

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/22/2005

P 522600

APPROVAL DATE: 6/27/05

A 511503-N

PERMIT

TAX ID #03-341887

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 410-531-6773

SUBDIVISION: Paddocks East LOT NUMBER: 14

ADDRESS: 13531 Julia Manor Way PROPERTY OWNER: Pulte Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1500 N/A KN COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 186 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. <u>2.0</u> feet of stone below distribution pipe. <u>KN</u> <u>4.0</u>
LOCATION:	Place the distribution box at the highest elevation in the approved SDA.
NOTES:	

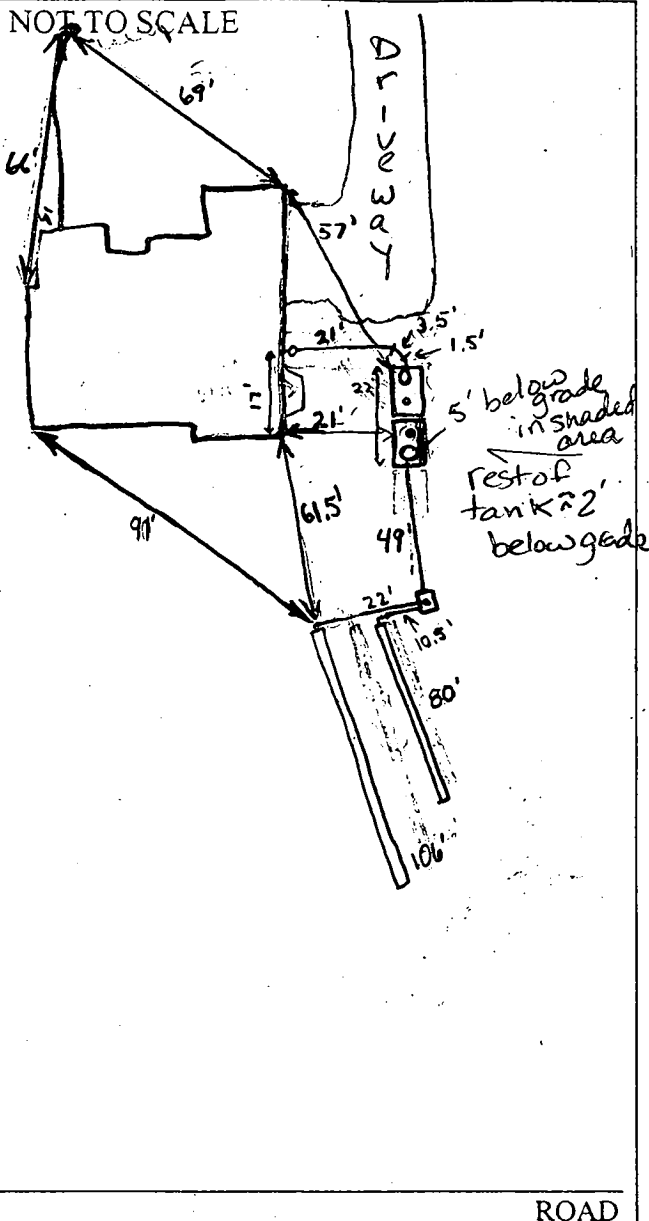
PLANS APPROVED: Kevin J. Bell Reviewed by: P.Y. DATE: 9/13/04 2123

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A511503-N

LONG
Pipes for ADJ LOT



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4.5'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		186'
ABSORPTION AREA		651 ft ²
DISTRIBUTION BOX LEVEL		levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA		Babylon
SEPTIC TANK 1 LEVEL		Yes
CAPACITY		1500 GAL
2 compartment	SEAM LOC	TOP
TANK LID DEPTH		2-4
BAFFLES		Front & Rear
BAFFLE FILTER		No
MANHOLE LOC		Rear
6" PORT LOC		Front
WATERTIGHT TEST		N/A
SEPTIC TANK 2 LEVEL		Yes
Pump	CAPACITY	1500 GAL
SEAM LOC		Top
TANK LID DEPTH		2-3
BAFFLES		Front
BAFFLE FILTER		No
MANHOLE LOC		Front
6" PORT LOC		Rear
WATERTIGHT TEST		N/A

PRE-CONSTRUCTION 5/3/05 TANKS set. Run trenches per 4/22/05 site (RN) plan. May need to drop d. box little lower to get trench lengths!

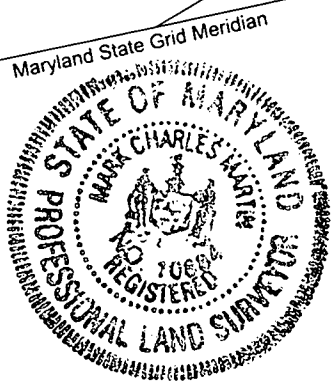
INSTALLATION well line O.K. PAY 3/11/05

Septic Installation complete and is OK 5/4/05 Need pump & Alarm for final approval. (GC) Pump & Alarm test passed → circuits 1 & 3. (6/21/2005) GAE

