~~7/27/00~~ Layout 11:00

3/15/01 10:30 - Layout and Later

RPS# 353017

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 514690

A 37387

ISSUE DATE 12/1/2000

INDEXED

APPROVAL DATE ~~3/15/01~~

Kenneth Mayne IS PERMITTED TO INSTALL X ALTER ___

ADDRESS 11723 Legore Bridge Road, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Dunfarmin Estates LOT NUMBER 16 ~~23~~ ADDRESS 5421 Jamesway Court

PROPERTY OWNER Kevin Beacraft PROPERTY OWNER'S ADDRESS 14035 Triadelphia Mill Rd.
Dayton, MD 21036

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180 ~~240~~ SPECS CHANGED SINCE FINAL SRA

LINEAR FEET OF TRENCH REQUIRED ~~480~~ ~~240~~ 180 USES ORIGINAL PERCS (37387)

TRENCHES: Trenches to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. 4.0 feet of stone below distribution box.

LOCATION: Set the distribution box 45 feet from the left front (341.89) lot line and 165 feet from the left-rear (274.68) lot line. Run trenches along contour towards the front of the property. 7/27/00 OK AU

PLANS APPROVED Amy Mc Millen DATE 7/24/00

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

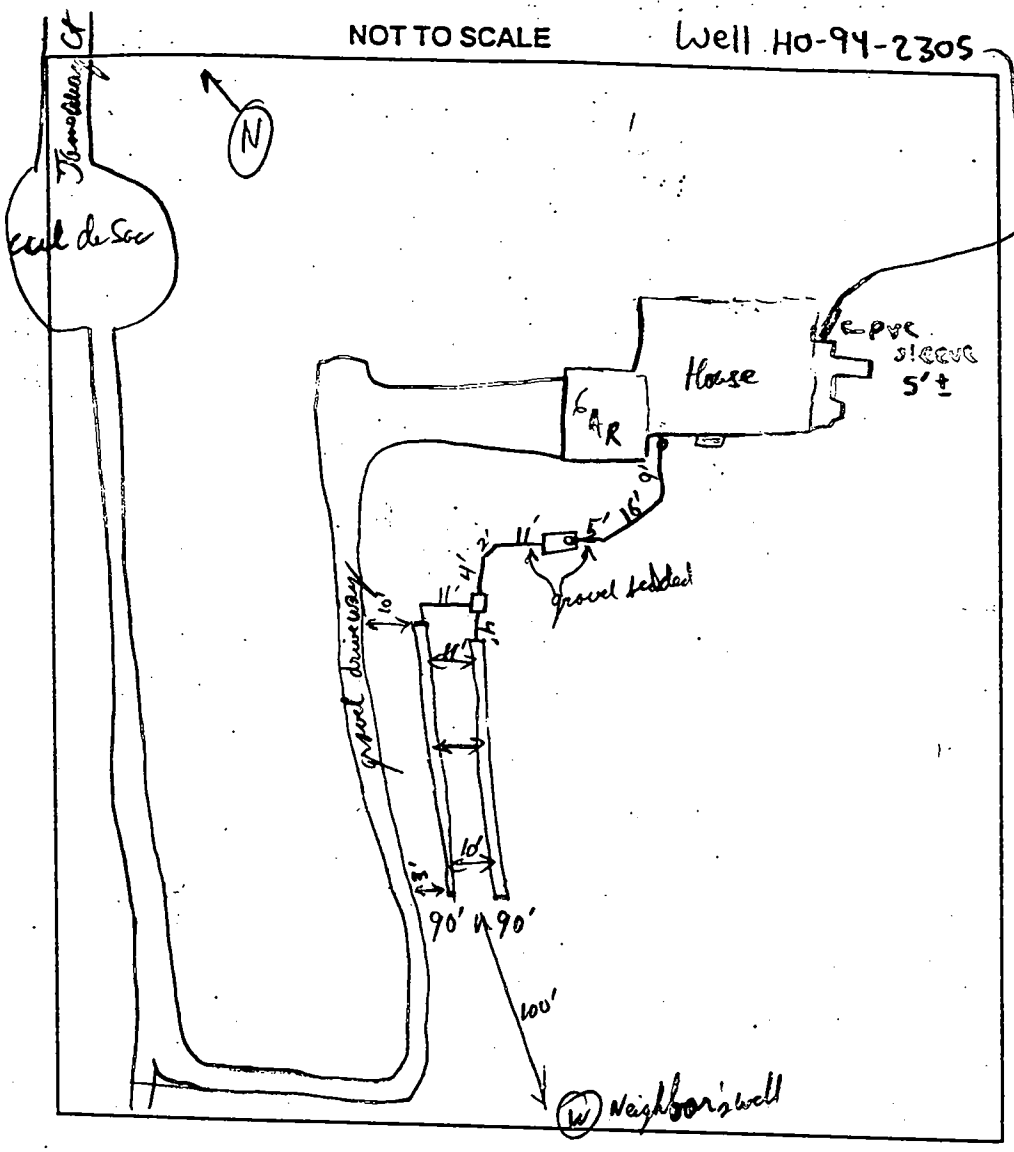
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

514690

NOT TO SCALE Well HO-94-2305



TRENCH DATA

TRENCH WIDTH 2'

TRENCH INLET DEPTH 4'

TRENCH BOTTOM DEPTH 8'

DEPTH OF STONE 4'

NUMBER OF TRENCHES 2 (90 ea)

TOTAL TRENCH LENGTH 180 LF

ABSORBENT AREA 720 sq ft

DISTRIBUTION BOX LEVEL yes

BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS

MANHOLE RISER NA

6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA

MANHOLE RISER

ALARM

PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: Site almost linear, parallel to driveway. Should be easy to install. RJB 3/15/01

INSPECTION COMMENTS: House Connection OK, S.T. OK, Baffles "T" OK, Trench OK, Dist Box OK
OK to cover all work. RJB 3/15/01

INSPECTOR RJ Bailey DATE SYSTEM APPROVED 3/15/01

APPLICATION

A 37387

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 6

DATE 7-14-86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER S-Turner Nichols & James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 531-2505
Clarksville

PROPERTY LOCATION:

SUBDIVISION Dunfarnin LOT NO. 49 (16)

ROAD AND DESCRIPTION Fee Simple, pipe stem lot from New Street - off Tea Oaks Road

SIZE OF LOT 3 Ac TYPE BLDG. _____
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James S. Nichols

