

LAYOUT 1/16/04 10:00 + late
INSP 1 1/20/04 INSP 3 _____
INSP 2 2/20/04 INSP 4 _____

04-367170

ISSUE DATE: 12-15-03

P 519699

APPROVAL DATE: 3/5/04

A 510610-1

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., Westminter PHONE NUMBER: 410-875-4197

SUBDIVISION Maple Ridge LOT NUMBER: 8

ADDRESS: 15429 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: MARK RIFKEL DATE: 7/31/03

SHARED SEPTIC ; No gravity service for basement
PERMIT VOID AFTER 2 YEARS (KN)

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.

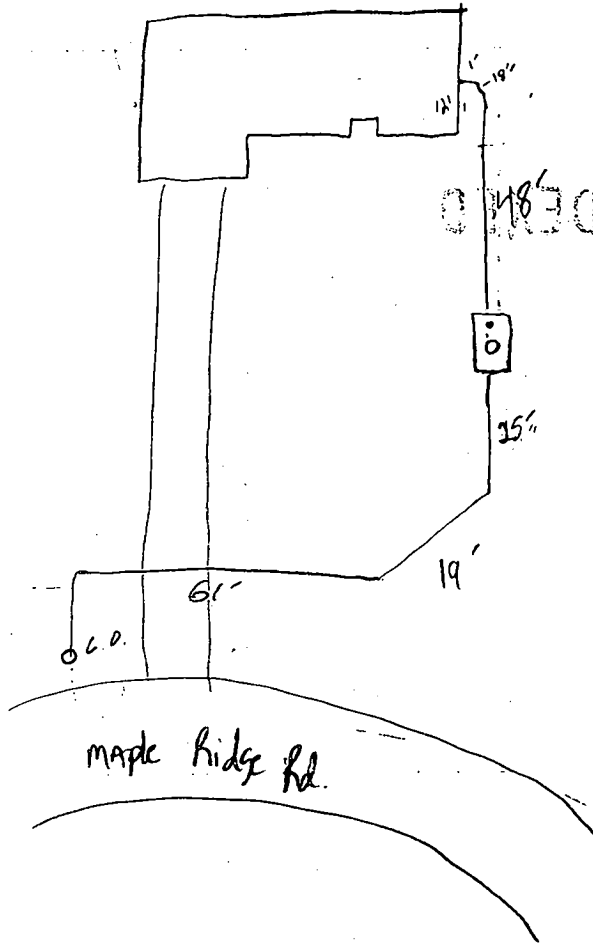
BUILDING PERMIT SIGNED AND RETURNED
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

1-7-04 800145726-46 PROPANE TANK

I-017015

94-3478

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 1500 GAL

SEAM LOC top

TANK LID DEPTH 3'

BAFFLES

BAFFLE FILTER _____

MANHOLE LOC center

6" PORT LOC front

WATERTIGHT TEST Na

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION 1/16/04 ^{AM} ok to install tank per plan (KB)

INSTALLATION 1/16/04 (PM) tank installed; pipe not connected to tank (KB)

1/20/04 - 20' section installed at tank. Line not hooked up at street main (SB)

2/20/04 - Alarm test OK. Pump runs, no flow to C.O., check valve installed back wards. Contractor to call in when fixed (SB)

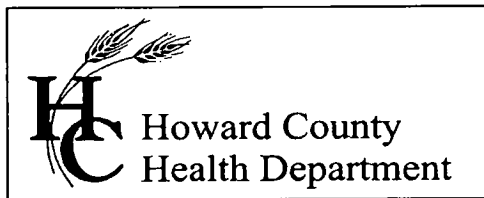
FINAL INSPECTOR

[Handwritten Signature]

DATE OF APPROVAL

3/5/04

RECEIVED AND RETURNED



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 5, 2004

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

SENT VIA FACSIMILE 410-379-2430

RE: Maple Ridge, Lot # 8
15429 Maple Ridge Drive
BP # B00142640
Well Permit #HO-94-3478

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 3/05/2004.**

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-94-3478. 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.

