

11/17/99
Co. 3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326527

P 573120

A 57555-A

DISTRICT _____

DATE 11/12/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 12/2/99

INSPECTOR M. Riskin

~~SK Backhoe~~ & Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 1220 FKS Highway, Keymar, Maryland 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant II LOT 2 ROAD 11401 Barley Field Way

PROPERTY OWNER Trinity Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350 ✓

*OK TO MINOR TRENCH
ADJUSTMENT OUT-OF-SEPTIC AREA
AS DISCUSSED WITH CONTRACTOR
FOR EFFICIENCY OF INSTALLATION
11/15/99 (CW)*

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 205 feet down the right lot line and 10 feet off this same lot line as seen from the pipestem off Barley Field Way. Run trenches along contour towards the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK SRK 9/17/99

PLANS APPROVED BY Donna K. Soe DATE 8-26-1999

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

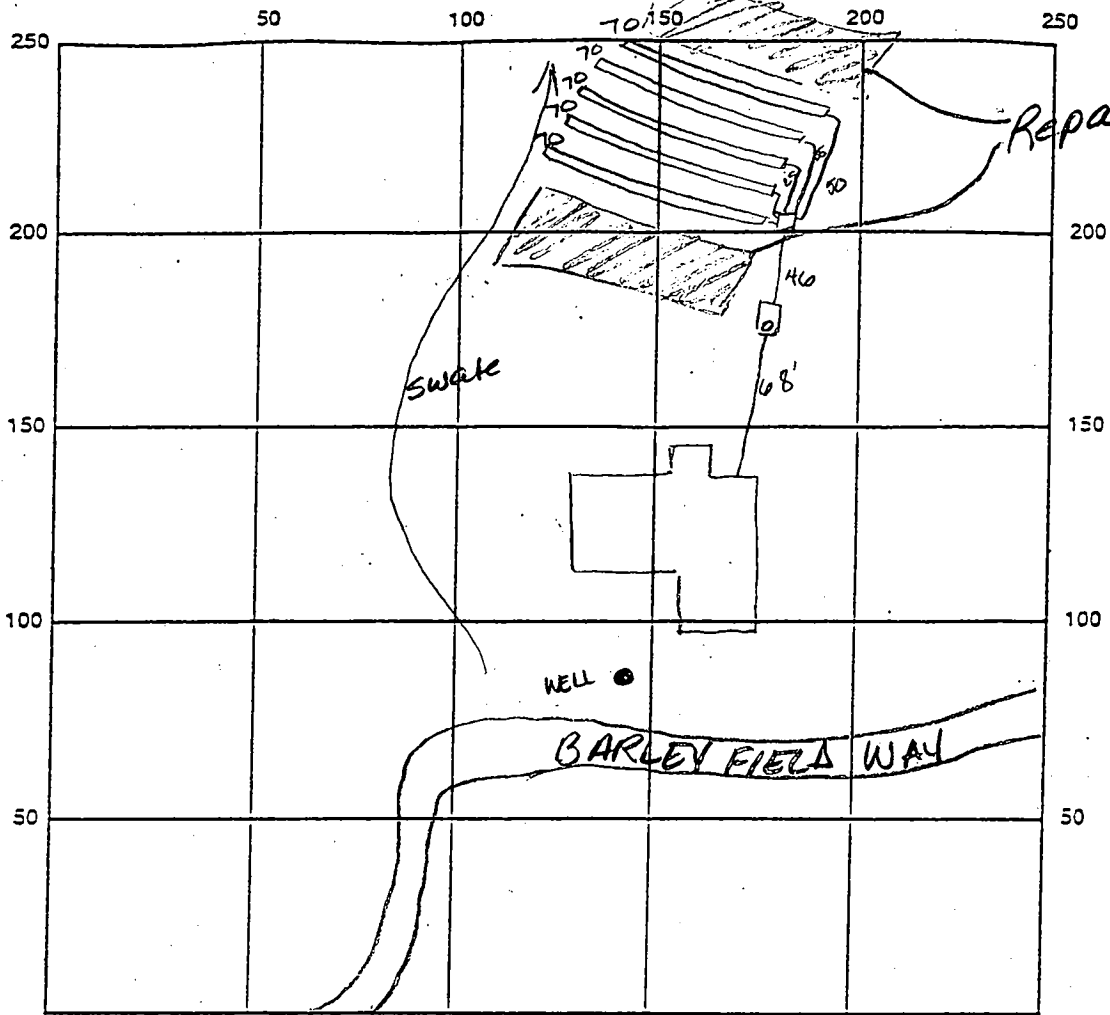
PERMIT VOID AFTER TWO YEARS

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**

57555-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE DEPTH 1.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 5.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 350 FT.

