

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511448

A 56429-L

DISTRICT \_\_\_\_\_

DATE 3/4/99

DATE SYSTEM APPROVED 4/9/99

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

*03-326020*

### INDEXED

*4/8/99 2:30  
4/7/99 2:00  
4/7/99 3:00*

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Gaither <sup>HUNT</sup> Overlook LOT 12 ROAD 11016 Hidden Fox Court

PROPERTY OWNER NV Homes - Mr. & Mrs. Michael and Doris Novak

ADDRESS Ellicott City MD 21042-6107

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 55 feet off the right (282.00') lot line and 175 feet off the rear (175.00') lot line as seen from Hidden Fox Court. Run trenches along contour towards the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *11/12/98 OK A.M. Miller*

PLANS APPROVED BY Donna K. Soe DATE 11-06-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

*511448-7*



# APPLICATION

PERCOLATION TESTING

A 56429L

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT \_\_\_\_\_

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

DATE 3-26-96

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 J Thomas Scrivener N.V. Holmes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE \_\_\_\_\_  
21044

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 36 15 12V

ROAD AND DESCRIPTION 11016 Hidden Fox Court

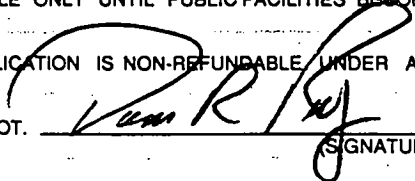
TAX MAP 29 PARCEL # 21

BLDG. PERMIT SIGNED  
~~AND RETURNED~~ 1/6/98  
Serial # B 19119098  
SFD-4Bim

SIZE OF LOT 1+ Acres 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 \_\_\_\_\_

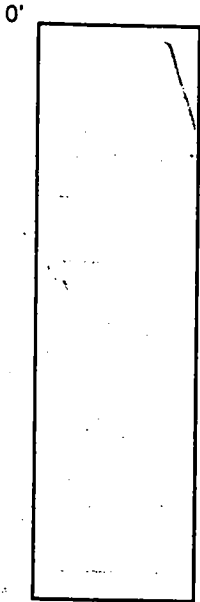
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

