

LAYOUT 1/12/05 - 1 PM INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 11/15/2004

APPROVAL DATE: 1/13/05

**PERMIT  
INDEXED**

P 521578

A 513567-0

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

K & K Excavating, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 15882 Frederick Rd, Lisbon 21765 PHONE NUMBER: 410-442-1336

SUBDIVISION: Fox Meadow LOT NUMBER: 3

ADDRESS: 2950 Pfefferkorn Road PROPERTY OWNER: James Selfridge Builders

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: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 to 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box as shown on the approved building permit plan.
NOTES:	Shallow system only. No downhill adjustment to the SDA without wet season testing.

PLANS APPROVED: Kevin J. Bell Reviewed by: (KN) DATE: 8/27/04

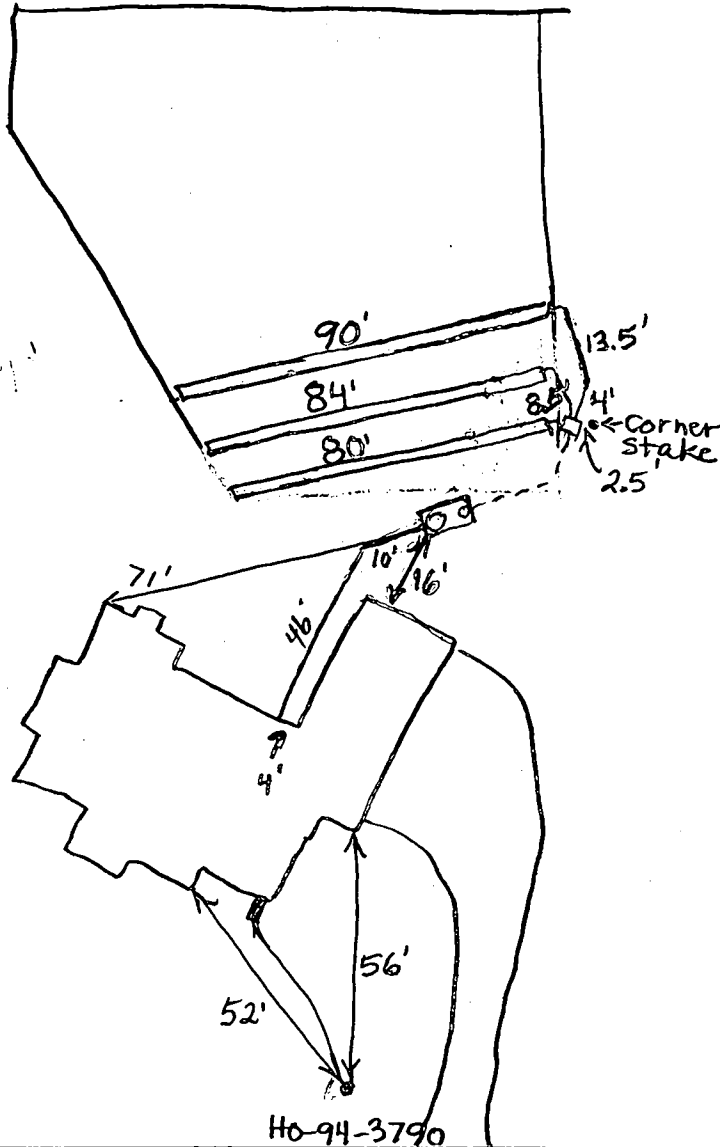
NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

*wpt ok'd on 2/25/05*

A513567-0

NOT TO SCALE



As well

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2.5'	4.5'
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>254'</u>		
ABSORPTION AREA <u>762' + Sidewall</u>		
DISTRIBUTION BOX LEVEL <u>Yes</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>No</u>		

