

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/23/2005

P 522000

APPROVAL DATE: 5/4/05

A 511503-0

**PERMIT
INDEXED**

TAX ID #03-341887

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Paddocks East LOT NUMBER: 15

ADDRESS: 13530 Julia Manor Way PROPERTY OWNER: Pulte Homes, Inc.

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

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 150 HOUSE SERVED BY PUBLIC WATER

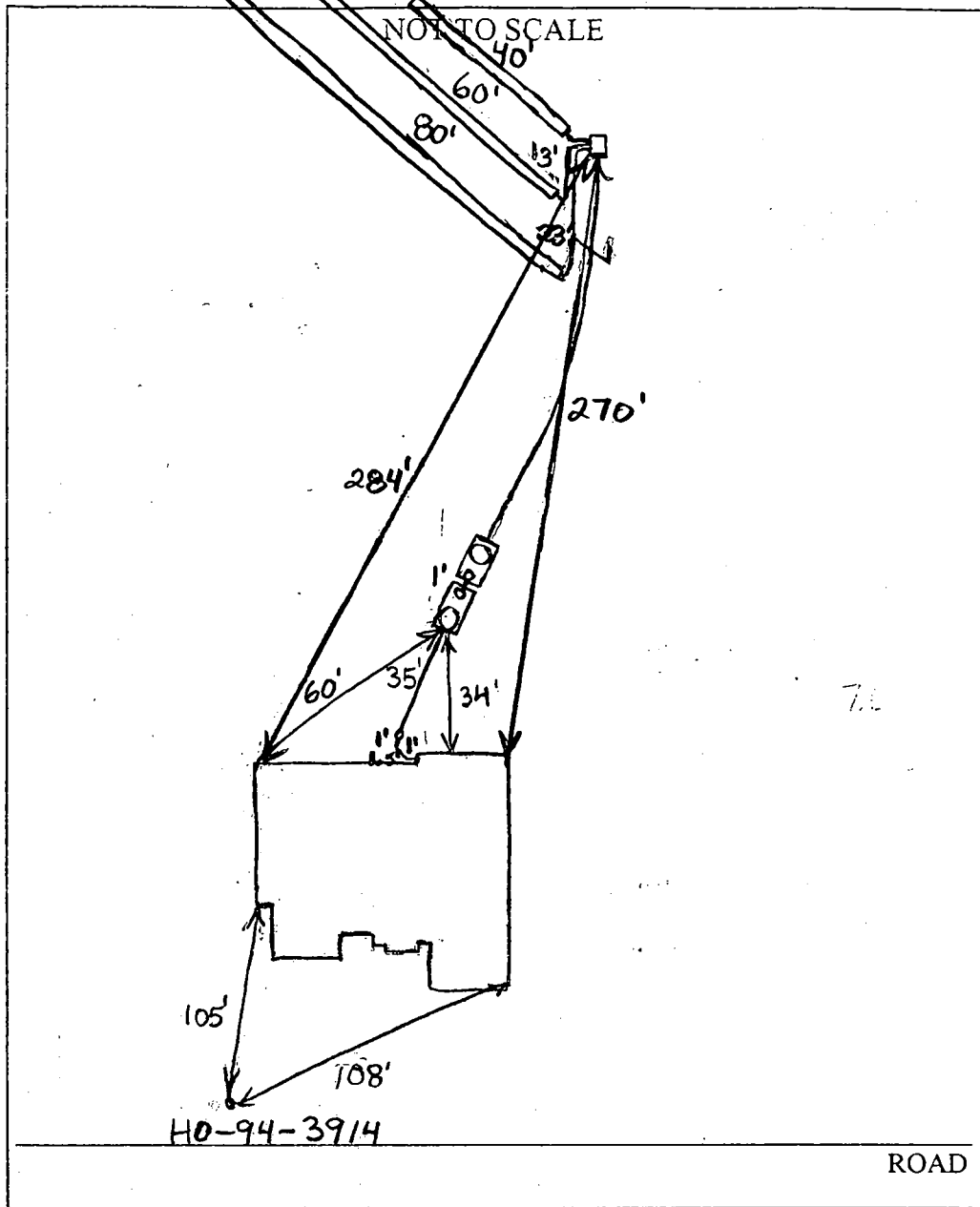
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box where you are able to get at least 40' of trench.
NOTES:	

PLANS APPROVED: Kevin J. Bell Reviewed by: _____ DATE: 9/15/04

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**

A511503-0



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'-4'	5.5'-7.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		180'
ABSORPTION AREA		540+ Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Elbow
DISTRIBUTION BOX PORT		Yes

