

11/2/98
1-2 pm
11/4/98 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-324527

P 511012

A 57555-A

DISTRICT 3rd

DATE 10/29/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 11/4/98

INSPECTOR KM

INDEXED

Arnold's Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 15 Woodbine, MD 21797 PHONE (410) 795-7873

SUBDIVISION Woodford's Grant II LOT 7 ROAD 11412 Barley Field Way

PROPERTY OWNER Trinity Custom Homes, Inc. Don & Bonnie Prager

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 290.96' and the 227.81' lot lines, place the distribution box 110 feet down the 290.96' line and 40 feet off this same line. Run trenches on contour toward the 290.96' line.

NOTES - MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL ON THE ADJACENT LOT (WOODFORD'S GRANT I SUBDIVISION). No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED BY Mark Rifkin DATE 8/23/98

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

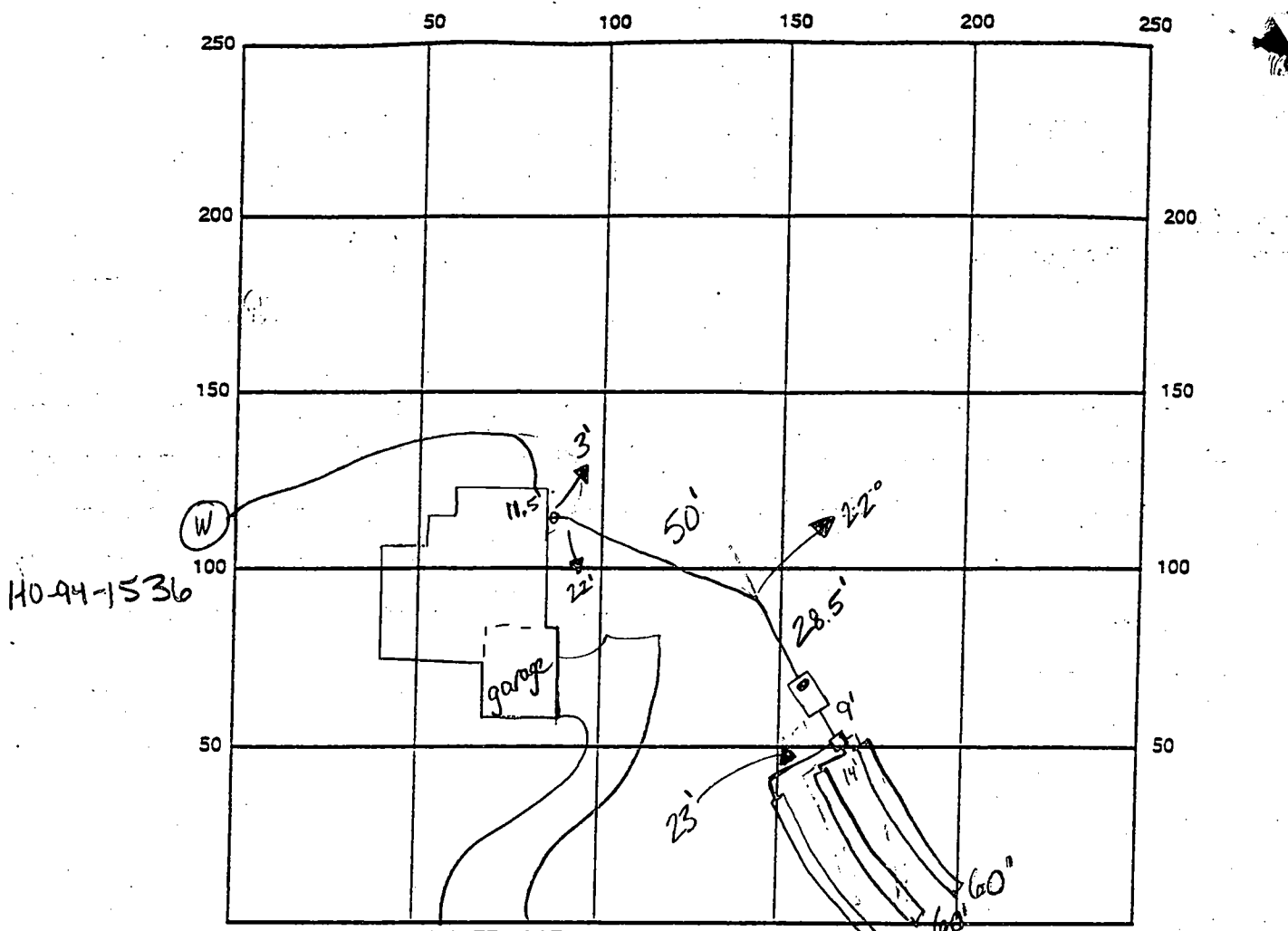
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED. ack.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 2-25-99
Sealed # B 17116387

A57555-A



SEPTIC TANK LEVEL ok, 1000 gallons CLEANOUTS 1 on tank, 1 at house
 DISTRIBUTION BOX LEVEL ok, baffle in
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x60 FT. → 180
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 11/2/98 ok to continue on septic (KM)
11/4/98 has house connection ok to cover (KM)

11/2/98 WPT - ok to cover, P.A. 3.5' below grade, casing 10" above grade, has 2pc cap line sleeved out of house (KM)

DATE SYSTEM APPROVED 11/4/98 INSPECTOR Kim [Signature]

APPLICATION

PERCOLATION TESTING

A 57555 A

P _____

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

DISTRICT _____

DATE 9/3/96

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 FRED WOLPERT Trinity Custom Homes

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

'BDIVISION _____ LOT NO. 7. on SP-98-04
in on p.c.

