

8/2/00
Lunch / Late
8/10/00
3:00

PERMIT

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

P 514166

A 59833-B

ISSUE DATE 8/2/2000

APPROVAL DATE 8/10/00

INDEXED
05-431085

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION Holly Crest I LOT NUMBER 2 ADDRESS 13804 Holly Crest Lane

PROPERTY OWNER Allan Homes Inc. PROPERTY OWNER'S ADDRESS P.O. Box 1058

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

*** TOP SEAMED SEPTIC TANK REQUIRED ***

LINEAR FEET OF TRENCH REQUIRED 280

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: Place the distribution box 90' from the rear lot line and 85' from the left lot line. Run trenches on contour to rear of lot. OK 6/22/00 DKG

PLANS APPROVED Mark E. Rifkin DATE 6/6/2000

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

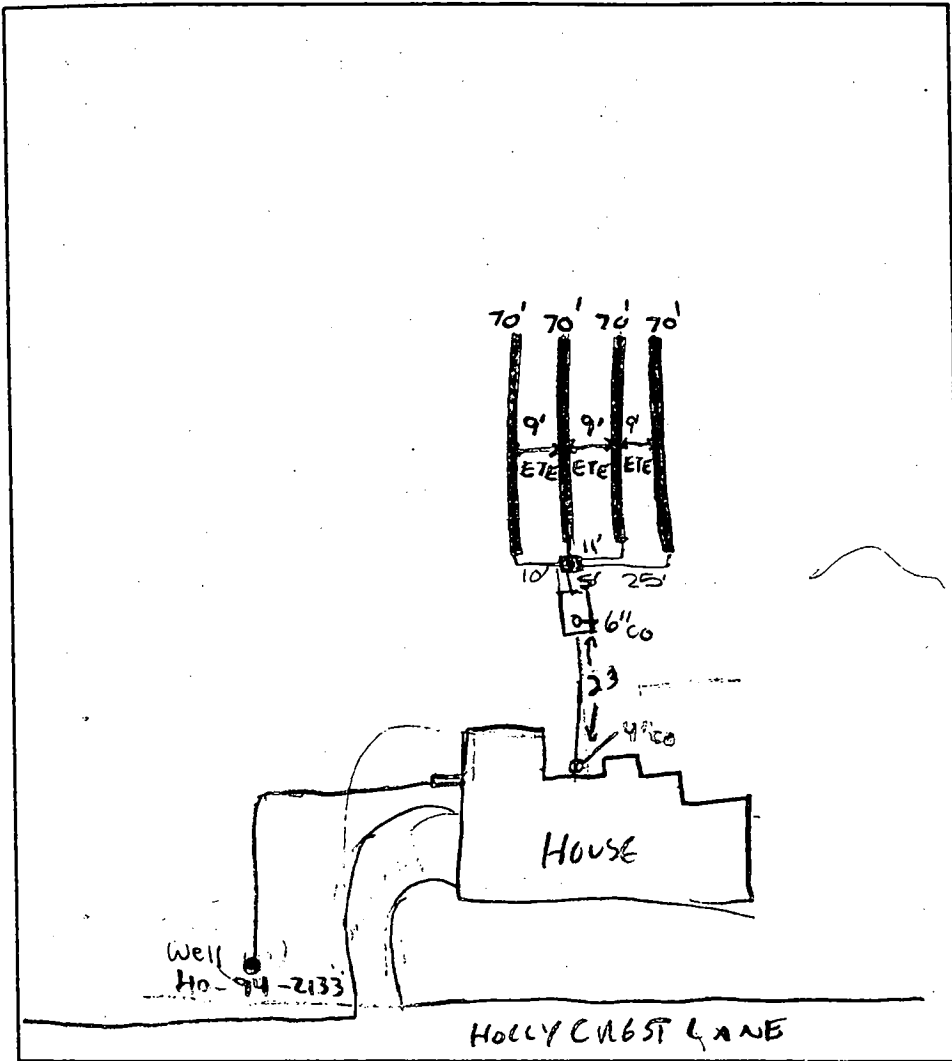
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A59833-0

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4
 TRENCH BOTTOM DEPTH 6
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 840
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX
 4" ON D BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 ^{TOP SEPT} GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: HEAVY RAIN - TANK IS FULL OF WATER - NEEDS PUMPOUT 8/8/00

INSPECTION COMMENTS: 8/9/00 A.M. OK TO CONTINUE WORK. DKS
8/9/00 P.M. OK TO COVER FIRST 3 TRENCHES AND CONTINUE
WORK. DKS 8/10/00 - OK TO COVER ALL WORK (SPU)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 8/10/00

8/16/00 AM
WPT

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer DELUXE PLUMBING + HEATING

Telephone 410-549-2118

License Number 8494

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner ALLAN HOMES INC.

