

3/28/96
3/10/96
3/15/96
10/30/96
4/15/96
10/1/96
Final
early as possible

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-281604

P 56538

A REPAIR

DISTRICT _____

DATE 4-3-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 5/15/96

INDEXED

INSPECTOR [Signature]

Dun-Rite Septic Tank Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 10439 Frederick Road, Ellicott City, Maryland 21042 PHONE 461-3255

SUBDIVISION _____ LOT _____ ROAD 3925 Folly Quarter Road

PROPERTY OWNER [Signature] Folly Quarter Stables
3925 Folly Quarter Road

ADDRESS _____

SEPTIC TANK CAPACITY 1,500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 262

REPAIR - PURPOSE - OWNER WOULD LIKE THE MAIN HOUSE TO HAVE A SEPARATE SEPTIC SYSTEM.
Currently, house shares a septic system with the tenant house.
Call for inspection when ground is opened so that a sanitarian can recommend a detail and separate septic system. 03/26/96

INLET 4', MAXIMUM BOTTOM DEPTH 8' MAP 23 GRID 14 PDA 30

RUN TRENCHES ALONG CONTOUR BETWEEN FENCE AND HIGHEST TEST HOLE
4-15-96 [Signature]

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

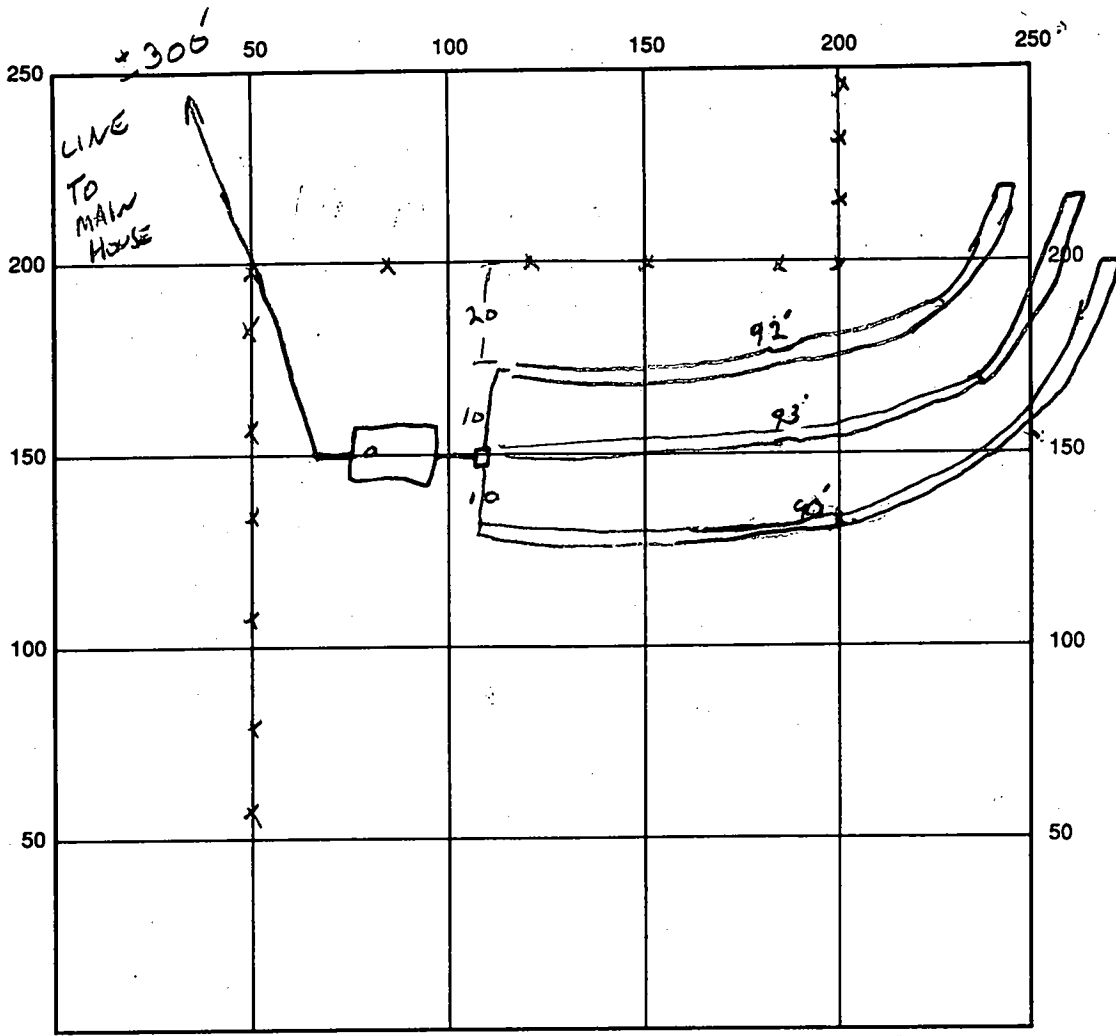
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

P 56538



SEPTIC TANK LEVEL OK CLEANOUTS 1 ON TANK OK

DISTRIBUTION BOX LEVEL COVERED

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 275 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA - SQ. FT.

