

10/12/00
10:00
+ P.P. Co. for
10/16/00
WPI am
10/13/00
CO final
12/13/00
Septic pump test 1:00
12/13/00
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514225
A 57659-R
ISSUE DATE 9/5/2000
APPROVAL DATE 12/13/00

05-430062

Hatfield's Equipment IS PERMITTED TO INSTALL x ALTER

ADDRESS 13785 Burntwoods Road Glenelg, MD 21737 PHONE (301) 854-6172

SUBDIVISION Hunterbrooke LOT NUMBER 17 ADDRESS 8113 Huntfield Drive

PROPERTY OWNER RICHARD QUIGG
Winchester Homes PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800

SEPTIC TANK CAPACITY 1250 ^{Need 1500} GALLONS Top Sealed Greenbelt, MD 20770

PUMP CHAMBER CAPACITY 1500 TS proposed GALLONS *** WATERTIGHT COMPARTMENTED SEPTIC TANK WITH

NUMBER OF BEDROOMS 4 WASTEWATER EFFLUENT FILTER REQUIRED ***

SQUARE FEET PER BEDROOM 210 ** May need a pump system due to lower house placement and different plumbing exits. P/P 9/6/00*

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 45' from the bend in the left lot line and 80' from the right lot line. Run trenches on contour in both directions. 6/9/00 OK BA
OK to place Dist Box at inside corner of 50A nearest house. OK to run trenches parallel to each other (est 70', 95', 115' long)
and OK to disregard minor pump in middle of septic field. use bottom & inlet depths above as measured on trench end.
nearest Dist. Box. P/P 10/12/00

PLANS APPROVED Mark E. Rifkin DATE 5/23/2000

PERMIT VOID AFTER 2 YEARS

**BUILDING PERMIT SIGNED
AND RETURNED**

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 9/30/02 800138437 2 SECTION DECK

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

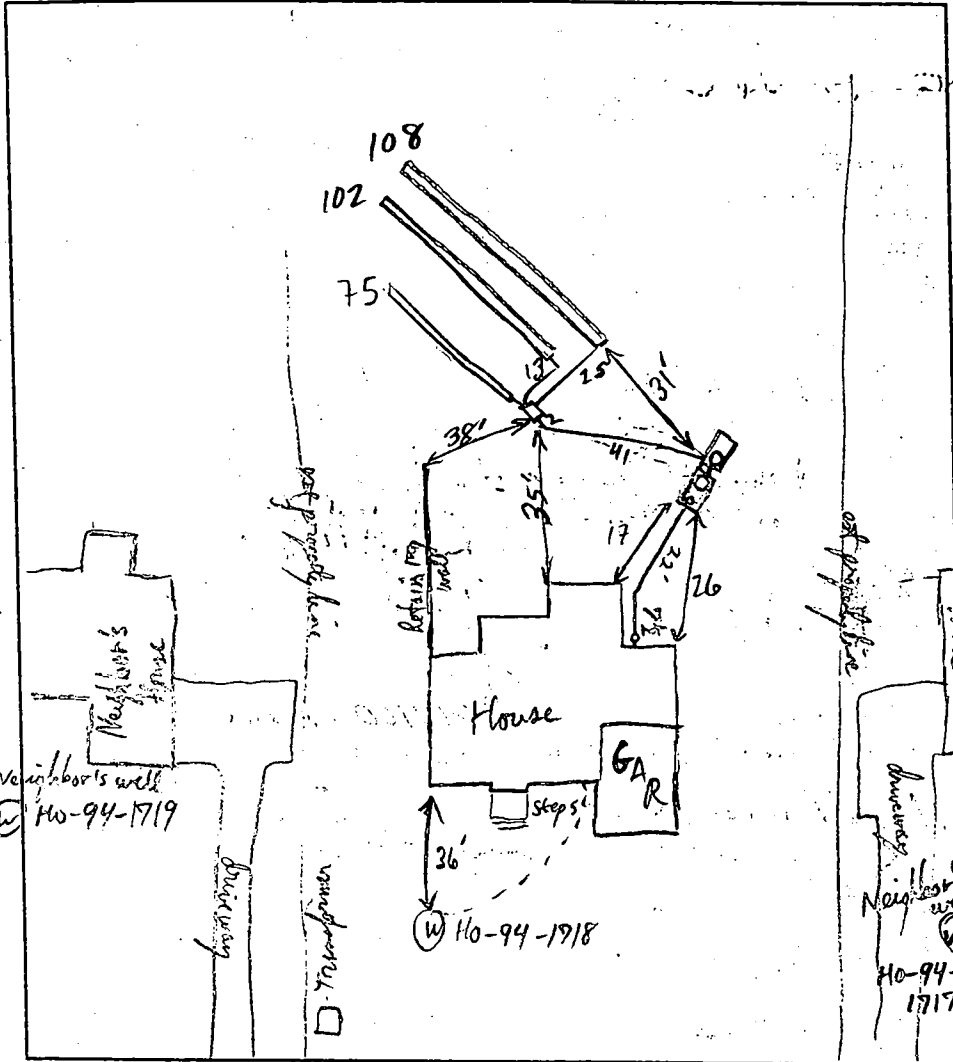
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

