

9/21/00
10 AM layout

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514255

A 58993-W

ISSUE DATE 9/15/2000

04-364430

APPROVAL DATE 9/22/00

INDEXED

Hatfields Equipment

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Carrail Ridge LOT NUMBER 21 ADDRESS 3508 Winding Path Court

PROPERTY OWNER Williamsburg Group, LLC PROPERTY OWNER'S ADDRESS P.O. Box 1011

Columbia, MD 21044

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS (Top Seamed Tanks)

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 120 feet down the left lot line and 20 feet off this same lot line as seen from Winding Path Court. Run trenches along contour towards the right lot line. OK/ML

BUILDING PERMIT SIGNED

AND RETURNED 8-29-02

60013899-DECK W/STAIRS

PLANS APPROVED Amy McMillen AL 7/19/00 DJS DATE 07/12/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

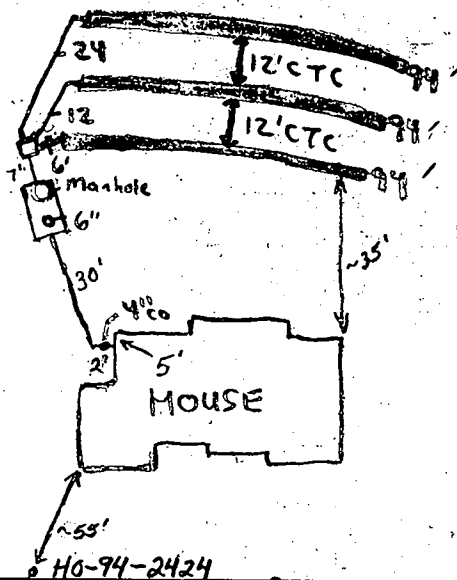
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A58993W

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3'
TRENCH BOTTOM DEPTH 5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 282'
ABSORBENT AREA 846 ft²
DISTRIBUTION BOX LEVEL ☒
BAFFLE IN DISTRIBUTION BOX ☒

4 INCH AT HOUSE

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
MANHOLE RISER N/A
ALARM N/A
PUMP PERFORMANCE TEST N/A

Winding Path Court
PRE-CONSTRUCTION INSPECTION: 3-93' Trenches

INSPECTION COMMENTS: 9/21/00 Tank and first trench look satisfactory. O.K. to cover. House connection made. (BB) 9/22/00 - OK TO COVER ALL WORK
(SRU)

INSPECTOR

Steven R. Krieg

DATE SYSTEM APPROVED

9/22/00

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

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

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

Company Name: CHARLES A. KLEIN & SON, INC. Telephone #: (410) 542-6960
Address: 5320 KLEIN MILL ROAD
SPRINGVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): CHARLES A. KLEIN, JR. License: 6521

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WILLIAMSON GROUP LLC Telephone #: (410) 997-8000
Subdivision: CATTAIL RIDGE Lot #: 21 Well Tag #: HO-12-27-11
Site Address: 2408 WINDING PATH COURT

Submersible Pump Data

Make: JACUZZI
Model #: 5545-13P-52
Pump Capacity: 5 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: HOWARD
Model #: PE-800
Depth: 42" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" R.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 25 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Finise to house

Type: Polyethylene
PSI: 250 psi min)
Depth of supply line: 25" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve:
Sleeve caulked and sealed properly: ✓

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

Signature of company representative responsible for installation: Charles A. Klein, Jr.
CHARLES A. KLEIN, JR.

