

PERMIT

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

P 514 286

A 58993-0

ISSUE DATE 10/6/2000

APPROVAL DATE 10/20/00

04-364376

INDEXED

Hatfields Equipment

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Cattail Ridge LOT NUMBER 15 38 ADDRESS 3613 Clear Drive Court

PROPERTY OWNER Williamsburg Group PROPERTY OWNER'S ADDRESS P.O. Box 1018

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED REQUIRED Columbia, MD 21044

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 160 feet down the right lot line and 70 feet off that same lot line as seen when facing the lot from Clear Drive Court. Run trenches on contour in both directions.

PLANS APPROVED Amy Mc Millen DATE 6/9/00

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

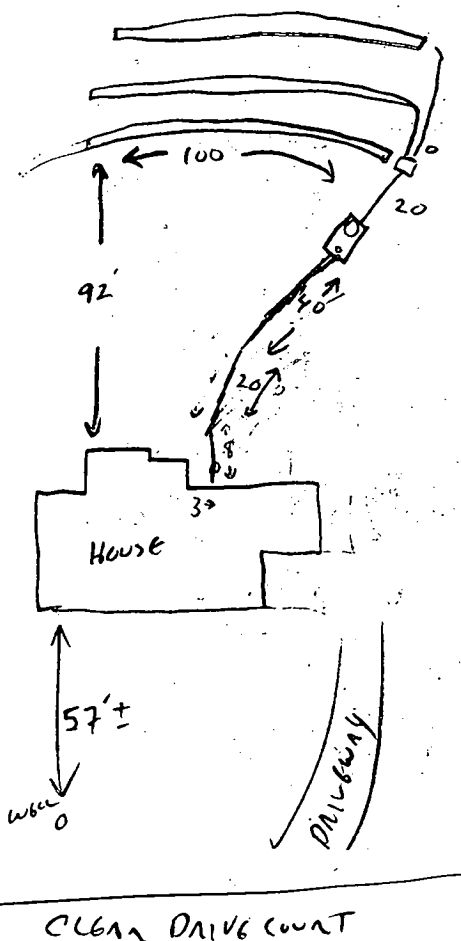
OLD PERMITS SIGNED AND RETURNED 5/24/01
B00130419 Decl

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

A58993-0

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4
 TRENCH BOTTOM DEPTH 6
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 100
 ABSORBENT AREA 900
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

METER BLOS. -
 SEPTIC TANK 1250 GALLONS

MANHOLE RISER @ BACK
 6 INCH INSPECTION PORT @ FRONT

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: 10/19/00 1ST TRENCH NOW ONLY COMPLETE. (CW) TANK NOT YET ON SITE.

INSPECTION COMMENTS: 10/19/00 SYSTEM COMPLETE - OK TO COVER (CW)
(WELLING DUG - NOT INSTALLED AT THIS TIME).

INSPECTOR CW DATE SYSTEM APPROVED 10/20/00

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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 549-6960
Address: 5220 KLEIN MILL ROAD
SPRINGVILLE, MD 21784

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

License # and name of individual responsible for the field installation:
Name (Print): CHARLES A. KLEIN, JR. Licensed 6521

*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: WILLIAMS MRS GORDON Telephone #: (410) 997-8800
Subdivision: CATTAUL RIDGE Lot #: 38 Well Tag #: HO-92-2918
Site Address: 3073 CLEAR RIDGE CT

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACOZZI</u>	Make: <u>HAWARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5545-13P-52</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>2 1/2"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>26.5</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>1"</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>36"</u> min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

Charles A Klein Jr
Signature of company representative responsible for installation _____ date _____
CHARLES A. KLEIN, JR.

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

Date Insp. Requested: 10/30/00 Date Insp. Approved: 10/30/00

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

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. MR
BB

APPLICATION

PERCOLATION TESTING

A 58993

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-23-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D AD

ADDRESS 10805 Hickory Ridge Suite 205 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:
SUBDIVISION Haan Rei LOT NO. 15

ROAD AND DESCRIPTION Rte 97

BLDG. PERMIT SIGNED
AND RETURNED 6/9/00

TAX MAP 21 PARCEL # 1379 3

SFD-4BRMS
B00124633

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE 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

LOT 29

COUNTY #

SOIL PROFILE
378

0' Bright red
Clm
3.5' rock ledge
5.0' Mottled S.Lm
lgt tan/black/orange
? water
micaceous

