

7/12/99
12:00
8/4/99
Hse Comm. & WPI

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511934

A 49646-B

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

04-359380

DISTRICT _____

DATE 6/8/99

DATE SYSTEM APPROVED 8/5/99

INSPECTOR CW

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Cattail Woods Section II LOT 34 ROAD 1764 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 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.

LOCATION - Place distribution box 140 feet up the right (270.00') lot line and 25 feet off the same lot line as seen when facing the lot from Cattail Meadows Drive. Run trenches on contour toward Cattail Meadows Drive.

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

PLANS APPROVED BY Amy McMillen DATE 4-28-1999

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 A25

PERMIT VOID AFTER TWO YEARS

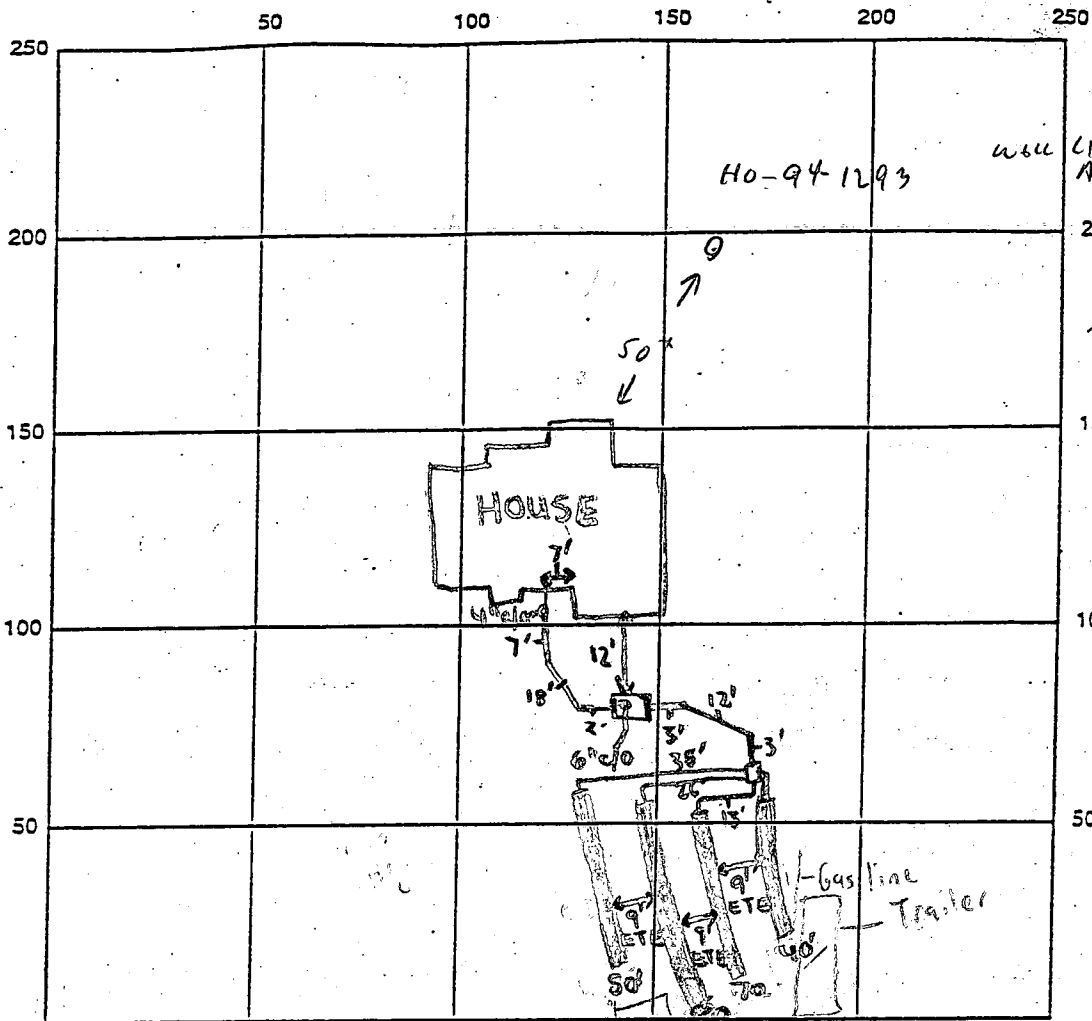
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

9-26767



will CONCRETE PITCESS ADAPTOR OK
 will CAP ONLY 4-5" ABOVE EXISTING (FINISHED?) GRADE
 8/4/99 CW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 CATTAIL MEADOWS DRIVE

