

LAYOUT 12/15/04 - 11A10 INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 11/12/2004

# PERMIT

P 521572

APPROVAL DATE: 1/25/05

TAX ID 03-339637

A 513359-0

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

**INDEXED**

Hatfield's Equipment IS PERMITTED TO INSTALL  ALTER

ADDRESS: 13785 Burntwoods Rd., Glenelg 21737 PHONE NUMBER: 301-854-6172

SUBDIVISION: Fox Chase LOT NUMBER: 4

ADDRESS: 1300 CEDARVIEW COURT PROPERTY OWNER: Williamsburg Group, LLC  
~~12901 Victaview Drive~~

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 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:	Trench design to be determined at the time of layout.
NOTES:	

PLANS APPROVED: Stuart Oster DATE: 8/16/03

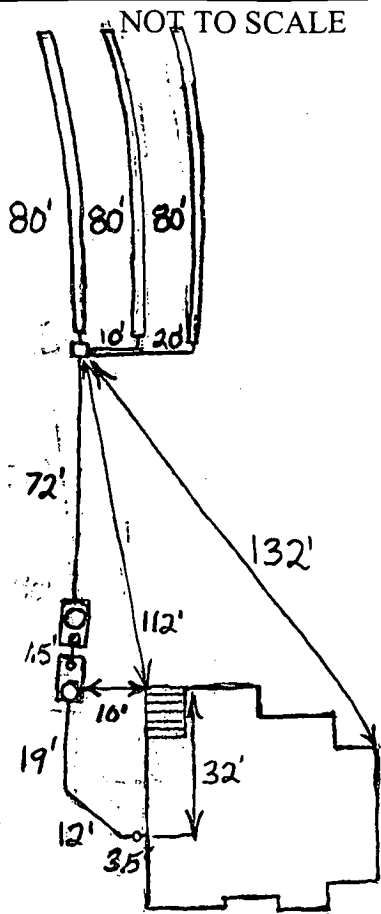
NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC 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  
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED AND RETURNED**

4-22-05 800153169-IL POOL

AS13354-0



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 + Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Elbow
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	No

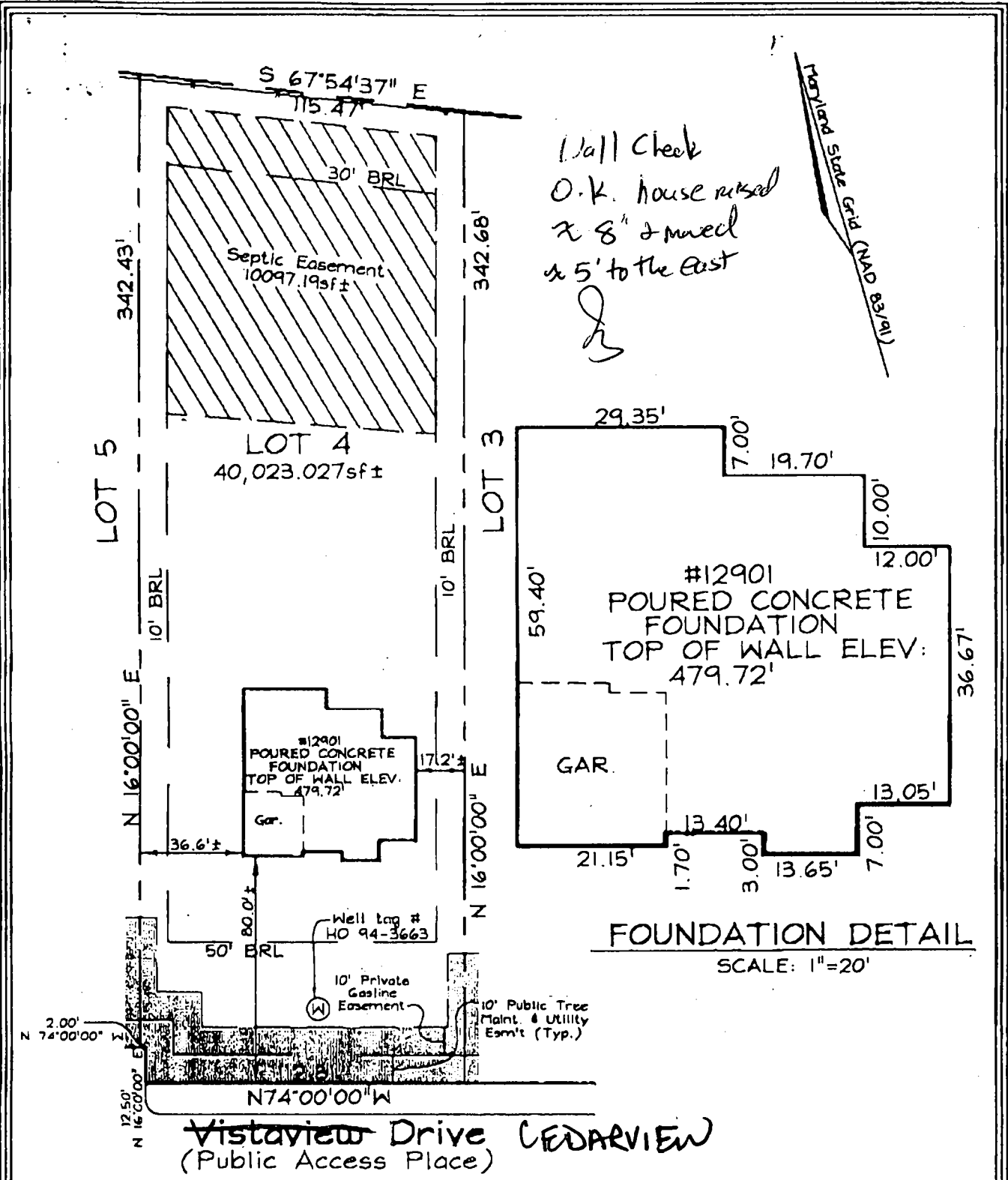
PRE-CONSTRUCTION 12/15/04 - SRA checked, contours accurate. Installs 60/80/100' trenches (50) ✓

