

LAYOUT 3/2/05 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 1/25/05

P 521961

APPROVAL DATE: 3/10/05

A 513567-I

**PERMIT  
INDEXED**

03342174

**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: 11

ADDRESS: 13627 Fox Stream Way PROPERTY OWNER: Northridge Development

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: 150'

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in SDA.
NOTES:	Cleanout not needed *1%* Be sure gravity will work.

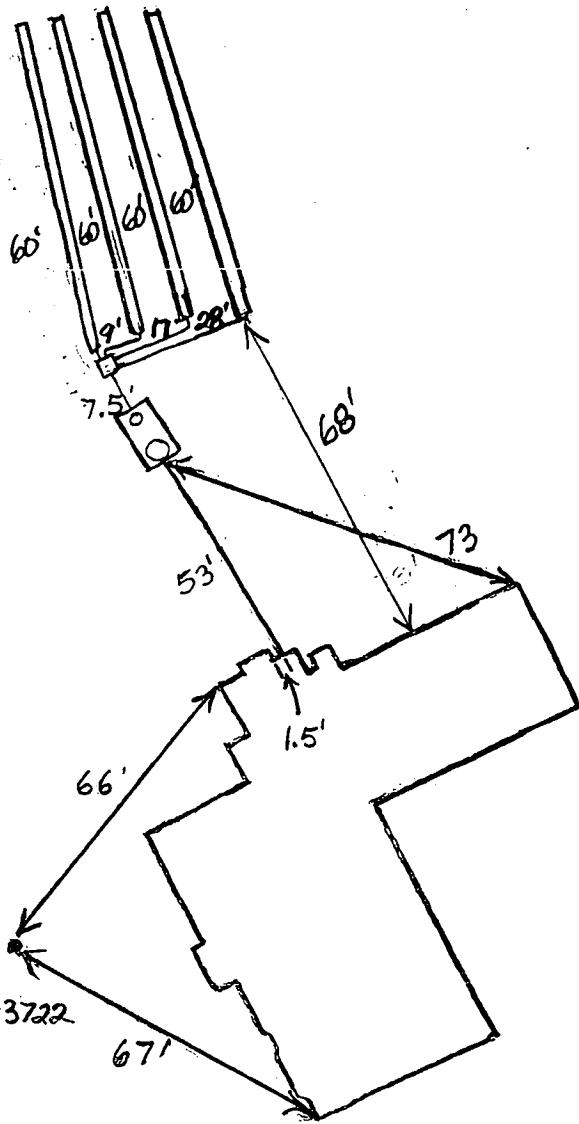
PLANS APPROVED: KN DATE: 1/25/05

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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**

A513567-I

NOT TO SCALE



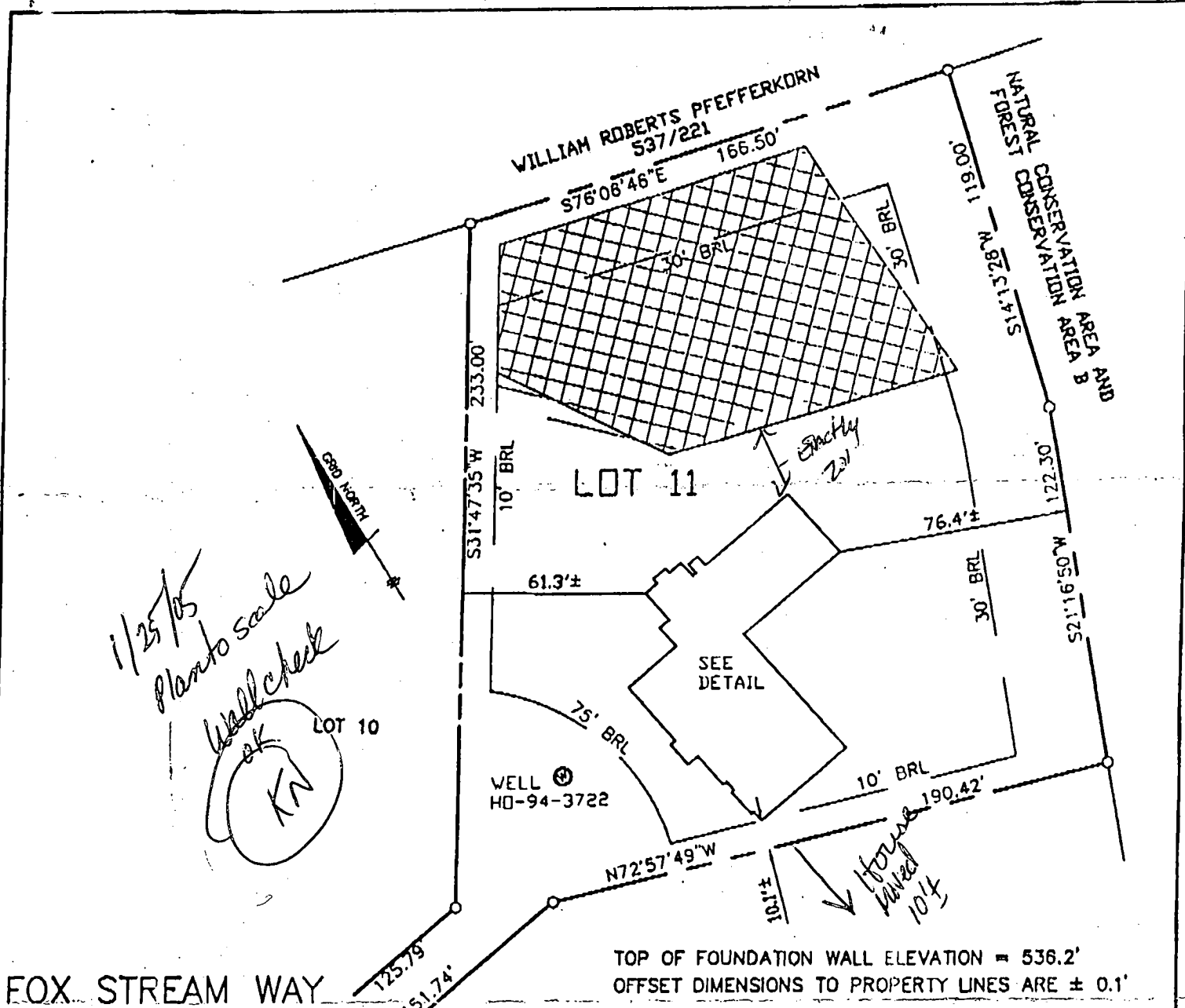
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240
ABSORPTION AREA		720' + Sidewall
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-2'
BAFFLES	Yes
BAFFLE FILTER	No
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	

