

1/22/02 2:00 layout
 1/23/02 2-3:00 Follow Up
 1/7/02 PM LAYOUT 1/8/02 PM Layout 1/28/02 Final PM

ISSUE DATE:

11/4/2002

PERMIT

P 516461-C

APPROVAL DATE:

5/21/02

A 59868-C

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH

03-333582

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

ADDRESS: 580 Obrecht Road PHONE NUMBER: (410)795-5670

SUBDIVISION: The Paddocks LOT NUMBER: 19

ADDRESS: 3809 Headplay Court PROPERTY OWNER: Pulte Homes Corp.

**BUILDING PERMIT SIGNED
 AND RETURNED**

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): 1250

7-17-03-800143066 DECK

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 240

LINEAR FEET OF TRENCH REQUIRED: 320 -

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour in both directions. <u>(3) 10' Trenches</u>
NOTES:	Changes to installation may be made at the time of layout inspection. Basement service by gravity is not proposed. KEEP TRENCHES 10' CENTER TO CENTER -- TO CONSERVE FUTURE REPAIR AREA. -

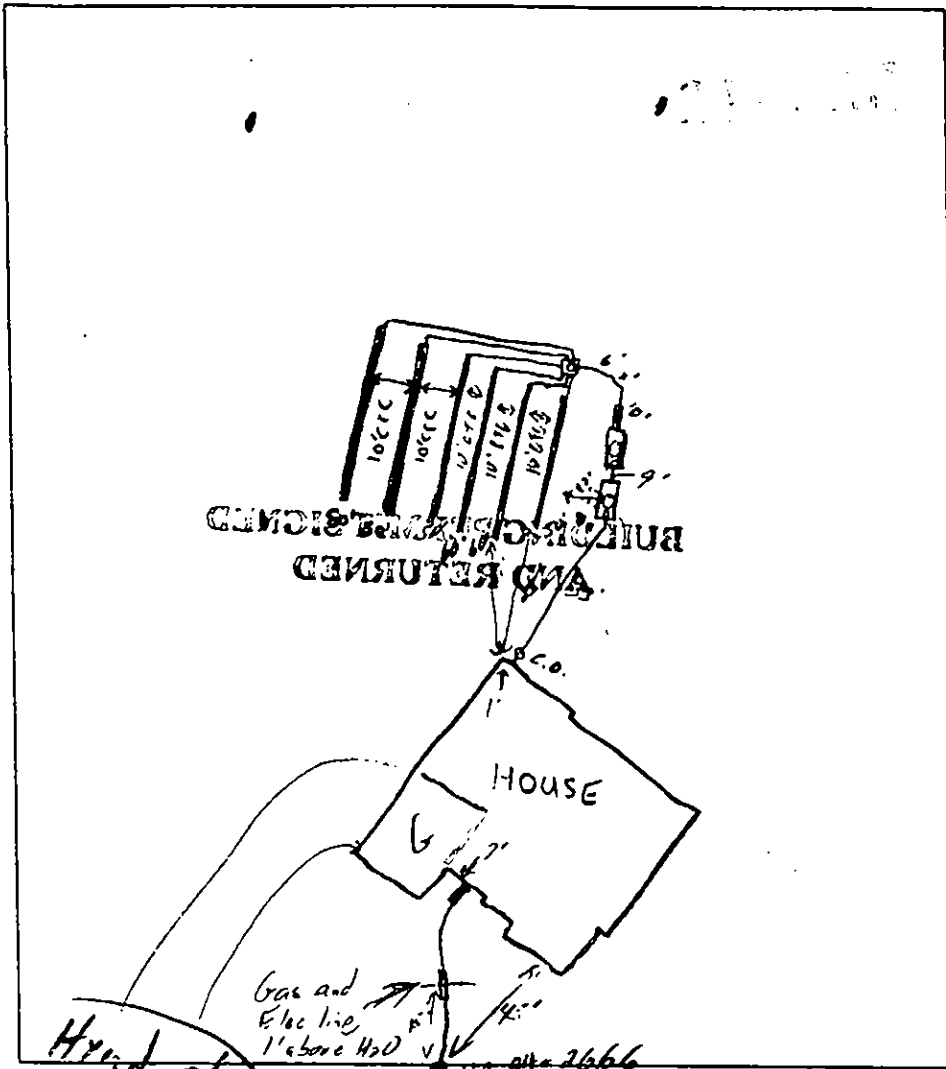
PLANS APPROVED: FS OK SRK 12/3/01 DATE: 11-21-01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

A59868-C

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	4'
TRENCH BOTTOM DEPTH	6'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	6
TOTAL TRENCH LENGTH	320'
ABSORBENT AREA	960 ft ²
DISTRIBUTION BOX LEVEL	1/15
BAFFLE IN DISTRIBUTION BOX	1/15 4' co on box

SEPTIC TANK DATA	
SEPTIC TANK	1250 TS GALLONS
MANHOLE RISER	Center - 3' 10" hi
6 INCH INSPECTION PORT	Front
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1250 TS
MANHOLE RISER	Center - 4' 5" hi
ALARM	OPERATIONAL
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: 1/10/02 Not ready (S) 1/22/02 Will set DB in center

w/ (4) 50' & (2) 60' trenches (S)

INSPECTION COMMENTS: 1/22/02 2 tanks set OK to cover ST & PT (S)

1/23/02 Cont. wants to put all lines on house side of reserve pipe.

