

LAYOUT 1/8/04 - AM INSP 4 2/24/04 1pm  
 INSP 2 2/17/04 12:30 INSP 5 \_\_\_\_\_  
 INSP 3 2/19/04 - 3pm INSP 6 \_\_\_\_\_

ISSUE DATE: 12/12/2003  
 APPROVAL DATE: 2/24/04

P 519697  
 A 513359-F

**PERMIT  
INDEXED**

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

**03-339653**

Maticie Construction Services IS PERMITTED TO INSTALL  ALTER

ADDRESS: 5977 Sandy Ridge Ct. PHONE NUMBER: 443-864-0741

SUBDIVISION: Fox Chase Estates LOT NUMBER: 6

ADDRESS: 13008 Cedarview Court PROPERTY OWNER: Williamsburg Group

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:	Place the distribution box 90' from the rear lot line and 50' from the right lot line. Run (3) 80' trenches on contour to rear of lot as shown on plan.
NOTES:	

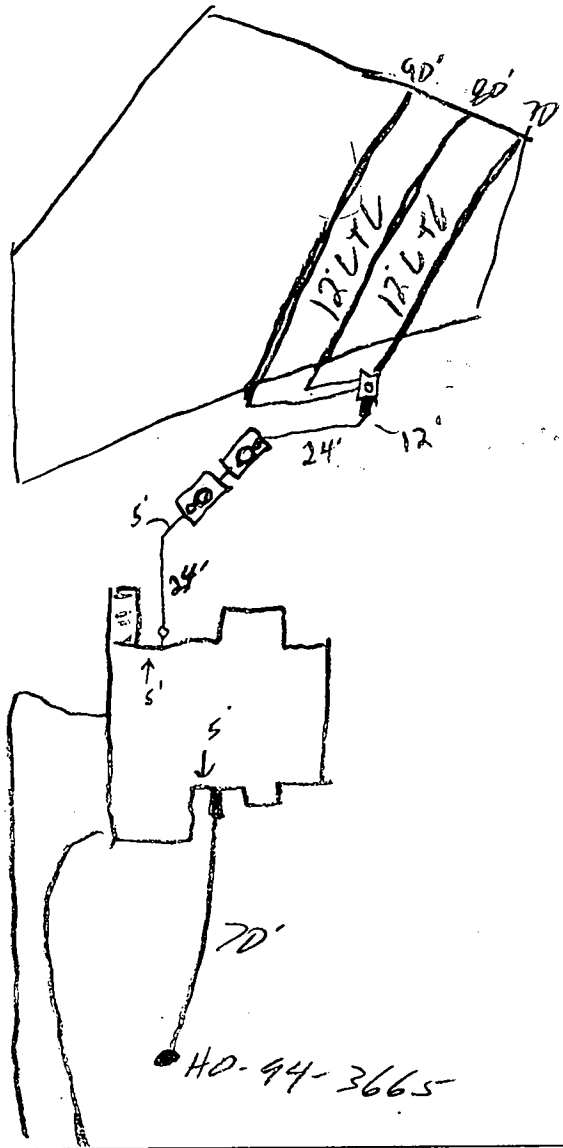
PLANS APPROVED: MER ok. J 10/1/03 DATE: 8/18/03

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-F

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3'
TOTAL LENGTH		240'
ABSORPTION AREA		7204
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

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

ROAD

PRE-CONSTRUCTION 1/8/04 - SRA staked, contour not as shown.

Install 70' / 80' / 90' trenches on contour. Tanks set.

INSTALLATION OK to cover (SD)

