

100 LD-03-309509

2/2/01
9:00 AM
Layout

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 514905
A 46316

ISSUE DATE 1/26/01
APPROVAL DATE 2/2/01

INDEXED

Union Paving Company, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463

SUBDIVISION Hebb Property LOT NUMBER 5 ADDRESS 12259 Frederick Road

PROPERTY OWNER TONY CHAVES ~~The Enclave, LLC~~ PROPERTY OWNER'S ADDRESS 3138 Rodgers Avenue

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21043

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

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: Place the distribution box 240 feet down the 558.93' lot line and 90 feet off this same lot line as seen from the pipestem off Frederick Road. Run trenches along contour towards the 558.93' lot line.

BUILDING PERMIT SIGNED AND RETURNED

12-29-00
800127789-46 LF TANK
800138522 9/19/02 FINISH BASEMENT W/ FULL BATH + WET BAR

PLANS APPROVED Donna K. Soe OK/cw DATE 1-27-2000

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

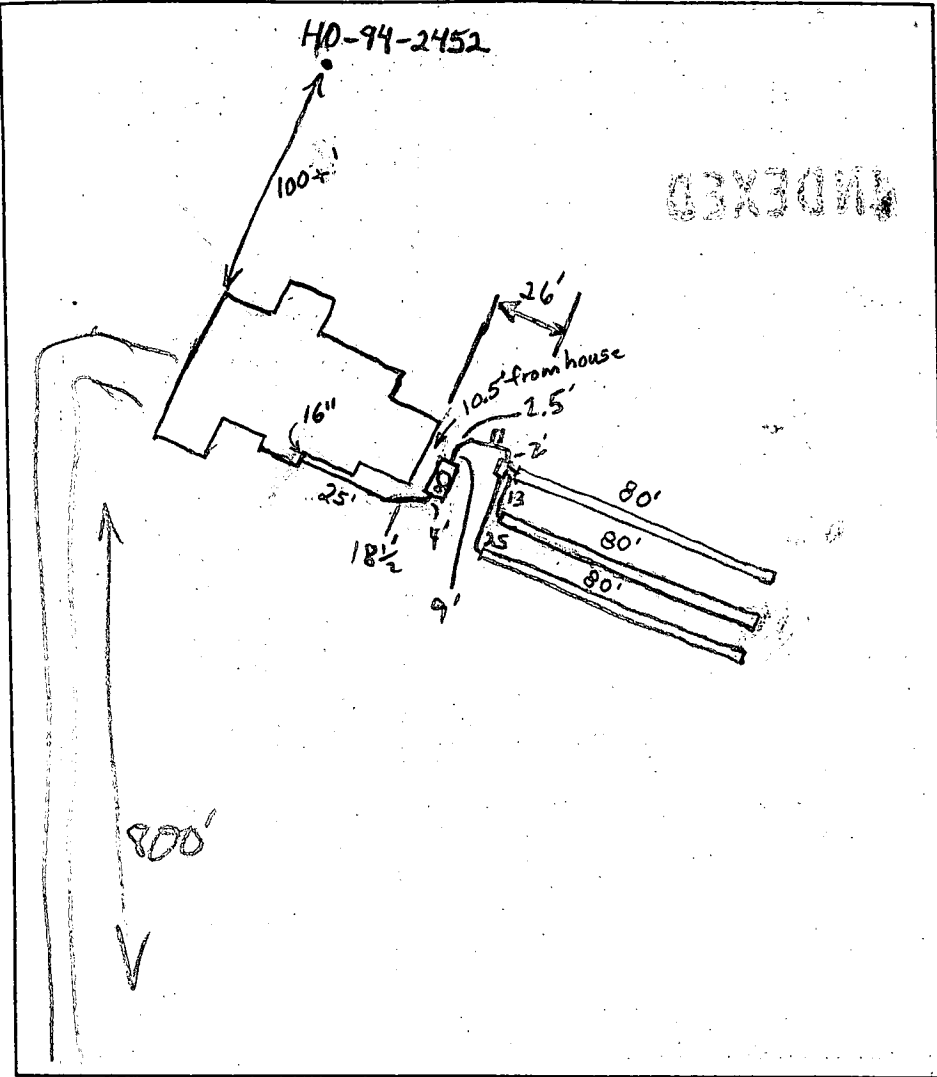
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

446316

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq. ft.
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA N/A

