

12/12/98
2:00
1/19/99
hsc connection
meet builder
@ 3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326284

P 511097
A 56430P
~~600000~~

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DISTRICT 3rd

DATE 11/9/98

DATE SYSTEM APPROVED 1/19/99

INSPECTOR A

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION Gaither Hunt LOT 64 ROAD 11066 Dorsch Farm Road Fox Haven Way

PROPERTY OWNER NV Homes

ADDRESS BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS 10/22/03 800144619-26 POOL AND RETURNED

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet down the right (370') lot line and 60 feet off that same lot line. Run trenches along contour 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. 8-27-98 OIC ADU

BLDG. PERMIT SIGNED
AND RETURNED 4-21-99

PLANS APPROVED BY Glen Savage DATE 8/26/98

Sub # B10117458

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

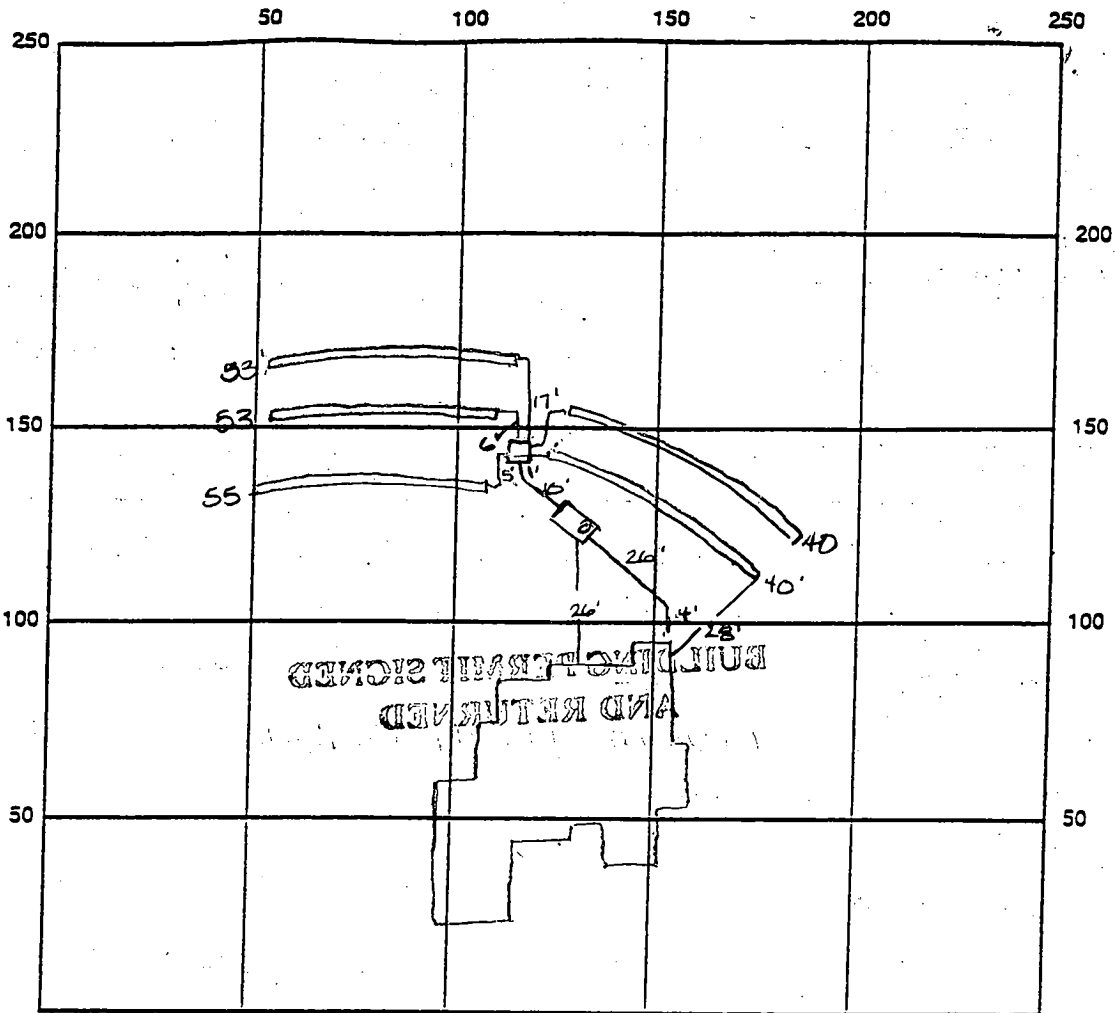
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

