

LAYOUT 6/3/03 2PM INSP 4 6/26/03 9830
 INSP 2 6/10/03 11 AM INSP 5 _____
 INSP 3 6/25/03 1:00 INSP 6 _____

ISSUE DATE: 5/6/2003

P 517959

APPROVAL DATE: 6/26/03

A 511517-K

PERMIT
INDEXED

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

03-339408

VanSant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS: 3 N Main Street, Mt Airy PHONE NUMBER: 800-682-6726

SUBDIVISION: FOX CREEK LOT NUMBER: 19

ADDRESS: 12354 FOX MEADOW LANE 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: 180

TRENCHES:	Trench to be 2.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Show distribution box as show on plan.
NOTES:	Install 3-60 foot long trenches as shown on plan. Maintain 9 foot edge-to-edge separation.

PLANS APPROVED: John Boris OK SRK 5/6/03 DATE: 2/12/2003

- 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

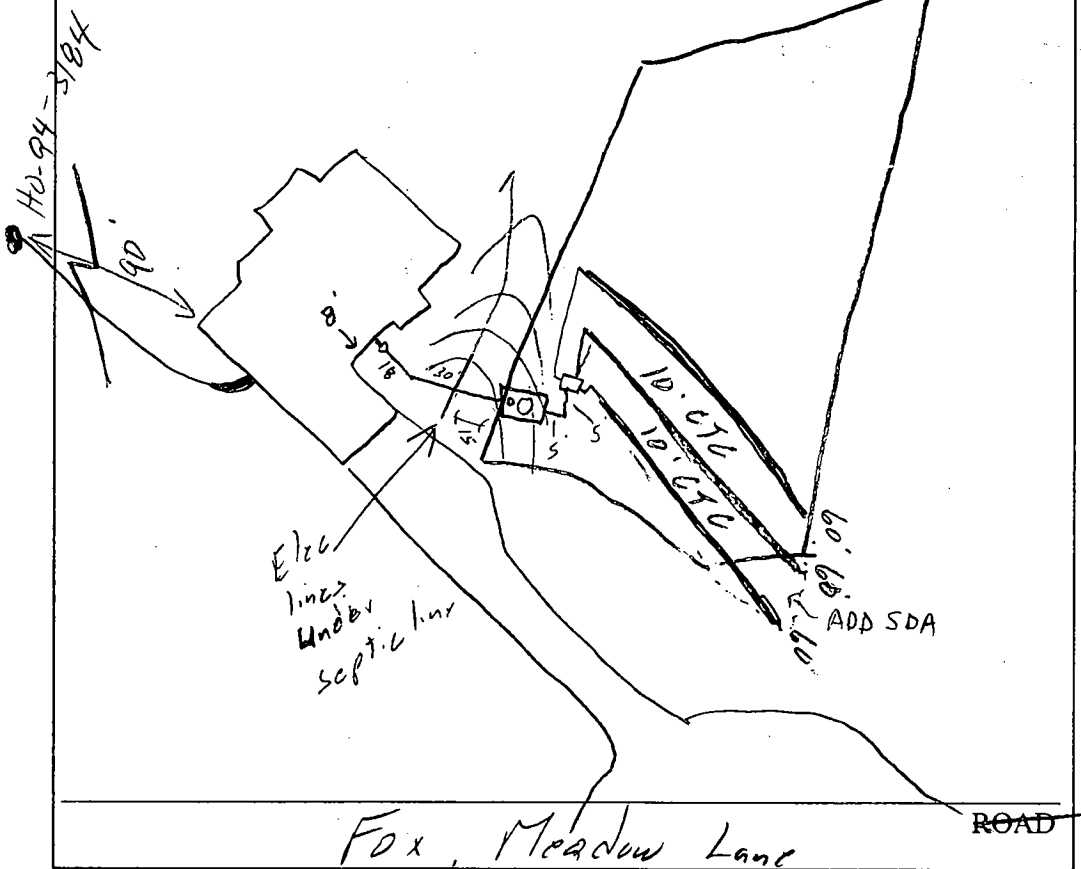
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A511517-K

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	2.5-3'	6.5-7'
NUMBER OF TRENCHES		3
TOTAL LENGTH		180'
ABSORPTION AREA		720 sq
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	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input 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	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>



Fox Meadow Lane ROAD

PRE-CONSTRUCTION 6/2/03-SRA staked, big swale has been cut along SRA line closest to the house. No work to start (S)

INSTALLATION 6/11/03-MET W/BUILDER & SEPTIC CONTRACTOR REGARDING SWALE & GRADING ISSUES, INSTRUCTED BUILDER TO EDUCATE EXCAVATOR ABOUT GRADING ISSUES & NOT TO LET THIS ISSUE OCCUR AGAIN, WENT OVER REVISED LAYOUT W/ CONTRACTOR (SRK/FAI)

(S) 6/18/03 Contr. asked if first trench could be 6" deeper. OK (S)

