

11/12/99
am & pm C.O.
HWB
11/16/99
10:00 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513113

A 59289-B

DISTRICT _____

DATE 11/7/1999

DATE SYSTEM APPROVED 11/16/99

INSPECTOR *R. P. Miller*

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

INDEXED

04-363159

Union Paving Company, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463

SUBDIVISION The Woods at Ridgeview LOT 2 ROAD 15086 Frederick Road

PROPERTY OWNER Altieri Homes EDWARD AMOS JR.

BUILDING PERMIT SIGNED

ADDRESS _____

AND RETURNED

SEPTIC TANK CAPACITY 1000 GALLONS 4-17-03 BOD141297-FINISH BASEMENT

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the ex.gravel drive and the 265.79' lot line, begin trenches 105 feet up the 265.79' lot line and 10 feet off that same lot line. Run trenches on contour toward the 290.42' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. (MANHOLE CLEANOUT REQUIRED)
Cleanout required outside house. maintain 1-2% grade 10 feet prior to septic tank.
11/5/99 ORAL

PLANS APPROVED BY Amy McMillen DATE 9-30-1999

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 3540 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.

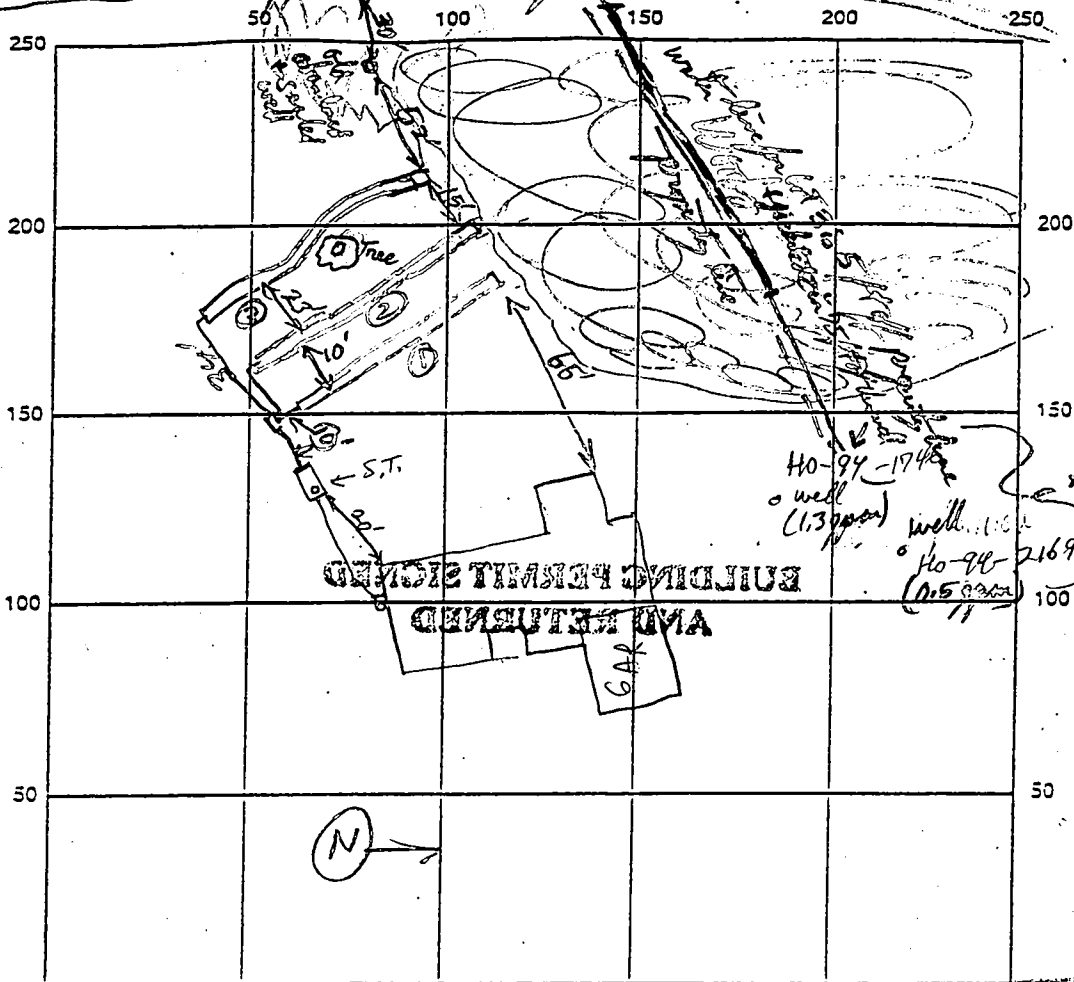
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLOG. PERMIT SIGNED
AND RETURNED 2/8/2001
B00128398 - DECK

4-592899A

To Frederick Rd



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal Midwood CLEANOUTS HSE + S.T.

DISTRIBUTION BOX LEVEL _____

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60/75/75 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: House Connection, S.T. + sch 40 line between house + S.T. OK to cover. P/H 11/14/99

Open Trench OK toward hill towards arden. Call for final dig. P/H 11/14/99

Trenches gravel filled, OK to cover all work P/H 11/16/99

DATE SYSTEM APPROVED 11/16/99 INSPECTOR [Signature]

APPLICATION

2/25/98
1/13/98
4/1/14/98

PERCOLATION TESTING

A 59289B

P _____

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

DISTRICT: _____

DATE 12/31/97

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 Highland Development Corporation - ~~the~~ Alticki Homes

ADDRESS _____ PHONE ⁴¹⁰ 531 5539

AGENT OR PROSPECTIVE BUYER Chuck Shroy

ADDRESS 3779 Ship Road PHONE 410 4894630

PROPERTY LOCATION: Glenwood Md. 21738

SUBDIVISION _____ LOT NO. Lot 2

ROAD AND DESCRIPTION Old Frederick Road Woodlawn

(15080 FREDERICK ROAD)

TAX MAP 8 PARCEL # 56, 57, 60, 61, 130, 137, 174 * 9 lots (8 New 1 home)

SIZE OF LOT 1 to 3 ac TYPE BLDG. _____
(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. Chuck Shroy
(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 SFD-36m