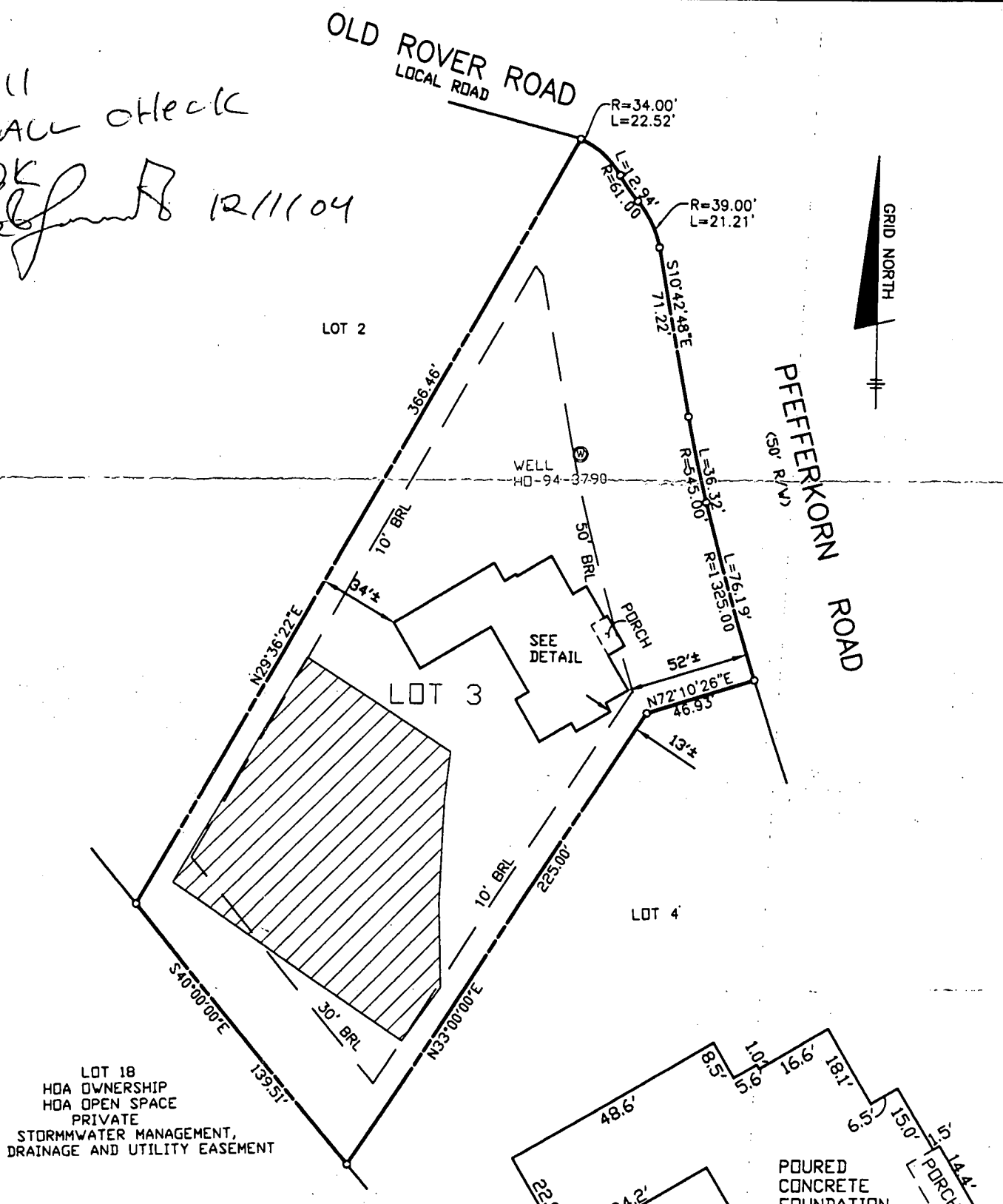
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1-3'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>Rear</u>
WATERTIGHT TEST	<u>No</u>
SEPTIC TANK 2 LEVEL	<u>N/A</u>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 1/12/05 - S&A staked, contours accurate.  
install trenches per BB, measure well radius on ends

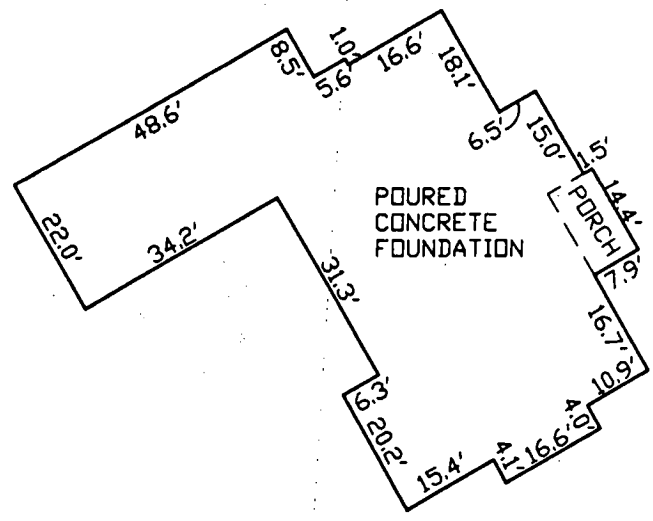
INSTALLATION 1/13/05 Trenches installed. O.K. to cover everything BB

FINAL INSPECTOR B. Baker DATE OF APPROVAL 1/13/05

Well  
WALL CHECK  
OK  
12/11/04



LOT 18  
HOA OWNERSHIP  
HOA OPEN SPACE  
PRIVATE  
STORMWATER MANAGEMENT,  
DRAINAGE AND UTILITY EASEMENT



~FOUNDATION DETAIL~

SCALE: 1" = 30'

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 10/11/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY DAFT, McCUNE, WALKER, INC. ENTITLED "FOX MEADOW LOTS 1-12, 14-17, 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

TOP OF FOUNDATION WALL ELEVATION = 561.9'

*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**  
**1-12 AND LOTS 14-17**  
**LOT No. 3**



2950 PFEFFERKORN ROAD  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

9480 BALTIMORE NATIONAL PIKE • SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
phone: 410-485-8108 • Fax: 410-485-8844  
email: Benchmark@bocb.com

SCALE: 1" = 60' DATE: 10/11/04



6000 9011

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELKLOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3600

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00150033** *KJB*

Building Address 2950 Pletterkorn Road  
West Friendship, MD 21794  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision FOX MEADOW  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
Tax Map RR-DEO Parcel 167 Grid 19  
Zoning \_\_\_\_\_ Map Coordinates 9A3 Lot size 48,745 sf

Property Owner's Name JAMES H. Selridge Builders  
Address 14045 GARD Drive  
City Glenwood State MD Zip Code 21738  
Home Phone \_\_\_\_\_ Work Phone 410-531-8930  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
Proposed Use NEW SINGLE FAMILY DWELLING  
Estimated Construction Cost \$ 575,000  
Description of Work NEW CUSTOM SFD, 2 story  
Full Bsmt, 12 rooms, 3 FB, 2 HB, 2 FP  
3 CAR GARAGE, 4 BEDROOM