INSTALLATION 12/16/04 System installed, O.K. to cover. Need pump and alarm test for final approval (BB)

1/25/05 Pump and alarm Working. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 1/25/05



FOUNDATION DETAIL  
SCALE: 1"=20'

PLAN VIEW  
SCALE: 1"=50'

LEGEND

- F/P - FIREPLACE
- B/W - BAY WINDOW
- D/W - DRIVEWAY
- CONC - CONCRETE
- O/H - OVERHANG
- H/P - HEAT PUMP/AIR COND.
- G/M - GAS METER
- E/M - ELECTRIC METER

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'  
 ADDRESS No.: 13000 CEDARVIEW CT.  
 TOP OF WALL ELEV. = 479.72' FIRST FLOOR ELEV. = N/A  
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

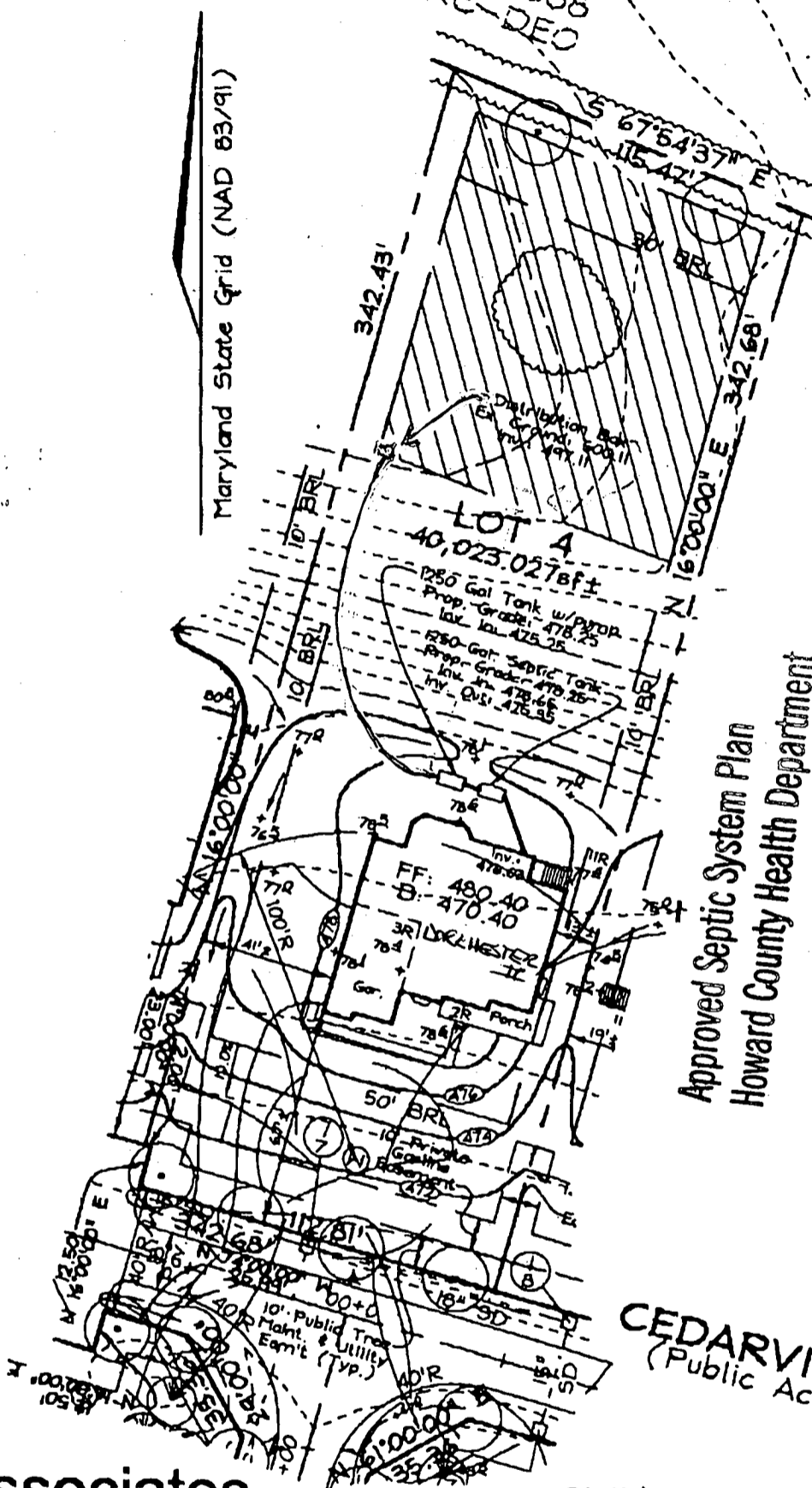
**FSH Associates**  
 Engineers Planners Surveyors  
 8318 Forrest Street Ellicott City, MD 21043  
 Tel: 410-750-2251 Fax: 410-750-7350  
 E-mail: FSHAssociates@cs.com

