SEPTIC SYSTEM TO BE INSTALLED PRIOR TO ISSUANCE OF BUILDING PERMIT.

8/31/89 12:00 9-5-89 LATE pm File

PERMIT

P 450 22

A 34967

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-407574

DATE 10/3/89

DATE SYSTEM APPROVED 4/10/90

INDEXED
INDEXED

INSPECTOR J.C.B. (House connection only)

Alan Whitworth IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 854-2513

SUBDIVISION Waterford ROAD 12902 WexfordPark LOT 23, Section 2

PROPERTY OWNER Westchester Homes of Maryland

ADDRESS ____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO ____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - INSTALL 3-100 FT TRENCHES ~~250 sq. ft. per bedroom with garbage disposal.~~ Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.0 feet below original grade. Effective area begins at 1.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION -Start the first trench 365 feet from the front lot line and 30 feet from the right lot line as seen when facing the lot from Wexford Park. Run trenches on contour toward the left rear of lot. NOTE: MAINTAIN 100 FEET FROM WELL.

** NOTIFY HEALTH DEPARTMENT BEFORE INSTALLING TRENCHES AND REQUEST FIELD INSPECTION WITH CONTRACTOR.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Sid Abel DATE 3/31/89

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

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)

BLDG. PERMIT SIGNED AND RETURNED 9/7/90

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

Sewer # 31541 - 500 gal propane tank

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 9/28/89

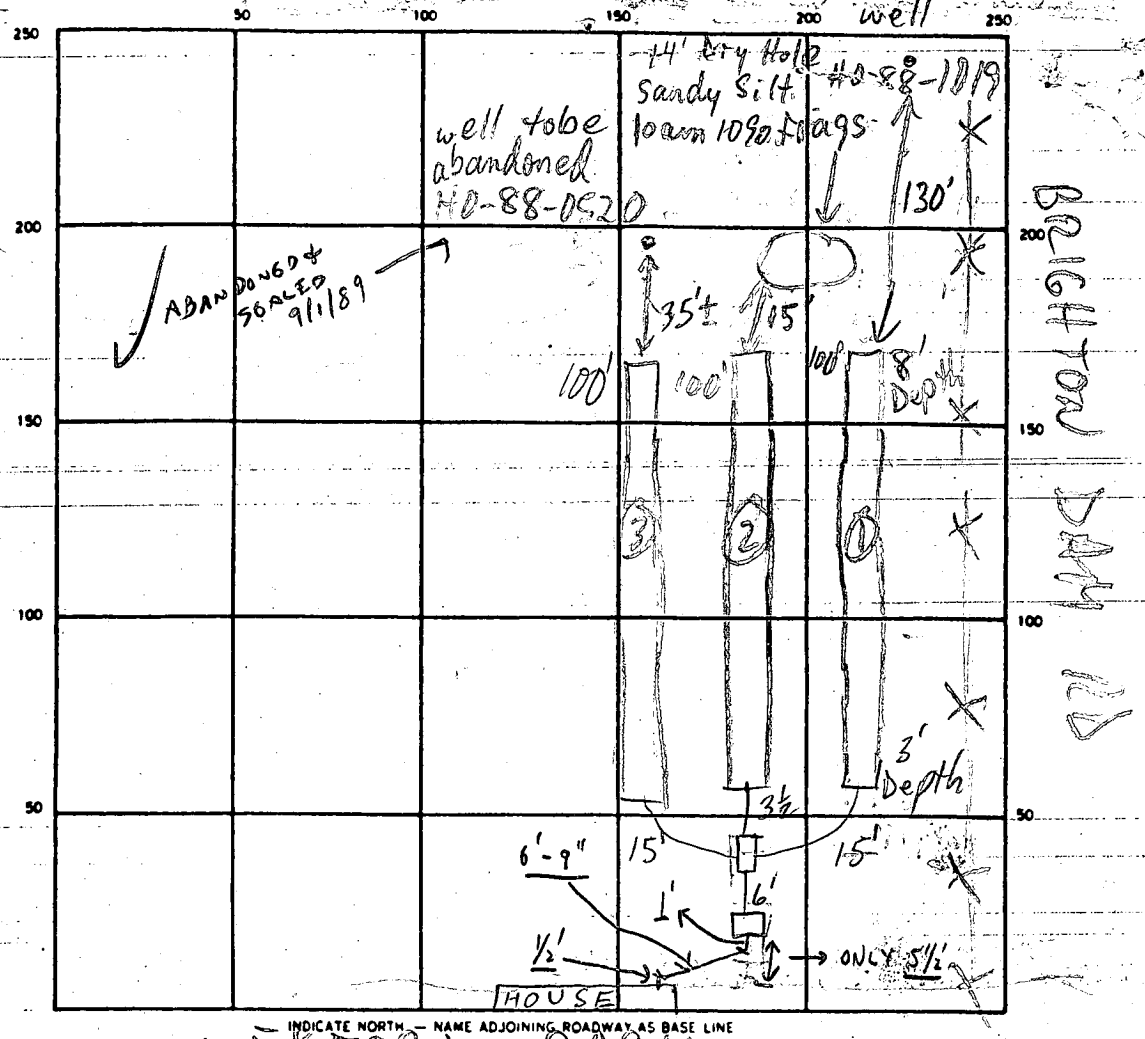
Sewer # 26838 -

A 34967

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. SFD - 4 Bedrooms

HD-260



SEPTIC TANK. LEVEL 2000 GAL CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 3-8 FT TRENCH WIDTH 3 FT. INLET DEPTH 1½-6½ FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3@100' = 300 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ FT.

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/22/89 EXISTING well IN WRONG place TO be abandoned - Keep Minimum 25FE FROM ABANDONEDED well. TRENCHES TO RUN AGAINT CONTOURS TO maximize SDA 18" INLET TO START AT AREA NEAR HOUSE WITH INLET AT END OF TRENCH TO be 30-36" below grade - See diagram ATTACHED. S. Cabe 9/31/89 STOP WORK - JOB NOT AS SPECIFIED MR 9/1/89 #1 CONTRACTOR TO CONTINUE AS BEFORE 9/1/89 #2 TRENCHES ① & ② DONE: CONTINUE w/ ③ & COVER MR NO HOUSE CONN. MR 9/5/89 ALL WORK OK TO COVER WHEN DONE & HOUSE CONN

DATE SYSTEM APPROVED 4/10/90 INSPECTOR C.B. Clute

4/22/88 9:30

APPLICATION

A 34967

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

MOUND TESTING

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~SAME~~ Westchester Homes of Md.

