

10/25/00

11:00

10/26/00 11:00

10/30/00 ASK

Need another well to go

PERMIT

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

P 513630

A 49393

ISSUE DATE 6/12/2000

APPROVAL DATE 10/30/00

05-421675

INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Paternal Gift Farm LOT NUMBER 2 ADDRESS 12760 Hall Shop Road

PROPERTY OWNER Len & Laura Perna PROPERTY OWNER'S ADDRESS 6419 Meistone Court

SEPTIC TANK CAPACITY 2000 GALLONS - TOP SEAMED (2-1000 gal top seam OK)

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 6

SQUARE FEET PER BEDROOM 8045

LINEAR FEET OF TRENCH REQUIRED 360-270

TRENCHES: Trenches to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth

LOCATION: 8.0 6.0 feet below original grade. 2.0 feet of stone below distribution box. *Revised design of to accommodate 5' below*
9.0 Beginning at the left rear lot corner, place the distribution box 80 feet down and *adjust SDA for*
up the left (179.88') property line and 85 feet off the left lot line. *adjust SDA for*
Install trenches on contour, first toward the front property line, then *adjust SDA for*
in both directions from the distribution box. *Electric Power company installed*
panels have checked SE corner of
SDA. RJP 10/26/00

PLANS APPROVED Amy Mc Millen DATE 5/4/00

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

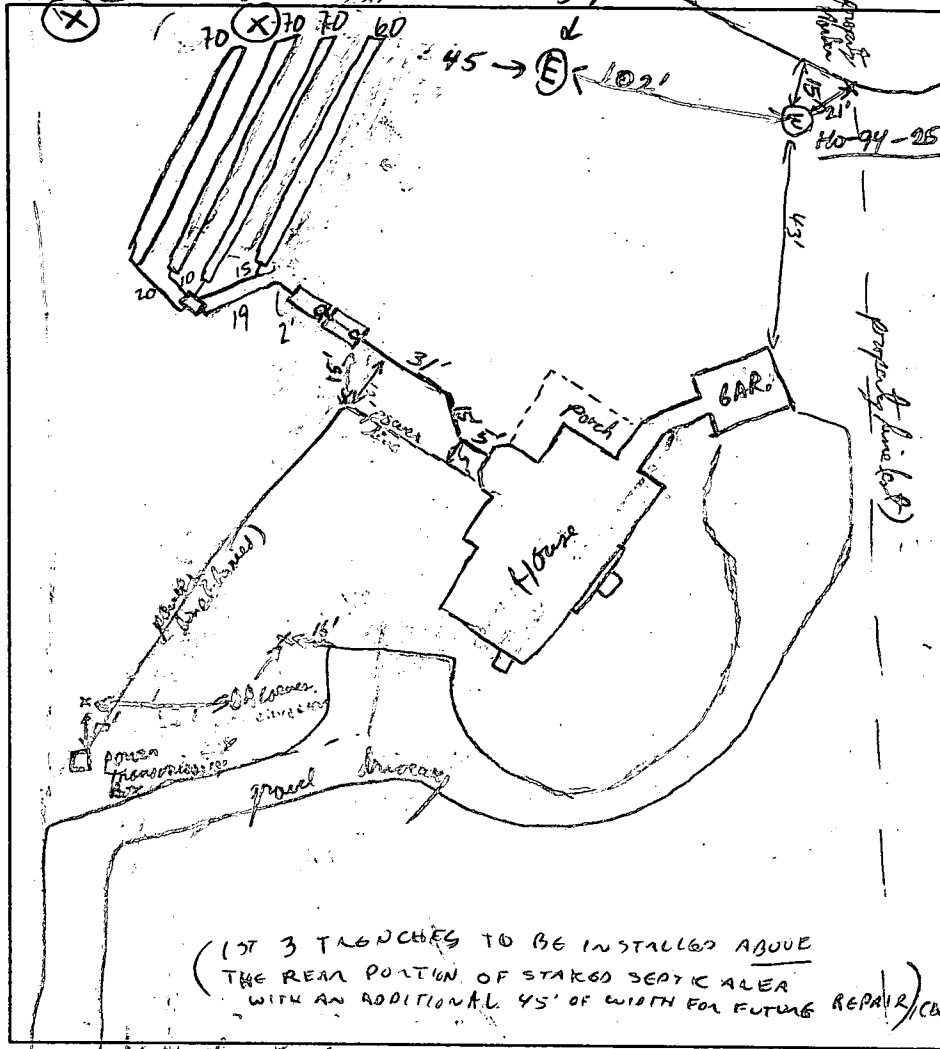
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 513630

STAKED
S.D.A.

CORNERS

NOT TO SCALE



Test Hole B

Rel. Ref. CL
5
14
Federal - on
state ground
to state
(Nevada or state)

OK for
deeper trench
system 10/26/00

TRENCH DATA

TRENCH WIDTH	2
TRENCH INLET DEPTH	4
TRENCH BOTTOM DEPTH	8
DEPTH OF STONE	4
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	270
ABSORBENT AREA	1080
DISTRIBUTION BOX LEVEL	OK
BAFFLE IN DISTRIBUTION BOX	OK

SEPTIC TANK DATA

SEPTIC TANK	1000 Top ^{Second} GALLONS
MANHOLE RISER	NA
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS	NA
MANHOLE RISER	
ALARM	
PUMP PERFORMANCE TEST	

Hall Shop Road.

