

9-6-00
1:00
9/8/00 C.O. PM
9/11/00
Trench I/P
9/12/00 C.O.

PERMIT

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

P 514173

A 510116-D

ISSUE DATE 8/7/2000

APPROVAL DATE 9/13/00

INDEXED 05-433460

Egle'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 4 ADDRESS 5624 Trotter Road

PROPERTY OWNER Williamsburg Group LLC PROPERTY OWNER'S ADDRESS P.O. Box 1018

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting at the lot corner at the end of the driveway, place the distribution box 85 feet down the 177.60' lot line and 160 feet off this same lot line. Run trenches on contour in both directions. 6/9/00 OIC ADL

PLANS APPROVED Mark E. Rifkin DATE 5/12/2000

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

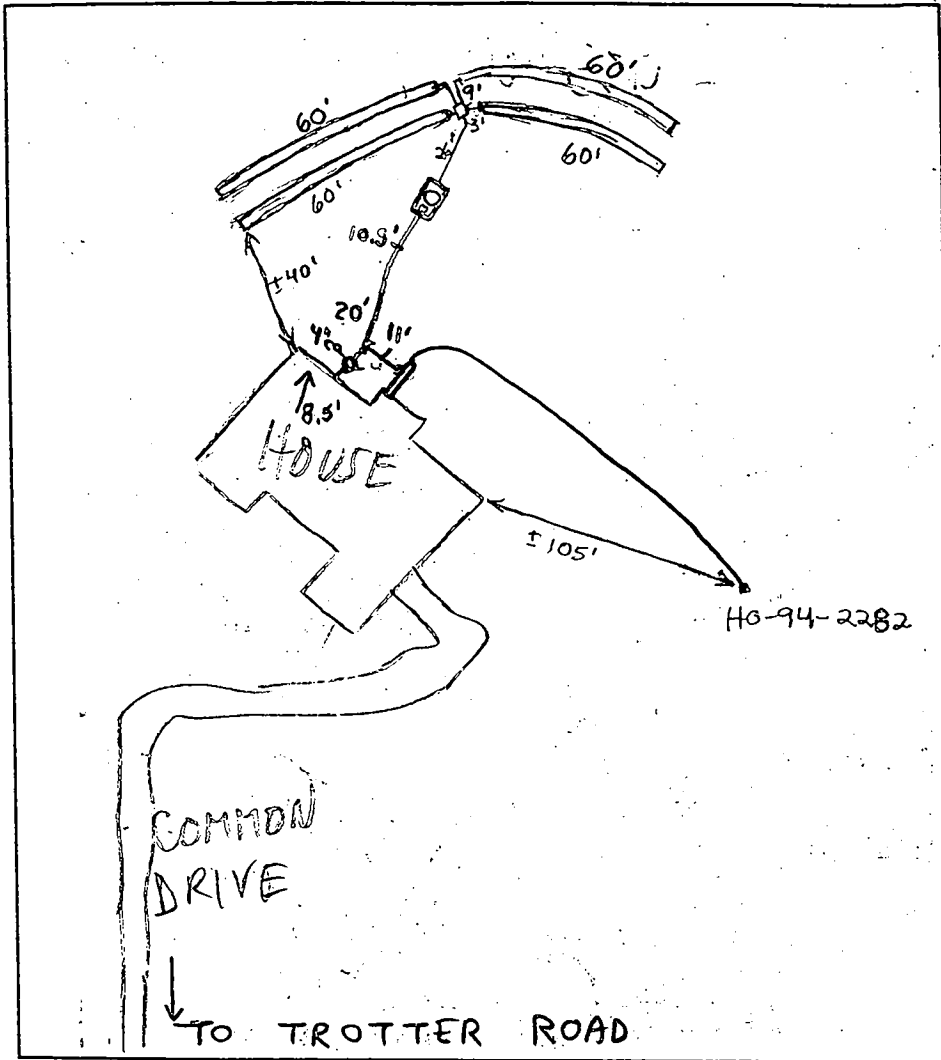
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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-D

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2.0'
 TRENCH INLET DEPTH 5.0'
 TRENCH BOTTOM DEPTH 9.0'
 DEPTH OF STONE 4.0
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240'+
 ABSORBENT AREA 960 sq. ft. +
 DISTRIBUTION BOX LEVEL Levelers
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. 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