Ok'd w/ D.B. set 55'-in center of shaft line Put 60' trenches furthest

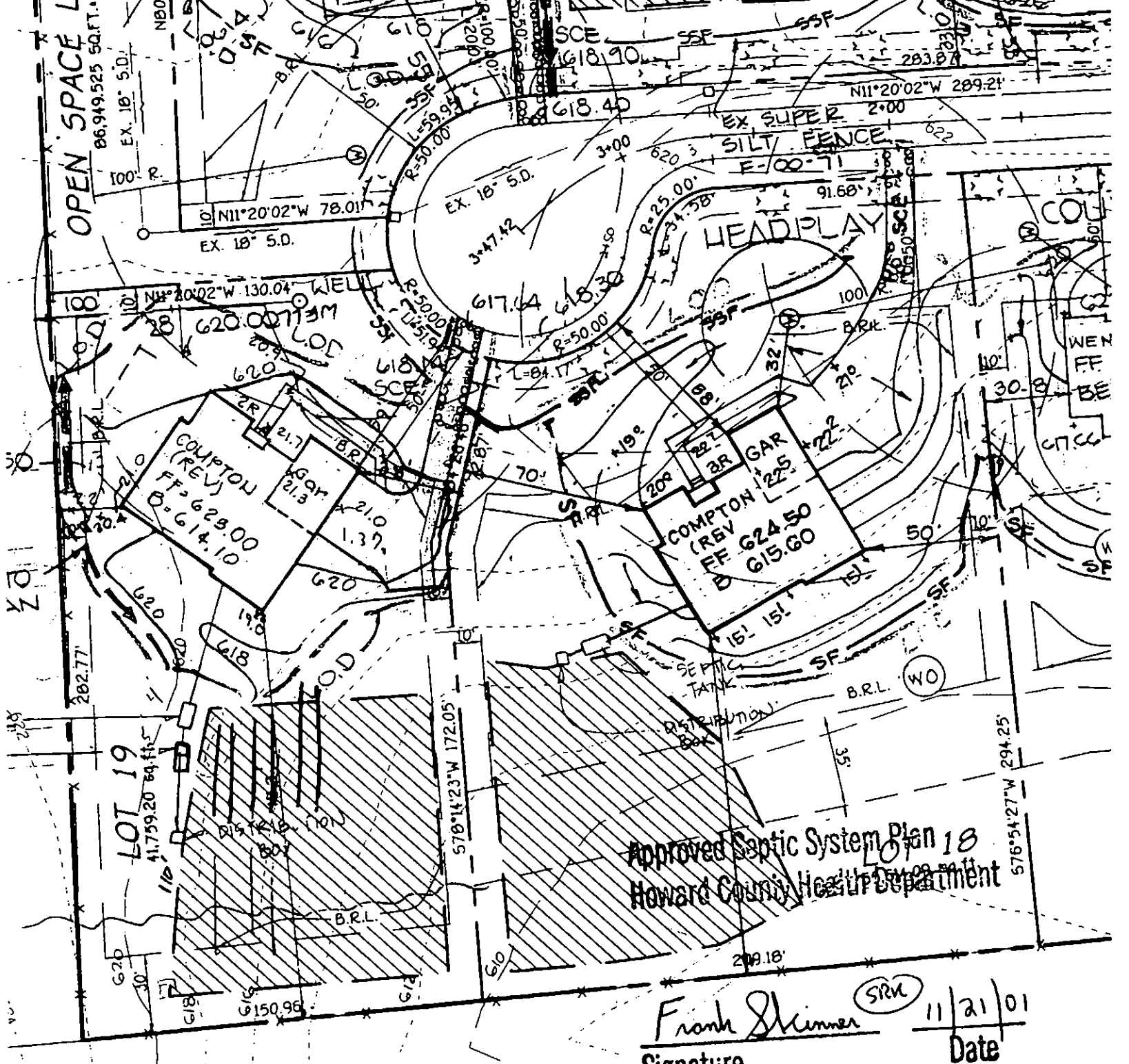
from D.B. (S) 1/24/02 F/U, no work, down to mud. (S) 1/25/02 3 trenches

complete, OK to cover. Will complete on Saturday, leave ends of trenches

open (S) 1/28/02 - ON TO COVER ALL WORK, FINAL PENDING PUMP TEST - (SRK)

