

10/31/00
Layout
11/3/00 all day

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330400

P 514259

A 50830-D

DISTRICT _____

DATE 9/15/2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 11/3/00

INSPECTOR BB

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3 North Main Street, Mt. Airy MD 21771 PHONE 301-829-0444

SUBDIVISION Brantwood LOT 4 ROAD 3005 Lancelot Cross

PROPERTY OWNER NV Homes

ADDRESS _____

TOP SEAMED SEPTIC TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Trenches to follow contour starting at the upper edge of the sewage disposal easement.
*****COMPLEX SITE - CONTRACTOR TO REQUEST LAYOUT INSPECTION PRIOR TO INSTALLING TANK OR TRENCHES.*****

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/12/99 OK AU

PLANS APPROVED BY C. Williams DATE 6-29-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

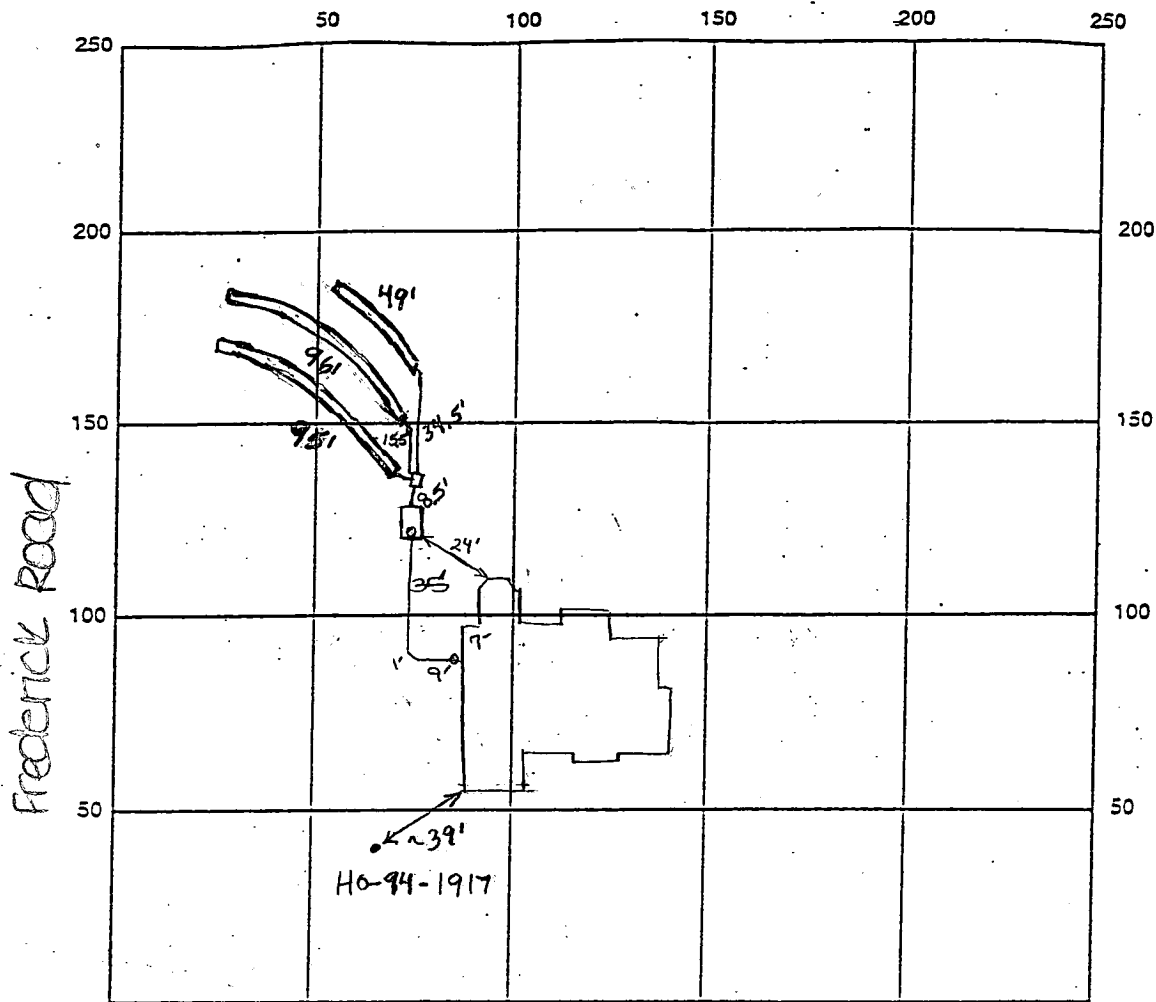
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

lancelot Cross

SEPTIC TANK LEVEL OK 1250 TS CLEANOUTS 6" Tank, 4" House

DISTRIBUTION BOX LEVEL OK, Baffle

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/31/00 A.M. due to well location, septic tank location does not allow for installation of trenches as specified. OK to install trenches in area for 2nd set of trenches, since specs for upper most third of SEA allows for inlet 6" which can be made by gravity in future. OK 10/31/00 tank set OK
11/3/00 Everything satisfactory. O.K. to cover. W.P.J. O.K. (B)

DATE SYSTEM APPROVED 11/3/00 INSPECTOR B. Baker



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer
December 14, 2000

NV Homes
2200 Defense Highway
Suite 301
Crofton, MD 21114

RE: Brantwood - Lot 4
3005 Lancelot Cross
BP #: B00118336
Well Permit #: HO-94-1917

Dear Sir or Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on November 3, 2000.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1917. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment.**

