

12/28/00  
Sept. Tank  
10:30

# PERMIT

P 514708-C

## SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT

A 512694-M

BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

ISSUE DATE 12/13/2000

### INDEXED

APPROVAL DATE 12/29/00

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL x ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 800-682-6726

SUBDIVISION Brantwood 2/1 LOT NUMBER 8 ADDRESS 11433 Butterfruit Way

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, Ste 301

SEPTIC TANK CAPACITY 1250 GALLONS Crofton, MD 21114

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 \*\* TOP SEAMED SEPTIC TANK REQUIRED \*\*

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 75 feet off the front lot line and 100 feet off the right lot line as seen when facing the lot from Butterfruit Way. Run trenches on contour in both directions. 10/3/00 O.K. (BB)

PLANS APPROVED Amy McMillen DATE 9/1/2000

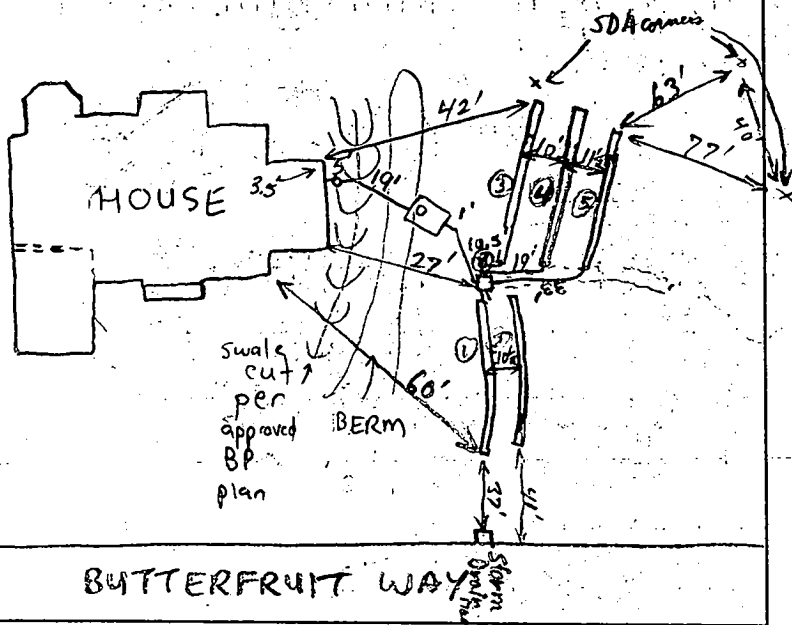
PERMIT VOID AFTER 2 YEARS

- 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

514708-C

NOT TO SCALE



| TRENCH DATA                |                                   |
|----------------------------|-----------------------------------|
| TRENCH WIDTH               | 3'                                |
| TRENCH INLET DEPTH         | 4 1/2'                            |
| TRENCH BOTTOM DEPTH        | 6 1/2' → 5'                       |
| DEPTH OF STONE             | 2'                                |
| NUMBER OF TRENCHES         | 5                                 |
| TOTAL TRENCH LENGTH        | 240 LF                            |
| ABSORBENT AREA             | 46' (1-4) - 50' each<br>720 sq ft |
| DISTRIBUTION BOX LEVEL     | ✓                                 |
| BAFFLE IN DISTRIBUTION BOX | ✓                                 |

| SEPTIC TANK DATA       |                    |
|------------------------|--------------------|
| SEPTIC TANK            | 1250 F.S. GALLONS  |
| MANHOLE RISER          | 2' / to be covered |
| 6 INCH INSPECTION PORT | ✓                  |
| PUMP CHAMBER DATA      |                    |
| PUMP CHAMBER GALLONS   | NA                 |
| MANHOLE RISER          | NA                 |
| ALARM                  | NA                 |
| PUMP PERFORMANCE TEST  | NA                 |

PRE-CONSTRUCTION INSPECTION: 12/22/00 - DISCUSSED & CONFIRMED LAYOUT, INSTRUCTED INSTALLER

TO CONFORM TO LAYOUT ON APPROVED BP PLAN & RUN 4-60' TRENCHES ON CONTOUR BOTH WAYS. TANK TO BE SET OUT OF SWALE AROUND HOUSE (SRU)

INSPECTION COMMENTS: Trenches are set deeper than specified (good soil begins @ 2 1/2' - 3' below grade. Septic Tank lid is below beginning of Special Soils. House connection OK, S.T. Baffles OK. First 4 trenches complete OK to cover. Fifth Trench graded OK, ready to pipe & pipe, ok to cover all work when finished. 12/29/00

