

LAYOUT 12/30/04 INSP 4 _____
 INSP 2 1/3/05 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/29/04
 APPROVAL DATE: 1/3/05

**PERMIT
 INDEXED**
 03342239

P 521633-B
 A 513567-R

**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, Lisbon PHONE NUMBER: 410-442-1336

SUBDIVISION: Fox Meadow LOT NUMBER: 17

ADDRESS: 13602 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
WITH EFFLUENT FILTER

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 149 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 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 elevation in the approved SDA>
NOTES:	

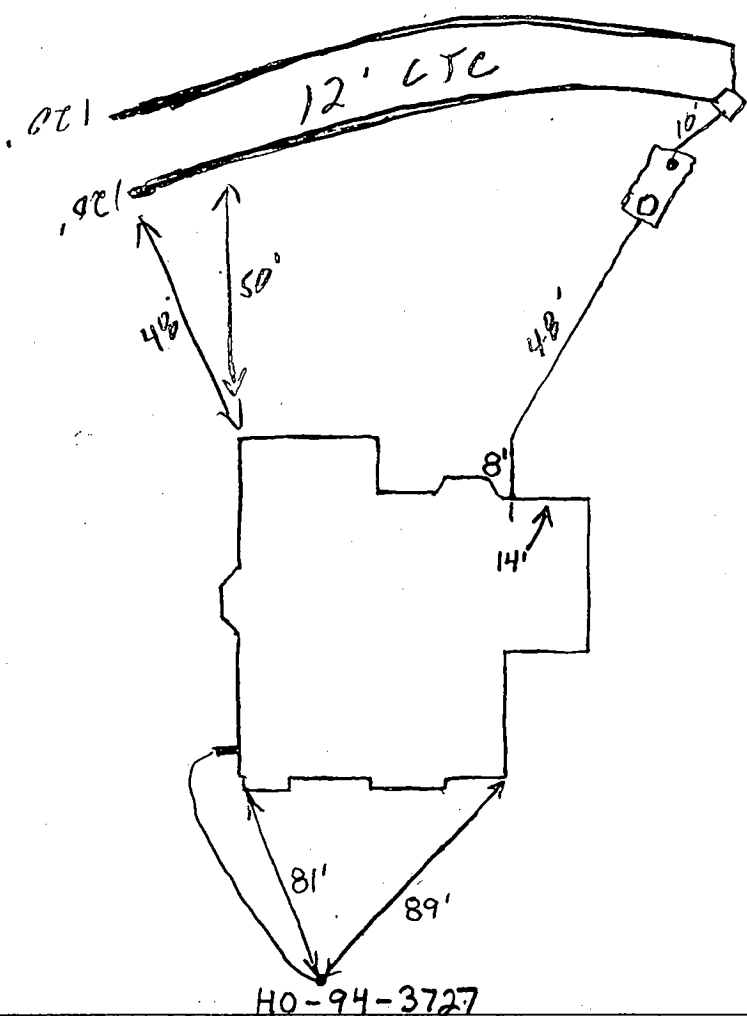
PLANS APPROVED: Kevin J. Bell Reviewed by: P.A.S. 12/29/04 DATE: 9/15/04

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

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

A513567-R

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		246'
ABSORPTION AREA		720 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		✓
Comp	CAPACITY	1500 GAL
	SEAM LOC	Top
	TANK LID DEPTH	2'
	BAFFLES	✓
	BAFFLE FILTER	✓
	MANHOLE LOC	Front
	6" PORT LOC	Back
	WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL		N/A
	CAPACITY	_____ GAL
	SEAM LOC	_____
	TANK LID DEPTH	_____
	BAFFLES	_____
	BAFFLE FILTER	_____
	MANHOLE LOC	_____
	6" PORT LOC	_____
	WATERTIGHT TEST	_____

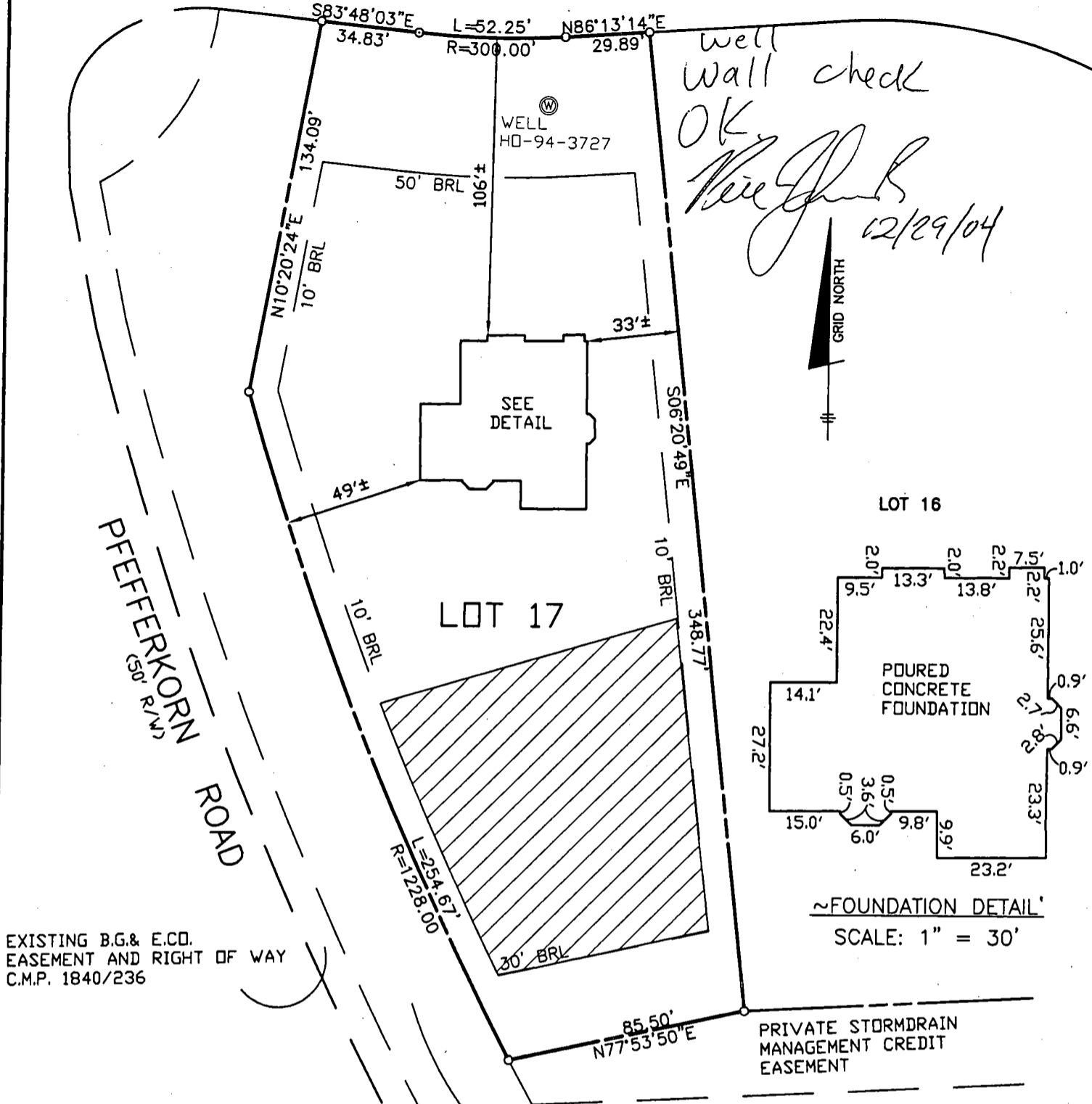
PRE-CONSTRUCTION 12/30/04 Easement staked. Contour accurate. To install 2 - 105' to 120' trenches across the top of the easement.