PRE-CONSTRUCTION INSPECTION: 9/25/00 septic area to be staked prior to start of installation. BGE electric currently

INSPECTION COMMENTS: run through portion of septic reserve area - to be moved prior to start of electric. DVC

did extra 14' deep for hole to allow adjustment of SDA (leaving area crossed by electric power line) and add extra SDA closer to well (Hole by 102' from well - re-located well into area available). OK to deepen trenches for 4' ft gravel fill (8' bottom in planned area, 8'-9' bottom in new up hill area) should allow gravity system everywhere. OK 10/26/00 S.T. set. OK to cover (only need 6" clearance for cover < 18" cover). OK to wire supply lines. (House connection OK 10/27/00 CW)

UPPER TRENCHES OK TO STONE & CONTINUE WORKING. 10/27/00 CW 10/30/00 OK TO COVER (M)

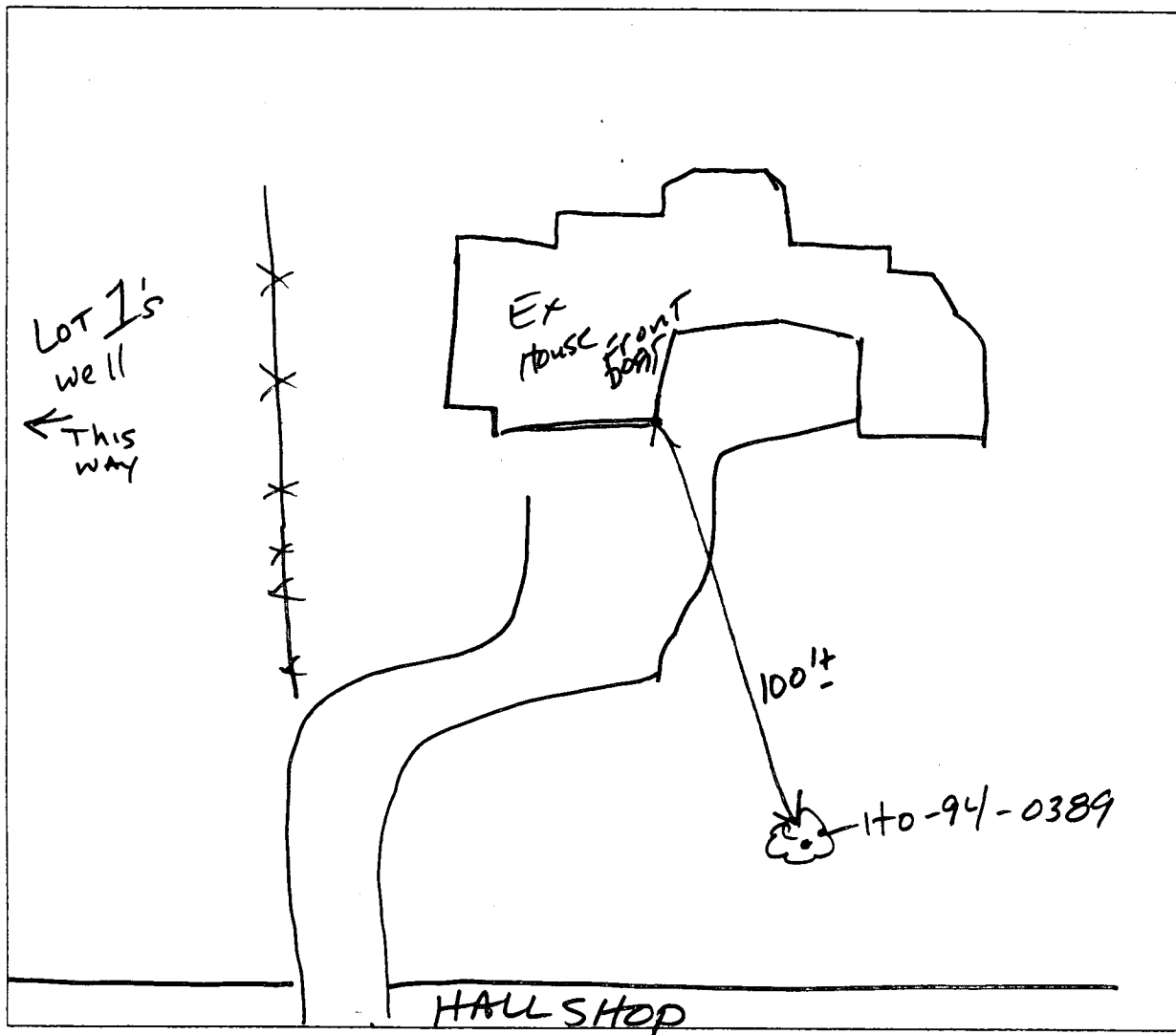
INSPECTOR M. R. Skin

DATE SYSTEM APPROVED 10/30/00

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 12760 Hall Shop Rd CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: Paternal G.A. LOT: 2 COUNTY #: _____
PROPOSAL: Two wells on lot 1?

LOCATION DIAGRAM



COMMENTS: 9/14/04 H-94-0389 paperwork in lot 1 file.
Knocked on door of Ex house #12760 next door. H-94-0389
in front of house in bush. Well in good condition

DATE: 9/14/04 INSPECTOR: Kacie Norman

3651
 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) P513630

**STATE OF MARYLAND
 WELL COMPLETION REPORT**
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 49392**

ST/CO USE ONLY
 DATE RECEIVED
 DATE WELL COMPLETED **04/1/95**

Depth of Well **#12760**
400
 (TO NEAREST FOOT)
 Italk shop Rd.

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0389

OWNER **Scheidt**
 STREET OR RFD **12760 name Hall Shop Rd**
 SUBDIVISION: **Posterial 61FF**
 first name **Susan**
 TOWN **Highland**

LOT **1** **Actually**
ON Lot 2

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	
Top Soil	0	2	
red clay	2	8	
Sand silt	8	76	
Clay	76	85	
Mica	85	95	✓
Sand Stone	95	240	
Mica	240	245	✓
Flint Mica	245	400	

Note: 2 1/4 gpm

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES **Y** NO **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **30** NO. OF POUNDS **300**
 GALLONS OF WATER **150**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **72** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **87**

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED YES NO

DEPTH (nearest ft.)
 1 **40** 2 **79** 3 **400**
 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 _____

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 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 Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **25**
 WHEN PUMPING **184**
 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 WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 49
 - below 49
 LAND SURFACE **2** (nearest foot) 50 51

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)
 well 100'
 HALL SHOP RD.
 Sideline

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE **George F. Eustachy**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
Charles Collins

Page _____ of _____
 Date _____

4-13-95 8:30

Review OK 5/2/95 DCS

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0389
 Location of property (road) Hall Shop Rd
 Subdivision Paternal Gift Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Susan Scheidt