(57659R) A57659-R

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	varies 4 1/2' - 5 1/2'
TRENCH BOTTOM DEPTH	6 1/2' - 7 1/2'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	285'
ABSORBENT AREA	855 ft ²
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 ^{Two Sealed (Mayer Box)} GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
with wastewater effluent filter @ outlet	
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 gal T.S.
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	OPERATIONAL
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION:

Silt fence, Septic trench & manhole - deep trench placement is OK but with plumbing existing on rear porch house corner, may need to set septic tank elsewhere and pump to get up to Dist Box location. PP 9/6/00

INSPECTION COMMENTS: House connection, sd 40 PVC and septic tank OK (OK to cross over driveway). It appears will need a pump chamber and pump system overall. PP 10/12/00 PC act, wastewater effluent filter in outlet side of ST. (where Monks river sets), Dist Box act (has 4 ft over R.R.). First trench at inlet @ 4 1/2 ft at beginning, 5 ft at middle. OK to continue, call for inspection tomorrow. PP 10/13/00

10/13/00 PRESSURE LINE EXITING PUMP PIT @ SIDE SEALED CONN OK. OK TO COVER TANKS + TRENCHES, CALL FOR PUMP/ALARM INSP W/D.B. OPEN (MR)

12/12/00 PUMP OK, ALARM NOT OK (MR) 12/13/00 - ALARM OK (SRK)

INSPECTOR Steven R. King DATE SYSTEM APPROVED 12/13/00

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: EASTERDAY WELL & PUMP Telephone #: _____
9265 BROWN CHURCH RD
Address: MT AIRY MD 21771
501-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Lester Simmons, Jr. License# AWD611

*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: Windsor Home Telephone #: _____
Subdivision: Windsorbrook Lot #: 17 Well Tag #: HO-94-1718
Site Address: 8113 Huntfield Dr.

Submersible Pump Data

Make: Grundfos
Model #: 6650 7400
Pump Capacity: 3 GPM
Well Yield: 1.5 GPM

Pitless Adapter

Make: Mattinson
Model #: B-10X
Depth: 3 1/2 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: ✓
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 390 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Attached TO PA

Piping to house

Type: PE
PSI: 200 (160 psi min)
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5ft
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] _____ date 11.14.00
Signature of company representative responsible for installation

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

Date Insp. Requested: 10/16/00 Date Insp. Approved: 10/16/00
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 NA
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 ✓

OK (DKC)

Steve
11/17/00

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1305124199

Building Address 8113 Hunt Field Drive
Fulton, MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051 Subdivision HUNTER BROOKS

Section N/A Area N/A Lot 17

Tax Map 46 Parcel 360 Grid 2

Zoning RR Map Coordinates 1865 Lot size 46,548 sq ft

Property Owner's Name WINCHESTER HOMES

Address 6305 IVY LANE SUITE 300

City GREEN BELT State MD Zip Code 20770
301

Home Phone _____ Work Phone 489-1144

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 301 489-1144 Fax 301 474-0898

Existing Use VACANT

Proposed Use RESIDENTIAL SINGLE FAMILY

Estimated Construction Cost \$ 200,000

Description of Work BROWNING w/ceiling substrate

Finished basement Deck 2 story 10R, 3FR
TR 2010 4BR FP

Contractor Company WINCHESTER HOMES, INC.

Contact Person CAROL VIERS

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company REIMER MUEGGE + ASSOC

Contact Person CHRIS REID

Address 9818 CENTRE PARK DR.

City COLUMBIA State MD Zip Code 21045

Phone 410 997-9900 Fax 410 997-9282

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth Width
 1st floor: 52' x 28' 56'
 2nd floor: 40' 56'
 Basement: 40' 56'
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4
 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: 16x8
 Roof: FG GABLE
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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

Carol Viers
 Applicant's Signature
PERMIT ADMINISTRATOR
 Title/Company

CAROL VIERS
 Print Name
5-12-00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/23/00</u>	<u>Mark E. Tiller</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met?
 YES NO
 Is Entrance Permit required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 16215

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>6081</u>
Validation	# _____

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: 313-2840

DISTRICT 5H
31-17
DATE 1-29-97

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 Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 196

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(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.

David E. Meiners
(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'
 80
 bright red
 silclm

