

LAYOUT 3/12/04 12-1 + WPE
INSP 1 3/15/04 INSP 3 4/16/04 10:30
INSP 2 4/15/04 1:30 INSP 4 _____

04-367189

ISSUE DATE: 1/21/04

P 520038

APPROVAL DATE: 4/16/04

A 510610-C

PERMIT
SHARED SEPTIC SYSTEM
INDEXED
HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION Maple Ridge LOT NUMBER: 9

ADDRESS: 15433 Maple Ridge Drive PROPERTY OWNER: NVR. Inc.

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY PUBLIC WATER? YES OR **NO**

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of a grinder pump, if applicable. The Howard County Bureau of Utilities must also be contacted for scheduling of inspection of these items at 410-313-4900.

PLANS APPROVED: 1/23/04 OK (BB) DATE: _____

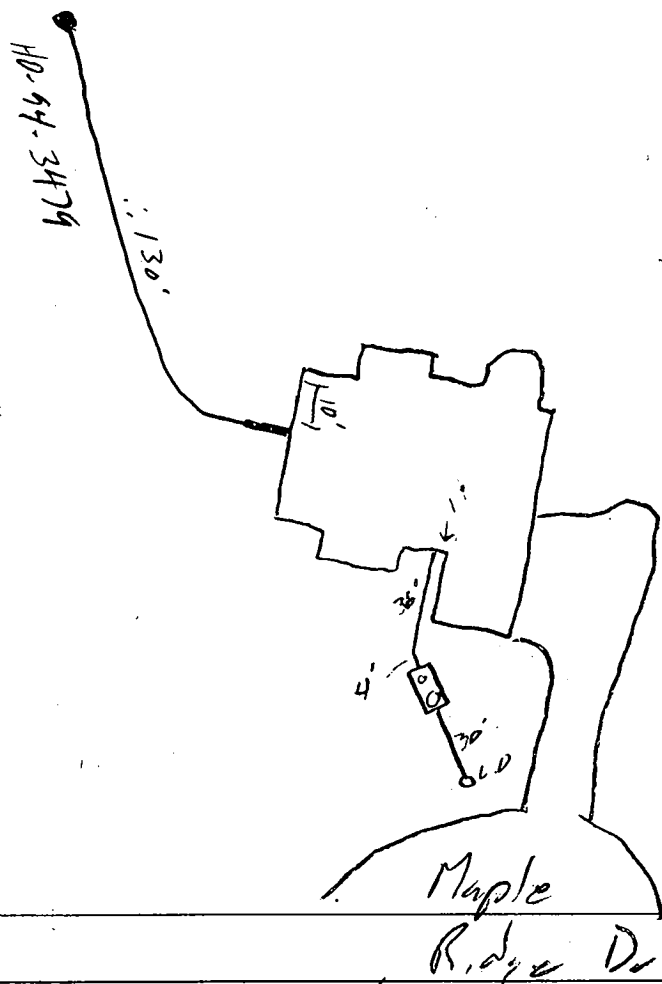
PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

A510610-C

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL

CAPACITY 12.50 GAL

SEAM LOC Top

TANK LID DEPTH 1.5'

BAFFLES

BAFFLE FILTER

MANHOLE LOC Back

6" PORT LOC Front

WATERTIGHT TEST

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH 1.5'

BAFFLES

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

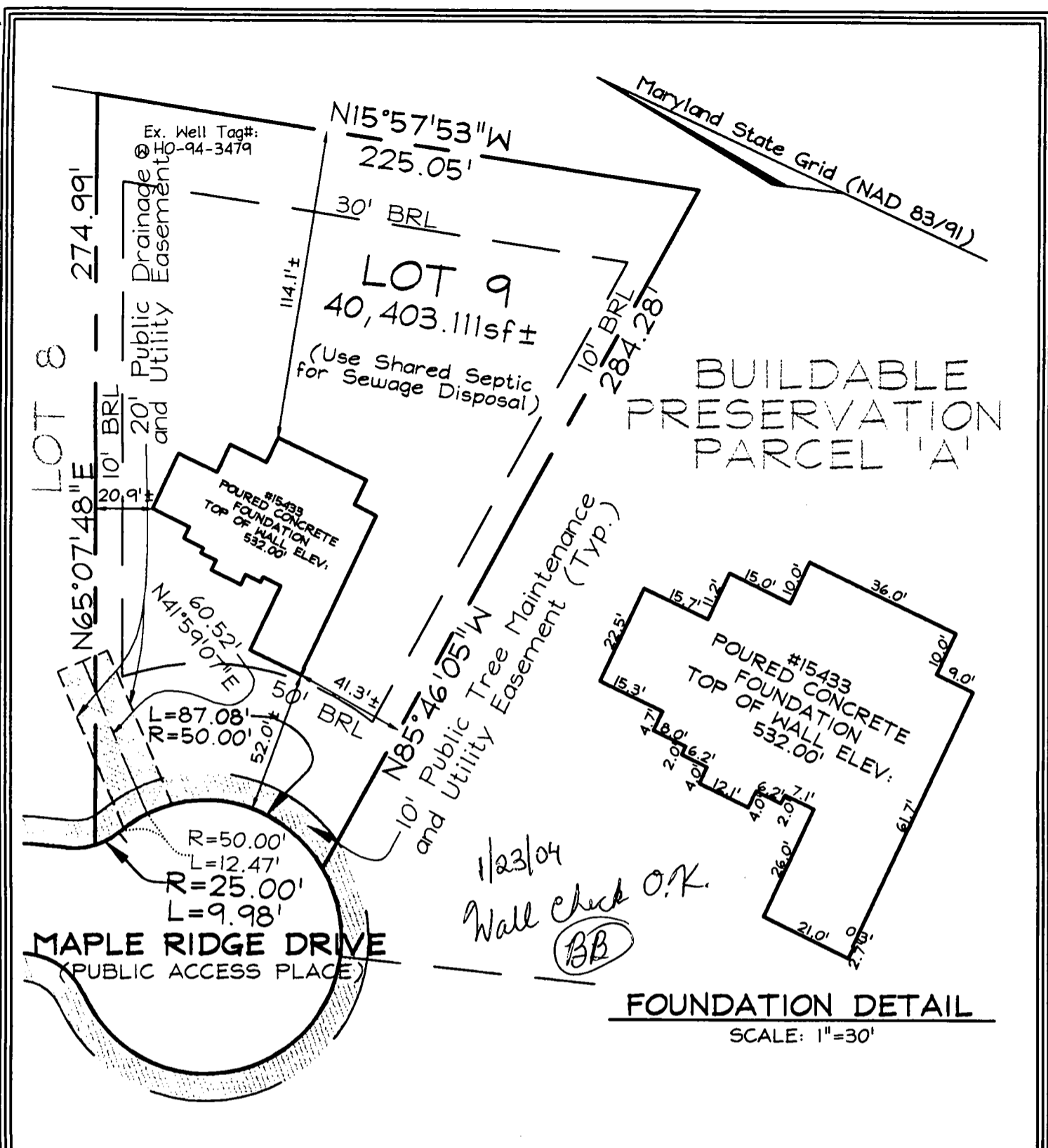
WATERTIGHT TEST _____

PRE-CONSTRUCTION 3/12/04 - Hang sewer at house, Install 1500 gal pump tank (SO)

