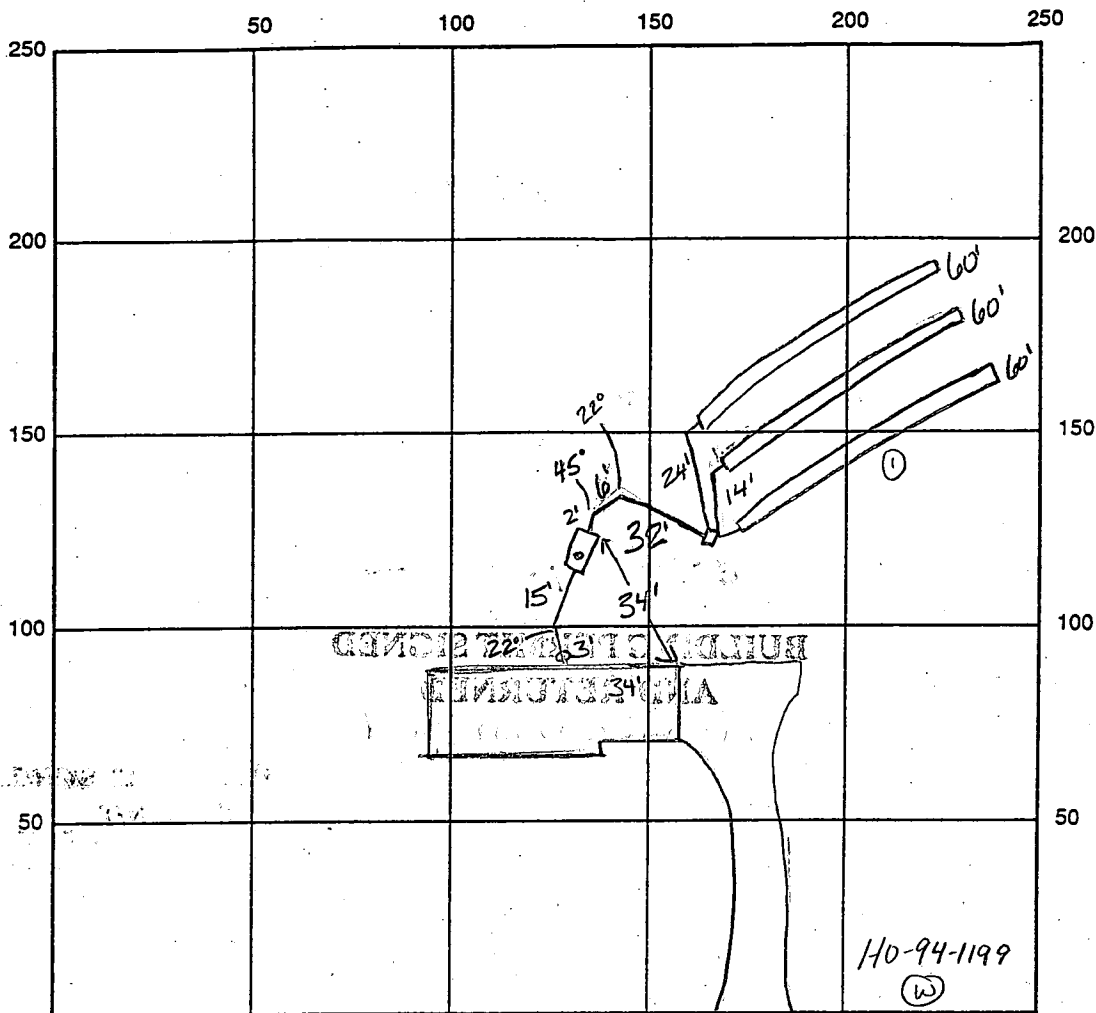


A 48819



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Quarterfield Drive

SEPTIC TANK LEVEL OK

CLEANOUTS 1 on tank, 1 at house

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TITLE DEPTH 7.0 FT.

TRENCH WIDTH 2.0 FT.

INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT.

