

4/28/99 1:00
4/29/99 CO
5/1/99 11:00
5/2/99 3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Tax ID 03-326306

P 51144X
56430-S
A 51144

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

DISTRICT _____

DATE 3/4/99

DATE SYSTEM APPROVED 5/20/99

INSPECTOR B.B.

INDEXED

South Carroll Backhoe, Inc _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Gaither Hunt I LOT 66 ROAD 11058 Dorsch Farm Road

PROPERTY OWNER NV Homes

ADDRESS _____
TOP SEAMED TANK 1500

PUMPED SEPTIC SYSTEM REQUIRED

SEPTIC TANK CAPACITY ~~1250~~ 1500 GALLONS

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

NUMBER OF BEDROOMS 4

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

210 SQUARE FEET PER BEDROOM

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 280

MANHOLES ABOVE GRADE ON SEPTIC TANK AND PUMPED CHAMBER TO PREVENT SURFACE WATER INFILTRATION.

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 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 50 feet off the front (74.31') lot line and 10 feet off the right (499.24') lot line. Run trenches along contour towards the left front lot corner as seen from Dorsch Farm Road.

NOTE - No trench to exceed 100 feet in length. OK KM 1-2599

PLANS APPROVED BY Glen Savage DATE 1-06-1999

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 A23

PERMIT VOID AFTER TWO YEARS

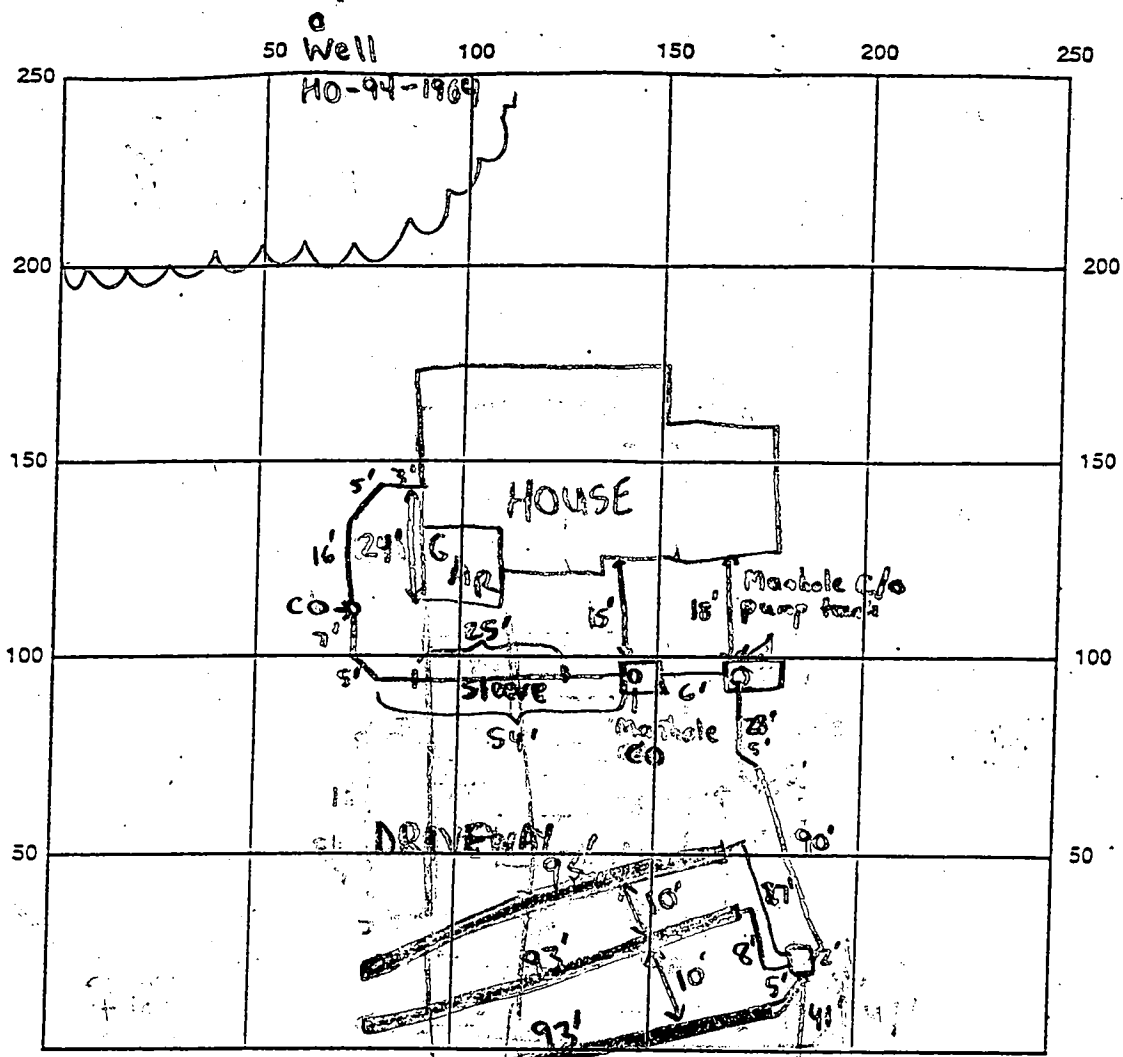
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