Telephone 410-381-1414

Subdivision HOLLY CREST Lot # 2

Well Tag # HO-94-2133

Site Address 13804 HOLLY CREST LAKE

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make GOUIDS
- 3. Model # 76507412L
- 4. Capacity 7 GPM

Motor

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

Pitless Adapter

- 1. Make HARVARD
- 2. Model # PT 800
- 3. Depth 4'

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

Tank

- 1. Capacity _____
- 2. Pressure relief valve? YES

Piping

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

Well data

- 1. Depth 305 ft.
- 2. Yield 3 GPM
- 3. Static water level 49' 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.

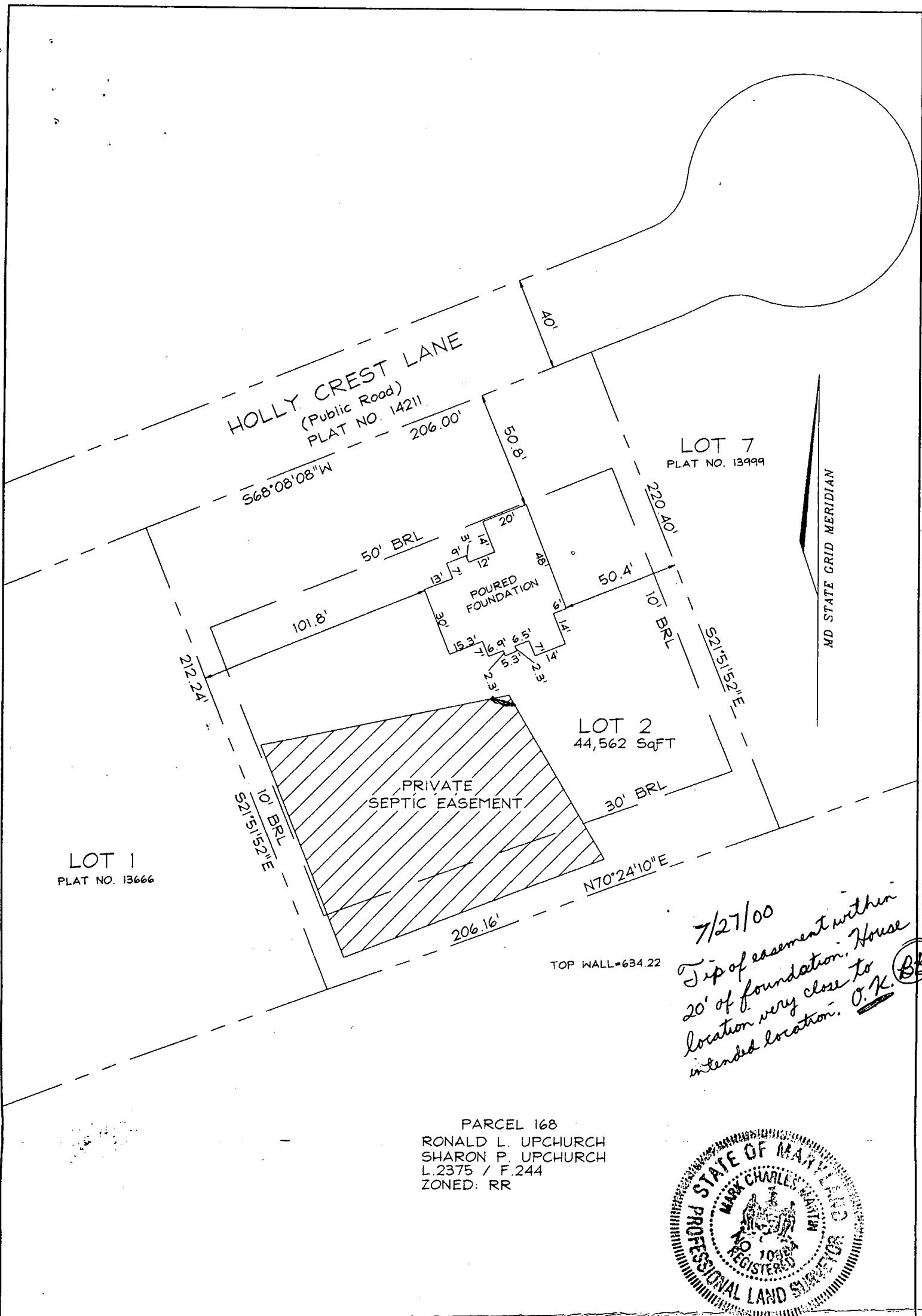
8/16/00- WPTOK

SRU

Signature of Applicant: [Signature]

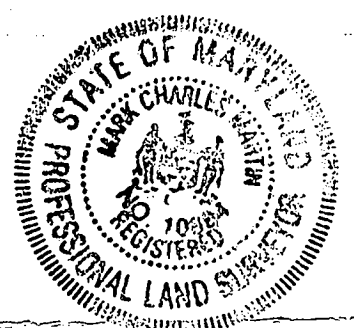
Date: 8-3-00

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



7/27/00
 Tip of easement within
 20' of foundation. House
 location very close to
 intended location. O.K. **BB**

PARCEL 168
 RONALD L. UPCHURCH
 SHARON P. UPCHURCH
 L.2375 / F.244
 ZONED: RR

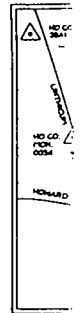
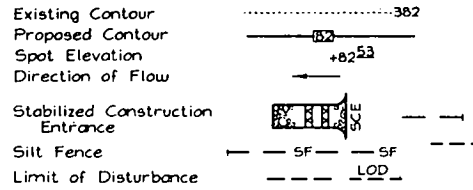


RECORD REFERENCES LIBER/FOLIO _____ PLAT BOOK _____ N/A PLAT NO./FOLIO _____ 13666 SCALE _____ 1"=50' DATE _____ 6-22-00	WALL CHECK OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin</i> 6/22/00 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884
	LOT 2	
	HOLLY CREST	
	HOWARD COUNTY MARYLAND	

GENERAL NOTES

1. Length of trenches to be determined at time of permit issuance.
2. Existing topography was field run by Vogel & Assoc.
3. Reference: Plat No. 13666
4. By approval of this plan, Howard County Health Dept. accepts the changes to the Private Sewer Easement.

LEGEND



SEQUENCE OF CONSTRUCTION

1. Obtain grading permit.
2. Install sediment controls as shown on plan in accordance with details.
3. Grade site.
4. Construct house.
5. After the site is permanently stabilized and permission is granted from the Howard County Sediment Control Inspector, remove sediment controls and stabilize any remaining disturbed areas.

1 Day
 3 Days
 6 Months

Total linear feet of trench required 280 feet.

