

11/10/99 CO. DATE
11/21/99 WPT
Lundberg

PERMIT

04-348680

P 513117

SEWAGE DISPOSAL SYSTEM

A 39233

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

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

INDEXED

DATE 11/10/1999

DATE SYSTEM APPROVED 11/11/99

INSPECTOR CW

SK Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Foxport Plantation LOT 20 ROAD 15506 Bushy Tail Run

PROPERTY OWNER Andrew and Julie Pohutsky

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4 Co

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 145 ✓

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. (241.54)

LOCATION - Place the distribution box 120 feet from the front lot line and 120 feet from the right side of the lot as seen when facing the lot from Bushy Tail Run. Run the trenches toward the front lot line and back lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Ok SRK 8/29/99

PLANS APPROVED BY Raymond Hodges/Amy McMillen DATE 08/05/1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR A2S

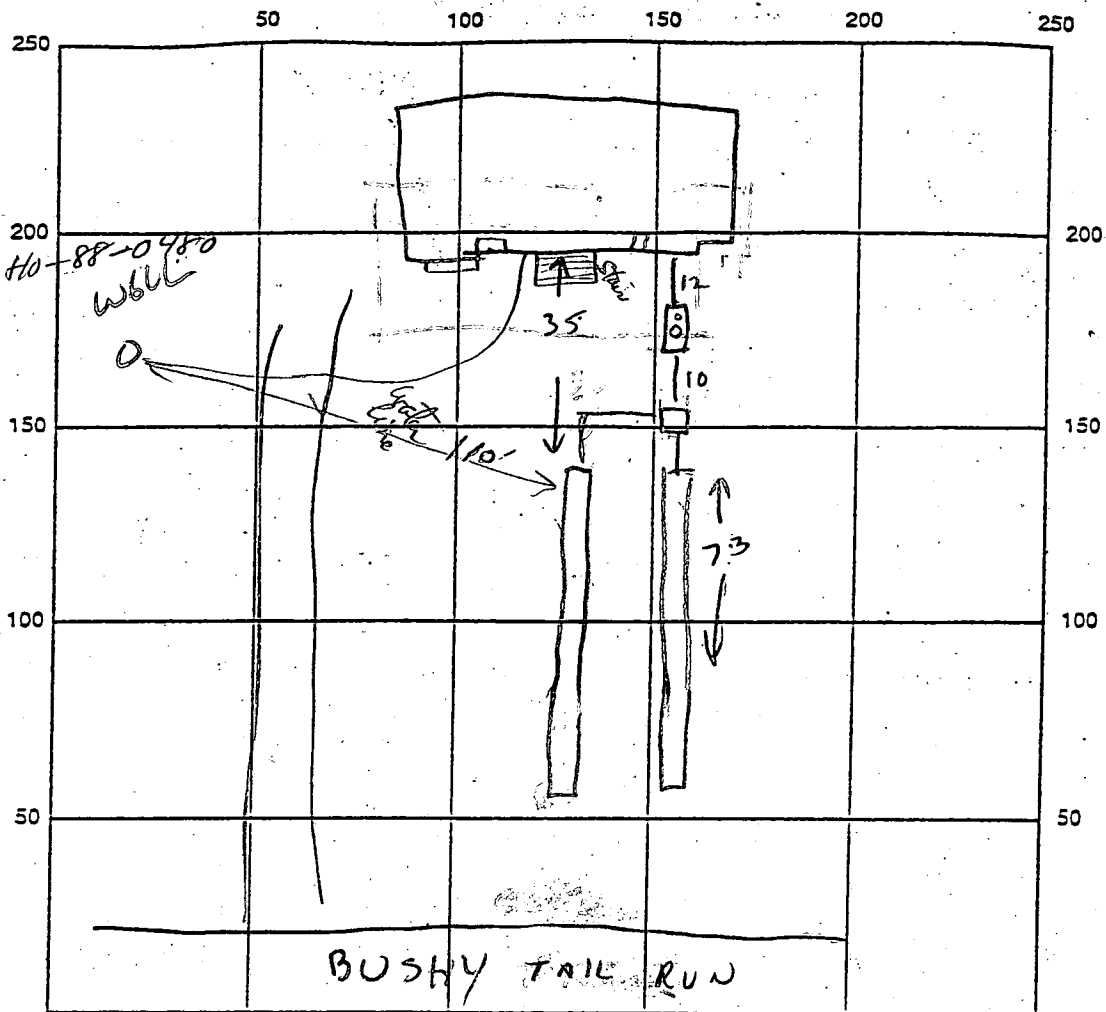
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL ✓ CLEANOUTS ST - MANHOLE & OBS. POINT
 DISTRIBUTION BOX LEVEL ✓
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 146 FT.
 NUMBER OF TRENCHES 2 @ 73 ONE SIDEWALL/BOTTOM AREA 730 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 11/10/99 TRENCHES EXCAVATED - OK TO ADD GRAVEL.
11/10/99 TANK & DB OK. TRENCHES NEARLY COMPLETE. FINISH & COVER. (CW)