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Waterford Sec. 2 LOT NO. ~~14~~ 23 Sec 2 ~~of plat 5477~~

ROAD AND DESCRIPTION ~~Bushtin Dam Rd.~~ 12902 Wexford Park

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 Sid Mbej FOR Standard Trench DATE 4-8-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-22-88 HELD FOR CONFORMED APPROVAL - BEST SYST COULD Pressure dose in shallow bed between 12-36" Shale

HD-216

THIS IS NOT A PERMIT

① ② ③

SOIL PROFILE

0'
1"
SURFACE LITTER (OM)

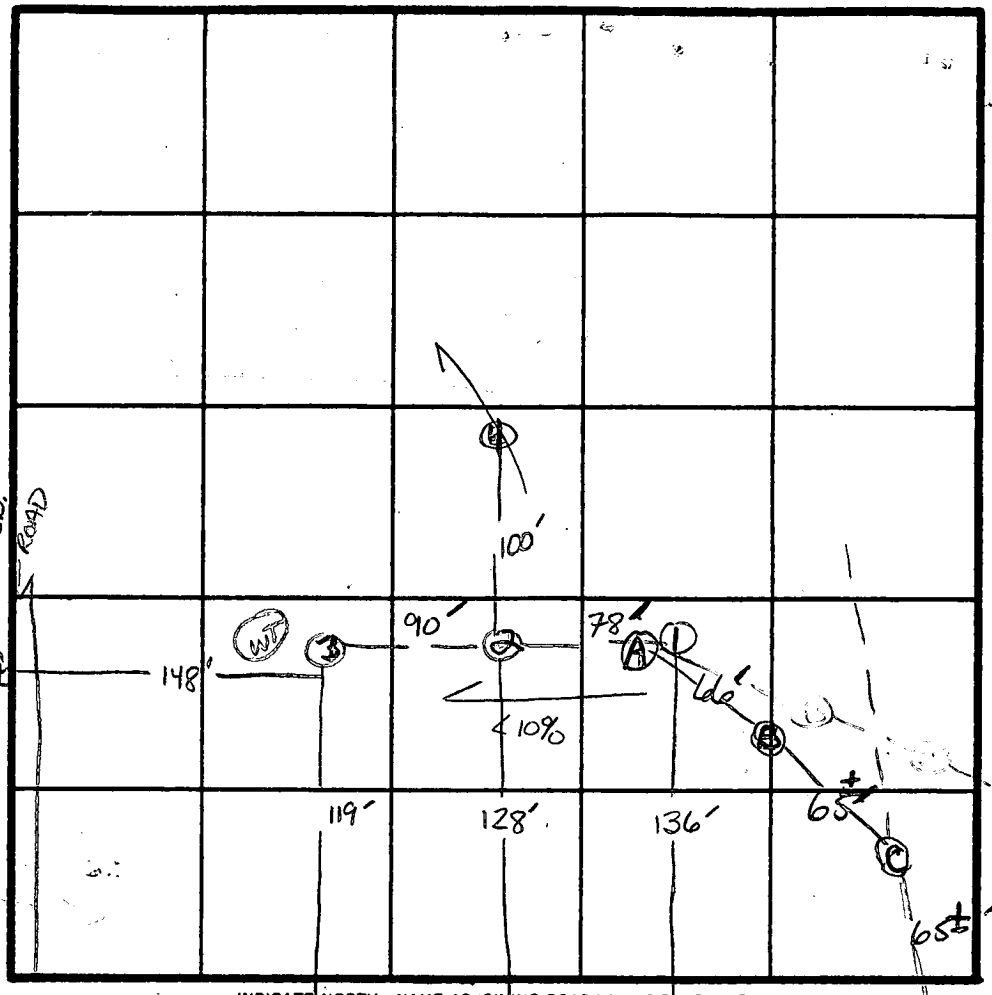
STRONG BR LOAM w/ SMALL FRAGS QUARTZ

6"
(5" #2)
(5" #3)
YELLOW BR SILTY CLAY LOAM VERISATED SAND LAYER yellow/white GRITTY 10% FRAGS QUARTZ

HIT A FOOT BONE

13"
(16" #2)
(23" #3)
BROWN w/ REDDISH YELLOW VEINS OF SANDY LOAM SILT LOAM SMALL AMTS OF QUARTZITE

60"+



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brighton Dam Rd. ℄ ℄

APPROX CORR. MARK

X PERC
10 MIN
2 1/0 Φ/BR
INV. 12"
BOTTOM 30"

WATER 8' 5"

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/6/87	1 INFILTROMETER	12"	10:22	10:40	10:40	11:14	34 MIN
	1 STANDARD	27"	10:25	10:26:25	10:26:25	10:28:10	1 MIN 45 SEC.
	2 INFILTROMETER	15"	11:20	12:02	12:02	1:00	58 MIN
	2 STANDARD	29"	11:23	11:24	11:24	11:25	1 MIN
	3 INFILTROMETER	13"	1:08	1:50	STOP => < 1/2"	movement	
	WT	DRY TO	11' 3"	KNOWN WATER TABLE	AT	7' 6"	
	4	17"	1:58	2:37	2:37	3:45	< 1" movement
4/22/88	A I	6"	10:09	10:51	→ 42 MIN	1"	
	A S	18"	10:18	10:19	10:19	10:22	3 MIN
	B I	3"	10:54	11:30	→ 36 MIN	1"	
	B S	29"	10:21	10:23	10:23	10:33	10 MIN
	C I	SURF.	10:43	10:46	10:46	10:53	7 MIN
	C S	36"					

REMARKS

TYPE OF SOIL Chester Silt Loam

TESTED BY S. Abel ALSO PRESENT John Sakm

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WATERFORD Sec. 2 LOT NO. NEW LOT #5 OLD LOT 7+8 ORIGINAL REST

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

_____

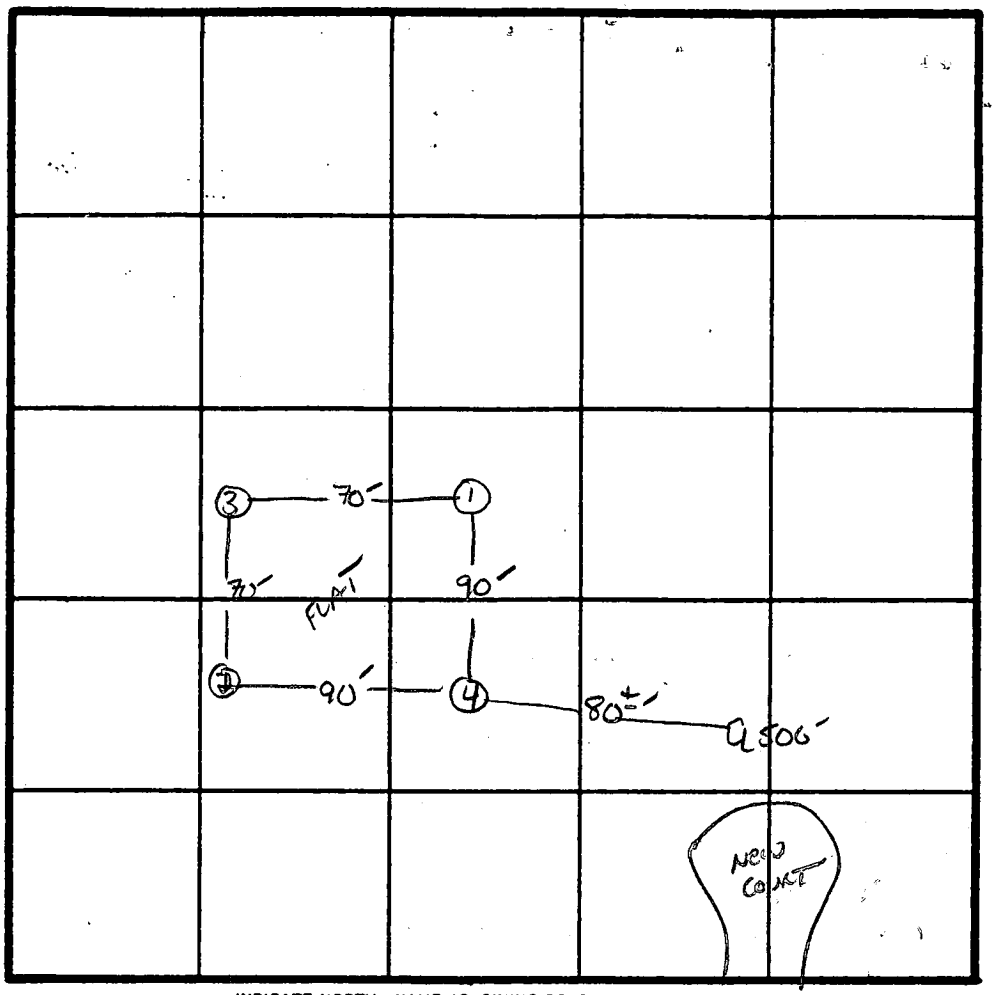
_____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brighton Dam Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/6/87	1	26" STANDARD PERC IN LIMITING LAYER	2:52	3:23	¼" movement		
	2	MOTTLING	AT 33"	HEAVY CLAY TO 33"			
	3	MOTTLING	AT 42"	HEAVY CLAY TO 42"			
	4	MOTTLING	AT 26"	CLAY TO 26"+			
H_2O 8'S" LOW 4/22/88	A I S	6" 18"	10:09 10:18	10:19	~~10:19~~	10:22	3 min
	B I S		10:21	~~10:23~~	10:23	10:33	10 min
	C						