REMARKS: 5/15/96 SYSTEM OK TO COVER.

DATE SYSTEM APPROVED 5/15/96 INSPECTOR [Signature]

8/22/89
18:30 - 11:00 AM

PERMIT

P 44887
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 8/22/89

DATE SYSTEM APPROVED 8/23/89

INSPECTOR M. Ripkin

INDEXED

Jenkins Bros. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 10439 Frederick Road, Ellicott City, Maryland PHONE 465-6646

SUBDIVISION _____ ROAD 3925 Carroll Mill LOT _____

PROPERTY OWNER Jackson

ADDRESS 3925 Carroll Mill Road
Ellicott City, Maryland 21043

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 2

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIRS:

180 #/BR Inlet 3 Bottom

PLANS APPROVED BY C. Williams DATE 8/22/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

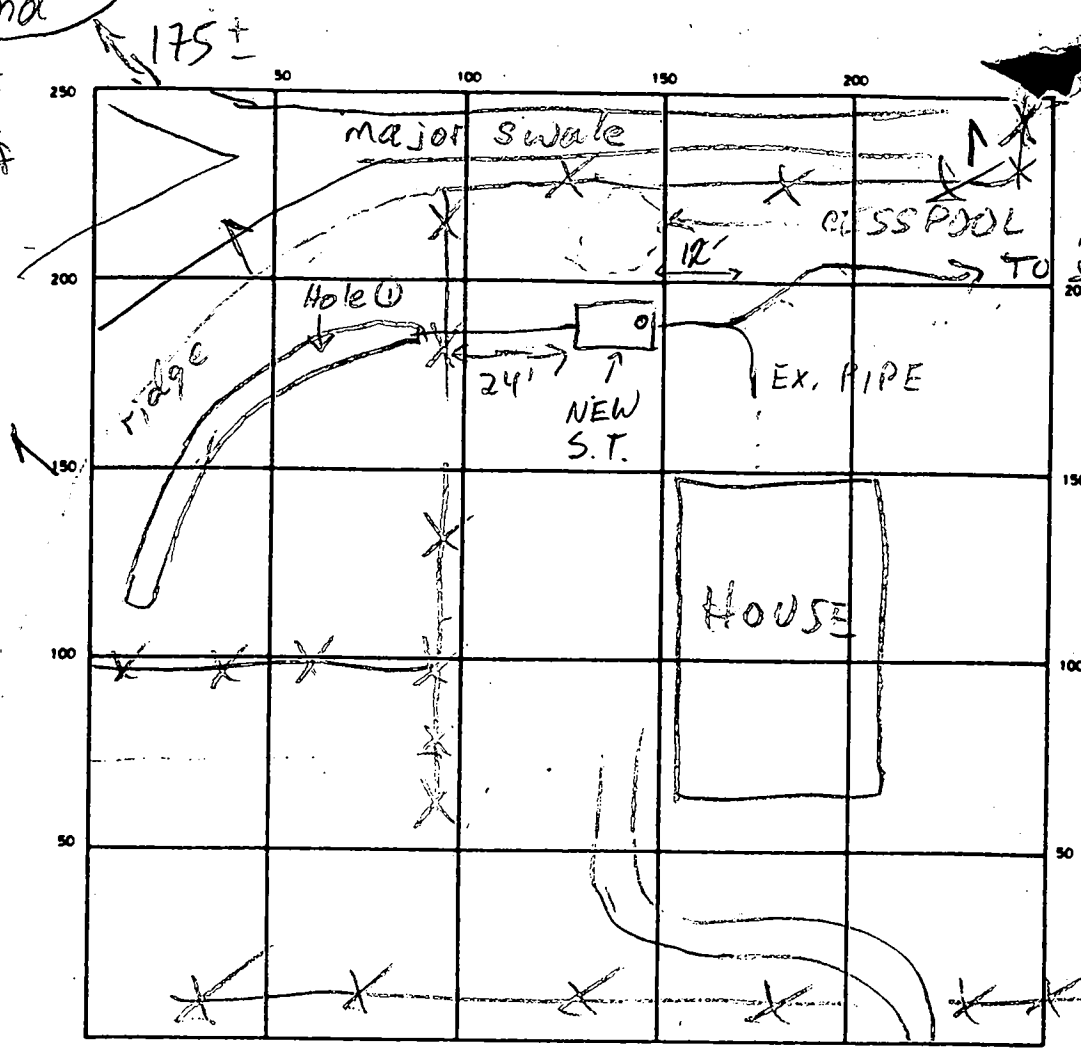
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 44887

Pond
20' ±
Elev. Diff



① 3 1/2
11:07 11:08
11:08 11:11
orange clay loam to 2 1/2
Gr. - yellow sand loam very high mica
x = 3 min
180 #/B?
Inlet 3
Bottom 8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
CARROLL MILL RD