INSPECTOR R. P. Kelly

DATE SYSTEM APPROVED 12/29/00

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: 300 Mount Airy Rd  
Mount 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 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: UV Homes Telephone #: 301-858-0522  
Subdivision: Dacentwood Lot # 1000 Well Tag #: HO-94-2522  
Site Address: 1133 Butterfruit Way 8  
Ellicott City, MD 21032

Submersible Pump Data

Make: Goulds  
Model #: 7650742  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: 2 GPM

Pitless Adapter

Make: Campbell  
Model #: 610X  
Depth: 42 (36" min)  
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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

Type: PPST  
PSI: 5 (150 psi min)  
Depth of supply line: 2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 150  
Sleeve caulked and sealed properly: Yes

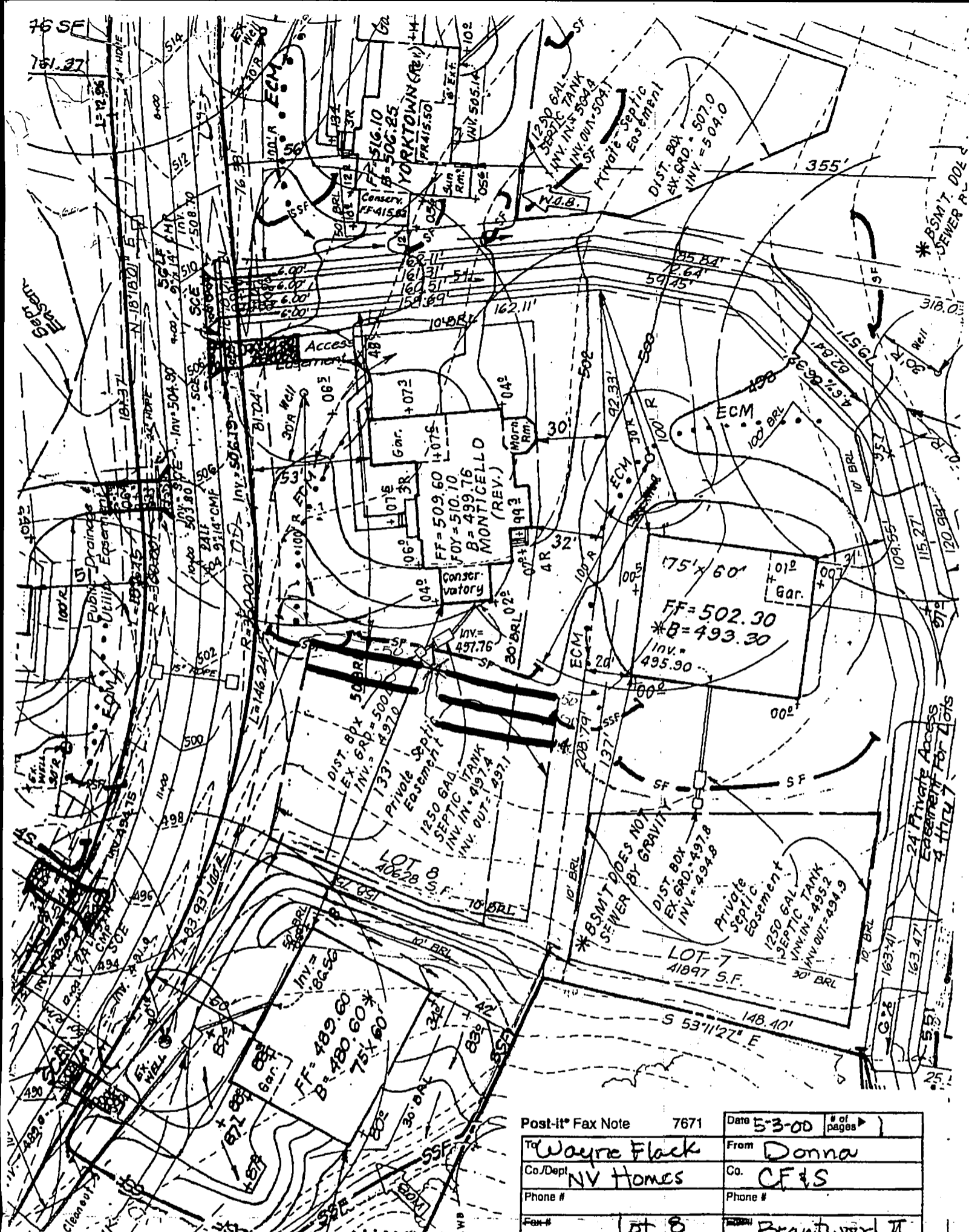
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Harold Van Sant date: 3-14-01

