8/11/99 NOON
Co Stuff

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511996

A 50368-Y

DISTRICT

DATE 7-8-99

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

#360451

INDEXED

DATE SYSTEM APPROVED 8/11/99

INSPECTOR S.R.K.

Walter W. King Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 5305 King's Court, Frederick, MD 21703 PHONE 301-662-6990

SUBDIVISION Riggs Property LOT 28 ROAD 1917 Sycamore Spring Court

PROPERTY OWNER Ryan Homes

ADDRESS

~~BUILDING PERMIT SIGNED~~
AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS

3-2703 B00140783 - POOL

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 180 feet up the right lot line and 30 feet off this same lot line as seen when facing the lot from Sycamore Spring Court. Run trenches on contour toward the left lot line.

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

PLANS APROVED BY Amy McMillen DATE 6-24-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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.

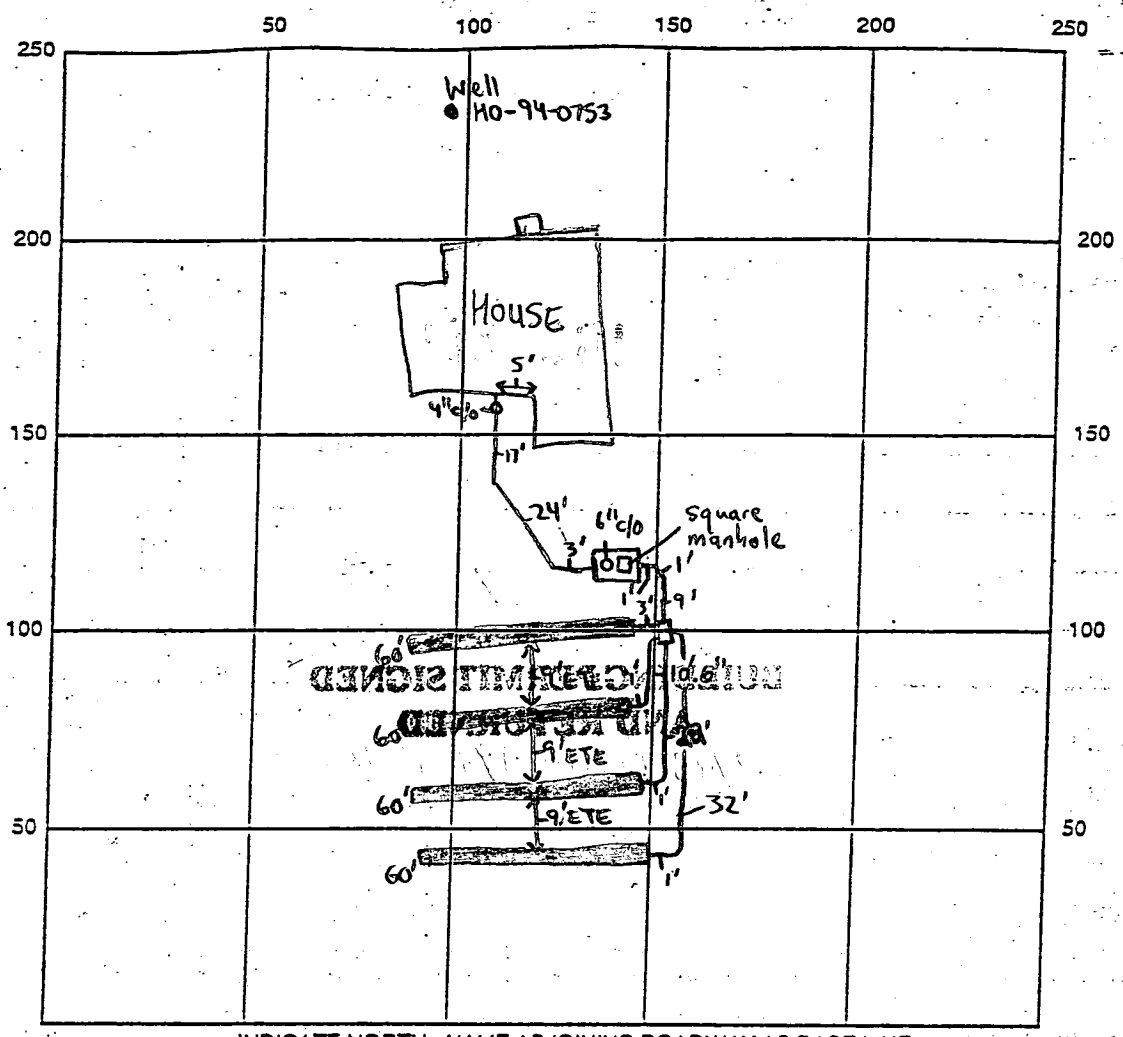
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 20368-Y



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
SYCAMORE SPRING CT

SEPTIC TANK LEVEL 1250 gallon midseam CLEANOUTS 4"@House, 6"@Tank, Square Manhole

DISTRIBUTION BOX LEVEL √ Baffle is in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

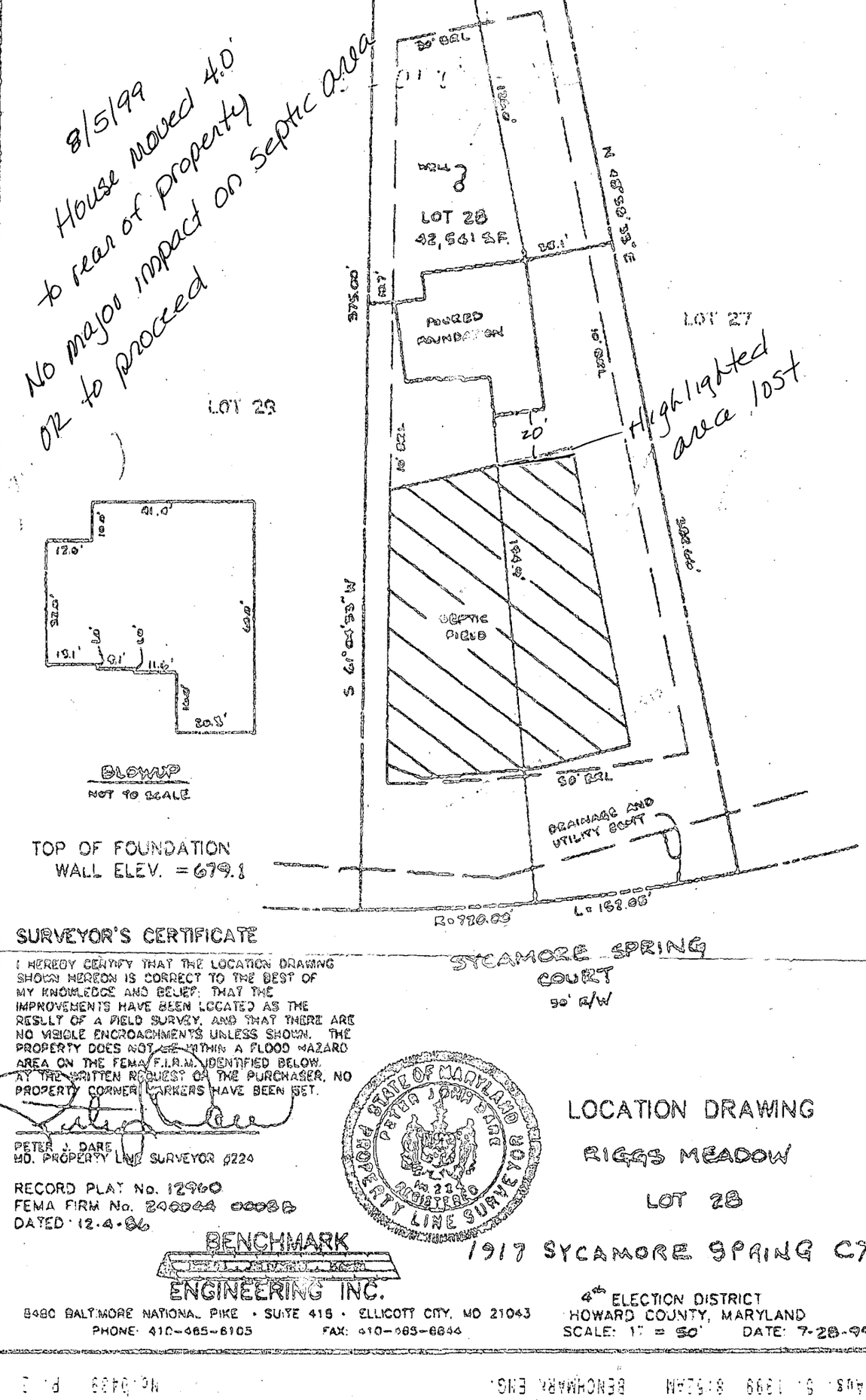
DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/11/99 - OK TO COVER ALL WORK - SRK

