

11/21/00
10:30

PERMIT

P 514655

SEWAGE DISPOSAL SYSTEM

A 50338-W

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE

410-313-2640

RPS # 360974

APPROVAL DATE 11/21/00

INDEXED

K & K Excavating

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Ridge View Hunt LOT NUMBER 26 ADDRESS 15304 Farm View Court

PROPERTY OWNER Selfridge Builders ^{ARENWARD} PROPERTY OWNER'S ADDRESS 14045 Gared Drive

SEPTIC TANK CAPACITY 1500 GALLONS - TOP SEAMED Glenwood, MD 21738

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 350 210

TRENCHES: Trenches to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth

10.07.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 80 feet off the front lot line and 95 feet off the left lot line as seen when facing the lot from Farm View Court. Run trenches on contour in both directions. 8/24/00 O.K. (RA)

Install 3, 70' trenches

BUILDING PERMIT SIGNED

AND RETURNED 4/10/02
BOD 135441-20x20 Deck

PLANS APPROVED Amy Mc Millen DATE 8/21/00

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

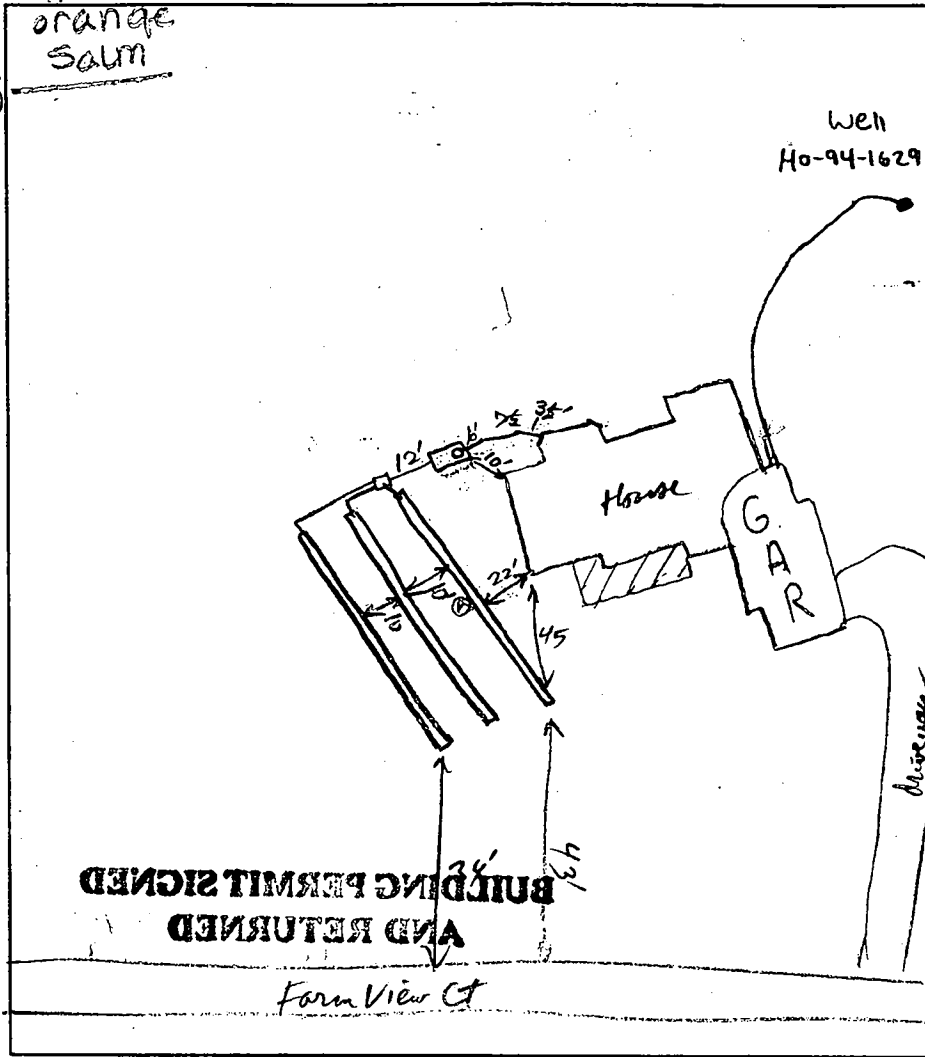
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514655

A

dark red
3/4" LM
1 1/4" red
orange
3/4" LM

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'

TRENCH INLET DEPTH 5'

TRENCH BOTTOM DEPTH 10'

DEPTH OF STONE 5'

NUMBER OF TRENCHES 3

3x70'
TOTAL TRENCH LENGTH 210LF

ABSORBENT AREA 1050sqft

DISTRIBUTION BOX LEVEL

(Baffle with 6 wave
BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 ^{TS} GALLONS

MANHOLE RISER yes (3FT)

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA

MANHOLE RISER NA

ALARM NA

PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 11/20/00 See front of permit for spec changes - perc hole done. *

INSPECTION COMMENTS: First trench excavated & prepared, OK to cover. dist box is gravel bedded. ST OK to cover. OK to continue RP 11/21/00. OK trenches OK to cover all work. RP 11/21/00

INSPECTOR

Paul Phillips

DATE SYSTEM APPROVED

11/21/00

APPLICATION

PERCOLATION TESTING

A 50388 W

P _____

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

*2-6-96
Tests not
being used
du*

DISTRICT _____

DATE 11/10/94

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 Richard Hoenes

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 23 22 18/27

ROAD AND DESCRIPTION South side 15000 block of Carrs Mill Road; 1 mile +/- west
of Roxbury Mills Road intersection.