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

DO NOT REMOVE SIGNATURE
AND RETURNED 2-21-98
Serial # B70120545

THIS IS NOT A PERMIT

59289B

COUNTY #

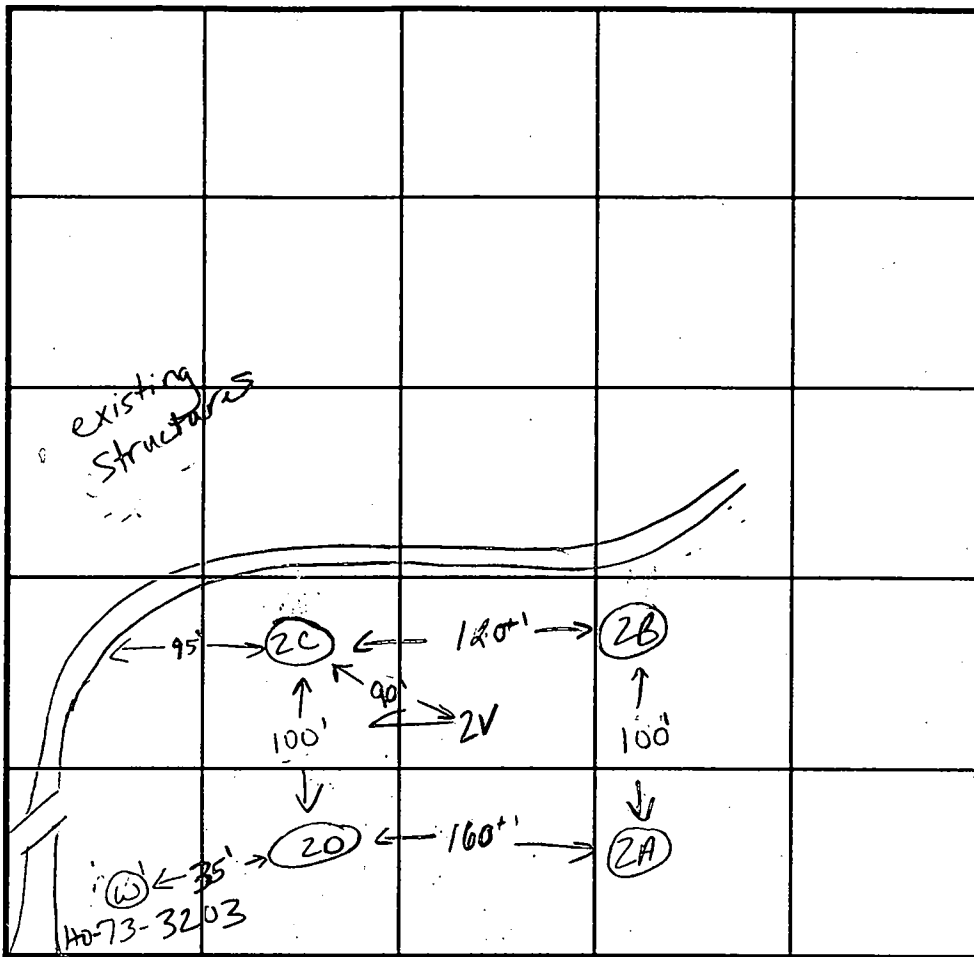
SOIL PROFILE

0' 2C
orange brown Clay loam
4.0'
tan/orange silty loam
20-30% rock frags
12.0'

2D
orange brown clay loam
4.5'

tan/orange silty loam
10%-15% shale frags
12.0'

2A
same as hole # 2D



SOIL PROFILE

0' 2B
or/brown Clay loam
4.0'
tan/pink silty loam
10% shale frags
12.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Rt 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/13/98	2C	3.0'S	1:1940	1:2530	1:2530	1:3430	9min
		12.0'D	visual	ok - see profile			
	2D	4.0'S	1:2030	1:3140	1:3140	1:4440	13min
		12.0'D	visual	ok - see profile			
	2A	3.0'S	1:36	1:3830	1:3830	11:42	330
		11.5'D	visual	ok - see profile			
	2B	3.0'S	1:4330	1:52	1:52	2:05	13min
		6.0'S	1:4530	1:5030	1:5030	2:0330	13min
		12.0'D	visual	ok - see profile			
	2V	12.0'D	visual	only - ok see visual 2B			

REMARKS test holes staked

TYPE OF SOIL _____
 TESTED BY Kim Maiste ALSO PRESENT Chuck Sharp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 minutes TRENCH WIDTH 3
 INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT./BEDROOM 210

WELL ESMT. PARCEL #3

LINE	BEARING	DISTANCE
L1	N 73°47'06" W	136.70'
L2	N 16°12'54" E	20.00'
L3	S 73°47'06" E	145.40'
L4	N 39°43'26" E	21.81'

PARCEL 3
133,237 SQ. FT.
3.0587 ACRES

G1B2
EKB2

EX. WELL HAS BEEN ABANDONED
HO73-3203

N 40°23'13" E
28.63'

