7/12/99
3 pm 20
8/14/00
Anytime House Conn
8/18/00 Tank lid insp (anytime)
~~11/17/00 Pump Test 11:00~~

PERMIT

SEWAGE DISPOSAL SYSTEM

~~Needs Pump Test 11/17/00~~ OK
Needs sealing of gap between manhole risers (leaks) before TCOP 11/29

P 511993

A 50905-N

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

11/27/00 Pump Test 11:00

HOWARD COUNTY HEALTH DEPARTMENT

DATE 7/6/99

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/1/00

12/1/00 check mailed

INDEXED RPS# 325725

INSPECTOR M. Rifkin

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

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-~~988-9270~~ 795-5670

SUBDIVISION Quarterfield III LOT 13 ROAD 11629 Whitetail Lane ~~Quarterfield Road~~

PROPERTY OWNER Greenfield Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PUMPED SEPTIC SYSTEM ONLY

INSTALL: 1-1250 Gallon Pump Chamber

NOTES:
- Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 6½ feet below orginal grade. Effective area begins at 4½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 90 feet down the left lot line and 10 feet off this same lot line as seen when facing the lot from Whitetail Lane. Run trenches along 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. ok 7/2/99 DIS

BUILDING PERMIT SIGNED AND RETURNED

1-9-03 - 2 BDRM ADDITION B00139621

PLANS APROVED BY Donna K. Soe DATE 6-03-1999

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 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.

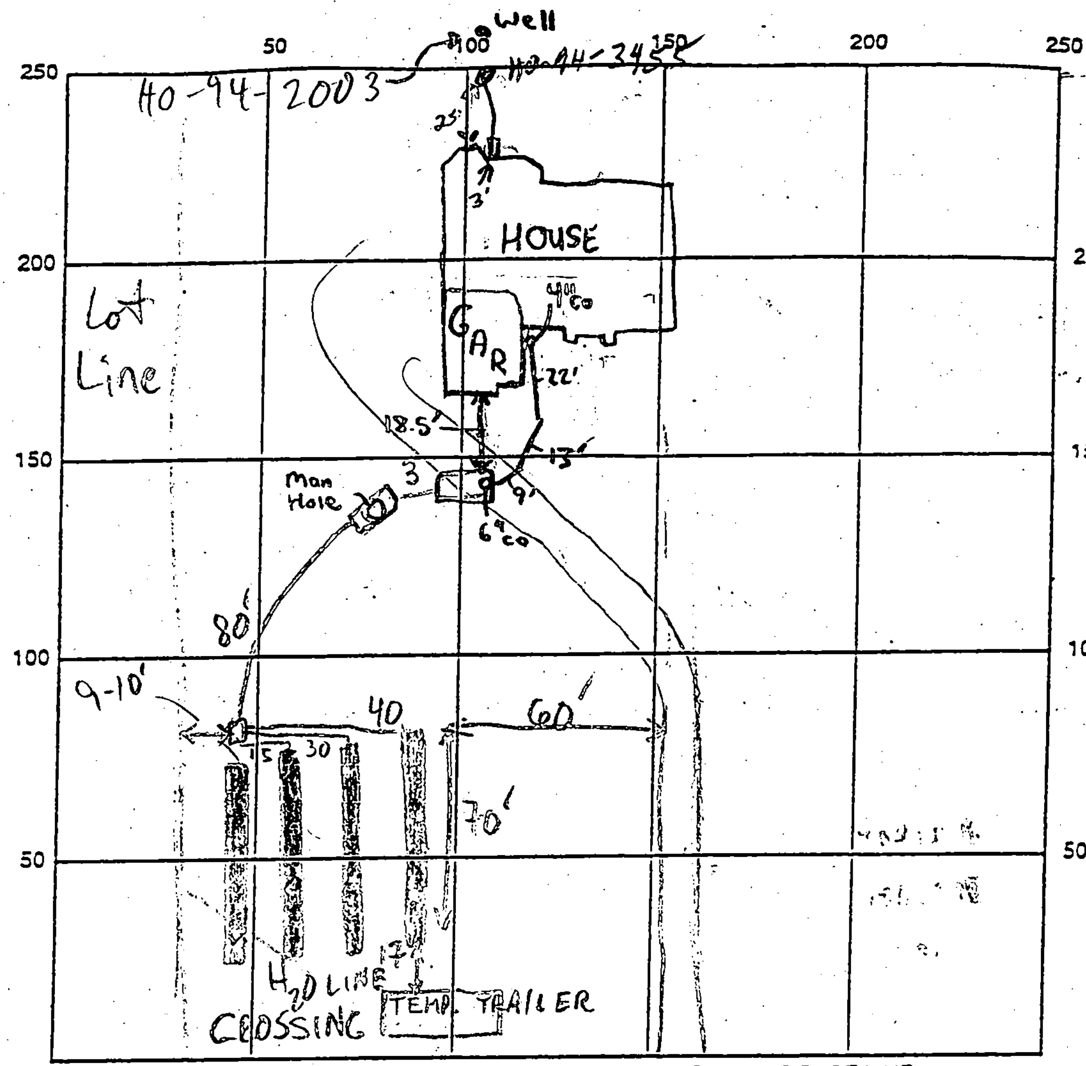
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

P 511993

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

D-260(6-90)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

WHITETAIL LANE

SEPTIC TANK LEVEL 1250 GAL - 2 TANKS CLEANOUTS 6" @ S.T., MH @ PUMP PIT, 4" at House

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/~~TILE~~ DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA ——— SQ. FT.

REMARKS: 7/12/99 OK TO COVER TANKS + TRENCHES; NEEDS HOUSE CONN + PUMP INSP (MR) 8/14/00 - HOUSE CONN. MADE, PUMP PERFORMANCE TEST STILL NEEDED (SRK) 8/15/00 T/C W/BLDR. (R. MINOR): HE WILL INVESTIGATE PROTECTION FOR S.T. (UNDER DRIVE) AND/OR ADJUSTING DRIVE LOCATION (MR)

8/18/00 NO WORK VISIBLE, NO EXCAVATION OBS'D (MR) Not Ready for Pump Test (electrical Problems PJP 11/17/00)

Alarm works OK Pump Test OK - Need to dry off wet inside of waterproof control Box (was left open since last time) Excessive water and Mud Seepage around space between lower plastic + upper concrete Manhole risers since poor landscape position

DATE SYSTEM APPROVED 12/1/00 INSPECTOR M. Rifkin

this contact must be sealed against surface water (rain) infiltration. (or replace with single riser to surface + make water tight) call when ready for final inspection (this was builder's don't-him-self Not Tight) PJP 11/27/00

12/1/00 MH SEALED (MR)

BUILDING PERMIT SIGNED

APPLICATION

PERCOLATION TESTING

A 50905N

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/ CONTRACT PURCHASER MR TOM SCRIVENER (GREENFIELD HOMES)

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

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

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

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. W 13 on P.C.