FINAL INSPECTOR D. Cright DATE OF APPROVAL 6/21/05

Approved Septic System Plan
Howard County Health Department

Bruan Babu 5/3/05
 Signature Date

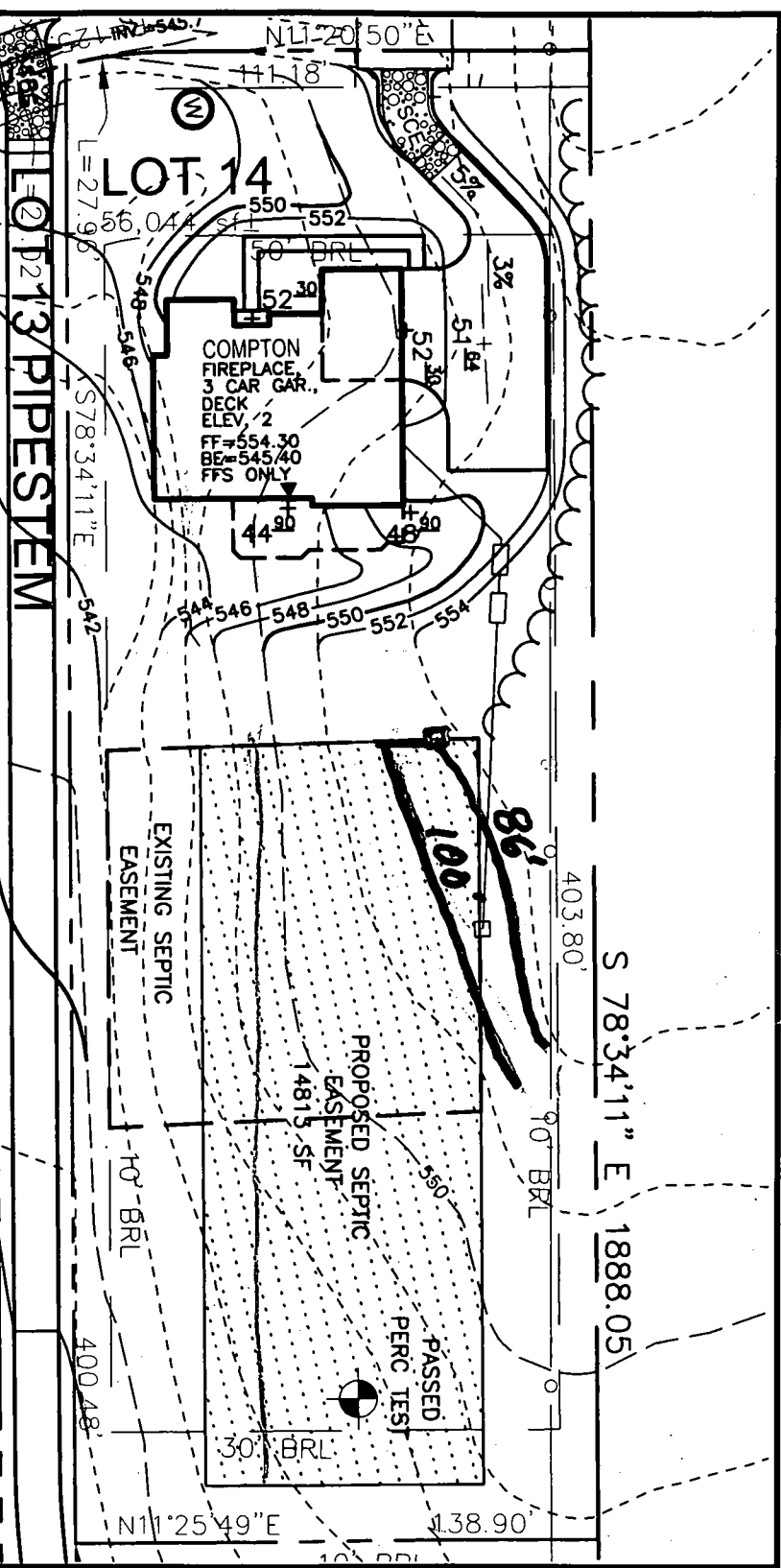


SEPTIC DATA:
 HOUSE:
 INV. OUT=551.6
 SEPTIC TANK(1250GAL)
 TOP GRADE:552.8
 INV. IN=550.8
 INV. OUT=550.5
 PUMP TANK(1250GAL)
 TOP GRADE:554.5
 INV. IN=550.4
 INV. OUT=550.3
 DISTRIBUTION BOX:
 TOP GRADE:553.4
 INV. IN=550.4
 INV. OUT=549.9

*Revised
 B.P.
 Plan*

PERCOLATION CERTIFICATION:
 I CERTIFY THAT THE LOCATIONS SHOWN
 HEREON ARE BASED ON FIELD
 LOCATIONS DONE UNDER MY DIRECT
 SUPERVISION, AND ARE CORRECT,
 TO THE BEST OF MY PROFESSIONAL
 KNOWLEDGE AND BELIEF.

Mark C. Martin 4/22/05
 MARK C. MARTIN DATE
 PROFESSIONAL LAND SURVEYOR#10884



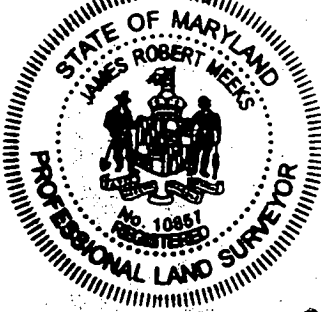
SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE APRIL, 2005
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22 PARCEL 7
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

PERCOLATION CERTIFICATION PLAN
PADDOCKS EAST LOT 14

ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961



SEPTIC DATA: 1920
 HOUSE:
 INV. OUT=542.9
 SEPTIC TANK (150 GAL)
 TOP GRADE: 544.0
 INV. IN=542.1
 INV. OUT=541.8
 PUMP TANK (150 GAL)
 TOP GRADE: 544.0
 INV. IN=541.7
 INV. OUT=541.6
 DISTRIBUTION BOX:
 TOP GRADE: 553.4
 INV. IN=550.4
 INV. OUT=549.9

3/16/05
Approximate
Area Cut
Out and
~ 25% Slope
Now

THE EXISTING WELL SHOWN ON THIS PLAN (#94-3913) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN

James R. Meeks 8/24/04
 JAMES ROBERT MEEKS, PLS #10857 DATE

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE AUG. 11, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PADDOCKS EAST
 LOT 14

PARCEL 7
 HOWARD COUNTY, MARYLAND



ROBERT H. VOGEL ENGINEERING, INC.