DATE SYSTEM APPROVED 8/11/99 INSPECTOR Steven R. Krieg

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 12960
FEMA FIRM No. 240044 0008 B
DATED 12-4-86

STATE OF MARYLAND PETER JOHN DARE No. 224 REGISTERED PROPERTY LINE SURVEYOR

SYCAMORE SPRING COURT
50' R/W

LOCATION DRAWING

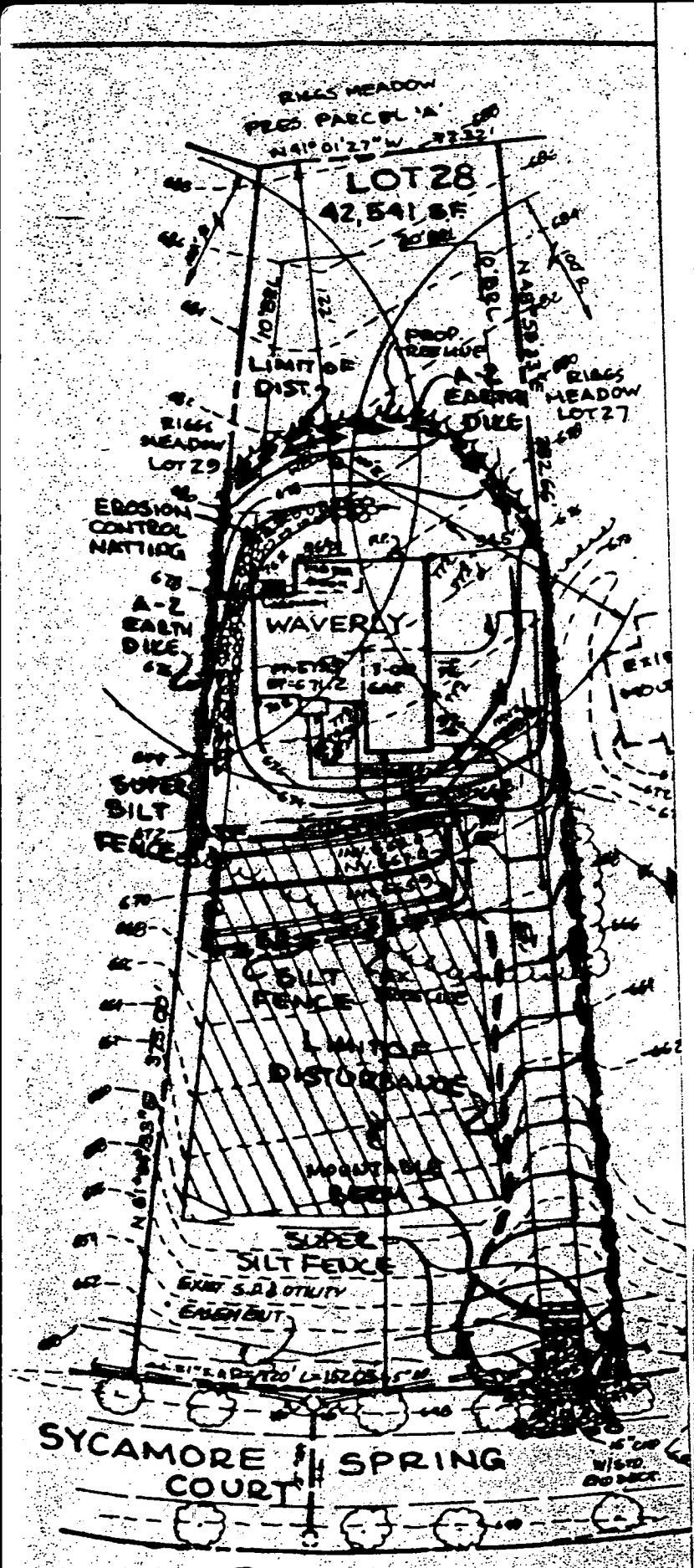
RIGGS MEADOW

LOT 28

1917 SYCAMORE SPRING CT.

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 7-28-99

BENCHMARK ENGINEERING INC.
6480 BALTIMORE NATIONAL PIKE • SUITE 415 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644



Approved Septic System Plan
Howard County Health Department

Signature _____ Date 6/24/99

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

ELEVATIONS

INV. @ HOUSE	669.3
INV IN SEPTIC TANK	668.4
INV OUT SEPTIC TANK	668.1
INV INTO DIST. BOX	668.0
EX ELEV @ DIST. BOX	671.0

HOWARD SOIL CONSERVATION DISTRICT

DA

BENCHMARK
ENGINEERING INC.
ENGINEERS • LAND SURVEYORS • PLANNERS
8480 BALTIMORE NATIONAL PIKE • SUITE 416 • ELLICOTT CITY, MARY
PHONE: 410-465-6105 FAX: 410-465-6644

PROJECT: RIGGS MEADOW LOT 28

NO. 20782 REGISTERED PROFESSIONAL ENGINEER

eets the standards
be salvaged for a
in the Soil Survey
rimental Station.
ing:
y loam, loamy sand.
scientist and approved
be a mixture of

Topsoil Application

APPLICATION

PERCOLATION TESTING

A 50368 Y

P

DISTRICT 4th

DATE 10/24/94

OCT 2:07

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-E ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE 313-2640

