

PERMIT

Needs Pump Test

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511432

A 57762

DISTRICT _____

DATE 2/23/99

DATE SYSTEM APPROVED 4/30/99

INSPECTOR S.R.K.

3/29/99
2:00
3/30/99
WPI
4/30/99 10:00

HOWARD COUNTY HEALTH DEPARTMENT

326462

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13775 Triadelphia Road Glenelg, Maryland 21737 PHONE (410)988-9270

SUBDIVISION Woodford's Grant II LOT 1 ROAD 11381 Barley Field Way

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS _____

TOP SEAMED SEPTIC TANK

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

PUMPED SEPTIC SYSTEM

INSTALL: 1-1000 Gallon Top Seamed Pump Chamber.

- NOTES:
- Septic pump detail to be provided by installer prior to issuance of septic permit.
 - Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 320 feet down the left lot line and 15 feet in off this same lot line as seen when facing the lot from Barley Field Way. Run trenches on contour in both directions.

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

PLANS APPROVED BY Kimberly Maiste DATE 11-04-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

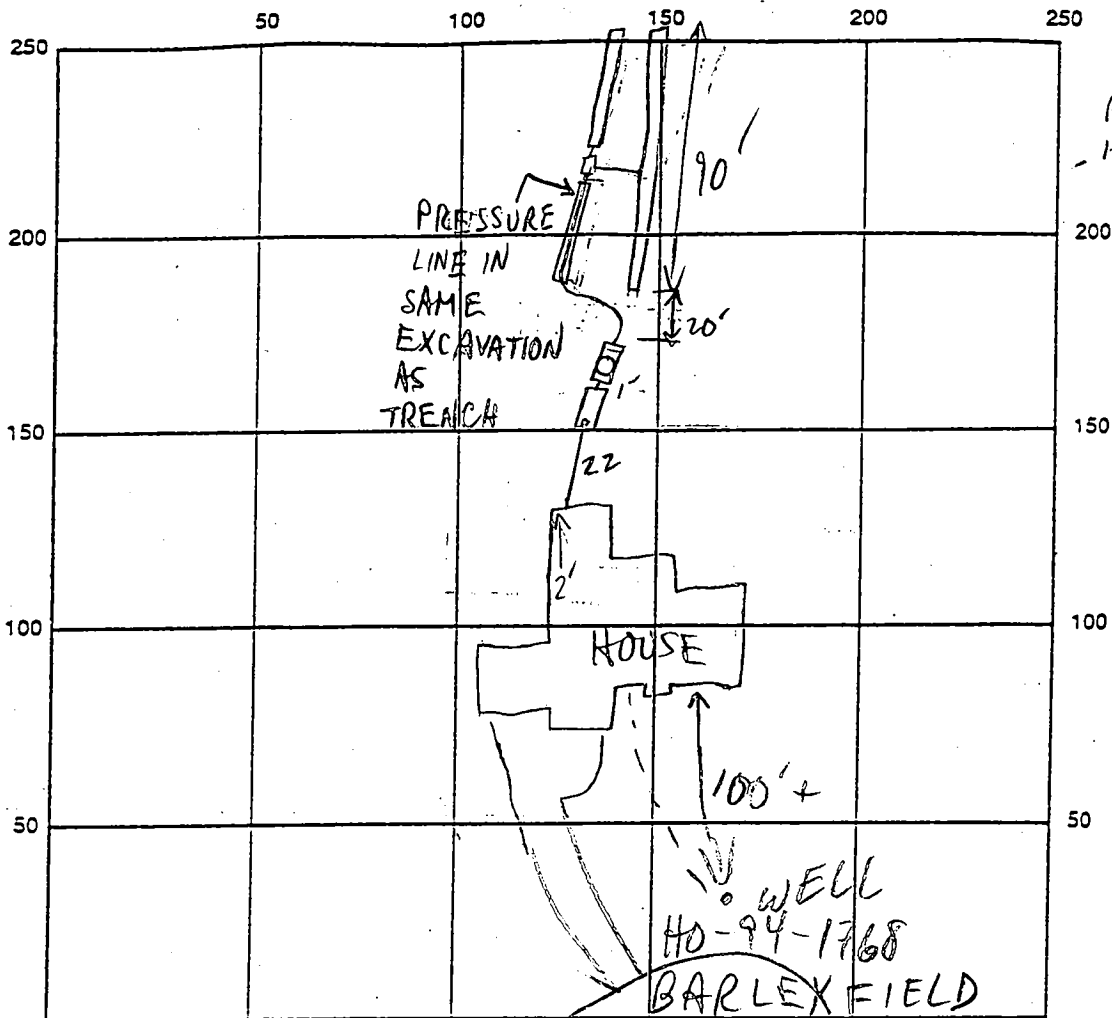
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

57762



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2 TANKS EACH 1000 GAL TOP-SEAMED CLEANOUTS 8" @ S.T. MH @ PUMP PIT

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2 @ 90 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 2 @ 270 SQ. FT.

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

ABSORBENT AREA 540 SQ. FT.

REMARKS: 3/29/99 OK TO COVER TRENCHES & TANKS; CALL FOR PUMP INSP (MR)

4/30/99 PUMP INSPECTION OK - PUMP OK & HIGH WATER ALARM OK S.R.K.

31

DATE SYSTEM APPROVED

4/30/99

INSPECTOR

Steven R. Krieg

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

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

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

DIVISION _____ LOT NO. 25

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

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

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.