Width of trench(es) 3 feet

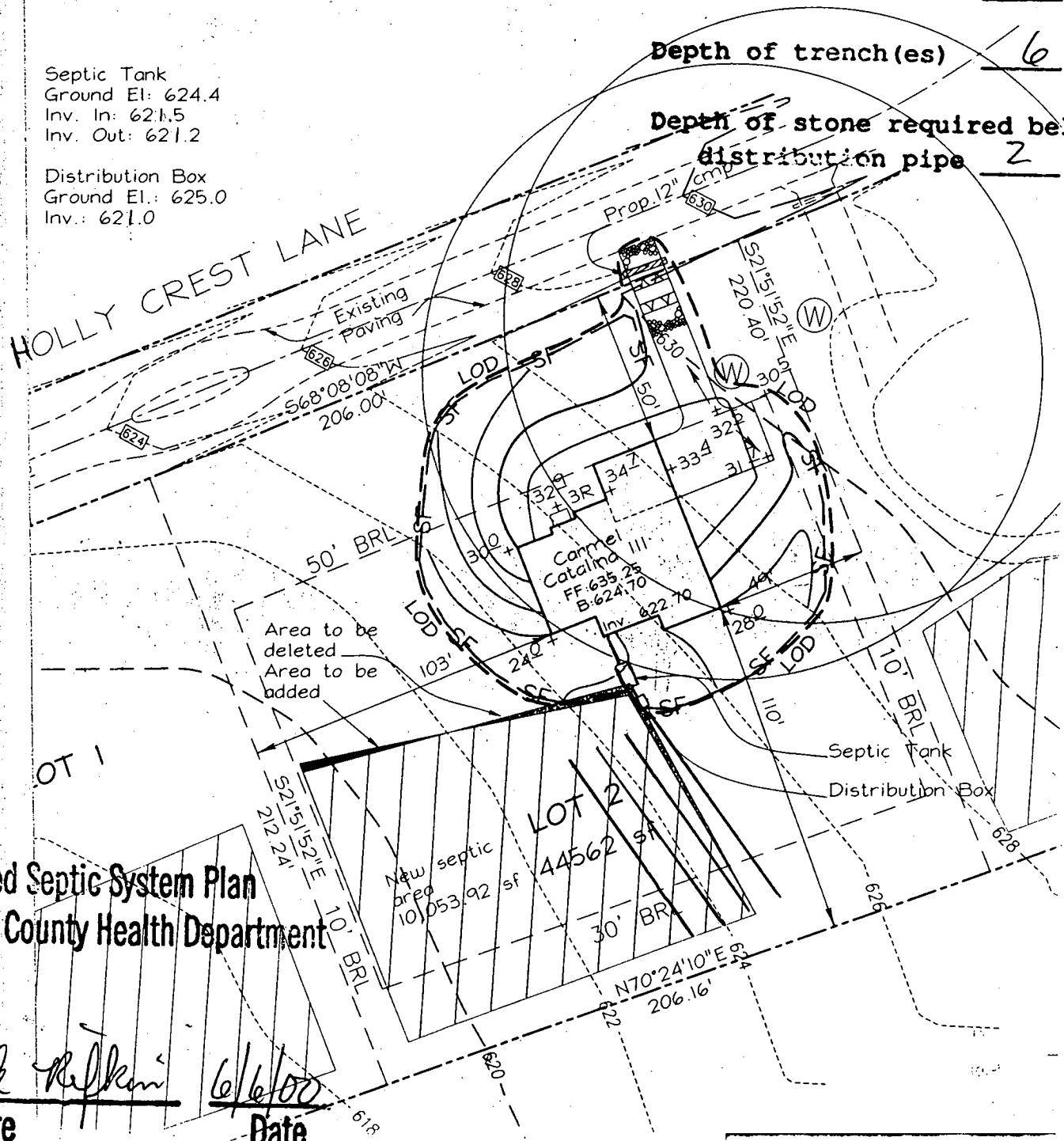
Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

Septic Tank
 Ground El.: 624.4
 Inv. In: 621.5
 Inv. Out: 621.2

Distribution Box
 Ground El.: 625.0
 Inv.: 621.0

HOLLY CREST LANE



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

Mark Reifman
 Signature

6/6/00
 Date

SCALE = 1:50

Building Address: 13804 Holly CREST LANE
DAUNTON MD 21036
 Suite/Apt. #: N/A SDP/NWP/Petition #: N/A
 GPO-168
 Census Tract: 6051-01 Subdivision: Holly CREST
 Section: 1 Area: N/A Lot: 2
 Tax Map: 78 Parcel: A Grid: 1
 Zoning: RK-DEC Map Coordinates: 13M11 Lot size: 44,562 sq ft

Property Owner's Name: Allan Homes Inc.
 Address: P.O. Box 105P
 City: Columbia State: MD Zip Code: 21014
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone: 410-381-1414 Fax: 410-381-1211

Existing Use: Vacant lot
 Proposed Use: SFD
 Estimated Construction Cost: \$ 100,000
 Description of Work: CARMEL/CATALINA III
W/SUNROOM, 4 BDRMS, 2 1/2 baths

Contractor Company: Allan Homes Inc.
 Contact Person: Jeanine & Dixon
 Address: P.O. Box 105P
 City: Columbia State: MD Zip Code: 21044
 License No.: _____
 Phone: 410-381-1414 Fax: 410-381-1211

Occupant or Tenant: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: SINEX DESIGN
 Contact Person: Steve Sinex
 Address: 9014 Blue Pkwy
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-964-2554 Fax: 410-992-7367

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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 type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms: <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
State Certified Modular _____ 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 TO THIS PROJECT; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]
 Title/Company: PRESIDENT

