

10/7/99
C.O. & WPT
pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 512721

A 50830-T

DISTRICT _____

DATE 9/22/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 10/7/99

INSPECTOR DKS

03-330508

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Brantwood LOT 22 ROAD 310¹/₂ Argent Path

PROPERTY OWNER NV Homes KEVIN LIU

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 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 190 feet up the left (305.38') lot line and 70 feet off that same lot line as seen when facing the lot from Stardust Lane. Run trenches on contour toward Argent Path.

NOTES - No trench to exceed 100 feet in length. provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/9/99 DS

PLANS APPROVED BY Amy McMillen DATE 7-27-1999

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) AND RETURNED 4/5/00

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH Deck B00123377

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

PERMIT VOID AFTER TWO YEARS

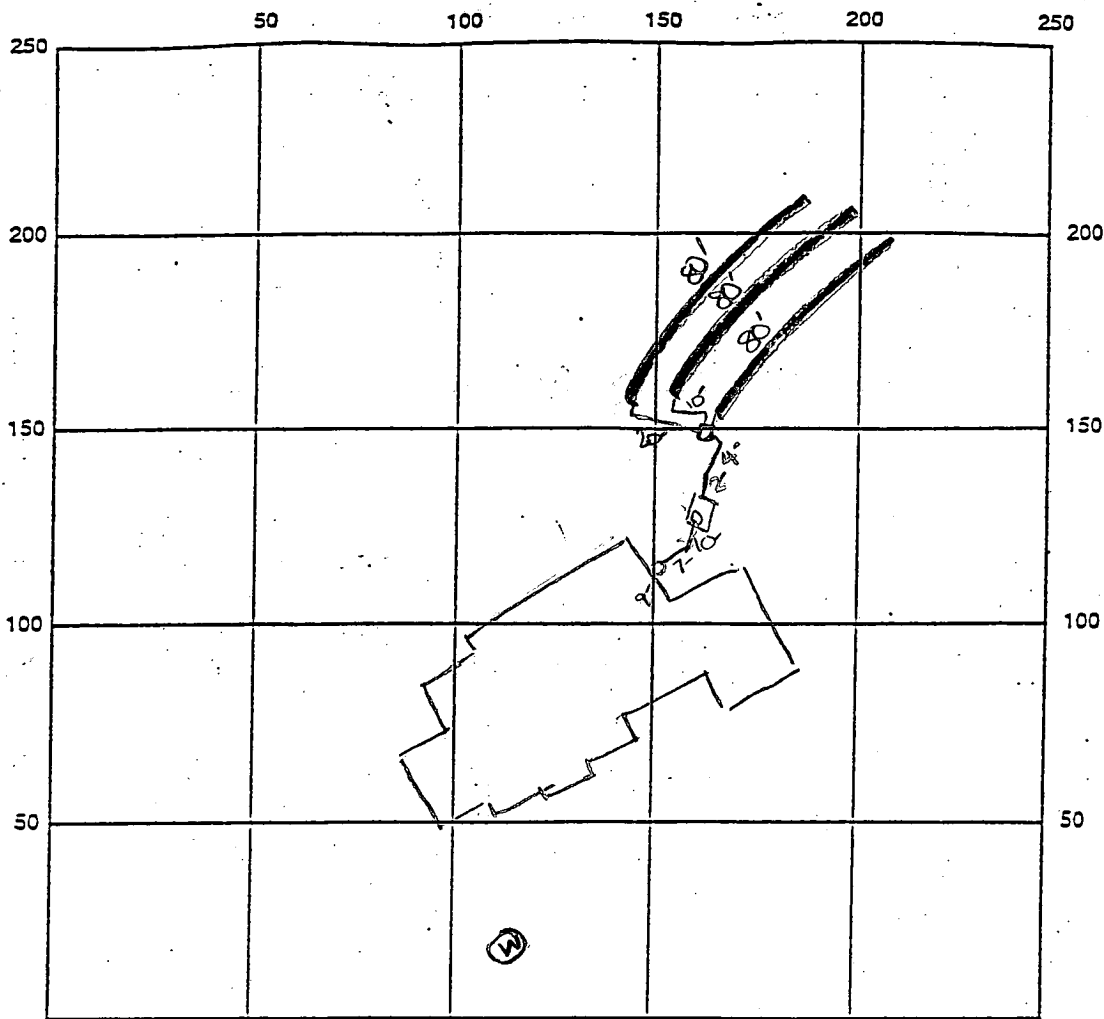
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

50830-7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one at house, one on site.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3180 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/7/99 FINAL INSD - OK to cover all work. DKS

10/7/99 WPI - well lim. 4' below grade; well casing 2'+ above grade; 2pc cap OK; PVC conduit to 70K to ~~water~~. DKS

DATE SYSTEM APPROVED 10/7/99 INSPECTOR [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 8/15/95

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. 21#20
252324

ROAD AND DESCRIPTION Rt 194 + 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.

Marl 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
1085

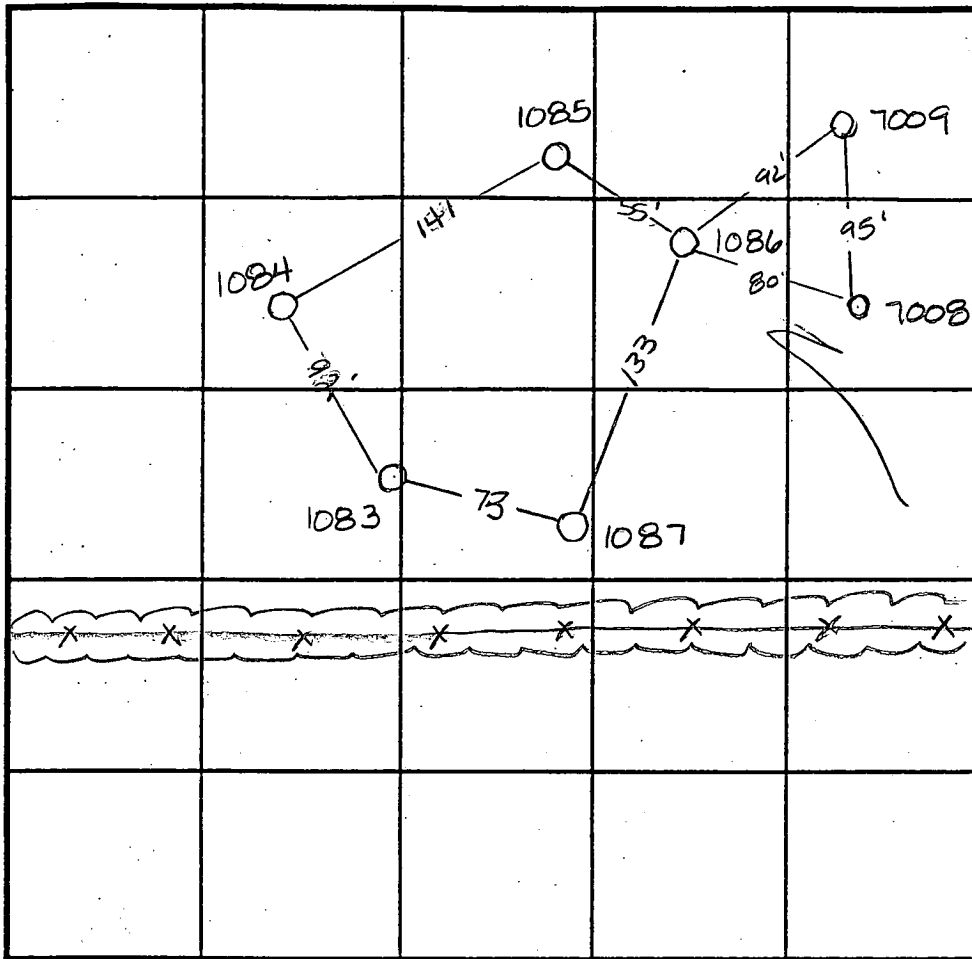
0' Bright red SiClm
2' orange brn SiClm
2.5' bright red SiSalm
very micaceous
15-20% Saprotite
12'

1086

4' brn red SiClm
micaceous
pink Salm
very micaceous
5% decayed mica-shale
11.5'