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(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. Richard Hoenes
(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

50388W

COUNTY#

23

SOIL PROFILE

0' 1195
bright red
S1CL

3.5' orange red
S1L
powdery

8' reddish orange
S1L

11' 1194
red
brn
CS1L
very hard

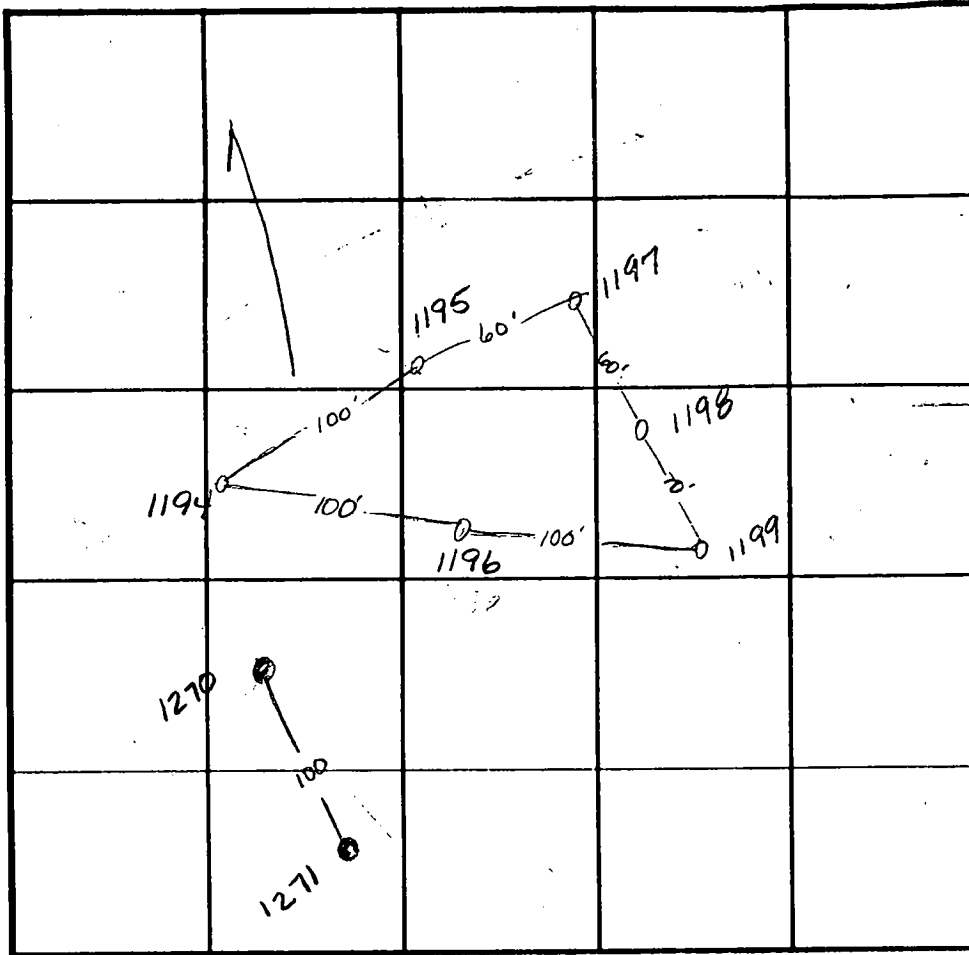
4' red
S1L

7' 1196
lt orange
tan
SS1L

11' 1196
bright red
C

9' red
S1L
some

11'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-14-94	1195	3' VII'	8:36 ¹⁵	> 30 min			slow
	1195	5' VII'	8:36	9:04	9:04	9:32	18min
	1194	4' VI2'	8:42 ¹⁵	> 30 min			slow
	1196	6' VI2'	9:06	> 30 min			slow
	1199	3' VI25	9:10 ³⁰	9:19	9:19	> 30 min	slow
	1199	5' VI25	9:16	> 30 min			slow
	1194	5' VI2	9:25 ¹⁵	9:29	9:29	9:47	18min
	1199	7' VI25	9:45 ³⁰	9:51	9:51	10:00	9min
	1198	5' VII	8:13	8:14	8:14	8:15 ⁴⁵	13/4min
	1197	4' VII'	8:15 ¹⁵	8:18	8:18	8:23	5min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-22-94	1270	>50% rock	_____	_____	_____	_____	F
	1271	>50% rock	_____	_____	_____	_____	F