5.0
 dark red
 brown
 salm

10.0
 dark brown
 micaceous
 salm
 5%
 Rx

81

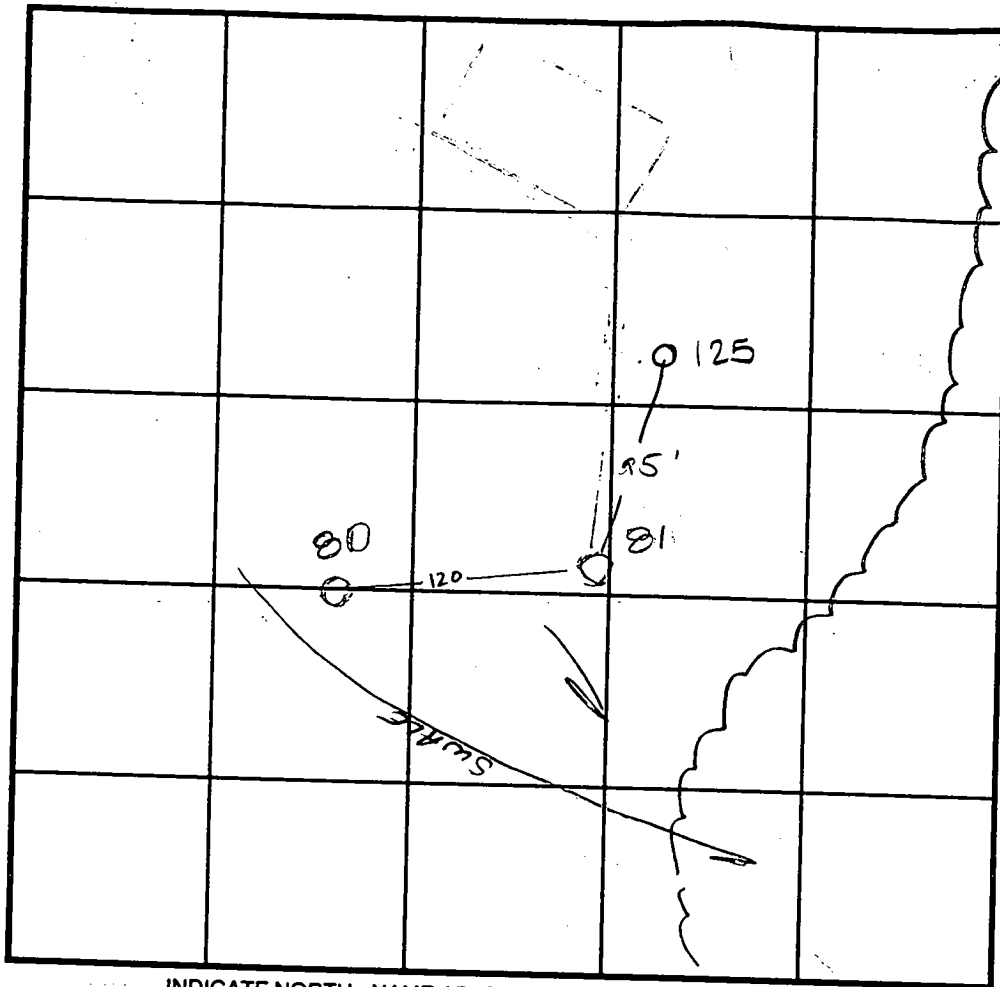
red brown
 silclm
 strong
 structure

5.5

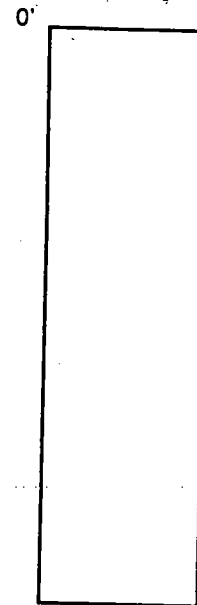
orange
 with
 pockets
 of Mg
 dark
 silclm
 25%
 Rx

125

no
 distinct
 clay
 layer
 lgt
 pink
 silclm
 <5%
 saprolite



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-7-97	80	5.5 V12.0	10:45 ³⁰	10:48	10:48	10:56	8min
	81	6.0 V12.0	10:48	10:52	10:52	11:04	12min
9-11-97	125	5.0 V12.0	10:06	10:07	10:07	10:09	2min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT

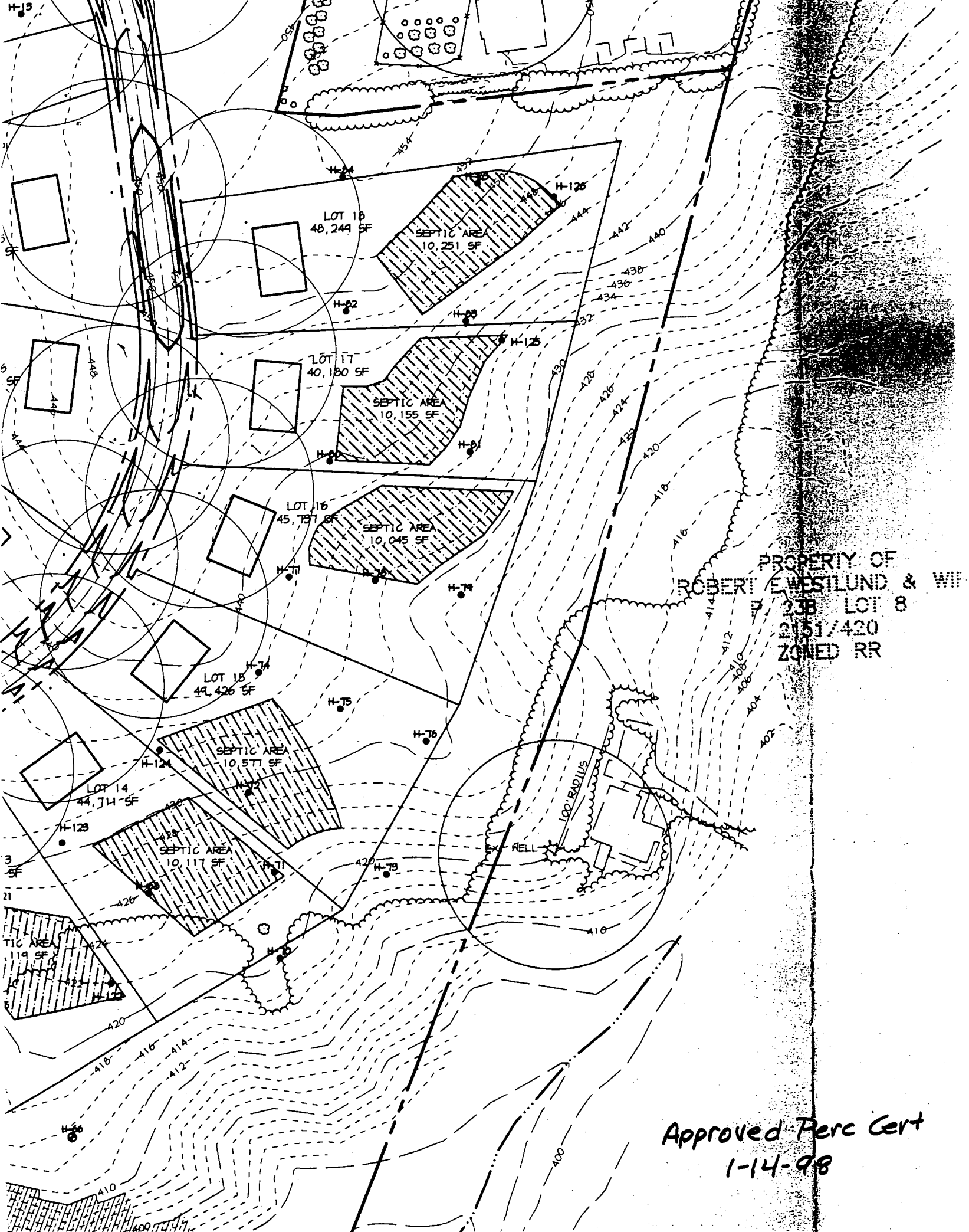
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

