

4/17/99
pm.c.d.
5/1/99
pm
5/12/99
pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511537

A 50908-P

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 4/23/99

DATE SYSTEM APPROVED 10/5/99

INSPECTOR CW

RP# 325733
INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5674

SUBDIVISION Quarterfield III LOT 14 ROAD 11623 Whitetail Lane

PROPERTY OWNER Murari Bijputra

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

Future pump pit - 1250 gallon septic tank in series.

NUMBER OF BEDROOMS 4

***4" schedule 40 or 4" schedule 80 PVC sleeve to be installed under driveway for potential future repair line.

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

9/11/99
*Met contractor at site - upper drywell not possible by gravity - I agreed that they could install dist. box with 2 drywells by gravity to both be in service now (Nov 99) (D)

INSTALL: 2 DRYWELLS each drywell 15 x 15 x 6 in size = 360 square feet totalling 720 square feet of absorption area. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below pipe.

LOCATION: Place distribution box at center of high edge of easement or approximately as follows: 70 feet off the rear lot line and 15 feet off left lot line. Install one drywell as close to left rear lot corner as possible. Install second drywell just outside 100' well radius and as close to left lot line as possible.

NOTES: Provide 6" - 8" diameter cleanout and cap to grade or above on septic tanks and each drywell. House invert to be raised as much as possible; distribution box to include bull run valve to be switched by contractor each time septic tanks are pumped.

PLANS APPROVED BY Amy McMillen/Mark Rifkin OK/MR DATE 3-24-1999

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)
9204 BOLLISON-DECK

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 25/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

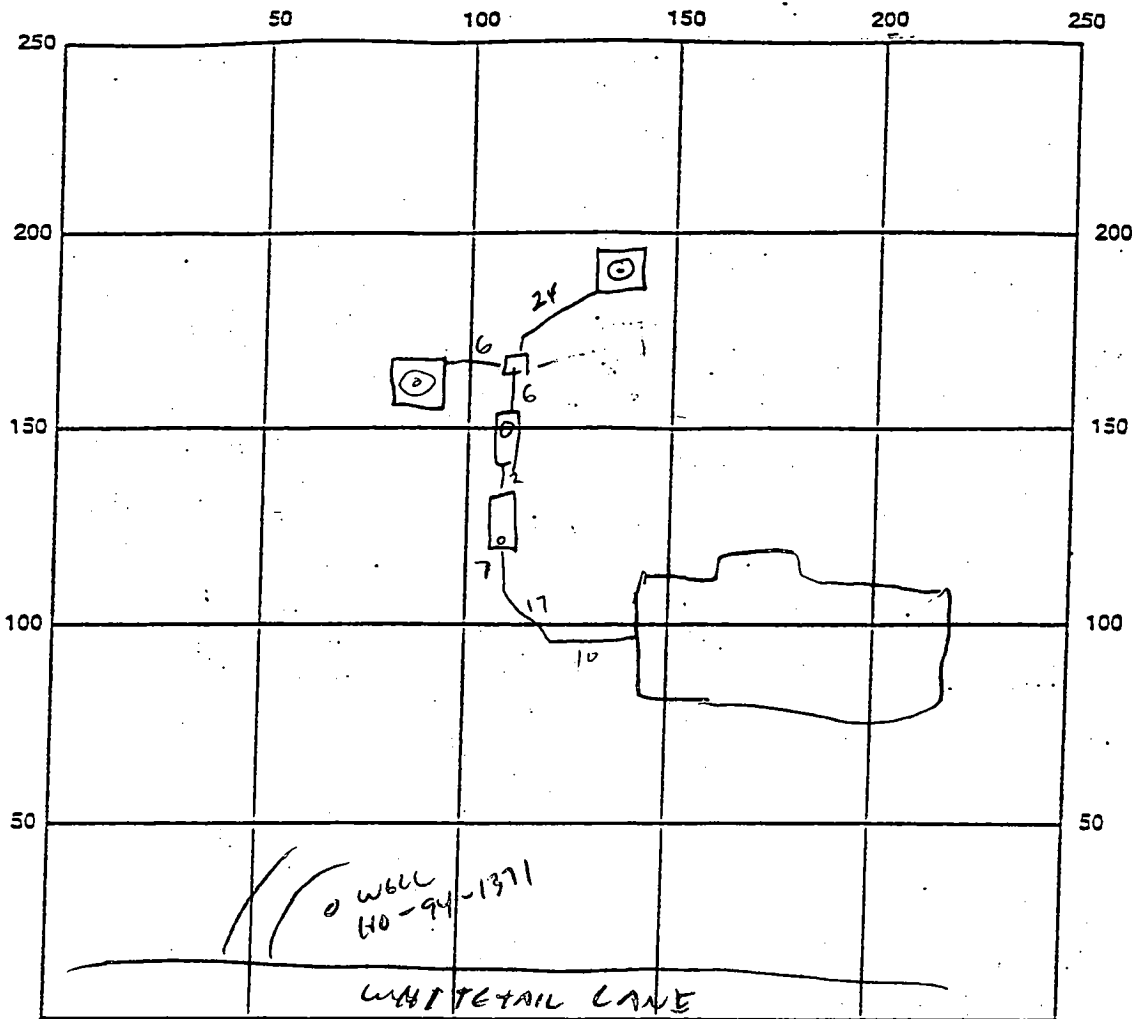
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A511537



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL (2) ✓ CLEANOUTS STV ✓ STV ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH — FT. TRENCH WIDTH — FT. INLET DEPTH — FT.

EFFECTIVE GRAVEL DEPTH — FT. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — ONE SIDEWALL/BOTTOM AREA — SQ. FT.

DRYWALL INSIDE DIAMETER 60 FT. EFFECTIVE DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 360 SQ. FT. X 2 DRYWELLS = 720 SQ FT TOTAL SIDEWALL

REMARKS: SYSTEM ALREADY COMPLETE. OK TO COVER WHEN FINISHED 5/24/99 CW

REVISOR: SEPTIC EXTENSION APPROVED ON WELL CHECK DRAWING. 10/5/99 CW

DATE SYSTEM APPROVED 10/5/99 INSPECTOR C. W. [Signature]

APPLICATION

PERCOLATION TESTING

A A50905P

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 10/12/95

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 MR TOM SCRIVENER MURARI Bijpura
~~CONTRACT PURCHASER~~

ADDRESS 5026 VORSEY HALL DRIVE #204 PHONE 964-5522
ELLICOTT CITY, MD 21042

AGENT OR PROSPECTIVE BUYER DONALD R. KELNER JR. LAND DESIGN & DEVELOPMENT, INC.
~~DEVELOPER~~

ADDRESS 10805 HICKORY RIDGE ROAD PHONE 740-2100
COLUMBIA, MD 21045

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. TX 14 on P.C.