6/25/03 Tank set, 1 1/2 trenches installed. OK to cover work completed so far. 1st trench 3' 7" (S) 6/26/03 OK to cover all work (S)

FINAL INSPECTOR Steve [Signature] DATE OF APPROVAL 6/26/03

- Health - G00008250

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 B00140188 JAB
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Building Address <u>12354 Fox Meadow Lane</u> <u>Ellicott City, MD 21042</u>	Property Owner's Name <u>NVR Inc.</u> Address <u>2200 Defense Hwy Ste 301</u> City <u>Crofton</u> State <u>MD</u> Zip Code <u>21114</u> Home Phone _____ Work Phone <u>410-721-4703</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>10030W</u> Subdivision <u>Fox Creek</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>19</u> Tax Map <u>15</u> Parcel <u>183</u> Grid <u>12</u>	Applicant's Name & Mailing Address (if other than stated hereon): <u>Kimberly Cecil - Agent Permit App Services</u> <u>1517 Brays Ford Rd</u> <u>Odenton, MD 21113</u> Fax <u>443-994-9702</u>
Zoning <u>RDDU</u> Map Coordinates <u>10F4</u> Lot size _____	Contractor Company <u>NVR Inc.</u> Contact Person <u>Kimberly Cecil</u> Address <u>11460 Lewinsville Rd - Ste 20</u> City <u>McLean</u> State <u>VA</u> Zip Code <u>22102</u> License No. <u>56</u> Phone _____ Fax _____

Existing Use <u>Vacant Lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>170,000</u> Description of Work <u>"Knightsbridge" 2 story -</u> <u>full bsmt - 12R - 3FB - 1MB - 1P</u> <u>& Garage - (4 BR)</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ 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 DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>59</u> <u>62</u> 2nd floor: <u>38</u> <u>62</u> Basement: <u>51</u> <u>62</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> 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	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THEREOF, (4) THAT HE/SHE WILL INFORM NO WORK ON THE ABOVE REFERRED TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

<u>Kimberly Cecil - Agent Permit Application Services</u> Applicant's Signature <u>Agent NVR Inc.</u> Title/Company	<u>Permit App - Services Agent NVR Inc.</u> Print Name <u>2/12/03</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">AGENCY</th> <th style="text-align: left;">DATE</th> <th style="text-align: left;">SIGNATURE APPROVAL</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Land Development, DPZ</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> State Highways</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Building Official</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Dev. Engineering, DPZ</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Health</td> <td><u>2/12/03</u></td> <td><u>[Signature]</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Fire Protection</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="3">CONTINGENCY CONSTRUCTION START: <input type="checkbox"/></td> </tr> <tr> <td colspan="3">ONE STOP SHOP: <input type="checkbox"/></td> </tr> </tbody> </table>	AGENCY	DATE	SIGNATURE APPROVAL	<input checked="" type="checkbox"/> Land Development, DPZ			<input checked="" type="checkbox"/> State Highways			<input checked="" type="checkbox"/> Building Official			<input checked="" type="checkbox"/> Dev. Engineering, DPZ			<input checked="" type="checkbox"/> Health	<u>2/12/03</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/> Fire Protection			Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			ONE STOP SHOP: <input type="checkbox"/>			DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>57378</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>108684</u> Validation # <u>17926</u> Accepted by <u>[Signature]</u>
AGENCY	DATE	SIGNATURE APPROVAL																														
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MD. STATE GRID MERIDIAN (NAD-89)

5/6/03 -
Wall Check OK
(SRV)

LOT 18
FOX CREEK SUBDIVISION
PLAT NO. 15648

INSET
SCALE: 1"=30'

PRESERVATION PARCEL A
FOX CREEK SUBDIVISION
PLAT NO. 15648

LOT 19
0.9263 AC.
PLAT NO. 15648

PRIVATE SEPTIC
EASEMENT
PLAT NO. 15648

LOT 20
FOX CREEK SUBDIVISION
PLAT NO. 15648

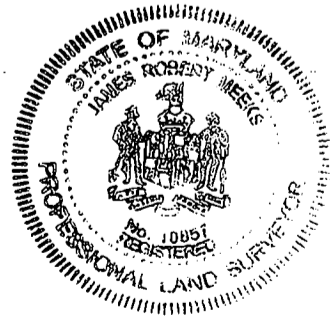
R=50.00'
A=53.73'

FOX MEADOW LANE
PUBLIC ACCESS STREET
PLAT NO. 15648



FREDERICK WARD ASSOCIATES, INC.