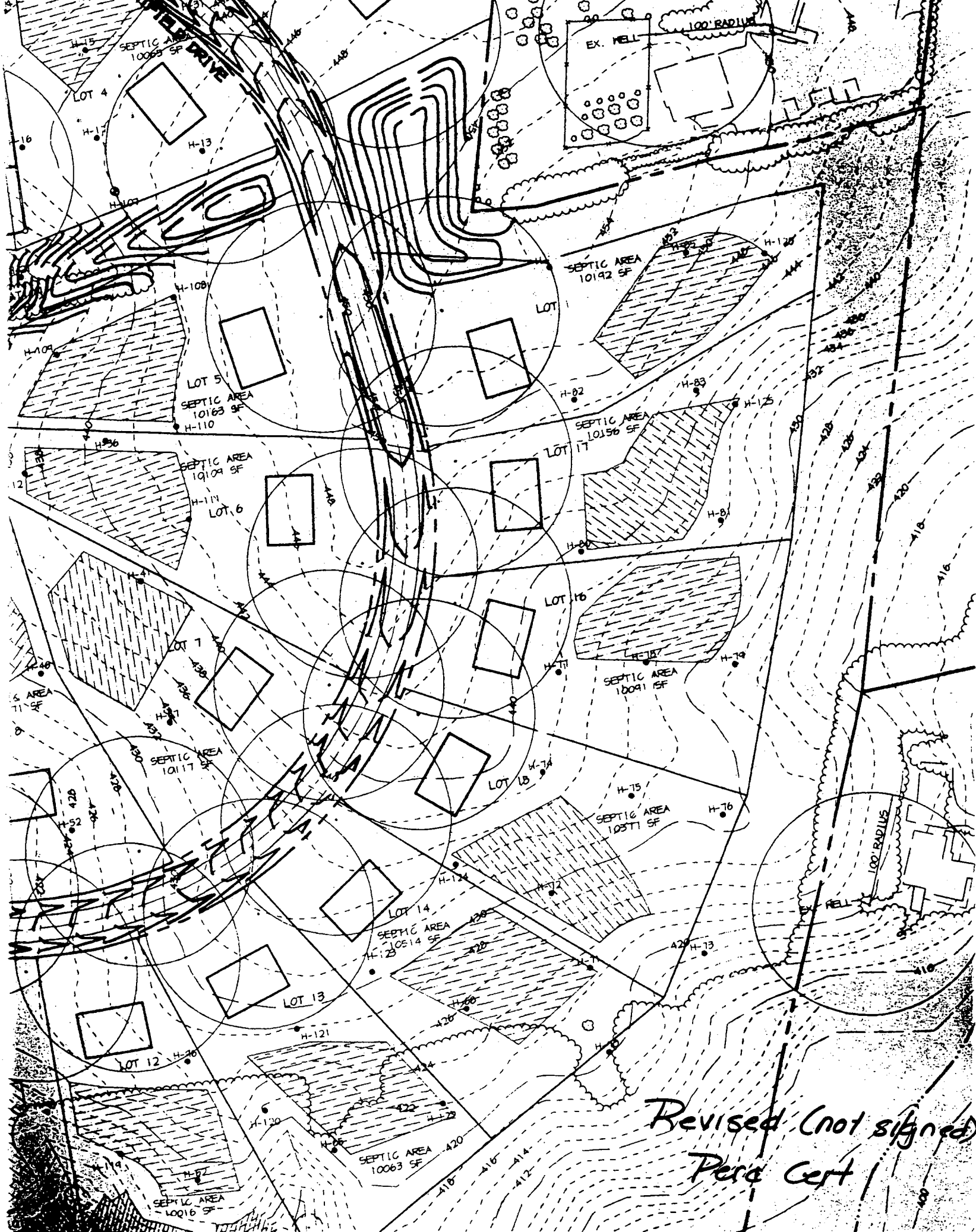
MAXIMUM BOTTOM DEPTH

SO FT / PERFOOM

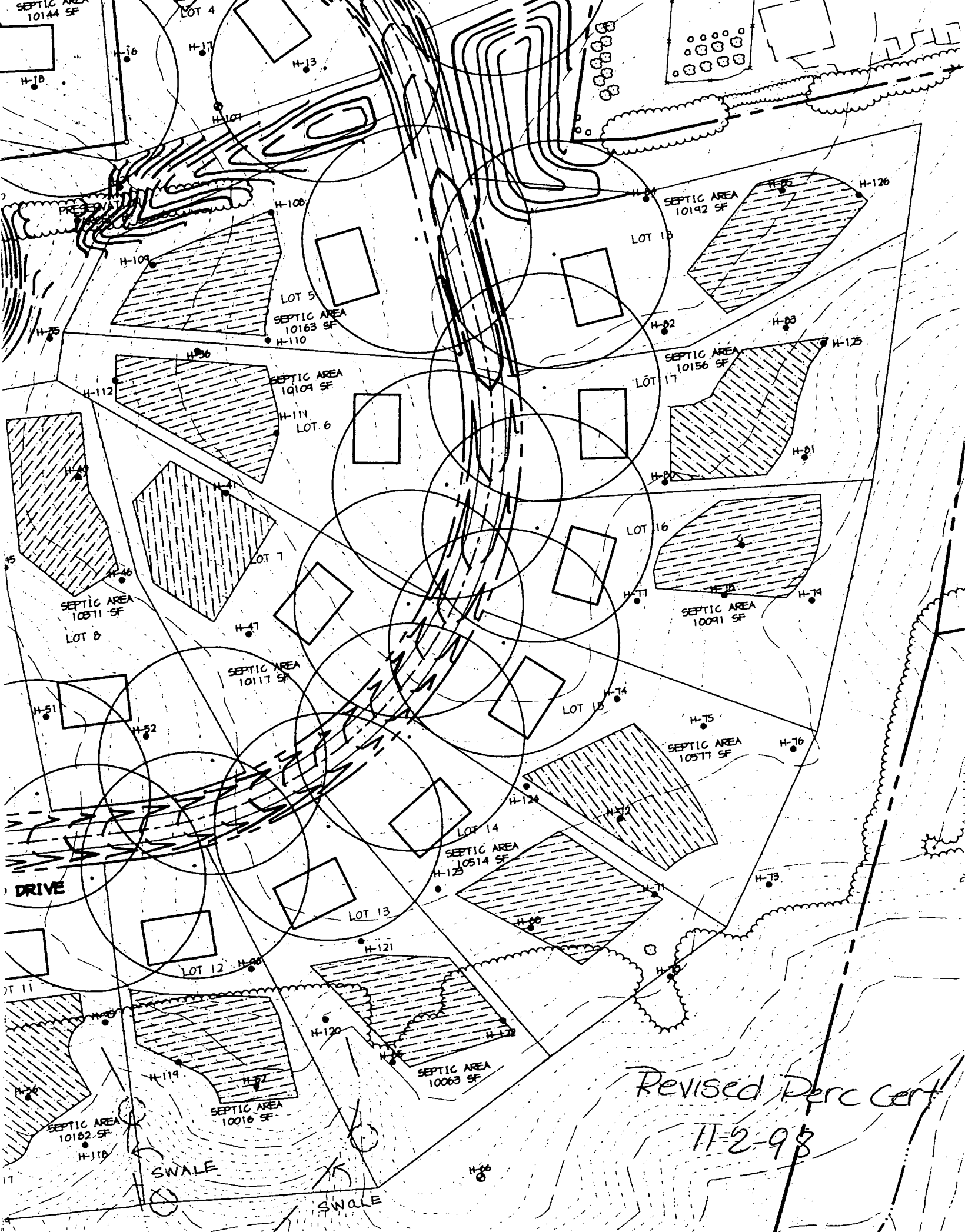


PROPERTY OF
ROBERT E. WESTLUND & WIFE
238 LOT 8
2151/420
ZONED RR

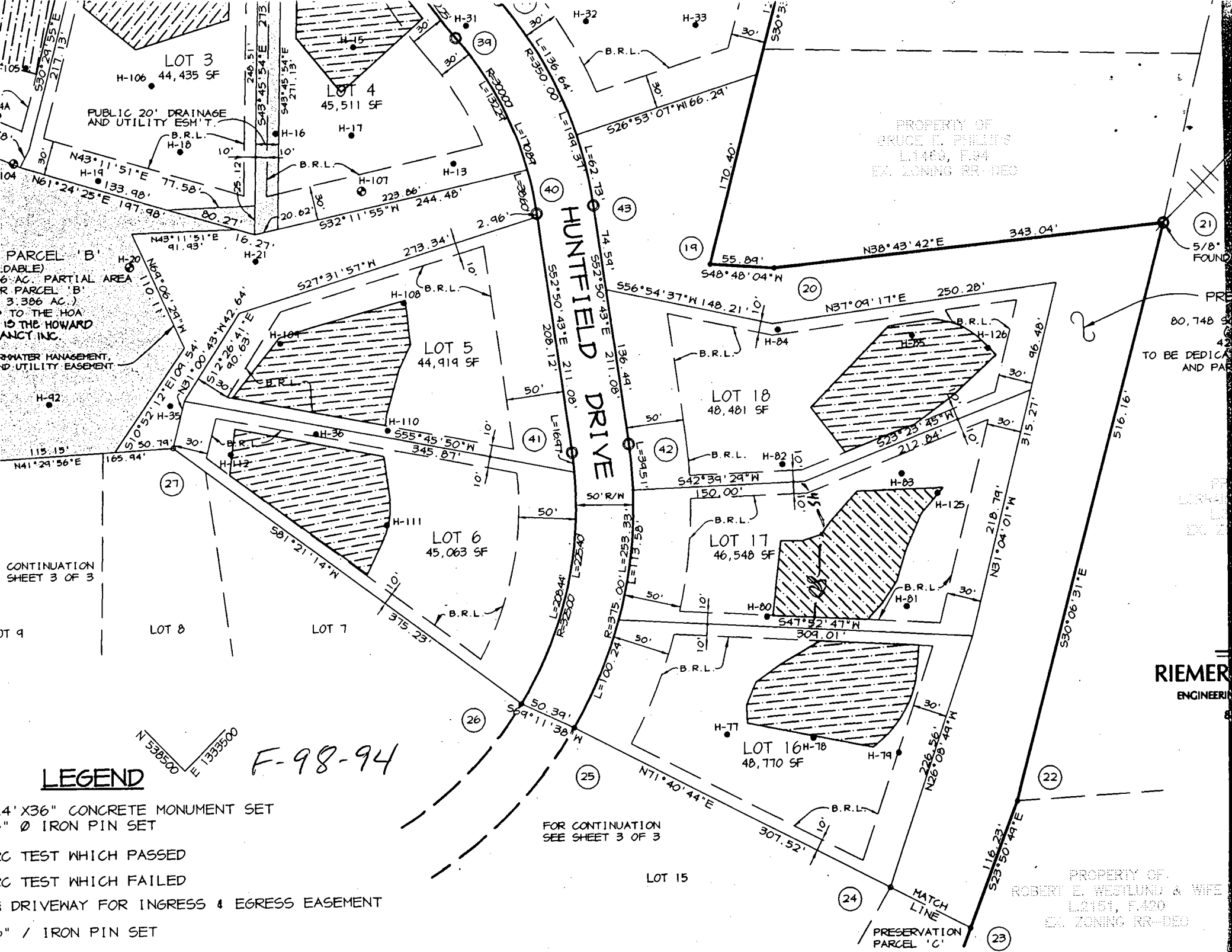
Approved Perc Cert
1-14-98



Revised (not signed)
Peric Cert



Revised Perc Cert
11-2-98



PROPERTY OF
 BRUCE E. PHILLIPS
 L1400, F34
 EX. ZONING RR-DED

TO BE DEDICATED
 AND PART

RIEMER
 ENGINEERING

PROPERTY OF
 ROBERT E. WESTLUND & WIFE
 L2151, F420
 EX. ZONING RR-DED

HUNTFIELD DRIVE

PARCEL 'B'
 (DABLE)
 6 AC. PARTIAL AREA
 OF PARCEL 'B'
 3.386 AC.)
 TO THE HOA
 OF THE HOWARD