Contractor Company JAMES H. Selridge Builders, Inc  
Contact Person TIM RAGEN  
Address 14045 GARD Drive  
City Glenwood State MD Zip Code 21738  
License No. HBL 00729  
Phone 410-531-8930 Fax 410-531-8939

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>42</u> Width <u>77</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>42</u> <u>67</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>42</u> <u>77</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basements <input checked="" type="checkbox"/>	Heating System: <u>2 zones</u> Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
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: _____	

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

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

TIM RAGEN  
Print Name  
8/26/04  
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		
<input checked="" type="checkbox"/> Health	<u>8/31/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>63249</u>
Rear: <input checked="" type="checkbox"/>	<u>[Signature]</u>
Side: _____	Filing fee \$ <u>100.00</u>
Side St: _____	Permit fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Excise tax \$ _____
Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Sub-total paid \$ _____
SDP/Red-line approval date _____	Balance due \$ _____
	Check # <u>27555</u>
	Validation # <u>72346</u>
	Accepted by <u>[Signature]</u>

**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 SERVICES 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# PI 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: Selridge Builders Telephone #: 410-531-8930  
Subdivision: Fox Meadows Lot #: 3 Well Tag #: HO-94-3790  
Site Address: 2950 PFEFFERKORN

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>ATI</u>	Two piece watertight cap: <u>YES</u>
Model #: _____	Model#: <u>PA-100</u>	Screened, vented well cap: <u>NO</u>
Pump Capacity _____ GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G. <u>18"</u>
Depth of well encountered at time of pump installation: _____ (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

<u>Piping to house</u>	<u>Hose Connection</u>
Type: <u>AQUA JET COIL</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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

Signature of company representative responsible for installation \_\_\_\_\_ date 2/24/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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 property \_\_\_\_\_  
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 \_\_\_\_\_







B 1 2339

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519094 please type

STATE PERMIT-NUMBER HO-94-3790 fill in this form completely

Date Received (APA) 8.27.03 OWNER INFORMATION NORTH RIDGE Development LLC 14045 FARED DR. GLENWOOD MD. 21738

B 3 LOCATION OF WELL HOWARD COUNTY FOX MEADOW SUBDIVISION SECTION 44-46 LOT 15-3 GLENELG NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION Ralph E. MAYNE M S D 112 Driller's Name 76 License No. 81 Ralph E. MAYNE well Drilling Firm Name 17024 Handy Rd Mt Airy MD 21771 Address 2/25/03 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD Old Rover Rd DISTANCE FROM ROAD 150 ENTER FT OR MI. 15 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 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 513567-0 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 09 4 03 Steven R. Krieg 09 4 04 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 1 well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 803 N 530

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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52.

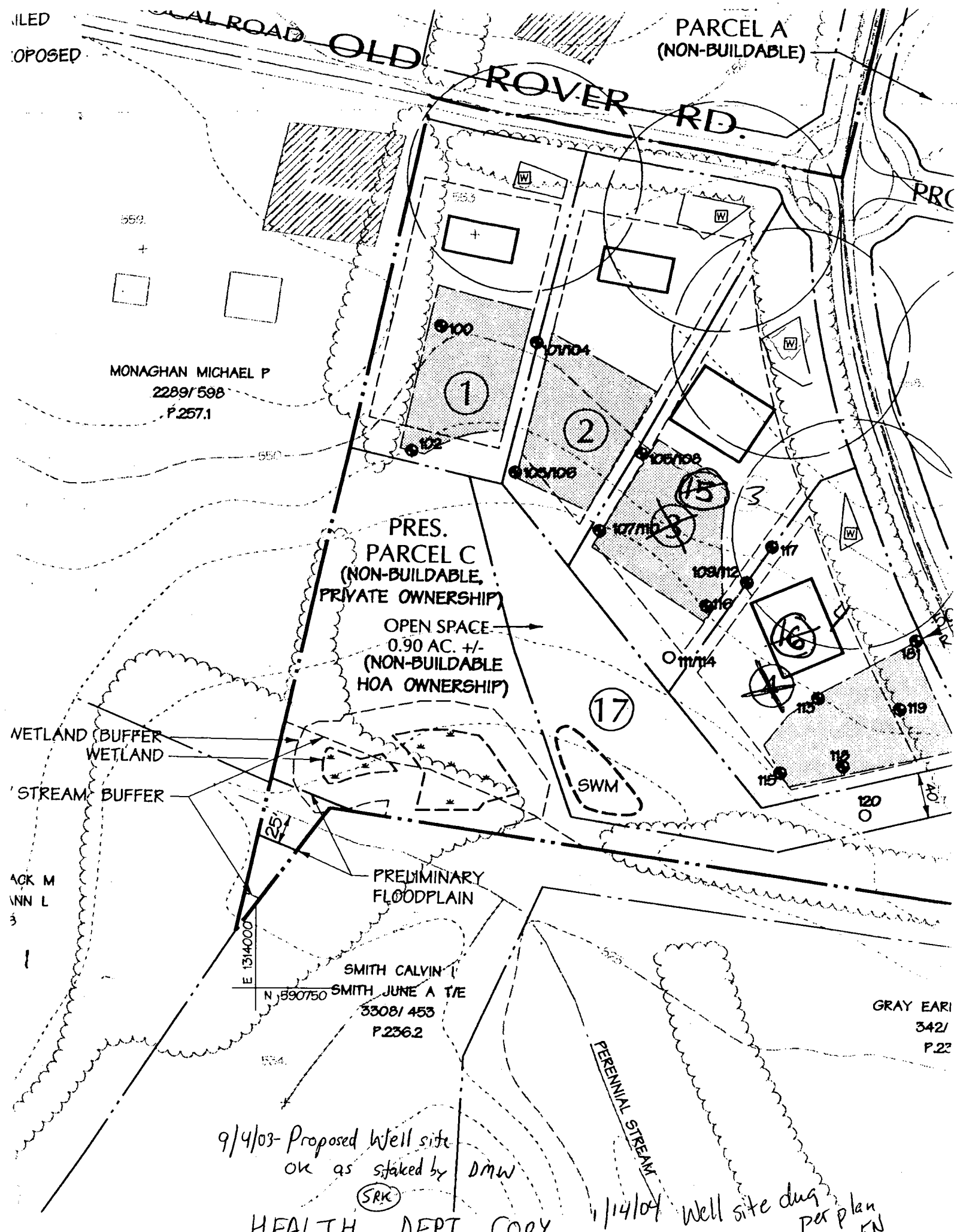
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OLD Rover Rd. well 150 Perff or Yoan Rd