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99

(11412 BARLEY FIELD WAY)

BLDG. PERMIT ISSUED

AND RETURNED 8-23-98

Serial # 200 113470

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

SIZE OF LOT 1 acre + TYPE BLDG. SFD - 3 Brms.
(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.

Fred
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERCS OK HOLD FOR PLAT MR 1/21/97

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

30

brn
orge
cl lm

5 1/2

brn lm
35-40%
Frag
↑ w/depth

REFUSAL

31

brn
sa cl
lm

1 1/2
2 2/3

brn
sa
mica
lm
25-30%
Frag

10

REFUSAL

30A 30C

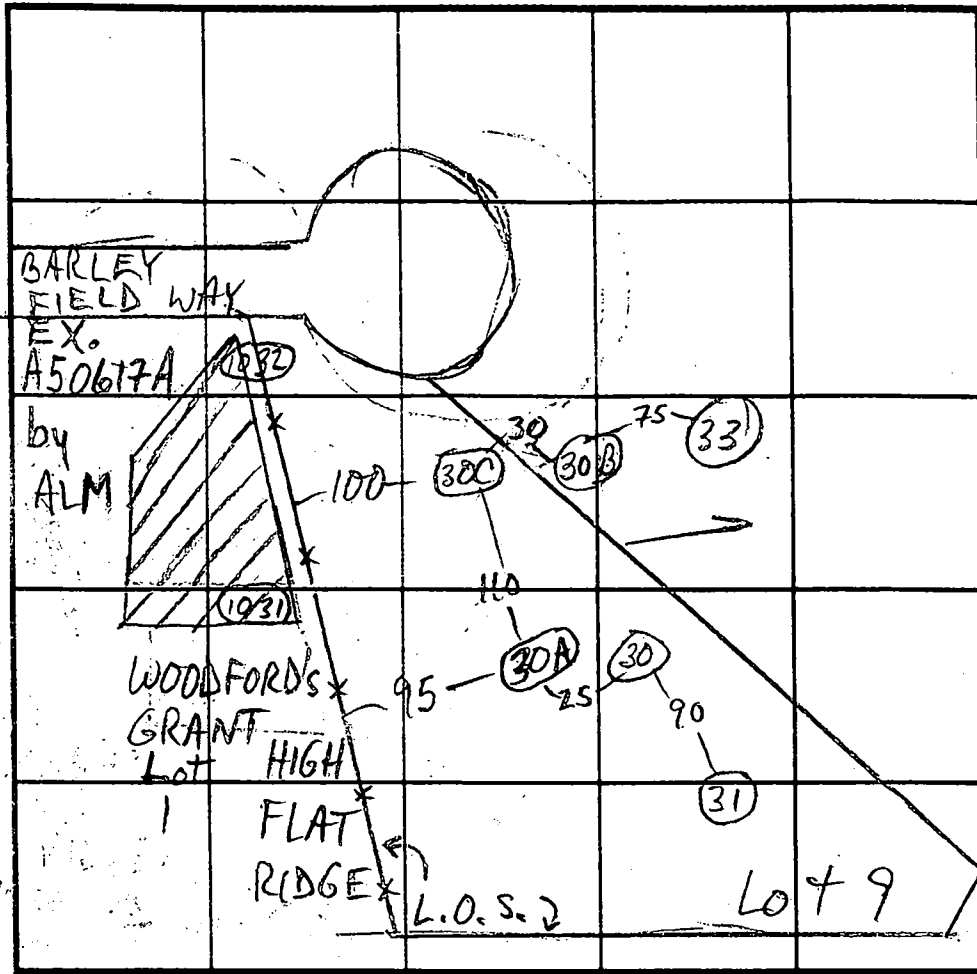
brn
sa cl lm
10% Frags

3-4

tan brn
sa lm
10-15%
Frag

13 1/2

↓



SOIL PROFILE

30B

brn
orge
sa cl lm

2 1/2

brn
tan
berge
sa lm
10% Frags

5-6

brn
sa mica
25% Frags

9 1/2

HARD BOT

30C

brn sa cl lm

1 1/2

brn gray
sa mica

4 1/2

brn sa cl lm

5 1/2

br sa lm
10% Frags

12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
11/18/96	31 V	10	REFUSAL	-	NOT	PERC'D		
	30 V	10	REFUSAL	5' cl	-	FAIL		
	30A H	5 1/2	12:07	12:09	12:09	12:13	4	
	30A S	14/13 1/2	12:57	12:58	12:58	12:59	1	
	30 B S	3' 9"	12:51:30 12:32:55	12:51:45 12:33:25	12:51:42 12:33:25	12:52:15 12:34:25	30 sec 1 min	
		M 6 1/2	12:45:35 12:47:00	12:46:00 12:47:35	12:46:00 12:47:35	12:46:30 12:48:15	30 sec 40 sec	
		V 9 1/2						
11/19/96	30 C	12	OK see profile					
11/22/94	1031	12	4' cl, sa lm decayed mica saprolite					
A50617A	1032	3/10	2' cl, sa silm 20% mica saprolite					2