Depth of well 400 1/2
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 - G.P.M.
 Total time 45 min. to reach pumping water level 183 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	183	25 SEC.	Pump SETTING 380	2 1/4 G.P.M.
9:15	183	25 "	Lee Holland	2 1/4 "
9:30	183	25 "		2 1/4 "
9:45	183	25 "		2 1/4 "
10:00	183	25 "		2 1/4 "
10:15	183	25 "		2 1/4 "
10:30	183	25 "		2 1/4 "
10:45	183	25 "		2 1/4 "
11:00	184	25 "		2 1/4 "
11:15	184	25 "		2 1/4 "
11:30	184	25 "		2 1/4 "
11:45	184	25 "		2 1/4 "
12:00	184	25 "		2 1/4 "
12:15	184	25 "		2 1/4 "
12:30	184	25 "		2 1/4 "
12:45	184	25 "		2 1/4 "
1:00	184	25 "		2 1/4 "
1:15	184	25 "		2 1/4 "
1:30	184	25 "		2 1/4 "
1:45	184	25 "		2 1/4 "
2:00	184	25 "		2 1/4 "
2:15	184	25 "		2 1/4 "
2:30	184	25 "		2 1/4 "
2:45	184	25 "		2 1/4 "
3:00	184	25 "		2 1/4 "

B 1 4005

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-0389 fill in this form completely

Date Received (APA)

030695

OWNER INFORMATION

SCH E I D T S U S A N

12730 HALL SHOP RD

HIGHLAND MD 20777

B 3

LOCATION OF WELL

HOWARD

PATERVAL GIFT FARM

SECTION 44 46 LOT 48 50

HIGHLAND

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

George F. Easterday

MSD/MGD/MWD

40

Driller's Name

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

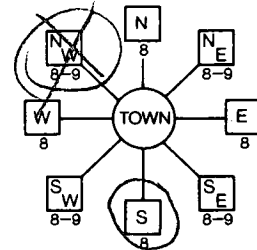
George F. Easterday 8-24-94

Signature

Date

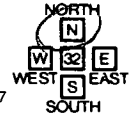
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HALL SHOP RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 100 FT

TAX MAP: BLK: PARCEL

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A49392 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 032495 CO SIGNATURE EXP DATE 3/24/96 NORTH GRID 487000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 206 FEET

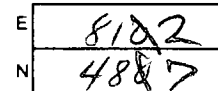
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER

- 1. well
2.
3. WRITE THE BOX NUMBER FROM THE MAP HERE

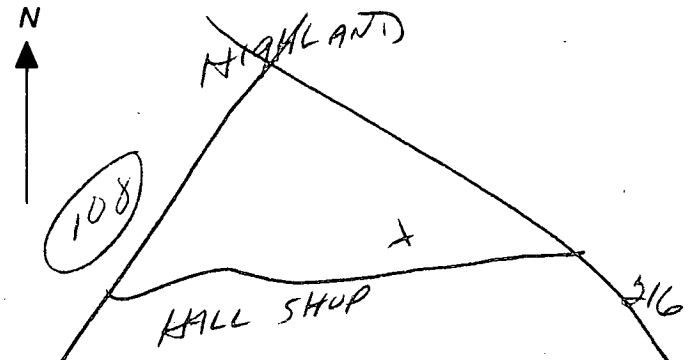


Handwritten notes: 4/2/95 all done 11.15, 4/11/95 Groot CB, No one around, Bags of cement, Well ca-7, Gravel, 1+ casing of... ground, (7' or so well)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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



PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

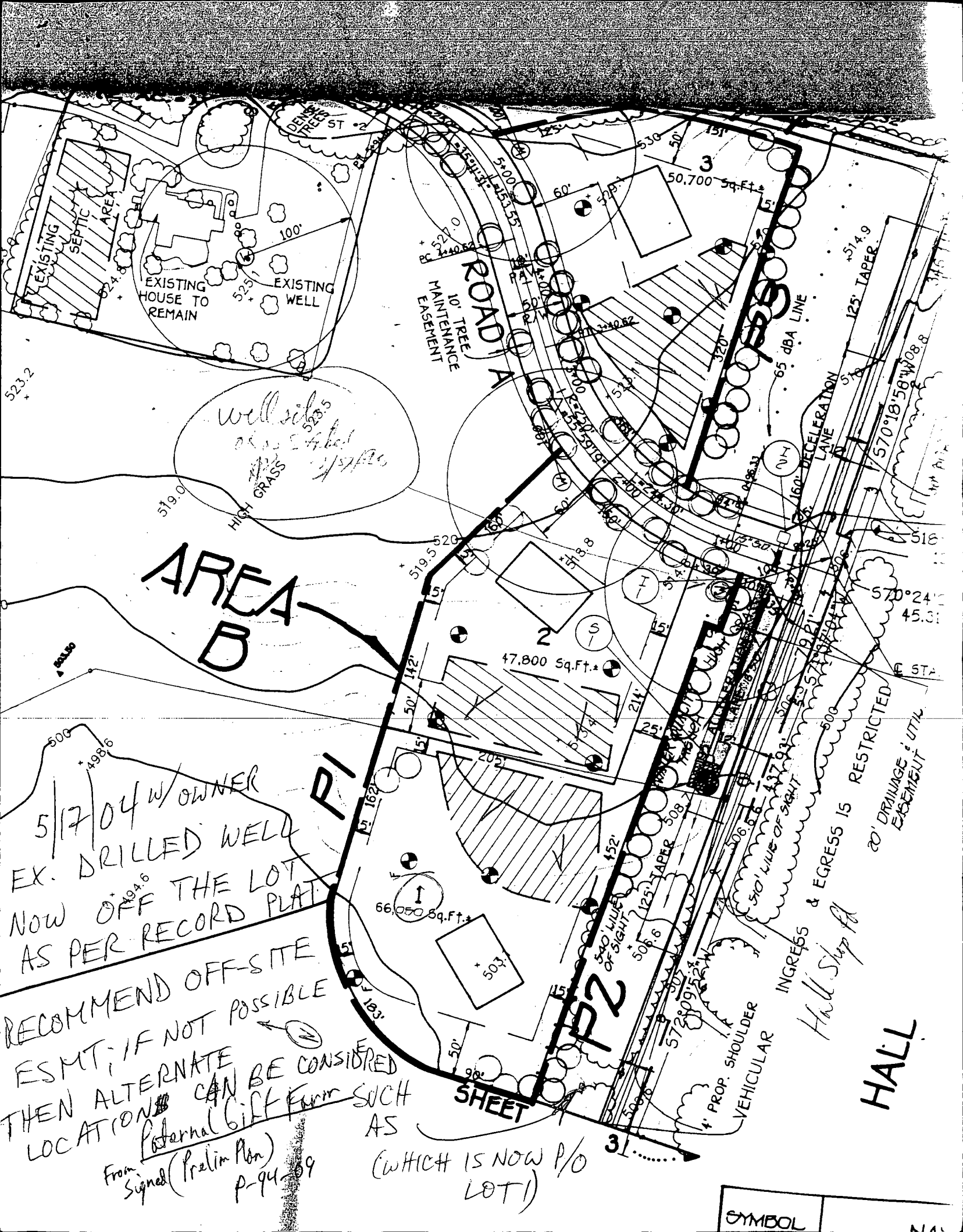
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE PERMIT No. 40-94-0389

