

LAYOUT 3/2/04 : PM INSP 4 \_\_\_\_\_  
 INSP 2 3/12/04 INSP 5 \_\_\_\_\_  
 INSP 3 4/5/04 P+A INSP 6 \_\_\_\_\_  
 ISSUE DATE: Anytime 1-20-04  
 APPROVAL DATE: 4/5/04

**PERMIT  
INDEXED**

P 520034  
 A 513359-E

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043  
 03-339645**

MATICIC CONSTRUCTION IS PERMITTED TO INSTALL  ALTER   
 ADDRESS: 5977 SANDY RIDGE PHONE NUMBER: 410-984-1668  
 SUBDIVISION: Fox Chase Estates LOT NUMBER: 5  
 ADDRESS: 13004 Cedarview Court PROPERTY OWNER: Williamsburg Group LLC  
 SEPTIC TANK CAPACITY (GALLONS): 1500 ← OUTLET BAFFLE FILTER REQUIRED   
 PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED   
 NUMBER OF BEDROOMS: 5  
 SQUARE FEET PER BEDROOM: 180 → (3-90' trenches)  
 LINEAR FEET OF TRENCH REQUIRED: 270 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box at location most efficient for trench layout as topo permits (knoll). Layout of trenches to be done with sanitarian. Trenches to be layed out with similar lengths as SDA allows.
NOTES:	Basement gravity service not proposed.

PLANS APPROVED: KN OK SRK 9/5/03 DATE: 8-18-03

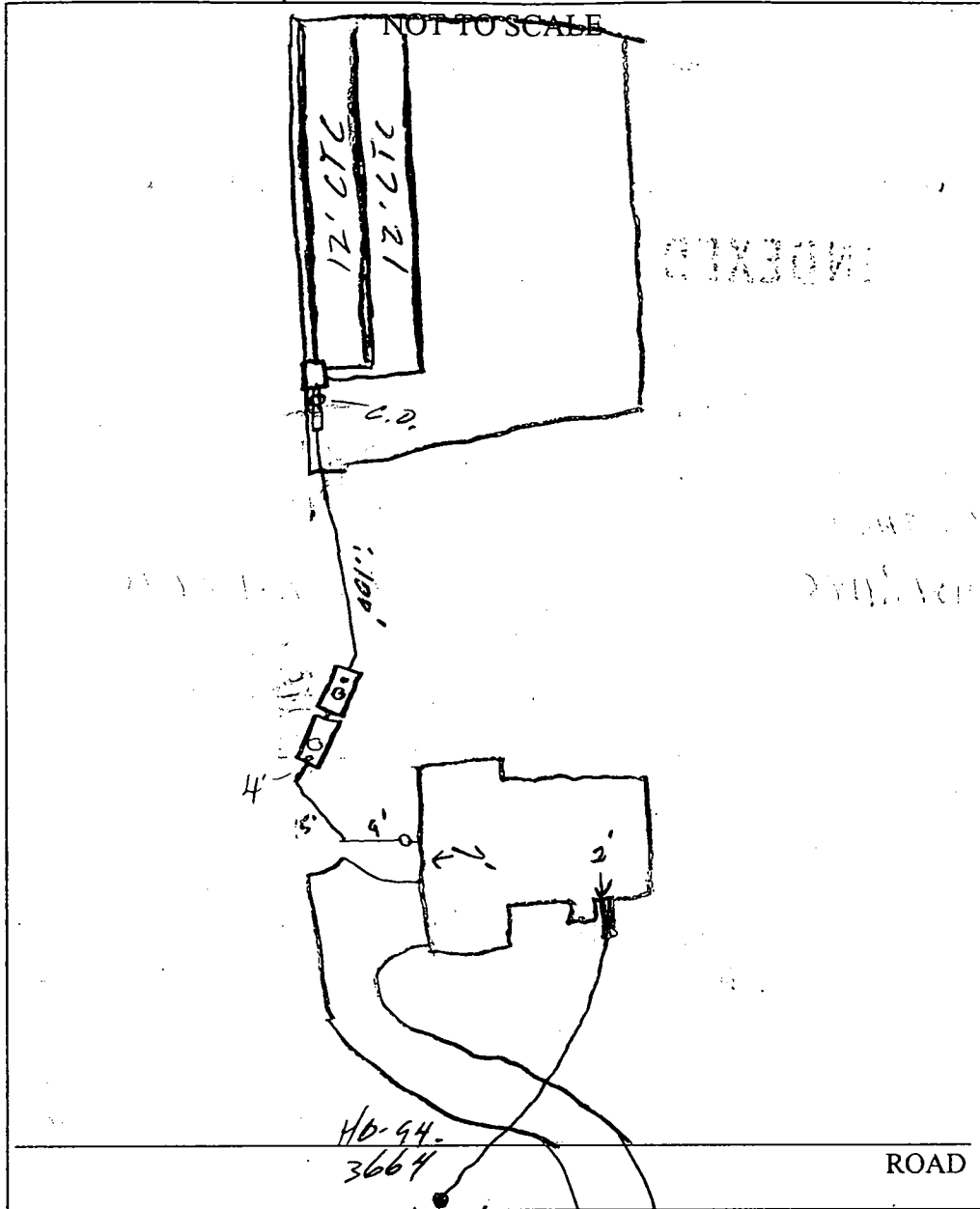
NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC 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  
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A 513359-E

