

8/17/00
Septic Co. 2 PM
7/19/00
1-2 PM

PERMIT

P 513676

SEWAGE DISPOSAL SYSTEM

A 57555-C

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 7/11/2000

410-313-2640

INDEXED 03-326497

APPROVAL DATE 7/19/00

S K Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 ESK Highway, Keymar, MD 21757 PHONE 410-755-0562

SUBDIVISION Woodford's Grant II LOT NUMBER 4 ADDRESS 11413 Barley Field Way

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. 4.0 feet of stone below distribution box.

LOCATION: Place the distribution box 205 feet down the right (369') lot line and 10 feet off this same lot line. Run trenches on contour to left side of lot.

NOTES: Preferred Layout: 55', 60', 65' Trenches

PLANS APPROVED Mark Rifkin ok/cw DATE 1-13-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

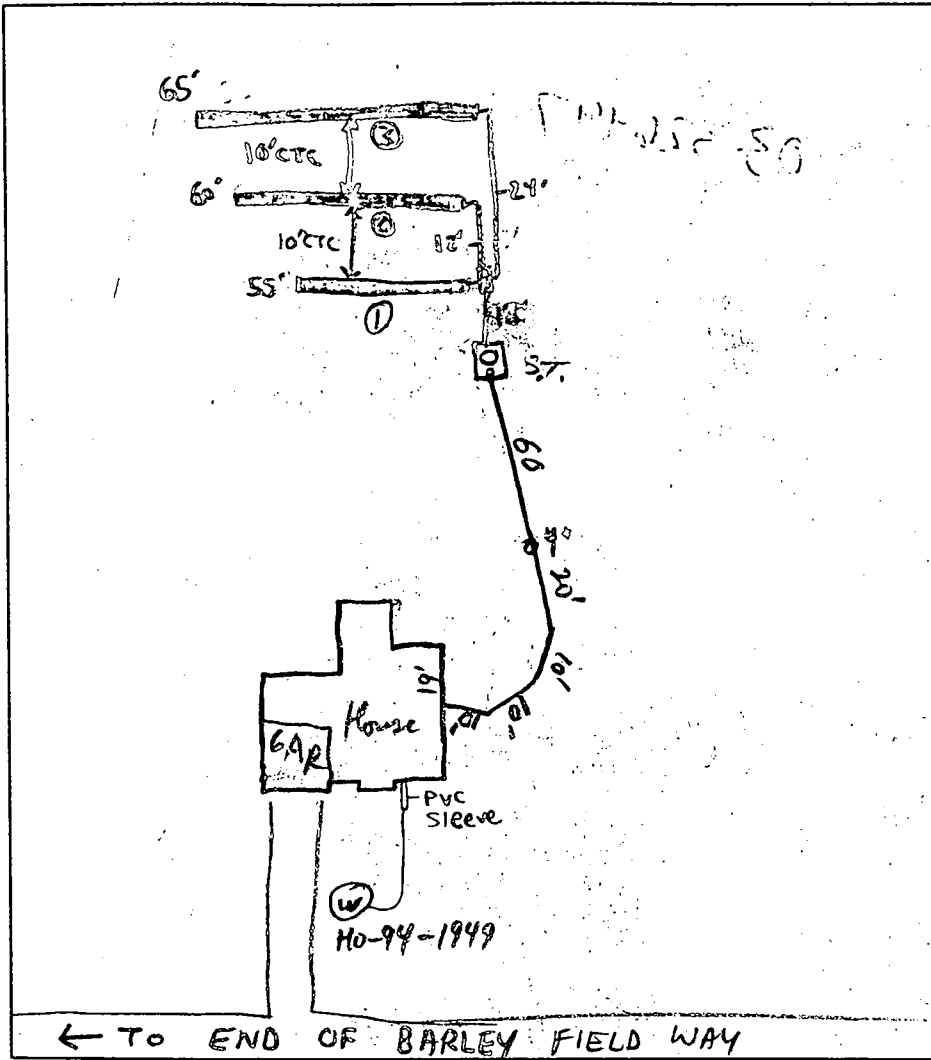
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BLDG. PERMIT DENIED
AND RETURNED 1/24/01
B00128183 Deck

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

A57555-C

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2
TRENCH INLET DEPTH	4
TRENCH BOTTOM DEPTH	8
DEPTH OF STONE	4
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	180
ABSORBENT AREA	720
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 ^{Top Second} GALLONS
MANHOLE RISER	on Septic Tank
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	N/A
PUMP PERFORMANCE TEST	N/A

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: House Connection OK, Septic lines, ST OK to cover. First trench OK. At gravel fill. OK to gravel fill other trenches without further special trench inspection. (Call good trial on soil) Rpt 7/12/00 7/17/00 - WPI ON - SRK

INSPECTOR Steven R. Krizey DATE SYSTEM APPROVED 7/19/00

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: SK Plumbing & Heating Inc. Telephone #: 410-775-0322
Address: 1220 F.S. Kellum
Wynner MD 21757

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual(s) responsible for the field installation:
Name (Print): Virgil Kow License #: 12285
*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: Trinity Homes Telephone #: 410-313-8722
Subdivision: Woodlands Grant II Lot #: 4 Well Tag #: HO-94-1949
Site Address: 11413 Bayley Field Way
Harrisville

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: Unbranded Two piece watertight cap: Yes
Model #: LS95218-52 Model #: _____ Screened, vented well cap: Yes
Pump Capacity: 5 GPM Depth: 70 (36" min) Cap secured to casing: Yes
Well Yield: 1 GPM NSF approved: Yes Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 405 (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 Shoe
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house House Connection
Type: PE PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5' 4 7/8'
Depth of supply line: 40 (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 _____ date 9-13-00