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-94-3790

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

FILED  
PROPOSED

PARCEL A  
(NON-BUILDABLE)



MONAGHAN MICHAEL P  
2289/598  
P.257.1

PRES.  
PARCEL C  
(NON-BUILDABLE,  
PRIVATE OWNERSHIP)  
OPEN SPACE  
0.90 AC. +/-  
(NON-BUILDABLE  
HOA OWNERSHIP)

WETLAND BUFFER  
WETLAND  
STREAM BUFFER

PRELIMINARY  
FLOODPLAIN

SMITH CALVIN  
SMITH JUNE A T/E  
3308/453  
P.236.2

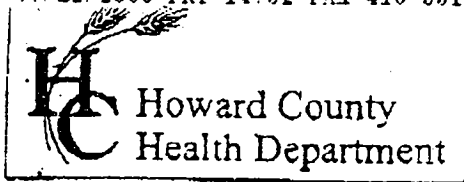
GRAY EARL  
342/  
P.22

9/4/03-Proposed Well site  
ok as staked by DMW

HEALTH DEPT. COPY

1/14/04 Well site dug  
per plan KN

(SRK)



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.

*6/16*  
KN

~~6/16~~  
~~6/16~~

# APPLICATION

PERCOLATION TESTING

A 513567-0

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 410-230-1074

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

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

PROPERTY LOCATION:

SUBDIVISION NA LOT NO. 3 **OLD LOT 3 Not on prelim (signed)**

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 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-K

↑ OLD ROVER ROAD

COUNTY #

SOIL PROFILE

109/112

0' Top Soil  
 1' red-brown silty clay lm  
 3' red-brown clay loam  
 3'6"   
 Tan Sandy Loam (fine) <5% SAPROLITE  
 13' BOTTOM 117