SEPTIC TANK LEVEL 1990 GAL OK CLEANOUTS OK
DISTRIBUTION BOX LEVEL
DRAIN FIELD/TILE FIELD DEPTH 8 FT TRENCH WIDTH 2 FT INLET DEPTH 3 FT
EFFECTIVE GRAVEL DEPTH 5 FT TOTAL LENGTH 86 FT
NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 430 SQ FT
DRYWELL INSIDE DIAMETER FT EFFECTIVE DEPTH BELOW INLET FT
ABSORBENT AREA SQ FT

REMARKS 8/23/89 #1 OK TO DIG TRENCH + PUT IN STONE MR
8/23/89 #2 OK TO FINISH STONE + COVER MR
FUTURE REPAIRS IN FRONT OF LOT M

DATE SYSTEM APPROVED 8/23/89 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

TO SUPPORT
SEPTIC REPAIR
SEPTIC REPAIR
FEE ONLY.

A REPAIR
P 56538

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 4/10/96

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 CASH

ADDRESS 3925 FOLLY RUNNER RD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ✓ LOT NO. NA

ROAD AND DESCRIPTION SAME

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 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 _____

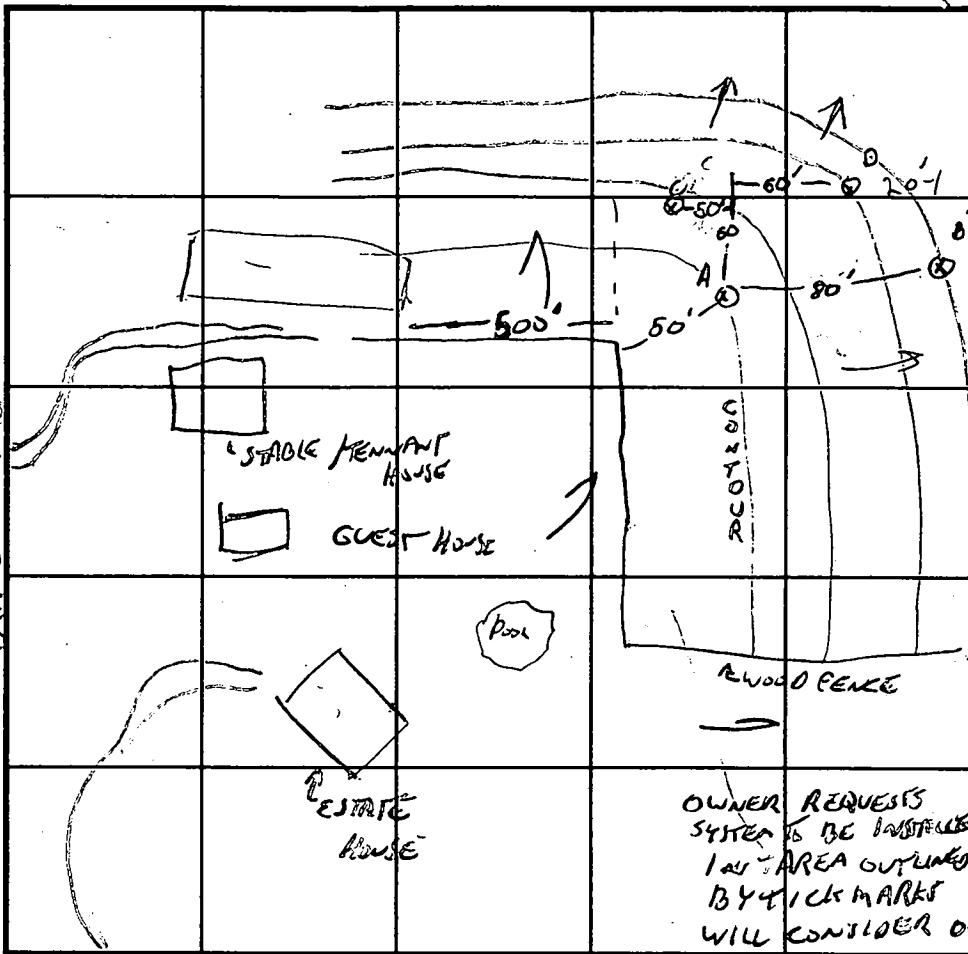
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' TOPSOIL
 6" ORANGE CLAY MICA LOAM
 4' BROWN/GREY MICA LOAM
 9' ROCK

CARROL NEW RD



SOIL PROFILE

0' TOPSOIL
 6" ORANGE CLAY MICA LOAM
 3-4' DRY
 ORANGE MICA LOAM
 DRY

OWNER REQUESTS SYSTEM TO BE INSTALLED IN THIS AREA OUTLINED BY CHECK MARKS WILL CONSIDER OTHERS

25
 5/180
 15
 35 30
 5
 185 TRENCHES
 3-8
 OTHERS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. IF SOIL CONDITIONS REQUIRE FULLY QUANTER