SEPTIC TANK LEVEL ✓ 1250 midseam CLEANOUTS 4" @ House, 6" @ tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 7/12/99 - HOUSE CONNECTION NEEDED, OK TO COVER ALL WORK SRW

8/4/99 - HOUSE CONNECTION COMPLETE. (CW)

DATE SYSTEM APPROVED 8/4/99 INSPECTOR C. W. Wilkin
HOUSE CONN. NEEDED

APPLICATION

PERCOLATION TESTING

A 49646 B

P _____

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

DISTRICT 4th

DATE 9/30/93

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 Parcel 137, Inc. RULTE HOME CORPORATION
15298 Union Chapel Road
ADDRESS Woodbine, MD 21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.
8480 Baltimore National Pike, Ste. 418
ADDRESS Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 34

ROAD AND DESCRIPTION End of Brittle Branch Way (1764 CATTAIL MEADOWS DRIVE)

TAX MAP 7 PARCEL # 137
ADJG. PERMIT NO
AND RETURNED 4-28-99
Serial # 270 117534

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Bed
(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. Parcel 137, Inc. Bruce B. Bernal President
(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

0'

Empty rectangular box for soil profile notes on the left side.

Empty rectangular box for soil profile notes on the left side.

Empty rectangular box for soil profile notes on the left side.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes on the right side.

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 _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 49646B

P _____

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

DISTRICT _____

DATE 9-27-93

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 Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION CatHail Woods Sec II LOT NO. 34

ROAD AND DESCRIPTION Rt 97 sld

TAX MAP 7 PARCEL # 137

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.

(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

A49646B
COUNTY#

SOIL PROFILE
137

1'0" yell/brn C
4 1/2' brn w/ some orange and red SiL
12'

136

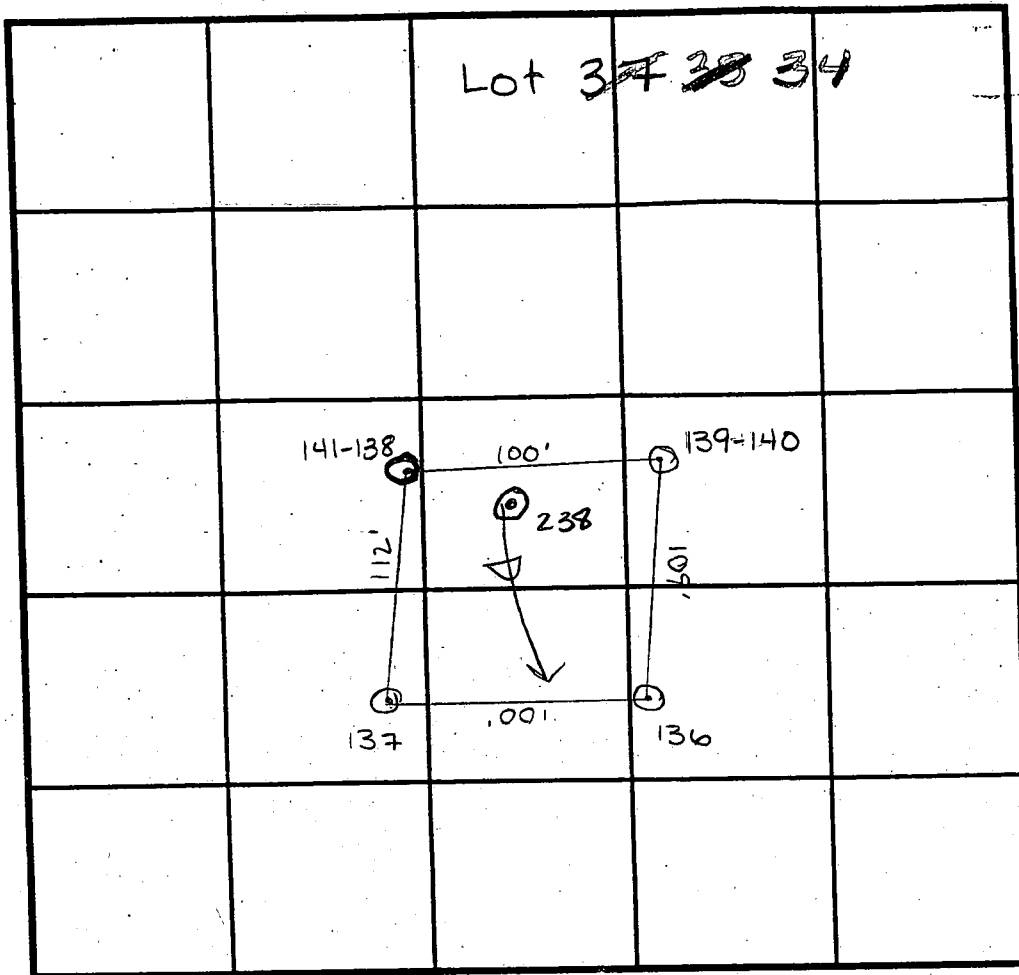
Yell/tan C
2' brn w/ reddish tint SiL
6 1/2' decayed shale horizontal bedding - some vert fractures OK