56430-S



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 BORSCHE FARM RD corner of septic area

SEPTIC TANK LEVEL (1500) top pump tank CLEANOUTS 1-4" pipe, 1 Manhole @ tank
 DISTRIBUTION BOX LEVEL ✓ 1 Manhole @ pump tank

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 4/28/99 MTG w/INSTALLER TO DETERMINE APPROPRIATE SYS. LAYOUT
S. TANKS TO BE ON RT. SIDE OF HOUSE, LINE SLEEVED UNDER DRIVE; H/O &
SEWER LINES WILL AVOID CROSSING (MR) 4/29/99 HOUSE CONNECTION NEEDS TO BE
MADE BY PLUMBER BEFORE FINAL APPROVAL, OK TO COVER PIPING FROM 2nd 5' bend
to pump tank, S.R.#. 5/4/99 - OK TO CONTINUE WORK S.R.#. 5/5/99 OK TO COVER
Pump TANK & 2" PUMP LINE S.R.#. 5/6/99, OK TO COVER TRENCHES & ALL WORK S.R.#.

DATE SYSTEM APPROVED 5/20/99 INSPECTOR B. Baker

Pump TEST REQUIRED PRIOR FOR FINAL APPROVAL 5/27/99 HOUSE CONNECTION
 MADE PER MATT KELLY

PUMP TEST O.K. 5/20/99 B.B.

APPLICATION

PERCOLATION TESTING

A 5/11/98

*PROVIDE ADJUSTMENT
TO RECORDS SDA.*

P _____

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

DISTRICT _____

DATE 11-20-98

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 NU Homes

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gaitheer Hunt C/D LOT NO. 66

ROAD AND DESCRIPTION 11058 DORSEY CARM RD

BLDG. PERMIT SIGNED

AND RETURNED 1-6-99

Serial # B10114815

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD-4BOM
(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

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 4/3/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

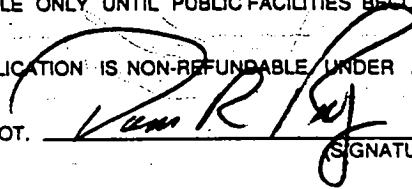
SUBDIVISION _____ LOT NO. 86 68

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(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)

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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

