

LAYOUT 2/4/03 10:30 INSP 4 Pump test 12 noon ^{9/25/03}
 INSP 2 8/7/03 12:30 INSP 5 _____
 INSP 3 8/8/03 3pm INSP 6 _____

ISSUE DATE: 7/08/03
 APPROVAL DATE: 9/25/03

P 519041
511517-B
 A 514998

**PERMIT
INDEXED**

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

NOT FOUND

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS: 3 N. Main St., Mt. Airy 21771 PHONE NUMBER: 301-829-0444

SUBDIVISION: Fox Creek LOT NUMBER: 8

ADDRESS: 12301 Fox Hollow Court PROPERTY OWNER: NVR, Inc

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: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 1 feet of stone below distribution pipe.
LOCATION:	Place distribution box as shown on plan.
NOTES:	Install 5 trenches with lengths starting at 40'/45'/45'/55' and 55' long with 9' separations on contour to maximize available replacement area. Basement service not allowable per plan as drawn.

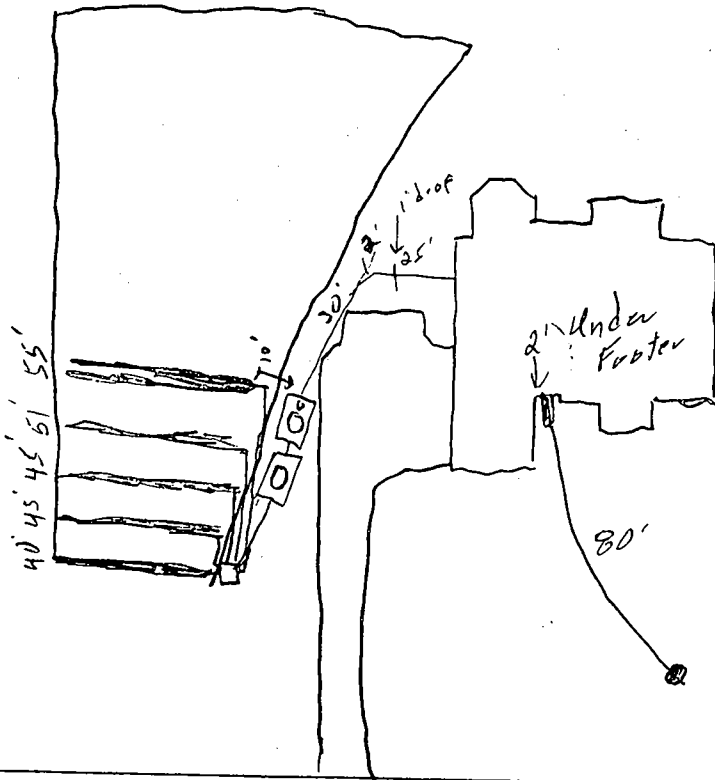
PLANS APPROVED: John Boris OK SRK 7/22/03 DATE: 12/20/2002

- 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

A511517-B

NOT TO SCALE



Fox Hollow Ct. ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		5
TOTAL LENGTH		236'
ABSORPTION AREA		700 #
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2-2.5
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3-3.5
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 7/22/03- TELEPHONE CONVERSATION W/INSTALLER JIMMY BOONE OF VAN SANT PLUMBING & HEATING, HE REPORTS INV. OF HOUSE SEWER IS BELOW THE BASEMENT FLOOR & NOT PER THE APPROVED B.P. SITE PLAN. I TOLD HIM TO ADVISE BUILDER THAT PLUMBING MUST INSTALLATION EXIT HOUSE WALL PER APPROVED PLAN SO S.TANKS WILL HAVE NO MORE THAN 3' OF COVER- (SRK)

8/4/03 - SRA staked, custom accurate install trenches per B.P. 10' CTC (SO)

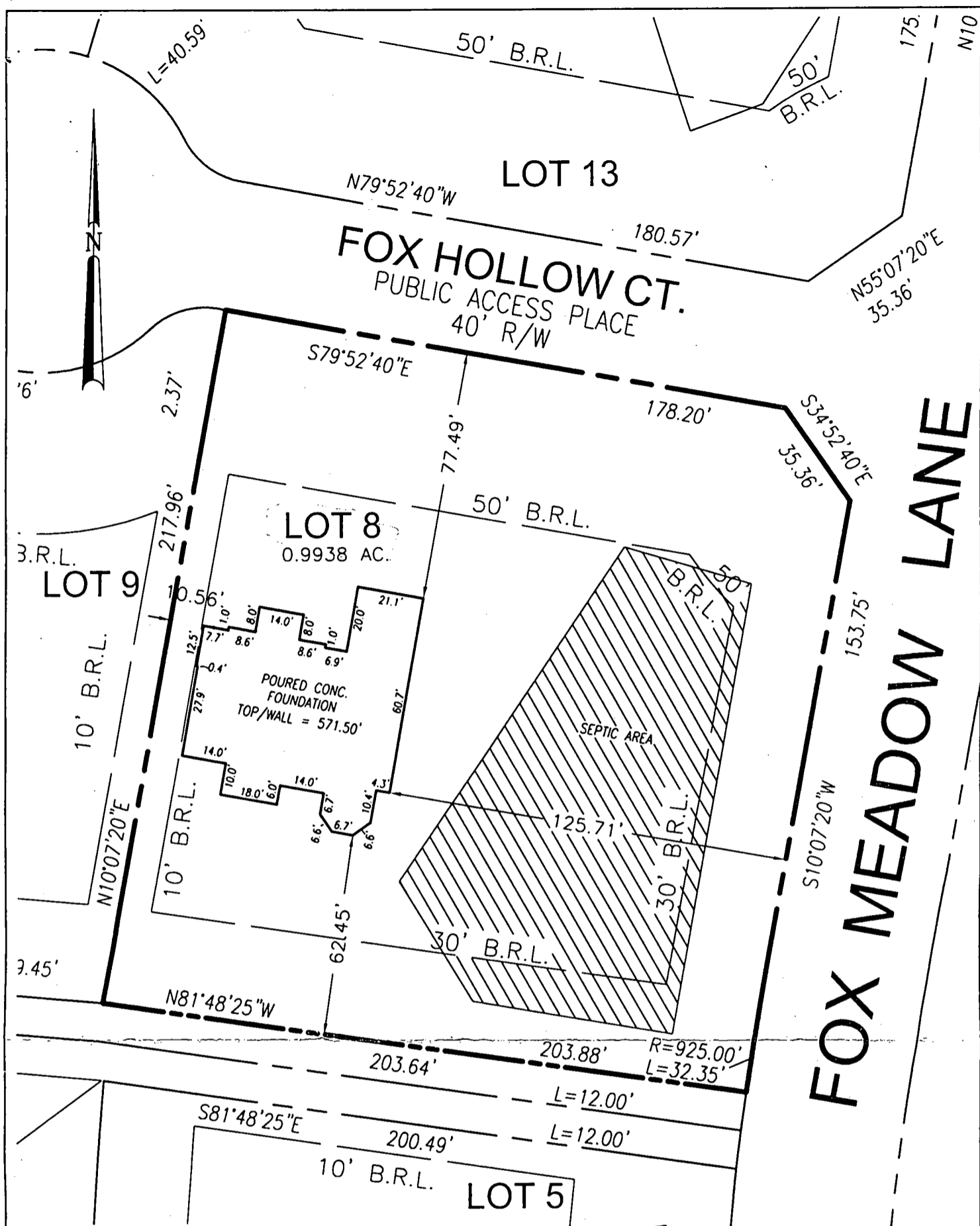
8/7/03 - Tanks set, 3 trenches installed. OK to cover work completed (SO)

