

LAYOUT 4/1/05 INSP 4 _____
INSP 2 4/13/05 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

APPROVAL DATE: 4-15-05

PERMIT
INDEXED

TAX ID # 04-367677

P 522060

A 514227-C

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Waterford Farms LOT NUMBER: 4

ADDRESS: 3133 Lorenzo Lane PROPERTY OWNER: Toll MDII LP

SEPTIC TANK CAPACITY (GALLONS): 1500 ~~1250~~ OUTLET BAFFLE FILTER REQUIRED
WITH/Effluent filter

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180 ~~150~~

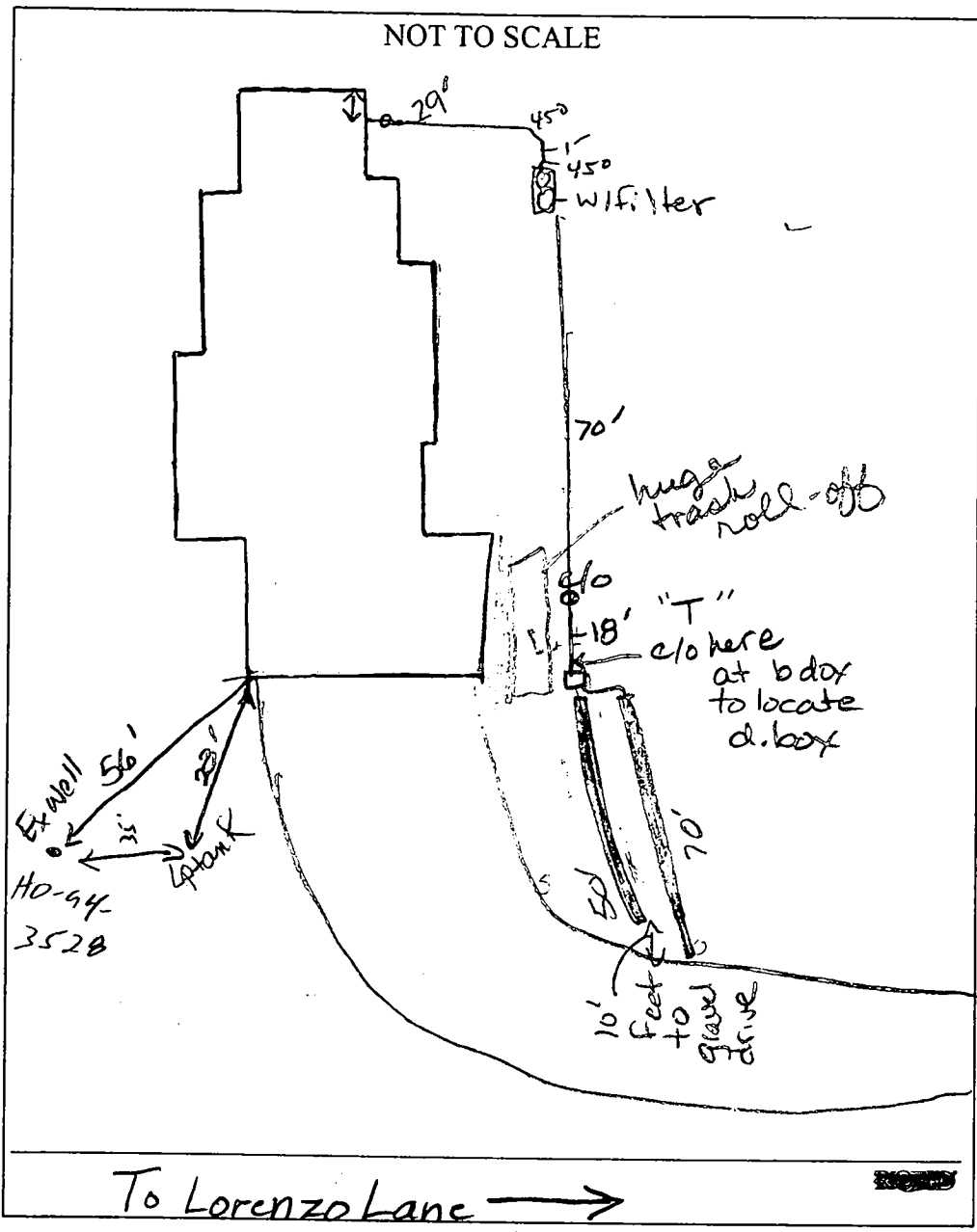
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation within the approved sewage disposal area.
NOTES:	Effluent filter needed, no basement gravity service. Run 2-60' trenches <u>MAY NEED TO MOVE D. BOX CLOSER TOWARDS SEPTIC TANK TO FIT TRENCHES IN SDA.</u> KN