DATE SYSTEM APPROVED 11/4/99 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 39233
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4TH
DATE 4-24-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER DONALD RIPPEON *Andrew + Julia Pohutsky Foxport Plantation*

ADDRESS 15474 BUSHY PARK RD PHONE 340-8186

PROSPECTIVE BUYER UNITED GENERAL CONTRACTORS

ADDRESS 8370 COURT AVE, ELLICOTT CITY PHONE 461-2227

PROPERTY LOCATION:

SUBDIVISION RIPPEON PROPERTY LOT NO. 20

ROAD AND DESCRIPTION CORNER OF CARR'S MILL & BUSHY PARK ROAD, WOODINE,

HOWARD COUNTY *(15506 Bushy Trail Run)*

TAX MAP 14 & 8 PARCEL # 9 & 12

BLDG. PERMIT SIGNED
AND RETURNED 8-5-89
Serial # B7119669

SIZE OF LOT @ 3 acre lot TYPE BLDG: SFD - 4 Bdr
(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. *Donald Rippeon* *SEE HOSEA*
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

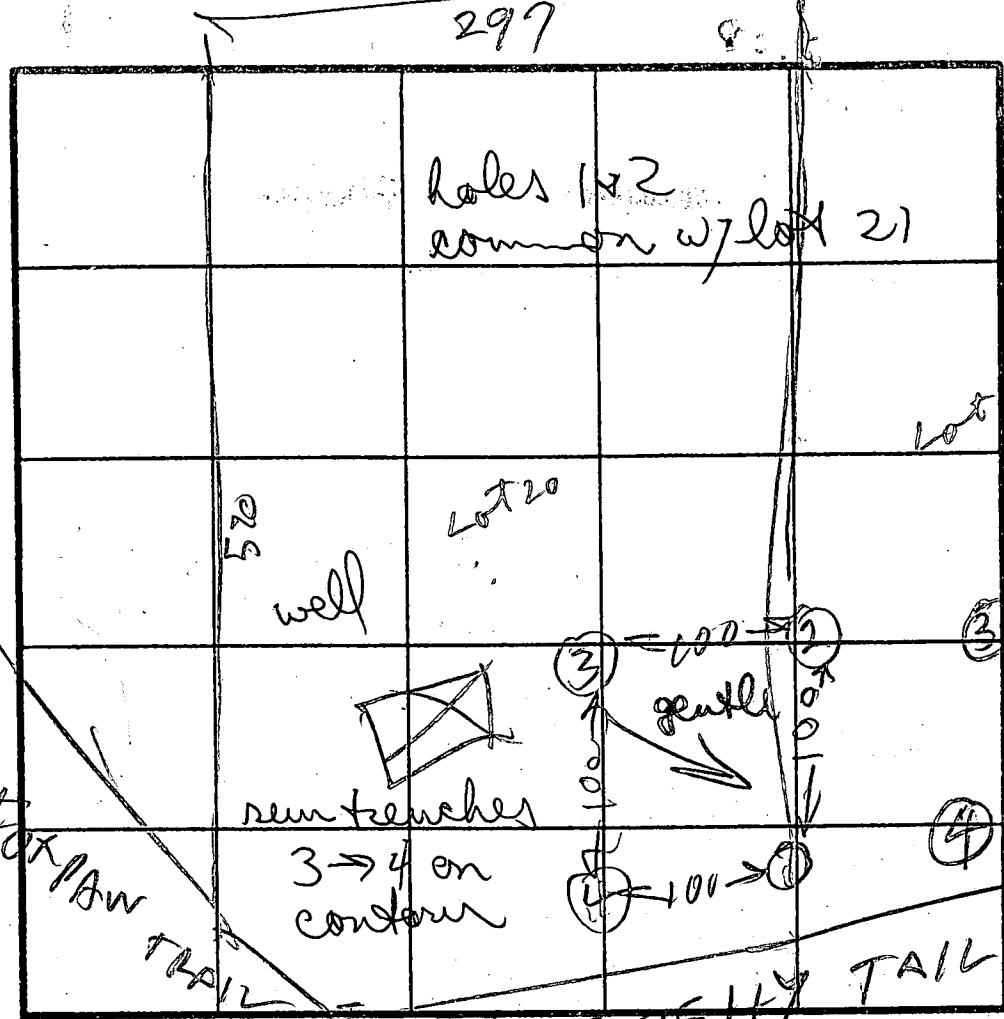
REASONS FOR REJECTION OR HOLDING 6/16/87 Perc OK Hold for Plat R/H