8/8/03 - OK to cover all work. Pump & Alarm tests needed (SO)

9/25/03 Septic pump labeled in fuse box. Alarm needs to be id. & located on diff. breaker. Van Sant to call in fuse switch #'s for ea. one Alarm & pump are functioning. Van Sant

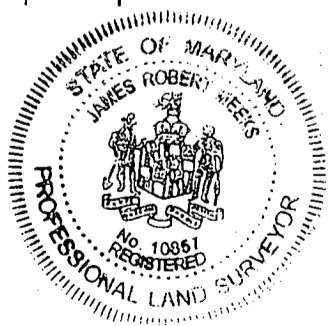
FINAL INSPECTOR Karee Noonan DATE OF APPROVAL 9/25/03

called. #16, #22 OK (KN)




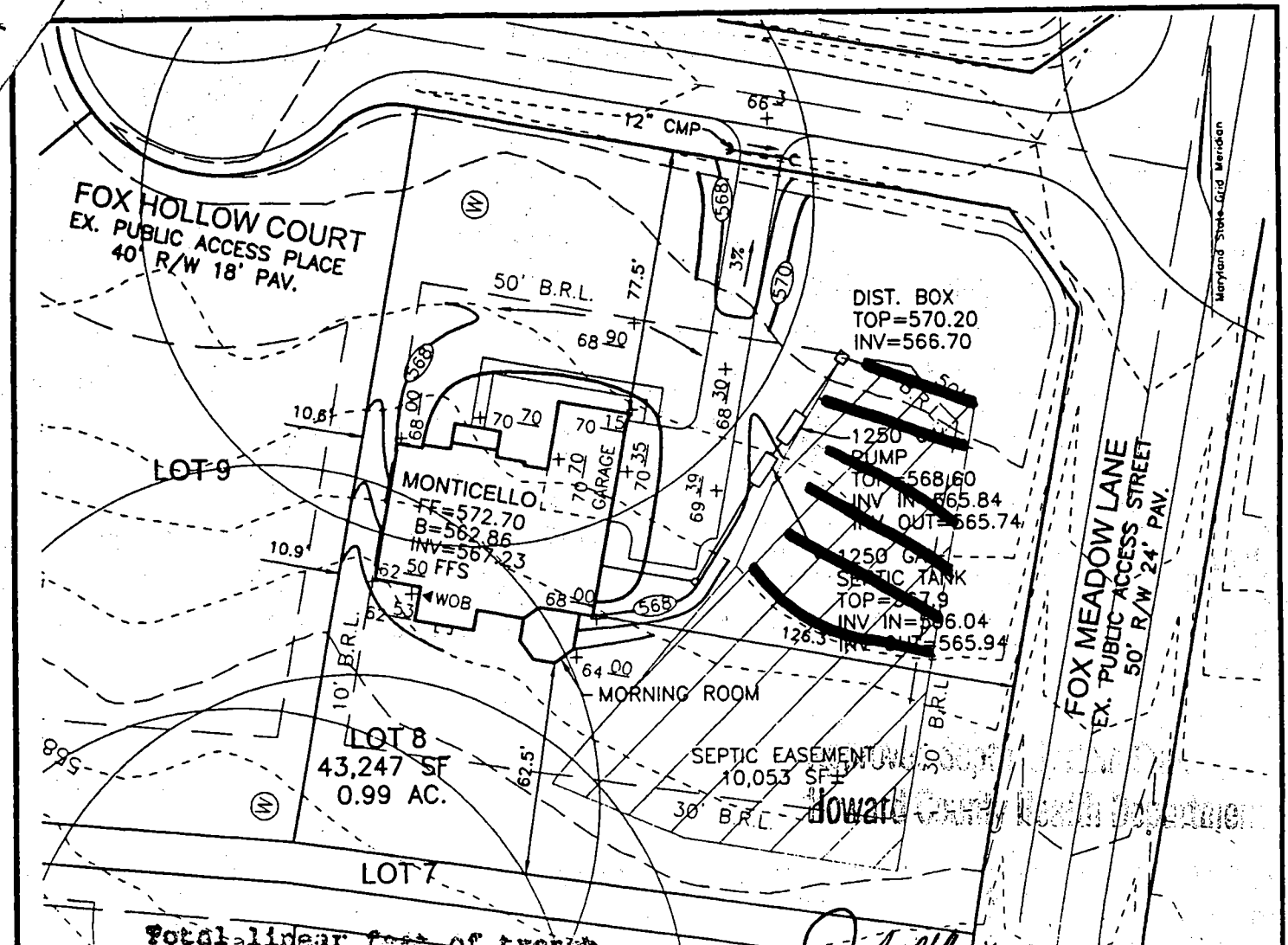
I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

