

LAYOUT 11/18/03 11pm

INSP 1 _____ INSP 3 _____
INSP 2 _____ INSP 5 _____

04-367142

ISSUE DATE: 10-22-2003

P 519634

APPROVAL DATE: 11/18/2003

A 510610-H

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: 7

ADDRESS: 15425 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 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: MR DATE: _____

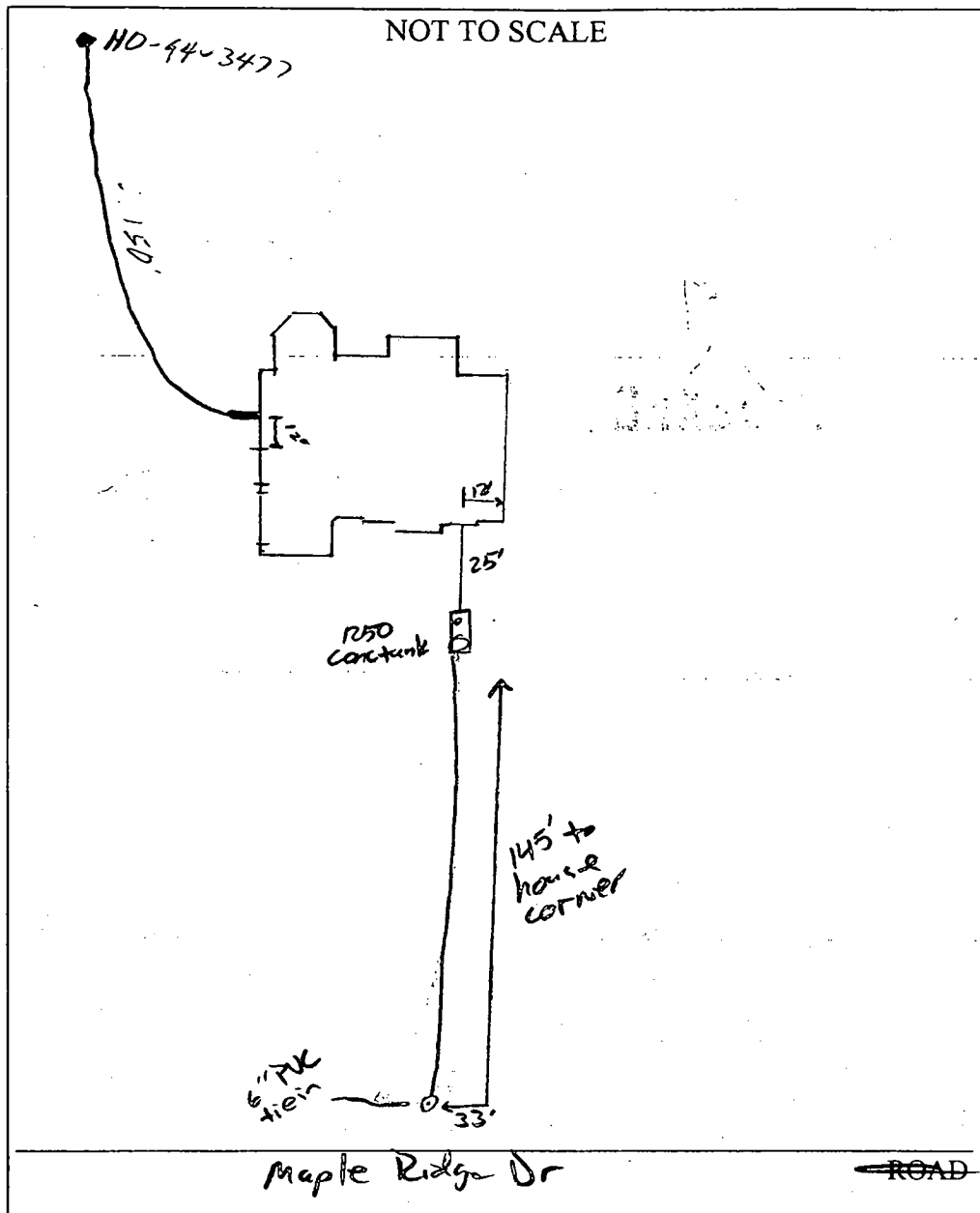
PERMIT VOID AFTER 2 YEARS

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.

