

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/28/05

PERMIT

P 522422

APPROVAL DATE: 4/28/05

A 514952-N

TAX ID # 04-368096

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Waterford Farms LOT NUMBER: 42

ADDRESS: 3256 Eleanors Garden Way PROPERTY OWNER: Toll MDII LP

SEPTIC TANK CAPACITY (GALLONS): 1500 ~~1250~~ OUTLET BAFFLE FILTER REQUIRED
WITH/Effluent filter

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 150

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 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 within the approved sewage disposal area.
NOTES:	Effluent filter needed. <u>ENSURE S. TANK NOT IN MANMADE SWALE</u>

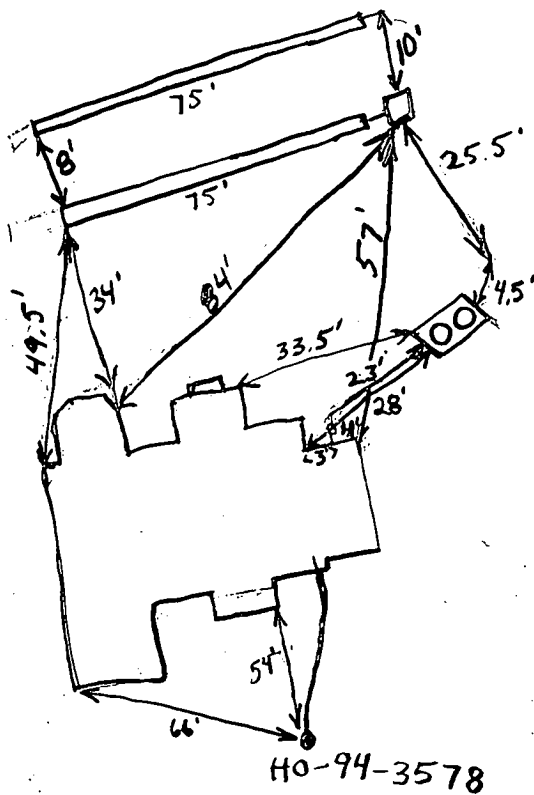
PLANS APPROVED: SRK/PAY / KN DATE: 2/9/05

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

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

AS14952-N

NOT TO SCALE



Eleanor's Garden Way

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>5'</u>	<u>7'</u>
NUMBER OF TRENCHES		<u>2</u>
TOTAL LENGTH		<u>150</u>
ABSORPTION AREA		<u>450 + Sidewall</u>
DISTRIBUTION BOX LEVEL		<u>Levelers</u>
DISTRIBUTION BOX BAFFLE		<u>Yes</u>
DISTRIBUTION BOX PORT		<u>No</u>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>1 1/2 - 2</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>Yes</u>
MANHOLE LOC	<u>Front/Rear</u>
6" PORT LOC	<u>N/A</u>
WATERTIGHT TEST	<u>N/A</u>

SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 2 x 75' trenches 5' inlet - 4/26/05 Install 2 x 75'
trenches on contour to best utilize the closest part of the easement to the house
 INSTALLATION 4/28 First Trench (closest to house) 5' inlet - Furthest
from house 4'-6' inlet. Trenches installed as instructed.