ROAD AND DESCRIPTION PROPOSED (11627 WHITETAIL LANE) - THIRD ELECTION DISTRICT, ADJACENT TO QUARTERFIELD I & II OFF OF FOLLY QUARTER ROAD

TAX MAP 23 PARCEL # 84

SIZE OF LOT CLUSTER ONE ACRE TYPE BLDG. SINGLE FAMILE 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. Weidler - AGENT - LDD, INC.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR BLDG. PERMIT SIGNED AND RETURNED 4/13/2000 DATE _____
Serial # B00123000

DISAPPROVED BY _____ FOR SFD - 4BRMS DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 12/26/95 PERC NEEDS EXPANSION, HOLD FOR PLAT MR

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

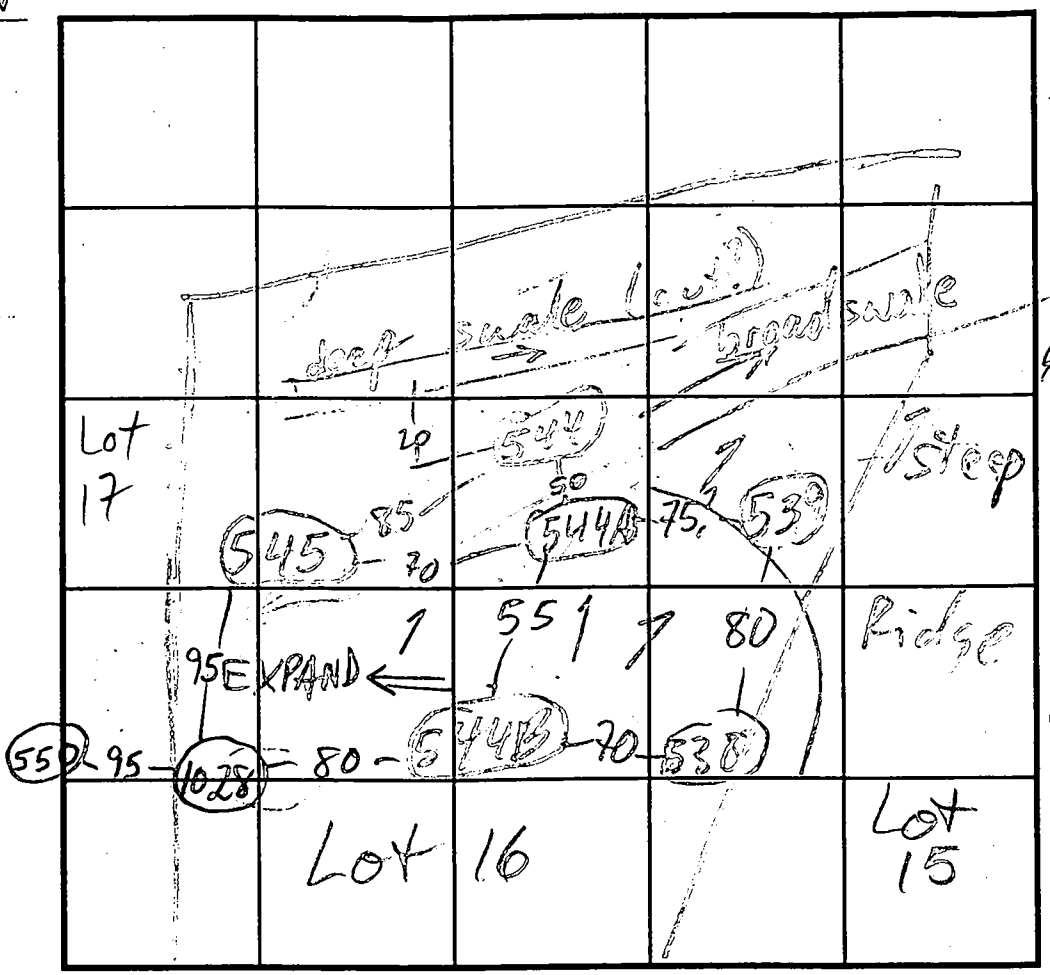
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

A 50905 N
COUNTY #

SOIL PROFILE
0' 545
tan brn sa cl lm
4
beige brn sa lm 15% frags
11
544
20% frags
8½'
sa cl lm
tan sa cl lm 35% frags
5
tan beige sa cl lm 15% frags
11½'
539
red org cl lm
4½
tan brn beige sa lm 10% frags
12



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

SOIL PROFILE
0' 544A
544B red org brn cl lm
4½
sa cl lm
org tan beige sa lm 10% frags
10-11

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/8/85	545 S	5	12:01	12:06	12:06	12:16	10
	545 V	11	OK see profile				
	544 S	5	12:07	12:16	12:16	12:38 STOPPED	3/4 ?
	544 V	11'3"	IN SWALE - NOT TO BE USED				
	539 S	5½	12:38	12:42	12:42	12:49	7 EST
	539 V	12	OK see profile				
	538 S	5½	2:18	2:20	2:20	2:28	8
	538 V	11½	OK see profile				
	544B S	5'3"	2:20	2:28	2:28	2:58	30
	544B V	11	25%	frags	0-4'	better	@6'
	544A V	10	OK see profile				
	544A S	5	2:45	2:46	2:46	2:53	7

REMARKS
TYPE OF SOIL 544, 545, 539, 538 PER PLAT
TESTED BY M. Rifkin ALSO PRESENT Assoc. Exc. Don R.
1027-538-544B-544A-539 13
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME ____ TRENCH WIDTH 3
INLET DEPTH 4½ MAXIMUM BOTTOM DEPTH 6½ SQ. FT/BEDROOM 210

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 _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Quarterfield LOT NO. 16

ROAD AND DESCRIPTION _____

_____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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

HD-216 (3/92)

COUNTY #

SOIL PROFILE (1028)

0'

