

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/23/2005

P 522000

APPROVAL DATE: 3/24/05

A 511503-P

**PERMIT
INDEXED**

03 341 909

**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: 16

ADDRESS: 13534 Julia Manor Way PROPERTY OWNER: Pulte Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 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: 180

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

PLANS APPROVED: Kevin J. Bell P.J. DATE: 10/13/2004 2/23/05

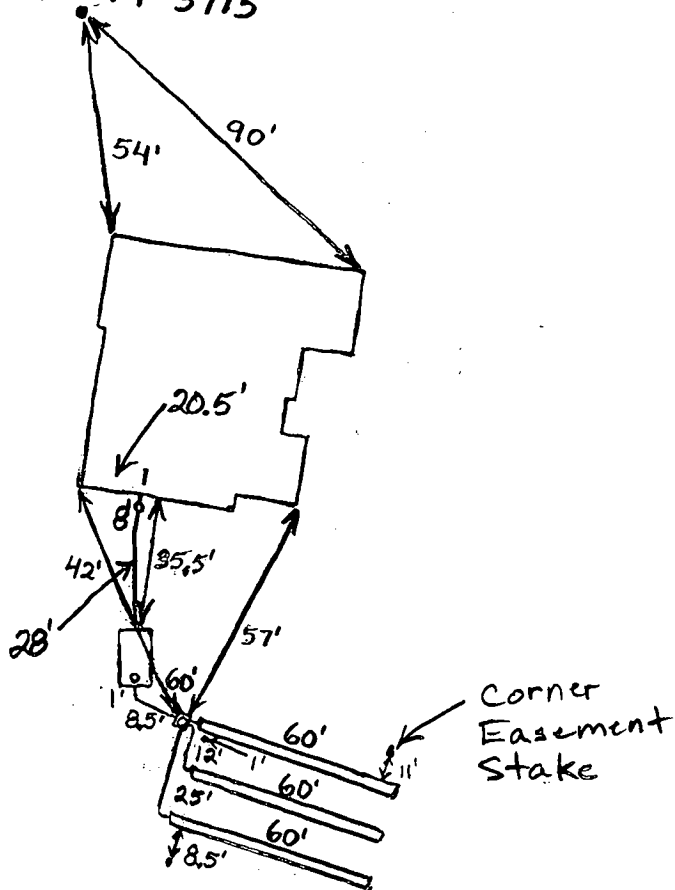
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 511503-P

NOT TO SCALE

H0-94-3915



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		180'
ABSORPTION AREA		540' + Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

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

PRE-CONSTRUCTION 3/17/05 Tank set. Contour close. Install trenches as per B.P. plan. (BB)

INSTALLATION 3/18/05 Need house connection and front tank baffle. O.K. to cover. (BB) 3/24/05 House connection done. Front baffle installed. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 3/24/05

