

26/001:00
5/30/00
Any note
WPT

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513569
A 57659-S

ISSUE DATE 5/1/2000

APPROVAL DATE 5/26/00

OS-430070

Hatfield's Equipment IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Hunterbrooke LOT NUMBER 18 ADDRESS 8109 Huntfield Drive

PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, MD 20770

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

**** A TOP SEAMED PUMP CHAMBER IS REQUIRED. ****

NUMBER OF BEDROOMS 4

**** WATERTIGHT, COMPARTMENTED SEPTIC TANK WITH WASTEWATER EFFLUENT FILTER ****

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the bend in the left lot line, place the distribution box 60 feet up the 250.28' lot line and 50 feet off this same lot line. Run trenches on contour in both directions.

5/26/00 System changed to gravity on SRK
No basement service by gravity

PLANS APPROVED Mark E. Rifkin ON SRK 5/1/00 DATE 02-25-2000

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

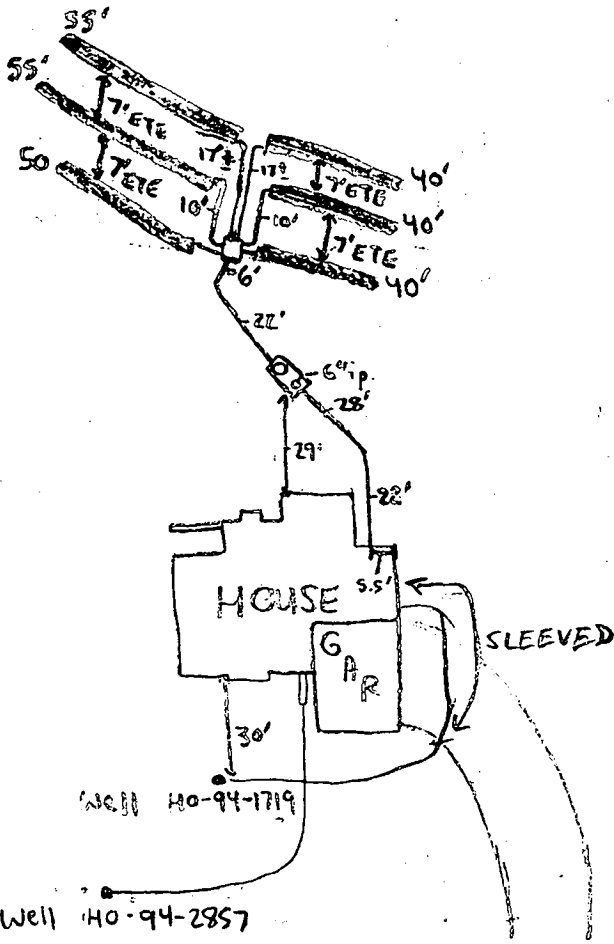
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

57659-S

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 5'
 TRENCH BOTTOM DEPTH 7'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 6
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 840 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 T.S. GALLONS
 MANHOLE RISER On Rear of Tank
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

HUNTFIELD DRIVE

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 5/26/00-OK TO COVER ALL WORK - (SRV)

5/30/00 WELL LINE/PITLESS AD. OK 3-4' B.G.

2-PC CAP & CONDUIT OK, SLEEVED LINE UNDER PARKING PAD (MR)

INSPECTOR Steven R. Kueg

DATE SYSTEM APPROVED 5/26/00

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
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 WINCHESTER HOMES, INC

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

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meinen

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

PROPERTY LOCATION:

SUBDIVISION (PRINCE PROPERTY) HUNTERBROOKE LOT NO. 18

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

TAX MAP 46 PARCEL # 360 & p/o 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family - 4 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SEWER PERMIT SEARCHED AND RETURNED
2/25/2000
Serial # B00122417

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 F. Meinen
(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

