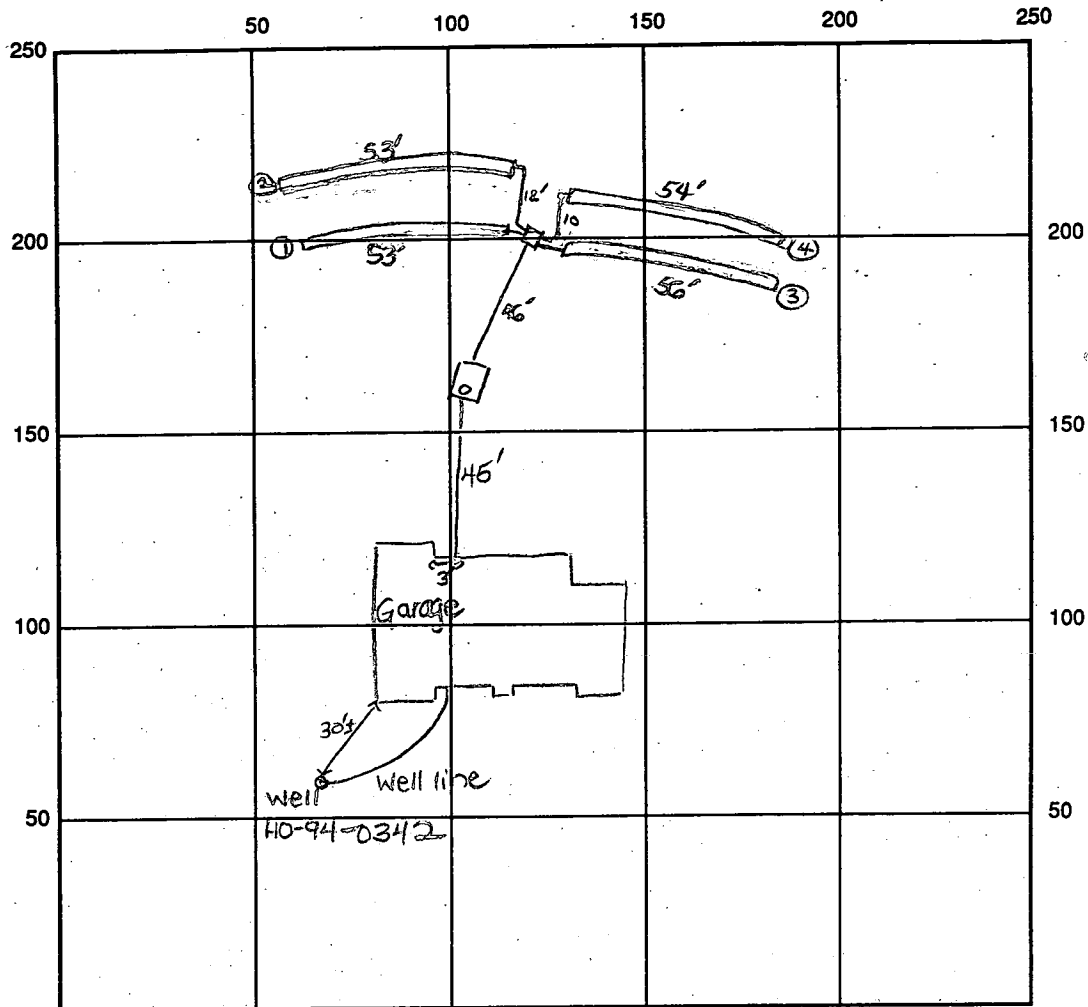


44241 A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Rustic Manor Rd.

SEPTIC TANK LEVEL 1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ① 53' ③ 56' ④ 54' → 216' total

NUMBER OF TRENCHES 4 ONE SIDEWALL ~~AREA~~ AREA 864 SQ. FT.

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

ABSORBENT AREA 864 SQ. FT.

REMARKS: 8/3/95 OK to cover from house to d.b. and 1st

trench. OK to continue work. DKS

8/3/95 OK to cover all work. DKS

8/3/95 OK to cover all work. DKS

8/3/95 WPI OK - Well line, pitless adapter 4' below grade. DKS

DATE SYSTEM APPROVED 8/3/95 INSPECTOR Donna K. Joe

APPLICATION

PERCOLATION TESTING

A 44247

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE 10-22-92

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 PEITIT & GRIFFIN INC. NV HOMES EAST DIVISION

ADDRESS 18205-D FLOWER HILL WAY PHONE (301) 475-1020
GAITHERSBURG MARYLAND 20879

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Mckendree estates LOT NO. 14 NEW 11

