

RPS# 332829

Needs House Connection
Needs Pump Test

2/2/01
Pulte tested
11:00
2/5/01 a.m. -> Cancelled
2/6/01 - am
5/16/01 - 2pm pump test

PERMIT

P 514909-C

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

A 59868

ISSUE DATE 11/30/2001

APPROVAL DATE 5/16/01

INDEXED
TAX ID# 03-332829

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION The Paddocks LOT NUMBER 1 ADDRESS ³⁵⁰³~~5303~~ Snow Chief Road

PROPERTY OWNER Pulte Home Corporation PROPERTY OWNER'S ADDRESS 1501 S Edgewood St, Ste K
Baltimore, MD 21227

SEPTIC TANK CAPACITY 1250 GALLONS

**** BOTH SEPTIC TANK AND PUMP CHAMBER ARE
REQUIRED TO BE WATERTIGHT *****

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

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 distribution box 265' from the front lot line and 10' from the left lot
line. Run trenches on contour in either direction.

PLANS APPROVED Mark E. Rifkin, R.S. OK SRM 12/26/00 DATE 12/5/2000

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

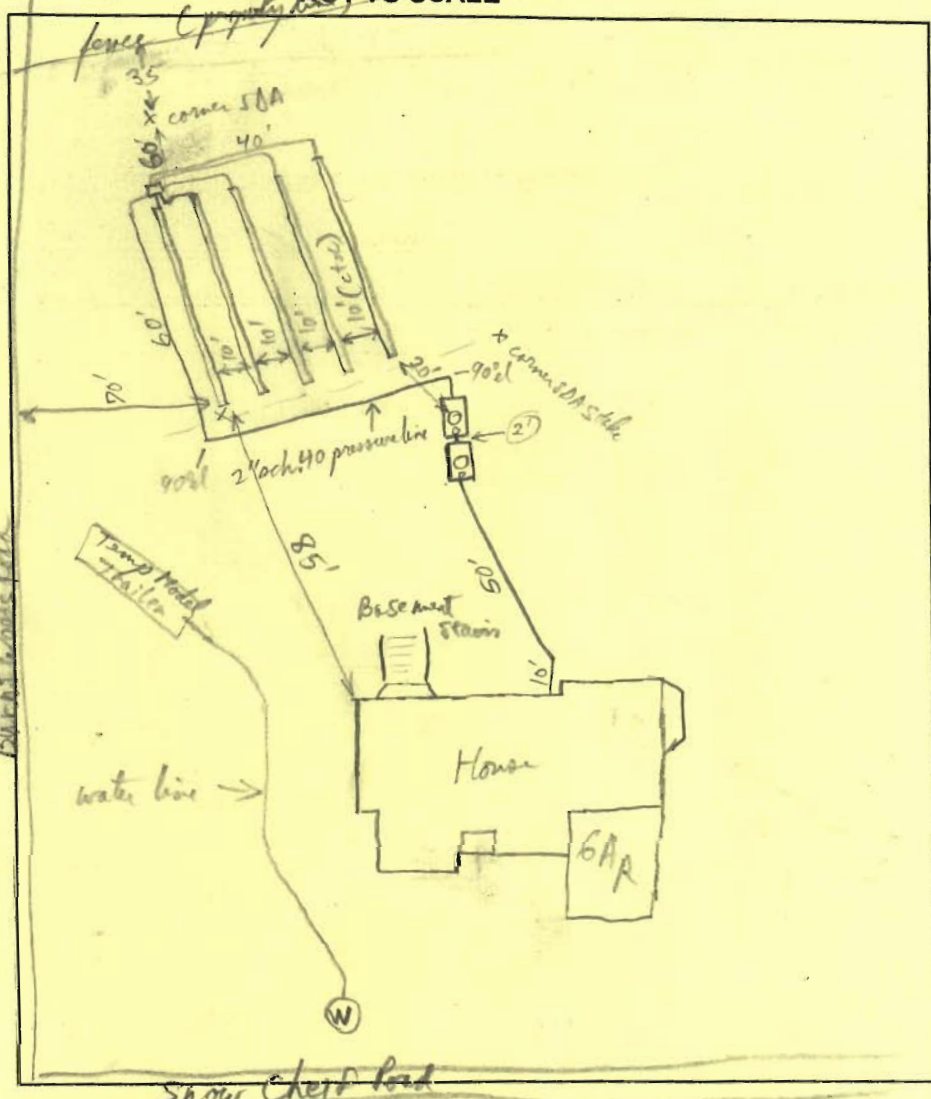
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

