5/31/00
2-2 C.O. Septic

PERMIT

INDEXED

SEWAGE DISPOSAL SYSTEM

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

P 513601
A 59262-E
ISSUE DATE 5/23/2000
APPROVAL DATE 5/31/00

04-363345

S K Backhoe & Septic Service IS PERMITTED TO INSTALL x ALTER ____

ADDRESS 1220 FSK Hwy., Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION McKendree Overlook LOT NUMBER 5 ADDRESS 13970 Weeping Cherry Drive

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive
Columbia, MD 21044

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet ~~1.5~~ 3 feet below original grade. Bottom maximum depth 5 ~~3~~ feet below original grade. ~~1.5~~ 2 feet of stone below distribution box.

LOCATION: Begin Trenches 170 feet down the right lot line and ~~15~~ 5 feet off that same lot line as seen when facing the front of the house. Run trenches on contour. 3/22/00 O.K. (BB)

PLANS APPROVED Amy McMillen ON 5/26/00 SRM DATE 2-29-00

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

BLDG. PERMIT SIGNED AND RETURNED 2/22/2001
B00128618 - INGROUND POOL

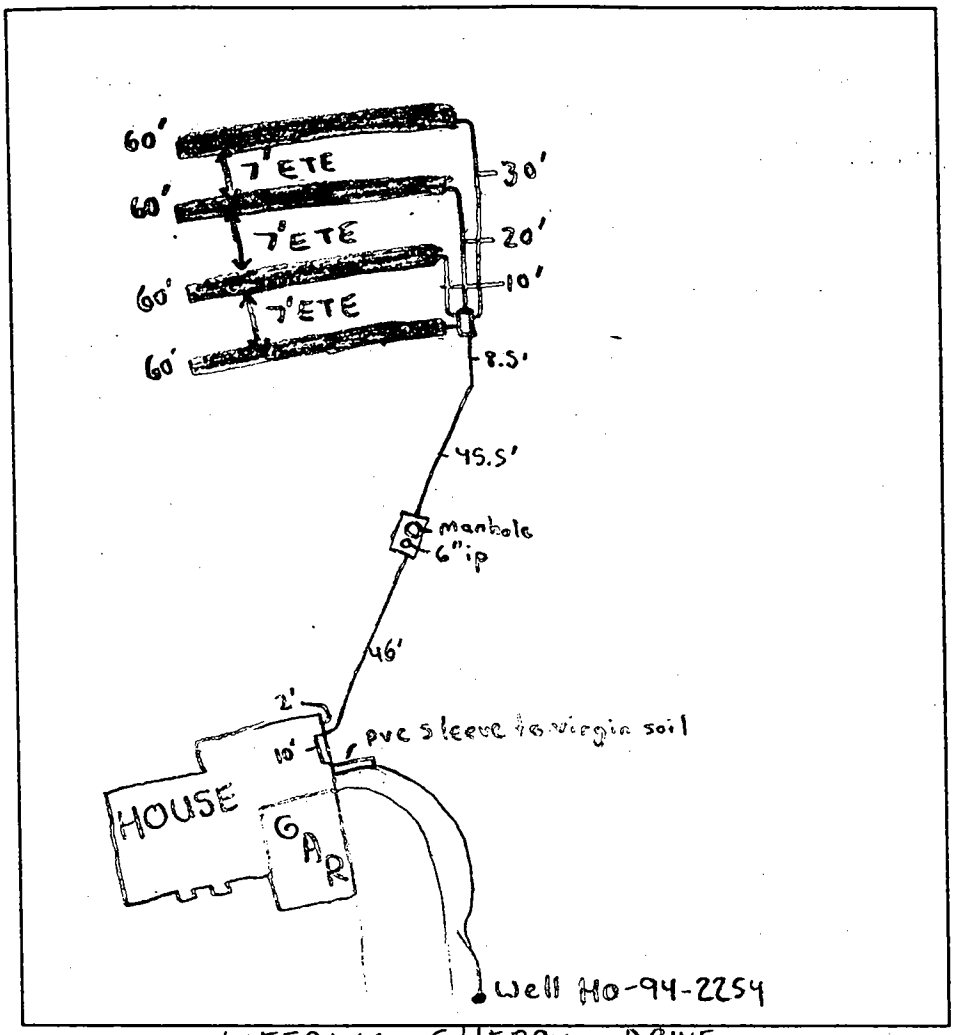
BLDG. PERMIT SIGNED AND RETURNED 3/8/2001
B00128853 DECK & SCREENED PORCH

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

A 59262-E

NOT TO SCALE



WEEPING CHERRY DRIVE

TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3'
TRENCH BOTTOM DEPTH 5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 240'
ABSORBENT AREA 720 ft²
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250T.S. GALLONS
MANHOLE RISER ✓
6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 5/26/00 - OK TO CONTINUE WORK - SRK
5/31/00 - OK TO COVER ALL WORK - SRK

