

8/29/00 layout 12:00
8/29/00 Septic Final 1-2
9/8/00 C.O. pm

PERMIT

P 514173

SEWAGE DISPOSAL SYSTEM

A 510116-B

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 8/7/2000

410-313-2640

05-433444

APPROVAL DATE 9/8/00

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5670

SUBDIVISION Trotter Hills

LOT NUMBER 2

ADDRESS 5632 Trotter Road

PROPERTY OWNER Williamsburg Group LLC

PROPERTY OWNER'S ADDRESS P.O. Box 1018

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 5 feet below original grade. Bottom maximum depth 7 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the intersection of the 128.87'/358.51' lot lines, place the distribution box 120 feet down the 358.51' lot line and 80 feet off this lot line. Run trenches on contour toward flagstem driveway.

PLANS APPROVED Mark Rifkin

OK SRH 8/4/00

DATE 6/16/2000

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

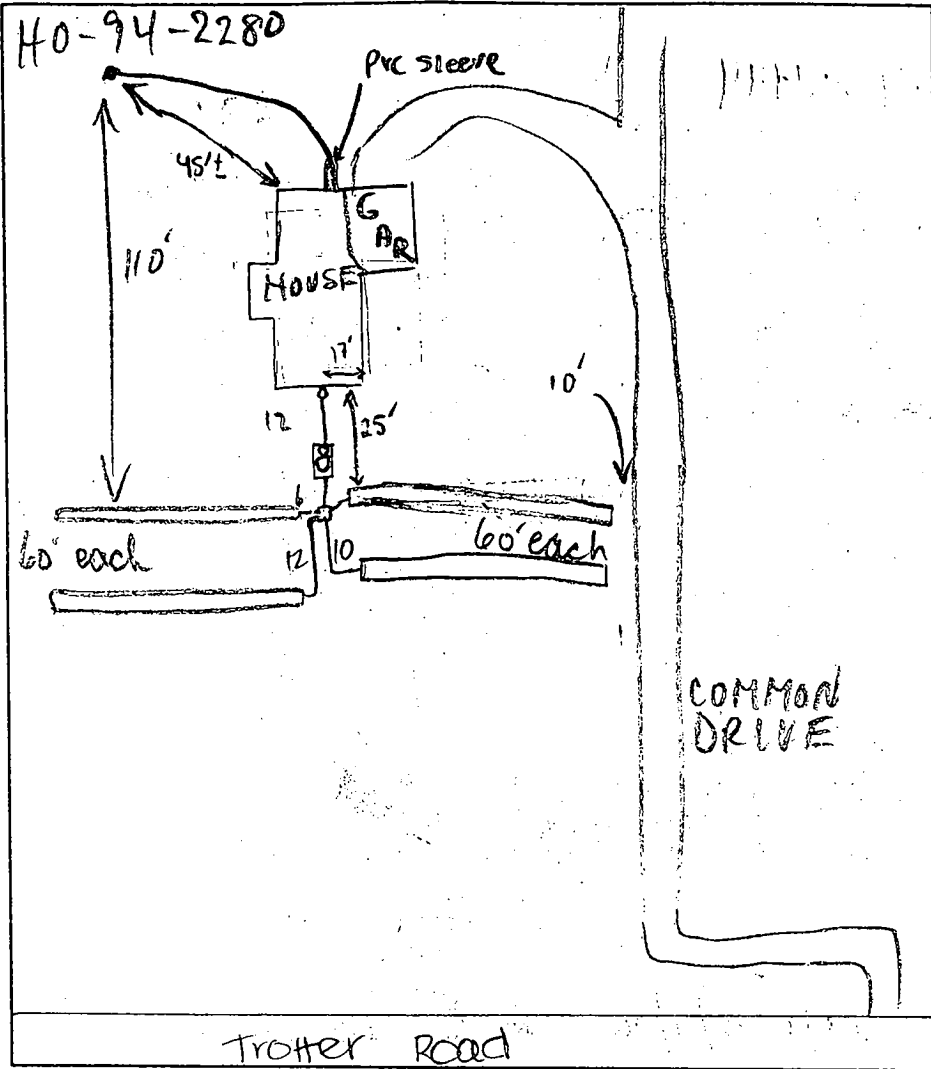
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A510116-B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 5
 TRENCH BOTTOM DEPTH 7
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{MID} SE ^{AM} GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 8/28/00 To run 4-60' opposed trenches. Extend trenches ~15' out of easement on side opposite road to provide required length (MR)

INSPECTION COMMENTS: 8/29/00 OK to continue work. Take sd. DD
9/8/00 OK TO FINISH & COVER (MR) ✓

INSPECTOR M. Ritkin DATE SYSTEM APPROVED 9/8/00

9/15/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3825-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

ID=4105491073

P.02

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/16/00

Name of Installer Charles A. Keys # Sons Inc.