date: 11/27/00

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

Date Insp. Requested: 10/4/00

Date Insp. Approved: 10/4/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

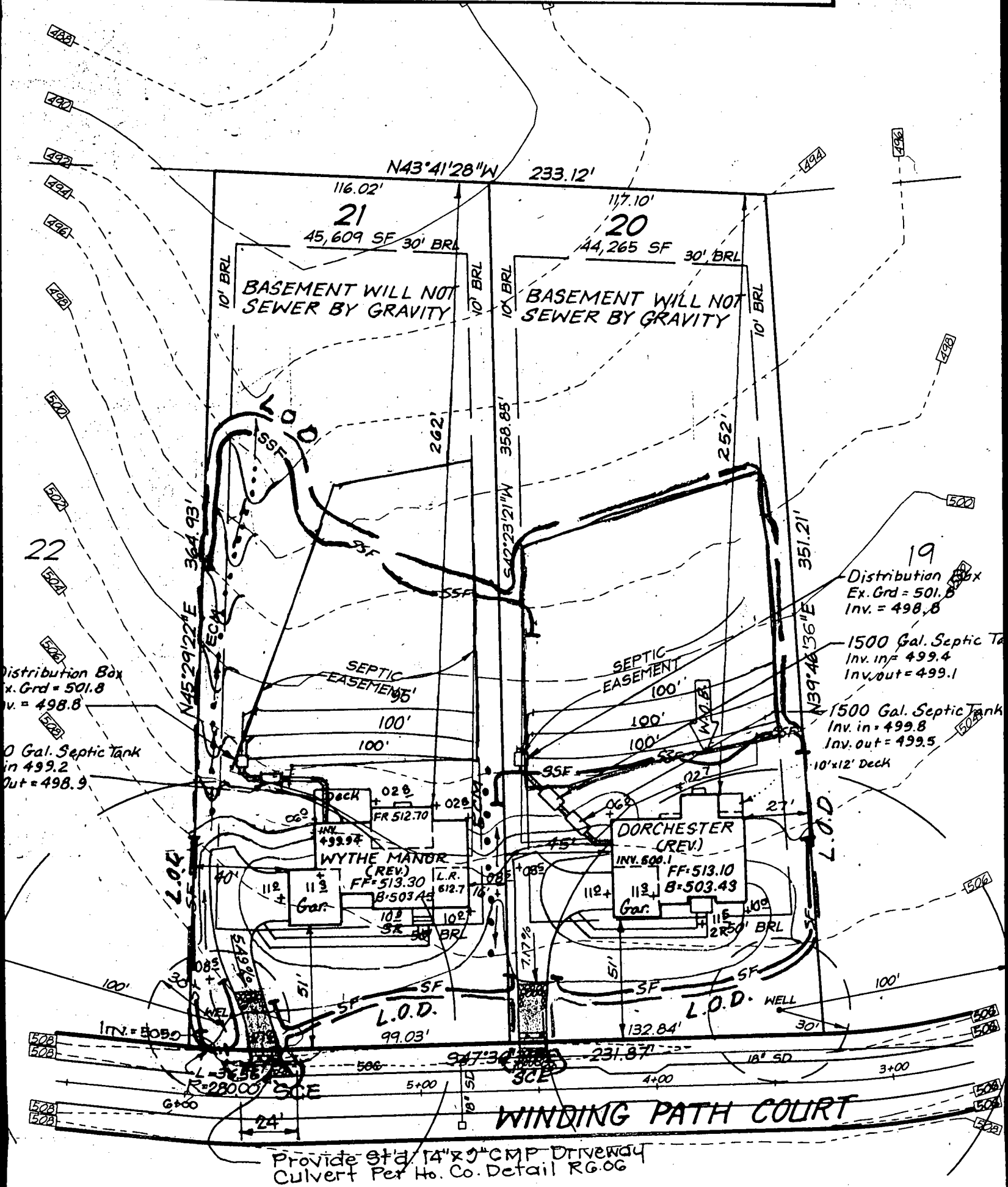
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection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

DKC
BB



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY COLUMBIA, MD 21045 (410) 381-7500 BALT. • (301) 621-8100 WASH.



Approved Septic System Plan
Howard County Health Department

Amey W. McEl
Signature Date

Total linear feet of trench
required 280 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

Hand-drawn site plan of a property. The plan shows a large rectangular area with a smaller, irregularly shaped area at the bottom. The top boundary is labeled "LOT 2" and "45,603.0±". The left boundary is labeled "364.93' BRL" and "10'". The right boundary is labeled "358.85' BRL" and "10'". The bottom boundary is labeled "280.00' N47°36' 33" W" and "36.56' 33.03' 40' R/W". The bottom right corner is labeled "COURT". The bottom left corner is labeled "IDINS". The bottom center is labeled "PATH". The bottom right corner is labeled "COURT". The bottom right corner is labeled "COURT".

Annotations on the plan include:

- "Private Sewer Modification as Howard County"
- "WALL CHECK OK"
- "HOUSE LOCATION"
- "BACK OF HOUSE"
- "4' FURTHER BACK"
- "APPROVED BY"
- "BUT SEPTIC AREA WAS AT BP NOW"
- "LESS REST THAN SHOWN"
- "10' WIDE Public Maintenance"

--Private Sewerage Easement,
Modification as accepted By The
Howard County Health Dept.

WALL CHECK OK

8/10/00 CW

WALL
~~HOUSE LOCATION~~
BACK OF HOUSE
4' FURTHER BACK THAN
APPROVED BP PLAN.
BUT SEPTIC AREA WAS MODIFIED
AT BP REQUEST TO BE
LESS RESTRICTIVE
THAN SHOWN HERE.

MAY NOT
BE SUFFICIENT
AREA FOR DECK
WHICH WAS SHOWN
ON ORIGINAL BPPAN
BUT NOT ON WALL CHECK

-10' Wide Public Tree
Maintenance Easement

NOTES

1. The setback distance accuracy = 1

Plat Refer



7:35 MN

DESIGNED

DRAWN

KWC

CHECKED

PAS



APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L.D. AD

ADDRESS 10805 Hickory Ridge Suite 205 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haan Rei LOT NO. 21

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1.00 TYPE BLDG. SFD (38 LOTS)
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