514909-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4'
 TRENCH BOTTOM DEPTH 6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 5 x 56' ea
 TOTAL TRENCH LENGTH 280LF
 ABSORBENT AREA 840 sqft
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 TS
 MANHOLE RISER (2') sealed to 2" LTP
 ALARM OK
 PUMP PERFORMANCE TEST OK

PRE-CONSTRUCTION INSPECTION: 2/2/01 LAYOUT OK, OK TO START (MR)

INSPECTION COMMENTS: 2/5/01 - NO INSP (ROADS TERRIBLE) / INSP. CANCELLED BY INSPECTOR - (SRK) ST + Pump Chamber set, "T" Baffle OK, Trenches dug + 4 already covered mostly, last trench being propped Nov, OK to continue, Trenches OK to cover, OK to cover entire system when finished. R/P 2/6/01
Needs House Connection, Needs Pump test R/P 2/6/01 5/15/01 - HOUSE CONN. MADE - (SRK)
Water pumps to test box OK, good control box in pit (water tight version). pump on/off OK, alarm OK. R/P 5/16/01

INSPECTOR [Signature] DATE SYSTEM APPROVED 5/16/01

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

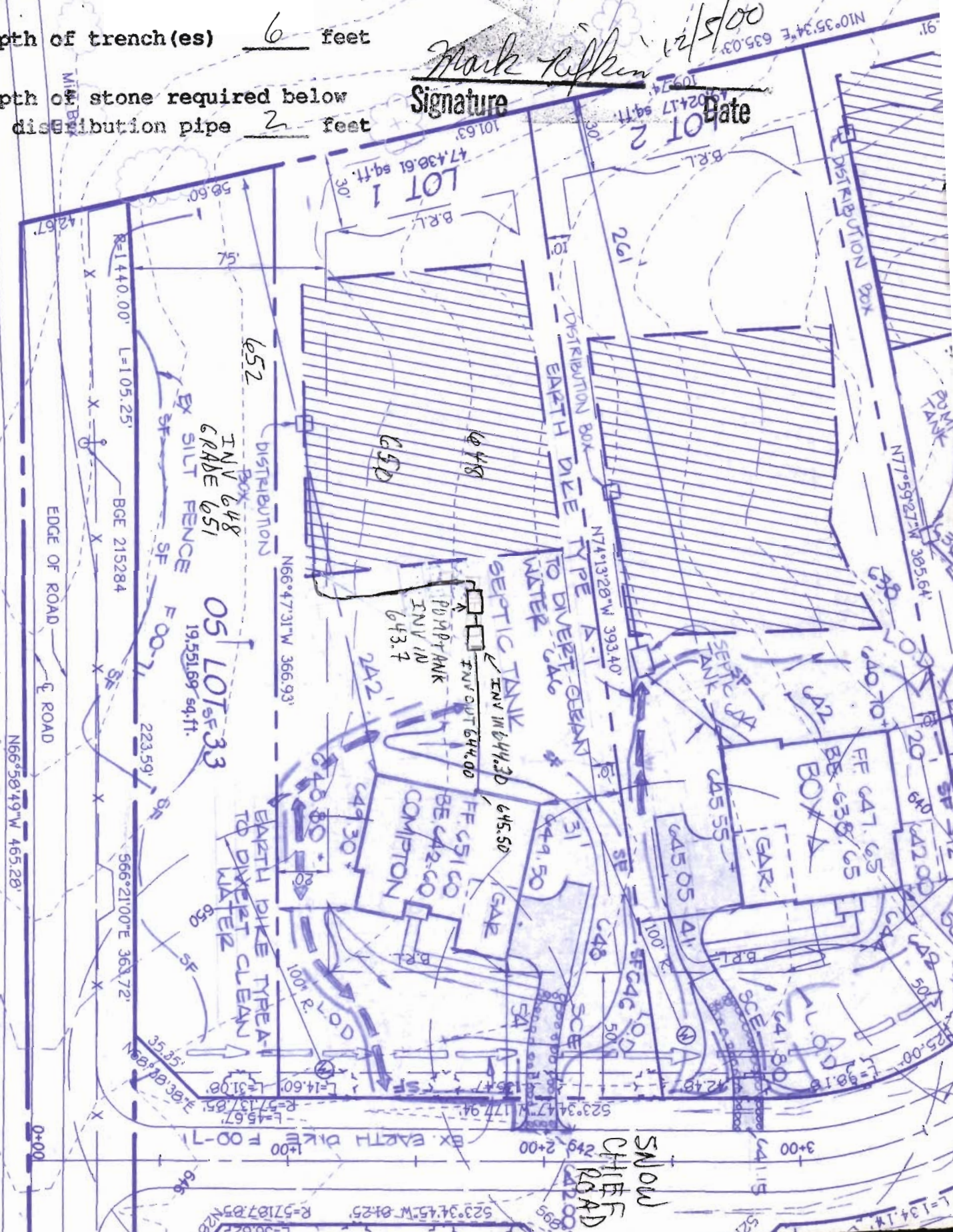
Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan Howard County Health Department