BUILDING PERMIT SIGNED AND RETURNED
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

1-7-04-8001451725-46 PROpane TANK

A510610-H



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 2'

BAFFLES

BAFFLE FILTER N/A

MANHOLE LOC rear

6" PORT LOC front

WATERTIGHT TEST N/A

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

INSTALLATION 11/18/03 Inspected line from house to tank to utility tie in.

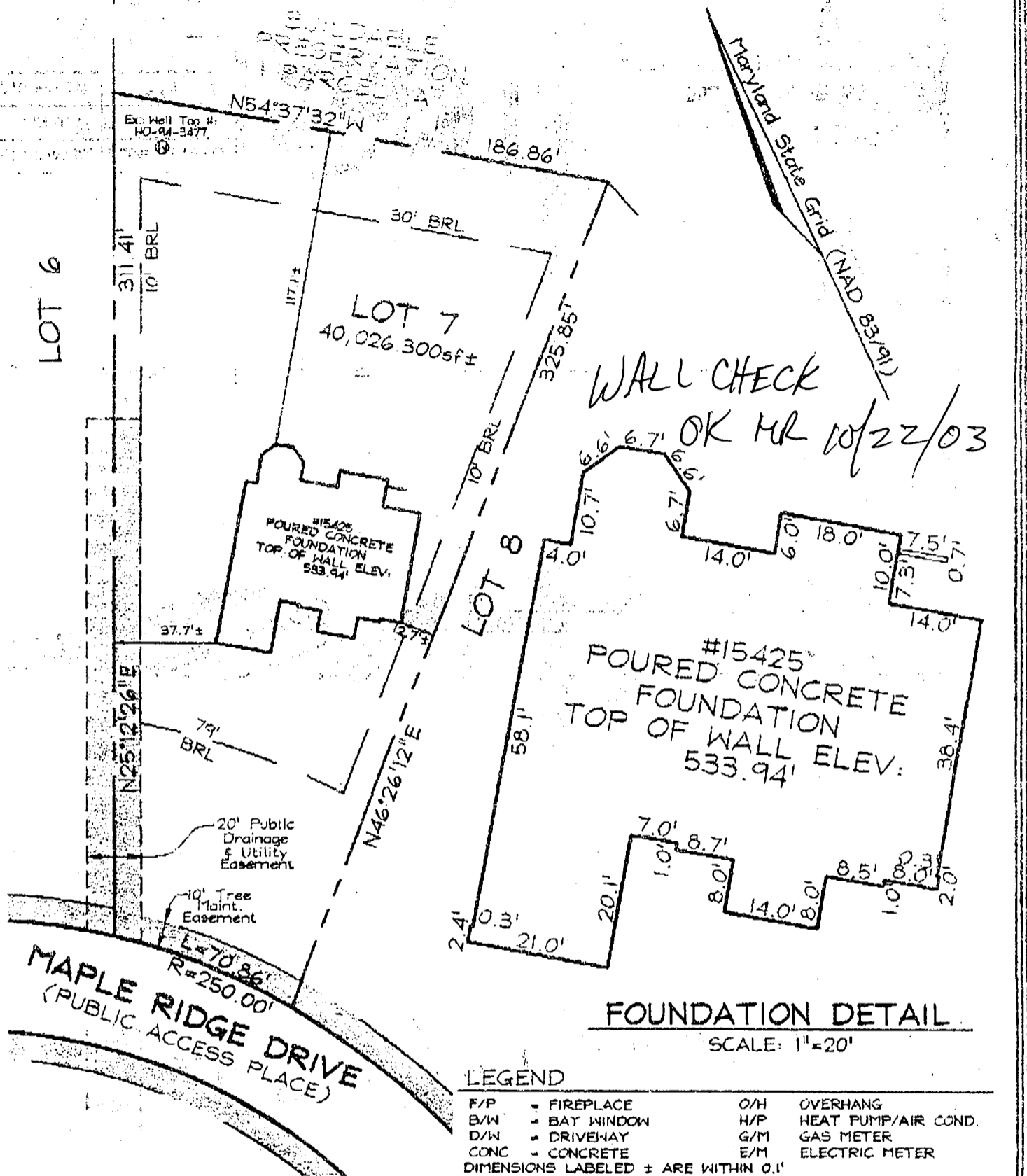
O.K. to cover to tank. Utilities to inspect from tank to street tie in