Top Soil

red-brown clay loam

2'6"   
 Tan Sandy Loam (fine) <5% SAPROLITE  
 12' BOTTOM 113

Top Soil

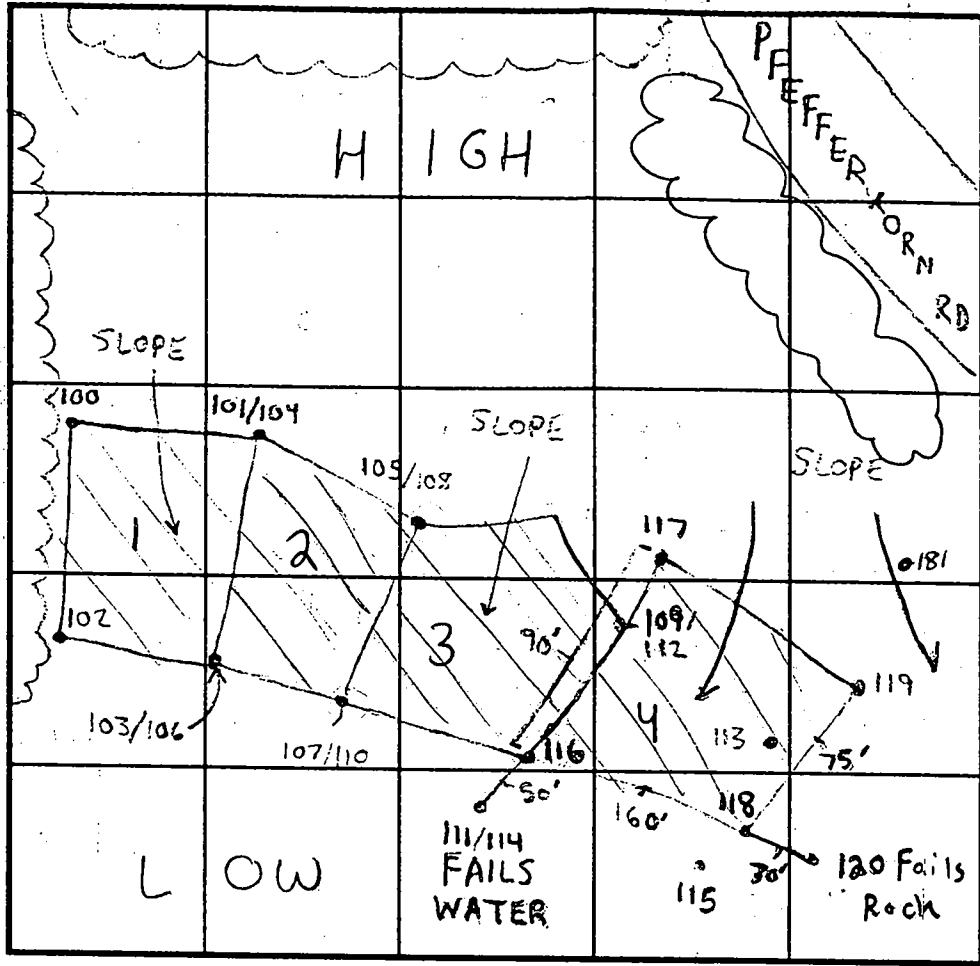
red-brown clay loam

2'6"   
 Tan Sandy Loam (fine) <5% SAPROLITE  
 14' BOTTOM

SOIL PROFILE

115

0' Top Soil  
 1'6" red-brown silty clay lm  
 2'6" red-brown clay loam  
 3' Tan-fine sandy lm  
 13' WATER 2'  
 15' BOTTOM



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-18-00	109/112	13'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	117	12'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	113	14'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK
	115	9'T	1:55pm	1:57pm	1:57pm	1:59pm	2min	OK
		15'V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		NA	OK

REMARKS 6' soil buffer required for this perc test (Wet Season 2000)  
 TYPE OF SOIL Chester  
 TESTED BY Steven R. Krieg ALSO PRESENT Chuch Zepp, Robert Colson, Cindy Delzora (sometimes)  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'  
 INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 9' SQ. FT./BEDROOM 180

513567-A

OLD ROVER ROAD

COUNTY #

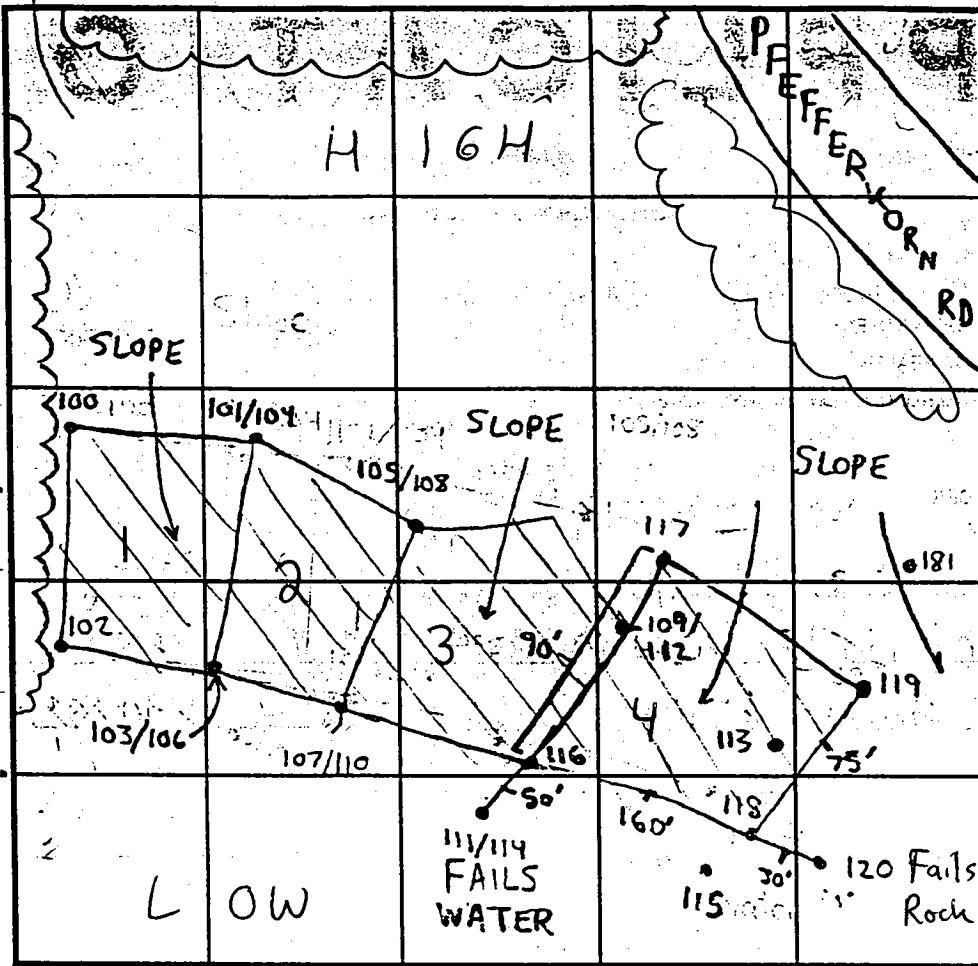
SOIL PROFILE 107/110

0' Top Soil  
 11.5' red brown clay to clay loam  
 4.5' light brown sandy fine loam <5% SAPROLITE  
 12' WATER  
 13.5' BOTTOM

WATER AT 2:44pm  
 OPEN AT 7:40am

0' Top Soil  
 5' red-brown silty clay lm  
 3' red-brown clay loam  
 3.5' tan sandy loam <5% Saprolite  
 12.5' BOTTOM

0' Top Soil  
 1' red-brown clay to silty clay  
 3.5' red-orange silty clay loam  
 Saprolite contains red-orange rusty orange gray & black  
 9.5' WATER  
 11' BOTTOM



