

5/2/01 AM + Letter  
4/26/01 2:00  
4/30/01 pm-tank  
6/20/01 11:00

Needs Pump Test

# PERMIT

P 514024

## SEWAGE DISPOSAL SYSTEM

A 512694-0

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

ISSUE DATE 4/5/2001

APPROVAL DATE 6/20/01

### INDEXED

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Brantwood 2/1 LOT NUMBER 15 ADDRESS 11440 Butterfruit Way

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, #301  
Crofton, MD 21114

SEPTIC TANK CAPACITY 1250 GALLONS \*WATERTIGHT SEPTIC TANK REQUIRED\*

PUMP CHAMBER CAPACITY 1250 GALLONS \*\*WATERTIGHT PUMP CHAMBER REQUIRED\*\*

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

~~OLD PERMIT~~  
~~NO RECORD~~ 10/31/2001  
BOG 133,021  
18' x 20' DECK-REAR HOWE

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 130 feet down the right lot line and 10 feet off this same lot line. Run (3) 80' trenches on contour to rear of lot.  
1/18/01 OK (BB)

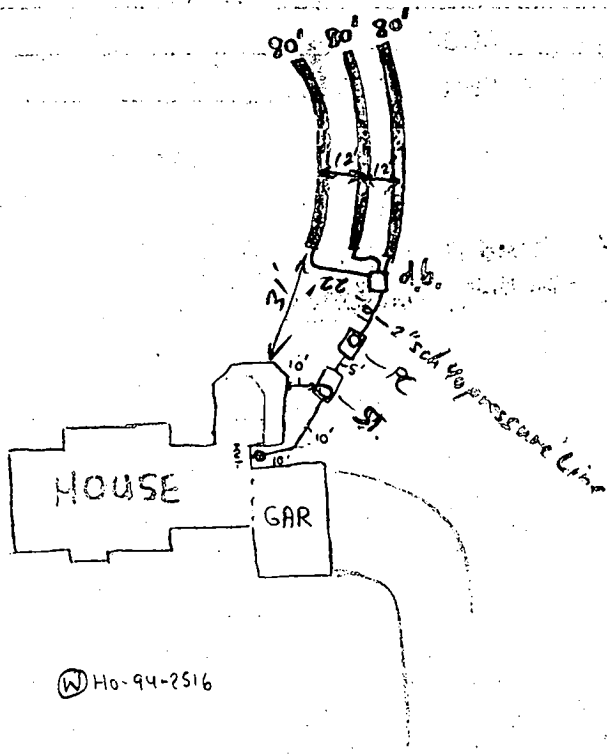
PLANS APPROVED Mark Rifkin DATE 1/16/2001

- 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 514024

NOT TO SCALE



Butterfruit way

**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 2'  
 TRENCH BOTTOM DEPTH 4'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3 (80' each)  
 TOTAL TRENCH LENGTH 240 L.F.  
 ABSORBENT AREA 720 sqft  
 DISTRIBUTION BOX LEVEL used auto levelers.  
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 TS GALLONS  
 BAFFLES IN   
 MANHOLE RISER 18" ✓  
 6 INCH INSPECTION PORT NA

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1500 TS  
 MANHOLE RISER 3' OK  
 ALARM OPERATIONAL  
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 4/26/01 SDA staked: layout confirmed - OK to install system as specified. DRC

INSPECTION COMMENTS: S.T., House Connect, P.C., Dist Box, Trenches all ok to cover.  
Needs Pump Test RPP 5/2/01

6/20/01 - PUMP & ALARM OPERATIONAL (SRW)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 6/20/01

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/15/95

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 Fenger Family

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. c/o Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 656B

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- 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.