SELBY WILLIAM
TAX MAP 22 PARCEL 8
L 1792 F 236

LOT 15
PLAT NO. 16836

PRIVATE ACCESS
EASEMENT FOR LOT 15
PLAT NO. 16836

10' X 30' REVERTIBLE
SLOPE EASEMENT
PLAT NO. 16836

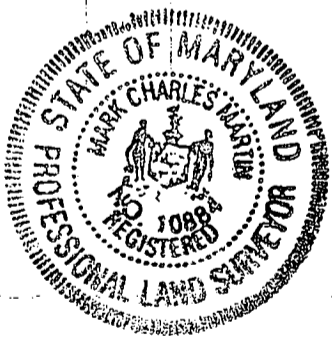
*Well &
wall
check
O.K
Redmond*

LOT 16
59,947sf±

NON-BUILDABLE
PRESERVATION PARCEL D
PLAT NO. 16836

JULIA MANOR WAY
50' RIGHT-OF-WAY
PLAT NO. 16834

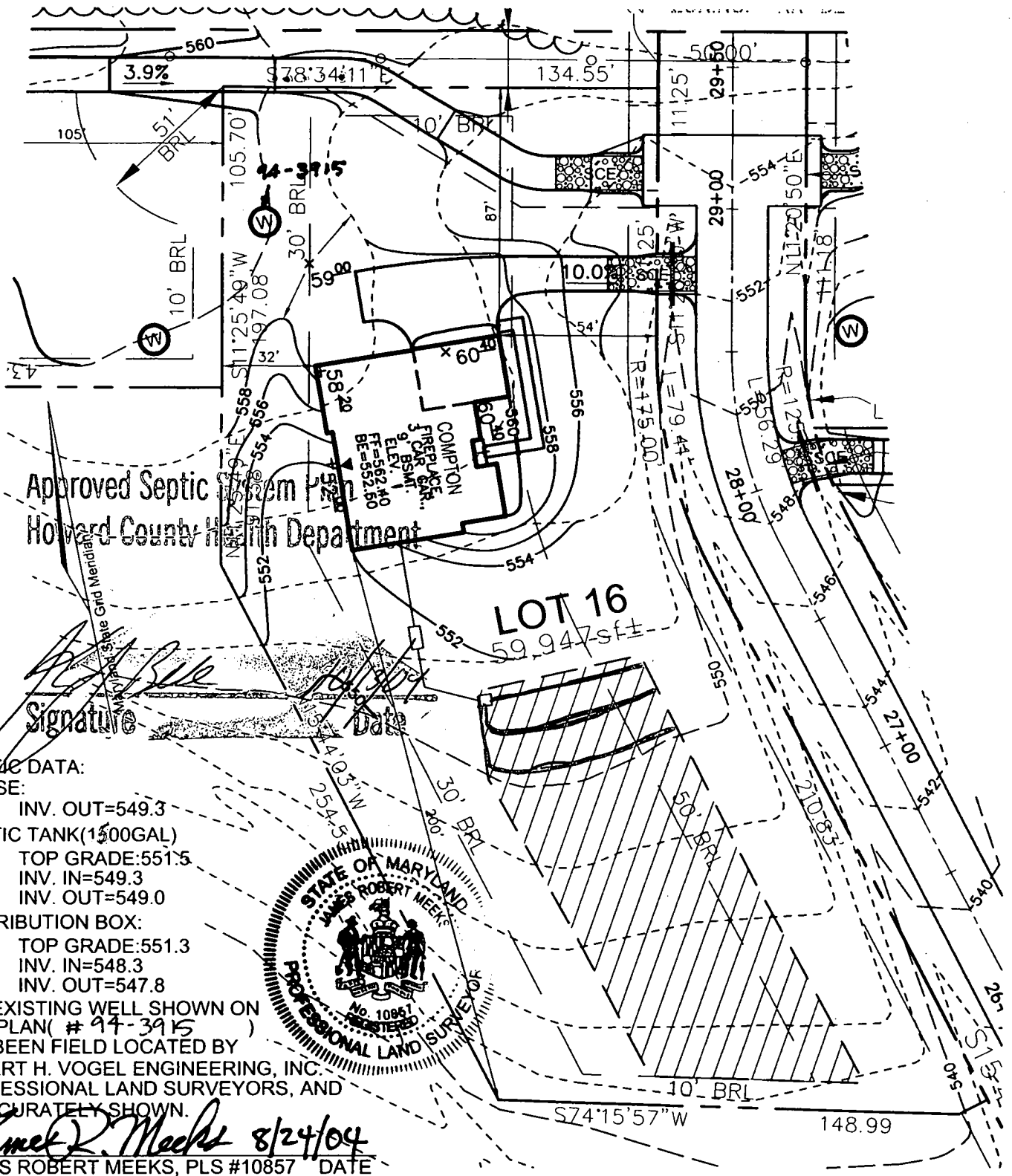
PUBLIC 10' TREE
MAINTENANCE EASEMENT
PLAT NO. 16836



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 1/20/05
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884 DATE

SCALE 1" = 50'	DATE 01/14/05	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLICOTT CITY, MARYLAND 21043 TEL: 410-461-7666 FAX: 410-461-8961	WALL CHECK DRAWING LOT 16 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		