*Approved
pvc cert
3/18/19*

LOT 3
1.3752 ACRES

LOT 2
1.0341 ACRES

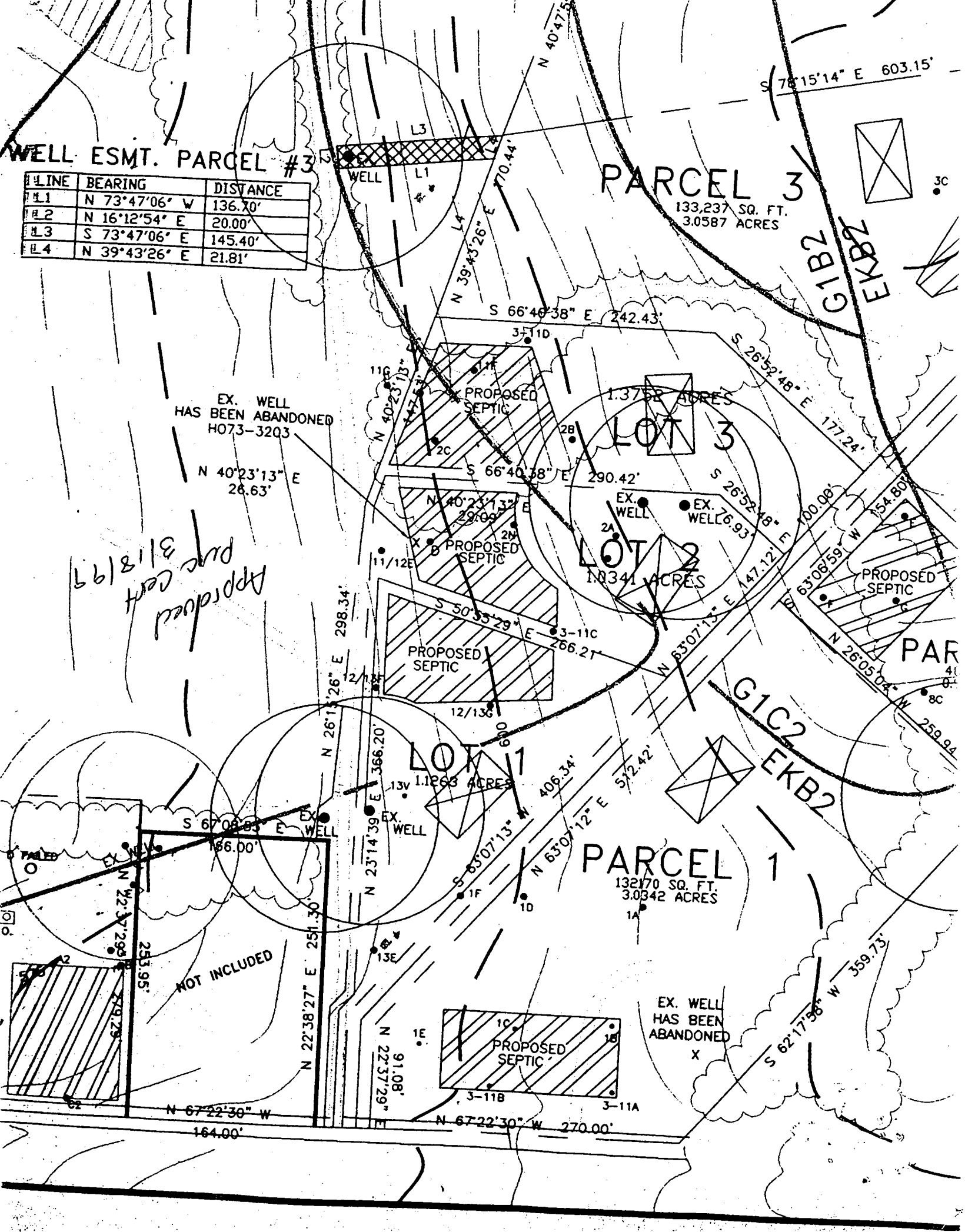
LOT 1
1.1263 ACRES

PARCEL 1
132,170 SQ. FT.
3.0342 ACRES

G1C2
EKB2

NOT INCLUDED

EX. WELL HAS BEEN ABANDONED
X



SEPTIC TANK
 INV. OUT 610.2
 INV. IN 610.5
 PROP. GRADE 613.5

DISTRIBUTION BOX
 EX. GRADE 609.5
 INV. IN 605.5

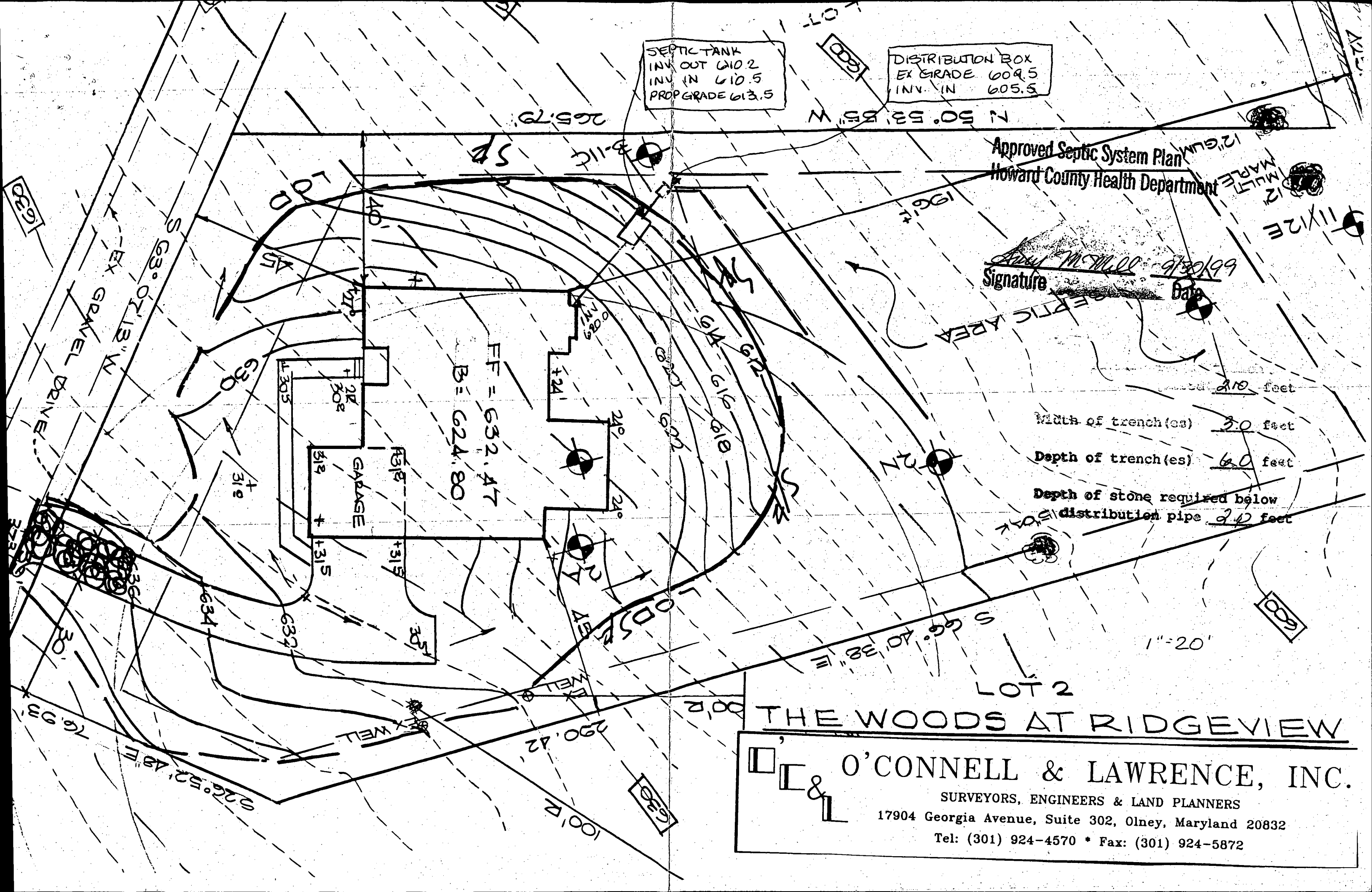
Approved Septic System Plan
 Howard County Health Department