 TRACT, INC.

WATER MANAGEMENT
 AND UTILITY EASEMENT

CONTINUATION
 SHEET 3 OF 3

FOR CONTINUATION
 SEE SHEET 3 OF 3

MATCH
 LINE
 PRESERVATION
 PARCEL 'C'

LEGEND

- 4' X 36" CONCRETE MONUMENT SET
- Ø IRON PIN SET
- CG TEST WHICH PASSED
- CG TEST WHICH FAILED
- DRIVEWAY FOR INGRESS & EGRESS EASEMENT
- 5" / IRON PIN SET

F-98-94

LOT 9

LOT 8

LOT 7

LOT 6
 45,063 SF

LOT 5
 44,914 SF

LOT 4
 45,511 SF

LOT 3
 44,435 SF

LOT 18
 48,481 SF

LOT 17
 46,548 SF

LOT 16
 48,770 SF

LOT 15

H-106
 44,435 SF

H-17

H-13

H-107

H-18

H-21

H-92

H-35

H-36

H-110

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H-360

C1 4395

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A57650R

ST/CO USE ONLY DATE Received MM 10 23 98

DATE WELL COMPLETED MM 10 17 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1718

OWNER Winchester Homes STREET OR RFD Hunter Dr TOWN Fulton SUBDIVISION Hunterbrooke SECTION LOT 17

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Topsoil, Br. Micaceous Clay, Br. Sandstone, Fr. Sandstone, Granite.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 15, NO. OF POUNDS 1500, GALLONS OF WATER 75, DEPTH OF GROUT SEAL 60.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (65).

