

2/28/01
Layout PM

3/2/01 - PM

3/5/01 PM

RPS 43/950

3/6/01 12pm

7/17/01
Pump Test
12:00

PERMIT

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

P 514749-A

A 56564-H

ISSUE DATE 1/22/2001

APPROVAL DATE 7/17/01

INDEXED

Fogles Septic Clean Inc.

IS PERMITTED TO INSTALL INSTALL ALTER

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

SUBDIVISION Big Branch Overlook LOT NUMBER 8 ADDRESS 14037 Big Branch Drive

PROPERTY OWNER Big Branch Overlook LLC PROPERTY OWNER'S ADDRESS 7164 Columbia Gateway Dr

SEPTIC TANK CAPACITY 1500 GALLONS *** Suite 230

PUMP CHAMBER CAPACITY 1500 GALLONS
ONE COMPARTMENT

NUMBER OF BEDROOMS 4 ** COMPARTMENTED TANK REQUIRED WITH MANHOLE ACCESS
AND OUTLET BAFFLE FILTER **

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 320 OK to install 315 to conserve septic area

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

LOCATION: Begin trenches 120 feet off the front lot line and 65 feet off the 'right lot
line as seen when facing the lot from Big Branch Drive. Run trenches on contour
in both directions. 11/17/00 OK (BB)

*** Septic tank specifications apply to all lots in subdivision as agreed by builder. ***

PLANS APPROVED Amy McMillen, R.S. DATE 10/26/2000

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

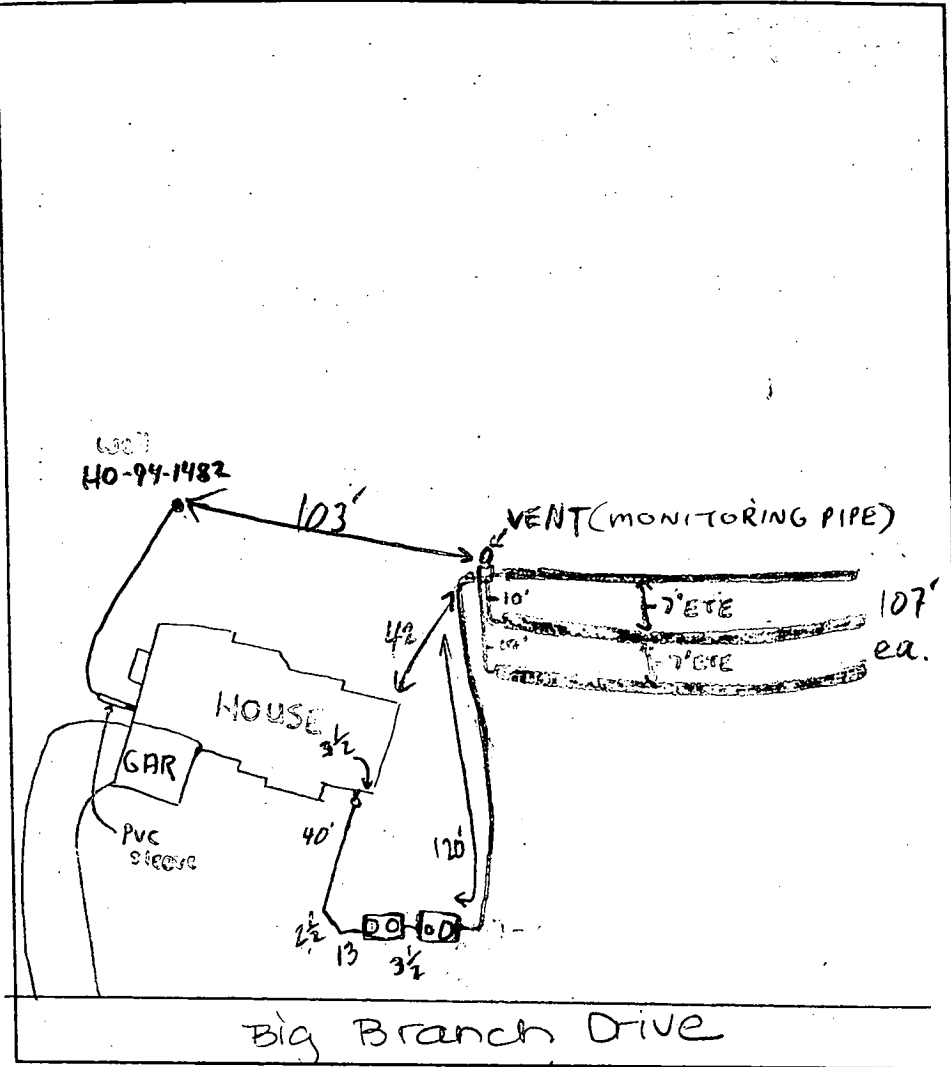
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 514749-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'

TRENCH INLET DEPTH 4'

TRENCH BOTTOM DEPTH 6'

DEPTH OF STONE 2'

NUMBER OF TRENCHES 3'

TOTAL TRENCH LENGTH 321'

ABSORBENT AREA 963 ft²

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA FILTER OK

SEPTIC TANK 1500 T.S. GALLONS

MANHOLE RISER 2 OK

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 T.S.