Fred
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR PLAT MR 2/10/97

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 #

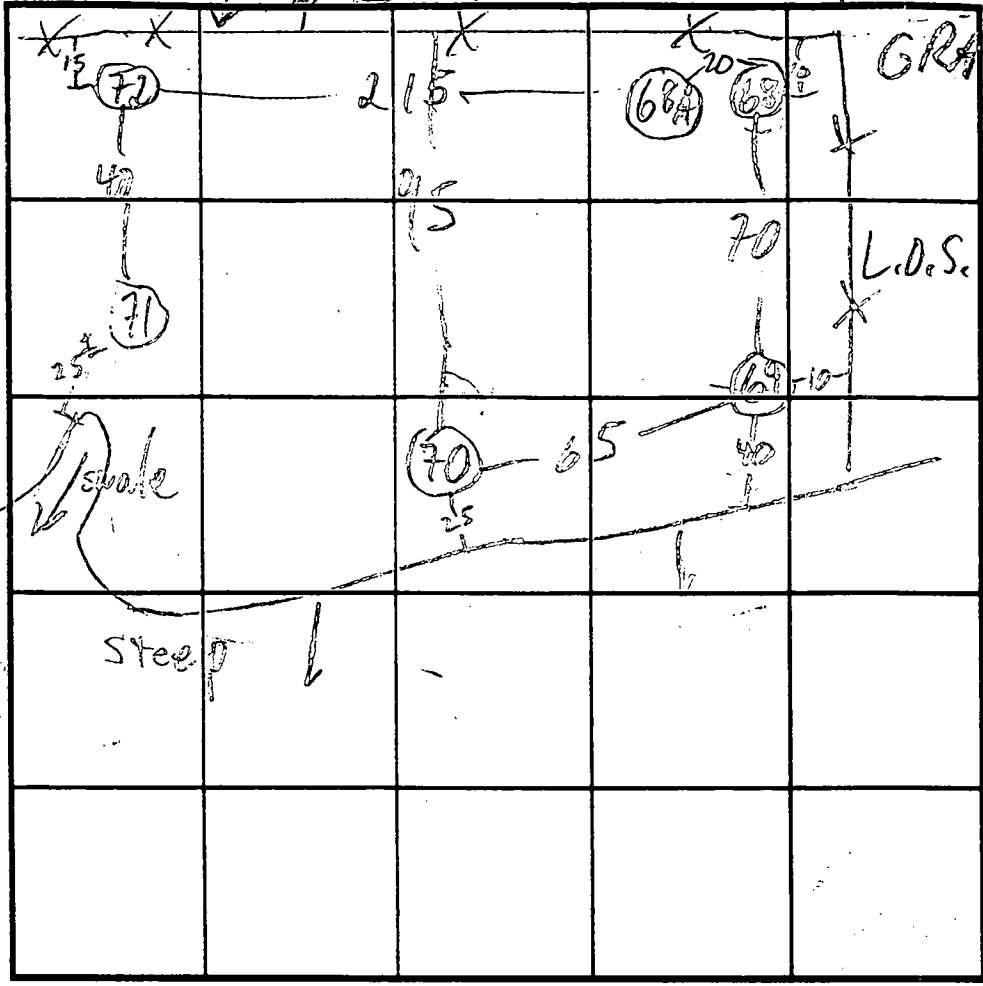
SOIL PROFILE

71
brn sa
cl lm
brn tan
sa lm
mica sa
lm
15-20%
quartz
other frags

72
brn
sa lm
mica sa
lm
mica sa
lm
org c

brn
sa lm
15%
frags

70 69
brn
sa cl
lm
10-15%
frags
brn
sa lm
10-20%
frags



SOIL PROFILE

68
brn cl
lm
15% frags
brn sa
mica
org c
brn
sa lm
15-20%
frags

68A
brn cl
lm
10%
large fr
brn mica
sa lm

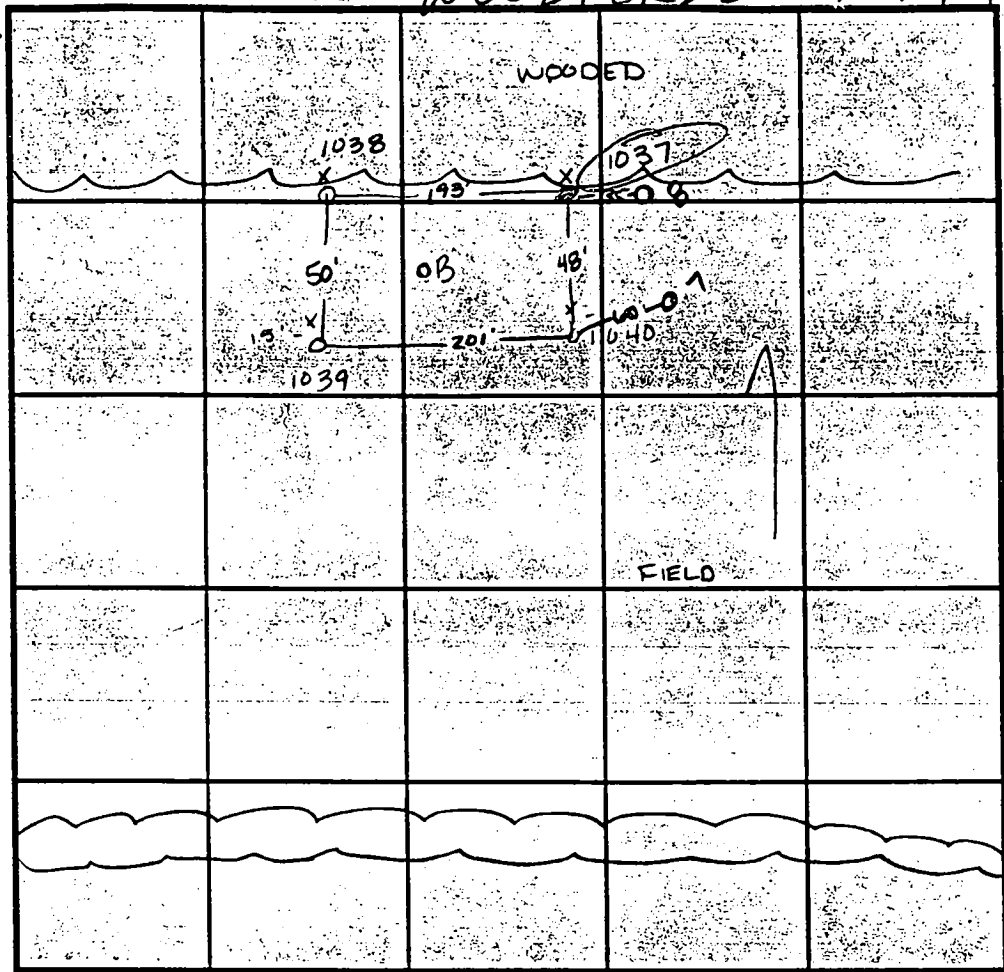
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/97	71 S	5 1/2	10:46	10:45:30	10:46:30	10:47:30	1
	71 V	12 1/2	10:49	10:50	10:50	10:52	2
	72 S	7	10:39	10:40	10:40	10:43	3
	72 V	11'8"					
	72 S ₁	6'	NOT TESTED		SOILS	OBVIOUS	MR
	69 S	6'	11:02	11:03	11:03	11:05	2
	69 V	12'2"					
	70 S	6	11:11	11:12	11:12	11:14	2
	70 V	12'4"					
	68 S	6	11:24	11:33	11:33	11:34	2