7/8/03
Wall check
C.K. [Signature]



James R. Meeks
JAMES ROBERT MEEKS, PROFESSIONAL LAND SURVEYOR #10857 DATE

SCALE 1" = 40'	DATE 06/24/03	 FREDERICK WARD ASSOCIATES www.frederickward.com <small>REGIONAL OFFICES Columbia, Maryland and Warrenton, Virginia</small> ARCHITECTS ENGINEERS PLANNERS SURVEYORS	WALL CHECK LOT 8 FOX CREEK SUBDIVISION <small>HOWARD COUNTY, MARYLAND 3RD ELECTION DISTRICT</small>
DRAWN BY S.HECK	CHECKED BY JRM		
PLAT NUMBER 15647	FWA JOB NUMBER 2024059		

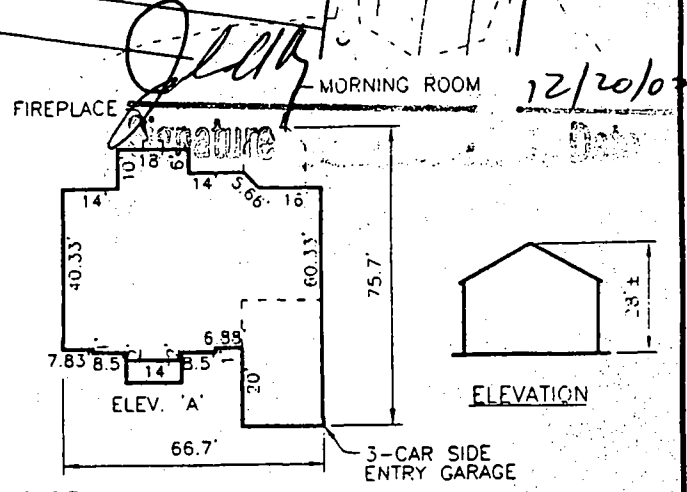


Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 1 feet



FREDERICK WARD ASSOCIATES, INC.

ENGINEERS
ARCHITECTS
SURVEYORS

7125 Riverwood Drive Columbia, Maryland 21046-2354
Phone: 410-290-9550 Fax: 410-720-6226
Bel Air, Maryland Columbia, Maryland Warrenton, Virginia

PLAN VIEW

MONTICELLO
ELEV. 'A'
1"=50'

SCALE 1"=50'
DRAWN BY CMH
CHECKED BY JCO
DATE DEC. 2002
W. O. # 2019035.00
SHEET # 1 OF 1

NVHomes
FOX CREEK SUBDIVISION
LOT 8

TAX MAP 15 BLOCKS 12 & 18
TAX MAP BLOCKS 7 & 13
3RD ELECTION DISTRICT

PARCEL '183'
HOWARD COUNTY, MARYLAND

Handwritten notes:
0.50
09-
55-
25-
54-
04

Health JAB

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00139403

Building Address 12301 Fox Hollow Ct.
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: GP-03-01

Census Tract LE0300 Subdivision Fox Creek

Section _____ Area _____ Lot 8

Tax Map 15 Parcel 183 Grid 12

Zoning RRD3 Map Coordinates 10f4 Lot size _____

Existing Use Vacant Lot

Proposed Use 3FD

Estimated Construction Cost \$ 185,000

Description of Work Monticello - 2 story full bsmt, 12R, 3FB, 1HB, FP, 3 Car Garage - 4 Bedrm - Morning Room

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name NVR Inc.

Address 2200 Defense Hwy - Ste 201

City Crofton State MD Zip Code 21114

Home Phone _____ Work Phone 410-721-4703

Applicant's Name & Mailing Address, (if other than stated hereon):
Kimberly Cecil - Permit Application Services
1547 Grays Ford Rd. Odessa MD 21116

Phone 443-994-9702 Fax _____

Contractor Company NVR Inc.

Contact Person Kimberly Cecil

Address 11460 Lewinsville Rd.

City Melexis State VA Zip Code 22116

License No. 36

Phone 443-994-9702 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>70</u> Width <u>66</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>60</u> <u>66</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>54</u> <u>66</u>	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 ON SAID PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Kimberly Cecil - Permit Application Services

Title/Company: NVR, Inc.

Print Name: NVR Inc.

Date: 11/18/02

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: _____	56818
State Highways			Rear: _____	Filing fee: \$ <u>100</u>
Building Official			Side: _____	Permit fee: \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax: \$ _____
Health	<u>12/20/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due: \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>765934</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>16464</u>
Forms PERMIT.FRM				Accepted by <u>[Signature]</u>

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: Ken Seal Plumbing Telephone #: 301-829-0444
Address: 3 N Main St
Mt. Airy, MD 20771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Larry Lassant License# 10936
*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 Adams Telephone #: 410-379-5956
Subdivision: fox creek Lot #: 8 Well Tag #: HO-94-3218
Site Address: 12301 fox creek Ct.
Ellicott City

Submersible Pump Data

Make: Goulds
Model #: 5G507422
Pump Capacity: _____ GPM
Well Yield: 2.8 GPM
Depth of well encountered at time of pump installation: 200 (feet)

Pitless Adapter

Make: Campbell
Model #: 1510
Depth: 42 (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:

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 NO

Piping to house

Type: Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 12 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 15
Approximate length of sleeve: 15
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: [Signature] date: 8.12.03

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

Date Insp. Requested: 8/7/03 Date Insp. Approved: 8/7/03 (50) SRK

- 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

G1 0679

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.