TOTAL LENGTH 60 x 3 FT. → 180

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 4/30/98 POOR SOILS/MOTTLES/CLAY FOUND IN TRENCH IN MIDDLE
OF SEPTIC AREA (IN SWALE); TRENCH LOC. ADJUSTED TO RIGHT OUT OF ORIG. SEPTIC;
CONTINUE; REVISED SITE PLAN NEEDED (MR)/KM

5.1.98(am) OK to continue, trench #1 may have an inlet at 4.5' due to
gravity OK per discussion on 4.30.98 w/ MR, KM, and Eagle's (KM)
5.1.98/pm) OK to cover all work KM

DATE SYSTEM APPROVED 5.1.98

INSPECTOR Kim Misko

APPLICATION

PERCOLATION TESTING

A 48819

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 Joseph M. Zoller, III Paul McQuirk
11696 Carroll Mill Road
ADDRESS Ellicott City, Maryland 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417, Ellicott City, MD 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 3

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection. (11609 Quarterfield Drive)

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Bdr
(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.

BLDG. PERMIT SIGNED
AND RETURNED 3-25-98
Send # Bldg 110657

SDC Group, Inc.
By: John Pichler
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

210 (210/216)

red (216A)

brn clay

1/2 cl 1 m.

3/4

tan

brn

si sa

1 m

5% frags

12

(212/212A)