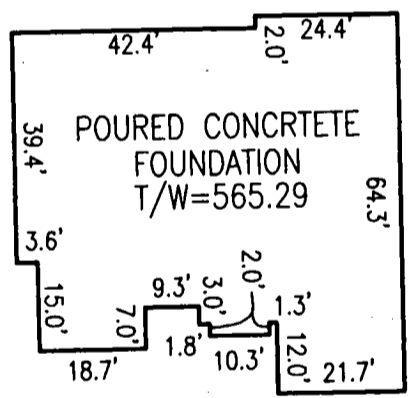
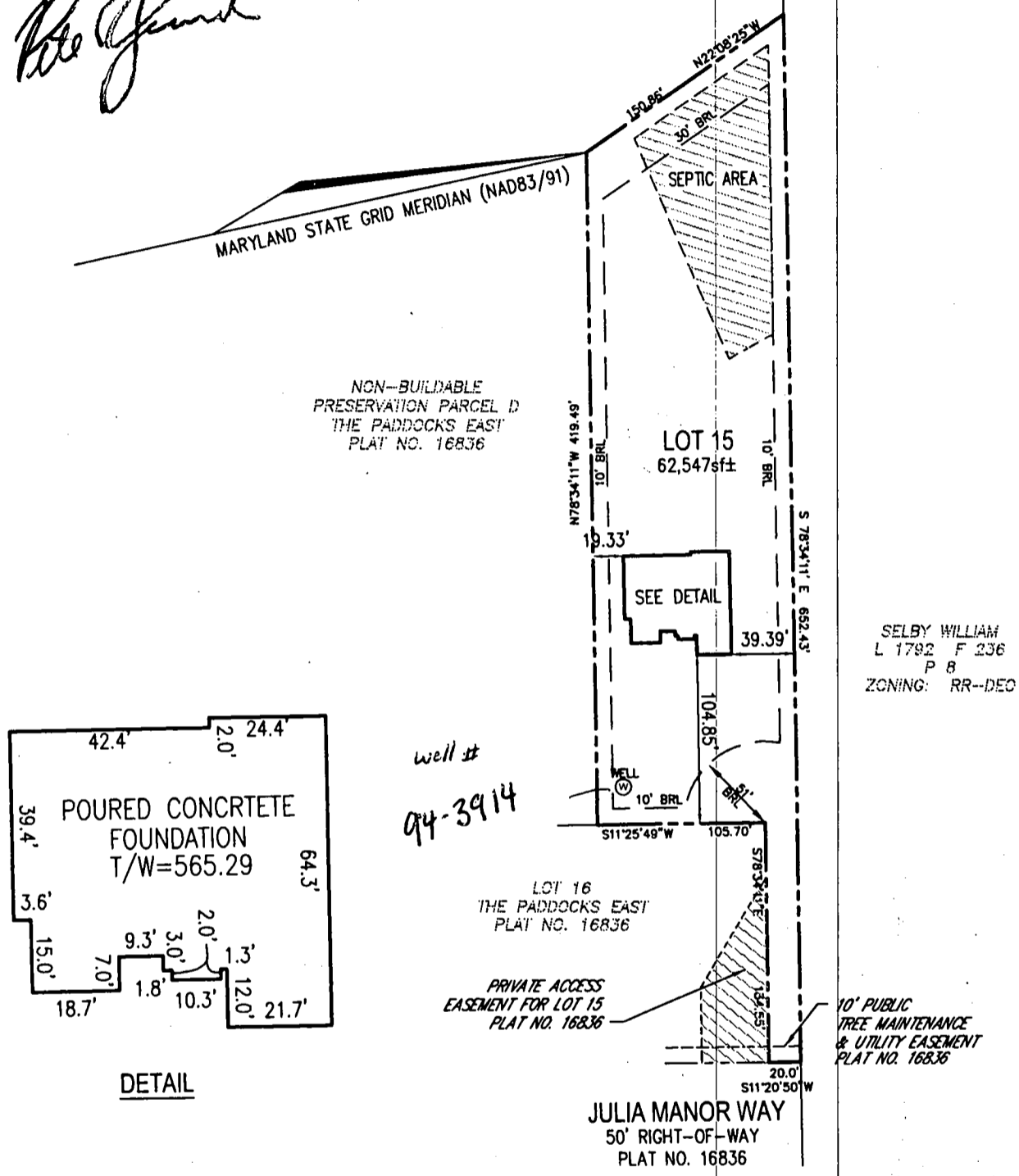
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5-3'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	No

PRE-CONSTRUCTION 3/4/05 Clay to about 4.5'. Decided to deepen trenches but gradually make them shallower farther down the hill because of water table concerns.

INSTALLATION Top trench inlet 3.5 and bottom at 7.5. Second trench inlet at 4' and bottom at 6.5. I install trenches as per plan, (BB) 3/5/05 Third trench had a 3.5 inlet and a 5.5' bottom. O.K. to cover everything. Need pump and alarm test for final approval. (BB) 5/4/05 Pump and Alarm OK (GC)

FINAL INSPECTOR *[Signature]* DATE OF APPROVAL 5/4/05

well & wall
check
OK
Rob Vogel 2/23/05



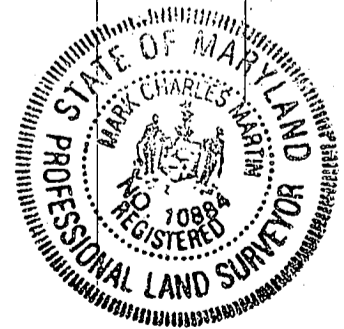
DETAIL

well #
94-3914

SELBY WILLIAM
L 1792 F 236
P B
ZONING: RR--DEC

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 1/6/05
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884 DATE



SCALE 1"=100'	DATE 01/06/05	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL:410-461-7666 FAX:410-461-8961	WALL CHECK DRAWING LOT 15 THE PADDOCKS EAST PLAT NO. 16834 TAX MAP 22 PARCEL 7 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.ABBOTT	CHECKED BY M.C.M.		
PLAT NUMBER	JOB NUMBER 04-98.00		

