

04367138

LAYOUT 2/19/04-1pm  
INSP 1 2/20/04-2-2:30 INSP 3 3/18 P/A - 2PM  
INSP 2 2/24/04-11 INSP 5 \_\_\_\_\_

04-367138

ISSUE DATE: 1/13/2004

APPROVAL DATE:

3/18/04

# PERMIT SHARED SEPTIC SYSTEM INDEXED

P 520027

A 510610-D

## 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: 4

ADDRESS: 15413 Maple Ridge Drive PROPERTY OWNER: NVR, Inc.

NUMBER OF BEDROOMS: 4

### HOUSE SERVED BY PUBLIC WATER? 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 the grinder pump, if applicable. The Howard County Bureau of Utilities must be contacted for scheduling of inspection of these items, as well at 410-313-4900.

PLANS APPROVED: Mark E. Rifkin DATE: 11/5/03

### 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 HOUSE CONNECTION

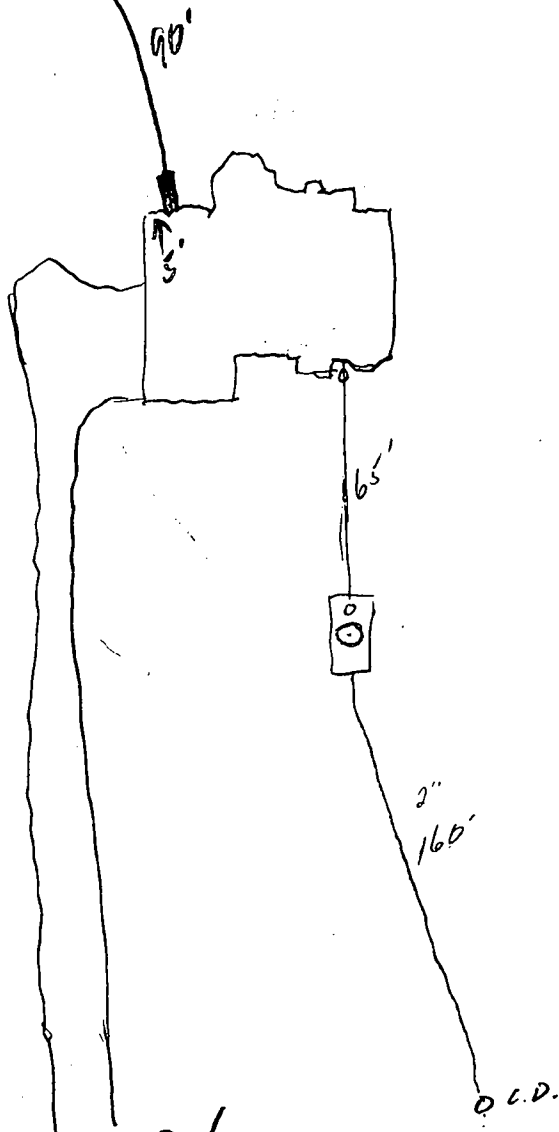
**BUILDING PERMIT SIGNED  
AND RETURNED**

1/14/04 800145724 1000 GAL UG PROPANE TANK

A510610-D

40-94-3474

NOT TO SCALE



Maple Ridge Drive ROAD

**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 1250 GAL

SEAM LOC Top

TANK LID DEPTH 3'

BAFFLES

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC Center

6" PORT LOC Front

WATERTIGHT TEST \_\_\_\_\_

SEPTIC TANK 2 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES N/A

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

PRE-CONSTRUCTION

2/19/04 - Tank will need to be set to

get flow thru swale to street connection. (SD)

INSTALLATION

2/20/04 - Tank set, line to tank installed (SD)

2/24/04 - 2" pressure line install, no pump yet. OK to cover (SD) Needs Pump test (SD)

3/18/04 - Pump test OK (SD)

FINAL INSPECTOR

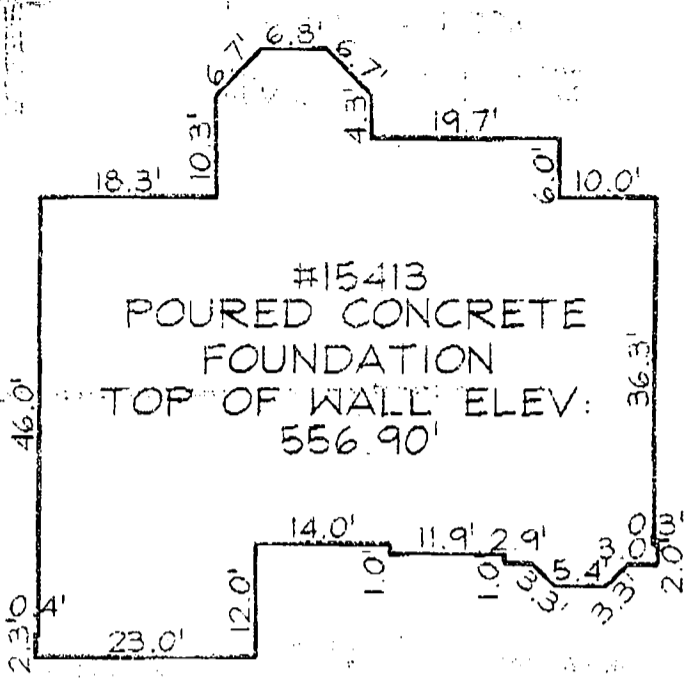
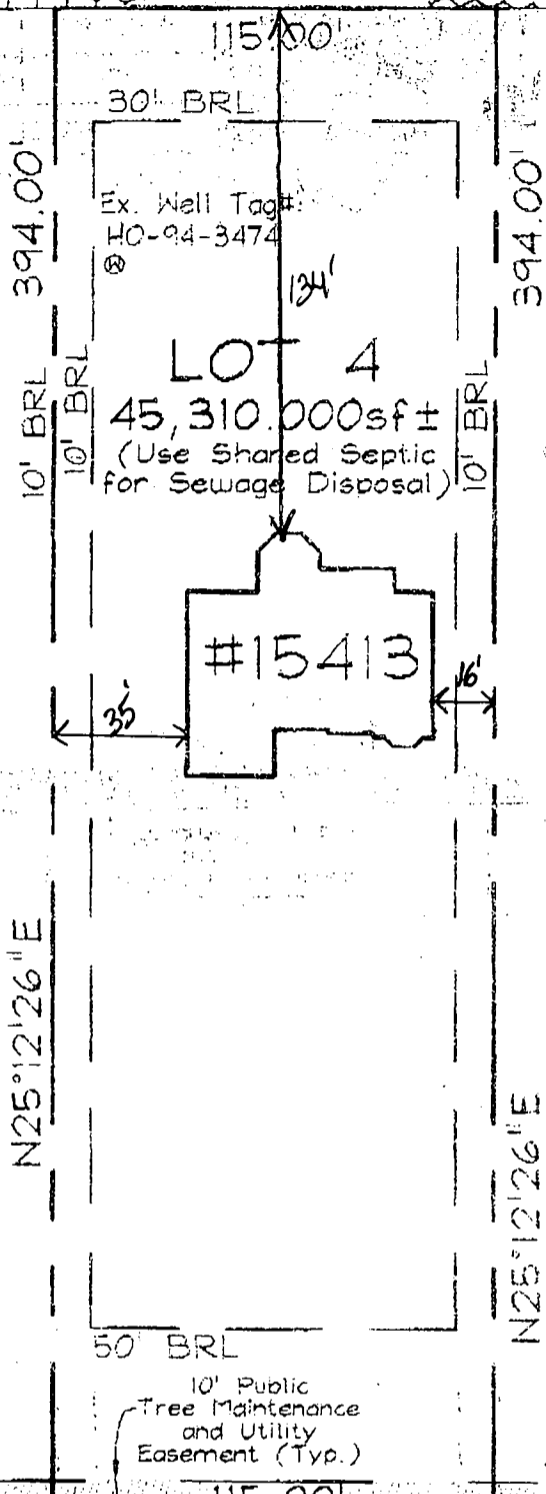
*[Signature]*

