

4/7/00 - 4/11/00 AM
Septic C.O.
3:00 - 3:30

RPS# 353315

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 513332
A 58471-D

ISSUE DATE 3-17-2000

APPROVAL DATE 4/17/00

INDEXED

D & W Excavating Contractors, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 3033 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-2195

SUBDIVISION The Woods at Rover Mill LOT NUMBER 1 ADDRESS 13778 Old Rover Road

PROPERTY OWNER Nieberline Homes, Inc. PROPERTY OWNER'S ADDRESS 3551 Cattail Creek Drive

SEPTIC TANK CAPACITY 1250 GALLONS Glenwood, MD 21738

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: As seen from Old Rover Road, place the distribution box 105 feet from the left lot line along Rover Mill Road and 10 feet from the rear lot line. Run trenches on contour to front of lot. (OLD ROVER ROAD) (256.76')

(143.00')

PLANS APPROVED Mark E. Rifkin OK SRK 3/3/00 DATE 2-22-2000

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

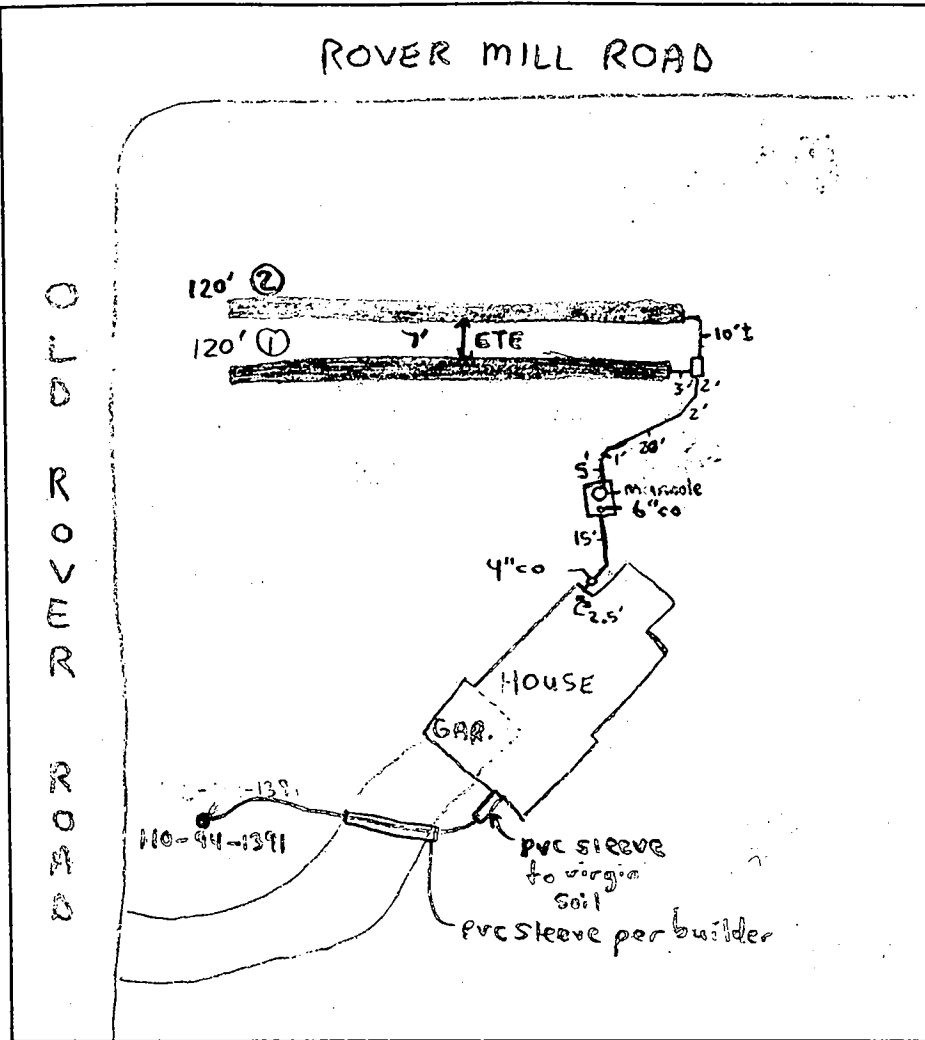
OLD PERMITS SIGNED
AND RELEASSED 8/23/2000
800126103 DECK

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

A58471-D

NOT TO SCALE

ROVER MILL ROAD



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4
 TRENCH BOTTOM DEPTH 6-7
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 Baffles
 MANHOLE RISER
 6 INCH INSPECTION PORT
 4 INCH AT HOUSE