NUMBER OF TRENCHES 5 ~~ONE SIDE~~ / BOTTOM AREA 1050 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/17/99 OK to cover all work - builder will need to divert runoff through swale to pros. pit A
12/2/99 MTG w/ BUILDER IN FIELD: SWALE TO BE DIVERTED TO LEFT - OK (MR)

NPI 4.0' below grade - 2 piece cap and PVC conduit A

DATE SYSTEM APPROVED 12/2/99 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

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 Builders*

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

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

DIVISION _____ LOT NO. *Final 2*

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

11401 Barkley Field Way

~~REQ. PERMIT SIGNATURE~~
~~AND RETURNED~~ *8-26-99*
Send #10 12047

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

SIZE OF LOT 1 acre + TYPE BLDG. SFD - 5 Bmn
(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 _____

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

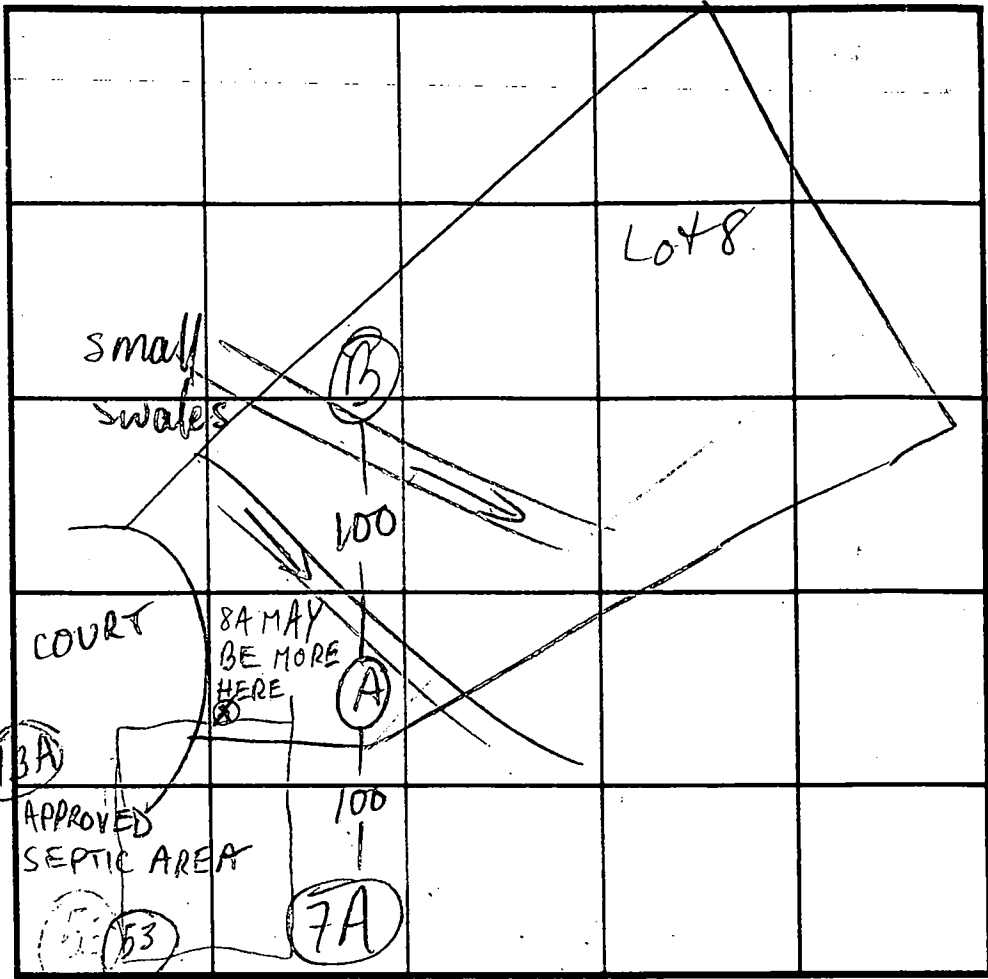
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' A
 brn red
 sa cl
 3' B
 dym orange
 red gray
 clay
 15%
 frags