REMARKS _____

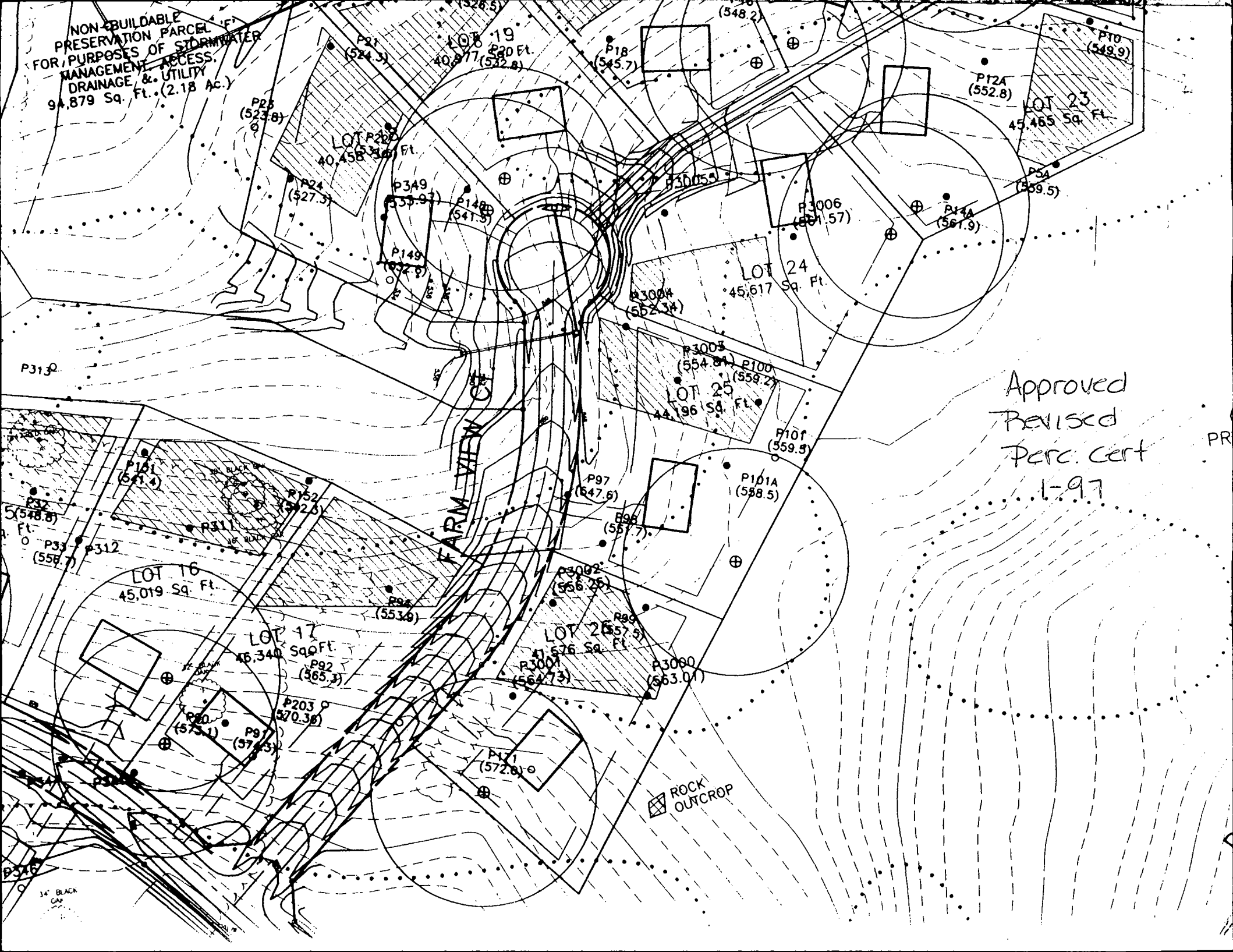
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

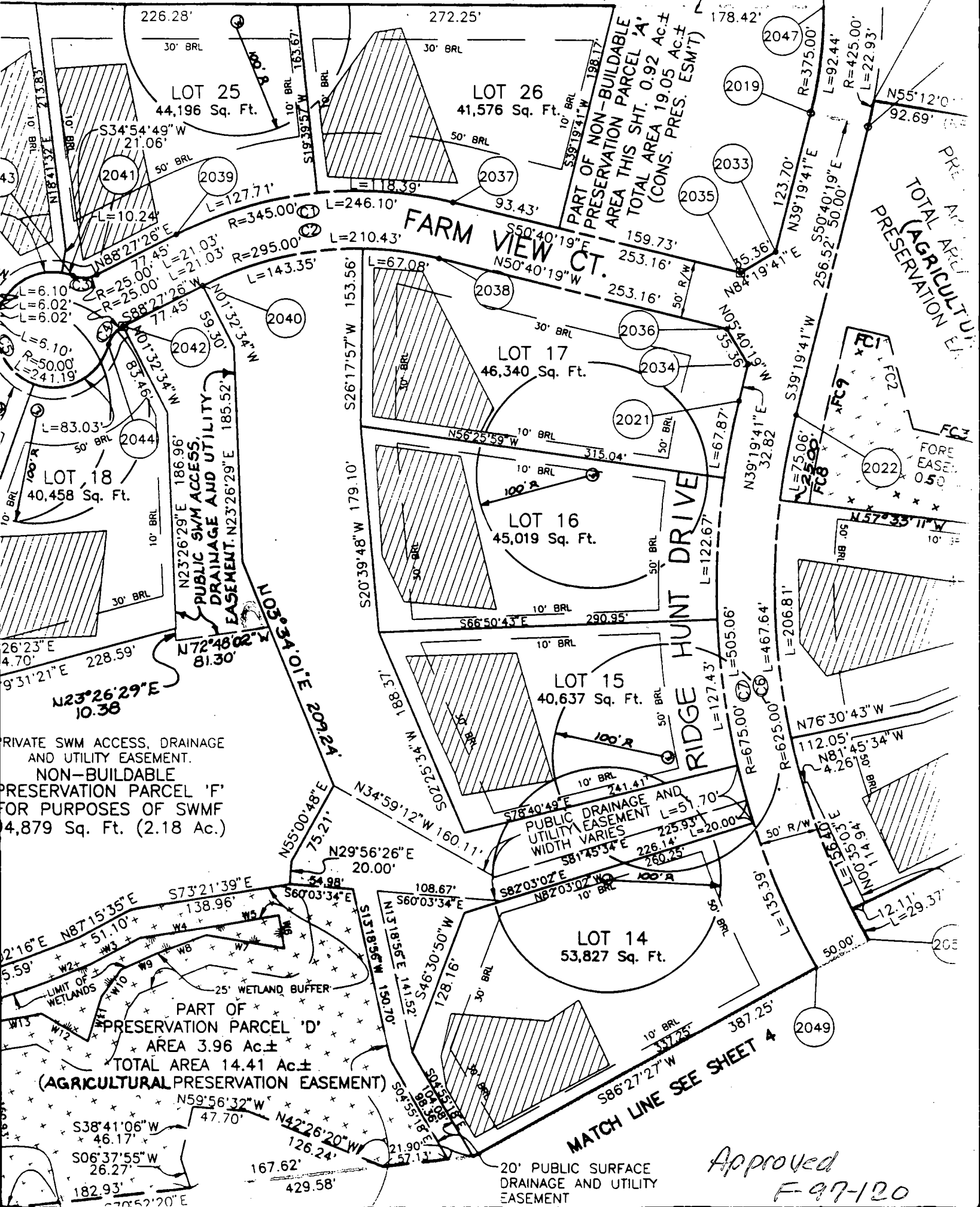
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

