

LAYOUT 12/15/03-819 INSP 4 _____
 INSP 2 12/23/03 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/11/2003 **PERMIT** P 519696
 APPROVAL DATE: 12/23/03 **INDEXED** A 511517-H

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

03-339424

VanSant Plumbing & Heating IS PERMITTED TO INSTALL ALTER
 ADDRESS: 3 N. Main Street, Mt Airy PHONE NUMBER: 1-800-682-6726
 SUBDIVISION: Fox Creek LOT NUMBER: 16
 ADDRESS: 12426 Barnard Way 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

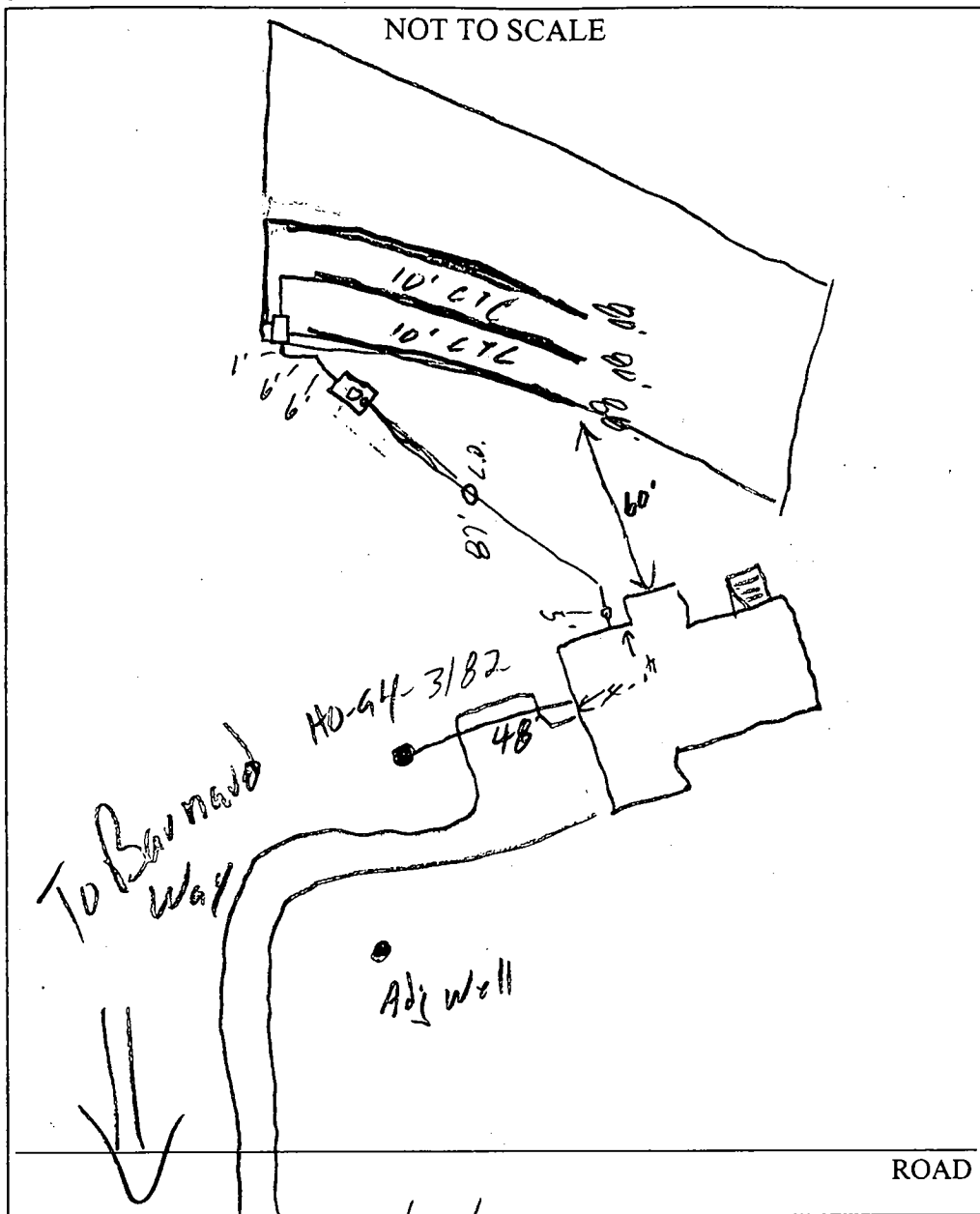
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	Install 3-80' long trenches on contour with 9' edge to edge separation.