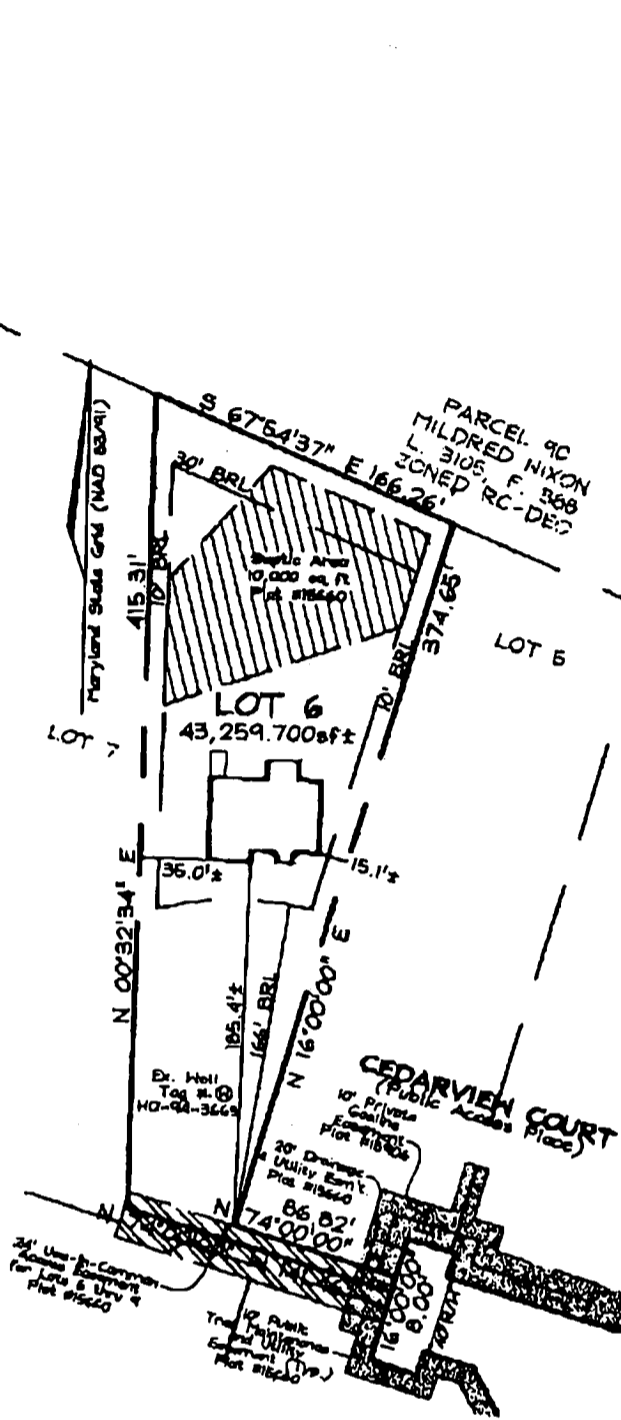
1/13/04 - OK to cover all work. Pump & Alarm tests needed (SD) 2/18/04 still need Pump + alarm test (MB/LS)

2/19/04 - Pump OK, Alarm not working (SD)

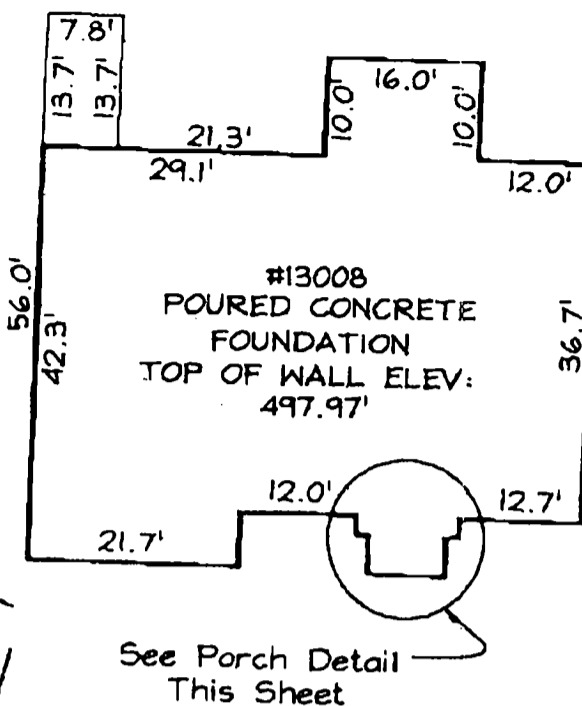
2/24/04 - Alarm test OK (SD)

FINAL INSPECTOR *[Signature]*

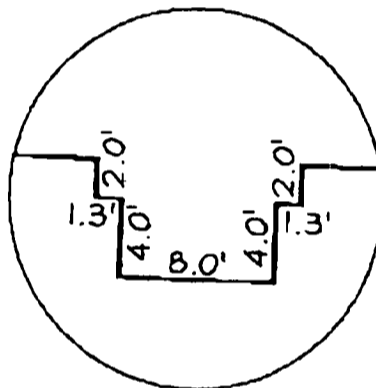
DATE OF APPROVAL 2/24/04



**PLAN VIEW**  
SCALE: 1"=50'100



**FOUNDATION DETAIL**  
SCALE: 1"=20'



**PORCH DETAIL**  
SCALE: 1"=10'

- House moved back 15'
- well not shown correctly on bids permit plan
- No impact on SDA or inerts

10/9/03 JAB wall check 12

**LEGEND**

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

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 13008 CEDARVIEW CT.  
TOP OF WALL ELEV. = 497.97' 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