WALL CHECK	
FOUNDATION	Date: 08/23/04
FINAL	
DRAWN BY:	BB
SCALE:	As Shown
W.O. No.:	3003



LOT 4  
 FOX CHASE ESTATES  
 PLAT No. 15907  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

PARCEL 90  
MILDRED NIXON  
L-3105 F-388  
ZONED RC-DEO



Maryland State Grid (NAD 83/91)

Approved Septic System Plan  
Howard County Health Department

*[Signature]*  
Signature  
8/19/03  
Date

CEDARVIEW COURT  
(Public Access Place)

# FSH Associates

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

# OWNER/DEVELOPER

Williamsburg Group L.L.C.  
P.O. Box 1018  
Columbia, Maryland 21044

Note: See Approved Grading Plan GP-03-64 for Entire Site.

DESIGN BY: PS  
 DRAWN BY: Sllm  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: June 25, 2003  
 W.O. No.: 3003  
 SHEET No.: 1 OF 1

## LOT RESITE LOT 4 FOX CHASE ESTATES

TAX MAP 15 GRID 23  
3RD ELECTION DISTRICT

PARCEL 25  
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 installation must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.01 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
 Address: 580 Obrecht Rd  
Sykesville, 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# MSD009

\*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. Licensee may be subjected to field verification.

Name of Property Owner: Williamsburg Group Telephone #:  
 Subdivision: Foxchase Estates Lot #: 4 Well Tag #: HO-94-3663  
 Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Crowds</u>	Make: <u>Camball</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>PTNSB07432</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>365</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.  
 Torque arrestors or Cable guards are required - Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt: NA

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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

Signature of company representative responsible for installation: Allen Compt date: 12-28-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/16/04 **BB**

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 14153 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 A513359-C

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 5 12 83

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3663

OWNER Williamsburg Group STREET OR RFD Vistaview Dr TOWN W-Friendship SUBDIVISION FOX CHASE EST SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Gray Mica, and Rock.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (52).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD form including: screen type (ST, BR, HO, PL, OT), DIAMETER OF SCREEN (56), DEPTH (50).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. 1 MSD024, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. 1 D

DEPTH (nearest ft.) table with rows for casing types and slot sizes.

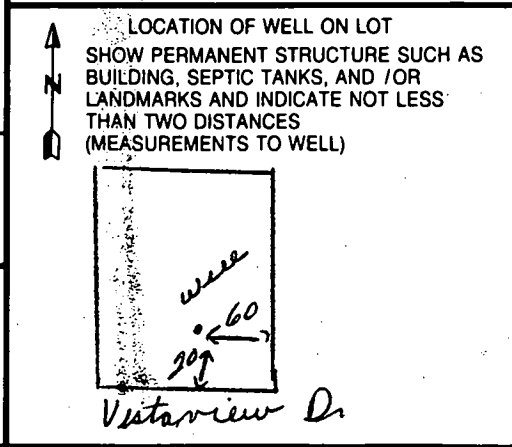
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (45 ft. before, 172 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).





<b>B-1</b>	<b>7712</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516923 please print or type	STATE PERMIT NUMBER <b>HD-94-3663</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 04 11 02  
8 MM DD YY 13

Williamsburg Group  
15 Last Name Owner First Name 34

5485 Hargers Farm Rd  
36 Street or RFD 55

Columbia Md 21044  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Fox Chase Estates  
23 SUBDIVISION 42

SECTION      LOT 4  
44 46 48 50

West Friendship  
52 NEAREST TOWN 71

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

**DRILLER INFORMATION**

Joseph L. Mayne MS DO24  
76 License No. 81

Joseph L. Mayne Well Drilling  
Firm Name

5512 Ridge Rd Mt. Airy 21771  
Address

Joseph L. Mayne 4/19/02  
Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD** Vistarnew Dr.  
11 30

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

DISTANCE FROM ROAD 10 34 37  
ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 22 PARCEL: 25

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED 500  
14 (GAL. PER DAY) 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 COUNTY NAME      A513359-D COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 04 08 03 Mark E. Rifkin 4/8/04  
43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 531 000 EAST GRID 0812 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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 8102

N 5301

X  
000  
000

**METHOD OF DRILLING (circle one)**

BORED (or Augered)       JETTED       Jetted & DRIVEN

AIR-ROTARY       AIR-PERCussion       ROTARY (Hydraulic Rotary)

CABLE       REVERSE-ROTary       Drive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