PLANS APPROVED: SRK/PAY **KN** DATE: 11/18/04

- 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

A514227C



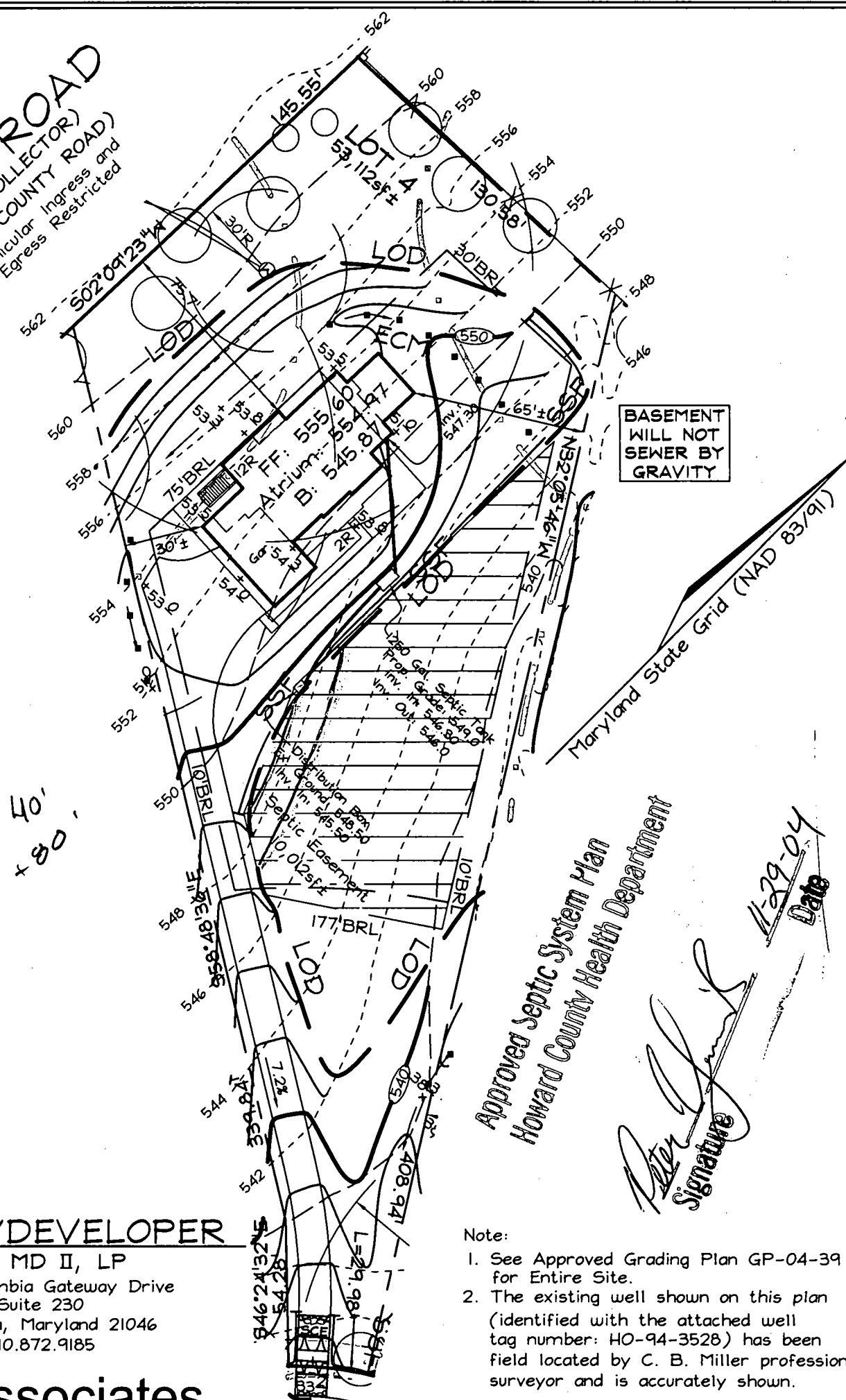
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	8
NUMBER OF TRENCHES		2
TOTAL LENGTH		120
ABSORPTION AREA		720 ft ²
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes levelers inside