Mark Riffin 12/5/00
Signature _____ Date _____

ENGINEER'S CERTIFICATE

BURNT WOODS ROAD
1:50 PLAN BY FCCG



SNOW
CHIEF
ROAD

Building Address 3503 Snow Chief Rd
West Friendship, MD 21794

Suite/Apt. #: _____ SDP/WP/Petition #: 01-42

Census Tract 6030 Subdivision The Paddocks

Section 1 Area _____ Lot 1

Tax Map 22 Parcel 1413234 Grid 1

Zoning RR1 Map Coordinates 7811 Lot size 1/4

Property Owner's Name Pulte Home Corporation

Address 1501 S. Edgewood Street Suite K

City Baltimore State Md. Zip Code 21227

Home Phone N/A Work Phone 410-644-5603

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use vacant lot

Proposed Use single family dwelling - Compton

Estimated Construction Cost \$ 150,000.00

Description of Work Sales Model - Compton
2 story full basement, 4 BR, 3 FB, 1 HB, 1 FP,
3 car garage, 4 BR. on front lot + deck

Contractor Company Pulte Home Corporation

Contact Person Dianna Wenzlaff

Address same

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:	Water Supply:	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth <u>6'4"</u> Width <u>6'6"</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor:	Sewage Disposal:	1st floor: <u>6'4"</u> <u>6'6"</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Use group:	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: <u>3'6"</u> <u>6'6"</u>	Sewage Disposal:
Construction type:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>6'4"</u> <u>6'6"</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Heating System:	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Heating System:
<input type="checkbox"/> Wood Frame	Natural Gas <input type="checkbox"/>	Multi-family dwellings:	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Natural Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
	Full <input type="checkbox"/>	No. of 2 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 3 BR units: _____	NFPA #13D _____
	Other Suppression _____	Other Structure: _____	NFPA #13R _____
	# of Heads _____	Dimensions: _____	Other: _____
		Footings: <u>8' x 8' x 2'4"</u>	
		Roof: <u>Asph/Flt</u>	
		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 THEREBY; (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 Dianna Wenzlaff Dianna Wenzlaff
Pulte Home Corporation Print Name
Title/Company Date 11/3/00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	44227
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>12/5/00</u>	<u>M. R. Khan</u>	All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>32251</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Willoughby PLUMB Telephone #: 410-781-7051
Address: 1203 J. PATRICK DR
Hydeville, MD

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

License # and name of individual responsible for the field installation:
Name (Print): Chris Willoughby License# 6992

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

Name of Property Owner: PULTE HOME CORP Telephone #: 410-644-5103
Subdivision: PADDocks Lot #: 1 Well Tag #: HO 94-2667
Site Address: 3503 SNOW CREEPER
WEST FRIENDSHIP, MD. 21794

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACOZZI</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>44"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield <u>1</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>40</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house	House Connection
Type: <u>CPESLINE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1" (160 psi min)</u>	Approximate length of sleeve: <u>6"</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby date: 2/21/01

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

Date Insp. Requested: 2/23/01 Am Date Insp. Approved: 2/23/01 (BB) SRN
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 07670

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 13

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 3 17 00

Depth of Well 400 (TO NEAREST FOOT) 4/27/00

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 94 - 2667

OWNER MODBERLY last name GASTCHEN first name STREET OR RFD PFEFFENKORN RD TOWN GREENBELG SUBDIVISION MODBERLY PROPERTY SECTION LOT 1

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray, white, Gray, white, Gray.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 44 NO. OF POUNDS 4126 GALLONS OF WATER 269 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 84 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T)

C 2

DEPTH (nearest ft.)

Table for screen depth with columns for slot size and diameter of screen.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 07 PUMPING RATE (gal. per min.) 1 METHOD USED TO MEASURE PUMPING RATE 19 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 364 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) 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.

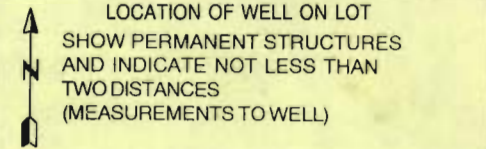
DRILLERS LIC. NO. 1 M 5 D 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



NO survey stakes



OWNER: *PROSODY*
ADDRESS: *1000 ...*
CITY: *...*
COUNTY: *...*
STATE: *...*

NO.	DATE	DESCRIPTION	AMOUNT	REMARKS
1	11/2
2	11/2
3	11/2
4	11/2
5	11/2
6	11/2
7	11/2
8	11/2
9	11/2
10	11/2
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99	11/2
100	11/2

RECEIVED
HOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH
2000 AP 26 PM 12:24

Handwritten notes and signatures at the bottom right of the page.

