

LAYOUT _____ INSP 4 _____

INSP 2 5/19/05 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/17/05

PERMIT

P 522479

APPROVAL DATE: 11/16/05

A 513567-K

TAXID # 03-342204

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

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 280, Lisbon 21765 PHONE NUMBER: 410-442-1336

SUBDIVISION: Fox Meadow LOT NUMBER: 14

ADDRESS: 13614 Fox Stream Way PROPERTY OWNER: Northridge Development

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: 149

TRENCHES:	Trench to be 3.0 feet wide. Inlet ^{3'} 2.0 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 highest spot in the approved SDA.
NOTES:	No more than 3' cover on tanks

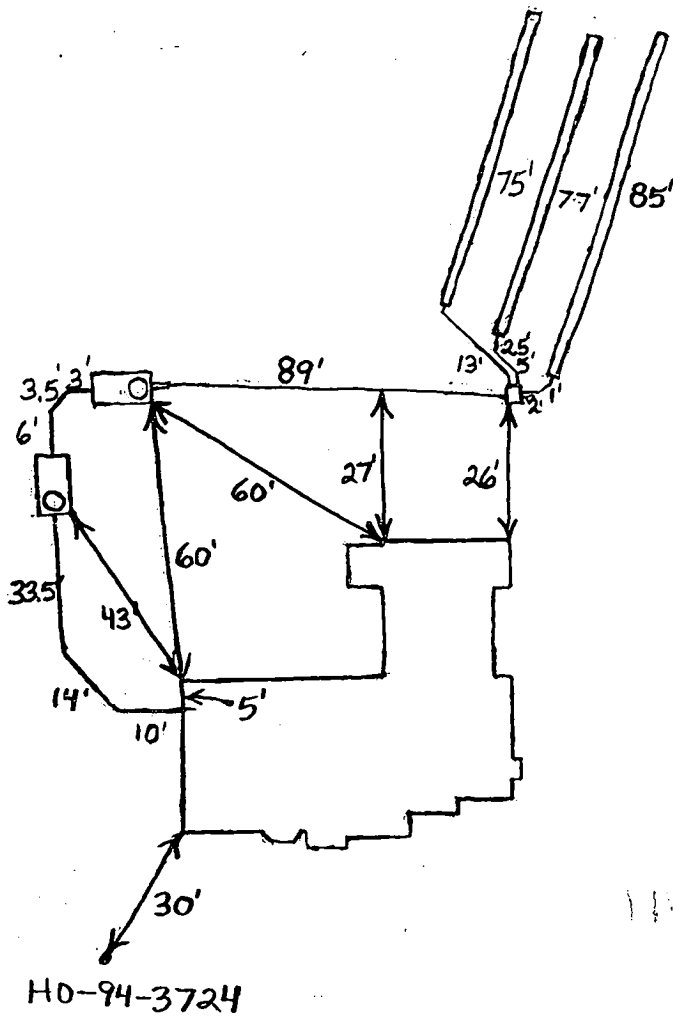
PLANS APPROVED: Kevin J. Bell KB DATE: 11/30/2004

- 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-K

NOT TO SCALE



Fox Stream Way

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		237'
ABSORPTION AREA		711' + Sidewall
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		Yes
Mayer Bros. 2-Comp.	CAPACITY	1500 GAL
	SEAM LOC	Top
	TANK LID DEPTH	0-15'
	BAFFLES	Yes
	BAFFLE FILTER	No
	MANHOLE LOC	Front
6" PORT LOC		Rear
WATERTIGHT TEST		No
SEPTIC TANK 2 LEVEL		Yes
Mayer Bros.	CAPACITY	1500 GAL
	SEAM LOC	Top
	TANK LID DEPTH	1'-2'
	BAFFLES	Front
	BAFFLE FILTER	No
	MANHOLE LOC	Rear
6" PORT LOC		None
WATERTIGHT TEST		No

PRE-CONSTRUCTION

INSTALLATION 5/19/05 Kettermans installed system somewhat per plan. More trench but less sidewall. At least this time the trenches seemed like they were on contour. Need pump and alarm test for final approval. (BTB) 11/16/05 Pump and alarm working (BB)

FINAL INSPECTOR B. Baber

DATE OF APPROVAL 11/16/05

Feb 27 04 11:03a

HO GO FNY HEALTH

14103132648

p.1

**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 #: 301-854-1333
 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: Selfridge Builders Telephone #: 410-531-8930
 Subdivision: Fox Meadows Lot #: 14 Well Tag #: HO-94-3724
 Site Address: 13614 Fox Meadow Way
WEST FRIENDSHIP, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>ELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>IS 303 076-180</u>	Model #: <u>PA-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>N/A</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <u>inside of well casing</u>		