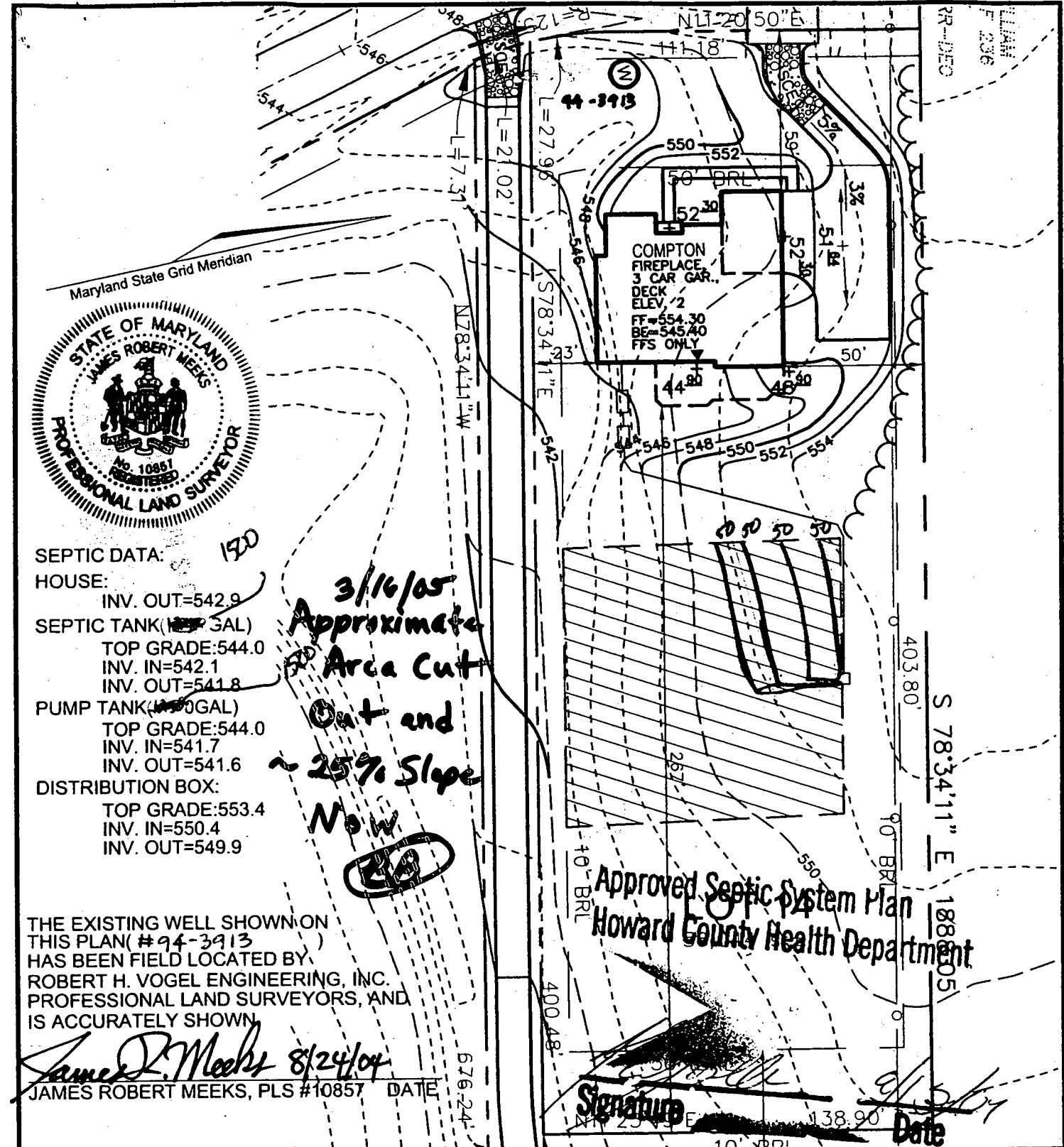
ENGINEERS • SURVEYORS • PLANNERS

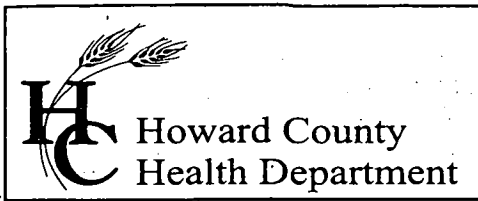
8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature

9/15/04
 Date





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

TO: Bruce Forejt
Department of Inspections Licenses and Permits

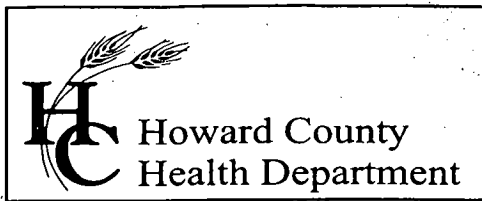
FROM: Brian Baker, R.S. (BB)
Well and Septic Program

RE: Paddocks East - Lot 14
13531 Julia Manor Way
B00150287

DATE: 3/17/2005

Please place a stop work order on the dwelling under construction at the above address. Part of the septic easement for lot 14 was cut out and removed when grading was done for the driveway leading to the house on lot 13. This grading was not shown on the permit plan and is unacceptable.