56430P



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffles in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 241 FT. 24 1/2₀

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 723 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/22/98 OK to cover work - need house connection A
1/19/98 House connection made Au

DATE SYSTEM APPROVED 1/19/99 INSPECTOR A McMillan

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 4/3/96

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 Scriverack NW 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. 24 6.5

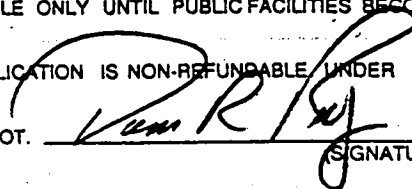
ROAD AND DESCRIPTION (11066 Fox Haven Way)

BLDG. PERMIT SIGNATURE
AND RETURNED 8-26-98
Serial # B10113530
SFD - 4 Bann

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 _____

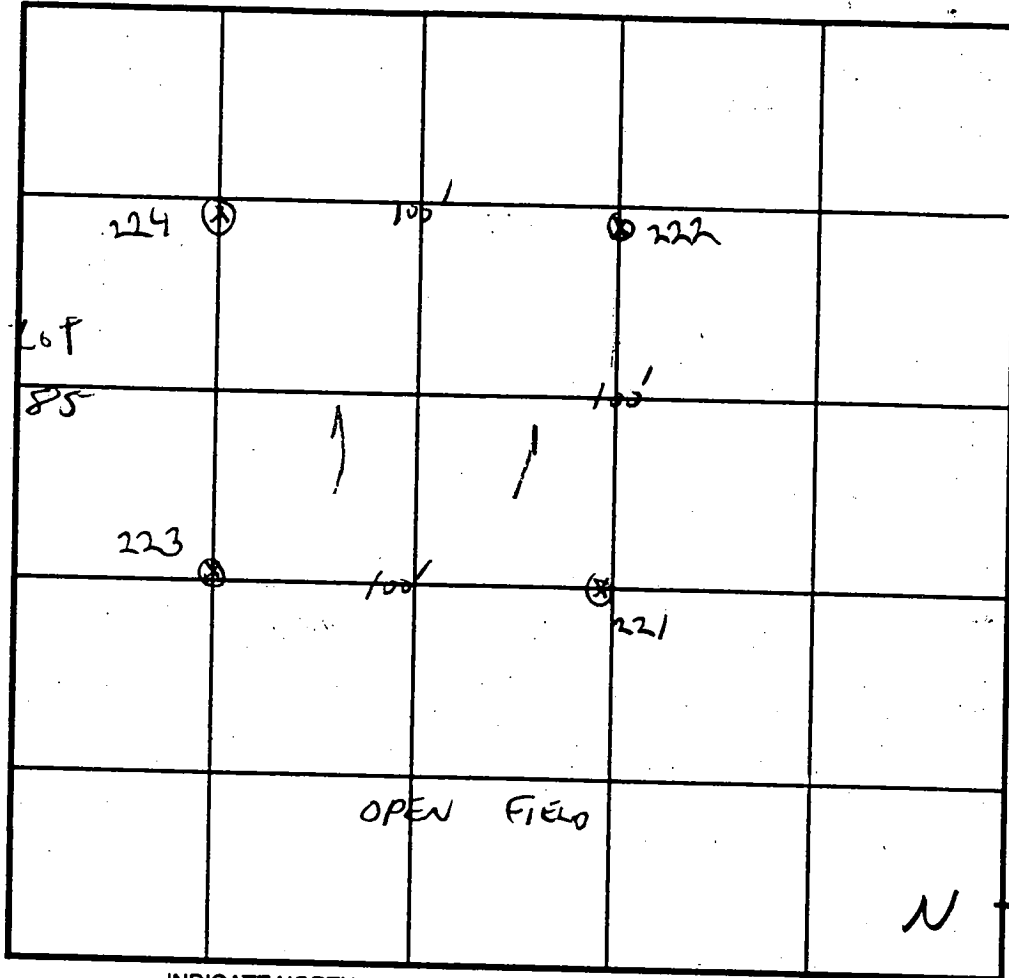
THIS IS NOT A PERMIT

56429

COUNTY #

SOIL PROFILE

0'



SOIL PROFILE

0'

TOPSOIL 6'

DARK ORANGE CLAY LOAM 4'

TAN WHITE SANDY SILT CLAY 12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PROP. ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/96	221	5'	2:12	2:13	2:13	2:16	3 MW
	222	5'	2:20	2:21	2:21	2:23	2 MIN
	223	5' 6"	SEE LOT 85		SHEK		3 MW
	224	5'	"	"	"		2 MW

REMARKS LOT 85 DUG PER RAC

TYPE OF SOIL GS

TESTED BY G. SAVAGE ALSO PRESENT ON REMAINING MILE

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

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

8.26.98
 By copy of this approved
 site plan the
 Health Dept accepts
 the proposed modification
 to the sewer easement
 G.H.S.