Date of Water Sample(s): December 13, 2000
Date of Well Completion: June 8, 1999

Approving Authority

Brian Baker

Brian Baker - Sanitarian
Water and Septic Program

cc: Building Inspector's Office
File

**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: 300 Main St. Mt Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Jefford A. VanSant License# 1467

*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: W Homes Telephone #: 301-858-0522
Subdivision: Branterood Lot #: 4 Well Tag #: HO-94-1917
Site Address: 3005 Lancelot Cross Ellicott City MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>76S10422</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>Caude</u>	Model #: <u>610K</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>1</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 NO

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

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: Jefford A. VanSant date: 11.21.00

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

Date Insp. Requested: 11/3/00 Date Insp. Approved: 11/3/00 **(BB) 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

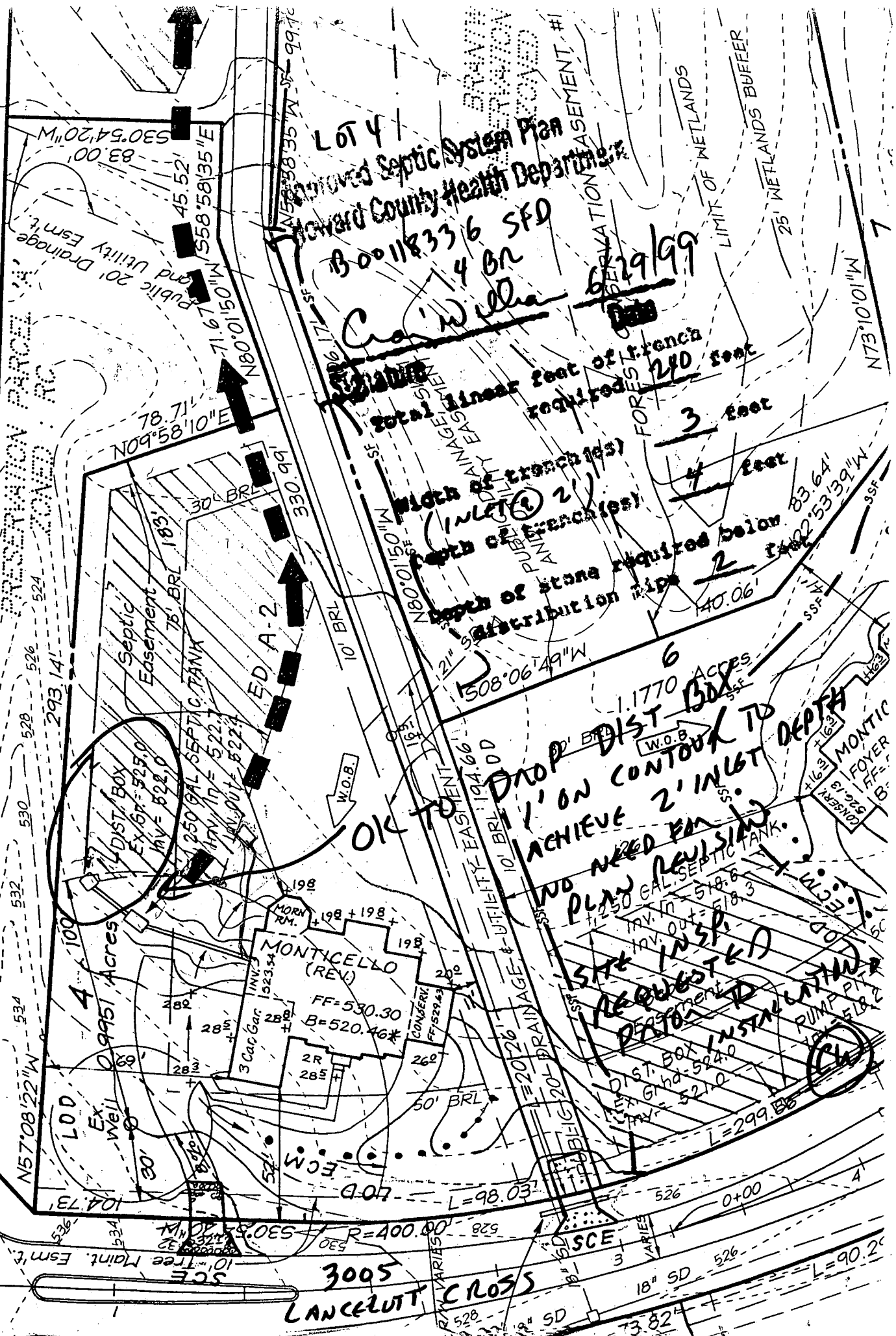
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

MARYLAND ROUTE 144
FREDERICK ROAD
(PUBLIC ROAD)

50
51
52
53
54



LOT 4
Approved Septic System Plan
Howard County Health Department
B00118336 SFD
4 BR

Craig W. [Signature]

6/29/99

total linear feet of trench required 240 feet

width of trench(es) 3 feet
depth of trench(es) 4 feet
depth of stone required below distribution pipe 2 feet

OK TO DROP DIST BOX ON CONTOUR TO ACHIEVE 2' INLET DEPTH
WO NEED FOR PLAN REVISING
SITE INSPECTION REQUESTED
PROPOSED SEPTIC TANK
PUMP

MONTICELLO (REV.)
FF=530.30
B=520.46*

3005 LANCELOT CROSS

LIMIT OF WETLANDS
25' WETLANDS BUFFER

Public 20' Drainage and Utility Esm't.