INSTALLATION (Length up to Kettermans) If trenches are 120' in length, they will have to start in pres. parcel B. Told Kettermans that they will more than likely need 2 manhole cleanouts on tank. One for access to effluent filter. (BB)

1/3/05 - OK to cover all work (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 1/3/05

FOX STREAM WAY
(40' R/W)



Well
Wall check
OK
David Harris
12/29/04

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

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 12/15/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY DAFT, McCUNE, WALKER, INC. ENTITLED "FOX MEADOW" AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16865

NATURAL CONSERVATION AREA AND FOREST CONSERVATION AREA 'B'

TOP OF FOUNDATION WALL ELEVATION = 566.4'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

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

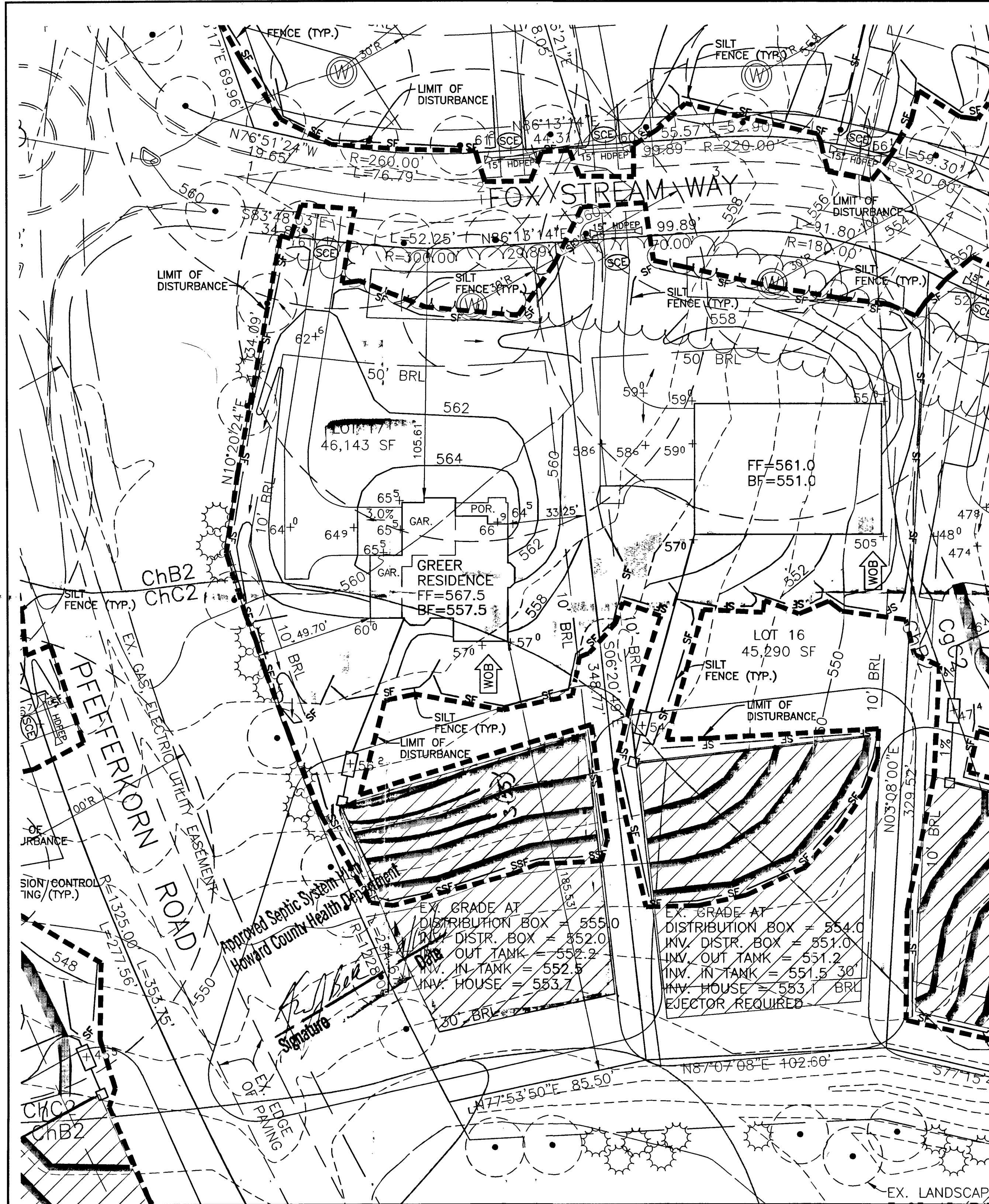


BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

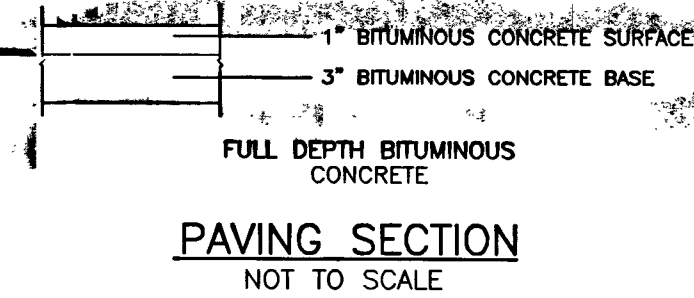
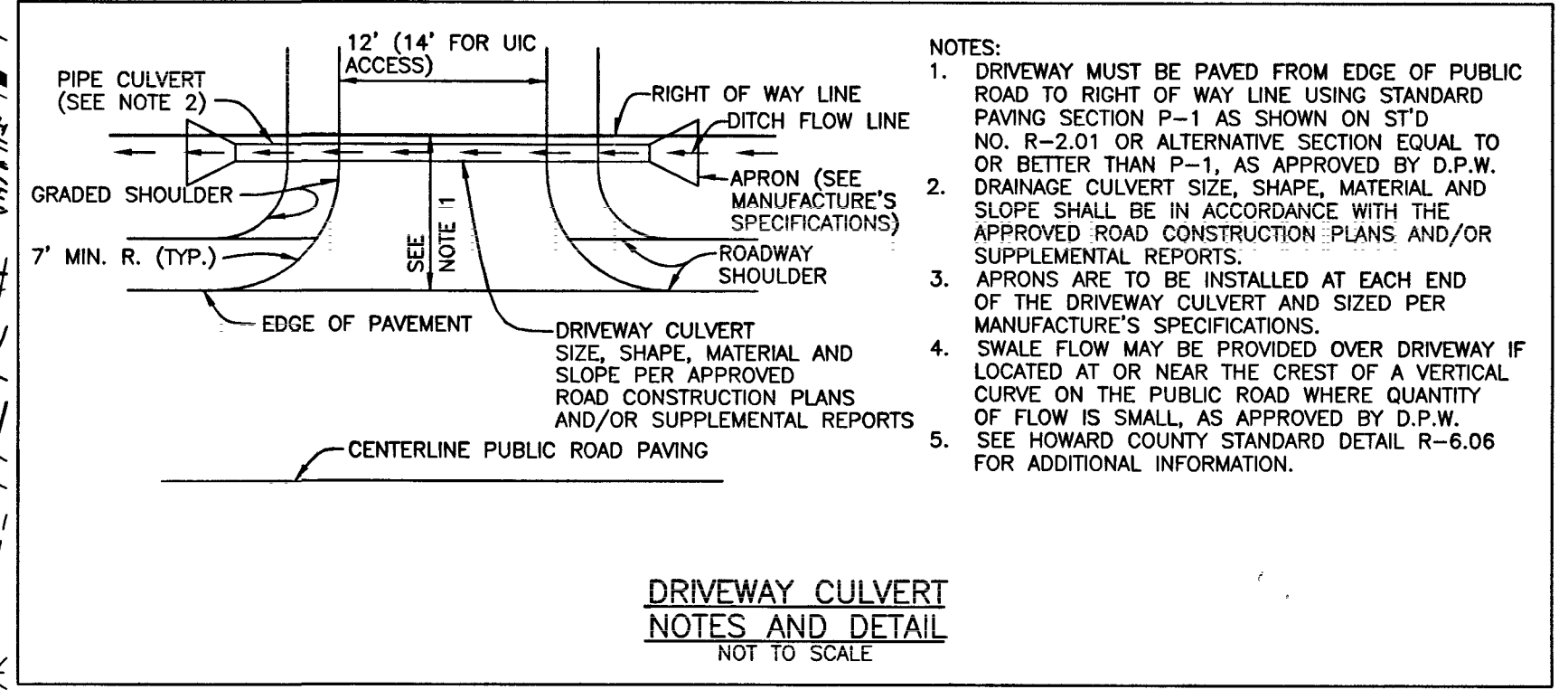
8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-485-8105 & fax: 410-485-8844
email: Benchmark@ccle.com

WALL CHECK
FOX MEADOW
LOTS 1 THROUGH 17
LOT No. 17

13602 FOX STREAM WAY
3RD. ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 12/15/04



- 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 COUNTY 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 WITH THE APPROVED ROAD CONSTRUCTION PLANS.
 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-94-3727, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.



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: benchmark@ccis.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 17
LOCATION: 13602 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: PERMIT PLAN
HOUSE TYPE: GREER RESIDENCE	DATE: SEPTEMBER, 2004
DESIGN: JMC	DRAFT: JMC
SCALE: 1" = 30'	PROJECT NO. 1743 DRAWING 1 OF 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 SERVING Telephone #: 301-854-1333
Address: PO 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: Selfridge Builders Telephone #: 410-531-8930