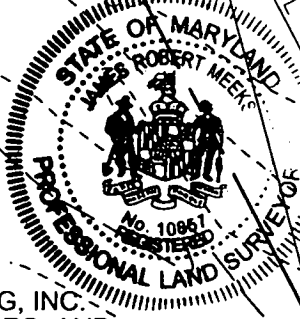
Approved Septic System
Howard County Health Department

LOT 16
59,947sf±

Signature _____
Date _____

SEPTIC DATA:
HOUSE:
INV. OUT=549.3
SEPTIC TANK(1500GAL)
TOP GRADE:551.5
INV. IN=549.3
INV. OUT=549.0
DISTRIBUTION BOX:
TOP GRADE:551.3
INV. IN=548.3
INV. OUT=547.8

THE EXISTING WELL SHOWN ON THIS PLAN (# 94-3915) 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 16
PARCEL 7
HOWARD COUNTY, MARYLAND



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

5/24/05
re faxed
6/23/05

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 Orchard Rd
Sydelville 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: Pulte Homes Telephone #: _____
Subdivision: Theaddock East Lot #: 16 Well Tag #: HO-99-3915
Site Address: 13534 Julia Manor way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: ET580 07422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 2.1 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 400(feet) Conduit secured to well cap: yes
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 House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) 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: _____ Date Insp. Approved: 6/22/05 BBCC
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 3449	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 22 04	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3915 28 29 30 31 32 33 34 35 36 37
---	--	---	--

OWNER Pulte Homes, Inc. first name
 STREET OR RFD 3205 Route 32 TOWN West Friendship
 SUBDIVISION Paddocks East SECTION _____ LOT 16

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	81
Gray Limestone	81	105
Brown	105	106 ✓
Gray Limestone	106	400
Dry hole cement	0	90
Rock Cuttings	90	500

GROUTING RECORD	
YES <input checked="" type="checkbox"/> Y	NO <input type="checkbox"/> N
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS <u>35</u>	NO. OF POUNDS <u>3290</u>
GALLONS OF WATER <u>210</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>79</u> ft.	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>06</u>
<u>ST</u>	Total depth of main casing (nearest foot) <u>86</u>
60 81	63 64 66 70

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

SCREEN RECORD	
screen type or open hole	<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
(insert appropriate code below)	

NUMBER OF UNSUCCESSFUL WELLS: 1

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. MSD 009
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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

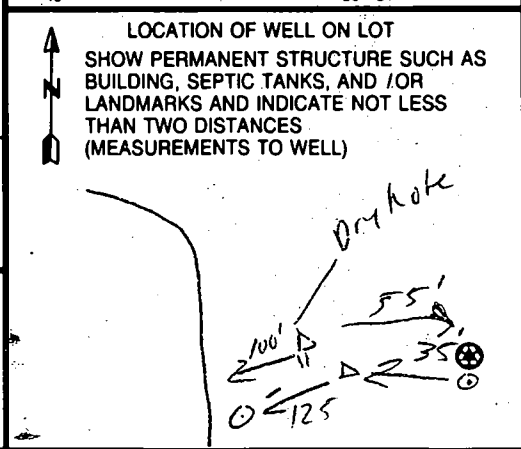
DEPTH (nearest ft.)	
1	2
8	11
15	17
21	23
24	26
30	32
36	38
39	41
45	47
51	53
57	59
65	67
73	75
81	83
89	91
97	99
105	107

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>06</u>
PUMPING RATE (gal. per min.)	<u>2.1</u>
METHOD USED TO MEASURE PUMPING RATE	<u>1 gal</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>18</u> ft.
WHEN PUMPING	<u>137</u> ft.
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 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)	
<input checked="" type="checkbox"/> (+) above	LAND SURFACE
<input type="checkbox"/> (-) below	<u>02</u> (nearest foot)
	49 50 51



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3915
 Location of property (road) 3205 Rt. 32, Near East Ivory Road
 Subdivision Paddock's East Lot 16 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner Gretchen Moberly (Pulte Homes)
 Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 18'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20
 Total time 15 min to reach pumping water level 137' ft. below M.P.