Cc: File



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

TO: Bruce Forejt
Department of Inspections, Licenses and Permits

FROM: Brian Baker, R.S. *BB*
Well and Septic Program

RE: Paddocks East - Lot 14
13531 Julia Manor Way
B00150287

DATE: 3/29/2005

Please lift the stop work order for the above address and building permit.
The builder is working with us to resolve the issue of concern and it looks
like we will shortly have a solution to the problem. Thanks.

Cc: File

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, 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): Allen Compton License# MSD 009

*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: Pedro Herrera Telephone #: _____
Subdivision: The Puddocks East Lot #: 14 Well Tag #: HO-94-3913
Site Address: 13531 Julia Manor Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>5SB10422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>2.5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>450</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 NA

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</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: <u>yes</u>

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: Allen Compton date: 4-19-05

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

Date Insp. Requested: 2/24/05 Date Insp. Approved: 3/11/05 RAM
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

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3446	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER (13) A511503

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 4 21 04	Depth of Well 22 450 26 5/12/04 (TO NEAREST FOOT) O.K. (BB)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3913 28 29 30 31 32 33 34 35 36 37
---	--	---	--

OWNER Pulte Homes first name
STREET OR RFD 3705 Route 32 TOWN West Friendship
SUBDIVISION Paddocks East SECTION _____ LOT 14

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	
Brown sand-shale	0 35	
Gray Limestone	35 97	
Brown	97 98 ✓	
Gray Limestone	98 420	
White	420 421 ✓	
Gray Limestone	421 450	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2008</u>	
GALLONS OF WATER <u>132</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>58</u> ft.	
(enter 0 if from surface)	

CASING RECORD		
(casing types insert appropriate code below)	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<u>ST</u>	<u>06</u>	<u>63</u>
60 61	63 64	66 70

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

SCREEN RECORD		
(insert appropriate code below)	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
	<input type="checkbox"/> PL PLASTIC	<input checked="" type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER		

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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 MSD 009

DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

DEPTH (nearest ft.)	
E A C H S C R E E N	DEPTH (nearest ft.)
1	<u>HO 63 450</u>
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

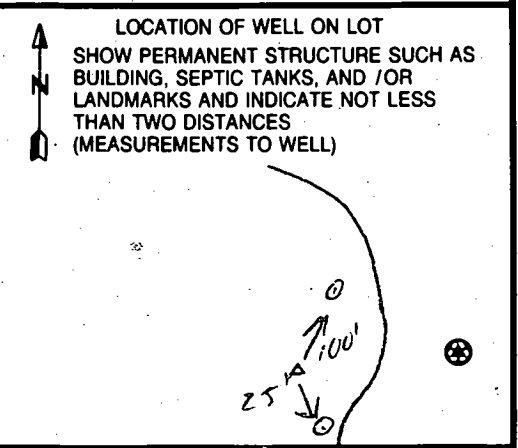
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>06</u> 8 9
PUMPING RATE (gal. per min.)	<u>2.5</u> 11 15
METHOD USED TO MEASURE PUMPING RATE	<u>1996</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>25</u> ft. 17 20
WHEN PUMPING	<u>182</u> ft. 22 25
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.	<u>29</u>
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)	49
<input checked="" type="checkbox"/> above	LAND SURFACE
<input type="checkbox"/> below	<u>02</u> (nearest foot) 50 51



B 1	0947	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520092 please type	STATE PERMIT NUMBER HO-94-3913 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 3/11/2004

8 MM DP YY 13

15 Last Name MOBBERY Owner Gretchen First Name 34

36 Street or RFD Summer Hill Farm RT 148 55

57 Town West Friendship MD 70 State MD 72 Zip 21794 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Paradecks East 42

SECTION 44 46 LOT 14 50

52 NEAREST TOWN Glenn 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton 76 License No. M S D 009 81

Firm Name Fogles Well Drilling

Address 580 Obrecht Rd

Signature Allen Compton 1-31-04 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Sykesville Rd 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 68

TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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 (13) A511503

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 3/18/04 Brian Baber 3/18/2005

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 525 000 EAST GRID 805 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 30 37

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

-
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8005 000

N 5205 000

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

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)

APPROX. PERMIT NUMBER HO 20026009

PERMIT No. HO-94-3913

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3913
 Location of property (road) 3205 Rt. 32, Near East Ivory Road
 Subdivision Paddocks East Lot 14 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner Gretchen Maberly (Palte Homes)
 Depth of well 450'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20
 Total time 15 Min. to reach pumping water level 182' ft. below M.P.