NON-BUILDABLE
PRESERVATION PARCEL
FOR PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE, & UTILITY
94,879 Sq. Ft. (2.18 Ac.)



MATCH LINE SEE SHEET 2

S64°18'11"E 830.44' (NON-RADIAL)



LOT 25
44,196 Sq. Ft.

LOT 26
41,576 Sq. Ft.

FARM VIEW CT.

LOT 17
46,340 Sq. Ft.

LOT 16
45,019 Sq. Ft.

LOT 15
40,637 Sq. Ft.

LOT 14
53,827 Sq. Ft.

LOT 18
40,458 Sq. Ft.

PRIVATE SWM ACCESS, DRAINAGE AND UTILITY EASEMENT.
NON-BUILDABLE PRESERVATION PARCEL 'F' FOR PURPOSES OF SWMF 4,879 Sq. Ft. (2.18 Ac.)

PART OF PRESERVATION PARCEL 'D' AREA 3.96 Ac±
TOTAL AREA 14.41 Ac±
(AGRICULTURAL PRESERVATION EASEMENT)

PART OF NON-BUILDABLE PRESERVATION PARCEL 'A' AREA THIS SHT. 0.92 Ac±
(CONS. PRES. ESM'T)

TOTAL AGRICULTURAL PRESERVATION EASEMENT

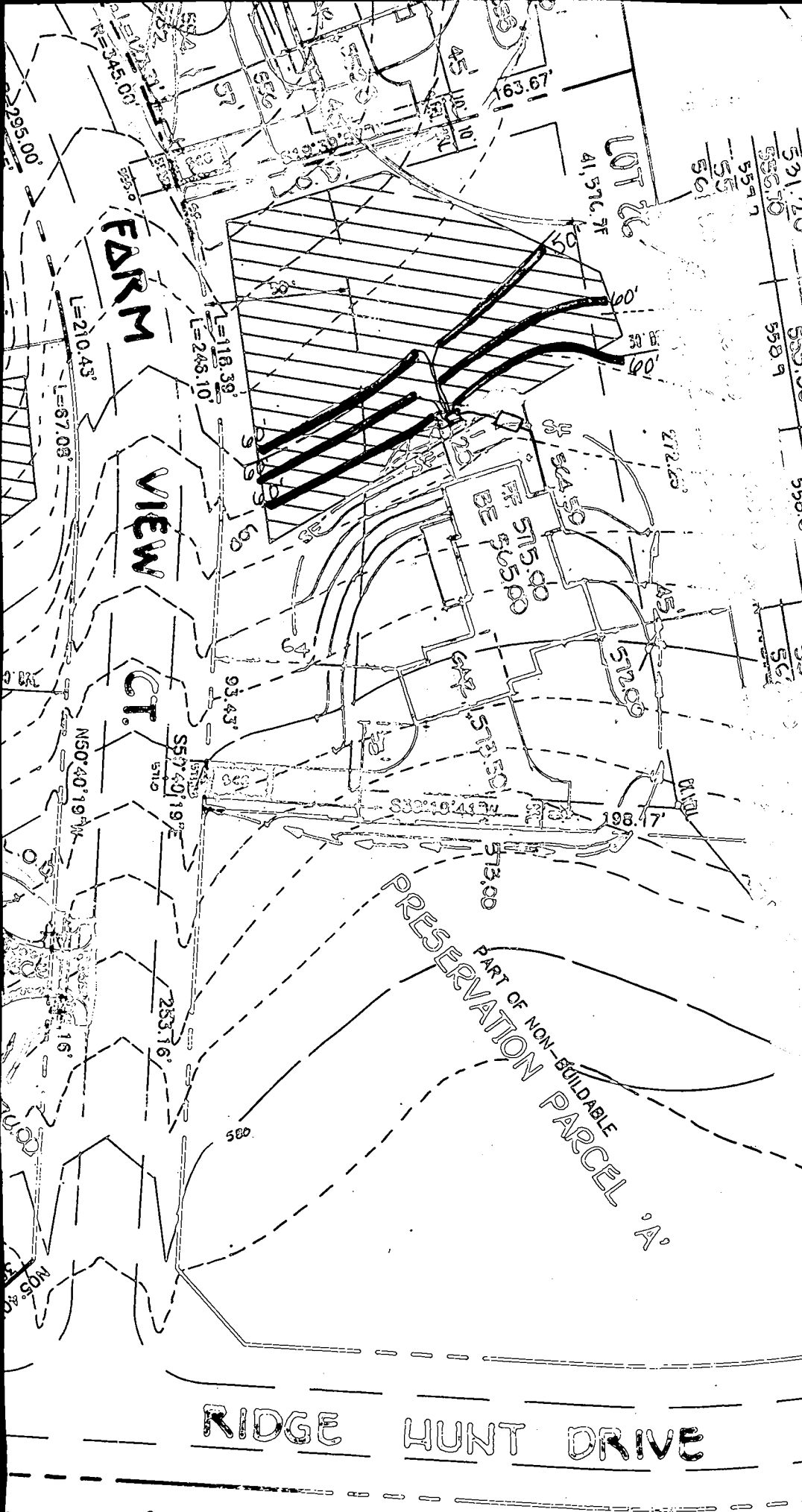
RIDGE HUNT DRIVE

PUBLIC DRAINAGE AND UTILITY EASEMENT WIDTH VARIES

20' PUBLIC SURFACE DRAINAGE AND UTILITY EASEMENT

Approved
F-97-120

JER, COLLINS & CARTER, INC.
 ENGINEERS, CONSULTANTS & LAND SURVEYORS
 1100 W. 11th St., Suite 100, Oklahoma City, Oklahoma 73106



INVENTORY IN AT S.T.	INVENTORY OUT AT S.T.	GROUND AT S.T.	GROUND AT DIST BOX	INVENTORY AT DIST
541.50	567.04	546.74	559.00	555.00
531.30	530.70	530.40	533.00	530.00
531.30	535.0	537.30	532.0	527.0
530.0	537.00	537.3	547.00	537.0
542.00	537.0	543.00	540.0	530.00
538.8	530.80	540.0	537.00	555.0
531.20	535.50	534.00	538.00	538.0
535.70	558.9	558.00	541.0	530.0
534.7				
535				
501				

RIDGE HUNT DRIVE

Total linear feet of trench required 350 feet
Width of trench(es) 3.0 feet
Depth of trench(es) 7.0 feet
Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
 Howard County Health Department

Signature [Signature] Date 8/21/00

PART OF PRESERVATION PARCEL 'D'
 (AGRICULTURAL PRESERVATION EASEMENT)

300125992

Building Address 15304 Farm View Ct
Woodbridge MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 16040 Subdivision Ridge View Hunt
 Section _____ Area _____ Lot 26
 Tax Map 14 Parcel 14 Grid 8
 Zoning PP Map Coordinates 8K 3 Lot size 1.00

Property Owner's Name Selfridge Bldgs.
 Address 14045 Gared Drive
 City Alexandria State MD Zip Code 21738
 Home Phone 410-591-8430 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use VACANT
 Proposed Use SFD
 Estimated Construction Cost \$ 950,000
 Description of Work SD, 3 Bedrooms, 3 FP, 1 1/2 Bath
2 car garage - covered porch, FP
unfinished Ast

Contractor Company _____
 Contact Person _____
 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewer Disposal: <input type="checkbox"/> Pu. <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: # of efficiency units: _____ No. BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Curdy DelZoppo
 Applicant's Signature _____
Selfridge Bldgs.
 Title/Company _____

Curdy DelZoppo
 Print Name _____
8/15/00
 Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>8/21/00</u>	<u>A. McMillan</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>47641</u>
Rear: _____	Filing fee \$ <u>2500</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>17751</u>
Accepted by _____	Validation # _____

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: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette Ave
Baltimore, MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): George Baker License# 2214
*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: Hassinger Telephone #:
Subdivision: Ridge View Hunt Lot #: 26 Well Tag #: HO-94-1629
Site Address: 15304 Farmview Ct
Woodbine MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Meyers Make: Martinson Two piece watertight cap:
Model #: 25T22-5 Model#: B10X Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 48 (36" min) Cap secured to casing:
Well Yield: 2.5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 385 (feet) Conduit secured to well cap:
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: Plastic PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly:

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.

George Baker 02-21-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/23/01 Date Insp. Approved: 1/23/01
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

SRK
BB

C1 4361

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 A 50388 W

ST/CO. USE ONLY DATE RECEIVED 3-30-00

DATE WELL COMPLETED 01-17-00

DEPTH OF WELL 385 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1629

OWNER Selfridge Farm View TOWN Glenwood SUBDIVISION Ridge View Hunt SECTION LOT 26

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandstone, Micica, and Sandstone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS 6, NO. OF POUNDS 600.

CASING RECORD: casing types insert appropriate code below (PL), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 21.

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (HO), STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

NUMBER OF UNSUCCESSFUL WELLS 0, WELL HYDROFRACTURED (Y), (N)

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. MSD116, DRILLERS SIGNATURE, LIC. NO. MSD117

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

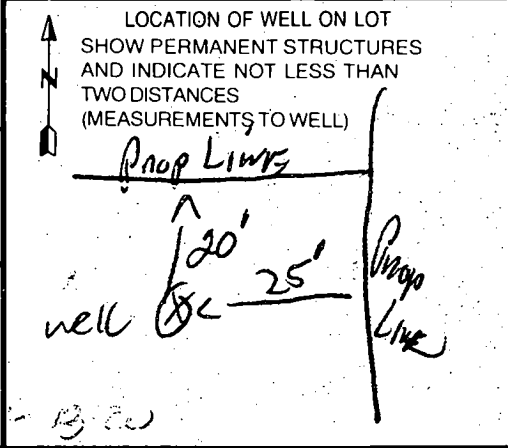
DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2.5, METHOD USED TO MEASURE PUMPING RATE Bell, WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft., WHEN PUMPING 205 ft., TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES) (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, 35. PUMP HORSE POWER 37, 41. PUMP COLUMN LENGTH (nearest ft.) 43, 47. CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below, LAND SURFACE 2 (nearest foot).