~~PUMP CHAMBER GALLONS~~
~~MANHOLE RISER~~
~~ALARM~~
~~PUMP PERFORMANCE TEST~~

BUILDING PERMITTED AND RETURNED

Frederick Road

PRE-CONSTRUCTION INSPECTION: 1/31/01 House connection location changed - will try to make gravity to septic tank. (BB)

INSPECTION COMMENTS: 1/31/01 First trench done. Second started. (BB)

2/1/01 Trenches done. O.K. to cover. Tank set. (BB)

2/2/01 OK TO COVER (MR)

INSPECTOR

M. Ritkin

DATE SYSTEM APPROVED

2/2/01

10/16/90
10/16/90
10/16

APPLICATION

PERCOLATION TESTING

A 46316
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND, 21043
TELEPHONE: 461-9933

DISTRICT Third
DATE Aug. 22, 1990

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 William R. Hopkin THE ENCLAVE, LLC

ADDRESS 3138 Rogers Ave., Ellicott City, Md. 21043 PHONE (301) 465-8891

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hebb Property, Lots 1 -4 LOT NO. 3

ROAD AND DESCRIPTION (South side of Md. Rte. 144, 2650' ± East of Md. Rte. 32)
12259 FREDERICK ROAD

TAX MAP 15 PARCEL # 39

NO. PERMIT SIGNATURE
AND RETURNED 11/27/2000
Serial # B00122072

SIZE OF LOT 3 Acres ± TYPE BLDG. Commercial SFD - 4 BRMS
(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.

William R. Hopkin
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/16/90 Hold for Perc Test Permit

THIS IS NOT A PERMIT

Pred.
2/14/84
9:30 AM.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33350

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 2/8/84

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 Wm. S. Hebb

ADDRESS Porto Bell Farm, Drayden, Md. PHONE _____

PROPERTY LOCATION:
SUBDIVISION Hebb Property LOT NO. 85

ROAD AND DESCRIPTION Rt 144, 24.87a
tax map 15, parcel 39

SIZE OF LOT 7a TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.

William R. Hopkin
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/22/84 - Per O/K Hold for Lot 4
No approvals for this lot until sewage easement is modified as well on Lot 4
is within 100 ft. of recorded sewage easement on Lot 3. J.B.

THIS IS NOT A PERMIT

SOIL PROFILE

0' [Empty vertical box for soil profile]

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

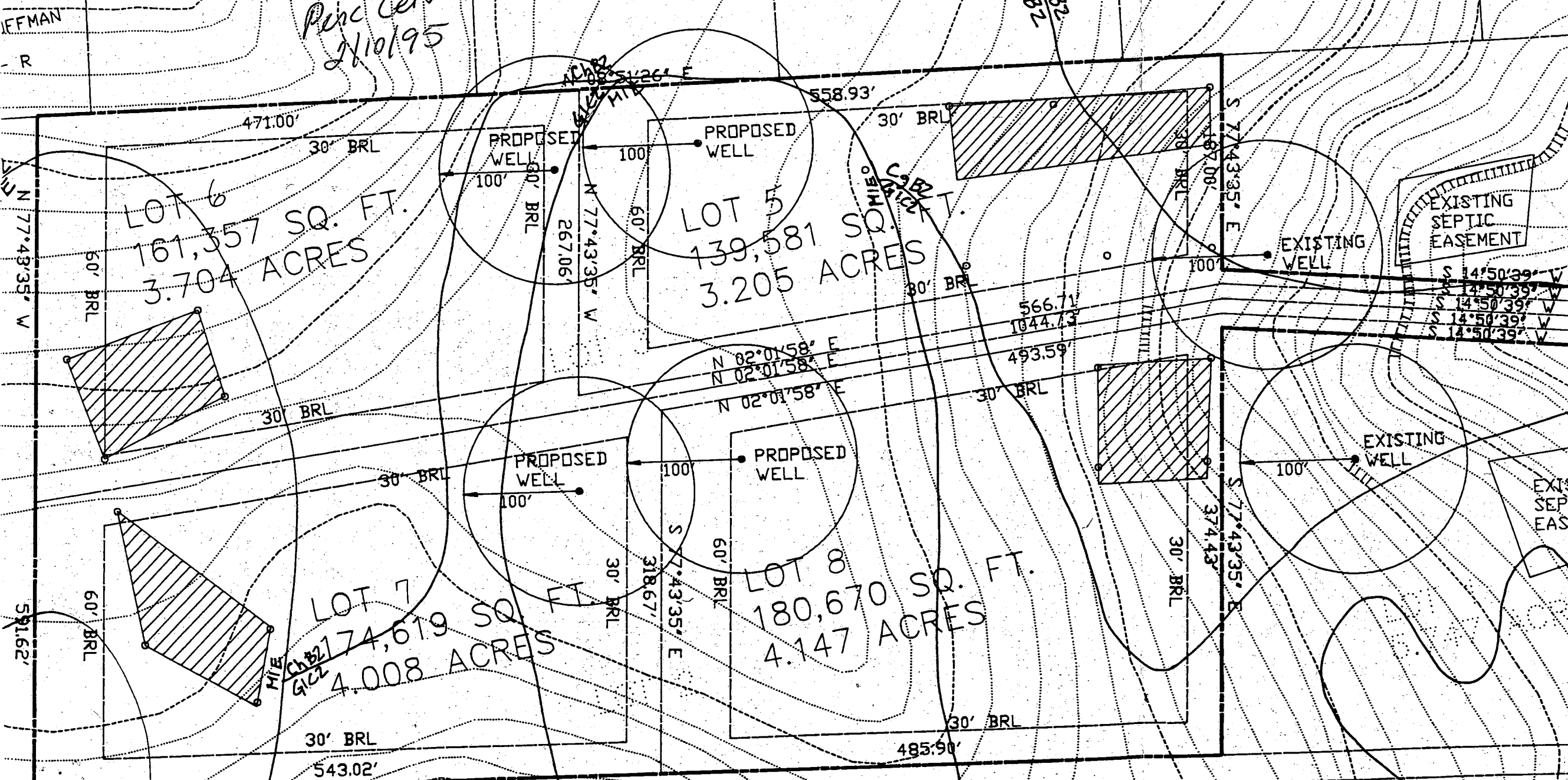
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