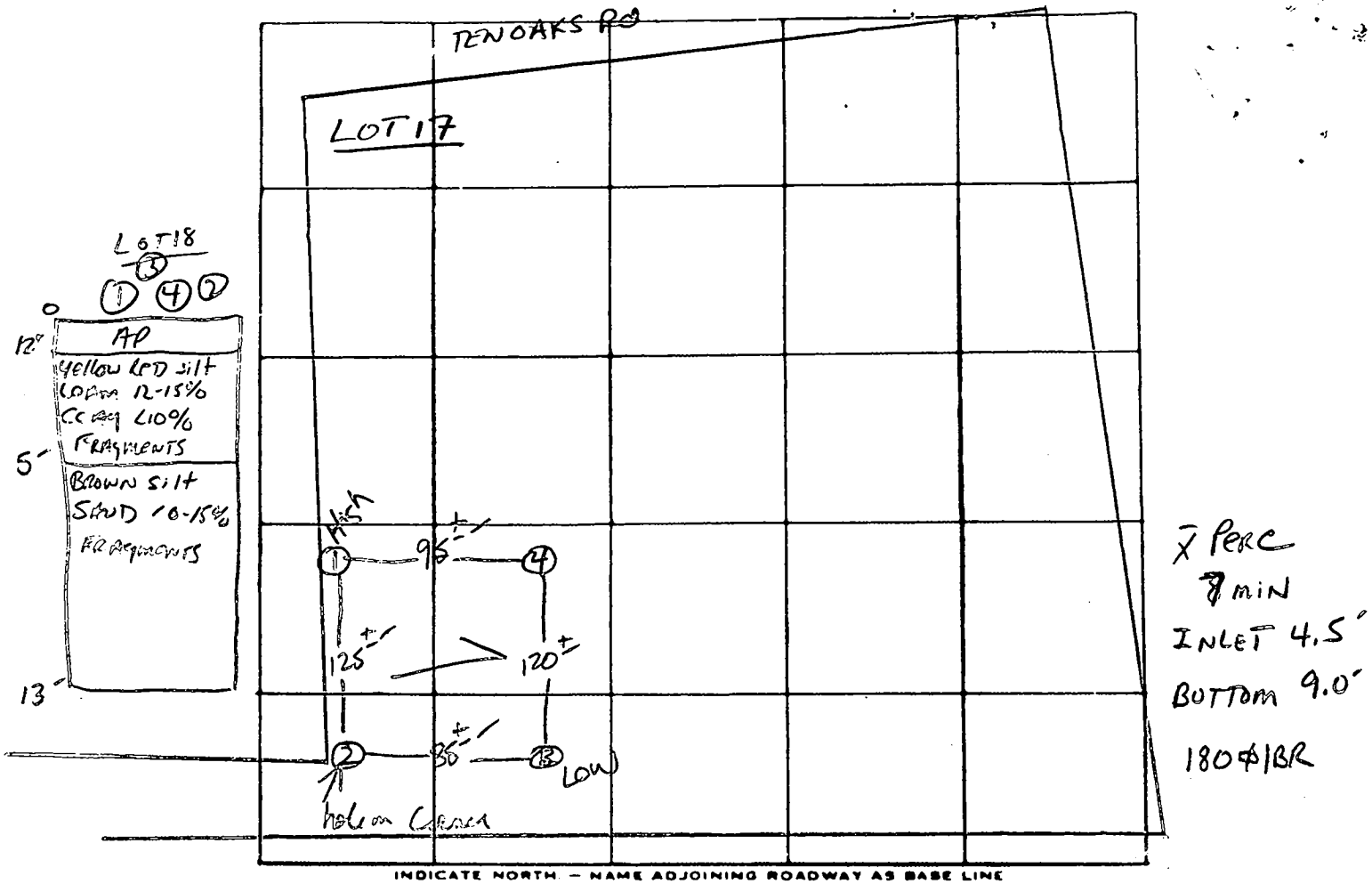
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8-27-86 Perc Satisfactory; Hold For Subdivision Plat. SBBL

THIS IS NOT A PERMIT



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
8/27/86	1 S 1 M	5'- 9'-	10:43 10:43	10:44 10:48	10:44 10:48	10:46 11:03	2 MIN 15 MIN
	1 V	13'	UNIFORM	SOIL below	SW 5'		
	2 V	14'	UNIFORM	SOIL below 4.5'			
	3 S 3 V	4' 13.5	10:47 UNIFORM	10:50 SOIL BELOW	10:50 SW 4'	10:59	9 MIN
	4 S 4 V	4.5 14	10:44 UNIFORM	10:45 SOIL below	10:45 SW 4.5'	10:46	1 MIN

REMARKS HOLES DIFF THAN PLAT

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT: J. Mock & Co

11/2/98
10:00

APPLICATION

PERCOLATION TESTING

A 511036

P

DISTRICT

DATE 10/14/98

Proposal to resubdivide - w/ LOT 18, but this potential buyer ended up not purchasing Lot 16

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 Darren A. Lilly

ADDRESS 5405 Jamesway Ct. Clarksville MD. 21029 PHONE 410-336-0790

AGENT OR PROSPECTIVE BUYER

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Dunfarmin Estates LOT NO.

ROAD AND DESCRIPTION Jamesway Ct.

TAX MAP 34 PARCEL # 292

SIZE OF LOT 1 acre 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.

