

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 7/27/05

P 523017

APPROVAL DATE: 8/15/05

A 511503-Q

**PERMIT
INDEXED**

Tax ID # 03-341917

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

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519, Annapolis Junction PHONE NUMBER: 410-531-6773

SUBDIVISION: Paddocks East LOT NUMBER: 17

ADDRESS: 13564 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: 186

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  DATE: 10/15/2004

- 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

BUILDING PERMITS SECTION 313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

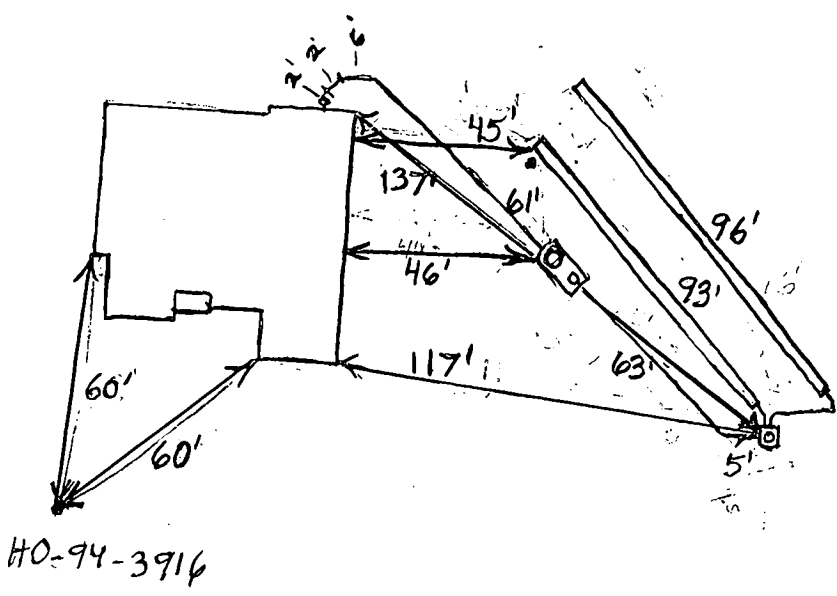
8/24/05 800 155 691-DEEC

A511503-Q

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>4</u>	<u>6</u>
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>189'</u>		
ABSORPTION AREA <u>567 + Sidewall</u>		
DISTRIBUTION BOX LEVEL <u>Leveler's</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>✓</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'-3'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>N/A Outlet</u>
MANHOLE LOC	<u>Inlet</u>
6" PORT LOC	<u>Outlet</u>
WATERTIGHT TEST	<u>N/A</u>
SEPTIC TANK 2 LEVEL	
CAPACITY _____ GAL	
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	



Tuliz Mysor Way ROAD

PRE-CONSTRUCTION 8/11/05 Install 2 trenches on contour across easement and running downhill from d-box in middle top of easement to corner easement

INSTALLATION stake to make 2nd trench 100'. Upper trench to be 80' CA

8/12/05 System finished. O.K. to cover everything BB

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 8/15/05



HOWARD COUNTY HEALTH DEPARTMENT

P5 23017

DATE
7/28/15

Received From Hatfield Equipment & Installation Services PHONE # 301 854 6170

13775 P.O. Box 319 Annapolis Junction, MD 20701

For Septic Permit

CASH

CHECK

Podder East Lot 17

NO.