5/21/02 - PUMP & ALARM OPERATIONAL - (SRK)

INSPECTOR Steven R. Kueg DATE SYSTEM APPROVED 5/21/02



Approved Septic System Plan 18
 Howard County Health Department

Frank Skinner ^{SRM}
 Signature Date 11/21/01

Total linear feet of trench required _____ feet
 Width of trench(es) _____ feet
 Depth of trench(es) _____ feet
 Depth of stone required below distribution pipe _____ feet

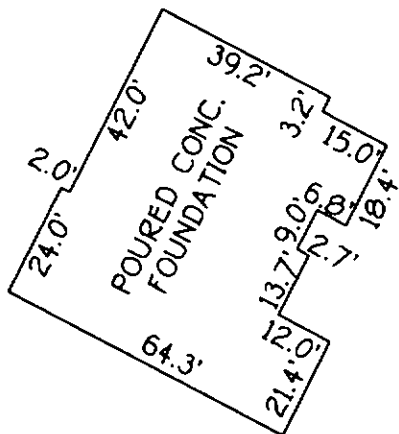
Lot 19	LOT INFORMATION CHART	LOT 11	Lot 11
616.00	INVERT SEPTIC SYSTEM AT HOUSE	638.50	63
615.10	INVERT IN AT SEPTIC TANK	637.30	63
614.80	INVERT OUT AT SEPTIC TANK	637.00	6
619.50	GRADE OVER SEPTIC TANK	638.00	6
616.00	INVERT AT DISTRIBUTION BOX	636.50	6
619.00	GRADE OVER DISTRIBUTION BOX	639.50	6
614.20	INVERT AT PUMP TANK		6
619.50	GRADE OVER PUMP TANK		6

I certify that this plan for _____ is based on my personal knowledge.

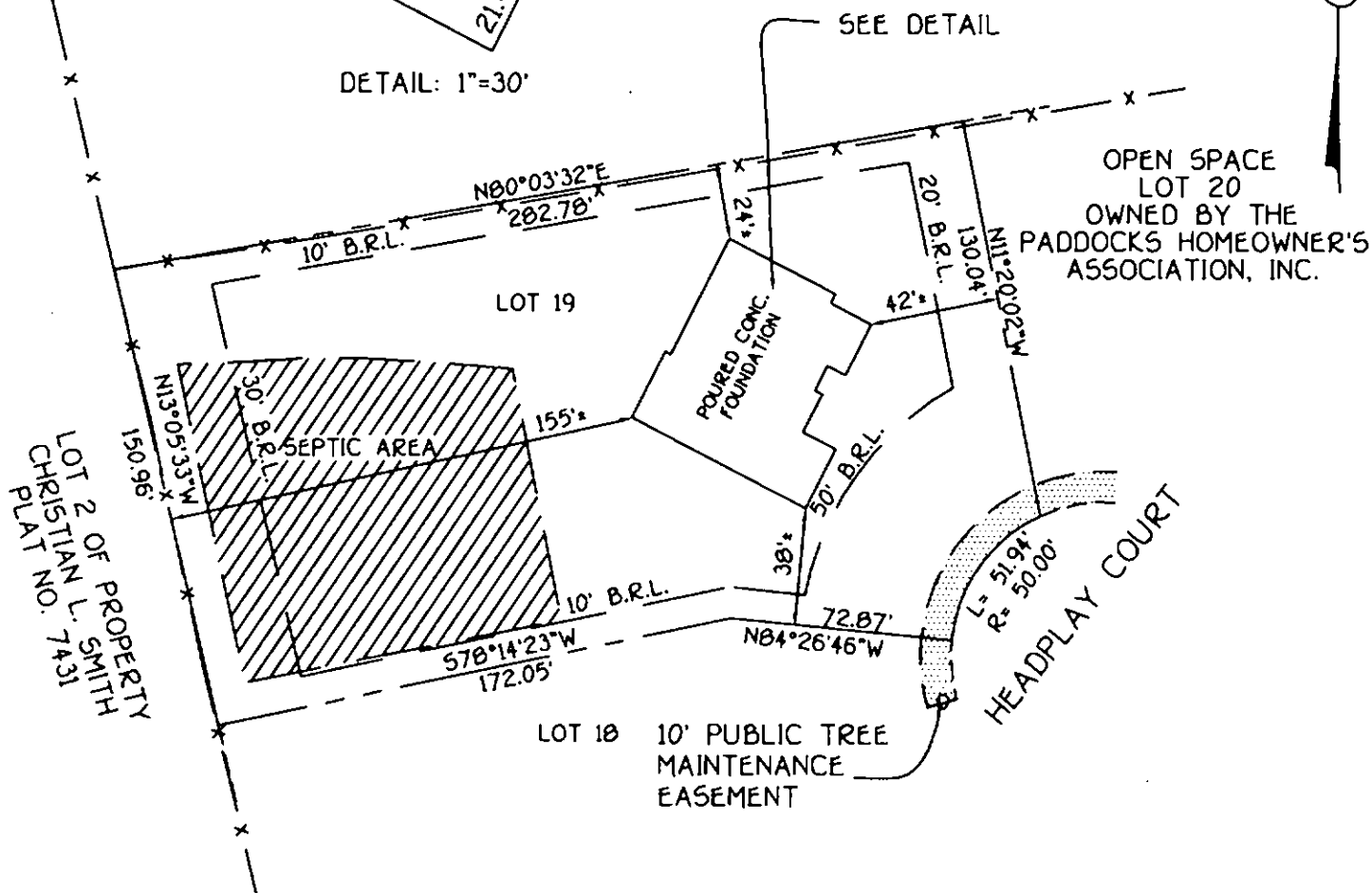
GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440012 B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (*)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