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



AREA B

ROAD A

ROAD B

ROAD C

HALL

SHEET

5/17/04 w/ OWNER
 EX. DRILLED WELL
 NOW OFF THE LOT
 AS PER RECORD PLAT

RECOMMEND OFF-SITE
 ESMT; IF NOT POSSIBLE
 THEN ALTERNATE
 LOCATION CAN BE CONSIDERED
 From Paternal Gift Form SUCH
 Signed (Prelim Plan) AS
 P-94-89 (WHICH IS NOW P/O
 LOT 1)

SYMBOL	DESCRIPTION



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

JAN 2001
Received
Ind. Septic
Systems & Wells
Program

January 11, 2001

Denise Swatzbaugh
Groundwater Permits Program

RE: **Replacement Well Tag**
Paternal Gift Farm, Lot - 2
12760 Hall Shop Road
Well Permit #: HO-94-2599

Dear Mrs. Swatzbaugh:

Upon a well line inspection for the above referenced property, it was observed that the above assigned well tag was not located on the well casing. Field/office research could not locate the missing tag; therefore, I am requesting a replacement tag reading HO-94-2599 to be sent to this office.

Thank you for your cooperation in this matter.

1/30/01 - Gave repl. well tag to Jeff Geddes of Classic Custom Builders (SRK)

Respectfully,

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: File

**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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 310 Main St.
MT Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Harold A. Van Sant License# 1467
*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: Lea & Laura Peric Telephone #: _____
Subdivision: Paternal Gift Farm Lot #: 2 Well Tag #: HO-94-2599
Site Address: 12710 Hill Drop Rd
Highland MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7G507422</u>	Model#: <u>510X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>1</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 NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>200 PSI</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: (160 psi min)	Approximate length of sleeve: <u>5.0 ft.</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: Harold A. Van Sant date: 11/16/00

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

Date Insp. Requested: 10/25/00 Date Insp. Approved: 10/25/00
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

DXC

APPLICATION

PERCOLATION TESTING

A 49393

P _____

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

DISTRICT _____

DATE 7/7/93

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 SUSAN Scheidt

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND PHONE 531-2326
MD. 20777

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION PATERNAL GIFT LOT NO. 2

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108

TAX MAP 40 PARCEL # 396, 179 & 90

SIZE OF LOT 1 AC. ± 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 (Agent)
(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

LINE ONLY - NO 1/2" E
553.96'

PRESERVATION
PARCEL 'A'
(AGRICULTURAL PRESERVATION)
AREA = 26.908 AC.*
TOTAL AREA = 74.110 AC.*
(PRIVATELY OWNED AND MAINTAINED
BY HOMEOWNER'S ASSOCIATION)

214.62'