Subdivision: FOX MEADOWS Lot #: 17 Well Tag #: HO-94-3727
Site Address: 13002 STREAM WAY
WEST FRIENDSHIP

Submersible Pump Data
Make: GRUNDFOS
Model #: 325GE1CC-170
Pump Capacity: 32 GPM
Well Yield: 32 GPM

Pitless Adapter
Make: RFL
Model #: 1A100
Depth: 36" (36" min)
NSI/WSC approved: _____

Well Cap and Electric Conduit
Two piece watertight cap: YES
Screened, vented well cap: NO
Cap secured to casing: YES
Conduit min 18" B.G.: 18"
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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
Type: AQUA JET C/L
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

2/24/05
date

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

Date Insp. Requested: 2/24/05 Date Insp. Approved: 2/24/05 Inspector: KJB/AH
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 0784 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 A513567-110

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 180 (TO NEAREST FOOT)

11703 OK SRV

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3727

OWNER Northridge Developers STREET OR RFD FOX STREAM WAY TOWN Glenelig SUBDIVISION FOX MEADOW SECTION LOT 1417

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA B, Sand Stone, MICKA B, Sand Stone, MICKA B.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 22, NO. OF POUNDS 2200, GALLONS OF WATER 132, DEPTH OF GROUT SEAL 30+

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth of main casing 20

OTHER CASING (if used) diameter inch, depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (N)

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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

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

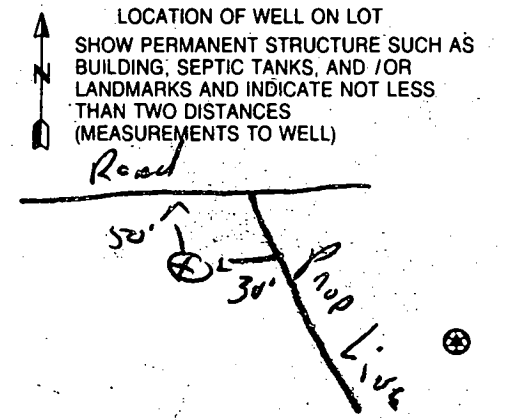
DEPTH (nearest ft.) HO 68 180

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 12, METHOD USED TO MEASURE PUMPING RATE Buchter, WATER LEVEL 33 ft. BEFORE PUMPING, 34 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35, PUMP HORSE POWER 37 41, PUMP COLUMN LENGTH (nearest ft.) 43 47, CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below, LAND SURFACE 2 (nearest foot)



