

6/16/99
152
4/17/99

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-314794

P 511537

A 59289-I

DISTRICT _____

DATE 4/23/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 6/17/99

INSPECTOR DLS

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION The Woods at Ridgeview LOT Parcel 8 ROAD 15058 Frederick Road

PROPERTY OWNER Williamsburg Group LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS *****HOUSE WILL NOT HAVE SEWER BY GRAVITY*****

BASEMENT

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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 262.09' and 374.77' lot lines, begin trenches 195 feet up the 374.77' lot line and 135 feet off that same lot line. Run trenches on contour toward the 262.09' 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. OK/MR

PLANS APPROVED BY Amy McMillen DATE 3-24-1999

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

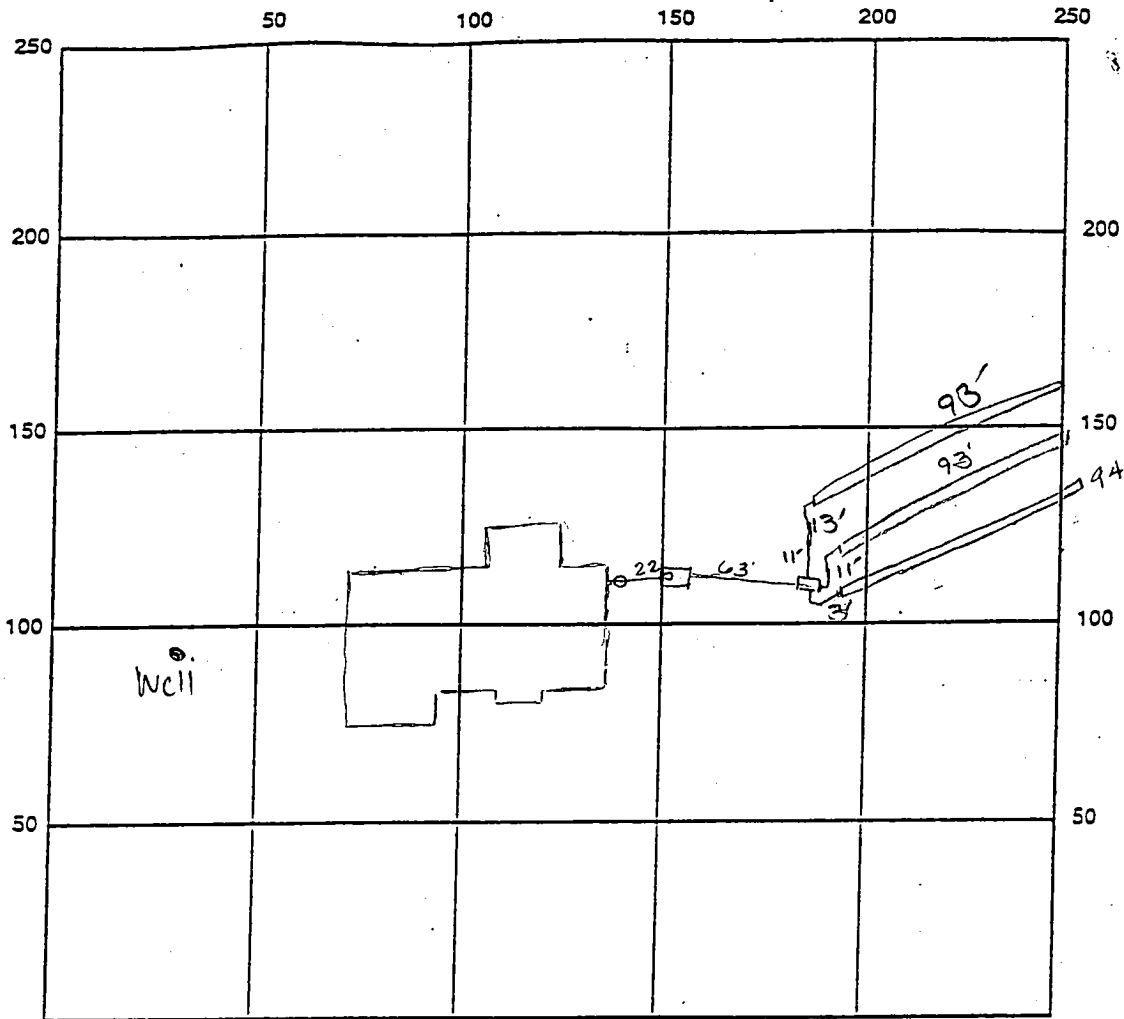
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

2000 PERMIT SK3110
AND RETURNED 6-28-99
Serial # 210118818
perman tank

159289-1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1500gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK bottle 15 in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 1 x 94 2 x 93 FT. → 280

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/16/99 OK to continue and cover 1st trench &

6/17/99 FINAL INSP - OK TO COVER all work JKS

DATE SYSTEM APPROVED 6/17/99 INSPECTOR [Signature]