90' 90' 90'

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		270
ABSORPTION AREA		
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	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Back
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 3/2/04 - SRA staked, contours accurate. Tanks set. Install trench per BP (SO) (3) 90'

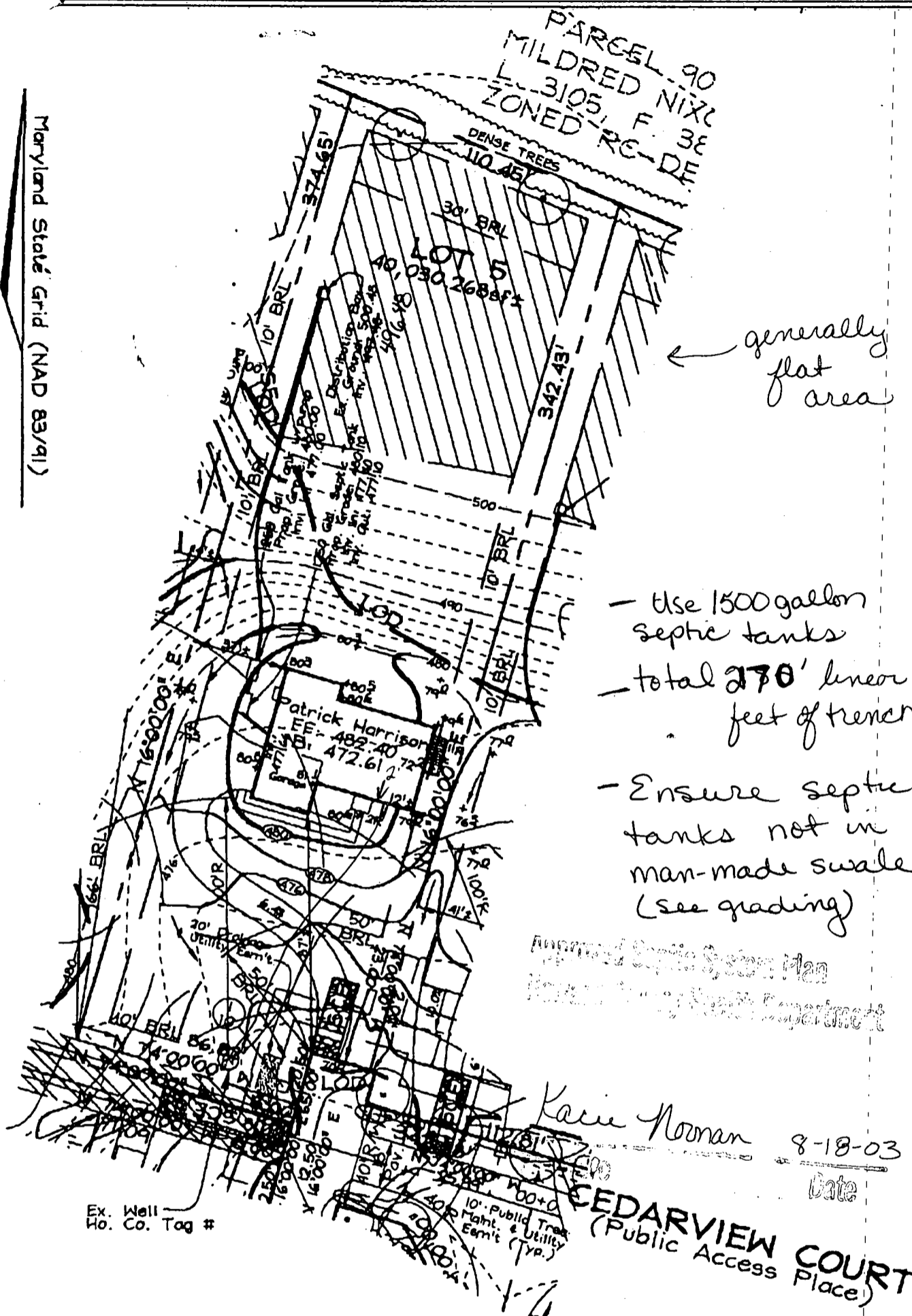
INSTALLATION 3/12/04 - Trenches installed. DK to cover. Pump & Alarms tests needed (SO) 3/30/04 - Alarms OK Pump didn't work (SO) 4/5/04 Pump test ok (KB)