MANHOLE RISER 1 MH & 1-1/2"

ALARM OPERATIONAL

PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 2/28/01 LAYOUT OK - 3 TRENCHES 107' EACH, 10' APART, HIGHEST TRENCH 10' OUT OF SRA (MR)

INSPECTION COMMENTS: 3/2/01 OK to install and cover septic tank and pump pit. OK to cover first trench and continue. DC

3/6/01 OK TO COVER ALL WORK; HOLD FOR PUMP/ALARM INSP (MR)

7/17/01 - PUMP & ALARM OPERATIONAL (SRK)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 7/17/01

TEST HOLES
12A ✓ 11D ✓
12B ✓ 37B ✓ 11C ✓

A 56564 56564 H

SUBDIVISION: Big Branch Overlook LOT NUMBER # 8

STREET NAME: Big Branch Drive

AVERAGE PERCOLATION RATE: 8 mlw SQUARE FEET PER BEDROOM: 240

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 80

TOTAL LINEAR FEET OF TRENCH: 320 - OK to install 315 to conserve septic area

SEPTIC TANK CAPACITY: ¹⁵⁰⁰ 1250 GALLONS

TRENCH DIMENSIONS

Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL

¹⁵⁰⁰ 1250 Gallon pump chamber: top seamed center seamed

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

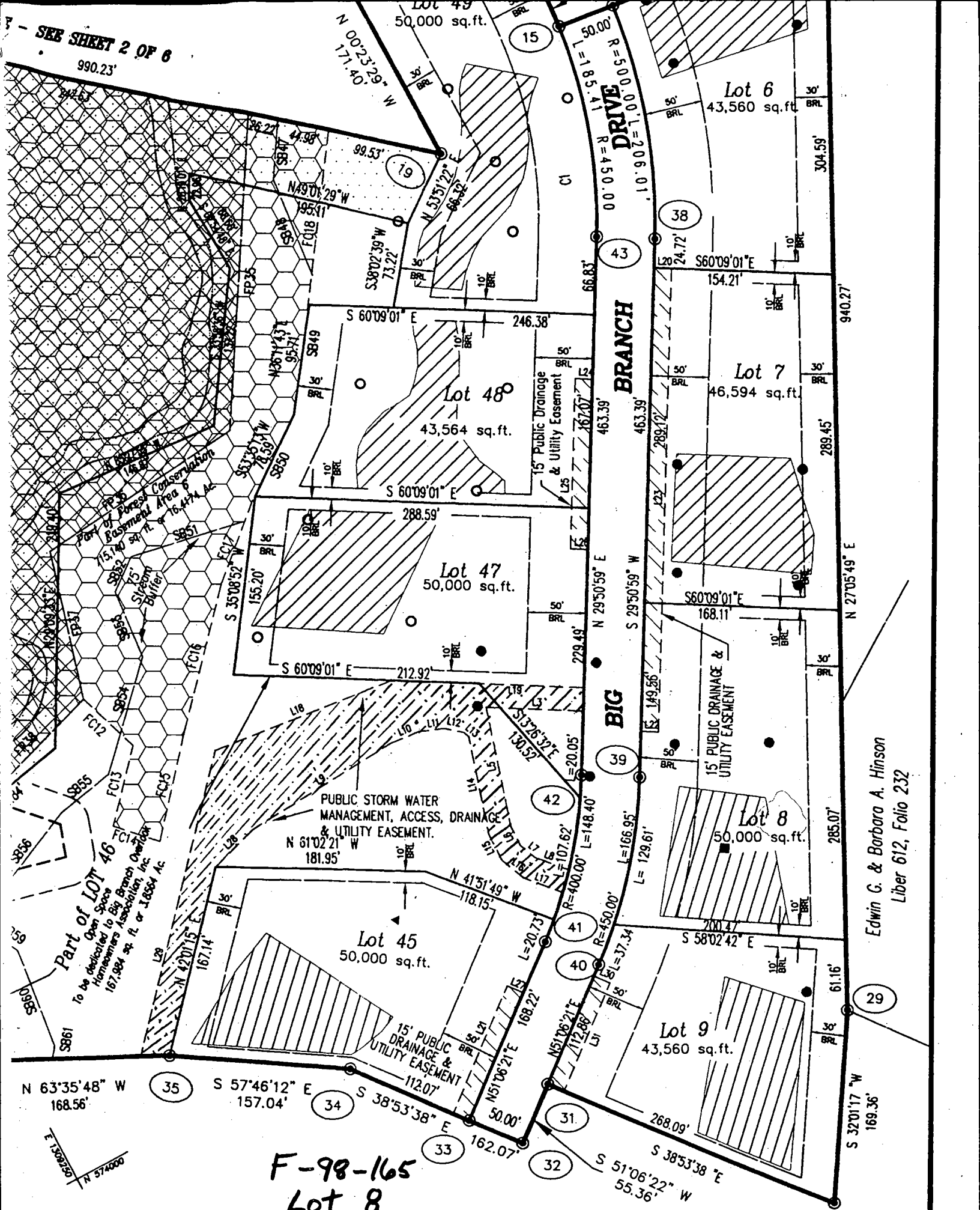
Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system