Pipins to house
 Type: 1" PVC
 PSI: 160 (160 psi min)
 Depth of supply line: 36 (36" min)

House Connection
 PVC sleeve to undisturbed soil at wall penetration: YES
 Approximate length of sleeve: 6'
 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: _____ date: 8/25/05

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

Date Insp. Requested: _____ Date Insp. Approved: 7/7/05 Inspector: BB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elcc. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 0789

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-A

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 09 12 03

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94 3724

OWNER Northridge Development STREET OR RFD FOX STREAM WAY TOWN Glenelg SUBDIVISION FOX MEADOW SECTION LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for TOPSOIL, Sandy, Sandstone, MICKA, Sandstone, MICKA, Flat Rock, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 19, NO. OF POUNDS 1700, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 30+

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth of main casing 50

OTHER CASING (if used) table with columns: diameter, depth (feet)

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below

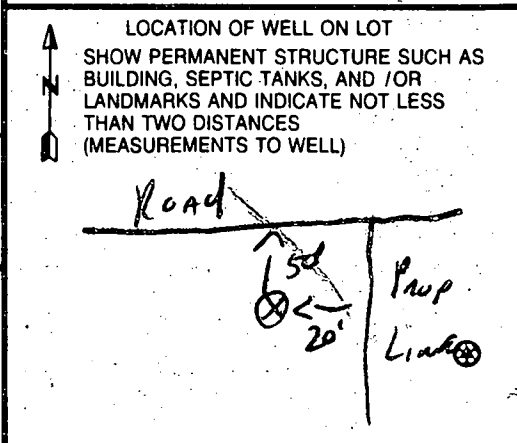
DEPTH (nearest ft.) table with columns: depth, diameter of screen

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 12, METHOD USED TO MEASURE PUMPING RATE Rec Log, WATER LEVEL 25 ft before, 40 ft when pumping, TYPE OF PUMP USED S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED 29, CAPACITY GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 2 (nearest foot)



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

DRILLERS LIC. NO. M SD 112, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D, DATE 11/29/04

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

1 2 3 6
7151
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
518603 please print or type

STATE PERMIT NUMBER
HO 94 3724
fill in this form completely

Date Received (APA) 04/02/03
OWNER INFORMATION
North Ridge Development LLC
Last Name: GARED, Owner: GARED, First Name: DR
14045 GLENNWOOD RD
GLENNWOOD MD 21738
Town: GLENNWOOD, State: MD, Zip: 21738

DRILLER INFORMATION
Ralph E. MAYNE M 5 D 117
Ralph E. MAYNE Well Drilling
17024 HARDY RD. Mt. Airy MD, 21771
Signature: [Signature] Date: 3-24-03

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

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

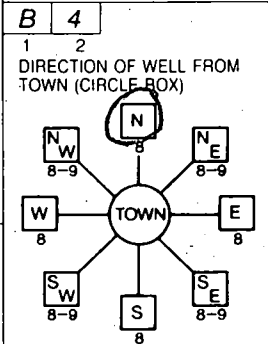
METHOD OF DRILLING (circle one)
BORED (or Augered) AIR-ROTARY JETTED ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

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) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER G
PERMIT No HO 94 3724

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

LOCATION OF WELL
Howard
COUNTY: Howard
SUBDIVISION: Fox meadow
SECTION: 44-46 LOT: #14
NEAREST TOWN: GLENNWOOD
MILES FROM TOWN (enter 0 if in town) 1 M.I.

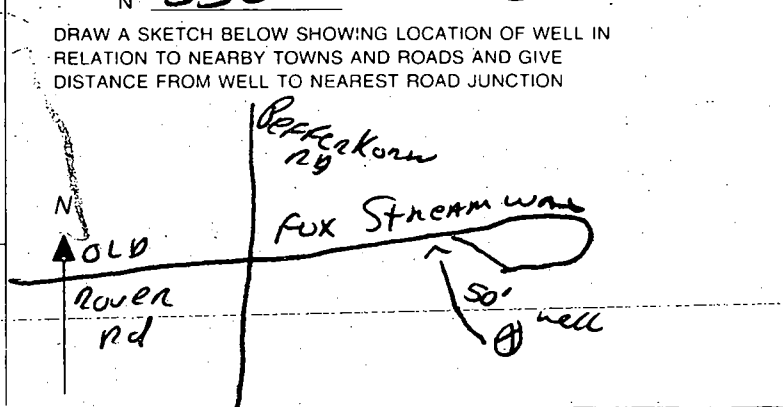


Direction of Well from Town (Circle Box): N
NEAR WHAT ROAD: Fox Stream way
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH
DISTANCE FROM ROAD: 50 FT
TAX MAP: 15 BLK: 19 PARCEL: 167