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

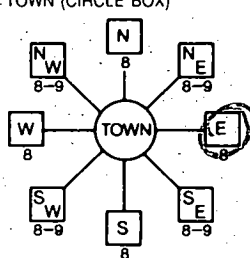
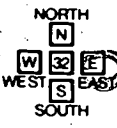
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	18	3		2.0
7:15	137	28		2.1
7:30	137	28		2.1
7:45	137	28		2.1
8:00	137	28		2.1
8:15	137	28		2.1
8:30	137	28		2.1
8:45	137	28		2.1
9:00	137	28		2.1
9:15	137	28		2.1
9:30	137	28		2.1
9:45	137	28		2.1
10:00	137	28		2.1
10:15	137	28		2.1
10:30	137	28		2.1
10:45	137	28		2.1
11:00	137	28		2.1
11:15	137	28		2.1
11:30	137	28		2.1
11:45	137	28		2.1
12:00	137	28		2.1
12:15	137	28		2.1
12:30	137	28		2.1
12:45	137	28		2.1
HD-224) 1:00	137	28		2.1
1:15	137	28		2.1

B 1 **0949** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL HO - 94 - 3915
 please type 520092 fill in this form completely

Date Received (APA) 3/11/2004 OWNER INFORMATION
 8 MM DD YY 13
 15 MOBERLEY Owner Gretchen First Name 34
 36 Summer Hill Farm RT144 Street or RFD 55
 57 West Friendship MD 21794 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Pedestal oaks EAST 42
 SECTION 44 46 LOT 16 50
 52 NEAREST TOWN Glencly 71
 MILES FROM TOWN (enter 0 if in town) 2 M I I
 73 76 77 78

DRILLER INFORMATION
 76 Allen Compton License No. 81 MSD009
 Firm Name Fogles Well Drilling
 Address 580 Obrecht Rd.
 Signature Allen Compton Date 1-31-04

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 Sykesville Rd. NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 1.50 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: 8 PARCEL 7

B 2 WELL INFORMATION
 1 2 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 3/18/2004 Brian Baker 3/18/2005
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 525 000 EAST GRID 805 000
 50 55 57 63

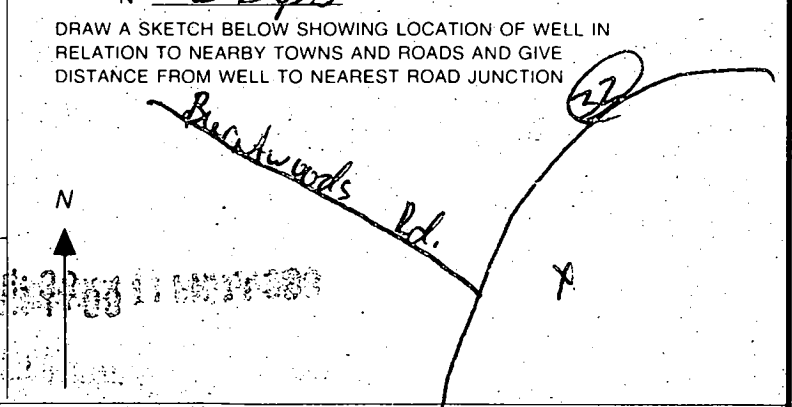
APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. 4/17/04 - dry hole
 2. 4/22/04
 3. Yield + Grout 6 Hour Starting 7:00AM (X) No Insp (BA)
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8005
 N 5205
 000 000

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 - 3915
 70 71 72 73 74 75 76 77 78 79