1087

4' lgt tan SiClm
pink Salm
micaceous
<5% decayed shale
11.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
1084

0' yellow tan SiClm
3' bright red SiClm
7' patches of white Salm mixed into red SiClm
12'

1083

4' lgt tan SiClm
pink Salm
micaceous
<5% decayed shale
11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-95	1085	3' / V12	12:57 ³⁰	1:01 ³⁰	1:01 ³⁰	1:08	6 1/2 min
	1085	7' / V12	12:58 ⁴⁵	12:00	12:00	1:02	2 min
	1086	4' / V11.5	1:02	1:03	1:03	1:05	2 min
	1087	3' / V11.5	2:24 ³⁰	2:36	2:36	3:00	4 min
	1087	7' / V11.5	2:18	2:19 ⁴⁵	2:19 ⁴⁵	2:24	4 1/4 min
	1083	3.5' / V12.3	2:06	2:10 ³⁰	2:10 ³⁰	2:17	6 1/2 min
	1084	7' / V12.5	1:52 ³⁰	2:30	30 min	—	F-slow

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feague

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

0' 7008 7009

orange
brown
Silt

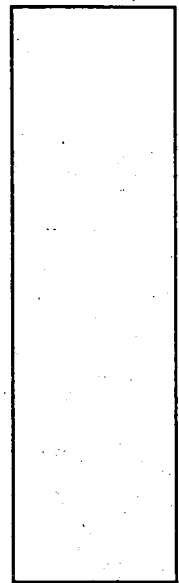
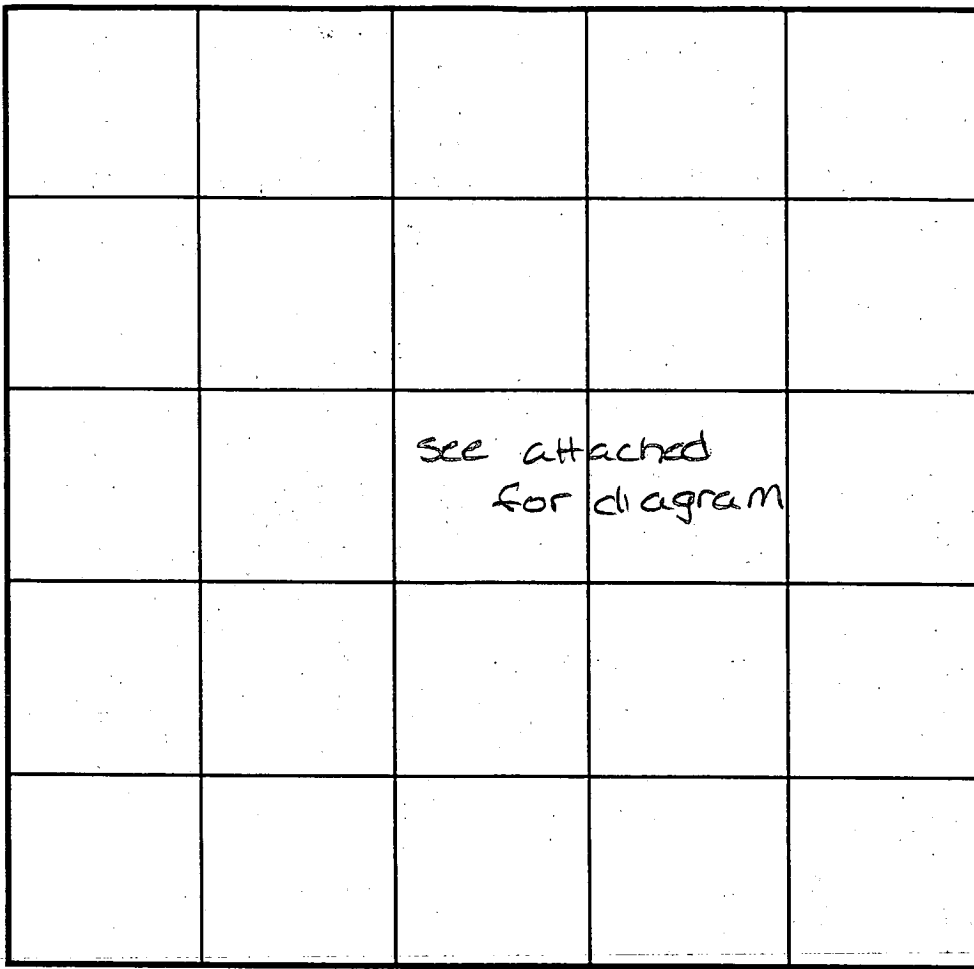
3.0 ridge of
Silt &
decayed
saprolite
orange
& white

3.5 dark
orange
brown
micaceous
Silt
50%
Saprolite

12.0

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-10-96	7008	2.0 / 12.0	1:37	1:39	1:39	1:42	3min
	7009	Visual to 13.0	—		see profile - OK		

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMullen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C1 08793

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)

COUNTY NUMBER A50830T

DATE RECEIVED 07 20 99

DATE WELL COMPLETED 7 14 99

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-94-2298

OWNER: Brantwood LLC STREET OR RFD: Argent Path TOWN: Ellicott City MD SUBDIVISION: Brantwood I SECTION: LOT: 22

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

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

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

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

SCREEN RECORD form including screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER) and screen diameter/depth.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED form with YES/NO options and explanatory text for letters 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. MW D139 Robert Cline

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Rick Fagle LIC. NO. MW D168

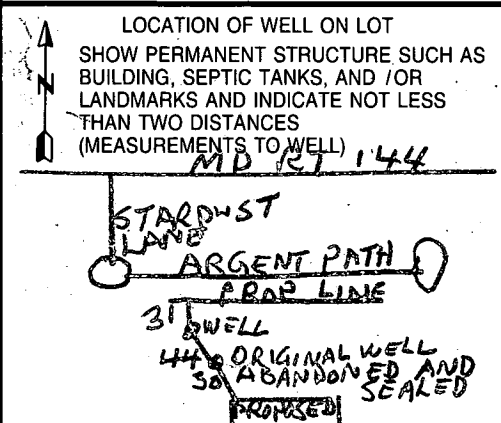
DEPTH (nearest ft.) table with columns for casing depth and screen depth.

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 TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

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

PUMP-INSTALLED form including fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, and CASING HEIGHT.



B 1 **09854**
SEQUENCE NO. (MDE USE ONLY)

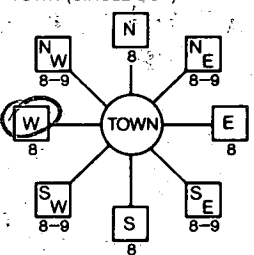

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2298
fill in this form completely

Date Received (APA) **060999**
8 MM DD YY 13
OWNER INFORMATION
Brantwood, L.L.C.
15 Last Name Owner First Name 34
88350P Columbia 100 Oarkway
36 Street or RFD 55
Columbia Md. 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Brantwood (Feaga Prop)
23 SUBDIVISION 42
SECTION 44 46 LOT **22** 48 50
Pine Orchard Meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M. 1
73 76 77 78

DRILLER INFORMATION
Robert L. Cline M W D **139**
Driller's Name 76 License No. 81
Cline and Duvall, Inc.
Firm Name
8093 Hillmark Ct. Frederick 21704
Address
Robert L. Cline 6/8/99
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30
Argent Path
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **1250** 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE **10**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **800**
(GAL. PER DAY) 14 20

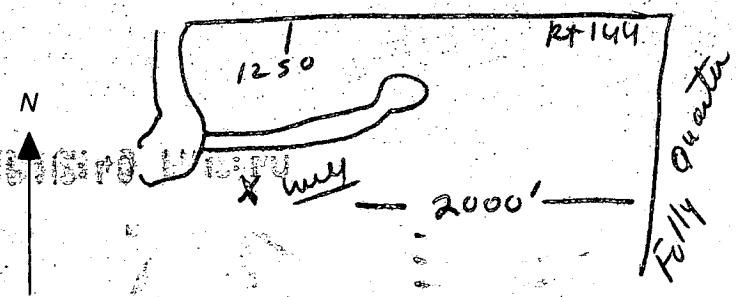
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard CO A50830T
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED **06/17/99** **A. M. Mello** **6/17/00**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **520 000** EAST GRID **820 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
location OK 7/12/99
Will be grouted & covered with wood - SRK
7/14/99 NOON
Open hole 280'
Length that grout pipe = 90'
of Bags = 16 per driller (Bob Cline) - SRK
Fully grouted rd
RT 144