Arvid M. Miller
 Signature Date 9/30/99

Width of trench(es) 3.0 feet
 Depth of trench(es) 6.0 feet
 Depth of stone required below
 distribution pipe 2.0 feet

LOT 2
 THE WOODS AT RIDGEVIEW

O'CONNELL & LAWRENCE, INC.
 SURVEYORS, ENGINEERS & LAND PLANNERS
 17904 Georgia Avenue, Suite 302, Olney, Maryland 20832
 Tel: (301) 924-4570 * Fax: (301) 924-5872



7A
440
12/15/99
43-2048
Anytime

12/13/99

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3929-H Ellicott Mills Drive
Ellicott City, MD 21043
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement

Receipt #
Date 12/18/99

Name of Installer Carroll Water System

Telephone 410 874-5100

License Number PE 074

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner Altieri Homes

Telephone _____

Subdivision WOODS AT RIDGEVIEW Lot 2

Well Tag # HO-94-210A

Site Address 15086 FREDERICK ROAD

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make Crawls
- 3. Model # SSP10422
- 4. Capacity 3 GPM
- 5. Pump exceeds well capacity Yes _____ No X
- 6. If Yes, is low pressure cutoff switch installed? Yes X No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- 1. Horsepower 3/4 A
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

- 1. Make Cambell
- 2. Model # PS10X
- 3. Depth 4"

Tank

- 1. Capacity 80
 - 2. Pressure relief valve? Yes
- 12/15/99 # 94-2109 Pitless 3.5' below grade.
2" pipe cap 22" above grade PVC conduit
30" below grade. O.K. (BB)

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- Depth of supply line 48"

Well data

- 1. Depth 480 ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? NO

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.

Signature of Applicant: [Signature]

Date: 12/08/99

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

C1 9777

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)

COUNTY NUMBER A 59289C

ST/CO USE ONLY: DATE Received

DATE WELL COMPLETED 3 2 99

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1746

OWNER Highland Development, STREET OR RFD Rt 144, TOWN Glenwood, SUBDIVISION The Woods At Ridge View SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 6, NO. OF POUNDS 564, GALLONS OF WATER 36, DEPTH OF GROUT SEAL 20 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 22.

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), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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. MS D 24, DRILLERS SIGNATURE Joseph R. Maize, LIC. NO. M D

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

DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51, SLOT SIZE 1-3, DIAMETER OF SCREEN (56, 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

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1.3 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 56 ft., WHEN PUMPING 368 ft., TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (+) above LAND SURFACE 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)

See Attached Well location -

B 1 **9468**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HD - 94 - 1746
fill in this form completely

Date Received (APA) **4/17/98**

OWNER INFORMATION

Highland Development CMC
Last Name Owner First Name
P.O. Box 228
Street or RFD
Clarksville Md. 21029
Town State Zip

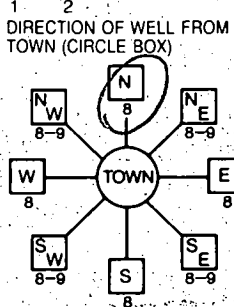
B 3 LOCATION OF WELL

Howard
COUNTY
The Woods at Ridgeries
SUBDIVISION
SECTION **Parcel 3**
LOT
Calenwood
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **3** M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MSD024
Driller's Name License No.
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne 4/16/98
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rt 144 and Right of Way
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD **960** FT
ENTER FT OR MI
TAX MAP: **8** BLK. **15** PARCEL **56**

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)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 - T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A59289C COUNTY NO.
STATE SIGNATURE
DATE ISSUED **9/17/98** Kim Monte **9/17/99**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **545 000** EAST GRID **790 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (for Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTARY DRive-POINT
other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEIN AN EXISTING WELL

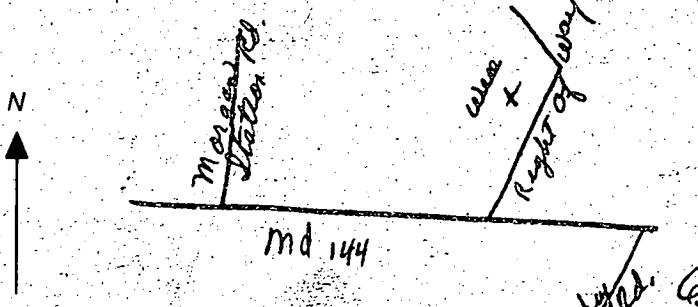
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER **9468** G A P
54 63
FORCE **KM** WRITE INITIALS IN BOX PERMIT No. **HD-94-1746**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
2.5 9.9
SOURCES OF DRILLING WATER
1. **well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **280 90**
N **540 5**
000
000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 9778 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 459289B

ST/CO-USE ONLY DATE RECEIVED

DATE WELL COMPLETED MM 3 DD 2 YY 99

Depth of Well 440 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-2169

OWNER Heathland Development STREET OR RFD Rt 140 TOWN Glennwood SUBDIVISION The Woods at Ridgeway SECTION _____ LOT 2

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 Brown Shale (0-21) and Gray Granite (21-440).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (Steel, Concrete, Plastic, Other) Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (Steel, Brass, Open Hole, Plastic, Other)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

- 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...

DRILLERS LIC. NO. M5D024 DRILLERS SIGNATURE [Signature] LIC. NO. M D

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N. Rows show depth intervals: 1-8, 8-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51.

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 (nearest hour) 6 PUMPING RATE (gal. per min.) 1/2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 WHEN PUMPING 388 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 29 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 3 (nearest foot) below

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)

See attached location

B 1 0328

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER.