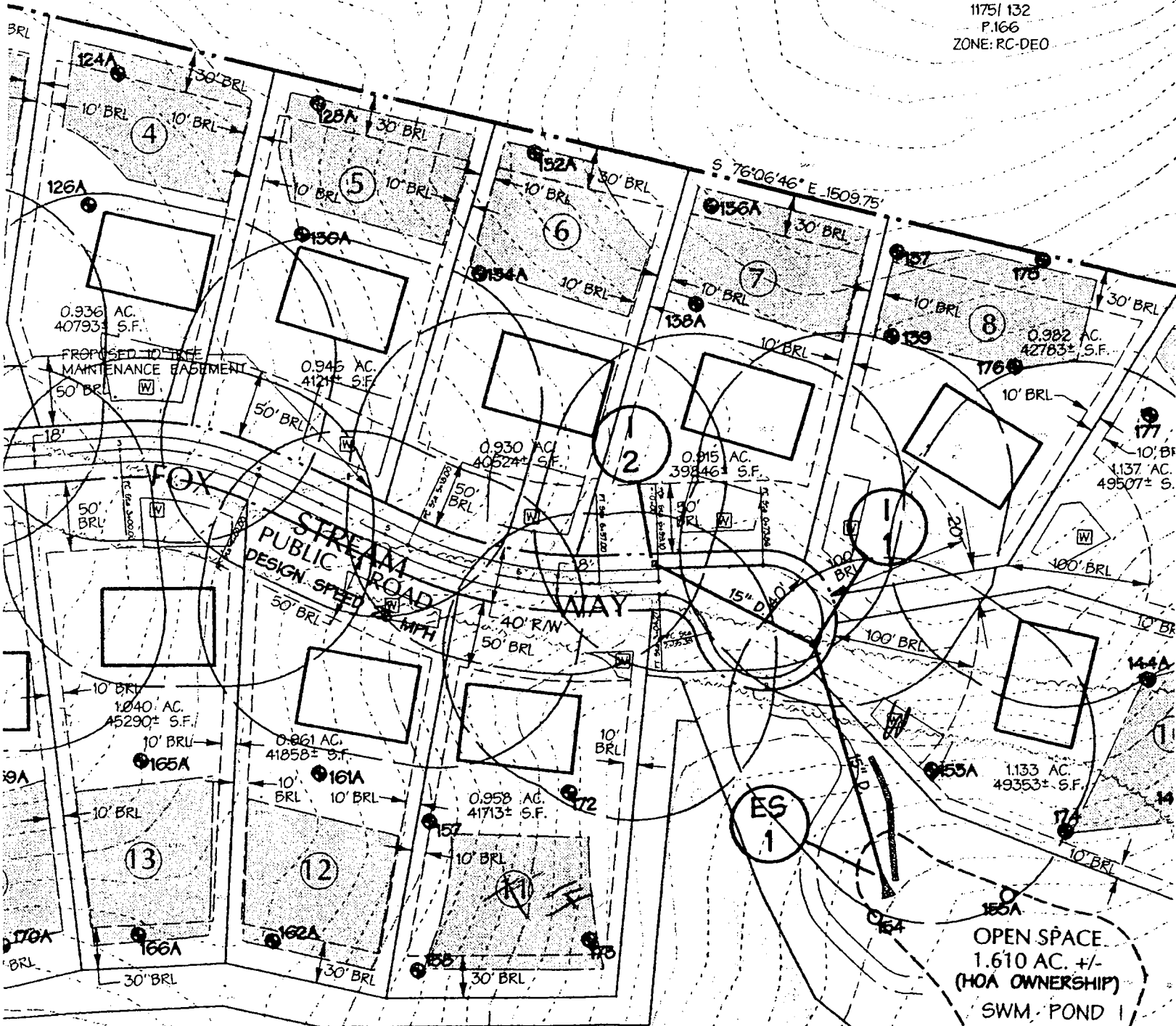
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard A513567-11
COUNTY NAME: Howard COUNTY NO.: _____
STATE SIGNATURE: [Signature] INSERT S
DATE ISSUED: 07/10/03 Steve L. King 7/10/04
NORTH GRID: 530 000 EAST GRID: 803 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 803
N 830

9/12/03 p&G 11:30am
3 hr
30' casing
grout 30'
12 bags
12 gal pm
to be pumped (KN)
000
000