30' PUBLIC STORMWATER MANAGEMENT,
DRAINAGE, UTILITY AND ACCESS EASEMENT

*Paternal Gift Farm
From Signed Final Plat
F-95-79*

SEE

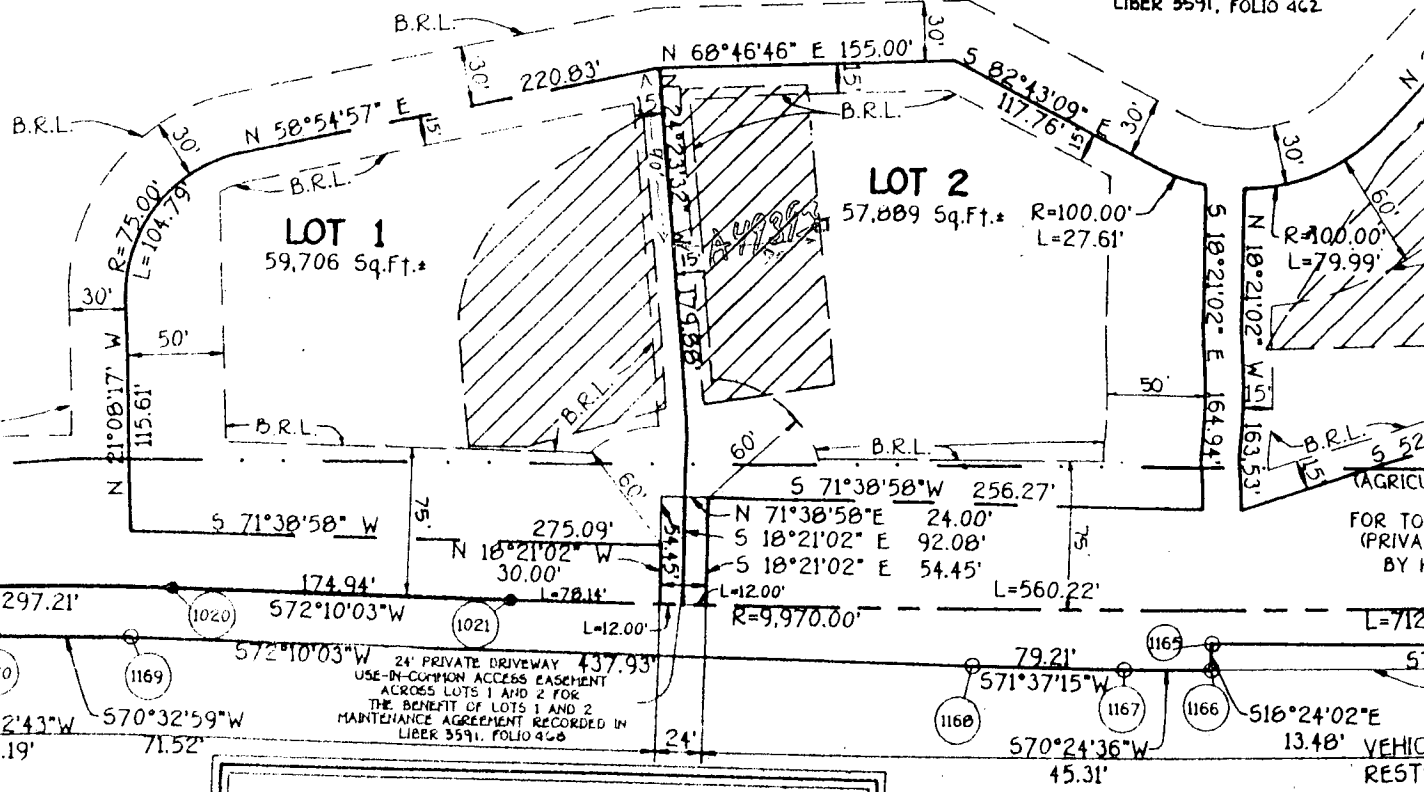
PE
AND
(TOTAL
L. 651, F
...SHEE

R=30.00'
L=46.07'

40' PRIVATE DRIVEWAY
USE-IN-COMMON ACCESS EASEMENT
ACROSS LOT 3 AND RESIDUE PROPERTY
OF PETER C. SCHEIDT AND
D. SUSAN SCHEIDT FOR THE USE AND
BENEFIT OF LOT 3 AND RESIDUE
PROPERTY OF PETER C. SCHEIDT
AND D. SUSAN SCHEIDT
MAINTENANCE AGREEMENT RECORDED IN
LIBER 3591, FOLIO 462

STREAM
TRANSFER

NOISE LINE



ICATED TO HOWARD COUNTY,
ND FOR THE PURPOSE OF A
ROADWAY (1.364 AC.)*

30' OPENING FOR
EXISTING DRIVEWAY

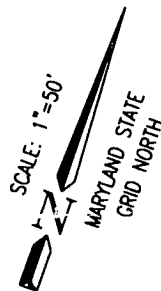
THE REQUIREMENTS 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED
CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED)
AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE
SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

**RESERVATION OF PUBLIC UTILITY
FOREST CONSERVATION EASEMENT**

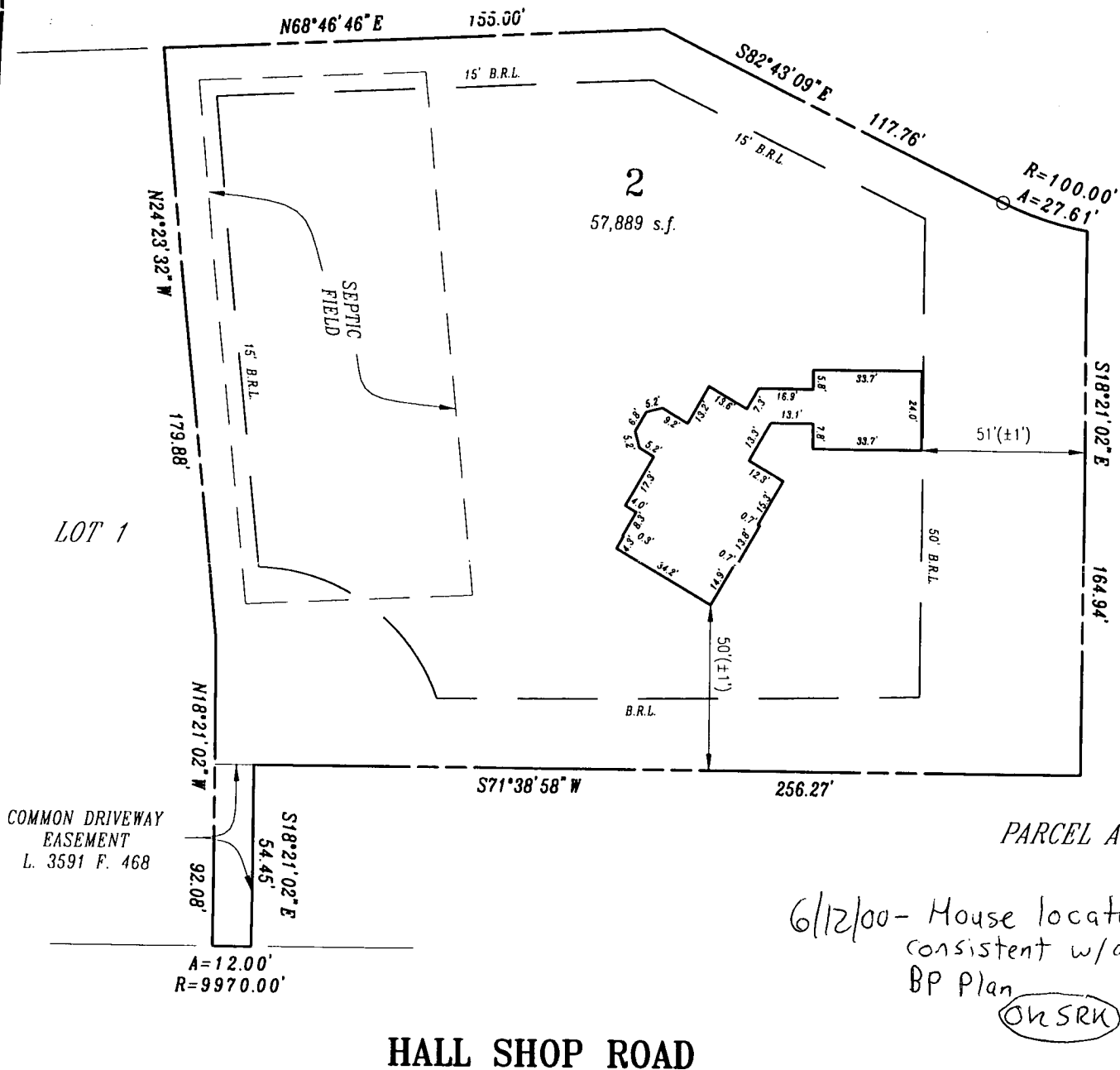
*DEVELOPER RESERVES UNTO ITSELF, ITS SU
ASSIGNS ALL EASEMENTS SUCH

LOCATION DRAWING
12760 HALL SHOP ROAD

LOT 2
PATERNAL GIFT FARM
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



PARCEL A



6/12/00 - Mouse location consistent w/ approved BP Plan
OK SRK

NOTE: THIS SURVEY IS NOT VALID UNLESS IT CONTAINS A BLUE SURVEYORS SEAL.