13564 Julia Manor Way

20310

Three hundred and thirty one Dollars

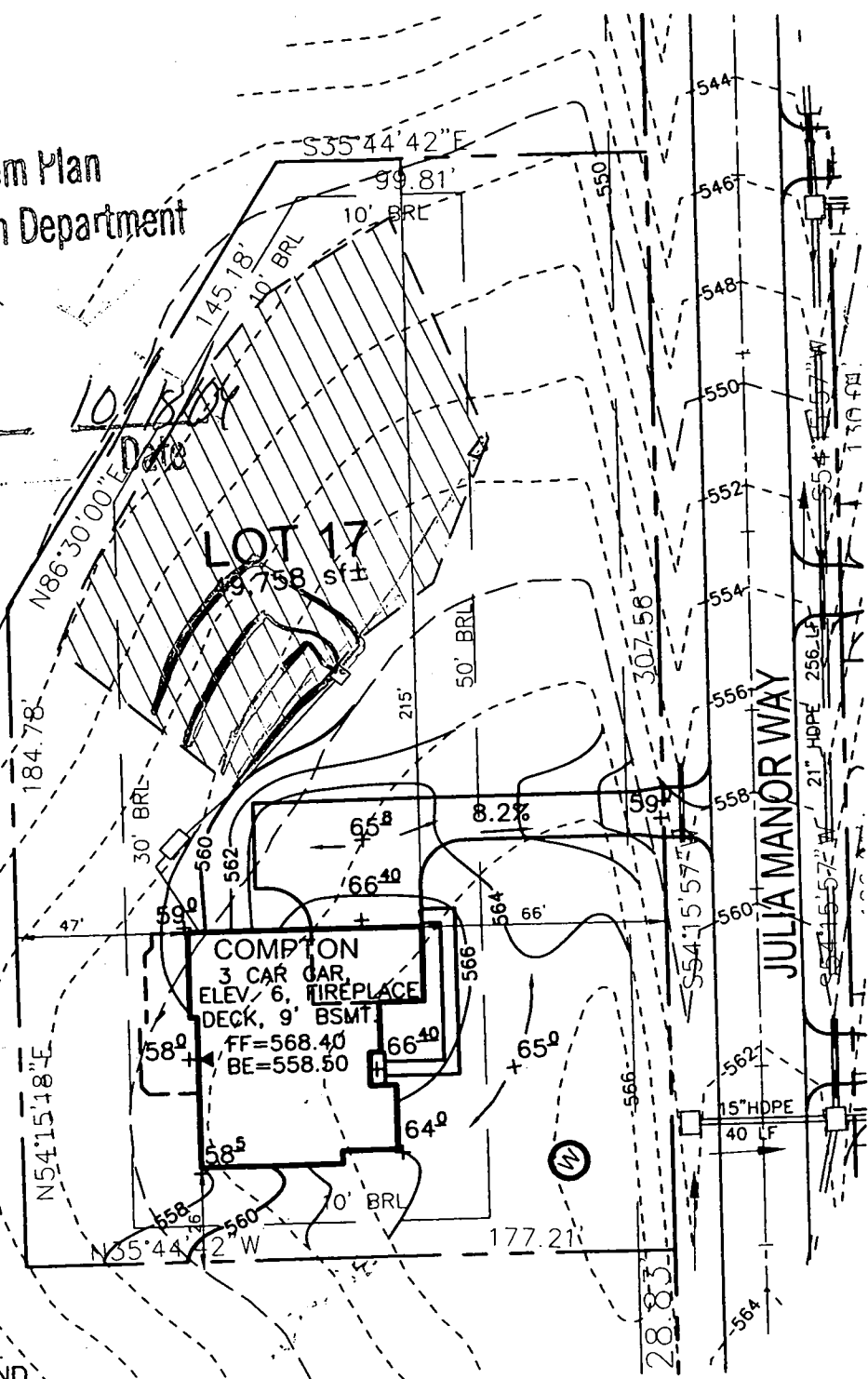
\$ 3916.00

Received By [Signature]

Approved Septic System Plan
 Howard County Health Department



K. J. Bell
 Date 10/8/04



SEPTIC DATA:
 HOUSE:
 INV. OUT=556.0
 SEPTIC TANK(4250 GAL) 1500
 TOP GRADE:557.0
 INV. IN=555.5
 INV. OUT=555.2
 DISTRIBUTION BOX:
 TOP GRADE:559.0
 INV. IN=554.2

THE EXISTING WELL SHOWN ON
 THIS PLAN (TAG #HO94-3916)
 HAS BEEN FIELD LOCATED BY
 ROBERT H. VOGEL ENGINEERING, INC.
 PROFESSIONAL LAND SURVEYORS, AND
 IS ACCURATELY SHOWN.

Mark C. Martin 9/23/04
 MARK C. MARTIN, LS #10884 DATE

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE SEPT. 13, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