REMARKS _____

TYPE OF SOIL Chester / Glenville

TESTED BY S Abel ALSO PRESENT John Sakai

APPLICATION

A 34967

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th ELECTION

DATE 2-14-85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER HUNTINGTON INTERNATIONAL CORPORATION

ADDRESS 4951 ROCKWOOD PARKWAY, N.W. WASH, D.C. 20016 PHONE (202) 659-2474

PROPERTY LOCATION: Separate from Sec 2

SUBDIVISION HUNTINGTON ESTATES LOT NO. ~~C20~~ LOT 12

ROAD AND DESCRIPTION ON BRIGHTON DAM ROAD, 1800' WEST OF TEN OAKS ROAD INTERSECTION

SIZE OF LOT 3.12 Ac.± TYPE BLDG. SINGLE FAMILY DWELLING (NUMBER OF BEDROOMS)

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. Charles J. Crosby

(SIGNATURE OF APPLICANT)

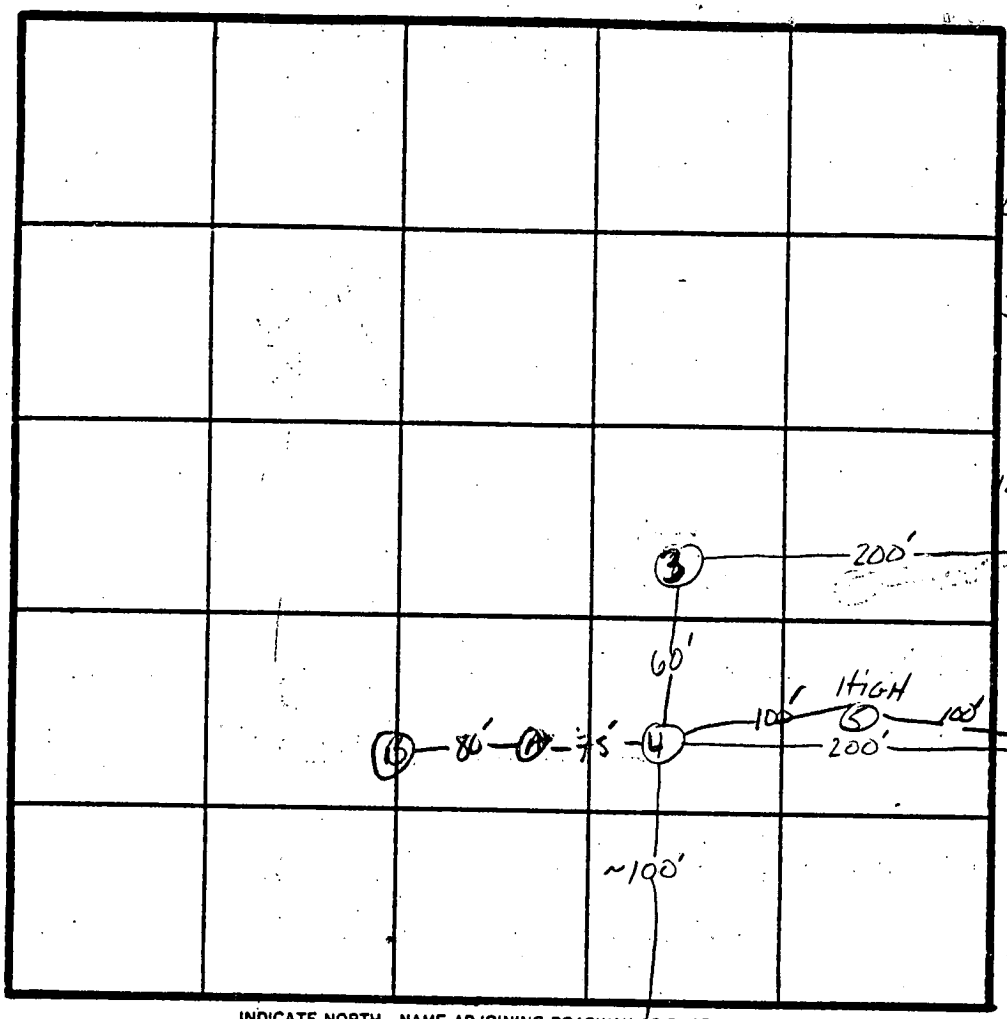
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-28-85 Perc. SATISFACTORY, HOLD FOR CERTIFIED HOUSE LOCATION, HOUSE AND well site. JAB

THIS IS NOT A PERMIT



① SOIL PROFILE

0
6" A1-3 BROWN CLAY LOAM <10% SAPROLITE
5' WHITE/BROWN MICACEOUS SAND LOAM 20-30% SAPROLITE
12.5'

② 0
6" A1-3 BROWN CLAY LOAM <10% SAPROLITE
4' BROWN SILTY SAND 10-20% SAPROLITE
12.5'

③ 0
6" A1-3 CLAY/SILT SAND <10% SAPROLITE BROWN
1-1.5' GREY BROWN SILTY SAND 10-20% SAPROLITE
13'

④ 0
6" A1-3 BROWN CLAY LOAM <10% SAPROLITE
3' WHITE/BROWN MICACEOUS SILTY SAND 10-30% SAPROLITE
12.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRIGHTON DAM Rd. CL