Mark A. Reil  
(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' 1201, 1199

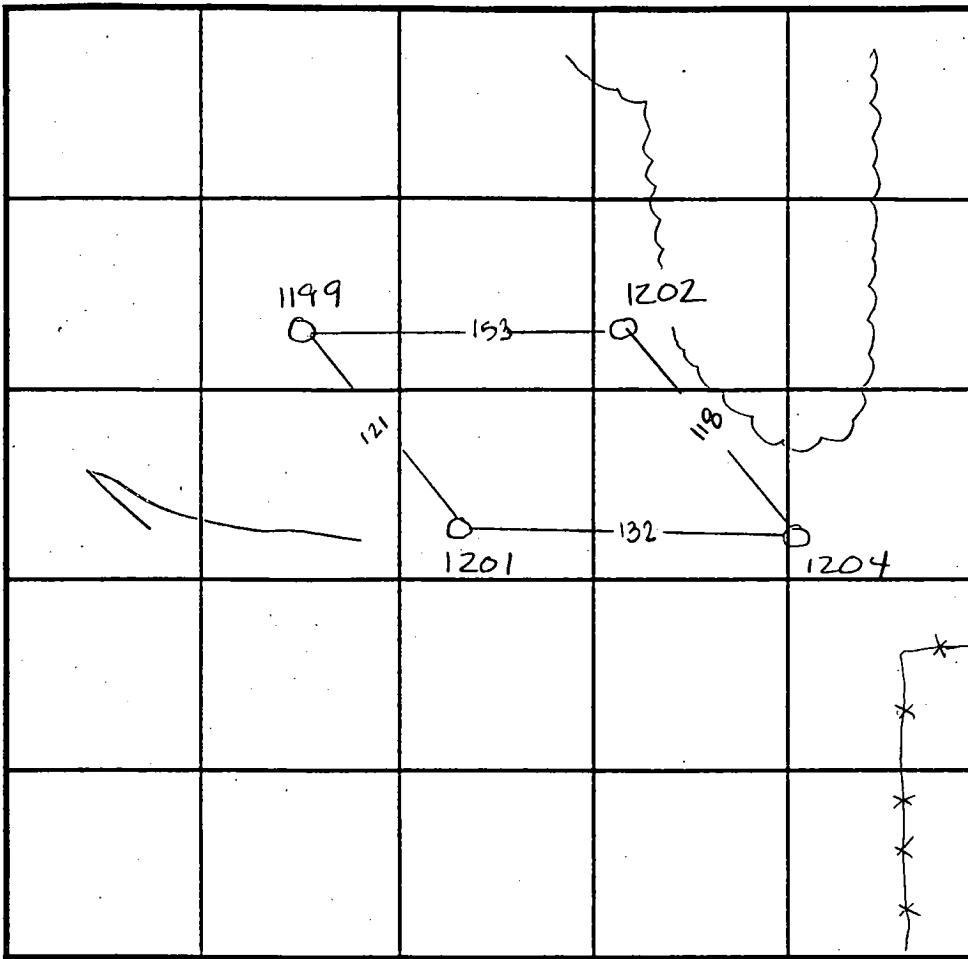
orange red  
 SiClM  
 strong blocky structure  
 4  
 lgt tan orange  
 Salm  
 large grained  
 10% decayed  
 quartz rock  
 12

1202

lgt orange tan  
 SiClM  
 3'  
 lgt tan  
 almost white  
 Salm  
 micaceous  
 5-10% decayed  
 shale  
 11'

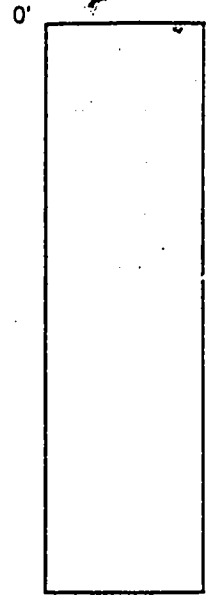
1204

lgt tan yellow  
 orange  
 SiClM  
 2'  
 orange brn  
 SiM  
 10% saprolite  
 7'  
 lgt yellow  
 large grained  
 sand  
 30% decayed  
 rock  
 11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

