11/9/98 11:00 (Layout check)
11/30/98 C.O. 1pm
12/1/98 C.O. 10am
12/3/98 1:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NORMAN ON SITE TOM / OFFICE

INDEXED

P 5110928-A

A 56429-X

DISTRICT 3rd

DATE 11/5/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640 NO Records found

DATE SYSTEM APPROVED 12-3-98

INSPECTOR

Lehsac Corporation FAX 410-536-4210 IS PERMITTED TO INSTALL X ALTER

ADDRESS 202 Azar Court Baltimore, MD 21227 PHONE (410) 242-6888

SUBDIVISION Gaither Hunt LOT 24 ROAD 11000 Steeple Chase Court

PROPERTY OWNER Ryan Homes

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5 12-2-98

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

SEPTIC EASEMENT TO BE STAKED ✓
(1ST 50' 3-7,2 WIDE AS INSTALLED.
BALANCE OF SYSTEM, 233 LINEAR FEET
3' WIDE INLET 4' BOTTOM 6'

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Begin trenches 135 feet down the left (375.92') lot line and 60 feet off that same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. EK 11/5/98 DKS

PLANS APROVED BY Amy McMillen DATE 8/20/98

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 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

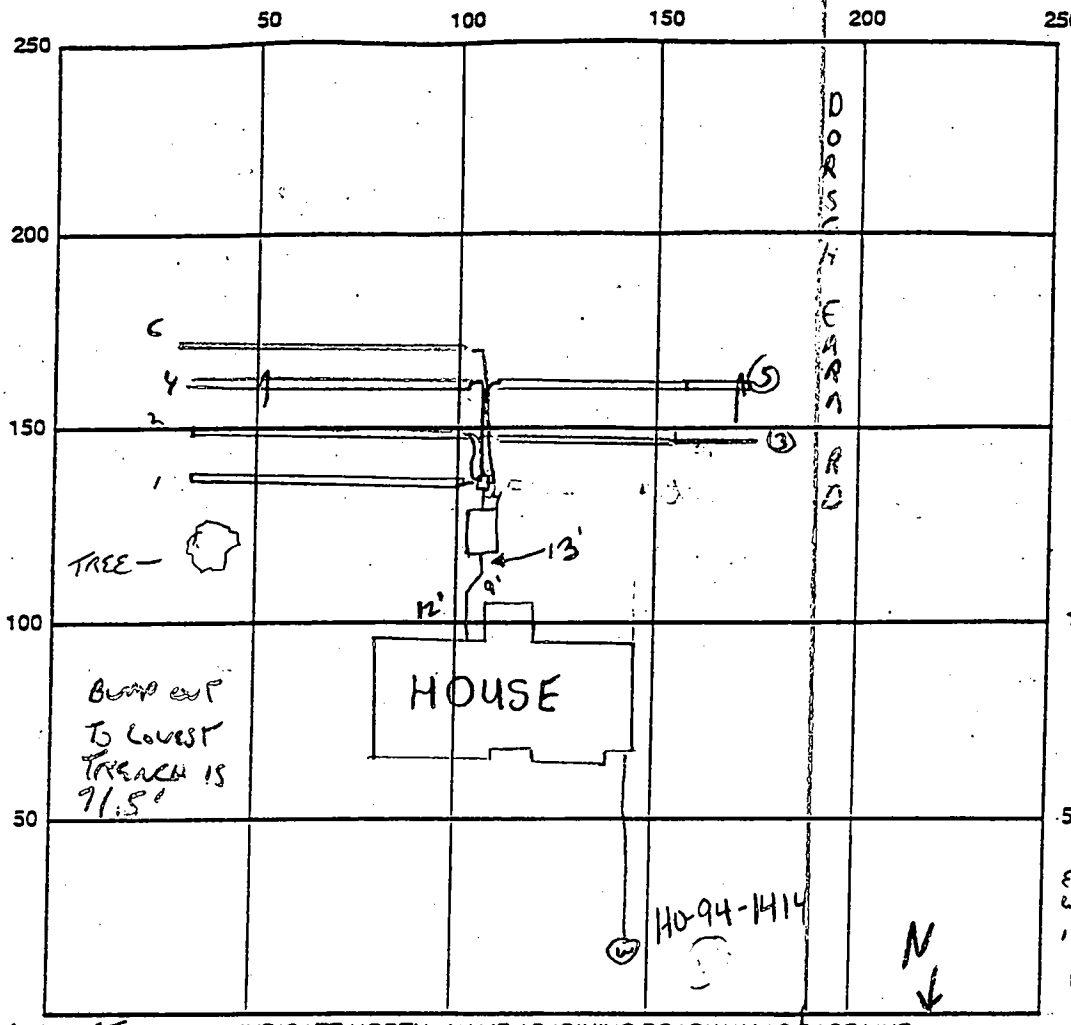
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