WYNFIELD LOT 7 SECTION 1
WYNFIELD LOT 8 SECTION 1
WYNFIELD LOT 9 SECTION 1
WYNFIELD LOT 10 SECTION 1

*Perc Cert
11/01/95*



LINDY L. BELL AND WIFE
714/742

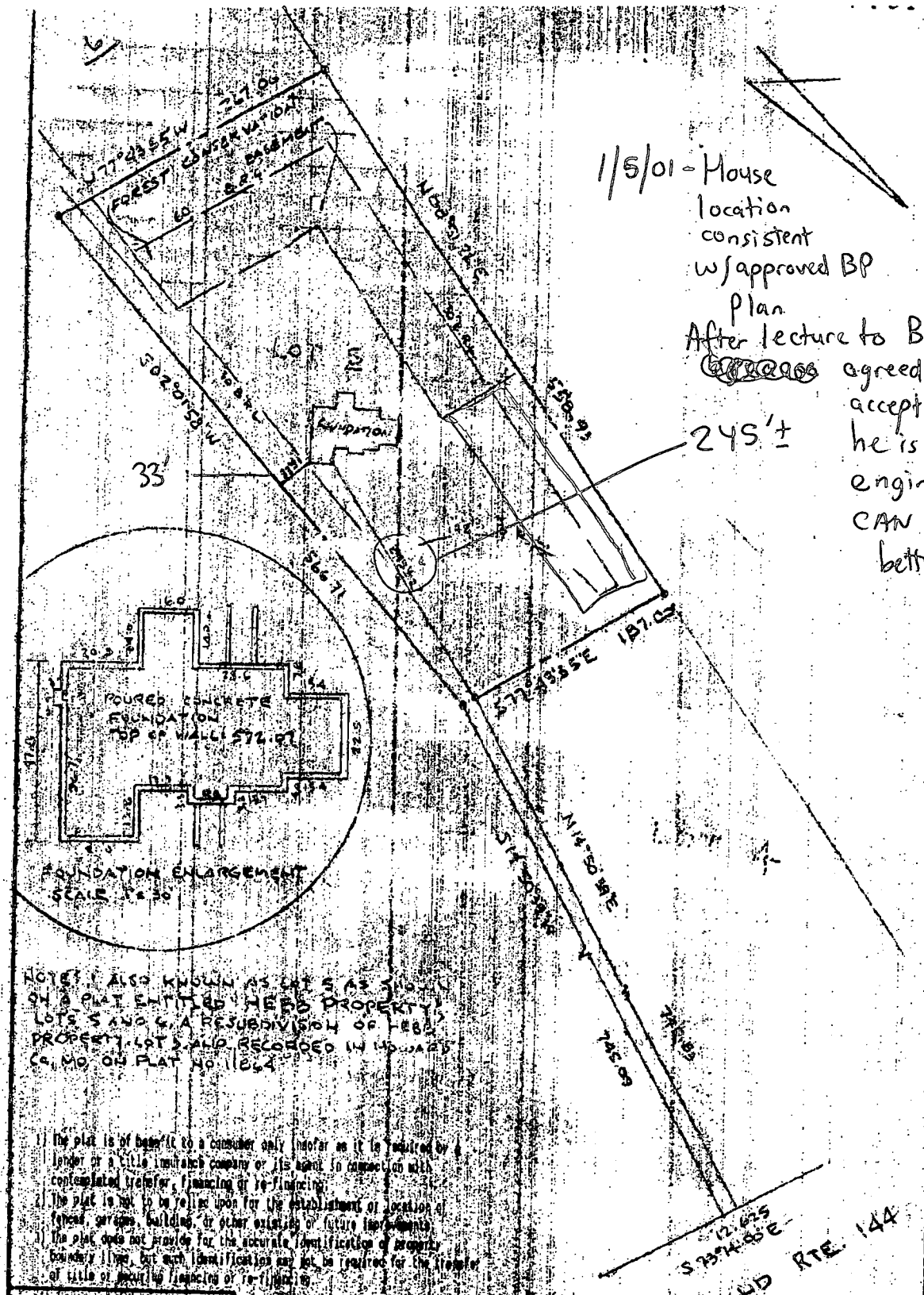
CHBZ MIE
GICZ
MID3 GICZ

EXISTING SEPTIC EASEMENT

EXISTING WELLS

EXISTING SEPTIC EASEMENT

PROPERTY



1/5/01 - Mouse location consistent w/ approved BP Plan
 After lecture to Builder ~~agreed~~ agreed to accept. He claims he is in between engineers and CAN NOT Get a better copy.

SRH

NOTE: ALSO KNOWN AS CAT 5 AS SHOWN ON A PLAT ENTITLED 'HEBE PROPERTY, LOTS 5 AND 6, A RESUBDIVISION OF HEBE PROPERTY, LOT 5, AND RECORDED IN HOWARD CO, MD, ON PLAT NO. 1864'

- 1. The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
- 2. The plat is not to be relied upon for the establishment of location of fences, gardens, buildings, or other estates or future improvements.
- 3. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.



THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES	
FOUNDATION CERTIFICATION	
LOT 5, HEBE PROPERTY, MD. RTE. 144 HOWARD CO., MD.	
JOHN C. MELLEMA, SR., INC. LAND SURVEYORS	
8408 EAST DRIVE, BALTIMORE, MARYLAND 21227, (410) 447-7488	
SCALE	1" = 30'
DATE	2-28-2002
JOB NO.	99565

5 00130072

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1610
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 BO 0127789

12259

Building Address 12259 Frederick Rd
59
City, MD 21042

Suite/Apt. #: N/A SDP/W/P/Petition #: 4/4

Census Tract 6030 Subdivision Hess Property

Section N/A Area N/A Lot 5

Tax Map 15 Parcel 39 Grid 18

Zoning RR DCU Map Coordinates _____ Lot size _____

Property Owner's Name: VERONICA ZACH

Address 3138 Rye Rd
City, MD 21043

Home Phone 410-465-8834 / Work Phone _____

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

Existing Use Single Family Dwelling

Proposed Use same as existing

Estimated Construction Cost \$ 2000

Description of Work Installation of new foundation
for the existing structure

Contractor Company American

Contact Person Tom McLaughlin

Address 10297 Baltimore Ave
City, MD 21042

License No. _____ Phone 410-465-8800 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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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 THERETO; (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 _____
 Title/Company _____

Print Name Thomas R. McLaughlin
 Date 12/29/00

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	47-1656
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>12/29/00</u>	<u>Mark Rippen</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>153321</u>
			Accepted by _____	Validation # _____

