

LAYOUT 1/22/04 Am INSP 4 4/12/04  
 INSP 2 2/18/04 3/30/04 INSP 5 2/18/04  
 INSP 3 4/7/04 pm INSP 6 \_\_\_\_\_

P 520141 4/12/2004  
 P 520034  
 A 513359-H

ISSUE DATE: 1-20-04  
 APPROVAL DATE: 4/12/04

**PERMIT  
INDEXED**

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

**03-339688**

MATICIC CONSTRUCTION IS PERMITTED TO INSTALL  ALTER

ADDRESS: 5977 SANDY RIDGE CT PHONE NUMBER: 410-984-1618

SUBDIVISION: Fox Chase Estates LOT NUMBER: 8

ADDRESS: 13011 Cedarview Court PROPERTY OWNER: Williamsburg Group

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the bottom of the steep hill and 70' from the left lot line. Run (4) 60' trenches on contour to either lot line.
NOTES:	Steep slopes (>1-2%) on pipe from septic tank to distribution box should be no more than ten feet long and at least 15' upstream of distribution box.

PLANS APPROVED: MER DATE: 9/17/03

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

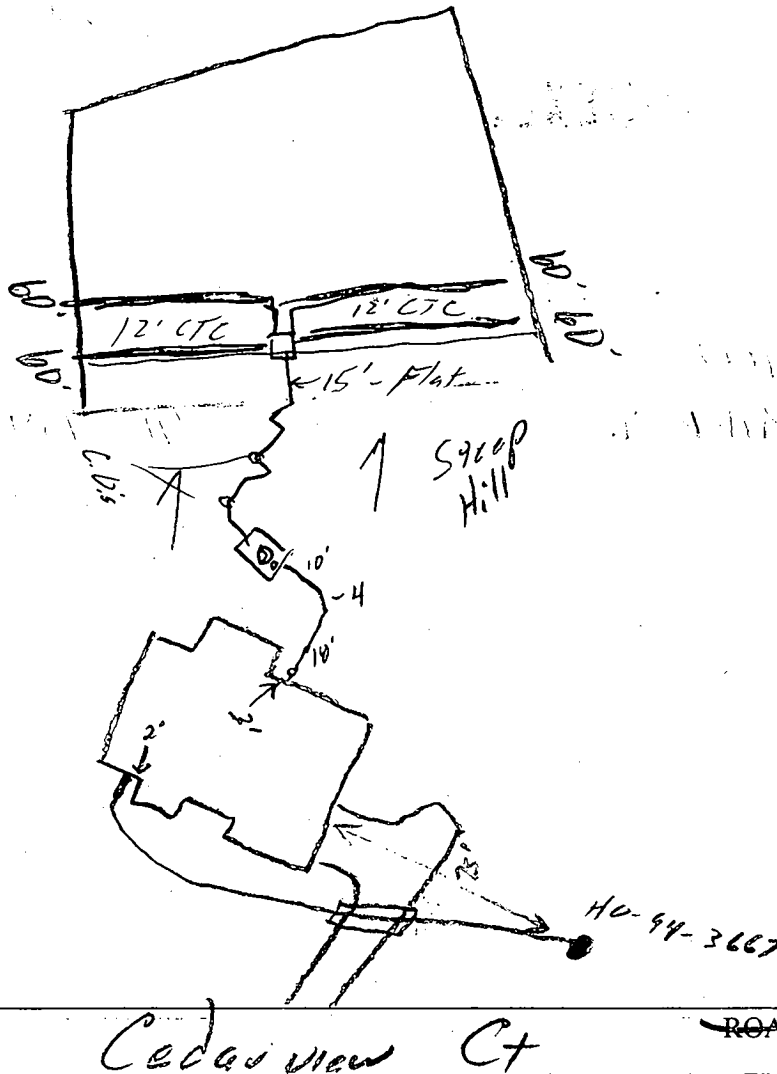
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**BUILDING PERMIT SIGNED AND RETURNED**  
 110-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