PRE-CONSTRUCTION INSPECTION: 9/7/00 Easement area not staked. Told builder to stake area. Told Fingles they can set tank if not staked. To set distribution box

INSPECTION COMMENTS: in middle of easement and install 4-60' trenches. (BB)

9/8/00 TANK SET, OK (MR)

9/11/00 9:30 a.m. NO ONE ON SITE. NO ADDITIONAL WORK DONE. DIC

9/11/00 P.M. House connection made. advised septic contractor of required spacing between sewer line and water line,

9/12/00 - OK TO CONTINUE WORK, INSTALLER TOLD TO KEEP TRENCHES 7' ETC (MR)

(INSPECTOR'S DISCRETION) (SRM) 9/13/00 System satisfactory. OK to cover. (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 9/13/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
481-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date 8/16/00
Name of Installer CHARLES A. KLEIN # DWS, Inc. Telephone (410) 549-6960
License Number *6521
Certified Well Pump Installer Well Driller _____ Registered Plumber _____
Name of Property Owner WILLIAMS BROS. GROUP, INC. Telephone (410) 997-8800
Subdivision TROTTER HILL Lot # 4 Well Tag # HD-94-2282
Site Address 5624 TROTTER ROAD

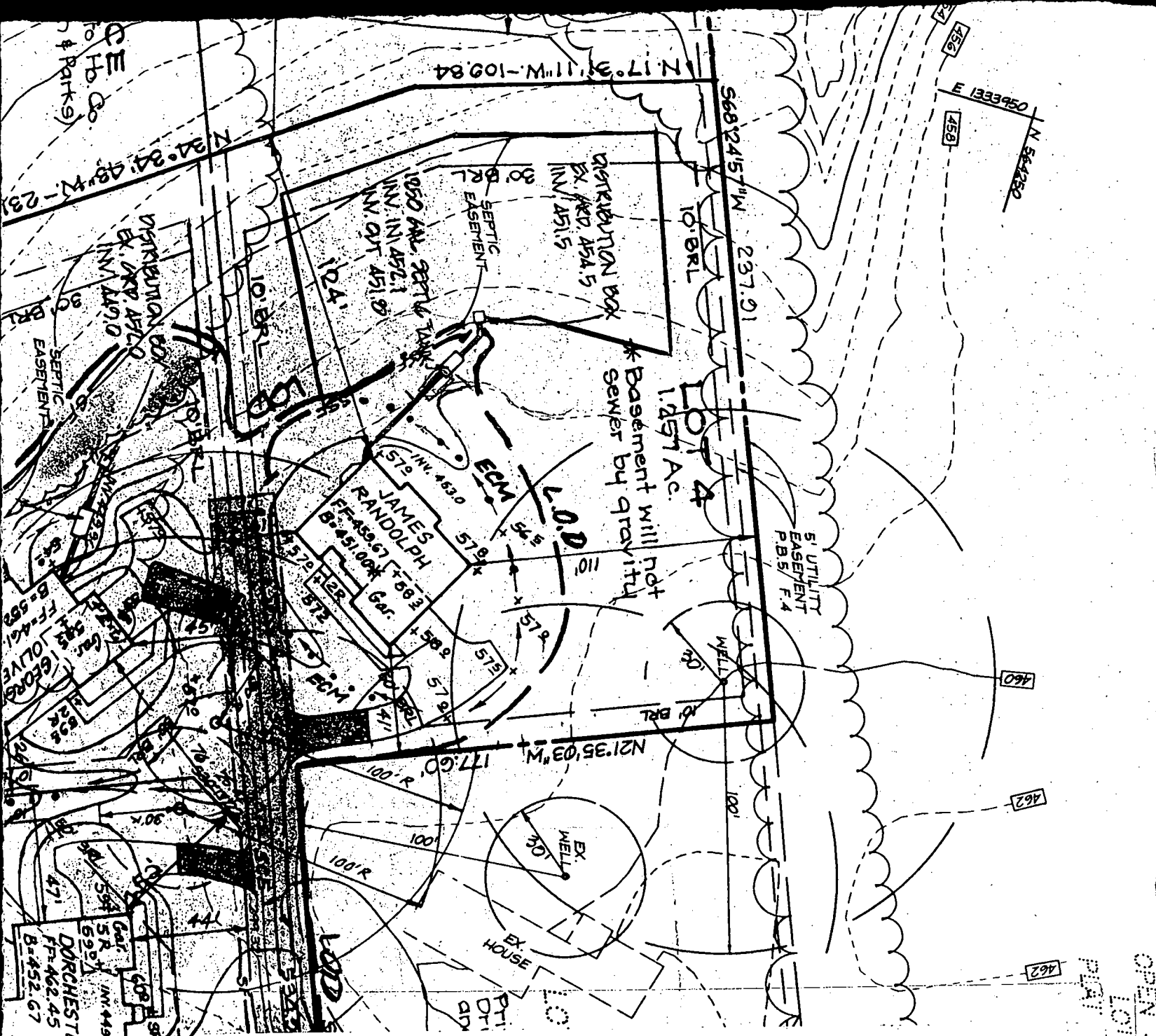
Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JACUZZI
3. Model # 5545-BP-52
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____
Motor
1. Horsepower 1/2
2. RPM 1765
3. Voltage _____
a. 110 _____
b. 220
Pitless Adapter
1. Make HARVARD
2. Model # PT-800
3. Depth 42"