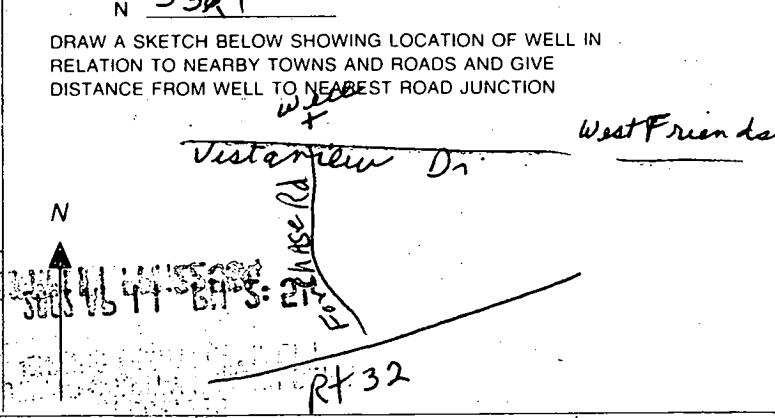
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52 \_\_\_\_\_



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

APPROX. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. HD-94-3663  
70 71 72 73 74 75 76 77 78 79





# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Campbell Donald

ADDRESS 3000 RT 32 WEST FRIENDSHIP MD. 21794 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Hailey Development L.C.

ADDRESS 3905 NATIONAL DRIVE, SUITE 410 PHONE (301) 476-7715  
BURTONSVILLE MD. 20866

PROPERTY LOCATION:

SUBDIVISION CAMPBELL PROPERTY LOT NO. 4

ROAD AND DESCRIPTION 3000 MD. RT 32

TAX MAP 15 PARCEL # 25

SIZE OF LOT 1 AC. TYPE BLDG. S.F.D.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND

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. Facharia W. Fisch (agent)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 6022 21  
tan pink  
scl lm

3 pink  
tan  
mica sa  
lm  
10-15% frags

12

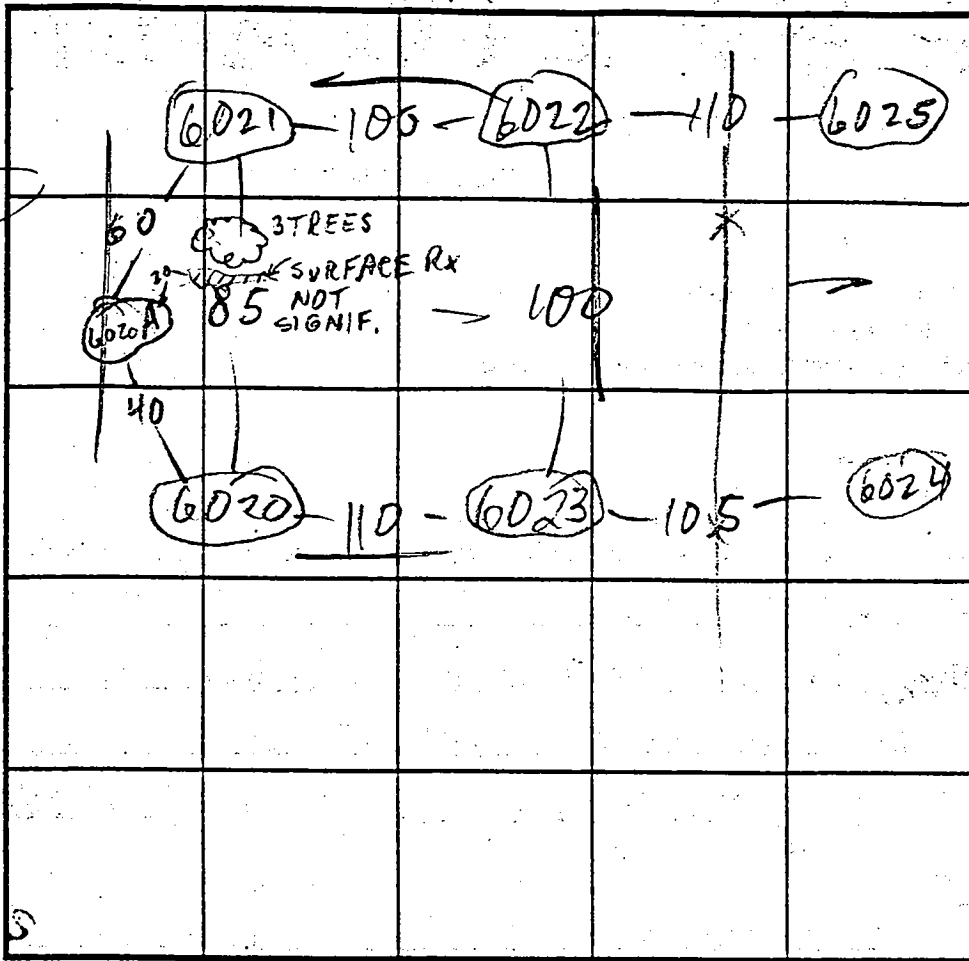
6020 6020A

tan  
scl lm

4

tan  
mica  
sa lm  
5% frags

12



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	
6/16/00	6022s	4	11:02	11:04	11:04	11:07	3 ✓
	v	12	OK see pro				✓
	6021s	4	11:04	11:05	11:05	11:07	2 ✓
	v	12 1/2	OK see pro				✓
	6023s	4' 3"	11:13	11:14	11:14	11:16	2 ✓
	M	7 1/2	11:15	11:16	11:16	11:19	3 ✓
	v	12 1/2	OK see pro				✓
	6020v	12 1/2	OK see pro				✓
	6020Av	11 1/2	OK see pro				✓