Septic Easement
250 GAL SEPTIC TANK
INLET = 525.0
INV. = 528.0
OUTLET = 522.0
INV. = 522.0

3 Car Gar. INV. 523.54
2R 285
2R 285
CONCRETE FF=529.85

10' Tree Maint. Esm't.
SCS
R=400.00
L=73.82

0+00
526
0+00
526

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 Fenger Family NV HOMES

ADDRESS _____ PHONE _____

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

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. H 84

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd
(3002 Lancelot Cross)

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SKIPPED
AND RETURNED 6-19-99
Serial # Bro 118336

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. Myrl 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

1014 1012

dark red
red
SiCLM
micaceous

3'

darker red
brn
micaceous
SaSiLM

8'

white
large
grained
decayed
quartz
mix w/
red

11'

1011

dark
red
SiCLM

2.5'

orange
red
platy
structure
Salm

8.5'

lgt tan
orange
Salm
decayed
white
quartz
mix
yellow
spitiches

12.5'

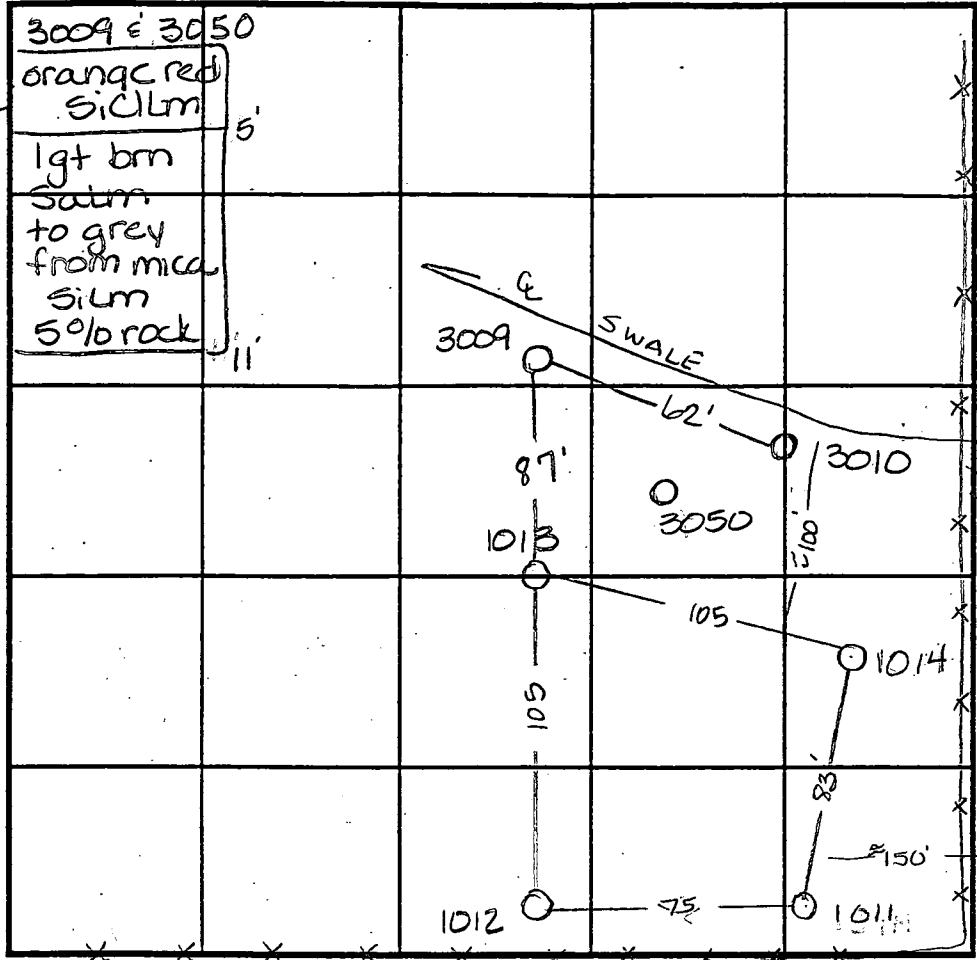
1013

red
orange
SiCLM
micaceous
strong structure

3'

bright
red
sand
micaceous
decayed
white
quartz
flags
throughout

11'



SOIL PROFILE

3010

dark brn
SaCLM

2.5'

dark
red brn
micaceous
Salm

9'

white
Salm
with
red
orange
mix
evidence
of H₂O

11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
RD RT 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-7-95	1014	4' / VII'	10:30	10:32	10:32	10:34	2min
	1011	6.5' / VII.25	10:36 ⁴⁵	10:37 ³⁰	10:37 ³⁰	10:40	2 1/2 min
	1011	2.5' / VII.25	10:37	10:39	10:39	10:41	2min
	1012	Visual to 12'	- sec profile		-		OK
	1013	4' / VII'	10:44	10:48	10:48	10:59	11min
11-8-95	3010	Visual to 11'	-		-		WET SEASON F
	3009	Visual to 11'	-		-		WET SEASON F
	3050	Visual to 11'	-		-		WET SEASON F

