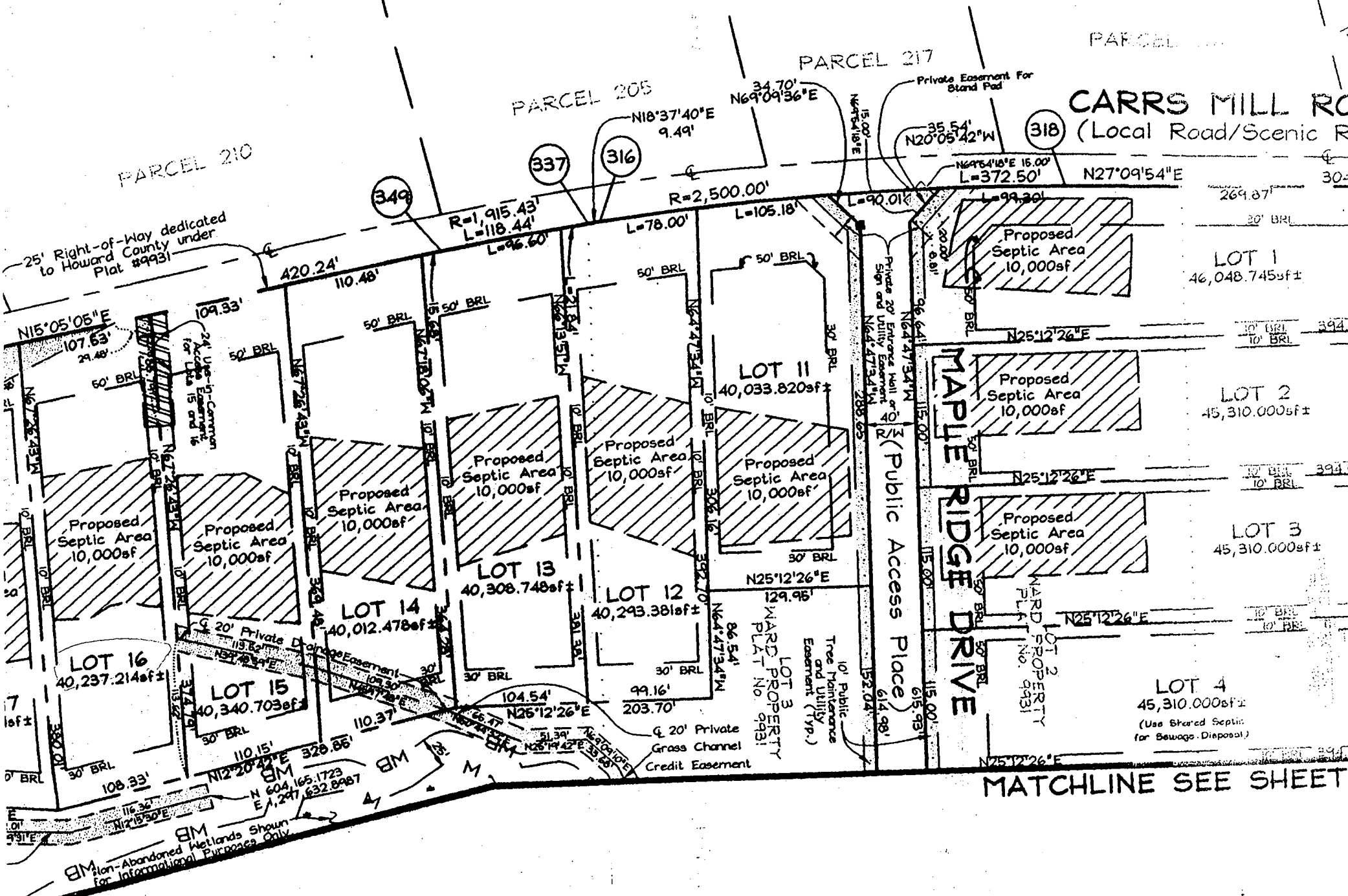
84'±

84'±

24' U.
Common
Easement
Lots 15



5/14/03 (MW)
 DOWNHILL ADJUSTMENT DENIED
 DUE TO 30-40' REQ'D SEPARATION
 FROM HOLE 916 PER ALM NOTES
 OF 9/11/00



PARCEL 210

PARCEL 205

PARCEL 217

PARCEL 318

CARRS MILL RD
(Local Road/Scenic R)

25' Right-of-Way dedicated to Howard County under Plat #9931

24' Utility Easement for Lots 15 and 16

Private Easement for Stand Pad

Private 20' Utility Easement Sign and Utility

Public Access Place

10' Public Tree Maintenance and Utility Easement (1"p.)