ROAD AND DESCRIPTION PROPOSED WHITETAIL LANE - THIRD ELECTION DISTRICT,

ADJACENT TO QUARTERFIELD I & II OFF OF FOLLY QUATER ROAD
(11623 WHITETAIL LANE)

TAX MAP 23 PARCEL # 84

~~BLDG. PERMIT SIGNED~~
~~AND RETURNED 1-22-99~~
~~Serial # B04/175215~~

SIZE OF LOT CLUSTER ONE ACRE TYPE BLDG. SINGLE FAMILY DWELLING
(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. Robert H. Kelner - AGENT - LTD. INC.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 12/26/95 PERC OK HOLD FOR PLAT MR

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

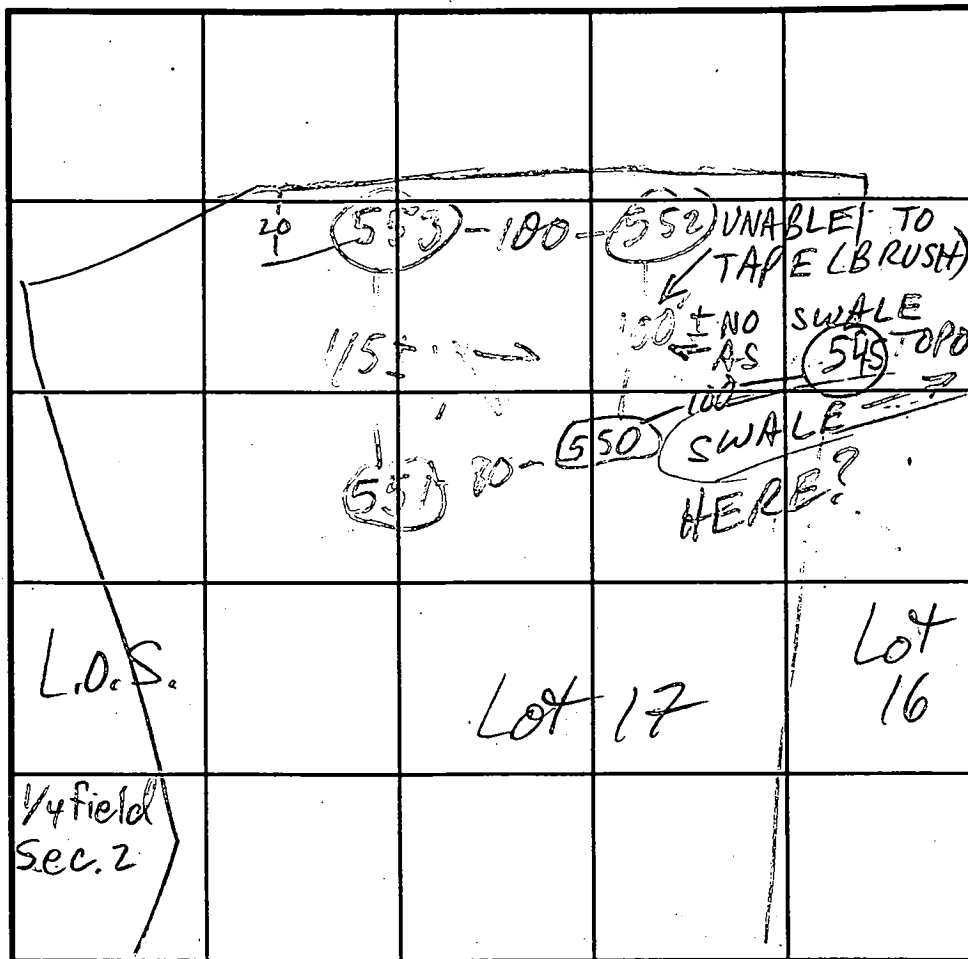
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

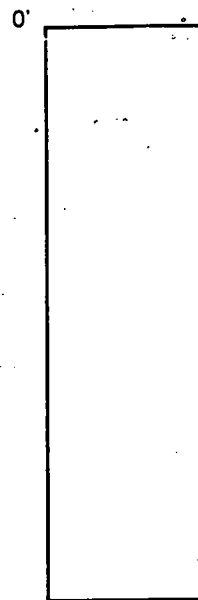
A.50905P
COUNTY #

SOIL PROFILE
ALL HOLES

059 red
cl lm
3 1/2
brn sa
cl lm
5
beige
sa m
10-15%
frags
10 1/2
12



SOIL PROFILE



WHITETAIL LA INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START STOP	TEST - 1" DROP START STOP	TIME
11/8/95	553S	6	11:02 11:05	11:05 11:15	10
	553V	12	OK see profile		
	552S	5 1/2	11:07 11:13	11:13 11:22	9
	552V	10 1/2	OK see profile		
	551S	4 1/2	11:31 11:38	11:38 11:48	10
	551V	11	20% frags above 4'		
	550S	5	11:46 11:48	11:48 11:57	9
	550V	10 1/2	OK see profile		
11/8/95	545S	5	12:01 12:06	12:06 12:16	10
	545V	11			

REMARKS HOLES PER PLAT

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT Assoc. Exc. Don R.