B 1	9160	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO 94 3727
		518603 please print or type		
fill in this form completely				

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

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name **NORTH RIDGE Development LLC** Owner First Name 34
 36 Street or RFD **14045 GAREO DR.** 55
 57 Town **GLENWOOD MD 21738** 70 State 72 Zip 76

LOCATION OF WELL

B 3 **HOWARD** 8 COUNTY 21
 23 SUBDIVISION **FOX MEADOW** 42
 SECTION **44** 46 LOT **19** 17 48 50
 52 NEAREST TOWN **GLENELG** 71
 MILES FROM TOWN (enter 0 if in town) **1** M 73 76 77 78

DRILLER INFORMATION

Driller's Name **RAH E MAYWE** 76 License No. **MSD 117** 81
 Firm Name **RAH E MAYWE well DRILLING**
 Address **17024 Hardy Rd Mt Airy MD 21771**
 Signature **[Signature]** Date **3-24-03**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Fox Stream way** 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**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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 **A513567-10**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED **07/10/03** **Steven R. King** 7/10/04 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **530** 000 EAST GRID **803** 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET 24 28
 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** ← 000 000 (L)

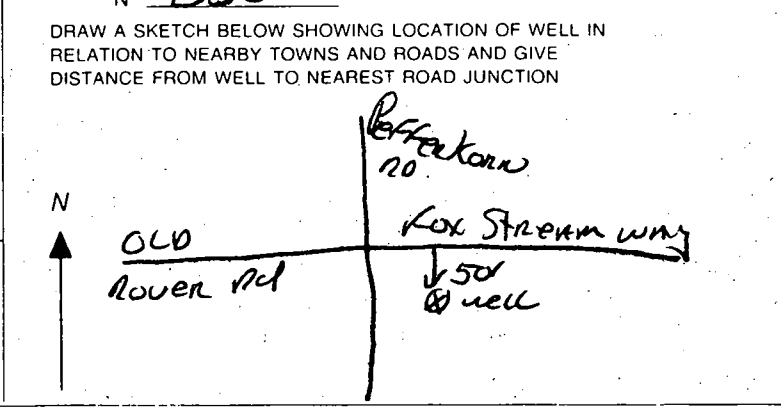
9/4/03 3hr pump & grout 9:30-10am
 22 bags gravel per RM
 30ft frame per RM
 30ft Annular per RM
 FA 9/4/03

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 **AIR-ROtary** AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary DRive-POINT
 other _____

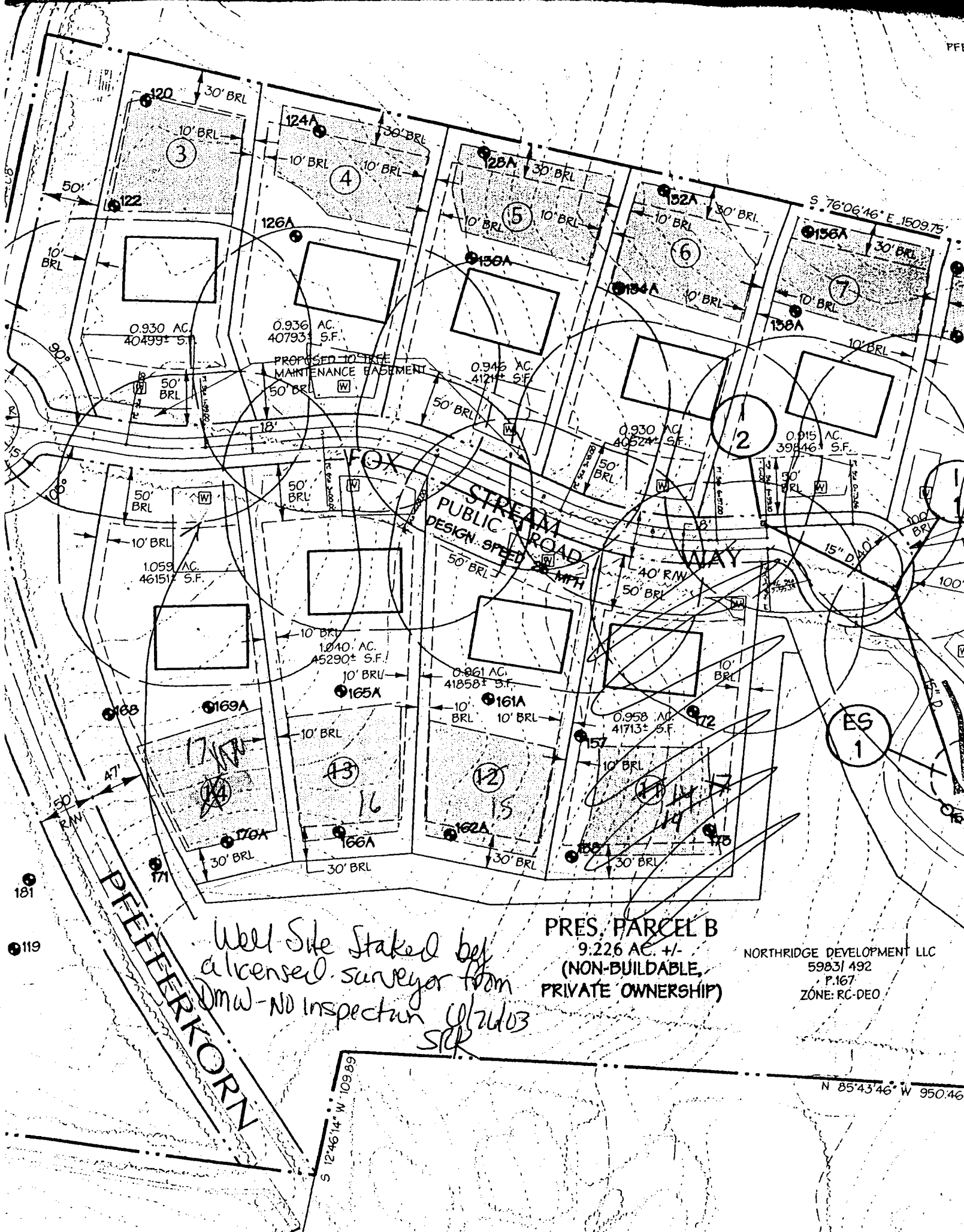
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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