" THE SUBJECT DWELLING DOES NOT LIE WITHIN A FLOOD HAZARD ZONE AS SHOWN ON HUD FLOOD INSURANCE STUDIES "

FOUNDATION SURVEY: 5/25/00

PERMIT NUMBER: B00123446

SURVEYORS CERTIFICATE

I hereby certify that the position of the existing improvements shown hereon have been carefully established by accepted land surveying practices and that, unless shown, there are no visible encroachments either way across the property lines. The plan is of benefit to a consumer only insofar as it is required by a lender, or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. This drawing was prepared *v/p the benefit* of a title report.

5-25-2000

RONALD L. COLLIER
PROFESSIONAL LAND SURVEYOR
MD. No. 20014



Charles P. Johnson & Associates, Inc.
PLANNERS • ENGINEERS • LANDSCAPE ARCHITECTS • SURVEYORS
1751 ELTON ROAD SUITE 300 SILVER SPRING, MARYLAND 20903
Phone: (301) 434-7000 E-mail: ssocpja.com Fax: (301) 434-9394
FREDERICK, MD FAIRFAX, VA

REFERENCE	Drawn by WCR	Checked by RLC
Plat No. 11966	Date 5/28/00	Record No.
	Scale 1"=50'	30-038-88.2

CJ - 01869

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 A49393

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 3 1 00

Depth of Well 460 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2599

OWNER Scheidt, SUSAN STREET OR RFD PATERNAL GIFT DRIVE TOWN HIGH LAND SUBDIVISION PATERNAL GIFT FARM SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Br. mica, Tan Sandstone, Granite, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 18, NO. OF POUNDS 1800, GALLONS OF WATER 108, DEPTH OF GROUT SEAL 51 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 64.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

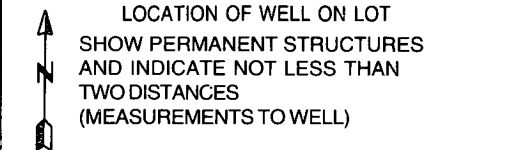
DEPTH (nearest ft.) table with columns: depth, diameter of screen. Includes handwritten entries for 63 and 460.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 6.0, MEASURE PUMPING RATE 1 gal bucket, TYPE OF PUMP USED (R) rotary.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE (R), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT (+) above, LAND SURFACE (nearest) foot.



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y) YES (N) NO

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...

DRILLERS LIC. NO. MW/D 040, DRILLERS SIGNATURE Gerard F. Kustanley, LIC. NO. MW D 386, WELL SIGNATURE Wendy Blauvelt

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

B 1 09627

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2599

Date Received (APA) 2/4/00

OWNER INFORMATION

RN 8154

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

Scheidt Susan

12730 Hall Shop

Highland, Md. 20777

57 Town 70 State 72 Zip 76

8 COUNTY 21

Paternal Gift Farm

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Highland

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday M D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 2/1/2000

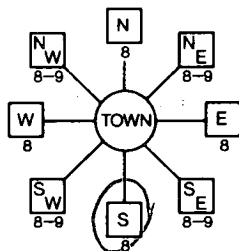
WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

B 4

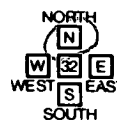
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hall Shop Road Paternal Gift Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 40 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 40 BLK: PARCEL 90

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 49393

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 2/24/00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 487 000 EAST GRID 0812 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL 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 HO 96 GAP 007 (01)