HO-94-2169 fill in this form completely

Date Received (APA) 01/19/99

OWNER INFORMATION

Highland Development CMC P.O. Box 228 Clarksville MD 21029

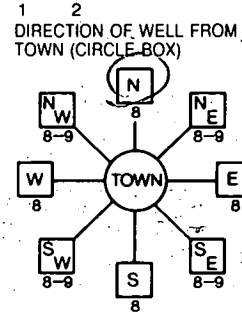
LOCATION OF WELL

Howard The Woods at Ridgemoor Calenwood 3 MILES FROM TOWN

DRILLER INFORMATION

Joseph E. Mayne MS DO 24 Joseph E. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RT 144 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 140 FT

WELL INFORMATION

APPROX. PUMPING RATE 500 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 20 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A59289B COUNTY NAME COUNTY NO. DATE ISSUED 03/02/99 EXP. DATE 3/2/00

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) 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 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)

APPROX. PERMIT NUMBER GAP PERMIT No HO-94-2169

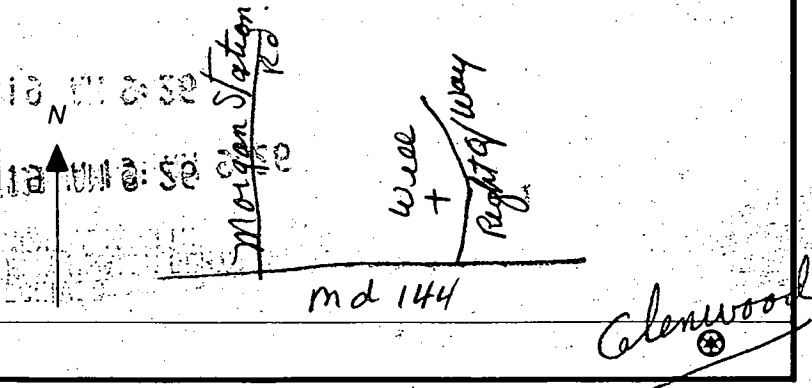
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 540

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



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PARCEL 1

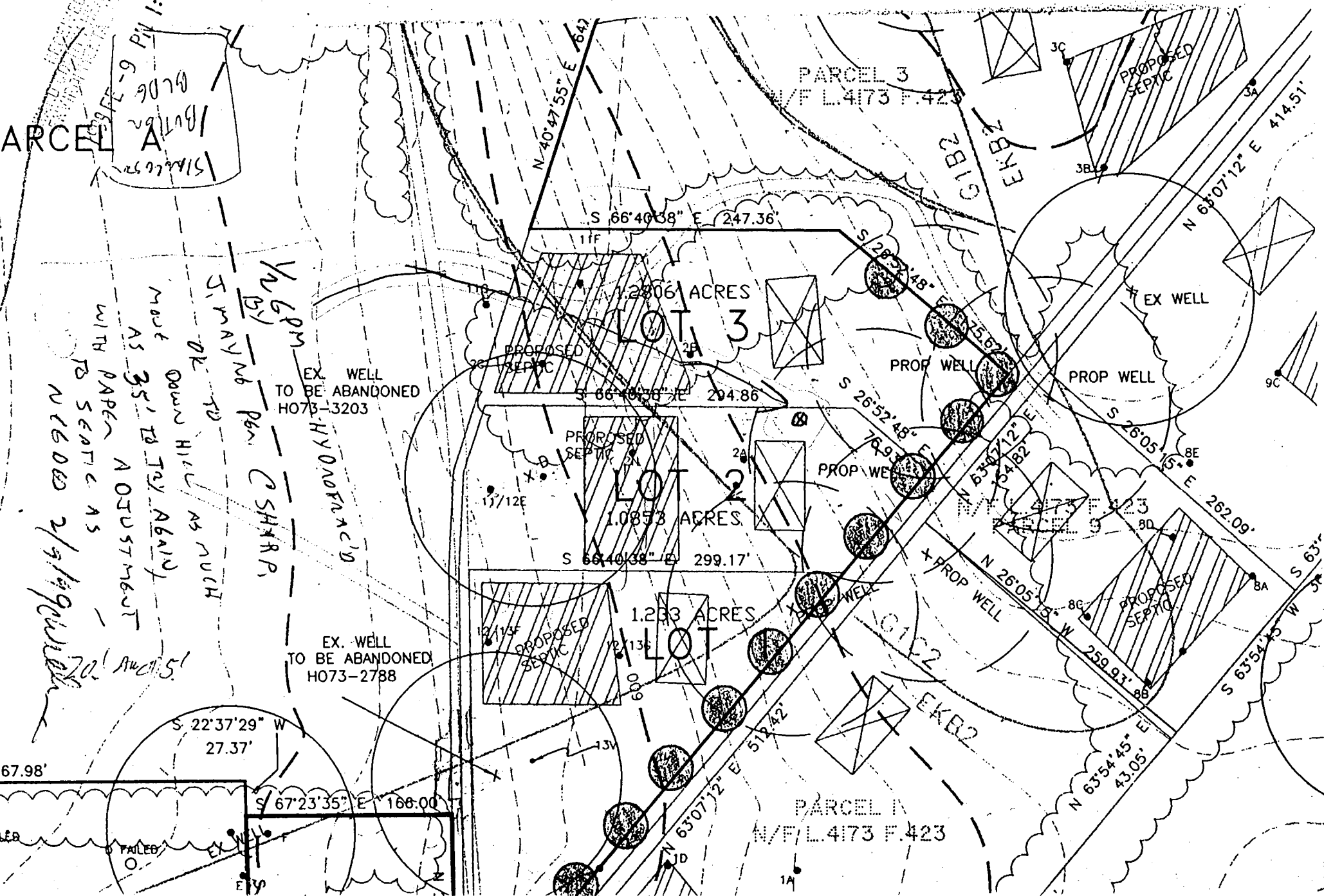
PARCEL 3
N/F/L 4173 F.423

PARCEL 1
N/F/L 4173 F.423

18070
GLOBE
1/16/62
1/16/62
9 PM 1:32

1/26 PM
BY SHARP
SIMPLY PER
OR TO DOWN HILL AS MUCH
AS POSSIBLE
WITH PAPER ADJUSTMENT
AS 35' TO TRY ABANDON
WELL TO BE ABANDONED
H073-3203
HYDROFRAC'D
H073-2788

20' April 5'



67.98'

S 22°37'29\" W
27.37'

S 67°23'35\" E 166.00'

1.233 ACRES

1.0873 ACRES

1.2806 ACRES

N 63°54'45\" E
43.05'

E 262.09'

S 26°05'15\" E

N 65°07'12\" E 414.51'

S 66°40'38\" E 247.36'