1/12/04 Pump and alarm working. (BB)

FINAL INSPECTOR J. Lee

DATE OF APPROVAL 11/18/03

BUILDING PERMITS DIVISION
CITY OF BIRMINGHAM



PLAN VIEW
SCALE: 1"=50'

FOUNDATION DETAIL
SCALE: 1"=20'

LEGEND

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

ADDRESS No.: 15425 MAPLE RIDGE DRIVE
 TOP OF WALL ELEV. = 533.94' 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;

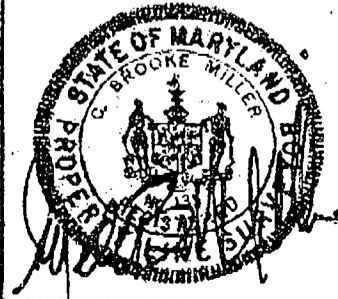
THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

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.

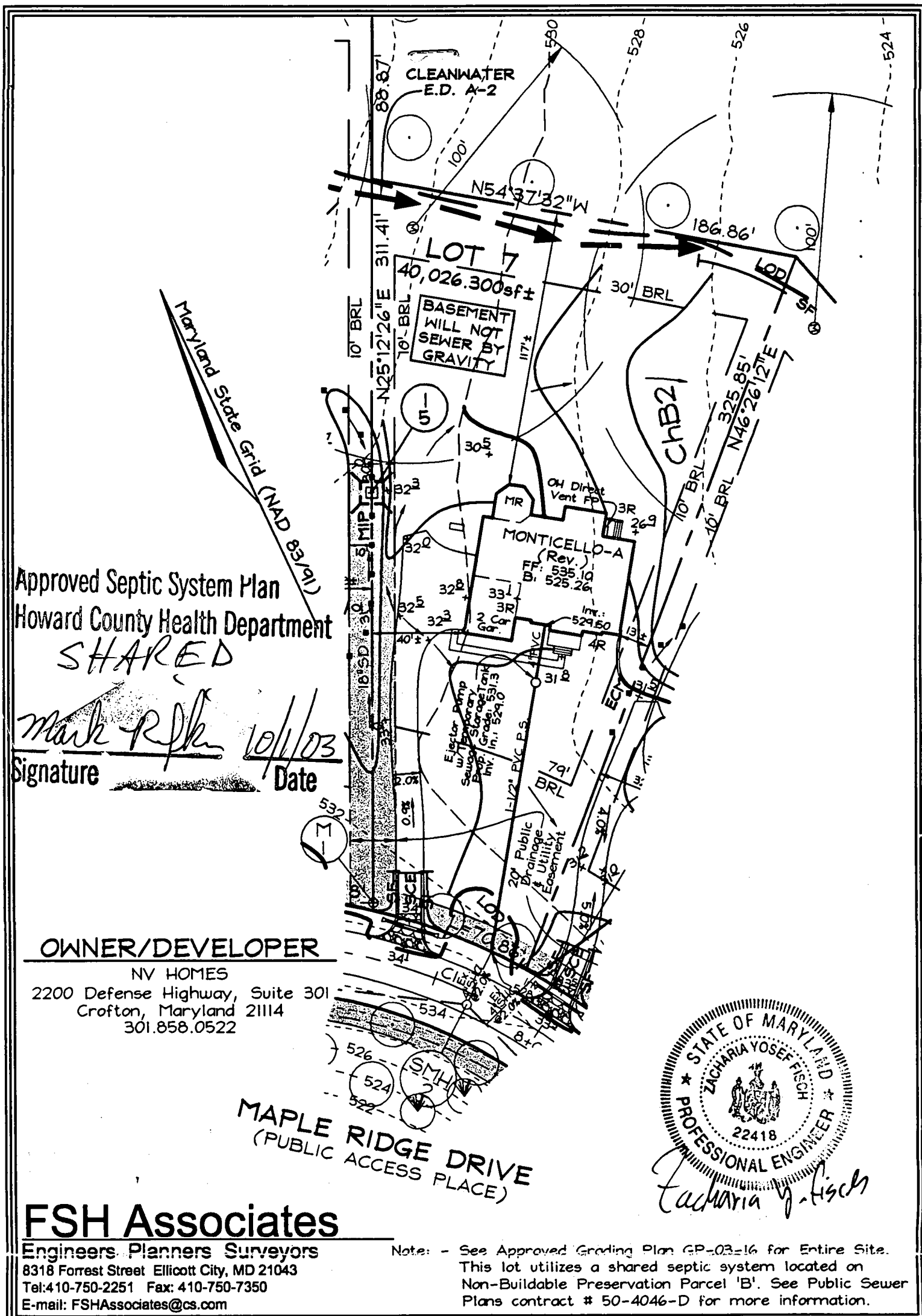
FSH Associates

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: 10/19/03
FINAL:	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138



LOT 7
 MAPLE RIDGE
 PLAT No. 15667
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



Approved Septic System Plan
 Howard County Health Department

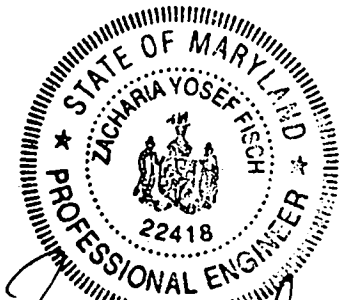
SHARED

Mark R. Fish 10/1/03
 Signature Date

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: AY
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Sep. 04, 2003
 W.O. No.: 3138
 SHEET No.: 1 OF 1

LOT 7 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
 2430 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00144116 *MER*

Building Address 15425 MAPLE RIDGE DRIVE
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604001 Subdivision MAPLE RIDGE
 Section _____ Area _____ Lot 7
 Tax Map _____ Parcel 51 Grid 14
 Zoning RCOEP Map Coordinates 311.2 Lot size _____

Property Owner's Name NVR INC
 Address _____
 City _____ State MD Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Kevin J. ...
15425 Maple Ridge Drive
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use _____
 Estimated Construction Cost \$ 220,000
 Description of Work Remodel 2 story ...
Unit 100 - 3100 - 1/10/12

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State MD Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

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 _____
 Title/Company _____

Print Name NVR Inc
 Date 9/17/12

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>10/1/03</u>	<u>Mark R. ...</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> 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 New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 59558

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 134656

Validation # 28382

Accepted by [Signature]

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. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Rd,