LOT 22

COUNTY #

SOIL PROFILE

365

orange
tan
SiCLM

lgt tan
orange
SaSiLM

Possible
mottled
dull
brn
SiLM
blk &
orange
splotches

363A

orange
brown
SiCLM

bright
red
SiLM

orange
brown
SaLM
1090
Rx

mottling

363

dark
red
SiCLM

orange
brown
SiLM

lgt tan
SaLM
possible
mottling
at
bottom

SOIL PROFILE

364

dark
red
CLM

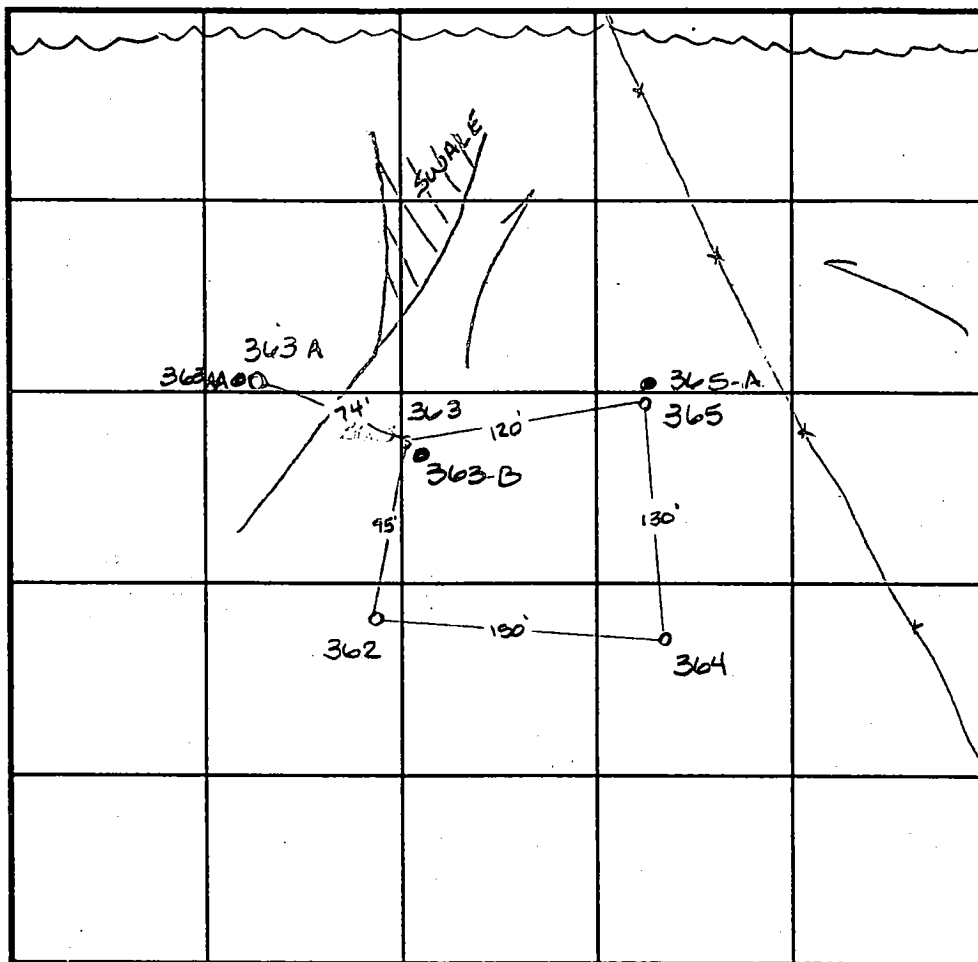
lgt or
tan
SiLM

white
SiLM
turning
more
greyish
toward
bottom

362

red brn
SiCLM

orange
red
SaSiLM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11-6-97	365	4.0 V12.0	8:32 ³⁰	8:38 ³⁰	8:38 ³⁰	8:42	3 1/2 min	W
	363A	4.0 V11.0	8:19	8:27	8:27	8:52	25 min	W
	363	4.5 V12.0	8:25 ³⁰	8:29	8:29	8:40	11 min	W
	364	4.0 V12.5	8:46	> 30	min	—	slow	W
	362	3.0 V12.5	8:53	> 30	min	—	slow	
		7.0 V12.5	8:50	8:52	8:52	9:00	8 min	