N 40°47'55\" E 642'

S 26°52'48\" E

S 28°32'48\" E

N 26°05'13\" W

S 26°52'48\" E

G1B2
EKB2

G1B2
EKB2

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROP WELL

PROP WELL

PROP WELL

PROP WELL

EX WELL

EX WELL TO BE ABANDONED
H073-3203

EX. WELL TO BE ABANDONED
H073-2788

9C

8A

8E

8D

8E

8E

8E

8E

8E

8E

8E

8E

1A

13V

12/13E

13/12E

11F

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PARCEL 4

3.3805 ACRES
147255 SQ. FT.

PARCEL 3

133,237 SQ. FT.
3.0587 ACRES

PARCEL 9

40,402 SQ. FT.
0.9275 ACRES

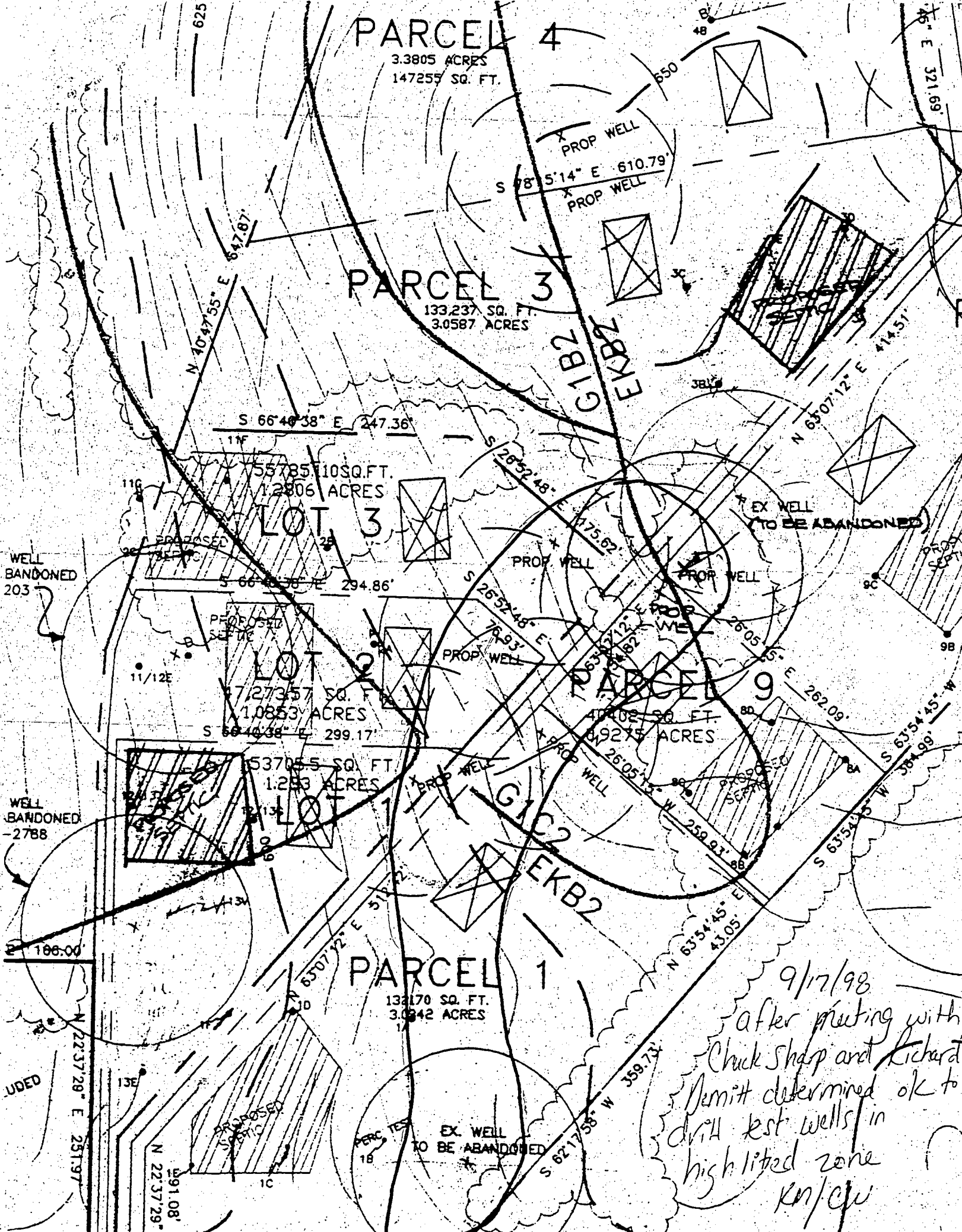
PARCEL 1

132,170 SQ. FT.
3.0342 ACRES

LOT 3
55,785 SQ. FT.
1.2806 ACRES

LOT 2
47,273 SQ. FT.
1.0853 ACRES

LOT 1
53,755 SQ. FT.
1.233 ACRES



WELL BANDONED
203

WELL BANDONED
-2788

UDED

9/17/98
after meeting with
Chuck Shap and Richard
Demitt determined ok to
drill test wells in
highlighted zone
Ker/cju

3/2/99

HO-94-1746 ~~Parcel~~ Originally issued to Parcel
3 - transferred to Lot 2

HO-94-2070 Originally issued to Lot 2 -
transferred to Parcel 3

HO-94-2169 Issued to Lot 2 - there will
be 2 ~~lots~~^{wells} on this lot -
HO 94 2169 & HO 94 1746

A McMillan

REAR

- ALL WALLS SHOWN 2x4" FRAMING
w/ 1/2" SHEETROCK - TREATED SILL.