82

bright red
pink
SiSALM

5.0 pink
SiSALM
micaceous
10% Rx

11.0 bright
orange
SiLM

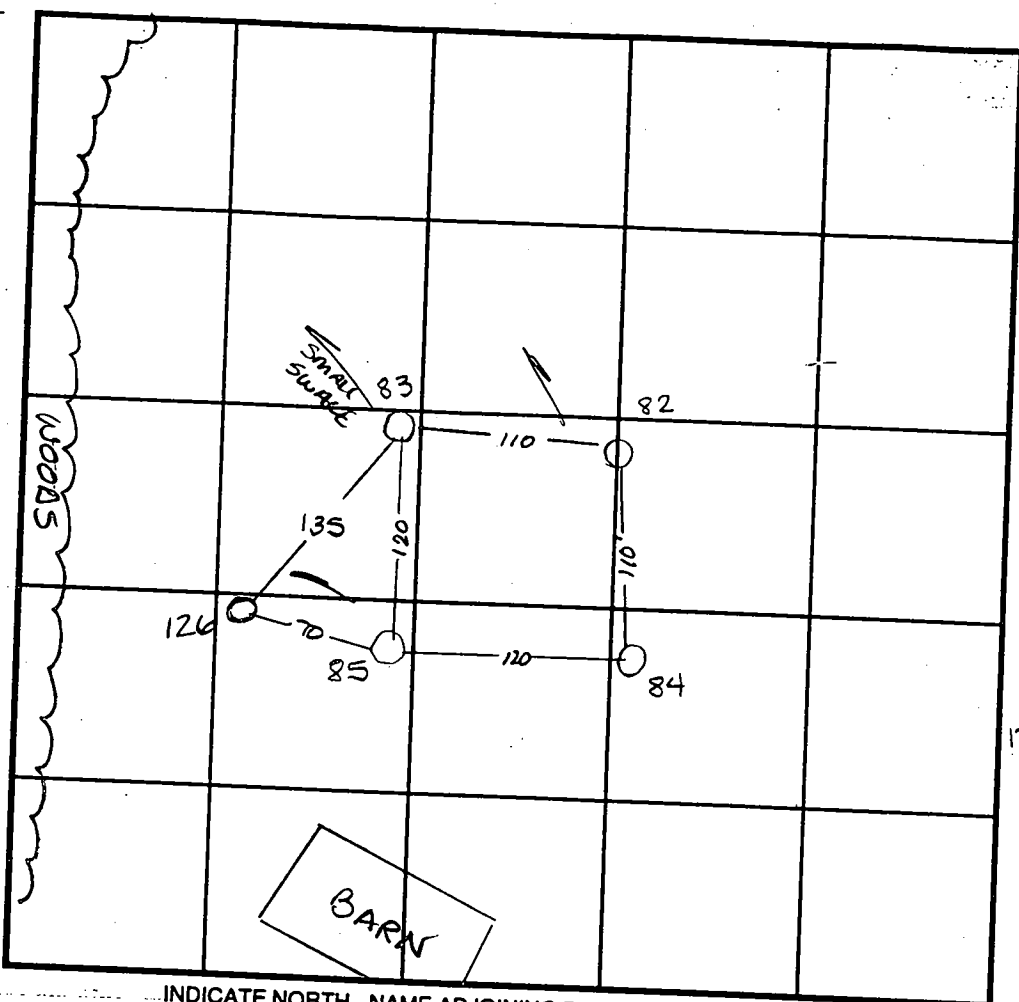
12.0

SOIL PROFILE

126

No distinct
clay
layer
lt
pink
SiSALM
< 5%
Saprolite

12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

84 85
dark red
SiCLM

5.0 dark red to pink
SiSALM
micaceous
10%
Saprolite
shale
mix

11.0

83
like
84 &
85
but
20%
decayed
shale
Saprolite
MIX

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-7-97	82	6.0 V12.0	10:48	10:52	10:52	11:04	12 min
	83	6.0 V12.0	10:34	10:36	10:36	10:38 ³⁰	2 1/2 min
	84	6.0 V11.0	10:22	10:23	10:23	10:25	2 min
	85	6.0 V11.5	10:29	10:31 ³⁰	10:31 ³⁰	10:35	3 1/2 min
9-11-97	126	5.5 V12.0	10:11	10:11 ³⁰	10:11 ³⁰	10:13	1 1/2 min

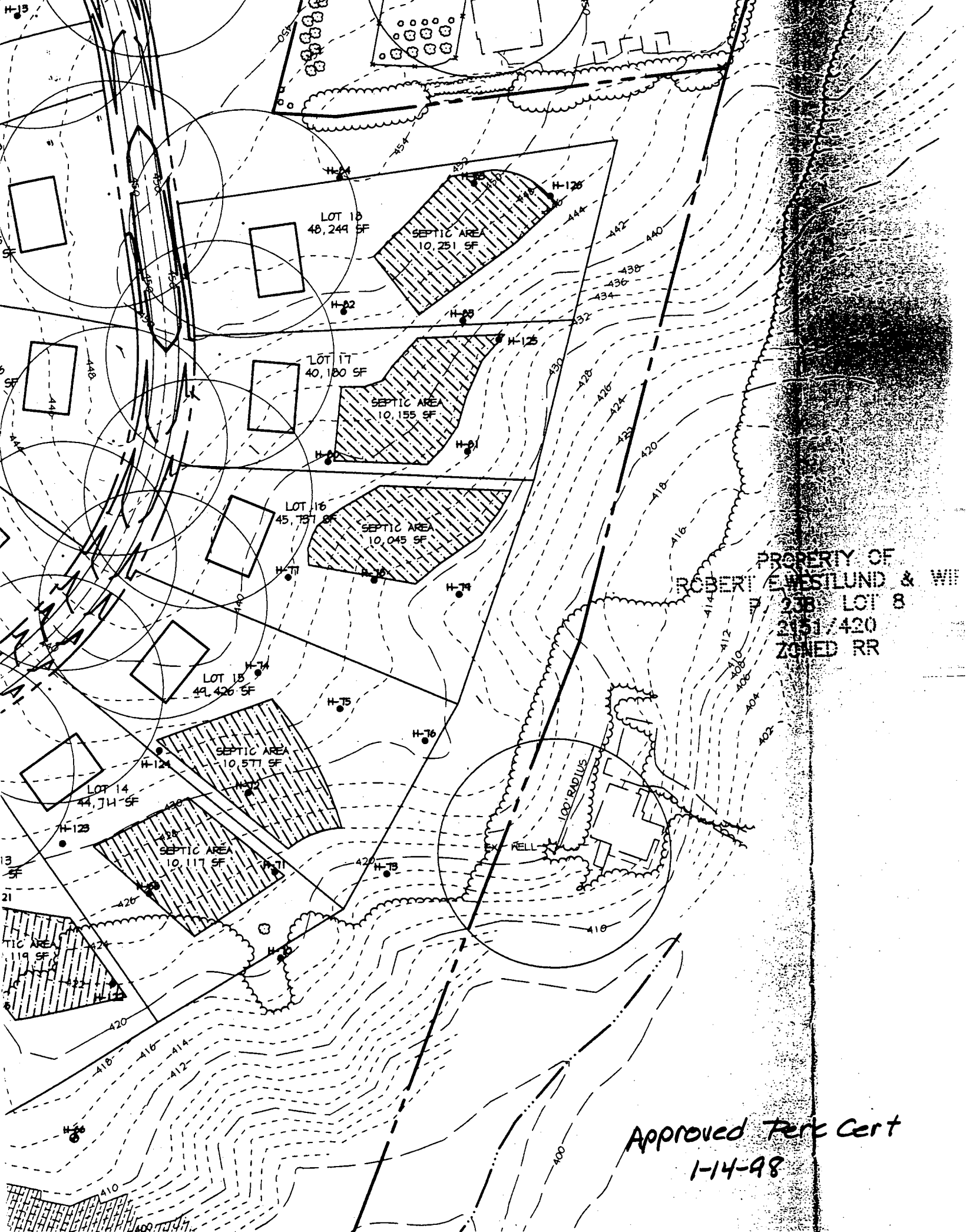
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