Print Name: ALLAN WASCHAK
 Date: 5/22/10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>6/6/10</u>	<u>Mark Eskin</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START:	<input type="checkbox"/>	
ONE STOP SHOP:	<input type="checkbox"/>	

DEPT SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee: \$ <u>25</u>
Rear: _____	Permit fee: \$ _____
Side: _____	Excise tax: \$ _____
Side St: _____	Sub-total paid: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
Lot Coverage for New Town Zone: _____	Check: # <u>9328</u>
SDP/Red-line approval date: _____	Validation: # <u>31250</u>
Accepted by: <u>[Signature]</u>	

APPLICATION

PERCOLATION TESTING

A 59833

P _____

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

DISTRICT _____

DATE 2/18/98

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 Allen Brown

ADDRESS 4609 Linthicum Road PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg & Rhonda Carpenter

ADDRESS P.O. Box 440, Clarksville 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION east side of Linthicum Road

TAX MAP 28 PARCEL # 4

SIZE OF LOT 40,012 SF TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Cindy DelZoppo
(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

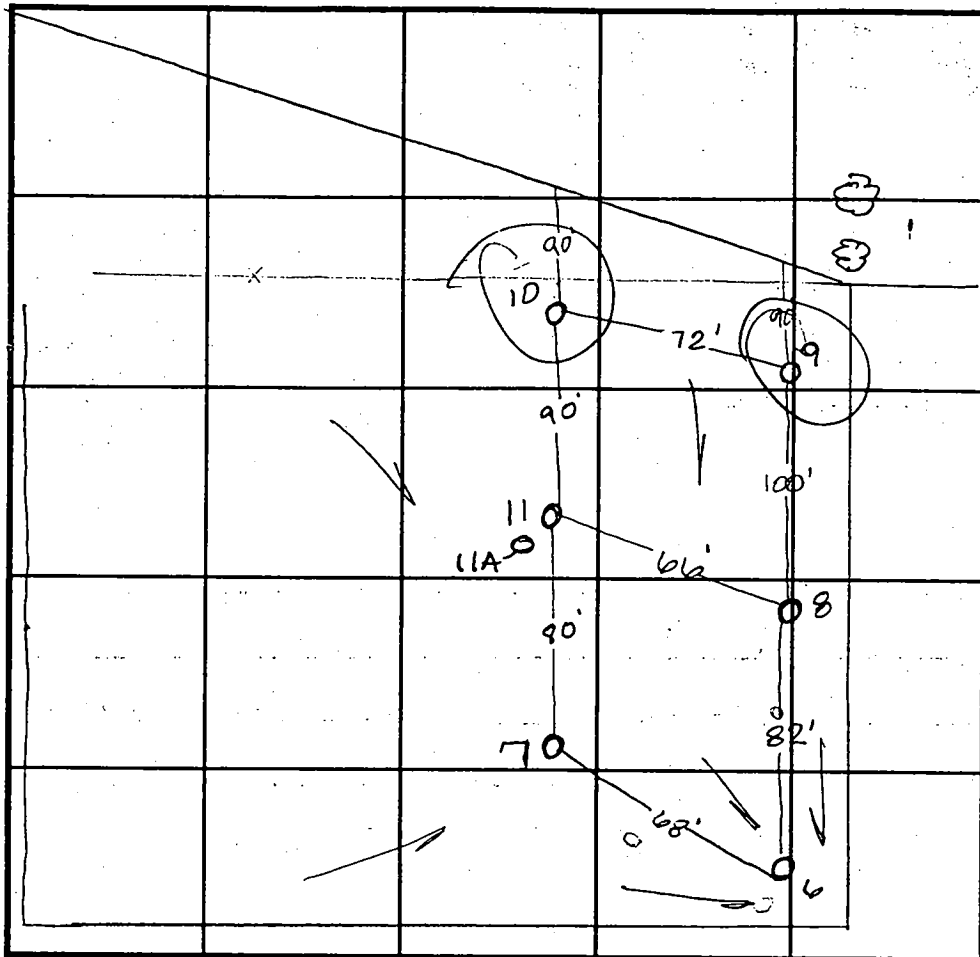
COUNTY #

SOIL PROFILE

6
 0' beige brown heavy silty
 3.5' bright orange red silty yellow mottles
 7.0' dark red silty
 9.0' dark red silty w/ mg
 11.0' water