B00141297

4/17/03 (JB)
OWNER CHANGED ROOM
SKIPS @ TIME OF
WALK-THRU FINISHING BUT

EXISTING
SLIDER

ENLARGE EXIST
WINDOW

EXIST
WINDOW

Studio
~~W/ P.P.~~
BEDROOM
#1

14'-9"±

14'-9"±

6'-0"

CLOSET

4'-0"±

2'-6"

SHOWER

W/C

BATH

10'-5"±

4'-4"

LINEN

CLOSET

6'-0"

14'-9"±

Office area
~~BEDROOM~~
#2

13'-8"±

EXIST
WINDOW

MEDIA
ROOM

16'-0"±

COLUMN

ARCH

5'-0" OPEN

19'-10"±

1/2 WALL

6'-0" OPEN
TV

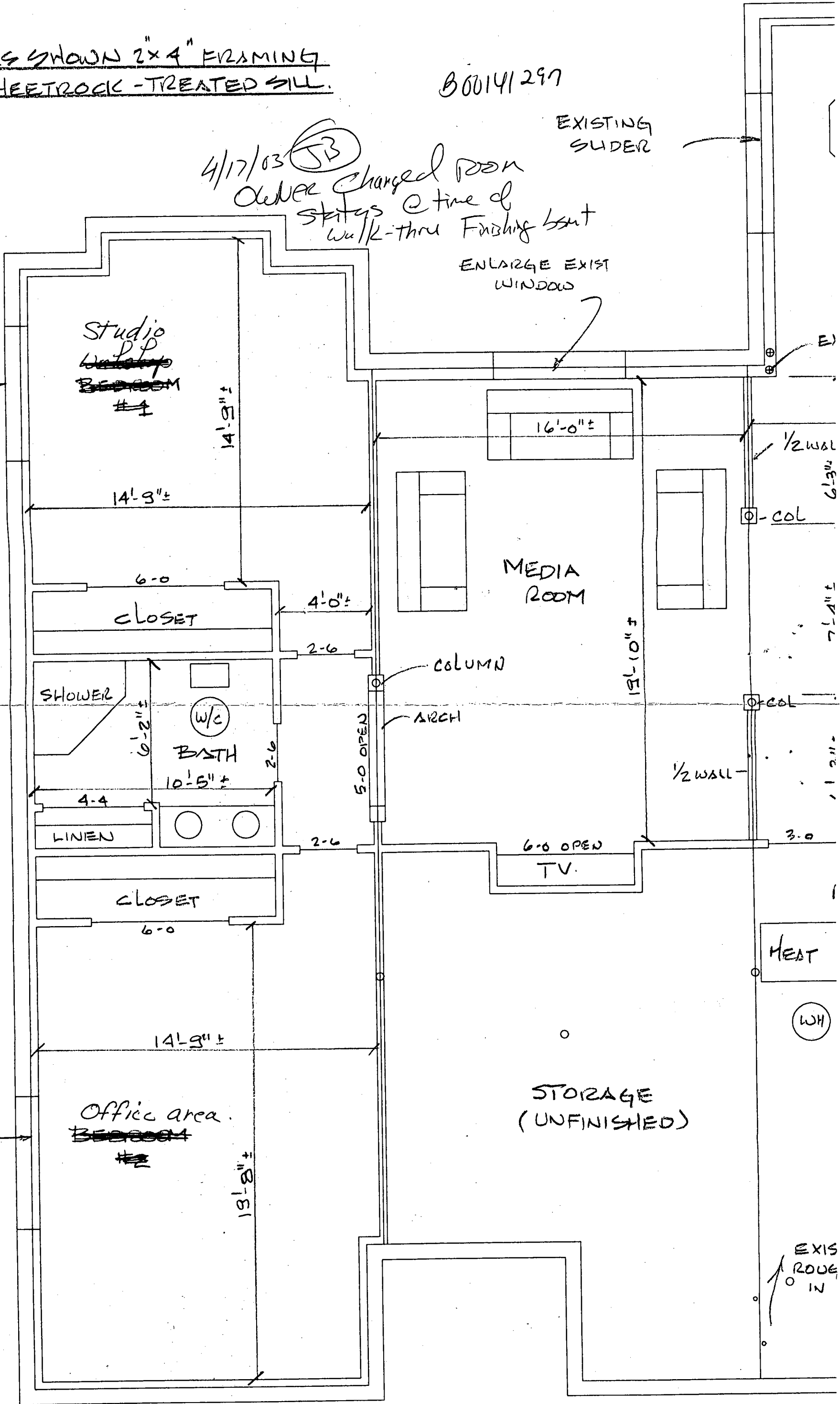
HEAT

WH

STORAGE
(UNFINISHED)

EXIST
ROUGH
IN

FRONT



Building Address: 15086 Frederick Rd
Woodbine, Md. 21797

Property Owner's Name: Edward F. Amos, Jr.
 Address: 15086 Frederick Rd
 City: Woodbine State: MD Zip Code: 21797

Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 City: Woodbine State: MD Zip Code: 21797

Census Tract: 6040 Subdivision: Woods at Park
 Home Phone: 410-489-7301 Work Phone: N/A
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section: N/A Area: N/A Lot: L2
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map: 8 Parcel: 194 Grid: 15
 Phone: _____ Fax: _____

Zoning: RC-DR Map Coordinates: _____ Lot size: _____
 Phone: _____ Fax: _____

Existing Use: Single Family Dwelling
 Contractor Company: Self

Proposed Use: Deck
 Contact Person: _____

Estimated Construction Cost: \$ 3000.00
 Address: _____

Description of Work: Deck 16'x15' on back of house - no steps
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____

Occupant or Tenant: Same
 Engineer or Architect Company: _____

Contact Name: _____
 Contact Person: _____

Address: _____
 Address: _____

City: _____ State: _____ Zip Code: _____
 City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____
 Phone: _____ Fax: _____

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"/> <u>Depth</u> <u>Width</u>	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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other suppression # of Heads: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

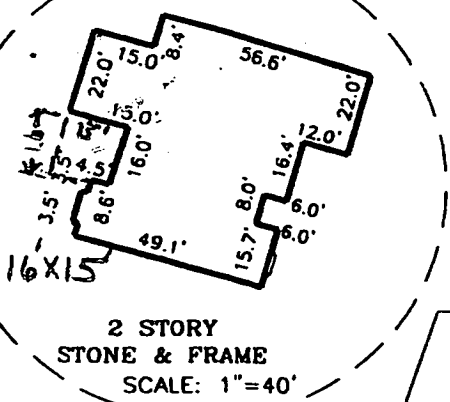
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Applicant's Signature: Edward F. Amos, Jr. Print Name: Edward F. Amos, Jr.
 Date: 2/8/01