Telephone (410) 549-6960

License Number 6521
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Williamsburg Group, L.P.C. Telephone (410) 997-8800
Subdivision Trotter Hills Lot # 2 Well Tag # HO-94-2280
Site Address 3632 TROTTER ROAD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>HARWARD</u>
a. Deep well jet _____	2. RPM <u>1765</u>	2. Model # <u>PT-800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>JACUZZI</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>SS45-13P-S</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>20 GAL</u>	1. Type <u>Polyethylene</u>	1. Depth <u>160</u> ft.
2. Pressure relief valve? <u>Yes</u>	2. Size <u>1"</u>	2. Yield <u>15</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>80</u> ft.
	4. Depth of supply line <u>160</u>	4. Will water supply be disinfected by installer? <u>NO</u>

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.

9/15/00 - WPI OK Signature of Applicant: Charles A. Keys Jr.
SRW Date: 8/16/00

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

4

Building Address: 5632 TROTTER RD.
CLARKSVILLE, MD 21029
 Suite/Apt. #: N/A SDP/WPP/Petition #: 97-222
 Census Tract 6055 Subdivision TROTTER HILLS
 Section N/A Area N/A Lot 2
 Tax Map 35 Parcel 4 Grid 2
 Zoning R-20 Map Coordinates 14 H6 Lot size 32,054/4

Property Owner's Name WILLIAM MEDVES, JR. & ALL
 Address: PO Box 1018
 City COLUMBIA State MD Zip Code 21044
 Home Phone N/A Work Phone 410/977-8100
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use SFB
 Estimated Construction Cost: \$ 100,000
 Description of Work MODEL: DOCKHESTER II
2 STORY FULL BSMT, 11R, 2 FD, 1 HC, 1 PD
GARAGE (4' B.E.) BY OPT. FIN. B.C.M.T.

Contractor Company SAME AS OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer-of (Architect Company) DESIGN COLLECTIVE, INC.
 Contact Person _____
 Address: 100 EAST PRUIT ST, 14TH FL.
 City BALTO State MD Zip Code 21202
 Phone 410/675-6655 Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>52'</u> <u>57'</u> 2nd floor: <u>42'</u> <u>57'</u> Basement: <u>46'</u> <u>57'</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____	Other Structure: _____	Dimensions: _____
	Partial _____	Footings: _____	NFPA #13D _____
	Other Suppression _____	Roof: _____	NFPA #13R _____
	# of Heads _____	State Certified Modular _____	Other: _____
		Manufactured Home _____	

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature AGENT
 Title/Company _____

Print Name SUZANNE P DAVIS
 Date 6/1/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	<u>46303</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>21.00</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St. _____	Excise tax \$ <u>135.00</u>
<input checked="" type="checkbox"/> Health	<u>6/1/00</u>	<u>Mark Tappin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>211.00</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2611</u>
			Accepted by <u>[Signature]</u>	Validation # <u>3247</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

APPLICATION

PERCOLATION TESTING

A 5016 B

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Daniel R. Sobus

ADDRESS 8815 Centre Park Dr. Suite 110 PHONE 410-740-1200
Columbia Md. 21045

AGENT OR PROSPECTIVE BUYER Same as owner

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

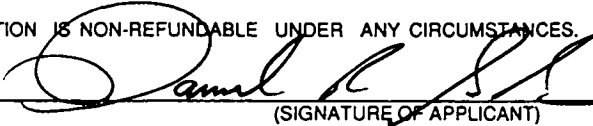
SUBDIVISION Trotter Hills LOT NO. X 2

ROAD AND DESCRIPTION Trotter Rd.

