

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/17/05

P 522480

APPROVAL DATE: 7/28/2005

A 513567-A

PERMIT
INDEXED
03-342069

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

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: 15882 Frederick Road PHONE NUMBER: 410-442-1336

SUBDIVISION: Fox Meadow LOT NUMBER: 1

ADDRESS: 13695 Old Rover Road PROPERTY OWNER: James Selfridge Builders

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 186 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box for the best minimum trench length.
NOTES:	No downhill adjustment to SDA without wet season testing.

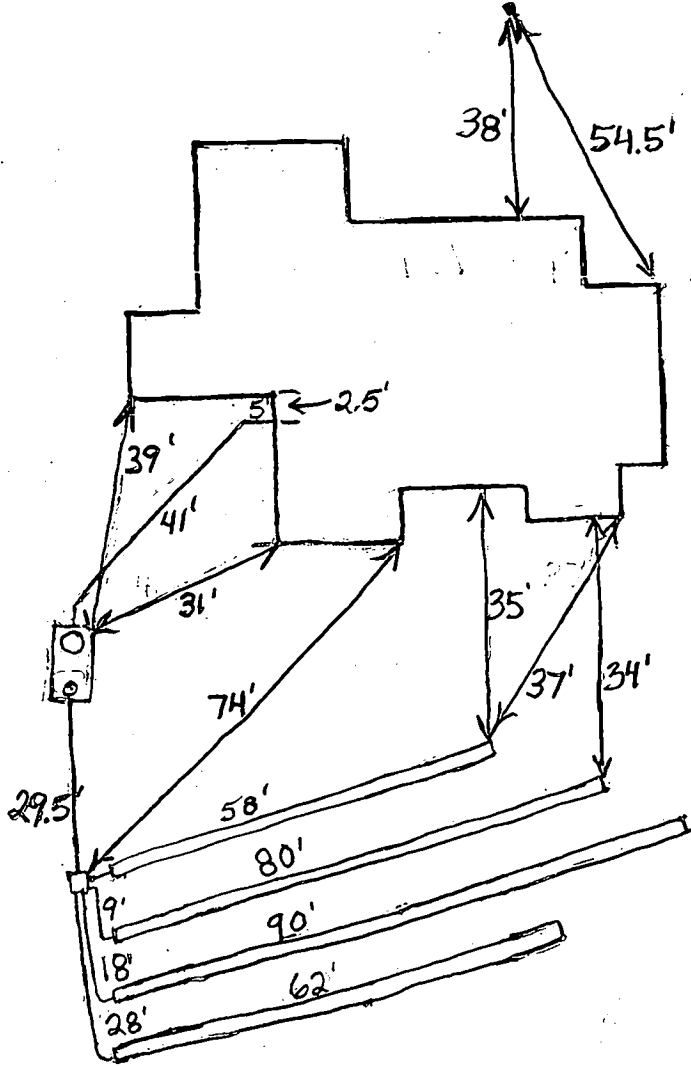
PLANS APPROVED: Kevin J. Bell Reviewed by: KJB DATE: 9/29/04

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
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A513567-A

NOT TO SCALE HO-94-3714



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES	4	
TOTAL LENGTH	290	
ABSORPTION AREA	870' + Sides	
DISTRIBUTION BOX LEVEL	Yes	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	No	

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL	Yes	
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	18"	
BAFFLES	Yes	
BAFFLE FILTER	Yes	
MANHOLE LOC	Front	
6" PORT LOC	Rear	
WATERTIGHT TEST	No	
SEPTIC TANK 2 LEVEL	N/A	
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

Mayer Bros.

to Need Put on Manhole

PRE-CONSTRUCTION 6/9/05 Tank installed and top trench done when I arrived for layout. Looks like system was being installed similar to plan (BB)

6/9/05 Need to install manhole cleanout over back of tank to be able to get to effluent filter. O.K. to cover everything (BB)