LOCATION: Begin trenches 120 feet off the front lot line and 65 feet off the right lot line as seen when facing the lot from Big Branch Drive. Run trenches on contour in both directions

ADDITIONAL NOTES: _____

Reviewer: Cy'well Date: 8/19/99

SEE SHEET 2 OF 6
990.23'



F-98-165
Lot 8

Edwin G. & Barbara A. Hinson
Liber 612, Folio 232

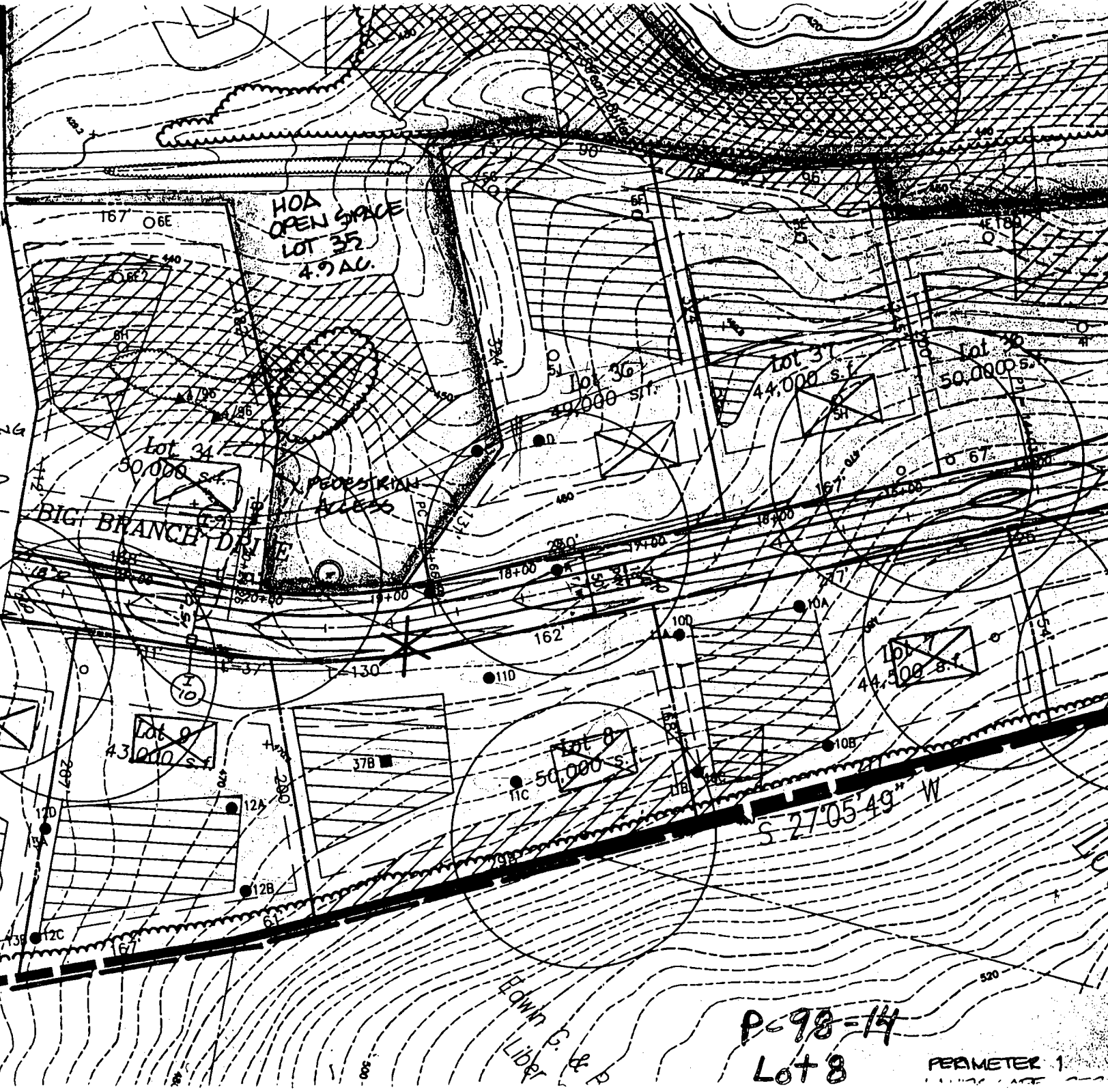
Curve Data Table

ARC.	DELTA	TAN	CHORD	BRG.-DIST

ervation parcels acreage 102.21+bulk

EXCHANGE OPTION =

o) SENDING PARCEL =
(Government Rights Required)
TOTAL NUMBER OF DEO RECEIVING
E. A MAXIMUM OF 4 DEO UNITS
THE OF TOTAL RECEIVING UNITS
RELATIVE TO THE RL ZONED
ALL BE AT THE DEO SENDING
PARCEL (B)