Tank
1. Capacity 20 GAL.
2. Pressure relief valve? Yes
Piping
1. Type Polyethylene
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 300'
Well data
1. Depth 360 ft.
2. Yield 15 GPM
3. Static water level 270 ft.
4. Will water supply be disinfected by installer? NO

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-WPIOK Signature of Applicant: Charles A. Klein Jr
SRK 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.



Total linear feet of trench required 240 feet

Approved Septic System Plan
Howard County Health Department

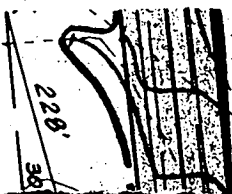
Width of trench (es) 2 feet

Depth of trench (es) 9 feet

Depth of stone required below distribution pipe 4 feet

Mark E. Riffin 5/12/00
Signature Date

TO TROTTER ROAD



1-50
EX. DRIVE INV. 451.5
EX. DRIVE INV. 449.0
SEPTIC EASEMENT
1050 GAL. SEPTIC TANK INV. 449.0

300123872

Building Address: 5624 TROTTER RD.
CLARKVILLE, MD 21037
 Suite/Apt. #: N/A SDP/WP/Petition #: 17-232
 Census Tract: 600501 Subdivision: TROTTER HILLS
 Section: N/A Area: N/A Lot: 4
 Tax Map: 35 Parcel: 4 Grid: 2-1166
 Zoning: R-20 Map Coordinates: 11116 Lot size: 11116

Property Owner's Name: WILLIAMS-BURG GROUP LLC
 Address: PO Box 1118
 City: CLARKVILLE State: MD Zip Code: 21011
 Home Phone: _____ Work Phone: 997-8800
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone: _____ Fax: _____

Existing Use: VACANT LOT
 Proposed Use: FD
 Estimated Construction Cost: \$ 100,000
 Description of Work: MODEL: 3000 sq. ft. 4 BR. FULL BMT. W/ OPT. FIN. BMT.

Contractor Company: DAVE H. JOHNSON
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____

Occupant or Tenant: DAVE H. JOHNSON
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: DAVE TAYLOR
 Contact Person: DAVE TAYLOR
 Address: 3024 DUNCEY HALL DR, SUITE 203
 City: ELLICOTT CITY State: MD Zip Code: 21112
 Phone: 410-764-1121 Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>11'8"</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: <u>1</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: <u>3000</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: <u>40'</u> <u>55'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: <u>35'</u> <u>55'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40'</u> <u>55'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
No. of Bedrooms: <u>4</u>	
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 _____	

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 THEREBY; (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: JEANNE P. DAVIS
 Title/Company: _____
 Date: _____

Print Name: JEANNE P. DAVIS
 Date: 4/20/00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee: \$ _____ Permit fee: \$ _____ Excess tax: \$ <u>272.00</u> Sub-total paid: \$ _____ Add'l permit fee: \$ _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ <u>272.00</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____ Check: \$ _____ Validation: _____
Dev. Engineering DPZ	<u>5/2/00</u>	<u>Mark E. Rye</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Lot Coverage for New Town Zone _____ SDP/Red-line approval date: _____
Health			Lot Coverage for New Town Zone _____ SDP/Red-line approval date: _____	Accepted by: _____
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				