PRE-CONSTRUCTION 3/2/05 Easement staked. Contour off slightly. Gave Katterman's permission to put in 4-60' trenches with stone  
 INSTALLATION from 4' to 6' instead of 3' to 6'. Tank set. Pipe under driveway was surrounded and covered with gravel. (BB)  
3/10/05 System finished. O.K. to cover everything (BB)

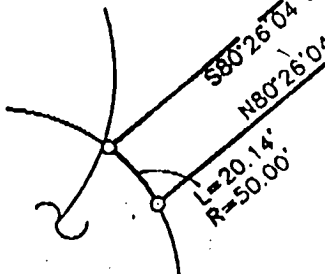
FINAL INSPECTOR B. Baber

DATE OF APPROVAL 3/10/05

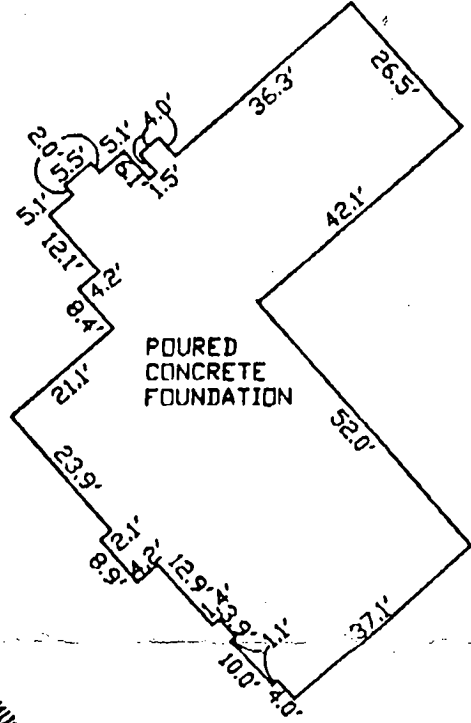


TOP OF FOUNDATION WALL ELEVATION = 536.2'  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

FOX STREAM WAY  
 (50' R/W)



LOT 12



**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 01/11/05; 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 AND 14 THROUGH 17" 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



~FOUNDATION DETAIL~  
 SCALE: 1" = 30'  
 WALL CHECK

FOX MEADOW  
 LOTS 1 THROUGH 12 AND  
 LOTS 14 THROUGH 17  
 LOT No. 11

13627 FOX STREAM WAY  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 01/11/05

**BENCHMARK**  
 ENGINEERING, INC.

8400 BALTIMORE NATIONAL PIKE • SUITE 418  
 ELLETTT CITY, MARYLAND 21043  
 Phone 410-480-4100 • Fax 410-480-4044  
 Email: Benchmark@earthlink.net

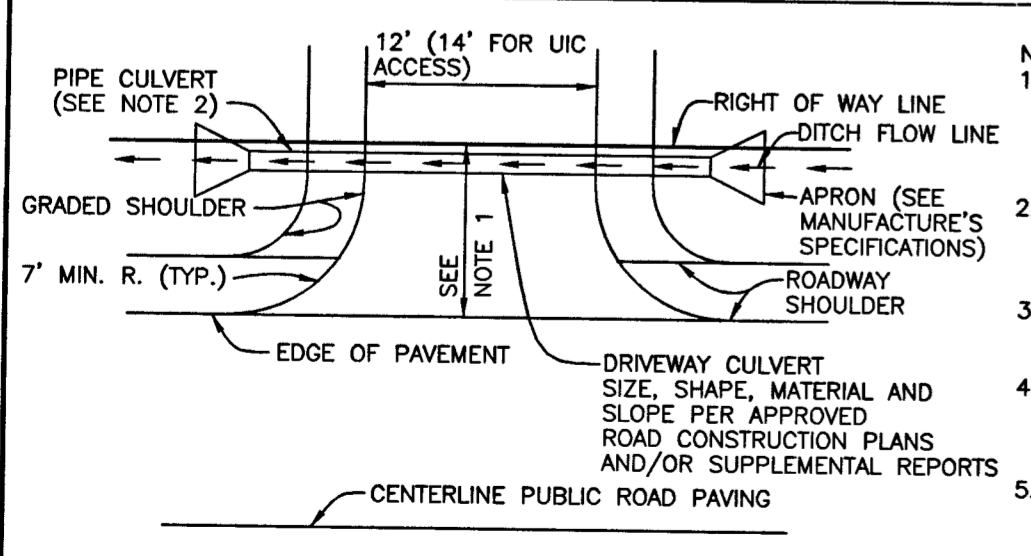


Approved Septic System Plan  
Howard County Health Department

Signature: [Signature]  
Date: 12/7/04

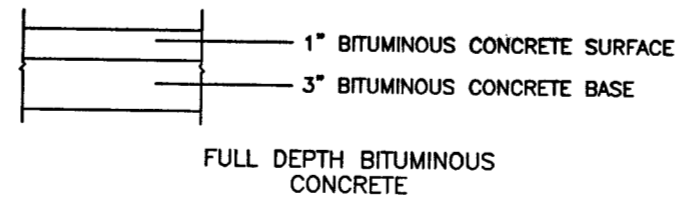
**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR FOX MEADOW, PLAT No. 16865. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOI. CONSERVATION DISTRICT UNDER GP-04-98 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
7. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
8. SEPTIC TANK FOR THIS LOT TO BE 1,500 GALLONS.
9. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-3722, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.



**DRIVEWAY CULVERT  
NOTES AND DETAIL**  
NOT TO SCALE

- NOTES:**
1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT OF WAY LINE USING STANDARD PAVING SECTION P-1 AS SHOWN ON STD NO. R-2.01 OR ALTERNATIVE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
  2. DRAINAGE CULVERT SIZE, SHAPE, MATERIAL AND SLOPE SHALL BE IN ACCORDANCE WITH THE APPROVED ROAD CONSTRUCTION PLANS AND/OR SUPPLEMENTAL REPORTS.
  3. APRONS ARE TO BE INSTALLED AT EACH END OF THE DRIVEWAY CULVERT AND SIZED PER MANUFACTURE'S SPECIFICATIONS.
  4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL, AS APPROVED BY D.P.W.
  5. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.