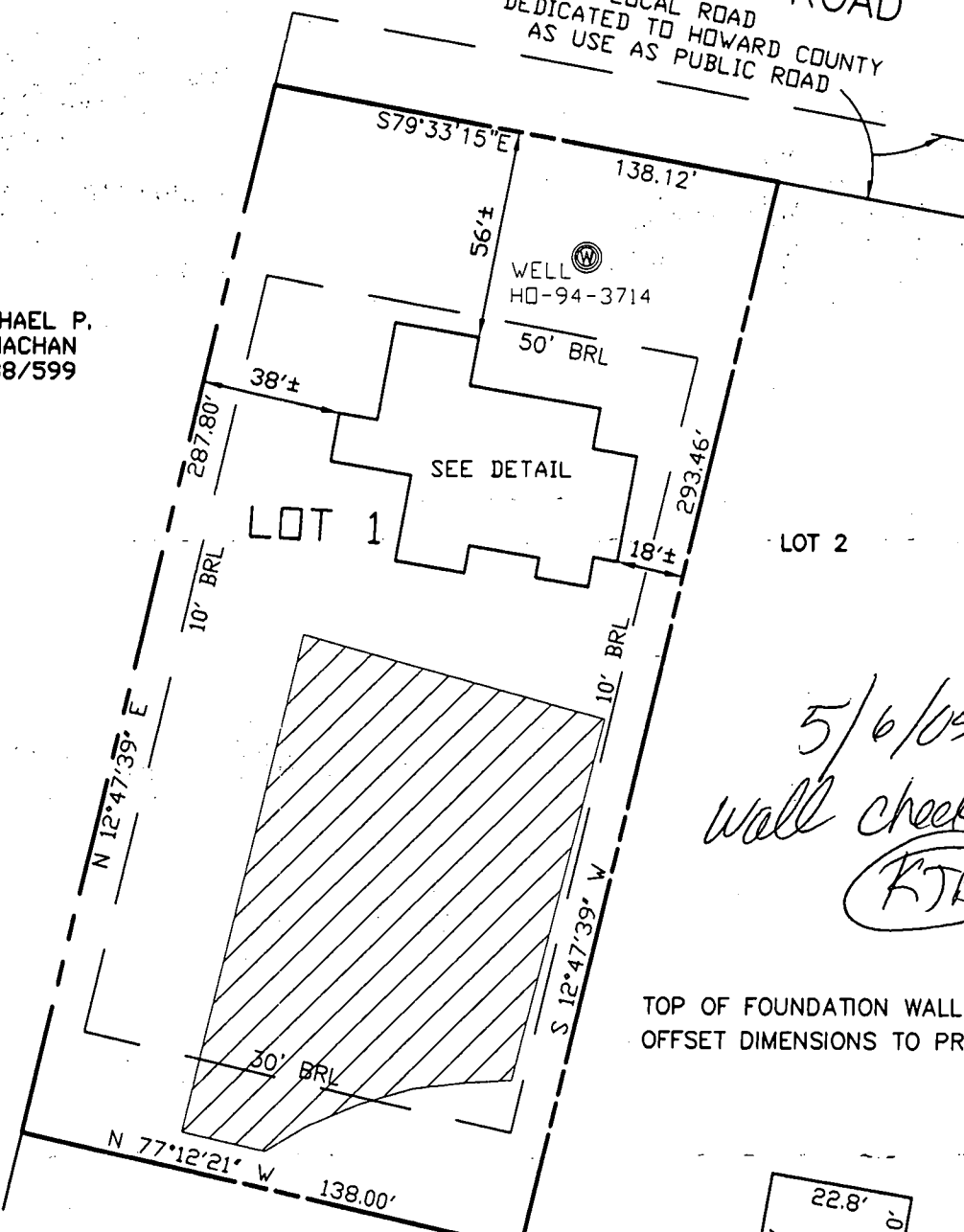
7/28/05 Manhole is installed to allow access to effluent filter (CAC)

FINAL INSPECTOR David A. Craig DATE OF APPROVAL 7/28/05

OLD ROVER ROAD

LOCAL ROAD
DEDICATED TO HOWARD COUNTY
AS USE AS PUBLIC ROAD

MICHAEL P.
MONACHAN
2288/599

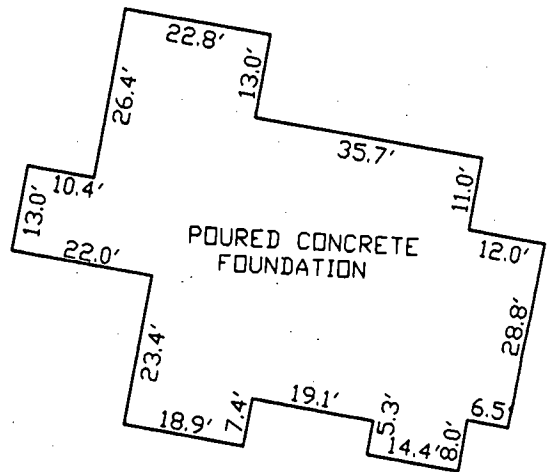


*5/6/05
Wall check OK
KTB*

TOP OF FOUNDATION WALL ELEVATION = 558.1'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

LOT 18

HOA OWNERSHIP
HOA OPEN SPACE
PRIVATE
STORMWATER MANAGEMENT,
DRAINAGE AND UTILITY
EASEMENT



~FOUNDATION DETAIL~

SCALE: 1" = 30'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/04/05 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY DAFT, McCUNE, WALKER, INC. ENTITLED " FOX MEADOW LOTS 1 THROUGH 12, 14 THROUGH 17, H.O.A. OPEN SPACE LOTS 13, & 18, PRESERVATION PARCELS A, B, AND C ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16865

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 16865
FEMA FIRM No. 240044 0015 B
ZONE: C
DATED: 12/04/86



BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLSWORTH CITY, MARYLAND 21043
phone: 410-465-8105 & fax: 410-463-6844
email: Benchmark@coale.com