TAX MAP 35 PARCEL # 4

SIZE OF LOT 0.021 acres TYPE BLDG. SFD-new
(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 _____

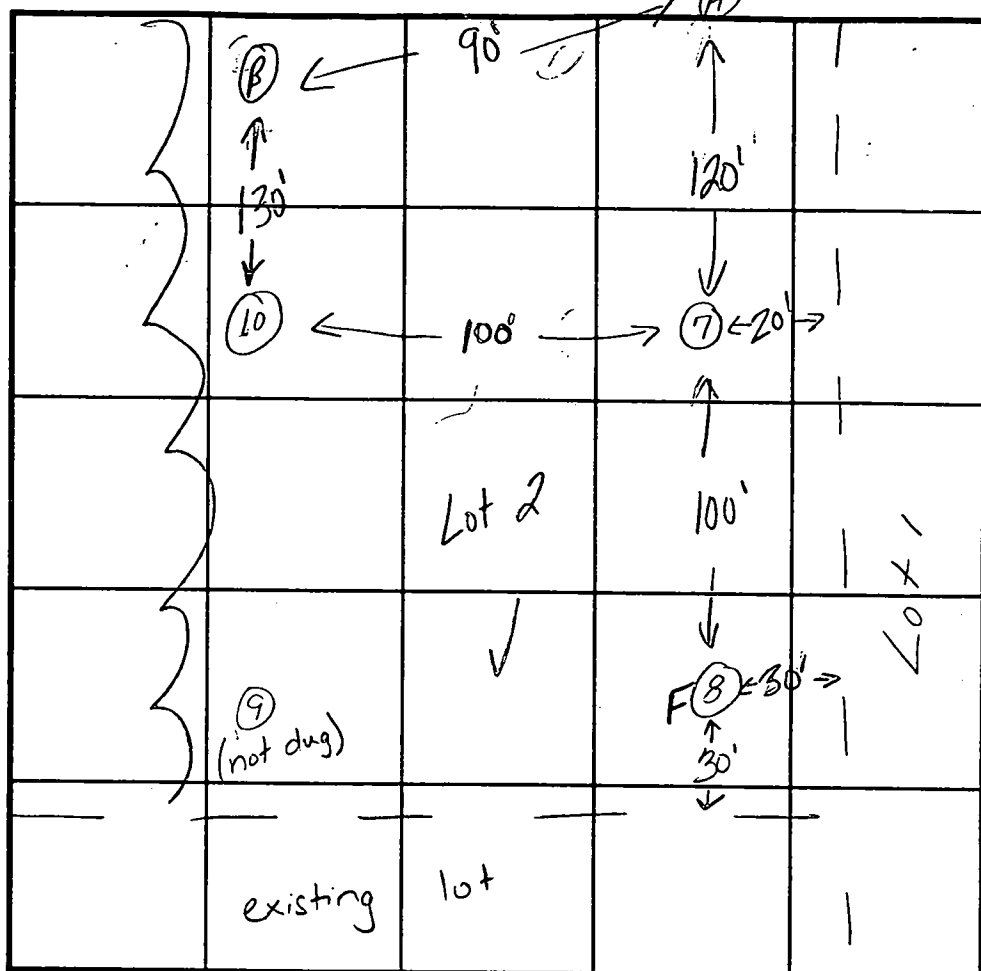
THIS IS NOT A PERMIT

SOIL PROFILE

0'
or/red
brown
cl lm
5.0'
tan
orange
Sandy
clay
loam
15%
shale frags
14.0'
↓
WATER
15.0'

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or/red
brown
clay
Sandy
loam
Fe-dox
features
7.0'
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WATER
9.0'

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or/red
clay
lm
5.0'
tan/or
sandy
clay
loam
15% rx
frags to
6.0'
clear to
bottom
13.5'



SOIL PROFILE

0'
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or/red
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sandy
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15%
shale
frags
13.0'

B
same
as
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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Trotter Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-18-98	7	5.0'S	11:02	30	slow - redug	deeper	
		15.0'D	visual		- see profile		
	8	6.0'S	11:42	50	11:48	11:56	6 min
	8	10.0'D	FAILED		DUE TO WATER		F
	10	4.9'S	11:32	11:34	11:34	11:37	3 min
		13.5'D	visual		ok - see profile		
	A	5.5'S	12:20		slow - redug	deeper	
		13.0'D	visual		ok - see profile		
		7.25'S	3:12	3:16	3:16	3:27	11 min
	B	15.0'D	visual		ok - see profile		