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 Amelia Riggs C/o SDC Grove, Inc. Ryan Homes

ADDRESS 8480 Balt. Nat. Pike Suite 417 P.O. Box 417 Ellicott City md 21043 PHONE 465-6105

AGENT OR PROSPECTIVE BUYER

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Riggs Property LOT NO. 28

ROAD AND DESCRIPTION 1917 Sycamore Spring Court Located @ S.W. Corner of the intersection of Roxbury Mill Road (Rte 97) & Frederick Road (Rte 144) ~~BLDG. PERMIT SIGNED~~

PAID RETURNED 6-24-94
Serial# B701187670

TAX MAP 8 & 14 PARCEL # 96

SIZE OF LOT TYPE BLDG. SFD - 4Bdrm
(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. James R Miller Jr V.P.
(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)

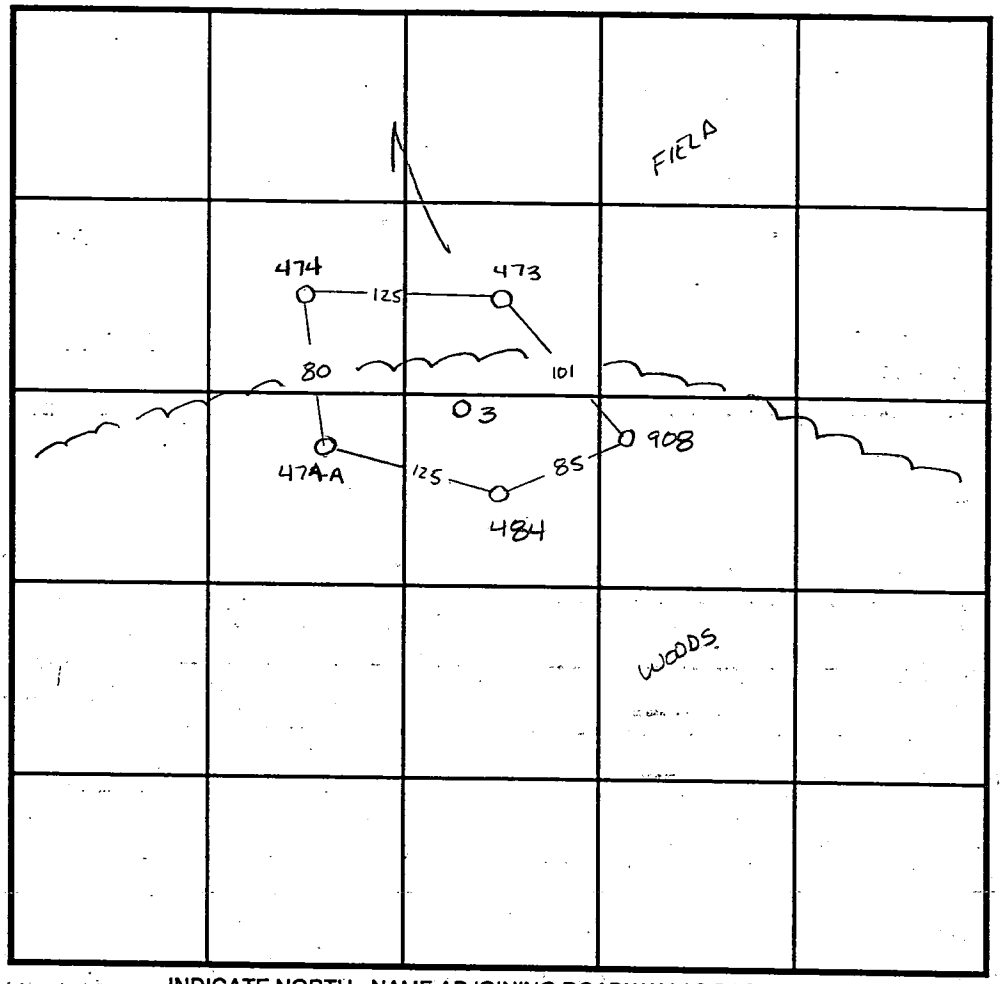
COUNTY #

SOIL PROFILE 484

0'
brn orange clay loam
3.5
orange salm 20% rock frags
11

473
orange red/brn clLm 10% frags
4'
packet 40% rock | lgt red brn SiLm
5.5
red/brn wl yellow spots
7
darker red SiSalm 10% frags
11

474
bright red clay
4
lgt orange tan silm
6
pocket of >50% rock
10
lgt orange tan silm
11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 908

0'
red gravelly SiClLm
3
10% large rocks 10" dia
5
yellow red mottled silm micaceous mottling from parent rock no H_2O
12

474-A 3

4'
orange brn SiClLm
4
pink salmwl yellow mottles from parent rock
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11-10-94	484	3.5 / VII.0	5:41 30	5:42	5:42	5:43 30	1½min
11-15-94	473	4.5 / VII.0	5:34 45	5:36 30	5:36 30	5:38 30	2min
4-2	474	4' / VII.0	8:06 30	8:11	8:11	8:18	7min
4-25-95	908	Visual	to 12.0 — see profile -				OK
11-30-95	474-A	Visual	to 12.0 — see profile -				OK
4-25-95	3	Visual	1 to 12.0 - see profile -				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

A 50368-Y

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4th

DATE 9/30/94

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 Amalia Riggs, c/o SDC Group, Inc

ADDRESS 8480 W Baltimore-National Pike PO BOX 417, Ellicott City, MD 21041 PHONE (410) 465-6105

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Riggs Property LOT NO. Grd. 1 27

ROAD AND DESCRIPTION Located @ SW Corner of the intersection of Roxbury Mill (Rte. 97) & Frederick Rd (Rte 144)

TAX MAP 8 & 14 PARCEL # 96

SIZE OF LOT 55000 ± S.F. TYPE BLDG Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. James R. Mosley III V. Pres
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 506 483

bright red clay

3.5

lgt orange silty

8.0

lgt tan salty

11.5

474

bright red clay

4'

