

6/23/00
10-00

INDEXED

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

P. 513630

A. 50830-DD

ISSUE DATE 6/12/2000

APPROVAL DATE 6/23/00

03-330867

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL x ALTER

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

SUBDIVISION Brantwood I LOT NUMBER 31 ADDRESS 3008 Lancelot Cross

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Highway

SEPTIC TANK CAPACITY 1250 GALLONS Crofton, MD 21114

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION: Begin trenches 270 feet off the front lot line and 60 feet of the left lot line as seen when facing the lot from Lancelot Cross. Run trenches on contour in both directions 02 (BB)

BUILDING PERMIT SIGNED

AND RETURNED

67203-800142391 - FINISH BASEMENT

PLANS APPROVED Amy McMillen DATE 2-7-2000

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

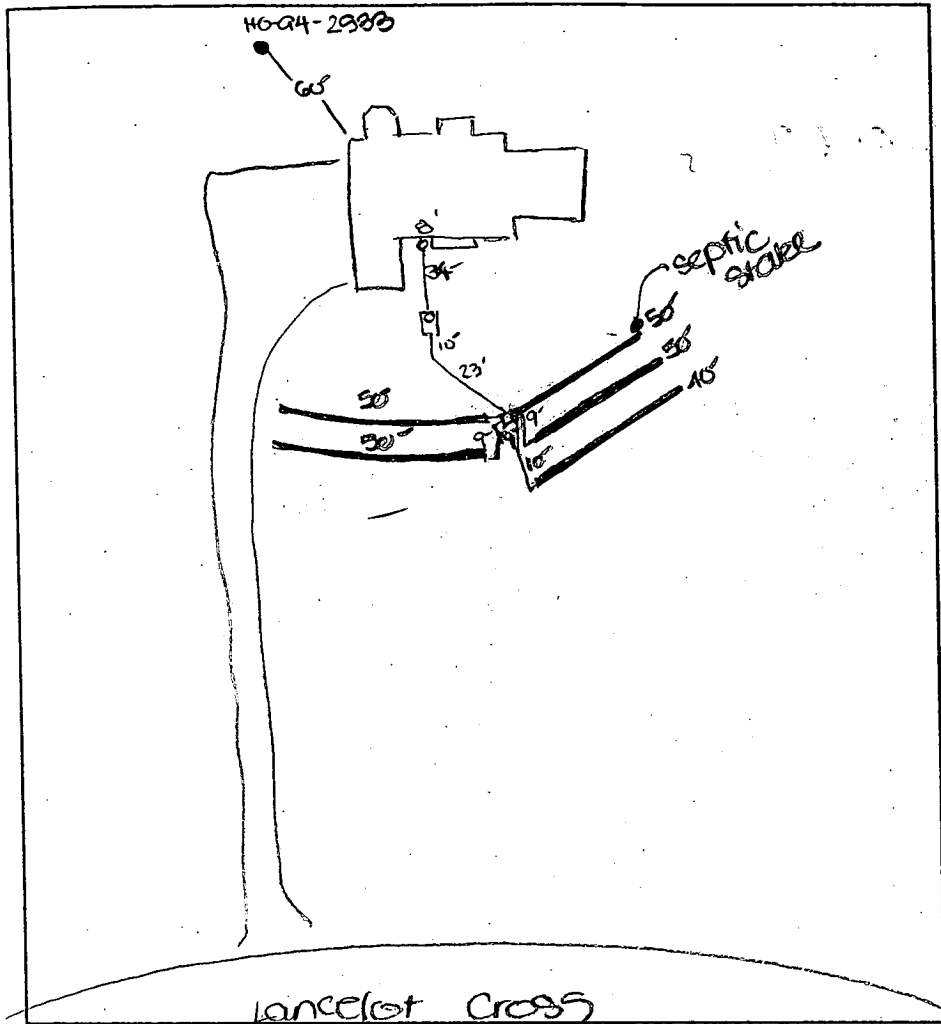
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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
PERMITEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

50830-DD

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3 1/4

TRENCH INLET DEPTH 2

TRENCH BOTTOM DEPTH 4

DEPTH OF STONE 2

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 240

ABSORBENT AREA 720

DISTRIBUTION BOX LEVEL

BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS

MANHOLE RISER NO

6 INCH INSPECTION PORT YES

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS~~

~~MANHOLE RISER~~

~~ALARM~~

~~PUMP PERFORMANCE TEST~~

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

6/23/00 FINAL INSP - OK to cover all septic work. DCS

INSPECTOR DCS DATE SYSTEM APPROVED 6/23/00

Office 313-2648
6/20/00 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3685-N Ellicott Mills Drive
Ellicott City, MD 21049
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____

Name of Installer Van Sant Pleg & Hto Telephone 301-831-0444

License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner AN Holmes Telephone _____
Subdivision Branwood Lot # 31 Well Tag # HO-2637
Site Address 378 Lancelot Cross Ellicott City, MD 21042 HO-94-2533

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Grundfos
3. Model # 160S42
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # 5102
3. Depth 48"

Task
1. Capacity V-100
2. Pressure relief valve? yes

Piping
1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 48"

Well data
1. Depth 50 ft.
2. Yield 10 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

6/20/00
WPI OK (DKS) SRN Signature of Applicant: [Signature]
Date: 2/29/100

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

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 8/21/95

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

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. 84 8732

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. Reich
(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' 1262 1261 1263

orange tan SiClm

2'

red brn SiSalm

5'

white Salm decayed quartzite w/ orange mottling

12'

