

LAYOUT 4/14/05 INSP 4 _____
 INSP 2 4/14/05 INSP 5 _____
 INSP 3 4/15/05 INSP 6 _____

ISSUE DATE: 4/12/2005

P 522085

APPROVAL DATE: 4/15/2005

A 513567-L

**PERMIT
INDEXED**

TAX ID# 03-342212

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

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: P. O. Box 280, Lisbon 21765 PHONE NUMBER: 410442-1336

SUBDIVISION: Fox Meadow LOT NUMBER: 15

ADDRESS: 13610 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: ~~101~~ 130

| | |
|-----------|--|
| TRENCHES: | Trench to be <u>2.0</u> feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box at the highest elevation. |
| NOTES: | No basement gravity service. |

PLANS APPROVED: Peter Yencsik (KJB) DATE: 12/2/2004

- 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

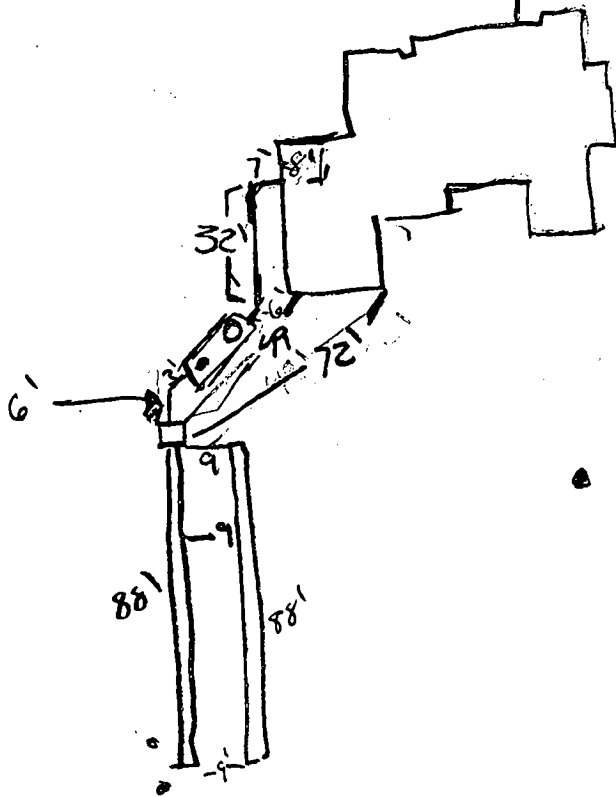
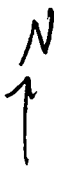
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A513567-L

Fox Stream way

NOT TO SCALE

HO-94-3725



ROAD

| TRENCH/DRAINFIELD DATA | | |
|-------------------------|-------|---------|
| WIDTH | INLET | BOTTOM |
| 2 | 3 | 7.5 |
| NUMBER OF TRENCHES | | 2 |
| TOTAL LENGTH | | 176 |
| ABSORPTION AREA | | 352 sq' |
| DISTRIBUTION BOX LEVEL | | ✓ |
| DISTRIBUTION BOX BAFFLE | | |
| DISTRIBUTION BOX PORT | | 2 |

| SEPTIC TANK DATA | |
|---------------------|----------|
| SEPTIC TANK 1 LEVEL | ✓ |
| CAPACITY | 1500 GAL |
| SEAM LOC | Top |
| TANK LID DEPTH | 1 |
| BAFFLES | ✓ 3 |
| BAFFLE FILTER | |
| MANHOLE LOC | front |
| 6" PORT LOC | rear |
| WATERTIGHT TEST | N/A |
| 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 _____

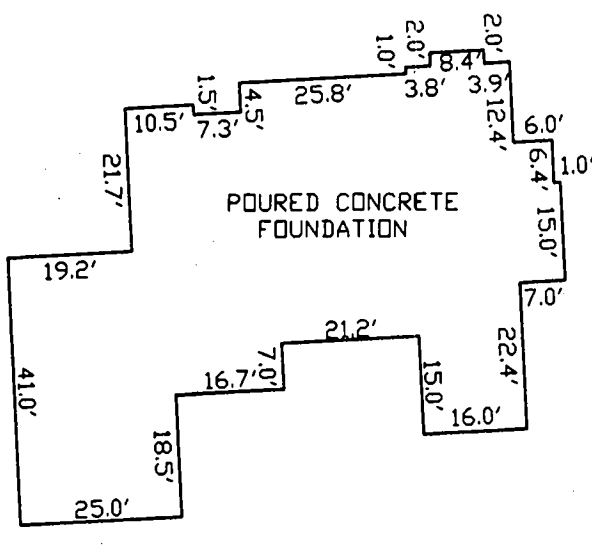
INSTALLATION ^{4/14/05} 130' required / 2 90' trenches to be installed upon K & K'S request - Area flat at upper most part of SDA. PAM 4/14/05 / 2 - 88' trenches, as per specs, only more length. Tank in late upon arrival will need called in. O.K. to cover trenches 4/14/05 (PAM). 4/15/05 - O.K. to cover all work. left note w/ permit to re-glue 6" P.V.C. - a little loose.