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

Date Insp. Requested: 12/29/00 Date Insp. Approved: 12/29/00 RJP SRK

- 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



|                   |             |         |              |            |   |
|-------------------|-------------|---------|--------------|------------|---|
| Post-it® Fax Note | 7671        | Date    | 5-3-00       | # of pages | 1 |
| To                | Wayne Flack | From    | Donna        |            |   |
| Co./Dept          | NV Homes    | Co.     | CF&S         |            |   |
| Phone #           |             | Phone # |              |            |   |
| Fax #             | Lot 8       |         | Brantwood II |            |   |

Approved Septic System Plan  
Howard County Health Department

Total linear feet of trench required 240 feet  
 Width of trench(es) 3.0 feet  
 Depth of trench(es) 5.0 feet  
 Depth of stone required below distribution pipe 2.0 feet

Ann McMill 9/1/00  
 Signature Date

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300126144

Building Address: 11433 Ellicott City  
11433 Ellicott City  
 MD 21042  
 GPOC-160

Suite/Apt. #: 6030 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030 Subdivision Brantwood  
 Section 2/1 Area N/A Lot B  
 Tax Map 16 Parcel 54 Grid 22  
0000 1146 Lot size \*\*  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NV Home's  
2200 Defense Hwy. Ste. 301  
 Address \_\_\_\_\_  
 City Crofton State MD Zip Code 21114  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone 410-721-4702  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc.  
2602 Parallel Path  
Abingdon, MD 21009  
 Phone 410-515-1717 Fax 410-515-2213

Existing Use Vacant Lot  
 Proposed Use Conservatory  
 Estimated Construction Cost 100,000.00  
 Description of Work Conservatory  
2 1/2" FULL WALL, 3/4" IHD, FP, Garage.  
(4BR) Full w/ Bath

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

| Building Characteristics  | Utilities   |
|---|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____  | Water Supply: _____<br>Public _____<br>Private <input checked="" type="checkbox"/>  |
| 1st floor: 31' 70'  | Sewage Disposal: _____<br>Public _____<br>Private <input checked="" type="checkbox"/>   |
| 2nd floor: 66' 60'  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Basement: 31' 50'   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms <u>4</u> | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____   |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____   |   |
| Other Structure: _____<br>Dimensions: <u>16 x 9</u><br>Footings: _____<br>Roof: <u>Asph/Flt</u>   |   |
| State Certified Modular _____<br>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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
 Title/Company: Permit Services, Inc.

Print Name: Frank or Patricia A. Orta  
 Date: 08-25-00

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  | <u>9/1/00</u> | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Health   |               |                    |
| <input checked="" type="checkbox"/> Fire Protection  |               |                    |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |               |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>   |               |                    |
| ONE STOP SHOP: <input type="checkbox"/>  |               |                    |

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

| PROPERTY ID#     | AMOUNT            |
|------------------|-------------------|
| <u>47748</u>     |                   |
| Filing fee       | \$ <u>25.00</u>   |
| Permit fee       | \$ <u>1036.00</u> |
| Excise tax       | \$ <u>240.00</u>  |
| Sub-total paid   | \$ <u>799.00</u>  |
| Add'l permit fee | \$ _____          |
| TOTAL FEES       | \$ <u>1935.00</u> |
| Balance due      | \$ <u>172.00</u>  |
| Check            | # <u>765488</u>   |
| Validation       | # <u>35357</u>    |

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 Accepted by: [Signature]