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

APPROX. PERMIT NUMBER _____
 PERMIT No. **HO-94-3727**
 70 71 72 73 74 75 76 77 78 79



Well Site Staked by
 a licensed surveyor from
 DMW - NO inspection 01/26/03
 SJK

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

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

PIETTERKORN

FOX
 STREAM
 PUBLIC ROAD
 DESIGN SPEED 25 MPH

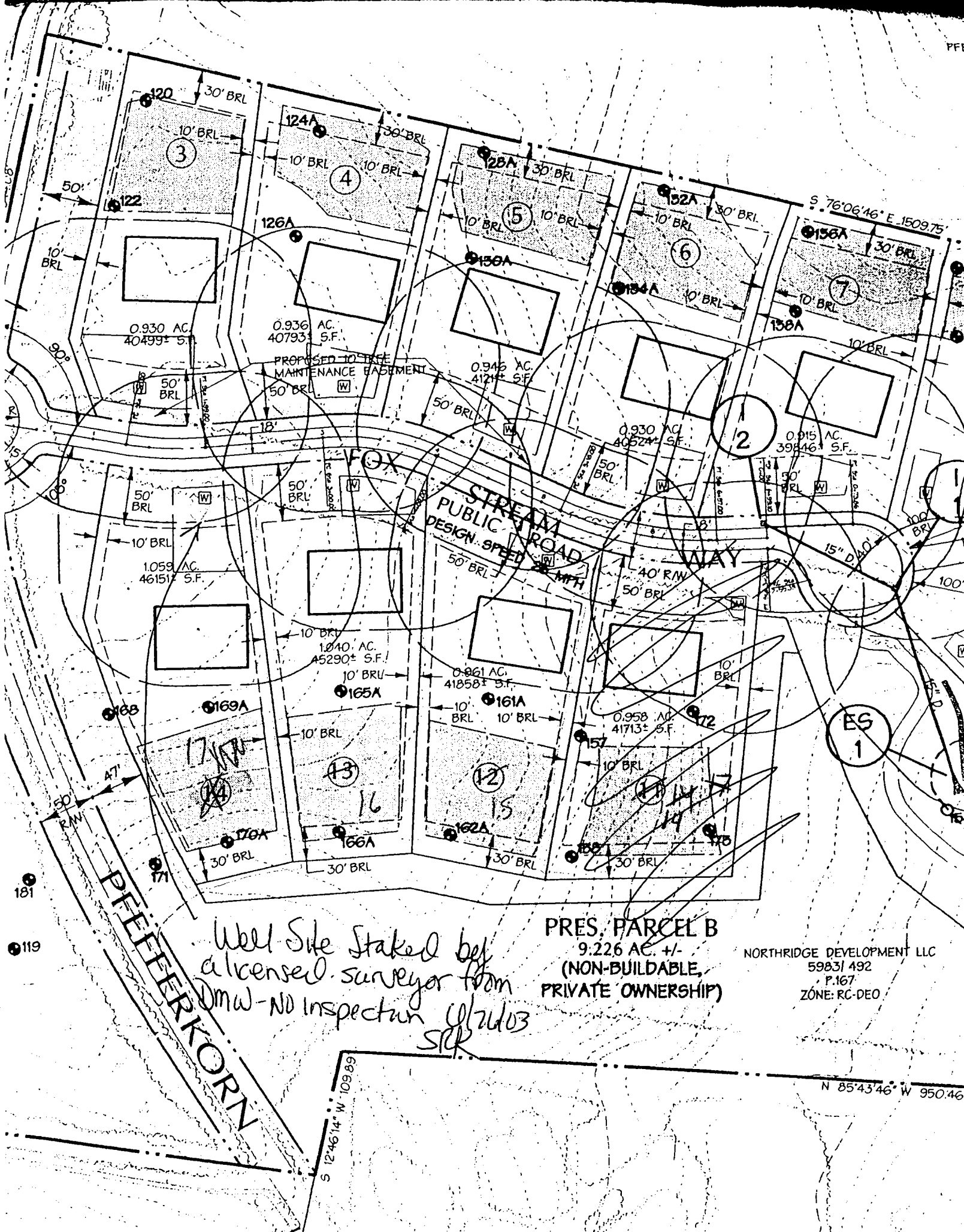
WAY

ES
 1

N 85°43'46" W 950.46

S 12°46'14" W 109.89

181
 119



APPLICATION

PERCOLATION TESTING

A51 3567-~~A~~

P _____

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

DISTRICT _____

DATE 4/28/2000

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Northridge Development LLC / Cindy De Zoppo

ADDRESS 14045 Gared Drive PHONE 410-230-1074

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION NA LOT NO. 17 Lot 16

ROAD AND DESCRIPTION located on the east & west side of
Pfefferkorn Road lot 14 17