SOIL PROFILE

0'

0' G
 brn
 sa cl
 2 1/2' H
 brn
 tan 30%
 mica
 sa lm
 10-15%
 frags

4 MARK RD. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/10/96	AS	3	1:44:00	1:44:30	1:44:30	1:45:20	50 SEC
			1:45:45	1:46:30	1:46:30	1:47:50	1 1/2 min
	AM	6 1/2	1:49:25	1:50:25	1:50:25	1:51:00	1 min
			1:51:25	1:52:25	1:52:25	1:53:50	1 1/2 min
	AV	13					
	AS	3 1/2	2:20	2:21	2:21	2:22	1
	AM	6	2:12:45			2:13:45	FAST
	AV	6	2:14:10	2:15:30	2:15:30	2:17:00	1 1/2 min
	AV	12 1/2					
11/13/96	53	6'10" / 12 1/2					26
2/10/97	43A	6 1/2 / 12					18

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY M. Ripkin ALSO PRESENT Harfield's, Jon @ SDC
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 14 TRENCH WIDTH 3
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

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

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

SIZE OF LOT 1 acre + TYPE BLDG. SFD
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[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

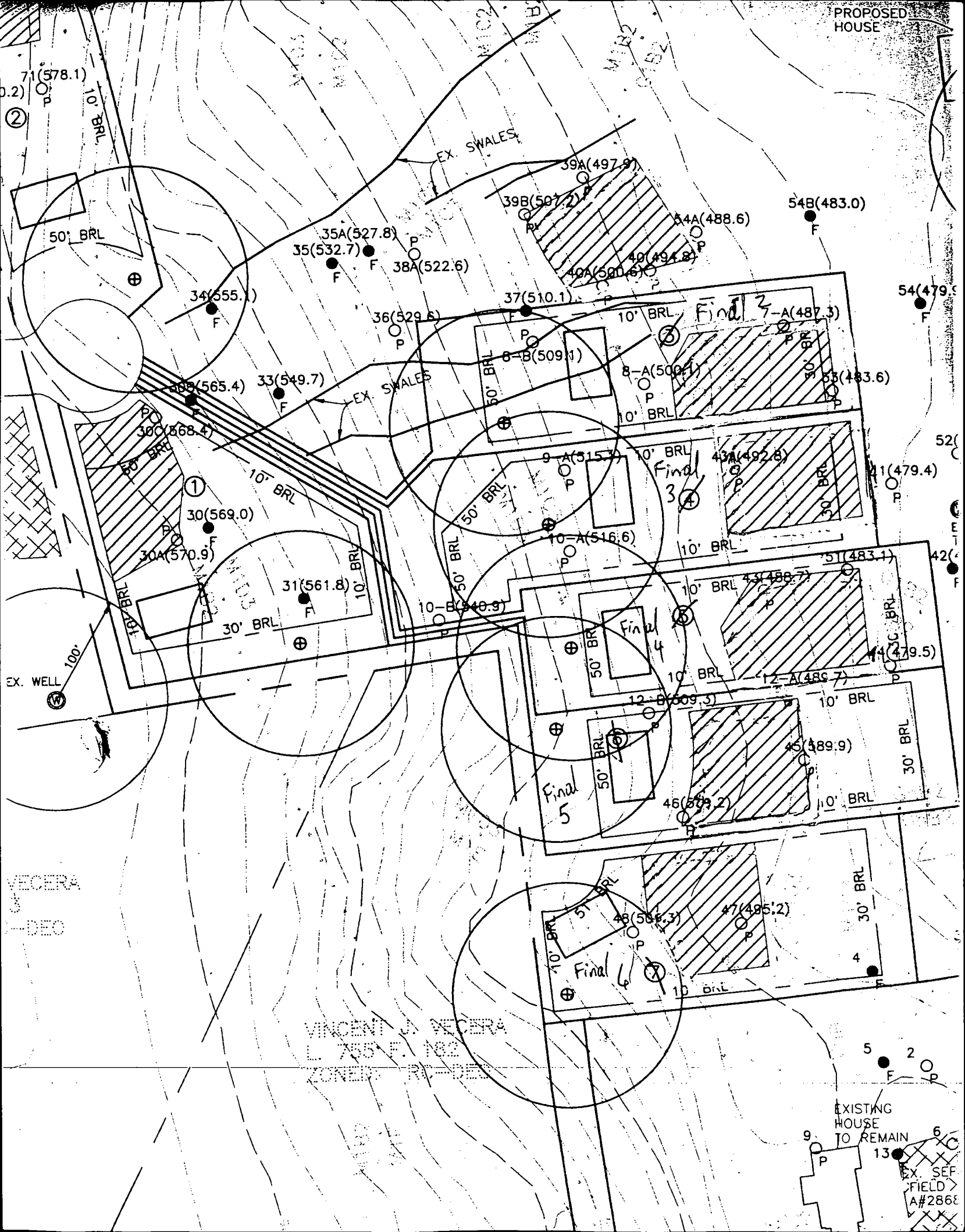
REASONS FOR REJECTION OR HOLDING _____

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

PROPOSED HOUSE



71(578.1)

50' BRL

34(555.1)

35(532.7)

38A(522.6)

39A(497.9)

39B(507.2)

40A(500.6)

40(494.8)

54B(483.0)

36(529.6)

37(510.1)

Final 2-A(487.3)

54(479.5)

33(549.7)

33(549.7)

8-B(509.1)

8-A(500.7)

53(483.6)

30(568.4)

30(569.0)

31(561.8)

9-A(515.7)

Final 3

43A(492.8)

52(479.4)

30A(570.9)

10-A(516.6)

Final 4

44(479.5)

10-B(540.9)

10-B(488.7)

51(483.1)

42(479.5)

EX. WELL 100'

12-B(509.5)

Final 5

45(489.9)

46(509.2)

12-A(488.7)

10' BRL

VECERA

DEC

VINCENT J. VECERA
L. 755 F. 182
ZONED R-1-DE

Final 6

48(506.3)

47(495.2)