REMARKS Wet Season

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Sam / Mike

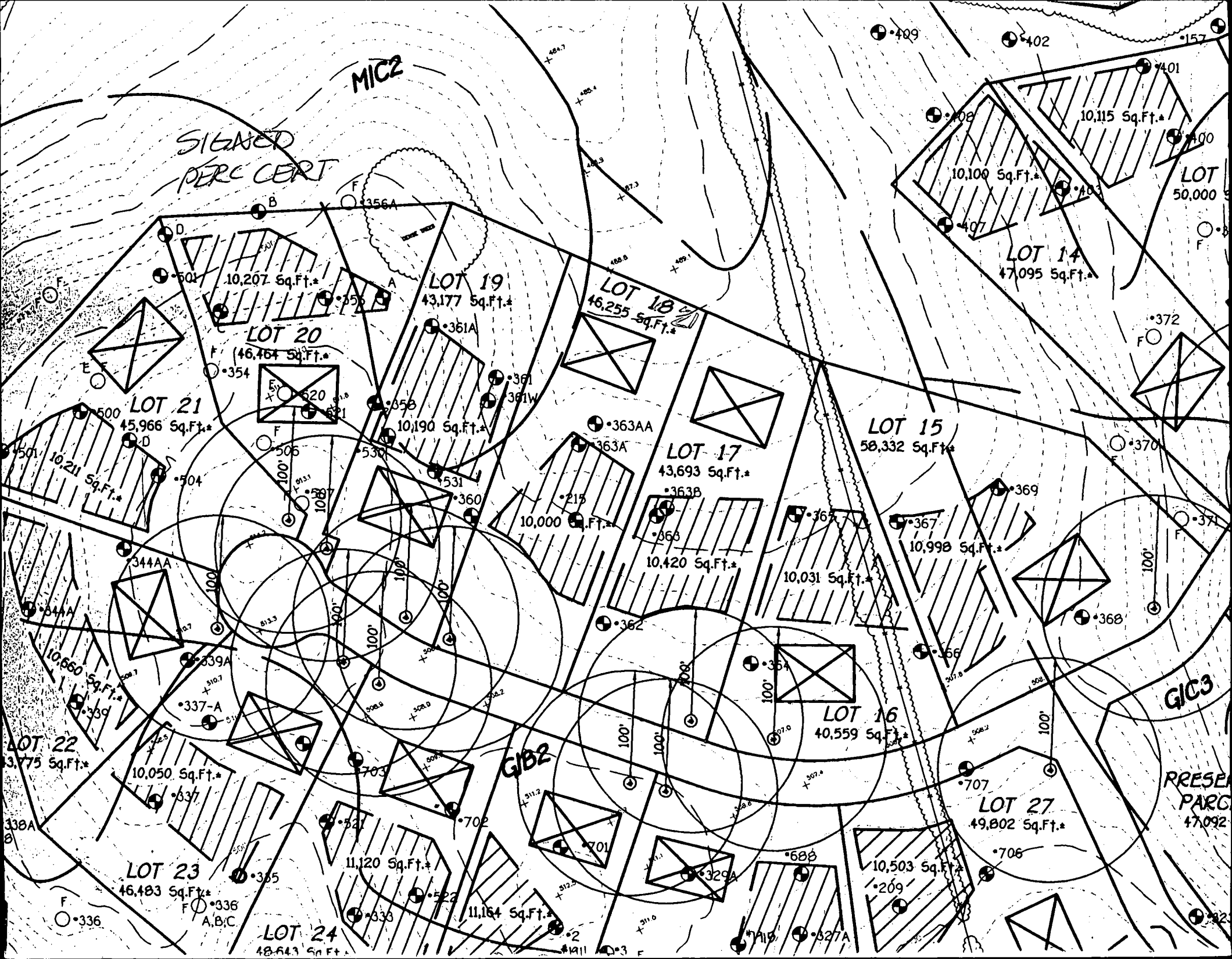
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

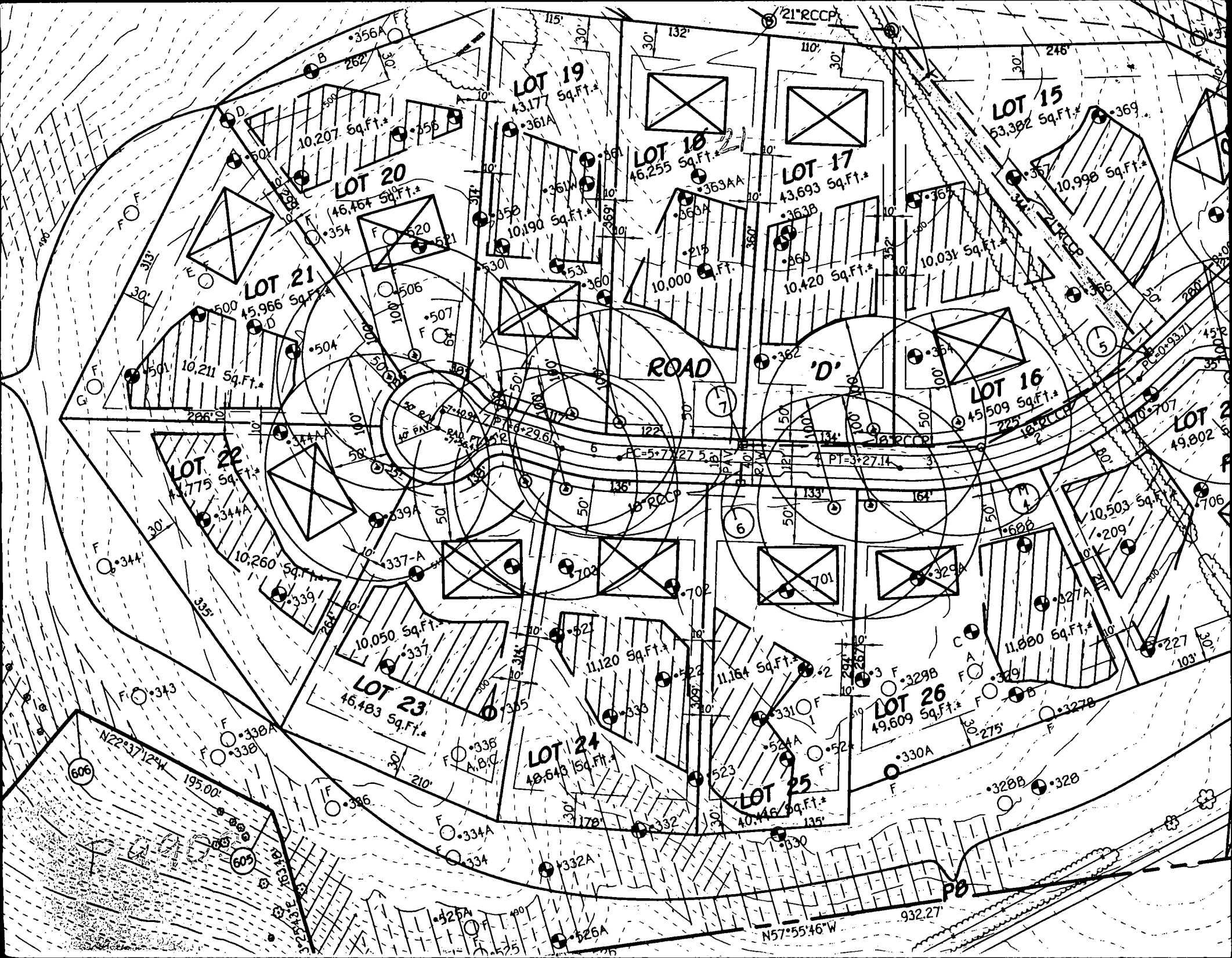
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM





APPLICATION

PERCOLATION TESTING

A 513374

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

2 LOTS -
PROPOSED
ADJUSTMENT
TO SEPTIC AREAS.
WET SEASON TESTING
REQUIRED. (CW)

DISTRICT _____

DATE 4/7/00

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 WILLIAMSBURG GROUP LLC

ADDRESS P.O. Box 1018 Columbia 21045 PHONE 410-997-8800

AGENT OR PROSPECTIVE BUYER Bob Corbett EXT 112

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Catala Ridge LOT NO. 20721

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1+ Acre TYPE BLDG. SFD
(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] 3/29/00
(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

0' ①
orgel
cl lm

6' tan
sa lm
mottled
@ 10'
damp
gr silc

13' WATER

15'

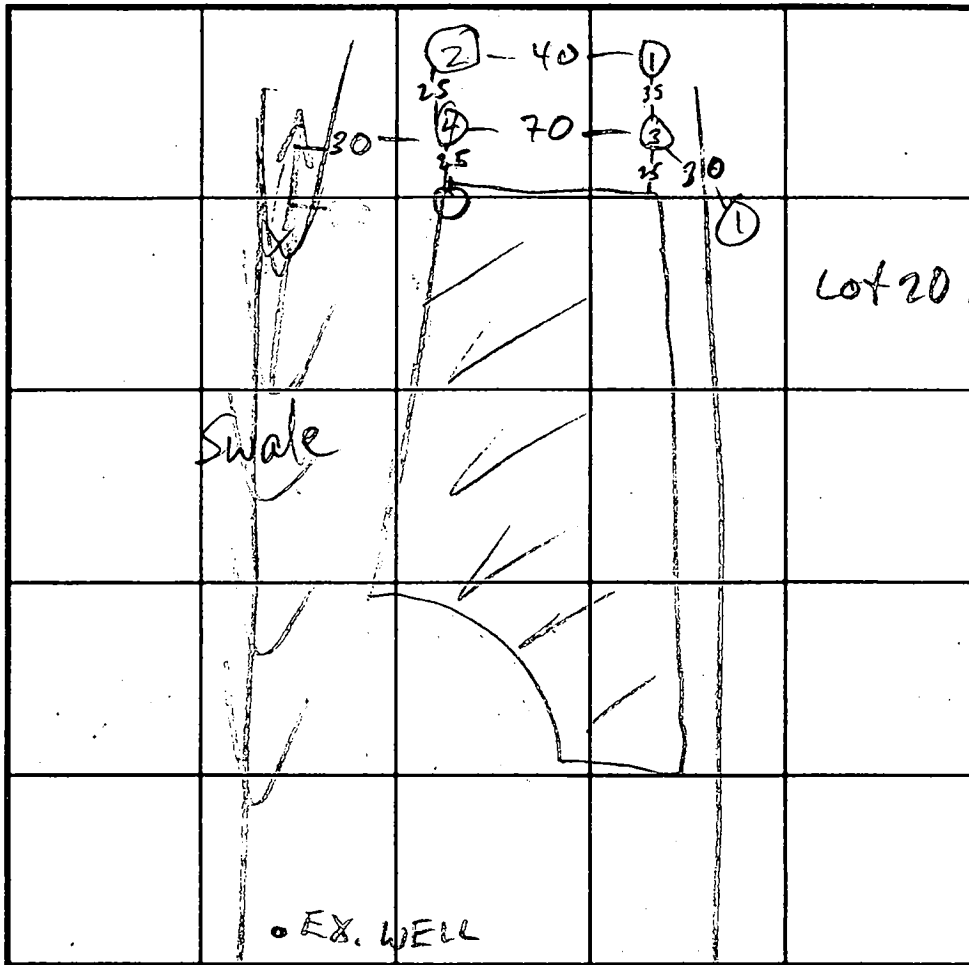
5 1/2'

②
orgel
cl &
cl m

5-6' tan
sa lm
mottled
uncertain
depth
~ 10'

③
orgel
cl lm

1 1/2' gray
sa lm
25%
frags



SOIL PROFILE

0' ④
orgel
cl lm

tan
orgel
brn
sa lm
10-15%
frags

15 1/2' DRY

55

40

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/00	1	5 1/2'	11:17	11:19	11:19	11:21	2
	1	15 1/2'	H ₂ O	15'	damp @ 13, mottled @ 10'		
	2	-	11:32		TEST STOPPED DUE TO H ₂ O IN ADJ. HOLE		
	2	13'					
	3 S	5'	11:59	12:05	12:05	12:15	10 EST
	3 V	13' 3"	OK see profile faster below 6'				