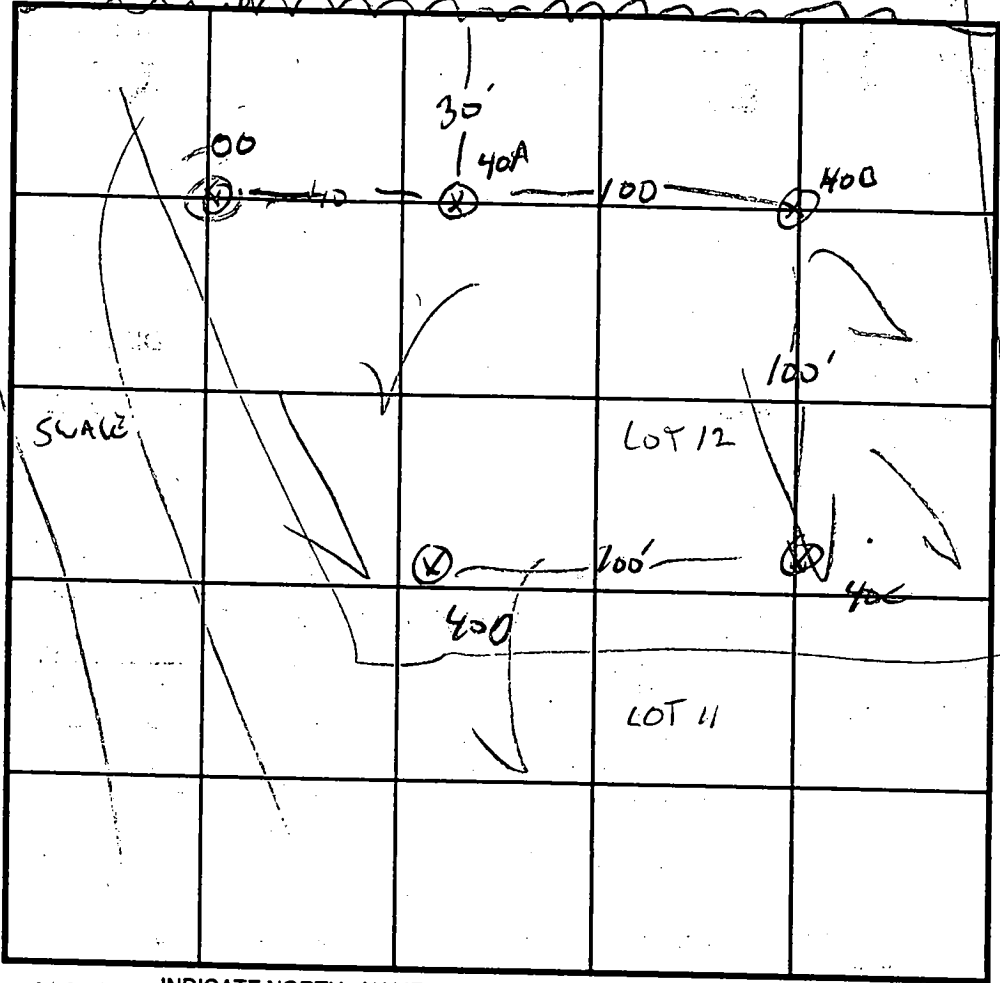
56429L

COUNTY #

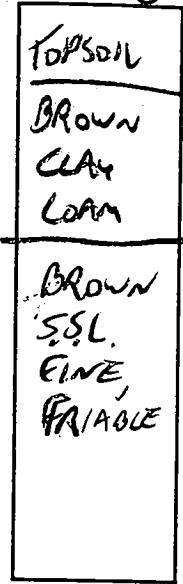
SOIL PROFILE



HEDGE ROW



SOIL PROFILE: 40 A+B+C+D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH      | PRE-WET   |      | TEST - 1" DROP |      | TIME  |
|---------|----------|------------|-----------|------|----------------|------|-------|
|         |          |            | START     | STOP | START          | STOP |       |
| 3/26/96 | 00       | NOT TESTED | ROCK AT 2 |      |                |      |       |
|         | 40A      | 5'         | 3:02      | 3:05 | 3:05           | 3:08 | 3 MIN |
|         | 40B      | 5'         | 3:12      | 3:14 | 3:14           | 3:17 | 3 MIN |
|         | 40C      | 4' 6"      | 3:17      | 3:19 | 3:19           | 3:23 | 4 MIN |
|         | 40D      |            | 3:24      | 3:25 | 3:25           | 3:28 | 3 MIN |
|         |          |            |           |      |                |      |       |
|         |          |            |           |      |                |      |       |
|         |          |            |           |      |                |      |       |
|         |          |            |           |      |                |      |       |
|         |          |            |           |      |                |      |       |