P 5110928-A

NOT TO SCALE



12-2-98

EEE. AREA IN TRENCH IS ACTUALLY ONLY 2-3' SIDEWALL, AND BOTTOM; HARD CLAY LOAM TO BOTTOM LAST 6' SPECS REVISED FOR TRENCH 2 + BALANCE. - INLET 5' - BOTTOM 1' 3' WIDE, BALANCE OF SYSTEM TO BE 3' WIDE INLET 4 BOTTOM 6' OF SOILS ARE SANDY LOAM BECOME -10 IF NECESSARY SIDEWALLS ALL SMOOTH/COMPACTED/SMEARED, BOTTOM OK. COVER 1ST TRENCH, EE EXPOSED SOILS PROBABLY WILL NOT PERC ABOVE 4.5' 12/3 COVER 1-3, CONTINUE W/ TRENCH 6 EEE, COVERAGE COMPLETED EE

SEPTIC TANK LEVEL OK, 1500 gallons CLEANOUTS 1 ONST - OK TO COVER

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/~~TILE~~ DEPTH 1/1 2-5/6 1/1 FT. TRENCH WIDTH 1/2 3·2-5/3 3' FT. INLET DEPTH 1/3 2-5/6 5/5D FT.

EFFECTIVE GRAVEL DEPTH +2 FT. TOTAL LENGTH 1/50 2/50 3/39 FT. 4/55 5/90 = 238 BALANCE 49 = 284 -900

NUMBER OF TRENCHES 6 ~~ONE~~ SIDEWALL/BOTTOM AREA 852 SQ. FT.

DRYWELL
~~DRYWALL~~ INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11-19-98 LAYOUT INSP. SOA NEEDS TO BE STAKED, CONTRACTOR DID NOT HAVE PERMIT SHEET, ONLY CARD W/ SITE PLAN, SITE PLAN DIDN'T MATCH APPROVED PERM.T WRONG SIZE TANK ORDERED DUE TO MIX-UP EE

11·30·98 ok to cover from house to tank (KM) 12·1 TANK IS 8' INTO SOA 16' OFF RE CORNER, INSTALL TRENCHES, STARTING W/ 40'-50' TRENCHES IN UPPER LEFT PORTION OF SOA, SPACE TRENCHES 9-16 APART, OK TO INCREASE DEPTH TO 9' IF NEEDED FOR CONTOUR LEAVE TRENCH ENDS OPEN FOR INSPECTOR'S VISIT.

DATE SYSTEM APPROVED 12-3-98 INSPECTOR
RETURNED TODAY. EE

APPLICATION

5642 9X

PERCOLATION TESTING

A ~~57635~~

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~~ RYAN HOMES

ADDRESS 10805 Hickory Ridge Rd Ste 25 Col, MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER LOT

ADDRESS ~~10805~~ Hickory Ridge Rd Ste 25 Col, MD 21044 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Foxfield LOT NO. 24 ✓

ROAD AND DESCRIPTION Manor Lane (11000 STEEPLE CHASE COURT)

BLDG. PERMIT SIGN.
~~BOND RETURNED~~ 8-20-98
Permit # B011 3631

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 acre TYPE BLDG. Single family - 5 Bdrm
(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 _____