WALL CHECK OK
w/BP PLAN
MR 1/4/02



DETAIL: 1"=30'



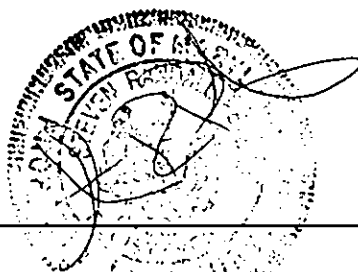
B.R.L. BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 623.7'

LOT 19
THE PADDOCKS
LOTS 1 THUR 33 & PRESERVATION
PARCEL "A" & "B"
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 14483

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

Drawing Name:

FCC •



PROFESSIONAL LAND SURVEYOR DATE
REG. 562 12/27/01

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 12/26/01
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 12/28/01
DRAWN BY: D.B.
CHECKED BY: _____
PROJECT No.: 3066A

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 25.04.84 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-295-5670
Address: 580 Obrecht Rd
Sykesville 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): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Public Homes Telephone #: _____
Subdivision: The Paddock Lot #: 19 Well Tag #: HO 99-2666
Site Address: 3809 Headplay ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Cowles Make Corbett Two piece watertight cap: yes
Model #: 75A05 Model#: _____ Screened, vented well cap: yes
Pump Capacity: 7 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 15 GPM NSF/WSC approved: yes Conduit min 1 1/2" B.G.: yes
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.5.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing n/a

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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.

Allen Compton 5/22/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 2/26/02 Inspector: SO SRK
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/9/98

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER WINCHESTER HOMES INC. c/o MR. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 23 19

ROAD AND DESCRIPTION BURNT WOODS ROAD

TAX MAP 22 PARCEL # 141, 2, 234 & 530

SIZE OF LOT 1 AC. CLUSTER TYPE BLDG. S.F.D.
(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.

Zacharia Y. Fisch
(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 _____

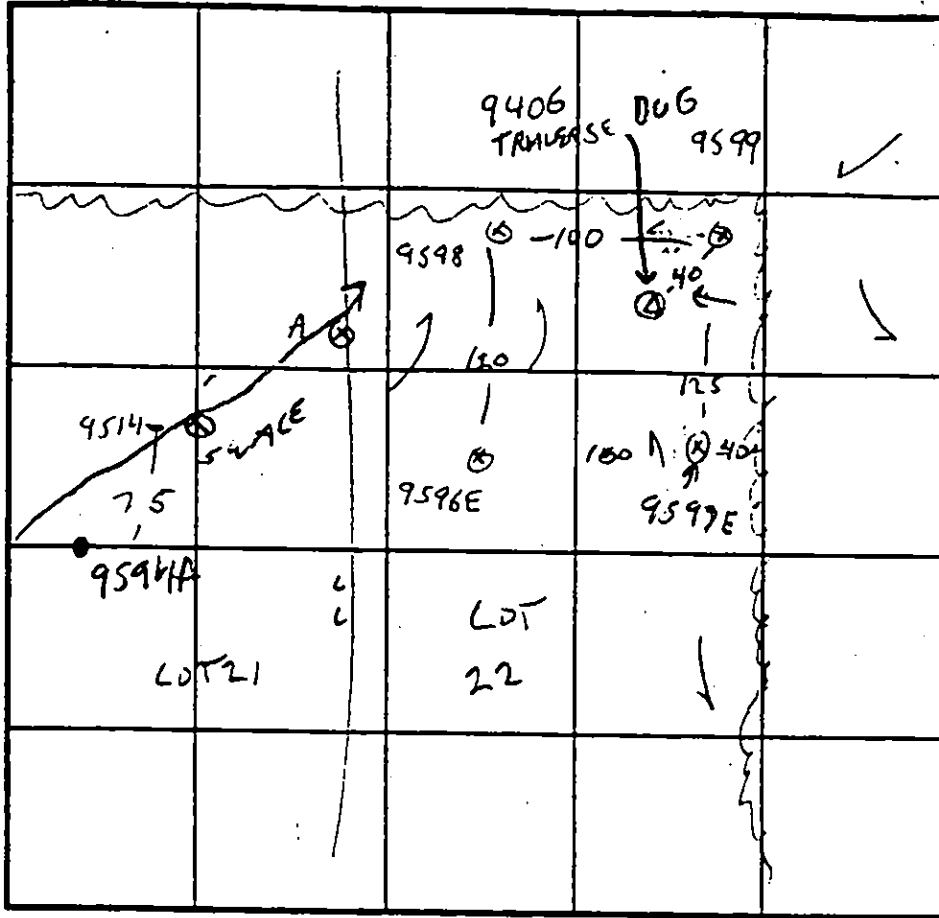
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'