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

Date Insp. Requested: 7/17/00 Date Insp. Approved: 7/17/00 (SRW)
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

Total linear feet of trench required 180 feet

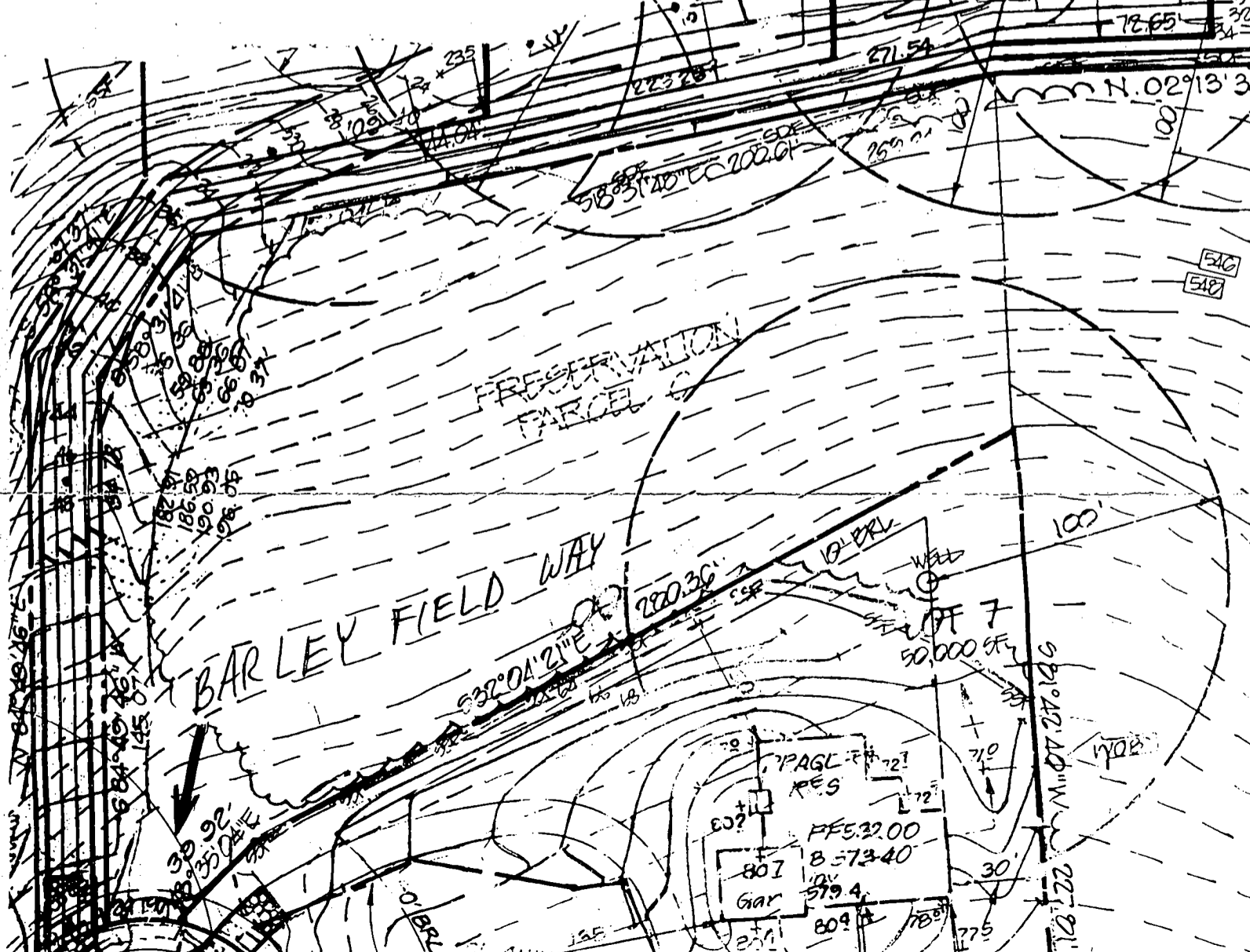
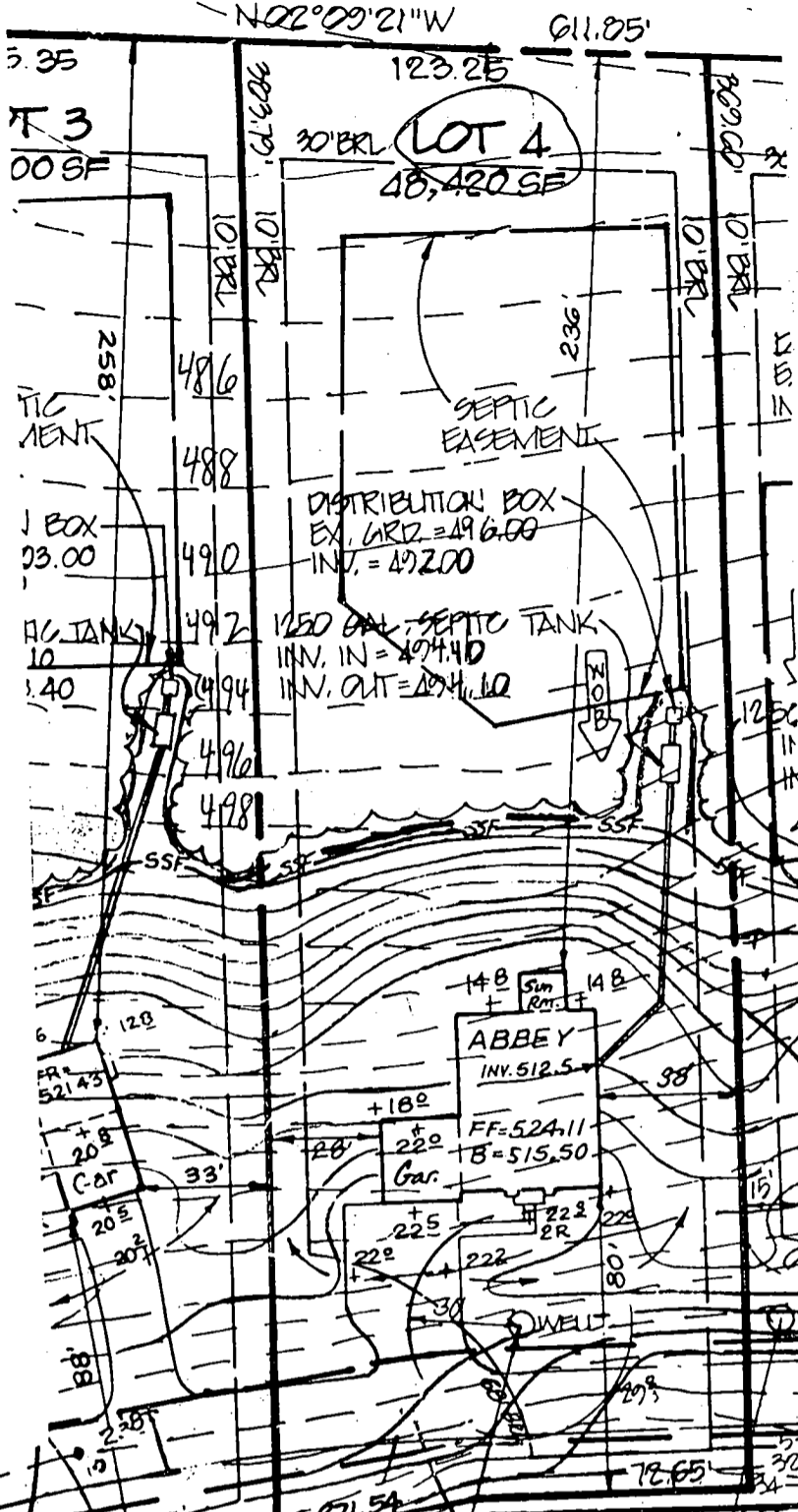
Width of trench(es) 2 feet