REMARKS _____

TYPE OF SOIL _____

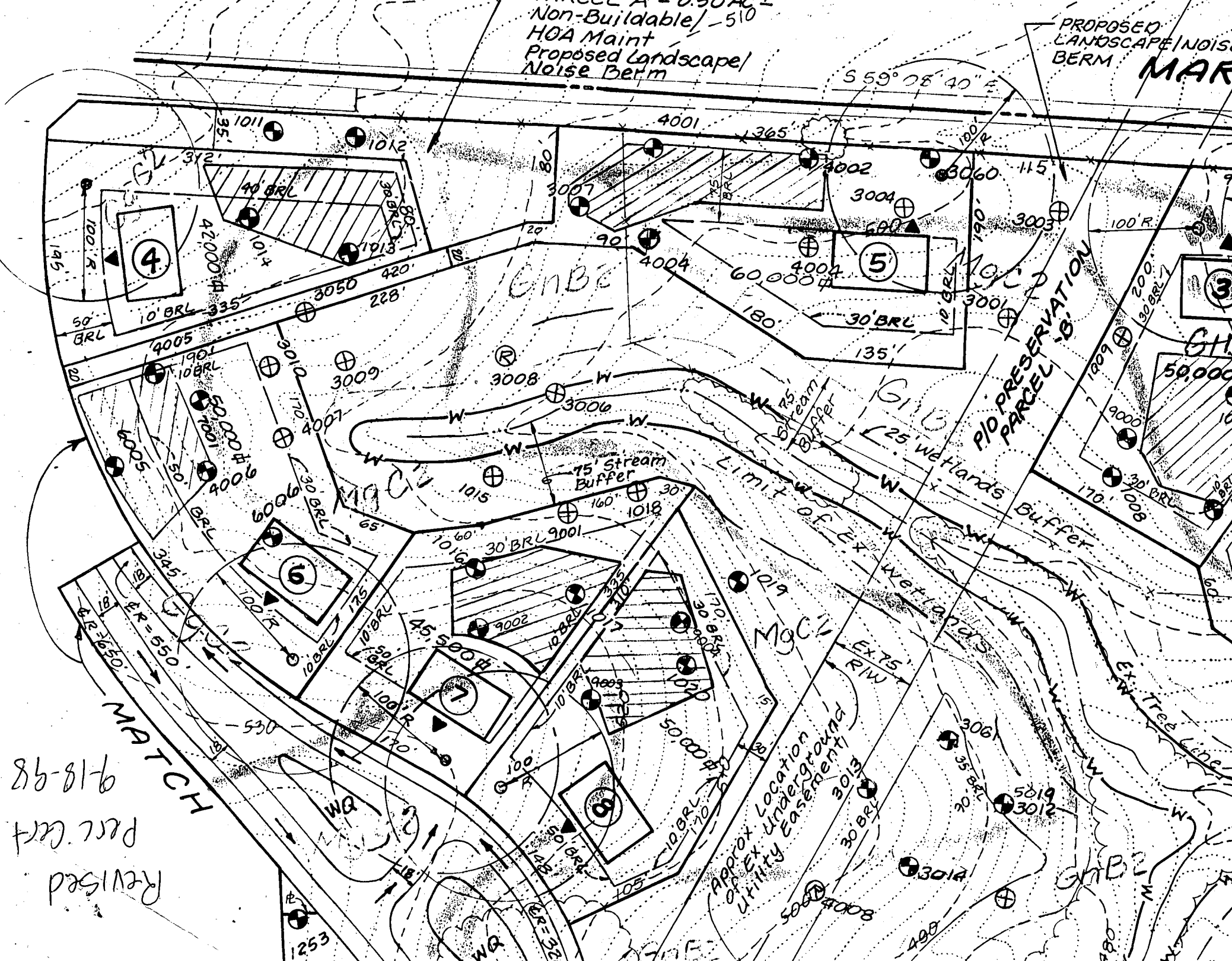
TESTED BY Amy McMillen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

PARCEL A' - 0.50 AC
Non-Buildable / -5'0
HOA Maint
Proposed Landscape/
Noise Berm

