

11/4/98
11/6/98
12:00 C.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326063

P 511044
A 56429P

DISTRICT 3rd

DATE 10/15/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 11/6/98

INSPECTOR SA

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Gaither Hunt LOT 16 ROAD 11013 Hidden Fox Court

PROPERTY OWNER NV Homes SEAN + KATE LYNES

ADDRESS BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS AND RETURNED

NUMBER OF BEDROOMS 4 5-1905 B00153886 DECK + GALEBO

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 113 feet down the 192.56' lot line and 50 feet off that same lot line as seen when facing the lot from Hidden Fox Court. Run the first trench on contour towards the 192.56' lot line and then in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

8/11/98

PLANS APPROVED BY Kim Maiste/Craig Williams, DATE 08/03/98

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.

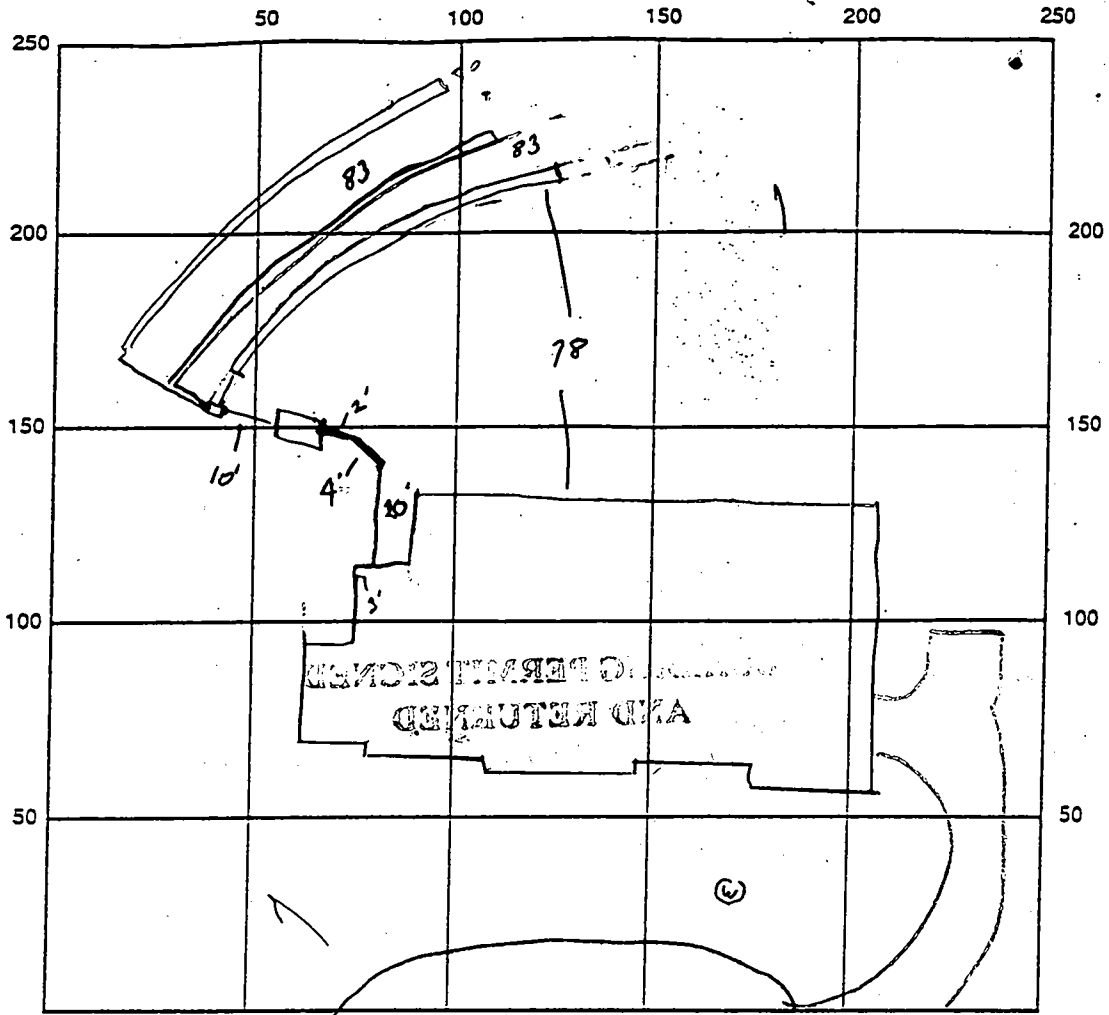
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUDG. PERMIT SHIPP'D
AND RETURNED 5-12-99
Serial # B00117869

deck

A 56429P



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL TOP SEAM CLEANOUTS 1 ON S.T.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\frac{1}{2} \times \frac{1}{3} \times \frac{1}{80} = 246$ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/4/98 OK TO COVER TANK & 1ST 2 TRENCHES AT

11/6/98 OK TO COVER ALL WORK &

DATE SYSTEM APPROVED 11/6/98 INSPECTOR A McMillan

11/10/98
 W.P.I. = at to cover
 P.A. casing 4.5' below grade, has 2 piece
 cap. 1.5' above grade, has 2 piece

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 5525-N Ellicott Mills Drive
 Ellicott City, MD 21043

Fax 313-2648 313-2649

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 11/7/98

Name of Installer ROBERT L. FEZLER CO. INC.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NV-HOMES

Telephone 410-795-1405

Subdivision CAITHER HUNT Lot # LOT 16 Well Tag # HO-94-1412

Site Address 4013 HIDDEN FOX COURT

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make <u>HARVARD</u>
a. Deep well jet _____	2. RPH _____	2. Model # <u>PE800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42" +</u>
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____		

WELL - TR & L
CAPTIVE AIR
 1. Capacity 34 GALS.
 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 _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply 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).

