

9/8/00
C.O.

PERMIT

P 514 184

INDEXED

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

A 50830-CC

ISSUE DATE 8/11/2000

APPROVAL DATE 9/8/00

03-330 826

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771

PHONE 301-829-0444

SUBDIVISION Brantwood I

LOT NUMBER 30

ADDRESS 3012 Lancelot Cross

PROPERTY OWNER NV Homes

PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, Ste 301

SEPTIC TANK CAPACITY 1250 GALLONS

Crofton, MD 21114

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Begin trenches 270 feet off the front lot line and 10 feet off the right lot line as seen when facing the lot from Lancelot Cross. Run trenches on contour toward the left lot line.

PLANS APPROVED Amy McMillen

OK SRU 7/12/00

DATE 4/25/2000

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

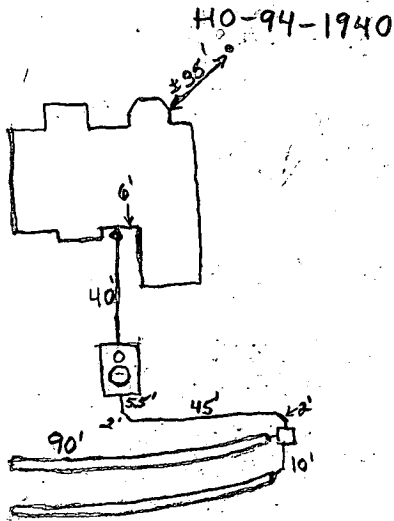
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

FOR RETURN 4/5/01
000129414 pool

A 50830CC

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2.0'
 TRENCH INLET DEPTH 3.0'
 TRENCH BOTTOM DEPTH 7.0'
 DEPTH OF STONE 4.0'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 180'
 ABSORBENT AREA 540 sq. ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes
~~PUMP CHAMBER DATA N/A~~
~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~

Lancelot Cross

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 9/8/00 Installer forgot pre-const. requirements & covered tank-top seams reported - inspector verify - OK du 9/8/00 House connection made. Everything satisfactory. O.K. to cover. (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 9/8/00

30 Brantwood

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: Van Sant Plbg + Htg Telephone #: 301-829-0444
Address: 3 N Main St
Dr. Alley, MD 20771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Harold A. Vansant License# 14467

*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 #: 301-858-0532
Subdivision: Brantwood Lot #: 30 Well Tag #: HO-94-1940
Site Address: 3012 Lancelot Cross
Ellicott City, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap:
Model #: 7G 507452 Model#: B10V Screened, vented well cap:
Pump Capacity 7 GPM Depth: 90 (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: Yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 150 (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 did not use.

Piping to house House Connection
Type: 200 PSI PVC sleeved to undisturbed soil at wall penetration: 15 ft
PSI: 200 (160 psi min) Approximate length of sleeve: 5 ft
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: Yes

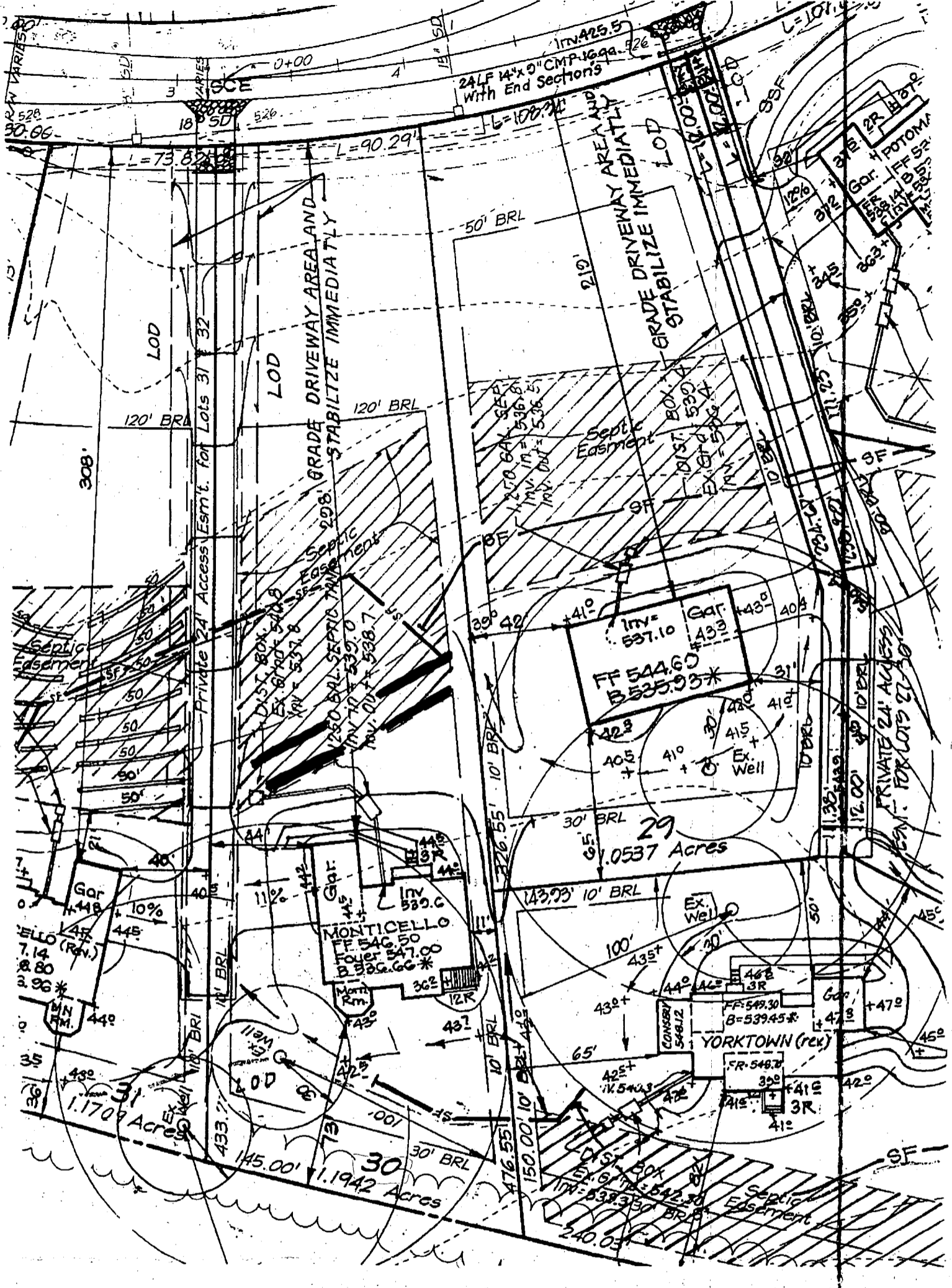
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Harold A. Vansant date: 9.12.00