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	top of man
TANK LID DEPTH	1'-3' (high side) low
BAFFLES	yes
BAFFLE FILTER	yes
MANHOLE LOC	both
6" PORT LOC	N/A
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 4/1/05 To install a 40' and 80' trench on contour towards the driveway. All the fill on the easement must be removed before installation can begin. Builder must submit a revised grading plan. (BB) 4/13/05 Fill removed from easement and restaked. O.K. to start. (BB) 4-14-05 OK to cover both trenches. Placing "T" clo at front side of d. box to locate d. box in future. Trenched 12' etc. 4-15-05 Checked well loc & ident. propane tank installed (KN)

FINAL INSPECTOR Kevin Norman DATE OF APPROVAL 4-14-05

DAISY ROAD
 (MAJOR COLLECTOR)
 (PUBLIC COUNTY ROAD)
 Vehicular Ingress and
 Egress Restricted



40'
 x 80'

Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature

11-29-04
 Date

OWNER/DEVELOPER

Toll MD II, LP
 7164 Columbia Gateway Drive
 Suite 230
 Columbia, Maryland 21046
 410.872.9185

FSH Associates

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

Note:

1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3528) has been field located by C. B. Miller professional surveyor and is accurately shown.

LORENZO LANE
 PUBLIC ACCESS PLACE

DESIGN BY: PS
 DRAWN BY: MY
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Nov. 11, 2004

W.O. No.: 3217
 SHEET No.: 1 OF 1

**LOT RESITE
 LOT 4
 CATTAIL TRACE**

TAX MAPS 13, 14, 20 & 21
 GRIDS 7, 12, 19 & 24
 4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
 HOWARD COUNTY, MARYLAND

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: 585 Obrecht Rd
Sylesville, 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: Toll Brothers Telephone #: _____
Subdivision: Cattail Trace Lot #: 4 Well Tag #: HO-94-3528
Site Address: 3133 Lorezo Lane

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Candell Two piece watertight cap: YES
Model #: 551307422 Model#: N/A Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 5 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 340 (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: 5/18/05

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

Date Insp. Requested: _____ Date Insp. Approved: 11/2/05 **(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

F
5/18/05
Relayed
8/17/05

C1 14288

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.

COUNTY NUMBER AS15227-C

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

ST/CO USE ONLY DATE RECEIVED MM DO YY

DATE WELL COMPLETED

Depth of Well

OKSRK 11/6/02

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3528

OWNER GST TRUST + SISTERS TRUST STREET OR RFD LORRIZO DAIST ROAD LANE TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (27), NO. OF ROUNDS (2538), GALLONS OF WATER (162), DEPTH OF GROUT SEAL (91).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (100).

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

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (63), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y) NO (N)

DEPTH (nearest ft.) table with rows for casing sections and slot size.

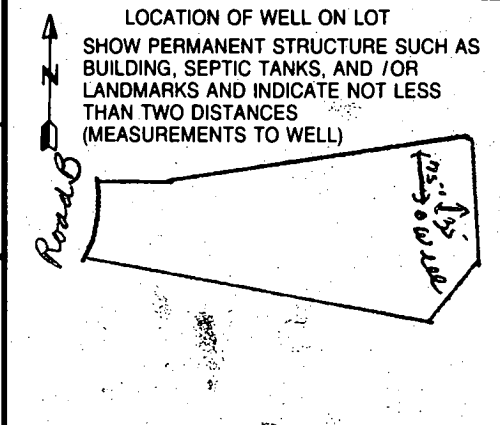
CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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...