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

HOWARD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH

APPLICATION

PERCOLATION TESTING

A 901160

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

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

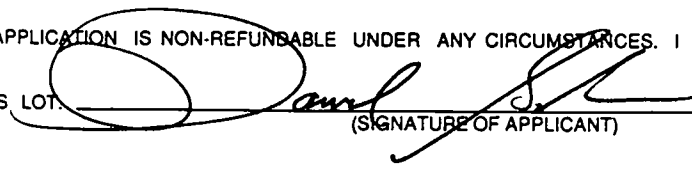
SUBDIVISION Trotter Hills LOT NO. 4

ROAD AND DESCRIPTION Trotter Road

TAX MAP 35 PARCEL # 4

SIZE OF LOT 6.021 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

5101160

COUNTY #

SOIL PROFILE

0'
5.0'
12.0'

or/red
cl 1m

brown
orange
sandy
clay
1m
quartz frags
20% shale
redox
features
WATER

6.5'
14.0'

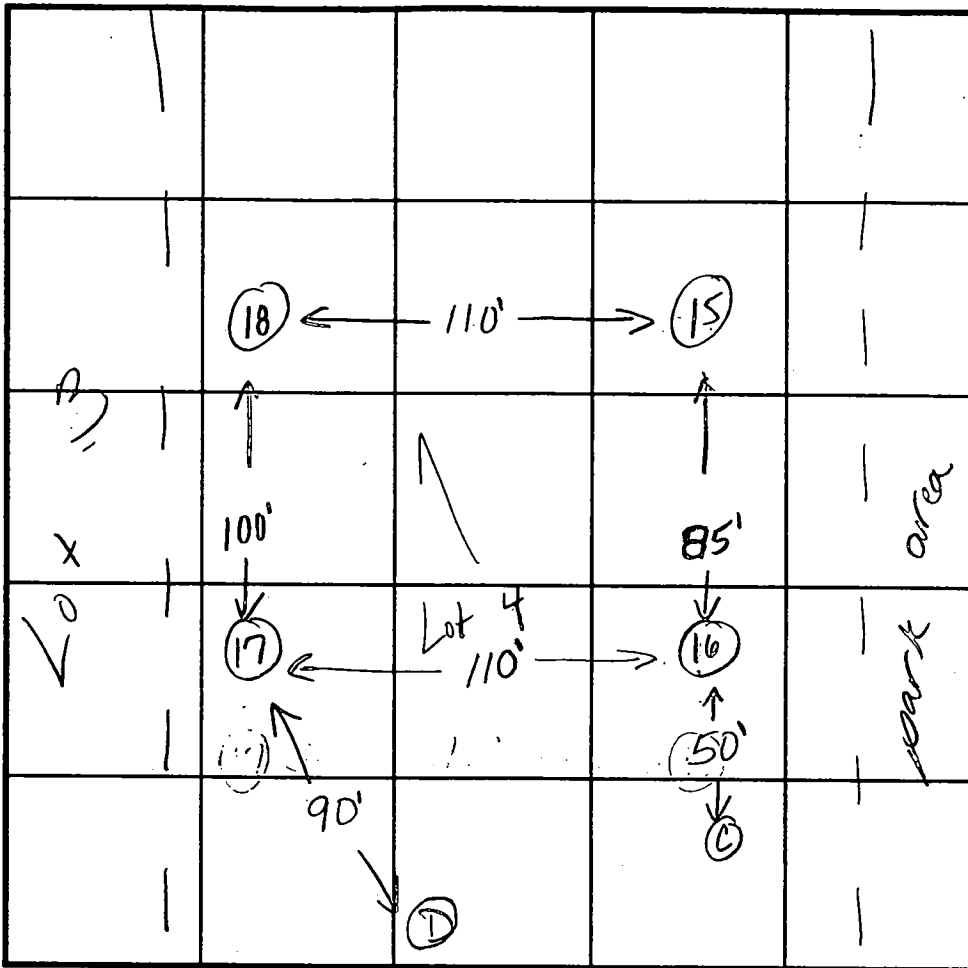
or/red
cl 1m

tan/or
sandy
clay
1m
15%
shale
frags

5.5'
14.0'

or/red
cl 1m

or/tan
sandy
cl 1m
with
quartz
frags
15%



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Trotter Rd.