**PAVING SECTION**  
NOT TO SCALE

NO.	DATE	REVISION

**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 ▲ FAX: 410-465-6644  
EMAIL: [benchmrk@cais.com](mailto:benchmrk@cais.com)

OWNER/BUILDER:  
**JAMES H. SELFRIDGE  
BUILDERS, INC.**  
14045 GARED DRIVE  
GLENWOOD, MD 21738  
PHONE: 410-531-8930  
FAX: 410-531-8939

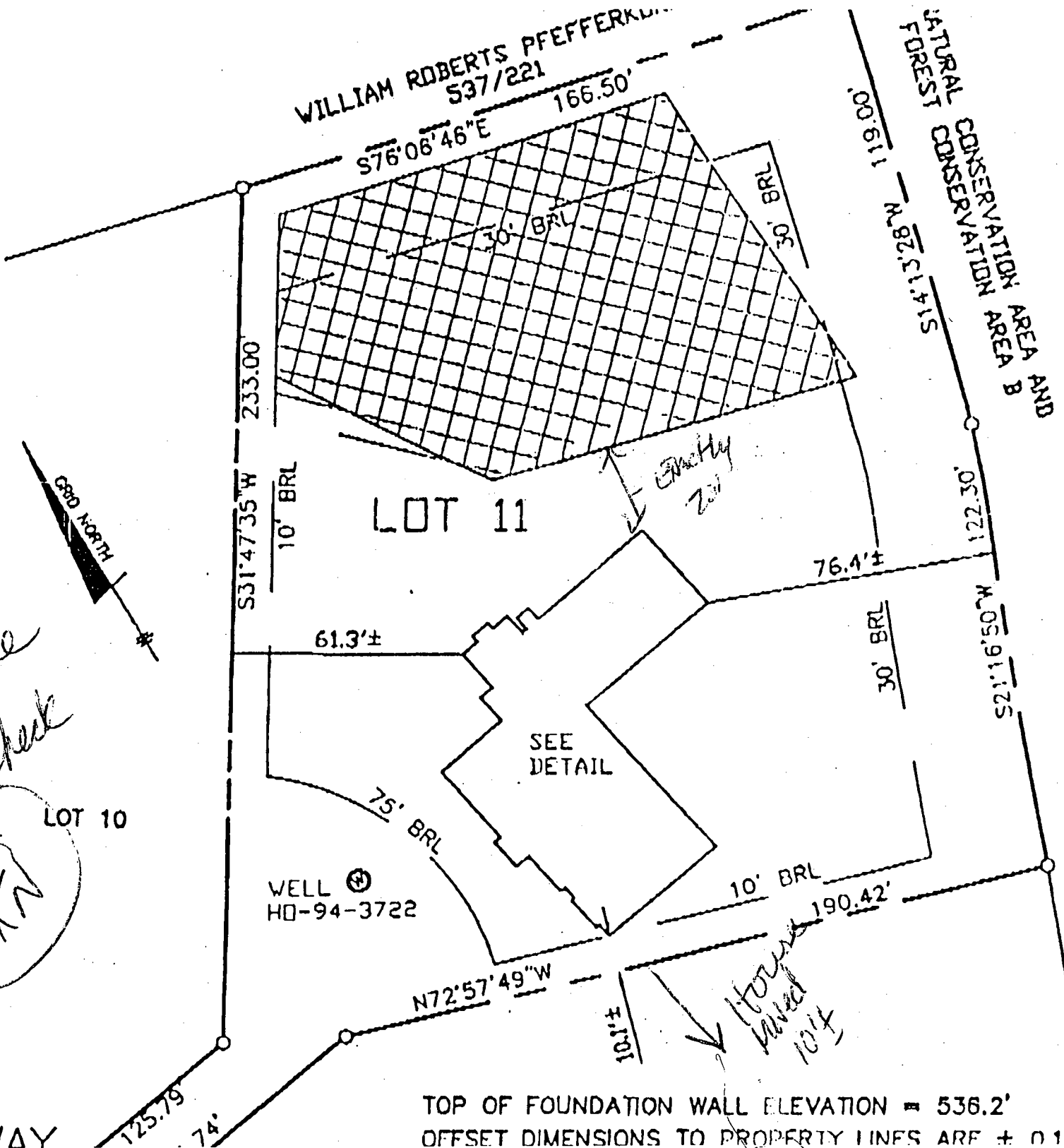
PROJECT:  
**FOX MEADOW  
LOT 11**

LOCATION: 13627 FOX STREAM WAY  
WEST FRIENDSHIP, MD 21794  
TAX MAP No. 15 - BLOCK Nos. 13, 19 & 20 - PARCEL No. 167  
3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

TITLE: <b>PERMIT PLAN</b>	HOUSE TYPE: <b>CARR RESIDENCE</b>
DATE: NOVEMBER, 2004 NOVEMBER 30, 2004	PROJECT NO. 1743
DESIGN: JMC	DRAFT: JMC
SCALE: 1" = 30'	DRAWING 1 OF 1

WILLIAM ROBERTS PFEFFERKUN  
537/221

NATURAL CONSERVATION AREA B  
FOREST



1/25/05  
Plants scale  
Wall check  
KN

LOT 11

LOT 10

WELL  
HD-94-3722

SEE  
DETAIL

TOP OF FOUNDATION WALL ELEVATION = 536.2'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

STREAM WAY

Feb 27 04 11:03a

HO CO ENV HEALTH

14103132648

P.1

FADED

6/21/05

8/31/05

**HOWARD COUNTY HEALTH DEPARTMENT** ATTN: GABE  
**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 SERVICE Telephone #: 301-854-1333  
 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: SEIFRIDGE BUILDERS Telephone #: 410-531-8930  
 Subdivision: FOX MEADOWS Lot #: 11 Well Tag #: HO  
 Site Address: 13627 FOX STREAM WAY

**Submersible Pump Data**

Make: GRUNDFOS  
 Model #: 15 SQE 07B-180  
 Pump Capacity: 12 GPM  
 Well Yield: 6 GPM  
 Depth of well encountered at time of pump installation: 200 (feet)