PROPOSED
LANDSCAPE/NOISE
BERM
MAR

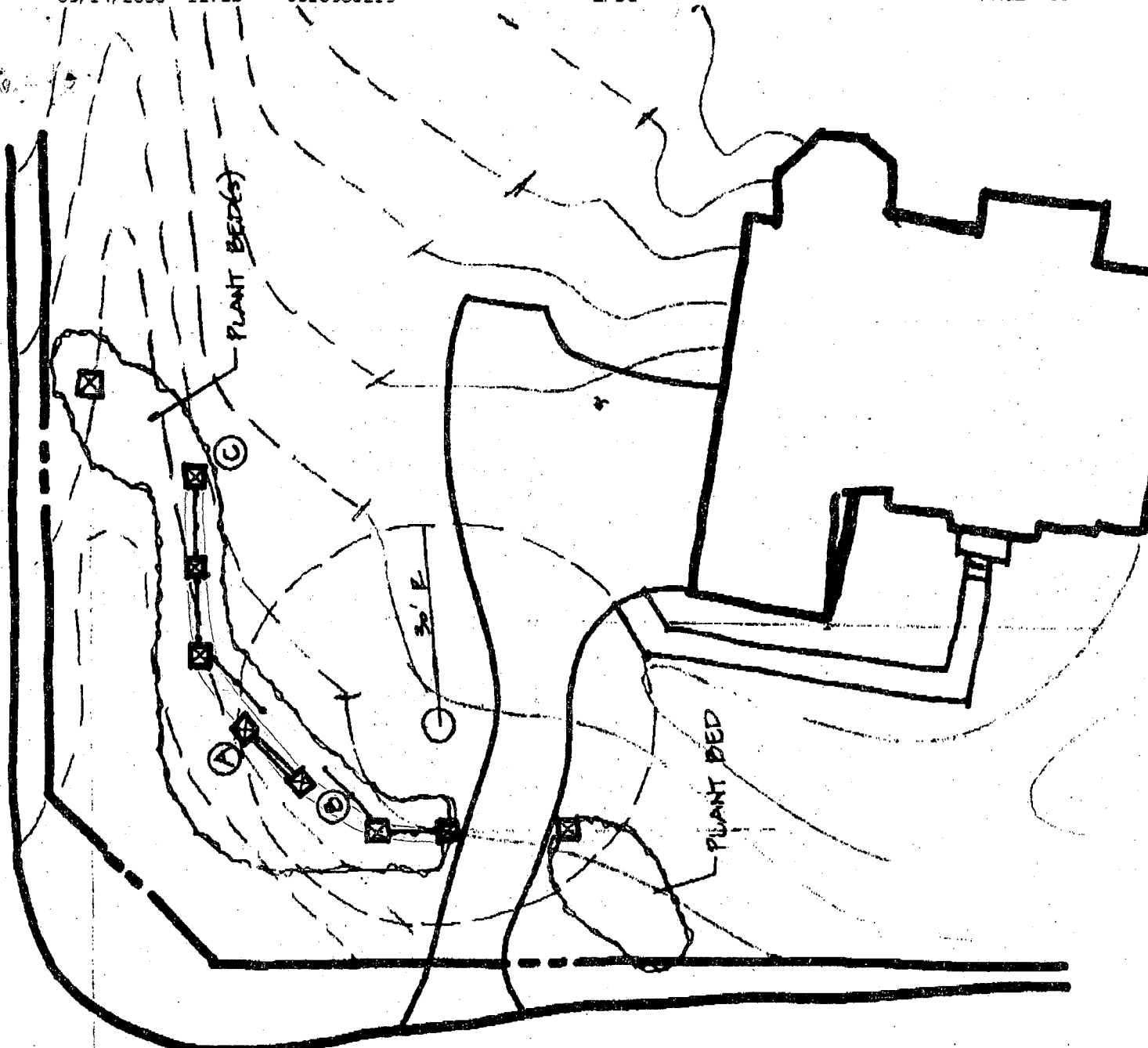


Revised
Perc Cert
9-18-98

Approx Location
of Ex Undergroung
Utility Easement

P/O PRESERVATION
PARCEL 'B'

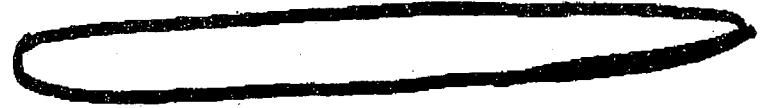
MAR



9/15/00

Entrance feature
 Brick piers & fence OK
 as shown - 15' to closets
 Pier Driveway location
 not approved as shown on this
 document

LANCELOT



10/25/00
800126888

SIGNED FOR
 ENTR. FEATURE
 CONSISTENT WITH
 PLAN MR

AM



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 15, 2000

Mr. Eric Schlatter
The Land Planning & Design Group
5300 Westview Drive, Suite 101
Frederick, MD 21701

Re: Proposed entrance sign for Brantwood