INSPECTOR Steven R. Krug DATE SYSTEM APPROVED 5/31/00

Approved Septic System Plan

Howard County Health Department

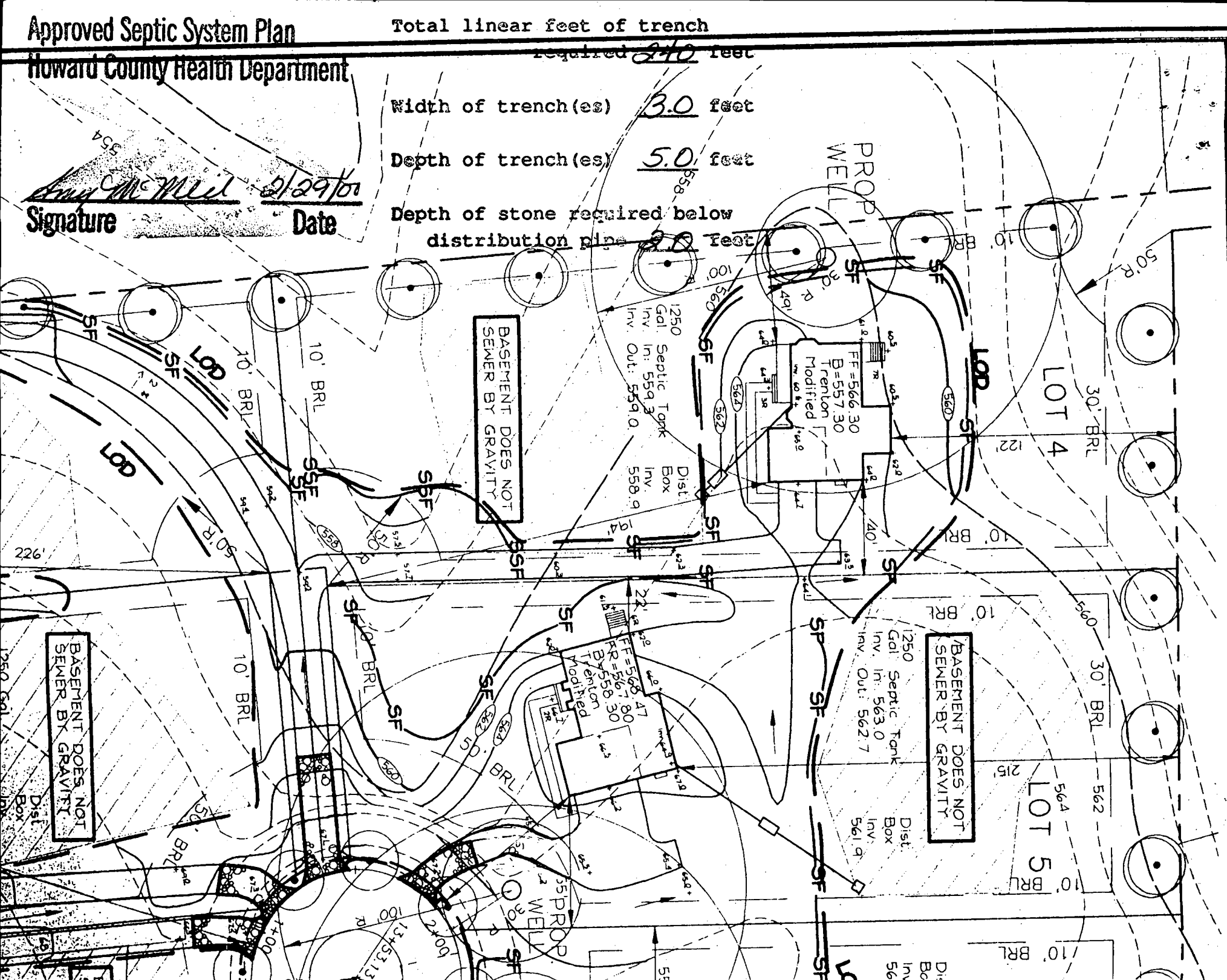
Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

Signature Date 2/29/01



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00022978

Building Address 13970 WEEPING CHERRY DR
WEST FRIENDSHIP 21794

Suite/Apt. #: _____ SDP/WP/Petition #: SP00-119

Census Tract 6051 Subdivision MCKENDREE OVERLOOK

Section N/A Area N/A Lot 5

Tax Map 15 Parcel 52 Grid 1

Zoning RCDD Map Coordinates Lot size 50,812 ft

Property Owner's Name TRINITY BUILDERS

Address 7320 GRACE DR

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-313-8722

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax 410-313-8731

Existing Use VACANT LOT

Proposed Use S.F.D.

Estimated Construction Cost $ _____

Description of Work CUSTOM BRICK W/CHIMNEY
2 STORY, FULL BSMT, 3FB, 1HB, 3R, EP+
GARAGE (4BR)

Contractor Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
__X__ Private

Sewage Disposal:
____ Public
__X__ Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☒

Heating System:
Electric ☐ Oil ☒
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☒
____ NFPA #13D
____ NFPA #13R
____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally K. Hodge
Applicant's Signature

SALLY HODGE
Print Name

VP Operations
Title/Company

2/11/00
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

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 ~~OSTERMAN~~ TRINITY BUILDERS

ADDRESS 2169 MCKENDREE ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER MICHAEL FFAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION: MCKENDREE OVERLOOK

SUBDIVISION ~~OSTERMAN PROPERTY~~ LOT NO. LOT 4 & 5

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF INTERSECTION OF FREDERICK ROAD (144) 13970 WEEPING CHERRY DR.

BLDG. PERMIT ISSUED AND RETURNED 2/29/2000

TAX MAP 15 PARCEL # 52

B00122398

SIZE OF LOT 1 Ac. ± 4 BRMS 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. Michael Ffau TR
(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

4

0'

orange red SiCiLm

3.0

red orange SaCiLm 10% Rx frag

9.5'

3

dark red SiCiLm

3.0

lgt orange tan SaLm

7.5'