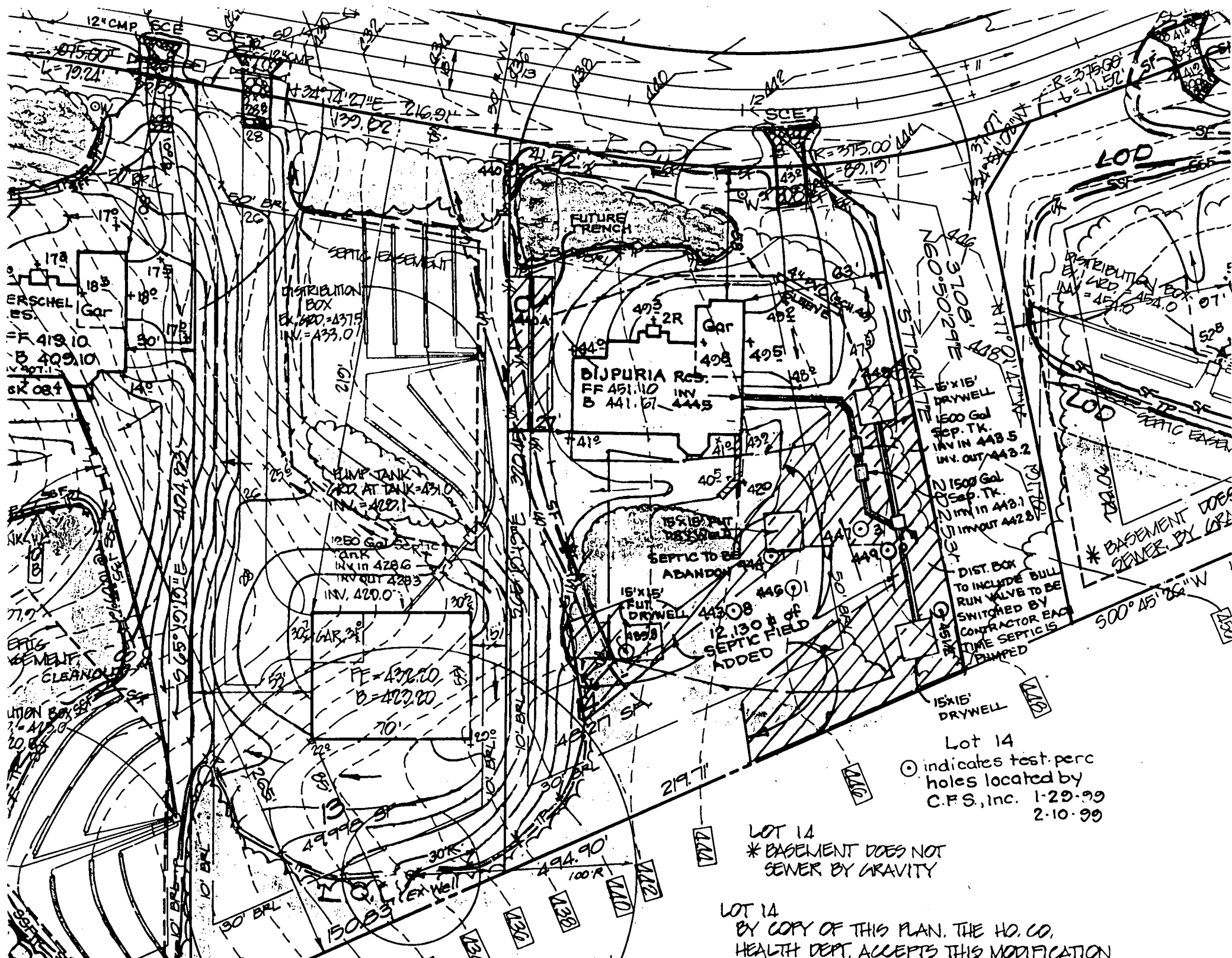
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10

TRENCH WIDTH 3

INLET DEPTH 4 1/2

MAXIMUM BOTTOM DEPTH 6 1/2

SQ. FT./BEDROOM 210



Lot 14
○ indicates test perc holes located by C.F.S., Inc. 1-29-99 2-10-99

LOT 14
* BASEMENT DOES NOT SEWER BY GRAVITY

LOT 14
BY COPY OF THIS PLAN, THE HO. CO. HEALTH DEPT. ACCEPTS THIS MODIFICATION



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

David M. Hammerman, P.E., Director

February 3, 1999

Mr. Rick Minor
Greenfield Homes
6656 Luster Drive
Highland MD 20777

SUBJECT: 11623 Whitetail Lane B00115615
STOP WORK ORDER

Dear Mr. Minor:

Pursuant to Section 117.0 of the Howard County Building Code you are hereby ordered to cease all work at the above referenced location. A Stop Work Order was posted at the property on February 2, 1999, at the request of the Howard County Health Department. Please refer to the attached letter from the Health Department dated February 1, 1999.

Accordingly, work can only resume upon notification from the Health Department that this violation has been abated. Failure to comply with this Order will result in a more positive enforcement action being taken.

If you have any questions regarding the above matter, contact Philip G. Henderson, Sr., Building Inspector, Monday through Friday between 8:00 and 9:00 a.m. at 410-313-1816.

Sincerely,

INSPECTIONS AND ENFORCEMENT DIVISION

Philip G. Henderson
Building Inspector

Enclosure

CERTIFIED MAIL Z 077 135 465
RETURN RECEIPT REQUESTED-RESTRICTED DELIVERY & Regular Mail

STOPWORK.FRM/blh/Whi11623.Ltr

c Philip Henderson
Sean Kelly
Mark E. Rifkin, Health Department
Legal File
Regular Mail

2/5/99
STOP WORK
ORDER LIFTED
CW/MR

Post-It Fax Note

7671

Date	2/1	# of pages	1
To	Joey Ecker		
From	Mark		
Co./Dept.	Health Dept		
Phone #			
Fax #			



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 1, 1999

Mr. Rick Minor
Greenfield Homes
6656 Luster Drive
Highland, MD 20777

RE: Sewage Easement Concerns
Quarterfield, Lot 14
11623 Whitetail Lane

Dear Mr. Minor:

During a site inspection on January 29, 1999, it was observed that a large portion of the platted sewage easement contains excessive rocky conditions. A copy of the inspection notes is enclosed.

Determination of the optimum sewage easement location and septic system design is contingent upon submission by a registered engineer of a site plan showing field run topography, actual locations and elevations of all recently excavated test holes, the existing well location and a suitable house site. All existing wells and septic systems within 100 feet of property boundaries should also be shown. The results of this review could have significant consequences upon the house location.

By virtue of this correspondence, we are requesting issuance of a stop work order from the Department of Inspections, Licenses and Permits due to the potential impacts upon the house location.

If you have any questions, please call me at (410) 313-2640.

Very truly yours,

Mark E. Rifkin
Mark E. Rifkin, R.S.

MR

Enclosure

cc: Avis Corbin, DILP
File

UPDATE TO DLP
2/5/99
ISSUES RESOLVED
OK TO LIFT
STOP WORK-ORDER.
THANKS FOR
YOUR ASSISTANCE.