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 300118818

Building Address 15056 FREDERICK RD.
WINDBINE, MD 21777
 Suite/Apt. #: - SDP/WP/Petition #: F7L-141
 Census Tract 6040 Subdivision THE WINDS AT RIDGEVIEW
 Section - Area - Lot 8
 Tax Map 8 Parcel 601 Grid 15
 Zoning Res Map Coordinates 411A Lot size 3.0051 AC

Property Owner's Name WILLIAMSBURG GROUP
 Address PO Box 1077
 City COLUMBIA State MD Zip Code 21044
 Home Phone - Work Phone 410/717-2800
 Applicant's Name & Mailing Address, (if other than stated hereon):
N/A
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ PROPANE HEAT
 Estimated Construction Cost \$ 3,000
 Description of Work BURY 500 GALLON
PROPANE TANK FOR HEATING
PURPOSES.

Contractor Company UNITED PROPANE
 Contact Person STEVE HOLTZ
 Address 205 NASHLES RD.
 City MILLERSVILLE State MD Zip Code 21107
 License No. _____
 Phone 703/532-1013 Fax 410/717-5906

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input checked="" 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: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Dimensions: _____	
Footings: _____	
Roof: _____	
<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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company Agent/Williamsburg

Print Name SUZANNE P. DAVIS
 Date 6/17/99

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			Front: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health	<u>6/18/99</u>	<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>6354</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date: _____	Validation # _____
			Accepted by _____	

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00116634

Building Address 15057 FREDERICK RD.
WOODBINE, MD 21797
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6040 Subdivision THE WOODS AT RIDGEVIEW
 Section - Area - Lot PARCEL 8
 Tax Map 8 Parcel 3330 Grid 15
 Zoning RC-LEO Map Coordinates Y 11A Lot size 130,902 sq ft

Owner's Name WILLIAMSBURG GROUP LLC
 Address PO Box 1018
 City COLUMBIA State MD Zip Code 21044
 Home Phone - Work Phone 410/997-8600
 Applicant's Name & Mailing Address, (if other than stated hereon):
N/A
 Phone - Fax -

Existing Use VACANT LOT
 Proposed Use SDP
 Estimated Construction Cost \$ 100,000
 Description of Work CUSTOM BLD, 300107015
2 STORY, FULL BSMT, 13R,
3 FB, 1 HB, 1 FP, 2 CAR GARAGE,
4 BR, BSMT (STUDY ELEC ONLY)

Contractor Company SAME AS OWNER
 Contact Person -
 Address -
 City - State - Zip Code -
 License No. - Phone - Fax -

Occupant or Tenant SAME AS OWNER
 Contact Name -
 Address -
 City - State - Zip Code -
 Phone - Fax -

Engineer or Architect Company LISA R. SUNDERWIRTH ASSOCIATES
 Contact Person -
 Address 640 PLYMOUTH RD.
 City CATONSVILLE State MD Zip Code 21229
 Phone 910/788-0281 Fax -

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input 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"/>
Use group: _____	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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Suzanne P. Davis Print Name SUZANNE P. DAVIS
 Title/Company AGENT/WILLIAMSBURG Date 3/11/99

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>3/24/99</u>	<u>A McMullen</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> As Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 40093

Filing Fee \$ 25
 Permit Fee \$ 1050
 (.10 sq. ft. (.15 sq. ft.
 Excise Tax \$ 5266
 (.40 sq. ft. (.80 sq. ft.
TOTAL FEES 5299
 Check # 3172
 Validation # _____
 Accepted by: _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3625-N Ellicott Mills Drive
 Ellicott City, MD 21043
 481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 9/10/99

Name of Installer Charles A. Klein & Sons, Inc.

Telephone (410) 592-6960

License Number 16521

Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner William C. Green

Telephone (410) 997-8800

Subdivision WOODS AT RIDGEVIEW Lot # 18

Well Tag # HO-99-1726

Site Address 15059 FREDERICK ROAD

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make Grundfos
3. Model # _____
4. Capacity 5 gpm GPM

Motor

1. Horsepower 3/4
2. RPM 5 gpm
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type 1" Polyethylene
2. Size 1/2"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth 400 ft.
2. Yield 1.5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: Charles A. Klein Jr.