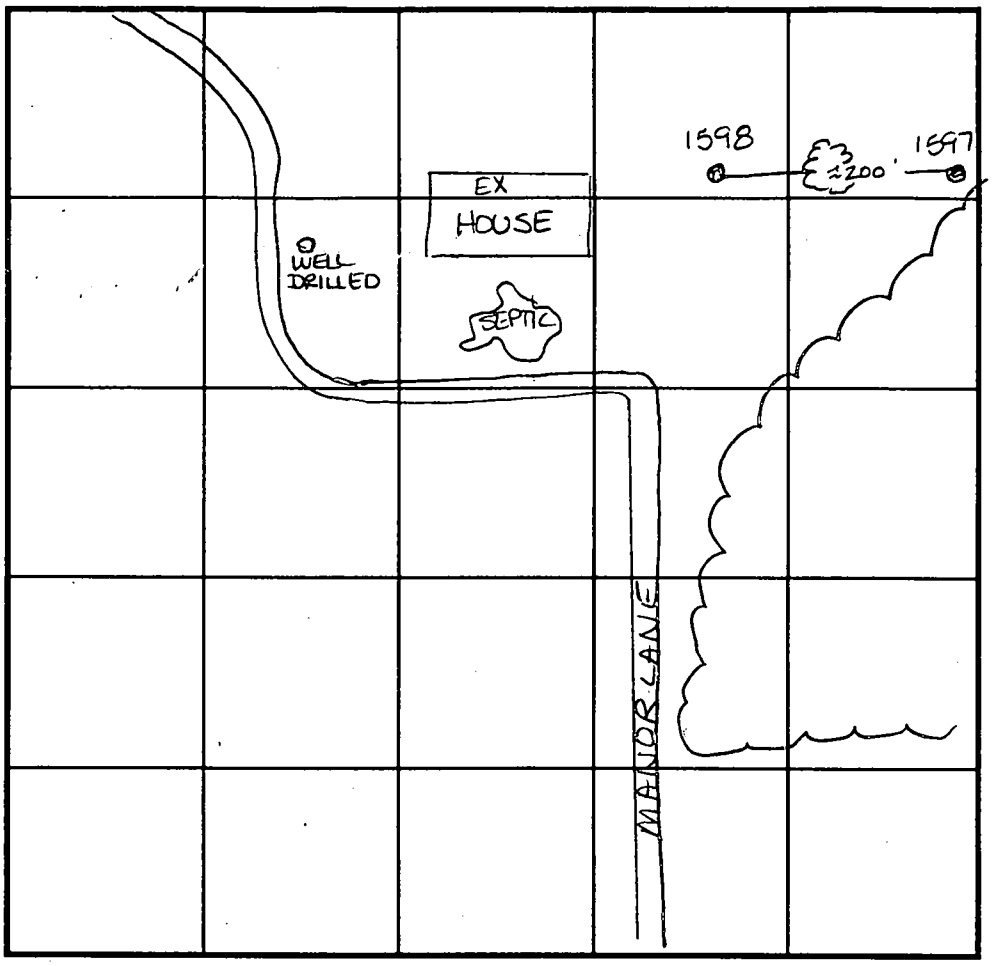
THIS IS NOT A PERMIT

HD-216 (3/92)

56429X
COUNTY #

SOIL PROFILE
1598

0'
red brown SiClLm
4.0
lgt beigh brown SiSaLm
9.0
lgt grey brown Salm gravelly decayed quartzite
11.0
orange red SiClLm
4.5
lgt orange SiSaLm fine gravel decayed quartzite
12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
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 24J

TYPE OF SOIL Lot 24

TESTED BY Amy McMillen ALSO PRESENT Jared Spahn

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180

APPLICATION

5642 9x

PERCOLATION TESTING

A ~~$80.00~~

P

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

DISTRICT

DATE 4-11-96

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. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE

PROPERTY LOCATION:

SUBDIVISION LOT NO.

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. Donald R Reuwer Jr
(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