139-140

red C
2 1/2' lgt brn SiL

6' shaley mostly very decayed OK
1 1/2'

Lot 37 ~~38~~ 34



SOIL PROFILE
138-141

0' yell/brn C
6'
8' 50% rock
10' hard bottom

238

Yell/brn C
3' lgt brn SSiL saprolite throughout OR
12 1/2'

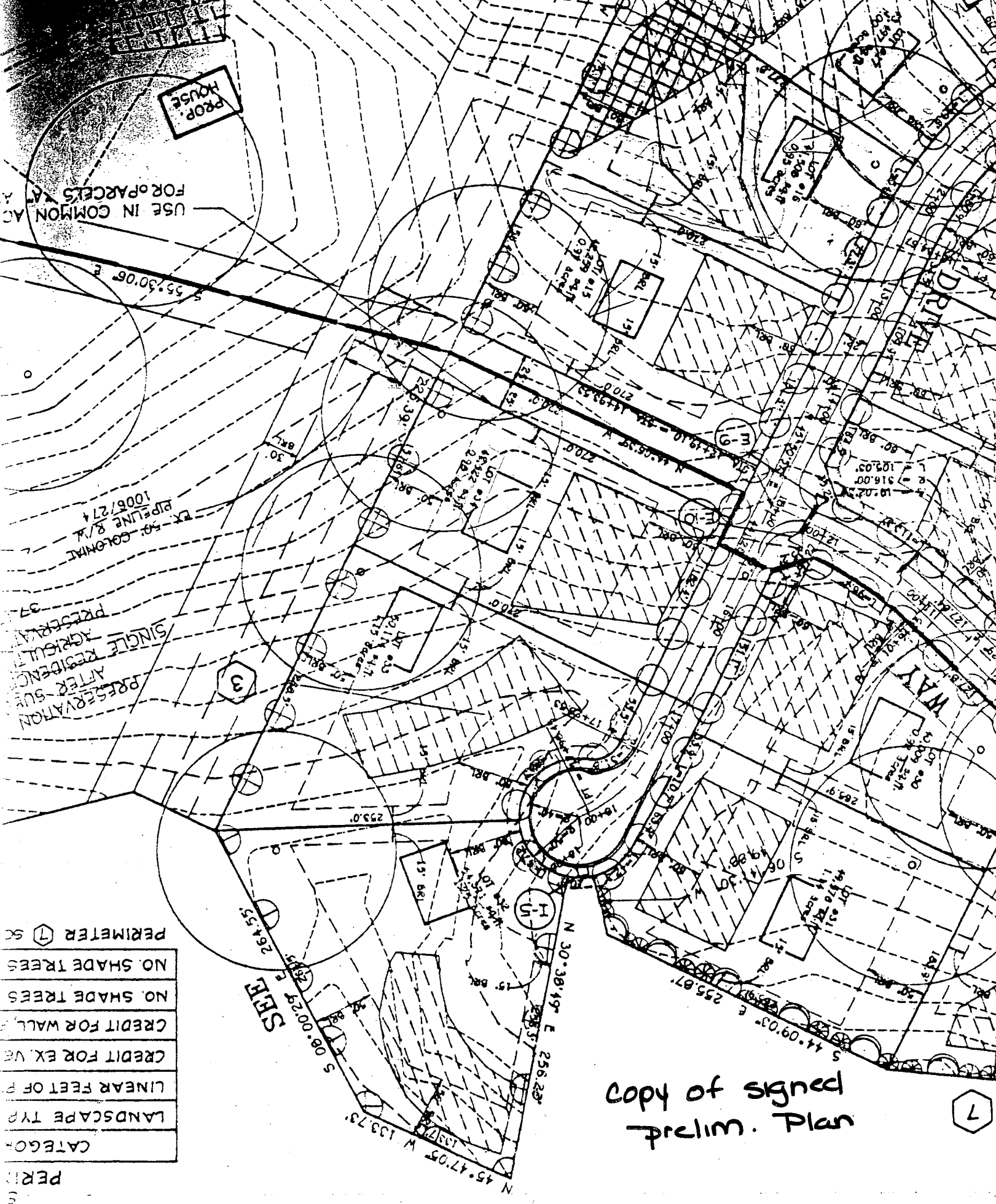
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/7/93	137	4 1/2' / 12'	12:17 ¹⁵	12:19	12:19	12:22	3min
	139-140	2 1/2' / 11 1/2'	1:35	1:42	1:42	1:49	7min
		6' / 11 1/2'	1:46 ⁴⁵	1:49	1:49	1:53	4min
	138-141	Hard bottom at 10'					F
12/8/93	136	2 1/2' / 11'	10:58 ³⁰	11:02	11:02	11:06	4min
3/16/94	238	Visual to 12 1/2'					OK