1259

orange brn SiClm

2.5'

reddish pink Salm w/ horizontal

layers of white decayed quartzite

12'

9018

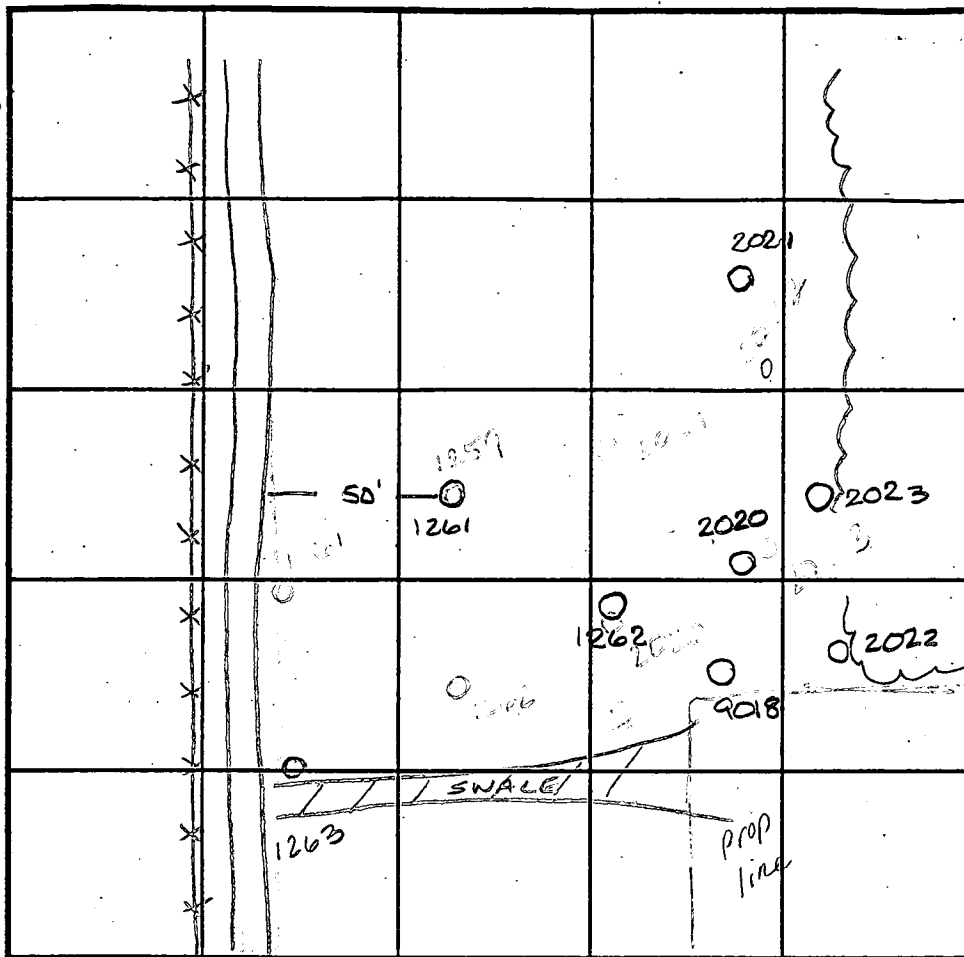
dark red brn SiClm

2.5'

dark red brn SiSalm

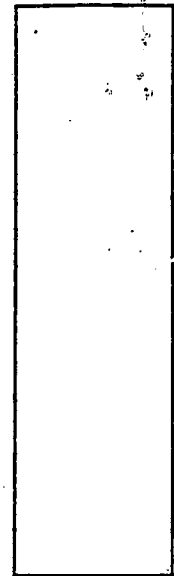
6.0'

micaceous alternate bands of white/or red & yellow Salm micaceous



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	
9-19-95	1261	Visual to 12'		see profile		—	F
	1263	Visual to 11'		see profile		—	F
	1262	Visual to 12'		see profile		—	F
5-2-97	9018	Visual to 11.5'		see profile		—	OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amey MacMullen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