REMARKS

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT OK Jr & crew

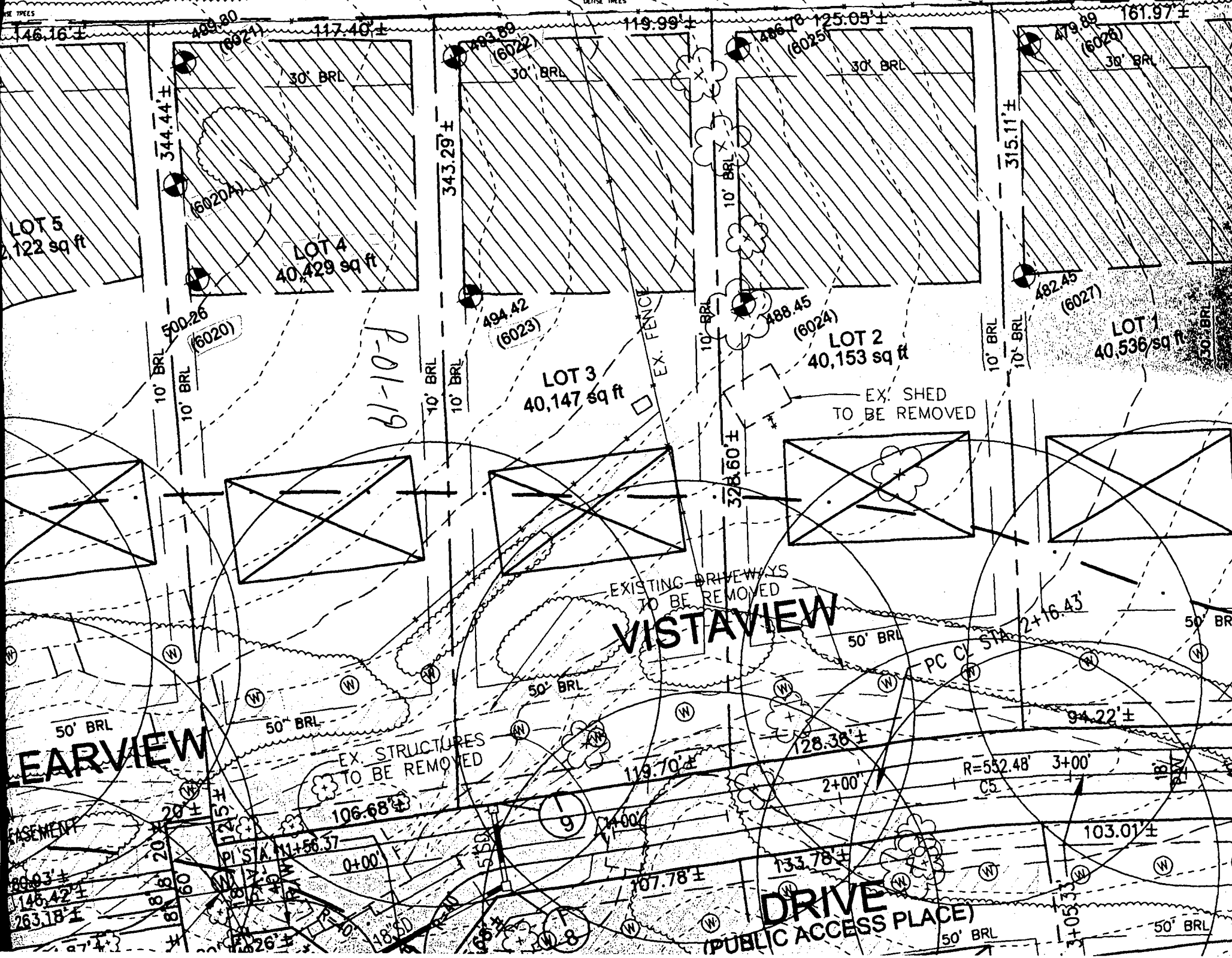
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



LOT 5  
122 sq ft

LOT 4  
40,429 sq ft

LOT 3  
40,147 sq ft

LOT 2  
40,153 sq ft

LOT 1  
40,536 sq ft

EARVIEW

VISTAVIEW

DRIVE  
(PUBLIC ACCESS PLACE)

80.03'±  
146.42'±  
263.18'±

81.80'±  
81.60'±  
26.26'±

106.68'±  
0+00'

119.70'±  
107.78'±

133.78'±

R=552.48' 3+00'  
C5

103.01'±

3+05.33'±

46.16'±

344.44'±  
10' BRL  
10' BRL

500.26 (6020)

30' BRL

343.29'±  
10' BRL  
10' BRL

494.42 (6023)

119.99'±

EX. FENCE

10' BRL  
328.60'±

488.45 (6024)

EX. SHED  
TO BE REMOVED

50' BRL

128.36'±

2+00'

315.11'±  
10' BRL  
10' BRL

482.45 (6027)

2+16.43'

94.22'±

50' BRL

50' BRL

DEISE TREES

DEISE TREES

EASEMENT

87.4'±

PI STA. 11+56.37

17.1'±

18.2'±

18.50'

18.50'