56429

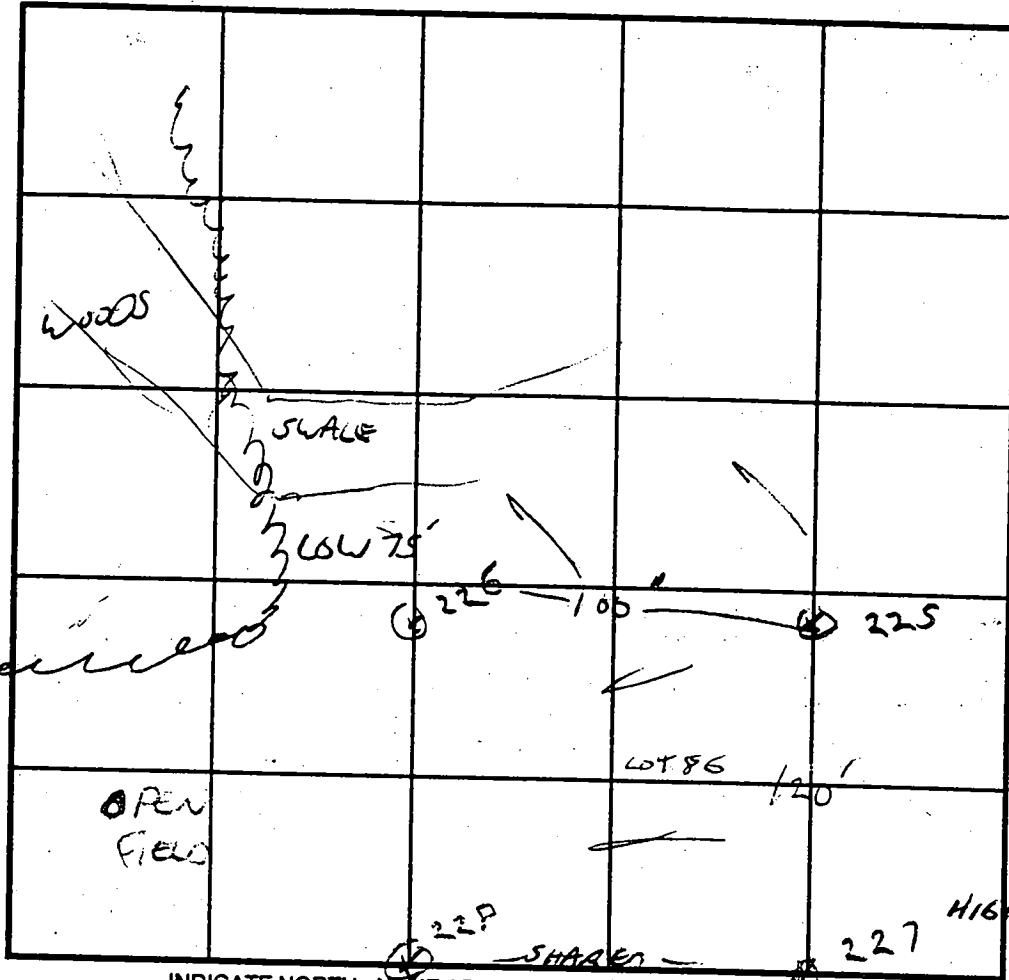
COUNTY #

SOIL PROFILE

0' SOIL PROFILE box

SOIL PROFILE box

SOIL PROFILE box



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

226
225

0' SOIL PROFILE

TOPSSL

ORANGE / Brown CL

TAN SSL

12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/96	225	5'	1:30	1:36	1:36	1:54	18 MW
	ok 2 11/6 226	4' 6"	1:32	1:33	1:35	1:37	2 MW
	227	5'	SEE LOT 87 SHEET				2 MW
	228	5'	"	"	"		10 MW

REMARKS LOT 86 DUG PER DAT

TYPE OF SOIL 68

TESTED BY G. SAVAGE ALSO PRESENT MIKE, DON REUWER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 MW TRENCH WIDTH 3'

INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 6' SQ FT/ROOM 210

APPLICATION

PERCOLATION TESTING

A 56429

P _____

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

DISTRICT _____

DATE 4/3/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

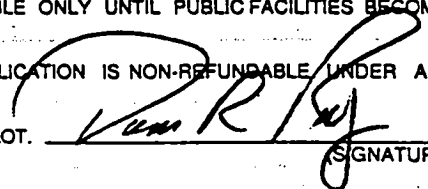
PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. 88 65

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(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

APPLICATION

PERCOLATION TESTING

A 57624

P _____

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

DISTRICT _____

DATE 1/3/97

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 Woodlot Enterprises

ADDRESS 10805 Hickey Ridge Rd Ste 205 Cal, MD 21047 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER LD&D

ADDRESS 10805 Hickey Ridge Rd Ste 205 Cal, MD 21047 PHONE 740-2100

PROPERTY LOCATION:

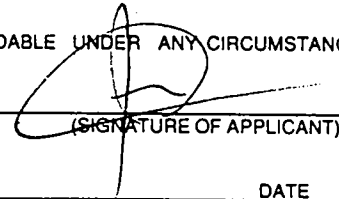
SUBDIVISION Foxfield LOT NO. 24 ✓ 66 ✓

ROAD AND DESCRIPTION Manor Lane

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 acre TYPE BLDG. Single family
(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