WALL CHECK

FOX MEADOW
LOTS 1 THROUGH 12,
14 THROUGH 17, H.O.A.
OPEN SPACE LOTS 13, & 18,
PRESERVATION PARCELS
A, B, AND C

LOT No. 1

13695 OLD ROVER ROAD

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 04/04/05

**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: NATIONAL WATER SVC Telephone #: 301-554-1333
Address: P.O. BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License # PT 0145

*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: Selbridge Builders Telephone #: 410-531-8930
Subdivision: Fox Meadows Lot #: 1 Well Tag #: HO
Site Address: 13695 OLD ROVER Rd
WEST FRIENDSHIP

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>BEI</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E10C-200</u>	Model #: <u>PA-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G. <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>230</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, Cable guards, or other acceptable method used— Must circle one <u>Built-in pump</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house	House Connection
Type: <u>1" PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>8'</u>
Depth of supply line: <u>36"</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.

Signature of company representative responsible for installation: _____ date: 9/23/05

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

Date Insp. Requested: 7/6/05 Date Insp. Approved: 7/6/05 Inspector: 737
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 0793

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 A 513567

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 09 13 03

Depth of Well 22 230 26 (TO NEAREST FOOT)

11/6/03- OK SRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3714

OWNER Northridge Development OLD ROVER RD STREET OR RFD PEEFERKORN ROAD TOWN Glenelg SUBDIVISION FOX MEADOWS SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, MICHA S, Sand Stone, MICHA S.

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections with checkboxes and handwritten codes like CM, BC, PL, HO.

PUMPING TEST section with fields for HOURS PUMPED, PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

WELL HYDROFRACTURED section with YES/NO checkboxes.

DEPTH (nearest ft.) table with columns for casing depth and screen depth.

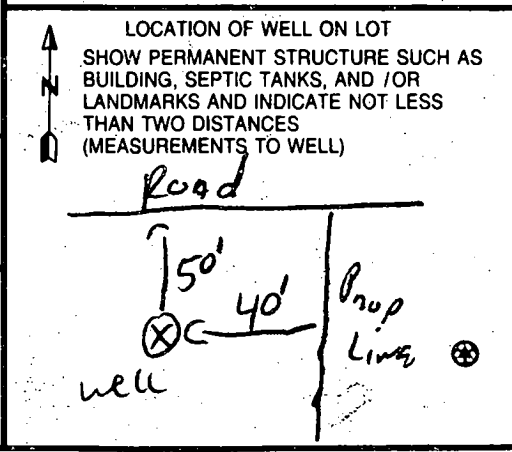
PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER.

- 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. M SD 1172
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. M D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3714

518603 please print or type

fill in this form completely

Date Received (APA)

04/02/03

OWNER INFORMATION

15 Last Name NORTH RIDGE Development LLC
Owner First Name
34
36 Street or RFD
14045 GARED DR.
55
57 Town GLENWOOD MD 70 State MD 72 Zip 21738 76

LOCATION OF WELL

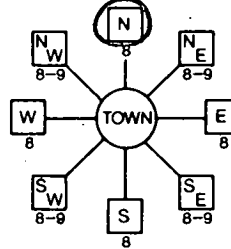
3 HOWARD
8 COUNTY
21
23 SUBDIVISION
FOX MEADOW 42
SECTION 44 46 LOT I 48 50
52 NEAREST TOWN
GLENELG 71

DRILLER INFORMATION

76 Driller's Name RALPH E. MAYNE M S D 117 License No. 81
Firm Name
Ralph E. Mayne well Drilling
Address
17024 Hardy Rd Mt Airy MD 21201
Signature Ralph E. Mayne Date 3-24-03

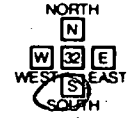
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD
PEPPERKORN Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD
50 ENTER FT OR MI

TAX MAP: 15 BLK: 19 PARCEL: 167

WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

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 513567-A
COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED 01/10/03 Steve R. Kueg 8/6/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 803 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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

APPRÓP. PERMIT NUMBER _____
PERMIT No HO-94-3714

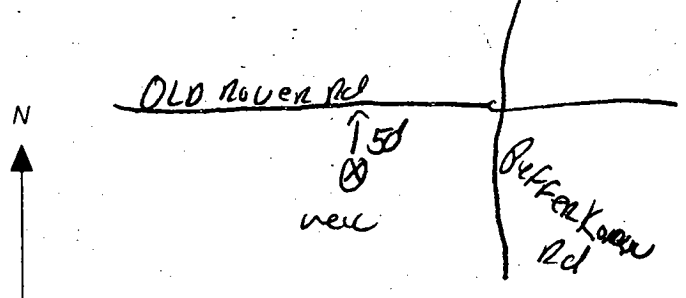
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 530 803
N 803 530

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROF. WELL
PROP. BUILDING RESTRICTION LINE
PROP. BUILDING



PROP. SRA

⑧

LOT NUMBER

--- APPROX. STREAM BUFFER



STEEP SLOPE (25% +)

