

LAYOUT 9/16/03 INSP 4 11/19/03 3pm
 INSP 2 10/29/03 11 AM INSP 5 1/28/04 10:00
 INSP 3 11/5/03 12 pm INSP 6 _____

ISSUE DATE: 9/3/2003

APPROVAL DATE: 1/28/04

**PERMIT
INDEXED**

P 519557

A 511474-A

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

04-369104

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd, Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Moxley Property LOT NUMBER: 1 (aka 5)

ADDRESS: 14450 Frederick Road PROPERTY OWNER: D. R. Horton, 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: 150 HOUSE SERVED BY PUBLIC WATER

240 (circled) 9 (circled)

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 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box and septic tank as shown on the approved site plan. Ensure that septic tank inlet is shallower than 3' below grade. Run 2-75' trenches on contour on highest SDA elevation.
NOTES:	Basement gravity service proposed. <u>Watch grading near edge of SDA - Maintain 25'</u>

PLANS APPROVED: Kacie Noonan OK SRK 10/21/03 DATE: 5/19/03

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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

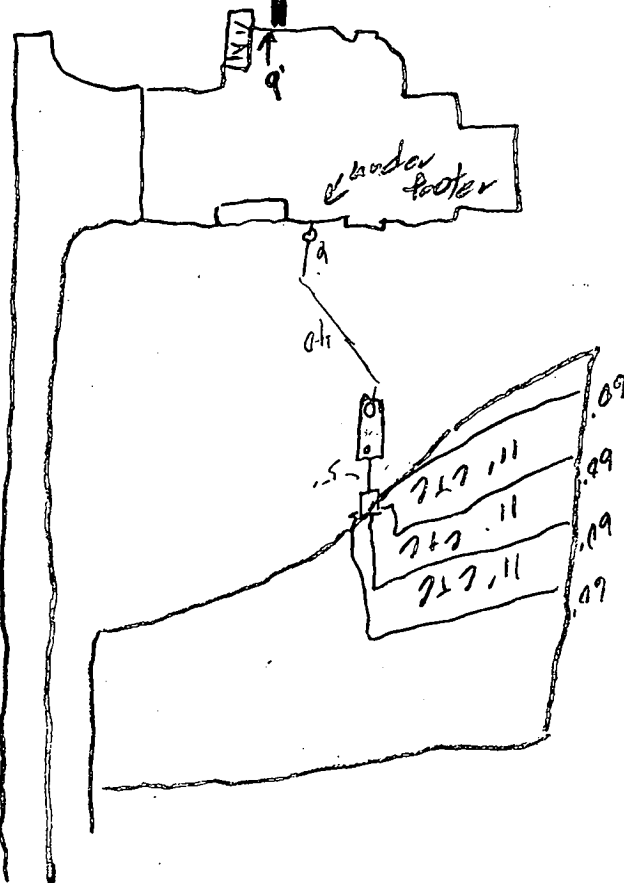
**BUILDING PERMIT SIGNED
AND RETURNED**

8/26/03 B00143750 1000 GAL UG LPTANK

A511474-A

NOT TO SCALE

HO-44-3630



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 0
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
Capacity	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'-4'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 10/29/03 - SRA not staked, contours not accurate, don't know where house conn is. Stake lot (50)

INSTALLATION 11/5/03 - SRA staked, install (4) 60' trenches on contour, tank to have no more than 3' of cover (50)