FINAL INSPECTOR G. Creighton

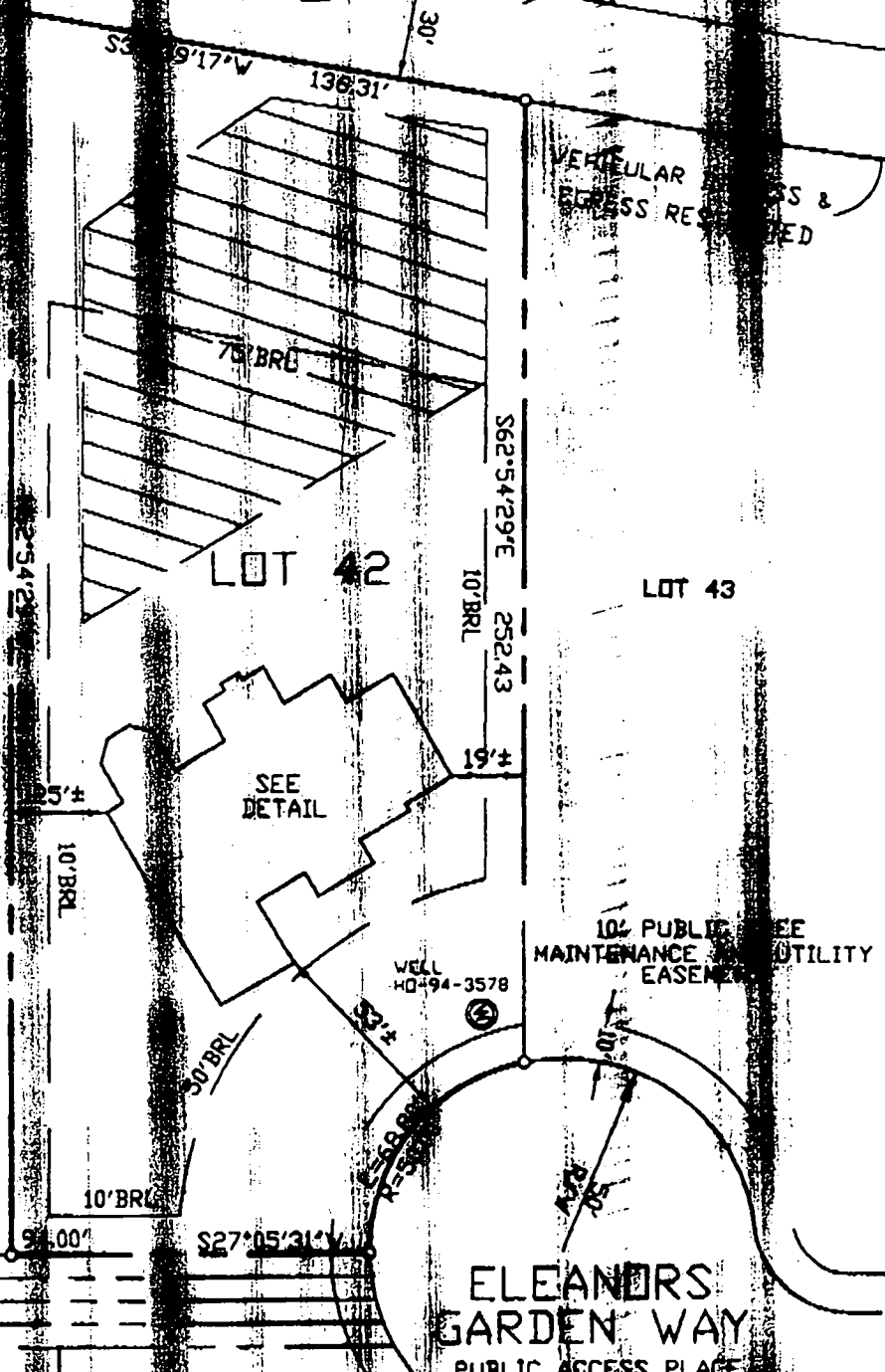
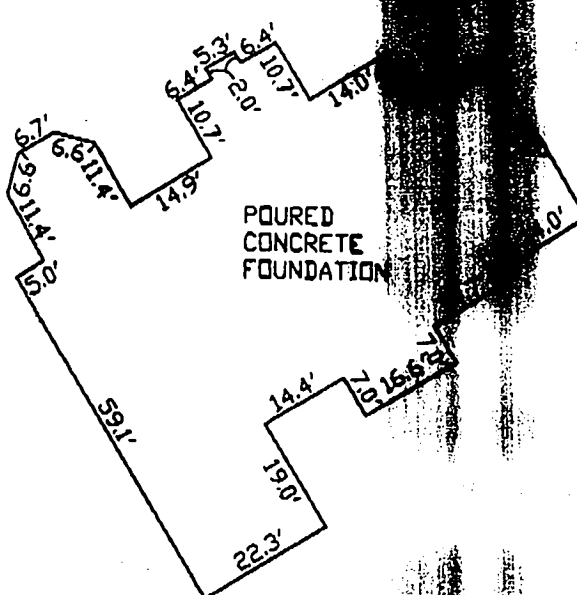
DATE OF APPROVAL 4/28/2005

DAILY ROAD
 MAJOR COLLECTOR ROAD
 (Public County Road)
 TO HOWARD COUNTY,
 FOR THE PURPOSE OF A



VEHICULAR
 EGRESS RESTRICTION

VEHICULAR
 EGRESS RESTRICTION



~FOUNDATION DETAIL
 SCALE: 1" = 30'