REMARKS test holes staked

TYPE OF SOIL _____
 TESTED BY Kim Maiste ALSO PRESENT Fogle's
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6-7 minutes TRENCH WIDTH 3.0
 INLET DEPTH 5.0 MAXIMUM BOTTOM DEPTH 7.0 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 50116

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Daniel Sobus

ADDRESS 8815 Centre Park Drive PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Trotter Hills LOT NO. _____

ROAD AND DESCRIPTION Trotter Road

TAX MAP 35 PARCEL # 4

SIZE OF LOT _____ 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 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

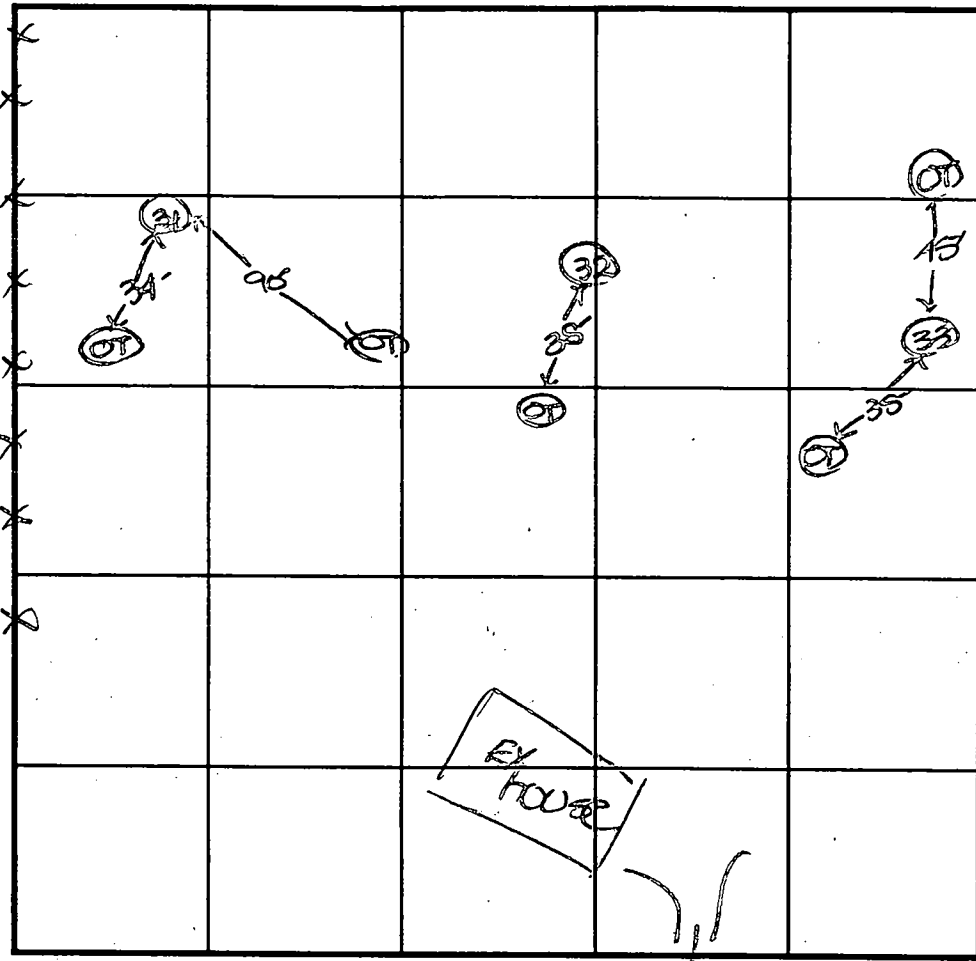
50116
COUNTY #

SOIL PROFILE

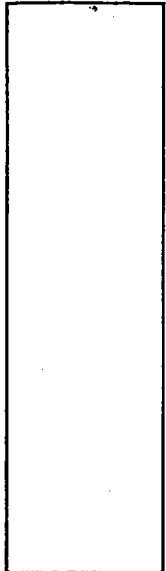
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cl Lm
4.5'
pale
org tan
si Lm
20% Rx
14'