SOIL PROFILE

0'
12.5'
13.5'

or/red
clay
sand
loam
with
Fe-dox
features
8.5'
to
bottom

WATER

C

or/red
cl 1m

red/br
scl 1m
20%
quartz
frags
granularity

6.0'
13.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5.18.98	15	4.9'S	12:38	12:40	12:40	12:40	stopped
		12.0'D	visual				see profile
	16	5.5'S	2:57	3:00	3:00	3:06	6min ✓
		14.0'D	visual	ok			see profile
	17	14.0'D	visual				see profile ✓
	18	13.5'D	visual	only			see profile
	C	6.0'S	3:10	3:20	3:20	3:45	25min ✓
		13.0'D	visual	ok			see profile
	D	15.0'D	visual	OK			see profile #17

REMARKS due to water table concerns hold for final decision

TYPE OF SOIL _____

TESTED BY Kim Maist ALSO PRESENT Fogles

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 16 minutes TRENCH WIDTH _____

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 9 SQ. FT./BEDROOM 240

REPAIRS SHALLOW

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

5D116
COUNTY #

SOIL PROFILE

(31)

topsoil

dk org
brn
cl Lm

med org
brn
si cl Lm

evidence
of mottles

water

(32)

topsoil

red brn
cl Lm

ll org
brn
to lt
brn
si Lm
15% R_x

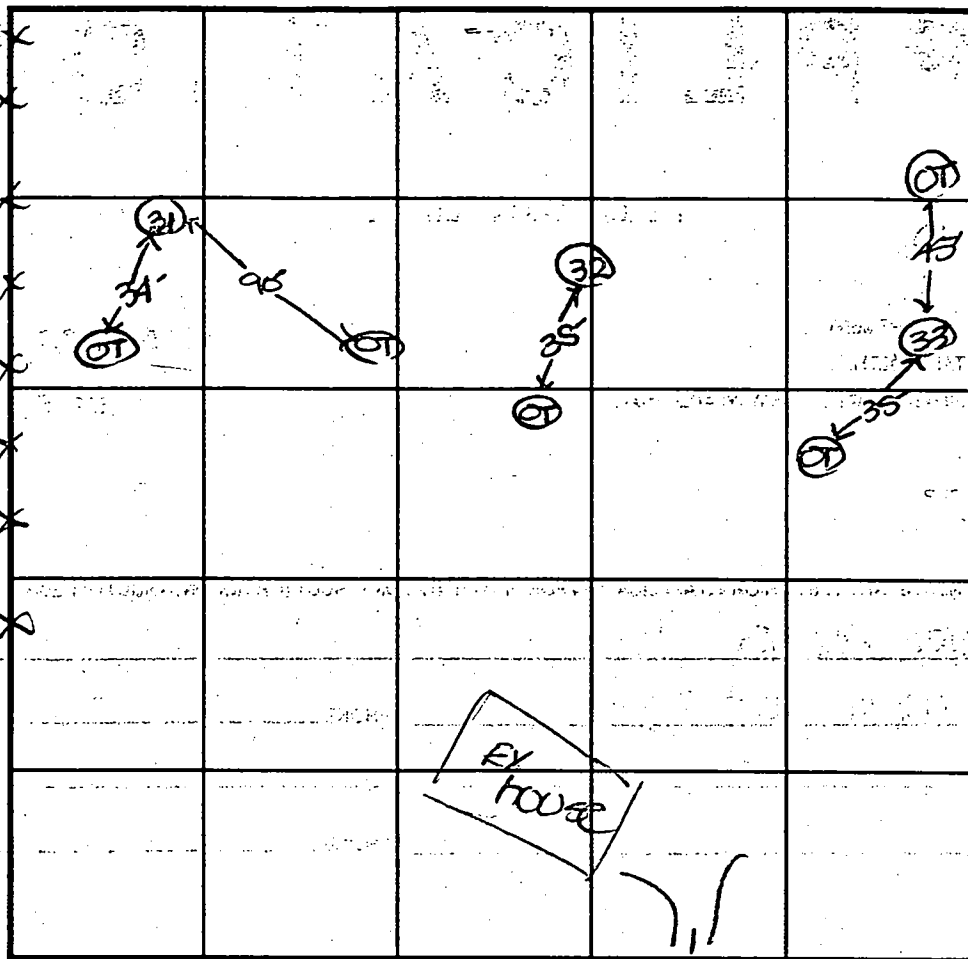
(33)