**PULTE HOMES
 PADDOCKS EAST**

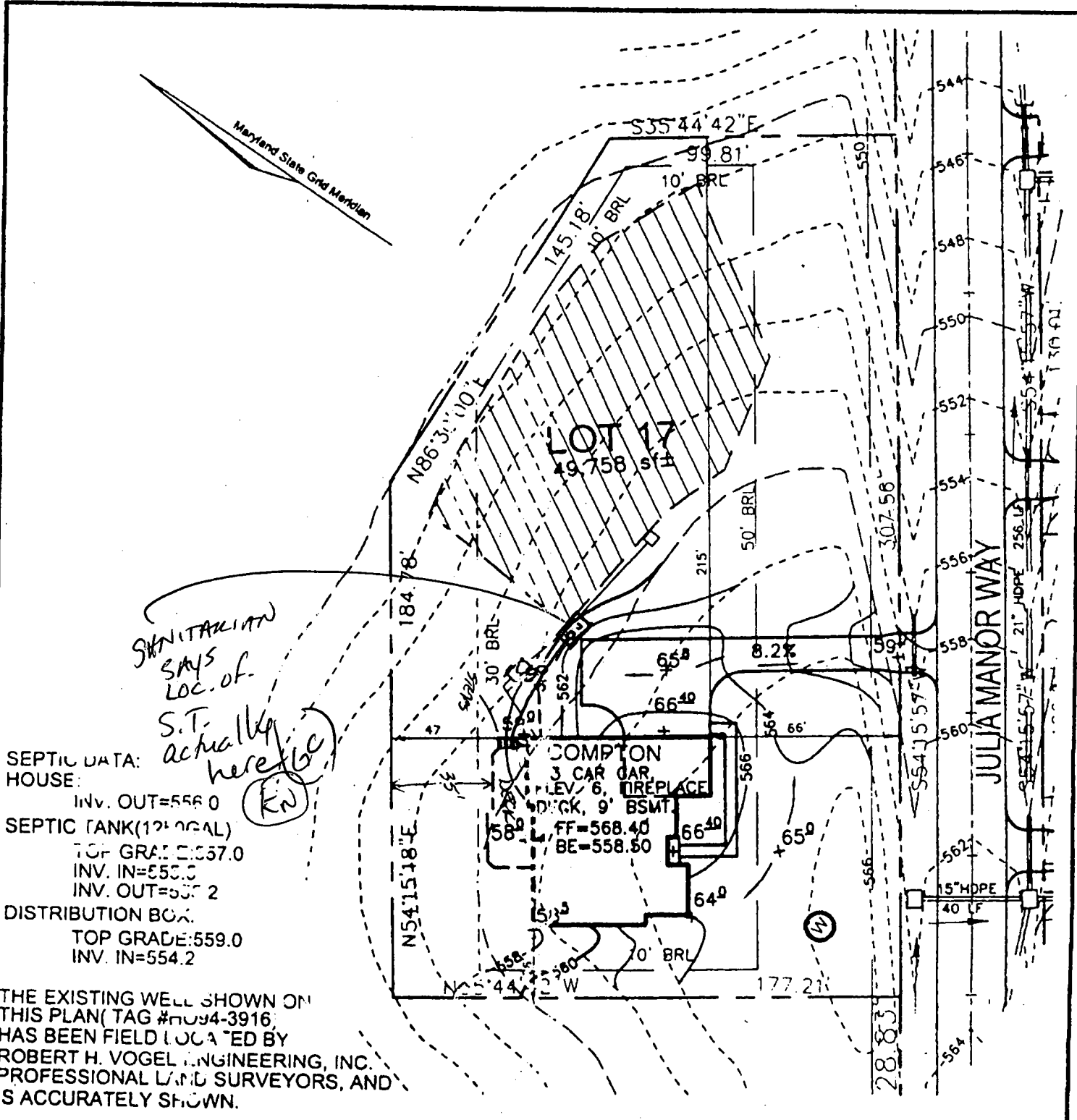
PARCEL 7
 HOWARD COUNTY, MARYLAND

LOT 17

**ROBERT H. VOGEL
 ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS

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



SEPTICIAN SAYS LOC. OF S.T. actually here (bc) (KN)

SEPTIC DATA:
 HOUSE: INV. OUT=556.0
 SEPTIC TANK (12' DIAM):
 TOP GRADE=557.0
 INV. IN=553.0
 INV. OUT=557.2
 DISTRIBUTION BOX:
 TOP GRADE=559.0
 INV. IN=554.2

THE EXISTING WELL SHOWN ON THIS PLAN (TAG #0094-3916) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

MARK C. MARTIN, LS #10884 DATE

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE SEPT. 13, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PADDOCKS EAST
 PARCEL 7
 HOWARD COUNTY, MARYLAND



LOT 17
ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8981

Decks to be built per plan
 Evergreen Cedar - decking

PURCHASER(S): Odette B. Nawaraty 9.29.04
 DATE
 SELLER(S): Paulomi Nawaraty 9/29/04
 DATE

HOME CORPORATION: _____ DATE
 COMMUNITY SALES MANAGER: [Signature] 9/29/04
 DATE

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# BD01551699 A# 47209
 APP. SAN [Signature] DATE 8/24/04
 DESC. OF WORK: deck OK

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: 510 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: Myle Homes Telephone #: _____
Subdivision: Paddock's East Lot #: 17 Well Tag #: HO-94-3916
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Camco</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55B0742</u>	Model #: <u>N/A</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>1.5</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>400</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: <u>N/A</u>		

<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: 6/25/05

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

Date Insp. Requested: _____ Date Insp. Approved: 6/9/05 BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