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. Feezer 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 #: 7 Well Tag #: HO-94-3977

Site Address: 15425 Maple Ridge Dr
Woodbine, MD 21797

Submersible Pump Data

Make: STA-RITE

Model #: SPY02HL-03

Pump Capacity 5 GPM

Well Yield: 5 GPM

Depth of well encountered at time of pump installation: 600 (feet)

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 guides are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

Pitless Adapter

Make: Campbell

Model #: PT 800

Depth: 4 1/2 (36" min)

NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:

Screened, vented well cap:

Cap secured to casing:

Conduit min 1 1/2" B.G.:

Conduit secured to well cap:

Pipeline to house

Type: Poly

PSI: 202 (160 psi min)

Depth of supply line: 4 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:

Approximate length of sleeve: 5'

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. Feezer

date: 1/14/03

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

Date Insp. Requested: _____ Date Insp. Approved: 1/6/04 (50) BB
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

C 1 **14226** SEQUENCE NO. (MDE USE ONLY) **293**

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.

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

COUNTY NUMBER **A510610**

ST/CO USE ONLY
 DATE RECEIVED
 MM **09** DD **20** YY **02**

DATE WELL COMPLETED
 Depth of Well
600
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
FD-94-34117

OWNER **LAND DEVELOPMENT**
 STREET OR RFD **MAPLE RIDGE DRIVE** TOWN _____
 SUBDIVISION **MAPLE RIDGE** SECTION _____ LOT **7**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Topsoil	0	1	
red rocky clay	1	8	
tannish/brown shale	8	45	
reddish/brown shale	45	51	
tannish brown shale	51	67	
tan shale	67	122	
Dark gray slate	122	175	
Grayish/Green slate	175	178	
Dark gray slate	178	196	
gray slate	196	600	✓ 265

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **4** NO. OF POUNDS **170**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **74**
 60 61 63 64 66 70

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

screen type or open hole **ST** **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

C 2 DEPTH (nearest ft.)
 1 **Ho** 72 600

WELL HYDROFRACTURED **Y** **N**

E A C H S R E E N	DEPTH (nearest ft.)					
	8	9	11	15	17	21
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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.