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

COUNTY #

SOIL PROFILE

905 908

0' dark red SiClm

3.0 or brn SiLm

5.0 lgt beigh SSL micaceous 15% saprolite

14.0 dry

906

red brn SiClm

3.0 red orange SSLm

8.0 grey beigh SSLm micaceous

14.0 water

907

bright red SiClm

3.0 or a brn banded SSLm

5.5 beigh SSLm micaceous

10.0 grey beigh SSL 5% saprolite

14.5

SOIL PROFILE

904

0' bright red SiClm

2.0 orange brn SSL no distinct color changes for H2O caving

9.0

11.5 water

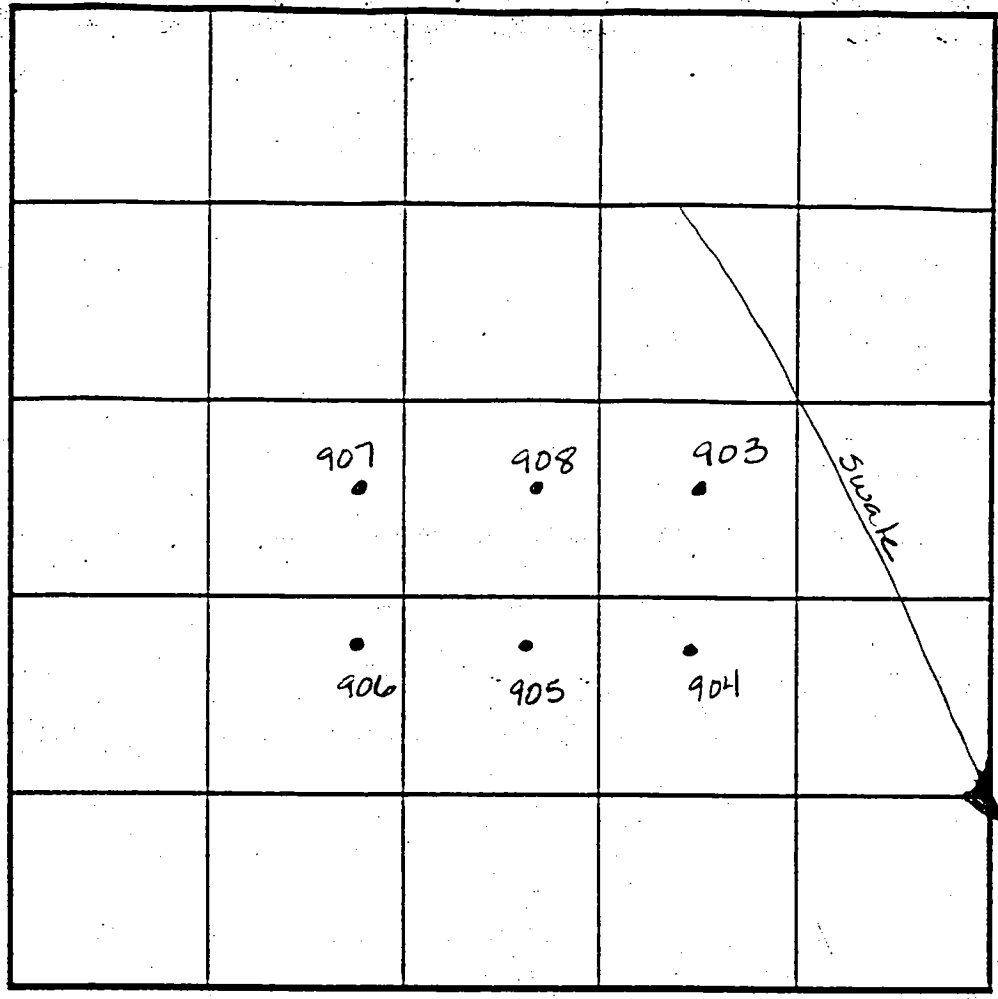
13.0

903

no distinct clay layer

10.0 water

13.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-31-01	905	4.0 V14.0	10:26	10:28	10:28	10:30	2min	
	906	Visual	to 14.0' - see profile				—	OK
	907	3.0 V14.5	10:31	10:34	10:34	10:37	3min	
	908	Visual	to 13.0' - see profile				—	OK
	903	2.5 V13.0	10:48	10:50	10:50	10:52	2min	
			Insufficient depth to H2O - see profile				—	F
	904	Visual	to 13.0' Insufficient depth				—	
			to H2O - see profile				—	F