SOIL PROFILE



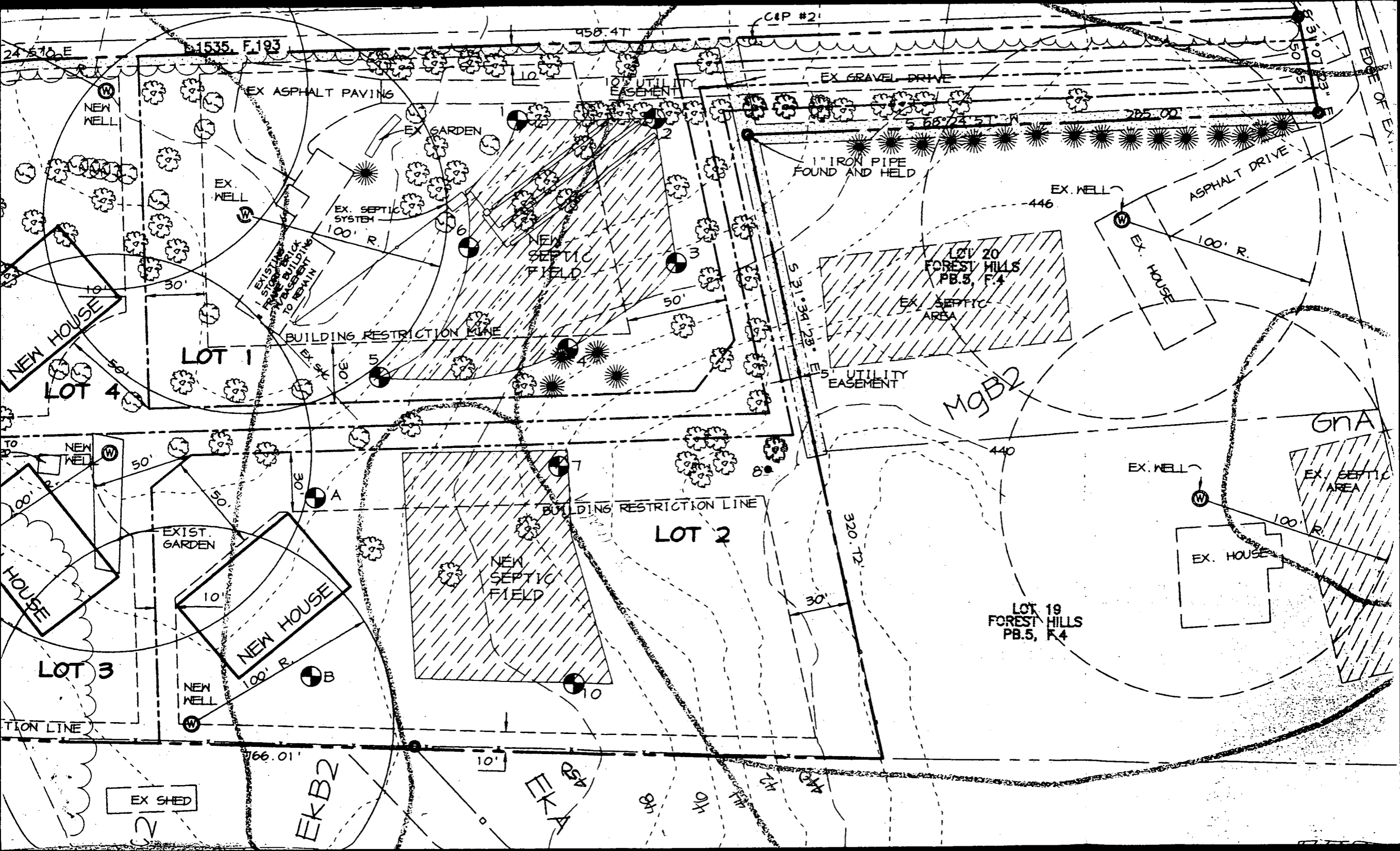
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