*4-20-05
 Well Check
 OK
 (XN)*

24' PRIVATE
 USE-IN-CO
 ACCESS EASEMENT
 FOR LOTS 42 & 43

SURVEYOR'S CERTIFICATE

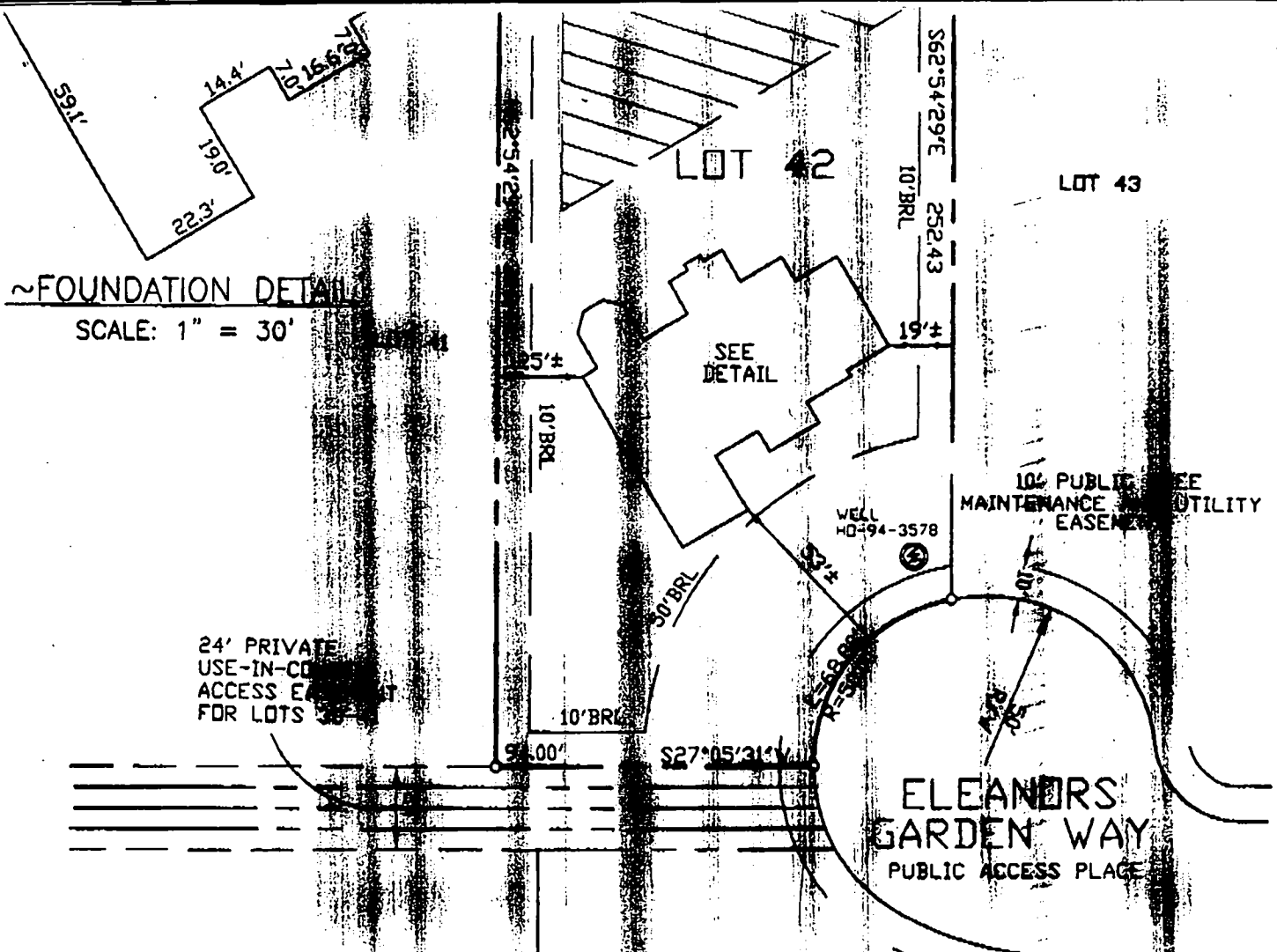
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 03/31/05; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FSH ASSOCIATES, INC. ENTITLED "WATERFORD FARMS LOTS 1 THRU 45", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT NO. 18167

TOP OF FOUNDATION WALL ELEVATION = 544.2'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

David Harris



~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 03/31/05; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FSH ASSOCIATES, INC. ENTITLED "WATERFORD FARMS LOTS 1 THRU 45", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16167

TOP OF FOUNDATION WALL ELEVATION = 544.2'
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. 16167
FEMA FIRM No. 240044 0013 B
ZONE: C
DATED: 12/04/86