REMARKS 68 V 11
 TYPE OF SOIL 68AV 6 ADJ. FOR CL - 40% OK 2 min soils
 TESTED BY McRifkin ALSO PRESENT Hatfield's Jan @ SDC
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3'
 INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT/BEDROOM 180'

WOODFORD'S GRANT I

A 50617 X
COUNTY #



SOIL PROFILE

SOIL PROFILE

1037 1039
brn CSL 10 40
B

1g+ tan SL w/ grey mica shale Saprolite

1038
brn CSL mica

greyish brn SL from parent rock mica shale Saprolite

hard bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-22-94	1037	3' $\sqrt{11}$	1:33 ¹⁵	1:33 ³⁰	1:33 ⁵⁰	1:34 ⁴⁵	1 min
	*1037	repour	1:35 ¹⁵	1:36 ³⁰	1:36 ³⁰	1:38	1 1/2 min
	1040	Visual to 11'					OK
	B	Visual to 12'					OK
	1039	6.5' $\sqrt{12}$	1:43 ¹⁵	1:43 ⁴⁵	1:43 ⁴⁵	1:44 ²⁰	30 sec
	1039	repour	1:44 ⁴⁵	1:45 ³⁰	1:45 ³⁰	1:46 ⁴⁵	1 1/4 min
	1039	3.5' $\sqrt{12}$	1:47	1:49 ¹⁵	1:49 ¹⁵	1:55	5 3/4 min
	1038	2' $\sqrt{9}$	1:50	1:50 ³⁰	1:50 ³⁰	1:50 ⁴⁰	20 sec
	1038	repour	1:51	1:51 ³⁰	1:51 ³⁰	1:52	30 sec
	1038	repour	1:52 ³⁰	1:53	1:53	1:54	1 min