INSTALLATION 3/15/04 - Tank set, house comes wide, not connected to main (SO) 4/15/04 unit ready (SO)

4/16/04 - Pump & Alarm tests OK. Conn. to street main made (SO)

FINAL INSPECTOR *John Doe* DATE OF APPROVAL 4/16/04



PLAN VIEW
SCALE: 1"=50'

FOUNDATION DETAIL
SCALE: 1"=30'

LEGEND

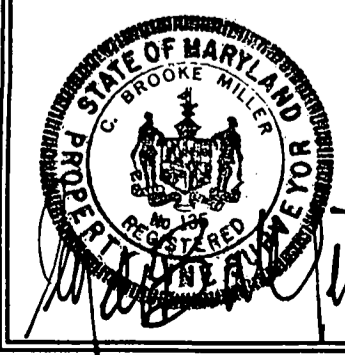
- F/P = FIREPLACE
 - B/W = BAY WINDOW
 - D/W = DRIVEWAY
 - CONC = CONCRETE
 - O/H = OVERHANG
 - H/P = HEAT PUMP/AIR COND.
 - G/M = GAS METER
 - E/M = ELECTRIC METER
- DIMENSIONS LABELED ± ARE WITHIN 0.1'

ADDRESS No.: 15433 MAPLE RIDGE DRIVE
 TOP OF WALL ELEV. = 532.00' FIRST FLOOR ELEV. = N/A
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

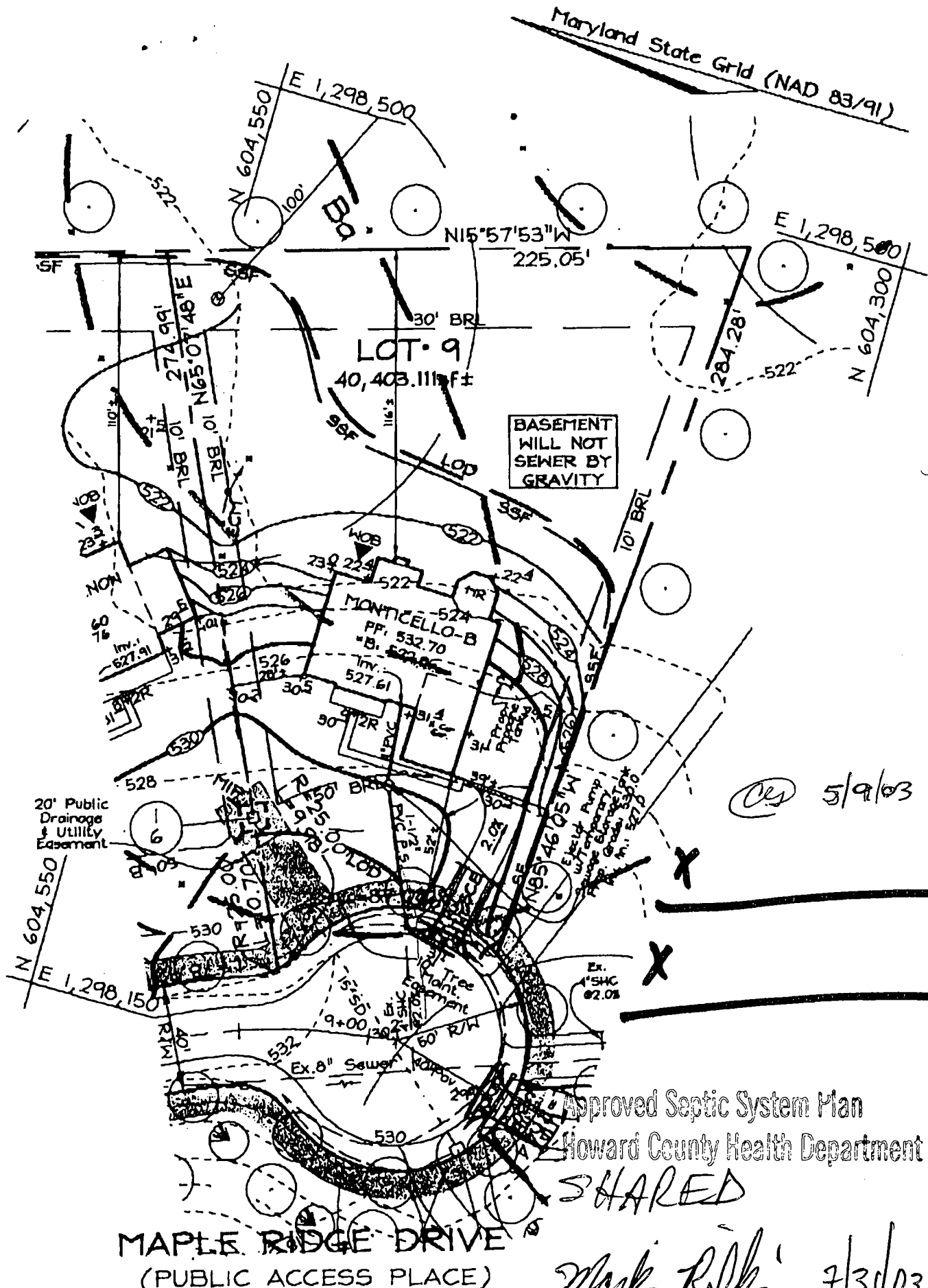
FSH Associates

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

WALL CHECK	
FOUNDATION	Date: 01/16/04
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138



LOT 9
 MAPLE RIDGE
 PLAT No. 15667
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



5/9/03

Approved Septic System Plan
Howard County Health Department

SHARED

MAPLE RIDGE DRIVE
(PUBLIC ACCESS PLACE)

Mark Ryk 7/31/03
Signature Date

OWNER/DEVELOPER
NV HOMES
2200 Defense Highway, Suite 301
Crofton, Maryland 21114
301.858.0522

Note: See Approved Grading Plan GP-03-16 for Entire Site.