COUNTY #

SOIL PROFILE

1598

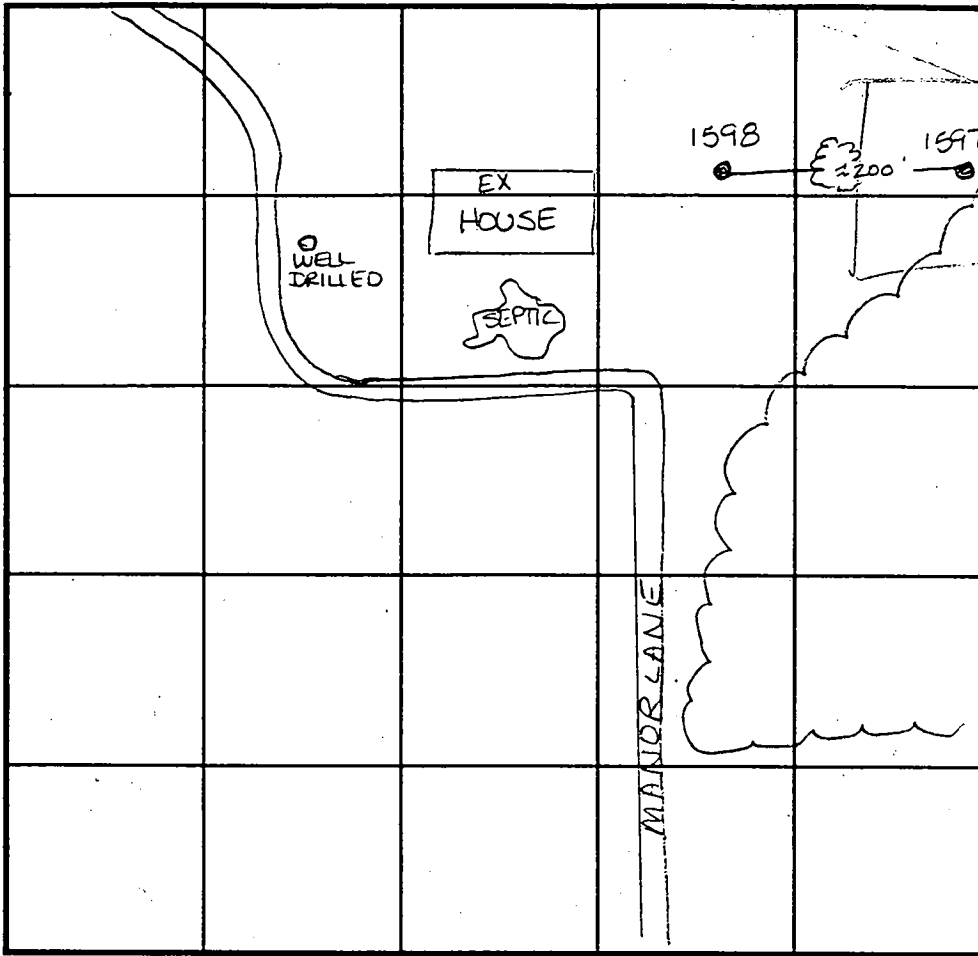
red brown S1C1LM
lgt beige brown S5aLM

lgt grey brown Salm
gravelly decayed quartzite

orange red S1C1LM

lgt orange S1Salm
fine gravel decayed quartzite

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-97	1598	4.5 V11.0	10:43	10:52	10:52	11:15	23min
	1597	4.5 V12.0	10:50	10:51	10:51	10:54	3min

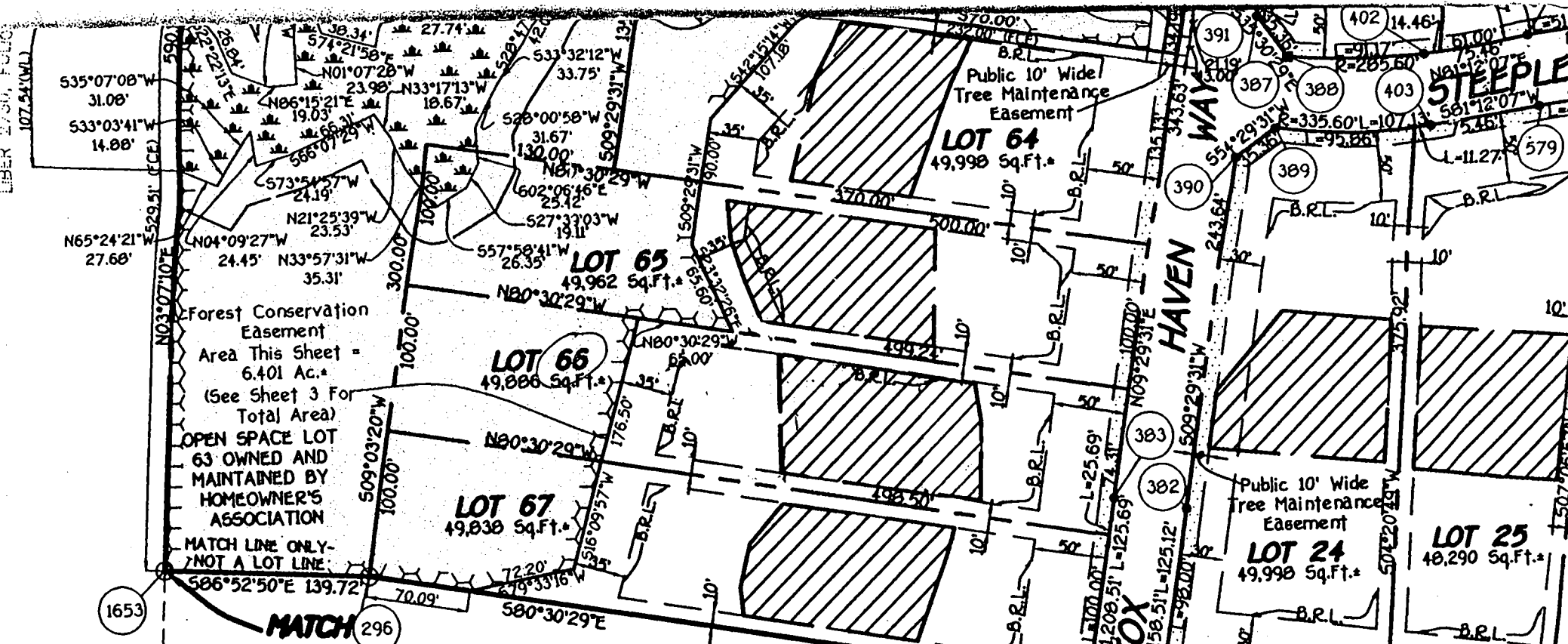
REMARKS Test holes left open 4+ hours Lot 2A/66