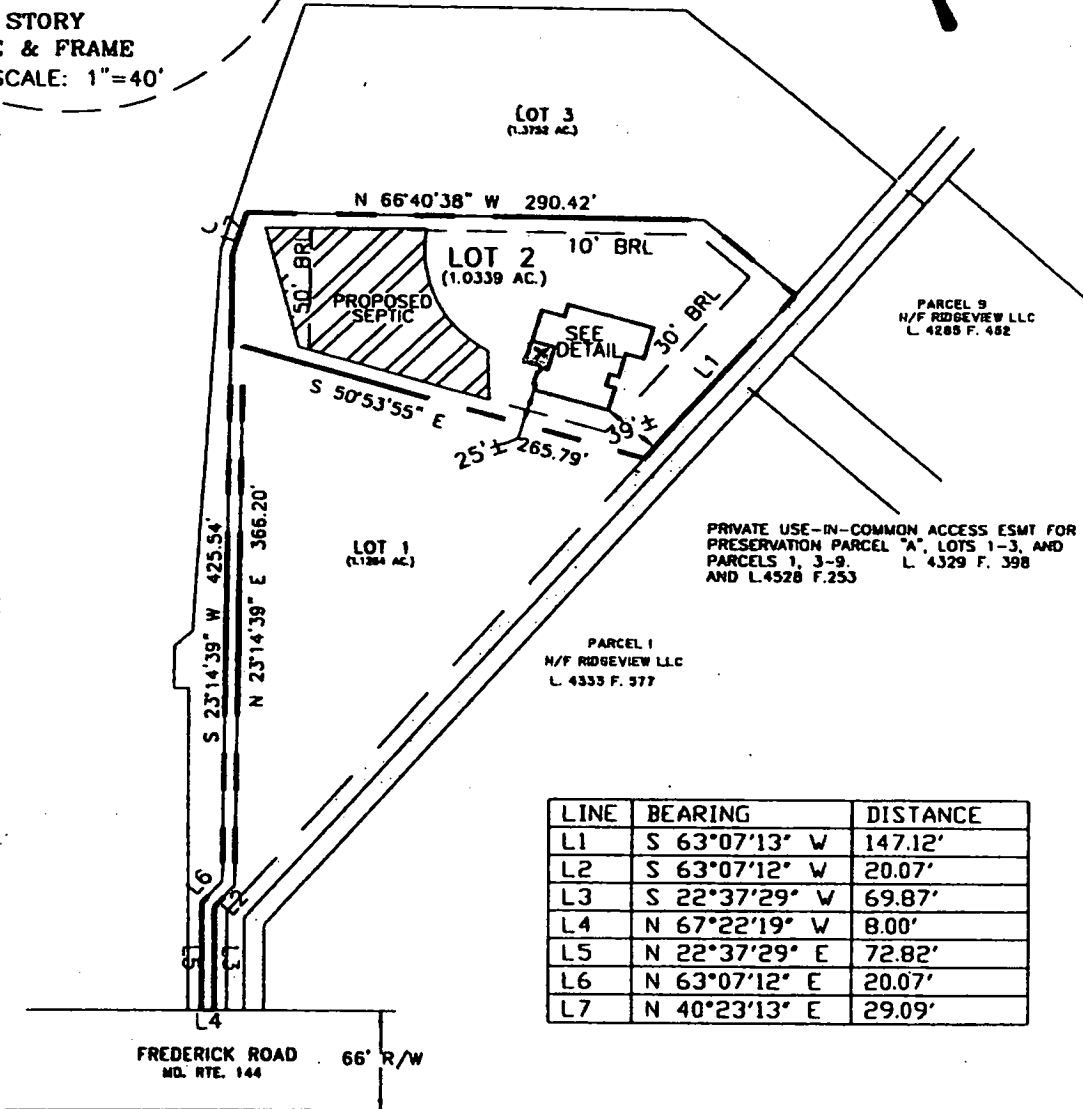
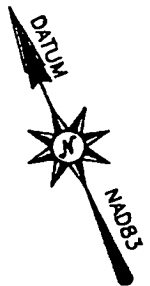
Title/Company: _____

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#
<input checked="" type="checkbox"/> Land Development DPZ	<u>2/8/01</u>	<u>[Signature]</u>	Front: <u>50'</u> Rear: <u>30'</u> Side: <u>10'</u> Side St.: <u>10'</u>	<u>43192</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1014</u> Validation # _____
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>2/8/01</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Fire Protection			Lot Coverage for New Town Zone _____ SDP/Red-line approval date: _____	
<input type="checkbox"/> Is Seismic Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by: <u>[Signature]</u>	
COMMUNITY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				



2 STORY
STONE & FRAME
SCALE: 1"=40'



LINE	BEARING	DISTANCE
L1	S 63°07'13" W	147.12'
L2	S 63°07'12" W	20.07'
L3	S 22°37'29" W	69.87'
L4	N 67°22'19" W	8.00'
L5	N 22°37'29" E	72.82'
L6	N 63°07'12" E	20.07'
L7	N 40°23'13" E	29.09'

2/8/01
Proposed deck
location as
shown
JLC

STATE OF MARYLAND
Professional Surveyor
Jefferson Lawrence
No. 2-26-00
Date

Offset dimensions shown thus NMA are generally within 1 (one) foot of the stated distance if 20 feet or less. Longer distances may exceed 1 foot margin proportionally. All offsets depend on site conditions and other factors including but not limited to: elevation changes, availability of property markers, availability and age of land record data, irregularly shaped and/or large lots.

Property shown herein is not in a flood plain per existing records unless otherwise noted

ANNETT & LAWRENCE, INC.
REGISTERED PROFESSIONAL ENGINEERS AND PLANNERS
17804 Georgia Avenue, Suite 302, Olney, Maryland 20832
Tel: (301) 924-4570 • Fax: (301) 924-5672

LOCATION DRAWING
THE WOODS AT RIDGEVIEW
LOT 2
HOWARD COUNTY, MARYLAND

Plat Book: Plat: Liber: Folio:

SURVEYOR'S CERTIFICATION
I hereby certify to the best of my knowledge and belief that the property delineated herein is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This drawing is not to be relied upon for the establishment or location of fences, garages, building or other existing or future improvements. This drawing does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. Questions pertaining to relationships of the property corners or lines to real objects must be addressed by a Boundary Survey. This drawing is of benefit to a consumer only insofar as it is required by lender or title insurance company or its agent in connection with contemplated transfer, financing or refinancing, and valid only within six months from field date, and as to them I warrant the accuracy of the drawing. No title report furnished.

Job No. 22-306
Scale 1"=100'
Field Dates
Wall Check 11/01/99
Final Loc. 24 FEB 00
Recert