lgt orange tan silty

6

pocket of 50% rock

10

lgt orange tan silty

11

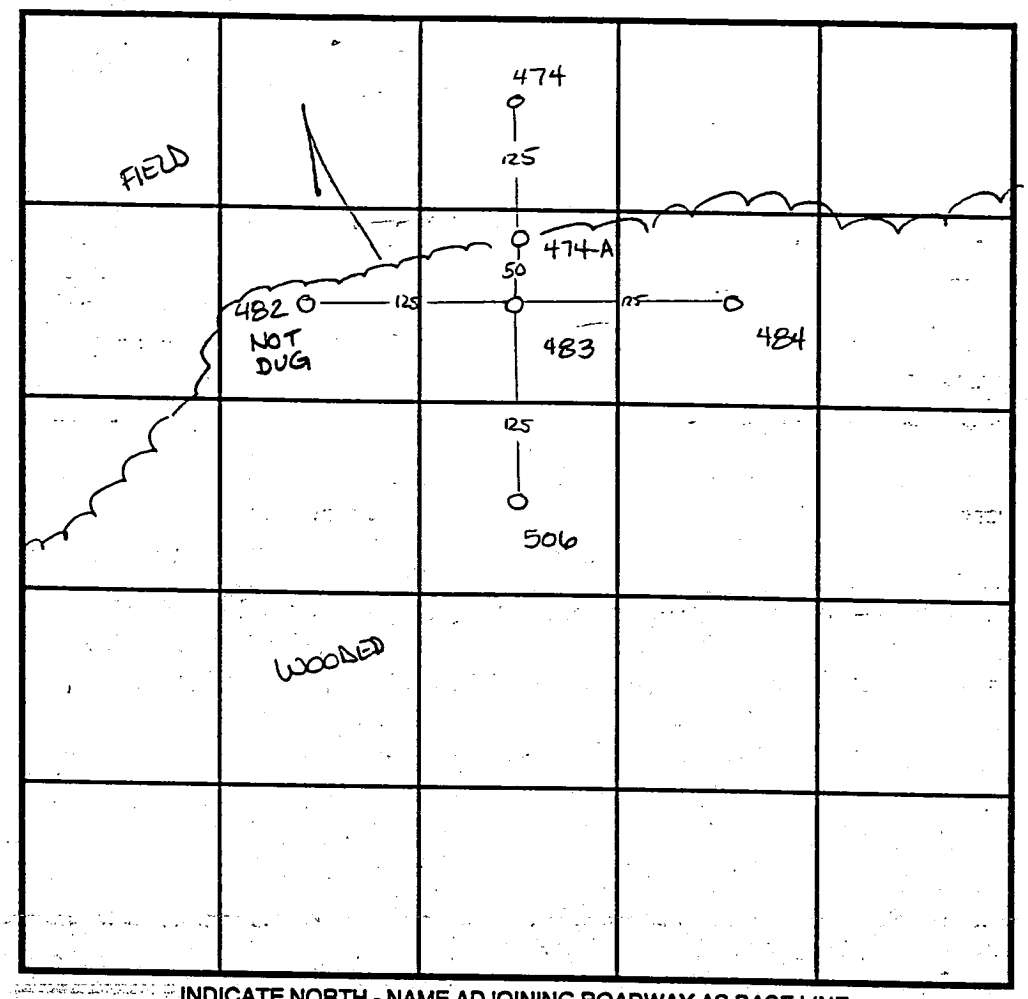
484

brn orange clay loam

3.5

orange salty 20% rock frags

11



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
11-10-94	506	5' / VII.0	5:53	5:55 30	5:55 30	6:00	4½ min
	483	4.0 / VII.5	5:45 45	5:48	5:48	5:51 30	3½ min
11-15-94	474	4' / VII.0	8:06 30	8:11	8:11	8:18	7/min F
11-10-94	484	3.5 / VII	5:41 30	5:42	5:42	5:43 30	1½ min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT 4th

DATE 10/24/94

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Amelia Riggs C/o SDC Group Inc

ADDRESS 8480 Balt. Nat. Pike Suite 417 P.O. Box 417 Ellicott City Md 21043 PHONE 465-6105

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Riggs Property LOT NO. 29

ROAD AND DESCRIPTION Located @ S.W. Corner of the intersection of Roxbury Mill Road (Rte 97) & Frederick Road (Rte 144)

TAX MAP 8 & 14 PARCEL # 96

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. James D. McLee V.P. (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

484

0'

brown orange clay loam

3.5

orange salm 20% rock frags

11'

473 472

orange red/brn clym 10% frags

4

packed 40% rock frags | lgt red brn silm

5.5

red brn w yellow splotches

7

darker red si salm 10% frags

11

455

bright orange Sacilm

3

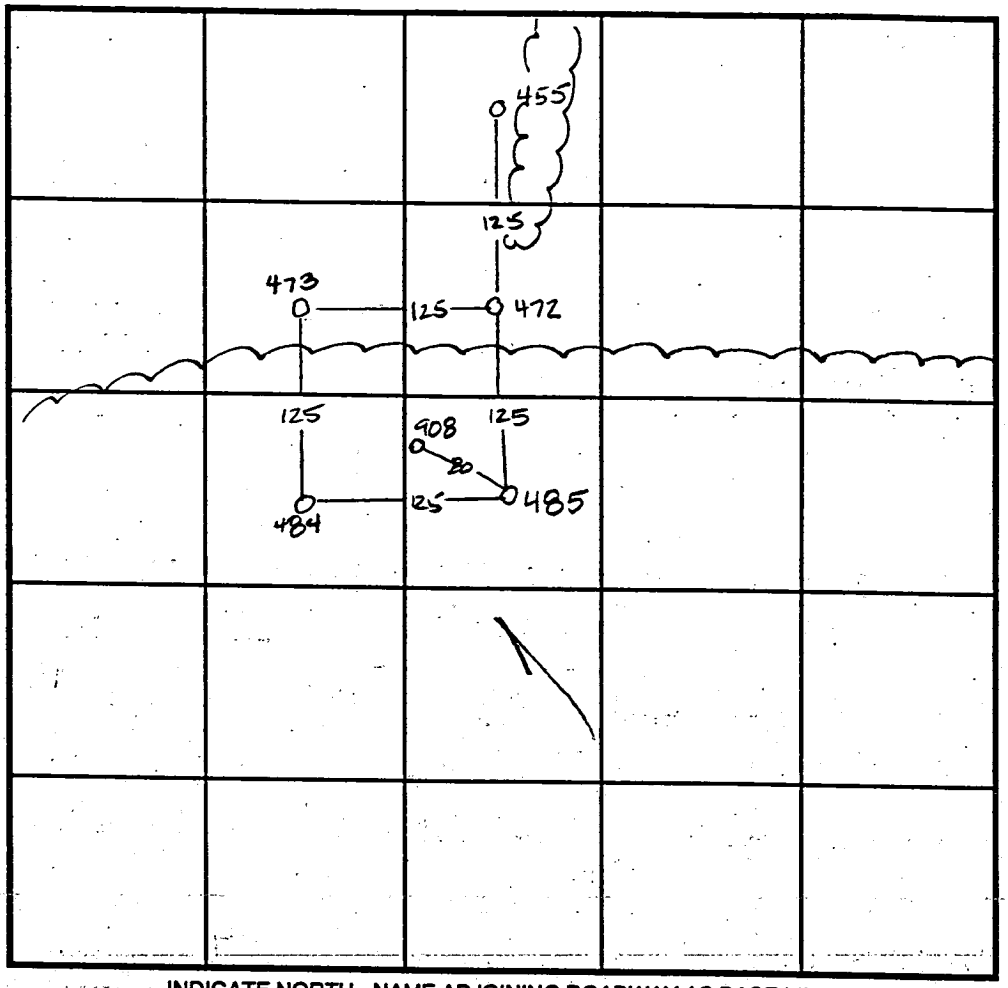
5% frags

orange silm

7

red brn si salm w few rocks

11



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
11-10-94	484	3.5 / V11.0	5:41 30	5:42	5:42	5:43 30	1½min
11-15-94	473	4.5 / V11.0	5:34 45	5:36 30	5:36 30	5:38 30	2min
	455	3.5 / V11	5:42	5:43 30	5:43 30	5:46 30	3min
	472	Visual	to 12	0-see	profile	—	OK
	485	Refusal at	9' - >50% rock		—		F
4-25-95	908	Visual to	12.0 -		see profile		OK