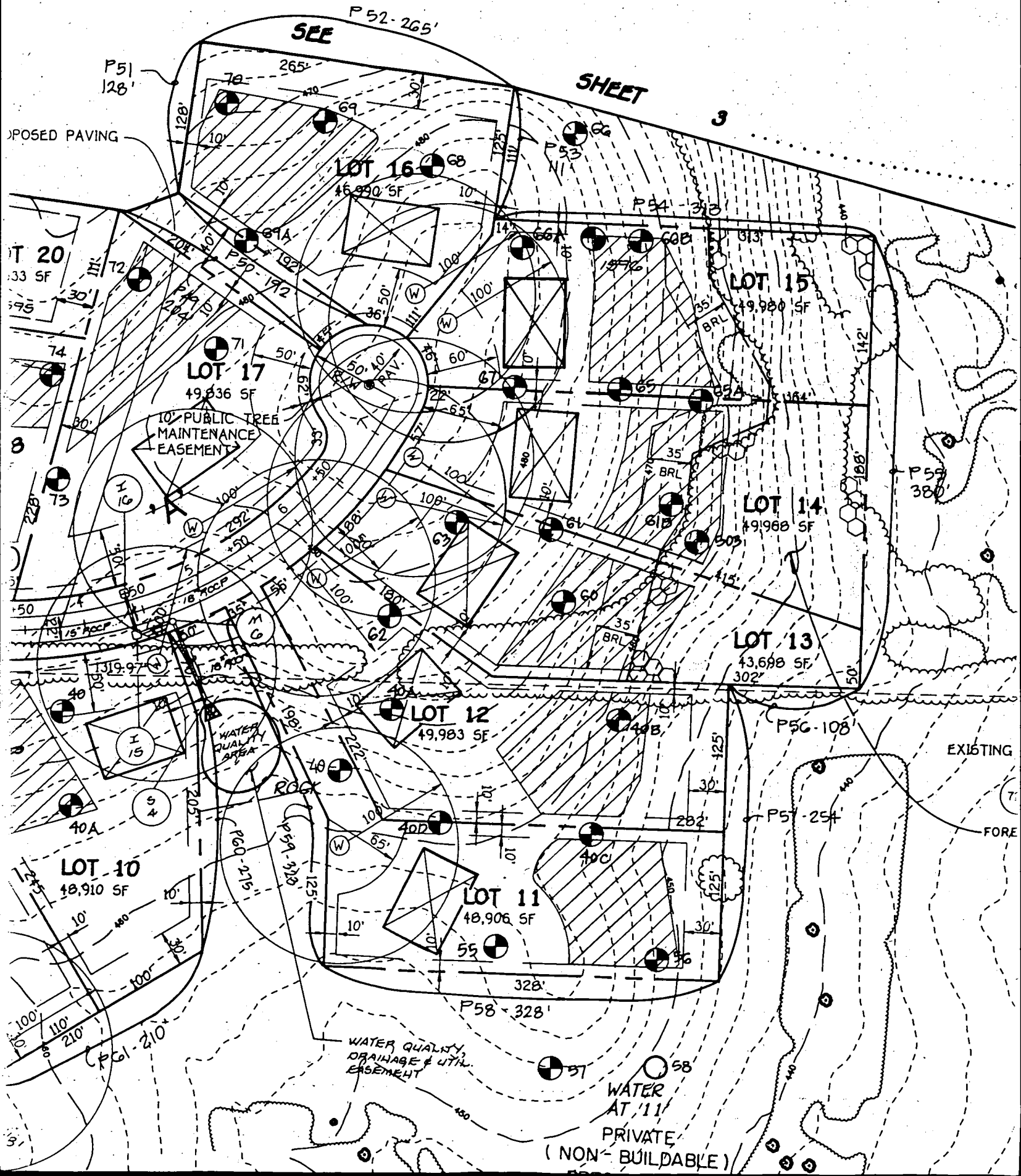
All information given above is true to the best of my knowledge.