PUMP CHAMBER DATA

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

Mid Seam

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 4/7/00 - OK TO STONE TRENCH ① LENGTH OK, COVER FROM HOUSE TO BOX, KEEP TRENCH ② 7' ETE, OK TO CONTINUE WORK (SRK)

4/11/00 A.M. NO WORK LEFT OPEN FOR INSPECTION DKS 4/17 - SPOKE TO CONTRACTOR. TRENCH ② COVERED BY CONTRACTOR WITHOUT INSPECTION, DISCUSSED WITH CONTRACTOR THAT NO WORK IS TO BE COVERED WITHOUT INSP. HE APOLOGIZED FOR THIS MISTAKE, TRENCH ②'S DIMENSION'S ACCEPTED PER CONTRACTOR (SRK)

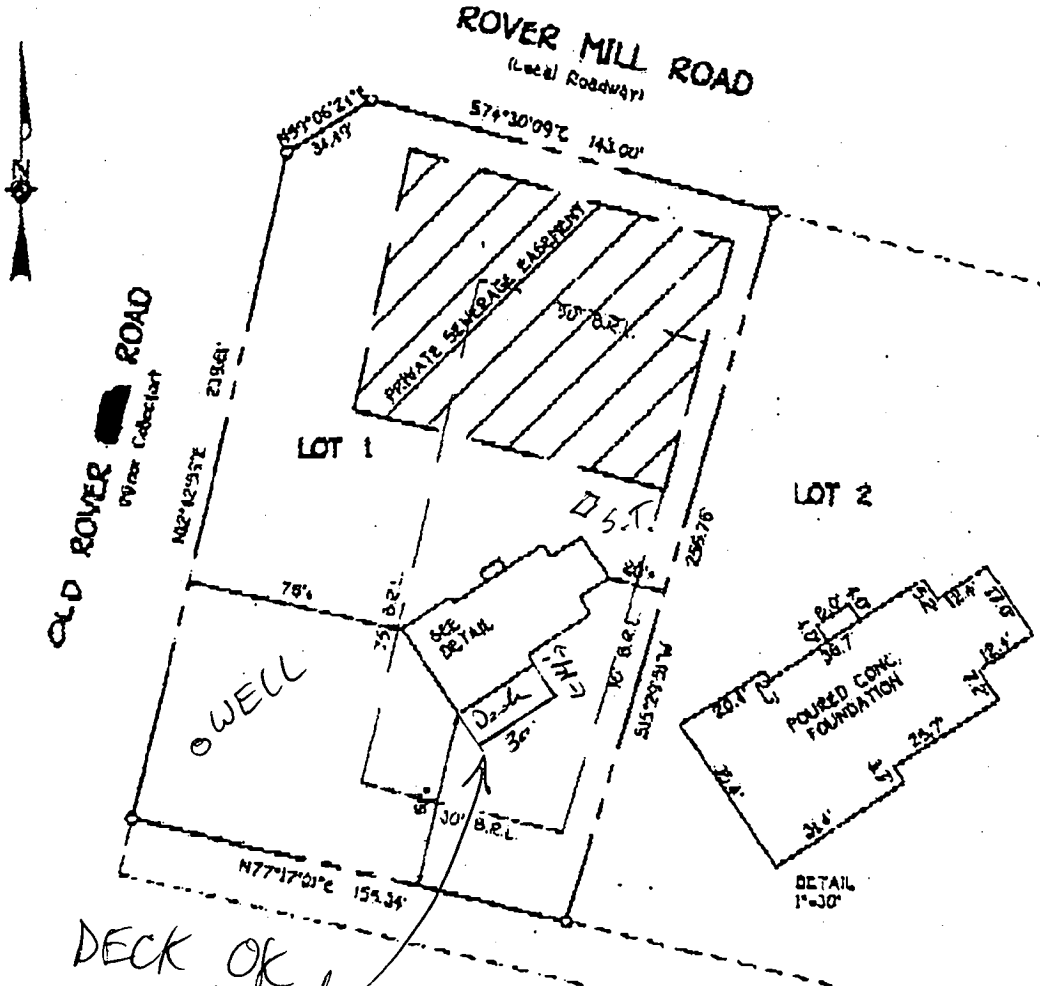
INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 4/17/00

GENERAL NOTES:

ATTN: Mark Taylor

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 210011 001A EFFECTIVE DATE DEC. 1, 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 0.3' PLUS OR MINUS 1/2.