ROAD AND DESCRIPTION Mckendree Road (2804 Rustic Manor (2/16/93))

TAX MAP 14 PARCEL # 123

SIZE OF LOT 40,000[#] - 60,000[#] TYPE BLDG. SINGLE FAMILY DWELLING - 4 BR
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED 05/02/93 AND RETURNED 05/02/93 59250

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. Zacharia y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 11/16/92 Perc OK Hold for Plat

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

210

B 1 8232 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0342 fill in this form completely
Date Received (APA) 010595 8 13		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 15 21 SHIMMICK OAK ESTATES 23 SUBDIVISION 36 42 SECTION 44 46 48 50 LOT 116 GLENWOOD 52 NEAREST TOWN 57 71 M I 73 76 77 78 MILES FROM TOWN (enter 0 if in town)	
OWNER INFORMATION 15 34 PETTIT & GRIFFITH INC Last Name Owner First Name 36 55 18205 D FLOWER HILL Street or RFD 57 78 GAITHERSBURG MD 20879 Town 70 State 72 Zip		DRILLER INFORMATION 57 78 Dave Kelly 692-6981304 Driller's Name 77 License No. 80 57 78 Jones Well Drilling Inc Firm Name 57 78 3700 Rush Rd Gaithersburg Address 57 78 Dave Kelly 11-21-94 Signature Date	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400 14 20		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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 HEALTH DEPARTMENT APPROVAL) ☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		LOCATION OF WELL 11 30 Rustic Manor Ct NEAR WHAT ROAD 34 37 2804 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 38 39 APPROX 30 38 39 E DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: _____ BLK: _____ PARCEL: _____	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A 44247 STATE SIGNATURE _____ DATE ISSUED 021495 CO SIGNATURE Charles Ryan Thacker EXP. DATE 2/4/96 NORTH GRID 535000 EAST GRID 0796000	
METHOD OF DRILLING (circle one) 30 37 BORED (or Augered) 30 37 JETTED 30 37 Jettied & DRIVEN 30 37 AIR-ROTary 30 37 AIR-PERCussion 30 37 ROTARY (Hydraulic Rotary) 30 37 CABLE 30 37 REverse-ROTary 30 37 Drive-POINT other _____		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 7905 N 5305	
REPLACEMENT OR DEEPEENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41		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 (OEP USE ONLY)			
APPROX. PERMIT NUMBER G A P			
FORCE ☒ WRITE INITIALS IN BOX PERMIT No. 40-94-0342			
SPECIAL CONDITIONS			

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 3530

SEQUENCE NO.
(DENY USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A# 44247

ST/CO USE ONLY
DATE Received

04/9/95

DATE WELL COMPLETED

03/13/95

Depth of Well

22 245 0 26

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-94-0342

OWNER PETTIT & GRIFFITH INC.
STREET OR RFD last name RUSTIC MANOR COURT first name TOWN GLENWOOD
SUBDIVISION GWYNOLY OAK EST SECTION LOT 16

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
soft brown dirt	0	42	
med hard tan rock	42	53	
hard gray rock	53	58	
med hard/hard tan	58	227	X
med/med hard tan rock	227	229	X
hard gray rock	229	240	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y no ☐ N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BCNO. OF BAGS 14 NO. OF POUNDS 1400GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 5 5 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

P L

6

5 6

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

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
WELLI 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

304

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min. to nearest gal.) 1 1METHOD USED TO
MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 1 9WHEN PUMPING 8 8

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 YES ☐ NO ☒IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED ☐PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE: 29

CAPACITY:

GALLONS PER MINUTE (to nearest gallon) 31PUMP HORSE POWER 37PUMP COLUMN LENGTH (nearest ft.) 43CASING HEIGHT (circle appropriate box
and enter casing height)LAND SURFACE 1 (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)

48' FPL - deck

22' LPL

COUNTY

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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt #
Date 8/28/95

Name of Installer ROBERT L. FEEZOR Co, Inc.