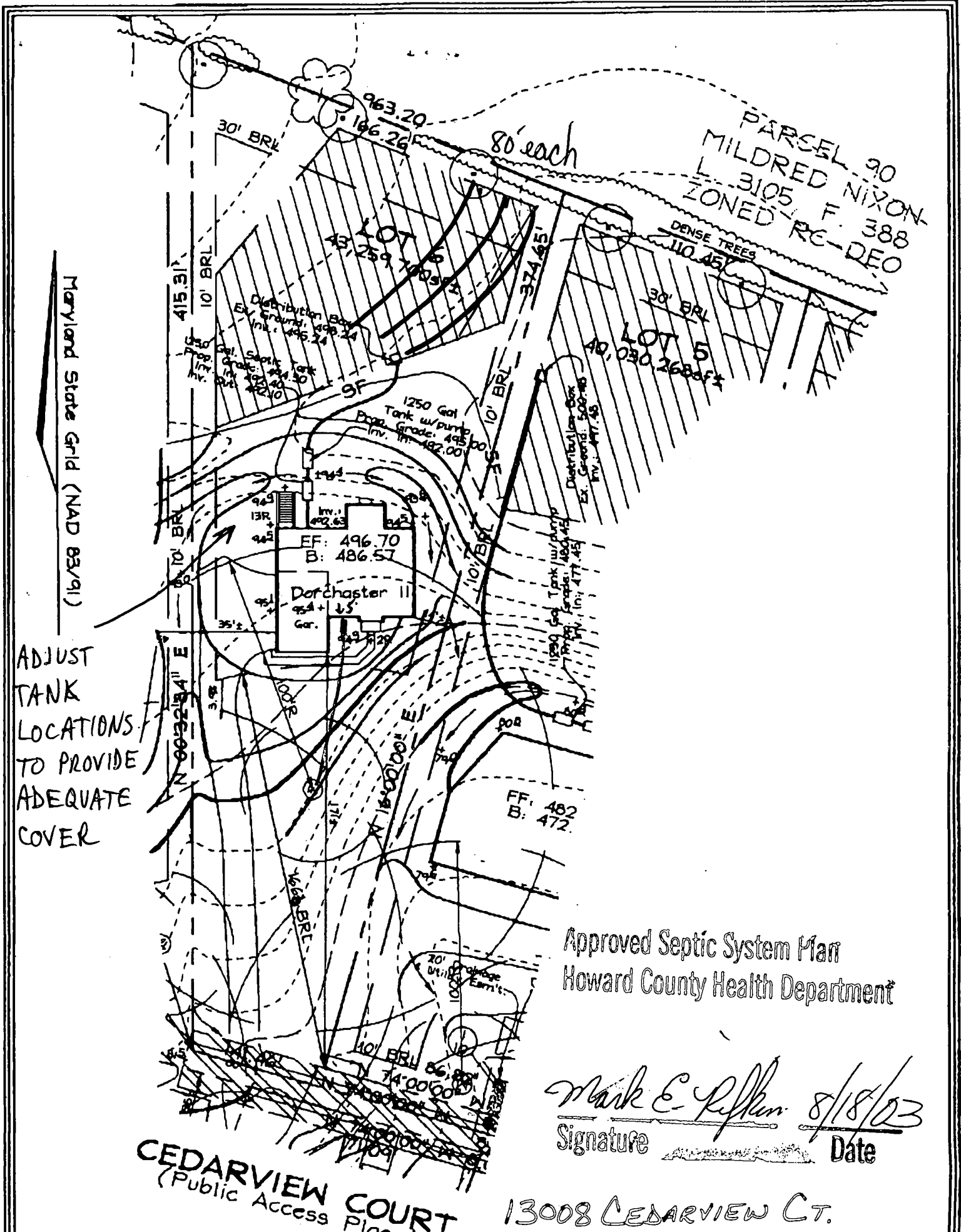
**LOCATION DRAWING**

FOUNDATION	Date: 09/03/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3003



**WALL CHECK**

LOT 6  
FOX CHASE ESTATES  
PLAT No. 15907  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND



ADJUST  
TANK  
LOCATIONS  
TO PROVIDE  
ADEQUATE  
COVER

Approved Septic System Plan  
Howard County Health Department

*Mark E. Poffen* 8/18/03  
Signature Date

**CEDARVIEW COURT**  
(Public Access Place)

13008 CEDARVIEW CT.

**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-xx-xx for Entire Site.

**OWNER/DEVELOPER**  
Williamsburg Group L.L.C.  
P.O. Box 1018  
Columbia, Maryland 21044

DESIGN BY:	PS
DRAWN BY:	AY
CHECKED BY:	ZYF
SCALE:	1"=50'
DATE:	June 4, 2003
W.O. No.:	3003
SHEET No.:	1 OF 1

**LOT RESITE**  
**LOT 6**  
**FOX CHASE ESTATES**

TAX MAP 15 GRID 23  
3RD ELECTION DISTRICT

PARCEL 25  
HOWARD COUNTY, MARYLAND

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

**BO004 3-227 MER**

G 8447

Building Address 13008 CEDARVIEW CT.  
WEST FRIENDSHIP, MD 21794  
Suite/Apt. #: --- SDP/NWP/Petition #: GP 03-64  
Census Tract 1003 Subdivision FOX HASE ESTATES  
Section N/A Area N/A Lot 6  
Tax Map 15 Parcel 25 Grid 23  
Zoning R0DEP Map Coordinates 15C17 Lot size 43,259 sq ft