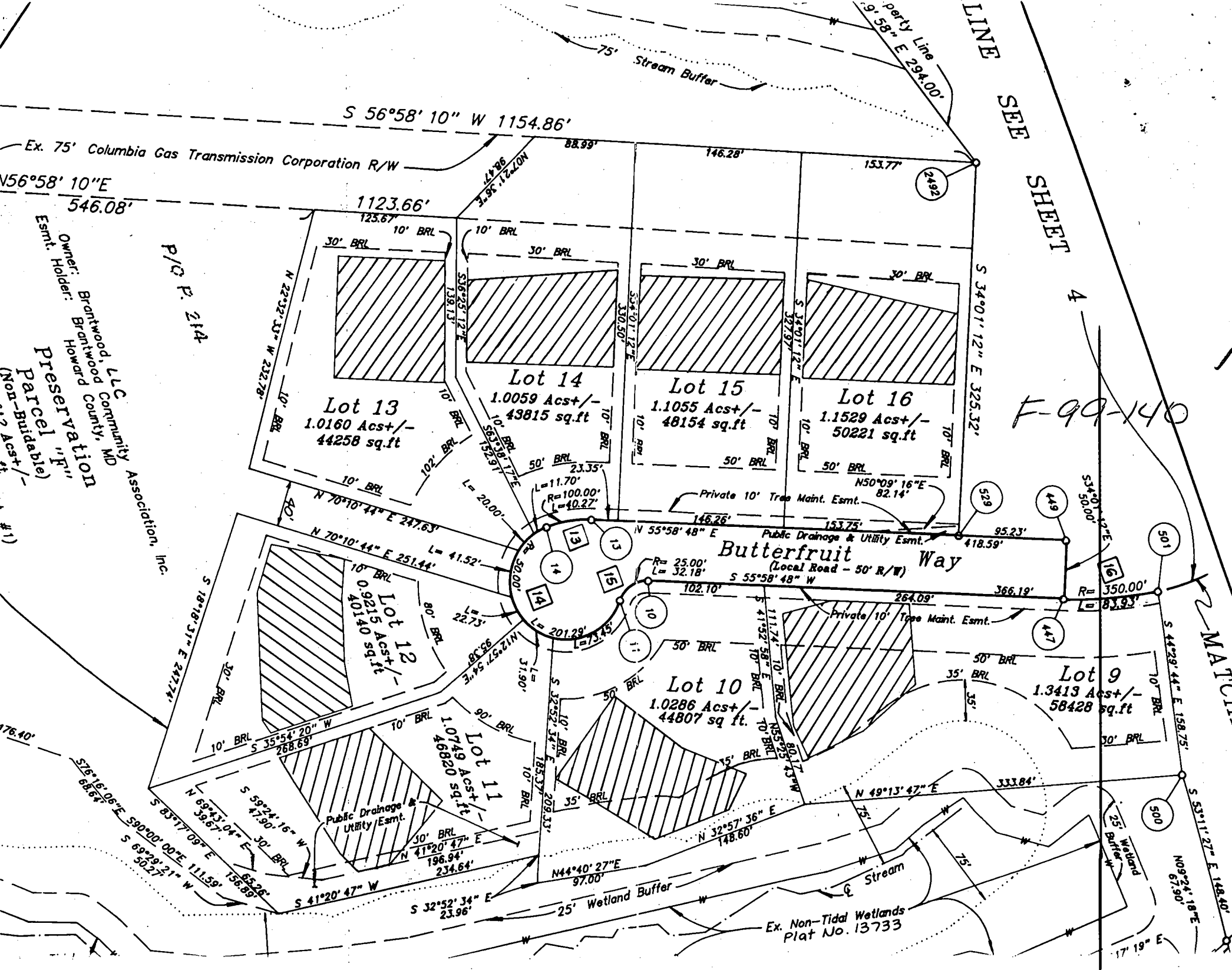


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-20-95	1201	3.5' / V12'	12:35 <sup>30</sup>	12:37	12:37	12:39	2min
	1202	34' / VII'	12:40 <sup>30</sup>	12:45	12:45	12:52	7min
	1199	4' / VI2'	12:47	12:48 <sup>30</sup>	12:48 <sup>30</sup>	12:50 <sup>30</sup>	2min
	1204	25' / VII'	12:28 <sup>45</sup>	12:29 <sup>45</sup>	12:29 <sup>45</sup>	12:31 <sup>30</sup>	1 3/4 min