SOIL PROFILE 116

0' Top Soil  
 14" red-brown silty clay-lm  
 3.5' red-brown clay loam  
 4' tan-fine sandy loam  
 6' tan-orange sandy loam <5% SAPROLITE  
 13.5' WATER AT 2:39pm  
 BOTTOM

HOLE 116 OPEN AT 10:45am

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-18-00	107/110	4.5'	11:58am	12:00pm	12:00pm	12:02pm	2min
		13.5'	(SEE SOIL PROFILE)				OK
		2.0'	2:45pm	2:46pm	2:46pm	2:47pm	1min
		Repour	2:47pm	2:49pm	2:49pm	2:51pm	2min
	105/108	12.5'	(SEE SOIL PROFILE)				OK
	111/114	11.0'	(Insufficient water to buffer)		Soil Buffer Table		Fails
	116	3.5'	1:14pm	1:15pm	1:15pm	1:22pm	7min
		13.5'	(SEE SOIL PROFILE)				OK

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

TYPE OF SOIL Chester

TESTED BY Steven R. Krieg

ALSO PRESENT Chuck Zepp, Robert Colso, Cindy Delzoppo

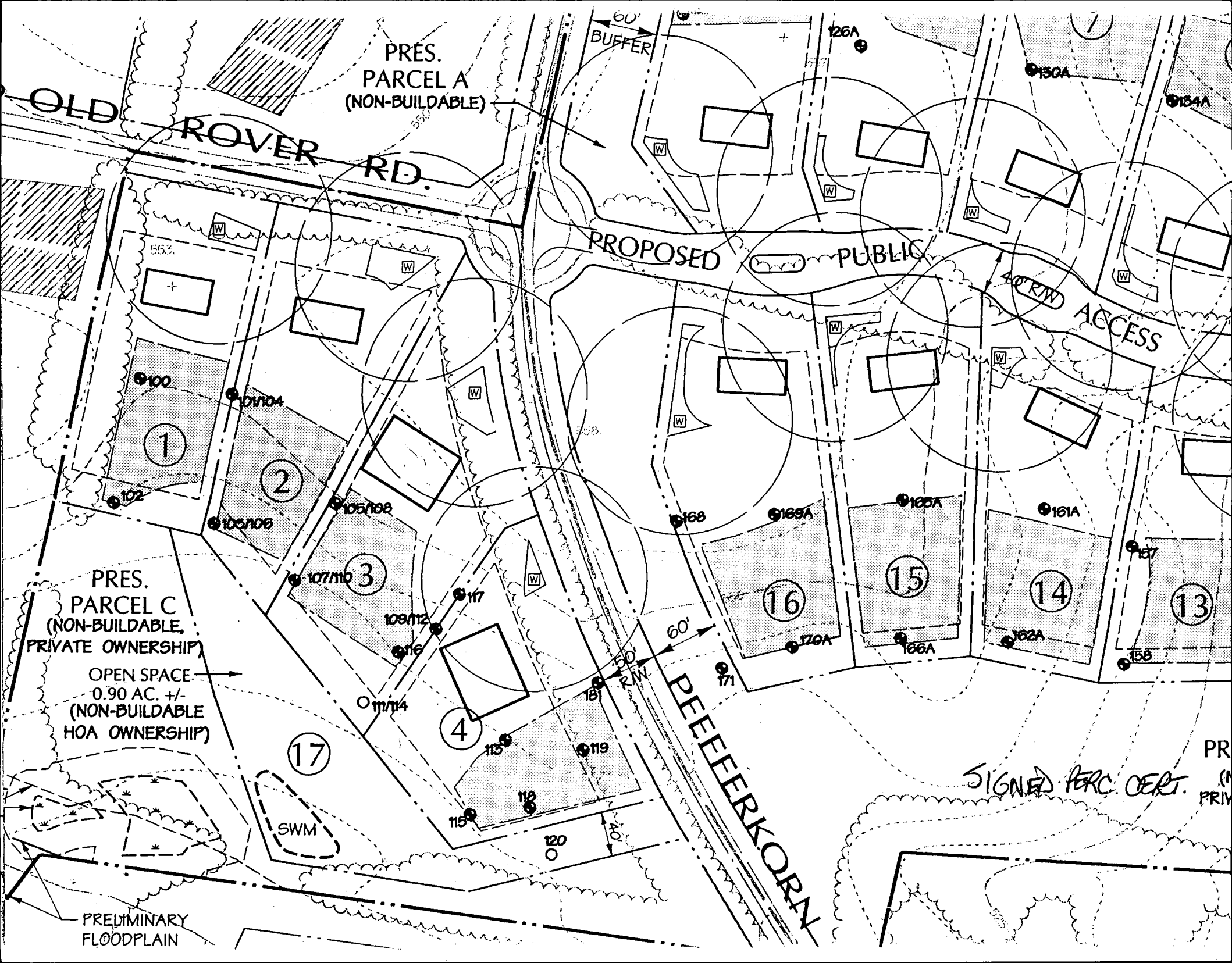
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min

TRENCH WIDTH 3'

INLET DEPTH 2'

MAXIMUM BOTTOM DEPTH 4'

SQ. FT./BEDROOM 180



PRES.  
PARCEL A  
(NON-BUILDABLE)

OLD ROVER RD.