Property Owner's Name WILLIAMSBURG GROUP  
Address 5425 HARPERS FARM RD, # 200  
City Columbia State MD Zip Code 21044  
Home Phone --- Work Phone 410 997 8800 X16  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone --- Fax 410-997-4358

Existing Use VACANT LOT  
Proposed Use SFD  
Estimated Construction Cost \$ 200,000  
Description of Work MODEL: DORCHESTER II

Contractor Company SAME AS OWNER  
Contact Person ---  
Address ---  
City --- State --- Zip Code ---  
License No. 155  
Phone --- Fax ---

Occupant or Tenant SAME AS OWNER  
Contact Name ---  
Address ---  
City --- State --- Zip Code ---  
Phone --- Fax ---

Engineer or Architect Company PLYMOUTH RD. ARCHS  
Contact Person TIM GRALLAN  
Address 640 PLYMOUTH RD  
City CADONVILLE State MD Zip Code 21228  
Phone 410 788 0281 Fax ---

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>52'</u> Depth <u>57'</u> Width	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>46'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>46'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Suzanne P. Davis  
Applicant's Signature  
AGENT  
Title/Company

SUZANNE P. DAVIS  
Print Name  
6/9/03  
Date

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

AGENCY	DATE	SIGNATURE-APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>8/18/03</u>	<u>Mark Ryle</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" 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  NO   
Is Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for New/Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 58552

Filing fee \$ ---  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 292  
Validation # ---  
Accepted by ---

**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: Foakes Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht RD  
Sylvestre, 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. Licenses may be subjected to field verification.

Name of Property Owner: Williamsburg Group Telephone #: 410-997-8800  
Subdivision: Fox Chase Estates Lot #: 6 Well Tag #: HO-94-3665  
Site Address: 13008 Cedarview Ct

**Submersible Pump Data**

Make: Grundfos  
Model #: 75BMA-422  
Pump Capacity: 2 GPM  
Well Yield:          GPM

**Pitless Adapter**

Make: Campbell  
Model#:           
Depth: 36 (36" min)  
NSF approved: yes

**Well Cap and Electric Conduit**

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 460 (feet)  
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

**Piping to house**

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5  
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: Allen Compton

date: 1-23-04

**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 14155 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A513359-F

1 2 3 4 5 6 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE RECEIVED 7/24/03

DATE WELL COMPLETED 7/29/03 Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3665

OWNER Williamsburg Group STREET OR RFD Cedarview Ct TOWN W-Friendship SUBDIVISION FOX CHASE EST. SECTION LOT 6

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, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-36, Gray Miss Rock 36-400, 400-40 drilling material, 40-0 cement, 44-40 drilling material, 40-0 cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 12 NO. OF POUNDS 49128 GALLONS OF WATER 12 DEPTH OF GROUT SEAL (to nearest foot) 36

CASING RECORD (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

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

SCREEN RECORD (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.) 38 400

Table with columns: E, A, C, H, S, C, R, E, N and rows for casing diameters and slot sizes.

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.

WHEN PUMPING 339 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) (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)

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 Location

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-94-3665  
 Location of property (road) 11141 Cedarview Court  
 Subdivision FOX CHASE ESTATES Lot 6 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller J Mayne Owner Williamsburg Group

Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 44'

I. High rate pumping -- reservoir drawdown

Time pump started 10:05 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level 339 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)
10:20	169	3		20
10:35	241	4		15
10:50	339	5		12
11:05	339	60		1
11:20	339	60		1
11:35	339	60		1
11:50	339	60		1
12:05	339	60		1
12:20	339	60		1
12:35	339	60		1
12:50	339	60		1
1:05	339	60		1
1:20	339	60		1
1:35	339	60		1
1:50	339	60		1
2:05	339	60		1
2:20	339	60		1
2:35	339	60		1
2:50	339	60		1
3:05	339	60		1
3:20	339	60		1
3:35	339	60		1
3:50	339	60		1
4:05	339	60		1
4:20	339	60		1
4:35	339	60		1
4:50	339	60		1



B 1	<b>7710</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>516923</i> please print or type	STATE PERMIT NUMBER <b>HO-94-3665</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) **04 11 02**  
8 MM 00 YY 13

**OWNER INFORMATION**

**Williamsburg Group**  
15 Last Name 34 Owner First Name

**5485 Harpers 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 **44** LOT **6**  
44 46 48 50

**West Friendship**  
52 NEAREST TOWN 71

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

**DRILLER INFORMATION**

**Joseph L. Mayne MSD02Y**  
76 License No. 81

**Joseph L. Mayne Well Drilling**  
Firm Name

**5512 Ridge Rd Mt. Airy 21771**  
Address

**Joseph L. Mayne 4/9/02**  
Signature Date

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

**Cedarview Ct.**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**95**  
34 37

DISTANCE FROM ROAD **FT**  
ENTER FT OR MI 38 39

TAX MAP: **15** BLK: **22** PARCEL: **25**

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED **500**  
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