FINAL INSPECTOR KB

DATE OF APPROVAL 4/5/04



Maryland State Grid (NAD 83/91)



- Use 1500 gallon septic tanks
- total 270' linear feet of trench
- Ensure septic tanks not in man-made swale (see grading)

Approved Septic System Plan  
 Howard County Health Department

Kacie Noonan 8-18-03  
 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

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

**OWNER/DEVELOPER**

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

DESIGN BY:	PS
DRAWN BY:	AB
CHECKED BY:	ZYF
SCALE:	1"=50'
DATE:	July 29, 2003
W.O. No.:	3003
SHEET No.:	1 OF 1

**LOT RESITE  
 LOT 5  
 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 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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sylva, NC 28784

(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# MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Williamsham Court Telephone #: 410-997-8800  
Subdivision: Fox Chase Estates Lot #: 5 Well Tag #: HO-94-31664  
Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SB810-422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</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>445</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 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt: N/A

<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, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton Signature of company representative responsible for installation  
2-19-04 date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/22/03 (50)

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 14154 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 A 513359-E

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

ST/CO USE ONLY DATE Received MM DD YY 05 30 03

DATE WELL COMPLETED MM DD YY 05 09 03

Depth of Well 22 445 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3664

OWNER Williamsburg Group STREET OR RFD Cedarside Ct TOWN W-Friendship SUBDIVISION FOX CHASE E-ST SECTION LOT 5

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries include Sand, Gray mica rock, Dry well backfilled, 400-40 drilling materials, 40-0 cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 17 NO. OF POUNDS 75698 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 49

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

SCREEN RECORD screen type or open hole insert appropriate code below [ST] STEEL [BR] BRASS [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

NUMBER OF UNSUCCESSFUL WELLS: 1

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...

DRILLERS LIC. NO.: MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

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

C2 DEPTH (nearest ft.) 1 40 2 47 3 445

Table with columns: E A C H S C R E E N, rows 1-3, values for diameter and depth.

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 308 ft.

TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [ ] NO [X]

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) [X] above [ ] below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See attached well locations.

No Inspection

Review KN  
6/2/03

FIELD DATA SHEET  
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3664  
 Location of property (road) Cedarview Ct.  
 Subdivision Fox Chase Estates Lot 5 Block      Plat      Sec.       
 Well Driller Joseph Mayne Owner Williamsburg Group  
 Depth of well 445'  
 Distance of measuring point (M.P.) above ground 2  
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level 308 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)
7:15	119	3 sec		20 gpm
7:30	215	4		15
7:45	308	5		12
8:00	308	30		2
8:15	308	30		2
8:30	308	30		2
8:45	308	30		2
9:00	308	30		2
9:15	308	30		2
9:30	308	30		2
9:45	308	30		2
10:00	308	30		2
10:15	308	30		2
10:30	308	30		2
10:45	308	30		2
11:00	308	30		2
11:15	308	30		2
11:30	308	30		2
11:45	308	30		2
12:00	308	30		2
12:15	308	30		2
12:30	308	30		2
12:45	308	30		2
1:00	308	30		2
1:15	308	30		2
1:30	308	30		2
1:45	308	30		2