FINAL INSPECTOR P.A.Y

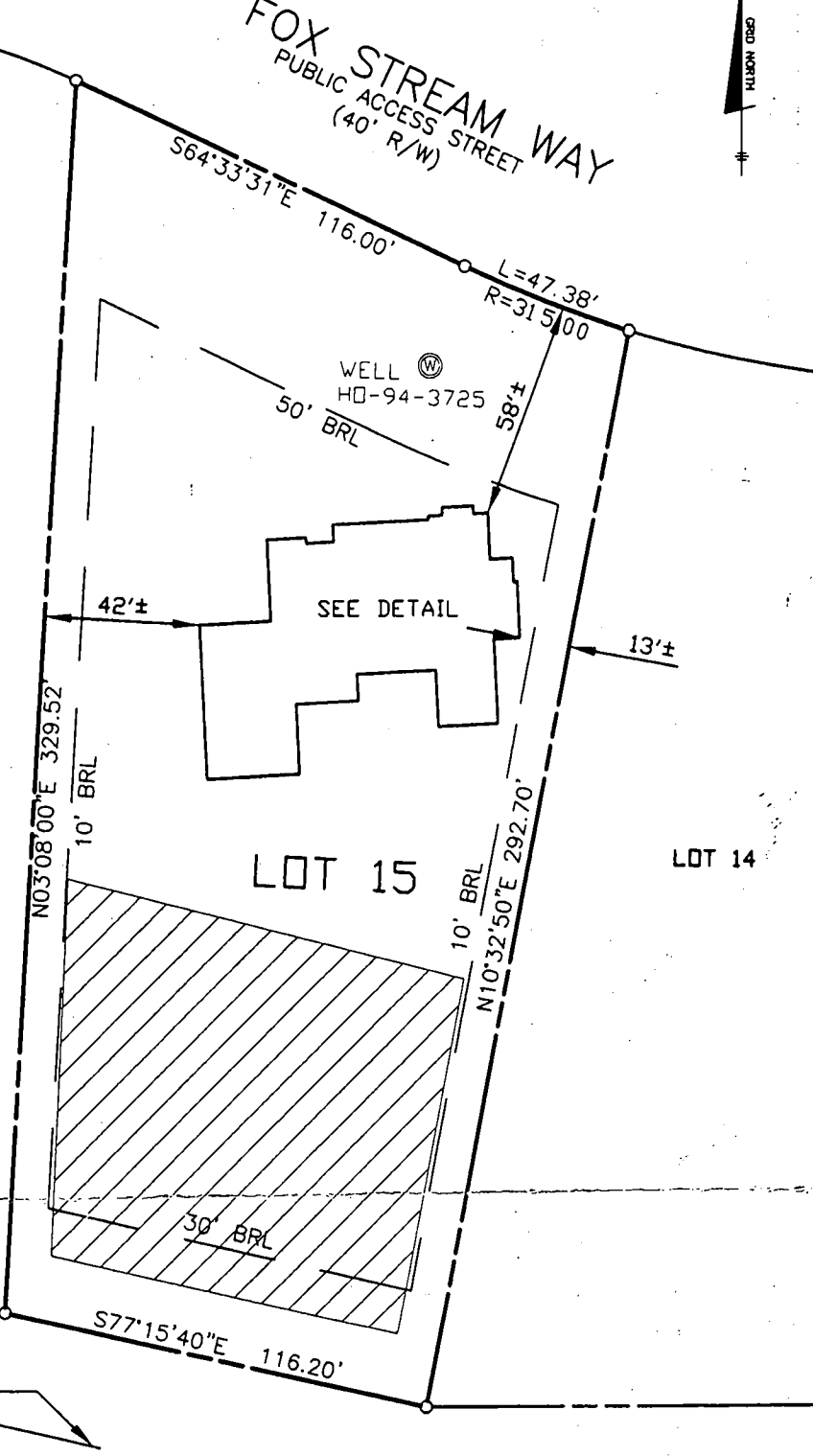
DATE OF APPROVAL 4/15/05



FOX STREAM WAY
PUBLIC ACCESS STREET
(40' R/W)



~FOUNDATION DETAIL~
SCALE: 1" = 30'



4/13/05
wall check OK
KSB

PRIVATE STORMDRAIN
MANAGEMENT
CREDIT EASEMENT

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 02/22/05 ; 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, HOA OPEN SPACE LOTS 13, & 18, PRESERVATION PARCELS A, B, AND C", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16865.

PRESERVATION PARCEL 'B'
(NON-BUILDABLE PRIVATE OWNERSHIP)
EASEMENT HOLDERS HOA AND HOWARD COUNTY, MARYLAND.

TOP OF FOUNDATION WALL ELEVATION = 549.0'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