Depth of trench(es) 8 feet

Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 1/13/00
Signature Date



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00021914

Building Address 11413 BARRETT FIELDWAY
MARRIOTTSVILLE 21104
 Suite/Apt. #: N/A SDP/WP/Petition #: 6P95-137
 Census Tract 6030 Subdivision WOODFORDS GRANT II
 Section 1 Area 1 Lot 4
 Tax Map 10 Parcel 317 Grid 16
 Zoning RCDPO Map Coordinates 5R10 Lot size 48420sqft

Property Owner's Name TRINITY BUILDINGS
 Address 7320 GRACE DR
 City COLUMBIA State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-8722
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax 410-313-8731

Existing Use VACANT LOT
 Proposed Use S.F.D.
 Estimated Construction Cost \$ 100,000
 Description of Work CUSTOM ABELI w/ CHANNELS
2 STORY FULL BSMT, 2 FB, 1 HB, 9R,
EP & GARAGE (4BR)

Contractor Company SAML
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <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 _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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

Sally L. Hodges
 Applicant's Signature
V.P. Operations Trinity
 Title/Company

SALLY HODGES
 Print Name
12/27/99
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>1/13/00</u>	<u>Mark E. Lippin</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front:	_____
Rear:	_____
Side:	_____
Side St.:	_____
All minimum setbacks met?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone	<u>100%</u>
SDP/Red-line approval date	_____

PROPERTY ID# 44516

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>6559</u>
Validation #	<u>26264</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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. 5 Final 4

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

(11413 BARLEY FIELD Way)

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

APPL. PERMIT NO. _____

AND RETURNED 1-13-2000
Serial # 4310121914

SIZE OF LOT 1 acre + 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 PERCS OK, HOLD FOR PLAT MR 1/24/97