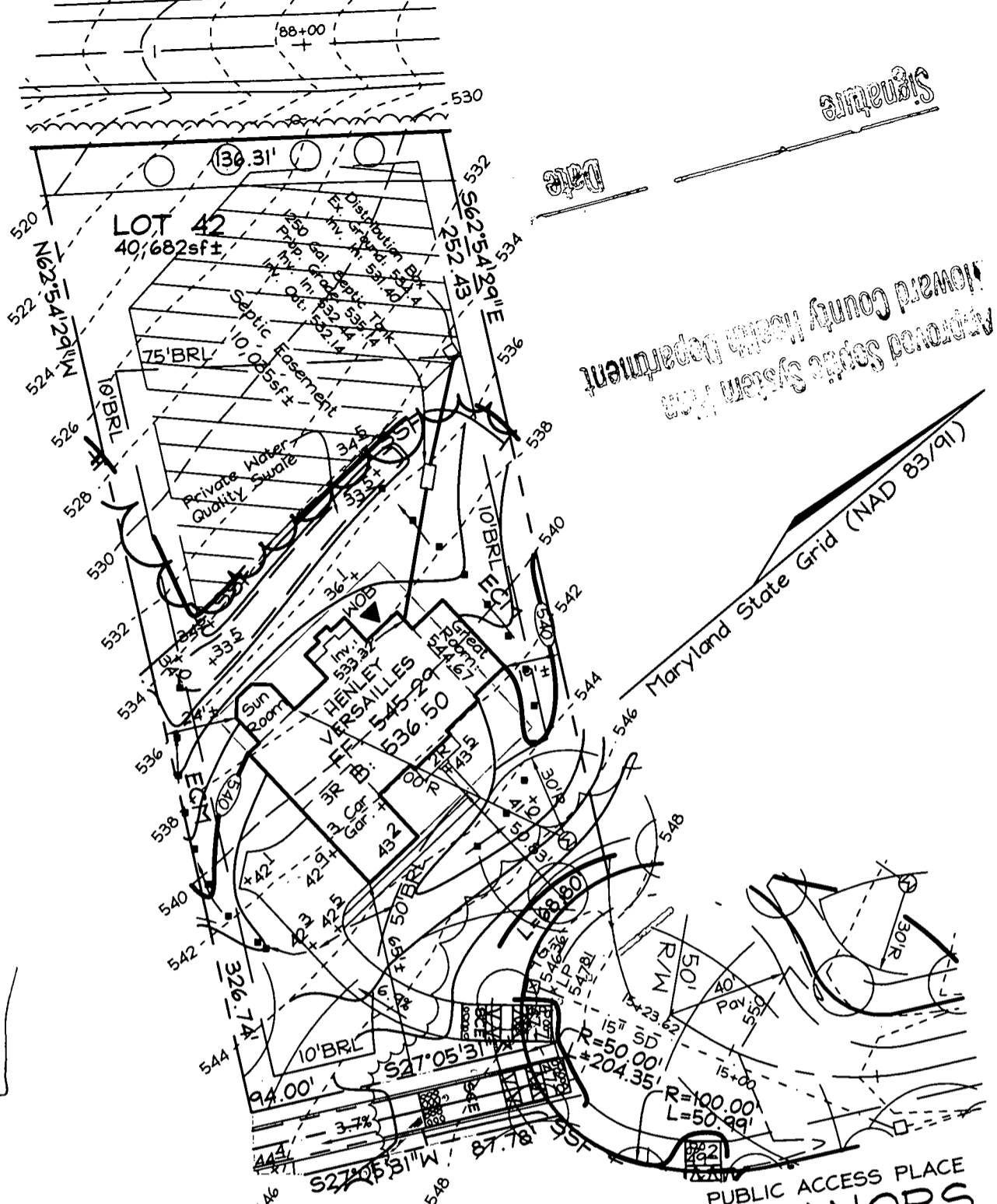


BENCHMARK ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLIOTT CITY, MARYLAND 21043
PHONE 410-482-6108 & FAX 410-482-6844
EMAIL: dmh@benchmark.com

WALL CHECK
WATERFORD FARMS
LOTS 1 THRU 45
LOT No. 42

3256 ELEANORS GARDEN WAY
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 03/31/05



Approved Septic System Plan
Howard County Health Department

Approved Septic System Plan
Howard County Health Department

PUBLIC ACCESS PLACE
**ELEANORS
GARDEN WAY**

OWNER/DEVELOPER

Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

[Signature]
Signature 2-9-05
Date

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3578) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: AY
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Dec. 21, 2004
W.O. No.: 3217
SHEET No.: 1 OF 1

**LOT RESITE
LOT 42
CATTAIL TRACE**

TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

F 5/10/05
Relaxed
7/29/05

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 588 Obrecht RD
Sylkesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Cattail Trace Lot #: 42 Well Tag #: HO-99-3578
Site Address: 3256 Eleanor's Gardenway

Submersible Pump Data

Make: Grundfos
Model #: 55007422
Pump Capacity 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 320 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved 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.

Allen Compton
Signature of company representative responsible for installation

5-10-05
date

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

Date Insp. Requested: 7/29/05 Date Insp. Approved: 7/29/05
Inspection Data: Pitless adapter and 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 installed inside of well 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

GAC

C1 14341 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A514952-N

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 7 16 03

DEPTH OF WELL 320' (TO NEAREST FOOT)

2/4/03 OKSRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3578

OWNER GST TRUST & SISTERS TRUST STREET OR RFD. WATERFORD FARMS TOWN GLENWOOD SUBDIVISION SECTION LOT 42

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: Brown Shale 0-105, Gray Granite 105-320, 2 drywell backfilled, 445-40 drilling materials, 40-0 cement, 400-40 drilling materials, 40-0 cement.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (24), NO. OF POUNDS (2256), GALLONS OF WATER (144), DEPTH OF GROUT SEAL (0 to 84 ft).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (108).

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (68 ft), BEFORE PUMPING (17-20 ft), WHEN PUMPING (156-25 ft), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).

NUMBER OF UNSUCCESSFUL WELLS (2), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for depth (107, 320) and casing height (+ above, - below).

DRILLERS LIC. NO. 1 MS D 024, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. 1 D.

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

LOCATION OF WELL ON LOT form with a diagram showing well location and landmarks.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

B 1 6776

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434

STATE PERMIT NUMBER

HO-94-3578 fill in this form completely

Date Received (APA) 08/22/02

OWNER INFORMATION

Owner: GST Trust & Sisters Trust, 3 Wyndam Ct, Luthersville Md 21093

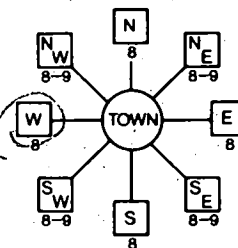
LOCATION OF WELL

Howard County, Waterford Farms, Glenwood, 4 1/2 miles from town

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, License No. MS0024, Firm Name: Joseph L. Mayne Well Drilling, Address: 5512 Ridge Rd Mt Airy 21771, Signature: Joseph L. Mayne, Date: 8-23-02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road C, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Distance from road: 50 FT, TAX MAP: 13, BLK: 24, PARCEL: 13

WELL INFORMATION: APPROX. PUMPING RATE: 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED: 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME, AS14952-N COUNTY NO., STATE SIGNATURE, DATE ISSUED: 11/20/02, STATE SIGNATURE: Steve P. Krieg, EXP. DATE: 11/20/03, NORTH GRID: 520, EAST GRID: 780