Copy of this plan to the Ho. Co. Health
 Dept. accepts this modification to the
 sewer easement for disposal easement for
 488

Total linear feet of trench required 240 feet

Width of trench (es) 3 feet

Depth of trench (es) 6 feet

Depth of stone required below
 distribution pipe 2 feet

Approved Sentic System Plan

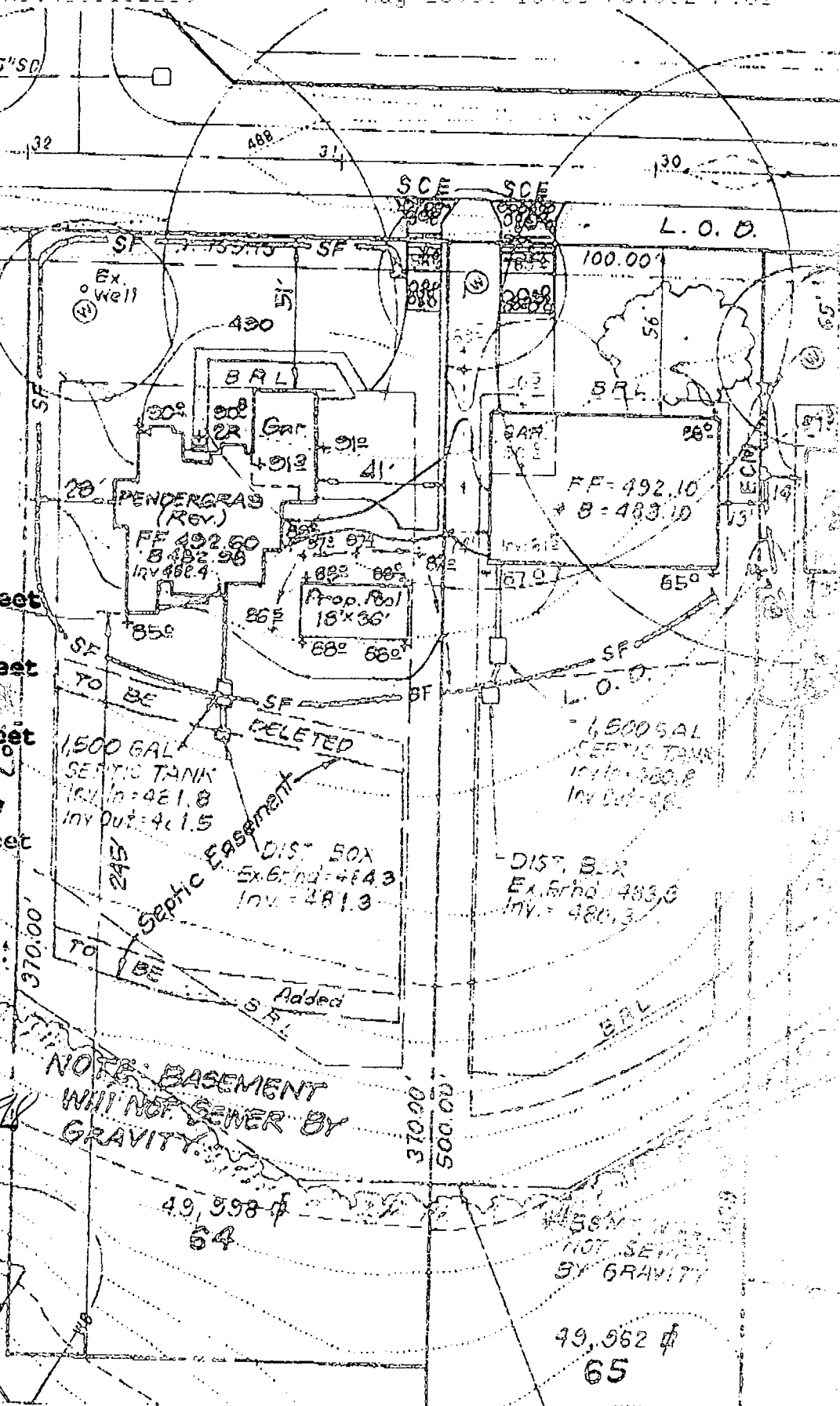
Hawaii County Health Department
 800113530

G.H.S.
 Signature

Nonidal Wetland
 Wetland's Buffer Zone
 470

8.26.98
 Date

NOTE: BASEMENT
 WILL NOT SEWER BY
 GRAVITY.