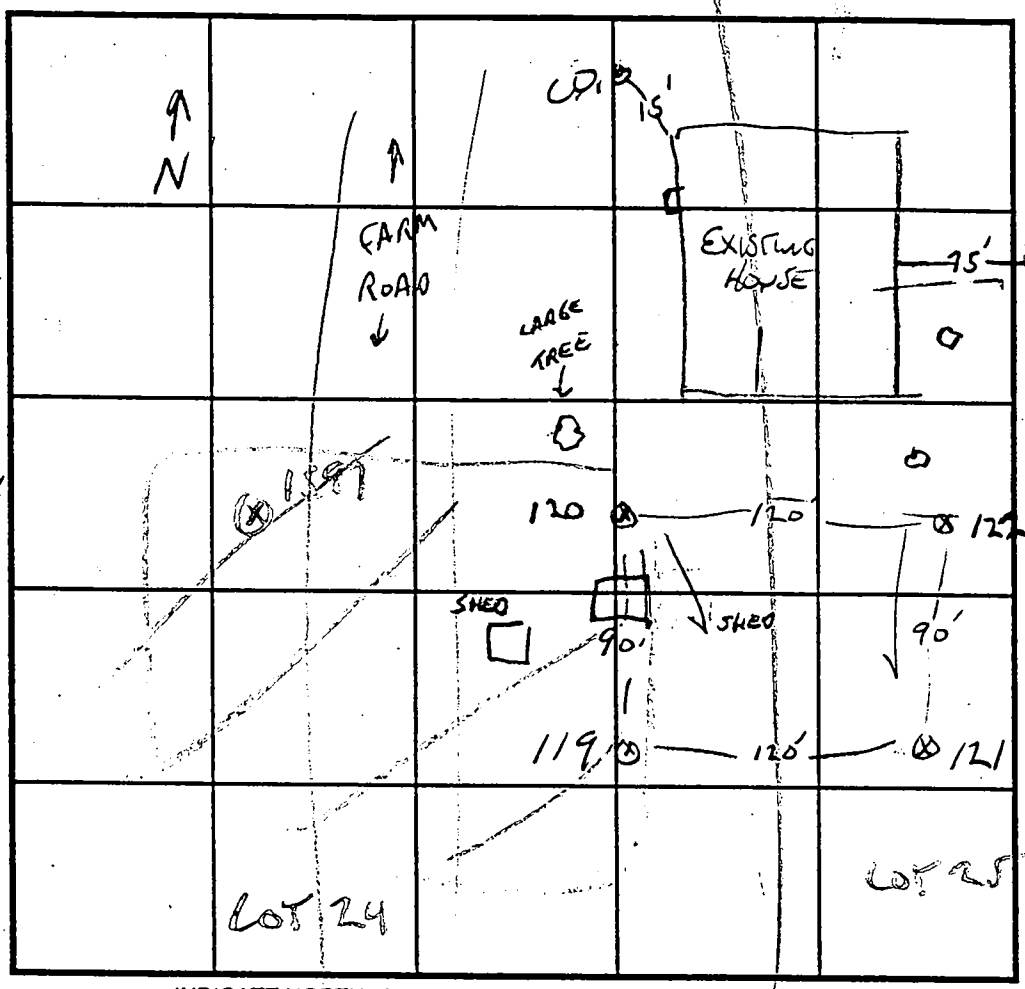
THIS IS NOT A PERMIT

A56429X
COUNTY #

SOIL PROFILE 119

0'
TOPSOIL
BROWN CLAY
3'6"
DARK ORANGE SANDY LOAM
8'6"
SAND & GRAVEL LOAM
11'6"

121, 122
SIMILAR TO 119, 120
25 & ROCK



SOIL PROFILE 120

0'
TOPSOIL
6"
BROWN CLAY
3'
DARK ORANGE SANDY CLAY LOAM
6
TAN SSL
11'6"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-11-96	120	4'6" / 11'6"	3:04	3:06	3:06	3:08	2 MIN
	119	5' / 11'6"	3:17	3:20	3:20	3:24	4 MIN
	121	4'6" / 10'6"	3:27	3:29	3:29	3:33	4 MIN
	122	6' / 12'	3:27	3:29	3:29	3:33	4 MIN