# 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 8/13/95

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 Feaga Family

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

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

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 55 58 61

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

1166

0' 1gt orange tan SsClm

1.5' dark orange brn SsLm

5' dark brn SsLm

11' white SsLm

1165 2050

3' dark red SsClm

6' 1gt red brn SsLm 10% rocks

12' 1gt tan SsLm 5% decayed shale

2051

3.5' orange brn SsClm

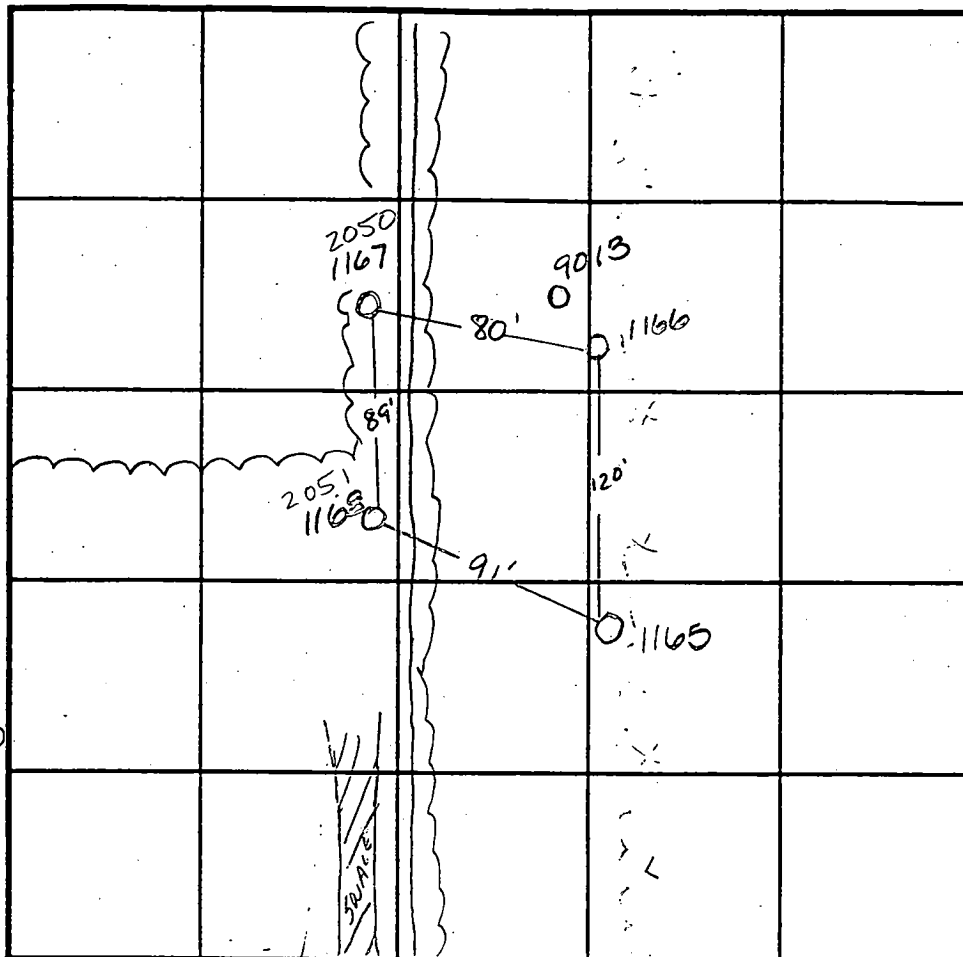
6.5' 1gt orange tan SsLm

10' darker orange brn w 1gt orange mottles

11' black brn SsLm micaceous water

SOIL PROFILE 9013

0' dark orange SsClm  
3.5' bright orange sand large grained micaceous white and orange mixed decayed quartzite  
12.0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH  | PRE-WET               |                    | TEST - 1" DROP     |       | TIME      |
|---------|----------|--------|-----------------------|--------------------|--------------------|-------|-----------|
|         |          |        | START                 | STOP               | START              | STOP  |           |
| 9-18-95 | 1166     | 2' v13 | 1:16                  | 1:18               | 1:18               | 1:20  | 2min      |
|         | 1165     | 3' v12 | 1:20 <sup>45</sup>    | 1:22 <sup>30</sup> | 1:22 <sup>30</sup> | 1:25  | 2 1/2 min |
| 9-21-95 | 2050     | 4' v12 | 12:48 <sup>45</sup>   | 12:51              | 12:51              | 12:55 | 3min      |
|         | 2051     | Visual | to 11' - see profile  |                    | -                  |       | wet       |
| 5-2-97  | 9013     | Visual | to 12.0 - see profile |                    | -                  |       | OK        |
|         |          |        |                       |                    |                    |       |           |
|         |          |        |                       |                    |                    |       |           |
|         |          |        |                       |                    |                    |       |           |
|         |          |        |                       |                    |                    |       |           |