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



WALL CHECK

FOX MEADOW

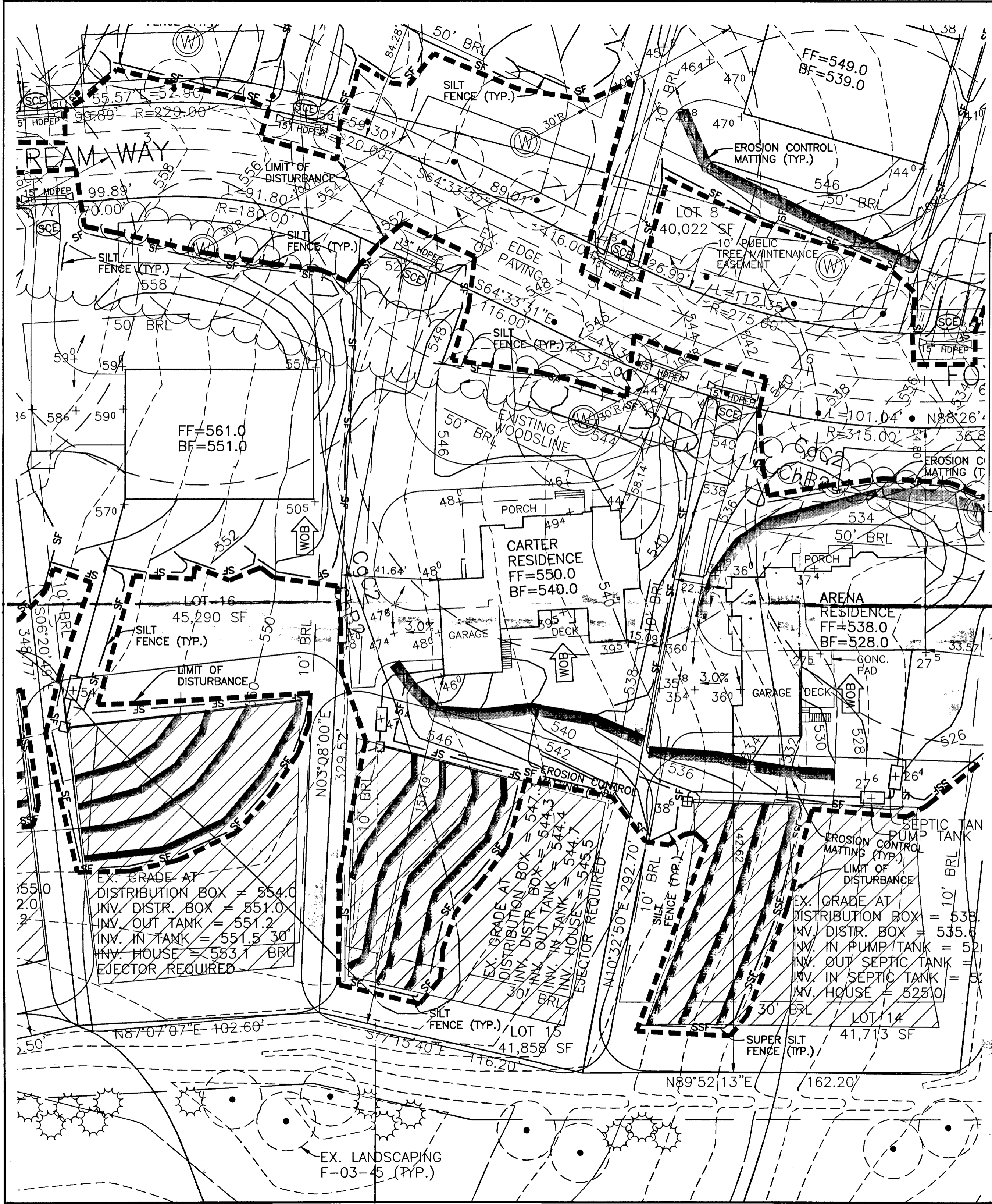
LOTS 1 THRU 12, 14 THRU 17
H.O.A. OPEN SPACE LOTS 13, & 18,
PRESERVATION PARCELS A, B, AND C
LOT No. 15