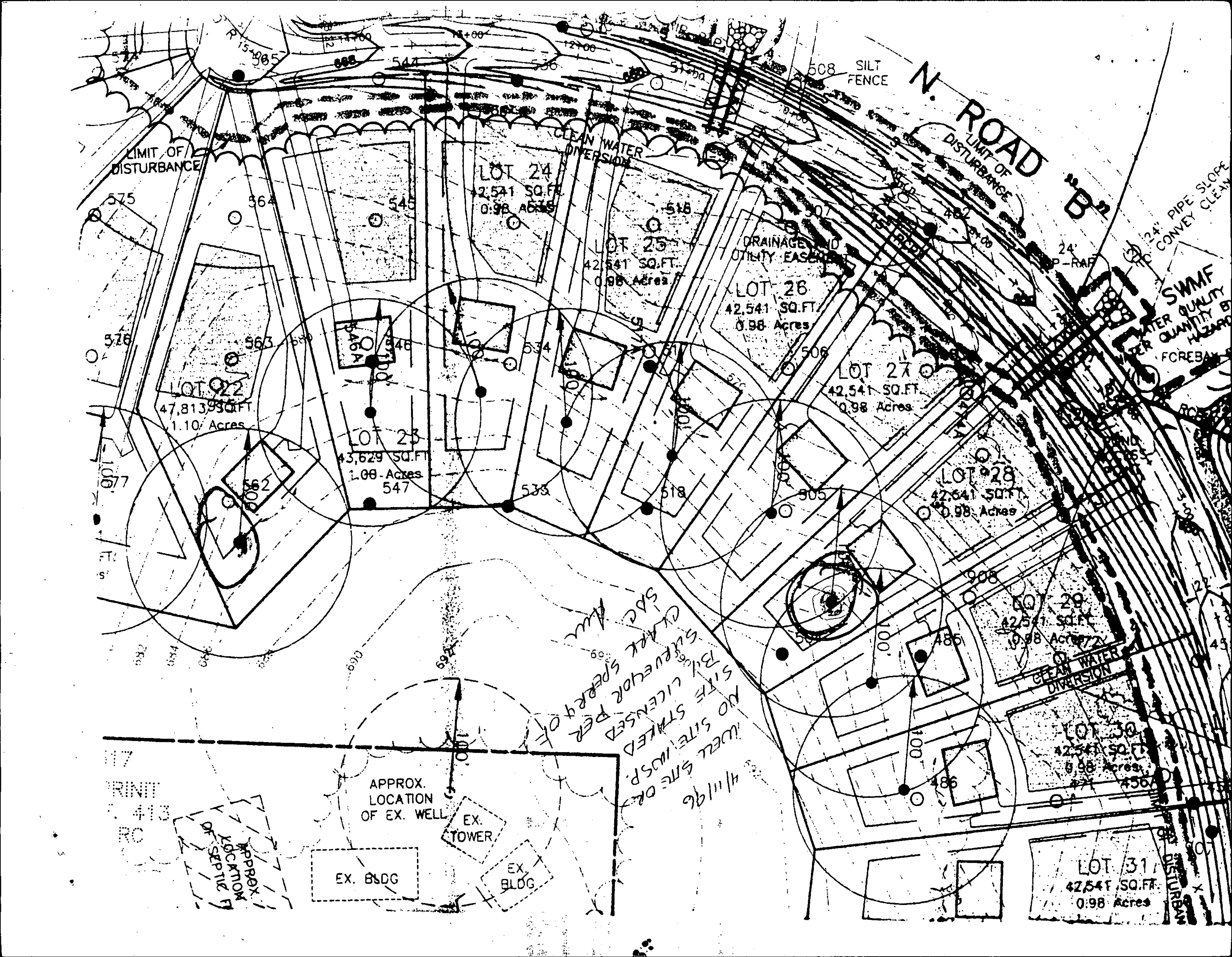
REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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


N. ROAD "B"
SILT FENCE
LIMIT OF DISTURBANCE
LIMIT OF DISTURBANCE
CLEAN WATER DIVERSION
DRAINAGE AND UTILITY EASEMENT
SWMF
WATER QUALITY
FOREBAY
24" PIPE SLOPE
LOT 22
47,813 SQ.FT.
1.10 Acres
LOT 23
43,629 SQ.FT.
1.00 Acres
LOT 24
42,541 SQ.FT.
0.98 Acres
LOT 25
42,541 SQ.FT.
0.98 Acres
LOT 26
42,541 SQ.FT.
0.98 Acres
LOT 27
42,541 SQ.FT.
0.98 Acres
LOT 28
42,541 SQ.FT.
0.98 Acres
LOT 29
42,541 SQ.FT.
0.98 Acres
CLEAN WATER DIVERSION
LOT 30
42,541 SQ.FT.
0.98 Acres
LOT 31
42,541 SQ.FT.
0.98 Acres
APPROX. LOCATION OF EX. WELL
EX. TOWER
EX. BLDG
EX. BLDG
APPROX. LOCATION OF SEPTIC

C 1 | 4192 — SEQUENCE NO. (MDE 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 50368 DD

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED: 05/06/96

Depth of Well: 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0753

OWNER SDC (last name) (first name)

STREET OR RFD _____ TOWN COOKSVILLE

SUBDIVISION RIGGS PROPERTY SECTION 1 LOT 28

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
Brown Shale	0	25	
Yellow Clay	25	32	
Brown Shale	32	42	
Gray Mica Rock	42	325	✓

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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 24

Joseph L Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

Larry Mayne

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 [CM] BENTONITE CLAY [BC]

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 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	6	47

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	HO	45 / 325
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

	from	to
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 _____

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 64 ft.