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

DRILLERS LIC. NO. **MW D 040**
George F. Enderday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q

LIC. NO. **JWD 727**
Fuller's Casing

70 **56 PM** 72 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

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

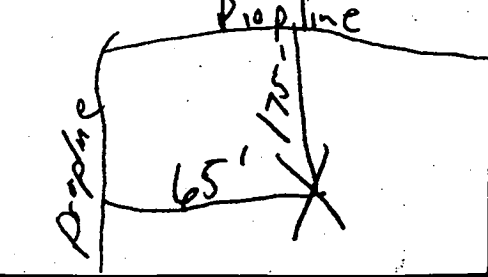
C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**
4
 PUMPING RATE (gal. per min.) _____
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15** ft.
 17 20
 WHEN PUMPING **87** ft.
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **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. **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)
 49 50 51

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



B 1 2166

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-3477 fill in this form completely

OWNER INFORMATION: Date Received (APA) 07-16-02, Landscape Development, 16307 Carrs Mill Road, Woodbine, Md 21797

LOCATION OF WELL: Howard, CC#, 8 COUNTY Maple Ridge, 23 SUBDIVISION 7, SECTION 44, LOT 46, LISBON, 52 NEAREST TOWN 71, MILES FROM TOWN 1

DRILLER INFORMATION: George F. Easterday, M WD 040, Driller's Name L. Franklin Easterday, Inc., Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771, Address, Signature George F. Easterday, Date 7/12/2002

Maple Ridge Drive, 11 NEAR WHAT ROAD 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), 34 350 37 DISTANCE FROM ROAD Ft., ENTER FT OR MI 38 39, TAX MAP: 8 BLK: 4 PARCEL: 51318

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL, HOWARD COUNTY NAME, AS10610 COUNTY NO., STATE SIGNATURE, DATE ISSUED 08/15/02, CO SIGNATURE Mark P. ... 8/15/03, EXP. DATE, NORTH GRID 543 000, EAST GRID 785 000

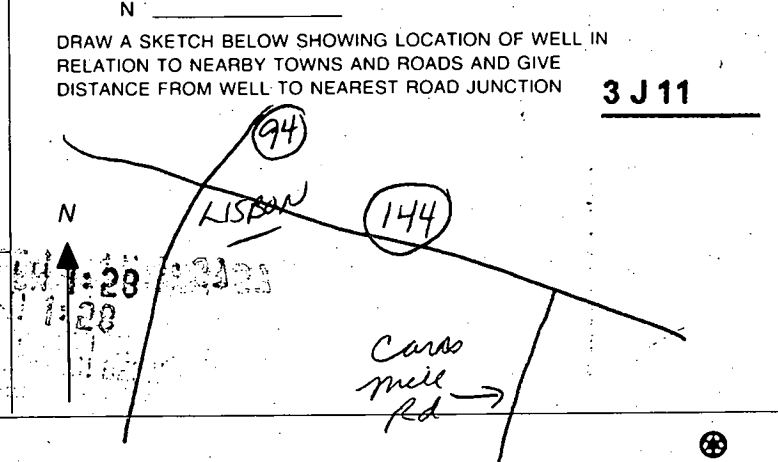
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. wells, WRITE THE BOX NUMBER FROM THE MAP HERE 7905, E 5403, N