>50% Rx

refusal

9.5

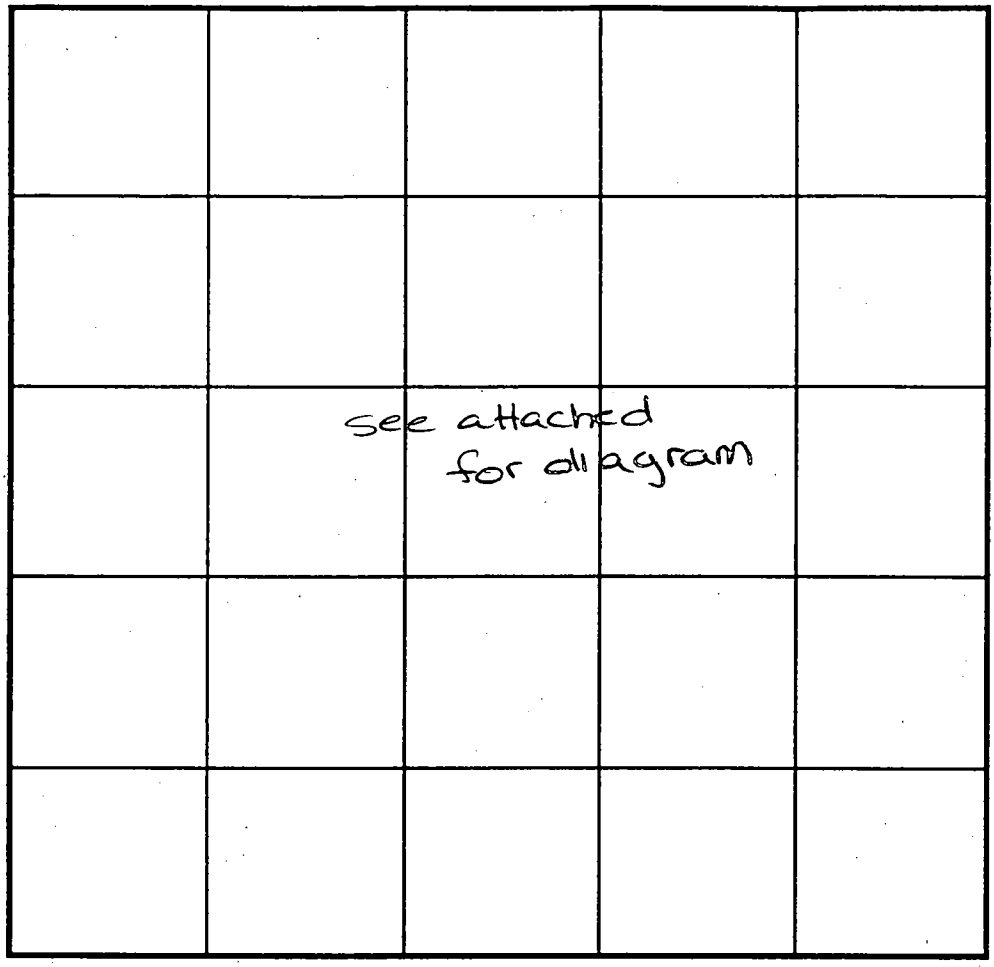
10

orange brn SiCiLm

4.0

lgt tan grey SaLm coarse 10% Rx

12.0



SOIL PROFILE

9

0'

lgt brn SiCiLm

3.5

beigh orange SiSaLm no Rx

11.5

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
12-30-97	4	3.0 / 9.5	10:22	10:24	10:24	10:28	4min
	3	3.0 / 7.5	10:31	10:36	10:36	10:38	2min
	10	4.0 / 12.0	10:36:30	10:37:30	10:37:30	10:39	1½min
	9	Visual - 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 _____

12/30 & 12/31/97

APPLICATION

PERCOLATION TESTING

A 59262

P

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

12/12/97
Preview OK
ALM

DISTRICT

DATE 12/12/97

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 ~~OSTERMAN~~ TRINITY BUILDERS

ADDRESS 2169 MCKENDREE ROAD PHONE

AGENT OR PROSPECTIVE BUYER MICHAEL FFAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION:

SUBDIVISION ~~OSTERMAN PROPERTY~~ MCKENDREE OVERLOOK LOT NO. LOT 3

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF INTERSECTION OF FREDERICK ROAD (144)

SOIL TERMS SIGNED AND RETURNED 2/29/2000

TAX MAP 15 PARCEL # 52 B00122398

SIZE OF LOT 1 AC. ± TYPE BLDG. 4 BRMS 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. Michael Ffau RY
(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 7

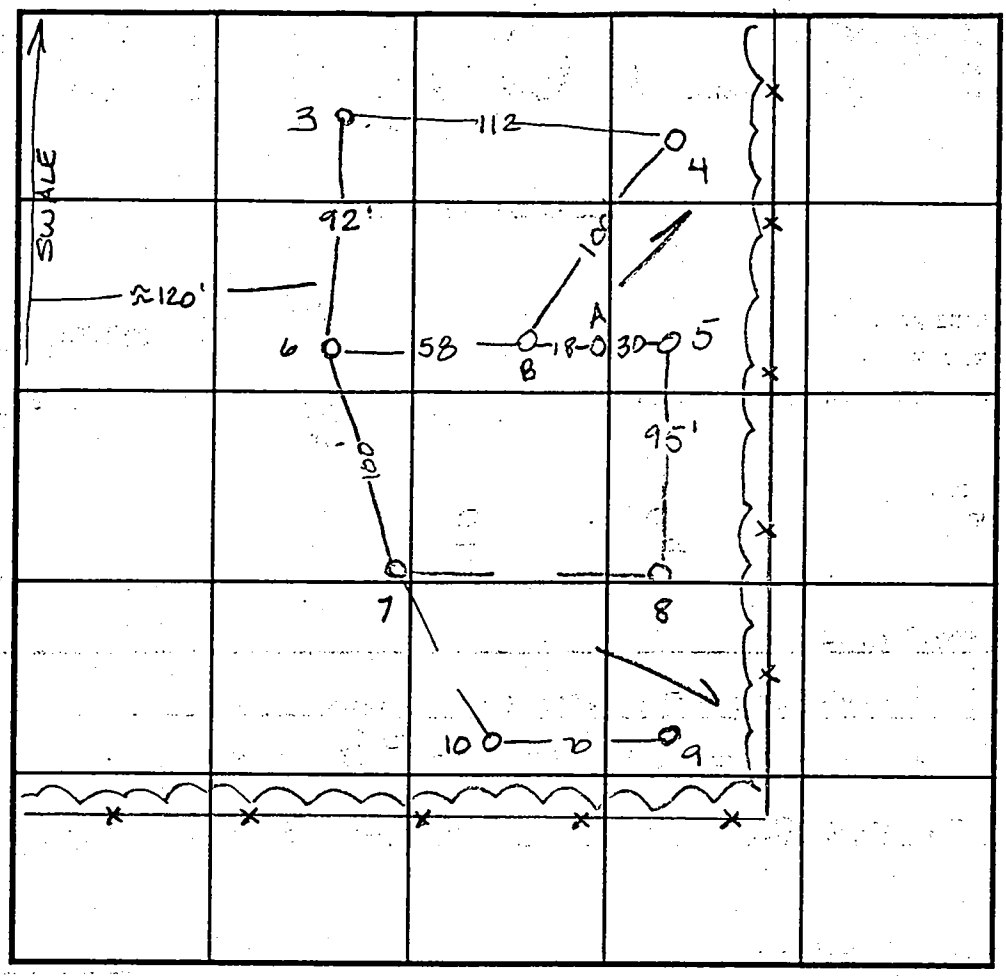
0'
organic layer
1.0
red brn SiCILm
3.0
lgt tan Si SaLm
12.0

