

LAYOUT 11/26/03-1130
INSP 1 11/10/03 2pm INSP 3 #
INSP 2 11/25/03 1:30 pm INSP 4 _____

04-367154

INDEX

ISSUE DATE: 9/18/03

P 519581

APPROVAL DATE: 11/25/03

PERMIT

SHARED SEPTIC SYSTEM

A 510610-G

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

South Carroll Backhoe, Inc _____ IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Maple Ridge LOT NUMBER: 6

ADDRESS: 15421 Maple Ridge Drive PROPERTY OWNER: NVR, Inc.

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY PUBLIC WATER? YES OR NO

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of a grinder pump, if applicable. The Howard County Bureau of Utilities must also be contacted for scheduling of inspection of these items at 410-313-4900.

PLANS APPROVED: MR DATE: _____

PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

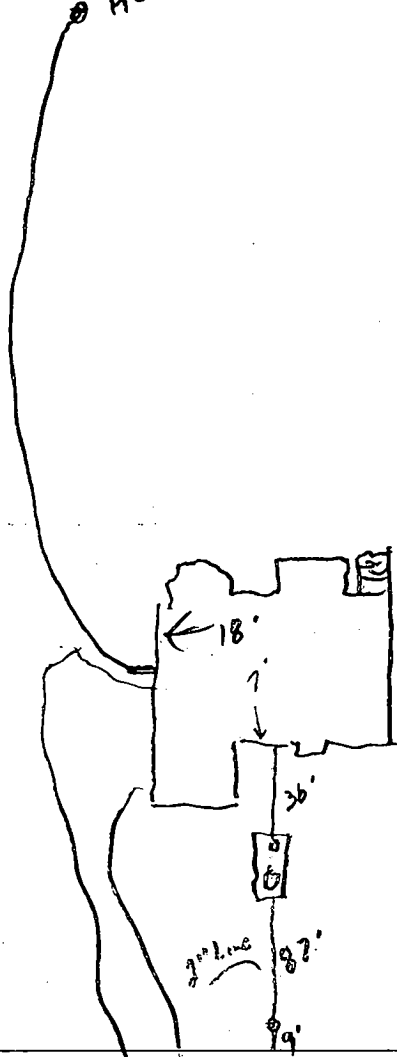
BUILDING PERMIT SIGNED AND RETURNED
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

10/17/03 800 144347 - PROPANE TANK

AS10610-G

NOT TO SCALE

40-94-3#76



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
CAPACITY	1500 GAL ✓
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Front
BAFFLE FILTER	_____
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL _____	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 11/7/03 - No work (SO) 11/10/03 - waiting for tank (SO)

INSTALLATION 11/12/03 - Line to street & tank installed

Pump not set (SO)

11/25/03 - grinder pump & alarm OK (SO)

BRIDGE PERMIT SIGNED AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 11/25/03

RECEIVED JUN 27 2003

Permit #
BTR41663

6/27

[Signature]