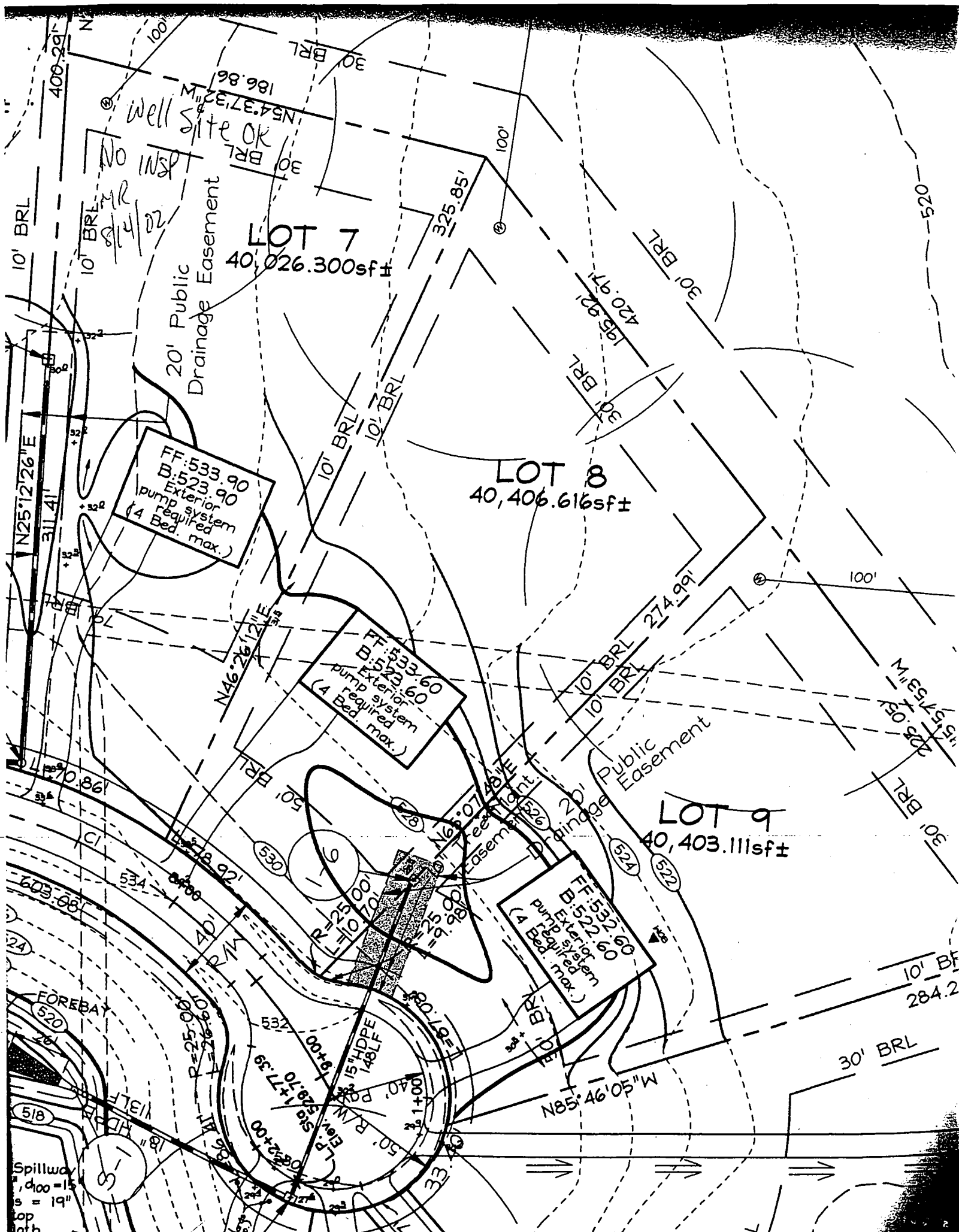
METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, DRive-POINT, other

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP. PERMIT NUMBER, PERMIT No. HO-94-3477

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±

Well site OK
NS4.37.32"
186.86'

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.)

20' Public
Drainage Easement

Public
Easement

N25°12'26"E
311.41'

N46°26'12"E
314.34'

N6°07'46"E
255.98'

N85°46'05"W
50.12'

FOREBAY

Spillway
d₁₀₀ = 15'
s = 19"
top
of
th

603.68'

534'

530'

532'

531'

533'

535'

537'

539'

541'

543'

545'

547'

549'

551'

553'

555'

557'

559'

561'

563'

565'

567'

569'

571'

573'

575'

577'

579'

581'

583'

585'

587'

589'

591'

593'

595'

597'

599'

601'

603'

605'

607'

609'

611'

613'

615'

617'

619'

621'

623'

625'

627'

629'

631'

633'

635'

637'

639'

641'

643'

645'

647'

649'

651'

653'

655'

657'

659'

661'

663'

665'

667'

669'

671'

673'

675'

677'

679'

681'

683'

685'

687'

689'

691'

693'

695'

697'

699'