REMARKS LOT AS 12

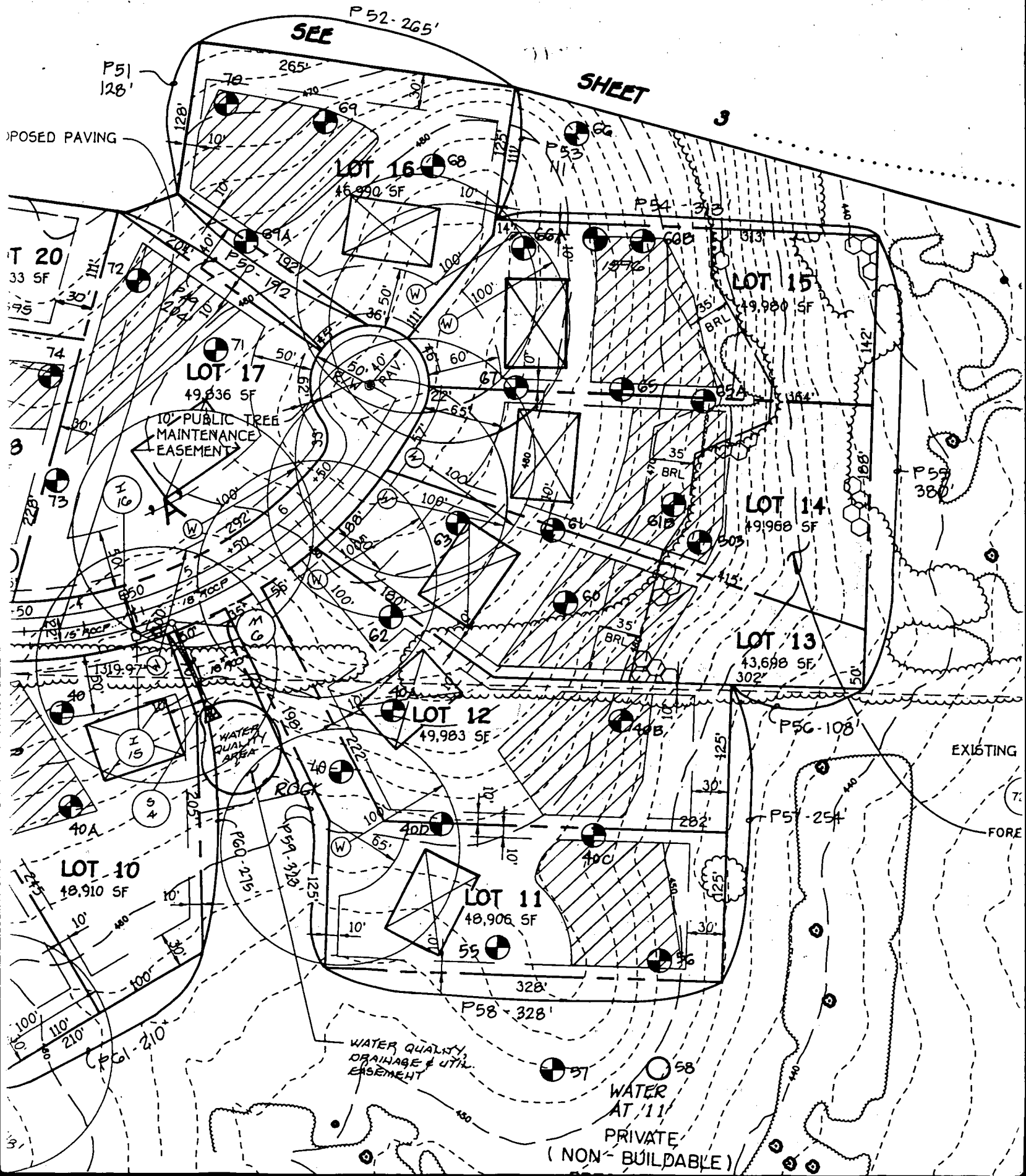
TYPE OF SOIL \_\_\_\_\_

TESTED BY G. SAUVAGE ALSO PRESENT \_\_\_\_\_

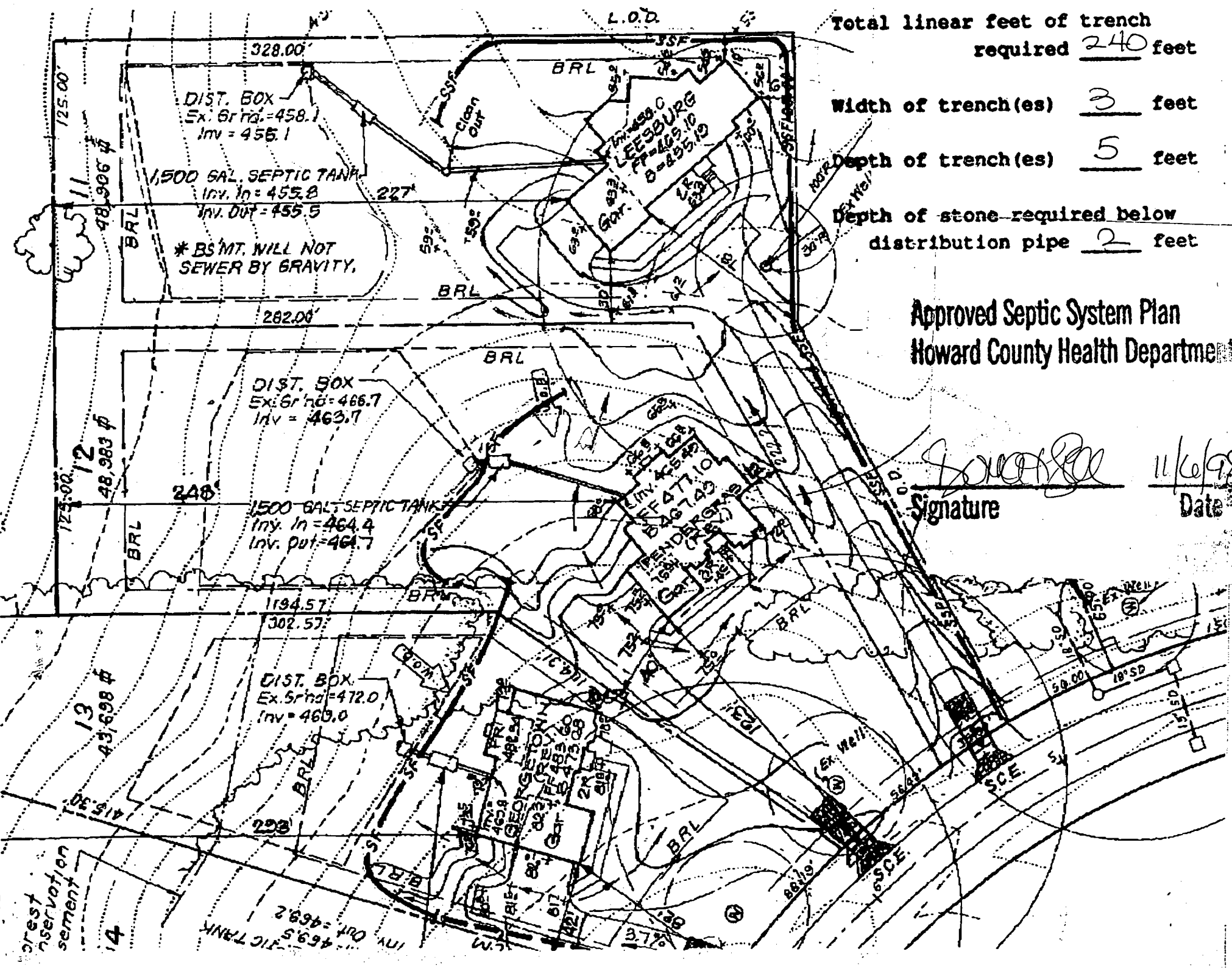
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

P. 97.08 Copy of signed prelim



Oct-28-98 10:27A cfs 410 381 7500 P.01



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

*[Signature]*  
Signature

*11/6/98*  
Date

crest  
nservation  
sement  
14

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B001111898

Building Address: 11016 Hidden Fox Ct  
Ellicott City, MD 21043

Suite/Apt # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

Census Tract: 6036 Subdivision: Gaither Hunt I

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12

Tax Map 29 Parcel: 322 Grid 5

Zoning FR Map Coordinates 113 114 115 Lot size ac

Owner's Name: John & Nancy  
NV Home

Address: 2200 Dabney Hwy  
Crofton

City: Quinn State MD Zip Code 21114

Home Phone \_\_\_\_\_ Work Phone: 721-4103

Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc.  
202 Parallel Path  
Abingdon, MD 21009

Phone: 410-515-1217 Fax: 410-515-2613

Existing Use \_\_\_\_\_

Proposed Use: SFD

Estimated Construction Cost: \$ 90,000.00

Description of Work: Type: Pendergrass  
2 Sty. Full Bsmt. 1OR, 3FB, 1HB  
FF, Garage, 4DR

Contractor Company: CRWIST

Contact Person: Pat O'Neil

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| No. of stories: _____  | Sewage Disposal: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Construction type: _____<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame | Heating System: _____<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| State Certified Modular _____  | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> NFPA #13<br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression                                      |

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>  | Water Supply: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| 1st floor: <u>6.4</u> <u>3.7</u><br>Depth Width   | Sewage Disposal: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| 2nd floor: <u>4.7</u> <u>4.7</u>  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Basement: <u>3.9</u> <u>3.7</u>   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>   | Heating System: _____<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>   | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other  |
| No. of Bedrooms: <u>4</u>   |  |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____ |  |
| Other: _____  |  |
| Dimensions: _____   |  |
| Footings: <u>16" x 16"</u>  |  |
| Roof: _____   |  |
| State Certified Modular _____   |  |
| Manufactured Home _____   |  |

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.