30' BRL

4

10' BRL

5

2

EXISTING HOUSE TO REMAIN

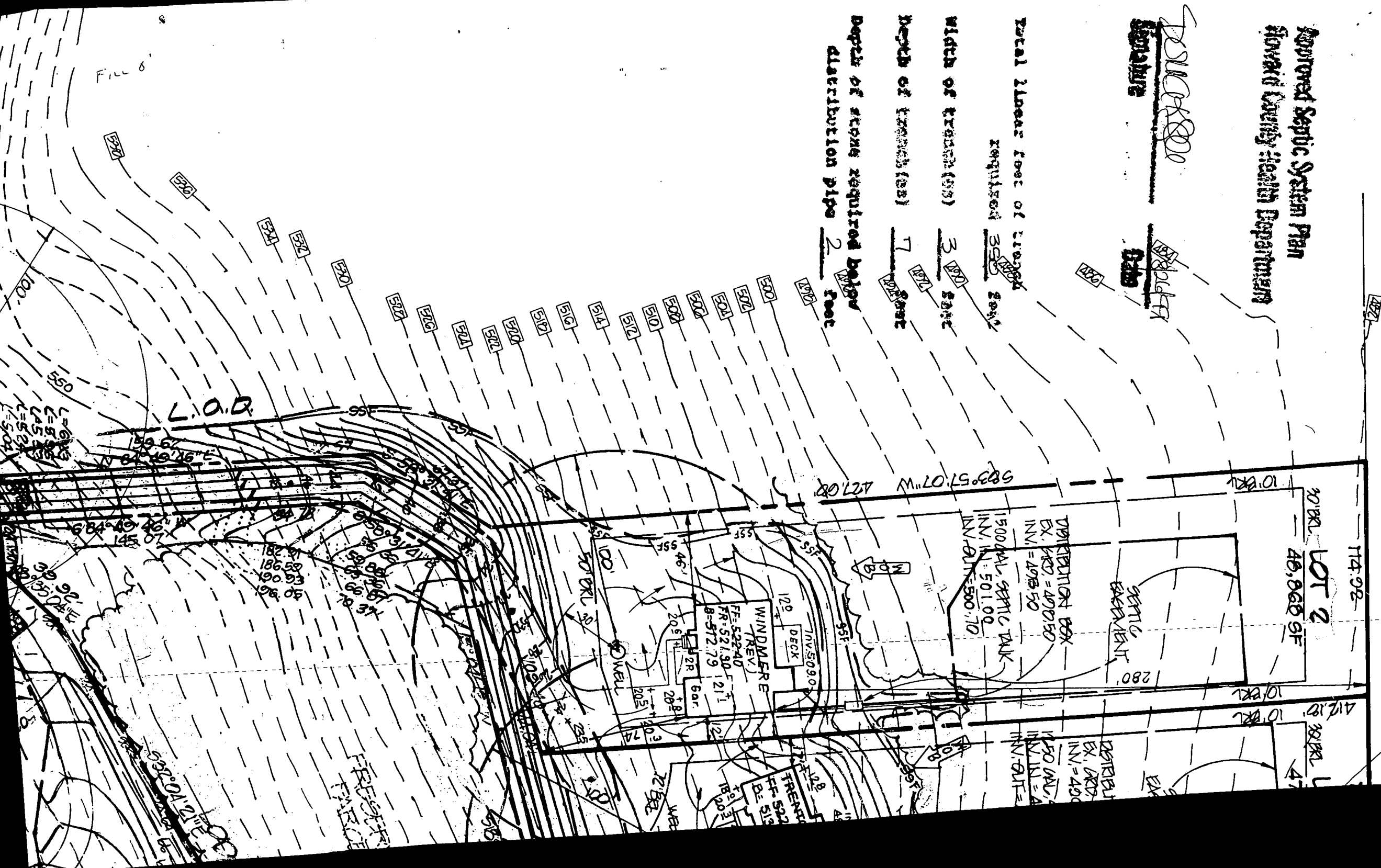
EX. SEF FIELD A#286E

Approved Septic System Plan
 Howard County Health Department

Signature [Handwritten Signature]

Date 12/10/11

Total linear feet of trench required 350 feet
 Width of trench (ft) 3 feet
 Depth of trench (ft) 7 feet
 Depth of stone required below distribution pipe 2 feet





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

November 22, 1999

MEMORANDUM

TO: Trinity Builders
7320 Grace Drive
Columbia, Maryland 21044

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AMM*

RE: Septic System Approval
BP#00120047
Woodford's Grant II - Lot 2

On November 17, 1999, a septic system inspection was performed for the above referenced property at the request of the contractor.

During this time, it was discovered that a large swale runs through the edge of the approved septic area, which prevented the installation of the septic system in the highest portion of the septic area.

As a result of the above situation, the septic system was installed in the middle of the septic area. Please contact this office to schedule a meeting so that an appropriate solution can be discussed.

cc:File

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Mills Drive
Ellicott City, MD 21043
461-0033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0822

License Number 12285
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Yes

Name of Property Owner Trinity Hawks Telephone 410-315-8722
Subdivision Liberty Court II Lot # 2 Well Tag # 46-94-1975
Site Address 11401 Barclay Fieldway

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible XS
2. Make Jacuzzi