REMARKS wet season

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

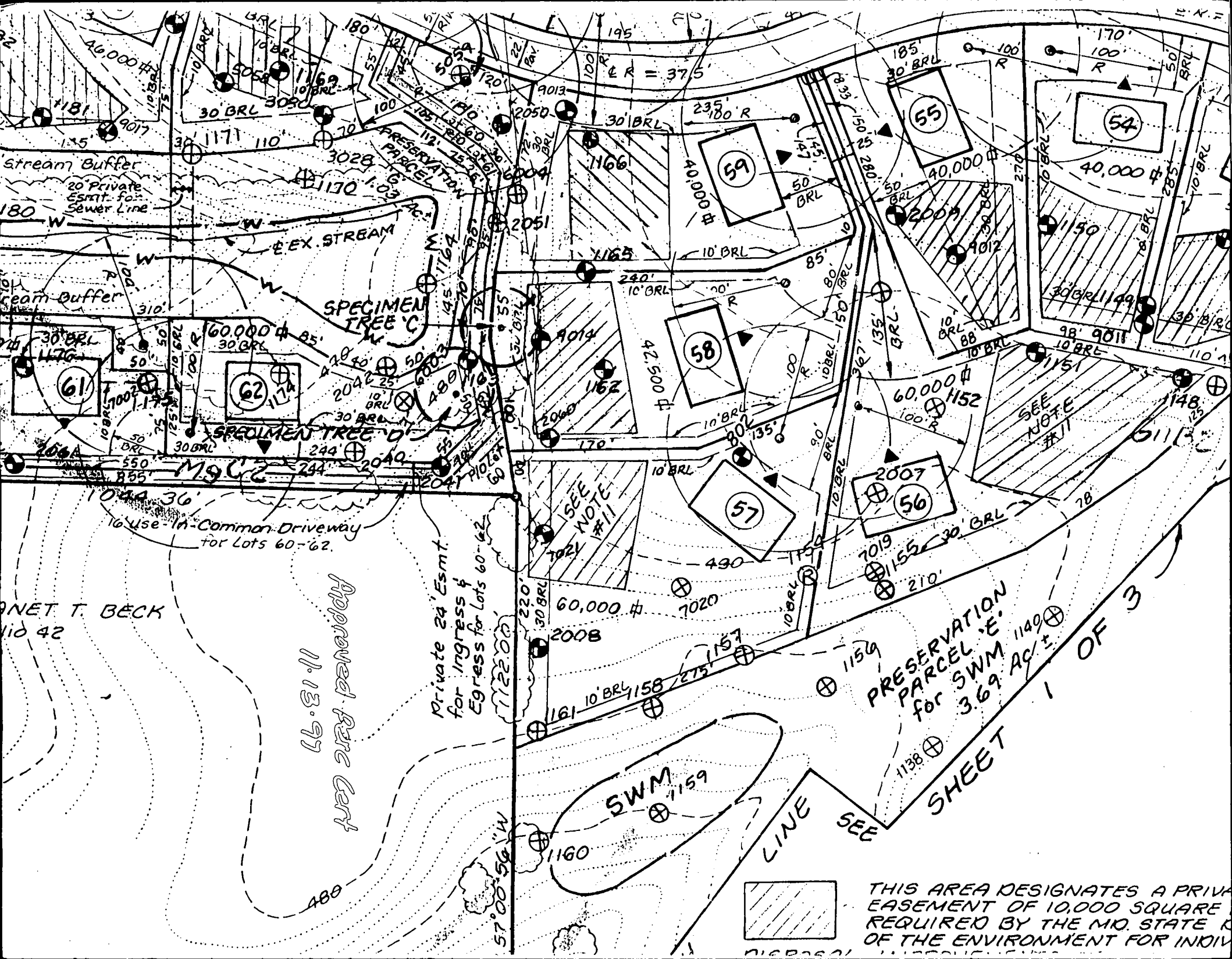
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



PRESERVATION  
PARCEL E.  
for 3.69 AC ±

SHEET 1 OF 3

THIS AREA DESIGNATES A PRIVATE EASEMENT OF 10,000 SQUARE FEET REQUIRED BY THE MD. STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL LOTS