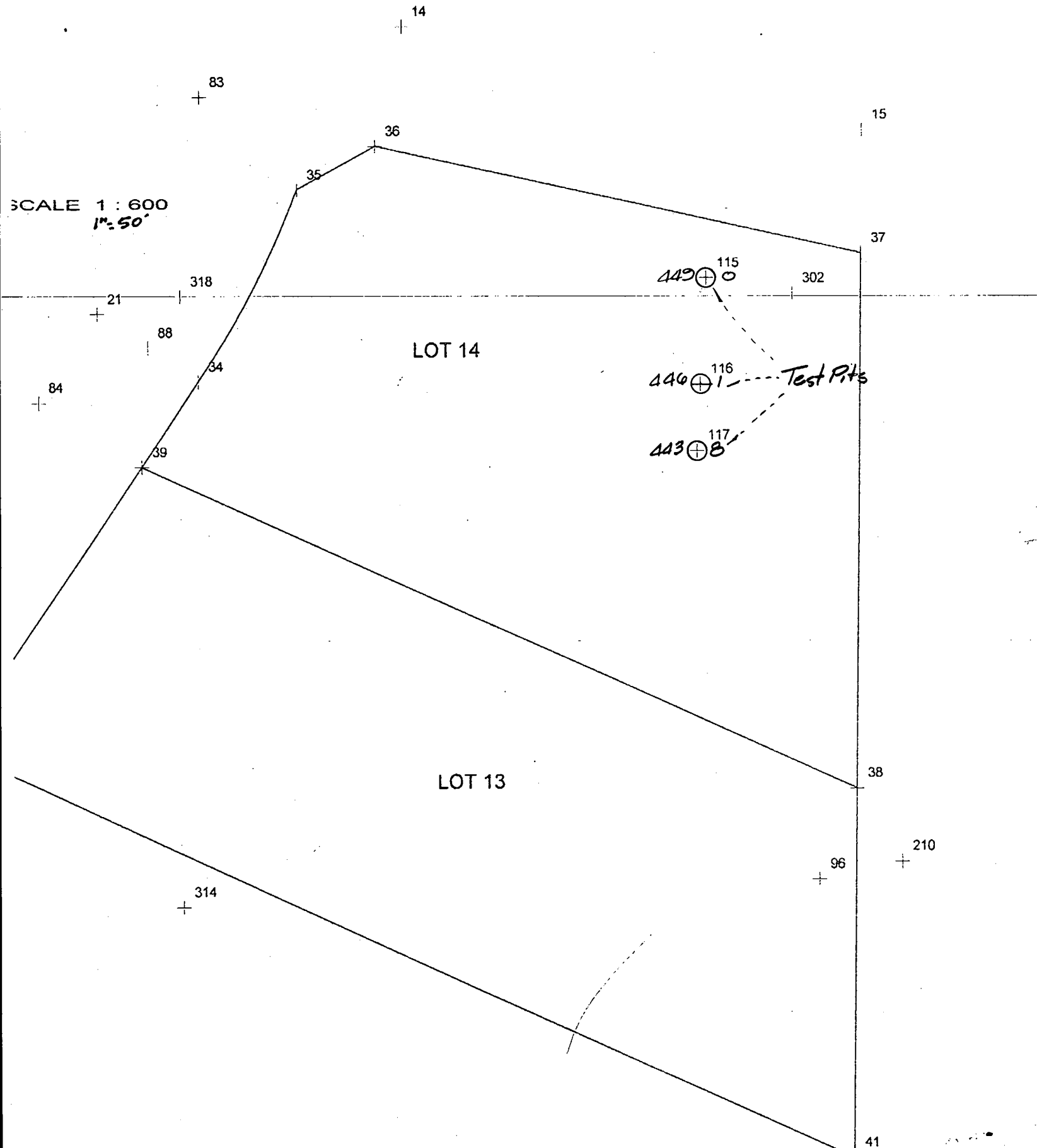
*Craig
M. Rifkin*

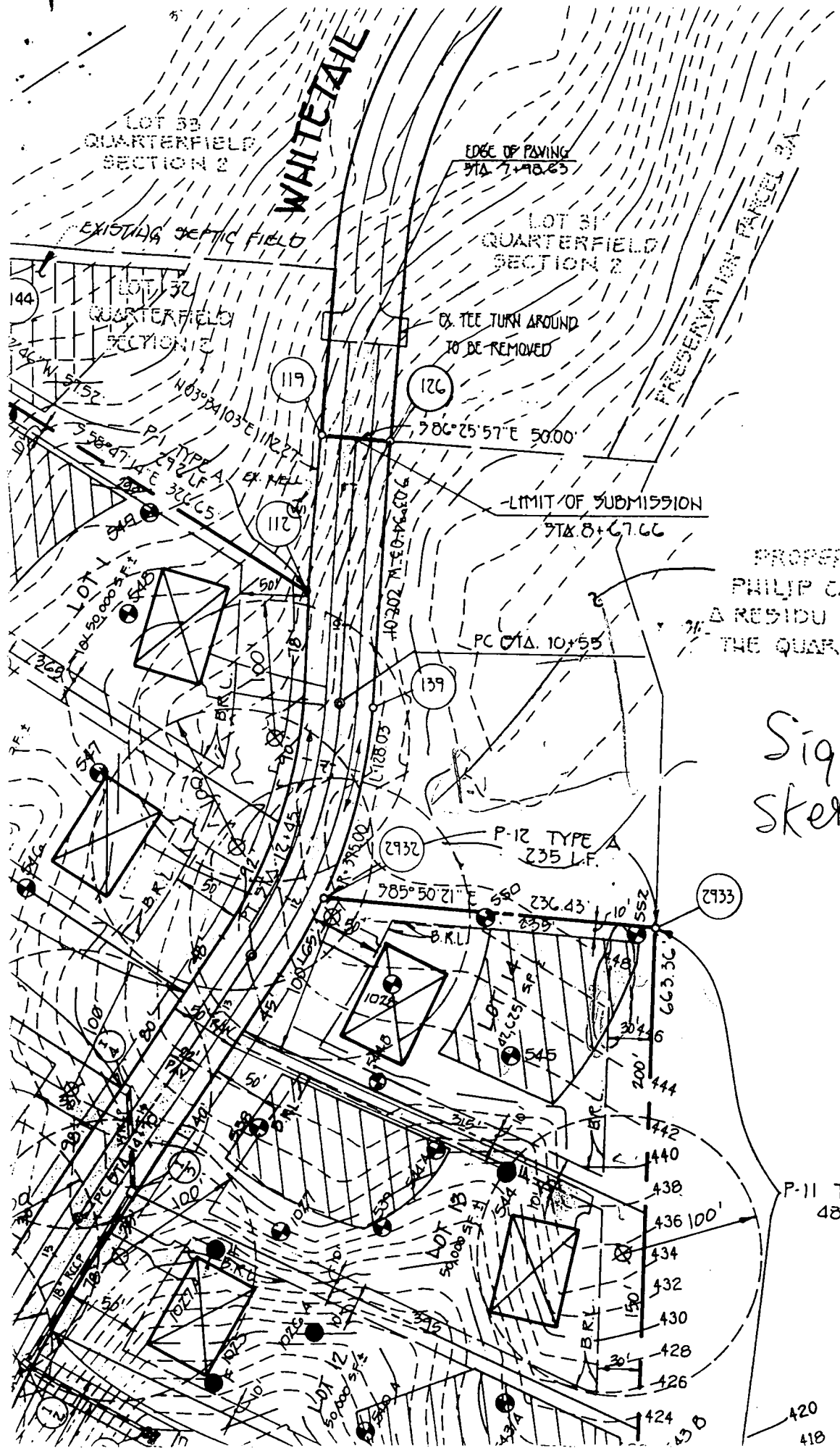
1999 FEB -5 PM 2:04

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

Quartermfield
Test pits Lot 14
1-29-99

SCALE 1 : 600
1" = 50'