DRILLERS LIC. NO. 1 M-5024, DRILLERS SIGNATURE Joseph Mayre, LIC. NO. 1 D

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



B 1 6786

SEQUENCE NO. (MDE USE ONLY)

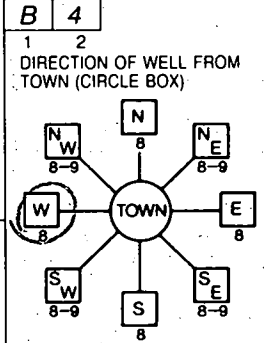
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434

STATE PERMIT NUMBER HO-94-3528 fill in this form completely

OWNER INFORMATION Date Received (APA) 08/22/02 8 MM DD YY 13 15 Last Name Owner 34 First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 23 SUBDIVISION Watershed Farms 42 SECTION 44 46 LOT 48 4 50 52 NEAREST TOWN Glenwood 71 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I 73 76 77 78

DRILLER INFORMATION Driller's Name 76 License No. 81 76 Joseph L. Mayne M S D 024 Firm Name 76 Joseph L. Mayne Well Drilling Address 76 5512 Ridge Rd Mt. Airy Md 21771 Signature 76 Joseph L. Mayne 8-23-02 Date 81



11 ROAD B 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 360 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 24 PARCEL 13

WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

- 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A515227C COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10/17/02 Steven R. Kruey 10/17/03 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 780 000

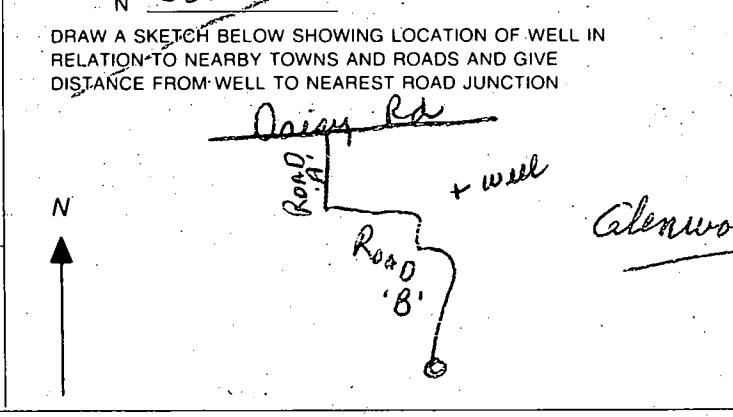
APPROXIMATE DEPTH OF WELL 260 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37 NEAREST INCH

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 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 G PERMIT No HO-94-3528 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 10/29/02-9:30am grout NO insp SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 520



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

APPLICATION

PERCOLATION TESTING

A 514952

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 2/28/01

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Waterford Farm Joint Venture

ADDRESS 4003 Jennings Chapel Rd PHONE _____
Brookville MD 20833

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Waterford Property LOT NO. 4