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Jared Spahn

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



Tabulation For This Sheet

Of Buildable Lots To Be Recorded	.14
Of Open Space Lots To Be Recorded	.1
Of Buildable Parcels To Be Recorded	.0
Of Non-Buildable Parcels To Be Recorded	.0
Of Lots And Parcels To Be Recorded	.15
Of Buildable Lots To Be Recorded	15.355 Ac.±
Of Open Space Lots To Be Recorded	5.336 Ac.±
Of Non-Buildable Parcels To Be Recorded	7.235 Ac.±
Of Buildable Parcels To Be Recorded	0.000 Ac.±
Of Lots And Parcels To Be Recorded	27.926 Ac.±
Of Roadway To Be Recorded	1.203 Ac.±
To Be Recorded	29.129 Ac.±

For Private Water And Private Sewerage Systems,
County Health Department.

M. Howard
County Health Officer

6-2-98
Date

Howard County Department Of Planning And Zoning.

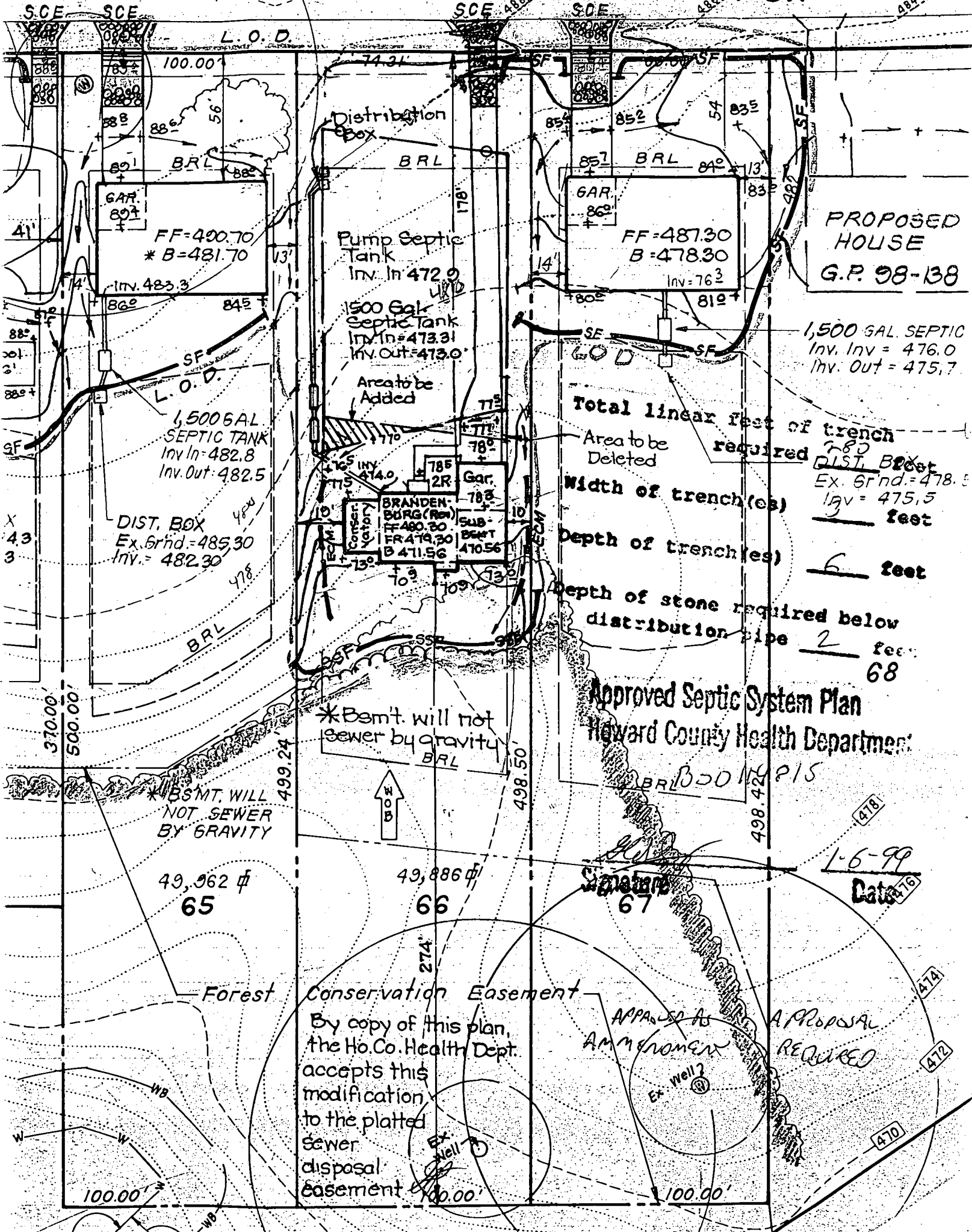
OWNER'S CERTIFICATE

Carroll Land Family Corporation, By Philip Carroll, Vice-President, Mary Armintha Bloom, Charles A. Klein, Jr., John J. Mark O'D. Klein And William F. Klein, Owners Of The Property Shown And Described Hereon, Hereby Adopt This Plan Of Subdivision, And In Consideration Of The Approval Of This Final Plat By The Department Of Planning And Zoning, Es... Minimum Building Restriction Lines And Grant Unto Howard County, Maryland, Its Successors And Assigns; (1) The Right To Construct And Maintain Sewers, Drains, Water Pipes And Other Municipal Utilities And Services In And Under All Roadway Rights-Of-Way And The Specific Easement Areas Shown Hereon; (2) The Right To