OTHER CASING (if used) table with columns: diameter, depth (from, to).

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (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. MW D 040, DRILLERS SIGNATURE: George F. Costello

LIC. NO. MW D 386, SITE SUPERVISOR (signature)

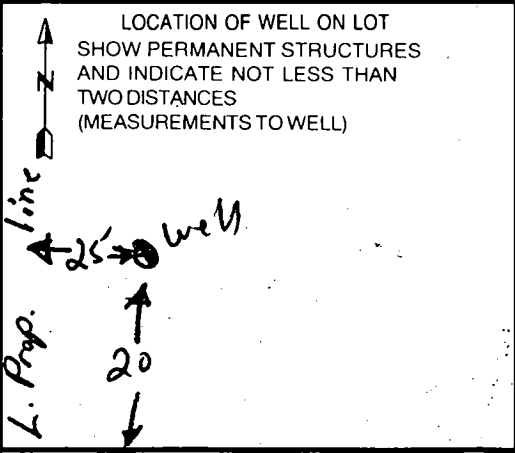
DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes handwritten values: 160, 63, 400.

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

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 32 ft, WHEN PUMPING 130 ft, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (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.



Front lot line

of 1611AAY

Final

Review 10/26/98 OR AD

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1718
 Location of property (road) Hunter Drive
 Subdivision Hunterbrook Lot 17 Block Plat Sec.
 Well Driller George Easterday Owner Winchester Homes

Depth of well 400 - 1 1/2
 Distance of measuring point (M.P.) above ground 2' post
 Static water level (S.W.L.) below M.P. 32' post

I. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 15 gpm
 Total time 15 min. to reach pumping water level 130' 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 \$/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:45	130'	30 seconds		2
12:00	130'	30 seconds		2
12:15	130'	30 seconds		2
12:30	130'	45 seconds		1.5
12:45	130'	45 seconds		1.5
1:00	130'	45 seconds		1.5
1:15	130'	45 seconds		1.5
1:30	130'	45 seconds		1.5
1:45	130'	45 seconds		1.5
2:00	130'	45 seconds		1.5
2:15	130'	45 seconds		1.5
2:30	130'	45 seconds		1.5
2:45	130'	45 seconds		1.5
3:00	130'	45 seconds		1.5
3:15	130'	45 seconds		1.5
3:30	130'	45 seconds		1.5
3:45	130'	45 seconds		1.5
4:00	130'	45 seconds		1.5
4:15	130'	45 seconds		1.5
4:30	130'	45 seconds		1.5
4:45	130'	45 seconds		1.5
5:00	130'	45 seconds		1.5
5:15	130'	45 seconds		1.5
5:30	130'	45 seconds		1.5
5:45	130'	45 seconds		1.5

PUMP Set 380'

B 1 6899

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1718 fill in this form completely

Date Received (APA) 08 28 98

OWNER INFORMATION RN 7584

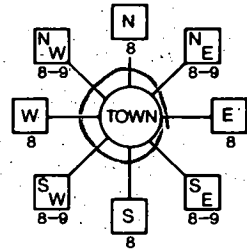
LOCATION OF WELL HOWARD CC# Hunterbrooke

Winchester Homes, Inc. 6305 Ivy Lane, Suite 700 Greenbelt, Md. 20770

DRILLER INFORMATION George F. Easterday M W D 040

L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Hunter Drive ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 20 Ft.



WELL INFORMATION APPROX. PUMPING RATE 500 GAL PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 AS 7659 R COUNTY NAME COUNTY NO. DATE ISSUED 9/2/98 A McMillen 9/2/99 EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled)
JETTED AIR-PERCussion
Jetted & DRIVEN ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary
DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 DEEPEIN AN EXISTING WELL