DECK OK
MR 8/23/00
B0012613

TOP OF FOUNDATION ELEV. 544.7'±
B.R.L. = BUILDING RESTRICTION LINE

LOT 1
THE WOODS AT ROVER MILL II
Lots 1 Thru 3 And Preservation Parcel A
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13349

PERKINS, COLLINS & CARTER, INC.
SURVEYING, ENGINEERING, PLANNING & LAND DEVELOPMENT
1100 WASHINGTON DRIVE, SUITE 100, BETHESDA, MARYLAND 20814
410-461-5056

STATE OF MARYLAND
CHARLES J. EGAN, JR.
PROFESSIONAL LAND SURVEYOR
REG. #10703

Mark Taylor
PROFESSIONAL LAND SURVEYOR
DATE 8/16/00

HOUSE LOCATION DRAWING

FOUNDATION LOCATION 3/23/00
FINAL LOCATION _____
BOUNDARY SURVEY _____

SCALE: 1"=50'
DATE: 3/23/00
DRAWN BY: EFC
CHECKED BY: EFC
PROJECT No. 01670

Building Address 1377B Old Power Rd
West Friendship 21794

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

Census Tract 6030 Subdivision The Woodson Power Mill

Section _____ Area _____ Lot 1

Tax Map 15 Parcel 180 Grid 13

Zoning R-DM Map Coordinates 965 Lot size _____

Property Owner's Name Mr. Mark Taylor
 Address 1377B Old Power Rd
 City West Friendship State MD Zip Code 21794
 Home Phone _____ Work Phone 410-777-4263
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFU / Deck
 Estimated Construction Cost: \$ 2000-

Description of Work 14'x30' Deck with stairs
on rear of house.

Contractor Company Disturbance Living Systems
 Contact Person Stewart Ram
 Address P.O. Box 119
 City Clarksville State MD Zip Code 21029
 License No. 35074 Phone _____ Fax 410-977-0658

Occupant or Tenant Shirley Elmer
 Contact Name _____
 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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ 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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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 type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: <u>Post & Pier</u> Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> 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 THEREON; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Stewart Ram
 Contractor Disturbance Living Systems Date 8/23/00
 Title/Company _____

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: _____	44869
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>8/23/00</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>30</u>
Dev. Engineering DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>8/23/00</u>	<u>Mark Taylor</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>0</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>209</u>
			Accepted by <u>[Signature]</u>	Validation # <u>35137</u>

Building Address 13774 Old River Rd
Went Friendship 21738

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

Census Tract 60331 Subdivision THE WOODS AT ROWE
Mill II

Section N/A Area N/A Lot 1

Tax Map 15 Parcel 189 Grid 13

Zoning RR-1.5 Map Coordinates 965 Lot size _____

Property Owner's Name Nieberlin Homes Inc
 Address 3551 Cattail Creek Dr.
 City Glenwood State MD Zip Code 21738

Home Phone 410 442 7633 Work Phone 410 442 7633
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone 410 442 7633 Fax 410 442 7633

Existing Use Vacant Lot
 Proposed Use New Residence
 Estimated Construction Cost \$ 150,000.