Date: 9/10/99

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

APPLICATION

225
188
11/13/98
4/1/98

PERCOLATION TESTING

A 59289 I

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 - Williamsburg Group

ADDRESS _____ PHONE 410 531 5539

AGENT OR PROSPECTIVE BUYER Chuck Gray

ADDRESS 3779 Gray Road PHONE 410 4894630

PROPERTY LOCATION: Glenwood Md. 21738

SUBDIVISION 15058 LOT NO: lot 8

ROAD AND DESCRIPTION Old Frederick Road Woodlawn

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

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 Gray
(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 _____

BLDG. PERMIT SIGNED
AND RETURNED 5-24-99
Serial # B 07114634
SFD-4 Ben

THIS IS NOT A PERMIT

59289I

COUNTY #

SOIL PROFILE

9D

orange/red clay loam

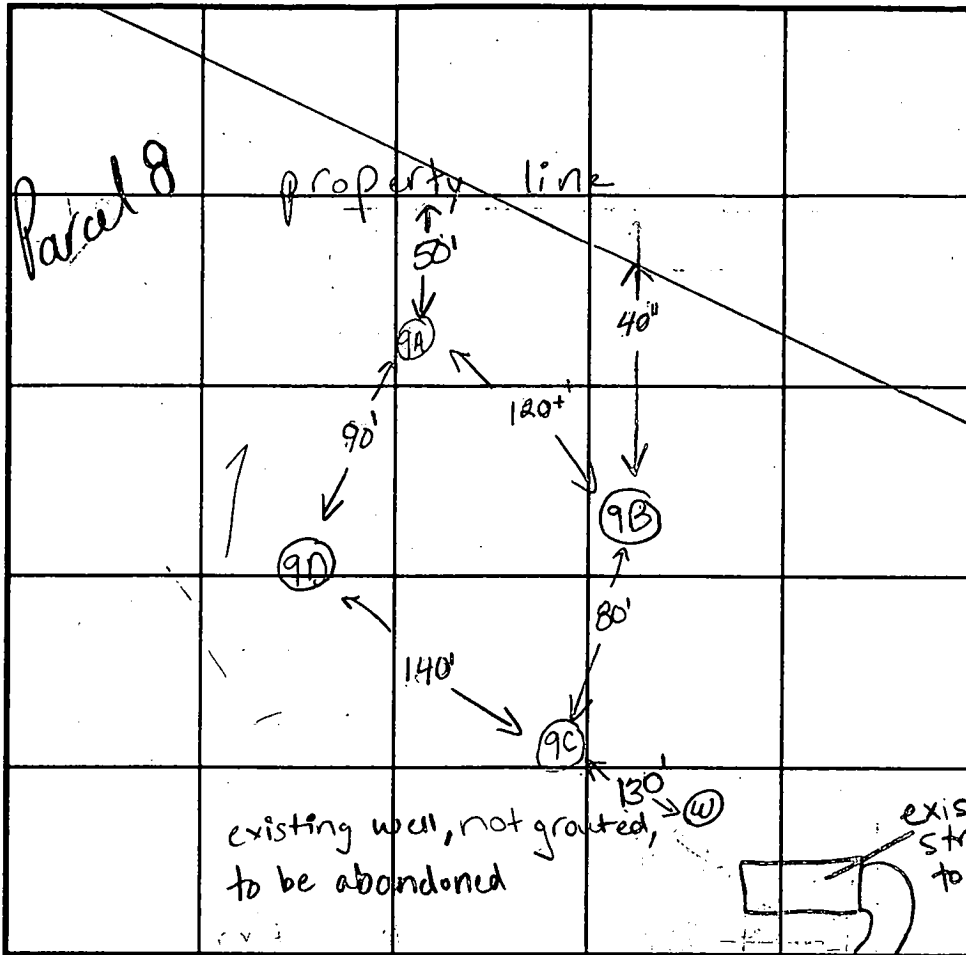
pink tan silty loam
10% shale frags

9C

Same as test hole #9D

9B

Same as test hole #9D



SOIL PROFILE

9A

orange/red clay loam

14 tan, yellow, pink silty loam
15-20% shale frags

4.0'

11.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/13/98	9D	3.0'S	10:20	10:30	SLOW - Dug deeper		
		12.0'D	Visual	ok	see profile		
		14.0'S	10:37	10:42	10:42	10:52	10min
	9C	3.0'S	10:23	10:27	10:27	10:37	9:30
		6.0'S	10:27	10:29	10:29	10:31	1:30
		12.0'D	Visual	ok	see profile		
	9B	3.0'S	10:32	10:39	10:39	10:51	12min
		12.0'D	Visual	ok	see profile		
	9A	3.0'S	10:53	10:56	10:56	11:00	4min
		11.5'D	Visual	ok	see profile		

REMARKS test holes staked

TYPE OF SOIL _____

TESTED BY Kim Maisto ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7-8 minutes TRENCH WIDTH 3.0

INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT/BEDROOM 210

C1 04028 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 A 59289 I

ST/CD USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 11 12 98

MM 10 20 98

22 400' 26 (TO NEAREST FOOT)

HO-94-1726

OWNER Highland Development last name first name TOWN Glenwood SUBDIVISION The Woods at Ridgeview SECTION LOT Parcel 8

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 5 NO. OF POUNDS 470

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

CASING RECORD

casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 21

OTHER CASING (if used)

diagram showing casing diameter and depth

SCREEN RECORD

screen type or open hole ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Diagram showing well depth and casing depth

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 61 ft.