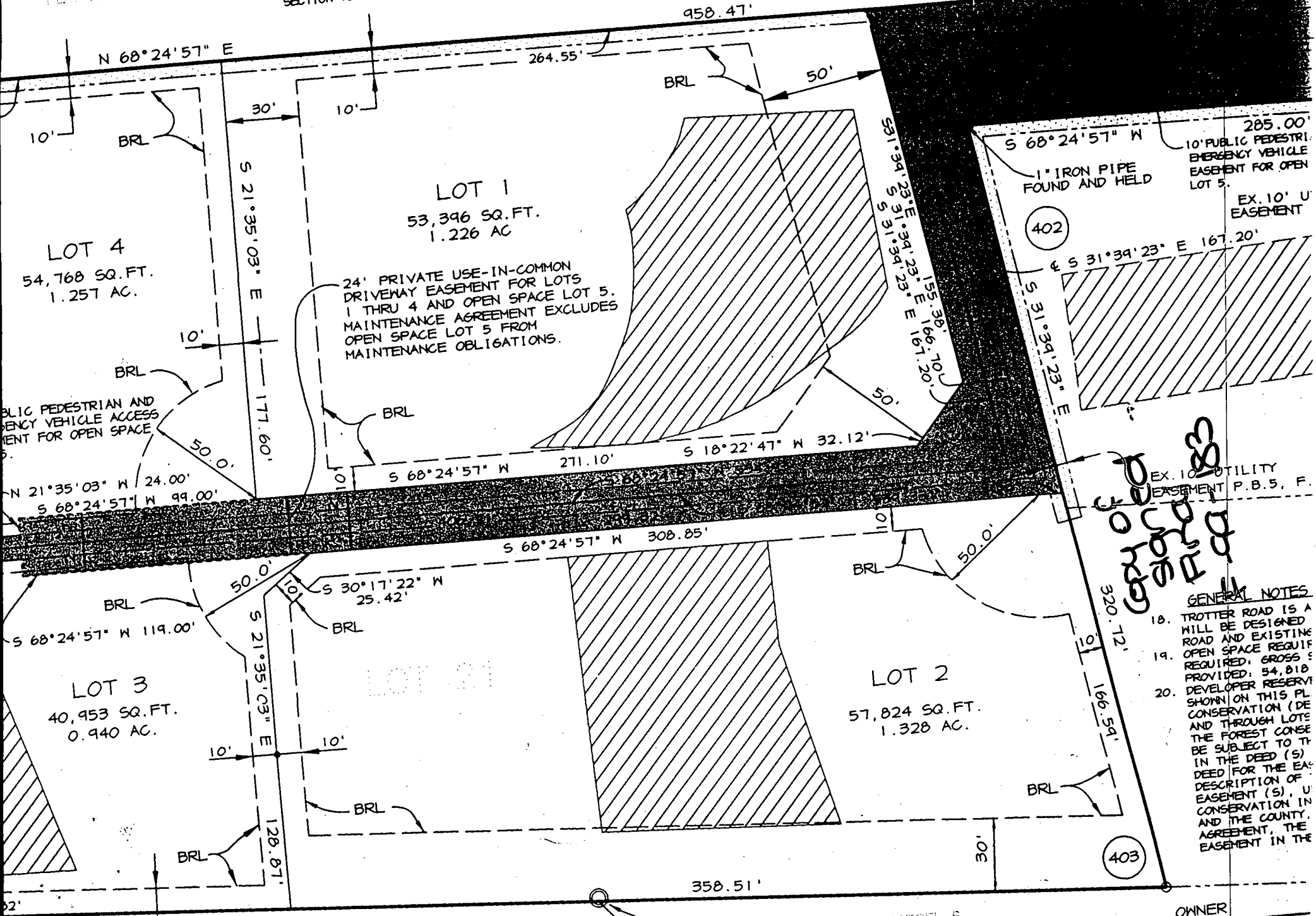
↳ Trotter Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-09	31	14.0'D	Water	-see	profile	→	FAIL
	32	14.0'D	Visual	-see	profile	→	OK
	33	14.0'D	Visual	-see	profile	→	OK

REMARKS holes tested as stated @ = old test hole

TYPE OF SOIL _____
 TESTED BY D. See ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____





LOT 1
53,396 SQ.FT.
1.226 AC

24' PRIVATE USE-IN-COMMON
DRIVEWAY EASEMENT FOR LOTS
1 THRU 4 AND OPEN SPACE LOT 5.
MAINTENANCE AGREEMENT EXCLUDES
OPEN SPACE LOT 5 FROM
MAINTENANCE OBLIGATIONS.

LOT 4
54,768 SQ.FT.
1.257 AC.

LOT 3
40,953 SQ.FT.
0.940 AC.

LOT 2
57,824 SQ.FT.
1.328 AC.