REMARKS

TYPE OF SOIL Glenn Loam
 TESTED BY A. Miller / J. Nadiou ALSO PRESENT B. Sanders
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min TRENCH WIDTH 3'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180

PERM
CATEGOR
LANDSCAPE TYPE
LINEAR FEET OF
CREDIT FOR EXPOSED
CREDIT FOR WALL
NO SHADE TREES
NO SHADE TREES
PERIMETER ⑦ SC

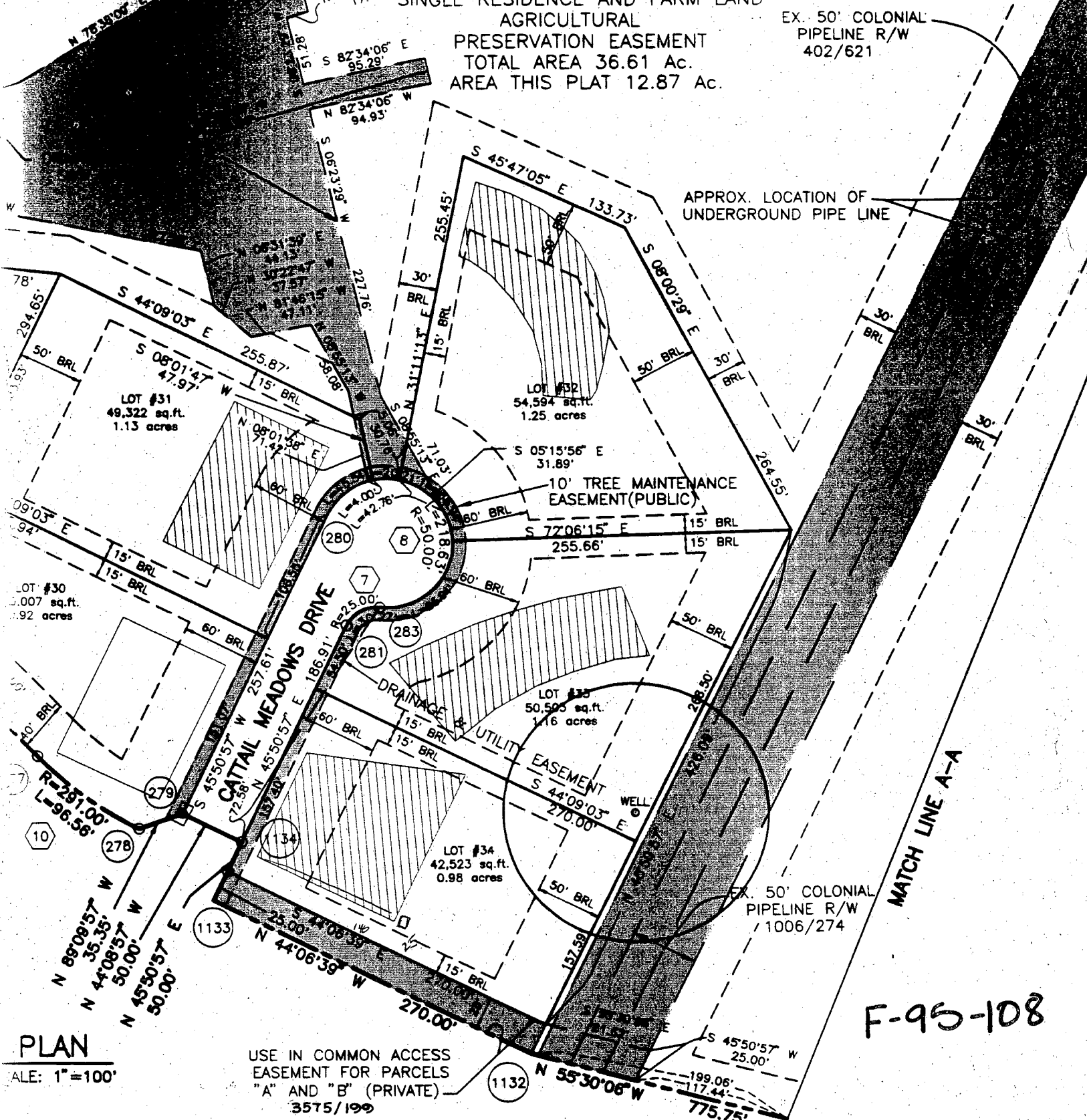


Copy of signed
prelim. Plan

⑦

SINGLE RESIDENCE AND FARM LAND
 AGRICULTURAL
 PRESERVATION EASEMENT
 TOTAL AREA 36.61 Ac.
 AREA THIS PLAT 12.87 Ac.

EX. 50' COLONIAL
 PIPELINE R/W
 402/621



PLAN
 SCALE: 1"=100'

USE IN COMMON ACCESS
 EASEMENT FOR PARCELS
 "A" AND "B" (PRIVATE)
 3575/199

STATE

SHOWN HEREON IS CORRECT.
 CREATED ON
 ORDERED IN THE LAND RECORDS
 MONUMENTS ARE IN PLACE OR
 OF THE STREETS IN THE
 ACCORDANCE WITH THE



OWNER'S DEDICATION

206 JOINT VENTURE, A MARYLAND JOINT VENTURE CONSISTING OF PARCEL 137, INC. AND G&L
 OWNERS OF THE PROPERTY SHOWN HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN
 OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISHES
 RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS
 TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES, AND OTHER MUNICIPAL UTILITIES
 SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS, AND THE SPECIFIC EASEMENT
 HEREON, (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND
 FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATIONS
 GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF
 AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE
 TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF
 CONSTRUCTION, REPAIR AND MAINTENANCE, AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF
 BE ERECTED ON OR OVER ANY OF THE BEDS OF THE STREETS AND RIGHT-OF-WAY WITHIN OUR HANDS THIS



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 5, 1999

Mary Daniels
Pulte Home Corporation
1501 S. Edgewood St., #K
Baltimore, MD 21227

RE: Cattail Woods, Sec. II - Lot 34
1764 Cattail Meadows Dr.
Well Tag #HO-94-1293

Dear Mrs. Daniels:

On August 4, 1999 during a field inspection for the well on the above referenced property, it was discovered that the height of the well casing extending above the existing grade was approximately four to five inches.

According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading is completed, please make certain that the well casing meets the COMAR standard explained above and contact this office to schedule a field inspection. Any necessary casing repair/extension should be performed by a licensed well driller. The well is not eligible for an Interim Certificate of Potability until this condition is corrected. Thank you for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