125/05
taxed
8/16/05
Faxed
9/26/05

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 3450	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 10 04	Depth of Well 22 400 26 (TO NEAREST FOOT) 5/20/04 O.K. (BB)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3916 28 29 30 31 32 33 34 35 36 37	
OWNER <u>Pulte Homes, Inc.</u> STREET OR RFD <u>3205 Route 32</u> TOWN <u>West Friendship</u> SUBDIVISION <u>Paddocks East</u> SECTION _____ LOT <u>17</u>				
WELL LOG Not required for driven wells		GROUTING RECORD <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	
	FROM	TO		
	Brown-sand shale	0 78		
	Gray Limestone	78 95		
	Brown	95 96 ✓		
	Gray Limestone	96 360		
Brown	360 361 ✓			
Gray Limestone	361 400			
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" 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>65</u> ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)		C3		
Casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		PUMPING TEST		
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) <u>ST</u> <u>06</u> <u>84</u> 60 61 63 64 66 70		HOURS PUMPED (nearest hour) <u>06</u> 8 9 PUMPING RATE (gal. per min.) <u>1.5</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>19AL</u>		
OTHER CASING (if used) diameter depth (feet) from to EACH CASING _____		WATER LEVEL (distance from land surface) BEFORE PUMPING <u>37</u> ft. 17 20 WHEN PUMPING <u>147</u> ft. 22 25		
screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input 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		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		PUMP INSTALLED		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRILLER INSTALLED PUMP YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		
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		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
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.		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u>		
DRILLERS LIC. NO. <u>M SD 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 35 PUMP HORSE POWER _____ 37 41 PUMP COLUMN LENGTH (nearest ft.) _____ 43 47		
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68		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		
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76		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) <u>30' D 275'</u> <u>ROAD A</u>		
SITe SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA		

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3916
 Location of property (road) 3205 Rt. 32, Near East Ivory Road
 Subdivision Paddocks East Lot 17 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. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20
 Total time 15 min to reach pumping water level 147' 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	37	3		20
7:15	147	40		1.5
7:30	147	40		1.5
7:45	147	40		1.5
8:00	147	40		1.5
8:15	147	40		1.5
8:30	147	40		1.5
8:45	147	40		1.5
9:00	147	40		1.5
9:15	147	40		1.5
9:30	147	40		1.5
9:45	147	40		1.5
10:00	147	40		1.5
10:15	147	40		1.5
10:30	147	40		1.5
10:45	147	40		1.5
11:00	147	40		1.5
11:15	147	40		1.5
11:30	147	40		1.5
11:45	147	40		1.5
12:00	147	40		1.5
12:15	147	40		1.5
12:30	147	40		1.5
12:45	147	40		1.5
HD-224:00	147	40		1.5
1:15	147	40		1.5
1:30				
1:45				

B 1 0987

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-94-3916 fill in this form completely

Date Received (APA) 3/11/2004

OWNER INFORMATION

MORBERLEY Gratchen Semmer Hill Farm Rd 148 West Friendship MD 21794

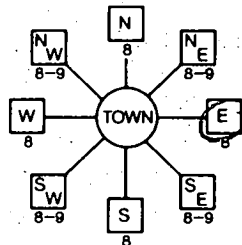
B 3 LOCATION OF WELL

Howard COUNTY Radlocks East SECTION 44 46 LOT 17 50 52 NEAREST TOWN Glenclg MILES FROM TOWN (enter 0 if in town) 2 M 73 76.77 78

DRILLER INFORMATION

Allen Compton M SD 009 Firm Name Fogles Well Drilling Address 580 Obricht Rd. Signature Allen Compton Date 1-31-04

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 8 PARCEL 7

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 DATE ISSUED 3/18/2004 Brian Baber 3/18/2005 CO SIGNATURE EKP DATE NORTH GRID 525 000 EAST GRID 805 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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)

- 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)

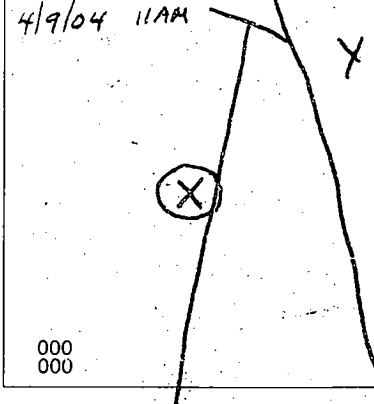
APPROX. PERMIT NUMBER HO 20026009 PERMIT No HO-94-3916

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8005 N 5205



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY #

SOIL PROFILE

7014

Red Br
Sa Cl
Loam

50"

Light Br
Sa Loam
~10%
Rock

13'

7015

Red Br
Sa Cl
Loam

5'-4"

Light Br
Sa Cl
Loam

10-15%
Rock

13.5'