(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

0' A-1

1' topsoil

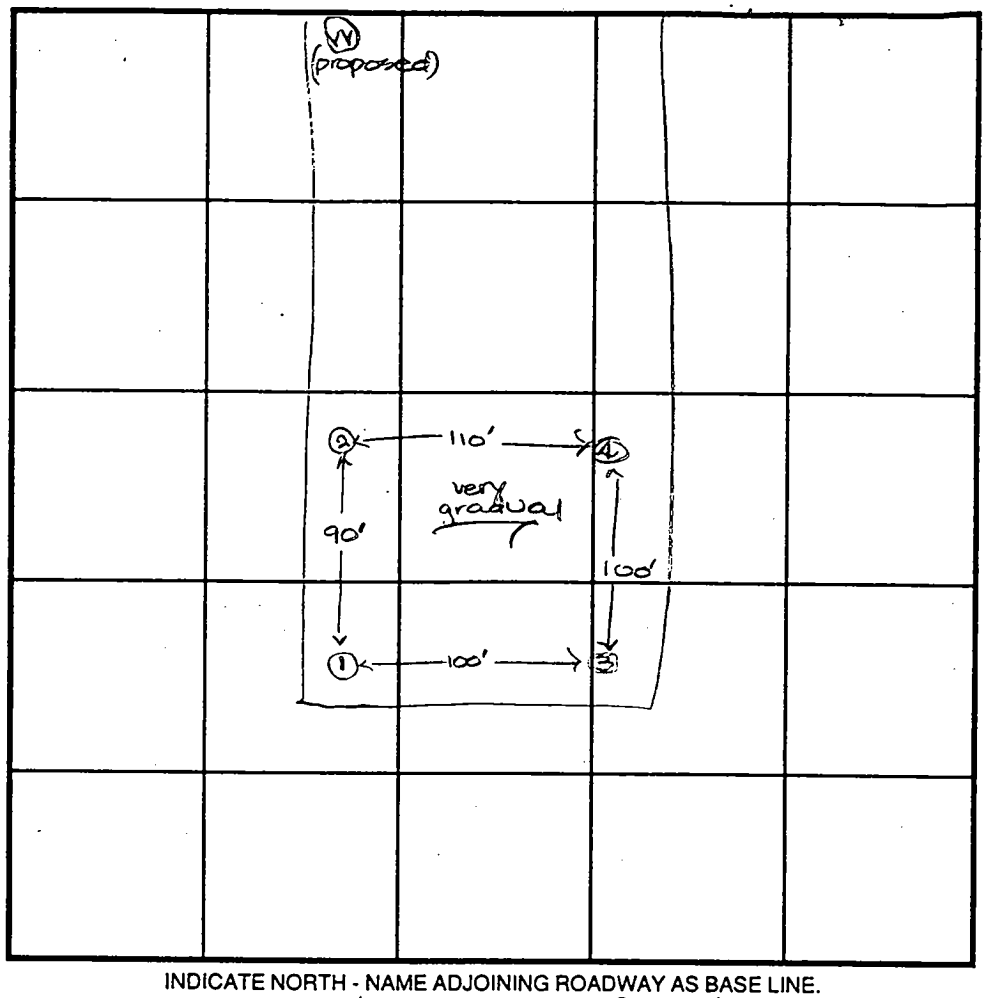
org bm cl lm

4.5'

pale pk tan sa lm w/mica flecs

25-30% rock frags

12



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Jamesway Court

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11-2-98	1	4.5'S	10:32	10:37	10:37	10:45	8
		12.0'D	visual	- see	profile		OK
	2	4'8"S	10:36	10:38	10:38	10:47	9
		12.0'D	visual	- see	profile		OK
	3	4.5'S	11:00	little	slow	→	OK below
		12.0'D	visual	- see	profile		OK
	4	5'4"S	10:58	11:03	11:03	11:10	7
		12.5'D	visual	- see	profile		OK

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY D. Soe ALSO PRESENT D. Lilly

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 TRENCH WIDTH 3

INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT/BEDROOM 210

11/5/98
10:00

APPLICATION

PERCOLATION TESTING

A 511036

P _____

DISTRICT _____

DATE 10/14/98

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 Darren A. Lilly

ADDRESS 5405 Jamesway Ct. Clarksville MD. 21029 PHONE 410-336-0790

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Dunfarmin Estates LOT NO. Lot 18

ROAD AND DESCRIPTION Jamesway & Ct.

TAX MAP 34 PARCEL # 292

SIZE OF LOT 1 acre 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. _____
(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

0'

(5)

topsoil

1'

red brn cl lm

4.5'-5'

pale red org brn sa lm w/mica flecs

15-20% rock frag

14'

0'

(6)

topsoil

1'

red brn cl lm

5'

pale org brn sa lm w/mica flecs

25-30% rock frag

13'9"

0'

(7)

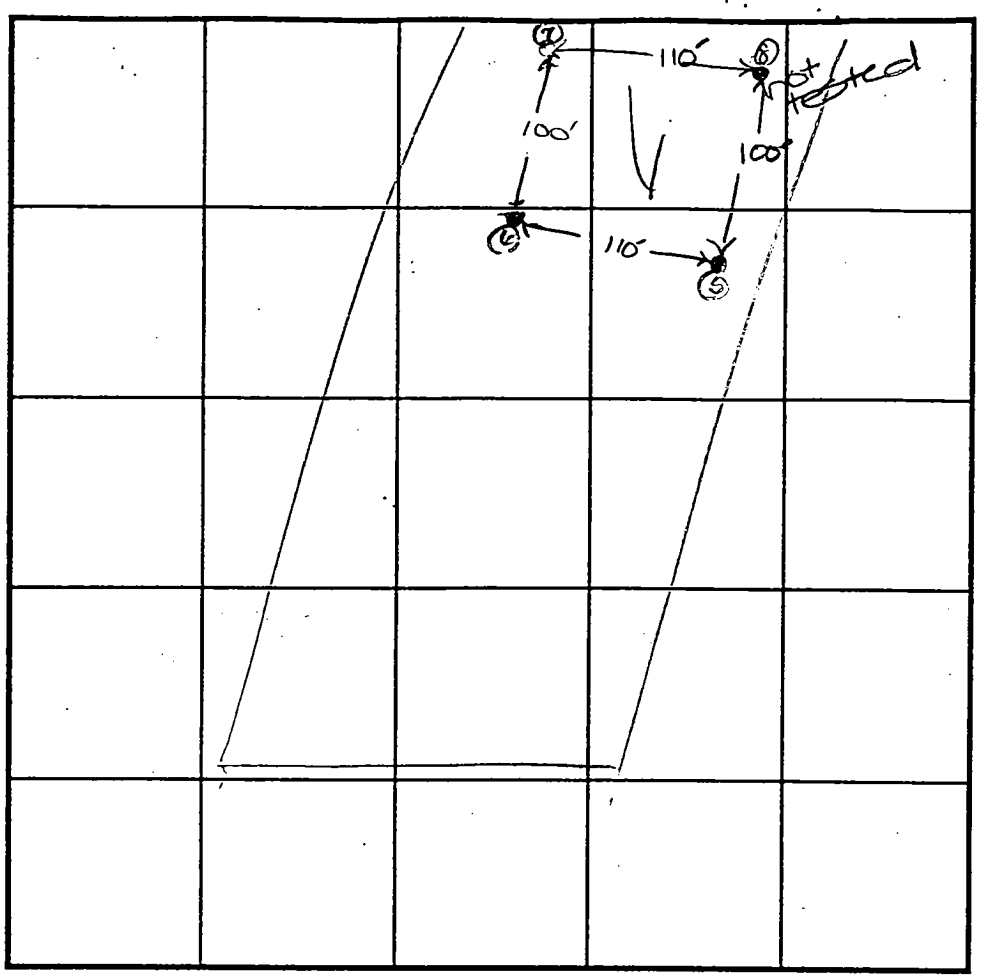
topsoil

1'

red org brn cl lm

dk pk brn sa lm w/mica flecs (moist)

14'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11-2-98	5	5.0'S	11:44	11:48	11:48	11:52	4
		14.0'D	visual	- see	profile		Hold
	6	5.0'S	12:21	slow	—	—	→
		13'9"D	visual	- see	profile		Hold
	7	5.0'S	11:06	slow	—	—	→
		14.0'D					Hold

(Hold for wet season)

REMARKS test holes not staked (all measurements are approx.)