N 57°35'50"
E 130°9'50"

PC98-14
Lot 8

PERMETER 1

APPLICATION

PERCOLATION TESTING

A 58564

P _____

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

DISTRICT _____

DATE 4-17-96

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 CMC CONSTRUCTION INC

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHUCK SHARR

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BIG BRANCH OVERLOOK LOT NO. 18

ROAD AND DESCRIPTION BIG BRANCH DRIVE

TAX MAP 27 PARCEL # 19

SIZE OF LOT 3AC TYPE BLDG. SFO
(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.

(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

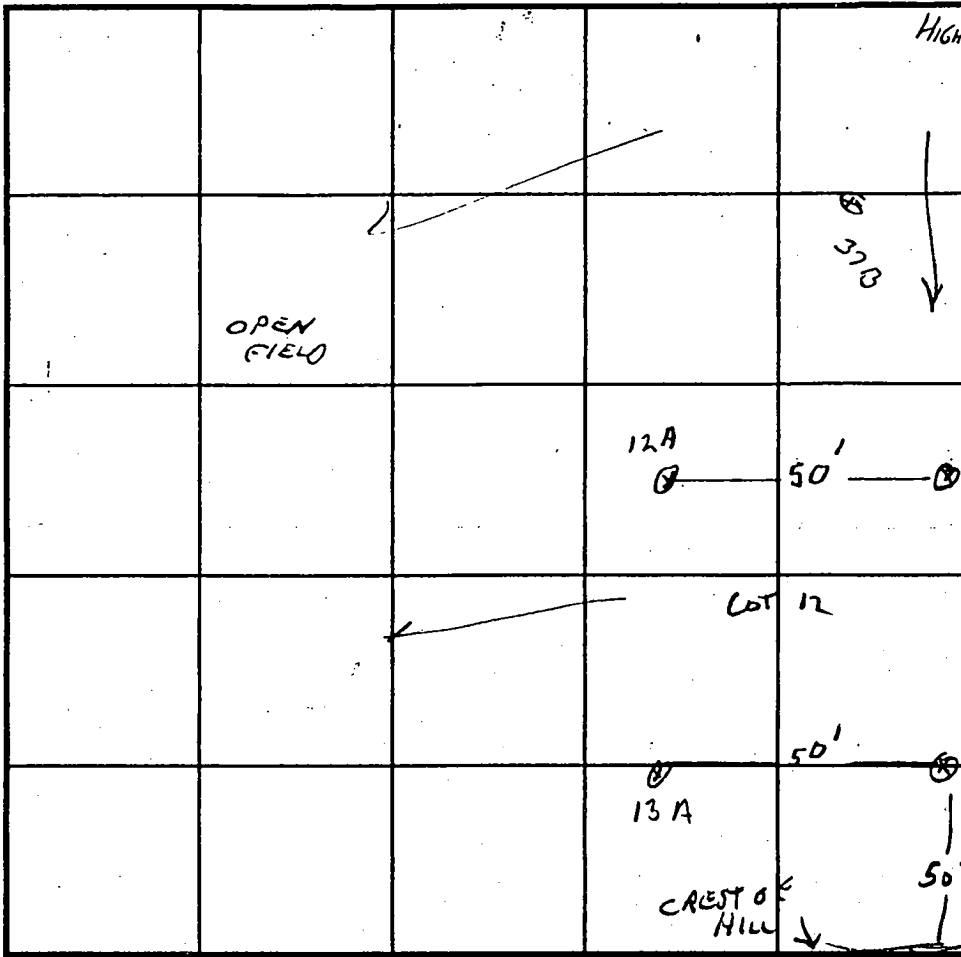
56564
COUNTY #

SOIL PROFILE

0' w1
TOPSOIL 37B
BROWN/ORANGE CLAY 3'
BROWN SANDY LOAM 12

13A
TOPSOIL
BROWN CLAY 3'
BROWNISH YELLOW SANDY LOAM
BOTTLES START AT 5'
WHITE SILTY SANDY LOAM 12

37B
SEE ABOVE
WATER 10.5



SOIL PROFILE
0' w1+w2
TOPSOIL 6"
BROWN CLAY LOAM 3'
BROWN SANDY CLAY LOAM 7'
LIGHT TAN SANDY
12
W2 8E11 RD
-W1 = (8E10) 13B 12C

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/96	ok to 8 W1	4/12	3:31	3:36	3:36	3:46	10MM
11/14/96	ok to 8 W2	4.5/12V	11:28	11:30	11:30	11:34	4MM
	12A	4.5/V	12:05 12:25	12:24	12:24	12:44	20MM
	13A	3.5/12	11:45	11:55	11:55	12:15	20MM
		8	11:45	11:48	11:48	11:54	5MM
3/7/97	37B	3/10SV	10:20	10:23	10:23	10:31	8MM

