

B 1 8954

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523239

STATE PERMIT NUMBER

HO-95-0109 fill in this form completely

Date Received (APA) 09/12/05

OWNER INFORMATION

Trinity Builders, 3625 Park Ave Suite 301, Ellicott City, MD 21043

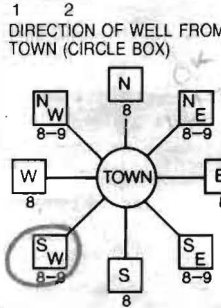
LOCATION OF WELL

Howard County, The Chase at Stony Brook, Lisbon, 0.5 miles from town

DRILLER INFORMATION

Ralph E. Maywe MS D 117, Ralph E. Maywe Inc, 17024 Handy Rd. Mt Airy MD 21771, 8-27-05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cattal River Dr., 25 feet from road, Tax Map 7, Parcel 133

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, Signature D. Brighton, Date Issued 09/15/05, Exp. Date 09/15/06, North Grid 543, East Grid 775

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SOURCES OF DRILLING WATER: 1. Well

yield & growth 11/4/05 am

METHOD OF DRILLING (circle one)

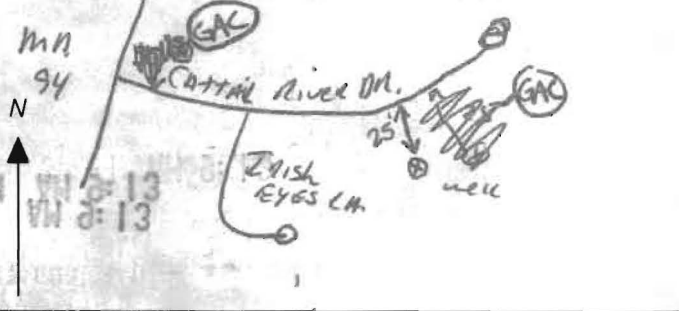
AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE: E 775, N 543

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL (N), PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED 41

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 HO2003G011, PERMIT No. HO-95-0109

SPECIAL CONDITIONS

C1 6692

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)

COUNTY NUMBER 13 A59207

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0109

OWNER Trinity Builders last name first name STREET OR RFD Cattail River Drive TOWN LISBON SUBDIVISION The Chase at Stonybrook SECTION LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth measurements with columns 1-6 and rows A-C, R-E, N. Includes slot size and diameter of screen.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

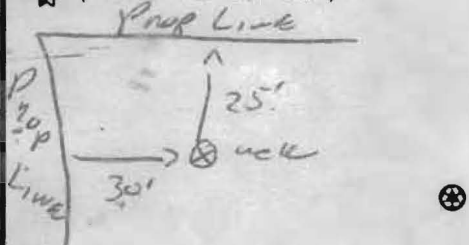
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 45 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 LAND SURFACE - below 2 (nearest) foot

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

GWAP - HO 2003 G011

Well Permit No. HO - 95-
 Location of property (road) ~~XXXXXXXXXXXX~~ Cattail River Drive
 Subdivision The Chase at Stonybrook Lot 6 Block _____ Plat _____ Sec. _____
 Well Driller Ralph E. Mayne Owner Trinity Builders - Smith property

Depth of well 180
 Distance of measuring point (M.P.) above ground 2 ft.
 Static water level (S.W.L.) below M.P. 33 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 45 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:00	33 ft.	6 Sec	Test Started	10 GPM
12:15	33 ft.	6 Sec		10 GPM
12:30	33 ft.	6 Sec		10 GPM
12:45	33 ft.	6 Sec		10 GPM
1:00	33 "	6 "		10 "
1:15	33 "	6 "		10 "
1:30	33 "	6 "		10 "
1:45	33 ft.	6 Sec		10 GPM
2:00	33 ft.	6 Sec		10 GPM
2:15	33 ft.	6 Sec		10 GPM
2:30	33 "	6 "		10 "
2:45	33 "	6 "		10 "
3:00	33 ft.	6 Sec		10 GPM
3:15	33 ft.	6 Sec		10 GPM
3:30				