Approved Parc Cert  
11.13.97

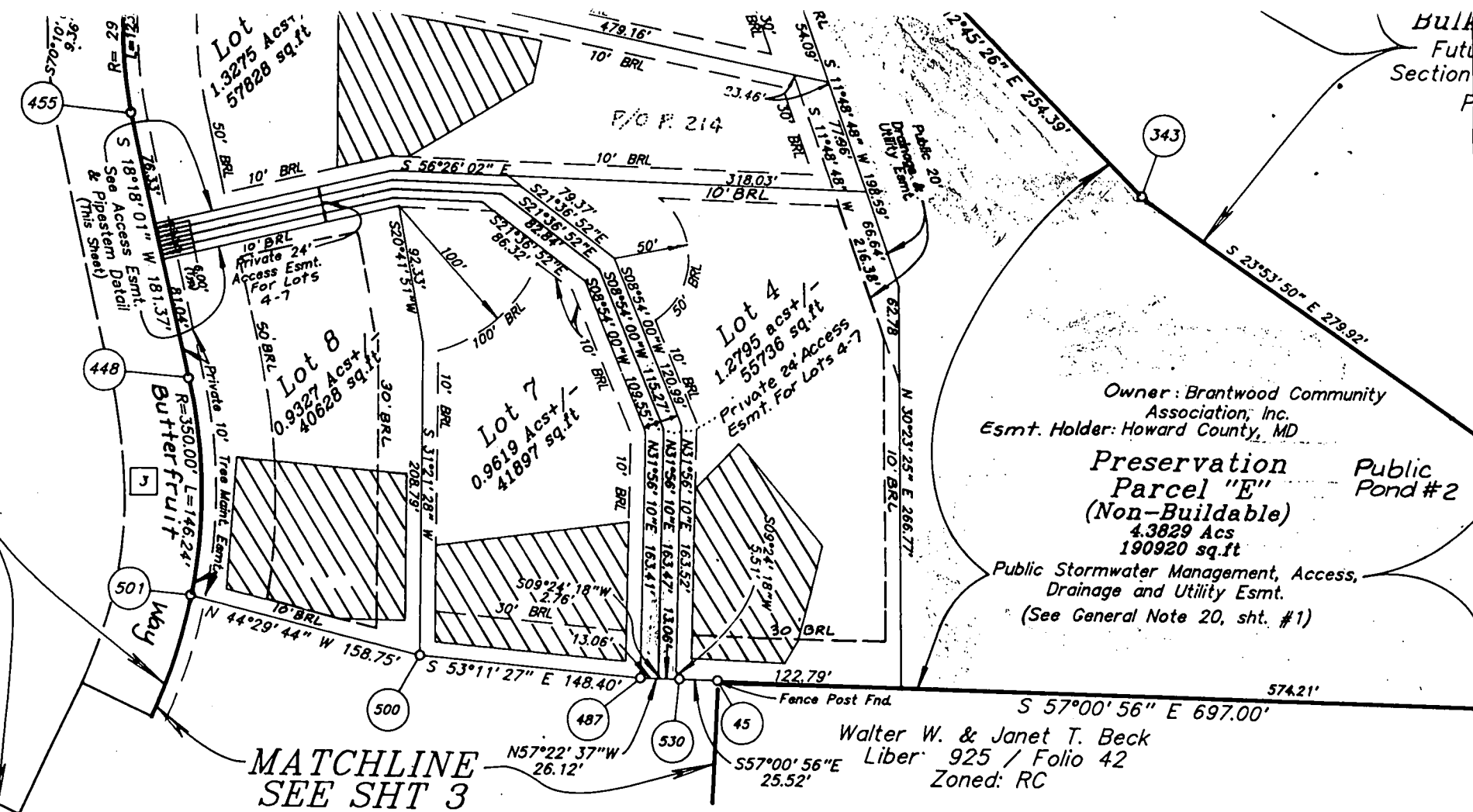
Private 24' Esmt.  
for Ingress &  
Egress for Lots 60-62

16' Use-In-Common Driveway  
for Lots 60-62.

ANET T. BECK  
110 42



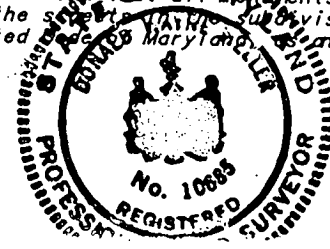
MATCHLINE



F-99-140

# SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of part of the lands conveyed by, Charles C. Feaga, Paul J. Feaga, Mary Martha Thompson, Marian Elizabeth Feaga, and Laura Freund Feaga to David A. Carney and Laurence B. Raber, Trustees by deed dated the 3rd day of February, 1999 and recorded among the Land Records of Howard County, Maryland in Liber 4635, Folio 656 and by David A. Carney, Trustee and Laurence B. Raber, Trustee (collectively, the "Trustees") and NVR Homes, Inc. as successor by merger to NVR Homes, Inc. a corporation organized and existing under the law of Maryland ("NVR") by an "Amendatory and Confirmatory Deed of Exchange and Declaration of Merger" dated the 6th day of March, 1999 and recorded among the Land Records of Howard County, Maryland in Liber 4730, Folio 269 and that all requirements are in place or will be in place prior to the acceptance of the subdivision by Howard County, as shown, in accordance with the Annotated Code of Maryland, amended.