B 1 7711

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 516923 please print or type

STATE PERMIT NUMBER

40-94-3664 fill in this form completely

Date Received (APA) 04 11 02

OWNER INFORMATION

Williamburg Group 5485 Harpers Farm Rd Columbia Md 21044

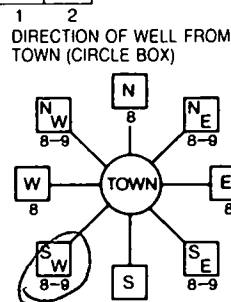
LOCATION OF WELL

Howard For Chase Estates West Friendship

DRILLER INFORMATION

Joseph L. Mayne MS D 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cedarview Ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 FT TAX MAP: 45 BLK: 22 PARCEL: 25

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A513359-E Mark E. Hill 4/8/04

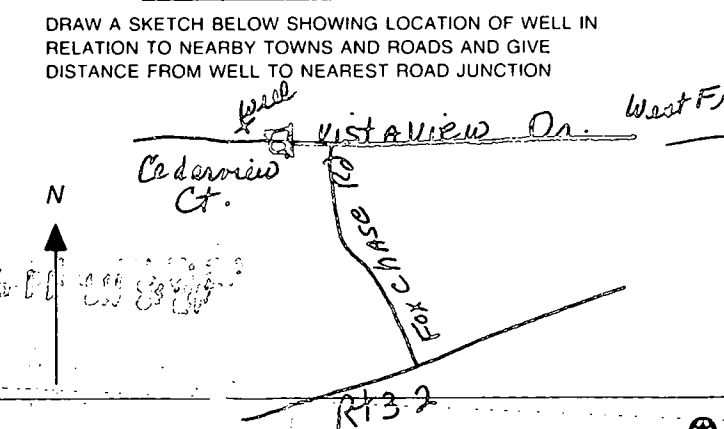
- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 8102 N 5301

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion CABLE REVERSE-ROTary JETTED & DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT

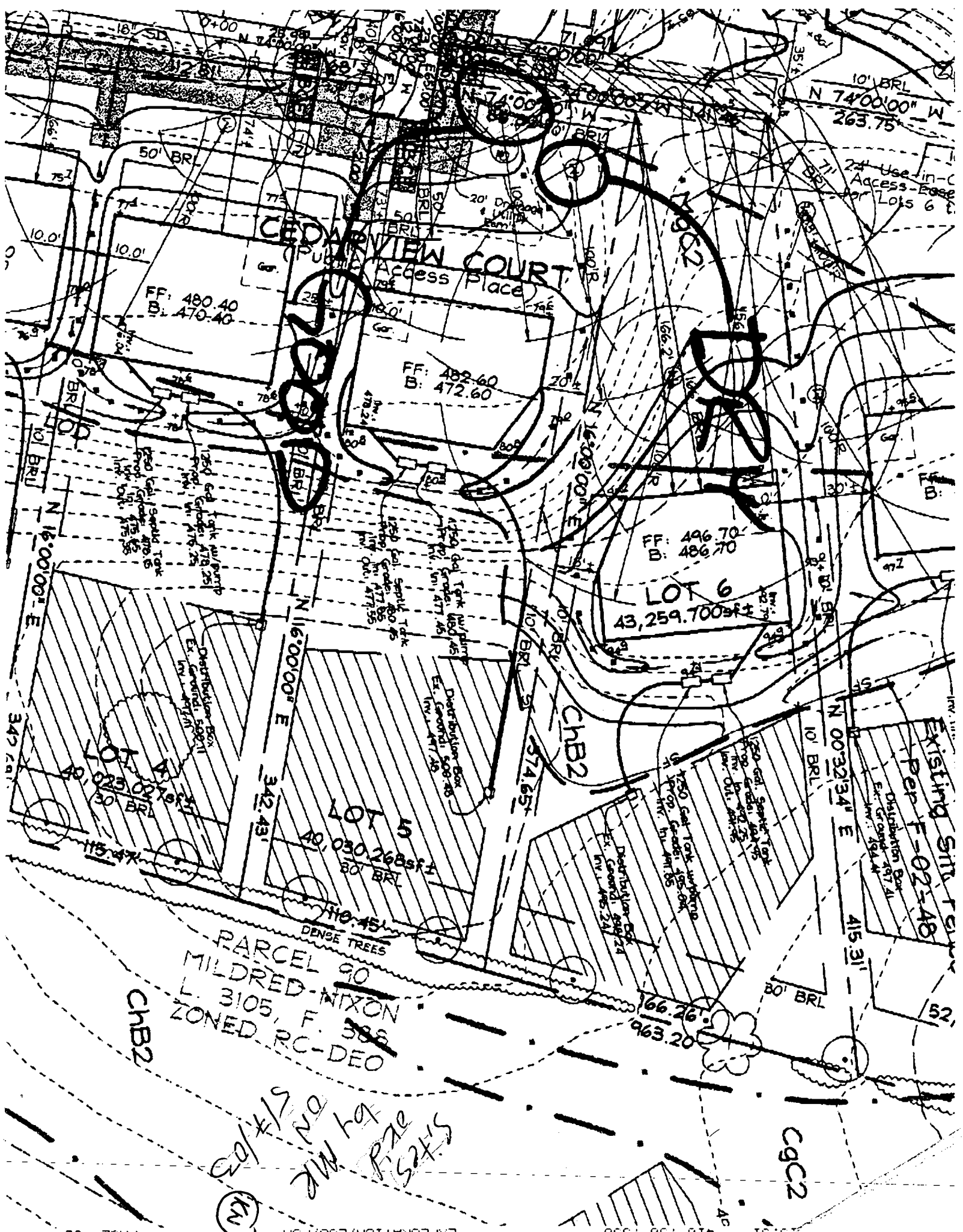
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 40-94-3664

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





10' BRL  
N 74°00'00" W  
263.75'

**CEDARVIEW COURT**  
(Public Access Place)

FF: 480.40  
B: 470.40

FF: 482.60  
B: 472.60

FF: 496.70  
B: 486.70

**LOT 6**  
43,259.700sqft

**LOT 7**  
40,030.268sqft  
80' BRL

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

Existing Site Plan  
Per F-02-48  
Distribution Box  
Ex. General 497.41  
Inv. 494.41

Sites  
are  
by MR  
S/S  
1/3  
(K)

# APPLICATION

A 30988

PERCOLATION TESTING

A 513359

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/31/2000

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 SY:

PROPERTY OWNER Campbell Donald

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

AGENT OR PROSPECTIVE BUYER Halley Development L.C. (Rich Thomas, Peter Moore)

ADDRESS 3905 NATIONAL DRIVE, SUITE 410 PHONE (301) 476-7715  
BURTONSVILLE MD. 20866 301 775-2881 cell

PROPERTY LOCATION:

SUBDIVISION CAMPBELL PROPERTY LOT NO. A 5

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 UNDERSTA

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AG

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Facharia A. Frisch (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 \_\_\_\_\_