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1629
 Location of property (road) Farm View Ct
 Subdivision Ridge View Hunt Lot 26 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Wayne Owner Selridge
 Depth of well 385
 Distance of measuring point (M.P.) above ground gk
 Static water level (S.W.L.) below M.P. 45

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12 GPM
 Total time 30 min to reach pumping water level 205 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 <u>1</u> gallon bucket	FLOW METER READING (if used)			CALCULATED FLOW (gallons per minute)
			ft.	Sec	GPM	
8:30	205 <u>ft</u>	25 Sec	2:30	205	25	2.5 GPM
8:45	205 <u>ft</u>	25 Sec				2.5 GPM
9:00	205 <u>ft</u>	25 Sec				2.5 GPM
9:15	205 "	25 "				2.5 "
9:30	205 "	25 "				2.5 "
9:45	205 "	25 "				2.5 "
10:00	205 <u>ft</u>	25 Sec				2.5 GPM
10:15	205 <u>ft</u>	25 Sec				2.5 GPM
10:30	205 <u>ft</u>	25 Sec				2.5 GPM
10:45	205 "	25 "				2.5 "
11:00	205 "	25 "				2.5 "
11:15	205 "	25 "				2.5 "
11:30	205 <u>ft</u>	25 Sec				2.5 GPM
11:45	205 <u>ft</u>	25 Sec				2.5 GPM
12:00	205 <u>ft</u>	25 Sec				2.5 GPM
12:15	205 "	25 "				2.5 "
12:30	205 "	25 "				2.5 "
12:45	205 "	25 "				2.5 "
1:00	205 <u>ft</u>	25 Sec				2.5 GPM
1:15	205 <u>ft</u>	25 Sec				2.5 GPM
1:30	205 <u>ft</u>	25 Sec				2.5 GPM
1:45	205 "	25 "				2.5 "
2:00	205 "	25 "				2.5 "
2:15	205 <u>ft</u>	25 Sec				2.5 GPM

B 1 4782 SEQUENCE NO. (MDE USE-ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER Ho-94-1629 fill in this form completely

OWNER INFORMATION Date Received (APA) 7.6.98 SELF RIDGE Builders Inc 14045 SAREO DR. GLENWOOD MD. 21238

LOCATION OF WELL B. 3 Howard RIDGE VIEW Hunt 23 SUBDIVISION SECTION 44 46 LOT 26 48 50 GLENWOOD 52 NEAREST TOWN MILES FROM TOWN 2 M I 73 76 77 78

DRILLER INFORMATION RALPH MAYNE MSD 116 RALPH MAYNE WELL DRILLING 9120 Brown Church Rd Mt Airy Ralph Mayne 6-29-98

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) FARM VIEW CH 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 75 ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 8/9 PARCEL 14

WELL INFORMATION B. 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A50388W COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 7.13.98 Kim Maite 7.13.99 CO SIGNATURE EXP. DATE NORTH GRID 536 000 EAST GRID 788 000

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

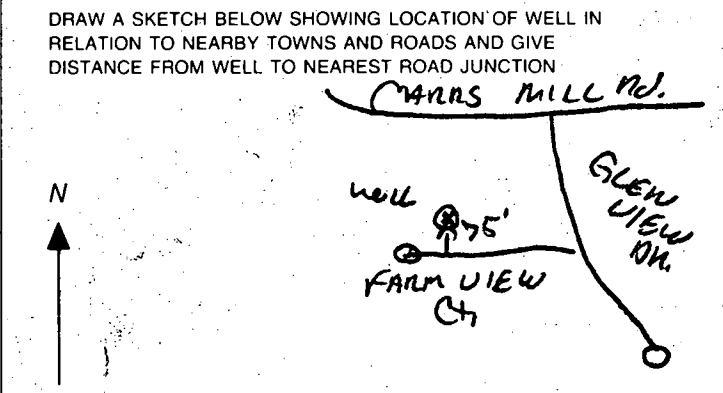
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH NEAREST

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT

REPLACEMENT OR DEEPENEED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER GAP PERMIT No. Ho-94-1629

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 E 79688 N 54036



IN ACCOUNT WITH
RALPH MAYNE, INC.
WELL DRILLER Phone (301) 829-0702
9120 Brown Church Road, Mt. Airy, Maryland 21771

Date 1-12-00

To: Howard County Health Dept.

Annual rate of 18 percent will be added to all unpaid balances.

Could you please
Review Drilling Permits
for Lot 17 Lot 24 Lot 26
Ridge View Hunt

Thank you

[Signature]

4/12/99
Extended
to 2/12/99

WELL WAS PRODUCING AT TIME DRILLED _____ G.P.M.

NOV 16 1999

from

Ralph MAYWE (well drilling)

would you PLEASE Renew (FOR 6 MONTHS)
The following Permits for SELFRIDGE Builders
Sub. Ridge VIEW Hunt

Lot 9	HO-94-1625	1/12/00
Lot 17	HO-94-1628	1/12/00
Lot 24	HO-94-2050	N/A
Lot 25	HO-94-1629	1/12/00