Dear Mr. Schlatter:

This is in response to your letter faxed to this office on September 14, 2000. In that letter, you requested a position regarding whether a proposed entrance feature to the Brantwood subdivision conforms with applicable Health Department requirements. You described a sign, measuring 4' X 12', bearing the name of the subdivision. Behind this, a fence, consisting of brick piers and wrought iron fencing, would be constructed four feet from the entrance sign.

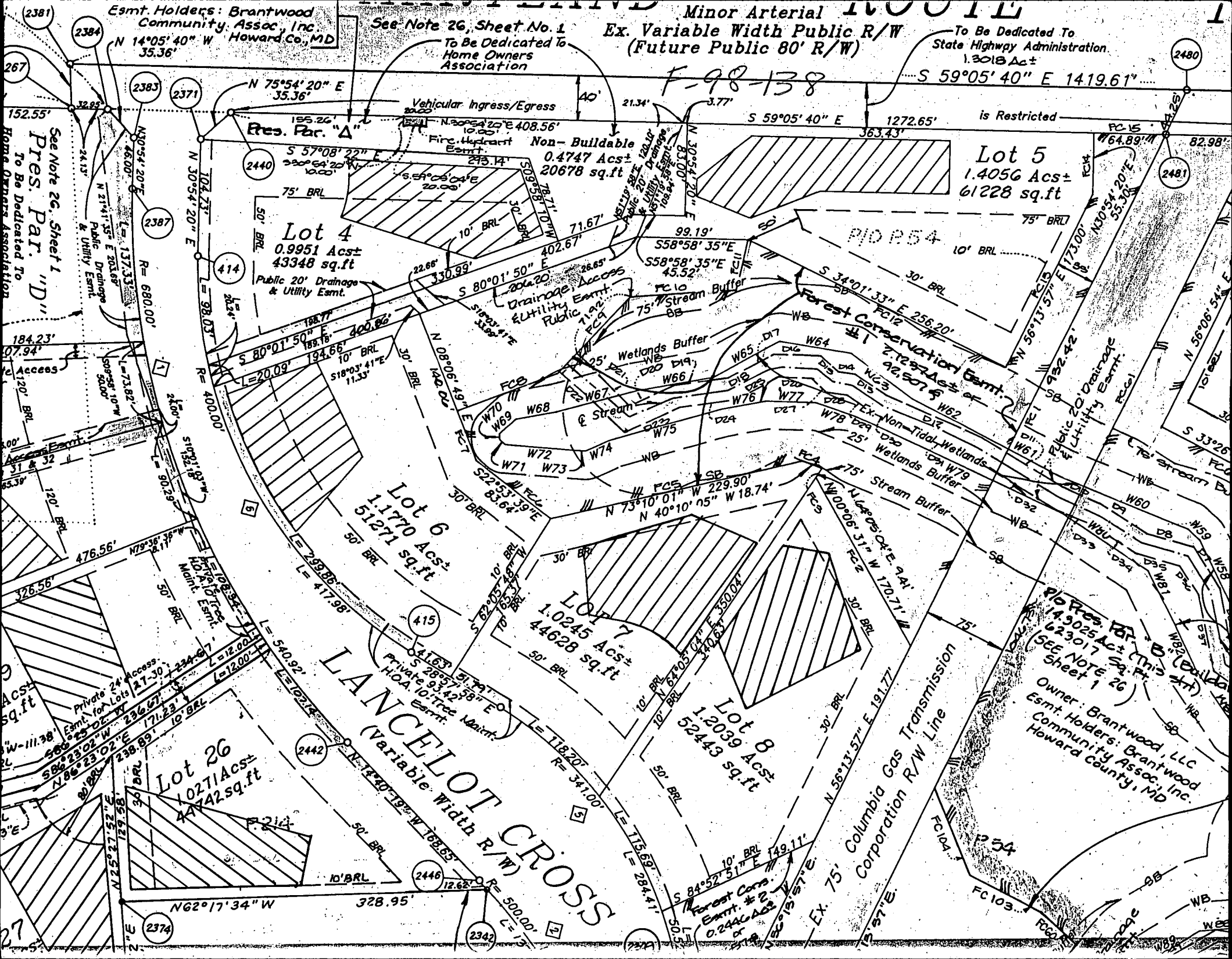
Please be advised that the sign and fencing is consistent with Department requirements for minimum setback distances from wells and septic systems.