11.5

COUNTY #

SOIL PROFILE

1260

1gt tan
S:CLM

red
brn
Salm

Micaeous

5-9%
Suprolite

1259

orange
brn
S:CLM

1gt
pink
S:LM

orange
brn
Salm

layers
of white
decayed
Salm

2020

2021

topsoil

orange
brn
CLM

reddish
brn
Salm

matrix

horiz.
layers

of decayed
mica
shale

<5%

SOIL PROFILE

2022

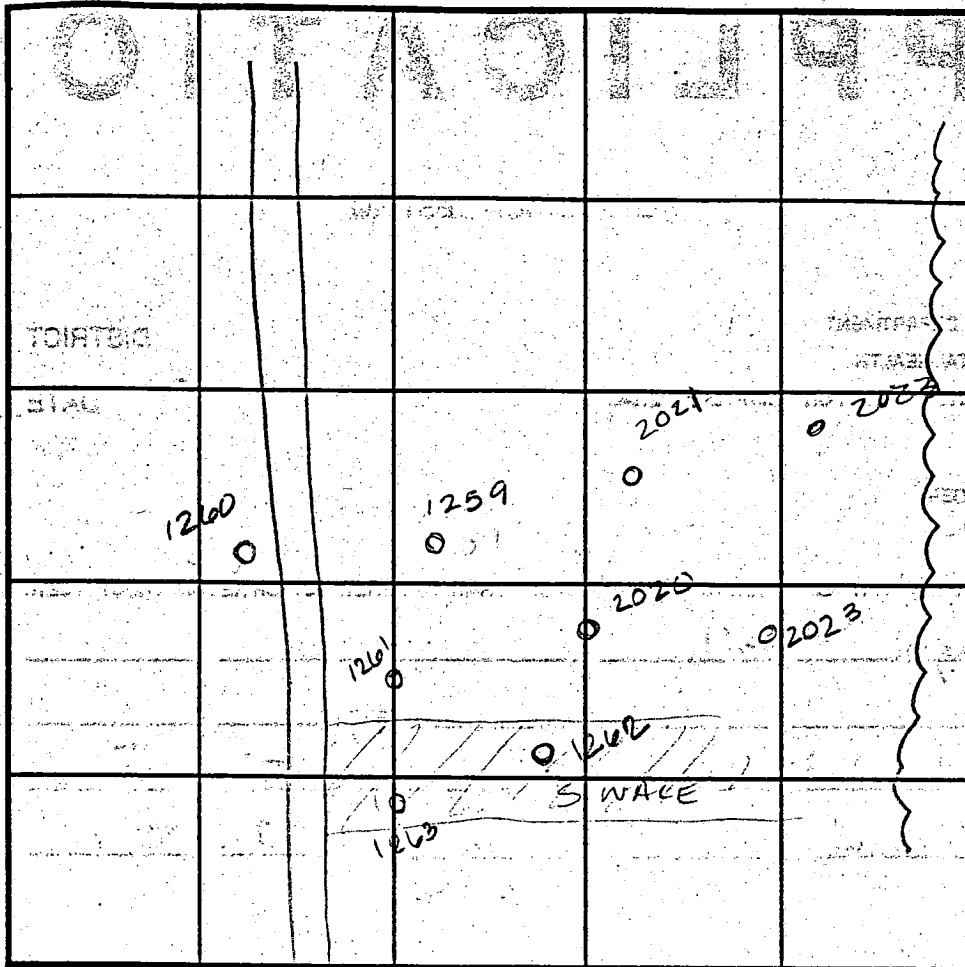
dark
red
S:CLM

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 sec	see profile			OK

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

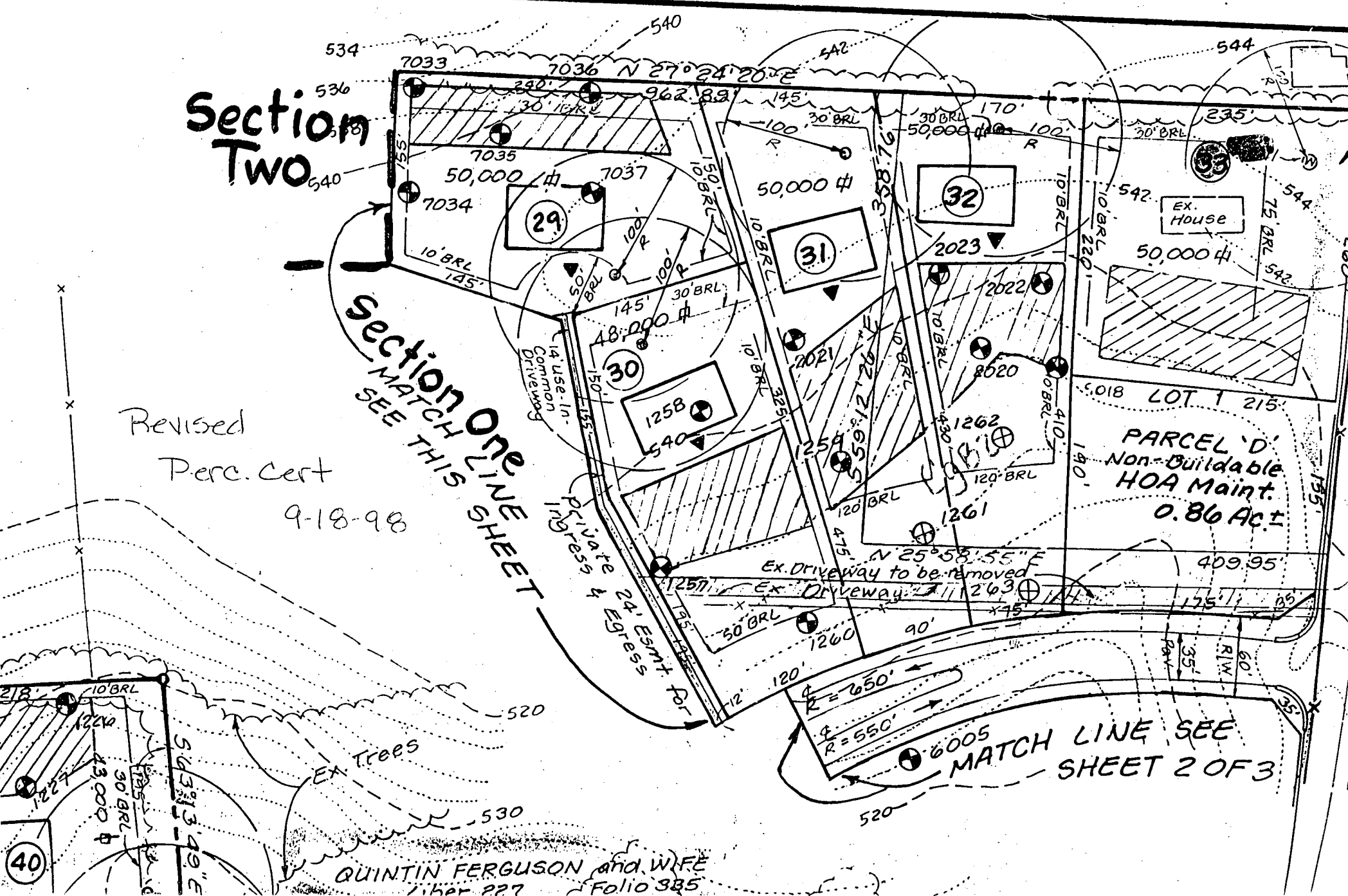
SQ. FT./BEDROOM

Section Two

Section One
MATCH LINE
SEE THIS SHEET

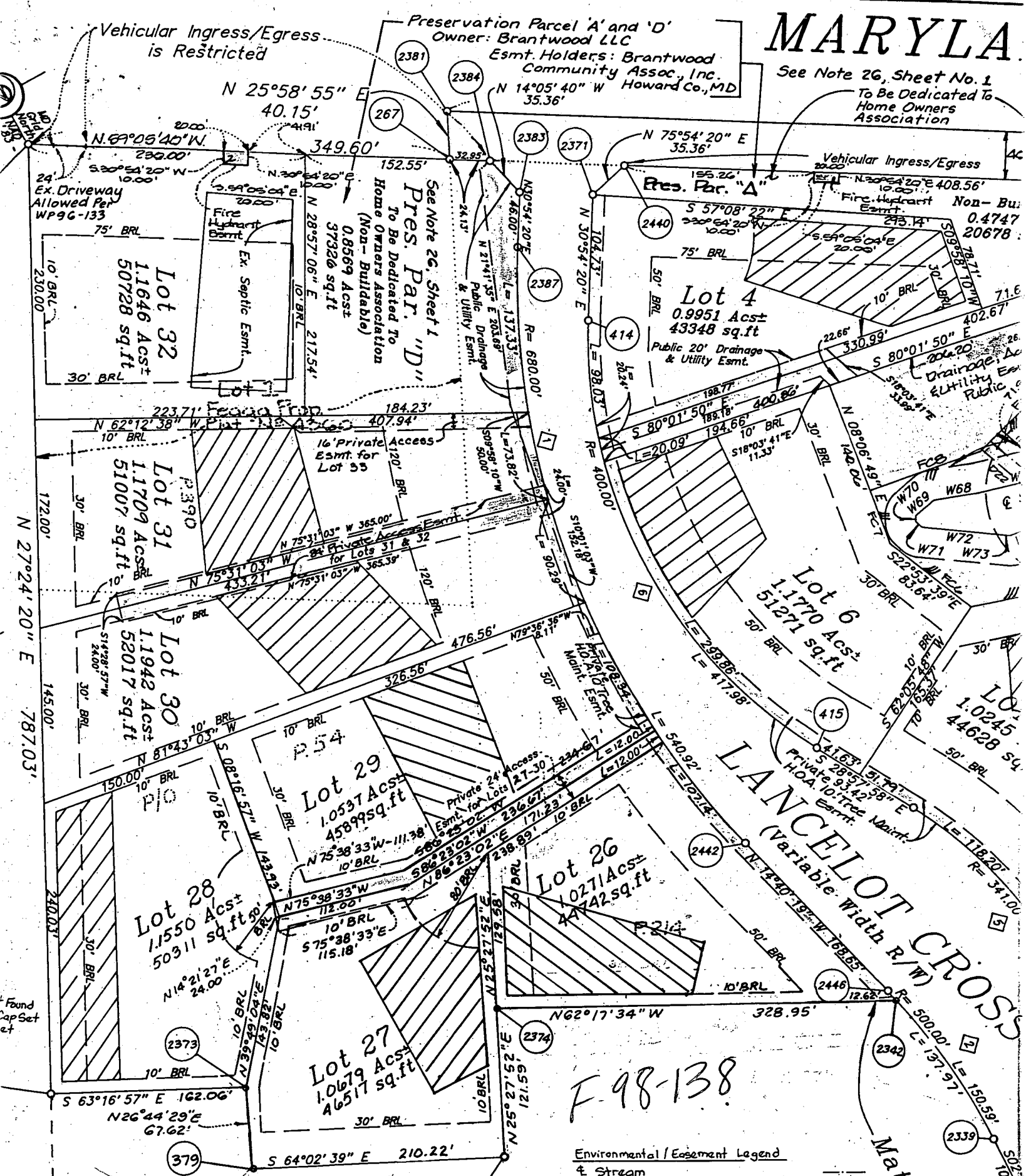
Revised
Perc. Cert
9-18-98

QUINTIN FERGUSON and WIFE
Liber 227 Folio 385



MARYLA

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



F-98-138

Environmental/Easement Legend

Stream	---
Nontidal Wetlands/Course No.	W00
25' Wetland Buffer	WB
75' Stream Buffer	SB
100 Year Flood Plain/Course No.	F00
100 Year Flood Plain Elevation	100.0
Forest Conservation/Course No.	FC00

... into itself, its successors and assigns all
... this plat for the public utilities, public
... ment facilities, forest conservation (designated
... ION 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

C1 07582

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRU 3/2/00

COUNTY NUMBER A50830DD

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-2533

OWNER NV Homes STREET OR RFD Lancelot Cross TOWN Pine Orchard MD SUBDIVISION Brantwood SECTION LOT 31

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: BROWN SHALE (0-60), BLUE SLATE (60-150). Includes handwritten note 'WATER AT 127'.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 16 NO. OF POUNDS 1504

PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE TIME

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 66 ft.