PERMIT No. 70 71 72 73 74 75 76 77 78 79 HO-94-2599

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8102

N 4807

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

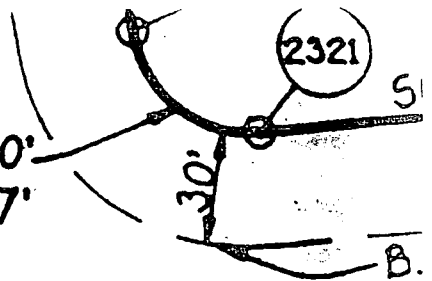
MAP 18 c1



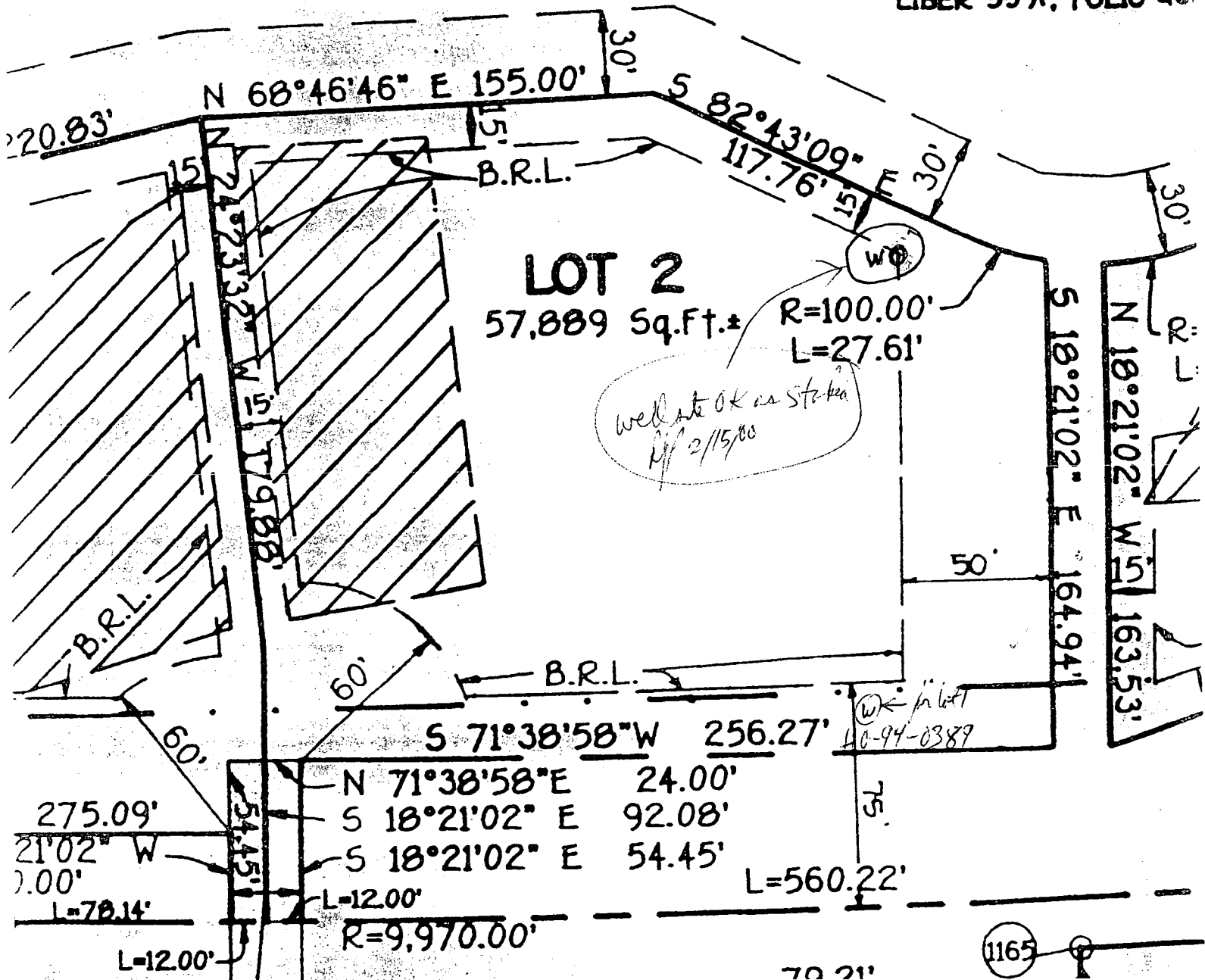
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

R=30.00'
L=46.07'



40' PRIVATE DRIVEWAY
USE-IN-COMMON ACCESS EA:
ACROSS LOT 3 AND RESIDUE F
OF PETER C. SCHEIDT A
D. SUSAN SCHEIDT FOR THE
BENEFIT OF LOT 3 AND RE
PROPERTY OF PETER C. SC
AND D. SUSAN SCHEID
MAINTENANCE AGREEMENT REC
LIBER 3591, FOLIO 46:



220.83'
N 68°46'46" E 155.00'

S 82°43'09" E 117.76'
E 30'

R=100.00'
L=27.61'

S 18°21'02" E 164.94'
N 18°21'02" W 163.53'

S 71°38'58" W 256.27'

N 71°38'58" E 24.00'

S 18°21'02" E 92.08'

S 18°21'02" E 54.45'

L=12.00'

L=560.22'

R=9,970.00'

275.09'
21'02" W
2.00'
L=78.14'

L=12.00'

70 21'

1165



An Eco-Development

- 28 Custom Homesites
- 7 Pastures
- Pond & Woodlands
- On-site Caretaker
- 1.75 Mile Walking Trail