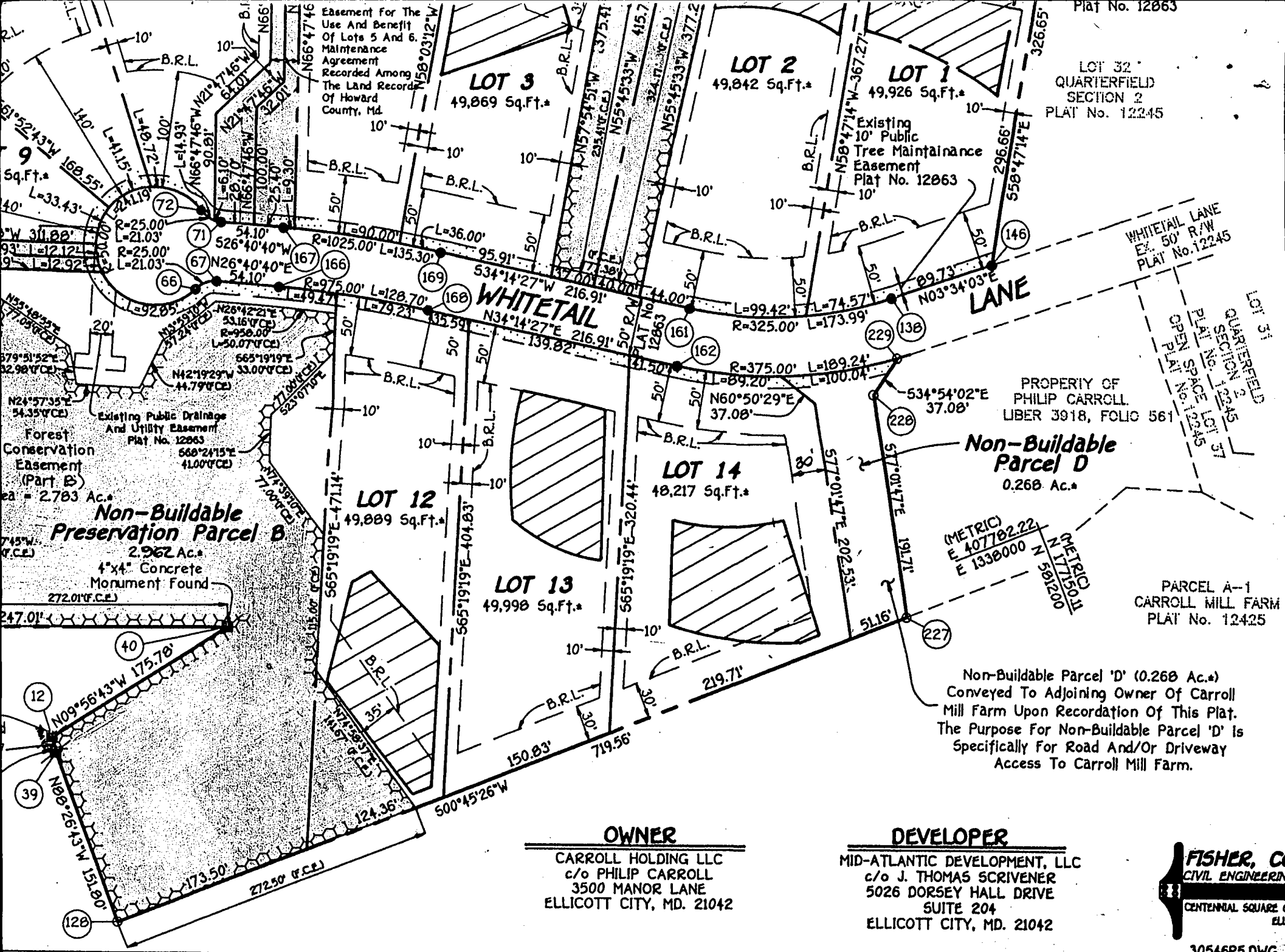




Signed
Sketch Equiv.
Prelim

PROPERTY OF
SOUTH MANOR F

Plat No. 12063
LOT 32
QUARTERFIELD
SECTION 2
PLAT No. 12245



OWNER

CARROLL HOLDING LLC
c/o PHILIP CARROLL
3500 MANOR LANE
ELLICOTT CITY, MD. 21042

DEVELOPER

MID-ATLANTIC DEVELOPMENT, LLC
c/o J. THOMAS SCRIVENER
5026 DORSEY HALL DRIVE
SUITE 204
ELLICOTT CITY, MD. 21042

FISHER, CO.
CIVIL ENGINEERING
CENTENNIAL SQUARE
ELLICOTT CITY, MD. 21042

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

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Retest to
adjust system
design/location due
to rock @ rear of
platted sewage smt. nr

DISTRICT _____

DATE _____

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

PROPERTY OWNER Greenfield Homes

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Quarterfield III LOT NO. 14

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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