Description of Work Construct New Residence
2 Story w/opt finished Basement 2 car
garage 4 bedrooms 2.5 Baths 1 gas fireplace
opt. Deck Room in in Basement

Contractor Company Nieberlin Homes Inc.
 Contact Person Richard Nieberlin
 Address 3551 Cattail Creek Drive
 City Glenwood State MD Zip Code 21738
 License No. _____
 Phone 410 442 7633 Fax 410 442 7633

Occupant or Tenant Spec. House
 Contact Name Richard Nieberlin
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	

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Richard Nieberlin
 Applicant's Signature
Resident
 Title/Company

Richard Nieberlin
 Print Name
2/1/00
 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>2/2/00</u>	<u>Mark P. Koffman</u>
<input checked="" type="checkbox"/> Fire Protection		

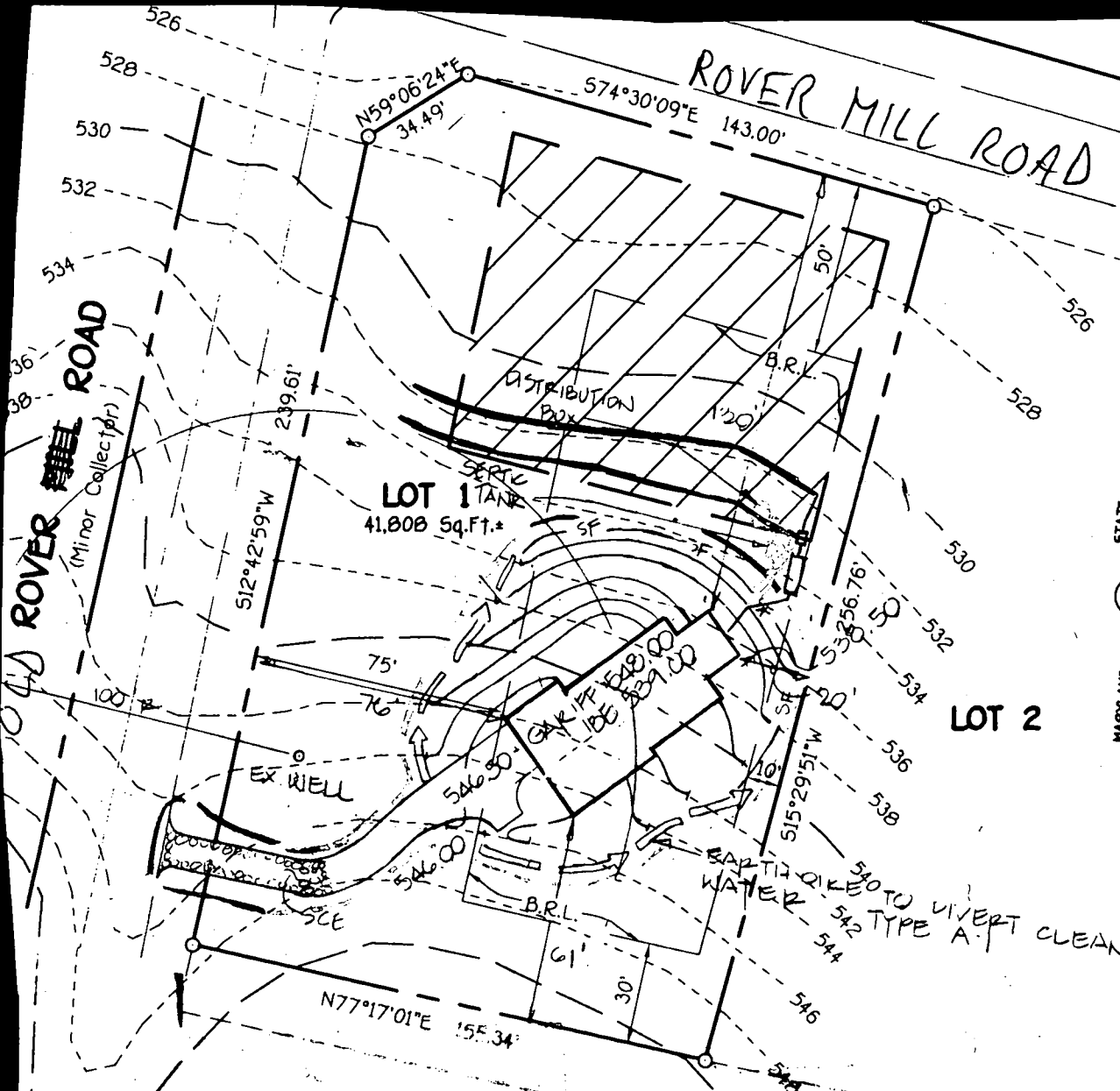
Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION
Front: <u>350' MIN</u>
Rear: <u>30' MIN</u>
Side: <u>10' MIN</u>
Side St.: <u>150' MIN</u>
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 _____
SDP/Red-line approval date _____