APPROXIMATE DEPTH OF WELL: 260 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41

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

APPROX. PERMIT NUMBER: G, PERMIT No. HO-94-3578

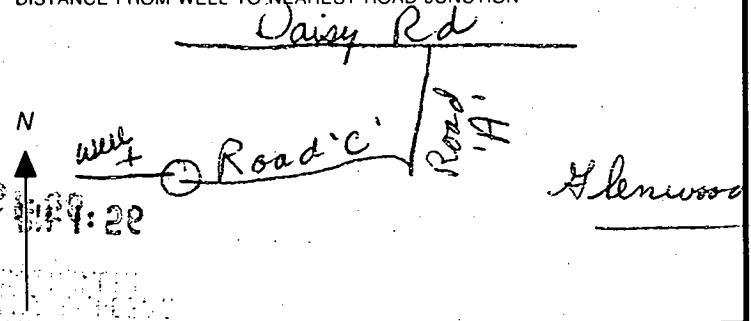
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780, N 520

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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 _____

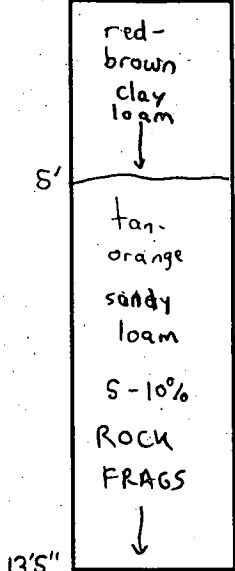
THIS IS NOT A PERMIT

A514952-N
COUNTY #

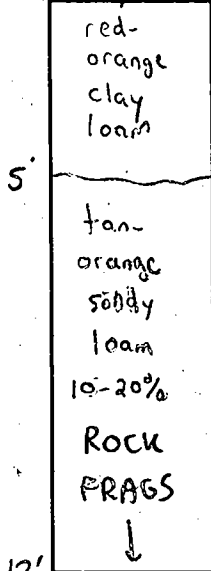
NOT TO SCALE

Lot 42

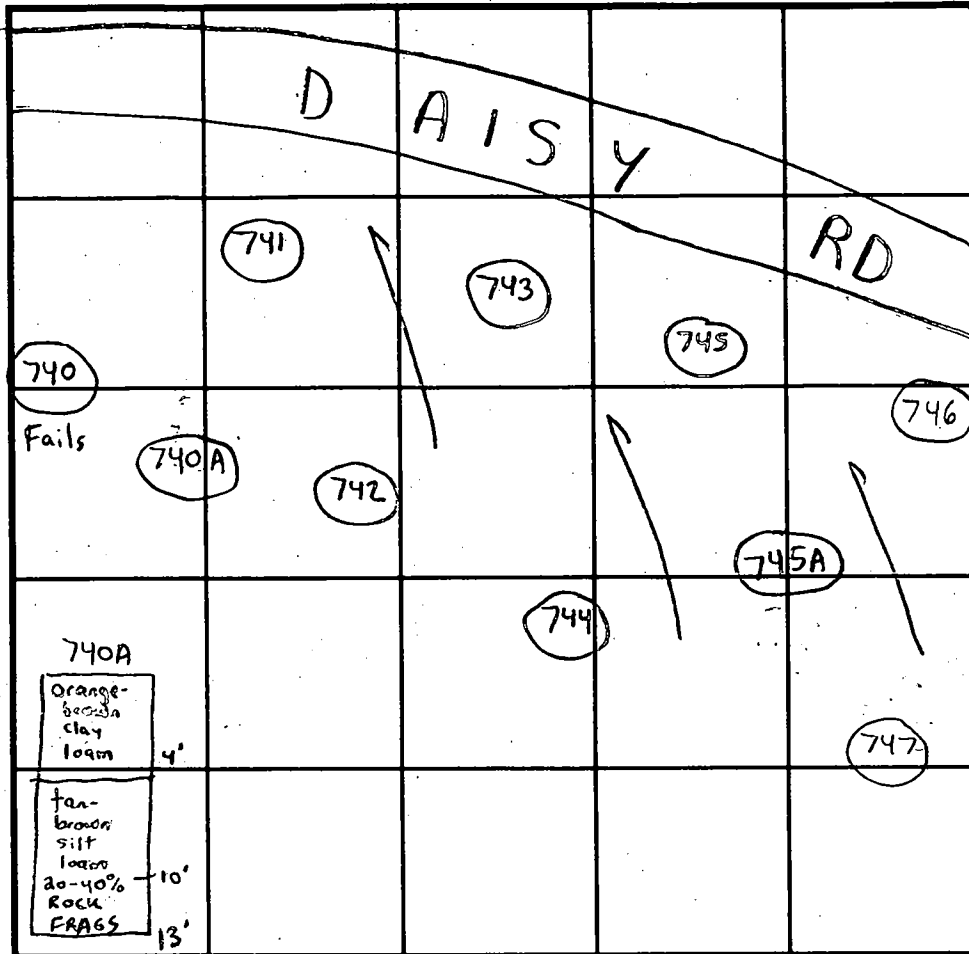
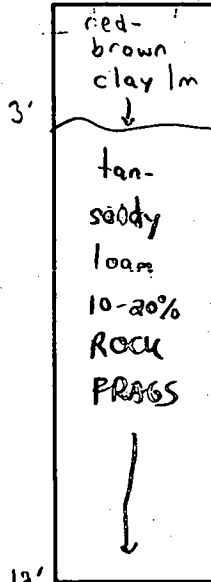
SOIL PROFILE 742