REMARKS

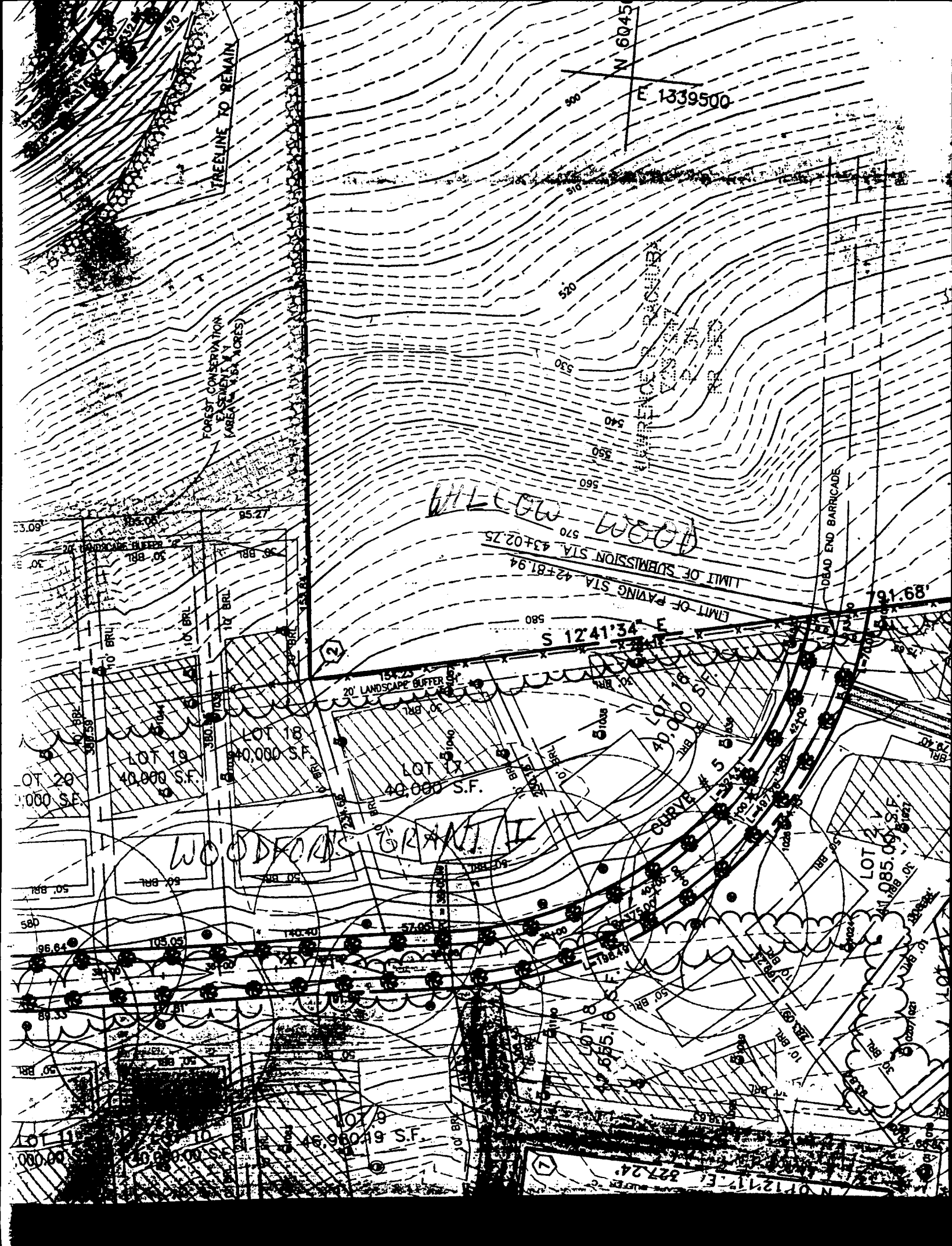
TYPE OF SOIL

TESTED BY Amy McMiller

ALSO PRESENT Ketherman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3'

INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3' SQ. FT/BEDROOM 180 ft²



N 6045
E 1339500

TREE LINE TO REMAIN

FOREST CONSERVATION
EASEMENT
(AREA: 1.54 ACRES)

WARRING ROAD

WILLOW WOOD

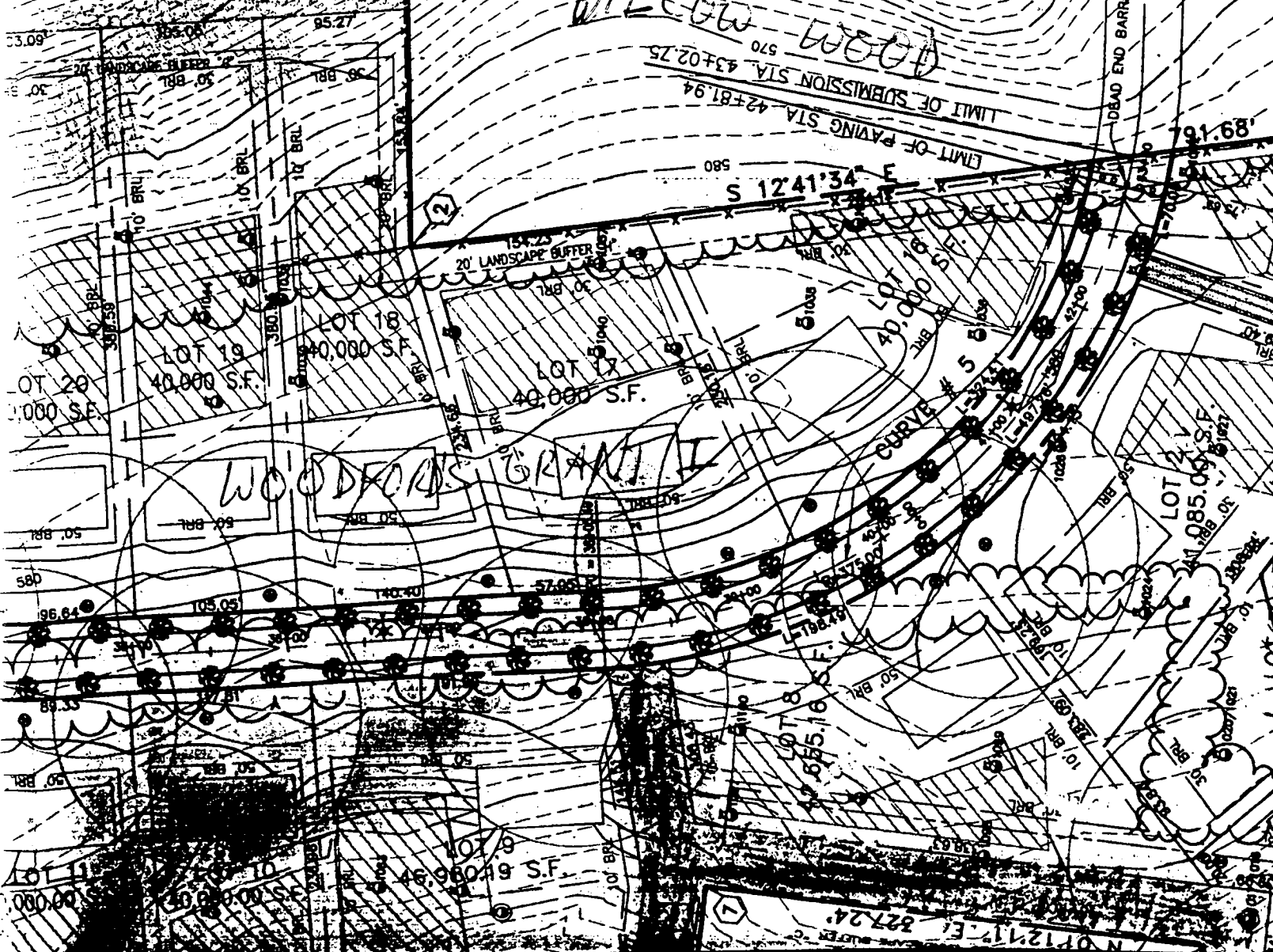
LIMIT OF PAYING STA. 42±81.94
LIMIT OF SUBMISSION STA. 43±02.25