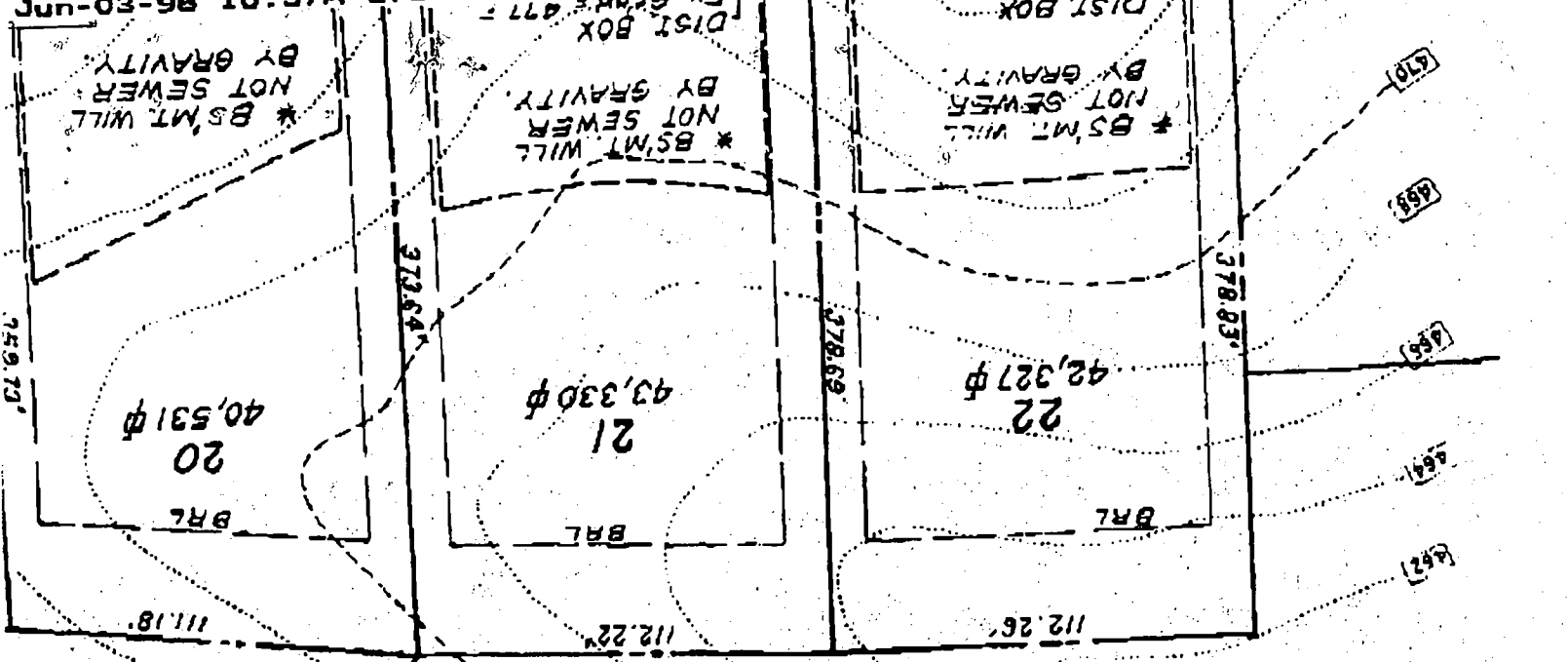
Signature of Applicant: *Robert L. Fezler*