Approved Septic System Plan
Howard County Health Department
 94-3914

SEPTIC DATA: MATCHLINE

- HOUSE:
INV. OUT=560.4
- SEPTIC TANK(150 GAL)
TOP GRADE:562.0
INV. IN=560.0
INV. OUT=559.7
- PUMP TANK(50 GAL)
TOP GRADE:562.5
INV. IN=559.6
INV. OUT=559.5
- DISTRIBUTION BOX:
TOP GRADE:570.0
INV. IN=567.0
INV. OUT=566.5

THE EXISTING WELL SHOWN ON THIS PLAN(#94-3914) 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

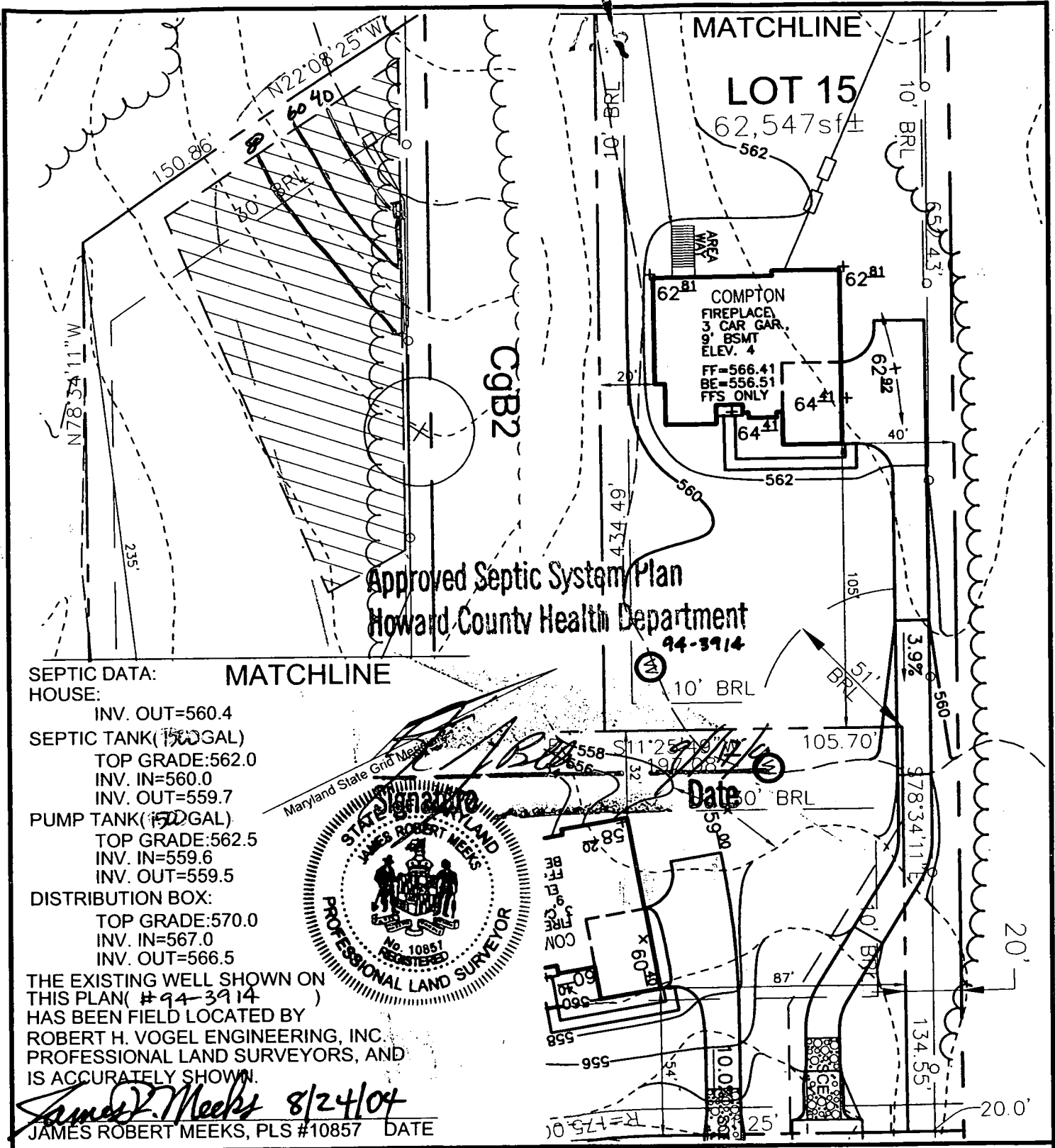
TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
PADDOCKS EAST
 LOT 15

PARCEL 7
 HOWARD COUNTY, MARYLAND



ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961



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 Overcht Rd
Syllesville Md 21764

(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: Pulte Homes Telephone #: _____
Subdivision: The Paddock East Lot #: 15 Well Tag #: HO-94-3914
Site Address: 13530 Julia Manors Way

Submersible Pump Data

Make: Goulds
Model #: 75P00422
Pump Capacity: 1 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Cannell
Model#: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (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 guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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: 4-5-05