7
 3.0' bright red silty
 red & yellow mottled silty matrix red
 8.0' matrix yellow silty micaceous
 11.5'

11
 4.0' brown mottled w/ orange silty water coming in
 bright red silty w/ white & yellow micaceous horizontal bands
 11.0' water



SOIL PROFILE

9810
 0' brown silty
 2.0' bright red to pink powdery silty micaceous some yellow mottles not H2O related
 11.5' like 11 but H2O throughout 1-8' no water at bottom
 11.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Unithicum Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-20-98	6	4.0 V	10:17	10:23	10:23	10:31	8min	
	7	3.5 VII.5	10:28	10:30	10:30	10:32	2min	
	8	3.5 VII.0	10:33	10:38	10:38	10:49	11min	
	9	3.5 VII.0	10:37	10:40	10:40	10:43	3min	
	10	3.0 11.5	10:40	10:42	10:42	10:44	2min	
	11	Visual to 11.0	- see profile. needs reevaluation during "normal" precipitation year					reval
8-10-98	11A	Visual to 13.0'	- dry - heavy clay to 4.5' - pass - clay was holding H2O on 3/2/99					OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Chuck Zepp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 59833

P _____

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

DISTRICT _____

DATE 2/18/98

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 Allen Brown

ADDRESS 4609 Linthicum Road PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg & Rhonda Carpenter

ADDRESS P.O. Box 440, Clarksville 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

ROAD AND DESCRIPTION east side of Linthicum Road

TAX MAP 28 PARCEL # 4

SIZE OF LOT 40,026 SF TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Cindy Del Zoppo
(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