20' Private Drainage Easement

Non-Abandoned Wetlands Shown for Informational Purposes Only

LOT 1
46,048.745sf±

LOT 2
45,310.000sf±

LOT 3
45,310.000sf±

LOT 4
45,310.000sf±
(Use Shared Septic for Sewage Disposal)

LOT II
40,033.820sf±

LOT 13
40,308.748sf±

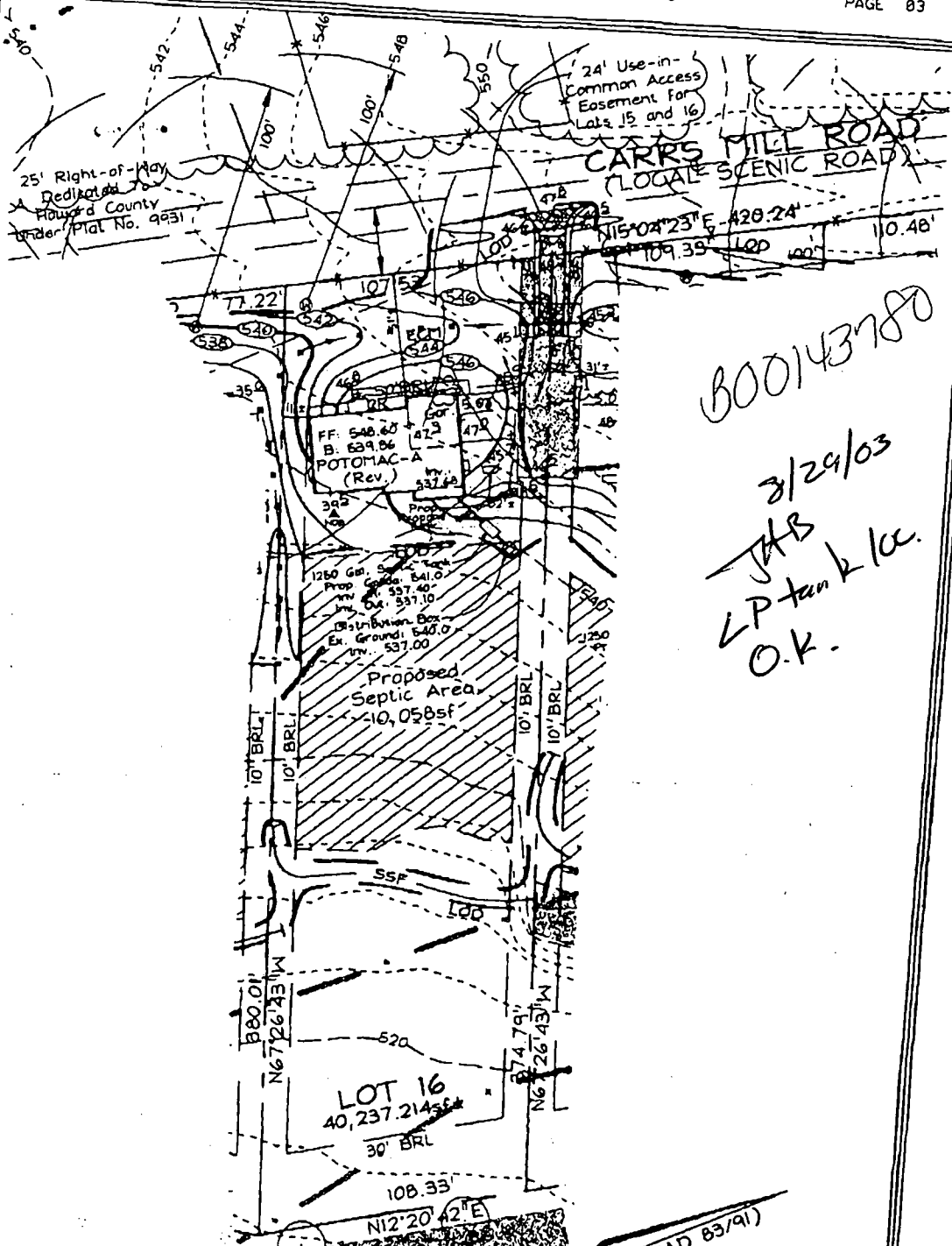
LOT 12
40,293.381sf±

LOT 16
40,237.214sf±

LOT 15
40,340.703sf±

LOT 14
40,012.478sf±

MATCHLINE SEE SHEET



800143780
 3/29/03
 JAB
 LP tank & loc.
 O.K.

FSH Associates

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

OWNER/DEVELOPER

NV HOMES
 2200 Defense Highway, Suite 301
 Crofton, Maryland 21114
 301.858.0522

Note: See Approved Grading
 Plan GP-03-16 for Entire Site.

DESIGN BY: PS
 DRAWN BY: SZK
 CHECKED BY: ZYP
 SCALE: 1"=50'
 DATE: June 27, 2003
 W.O. No.: 3138
 SHEET No.: 1 OF 1

LOT RESITE
LOT 16
MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
 4TH ELECTION DISTRICT

PARCEL 51 & 378
 HOWARD COUNTY, MARYLAND

GP-03-16