brn cl

loam

3

red

clay

1/2

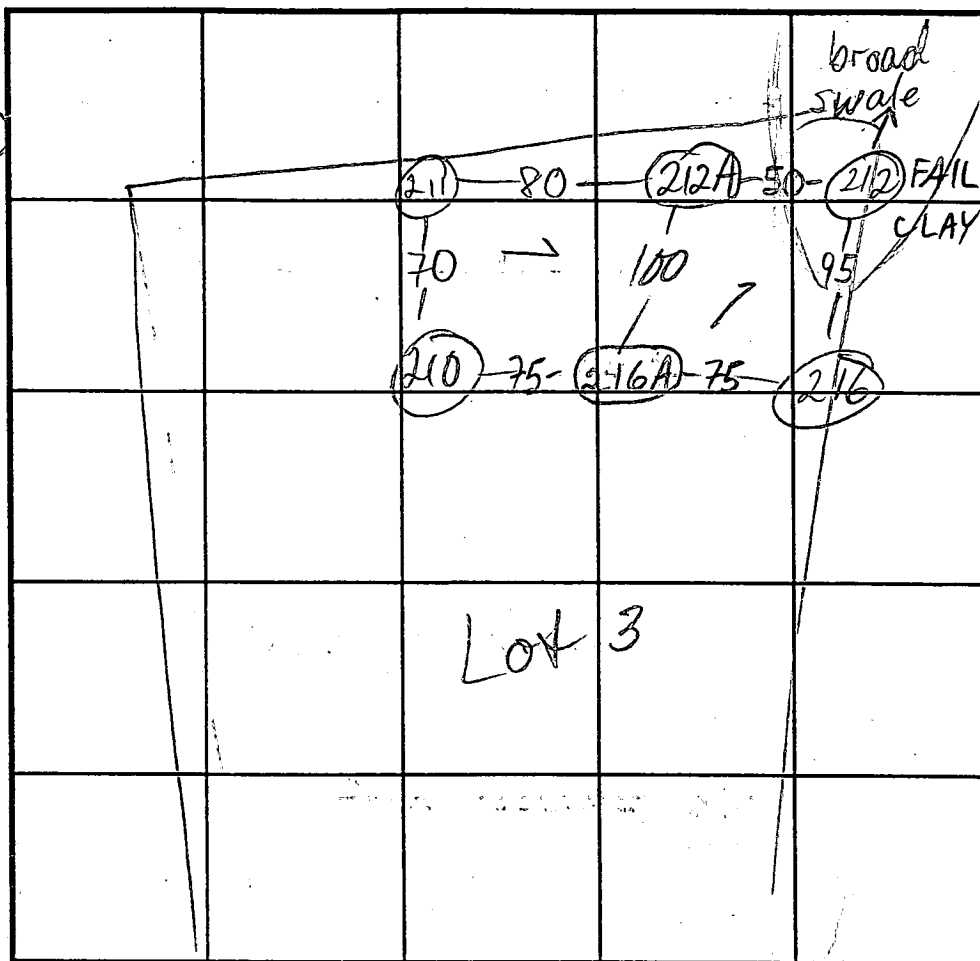
brn

si 1 m

5%

frags

12



SOIL PROFILE

MAIN RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/94	210	4'	10:42	10:47	10:47	10:52	5
	210	12' 2"					
	216	4'	10:58	11:01	11:01	11:06	5
	216	11' 10"					
	211	4' 3"	11:07	11:08	11:08	11:10	2
	211	11' 9"					
	212 S	4' 8"	11:14	11:33	11:33	12:08	35
	212 S2	6' 4"	1:26	1:46	1:46	2:04	FAIL
	212	12'					FAIL
	212A	7	1:43	1:50	1:50	2:00	10
	216A	12	OK	sim to profile			

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

Hayfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

5

TRENCH WIDTH

2

INLET DEPTH

5

MAXIMUM BOTTOM DEPTH

8

SQ. FT./BEDROOM

180

C1 6092 SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)
ST/CO USE ONLY
DATE Received
MM DD YR
02 04 98
8 13
DATE WELL COMPLETED
MM DD YR
1 27 98
15 20

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE
Depth of Well
22 400' 26
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A48819
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
OKMR
3/25/98
H0-94-1199
28 29 30 31 32 33 34 35 36 37

OWNER Thompson Date
STREET OR RFD Quarterfield Dr. first name last name
SUBDIVISION QUARTERFIELD SECTION LOT 41

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 67
Gray Mica 67 400

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 25 NO. OF POUNDS 250
GALLONS OF WATER 150
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 65 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 71
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL PLASTIC OT OTHER
DEPTH (nearest ft.)
1 2
3 40 69 400
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N

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. 1 MS D024
DRILLERS SIGNATURE Joseph Masone
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M D

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 CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 1.7
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 46 ft.
WHEN PUMPING 371 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)
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) 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
LAND SURFACE 2 (nearest foot)
49 50 51

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)
Quarterfield Dr.

EMERGENCY/TEMP NO. IF ANY

B 1		1914	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-94-1199</div> <small>fill in this form completely</small>	
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">020196</div>		OWNER INFORMATION					