SOIL PROFILE

95 98 97 06

1
TOPSOIL

2
Brown C
RESIDUAL
LOAM

5
UG4F BA
LS
Fe TRANSPORT
MAY ACCUMULATE
BELOW 9'

13
DRY

LOT 23

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

5'5"

98A

TOPSOIL

Brown CL

CRAYISH
Brown
LS

DRY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/98	9598	5 / 13.6"	3:53	3:57	→	4:02	5 MIN
	98A	5.3" / 13.8"	3:57	4:11	→	4:32	21 MIN
5/14/98	9597	5 / 14	1:40	1:41	→	1:43	2 MIN
	9406	13.5'	VISUAL - DRY				OK
	9596E	5.5 / 14	1:49	1:51	→	1:56	5 MIN
	9594A	5.5 / 14	2:08	2:09	→	2:13	

9594A

1
TOPSOIL

2
BR C/CL

3
ORANGE
SL
TO
TAN
SL

REMARKS 98A DESIG. TO 6' TRAIL ONLY 5.5' SPACED SANDY SANDY LEA-C BSG. CHECK MARK

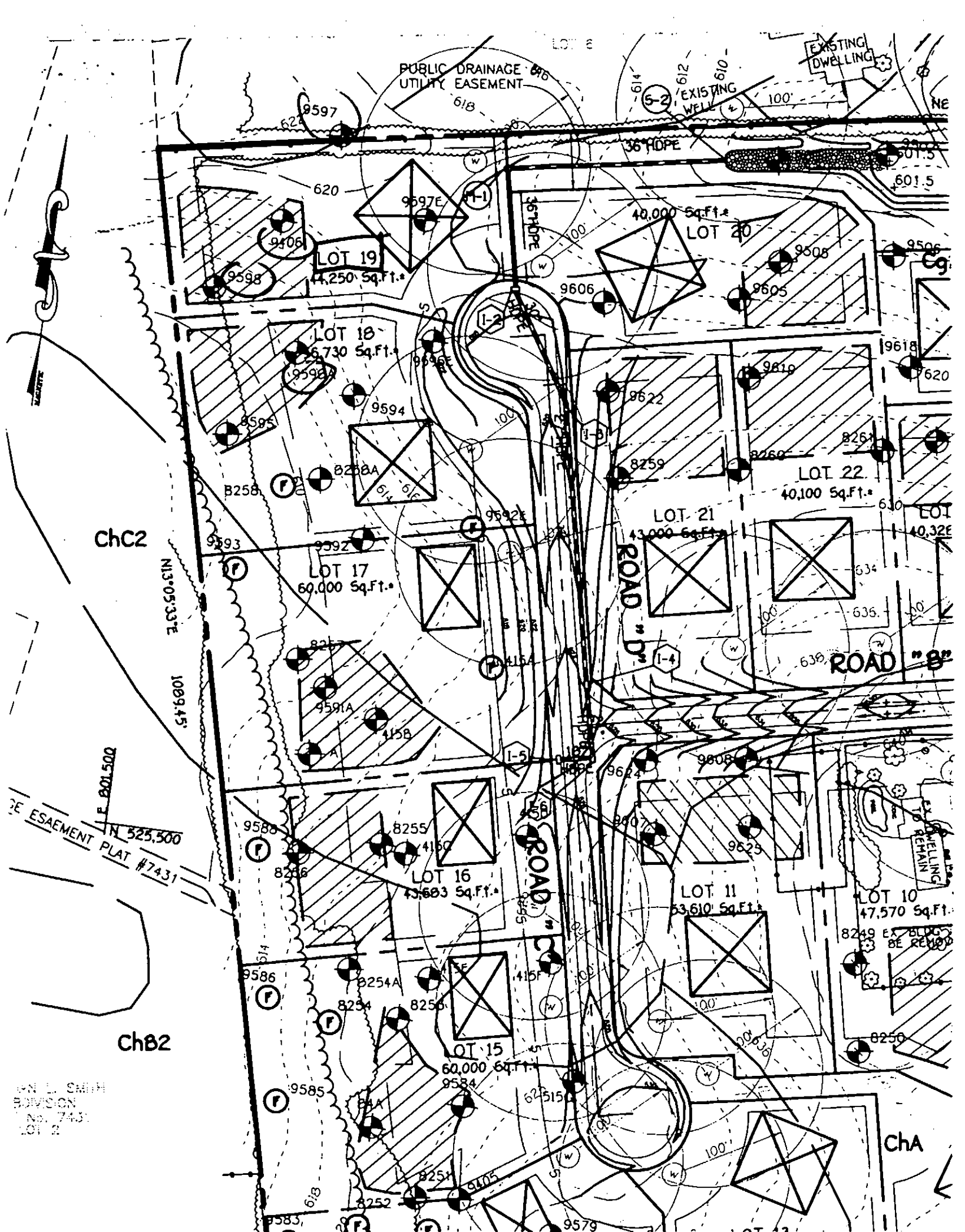
TYPE OF SOIL OTHER NON-PAN #15 FIELD OBSERVATION TO AOT FOR CONDITIONS

TESTED BY G. SAVAGE ALSO PRESENT Fyock's CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

14



PUBLIC DRAINAGE UTILITY EASEMENT

EXISTING DWELLING

EXISTING WELL

LOT 19
4,250 Sq.Ft.

LOT 20
40,000 Sq.Ft.

LOT 18
6,730 Sq.Ft.

LOT 22
40,100 Sq.Ft.

LOT 17
60,000 Sq.Ft.

LOT 21
43,000 Sq.Ft.

LOT 16
43,603 Sq.Ft.

LOT 11
63,610 Sq.Ft.

LOT 10
47,570 Sq.Ft.

LOT 15
60,000 Sq.Ft.

ChC2

113°05'33"E

108°45'