**Howard** COUNTY NAME  
**A513359-F** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

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

NORTH GRID **531** 000 EAST GRID **0812** 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 **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**

**7/7/03 (S)**  
**400' well**  
**40' casing**  
**No grout yet**

**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)**

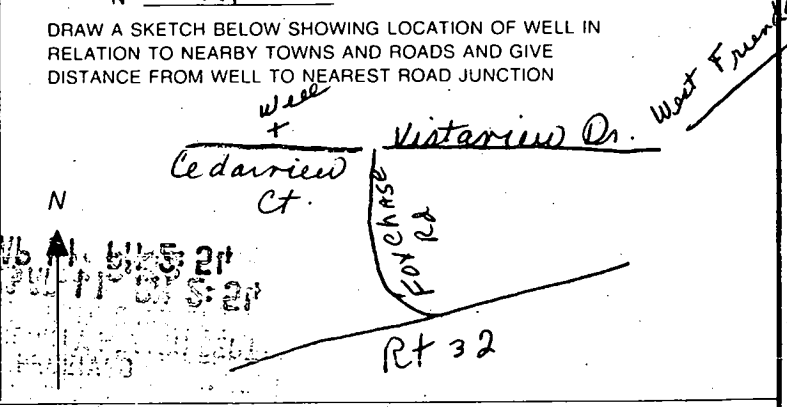
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

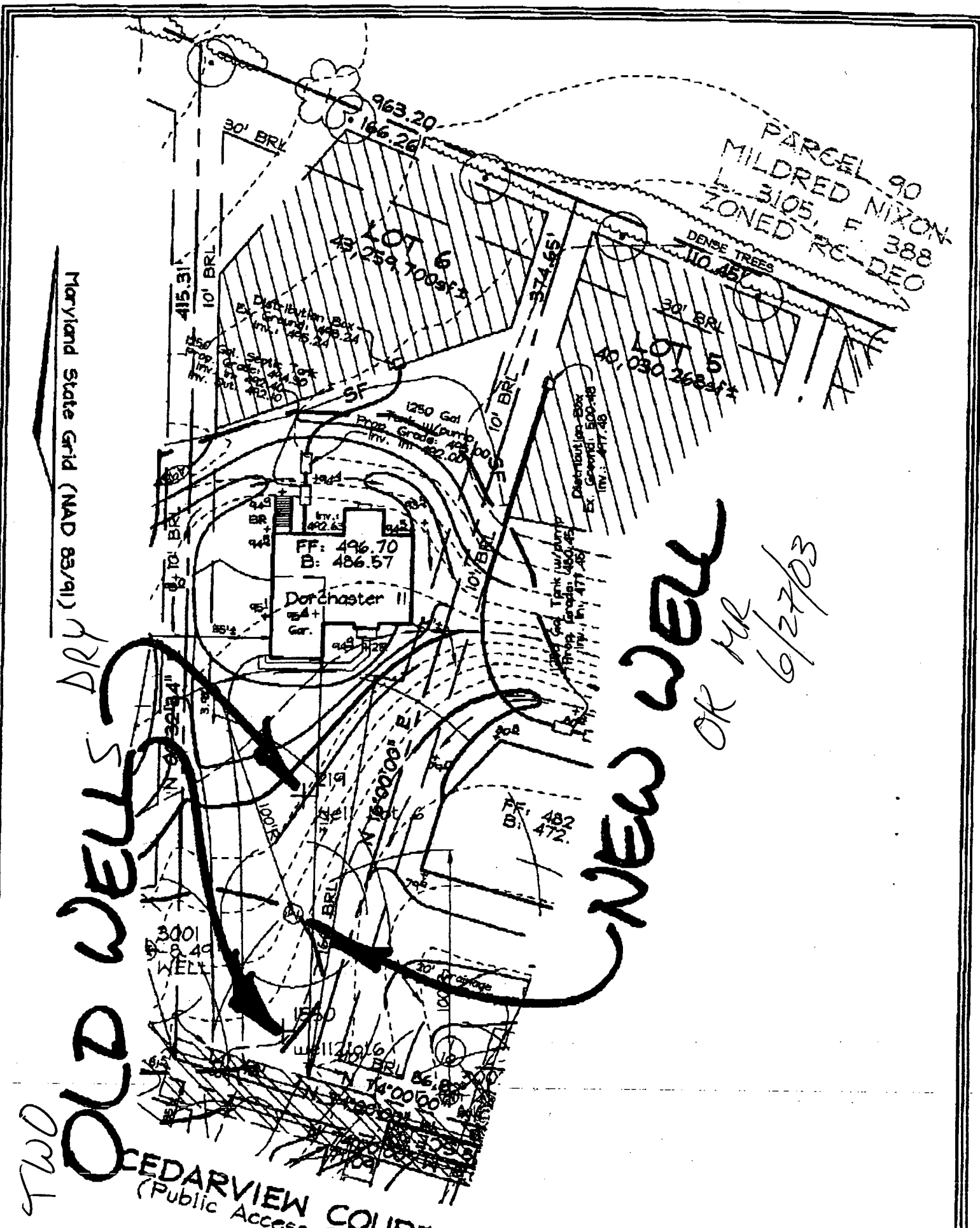
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52 \_\_\_\_\_