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

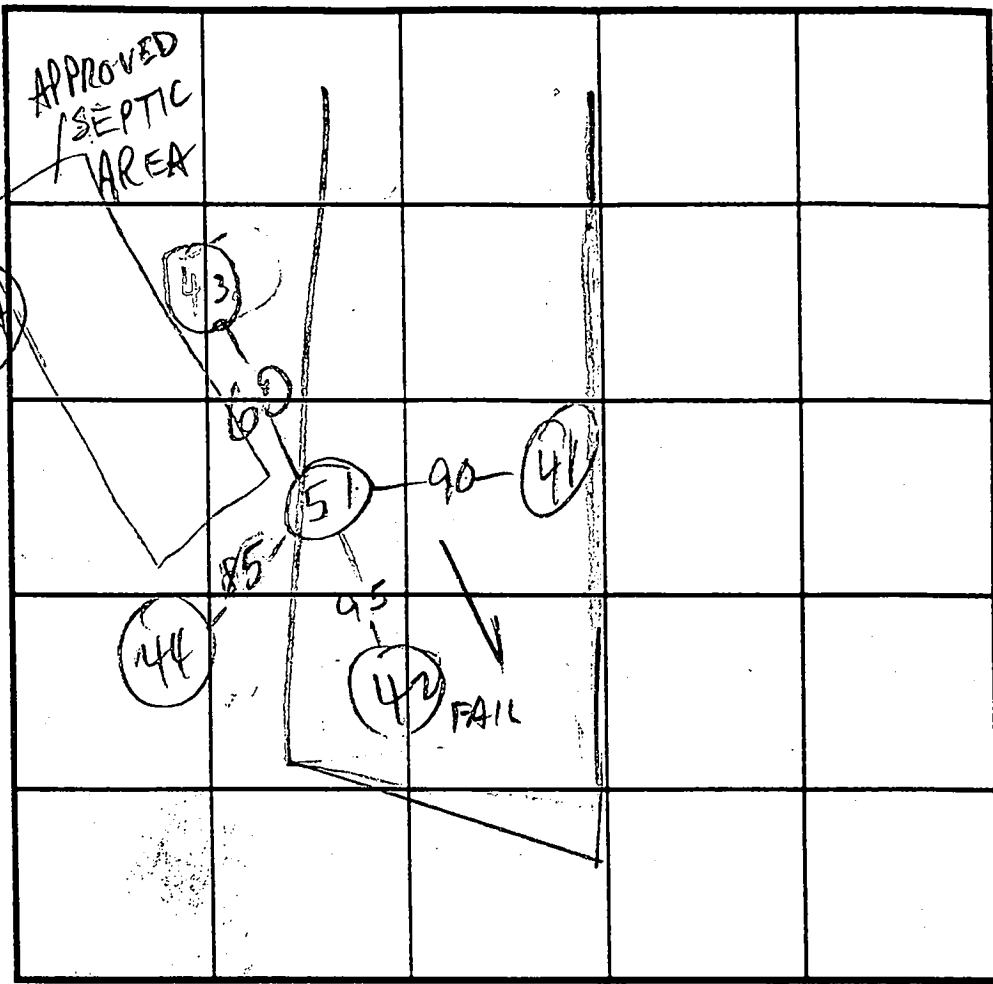
COUNTY #

SOIL PROFILE

0' 42
 brn
 yel
 sil
 lm
 8
 yel brn
 sil
 lm
 10
 GRAY
 MOTTLES
 13

51
 brn
 sa cl
 lm
 5
 15% frags
 brn sa
 lm
 7
 35% frags
 tan brn
 yel
 sa lm
 15-20%
 frags

41
 brn
 sa cl lm
 4
 tan gray
 sa lm
 5%
 frags



SOIL PROFILE

0' 43
 brn
 sa cl lm 4±
 4 1/2
 25%
 brn frags 5±
 loam
 w/gray
 streaks
 @ bot
 15%
 frags

44
 brn sa cl lm 5
 brn sa lm 7
 20% frags
 brn sa lm 12
 10% frags

MARR RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/13/96	42S	6 1/2	3:01	3:15	1/2 - 3/4"	FAIL	
	V	13	FAIL	MOTTLES	@ 10'		
	51 S	6	3:05	3:06	3:06	3:09	3
	V	12	OK	see profile			
	41	6/12/94	OK	see profile			1
	43	5 1/2 / 12	OK	see profile			6
	44	5 1/2 / 12	OK	see profile			2
9/10/96	12A	7/12 1/2	sim	to 41			5

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Me Rifkin ALSO PRESENT Hatfield's, Jon @ SAC
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2
 INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