ROAD AND DESCRIPTION bailey road

TAX MAP 13, 14, 20, 21 PARCEL # 20

SIZE OF LOT _____ TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

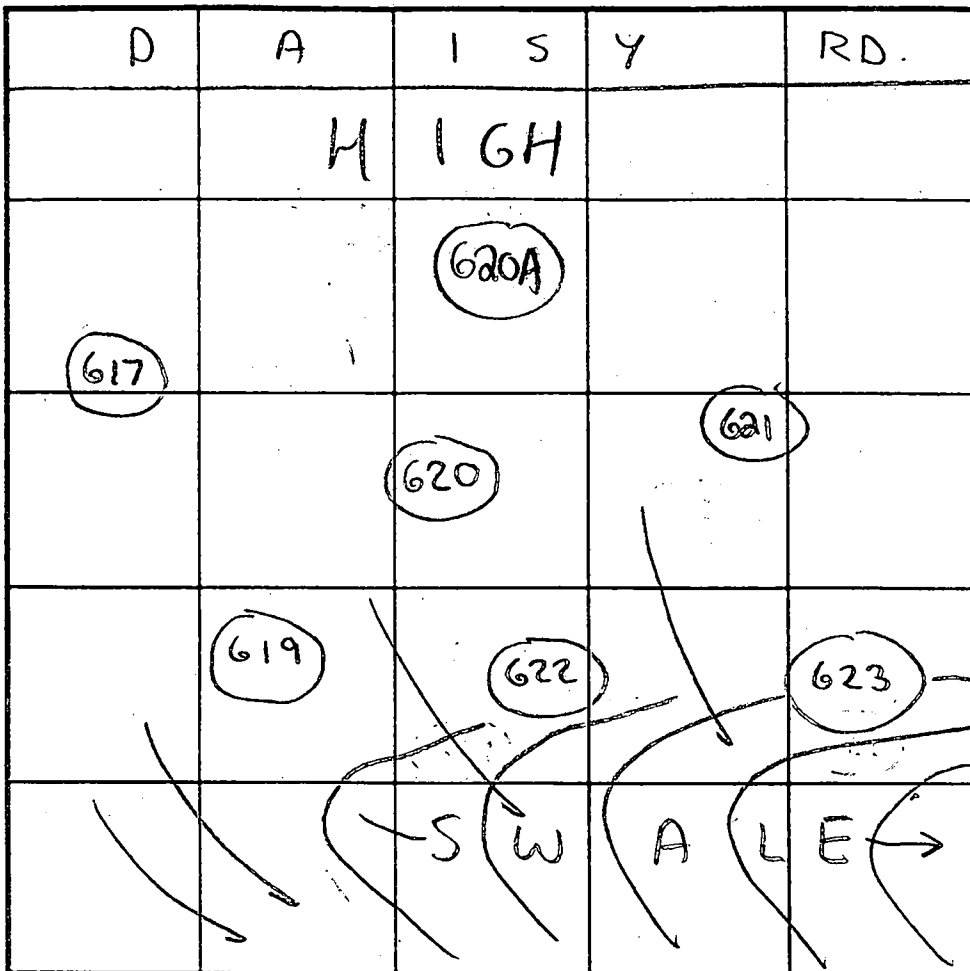
THIS IS NOT A PERMIT

A515227-C

NOT TO SCALE

LOT 4

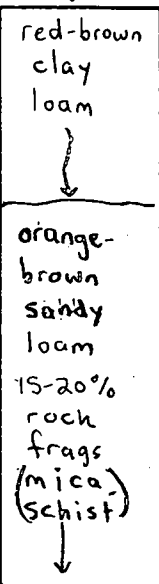
COUNTY #



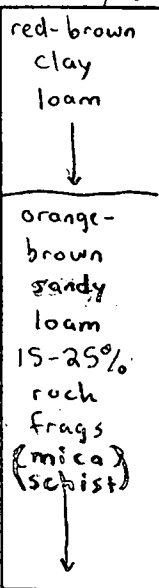
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

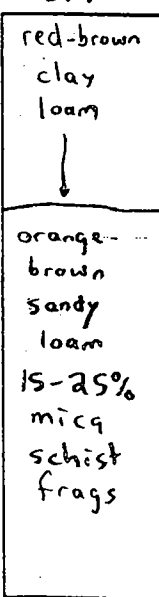
617



620/620A

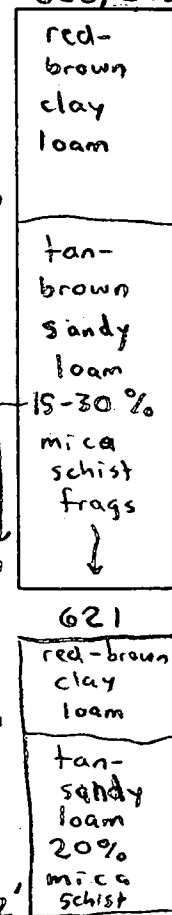


619



SOIL PROFILE

622/623



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME		
			START	STOP	START	STOP			
6/4/01	617	12' V	(VISUAL)	OK	SEE	SOIL PROFILE		OK	
	620	4.5' T / 12' V	1:34pm	1:36pm	1:36pm	1:38pm	2min		OK
	619	13' V	(VISUAL)	OK	SEE	SOIL PROFILE		OK	
	622	3.5' T / 13' V	11:30am	11:50am	11:50am	12:05pm	15min		OK
	621	12' V	(VISUAL)	OK	SEE	SOIL PROFILE		OK	
	623	6' T / 14' V	4:34pm	4:36pm	4:36pm	4:43pm	7min		OK
8/6/01	620A	6' T / 14' V	(VISUAL)	OK	SEE	SOIL PROFILE		OK	

REMARKS

TYPE OF SOIL Chester, Glenelg & Manor
 TESTED BY SRK Jeff Allen = Backhoe, Chuck Sharp =
 ALSO PRESENT Francois = French exchange student
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2min TRENCH WIDTH 3'
 INLET DEPTH 3" MAXIMUM BOTTOM DEPTH 5' SQ. FT. BEDROOM 180-210

N 05°37'00" E

N 02°41'39" E

N 01°50'31" E

705.96

379.49

171.74 3/4" I.P.F. (NEED FOR LINE)

RESTRICTED

100'R (Typ.)