PROPERTY ID: <u>4101269</u>
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # <u>60146</u>
Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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



**Approved Septic System Plan
Howard County Health Department**

Mark E. Kishin 2/22/00
Signature Date

**Total linear feet of trench
required** 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 6 feet
**Depth of stone required below
distribution pipe** 2 feet

**PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT**

**LOT 1
THE WOODS AT ROVER MILL**

2. PROPOSED 1500 GALLON SEPTIC TANK.
3.
 - A. FIRST FLOOR ELEVATION: 543.00
 - B. BASEMENT ELEVATION: 539.00
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 531.20
 - D. INVERT IN AT SEPTIC TANK: 520.80
 - E. INVERT OUT AT SEPTIC TANK: 530.50
 - F. PROPOSED GRADE OVER SEPTIC TANK: 528.52
 - G. INVERT AT DISTRIBUTION BOX: 524.00
 - H. EXISTING GROUND OVER DISTRIBUTION BOX: 523.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

ZONED: RR-DEO

TAX MAP No. 15, PART OF PARCEL *181, GRID 19

THIRD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DATE: JANUARY 14, 2000

APPLICATION

PERCOLATION TESTING

A 58471D

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 470 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 410-9933

P _____
DISTRICT 4
DATE 5/19/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER IRWIN CHATLIN AND GERALDINE BLAZEK

ADDRESS 221 WASHINGTON STREET 21613 PHONE (410) 228-4446

PROSPECTIVE BUYER CFCC PARTNERSHIP

ADDRESS P.O. Box 1371 ELLICOTT CITY, MD. 21041 PHONE (410) 442-5613

PROPERTY LOCATION

SUBDIVISION CHATLIN PROPERTY LOT NO. A 1 Sec II

ROAD AND DESCRIPTION INTERSECTION OF ROVER MILL ROAD & TALL SHIPS DR.
SE QUADRANT.

TAX MAP 15 PARCEL # 180 & 181

SIZE OF LOT 48017 SQ. FT. ± TYPE BLDG SINGLE FAMILY DWELLING
(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.