Date: 11/7/98

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

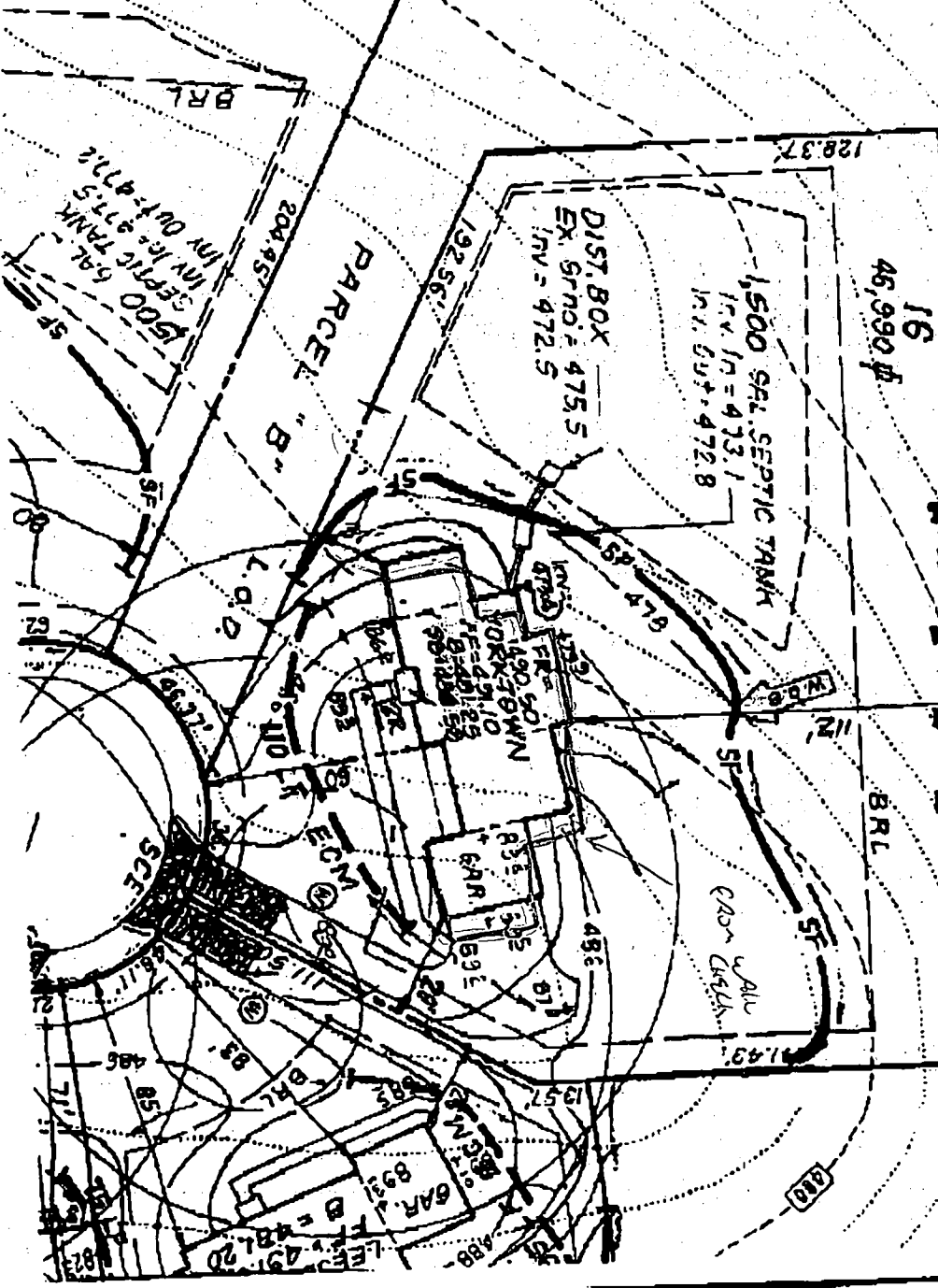
P 97.08 copy of signed prelim





**Approved Septic System Plan
Howard County Health Department**

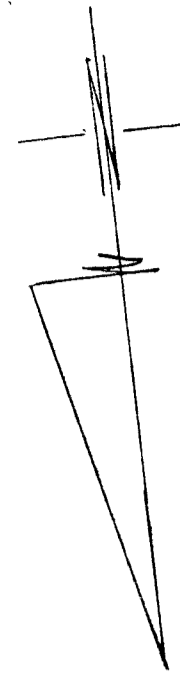
Craig Williams 8.6.98
Signature Date



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

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.

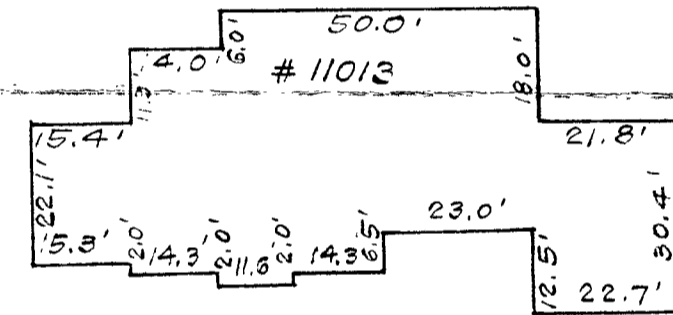
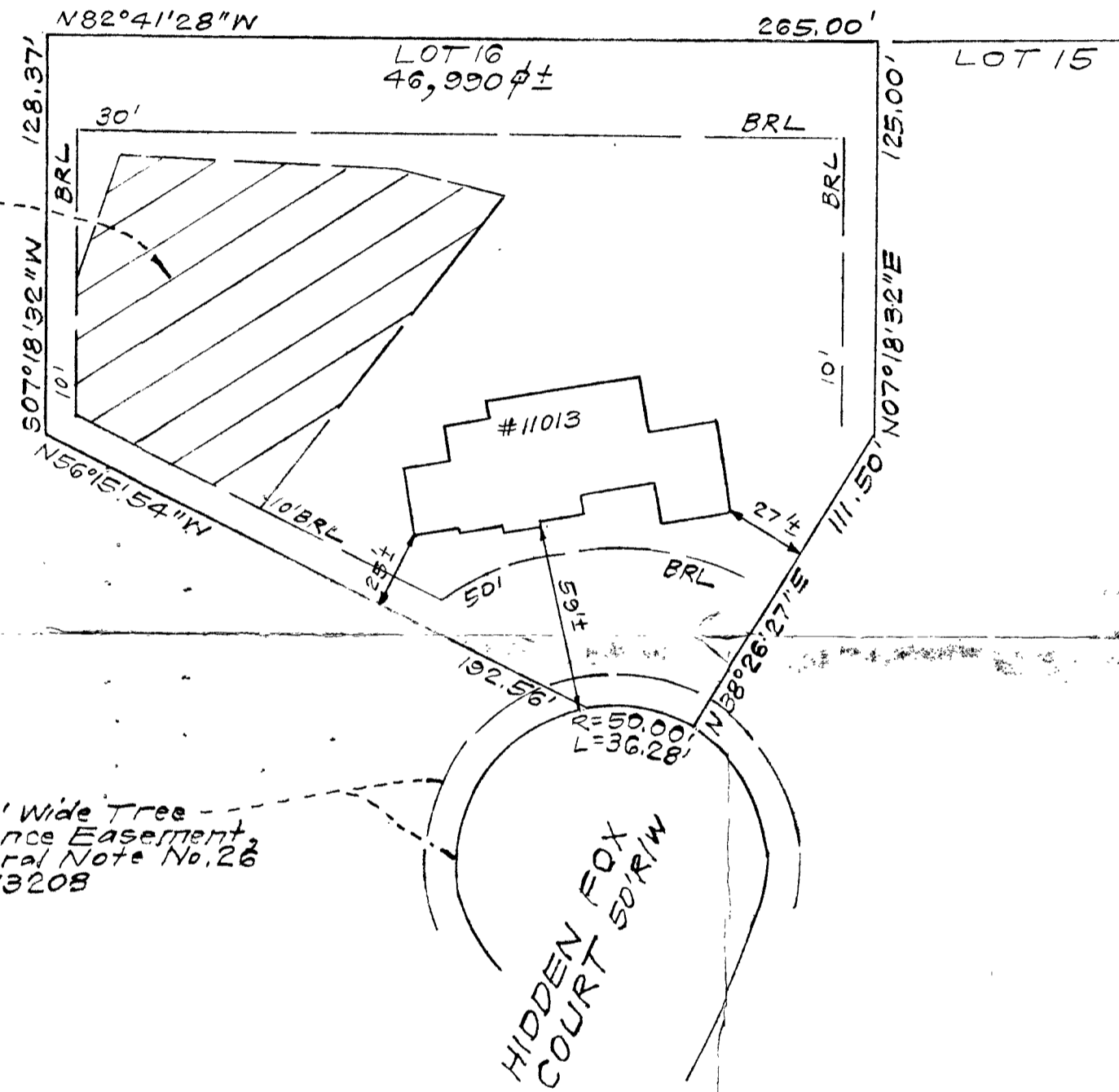
Wall Check: 9-15-98
Top of Wall Elev.: 489.3