Require Dedication For Public Streets And/OR Roads And Floodplains And Open Space Where Applicable And For Good And Other Consideration, Hereby Grant The Right And Option To Howard County To Acquire The Fee Simple Title To The Beds Of The Streets And/OR Roads And Floodplains, Storm Drainage Facilities And Open Space Where Applicable; (3) The Right To Dedication Of Waterways And Drainage Easements For The Specific Purpose Of Their Construction, Repair And Maintenance And (4) That No Building Or Similar Structure Of Any Kind Shall Be Erected On Or Over The Said Easements And Rights-Of-Way. Witness Our Hands This 30th Day Of March, 1998.

SEE

11/1/98

Philip Carroll



PROPOSED HOUSE
G.P. 98-138

1,500 GAL. SEPTIC
Inv. In = 476.0
Inv. Out = 475.7

Total linear feet of trench required 780
DIST. BOX
Ex. Grnd. = 478.5
Inv. = 475.5
feet

Width of trench(es) 6 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet
68

Approved Septic System Plan
Howard County Health Department

GAR. 80' ±
FF=490.70
* B=481.70
Inv. 483.3

1,500 GAL. SEPTIC TANK
Inv. In=482.8
Inv. Out=482.5

DIST. BOX
Ex. Grnd.=485.30
Inv.=482.30

Distribution Box

Pump Septic Tank
Inv. In 472.0

1500 Gal. Septic Tank
Inv. In=473.31
Inv. Out=473.0

Area to be Added

BRANDEN-BURG (Rm) Gar.
FF 490.30
FR 479.30
B 471.56

SUB-BEAT 470.56

*BSMT. WILL NOT SEWER BY GRAVITY

*BSMT. WILL NOT SEWER BY GRAVITY

49,962 φ
65

*BSMT. will not sewer by gravity

49,886 φ
66

Signature [Signature]
Date 1-6-99

APPROVAL REQUIRED

APPROVAL REQUIRED

APPASSED AS AMMENDMENT

Ex. Well?