REMARKS LOT 12A SLOW AT 4 MULTIPLE I.O. #'S
 TYPE OF SOIL _____
 TESTED BY G SAVAGE ALSO PRESENT C. SHARP
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 MIN TRENCH WIDTH 3 FT
 INLET DEPTH 4 FT MAXIMUM BOTTOM DEPTH 6 FT SQ. FT/BEDROOM 240

X COPY FOR 13

APPLICATION

PERCOLATION TESTING

A 52577

P _____

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

DISTRICT _____

DATE _____

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 C. M. C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION: BIG BRANCH OVERLOOK BIG BRANCH DRIVE

'BDIVISION ~~ELLICOTT CITY~~ LOT NO. H 8

ROAD AND DESCRIPTION HOWARD ROAD 3,000'± FROM INTERSECTION
TRIDELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 40,000 - 50,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING
(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. Charles A Sharp
(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 _____

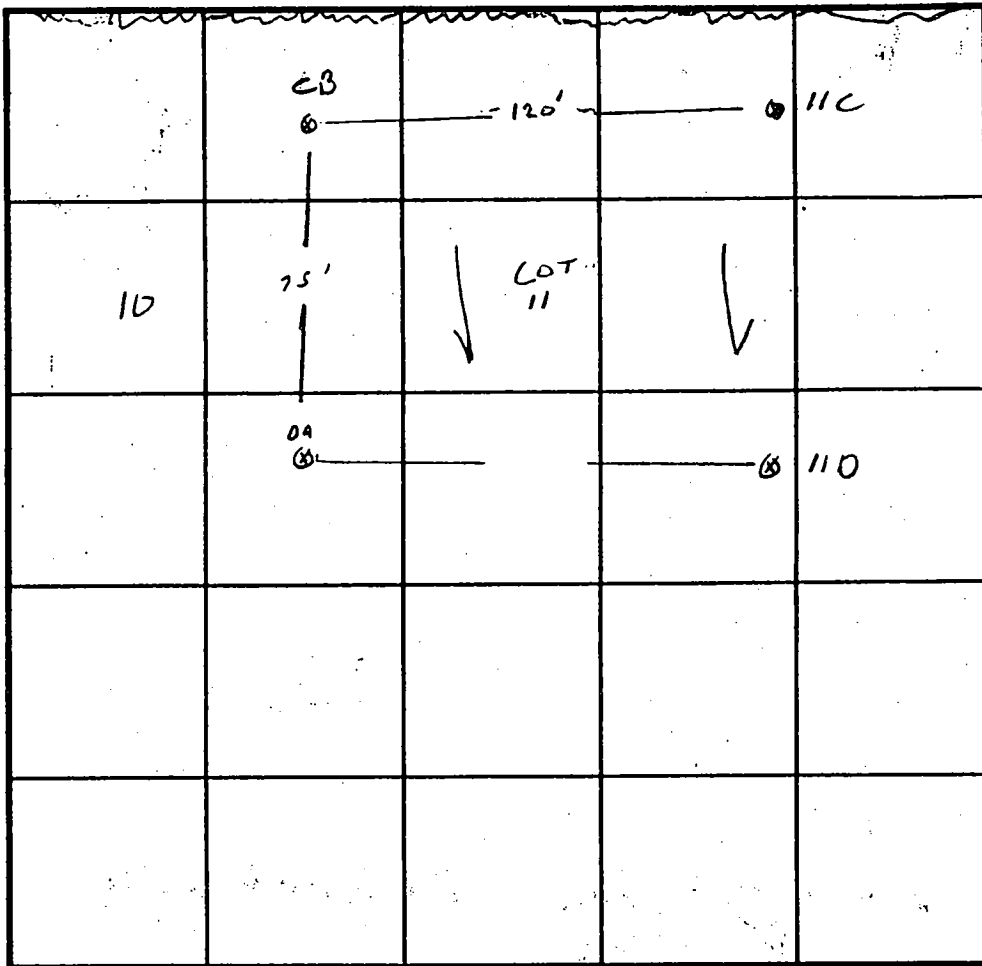
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

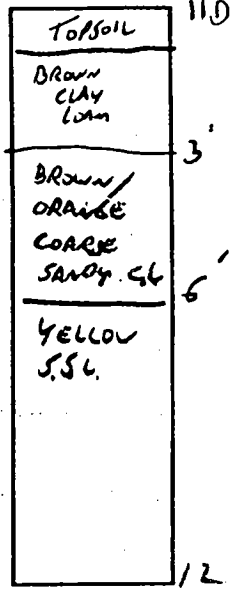
A 57577
COUNTY #

WOODS

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-13-96	11C	4' / 12V	3:36	3:41	3:41	3:53	12MIN
		7' V OK					
	11D	7' / 12V	3:48	3:50	3:50	3:54	4MIN
		4' / 12V	3:55	4:04	4:04	4:23	19MIN
	11B	16" / 12	SEE	LOT 10	SEE	PROFILE	3MIN
	11A	56" / 12V	SEE	LOT 10			3MIN
	1	7.5					8MIN