**Pitless Adapter**

Make: CARBELL  
 Model #: PA-800  
 Depth: 36 (36" min)  
 NSF/WSC approved: YES

**Well Cap and Electric Conduit**

Two piece watertight cap: YES  
 Screened, vented well cap: NO  
 Cap secured to casing: YES  
 Conduit min 18" B.C.: 18'  
 Conduit secured to well cap: YES

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: BUILT-IN  
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: AQUA Jet Coil  
 PSI: 160 (160 psi min)  
 Depth of supply line:     (36" min)

**House Connection**

PVC sleeve 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: [Signature] date: 20 APR 05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/31/05 Inspector: GAC BB  
 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 0792

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 A513567

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 08 27 03

Depth of Well 22 100 26

OK SRM 11/7/03

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3722

OWNER Northridge FOX STREAM WAY TOWN Glenelg SUBDIVISION FOX MEADOWS SECTION LOT 811

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (24), NO. OF POUNDS (2480), GALLONS OF WATER (144), DEPTH OF GROUT SEAL (0 to 30+ ft).

CASING RECORD: casing types (PL), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (80).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A, E, P. I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. M 30 117. DRILLERS SIGNATURE (Must match signature on application).

LIC. NO. (Signature). SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

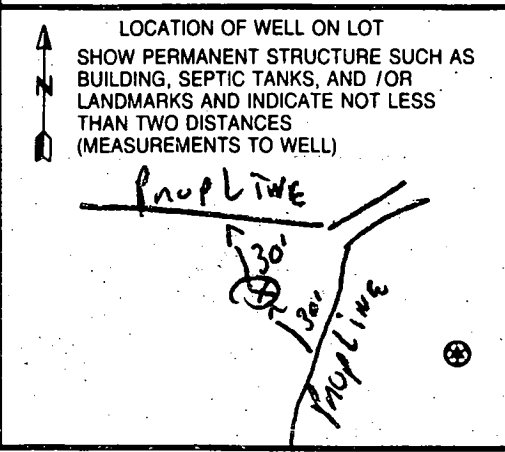
C2 DEPTH (nearest ft.) table with columns for depth ranges (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-54, 56-60, 60-68).

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.

C3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (35 ft. before, 83 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).



<b>B 1</b>	<b>9155</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER <b>HO 94 3722</b>
			518603 please print or type	fill in this form completely

**OWNER INFORMATION**

Date Received (APA) **04/02/03**

**NORTH RIDGE Development LLC**  
 15 Last Name Owner First Name 34

**14045 GARED DR.**  
 36 Street or RFD 55

**GLENWOOD MD 21738**  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**HOWARD** COUNTY 21

**FOX MEADOW** SUBDIVISION 42

SECTION **44** LOT **911**

**GLENWALS** NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **I** M **I**

**DRILLER INFORMATION**

**RALPH E. MAYNE** M S D 117  
 76 License No. 81

**RALPH E. MAYNE well DRILLING**  
 Firm Name

**17024 Handy Rd. Mt Airy MD, 21771**  
 Address

**Ralph E. Mayne** 3-24-03  
 Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**FOX Stream way** NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**175** DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **15** BLK: **19** PARCEL **167**

**B 2** 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** COUNTY NAME COUNTY NO. **A513567-I**

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

DATE ISSUED **07/01/03** **Steven R. Kueg** 7/01/04  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **530 000** EAST GRID **803 000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** 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 **803**

N **530**

Well 206'  
 Casing 80'  
 Annular 20'  
 24 bags grout  
 8/27/03 (50)

**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)**

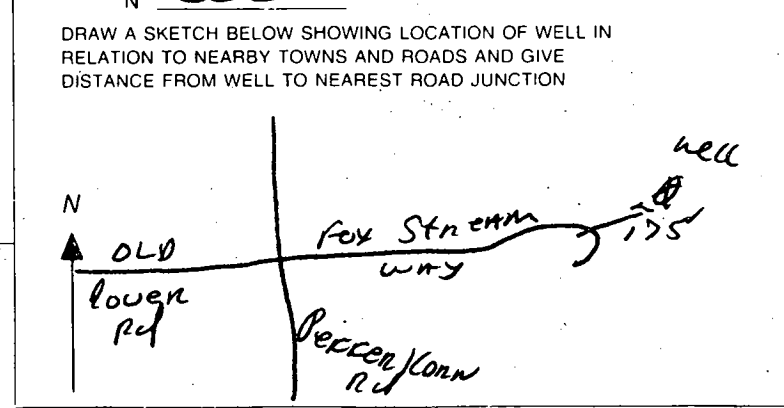
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