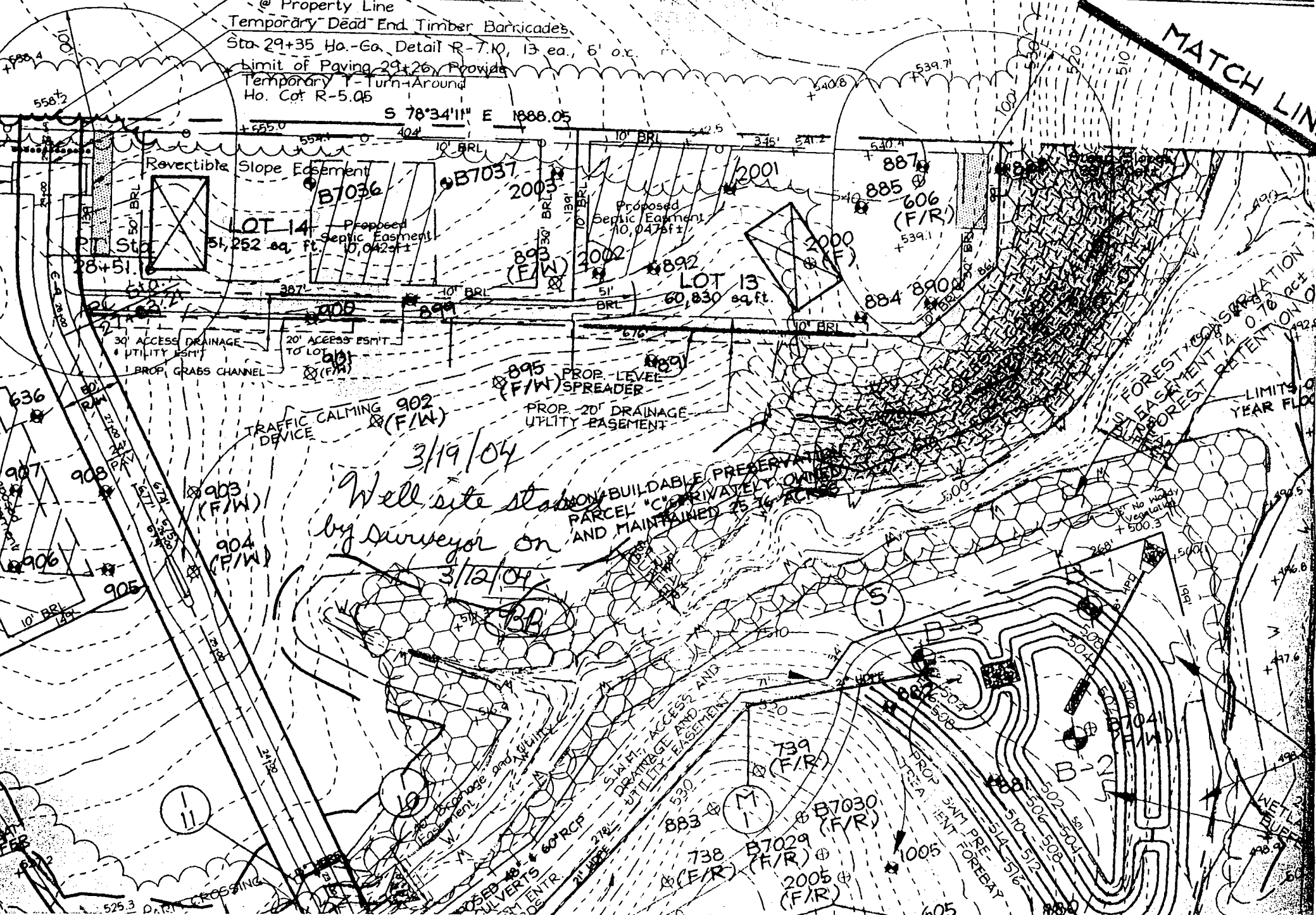
II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	25	3		20
7:15	182	24		2.5
7:30	182	24		2.5
7:45	182	24		2.5
8:00	182	24		2.5
8:15	182	24		2.5
8:30	182	24		2.5
8:45	182	24		2.5
9:00	182	24		2.5
9:15	182	24		2.5
9:30	182	24		2.5
9:45	182	24		2.5
10:00	182	24		2.5
10:15	182	24		2.5
10:30	182	24		2.5
10:45	182	24		2.5
11:00	182	24		2.5
11:15	182	24		2.5
11:30	182	24		2.5
11:45	182	24		2.5
12:00	182	24		2.5
12:15	182	24		2.5
12:30	182	24		2.5
12:45	182	24		2.5
HD-224/1:00	182	24		2.5
1:15	182	24		2.5

Limit of Submersion Sta. 29+62.37
 @ Property Line
 Temporary Dead End Timber Barricades
 Sta 29+35 Ho.-Ga. Detail R-7.10, 13 ea., 6' o.c.
 Limit of Paving 29+26, Provide
 Temporary Turn-Around
 Ho. Cot R-5.05

S 78°34'11" E 1888.05

MATCH LINE



3/19/04
 Well site stable
 by surveyor on
 3/12/04

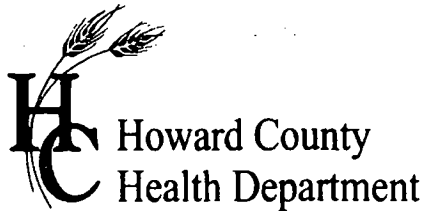
ON BUILDABLE PRESERVATION
 PARCEL *C* PRIVATELY OWNED
 AND MAINTAINED 75.36 ACRES

US FOREST CONSERVATION
 EASEMENT 0.76 AC
 FOREST RETENTION

LIMITS OF
 YEAR FLOOD

525.3 PARTIAL CROSSING

WELL
 BUILT
 1989



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 522044

AGENCY REVIEW: _____

DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Paddocks East LOT NO. 14

PROPERTY ADDRESS 13531 Julia Manor Way
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P (A)