Post-It Fax Note	7671	Date	8/25	# of pages	1
To	Glendange	From	Patricia		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	410-313-2648	Fax #			

Forest Corner

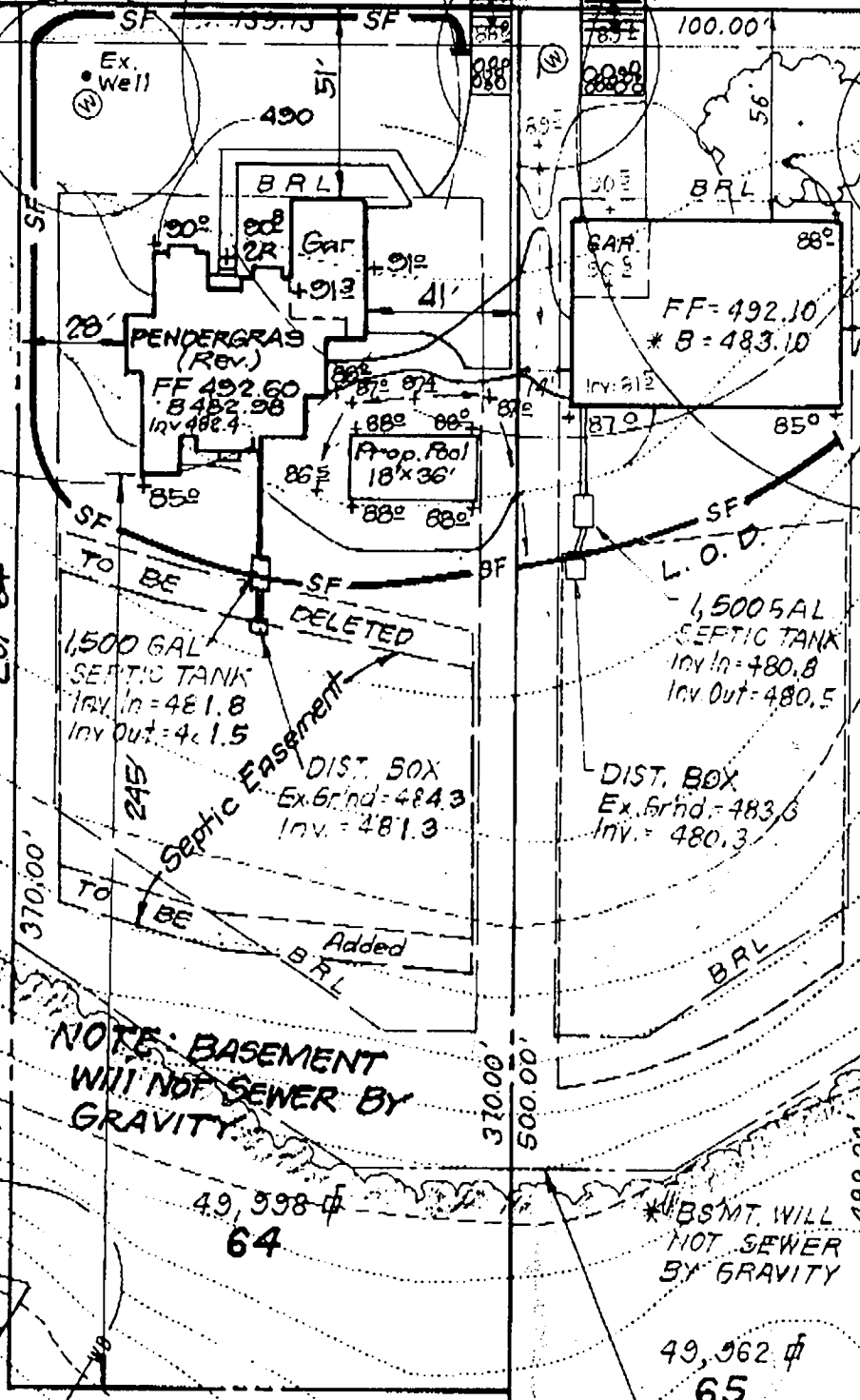
B00113530

FOX HAVEN WAY

New Septic Location

By Copy of this plan, The Ho. Co. Health Dept. Accepts This Modification To The Platted Sewer Disposal Easement For Lot 64