red orge sa cl

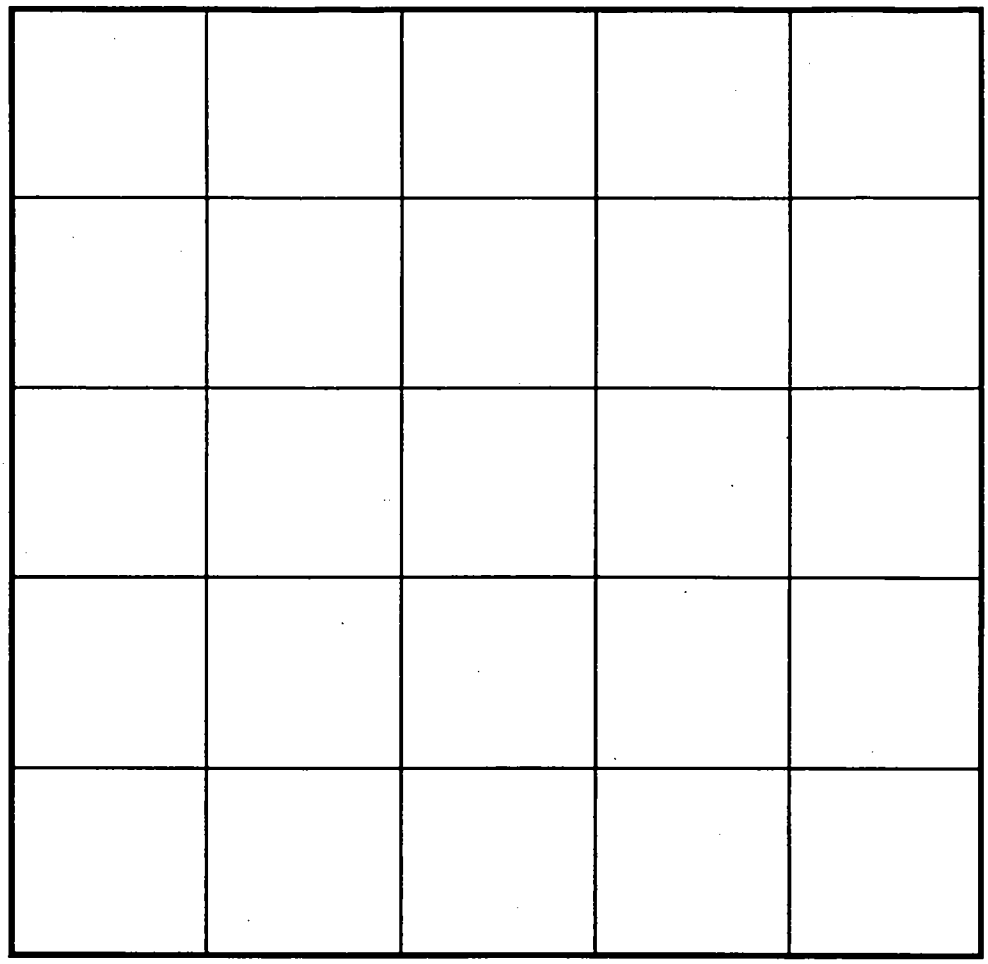
45

orge yel si sa lm 5-15% frags

10½

SOIL PROFILE

0'



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
1/26/96	1028 S	6½	3:20	3:22	3:22	3:25	3
	1028 V	10½					
	1027 S	4½	1:36	1:45	1:45	1:58	13
	1027 V	11½					

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT Assoc. Exec, Don R.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C 1 | 9376 | SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER # A50905N

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 1 DD 11 YY 99

Depth of Well: 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-84-2003

OWNER Greenfield (last name) Homes (first name)
STREET OR RFD Whitetail Ln TOWN W. Friendship
SUBDIVISION QUARTERFIELD III SECTION ____ LOT 131

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
Sand	0	54	
Gray Mica Rock	54	185	✓

Drywell backfilled
440-40 drilling material
40-0 Cement

Quinoske Entry

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: yes [Y] 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.: MSD024
Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __D___

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 [C M] BENTONITE CLAY [B C]

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 50 (BOTTOM) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	59

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:
[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 — DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	56	185
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): 3

PUMPING RATE (gal. per min.): 15

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 61 ft.
WHEN PUMPING: 64 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 (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 LAND SURFACE
[−] below
3 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

See attached well locations

NEW WELL LOCATION
AS-BUILT - LOT 13
QUARTERFIELD III

LOT 13

NEW WELL

BIJPURIA RES.
FF 448.10
B 438.47
INV 449.30

HASTING
FF 456.10
B 446.40
INV 352.0

1250 Gal. Septic Tank
Inv in 445.0
Inv out 444.7

Septic Area Deleted

Septic Area Added

DIST. BOX
ExGrd 447.0
INV 444.8

* BASEMENT DOES NOT SEWER BY GRAVITY

GREENFIELD HOMES INC.
6656 Luster Drive • Highland, MD 20777 • (410) 781-6782
THE BUILDERS OF DREAMS

Date: 1-13-99	Re: LOT 13 QUARTERFIELD
To: MRS MAYNE	CC:
From: RICK MINOR	Page: 1 of 2
Attn:	GH Fax #: (410) 442-0213

If you do not receive all pages of this transmission, please call us at (410) 781-6782

MRS. MAYNE -

HERE'S THE AS BUILT PLAN FOR LOT 13 AT QUARTERFIELDS III

~~WE~~ THE ENGINEERS LOCATED THIS SO IT IS EXACT.

IF YOU NEED ANY MORE INFO, PLEASE CALL

THANK YOU

RICK

Page ___ of ___
Date 1/11/99

Review OK MR 1/21/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2003
Location of property (road) Whitetail Lane
Subdivision QUARTERFIELD ## Lot 13 Block ___ Plat ___ Sec. ___
Well Driller J Mayne Owner Greenfield Homes

Depth of well 185'
Distance of measuring point (M.P.) above ground 2½
Static water level (S.W.L.) below M.P. 61'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 15 gpm.
Total time 5 min to reach pumping water level 64 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	64	4 sec.	N/A	15 gpm.
7:45	64	4		15
8:00	64	4		15
8:15	64	4		15
8:30	64	4		15
8:45	64	4		15
9:00	64	4		15
9:15	64	4		15
9:30	64	4		15
9:45	64	4		15
10:00	64	4		15
10:15	64	4		15

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1. 9460 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- 2003
70 79
fill in this form completely

Date Received (APA) 03 31 98
8 MM DD YY 13

OWNER INFORMATION

Greenfield Homes
15 Last Name Owner First Name 34

6656 Euston Dr.
36 Street or RFD 55

Highland Md. 20777
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L Mayne M S D 024
Driller's Name 76 License No. 81

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy 21771
Address

Joseph L Mayne 3/31/98
Signature Date

B 2 WELL INFORMATION
1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION

22 [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 300 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

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

39 [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) 41 52

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

APPROP. PERMIT NUMBER GAP
54 63

FORCE M R WRITE INITIALS IN BOX PERMIT No. HO- 94- 2003
67 68 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Quarterfield
23 SUBDIVISION 42

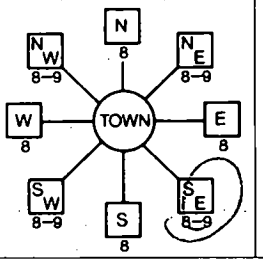
SECTION 3 44 46 LOT 13 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

B 4
1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Whitetail Lane
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 Ft 39

TAX MAP: 23 BLK: 15 PARCEL 84

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A50905 N
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → S
41

DATE ISSUED 12/11/98 Mark E. Elkon 12/11/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 520 000
50 55