13

orange red SiClM

dark red & matrix yellow mottles not H₂O related micaceous

dark orange SiClM

14, 17

beige brown SiClM

bright orange red SiClM yellow to white mottles horizontal banding strong struct

15, 12

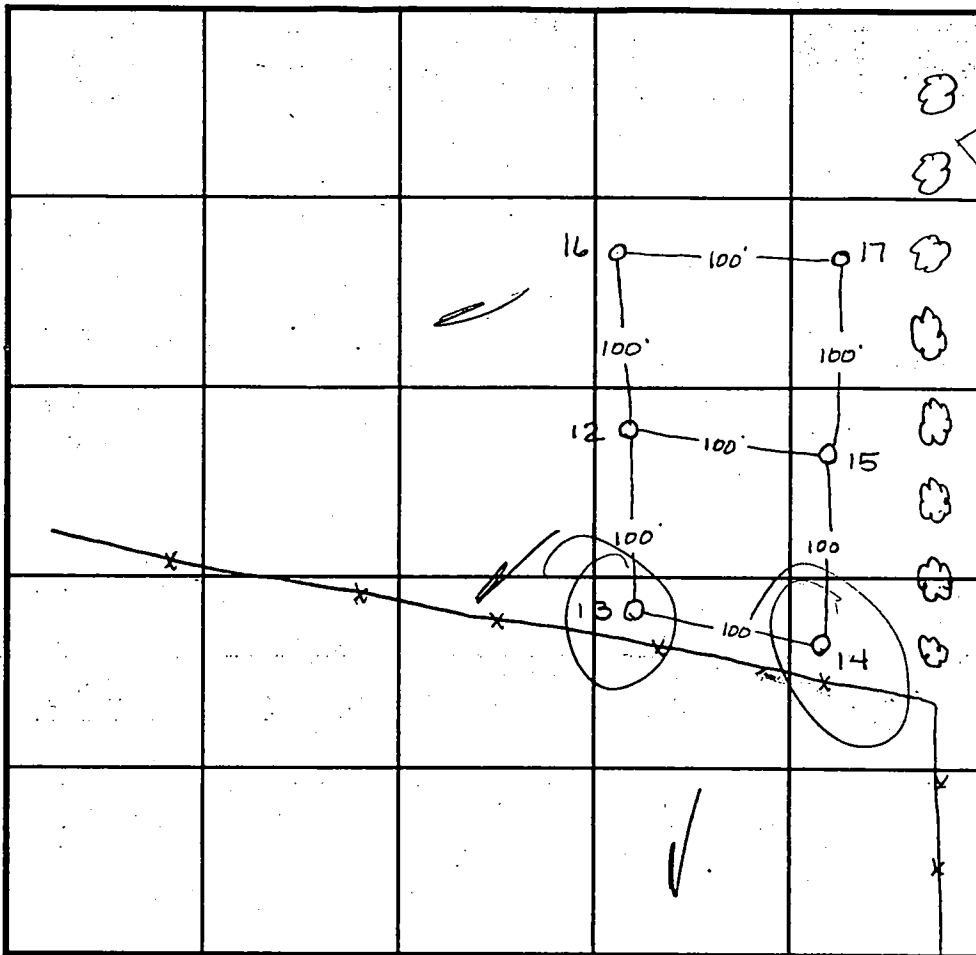
red SiClM

bright red & yellow mix SiClM strong struct mottling not H₂O related

SOIL PROFILE*

16

like 14 but hitting 30% Rx at 9.0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-98	12	3.0 VII.0	11:04				Slow
	13	3.0 VI.0.5	11:05	11:12	11:12	11:25	13min
	14	4.0 VII.0	11:08				slow
	15	Visual to 11.0	- see profile -				OK
	16	4.0 VI.0.0	11:33 ³⁰	11:36	11:36	10:42	6min
	17	4.0 VII.0	11:35				slow
	14	5.0 VII.0	2:27 ³⁰	2:42	2:42	2:47	5min
	12	5.0 VII.0	2:44	2:51	2:51	3:06	15min
	17	5.0 VII.0	2:34	2:40	2:40	2:52	12min
	14	5.5 VII.0	2:49	2:55	2:55	5:59	4min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 9629

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A59833B

ST/CO USE ONLY DATE Received 03 26 99

DATE WELL COMPLETED MM 3 DD 19 YY 99

Depth of Well 22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2133

OWNER Carpenter first name Lanthicum TOWN Dayton SUBDIVISION Holly Crest SECTION I 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 Top Seal, Sandstone, MICHA, Sandstone, MICHA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 2000

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below

DEPTH (nearest ft.) HO 58 305

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. 1 MSD 116 DRILLERS SIGNATURE

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 112

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

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 O

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

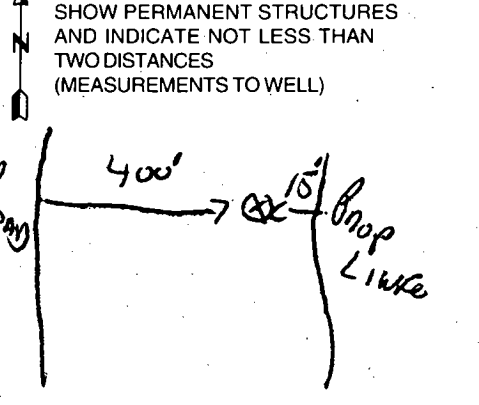