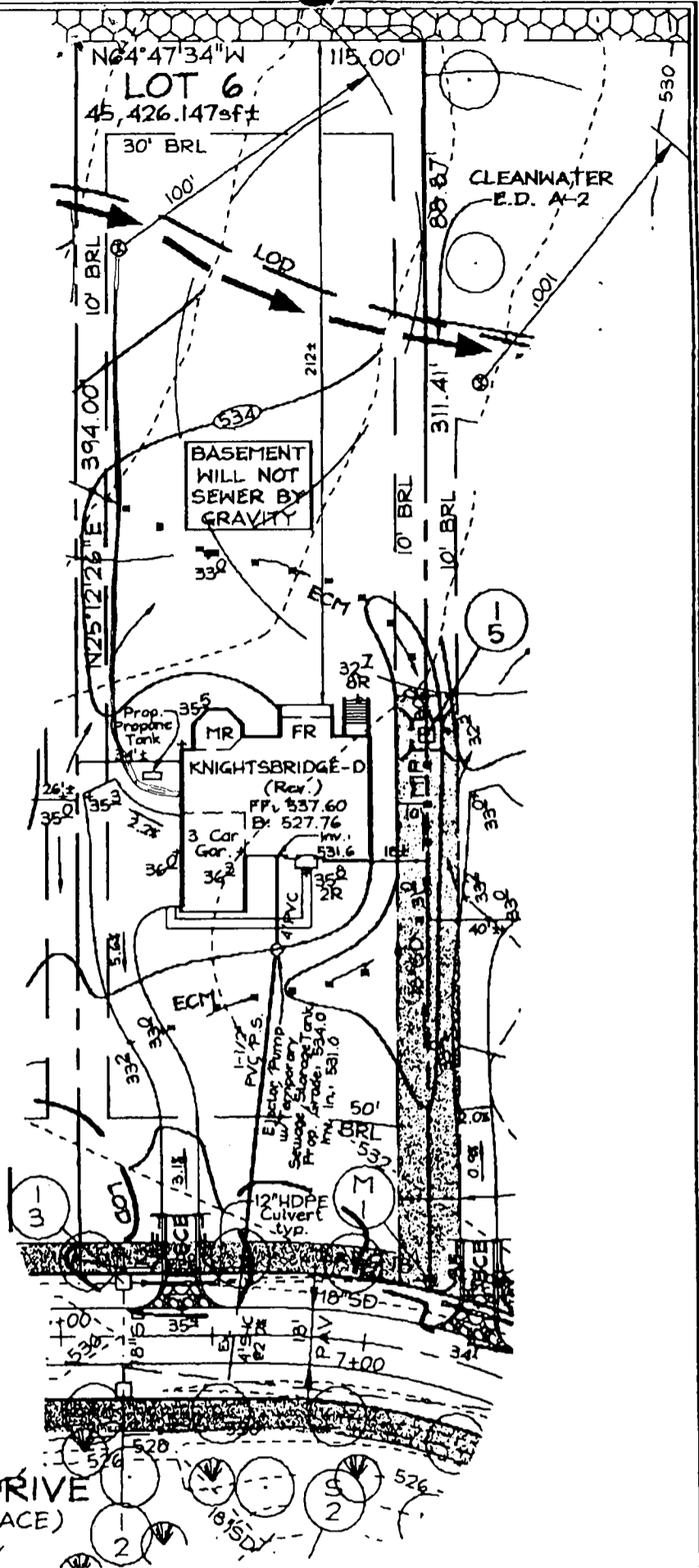
Y

6/17/03 LP tank
Location OK (SD)

OWNER/DEVELOPER

NV HOMES
2200 Defense Highway, Suite 301
Crofton, Maryland 21114
301.858.0522

MAPLE RIDGE DRIVE
(PUBLIC ACCESS PLACE)



FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Eillcott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

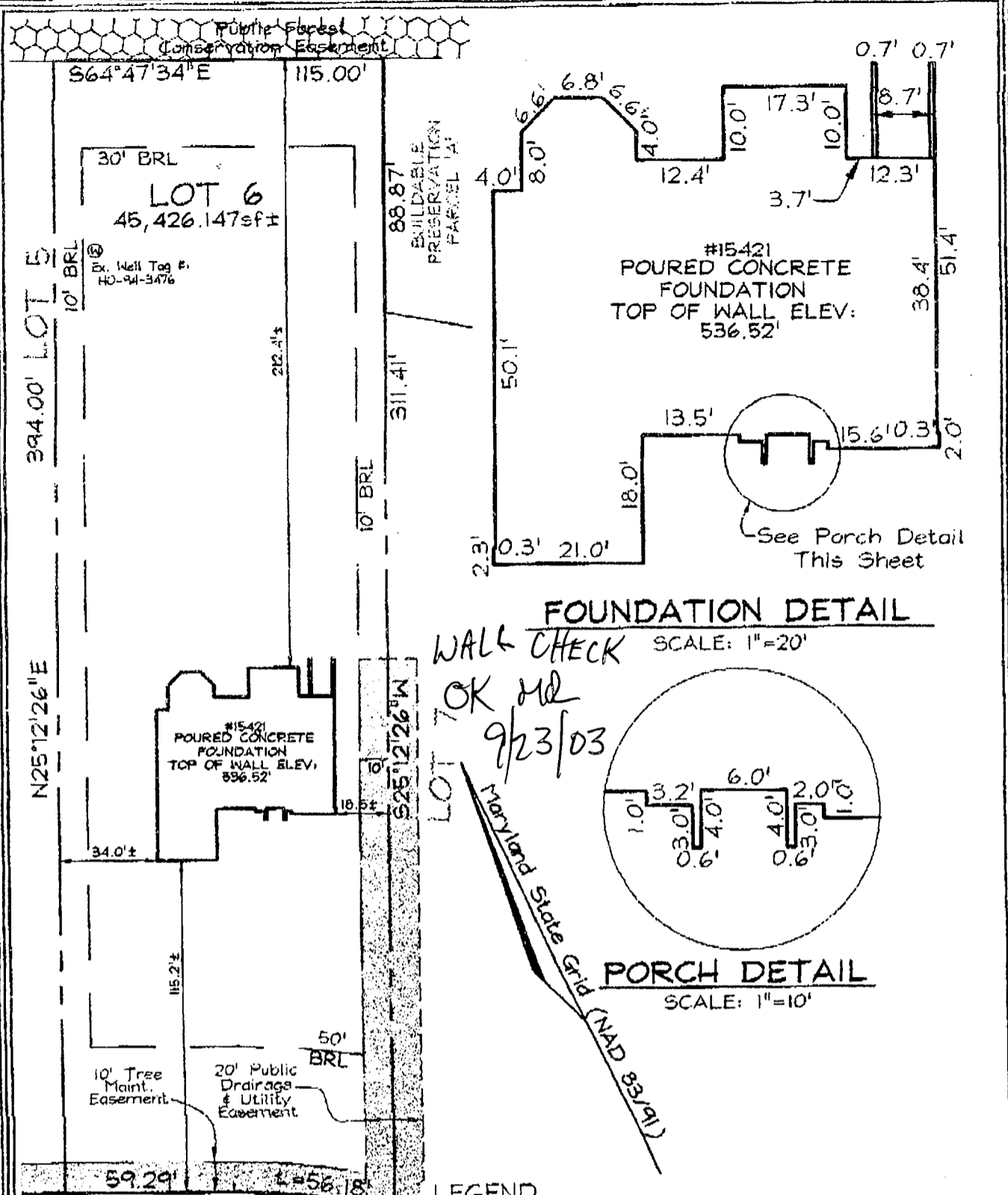
Note: See Approved Grading Plan GP-03-16 for Entire Site. This lot utilizes a shared septic system located on Non-Buildable Preservation Parcel 'B'. See Public Sewer Plans contract # 50-4046-D for more info.