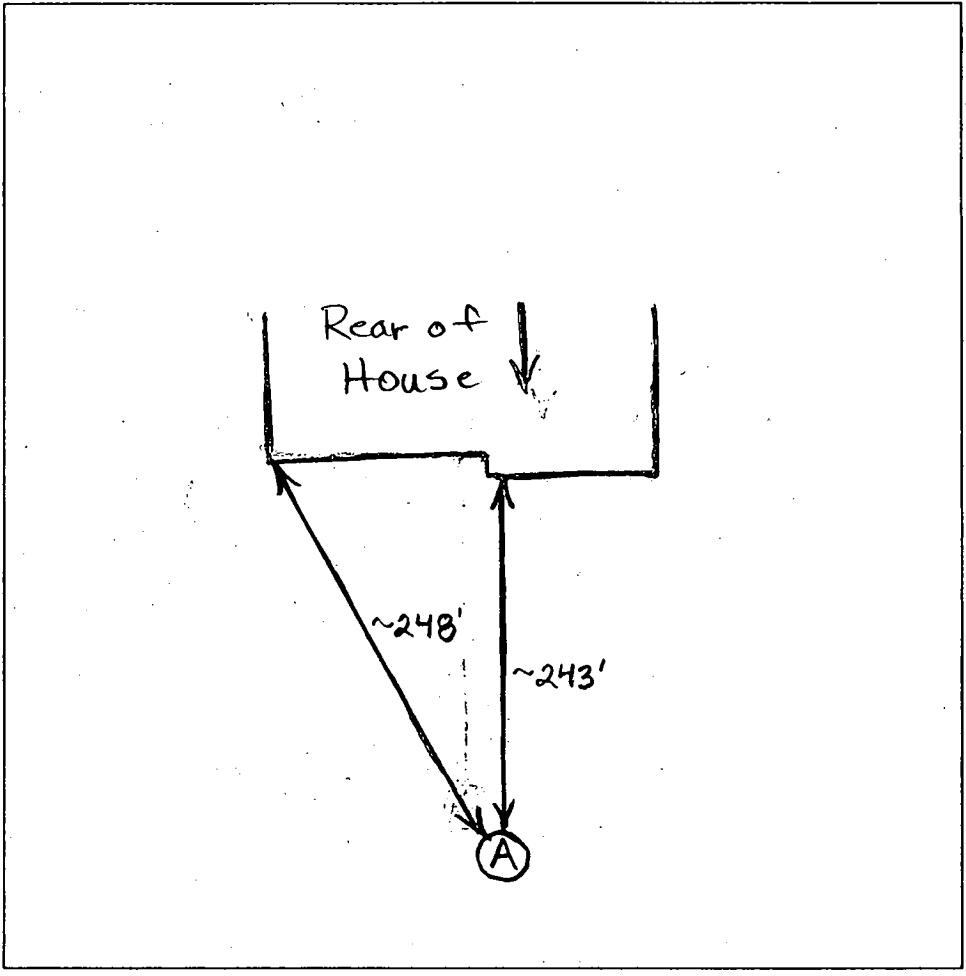
Red Br
Sl Cl Loam
~10% Rock

3'-6'

Or Br
Sa Loam
Turning To
A Tan
Sa Loam

15-20%
Rock

13.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/24/05	A	5' / 13.5'	3:48	3:53:30	4:02:30	7	P

REMARKS _____
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

COUNTY #

SOIL PROFILE

7036

Red Br
Sa cl
Loam

4.5'

Light Br
Sa Loam

~10%
Rock

13 1/4'

7037

Red Br
Sa cl
Loam

4'

Light Red Br
Sa cl Loam

6'