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 **13**

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
15 20

Depth of Well
22 **400** 26
(TO NEAREST FOOT) *OK CW 4/27/02*

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-94-2667

OWNER _____
STREET OR RFD _____ TOWN _____
SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown shale	0	94	
Gray	94	115	
White	115	116	✓
Gray	116	345	
White	345	346	✓
Gray	346	400	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS ⁴⁵ ₄₆ **44** NO. OF POUNDS ⁴⁵ ₄₆ **4200**

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (to nearest foot)
from _____ ft. to _____ ft.
(enter 0 if from surface)
48 TOP 52 54 BOTTOM 58

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

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

ST **06** **100**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch	depth (feet) from	to
_____	_____	_____
_____	_____	_____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
56 _____ 60 _____
from _____ to _____

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED yes no

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. **M 3 D 007**

DRILLERS SIGNATURE _____
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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 _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) _____ W Q _____

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **07**

PUMPING RATE (gal. per min.) **1**

METHOD USED TO MEASURE PUMPING RATE **196L**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **56** ft.
17 20

WHEN PUMPING **364** ft.
22 25

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
27 27 27

C centrifugal **R** rotary **O** other (describe below)
27 27 27

J jet **S** submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 _____ 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
49

- below } **02** (nearest foot)
50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2667
 Location of property (road) PEFFERKORN RD
 Subdivision MOBBEY PROPERTY Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller COMPTON/FOGLE Owner MOBBEY

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 56'

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 12
 Total time 90 MIN to reach pumping water level 364 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	56	5		12
11:15	134	6		10
11:30	209	7		8.5
11:45	280	7.5		8
12:00	322	13		4.6
12:15	346	20		3
12:30	364	60		1
12:45	364	60		1
1:00	364	60		1
1:15	364	60		1
1:30	364	60		1
1:45	364	60		1
2:00	364	60		1
2:15	364	60		1
2:30	364	60		1
2:45	364	60		1
3:00	364	60		1
3:15	364	60		1
3:30	364	60		1
3:45	364	60		1
4:00	364	60		1
4:15	364	60		1
4:30	364	60		1
4:45	364	60		1

SECRET
CONFIDENTIAL
CONFIDENTIAL

SECRET

2000 AP 26 PM 12:24
CONFIDENTIAL
CONFIDENTIAL

B 1 13832

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2667

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

MOGBERLEY GRETCHEN

RTE 144

WEST FRIENDSHIP APO 21794

B 3

LOCATION OF WELL

HOWARD COUNTY

MOGBERLEY SUBDIVISION

SECTION 44 46 LOT 48 50

GLENELG NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78

DRILLER INFORMATION

ALLEN COMPTON M S D 009

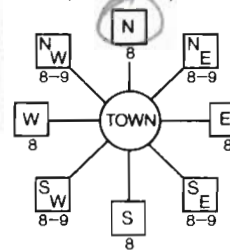
FOGLES WELL DRILLING

580 OBRICHT RD. SIKESVILLE

Allen Compton 2-22-00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BURNT WOODS NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH

34 120 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 1-7 PARCEL 141-234

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. 13
STATE SIGNATURE INSERT S
DATE ISSUED 03 03 00 EXP. DATE 3/1/05
CO SIGNATURE EAST GRID 0806 000
NORTH GRID 525 000 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

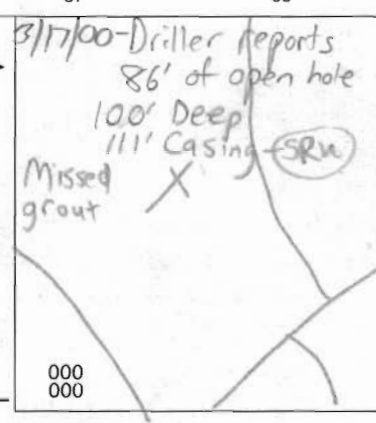
METHOD OF DRILLING (circle one)

- 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)

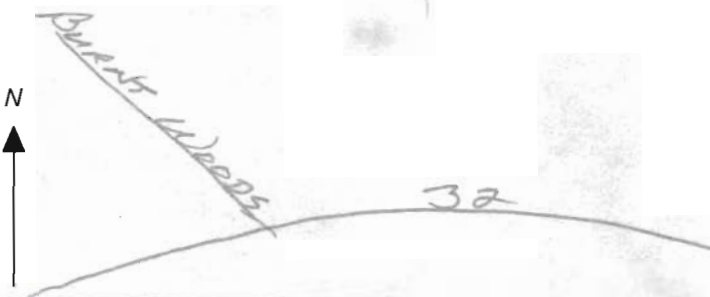
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED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

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 8006
N 5205

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 54 G A P 63
PERMIT No. HO - 94 - 2667 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

05 LOT 32

7,498.31 sq.ft.