129

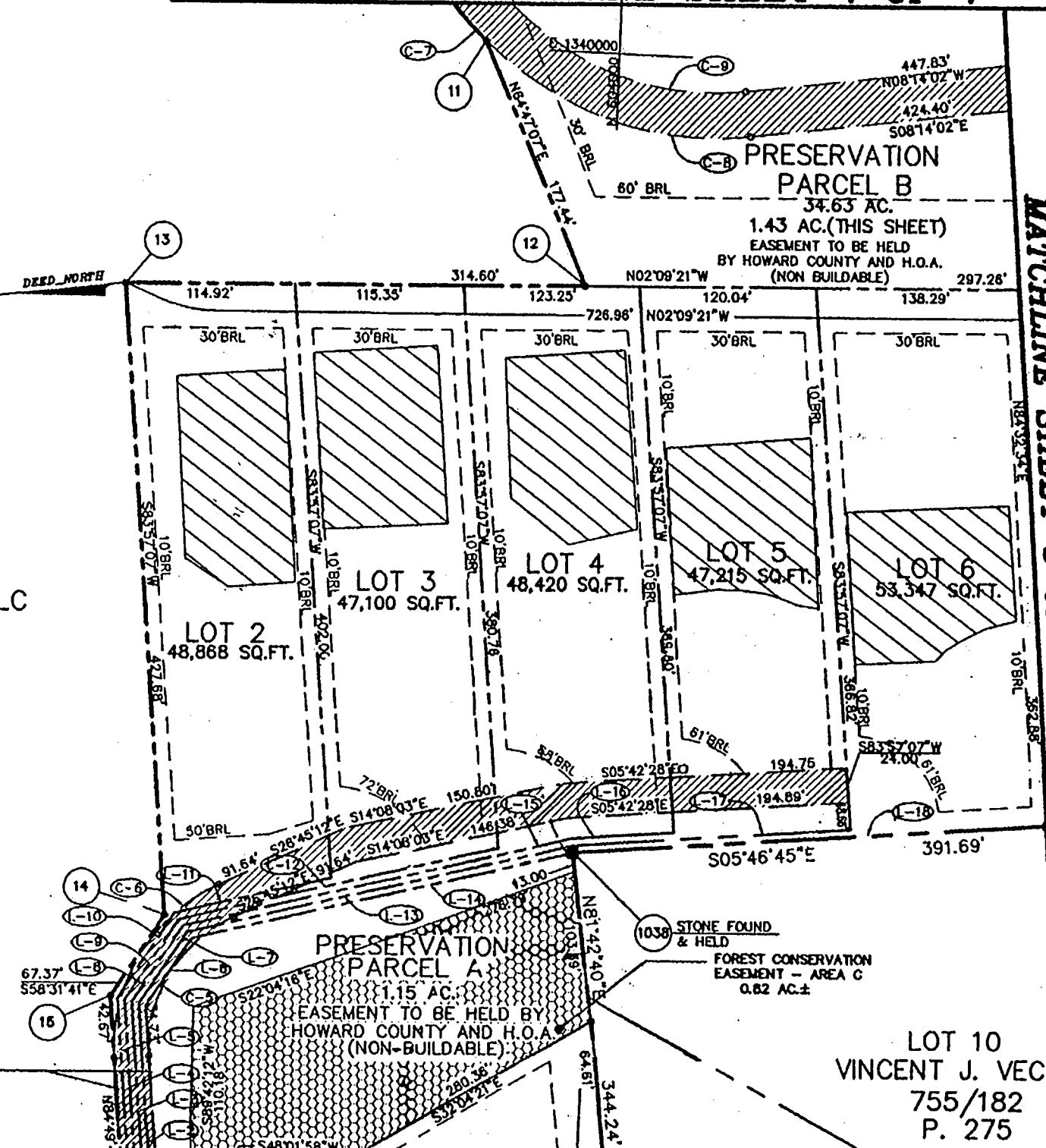
MATCHLINE SHEET 4 OF 4

MATCHLINE SHEET 3 OF 4

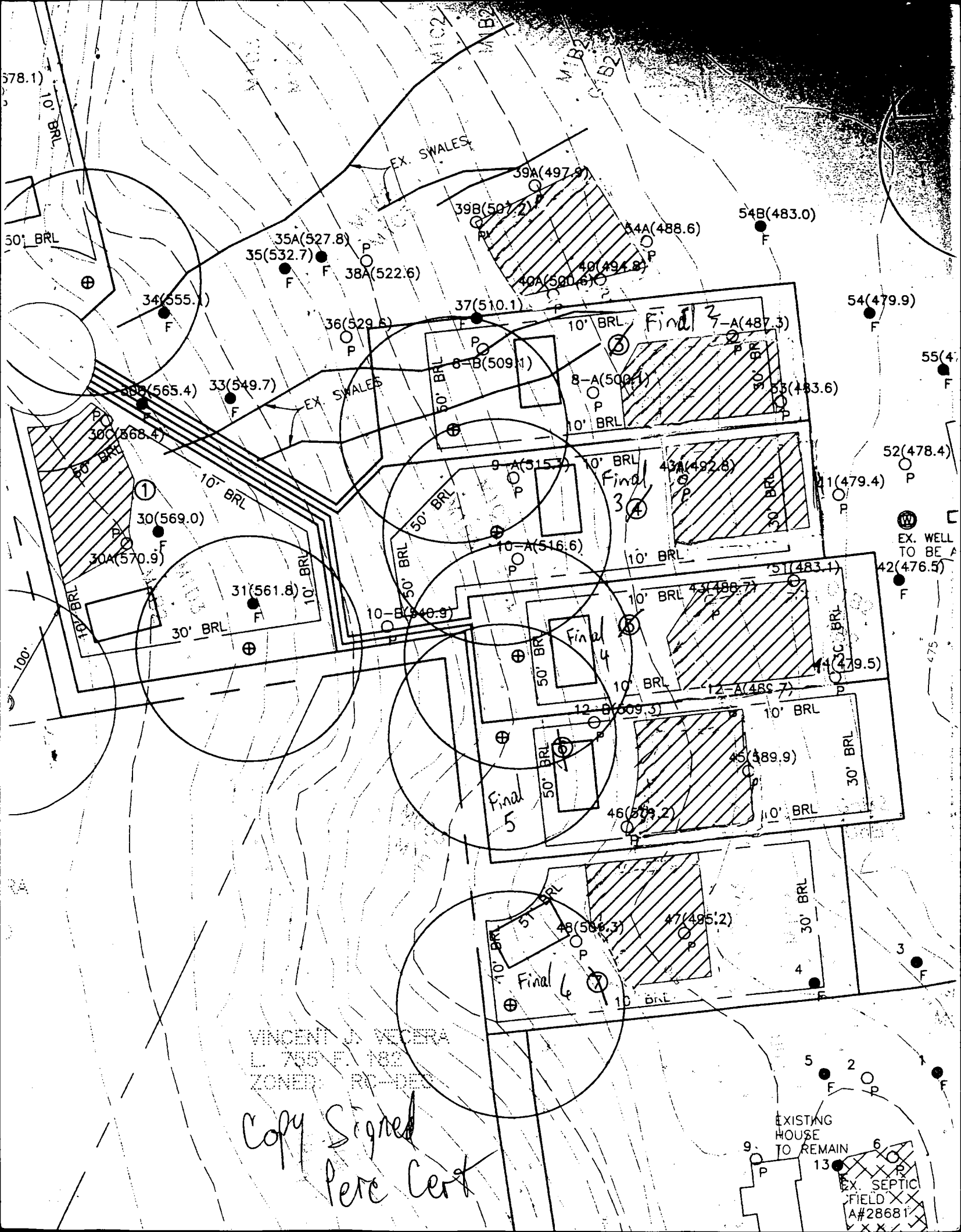
Copy Signed Plat

WOODFORD'S EAST, LLC
4285/180

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



LOT 10
VINCENT J. VECERA
755/182
P. 275



VINCENT J. NIGERA
 L. 755 F. 182
 ZONED: RT-100

*Copy Signed
 Perc Cert*

EXISTING HOUSE TO REMAIN
 EX. SEPTIC FIELD A#28681

C1 931/1

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A57555-C

DATE RECEIVED 12 09 98

DATE WELL COMPLETED 11 - 20 98

DEPTH OF WELL 405'

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-94-1949

OWNER Woodfords East LLC, STREET OR RFD Barley Field Way, TOWN Marriottsville, SUBDIVISION WOODFORD'S GRANT II, SECTION 7, LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (110).