7125 Riverwood Drive Columbia, Maryland 21046-2354
Phone: 410-290-9550 Fax: 410-720-8228
Bel Air, Maryland Columbia, Maryland Warrenton, Virginia



RECORD REFERENCES

LIBER/FOLIO _____
PLAT BOOK N/A
PLAT NO./FOLIO 15648

SCALE 1"=50'
DATE 04-29-2003

FOUNDATION LOCATION

LOT 19
FOX CREEK
SUBDIVISION

HOWARD COUNTY
MARYLAND

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

James R. Meeks 4/29/03
JAMES R. MEEKS, PROFESSIONAL LAND SURVEYOR #10851

12354 FOX MEADOW LA

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 Plbg + Htg Telephone #: 301-829-0444
Address: 3 N Main St
Mt. Airy MD 21771

(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# 6936
*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: NY Homes Telephone #: 410-379-5956
Subdivision: Iron Creek Lot #: 4 Well Tag #: HO-94-3184
Site Address: 12354 Fox Meadow Lane
Pillcote City MD 21043

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap:
Model #: 7G50542 Model#: 510X Screened, vented well cap:
Pump Capacity _____ GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 139 (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 arresters 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 House Connection
Type: 1/2" Ethylene PVC sleeved to undisturbed soil at wall penetration: 15
PSI: 200 (160 psi min) Approximate length of sleeve: 15
Depth of supply line: 12 (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 _____ date 6-30-03

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

Date Insp. Requested: 6/18/03 Date Insp. Approved: 6/18/03 (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

C1 0645

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 10/11/01 OK (BA)

DATE RECEIVED MM DD YY 8 29 01

DATE WELL COMPLETED

DEPTH OF WELL 125

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3184

OWNER IKO STREET OR RFD Fox Meadow Lane TOWN West Friendship SUBDIVISION Fox Creek SECTION LOT 19

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: BROWN SHALE 0-21, BLUE MICA 21-125.

WATER AT 38-44

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 14, NO. OF POUNDS 1316, GALLONS OF WATER 84, DEPTH OF GROUT SEAL 0-34.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST, G), Nominal diameter (6), Total depth (35).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

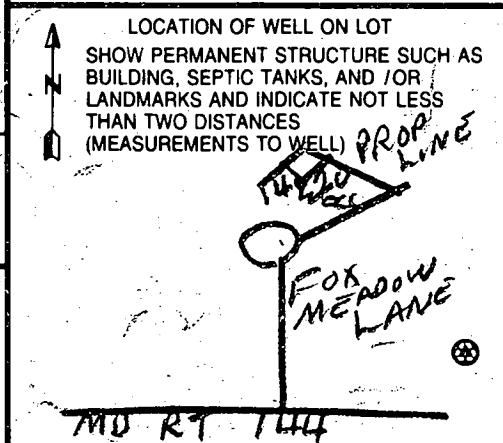
DEPTH (nearest ft.) table with handwritten values: 10, 34, 125. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15, METHOD USED TO MEASURE PUMPING RATE TIME, WATER LEVEL 14, WHEN PUMPING 20, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 49, LAND SURFACE 1 (nearest foot).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted to production).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. MWD 139, Robert Cline, DRILLERS SIGNATURE.

LIC. NO. MWD 536, Robert Cline Jr.

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

4

B 1 0651 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

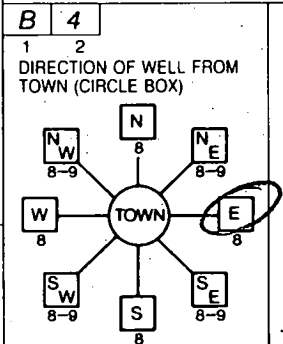
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 W514 998 please print or type

STATE PERMIT NUMBER
HO-94-3184
 70 fill in this form completely 79

Date Received (APA) 03/21/01
 8 MM DD YY 13
 OWNER INFORMATION
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

B 3 LOCATION OF WELL
Howard COUNTY 21
Fox Creek SUBDIVISION 42
 SECTION LOT 19
 44 46 48 50
West Friendship 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



Fox Meadow NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

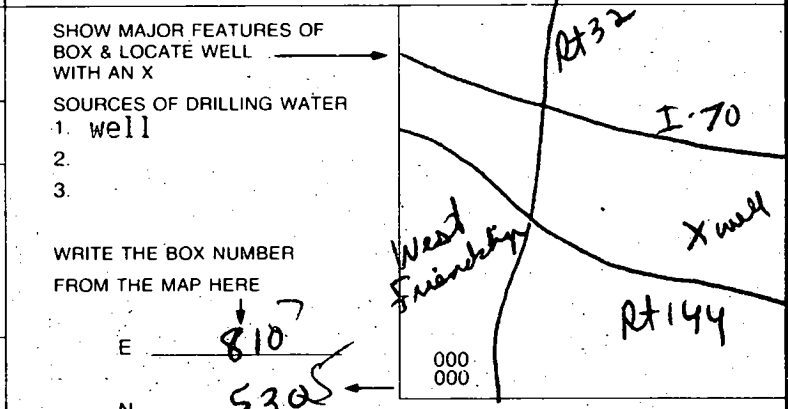
 34 250 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: PARCEL 183

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)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 03/15/01 CO SIGNATURE Robert L. Cline EXP. DATE 03/15/02
 43 MM DD YY 48
 NORTH GRID 535 000 EAST GRID 0817 000
 50 55 57 63