DATE OF APPROVAL

2/24/04

BUILDING PERMIT SIGNED

Public Forest BUILDABLE  
 Conservation Easement PRESERVATION  
 N64°47'34"W PARCEL 'A'



FOUNDATION DETAIL  
 SCALE: 1"=20'

1/13/04  
 House location O.K.  
 (BB)

N64°47'34"W  
 MAPLE RIDGE DRIVE  
 (PUBLIC ACCESS PLACE)

PLAN VIEW  
 SCALE: 1"=50'

**FSH Associates**

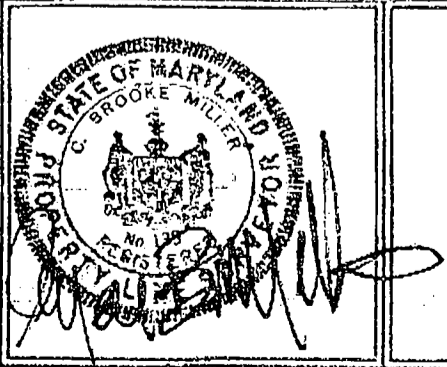
Engineers Planners Surveyors  
 8318 Forrest Street Ellicott City, MD 21043  
 Tel: 410-750-2251 Fax: 410-750-7350  
 E-mail: FSHAssociates@cs.com

**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.: 15413 MAPLE RIDGE DRIVE  
 TOP OF WALL ELEV. = 556.90' 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 ES-  
 TABLISHMENT 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.

WALL CHECK	
FOUNDATION	Date: 01/07/04
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138



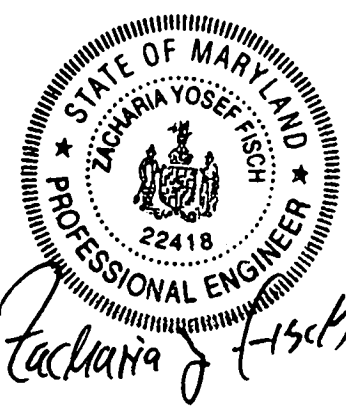
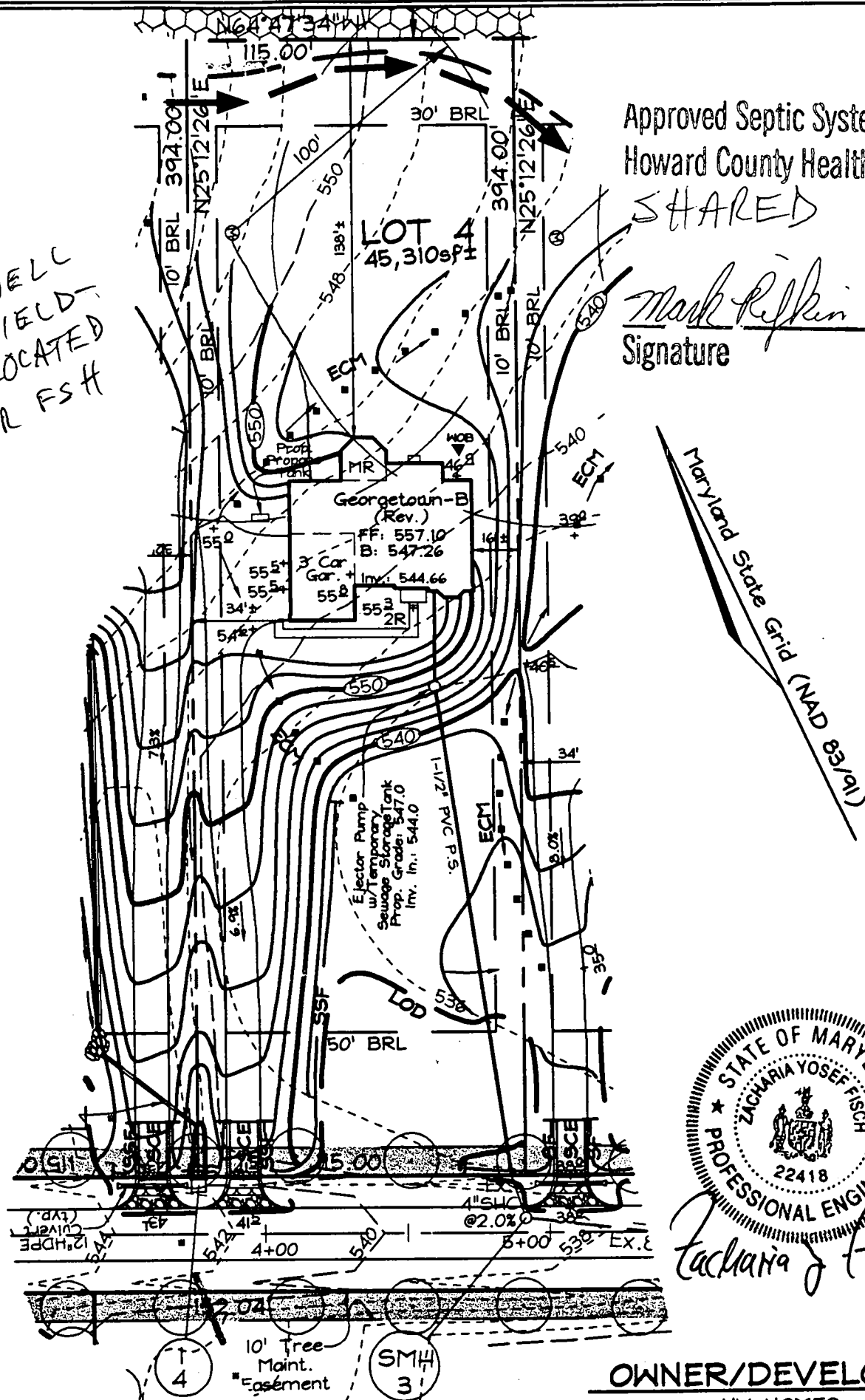
LOT 4  
 MAPLE RIDGE  
 PLAT No. 15667  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