Signed Perc Cert

GIB2

GIC2

EKB2

3 CHA

4

44,378sf±

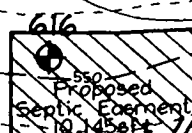
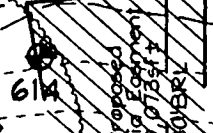
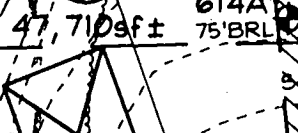
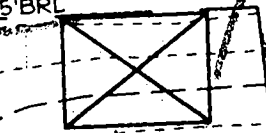
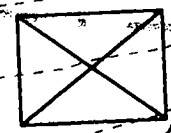
53,112sf±

47,710sf±

614A

616A

Proposed Septic Equipment 10,051sf±



42,019sf±

5

47,588sf±

45

39,579sf±

671B

Proposed Septic Equipment 10,066sf±

GIC3

GIB2

6

42,276sf±

MID3

Z 82°09'11" E 988.55'

SWM NON-BUILDABLE PRESERVATION PARCEL 'E'

HOA-OWNED AND MAINTAINED

3,250sf±

GID3

7

43,057sf±

SEE PLAT No. 6204

20

58,578sf±

8

43,196sf±

ARTIFICIAL SWM POND CLASS 'A'

GID2

43,473sf±

668

669

670

671A

672

673

674

675

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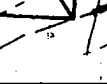
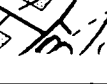
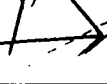
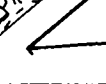
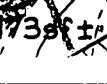
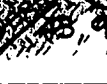
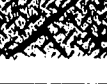
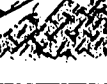
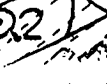
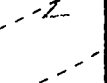
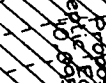
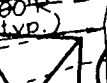
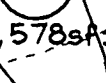
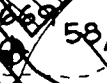
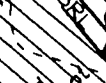
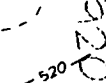
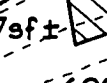
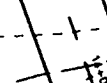
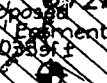
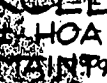
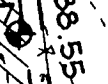
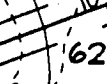
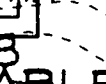
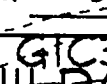
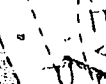
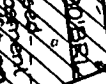
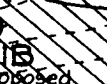
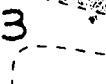
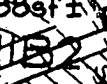
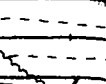
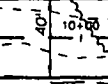
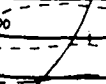
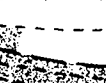
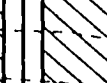
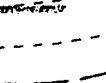
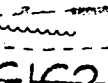
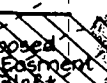
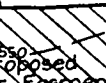
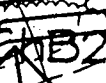
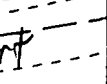
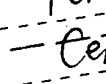
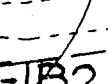
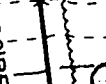
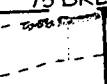
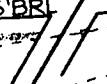
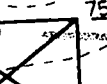
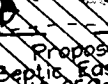
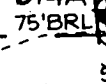
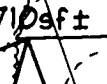
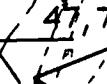
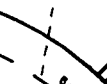
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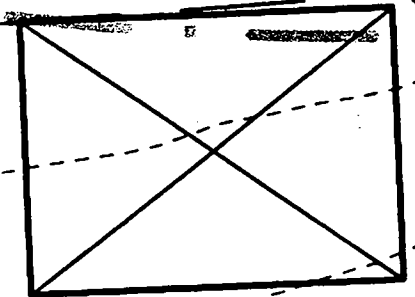
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701



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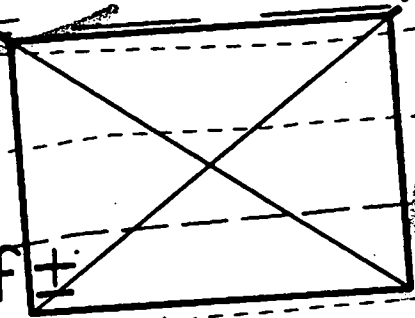
606sf±