15-Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOMPSON</div>		Owner <div style="border: 1px solid black; padding: 2px; display: inline-block;">DALE</div>		First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">DALE</div>		34	
36-Street or RFD <div style="border: 1px solid black; padding: 2px; display: inline-block;">10005 OLD COLUMBIA RD</div>		55		70 State 72 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD 21046</div>		76	
57-Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">COLUMBIA</div>		76		Zip <div style="border: 1px solid black; padding: 2px; display: inline-block;">21046</div>		76	
DRILLER INFORMATION		CIRCLE: MSD/MGD/MWD					
Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne</div>		77 License No. 80 <div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div>		Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne Well Drilling</div>		Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 Ridge Rd. Mt. Airy 21771</div>	
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne</div>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">2/1/96</div>		76		76	
B 2		WELL INFORMATION					
APPROX. PUMPING RATE (GAL. PER MIN.)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>					
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>					
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 HEALTH DEPARTMENT APPROVAL)							
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)							
APPROXIMATE DEPTH OF WELL		<div style="border: 1px solid black; padding: 2px; display: inline-block;">220</div> FEET					
APPROXIMATE DIAMETER OF WELL		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH					
METHOD OF DRILLING (circle one)							
<input checked="" type="checkbox"/> BORED (or Augered)		<input type="checkbox"/> JETTED					
<input checked="" type="checkbox"/> AIR-ROTARY		<input type="checkbox"/> ROTARY (Hydraulic Rotary)					
<input type="checkbox"/> CABLE		<input type="checkbox"/> REVERSE-ROTARY					
<input type="checkbox"/> other		<input type="checkbox"/> DRIVE-POINT					
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 DEEPEN AN EXISTING WELL							
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>					
Not to be filled in by driller (MDE OR COUNTY USE ONLY)							
APPROX. PERMIT NUMBER		<div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div>					
FORCE		<div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-94-1199</div>					
SPECIAL CONDITIONS							

LOCATION OF WELL

8 COUNTY

HOWARD

23 SUBDIVISION

QUARTERFIELD

SECTION

341

52 NEAREST TOWN

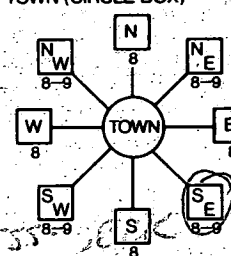
WEST FRIENDSHIP

MILES FROM TOWN (enter 0 if in town)