PLANS APPROVED: John A. Boris DATE: 9/10/03

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**

A511517-H



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		246'
ABSORPTION AREA		2204
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

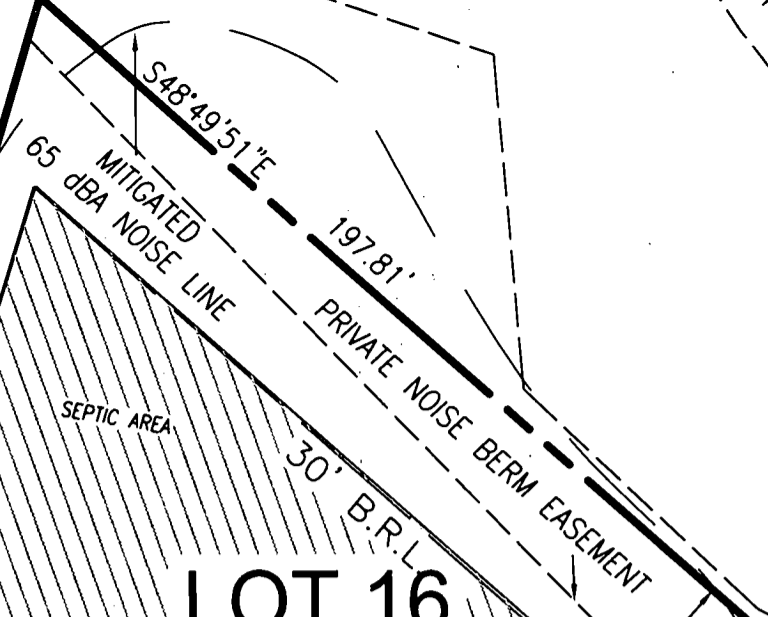
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>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

PRE-CONSTRUCTION 12/15/03 - SRA stake, contour appears accurate,
install (3) 80' trenches w/ S.T. & D.B. per B.P. (SO)

INSTALLATION 12/23/03 - OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 12/23/03

TM 15 PARCEL 63
 LE BEITER AND ELIZABETH BEITER
 L 2323 F 290
 ZONED RR-DEO



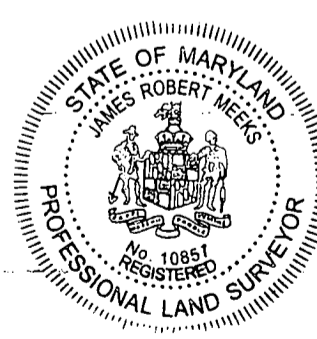
LOT 16
 1.0858 AC.

POURED CONC. FOUNDATION
 TOP/WALL = 572.48'
 PROPOSED F.F. = 573.61'

FIELD LOCATED WELL
 HO 94-3182

10/29/03-
 Wall Check
 OK (SRK)

LOT 17
 0.9560 AC.



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.

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

10/07/03

BARNARD WAY
 PUBLIC ROAD - 50' R/W

SCALE 1" = 40'	DATE 10/06/03
DRAWN BY S.HECK	CHECKED BY JRM
PLAT NUMBER 15648	FWA JOB NUMBER 2024059

FWA
FREDERICK WARD ASSOCIATES
www.frederickward.com
 REGIONAL OFFICES
 Columbia, Maryland and Warrenton, Virginia
 ARCHITECTS | ENGINEERS | PLANNERS | SURVEYORS