379

3.0' red orange
SiClm
lgt red tan
SiLm

15' lgt tan
SalM
15% Rx

381

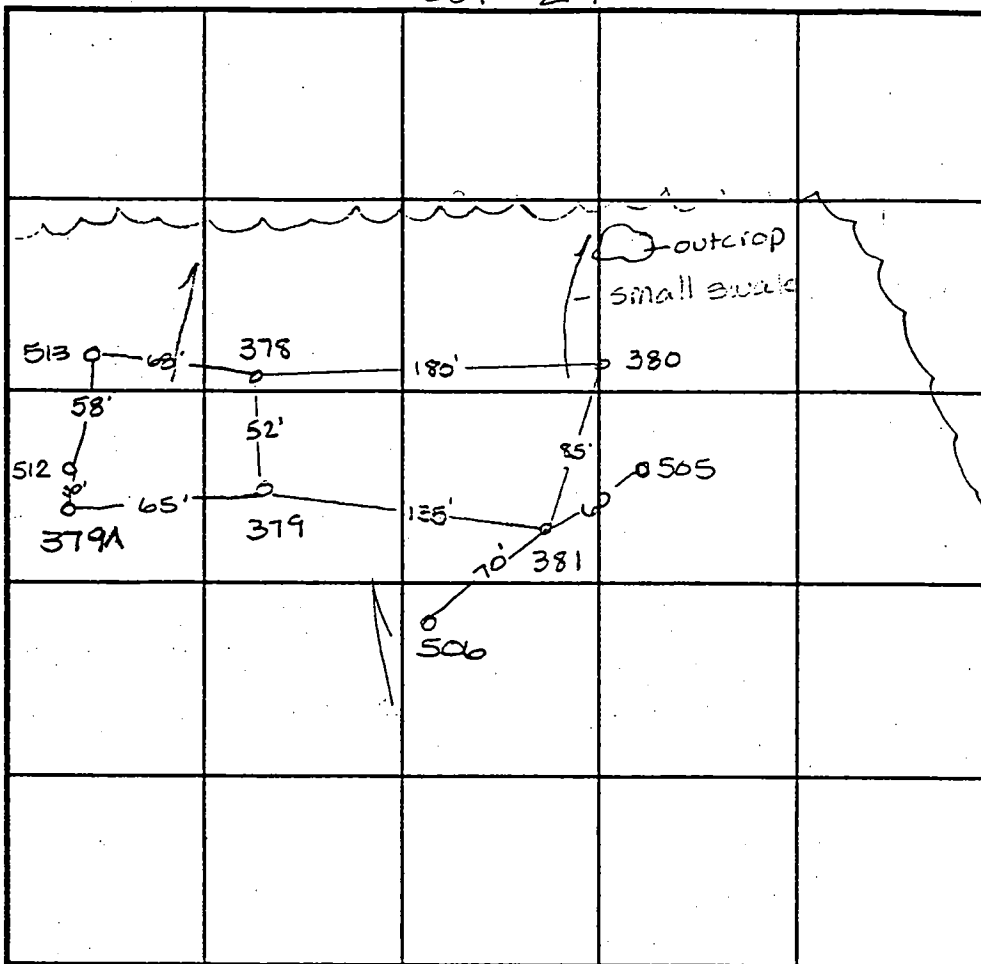
ledge of Rx on outside of prop. septic area at 3.0 dark or Clm to 4.0 lgt or tan SiSclm

SOIL PROFILE
380

0' orange brown
SiClm
3.0' lgt pink
SiLm
45% Rx

506

no distinct clay layer
dk red pink to or pink
SiSalM
10% Rx



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11-3-97	378	4.5 VII.2.0	1:50	1:54 ³⁰	1:54 ³⁰	2:03	5 1/2 min	
	379A	Refusal at E.O. - insufficient depth to bedrock						F
	379	3.0 VII.5	1:55 ³⁰	1:57	1:57	2:00	3 min	
		6.0 VII.5	1:55	1:59	1:59	2:04 ³⁰	5 1/2 min	
	381	4.5 VII.2.0	2:10	2:11	2:11	2:13	2 min	
	380	4.0 VII.2.5	2:12 ³⁰	2:18	2:18	2:22	4 min	
2-9-98	506	Visual	to 12' see profile				—	OK
	505	Like 506 ->	50% Rx @ 8.0'				—	OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMullen ALSO PRESENT D Reulwer
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3.0
 INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 58993

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-25-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D AD

ADDRESS 10805 Hickory Ridge Suite 205 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haven Hill LOT NO. 12

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE 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 #