EX. 10' UTILITY
EASEMENT P.B.S., F.

GENERAL NOTES

18. TROTTER ROAD IS A ROAD AND EXISTING OPEN SPACE REQUIRED; GROSS PROVIDED; 54,818
19. DEVELOPER RESERVE SHOWN ON THIS PL CONSERVATION (DE AND THROUGH LOTS THE FOREST CONSERVATION BE SUBJECT TO THE DEED (S) DEED FOR THE EASEMENT (S), U CONSERVATION IN AND THE COUNTY. AGREEMENT, THE EASEMENT IN THE

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I FURTHER CERTIFY THAT THE REQUIREMENTS OF SECTION 3-108 PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, (COMPLEMENTED) AS FAR AS THEY...

REBAR & CAP FOUND IN CONC.

PARCEL 6
LOT 33
FOREST HILLS

OWNER
DANIEL R. SOBUS
5640 TROTTER ROAD
HARRISVILLE, MD 21029-1

C 06779 SEQUENCE NO. (MDE USE ONLY)

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 A510116R

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY 06 25 99 Depth of Well 22 160 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2280

OWNER Sobus Daniel STREET OR RFD Trotter Road TOWN Chesville SUBDIVISION Trotter Hills SECTION LOT 2

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	
Tal Soil	0	3	
Shale	3	18	
Silt, Sand, clay	18	55	
MICA	55	75	
SANDstone	75	80	✓
MICA	80	95	
SANDstone	95	98	
TAN MICA	98	125	
GRAY MICA	125	155	
Gravel Bed	155	160	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT NO. OF BAGS 19 NO. OF POUNDS 1700

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD

MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD

screen type or open hole

DEPTH (nearest ft.) HO 58 160

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 101 ft.

TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet 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. 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 } 2 (nearest foot)

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 040
Deane F. Enderday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

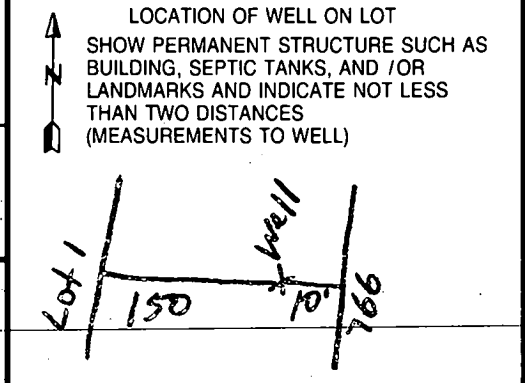
LIC. NO. MWD 328

GRVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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



B 1 **8769**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2280
fill in this form completely

Date Received (APA)

OWNER INFORMATION **RN 7825**

B 3

LOCATION OF WELL

CC#

8 MM DD YY 13

Sobus **Daniel R**
Last Name Owner First Name
5640 Trotter Rd
Street or RFD
Clarksville, Md 21029
Town State Zip

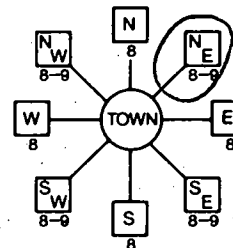
Howard
8 COUNTY
~~Sobus Property~~ **Trotter Hills**
23 SUBDIVISION
SECTION 44 46 LOT 2 48 50
Clarksville
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** M 73 76 77 78

DRILLER INFORMATION

George F. Easterday **M WD 040**
Driller's Name License No.
E. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airv. Md. 21771
Address
George F. Easterday **4/9/1999**
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Trotter Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **900** 37
DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

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 **A510116B**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED **05/28/99** 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **503 000** EAST GRID **0822 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

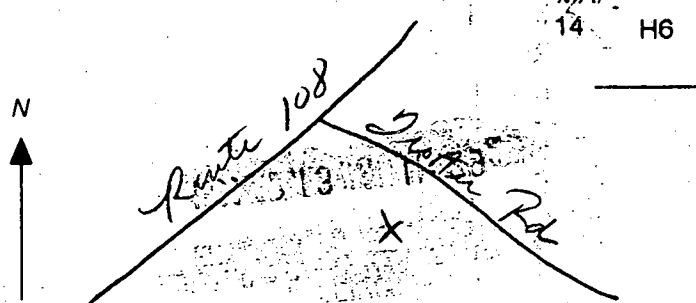
- SOURCES OF DRILLING WATER
- wells
 -
 -