6-9-04 800148814-DECK

A 513359-H

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

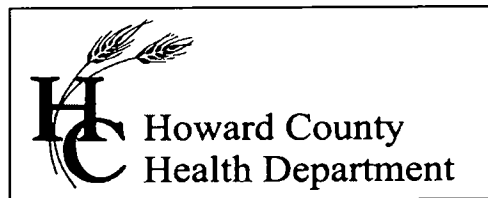
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	TOP
TANK LID DEPTH	1-3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	_____
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 1/22/04 - SRA staked, very steep drop to SRA. House covr changed. Install tank 10' off house with line to D.B. going w/ contour

INSTALLATION (No tiers). 20' in front of P.B. flat. C.O. at 50' or 15' lower band (SO) 1/30/04 - Discussed w/ J.B., make steep slope descent w/ tiers and 45° bends - No. 90's (SO) 3/30/04 - Tank set, line down steep grade installed. Need to install clean outs at top & in middle of the hill (SO) 4/12/04 - OK to cover all work (SO)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR Steve De... DATE OF APPROVAL 4/12/04



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

April 13, 2004

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

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

RE: 13011 Cedarview Court  
Fox Chase Estates, Lot 8  
BP # B00143653  
Well Permit # HO-94-3667

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 04/12/2004.**

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-94-3667. 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: 04/09/2004  
Date of Well Completion: 06/27/2003