WALL CHECK
LOT 16
FOX CREEK SUBDIVISION
 HOWARD COUNTY, MARYLAND 3RD ELECTION DISTRICT

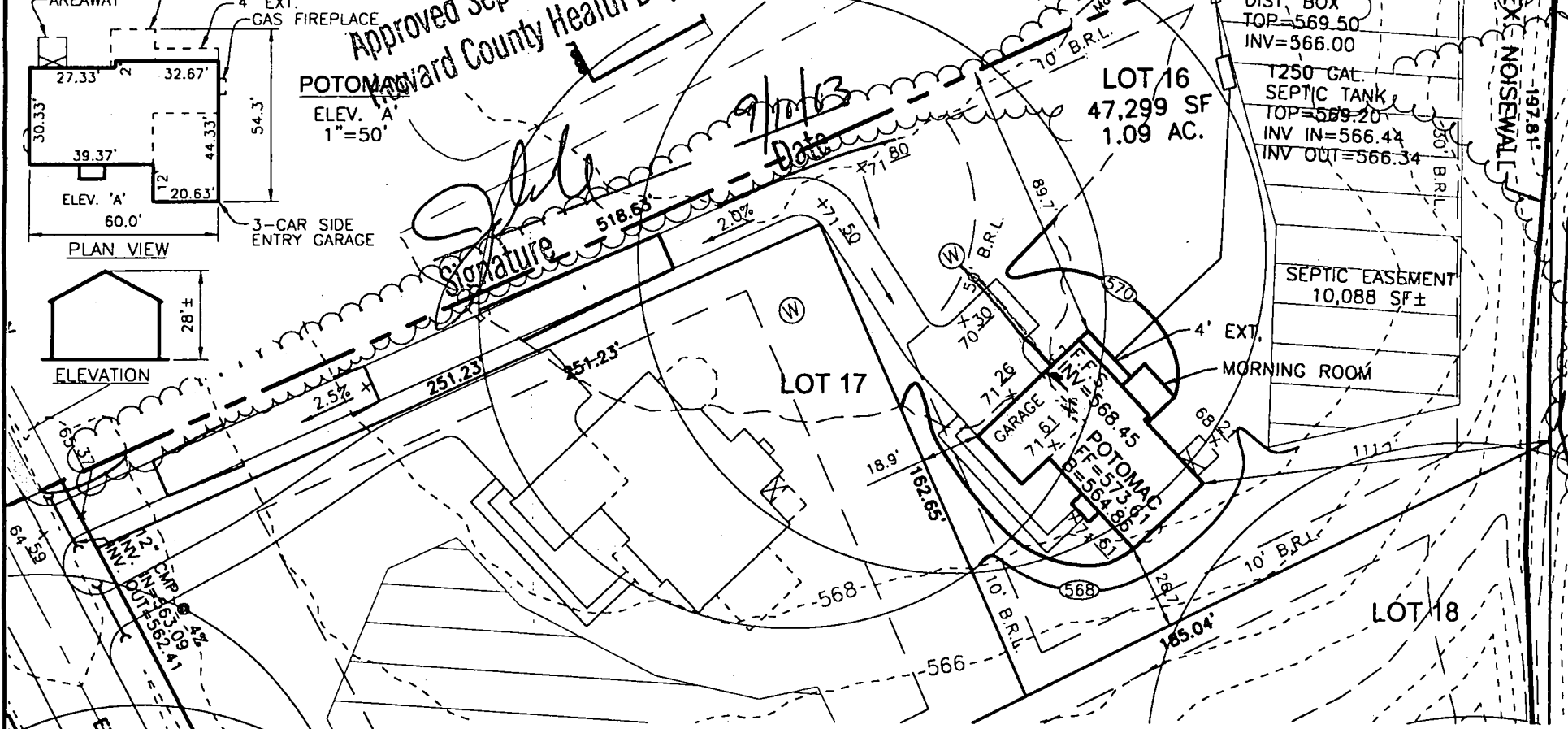
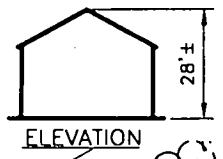
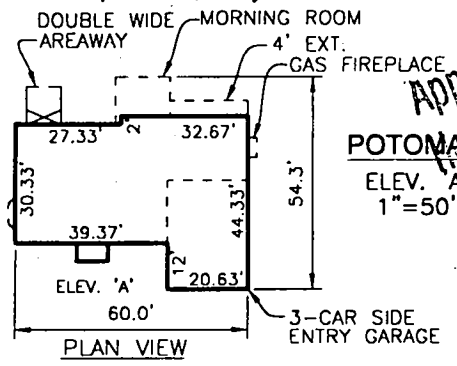


FREDERICK WARD ASSOCIATES, INC.