STEEP SLOPE (15% - 25%)



25' WETLAND BUFFER
WETLAND

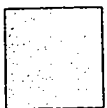
--- 100-YEAR FLOODPLAIN



PASSED PERC TEST



FAILED PERC TEST



NATURAL AREA
CREDIT EASEMENT

*Signed
Prelim*

MONTGOMERY CATHLEEN A JIT
33321 406
P.168.5
ZONE: RR-DEO

PRES.
PARCEL A
0.37 AC +/-
(NON-BUILDABLE)

OLD ROVER LOCAL ROAD RD.
FUTURE PAVEMENT

MONAGHAN MICHAEL P
22891 598
P.257.1
ZONE: RR-DEO

57° 33' 15" E 367.40'

50' BRL

50' BRL

10' BRL

100

0.921 AC
401072 SF

101104

0.964 AC
420031 SF

102

30' BRL

103A08

105108

30' BRL

107110

PRES.
PARCEL C
5.144 AC +/-
(NON-BUILDABLE,
PRIVATE OWNERSHIP)

109/112

116

111/114

117

115

115

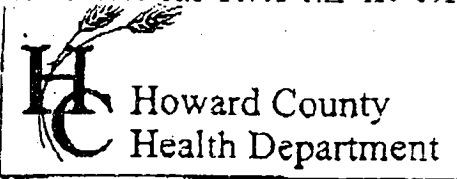
Well site staked by
licensed surveyor from
DMW. No site Insp.
6/26/03 (SRZ)

11/14/07^{KN} Well report
Shows dug drilled
per plan. KN

25' WETLAND BUFFER
WETLAND

75' STREAM BUFFER

N 124° 13' 59" E 738.60'



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DAFT - McCUNE-WALKER on 8/27/03 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

Loft
KN

~~301-621-1111~~

APPLICATION

PERCOLATION TESTING

A 513 567-A

P _____

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

DISTRICT _____

DATE 4/28/2000

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 SYSTEM.

PROPERTY OWNER Northridge Development LLC / Cindy De Zoppo

ADDRESS 14045 Gared Drive PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

Engineers: DMW

PROPERTY LOCATION:

SUBDIVISION ~~DMW~~ Pfefferkorn Rd Prop. LOT NO. 1

ROAD AND DESCRIPTION located on the east & west side of Pfefferkorn Road

TAX MAP 15 PARCEL # 167

SIZE OF LOT _____ TYPE BLDG. SFD
(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.

Cindy De Zoppo
(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 _____

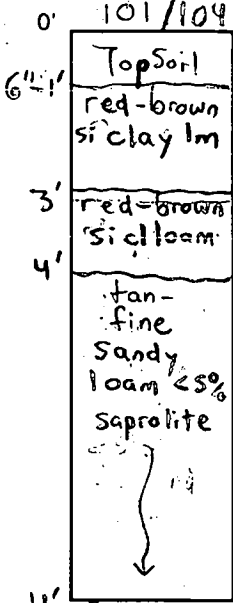
THIS IS NOT A PERMIT

S13567-A

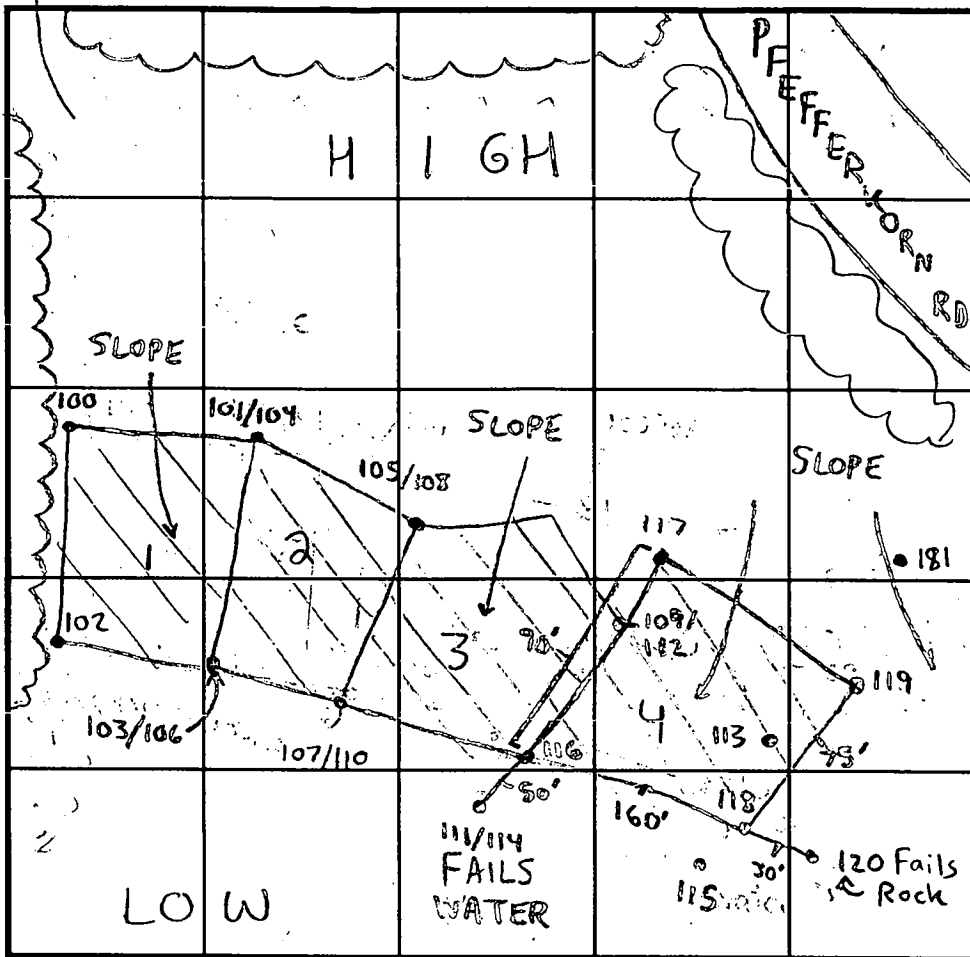
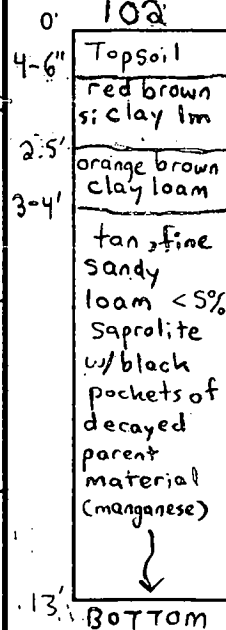
COUNTY#