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 71

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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

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

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

DEPTH (nearest ft.) HO 70 150 E 8 9 11 15 17 21 A 23 24 26 30 32 36 S 38 39 41 45 47 51 R E SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above below 49 50 51 LAND SURFACE (nearest foot)

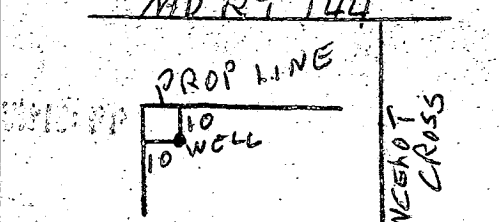
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 SOO LE SS 68 WLD: GP

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) MD RT 144

DRILLERS LIC NO MW D 139 Robert Cline DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 536 Robert Cline, Jr.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 08161

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2533

fill in this form completely

Date Received (APA)

01-07-00

OWNER INFORMATION

8 MM DD YY 13

N V Homes Last Name Owner First Name

2200 Defense Highway, Suite 301 Street or RFD

Crofton, MD 21114 Town State Zip

DRILLER INFORMATION

Robert L. Cline Driller's Name MW D 139 License No.

Cline & Duvall, Inc. Firm Name

8093 Hillmark Ct. Frederick, MD 21704 Address

Robert L. Cline Signature 1/7/2000 Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300

LOCATION OF WELL

Howard COUNTY

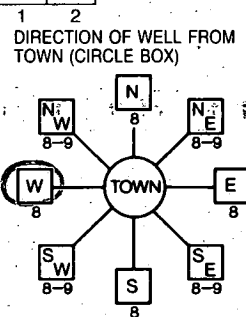
Brantwood SUBDIVISION

SECTION LOT 31

Pine Orchard NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lancelot Cross NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

430 DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 Co COUNTY NAME AS083000 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 01 11 00 Steven R. King CO SIGNATURE EXP. DATE 01 11 01

NORTH GRID 520 000 EAST GRID 820 000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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 (circled)
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) HO-94-1941

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

APPROX. PERMIT NUMBER G.A.P.

PERMIT No. HO-94-2533

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

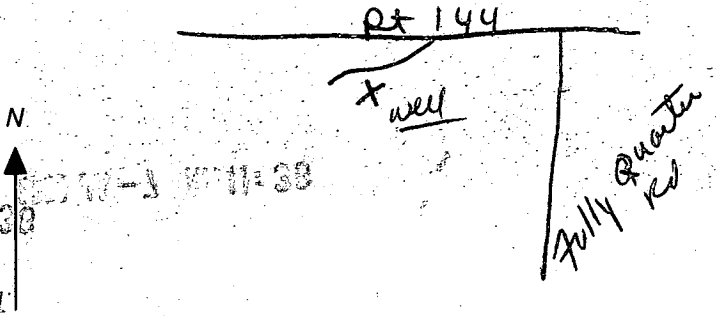
- 1. well
2.
3.

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



HOWARD COUNTY HEALTH DEPARTMENT

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

January 11, 2000

Robert L. Cline
Cline & Duvall, Inc.
8093 Hillmark Ct.
Frederick, MD 21704

RE: Well Permit Procedures
Brantwood Lot 19
Seneca Chief Trail
Brantwood Lot 31
Lancelot Cross

Dear Mr. Cline:

Recently, this office approved a well permit for each of the referenced lots because the original drilled wells were not in approved locations. This letter is to discuss the permit procedures that were followed and to clarify the correct permit procedures that should be followed in the future.

Previous discussions indicated that a replacement well permit application should be submitted for lot 19, and that no permit fee would be required. A new permit number was also issued for this lot and an abandonment report is expected. In light of previous discussions, lot 31 will be treated in the same fashion. However, in the future, different procedures will apply.

Because the well completion report for lot 19 (permit # HO-94-2398) had not been submitted at the time of your inquiry, submission of a new well permit was not necessary. Section 26.04.04.06 C of COMAR states, "If it is necessary to relocate a newly drilled domestic well ... because of a well construction problem, the well driller may relocate the well construction site under the authority of the original permit" as long as the new location is approved.

In this case, the existing well can be considered a dry hole (unsuccessful well) contingent upon proper abandonment and documentation on a completion report. In the future, replacement well applications will require an \$80 permit fee if the original well completion report has been received and the primary reason to drill the proposed well is the inconvenient location of the original well.

Thank you in advance for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: File ✓