DESIGN BY: Slim
DRAWN BY: Slim
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: June 27, 2003
W.O. No.: 3138
SHEET No.: 1 OF 1

**LOT 6 RESITE
MAPLE RIDGE**

TAX MAP 8 GRID 12 & 20 PARCEL 51 & 378
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

GP-03-16



N 64°47'34" W R=250.00'
MAPLE RIDGE DRIVE
(PUBLIC ACCESS PLACE)

PLAN VIEW
SCALE: 1"=50'

FSH Associates
Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 15421 MAPLE RIDGE DRIVE
TOP OF WALL ELEV. = 536.52 FIRST FLOOR ELEV. = N/A

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

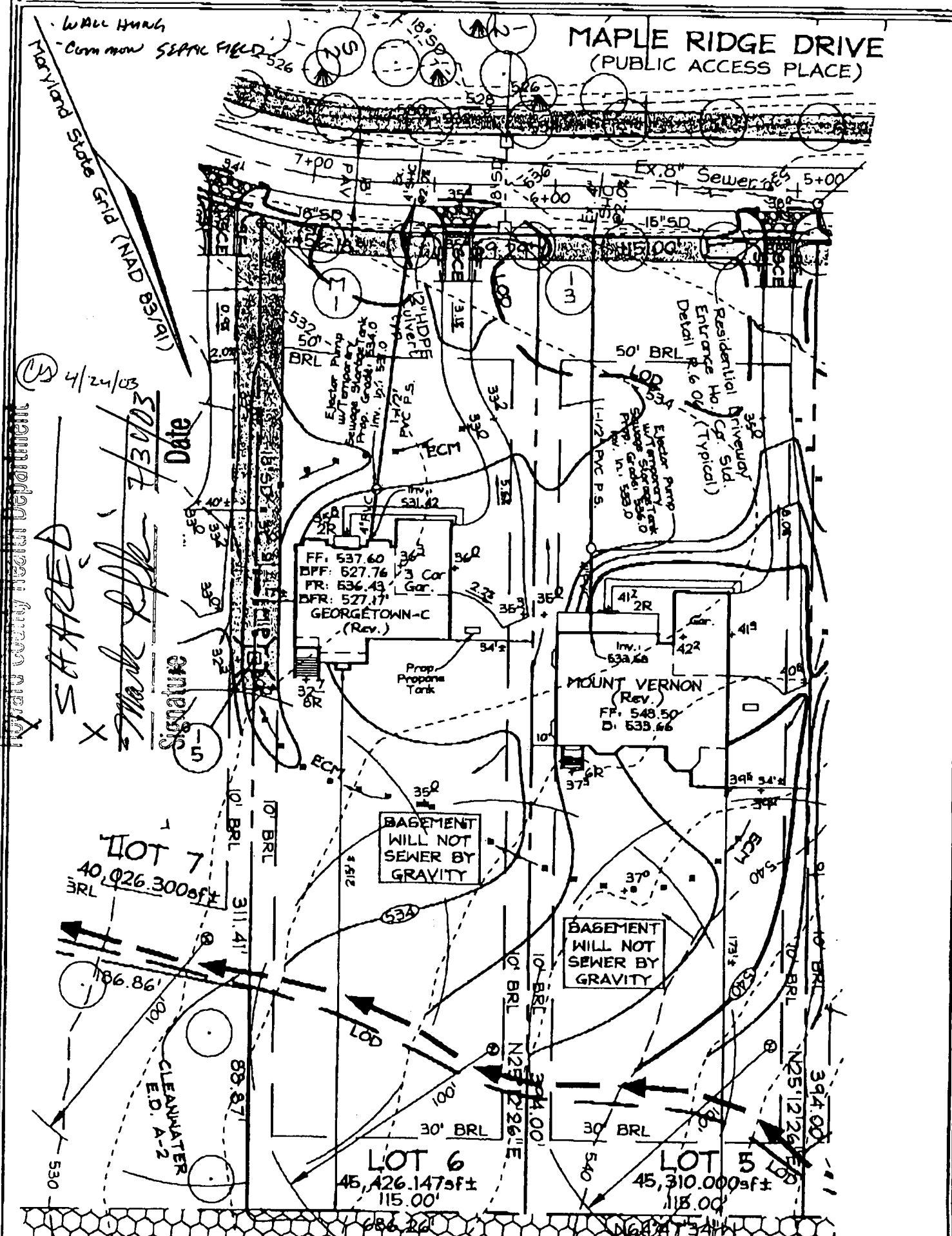
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