**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: Do-It Plumbing & Heating Telephone #: 240-882-3069
Address: 9955 Old Mill Rd
Ellicott City, Md. 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Diane Gilbert License# 21899

*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: Trinity Homes Inc Telephone #: 410-480-0023
Subdivision: The Chase @ Stony Brook Lot #: 6 Well Tag #: HO-95-0109
Site Address: 16331 Cattail River Dr
Woodlea, Md. 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Can and Electric Conduit</u>
Make: <u>Milpro's</u>	Make: <u>American Gromby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>Z5752-12 Plus - P4-2</u>	Model #: <u>PT800 2F</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 no

Piping to house
Type: Plastic Bk/Bk Poly
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft
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: April 14, 2014

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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

5/15/2014
BB
Need to check depth

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

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Name of Property Owner: Trinity Homes Inc Telephone #: 410-480-0023
Subdivision: The Chase @ Stony Brook Lot #: 6 Well Tag #: HO-95-0109
Site Address: 16331 Cattail River Dr.
Woodbine Md. 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Milers</u>	Make: <u>American Gromby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>ZST52-12 Plus-P4-2</u>	Model#: <u>PT800 LF</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>140</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors of <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>no</u>		

Piping to house
Type: Plastic Black Poly
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft
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 _____

April 14, 2014
date

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

Date Insp. Requested: _____	Date Insp. Approved: _____
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	_____



Christopher A. Malagari, P.E., President
Donald A. Mason, P.E., Vice President

August 23, 2005

Mr. Robert Weber
Well and Sewer Program
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046

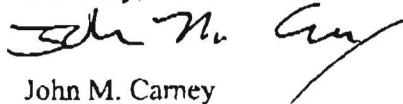
Re: The Chase at Stoney Brook
F-05-170

Dear Mr. Weber:

The wells on lots 6 through 20 of the above referenced subdivision were staked in the field by Benchmark Engineering, Inc., on 8/12/05. The stakeout was in accordance with the approved Percolation Certification Plan.

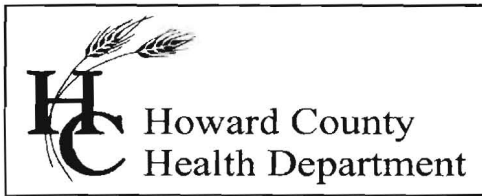
I appreciate your time and effort in reviewing this matter. If there are any additional questions or concerns please do not hesitate to contact me.

Sincerely,



John M. Carney

P:\1187\documents\1187 health certification.doc



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – November 22, 2014

May 22, 2014

Homeowner
16331 Cattail River Drive
Woodbine, Maryland 21797

**RE: The Chase @ Stoney Brook, Lot #6
16331 Cattail River Drive
Building Permit: B12002055
Well Permit: HO-95-0109**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **05-19-2014**. Final approval of the well line connection to the dwelling was granted on **5-15-2014**. The well construction was completed on **11-04-2005**. Water samples were collected on **05-01-2014**.

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. 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-95-0109. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Dana Bernard

Dana Bernard, R.E.H.S.,
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

S/O Number: 92952

Report Date: May 2, 2014

Property Sampled: 16331 Cattail River Drive, 21797
 Sample Location: Pressure Tank Tap
 Residual Chlorine: <0.1 mg/L

Building Permit #: B12002055
 Sampler ID #: 7483AM
 Samples Iced: Yes

County: Howard

Subdivision: The Chase at Stoney Brook

Lot#: 6

Date/Time Collected in Field: May 1, 2014 4:08 pm

Date/Time Received in Lab: May 1, 2014 5:33 pm

Well Tag #: HO-95-0109

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

*OK
DB
5-22-14*

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	9.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.5 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.7 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-2-14 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 007