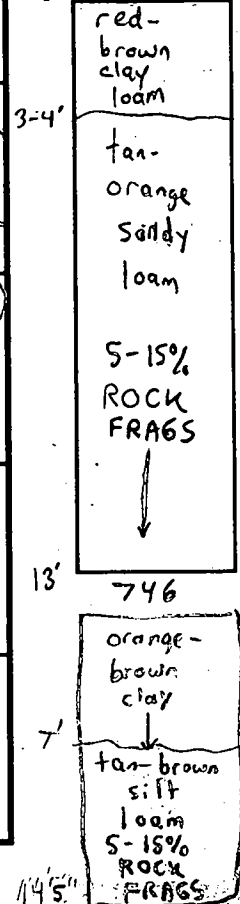
741/743



744/745A



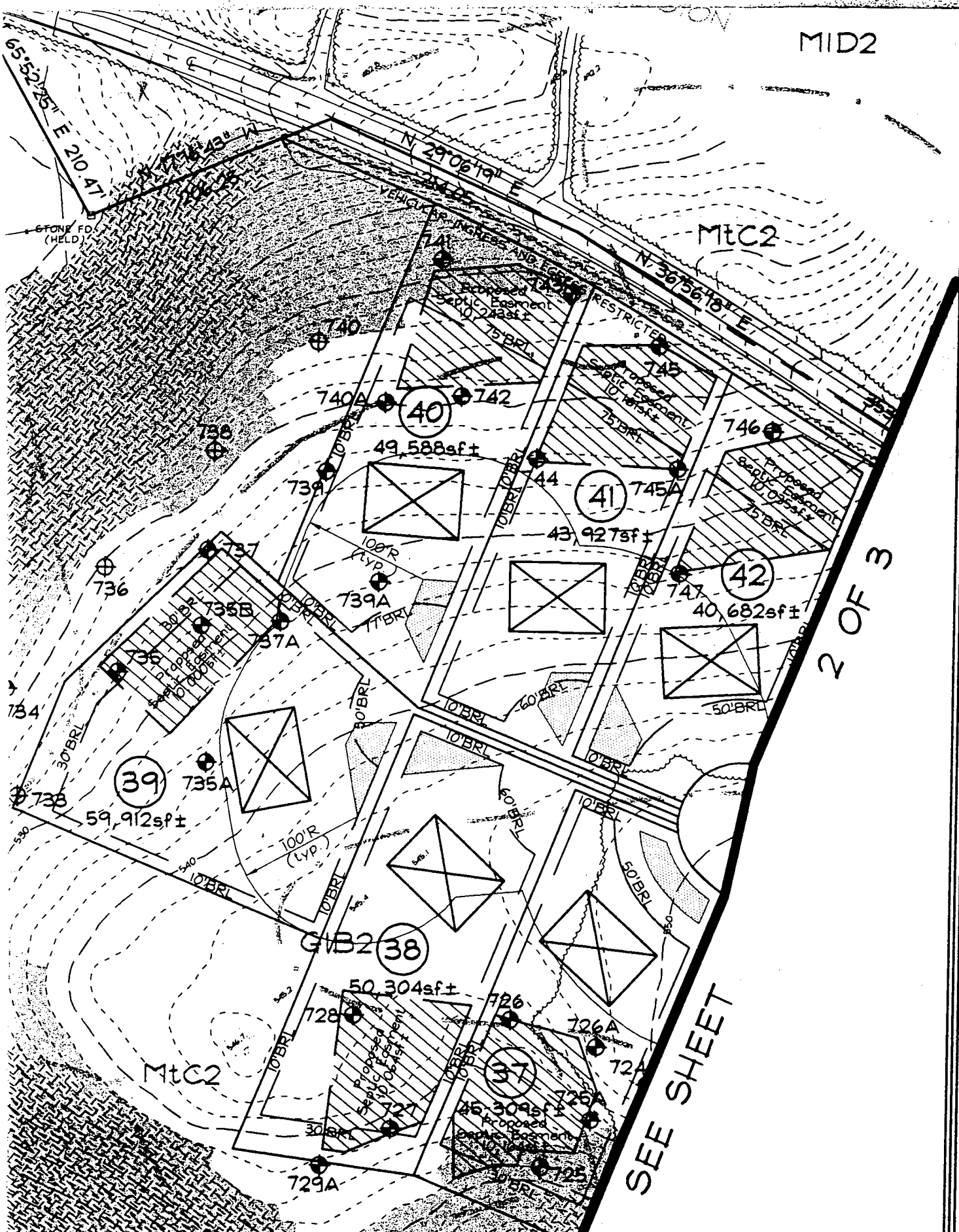
SOIL PROFILE 745/747



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/26/01	742	13'5" V	(VISUAL)	OK	SEE SOIL PROFILE			OK
	741	12' V	(VISUAL)	OK	SEE SOIL PROFILE			OK
	743	5'5" T / 12' V	3:37pm	3:42pm	3:42pm	3:49pm	7min	OK
2/1/02	745A	14' V	(VISUAL)	OK	SEE SOIL PROFILE			OK
7/26/01	744	5' T / 13' V	3:59pm	4:01pm	4:01pm	4:03pm	2min	OK
	745	13' V	(VISUAL)	OK	SEE SOIL PROFILE			OK
	747	5' T / 13' V	4:12pm	4:15pm	4:15pm	4:19pm	4min	OK
	746	14'5" V	(VISUAL)	OK	SEE SOIL PROFILE			OK
8/7/01	740A	5' T / 13' V	11:52pm	11:55pm	11:55pm	11:58pm	3min	OK

REMARKS Tested in Woods, Contour questionable - Resolved
 TYPE OF SOIL Shallow System Only! → Manor & Mt. Airy Channery
 TESTED BY SRK ALSO PRESENT Chuck Sharp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min TRENCH WIDTH 3'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180