APPROVED: For Private Water and Private Sewerage Systems Howard County Health Department

Howard County Health Officer \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: Howard County Department of Planning and Zoning.

We, dese apph min cesa wate stre requ and gran beds spa ease (4) said

C1 07567

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 10/3/00 O.K. COUNTY NUMBER A512694M

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 2 17 06

Depth of Well 22 425 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2522

OWNER Brantwood LLC last name Butterfruit Way first name TOWN ELICOTT CITY MD. SUBDIVISION Brantwood 211 SECTION LOT 8

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

GROUTING RECORD Form with fields for WELLS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

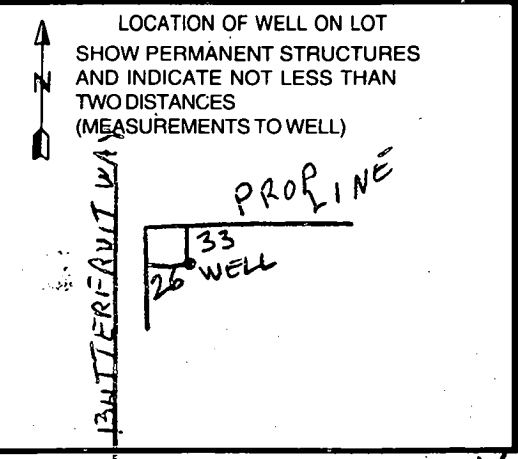
OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER), screen diameter, slot size.

DEPTH (nearest ft.) Table with columns for depth intervals (1-21, 23-36, 38-51) and values (HO, 80, 425).

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE (TIME), WATER LEVEL (BEFORE/WHEN PUMPING), TYPE OF PUMP USED.

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



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. MW D 139 Robert Climo DRILLERS SIGNATURE LIC. NO. MW D 536 Robert Climo Jr.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2522  
 Location of property (road) Butterfruit  
 Subdivision Brantwood 211 Lot 8 Block        Plat        Sec. 7  
 Well Driller R. Cline Owner Brantwood LLC

Depth of well 425  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 42

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 12  
 Total time 30 MIN to reach pumping water level 160 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) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 8:45                          | 42                     | 25 SECONDS                                |                              | 12                                   |
| 9:00                          | 130                    | 30 "                                      |                              | 10                                   |
| 9:14                          | 159                    | 30 "                                      |                              | 10                                   |
| 9:15                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 9:30                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 9:45                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 10:00                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 10:15                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 10:30                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 10:45                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 11:00                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 11:15                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 11:30                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 11:45                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 12:00                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 12:15                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 12:30                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 12:45                         | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 1:00                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 1:15                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 1:30                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 1:45                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 2:00                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |
| 2:15                          | 160                    | 2 MIN 30 SEC.                             |                              | 2                                    |



B 1 09837

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2522 fill in this form completely

Date Received (APA) 08 24 99

OWNER INFORMATION

Brantwood, L.L.C. 8835 P - Columbia 100 Parkway Columbia, MD 21045

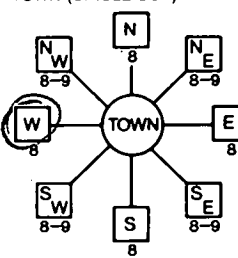
LOCATION OF WELL

Howard Brantwood Area 1 Pine Orchard

DRILLER INFORMATION Robert L. Cline M W D 139

Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Butterfruit Way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 35

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

TAX MAP: 16 & 23 BLK: PARCEL P/O 214

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 Co A 5126941M COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/15/99 EXP. DATE 12/15/00

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

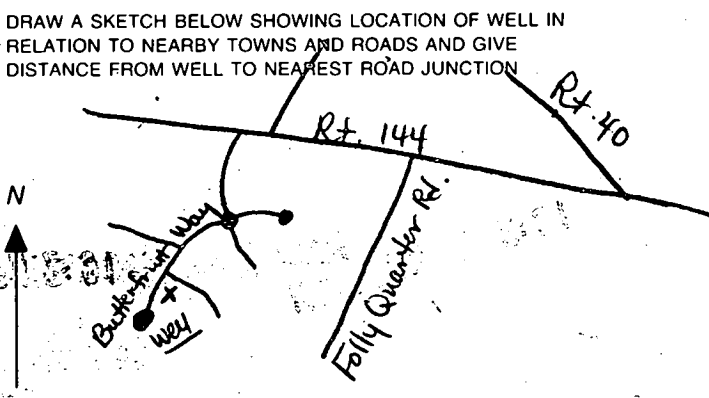
METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary CABLE AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) Drive-POINT