BLDG. PERMIT SIGNED
AND RETURNED 9/20/89
Serial # 28710-SF-D
4 Bedroom

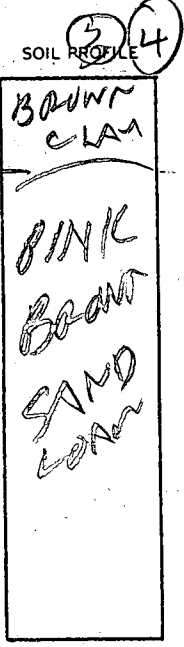
THIS IS NOT A PERMIT

Lot 20 See Plat

Lot 20



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



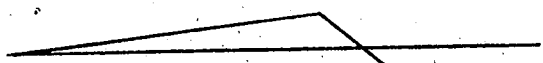
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/16/87	1S	5	1239	1241	1241	1244	3
	1V	11	OK				
8/16/87	2S	4	125	128	128	131	3
	2V	12	OK				
	3S	4	202	203	203	206	3
	3V	12	OK				
	4S	4	210	212	212	216	4
	4D	7.5	211	212	212	216	4
	4V	11	OK				

ON LINE HOLE Lot 20 & 21
 OFF LINE HOLE Lot 20 & 21

art time 3 min
 maximum depth 3 ft
 Hole elevation (34) = 116 ft (12) = low

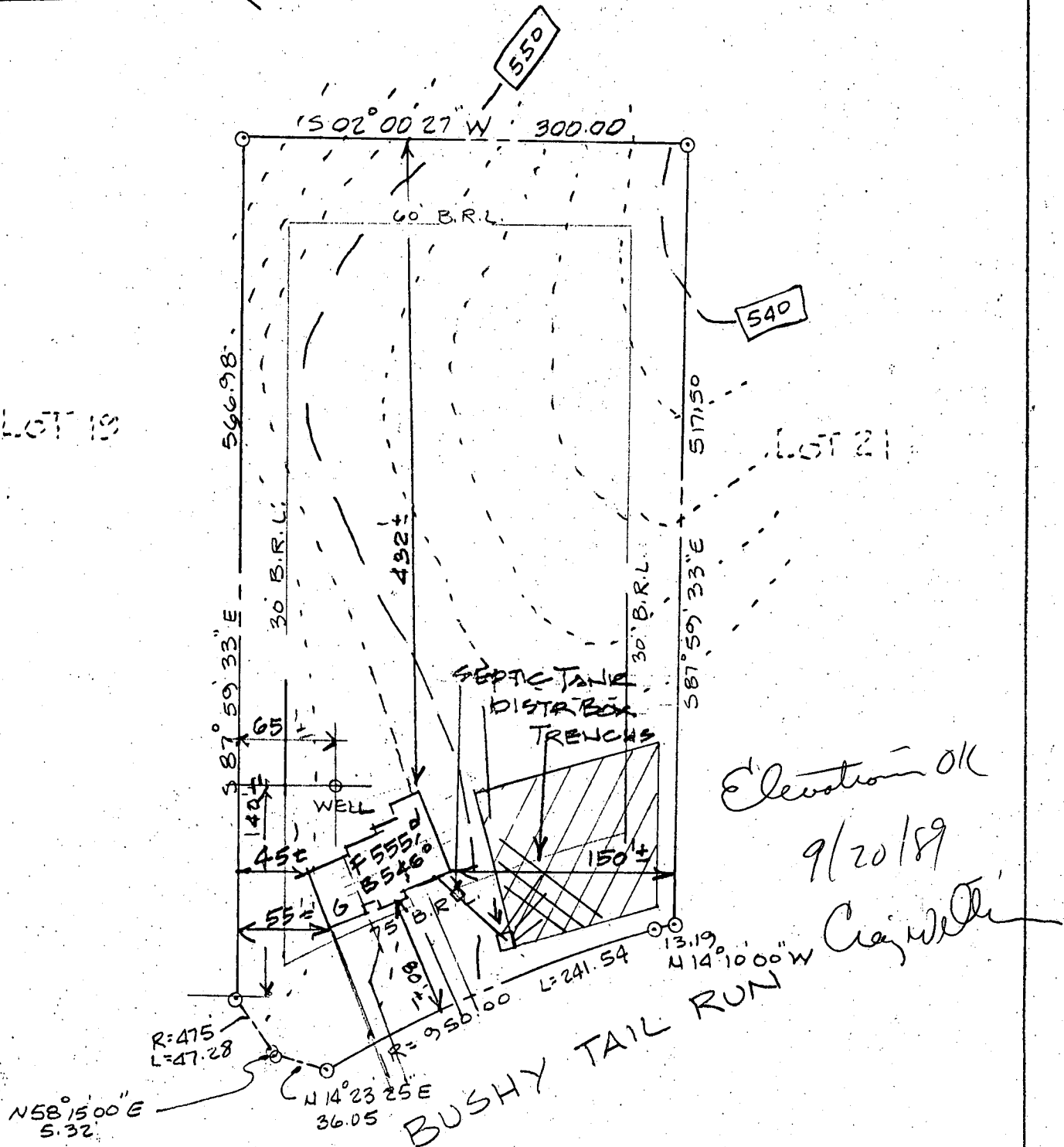
REMARKS: Holes Dug Per Surveyor Plat
 TYPE OF SOIL: _____
 TESTED BY: R. HODGES ALSO PRESENT: DONNY BROWN JEFF ALLEN

EH-12-1079



LOT 19

LOT 21



Elevation OK
 9/20/89
Craig White

WELL DATA

EX. GR. = 553.50
 FIN. GR. = 553.50

INV. OF SEWER FROM HOUSE = 548.50 [B.S.M.T. @ 54.6°.]