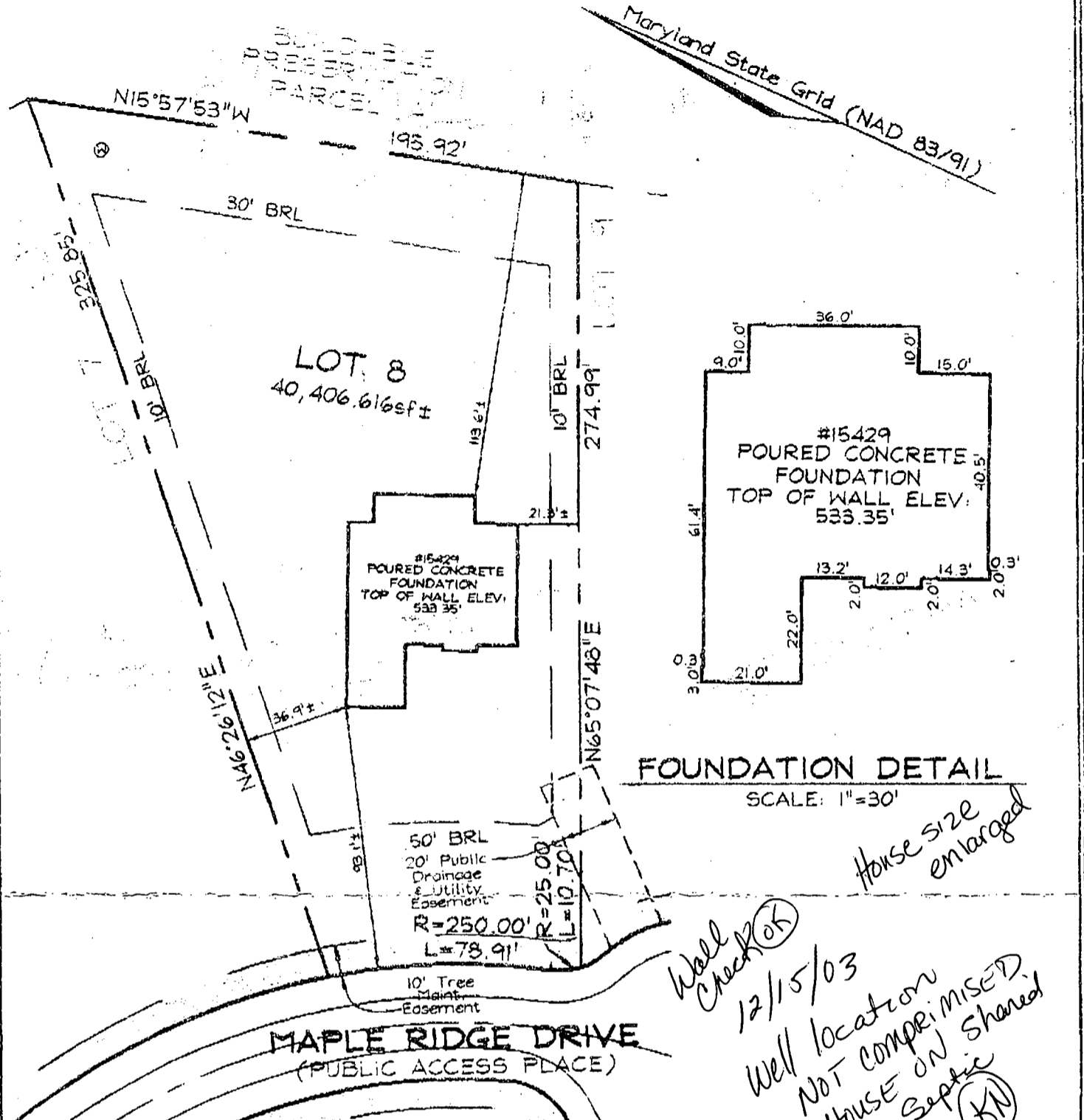
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 2/18/2004
Date of Well Completion: 9/16/2002

Respectfully,

Stuart F. Oster, Registered Sanitarian
Well and Septic Program

cc: Building Inspectors Office
Community Environmental Health
File



FOUNDATION DETAIL
SCALE: 1"=30'

PLAN VIEW
SCALE: 1"=50'

LEGEND

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

ADDRESS No.: 15429 MAPLE RIDGE DRIVE
 TOP OF WALL ELEV. = 533.35' 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: 11/21/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138