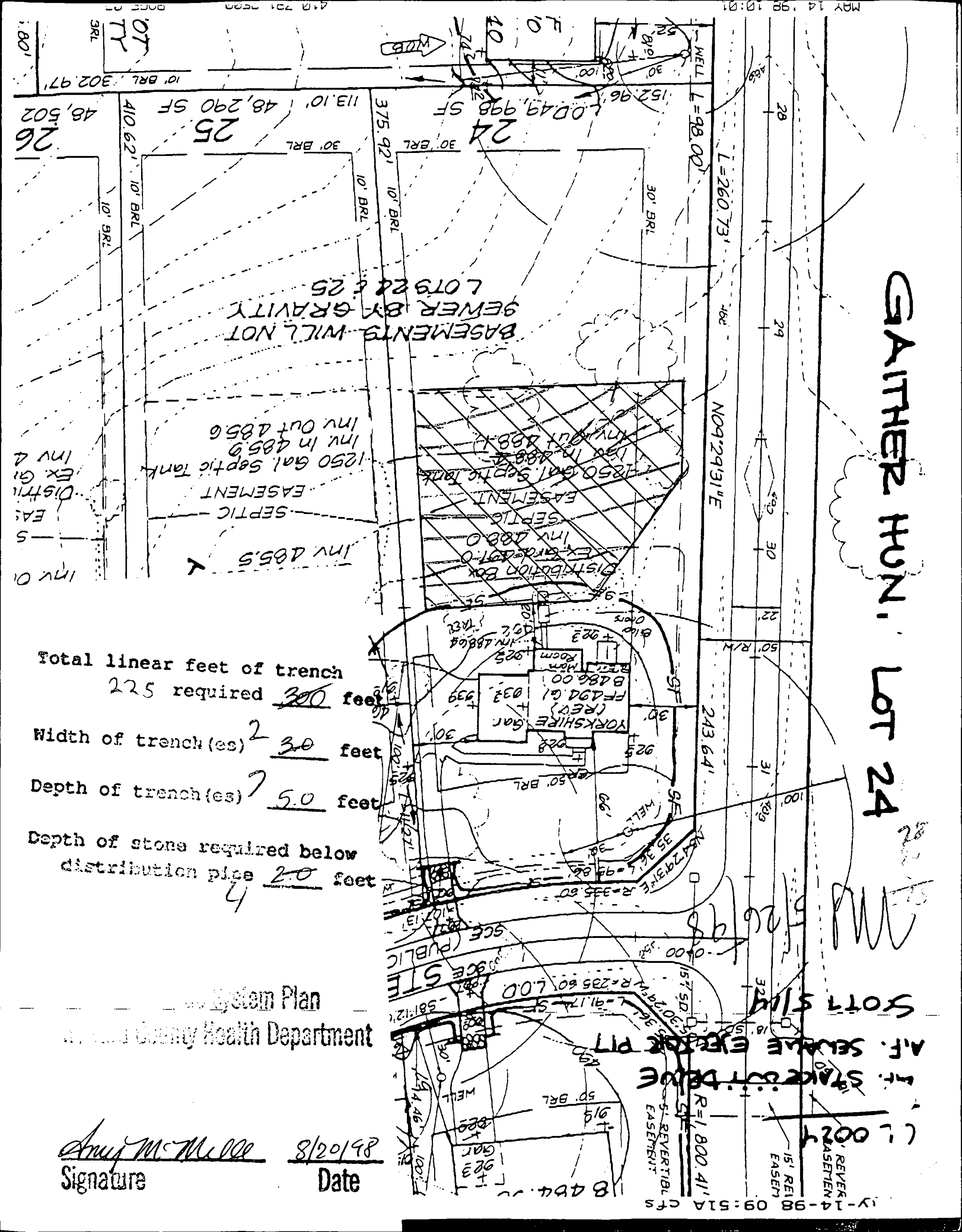
REMARKS LOT ~~43~~ 24

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MIN TRENCH WIDTH DON MIKE & MIKE REDUCER

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180



Total linear feet of trench
225 required ~~300~~ feet

Width of trench(es) 2 ~~3.0~~ feet

Depth of trench(es) 7 ~~5.0~~ feet

Depth of stone required below distribution pipe ~~2.0~~ feet
4

... System Plan
... County Health Department

Signature: [signature] Date: 8/20/98

12-3-98
WPT
ok

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Lehsac Corporation Telephone 242-6883

License Number 3344
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Ryan Homes Telephone (410) 654-0501
Subdivision Gaither's Hunt Lot # 24 Well Tag # HO-94-1414
Site Address 11000 Steeple Chase Court

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jacuzzi Pump
3. Model # 15Y50AR-F2
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 ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

Well data
1. Depth 400 ft.
2. Yield 3 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.

Signature of Applicant ____

Date ____

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

HD-218

Date 02/21/98

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1414
Location of property (road) ~~Meadowlake~~ 11000 Steeplechase Court
Subdivision Gaither ~~Meadow~~ Hunt Lot 24 Block ____ Plat ____ Sec. ____
Well Driller Michael Barlow Owner Woodlot Enterprises

Depth of well 400 feet
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 32 feet

I. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 2
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill ½ 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5:45	157	30 sec		2
6:00	157	30 sec		2

HD-224

ok KM 4-15-98

MICHAEL BARLOW'S WELL DRILLING & Service, Inc.

912 FAWN COURT · JOPPA, MARYLAND 21085 · (410) 838-6910 FAX (410) 838-3582

Michael Barlow
(410) 838-6910

Date Test Completed: 2/21/98

Well Depth: 230 feet

Permit No. HO 94 1414

Subdivision Gathers Overlook Section _____ Lot 24

Road Road A District _____

	Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1	11:30	32	4sec.	15
2	11:45	108	5sec.	12
3	12:00	157	30sec.	2
4	12:15	157	30sec.	2
5	12:30	157	30sec.	2
6	12:45	157	30sec.	2
7	1:00	157	30sec.	2
8	1:15	157	30sec.	2
9	1:30	157	30sec.	2
10	1:45	157	30sec.	2
11	2:00	157	30sec.	2
12	2:15	157	30sec.	2
13	2:30	157	30sec.	2
14	2:45	157	30sec.	2
15	3:00	157	30sec.	2
16	3:15	157	30sec.	2
17	3:30	157	30sec.	2
18	3:45	157	30sec.	2
19	4:00	157	30sec.	2
20	4:15	157	30sec.	2
21	4:30	157	30sec.	2
22	4:45	157	30sec.	2
23	5:00	157	30sec.	2
24	5:15	157	30sec.	2
25	5:30	157	30sec.	2
26	5:45	157	30sec.	2
27	6:00	157	30sec.	2
28				

01354 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER A 56429 x

ST/CO USE ONLY
DATE Received MM 05 DD 90

DATE WELL COMPLETED MM 3 DD 3 YY 90

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94 1414

OWNER Woodlot Enterprises
STREET OR RFD Rd. A (last name / first name) TOWN Wild Lake
SUBDIVISION Gaither Overlook SECTION _____ LOT 29

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 FROM	FEET TO	check if water bearing
ORANGE SILT SOIL	0	18'	
TAN SILT SOIL SOME FLINT WEATHERED TAN GREEN ROCK	18'	31'	
GREEN GRAY MED HARD ROCK	31'	39'	
WATER	39	400' ✓	
	60'		
	108'		

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [ ] no [N]

CIRCLE APPROPRIATE LETTER
- A — 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 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 546
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 10 NO. OF POUNDS 940
GALLONS OF WATER 60 est.
DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft. to 42' (BOTTOM) ft.
(enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6"	42'

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below: [ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

EACH SCREEN	DEPTH (nearest ft.)		
1	40	42'	400'
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 — PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2.
METHOD USED TO MEASURE PUMPING RATE Watch + Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 32 ft.
WHEN PUMPING 157 ft.