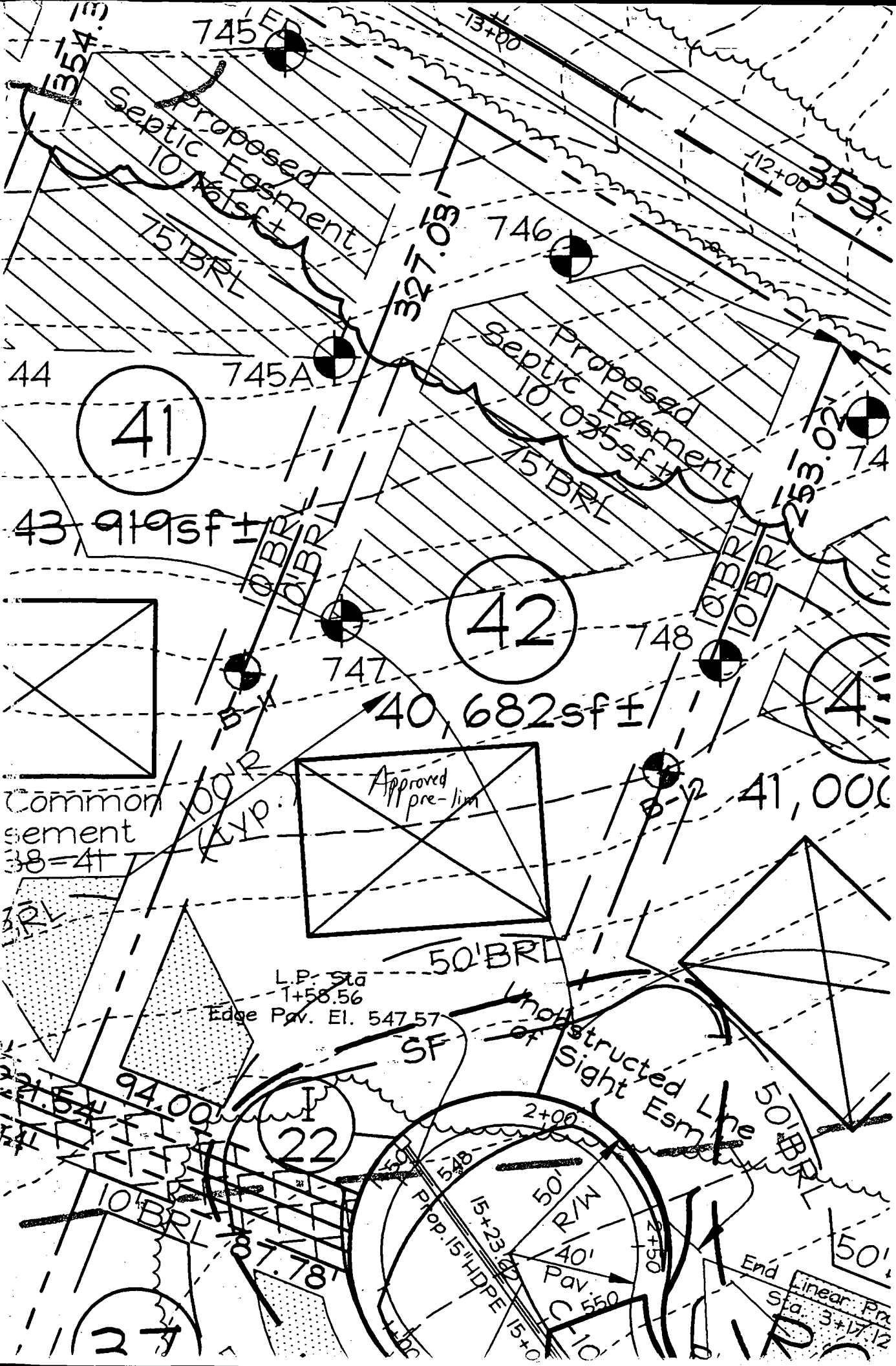


2 OF 3

SEE SHEET

ENVIRONMENTAL
NON-BUILDABLE
PRESERVATION
PARCEL

SIGNED
PRL
C/CL



41

42

43

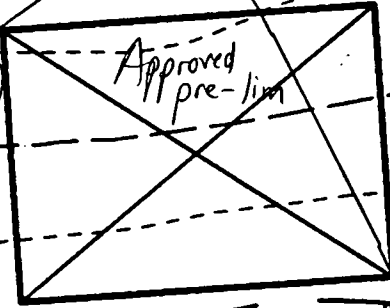
44

43 919sf±

40,682sf±

41,000

Common sement
38-41



L.P. Sta
1+58.56
Edge Pav. El. 547.57

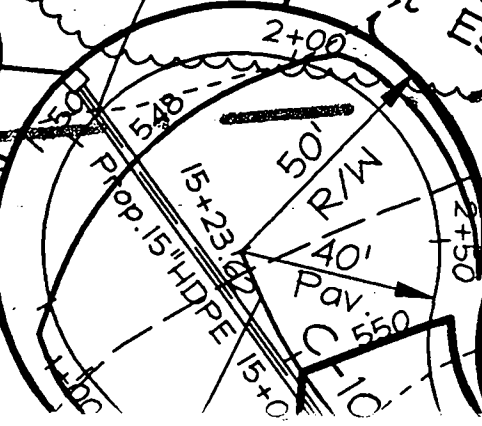
SF

Structred Line
of Sight Esm

22

94.00

27



End Linear Pa
Sta 3+17.12

1667

Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 300 COLLEGE HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PHONES: (410) 313-2456 (HSE) (410) 313-1819
 FAX: (410) 313-2870

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B0052036

Building Address 3256 Eleanor's Garden Way
Woodbine, MD 21797
 Suite/Apt. # TAX ID 04-368096 SDP/WP/Petition #:
 Census Tract 601/002 Subdivision Waterford Farms
 Section _____ Area _____ Lot 42
 Tax Map 20 Parcel 139 Grid 26
 Zoning RC1C Map Coordinates 3611 Lot size 40,629 sq ft

Property Owner's Name Toll MD2 LP
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone 410-489-6292
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Residential Home
 Estimated Construction Cost \$ 325,000
 Description of Work Henry Versailles
Conservatory, Naples SunRoom, Bedroom Suites

Contractor Company Toll MD2 LP
 Contact Person Nathan Beidle
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 License No. 678
 Phone 410-489-6292 Fax 410-489-6293

Occupant or Tenant Toll MD2 LP
 Contact Name Nathan Beidle
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 Phone 410-489-6292 Fax 410-489-6293

Engineer or Architect Company FSH Associates
 Contact Person Zach
 Address 8318 Forrest St.
 City Elicott City State MD Zip Code 21043
 Phone 410-750-2251 Fax 410-750-7350

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: 1st floor: <u>77'</u> 2nd floor: <u>69'</u> Basement: <u>77'</u> Width: <u>76'</u> <u>72'</u> <u>76'</u> Height: <u>11'2"</u> <u>22'2"</u> <u>8'</u>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #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 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.

Nathan A. Beidle
 Applicant's Signature