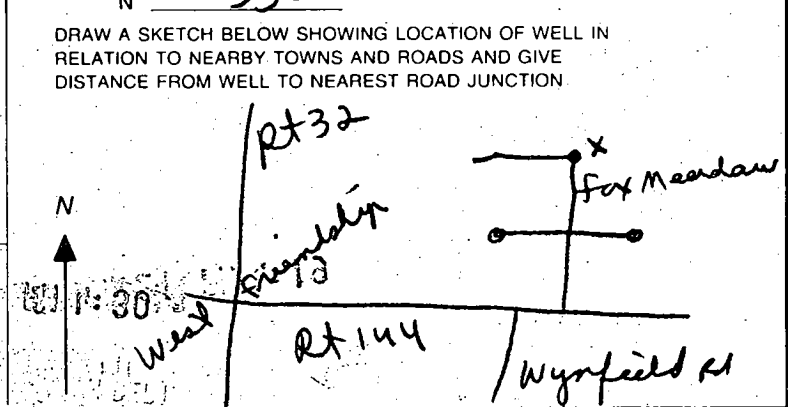
APPROXIMATE DEPTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH



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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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)
 APPROX. PERMIT NUMBER 4020016001
 PERMIT No HO-94-3184
 70 71 72 73 74 75 76 77 78 79



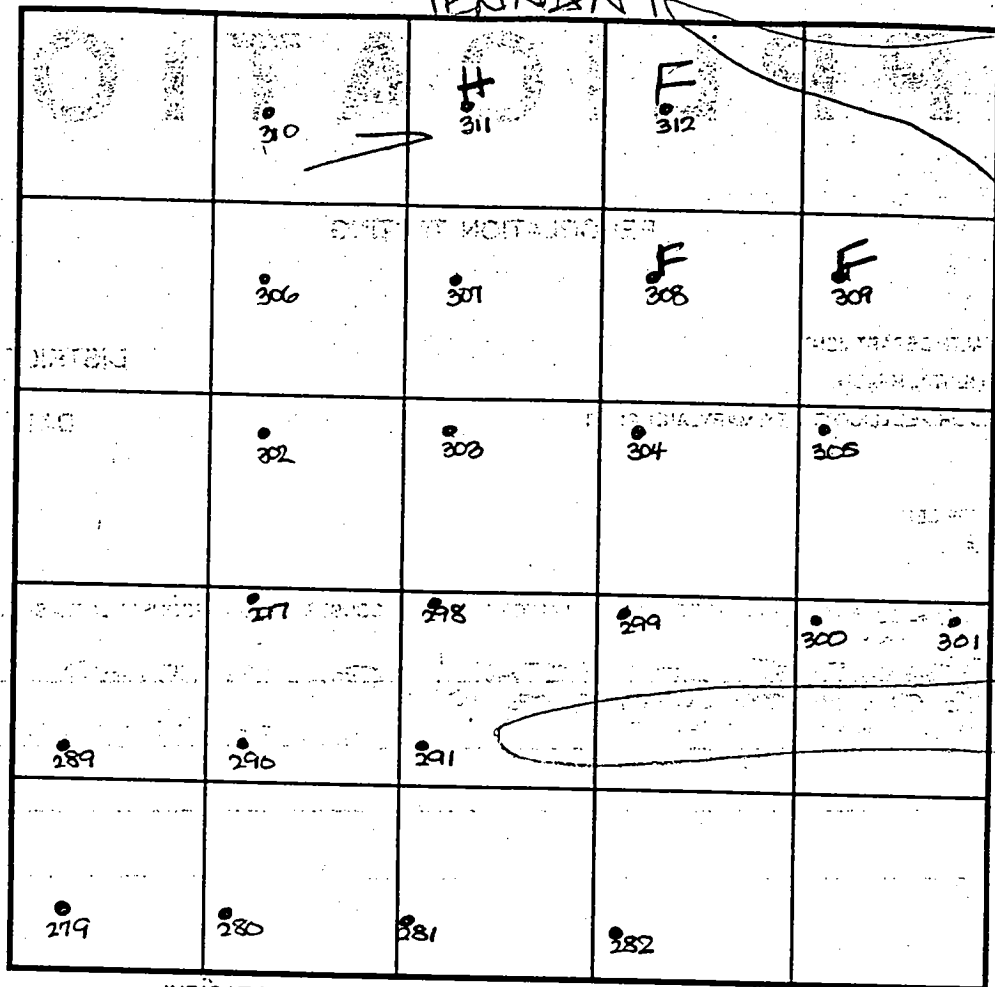
SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

TENNANT

COUNTY #

SOIL PROFILE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
<p>see attached</p>							