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

Date Insp. Requested: 9/8/00 Date Insp. Approved: 9/8/00
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

WP IOK
BB SRK



Total linear feet of trench
required 180 feet

Width of trench(es) 2.0 feet

Depth of trench(es) 7.0 feet

Depth of stone required below
distribution pipe 4.0 feet

Approved Septic System Plan
Howard County Health Department

Samuel H. McCall 4/25/00
Signature Date

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 8/15/95

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 Feaga Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 838731

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- 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.

Mark A. Reil
(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

1260
lgt tan
SiClm

2'
red
brn
SaLm
micaceous
5-9%
Saprotic

1259

orange
brn
SiClm

2'
lgt
pink
SiLm

3'
orange
brn
SaLm
layers
of white
decayed
SaLm

2020
2021

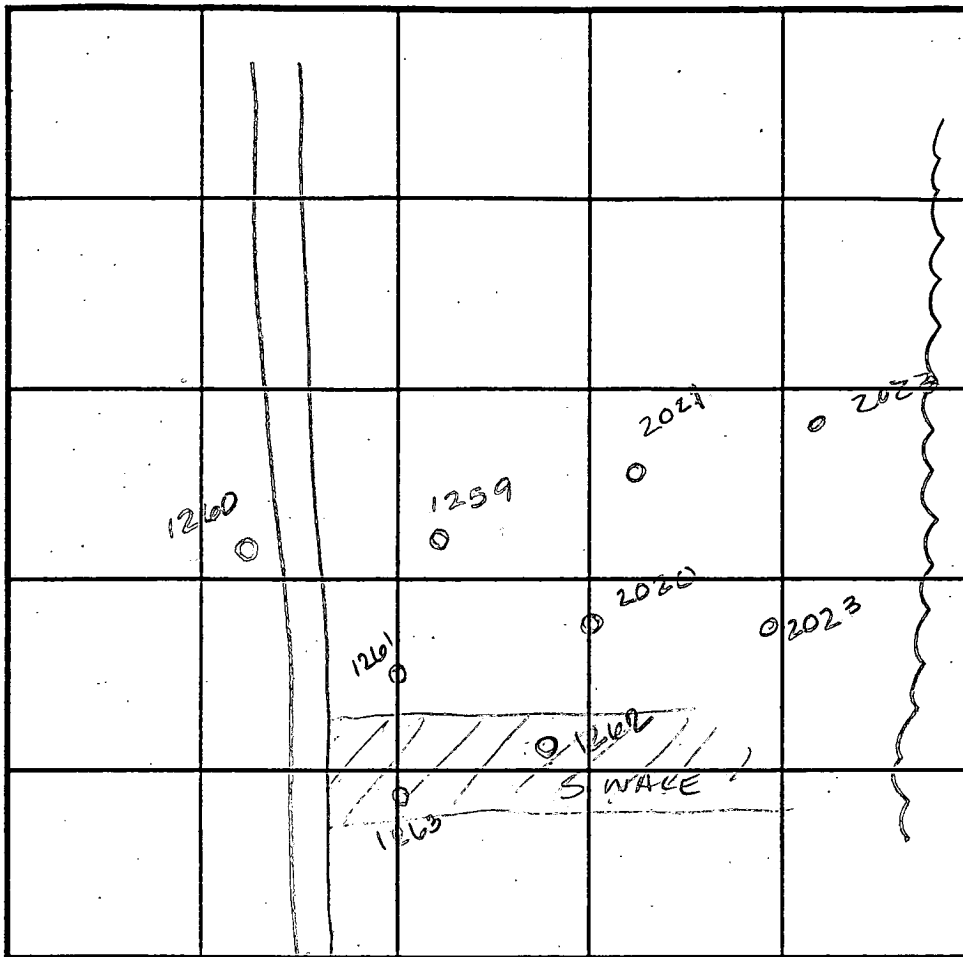
6"
topsoil!
orange
brn
Clm

2'
reddish
brn
SaLm
matrix
horiz.
layers
of decayed
mica
shale
<5%

SOIL PROFILE

2022 2023
0'
dark
red
SiClm

2.5'
brn
SaLm
w/
50%
decayed
shale
and
rock
frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-19-95	1260	Visual	to 11"	—	—	—	OK
	1259	2' / VII	1:51 ³⁰	1:53	1:53	1:55 ³⁰	2 1/2 min
	1259	6' / VII	1:51 ⁴⁵	1:53	1:53	1:56	3 min
	2020	2.5' / VII	1:59	2:00 ¹⁵	2:00 ¹⁵	2:03	2 3/4 min
	2021	2' / VII	1:05 ³⁰	1:06 ⁴⁵	1:06 ⁴⁵	1:08 ³⁰	1 3/4 min
	2022	2.5' / VII	2:13 ³⁰	2:15	2:15	2:17	2 min
	2023	Visual	to 12.5	see profile	—	—	OK