FSH Associates

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

DESIGN BY: PS
 DRAWN BY: KO
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: May 07, 2003
 W.O. No.: 3138
 SHEET No. 1 OF 1

LOT 9 RESITE MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
4TH ELECTION DISTRICT

PARCEL 51 & 378
HOWARD COUNTY, MARYLAND

00000269

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
330 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-1910

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

7300 141951 *ML*

Building Address 15433 Monte Ridge
Woodbine MD 21797

Suite/Apt # _____ SDP/WP/Petition # 03-16

Census Tract _____ Subdivision Monte Ridge

Section _____ Area _____ Lot 9

Tax Map 8 Parcel 5-1 Grid 14

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR Inc

Address 6005 Montrose Dr

City Millersville State MD Zip Code 21057

Home Phone _____ Work Phone 410-295-2956

Applicant's Name & Mailing Address (if other than stated hereon):
Permitting Services, Kim Cecil
1517 Chesapeake Blvd
2nd Floor
Millersville MD 21057

Phone _____ Fax _____

Existing Use Vacant Lot

Proposed Use 2nd Floor

Estimated Construction Cost \$ 175,000

Description of Work Will install 3 Bar/Monyle
2 Stage Full basement 12 R. 3 TB
11B - TP - 3 Bar Gray Finer 6 Bar

Contractor Company NVR Inc

Contact Person Kim Cecil

Address 1517 Chesapeake Blvd

City Millersville State MD Zip Code 21057

License No. WA 50 Phone 410-295-2956 Fax 410-295-2956

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

Height _____

No. of stories _____

Gross area, sq. ft. per floor _____

Use group _____

Construction type
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

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 _____

Building Characteristics

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 _____

Dimensions _____

Footings _____

Roof _____

State Certified Modular
Manufactured Home

Utilities

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.

Applicant's Signature [Signature]

Title/Company _____

Print Name NVR Inc

Date 5/19/03

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

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ _____

State Highways _____

Building Official _____

Dev. Engineering, DPZ _____

Health 2/31/03 Mark Rife

Fire Protection _____

Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION

Front _____

Rear _____

Side _____

Side St _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# _____

Filing fee \$ 115

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Accepted by _____

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

S. 14



ATTENTION
stewart

020334134

POLAROID® 32

NU HOMES, MAPLE RIDGE DEV
LOT 9, 15433 MAPLE RIDGE DRIVE

3/12/04

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: Robert L. Feazer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feazer License# 2122

*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: M.V. Homes Telephone #: 410-379-5956
Subdivision: Maple Ridge Lot #: 9 Well Tag #: HO-94-2479
Site Address: 15433 Maple Ridge Dr.
Woodbine 21797

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Sig-Rite Make: Campbell Two piece watertight cap:
Model #: SPYCO2HL-03 Model#: PT 800 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 4 1/2" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap:
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

Piping to house **House Connection**
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (60 psi min) Approximate length of sleeve: 5'
Depth of supply line: 4 1/2 (36" min) Sleeve caulked and sealed properly:

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: Robert L. Feazer Date: 3/23/04

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

Date Insp. Requested: _____ Date Insp. Approved: 3/12/04 (30)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely BB
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 grub observed below pitless adapter

C1 14228

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER AS10610

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

ST/CO USE ONLY DATE RECEIVED MM DO YY

DATE WELL COMPLETED 9/17/02

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3479

OWNER LANDSCAPE DEVELOPMENT STREET OR RFD MAPLE RIDGE DRIVE TOWN SUBDIVISION MAPLE RIDGE SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Tannish/white sand, Tannish/brown sand, Tannish brown slate, Brownish/gray slate, Gray slate, Blue/gray slate, Blue slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS 13, NO. OF POUNDS 350, GALLONS OF WATER 78, DEPTH OF GROUT SEAL 30.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 40.

SCREEN RECORD: screen type or open hole ST, BR, HO, PL, OT.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

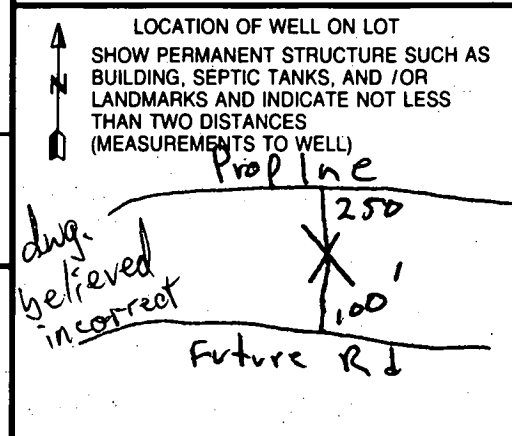
DRILLERS LIC. NO. 1 MW D 040, DRILLERS SIGNATURE George F. Eustenley, LIC. NO. 1 JWD 727, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) 20 GPM.

C 2 DEPTH (nearest ft.) HO 38 300. A C H S C 3 R E E N SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60.

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

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 14 ft, WHEN PUMPING 44 ft, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below 2 (nearest foot).



B 1 2169

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-3479 fill in this form completely

Date Received (APA) 09-16-02

OWNER INFORMATION 9115

8 MM DD YY 13 Landscape Development 15 Last Name Owner First Name 34 16307 Carrs Mill Road 36 Street or RFD 55 Woodbine, Md 21797 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard CC# 8 COUNTY 21 Maple Ridge 23 SUBDIVISION 42 SECTION 44 46 LOT 9 48 50 Lisbon 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature Date 7/12/2002

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Maple Ridge Drive 11 NEAR WHAT ROAD 30 34 250 37 DISTANCE FROM ROAD Ft. 38 39 ENTER FT OR MI TAX MAP: 8 BLK: 14 PARCEL: 51378

B 2 WELL INFORMATION

1 2 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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD AS10610 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 08/15/02 Mark E. Pflin 8/15/03 43 MM DD YY 48 CO SIGNATURE EXP DATE NORTH GRID 50 543 000 EAST GRID 57 785 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORÉD (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT other:

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

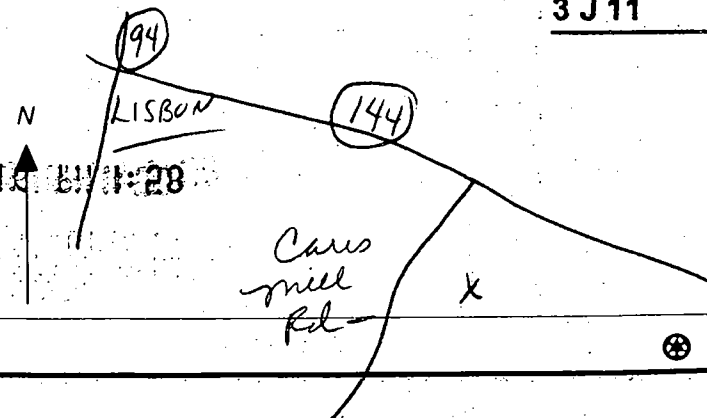
SOURCES OF DRILLING WATER

- 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

7865 5403 000 000

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

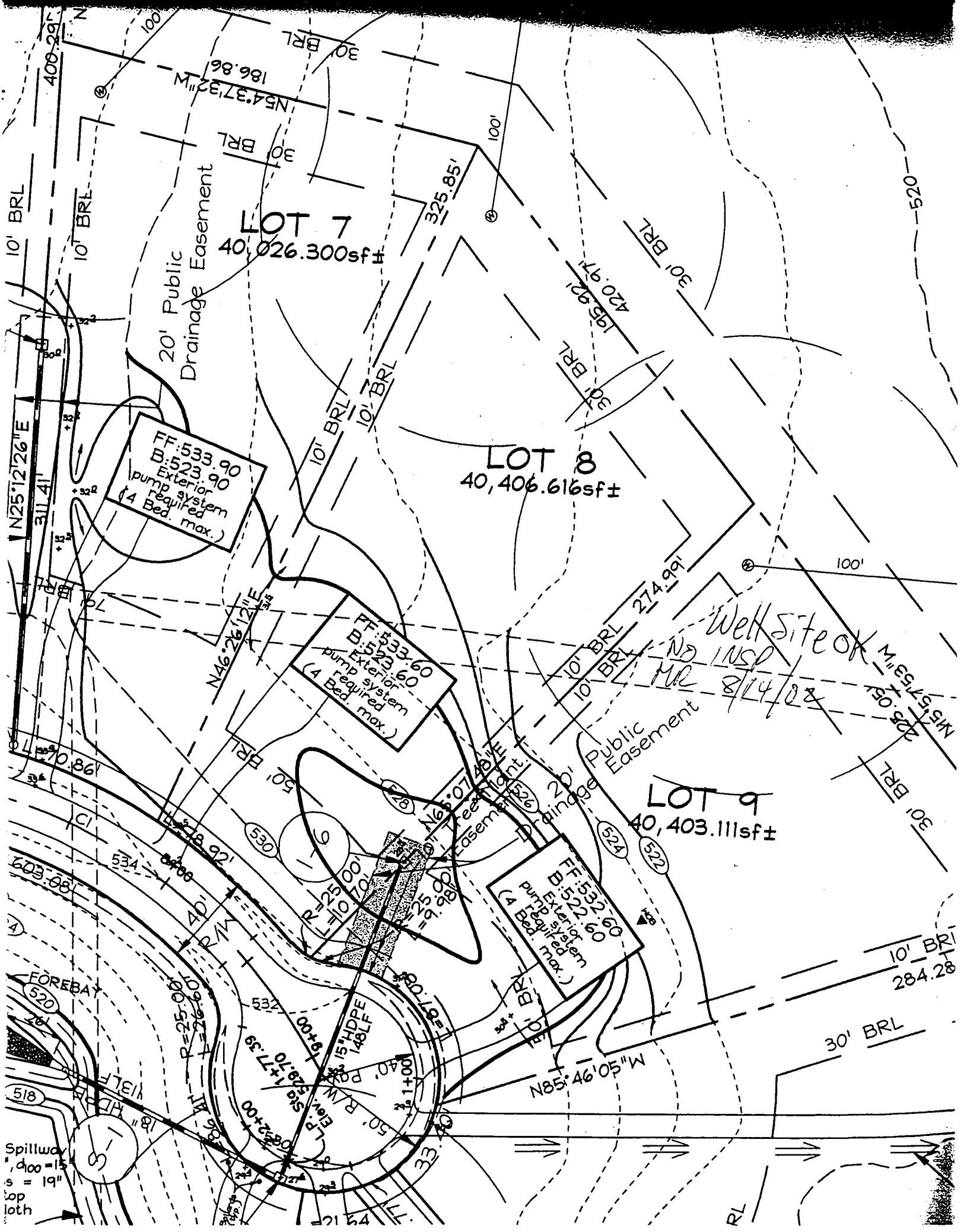


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. HO-94-3479 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LOT 7
40,026.300sf±

LOT 8
40,406.616sf±

LOT 9
40,403.111sf±

FF: 533.90
B: 523.90
Exterior
pump system
required
(4 Bed. max.)

FF: 533.60
B: 523.60
Exterior
pump system
required
(4 Bed. max.)

FF: 532.60
B: 522.60
Exterior
pump system
required
(4 Bed. max.)