LOT 63 OPEN SPACE

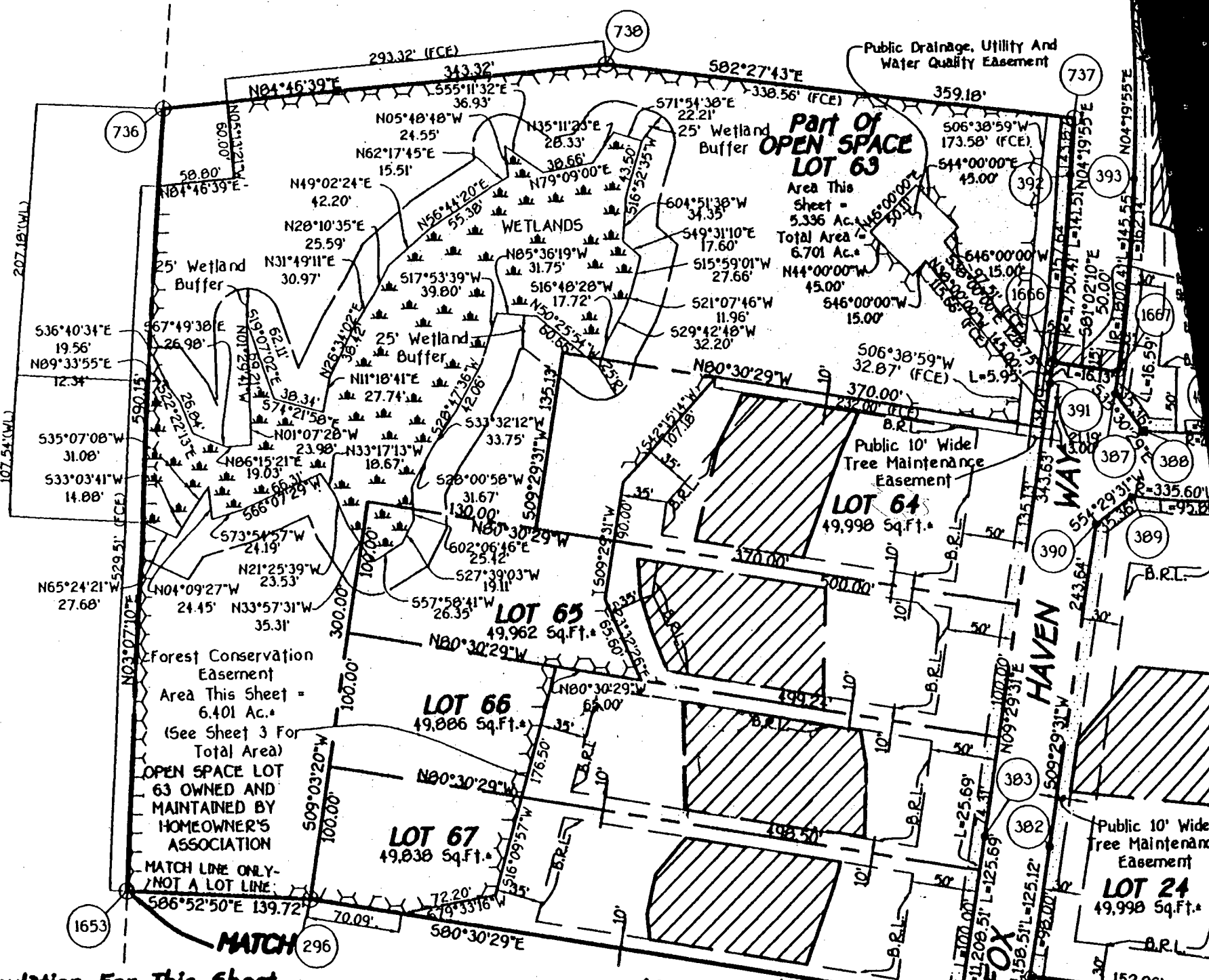


NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

*BSMT. WILL NOT SEWER BY GRAVITY

Post-it® Fax Note	7671	Date	8-13	# of pages	▶
To	Wayne Flack	From	Brian L.		
Co./Dept.	N.V.	Co.	C.F.S.		
Phone #	Gaither	Phone #			
Fax #	Hunt 64	Fax #			

Forest Conserve



PROPERTY OF
 MARY CARTER CARROLL DEWEES, ET AL
 LIBER 2730, FOLIO 310

**Part of
OPEN SPACE
LOT 63**

Area This Sheet = 5.336 Ac.
Total Area = 6.701 Ac.