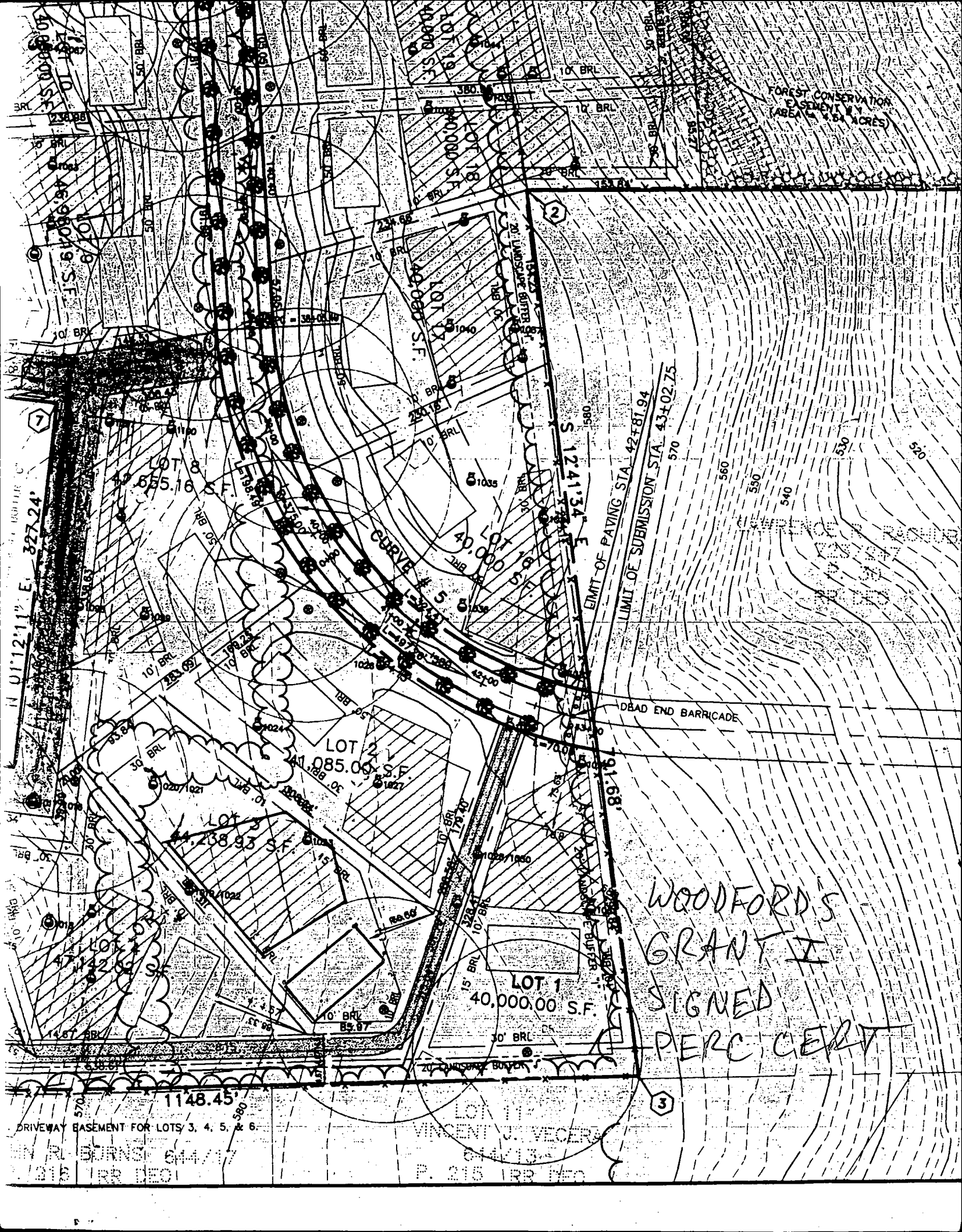
REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin / ALM ALSO PRESENT Hatfield's, lm @ SDC

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 13 1/2 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180



FOREST CONSERVATION EASEMENT (AREA 4.64 ACRES)

N 01°12'11" E 327.24'

1148.45'
DRIVEWAY EASEMENT FOR LOTS 3, 4, 5, & 6.

LOT 1
40,000.00 S.F.

LOT 2
11,085.00 S.F.

WOODFORD'S
GRANT II
SIGNED
PERC CERT

EMIT OF PAVING STA. 42+87.94
LIMIT OF SUBMISSION STA. 43+02.75

DEAD END BARRICADE

CURVE

LOT 1
40,000.00 S.F.