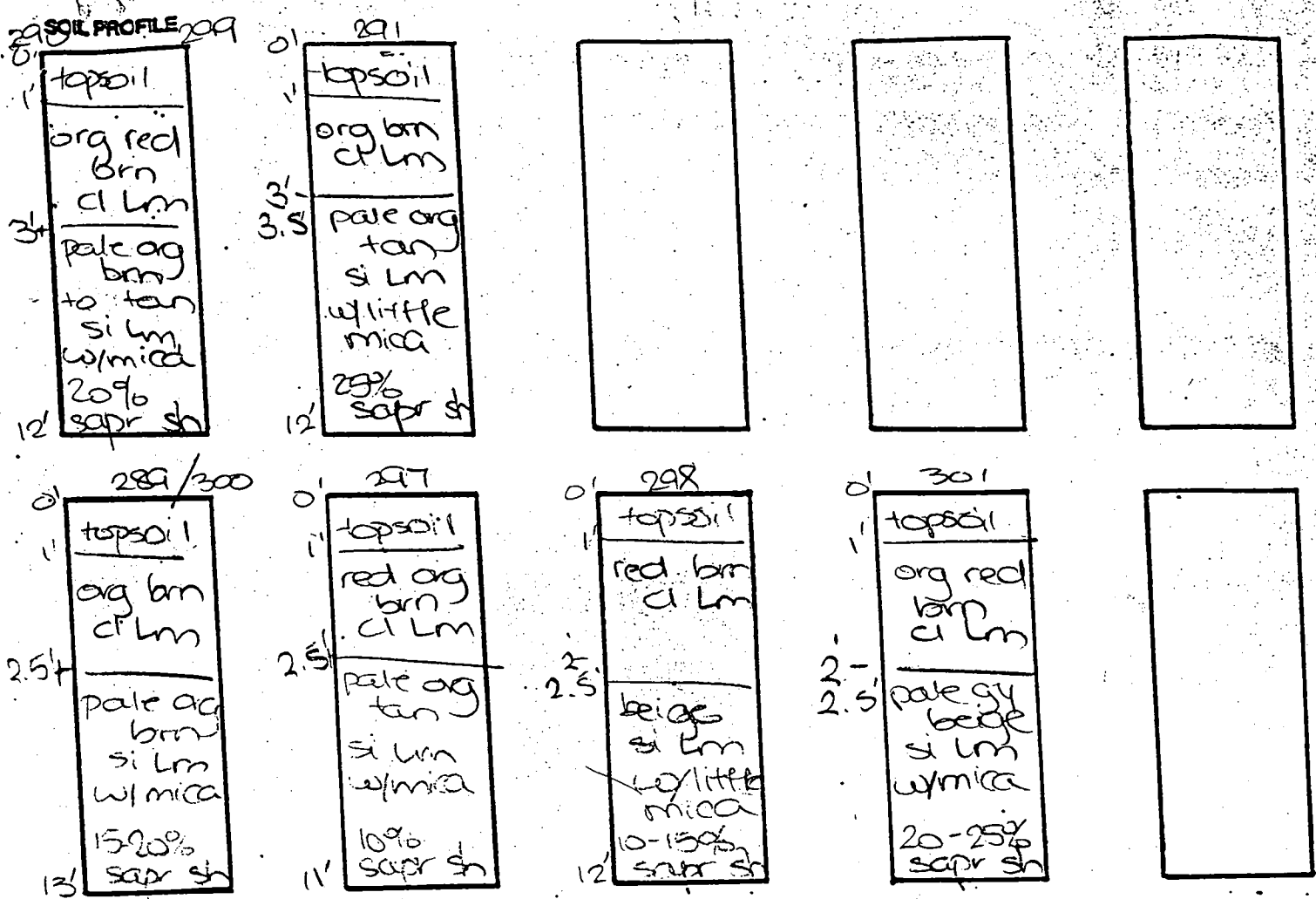
REMARKS _____

TYPE OF SOIL _____

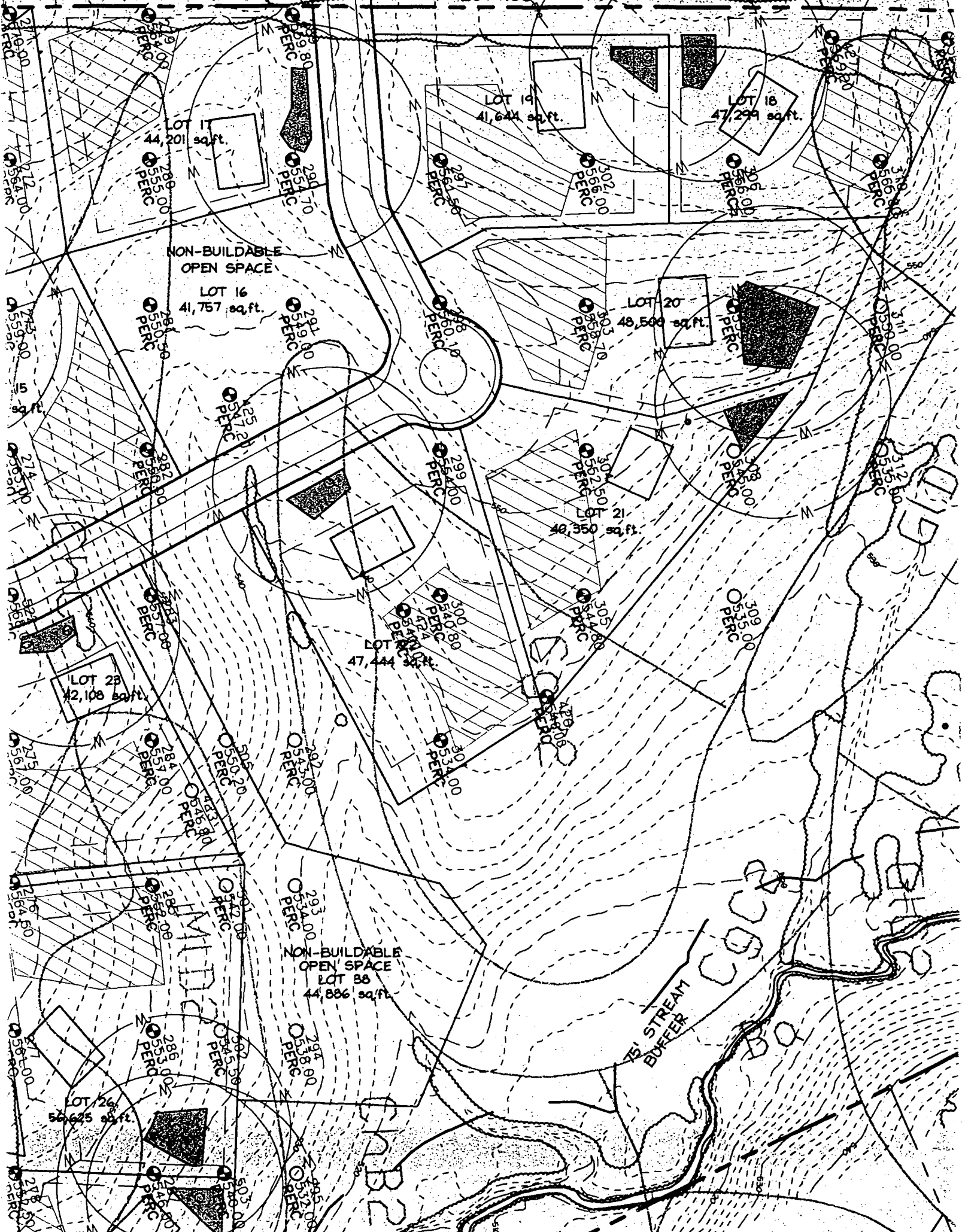
TESTED BY J. See ALSO PRESENT C. Zepf

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-3-99	290	12.0'D	Visual	- see	profile		OK
	289	13.0'D	Visual	- see	profile		OK
	297	11.0'D	Visual	- see	profile		OK
	291	4.0'S	2:35	2:36.3	2:36.3	2:38.3	2
		12.0'D	Visual	- see	profile		OK
	298	2.5'S	2:40	2:40.3	2:40.3	2:56	10
		12.0'D	Visual	- see	profile		OK
	300	2.5'S	3:00	3:02	3:02	3:05	3
		11.5'D	Visual	- see	profile		OK
	301	2.5'S	3:05	3:08.3	3:08.3	3:12	4
		10.5'D	Visual	- see	profile		OK
	299	11.5'D	Visual	- see	profile		OK