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 vibrations? Torque arrestors _____ Cable guards _____ Other Shoes

Motor
1. Horsepower 1
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # A
3. Depth 42"

Tank
1. Capacity Well-x-trol 302
2. Pressure relief valve? XS

Piping
1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth 405' etc.
2. Yield 1 GPM
3. Static water level 55 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: 3-28-00

WPI OK 11/17/99
ALM Sen

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

B 1 4797

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1975
fill in this form completely

Date Received (APA) 9/11/98

OWNER INFORMATION

8 WOODFORDS EAST LLC
15 Last Name Owner First Name 34
36 6212 Devon Dr
Street or RFD 55
Columbia MD 21044
57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

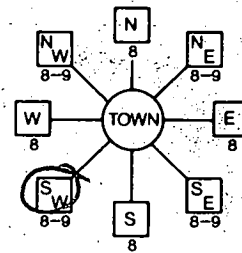
8 COUNTY Howard 21
WOODFORDS GRANT II
23 SUBDIVISION 42
SECTION 29 LOT 2
44 43 46 48 50
MANNINGVILLE
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Ralph MAYNE MSD 116
Driller's Name 76 License No. 81
Ralph MAYNE well Drilling
Firm Name
9120 Brown Church Rd Mt Airy
Address
Ralph Wayne 9-9-98
Signature Date

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



BARLEY FIELD WAY
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 400 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A57555-A
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 11/19/98 A M M L O O 11/19/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 550 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150' FEET
24 28
APPROXIMATE DIAMETER OF WELL 64 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