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

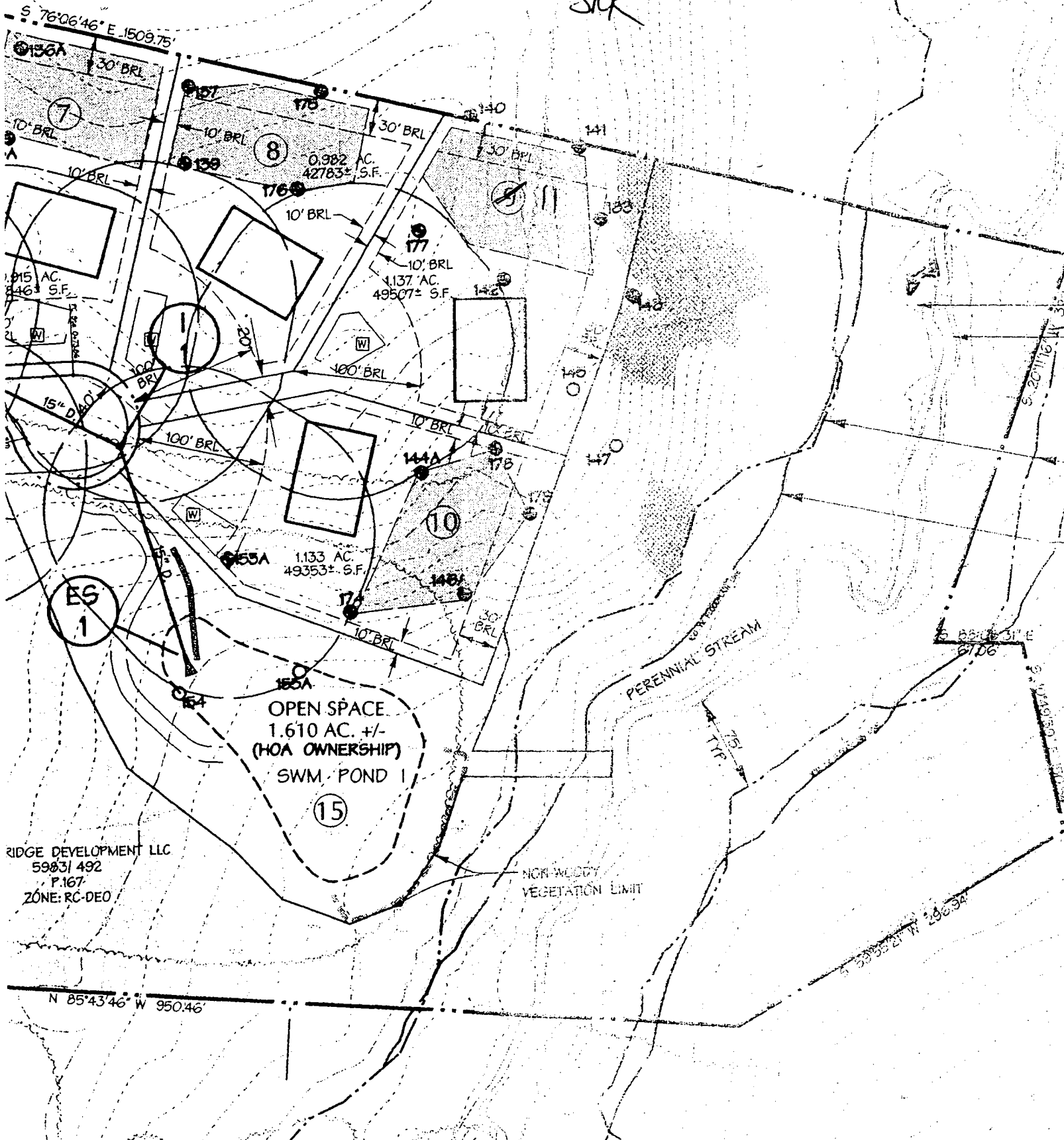
PERMIT No. **HO 94 3722**

PFEFFERKORN WILLIAM ROBERTS  
5371 221  
11751 132  
P.166  
ZONE: RC-DEO

N 891750

Well Site Staked by  
licensed surveyor from  
DMW - NO SITE INSPECTION  
6/26/03 SRK

E 1316000



RIDGE DEVELOPMENT LLC  
59831 492  
P.167  
ZONE: RC-DEO

NON-WOODY  
VEGETATION LIMIT

PERENNIAL STREAM

OPEN SPACE  
1.610 AC. +/-  
(HOA OWNERSHIP)  
SWM POND

ES  
1

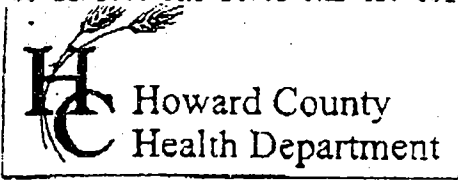
15

10

11

8

7



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.

LOFT6  
KN

~~31-62~~

# APPLICATION

PERCOLATION TESTING

A 513567 *[initials]*

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 Northbridge Development LLC / Cindy De Zoppo

ADDRESS 14045 Gared Drive PHONE 410-230-1074

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION NA LOT NO. 12 Lot 11

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 \_\_\_\_\_

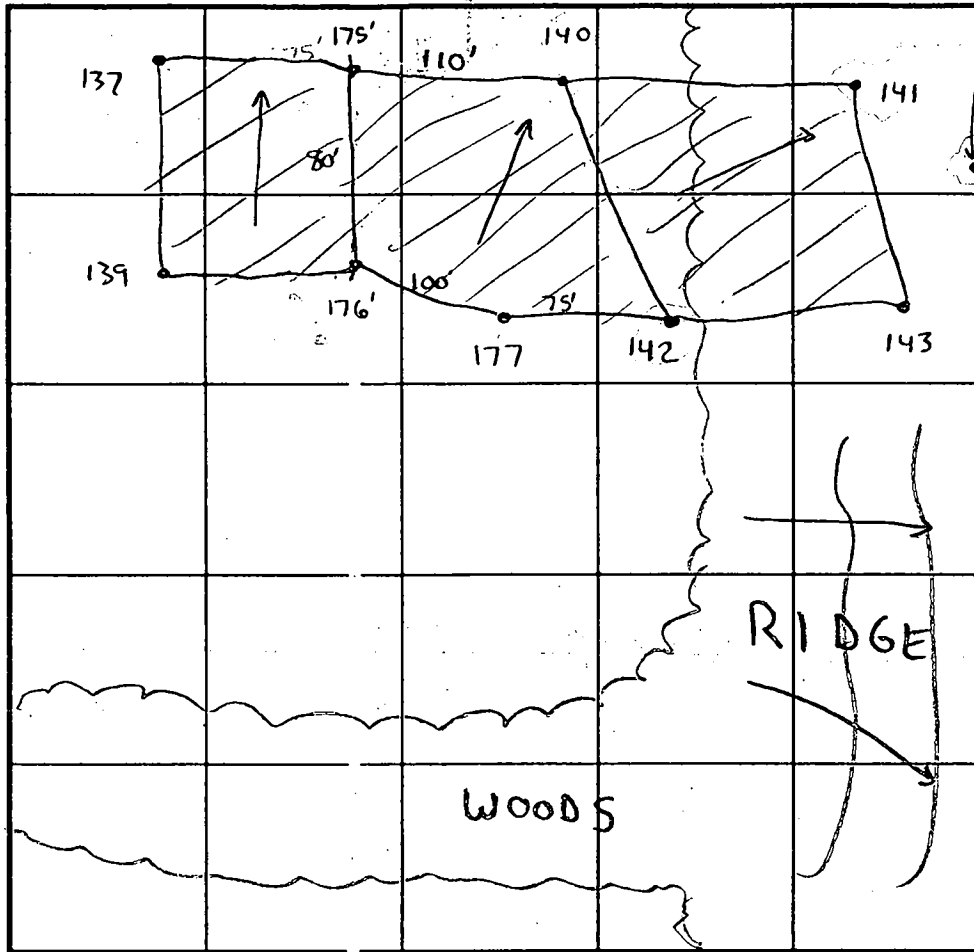
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