Forest Conservation Easement
Area This Sheet = 6.401 Ac.
(See Sheet 3 For Total Area)
OPEN SPACE LOT 63 OWNED AND MAINTAINED BY HOMEOWNER'S ASSOCIATION

Area Tabulation For This Sheet

Total Number Of Buildable Lots To Be Recorded	.14
Total Number Of Open Space Lots To Be Recorded	.1
Total Number Of Buildable Parcels To Be Recorded	.0
Total Number Of Non-Buildable Parcels To Be Recorded	.0
Total Number Of Lots And Parcels To Be Recorded	.15

Public Drainage, Utility And Water Quality Easement

Public 10' Wide Tree Maintenance Easement

Public 10' Wide Tree Maintenance Easement

FOX

HAVEN

WAY

LINE

1653

MATCH

296

439

1654

480

152.96'

R=11,150.51
L= 27.12'

582°41'20"E

49,998 Sq.Ft.

LOT 24

Public 10' Wide Tree Maintenance Easement

LOT 67

49,838 Sq.Ft.

LOT 66

49,886 Sq.Ft.

LOT 65

49,962 Sq.Ft.

LOT 64

49,998 Sq.Ft.

LOT 63

Area This Sheet = 5.336 Ac.

Total Area = 6.701 Ac.

Part of OPEN SPACE LOT 63

Public 10' Wide Tree Maintenance Easement

Public Drainage, Utility And Water Quality Easement

Public 10' Wide Tree Maintenance Easement

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Public 10' Wide Tree Maintenance Easement

Public 10' Wide Tree Maintenance Easement

Public 10' Wide Tree Maintenance Easement

Public 10' Wide Tree Maintenance Easement

Public 10' Wide Tree Maintenance Easement

C.1 4375

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A57053E

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1651

OWNER RUSSELL DEVELOPMENT LLC STREET OR RFD FOX HAVEN way TOWN WILDS LAKE SUBDIVISION GATHER HUNT SECTION LOT 64

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Soil, Brown Sandstone, Gray Granite, Green Granite, Gray Granite, White Quartz.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields: diameter, depth (feet) from, to.

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED form with YES/NO options.

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

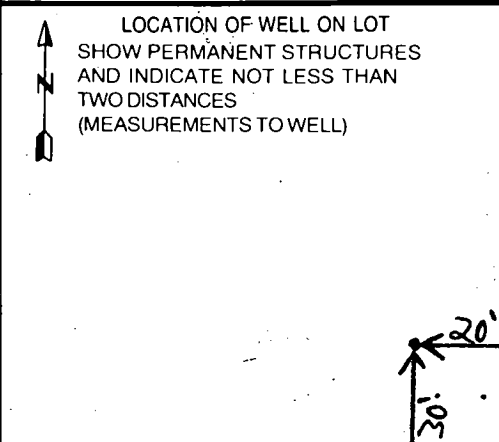
DRILLERS LIC. NO. M WD 3455 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JW 341 Max S. Jones

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

Table with columns: E, A, C, H, S, R, E, N and rows for casing and screen diameters and depths.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



Right Prop. Line

B 4 4792 SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HO-94-1651
70 fill in this form completely 79

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Russell - Development L.L.C.
 15 Last Name Owner First Name 34

8808 Centre Park Dr. Suite 108
 36 Street or RFD 55

Columbia md 21045
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
 8 COUNTY 21

Gaither Hunt
 23 SUBDIVISION 42

SECTION _____ LOT 64
 44 46 48 50

Wilde Lake
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I I
 73 76 77 78

DRILLER INFORMATION

Michael Barlow MWD 355
 76 Driller's Name 81 License No.

Michael Barlow Well Drilling
 Firm Name

912 Fawn Ct. Joppa 21085
 Address

[Signature] 6-24-98
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Dorsh Farm Rd
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: 29 BLK: 5 PARCEL 21

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL

HOWARD A 57053E
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 7 28 98 [Signature] 7 28 99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 521 000 EAST GRID 830 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROtary DRive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520 800
 N 830 521

000
000

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

39 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 _____ 52

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

RECEIVED

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

APPROX. PERMIT NUMBER _____ G A P _____ 54 63

FORCE GS WRITE INITIALS IN BOX PERMIT No. HO-94-1651
 67 68 70 71 72 73 74 75 76 77 78 79

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10540 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Jan 19, 1999

County: Howard

Lab Number: 99-0143

Sample load: Yes

Residual Cl₂: <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: NV Homes
Attn: Pat Inmann
1200 Defense Highway
Suite 301
Crofton, Maryland 21114