 Title/Company

Nathan A. Beidle
 Print Name
1/27/05
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2-9-04</u>	<u>[Signature]</u>
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>64550</u>
Rear: _____	Filing fee: \$ <u>100</u>
Side: _____	Permit fee: \$ _____
Side St: _____	Excise tax: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Lot Coverage for NewTown Zone _____	Balance due: \$ _____
SDP/Red-line approval date _____	Check: # <u>8393548</u>
	Validation: # <u>84983</u>
	Accepted by: <u>[Signature]</u>

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55743 Account #: 1930
 Reference: Toll Brothers Cattail Trace Lot 42 Company: Fogle's Well Drilling
 Location: 3256 Eleanors Garden Way Requested By: Dave Fogle
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 07/27/05 0830 Site: Kitchen Sink Tap
 Date/Time Rec'd: 07/27/05 1130 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.1
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3578

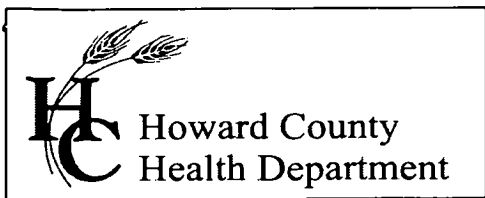
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/28/05 / 1000 / C. Mooshian
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/28/05 / 1000 / C. Mooshian
Nitrate	5.41	mg/L	10	601	07/28/05 / 1100 / C.Holland
Turbidity	3.23	NTU	<10	SM18 2130B	07/28/05 / 0805 / C.Holland
Sand	NS	mg/L	5	Visual/Gravimetric	07/28/05 / 0805 / C.Holland

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00152036

Date Reported: 07/28/05



7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

August 2, 2005

Toll MD II, LP
7164 Columbia Gateway Drive, Suite 230
Columbia, Maryland 21046

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 42
3256 Eleanors Garden Way
Woodbine, MD 21797
BP #: B00152036
Well Permit # HO-94-3578

Dear Sir:

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 4/28/2005. Final approval of the well line connection to the dwelling was approved on 7/29/2005.**

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-94-3578. 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 Samples: 7/27/2005
Date of Well Completion: 1/16/2003

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File