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

COUNTY NUMBER 13

ST/CC USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 4 19 01

Depth of Well 300

PERMIT NO. FROM PERMIT TO DRILL WELL 10-91-3218

OWNER last name first name STREET OR RFD SUBDIVISION SECTION TOWN LOT

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 FROM TO check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED. TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft. CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 6 39 OTHER CASING (if used) diameter depth (feet) from to

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 144 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

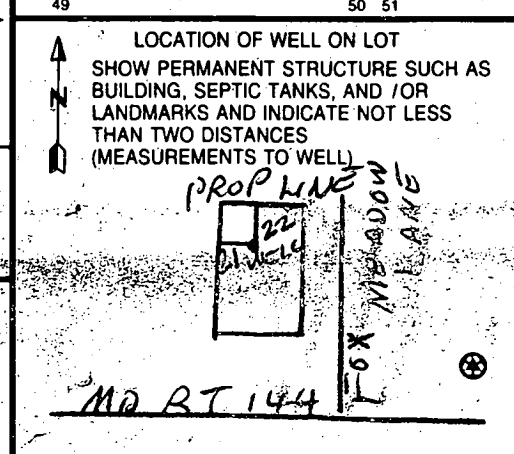
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) HO 318 300 SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

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 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 below LAND SURFACE (nearest foot) 50 51

DRILLERS LIC. NO. 1 MWD 139 Robert Clome DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 536 Robert Clome Jr. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q. TELESCOPE CASING LOG INDICATOR OTHER DATA



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3218
 Location of property (road) FOX HOLLOW CT
 Subdivision FOX CREEK Lot 8 Block Plat Sec.
 Well Driller CED Owner IKO

Depth of well 300
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 39

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12
 Total time 30 MIN to reach pumping water level 144 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	39	25 SECONDS		12
8:45	98	25 "		12
9:00	144	1 MIN 44 SEC.		2.8
9:15	144	1 MIN 44 "		2.8
9:30	144	1 MIN 44 "		2.8
9:45	144	1 MIN 44 "		2.8
10:00	144	1 MIN 44 "		2.8
10:15	144	1 MIN 44 "		2.8
10:30	144	1 MIN 44 "		2.8
10:45	144	1 MIN 44 "		2.8
11:00	144	1 MIN 44 "		2.8
11:15	144	1 MIN 44 "		2.8
11:30	144	1 MIN 44 "		2.8
11:45	144	1 MIN 44 "		2.8
12:00	144	1 MIN 44 "		2.8
12:15	144	1 MIN 44 "		2.8
12:30	144	1 MIN 44 "		2.8
12:45	144	1 MIN 44 "		2.8
1:00	144	1 MIN 44 "		2.8
1:15	144	1 MIN 44 "		2.8
1:30	144	1 MIN 44 "		2.8
1:45	144	1 MIN 44 "		2.8
2:00	144	1 MIN 44 "		2.8
2:15	144	1 MIN 44 "		2.8
HD-224230	144	1 MIN 44 "		2.8
245	144	1 MIN 44 "		2.8
3:00	144	1 MIN 44 "		2.8

8:30 hr yield Test

(16)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3218
 Location of property (road) Fox Hollow Ct
 Subdivision FOX CREEK Lot 8 Block _____ Plat _____ Sec. _____
 Well Driller (S) Owner KO

Depth of well 300
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 39

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12
 Total time 30 min to reach pumping water level 144 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	39'	25 sec		12
8:45	98'	25 "		12
9:00	144'	1 min 44 sec		
9:15	↓	↓		
9:30				2.8
9:45				2.8
10:00				2.8
10:15				2.8
* 10:30	↓	100 sec 1 min 40 sec		2.8
10:45				
11:00				
11:15				
11:30				
11:45				
12:00				
12:15				
12:30				
12:45				
1:00				
1:15				
1:30	144'	1 min 44 sec		2.8
* 1:45	144'	1 min 44 sec		2.8

60 sec = 104 x 5

B 1	0657	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3218
		12514998 please print or type		
		fill in this form completely		

OWNER INFORMATION

Date Received (APA) 03/21/01

Iko-Tennant Dev.
15 Last Name Owner First Name 34

3403 Olandwood Ct., Suite 101
36 Street or RFD 55

Olney, MD 20832
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Fox Creek
23 SUBDIVISION 42

SECTION LOT 8
44 46 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I J
73 76 77 78

DRILLER INFORMATION

Robert L. Cline M W D 139
Driller's Name 76 License No. 81

Cline & Duvall, Inc.
Firm Name

8093 Hillmark Ct., Frederick, MD 21704
Address

Robert L. Cline 3/15/01
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Fox Hollow Ct.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37
DISTANCE FROM ROAD 38 39
ENTER FT OR MI

TAX MAP: 15 BLK: PARCEL 183

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 300
(GAL. PER DAY) 14 20

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 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 03/22/01 03/21/02
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 535000 EAST GRID 0817000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 530

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic. Rotary)