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 _____

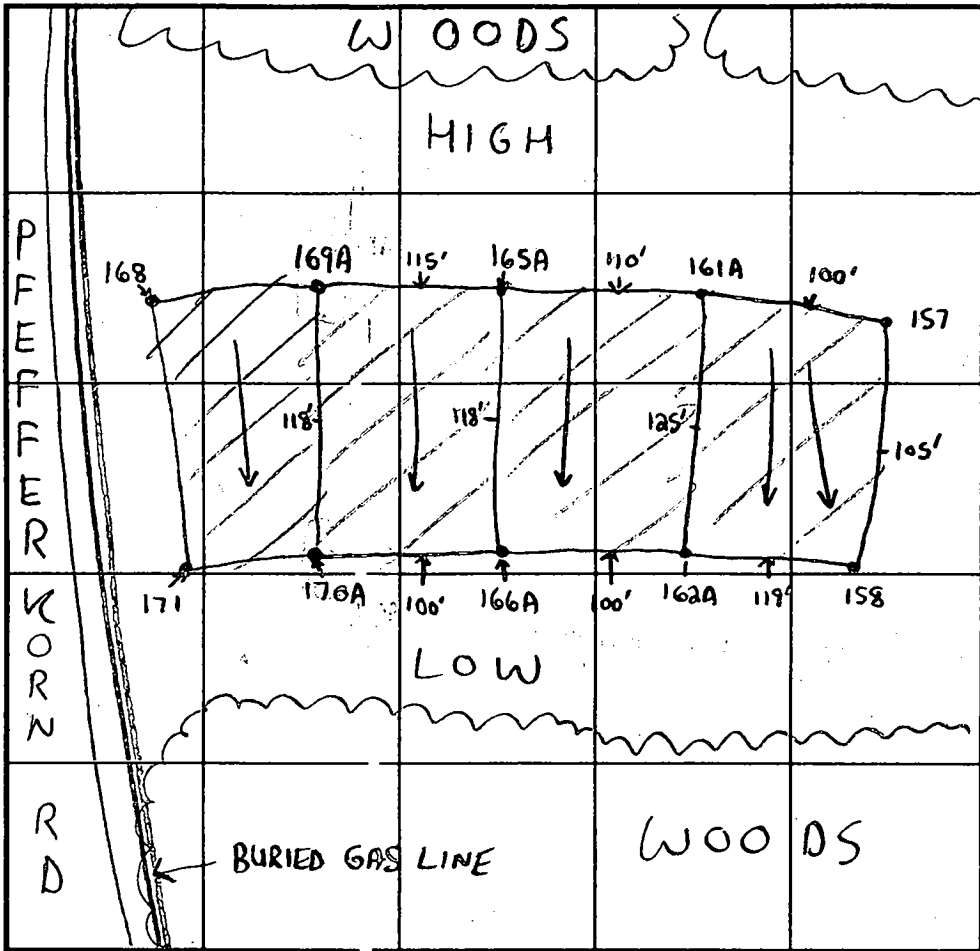
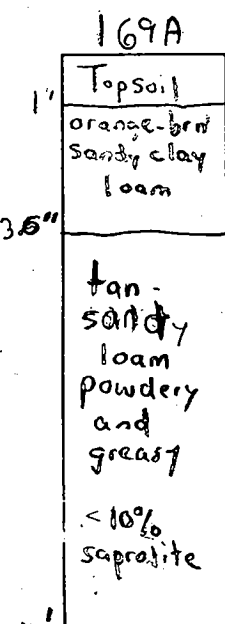
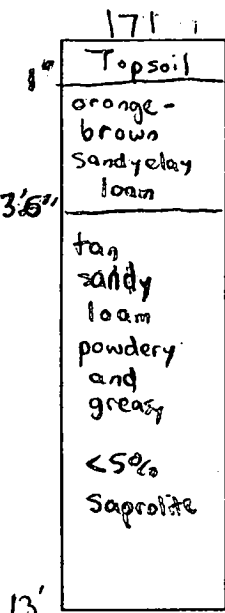
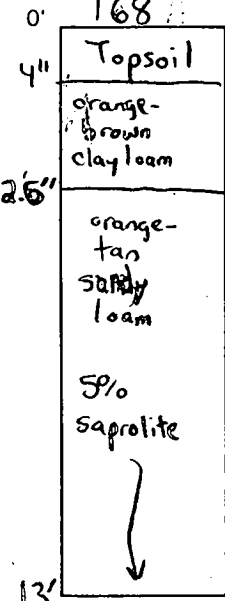
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

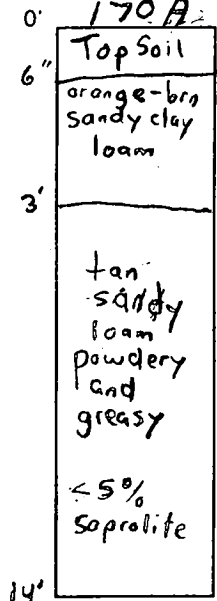
513567-P

COUNTY #

SOIL PROFILE 168



SOIL PROFILE 170A



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

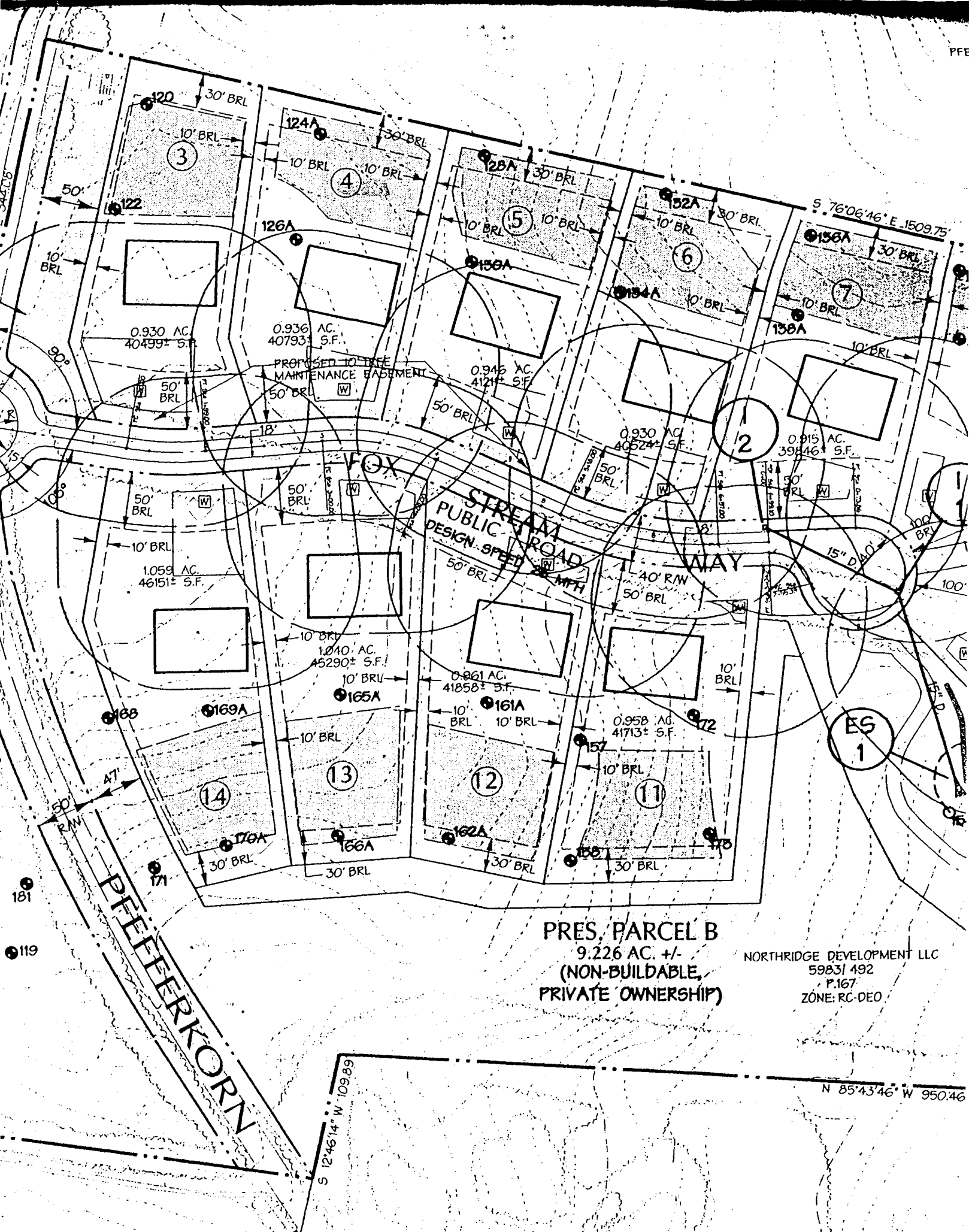
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-23-00	169A	4' T	10:52am	10:53am	10:53am	10:55am	2min	OK
		14' V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		N/A	OK
	170A	3.5' S	11:08am	11:09am	11:09am	11:11pm	2min	OK
		14' V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		N/A	OK
6-27-00	168	4' T	12:01am	12:02am	12:02pm	12:04pm	2min	OK
		13' V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		N/A	OK
	171	5' T	12:48pm	12:50pm	12:50pm	12:53pm	3min	OK
		14' V	(SEE SOIL PROFILE)		(SEE SOIL PROFILE)		N/A	OK