Thank you

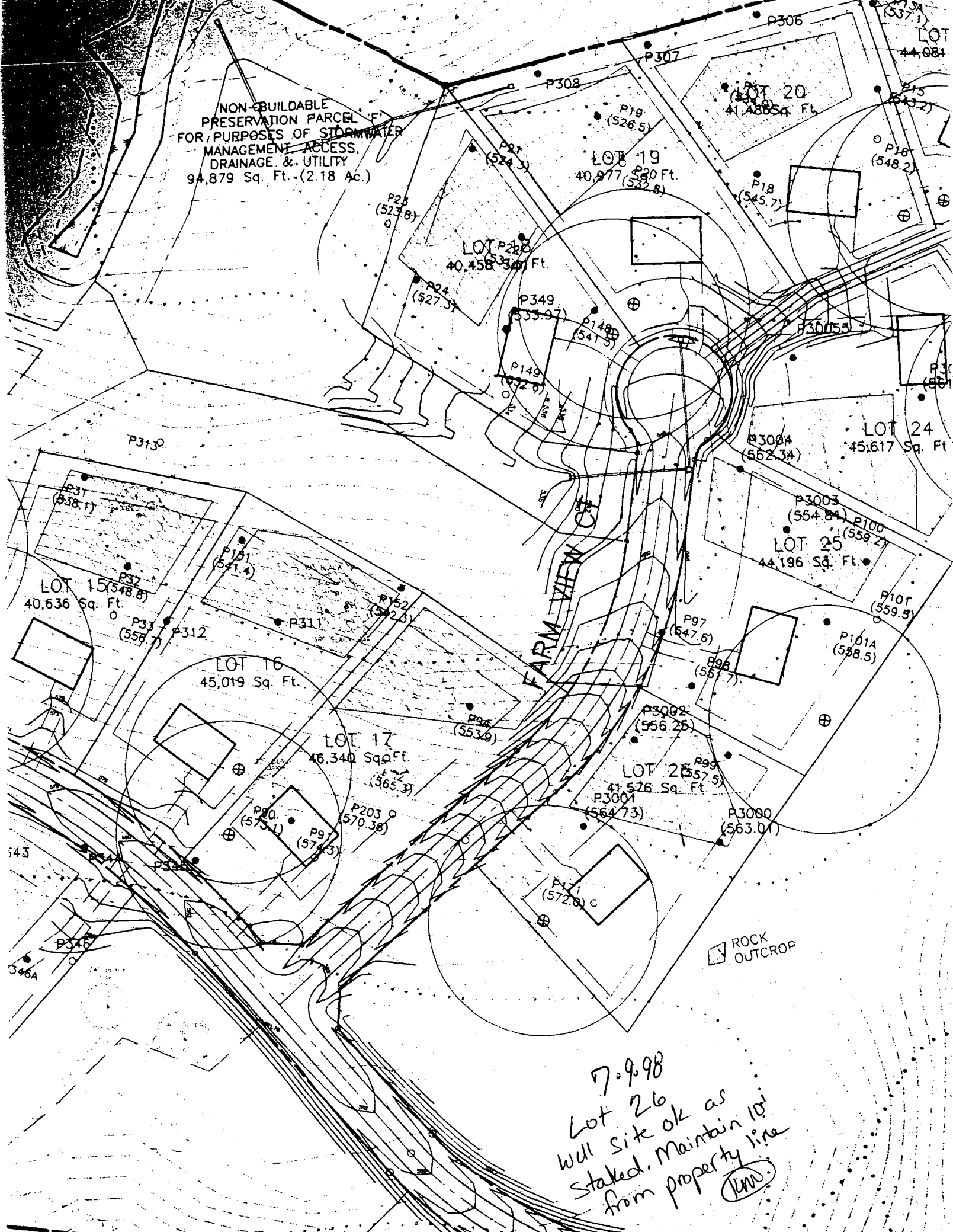
Ralph Maywe MSD 117

11/16/99

Request for permit extension is
approved - permits have been
extended to 1/12/00.

(DS)

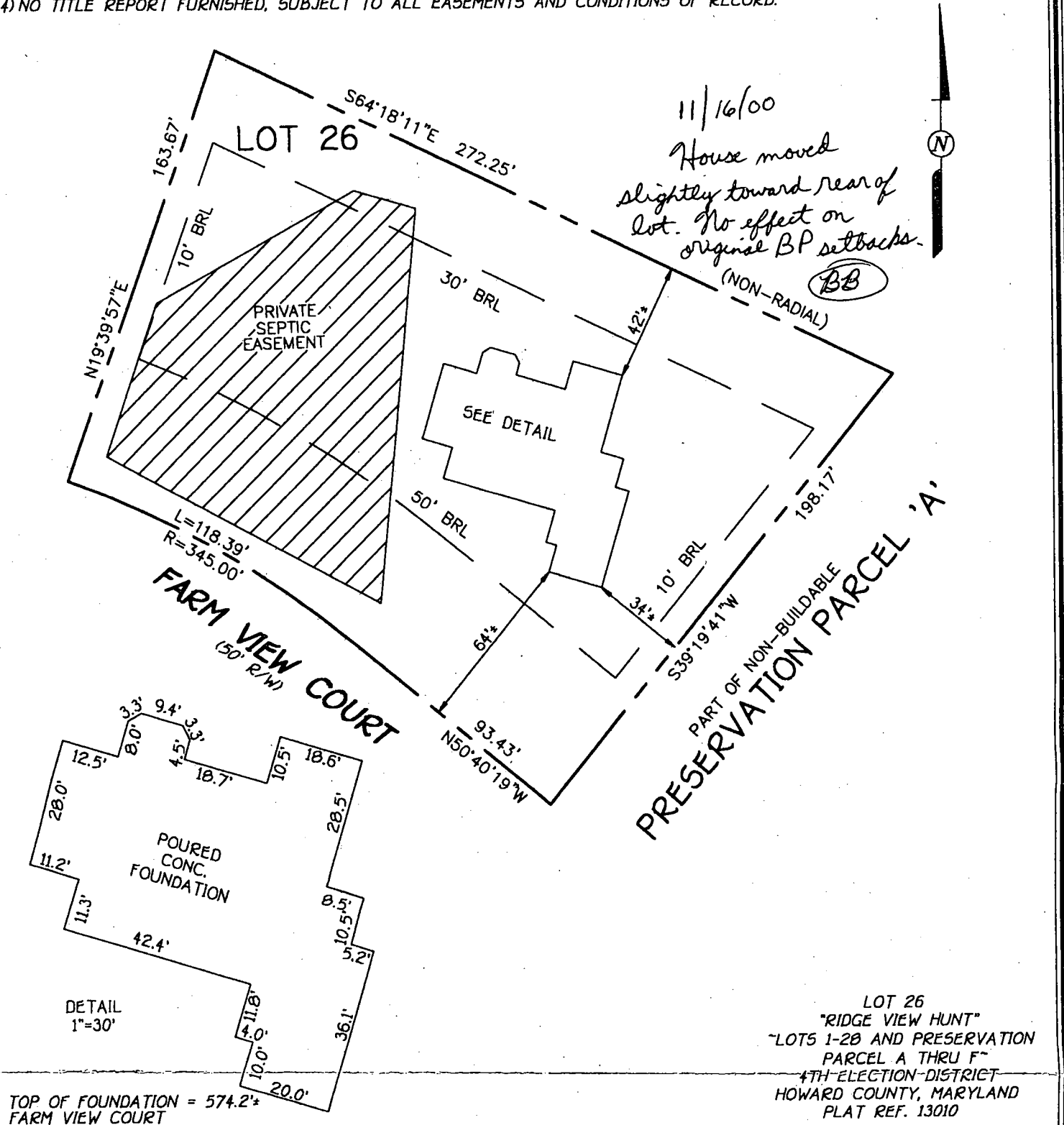
NON-BUILDABLE
PRESERVATION PARCEL (F)
FOR PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE, & UTILITY
94,879 Sq. Ft. (.218 Ac.)