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

NOTE
 THE EXISTING WELL SHOWN ON THIS PLAN (HO-94-3182) HAS BEEN FIELD LOCATED BY FREDERICK WARD ASSOCIATES, INC., PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

Approved Septic System Plan
Howard County Health Department



SCALE	1"=50'
DRAWN BY	CMH
CHECKED BY	JCO
DATE	JUNE 2003
W. O. #	2024059.0
SHEET #	1 OF 1

NVHomes FOX CREEK SUBDIVISION LOT 16

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

PARCEL '183'
 HOWARD COUNTY, MARYLAND

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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 3 W. Main St. Mt. Airy, MD 21071

(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 VAN SANT License# 16936

*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: RV Homes Telephone #: 410-329-5956
Subdivision: Fox Creek Lot #: 16 Well Tag #: HO-94-3182
Site Address: 12416 Beacon Way, Suiton Way, MD 21043

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Dumppell Two piece watertight cap:
Model #: 11555422 Model#: 3100 Screened, vented well cap:
Pump Capacity _____ GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 25 (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: Polyethylene PVC sleeved to undisturbed soil at wall penetration: 15
PSI: 200 (160 psi min) Approximate length of sleeve: 15
Depth of supply line: 36 (36" min) 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: 12.17.03

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

Date Insp. Requested: 12-4-03 4pm Date Insp. Approved: 12/4/03 [Signature]
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 0643 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 10/11/01 ok (B)

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED 8 22 01

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3182

OWNER 140 STREET OR RFD BARNARD WAY TOWN West Friendship SUBDIVISION Fox Creek SECTION LOT 10

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 BROWN SHALE 49 BLUE MICA 49 125 CASING SLOTTED FROM 45'-61 GRAVEL PACKED FROM 34'-65 TO ALLOW WATER IN WELL GROUDED TO 34' WATER AT 61'

GROUTING RECORD yes no WELL HAS BEEN GROUDED (Circle Appropriate Box) (Y) (N) TYPE OF GROUING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 740 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

CASING RECORD casing types insert appropriate code below (ST) (C/O) (PL) (O/T) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 65

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (O/T) STEEL BRASS OPEN HOLE PLASTIC OTHER

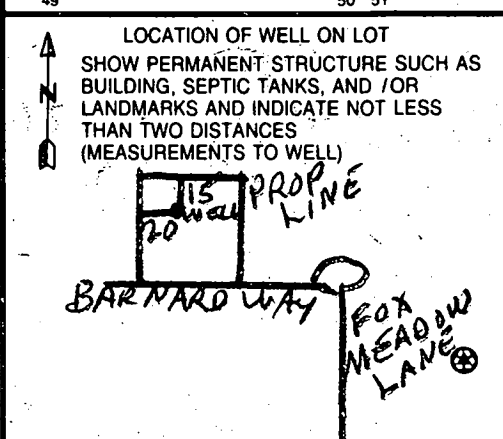
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.25 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 84 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. 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 1 (nearest foot)



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

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. 1 MWD 139 Robert Cline DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 536 Robert Cline Jr.

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3182
 Location of property (road) Barnard way
 Subdivision fox Creek Lot 16 Block 1 Plat _____ Sec. _____
 Well Driller C.D. Owner KO

Depth of well 125
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 29

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15
 Total time 20 MIN to reach pumping water level 84 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	29	20 SECONDS		15
8:45	83	20 "		15
8:50	84	48 "		6.25
9:05	84	48 "		6.25
9:20	84	48 "		6.25
9:35	84	48 "		6.25
9:50	84	48 "		6.25
10:05	84	48 "		6.25
10:20	84	48 "		6.25
10:35	84	48 "		6.25
10:50	84	48 "		6.25
11:05	84	48 "		6.25
11:20	84	48 "		6.25
11:35	84	48 "		6.25
11:50	84	48 "		6.25

B 1	0653	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3182
1 2 3 6			W514998 please print or type	70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) 03-21-01
8 MM DD YY 13

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 16
44 46 48 50

West Friendship
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Robert L. Cline M W D 130
76 Driller's Name License No. 81

Cline & Duvall, Inc.
Firm Name

8093 Hillmark Ct., Frederick, MD 21704
Address

Robert L. Cline 3/15/01
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Barnard Way
11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 255 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 15 BLK: PARCEL: 183

WELL INFORMATION

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 03/10/01
43 MM DD YY 48

CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 535 000 EAST GRID 0817 000
50 55 57 63

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 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 5 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-PERussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER HO2001G001

PERMIT No. HO-94-3182
70 71 72 73 74 75 76 77 78 79

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

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY #

SOIL PROFILE

427

topsoil

org brn
cl lm

tan
sa lm

25%+
sapr
sh

428

like
427

w/35%+
sapr
sh

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	
4-25-00	427	3.0' S	10:40	10:43	10:43	10:47	4
		13.5' D	Visual				OK
	428	3.0' S	10:43	10:44	10:44	10:45 ₃	2
		12'8" D	Visual				OK