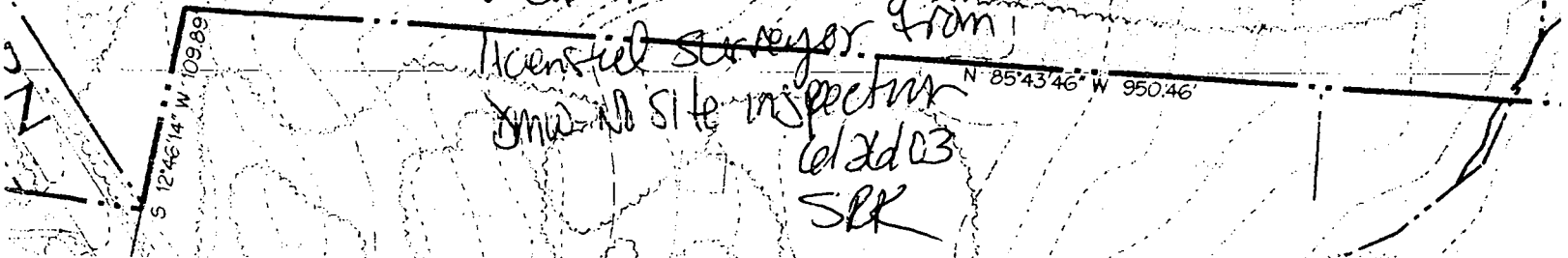
PFEFFERKORN WILLIAM ROBERTS
 5371 221
 11751 132
 P.166
 ZONE: RC-DEO



PRES. PARCEL B
 9.226 AC. +/-
 (NON-BUILDABLE,
 PRIVATE OWNERSHIP)

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

*Well Site Staked by
 Licensed Surveyor From
 Ground Site Inspection
 6/22/03
 SLK*



APPLICATION

PERCOLATION TESTING

A 513567-K

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 DeLZoppo

ADDRESS 14045 Gared Drive PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION NA LOT NO. 15 6013 14

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)

LOTT
OVER
SIGNED
PRELIM

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 DeLZoppo
(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-M

NOT TO SCALE

COUNTY #

SOIL PROFILE

157

0' Topsoil
 6" light brn - tan silty clay loam
 14" tan sandy loam powdery and greasy
 <10% Saprolite

158

6" Topsoil
 light brn - tan silty clay loam
 3" tan sandy loam powdery and greasy
 10-15% Saprolite

172

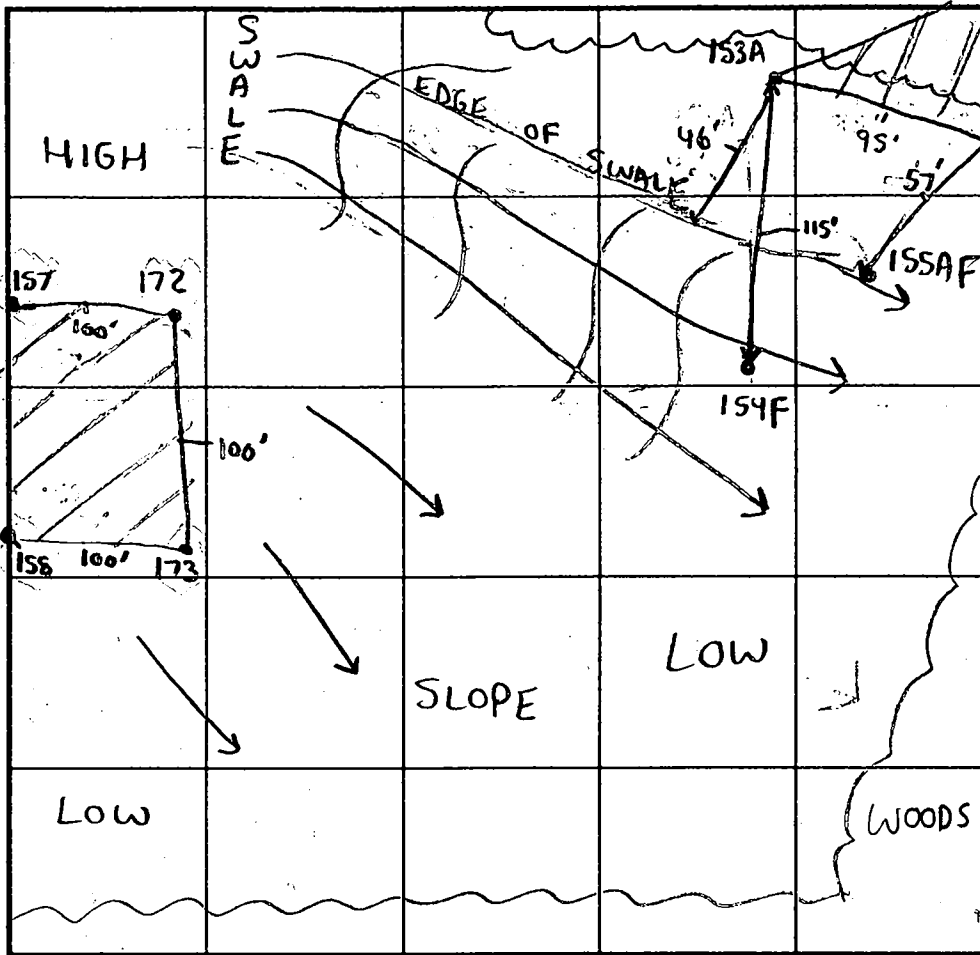
6" Topsoil
 light brn - tan silty clay loam
 3" tan sandy loam powdery and greasy
 10-15% Saprolite