566°25'15"E, 6.52'

566°25'15"E, 13.92'

153.65'

50.54'

640

523°34'45"W 84.25'

R=57187.85'

R=172.00' L=134.17'

3+00

2+00

1+00

523°34'47"W 177.94'

L=45.67'

R=57137.8'

L=135.47'

L=14.60'

100' R

R=125.00'

L=98.18'

SCE

8.0%

RL

50'

50'

50'

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50'

FF 646.50
BE 637.50

Well SITE OK
3/3/00 CW

SEPTIC TANK

SEPTIC TANK

PUMP TANK

DISTRIBUTION

LOT 3
48,170.52 sq.ft.

LOT 2
49,024.17 sq.ft.

LOT 1
47,438.61 sq.ft.

B.R.L.

B.R.L.

B.R.L.

107.91'

N10°35'34"E 635.03'

101.63'

N66°47'31"W 366.93'

N74°13'28"W 393.40'

N17°59'27"W 385.64'

DISTRIBUTION EX.

DISTRIBUTION EX.

PUMP TANK

DISTRIBUTION

DISTRIBUTION

DISTRIBUTION

C=36.62'

L=45.67'

R=57137.8'

L=14.60'

L=31.00'

L=14.60'

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APPLICATION

PERCOLATION TESTING

A 59868

P _____

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

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. 1

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'

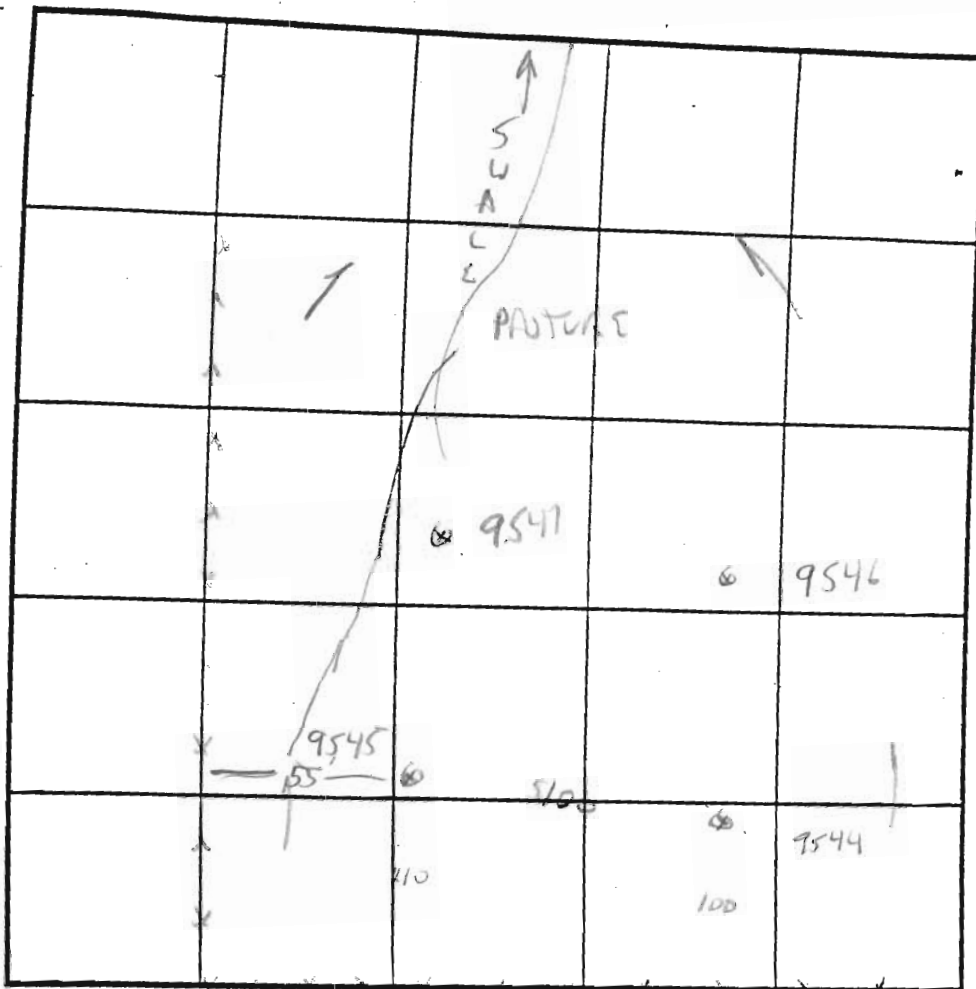
9545747

TOPSOIL 1
DARK BR
HEAVY LOAM

3.5

MEDIUM
+ YELLOW
SC

13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

AURUMWOOD ROAD

SOIL PROFILE

9544

0'