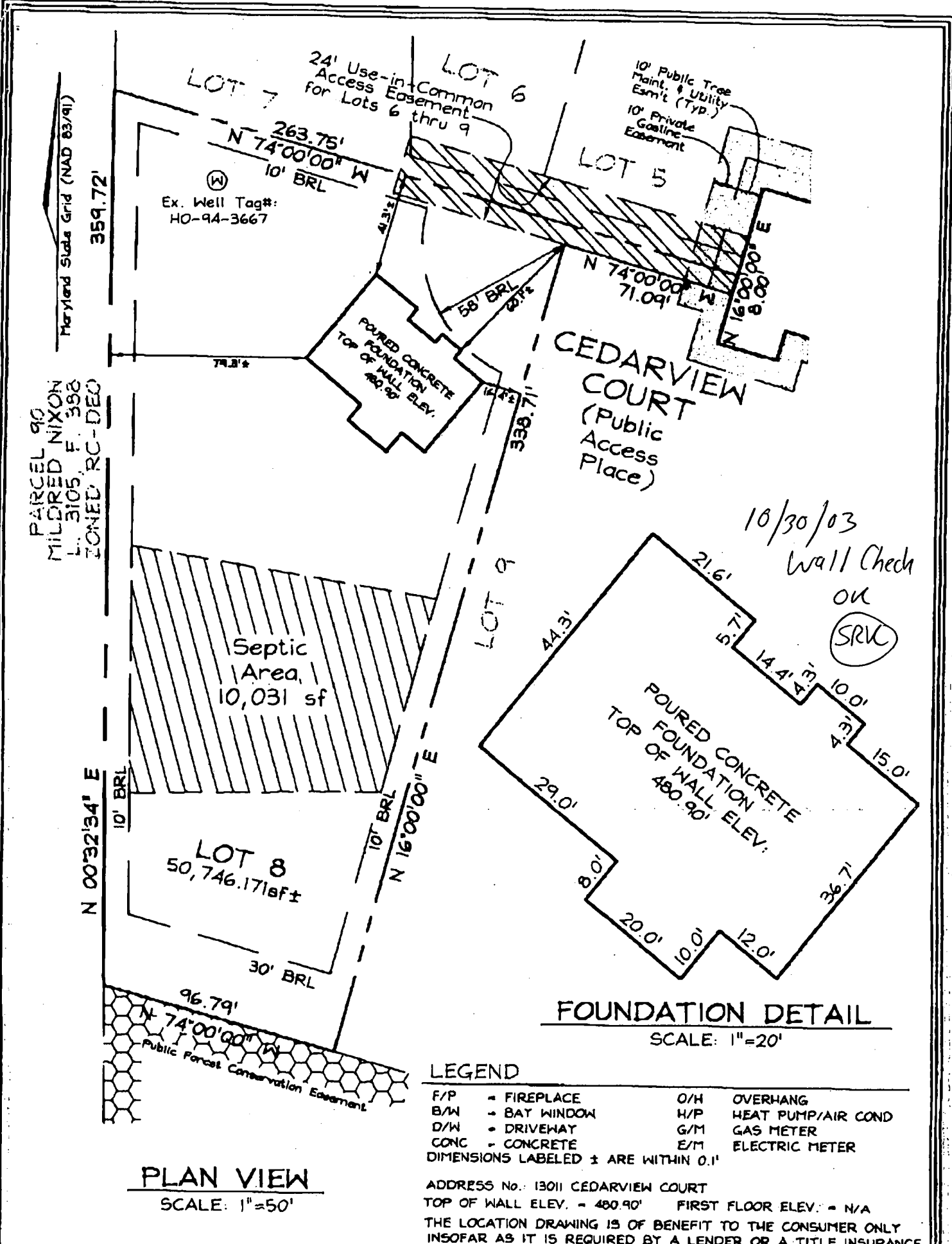
Respectfully,

Stuart Oster, R. S.

Well and Septic Program

SO/mlb

cc: Building Inspector's Office  
Community Services Program  
File



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

**LEGEND**

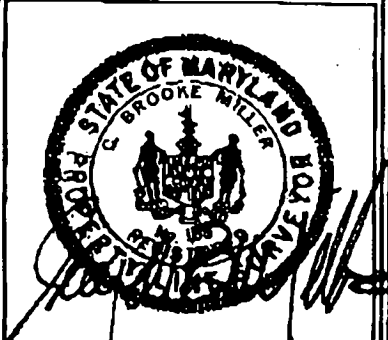
- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- DIMENSIONS LABELED ± ARE WITHIN 0.1'
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 13011 CEDARVIEW COURT  
 TOP OF WALL ELEV. = 480.90' 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: 410-750-2261 Fax: 410-750-7350  
 E-mail: FSHAssociates@cs.com

WALL CHECK	
FOUNDATION	Date: 10/23/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3003



LOT 8  
 FOX CHASE ESTATES  
 PLAT No. 15907  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

*Handwritten scribbles and initials at the top right of the plan.*

24' Use-in-Common Access Easement for Lots 6 thru 9

**CEDARVIEW COURT**  
(Public Access Place)

Existing Super Silt Fence Per F-02-48

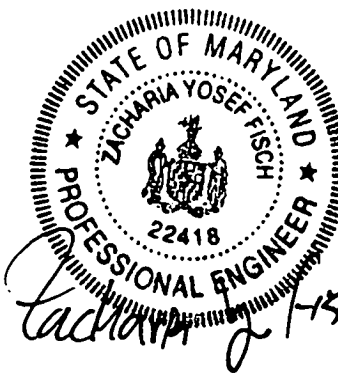
Existing ED-A2 Per F-02-48

(4) 60'

1250 Gal. Septic Tank  
Prop. Grade: 470.00  
Inv. In: 466.50  
Inv. Out: 466.20

Distribution Box  
Ex. Ground: 450.00  
Inv.: 447.00

**LOT 8**  
50,746.17sf±



Approved Septic System Plan  
Howard County Health Department

Maryland State Grid (NAD 83/91)

*Mark E. Fische*  
Signature  
9/17/03  
Date

# 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: Slim/PS  
DRAWN BY: Slim/MS  
CHECKED BY: ZYF  
SCALE: 1"=50'  
DATE: Sept. 17, 2003  
W.O. No.: 3138  
SHEET No.: 1 OF 1