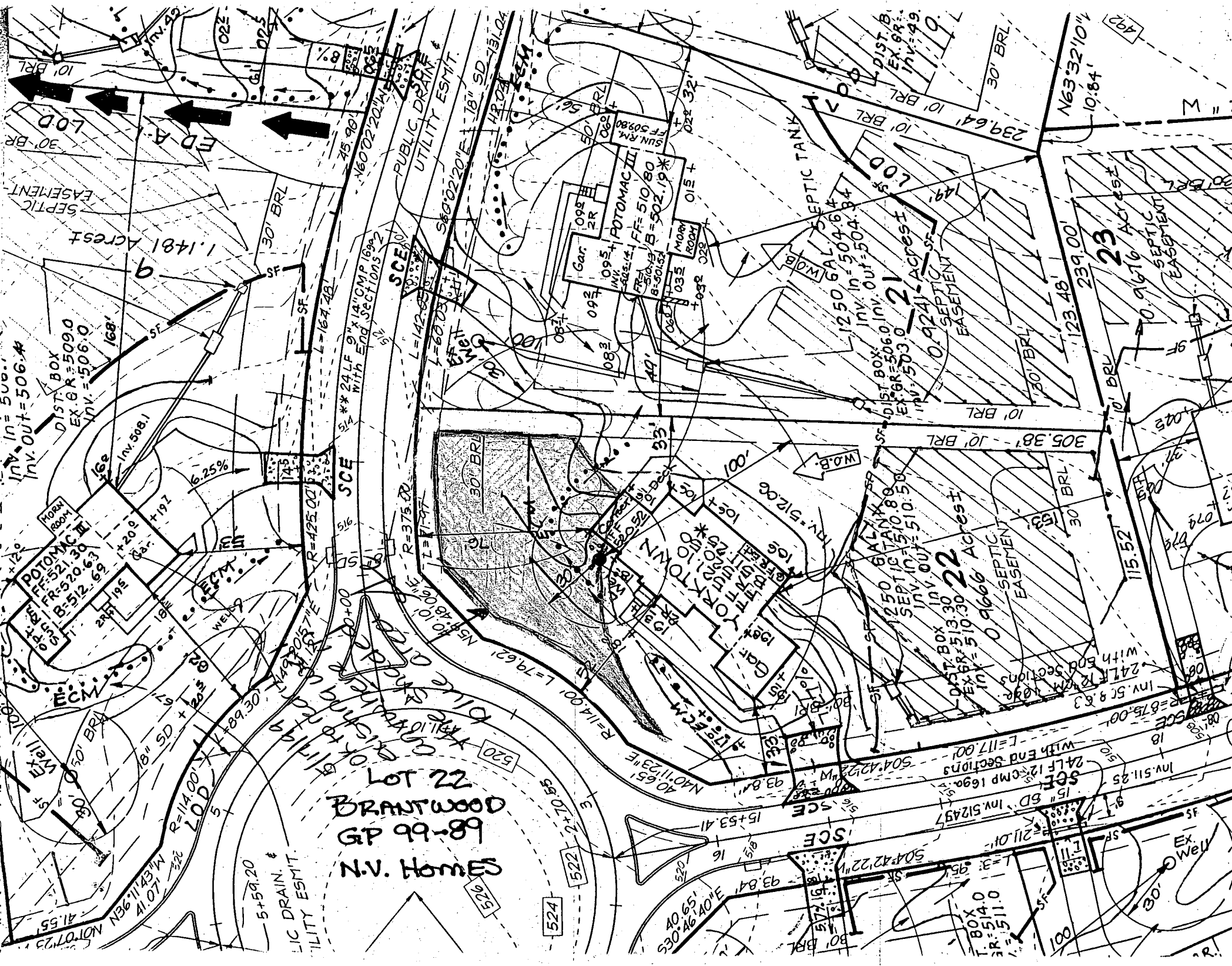
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROtary DRive-POINT
other _____

WRITE THE BOX NUMBER FROM THE MAP HERE
E **820**
N **520**
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION


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 **HO-94-1933** 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 _____ 63
PERMIT No. **HO-94-2298**
70 71 72 73 74-75 76 77 78 79

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



LOT 22
BRANTWOOD
GP 99-89
N.V. HOMES

DIST. BOX
EX. GR. = 509.0
INV. = 506.0

DIST. B.
EX. GR. = 504.9
INV. = 49.0

DIST. BOX
EX. GR. = 506.0
INV. = 503.0

DIST. BOX
EX. GR. = 513.30
INV. = 510.30

5" SD
EX. GR. = 511.25
INV. = 511.25

5" SD
EX. GR. = 512.97
INV. = 512.97

FD A

SEPTIC EASEMENT

1.1481 Acrest

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

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 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 14, 1999 (month/day/year)

H	0	—	9	4	—	1	9	3	3
---	---	---	---	---	---	---	---	---	---

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0	—	9	4	—	2	2	9	8
---	---	---	---	---	---	---	---	---	---

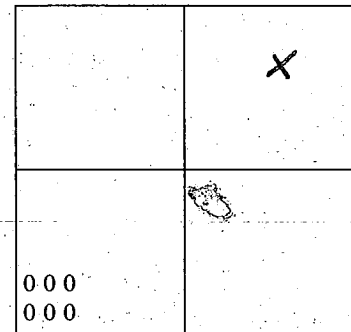
* PERSON ABANDONING WELL: JAMES MOORE

WELL DRILLERS LICENSE NUMBER: 141

* OWNER'S NAME: BRANTWOOD LLC

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: ELK COTT CITY
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: BRANTWOOD I
 SECTION: _____ LOT: 22



MARYLAND GRID COORDINATES

E 820
 BOX NUMBER
 N 520 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
DIRT	0	4
CEMENT	4	40
CRUSHED STONE	40	300

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 300 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 4

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: James H. Moore LICENSE # 141 DATE JULY 14, 1999

SEQUENCE NO. (MDE USE ONLY)
 4135

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A50830T**

DATE WELL COMPLETED: MM 12 DD 26 YY 99
 Depth of Well: 300 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-1933

OWNER: Brantwood LLC
 STREET OR RFD: Argent Path TOWN: Ellicott City MD
 SUBDIVISION: Brantwood SECTION: I LOT: 22

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	
BROWN SHALE	0	52	
BLUE SLATE	52	300	✓

Abandoned 1/27/99

WATER AT 97-245

GROUTING RECORD (Circle appropriate Box)

WELL HAS BEEN GROUTED: Y N

TYPE OF GROUTING MATERIAL (Circle one):
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot):
 from 0 ft to 59 ft

CASING RECORD

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 60

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

SCREEN RECORD

screen type or open hole: ST BR HO
 PL OT

DEPTH (nearest ft.): 59

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 139
Robert Clme
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MWD 168
Rick Fagle

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.O

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour): 3
 PUMPING RATE (gal. per min.): 6
 METHOD USED TO MEASURE PUMPING RATE: TIME
 WATER LEVEL (distance from land surface):
 BEFORE PUMPING: 36 ft.
 WHEN PUMPING: 115 ft.