PROPOSED PUBLIC ACCESS

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

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

PRELIMINARY  
FLOODPLAIN

SIGNED PERC CERT.

1

2

3

4

17

16

15

14

13

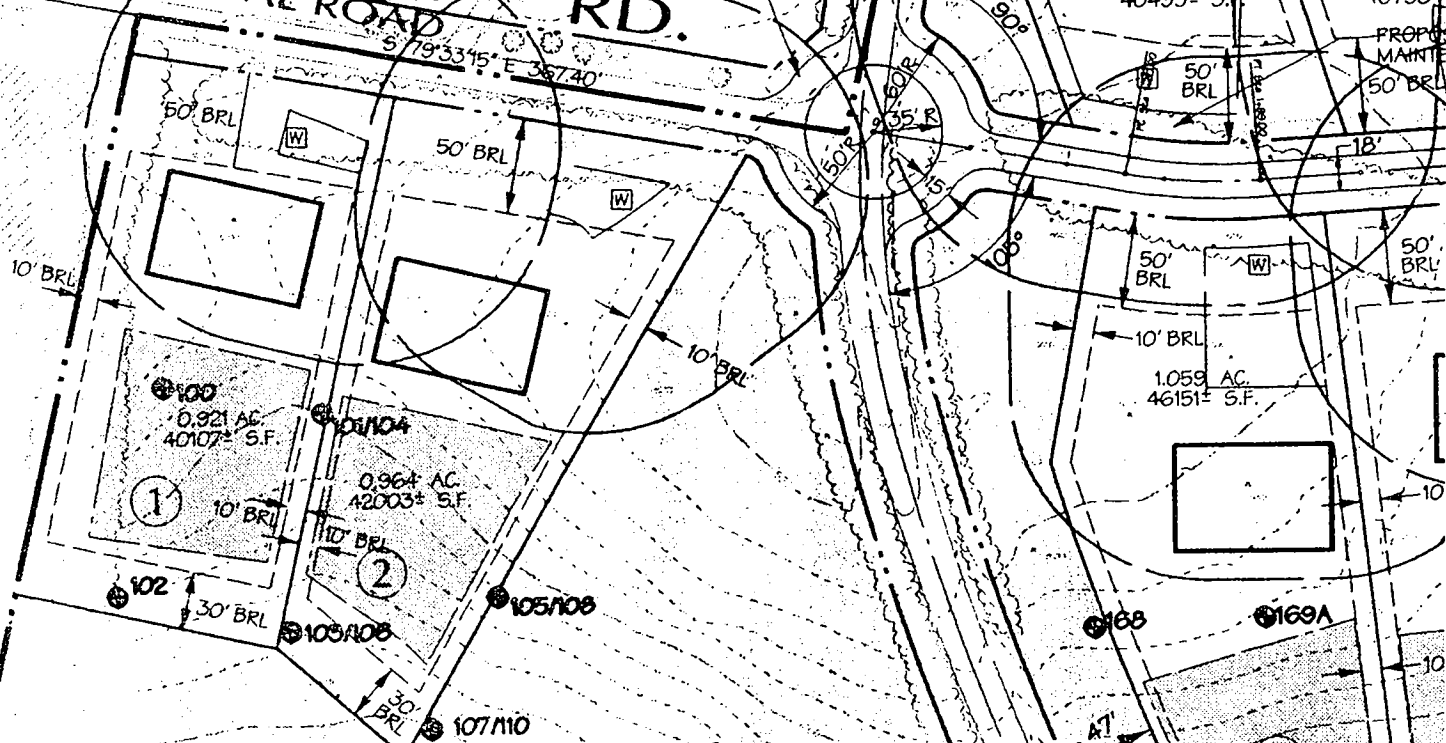
PEFFERKORN

N 591750  
E 1314000

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

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

OLD ROVER LOCAL ROAD RD.  
FUTURE PAVEMENT



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

*Signed Prelim*




PFEIFERKORN

N 12° 47' 59" E 738.60'  
S 18° 26' W 132.80'

N 81° 3' 04" W 750.38'