OLD ROVER ROAD

SOIL PROFILE 101/104



SOIL PROFILE 102



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
DRAWING NOT TO SCALE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-18-00	101/104	4'T	11:02am	11:03am	11:03am	11:05am	2min	OK
	102	11'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	100	4'T	11:08am	11:09am	11:09am	11:11am	2min	OK
		13'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	103/106	4'T	11:27am	11:30am	11:30am	11:35am	5min	OK
		14'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	102	13'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	3	2.40 on 3						

REMARKS 6' soil buffer required for this perc test (Wet Season 2000)

TYPE OF SOIL Chester

TESTED BY Steven R. Krieg

ALSO PRESENT Chuck Zepp, Robert Colson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min

TRENCH WIDTH 3'

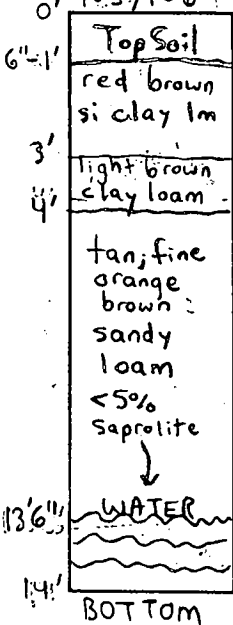
INLET DEPTH 2'

MAXIMUM BOTTOM DEPTH 4'

SQ. FT./BEDROOM 180

7:30am

PREP



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B0051842 **KTB**

Building Address 13695 F ~~ST~~ ^{OKLYN} ~~ROAD~~
WEST FRIENDSHIP RD 21774
Suite/Apt. #: _____ SDP/WP/Petition # GP-9011
Census Tract 03-342069 Subdivision FOX MEADOW
Section _____ Area _____ Lot 1
Tax Map 15 Parcel 167 Block 19
Grid _____
Zoning R17MD Map Coordinates 9H4 Lot size 1 ACRE

Property Owner's Name RON & JANICE FORD
Address 4485 LINTHICUM ROAD
City DAYTON State MD Zip Code 21036
Home Phone 410-980-9187 Work Phone 410-531-0092
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY DWELLING
Estimated Construction Cost \$ 450,000
Description of Work CUSTOM SFD, 2 STORY
FULL BMT 10 ROOM, 4 BR, 3 FB, 1 HB
3 CAR, SOME BMT, ROUNDED IN, 1 F/P

Contractor Company JAMES H. SELFRIDGE BUILDERS INC.
Contact Person TIM RAGEN
Address 14045 GARED DRIVE
City GLENWOOD State MD Zip Code 21738
License No. HBL00729
Phone 410-531-0730 Fax 410-531-0739

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building 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"/> 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>34</u> <u>50</u> 2nd floor: <u>28</u> <u>50</u> Basement: <u>34</u> <u>50</u> 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> 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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Tim Ragen
Applicant's Signature
VP of Production
Title/Company

TIM RAGEN
Print Name
1-11-05
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		
Health	<u>1/14/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 63452

Filing fee \$ 11.00
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 945
Validation # 91176

Accepted by [Signature]

PRES.
PARCEL A
(NON-BUILDABLE)

OLD
ROVER RD.