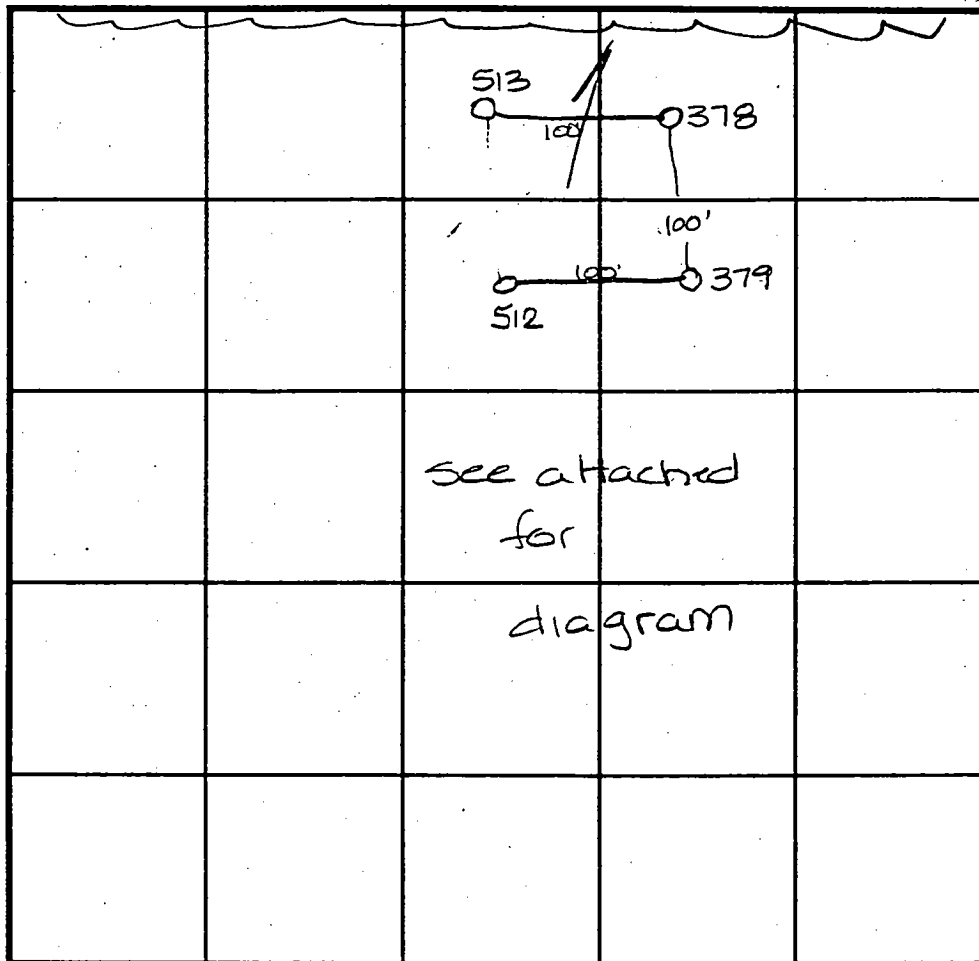
SOIL PROFILE

0' 512
 no distinct clay layer
 40% Rx through out dark brn silm

3.0 513
 orange red silm
 red brown silm

10.0 mottled silm white/grey/orange

12.0



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-98	512	4.0 v11.0	3:15	3:18	3:18	3:25	7min
		8.0 v11.0	3:16	3:23	3:23	3:39	16min
	513	4.0 v12.0	3:18	3:24	3:24	3:38	14min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Don Reuwer