513567-K

COUNTY #

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

142  
 0' Topsoil  
 6"-1' red-brn silty clay loam  
 2'6" tan sandy loam powdery and greasy  
 ↓  
 15% Saprolite  
 ↓  
 13'

SOIL PROFILE

143  
 0' Topsoil  
 6" dark red silty clay loam  
 3' tan sandy loam  
 ↓  
 5-10% Saprolite  
 ↓  
 HARD BOTTOM  
 11 1/2'

SOIL PROFILE

141  
 0' Topsoil  
 4" brown clay loam  
 37' tan sandy loam  
 ↓  
 5-10% Saprolite  
 ↓  
 13'

SOIL PROFILE

140  
 0' Topsoil  
 8" light brown orange sandy clay loam  
 3' tan sandy loam  
 ↓  
 less than 5% Saprolite  
 ↓  
 12'

SOIL PROFILE

183  
 4-6" brown topsoil  
 3'5" red-brown clay-clay loam  
 tan-beige powdery sandy loam saprolite 10-15%  
 13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-26-00	142	13' V	(SEE SOIL	PRO	FILE)	NA	OK	
	143	3' T	12:38pm	12:39pm	12:39pm	12:41pm	2 min	OK
		11 1/2' V	(SEE SOIL	PROF	ILE)	NA	OK	
	141	13' V	(SEE SOIL	PROF	ILE)	NA	OK	
	140	3' T	12:56pm	12:57pm	12:57pm	12:59pm	2 min	OK
		12' V	(SEE SOIL	PROF	ILE)	NA	OK	
3/19/01	183	4' T / 13' V	10:03am	10:09am	10:09am	10:13am	4 min	OK
	NOT	TESTED	IN	WET	SEASON			
		NOT	NEEDED	TO	BE			

REMARKS: Soil pits mostly consistent  
 TYPE OF SOIL: Chester  
 TESTED BY: Steven R. Krieg ALSO PRESENT: Chuch Zepp and Robert Colson  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

513567-K

NOT TO SCALE

COUNTY#

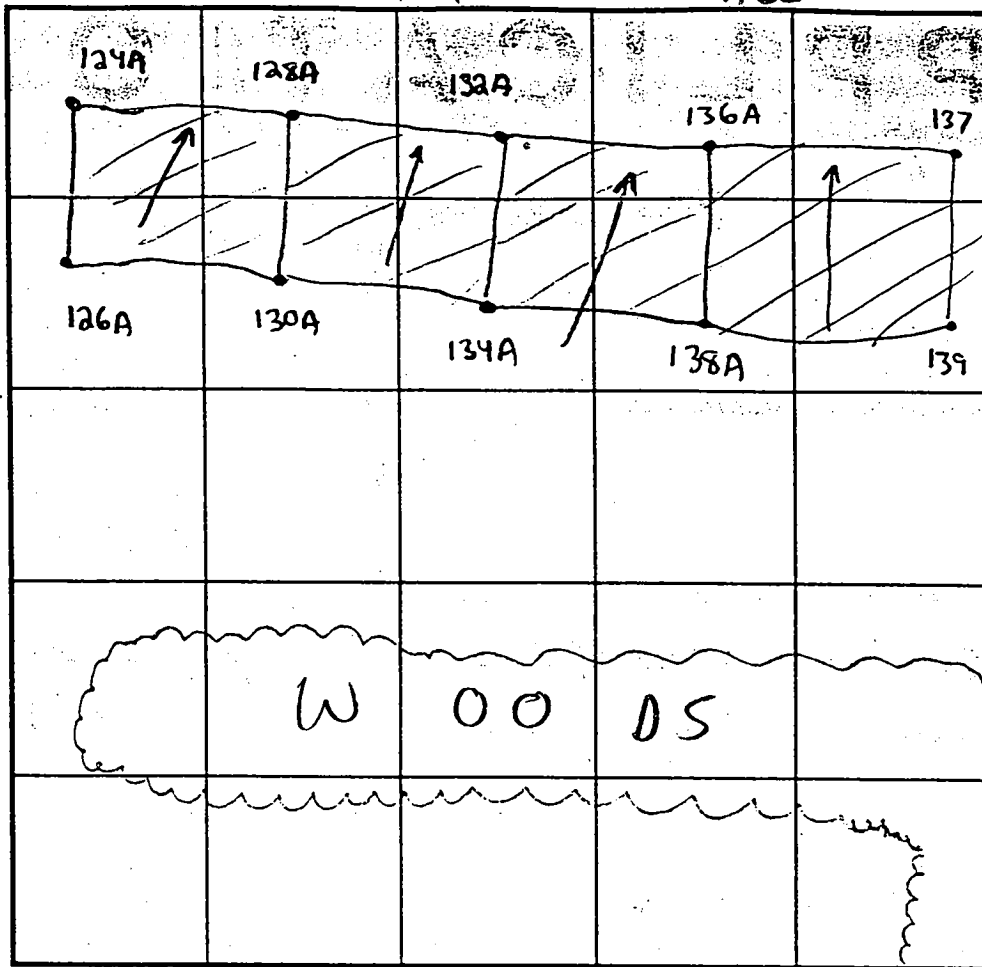
SOIL PROFILE

175  
 0' Topsoil  
 6-8" light brown - orange sandy clay loam  
 3'± tan sandy loam  
 ↓  
 less than 5% Saprolite

176  
 0' Topsoil  
 6-8" light brown - orange sandy clay loam  
 3'± tan beige sandy loam  
 ↓  
 5% Saprolite

177  
 0' Topsoil  
 1' orange - brown silty clay loam  
 2.5' tan sandy loam  
 ↓  
 10% Saprolite

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

137  
 0' Topsoil  
 6-8" light brown - orange clay loam  
 3'± tan sandy loam  
 ↓  
 20-25% Saprolite  
 ↓  
 12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-26-00	175	13' V	(SEE SOIL	PROF	(SEE SOIL	PROF	OK
↓	176	12' V	(SEE SOIL	PROF	(SEE SOIL	PROF	OK
↓	177	12' V	(SEE SOIL	PROF	(SEE SOIL	PROF	OK
↓	137	3.5' J	1:24 pm	1:26 pm	1:26 pm	1:29 pm	3 min
		12' V	(SEE SOIL	PRO	(SEE SOIL	PRO	