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

SCREEN RECORD form with fields for screen type or open hole (HO), diameter of screen (110, 108, 405).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 MSD116, DRILLERS SIGNATURE, LIC. NO. 1 MSD117

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

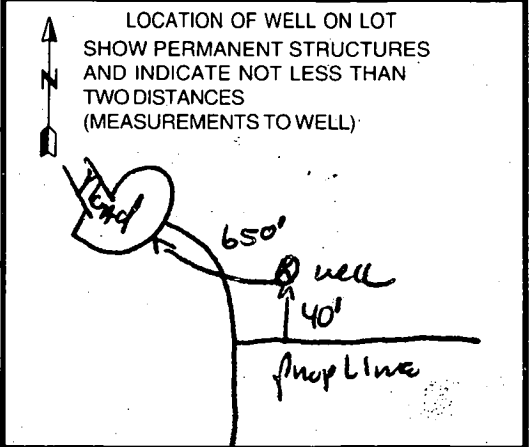
DEPTH (nearest ft.) table with rows for casing height and slot size.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED (6), PUMPING RATE (I), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (48 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (2 ft).



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1949
 Location of property (road) Barley Field Way
 Subdivision WOODFORD'S GRANT II Lot 4 Block Flat Sec.
 Well Driller R. Mayne Owner Woodford's East LLC
 Depth of well 405'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 48'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 GPM
 Total time 30 min to reach pumping water level 190 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>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	190 <u>ft</u>	60 Sec		I GPM
8:15	190 <u>ft</u>	60 Sec	110" casing	I GPM
8:30	190 <u>ft</u>	60 Sec	30" open	I GPM
8:45	190 "	60 "	24 3/4's	I "
9:00	190 "	60 "		I "
9:15	190 "	60 "		I "
9:30	190 <u>ft</u>	60 Sec		I GPM
9:45	190 <u>ft</u>	60 Sec		I GPM
10:00	190 <u>ft</u>	60 Sec		I GPM
10:15	190 "	60 "		I "
10:30	190 "	60 "		I "
10:45	190 "	60 "		I "
11:00	190 <u>ft</u>	60 Sec		I GPM
11:15	190 <u>ft</u>	60 Sec		I GPM
11:30	190 <u>ft</u>	60 Sec		I GPM
11:45	190 "	60 "		I "
12:00	190 "	60 "		I "
12:15	190 "	60 "		I "
12:30	190 <u>ft</u>	60 Sec		I GPM
12:45	190 <u>ft</u>	60 Sec		I GPM
1:00	190 <u>ft</u>	60 Sec		I GPM
1:15	190 "	60 "		I "
1:30	190 "	60 "		I "
1:45	190 <u>ft</u>	60 Sec		I GPM
HD-224 2:00	190 <u>ft</u>	60 Sec		I GPM

B 1 4794

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1949

fill in this form completely

Date Received (APA)

09 11 98

OWNER INFORMATION

WOODFORDS EAST LLC
Last Name Owner First Name
6212 Decon Drive
Street or RFD
Columbia MD 21044
Town State Zip

B 3 LOCATION OF WELL

Howard
COUNTY
WOODFORDS GRANT II
SUBDIVISION
SECTION II LOT 4
MARIOTT'S VILLE
NEAREST TOWN

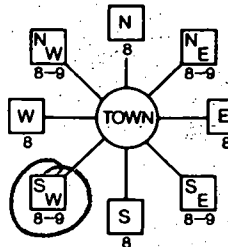
MILES FROM TOWN (enter 0 if in town) 2 M I

DRILLER INFORMATION

Ralph MAYNE M S D 116
Driller's Name License No.
Ralph MAYNE well DRILLING
Firm Name
9120 Brown Church Rd. Mt Airy
Address
Ralph Mayne 9-9-98
Signature Date

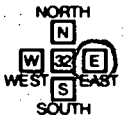
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BARLEY FIELD WAY
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



650
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: 10 BLK: 116 PARCEL 317

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- 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 COUNTY NAME
A57555-C COUNTY NO.
STATE SIGNATURE _____ INSERT S S
DATE ISSUED 11/02/98 Mark E. Riffin EXP. DATE 11/2/99
NORTH GRID 543 000 EAST GRID 0827 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

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 2207
N 54043

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEMED AN EXISTING WELL

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

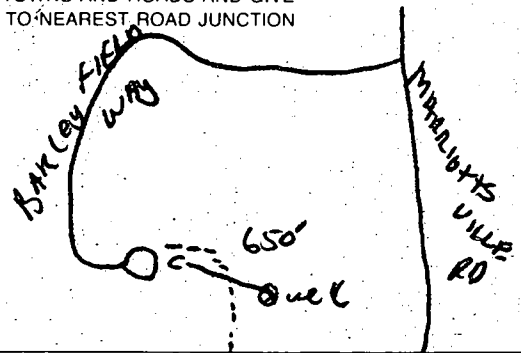
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____