topsoil

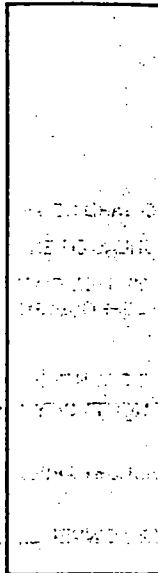
red brn
cl Lm

pale
org brn
si Lm

20% R_x



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

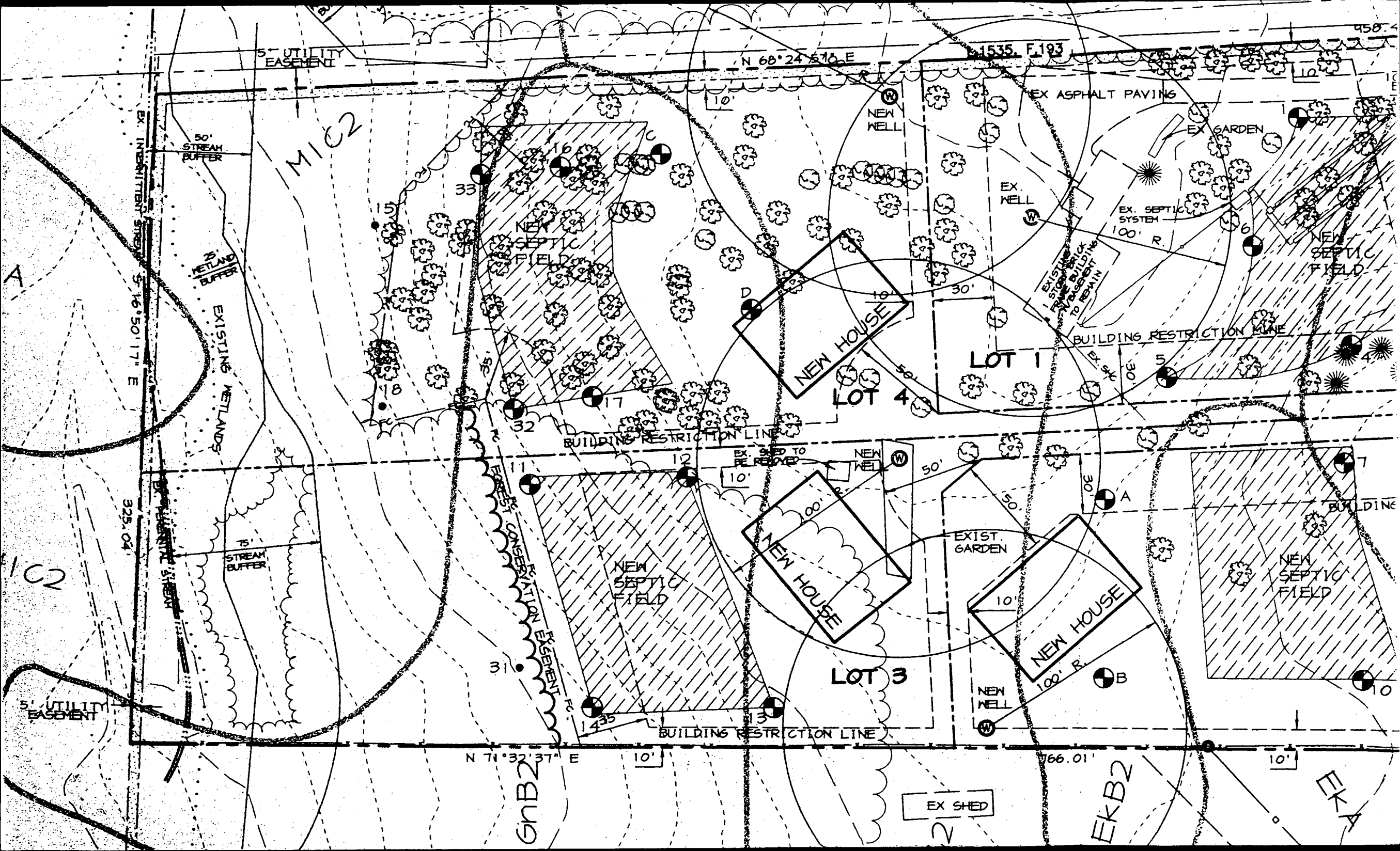
REMARKS: holes tested as stated. (31) = old test hole