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 INSTALLED PUMP: YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

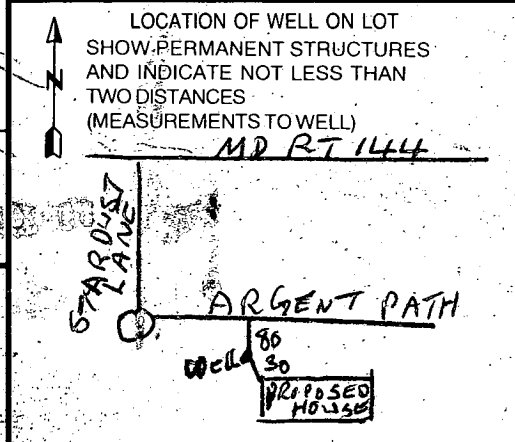
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: _____

CAPACITY: GALLONS PER MINUTE (to nearest gallon): _____

PUMP HORSE POWER: _____

PUMP COLUMN LENGTH (nearest ft.): _____

CASING HEIGHT (circle appropriate box and enter casing height):
 + above } LAND SURFACE
 - below } _____ (nearest foot)



B 1 8819 SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

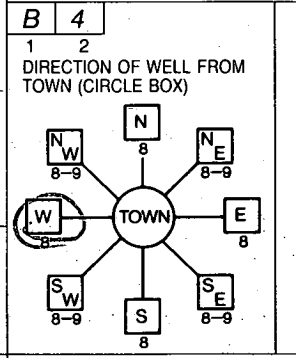
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1933
70 fill in this form completely 79

Date Received (APA) 10/3/98
8 MM DD YY 13
OWNER INFORMATION
Brantwood LLC
15 Last Name Owner First Name 34
8835-P Columbia 100 Parkway
36 Street or RFD 55
Columbia, MD 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Feaga Property
23 SUBDIVISION 42
SECTION 44 46 LOT 22 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION
Hartman, David MWD 517
Driller's Name 76 License No. 81
A.C. Schultes of MD, Inc.
Firm Name
24 South River Road
Address
Capewater, MD 21037
Signature [Signature] Date 10/6/98



Argent Path
MD Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 1250 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: ___ BLK: ___ PARCEL ___

B 2 WELL INFORMATION
APPROX. PUMPING RATE 10
17 2 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 800
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard Co A50830T
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 10/26/98 A.M. M.L.O. 10/26/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 000 EAST GRID 57 000
55 63

- 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 APPROVAL)
 - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Tanker
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 520
000
000

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

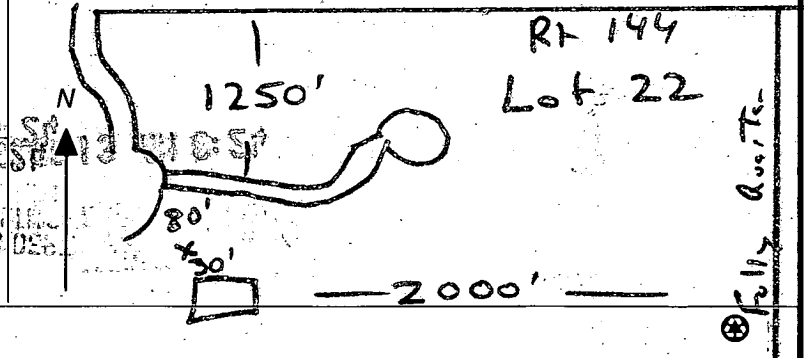
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

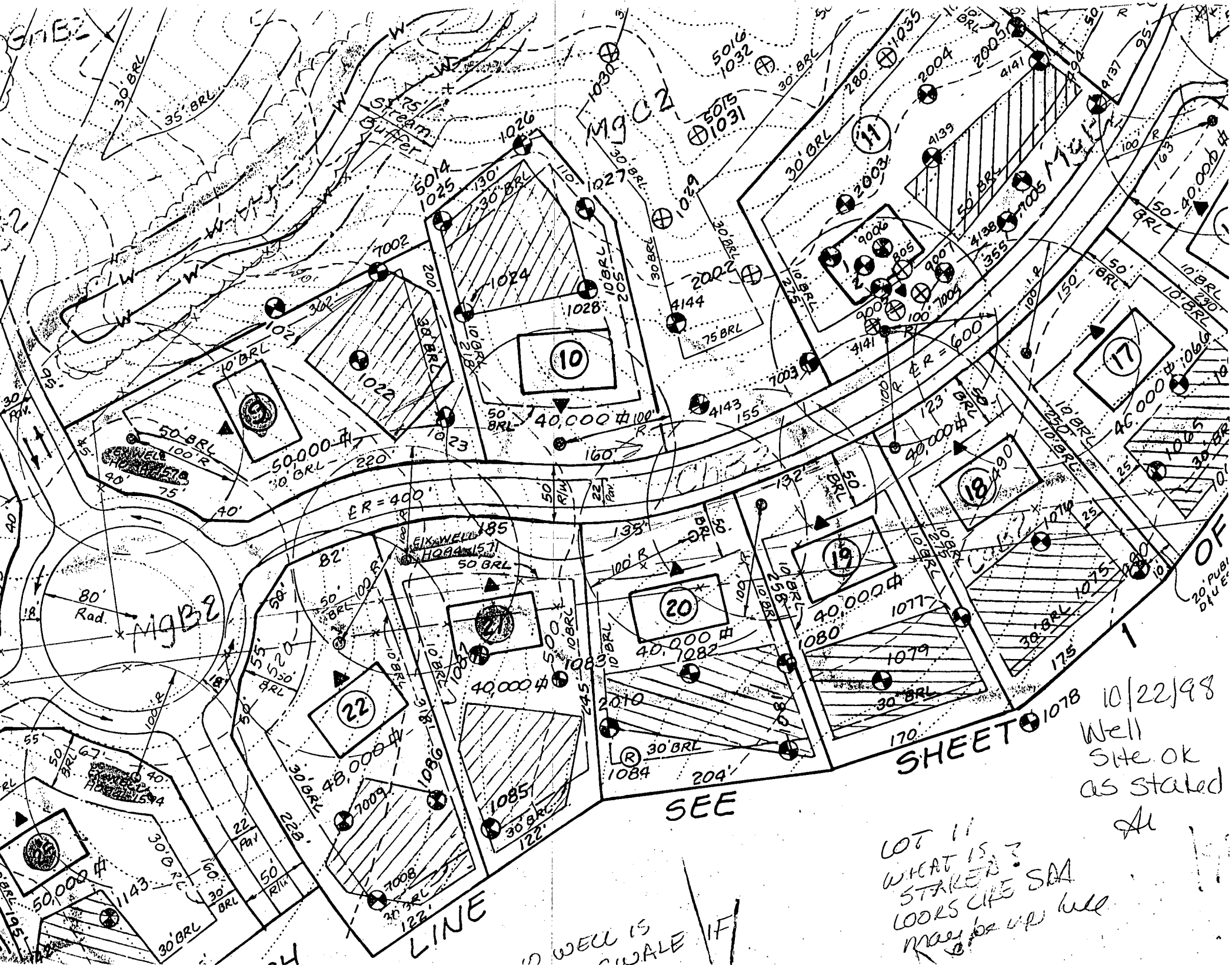
APPROX. PERMIT NUMBER 54

FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-94-1933
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -





SEE SHEET 1078 10/22/98
 Well Site OK
 as stated

LOT 11
 WHAT IS STAKE?
 LOOKS LIKE SDA
 MAY BE UP HILL

WELL IS SWALE IF

LINE

SEE

20' Publ. of U.E.

M9E2

M9C2

M9B2

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80 Rad.

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B 1 8819 SEQUENCE NO (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-1933
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS) please print or type 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 10/3/98
 8 MM DO YY 13
Brantwood LLC
 15 Last Name Owner First Name 34
8835-P Columbia 100 Parkway
 36 Street or RFD 55
Columbia, MD 21045
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Feaga Property
 23 SUBDIVISION 42
 SECTION 44 46 LOT 22 48 50
Pine Orchard meadows
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M 11
 73 76 77 78

DRILLER INFORMATION
Hartman David MWD 517
 Driller's Name 76 License No. 81
A. C. Scheltes of MD, Inc.
 Firm Name
24 South River Road
 Address
Spiggenwater, MD 21037
 Signature [Signature] Date 10/6/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD 30
Argent Path
MD. RT. 144
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 1250 37
 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 10
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 800
 (GAL. PER DAY) 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 APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