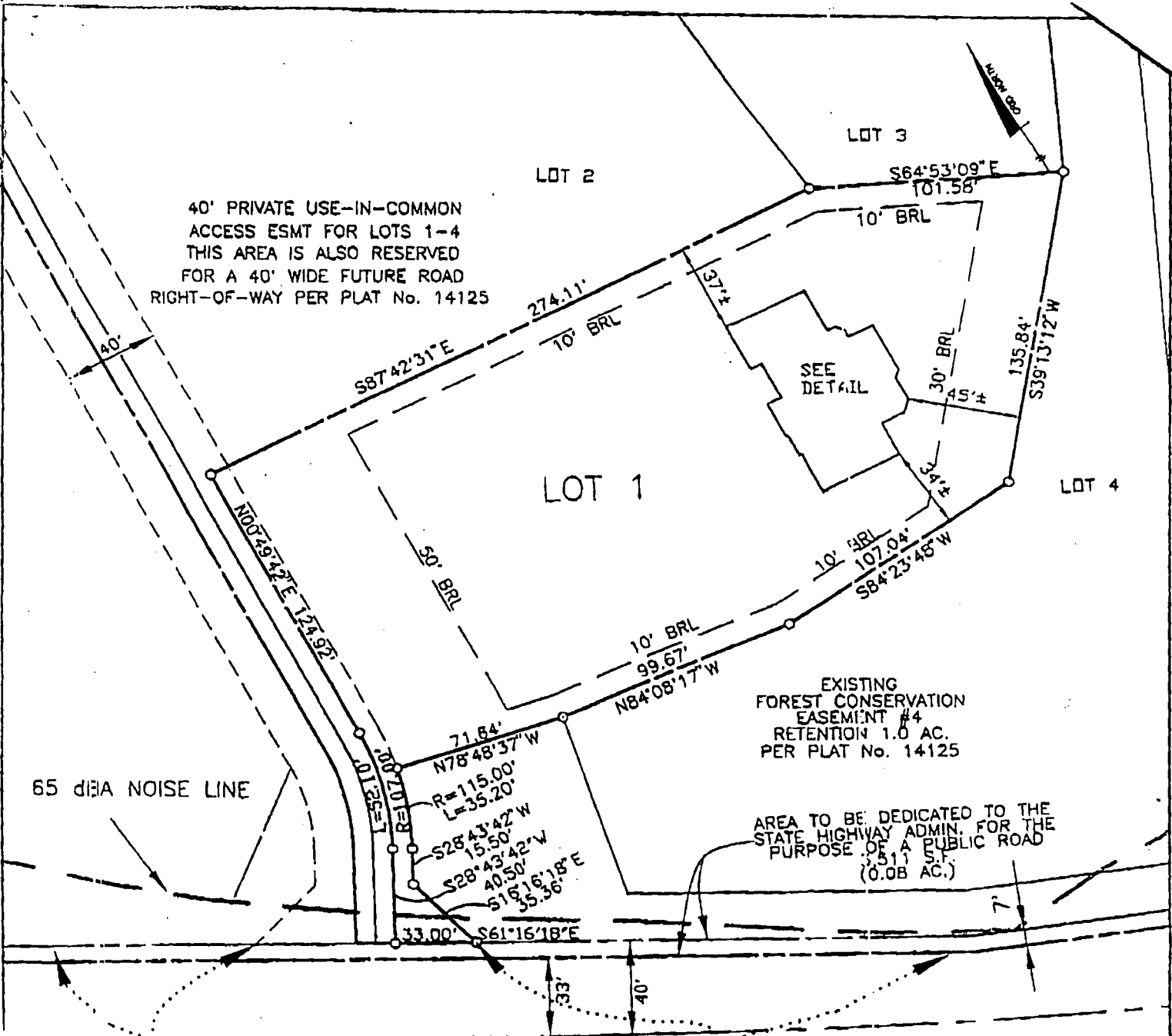
11/18/03 - OK to cover all work, need to verify how much fill is on tank w/ final grade. Too much right now (50)

1/28/04 - Tank has 3'-4' of cover (50)

FINAL INSPECTOR John [Signature]

BUILDING PERMITS DIVISION
DATE OF APPROVAL 1/28/04

40' PRIVATE USE-IN-COMMON
ACCESS ESMT FOR LOTS 1-4
THIS AREA IS ALSO RESERVED
FOR A 40' WIDE FUTURE ROAD
RIGHT-OF-WAY PER PLAT No. 14125



EXISTING
FOREST CONSERVATION
EASEMENT #4
RETENTION 1.0 AC.
PER PLAT No. 14125

AREA TO BE DEDICATED TO THE
STATE HIGHWAY ADMIN. FOR THE
PURPOSE OF A PUBLIC ROAD
(0.511 S.F.
(0.08 AC.))