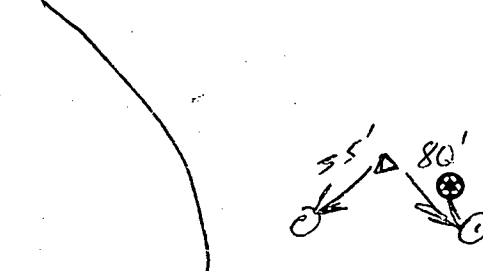
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/24/05 Date Insp. Approved: 2/24/05 KJB/AM

- 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 3448	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 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 12 84	Depth of Well 22 300 26 5/12/04 (TO NEAREST FOOT) O.K. (BB)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3914 28 29 30 31 32 33 34 35 36 37
OWNER <u>Pulte Homes, Inc.</u>		TOWN <u>West Friendship</u>	
STREET OR RFD <u>3205 Route 32</u>		SECTION <u> </u> LOT <u>15</u>	
SUBDIVISION <u>Paddocks East</u>			

WELL LOG Not required for driven wells	GROUTING RECORD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PUMPING TEST HOURS PUMPED (nearest hour) <u>03</u> PUMPING RATE (gal. per min.) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>19GL</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>18</u> ft. WHEN PUMPING <u>66</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
DESCRIPTION (Use additional sheets if needed)	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <u>30</u> NO. OF POUNDS <u>2820</u> GALLONS OF WATER <u>180</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP ft. to <u>58</u> BOTTOM ft. (enter 0 if from surface)	
FEET FROM TO check if water bearing	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	
Brown sand shale 0 57	OTHER CASING (if used) diameter depth (feet) inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP 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> </u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47
Gray Limestone 57 95	SCREEN RECORD screen type or open hole insert appropriate code below <input type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>02</u> (nearest foot)
Brown 95 96 ✓	C 2 DEPTH (nearest ft.)	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)
Gray Limestone 96 260	1 <u>HO</u> - <u>63</u> - <u>300</u> E 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to	
White 260 261 ✓	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>	
Gray Limestone 261 300	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>	WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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. <u>M SD 009</u>	DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. <u>D</u>	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

B 1 0948

SEQUENCE NO. (MDE USE ONLY)

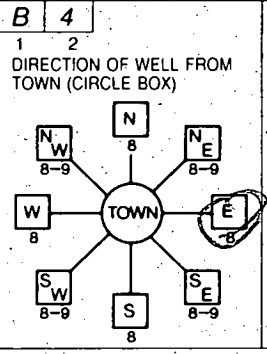
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520092

STATE PERMIT NUMBER HO-94-3914 fill in this form completely

OWNER INFORMATION Date Received (APA) 3/11/04 Last Name MOBERLEY Owner Gretchen First Name Summer Hill Farm RT 144 West Friendship Md 21794

LOCATION OF WELL Howard 8 COUNTY 21 23 SUBDIVISION Paddock's East 42 SECTION 44 46 LOT 15 48 50 52 NEAREST TOWN Glenelg 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION Allen Compton M.S.D. 009 Driller's Name Firm Name Fogles Well Drilling Address 580 Obrecht Rd. Signature Date 1-31-04



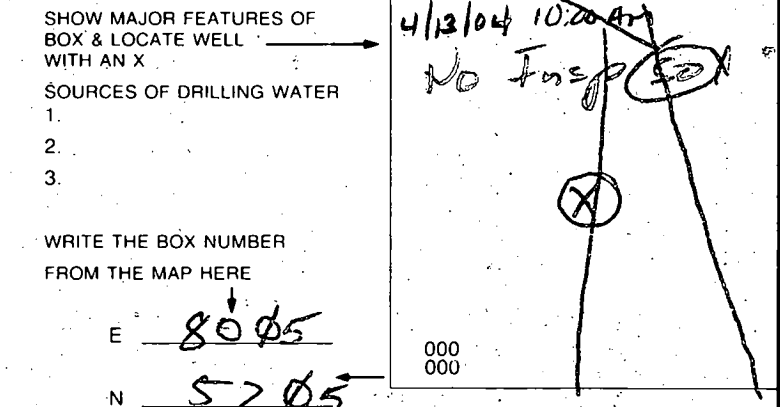
11 Sykesville Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 8 PARCEL 7

WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A511503 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED 3/18/2004 Brian Baker 3/18/2005 CO SIGNATURE EXP. DATE NORTH GRID 525 000 EAST GRID 805 000 50 55 57 63

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 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 41 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

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 DEEPEAN 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 H020020009 PERMIT No HO-94-3914 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY #

SOIL PROFILE

0' 918
beigh
brn
C1LM

3.0 beigh
brn
Salm
10%
2.8 water
rock

14.0 917
red
brown
SiC1LM

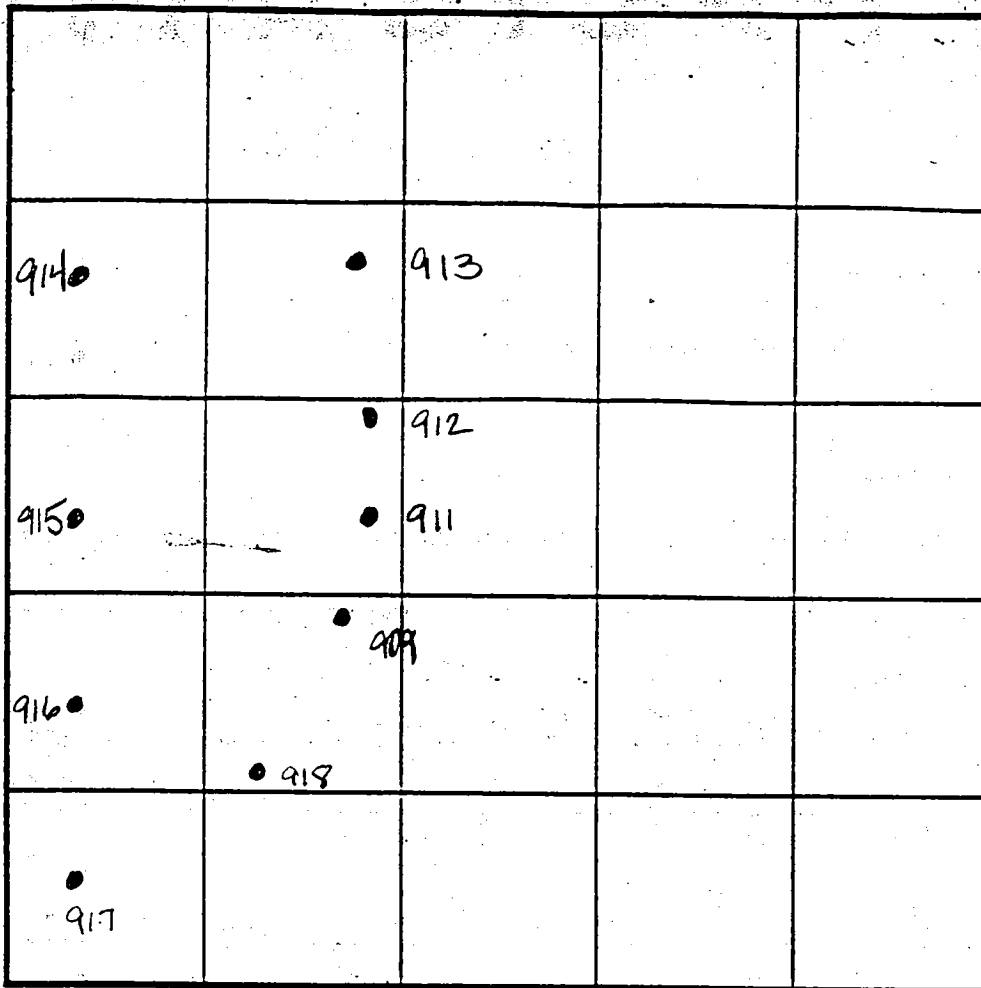
3.0 red
brown
SiLM
10%
Rx
dry

3.5 909
red
brn
SiC1LM

3.0 lgt
red to
brn
SiSalm
10%
Rx
water

12.3

13.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 911
red
brn
SiC1LM

3.5 red brn
SiLM
toward
bottom
Rx
starts
to show
up

0.2 water

13.4

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-30-01	918	3.5' V14.0	1:32	1:38	1:38	1:44	6min
	917	4.0' V13.5	1:41	1:45	1:45	1:55	10min
	909	3.0 V13.0	1:47	1:50	1:50	1:53	3min
	(911)	4.0 V13.4	1:57	1:59	1:59	2:02	3min
		Insufficient depth to H ₂ O see profile (F)					

REMARKS An additional 4.0' buffer required due to drought conditions

TYPE OF SOIL _____

TESTED BY Amy McMillen / Dave Kerr ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