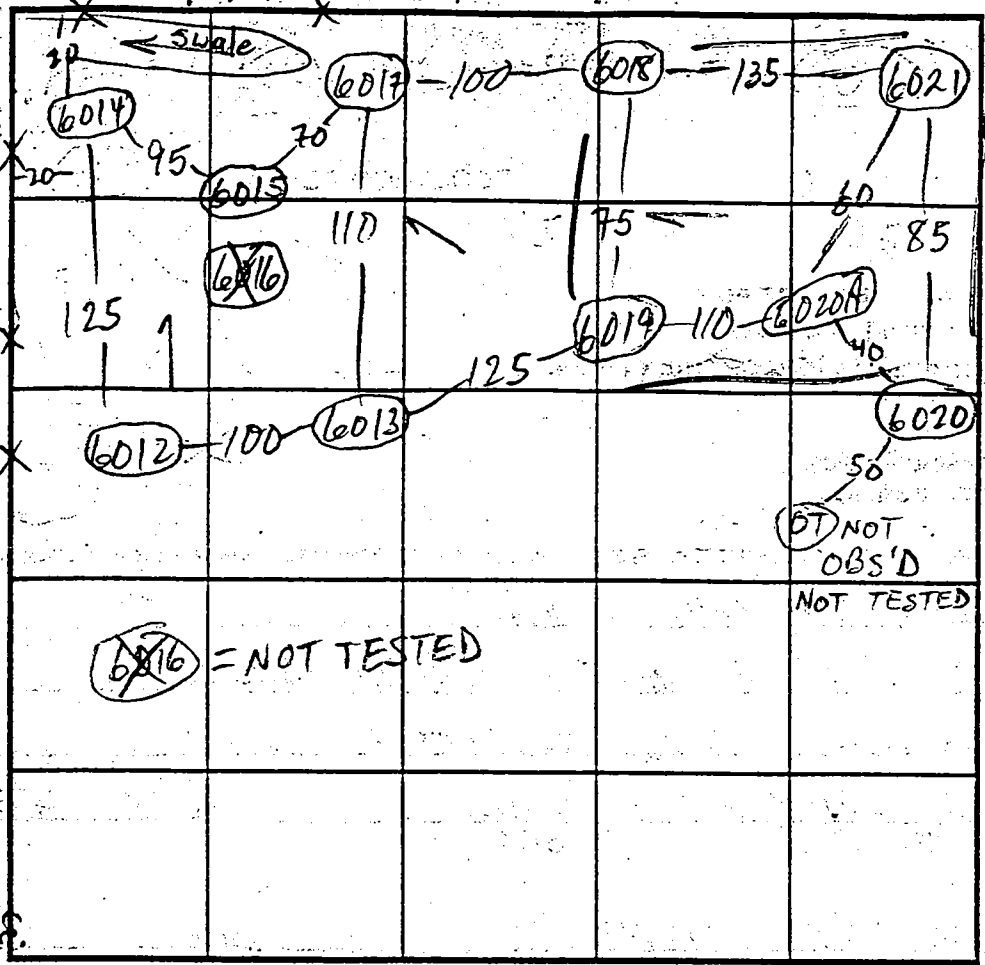
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

↑ NIXONS COMM. SEPTIC

COUNTY # \_\_\_\_\_

SOIL PROFILE  
 979 P715  
 tan brn  
 orge  
 sacl m  
 14  
 12  
 13  
 3  
 tan  
 sand  
 w/  
 sa l m  
 11-  
 12  
 10-20%  
 sa pro lite  
 frags



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	6019 s	4'	11:31	11:32	11:32	11:33	1 ✓
	M	7'	11:31	11:32	11:32	11:33	1 ✓
	V	12	20-30	20 Rx <sup>hard</sup> pocket @ 4-6			OK ✓
	6018 s/v	4 1/2 / 12	11:35	11:36	11:36	11:37	1 - OK ✓
	6017 s/v	4 1/2 / 11'3"	11:52	11:54	11:54	11:58	4 - OK
	6015 s/v	4 / 12 1/2	11:53	11:55	11:55	11:57	2 - OK
	6014 s/v	4 1/2 / 12	11:56 11:58	11:57 11:59	11:57 11:59	11:58 12:01	1 2 - OK
	6012 s	4 1/2	12:05	12:09	12:07	12:16	7
	M	7	12:06	12:07	12:07	12:09	2
	V	12	OK	see pro			
	6013 v	12	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 \_\_\_\_\_