WHEN PUMPING 316 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (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)

Diagram showing casing height above and below land surface

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 Locations

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

DESCRIPTION (Use additional sheets if needed)

Table with columns: FEET FROM, FEET TO, check if water bearing. Rows: Brown Shale 0-8, Gray Granite 8-400.

Dry wells backfilled 525-40 drilling materials 40-0 cement 325-40 drilling materials 40-0 cement

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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. 1 M S D O 24 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 M D

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/9/98 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) no tag

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 94 - 1726

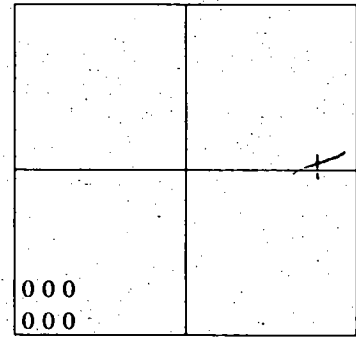
* PERSON ABANDONING WELL: Joseph L. Maune

WELL DRILLERS LICENSE NUMBER: 024

* OWNER'S NAME: Highland Development

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Cleene wood
 TAX MAP 8 BLOCK 15 PARCEL 56
 SUBDIVISION: The Woods at Ridgeway
 SECTION: _____ LOT: Parcel 8
 NEAREST ROAD: Rt 144



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 790
 N 540

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 80 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
<u>gravel</u>	<u>40</u>	<u>80</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Maune LICENSE # 024 MWD/MSD/MGD CIRCLE ONE DATE 10/10/98

B 1 **9619** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-1726**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **4-7-98** 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 Ridgemoor SUBDIVISION
 SECTION **Parcel 8** LOT 48 50
Clanwood NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** M. I. 73 76 77 78

DRILLER INFORMATION
Joseph & Maoye MSD024
 Driller's Name License No.
Joseph & Maoye Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy 21771
 Address
Joseph & Maoye 4/9/98
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
RT 144 and Rightway NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
720 DISTANCE FROM ROAD 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)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 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)

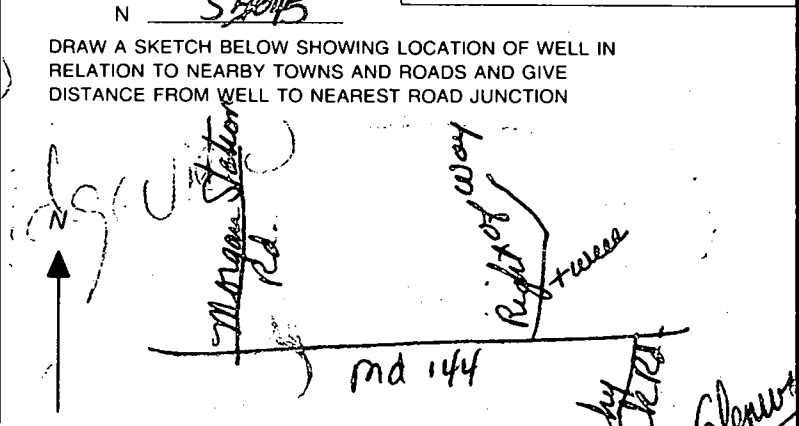
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A.59289 I COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED **9/9/98** Kim Maisto **9/9/99**
 NORTH GRID **545 000** EAST GRID **790 000**

APPROXIMATE DEPTH OF WELL **260** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