REMARKS LOT 10 SLOW AT 4' O/K

TYPE OF SOIL _____

TESTED BY G. SAUSAGE

ALSO PRESENT C. SHAW, ALLEN'S

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

X

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00126967

Building Address 14037 BIG BRANCH DRIVE
Dayton 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 1011 Subdivision Big Branch Mill

Section _____ Area _____ Lot 8

Tax Map 20 Parcel 140 Grid CP

Zoning RM-10 Map Coordinates 9E13 Lot size _____

Property Owner's Name TIG BUNYAN OVERLOOK, LLC

Address 7164 COLUMBIA GATEWAY DR SUITE 230

City COLUMBIA State MD Zip Code 21046

Home Phone _____ Work Phone 410-872-9105

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY HOME

Estimated Construction Cost \$ 200,000

Description of Work STRAFORD WILLIAMS BURT
1 1/2 BRN w/ CONFABORY

Contractor Company TOLL BROTHERS INC

Contact Person GREG SHARP

Address 14203 HOWARD RD

City DAYTON State MD Zip Code 21036

License No. _____

Phone 442-535-9296 Fax 442-535-9297

Occupant or Tenant TIG BUNYAN OVERLOOK, LLC

Contact Name GREG SHARP

Address 7164 COLUMBIA GATEWAY DR SUITE 230

City COLUMBIA State MD Zip Code 21046

Phone 410-872-9105 Fax 410-872-9141

Engineer or Architect Company REYNOLDS & SMITH

Contact Person REYNOLDS

Address 8480 BART. WALK PIKE SUITE 410

City ELICOTT CITY State MD Zip Code 21043

Phone 410-465-6105 Fax 410-465-6641

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>65'4"</u> Depth <u>72'8"</u> Width <u>77'8"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>65'4"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65'8"</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwelling: _____ No. of efficiency units: _____ No. of 1 BR unit: _____ No. of 2 BR unit: _____	
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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company TOLL BROTHERS

Print Name GREG SHARP

Date 10/17/00

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		
<input checked="" type="checkbox"/> Health	<u>10/28/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?		
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	45375
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1152</u>
Validation	# <u>30880</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Approved Septic System Plan
Howard County Health Department

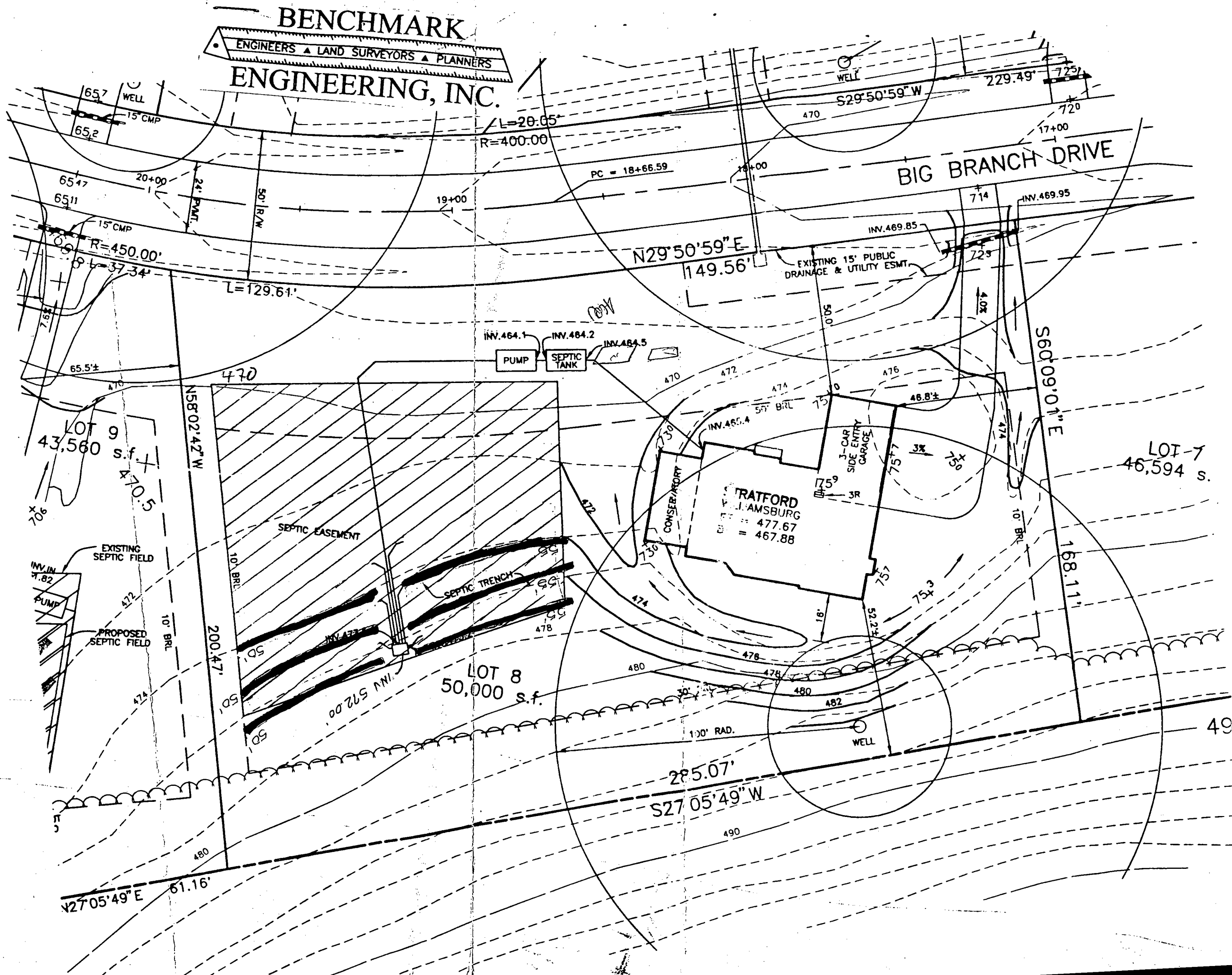
Total linear feet of trench 315 of
required 320 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Steve McMill
Signature
Date 10/26/00