Well site ok
No INS
MR 8/14/08
M15715311
M15715311
M15715311

Spillwa
d₁₀₀ = 15"
s = 19"
top
loth

FOREBAY

518

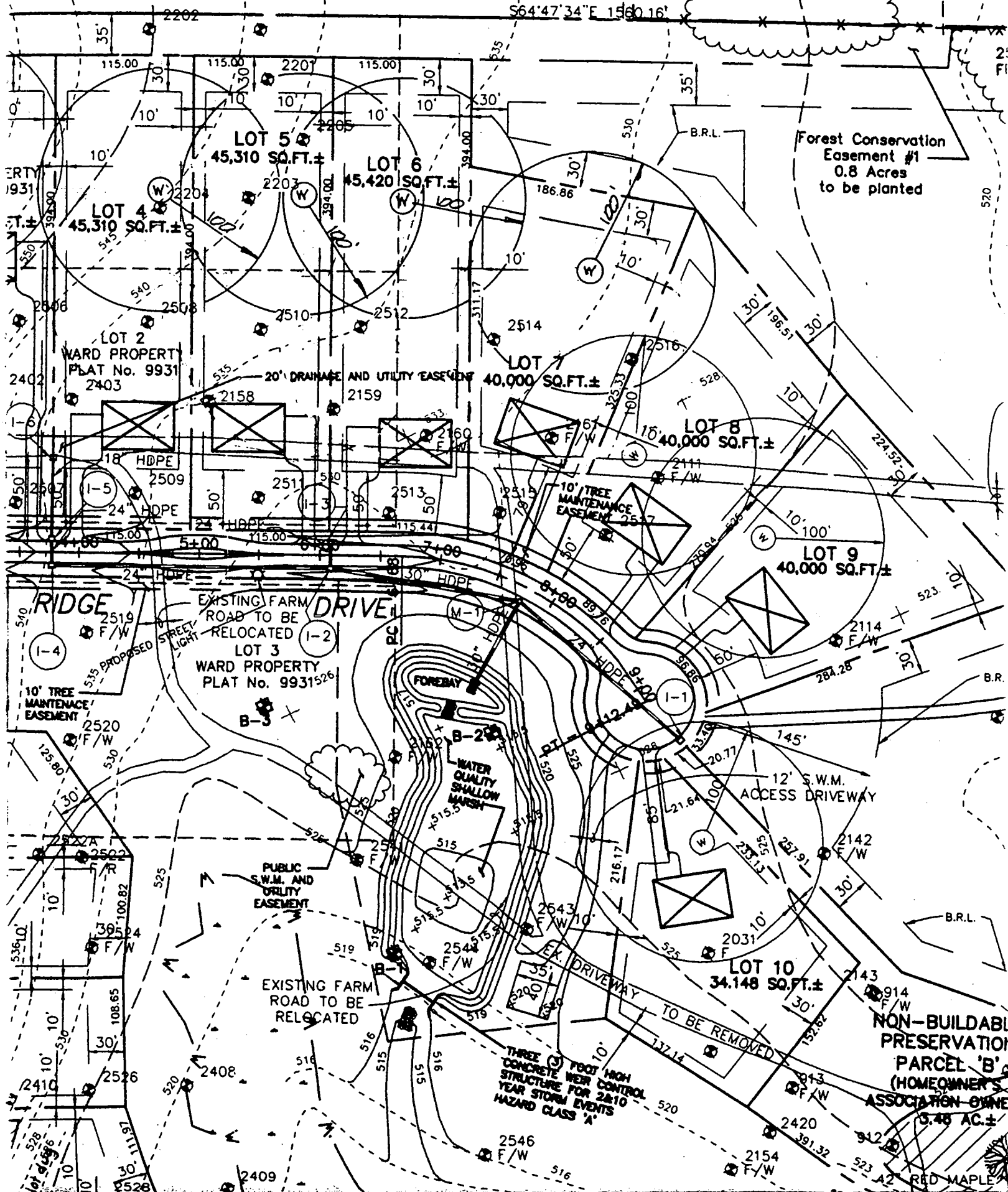
518

518

518

PROPERTY OF
DAVID T. KING
AND WIFE/
L.613 F.242
P. 251 ZONED RC-DEO

PROPERTY OF
EDWARD VINCENT CURRY
AND KATHLEEN B. CURRY
L.2967 F.659
P. 50 ZONED RC-DEO



Forest Conservation
Easement #1
0.8 Acres
to be planted

RIDGE

DRIVE

EXISTING FARM
ROAD TO BE
RELOCATED
LOT 3
WARD PROPERTY
PLAT No. 9931526

FOREBAY

WATER
QUALITY
SHALLOW
MARSH

12' S.W.M.
ACCESS DRIVEWAY

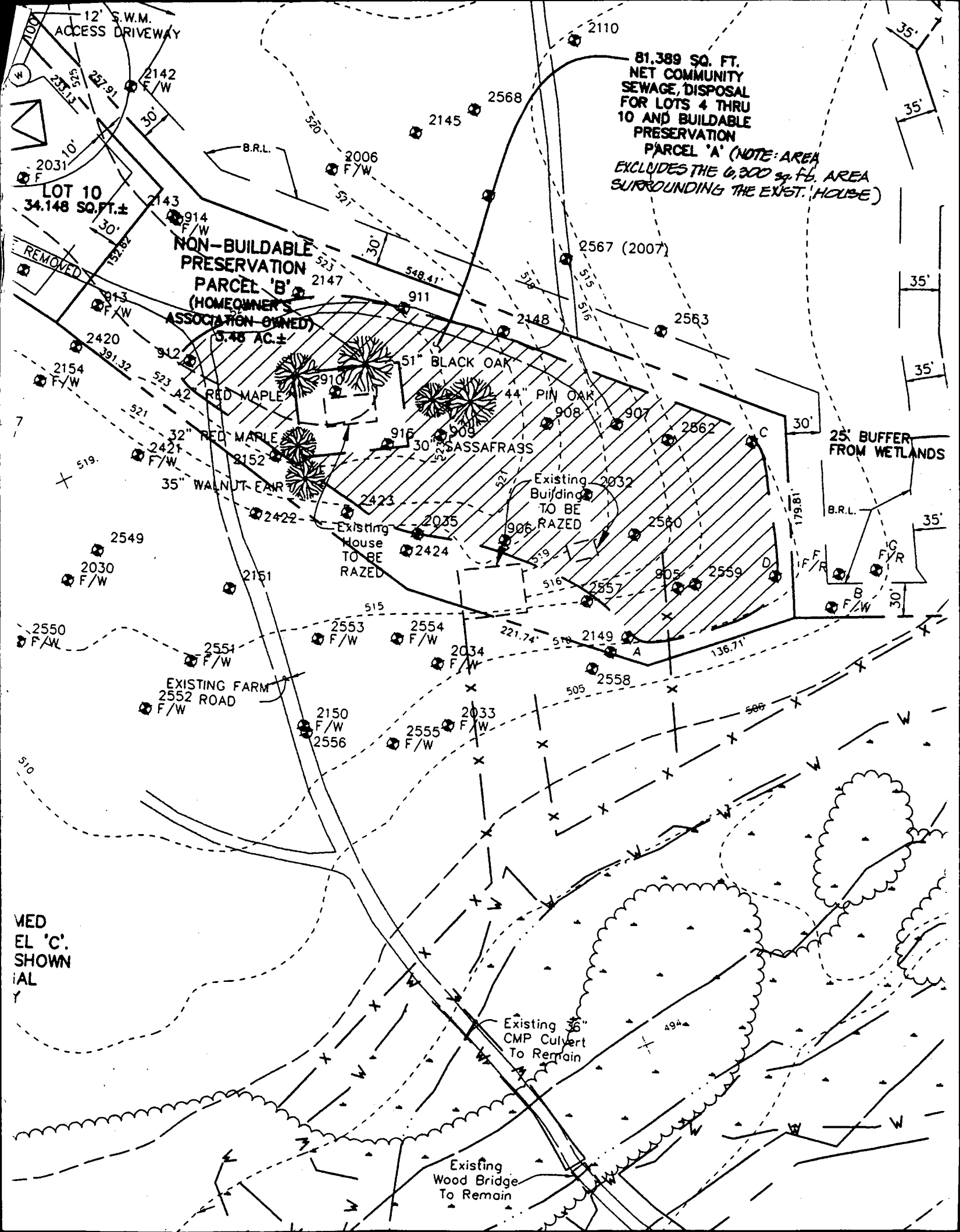
PUBLIC
S.W.M. AND
UTILITY
EASEMENT

EXISTING FARM
ROAD TO BE
RELOCATED

THREE (3) FOOT HIGH
CONCRETE WEIR CONTROL
STRUCTURE FOR 2&10
YEAR STORM EVENTS
HAZARD CLASS 'A'

NON-BUILDABLE