SOIL PROFILE

beige org
brn c / m

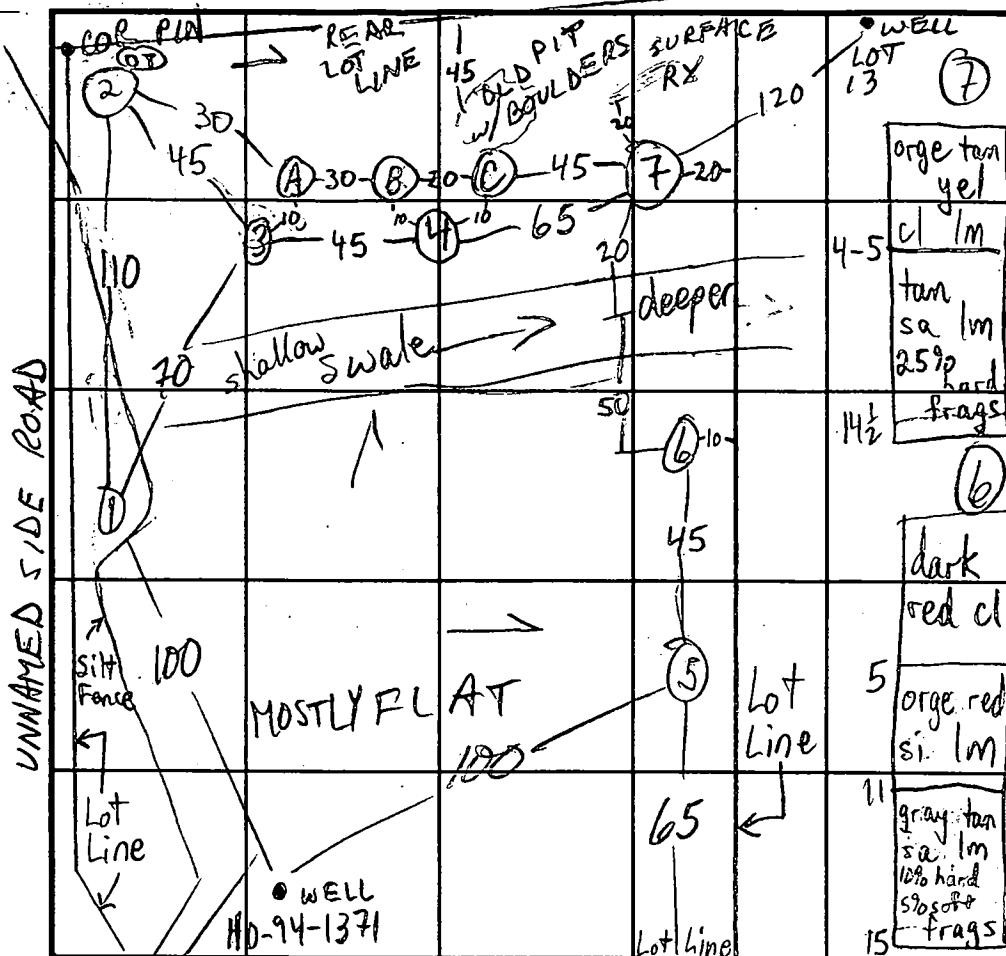
brn tan
gray orge
sa lm
10-15%
mostly
decomposed
Rx frags

orge
brn
cl lm

orge tan
salin
5% hard
Frag
10%
decomposed

brn red
c/ lm

tan white
beige
sa lm
20% soft
frags
5% hard
frags



SOIL PROFILE

brn	orge
C	lm

tan white
beige
sa lm
10% soft
frags
15-20%
hard
frags

red orge c
tan orge sa 1m 10% soft frags 10% hard frags

WHITETAIL LANE INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

WHITE TAIL LA

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/4/99	1 V	15	OK	see profile			
"	2 V	15	OK	see profile			
	3 V	15	OK	see profile			
	4 V	15	OK	see profile			
	5 V	15	OK	see profile			
	6 V	15	OK	see profile			
	7 V	14 1/2	OK	see profile			
1/29/99	A-C	COMMON		50-75% CL		3'	
		PROFILE	4-6'	ROCK	sa lm		
				REFUSAL		6-7'	
				REAR	FRONT		