SEPTIC TANK DATA

EX. GR. = 551.00
 FIN. GR. = 552.00
 INV. IN = 548.40
 INV. OUT = 548.10

DISTRIBUTION BOX

EX. GR. = 550.00
 FIN. GR. = 550.00
 INV. IN = 547.20
 INV. OUT = 547.10

TRENCH DATA

EX. GR. = 550.00
 EFF. DEPTH = -3 = 547.00

SITE PLAN

LOT 20

JOHN C. MEIHEMA SR INC.
 LAND SURVEYORS
 SUITE 45 EG
 6100 BALTO. NATL. PIKE BALTO. MD 21228
 (301) 744-8880

FOXPOT PLANTATION
 15506 BUSHY TAIL RUN
 4TH ELEC. DIST. HOWARD CO.
 SCALE 1"=100' JUNE 1989

11/12/99
WPT
Lundgren

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer SK [unclear] Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Andrew + Julie Pohutsky Telephone _____
Subdivision Fairport Plantation Lot # 20 Well Tag # HD-988-0480
Site Address 15506 Bushy Tail Run

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

WPT Pitless adapter pipe hole is drilled right where well casing extension was welded (check notes on bump of well casing) can't feel O-ring check in crack between outer part of adapter and well casing. Need to check plumber on this!!

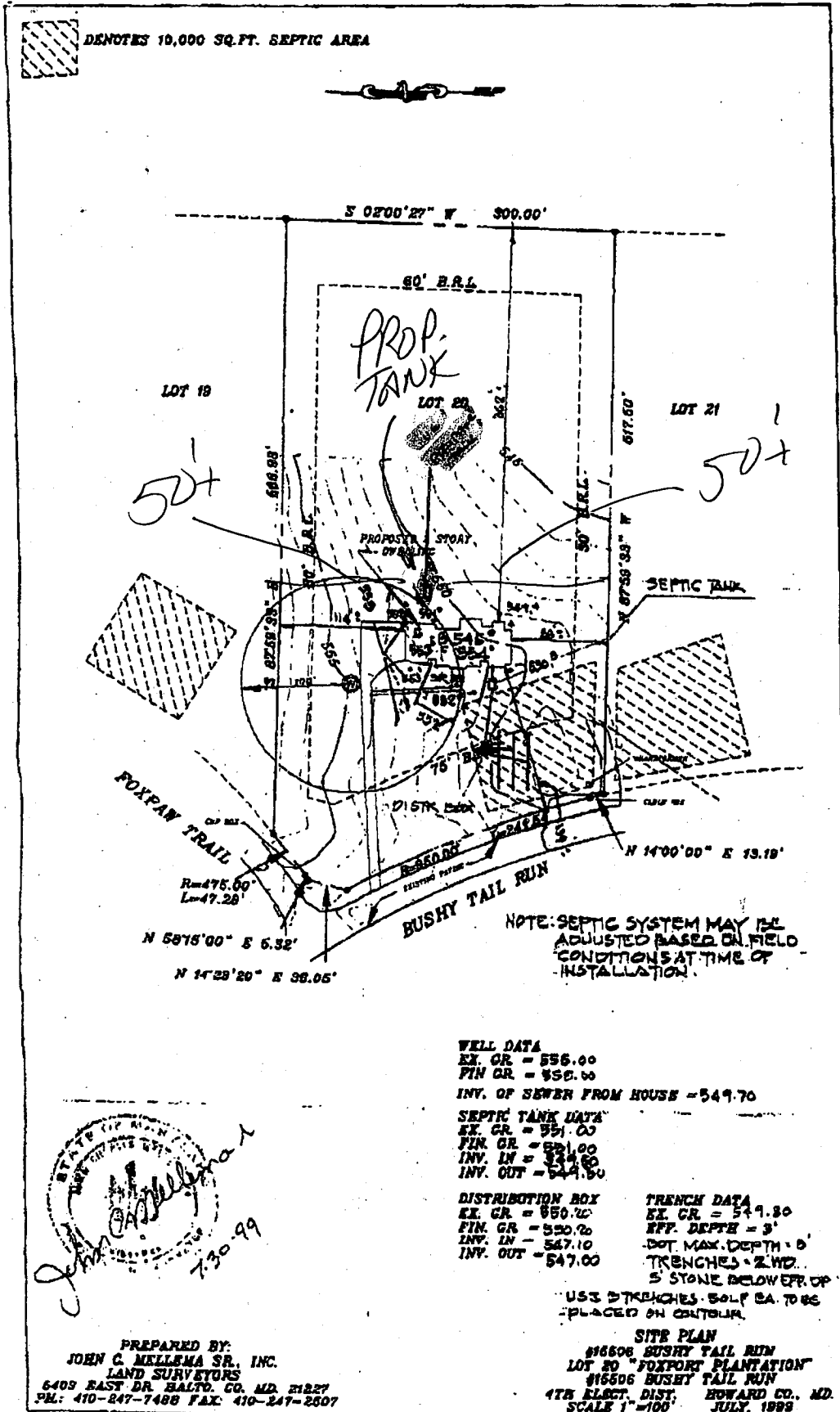
2 pieces of PVC conduit pipe OK
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