WHEN PUMPING 276 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): 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

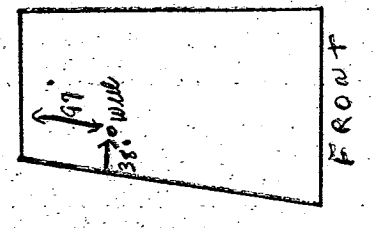
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE

2 (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)



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 3038 | SEQUENCE NO. (MDE 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-94-0753
fill in this form completely

OWNER INFORMATION

Date Received (APA)

SDC
Last Name | Owner | First Name

BOX 417
Street or RFD

ELLICOTT CITY MD 21041
Town | State | Zip

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD

Driller's Name: Joseph L. Mayne
License No. 24
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy 21771
Signature: Joseph L. Mayne 4/9/96
Date

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [X] H 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)
- [X] T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 280 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-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)

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

APPROP. PERMIT NUMBER: GAP

FORCE: AM (WRITE INITIALS IN BOX) PERMIT No. HO-94-0753

LOCATION OF WELL

B 3

HOWARD
COUNTY

RIGGS PRODERHY
SUBDIVISION

SECTION | LOT 28

COOKSVILLE
NEAREST TOWN

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

B 4

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

Road B North
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N
WEST W | 32 | E EAST
S SOUTH

DISTANCE FROM ROAD: 280

ENTER FT OR MI: FT

TAX MAP: 14 BLK: _____ PARCEL 96

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY — COUNTY NAME
A5036800 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 04/11/96
A. McMillon — CO SIGNATURE
4/11/96 — EXP. DATE

NORTH GRID: 540000
EAST GRID: 188000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

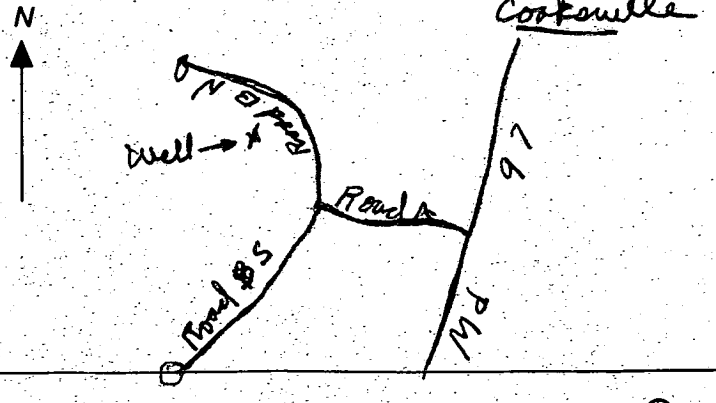
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7 88
N 540
000
000