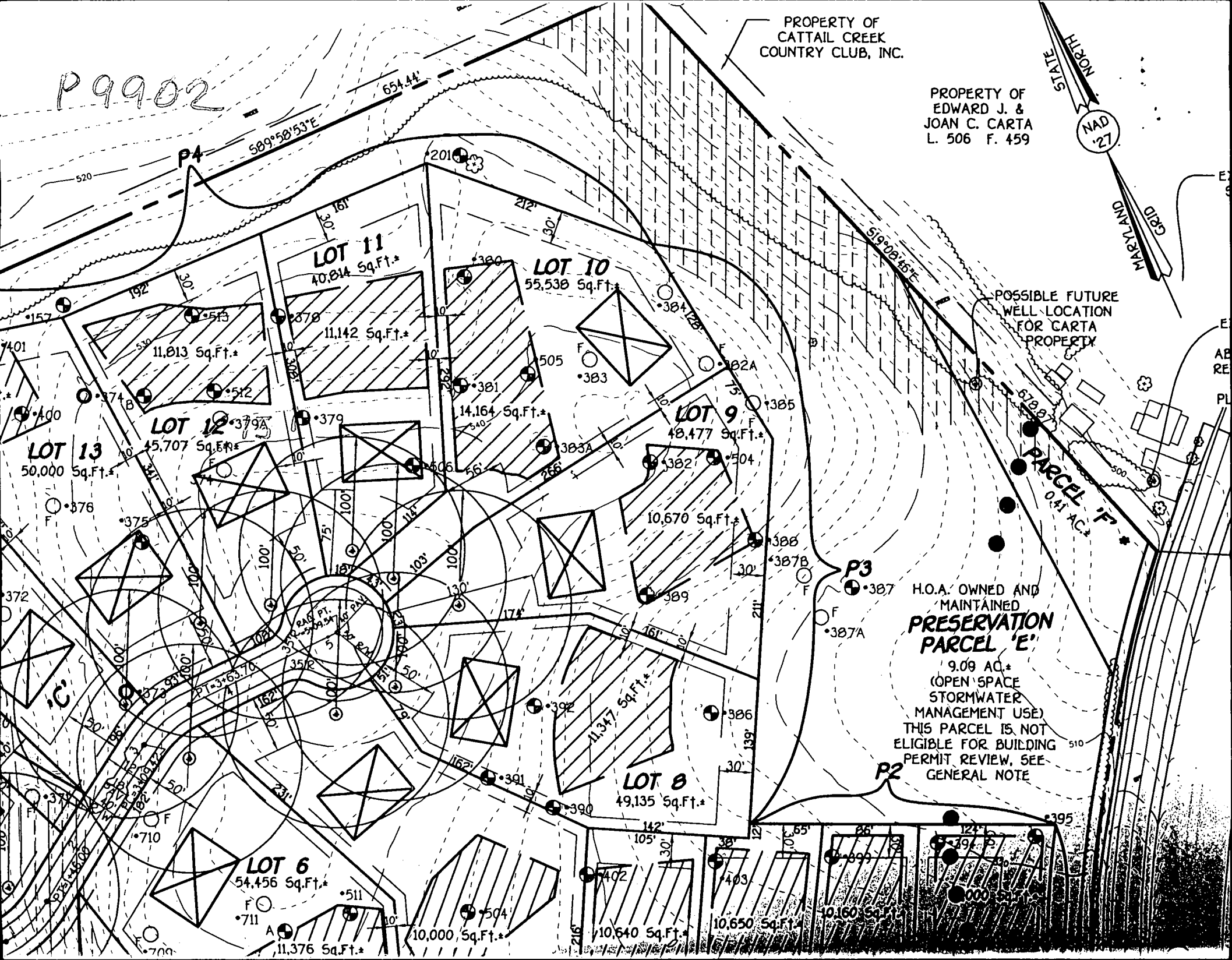
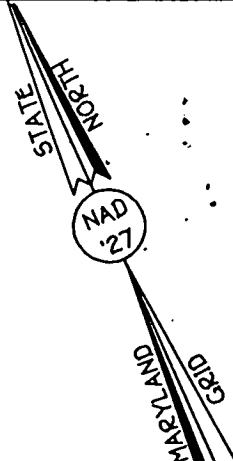
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3.0

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT/BEDROOM 210

P9902

PROPERTY OF
CATTAIL CREEK
COUNTRY CLUB, INC.

PROPERTY OF
EDWARD J. &
JOAN C. CARTA
L. 506 F. 459



LOT 13
50,000 Sq.Ft.*

LOT 12
45,707 Sq.Ft.*

LOT 11
40,814 Sq.Ft.*

LOT 10
55,538 Sq.Ft.*

LOT 9
48,477 Sq.Ft.*

LOT 8
49,135 Sq.Ft.*

LOT 6
54,456 Sq.Ft.*

PARCEL 'F'
0.41 AC.*

H.O.A. OWNED AND
MAINTAINED
**PRESERVATION
PARCEL 'E'**
9.09 AC.*
(OPEN SPACE
STORMWATER
MANAGEMENT USE)
THIS PARCEL IS NOT
ELIGIBLE FOR BUILDING
PERMIT REVIEW, SEE
GENERAL NOTE