37 CABLE REVerse-ROTary Drive-POINT

other _____

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

39 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 52

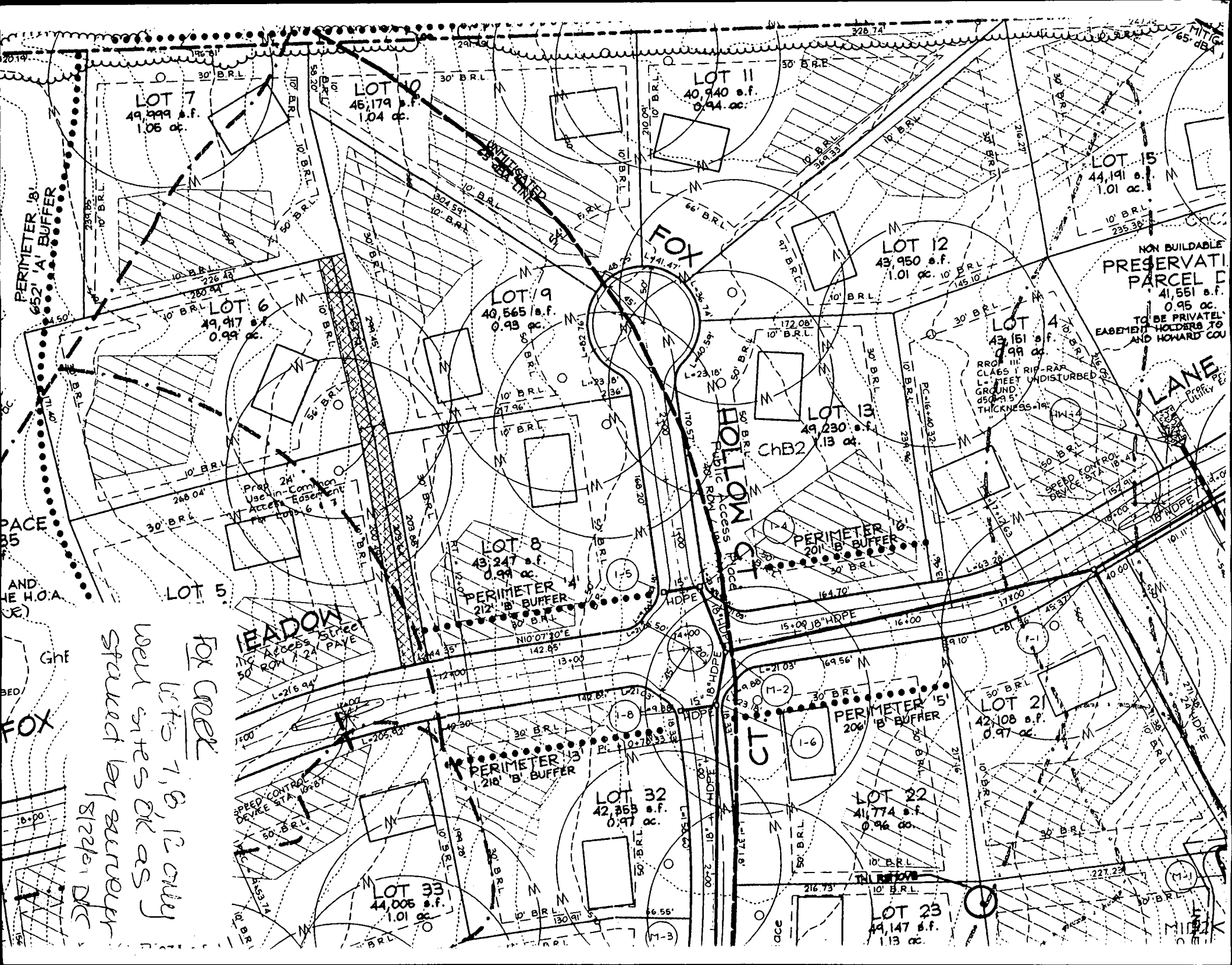
Not to be filled in by driller. (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 20010001

PERMIT No. HO-94-3218
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED.



LOT 7
49,999 s.f.
1.06 ac.

LOT 10
46,179 s.f.
1.04 ac.

LOT 11
40,940 s.f.
0.94 ac.

LOT 15
44,191 s.f.
1.01 ac.

LOT 12
43,950 s.f.
1.01 ac.

LOT 6
49,917 s.f.
0.99 ac.

LOT 9
40,565 s.f.
0.93 ac.

LOT 4
43,151 s.f.
0.99 ac.

LOT 13
49,230 s.f.
1.13 ac.

LOT 8
43,247 s.f.
0.99 ac.

LOT 5

LOT 21
42,108 s.f.
0.97 ac.

LOT 32
42,953 s.f.
0.97 ac.

LOT 22
41,774 s.f.
0.96 ac.

LOT 33
44,005 s.f.
1.01 ac.

LOT 23
44,147 s.f.
1.13 ac.

NON BUILDABLE
PRESERVATION
PARCEL
41,551 s.f.
0.95 ac.
TO BE PRIVATELY
EASEMENT HOLDERS TO
AND HOWARD COU

PERIMETER 18'
652' A' BUFFER

PERIMETER 6'
20' B' BUFFER

PERIMETER 4'
212' B' BUFFER

PERIMETER 13'
218' B' BUFFER

PERIMETER 5'
206' B' BUFFER

LEADON
Street
Access
Pave

HOLLOWAY
Street
Access
Paved

LANE
Prop. Utility

PAGE 85
AND THE H.O.A. (E)

FOX COVE
LOTS 7, 8, 12 ONLY
WELL SITES OK AS
STATED BY SURVEY
8/22/01 DIC

RROR III
CLASS III RIP-RAP
L- MEET UNDISTURBED
GROUND
50'± 5'
THICKNESS 14"

SPEED CONTROL
DEVICE STA 10287

MIDK

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Fox Creek

A 511517-B

STREET NAME: _____

LOT NUMBER: 98

AVERAGE PERCOLATION RATE: 3

SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 4

LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: 240

SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 1 feet of stone below distribution pipe.

===== PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: 1250 gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

===== LOCATION: Place distribution box as shown on plan

ADDITIONAL NOTES: Install 5 trenches with lengths starting at 40'/45'/45'/55'/and 55' long with 9' separations on contour to maximize available replacement area
Basement service not allowable per plan as drawn.