REMARKS

TYPE OF SOIL

TESTED BY

M. R. Pkin

ALSO PRESENT

Bob Corbett, Hattieb

TRENCH DESIGN DATA. AVERAGE PERCOLATION TIME

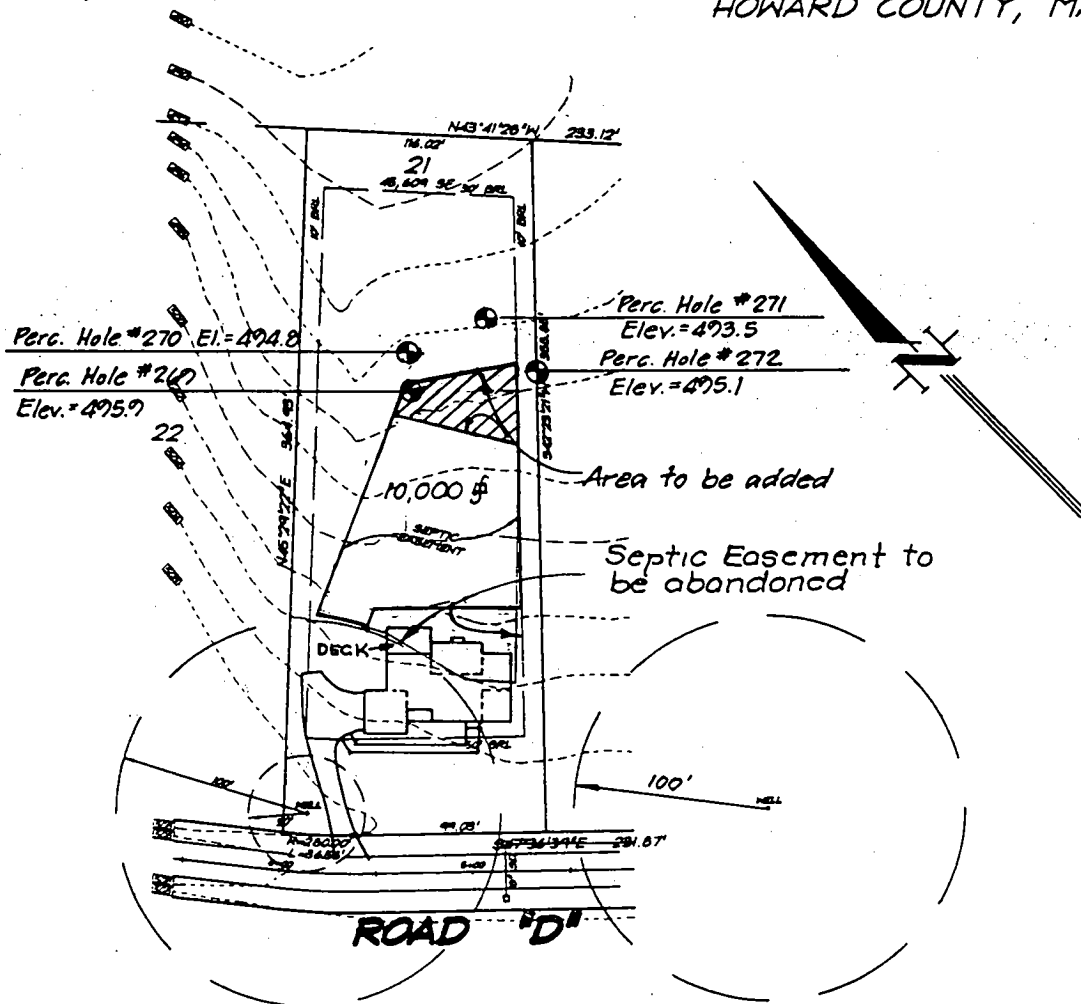
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

PERCOLATION CERTIFICATION
 PLAT NO. 4681
 LOT 21
CATTAIL RIDGE
 Tax Map 21 & 228
 (4th) Fourth Election District
 HOWARD COUNTY, MARYLAND



/// This Area designates a private sewage reserve of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The county Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The Lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: for Private Water and Private Sewage Systems.

Daniel M. Altmeyer 7/27/00
 COUNTY HEALTH OFFICER M.R. ALTMAYER DATE

FOR : WILLIAMSBURG BUILDERS
 6551 Walnut Grove
 Columbia, Maryland 21044

CLARK, FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY COLUMBIA, MARYLAND 21045 TELEPHONE: BALT. (410)381-7500 • WASH. (301)621-8100	DRAWN BY: ZAH	DATE: 5-22-00	SCALE: 1"=100'
	CHECKED BY: J.M.E.	JOB NO.: 99-049	FILE NO.: 99-049-L
	DESIGNED BY: J.M.E.		