13610 FOX STREAM WAY
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

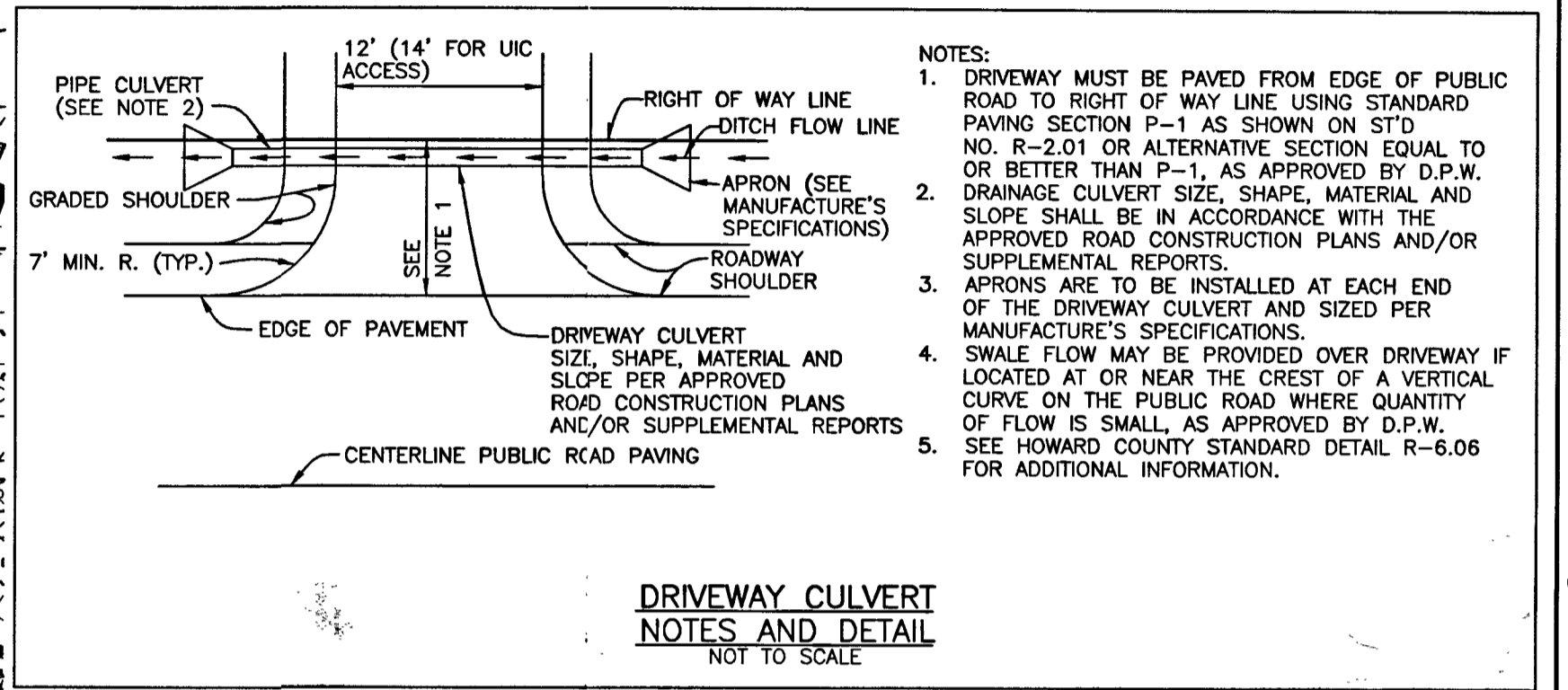
SCALE: 1" = 50' DATE: 03/15/05



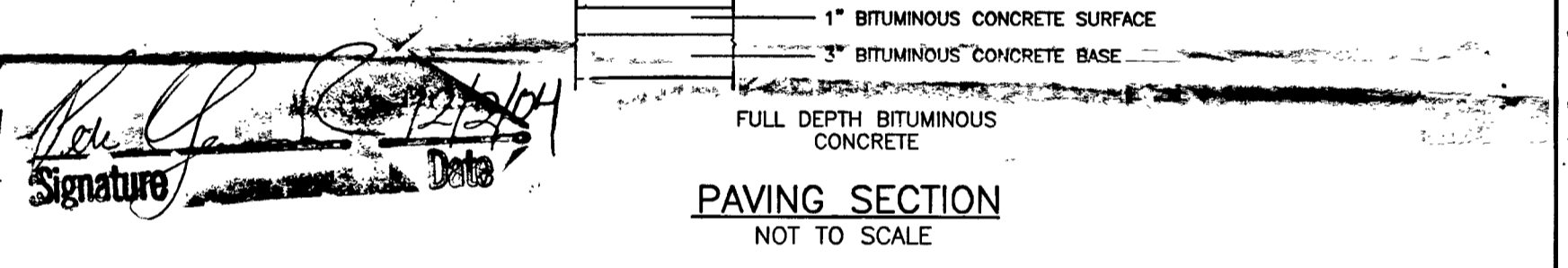
8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-465-6105 • fax: 410-465-6644
email: Benchmark@cefs.com



- 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 SOIL CONSERVATION DISTRICT UNDER GP-04-98 AND MODIFIED FOR THIS SPECIFIC HOUSE.
 4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
 5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
 6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
 7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
 9. SEPTIC TANK FOR THIS LOT TO BE 1,500 GALLONS.
 10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-3725, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.



Approved Septic System Plan
Howard County Health Department



[Signature]
Signature Date

| NO. | DATE | REVISION |
|--|---------|-------------------------------------|
| | | |
| <p>BENCHMARK ENGINEERING, INC. ENGINEERS • LAND SURVEYORS • PLANNERS</p> <p>8480 BALTIMORE NATIONAL PIKE • SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 • FAX: 410-465-6644 EMAIL: benchmark@cats.com</p> | | |
| OWNER/BUILDER: | | PROJECT: |
| JAMES H. SELFRIDGE BUILDERS, INC. 14045 GARED DRIVE GLENWOOD, MD 21738 PHONE: 410-531-8930 FAX: 410-531-8939 | | FOX MEADOW LOT 15 |
| LOCATION: | | TITLE: |
| 13610 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 | | PERMIT PLAN |
| HOUSE TYPE: | | DATE: |
| CARTER RESIDENCE | | NOVEMBER, 2004 NOVEMBER 30, 2004 |
| DESIGN: | DRAFT: | PROJECT NO. |
| JMC | JMC | 1743 |
| SCALE: | DRAWING | OF |
| 1" = 30' | 1 | 1 |

Feb 27 04 11:03a

HO CO FNY HFRI TH

14103132648

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 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: License #: PI 0145
Name (Print): DAVID RYCKE

*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: SELFIDGE BUILDERS Telephone #: 410-531-5930
Subdivision: FOX MEADOWS Lot #: 15 Well Tag #: HO-94-3725
Site Address: 13610 FOX MEADOWS WAY
W. FRIENDSHIP, MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SAUNDERS Make: CAMOGU Two piece watertight cap: YES
Model #: 15300078-180 Model #: BA-800 Screened, vented well cap: NO
Pump Capacity: 15 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 12 GPM NSF/WSC approved: Y Conduit min 18" B.G.: 18"
Depth of well encountered at time of pump installation: 180 (feet) Conduit secured to well cap:
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 House Connection
Type: AQUA JET COIL PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: (36" min) 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: 4/25/05 Inspector: GC BB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope not seen outside of well cap/casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]

C1 0786 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 AS13507L

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 09 09 03

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-31725

OWNER Northridge Del. STREET OR RFD FOX STREAM WAY TOWN Glenelg SUBDIVISION FOX MENDON SECTION LOT 15

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 (ICM), NO. OF BAGS 13, NO. OF POUNDS 1300, GALLONS OF WATER 78, DEPTH OF GROUT SEAL 30+

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6, Total depth of main casing 40

OTHER CASING (if used) section with diameter and depth fields.

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

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

DEPTH (nearest ft.) table with rows for ACCH, S, R, E, N and columns for slot size and diameter of screen.

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 117, DRILLERS SIGNATURE

LIC. NO. M D

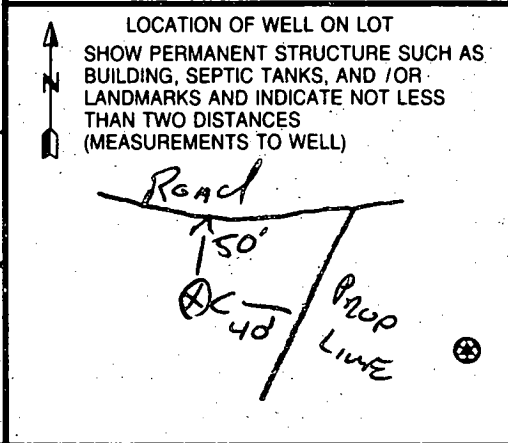
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 27, BEFORE PUMPING 27, WHEN PUMPING 29, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43, CASING HEIGHT (+) above, LAND SURFACE 2 (nearest foot)