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------------|---------|-------|----------------|-------|--------|
| | | | START | STOP | START | STOP | |
| 4/10/96 | A | 3-6" / 11.6' | 11:37 | 11:43 | 11:43 | 12:03 | 15 MIN |
| | B | 4' / 9' | 12:13 | 12:27 | 1/2 INCH | FAIL | |
| | C | 3' / 12' | 10:19 | 10:26 | 10:26 | 10:44 | 18 MIN |
| | D | 3' / 9' | 10:34 | 10:36 | 10:36 | 10:40 | 4 MIN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1
 52
 5
 260
 52.5
 81
 210
 20
 10
 8
 20
 2
 52.5
 5
 262.5
 2
 17
 3
 5
 152
 52
 104
 208

REMARKS 4 TO 8' EFFECTIVE AREA ABOVE CONTOUR 'A', 3' TO 5' BELOW

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT DANN RIFE / TENNANT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 15 MIN TRENCH WIDTH SEE REMARKS

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 210

CJ 8164

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 31601

Date Received (WRA use only)

8/31/81 DATE WELL COMPLETED

Depth of Well

1160 (TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-73-3985

OWNER Jackson

Michael

STREET OR RFD 3925 Folly Quarter Rd.

TOWN Mayfield

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Shale, Sandstone, Mic A, Flint, mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 29 ft.

CASING RECORD

MAIN CASING TYPE (S, T, L, etc.), Nominal diameter (nearest inch), Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S, BR, HO, PL, OT), DEPTH (nearest ft.)

C 3 (seq no)

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 25

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 90

WHEN PUMPING 460

TYPE OF PUMP USED (for test)

Selection boxes for pump types: air, piston, turbine, centrifugal, rotary, other, jet, submersible.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

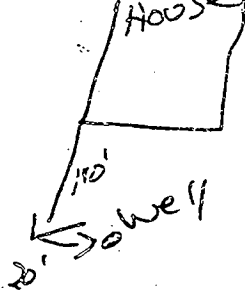
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

Diagram showing casing height above and below land surface. Value 2 (nearest foot).

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)



CIRCLE APPROPRIATE BOX 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL"...

DRILLERS IDENT. NO 40

DRILLERS SIGNATURE

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

C 2 (seq no)

DEPTH (nearest ft.)

HO 28 460

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **8119** SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

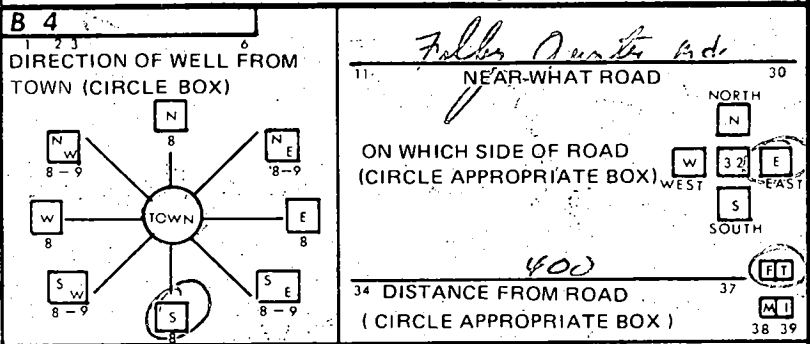
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
40-73-3985
fill in this form completely

DATE RECEIVED 8-27-81
8 (WRA USE ONLY) 13
OWNER INFORMATION
LAST NAME Roschon FIRST NAME Michael
STREET OR RFD 7925 Falls Quarter Rd.
TOWN Beltsville STATE MD. ZIP

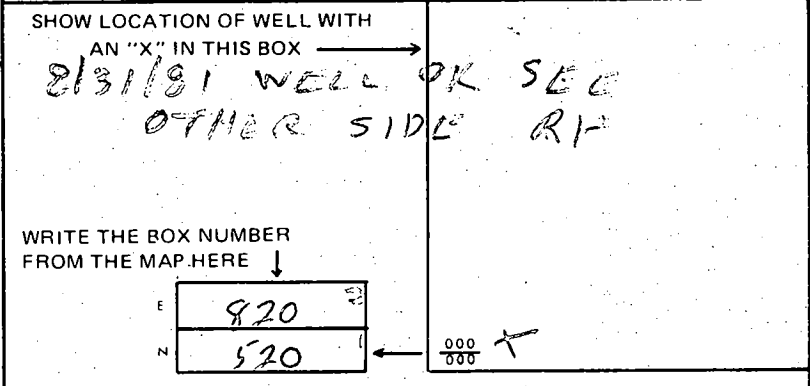
B 3 LOCATION OF WELL
COUNTY Howard
SUBDIVISION
SECTION LOT
NEAREST TOWN Manfield
MILES FROM TOWN (enter 0 if in town) 3 MI

B 1 CONTINUED **DRILLER INFORMATION**
DRILLER'S NAME James F. Barber LICENSE NO. 40
SIGNATURE James F. Barber DATE 8/25/81