VINCENT J. VECERA
P. 215 1RR DEO

VINCENT J. VECERA
P. 215 1RR DEO

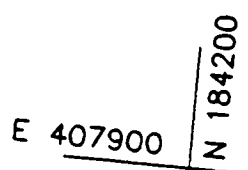
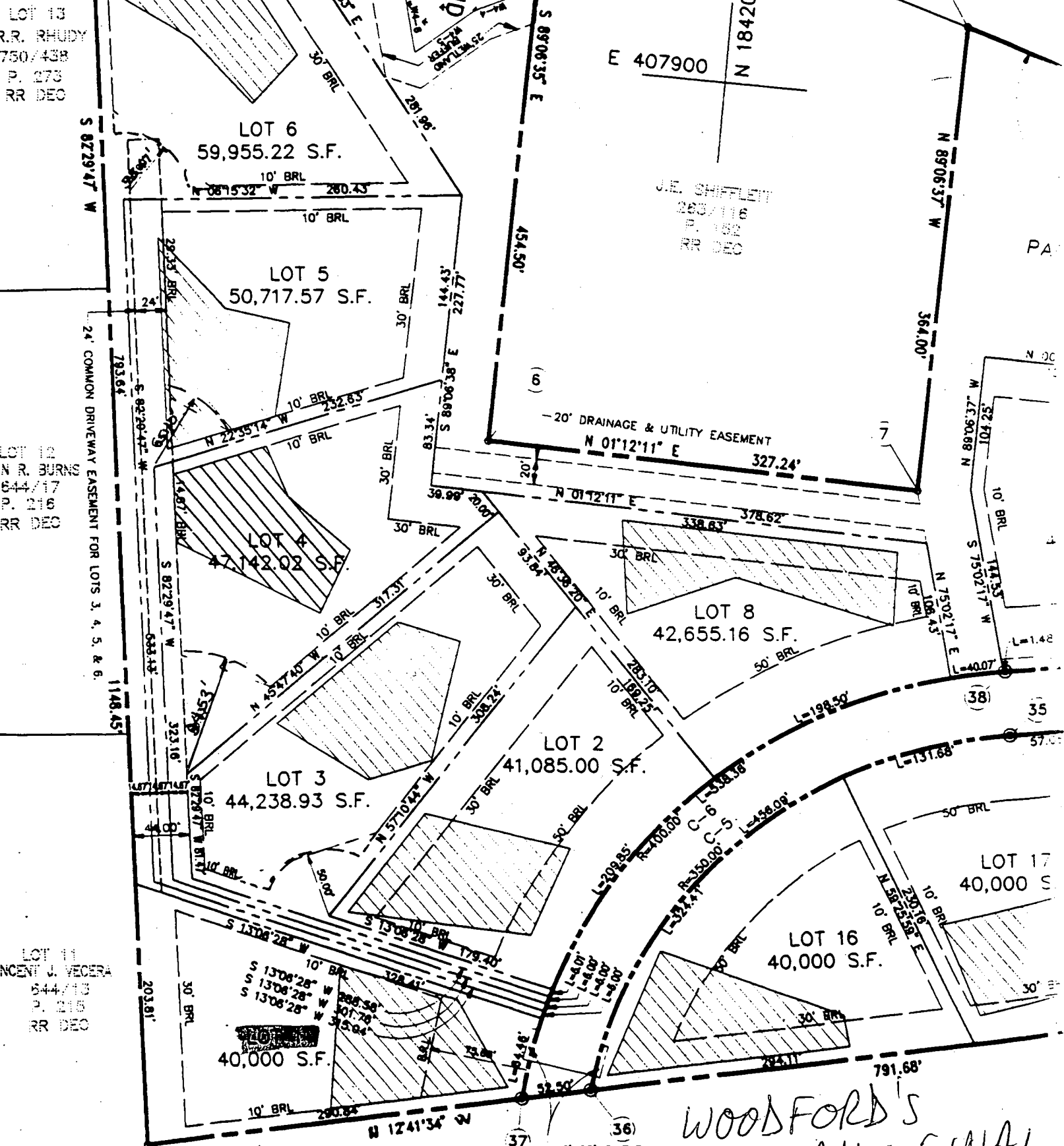
3.42 ACRES

5

LOT 13
R.R. RHODY
750/438
P. 273
RR DEC

LOT 12
R.R. BURNS
644/17
P. 216
RR DEC

LOT 11
VINCENT J. VECERA
644/13
P. 216
RR DEC



J.E. SHIFFLETT
263/116
P. 189
RR DEC

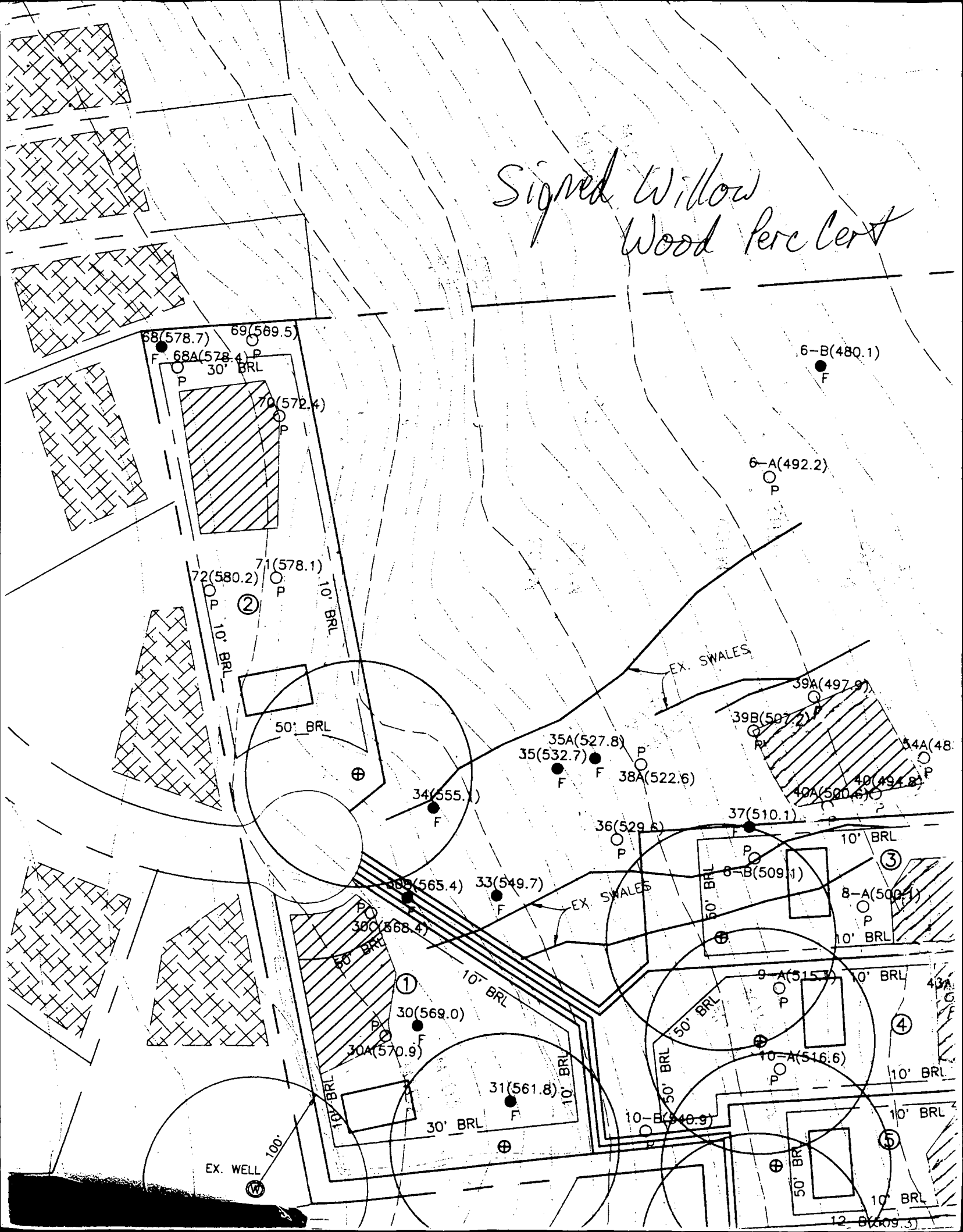
-20' DRAINAGE & UTILITY EASEMENT
N 01°12'11\" E 327.24'