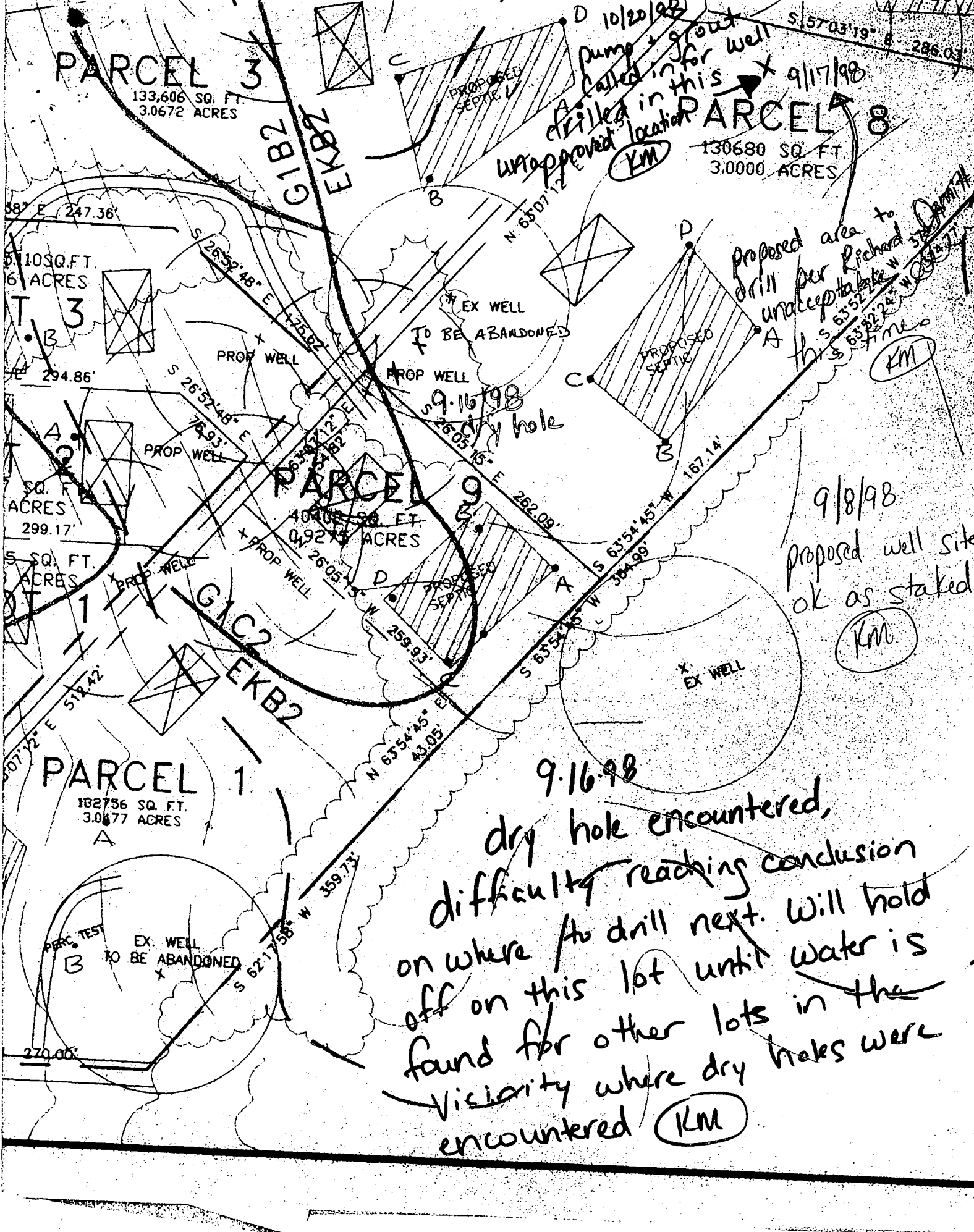
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **10/20/98**
 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **78090**
 N **54015**

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) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO-94-1726** G A P
 FORCE **Km** WRITE INITIALS IN BOX PERMIT No. **HO-94-1726**



10/20/98
 Pump + grout
 drilled in for well
 unapproved location
 9/17/98
 PARCEL 8
 130680 SQ. FT.
 3.0000 ACRES

proposed area to
 drill per Richard
 unacceptable
 this time
 KM

9/8/98
 proposed well site
 ok as stated.
 KM

9.16.98
 dry hole encountered,
 difficulty reaching conclusion
 on where to drill next. Will hold
 off on this lot until water is
 found for other lots in the
 vicinity where dry holes were
 encountered KM