VEHICULAR INGRESS/EGRESS RESTRICTED
MINOR ARTERIAL
MARYLAND ROUTE 144
80' ULTIMATE R/W

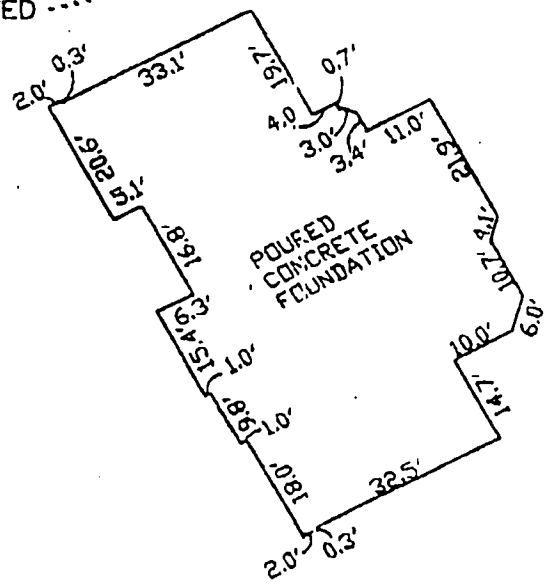
TOP OF FOUNDATION WALL ELEVATION = 623.2'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ±1'

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 07/02/03; AND THAT THE PROPERTY OUTLINE
SHOWN HEREON IS BASED ON THE PLAT PREPARED BY
BENCHMARK ENGINEERING, INC. ENTITLED " SUSAN
MOXLEY PROPERTY A MINOR SUBDIVISION LOTS 1 THRU 4
" AND RECORDED AMONG THE LAND RECORDS OF
HOWARD COUNTY AS PLAT No.14125

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.