PRESERVATION
PARCEL 'B'
(HOMEOWNER'S
ASSOCIATION OWNED)
0.48 AC.±

RED MAPLE



12' S.W.M. ACCESS DRIVEWAY

81,389 SQ. FT. NET COMMUNITY SEWAGE DISPOSAL FOR LOTS 4 THRU 10 AND BUILDABLE PRESERVATION PARCEL 'A' (NOTE: AREA EXCLUDES THE 0.300 SQ. FT. AREA SURROUNDING THE EXIST. HOUSE)

LOT 10 34.148 SQ.FT.±

NON-BUILDABLE PRESERVATION PARCEL 'B' (HOMEOWNER'S ASSOCIATION OWNED) 0.48 AC.±

51" BLACK OAK

44" PIN OAK

RED MAPLE

30" SASSAFRASS

32" RED MAPLE

35" WALNUT-LEAF

Existing Building TO BE RAZED

Existing House TO BE RAZED

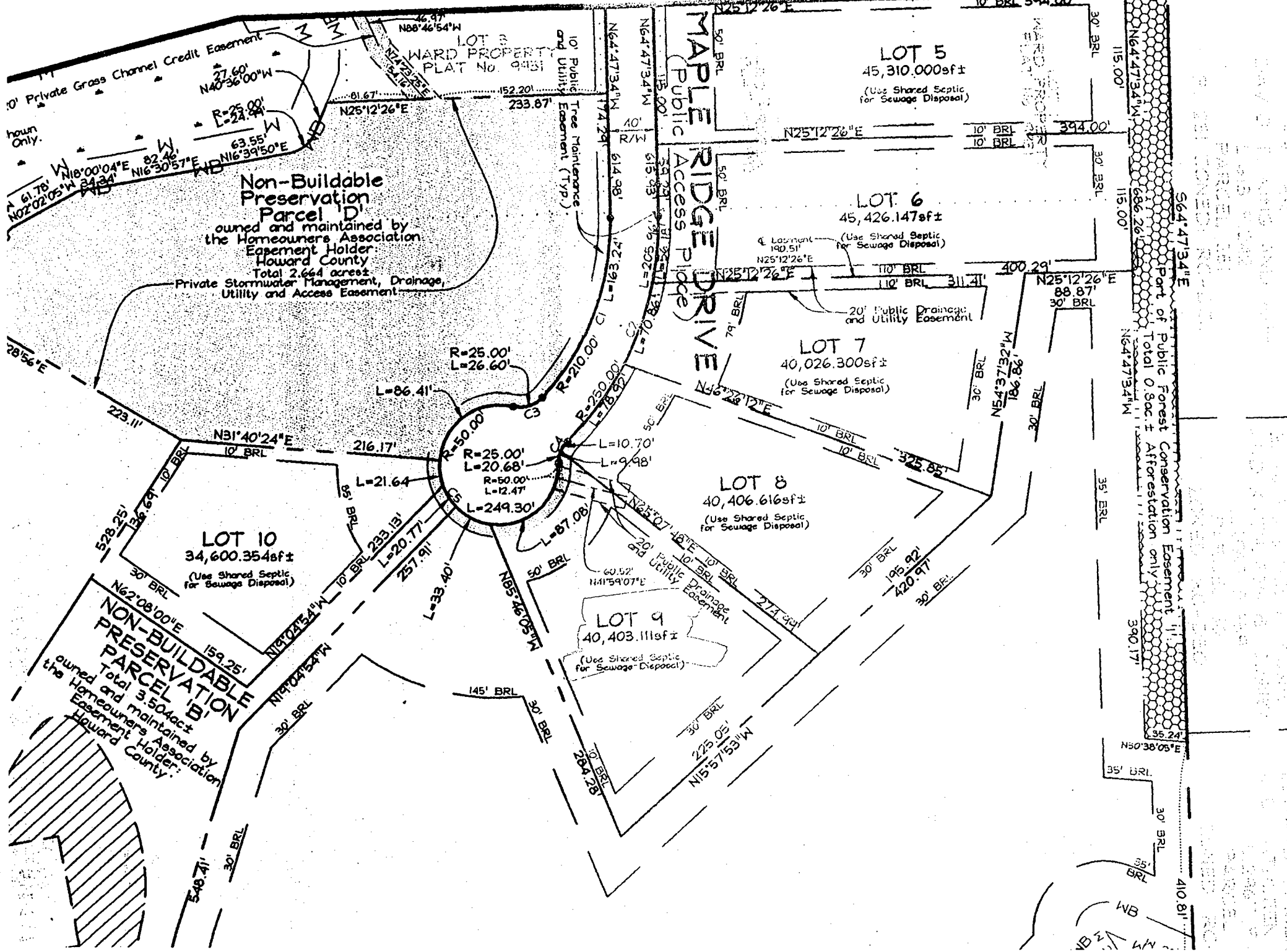
25' BUFFER FROM WETLANDS

MED EL 'C' SHOWN IAL

Existing 36" CMP Culvert To Remain

Existing Wood Bridge To Remain

EXISTING FARM 2552 ROAD



10' Private Grass Channel Credit Easement
hour Only.