WOODFORD'S
GRANT FINAL
I

5'x25' T-TURN
AROUND EASEMENT

3

Signed Willow Wood Perc Cert



BOO116387 DECK
- ADEQUATE SEPARATION
FROM WELL & 26 M.C.I.
OK TO PROCEED
2/25/99
C. W. [Signature]
HOCKESS CO
HICKORY

PRESERVATION PARCEL A

10' Wide Tree Maintenance Easement

BARLEY FIELD WAY
50' R/W

39.92'
48°25'04"E S32°04'21"E
R=50.00'

Macadam Driveway
Conc. Walk

BRL

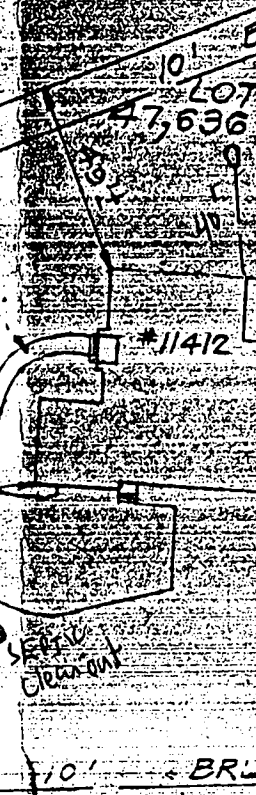
147' ±

R=35.00'
L=21.03'

N12°41'32"W
684°59'11"E
3.13'

Private Sewerage Easement,
see General Note No. 6
Plat 13262
LOT 1
HOODFORD'S GRANT

1999 FEB 25 PM 07:27
WARD COURT
ENVIRONMENTAL





dedicated to excellence and service

MICHAEL PFAU
President

January 21, 1999

Health Department
Howard County
Ellicott City, MD

ATTN: Kim Soe

RE: Lot 7 Woodford's Grant, Sec II
11412 Barley Field Way
Marriottsville, MD 21797
Permit #B00113870

Dear Kim,

T.B.I. Homes, Inc. assures the Health Department that grading around the well cap for the above referenced property will not be any closer than 8 inches. Due to winter grading, this work will be done as soon as weather permits in the spring.

Sincerely,

Lynn Covey
Lynn Covey
Project Manager

LC:lab

1/21/99 accepted as to a resolution to this condition at present
(DS)

Howard County Health Department

To: KM

Casing has not been extended -
field insp - and no WPI
form has been received.

1.14.99

Called Sally Hodge of Trinity
and informed her of concerns
regarding this well.

From: 1-13-98

Date: du

HD-170



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 4, 1998

Trinity Custom Homes, Inc.
6212 Devon Drive
Columbia, Maryland 21044

RE: Woodford's Grant II, Lot #7
11412 Barley Field Way
Well Tag #HO-94-1536

Dear Sirs:

We are unable to locate records of the health department permit for the well line installation on the above referenced property.

The work was inspected on November 4, 1998; but, cannot be approved until the permit application is received.

During this inspection it was noted that the well casing on the property ~~may terminate only a few inches above finished grade.~~ According to Maryland State Regulations, COMAR 26.04.04.07, "a minimum of 8 inches of casing length shall extend above ground level after final grading."

Please make certain that the well casing meets the COMAR standard after final grading. To ensure that the work is properly performed, a licensed well driller should do the repair.

Please contact the Health Department for reinspection once the work has been completed.

Also, please be advised that no Interim Certificate of Potability will be issued for the property until this issue has been resolved.

Thank you for your cooperation in this matter.

Very truly yours,

Kimberly Maiste
Kimberly Maiste, Sanitarian
Water and Sewerage Program

KM

cc: file

Copy Signed Final
F-98-107

WOODFORD'S EAST, LLC
4285/180

GRANT,
CE
44

N 804750
E 1339250

24' PRIVATE USE-IN-COMMON
DRIVEWAY EASEMENT
FOR LOTS 2 THRU 6

FOREST CONSERVATION
EASEMENT - AREA B
0.38 AC±

STONE FOUND
& HELD
1018

LOT 1
50,000 SQ.FT.

WOODFORD'S
GRANT
LOT 16

BARLEY
FIELD WAY

14
10
5
8
15

L=21.82

11.11
584°59'11"E

17

16

14

PRESERVATION
PARCEL A

1.15 AC.
EASEMENT TO BE HELD BY
HOWARD COUNTY AND H.O.A.
(NON-BUILDABLE)

1038 STONE FOUND
& HELD
FOREST CONSERV
EASEMENT - ARI
0.82 AC±

LOT 7
47,636 SQ.FT.