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillen ALSO PRESENT Tim Feaga  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT/BEDROOM \_\_\_\_\_







SEE SHEET 4

F-99-140

Ex. 75' Columbia Gas Transmission Corporation R/W  
 S 56°58' 10" E 546.08'

Owner: Brantwood, LLC  
 Esmt. Holder: Brantwood Community Association, Inc.  
 Howard County, MD  
 Preservation Parcel "F"  
 (Non-Buildable)  
 P/O P. 214

**Lot 13**  
 1.0160 Acst+/-  
 44258 sq.ft

**Lot 14**  
 1.0059 Acst+/-  
 43815 sq.ft

**Lot 15**  
 1.1055 Acst+/-  
 48154 sq.ft

**Lot 16**  
 1.1529 Acst+/-  
 50221 sq.ft

**Lot 12**  
 0.9215 Acst+/-  
 40140 sq.ft

**Lot 11**  
 1.0749 Acst+/-  
 46820 sq.ft

**Lot 10**  
 1.0286 Acst+/-  
 44807 sq.ft

**Lot 9**  
 1.3413 Acst+/-  
 58428 sq.ft

**Butterfruit Way**  
 (Local Road - 50' R/W)

Ex. Non-Tidal Wetlands  
 Plat No. 13733

MAT. 1

# Approved Septic System Plan Howard County Health Department

*Mark R. Klein*  
Signature 472 474  
Date 4/6/07

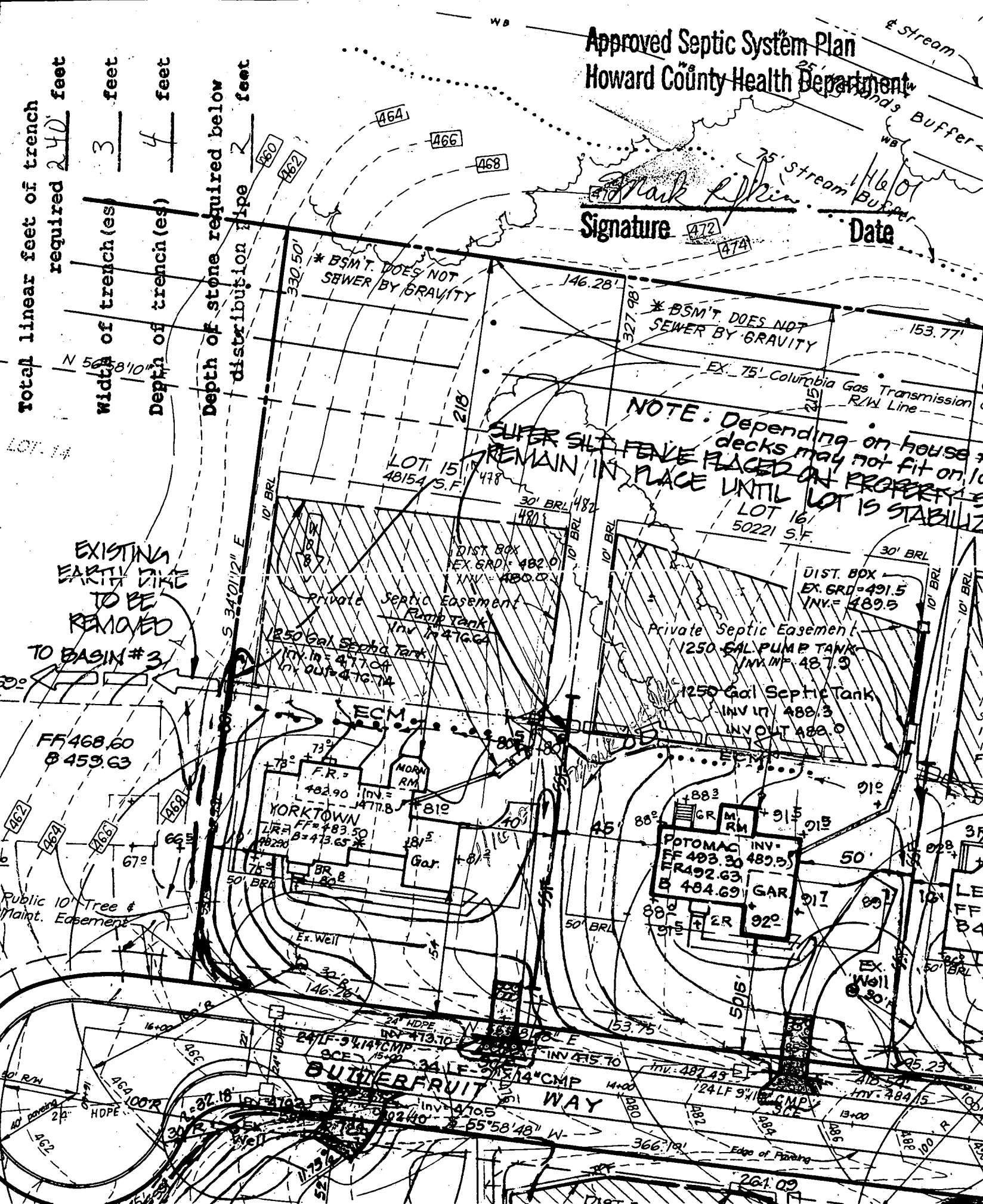
- Total linear feet of trench required 240 feet
- width of trench(es) 3 feet
- Depth of trench(es) 4 feet
- Depth of stone required below distribution pipe 2 feet