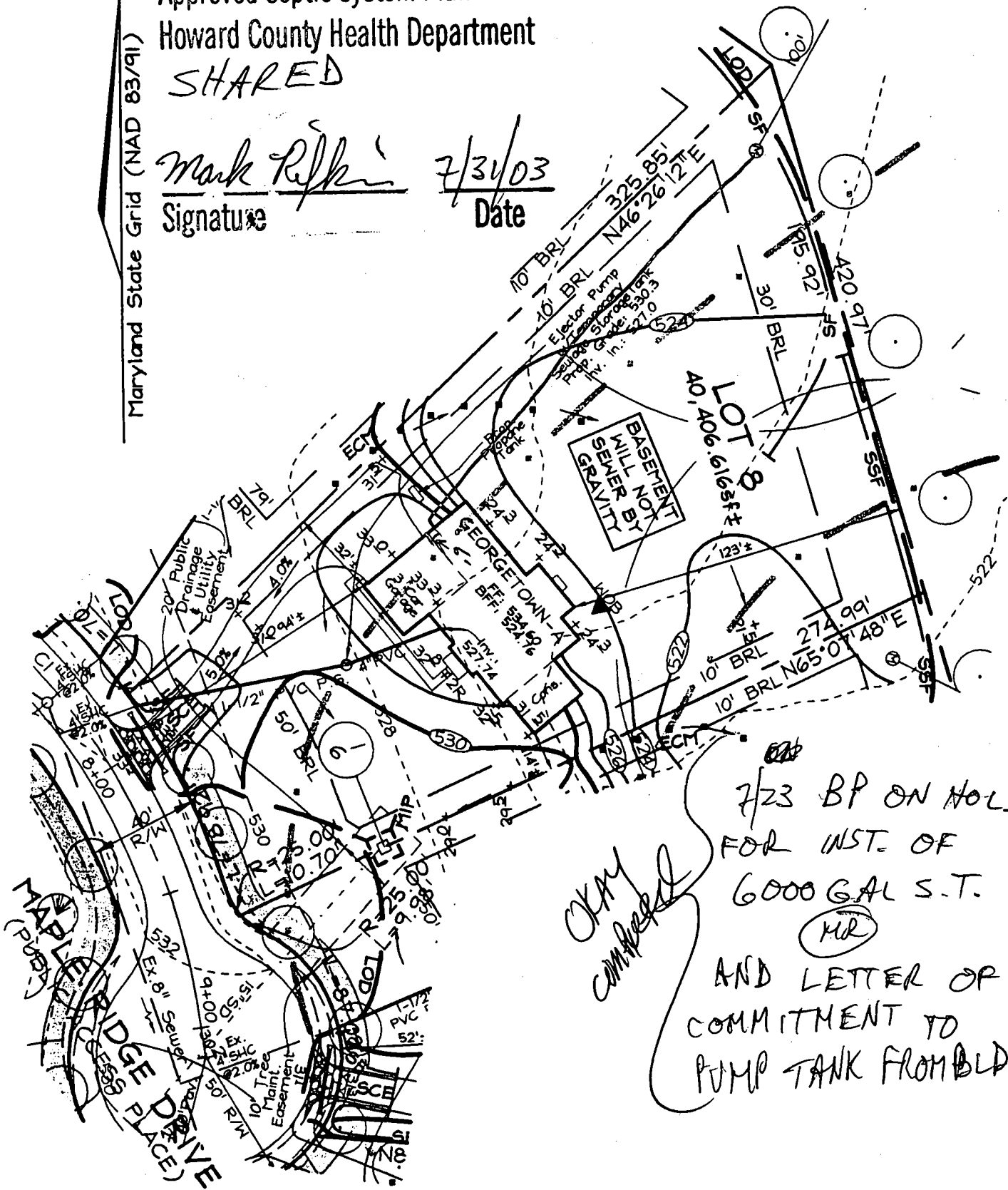


LOT 8
MAPLE RIDGE
 PLAT No. 15667
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

Approved Septic System Plan
 Howard County Health Department
SHARED

Mark R. Fisher 7/31/03
 Signature Date

Maryland State Grid (NAD 83/91)