B 1 9158

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3725 fill in this form completely

518603 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 North Ridge Development LLC
15 Last Name Owner First Name 34
14045 GAREO DR
36 Street or RFD 55
Glenwood MD 21738
57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

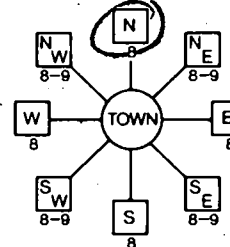
8 COUNTY Howard
23 SUBDIVISION Fox meadow
SECTION 44 46 LOT 1215
52 NEAREST TOWN GLENELG

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

DRILLER INFORMATION

Ralph E. Mayne M S D 117
Driller's Name 76 License No. 81
Ralph E. Mayne Well Drilling
Firm Name
17024 Hardy 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
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

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)

- (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

(13) A513 567D
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S
DATE ISSUED 07/01/03 Steven R. King 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

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) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

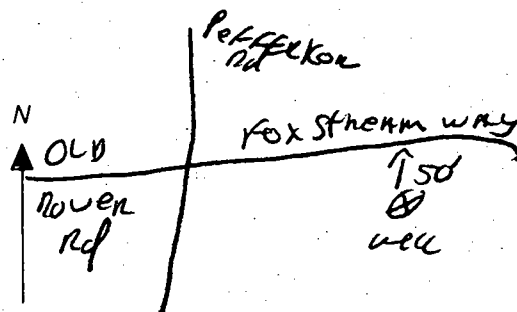
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 803
N 530

9/9/03 - Grant
NOTED
Well - 180
Casing - 40
Annular 30+
13 bags gravel

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

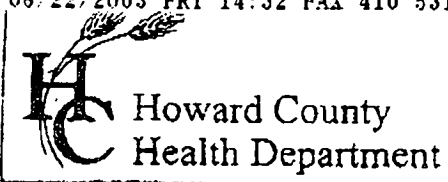


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G
PERMIT No. HO-94-3725

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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:

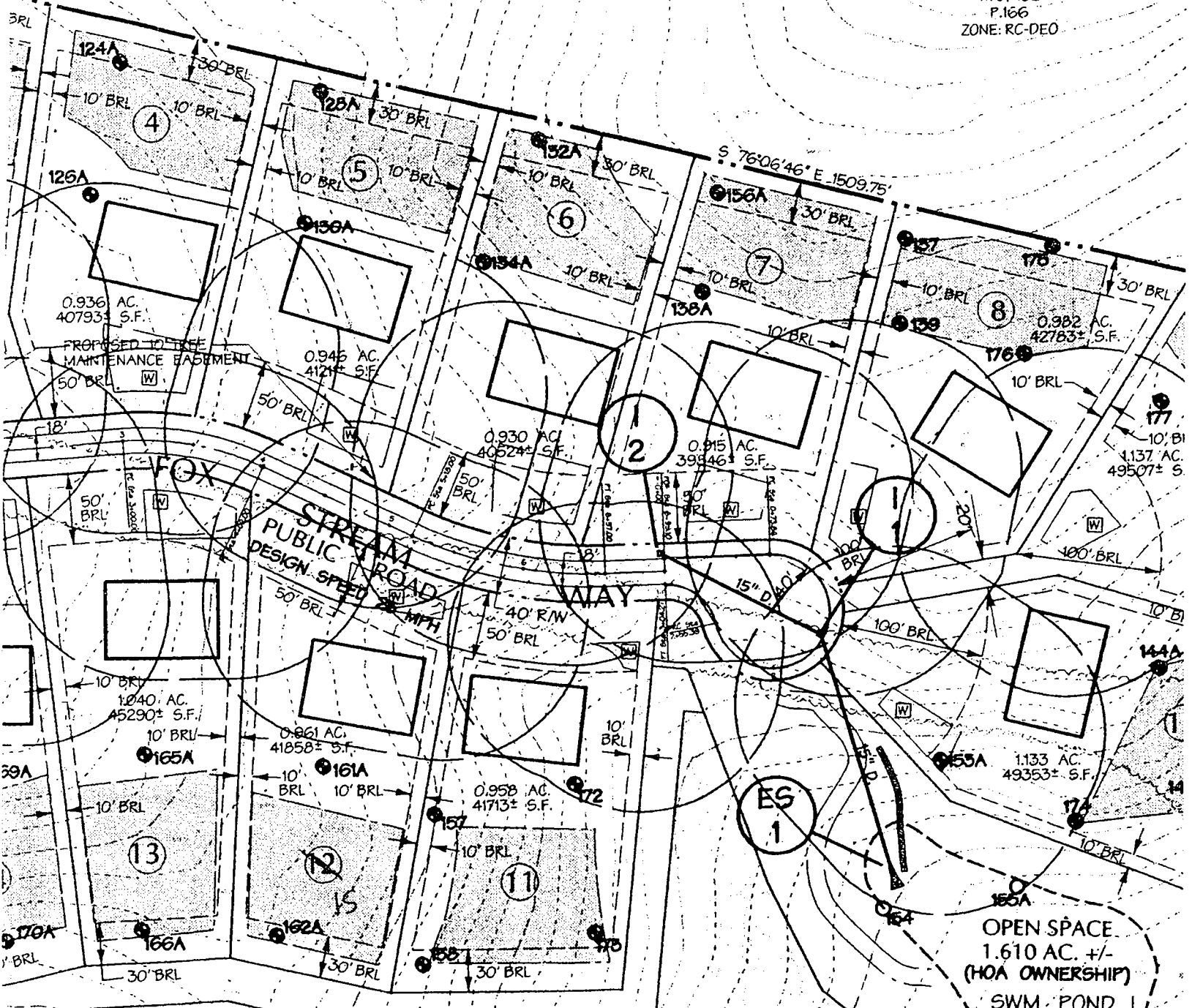
- The well site has been staked by DAFT-McCUNE-WALKER on 8/27/03 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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

tot 15

KN

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



Well Site Staked by
 licensed Surveyor
 from DMU - no site inspection
 6/26/03 SLR