TYPE OF SOIL

TESTED BY D. Soe ALSO PRESENT D. Lilly

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

A. CENT.	CHORD	CHORD BEARING
74.91'	145.99'	N 15° - 16' - 45" E
20.23'	33.54'	N 31° - 41' - 16" W

SHEET 1 OF 3

— □, IRON PIPES ARE SHOWN THUS — ∘

-85 COMPREHENSIVE ZONING PLAN

HE MINIMUM OWNERSHIP WIDTHS AND
ND STATE DEPARTMENT OF HEALTH

C.S. WHITAKER
L. 562 F. 484

D.C. BURBY
L. 1109 F. 258

CHOLS
F. 84

S 15°- 59'- 35" E 476.00'

566.04'

35.00'

441.00'

60'

BRL

30'

LOT 16
3.847 Ac±

F 88-96

N 83°- 16'- 56" E 274.68'

S 86°- 20'- 00" E 366.01'

N 03°- 40'- 00" E 250.00'

R=190.00'

N 00°- 57'- 07" W 341.89'

DT 18
875 Ac±

LOT 17
3.001 Ac±

S 14°- 30'- 43" E 392.63'

S 86°- 20'- 00" E 292.46'

S 86°- 20'- 00" E 353.07'

S 15°- 25'- 20" E 396.19'

S 15°- 25'- 20" E 431.75'

46.21'

R=50.00'

50.00'

130'

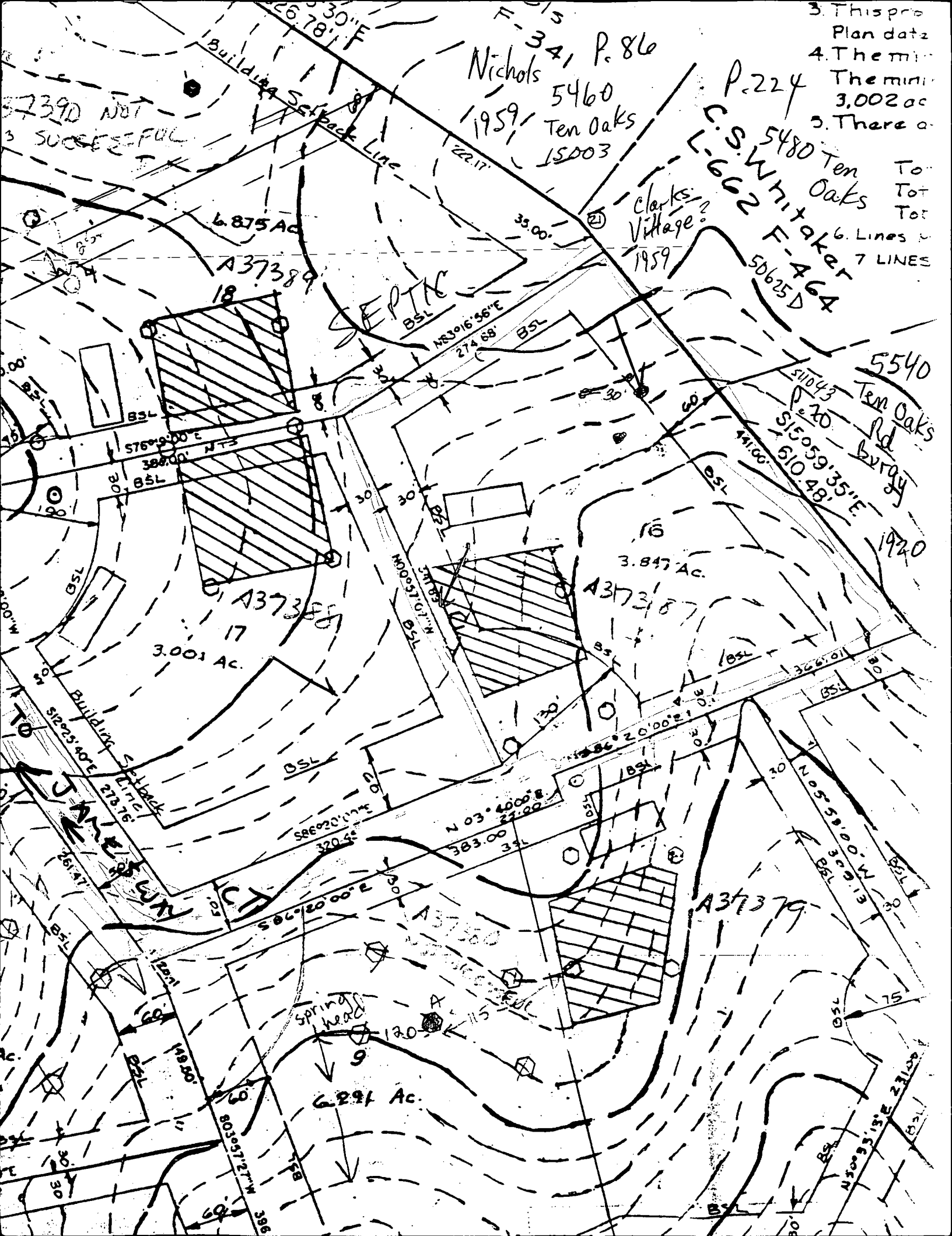
75'

JAMESWAY
Ct

MATCH LINE SEE SHEET 2 OF

MATCH LINE SEE

26 34 71 73 72 70


3. This pro
Plan date
4. The mi
The mini
3,002 ac
5. There a
Building Setback Line
F-341, P. 86
Nichols
5460
1959
Ten Oaks
15003
P. 224
5480 Ten Oaks
C.S. Whitaker
L-662 F-464
50625D
Clarks Village
1959
6.875 Ac
A37389
18
SEPTIC
BSL
N83°16'56"E
274.68'
5540
Ten Oaks Rd
Surry
1920
S15°59'35"E
610.48'
S76°39'00"E
386.00'
16
3.847 Ac.
A37387
17
3.003 Ac.
N00°57'07"W
311.89'
S12°53'40"E
278.76'
S86°20'00"E
320.54'
N 03°40'00"E
383.00'
N 05°59'00"W
309.13'
S06°20'00"E
261.47'
A37379
A37380
Spring Head
9
6.291 Ac.
N03°33'13"E 231.00'
N03°57'27"W 396
TO
JAMESTOWN

11/2/98
10:00

APPLICATION

PERCOLATION TESTING

A 511036

P _____

DISTRICT _____

DATE 10/14/98

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 Darren A. Lilly

ADDRESS 5405 Jamesway Ct. Clarksville MD. 21029 PHONE 410-336-0790

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Dunfarmin Estates LOT NO. _____

ROAD AND DESCRIPTION Jamesway Ct.