916

orange brown
SiClM

3.0

lgt brn
SiLm



14.2

dry

912

red brn
SiClM

3.0

red brn
SaLm



8.0

dull white
feldspar
decayed

1.8

water

40% Rx
at bottom

3.0

915

pink to
red
SiClM

3.0

orange
brown
SiLm
saprolite

20%

13.2

water

3.7

SOIL PROFILE

913

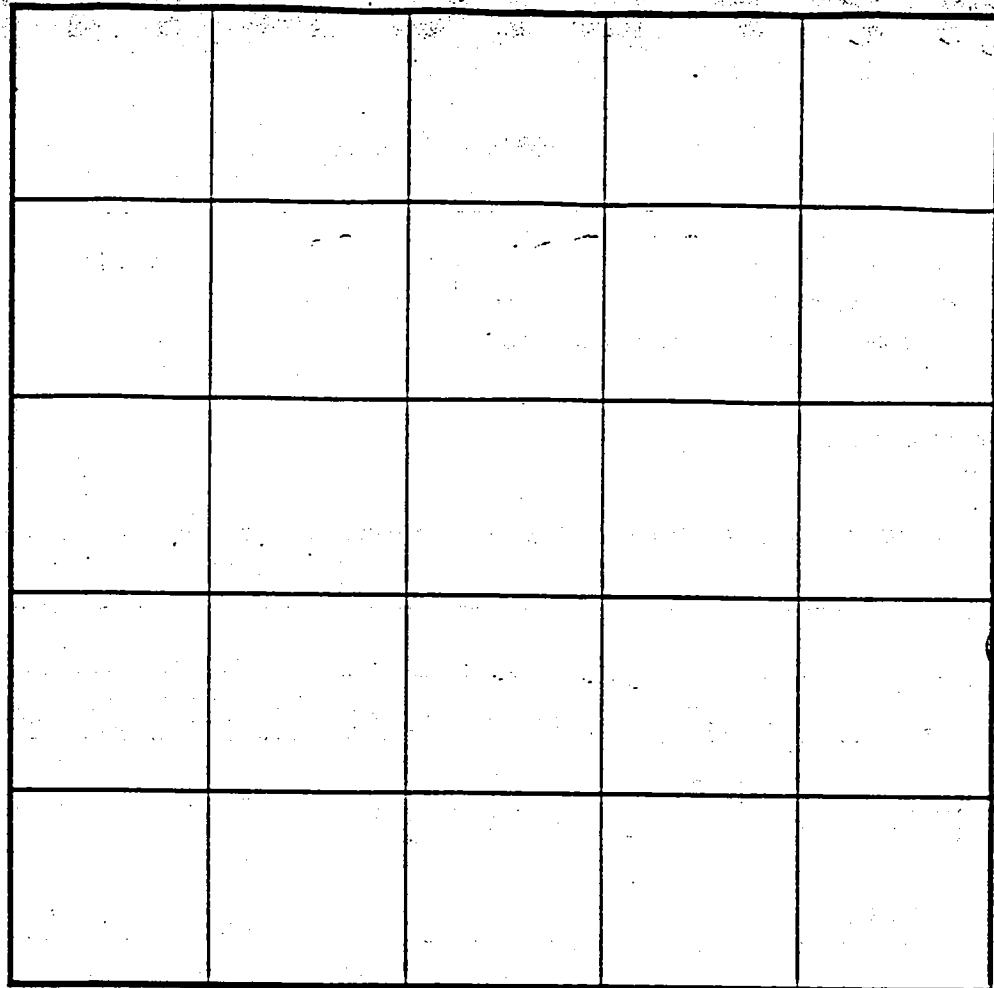
like
916
but
20%
decayed
Rx &
feldspar
clay
to 6.5

100% 40% - 50%
12.5 Rock in bottom

914

like
916
no rock
at bottom

14.2 water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-30-01	916	3.5 14.2	2:01	2:06	2:06	2:12	1min	
	912	3.5 13.0	2:20	2:24	2:24	2:28	4min	
	915	3.7 13.7	2:25	2:30	2:30	2:35	5min	
	913	4.0 12.5	2:36	2:46	2:46	2:20	130min	
		Deep clay - insuff depth to bedrock						(F)
	914	4.2 14.0	2:40	2:50	2:50	2:05	15min	
	912	Insufficient depth to H2O - see profile - Inlet @ 3.0 pws bottom of septic @ 5.0'						F