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

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



APPLICATION

PERCOLATION TESTING

A 513 567-B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 DeLoppo

ADDRESS 14045 Gared Drive PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION NA LOT NO. lot 14 & lot 15

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 DeLoppo
(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

COUNTY #

SOIL PROFILE

165A

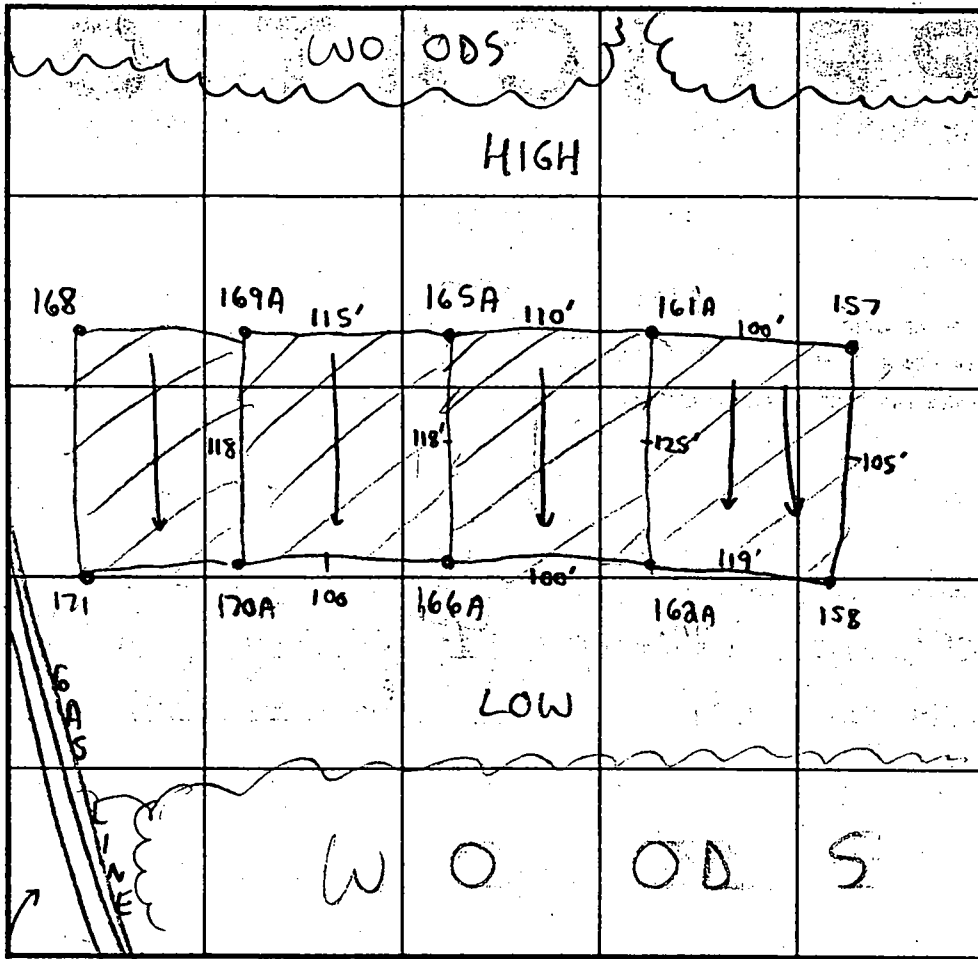
0' Top Soil
 1' Red-brn Clay loam
 3' tan sandy loam to loam
 10-20% Saprolite

166A

1' Topsoil
 dark brn sandy clay loam
 2' light brn to tan silty loam
 pockets of white decayed quartz < 10% saprolite

161A

1' Topsoil
 dark brn clay loam
 2' Sandy clay loam light-brn
 3' tan silty loam
 15-20% rock frags and saprolite



SOIL PROFILE

162A

0' Topsoil
 1' orange brown clay loam
 2.5' tan silty clay loam
 3' tan silt loam powdery/greasy < 10% saprolite

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------|--------------------|---------|----------------|---------|------|
| | | | START | STOP | START | STOP | |
| 6-23-00 | 165A | 4' T | 11:26am | 11:28am | 11:28am | 11:32am | 4min |
| | | 13.5' V | (SEE SOIL PROFILE) | | | | OK |
| | 166A | 4' T | 11:52am | 11:54am | 11:54am | 11:56am | 2min |
| | | 14' V | (SEE SOIL PROFILE) | | | | OK |
| | 161A | 4' T | 12:09:30pm | 12:11pm | 12:11pm | 12:13am | 2min |
| | | 12' V | (SEE SOIL PROFILE) | | | | OK |
| | 162A | 4' T | 12:58pm | 12:59pm | 12:59pm | 1:01pm | 2min |
| | | 14' V | (SEE SOIL PROFILE) | | | | OK |

REMARKS Soil pits mostly consistent (silty loam - loam predominant)