## LOT RESITE LOT 8 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 Orzech 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# MSA 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: Williamsburg Group Telephone #: 410-997-8800  
Subdivision: Fox Chase Estates Lot #: 8 Well Tag #: HO-94-3667  
Site Address: Cedarview Ct

Submersible Pump Data                      Pitless Adapter                      Well Cap and Electric Conduit  
Make: Goulds                                      Make: Campbell                                      Two piece watertight cap: Y  
Model #: 75607422                                      Model#: NA    Screened, vented well cap: Y  
Pump Capacity ? GPM                                      Depth: 36 (36" min)                                      Cap secured to casing: Y  
Well Yield: 4.6 GPM                                      NSF approved: Y                                      Conduit min 18" B.G.: Y  
Depth of well encountered at time of pump installation: 345 (feet)                                      Conduit secured to well cap: Y  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.24  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NA

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

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

Signature of company representative responsible for installation: [Signature]                      date: 4-13-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/25/04 (SO)  
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 ✓

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

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

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: B Well Tag #: HO - 99 - 3667  
Site Address: 13011 Cedarview Ct

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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 \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/25/04 Inspector: (Signature)  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 14157 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-H

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

ST/CO USE ONLY DATE RECEIVED MM DD YY 0 27 03

DATE WELL COMPLETED MM DD YY 0 27 03 DEPTH OF WELL 22 345 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3667

OWNER Williamsburg Group STREET OR RFD Cedarview Ct TOWN W-Friendship SUBDIVISION FOX CHASE EST SECTION LOT 8

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: Sand (0-34), Gray Mica Rock (34-345).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 17 NO. OF POUNDS 1398 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 38

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) diameter of screen (nearest inch) 56 60

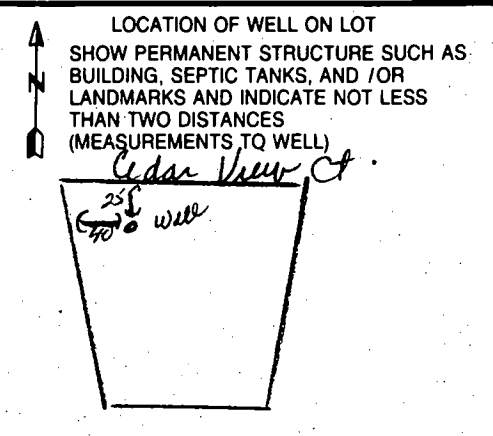
DEPTH (nearest ft.) 1 Ho 36 345 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 172 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S) PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)



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

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MS DO 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS DO 27

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

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



<b>B 1</b>	<b>7708</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <b>516923</b> please print or type	STATE PERMIT NUMBER <b>HD-94-3667</b> <small>fill in this form completely</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 Harpus 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 **8**  
44 46 48 50

**West Friendship**  
52 NEAREST TOWN 71

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

**DRILLER INFORMATION**

**Joseph L. Mayne MSD 024**  
76 Driller's Name License No. 81

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

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

**Joseph L. Mayne 4/10/02**  
79 Signature Date

**B 4**

**1 2**  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

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

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**34 35 37**  
DISTANCE FROM ROAD  
ENTER FT OR MI **FT**  
38 39

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

**B 2** **WELL INFORMATION**

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

**500**  
AVERAGE DAILY QUANTITY NEEDED (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** **AS13359-H**  
COUNTY NAME COUNTY NO

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

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

NORTH GRID **531** 0 0 0 EAST GRID **0812** 0 0 0  
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 **6/29/03**

SOURCES OF DRILLING WATER

- Well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **812**  
N **531**

+ 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)**

**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 DEEPEMED AN EXISTING WELL

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

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

**Cedarview Ct. Victoria Dr.**  
**well**  
**Fox Chase Rd**  
**West Friendship**

**RT32**

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

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. **HD-94-3667**  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



N 74°00'00" W  
147.08'

LOT 9  
48,584.45 sq ft

LOT 8  
50,746.17 sq ft

FF: 473.10  
CB: 465.10

Street Grade Sign  
R7-1p (12%)  
PUBLIC ACCESS

VIEW COUR

Existing Well  
to be removed

24' Use Access Easement  
for Lot 6 thru 9

FF: 482.60  
B: 472.60

460

Building

Ex. Building

20'x30'  
Slope and  
Around Ex.

ing Driveway

Well  
site OK

MR  
4/8/03

No Insp

Ho Temp. Co. Symb.  
Ho Temp. Co. Symb.  
Ho Temp. Co. Symb.