Applicant's Signature: [Signature] Print Name: Patricia A. O'Neil  
 Building Permit Services, Inc. 11-3-98

VALIDATION

[Signature]

Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

| AGENCY   | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION  | PROPERTY ID#   |
|--|------|--------------------|--|--|
| Land Development, DPZ  |      |                    | Front: _____   | <u>7715</u>  |
| State Highways   |      |                    | Rear: _____  | Filing Fee \$ <u>25</u>  |
| Building Official  |      |                    | Side: _____  | Permit Fee \$ <u>22</u>  |
| Dev. Engineering, DPZ  |      |                    | Side St. _____   | (10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/> |
| Health   |      |                    | All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | Excise Tax \$ <u>473</u>   |
| Fire Protection  |      |                    | Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | (40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/> |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |      |                    | Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | TOTAL FEES <u>1720</u>   |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/>  |      |                    | Lot Coverage for New Town Zone _____   | Check # <u>61125</u>   |
| ONE STOP SHOP <input type="checkbox"/>   |      |                    | SDP/Red-line approval date _____   | Validation # <u>1115</u>   |
|  |      |                    |  | Accepted by <u>[Signature]</u>   |

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 4/4/99

Name of Installer ROBERT L. FEEZER CO. INC. Telephone 410-781-4555

License Number 2122  
Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NV-HOMES Telephone 410-721-4203  
Subdivision CRITCHER HUNT Lot # 12 Well Tag # HO-94-011  
Site Address 11016 HADDOX FOX CT.

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make STARTE  
3. Model # TP40C-2.HL-03  
4. Capacity 7 GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No   
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

**Motor**  
1. Horsepower 1/2  
2. RPM 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

**Pitless Adapter**  
1. Make MITSUBISHI  
2. Model # PT3-00  
3. Depth 42"

**Tank**  
1. Capacity 34 GAL.  
2. Pressure relief valve? YES

**Piping**  
1. Type Poly  
2. Size 1"  
3. NSF and/or BOCA Code approved YES  
4. Depth of supply line 42"

**Well data**  
1. Depth 150 ft.  
2. Yield 15 GPM  
3. Static water level \_\_\_\_\_  
4. Will water be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

*WPT pitless adapter OK @ 3 1/2 ft  
conduit pipe OK  
2 pipe cap OK  
RF 4/7/99*

Signature of Applicant: [Signature]

Date: 4/8/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



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**HOWARD COUNTY HEALTH DEPARTMENT**

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*Mary Sue Baker, MBA, Acting County Health Officer*

April 13, 1999

NV Homes  
2200 Defense Highway  
Crofton, MD 21114

*Resolved 3/15/00 -  
Casing Extended SRK*

RE: Gaither Hunt, Sec I  
11016 Hidden Fox Ct, Lot12  
Well Tag # HO-94-1411

Dear Sirs:

Upon inspection of the well line installation for the above referenced property, it appeared that the well casing may terminate only 6-7 inches below present grade around some portions of the well. It also appears that grading has not been completely finished. According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading is completed, please make certain that the well casing meets the COMAR standard explained above. Please feel free to contact me if you have any questions.

Thank you for your cooperation in this matter.

Very truly yours,

*Steven Krieg*

Steven Krieg, Sanitarian  
Water and Sewerage Program



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

April 13, 1999

NV Homes  
2200 Defense Highway  
Crofton, MD 21114

3/15/00 Casing fixed  
SRK

Update 7/1/99

Casing not fixing  
Builder attempted to  
correct but homeowner  
objected. Builder may still  
try to resolve with homeowner &

Dear Sirs: try to correct. -SRK

RE: Gaither Hunt, Sec I  
11016 Hidden Fox Ct, Lot12  
Well Tag # HO-94-1411

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After final grading is completed, please make certain that the well casing meets the COMAR standard explained above. Please feel free to contact me if you have any questions.

Thank you for your cooperation in this matter.

5/6/99 UPDATE

- LOT 12 Condition is worse
- LOT 15 Casing is about 4" above grade
- LOT 21 Damaged / Bent Casing

\* A STOP WORK ORDER ON THESE PROPERTIES IS IMMINENT  
CALL MY SUPERVISOR IMMEDIATELY AT 410-313-2640

Very truly yours,

Steven R. Krieg  
Steven Krieg, Sanitarian  
Water and Sewerage Program

Craig Williams

C1 - 01325

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 PRINT OR TYPE

COUNTY NUMBER A56429-L

DATE RECEIVED 5/5/98

DATE WELL COMPLETED 3-02-98

Depth of Well 150' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1411

OWNER Woodlot Enterprises, STREET OR RFD Road A, TOWN Wild Lake, SUBDIVISION Gaither Overlook SECTION LOT 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: ORANGE SILT 0' 8', TAN SILT 8' 24', MED/HARD 24' 150', GREEN & GRAY ROCK, WATER 85'.

GROUTING RECORD section: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 6, NO. OF POUNDS 568, GALLONS OF WATER 36 GAL, DEPTH OF GROUT SEAL 0 to 27 ft.

CASING RECORD section: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main casing) 6", Total depth of main casing (nearest foot) 27'.

OTHER CASING (if used) section: diameter 4 1/2", depth (feet) from 65' to 105'.

SCREEN RECORD section: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

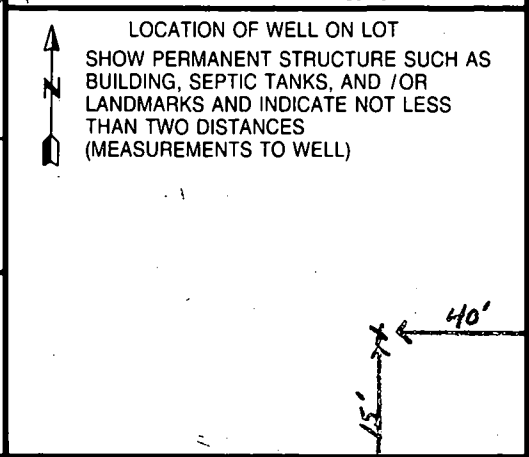
DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, S, H, R, E, N. Includes handwritten entry: HO 27, 150.