LOT 11
VINCENT J. VE
644/13
P. 215

1007 STONE FOUND
& HELD

WOODFORD'S GRANT
LOT 1
F-97-144

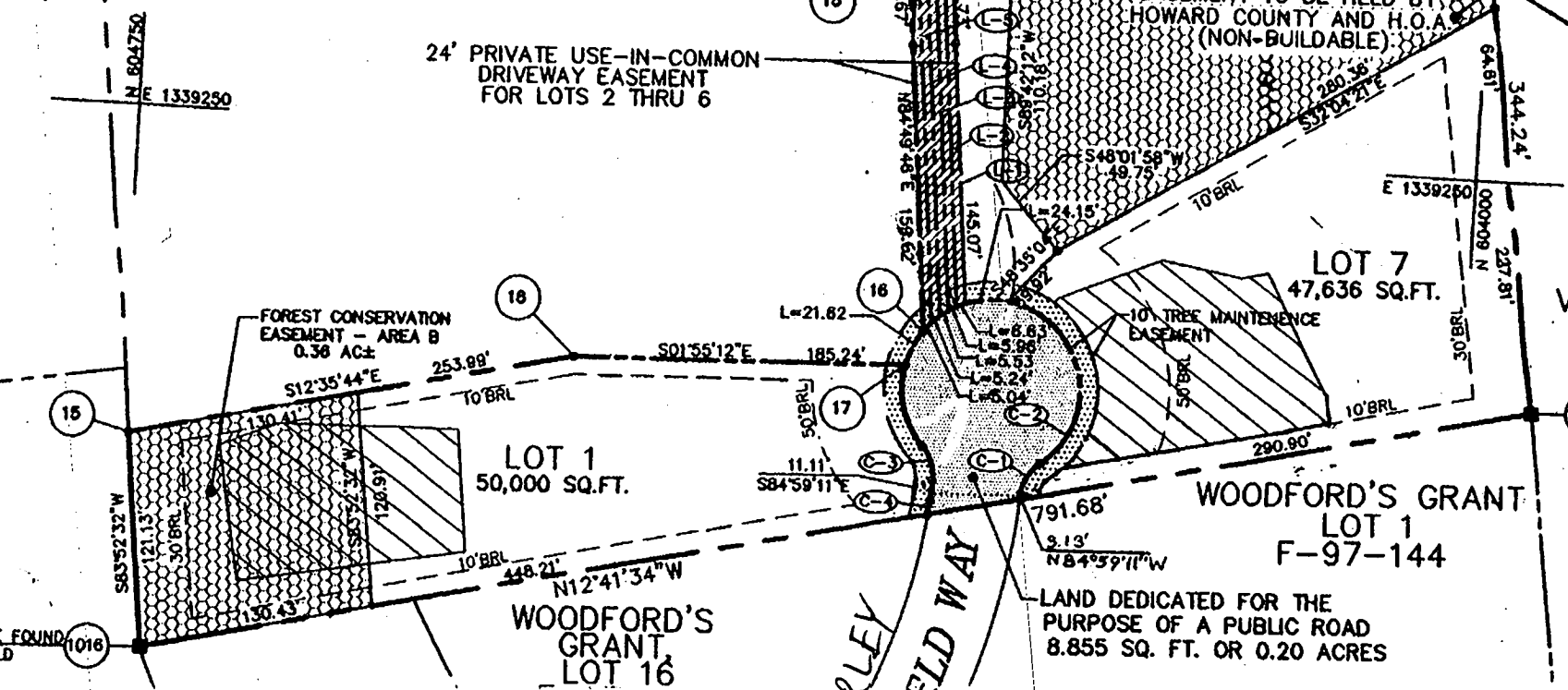
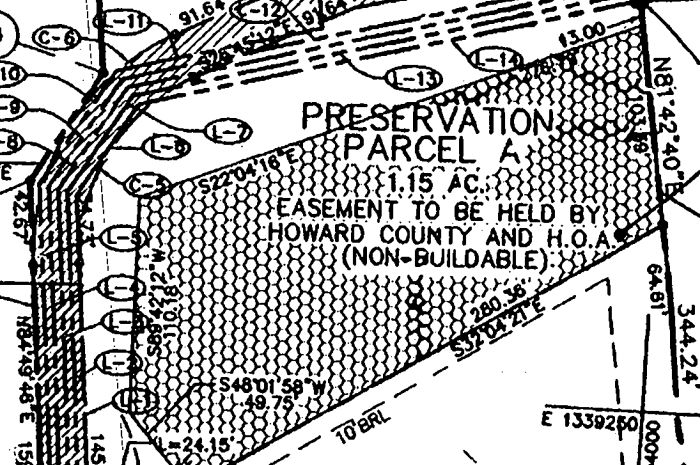
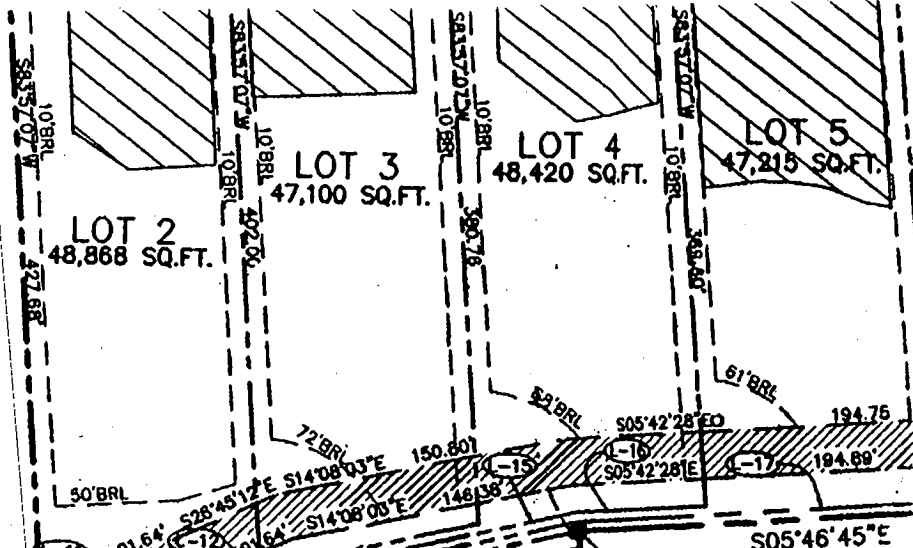
LAND DEDICATED FOR THE
PURPOSE OF A PUBLIC ROAD
8.855 SQ. FT. OR 0.20 ACRES