TAX MAP 34 PARCEL # 292

SIZE OF LOT 1 acre 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. _____
(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 #

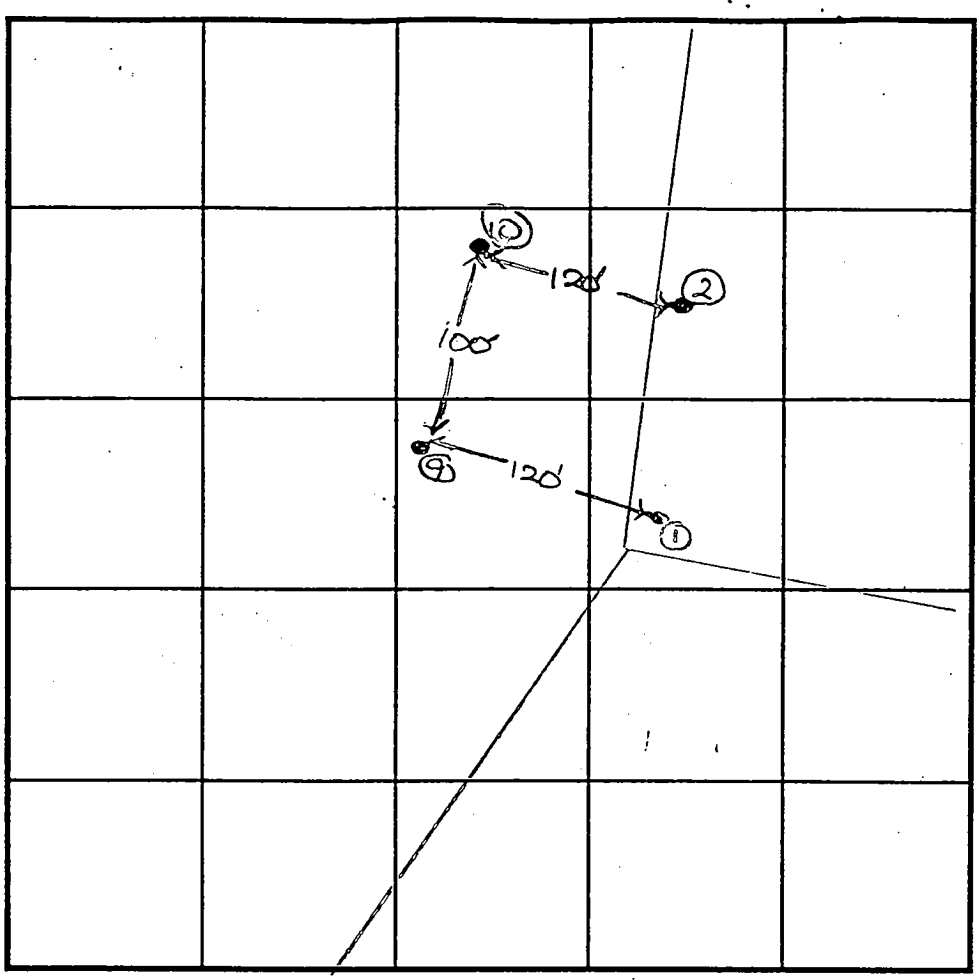
SOIL PROFILE

(9)

0'
topsoil
1'
org brn si lm
3.5'
pale org tan si lm w/mica flecs
25% rock frag
11'

(10)

0'
topsoil
1'
red org brn si lm
3.5'
pale pk tan si lm w/few mica flecs
20% rock frag
11'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Jamesway Court

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11-2-98	9	4.0'S	3:30	3:35	3:35	3:40	5
		11.0'D	Visual	- See	profile		OK
	10	11.0'D	Visual	- See	profile		OK

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY D. Syse ALSO PRESENT D. Lilly

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3

INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT/BEDROOM 180

3/20/01
Q.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # ____
Date 3/19/01

Name of Installer T&R Plumbing And Heating Telephone 301-725-2392

License Number 7079
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Kevin Becraft Telephone 301-854-2005
Subdivision Dunfarmin Estates Lot # 116 Well Tag # HD-94-2305
Site Address 5421 Jamesway Ct., Clarksville, MD. 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Gould
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 ____

Motor
1. Horsepower 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make Harvard
2. Model # ____
3. Depth 4'

Tank
1. Capacity 250 gal equiv.
2. Pressure relief valve? Yes

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

Well data
1. Depth 350 ft.
2. Yield 2 GPM
3. Static water level 23 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.

3/20/01 - WPI OK except electrical conduit. Installer used well pipe instead of PVC. Told Builder and Installer to fix (SRK)

Signature of Applicant: [signature]

Date: 3-19-01

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

HD-215

4/6/01 - CONDUIT FIXED
WPI FINALED - (SRK)

C 1 06610 — SEQUENCE NO. (MDE USE ONLY)

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

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

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

COUNTY NUMBER A37387

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 6-30-99

Depth of Well: 350 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2305

OWNER: Becraft (last name) Liz + Kevin (first name)

STREET OR RFD: Jamesway Ct TOWN: Clarksville

SUBDIVISION: DUNFARMIN SECTION: LOT: 16

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Brown MICA Soil	0	20'	
Light Brown MICA	20'	40'	
Dark Brown MICA	40'	50'	
Soft TAN Weathered MICA Rock	50'	55'	
MED HARD Gray MICA Rock	55'	350'	
		73 ✓	
Dry Hole Sealed with Rock Cutting + Cement grout	0	400'	

NUMBER OF UNSUCCESSFUL WELLS: 1

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.: M 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M 549

Mark S Jones

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 15 NO. OF POUNDS 1440

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (TOP) ft. to 60 (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)
PI	6	60

EACH CASING — OTHER CASING (if used)

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

	DEPTH (nearest ft.)		
EACH SCREEN 1	HO	60	350
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

from ____ to ____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T ____ (E.R.O.S.) ____ W Q

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min.): 2.

METHOD USED TO MEASURE PUMPING RATE: Watch Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 23 ft.

WHEN PUMPING: 205 ft.