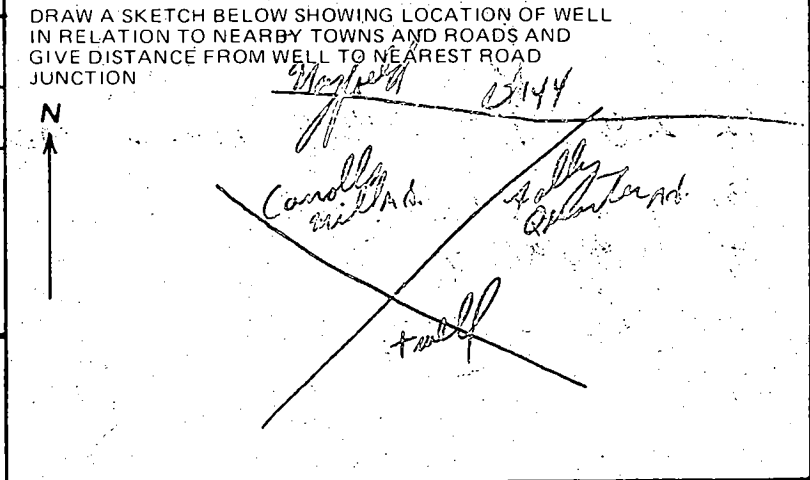
B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

- USE FOR WATER** (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)



APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
 BORED (OR AUGERED) JETTED JETTED & DRIVEN
 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE POINT ROTARY
other

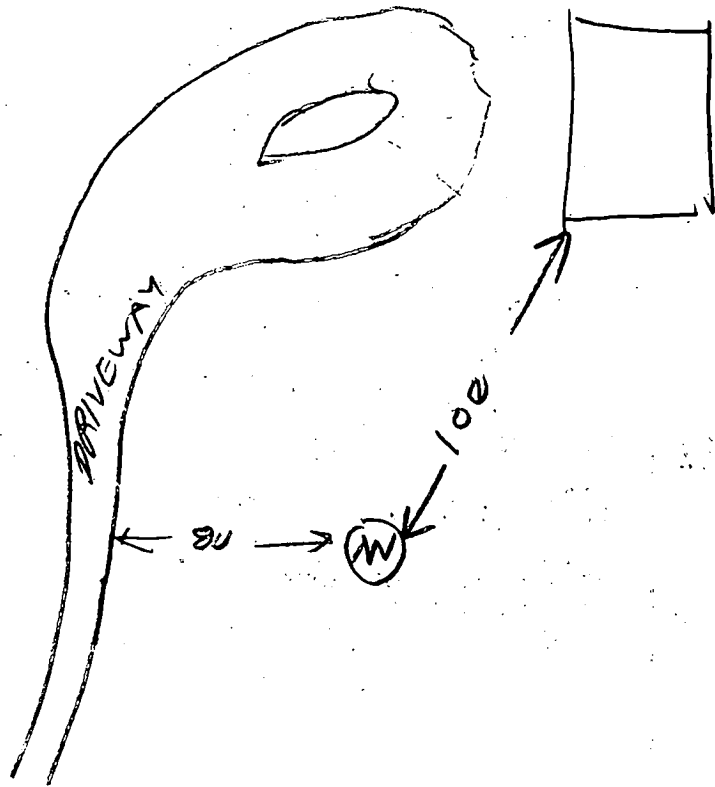


REPLACEMENT OR DEEPENED WELLS (Circle Appropriate Box)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. A31601
EHA SIGNATURE Frank Skinner, Sanitarian STATE HEALTH CIRCLE BOX 5
MO 08 DAY 27 YR 81 DATE
NORTH GRID 0801 EAST GRID 0832 ELEV. (FT.)

Not to be filled in by driller (WRA USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE INITIALS IN BOX FS CONDITIONS 40-73-3985

B 5 SPECIAL CONDITIONS (WRA USE ONLY)



8/31/8

an 345
LN 420
in off

- ① 30 FT CASING 2 1/2 FT OUT OF GROUND
- ② 28 1/2 FT OPEN HOLE MEASURED WITH A STRING
- ③ LOCATION OK
- ④ 8 BAGS
- ⑤ WELL OK

R HODGES

8/25/81
by 1000

FILE Emergency Well Site Check DATE REPORTED 8/24/81

PROPERTY OWNER Michael Jackson

P.O. ADDRESS 3925 Folly Quarter Road TELEPHONE (work) 72-829-6363 Diane Loya

DIRECTIONS TO PROPERTY corner of Folly Atr. & Carroll Mill Rds.

INFORMANT Diane Loya for M. Jackson ^{no record of Septic system} (former owners Caswell Caplan, Mr. Shapiro)