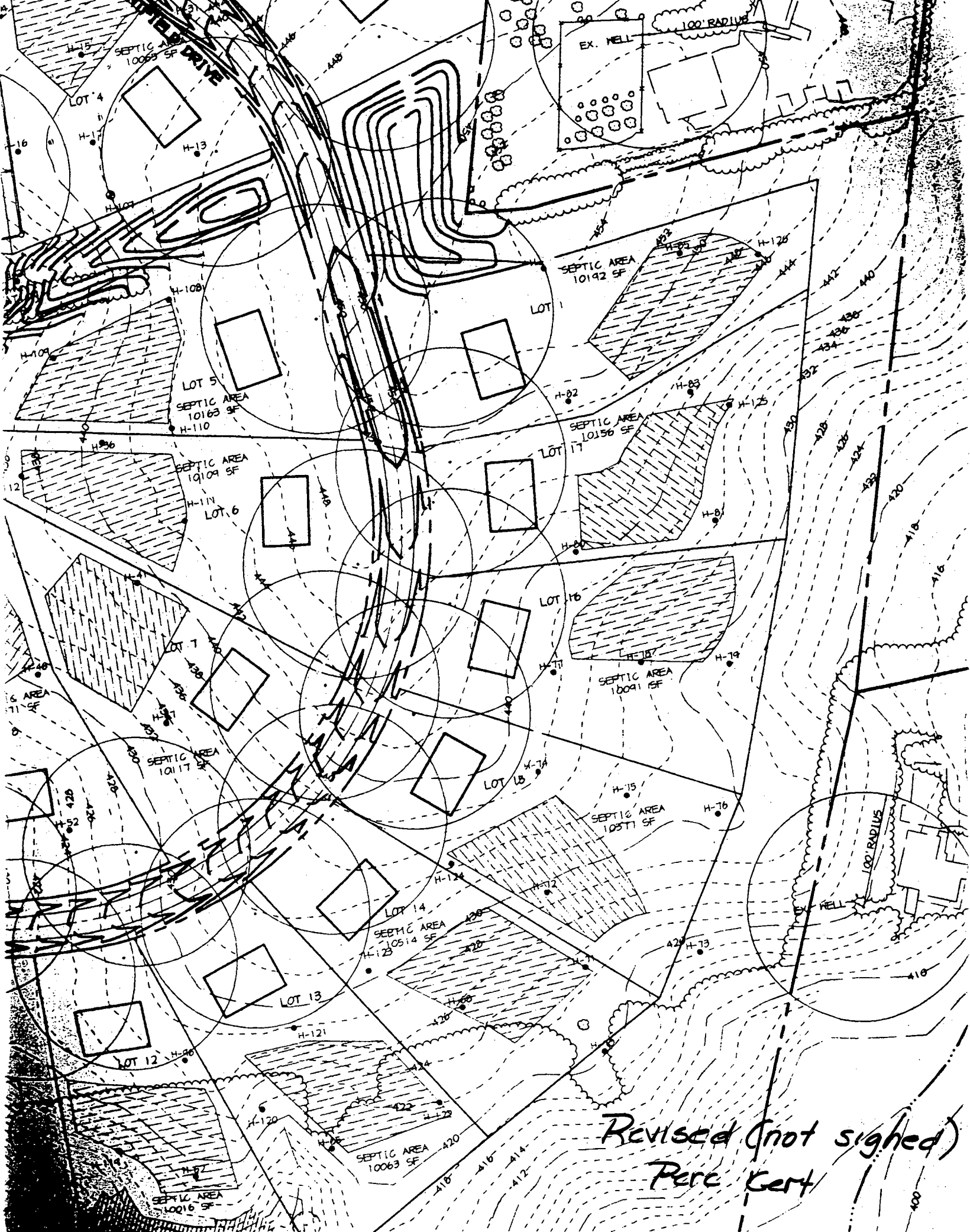
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____