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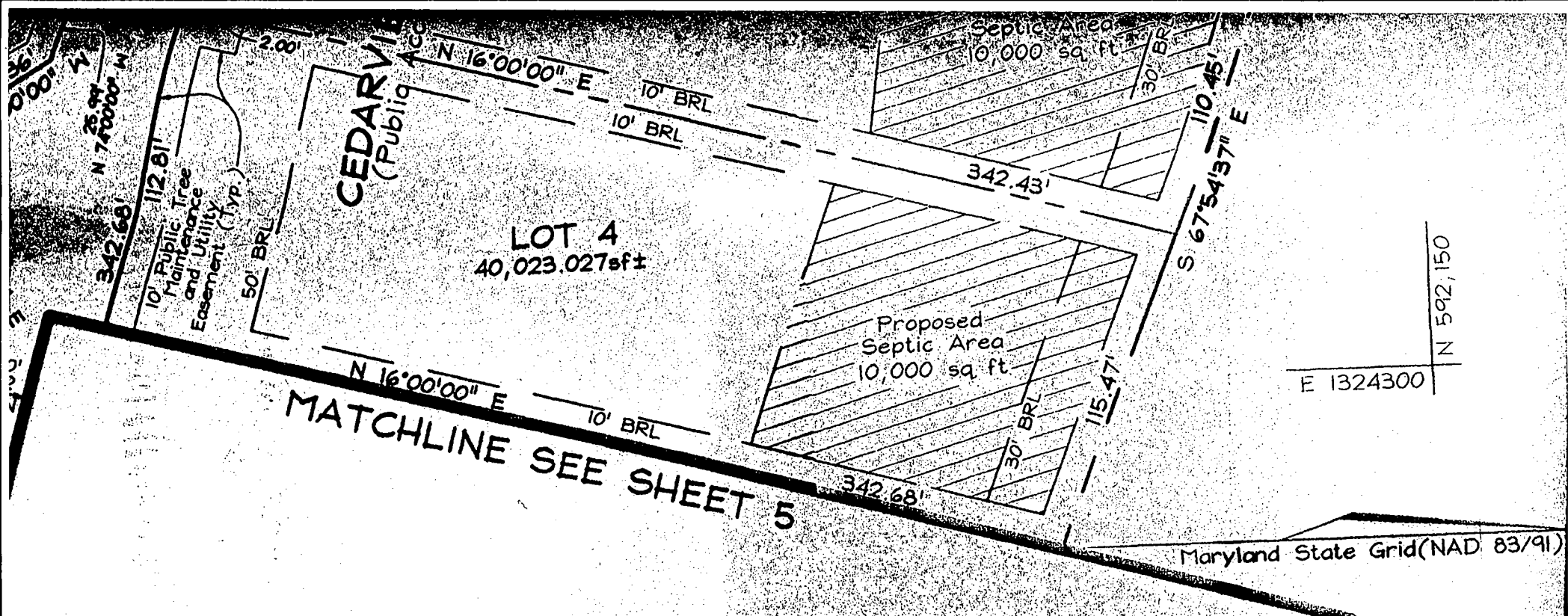
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**FSH Associates**  
 Engineers Planners Surveyors  
 8318 Forrest Street Ellicott City, MD  
 Tel: 410-750-2251 Fax: 410-750-7300  
 E-mail: FSHAssociates@cs.com

*F-02-48 SIGNED 8/23/02*

**SURVEYOR'S CERTIFICATE**

subdivision, and in consideration of  
 lish the minimum building restriction  
 he right to lay, construct and  
 and under all road and street  
 require dedication for Public use  
 plicable and for good and other  
 ving the Fee Simple Title to the  
 Open Space where applicable;  
 the specific purpose of their  
 ture of any kind shall be erected

I hereby certify that the final plat shown hereon is correct, that it  
 is a subdivision of all of the lands conveyed  
 By Donald L. & Karen B. Campbell to Williamsburg Group, L.L.C. by  
 deed dated Dec. 19, 2001 and recorded in the land records of Howard  
 County in Liber 5942, folio 60, and that all monuments are in place, or  
 will be in place prior to the acceptance of the streets in the subdivision  
 by Howard County as shown in accordance with the Annotated Code of  
 Maryland, as amended.



Recorded as Plat No. 15663 on 11/11/02  
 Among the Land Records of Howard County

SUBDIVISION PLAT  
**FOX CHASE ES**

LOTS 1 THRU 12 AND NON-  
 PRESERVATION PARCELS 'A'

A SUBDIVISION OF PARCELS  
 TAX MAP 15 GRID



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

---

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

January 31, 2005

Williamsburg Group, LLC  
5485 Harpers Farm Road, Suite 200  
Columbia, MD 21044

**SENT VIA FACSIMILE 410-997-4358**

RE: Fox Chase Estates, Lot 4  
12901 Vistaview Drive  
West Friendship, MD 21794  
BP # B00143553  
Well Permit #HO-94-3663

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 01/25/2005. Final approval of the well line connection to the dwelling was approved on 12/16/2004.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations. This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

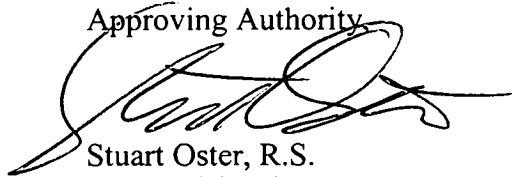
### **Fifteen Day Temporary Deviation for Bacteria**