Existing Driveway  
to be removed

Temporary T-Turn  
Connection Per  
Ho Temp. Co. Symb.

Ex. Structures  
to be removed

COUNTY #

SOIL PROFILE

0' tan orange  
sac 1 m

2' tan  
orange  
gray  
sa  
mica 1 m  
15%  
frags

4 1/2" 9 1/2" HARD

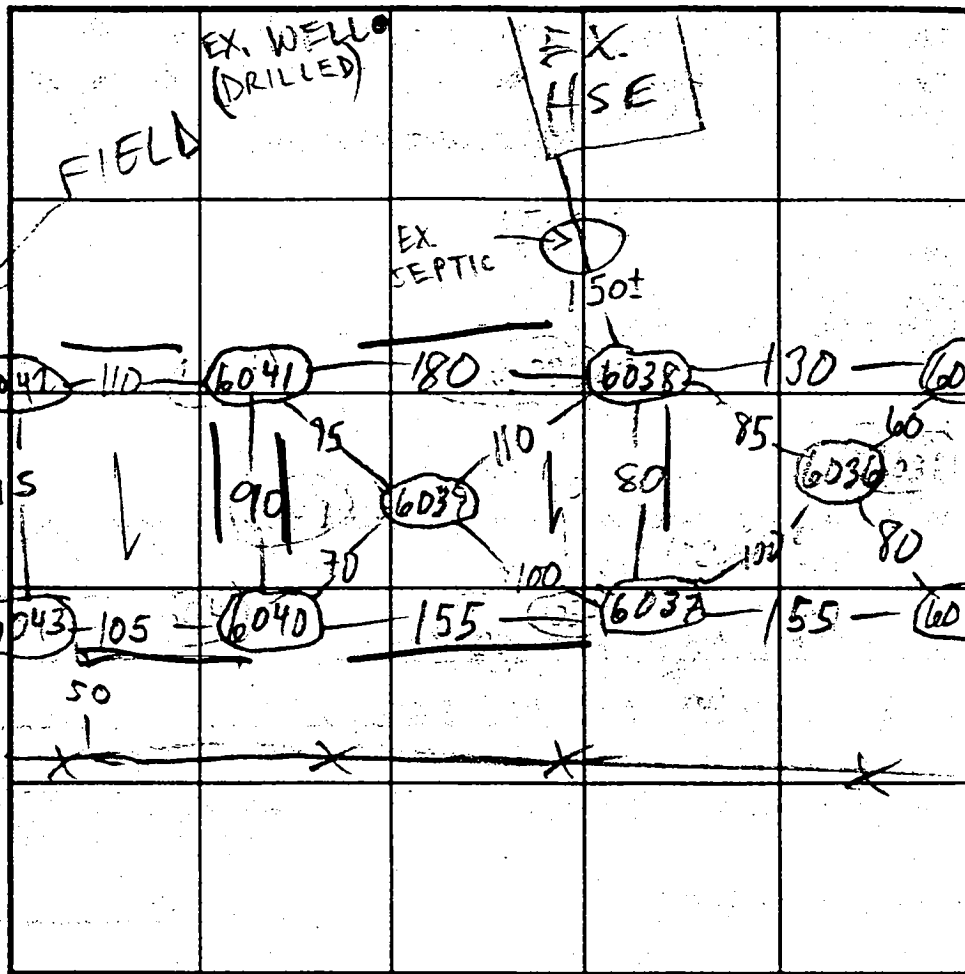
38' brown  
sa c 1 m

tan  
beige  
mica  
sand  
10-15%  
frags

37 40 1/2 1/2 3

tan hv  
cl 1 m

orange red  
yel heavy  
sa si 1 m  
w/mica  
few  
scattered  
frags  
10-15%  
frags