* OWNER'S NAME: Carissa Klemmer

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
COUNTY: Howard

NEAREST TOWN: Columbia

TAX MAP 6029 BLOCK 0017 PARCEL 0064

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 10985 Route 108 Clarksville Pike

MARYLAND GRID COORDINATES
E 392339439

BOX NUMBER
N 76.8931427

0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 4 INCHES IN DIAMETER

* DEPTH OF WELL: 60 FEET DEEP

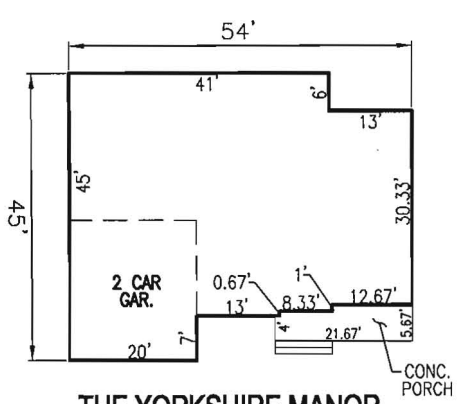
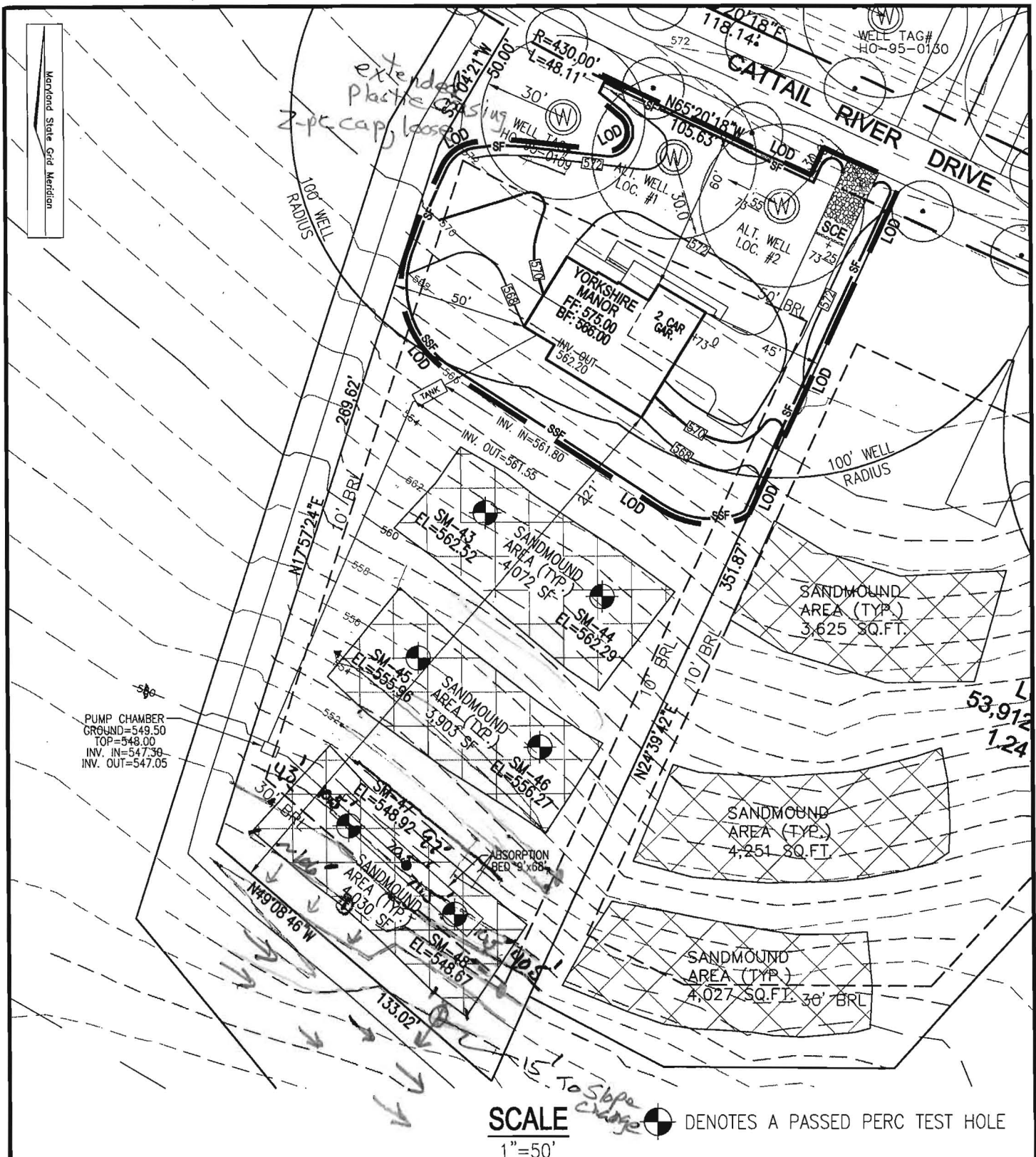
* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>CEMENT</u>	<u>-3</u>	<u>60</u>