Property Sampled: U&O: 11066 Dorsch Farm Road, Retest Nitrates

Station Sampled: Kitchen R/O Tap

Tax Map #:

Date/Time Sampled: Jan 18, 1999 9:00 am

Parcel #:

Owner, Telephone No.: McAndrews

Sampler: D. Cassell #9907-434

Sub-division Name: Gaither Hunt

Lot Number: 64

Building Permit No.: B00113530

Well Number: HO-94-1651 (CORRECTED)

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass

Heather R. Beam
Heather R. Beam SILC

* MCL = Maximum Contamination Level
** SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10045 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Jan 14, 1999
 County: Howard
 Lab Number: 99-0105
 Sample iced: Yes
 Residual Cl₂ <0.1 mg/L: Yes
 cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: NV Homes
 Attn: Pat Inmann
 1200 Defense Highway
 Suite 301
 Crofton, Maryland 21114

Property Sampled: U&O: 11066 Dorsch Farm Road

Station Sampled: Pressure Tank Tap

Date/Time Sampled: Jan 13, 1999 9:00 am

Owner, Telephone No.: McAndrews

Subdivision Name: Gaither Hunt

Building Permit No.: R00113530

Well Number: HO-94-1651 (Corrected)

Tax Map #:

Parcel #:

Sampler: D. Cassell 89907-434

Lot Number: 64

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	19.7 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.4 Units	EPA 150.1	**6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform (18 Hour Test)	Absent	ONPG-MMO MUG	*Absent	Pass

Based upon COLIFORM BACTERIOLOGICAL STANDARDS, the above results indicate that, at the time the sample was collected, this water sample was SAFE for drinking purposes.

Heather R. Beam

Heather R. Beam

SIC

* MCL = Maximum Contamination Level
 ** SMCL = Secondary Maximum Contamination Level



HOWARD COUNTY HEALTH DEPARTMENT

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

January 20, 1999

NV Homes
1200 Defense Highway
Suite 301
Crofton, Maryland 21114

RE: Gaither Hunt, Lot #7
11066 Dorsch Farm Road
Well Permit #HO-94-1651

Dear Sirs,:

This to advise you that the septic system for the above referenced property was installed, inspected and approved on January 19, 1999.

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 **19.7 ppm on January 13, 1999**. 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 **January 18, 1999**.

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.

Gaither Hunt, Lot #64

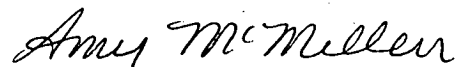
INTERIM CERTIFICATE OF POTABILITY

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.

This certificate may become final upon completion of the final bacteriological and nitrate tests which are to be taken by the county health department within six months.

Dates of Water Samples: January 13, 1999 (Bacteriological)
January 18, 1999 (Nitrates)
Date of Well Completion: August 13, 1998

Approving Authority



Amy Mc Millen, R.S.
Water and Sewerage Program

KM
cc: Building Inspector's office
Homeowner
file

LOT 55

OPEN SPACE LOT 62

25' Wetlands Buffer

N09°29'31"E

135.13'

LOT 64
49,998.0 ±

Forest Conservation Easement, see General Note No. 25 Plat No. 13208

Wetlands

370.00'

370.00'

210 ft ±

25'

3RL

4/2/99 (signature)

CALLING

average Easement, as Accepted by Board County
TO SEPTIC TANK CLEARANCE, 10' ±
& CLEARANCE BOTTOM STEP

26' FROM HOUSE

Deck 13x8

Deck 18x16

ACCURATE SCALED DRAWING
ON OTHER SHEET SHOWS
MARKING DECK PROJECT IN
INCLUDING STRIPS TO BE
SEPTIC TANK CLEARANCE

300117458

10' BRL

10' BRL

#11066

±2'

±3'

Gravel Driveway

Tree Maintenance
General Note No. 26

N80°30'29"W

59' ±

50' 3RL

S80°30'29"E

S09°29'31"W

135.13'

DORSCH FARM 50' R/W ROAD
(FORMERLY FOX HAVEN WAY) PLAT NO. 13358

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-N Ellicott Mills Drive
 Ellicott City, MD 21043
 Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt \$ _____
 Date 12/23/98

Name of Installer Robert L. Feezer Co. Inc.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NV-Homes

Telephone 410-785-1405

Subdivision CATFOLD HUNT Lot # 64

Well Tag # HO-94-1651

Site Address 11005 DORSEY PARK RD.