Approved Septic System Plan  
Howard County Health Department

SHARED

*Mark Refkin* 11/5/03  
Signature Date

WELL  
FIELD  
LOCATED  
PER FSH



**OWNER/DEVELOPER**

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

**MAPLE RIDGE DRIVE**  
(PUBLIC ACCESS PLACE)

**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: Oct. 3, 2003  
W.O. No.: 3138  
SHEET No.: 1 OF 1

**LOT RESITE**  
**LOT 4**  
**MAPLE RIDGE**

TAX MAP 8 GRID 12 & 20  
4TH ELECTION DISTRICT

PARCEL 51 & 378  
HOWARD COUNTY, MARYLAND

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

1500144640 MFR

600008269

Building Address 15413 Maple Ridge Dr  
Aberdeen, MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition # OP-03-16  
Census Tract 60400 Subdivision Maple Ridge  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4  
Tax Map 8 Parcel 51 Grid 14  
Zoning R2050 Map Coordinates 3412 Lot size \_\_\_\_\_

Property Owner's Name NVR Inc.  
Address 6085 Marshalee Dr Ste B0  
City Ellicott City State MD Zip Code 21041  
Home Phone \_\_\_\_\_ Work Phone 410-379-5726  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Kim Cecil - Permit Approver  
1547 Cross Field Rd  
Ellicott City, MD 21043  
Phone 410-379-5726 Fax \_\_\_\_\_

Existing Use Vacant lot  
Proposed Use SEF  
Estimated Construction Cost \$ 175,000  
Description of Work "Garage" w/ morning  
room 3 car garage - need  
new work shed

Contractor Company NVR Inc.  
Contact Person Kimberly Cecil  
Address 11465 Loudonville Rd  
City Medford State VA Zip Code 22070  
License No. 30  
Phone 434-944-9222 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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

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.

Kim Cecil  
Applicant's Signature  
Title/Company \_\_\_\_\_

NVR Inc.  
Print Name  
10-16-03  
Date

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	<u>11/5/03</u>	<u>Mark R. Kelly</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

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 NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID: 51000

Filing fee \$ 110  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 101305  
Validation # 310000

Accepted by \_\_\_\_\_

**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. Feizer Co. Inc Telephone #: 410-781-4655  
Address: 6321 Barnett H 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. Feizer 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: NV Homes Telephone #: 410-379-5956  
Subdivision: Maple Ridge Lot #: 4 Well Tag #: HO-94-3474 ✓  
Site Address: 15413 Maple Ridge Drive  
Woodbine 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta-Rite</u>	Make: <u>Campbell</u>	Two piece watertight cap: ✓
Model #: <u>7PYD02HL-04</u>	Model #: <u>PT 800</u>	Screened, vented well cap: ✓
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>15</u> GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>300</u> (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 ✓

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (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. Feizer Date: 3/1/04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/2/04 (SD)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_ ✓  
Two piece cap installed and attached to casing securely \_\_\_\_\_ ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_ ✓  
Safety rope installed inside of well casing \_\_\_\_\_ ✓  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_ ✓  
Water supply line sleeved adequately at house connection \_\_\_\_\_ ✓  
Adequate grout observed below pitless adapter \_\_\_\_\_ ✓

**FAXED**  
MAR 1 2004  
BY: NW 10:45

C1 14223 (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

ST/CO USE ONLY DATE RECEIVED MM 00 YY 8 13

DATE WELL COMPLETED 9/12/02

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 3474

OWNER LANDSCAPE DEVELOPMENT STREET OR RFD MAPLE RIDGE DRIVE TOWN SUBDIVISION MAPLE RIDGE SECTION LOT 4

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, red rocky clay, Brown shale, Brown slate, Greenish/gray slate, Brown slate, Gray slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1900 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) 46

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 83

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) HO 81 300

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 4561m72

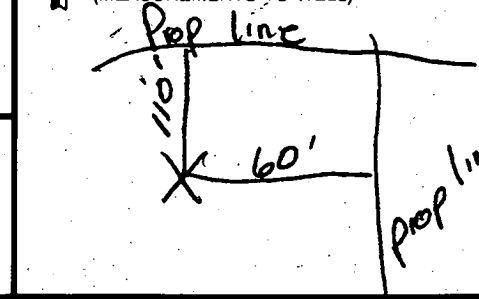
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.9 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 55 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED 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: 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) -31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

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



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (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. 1 MW 040 George F. K... DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. J 40727

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



B 1 **2161**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
517368 please type