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Samples: 1/26/2005 & 01/27/2005  
Date of Well Completion: 05/12/2003

(HO-94-3663)

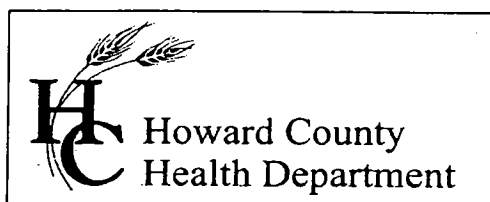
Approving Authority



Stuart Oster, R.S.  
Well and Septic Program

mlb

cc: Building Inspector's office,  
File



7178 Columbia Gateway Drive, Columbia MD 21046  
(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

February 9, 2005

Williamsburg Group, LLC  
5485 Harpers Farm Road, Suite 200  
Columbia, MD 21044

**SENT VIA FACSIMILE 410-997-4358**

RE: Fox Chase Estates, Lot 4  
12901 Vistaview Drive  
West Friendship, MD 21794  
BP # B00143553  
Well Permit #HO-94-3663

Dear Sir:

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 01/25/2005. Final approval of the well line connection to the dwelling was approved on 12/16/2004.**

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-94-3663. 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 Samples: 01/26/05, 01/27/05 & 02/07/2005  
Date of Well Completion: 05/12/2003

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File

plc 15106

50 900808103

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2830 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS 410 313 3800 INSPECTIONS 410 313 3810 AUTOMATED INFORMATION 410 313 3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00143553
--	-------------------------------------	----------------------------

Building Address <u>12901 VISTAVIEW DR.</u> <u>WEST FRIENDSHIP MD 21794</u> Suite/Apt. #: <u>---</u> SDP/WP/Petition #: <u>GPO3-64</u> Census Tract <u>6030</u> Subdivision <u>FOXCHASE ESTATES</u> Section <u>---</u> Area <u>---</u> Lot <u>4</u> Tax Map <u>15</u> Parcel <u>25</u> Grid <u>23</u> Zoning <u>RC</u> Map Coordinates <u>15C12</u> Lot size <u>40,023#</u>	Property Owner's Name <u>WILLIAMSBURG GROUP LLC</u> Address <u>5485 HARPERS FARM RD, SUITE 200</u> City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone <u>---</u> Work Phone <u>410 997-8600 X16</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone <u>---</u> Fax <u>410-997-4358</u>
---	---

Existing Use <u>VACANT LOT</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>200,000</u> Description of Work <u>MODEL: NORCHESTER II</u> <u>W/ CUSTOM EXTENSIONS - SEE</u> <u>ATTACHED LETTER</u>	Contractor Company <u>SAME AS OWNER</u> Contact Person <u>---</u> Address <u>---</u> City <u>---</u> State <u>---</u> Zip Code <u>---</u> License No. <u>155</u> Phone <u>---</u> Fax <u>---</u>
--	--

Occupant or Tenant <u>SAME AS OWNER</u> Contact Name <u>---</u> Address <u>---</u> City <u>---</u> State <u>---</u> Zip Code <u>---</u> Phone <u>---</u> Fax <u>---</u>	Engineer/Architect Company <u>PLYMOUTH RD ARCHS</u> Contact Person <u>TIM GRANAM</u> Address <u>640 PLYMOUTH RD</u> City <u>CATONSVILLE</u> State <u>MD</u> Zip Code <u>21044</u> Phone <u>410 788-0281</u> Fax <u>same</u>
---	---