Easterday has been at site

→ to meet caretaker Mr. Coburn @ site his phone is 596-9073

→ septic system for main house is near northwest corner of swimming pool

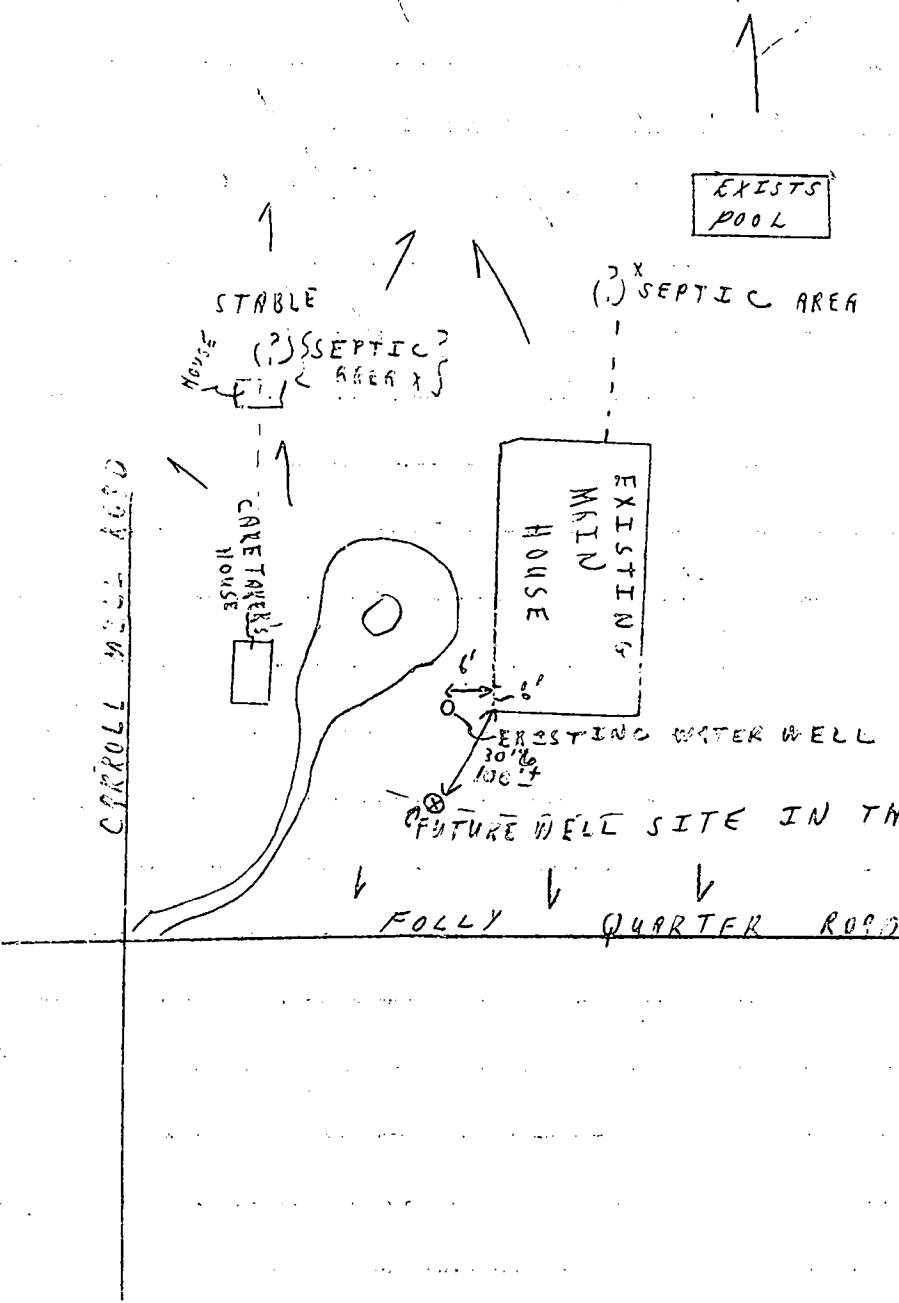
→ septic system for tenant house is by the stable

CONDITION FOUND 8/25/81 Mrs Coburn @ site - waited on Mr. Coburn -

Mr. Coburn arrived - discussed - ok to put water well
30' - 100' from main house - towards Folly Quarter Rd.
side of house only. See back of sheet for sketch
T.C.B.

ACTION TAKEN 8/25/81 T.C. & Easterday's secy permit # in HO-73-3985 F.S.

FINAL DISPOSITION _____



8/26/81 T.C. E. Bruce Gallup;
 O.K. to place well
 100 to 150 ft. from
 main house between
 house and road
 J.S.

FUTURE WELL SITE IN THIS AREA } 30' x 100' FROM MAIN HOUSE
 C.P.S.

C1 06732

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. 06/24/99

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

COUNTY NUMBER A56538 OK Au

ST/CO USE ONLY DATE Received 06 21 99

DATE WELL COMPLETED 06 16 99

Depth of Well 227.5 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD 94 - 2235

OWNER Folly Quarter Stables STREET OR RFD Folly Quarter Rd TOWN ELICOTT CITY SUBDIVISION Folly Quarter Stables SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shell mica, Blue Rock, and GWT water at 260.

GROUTING RECORD form with fields for GROUTED status, material type (CM, BC), bags/pounds, gallons of water, and depth of grout seal.

CASING RECORD form with fields for casing type (PL), nominal diameter (64), and total depth (30).

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

SCREEN RECORD form with fields for screen type (HO) and slot size.

PUMPING TEST form with fields for hours pumped (2), pumping rate (25), method used (AIR), water level, and pump type (A).

PUMP INSTALLED form with fields for driller will install pump (NO), pump type (A), capacity, and pump horse power.