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

APPROX. PERMIT NUMBER \_\_\_\_\_

PERMIT No. **HO-94-3665**  
70 71 72 73 74 75 76 77 78 79



Maryland State Grid (NAD 83/91)  
 DRY

TWO  
 OLD WELLS

NEW WELL  
 OK MR  
 6/27/03

CEDARVIEW COURT  
 (Public Access Place)

FSH Associates

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

# 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 Halley Development L.C.

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

PROPERTY LOCATION:

SUBDIVISION CAMPBELL PROPERTY LOT NO. 16

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 H. Ficks (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

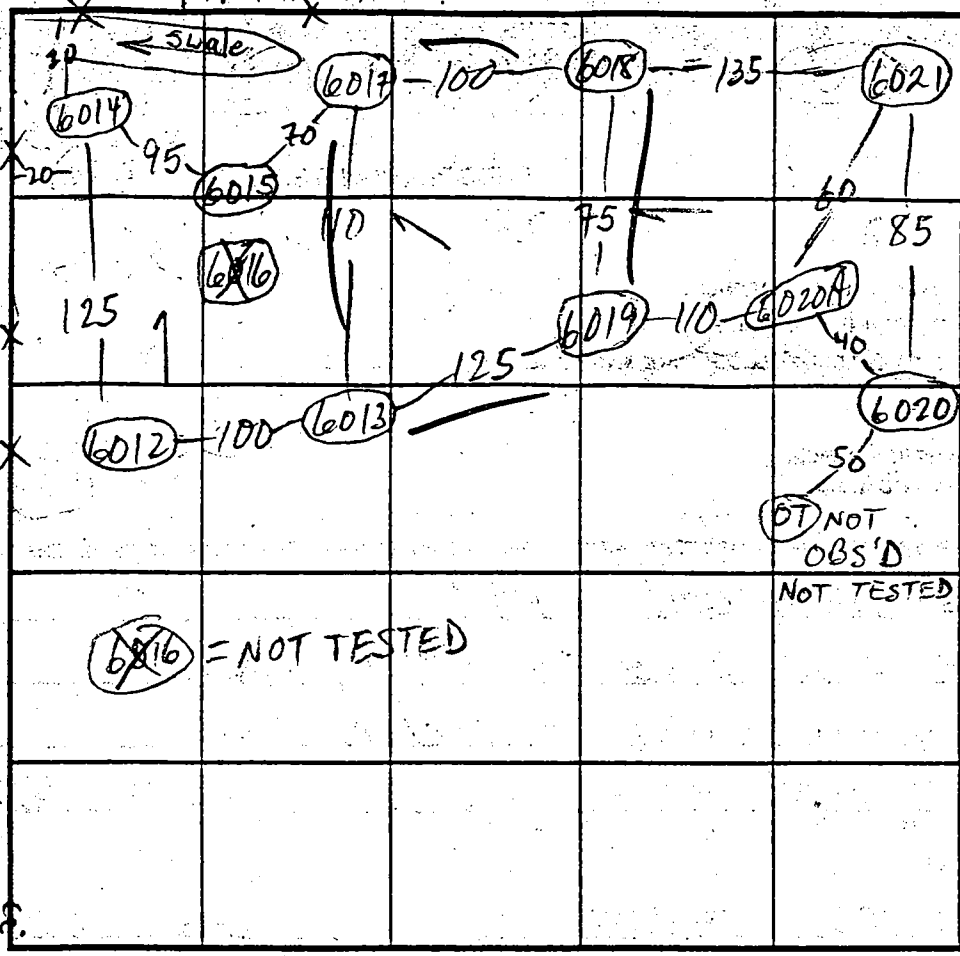
COUNTY #

SOIL PROFILE  
9 1/2 FT 15

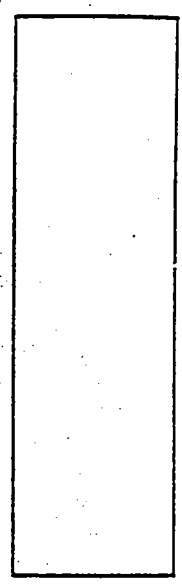
tan brn  
orge  
sac 1m

tan  
sand  
w/  
sa 1m

10-20%  
saprolite  
frags



SOIL PROFILE



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	hard	20 Rx 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	12:09	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			