REMARKS Soil pits consistent

TYPE OF SOIL Chester

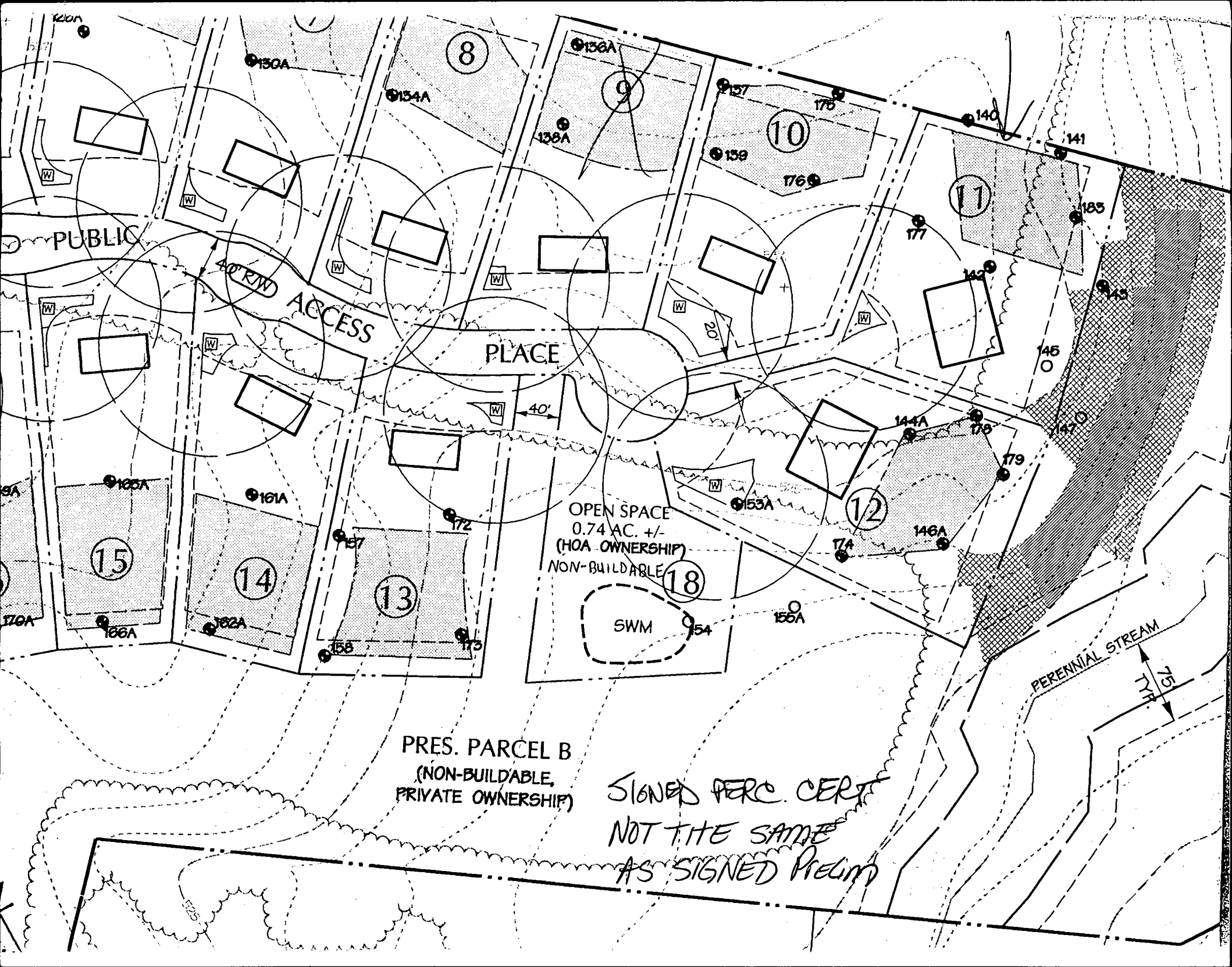
TESTED BY Steven R. Krieg

ALSO PRESENT Chuck Zepp and Robert Colson

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

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

HD



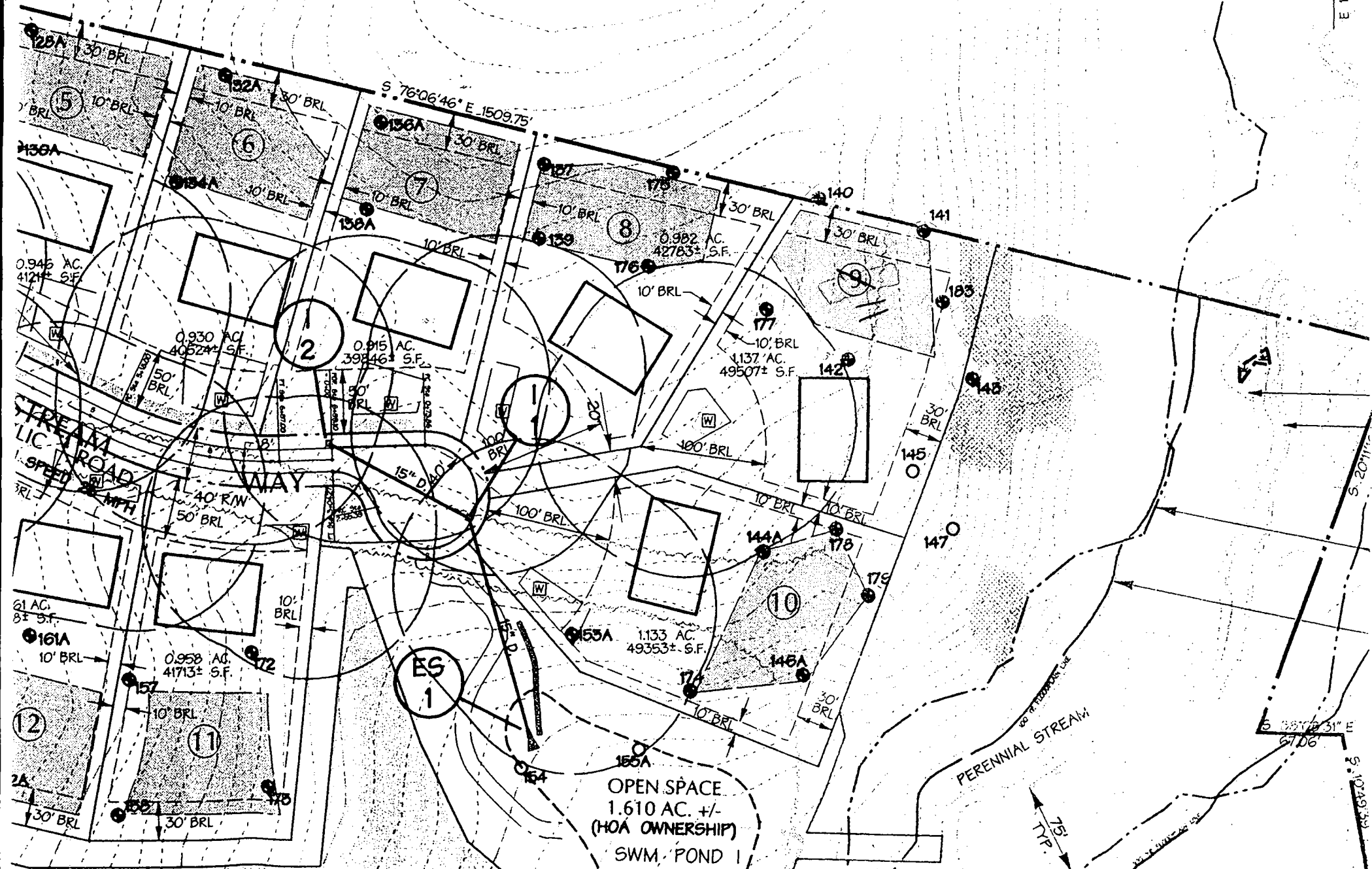
PRES. PARCEL B  
(NON-BUILDABLE,  
PRIVATE OWNERSHIP)