PERMIT No. HO-94-1949

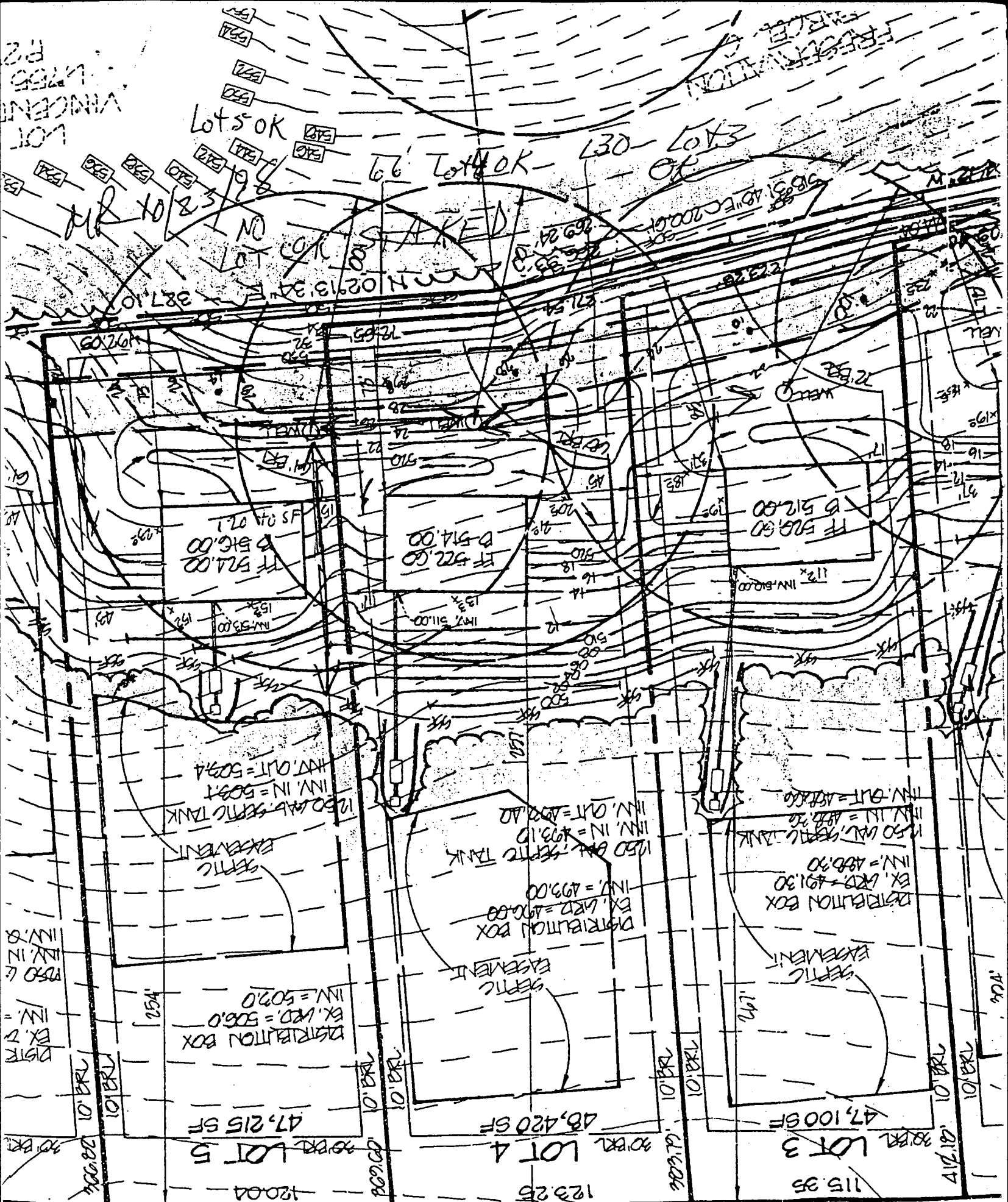
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



DRILLER COPY

PRESERVATION
PARCEL B

Wall Check: 3-14-00
Top of Wall Elev.: 521.5
Final: 8-23-00

75T, LLC

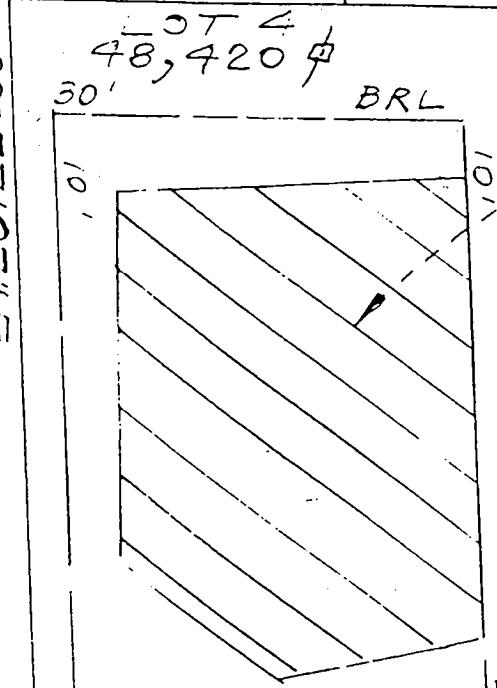
72°09'21"E 123.25'