LOCATION DRAWING	
FOUNDATION	Date: 09/09/03
FINAL	Date:
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3138



WALL CHECK
LOT 6
MAPLE RIDGE
PLAT No. 15667
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Approved Septic System Plan



Note: See Approved Grading Plan GP-03-16 for Entire Site.

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-760-7360
 E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

NV HOMES
 2200 Defense Highway, Suite 301
 Crofton, Maryland 21114
 301.858.0522

DESIGN BY:	PS
DRAWN BY:	Slim
CHECKED BY:	ZYF
SCALE:	1"=50'
DATE:	Apr. 23, 2003
W.O. No.:	3138
SHEET No.:	1 OF 1

LOT 6 RESITE

MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
 4TH ELECTION DISTRICT

PARCEL 51 & 378
 HOWARD COUNTY, MARYLAND

6000227

Building Address <u>15421 Maple Lodge Dr</u> <u>Woodstock MD 21797</u>	Property Owner's Name <u>NRK Inc</u> Address <u>15421 Maple Lodge Dr</u> City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21797</u>
Suite/Apt # _____ SDP/WP/Patition # _____ Census Tract _____ Subdivision <u>Maple Ridge</u> Section _____ Area _____ Lot <u>6</u> Tax Map _____ Parcel <u>51</u> Grid <u>14</u> Zoning <u>RM</u> Map Coordinates <u>3412</u> Lot size _____	Home Phone _____ Work Phone <u>2951</u> Applicant's Name & Mailing Address (if other than stated hereon) <u>15421 Maple Lodge Dr</u> <u>Woodstock MD 21797</u> Phone _____ Fax _____

Existing Use <u>Yes</u> Proposed Use _____ Estimated Construction Cost \$ <u>175,000</u> Description of Work <u>Construction of 730 sq ft</u> <u>700 sq ft of 2 BR single family house with</u> <u>3.75' high 7' x 3' porch (over)</u>	Contractor Company <u>NRK Inc</u> Contact Person <u>J. R. K...</u> Address <u>15421 Maple Lodge Dr</u> City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21797</u> License No. _____ Phone _____ Fax _____
---	--

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height _____ No. of stories _____ Gross area, sq. ft. per floor _____ Use group _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse Depth _____ Width _____ 1st floor _____ 2nd floor <u>9.2</u> <u>6.4</u> Basement <u>11.0</u> <u>6.4</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units _____ No. of 1 BR units _____ No. of 2 BR units _____ No. of 3 BR units _____ Other Structure _____ Dimensions _____ Footings _____ Roof _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

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

Applicant's Signature <u>[Signature]</u>	Print Name <u>NRK Inc</u>
Title/Company _____	Date <u>8/6/03</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Development/DPZ			Front _____	S 8171
Side Highways			Rear _____	
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering/DPZ	<u>7/31/03</u>	<u>Mark Ripley</u>	Side St. _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
			Is Entrance Permit required?	Balance due \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # <u>2503</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

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, Pitless 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 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Hill Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*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: NV Homes Telephone #: 410-379-5456
Subdivision: Maple Ridge Lot #: 6 Well Tag #: HO-94-3476
Site Address: 15421 Maple Ridge Dr
Woodbine, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Campbell Two piece watertight cap:
Model #: SP4F02NL Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40' (36" min) Cap secured to casing:
Well Yield: 1.7 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation 60' (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 40' (36" min) Sleeve caulked and sealed properly:

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: Robert L. Feezer Date: 11/21/03

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

Date Insp. Requested: 10/30/03 Date Insp. Approved: 10/30/03 (SO) SRK
Inspection Data: Pitless 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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 14225 SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER **A510610**

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

ST/CO USE ONLY
 DATE RECEIVED **9th 18th 03**

DATE WELL COMPLETED **9/16/02**
 Depth of Well **600**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-3476

OWNER **LANDSCAPE DEVELOPMENT**
 STREET OR RFD **MAPLE RIDGE DRIVE** TOWN **LISBON**
 SUBDIVISION **MAPLE RIDGE** SECTION **6** LOT **6**

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	1	
red rocky clay	1	12	
Brown shale	12	101	
Brown slate	101	116	
Tan slate	116	124	
Greenish/gray slate	124	600	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **39** NO. OF POUNDS **3500**
 GALLONS OF WATER **234**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **68** 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) **6**
 Total depth of main casing (nearest foot) **112**

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 **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C2 DEPTH (nearest ft.)
HO 110 / 600

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

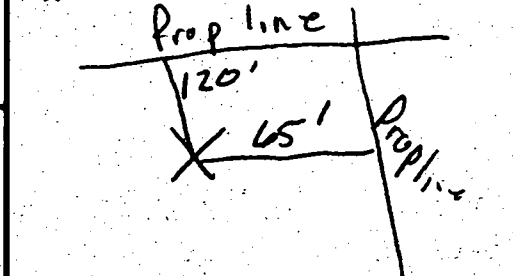
C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **1.7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **19** ft.
 WHEN PUMPING **228** 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 INSTALLED 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 } **2** (nearest foot)
- below }

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)



NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **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 W 040**
Genevieve F. Kinsler
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **J W D 727**
John D. [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
1 1/2 GPM
 TELESCOPE CASING LOG INDICATOR OTHER DATA

9.16.02 7:00

Review OKMR 9/27/02

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3476
 Location of property (road) MAPLE RIDGE DRIVE
 Subdivision MAPLE RIDGE Lot U Block _____ Plat _____ Sec. _____
 Well Driller L. FRANKLIN EASTCOTDAY, INC Owner _____

Depth of well 600 1 1/2
 Distance of measuring point (M.P.) above ground 2' ✓
 Static water level (S.W.L.) below M.P. 19'

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 15 gpm
 Total time 45 min to reach pumping water level 240' 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 51 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	241	41 sec	Pump Set at 380'	1.4 gpm
10:30	237	41 sec	Kent V. Benny	1.4 gpm
10:45	233	35 sec		1.7 gpm
11:00	232	35 sec		1.7 gpm
11:15	232	35 sec		1.7 gpm
11:30	231	35 sec		1.7 gpm
11:45	231	35 sec		1.7 gpm
12:00	231	35 sec		1.7 gpm
12:15	231	35 sec		1.7 gpm
12:30	234	35 sec		1.7 gpm
12:45	234	35 sec		1.7 gpm
1:00	234	35 sec		1.7 gpm
1:15	234	35 sec		1.7 gpm
1:30	234	35 sec		1.7 gpm
1:45	234	35 sec		1.7 gpm
2:00	233	35 sec		1.7 gpm
2:15	232	35 sec		1.7 gpm
2:30	232	35 sec		1.7 gpm
2:45	231	35 sec		1.7 gpm
3:00	230	35 sec		1.7 gpm
3:15	230	35 sec		1.7 gpm
3:30	229	35 sec		1.7 gpm
3:45	229	35 sec		1.7 gpm
4:00	228	35 sec		1.7 gpm
HD-224 4:15	228	35 sec		1.7 gpm

B 1 **2164** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3476**
 1 2 3 6 70 fill in this form completely 79

Date Received (APA) **09-16-02** OWNER INFORMATION **9112**
 8 MM DD YY 1,3
Landscape Development
 15 Last Name Owner First Name 34
16307 Carrs Mill Road
 36 Street or RFD 55
Woodbine, Md 21797
 57 Town -70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21 CC#
Maple Ridge
 23 SUBDIVISION 42
 SECTION **6** LOT **6**
 44 46 48 50
Lisbon
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **George F. Easterday** M W D License No. **040**
 76 81
 Firm Name **L. Franklin Easterday, Inc.**
 Address **9265 Brown Church Rd., MT. Airy, Md. 21771**
 Signature **George F. Easterday** Date **7/12/2002**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 **Maple Ridge Drive** 30
 NEAR WHAT ROAD?
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 **3537**
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **8** BLK: **14** PARCEL: **51/378**

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

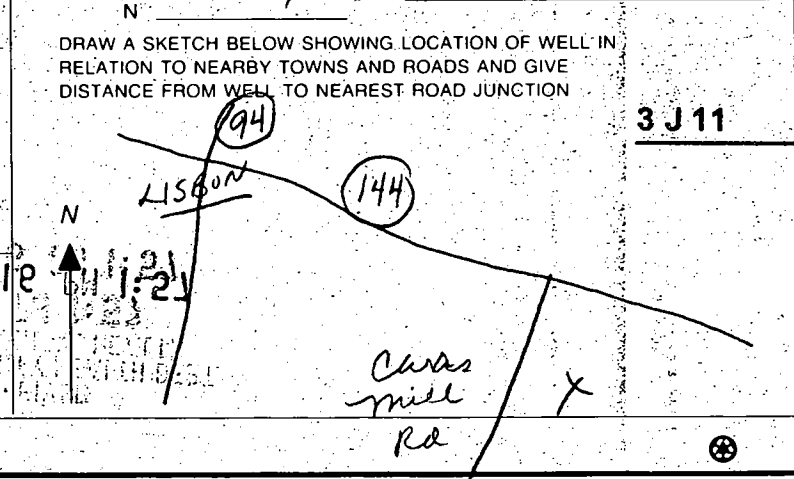
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **AS10610** COUNTY NO
 STATE SIGNATURE INSERT S
 DATE ISSUED **08/15/02** Mark E. Riffin 8/15/03
 43 MM DD YY 48 CO SIGNATURE EXP DATE
 NORTH GRID **543 0 0 0** EAST GRID **785 0 0 0**
 50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
911d02 B300m Glast
NO INSP
 SOURCES OF DRILLING WATER
 1. wells X
 2. X
 3. X
 WRITE THE BOX NUMBER FROM THE MAP HERE:
 E **1780 5** 000
 N **540 3** 000

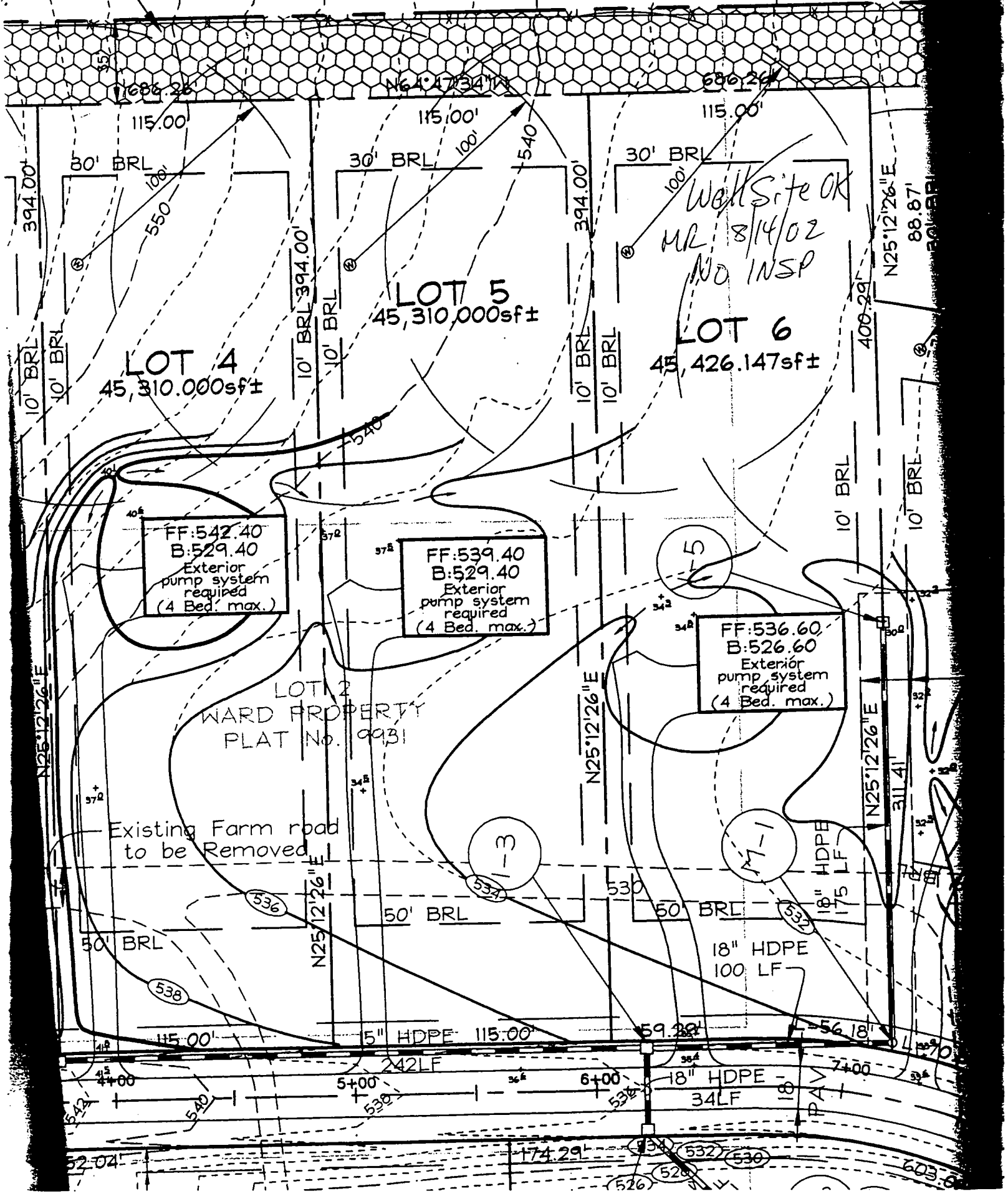
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-94-3476**
 70 71 72 73 74 75 76 77 78 79

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



LOT 4
45,310.000sf±

LOT 5
45,310.000sf±

LOT 6
45,426.147sf±

FF:542.40
B:529.40
Exterior pump system required (4 Bed. max.)

FF:539.40
B:529.40
Exterior pump system required (4 Bed. max.)

FF:536.60
B:526.60
Exterior pump system required (4 Bed. max.)

Well Site OK
MR 8/14/02
NO INSP

Existing Farm road to be Removed

LOT 2
WARD PROPERTY
PLAT No. 9931

N25°12'26" E

N25°12'26" E

N25°12'26" E

30' BRL

50' BRL

50' BRL

18" HDPE
175 LF

18" HDPE
100 LF

5" HDPE 115.00'

18" HDPE
34 LF

PAV

4+00

5+00

6+00

7+00

52.04'

174.29'

526

529

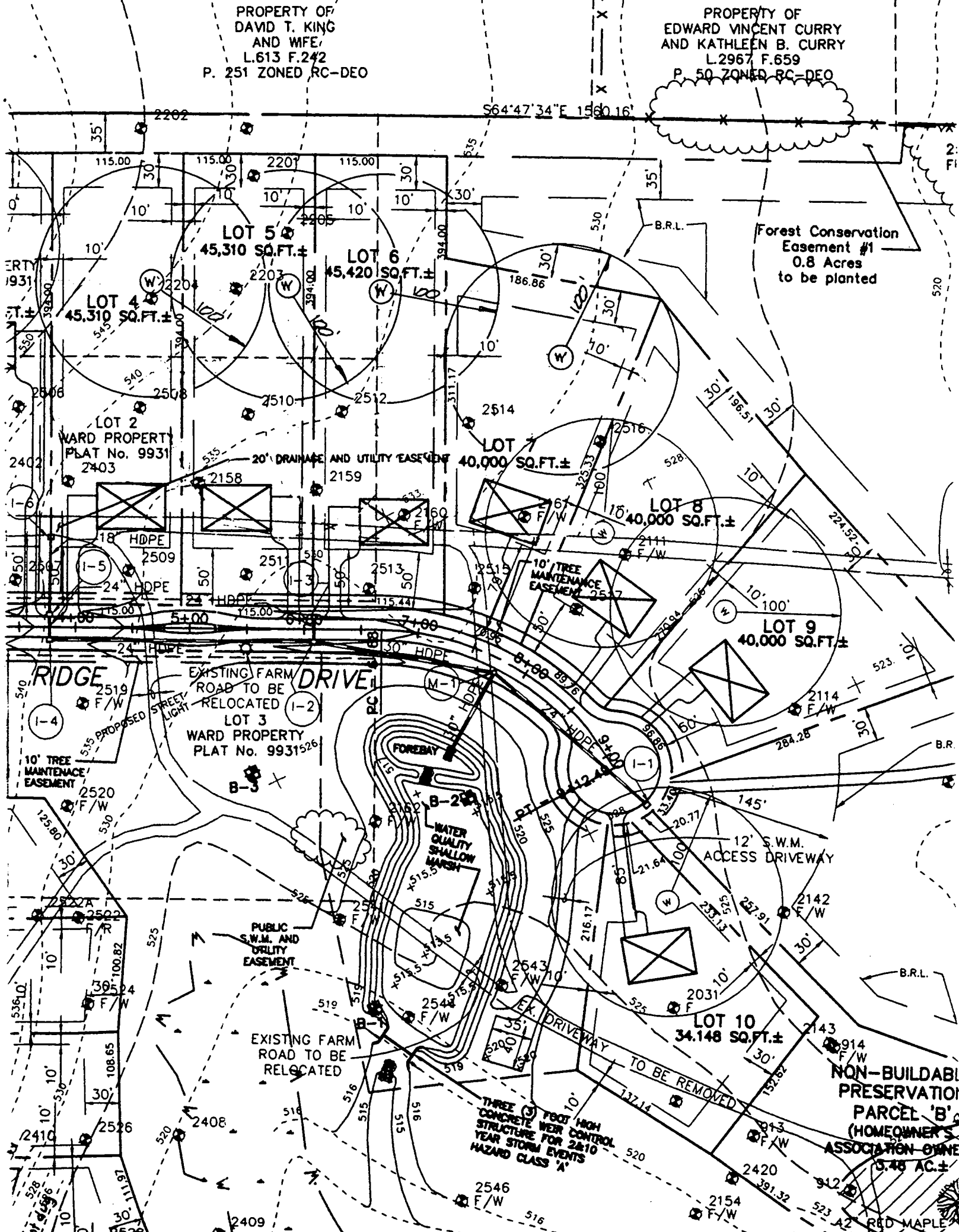
532

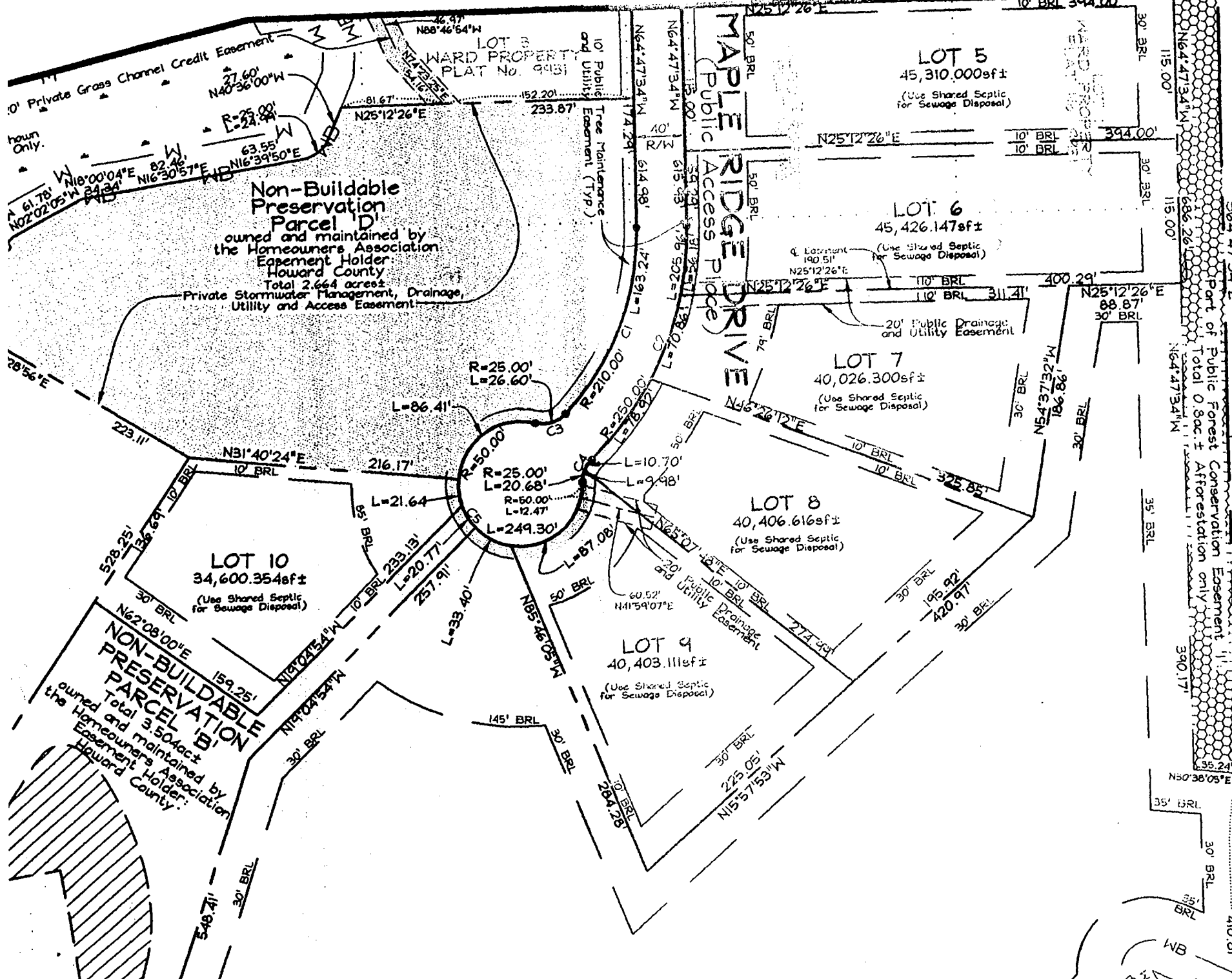
530

603.6

PROPERTY OF
DAVID T. KING
AND WIFE
L.613 F.242
P. 251 ZONED RC-DEO

PROPERTY OF
EDWARD VINCENT CURRY
AND KATHLEEN B. CURRY
L.2967 F.659
P. 50 ZONED RC-DEO





10' Private Grass Channel Credit Easement
 27.60' N40°36'00"W
 63.55' N16°39'50"E
 82.46' N16°00'04"E
 24.34' N07°02'05"W
 61.78' N16°00'04"E
 10' Private Grass Channel Credit Easement
 27.60' N40°36'00"W
 63.55' N16°39'50"E
 82.46' N16°00'04"E
 24.34' N07°02'05"W
 61.78' N16°00'04"E

Non-Buildable Preservation Parcel D
 owned and maintained by the Homeowners Association
 Easement Holder
 Howard County
 Total 2.664 acres
 Private Stormwater Management, Drainage, Utility and Access Easement

LOT 10
 34,600.354sf±
 (Use Shared Septic for Sewage Disposal)

NON-BUILDABLE PRESERVATION PARCEL B
 owned and maintained by the Homeowners Association
 Easement Holder
 Howard County
 Total 3.504 acres

LOT 3
 WARD PROPERTY
 PLAT No. 9413
 10' Public Tree Maintenance and Utility Easement (TYP.)

MAPLE RIDGE DRIVE
 Public Access Pledge

LOT 5
 45,310.00sf±
 (Use Shared Septic for Sewage Disposal)

LOT 6
 45,426.147sf±
 (Use Shared Septic for Sewage Disposal)

LOT 7
 40,026.300sf±
 (Use Shared Septic for Sewage Disposal)

LOT 8
 40,406.616sf±
 (Use Shared Septic for Sewage Disposal)

LOT 9
 40,403.111sf±
 (Use Shared Septic for Sewage Disposal)

Part of Public Forest Conservation Easement
 Total 0.8ac± Afforestation only