Light Br
Sa Loam

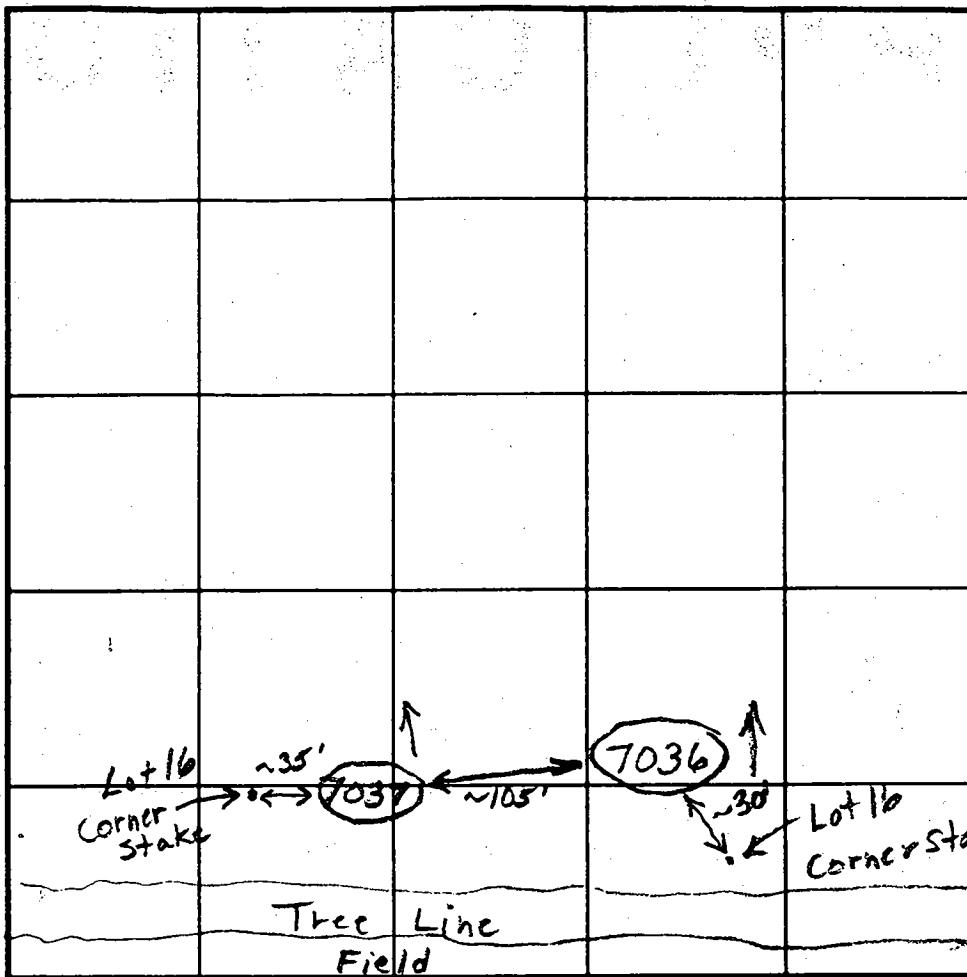
10-15%
Rock

13.5'

SOIL PROFILE

0'

Empty vertical box for soil profile.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/3/01	7036	4'/13.25'	1:15	1:17	1:17	1:19	2	OK
	7037	4'/13.5'	1:25	1:30	1:30	1:41	11	O.K.

REMARKS Holes 7036 and 7037 were O.K.

TYPE OF SOIL _____

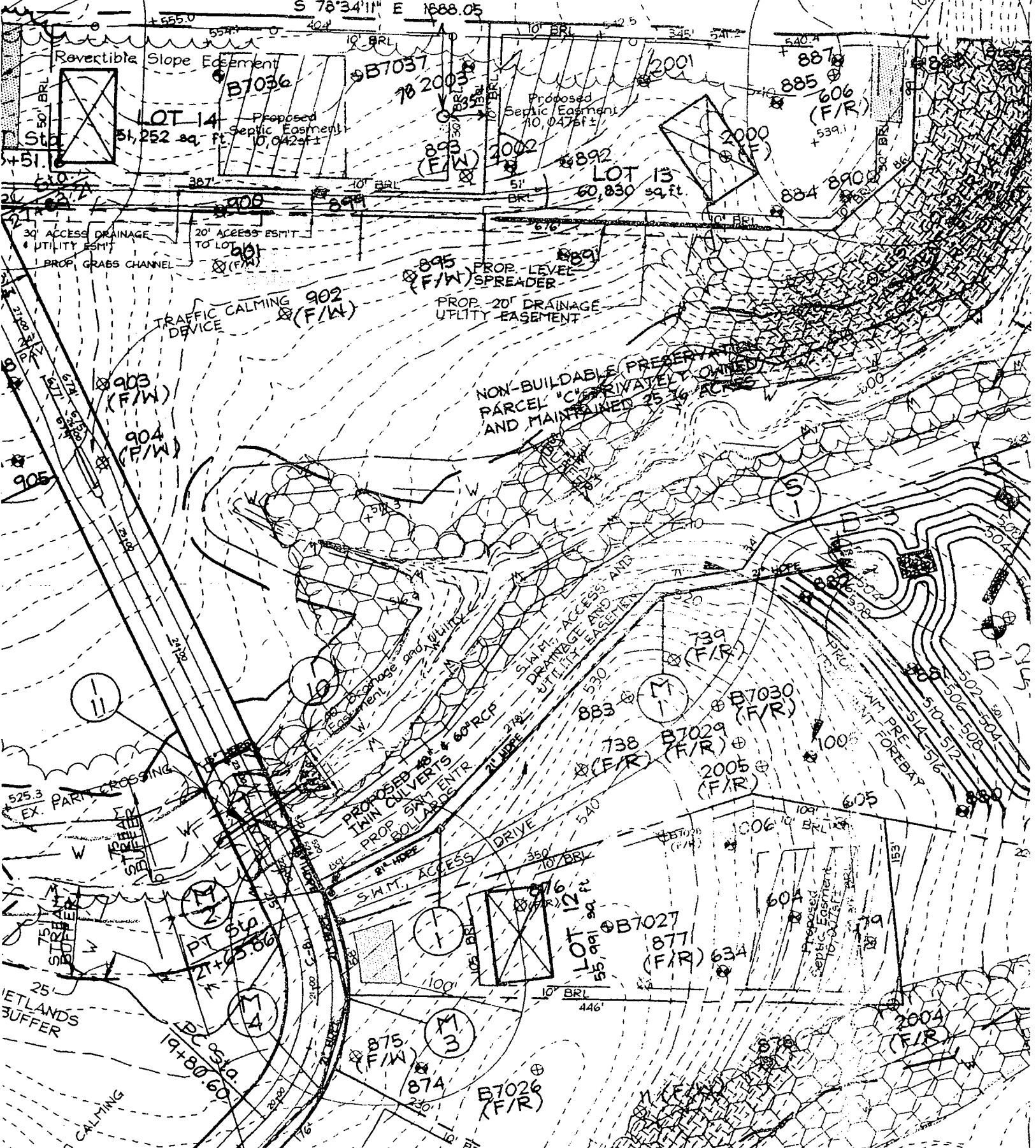
TESTED BY B. Baker ALSO PRESENT Kettermans, FSH