OKAY completed

7/23 BP ON HOLD FOR INST. OF 6000 GAL S.T. (MR) AND LETTER OF COMMITMENT TO PUMP TANK FROM BLDGR

FSH Associates

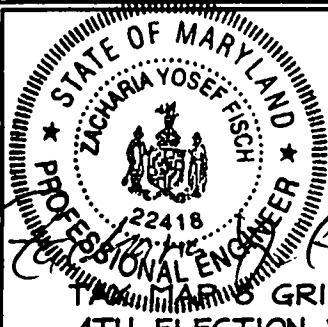
Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

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

OWNER/DEVELOPER

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

DESIGN BY: Slim
 DRAWN BY: Slim
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: June 19, 2003
 W.O. No.: 3138
 SHEET No.: 1 OF 1



**LOT RESITE
 LOT 8
 MAPLE RIDGE**

TOWNSHIP & RANGE GRID 12 & 20
 4TH ELECTION DISTRICT

PARCEL 51 & 378
 HOWARD COUNTY, MARYLAND

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
200142640

Building Address 15429 Maple Ridge Dr
Washington MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: 03-16
Census Tract 6001001 Subdivision Maple Ridge
Section _____ Area _____ Lot 8
Tax Map 8 Parcel 51 Grid 14
Zoning WV Map Coordinates 3412 Lot size 40,000

Property Owner's Name NVR Inc
Address 6285 Marshdale Marshdale Dr
City Elkridge State MD Zip Code 21025
Home Phone _____ Work Phone 410 379 3956
Applicant's Name & Mailing Address, (if other than stated hereon):
Kenneth R. Reed & Associates, Inc.
1547 Greens Ferry Rd
Elkridge, MD 21025
Phone _____ Fax 410-994-9102

Existing Use Vacant lot
Proposed Use SEI
Estimated Construction Cost \$ 175,000
Description of Work Commercial - 2 story -
full front - 11R - 3TB - 11B - FR
3 Car Garage - (13D) - Conservatory
Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company NVR Inc
Contact Person Kenneth Reed
Address 11045 Leesville Rd
City Madison State VA Zip Code 22114
License No. 56
Phone 433-441-7200 Fax _____
Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: * N/A <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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: _____	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 type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
Other Structure: _____	NFPA #13D _____
Dimensions: _____	NFPA #13R _____
Footings: _____	Other: _____
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 [Signature]
Title/Company _____

Print Name NVR Inc
Date 6/25/03

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	<u>7/31/03</u>	<u>Mark Riff</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
Real: _____
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: 58706

Filing fee \$	<u>120</u>
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>134649</u>
Validation	# <u>27721</u>

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 FURZEA CO INC Telephone #: 410-781-4655
Address: 6321 PALMETT AVE
SYLVESVILLE, MD 21784

(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 FURZEA 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: N/V HOMES Telephone #: 410-379-5956
Subdivision: MAPLE RIDGE Lot #: 8 Well Tag #: HO-94-3478
Site Address: 15429 MAPLE RIDGE DRIVE
WOODBINE, MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>STALITE</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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. Furze date: 2/5/04

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

Date Insp. Requested: _____ Date Insp. Approved: 2/6/04 (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

PAID
FEB 14 2004
BY: _____

C 1 14227

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A510610

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/16/02

DEPTH OF WELL 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3478

OWNER LANDSCAPE DEVELOPMENT STREET OR RFD MAPLE RIDGE DRIVE TOWN SUBDIVISION MAPLE RIDGE SECTION LOT 8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Tanish/white sand, Tan sand, Limestone, Tan slate, Gravel bed, Blush/gray slate, Blue slate.

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

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

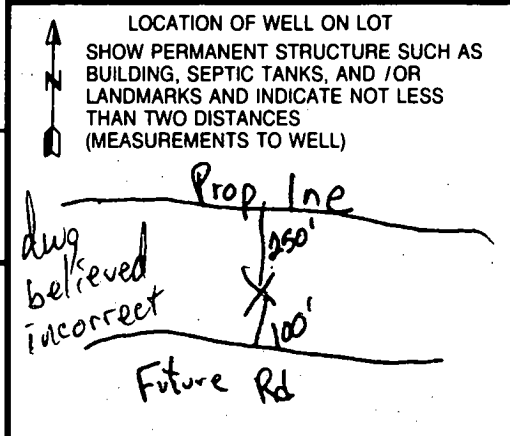
DEPTH (nearest ft.) table with columns for casing height and depth.