701'

703'

705'

707'

709'

711'

713'

715'

717'

719'

721'

723'

725'

727'

729'

731'

733'

735'

737'

739'

741'

743'

745'

747'

749'

751'

753'

755'

757'

759'

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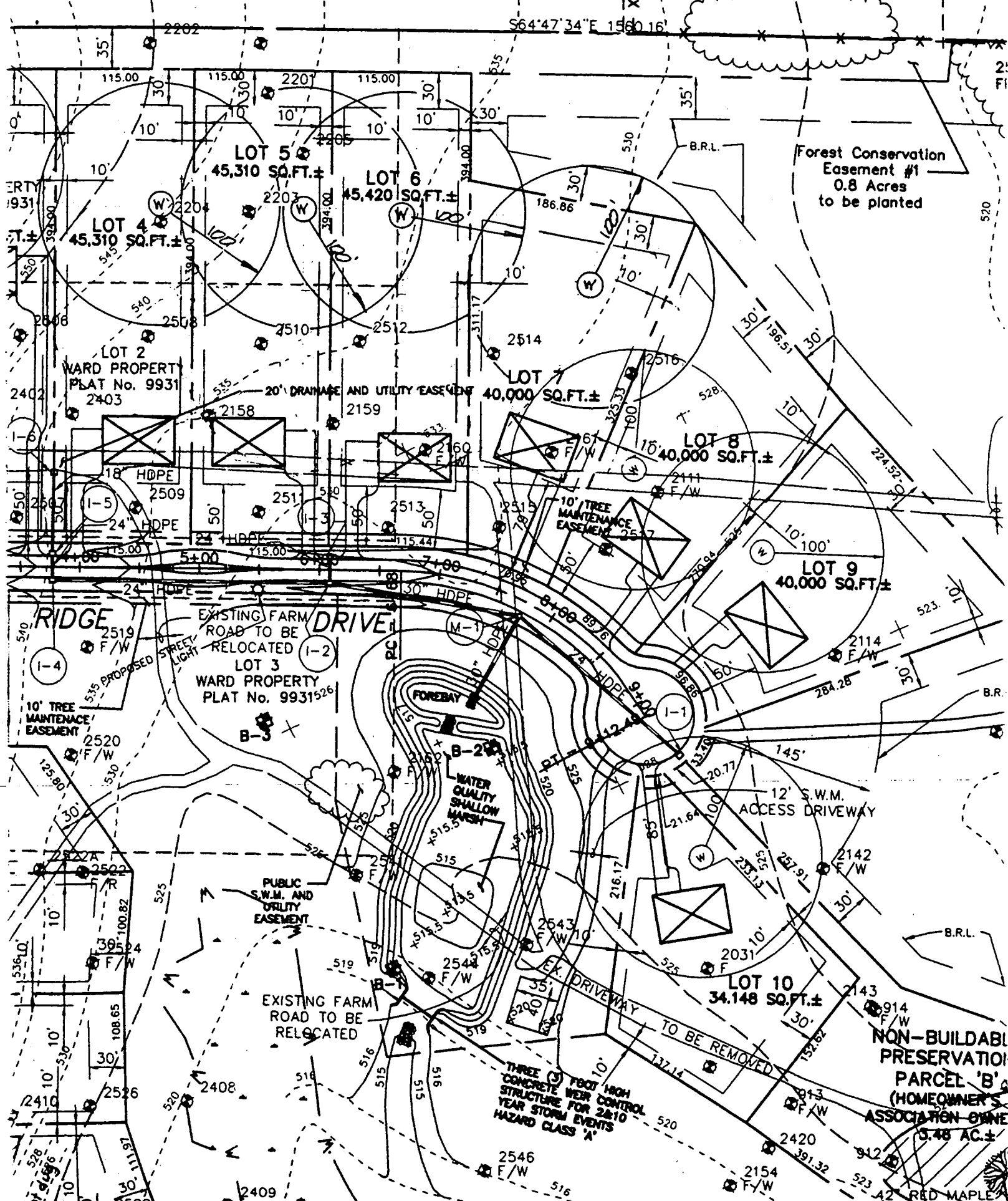
1113'