TOPSOIL
DK BR
L

5'

TAN
GRAVELLY
SC

FEW ROCKS
30% ROCK
QUARTZITE
OUTSIDE

1'

QUARTZ
ROCK TOP

LOT 1

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/15/98	9544	5.5/11	1:01	1:06	→	1:16	10 MIN
		9.5	1:04	1:07	→	1:10	3 MIN
	9545	3.5/13V	1:18	1:20	→	1:33	3 MIN
	9547	13V	HEAVY LOAM TO 5'				OK
	9546	5/13	1:15	1:17	→	1:19	2 MIN

REMARKS

9544 QUESTIONABLE FOR ROCK (CIR)

TYPE OF SOIL

TESTED BY

G SAVAGE

ALSO PRESENT

GYLDS CRW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

8 MIN

TRENCH WIDTH

3

INLET DEPTH

4 1/2

MAXIMUM BOTTOM DEPTH

6 1/2

SQ. FT./BEDROOM

210 A



05'47"W - 696.84'

LOT 25

ADYSON OWENS 70 530

P. HAIFIELD L. HAIFIELD 91

SULLIVAN SUBDIVISION PLAT No. 6864

P-99-15

ChA

CgB2

ROAD A

LOT 1A

EXISTING SHED TO BE REMOVED

N10°35'34"E 640.34'

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644

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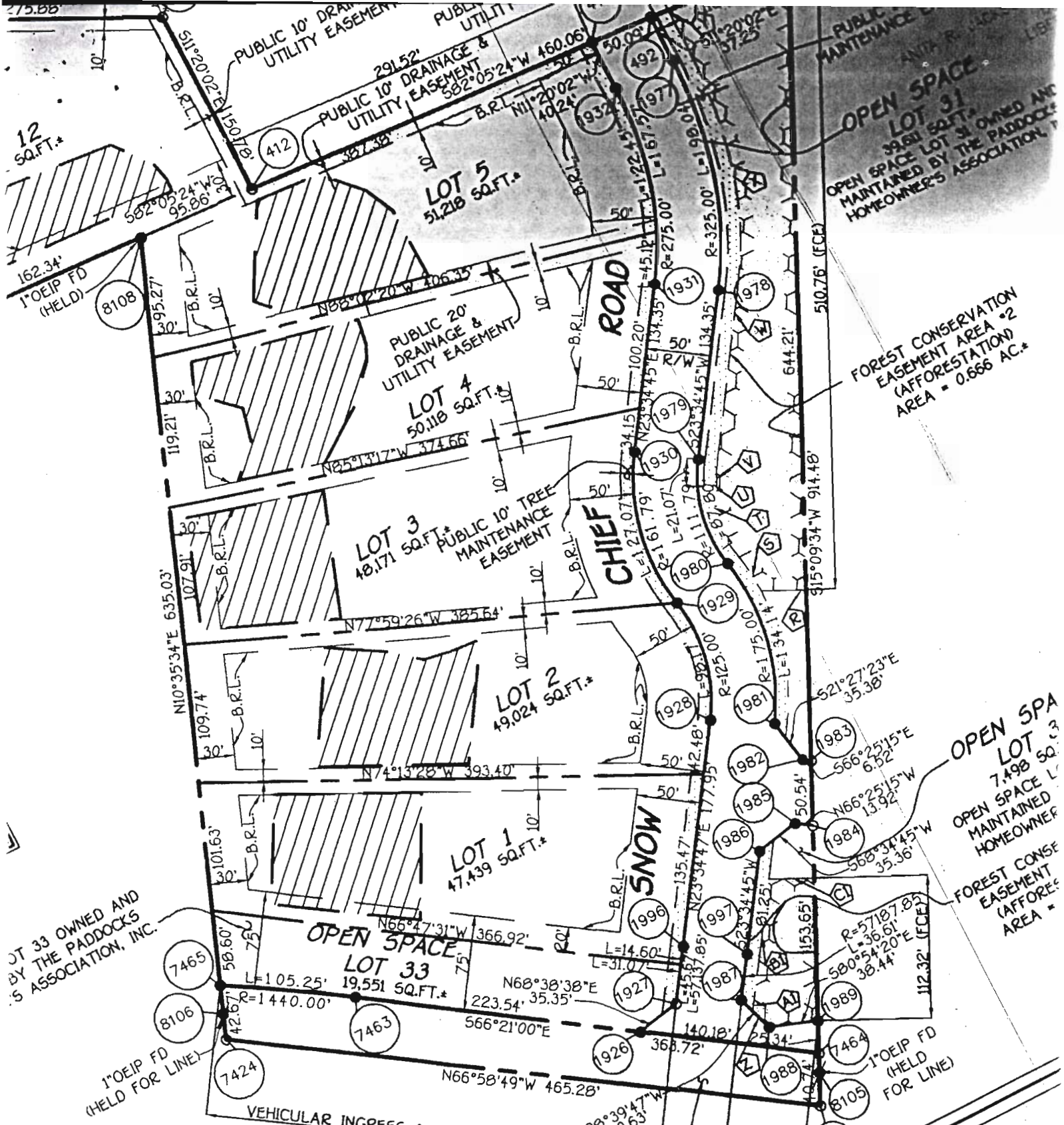
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12
SQ.FT.*