P4

P3

P2

C

A

520

7401

372

371

709

710

201

157

400

376

375

372

371

710

709

161

192

379

378

377

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711

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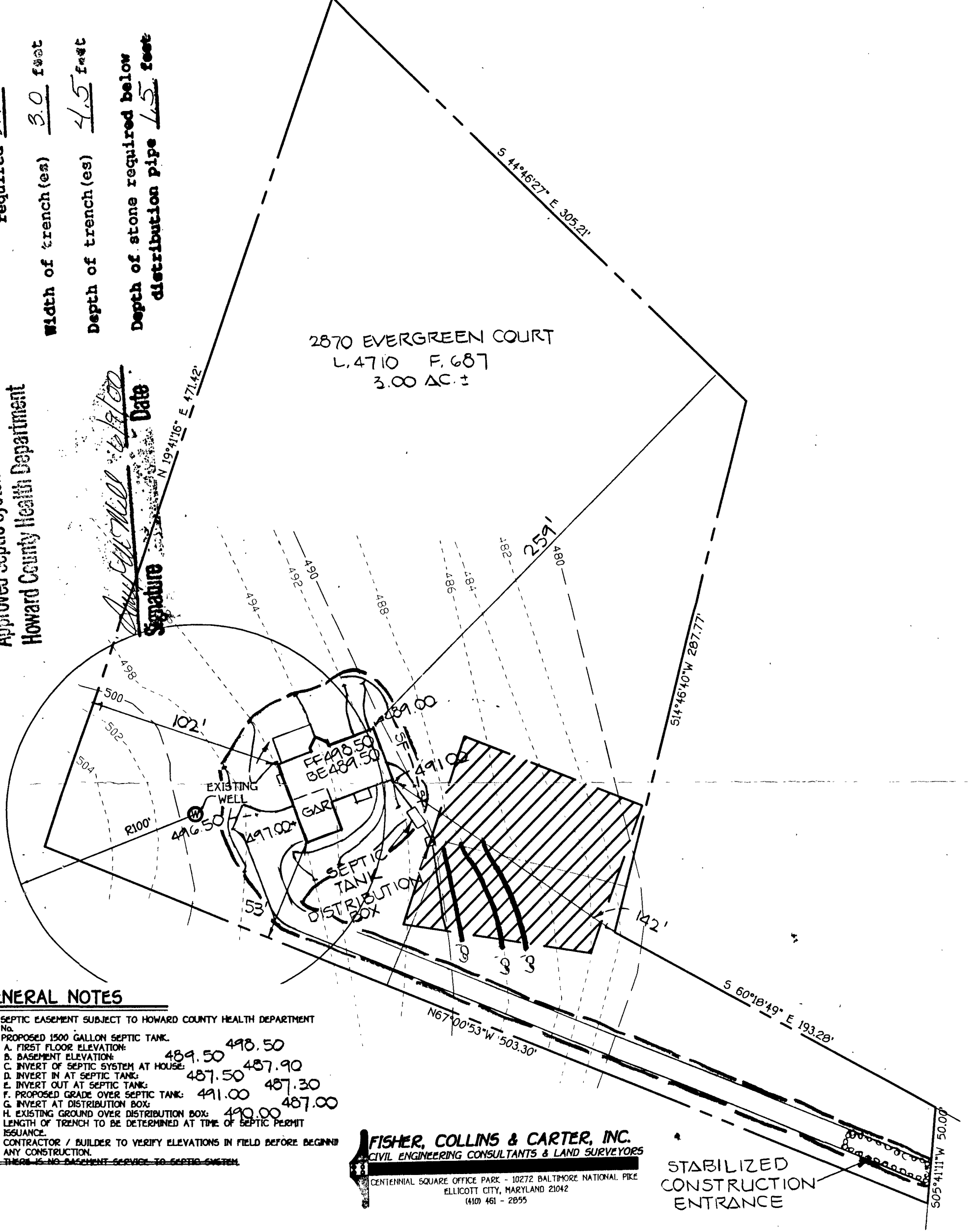
30'

Approved Septic System Plan
Howard County Health Department

total linear feet of trench required 240 feet
width of trench(es) 3.0 feet
depth of trench(es) 4.5 feet
depth of stone required below distribution pipe 1.5 feet