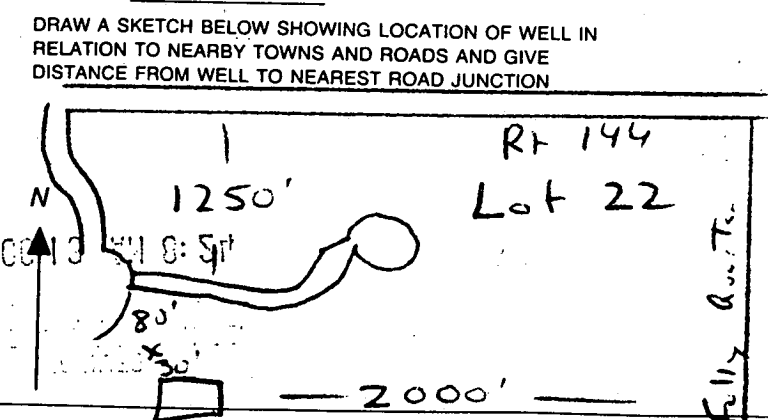
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME A50830T COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 10/26/98
 48 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 10/26/99
 NORTH GRID 50 55 EAST GRID 000 000
 57 63

APPROXIMATE DEPTH OF WELL 200 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Tanker
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 820
 N 520
 000 000

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 54 GAP _____ 63
 FORCE 1/11 WRITE INITIALS IN BOX PERMIT No HO-94-1933
 67 68 70 71 72 73 74 75 76 77 78 79

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 Replacement
Name of Installer Van Sant Plog & Co Receipt # _____ Date _____ Telephone 301-829-0444
License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner NV Homes Telephone 301-858-0522
Subdivision Blandwood Lot # 22 Well Tag # _____
Site Address 1500 Shadwell Lane
3101 Argent Path

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make Sauls
3. Model # 76507422
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 _____

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # B-10K
3. Depth 48'

Tank
1. Capacity V-100
2. Pressure relief valve? Yes

Piping PE
1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 48"

Well data
1. Depth 300 ft.
2. Yield 6 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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).

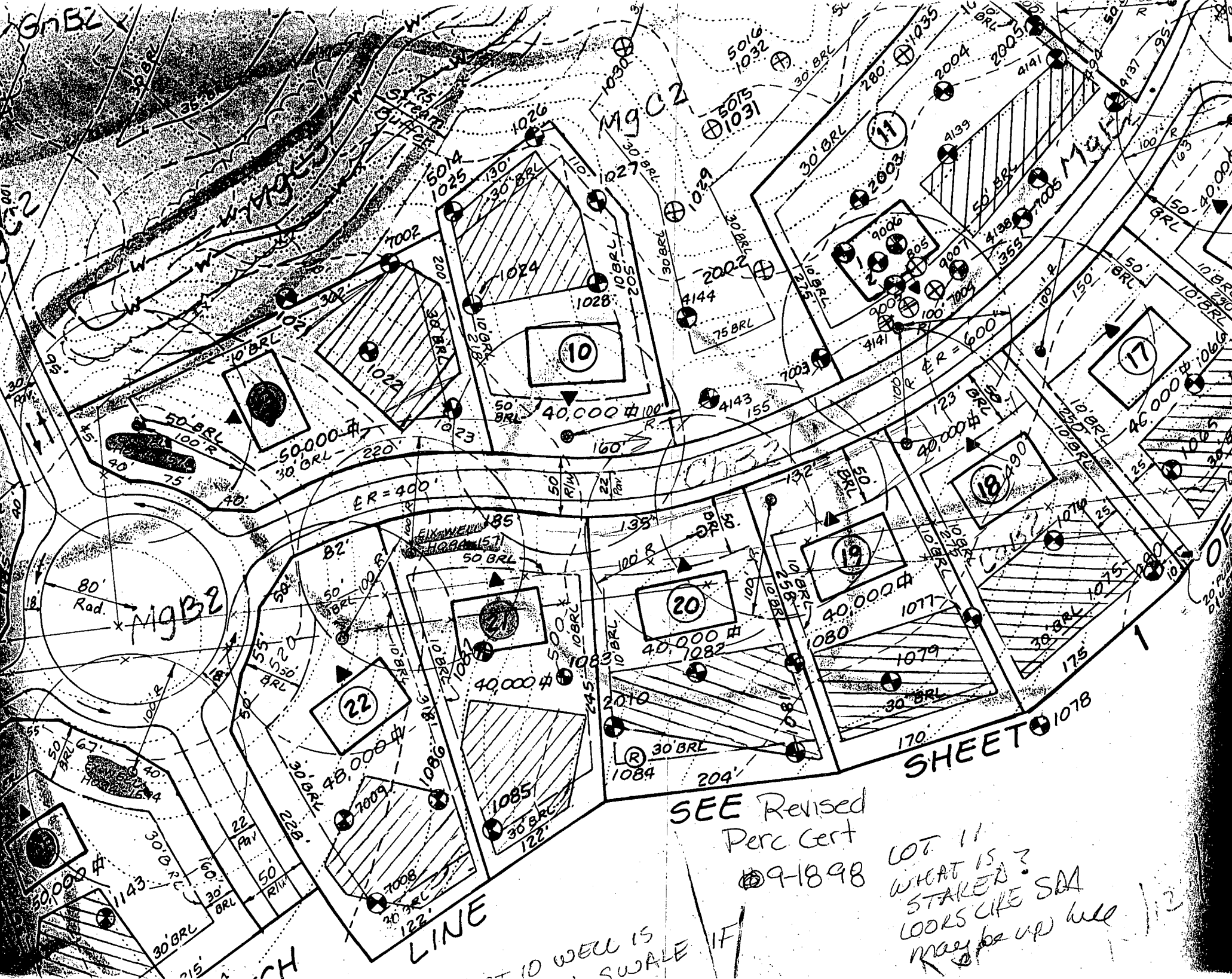
All information given above is true to the best of my knowledge.

10/7/99-WPI OK (DKS) SRM

Signature of Applicant: Harford Van Sant

Date: _____

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



GnBL

M9C2

M9B2

SHEET 1078

SEE Revised
Perc Cert
9-18-98

LOT 11
WHAT IS
STAKED?
LOOKS LIKE SAA
MAY BE UP WELL

10 WELL IS
SWALE IF

CH LINE

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E 1340250

MATCHLINE SEE SHEET 3

STARDUST LANE

LANE

Lot 22
0.9666 Ac±
42103 sq.ft

Lot 21
0.9241 Ac±
40254 sq.ft

Lot 20
0.9190 Ac±
40032 sq.ft

Lot 19
0.9337 Ac±
40673 sq.ft

Lot 18
0.9191 Ac±
40035 sq.ft

Lot 17
0.9186 Ac±
40013 sq.ft

Lot 23
0.9676 Ac±
42148 sq.ft

P10 P 54
PRESERVATION PARCEL "C"
Non-Buildable
6.3857 Ac±
278160 sq.ft.
(See Note 26, sheet No.1)