STATE PERMIT NUMBER

**HO-94-3474**  
fill in this form completely

Date Received (APA)  
**07-16-02**

OWNER INFORMATION **9110**

**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

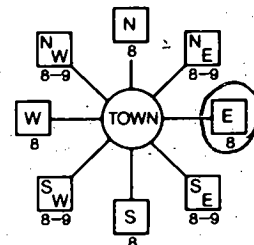
**Howard** COUNTY CC#  
**Maple Ridge**  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
**Lisbon**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **1** M I  
73 76 77 78

DRILLER INFORMATION

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Maple Ridge Drive**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
SOUTH S  
34 **365** 37  
DISTANCE FROM ROAD Ft.  
ENTER FT. OR MI 38 39  
TAX MAP: **8** BLK: **14** PARCEL: **51138**

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL

**HOWARD COUNTY** COUNTY NAME  
**A510610** COUNTY NO  
STATE SIGNATURE  
DATE ISSUED **08/15/02** **Mark P. Rifkin** **8/15/03**  
43 MM DD YY 48 CO SIGNATURE EXP DATE  
NORTH GRID **543 000** EAST GRID **1785 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REVERSE-ROTARY  Drive-POINT
- other

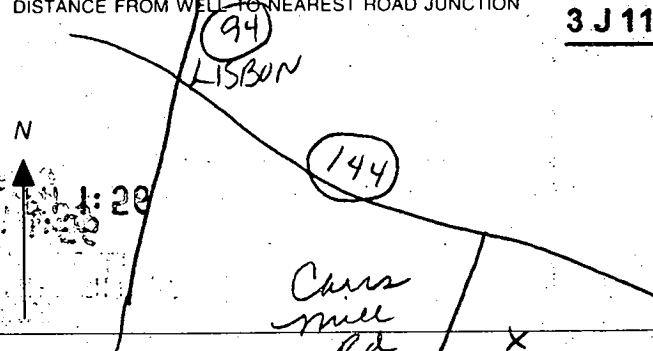
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- wells**
  - 
  -