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

MDE USE ONLY section: (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST section: HOURS PUMPED 3, PUMPING RATE 15, METHOD USED TO MEASURE PUMPING RATE Watch + Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft, WHEN PUMPING 28 ft, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED section: DRILLER WILL INSTALL PUMP YES (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, PUMP COLUMN LENGTH (nearest ft.) 37-41, CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE.



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

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 355, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION).

LIC. NO. 1 MW D546, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

COUNTY

FRONT Prop Line

Right Prop Line

B 1 3359 SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-94-1411 fill in this form completely

Date Received: 020398 OWNER INFORMATION: WOODLOT ENTERPRISES, 5026 DOZSEY HALL DR., ELLIOTT CITY MD 21042

DRILLER INFORMATION: Michael Bowen, 912 Fawn G. Judd Rd, 2-3-98

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

USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

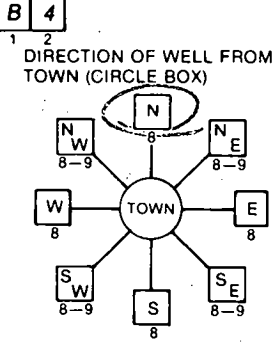
METHOD OF DRILLING (circle one): AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY): FORCE MAJEURE PERMIT NO. 40-94-1411

SPECIAL CONDITIONS

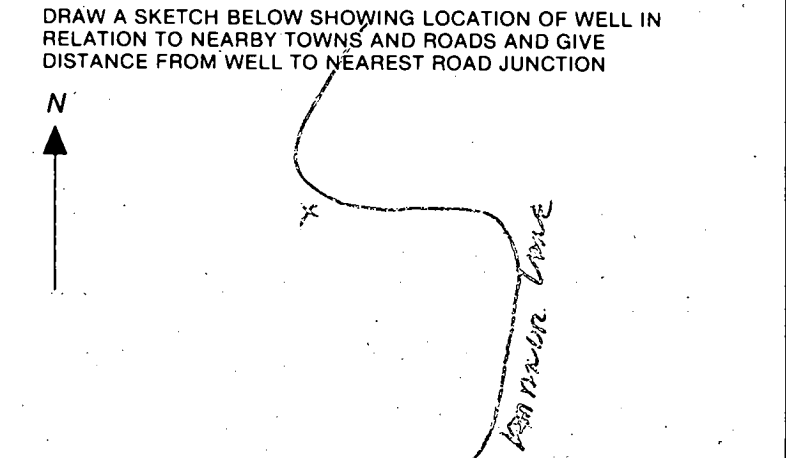
LOCATION OF WELL: 8 COUNTY: HOWARD, 23 SUBDIVISION: GAITHER OVERLOOK, SECTION: 44, LOT: 12, 52 NEAREST TOWN: WIDE LAKE, MILES FROM TOWN: 7.3



NEAR WHAT ROAD: Road A, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): EAST, DISTANCE FROM ROAD: 15 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT-APPROVAL: Howard, Kim Thiate, 2/5/99

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER: WRITE THE BOX NUMBER FROM THE MAP HERE: E 52013, N 830



SHEET

P 52 - 265'

P 51  
126'