SOIL PROFILE 6

0'
red orange brown SiCILm
H.C
bright orange red brn SaLm
10% Rx at bottom
10.5

B 5B

orange brown SiCILm
3.5
orange tan SaSiLm
12.0



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
	7	3.5 / 12.0	10:09 30	10:10 30	10:10 30	10:11 30	1 min
	8	Visual to 12.0 - Sec. profile					OK
	5 & 5A	Refusal at 6.0 -			insufficient		
		depth to bedrock			—	—	F
	5B	4.0 / 11.0	10:18	10:30	10:30		slow
	6	3.0 / 10.5	10:13	10:15	10:15	10:16 30	1½ min

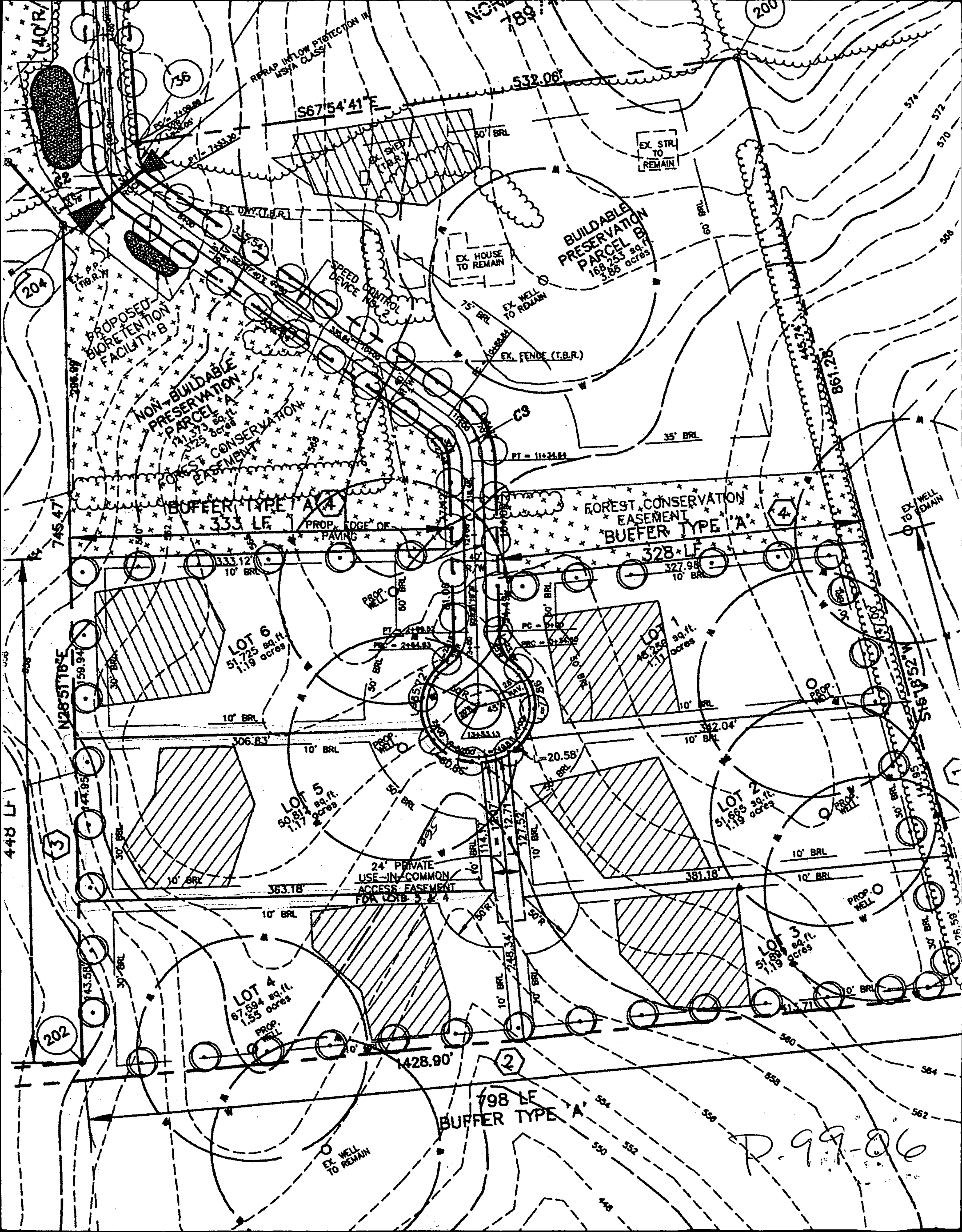
REMARKS _____

TYPE OF SOIL _____

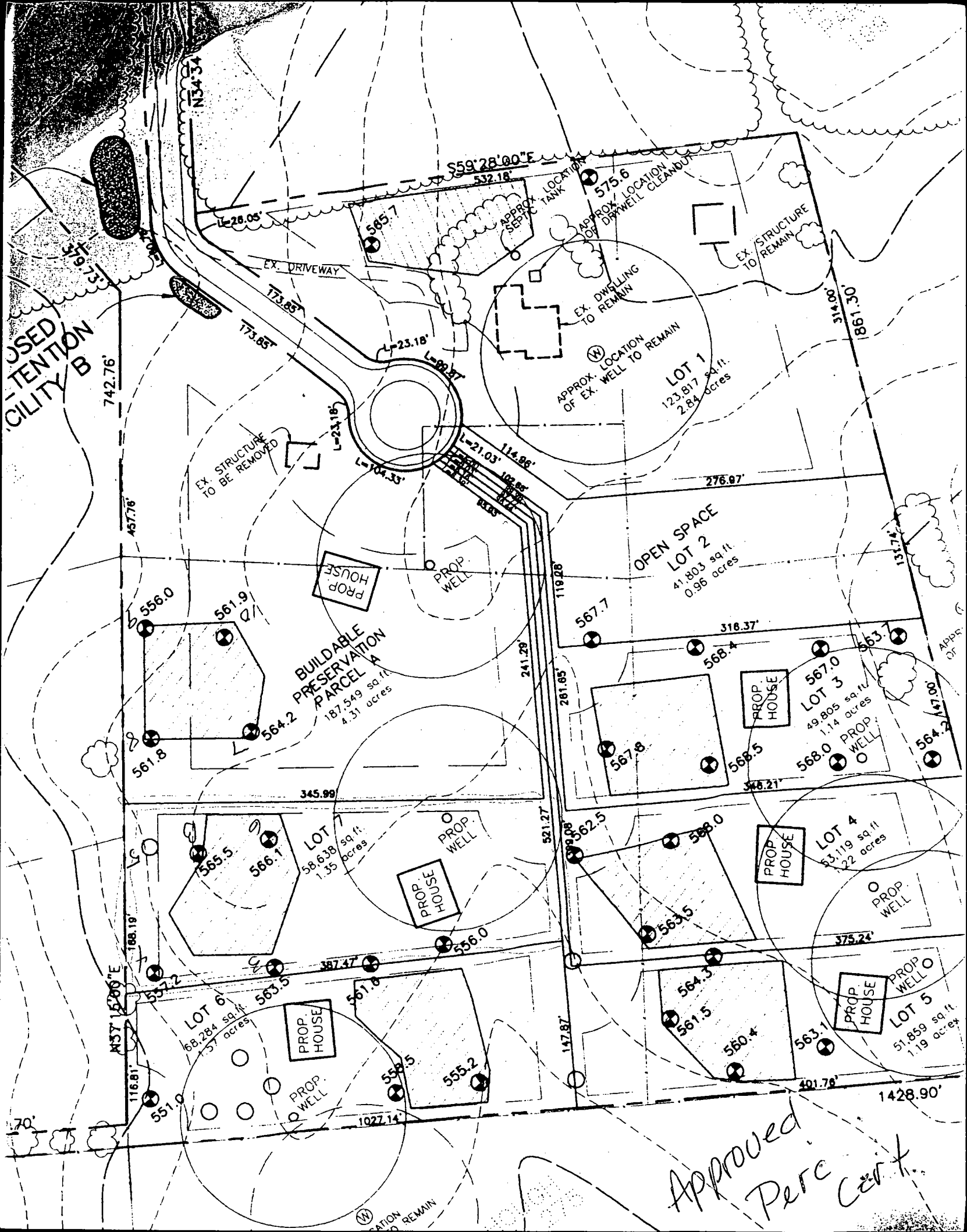
TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



532.06'
S67°54'41"E
EX. SHED (T.B.R.)
EX. STR. TO REMAIN
BUILDABLE PRESERVATION PARCEL B
168,253 sq.ft.
3.86 acres
EX. HOUSE TO REMAIN
EX. WELL TO REMAIN
EX. DWY. (T.B.R.)
SPEED CONTROL DEVICE NO. 2
EX. FENCE (T.B.R.)
PROPOSED BIORETENTION FACILITY B
NON-BUILDABLE PRESERVATION PARCEL A
141,373 sq.ft.
3.25 acres
FOREST CONSERVATION EASEMENT
RIPRAP INFLOW PROTECTION IN MSHA CLASS I
BUFFER TYPE 'A'
333 LF
328 LF
PROP. EDGE OF PAVING
35' BRL
60' BRL
75' BRL
30' BRL
10' BRL
50' BRL
LOT 6
51,725 sq.ft.
1.19 acres
LOT 1
48,256 sq.ft.
1.11 acres
LOT 5
50,812 sq.ft.
1.17 acres
LOT 2
51,665 sq.ft.
1.19 acres
LOT 4
67,594 sq.ft.
1.55 acres
LOT 3
51,8__ sq.ft.
1.19 acres
PROP. WELL
24' PRIVATE USE-IN-COMMON ACCESS EASEMENT FOR LOTS 5 & 4
333.12'
327.98'
306.83'
382.04'
363.18'
381.18'
1428.90'
745.47'
861.28'
445.74'
296.09'
N28°51'16"E
S18°52'W
448 LF
798 LF
BUFFER TYPE 'A'
EX. WELL TO REMAIN
C2
C3
204
202
200
136
P-97-96


N34°34'
S59°28'00"E
532.18'
L=26.05'