PARCEL 4

3.3805 ACRES
147255 SQ. FT.

PARCEL 3

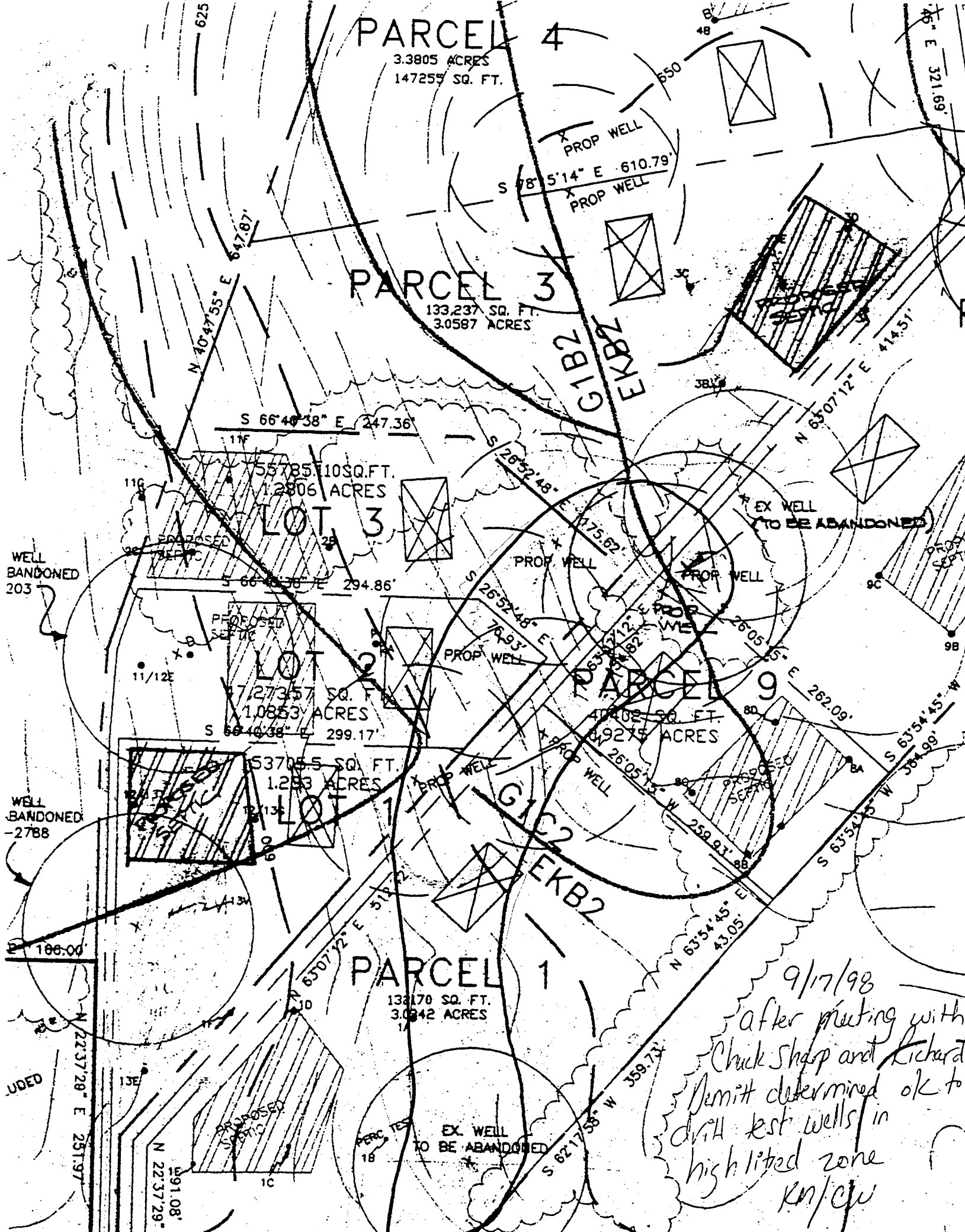
133,237 SQ. FT.
3.0587 ACRES

PARCEL 9

40,002 SQ. FT.
9215 ACRES

PARCEL 1

133,170 SQ. FT.
3,042 ACRES



9/17/98
 after meeting with
 Chuck Sharp and Richard
 Demitt determined ok to
 drill test wells in
 highlighted zone
 km/cpw