FOUNDATION DETAIL
SCALE: 1" = 30'
WALL CHECK

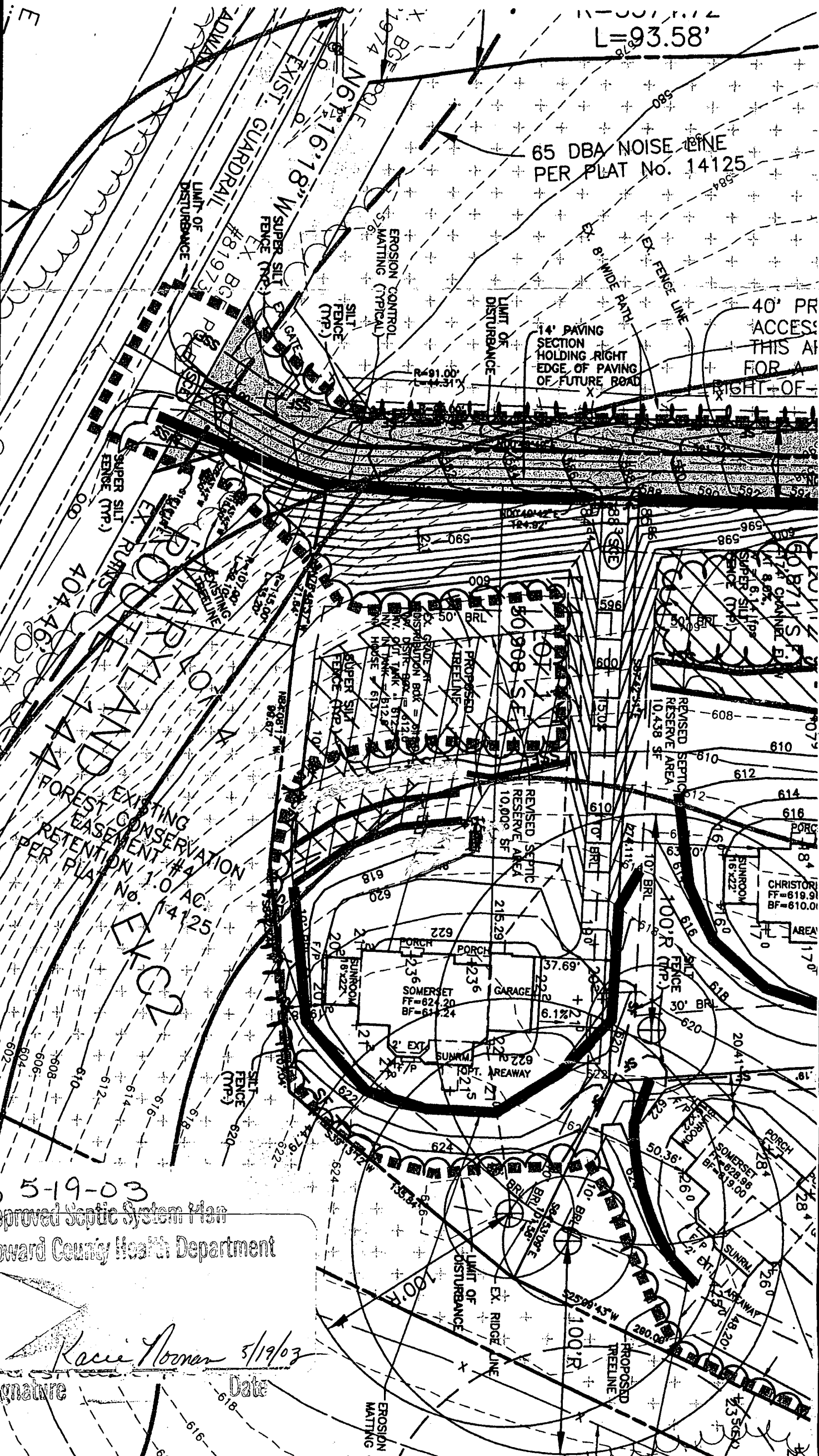
\\sai\vol1\engineering\projects\16:7\dwg\1000.dwg: PERMIT 1: 3/7/2003 4:23:53 PM: inc

L=93.58'

65 DBA NOISE LINE
PER PLAT No. 14125

40' PR
ACCESS
THIS AT
FOR A
RIGHT-OF-

14' PAVING
SECTION
HOLDING RIGHT
EDGE OF PAVING
OF FUTURE ROAD



FOR EASEL EXISTING
CONSERVATION
PER PLAT No. 1-0 AC.
#4 14125

05-19-03
Approved Septic System Plan
Howard County Health Department

Racie Norman 5/19/03
Signature Date

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: Foales Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Syllesville MD 21784

(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# MSO 009

*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: D.R. Horton Telephone #: _____
Subdivision: Susan Moxley Vista Ridge Lot #: 1 Well Tag #: HO-94-363D
Site Address: 14420 Old Frederick Rd.

Submersible Pump Data

Make: Goulds
Model #: 75B07422
Pump Capacity: 7 GPM
Well Yield: 5.4 GPM

Pitless Adapter

Make: Campbell
Model#: NA
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 250 (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 NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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

Signature of company representative responsible for installation: Allen Compton date: 1-23-04

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

Date Insp. Requested: 12/16/03 Date Insp. Approved: 1/28/04
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 14107

SEQUENCE NO. (MDE USE ONLY)

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 511474-A

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4 25 03

Depth of Well 250 (TO NEAREST FOOT)

OKSRK 5/6/03

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3630

OWNER Moxley Susan STREET OR RFD Rt 144 TOWN Cooksville SUBDIVISION SUSAN MOXLEY PROP. SECTION LOT 1 aka 5?