7016

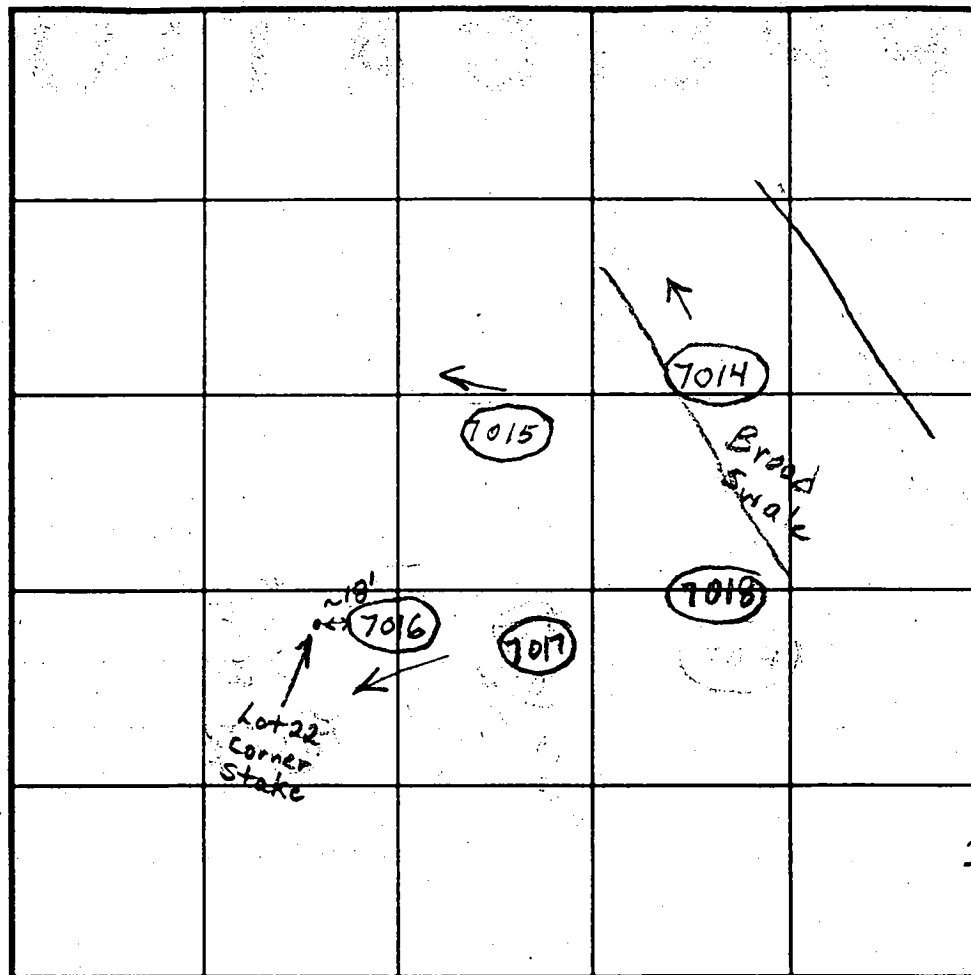
Red Br
Sa Cl
Loam

4'

Light Br
Clay Loam

~10%
Rock

12.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

East Ivory Road

135'

SOIL PROFILE

7017

Red Br
Sa Cl
Loam

40"

Light Br
Br Sa
Loam
~10%
Rock

12.5'

7018

Red Br
Sa Cl Loam

3'

Light Br
Sa Loam
~100% Rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
7/2/01	7014	58"/13'v	1:43:30	1:52:15	1:52:15	1:58:15	6	
	7015	4.5'/13.5'v	1:01:30	1:03:45	1:03:45	1:07:15	3 1/2	O.K.
	7016	4'/12.5'v	2:12	2:13	2:13	2:15	2	O.K.
	7017	4'/12.5'v	2:23:30	2:24:45	2:24:45	2:26:30	1:45	O.K.
		Repair	2:28	2:30	2:30	2:33	3	
	7018	4.5'/13.5'v	2:38:30	2:40	2:40	2:42:30	2 1/2	O.K.
		Reevaluate 7014 in field - swale						

REMARKS Holes 7015, 7016, 7017 and 7018 are O.K. Hole 7014 is TYPE OF SOIL in a swale but may be usable depending on easement.

TESTED BY B. Baker ALSO PRESENT Kettermans, FSH

TRENCH DESIGN DATA. AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ FT/BEDROOM

COUNTY #

SOIL PROFILE

7019

Red Br
Sa Cl
Loam

0'

3'

10-15%
Rock

12.5'

7020

Rocky Red
Br Sa Cl
Loam

5 1/2"

Red Or Br
Sa Cl Loam

7 9/11"

Light Br
Sa Loam
~10% Rock

8'-8 1/2"

Packet of
7.50%
rock to
bottom

10.5'

7021

Red Br
Sa Cl
Loam

3.5'

Light Br
Sa Loam

~10%
Rock

13.75'