EAST GRID 9825 000
57 63

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

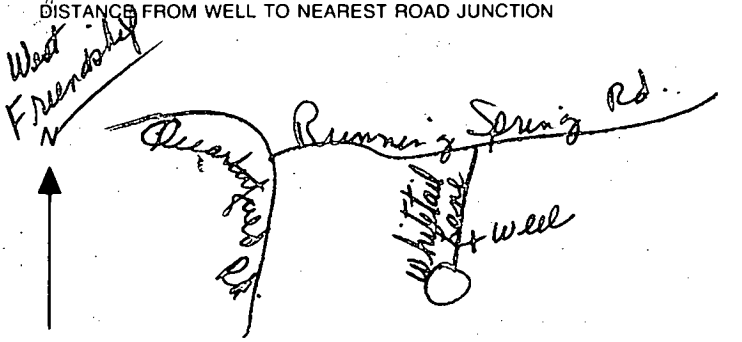
E 8205

N 520

1/11/99 9:30
NO INSP MD

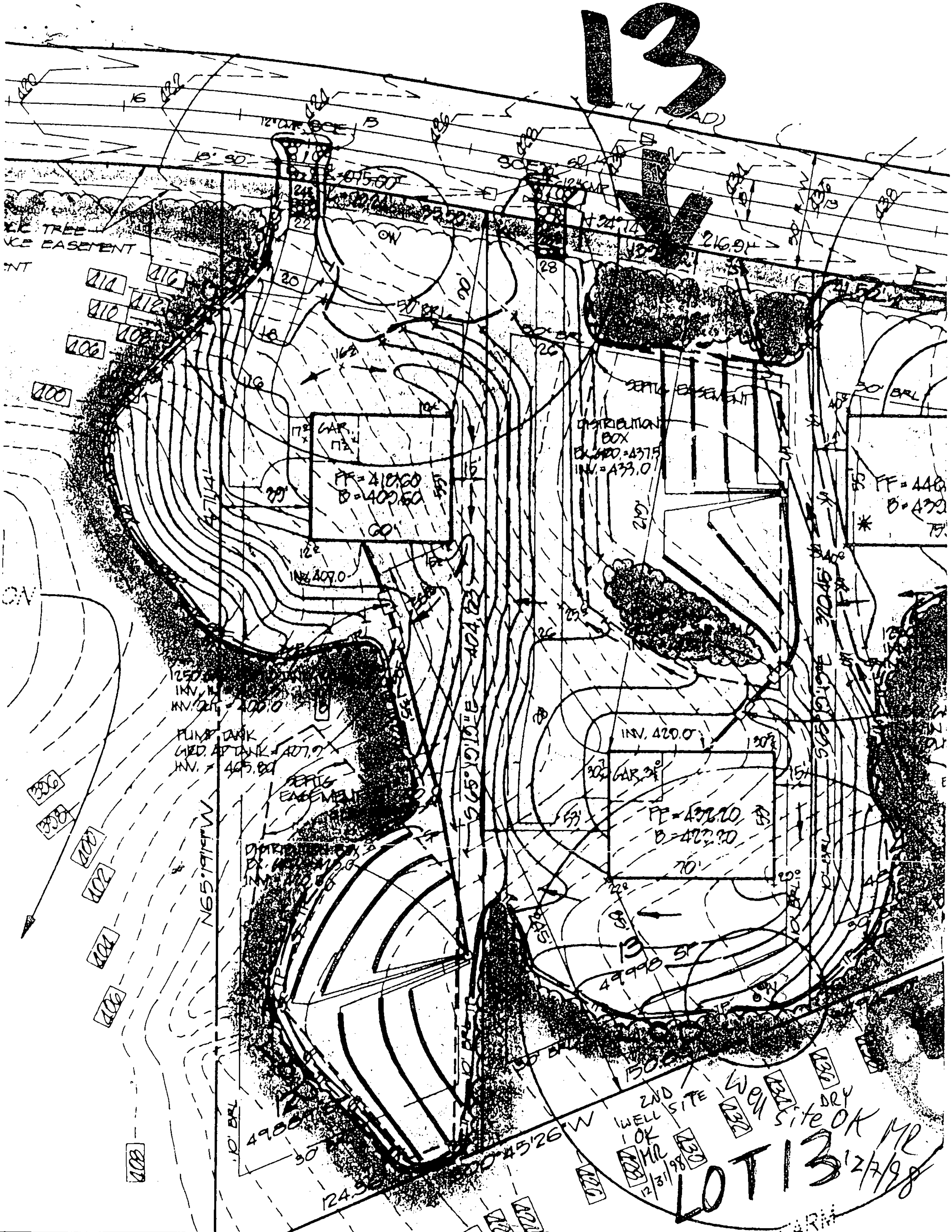
000
000

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


13
SEPTIC EASEMENT
DISTRIBUTION BOX
PUMP TANK
INV. 420.0
2ND WELL SITE
WELL OK MR 12/31/98
Well site OK MR 12/7/98
DRY
LOT 13

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 Gartland Plumbing, Inc. Telephone 410-825-5303

License Number 6352
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Greenfield Homes Telephone 410-781-6782
Subdivision Quarterfield II Lot # 13 Well Tag # HO-94-2003
Site Address 11627 Whitetail Lane 21042

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Goulds
3. Model # 7ES
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No Y
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

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make BII
2. Model # P 100 LI
3. Depth 60"

Tank
1. Capacity T-250
2. Pressure relief valve? Yes

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

Well data
1. Depth 180 ft.
2. Yield 10 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.

Insp.?