LOT 33 OWNED AND
BY THE PADDOCKS
'S ASSOCIATION, INC.

SHEET 2

Arrels To Be Recorded	9
Be Recorded	3
	0
	12
	10.846 Ac.*
	1.530 Ac.*
	0.000 Ac.
	0.000 Ac.

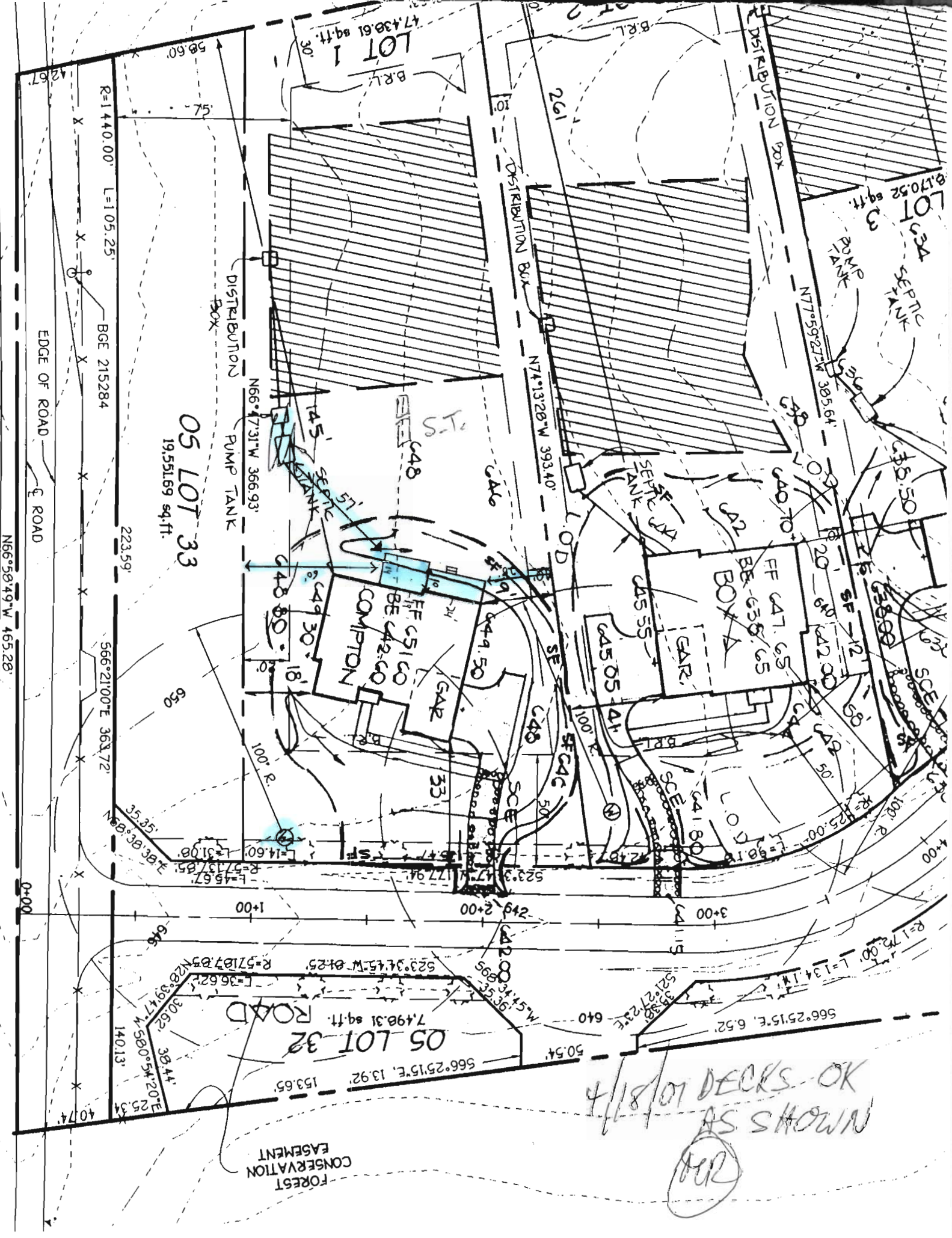
BURNT WOODS ROAD
(MAJOR COLLECTOR)