WELL HYDROFRACTURED form with fields for unsuccessful wells (0) and hydrofractured status (N).

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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. M SD 143 and DRILLERS SIGNATURE field.

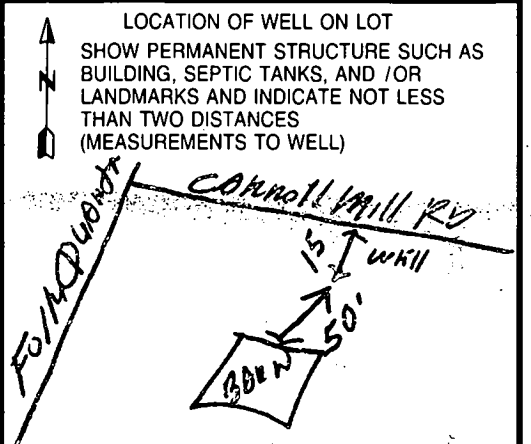
DEPTH (nearest ft.) table with depth 29 and 275.5.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, O.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1. **6433** SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

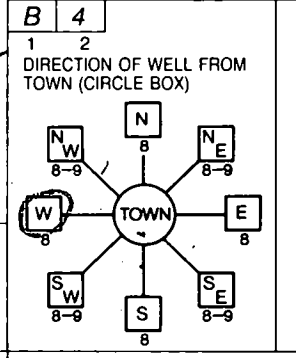
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD-94-2235
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Folly Quarter Stables LLC
15 Last Name Owner First Name 34
3925 Folly Quarter RD
36 Street or RFD 55
Kellicott City MD 21042
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY **Howard** 21
23 SUBDIVISION 42
SECTION **---** LOT **---**
44 46 48 50
Kellicott City
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **7** MI
73 76 77 78

DRILLER INFORMATION
Perry Harley M S D 143
76 Driller's Name 81 License No.
Harley Drilling & Pump Systems
Firm Name
P.O. Box 160 Walkersville MD
Address
Perry Harley 4-19-99
Signature Date



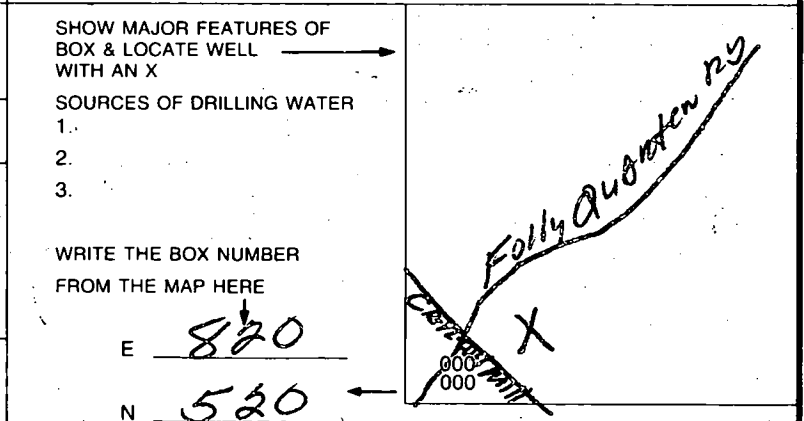
3925 Folly Quarter RD
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE **4**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **800**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard Co **A56538**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED **042999** **A McMill** **4/29/00**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **520** 000 EAST GRID **820** 000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

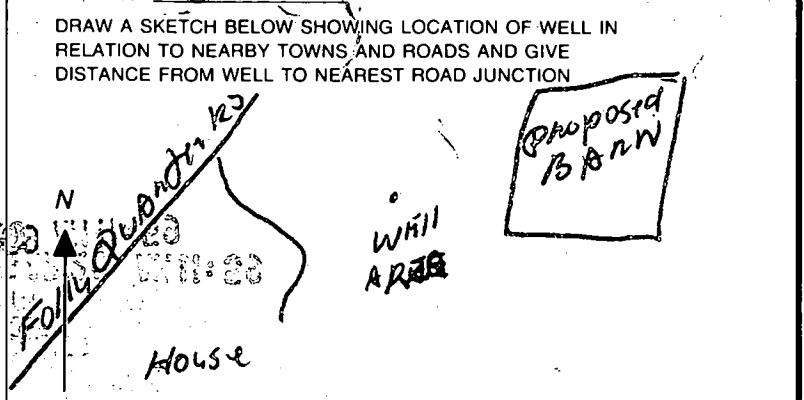
APPROXIMATE DEPTH OF WELL **200** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH



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
39 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)
APPROP. PERMIT NUMBER _____
WRITE INITIALS IN BOX PERMIT No. **HD-94-2235**
FORCE 67 68 70 71 72 73 74 75 76 77 78 79



7/20/99

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer DENNISON PLUMBING & HEATING, INC. Telephone 301-413-4015

License Number 10040
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner CASH Telephone _____
Subdivision _____ Lot # _____ Well Tag # _____
Site Address 3925 FOLLY QUARTER Rd.