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 _____



06781

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 510116D

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 6/23/99

Depth of Well 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 1094-2282

OWNER Sobas Daniel STREET OR RFD Trotter Rd TOWN Clarksuite SUBDIVISION Trotter Hills SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Shale, Silt, Sandstone, mica, whit mica, Tan & Brown mica.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, SCREEN RECORD.

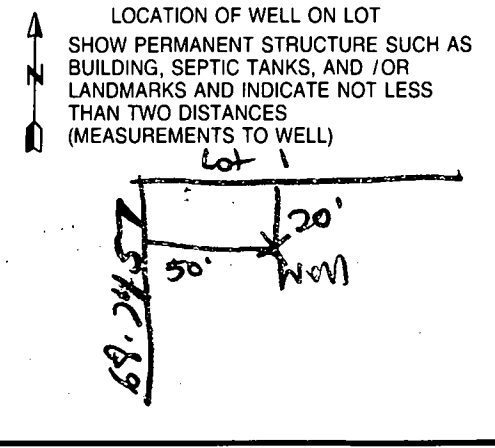
DEPTH (nearest ft.) table with columns for casing sections and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



Administrative section including NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER, DRILLERS LIC. NO. 1, DRILLERS SIGNATURE, LIC. NO. 1, SITE SUPERVISOR.

B 1 8771

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2282

Date Received (APA) 4/13/99

OWNER INFORMATION RN 7827

B 3

LOCATION OF WELL

CC#

Sobus Daniel R 5640 Trotter Rd Clarksville, Md 21029

Howard 8 COUNTY 21 Sobus Property Trotter Hills 23 SUBDIVISION SECTION 44 46 LOT 4 48 50 Clarksville 52 NEAREST TOWN 71

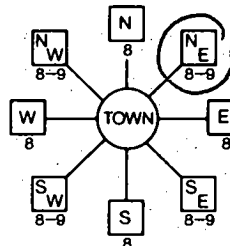
MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Trotter Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1000 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI. 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 A510116AD COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/28/99 CO SIGNATURE EXP. DATE 5/27/00 NORTH GRID 503 000 EAST GRID 0822 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3.

location on 6/24/99 SA4 Grant done prior to arrival for insp. X 14 Bags

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 503

000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

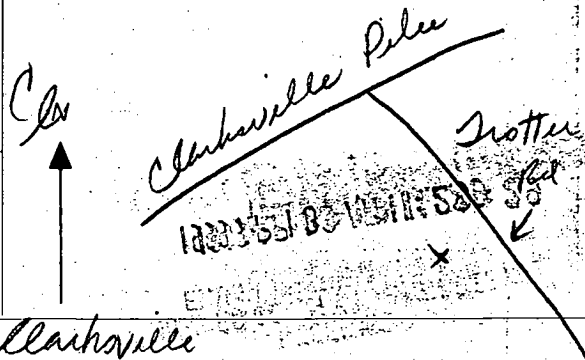
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