7.9.98
Lot 26
will site ok as
staked. Maintain 10'
from property line
(lms)

GENERAL NOTES:

- 1) THIS PLAT 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 CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT 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 PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR 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. 24004400B B EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (*).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461-2855

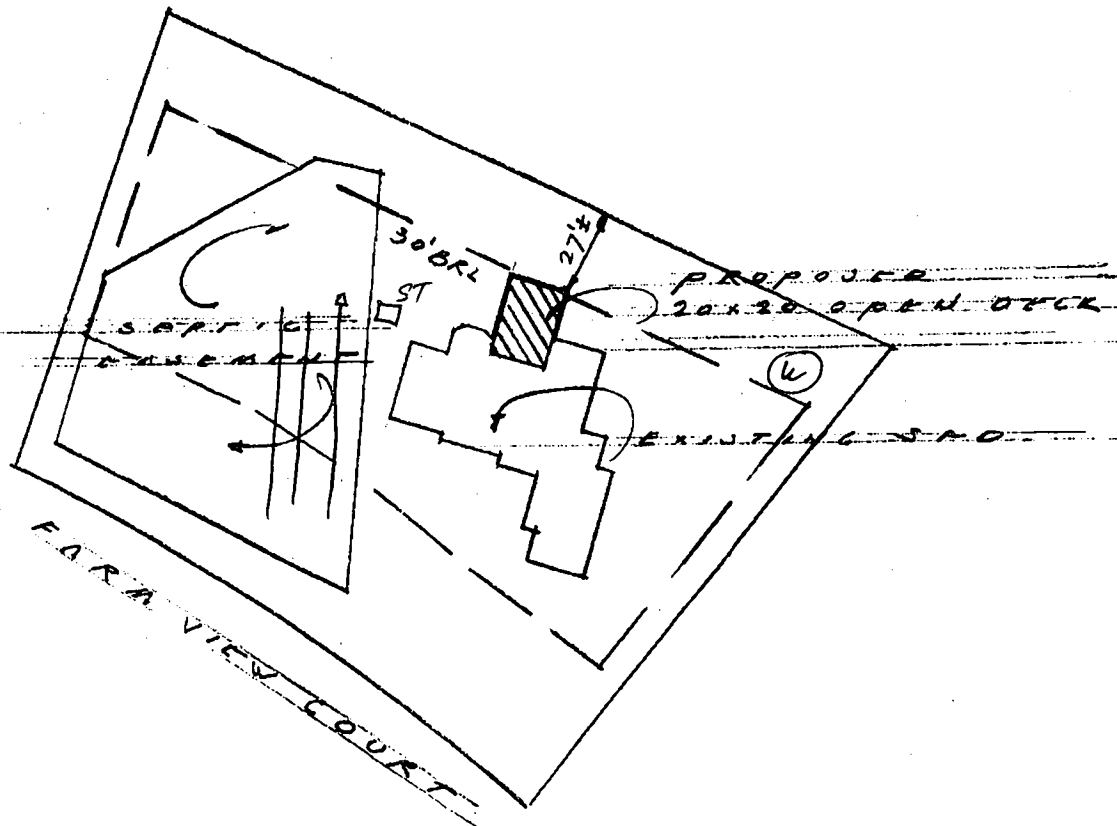
FCC •

PROFESSIONAL LAND SURVEYOR
 REG. 502
 DATE 11/2/00

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 11/1/00
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=50'
 DATE: 11/2/00
 DRAWN BY: L.P.F.
 CHECKED BY: S.R.P.
 PROJECT No. 61253



00135441

15304 Farm View Court

Lot 26

RIDGE VIEW HUNT

4th ELECTION DISTRICT

1" = 50'

No Conflict w/ well or septic
 Recommend approval. App 4/10/02