8. AREAS ARE MORE OR LESS.
 9. STEEP SLOPES OF 25% OF GREATER ARE SHOWN WITH

12. THE RIGHT OF WAY
 ALL PERCOLATION
 SHOWN THUS (CD).
 13. BOUNDARY SHOWN
 ASSOCIATES, INC

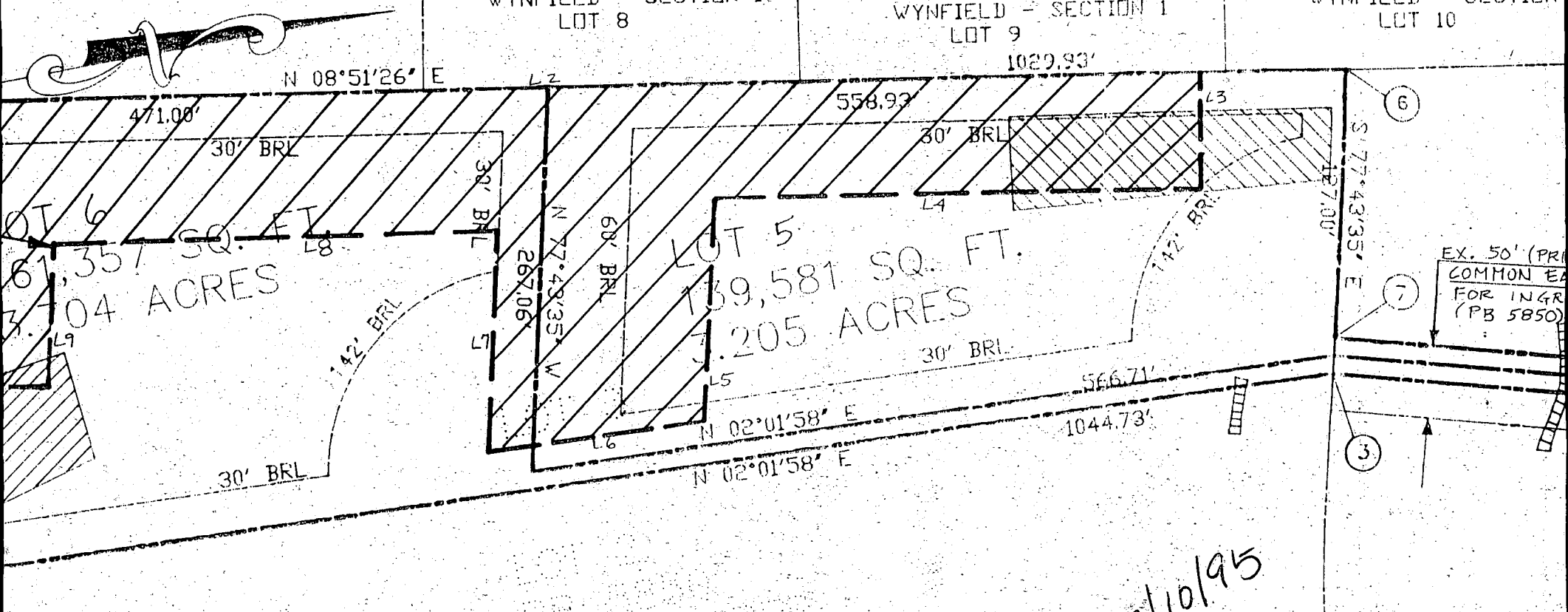
WYNFIELD - SECTION 1
 LOT 7

WYNFIELD - SECTION 1 P.B. 4870 & 4871

WYNFIELD - SECTION 1
 LOT 8

WYNFIELD - SECTION 1
 LOT 9

WYNFIELD - SECTION
 LOT 10



EX. 50' (PRI
 COMMON EA
 FOR INGR
 (PB 5850)