WELL BANDONED
-203

WELL BANDONED
-2788

UDED

EX WELL
TO BE ABANDONED

SITE INSPECTION SHEET

OWNER: C SHARP

DATE REQUESTED: 4/16/98

ADDRESS: _____

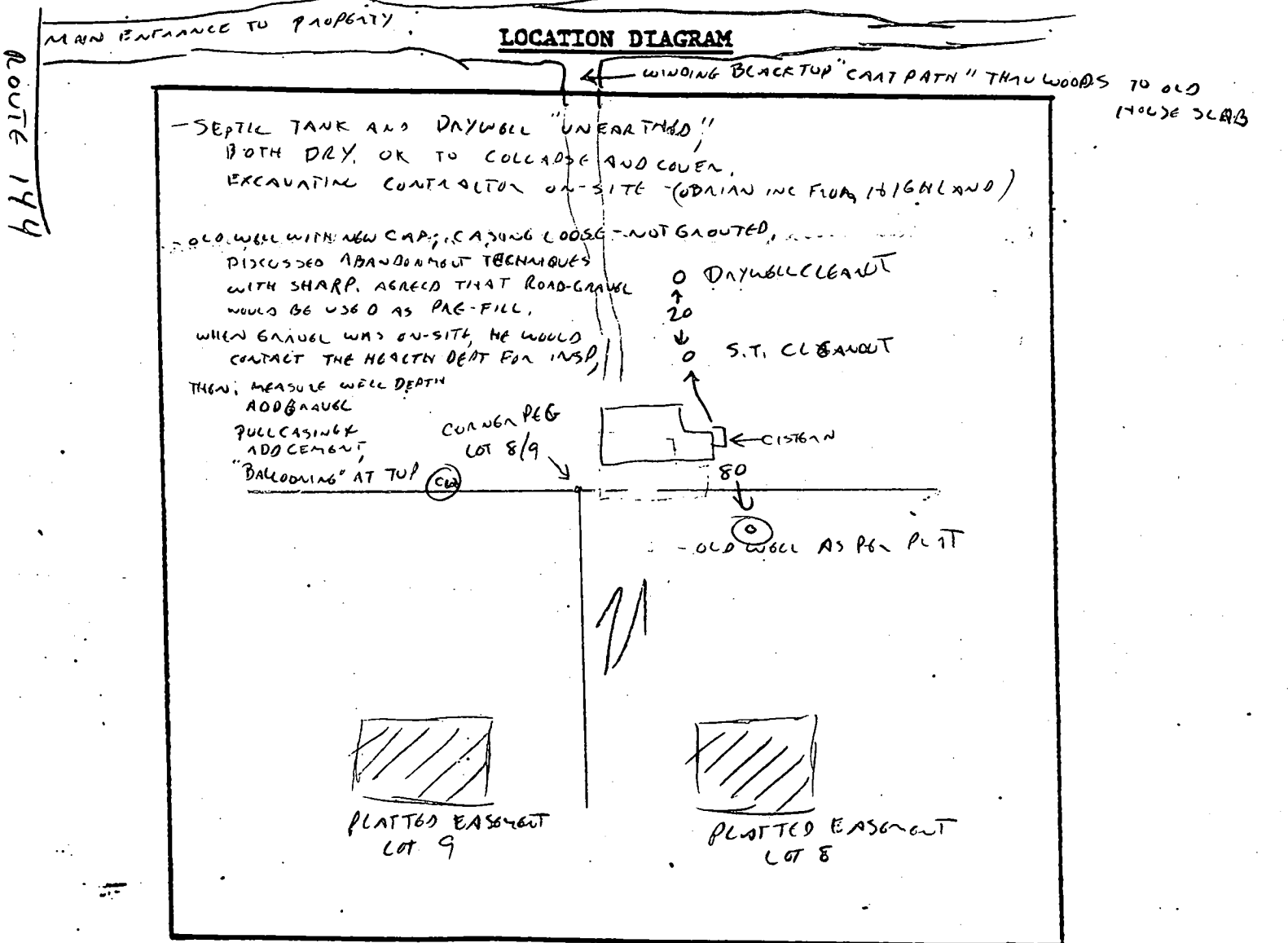
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: DAEDALEAN PROPERTY RESIDENCE DEMOLISHED w/o PERMIT.

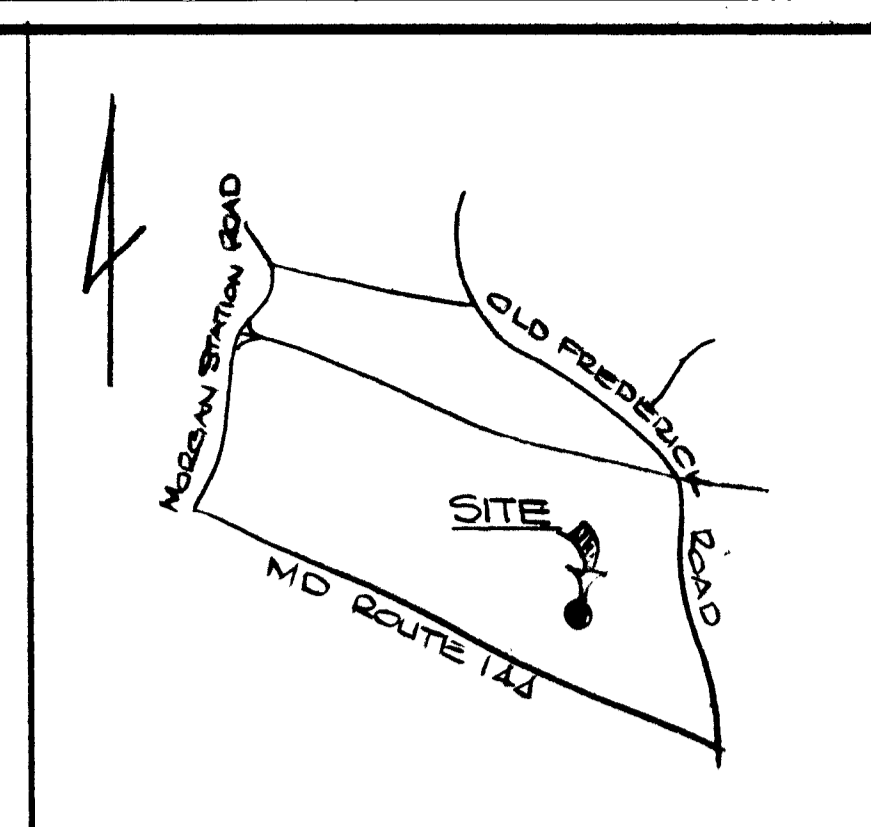
WELL & SEPTIC ABANDONMENT INSPECTION RELATIVE TO SAME, (CW)