75' BRA

4

53,112sf±



556
75' BRL

Proposed
Septic Easement
10,044sf±

Proposed
Septic Easement
10,012sf±

Proposed
Septic Easement
10,110sf±

Approved
prelim

76' BRL

339.84'
10' BRL

77' BRL

10' BRL

619
10' BRL

5

4

47,588sf±

18
154.28'

408.94'

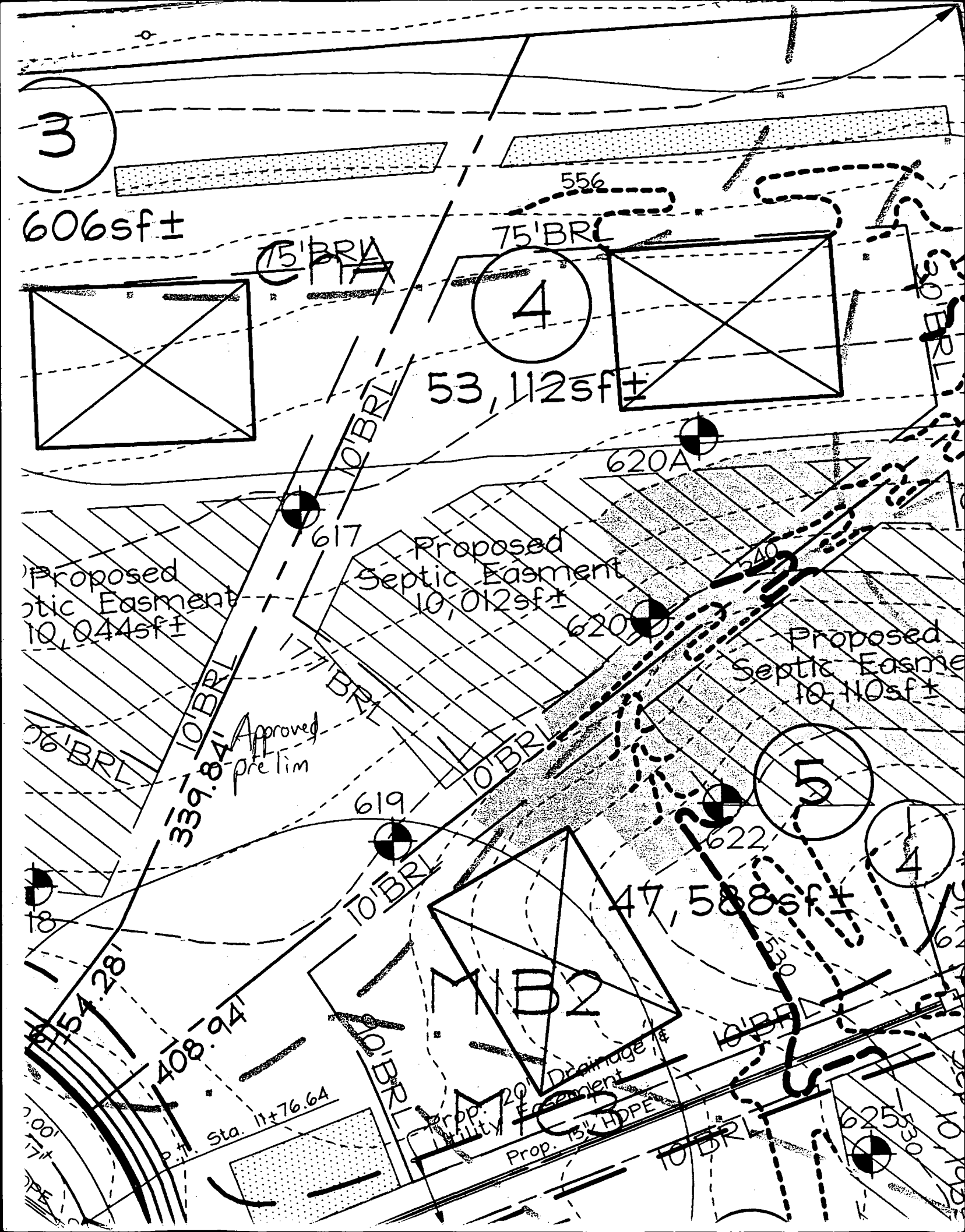
Sta. 11+76.64

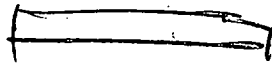
Prop. 20" Drainage &
Utility Easement
Prop. 15" HDPE