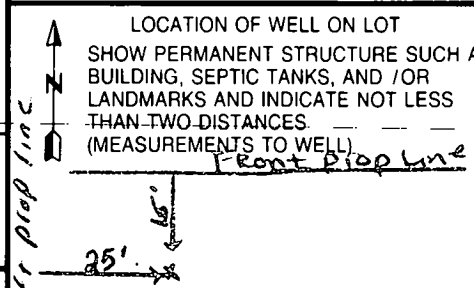
TYPE OF PUMP USED (for test)
[A] air [P] piston [T] turbine
[C] centrifugal [R] rotary [O] other (describe below)
[J] jet [S] submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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 [−] below LAND SURFACE 2 (nearest foot)

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)



COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 2015 | 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: HO - 94 - 1414

fill in this form completely

Date Received (APA): 2/5/98

OWNER INFORMATION

WOODLOT ENTERPRISES
Last Name / Owner / First Name

5026 DORSEY HALL DR. Site 204
Street or RFD

ELLICOTT CITY MD 21042
Town / State / Zip

DRILLER INFORMATION

MICHAEL BARLOW MD WD 355
Driller's Name / License No.

MICHAEL BARLOW WELL DRILLING SERV. INC
Firm Name

912 FAWN CT JOPPA, MD 21085
Address

Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION

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

[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL

[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) / JETTED / Jetted & DRIVEN

AIR-ROTary / (AIR-PERcussion) / ROTARY (Hydraulic Rotary)

CABLE / REVerse-ROTary / DRive-POINT

other

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: GAP

FORCE: KM (WRITE INITIALS IN BOX) PERMIT No. HO -94 - 1414

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: GAITHER OVERLOOK

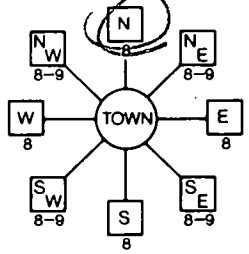
SECTION: / LOT: 24

NEAREST TOWN: WILD LAKE

MILES FROM TOWN (enter 0 if in town): 4 M I

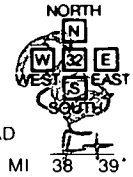
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Mineral Chapel

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 1500 ENTER FT OR MI: FT

TAX MAP: 23 BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: A 56429-X

STATE SIGNATURE: ____ INSERT S: ____

DATE ISSUED: 2-9-98 CO SIGNATURE: Kim Mintz EXP. DATE: 2-9-99

NORTH GRID: 831000 EAST GRID: 520 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