FOX CREEK, LOTS 14-17,
19 ONLY

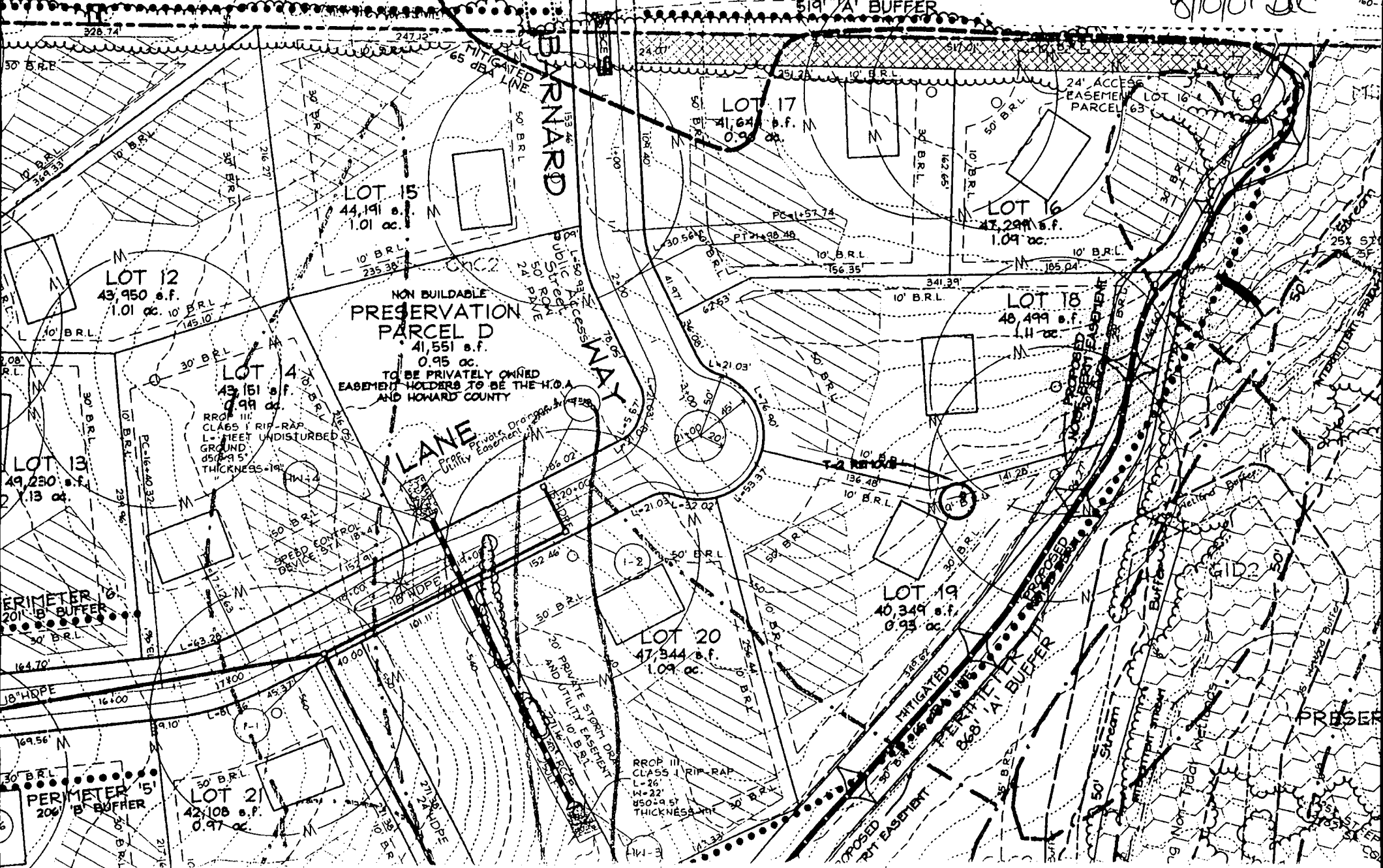
Well sites OK as
staked by surveyor
8/10/01 JJC

LOT 14

METER 19'
10' BUFFER

THIS PROPERTY
SECTION 1
5 3 5
NO 867-7869
ZONED RR-250

PERIMETER 10' M
519' 71" BUFFER



NON BUILDABLE
PRESERVATION
PARCEL D
41,551 s.f.
0.95 ac.
TO BE PRIVATELY OWNED
EASEMENT HOLDERS TO BE THE H.O.A.
AND HOWARD COUNTY

LOT 17
41,641 s.f. M
0.95 ac.

LOT 16
47,291 s.f.
1.09 ac.

LOT 18
48,499 s.f.
1.11 ac.

LOT 19
40,349 s.f.
0.93 ac.

LOT 20
47,344 s.f.
1.09 ac.

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

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

LOT 4
43,161 s.f.
0.99 ac.