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/28/85	1S 1V	5.0' 12.5'	1:18 UNIFORM SOIL STRUCTURE BELOW	1:25	1:25	1:40 4.5'	15min
	2S 2V	4' 12.5'	12:59 UNIFORM SOIL STRUCTURE BELOW 4'	1:03	1:03	1:12 '	9min
	3S 3V	1.5' 13'	1:40 UNIFORM SOIL STRUCTURE BELOW 1-2'	1:41	1:41	1:43 '	2min
	4S 4V	4' 12.5'	1:43 UNIFORM SOIL STRUCTURE BELOW 3'	1:44	1:44	1:46 '	2min
	5V	UNIFORM SOIL STRUCTURE BELOW 3'	BROWN SANDY silty		20-30% SAPROLITE ROCK AT 11'		
	A	ROCK AT 7.5'					
	B	WATER AT 7.5'					

REMARKS

TYPE OF SOIL

TESTED BY S. Abel

ALSO PRESENT Skip, Terry, LES

EH-12-1079

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER

Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 31, 1988

Mr. Lowrie Sargent
Brighton Group
5570 Sterrett Place, Suite 306
Columbia, Maryland 21045

RE: Waterford, Section 2
Resubdivision of Lot 12

Dear Mr. Sargent:

During the past year several percolation tests were performed on the above referenced property. The testing done was to determine if the site and soil conditions were suitable for mounds under current state regulations. The results of that testing show the soils to be unsatisfactory at shallow depths necessary to approve the lot for a mound system.

At the same time, the soils were reviewed to determine if a low pressure dose system (LPDS) would be acceptable for the site. After review of the state regulations, we were unable to find any provision which would allow for a system of this type on newly created lots.

The testing which was done established satisfactory soils at approximately 12 inches below natural grade with a high water table known to be 8 feet at the lowest hole reviewed. Under current standard trench installation we are able to install a conventional system within these soils providing the following items are addressed:

(1) Test holes known as 1, 2, A, B, C on the enclosed test sheet are field located.

(2) A suitable well site not less than 100 feet from and higher in elevation than the sewage disposal area can be established.

(3) A house site 20 feet from the sewage disposal area and able to reach the highest part of the sewage disposal area on gravity from the first floor can be established.

(4) Due to the nature of the system planned for this lot a 15,000 sq. ft. sewage disposal area is required.

If these concerns can be resolved then this office is prepared to approve this lot for conventional on-site sewage disposal system.

Should you have any questions or need any guidance on this project, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Sid Abel

Sid Abel, Sanitarian
Water and Sewerage Program

SA:hs

SOIL DESCRIPTION

NAME SARGENT COUNTY HOWARD FILE NO.

SOIL MAP UNIT CHESTER LOAM MAP SYMBOL Ch DATE 4-22-88

GEOLOGIC MATERIAL HARD SCHIST Elevation CRID No.

No. Hole #A WATERFORD SEC. 2 LOT (UNKNOWN) NOW LOT 12 DESCRIBED BY SID ABEL

Horizon	Depth in.	Color		Texture	Structure		% Coarse Fragments	Notes (Moisture, Density, Consistence, Pores, Seepage)
		Matrix	Mottles		Grade	Type		
O	SURFACE							LITTER - LEAVES & WELL DECOMP ORGANIC MATERIAL
A	0-4"	YELLOWISH BROWN	NONE	SILT LOAM	FINE	GRANULAR	15-25%	BOUNDARY - SMOOTH MANY ROOTS STICKY & MOIST
B_1	4-8+"	STRONG BROWN	NONE	SILT LOAM	COARSE	BLOCKY SUBANG.	<10%	BOUNDARY - SMOOTH MANY ROOTS STICKY & MOIST
B_2	8"-20"	YELLOW BROWN	NONE	SI M CLAY LOAM	COARSE	BLOCK SUBANG	SMALL 25-30%	BOUNDARY - IRREGULAR - VARIES PLASTIC & STICKY SOME RED BR CLAY FILMS TO YELLOW RED A WELL STRUCTURE CLAY/SOIL MOIST
C	20+"	YELLOW BR TO BR	NONE	LOAM (VERY)	FINE	SAPROLITE HIGHLY MICACEOUS	20-25 %	HIGHLY MICACEOUS

LANDSCAPE FEATURES

Upland/Marine ✓ Summit ____
Bench ____ Shoulder ✓
Terrace ____ Sideslope ____
Floodplain ____ Footslope ____
Depression ____ Toeslope ____
Slope % 5-8 Shape Width VARIABLE

SOIL DRAINAGE CLASS

ED ____ MWD ____ PD ____
WD ✓ SPD ____ VPD ____

WATER TABLE

Type PERMANENT
Depth 8' 5" (including CAP. FRINGE)
Misc.

GEOLOGIC MATERIAL

Recent Alluvium ____
Old Alluvium ____
Coastal Plain Sediments ____
Residuum ✓
Colluvium ____
Eolian ____
Misc.

LIMITING HORIZON Depth

B-Horizon ✓
Fragipan ____
C-Strict. Saprolite ____
Cr-Strict. Saprolite ____
C-Horizon ____
R-Bedrock ____
Other

-OVER-

BEST System - Low Pressure Dose

Highly wooded - removing trees + shrubs with roots/trunks would damage field making mound undesirable.

4/10/90
① A.M. Not ready
② P.M.

4/10/90
Final
C.B.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # 45619
Date 03/19/90

Name of Installer Crouse Path

Telephone 531-3311

License Number 4450
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Westchester Homes

Telephone ____

Subdivision Waterford Lot # 23 Well Tag # HO-88-1019
Site Address 12902 Wexford Park

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # ____
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ✓ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other ✓

Motor
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ✓
   b. 220 ✓

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

Tank
1. Capacity 100 gal.
2. Pressure relief valve? ____

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

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

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

Signature of Applicant: Robert Hoblitzell

Date: 2/27/90

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

HD-215

Review OIC
THE DEST-0767 9/12/89
Cwells

WELL ABANDONMENT REPORT

Date 8/1/89

Permit Number of abandoned well (if any) H0-88-0520

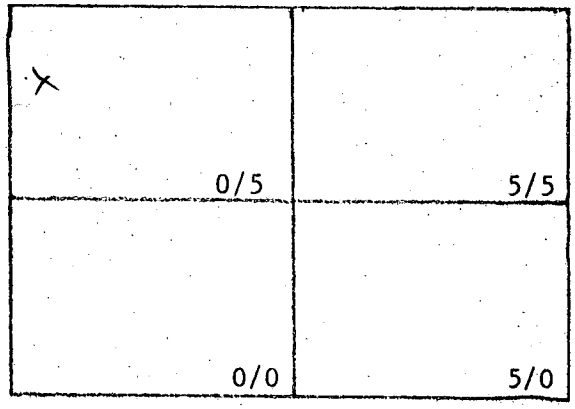
Driller's Name Easterday (Last) George (First)

Owner's Name Coventry (Last) Construction (First)

Well Location:

County Howard
Subdivision Waterford
Section ____ Lot 23
Nearest Town Clarksville
Address Wyeth Park
Maryland Grid Location

Box Number
E 810
N 490



Show well Location by (x) within box

Type of Well
- [x] Drilled
- [ ] Jetted
- [ ] Bored or Augered
- [ ] Other, Specify

Depth of Well 420 Ft.

Type of Casing
- [x] Steel
- [ ] Plastic
- [ ] Concrete
- [ ] Other, Specify

Size of Casing 6" In.

Was any case removed [ ] yes [x] no

If yes amount removed ____ Ft.