PROPOSED PAVING

LINE

SEE

LOT 16  
16,500 SF

LOT 20  
40,533 SF  
15,995

LOT 17  
49,416 SF

10' PUBLIC TREE  
MAINTENANCE  
EASEMENT

LOT 18  
72,563 SF

LOT 19  
40,019 SF

ROAD

LOT 12  
49,983 SF

LOT 10  
48,910 SF

LOT 11  
48,906 SF

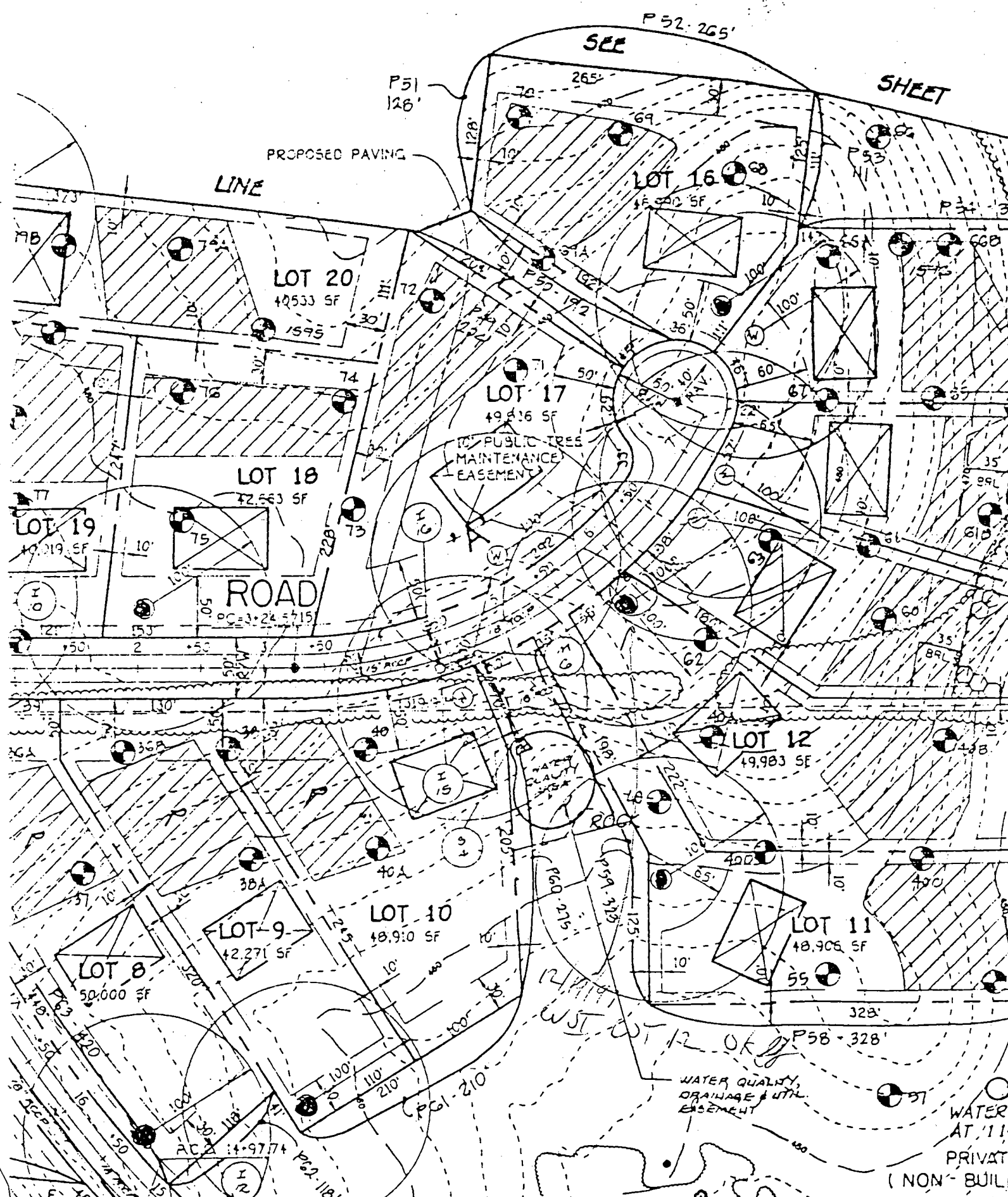
LOT 8  
50,000 SF

LOT 9  
42,271 SF

WATER QUALITY,  
DRAINAGE & UTIL.  
EASEMENT

WATER  
AT 11'

PRIVATE  
(NON-BUILD-  
PRESERVAT





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HOWARD COUNTY HEALTH DEPARTMENT

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Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 25, 1999

3/15/00  
Resolved (SRK)  
Casing fixed

Mr. and Mrs. Novak  
11016 Hidden Fox Court  
Ellicott City, MD 21042-6107

RE: Gaitherhunt Lot -12  
11016 Hidden Fox Court  
Ellicott City, MD 21042-6107  
Well Tag #HO-94-1411

Dear Mr. and Mrs. Novak:

On April 13, 1999, prior to occupancy of your house, a routine inspection was conducted at the above referenced property to inspect the well water line connection, well casing and the associated plumbing. On that date, it was discovered that the height of the well casing extending above the existing grade was less than eight inches. Written notification was sent by this office on April 13, 1999 to NV Homes which identified the problem and requested that it be corrected.

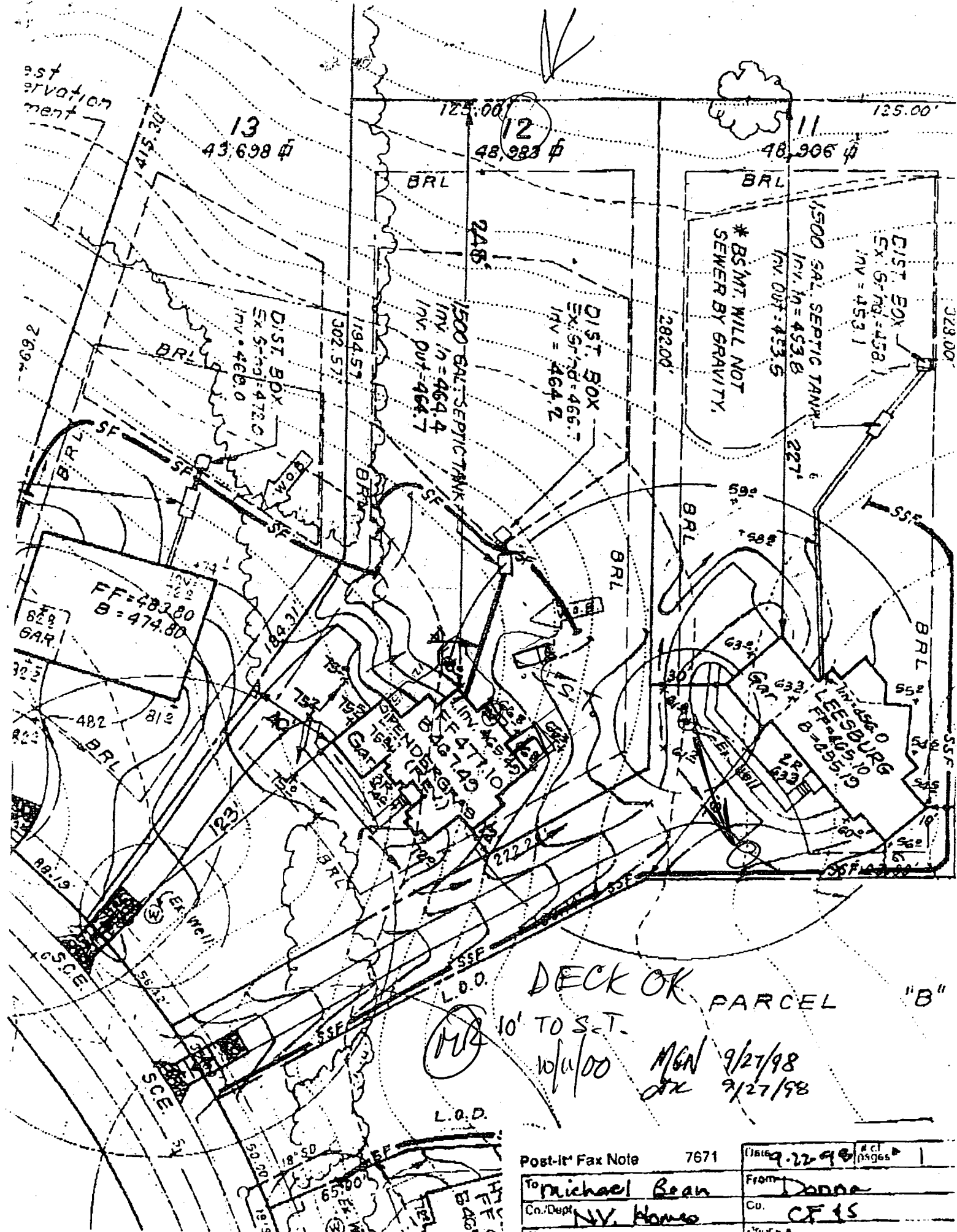
According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading." This is primarily to help protect against contamination of the water supply.