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shake, Gray Limestone, White, Gray Limestone, White, Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (22), NO. OF POUNDS (2068), DEPTH OF GROUT SEAL (0 to 70).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (84).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, PL, HO, OT), DEPTH (nearest ft.) 84, 250.

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

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MS D 009; DRILLERS SIGNATURE; LIC. NO. 1 D

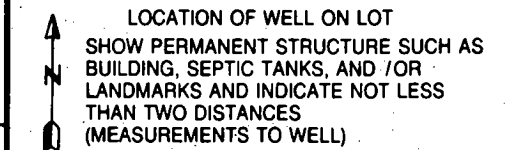
DEPTH (nearest ft.) table with rows E, A, C, H, S, R, E, N and columns 1, 2, 3.

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; TELESCOPE CASING; LOG INDICATOR; OTHER DATA

PUMPING TEST: HOURS PUMPED (03), PUMPING RATE (5.4), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (44 before, 80 when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, - below) 02.



NO Survey stakes

B 1 **6276** SEQUENCE NO. (MDE USE ONLY)

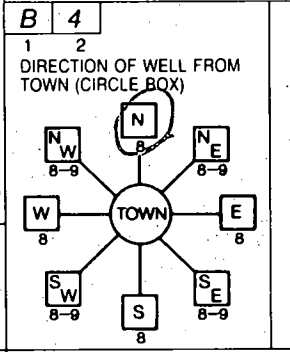
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HO-94-3630
fill in this form completely

Date Received (APA) **1 27 03**
OWNER INFORMATION
Last Name **D.R. Horton** Owner First Name
Street or RFD **1370 Piccard Dr**
Town **Rockville md** State **20850** Zip

B 3 LOCATION OF WELL
COUNTY **Howard**
SUBDIVISION **Susan Moxley Property**
SECTION **1** aka **5** LOT **aka 5**
NEAREST TOWN **Cooksville**
MILES FROM TOWN (enter 0 if in town) **0** M I

DRILLER INFORMATION
Driller's Name **Allen Compton M S D 007** License No. **81**
Firm Name **Fogles Well Drilling**
Address **580 Obrecht RD**
Signature **Allen Compton** Date **1-20-03**



Frederick rd.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD **330**
ENTER FT OR MI
TAX MAP: **8** BLK: PARCEL **176**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME **Howard** COUNTY NO. **511474A**
STATE SIGNATURE _____ INSERT S
DATE ISSUED **2 4 03** Steven R. Krey **2 4 04**
CO SIGNATURE _____ EXP. DATE
NORTH GRID **540 000** EAST GRID **790 000**

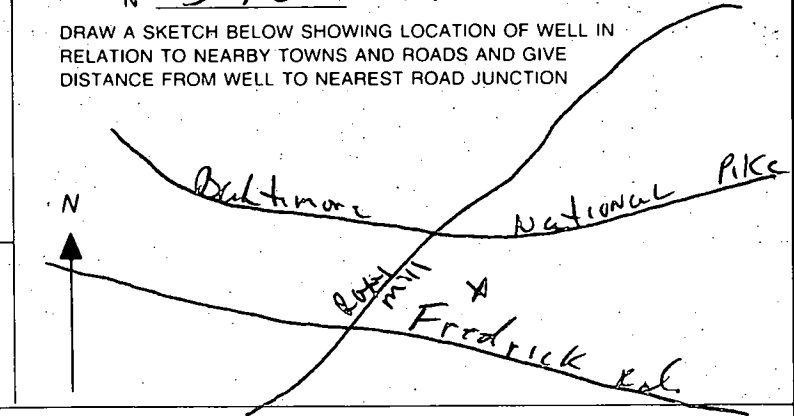
- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, DEWATERING
 - PUBLIC WATER SUPPLY WELL
 - TEST, OBSERVATION, MONITORING
 - GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** FEET
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. _____
2. _____
3. _____
WRITE THE BOX NUMBER FROM THE MAP HERE
E **790**
N **540**