SOIL PROFILE

7022

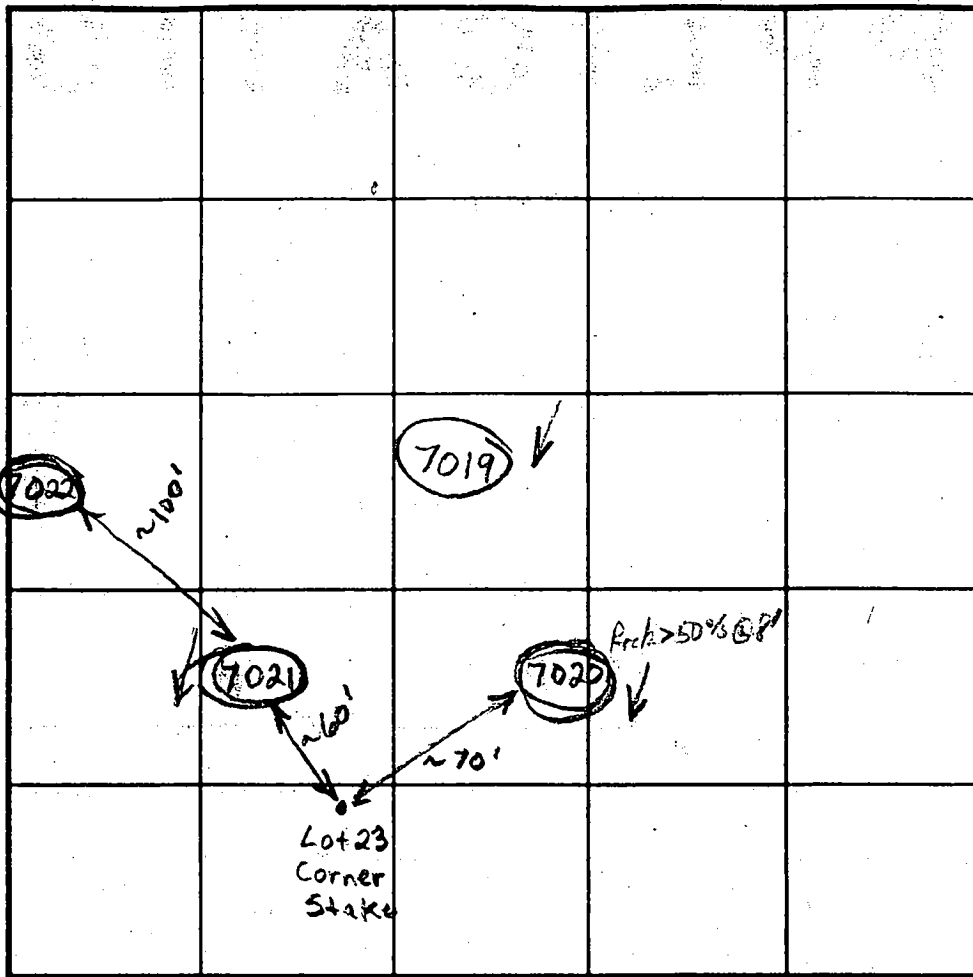
Red Br
Sa Cl
Loam

0'

3'

Light Br
Sa Loam
~10%
Rock

12.5'



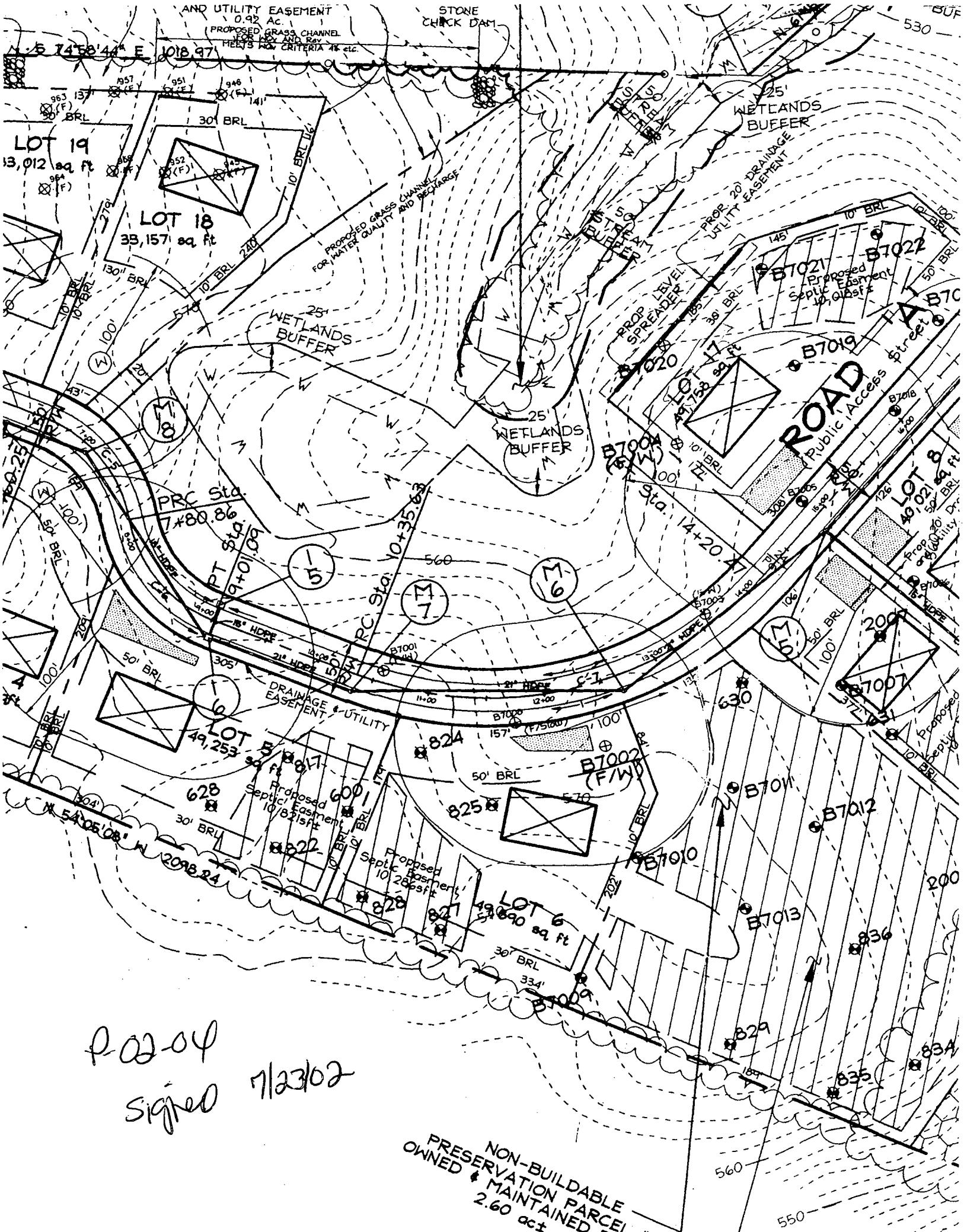
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