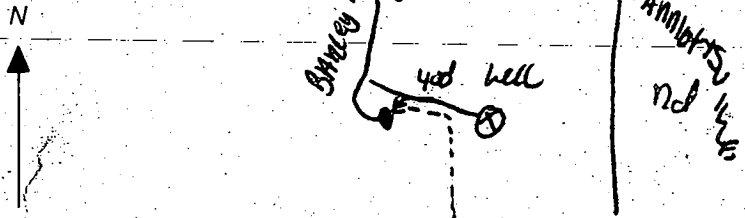
APPROX. PERMIT NUMBER _____ GAP _____
54 63
PERMIT No. HO-94-1975
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
-SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
N 550
000
000

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1975
 Location of property (road) Barley Field Way
 Subdivision Woodford's Grant Lot 2 Block Plat Sec.
 Well Driller Ralph Mayne Owner Woodford East LLC
 Depth of well 405'
 Distance of measuring point (M.P.) above ground 2"
 Static water level (S.W.L.) below M.P. 55'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
 Total time 30 min to reach pumping water level 220 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 <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	220 <u>W</u>	60 Sec		<u>I</u> <u>12 GPM</u>
8:15	220 <u>W</u>	60 Sec		<u>I</u> <u>12 GPM</u>
8:30	220 <u>W</u>	60 Sec		<u>I</u> <u>12 GPM</u>
8:45	220 <u>"</u>	60 <u>"</u>	 	<u>I</u> <u>"</u>
9:00	220 <u>"</u>	60 <u>"</u>	<u>105" CHS/ly</u>	<u>I</u> <u>"</u>
9:15	220 <u>"</u>	60 <u>"</u>	<u>30+ open</u>	<u>I</u> <u>"</u>
9:30	220 <u>W</u>	60 Sec	<u>25 BPS</u>	<u>I</u> <u>6 GPM</u>
9:45	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
10:00	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
10:15	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
10:30	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
10:45	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
11:00	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
11:15	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
11:30	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
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12:00	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
12:15	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
12:30	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
12:45	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
1:00	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
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1:45	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
2:00	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
2:15	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
2:30	220 <u>"</u>	60 <u>"</u>		<u>I</u> <u>"</u>
2:45	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>
3:00	220 <u>W</u>	60 Sec		<u>I</u> <u>6 GPM</u>

HD-224
3:00

C1 08049

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 10/31/00 COUNTY NUMBER 13 A57555A

ST/CO USE ONLY DATE Received 10/31/2000

DATE WELL COMPLETED 10 06 80 Depth of Well 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1975

OWNER Woodfords East LLC STREET OR RD 11401 Barley Field Way TOWN Marriotsville SUBDIVISION Woodfords Grant SECTION II LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for MICKA Flint Rock and MICKA.

Well Deepened

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M (B) CEMENT BENTONITE CLAY NO. OF BAGS 25 NO. OF POUNDS 250 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD casing types insert appropriate code below (S) T (C) O (P) V (O) T STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 105

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) HO 103 450 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M S D-112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

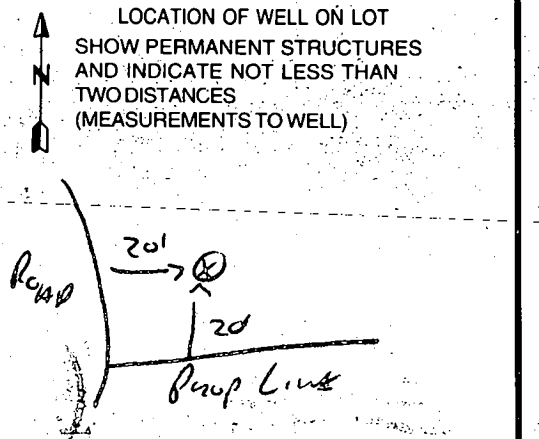
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 30+ METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 450 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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)



C1 9349

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A57555A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 06 26 99

Depth of Well 405

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1975

OWNER Woodfords East LLC STREET OR RFD Barley Field Way TOWN Marriottsville SUBDIVISION Woodfords Grant SECTION II LOT 2

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, Sand, Sand Stone, MICKA, Sand Stone & MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2500

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter 6 Total depth of main casing 105

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

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED (Y) (N)

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MS D 176 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D L 12 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)

Table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Values: 110, 103, 405

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 O

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) I METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 WHEN PUMPING 220 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