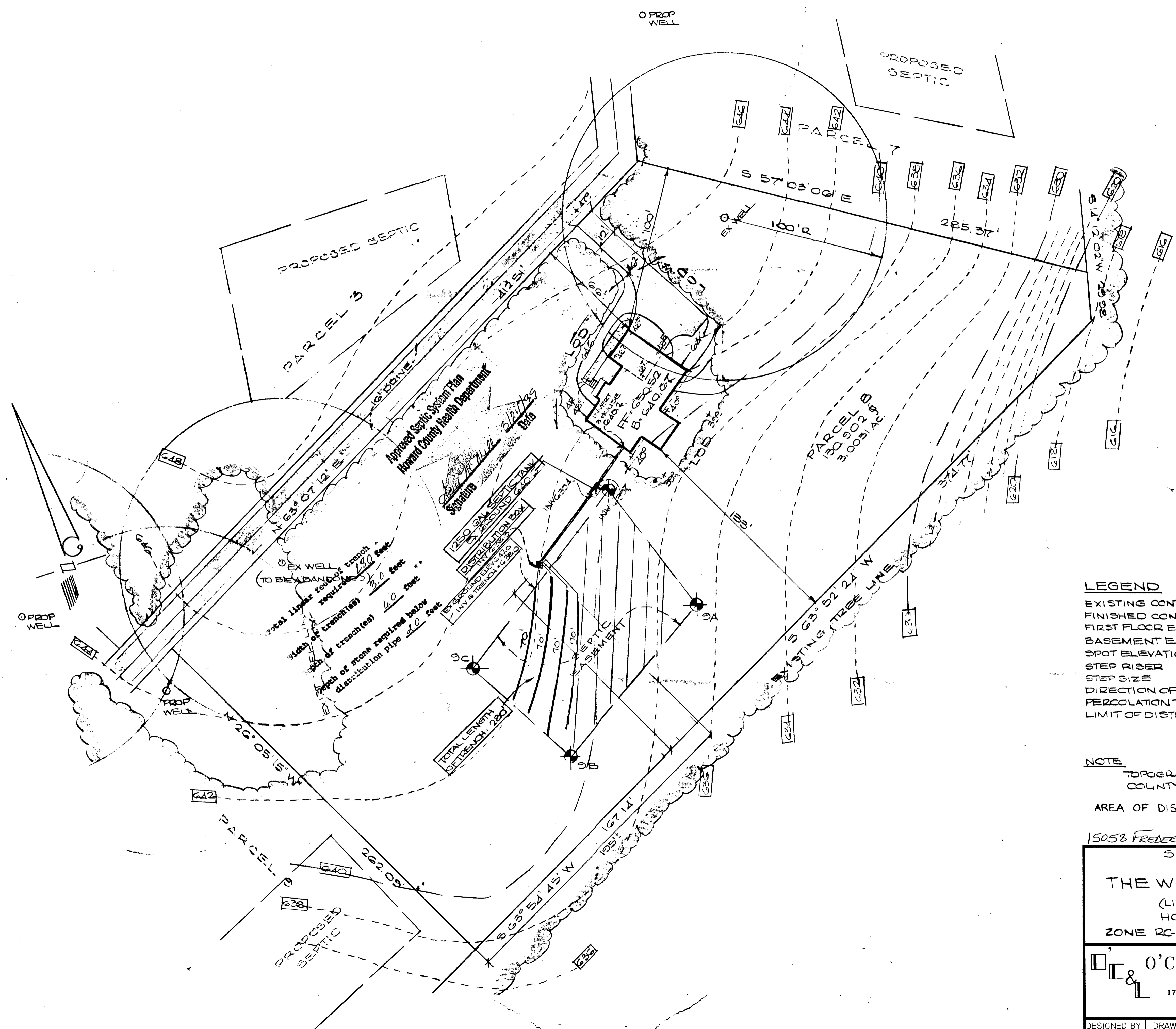
COMMENTS: _____

DATE: _____

INSPECTOR: _____



VICINITY MAP
SCALE 1" = 4000'



LEGEND

EXISTING CONTOURS	---
FINISHED CONTOURS	---
FIRST FLOOR ELEVATION	FF = 650.52
BASEMENT ELEVATION	B = 610.67
SPOT ELEVATION	+ 18"
STEP RISER	12"
STEP SIZE	7 1/2"
DIRECTION OF DRAINAGE	→
PERCOLATION TEST HOLES	⊙ 9A, 9B, 9C, 9D
LIMIT OF DISTURBANCE	⊖ LOD

NOTE:
TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY TOPOGRAPHY MAPS
AREA OF DISTURBANCE = 11,000 S.F. +/-

15058 FREDERICK RD., Bldg. Permit # B00116634

SITE DEVELOPMENT PLAN
PARCEL 8
THE WOODS AT RIDGEVIEW
(LISBON) 4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
ZONE RC-DEO TAXMAP #8 PARCEL 386

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

DESIGNED BY RMT	DRAWN BY RMT	DATE: MARCH 20 11:30	SCALE: 1" = 30'	PROJECT/JOB # 751-058	SHEET NO. 1 OF 1
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