POITUTSKY
D50556

TBS 114272

2/7/00
or to install pre-pare tank at the proposed location - should not adversely impact septic system or well. JCS

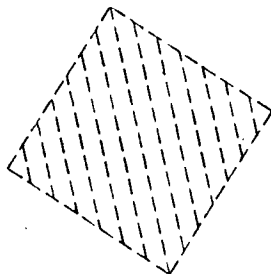


DENOTES 10,000 SQ. FT. SEPTIC AREA



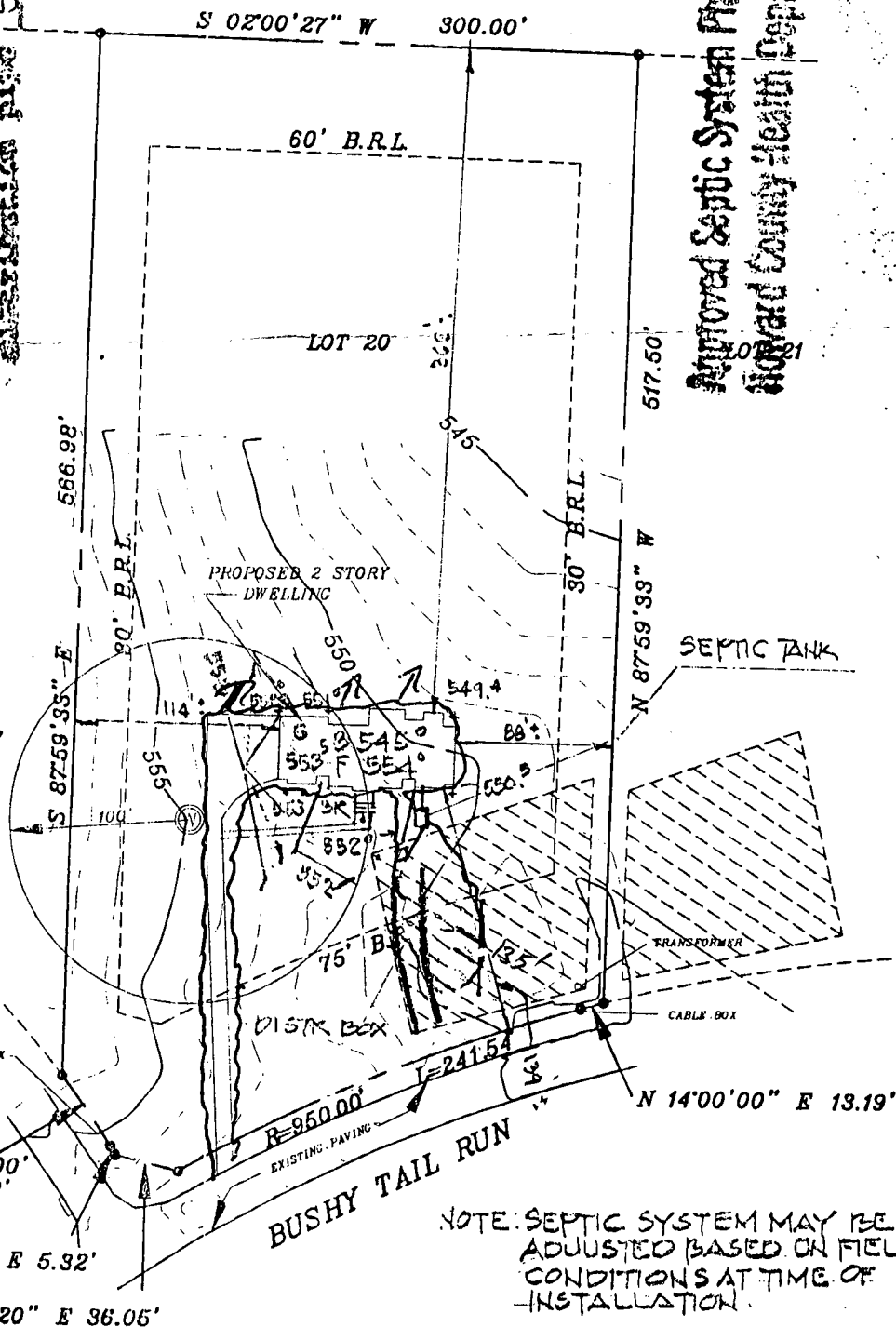
total linear feet of trench required 145 feet
 width of trench (as) 9.0 feet
 depth of trench (as) 2.0 feet
 weight of stone required below distribution pipe 5.0 tons