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

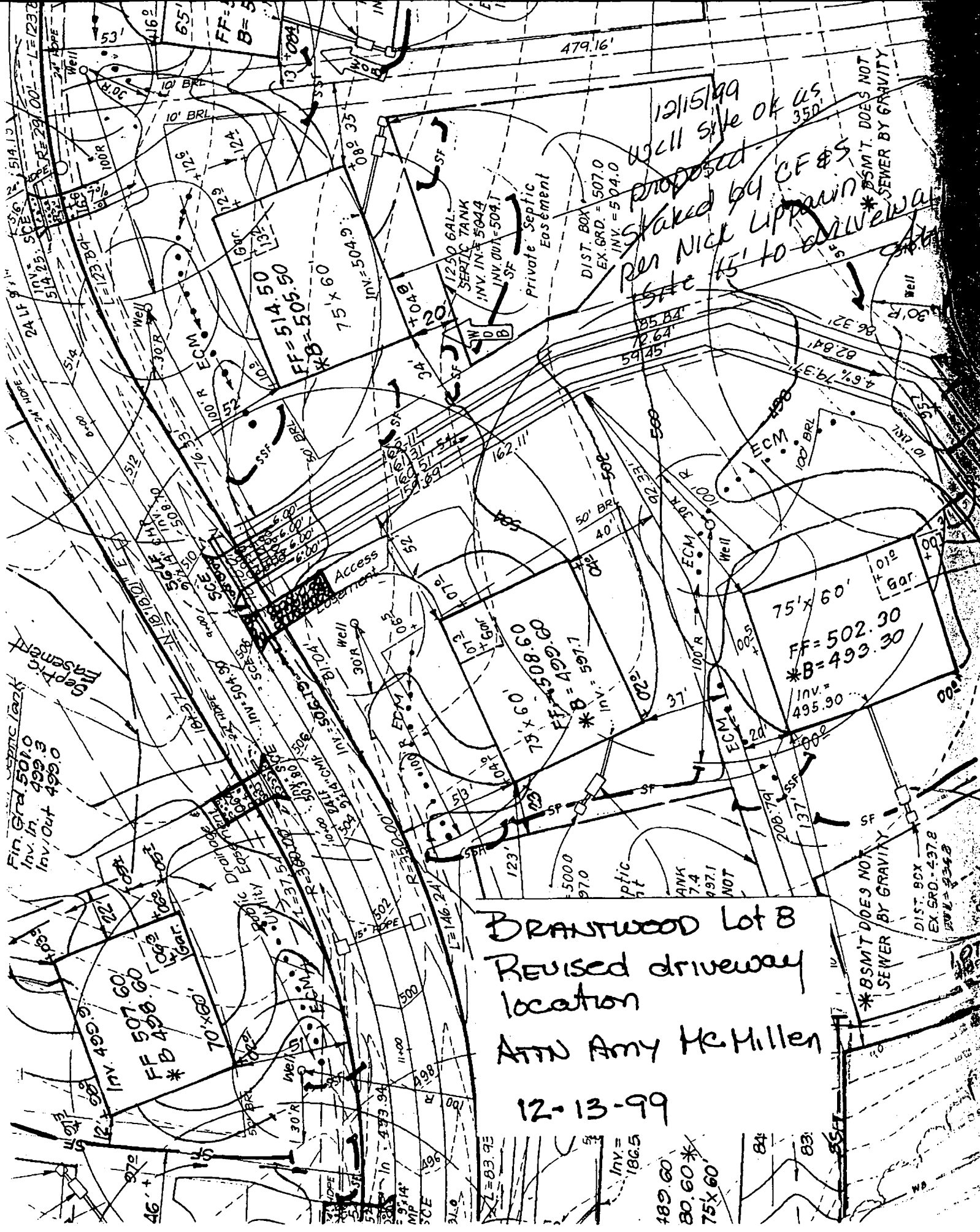
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER. 1. well 2. Missed Great 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 520



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-2522

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



BRANTWOOD Lot 8  
 Revised driveway  
 location  
 ATTN Amy McMillen

12-13-99

182.60  
 80.60\*  
 75'x60'