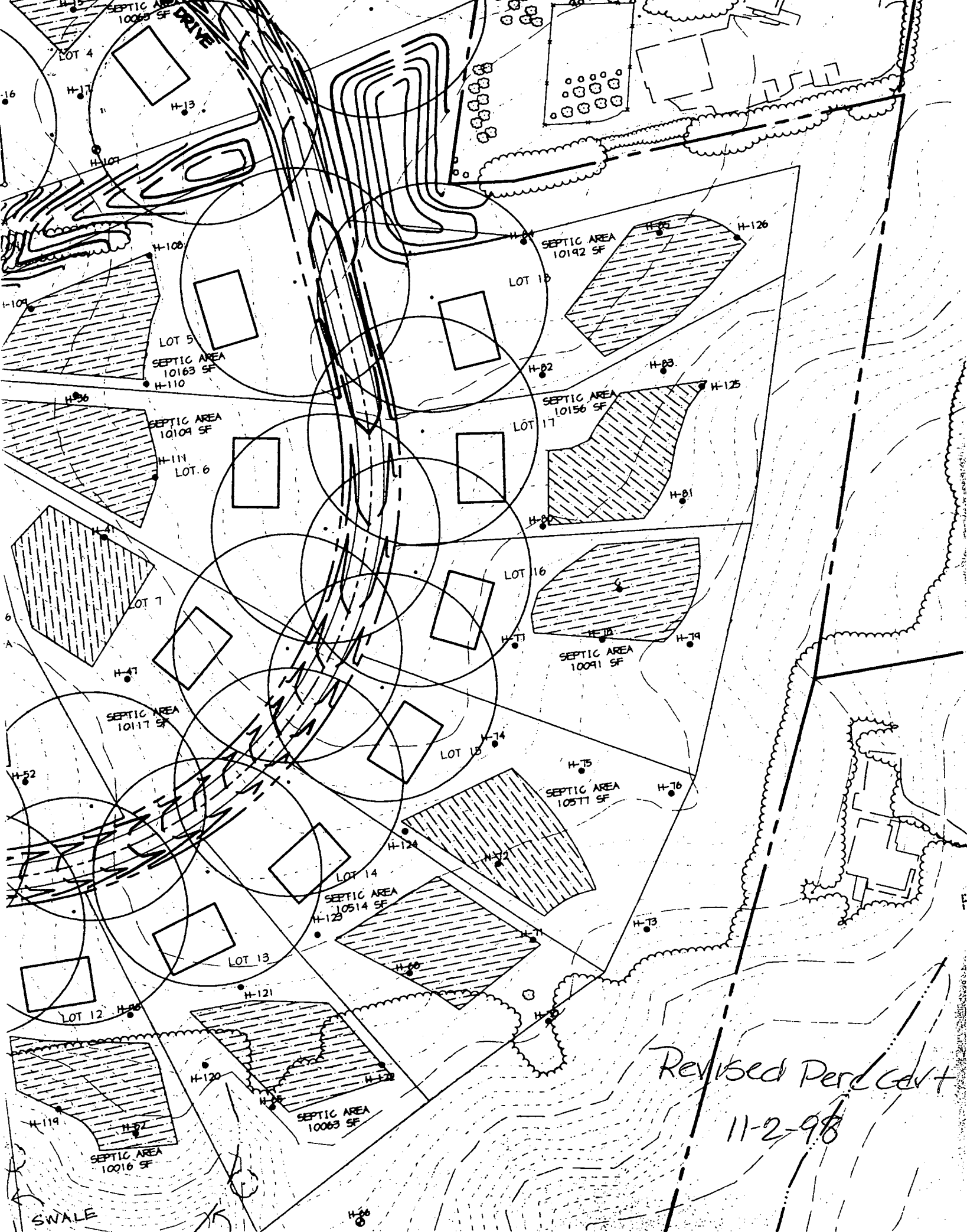


PROPERTY OF
ROBERT WESTLUND & WIFE
238 LOT 8
2151/420
ZONED RR

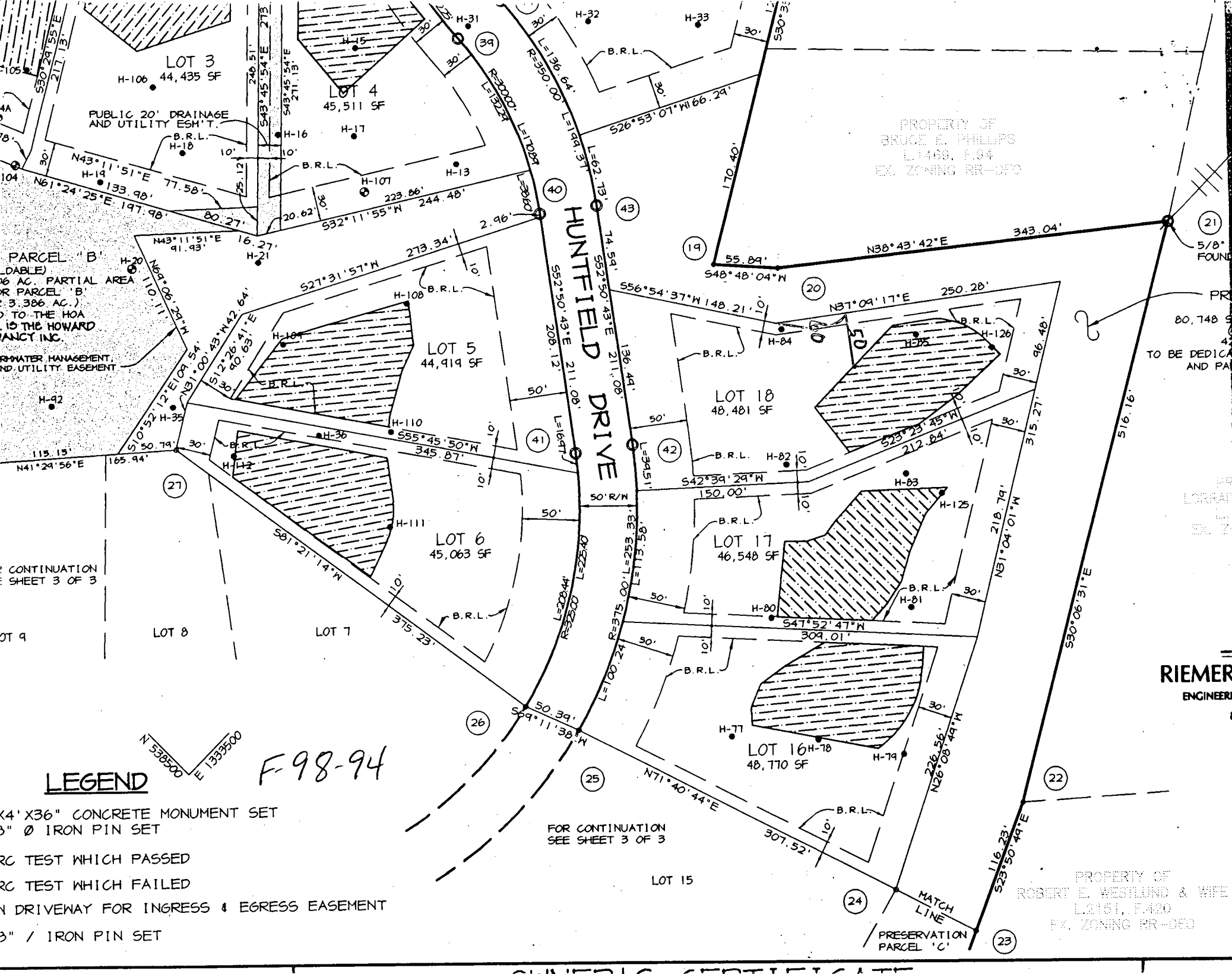
Approved Perc Cert
1-14-98



Revised (not signed)
Perc Kert



Revised Perc covt
11-2-98



PROPERTY OF
BRUCE E. PHILLIPS
L1488, P.34
EX. ZONING RR-DEO

80,748 S
4
TO BE DEDICA
AND PA

RIEMER
ENGINEER

PROPERTY OF
ROBERT E. WESTLUND & WIFE
L2181, P.420
EX. ZONING RR-DEO

LEGEND

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

F98-94

FOR CONTINUATION
SEE SHEET 3 OF 3

MATCH
LINE
PRESERVATION
PARCEL 'C'

PARCEL 'B'
(DABLE)
6 AC. PARTIAL AREA
OR PARCEL 'B'
(3,386 AC.)
TO THE HOA
IS THE HOWARD
FRANCY INC.

WATER MANAGEMENT
AND UTILITY EASEMENT

CONTINUATION
SHEET 3 OF 3

LOT 9

LOT 8

LOT 7

LOT 6
45,063 SF

LOT 5
44,919 SF

LOT 4
45,511 SF

LOT 3
44,435 SF

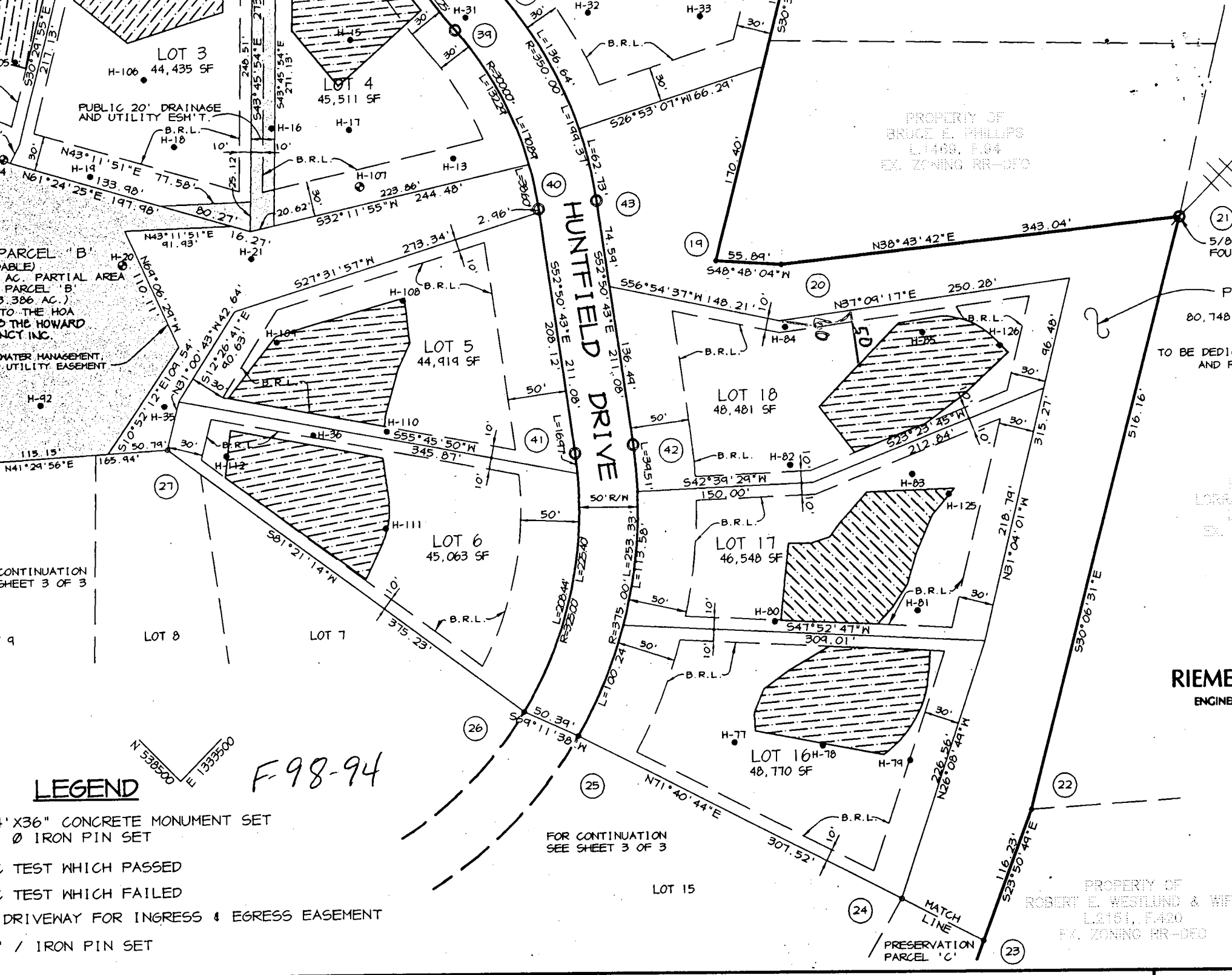
LOT 18
48,481 SF

LOT 17
46,548 SF

LOT 16
48,770 SF

LOT 15

HUNTFIELD DRIVE



To Steve

410-313-2648

6/7/00

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

~~461-0023~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 5-30-00

Name of Installer Lester C Simmons Jr.

Telephone 301-831-7057

License Number AWD0611

Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner Winchester Homes

Telephone _____
Subdivision _____ Lot # 18 Well Tag # HC-94-1719

Site Address 8109 Huntfield Dr.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Maitinson
- 2. Model # B-10X
- 3. Depth 3 1/2

2. Make Gould

3. Model # 56510422

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 _____

Tank

- 1. Capacity 80
- 2. Pressure relief valve? yes

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 500 ft.
- 2. Yield 5 GPM
- 3. Static water level _____ 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.

5/30/00 - WPI OK ^{SRU} MR

Signature of Applicant: Lester C Simmons Jr.

Date: 5-30-00

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

HOUSE INV. 443.10
 S.T. IN 442.50
 S.T. OUT 442.17
 PUMP TANK 442.00
 D.B. INV. 447.00

total linear feet of trench required 280 feet
 width of trench (es) 3 feet
 depth of trench (es) 7 feet
 depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

Mark E. Pelton 2/25/00
 Date

NOTE: BASE INFORMATION TAKEN FROM RIEMER MUEGGE & ASSOCIATES, INC. SITE DEVELOPMENT PLAN DATED 1/27/99 *

LOT 18

HUNTERBROOKE

SEPTIC DATA

INV. OUT OF HOUSE = 443.10
 INV. INTO SEPTIC TANK = 442.50
 INV. OUT SEPTIC TANK = 442.17
 INV. INTO PUMP TANK = 442.07
 INV. INTO DIST. BOX = 448.00
 EX. ELEV @ DIST. BOX = 451.70

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
 LAND SURVEYORS
 P.O. Box 10
 New Market, MD 21774-0010

10120 A Old National Pike
 Ijamsville, MD 21754-9706

(301) 865-5858
 Fax: (301) 865-5111

DATE: 2/9/00

PROJ. NO.: 00010.22

DRAWN BY: JMZ

SCALE: 1" = 50'

Building Address 8109 Huntfield Drive
Fulton MD 20709

Suite/Apt. #: N/A SDP/NWP/Patition #: N/A

Census Tract 6051.02 Subdivision HUNTERBROOKE

Section N/A Area N/A Lot 18

Tax Map 46 Parcel 360 Grid 2

Zoning RR-26 Map Coordinates 18 6 5 Lot size

Property Owner's Name WINCHESTER HOMES, INC.
 Address 6305 IVY LANE SUITE 800
 City GREEN BELT State MD Zip Code 20770
 Home Phone 301 489-1144 Work Phone 301 489-1144
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 301 489-1144 Fax 301 474-0898

Existing Use VACANT
 Proposed Use SINGLE FAMILY RESIDENTIAL
 Estimated Construction Cost \$ 160,000

Description of Work Brownings/1st 3 car garage
Rear sunroom 2 story, finished bsmt.
3 FA 1 HB 4 BR 10R FC

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 REIDER, MUEEGE ASSOC.
 Contact Person CHRIS REID
 Address 8818 CENTRE PARK DR.
 City COLUMBIA State MD Zip Code 21045
 Phone 410 997-8900 Fax 410 947-9282

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #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 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Carol Viers Print Name CAROL VIERS
 Title/Company PERMIT ADMINISTRATOR Date 2-14-00

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St. _____	45011
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ	<u>2/25/00</u>	<u>Mark Kiffin</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	TOTAL FEES \$ <u>167.35</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>16735</u>
				Validation # _____

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

C 4396

SEQUENCE-NUMBER (MDE USE ONLY) 98

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A576505

ST/CO USE ONLY DATE Received 10-23-98

DATE WELL COMPLETED 10-1-98 Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1719

OWNER Winchester Homes STREET OR RFD Hunter Ln TOWN Fulton SUBDIVISION Hunterbrook SECTION LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Br. Micaceous clay, Br. Micaceous Sandstone, @ Sandstone, Granite, Tan Sandstone, Brown ls, Small Brachms, Granite.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), CEMENT, BENTONITE CLAY, NO. OF BAGS 20, NO. OF POUNDS 2000, GALLONS OF WATER 100, DEPTH OF GROUT SEAL 10 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6 inch), Total depth of main casing (85 feet).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (56, 60, 68 inches).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes handwritten values 110, 83, 500.

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...

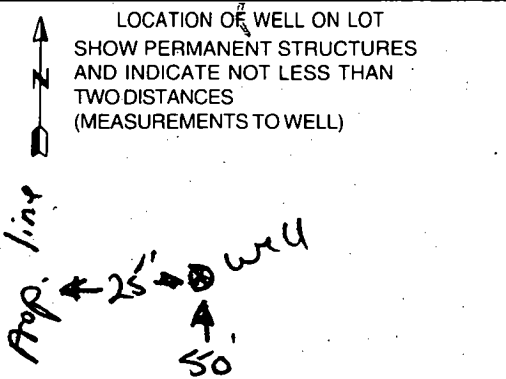
DRILLERS LIC. NO. MV D040, DRILLERS SIGNATURE (George F. Easterday), LIC. NO. MW D 386, SITE SUPERVISOR (sign. of driller or journeyman).

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: HOURS PUMPED (0.6), PUMPING RATE (2 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (28 ft), WHEN PUMPING (177 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. 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).



Front Prop. line

10/1/98

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1719
 Location of property (road) Hunter Drive
 Subdivision Hunterbrook Lot 18 Block _____ Plat _____ Sec. _____
 Well Driller George Easterday Owner Winchester Homes

Depth of well 500 2gpm
 Distance of measuring point (M.P.) above ground 2
 Static water level (S.W.L.) below M.P. 28

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 15
 Total time 30 min to reach pumping water level 154 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	28			15
9:15	112			15
9:30	177			2
9:45	177			2
10:00	177			2
10:15	177			2
10:30	177			2 / 2
10:45	177			2 / 2
11:00	177			2 / 2
11:15	177			2 / 2
11:30	177			2 / 2
11:45	177			2 / 2
12:00	177			2
12:15	177			2
12:30	177			2
12:45	177			2
1:00	177			2
1:15	177			2
1:30	177			2
1:45	177			2
2:00	177			2
2:15	177			2
2:30	177			2
2:45	177			2
3:00	177			2
3:15	177			2
3:30	177			2

B 1 **5489** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1719
 fill in this form completely

Date Received (APA) **08 28 99** OWNER INFORMATION **RN 7585**

8 MM DD YY 13

15 **Wm. Easter Homes, Inc.** Owner First Name 34

36 **6305 Ivy Lane, Suite 200** Street or RFD 55

57 **Greenbelt, Md. 20776** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21 **CC#**

23 SUBDIVISION **Brooke** 42

SECTION 44 46 LOT 48 **18** 50

52 NEAREST TOWN **Fulton** 71

MILES FROM TOWN (enter 0 if in town) **0** M I 73 76.77 78

DRILLER INFORMATION

Driller Name **George F. Easterday** M D License No. **040** 81

Firm Name **Franklin Easterday, Inc.**

Address **9265 Brown Church Rd., MT. Airy, Md. 21774**

Signature **George F. Easterday** Date **9/26/99**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **Hunter Drive** NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **50** 37 DISTANCE FROM ROAD ENTER FT OR MI **38** 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **5** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard CO** COUNTY NO. **A 576595**

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **090298** A **7/16/00** **9/2/99**

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID **000** EAST GRID **000**

50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 **AIR-ROTARY** AIR-PERCussion ROTARY (Hydraulic Rotary)

37 **CABLE** REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER **54** G A P 63

FORCE **AU** WRITE INITIALS IN BOX PERMIT No. **HO-94-1719**

67 68 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.
2. **wells**
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820** 000 000

N **470**

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

9/30/98 grant

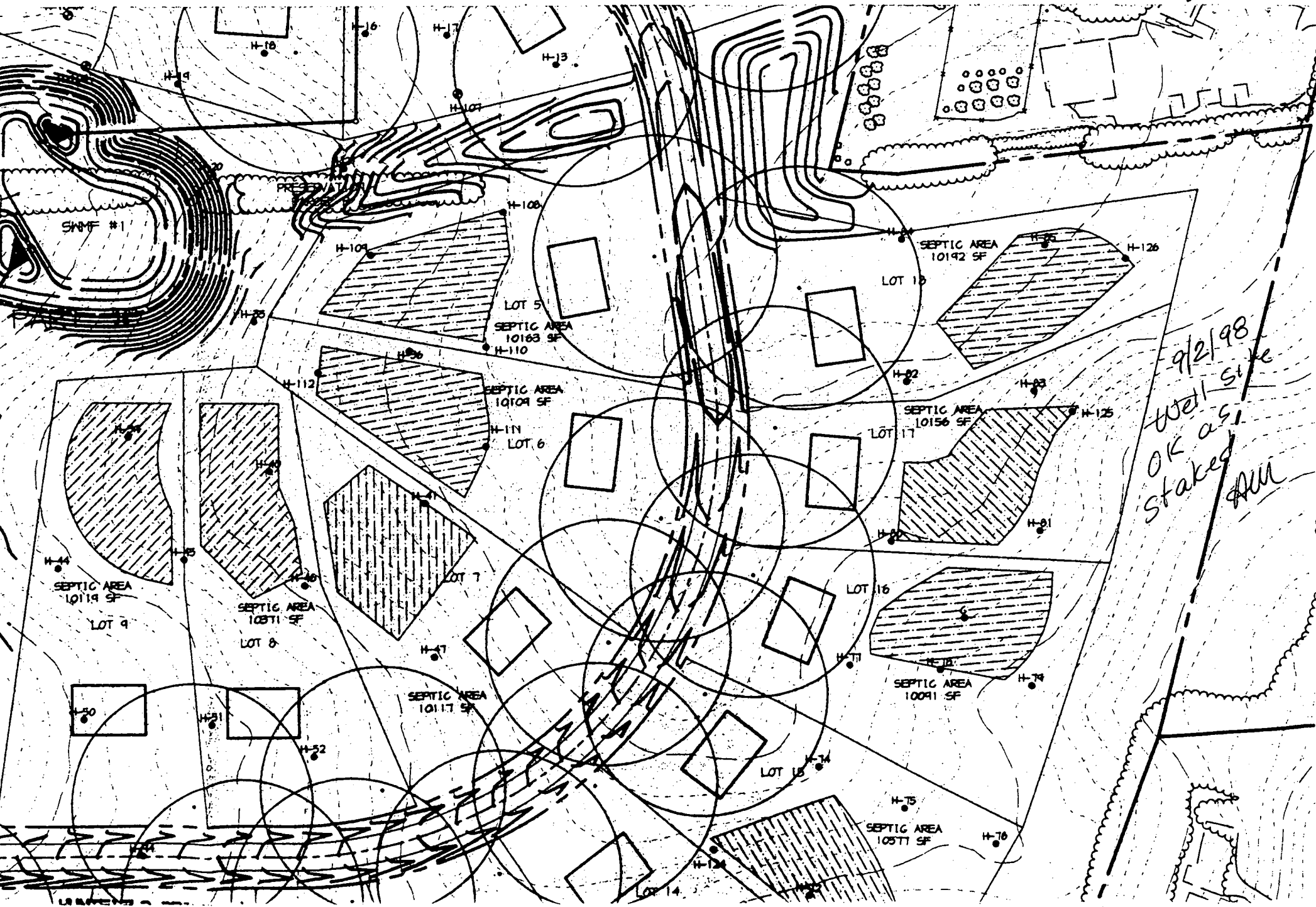
NOT done @ time of insp AS

Lena Kilm

Hunter Drive

MAP 18 G5

RECEIVED



9/2/98
well size
OK as
staked
AM

C1 08037

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A57659S

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11/22/00

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2857

OWNER: Glueck, Kenneth; STREET OR RFD: HUNTFIELD DRIVE; TOWN: FALTON; SUBDIVISION: HUNTERBROOK; SECTION: ; LOT: 18

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 stone & shale, mica, Tan mica, M.A.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 32 NO. OF POUNDS 3200

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE: S+ Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 90

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

SCREEN RECORD screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) 88 400

SCREEN RECORD grid with depth markers: 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12

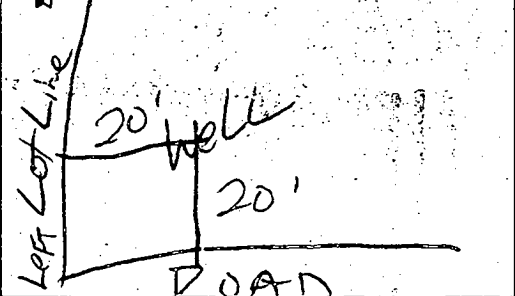
METHOD USED TO MEASURE PUMPING RATE: Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 121 ft.

TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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

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



NUMBER OF UNSUCCESSFUL WELLS:

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MW 0040 DRILLERS SIGNATURE: Dennis J. Kusterberg LIC. NO. 1 AW D 328

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

B 1 01477

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2857 fill in this form completely

W51426 please print or type

Date Received (APA) 9/18/00

OWNER INFORMATION 8394

B 3

LOCATION OF WELL

Glueck Kenneth 8109 Huntfield Drive Fulton, Md 20759

Howard Hunterbrooke 18 52 NEAREST TOWN FULTON

DRILLER INFORMATION

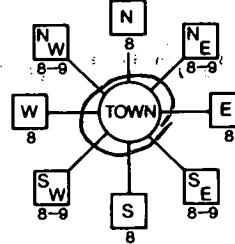
George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21774

B 4

8109 Huntfield Drive

WELL INFORMATION 5 APPROX. PUMPING RATE 500 AVERAGE DAILY QUANTITY NEEDED 14

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD 8109 HUNTFIELD DRIVE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 50 FT

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 A576595 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/19/00 CO SIGNATURE EXP. DATE 9/19/01 NORTH GRID 470 000 EAST GRID 820 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

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 DEEPEAN AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

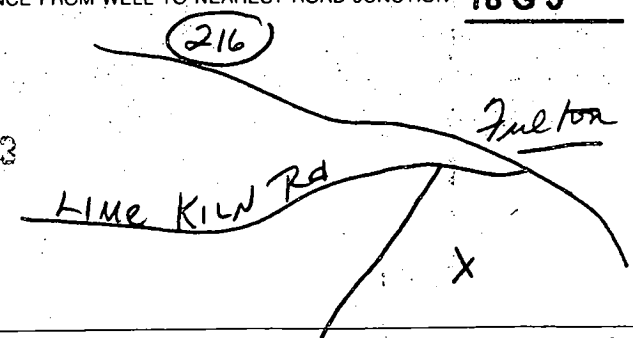
SOURCES OF DRILLING WATER

- 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 470

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 1865

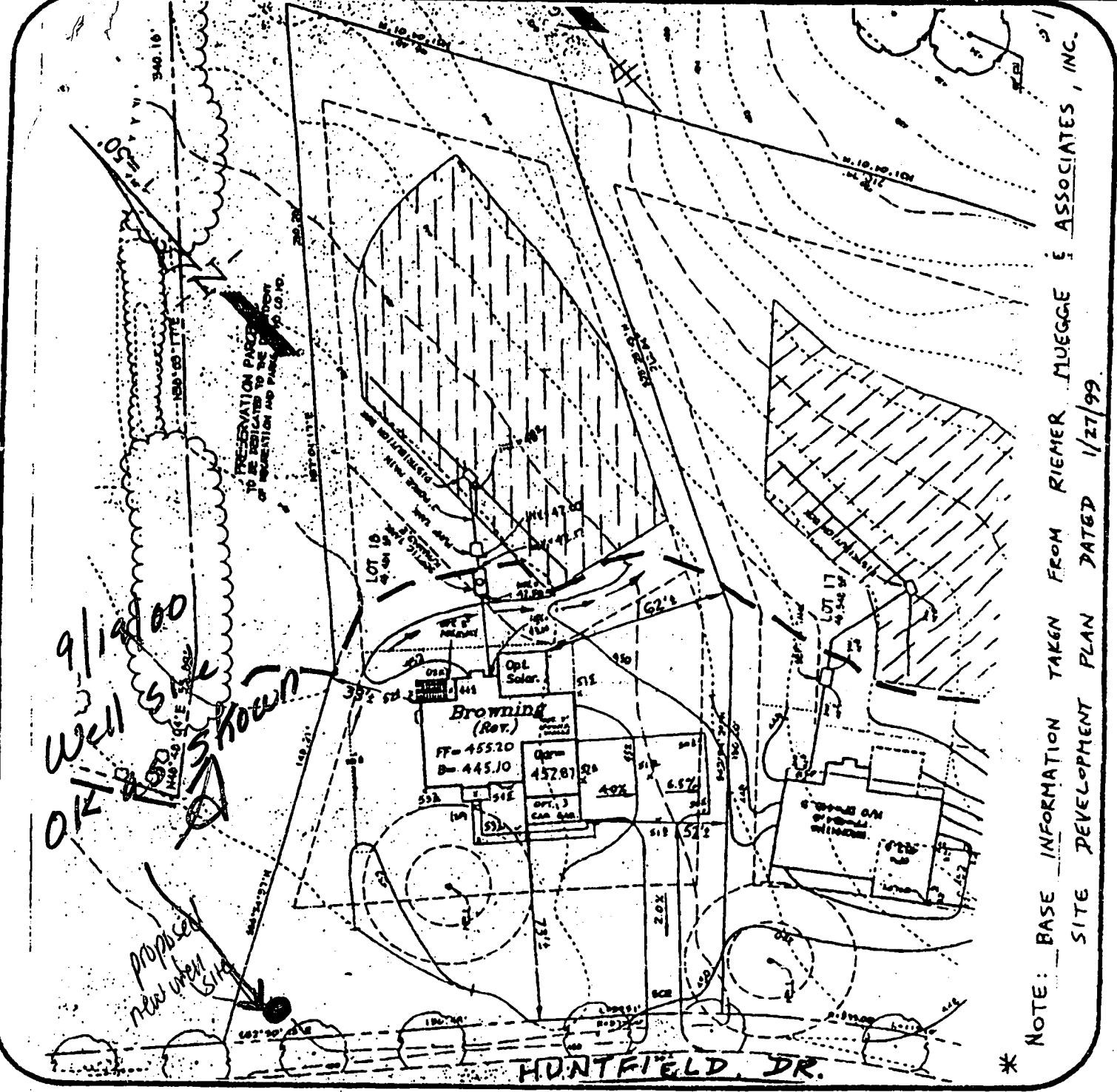


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-2857

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LOT 18

SEPTIC DATA

INV. OUT OF HOUSE = 443.10
 INV. INTO SEPTIC TANK = 442.50
 INV. OUT SEPTIC TANK = 442.17
 INV. INTO PUMP TANK = 442.07
 INV. INTO DIST. BOX = 448.00
 EX. ELEV @ DIST. BOX = 451.70

R.M. MOCHI GROUP, P.C.

P.O. Box 10
 New Market, MD 21774-0010

10120 A Old National Pike
 Ijamsville, MD 21754-9706

(301) 865-5858
 Fax: (301) 865-5111

HUNTERBROOKE

DATE: 2/9/00

PROJ. NO.: 00010.22

DRAWN BY: JMZ

SCALE: 1" = 50'



HOWARD COUNTY HEALTH DEPARTMENT

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

December 26, 2000

Kenneth Glueck
8109 Huntfield Drive
Fulton, MD 20759

RE: **Residential Irrigation Well Issues**
Hunterbrook, Lot 18
Well Permit #: HO-94-2857

Dear Mr. Glueck:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form and submit it to this office via fax or mail after the pump has been placed into the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2669. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

Enclosure

cc: Community Environmental Health Program
File ✓