| | | |
|---|------------------------|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower <u>1</u> | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>42.1</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make _____ | b. 220 <u>220</u> | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____ | | |

| | | |
|--------------------------------------|--|---|
| Tank | Piping | Well data |
| 1. Capacity <u>160 Smith</u> | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? <u>YES</u> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>42'</u> | 4. Will water supply be disinfected by installer? <u>NO</u> |

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert M. Dennison

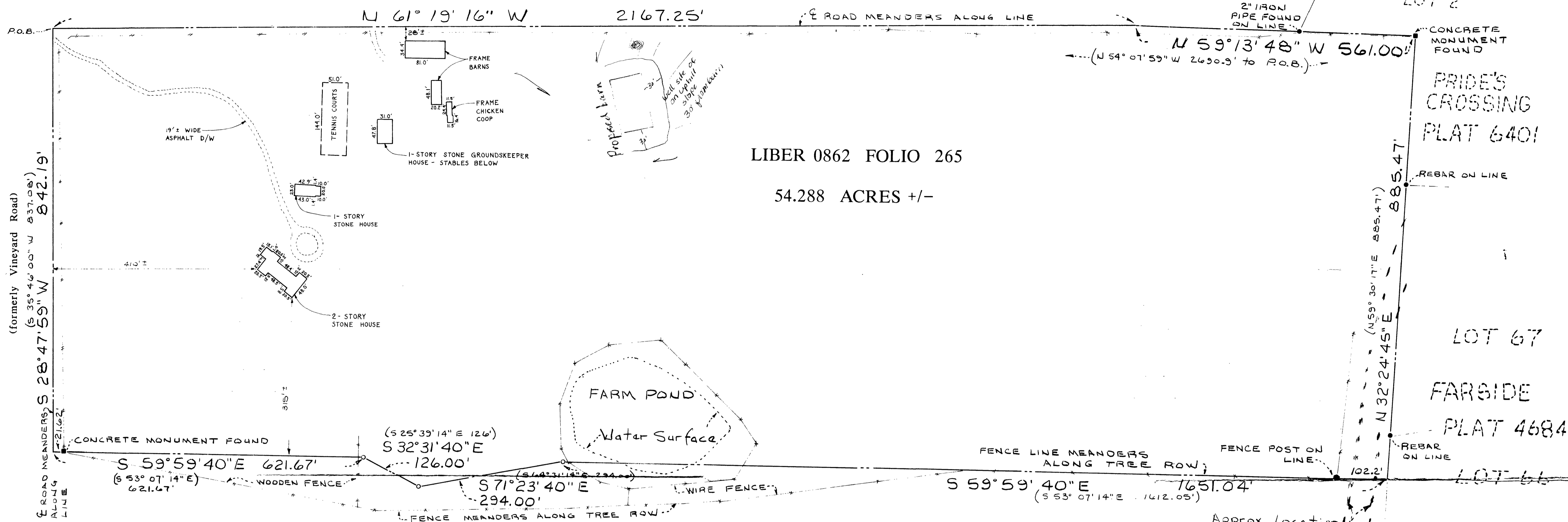
Date: 7-19-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOWARD COUNTY GRID DATUM

CARROLL MILL ROAD

FOLLY QUARTER ROAD



LIBER 0862 FOLIO 265

54.288 ACRES +/-

State of Maryland - University of Maryland Central Farm

Liber 224 Folio 440

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE PLAN SHOWN HEREON REPRESENTS A FIELD-RUN BOUNDARY SURVEY OF ALL OF THAT CERTAIN PARCEL CONVEYED BY CASWELL J. AND CONSTANCE R. CAPLAN UNTO MICHAEL A. AND CLAUDIA W. JACKSON BY DEED DATED DECEMBER 16, 1977 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, IN LIBER 0862 AT FOLIO 265, AND THAT THE EXISTING IMPROVEMENTS ARE AS SHOWN.

Peter J. Darr
 PETER J. DARR
 MD. REG. PROF. LINE SURVEYOR NO. 224
 DATE 5/5/92



NOTES:

1. INTERIOR FENCE LINES NOT SHOWN.
2. PROPERTY IS SUBJECT TO RIGHTS OF WAY REFERRED TO IN LIBER 120 AT FOLIO 288 AND LIBER 133 AT FOLIO 236 THAT ARE NOT SHOWN PHYSICALLY ON THIS SURVEY.
3. THIS SURVEY REPRESENTS THE DEED LINES DESCRIBED IN LIBER 0862 AT FOLIO 265 WITH AN APPARENT ENCROACHMENT UPON LANDS OF THE STATE OF MARYLAND.
4. BEARINGS AND DISTANCES SHOWN IN PARENTHESIS ARE AS CALLED IN LIBER 0862 AT FOLIO 265.
5. THE SYMBOL "O" REPRESENTS AN IRON PIN AND CAP TO BE SET.

PROPERTY OF

MICHAEL A. & CLAUDIA W. JACKSON
 LIBER 0862 FOLIO 265

ELECTION DISTRICT NUMBER 3 HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

MAY 5, 1992

T S A GROUP INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465-6105