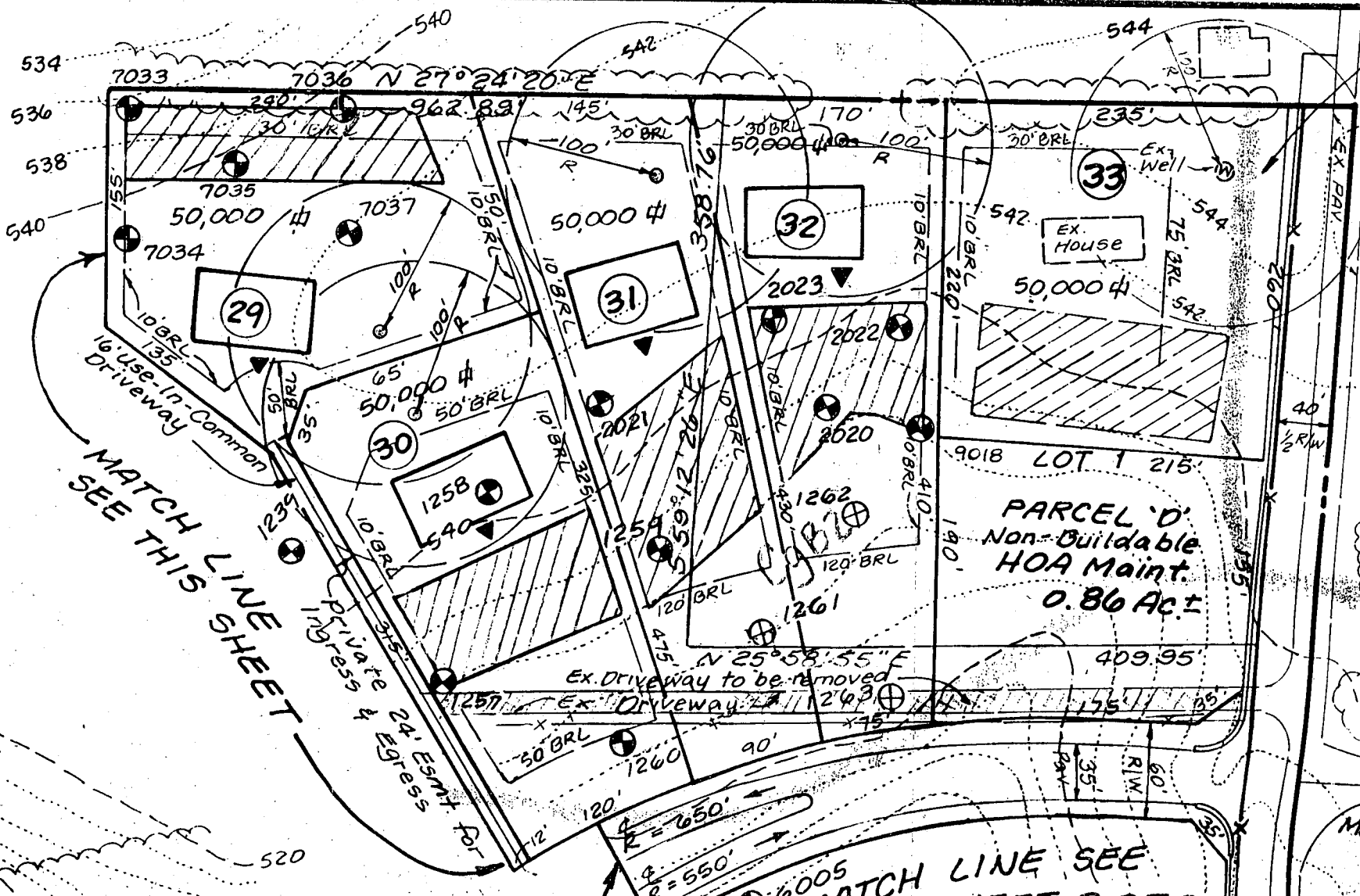
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



MATCH LINE SHEET
SEE THIS SHEET

6005 MATCH LINE SEE SHEET 201

Ex. Lot Record part of Review Plat 4360

MD. RTE. 144

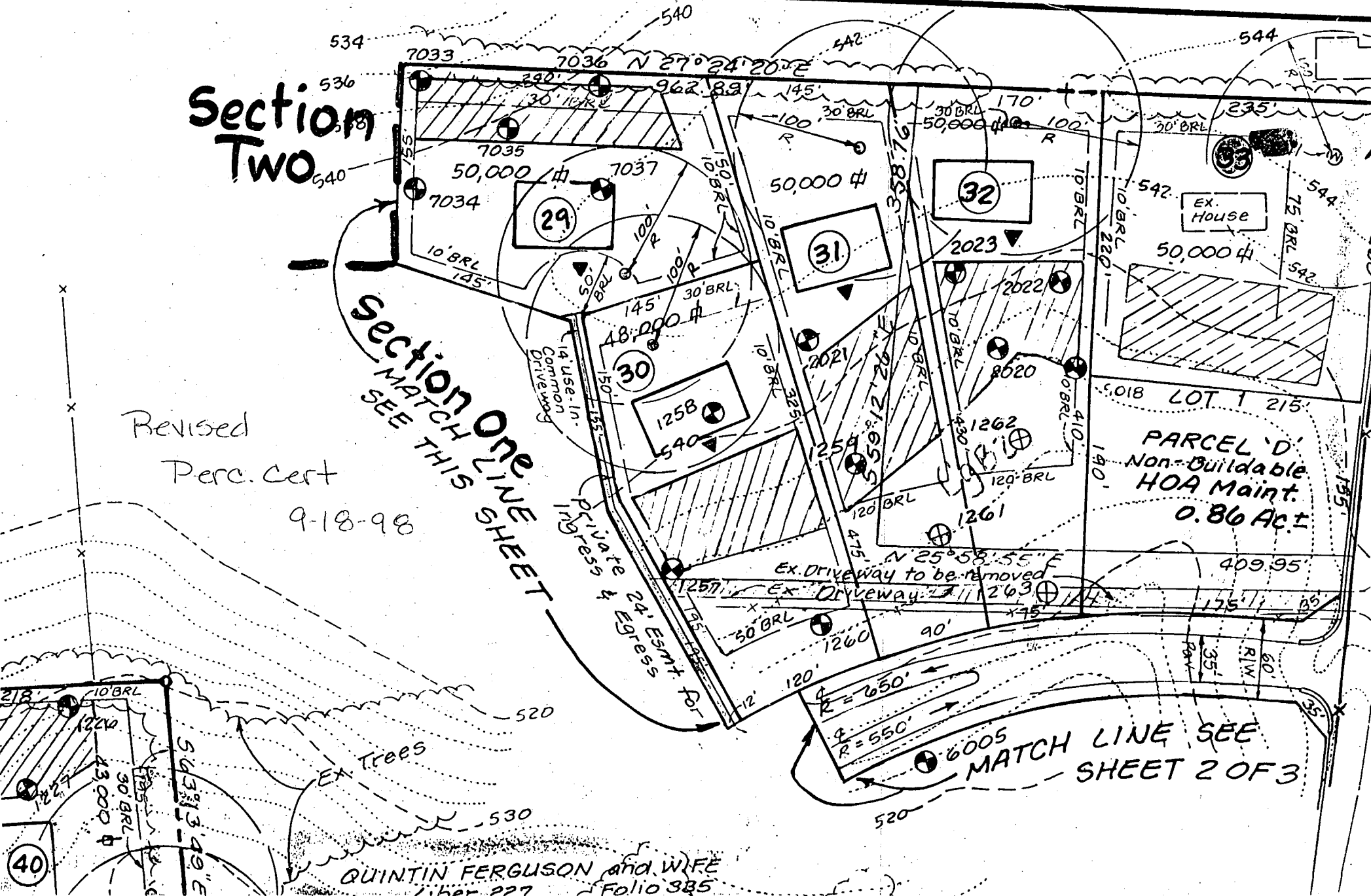
PARCEL 'D'
Non-Buildable
HOA Maint.
0.86 Ac±