13.5'

SOIL PROFILE

173

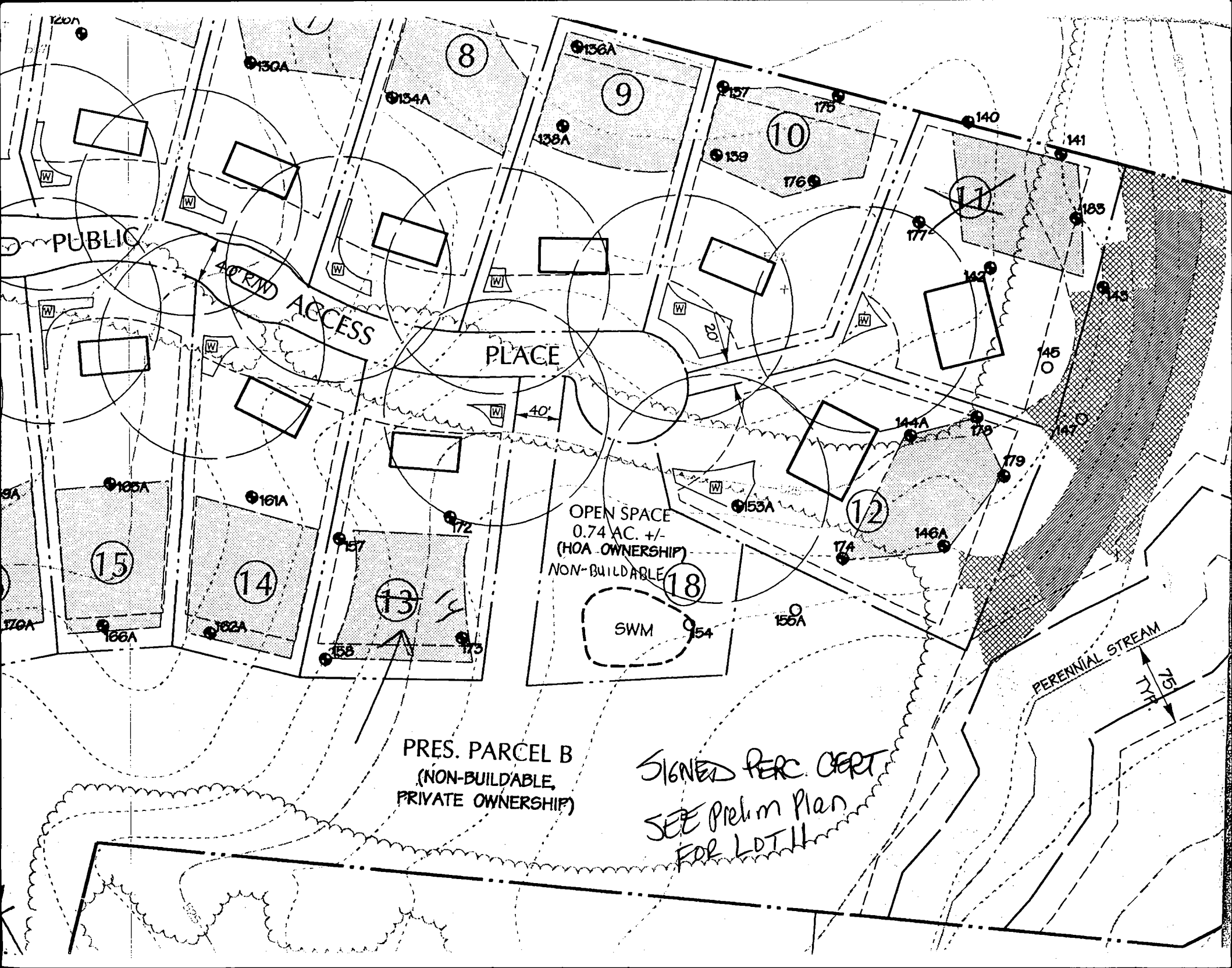
Visual on see hole 158.
 15-20% Saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-23-00	157	4' T	1:25pm	1:26pm	1:26pm	1:28pm	2min	OK
		14' V	(SEE SOIL	PRO	FILE)	NA	NA	OK
	158	5' T	1:37pm	1:39pm	1:39pm	1:42pm	3min	OK
		13.5' V	(SEE SOIL	PRO	FILE)	NA	NA	OK
	172	13.5' V	(SEE SOIL	PRO	FILE)	NA	NA	OK
	173	13' V	(SEE SOIL	PRO	FILE)	NA	NA	OK