[Signature]
Signature
Date

2870 EVERGREEN COURT
 L.4710 F.687
 3.00 AC. ±



GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK.
- | | | |
|---|--------|--------|
| A. FIRST FLOOR ELEVATION: | 498.50 | 498.50 |
| B. BASEMENT ELEVATION: | 489.50 | 489.50 |
| C. INVERT OF SEPTIC SYSTEM AT HOUSE: | 487.50 | 487.90 |
| D. INVERT IN AT SEPTIC TANK: | 487.50 | 487.30 |
| E. INVERT OUT AT SEPTIC TANK: | 491.00 | 487.30 |
| F. PROPOSED GRADE OVER SEPTIC TANK: | 491.00 | 487.00 |
| G. INVERT AT DISTRIBUTION BOX: | 490.00 | 487.00 |
| H. EXISTING GROUND OVER DISTRIBUTION BOX: | 490.00 | |
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- ~~THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.~~

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

STABILIZED
 CONSTRUCTION
 ENTRANCE

B 1 1947 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

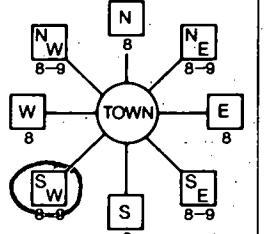
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HO-94-2418
 70 fill in this form completely 79

Date Received (APA) 083099
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name BRS Developers LLC Owner First Name DR. Suite 209 34
 36 Street or RFD 8808 Centre PARK 55
 57 Town Columbia 70 State MD 72 Zip 21045 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Cattail Ridge 42
 SECTION - 44 46 LOT 15 48 50
Glenwood
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) I 73 M 76 77 78

DRILLER INFORMATION
 Driller's Name Ralph MAYNE 76 License No. MSD 116 81
 Firm Name Ralph MAYNE Well Drilling
 Address 9120 Brown Church Rd Mt Airy
 Signature Ralph Mayne 82559 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Clear Drive Ct
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 500 37 DISTANCE FROM ROAD 74
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: _____ PARCEL 3

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard CO A589930
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 090799 A. McMillan 090700
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 525 000 EAST GRID 790 000
 50 55 57 63

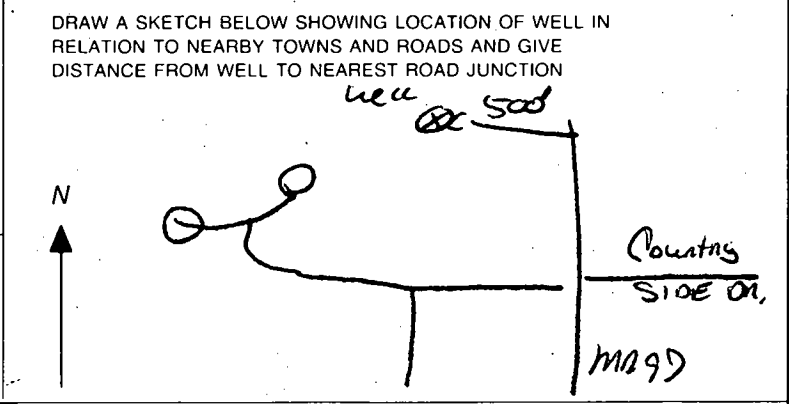
APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 _____