SIGNED PERC CERT  
NOT THE SAME  
AS SIGNED PERM

PFEFFERKORN WILLIAM ROBERTS  
5371 221  
11751 132  
P.166  
ZONE: RC-DEO.

N 591750

E 1316000



**PRES. PARCEL B**  
9.226 AC. +/-  
**(NON-BUILDABLE)**

NORTHRIDGE DEVELOPMENT LLC  
59831 492

OPEN SPACE  
1.610 AC. +/-  
(HOA OWNERSHIP)  
SWM POND

OF WAY

F. 03-045

signed 8/4/04

WILLIAM ROBERTS PFEFFERKORN

837/221

NATURAL CONSERVATION AREA AND  
FOREST CONSERVATION AREA B  
(NON-BUILDABLE)(SHADED)  
8.59 AC±



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00151250 KTB
---	---	---------------------------------------

Building Address 1627 FOX STREAM WAY  
WEST FRIENDSHIP MD 21794

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GPO499

Census Tract 103000 Subdivision FOX MEADOW

Section JAY RD # 03-342114 Area \_\_\_\_\_ Lot 11

Tax Map 15 Parcel 1107 Grid 19

Zoning RC-000 Map Coordinates 911 Lot size 49507

Property Owner's Name NORTHRIDGE DEV, LLC

Address 14045 GARED DR.

City GLENWOOD State MD Zip Code 21735

Home Phone 410-992-8631 Work Phone 410-531-9930

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT

Proposed Use CUSTOM SFD

Estimated Construction Cost \$ 350100

Description of Work 4 BR, 3 BATH (1) 1/2 BA, 2 FP,  
FR. PORCH, REAR SCREEN PORCH, 3 CAR GARAGE,  
BSMT 3 PC ROUGH IN

Contractor Company TOMES H SELFRIDGE BLDG, INC.

Contact Person NANCY BYRNE

Address 14045 GARED DR.

City GLENWOOD State MD Zip Code 21735

License No. 329

Phone 410-531-9930 Fax 410-531-9939

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>40'</u> Depth <u>56'</u> Width <u>54'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>38'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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

Susan Conklin  
 Applicant's Signature

Account  
 Title/Company

SUSAN CONKLIN  
 Print Name

11-17-04  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
Health	<u>12/7/04</u>	<u>[Signature]</u>
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#:** 64020

Filing fee \$ 1000.00

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 28066

Validation # 77764

Accepted by [Signature]

# FILE INQUIRY FORM

Property Address: \_\_\_\_\_

Spoke w/ Judy K. and she asked if she could take pictures of the final trench and if they could cover it, they are calling for snow / rain over the weekend. ~~I~~ told she said BB was out this 3/10. I told her it was OK to take pictures + to cover the ditch. (KDB)



**CASELL TESTING, INC.**

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

REPORT DATE: Aug 9, 2005

County Howard

Lab Number T-1083

Sample iced Yes  
Residual Cl<sub>2</sub> <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&amp;O: 13627 Fox Stream Way

Station Sampled: Pressure tank tap

Tax Map #: 15

Date/Time Sampled: Aug 8, 2005 10:55 am

Parcel #: 167

Owner, Telephone No.: Carr

Sampler: 67246P

Subdivision Name: Fox Meadow

Lot Number: 11

Building Permit No.: B00151250

Well Number: HO-94-3722

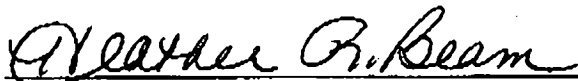
Observation: 2-Piece Cap  
Satisfactory

**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.9 NTU	EPA 180.1	*10 NTU	Pass
pH	5.6 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

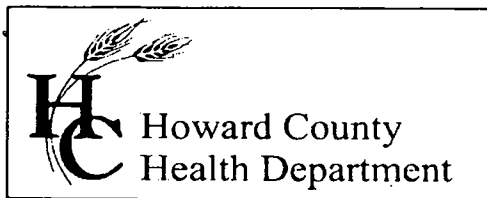
\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level



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

Penn E. Borenstein, M.D., M.P.H., Health Officer

September 1, 2005

Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

RE: Fox Meadow, Lot 11  
13627 Fox Stream Way  
West Friendship, MD 21794  
BP #: B00151250  
Well Permit # HO-94-3722

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 03/10/2005. Final approval of the well line connection to the dwelling was approved on 08/31/2005.**

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-94-3722. 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(s): 08/08/2005  
Date of Well Completion: 08/27/2003

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File