NON-BUILDABLE PRESERVATION PARCEL 'B'

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



SCALE: 1" = 30'

CONSUMER INFORMATION

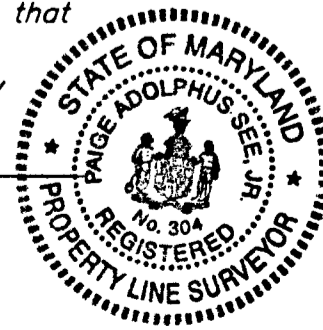
1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings 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 filed 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.

9-17-98
DATE


Paige Adolphus



NOTES:

1. The ± setback distance accuracy = 1'.

Plat Reference: PLAT No. 13210

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 11013 HIDDEN FOX COURT LOT 16	SCALE 1" = 50'
DRAWN KWC	GAITHER HUNT Section 1, Area 1, Lots 1 - 33, Lots 63 - 71, Preservation Parcels 'B' Thru 'E' And Bulk Parcel 'F', A Resubdivision of Lots 4 and 5, Klein and Linn Property, (Plat No. 3407) And Liber 4208 At Folio 436	DRAWING
CHECKED PAS	SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO.
DATE 9-17-98	RECEIVED SEP 18 1998	FILE NO. 98-008-0

APPLICATION

PERCOLATION TESTING

A 56489

P _____

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

DISTRICT _____

DATE 4/11/96

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 NV Homes

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

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 11013 Hidden Fox Court

TAX MAP 29 PARCEL # 21
SIZE OF LOT 1+ Acres TYPE BLDG. _____
DU. PERMIT SIGNED AND RETURNED 8-3-98 Serial # B17113083 SFD-4 Bim
(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

COUNTY #

SOIL PROFILE

0' **68**

TOPSOIL

2' ORANGE SANDY CL.

4' ORANGE TAN SANDY COARSE LOAM 10%

11' ROCK

66 B 66

6' TOPSOIL

3' DARK BROWN CLAY LOAM

DARK BROWN SANDY MICA LOAM

9' **66A**

5' TOPSOIL

11' DARK BROWN CLAY LOAM

26' DARK ORANGE CL.