*Verified 8 in minimum
grade on 8/17/99*

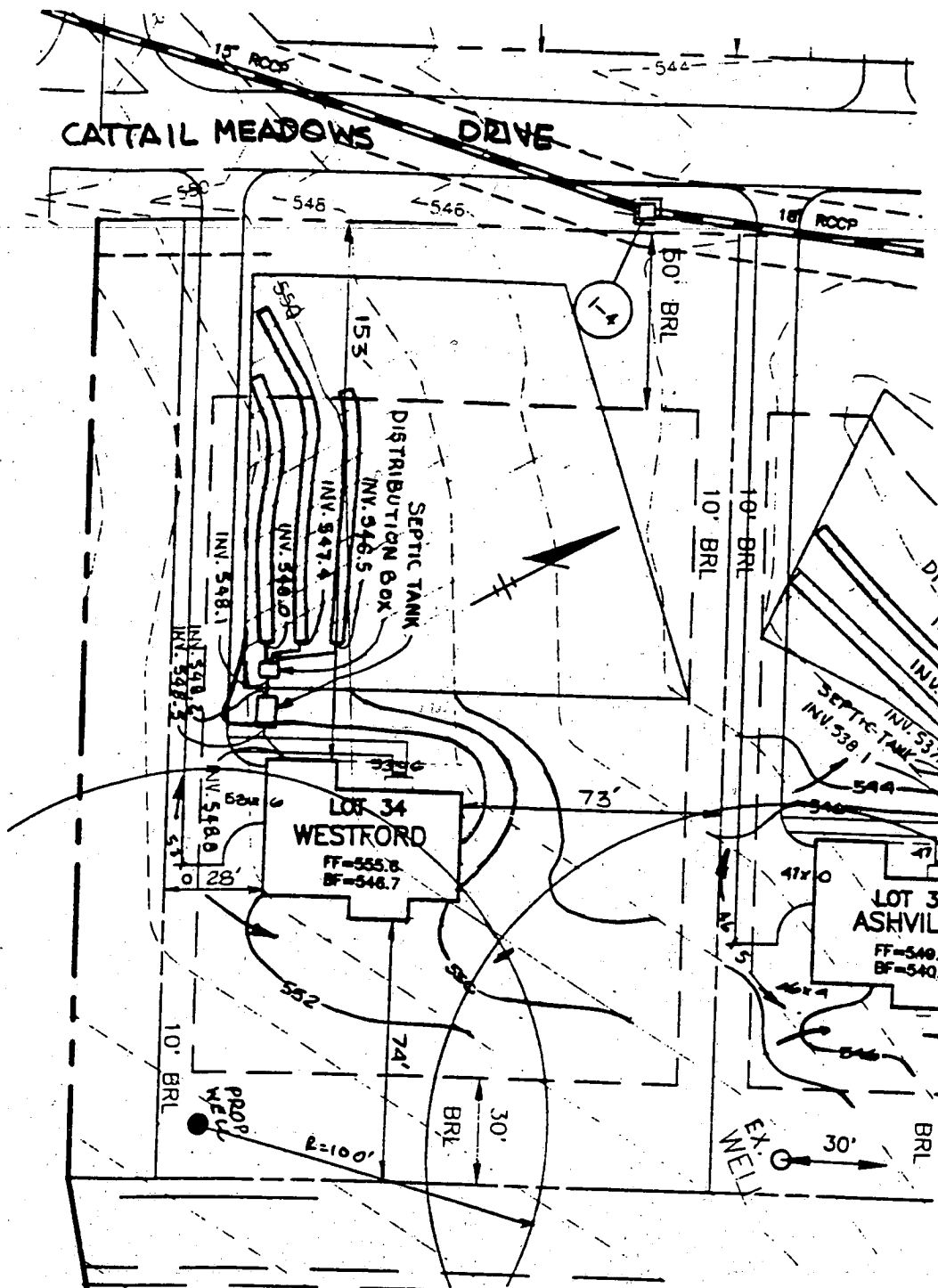
SRK
cc: file

Jaryla Dan
Pulte Homes
Const. Mgr.

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewerage Program Community Environmental Health Program Food Protection Program
Phone: 410-313-2640 FAX: 410-313-2648 TTD: 410-313-2323 TOLL FREE: 1-877-4MD-DHMH



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) 6.0 feet

Shirley McMill
 Signature
 Date 4/28/99

Depth of stone required below distribution line

NOTE:

FOR SEDIMENT CONTROL FEATURES SEE APPROVED GRADING PLAN GP-97-130.

PLOT PLAN
CATTAIL WOODS

LOT 34
 SECTION TWO, PARCEL 5

BENCHMARK ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465 - 6105

TAX MAP NO.7 PARCEL 137
 PLAT NOS. 12500-12502
 4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: APRIL 23, 1999

C1 09472 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A49646B

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

DATE WELL COMPLETED 10 13 97

Depth of Well 22 452 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1293

OWNER 200 Joint Venture last name Cottail Meadows Jr first name TOWN Lisbon SUBDIVISION Cottail Woods SECTION LOT 34

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Br. Shale & Clay, Soft Br. Shale, Hard Blue & Br. Shale, Br. Shale, Blue Schist, Br. Shale, Blue Schist, Opening, Blue Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (C/M, B/C) NO. OF BAGS 34 NO. OF POUNDS 3198 GALLONS OF WATER 204 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 ft.

CASING RECORD (S/T, C/O, P/L, O/T) MAIN CASING TYPE S T 6 101

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

SCREEN RECORD (S/T, B/R, H/O, P/L, O/T) screen type or open hole insert appropriate code below

DEPTH (nearest ft.) table with rows 1-5 and columns 1-6. Values include 101, 452.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MWD 256 Dana Kyker Jr II DRILLERS SIGNATURE

LIC. NO. MWD 256 Dana Kyker Jr II 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 284 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 1 (nearest foot) below 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Cottail Meadows Jr Dwelling

B 1 **8743** SEQUENCE NO. (MDE 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
H0-94-11293
 fill in this form completely

Date Received (APA) **090197**

OWNER INFORMATION

206 JOINT VENTURE
 15 Last Name Owner First Name 34

15555 UNION CHAPEL RD
 36 Street of RFD 55

Woodbine Rd Md 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
 8 COUNTY 21