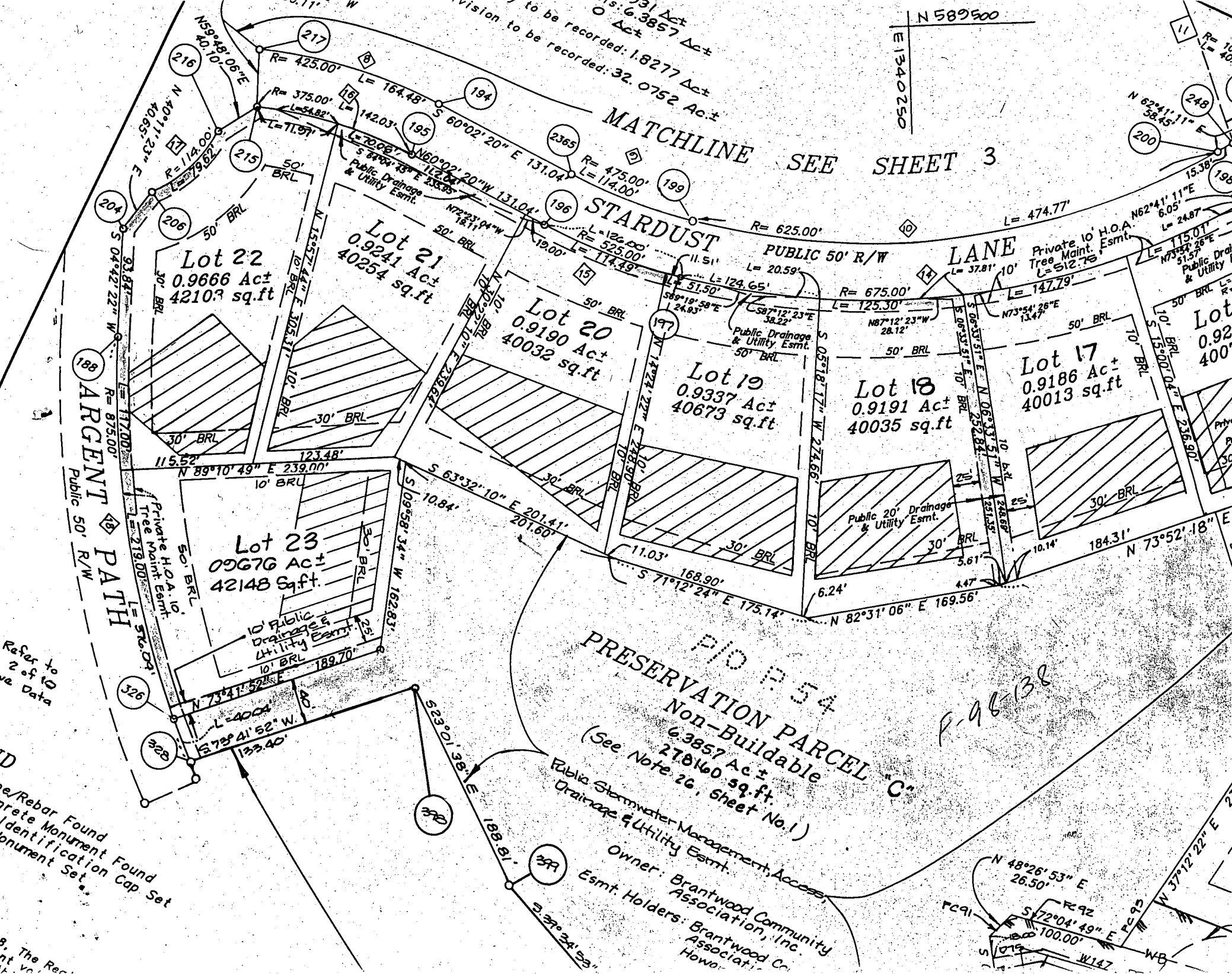
Public Stormwater-Management, Access, Drainage & Utility Esmt.
Owner: Brantwood Community Association, Inc.
Esmt. Holders: Brantwood Community Association, Inc.
Howe

ARGENT PATH

Refer to 2 of 10
ve Data
Rebar Found
Ident Monument Found
Ident Monument Set

P-96-138

8. The Rec
nt vo



Public Drainage & Utility Easement

House location consistent w/ approved RP site plan

STARDUST

50' R/W
S 15° 57' 44" W
L = 71.91'
R = 375.00'

50' BRL
50' BRL
31' ±

LOT 22
0.9666 Ac
42, 103

#3101

50.2
35' ±

30' BRL

305.31' BRL

30' BRL

LOT 21

LOT 23
S 89° 10' 49" W 115.52'

Private Sewerage

10' Wide Private H.O.A. Tree Maintenance Easement

10'
R = 114.00'
L = 79.62'
N 40° 11' 23" E
N 04° 42' 22" E 93.84' R = 875.00' L = 117.00'

ARGENT

50' R/W
PLAT No. 13731

PATH

Advanced Sewer System Plan
Howard County Health Department

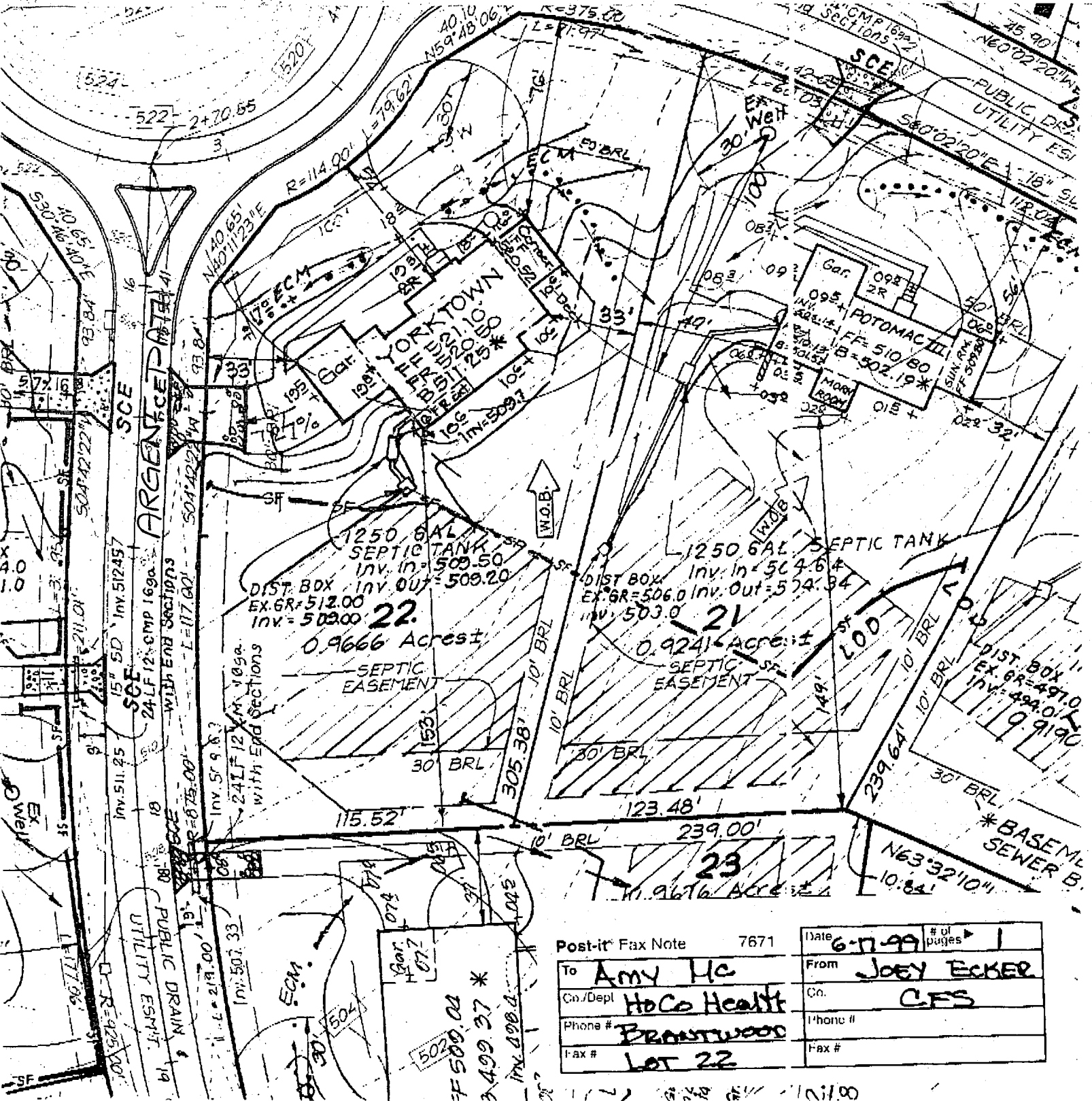
Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

Amy McMelle 7/27/99
Signature Date



Post-it Fax Note 7671

Date	6-17-99	# of pages	1
To	Amy Ho	From	JOEY ECKER
Co./Dept	HoCo Health	Co.	CFS
Phone #	BRANTWOOD	Phone #	
Fax #	LOT 22	Fax #	

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-00122952
---	---	------------------------------------

Building Address <u>3101 ARGENT PATH</u> <u>Ellicott City, MD. 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>BRANTWOOD</u> Section <u>1</u> Area _____ Lot <u>22</u> Tax Map <u>116</u> Parcel <u>54</u> Grid <u>22</u> Zoning <u>RC DED</u> Map Coordinates <u>11A7</u> Lot size _____	Property Owner's Name <u>KEVIN LIU</u> Address <u>3101 ARGENT PATH</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-535-9256</u> Work Phone <u>410-747-8200</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>RESIDENTIAL</u> Proposed Use <u>DECK ADDITION</u> Estimated Construction Cost \$ <u>11,679</u> Description of Work <u>DECK 8X20 AND 15X12</u>	Contractor Company <u>INNOVATIVE DECKSCAPES, INC</u> Contact Person <u>GLOTT SMITH</u> Address <u>4798 WENTZ RD.</u> City <u>MANCHESTER</u> State <u>MD</u> Zip Code <u>21102</u> License No. <u>44030</u> Phone <u>410-769-5416</u> Fax <u>SAME</u>
--	---

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 <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> 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: <u>8X20 & 15X12</u>	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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input 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 _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>DECK</u> Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> 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.