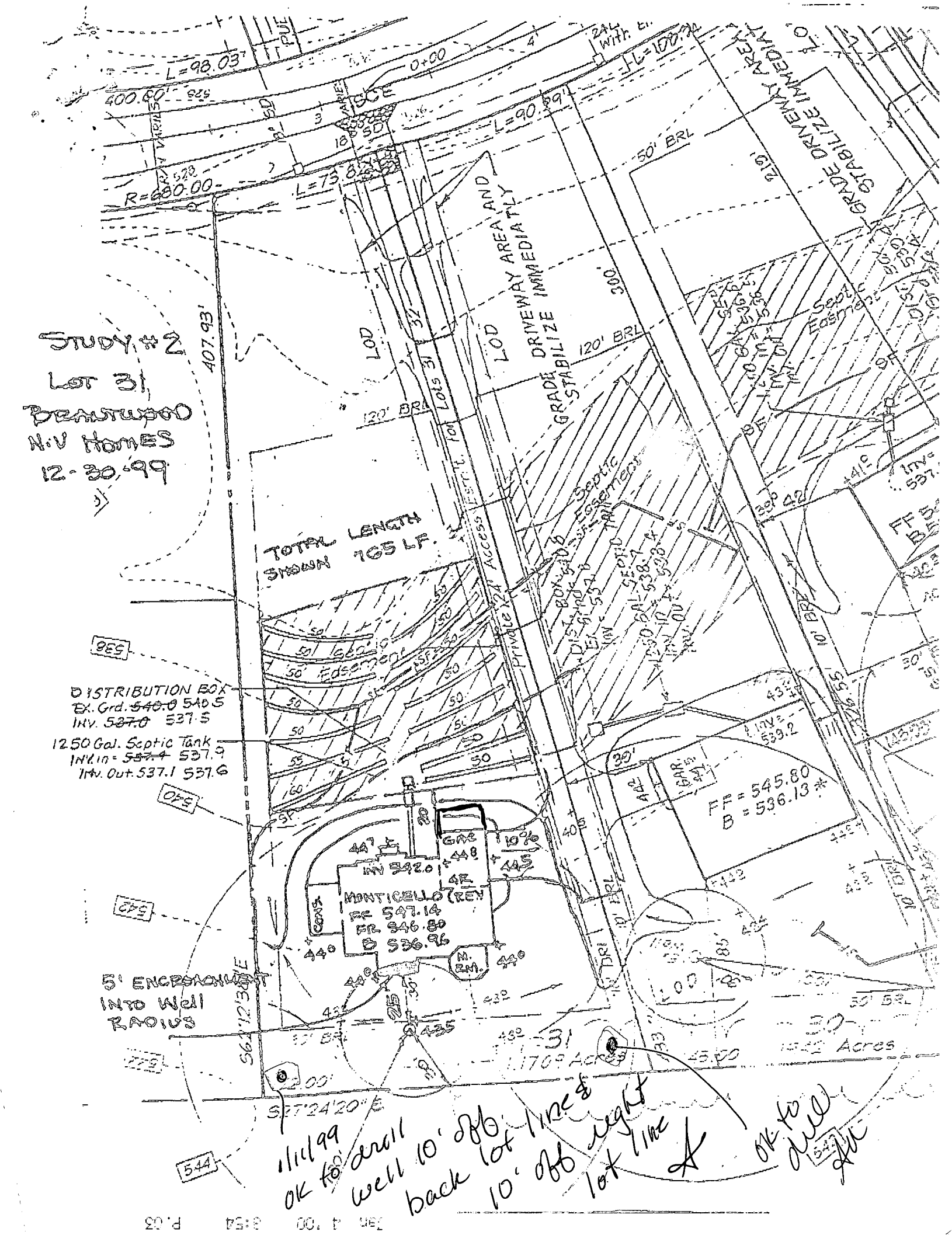
STUDY #2
 LOT 31
 BEAUTYWOOD
 N.V. HOMES
 12-30-99

TOTAL LENGTH
 SHOWN
 165 LF.

DISTRIBUTION BOX
 EX. Grd. 540.0 540.5
 INV. 537.0 537.5
 1250 Gal. Septic Tank
 INV. IN. 537.4 537.9
 INV. OUT. 537.1 537.6

5' ENCROACHMENT
 INTO Well
 RADIUS

11/14/99
 OK to drill well 10' off back lot line & 10' off right lot line
 OK to drill well



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2/16/00 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 1941

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 94 - 2533

* PERSON ABANDONING WELL: Robert Cline

WELL DRILLERS LICENSE NUMBER: 139

* OWNER'S NAME: Brantwood LLC

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: Pine Orchard Meadows
 TAX MAP 23 BLOCK _____ PARCEL _____
 SUBDIVISION: Brantwood
 SECTION: _____ LOT: 31
 NEAREST ROAD: LANCLOT Court

	X
000	
000	

SHOW WELL LOCATION
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 820
 N 520

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 200 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Soil	0	2
Cement	2	85
Crusted stone	85	200

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Robert Cline LICENSE # MWD 139 CIRCLE ONE MWD/MSD/MGD DATE 2-16-00

4144

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY NUMBER A50830DD

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

DATE WELL COMPLETED
MM DD YY
12 15 98

Depth of Well
200
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1941

OWNER Brantwood LLC
STREET OR RFD Lancelot Cross TOWN ELLICOTT CITY MD
SUBDIVISION Brantwood SECTION I LOT 3231

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	72	
BLUE SLATE	72	200	✓

WATER AT 123

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 20 NO. OF POUNDS 1880
GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 80 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 81

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole
STEEL BRASS OPEN HOLE
BRONZE
PLASTIC OTHER

DEPTH (nearest ft.)

40 80 200

1 2 3 4 5 6 7 8 9 11 15 17 21
E A C H S R E E N

23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX-68 _____

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

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

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 7

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL (distance from land surface)
BEFORE PUMPING 48 ft.
WHEN PUMPING 85 ft.

TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

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

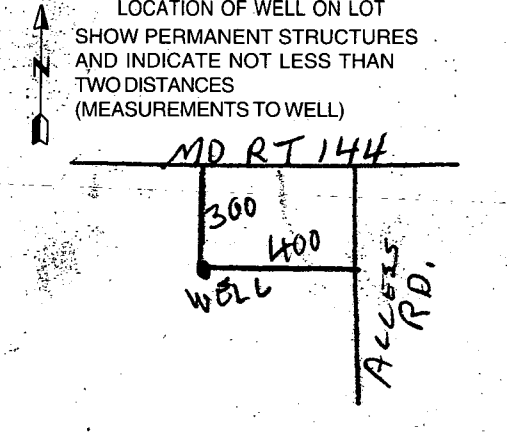
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 _____

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 } LAND SURFACE
 below } _____ (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS 0

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

LIC. NO. MWD 168
Rock Fogle

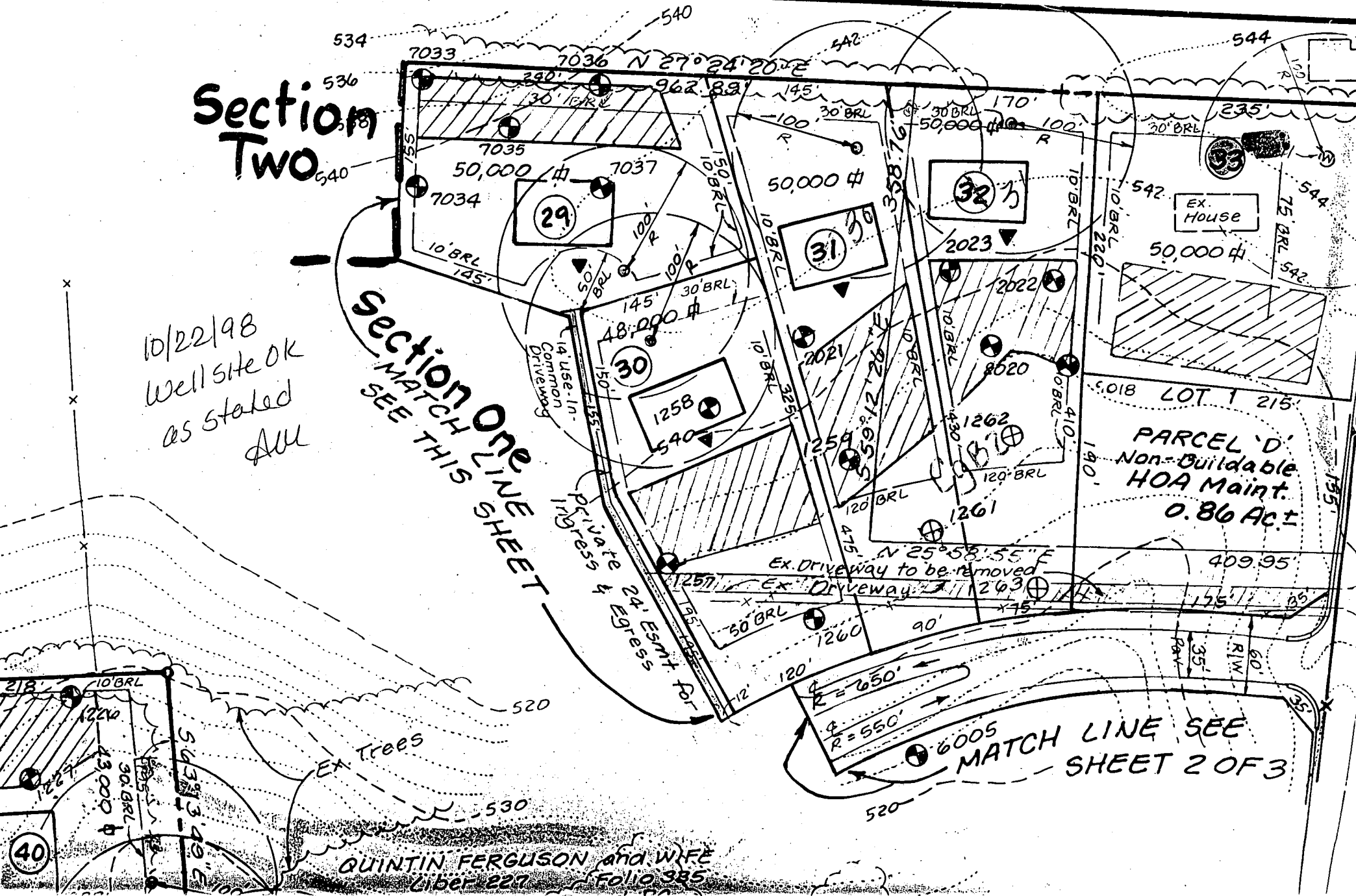
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Section Two

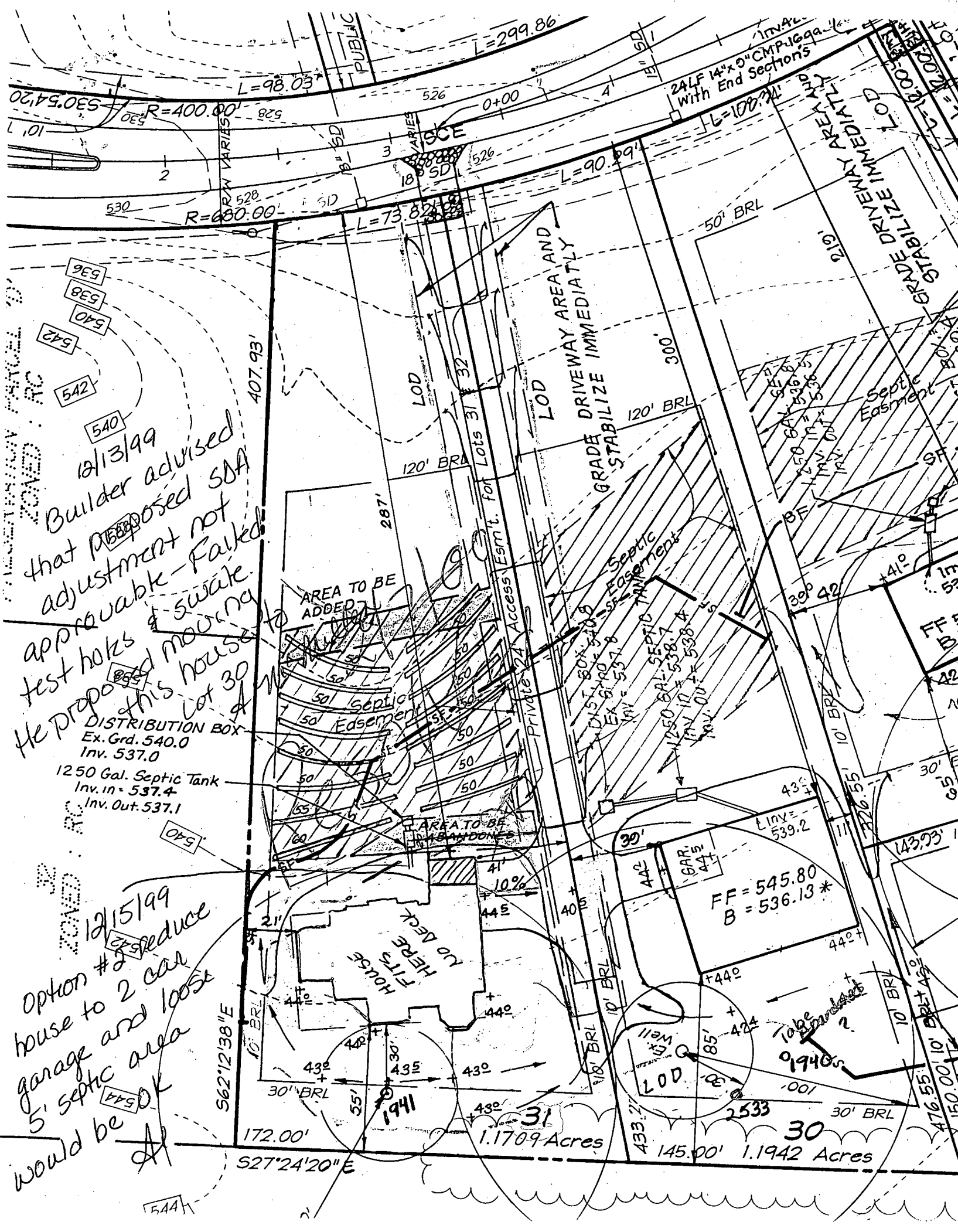
10/22/98
Well site OK
as stated
All

Section One
MATCH LINE SHEET
SEE THIS SHEET

QUINTIN FERGUSON and WIFE
Liber 229 Folio 385



6005
MATCH LINE SEE
SHEET 2 OF 3



12/13/99
 Builder advised
 that proposed SDA
 adjustment not
 approvable - Failed
 test holes & swate.
 He proposed moving
 this house to
 lot 30

12/15/99
 Option #2 reduce
 house to 2 car
 garage and lose
 5' septic area
 would be OK

DISTRIBUTION BOX
 Ex. Grd. 540.0
 Inv. 537.0
 1250 Gal. Septic Tank
 Inv. in = 537.4
 Inv. Out. 537.1

AREA TO BE
 ADDED

AREA TO BE
 ABANDONED

HOUSE
 FITS HERE
 NO DECK

GRADE DRIVEWAY AREA AND
 STABILIZE IMMEDIATELY

172.00' 527°24'20" E 1.1709 Acres
 145.00' 1.1942 Acres

FF = 545.80
 B = 536.13 *

LOD
 11' EX. WELL

10' EX. WELL

30

544

30

For Area of Dedication See Plat 13727

Vehicular Ingress/Egress is Restricted
N59° 05' 40" W 382.55'

(2384)

N14° 05' 40" W
35.36'

230.00'
530° 54' 20" W 10.00'
559° 05' 40" E 20.00'
46.91'
N30° 54' 20" E 10.00'
Ex. Fire Hydrant Esmt. (Plat # 13727)

152.55'

10.90'

(2383)

Allowed
3
upon
new
res.

402.00'

230.00'

75' BRL

Lot 32
1.1646 Acs +/-
50728 SF

Ex. Fire Hydrant Esmt. (Plat # 13727)

Ex. Public Drainage & Utility Esmt. (Plat # 13727)

Preservation Parcel "D"

Owner: Brantwood LLC
Esmt. Holder: Brantwood Community Assoc., Inc.
(Non-Buildable)
0.8569 Acs +/-
37326 SF

46.00'

N50° 54' 20" E

Lancelot Cross
Ex. Variable Public RW

(2387)

F-01-48

9-21-00A

10' BRL

30' BRL

10' BRL

N28° 57' 06" E

Private 16' Private Access Esmt. for Lot 32

16'

184.23'

N21° 14' 35" E 203.69'

L=137.33

L=211.15'

223.71'

S62° 12' 38" E

407.94

Ex. 16' Private Access Esmt. for Lot 32 (To Be Abandoned) PLAT # 13727

L=73.82'

R=680.00'

S09° 58' 10" W 50.00'

S10° 01' 03" W 34.12'

(25)

N27° 24' 20" E

172.00'

Lot 31
1.1709 Acs +/-
51007 SF

Ex. Septic Area (F93-138)

120' BRL

Ex. 24' Private Access Esmt. for Lots 30 & 31

10' Tree Maintenance

Ex. Public Drainage & Utility Esmt.

30' BRL

10' BRL

N75° 31' 03" W 433.21'

6-12-03

BOD 142391

"R2" may be used in future as
a possible bdrm but not intent now.
Septic system relatively New-

OK

(KN)