MAP 14 H6

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

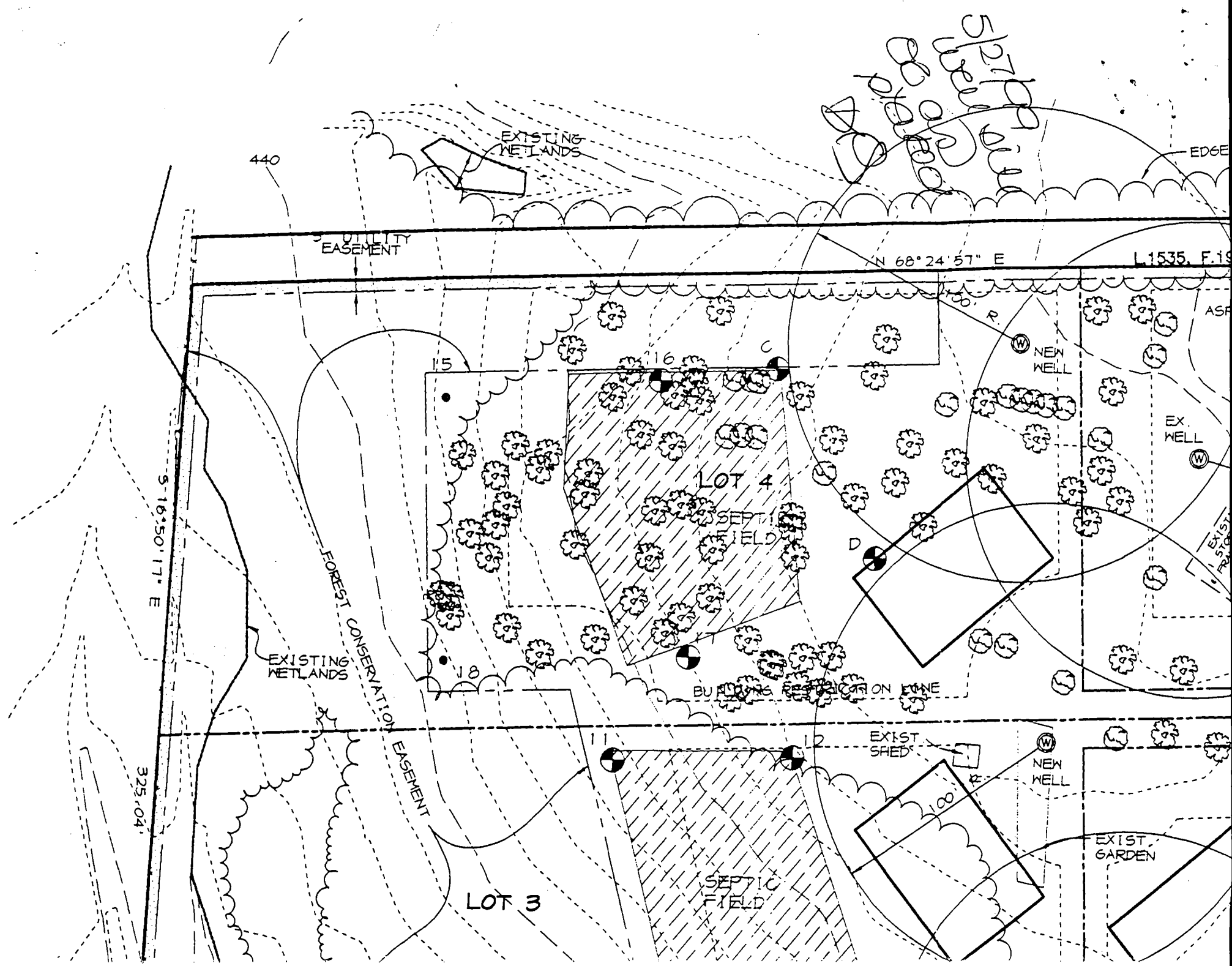
APPROX. PERMIT NUMBER GAP PERMIT No HO-94-2282



SPECIAL CONDITIONS

NO. 1 APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2ND



SPRING

440

UTILITY EASEMENT

EXISTING WETLANDS

$N 68^{\circ} 24' 57'' E$

L 1535. F. 19

$S 16^{\circ} 50' 17'' E$

325.04

FOREST CONSERVATION EASEMENT

EXISTING WETLANDS

15

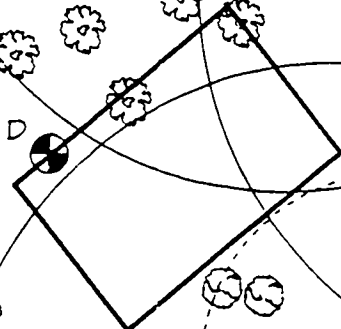
16

LOT 4

SEPTIC FIELD

NEW WELL

EXIST. WELL



BUILDING RESTRICTION LINE

EXIST. SHED

NEW WELL

EXIST. GARDEN

LOT 3

SEPTIC FIELD

100