C1 05084 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13

ST/CS USE ONLY DATE RECEIVED 4/8/98

DATE WELL COMPLETED MM 4 DD 3 YY 98

Depth of Well 22 245 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1482

OWNER: HIGHLAND DEV CORP STREET OR RFD: 1816 BRANCH DR TOWN: DARTON SUBDIVISION: 1816 BRANCH OVERLOOK SECTION: LOT: 8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-53) and Gray Mica Rock (53-245).

GROUTING RECORD form with fields for GROUTED (Y), MATERIAL (CM, BC), BAGS (18), POUNDS (1622), and SEAL DEPTH (0-45).

CASING RECORD form with fields for MAIN CASING TYPE (ST), DIAMETER (6), and DEPTH (57).

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

SCREEN RECORD form with fields for screen type (ST, BR, HO) and diameter (56).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (Bucket), and WATER LEVEL (10).

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31), and PUMP HORSE POWER (37).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

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...

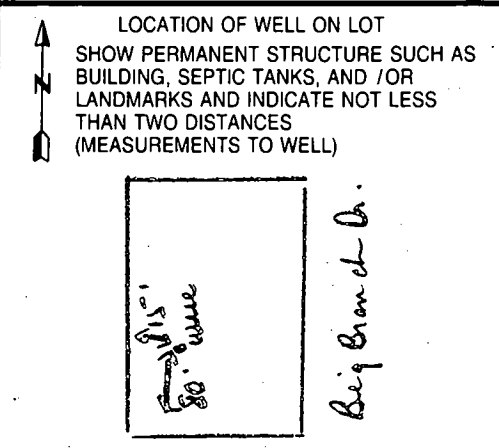
DRILLERS LIC. NO.: MS DO 24 DRILLERS SIGNATURE: [Signature]

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

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-32, 38-47, 56-60) and slot size.

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



B 1	26157	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="font-size: 24px; text-align: center;">Ho-94-1482</div> <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 3/10/98

8 MM DD YY 13

Highland Development CMC
 15 Last Name Owner First Name 34

P.O. Box 228
 36 Street or RFD 55

Clarksville Md. 21029
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
 8 COUNTY 21

Big Branch Overlook
 23 SUBDIVISION 42

SECTION 44 LOT X18
 44 46 48 50

Dorton
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3.3 M I
 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MSD 24
 76 Driller's Name License No. 81

Joseph L. Mayne Well Drilling
 Firm Name

5572 Ridge Rd. Mt. Airy, Md. 21771
 Address

Joseph L. Mayne 3/9/98
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Big Branch Dr.
 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI, 38 39

TAX MAP: 27 BLK: 6 PARCEL: 141

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 13
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3 24 98 [Signature] 3 24 99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 514 000 EAST GRID 798 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ GAP _____ 54 63

FORCE 65 WRITE INITIALS IN BOX PERMIT No. Ho-94-1482
 67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 4/3/98