SOIL PROFILE

0'

$\bar{x} = 6 \text{ } 180 \text{ } 1/2$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/19/00	6036	9' 3"	HARD	BOT	-OK		
	6037S	2' 3"	11:58	12:02	12:02	12:08	6
	6037M	7' 3"	11:57	11:58	11:58	12:01	3
	V	12	OK see profile				
	6038S	3	11:38 11:41	11:42	11:42	11:44	FAST 2
	M	7	11:39 11:41	11:42	11:42	11:44	FAST 2
	V	12 1/2	OK see profile				
	6039S	2' 9"	12:12	12:13	12:13	12:16	3
	V	9 1/2	OK see pro				
	6040S	3' 9"	12:20	12:23	12:23	12:37	14
	V	12	OK see profile				

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY M. Rifkin ALSO PRESENT OK Jr + crew

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

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

COUNTY #

SOIL PROFILE

42

1m sa  
51 1m

tan  
gray  
sandy  
mica

20% mica  
saprolite  
frags

6041

tan  
cl 1m

orange  
sisa 1m

20% frags

tan  
sa 1m

15% 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	
6/19/00	6043s	4	12:27	12:29	12:29	12:34	5
	v	10	HARD BOT		-OK		
	6042s	2'9"	12:52:00	12:53	12:54	12:56	FAST 2
	M	7	12:52:00	12:53:30		12:54:15	FAST
	v	11	12:55:00	12:56:00	12:56:00	12:57:00	1
			OK see pro				
	6043M	7'	1:01	1:06	1:06	1:16	10
	6041 v	11	OK see pro				

REMARKS

TYPE OF SOIL

TESTED BY M. Riffin

ALSO PRESENT OK Jr & crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6:00

TRENCH WIDTH 3'

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 5

SQ. FT./BEDROOM 180



N 00°32'34" E

ZONED RU-LD-U

359.72'

10' BRL

30' BRL

Proposed Septic Area  
10,000 sq ft

LOT 8  
50,746.171sf±

N 16°00'00" E

10' BRL

Proposed Septic Area  
10,000 sq ft

LOT 9  
48,584.459sf±

24' Use-in-Common  
Access Easement  
for Lots 6 thru 9

N 74°00'00" W  
263.75' 10' BRL

30' BRL

30' BRL

FOX CHASE ROAD  
(Public Access Place)

N 16°00'00" E

N 16°00'00" E

30' BRL

Proposed Septic Area  
10,000 sq ft

LOT 10  
47,516.855sf±

VISTAVIEW DRIVE  
(Public Access Place)