Non-Buildable Preservation Parcel 'D'
owned and maintained by the Homeowners Association Easement Holder Howard County
Total 2.664 acres
Private Stormwater Management, Drainage, Utility and Access Easement

NON-BUILDABLE PRESERVATION PARCEL 'B'
owned and maintained by the Homeowners Association Easement Holder Howard County
Total 3.504 acres

LOT 3
WARD PROPERTY
PLAT No. 9431

LOT 5
45,310.000sf ±
(Use Shared Septic for Sewage Disposal)

LOT 6
45,426.147sf ±
(Use Shared Septic for Sewage Disposal)

LOT 7
40,026.300sf ±
(Use Shared Septic for Sewage Disposal)

LOT 8
40,406.616sf ±
(Use Shared Septic for Sewage Disposal)

LOT 9
40,403.111sf ±
(Use Shared Septic for Sewage Disposal)

LOT 10
34,600.354sf ±
(Use Shared Septic for Sewage Disposal)

MAPLE RIDGE DRIVE
Public Access (Paved)

Part of Public Forest Conservation Easement
Total 0.8ac. ±
Afforestation only

hour Only.

N16°00'04"E 82.46'
N16°39'50"E 63.55'
N16°00'04"E 82.46'
N02°02'05"W 24.34'

N25°12'26"E 81.67'
N25°12'26"E 233.87'

N31°40'24"E 216.17'

N62°08'00"E 159.25'

N19°04'54"W 30' BRL

N19°04'54"W 30' BRL

N19°04'54"W 30' BRL

R=25.00'
L=24.84'

R=25.00'
L=26.60'

R=25.00'
L=20.68'

R=50.00'
L=249.30'

R=50.00'
L=12.47'

R=50.00'
L=20.77'

R=50.00'
L=233.13'

R=50.00'
L=237.91'

R=50.00'
L=33.40'

N25°12'26"E 81.67'

R=20.00'
L=78.92'

R=250.00'
L=78.92'

R=25.00'
L=10.70'

R=25.00'
L=9.98'

R=25.00'
L=67.08'

R=25.00'
L=67.08'

R=25.00'
L=67.08'

R=25.00'
L=67.08'

N64°47'34"W 614.98'

N64°47'34"W 614.98'

N64°47'34"W 614.98'

N64°47'34"W 614.98'

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N64°47'34"W 614.98'

N64°47'34"W 614.98'

N25°12'26"E 394.00'

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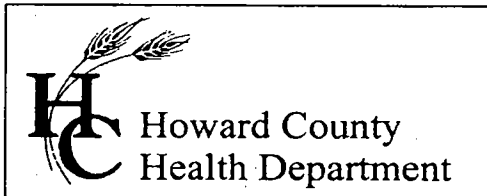
N25°12'26"E 394.00'

N25°12'26"E 394.00'

N25°12'26"E 394.00'

N25°12'26"E 394.00'

N25°12'26"E 394.00'



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 19, 2004

NV Homes
6085 Marshalee Drive, Suite 130
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-379-2430

RE: Maple Ridge, Lot # 9
15433 Maple Ridge Drive
BP # B00141931
Well Permit #HO-94-3479

Dear Sirs:

This is to advise that the septic house connection and grinder pump installation for the referenced property has been installed and inspected. **Final approval was granted on 4/16/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3479. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 4/01/2004
Date of Well Completion: 9/17/2002

Respectfully,

Stuart F. Oster, RS
Well and Septic Program

cc: Building Inspectors Office
Community Environmental Health
File

Building Address 15433 Maple Ridge Dr.
Woodbine MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604001 Subdivision Maple Ridge
 Section _____ Area _____ Lot 9
 Tax Map 8 Parcel 51 Grid 12-20¹⁴
 Zoning RCDEP Map Coordinates 3 H12 Lot size _____

Property Owner's Name NVR Inc.
 Address 6085 Marshalle Dr.
 City Elkridge State MO Zip Code 21075
 Home Phone 410-379-5856 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use INSTALL PROPANE TANK
 Estimated Construction Cost \$ 3000.00
 Description of Work INSTALL 1000 gal UNDERGROUND
PROPANE TANK with FIRST STAGE GAS LINE TO HOME

Contractor Company Valley National Gas DBA LEE'S GAS
 Contact Person TRENT JOHNSON
 Address 7563 WASHINGTON BLVD
 City ELKRIDGE State MD Zip Code 21075
 License No. CTR 09785
 Phone 410-799-1114 Fax 410-799-1126

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

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

Trent Johnson
 Applicant's Signature
Regional Propane Manager
 Title/Company

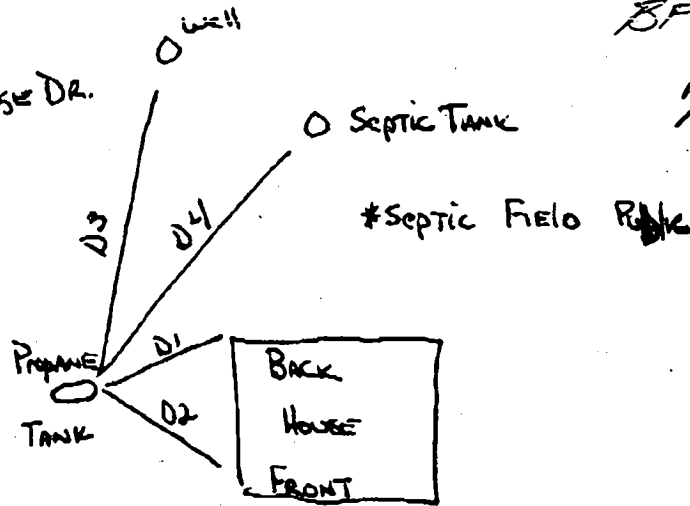
Trent Johnson
 Print Name
1-6-04
 Date

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 _____	58320
State Highways			Rear _____	Filing fee \$ <u>100</u>
Building Official			Side _____	Permit fee \$ <u>10</u>
Dev. Engineering DPZ			Side St. _____	Excise tax \$ _____
Health	<u>1/14/04</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by <u>[Signature]</u>