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

PERIMETER
201' B' BUFFER

PERIMETER 15'
200' B' BUFFER

HOWARD LANE

LANE

MITIGATED
PERIMETER 10' M
868' 1' BUFFER

Stream

PRESER

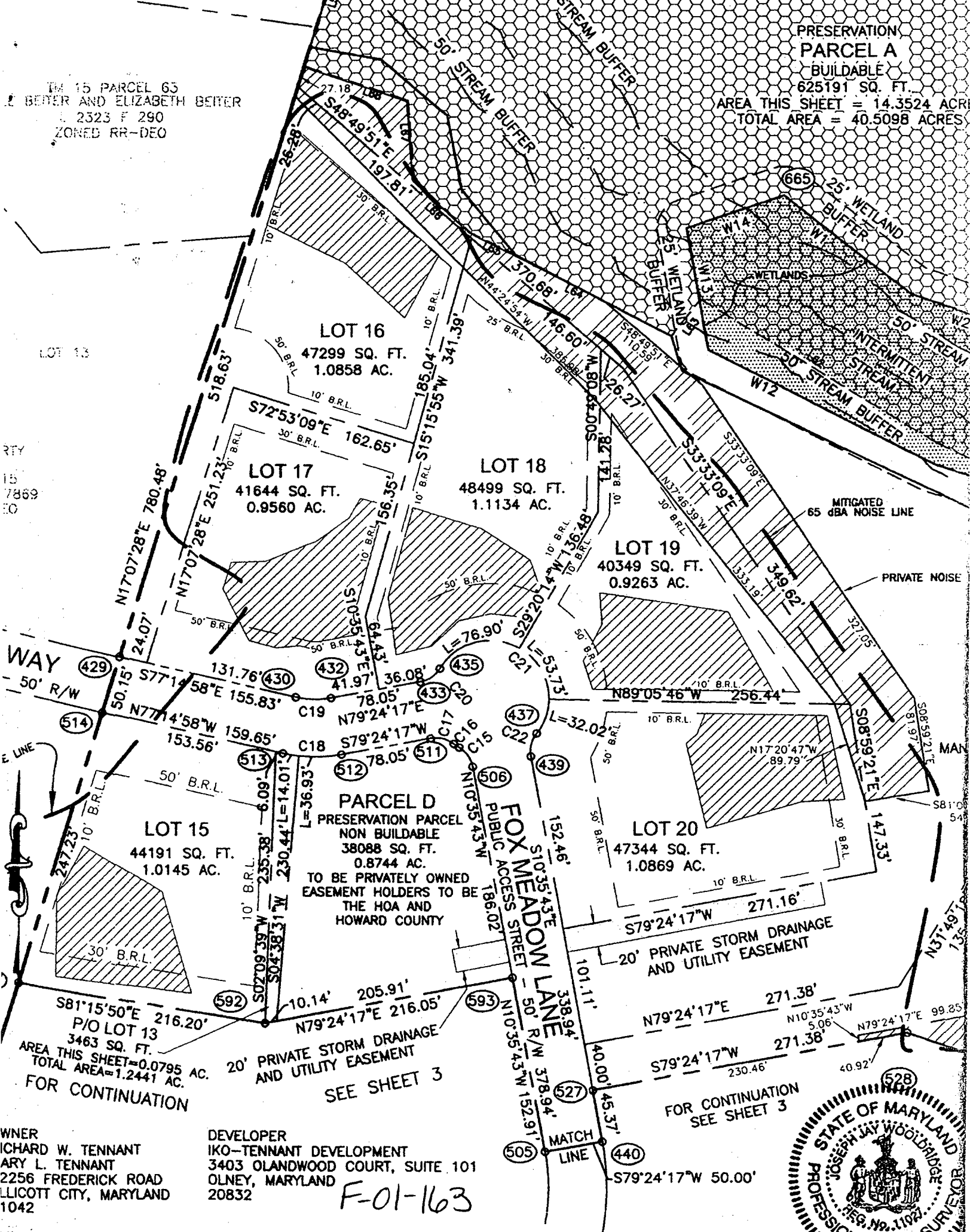
AREA = 7.46 ACRES

**PRESERVATION
PARCEL A**

BUILDABLE
625191 SQ. FT.

AREA THIS SHEET = 14.3524 ACRES
TOTAL AREA = 40.5098 ACRES

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



LOT 13

RTY
15
7869
10

LOT 16
47299 SQ. FT.
1.0858 AC.

LOT 17
41644 SQ. FT.
0.9560 AC.

LOT 18
48499 SQ. FT.
1.1134 AC.

LOT 19
40349 SQ. FT.
0.9263 AC.

WAY

E LINE

LOT 15
44191 SQ. FT.
1.0145 AC.

PARCEL D
PRESERVATION PARCEL
NON BUILDABLE
38088 SQ. FT.
0.8744 AC.
TO BE PRIVATELY OWNED
EASEMENT HOLDERS TO BE
THE HOA AND
HOWARD COUNTY

FOX MEADOW LANE
PUBLIC ACCESS STREET

LOT 20
47344 SQ. FT.
1.0869 AC.

81'15'50"E 216.20'
P/O LOT 13
3463 SQ. FT.
AREA THIS SHEET=0.0795 AC.
TOTAL AREA=1.2441 AC.
FOR CONTINUATION

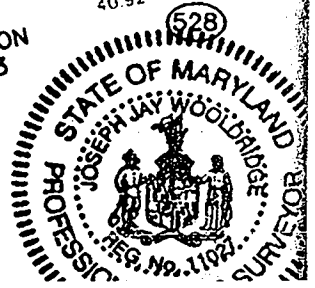
20' PRIVATE STORM DRAINAGE
AND UTILITY EASEMENT
SEE SHEET 3

FOR CONTINUATION
SEE SHEET 3

OWNER
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



PERIMETER 19
1050' 1A' BUFFER

IS PROPER SECTION 11
NO 867-7860
ZONED RR-DEO
EX. SEPTIC EASEMENT
LOT 3

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

PERIMETER 10
519' 7A' BUFFER
2014 98'

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

LOT 17
41,641 s.f.
0.95 ac.

LOT 16
47,291 s.f.
1.09 ac.

NON BUILDABLE
PRESERVATION
PARCEL D
41,551 s.f.
0.95 ac.
TO BE PRIVATELY OWNED
EASEMENT HOLDERS TO BE THE HOA
AND HOWARD COUNTY

LOT 18
48,499 s.f.
1.11 ac.

LOT 4
43,161 s.f.
0.99 ac.

LOT 12
49,950 s.f.
1.01 ac.

LOT 13
49,290 s.f.
1.13 ac.

LOT 19
40,349 s.f.
0.93 ac.

LOT 20
47,344 s.f.
1.09 ac.

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

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

FOX

MOTION PICTURE

CT 13

BARNARD

LANE

NON BUILDABLE
PRESERVATION
PARCEL B