REMARKS

TYPE OF SOIL Chester
 TESTED BY Steven R. Krieg ALSO PRESENT Chuck Zepp & Robert Colson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

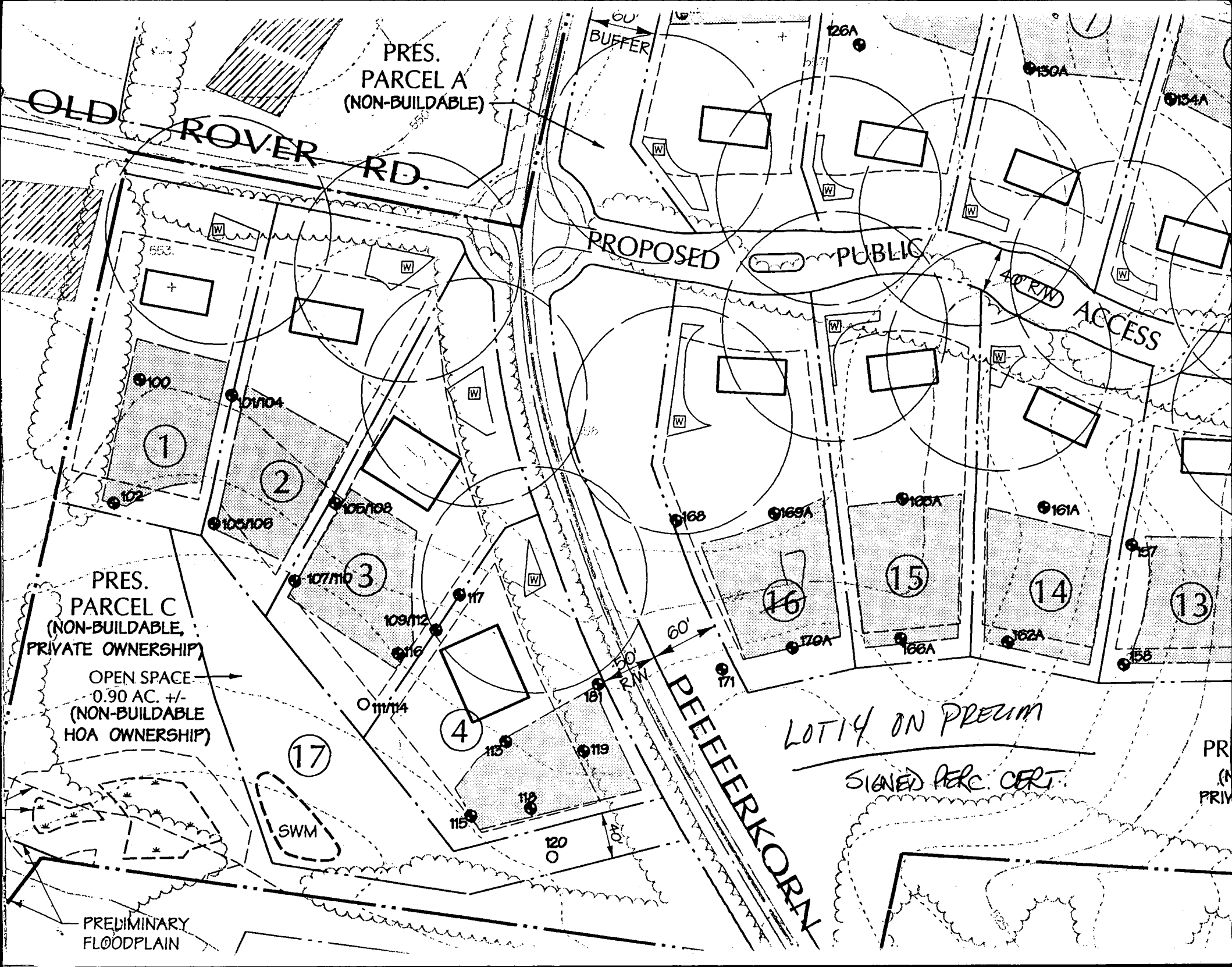
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



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



PRES. PARCEL A
(NON-BUILDABLE)

OLD ROVER RD.