Limits of Disturbance



FOXPAY TRAIL

R=475.00'
 L=47.28'
 N 58°15'00" E 5.32'
 N 14°23'20" E 36.05'



Approved Septic System Plan
 Howard County Health Department

John C. Mellema
 8/5/99

NOTE: SEPTIC SYSTEM MAY BE ADJUSTED BASED ON FIELD CONDITIONS AT TIME OF INSTALLATION.

WELL DATA
 EX. GR. = 555.00
 FIN GR. = 555.00
 INV. OF SEWER FROM HOUSE = 549.70

SEPTIC TANK DATA
 EX. GR. = 551.00
 FIN. GR. = 551.00 548.5
 INV. IN = 548.2
 INV. OUT = 548.2

DISTRIBUTION BOX TRENCH DATA
 EX. GR. = 551.00 551.0 EX. GR. = 549.80
 FIN. GR. = 550.20 EFF. DEPTH = 3'
 INV. IN = 548.0 548.0 MAX. DEPTH = 8'
 INV. OUT = 548.0 TRENCHES - 2' WD
 5' STONE BELOW EFF. OF
 USE 3" TRENCHES. SOFT EA. TO BE
 PLACED ON OUTSLOPE

SITE PLAN
 #15506 BUSHY TAIL RUN
 LOT 20 "FOXPAY TRAIL"
 #15506 BUSHY TAIL RUN
 4TH ELECT. DIST. HOWARD CO., MD.
 SCALE 1"=100' JULY, 1999

John C. Mellema
 7-30-99

PREPARED BY:
 JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS
 5409 EAST DR. BALTO. CO. MD. 21227
 PH.: 410-247-7488 FAX: 410-247-2507

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00119664

Building Address 15506 Bushy Tail RUN
Woodbine, MD. 21797

Property Owner's Name Andrew and Julie POUJTSKY

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

Address _____

City _____ State _____ Zip Code _____

Census Tract 644 Subdivision EXPORT PLANTATION

Home Phone _____ Work Phone _____

Section N/A Area N/A Lot 20

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

Tax Map 14 Parcel 233 Grid 2

17 Oak Park DR.

CONVENT STATION, NJ

paper 917 894-7669

Zoning RD-20 Map Coordinates 851 Lot size _____

Phone 973 359 4763 Fax _____

Existing Use vacant lot

Contractor Company Andrew S. POUJTSKY

Proposed Use single family Dwelling

Contact Person Andrew POUJTSKY

Estimated Construction Cost \$ 350,000

Address 17 Oak Park DR.

Description of Work BLDG New House 2 Story
optional Finished BSMT, Attached 3 car Garage
4 Bedrooms, 3.5 Baths, 2 Fireplaces 1 optional DFP

City CONVENT STATION State NJ Zip Code 07960

License No. _____

Phone paper 917 894 7669 Fax _____

Occupant or Tenant same as owner

Engineer or Architect Company Ellmore Design Group

Contact Name _____

Contact Person _____

Address _____

Address 6901 N. Robinson

City _____ State _____ Zip Code _____

City OKLAHOMA CITY State OK Zip Code 73116

Phone _____ Fax _____

Phone 405 843 5456 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private N/A
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

SF Dwelling SF Townhouse
 Depth Width
 1st floor: 45'10" 98.0"
 2nd floor: 36.0" 43.0"
 Basement: 45'10" 76.7"
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: _____
 Dimensions: _____
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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.

[Signature]
 Applicant's Signature
owner
 Title/Company

Andrew S. POUJTSKY
 Print Name
8/2/99
 Date

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

AGENCY DATE SIGNATURE APPROVAL
 Land Development DPZ
 State Highways
 Building Official
 Dev. Engineering DPZ
 Health 4/6/99 [Signature]
 Fire Protection
 Is Sediment Control approval required prior to issuance?
 YES NO
 CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION PROPERTY ID# 42112
 Front: _____ Filing fee \$ 75.00
 Rear: _____ Permit fee \$ _____
 Side: _____ Excise tax \$ _____
 Side St: _____ Sub-total paid \$ _____
 All minimum setbacks met? YES NO Add'l permit fee \$ _____
 Is Entrance Permit required? YES NO TOTAL FEES \$ _____
 Historic District? YES NO Balance due \$ _____
 Lot Coverage for New Town Zone _____ Check # 506
 SDP/Red-line approval date _____ Validation # _____
 Accepted by _____

C1 2358 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 31233**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **070189** Depth of Well **225** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HD-88-0490**