REMARKS An additional 4.0' buffer required due to drought conditions

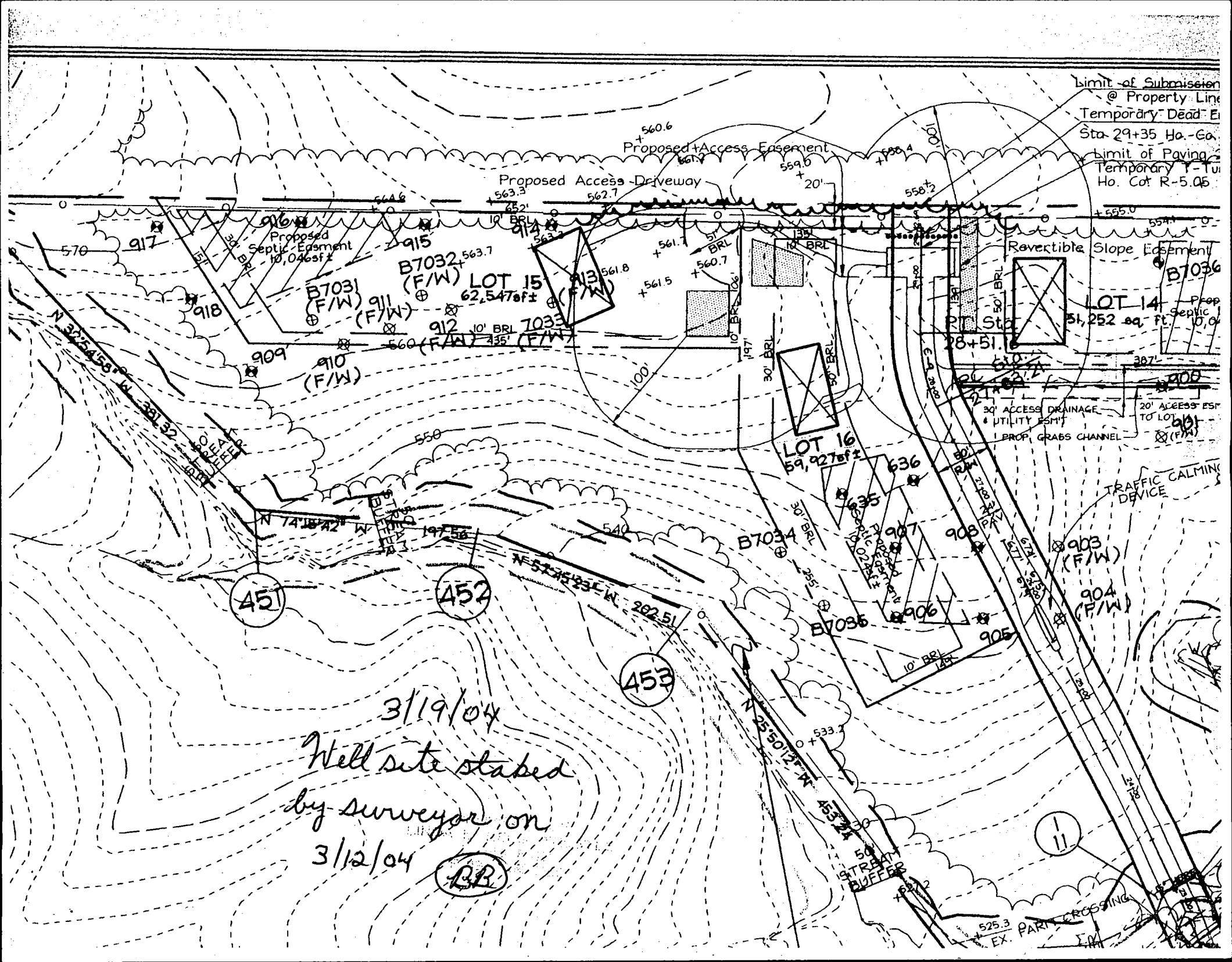
TYPE OF SOIL _____

TESTED BY Amy McMiller ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Limit of Submission
@ Property Line
Temporary Dead End
Sta 29+35 Ho.-Ga.
Limit of Paving
Temporary T-Tu
Ho. Cot R-5.05