DEAD END BARRICADE

20' LANDSCAPE BUFFER

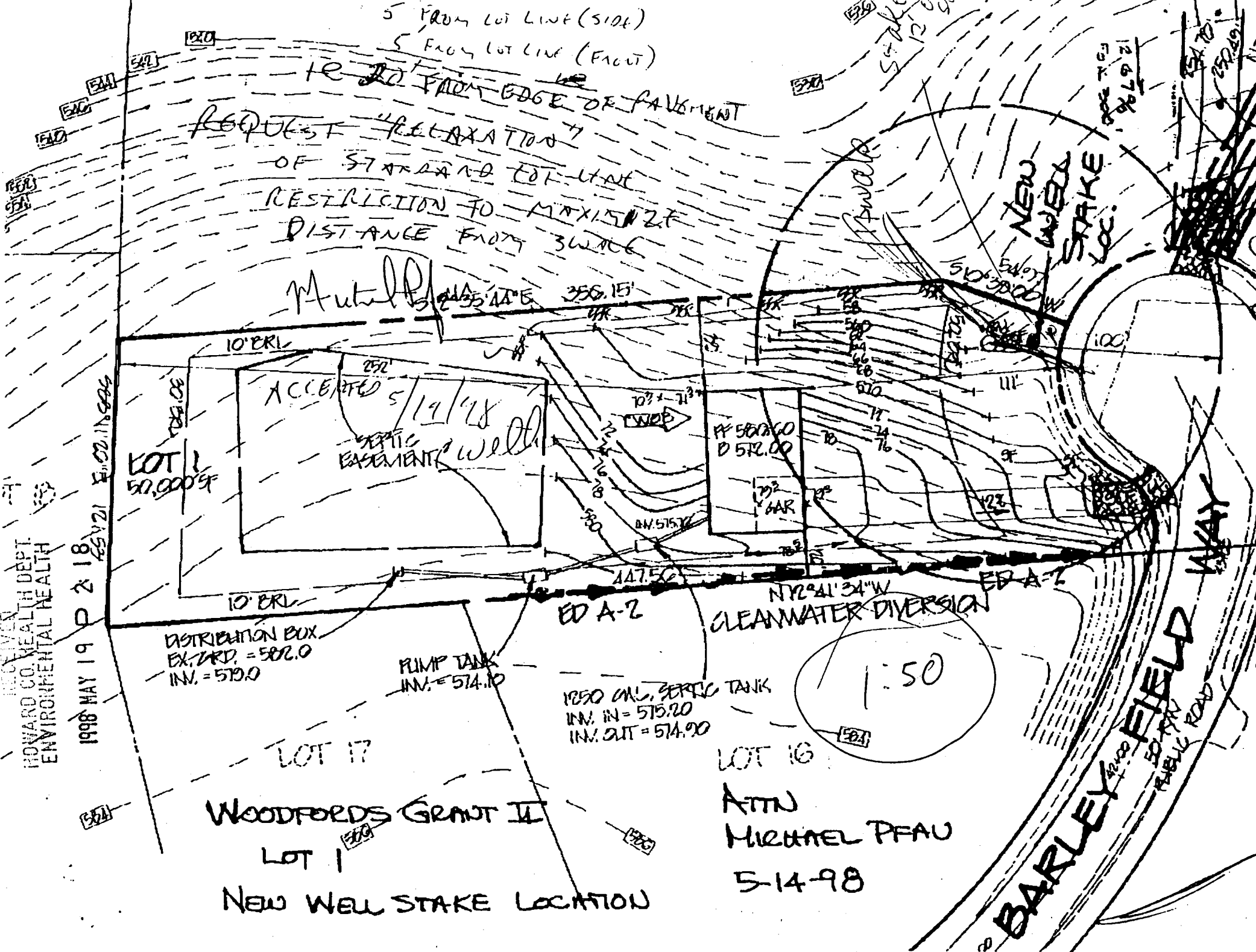
WOODFORDS GRANT II

CURVE # 5



RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH

1998 MAY 19 P 2 18



5' FROM LOT LINE (SIDE)
5' FROM LOT LINE (FRONT)
10' FROM EDGE OF PAVEMENT
REQUEST "RELAXATION"
OF STANDARD LOT LINE
RESTRICTION TO MAXIMIZE
DISTANCE FROM SWAGE

Michael Pfauf

ACCEPTED 5/19/98
SEPTIC EASEMENT Well

DISTRIBUTION BOX
EX. I.R.D. = 502.0
INV. = 519.0

PUMP TANK
INV. = 514.10

1250 GAL. SEPTIC TANK
INV. IN = 515.20
INV. OUT = 514.90

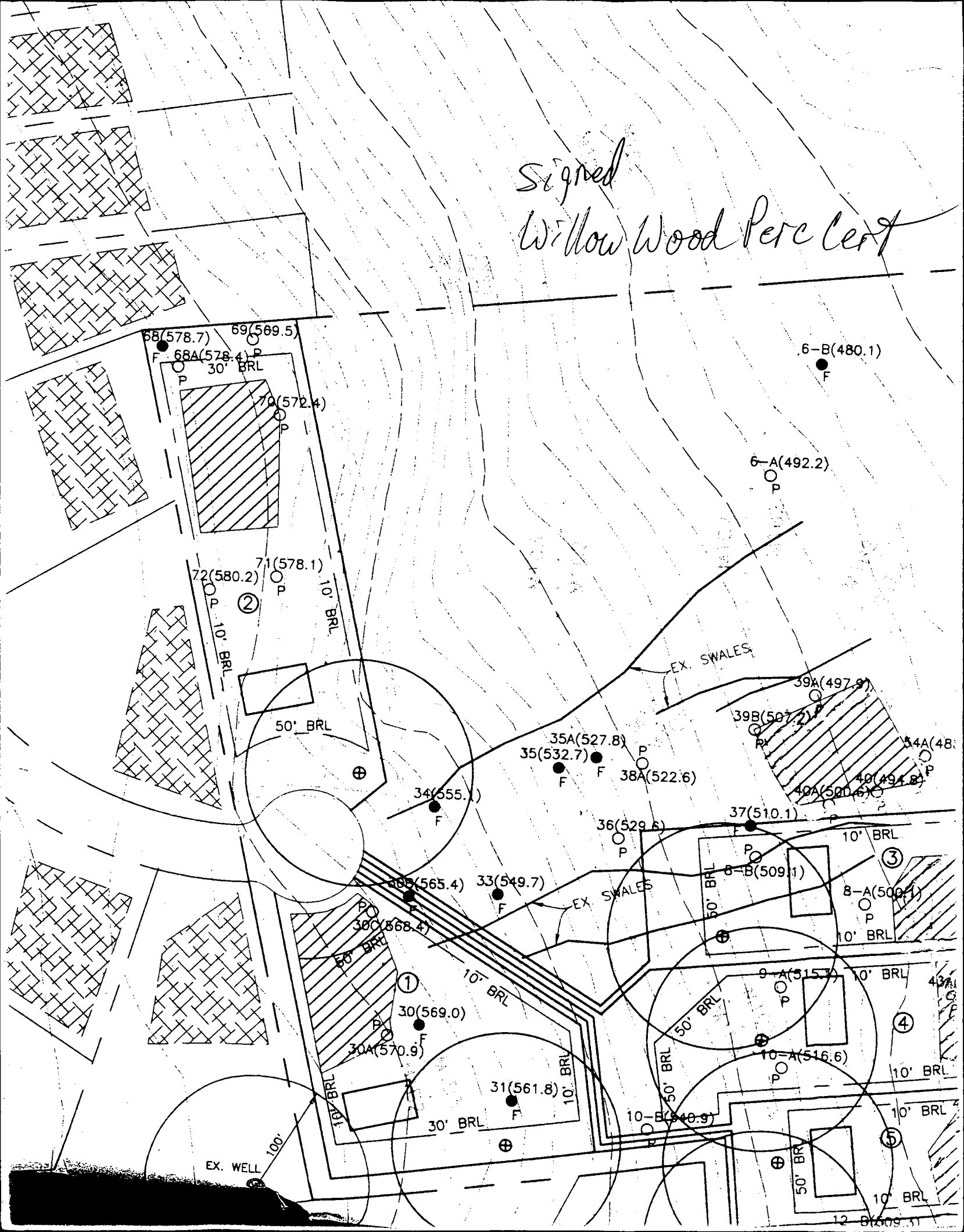
1:50

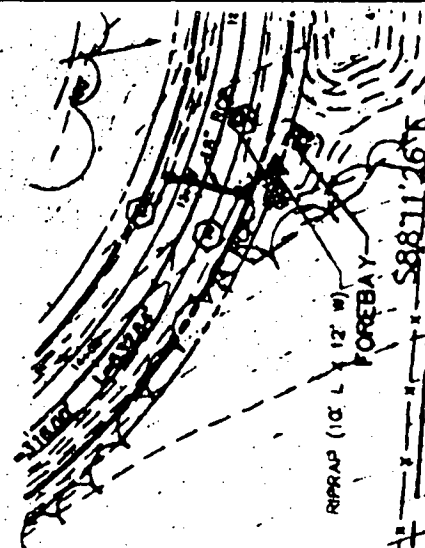
WOODFORDS GRANT II
LOT 1
NEW WELL STAKE LOCATION

LOT 16
ATTN
MICHAEL PFAUF
5-14-98

BARLEY FIELD WAY
PUBLIC ROAD

Signed
Willow Wood Perc Cert





SIGNED
SP-98-04
Bloodford
Grant #

4/28/98 MR
Well site of

4/24/98 MR
Lot 1 Well Not Approved
Prop Loc. Not Per Plan
downslope of septic
Too close to drainage
swale
110' to center of 24'
court

PROPOSED
TREELINE

N. 604500

E. 1339500

LOT 2
48,704 SQ.FT.
LOT 3
47,015 SQ.FT.

25% SLOPE - 35,175 S.F.

CARD BED AREA FOR THE
PURPOSE OF A PUBLIC ROAD
3622 SQ. FT. OR 0.22 ACRES
PROPOSED RETAINING WALL

PRIVATE EASE - IN COMMON
DRIVEWAY EASEMENT
FOR LOTS 2 THRU 8

PRESERVATION
PARCEL A
50,127 SQ.FT. OR ETS-A
EASEMENT TO BE HELD BY
HOWARD COUNTY AND H.C.
(NOT BIDDABLE)

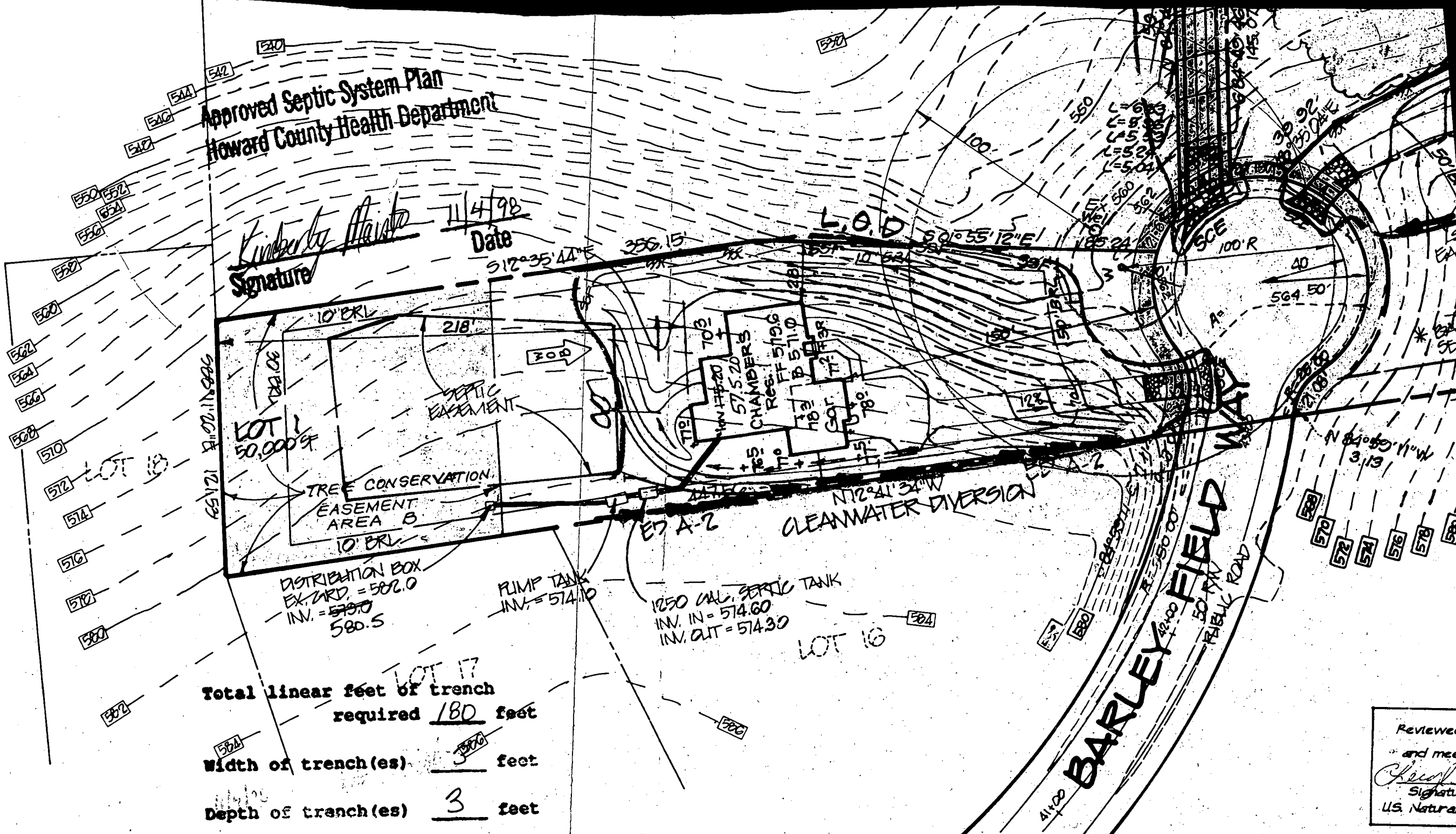
LOT 7
50,000 SQ.FT.

LOT 4
50,000 SQ.FT.

AC 42-PE.S.DWG

Approved Septic System Plan
Howard County Health Department

Kimberly A. Hain
Signature
11/4/98
Date



Total linear feet of trench required 180 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 3 feet
 Depth of stone required below distribution pipe 1.5 feet

Reviewed and meet
Kimberly A. Hain
 Signature
 U.S. Natural

THIS DEVELOPMENT IS FOR SOLID WASTE CONTROL AND CONSERVATION

C 1 **4304** 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.
 COUNTY NUMBER **A57762**

ST/CO USE ONLY
 DATE RECEIVED
10/19/98 YY
 8 13

DATE WELL COMPLETED
 MM **09** DD **2** YY **98**
 15 20
 Depth of Well
 22 **240** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1768
 28 29 30 31 32 33 34 35 36 37

OWNER **Woodfords East LLC**
 STREET OR RFD **Barley Field Way** TOWN **Marriottsville**
 SUBDIVISION **WOODFORDS GRANT II** SECTION **1** LOT **1**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	40	
Sand Stone	40	45	
MICCA	45	85	
Sand Stone	85	90	✓
MICCA	90	220	
Sand Stone	220	225	✓
MICCA	225	240	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **16** NO. OF POUNDS **1600**
 GALLONS OF WATER **96**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **304** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **55**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

C 2 DEPTH (nearest ft.)
 T 1 **HO** **54** **240**
 E A C H S C R E E N
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 S L O T S I Z E 1 2 3
 D I A M E T E R OF S C R E E N (NEAREST INCH)
 56 60
 from to

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

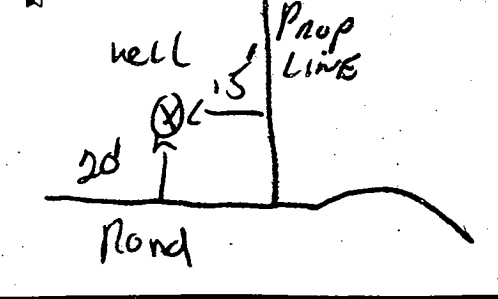
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min) **15**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **87** ft.
 17 20
 WHEN PUMPING **91** ft.
 22 25
 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 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
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE
(-) below } **2** (nearest foot)
 49 50 51

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



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

DRILLERS LIC. NO. **MSD116**
Paul M. Mays
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MSD117**
Paul E. Mays

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

B 1 2409 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1768
fill in this form completely

Date Received (APA) 09/25/98

OWNER INFORMATION

WOODFORD'S EAST LLC
Last Name Owner First Name

6212 DEVON DR.
Street or RFD

Columbia Md 21044
Town State Zip

B 3 LOCATION OF WELL

HOWARD
COUNTY

WOODFORD'S GRANT II
SUBDIVISION

SECTION 1 LOT 1

MARRIOTTSVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

RALPH MAYNE MS D 116
Driller's Name License No.

RALPH MAYNE WELL DRILLING
Firm Name

9120 BROWN CHURCH RD. MT. AIRY
Address

Ralph Mayne 9/24/98
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

BARLEY FIELD ROAD
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25 FT
DISTANCE FROM ROAD

ENTER (F) OR (M) 25

TAX MAP 16 BLK: 16 PARCEL 316

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

Handwritten: 8/29/98 CHH 9/25/98

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

AS7762 COUNTY NO.

STATE SIGNATURE _____ INSERT S: S

DATE ISSUED 09 28 98 Mark E. Pflieger 09/28/98
MM DD YY EXP. DATE

CO SIGNATURE _____

NORTH GRID 543 EAST GRID 0827
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 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

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

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) _____

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

APPROP. PERMIT NUMBER _____ G A P _____

PERMIT No. HO-94-1768

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2. _____

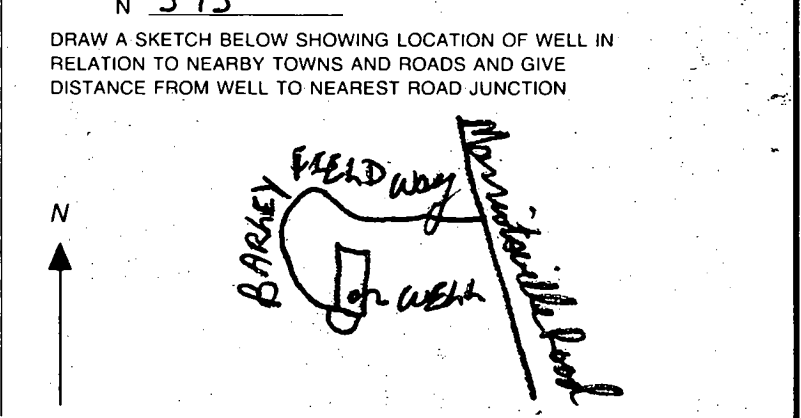
3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 827

N 543

Handwritten: 10/2/98 9:00 No. 10550 A



C1 05033

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER AS7555-A

DATE RECEIVED 4-20-98

DATE WELL COMPLETED 05 27 98

Depth of Well 220

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1535

OWNER Woodfords Grant Woodfords STREET OR RD BARLEY FIELD WAY TOWN Marriottsville SUBDIVISION WOODFORDS GRANVILLE SECTION LOT 1

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

GROUTING RECORD. WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 2. NO. OF POUNDS: 120. DEPTH OF GROUT SEAL: 30.

CASING RECORD. MAIN CASING TYPE: PL (PLASTIC). Nominal diameter: 6. Total depth of main casing: 40.

OTHER CASING (if used). diameter inch, depth feet.

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

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (ABANDONED AND SEALED), 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. 1 M SD 116. DRILLERS SIGNATURE: Ralph M... (MUST MATCH SIGNATURE ON APPLICATION).

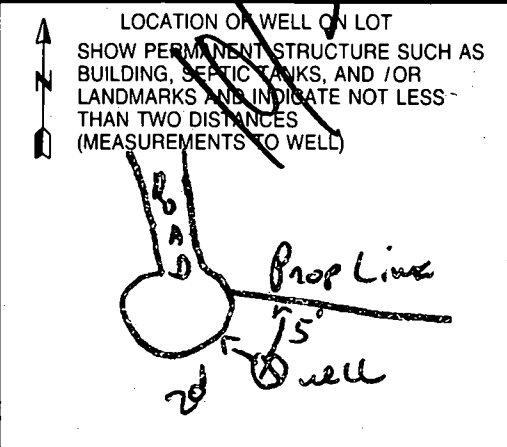
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) table with columns 1-21 and rows A-C. Includes slot size and diameter of screen.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 12. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL: 45 before, 95 when pumping. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP (YES/NO). TYPE OF PUMP INSTALLED: S. CAPACITY: 31 GALLONS PER MINUTE. PUMP HORSE POWER: 37. PUMP COLUMN LENGTH: 41. CASING HEIGHT: 100.



B 1	5448	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1535 <small>fill in this form completely</small>
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Date Received (APA) **04 20 98**

OWNER INFORMATION

8 MM DD YY 13
WOODFORDS EAST LLC

15 Last Name Owner First Name 34
6212 Devon DR.

36 **Columbia** Street or RFD 55
MD. 21044

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 **Howard** COUNTY

23 SUBDIVISION **WOODFORD'S GRAND II**

SECTION **II** LOT **1207**

44 46 48 50

MARIOTT'S VILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** M

DRILLER INFORMATION

Ralph MAYWE MSD 116

Driller's Name 76 License No. 81

Ralph MAYWE Well Drilling

Firm Name

9120 Brown Church Rd Mt Airy

Address

Ralph Maywe 4/15/98

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

BARLEY FIELDS WAY

11 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: **10** BLK: **16** PARCEL **317**

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 **500** 12

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

14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A57555-A COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **04 30 98** **Mark E. Peltin** **4/30/99**

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

NORTH GRID **543 000** EAST GRID **0827 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8207**

N **5443**

000
000

502898

Front (to follow lot?)

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 DEEPEMED AN EXISTING WELL

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

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

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

APPROP. PERMIT NUMBER _____ GAP _____

54 63

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-94-1535**

67 68 70 71 72 73 74 75 76 77 78 79