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____
PERMIT No. **HO-94-3630**

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

APPLICATION

PERCOLATION TESTING

A 511474

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3-24-99

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 SUSAN MOXLEY

ADDRESS 3489 DOWNING CT ADAMSTOWN, MD 21710 PHONE _____

AGENT ~~OR PROSPECTIVE BUYER~~ MARK MOXLEY

ADDRESS P.O. Box 417 ELLICOTT CITY, MD 21091 PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION SUZAN MOXLEY PROPERTY LOT NO. 31

ROAD AND DESCRIPTION FREDERICK ROAD & ROUTE 97

TAX MAP 8 PARCEL # 176

SIZE OF LOT 1.2 Ac ± TYPE BLDG. SFD
(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.

Susan D Moxley
(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 P-16

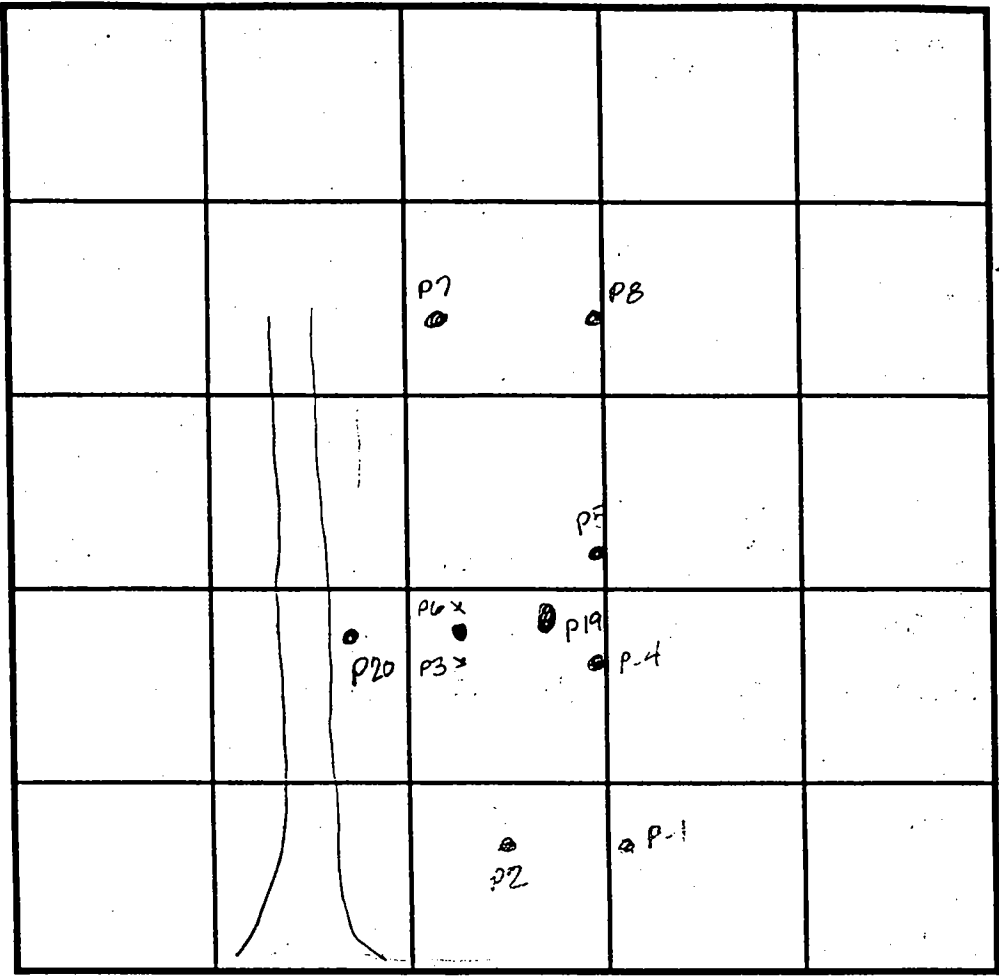
0' dark red SiClM
 5.0 dark red SiSalm 10% Rx
 9.5 30% shale
 12.0