EX. DRIVEWAY
173.85'
173.85'
L=23.18'
L=89.57'
L=23.18'
L=104.33'
L=21.03'
114.88'
276.97'
314.00'
861.30'
742.76'
457.78'
APPROX. LOCATION SEPTIC TANK
APPROX. LOCATION DRYWELL CLEANOUT
585.7
575.6
EX. STRUCTURE TO REMAIN
EX. DWELLING TO REMAIN
APPROX. LOCATION OF EX. WELL TO REMAIN
LOT 1
123,817 sq.ft.
2.84 acres
EX. STRUCTURE TO BE REMOVED
PROP. HOUSE
PROP. WELL
OPEN SPACE
LOT 2
41,803 sq.ft.
0.96 acres
119.28'
131.74'
556.0
561.9
567.7
318.37'
568.4
563.1
BUILDABLE PRESERVATION PARCEL A
187,549 sq.ft.
4.31 acres
241.29'
261.65'
567.0
LOT 3
49,805 sq.ft.
1.14 acres
PROP. HOUSE
PROP. WELL
561.8
564.2
567.8
568.5
568.0
564.2
345.99'
346.21'
LOT 7
58,638 sq.ft.
1.35 acres
565.5
566.1
PROP. WELL
PROP. HOUSE
521.27'
562.5
568.0
LOT 4
63,119 sq.ft.
1.22 acres
PROP. HOUSE
PROP. WELL
563.5
556.0
375.24'
387.47'
557.2
563.5
561.8
LOT 6
68,284 sq.ft.
1.57 acres
PROP. HOUSE
PROP. WELL
564.3
561.5
560.4
563.1
PROP. HOUSE
PROP. WELL
LOT 5
51,859 sq.ft.
1.19 acres
147.87'
558.5
555.2
551.0
401.78'
1428.90'
1027.14'
N37°15'06"E
188.19'
116.81'
Approved Perc Cert.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-2933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0522

License Number 12285
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber Yes

Name of Property Owner Trinity Homes Telephone 410-315-8722
Subdivision McKendree Overlook Lot # 5 Well Tag # HO - 99 - 2254
Site Address 15970 Weeping Cherry Dr

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible Yes
2. Make Sears
3. Model # ____
4. Capacity 5 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 Sleeve