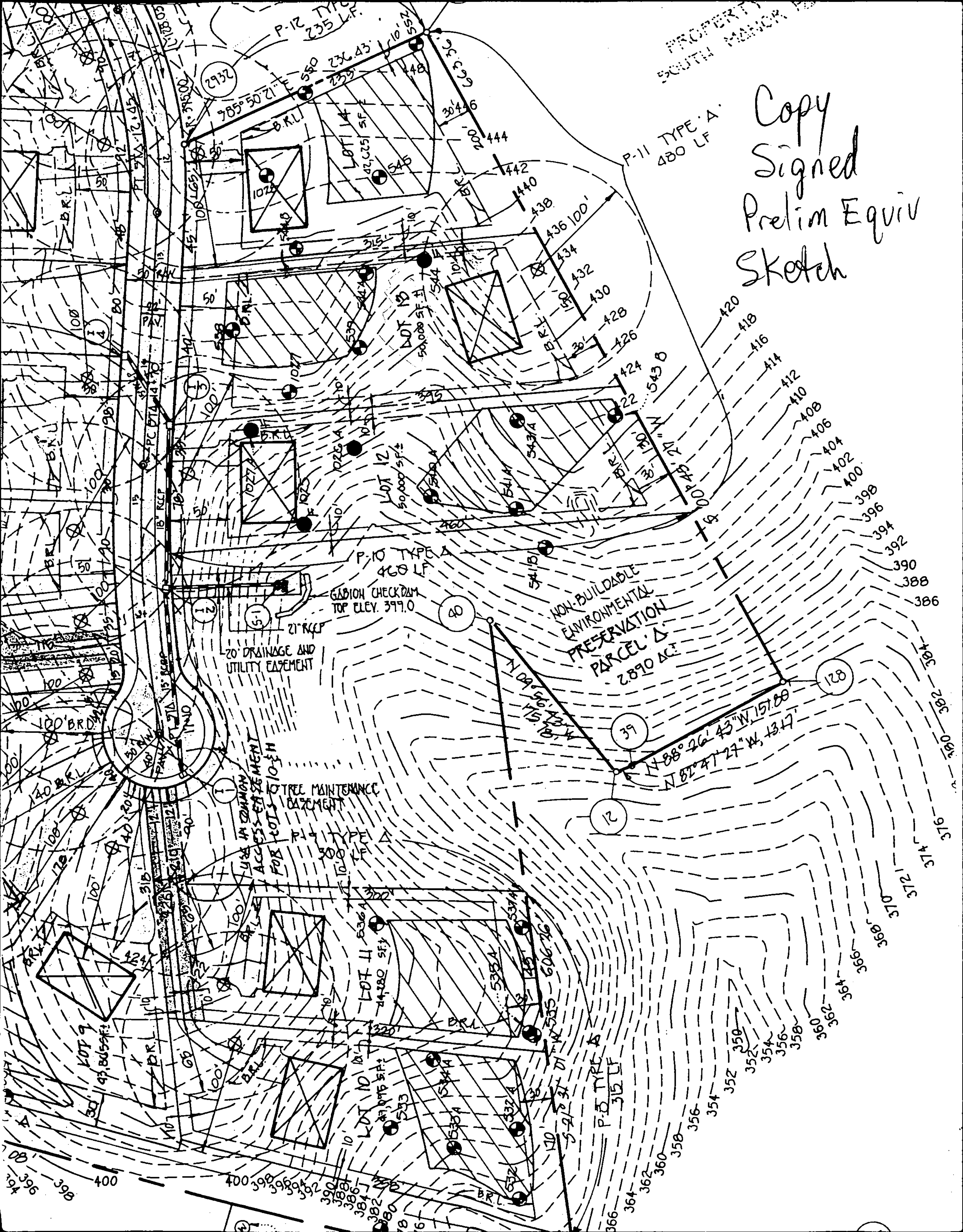
Signature of Applicant: [redacted]

Date: 12-4-00

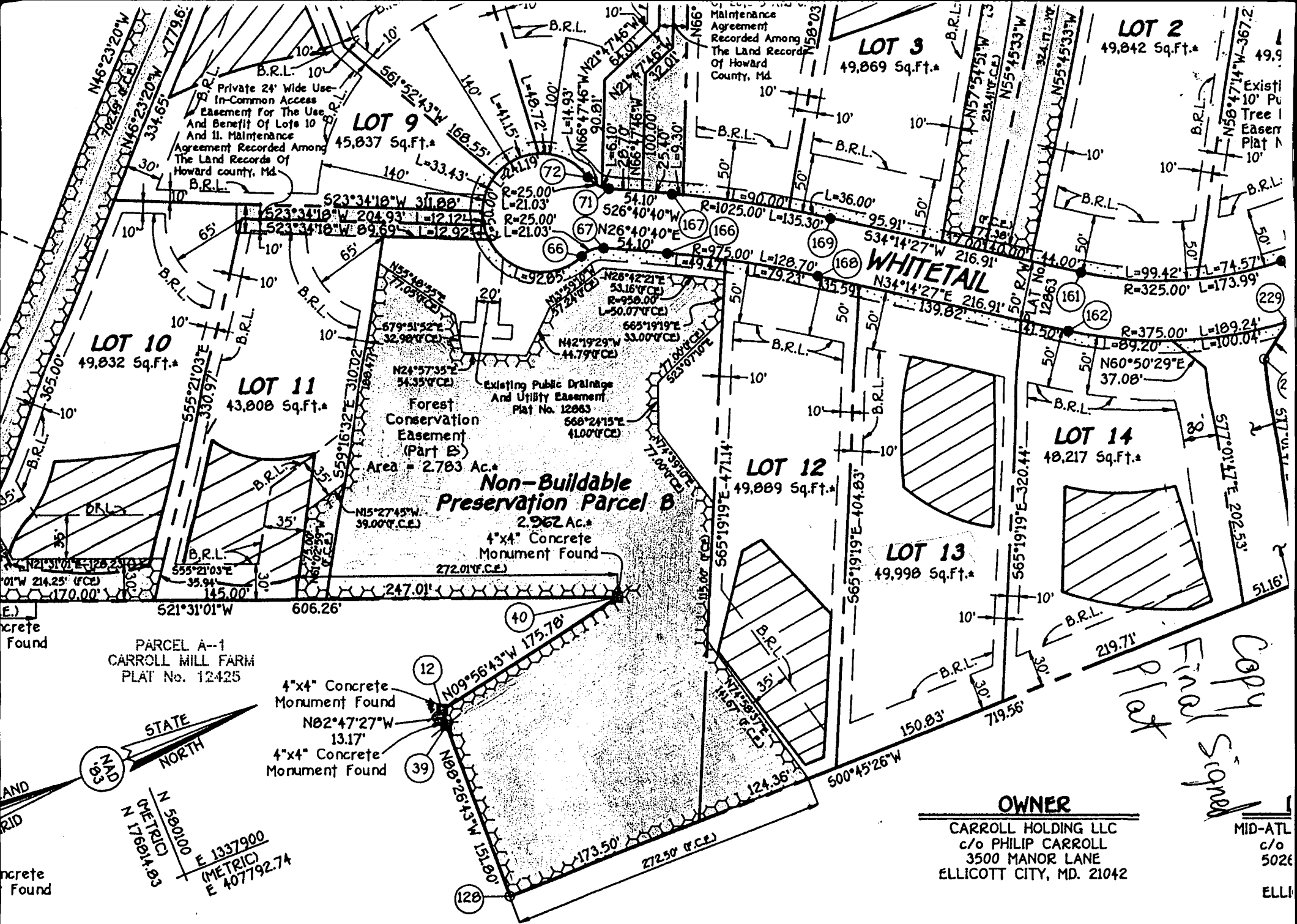
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

OLD FORM ACCEPTED DISCUSSED W/ JOEY GARTLAND NEW FORM (SRW) 12/4/00



Copy Signed Prelim Equiv Sketch
P-12 TYPE 235 L.F.
P-11 TYPE 'A' 480 LF
LOT 14 42,625 S.F.±
LOT 13 50,000 S.F.±
LOT 12 50,000 S.F.±
LOT 11 44,280 S.F.±
LOT 10 43,096 S.F.±
LOT 9 43,865 S.F.±
P-10 TYPE A 460 LF
GABION CHECKDAM TOP ELEV. 399.0
21" RCCP
20' DRAINAGE AND UTILITY EASEMENT
NON-BUILDABLE ENVIRONMENTAL PRESERVATION PARCEL 'A' 2.890 AC±
N 88°26'43"W, 151.80
N 82°41'27"W, 43.17
10' TREE MAINTENANCE EASEMENT
USE IN COMMON ACCESS EASEMENT FOR LOTS 10 & 11
P-9 TYPE A 300 LF
P-5 TYPE A 315 LF
100' B.R.O.W.
B.R.L.
PROPERTY SOUTH MANOR