East Ivory Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/2/01	7019	44"/12.5'	2:49:30	2:50:30	2:50:30	2:52:30	2
	7020	37"/10.5'	3:00	3:07	3:07	3:18	11
	7021	45"/13.75'	3:20	3:21:30	3:21:30	3:23:30	2
	7022	46"/12.5'	3:33	3:34:30	3:34:30	3:35:30	1
	Report		3:38:20	3:39:50	3:39:50	3:41:40	1:50

O.K.
Wet
Wet
Wet

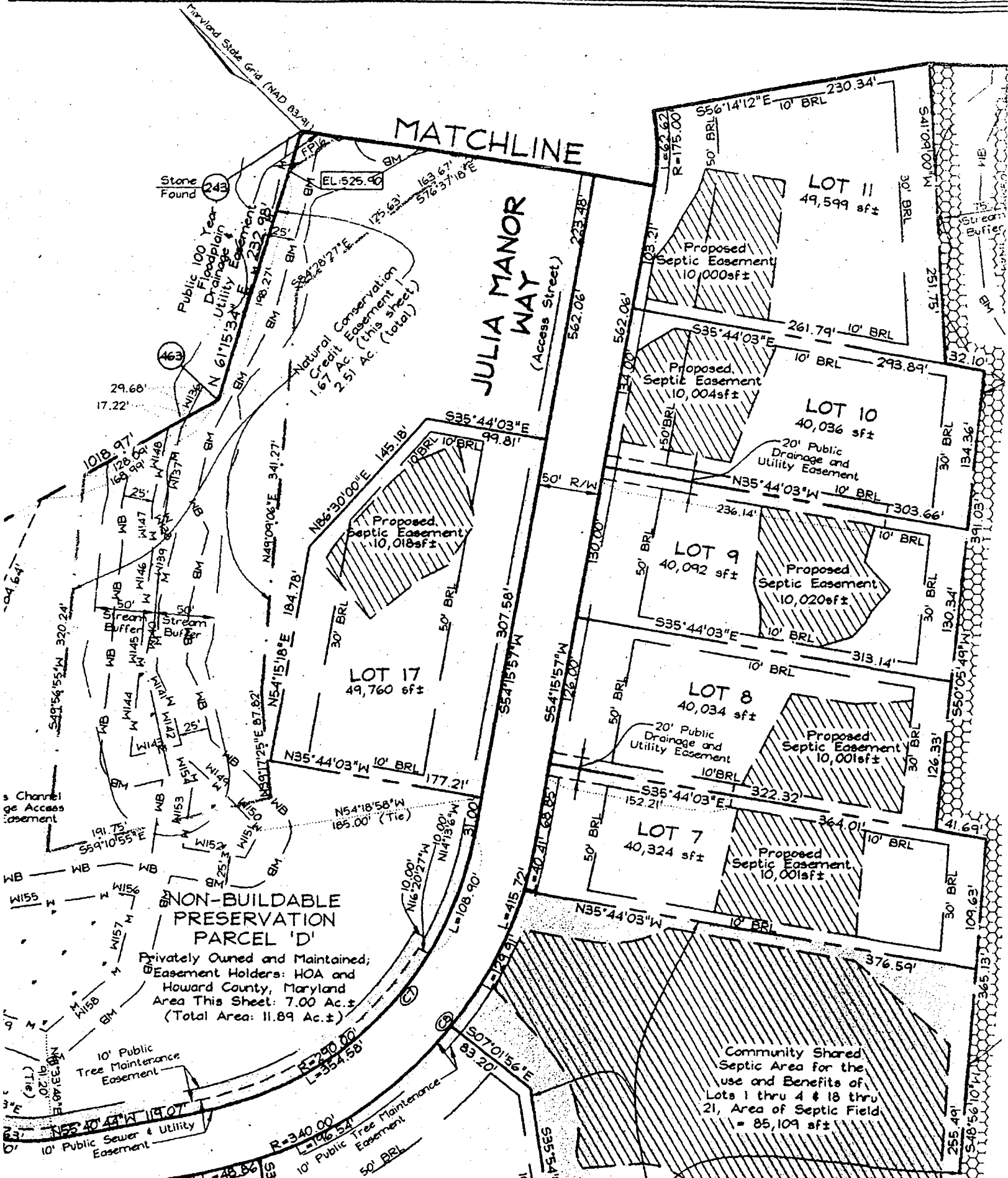
REMARKS Hole 7019 is O.K. Holes 7020, 7021 and 7022
 TYPE OF SOIL require wet season testing.
 TESTED BY B. Baker ALSO PRESENT Kettermans, FSH
 TRENCH DESIGN DATA. AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