REMARKS: Soil pits mostly consistent (silty loam-loam)
 TYPE OF SOIL: Clay layer loamy and shallow, Chester
 TESTED BY: Steven R. Krieg ALSO PRESENT: Chuck Zepp, Robert Colson, Cindy DeZoppo
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



PUBLIC

ACCESS

PLACE

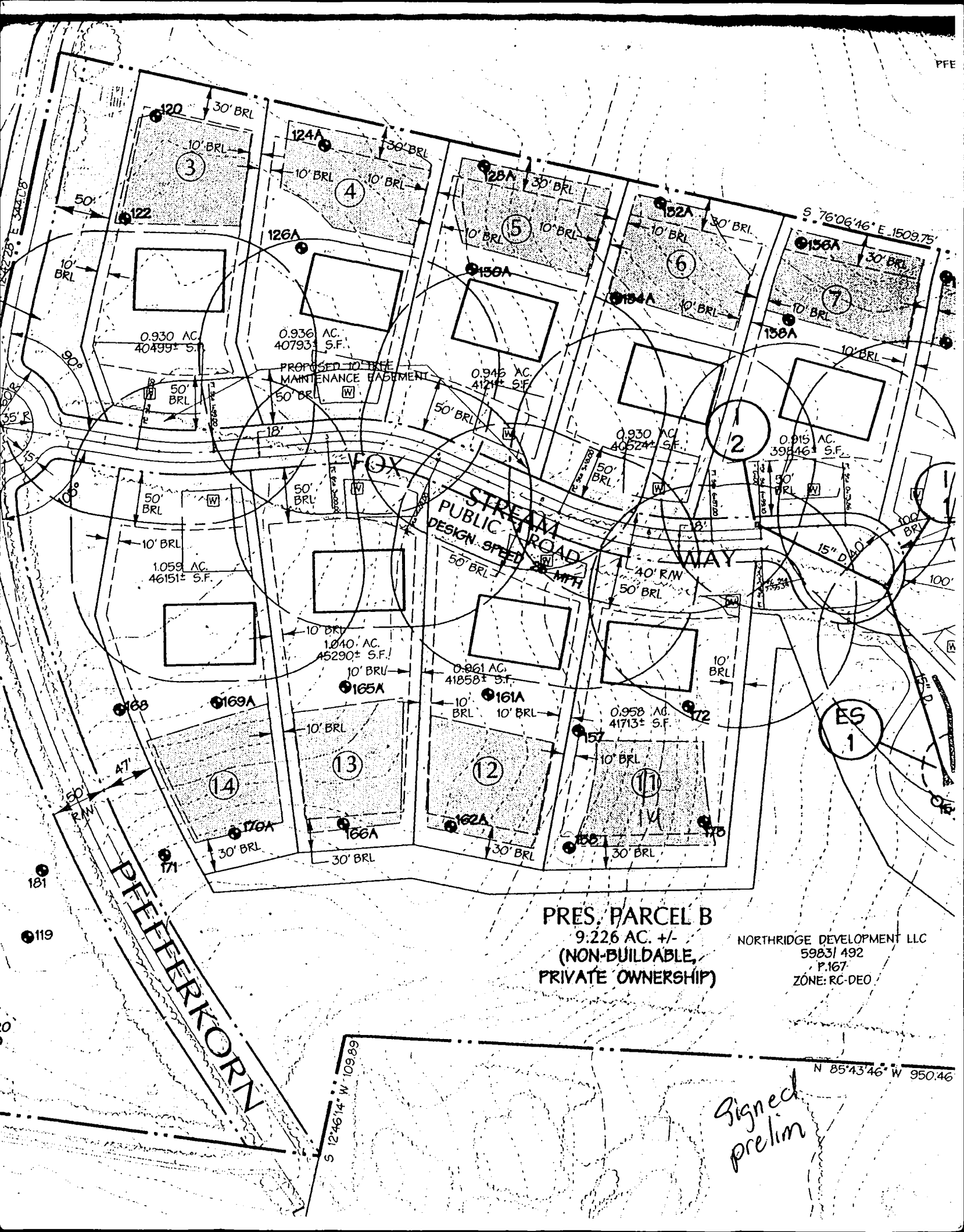
OPEN SPACE
0.74 AC. +/-
(HOA OWNERSHIP)
NON-BUILDABLE

SWM

PERENNIAL STREAM

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

SIGNED PERC. CERT.
SEE Prelim Plan
FOR LOT 11



PRES. PARCEL B
 9.226 AC. +/-
 (NON-BUILDABLE,
 PRIVATE OWNERSHIP)