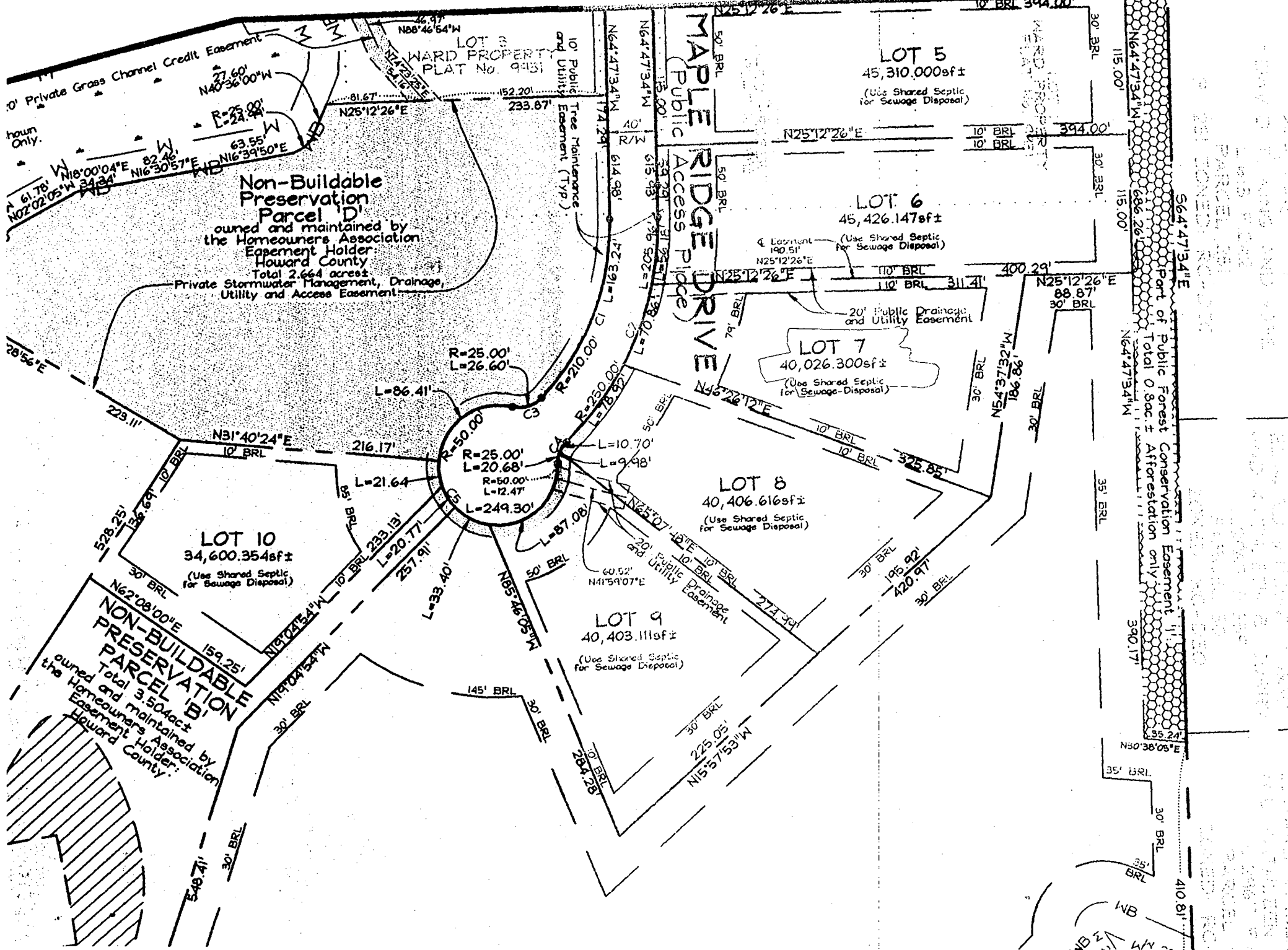
1115'

1117'

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





10' Private Grass Channel Credit Easement
10' Private Stormwater Management, Drainage, Utility and Access Easement

houn 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 'D'
owned and maintained by the Homeowners Association Easement Holder Howard County
Total 3.504 acres

LOT 3
WARD PROPERTY
PLAT NO. 9451

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 Road

Part of Public Forest Conservation Easement
Total 0.5ac± Afforestation only