451

452

453

11

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

BR

525.3 EX. PART CROSSING

COUNTY #

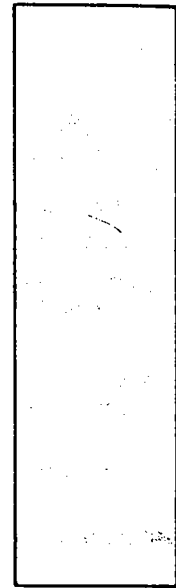
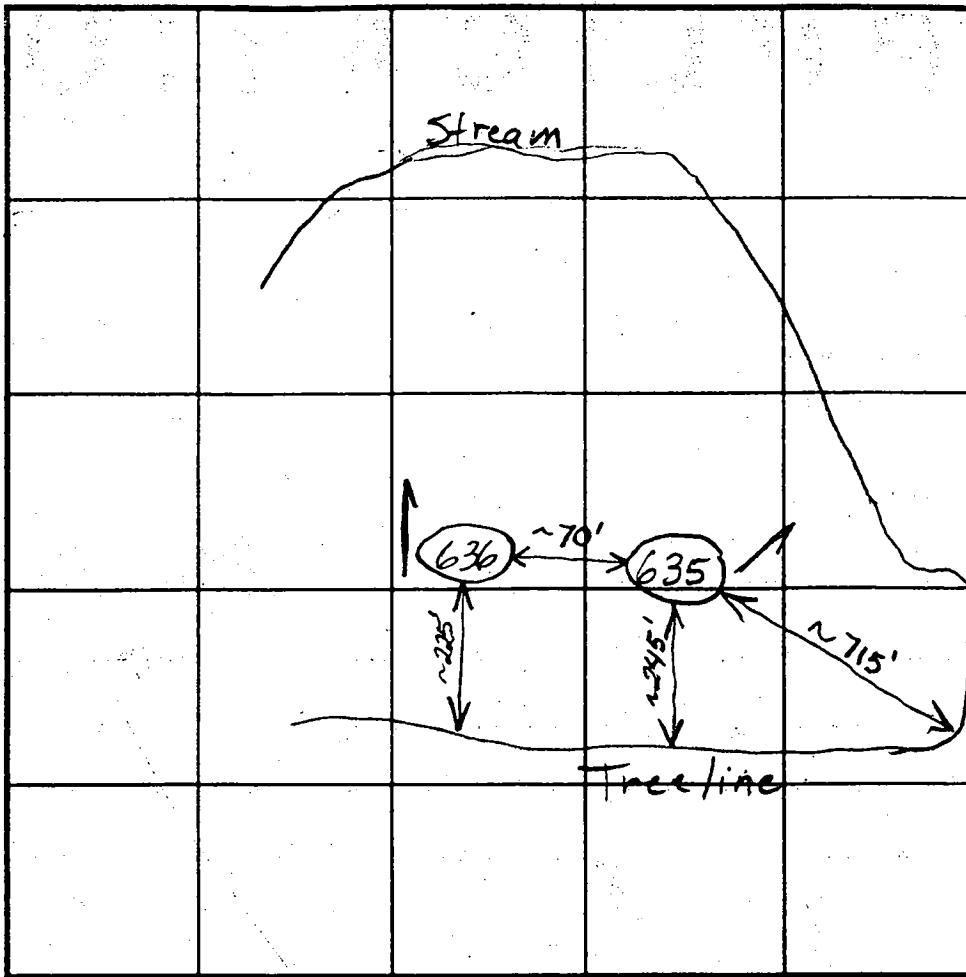
SOIL PROFILE