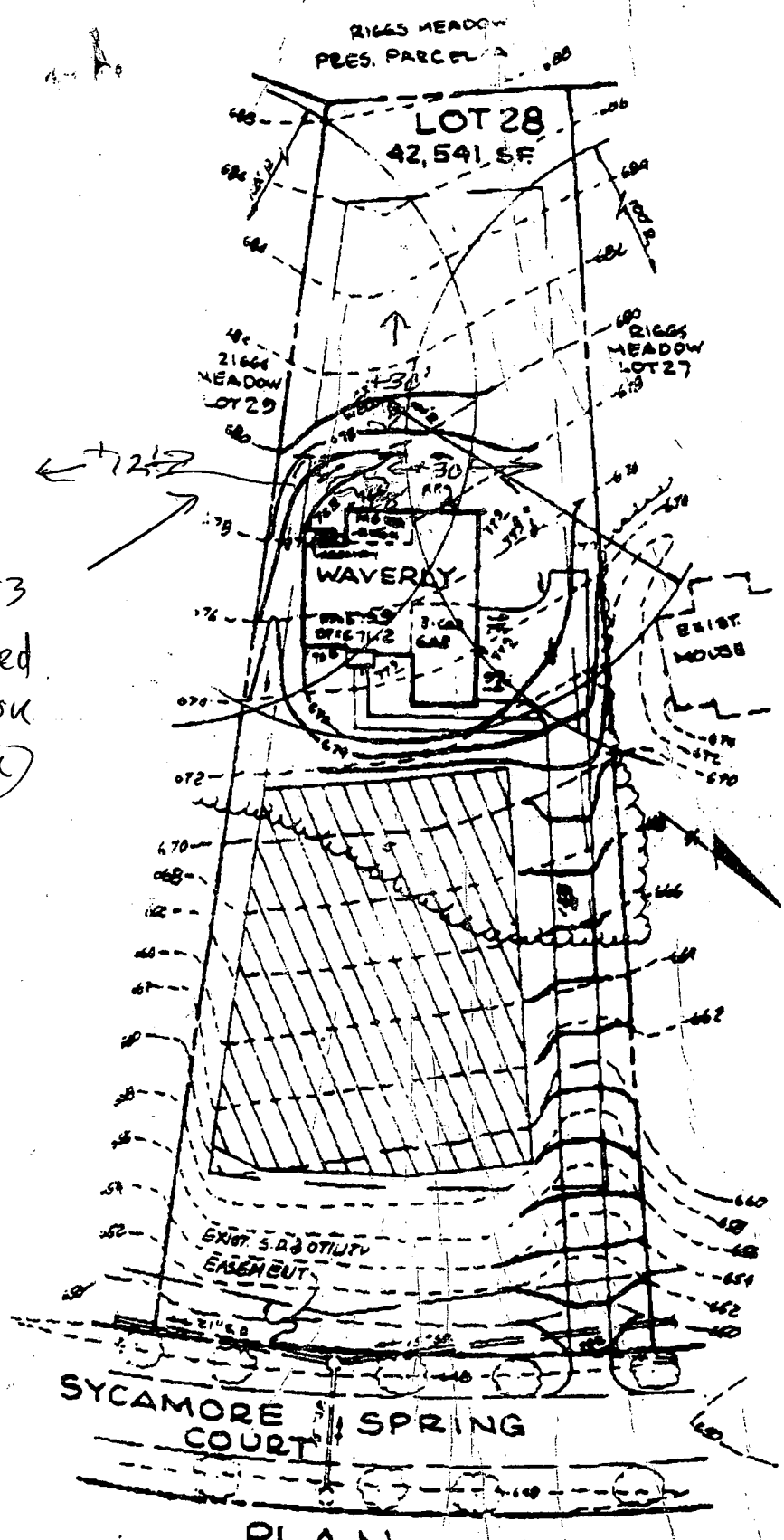
5/7/96 9:00
NO INSP
dw

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 =

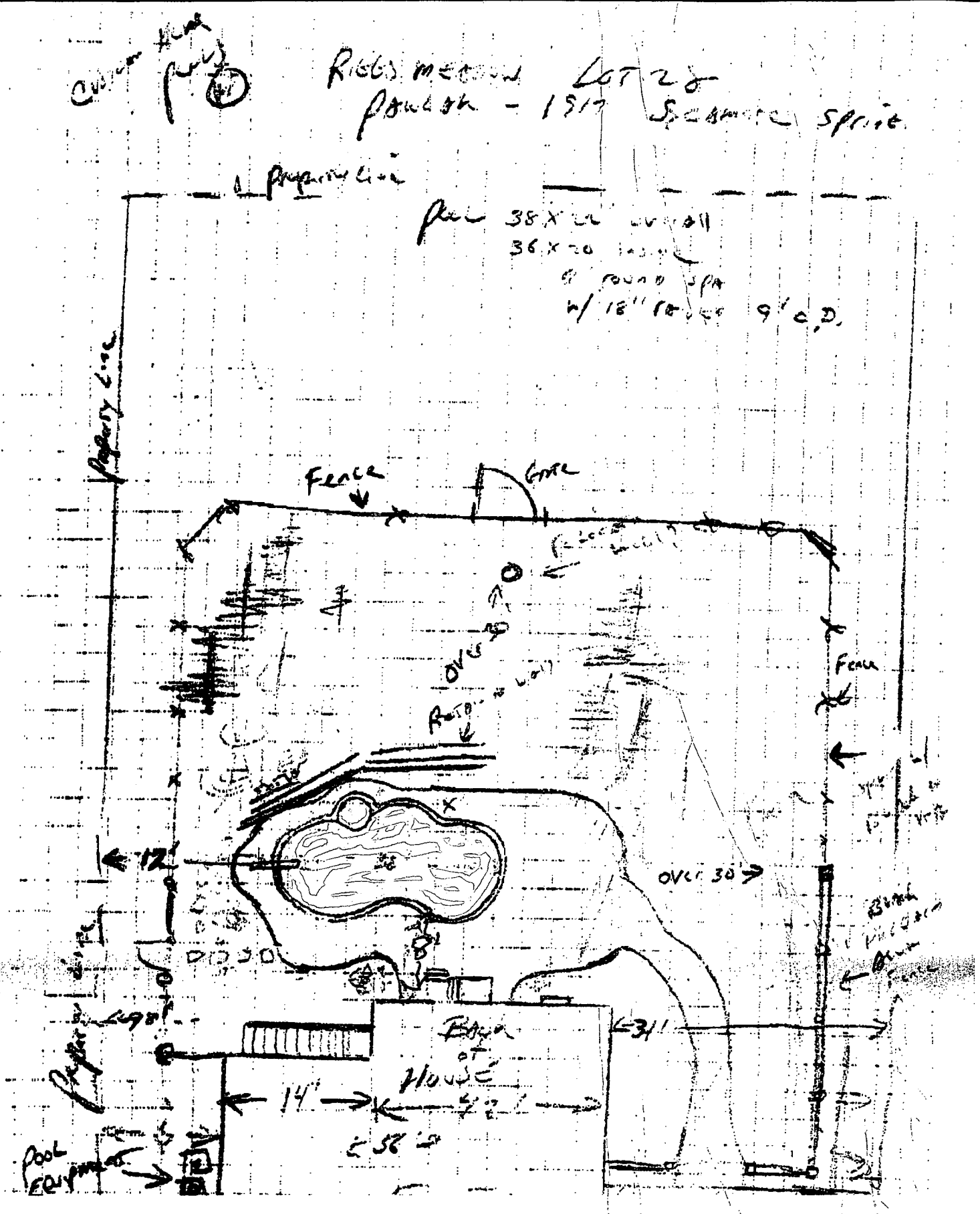
COUNTY



3/27/03
proposed pool on
SRK

B00140793

5/29/99
11.00 am on site


Property Line
Fence
Gate
Fence
12'
Over 30
14'
Pool Equip.

C 1 | 14315 | SEQUENCE NO. 32 (MDE 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 TYPE

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

COUNTY NUMBER (13) A50368-Y

ST/CO USE ONLY
DATE Received MM 3 DD 18 YY 03

DATE WELL COMPLETED MM 3 DD 3 YY 03

Depth of Well 400 (TO NEAREST FOOT)

OK KM 3-19-03

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3564

OWNER PAWLAK MARY (last name, first name)

STREET OR RFD 197 Sycamore Spring Ct TOWN COCKSVILLE

SUBDIVISION KIGGS MEADOW SECTION LOT 28

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	3	
Shale	3	28	
Brown Mica	28	35	
Gray Mica	35	400	✓

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.: MD 040 — George F. Eisenberg
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 481

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 (CM) BENTONITE CLAY (BC)

NO. OF BAGS 13 NO. OF POUNDS 1500

GALLONS OF WATER 18

DEPTH OF GROUT SEAL (to nearest foot) 34 ft.
from TOP ft. to BOTTOM 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: ST
Nominal diameter top (main) casing (nearest inch): 6
Total depth of main casing (nearest foot): 40

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

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	38	400
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 150 ft.

WHEN PUMPING 400 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.

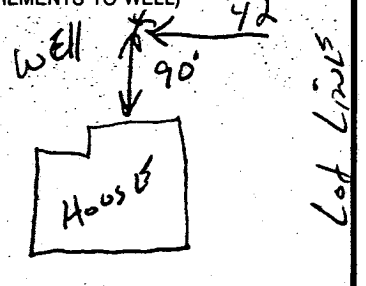
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
(4) above LAND SURFACE
(–) below
2 (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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1397 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: HO - 94 - 3564 (70 79) fill in this form completely

Date Received (APA): 09/11/02 (8 MM DD YY 13)

OWNER INFORMATION

9229

PAWLAK MARY (15 Last Name Owner First Name 34)

1917 SYCAMORE SPRING COURT (36 Street or RFD 55)

COOKSVILLE, MD 21723 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

George F. Easterday M W D 040 (76 License No. 81)
Driller's Name

L. Franklin Easterday, Inc.
Firm Name

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

George F. Easterday 9/11/2002
Signature Date

B 2 WELL INFORMATION

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

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
(39) 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
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (39)
- (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 ____G____

PERMIT No. HO-94-3564 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21) DFIRM 19.0 FM3 CC#

RIGGS MEADOW (23 SUBDIVISION 42)

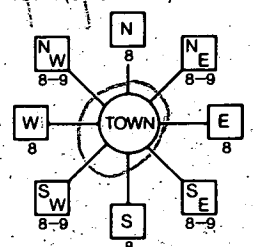
SECTION (44 46) LOT 28 (48 50)

Cooksville (52 NEAREST TOWN 71)

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) (12)



1917 Sycamore Spring Court (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

(34) 50 (37) DISTANCE FROM ROAD Ft. ENTER FT OR MI (38 39)

TAX MAP: 8 BLK: 22 PARCEL 96

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD A 50368-4
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → (41)

DATE ISSUED: 11/8/02 Karen Rooman 11/8/03
(43 MM DD YY 48) CO SIGNATURE EXP. DATE

NORTH GRID: 544 000 (50 55) EAST GRID: 793 000 (57 63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

3/3/03 Drout 2:30

SOURCES OF DRILLING WATER
1.
2. wells
3.