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

Pitless Adapter
1. Make Howard
2. Model # A
3. Depth 48"

Tank
1. Capacity Well-X-Trol 302 tank
2. Pressure relief valve? Yes

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

Well data
1. Depth 345 ft.
2. Yield 5 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? Yes

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

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

6/8/00 - WPI OK
SRU

Signature of Applicant: [signature]

Date: 5-3-00

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

MD-216

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 A592625

11/5/99 OK AM

ST/CO USE ONLY
DATE Received MM 10 DD 26 YY 99 (8–13)

DATE WELL COMPLETED MM 09 DD 11 YY 99 (15–20)

Depth of Well 22 345 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2254 (28–37)

OWNER Trinity Homes (last name)
STREET OR RFD McKendree Rd (first name) TOWN Cooksville
SUBDIVISION Osterman Prop SECTION _____ LOT 5

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	
Sandy	2	12	
Sand Stone	12	14	
MICA	14	35	
Sand Stone	35	40	✓
MICA	40	345	

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 116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MD 163

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 (Circle one)
CEMENT (CM) (45 46) BENTONITE CLAY BC (45 46)
NO. OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52 TOP) ft. to 20 (54–58 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	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	22 (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; PL PLASTIC; HO OPEN HOLE; OT OTHER

C 2 (1–2)

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8–9)	20 (11–15)	345 (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 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

from	to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3 (1–2)

PUMPING TEST

HOURS PUMPED (nearest hour) 6 (8–9)
PUMPING RATE (gal. per min.) 3. (11–15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 39 (17–20) ft.
WHEN PUMPING 102 (22–25) ft.

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

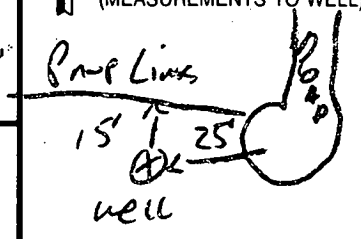
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (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)
(+) (49) above; (–) (49) below LAND SURFACE
2 (nearest foot) (50–51)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

EMERGENCY/TEMP NO. IF ANY

B	1	1991	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2254 (70–79) fill in this form completely

OWNER INFORMATION

Date Received (APA): 050499 (8 MM DD YY 13)

Owner: TRiwity Homes (15 Last Name / First Name 34)

6212 Devow DR. (36 Street or RFD 55)

Columbia MD. 21044 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Driller's Name: Ralph Mayne — License No.: MSD116 (76–81)

Firm Name: Ralph Mayne well Drilling

Address: 9120 Brown Church Rd. Mt Airy

Signature: [signature] — Date: 4-30-99

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14–20)

B 3 LOCATION OF WELL

COUNTY: Howard (8–21)

SUBDIVISION: Osterman Prop (23–42)

SECTION: — (44–46) LOT: 5 (48–50)

NEAREST TOWN: Cooksville (52–71)

MILES FROM TOWN (enter 0 if in town): 3 M I (73, 76 77 78)

B 4

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

NEAR WHAT ROAD: McKrewdree Rd (11–30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, W, 32, E, WEST, EAST, SOUTH S — **S** circled

DISTANCE FROM ROAD: 1200 (34–37) ENTER FT OR MI: Ft (38 39)

TAX MAP: ______ BLK: ______ PARCEL ______

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard Co. — COUNTY NO.: A59262E

STATE SIGNATURE ______ INSERT S → ___ 41

DATE ISSUED: 051799 (43 MM DD YY 48) — CO SIGNATURE: A McMillen — EXP. DATE: 051700

NORTH GRID: 540 000 (50–55) — EAST GRID: 770 000 (57–63)

APPROXIMATE DEPTH OF WELL: 150 (24–28) FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

30 **AIR-ROTary** (circled) — AIR-PERcussion — ROTARY (Hydraulic Rotary)

37 CABLE — REVerse-ROTary — DRive-POINT

other ______

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 770

N 540 ←

9/8/99 Grout
9/8/99
22' casing
20' open
7 bags cement
Not present to observe BB

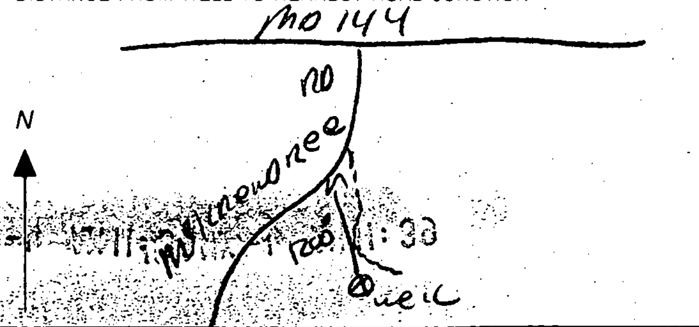
000
000

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- **(N)** THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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) 41 __ __ - __ __ - __ __ __ __ 52

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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER GAP (54–63)