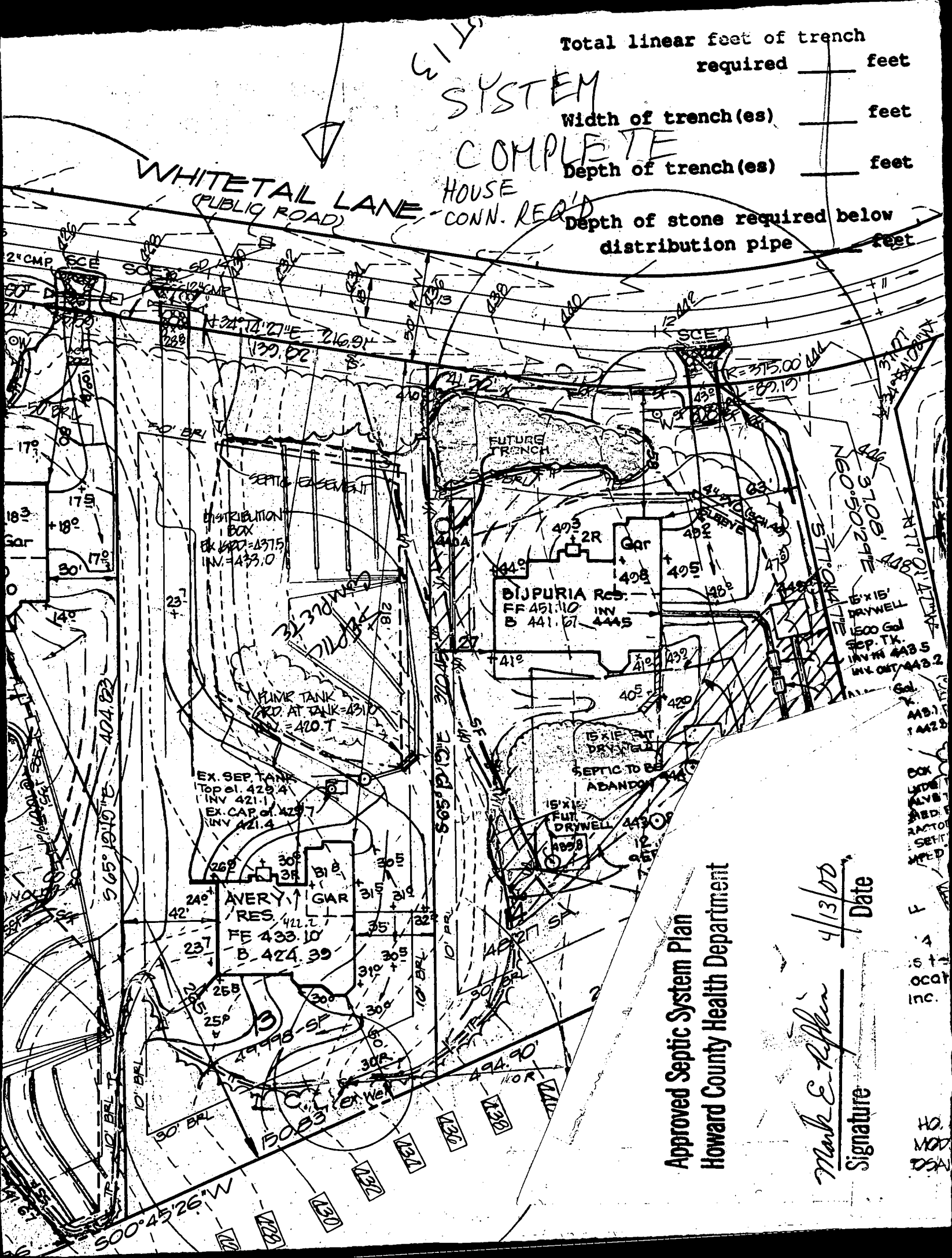


OWNER'S CERTIFICATE

Philip Carroll, OwnerOf The Property Shown And Described Hereon, Hereby Adopt This Plan Of Subdivision, The Approval Of This Final Plat By The Department Of Planning And Zoning Establish The Minimum

SURVEYOR'S CERTIFICATE

I Hereby Certify That The Final Plat Shown Hereon Is Correct; Thi Subdivision Of All Of The Lands Conveyed By Philip Carroll to Ca


Total linear feet of trench required ____ feet
Width of trench(es) ____ feet
Depth of trench(es) ____ feet
Depth of stone required below distribution pipe ____ feet
SYSTEM COMPLETE
HOUSE CONN. REQ'D
WHITETAIL LANE (PUBLIC ROAD)
FUTURE TRENCH
SEPTIC EASEMENT
DISTRIBUTION BOX
BIJPURIA RES.
FF 451.10
B 441.67
INV 4445
AVERY RES.
FF 433.10
B 424.39
EX. SEP. TANK
Top el. 429.4
INV 421.1
EX. CAP. el. 429.7
INV 421.4
PUMP TANK
TRD. AT TANK=431.0
INV.=420.7
15'x15' DRYWELL
1500 Gal SEP. TK.
SEPTIC TO BE ABANDONED
15'x15' FUT. DRYWELL
Approved Septic System Plan
Howard County Health Department
Mark E. Griffin
Signature
4/13/00
Date

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) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00123000

Building Address 11627 WHITETAIL LANE
ELLICOTT CITY MD. 21042
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6030 Subdivision QUARTERFIELD III
Section 3 Area 3 Lot 13
Tax Map 23 Parcel 84 Grid 15
Zoning RC-DEO Map Coordinates Lot size

Property Owner's Name GREENFIELD HOMES
Address 6656 LUSTER DR.
City HIGHLAND State MD Zip Code 20777
Home Phone 410-365-3702 Work Phone 410-781-6782
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use VACANT LOT
Proposed Use NEW SFD
Estimated Construction Cost $ 300,000.
Description of Work 4BR, 3½BA, 3CAR GAR, 2 GAS FP, UNFIN BSMT BATH RI,

Contractor Company GREENFIELD HOME
Contact Person ED RICK MINOR
Address 6656 LUSTER DR.
City HIGHLAND State MD Zip Code 20777
License No. CTR 01-124
Phone 410-781-6782 Fax 443-535-0551

Occupant or Tenant [illegible] AVE
Contact Name GREENFIELD HOMES
Address 6656 LUSTER DR.
City HIGHLAND State MD Zip Code 20777
Phone 410-781-6782 Fax 443-535-0551

Engineer or Architect Company
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities
Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:	69'-5"	61'-8"
2nd floor:	69'-5"	61'-8"
Basement:	69'-5"	61'-8"