3' LIGHT ORANGE COARSE SANDY LOAM

46' ORANGE WHITE COARSE SANDY LOAM 30% GRAVEL

10'6" ROCK

SOIL PROFILE

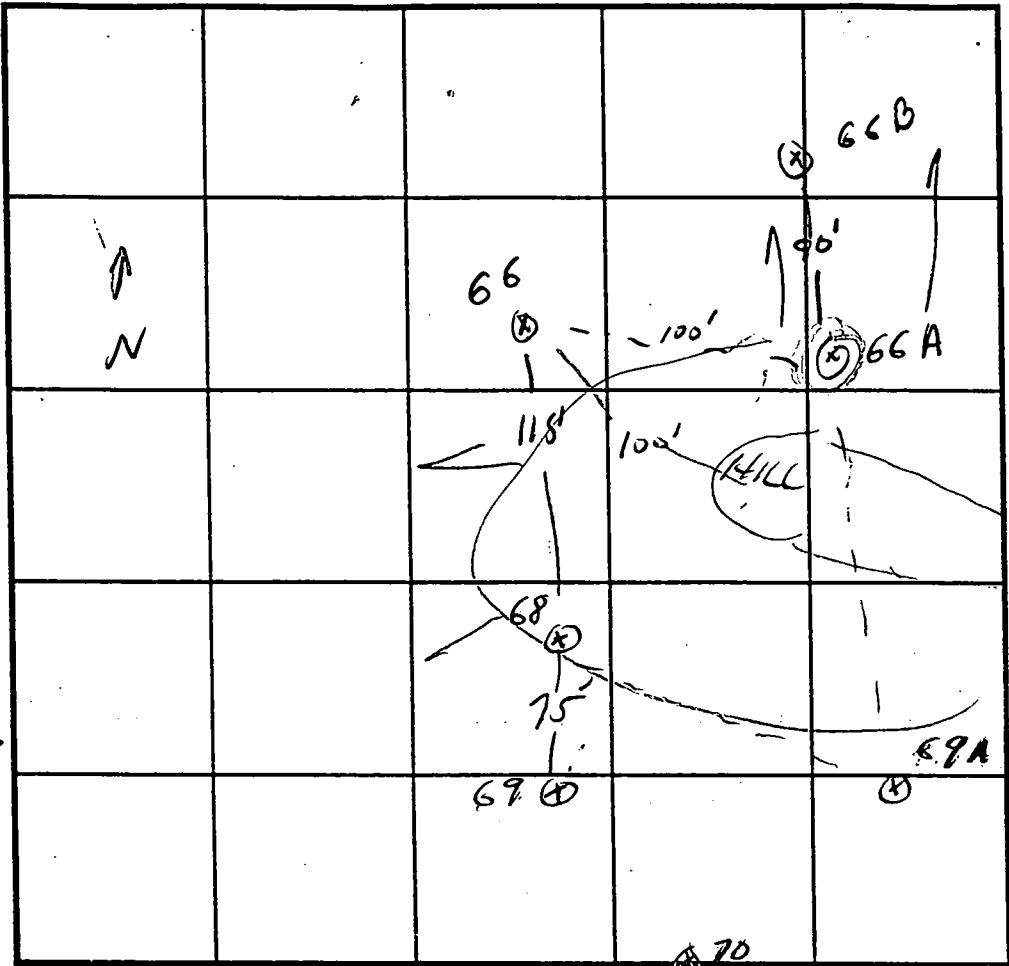
0' **69**

4' TOPSOIL

1' RED/BROWN CL.

4' TAN MICACEOUS SANDY LOAM

10'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/11/96	69	5' 10"	12:20	12:21	12:21	12:23	2NW
	68	4' 11"	12:26	12:27	12:27	12:30	3NW
	66	4' 9"	12:37	12:38	12:38	12:40	2NW
	* 66A	4' 10 1/2"	TOO FAST TO		TIME		
		REDOOR	12:50	SAME			
	66B	5' 11 1/2"	12:54	12:56	12:57	1:00	3NW

REMARKS LOT 5 - RECONSTRUCTION PLAN

TYPE OF SOIL _____

TESTED BY GI. SAVAGE ALSO PRESENT MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 minutes TRENCH WIDTH 3

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

28
2
1/4

APPLICATION

PERCOLATION TESTING

56429P
A ~~56429~~
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 J Thomas Scrivener