Applicant's Signature <u>GLOTT SMITH</u> Title/Company _____	Print Name <u>GLOTT SMITH</u> Date <u>5-16-00</u>
---	--

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

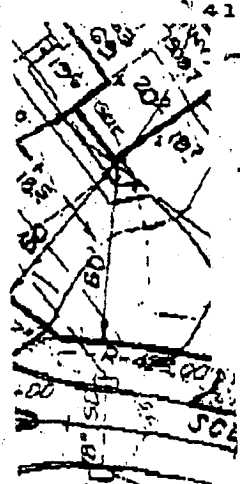
AGENCY _____ Land Development DPZ _____ State Highways _____ Building Official <u>3/16/00</u> _____ Dev. Engineering DPZ _____ Health <u>3/16/00</u> _____ Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>2/16/00</u> SIGNATURE APPROVAL <u>SAMA</u> _____ DPZ SETBACK INFORMATION Front: <u>30' min</u> 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# <u>41407</u> Filing fee \$ _____ Permit fee \$ <u>20</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>20</u> Balance due \$ _____ Check # <u>11639</u> Validation # <u>2716</u>	CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/> Accepted by <u>[Signature]</u>
--	---	---	---

JUL 23 1999 03:34P CFS

410 (38) 7500

Post-It Fax Note	7671	Date	7-22-99	# of Pages	1
To	WENE FLACK	From	JOEY E.		
Co./Dept.	N.V. HOMES	Co.	CFS		
Phone	BRANTWOOD	Phone #			
Fax #		Fax #			

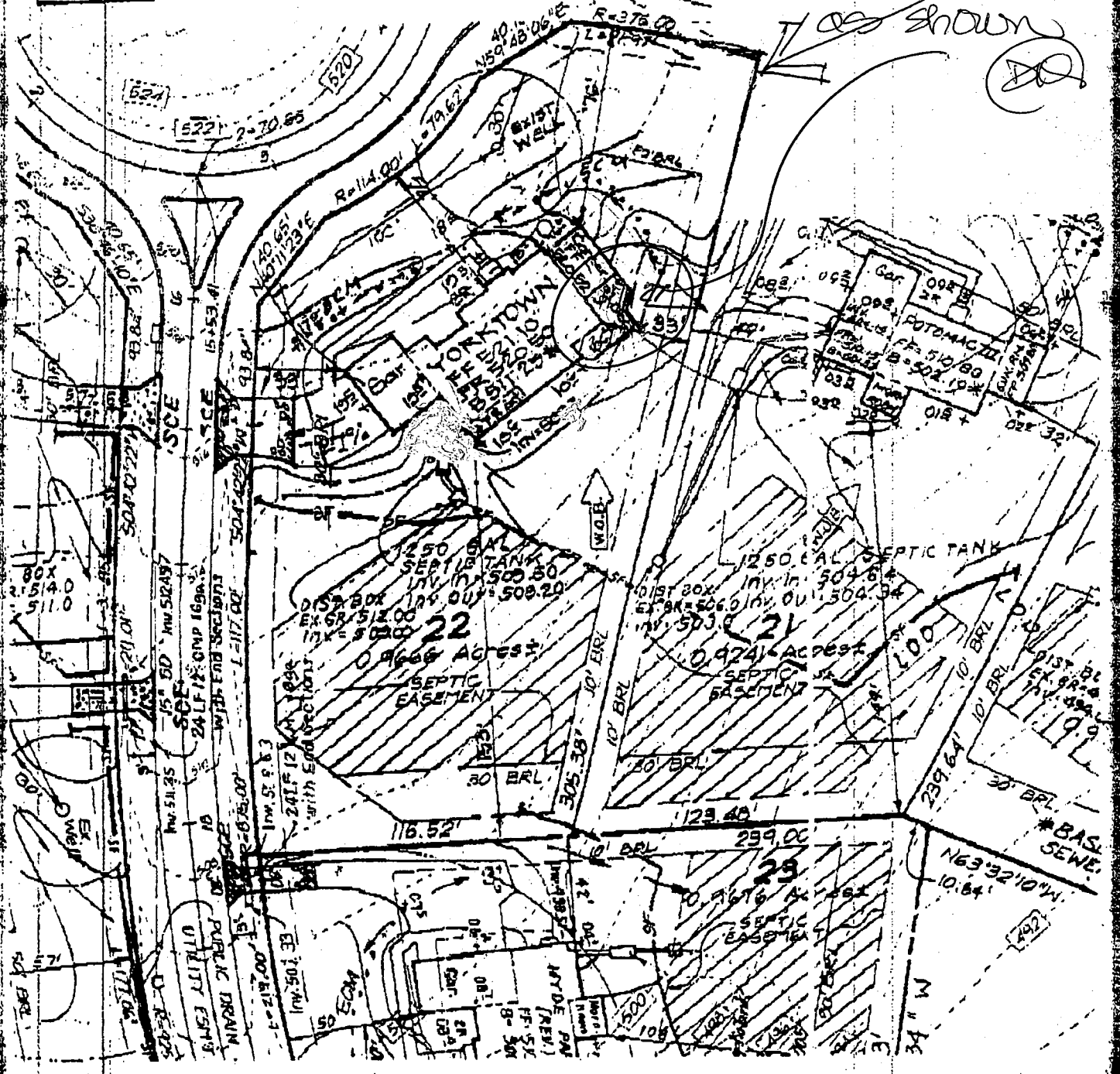
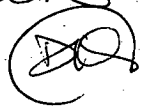
Post-It Fax Note	7671	Date	7-22-99	# of Pages	1
To	AMY McHULLEN	From	JOEY E.		
Co./Dept.	NO CO HEALTH	Co.	CFS		
Phone	BRANTWOOD	Phone #			
Fax #		Fax #			



DRAINWOOD LOT 22
 EXIST WELL LOCATION
 BY C.F.S. 7-25-99

PAT - FYI
 3/16/00

Proposed deck
 location of
 7 as shown

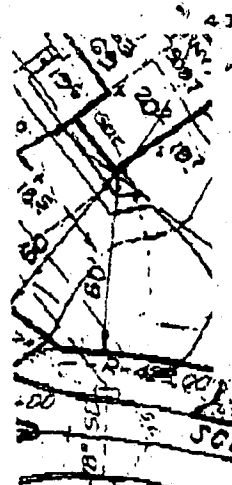


JUL 23-99 03:34P cfs

410 381 7600

Post-It Fax Note	7671	Date	7-22-99	# of Pages	1
To	WENE FLACK	From	JOEY E.		
Co./Dept.	N.V. HOMES	Co.	CFS		
Phone #	BRANTWOOD	Phone #			
Fax #		Fax #			