WRITE THE BOX NUMBER FROM THE MAP HERE

**7605**  
**54003**  
E 000 000  
N 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)

APPROX. PERMIT NUMBER

**HO-94-3474**  
PERMIT No. **HO-94-3474**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

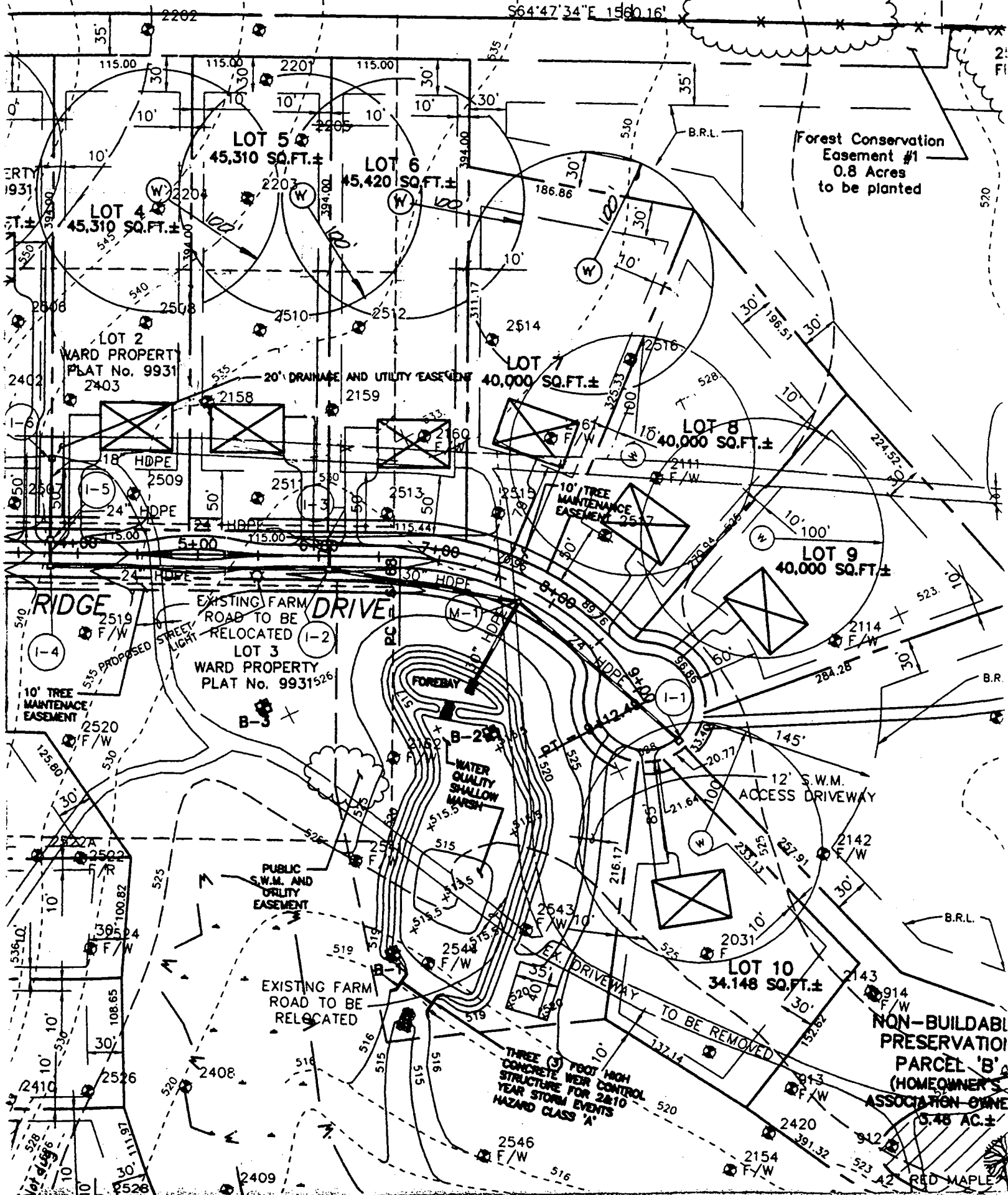


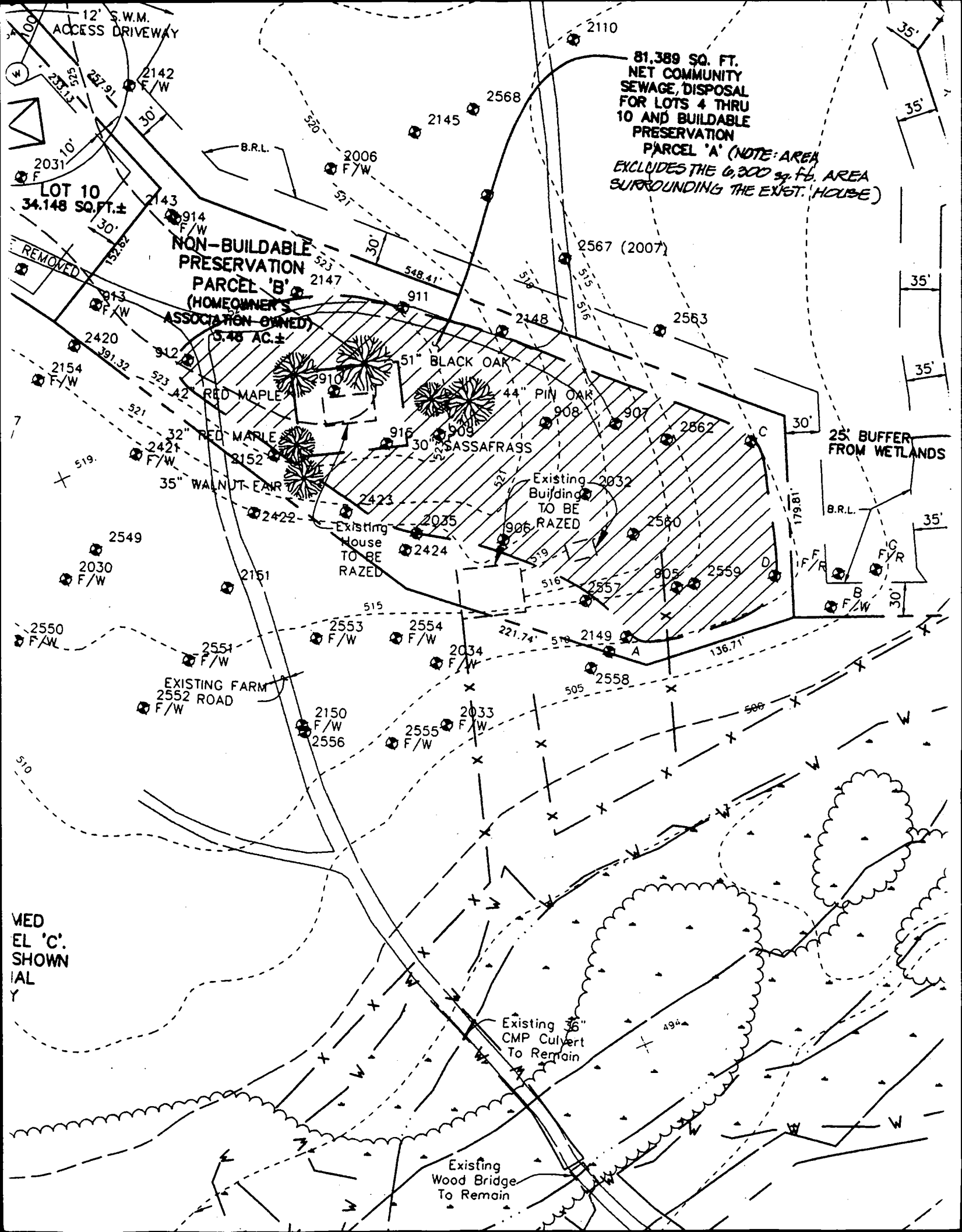


SIGNED *file*  
CERT

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





81,389 SQ. FT.  
NET COMMUNITY  
SEWAGE DISPOSAL  
FOR LOTS 4 THRU  
10 AND BUILDABLE  
PRESERVATION  
PARCEL 'A' (NOTE: AREA  
EXCLUDES THE 6,300 SQ. FT. AREA  
SURROUNDING THE EXIST. HOUSE)

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

LOT 10  
34,148 SQ. FT.±

REMOVED

25' BUFFER  
FROM WETLANDS

MED  
EL 'C'.  
SHOWN  
IAL  
Y

Existing 36"  
CMP Culvert  
To Remain

Existing  
Wood Bridge  
To Remain

EXISTING FARM  
2552 ROAD  
F/W

Existing Building  
TO BE  
RAZED

Existing  
House  
TO BE  
RAZED

12' S.W.M.  
ACCESS DRIVEWAY

B.R.L.

B.R.L.