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

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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

DRILLER'S LIC. NO. 1 M W 0040

DRILLER'S SIGNATURE George F. Eastenbury

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

B 1	2168	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-94-3478 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION 9114

Date Received (APA) 07-16-02
8 MM DD YY 13

Landscape Development

15 Last Name 16307 Carrs Mill Road Owner First Name 34
36 Street or RFD 55
Woodbine, Md 21797
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard CC#
8 COUNTY 21

Maple Ridge

23 SUBDIVISION 42

SECTION 44 LOT 8
46 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

Maple Ridge Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 350 37
DISTANCE FROM ROAD FT.

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 14 PARCEL: 51378

WELL INFORMATION

B 2 APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME AS10610 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 08-15-02 Mark E. R. Ken 5/15/03
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 543 0 0 0 EAST GRID 785 0 0 0
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

2. X

3. X

WRITE THE BOX NUMBER FROM THE MAP HERE

7005

E 5403 000 000

N _____

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

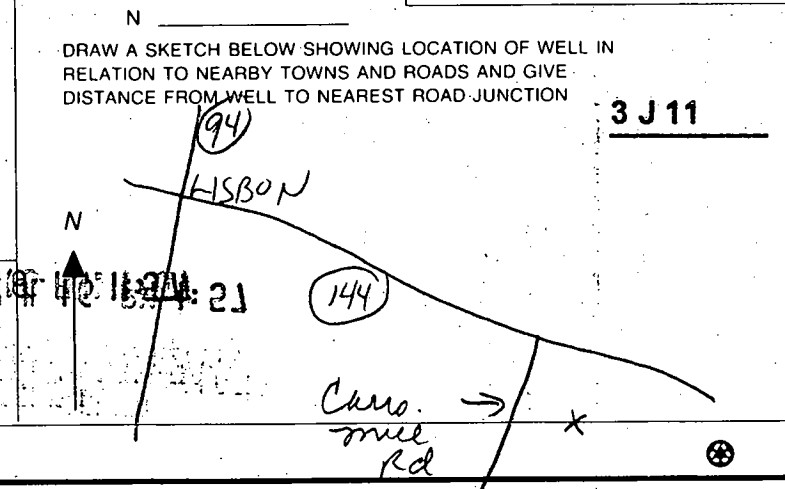
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



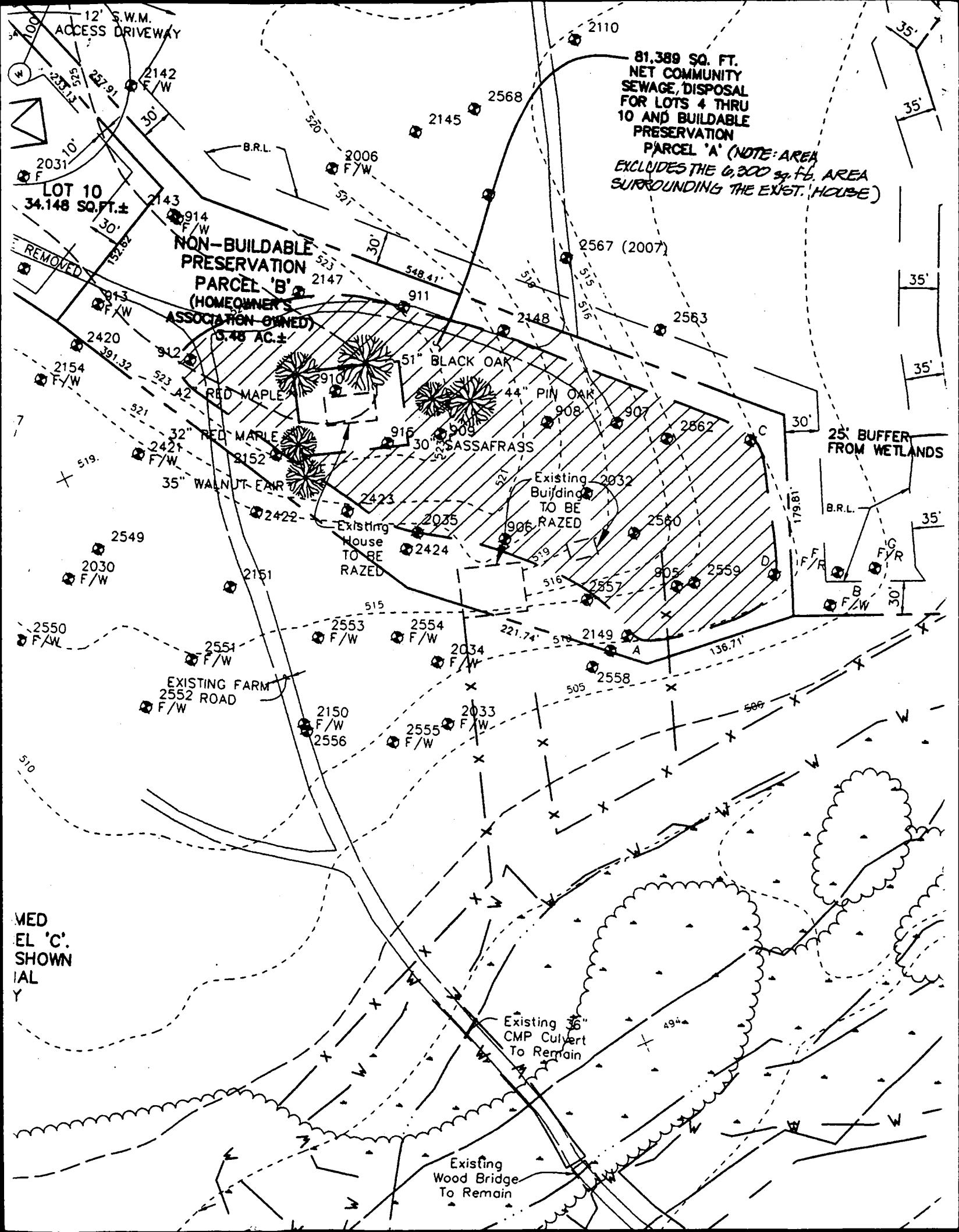
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