4

 MI

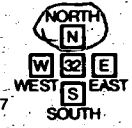
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

QUARTERFIELD DR.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD
ENTER FT OR MI

FT

TAX MAP: 23 BLK: 8 PARCEL 82

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME

48819
COUNTY NO.

STATE SIGNATURE
DATE ISSUED

061297

 Mark E. Reffin 6/2/98

CO SIGNATURE
NORTH GRID

523000

EAST GRID

0824000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

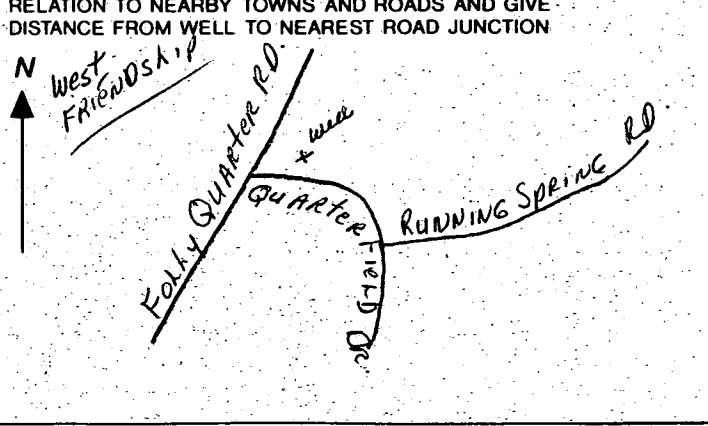
- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8234

523

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



[illegible]

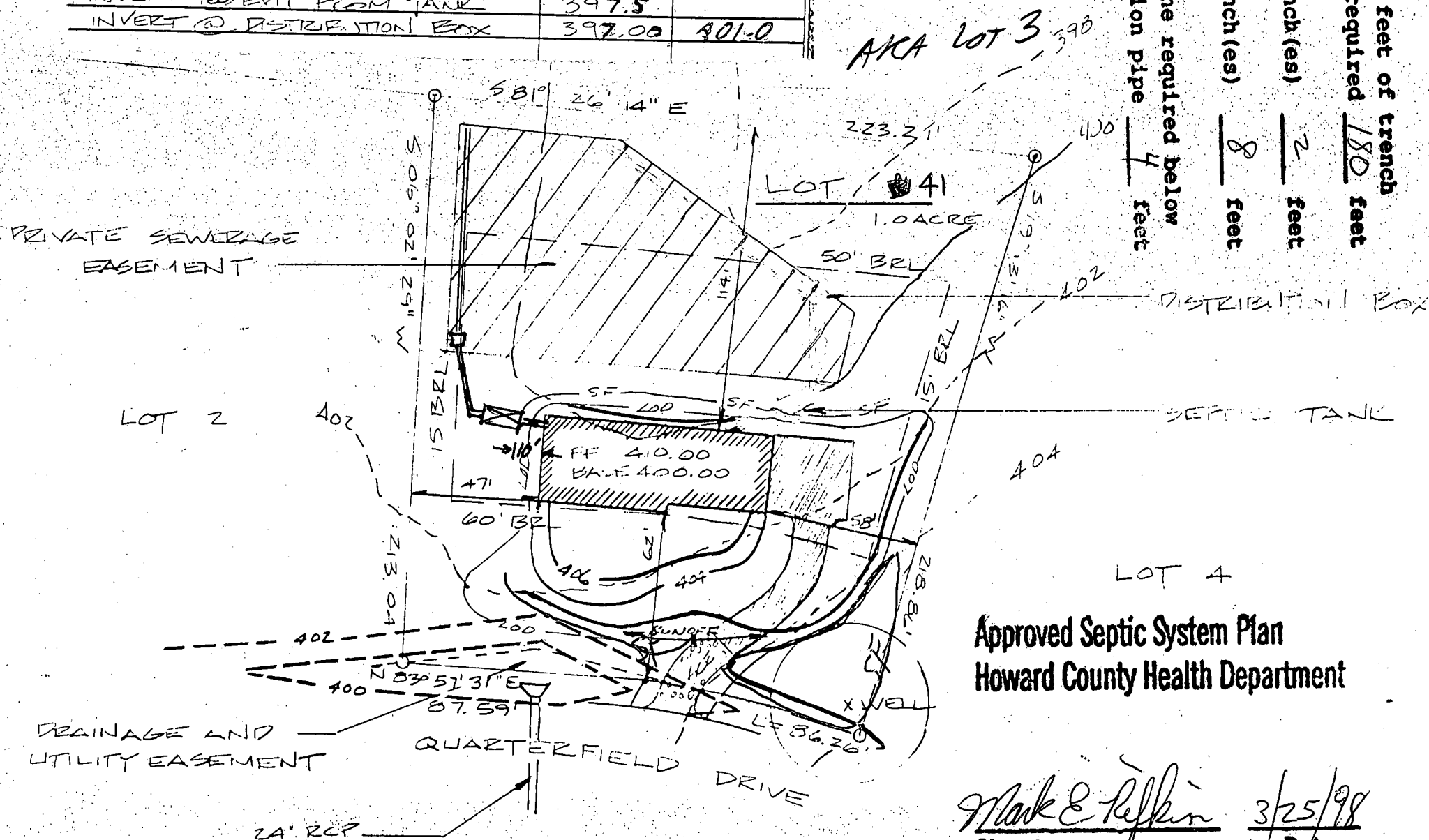
Septic Grades & Elevations		
	Inv.	Grade
INVERT @ HOUSE	398.00	401.00
INVERT @ ENTRANCE TO TANK	397.00	
INVERT @ EXIT FROM TANK	397.5	
INVERT @ DISTRIBUTION BOX	397.00	401.0