LAND DEDICATED TO HOWARD COUNTY,
MARYLAND FOR THE PURPOSE OF A
PUBLIC ROADWAY. AREA = 0.457 AC.*

OWNER'S CERTIFICATE

Michigan Corporation, By John E. Bittner, President And Gretchen Moberley
hereon, Hereby Adopt This Plan Of Subdivision, And In Consideration Of
ing And Zoning, Establish The Minimum Building Restriction Line
And Assigns: (1) The Right To Lay, Construct And Maintain
In And Under All Roads And Street Rights-Of-Way
Require Dedication For Public Use The Beds Of
Good And Other Valuable Consideration
To The Beds Of The Streets And
The Right To Require Dedication
And Maintenance; And (4)
And Rights-Of-Way

F-00-071



05 LOT 33
19,551.69 sq. ft.

05 LOT 32

FOREST CONSERVATION EASEMENT

4/18/01 DECKS OK
UNIONS SA
AS SHOWN
200

R=1440.00' L=105.25'
BGE 215284
EDGE OF ROAD
C ROAD
N66°58'49"W 465.28'

DISTRIBUTION BOX
PUMP TANK
N66°47'31"W 366.93'

DISTRIBUTION BOX
N74°13'28"W 393.40'

DISTRIBUTION BOX
N7°05'27"W 385.64'

LOT 34
SEPTIC TANK
PUMP
N7°05'27"W 385.64'

566°21'00"E 363.72'

N68°38'38"E 353.35'

1+00

140.13'

30.62'

38.44'

566°54'20"E 25.34'

40.74'

153.65'

13.92'

566°25'15"E 13.92'

50.54'

640

521°27'23"E

523°34'45"W 84.25'

R=57187.05'

N28°39'47"W 560.54'

30.62'

38.44'

25.34'

40.74'

153.65'

13.92'

566°25'15"E 13.92'

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25.34'

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CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Oct 14, 2005

County Howard

Lab Number 06-576

Sample iced Yes
Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Pulte Home Corporation
1501 South Edgewood Street
Baltimore, Maryland 21227
Attn: Accounts Receivable

Property Sampled: U&O: 3503 Snow Chief Road

Station Sampled: Powder room tap

Date/Time Sampled: Oct 13, 2005 12:15 pm

Owner, Telephone No.: MODEL

Subdivision Name: The Paddocks East

Building Permit No.:

Well Number: HD-94-2667

Tax Map #: 22

Parcel #: 7

Sampler: 6724GP

Lot Number: 1


Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.7 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	2.7 NTU	EPA 180.1	*10 NTU	Pass
pH	6.0 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

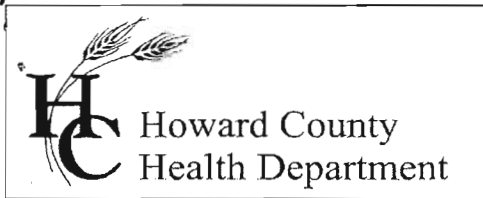
Treatment/Conditioning: Iron filter

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

November 1, 2005

Pulte Home Corporation
1501 S. Edgewood Street, Suite K
Baltimore, MD 21227

SENT VIA FACSIMILE 410-644-2643

RE: The Paddocks, Lot 1
3503 Snow Chief Road
West Friendship, MD 21794
BP #: B00127300
Well Permit # HO-94-2667

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/16/2001. Final approval of the well line connection to the dwelling was approved on 02/23/2001.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

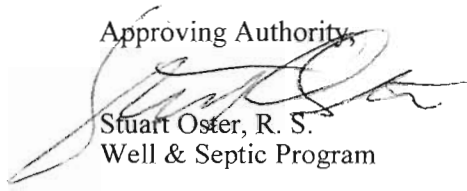
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2667. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 10/13/2005
Date of Well Completion: 03/17/2000

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File