MARRIOTTES ROAD 538

Section Two

Revised
 Perc. Cert
 9-18-98

Section One
 MATCH LINE
 SEE THIS SHEET



QUINTIN FERGUSON and WIFE
 Liber 227 Folio 385

6005
 MATCH LINE SEE
 SHEET 2 OF 3

PARCEL 'D'
 Non-Buildable
 HOA Maint.
 0.86 Ac ±

LOT 1 215'

EX. House

Private 24' Egress
 & Access
 Common
 Driveway

EX Trees

Ex. Driveway to be removed
 Ex. Driveway

40

520

530

520

534

536

540

540

542

544

544

544

544

544

544

544

544

544

544

544

544

544

544

544

544

544

544

544

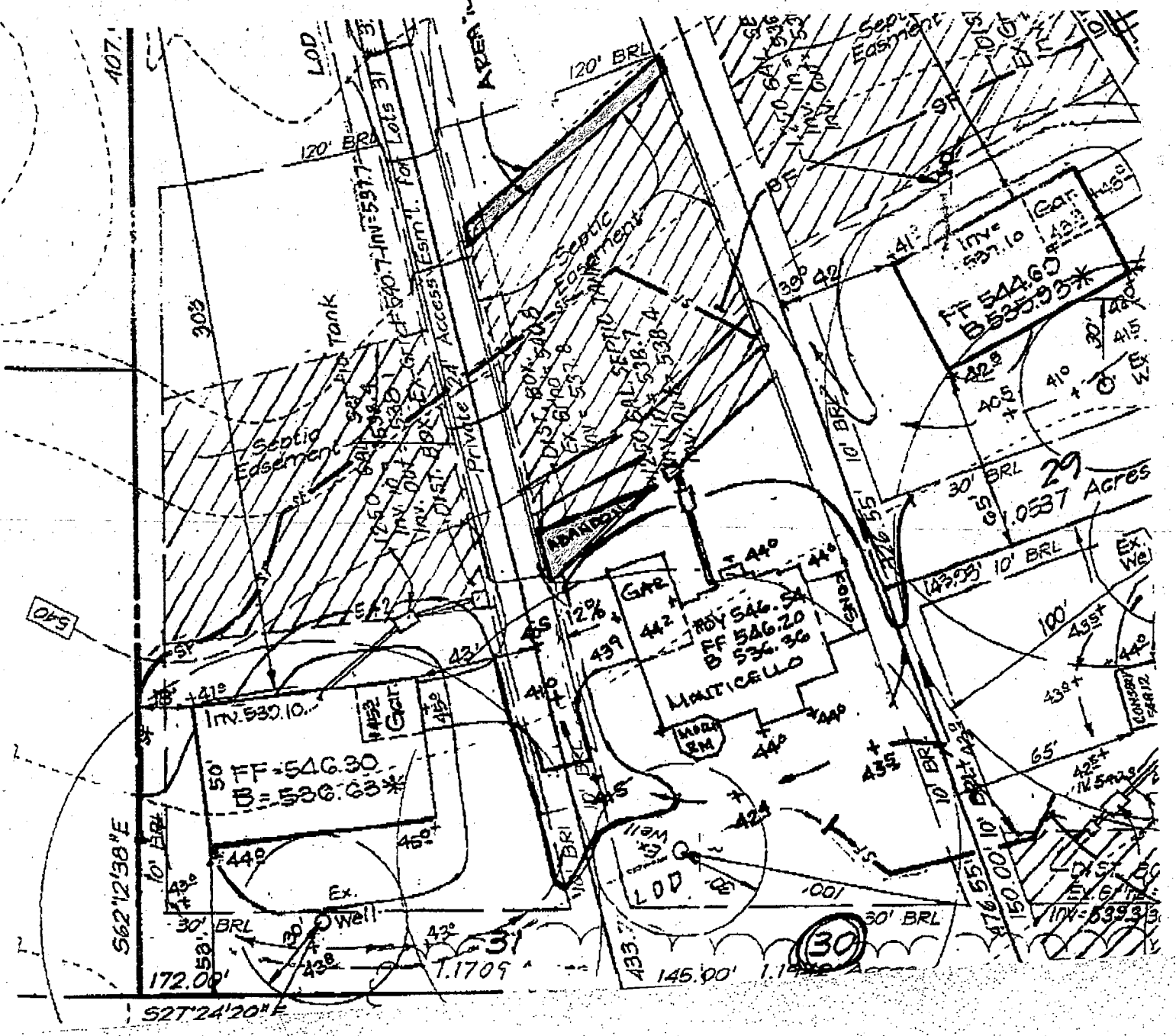
544

544

11-9-99
 BRANTWOOD Lot 30
 LOT STUDY
 ATTN WAYNE FLACK
 N.V. HOMES
 PLEASE REVIEW

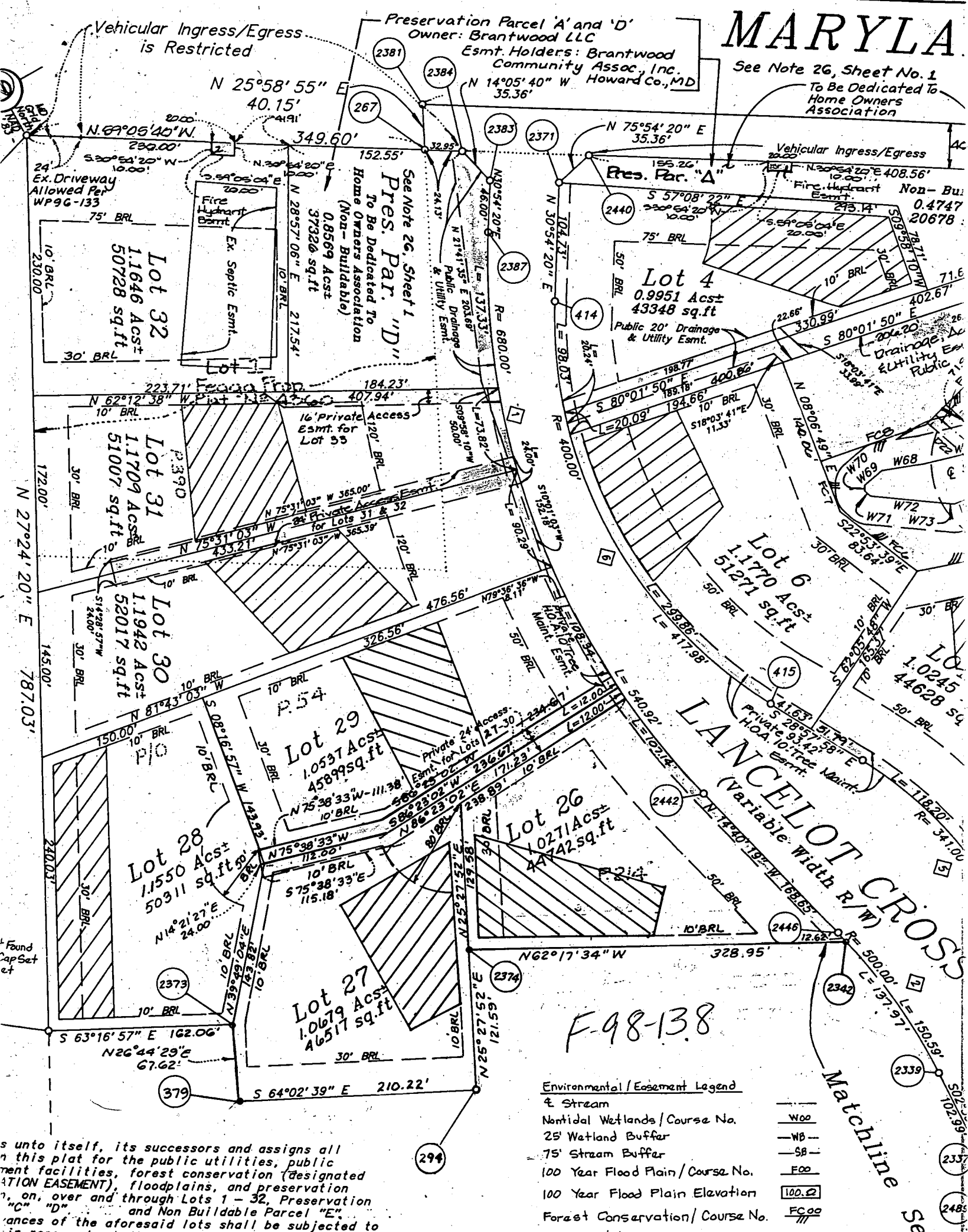
12/14/99
 By copy of this plan
 the Health Dept
 accepts this modification
 to the recorded sewage
 disposal easement.
 J. McMillen

THANKS
 JOEY @ CFS



MARYLA

See Note 26, Sheet No. 1
To Be Dedicated To
Home Owners
Association



Preservation Parcel 'A' and 'D'
Owner: Brantwood LLC
Esmt. Holders: Brantwood
Community Assoc., Inc.
Howard Co., MD

Vehicular Ingress/Egress
is Restricted

Lot 32
1.1646 Acst
50728 sq.ft

Lot 31
1.1709 Acst
51007 sq.ft

Lot 30
1.1942 Acst
52017 sq.ft

Lot 29
1.0537 Acst
45699 sq.ft

Lot 28
1.1550 Acst
50311 sq.ft

Lot 27
1.0679 Acst
46517 sq.ft

Lot 26
1.0271 Acst
44742 sq.ft

Lot 4
0.9951 Acst
43348 sq.ft

Lot 6
1.1770 Acst
51271 sq.ft

LANCELOT CROSS
(Variable Width R/W)

F-98-138

Environmental / Easement Legend

& Stream	W00
Nontidal Wetlands / Course No.	WB
25' Wetland Buffer	SB
75' Stream Buffer	FO0
100 Year Flood Plain / Course No.	100.0
100 Year Flood Plain Elevation	FC00
Forest Conservation / Course No.	///

... into itself, its successors and assigns all
... this plat for the public utilities, public
... ment facilities, forest conservation (designated
... ATION EASEMENT), floodplains, and preservation
... on, over and through Lots 1 - 32, Preservation
... "C" "D" and Non-Buildable Parcel "E".
... ances of the aforesaid lots shall be subjected to

Matchline
See

C1 4143

1 2 3 6

MARYLAND WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
COUNTY NUMBER A50830CC

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
12 16 98
Depth of Well
22 150 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1940
28 29 30 31 32 33 34 35 36 37

OWNER Brantwood LLC
STREET OR RFD Lancelot Cross
SUBDIVISION Brantwood SECTION T TOWN ELICOTT CITY MD LOT 31

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	
BROWN SHALE	0	51	
BLUE SLATE	51	150	

WATER AT 115'

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
NO. OF BAGS 16 NO. OF POUNDS 1504
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 59 ft

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60
OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

DEPTH (nearest ft.)
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 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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. 1 MWD 139
Robert Colme
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