LOT 14

EXISTING EARTH DIKE TO BE REMOVED TO BASIN #3

FF 468.60  
B 459.63

Public 10' Tree & Maint. Easement



BUTTERFRUIT WAY

264.09

40

Building Address 11440 Butterfruit Way  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Brantwood  
 Section 2/1 Area \_\_\_\_\_ Lot 15  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NV Homes  
 Address 2200 Defense Hwy Ste 301  
 City Crofton State \_\_\_\_\_ Zip Code 21114  
 Home Phone \_\_\_\_\_ Work Phone 410-721-4703  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Svcs.  
 Phone 410-977-9666 Fax \_\_\_\_\_

Existing Use Vacant  
 Proposed Use SFD  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work Yorktown  
4BR

Contractor Company \_\_\_\_\_  
 Contact Person Pat Orla  
 Address \_\_\_\_\_  
 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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor:	Sewage Disposal:	1st floor: _____	Sewage Disposal:
Use group:	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Construction type:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System:	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System:
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Other Structure: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Dimensions: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Footings: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full <input type="checkbox"/>	Roof: _____	NFPA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	State Certified Modular <input type="checkbox"/>	NFPA #13R <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>	Other: _____
	# of Heads _____		

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 THERE TO; (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_  
 Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	11151
State Highways			Rear: _____	Filing fee: \$ _____
Building Official			Side: _____	Permit fee: \$ _____
Dev. Engineering, DPZ	1/16/01	Mark K. Miller	Side St: _____	Excise tax: \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone <u>1:31</u>	Balance due: \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check: # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	Validation: # _____

Attn: Steve

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  
Int. Hwy. MD 207

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Norford 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: NO Homes Telephone #: \_\_\_\_\_  
Subdivision: WATERGARD Lot #: 115 Well Tag #: HO-94-0516  
Site Address: 1140 Butterbunt Way  
Columbia MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Sandall Two piece watertight cap:   
Model #: 6580702 Model#: 2100 Screened, vented well cap:   
Pump Capacity: 3.6 GPM Depth: 2 (36" min) Cap secured to casing:   
Well Yield: GPM NSF approved: yes Conduit min 18" B.G.:   
Conduit secured to well cap:   
Depth of well encountered at time of pump installation: 315 (feet)  
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

Piping to house House Connection  
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration: 15ft  
PSI: 200 (160 psi min) Approximate length of sleeve: 15ft  
Depth of supply line: 2 (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.