78°30'57"07"E

LOT 5

LOT 4
48,420 sq ft

583°57'107"W

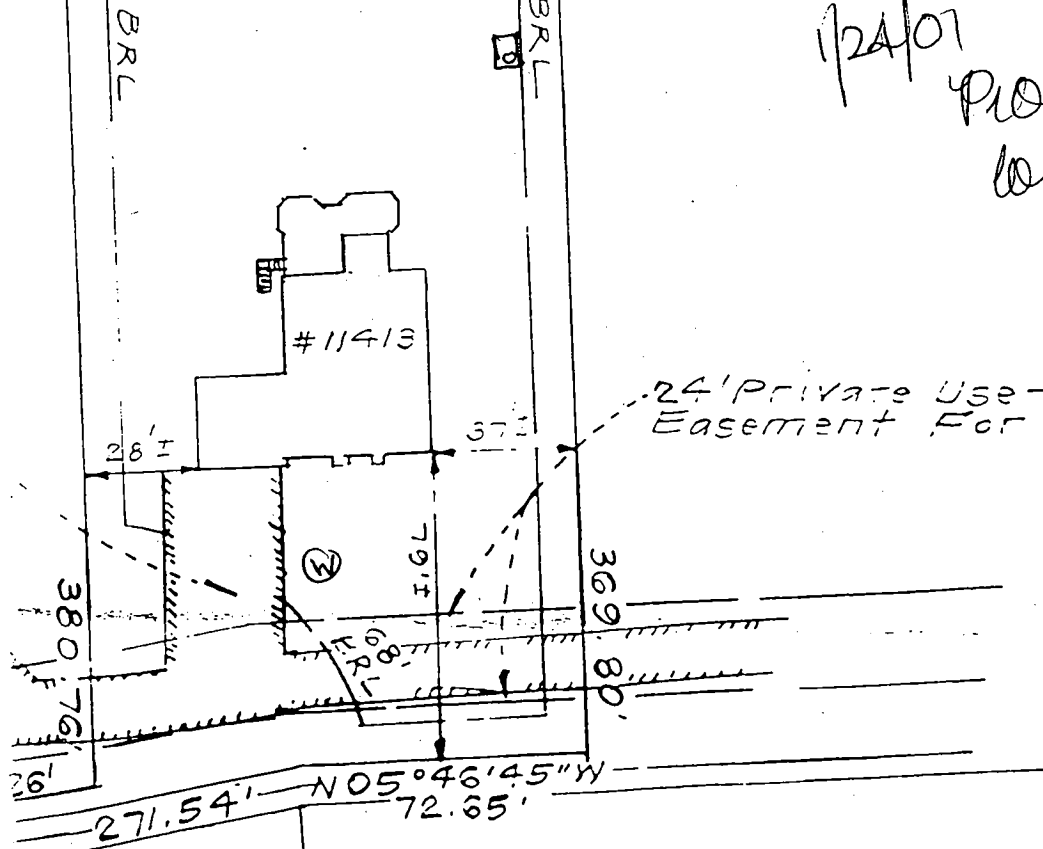


---Private Sewerage Easement

1/24/07
Proposed deck
location or as
shown (DKC)

#11413

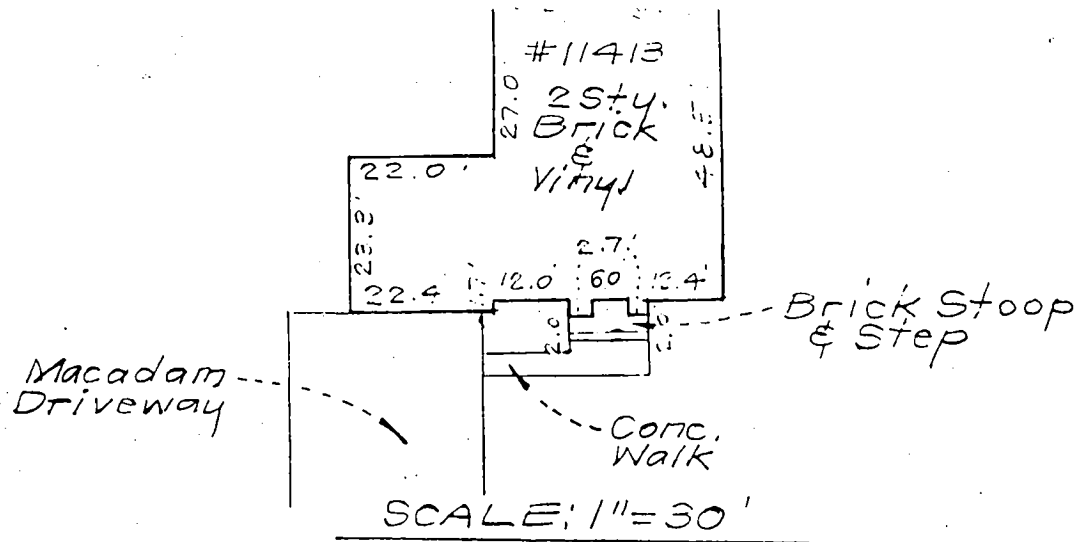
24' Private Use-in-Common Driveway
Easement For Lots 2 Thru 6



N05°46'45"W
72.65'

271.54'

#11413
25' x 4'
Brick



Plat Reference: PLAT 13263



CLARK · FINEFROCK & SACKETT, INC.
 ENGINEERS · PLANNERS · SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

DESIGNED	LOCATION DRAWING 11413 BARLEY FIELDWAY LOT 4 WOODFORD'S GRANT II SECTION 1, AREA 1 LOTS 1 THRU 8 AND PRESERVATION PARCELS A & B AND BULK PARCELS C & D THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE
DRAWN		1" = 50'
CHECKED		DRAWING
DATE		JOB NO.
8-24-00		FILE NO. 98-074-0

back distance accuracy = 1'