OWNER **The Bryant Group** last name **Bryant** first name **Group** TOWN **Lenwood**
 STREET OR RFD [] [] [] [] [] [] SUBDIVISION **Fixed Planation** SECTION [] [] [] [] [] [] LOT **20**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>Blue sandstone</i>	39		
<i>Blue rock</i>	39	110	
<i>Brown shale</i>	110	133	
<i>Blue Rock</i>	133	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (Yes) **N** (No)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1850**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing (nearest inch) **5 1/2**
 Total depth of main casing (nearest foot) **140**

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

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

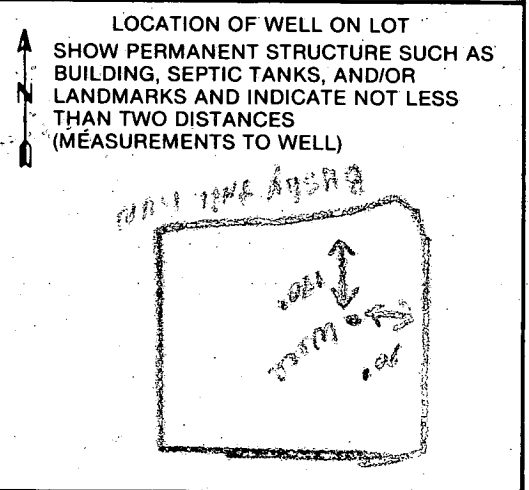
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **133** **225**
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from [] to []

GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] [] WQ [] [] [] []
 TELESCOPE CASING [] [] LOG INDICATOR [] [] [] [] OTHER DATA [] [] [] []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **65**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **172**
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **(Circled)** NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **(Circled)**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest-ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height) **(+)** above } LAND SURFACE **(-)** below } (nearest foot) [] [] [] []



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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **232**
 DRILLERS SIGNATURE **[Signature]**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Site Reconnaissance - File