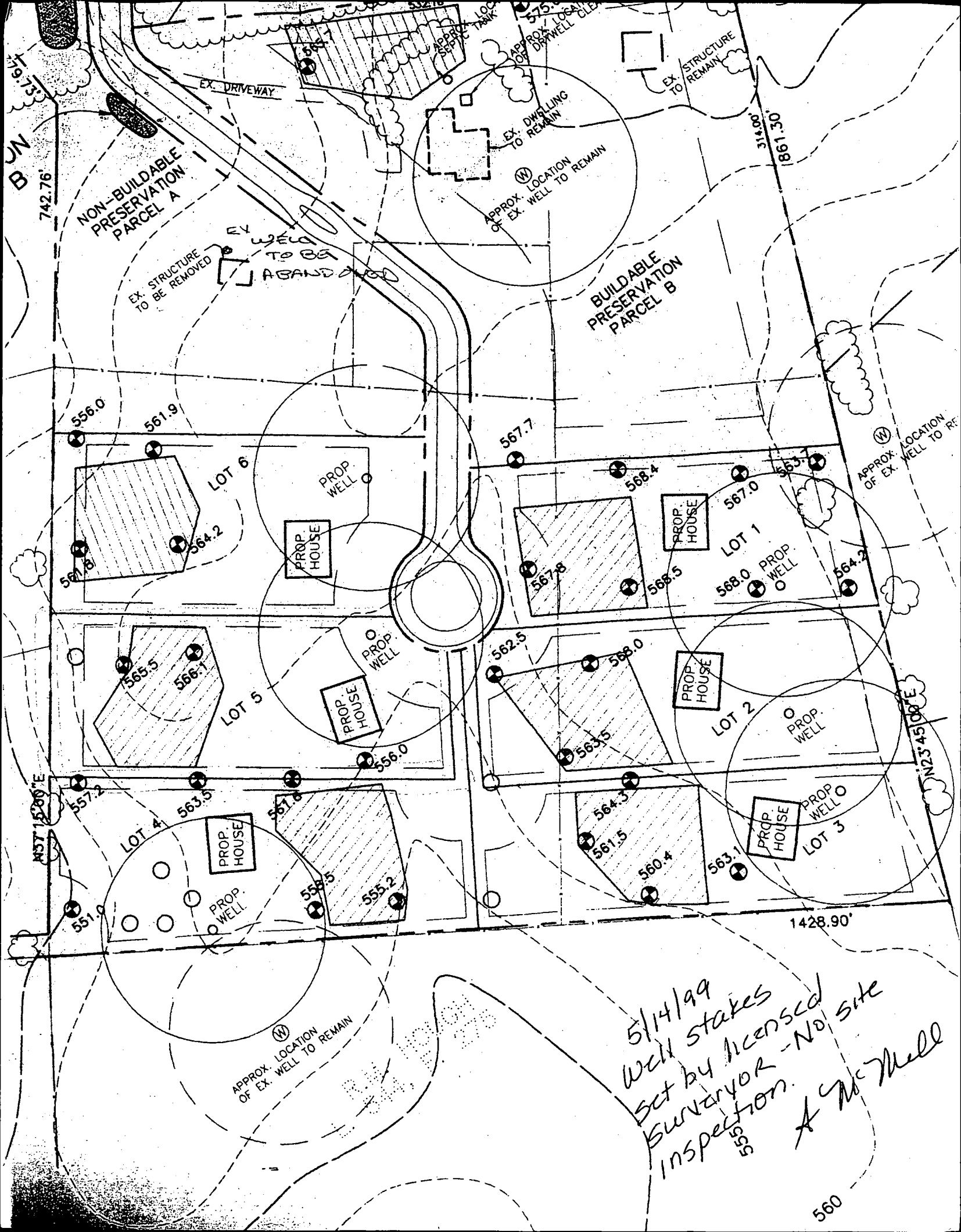
PERMIT No. HO-94-2254 (70 71 72 73 74 75 76 77 78 79)