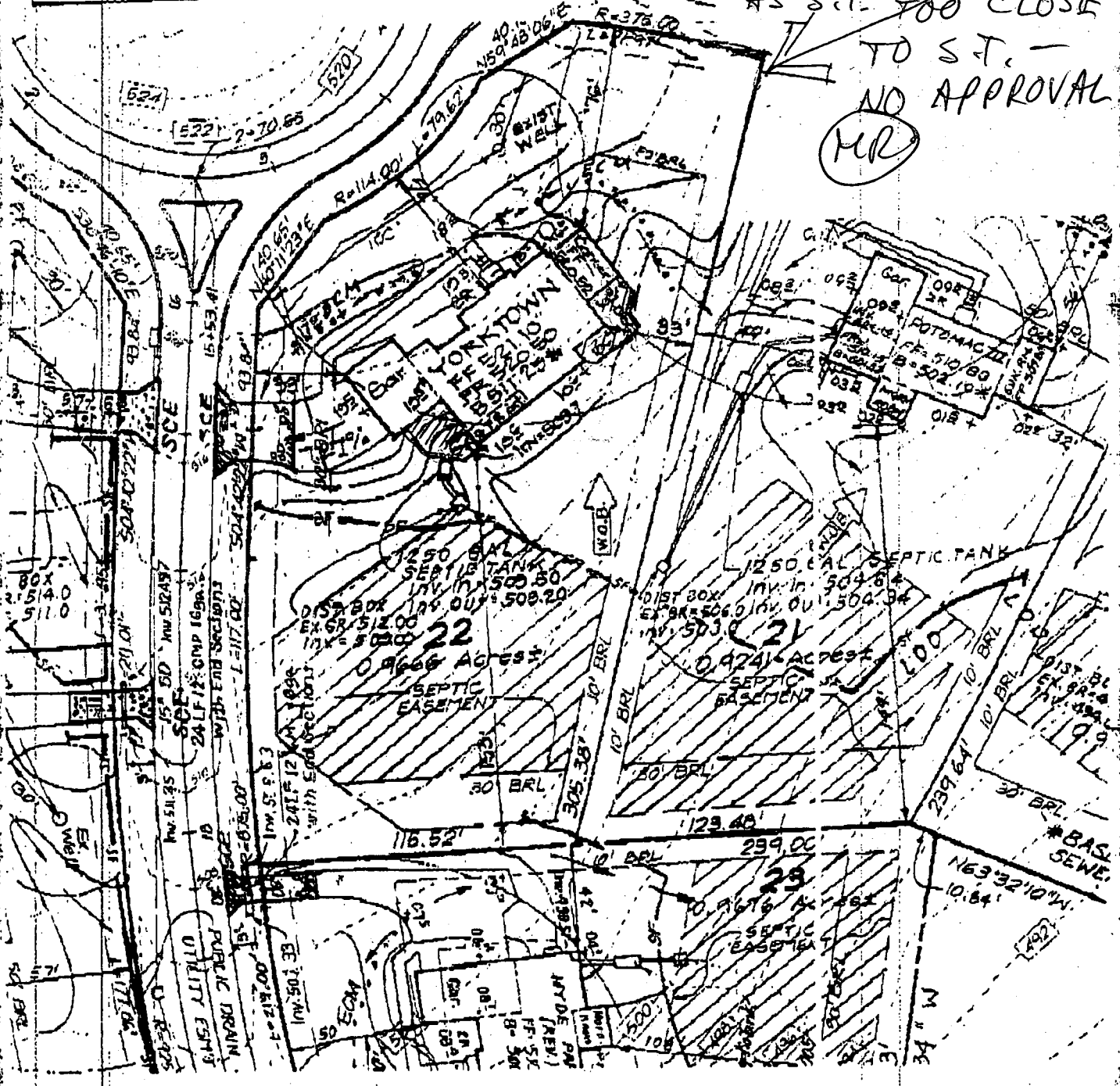
Post-It Fax Note	7671	Date	7-22-99	# of Pages	1
To	AMY McHULLEN	From	JOEY E.		
Co./Dept.	NO CO HEALTH	Co.	CFS		
Phone #	BRANTWOOD	Phone #			
Fax #		Fax #			



BRANTWOOD LOT 22
 EXIST WELL LOCATION
 BY C.F.S. 7-25-99

PAT - FYI
 3/5/00 DECK ON
 SIDE AWAY FROM ST. - OK;
 DECK ON SAME SIDE
 AS S.T. TOO CLOSE
 TO ST. -
 NO APPROVAL

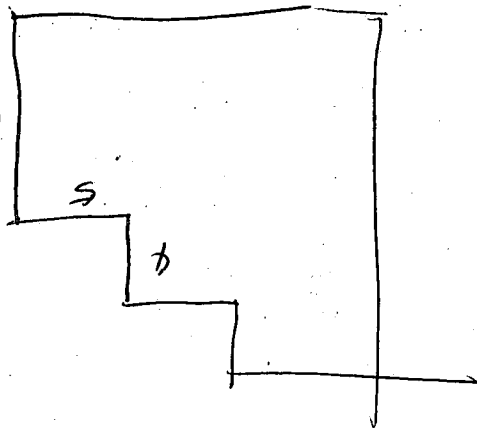
MP

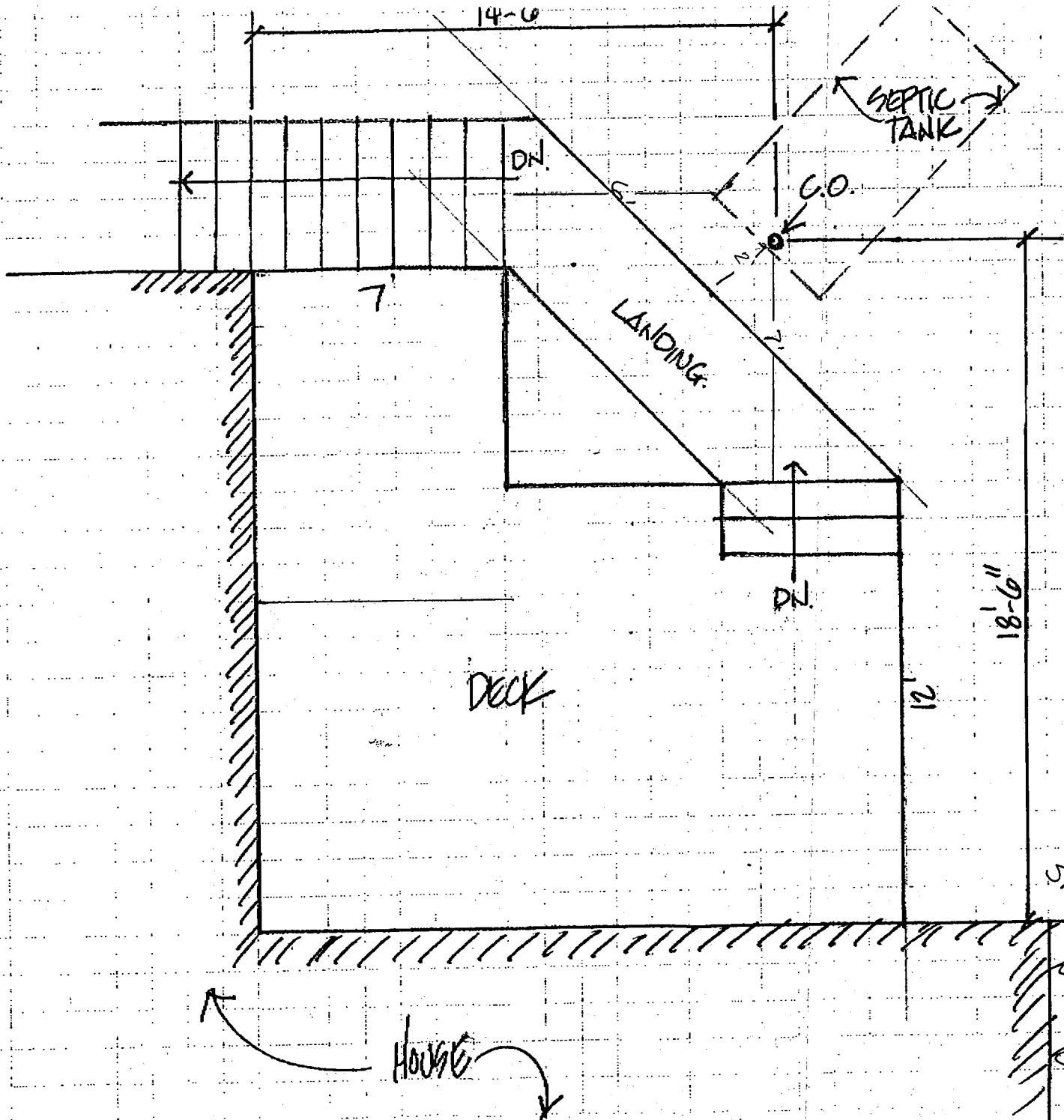


21

5

7





RECEIVED
 HOWARD COUNTY HEALTH DEPT.
 ENVIRONMENTAL
 2000 AP -5 PH 3:09

Boo12377
 4/5/00 CW

PRE-WALK-THRU
 APPROVAL

3/3/00
 Shown deck location
 OK- Landing ground- ST can
 be accessed but
 still be accessed by
 pump truck
 backhoe