L.P. 801,500

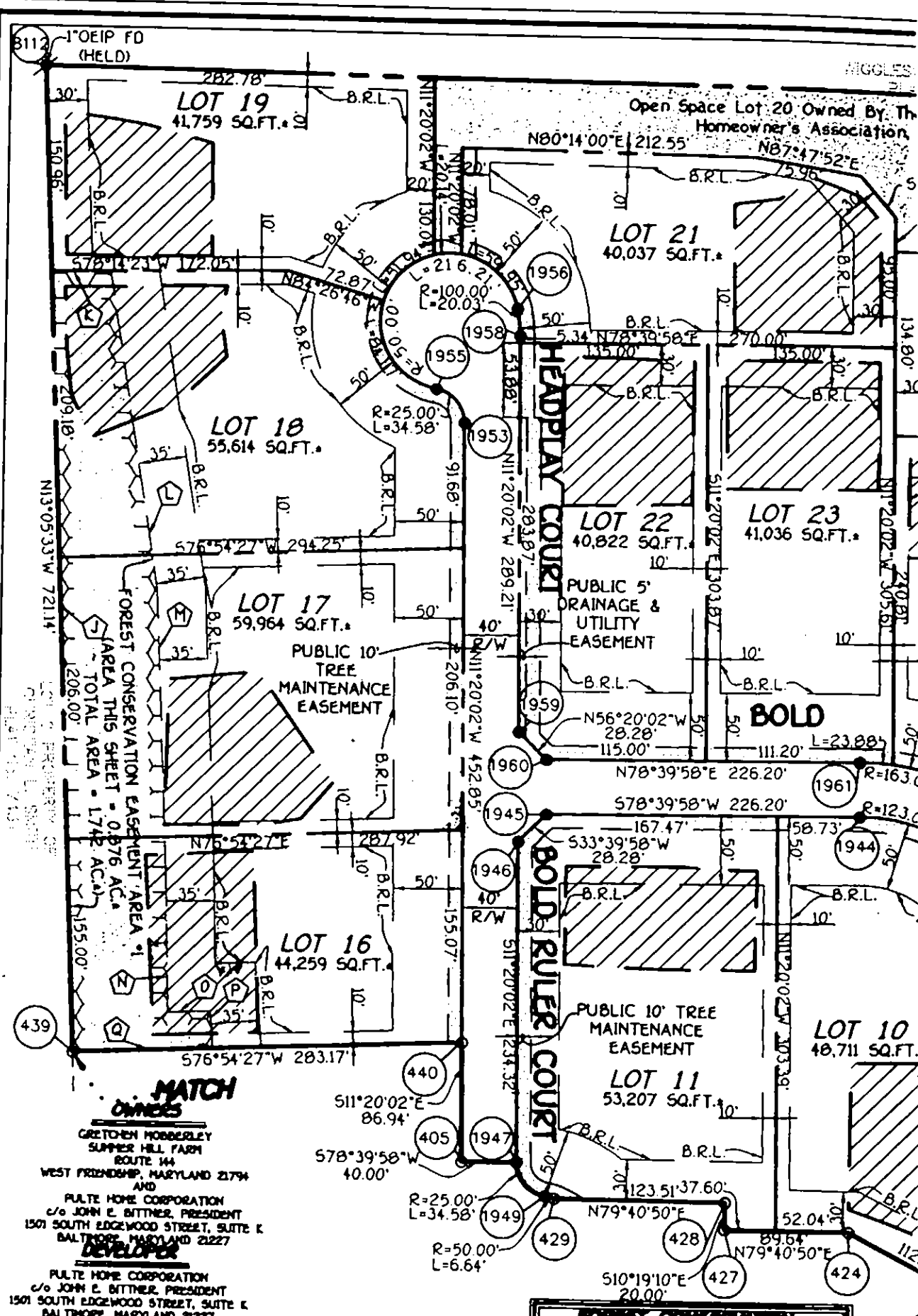
IN 525,500
EASEMENT PLAT #7431

ChB2

ChA

W. L. SMITH
DIVISION
No. 7431
LOT 2

F.06-71
THE
PADDocks



The Requirements 53-608, The Subd Property Article, Annotated Code of Maryland, 1986 Replacement Volume, (As Supplemented As Far As They Relate To The Making Of This Plat And The Setting Of Markers Have Been Complied With

FOREST CONSERVATION EASEMENT METES AND BOUNDS

SYMBOL	BEARING & DISTANCE
J	N13°05'33"W 436.18'
K	N78°14'23"E 436.18'

WATER WELL ABANDONMENT-SEALING REPORT FORM

DRY HOLE

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: 8-29-00 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____

PERMIT NUMBER OF REPLACEMENT WELL _____

PERSON ABANDONING WELL: Allen Compton

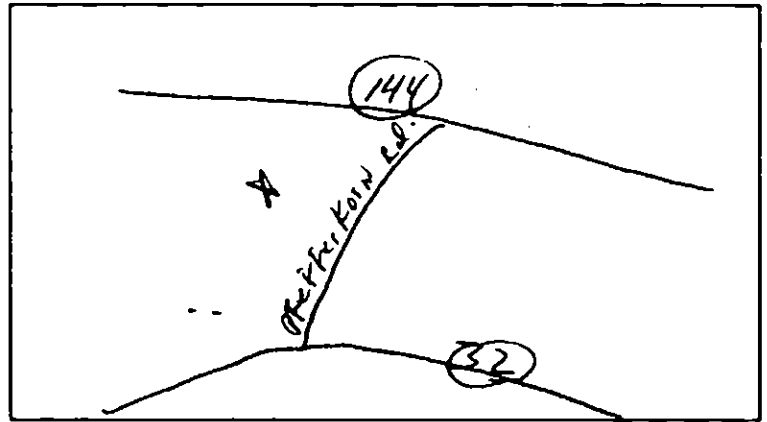
WELL DRILLERS LICENSE NUMBER: 009

OWNER'S NAME: Ortchen Mobbely

CIRCLE: MWD/MSD/MGD

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Greenleaf
 TAX MAP 22 BLOCK 1-7 PARCEL 141
 SUBDIVISION: MOBBELY PLO.
 SECTION: _____ LOT: 19
 NEAREST ROAD: Pf. Fr. Korn Rd.

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

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

USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

TYPE OF CASING:

- STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	40 70
STONE cuttings	70	400
VOLUME OF MATERIAL USED		
<u>22 bags cement</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE # 009 MWD/MSD/MGD CIRCLE ONE DATE _____

C1 07666

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER 13 OK FS 11/3/01

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8 24 00

Depth of Well 22 200 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO - 94 - 2666

OWNER MOBBELY GRETCHEN STREET OR RFD PFEFFENKAWD TOWN GLENELB SUBDIVISION MOBBELY PROPERTY SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray, Brown, Gray, white, Gray.

GROUTING RECORD YES NO (Y) (N) WELL HAS BEEN GROUTED TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 40 NO. OF POUNDS 940 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch!) 06 Total depth of main casing (nearest foot) 60

OTHER CASING (if used) diameter inch depth (feet) from to 11-1/2

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) insert appropriate code below

PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 47 WHEN PUMPING 60 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (YES or NO) 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 (-) below LAND SURFACE 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS. WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MS D009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

DEPTH (nearest ft.) 1 HO 35 200 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) NO Survey stakes

Date Received (APA) _____
OWNER INFORMATION
 8 MM 00 YY 13
MOABERLEY GRETCHEN
 15 Last Name Owner First Name 34
RT 144
 36 Street or RFD 55
WEST FRIENDSHIP MD 21794
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
MOABERLEY PROP
 23 SUBDIVISION 42
 SECTION LOT 19
 44 46 48 50
GREENBELT
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M I J
 73 76 77 78

DRILLER INFORMATION
ALLEN COMPTON M 5 D 009
 76 Driller's Name License No. 81
EGGERS WELL DRILLING
 Firm Name
580 BARRETT RD SYKESVILLE
 Address
Allen Compton 2-22-00
 Signature Date

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

PREFERRON
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 2280 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP 22 BLK: 1-7 PARCEL 14-234

B 2 **WELL INFORMATION**
 1 2
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 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 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 03 01 00 Craig Will 3/1/01
 43 MM 00 YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 525 000 EAST GRID 0806 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 500
 N 520

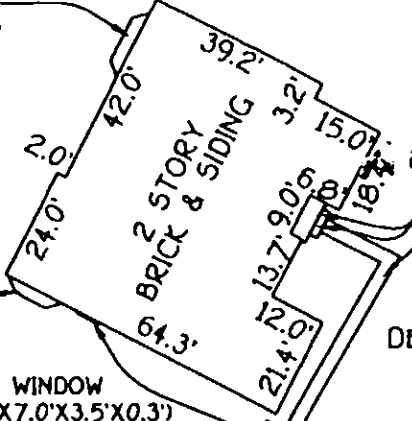
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

 N ↑

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 PERMIT No. HO - 94 - 2666
 70 71 72 73 74 75 76 77 78 79

BAY WINDOW
(3.6'X10.2'X3.6')



BRICK STOOP & STEP &
CONC. FLAGSTONE WALK

BCD 143066
7/17/03
proposed deck
OK (SRK)

DETAIL: 1"=40'

BAY WINDOW
(0.3'X 3.5'X7.0'X3.5'X0.3')

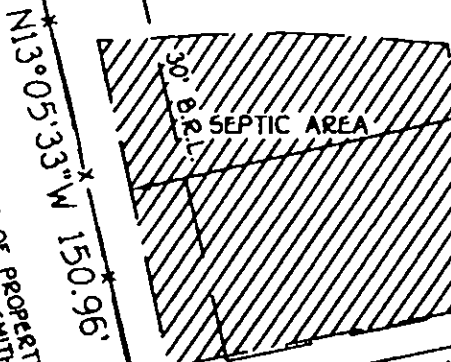
BOX WINDOW

FENCE LINE

N80°03'32"E 282.78'

OPEN SPACE
LOT 20
OWNED BY THE
PADDOCKS HOMEOWNER'S
ASSOCIATION, INC.

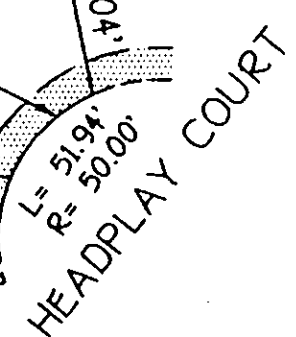
LOT 19



ASPHALT
D/W

SEE DETAIL

C/L WELL



LOT 2 OF PROPERTY
OF CHRISTIAN L. SMITH
PLAT NO. 7431

578°14'23"W 172.05'

N84°26'46"W
72.87'

10' PUBLIC TREE
MAINTENANCE
EASEMENT

LOT 18

FENCE LINE

LOT 19
THE PADDOCKS
LOTS 1 THUR 33 & PRESERVATION
PARCEL "A" & "B"
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 14483

B.R.L. BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 623.7'

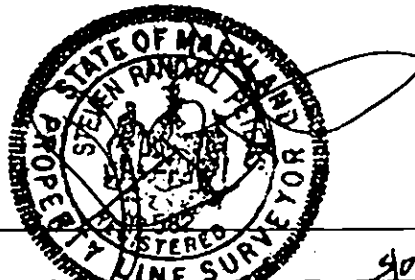
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 12/26/01
FINAL LOCATION: 5/06/02
BOUNDARY SURVEY:

SCALE: 1"=50'
DATE: 5/07/02
DRAWN BY: DB
CHECKED BY:
PROJECT No.: 3066A

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

Drawing Name:



PROFESSIONAL LAND SURVEYOR
REG. 602

4/07/02
DATE