REMARKS HOLES ①-⑦ OK FOR DRYWELLS

TYPE OF SOIL

TESTED BY M. Riffkin

ALSO PRESENT Flock crew, R. Minor

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

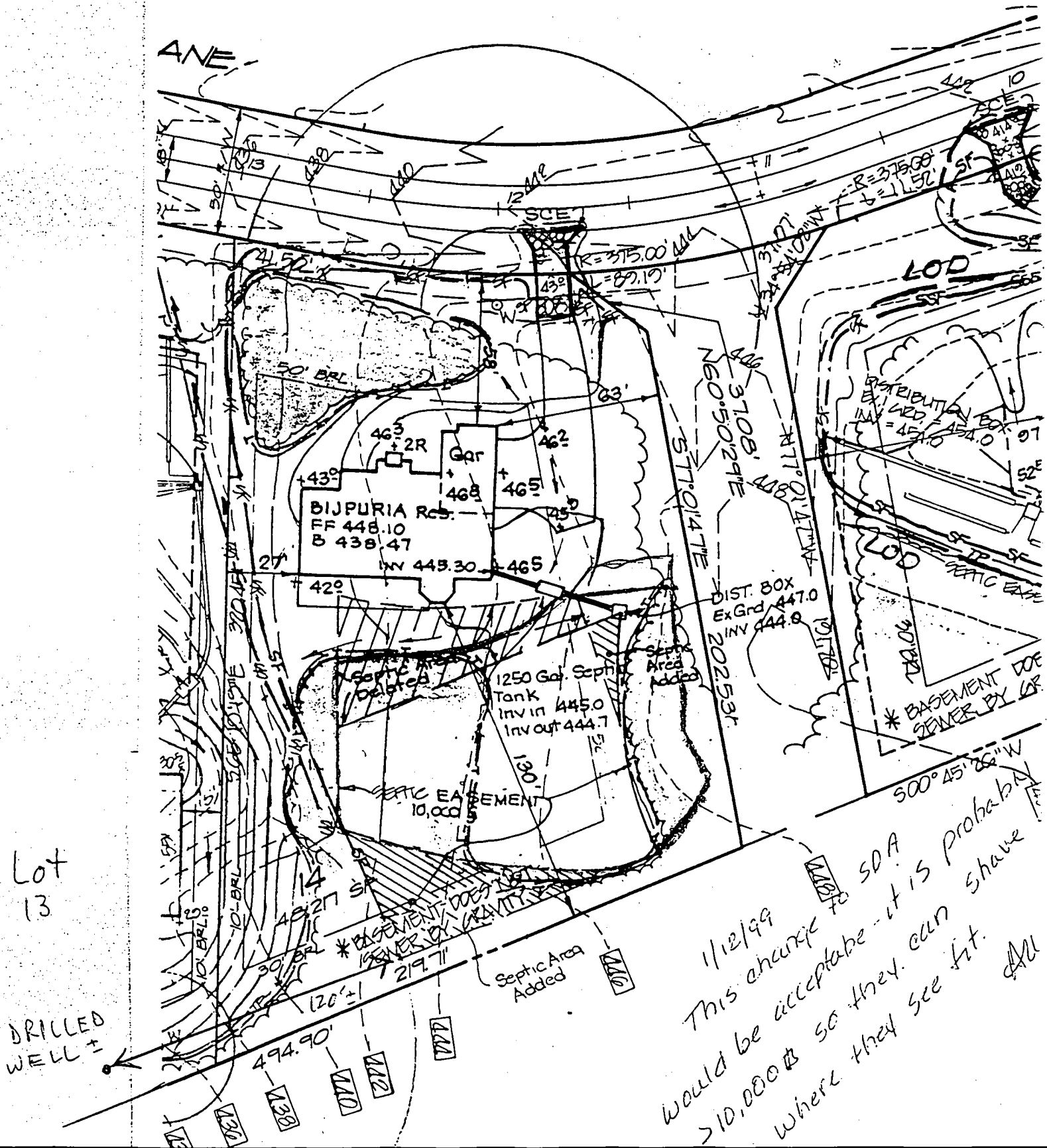
MAXIMUM BOTTOM DEPTH

SO FT/BEDROOM

Quarterfield III

Lot 14

ORIG
BP PLAN



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 X
Replacement _____

Receipt # _____
Date _____

Name of Installer Garland Plumbing

Telephone 410-875-5303

License Number 6352

Certified Well Pump Installer _____ Well Driller _____

Registered Plumber X

Name of Property Owner Murari B. Gupta

Telephone 410-356-3119

Subdivision Quakerfield Lot # 14

Well Tag # _____

Site Address 1623 Whitetail Lane

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
d. Gravels

Motor

1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 ✓

Pitless Adapter

1. Make Harsco
2. Model # PT800
3. Depth 48"

4. Capacity 2 GPM

5. Pump exceeds well capacity Yes _____ No X

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 X

Tank

1. Capacity 250
2. Pressure relief valve? Yes

Piping

1. Type Poly
2. Size 1"
3. NSF and/or HOGA Code approved Yes
4. Depth of supply line 48"

Well data

1. Depth 100 ft.
2. Yield 2 GPM
3. Static water level 80 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 _____

Date: 3-24-99

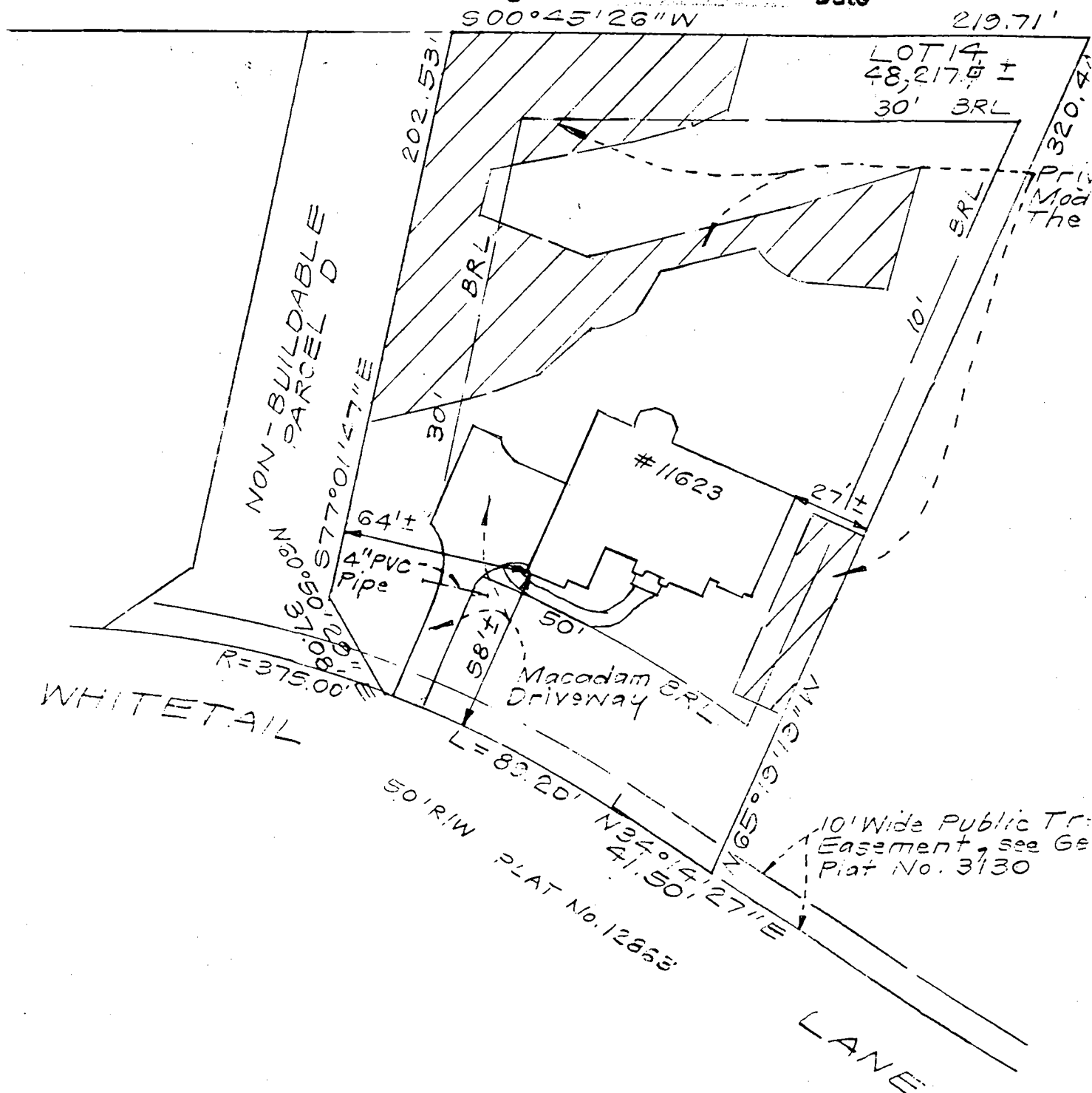
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Approved Septic System Plan

Howard County Health Department

REVISED SEPTIC EASEMENT DUE TO
UNANTICIPATED FIELD CONDITIONS
000115615

Craig W. O'Neil 10/5/99
Signature Date



C1

9781

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

A50905 I

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
3/3/98

DATE WELL COMPLETED
MM DD YY
3 2 98

Depth of Well
22 130 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1371

28 29 30 31 32 33 34 35 36 37

OWNER
STREET OR RFD
SUBDIVISION

Greenfield Homes
Whitetail Lane
Quarterfield

first name
TOWN
SECTION
LOT

West Friendship Md.
3
14

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 TO

check
if water
bearing

Sand 0 40
Gray Micaceous Rock 40 130 ✓

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 1598

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 40 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below

STEEL ST CONCRETE CO
PLASTIC PL OTHER OT

MAIN CASING TYPE ST

Nominal diameter
top (main) casing
(nearest inch) 6

Total depth
of main casing
(nearest foot) 44

60 61 63 64 66 70

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

EACH CASING

screen type
or open hole

insert
appropriate
code
below

STEEL ST BRASS BR OPEN HOLE HO
BRONZE PL PLASTIC PL OTHER OT

C2

DEPTH (nearest ft.)