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

*Signed
 prelim*

N 85°43'46" W 950.46

S 12°46'14" W 109.89

PIFFERKORN

FOX
 STREAM
 PUBLIC ROAD
 DESIGN SPEED 40 MPH
 WAY

PROPOSED TO BE
 MAINTENANCE EASEMENT

ES
 1

0.930 AC.
 40499± S.F.

0.936 AC.
 40793± S.F.

0.946 AC.
 4121± S.F.

0.930 AC.
 40524± S.F.

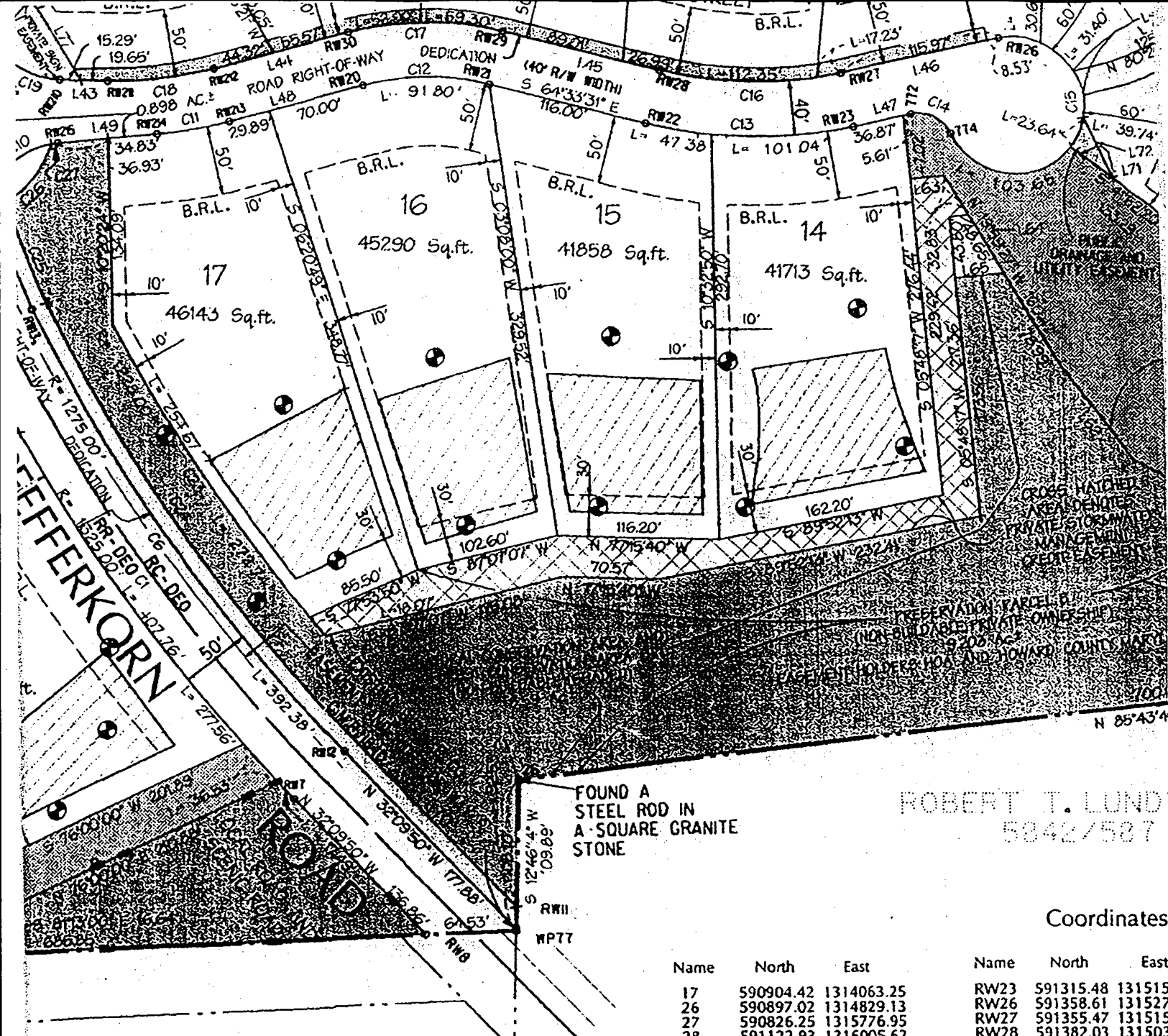
0.915 AC.
 39846± S.F.