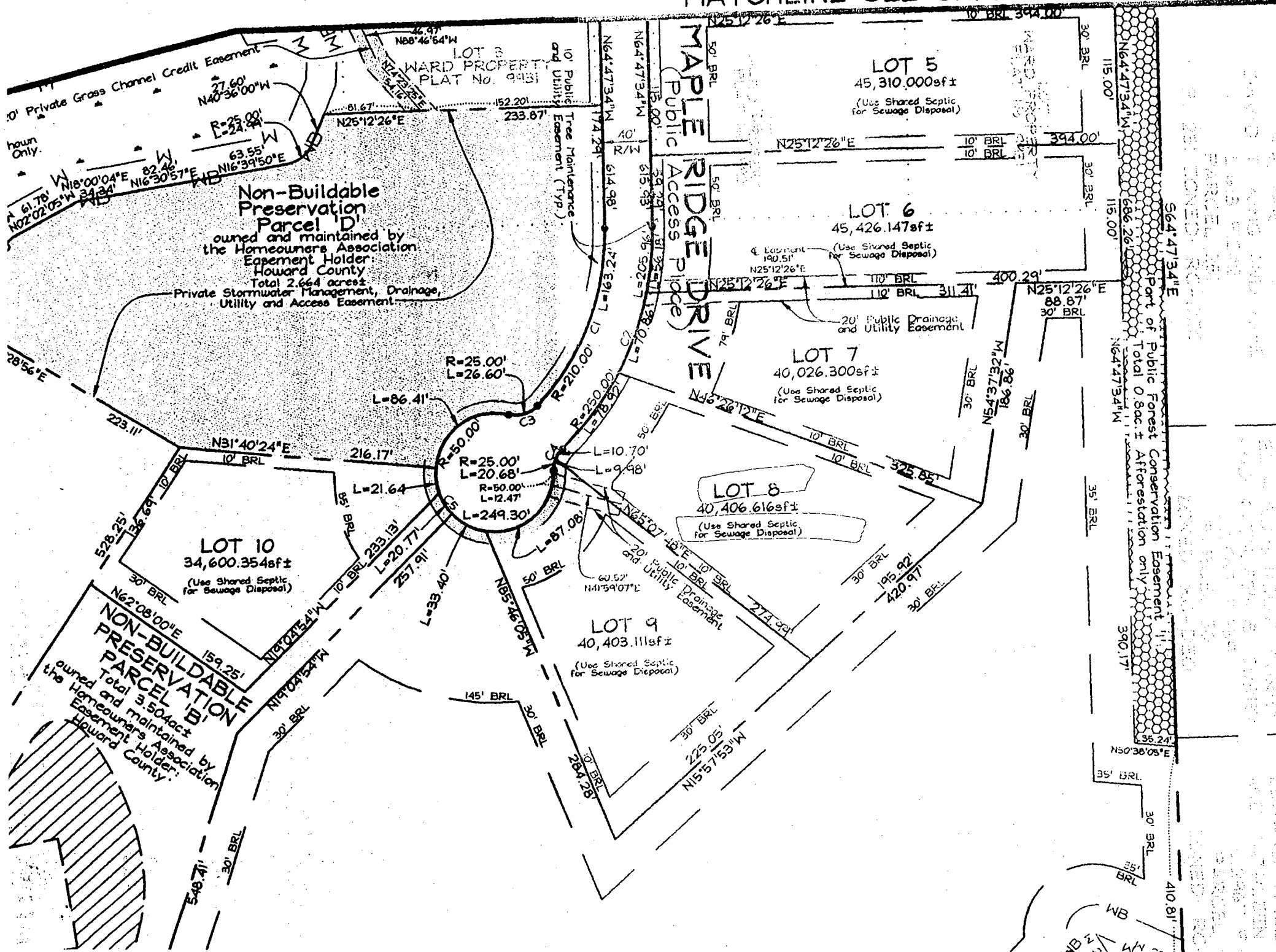
APPROP. PERMIT NUMBER _____

PERMIT No. HO-94-3478
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.





10' Private Grass Channel Credit Easement
hour Only.
N88°46'54"W
N40°36'00"W
R=25.00'
L=24.84'
N16°30'57"E
N16°39'50"E
63.55'

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

28°56'E
223.11'

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

NON-BUILDABLE PRESERVATION PARCEL 'B'
owned and maintained by the Homeowners Association
Howard County
Total 3.504 acres
Private Stormwater Management, Drainage, Utility and Access Easement.

R=25.00'
L=26.60'
L=86.41'

R=50.00'
L=20.68'
L=12.47'