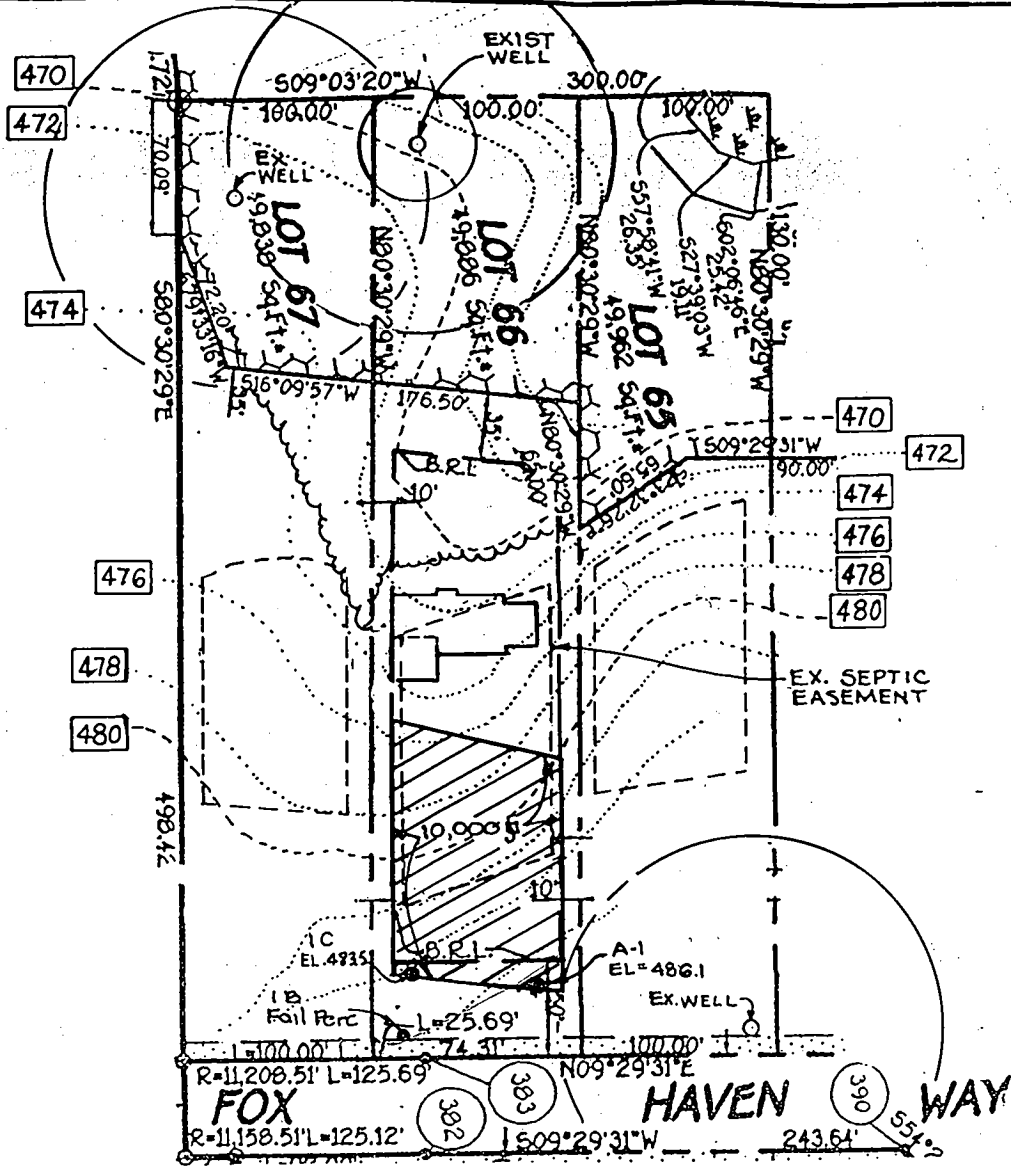
Forest Conservation Easement

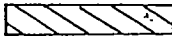
By copy of this plan, the Ho.Co. Health Dept. accepts this modification to the platted sewer disposal easement

100.00'

WB

W



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of The Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The Lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of The Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent. Percolation holes field located by C.F.S, 12-21-98

APPROVED: For Private Water and Private Sewage Systems

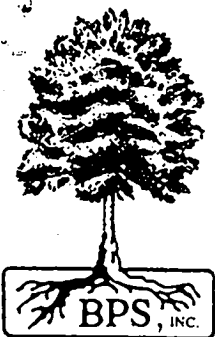
Joel M. Bogdans 12-31-98
 County Health Officer Date

REVISED
 Percolation Certification
 Plat
 LOT 66
GAITHER HUNT
 SECTION 1 AREA 1
 3rd Election District
 Howard County, Maryland
 N.V. HOMES
 2200 DEFENSE HIGHWAY 301
 CROFTON MD 21114

CLARK, FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 MINSTREL WAY COLUMBIA, MARYLAND 21045 TELEPHONE: BALT. (410)381-7500 · WASH. (301)621-8100	DRAWN BY: K.B.	DATE: 12-23-98	SCALE: 1" = 100'
	CHECKED BY:	JOB NO: 98-009	FILE NO: 98-009-L
	DESIGNED BY: J.M.E.		

all stressed

cc: Health Dept



The Roots for Development

**BUILDING
PERMIT
SERVICES
INC.**

2602 Parallel Path • Abingdon, Maryland 21009

(410) 515-1717 • FAX (410) 515-2213

January ¹¹ 1999

RECEIVED

JAN 11 1999

Howard County
Inspections & Permits
3430 Court House Dr.
Ellicott City, Md. 21043

**LICENSES & PERMITS
DIVISION**

Attn: Avis Corbin

Re: Amendment
Permit#**B00114815**
11058 Dorsch Farm Rd. Lot#66

Dear Avis,

Please amend the above referenced permit for the second time, to show a change in the house location. A revised site plan is attached. If you need further information, please give me a call. Thank you.

Sincerely,

Patricia A. Orla
Agent for NV Homes

*1/14/98
BP revision approved by Health Dept.
A McMillan*

cc: NV Homes
File

RECEIVED

JAN 17 1999

C1 9331

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. On 1/20/98

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12-15-98

Depth of Well 220 (TO NEAREST FOOT)

COUNTY NUMBER A 570534 (ALM) SRM

OWNER RUSSELL DEV LLC STREET OR RFD DORSEY FARM ROAD TOWN ELKOTT CITY SUBDIVISION GAITHER HUNT SECTION 1 LOT 66

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown sandstone and Gray Granite.