P-1

40-50% Rock from 0-7.0' below 7.0 to 12.0 pink Salm 20% Rx
 ↓

P-2

red pink SiClM
 30 dark pink red Salm 20% Rx
 90 30-40% Rx / Saprotic pink Salm



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Rt. 144

SOIL PROFILE P-7

0' dark red SiClM
 4.0 dark red Salm
 10.0 lat pink SiSalm
 13.0

P19

dark red SiClM
 4.0 dark pink SiSalm some Rx @ bottom
 10.0

P-8
 N-2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-19-99	P3/P6	5.5 / 12.0	10:35	10:38	10:33	10:41	3min
	P5	60% Rx @ 5.0					-insufficient depth bdrk F
	P4	70% Rx @ 7.0					insufficient depth to bedrock F
	P-1	6.5 / 12.0	10:43	10:46	10:46	10:51	5min
	P-2	4.0 / 12.0	10:49	10:51	10:51	10:56	5min
	P-7	5.5 / 13.0	11:02	11:04	11:04	11:06	2min
	P19	Visual	to 10.0 - see profile		—		OK
	P20	Visual	to 12.0 - see profile		—		OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy Memilken ALSO PRESENT Clark Sperry
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min TRENCH WIDTH 3.0
 INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 180

SIGNED
Per Cert
7-6-99

EKD2

CgB2

CgB2

EKD2

EKC2

CgB2

144

PER
HEALTH
DEPARTMENT

634.2
P-14

637.8
P-15

636.3
P-16

632.7
P-17

P-7
602.9

622.4
P-13

P-8
609.7

623.1
P-11

P-6
602.6

P-19
607.0

P-5
609.7

621.4
P-10

623.5
P-12

P-2
603.8

P-3
607.6

P-20
597.5

P-4
615.2

P-1
615.4