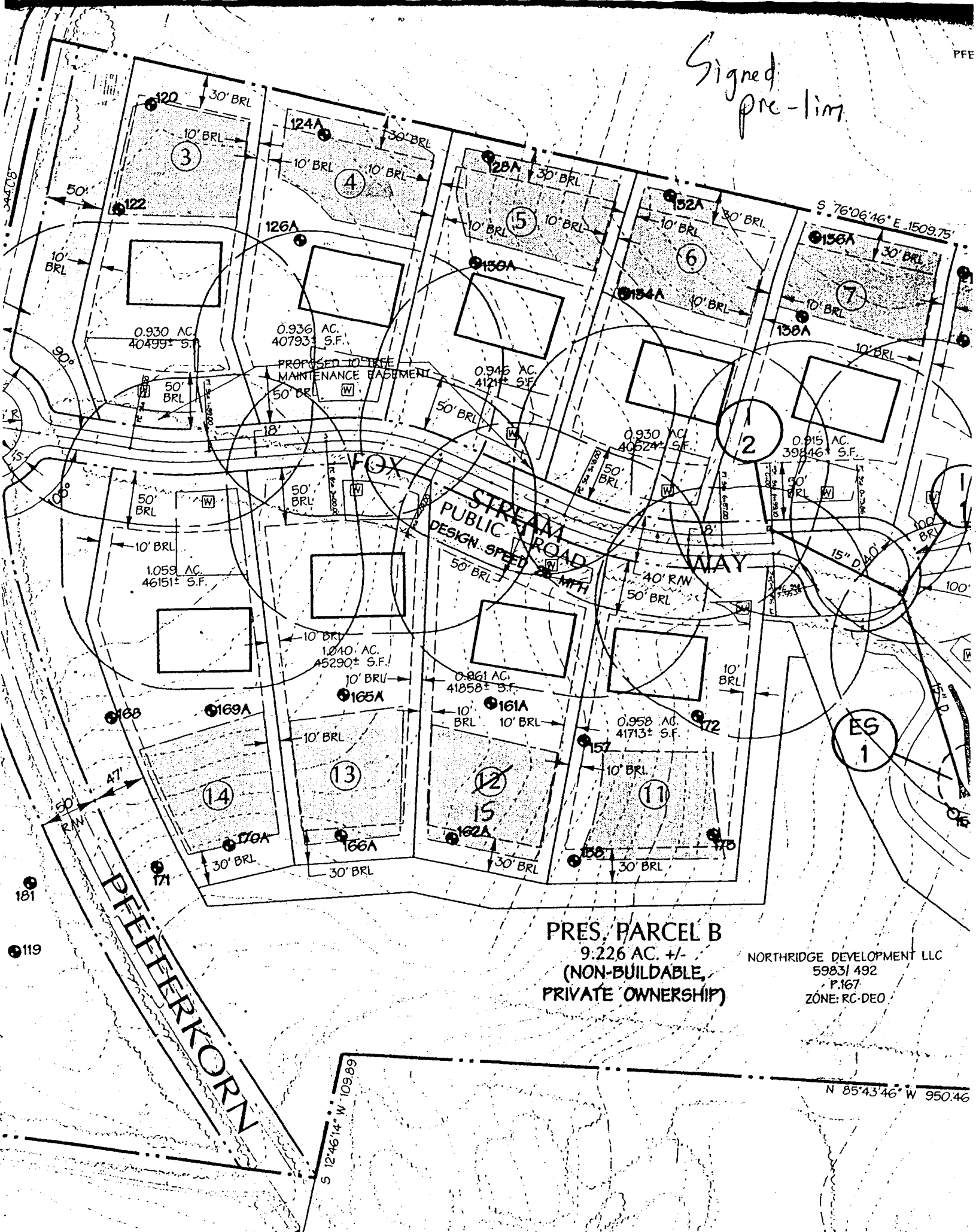
TYPE OF SOIL Clay layer loamy not heavy, Chester

TESTED BY Steven R. Krieg ALSO PRESENT Chuck Zepp & Robert Calson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Signed
pre-lim