PROPOSED PUBLIC
ACCESS

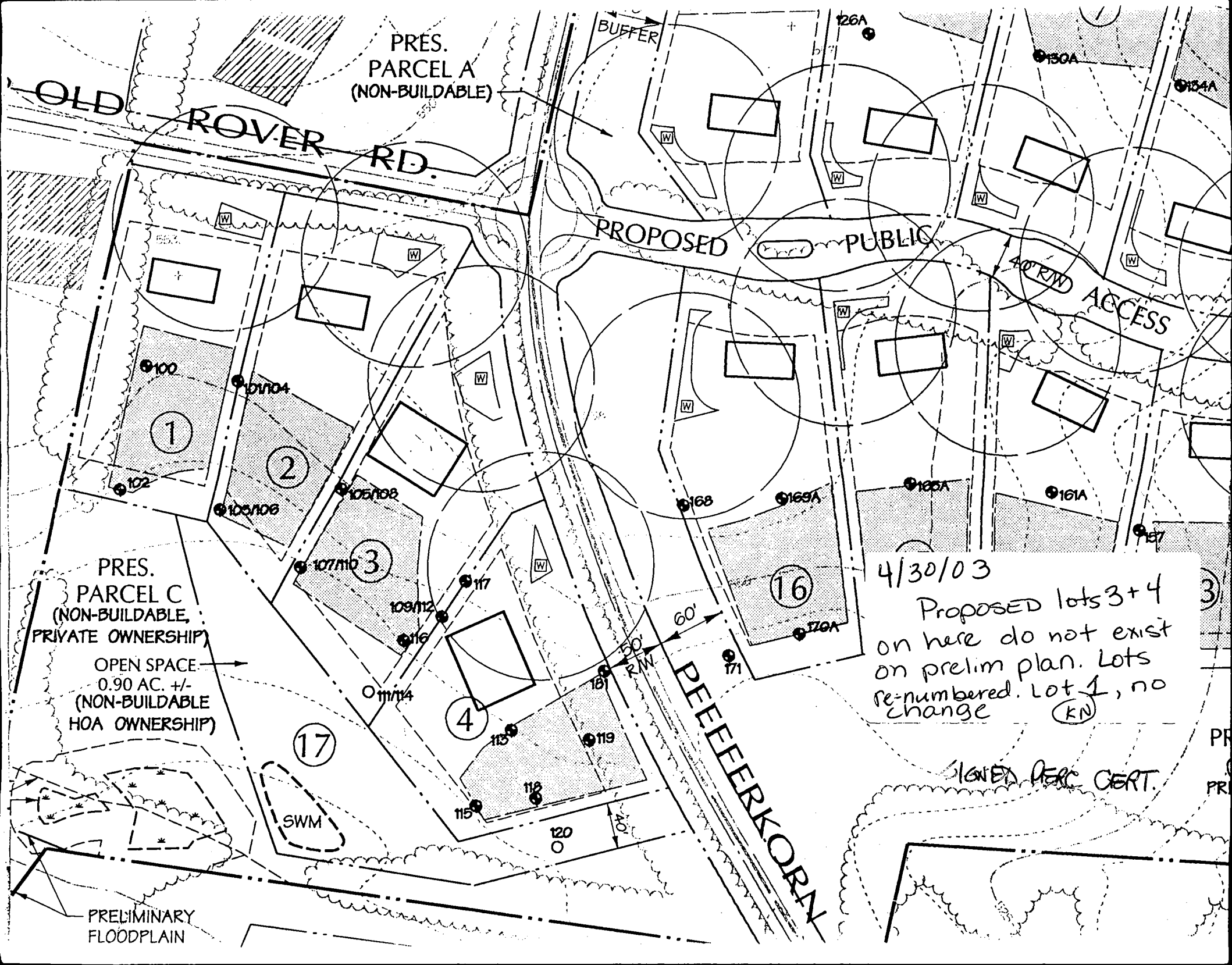
PRES.
PARCEL C
(NON-BUILDABLE,
PRIVATE OWNERSHIP)

OPEN SPACE
0.90 AC. +/-
(NON-BUILDABLE
HOA OWNERSHIP)

4/30/03
Proposed lots 3+4
on here do not exist
on prelim plan. Lots
re-numbered. Lot 1, no
change (KN)

SIGNED PER CERT.