TYPE OF PUMP USED (for test)

[A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

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

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. ____

CAPACITY GALLONS PER MINUTE (to nearest gallon) ____

PUMP HORSE-POWER ____

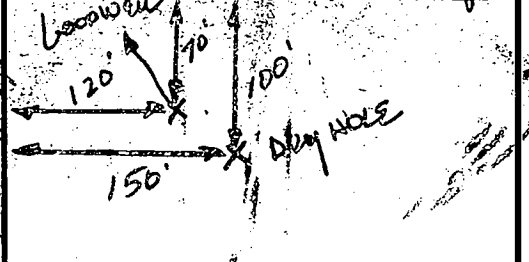
PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE

2 (nearest foot)

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



COUNTY

Page 1 of 2
Date 10-30-99

Review ec 7/12/99 DCS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2305
Location of property (road) JAMESWAY CT
Subdivision DUN FARMIN Lot 11e Block ____ Plat ____ Sec. ____
Well Driller BARLOW Owner BECRAFT Liz/KEVIN

Depth of well 350.
Distance of measuring point (M.P.) above ground ____
Static water level (S.W.L.) below M.P. ____

I. High rate pumping -- reservoir drawdown

Time pump started ____ Pumping rate 2
Total time ____ to reach pumping water level ____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	23'	6 sec		10
7:45	64'	6 sec		10
8:00	73'	8 sec		7.5
8:15	102'	8 sec		7.5
8:30	137'	12 sec		5
8:45	202'	30 sec		2
9:00	202'	30 sec		2
9:15	202'	30 sec		2
9:30	202'	30 sec		2
9:45	202'	30 sec		2
10:00	202'	30 sec		2
10:15	202'	30 sec		2
10:30	202'	30 sec		2
10:45	202'	30 sec		2
11:00	202'	30 sec		2
11:15	202'	30 sec		2
11:30	202'	30 sec		2
11:45	202'	30 sec		2
12:00	202'	30 sec		2
12:15	202'	30 sec		2
12:30	202'	30 sec		2
12:45	202'	30 sec		2
1:00	202'	30 sec		2
1:15	202'	30 sec		2

HD-224

Page 2 of 2
Date 6-30-99

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2305
Location of property (road) JAMES Way CT
Subdivision DUNFARMIN Lot 110 Block 20 Plat _____ Sec. _____
Well Driller BARLOW Owner BECRAFT LIZ / KEVIN

Depth of well 350
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate 2
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:30	202'	30 sec		2
1:45	202'	30 sec		2
2:00	202'	30 sec		2
2:15	202'	30 sec		2
2:30	202'	30 sec		2
2:45	202'	30 sec		2

HD-224

301-854-2005 EMERGENCY/TEMP NO. IF ANY W5119038 ✓

B 1 16610 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER HO-94-2305
fill in this form completely

Date Received (APA) 05 24 99 (MM DD YY)

OWNER INFORMATION
BECRAFT (Last Name) LIZ & KEVIN (First Name)
14035 Triadelphia Mill Rd (Street or RFD)
DAYTON (Town) MD (State) 21036 (Zip)

DRILLER INFORMATION
MICHAEL BARLOW (Driller's Name) MW D 355 (License No.)
MICHAEL BARLOW Well Drilling Svc Inc (Firm Name)
912 FAWN COURT JOPPA, MD 21085 (Address)
Signature 5/21/99 Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

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

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP
PERMIT No. HO-94-2305

B 3 LOCATION OF WELL
Howard (COUNTY)
Dunfarmin (SUBDIVISION)
SECTION LOT 16
~~DAYTON~~ Clarksville (NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town) 3 M

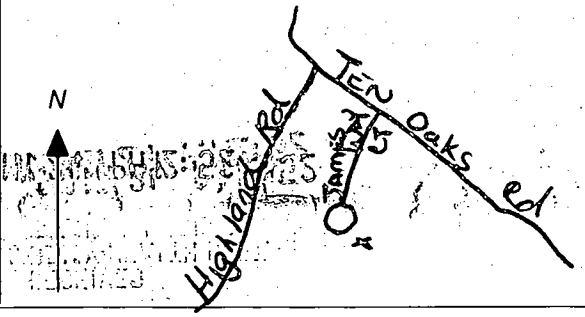
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

Jamesway CT (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, WEST W, 32, E EAST, S SOUTH
DISTANCE FROM ROAD 800 ENTER FT OR MI Ft.
TAX MAP: 28 BLK: 21 PARCEL 292

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (COUNTY NAME) A37387 (COUNTY NO.)
STATE SIGNATURE INSERT S
DATE ISSUED 06 25 99 Mark E. Elkin CO SIGNATURE 6/25/00 EXP. DATE
NORTH GRID 504 000 EAST GRID 0808 000

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 8008
N 5X004

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



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

DENV-Permit 97 ② COUNTY

Page _____ of _____ Review _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2305
Location of property (road) Jamesway Ct
Subdivision DUNFARMIN Lot 16 Block ____ Plat ____ Sec. ____
Well Driller Barlow Owner Becraft, Liz/Kevin