Signature of company representative responsible for installation: Norford Van Sant date: 5.4.01

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

Date Insp. Requested: 5/1/01 Date Insp. Approved: 5/1/01 (BB) SRU  
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 07562

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A5126940

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 3 20 00

Depth of Well 22 375 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2516

OWNER Brantwood LLC last name Brantwood first name BUTTERFRUIT WAY TOWN ELLIOTT CITY MO SUBDIVISION Brantwood SECTION 21 LOT 15

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

GROUTING RECORD section including YES/NO boxes, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (22), NO. OF POUNDS (2068), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (80).

CASING RECORD section including casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (80).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD section including screen type (ST, BR, HO, PL, OT) and depth (80).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. MWD 139, Rabut Cline, DRILLERS SIGNATURE, LIC. NO. MWD 536, Rabut Cline Jr.

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

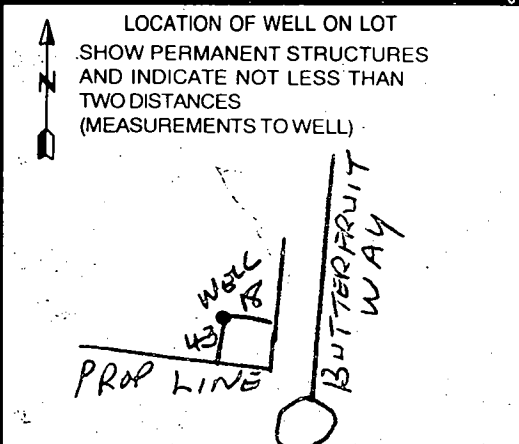
DEPTH (nearest ft.) table with rows for casing and screen diameters and depths.

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 section including C3 box, HOURS PUMPED (6), PUMPING RATE (3.6), MEASURE PUMPING RATE (TIME), WATER LEVEL (149 ft. before, 140 ft. when pumping).

PUMP INSTALLED section including DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43).



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2516  
 Location of property (road) Butterfruit Way  
 Subdivision Brantwood II Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. I  
 Well Driller Robert Cline Owner Brantwood LLC

Depth of well 375  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 49

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10  
 Total time 30 MIN to reach pumping water level 140 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)
8:30	49	30 SECONDS		10
8:45	101	30 "		10
8:59	139	30 "		10
9:00	140	1 MIN. 22 SEC.		3.6
9:15	140	1 MIN. 22 SEC.		3.6
9:30	140	1 MIN. 22 SEC.		3.6
9:45	140	1 MIN. 22 SEC.		3.6
10:00	140	1 MIN. 22 SEC.		3.6
10:15	140	1 MIN. 22 SEC.		3.6
10:30	140	1 MIN. 22 SEC.		3.6
10:45	140	1 MIN. 22 SEC.		3.6
11:00	140	1 MIN. 22 SEC.		3.6
11:15	140	1 MIN. 22 SEC.		3.6
11:30	140	1 MIN. 22 SEC.		3.6
11:45	140	1 MIN. 22 SEC.		3.6
12:00	140	1 MIN. 22 SEC.		3.6
12:15	140	1 MIN. 22 SEC.		3.6
12:30	140	1 MIN. 22 SEC.		3.6
12:45	140	1 MIN. 22 SEC.		3.6
1:00	140	1 MIN. 22 SEC.		3.6
1:15	140	1 MIN. 22 SEC.		3.6
1:30	140	1 MIN. 22 SEC.		3.6
1:45	140	1 MIN. 22 SEC.		3.6
2:00	140	1 MIN. 22 SEC.		3.6

Date MAR. 20, 2000 WELL YIELD TEST DATA SHEET - Frederick County Reviewed By \_\_\_\_\_