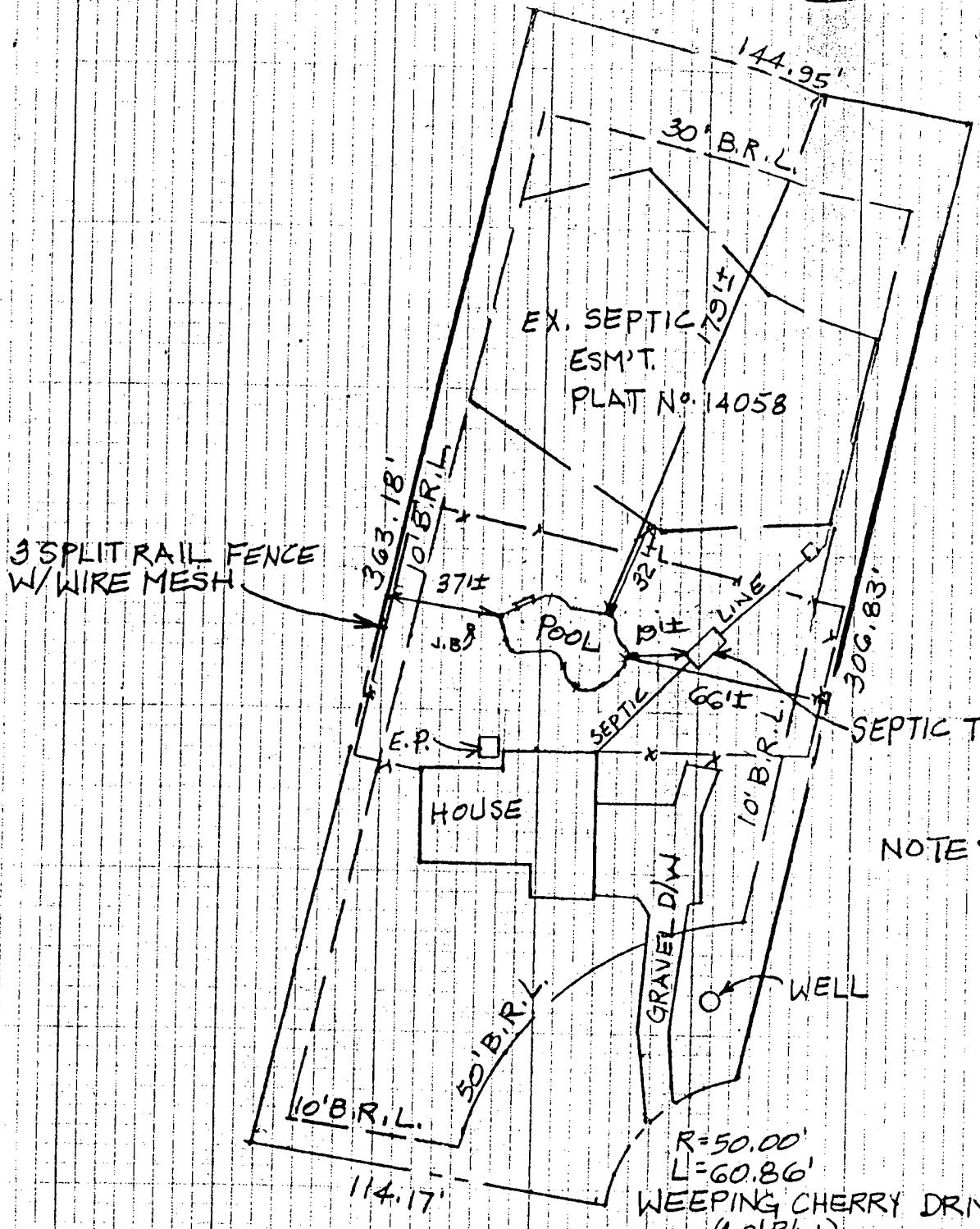
SPECIAL CONDITIONS

NOTE • APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED •

DENV-Permit 97

② COUNTY


EX. DRIVEWAY
EX. STRUCTURE TO BE REMOVED
EX. WELL TO BE ABANDONED
EX. DWELLING TO REMAIN
EX. STRUCTURE TO REMAIN
APPROX. LOCATION OF EX. WELL TO REMAIN
NON-BUILDABLE PRESERVATION PARCEL A
BUILDABLE PRESERVATION PARCEL B
742.76'
861.30'
314.00'
1428.90'
N23°45'00"E
N57°15'00"E
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
PROP. HOUSE
PROP. WELL
556.0
561.9
564.2
561.8
565.5
566.1
557.2
563.5
561.8
551.0
555.5
555.2
567.7
568.4
567.0
563.1
567.8
568.5
568.0
564.2
562.5
568.0
563.5
564.3
561.5
560.4
563.1
560
5/14/99
Well stakes
set by licensed
Surveyor - No site
inspection.
A McMull

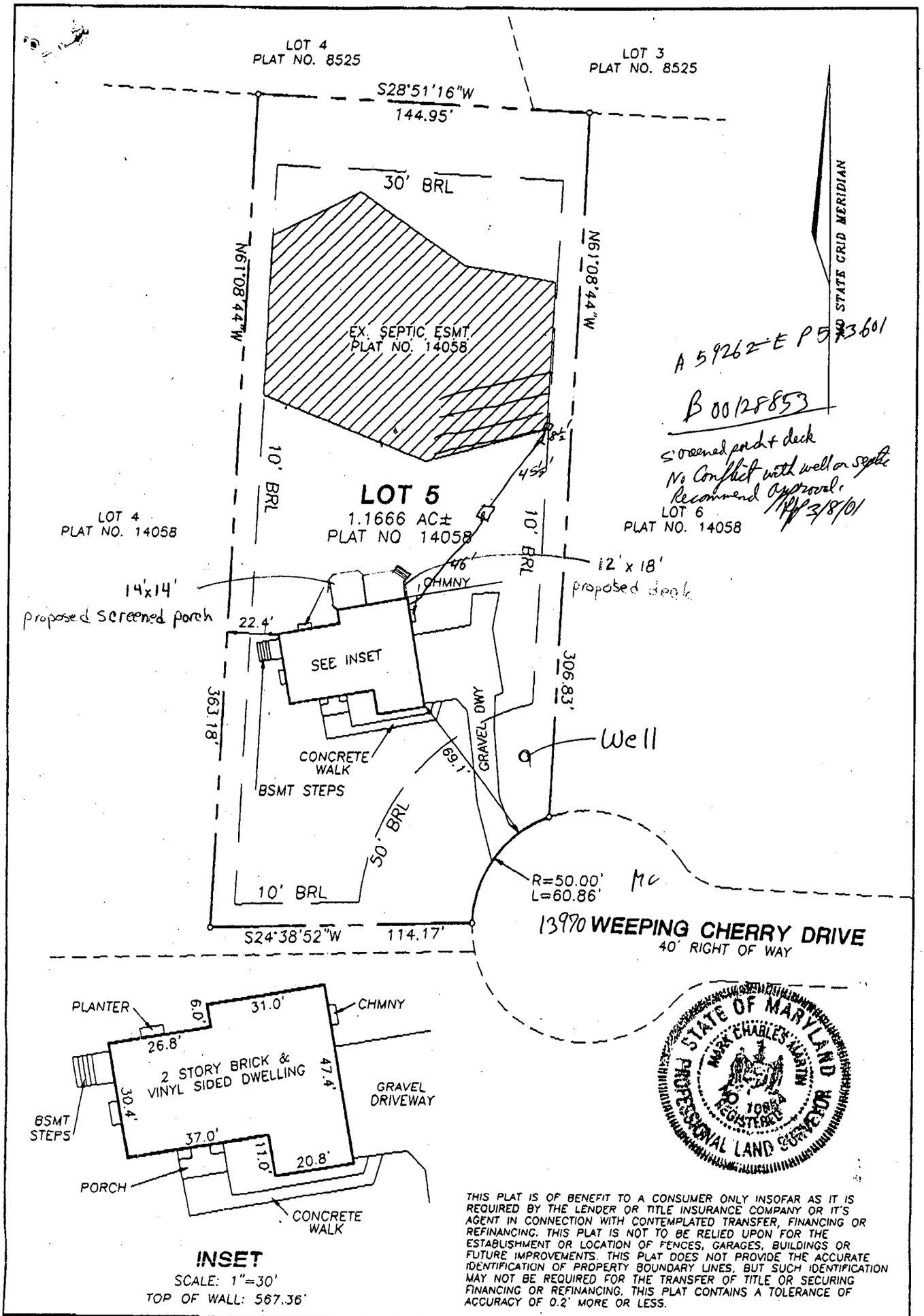


2 HOURS O
ANY ADDITIONAL H

NOTE: SEPTIC TANK AN
NEEDS TO BE L
AND FLAGGED

LOT 5
1.1666 AC.±
PLAT No. 14058
SCALE: 1" = 50'
McKENDREE OVERLOOK

NOT Signed



INSET
SCALE: 1"=30'
TOP OF WALL: 567.36'

STATE OF MARYLAND
MARK CHARLES MARTIN
No. 10884
REGISTERED
PROFESSIONAL LAND SURVEYOR

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.

RECORD REFERENCES

LIBER/FOLIO ____
PLAT BOOK N/A
PLAT NO./FOLIO 14058

SCALE 1"=50'
DATE 08-15-00

FINAL LOCATION OF LOT 5 McKENDREE OVERLOOK HOWARD COUNTY MARYLAND

VOGEL & ASSOCIATES, INC.
CONSULTING ENGINEERS-SURVEYORS-PLANNERS
3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410)461-5828 FAX (410)465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 8/16/2000

MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

ACAD FILE: C:\ACADJOBS\OSTERMAN\LT5FNL.DWG