C11964

SEQUENCE NO.
(MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED. OKSRW 1/31/00
COUNTY
NUMBER A58993W

ST/CO USE ONLY
DATE Received
MM DD YY
B 13

DATE WELL COMPLETED
MM DD YY
9-22-99
15 20

Depth of Well
22 125 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94-2424
28 29 30 31 32 33 34 35 36 37

OWNER BRS Development / Cathail Overlook LLC
STREET OR RFD last name Windy Path Ct first name TOWN Glenwood
SUBDIVISION Cathail Ridge SECTION LOT 21

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	
HARD TAN SANDSTONE	0	15	
Gray Granite	15	125	
		54	✓
		90	✓
		120	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box) YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 5 NO. OF POUNDS 470
GALLONS OF WATER 30 gals.
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 20 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒ STEEL ☐ CONCRETE
☐ PLASTIC ☐ OTHER

MAIN CASING TYPE
ST Nominal diameter
top (main) casing
(nearest inch) 06 Total depth
of main casing
(nearest foot) 20

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

SCREEN RECORD

screen type
or open hole

☒ STEEL ☐ BRASS ☐ OPEN
HOLE
☐ PLASTIC ☐ OTHER

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes ☐ NO ☒

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. MWD 355
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MWD 549
Max S. Jones

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE watch & bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 41 ft.
WHEN PUMPING 46 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 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH
(nearest ft.) 43 47
CASING HEIGHT (circle appropriate box
and enter casing height)
+ above LAND SURFACE
- below (nearest foot) 1

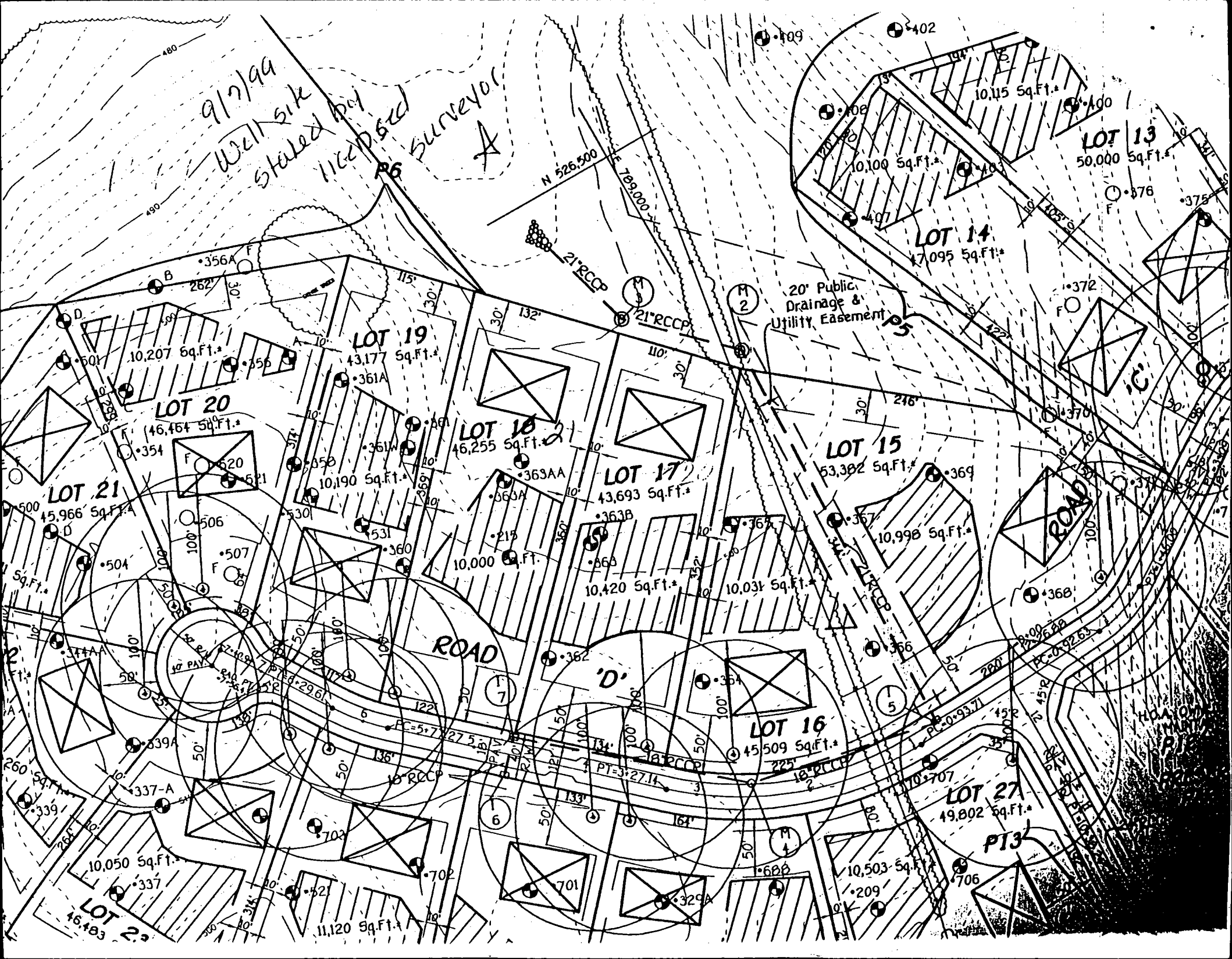
LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

LEFT Prop. Line
10' 15'