622.6
P-9

LOT 2
50,880 S.F. ±
1.16 AC. ±

LOT 3
55,829 S.F. ±
1.28 AC. ±

LOT 1
50,924 S.F. ±
1.16 AC. ±

EX. WELL

EX. HOUSE

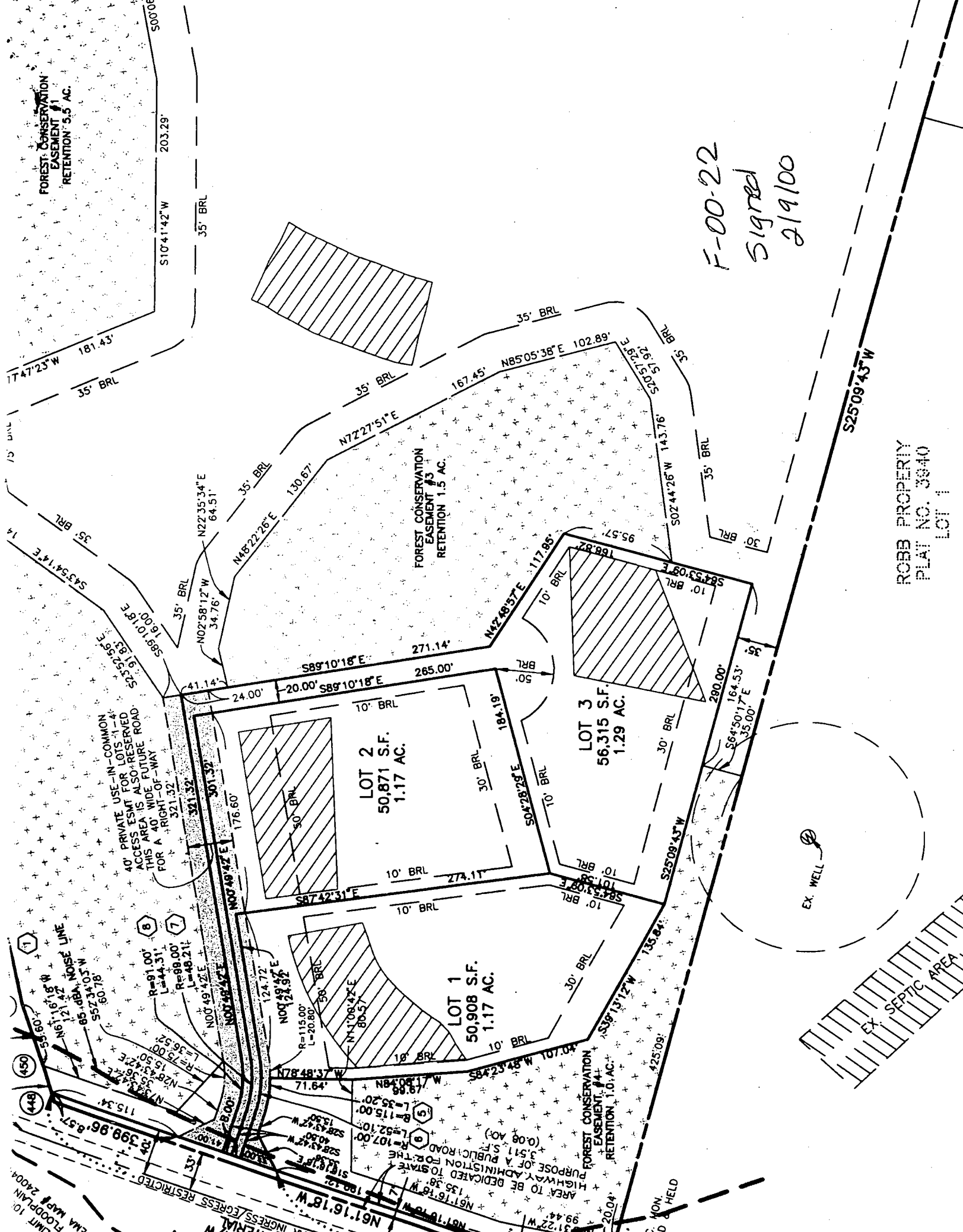
EX. SEPTIC AREA

ROBE
PLAN

MD. ROUTE 144

CgB2

144



F-00-22
Signed
2/9/00

ROBB PROPERTY
PLAT NO. 3840
LOT 1

LIMIT 10' FLOODPLAIN
FEMA MAP# 2400A
ACCESS RESTRICTED

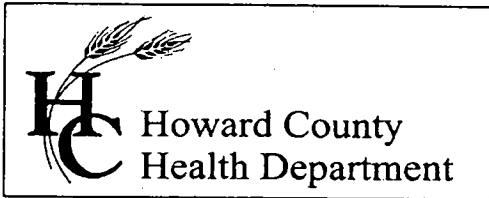
ARTERIAL R/W
VEHICULAR INGRESS/EGRESS RESTRICTED

AREA TO BE DEDICATED TO STATE HIGHWAY ADMINISTRATION FOR THE PURPOSE OF A PUBLIC ROAD (0.08 AC) 3,511 S.F.
FOREST CONSERVATION EASEMENT, #4 RETENTION 1.0 AC

40' PRIVATE USE-IN-COMMON ACCESS ESMT FOR LOTS 1, 2 & 3. THIS AREA IS ALSO RESERVED FOR A 40' WIDE FUTURE ROAD FOR A RIGHT-OF-WAY

EX. WELL

EX. SEPTIC AREA



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

January 28, 2004

D. R. Horton, Inc.
1370 Piccard Drive, Suite 230
Rockville, MD 20850

SENT VIA FACSIMILE 301-670-0584

RE: 14450 Frederick Road
Moxley Property, Lot 1
BP # B00140589
Well Permit # HO-94-3630

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 01/28/2004.**

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3630. 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: 01/16/2004
Date of Well Completion: 04/25/2003

Respectfully,

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File