Maryland Well Permit No. HO-94-2576 Owner or Applicant BRANTWOOD LLC

Location of Property (Road) BUTTERFRUIT WAY

Subdivision BRANTWOOD II Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. 1

Depth of Well 375 Height of Measuring Point Above Ground 1

Static Water Level Below Measuring Point 229

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRONOLOGICAL)	WATER LEVEL Below M.P.	PUMPING RATE Time to Fill <u>5</u> Gal. Bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>2:15</u>	<u>140</u>	<u>1 MIN. 22 SEC.</u>		<u>3.6</u>
<u>2:30</u>	<u>140</u>	<u>1 MIN. 22 SEC.</u>		<u>3.6</u>
<u>2:45</u>	<u>140</u>	<u>1 MIN. 22 SEC.</u>		<u>3.6</u>
<u>3:00</u>	<u>140</u>	<u>1 MIN. 22 SEC.</u>		<u>3.6</u>

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

\_\_\_\_\_  
Signature of Well Driller

B 1 08101

SEQUENCE NO. (MDE USE ONLY)

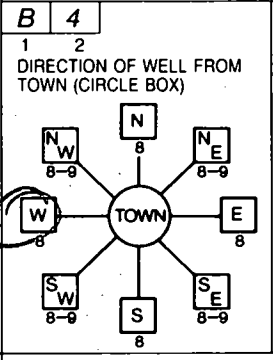
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HD-94-2516 fill in this form completely

OWNER INFORMATION Date Received (APA) 120299 Brantwood, L.L.C. 8835 - P Columbia 100 Parkway Columbia, MD 21045

LOCATION OF WELL Howard Brantwood Pine Orchard Area 1

DRILLER INFORMATION Robert L. Cline M W D 139 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704



Butterfruit Way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 35 ENTER FT OR MI 38 39 TAX MAP 16/23 BLK: PARCEL P16214

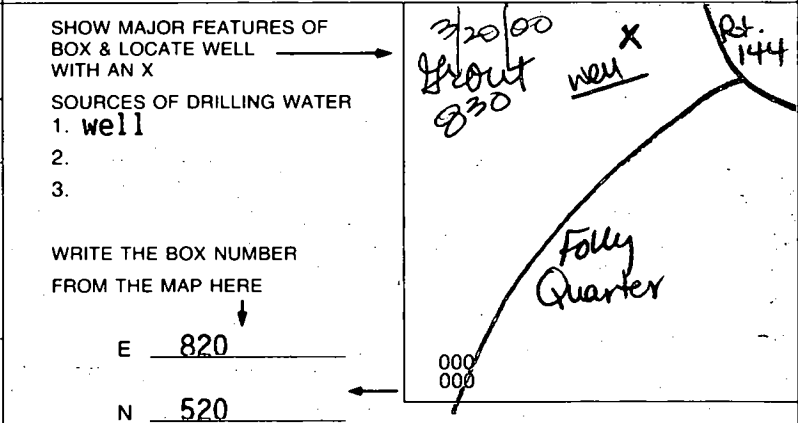
WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 300

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A5126940

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR-ROtary AIR-PERcussion



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. HD-94-2516

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Date

11-17-99

11-19-99

11-22-99

12-21-99

1-5-00

3-3-00

3-23-00

3-27-00

4-4-00

4-11-00

4-26-00

5-3-00

5-8-00

6-18-00

6-19-00

7-21-00

8-14-00

10/31/01

Proposed Deck O.K.

BB

N 56°58'10" E

LOT 14

LOT 15  
48154 S.F.

LOT  
50221

EXISTING EARTH DIKE TO BE REMOVED TO BASIN #3

FF 468.60  
B 459.63

private Septic easement  
Pump Tank  
Inv 478.0  
250 Gal. Septic Tank - 6

Inv In 478.5  
Inv Out 478.2

YORKTOWN  
2R - FF 489.50  
2R - B 473.50

POTOMAC  
FF 489.50  
FR 482.43  
B 484.50

Public 10' Tree & Plant. Easement

BUTTERNUT WAY

Post-It Fax Note 7871

Date	8/15/00	# of pages	1
To	WANNING BLOCK	From	KEEFE G. LEE
Co./Dept	NV HOMES	Co.	G.E. & S.
Phone #		Phone #	
Fax #		Fax #	