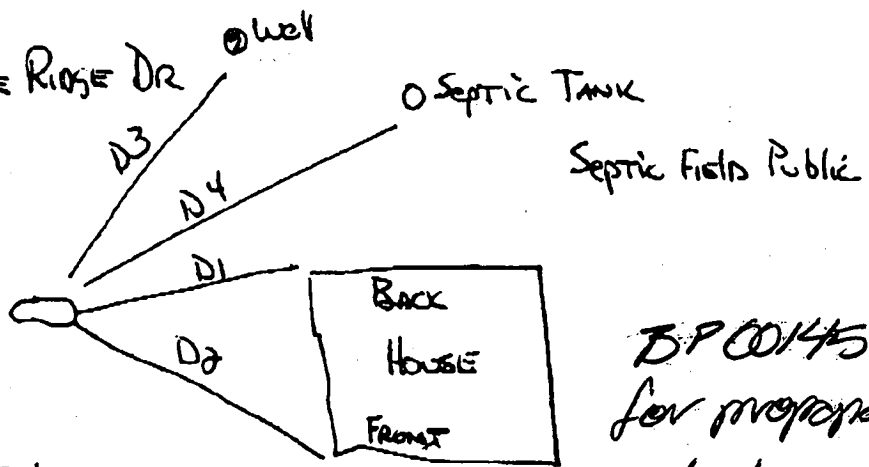
LOT # 7
15425 Maple Ridge Dr.

~~BP 1642~~
BP 00145725
1/14/04 for propane tank
(FR)



- D1 - 30'
- D2 - 45'
- D3 - 80'
- D4 - 135'


LOT # 9
15433 Maple Ridge Dr



BP 00145727
for propane tank
1/14/04 (FR)

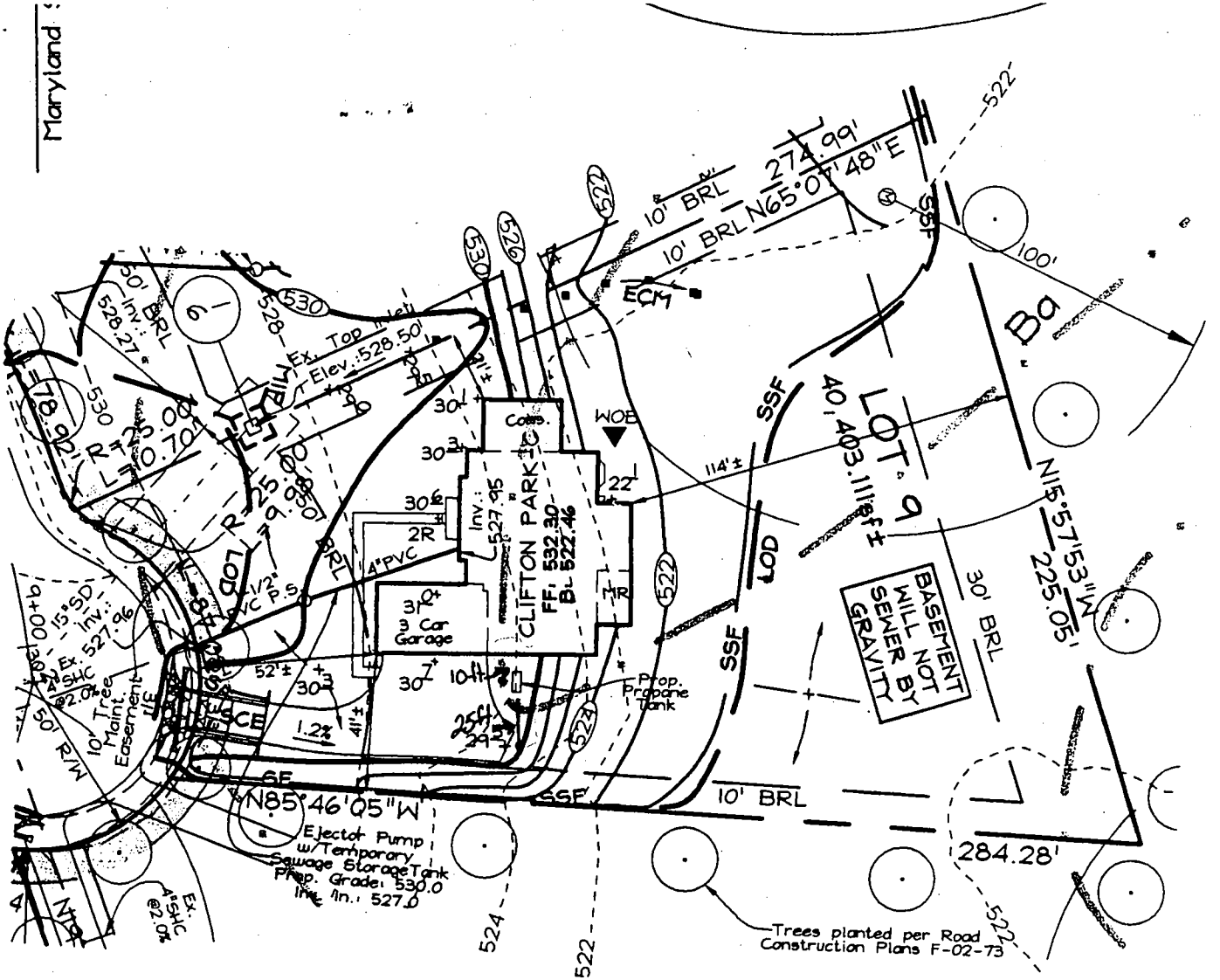
- D1 - 35'
- D2 - 40'
- D3 - 65'
- D4 - 180'

Approved Septic System Plan
Howard County Health Department


Signature _____ Date 1/14/04

Maryland

MAPLE RIDGE DRIVE
(PUBLIC ACCESS PLACE)



Handwritten signature: *Huan Suen*



800145727
PROPANE TANK
OK'D BY PA 11/14/04
OWNER/DEVELOPER

NV HOMES
 2200 Defense Highway, Suite 301
 Crofton, Maryland 21114
 301.858.0522

FSH Associates

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

Note: See Approved Grading Plan GP-03-16 for Entire Site. This lot utilizes a shared septic system located on Non-Buildable Preservation Parcel 'B'. See Public Sewer Plans contract # 50-4046-D for more information.

DESIGN BY: Slim
 DRAWN BY: Slim
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Nov. 03, 2003
 W.O. No.: 3138
 SHEET No.: 1 OF 1

LOT RESITE LOT 9 MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
 4TH ELECTION DISTRICT

PARCEL 51 & 378
 HOWARD COUNTY, MARYLAND