Pump
 1. Type
 a. well jet
 b. shallow well jet
 c. Submersible
 2. Make STARLINE
 3. Model # 1074C02JL
 4. Capacity 10 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 HANWELL
 2. Model # PT-200
 3. Depth 42"

CAPTIVE AIR
 Tank WK-205
 1. Capacity _____
 2. Pressure relief valve? YES

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

Well data
 1. Depth 135 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).

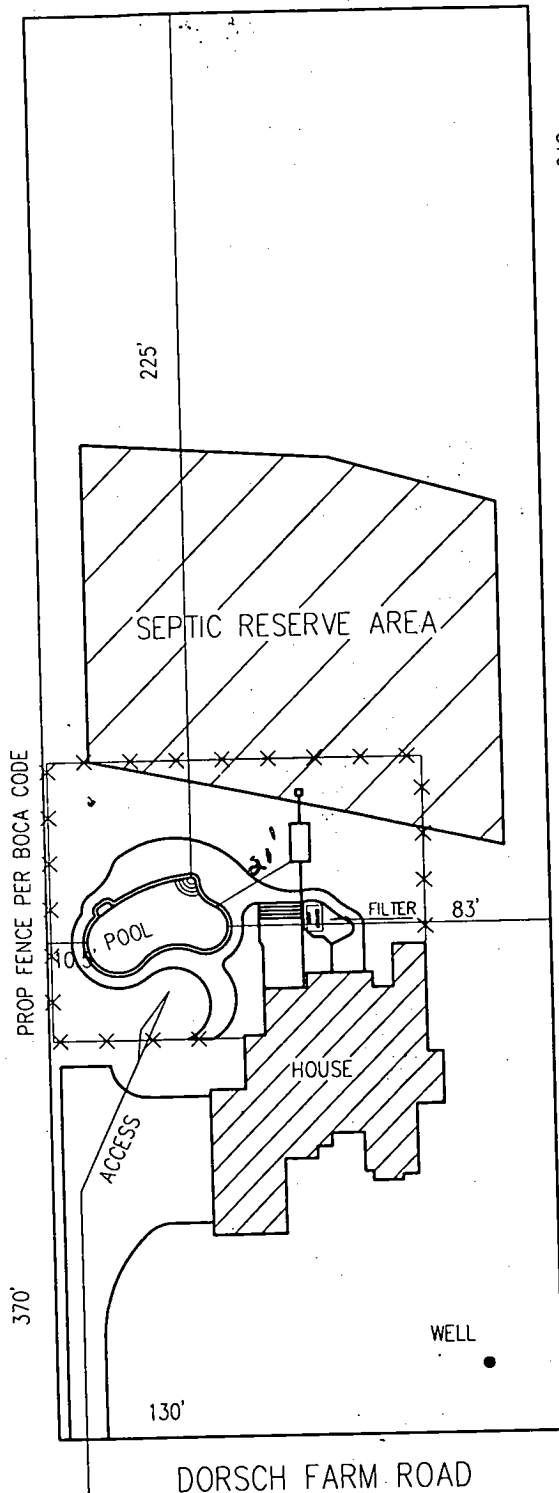
All information given above is true to the best of my knowledge.

Signature of Applicant: Robert L. Feezer

Date: 12/23/98

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

SITE PLAN



PROP. POOL OK
MR 10/22/03

SCALE : 1"=50'



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00144679

Building Address 11066 DORSCH FARM ROAD,
ELLICOTT CITY, MARYLAND 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract (21042) Subdivision Green Hill Hunt

Section 1 Area 1 Lot 64

Tax Map 29 Parcel 31 Grid B4

Zoning RDP Map Coordinates 15B1 Lot size 1.14 ac.

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME, WITH POOL

Estimated Construction Cost \$ 22,100.00

Description of Work REINFORCED CONCRETE INGROUND POOL WITH DE FILTER POOL FILTER BY TRULIC 19'2" WIDE AND 37' LONG 2'6" MS G. DEEP NU GUARD TOTAL S.F. = 558 PERIMETER OF 48" HIGH FENCE

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name TERRANCE McANDREWS AND

ANGELINE NANNI

Address 11066 DORSCH FARM ROAD,

City ELLICOTT CITY State MD Zip Code 21042

Home Phone (410) 722-8251 Work Phone (410) 722-9696

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

Contractor Company ANTHONY & SYLVAN POOLS, INC

Contact Person GEORGE A. SCHWEICH AGENT FOR CONTRACTOR

Address 10840 GUILFORD ROAD, SUITE 407

City ANNAPOLIS State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930x200 Fax (410) 792-2818

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: INGROUND POOL
 Dimensions: 19'2" x 37'
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
OCTOBER 22, 2003
 Date

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