Ronald D. Oates
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

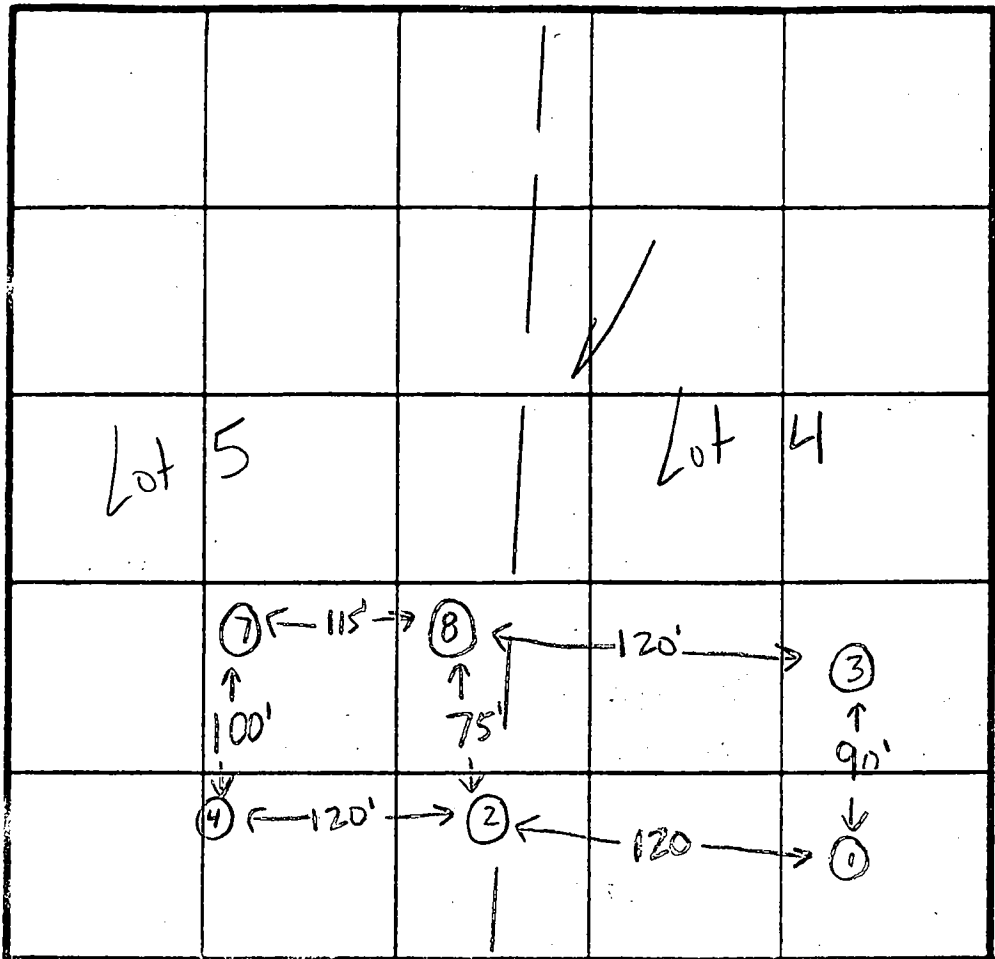
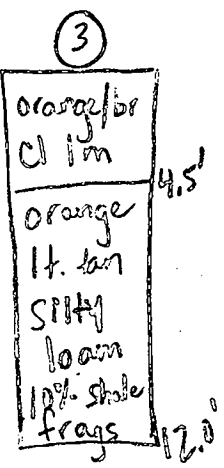
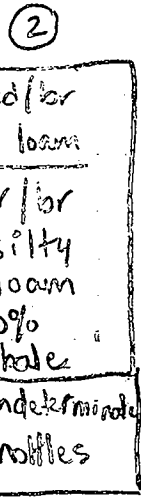
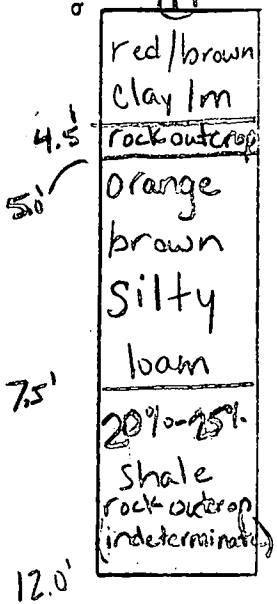
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