Total linear feet of trench required 180 feet

Width of trench(es) 4 feet

Depth of trench(es) 8 feet

Depth of stone required below
distribution pipe 4 feet

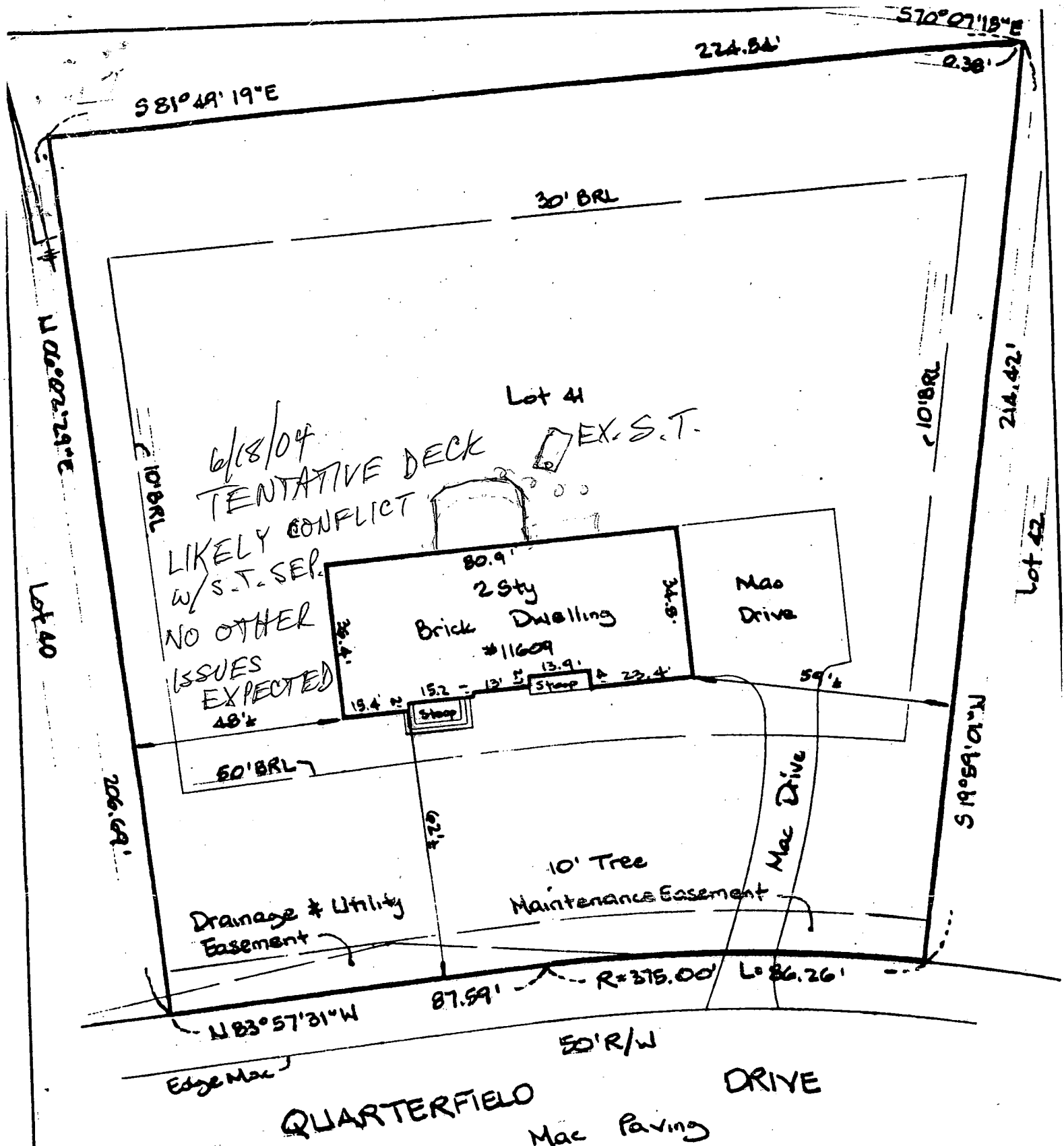


Approved Septic System Plan

Howard County Health Department

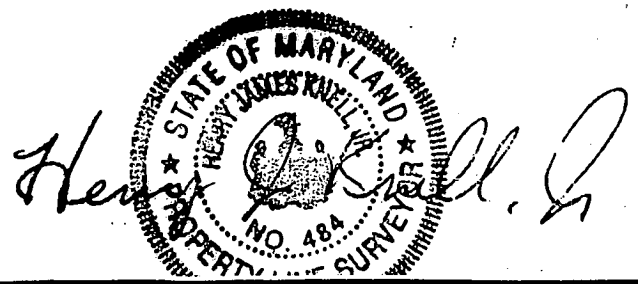
Mark E. Refkin
Signature

3/25/98
Date

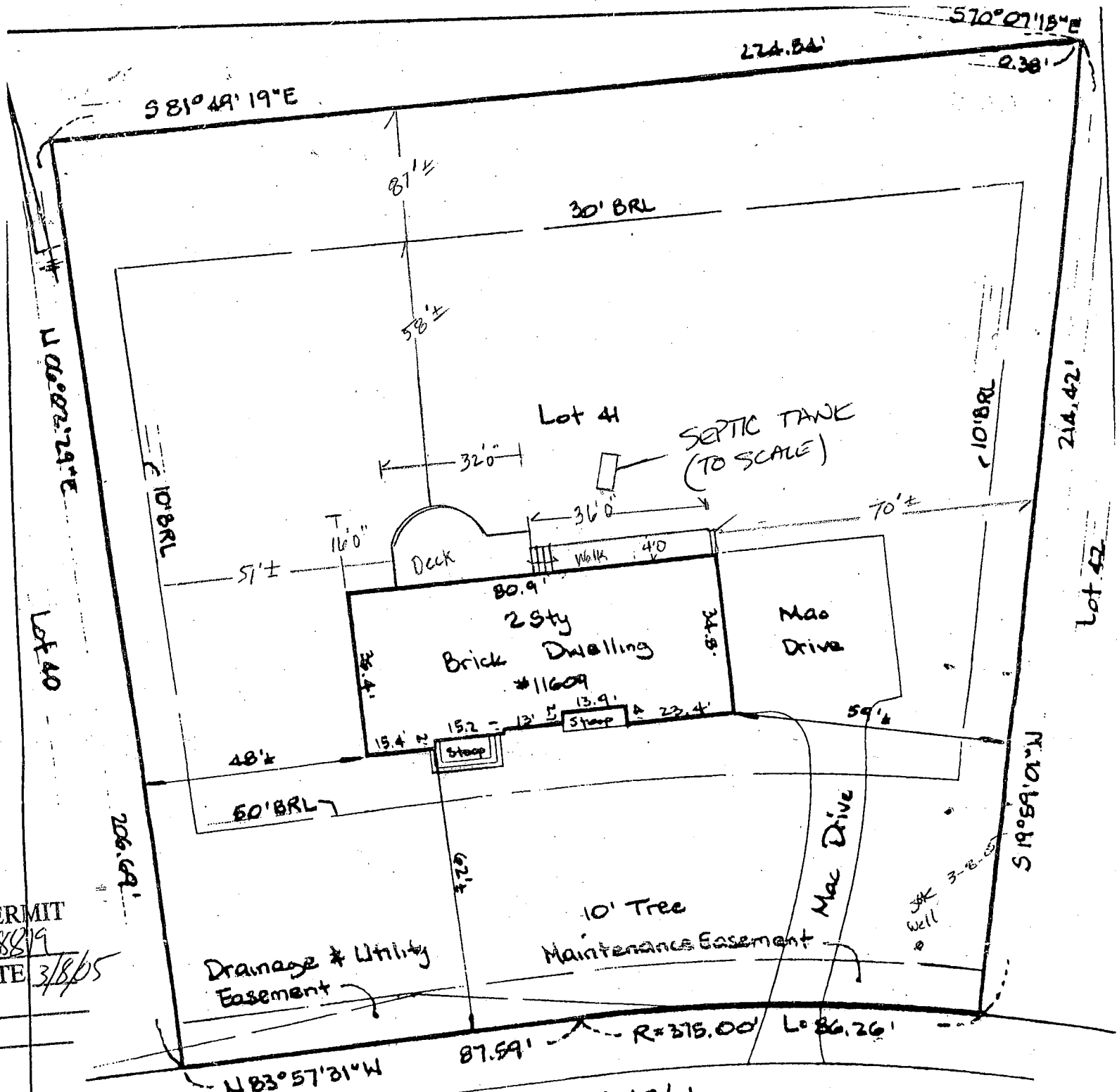


THE LOT SHOWN HEREON IS IN FLOOD
 ZONE C PER F.E.M.A. FLOOD INSURANCE
 RATE MAP PANEL# 240044-0022B

The plat is of benefit to consumer only insofar as it is
 required by a lender or a title insurance company or its
 agent in connection with contemplated transfer,
 financing, or refinancing. The plat is not to be relied
 upon for the establishment or location of fences,