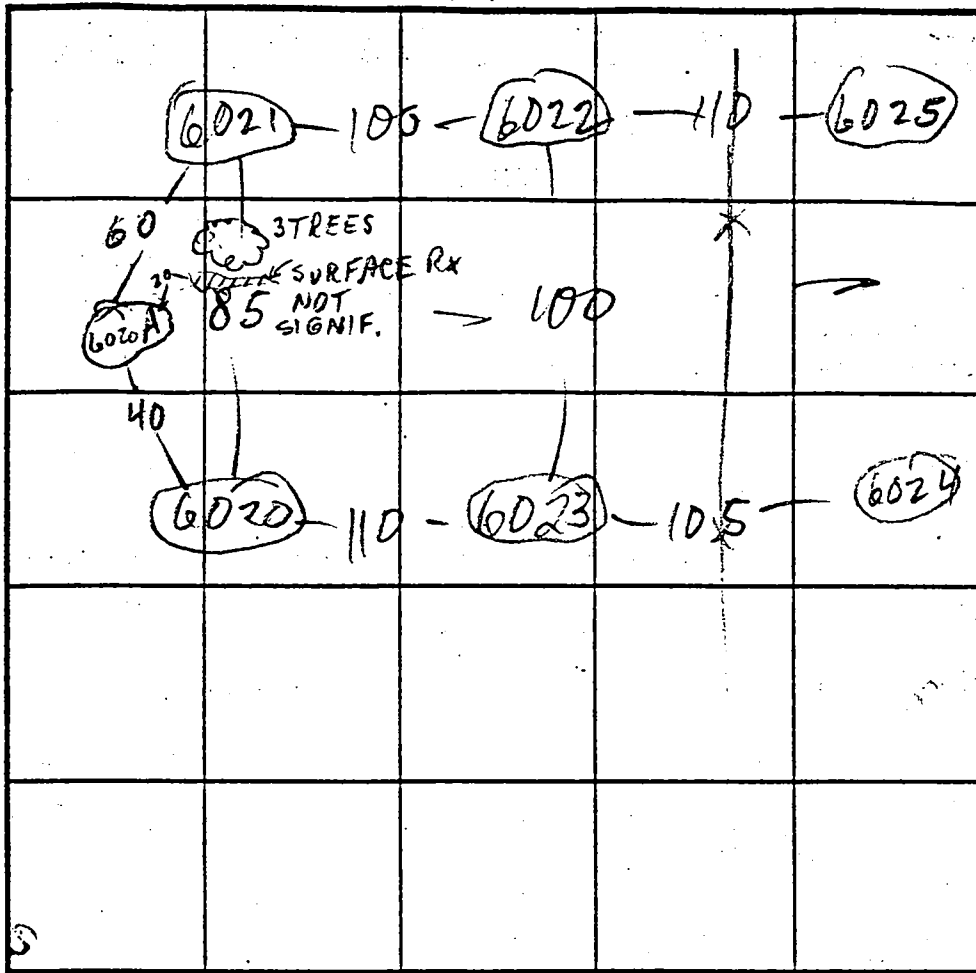
COUNTY #

SOIL PROFILE

0' 6022 21  
tan pink  
scl lm 23

3 pink  
tan  
mica sa  
lm  
10-15% frags

12 6020 6020A



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
	H	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