N 61°00'00" E

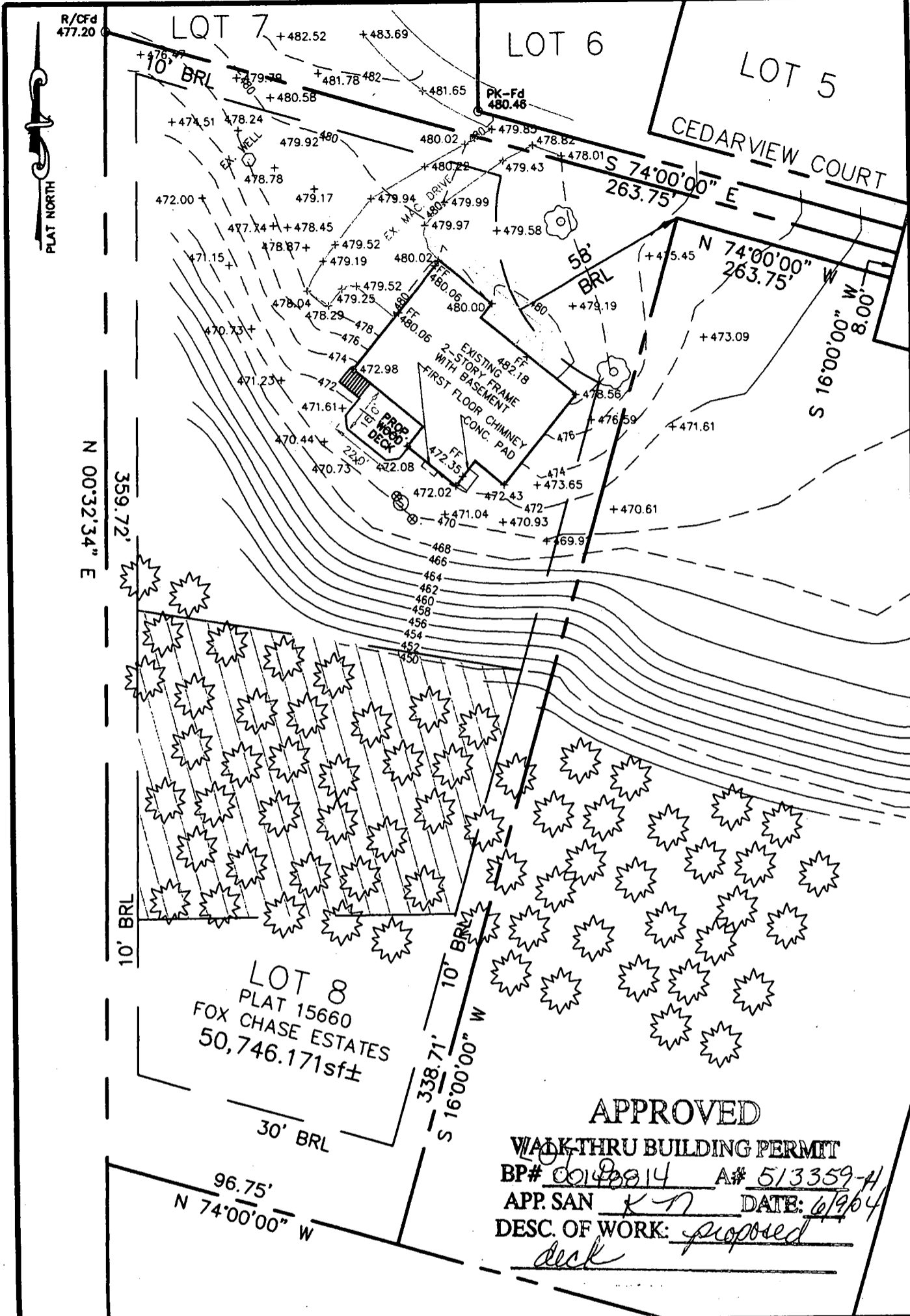
50' BRL

10' BRL

MATCHLINE SEE SHEET 5

Annotated Code of  
as far as they relate  
been compiled with.

F-02-48 SIGNED 8/23/02



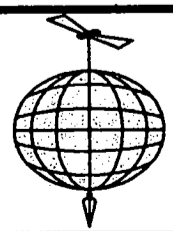
**APPROVED**  
**WALKTHRU BUILDING PERMIT**  
 BP# 0019914 A# 513359-A  
 APP. SAN K N DATE: 6/9/04  
 DESC. OF WORK: proposed deck

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



M.N. ROSHAN, L.S. DATE 5-10-04  
 MD REG. No. 11049

**LOCATION DRAWING**  
**ROSHAN'S RESIDENCE**  
**LOT 8**  
 PLAT 15660  
 FOX CHASE ESTATES  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 40' DATE: MAY 19, 2004



**NJR & ASSOCIATES, LLC.**  
**LAND SURVEYING AND PLANNING**  
 1813 MONTEVIDEO ROAD  
 JESSUP, MARYLAND 20794  
 TEL: (240)508-3200 FAX: (410)799-5523