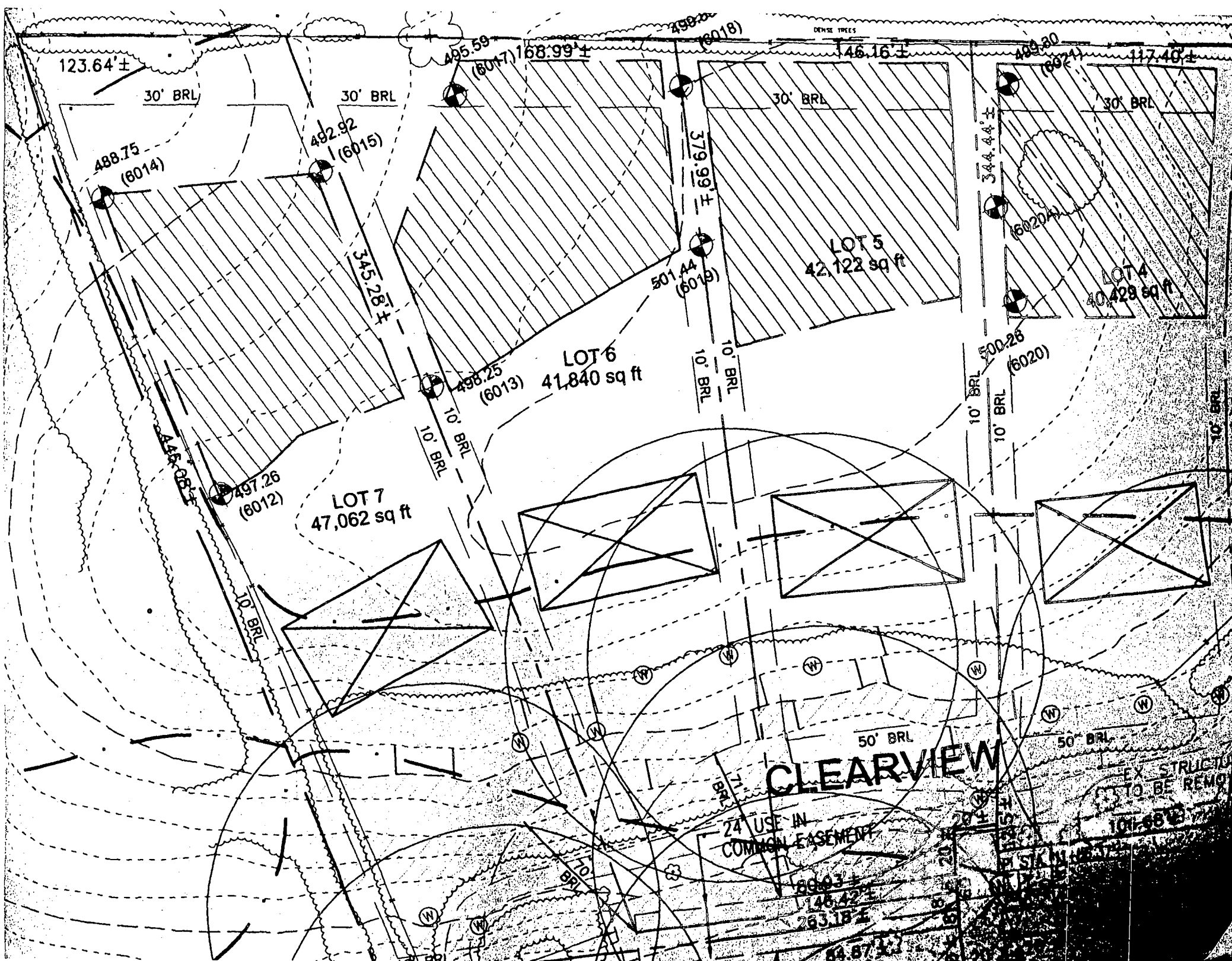
REMARKS \_\_\_\_\_

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 \_\_\_\_\_



123.64'±

30' BRL

30' BRL

30' BRL

30' BRL

488.75  
(6014)

482.92  
(6015)

495.59  
(6017)

168.99'±

498.20  
(6018)

146.16'±

493.20  
(6019)

117.40'±

345.28'±

501.44  
(6019)

LOT 5  
42,122 sq ft

344.44'±  
(6020)

LOT 4  
40,429 sq ft

LOT 6  
41,840 sq ft

498.25  
(6013)

10' BRL  
10' BRL

500.26  
(6020)

497.26  
(6012)