This office recommended use and occupancy approval for this lot to NV Homes on April 27, 1999. During a follow up inspection conducted on May 6, 1999 it was observed that final grading had been completed and as a result, the height of the well casing extending above the existing grade had been further reduced. At this time, NV Homes was again reminded of the concern and agreed to make suitable repairs.

On July 1, 1999, NV Homes reported that your objections prevented implementation of repairs. This office advises that it would be in the best interests of the homeowners to have this issue corrected as soon as possible.

Very truly yours,  
*Steven R. Krieg*  
Steven R. Krieg, Sanitarian  
Water and Sewerage Program

SRK  
cc: file ✓



DECK OK PARCEL "B"  
 10' TO S.E.T.  
 10/11/00 MGN 9/27/98  
 ORK 9/27/98

|                  |              |      |         |            |   |
|------------------|--------------|------|---------|------------|---|
| Post-It Fax Note | 7671         | Date | 9-22-98 | # of pages | 1 |
| To               | Michael Bean | From | DODD    |            |   |
| Cn./Dept         | N.Y. Home    | Co.  | CF 15   |            |   |

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 000126826

Building Address: 11016 HIDDEN FOX CT  
ELLICOTT CITY MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract: 6030 Subdivision: GAMMELHURST  
 Section: 1 Area: 1 Lot: 12  
 Tax Map: 29 Parcel: 21 Grid: 5  
 Zoning: R-CD Map Coordinates: 15B1 Lot size: \_\_\_\_\_

Property Owner's Name: MICHAEL NOLAN  
 Address: 11016 HIDDEN FOX CT  
 City: ELLICOTT CITY State: MD Zip Code: 21042  
 Home Phone: 410 740 2970 Work Phone: 302 432 1366  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: 50  
 Proposed Use: 50 w/ deck  
 Estimated Construction Cost: \$ 13,900  
 Description of Work: OPEN DECK 4x20  
2 level deck/irregular shape 14  
NO STAIRS

Contractor Company: FINE CARPENTRY  
 Contact Person: ZON COLISON  
 Address: 10410 GUILFORD RD  
 City: ANNE ARUNDEL JUNCTION State: MD Zip Code: 20701  
 License No.: MHC 1262 Phone: 301 206 5151 Fax: 206 5152

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

**BUILDING DESCRIPTION - RESIDENTIAL**

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

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 THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
 Title/Company: FINE CARPENTRY