SOIL PROFILE

0' **635**
 Red Br Heavy Loam 4.5'
 or Br Sa Loam
 ~30% Rock

10'
 750% Rock
 Hard Bottom 11'
636
 Top soil and Red Br Loam 2.5'
 Light Br Sa Loam
 20-30% Rock

12.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

East Ivory Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/30/02	635	52" / 11V	12:36	12:51	12:51	~15/16 in 30min slow	
		62"	1:23	1:26:15	1:26:15	1:32	~6 OK
	636	3.5 / 12.5V	12:56	12:59	12:59	1:05	6 OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
300150520 KSB

Building Address **13534 JULIA MANOR Way**
 SURETY **SDPWR/Rejection #: 04-67**
 Census Tract **TAX ID # 03-341909** Subdivision **Paddock SEAST**
 Section **22** Area **7** Lot **16**
 Tax Map **22** Parcel **7** Grid **8**
 Zoning **RT8** Map Coordinates **RT8** Lot size

Property Owner's Name **Pulte Homes Inc.**
 Address **1501 S. Edgewood Street**
 City **Baltimore** State **Md** Zip Code **21227**
 Home Phone **410 644-5603** Work Phone
 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 **CONTRACT "COMPROMI" 15'x14' 3/4" full bath, 4R, 4FB, 1HB, 1P, 3 car gar. OPT: fin. LL/BA**

Contractor Company **Pulte Homes, Inc.**
 Contact Person **DIANNA WENZLAFF**
 Address **Same**
 City State Zip Code
 License No. **516** Phone Fax

Occupant or Tenant **WILL NOT OCNF**
 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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:	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	# of Heads
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth 14' Width 66'	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: 36' 66'	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: 64' 66'	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <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 checked="" type="checkbox"/>
No. of Bedrooms 5	Propane Gas <input type="checkbox"/>
Multi-family dwellings:	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
No. of efficiency units:	NFPA #13D
No. of 1 BR units:	NFPA #13R
No. of 2 BR units:	Other:
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 **DIANNA WENZLAFF**
 Title/Company **Pulte Homes Inc.**

Print Name **DIANNA WENZLAFF**
 Date **9-29-04**

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		
Dev. Engineering, DPZ		
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	PROPERTY ID#
Front: _____	63546
Rear: _____	Filing fee \$ 1000
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # _____
	Validation # 77074
	Accepted by _____

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-0248

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: 13534 Julia Manor Way, Retest #1

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Jun 20, 2005 12:05 pm

Parcel #: 7

Owner, Telephone No.:

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 16

Building Permit No.: B00150520

Well Number: HO-94-3915

Observation: 2-Piece Cap
 Cap Tight
 1 Bolt Loose
 1 Bolt Missing

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter



Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

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

REPORT DATE: Jun 11, 2005

County Howard

Lab Number T-0105

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&G: 13534 Julia Manor Way

Station Sampled: Powder Room & Pressure Tank Taps

Tax Map #: 22

Date/Time Sampled: Jun 10, 2005 11:50 am

Parcel #: 7

Owner, Telephone No.:

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 16

Building Permit No.: B00150520

Well Number: HD-94-3915

Observation: 2-Piece Cap
2 bolts loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	6.6 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (raw)	1.5 NTU	EPA 180.1	*10 NTU	Pass
pH	6.8 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			

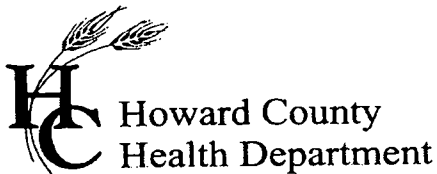
Treatment/Conditioning: Sediment Filter

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

2002 7/15/05 11:55

Sharon K. Cassell

*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, 23 2005

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

RE: Paddocks East, Lot 16
13534 Julia Manor Way
West Friendship, MD 21794
BP #: B00150520
Well Permit # HO-94-3915

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 03/24/2005. Final approval of the well line connection to the dwelling was approved on 06/22/2005.**

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-94-3915. 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): 06/10/2005 & 06/20/2005
Date of Well Completion: 04/22/2004

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File