GROUTING RECORD form with fields for material type (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing type (ST, CO, PL, OT), Nominal diameter, Total depth.

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), screen diameter, depth.

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

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options 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. MJD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JW 341 Max S. Jones

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

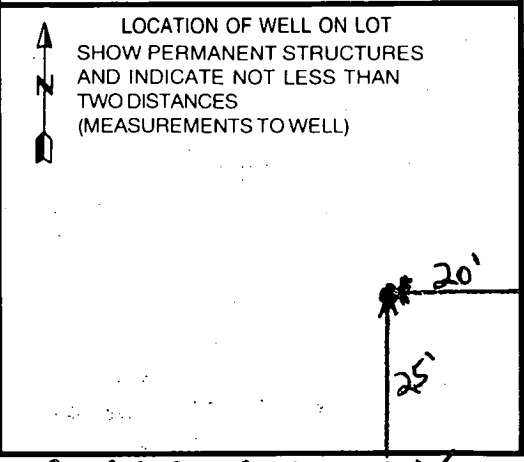
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

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, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 8031

SEQUENCE NO. (MDE USE ONLY)

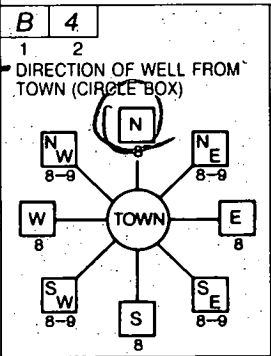
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-1964 fill in this form completely

OWNER INFORMATION: Date Received (APA), RUSSELL DEVELOPMENT, LLC, 8808 CENTRE PARK DRIVE Suite 209, Columbia, MARYLAND 21045

LOCATION OF WELL: B 3 HOWARD, COUNTY, Leather HUNT, SUBDIVISION, SECTION, LOT 66, ELLICOTT CITY, NEAREST TOWN, MILES FROM TOWN 4

DRILLER INFORMATION: MICHAEL BARLOW, MW D 355, MICHAEL BARLOW WELL Drilling & Svc Inc, 912 FAWN COURT, Joppa, MD 21085, 11/20/98



DORSH FARM ROAD, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, SOUTH, WEST, EAST, DISTANCE FROM ROAD 480 FT, TAX MAP 29, BLK 11, PARCEL 322

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD A-57053H, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 12/14/98, CO SIGNATURE, EXP. DATE 12/14/99, NORTH GRID 520 000, EAST GRID 830 000

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, G GEO-THERMAL

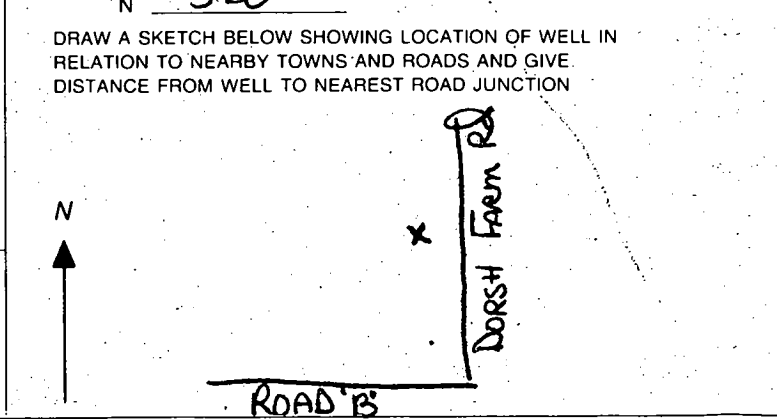
APPROXIMATE DEPTH OF WELL 200 FEET, APPROXIMATE DIAMETER OF WELL 4 INCH, NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE: E 830, N 520

METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, D 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): APPROP. PERMIT NUMBER, G A P, PERMIT No. H0-94-1964



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

FAX: 313-2646 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 5/17/99

Name of Installer ROBERT L. FEELER CO., INC.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer Well Driller _____ Registered Plumber

Name of Property Owner NI-HOMES

Telephone 410-721-4703

Subdivision EMERALD HUNT Lot # 66

Well Tag # HO-74-1934

Site Address 11058 DORSCH FARMS ROAD

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make PERKINS
 3. Model # 75-50
 4. Capacity 5 GPM

Motor
 1. Horsepower 1/2
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make WELLS
 2. Model # 71800
 3. Depth 42"

5. Pump exceeds well capacity Yes _____ No _____
 6. 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 _____

Capacity 34 GPM
 Pressure relief valve YES

Piping
 1. Type Poly
 2. Size 1"
 3. NSF and/or BOCA Code approved YES
 4. Depth of supply line 42"

Well data
 1. Depth 190'
 2. Yield _____ GPM
 3. Static water level 35' ft
 4. Will water supply be disinfected by installer? YES

~~no insp?~~
3/26/99

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: Robert L. Feeler

Date: 5/17/99

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