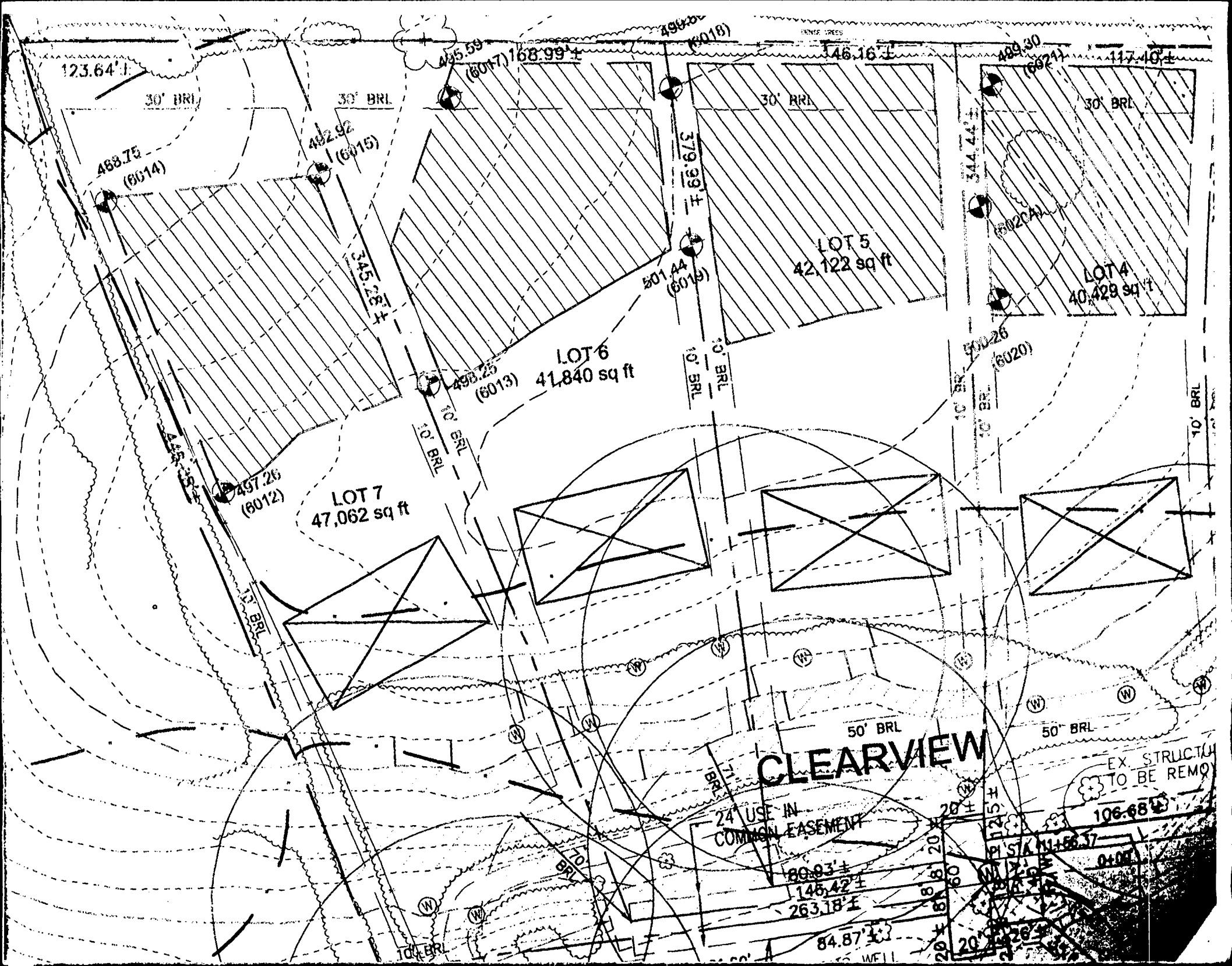
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT/BEDROOM \_\_\_\_\_

12 1/2

✓

✓



123.64'

30' BRL

30' BRL

30' BRL

30' BRL

488.75  
(6014)

482.92  
(6015)

495.59  
(6017)

168.99'

496.30  
(6018)

46.16'

489.30  
(6021)

117.40'

379.39'

501.44  
(6019)

LOT 5  
42,122 sq ft

344.44'

500.26  
(6020)

LOT 4  
40,428 sq ft

LOT 6  
41,840 sq ft

10' BRL  
10' BRL

10' BRL  
10' BRL

10' BRL  
10' BRL

10' BRL

497.26  
(6012)

LOT 7  
47,062 sq ft

10' BRL

50' BRL

50' BRL

**CLEARVIEW**

24' USE IN  
COMMON EASEMENT

EX. STRUCTURE  
TO BE REMOVED

106.68'

80.93'  
146.42'  
263.18'

20'

20'

20'

20'

20'

84.87'

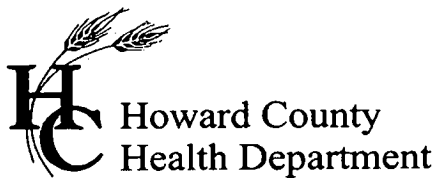
20'

PL'S & M.L. 66.37

0-00'

WELL





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 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

April 5, 2004

Williamsburg Group LLC  
P.O. Box 1018  
Columbia, MD 21044

RE: Fox Chase Estates, Lot #5  
13004 Cedarview Court  
BP # B00143554  
Well Permit # HO-94-3664

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 4/5/2004.

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-94-3664. 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: 3/29/2004 & 4/2/2004  
Date of Well Completion: 5/14/2003

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

mlb

cc: Building Inspector's Office  
Community Health Services  
File