PRELIMINARY
FLOODPLAIN



Signed Pre-lim

N 591750

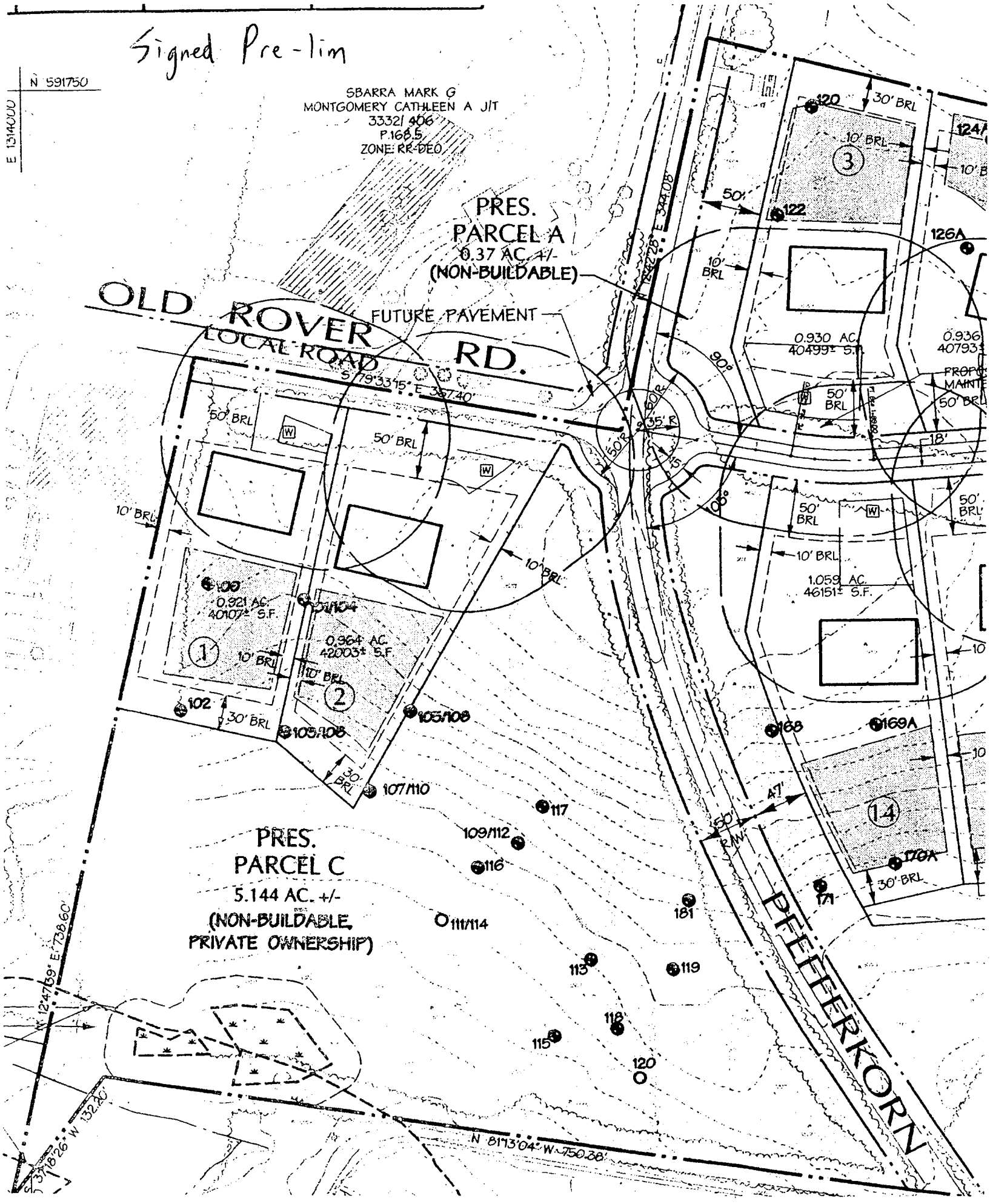
E 1314000

SBARRA MARK G
MONTGOMERY CATHEEN A JIT
33321 406
P.168.5
ZONE: RR-DE0

PRES.
PARCEL A
0.37 AC +/-
(NON-BUILDABLE)

OLD ROVER LOCAL ROAD RD.
FUTURE PAVEMENT

PRES.
PARCEL C
5.144 AC +/-
(NON-BUILDABLE,
PRIVATE OWNERSHIP)



F-03-045

Signed 8/14/04

Legend



PASSED PERC TEST
FAILED PERC TEST
BUILDING RESTRICTION LINE

PRIVATE STORMWATER
MANAGEMENT CREDIT
EASEMENT

HO-91-18E ALPP EASEMENT

MARK A. SBARRA
KATHLEEN A. MONTGOMERY
8382/406

OLD ROVER ROAD

LOCAL ROAD
DEDICATED TO HOWARD COUNTY
AS USU' AS A PUBLIC ROAD 0.188 ACRES±
S 79°33'15" E 367.40'