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: _____

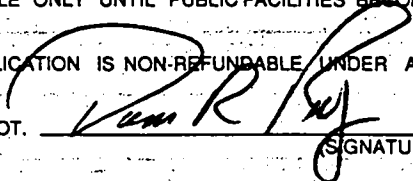
SUBDIVISION _____ LOT NO. 43-16

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

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 _____

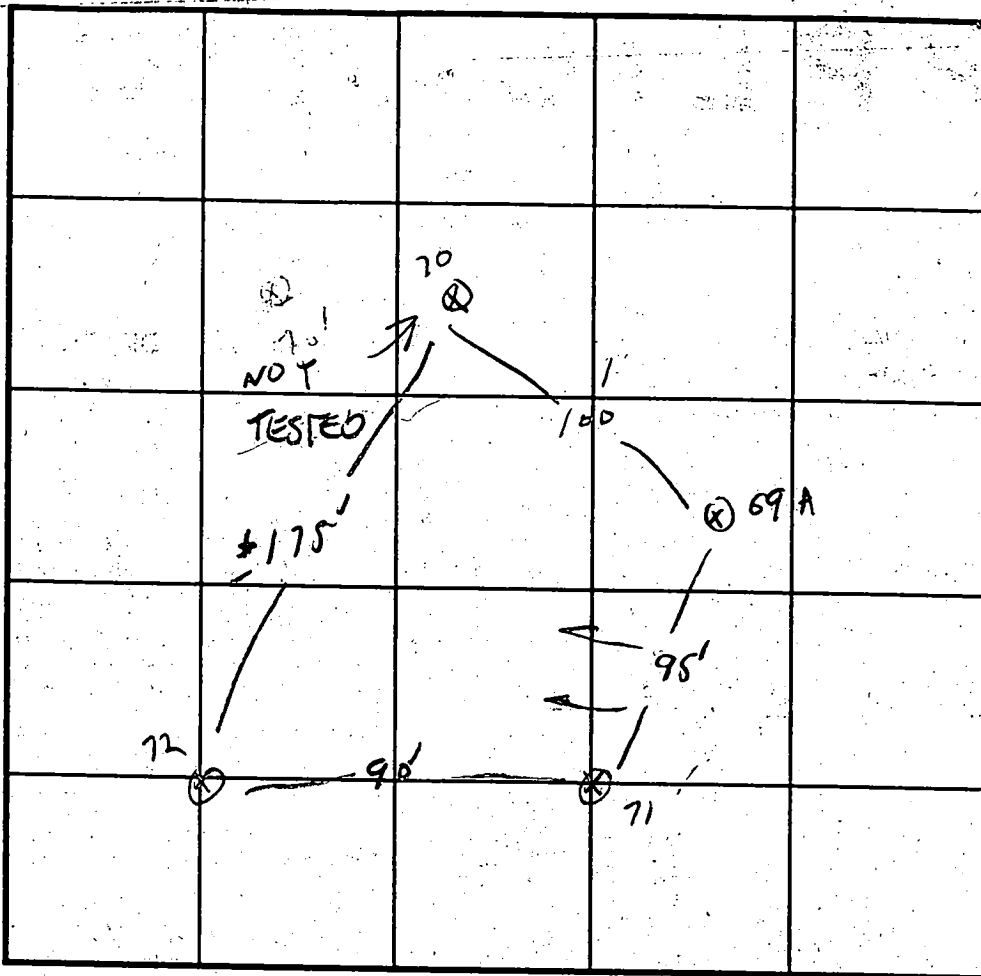
THIS IS NOT A PERMIT

56429P

COUNTY #

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

TYPICAL

69A

TOPSOIL 1'

RED CL. 3'

RED S.L. 6'

TAN S.S.L. 11'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-11-96	71	5' / 11'	SEE	LOT 3	NOTES		3 MW
	72	5' / 11'	"	"	"		4 MW
	69A	5' / 11'	12:04	12:06	12:06	12:08	2 MW
	70	4' / 9'	3:54	3:54	3:56	3:58	2 MW

REMARKS LOT 4 RECONFIGURATION PLAN AND AS STAKED

TYPE OF SOIL LOT 16 USE 68, 69, 69A, 70

TESTED BY G. SAVAGE ALSO PRESENT WIKER+WIKER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MW TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 780

C1 01355 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A56249-P

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

DATE RECEIVED 3/5/98

DATE WELL COMPLETED 3 3 98

DEPTH OF WELL 150' (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL HO-94-1412

OWNER Woodlot Enterprises, STREET OR RFD Road A, TOWN Wild Lake, SUBDIVISION Gartner Overlook, SECTION, LOT 16

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. Includes entries like ORANGE Silt Soil, Large Flint, Boulder, Transit Soil, Weathered Gray Rock, Hard Gray Rock, Orange Silt Soil mixed weathered rock, Gray & Green Med Hard Rock, Water 75'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 15, NO. OF POUNDS 1410, GALLONS OF WATER 90 GAL, DEPTH OF GROUT SEAL from 0 to 60 ft.

CASING RECORD

MAIN CASING TYPE ST 6" 60', OTHER CASING PL 4 1/2" 60' to 80'

SCREEN RECORD

SCREEN RECORD ST BR HO, PL OT, DEPTH (nearest ft.) 1 60' 150'

PUMPING TEST

HOURS PUMPED 3, PUMPING RATE 15, METHOD USED TO MEASURE PUMPING RATE BUCKET, WATER LEVEL 39 ft before, 43 ft when pumping, TYPE OF PUMP USED submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT 2' (nearest foot)

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

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 'WELL CONSTRUCTION'

DRILLERS LIC. NO. MW D 355, DRILLERS SIGNATURE

LIC. NO. 1 MW D 546, SITE SUPERVISOR

DEPTH (nearest ft.) 1 60' 150', DIAMETER OF SCREEN 56 to 60

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

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)

B 1 03540

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-1417 fill in this form completely

Date Received (APA)

020398

OWNER INFORMATION

WOODLOT ENTERPRISES

5026 DORSEY HALL DR

ELLIOTT CITY MD 21042

B 3

LOCATION OF WELL

HOWARD

SALTER OVERLOOK

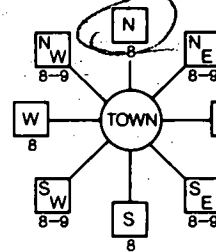
SECTION LOT 16

WINDLAKES

MILES FROM TOWN (enter 0 if in town) 4 MI

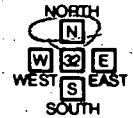
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Down A NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

STATE SIGNATURE DATE ISSUED

020598 Kim Pharis 2/5/99

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 200 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.
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.
This well will deepen an existing well.