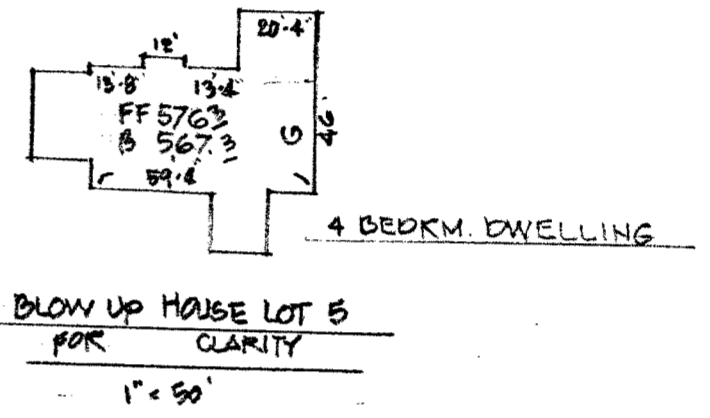
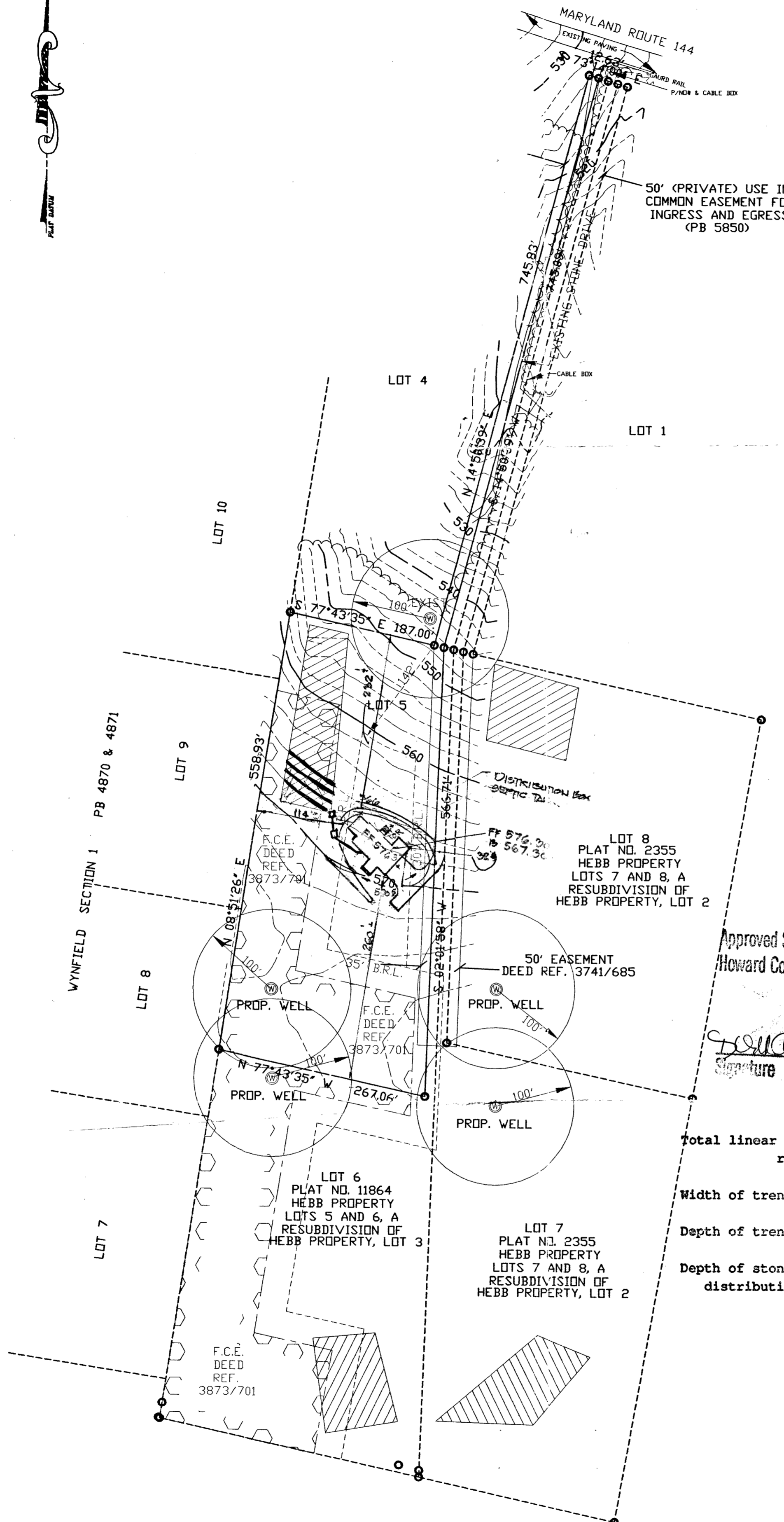
2/10/95

CONSERVATION EASEMENT

N 77°43'35" W	201.15'
N 08°51'26" E	929.93'
N 77°43'35" E	80.00'
N 08°51'26" W	340.00'
N 77°43'35" E	155.00'
N 02°01'58" W	150.00'
N 77°43'35" W	150.00'
N 08°51'26" W	310.00'
N 77°43'35" E	100.00'
N 08°51'26" W	131.01'

N 593.000
 E 1,330.000

THIS AREA IS DESIGNATED AS PRIVATE SEWAGE EASEMENT OF A
 OF 10,000 SQ. FT. AS REQUIRED BY THE DEPARTMENT OF THE
 FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN
 ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE AND SERVICING
 STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENT
 BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYS
 COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIAN
 ENCROACHMENTS INTO THE PRIVATE SEWER EASEMENT. RECORDATION O
 SEWAGE EASEMENT SHALL NOT BE NECESSARY.