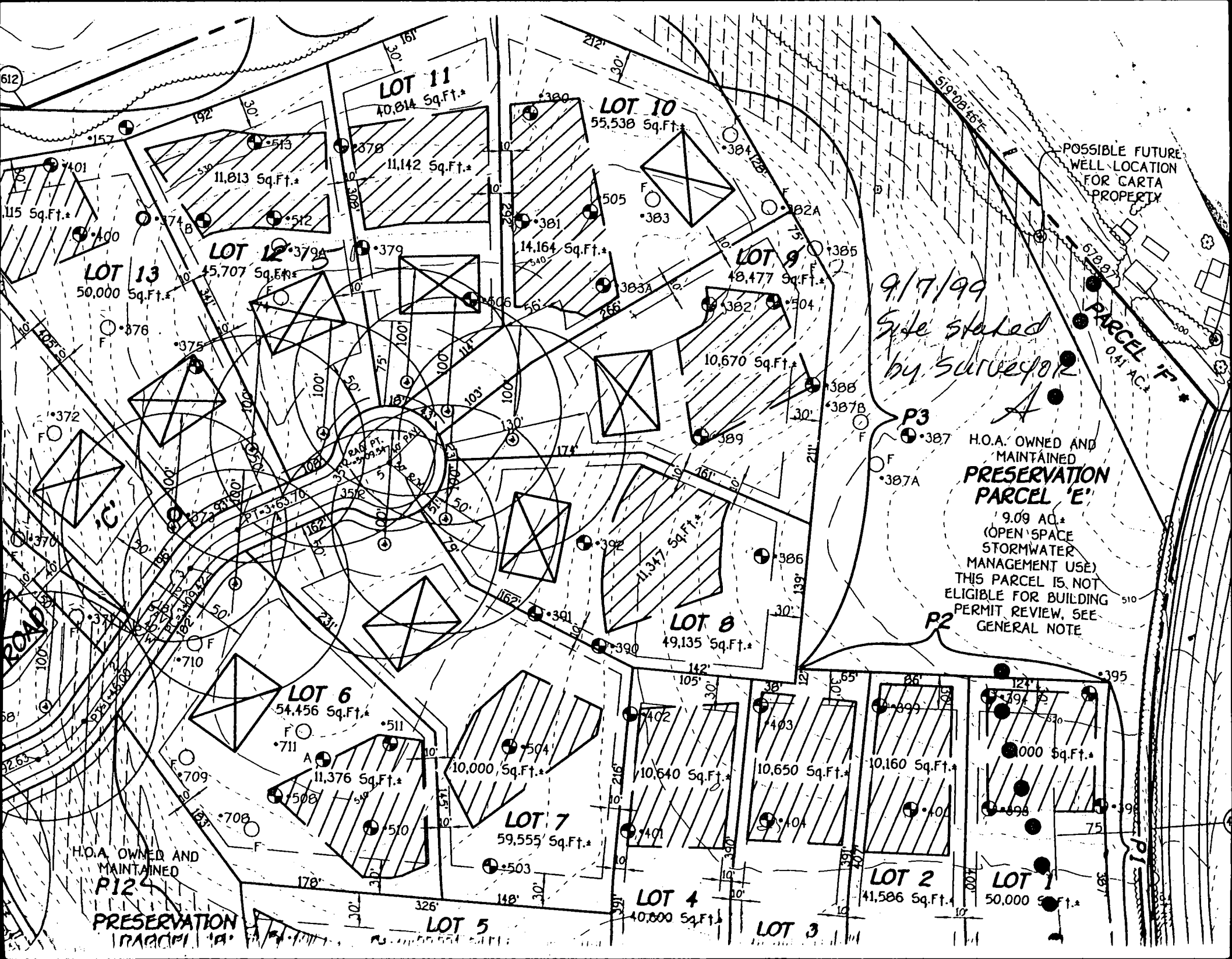
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 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 _____ GAP _____
 54 63
 PERMIT No. HO-94-2418
 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. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 790
 N 525
 000 000



SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED



LOT 11
40,814 Sq.Ft.*

LOT 10
55,538 Sq.Ft.*

LOT 12
45,707 Sq.Ft.*

LOT 9
48,477 Sq.Ft.*

LOT 13
50,000 Sq.Ft.*

LOT 8
49,135 Sq.Ft.*

LOT 6
54,456 Sq.Ft.*

LOT 7
59,555 Sq.Ft.*

LOT 2
41,586 Sq.Ft.*

LOT 1
50,000 Sq.Ft.*

LOT 4
40,800 Sq.Ft.*

LOT 3

9/17/99
Site stated
by Surveyor
A

H.O.A. OWNED AND
MAINTAINED
**PRESERVATION
PARCEL 'E'**
9.09 AC.*
(OPEN SPACE
STORMWATER
MANAGEMENT USE)
THIS PARCEL IS NOT
ELIGIBLE FOR BUILDING
PERMIT REVIEW, SEE
GENERAL NOTE

POSSIBLE FUTURE
WELL LOCATION
FOR CARTA
PROPERTY

H.O.A. OWNED AND
MAINTAINED
**PRESERVATION
PARCEL 'A'**

LOT 5

C 1 1958

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED

COUNTY NUMBER A589930

ST/CO USE ONLY DATE Received 10 20 99

DATE WELL COMPLETED MM 10 DD 11 YY 99

Depth of Well 22 265 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2418

OWNER BRS Development last name STREET OR RFD Clean Drive Court TOWN Glenwood SUBDIVISION Cathol Ridge SECTION LOT 1538

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

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

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options 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. M SD 116 DRILLERS SIGNATURE (Handwritten)

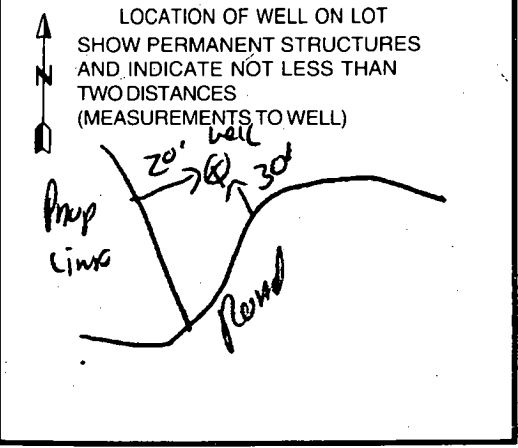
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns for depth ranges and rows for casing types (E, A, C, H, S, R, E, N).