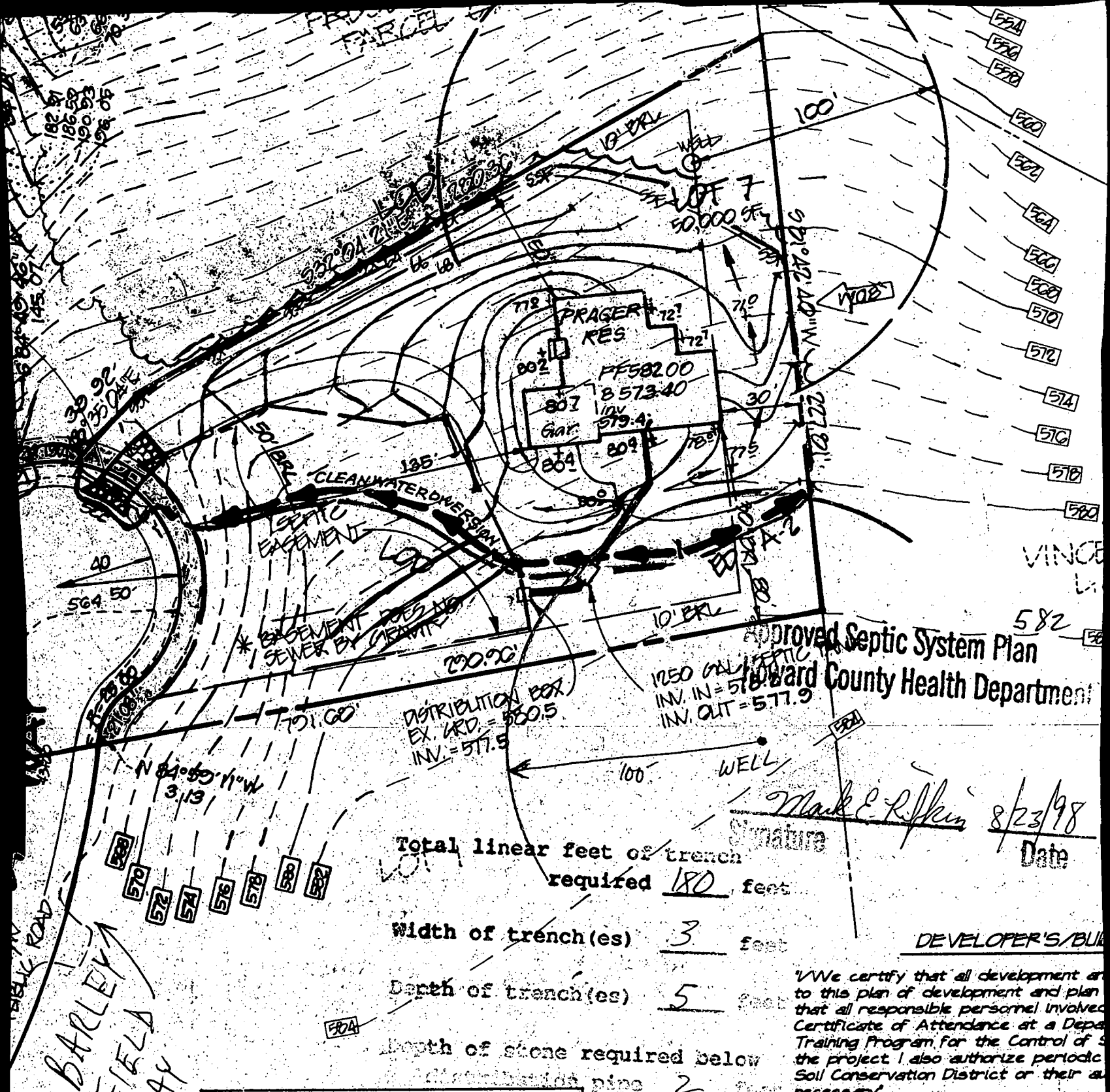
LOT 2
48,868 SQ.FT.

LOT 3
47,100 SQ.FT.

LOT 4
48,420 SQ.FT.

LOT 5
47,215 SQ.FT.





Approved Septic System Plan
 Howard County Health Department

Mark E. Riffin 8/23/98
 Signature Date

Total linear feet of trench required 180 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

"We certify that all development and plan to this plan of development and plan that all responsible personnel involved Certificate of Attendance at a Department Training Program for the Control of Soil the project. I also authorize periodic Soil Conservation District or their representative as necessary."