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

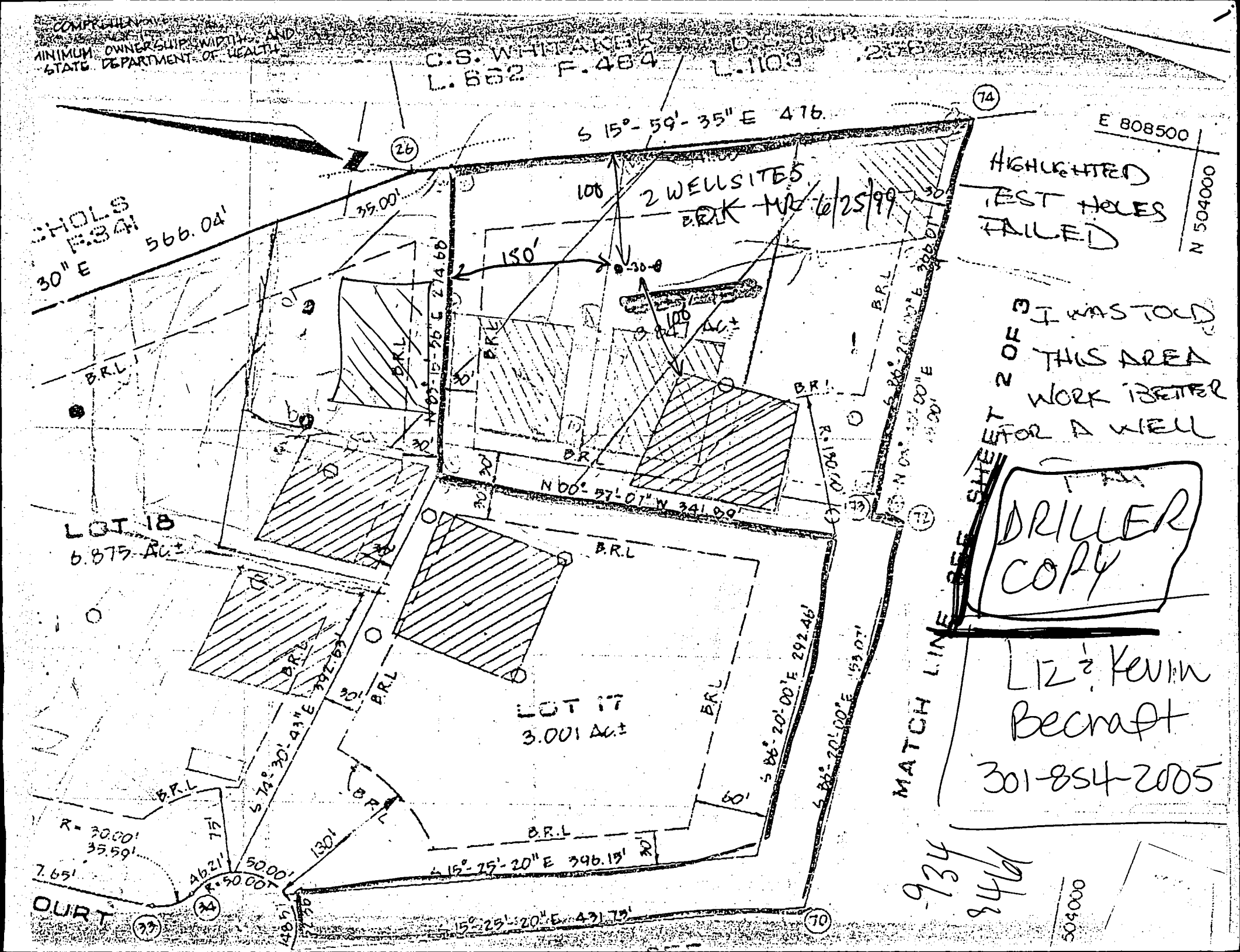
I. High rate pumping -- reservoir drawdown

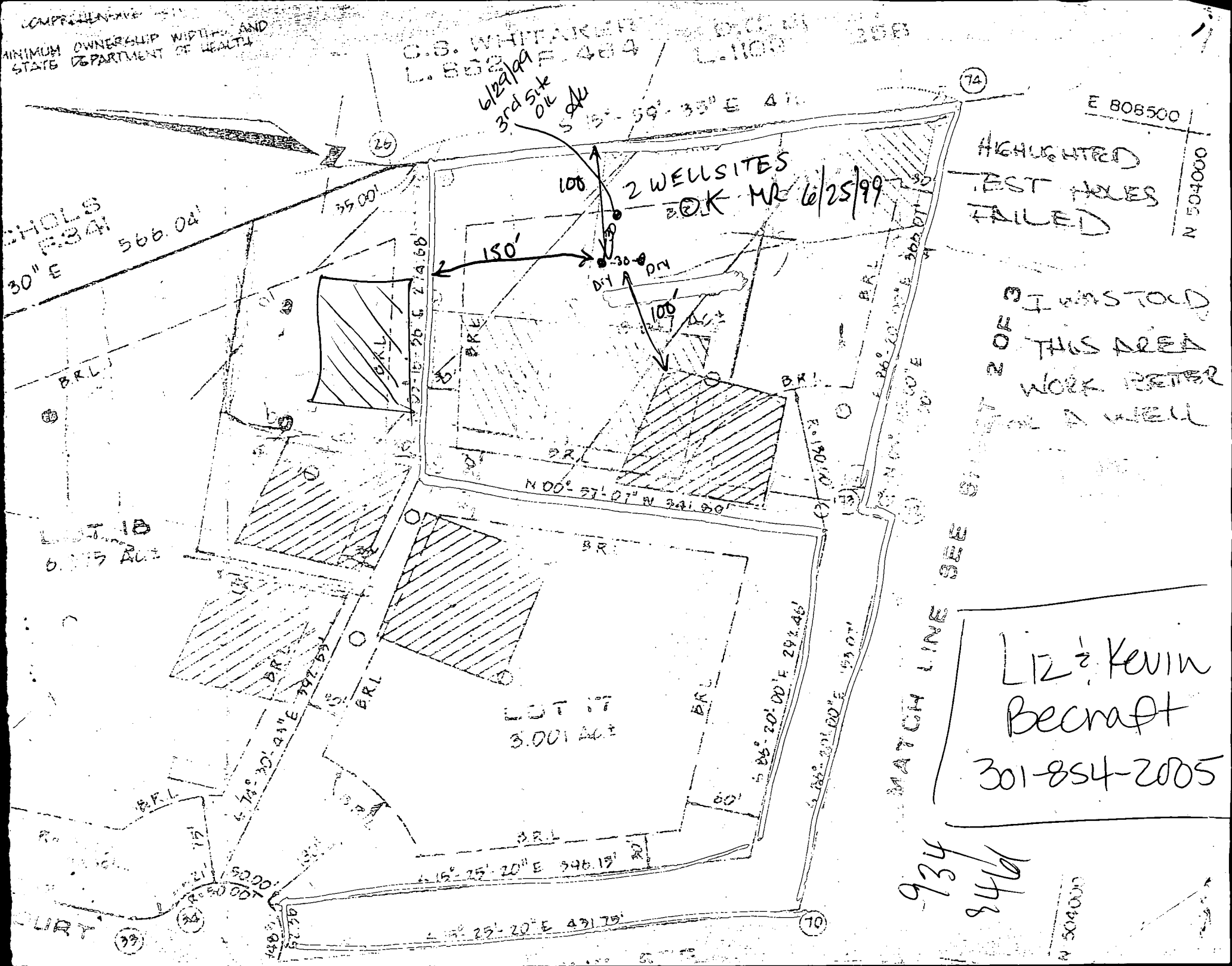
Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