CATTAIL WOODS
 23 SUBDIVISION 42

SECTION **44** LOT **34**
 44 46 48 50

LISBON
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

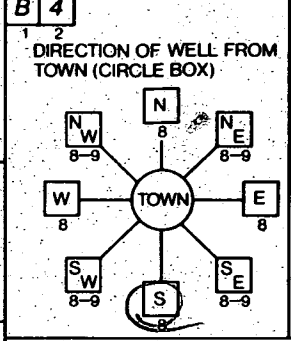
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

DANA KYRIL JRTI **256**
 Driller's Name License No. 80

Westminster Rotary Well Drilling Inc
 Firm Name 77 License No. 80

P.O. Box 861 WESTMINSTER, Md 21157
 Address

Dana Kyril JRTI **9-10-97**
 Signature Date



CATTAIL MEADOWS RD
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH

230
 34 DISTANCE FROM ROAD 37

ENTER FT OR MI **FT**
 38 39

TAX MAP: **7** BLK: _____ PARCEL **137**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **400**
 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **H49646 B**

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED **Kim Maisto** 9/24/98
 43 48 CO SIGNATURE EXP DATE

NORTH GRID **092000** EAST GRID **0780000**
 50 55 57 63

012 APPROXIMATE DEPTH OF WELL **225** FEET
 24 28

APPROXIMATE DIAMETER OF WELL _____ INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- city**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

7810
542

10/13/97
 Groot
 missed insp
 (km)

Well x

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)

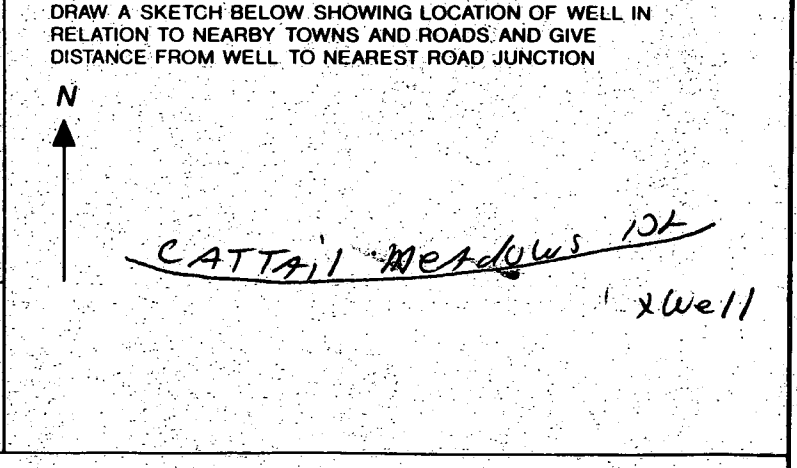
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