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1376
Location of property (road) Whitetail Lane
Subdivision Quarterfield Sec 3 Lot 14 Block Plat Sec.
Well Driller Joseph Wayne Owner Greenfield Homes

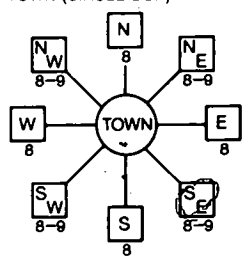
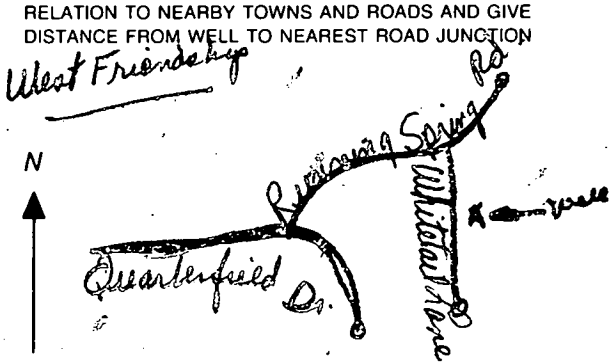
Depth of well 130'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 2.9 gpm.
Total time 15 min to reach pumping water level 72' ft. below M.P.

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

[illegible]

B 1	9486	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-130771
(THIS NUMBER IS TO BE PRINTED IN COLUMNS 3-6 ON ALL CARDS)		fill in this form completely		
Date Received (APA) 02/09/98		LOCATION OF WELL COUNTY Howard SUBDIVISION Quarterfield SECTION 3 LOT 14 NEAREST TOWN West Friendship MILES FROM TOWN (enter 0 if in town) 4 M I		
OWNER INFORMATION Last Name Greenfield Owner Homes First Name Street or RFD 6656 Luster Drive Town Highland Md. 20777 Zip		DRILLER INFORMATION Driller's Name Joseph L. Mayne MS D 24 License No. Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph L. Mayne Date 2/7/98		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD Whitetail Lane DISTANCE FROM ROAD 25 FT ENTER FT OR MI FT TAX MAP: _____ BLK: _____ PARCEL: _____		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard Co COUNTY NO. A509051 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 01/06/98 CO SIGNATURE A. M. Miller EXP. DATE 1/6/99 NORTH GRID 520 000 EAST GRID 825 000		
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 5205		
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		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) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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 _____ G A P _____ FORCE AM INITIALS IN BOX AM PERMIT No. HO-94-130771		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

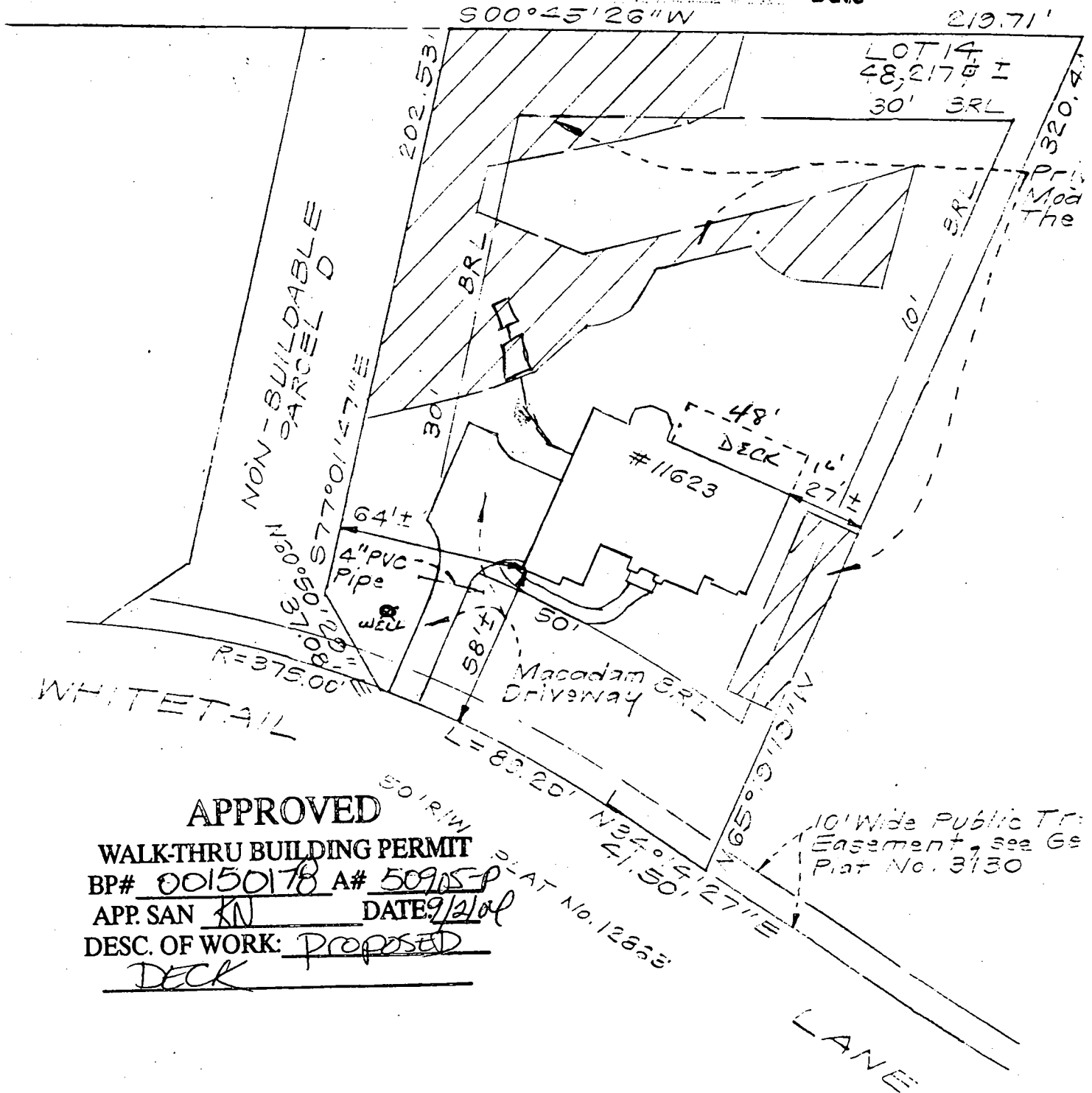
Approved Septic System Plan

Howard County Health Department

REVISED SEPTIC EASEMENT DUE TO
UNANTICIPATED FIELD CONDITIONS
B00115615

Craig W. Little
Signature

10/5/99
Date



APPROVED

WALK-THRU BUILDING PERMIT

BP# 00150178 A# 50905-P

APP. SAN KN DATE 9/2/01

DESC. OF WORK: Proposed

DECK