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

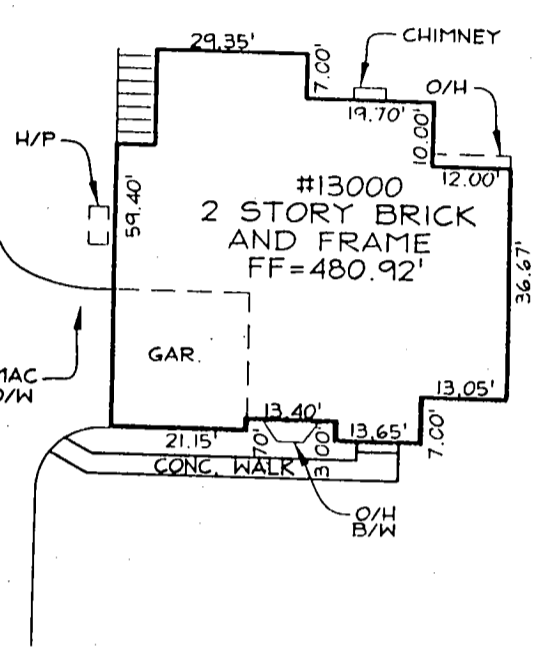
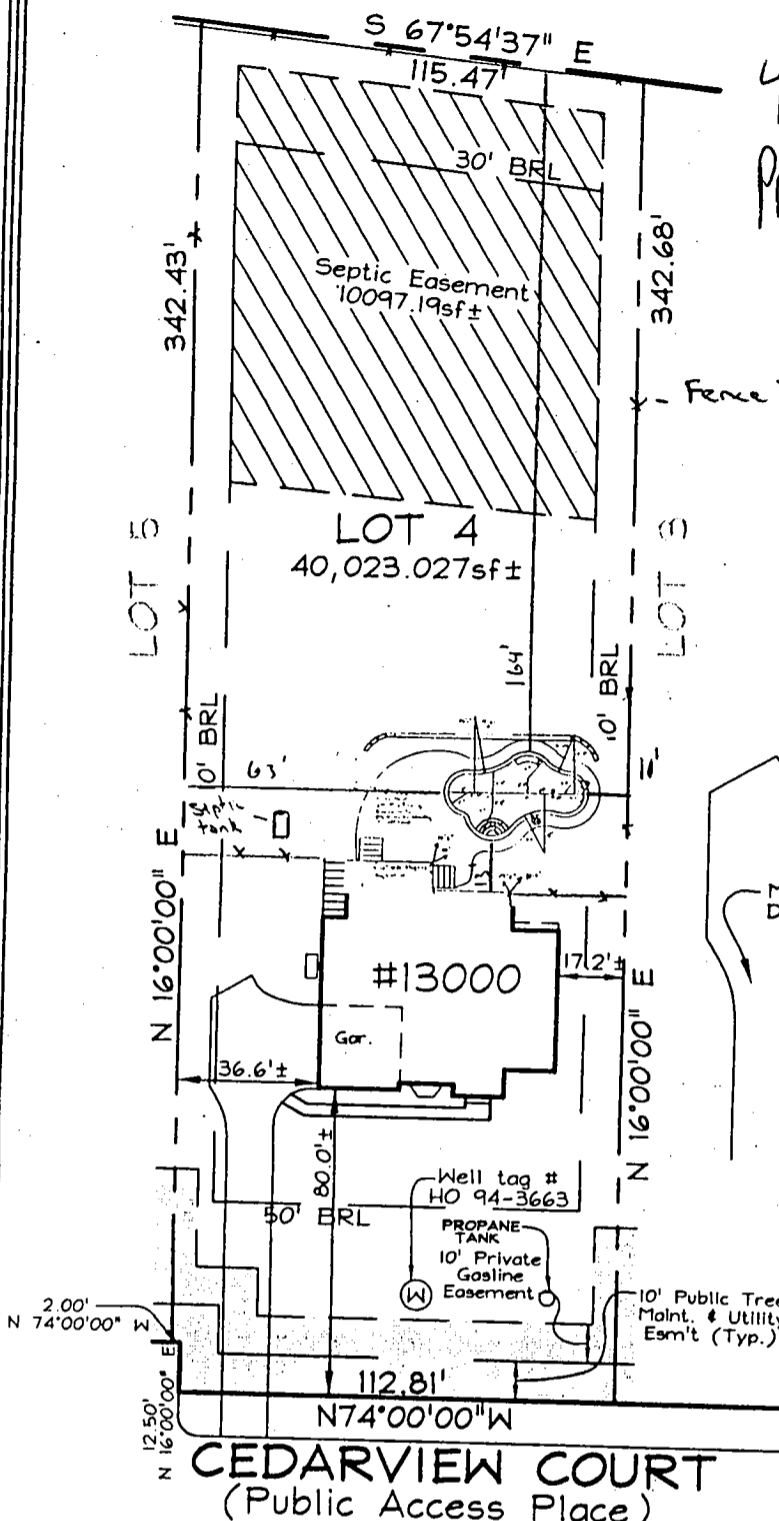
<u>Suzanne P. Davis</u> Applicant's Signature <u>AGENT FOR WJ, LLC</u> Title/Company	<u>SUZANNE P. DAVIS</u> Print Name <u>8/13/03</u> Date
---	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>8/13/03</u>	<u>[Signature]</u>
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> 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	PROPERTY ID#
Front: _____	<u>57230</u>
Rear: _____	Filing fee \$ <u>100</u>
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>309</u>
	Validation # <u>32474</u>
	Accepted by <u>[Signature]</u>

4/22/05  
 Proposed Pool 16' x 12'  
 OK (KTB)



**PLAN VIEW**  
 SCALE: 1"=50'

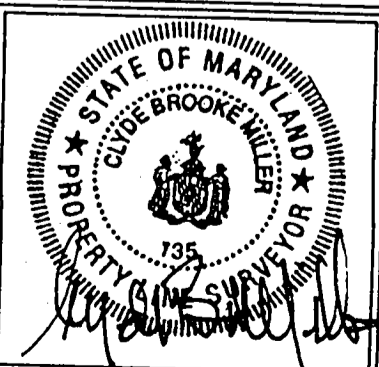
**LEGEND**

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

ADDRESS No.: 13000 CEDARVIEW CT.  
 TOP OF WALL ELEV. = N/A FIRST FLOOR ELEV. = 480.92'  
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY  
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE  
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED  
 TRANSFER, FINANCING OR REFINANCING;  
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-  
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR  
 OTHER EXISTING OR FUTURE IMPROVEMENTS;  
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE  
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT  
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER  
 OF TITLE OR SECURING FINANCING OR REFINANCING.

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

LOCATION DRAWING	
FOUNDATION	Date: 08/23/04
FINAL	Date: 01/13/05
DRAWN BY:	BB
SCALE:	As Shown
W.O. No.:	3003



**LOT 4**  
**FOX CHASE ESTATES**  
 PLAT No. 15906  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND