

LAYOUT 6/4/2004 9-9:30 INSP 4 \_\_\_\_\_  
INSP 2 6/7/04 PM INSP 5 \_\_\_\_\_  
INSP 3 6/22/04 10:00 INSP 6 \_\_\_\_\_

ISSUE DATE: 3/25/2004

APPROVAL DATE: 6/22/04

## PERMIT INDEXED

P 520118

A 49877-C

### ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

03-331040

South Carroll Backhoe IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Woodsford Grant II LOT NUMBER: 11

ADDRESS: 11191 Willow Green Way PROPERTY OWNER: C Knudsen Development

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: ~~150~~ 150

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Start the first trench about 15 feet downhill of the highest corner easement stake (See the permit plan). Run trenches on contour towards the opposite side of the easement. Keep the septic tanks out of the swale.
NOTES:	Run the well line on the opposite side of the septic easement from the septic line. Keep the water line at least 10 feet from the septic easement.

PLANS APPROVED: Brian Baker OK/MR DATE: 9/12/2003

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

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

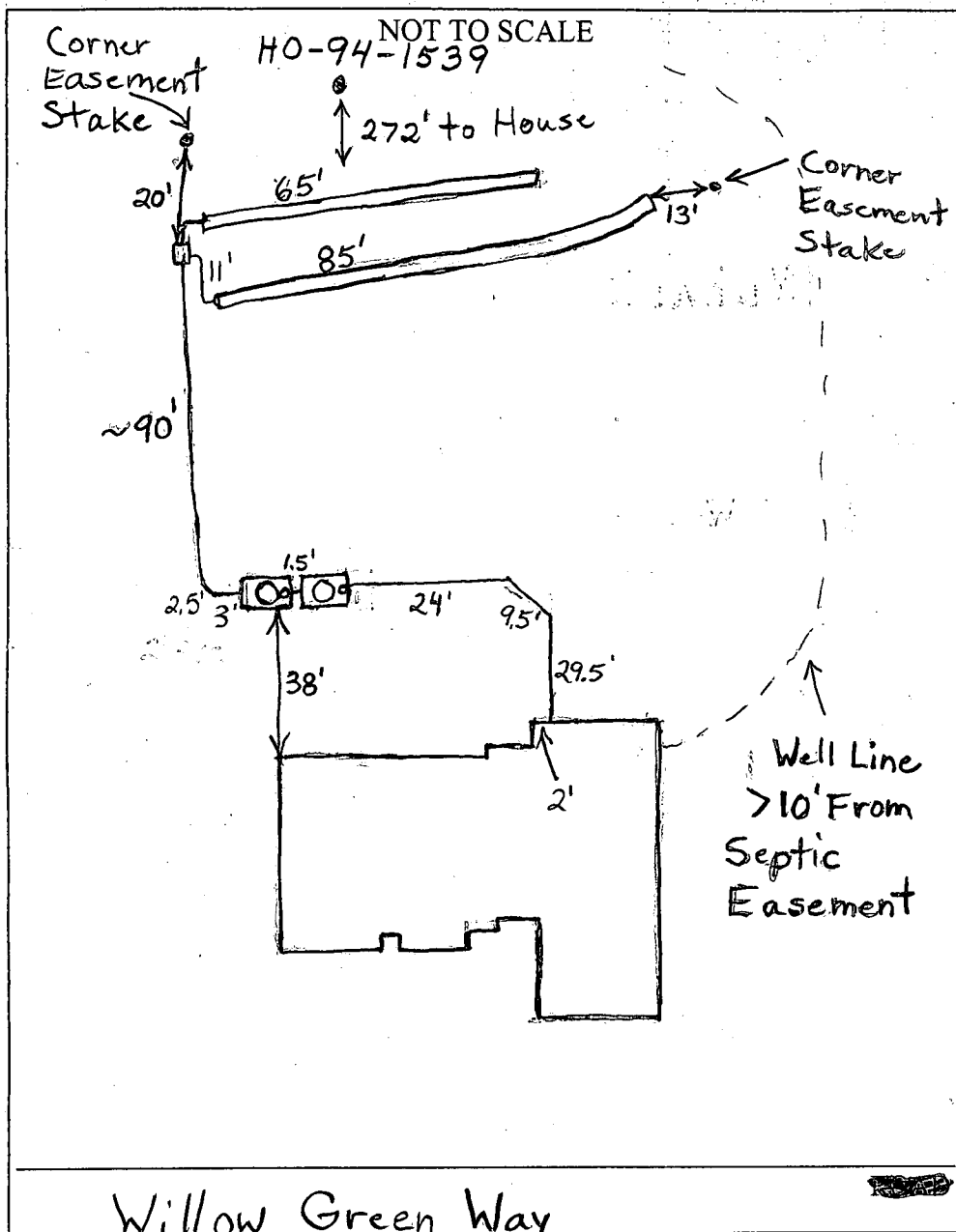
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

**BUILDING PERMIT SIGNED** 13-2640 FOR INSPECTION OF SEPTIC SYSTEM

**AND RETURNED**

10-14-04 BOV 150704-CP TANIC

A  
49877-C



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3'-3.5'	5'-5.5'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 150'		
ABSORPTION AREA 450 sq ft + side wall		
DISTRIBUTION BOX LEVEL Yes		
DISTRIBUTION BOX BAFFLE 90° Elbow		
DISTRIBUTION BOX PORT No		

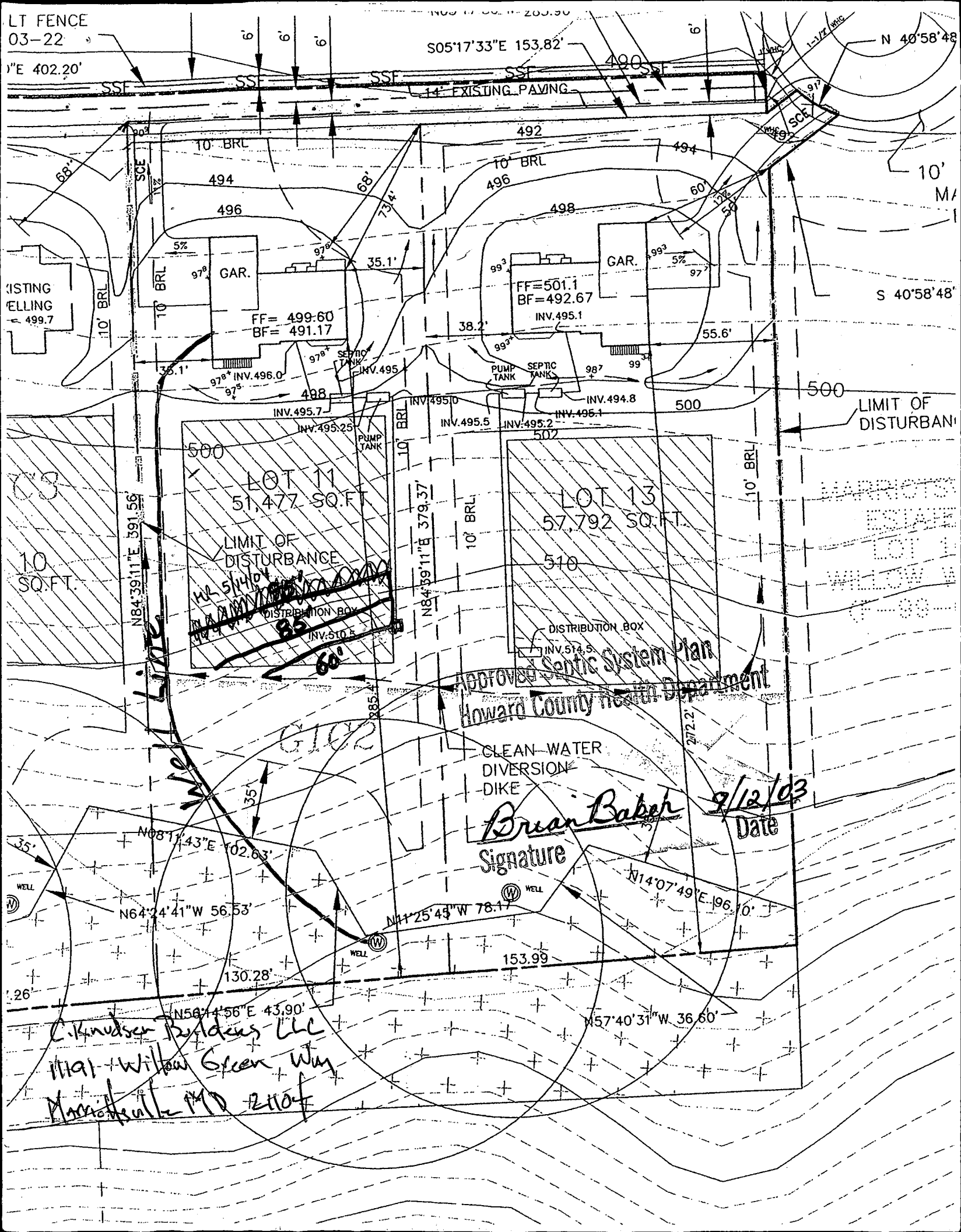
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No

PRE-CONSTRUCTION 6/4/04 To install as per plan. One 65' trench and one 85' trench. Area staked. To sleeve well line if less than 10' from septic easement. O.K. to cover septic tanks and house connection. (BB) 6/7/04 O.K. to cover everything. Need pump and alarm test for final approval. (BB) 6/22/04 Pump and alarm working. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/22/04





C.F.I. 6/7/04  
 11:43/4

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

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

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.06 (RIS Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: RIG WATER SYSTEMS, INC. Telephone #: 410-239-0700  
 Address: 4322 OPHEA DRIVE DR.  
MANCHESTER, MD. 21102

(Please check one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
 Name (Print): NICKY L. ROOS, S.R.

License # P30141

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

Name of Property Owner: KNOWSE HOMES Telephone #: \_\_\_\_\_  
 Subdivision: WOODFORDS CRAFT II Lot #: 11 Well Tag #: HO-94-1539  
 Site Address: 11191 WILLOW CREEK WAY  
THURMONT, MD. 21104

**Submersible Pump Data**

Make: COULS  
 Model #: 10LS07422  
 Pump Capacity: 10 GPM  
 Well Yield: 12 GPM

**Filter Adapter**

Make: PA-800  
 Model: CAW200  
 Depth: 48" (36" min)  
 NSF approved: YES

**Well Cap and Electric Conduit**

Two piece watertight cap: ☒  
 Screened, vented well cap: ☒  
 Cap secured to casing: ☒  
 Conduit min 1 1/2" R.G.: ☒  
 Conduit secured to well cap: ☒

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenching or Cable grinds are required - Must circle one

Safety rope, if used, attached to handle of well casing with eye bolt YES

**Piping to house**

Type: 3046T/MORE  
 PSI: 160 (160 psi min)  
 Depth of supply line: 48" (36" min)

**House Connection**

PVC sleeved to undisturbed soil at well penetration: 8'  
 Approximate length of sleeve: 10  
 Sleeve caulked and sealed properly: FERULO BOOTS

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

Signature of company representative responsible for installation: Nicky L. Roos, S.R.  
 date: 6/7/04

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 6/7/04 (BB)

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

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 3" above finished grade

Water supply line sleeved adequately at house connection

Adequate grant observed below filter adapter

C105037

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

ST/CO USE ONLY  
DATE RECEIVED  
MM 4 20 98  
YY 98

DATE WELL COMPLETED  
MM 05 22 98  
DD 22 98  
TO 20

Depth of Well  
22 305 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-94-1539  
28 29 30 31 32 33 34 35 36 37

OWNER **WOODFORDS East LLC**  
last name first name  
STREET OR RFD **Willow Green Way**  
SUBDIVISION **WOODFORDS GRANT II** SECTION **11** TOWN **Marriottsville** LOT **11**

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	
Top Soil	0	2	
Clay	2	3	
Sandy	3	150	✓
Sand/Stone	150	155	
MICKA	155	170	✓
Sand/Stone	170	175	
MICKA	175	305	

265" Day Hole  
Filled with  
well cutting  
& #2 Cement

GROUTING RECORD

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

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

NO. OF BAGS **24** NO. OF POUNDS **240**

GALLONS OF WATER **144**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **305** ft.  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ STEEL ☐ CONCRETE  
☒ PLASTIC ☐ OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **160**

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

SCREEN RECORD

screen type or open hole (insert appropriate code below)

☒ STEEL ☐ BRASS ☐ BRONZE ☐ PLASTIC  
☒ OPEN HOLE ☐ OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **4**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)  
BEFORE PUMPING **43** ft.  
WHEN PUMPING **185** 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. **HO**

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 ☐ below **2** (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: **1**

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. **M5 D116**  
DRILLERS SIGNATURE **Ruth Meyer**  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **M5 D116**  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2

DEPTH (nearest ft.) **HO 158 305**

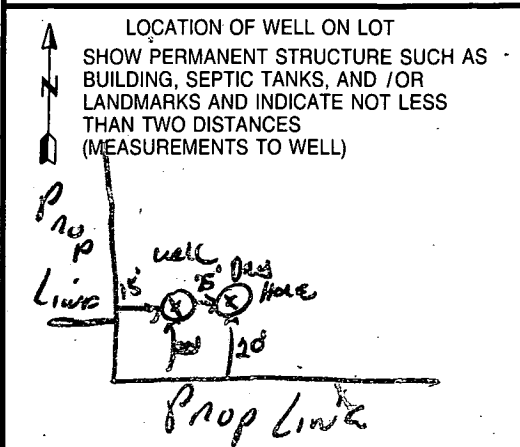
E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
C 38 39 41 45 47 51  
S  
R  
E  
N

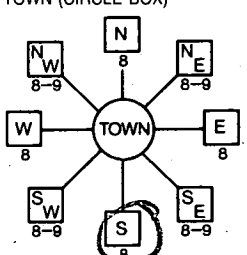
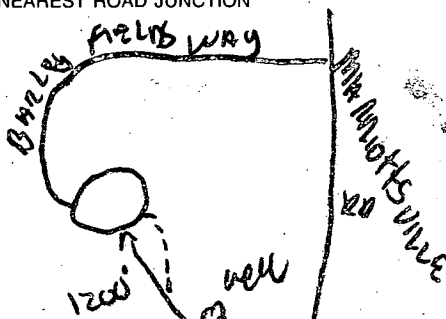
SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) **56** **60**  
from to

GRAVEL 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 <b>5445</b>		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER <b>HO-94-1539</b> <small>fill in this form completely</small>	
Date Received (APA) <b>04 20 98</b>				B 3 <b>Howard</b> LOCATION OF WELL			
OWNER INFORMATION <b>WOODFORDS EAST LLC</b> 15 Last Name      Owner      First Name      34 <b>6212 Devon DR</b> 36 Street or RFD      55 <b>Columbia MO. 21044</b> 57 Town      70 State      72 Zip      76				8 COUNTY      21 <b>WOODFORD'S Grant II</b> 23 SUBDIVISION      42 SECTION <b>II</b> LOT <b>11</b> 44      46      48      50 <b>MANNOTTSVILLE</b> 52 NEAREST TOWN      71			
DRILLER INFORMATION <b>Ralph MAYNE</b> M SD 116 Driller's Name      76 License No.      81 <b>Ralph MAYNE well Drilling</b> Firm Name <b>920 Browne Church Rd Mt Airy</b> Address <b>Ralph Mayne 4/15/98</b> Signature      Date				B 4 <b>Willow Green</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD      30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 1200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <b>10</b> BLK: <b>16</b> PARCEL <b>317</b>			
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE <b>5</b> (GAL. PER MIN.)      8      12 AVERAGE DAILY QUANTITY NEEDED <b>500</b> (GAL. PER DAY)      14      20				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>49877-C</b> <b>Howard</b> <b>A57555-J</b> COUNTY NAME      COUNTY NO. STATE SIGNATURE      INSERT S DATE ISSUED <b>04 30 98</b> Mark E. Ellis      4/30/99 43 MM DD YY 48      CO SIGNATURE      EXP. DATE NORTH GRID <b>543</b> 0 0 0      EAST GRID <b>0827</b> 0 0 0 50      55      57      63			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>8287</b> N <b>543</b> 000 000			
APPROXIMATE DEPTH OF WELL <b>150</b> FEET 24      28 APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH				S <b>5/17/98</b> GROUT MR NO INSP			
METHOD OF DRILLING (circle one) BORED (or Augered)      JETTED      Jetted & DRIVEN 30 <input checked="" type="checkbox"/> AIR-ROTARY      AIR-PERCussion      ROTARY (Hydraulic Rotary) 37 <input checked="" type="checkbox"/> CABLE      REVERSE-ROTARY      Drive-POINT other				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41      52				Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER      G A P 54      63 FORCE <b>MR</b> WRITE INITIALS IN BOX      PERMIT No. <b>HO-94-1539</b> 67      68      70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -							

3/12/94  
3/14/94  
10/20

# APPLICATION

## PERCOLATION TESTING

A 49877  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 2-10-94

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 Fred Wolpert  
7363 Old Columbia Road  
ADDRESS Columbia, Maryland 21046 PHONE (301) 596-7387

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_ LOT NO. ORIG FOR LOT 11  
KENNEL 8054

ROAD AND DESCRIPTION Marriottsville Road 800 +/- North of Maryland Route 99

TAX MAP 10 PARCEL # P.O. 30

SIZE OF LOT 24.58 Ac +/- TYPE BLDG. Kennel and Manager's Residence  
(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. Fred Wolpert  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

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

# THIS IS NOT A PERMIT



COUNTY #

SOIL PROFILE

0'

org brn

sa mica

clay

brn sa

mica lm

7

red yel  
purple  
silt

30% sand lm

13

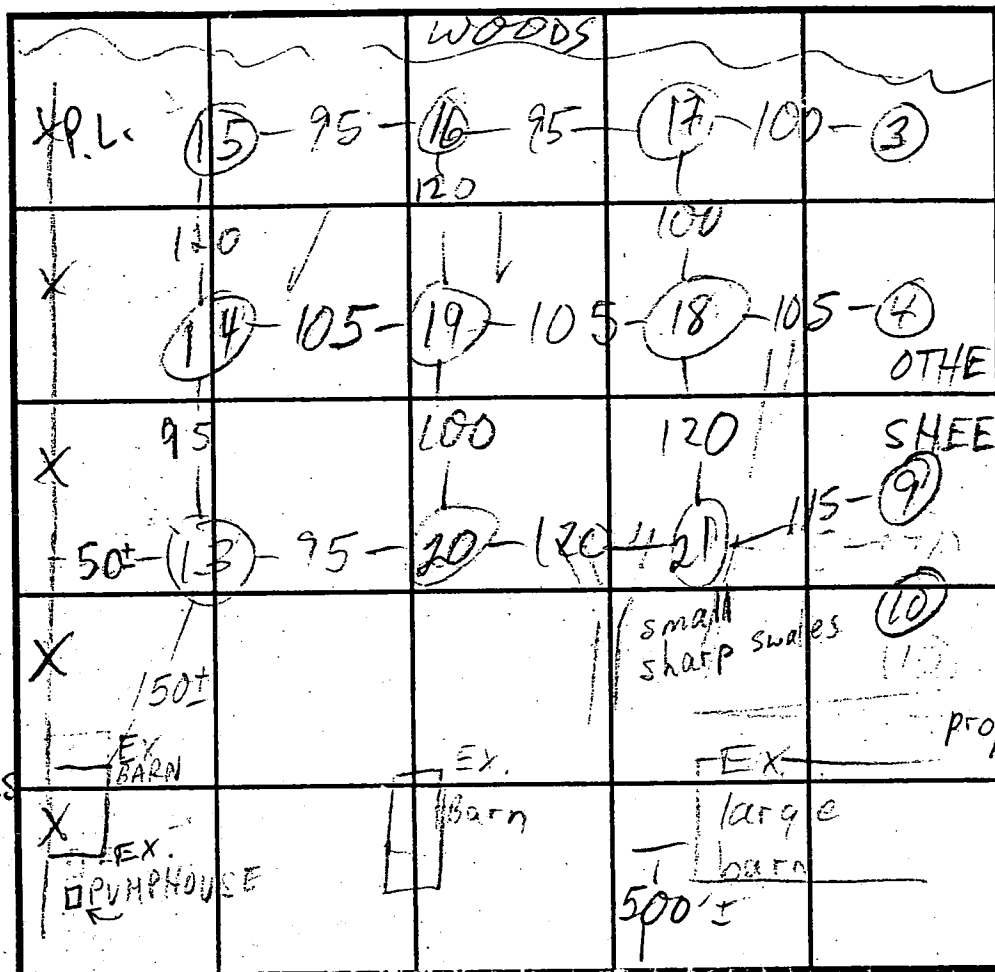
ALL OTHER

brn sa  
cl lm

3

brn  
sa mica

lm

15%  
frags

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MARRIOTTSVILLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/94	13S	4	10:17	10:18	10:19	10:18	FAST
	13M	8 1/2	10:22	10:32	10:33	10:42	15
	13V	13	See	Profile			
	14S	4 1/2	10:47	10:51	10:51	10:53	FAST
	14V	12	25%	Frags	8-13'		2
	15S	4	10:59	11:00	11:00	11:03	3
	15V	11 1/2	rocky	@ 1 1/2-3'			
	16V	12 1/2	see	Profile			
	17S	4	11:12	11:14	11:14	11:16	2
	17V	12	See	Profile			
	18S	3 1/2	11:21	11:22	11:22	11:24	2

REMARKS 48V 13 1/2 see profile

TYPE OF SOIL

TESTED BY M. Pitkin

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

COUNTY #

SOIL PROFILE

0'

SOIL PROFILE

0'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/94	19 ✓	11	see	profile			
	20 ✓	11 1/2	top 3	25%	frags		
	21 ✓	4	11:29	11:32	11:32	11:35	3
	21 ✓	11'9"	beige	gray	sa lm	15-21%	frags

REMARKS \_\_\_\_\_

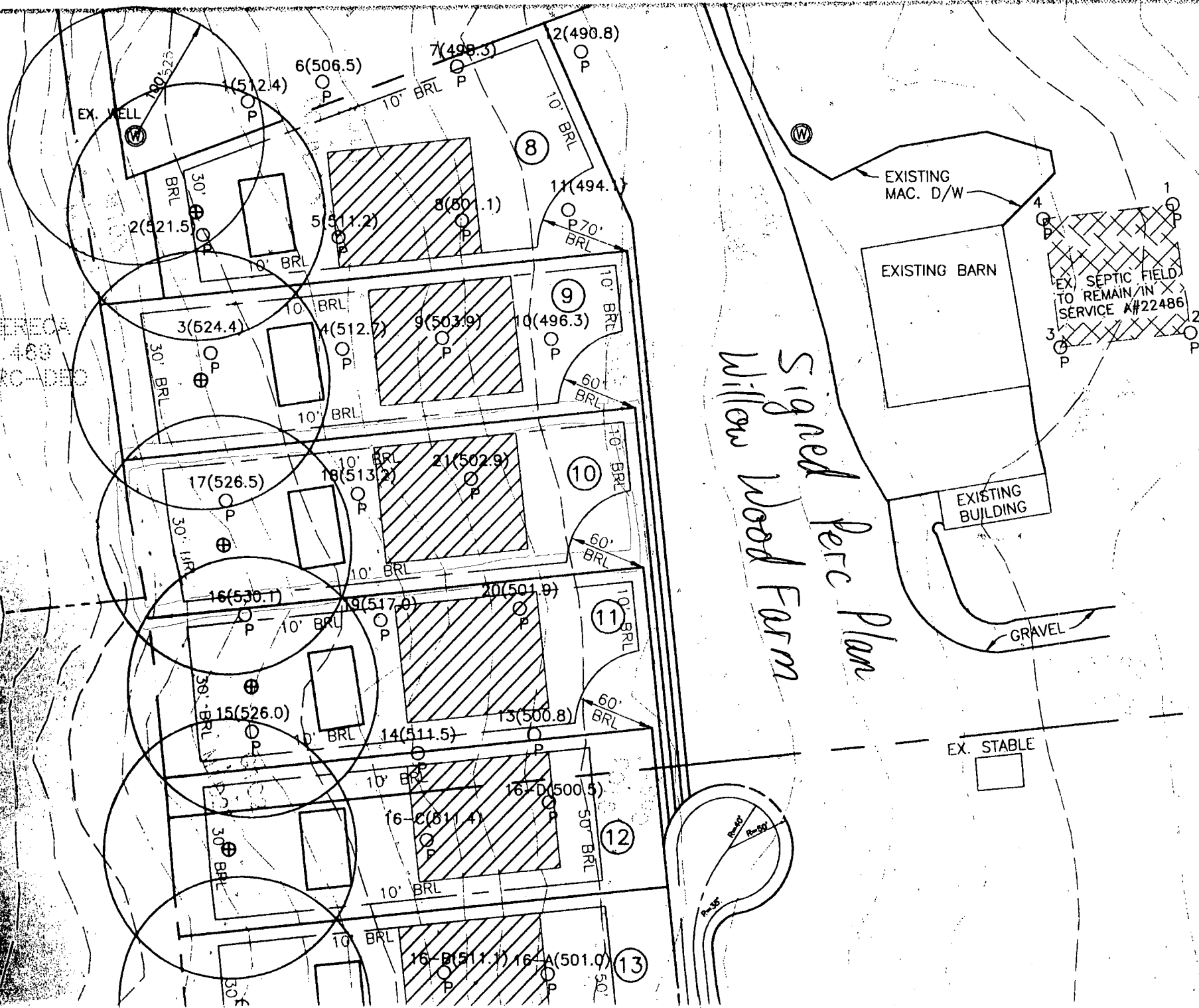
TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

LUCY T. VERECA  
 746 F. 483  
 ZONED: RC-DEO





5/19/98

Dry hole reported - Driller given a verbal OK to move 20' towards the woods - Septics are definately down hill, just unsure if they are on the lot - Driller informed that ~~if~~ for some reason the well site is not acceptable - then they (the driller) accepted responsibility for fixing it. The reason this decision was made ~~was~~ because the property file included only the well permit application (white copy) & the pump sheet - no perc notes, copies of plats, approved well location plan, etc. were in the file.

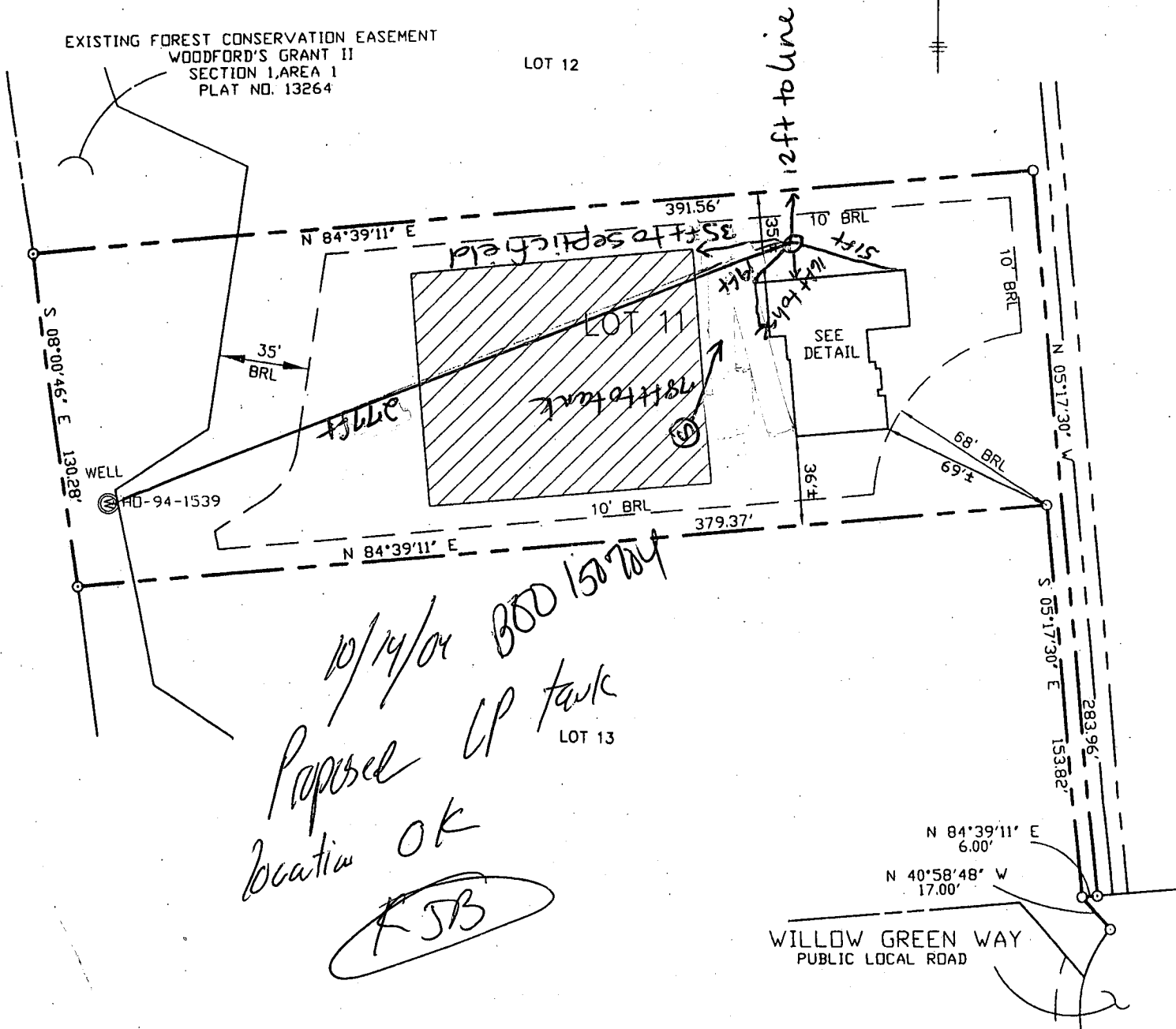
A McMill

D09486

GRID NORTH

EXISTING FOREST CONSERVATION EASEMENT  
WOODFORD'S GRANT II  
SECTION 1, AREA 1  
PLAT NO. 13264

LOT 12



10/14/04 BOO 150704  
Proposed CP tank  
Location OK  
FSB

TOP OF FOUNDATION WALL ELEVATION 499.3'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE  $\pm 1'$

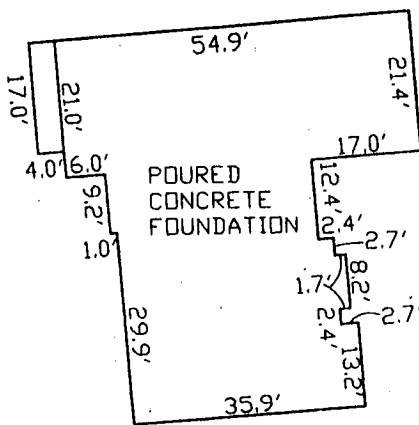
### SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 12/01/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY MILDENBERG, BOENDER & ASSCO., INC. ENTITLED "WOODFORD'S GRANT II SECTION 2, AREA 1 LOTS 9 THRU 12", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13803

*David M. Harris*  
DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 13803  
FEMA FIRM No. 240044 0010 B  
ZONE: C  
DATED: 12/04/86

**BENCHMARK**  
ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE & SUITE 418  
ELICOTT CITY, MARYLAND 21043  
phone: 410-463-8105 & fax: 410-463-8844  
email: Benchmark@cats.com



FOUNDATION DETAIL

SCALE: 1" = 30'

### WALL CHECK

**WOODFORD'S GRANT II**  
**SECTION 2, AREA 1**  
LOT No. 11

11191 WILLOW GREEN WAY

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 12/01/03