 garages, buildings, or other existing or future
 improvements. The plat does not provide for the accurate



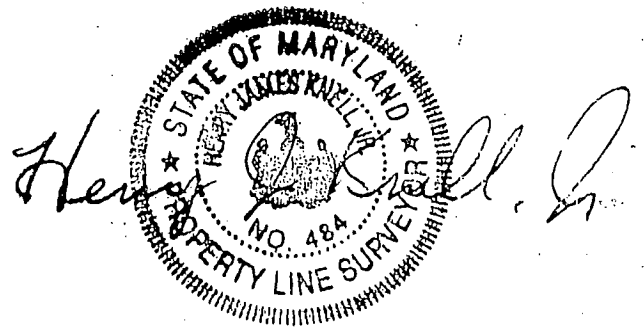
LYONS-KEEFE RESIDENCE



APPROVED
WALK-THRU BUILDING PERMIT
BP# 00052555 A# 48879
APP. SAN KJR DATE 3/8/05
DESC. OF WORK: Deck

THE LOT SHOWN HEREON IS IN FLOOD
ZONE C PER F.E.M.A. FLOOD INSURANCE
RATE MAP PANEL# 240044-0022B

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.



Ertel Associates, Inc.

3109 Moreland Avenue
Baltimore, Maryland 21234
Phone: 410-882-0989 • Fax: 410-882-0842

LOCATION DRAWING

*11609 QUARTERFIELD DRIVE; LOT 41
"QUARTERFIELD SECTION 1, LOTS 39-45, RESERVE
PARCELS 4A, 4B, 5A & 5B" HOWARD CO., MD. MDR 122

DATE: 12/14/00 SCALE: 1"=30' FILE: CO838