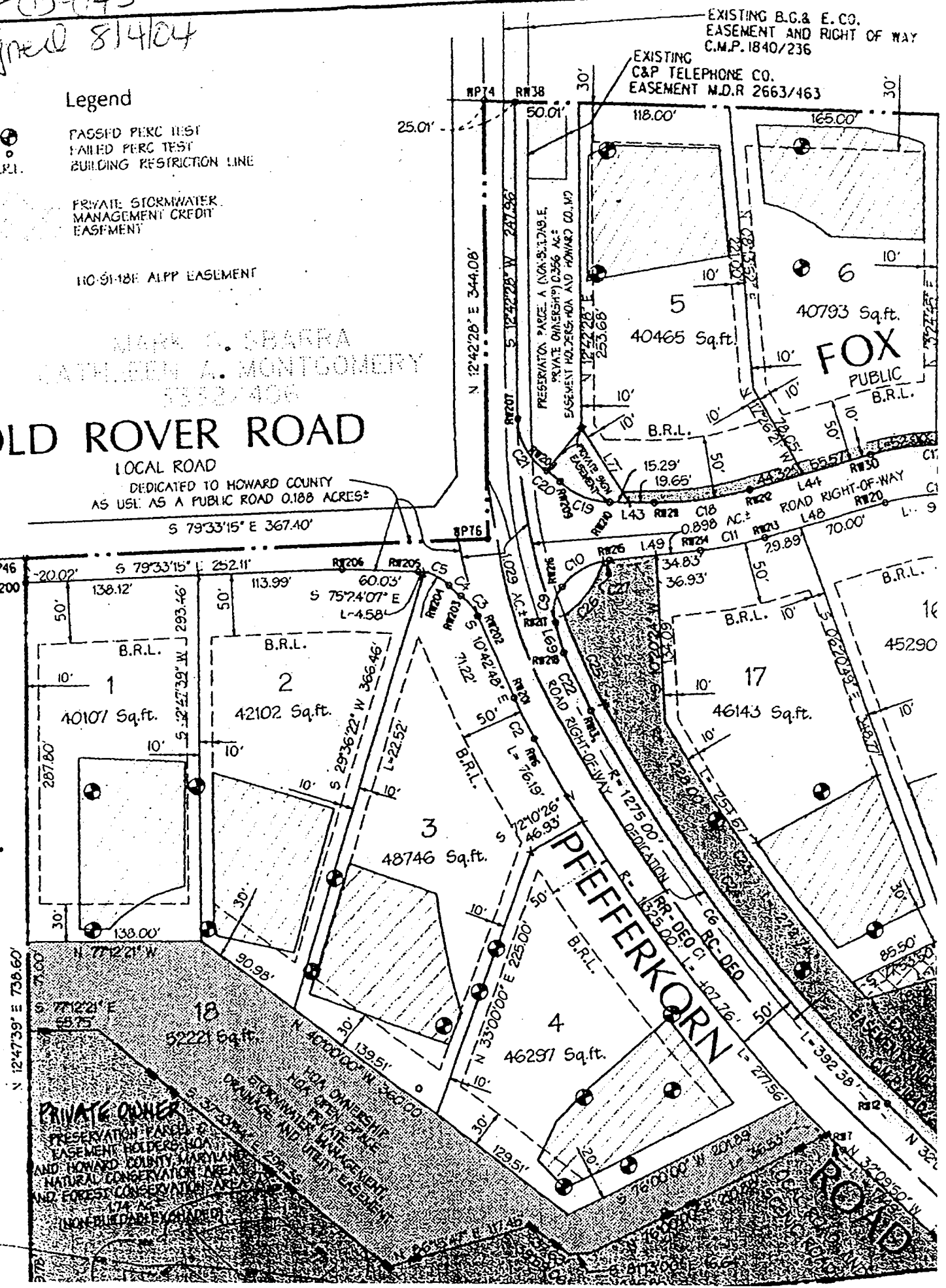
EXISTING B.G. & E. CO.
EASEMENT AND RIGHT OF WAY
C.M.P. 1840/236

EXISTING
C&P TELEPHONE CO.
EASEMENT M.D.R 2663/463

Vertical text on the left margin: '...System ...' and '...'.

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Vertical text on the left margin: '...'.



PRIVATE OWNER
PRESERVATION PARCEL
EASEMENT HOLDERS HOA
AND HOWARD COUNTY, MARYLAND
NATURAL CONSERVATION AREA
AND FOREST CONSERVATION AREA
174 AC±
(NON-BUILDABLE/SHADED)

FOOD

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Nov 1, 2005

County Howard

Lab Number 06-879

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: **Selfridge Builders**
 Attn: Doug
 14045 Gared Drive
 Glenwood, Maryland 21738

Property Sampled: U&O: 13695 Old Rover Road

Station Sampled: Pressure Tank Tap

Tax Map #: 15

Date/Time Sampled: Oct 31, 2005 1:40 pm

Parcel #: 167

Owner, Telephone No.: Ford

Sampler: 6724GP

Subdivision Name: Fox Meadow

Lot Number: 1

Building Permit No.: B00151842

Well Number: HO-94-3714

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.9 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	2.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.9 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Caspell

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

November 1, 2005

Ron & Janice Ford
4485 Linthicum Road
Dayton, MD 21036

SENT VIA FACSIMILE 410-531-8939

RE: Fox Meadow, Lot 1
13695 Old Rover Road
West Friendship, MD 21794
BP #: B00151842
Well Permit # HO-94-3714

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 07/28/2005. Final approval of the well line connection to the dwelling was approved on 07/06/2005.**

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-94-3714. 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: 10/31/2005
Date of Well Completion: 09/17/2003

Approving Authority,

Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File