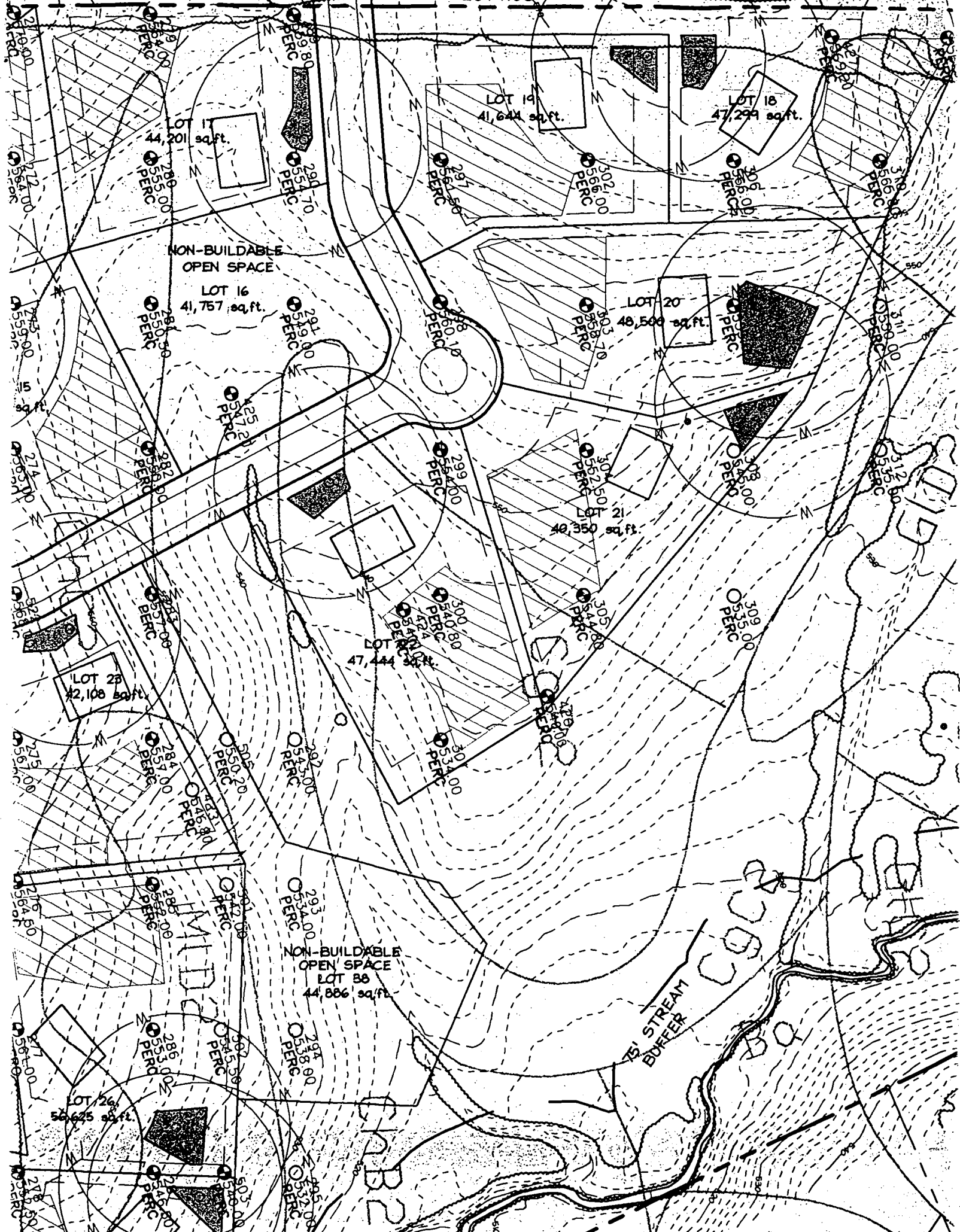
REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