L=249.30'

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

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

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

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

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

MAPLE RIDGE DRIVE
Public Access Pipe

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

N50°38'05"E

35' BRL

30' BRL

35' BRL

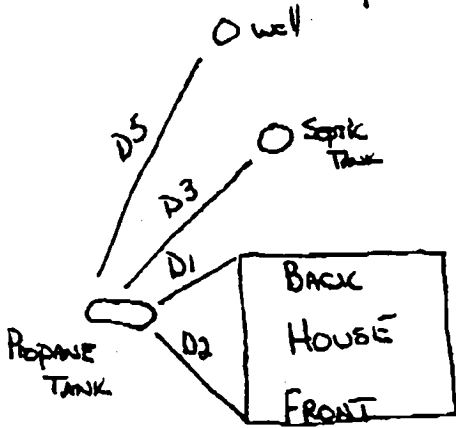
564.7134"E

410.81'

LOT 4

15413 MAPLE RIDGE DR

BP 00145724 for
(FA) propane tank
1/14/04



Septic Puplic
Field

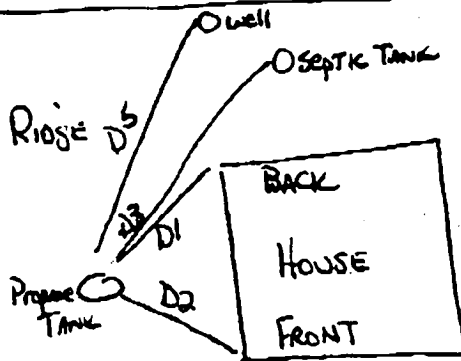
D1 - 17'
D2 - 35'
D3 - 85'
D5 - 100'