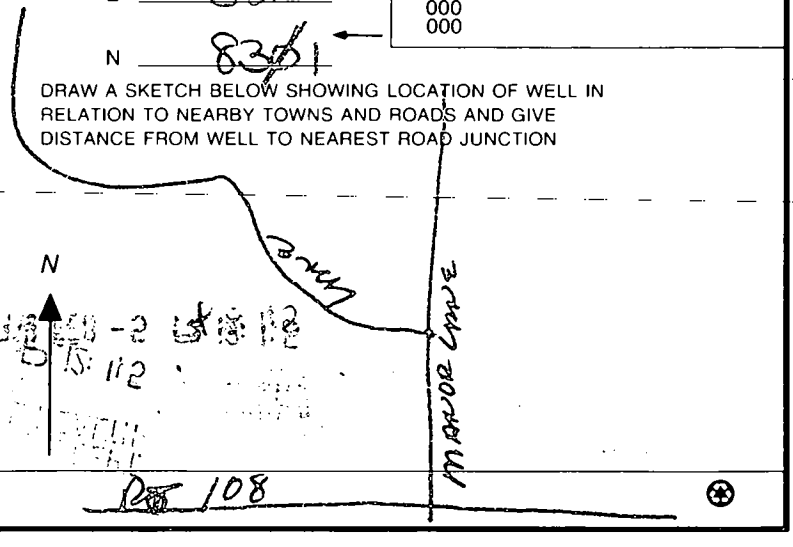
WRITE THE BOX NUMBER FROM THE MAP HERE

E 520

N 831

000
000

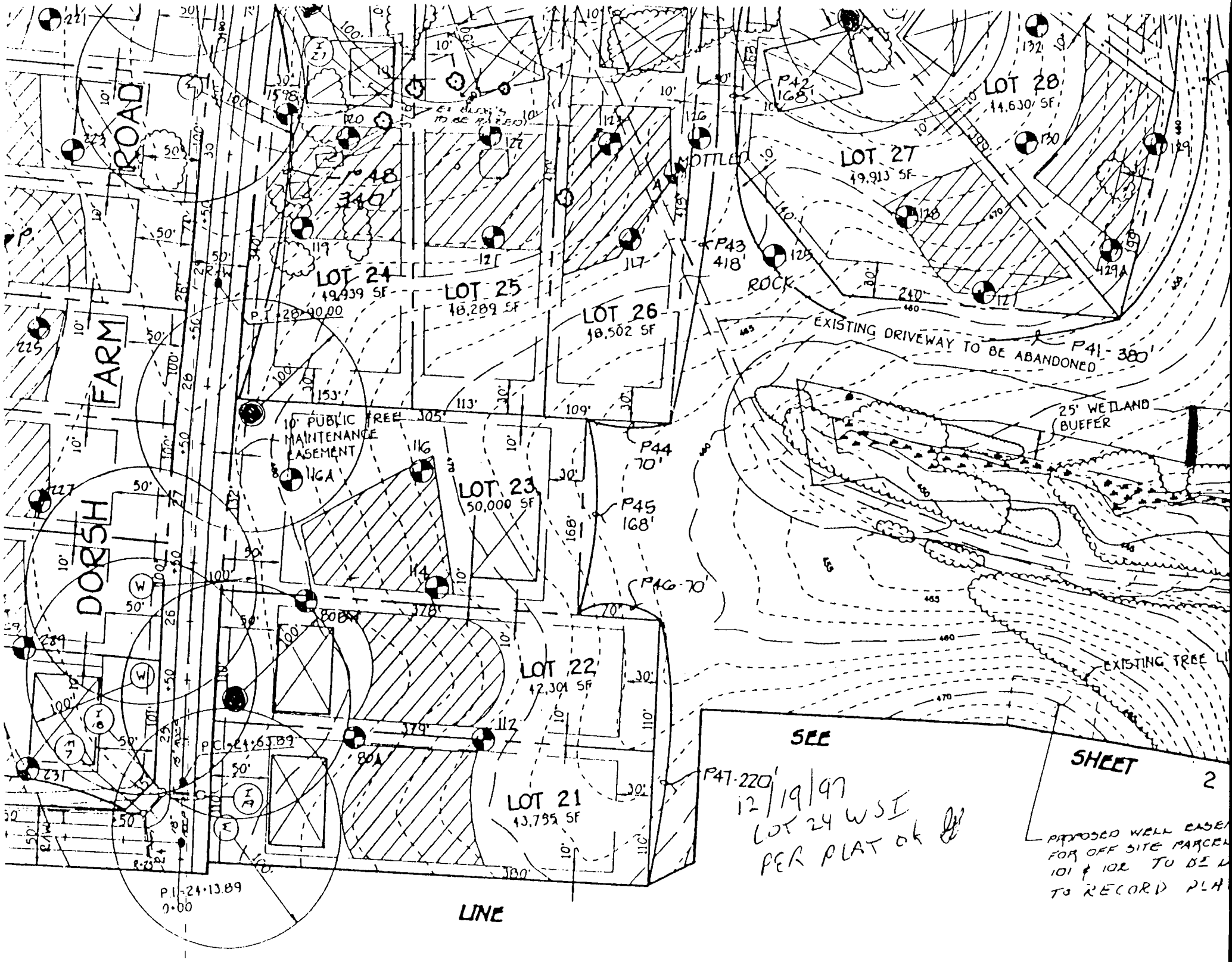
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