7-6-89

1:35pm

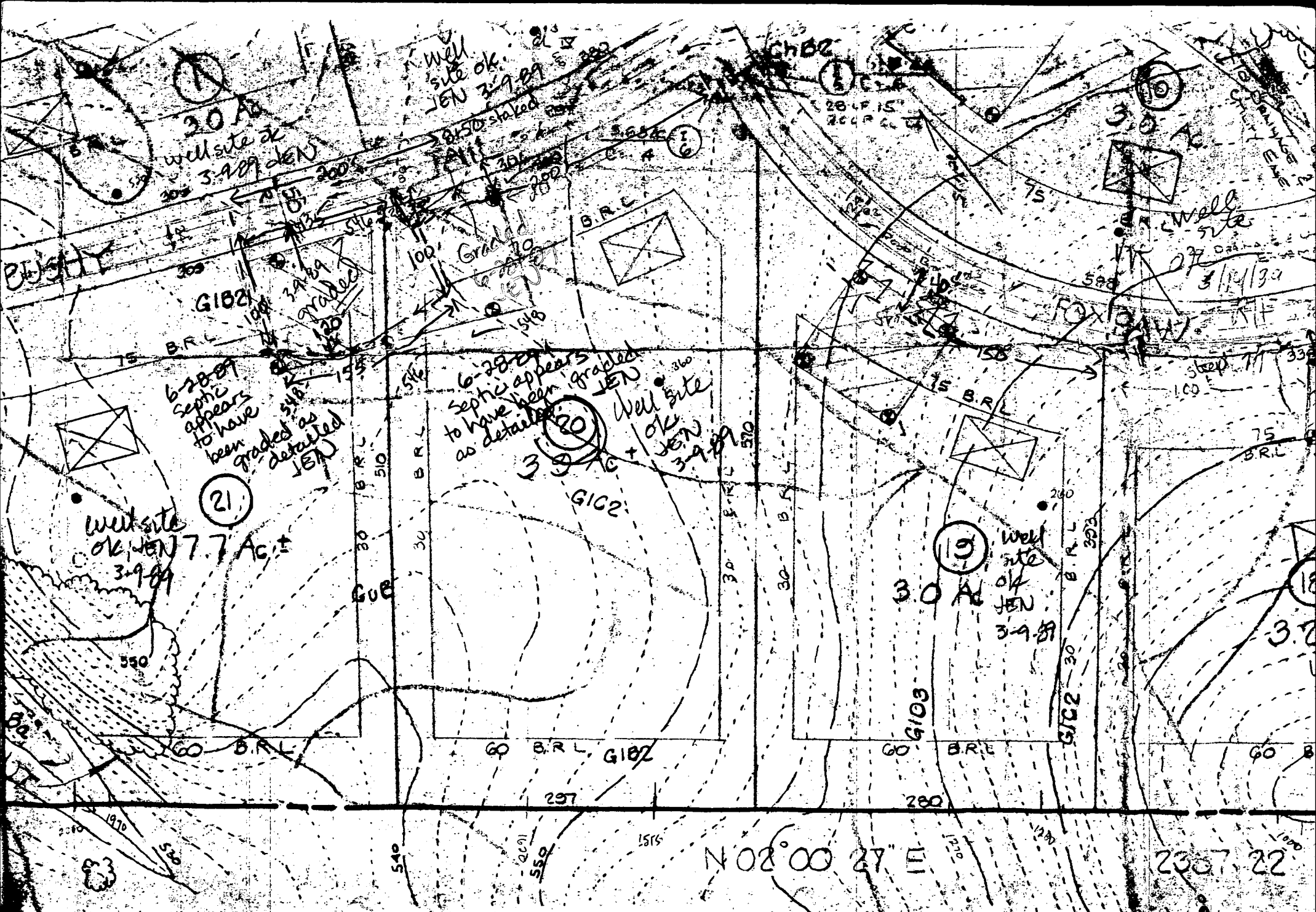
Carr's Mill Road

Met w/ John Mini, contractor for Foxport Plantation, on the site. We determined lot corners and septic easements for Lots- 19, 20, 21. Mr. Mini described what had occurred on Lots-20 and 21 in the area of the septic easements. Equipment had been parked on a major portion of the Lot-21 septic easement which resulted in deep ruts. This area was leveled and seeded removing approximately 6 inches below grade.

A drainage/runoff area had been formed on Lot-20 when the road was built. To allow drainage of this area, a slight swale was created between Lots -20 and 21. Only minor amounts of soil have been removed from the lower septic easement on Lot-20 from runoff processes.

Lot-19 septic easement was correctly located and Mr. Mini explained that about 6 inches of soil below grade had been removed to create the road cut. This impacts a 90 ft long by 20 ft wide strip along Fox Paw Trail but has had only minor damage done to the easement.

Mr. Mini will send a letter detailing above facts. JE
Nadeau



NOTE: THIS AREA DESIGNATES A PRIVATE SEWAGE BASEMENT OF 10,000 SQUARE FEET. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE

PROPER PROPERTY

B 1 **1156** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

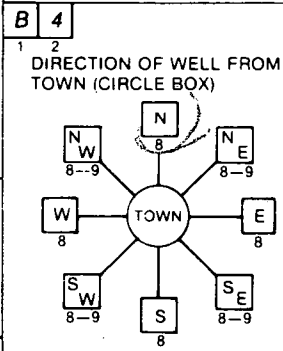
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-0480
 fill in this form completely

Date Received (APA) **VI 11 99**
OWNER INFORMATION
THE BRYANT GROUP
 15 Last Name Owner First Name 34
3815 HARTLAND ROAD
 36 Street or RFD 55
FALLS CHURCH VA 22043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
FOXPORT PLANTATION
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **20** 48 50
GLENNWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne 77 License No. **80**
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd, Mt Airy 21771
 Address
Joseph L. Mayne Date **1/10/99**
 Signature



Bushy tail Run
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **220** FT 34 37
 ENTER FT or MI **FT** 38 39

B 2 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)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 39233 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **03 09 89** **James E. Harlan** 7-9-89
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **539000** EAST GRID **0786000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **220** FEET 24 28

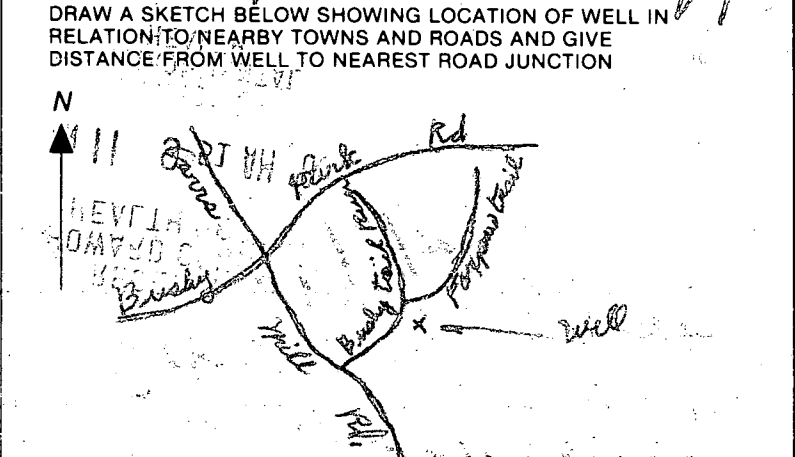
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTary **AIR-PERcussion** **ROTARY** (Hydraulic Rotary)
 CABLE **REVerse-ROTary** **DRive-POINT**
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **JN** WRITE INITIALS IN BOX 67 68 PERMIT No. **HD-88-0480** 70 71 72 73 74 75 76 77 78 79

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
 ↓ **6**
 E **780**
 N **5309**
 000 000
7-1-89 grout Sat
140' CASING
50' OPEN GROUT NOT
20 BAGS OBS'd
2' CASING A.G. MR
VTAG OK 7/13/89



SPECIAL CONDITIONS _____
 COUNTY _____