LOT 7  
47,062 sq ft

10' BRL  
10' BRL

10' BRL  
10' BRL

**CLEARVIEW**

24 USE IN  
COMMON EASEMENT

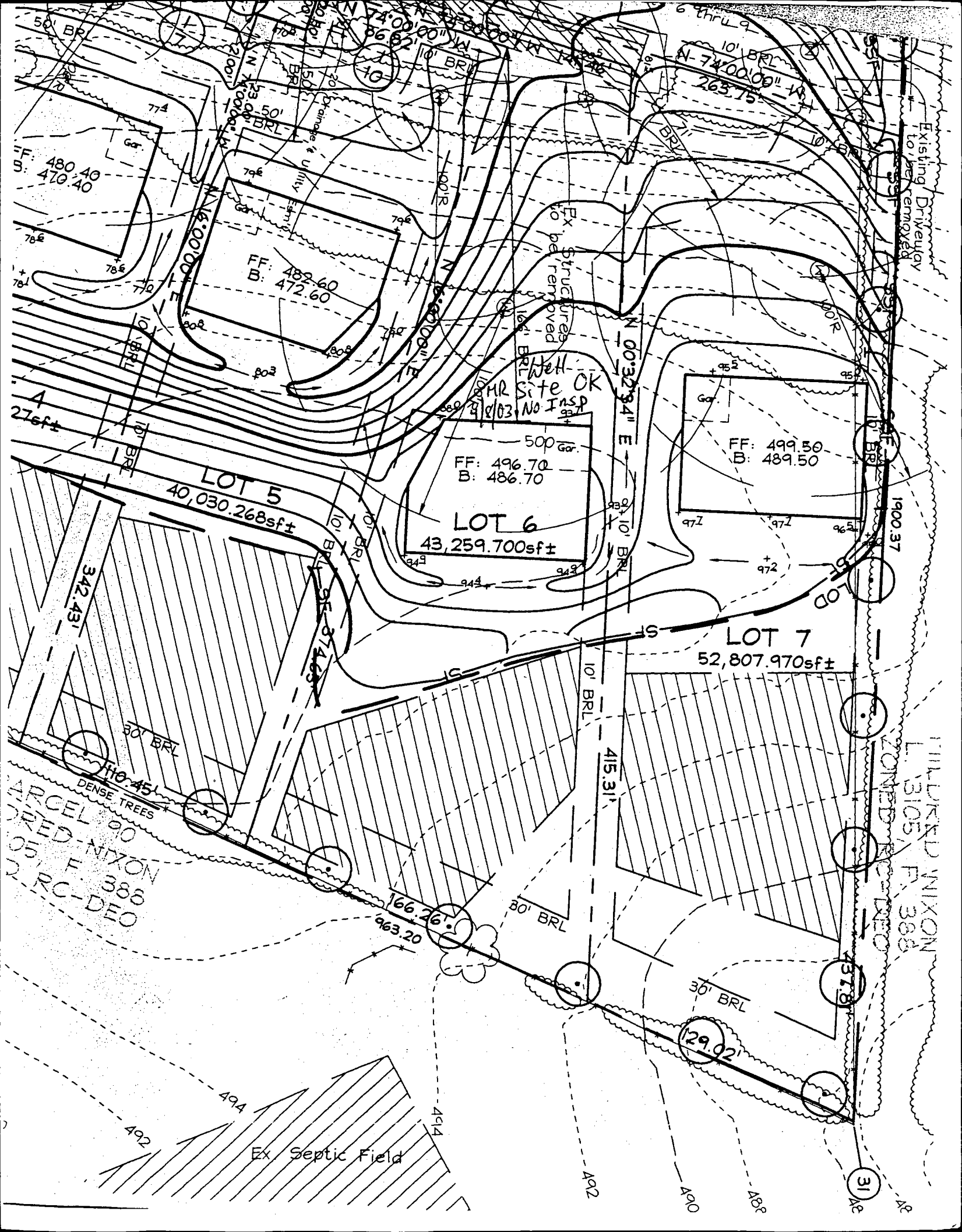
EX STRUCTURE  
TO BE REMOVED

80.93  
146.42  
263.18'±

64.87'±

101.68'±

DENSE TREES



50' BRL  
S.F.: 480.40  
470.40

N 74°00'00" W  
263.75'

FF: 482.60  
B: 472.60

Well site OK  
9/8/03 No Insp

500' Gr.  
FF: 496.70  
B: 486.70

LOT 6  
43,259.700sf±

FF: 499.50  
B: 489.50

LOT 7  
52,807.970sf±

LOT 5  
40,030.268sf±

342.431

DENSE TREES  
HILLIARD NIXON  
L. 3105 P. 388  
ZONED R-100

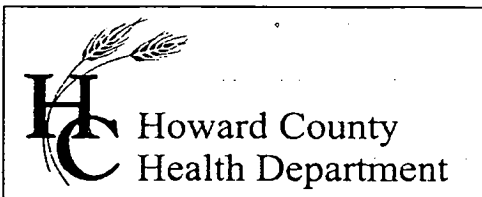
HILLIARD NIXON  
L. 3105 P. 388  
ZONED R-100

Ex. Septic Field

Existing Driveway  
to be removed

31





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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 25, 2004

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

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

RE: 13008 Cedarview Court  
Fox Chase Estates, Lot 6  
BP # B00142327  
Well Permit # HO-94-3665

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 02/24/2004.**

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-94-3665. 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 Sample: 02/23/2004  
Date of Well Completion: 07/07/2003

Respectfully,

Stuart Oster, R. S.  
Well and Septic Program

SO/mlb

cc: Building Inspector's Office  
Community Services Program  
File