NOTE: TOPOGRAPHY SHOWN HEREON IS FIELD RUN TOPO

DENOTES APPROVED 10,000 SQ. FT. SEPTIC DISPOSAL AREA

Approved Septic System Plan
Howard County Health Department

WELL DATA
EXISTING FIN. GRADE = 574.8

[Signature] 1/27/00
Signature Date

SEPTIC SYSTEM
INLET DEPTH @ TRENCH = 3.0'
EL. @ TRENCH = 568.0
INLET EL. = 565.0
DISTRIBUTION BOX
EXIST. FIN. GR. 568.0 INV. IN = 565.0 INV. OUT = 566.9

SEPTIC TANK
EX. GRADE 569.50 FIN. GR. 567.50
INV. IN 567.00 INV. OUT 566.7

INV. @ SEWER @ HOUSE = 567.20

Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

NOTE: FINAL DESIGN OF SEPTIC SYSTEM TO BE DETERMINED BY HO. CO. HEALTH DEPT. AT TIME OF BLOS. PERMIT APPLICATION.



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

SITE PLAN
LOT 5 HEBB PROPERTY,
LOT 5 AND 6
A RESUBDIVISION OF
HEBB PROPERTY, LOT 3
PLAT NO. 11864
HOWARD COUNTY, MARYLAND
SCALE 1"=100' OCTOBER, 1999

B 1 13202

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2452

fill in this form completely

Date Received (APA) 09 27 99

OWNER INFORMATION

Coriffmore Group 10079 C Windstream Drive Columbia MD 21044

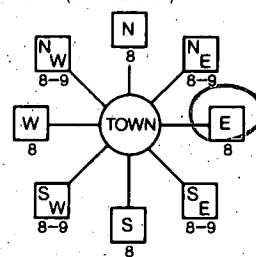
LOCATION OF WELL

Howard County Hebb Property West Friendship

DRILLER INFORMATION

PAUL M FABISZAK MW D 399 G Edgar Harr Sons Corp 12047 Falls Rd Cockeysville 21030 9-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Frederick Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 300 7

WELL INFORMATION APPROX. PUMPING RATE 750 AVERAGE DAILY QUANTITY NEEDED 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING... INDUSTRIAL... PUBLIC WATER SUPPLY WELL TEST... GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County A46316 100499 A McMillan 10-4-00 NORTH GRID 530 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) CABLE Reverse-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

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 530

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

APPROP. PERMIT NUMBER 54 G.A.P. 63 PERMIT No. HO-94-2452

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 1990

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A46316

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 12-14-99

DEPTH OF WELL 350 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2452

OWNER Griffithmore Group STREET OR RFD Frederick Road TOWN W. Friendship SUBDIVISION Hebb Property SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entry for Overburden Gray Rock and water at 90'.

GROUTING RECORD form with fields for WELL HAS 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 or open hole, insert appropriate code below, SCREEN RECORD (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

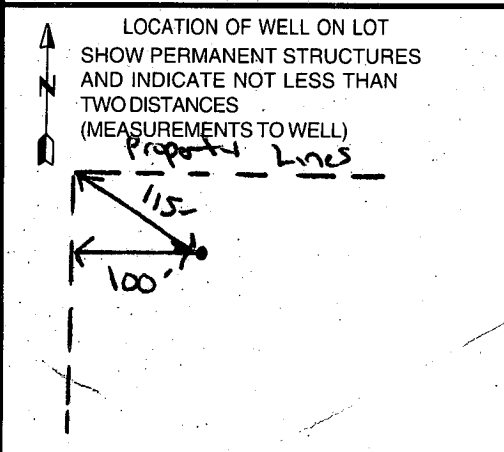
DEPTH (nearest ft.) table with columns for casing sections and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, 70, 72, 74, 75, 76.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



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 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. MWD 899 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JS D049 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)