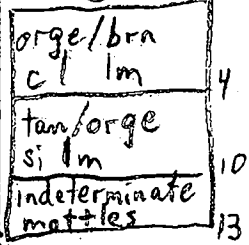
HD-216

SOIL PROFILE



4
Same as hole # 2

Old Rover Road
8



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

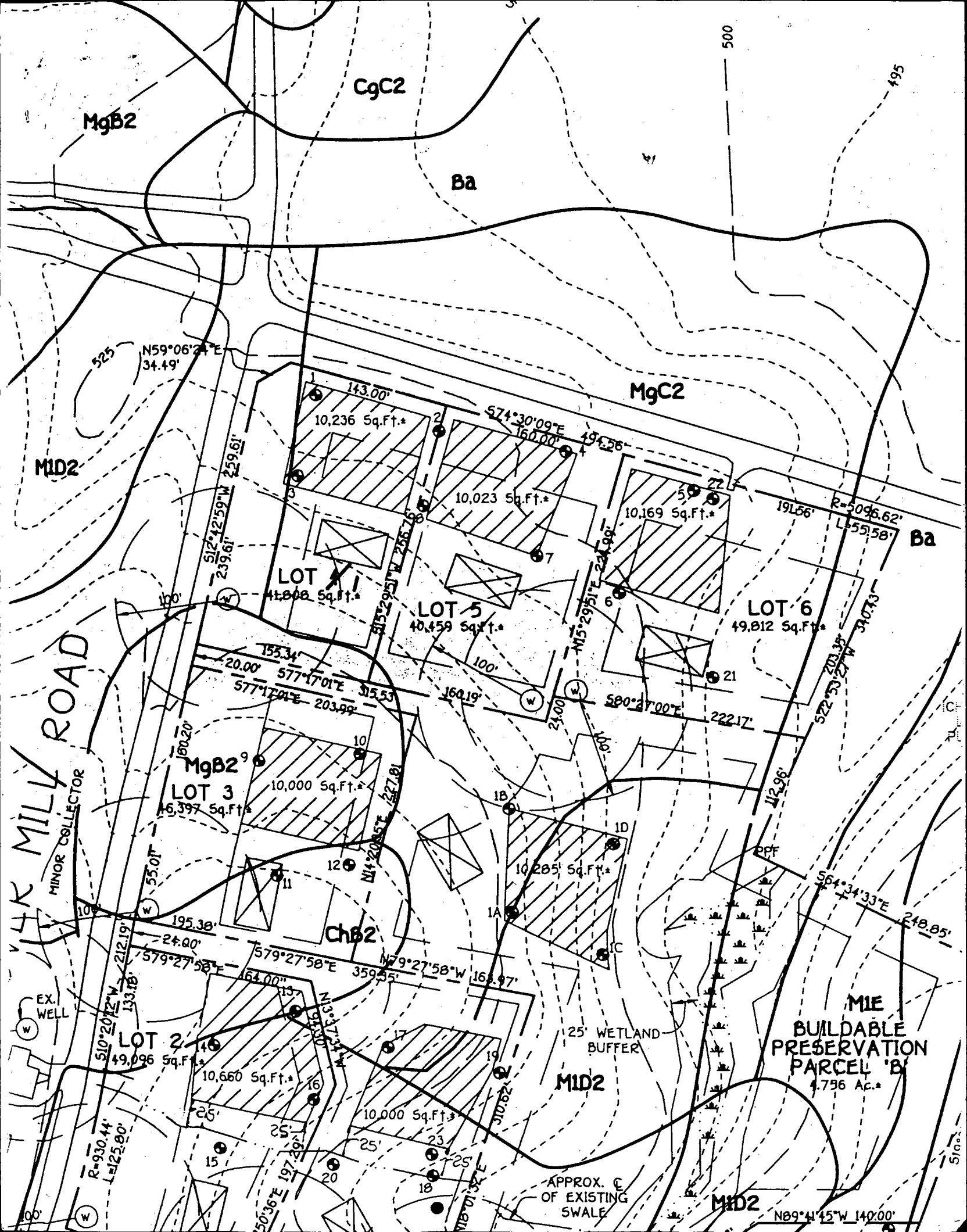
Rover Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-9-97	1	4.5'S	10:20 ₃₀	10:24 ₃₀	10:24 ₃₀	10:29 ₃₀	5 min
		12.0'D	visual	ok	- see profile		
	2	4.5'S	10:27	10:28 ₃₀	10:28 ₃₀	10:32 ₃₀	4 min
		12.0'D	visual	ok	- see profile		
	3	12.0'D	visual	only			
	8	5.5'S	11:19	11:22	11:22	11:27	5 min
		8.5'S	11:20	11:21	11:21	11:24	3 1/2 min
		12.0'D	- visual	ok	- see profile		

REMARKS test holes staked

TYPE OF SOIL _____

TESTED BY Kim Maiste / Amy McMillen ALSO PRESENT Ron Carter / John Kettermen



MgB2

CgC2

Ba

MgC2

MID2

Ba

MILK MILL ROAD
MINOR COLLECTOR

LOT 4
41,800 Sq.Ft.

LOT 5
40,459 Sq.Ft.

LOT 6
49,812 Sq.Ft.

MgB2
LOT 3
46,397 Sq.Ft.

LOT 2
49,096 Sq.Ft.

chB2

MIE
BUILDABLE
PRESERVATION
PARCEL 'B'
4.756 Ac.

MID2

MID2

APPROX. C
OF EXISTING
SWALE

25' WETLAND
BUFFER

EX. WELL

500

495

N59°06'24"E
34.49'

S12°12'59"W 259.61'

143.00'

10,236 Sq.Ft.

S74°30'09"E
160.00'

10,023 Sq.Ft.

10,169 Sq.Ft.