6/24/99 location OK-SRK
Grout done prior to arrival for insp SRK
18 counted bags

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820** 2
N **500** 3
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

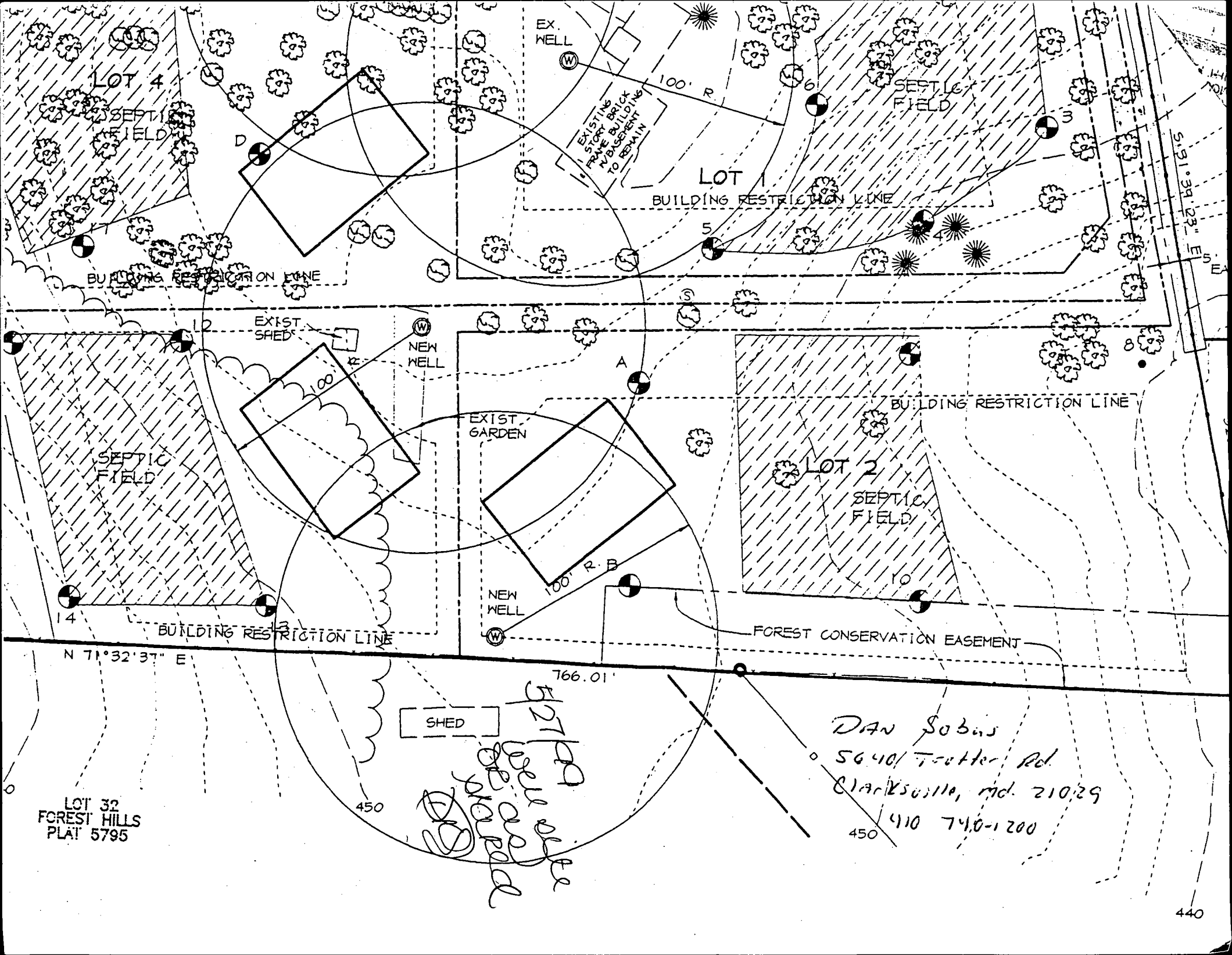


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. **HO-94-2280**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



5/27/09
 New well
 off road

DAN Sobus
 5640 Trotter Rd.
 Clarksville, Md. 21029
 410 740-1200