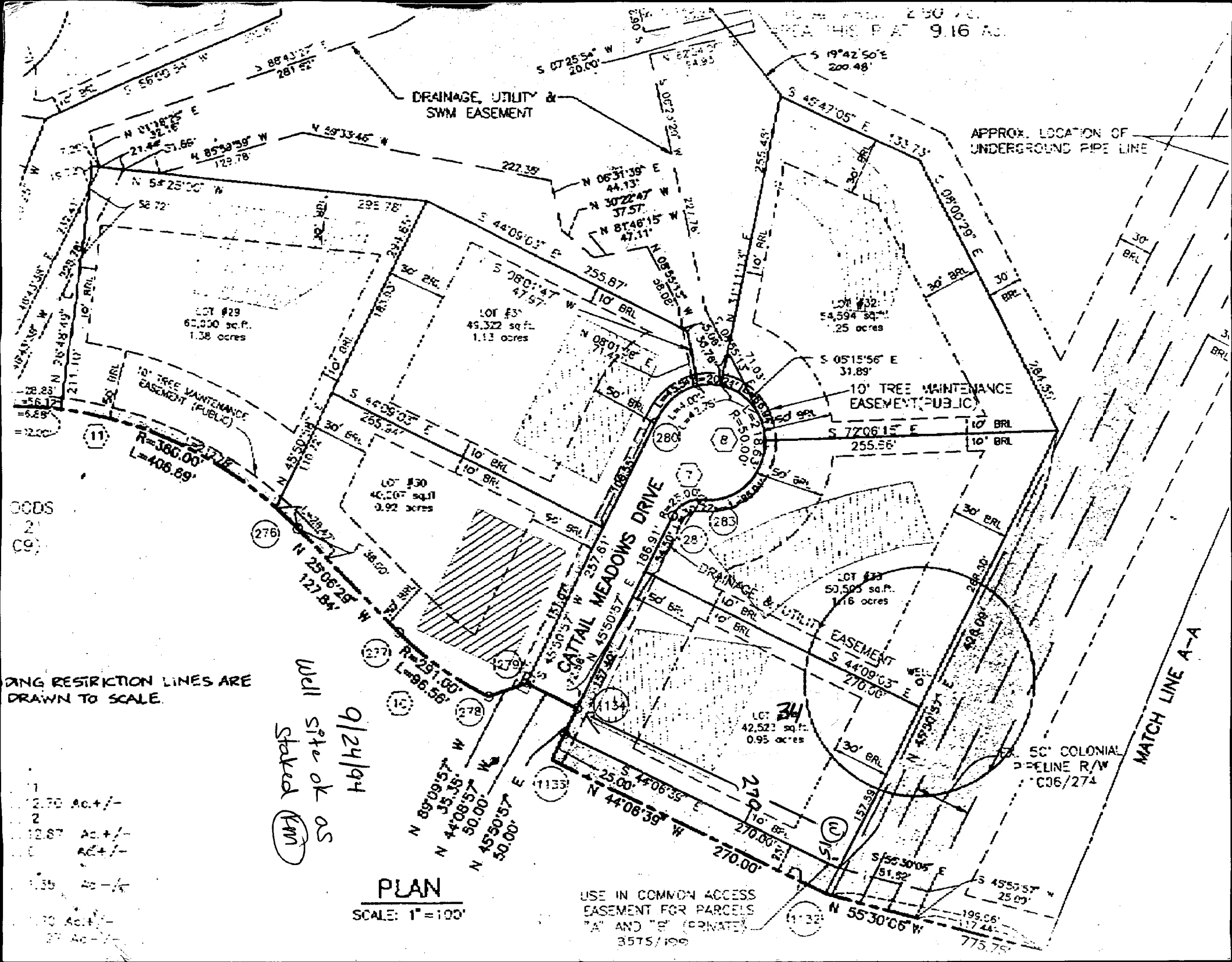


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____

FORCE **KM** WRITE INITIALS IN BOX PERMIT No. **H0-94-11293**
 67 68 70 71 72 73 74 75 76 77 78 79

2:50 P.M.
9.16 A.M.



DRAINAGE, UTILITY & SWM EASEMENT

APPROX. LOCATION OF UNDERGROUND PIPE LINE

LOT #29
62,000 sq. ft.
1.38 acres

LOT #31
49,322 sq. ft.
1.13 acres

LOT #32
54,594 sq. ft.
1.25 acres

10' TREE MAINTENANCE EASEMENT (PUBLIC)
R=366.00'
L=406.89'

10' TREE MAINTENANCE EASEMENT (PUBLIC)

LOT #30
46,207 sq. ft.
1.02 acres

LOT #33
50,505 sq. ft.
1.16 acres

LOT #34
42,523 sq. ft.
0.93 acres

50' COLONIAL PIPELINE R/W
C36/274

BOUNDARY RESTRICTION LINES ARE DRAWN TO SCALE.

Well site ok as staked (AM) 9/24/94

PLAN
SCALE: 1"=100'

USE IN COMMON ACCESS EASEMENT FOR PARCELS "A" AND "B" (PRIVATE)
35TS/199

- 1 2.70 Ac +/-
- 2 2.87 Ac +/-
- 3 2.64 Ac +/-
- 4 2.35 Ac +/-
- 5 2.30 Ac +/-
- 6 2.7 Ac +/-

MATCH LINE A-A

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
~~XXXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 7/20/99

Name of Installer R.W.R. PLUMBING INC

Telephone 410-531-2987

License Number 4605

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner PULTE HOMES Telephone 410-644-5603

Subdivision CATAIL WOODS Lot # 134 Well Tag # HO-94-1293

Site Address CATAIL MEADOWS DR. 6037

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make JAEVUZI 079050
3. Model # 2445
4. Capacity 5 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 _____

Motor

1. Horsepower 1 HP
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make CAMSELL
2. Model # 300X
3. Depth 42"

Tank

1. Capacity 32 GAL EQUIV TO 60 GALLON
2. Pressure relief valve? YES

Piping

1. Type WELL TUBING
2. Size 1
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 45"

Well data

1. Depth 452 ft.
2. Yield 4 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? NO

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: [Signature]

Date: 8/4/99

PITLESS
 + well line 40" PLUS 0669
 WELL CASING ONLY 4" ABOVE GRADE - NEEDS TO BE EXTENDED.

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