F/R

F/R

F/W

F/W

F/W

F/W

F/W

F/W

F/W

F/W

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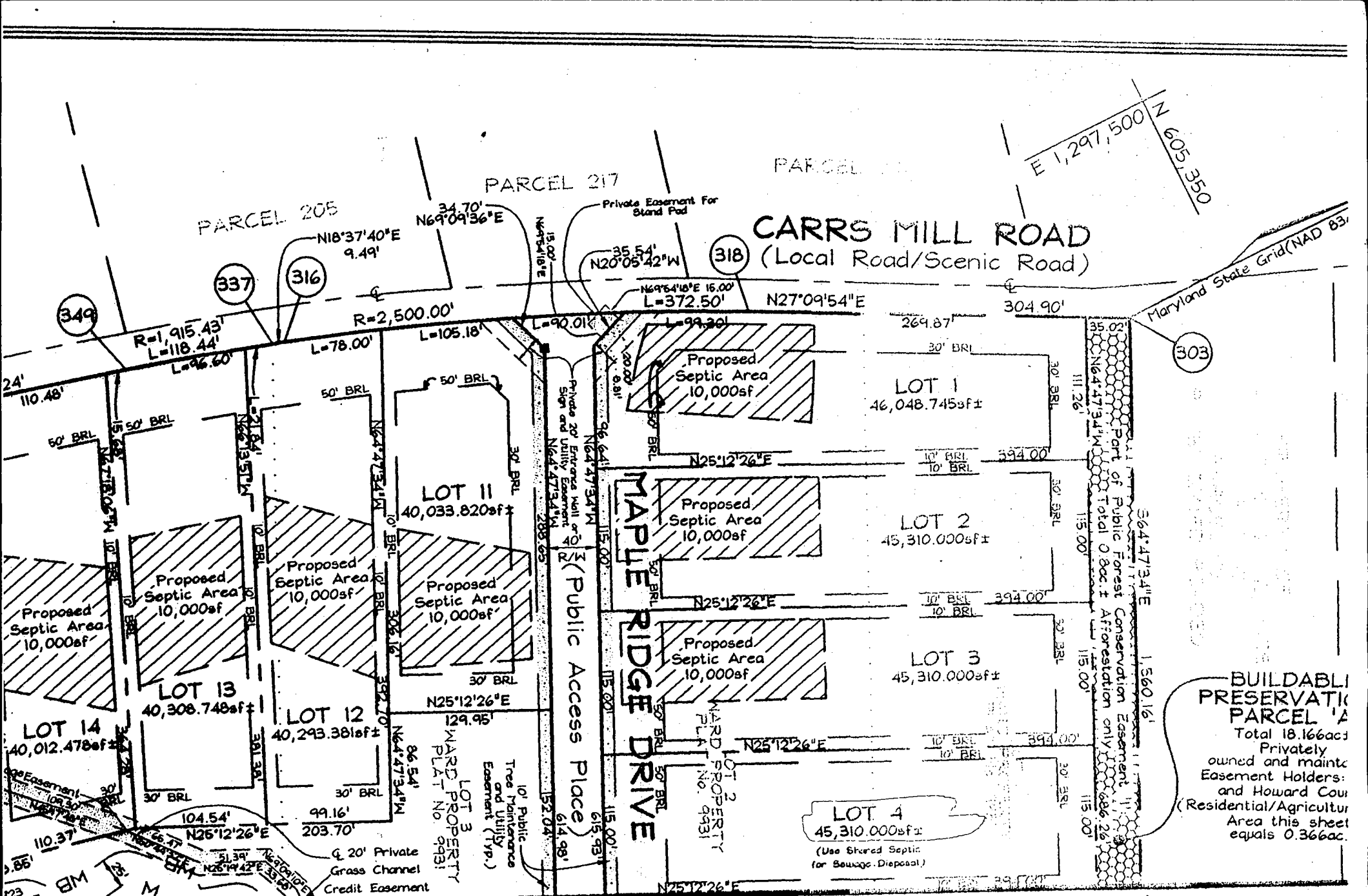
F/W

F/W

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F/W



**CARRS MILL ROAD**  
(Local Road/Scenic Road)

**MAPLE RIDGE DRIVE**

**BUILDABLE PRESERVATION PARCEL 'A'**  
Total 18.166acs  
Privately owned and maintained  
Easement Holders:  
and Howard County  
(Residential/Agricultural Area this sheet equals 0.366acs)

**LOT 4**  
45,310.000sf±  
(Use Shared Septic for Sewage Disposal.)

**MATCHLINE SEE SHEET 3 OF 4**

PARCEL 205

PARCEL 217

PARCEL 218

E 1,297,500'  
N 605,350'

337

316

349

318

303

24'

110.48'

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

R=1,915.43'  
L=118.44'

L=96.60'

L=78.00'

L=105.18'

L=90.01'

L=99.30'

L=269.87'

L=304.90'

L=35.02'

L=111.26'

L=564.4734'

L=1,560.16'

L=115.00'

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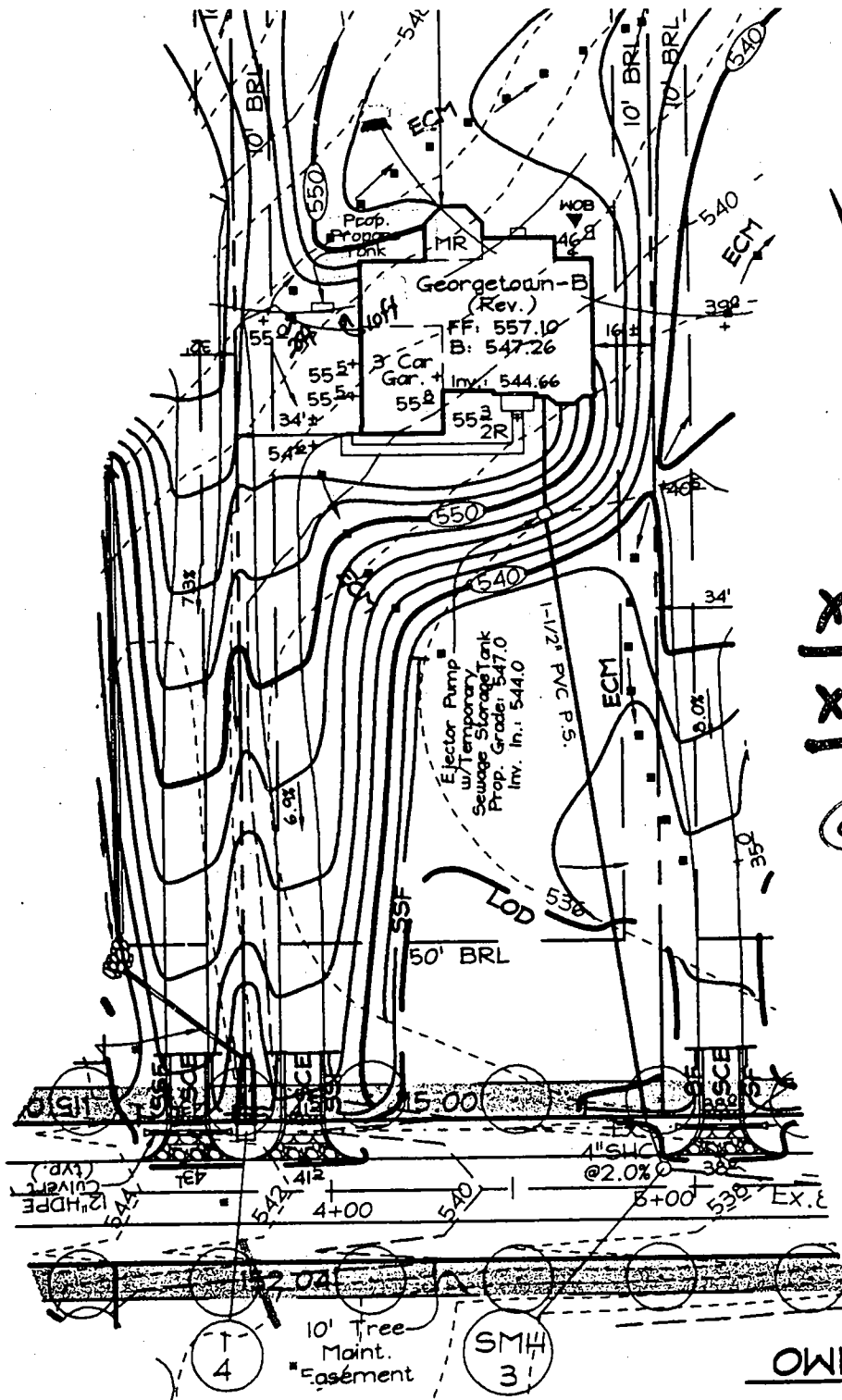
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N25°12'26"E