Was casing ripped or perforated [ ] yes [x] no

Log of Sealing Material

Materials	Feet From	Feet To
GRAVEL	420'	330'
Bentonite (Hole Plug)	330'	326'
Bentonite (Ben Seal)	326'	0

Driller George F. Easterday (Signature)

License # MD 40

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.

SEQUENCE NO. (DENV USE ONLY): 0270 (cols 1-6)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER: A - 34967

ST/CO USE ONLY
DATE Received: (cols 8-13)

DATE WELL COMPLETED: 08 29 87 (cols 15-20)

Depth of Well: 110 (cols 22-26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-88-1017 (cols 28-37)

OWNER: COUNTRY CONSTRUCTION
STREET OR RFD: last name WEREDAD PARK first name TOWN: CLARKSVILLE
SUBDIVISION: WHITE OAKS SECTION: LOT: 23

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
Top Soil	0	1	
Red Clay	1	4	
Br. Mica	4	65	✓
Gray Mica	65	135	
Gray Mica Red	135	140	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) 44 / no (N) 44
TYPE OF GROUTING MATERIAL
CEMENT (CM) 45 46 BENTONITE CLAY (BC) 45 46
NO. OF BAGS 20 NO. OF POUNDS 2000
GALLONS OF WATER 20
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48) ft. TOP (52) to 45 (54) ft. BOTTOM (58)
(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)	71 (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 (1 2)

EACH SCREEN	DEPTH (nearest ft.)		
1	110 (8 9)	71 (11 15)	146 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56 60) (NEAREST INCH)

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

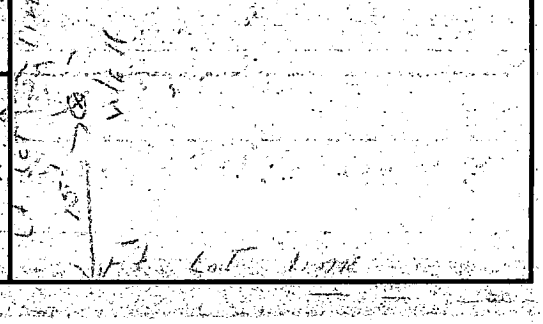
C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour): 3 (8 9)
PUMPING RATE (gal. per min. to nearest gal.): 10 (11 15)
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 25 (17 20)
WHEN PUMPING: 113 (22 25)

TYPE OF PUMP USED (for test)
A air (27) · P piston (27) · T turbine (27)
C centrifugal (27) · R rotary (27) · O other (describe below) (27)
J jet (27) · S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): 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) (31 35)
PUMP HORSE POWER (37 41)
PUMP COLUMN LENGTH (nearest ft.) (43 47)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above (49) / − below (49) LAND SURFACE: 2 (50 51) (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)



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 IDENT. NO. 411
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP 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

COUNTY

14A8

8-29-89

#32

Set pump 130'

Page ____ of ____

Date ____

Review ok 9/12/89 CW

across from Church

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1019

Location of property (road) Wexford Park

Subdivision Waterford Lot 23 Block - Plat - Sec. -

Well Driller G. F. EASTERDAY Owner Country Beds.

Depth of well 140 ' 20GPM

Distance of measuring point (M.P.) above ground 1FT '

Static water level (S.W.L.) below M.P. 25 '

I. High rate pumping -- reservoir drawdown

Time pump started 3:00 Pumping rate 10 G.P.M.

Total time 0 to reach pumping water level _____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
3:00	22'	6 sec	130 FT N/A	10 G.P.M.
3:15	56'	6 sec.		10 GPM
3:30	70'	6		10 GPM
3:45	84'	6 sec		10 GPM
4:00	96'	6 sec		10 GPM
4:15	99'	6 sec		10 GPM
4:30	102'	6 sec		10 GPM
4:45	106'	6 sec		10 GPM
5:00	108'	6 sec		10 GPM
5:15	110'	6 sec		10 GPM
5:30	111'	6 sec		10 GPM
5:45	112'	6 sec		10 GPM
6:00	113'	6 sec		10 GPM

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 4734 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-88-1019
fill in this form completely

Date Received (APA): 08/28/89

OWNER INFORMATION

Country Construction Inc
Last Name / Owner / First Name

9891 Brokenland Pkwy
Street or RFD

Columbia MD 21046
Town / State / Zip

DRILLER INFORMATION

George F. Easterday — License No. 40
Driller's Name

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771
Address

George F. Easterday — 8/23/89
Signature / Date

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: MP (WRITE INITIALS IN BOX) PERMIT No. HO-88-1019

LOCATION OF WELL

Howard — COUNTY
Watkins Woods — SUBDIVISION
SECTION — LOT 53
Clarksville — NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 1 MI

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

Wexford Park — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 35
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — COUNTY NAME
A34967 — COUNTY NO.
STATE SIGNATURE
INSERT S
DATE ISSUED: 09/01/89
Mark E. Rifkin — CO SIGNATURE
EXP. DATE: 2/1/90

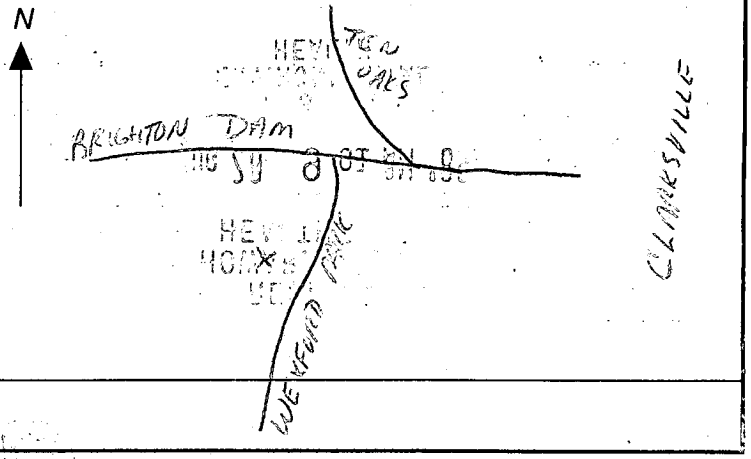
NORTH GRID: 49800
EAST GRID: 08100

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 810
N 4908
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

COUNTY

Page ____ of ____ Review ____

Date ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1019

Location of property (road) Wexford Park

Subdivision Waterford Lot 23 Block ____ Plat ____ Sec. 2

Well Driller G Eastridge Owner The Coventry Group

Depth of well 140'

Distance of measuring point (M.P.) above ground 1'

Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 3:00 Pumping rate 10 GPM

Total time ____ to reach pumping water level ____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
4:00	96'	6 sec	—	10 GPM
	NOT YET STABILIZED			
	8/29/84	MAJOR TURBIDITY		
		CHEM H-1983	TAKEN AT 4:00	

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 2283 SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: HO-88-0520

fill in this form completely

Date Received (APA): 03 13 89

Mike Badger

OWNER INFORMATION

Last Name / Owner / First Name: [illegible]

Street or RFD: [illegible]

Town / State / Zip: [illegible] MD [illegible]

Suite # 100

DRILLER INFORMATION

Driller's Name: [illegible] L. Mayne — License No. 23[illegible]

Firm Name: Joseph L. Mayne [illegible]