If you have any questions, please contact Amy Mc Millen at 410-313-2640.

Sincerely,

Amy Mc Millen, Program Director
Water & Sewerage Program

ALM:alm



Esmt. Holders: Brantwood Community Assoc, Inc Howard Co., MD
N 14°05'40" W 35.36'

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

Minor Arterial
Ex. Variable Width Public R/W
(Future Public 80' R/W)

To Be Dedicated To State Highway Administration.
1.3018 Ac±
S 59°05'40" E 1419.61'

F-98-138

See Note 26, Sheet 1
Pres. Par. "D"
To Be Dedicated To Home Owners Association

Pres. Par. "A"

Lot 4
0.9951 Acst
43348 sq.ft
Public 20' Drainage & Utility Easmt.

Non-Buildable
0.4747 Acst
20678 sq.ft

Lot 5
1.4056 Acst
61228 sq.ft

Lot 6
1.1770 Acst
51271 sq.ft

Lot 7
1.0245 Acst
44628 sq.ft

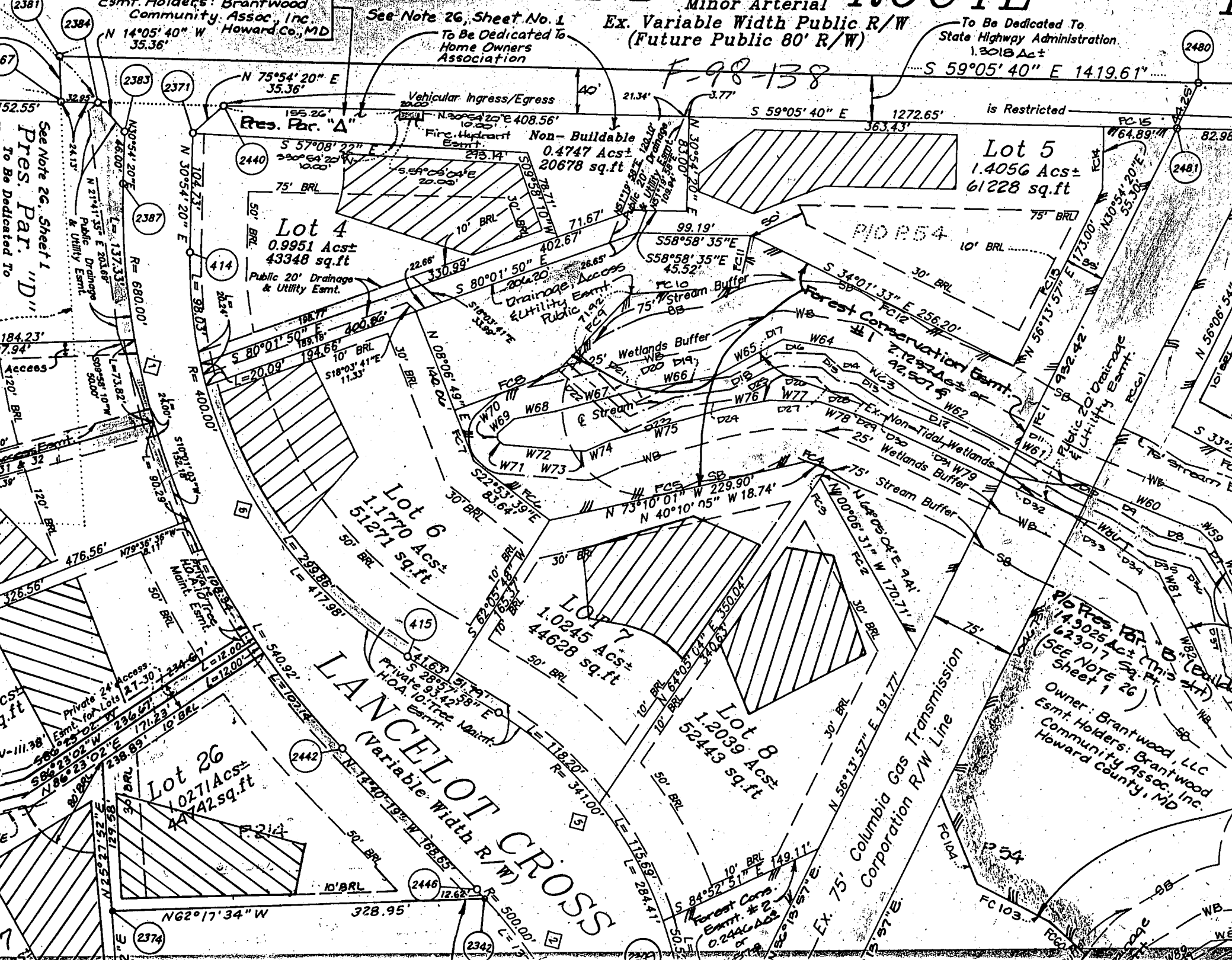
Lot 8
1.2039 Acst
52443 sq.ft

Lot 26
1.0271 Acst
44742 sq.ft

LANCLOT CROSS
(Variable Width R/W)

Columbia Gas Transmission Corporation R/W Line

Owner: Brantwood, LLC
Esmt. Holders: Brantwood Community Assoc, Inc.
Howard County, MD



C1 06248

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830D

7/30/99 OKAL

ST/CON USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1917

DATE Received MM DD YY

MM DD YY 6 8 99

22 550 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Brantwood, L.L.C. STREET OR RFD Lancelot Cross TOWN Ellicott City SUBDIVISION Brantwood SECTION I LOT 4

WELL LOG

Not required for driven wells

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 18 NO. OF POUNDS 1692 GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 90 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 91

OTHER CASING (if used)

diagram showing casing diameter and depth

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns for casing type (A, C, H, S, R, E, N) and depth intervals (1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3 * 5

METHOD USED TO MEASURE PUMPING RATE Time

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 ft.

WHEN PUMPING 140 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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

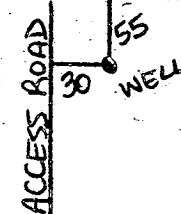
CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 1 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

MD RT. 144



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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-80), Blue Slate (80-550), Water @ 120'

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 Cline

LIC. NO. 1 MWD 168 Rick Fogle

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

C1 4348

SEQUENCE-NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830

ST/CO USE ONLY DATE RECEIVED MM 1 22 99

DATE WELL COMPLETED MM 1 DD 13 YY 99

Depth of Well 22 550 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1917

OWNER Brantwood LLC STREET OR RFD Lancelot cross TOWN ELICOTT CITY SUBDIVISION Brantwood SECTION T LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

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

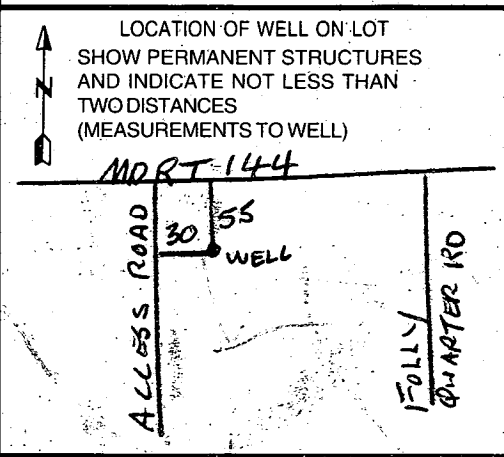
CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

SCREEN RECORD form with fields for screen type or open hole, diameter, depth.

DEPTH (nearest ft.) table with columns for depth intervals and values.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO (Y, N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

DRILLERS LIC. NO. MWD 139 Robert Cline

LIC. NO. MWD 168 Rick Fagle

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

B 1 **8603**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1917
fill in this form completely

Date Received (APA)

10/3/98

OWNER INFORMATION

Brantwood LLC
Last Name Owner First Name

8835-P Columbia 100 Parkway
Street or RFD

Columbia, MD 21045
Town State Zip

B 3 LOCATION OF WELL

Howard
COUNTY

Teaga Property
SUBDIVISION

SECTION **4** LOT **4**

Pine Orchard meadows
NEAREST TOWN

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

DRILLER INFORMATION

Hartman, David MW D 517
Driller's Name License No.