Carissa Klemmer 4-2-14



THE EXISTING WELL SHOWN ON LOT 6 TAG NO. 95-0109 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 6 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1730
 FIRST FLOOR AREA: 1760
 SECOND FLOOR AREA: 1570
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170

BUILDING PERMIT NO. _____

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2013
 PROJECT #: 06-34
 SHEET#: 1 OF 1

PLOT PLAN
THE CHASE AT
STONEY BROOK
LOT 6
REF: F-05-170
 TAX MAP 7 PARCEL 133
 BLOCK 17
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 16331 CATTAIL RIVER DR.
 WOODBINE, MD 21797
 GP: 07-69

OWNER
 TRINITY QUALITY HOMES INC.
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MARYLAND 21043
 (410) 480-0023

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961

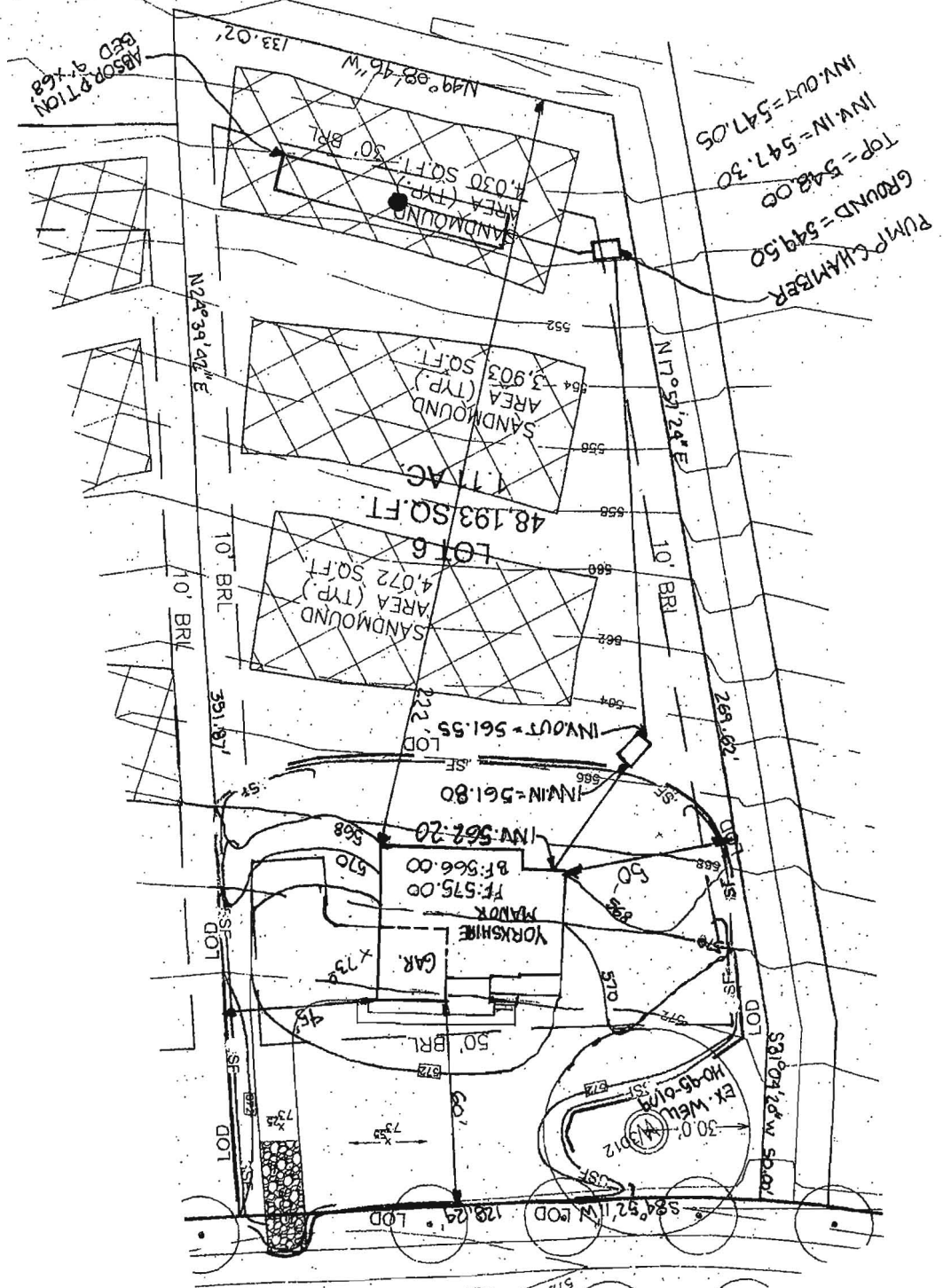
Mound Toe

Low corners are at \pm equal elevation ($\pm 0.1'$)
Two intermediate stakes, one is offline (uphill)

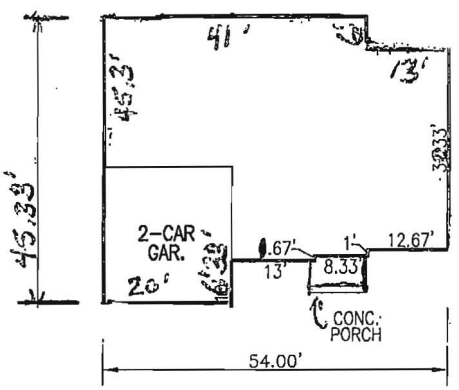
Dama - approve in
Acella - Tell
Vogel to revise plan to
move mound site up the hill
10' and show edges on contour.
It will need to be re-staked
in new spot prior to septic
layout

Jeff





SCALE
1" = 50'



THE YORKSHIRE MANOR

SCALE: 1" = 30'

THE EXISTING WELL SHOWN ON LOT 6 TAG NO. 95-0109 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 6 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1750
 FIRST FLOOR AREA: 1810
 SECOND FLOOR AREA: 1670
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170

BUILDING PERMIT NO. _____


K:\Projects\06-34\eng\dwg\pdp\LOT SITE PLAN.dwg, 5/21/2012 10:51:03 AM, Brother MFC-8480DN Printer.pcs

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2012
 PROJECT #: 06-34
 SHEET #: 1 OF 1

PLOT PLAN
THE CHASE AT
STONE BROOK
LOT 6
 REF: F-05-170
 TAX MAP 7 PARCEL 133
 BLOCK 17
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 16331 CATTAIL RIVER DR.
 WOODBINE, MD 21797
 GP: 07-69

OWNER
 TRINITY QUALITY HOMES INC.
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MARYLAND 21043
 (410) 480-0023


ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.8961