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4
Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:
Other Structure:
Dimensions:
Footings:
Roof:
____ State Certified Modular
____ Manufactured Home

Utilities
Water Supply:
____ Public
☒ Private
Sewage Disposal:
____ Public
☒ Private
Electric Yes ☒ No ☐
Gas Yes ☒ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☒
Propane Gas ☐
Sprinkler system: N/A ☐
____ 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 THERETO; (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

RICK MINOR GREENFIELD HOMES
Print Name

3-20-00
Date

RICK MINOR - GREENFIELD HOMES
Title/Company

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
X State Highways		
X Building Official		
X Dev. Engineering, DPZ		
X Health	4/13	for Mark P. Miller
Fire Protection		
X Is Sediment Control approval required prior to issuance? YES ☐ NO ☐		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 35446
Filing fee $ 25.00
Permit fee $
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $
Balance due $
Check #
Validation # 30327
Accepted by

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm

Rev. 10/15/98

N 00°S
3508
48-51-82

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joseph Gartland License# 6352
***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Karen Avery Telephone #: 410-531-2517
Subdivision: Quarter Field Lot #: 13 Well Tag #: HO-94-3425
Site Address: 11627 whitetail Lane
Ellicott city MD 21043

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: BK	Two piece watertight cap: ✓
Model #: 5G 515 422	Model#: P 100C	Screened, vented well cap: ✓
Pump Capacity 5 GPM	Depth: 48 (36" min)	Cap secured to casing: ✓
Well Yield: 1 GPM	NSF approved: Yes	Conduit min 18" B.G.: ✓
		Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 520 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or (Cable guards) are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house	House Connection
Type: Poly	PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: Yes (160 psi min)	Approximate length of sleeve: 20ft
Depth of supply line: 48" (36" min)	Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[signature] Sept 10, 2002
Signature of company representative responsible for installation — date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 9/9/02 Date Insp. Approved: 9/9/02 (50)
Inspection Data:

Pitless adapter and water supply line at least 36" below grade	✓
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓
Safety rope installed inside of well casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓

BB

HD-215(Rev. 8/00)

CASSELL TESTING, INC.
ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Oct 7, 2002

County: Howard

Lab Number: 02-4883

Sample Iced: Yes

Residual Cl_2 <0.1 mg/L: Yes

cc: County Health Dept.: Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 116

REQUESTER: Ms. Karen Avery
11627 Whitetail Lane
Ellicott City, Maryland 21042

FOR FCOP

Property Sampled: 11627 Whitetail Lane, NEW WELL

Station Sampled: Pressure Tank Tap

Date/Time Sampled: Oct 3, 2002 11:30 am

Owner, Telephone No.:

Subdivision Name: Quarterfield

Building Permit No.:

Well Number: HC-94-3455

Tax Map #:

Parcel #:

Sampler: 6724GP

Lot Number:

Observation: 2-Piece Cap Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	*10 NTU	Pass
pH	7.2 Units	EPA 150.1	**6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			
Hardness	80 mg/L as CaCO3 or 4.7 grains per gallon			Moderately Hard
Iron+	0.05 mg/L as Fe	SM3111B	**0.3 mg/L as Fe	

+ Analyzed by Lab #273

Heather R. Beam
Heather R. Beam

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level

C 1 **14586** 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
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY (8–13)

DATE WELL COMPLETED: MM 8 DD 14 YY 02 (15–20)

Depth of Well: 580 (TO NEAREST FOOT) (22–26) OK SRK 10/7/02

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-3455 (28–37)

OWNER: Avery (last name) Phillip (first name)

STREET OR RFD: 11627 Whitetail Lane TOWN: Ellicott City

SUBDIVISION: Quarterfield SECTION: LOT: 13

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
Sand	0	57	
Gray Mica Rock	57	580	v

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) (45 46) BENTONITE CLAY (BC)

NO. OF BAGS 21 NO. OF POUNDS (45 46) 1974

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 56 (54 BOTTOM 58) 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 (60 61)	6 (63 64)	60 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	40 (8 9)	59 (11–15)	580 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)

from ____ to ____

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)

PUMPING RATE (gal. per min.) 1 • (11–15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 ft. (17–20)

WHEN PUMPING 470 ft. (22–25)

TYPE OF PUMP USED (for test)

A air | P piston | T turbine | C centrifugal | R rotary | O other (describe below) | J jet | S submersible (27)

PUMP INSTALLED
DRILLER INSTALLED 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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above | – below (49) LAND SURFACE

1 (nearest foot) (50 51)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y | 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.: M S D 0 2 4

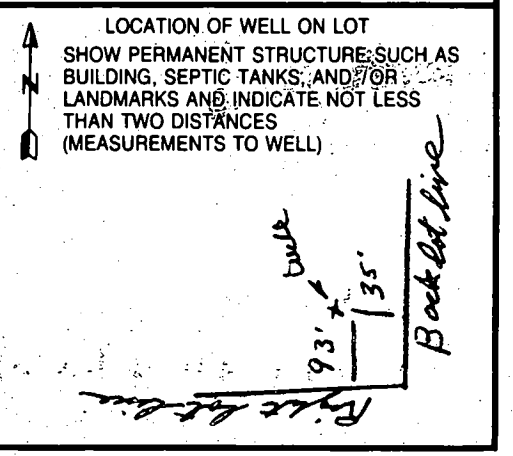
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: — D — (SRK) called Joe Mayne

Joe Mayne

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

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)



MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

DENV-CR00 COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1. 7945 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

W 517398

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO - 94 - 3455

70 fill in this form completely 79

Date Received (APA) 08 5 02
8 MM DD YY 13

OWNER INFORMATION

Avery — Karen
15 Last Name Owner First Name 34

11627 Whitetail Lane
36 Street or RFD 55

Ellicott City Md 21042
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne — MSD 24
Driller's Name 76 License No. 81

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt Airy Md 21771
Address

Joseph L. Mayne — 8/5/02
Signature Date

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Quarterfield
23 SUBDIVISION 42

SECTION ____ 44 46 LOT 13 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

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

NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9 (circled)

11627 Whitetail Lane
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, 32, E EAST (circled), S SOUTH

34 300 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: ____ BLK: ____ PARCEL ____

B 2 WELL INFORMATION
1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — 511993
COUNTY NAME COUNTY NO.