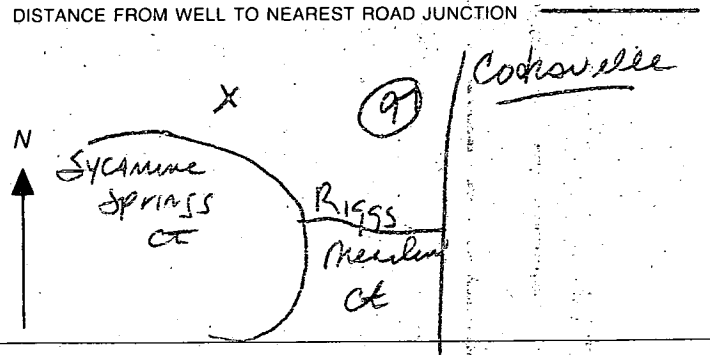
WRITE THE BOX NUMBER FROM THE MAP HERE

E 7903
N 5404

X

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 4 C 11



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

DENV-Permit 97 ② COUNTY

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM OKSRK

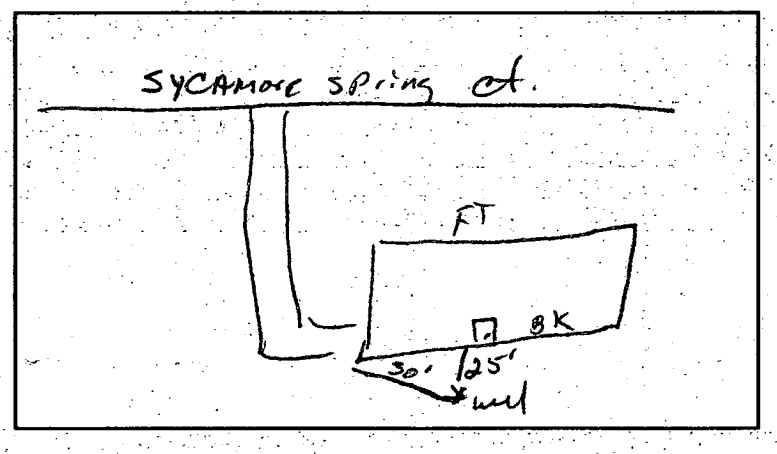
3/31/03

SUBMIT COPIES OF COMPLETED FORM TO:
* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3/26/03 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 94 - 0753
* PERMIT NUMBER OF REPLACEMENT WELL HO -94 - 3564
* PERSON ABANDONING WELL: DICKIE CRUMMIT WELL DRILLERS LICENSE NUMBER: WRO 014
CIRCLE: MWD/MSD/MGD
* OWNER'S NAME: MARY PAWLAK
* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: COOKSVILLE
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 1917 SYCAMORE SP CT

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:
_✓_ DRILLED _____ JETTED
_____ BORED/AUGERED _____ HAND DUG
_____ OTHER (specify) _____

* USE CODE:
_✓_ DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:
_✓_ STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify)

* SIZE OF CASING: 6 INCHES IN DIAMETER
* DEPTH OF WELL: 320 FEET DEEP
* WAS ANY CASING REMOVED? _✓_ YES _____ NO
if yes, length removed, in feet: 6
* WAS CASING RIPPED OR PERFORATED? ___ YES _✓_ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
GRAVEL	320	50
Bentonite	50	6
Dirt	6	0

VOLUME OF MATERIAL USED
3 BAG Bentonite

George F. Easterday 049 (MWD)/MSD/MGD 3-26-03
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

WSI 12-12:30 9/11/02

SITE INSPECTION SHEET

OWNER: Mary Pawlak PHONE #: 410-442-7727

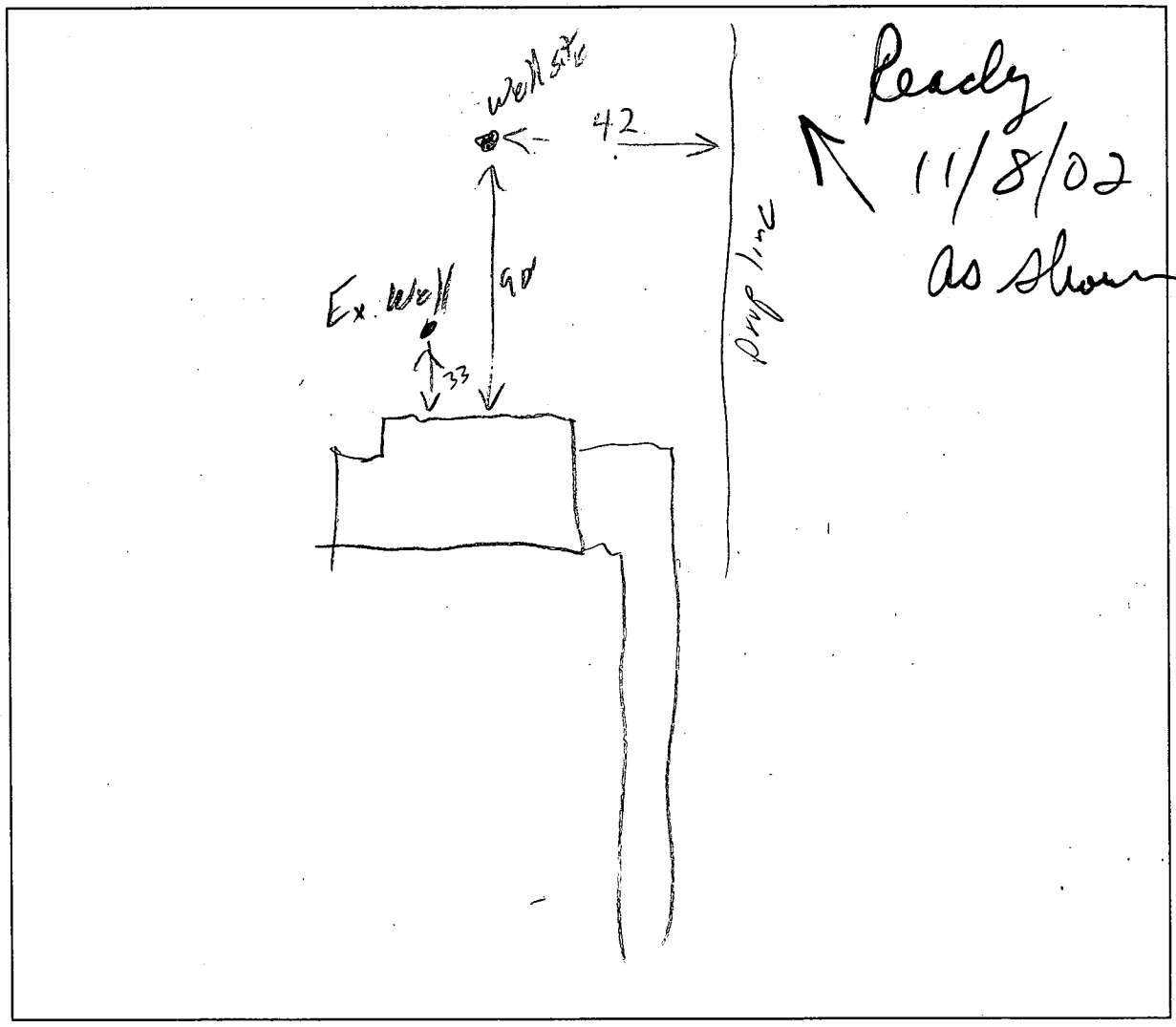
ADDRESS: 1917 Sycamore Spring Ct CONTRACTOR: Easterday

WELL TAG #:

SUBDIVISION: Riggs Meadow LOT: 28 COUNTY #:

PROPOSAL: In support of Bldg Permit (3) - For Pool at back left side of yard

LOCATION DIAGRAM



COMMENTS: Told homeowner we will need a diagram & possibly staked out (SC)

9/13/02 OWNER CONSIDERING 2ND SITE CLOSER TO HOUSE & POOL - POOL REP TO CALL (FR) (11/1/02 She will stake it & call when ready SSm)

DATE: 9/11/02 INSPECTOR (SC)

11/8/02 Greg okd well permit to be issued (RN)