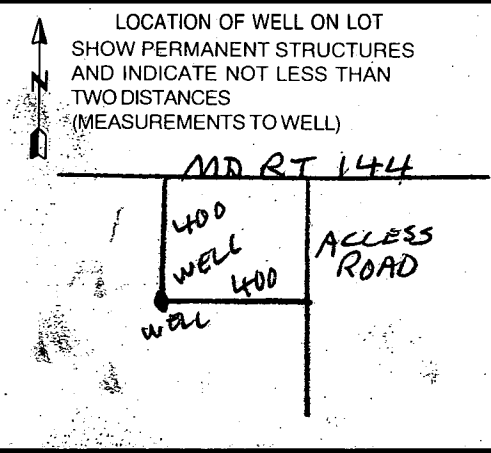
LIC. NO. 1 MWD 368
Rick Fogle

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
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

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 10
METHOD USED TO MEASURE PUMPING RATE TIME
WATER LEVEL (distance from land surface) BEFORE PUMPING 62 ft. WHEN PUMPING 80 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
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 LAND SURFACE (nearest foot)



B 1 **8628** SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1940
70 fill in this form completely 79

Date Received (APA) **10/13/98**
8 MM DD YY 13
OWNER INFORMATION
Brantwood LLC.
15 Last Name Owner First Name 34
8835-P Columbia 100 Parkway
36 Street or RFD 55
Columbia, MD. 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Feaga Property
23 SUBDIVISION 42
SECTION 44 46 LOT **31** 48 50
Pine Orchard Meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION
Hartman, David MW D 517
Driller's Name 76 License No. 81
A.C. Schuites of MD., Inc.
Firm Name
27 South River Road
Address
Edgewater, MD. 21037
Signature **David B. Hartman** Date **10/06/98**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
1 2
NORTH
N
NE
E
SE
S
SW
W
WEST
SOUTH
EAST
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 NEAR WHAT ROAD 30
LANCELOT CROSS
MD. RT. 144
34 **400** 37
DISTANCE FROM ROAD
ENTER FT OR MI **FT** 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE **10**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **800**
(GAL. PER DAY) 14 20

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER.
HEALTH DEPARTMENT APPROVAL
Howard Co **A50830CC**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **102698** **A M Mille** **102699**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **520 000** EAST GRID **820 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)	JETTED	Jetted & DRIVEN
<input checked="" type="checkbox"/> AIR-ROTary	AIR-PERCussion	ROTARY (Hydraulic Rotary)
CABLE	REVerse-ROTary	DRive-POINT

other _____

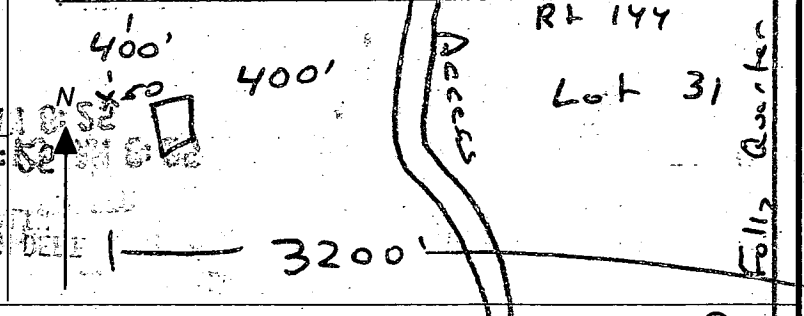
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **Tanker**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **820**
N **520**
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____
G A I P A M D E
WRITE INITIALS IN BOX FORCE **AM** PERMIT No. **HO-94-1940**
67 68 70 71 72 73 74 75 76 77 78 79

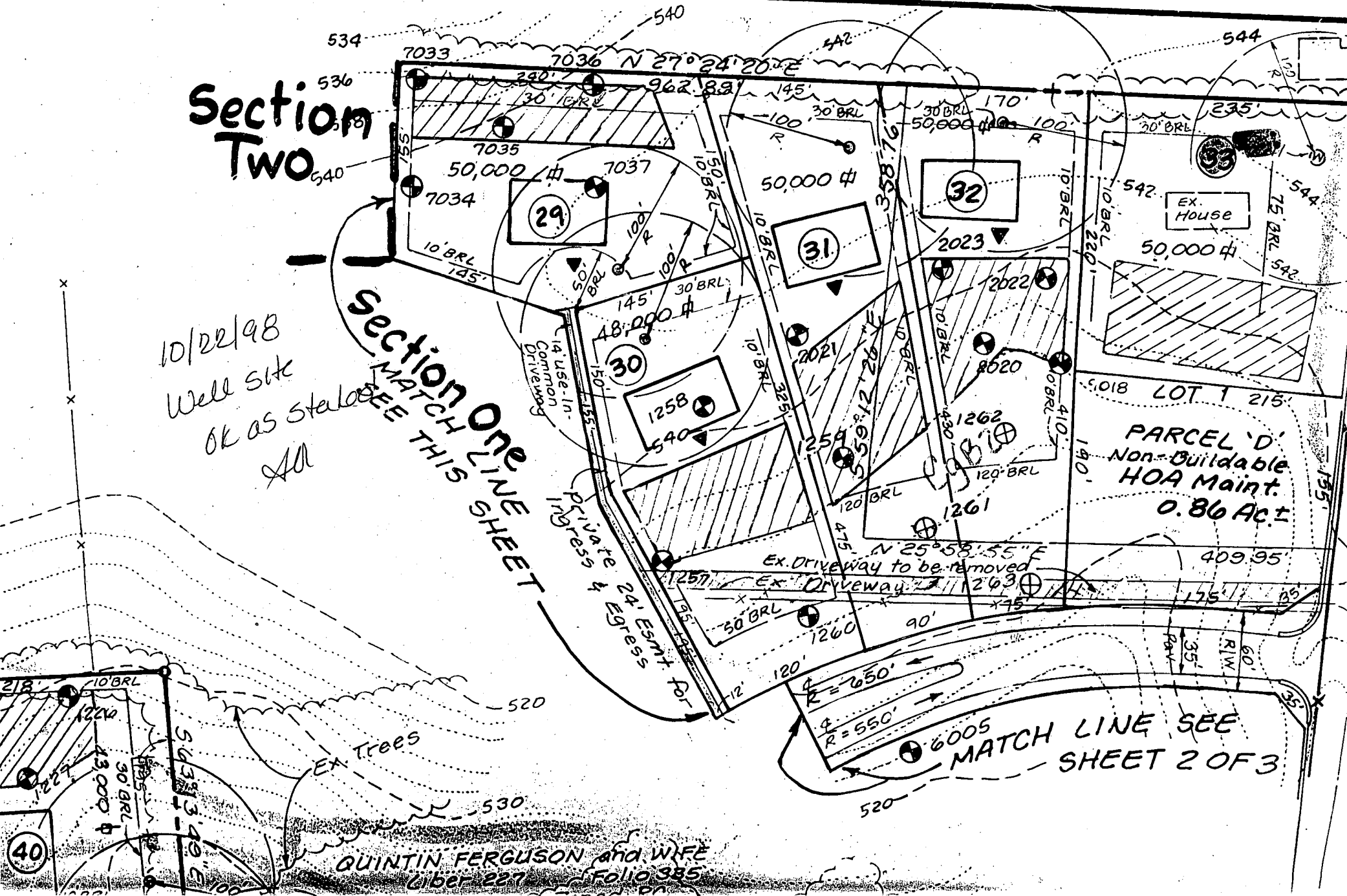


Section Two

10/22/98
Well site
OK as stated
AD

Section One
MATCH LINE SHEET

QUINTIN FERGUSON and WIFE
Uber 227 Folio 385



6005
MATCH LINE SEE SHEET 2 OF 3

PARCEL 'D'
Non-Buildable
HOA Maint.
0.86 Act

EX. HOUSE

14' Use-In-Common
Driveway

Private Egress & Access

Ex. Driveway to be removed

EX. Trees

40

520

530

520

534

536

540

540

542

544

7033

7036 N 27° 24' 20\"/>

7035

7037

7034

32

29

31

30

33

10/22/98

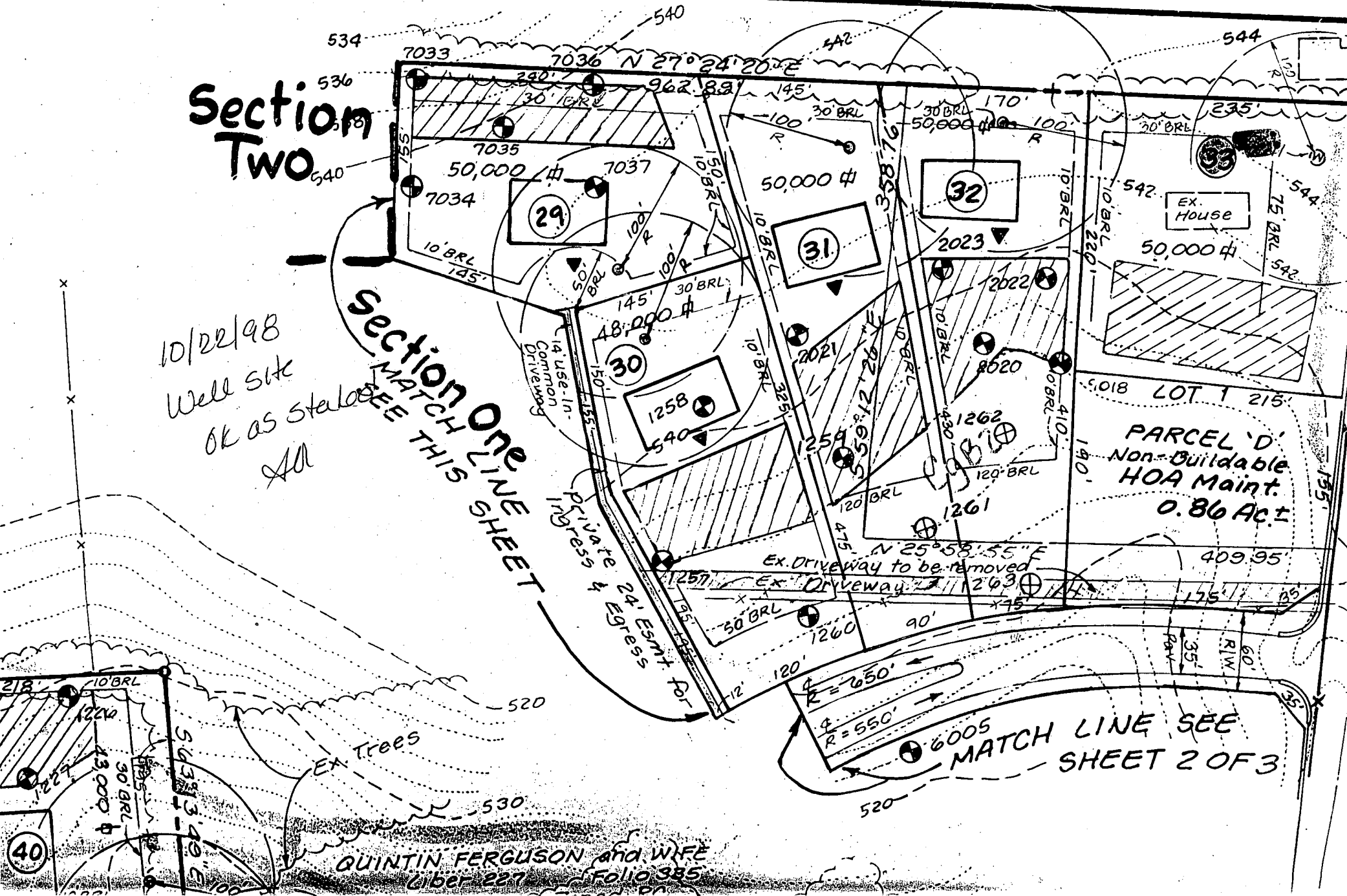
Well site

OK as stated

AD

Section One
MATCH LINE SHEET

QUINTIN FERGUSON and WIFE
Uber 227 Folio 385



6005
MATCH LINE SEE SHEET 2 OF 3

PARCEL 'D'
Non-Buildable
HOA Maint.
0.86 Act

EX. HOUSE

14' Use-In-Common
Driveway

Private Egress & Access

Ex. Driveway to be removed

EX. Trees

40

520

530

520

534

536

540

540

542

544

7033

7036 N 27° 24' 20\"/>

7035

7037

7034

32

29

31

30

33

10/22/98

Well site

OK as stated

AD

Section One
MATCH LINE SHEET

QUINTIN FERGUSON and WIFE
Uber 227 Folio 385

B 1	8628	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1940 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	--	---

OWNER INFORMATION

Date Received (APA) 12/29/98

8 MM DD YY 13

Dr. H. Wood LLC.

15 Last Name Owner First Name 34

5535-P Columbia 100 Highway

36 Street or RFD 55

Columbia, MD 21045

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard

8 COUNTY 21

Fraga Property

23 SUBDIVISION 42

SECTION 31 LOT 31

44 46 48 50

Pine Orchard Meadows

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I I

73 76 77 78

DRILLER INFORMATION

HARTMAN, David M D 511

Driller's Name 76 License No. 81

M.D. Services of MD., Inc.

Firm Name

3000 River Road

Edgewater, MD 21037

Address

David B. Hartman 10/26/98

Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

1 2

NEAR WHAT ROAD

LANCELOT CROSS

11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2

1 2

APPROX. PUMPING RATE 10

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500

(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A50830CC

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 10/26/98

43 MM DD YY 48

M. Mella 10/26/99

CO SIGNATURE EXP. DATE

NORTH GRID 520 000 EAST GRID 520 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Tanker

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 520

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

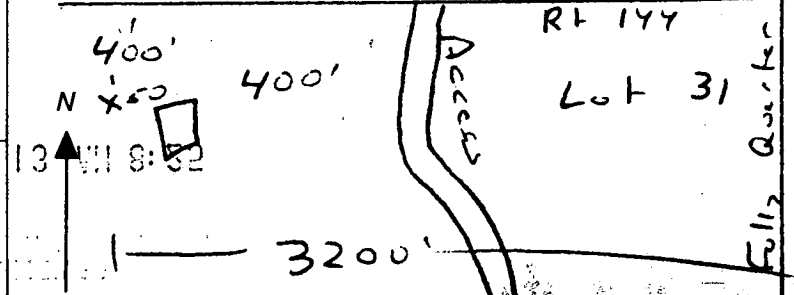
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

54 63

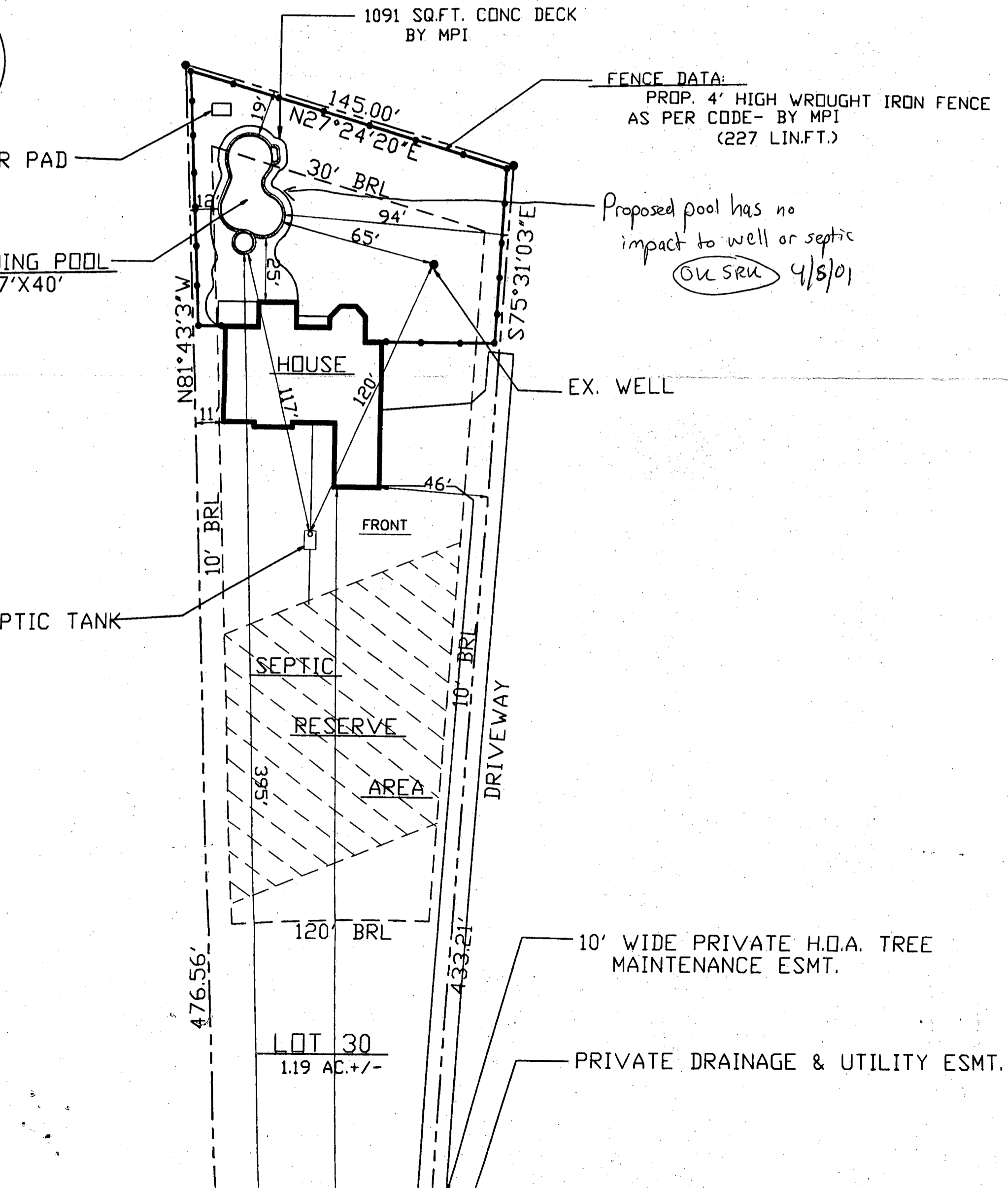
FORCE 441 INITIALS IN BOX PERMIT No. HO-94-1940

67 68 70 71 72 73 74 75 76 77 78 79



PRIVATE WELL
& SEPTIC

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



Proposed pool has no
impact to well or septic
OK SRU 4/8/01