STATE SIGNATURE ____ INSERT S → 41

DATE ISSUED 08 05 02 — Steven R. Krieg — 08 05 03
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 820 000 — EAST GRID 520 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
30 AIR-ROTary (circled) — 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. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

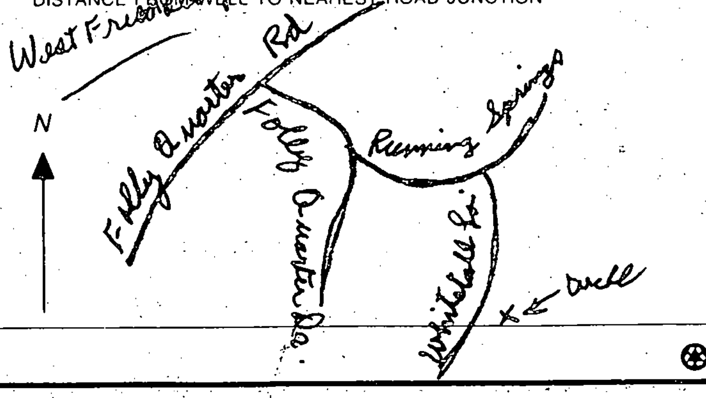
E 820
N 520 000 000 ← X

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
- 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (circled)
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (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)

APPROP. PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No. HO - 94 - 3455
70 71 72 73 74 75 76 77 78 79

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

DENV-Permit 97

② COUNTY

SITE INSPECTION SHEET

OWNER: Avery, Phillip

ADDRESS: 11627 Whitetail Lane
Quarter field Lot 13

DATE REQUESTED: 8/5/02

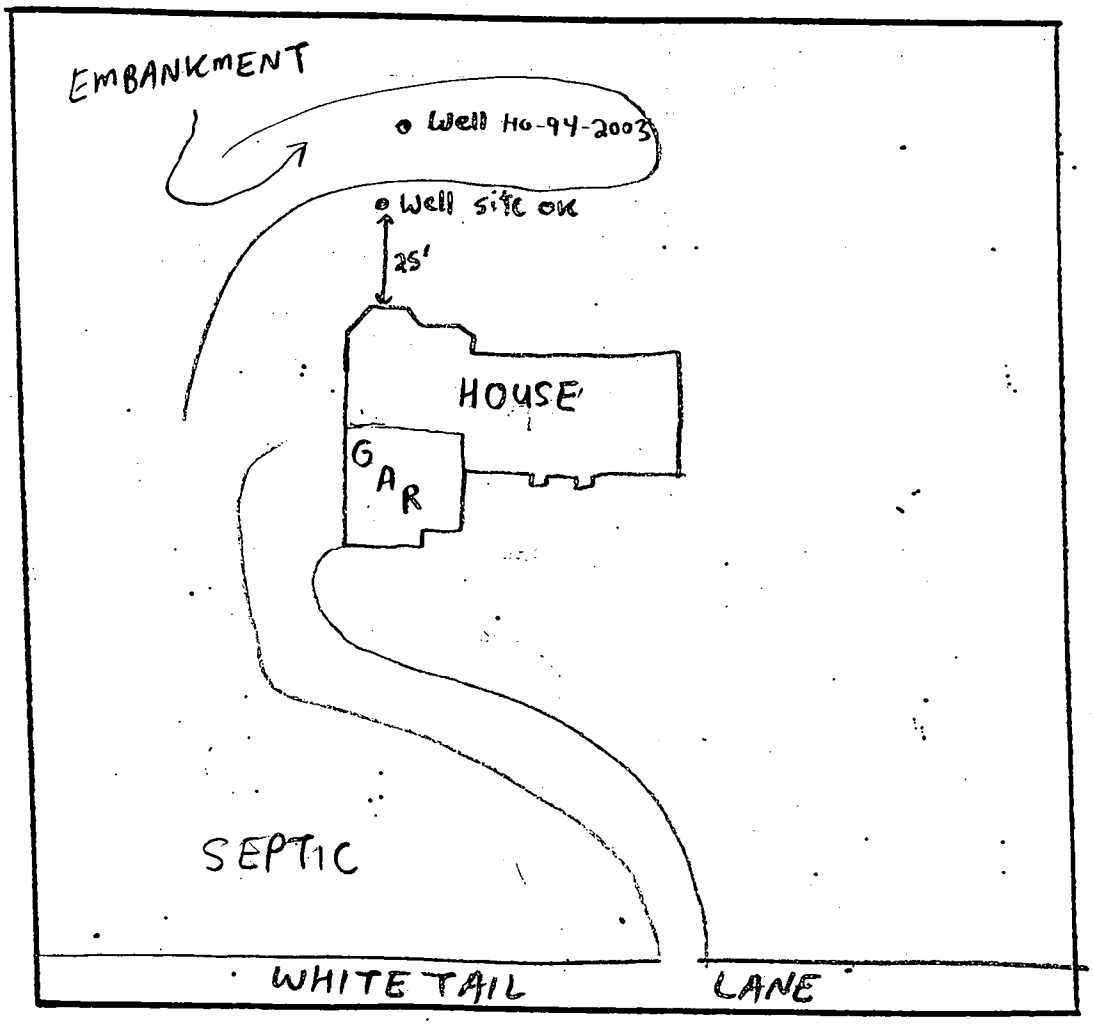
DRILLER: Joe Mayne

WELL TAG #

COUNTY # 511993

PROPOSAL: Existing Well has collapsed & only yields 2gpm versus original yield of 15 gpm.

LOCATION DIAGRAM



COMMENTS: Ok to drill new well in location shown (25' from house) ~~or~~ due to steep embankment. Existing well will be kept to be used for residential irrigation.

DATE: 8/5/02

INSPECTOR: Steven R. Craig

PHILIP & KAREN AVERY
11627 WHITETAIL LANE
ELLICOTT CITY, MD 21042
410-531-3253

DO NOT DISCARD

26'1"
2'
13'
14'
20'6"
42'
34'
24'
5'
13'4"
12'10"
2'6"
8'9" Ceiling

Bed Room
2'11" 8X52" TWIN WINDOW
2'0" DOORS
CLOSET
8' BOX IN
3'0" DOORS
Bed Room
8,91
2'8"X5'2" TWIN WINDOW
CLOSET
HALL
CRAFT ROOM
PERGO
3'0" DOOR
UNFINISHED
8' BOX IN
LAM
TUB BATH
2'4" DOOR
8'8" Tile TUB WALLS
2'0" DOOR
2'4" DOOR
8 TREADS
1'6"
2'0"
5 TREADS
LANDING
CLOSET
2'0" DOOR
2'0" DOOR
UNFINISHED
WET BAR
GRANITE TOP
3'0" DOOR
T.V. ROOM
WALK OUT
6'0" SLIDER
TILE
RECREATION ROOM
2'6" DOORS
2'6"
CAB.
GRANITE TOP + BASE CABINET NO SINK
Steel BEAM
DRYWALL ALL WALLS & CEILINGS
2X4 STUDDING WITH CCA BOTTOM PLATES TYPICAL
15" LITE DOOR
2'6"
RAISED AREA
STEP 6" to 8" UP
WINE ROOM
SITTING AREA

1/10/03 - Addition of 2 bedrooms has little impact to existing septic system because in reality initial system is sized for a 6 bedroom house = 210 x 6 = 1260/3 = 420 x .62 = 260.4 ft
Existing System has 280' of trench. SRK

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