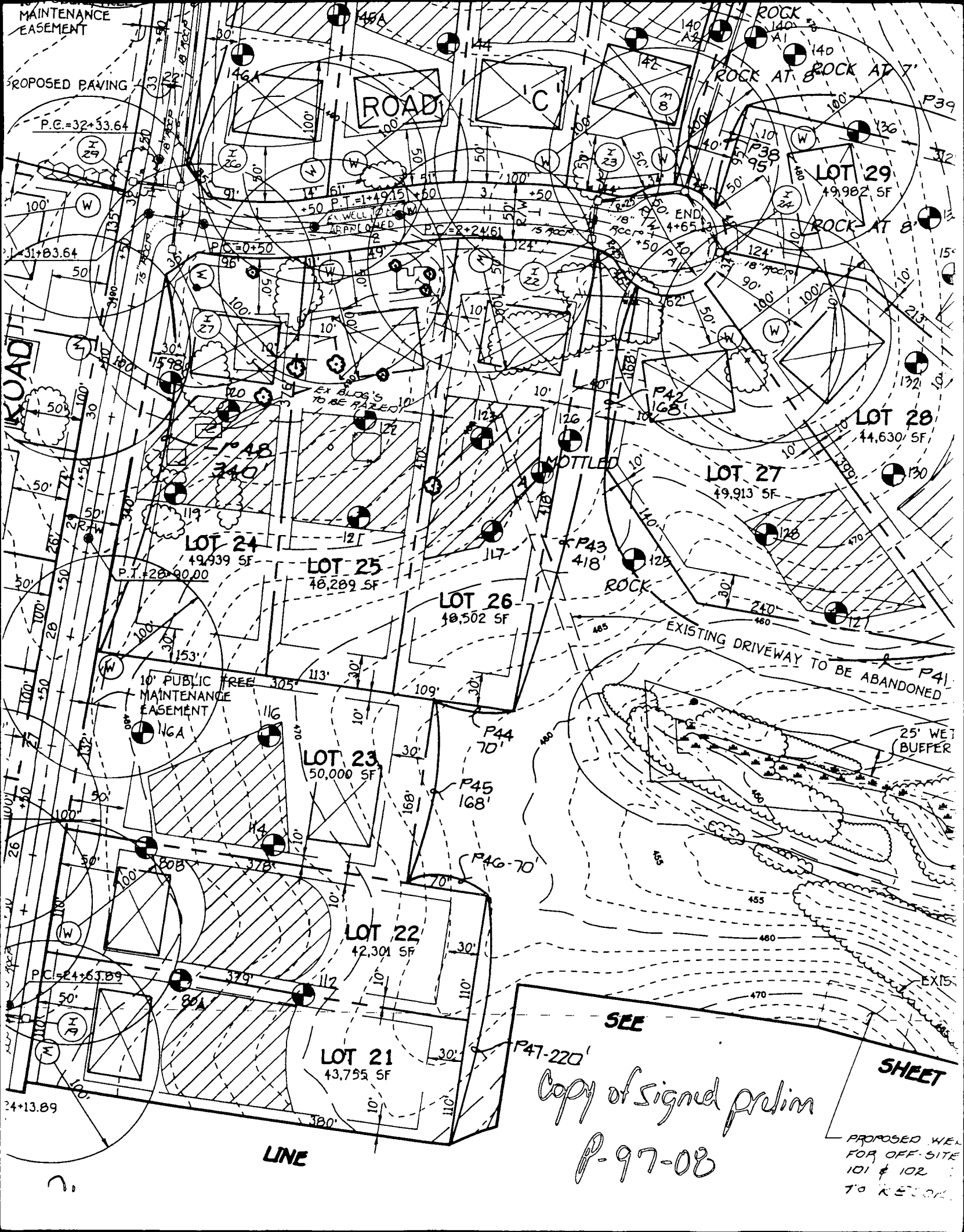


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY


DORSH FARM ROAD
LOT 24
19,939 SF
LOT 25
18,289 SF
LOT 26
18,502 SF
LOT 27
19,913 SF
LOT 28
14,630 SF
LOT 23
50,000 SF
LOT 22
42,304 SF
LOT 21
43,795 SF
P42
168'
P43
418'
P44
70'
P45
168'
P46 70'
P47-220'
ROCK
EXISTING DRIVEWAY TO BE ABANDONED
P41-380'
25' WETLAND BUFFER
10' PUBLIC TREE MAINTENANCE EASEMENT
SEE SHEET 2
12/19/97
LOT 24 WSI
PER PLAT ok
PROPOSED WELL EASE
FOR OFF SITE PARCEL
101 & 102 TO BE
TO RECORD PLA
LINE


MAINTENANCE EASEMENT
PROPOSED PAVING
P.C.=32+33.64
ROAD
C
ROCK
ROCK AT 8'
ROCK AT 7'
LOT 29
49,982 SF
LOT 28
44,630 SF
LOT 27
49,913 SF
LOT 24
49,939 SF
LOT 25
48,289 SF
LOT 26
48,502 SF
LOT 23
50,000 SF
LOT 22
42,301 SF
LOT 21
43,755 SF
P.T.=1+49.15
P.C.=2+24.61
P.C.=0+50
P.T.=28+90.00
P.C.=24+63.89
P.C.=31+83.64
EX. WELL TO BE ABANDONED
EX. BLDG'S TO BE RAZED
MOTTLED
P42 168'
P43 418'
P44 70'
P45 168'
P46-70'
P47-220'
EXISTING DRIVEWAY TO BE ABANDONED
10' PUBLIC TREE MAINTENANCE EASEMENT
25' WET BUFFER
SEE SHEET
PROPOSED WELL FOR OFF-SITE 101 & 102
Copy of signed prelim
P-97-08

EXISTING WELLS FIELD
LOCATED BY
CLARK · FINEFROCK
& SACKETT

GAITHER HUNT
10-98