P-02-04
signed 7/23/02

NON-BUILDABLE
PRESERVATION PARCEL
OWNED & MAINTAINED BY
2.60 act

F-03-112
SIGNED 01/30/04



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00/507225B

Building Address 13564 Julia Manor Way, West Friendship 21794
Suite/Apt. # 604-67 SBPAWR Petition #: 04-67
Census Tract 1003000 Subdivision Paddock East
TAX ID # 03-341917
Section 17 Area 7 Lot 8
Tax Map RR-DE0 Parcel 7 Grid 8
Zoning RR-DE0 Map Coordinates 753 Lot size

Property Owner's Name Pulte Homes Inc
Address 1501 S. Edgewood Street
City Baltimore State Md Zip Code 21207
Home Phone 410/644-5703 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 265,000
Description of Work "Compton" w/5" rad 2 story, full bsmt, GR, 4FB, 1HB, FP 3CAR - OPT. fin LL w/BATH

Contractor Company Pulte Homes
Contact Person DIANNA WENZLAFF
Address 1501 S. Edgewood St
City Baltimore State MD Zip Code 21207
License No. 516 Phone Fax

Occupant or Tenant DECK, WALK OUT BSMT
Contact Name
Address
City State Zip Code
Phone Fax

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>2</u>	Water Supply: <u>Public</u>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u>Public</u>
No. of stories: <u>2</u>	Private	Depth <u>64</u> Width <u>46</u>	Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor:	Sewage Disposal: <u>Public</u>	1st floor: <u>64</u> <u>46</u>	Sewage Disposal: <u>Public</u>
Use group:	Private	2nd floor: <u>36</u> <u>46</u>	Public <input type="checkbox"/>
Construction type:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>64</u> <u>66</u>	Private <input checked="" type="checkbox"/>
<u>Reinforced Concrete</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Structural Steel</u>	Heating System:	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Masonry</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>5</u>	Heating System:
<u>Wood Frame</u>	Natural Gas <input type="checkbox"/>	Multi-family dwellings:	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<u>State Certified Modular</u>	Propane Gas <input type="checkbox"/>	No. of efficiency units:	Natural Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 1 BR units:	Propane Gas <input type="checkbox"/>
	Full	No. of 2 BR units:	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Partial	No. of 3 BR units:	NFPA #13D
	Other Suppression	Other Structure:	NFPA #13R
	# of Heads	Dimensions:	Other:
		Footings:	
		Roof:	
		State Certified Modular	
		Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Dianna Wenzlaff
Title/Company Homeowner

Print Name DIANNA WENZLAFF
Date 10-13-04

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		
Health	<u>10/13/04</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u> </u>	<u>63671</u>
Rear: <u> </u>	Filing fee \$ <u>104</u>
Side St: <u> </u>	Permit fee \$ <u> </u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ <u> </u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ <u> </u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u> </u>
Lot Coverage for NewTown Zone <u> </u>	Sub-total paid \$ <u> </u>
SDP/Red-line approval date <u> </u>	Balance due \$ <u> </u>
	Check # <u>99971</u>
	Validation # <u>77660</u>
	Accepted by <u>Lic</u>

CASELL TESTING, INC.

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

REPORT DATE: Oct 1, 2005

County Howard

Lab Number 06-339

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&D: 13564 Julia Manor Way

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Sep 30, 2005 10:25 am

Parcel #: 7

Owner, Telephone No.: Nanavaty

Sampler: 6724GP

Subdivision Name: The Paddocks East

Lot Number: 17

Building Permit No.: B00150722

Well Number: HO-94-3916

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.7 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	7.0 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter - Filter Out

***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



Howard County
Health Department

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

October 3, 2005

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

RE: Paddocks East, Lot 17
13564 Julia Manor Way
West Friendship, MD 21794
BP #: B00150722
Well Permit # HO-94-3916

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 08/15/2005. Final approval of the well line connection to the dwelling was approved on 06/09/2005.**

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-94-3916. 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): 09/30/2005
Date of Well Completion: 04/10/2004

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File