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

APPROX. PERMIT NUMBER 54 G A P 63

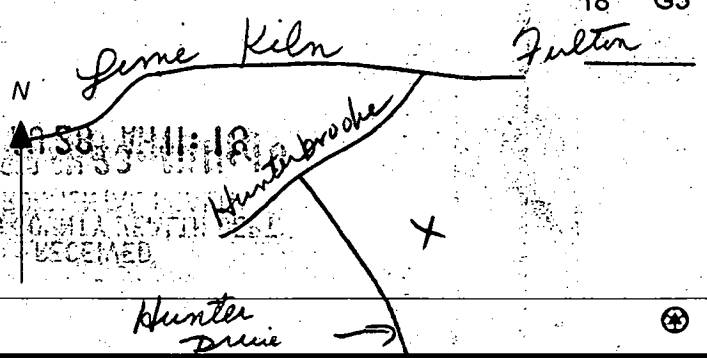
PERMIT No. HO-94-1718

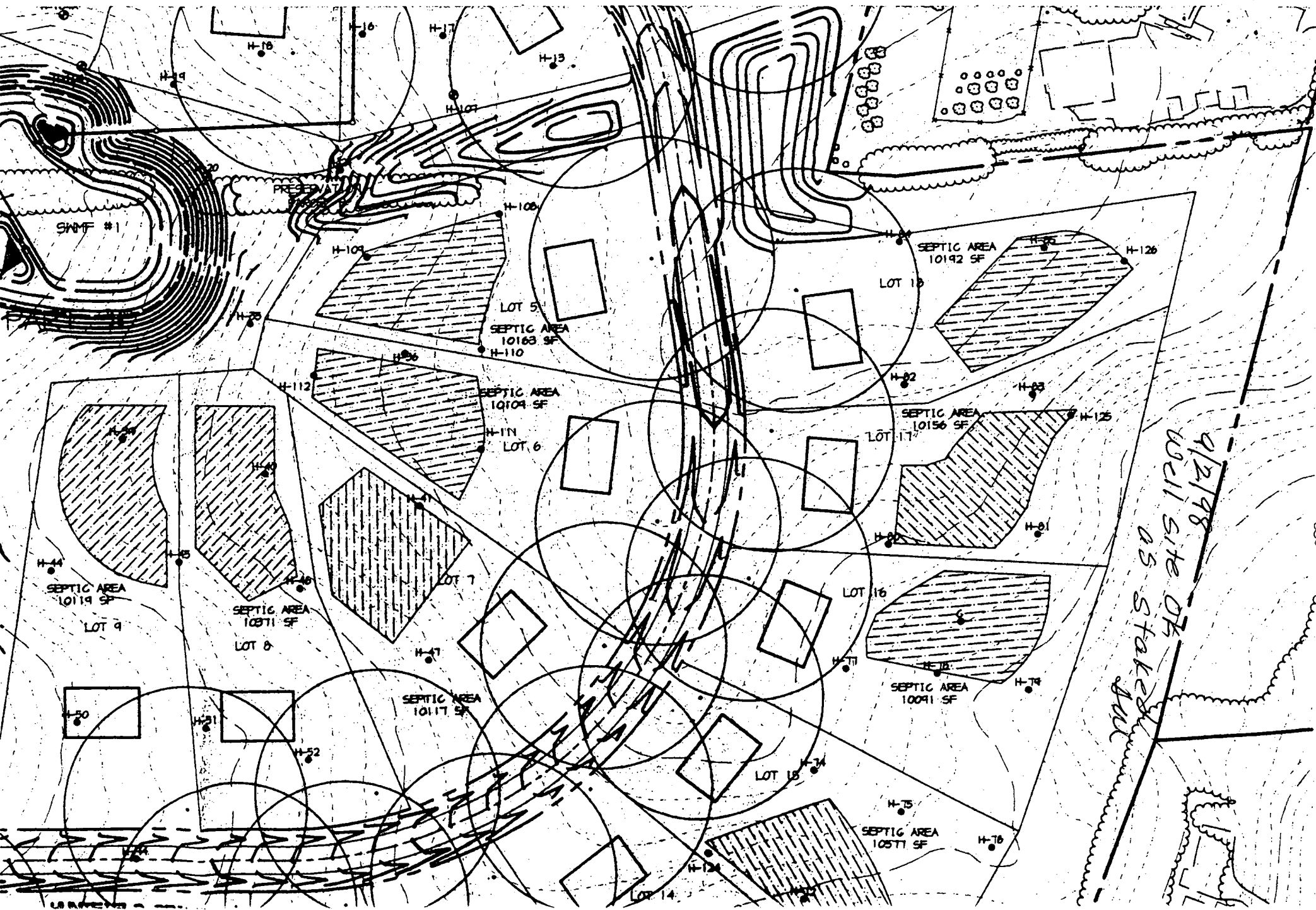
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 470

10-7-98 GROUT NO INSP AD

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. MAP 18 G5





9/2/98
LOCAL SITE OF
AS STATED
JUL

Building Address 8113 Huntfield Dr
Fulton 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 60602 Subdivision Huntfield

Section _____ Area _____ Lot 17

Tax Map 4LP Parcel 310 Grid 1

Zoning RPD Map Coordinates 1865 Lot size _____

Property Owner's Name Richard Gray

Address 8113 Huntfield Drive

City Fulton State Md Zip Code 20757

Home Phone 301-153-0519 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
NIS

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Deck

Estimated Construction Cost \$ 12,000

Description of Work 2 section deck
9'x22' and 18'x18' with steps
in rear yard

Contractor Company Blake Contractors

Contact Person Paul Blake

Address 471 Waltham Ave

City Baltimore State Md Zip Code 21214

License No. 15140

Phone 410-354-4477 Fax _____

Occupant or Tenant _____

Contact Name Same

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # 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"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade No of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: Dimensions: _____ Footings: <u>PIR/POST</u> 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 THERE TO; (4) THAT HE/SHE WILL PERFORM ALL 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.

Applicant's Signature [Signature]

Title/Company _____

Print Name _____

Date 4/9/03

Check payments to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ	<u>4/11/03</u>	<u>[Signature]</u>	<u>[Signature]</u>
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>9/30/02</u>	<u>Kacie Turner</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START	<input type="checkbox"/>		
ONE STOP SHOP	<input type="checkbox"/>		

PROPERTY ID: 200246215

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone: _____

Red-line approval date: _____

Excise tax: _____

Add'l per. fee: _____

TOTAL FEES \$ 50

Sub-total paid \$ _____

Balance due \$ _____

Check # 337

Validation # 12031

Accepted by: [Signature]