LOT # 8

15429 MAPLE RIDGE DR

BP 00145726
for propane tank

(FA) 1/14/04

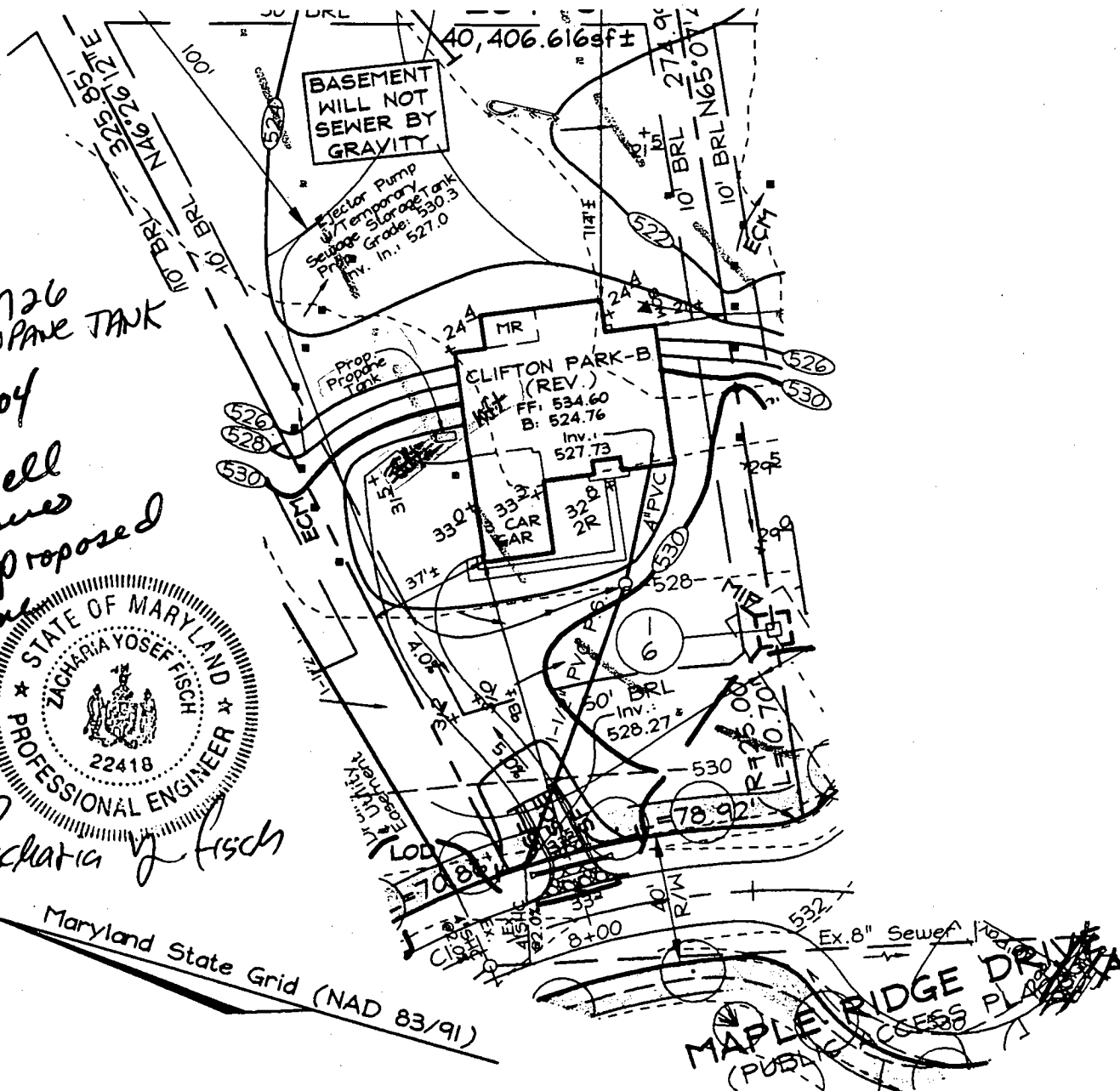


D1 - 25'
Septic Field Puplic
D5 - 135'
D3 - 45'
D3 - 70'

Approved Septic System Plan
Howard County Health Department


Signature

1/14/04
Date



B00145726
UG PROPOSE TANK
11/7/04

No well
issues
for proposed
propane
tank



Zacharia Yosef Fish

Maryland State Grid (NAD 83/91)

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.

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

OWNER/DEVELOPER

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

DESIGN BY: Slim
DRAWN BY: Slim
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Oct. 30, 2003
W.O. No.: 3138
SHEET No.: 1 OF 1

LOT RESITE LOT 8 MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
4TH ELECTION DISTRICT

PARCEL 51 & 378
HOWARD COUNTY, MARYLAND