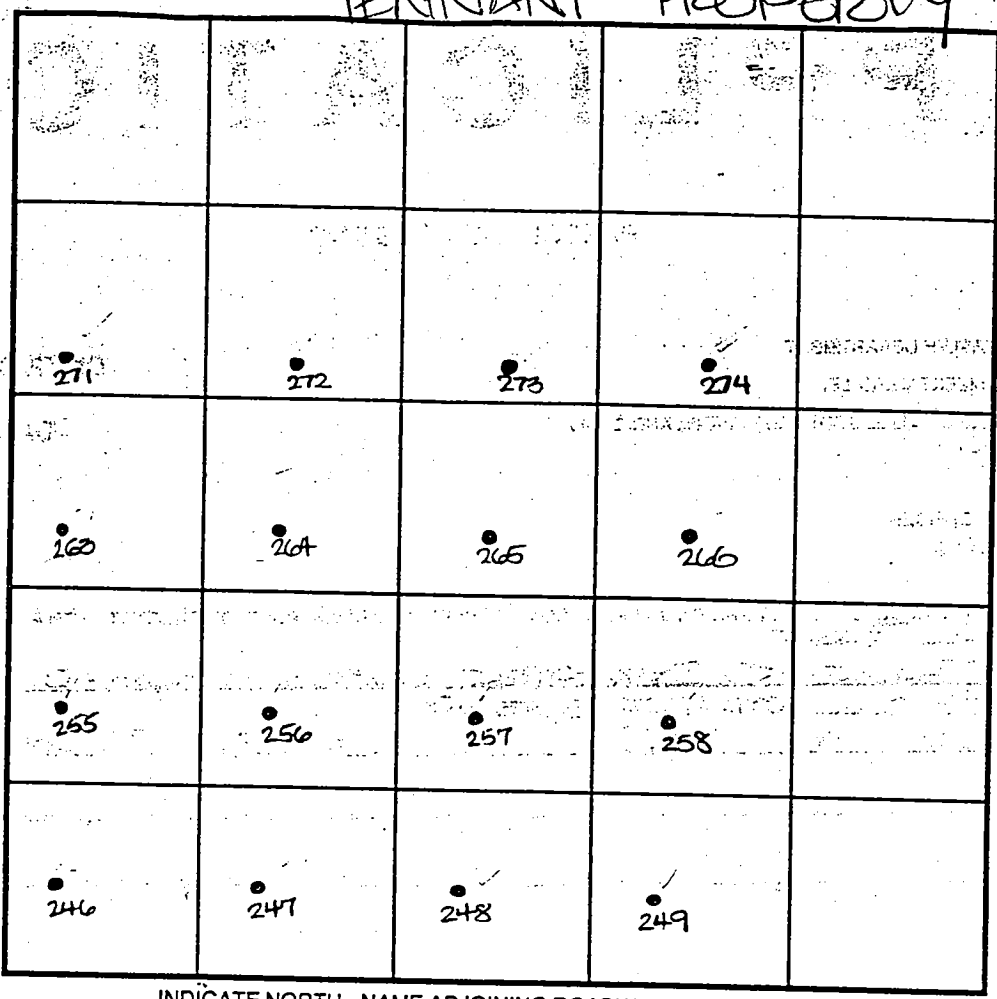
Reviewer: J. Gold

Date: 12/20/02

TENANT PROPERTY

COUNTY # _____

SOIL PROFILE



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

See Attached

REMARKS _____

TYPE OF SOIL _____

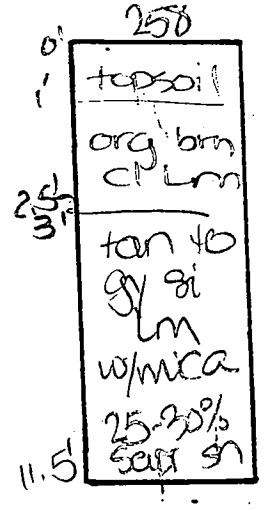
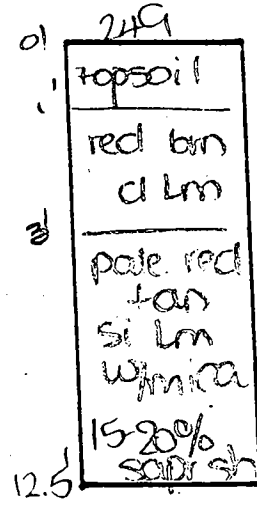
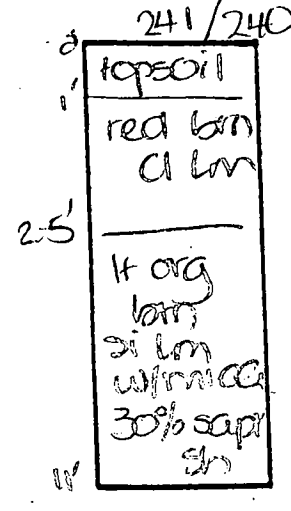
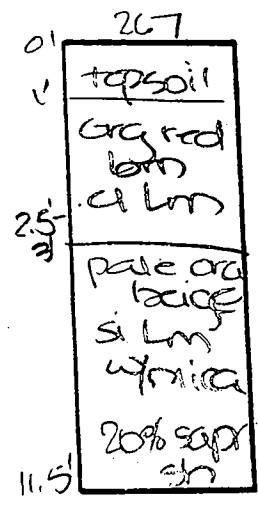
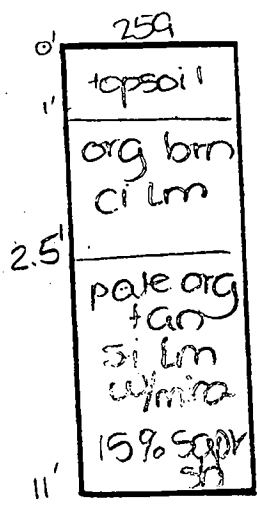
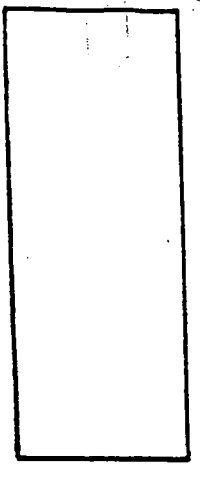
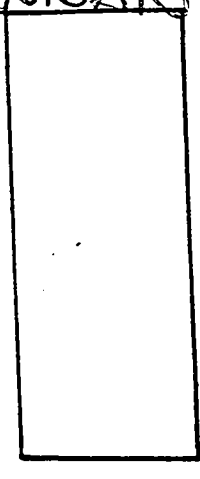
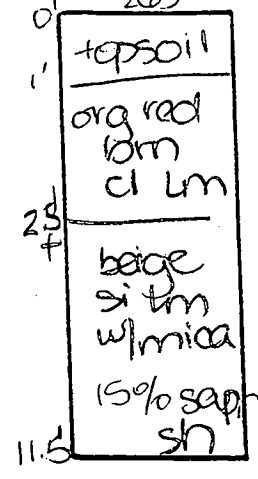
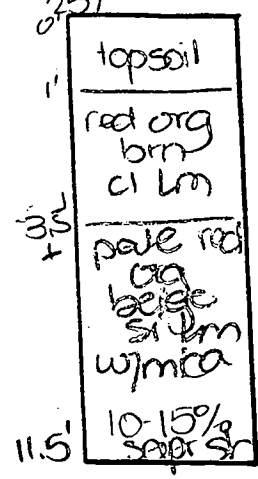
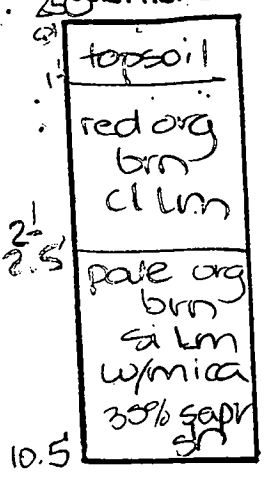
TESTED BY D. Sae ALSO PRESENT C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