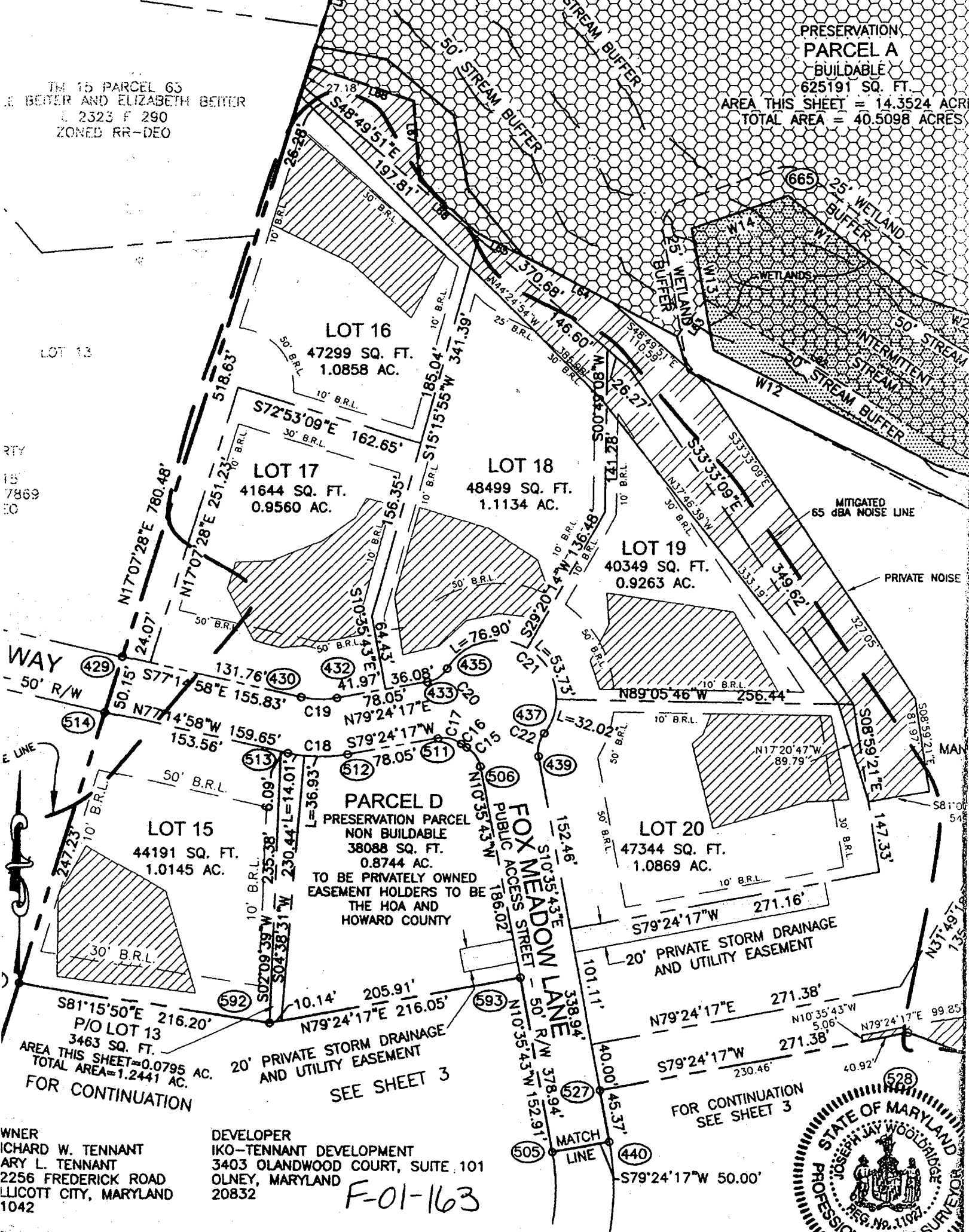
AREA = 7.46 ACRES

PRESERVATION
PARCEL A
BUILDABLE

625191 SQ. FT.

AREA THIS SHEET = 14.3524 ACRES
TOTAL AREA = 40.5098 ACRES

TM 15 PARCEL 63
E. BEITER AND ELIZABETH BEITER
L 2323 F 290
ZONED RR-DEO



RTV
15
7869
10

WAY 429

E LINE

WNER
RICHARD W. TENNANT
MARY L. TENNANT
2256 FREDERICK ROAD
LLICOTT CITY, MARYLAND
1042

DEVELOPER
IKO-TENNANT DEVELOPMENT
3403 OLANWOOD COURT, SUITE 101
OLNEY, MARYLAND
20832

F-01-163

FOR CONTINUATION
SEE SHEET 3