Telephone 781-4655

License Number 2122

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner NV-HOYLES

Telephone 795-1405

Subdivision MCKENNA ESTATES Lot # 16 Well Tag # 40-94-0342

Site Address _____

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make PLINT/WARNING
3. Model # 4P07 C07-301
4. Capacity 7 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 3/4
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make HARVARD
2. Model # 3TB00
3. Depth 42"

Tank

- CAPTIVE AIR
WX-250
44GAL
1. Capacity _____
 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 42"

Well data

1. Depth 252 ft.
2. Yield 7 GPM
3. Static water level 9 ft.
4. Will water supply be disinfected by installer? YES

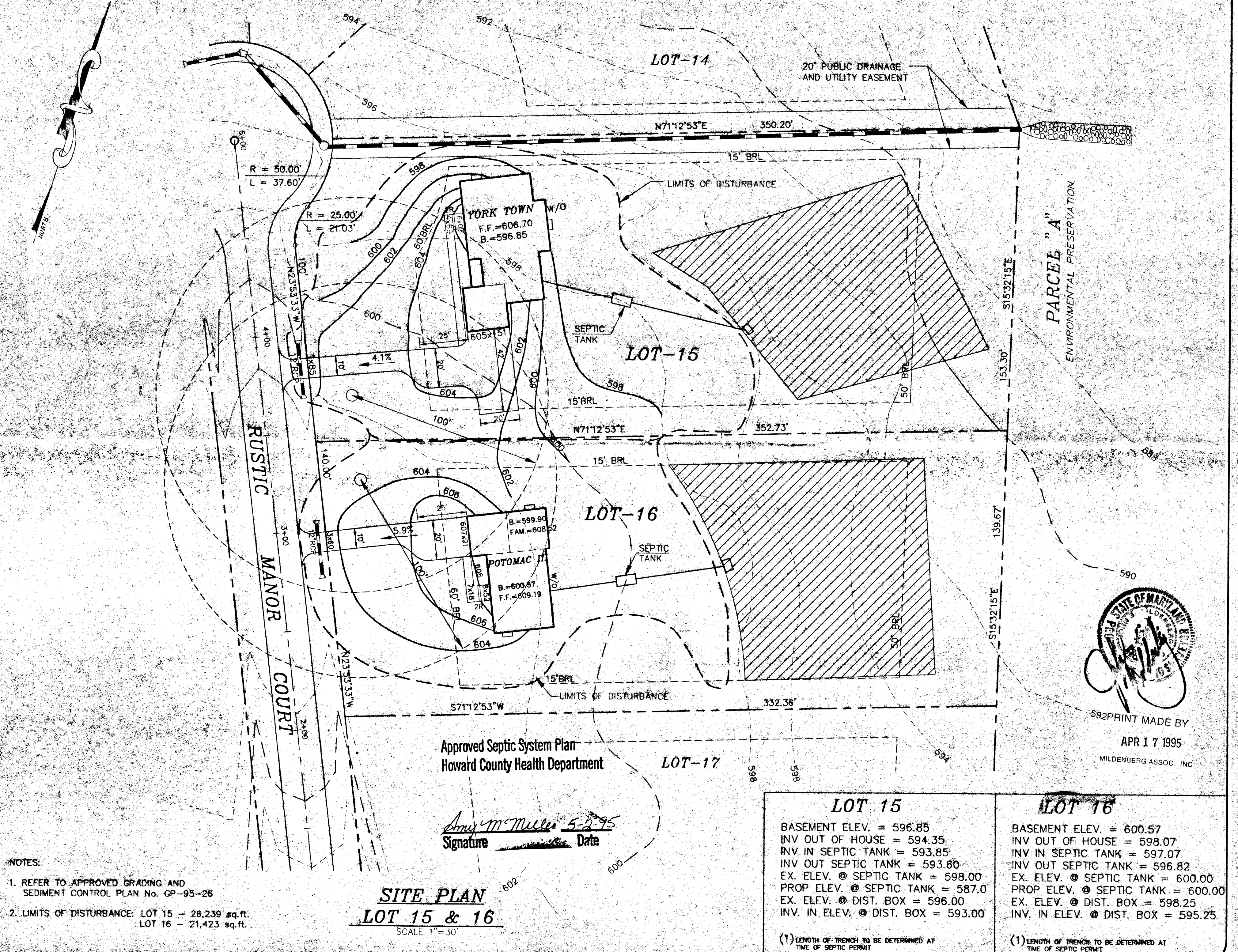
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Ruby J. Rose

Date: 8/28/95

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



RUSTIC MANOR COURT

15' BRL

N71°12'53"E

15' BRL

LOT-16

SEPTIC
TANK

POTOMAC II

B. = 600.57
F.F. = 609.19

FP 608.19

15 BRL

LIMITS OF DISTURBANCE

LOT-17

LOT 15

BASEMENT ELEV. = 596.85
INV OUT OF HOUSE = 594.35
INV IN SEPTIC TANK = 593.85
INV OUT SEPTIC TANK = 593.85

BASEMEN
INV OUT

HOWARD COUNTY MARYLAND