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

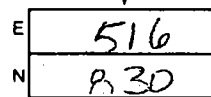
FORCE PERMIT No. 40-94-1417

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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

COUNTY

Charles County



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 23, 1998

NV Homes
1200 Defense Highway, Suite 301
Crofton, Maryland 21114

RE: Gaither Hunt - Lot 16
11013 Hidden Fox Court
Well Permit #HO-94-1412

Dear Sirs,

This to advise you that the septic system for the above referenced property was installed, inspected and approved on November 11, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was documented to be 26.6 ppm on December 20, 1998. A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to operating properly as evidenced by the water sample collected December 22, 1998.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

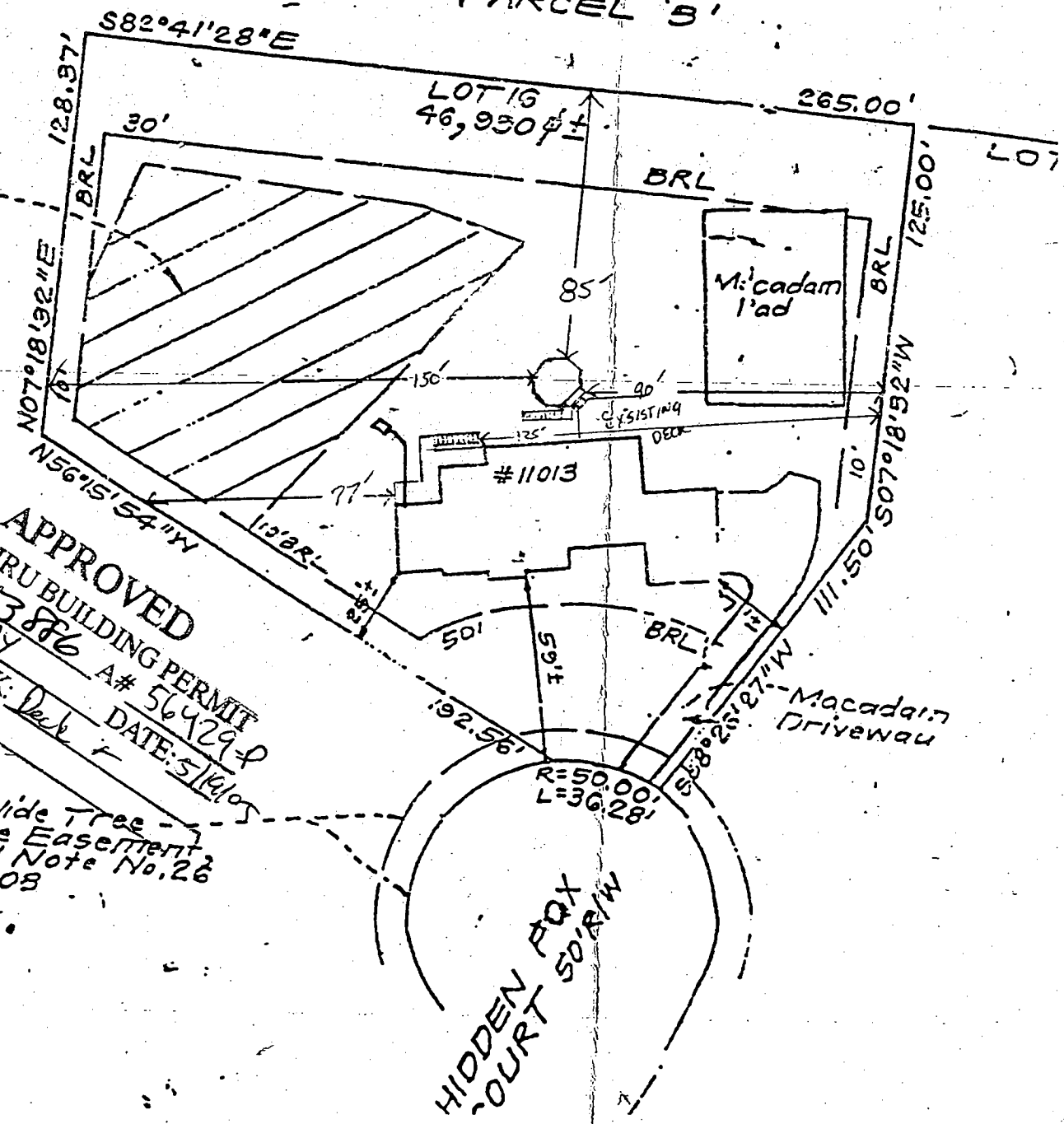
1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence. You should supply this department with a copy of that contract.
2. A yearly nitrate analysis should be performed by a private laboratory certified for water testing.
3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

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 permit #HO-94-1226. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

NON-BUILDABLE PRESERVATION PARCEL 'B'

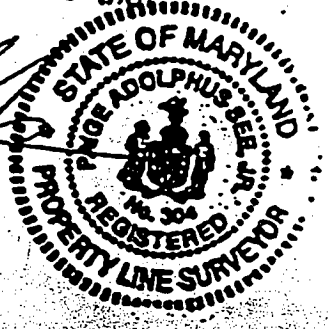
Private Sewage Easement, see General Note No. 1 Plat No. 13208



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.

2/1-98 [Signature]



APPROVED
WALK-THRU BUILDING PERMIT
BP# MD153876 A# 56429-P
APP. SAN AY
DESC. OF WORK: Deck DATE: 5/19/05
Gazebu

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

HIDDEN COURT 50' R/W