1.059 AC.
 46151± S.F.

1.040 AC.
 45290± S.F.

0.861 AC.
 41858± S.F.

0.958 AC.
 41713± S.F.



ROBERT T. LUND
5842/587

Coordinates

Name	North	East	Name	North	East
17	590904.42	1314063.25	RW23	591315.48	131515
26	590897.02	1314829.13	RW26	591358.61	131527
27	590826.25	1315776.95	RW27	591355.47	131515
28	591122.93	1316005.62	RW28	591382.03	131503
772	591316.63	1315201.19	RW29	591431.86	131492
774	591297.31	1315226.21	RW30	591452.72	131481
890	591426.22	1316049.31	RW38	591782.57	131460
RW6	591288.46	1314507.24	RW200	591500.01	131414
RW7	590915.56	1314668.21	RW201	591323.89	131449
RW8	590799.70	1314741.07	RW202	591393.87	131448
RW11	590791.59	1314805.23	RW203	591412.66	131447
RW12	590942.18	1314710.53	RW204	591423.13	131441
RW13	591301.01	1314555.65	RW205	591439.17	131444
RW20	591412.81	1314820.90	RW206	591454.30	131439
RW21	591395.74	1314910.10	RW207	591540.68	131451
RW22	591345.91	1315014.85	RW208	591495.82	131451
			RW209	591484.96	131451
			RW210	591460.33	131461
			RW211	591452.38	131466
			RW212	591446.14	131477

CARL M. BRAY AND WIFE
742/237

FOREST CONSERVATION EASEMENT "A" 1.74 AC ±
0.70 AC RETENTION
1.04 AC REFORESTATION

OWNER/DEVELOPER

Northridge Development LLC
14045 Gared Drive
Glenwood, Maryland 21738

SURVEYOR

Daft McCune Walker, Inc.
200 East Pennsylvania Avenue
Towson, Maryland 21286

FOREST CONSERVATION EASEMENT "B" 8.59 AC ±
3.47 AC RETENTION
2.50 AC REFORESTATION
0.14 AC FLOODPLAIN
0.14 AC REFORESTATION CREDIT FOR LANDSCAPING

■ DENOTES THE FOREST CONSERVATION AREA

F-03-045 signed Skelley

OWNER'S DEDICATION

ment, LLC, by James H. Selfridge, Managing Member, owners of the property shown and described hereon, hereby adopt this plan in consideration of the approval of this Final Plat by the Department of Planning and Zoning, establish the minimum building setbacks in Howard County, Maryland, its successors and assigns.

I hereby
of part of th
Developme

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21042
PERMITS (410) 313-3666 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B-00151249 XSB

Building Address 13614 FOX STREAM WAY
W. FRIENDSHIP, MD 21744
Suite/Apt. #: _____ SDP/WP/Petition #: GPO498
Census Tract 1603000 Subdivision FOX MEADOW
TWP ZDA 03-342204
Section _____ Area _____ Lot 14
Tax Map 15 Parcel 167 Grid 19
KCDEO
Zoning _____ Map Coordinates 9H4 Lot size 41713

Property Owner's Name NORTHRIDGE DEV, LLC
Address 14045 GARED DR
City GLENWOOD State MD Zip Code 21738
Home Phone 410-992-9631 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 \$350000
Description of Work 4 BR #FBA, (2) 1/2 BA, (1) 3 PC.
ROUGH IN 1 FP, COV. DECK, FR. PORCH, SIDE
PORCH, 3 CAR GARAGE, BSMT WALKOUT, FIN BSMT
Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company JAMES H. SELEBRING BLDGS, INC.
Contact Person NANCY BEANE
Address 14045 GARED DR
City GLENWOOD State MD Zip Code 21738
License No. 329
Phone 410-531-9930 Fax 410-531-8439
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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>44'</u> <u>85'4"</u> 2nd floor: <u>76'</u> <u>61'</u> <u>76'</u> <u>85'4"</u> Basement <u>PARTIAL</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input 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 _____ Sewage Disposal: Public _____ Private _____ Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Susan Conklin
Applicant's Signature
Agent
Title/Company

SUSAN CONKLIN
Print Name
11-19-04
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>11/29/04</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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: 64019

Filing fee \$ 100.00
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 27084
Validation # 77763

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

CASELL TESTING, INC.

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

REPORT DATE: Oct 19, 2005

County Howard

Lab Number 05-643

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: 13614 Fox Stream Way

Station Sampled: Pressure Tank Tap

Date/Time Sampled: Oct 18, 2005 12:40 pm

Owner, Telephone No.: Arena

Subdivision Name: Fox Meadow

Building Permit No.: B00151249

Well Number: HD-94-3724

Tax Map #: 15

Parcel #: 167

Sampler: 7162SC

Lot Number: 14

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	6.7 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.3 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

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

November 17, 2005

Northridge Development
14045 Gared Drive
Glenwood, MD 21738

SENT BY FACSIMILE 410-531-8939

RE: Fox Meadow, Lot 14
13614 Fox Stream Way
West Friendship, MD 21794
BP #: B00151249
Well Permit # HO-94-3724

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 11/16/2005. Final approval of the well line connection to the dwelling was approved on 07/07/2005.**

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-94-3724. 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): 10/18/2005
Date of Well Completion: 09/12/2003

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File