PROPOSED PUBLIC

ACCESS

1

2

3

4

17

16

15

14

13

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

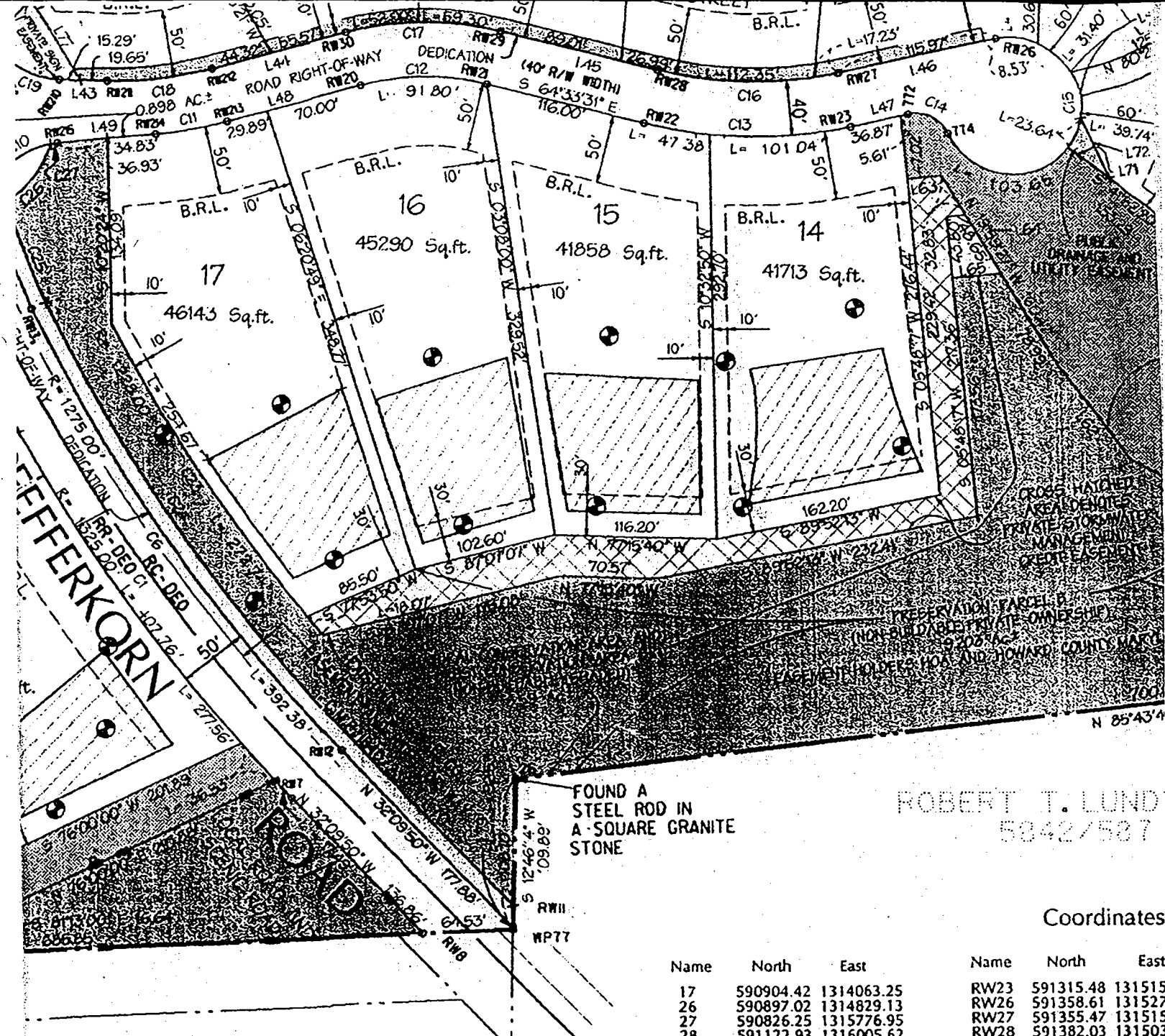
OPEN SPACE
0.90 AC. +/-
(NON-BUILDABLE
HOA OWNERSHIP)

SWM

LOT 14 ON PRELIM
SIGNED PERC. CERT.

PRELIMINARY
FLOODPLAIN

PFEFERKORN



APL M. GRAY AND WIFE
342/237

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 "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

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	131435
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

F-03-045 signed 8/4/04

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 limits in Howard County, Maryland, its successors and assigns.

I hereby
of part of th
Developme

G-9011

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2100 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-2880

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00150311 *KD*

Building Address 13602 Fox Stream Way
West Friendship MD 21794

Property Owner's Name Northridge Development
Address 14045 GARED DRIVE

Suite/Apt. #: _____ SDP/WP/Petition #: F-03-45

City Glenwood State MD Zip Code 21738

Census Tract 6030 Subdivision FOX MEADOW
Section TAO D #03-279310 Area _____ Lot 17

Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 15 Parcel 167 Grid 19
Zoning R20F0 Map Coordinates 9MY Lot size 46,143 SF

Phone 410-531-8930 Fax 410-531-8939

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY DWELLING

Contractor Company JAMES A Selfridge Builders, Inc

Estimated Construction Cost \$ 515,000

Contact Person TIM RAGEN

Description of Work CUSTOM 2 STORY 4 BEDROOM
4 FB, 2 Pictab FR, 3 CAR GARAGE
FINISHED BASEMENT w/ FULL BATHROOM

Address 14045 GARED DRIVE
City Glenwood State MD Zip Code 21738
License No. BL00729
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: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
1st floor: Depth 36 Width 62
2nd floor: 42 62
Basement: 36 62
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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 No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
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 HERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

TIM RAGEN
Print Name
9/13/04
Date

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

AGENCY DATE SIGNATURE APPROVAL
 Lead Development, DPZ
 State Highways
 Building Official
 Dev. Engineering, DPZ
 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: _____
Sid/ St: _____
All minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Is Coverage for NewTown Zone
SDP/Red-line approval date _____

PROPERTY ID#: 63408
Filing fee \$/20
Permit fee \$
Excise tax \$
Add'l per. fee \$
TOTAL FEES \$
Sub-total paid \$
Balance due \$
Check # 22645
Validation # 26730
Accepted by _____

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

CASSELL TESTING, INC.

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

REPORT DATE: Jun 9, 2005

County: Howard

Lab Number: T-0076

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 Bared Drive
 Glenwood, Maryland 21738

Property Sampled: U&O: 13602 Fox Stream Way

Station Sampled: Pressure tank tap

Tax Map #: 15

Date/Time Sampled: Jun 8, 2005 12:00 n

Parcel #: 167

Owner, Telephone No.: Greer

Sampler: 67246P

Subdivision Name: Fox Meadow

Lot Number: 17

Building Permit No.: B00150311

Well Number: HO-94-3727

Observation: 2-Piece Cap
 Cap Tight
 1 Bolt Loose

RESULTS OF ANALYSIS:

*6/13/05 - Bu. Idw said
 OK (SC)*

PARAMETER	RESULT	METHOD	*MCL/**SMCL	Pass
Nitrate	8.4 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.4 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

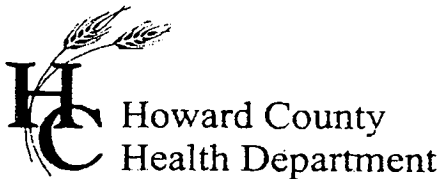
Treatment/Conditioning: None

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

Heather R. Bezin

Heather R. Bezin

*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

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

June 13, 2005

Northridge Development
14045 Gared Drive
Glenwood, MD 21738

RE: Fox Meadow, Lot 17
13602 Fox Stream Way
West Friendship, MD 21794
BP #: B00150311
Well Permit # HO-94-3727

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 01/03/2005. Final approval of the well line connection to the dwelling was approved on 02/24/2005.**

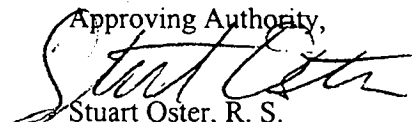
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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-94-3727. 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): 06/08/2005
Date of Well Completion: 09/04/2003

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File