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

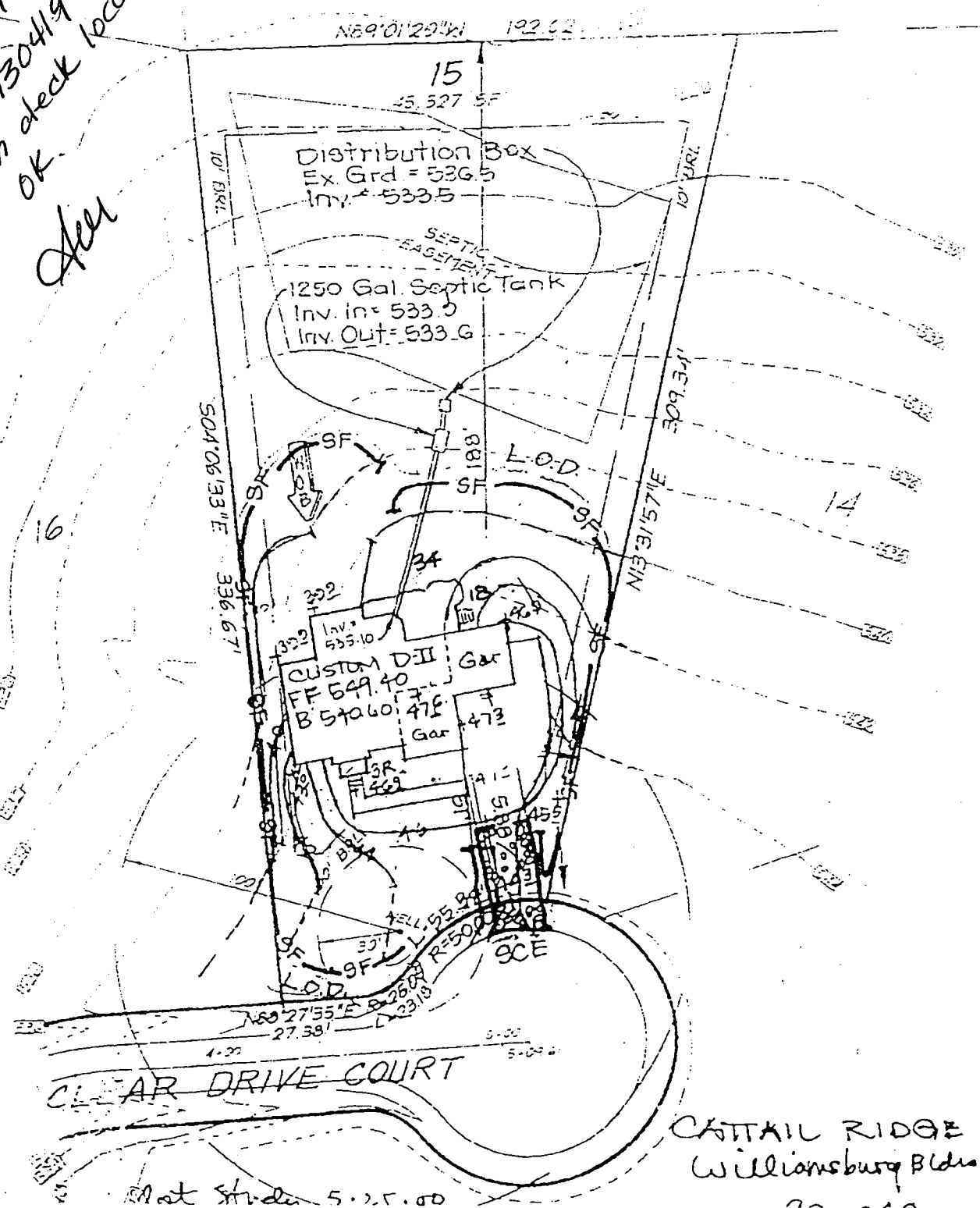
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, O, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



3) Cattail Ridge Lot 15 Anderson

5/24/01
BOO/30419
Shown deck location
OK.
Jee



CATTAIL RIDGE
Williamsburg Bldg.

Plot Area 5.25.00