Address: 5512 Ridge Rd. Mt. Airy, md 21771

Signature: [illegible] — Date: 3/2/89

B 3 LOCATION OF WELL

COUNTY: [illegible]

SUBDIVISION: WAT[illegible]

SECTION: [illegible] LOT: 23

NEAREST TOWN: [illegible]

MILES FROM TOWN (enter 0 if in town): 1 3/4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW

NEAR WHAT ROAD: Wexford Park

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH — 32

DISTANCE FROM ROAD: 350 — ENTER FT or MI: FT

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard — COUNTY NO: A 3496[illegible]

STATE SIGNATURE: — INSERT S

DATE ISSUED: 033189 — CO SIGNATURE: [illegible] — EXP. DATE: 09-30-89

NORTH GRID: 498000 — EAST GRID: [illegible]8[illegible]00

APPROXIMATE DEPTH OF WELL: 260 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 [illegible]
[illegible]490

Abandonment
150 [illegible] gravel
2 BAGS [illegible]
[illegible] BAGS BENSEAL
NOT CUT OFF
MR 9/1/89

METHOD OF DRILLING (circle one)

BORED (Augered) — JETTED — Jetted & DRIVEN
AIR ROTary — AIR PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse ROTary — DRive POINT
Other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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 (DEP USE ONLY)

APPROP. PERMIT NUMBER: G A P

FORCE: SA — WRITE INITIALS IN BOX — PERMIT No: HO-88-0520

SPECIAL CONDITIONS: 290-7000 [illegible]

COUNTY

C 1 2269 (1 2 3 6) SEQUENCE NO. (DENV USE ONLY)
(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 PRINT OR TYPE

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

COUNTY NUMBER A-34967

DATE Received (8–13)

DATE WELL COMPLETED 05 02 89 (15–20)

Depth of Well 22 4 20 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" M C - 88 - 0520 (28–37)

OWNER THE COUNTRY GROUP

STREET OR RFD last name WEXFORD PARK first name TOWN CHANTILLY

SUBDIVISION WATERFORD SECTION 1 2 LOT 23

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
TOP SOIL	0	2	
BR. SHALE	2	50	✓
THIN MICA	50	65	
GRAY MICA	65	70	
BR. MICA	70	71	
GRAY MICA	71	80	
BR. MICA	80	81	✓
GRAY MICA	81	210	
BR. MICA	210	211	✓
GRAY MICA	211	320	
OPENING	320	321	✓
GRAY MICA	321	364	
OPENING	364	365	✓
GRAY MICA	465	420	

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 10.17.13 "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 IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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 (44) no N (44)

TYPE OF GROUTING MATERIAL

CEMENT C M (45–46) BENTONITE CLAY B C (45 46)

NO. OF BAGS 17 NO. OF POUNDS 1700

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) ft. to 60 (54–58) 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)
S T (60 61)	6 (63 64)	63 (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 (1 2)

EACH SCREEN

		DEPTH (nearest ft.)	
1	H O (8 9)	61 (11–15)	420 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

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

GRAVEL PACK from ____ to ____

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

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74–76) OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 10 (11–15)

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 79 (17–20)

WHEN PUMPING 144 (22–25)

TYPE OF PUMP USED (for test)

A air (27) P piston (27) T turbine (27)

C centrifugal (27) R rotary (27) O other (describe below) (27)

J jet (27) S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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) (31–35)

PUMP HORSE POWER (37–41)

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

CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49) / – below (49) LAND SURFACE 2 (50 51) (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)

N

COUNTY

ACROSS FROM 7th day ADVENT 1st

Page ____ of ____ 5-9-89 8:00

Date ____

Review ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-~~0509~~ 0520

Location of property (road) Wexford Park

Subdivision Waterford Lot 23 Block ____ Plat ____ Sec. ____

Well Driller Easterday Owner (Davis Construction) COVENTRY GROUP

Depth of well 420 12 GPM

Distance of measuring point (M.P.) above ground 2 1/2 FEET

Static water level (S.W.L.) below M.P. 29 FEET

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 12 GALLONS/MIN.

Total time 0 to reach pumping water level 29 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)
7:45	29 FEET	6 SECONDS	N/A	10 GALLONS
8:00	73 FEET	6 SECONDS		10 GALLONS
8:15	93 FEET	6 SECONDS		10 GALLONS
8:30	107 FEET	6 SECONDS		10 GALLONS
8:45	118 FEET	6 SECONDS		10 GALLONS
9:00	122 FEET	6 SECONDS		10 GALLONS
9:15	127 FEET	6 SECONDS		10 GALLONS
9:30	130 FEET	6 SECONDS		10 GALLONS
9:45	134 FEET	6 SECONDS		10 GALLONS
10:00	137 FEET	6 SECONDS		10 GALLONS
10:15	141 FEET	6 SECONDS		10 GALLONS
10:30	143 FEET	6 SECONDS		10 GALLONS
10:45	144 FEET	6 SECONDS		10 GALLONS
			Pump was set at 390'	
			[illegible]	
			05-09-89	

Inspector didnt come but I left a sample on the well for them.

HD-224

8-14-89

Mike Badger
The Coventry Group
9891 Broken Land Pkwy. Suite 100
Columbia, Md. 21046

WATERFORD (LOT 23 SEC. 2)
WEXFORD PARK

Dear Mr. Badger

On a recent inspection of the above referenced property, prior to installing the septic system, it was discovered that the well (HO-88-0520) was drilled too close to the sewage disposal easement.

Correcting this problem involves abandoning this well because the sewage easement cannot be adjusted. The location of this well must be certified on a plat of the property so encroachment by the septic system can be prevented.