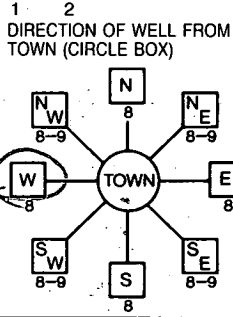
A.C. Schultes of MD, Inc.
Firm Name

24 South River Road
Address

Edgewater, MD 21037
City State Zip

10/6/98
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD Rt. 144
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

30'
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **10**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**

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 COUNTY NAME
A50830D COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ DATE ISSUED **10/26/98**

A McMiller CO SIGNATURE EXP. DATE **10/26/99**

NORTH GRID **520 000** EAST GRID **820 000**

APPROXIMATE DEPTH OF WELL: **200** 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 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) _____

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

APPROX. PERMIT NUMBER **54**

FORCE **AM** PERMIT No. **HO-94-1917**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

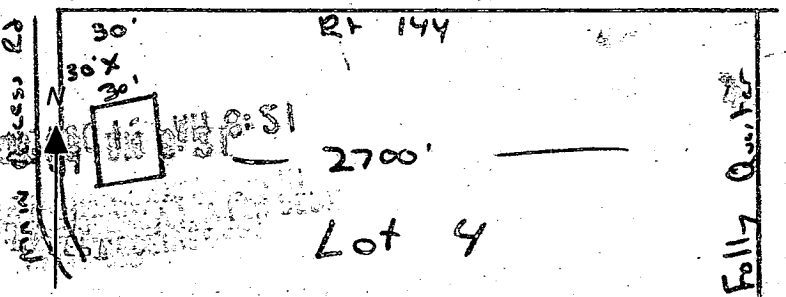
- SOURCES OF DRILLING WATER
- 1. **Tanker**
- 2.
- 3.

WRITE THE BOX-NUMBER FROM THE MAP HERE

E 820
N 520

18 BAGS
90' CASING
20' OPEN
2' CASING
GROUT
OR NOT OBS'D
TAGOK MR
12/28/98

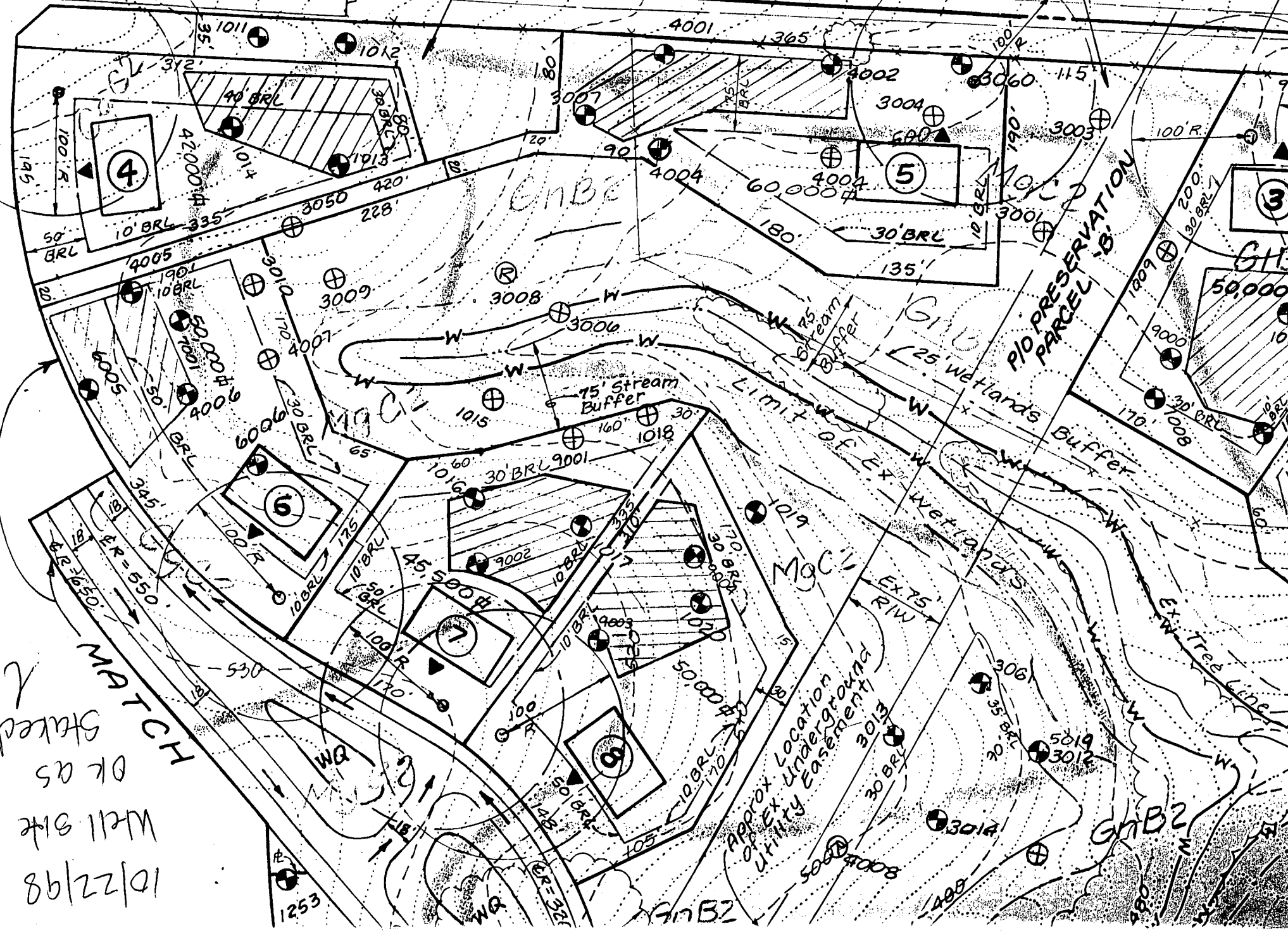
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



PARCEL A' - 0.50 AC ±
Non-Buildable / - 510
HOA Maint
Proposed Landscape/
Noise Berm

PROPOSED
LANDSCAPE/NOISE
BERM
MAR

5 59° 28' 40"



2
MATCH
Staked
OK AS
Well Site
10/22/98

Approx Location
of Ex Undergrowing
Utility Easement

GnB2