F-03-045  
 signed 8/4/04

**Legend**

-  B.P.L.
-  FAILED PERC TEST
-  BUILDING RESTRICTION LINE

PRIVATE STORMWATER  
 MANAGEMENT CREDIT  
 EASEMENT

110-91-18F ALPP EASEMENT

MARK C. SBARRA  
 CATHLEEN A. MONTGOMERY  
 3352-406

**OLD ROVER ROAD**

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

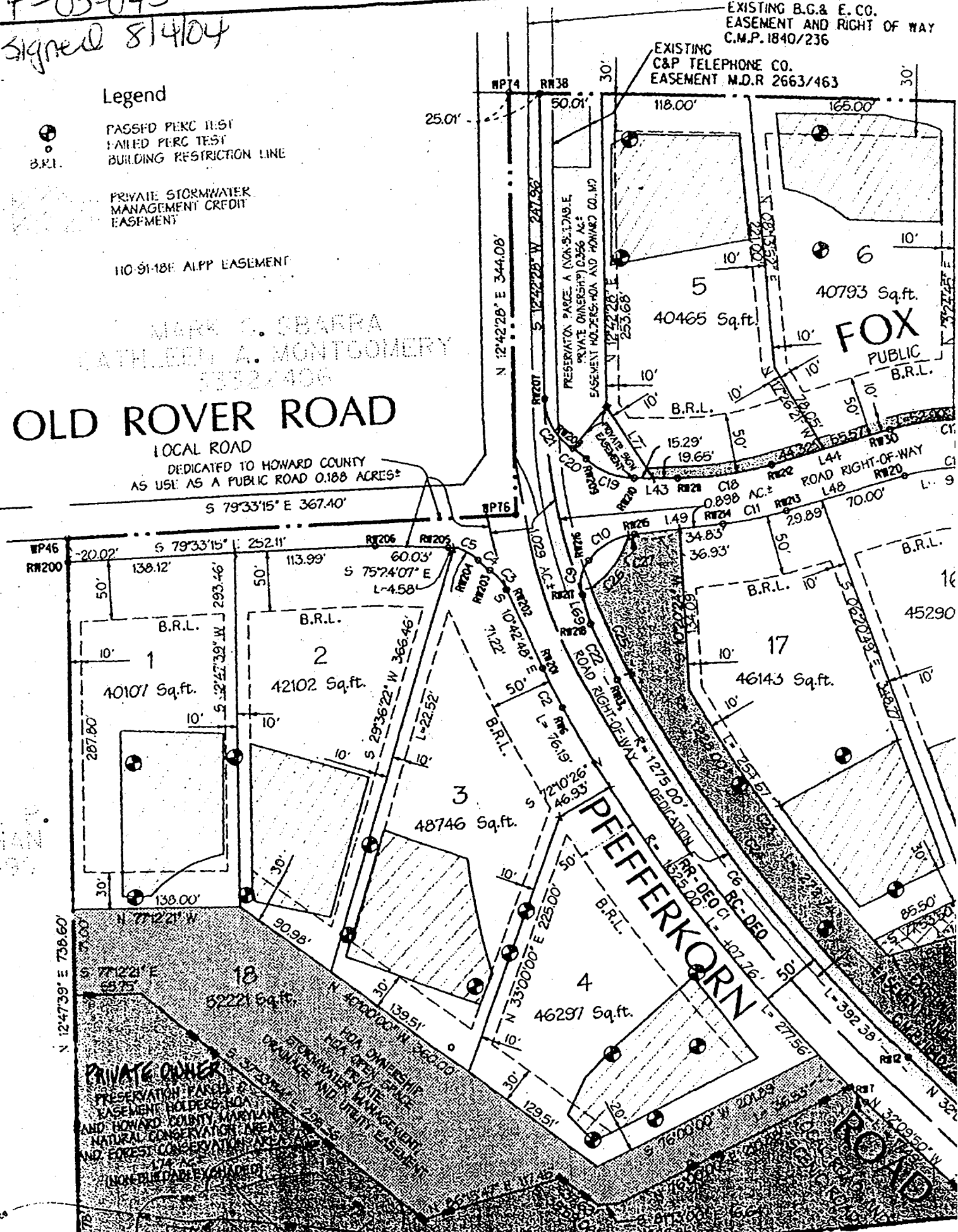
EXISTING B.G. & E. CO.  
 EASEMENT AND RIGHT OF WAY  
 C.M.P. 1840/236

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

PRESERVATION PARCELS A (NO. S-1748-E,  
 PRIVATE DIMENSION) 0.356 AC±  
 EASEMENT NO. 2785-HOA AND HOWARD CO. MD

Conservation System N.C. 6/16/99

AGL  
 2897



PRIVATE OWNER  
 PRESERVATION PARCELS A  
 EASEMENT HOLDERS HOA  
 AND HOWARD COUNTY, MARYLAND  
 NATURAL CONSERVATION AREA  
 AND FOREST CONSERVATION AREA  
 174 AC±  
 (NON-BUILDABLE ZONED)

**PEFFERKORN**

**FOX**  
 PUBLIC  
 B.R.L.

**ROAD**

**CASSELL TESTING, INC.**

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

REPORT DATE: May 13, 2005

County: Howard

Lab Number: 05-2351

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. 116

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

Property Sampled: U&amp;O: 2950 Pfefferkorn Road

Station Sampled: Pressure tank tap

Tax Map #: 15

Date/Time Sampled: May 12, 2005 1:25 pm

Parcel #: 167

Owner, Telephone No.: Duncan

Sampler: 6724GP

Subdivision Name: Fox Meadow

Lot Number: 3

Building Permit No.: B00150033

Well Number: HD-94-3790

Observation: 2-Piece Cap  
Cap tight  
Cap at ground level

**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	5.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.2 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

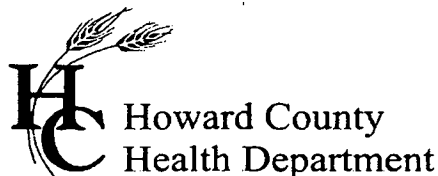
\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



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

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

May 13, 2005

Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

410-489-2452 / 410-531-8939

RE: Fox Meadow, Lot 3  
2950 Pfefferkorn Road  
West Friendship, MD 21794  
BP #: B00150033  
Well Permit # HO-94-3790

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 01/13/2005. Final approval of the well line connection to the dwelling was approved on 02/24/2005.**

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.

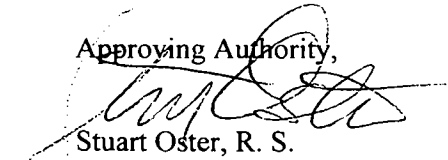
#### INTERIM CERTIFICATE OF POTABILITY

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-94-3790. 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): 05/12/2005  
Date of Well Completion: 09/24/2003

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File