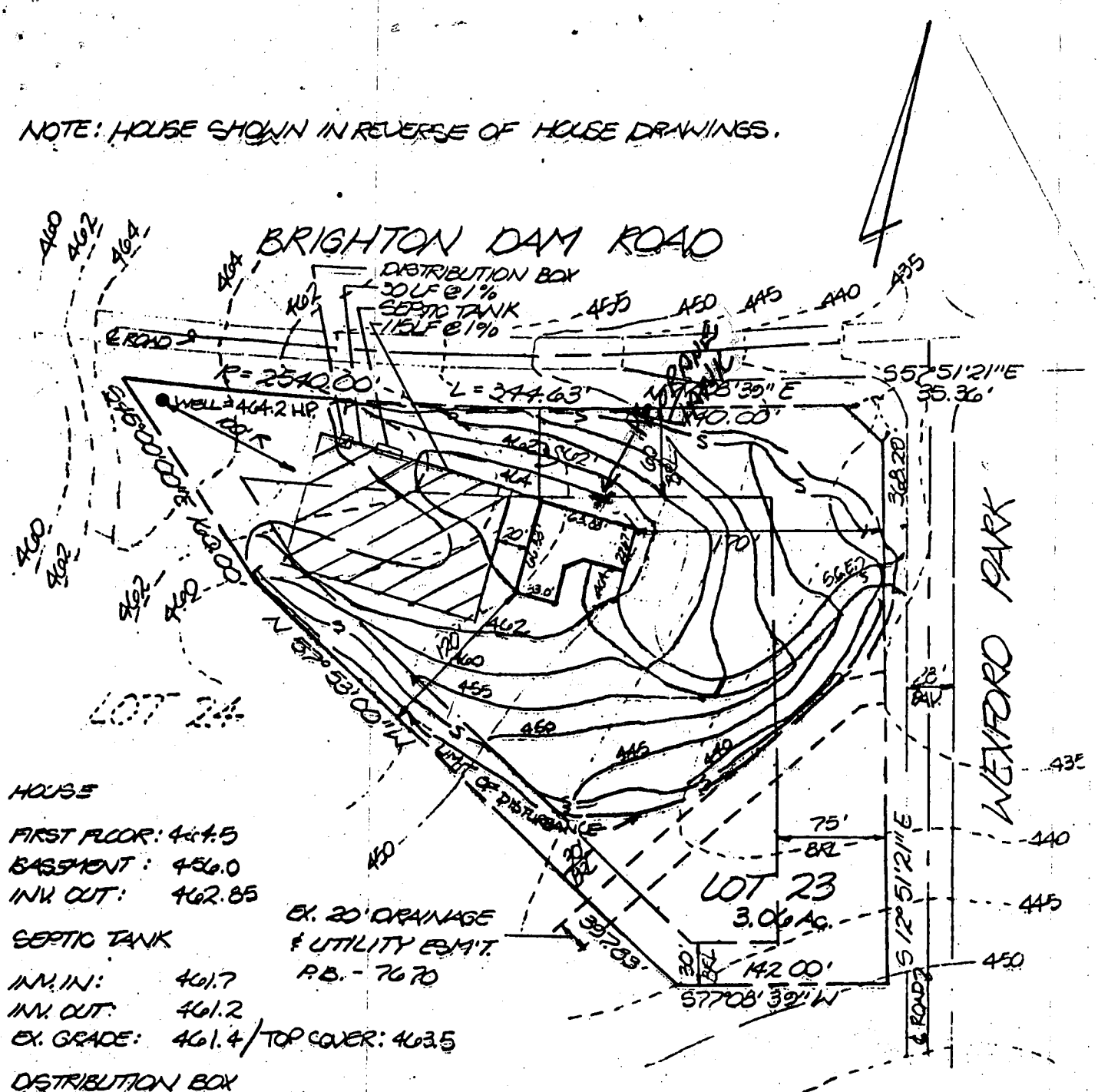
The abandonment must be done with bentonite clay to prevent any contamination of groundwater. The clay must be used from the source of water in the well to the surface.

If you have any questions please contact me at 461-9933.

The proper location of the new well must be 10 ft off right lot line and 10 ft off the left lot line at the rear of the property as seen from Wexford Park.

UTY
CW

NOTE: HOUSE SHOWN IN REVERSE OF HOUSE DRAWINGS.

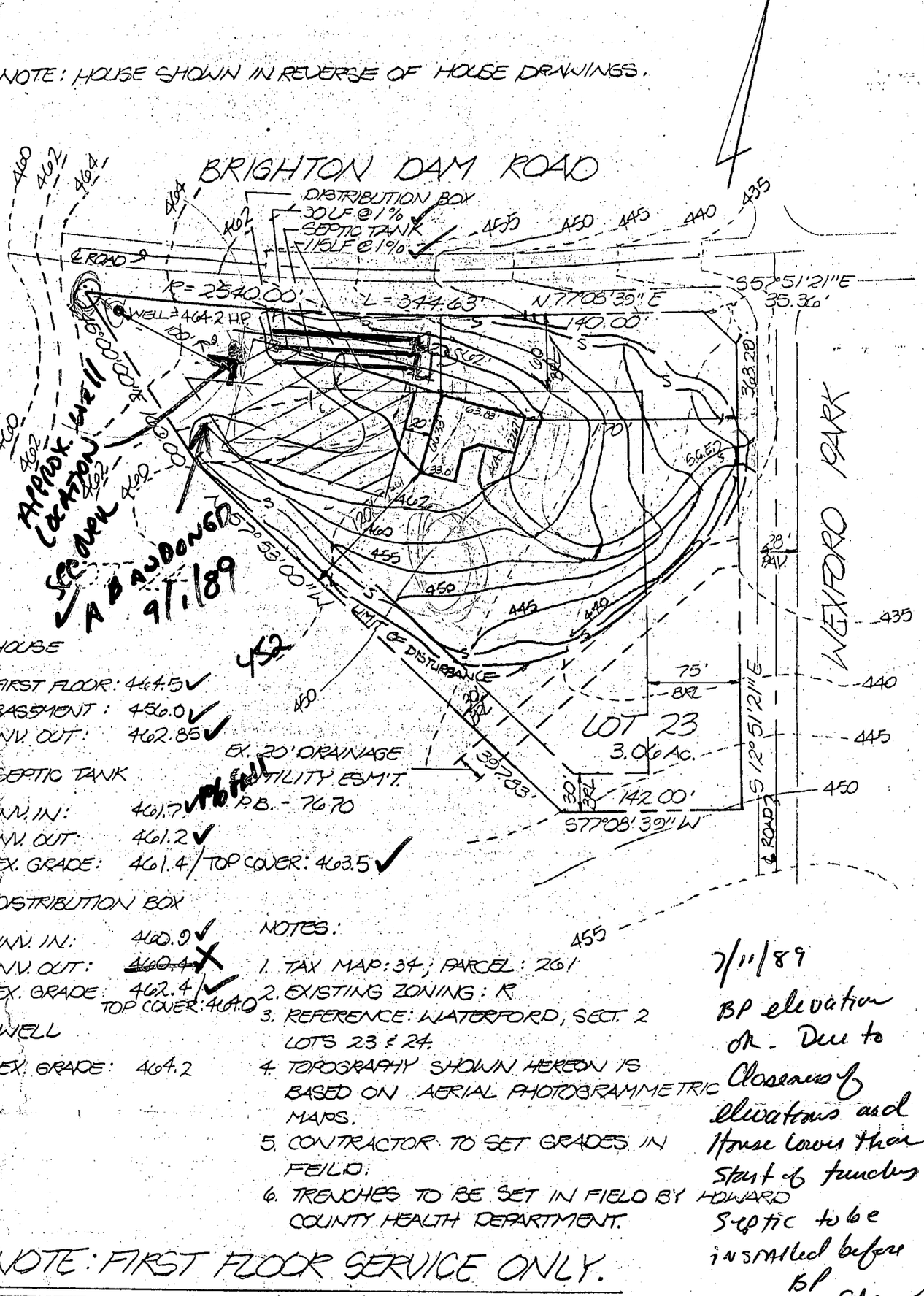


NOTES:

1. TAX MAP: 34; PARCEL: 261
2. EXISTING ZONING: R
3. REFERENCE: WATERFORD, SECT. 2 LOTS 23 & 24.
4. TOPOGRAPHY SHOWN HEREON IS BASED ON AERIAL PHOTOGRAMMETRIC MAPS.
5. CONTRACTOR TO SET GRADES IN FEILD.
6. TRENCHES TO BE SET IN FIELD BY HOWARD COUNTY HEALTH DEPARTMENT.

NO IMPACT ON WELL OR SEPTIC, OK TO PROCEED
3/6/90

NOTE: HOUSE SHOWN IN REVERSE OF HOUSE DRAWINGS.