SOURCES OF DRILLING WATER

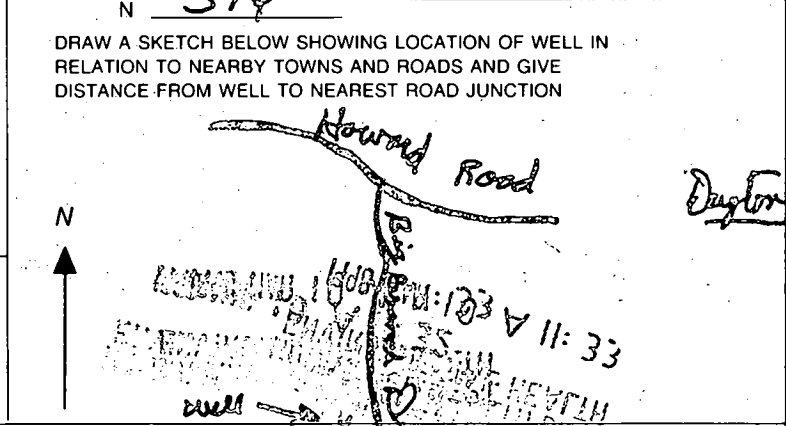
- WELL
-
-

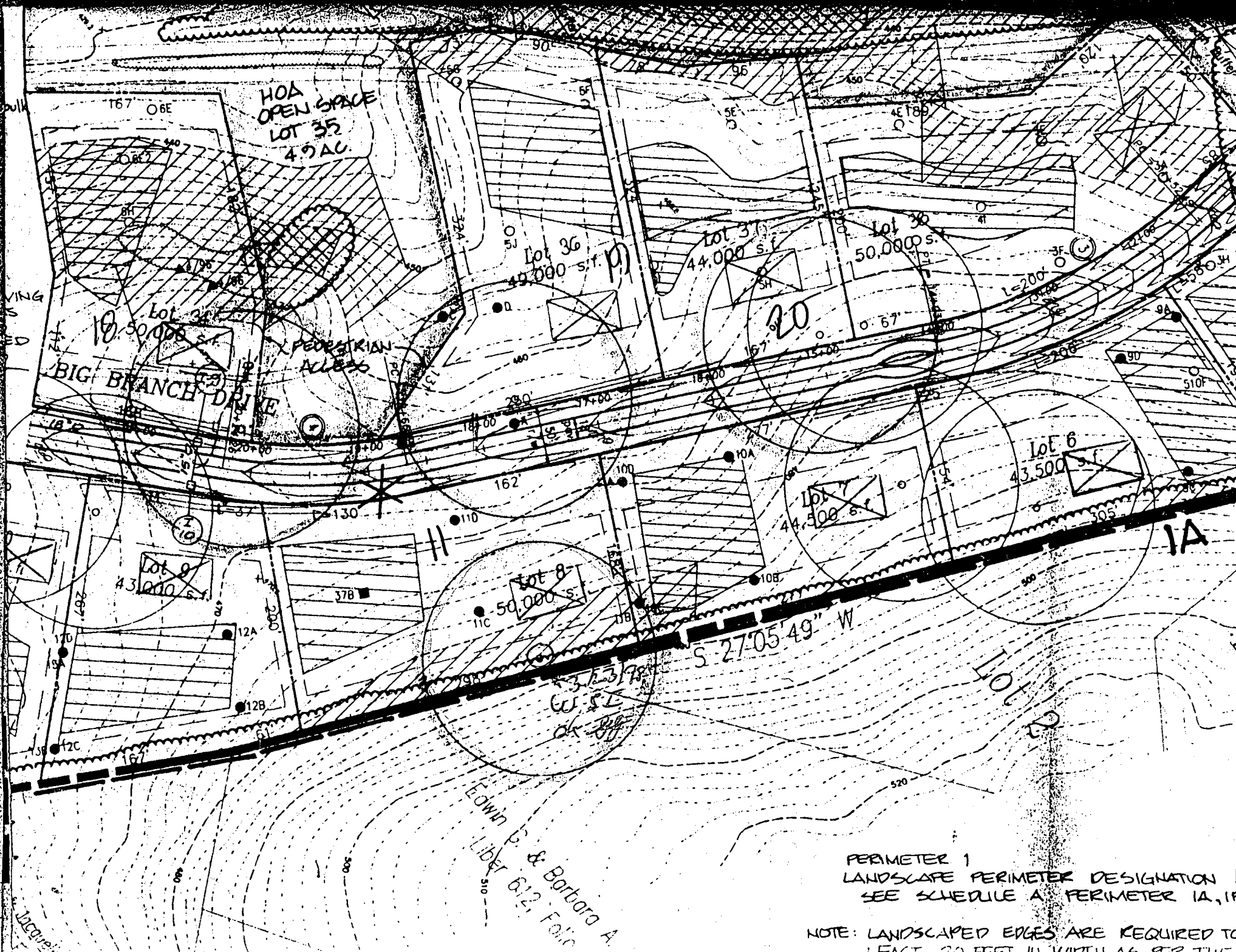
WRITE THE BOX NUMBER FROM THE MAP HERE

E 798

N 514

000
000





Edwin P. & Barbara A.
 Liber 612, Folio

PERIMETER 1
 LANDSCAPE PERIMETER DESIGNATION
 SEE SCHEDULE A PERIMETER 1A, 1B

NOTE: LANDSCAPED EDGES ARE REQUIRED TO
 BE AT LEAST 20 FEET IN WIDTH AS PER THE