Reviewed for HOWARD S.C.D.
 and meets Technical Requirements
Cheryl Simmons 8/19/98
 Signature Date
 U.S. Natural Resources Conservation Service

Michael Pfeiffer
 NAME

PLAN BY
 CFS

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

John A. Koster 8/19/98

I hereby certify that this plan is based on conditions with the requirements of the Soil Conservation District.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3828-N Ellicott Mills Drive
Ellicott City, MD 21043
461-0095

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt #
Date 1-14-99

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-775-0562

License Number 12205

Permitted Well Pump Installer

Well Driller

Registered Plumber

Property Owner Trinity Home

Telephone 410-313-8722

Address 11412 Coker Fieldway

Well Tag # 65-94-1536

Pump

1. Type

- a. One well jet
- b. Two well jet
- c. Submersible YES

Motor

- 1. Horsepower 3/4
- 2. RPM
- 3. Voltage
- a. 110
- b. 220 YES

Pitless Adapter

- 1. Make W.S.
- 2. Model #
- 3. Depth

2. Size

3. Model #

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from abrasions? Torque arrestors Cable guards Other

Tank

- 1. Capacity 250
- 2. Recovery relief valve? YES

Piping

- 1. Type P.E.
- 2. Size 1"
- 3. NSF and/or NSCA Code approved YES
- 4. Depth of supply line 42"

Well data

- 1. Depth 320' ft.
- 2. Yield 5 GPM
- 3. Static water level 65' ft.
- 4. Will water supply be disinfected by installer? YES

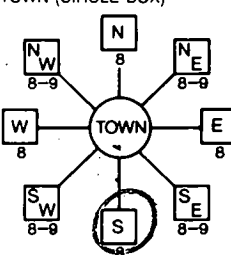
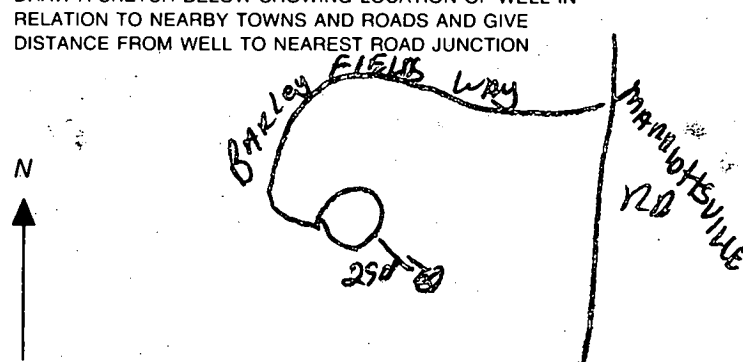
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]

Date: 1-14-99

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

B 1 5846 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-1536</u> <small>fill in this form completely</small>
Date Received (APA) <u>04 20 98</u> OWNER INFORMATION 8 MM 00 YY 13 <u>WOODFORDS EAST LLC</u> 15 Last Name Owner First Name 34 <u>6212 Devon DR.</u> 36 Street or RFD 55 <u>Columbia MD 21044</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>WOODFORDS GRANT II</u> 23 SUBDIVISION 42 SECTION <u>II</u> LOT <u>7</u> 44 46 48 50 <u>MARIOTTSVILLE</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 1 73 76 77 78	
DRILLER INFORMATION <u>Ralph MAYNE MSD 116</u> Driller's Name 76 License No. 81 <u>Ralph MAYNE (well drilling)</u> Firm Name <u>9120 Brown Church Rd Wt Aring</u> Address <u>Thistle Manor 4/15/98</u> Signatufe Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 <u>BANLEY FIELDS WAY</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <u>290</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>10</u> BLK: <u>16</u> PARCEL <u>317</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>A57555-G</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>04 30 98</u> <u>Mark E. Liffkin</u> <u>4/30/99</u> 43 MM DD YY -48 CO SIGNATURE EXP. DATE NORTH GRID: <u>543</u> 000 EAST GRID: <u>0827</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>827</u> N <u>543</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 _____ GAP _____ FORCE <u>MR</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-94-1536</u> 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	

C 1 05034

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A57555-G

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

ST/CO USE ONLY

DATE RECEIVED 7-20-98

DATE WELL COMPLETED

05 27 98

Depth of Well

22 320 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1536

OWNER Woodfords Grant LLC STREET OR RFD Barley Field Way TOWN Marriottsville SUBDIVISION WOODFORDS GRANT II SECTION LOT 7

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 14 NO. OF POUNDS 1400 DEPTH OF GROUT SEAL 0 to 30+

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth of main casing 50

OTHER CASING (if used)

Empty table for other casing details.

SCREEN RECORD

screen type or open hole (H) (O) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 SD 116 DRILLERS SIGNATURE

LIC. NO. 1 M SD 117 DRILLERS SIGNATURE

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

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76. Includes slot size and diameter of screen.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

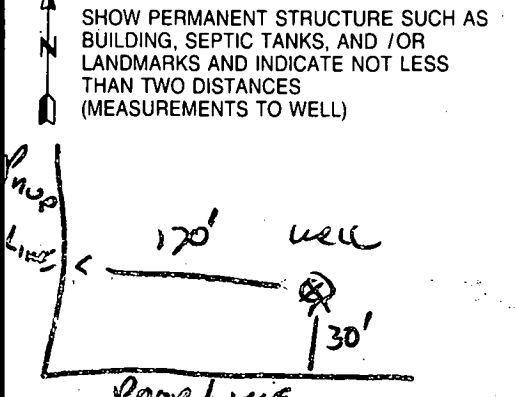
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 65 WHEN PUMPING 185 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 21, 1999

Trinity Builders
6212 Devon Drive
Columbia, Maryland 21044

RE: Woodford's Grant, Lot #7
11412 Barley Field Way
Well Permit #HO-94-1536

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 4, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was 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-94-1536. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

Date of Water Sample: January 12, 1999
Date of Well Completion: May 27, 1998

Approving Authority

Donna K. Soe, R.S.

Water and Sewerage Program

DKS

cc: Building Inspector's office
Homeowner
file