REMARKS An additional 4.0' buffer required due to drought conditions

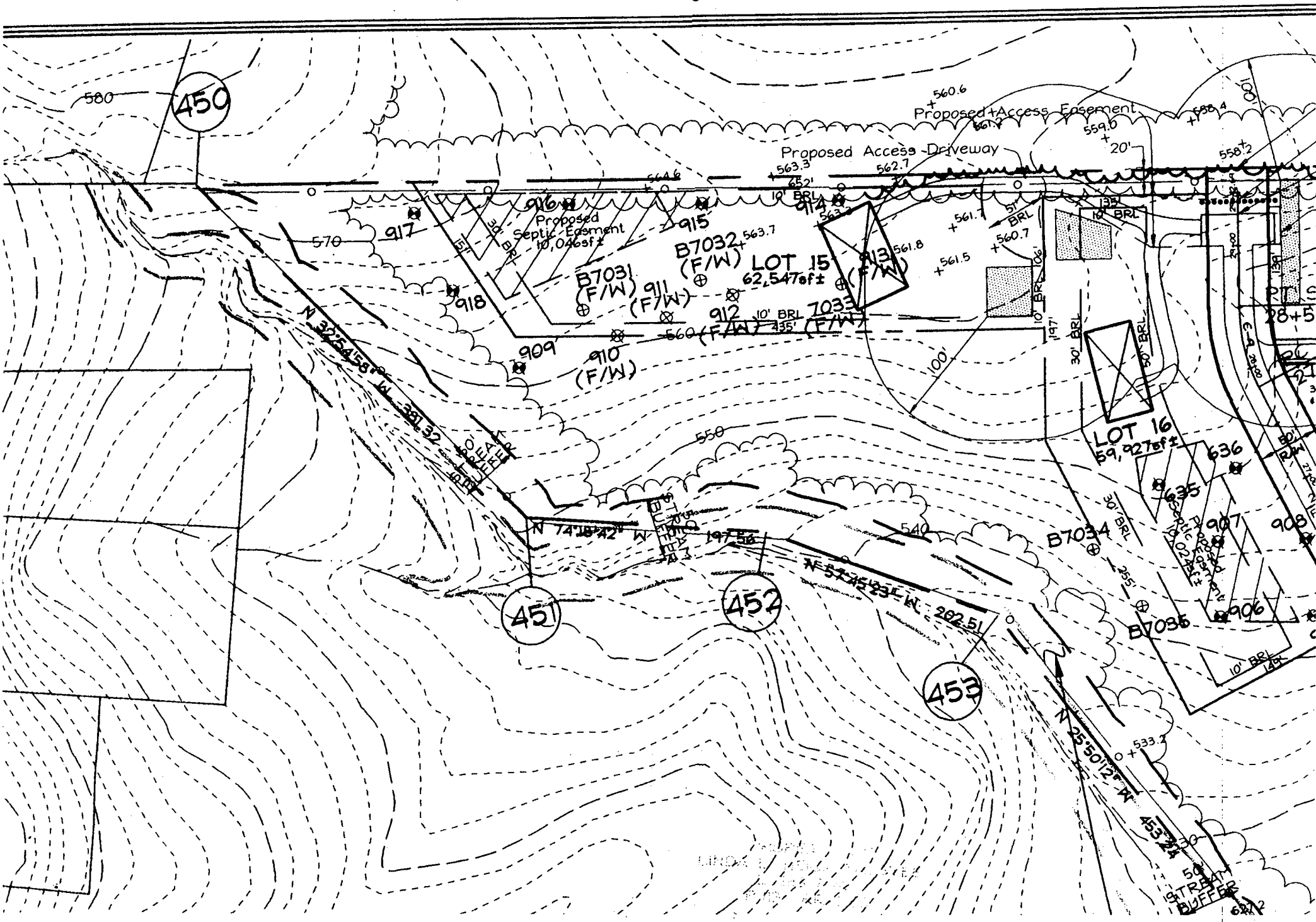
TYPE OF SOIL _____

TESTED BY Amy McMullen / Dave Kerr ALSO PRESENT Bruce from Puute

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

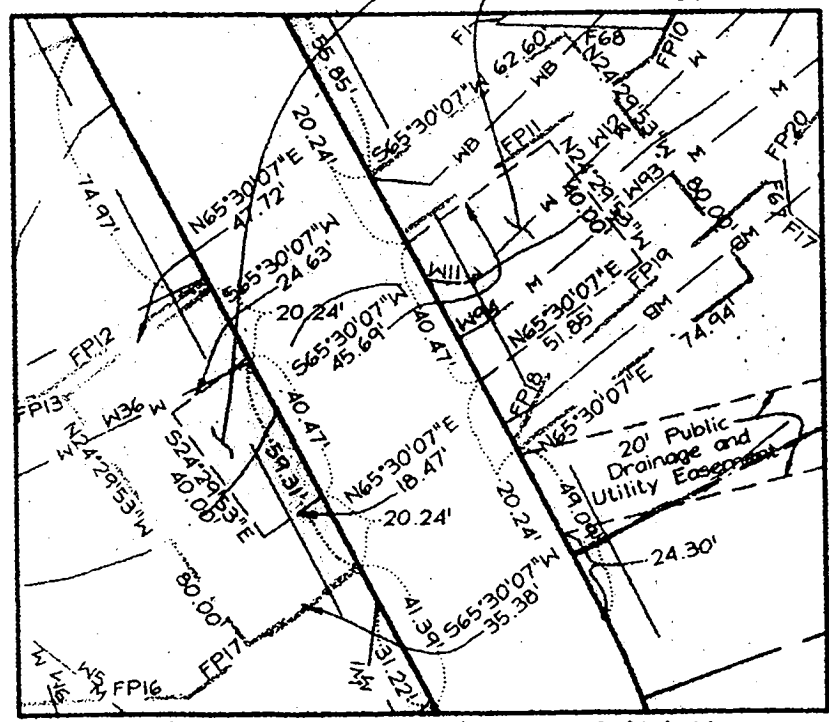
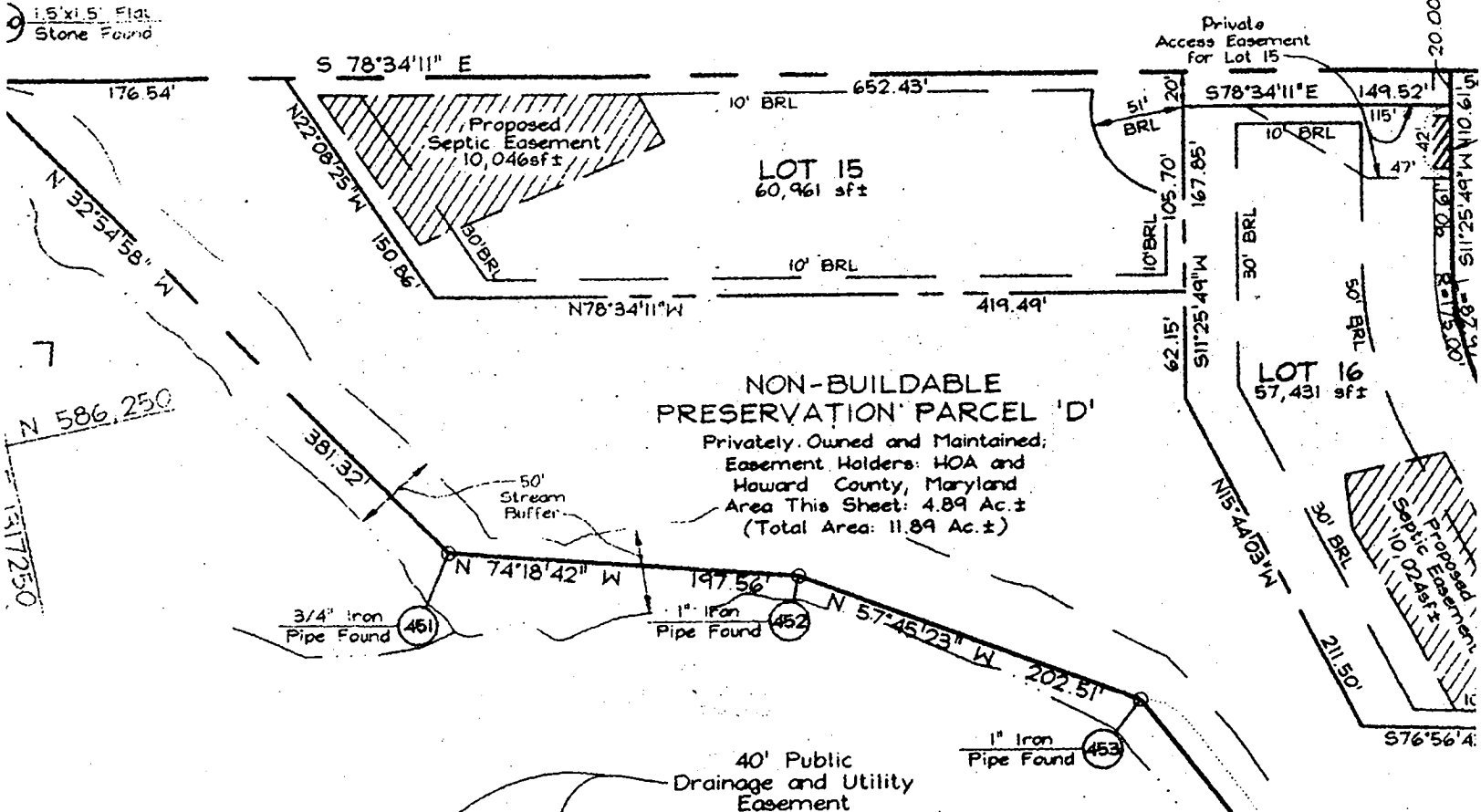
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