TRENCH DESIGN DATA. AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ FT/BEDROOM _____

P-02-04 signed 1/23/02

Limit of Submission Sta. 29+62.37
@ Property Line
Temporary Dead End Timber Barricades
Sta 29+35 Ho-Ga Detail R-7.10, 13 ea, 6' o.c.
Limit of Paving 29+26, Provide
Temporary T-Turn-Around
Ho. Cot R-5.05



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55373.1 Account #: 1930
Reference: Pulte Lot 14 Company: Fogle's Well Drilling
Location: 13531 Julia Manor Way Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 06/29/05 1000 Site: Kitchen Sink Tap
Date/Time Rec'd: 06/29/05 1035 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3913

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	1.26	NTU	<10	SM18 2130B

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 000150287

Date Reported: 06/29/05

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55373 Account #: 1930
Reference: Pulte Lot 14 Company: Fogle's Well Drilling
Location: 13531 Julia Manor Way Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 06/29/05 1000 Site: Holding Tank
Date/Time Rec'd: 06/29/05 1035 Treatment: Softener**
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3913

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	16.5	NTU	<10	SM18 2130B

NOTES:

- 1 **Sample collected prior to treatment
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : 000150287

Date Reported: 06/29/05

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Jun 28, 2005

County Howard

Lab Number T-0366

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Pulte Home Corporation
1501 South Edgewood Street
Baltimore, Maryland 21227
Attn: Accounts Receivable

Property Sampled: U&O: 13531 Julia Manor Way, retest #1

Station Sampled: Powder room & pressure tank taps

Tax Map #: 22

Date/Time Sampled: Jun 27, 2005 12:00 n

Parcel #: 7

Owner, Telephone No.: Patel

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 14

Building Permit No.: B00150287

Well Number: HD-94-3913

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Turbidity (Raw)	33.6 NTU	EPA 180.1	*10 NTU	HIGH
Turbidity (Trtd)	25.0 NTU	EPA 180.1	*10 NTU	HIGH
Iron	1.4 mg/L as Fe		**0.3 mg/L as Fe	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter



Heather R. Beam

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Jun 21, 2005

County: Howard

Lab Number: T-0247

Sample load: Yes
 Residual Cl₂ <0.1 mg/L: Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Pulte Home Corporation
 1501 South Edgewood Street
 Baltimore, Maryland 21227
 Attn: Accounts Receivable

Property Sampled: U&O: 13531 Julia Manor Way

Station Sampled: Powder Room & Pressure Tank Taps

Tax Map #: 22

Date/Time Sampled: Jun 20, 2005 11:50 am

Parcel #: 7

Owner, Telephone No.: Patel

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 14

Building Permit No.: B00150287

Well Number: HQ-94-3913

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	5.5 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	12.0 NTU	EPA 180.1	*10 NTU	HIGH
pH	6.5 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: Sediment Filter

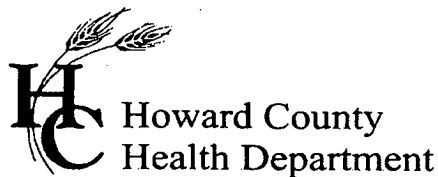
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

June 29, 2005

Pulte Homes, Inc.
1501 S. Edgewood Street
Baltimore, MD 21227

RE: Paddocks East, Lot 14
13531 Julia Manor Way
West Friendship, MD 21794
BP #: B00150287
Well Permit # HO-94-3913

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/21/2005. Final approval of the well line connection to the dwelling was approved on 03/11/2005.**

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.

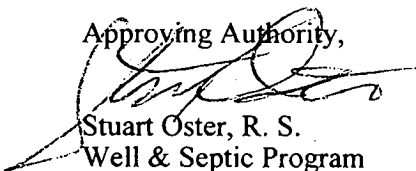
INTERIM CERTIFICATE OF POTABILITY

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-94-3913. 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 Sample(s): 06/20/2005, 06/27/2005 & two tests on 06/29/2005
Date of Well Completion: 04/21/2004

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-175-1257

Building Address 13531 Juno Manor
View
State/County #: MD/CP SDF/WR/Retition #: 04-17
Census Tract _____ Subdivision Padonville
Section _____ Area _____ Lot 14
Tax Map 22 Parcel 7 Grid 6
Zoning _____ Map Coordinates 953 Lot size _____

Property Owner's Name Pulk... Tax
Address 151 S. Edwards Street
City Baltimore State MD Zip Code 21207
Home Phone _____ Work Phone 410-4-5103
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 250,000
Description of Work CONSTR. OF "COMPTON"
W/4 D.D., 207 sq. ft. L.A.T.F. 15, 4 FE.
114, P.R. 500, OPT. FIN. 104

Contractor Company Pink... Inc
Contact Person Dianne Weidert
Address _____
City _____ State _____ Zip Code _____
License No. 514 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"/> 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 _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>124</u> <u>606</u> 2nd floor: <u>37</u> <u>114</u> Basement: <u>124</u> <u>114</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> 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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> 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 THIS 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Print Name DIANNE WEIDERT
Date 9-10-04

Title/Company _____

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		
Public Highways		
Building Official	<u>9/13/04</u>	<u>[Signature]</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"/>		
CONTRACTOR SHOP: (G)		

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
LX Coverage for New Twn Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 67388

Filing fee \$ 100

Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 99587
Validation # 7724

Accepted by [Signature]