10' BRA

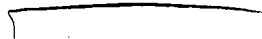
10' BRL

625'
10' BRL





stone



4 Foot
Buffer

2002 OCT 17 PM 2:12

RECEIVED
SOLANO COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

68713

Head

DEPARTMENT OF RESOLUTIONS, LICENSES AND PERMITS
3430 CENTRE HOUSE DRIVE
ELICOTT CITY, MD 21043
PUBLIC WORKS INFORMATION (410) 313 1810
AUTOMATED INFORMATION (410) 313 3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00051140 *pay*

Building Address 3133 Lorenzo Lane
Woodbine, MD 21797
 TAX ID# 04-367617
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision Waterford Farms
 Section _____ Area _____ Lot 4
 Tax Map 20 Parcel 139 Grid 6
 Zoning R-C-O-E-O Map Coordinates 867 Lot size _____

Property Owner's Name Toll MD II, LP
 Address 7164 Columbia Gateway Dr, #230
 City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone 410.489.6292
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Residential Home
 Estimated Construction Cost \$ 325,000
 Description of Work Essington Manor with Atrium addition and Greenhouse addition

Contractor Company Toll MD II, LP
 Contact Person Dan Stebbins
 Address 7164 Columbia Gateway Dr, #230
 City Columbia State MD Zip Code 21046
 License No. 678
 Phone 410.489.6292 Fax 410.489.6293

Occupant or Tenant Toll MD II, LP
 Contact Name Dan Stebbins
 Address 7164 Columbia Gateway Dr, #230
 City Columbia State MD Zip Code 21046
 Phone 410.489.6292 Fax 410.489.6293

Engineer or Architect Company FSH Associates
 Contact Person Zach Fisch
 Address 8318 Forrest St.
 City Ellicott City State MD Zip Code 21043
 Phone 410.750.2251 Fax 410.750.7350

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>55'8"</u> <u>91'8 1/2"</u> 2nd floor: <u>36</u> <u>75'8 1/2"</u> Basement: <u>56</u> <u>91'8 1/2"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: <u>height 3 1/2</u> No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> 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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

D. B. Bell
 Applicant's Signature
APM/Toll Brothers, Inc.
 Title/Company

Daniel Stebbins
 Print Name
11-15-04
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development/DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	63961
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u>
Building Official			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering/DPZ	<u>11-29-09</u>	<u>[Signature]</u>	Lot Coverage for New Town Zone _____	Excise tax \$ _____
Health			SDP/Red-line approval date _____	Add'l per. fee \$ _____
Fire Protection				TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # <u>838136</u>
				Validation # <u>80980</u>

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 #: 56088 Account #: 1930
 Reference: Cattail Trace Lot 4 Company: Fogle's Well Drilling
 Location: 3133 Lorenzo Lane Requested By: Dave Fogle
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 08/18/05 0830 Site: Kitchen Sink Tap
 Date/Time Rec'd: 08/18/05 1620 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.1
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3528

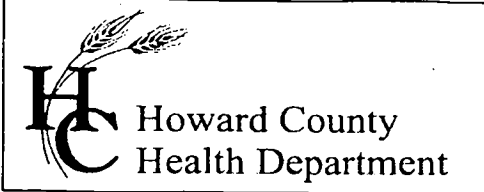
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/19/05 / 1030 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/19/05 / 1030 / C.Holland
Nitrate	7.85	mg/L	10	601	08/19/05 / 0925 / B. Dutterer
Turbidity	2.96	NTU	<10	SM18 2130B	08/19/05 / 1000 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	08/19/05 / 1000 / B. Dutterer

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00151140

Date Reported: 08/19/05



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

November 3, 2005

Toll MD II, LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farm, Lot 4
3133 Lorenzo Lane
Woodbine, MD 21797
BP #: B00151140
Well Permit # HO-94-3528

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 04/15/2005. Final approval of the well line connection to the dwelling was approved on 11/02/2005.**

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-94-3528. 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): 08/18/2005
Date of Well Completion: 10/29/2002

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File