P-02-04 signed 9/23/02



F-03-112 signed 6/3/04

1.5' x 1.5' Flat Stone Found



ENLARGEMENT DETAIL

SCALE: 1"=50'

CURVE TABLE

CURVE	RADIUS	ARC LENGTH	DELTA	TANGENT	CHORD	BEARING AND DISTANCE
C9	125.00'	152.72'	70°00'00"	87.53'		N19°15'57"E 143.39'

Not Cr Area TI (Total EL)

100 Yr Drain

See det

15 G 3904

Building Address 13530 Julia Manor Way
Walters, MD 21174
 Suite/Apt. #: GP SDB/AMP/Position #: 04-07
 Census Tract 10300 Subdivision Paddocks East
 Section 03-31-05 Area 15 Lot 15
 Tax Map 22 Parcel 7 Grid 8
 Zoning R 30 Map Coordinates 730 Lot size

Property Owner's Name Pulte Homes Inc.
 Address 1501 S. Edgewood Street
 City Baltimore State Md Zip Code 21227
 Home Phone 410 644 5003 Work Phone 410 644 5003
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 270,000.00
 Description of Work "CONSTRUCT" "COMPLETION"
2sty, full bsmt, 9R, 4 FS, 1 HB, F.P.
3 CAR, SBR OPT: FINISH BSMT + bath

Contractor Company Pulte Homes Inc.
 Contact Person DANNA WENZLAFF
 Address _____
 City _____ State _____ Zip Code _____
 License No. 516 Phone _____ Fax _____

Occupant or Tenant WELLS FARGO
 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 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: <u>N/A</u> <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"/> Depth Width 1st floor: <u>64'</u> <u>66'</u> 2nd floor: <u>36'</u> <u>66'</u> Basement: <u>64'</u> <u>66'</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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Danna Wenzlaff
 Applicant's Signature
Danna Wenzlaff / Pulte Homes Inc.
 Title/Company

DANNA WENZLAFF
 Print Name
 Date _____

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 type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Health	<u>9/17/04</u>	<u>[Signature]</u>
<input 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 NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 63289

Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>99590</u>
Validation	# <u>76608</u>

Accepted [Signature]

CASSELL TESTING, INC.

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

REPORT DATE: May 24, 2005

County Howard

Lab Number 05-2531

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. 116

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

Property Sampled: U&O: 13530 Julia Manor Way

Station Sampled: Powder Room Tap & Pressure Tank Tap Tax Map #: 22

Date/Time Sampled: May 23, 2005 12:55 pm Parcel #: 7

Owner, Telephone No.: Lee Sampler: 6724GP

Subdivision Name: The Paddocks East Lot Number: 15

Building Permit No.: B00150097

Well Number: HD-94-3914

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

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	1.3 NTU	EPA 180.1	*10 NTU	Pass
pH	6.3 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

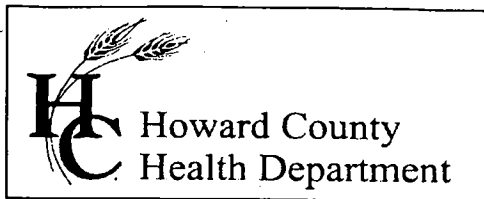
***A non-enforceable parameter that may cause cosmetic effects or
aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 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

May 24, 2005

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

SENT VIA FACSIMILE 410-489-0462

RE: Paddocks East, Lot 15
13530 Julia Manor Way
West Friendship, MD 21794
BP #: B00150097
Well Permit # HO-94-3914

Dear Sir:

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 5/4/2005. Final approval of the well line connection to the dwelling was approved on 02/24/2005.**

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-94-3914. 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: 05/23/2005
Date of Well Completion: 4/12/2004

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File