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

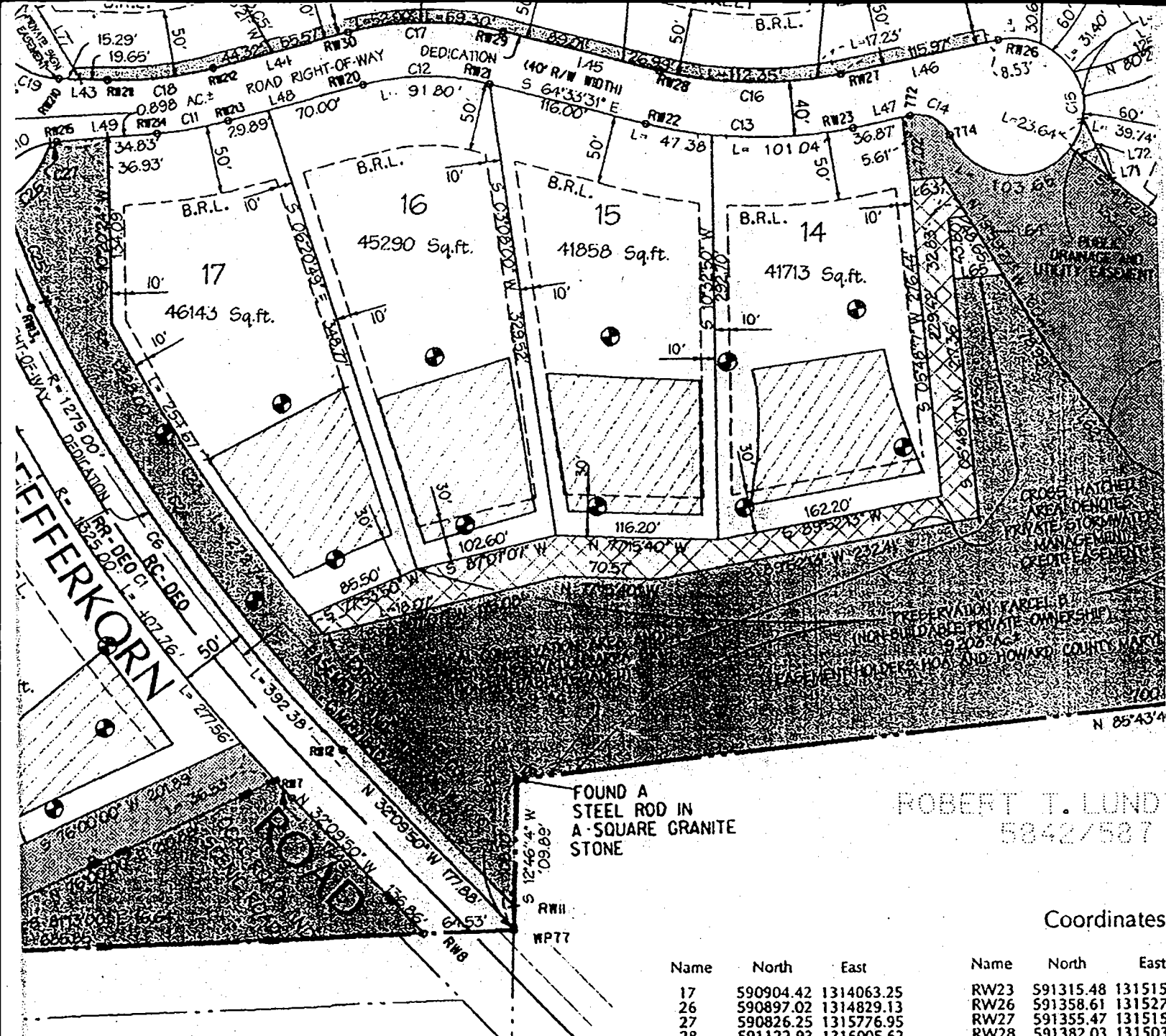
NORTHRIDGE DEVELOPMENT LLC
 59831 492
 P.167
 ZONE: RC-DEO

N 85°43'46" W 950.46

S 12°46'14" W 109.89

119

181



FOUND A
STEEL ROD IN
A SQUARE GRANITE
STONE

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 | 131466 |
| RW6 | 591288.46 | 1314507.24 | RW200 | 591500.01 | 131414 |
| RW7 | 590915.56 | 1314668.21 | RW201 | 591323.89 | 131445 |
| 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 | 131431 |
| 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 | 131461 |
| | | | RW212 | 591446.14 | 131471 |

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

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

■ DENOTES THE FOREST CONSERVATION AREA

APL M. GRAY AND WIFE
342/230

OWNER/DEVELOPER

Northridge Development LLC
14045 Gared Drive
Glenwood, Maryland 21738

SURVEYOR

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

OWNER'S DEDICATION

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

I hereby
of part of th
Developme

F-03-045 signed 8/4/04

GRADING PERMIT # 662209011

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2625 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B 00151251 PA1

Building Address 13610 FOX STREAM WAY
WEST FRIENDSHIP, MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: GPO498
Census Tract 663100 Subdivision FOX MEADOW
TWOEDA 03-342212
Section _____ Area _____ Lot 15
Tax Map 15 Parcel 167 Grid 19
R0600
Zoning _____ Map Coordinates 944 Lot size 418585F

Property Owner's Name NORTHBRIDGE DEV. LLC
Address 14045 CHARED DR.
City GLENWOOD State MD Zip Code 21738
Home Phone 410-992-5631 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 \$ 350,000
Description of Work 4BR, 4BA, (2) 1/2 BA, 3FP,
FRONT, REAR & SIDE PORCHES, 2 CAR GARAGE

Contractor Company JAMES H. SELFRIDGE BLDG. IN
Contact Person NANCY BOONE
Address 14045 CHARED DR.
City GLENWOOD State MD Zip Code 21738
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 - <u>COMMERCIAL</u> | |
|--|--|
| 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"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

| BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|--|---|
| Building Characteristics | Utilities |
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>58'</u> <u>85'9"</u> 2nd floor: <u>35'</u> <u>60'</u> Basement: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Susan Conklin
Applicant's Signature
Agent
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>11-3-04</u> | | <u>[Signature]</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior to issuance? YES <input checked="" 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#: 64021

| | |
|----------------|----------------|
| Filing fee | \$ <u>100</u> |
| Permit fee | \$ _____ |
| Excise tax | \$ _____ |
| Add'l per. fee | \$ _____ |
| TOTAL FEES | \$ _____ |
| Sub-total paid | \$ _____ |
| Balance due | \$ _____ |
| Check | # <u>28067</u> |
| Validation | # <u>7765</u> |

Accepted by: [Signature]

CASELL TESTING, INC.

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

REPORT DATE: Oct 5, 2005

County Howard

Lab Number 06-392

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

10/5/05
reviewed
KN
OK

Property Sampled: U&O: 13610 Fox Stream Way

Station Sampled: Pressure Tank Tap

Tax Map #: 15

Date/Time Sampled: Oct 4, 2005 11:50 am

Parcel #: 167

Owner, Telephone No.: Carter

Sampler: 6724GP

Subdivision Name: Fox Meadow

Lot Number: 15

Building Permit No.: B00151251

Well Number: HQ-94-3725

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

| PARAMETER | RESULT | METHOD | *MCL/**SMCL | |
|----------------|---------------|-----------|-----------------|------|
| Nitrate | 6.2 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 | 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

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

October 6, 2005

Northridge Development
14045 Gared Drive
Glenwood, MD 21738

RE: Fox Meadow, Lot 15
13610 Fox Stream Way
West Friendship, MD 21794
BP #: B00151251
Well Permit # HO-94-3725

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 04/15/2005. Final approval of the well line connection to the dwelling was approved on 04/25/2005.**

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-94-3725. 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): 10/04/2005
Date of Well Completion: 09/09/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File