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 115 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED 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 (2) (nearest) (-) below (2) (nearest) foot

LOCATION OF WELL ON LOT



B 1 4711	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2133</u> <small>70 fill in this form completely 79</small>
-----------------	-----------------------------	---	---

OWNER INFORMATION

Date Received (APA) 02-16-99

8 MM DD YY 13

15 Last Name CARPENTER'S Owner First Name Contracting 34

36 Street or RFD P.O. Box 440 55

57 Town CLANKS VILLE 70 State MD 72 Zip 21029 76

LOCATION OF WELL

B 3 Howard 8 COUNTY 21

23 SUBDIVISION Holly Crest I 42

SECTION 44 46 LOT 2 48 50

52 NEAREST TOWN DAYTON 71

MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Ralph MAYNE 76 License No. M S D 116 81

Firm Name Ralph MAYNE well DRILLING

Address 9120 Brown Church Rd. Mt Airy

Signature Ralph Mayne 2-10-99 Date

WELL INFORMATION

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Livonia Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

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 COUNTY NAME COUNTY NO. A59833B

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 02 1999 43 MM DD YY 48

CO SIGNATURE A M Miller EXP. DATE 02 1900

NORTH GRID 514 50 000 55 EAST GRID 802 57 000 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary)

30 CABLE REVerse-ROTary DRive-POINT

37 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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL 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)

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No. HO-94-2133 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. location OK

3. Cased 60ft open 30ft grout 20 bags

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 000 000

N 514 000 000

3/18/99
grout
location OK
Cased 60ft
open 30ft
grout 20 bags
RAC 3/18/99