SOIL PROFILE

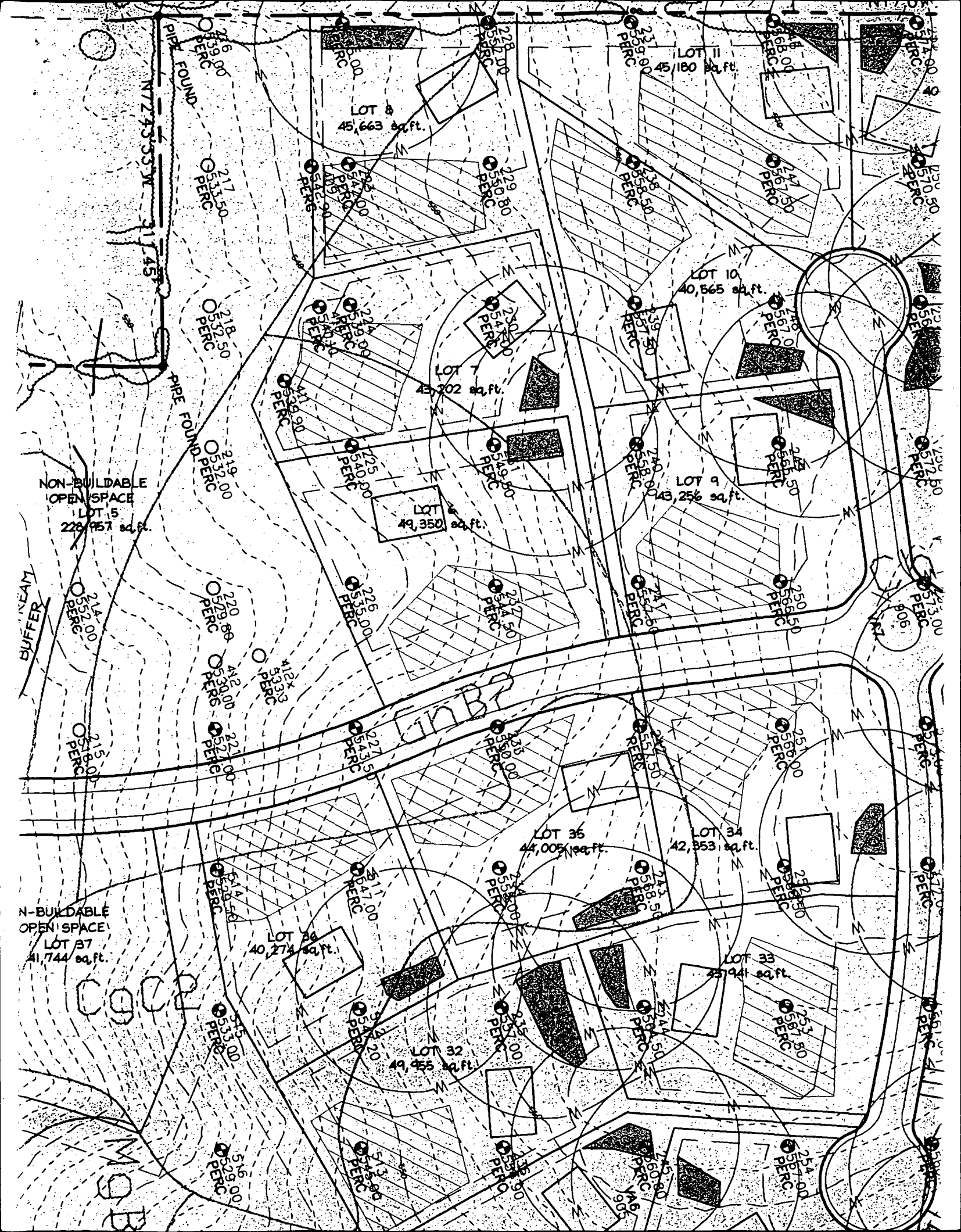
TENNANT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-2-99	250	2.5' S	12:44	12:44 ₃	12:44 ₃	12:46	2
		10.5' D	Visual	-see	profile		OK
	259	3.0' S	12:47	12:50 ₃	12:50 ₃	12:55	5
		11.0' D	Visual	-see	profile		OK
	267	11.5' D	Visual	-see	profile		OK
	241	11.0' D	Visual	-see	profile		OK
	240	2.5' S	12:58 ₃	12:59	12:59	1:02	3
		12.0' D	Visual	-see	profile		OK
	249	12.5' D	Visual	-see	profile		OK
	257	3.5' S	1:05 ₃	1:20	1:20	1:30	16
		11.5' D	Visual	-see	profile		OK
	265	11.5' D	Visual	-see	profile		OK
	258	11.5' D	Visual	-see	profile		OK