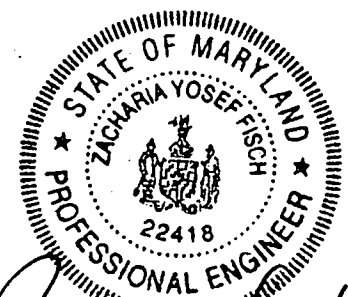
N25°12'26



Maryland State Grid (NAD 83)

*[Handwritten signature]*

10/8/03



*Zacharia Y. Fisch*

**MAPLE RIDGE DRIVE**  
(PUBLIC ACCESS PLACE)

**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: Oct. 3, 2003

**LOT RESITE**  
**LOT 4**  
**MAPLE RIDGE**

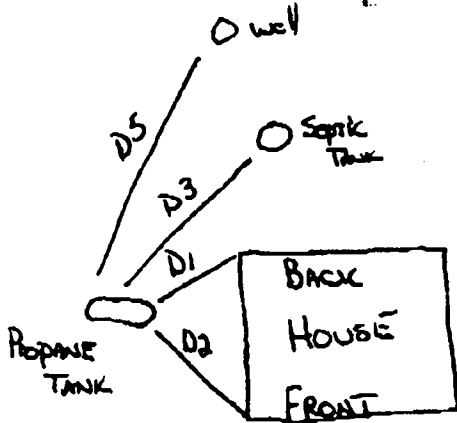
LOT 4

15413 MAPLE RIDGE DR

BP 00145724

(FA)

1/14/04

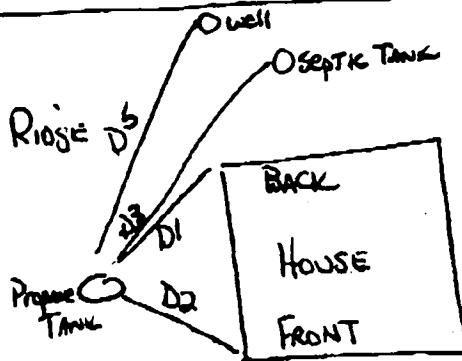


SEPTIC PUPPIC FIELD

D1 - 17'  
 D2 - 35'  
 D3 - 85'  
 D5 - 100'

LOT # 8

15429 MAPLE RIDGE DR

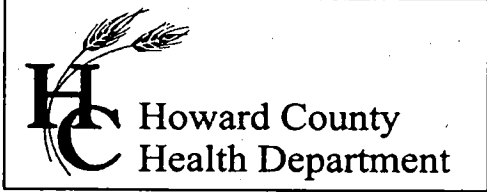


D1 - 25'  
 SEPTIC FIELD PUPPIC  
 D5 - 135'  
 D2 - 45'  
 D3 - 70'

Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature

1/14/04  
 Date



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

March 24, 2004

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

**SENT VIA FACSIMILE 410-379-2430 & 410-489-0639**

RE: Maple Ridge, Lot # 4  
15413 Maple Ridge Drive  
BP # B00144640  
Well Permit #HO-94-3474

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 3/18/2003.**

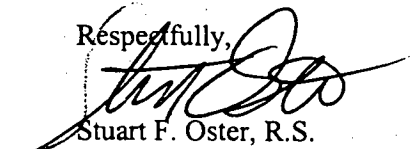
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

**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-94-3474. 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: 3/05/2004  
Date of Well Completion: 9/12/2002

Respectfully,  
  
Stuart F. Oster, R.S.  
Well and Septic Program

cc: Building Inspectors Office  
Community Environmental Health  
File

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BC0045724 *HA*

Building Address 15413 MAPLE RIDGE DR  
WOODBINE MD 21797

Property Owner's Name NVR INC  
 Address 6085 MARSHALEE DR.  
 City EKBRIDGE State MD Zip Code 21075

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604001 Subdivision MAPLE RIDGE  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4  
 Tax Map 8 Parcel 51 Grid 14

Home Phone 410-379-5956 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Zoning RCNEP Map Coordinates 3H12 Lot size \_\_\_\_\_

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

Existing Use SINGLE FAMILY DWELLING  
 Proposed Use INSTALL PROPANE TANK  
 Estimated Construction Cost \$ 3000.00

Contractor Company VALLEY NATIONAL GAS DBA LEE'S GAS  
 Contact Person TRENT JOHNSON

Description of Work INSTALL 1000 GAL UNDERGROUND  
 PROPANE TANK WITH FIRST STAGE GAS LINE TO  
 HOUSE

Address 7563 WASHINGTON BLVD  
 City EKBRIDGE State MD Zip Code 21075  
 License No. CTR 09785  
 Phone 410-799-1114 Fax 410-799-1126

Occupant or Tenant N/A

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

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

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 VALLEY GAS  
 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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>1/14/04</u>	<u>[Signature]</u>
Health		
Fire Protection		

**DPZ SETBACK INFORMATION**

Front:	_____
Rear:	_____
Side:	_____
Side St:	_____
All minimum setbacks met?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone	_____
SDP/Red-line approval date	_____