HOUSE

FIRST FLOOR: 464.5 ✓
BASEMENT: 456.0 ✓
INV. OUT: 462.85 ✓

SEPTIC TANK

INV. IN: 461.7 ✓ Pb Fill
INV. OUT: 461.2 ✓
EX. GRADE: 461.4 / TOP COVER: 463.5 ✓

DISTRIBUTION BOX

INV. IN: 460.9 ✓
INV. OUT: ~~460.4~~ X
EX. GRADE: 462.4 ✓ TOP COVER: 464.0

WELL

EX. GRADE: 464.2

NOTES:

1. TAX MAP: 34; PARCEL: 261
2. EXISTING ZONING: R
3. REFERENCE: WATERFORD, SECT. 2 LOTS 23 & 24.
4. TOPOGRAPHY SHOWN HEREON IS BASED ON AERIAL PHOTOGRAMMETRIC MAPS.
5. CONTRACTOR TO SET GRADES IN FEILD.
6. TRENCHES TO BE SET IN FIELD BY HOWARD COUNTY HEALTH DEPARTMENT.

7/11/89
BP elevation OK. Due to Closeness of elevations and House covers that Start of trenches Septic to be installed before BP
SA

NOTE: FIRST FLOOR SERVICE ONLY.

TITLE: GRADING STUDY				
PROJECT: WATERFORD, SECT. 2, LOT 23				
LOCATION: 5 TH. ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=100'	DESIGNED BY: J.C.O.	DRAWN BY: J.C.O.	CHECKED BY: R.S.O.	DATE: APRIL, 1989
FIELD BOOK: —	PAGE NO.: —	JOB NO.: 8920	DRAWING NO.: 1 OF 1	

boender associates inc.
consulting engineers
land surveyors
land planners
COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
(301) 465-7777

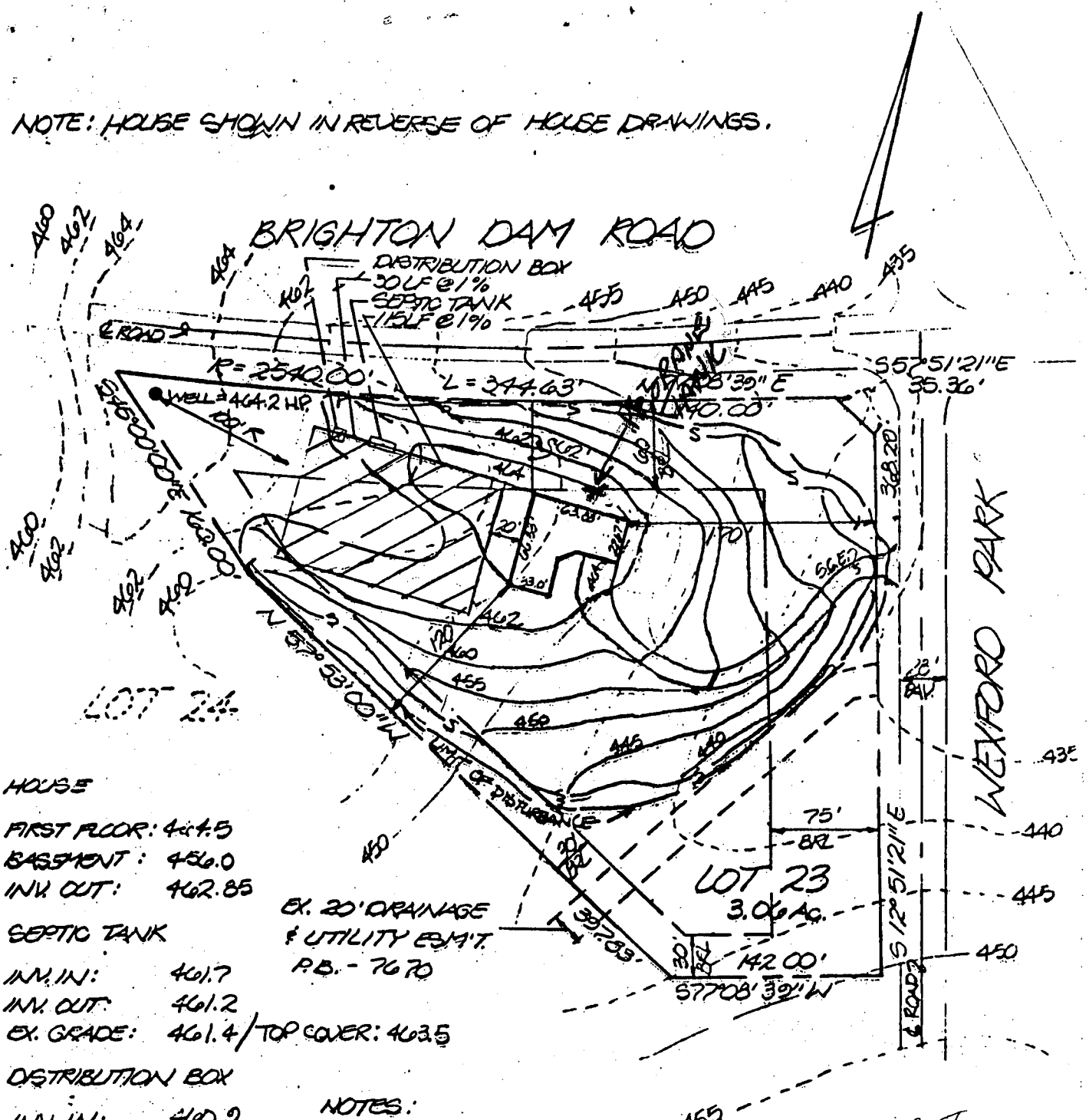
8/14/89

During pre installation insp. of Septic System well was discovered drilled in wrong place. Lot corner Lot 23/24 located and well was approx. 100 Ft away (on top edge of pre area). Owner notified of problem. This well was drilled by Easterday accidently. Permit in J. Mayer's name. Easterday had permit for Lot 24.

Recommend new well drilled and existing well be sealed from top to bottom with Bentonite Clay since Septic System will need to be very close to abandoned well.

S Stark

NOTE: HOUSE SHOWN IN REVERSE OF HOUSE DRAWINGS.



HOUSE

FIRST FLOOR: 464.5
BASEMENT: 456.0
INV. OUT: 462.85

SEPTIC TANK

INV. IN: 461.7
INV. OUT: 461.2
EX. GRADE: 461.4 / TOP COVER: 463.5

DISTRIBUTION BOX

INV. IN: 460.9
INV. OUT: 460.4
EX. GRADE 462.4 / TOP COVER: 464.0

WELL

EX. GRADE: 464.2

NOTES:

1. TAX MAP: 34; PARCEL: 261
2. EXISTING ZONING: R
3. REFERENCE: WATERFORD, SECT. 2 LOTS 23 & 24.
4. TOPOGRAPHY SHOWN HEREON IS BASED ON AERIAL PHOTOGRAMMETRIC MAPS.
5. CONTRACTOR TO SET GRADES IN FEILD.
6. TRENCHES TO BE SET IN FIELD BY HOWARD COUNTY HEALTH DEPARTMENT.

NO IMPACT ON WELL OR SEPTIC, OK TO PROCEED
3/6/90