TESTED BY D. Sbe

ALSO PRESENT C. Zapp



PLAN OF
 LOTS PROPERTY
 TR. 15 P. 15
 PLAN NO. 7867-7869
 ZONED RR-BEO

F-01-163

L PROPERTY
 (MENTED)
 OF

1/30/02
 DATE
 27

2/13/02
 DATE

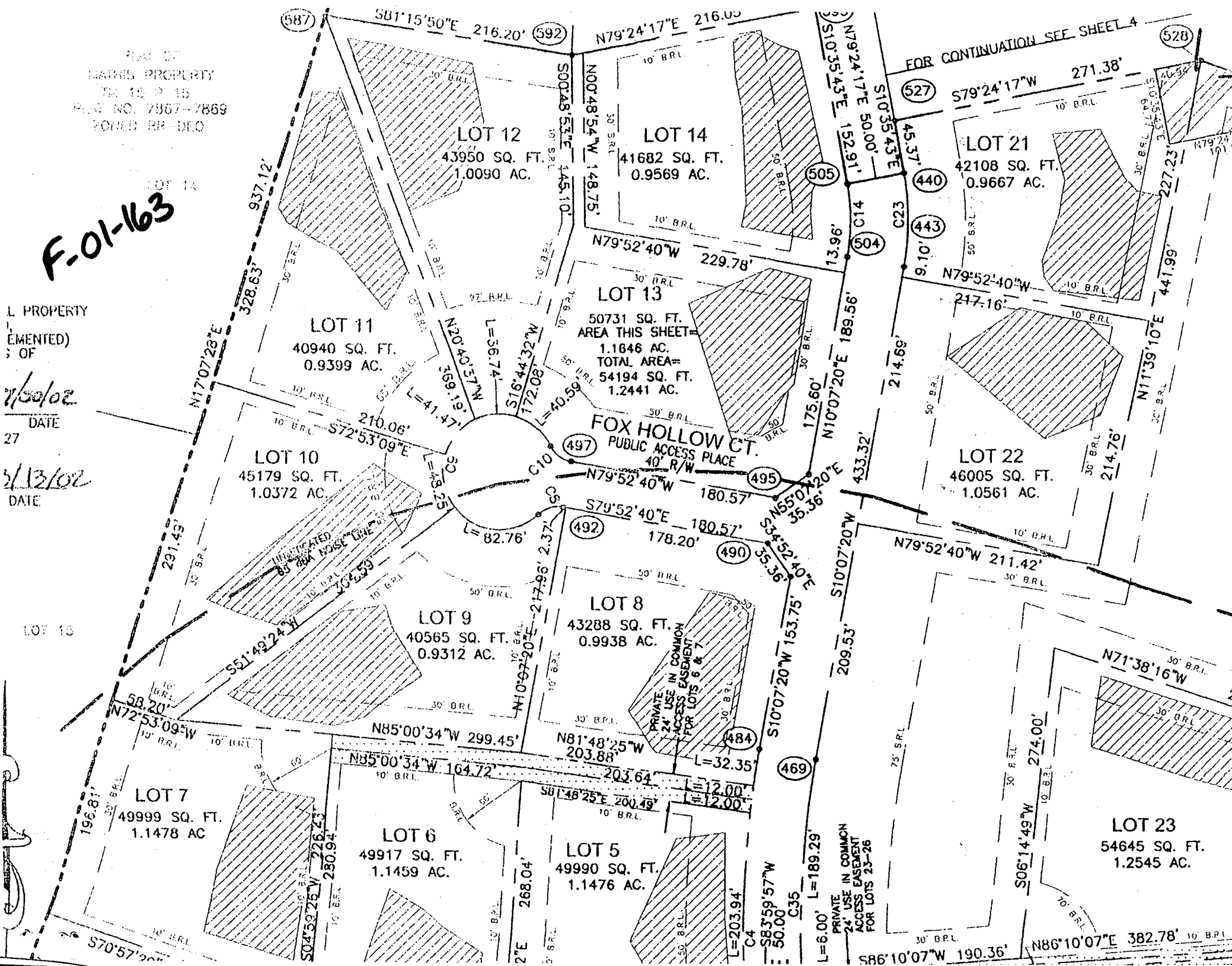
LOT 13

LOT 14

LOT 7

LOT 6

LOT 5



FOR CONTINUATION SEE SHEET 4

INDICATED
 85' DIA. NOISE LINE

PRIVATE
 24' USE IN COMMON
 ACCESS EASEMENT
 FOR LOTS 6 & 7

PRIVATE
 24' USE IN COMMON
 ACCESS EASEMENT
 FOR LOTS 23-26

FOX HOLLOW CT.
 PUBLIC ACCESS PLACE
 40' R/W

LOT 5: 49990 SQ. FT. 1.1476 AC.
 LOT 6: 49917 SQ. FT. 1.1459 AC.
 LOT 7: 49999 SQ. FT. 1.1478 AC.
 LOT 8: 43288 SQ. FT. 0.9938 AC.
 LOT 9: 40565 SQ. FT. 0.9312 AC.
 LOT 10: 45179 SQ. FT. 1.0372 AC.
 LOT 11: 40940 SQ. FT. 0.9399 AC.
 LOT 12: 43950 SQ. FT. 1.0090 AC.
 LOT 13: 50731 SQ. FT. AREA THIS SHEET 1.1846 AC. TOTAL AREA= 54194 SQ. FT. 1.2441 AC.
 LOT 14: 41682 SQ. FT. 0.9569 AC.
 LOT 21: 42108 SQ. FT. 0.9667 AC.
 LOT 22: 46005 SQ. FT. 1.0561 AC.
 LOT 23: 54645 SQ. FT. 1.2545 AC.