**PROPERTY ID: 59834**

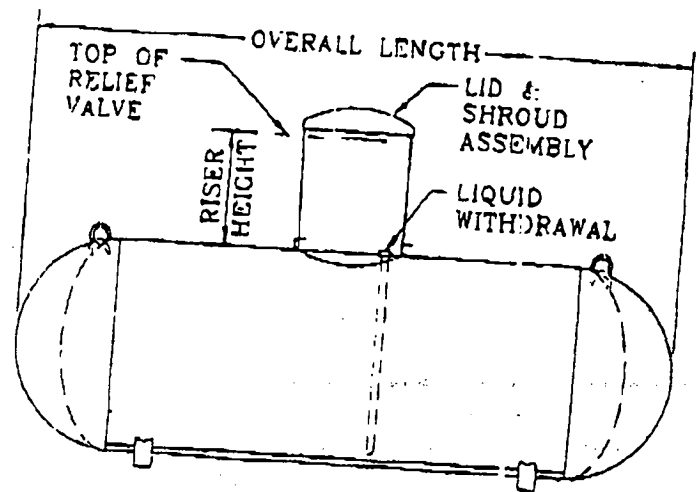
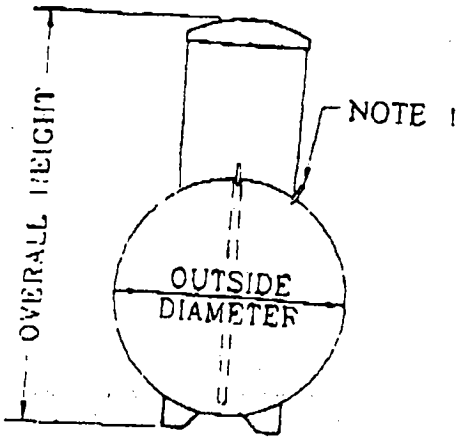
Filing fee \$	<u>100</u>
Permit fee \$	<u>10</u>
Excise tax \$	
Add'l per. fee \$	
TOTAL FEES \$	<u>110</u>
Sub-total paid \$	
Balance due \$	
Validation #	<u>38511</u>

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START   
 ONE STOP SHOP

Accepted by [Signature]

Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SHA



**General Specifications**

Conforms to the latest edition and addendo of the ASME, Section VIII, div.1 code for Pressure Vessels. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

Rated at 250 psig from -20°F. to 125°F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with epoxy red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				14" Riser Height	28" Riser Height		
120 wg 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1671.6 mm	3' - 9 7/8" 1165.2 mm	4' - 8 3/8" 1431.9 mm	252 lbs. 114.3 kg	63
250 wg 946.3 L	31.5" 800.1 mm	Hemi	7' - 2 1/2" 2197.1 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	472 lbs. 214.1 kg	42
320 wg 1211.2 L	31.5" 800.1 mm	Hemi	8' - 11 3/4" 2736.9 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	588 lbs. 266.7 kg	35
500 wg 1892.5 L	37.42" 950.5 mm	Hemi	9' - 10" 2997.2 mm	4' - 11 3/8" 1506.6 mm	5' - 9 7/8" 1773.2 mm	921 lbs. 417.8 kg	25
1000 wg 3785.0 L	40.96" 1040.4 mm	Hemi	15' - 10 7/8" 4846.6 mm	5' - 2 7/8" 1597.0 mm	6' - 1 3/8" 1863.7 mm	1731 lbs. 785.2 kg	15
2000 wg 3785.6 L	46.614" 1183.9 mm	Ellip	23' - 9 3/8" 7248.5 mm	5' - 8 13/16" 1747.8 mm	6' - 7 5/16" 2014.5 mm	3685 lbs. 1671.4 kg	8

Note 1- Additional set of lifting lugs on 500 wg & 1000 wg vessels with a 28" riser height only.

2525 Stemmons Freeway • PO Box 568887 • Dallas, Texas 75356-8887 • (214) 631-4420 • Fax (214) 589-8555

IFR-16-2002 15:20



Howard County  
 Attention: Mark  
 Fax# 410-313-2691

Dear Mark,

NVHomes will monitor the tank at Maple Ridge – lots 4-10 on weekly bases for pumping.

We will not settle any homes until the entire system is approved for use

Any questions please contact Chris Spina, Project Manager at 443-309-7835.

Sincerely,

Lynn Duckworth  
 Office Manager  
 NVHomes

ACCEPTED  
 MR 7/31/03  
 NO ICOPS UNTIL  
 SHARED SYSTEM  
 APPROVED FOR SERVICE

6085 Marshalee Drive • Suite 130 • Elkridge, MD 21075 • (410) 379-5956 • FAX (410) 379-2430

"We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin."

**FAX**  
cover sheet



**Bureau of Utilities**  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel. : 410 313 4900  
Fax : 410 313 4989

To: Water & Sewer Program

Date: 3/18/04 Number of pages including this one \_\_\_\_\_

Fax Number: 2648

From: Matt Tudor

Comments: Maple Ridge Sewal Sptic

Contact # 50-4046-D Lot # 4  
15413 Maple Ridge Drive

The private sewer pump test was performed today.  
Flows discharged into the public sewer standpipe  
connection. The Bureau of Utilities has concerns over  
the electrical power supply for the private pump  
and alarm. U40 will be handled by Ken  
Miller in CIP.



Howard County  
Health Department

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

March 24, 2004

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

**SENT VIA FACSIMILE 410-379-2430 & 410-489-0639**

RE: Maple Ridge, Lot # 4  
15413 Maple Ridge Drive  
BP # B00144640  
Well Permit #HO-94-3474

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 3/18/2003.**

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.

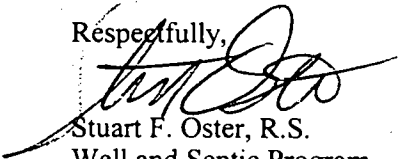
#### INTERIM CERTIFICATE OF POTABILITY

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-94-3474. 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: 3/05/2004  
Date of Well Completion: 9/12/2002

Respectfully,

  
Stuart F. Oster, R.S.

Well and Septic Program

cc: Building Inspectors Office  
Community Environmental Health  
File