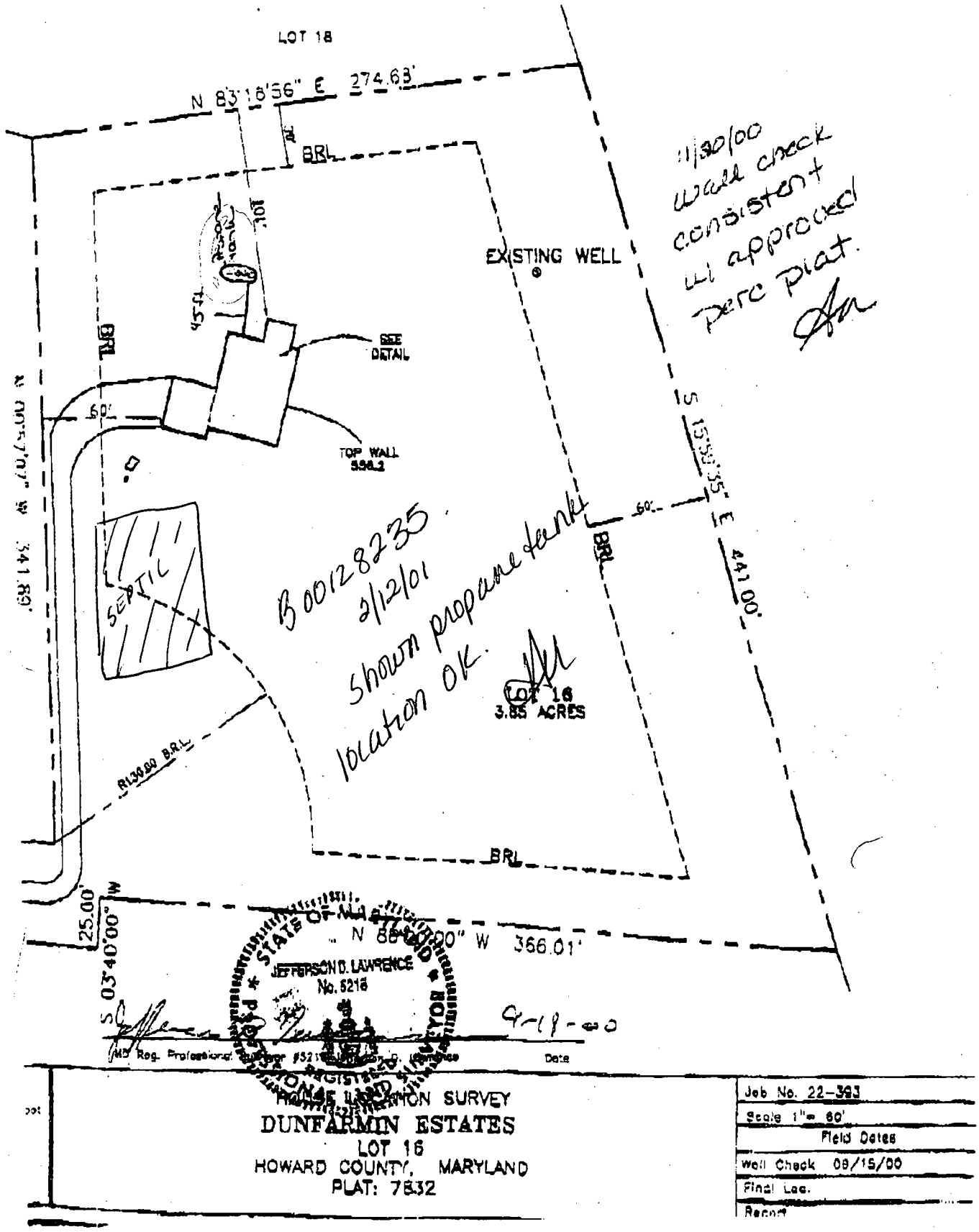
TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224


COMPREHENSIVE
MINIMUM OWNERSHIP, SWIMMING AND
STATE DEPARTMENT OF HEALTH
C.S. WHITAKER
L. 652 F. 484
L. 1103
S 15°-59'-35" E 476.
E 808500
N 504000
HIGHLIGHTED
TEST HOLES
FAILED
2 WELLSITES
B.R.L. 6/25/99
100
150'
566.04'
35.00'
274.68'
100
9.84 Ac.±
I WAS TOLD
THIS AREA
WORK BETTER
FOR A WELL
SHEET 2 OF 3
DRILLER
COPY
LOT 18
6.875 Ac.±
LOT 17
3.001 Ac.±
N 60°-57'-07" W 341.99'
S 15°-59'-35" E 396.15'
S 15°-25'-20" E 431.73'
MATCH LINE
LIZ & KEVIN
Becraft
301-854-2005
OURT


COMPREHENSIVE
MINIMUM OWNERSHIP WIDTH AND
STATE DEPARTMENT OF HEALTH
C.B. WHITAKER ET
L. 868 F. 484
L. 1103
256
6/29/99
3rd site
OK
S 15° 59' 35" E
74
E 808500
N 504000
HIGHLIGHTED
TEST HOLES
FAILED
2 WELLSITES
OK MR 6/25/99
100
150'
30-0 DIA
100'
35.00'
566.04'
30" E
BRL
N 00° 51' 07" W 341.80'
N 00° 51' 07" W 274.68'
S 00° 51' 07" E 300.01'
S 00° 51' 07" E 341.80'
I WAS TOLD
NO
THIS AREA
WORK BETTER
FOR A WELL
LOT 10
6.115 Ac.±
LOT 10
3.001 Ac.±
S 74° 30' 49" E 397.53'
S 85° 20' 00" E 294.46'
S 85° 20' 00" E 55.01'
S 15° 25' 20" E 346.19'
S 15° 25' 20" E 431.29'
60'
50.00'
50.00'
BATCH LINE SEE
LIZ & Kevin
Becraft
301-854-2005
934
944
N 504000
24
33
70

BEARING	DELTA ANGLE	TANGENT
74°34'03" E	59°50'43"	28.86'



PROPOSED LOCATION SURVEY

DUNFARMIN ESTATES

LOT 16

HOWARD COUNTY, MARYLAND

PLAT: 7832

Job No.	22-393
Scale	1" = 60'
Field Dates	
Well Check	09/15/00
Final Loc.	
Record	

O'Connell Lawrence

564'
562'
560'
558'
556'
274.68'
L4
30
BRL
105'
100'
WELL
30'
LOD
INV=552.0'
PROPOSED HOUSE
FF 557.0'
BF 547.0'
GAR
GF 555.0'
60'
195'
60
C/O INV=551.5'
L3
341.89'
80'
115'
114'
111'
109'
107'
81'
49'
SEPTIC AREA
Total linear feet of trench required 280 feet
20 feet
8.0
Depth of trench required below distribution pipe 4.0 feet
Approved Septic System Plan
Weld County Health Department
LOT 16
3.85 ACRES
Amy McNeil 7/24/00
Signature Date
275'
L7
55'
L6
30
BRL