19L56' R=5096.62'
L=559.58'

155.34'
20.00' S77°17'01"E 315.53'
S77°17'01"E 203.99'

40,459 Sq.Ft.

S80°27'00"E 222.17'

49,812 Sq.Ft.

10,000 Sq.Ft.

10,285 Sq.Ft.

49,096 Sq.Ft.

10,660 Sq.Ft.

10,000 Sq.Ft.

R=930.44'
L=125.80'

N89°4'45"W 140.00'

C1 05121

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A58471 D

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

ST/CO USE ONLY DATE RECEIVED 5-8-98

DATE WELL COMPLETED 4 8 98

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-1591

OWNER Carter STREET OR RFD Old Rover Mill Road TOWN SECTION II LOT 4

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 (Sand, Gray Mica, Rock), FEET (FROM, TO), check if water bearing.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL 50

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 55

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

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"

DRILLERS LIC. NO. M-5 D024 DRILLERS SIGNATURE LIC. NO. M-D

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

DEPTH (nearest ft.)

Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

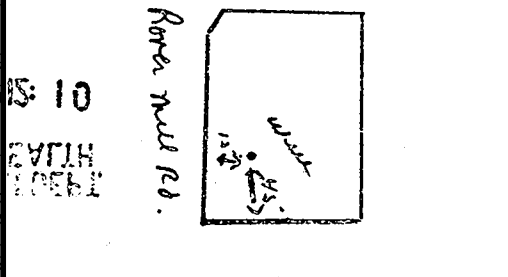
PUMPING TEST

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 29 WHEN PUMPING 57 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 9481

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-1391

please print or type

fill in this form completely

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

Date Received (APA)

12/18/97

OWNER INFORMATION

Owner: Carter, Ron
Street: 1750 Daisy Rd.
Town: Woodbine, State: MD, Zip: 21797

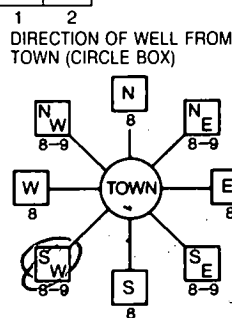
LOCATION OF WELL

County: Howard
Subdivision: Rover Mill Rd Property
Section: II, Lot: 4 I
Nearest Town: West Friendship
Miles from town: 4 MI

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, License No. MS D024
Firm Name: Joseph L. Mayne Well Drilling
Address: 5572 Ridge Rd. Mt. Airy 21771
Signature: Joseph L. Mayne, Date: 12/17/97

DIRECTION OF WELL FROM TOWN



Near what road: Old Rover Mill Road
On which side of road: EAST
Distance from road: 25 FT
Tax map: 15, Blk: 13, Parcel: 180

WELL INFORMATION

Approx. Pumping Rate: 5 GAL. PER MIN.
Average Daily Quantity Needed: 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other
Public or private water company
Test, observation, monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name: Howard, County No: A58471D
State Signature: [Signature], Date Issued: 1/26/98
CO Signature: Kim Maisto, Exp. Date: 1/26/99
North Grid: 532 000, East Grid: 801 000

Approximate Depth of Well: 200 FEET
Approximate Diameter of Well: 6 INCH

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

4-8-98
11:30 Grout
No MSP.
All

METHOD OF DRILLING (circle one)

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

WRITE THE BOX NUMBER FROM THE MAP HERE

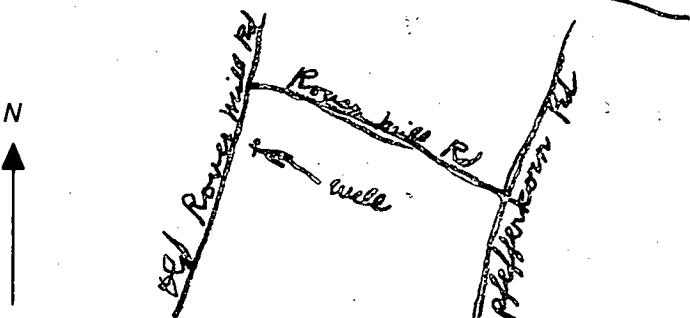
E 800 1
N 532 2

x
000
000

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

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: 54, G A P
Force: KM, Write Initials in Box: HO-94-1391, Permit No. 70-79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