Print Name: ZON COLISON  
 Date: 10/11/00

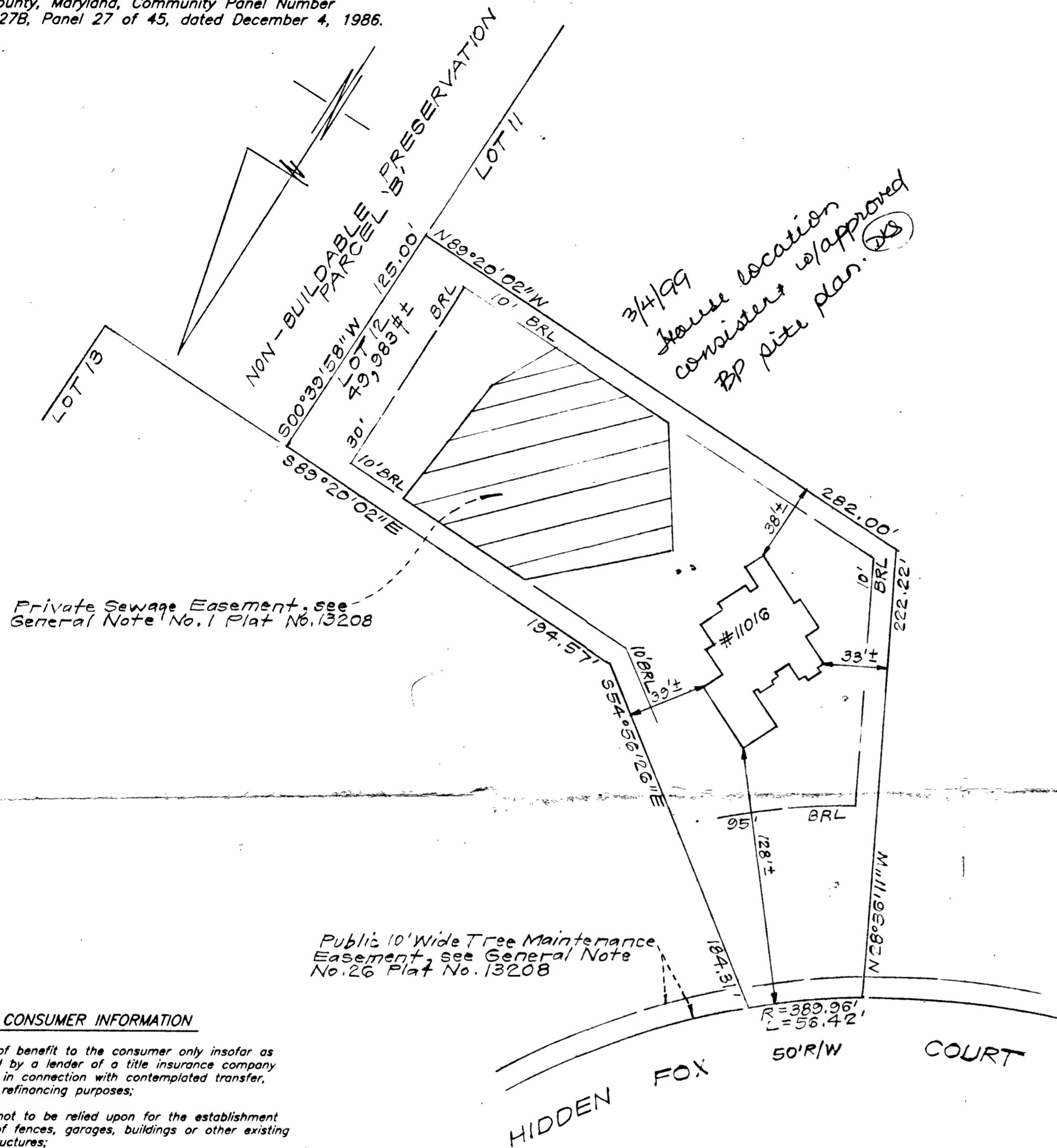
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
**FOR OFFICE USE ONLY**

| AGENCY   | DATE         | SIGNATURE APPROVAL |
|--|--------------|--------------------|
| Land Development DPZ   |              |                    |
| State Highways   |              |                    |
| Building Official  | <u>10/16</u> | <u>[Signature]</u> |
| Dev. Engineering DPZ   |              |                    |
| Health   | <u>10/16</u> | <u>[Signature]</u> |
| Fire Protection  |              |                    |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |              |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>   |              |                    |
| ONE STOP SHOP: <input type="checkbox"/>  |              |                    |

| DPZ SETBACK INFORMATION   | PROPERTY ID#               |
|---|----------------------------|
| Front: _____  | 37783                      |
| Rear: _____   | Filing fee: \$ _____       |
| Side: _____   | Permit fee: \$ <u>30</u>   |
| Side St: _____  | Excise tax: \$ _____       |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | Sub-total paid: \$ _____   |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee: \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | TOTAL FEES: \$ <u>30</u>   |
| Lot Coverage for NewTown Zone _____   | Balance due: \$ _____      |
| SDP/Red-line approval date _____  | Check: \$ <u>29.00</u>     |
| Accepted by: <u>[Signature]</u>   | Validation: # <u>24324</u> |

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440027B, Panel 27 of 45, dated December 4, 1986.

Wall Check: 1-20-99  
Top of Wall Elev.: 475.9



3/4/99  
House location  
consistent w/approved  
BP site plan. (S)

Private Sewage Easement, see  
General Note No. 1 Plat No. 13208

Public 10' Wide Tree Maintenance  
Easement, see General Note  
No. 26 Plat No. 13208

**CONSUMER INFORMATION**

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

**SURVEYOR'S CERTIFICATE**

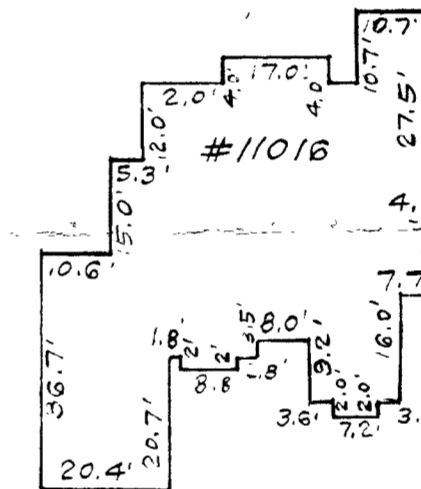
I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

1-22-99  
DATE



NOTES:

1. The ± setback distance accuracy = 1'.



SCALE: 1" = 30'

Plat Reference: PLAT No. 13210

|  |   |                      |
|--|---|----------------------|
| <b>CLARK • FINEFROCK &amp; SACKETT, INC.</b><br>ENGINEERS • PLANNERS • SURVEYORS     |   |                      |
| 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH. |   |                      |
| DESIGNED   | LOCATION DRAWING<br>11016 HIDDEN FOX COURT<br>LOT 12  | SCALE<br>1" = 50'    |
| DRAWN<br>KWC   | <b>GAITHER HUNT</b>   | DRAWING              |
| CHECKED<br>PAS   | Section 1, Area 1, Lots 1 - 33, Lots 63 - 71, Preservation<br>Parcels 'B' Thru 'E' And Bulk Parcel 'F', A Resubdivision of<br>Lots 4 and 5, Klein and Linn Property, (Plat No. 3407)<br>And Liber 4208 At Folio 436 | JOB NO.              |
| DATE<br>1-22-99  | SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND  | FILE NO.<br>98-008-0 |