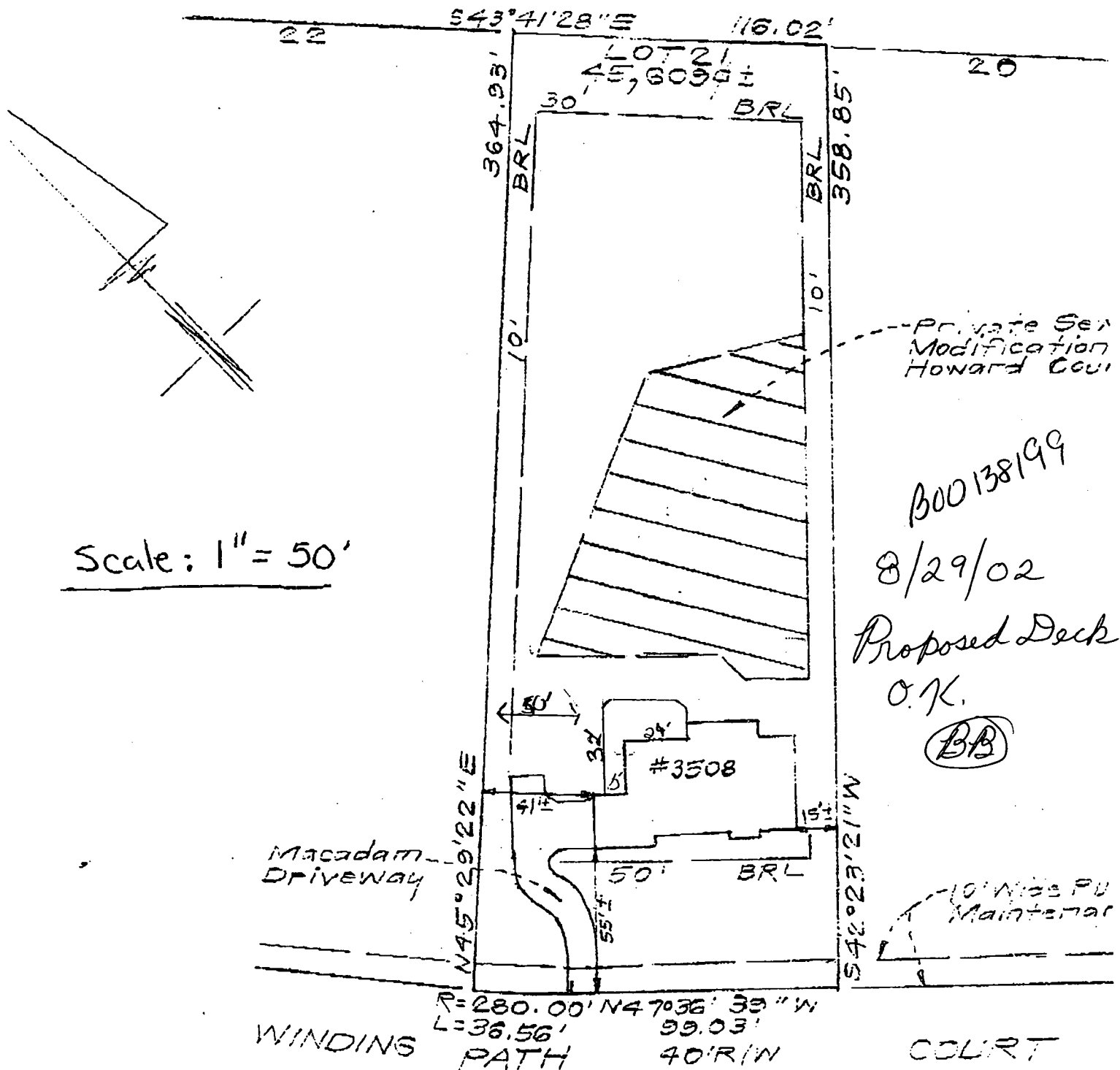
FRONT Prop. Line

B 1 14101 J 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-2424 70 fill in this form completely 79
Date Received (APA) 083099 8 MM DD YY 13 CATTAIL OVERLOOK LLC 15 Last Name Owner First Name 34 8808 CENTRE PARK DR. Suite 108 36 Street or RFD 55 Columbia Maryland 21045 57 Town 70 State 72 Zip 76		B 3 HOWARD LOCATION OF WELL 8 COUNTY 21 CATTAIL RIDGE 23 SUBDIVISION 42 SECTION 21 LOT 21 44 46 48 50 ROXBURY 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION MICHAEL BARLOW MD D355 Driller's Name 76 License No. 81 MICHAEL BARLOW WELL DRILLING INC. Firm Name 912 FAWN CT Joppa MD 21085 Address <i>[Signature]</i> 8/18/99 Signature Date		B 4 WINDY PATH COURT 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 15 37 DISTANCE FROM ROAD 15 ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A58993W COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED 090799 A McMiller 9/7/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 780 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		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 780 N 520 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE Reverse-ROTARY Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 _____ 63 PERMIT No. H0-94-2424 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

9/7/99
Well site
staked by
11/20/99
Surveyor A



NON-BUILDABLE PRESERVATION PARCEL



NOTES

insurer only insular as
the insurance company
contemplated transfer,
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in for the establishment
buildings or other existing