Logging Path - - - - -

Horsetrail - · - - - -

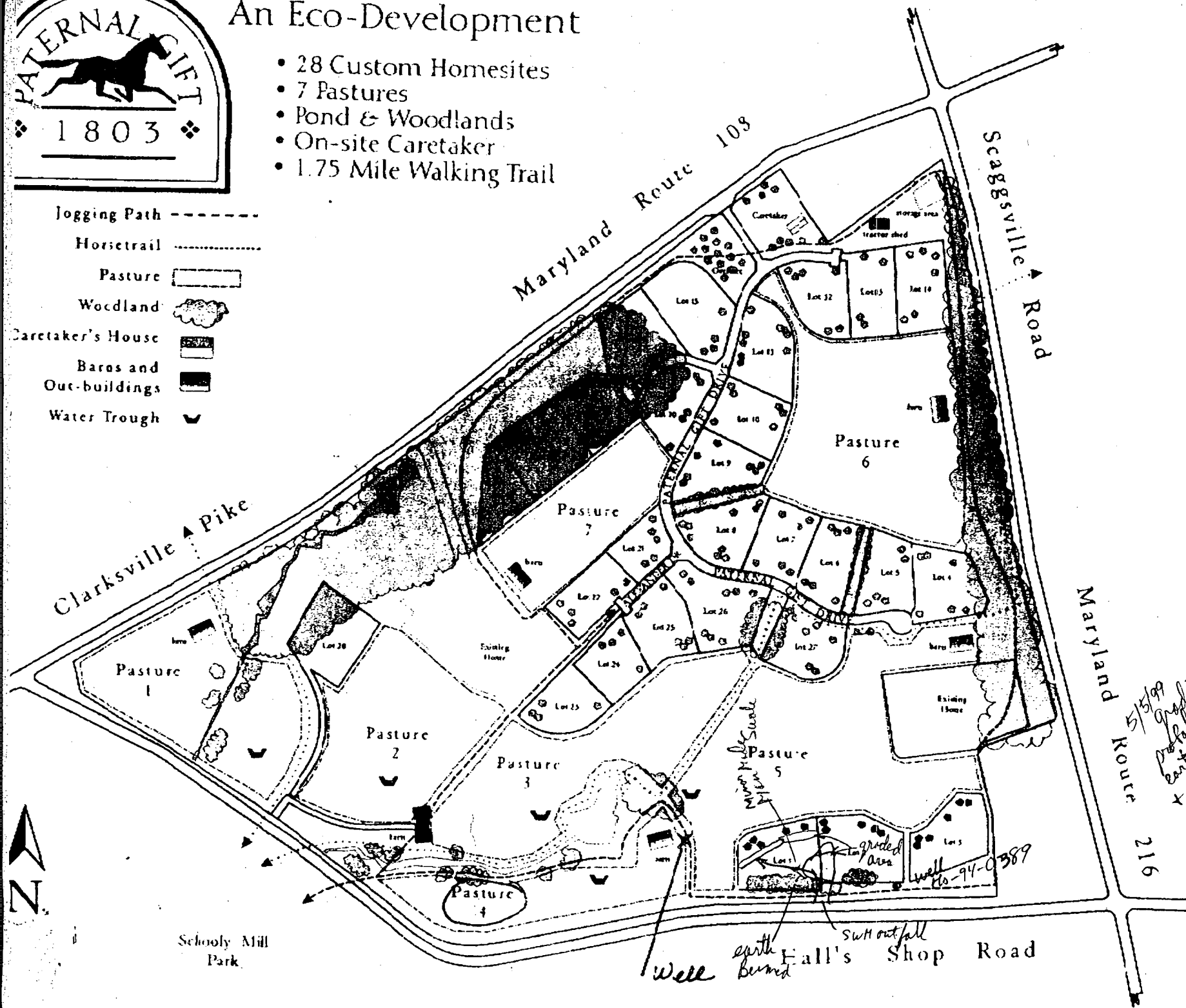
Pasture

Woodland

Caretaker's House

Baras and Out-buildings

Water Trough



5/15/99
 Grading on lots 1+2
 probably done to build
 earth forms on lot 1
 + construct on SWH outfall
 1/2 access/egress point for
 lots 1+2
 Most of old tax hole 500
 are gone. HPP

Well earth
 burned SWH outfall
 Fall's Shop Road

Schooly Mill
 Park

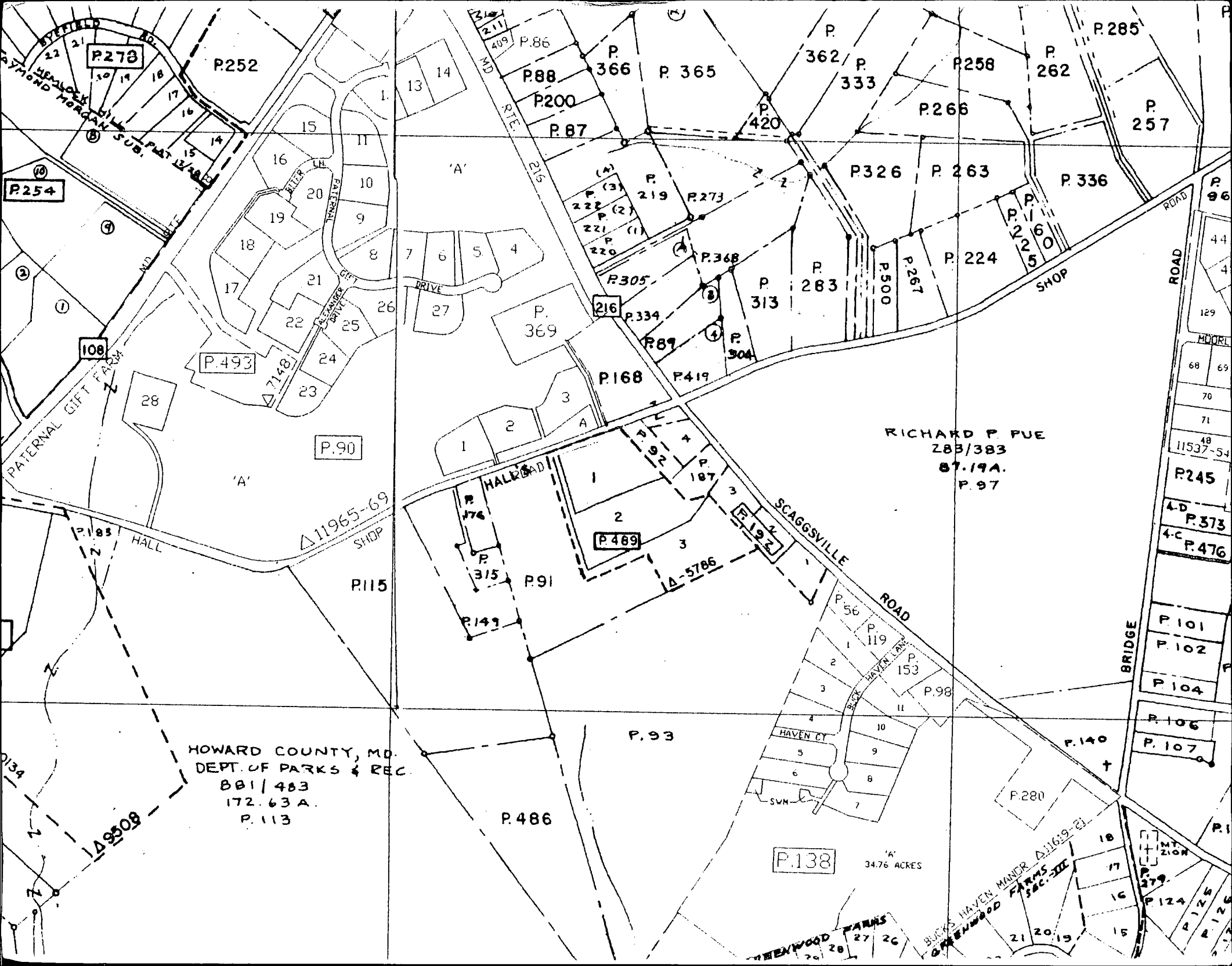
Maryland Route 216

Scaggsville Road

Maryland Route 108

Clarksville Pike





P.273

P.252

P.254

108

P.493

P.90

11965-69

P.115

HOWARD COUNTY, MD.
DEPT. OF PARKS & REC.
801/483
172.63 A.
P.113

149508

P.486

P.138

34.76 ACRES

RICHARD P FUE
283/383
87.19A.
P.97

P.489

P.193

P.245

P.373

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